



## Tête á tête with Sheila K. Jarvis

We caught up with Sheila shortly after she took over as the Chair of Ontario Hospital Association (OHA).

"I know that I am one of many who count themselves lucky to be both a colleague and a friend of Sheila's – and that is part of her magic. She is open, engaging, trustworthy and has a great sense of humour. Sheila approaches challenges in a way that makes everything seem possible. She leads with a strong, steady hand guided not only by a wise and cool head, but a huge heart. We worked through some very difficult issues together in the early days of regionalization out west and she was like the calm in the middle of the storm. I was always struck by how well she was able to balance the demands of getting something done, with getting it done in a way that left people feeling valued and respected regardless of huge difference in their points of view. Another distinguishing feature – Sheila is a leader with class." – Leslee Thompson, Vice-President, Cancer Care Ontario

With that endorsement, editors from *Healthcare Quarterly* had a conversation with Sheila to talk about her role as Chair of the Ontario Hospital Association.

**H.Q.** Through the Business Office Transformation (BOT) project under Hume Martin's leadership, the extended network that Matt Anderson is creating with UHN, the development of Local Health Integrated Networks (LHINS) and the power of NORTH Network and other video networks everyone is collaborating and reaching out. Is it fair to say that healthcare is less about hospitals now?

**S.J.** Healthcare is more about the continuum of care today. And hospitals including acute care, rehabilitation, mental health and complex care are important players in that continuum. All are doing a considerable amount of ambulatory work today. Certainly there are many health services that can

only be provided within a hospital. Specialized, tertiary care, provided by our academic centres is critical to ensuring that the best possible care is accessible to our most complex patients. On the other hand, services that could be better provided in the community, should be. In Ontario, Community Care Access Centres are critical to the success of our healthcare system as are other community agencies.

There has been considerable effort by hospitals in many communities to collaborate with their partners, often through networks, to make the delivery of healthcare better for patients.

At the OHA we see the development of LHIN as an opportunity to support further integration of services, ensuring that the best care is made available to the right patients, in the right place at the best possible time.

The power of NORTH Network and other video networks is in their ability to support the delivery of high quality care in rural and northern hospitals and communities.

**H.Q.** Should the OHA become the Ontario Healthcare Association?

**S.J.** We have considered that. There was plenty of discussion among our members and with our Board last year during the development of the OHA's Strategic Plan. We did agree that the OHA will remain the voice of hospitals in Ontario. At the same time, we recognize the need to work more closely with our healthcare partners. Our strategic plan, which charts the course for the future of the OHA, does indeed focus on creating partnerships and collaborating with others. As an example, Joe Mapa, an OHA Board member, is chairing a multi-sectoral think-tank that is looking at integration within the context of LHIN's. Indeed, the principles developed by this think-tank have been adopted by the Ministry for LHIN's.

Another example of the OHA working with others outside the Association is our work in governance leadership under the chairmanship of Virginia MacLaughlin, Chair, Sunnybrook and Women's College Health Sciences Centre. Governance leaders from within and outside healthcare are identifying governance best practices. The results of their work will have an impact in healthcare beyond hospitals.

**H.Q.** It's a big job to be Chair of the OHA. What drives you to do it and then give it all up in a year; that hardly seems like enough time?

**S.J.** I am enjoying my year as Chair of the Board of Directors of the Ontario Hospital Association, as we work with the government to right-size the funding of hospitals across the province, including financial support for research, and to fully engage in the transformation agenda. It is a wonderful opportunity.

In terms of continuity, the members of the Board of Directors of the OHA serve a three-year term. The first Vice-Chair is chosen from amongst those members and serves for one year. Following that year, the first Vice-Chair automatically becomes Chair, and indeed that term is for one year. So, we believe there is continuity of direction.

During the winter at our annual Board retreat, we will be confirming the role of officers of the OHA Board, reviewing Board composition, and the role and function of Board committees. We believe this governance structure ensures continuity along with a healthy turnover of individuals in leadership positions.

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**H.Q.** There is a perception that the Minister's view is that hospitals are inefficient. How does OHA respond to this ministerial challenge?

**S.J.** The OHA is on record as indicating that Ontario's hospitals are ranked overall as the most efficient in Canada.

However, efficiency is not a sexy story and to a certain degree that message has not resonated with the public. We need to demonstrate that our hospitals are efficient. At the same time, we recognize that there are opportunities to be even more efficient and a task force is underway at the OHA, supported by both the Ministries of Health and Finance, to look at other opportunities that may exist to be even more efficient. The OHA is actively engaged in the provincial wait-list initiative as a way to improve access to specific services throughout the province. It will be important for the Board and our members to work together this year as we demonstrate our leadership and commitment to the finest health-care system in Canada.

#### Some notes about the Chair

- Sheila K. Jarvis has served as President and Chief Executive Officer of Bloorview MacMillan Children's Centre since 1996. Currently, she is also Chair of the Board of Directors of the Ontario Hospital Association (OHA).
- From 2000 - 2004, Sheila served as Chair of the GTA Child Health Network. She is a member of Council of the Greater Toronto Area Rehabilitation Network.
- Previously, she served as Vice-President, Programs and Services, at Glenrose Rehabilitation Hospital in Edmonton; Administrative Director for the Toronto Hospital, Director of Therapy Services for the Hugh MacMillan Rehabilitation Centre, and Director of Physiotherapy for Toronto's Hospital for Sick Children. A physiotherapist by training, Sheila has a Bachelor of Science Degree in Physiotherapy from the University of Toronto and a Master's degree in Health Services Administration from the University of Alberta. She is a Certified Health Executive as designated by the Canadian College of Health Service Executives.



## One in five Americans has multiple chronic conditions

- People with chronic conditions account for 78% of all healthcare spending.
- Twenty-five percent of people with chronic conditions have some type of activity limitation. Healthcare spending doubles for people with limitations.
- About 80% of Medicaid dollars are spent on people with chronic conditions, and two-thirds of Medicare spending is for people with five or more chronic conditions.
- The average Medicare beneficiary sees seven different physicians and fills upward of 20 prescriptions per year.
- In a Harris Interactive poll, those with chronic conditions reported receiving different diagnoses from different physicians for the same set of symptoms, receiving conflicting information about prescriptions and other aspects of care and having duplicate tests or procedures.

Source: Hospitals & Health Networks.