CAHO | CATALYST



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## Making the Connection

**Dr. Barry McLellan**
*Chair, CAHO*
*President & CEO*
*Sunnybrook Health Sciences Centre*

Recently, the Ontario Government announced it will introduce a new *Action Plan for Health Care* in an effort to improve and create a more efficient system that delivers care for all citizens.

In addition to this, Ontario faces a financial crunch that will bring about tough decisions that will affect all sectors, including health care. Weve already seen the start of this process with the recent cuts to the Ontario Research Fund Research Excellence (ORF-RE) Program.

As we move forward, the CAHO community will need to continue to show how the work being done at our member hospitals brings value to the patients and the health care system while meeting the goals and objectives put forward by the Ontario Government. The research and innovation created today has the potential to address issues facing the system now, and in the future, while making it more efficient and effective.

Just to highlight an example of the challenge we face, according to the Ministry of Health and Long-Term Care, the number of seniors in Ontario will increase by 43 per cent over the next decade. At current spending levels, the senior population is projected to cost Ontario $24 Billion more annually by 2030 a 50 per cent increase from today.

CAHO member hospitals address the challenges the health care system faces with the CAHO Adopting Research to Improve Care (ARTIC) Program, specifically when it comes to the growing senior population. The CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project focuses on early and consistent mobilization of older patients through their hospital stay.

The potential to positively affect the mobility of seniors while they receive care can assist the system by acting as a preventative measure that makes care more efficient with its service while addressing patient needs.

It is projects such as the CAHO MOVE ON ARTIC Project, and programs like the CAHO ARTIC Program, along with our front-line staff who provide the best evidence-based care possible, that have the opportunity to make a significant impact and build on the *Action Plan for Health Care*.

As a community, we commend the provincial government for focusing on preventative care and quicker access to the system; however, a great deal of work remains and innovative health research is a key to enable to this effort. Research serves as a vital component in allowing the health care system to provide the best patient care and, more importantly, improves the quality of health care for all Ontarians who need access to their health care system.

## In the Spotlight

**Dr. Barbara Liu**
*Executive Director, Regional Geriatric Program of Toronto and Associate Scientist, Sunnybrook Health Sciences Centre*
*CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project Lead*

Dr. Barbara Liu is the Executive Director of the Regional Geriatric Program of Toronto and an Associate Professor of Medicine at the University of Toronto. Her areas of interest include the appropriateness of drug therapy in the older patient, fall prevention and geriatric service evaluation. She has a clinical practice at Sunnybrook Health Sciences Centre.

CAHO Catalyst recently sat down with Barbara and asked her to reflect on the MOVE ON application and her research at Sunnybrook.

**Can you briefly describe to our readers what the MOVE ON project is and what inspired the research and development of this application?**

When older people are admitted to hospital, they are at increased risk of losing the ability to perform activities of daily living such as ambulating, toileting, and dressing. The ability to ambulate can be the determining factor as to whether an older person is able to be discharged home to the community. Mobilization of Vulnerable Elders in Ontario (MOVE ON) is a quality improvement initiative that strives to maintain functional abilities, especially mobility, among seniors when they are admitted to hospital. Many of us who work in hospitals, and are involved in providing care to older people, felt better outcomes for our patients could be achieved if they were up and out of bed more.

**Can you share with us what the objective of the MOVE ON project is and what your team and CAHO is trying to achieve?**

The goal is to change the practice in hospitals, to narrow the gap between what is the best practice in care and what is currently happening. We want all older patients to have their mobility status assessed within 24 hours of admission, to be reassessed daily with respect to mobility and to be mobilized to their maximum ability at least three times daily. Through this project we will collectively implement an interprofessional approach that focuses on early and consistent mobilization of older patients through the hospital admission. This strategy shifts mobilization from being a designated task assigned to a single professional group to a shared team responsibility, with each team member having complementary roles.

**Can you share with us a preview of some of the early learnings from the CAHO MOVE ON ARTIC project?**

Hospital staff are dedicated to caring for their patients. We want to enable and support them to provide care to seniors that maximizes mobilization. Examining how we organize our work on patient units and how we work as interprofessional teams can yield opportunities to support positive change. We can learn from each other - taking the experience from units that have incorporated mobilization into routine care processes.

**Can you describe to our readers research you and your team are working on in addition to the MOVE ON application at Sunnybrook?**

As the executive director of the Regional Geriatric Program of Toronto, I am working with the RGPs of Ontario to help implement the LHIN-led provincial senior friendly hospital strategy. Based on self-reports from over 150 hospitals, we recently wrote a summary report that describes the current state of senior-friendly hospital care in the province and included recommendations for action Ontario hospitals. We are leading the implementation of several innovative services for frail seniors such as geriatric emergency management, nurse-led outreach and other specialized geriatric services.

As the program director for the postgraduate training program at the University of Toronto, I have the privilege of working with the faculty to deliver one of the strongest geriatric medicine training programs in the country.

**When you are not working at Sunnybrook, what do you like to do in your spare time?**

The centre of my life is my family, our dog and a large extended family. I love food reading about it, cooking it and eating it. I also enjoy travelling and doing home improvement projects.

## CAHO News

**Ontario Launches Action Plan for Health Care**

The Honourable Deb Matthews, Minister of Health and Long-Term Care, recently announced a new *Action Plan for Health Care* in Ontario in an effort to transform the health care system, focus on preventative measures and give Ontarians greater access to the health care system in a timely manner.

The priorities of the plan are:
- Keeping Ontarians healthy
- Faster access to stronger family health care
- Access to the right care, at the right time, in the right place

CAHO applauds the governments focus through its *Action Plan* on using evidence to inform how we provide care and use our health care resources. This is aligned with CAHOs goals through its Adopting Research to Improve Care (ARTIC) Program. The aim of the CAHO ARTIC Program is to move research evidence into practice in order to drive quality improvement and benefit the health care system as a whole.

The *Action Plan* speaks to the principle of ensuring the system can provide the *Right Care, Right Time, Right Place*. One way of achieving this is to ensure that the care is provided by the appropriate health professional. Through the CAHO ARTIC Program, the CAHO Canadian C-Spine Rule (CCR) ARTIC Project attempts to address this goal. CCR allows clinicians to clear the cervical spine without the need for an x-ray and to decrease immobilization times. This is currently performed by physicians. This project will optimize resources through the use of interprofessional teams, allowing for specially trained nurses to assess patients using the Canadian C-Spine Rule, and thereby increase the potential to reduce ER wait times and increase patient satisfaction by quickly and effectively identifying patients who do not require immobilization.

Another priority is to provide higher quality care. The CAHO Antimicrobial Stewardship Program (ASP) in Intensive Care Units ARTIC Project attempt to address this goal.

The CAHO ASP Project assists intensive care units (ICU) in optimizing the use of antimicrobials to improve patient outcomes while minimizing antimicrobial resistance and costs. Through the CAHO ASP Project, hospitals aim for patients to receive the right antimicrobials, only when they need them. This program anticipates that the resistance profile in ICUs to commonly used antimicrobials will improve considerably over time.

Hospitals and their front-line staff are leaders and the earliest adopters of innovation in the health care system. They create and adopt the best practices that make service efficient and effective for patients. As a committed partner in the health care system, CAHO welcomes the *Action Plan for Health Care* as it serves as an opportunity to ensure that Ontarians continue to receive value for the investments in health care.

## CAHO News

**CAHO Introduces Six New Task Forces**

As part of its governance structure, from time to time CAHO will establish a Task Force to address a particular issue or area of interest. Most Task Forces are multi-disciplinary, comprising senior level executives, such as clinical care leaders, CFO/COOs and VPs of Research from our member hospitals.

CAHO recently launched six new Task Forces to focus on specific initiatives to further the second of CAHOs strategic foci which is to advance the stability of and investment in the health research and innovation enterprise in research hospitals.

In recent years, the heightened risk to the research enterprise has become systemic. Significant resourcing challenges are being experienced in the research enterprise, resulting partly from an outdated business model at research hospitals. In addition, external resources for hospital-based research have failed to keep pace with rising demand and output, increasing the risk faced by research institutes as they shoulder a growing portion of research costs.

These new Task Forces will work on strategies and recommendations aimed at improving the resourcing of hospital-based health research, starting with the research hospital community with a view to future advocacy with stakeholders in the health research sector.

Heres a brief introduction and explanation of the newest CAHO Task Forces.

**Research Hospital Resourcing Coordination Task Force**
The *Research Hospital Resourcing Coordination Task Force* will act as the primary reporting body to Council. This Task Force will track and coordinate the progress of Task Forces against their respective action plans and evaluate the impact of the recommendations as implemented.

**Clinical Trials Task Force**
The *Clinical Trials Task Force* will identify and share strategies with CAHO members to facilitate the adoption of a best practice whereby, overall, clinical trials will occur on a cost-neutral or revenue generating basis.

**Infrastructure Collaborations Task Force**
The *Infrastructure Collaborations Task Force* will identify and develop potential areas of infrastructure collaboration. Opportunities to increase efficiency and productivity may be achieved through inter-institute collaboration. Examples of current collaborations include the Toronto Centre for Phenogenomics which provides shared resources and support for genetic research involving mice among several Toronto research hospitals, and the Heart Centre Biobanks which provides a resource to study the causes of heart defects and other diseases through the study of DNA, tissue, and skin samples.

**Research Financials Task Force**
The *Research Financials Task Force* will develop the value proposition for accounting for, and reporting, the full cost of research; and develop policies and guidelines necessary to build a public reporting structure for health research.

**Research Metrics Task Force**
The *Research Metrics Task Force* will undertake the challenge of defining research impact metrics along with identifying data sources and methodologies.

**Resourcing Opportunities Task Force**
The *Resourcing Opportunities Task Force* will explore and submit recommendations for innovative resourcing options by identifying, assessing and recommending innovative sources to strengthen and sustain the hospital-based research enterprise.

These newly created Task Forces are expected to operate and fulfill their mandates beginning in January 2012 and run until January 2015.

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