

Making the Connection

It has been a privilege over the last year to represent such an exceptional and respected group of leaders and hospitals in Ontario. As I look back on the previous year, my first as CAHO Chair, I see many achievements and accomplishments across the CAHO community, but, as always, much more work remains.

In my first message as Chair, I expressed the importance of CAHO continuing to make great strides in building a strong health research enterprise in Ontario, to make the province a jurisdiction that attracts the best and brightest minds in health research and to make this province a global leader in discovering medical breakthroughs that revolutionize how we provide care.

Over the past year, the CAHO community supported the establishment of Clinical Trials Ontario, and participated in the development of MaRS Excellence in Clinical Innovation and Technology Evaluation (EXCITE) and the Ontario Health Technology Advisory Committee (OHTAC). Initiatives such as these show the CAHO community is willing to harness our collective research strengths to develop a stronger health research enterprise in Ontario.

Our member hospitals, and their front-line staff, are leaders and the earliest adopters of innovation in the health care system. They create and adopt best practices that make the delivery of care more efficient and effective for patients.

The CAHO ARTIC Program is a great example of adopting innovative projects to benefit the system as it takes research evidence and puts it into practice across the CAHO community. The program has grown over the last year to incorporate two more projects, one focusing on elder mobilization and the second on antimicrobial stewardship. These projects, and the program, foster better collaboration and help establish a systematic approach to move research from the lab to the bedside.

The work accomplished by our community is known nationally, and in many cases, globally, and we are fortunate in Ontario to have these academic and research hospitals as provincial and national assets. Our member hospitals, and the work they do, continue to attract the best and brightest to Ontario. Collectively, the CAHO community has the ability to transform the way we provide care and our members' perspective and experience is vital in our commitment to ensuring a robust health research enterprise in this province.

I look forward to the CAHO community building on the success of the past year and to growing our collaborative effort to ensure health research and innovation remains at the heart of the health care system and to ensure Ontario is looked upon as a global leader in health research.



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

In the Spotlight

Winnie Doyle is the Vice President of Clinical Services and Chief Nursing Executive for St. Joseph's Healthcare Hamilton.

Winnie received her Master of Nursing Administration from the University of Toronto in 2000. She has worked in Mental Health first as a front-line RN, then as a nurse clinician, a nurse manager/educator and then the Director of Nursing for the Centre for Mountain Health Services of St. Joseph's Healthcare Hamilton (SJHH).

From 2005-07, she was the Integrated Vice President for Mental Health & Addictions at St. Joseph's Healthcare Hamilton and Hamilton Health Sciences. As the Vice President for the Mental Health & Addictions Program, she was responsible for the administration of the Mental Health Program for all three campuses of St. Joseph's Healthcare Hamilton with an annual fiscal budget in excess of \$70M.

Winnie led the integration of the hospital-based mental health programs in Hamilton, and coordinated the transfer of acute mental health beds from Hamilton Health Sciences to St. Joseph's Healthcare Hamilton. She facilitated the development of the Psychiatric Mental Health Nursing Practice Certificate Program, in conjunction with McMaster University's, School of Nursing.

Since 2005 she has been the Vice President for Acute Clinical Programs & CNE at SJHH. During this time the organization has been designated as an RNAO Best Practice Spotlight Organization. She has led the formation of a Patient Advisory Council and integration of patients into the Program Quality Councils. She and her team have led the expansion of clinical services in numerous areas including surgery, medicine, CKD, and introduced innovative programs in maternal child such as the Neonatal Abstinence Program. In her role with St Joseph's Health System she has begun work to help improve the services in Mental Health and Addictions in Nunavut.

CAHO Catalyst recently sat down with Winnie and asked her to reflect on her career and the current challenges facing health research in Ontario.

1. To date, you have had a tremendous career in nursing and healthcare. What are you most proud of in your career?

I have had lots of exhilarating moments in my career. I loved clinical practice as an RN. As an administrator, it has been the collective work of our team to continually build innovation and a real desire to make a difference that nourishes my soul and gives me a sense of joy and meaning. I have a simply wonderful team of smart people that give me many moments of pride it would be hard to say there was a single achievement.

2. What do you see as the biggest challenges in your current role?

I would have to say strengthening clinical environments that are truly patient-centred and fostering improvements that are fast enough to meet the needs of our rapidly evolving community.

3. As Chair of the CAHO ARTIC Program Task Force, how do you think the CAHO community can be a catalyst for better managing resources, while driving quality improvement and creating a stronger health research enterprise for Ontario?

The CAHO ARTIC Program is explicitly designed to drive and facilitate innovation and quality improvement. Our work in areas such as increasing the confidence in Hand Hygiene Compliance using the CAHO HandyAudit ARTIC Program and implementing the CAHO Canadian C-Spine Rule ARTIC Project, which allows clinicians to 'clear' the cervical spine without the need for an x-ray and to decrease immobilization times, are examples of the powerful engine of the CAHO hospitals when we act collectively to drive healthcare improvement and innovation. As we look forward I believe the CAHO ARTIC Program has the capacity to lead very significant improvement that will have influence across the healthcare system.

4. Can you share with CAHO Catalyst some of the research priorities of St. Joseph's Healthcare?

I would say that the research priorities currently focus on the Mental Health Program, Respiriology, Infectious Diseases and Nephrology. Nursing Research also has many projects in nursing workforce, maternal/newborn, span of control and patient satisfaction.

5. When you are not at St. Joseph's, what do you like to do in your spare time?

I love travel, gardening and spending time with family and friends.



Winnie Doyle
Vice President, Clinical Services and Chief Nursing Executive, St. Joseph's Healthcare Hamilton and Senior Vice President St. Joseph's Health System for Acute Care

CAHO ARTIC Program Task Force Chair

CAHO News

CAHO Year in Review

On June 1, 2012, CAHO held its Annual General Meeting (AGM), and marked the completion of the second year of its five-year strategic plan. Over the past year, the CAHO community has shown a strong commitment and engagement to collaborate and support each other while achieving results through their tireless work.

2011-12 proved to be another year of good progress that builds upon the foundation set in previous years. Some highlights of CAHO accomplishments over the past year include:

- A funding commitment from the Ministry of Health and Long-Term Care of \$6.3 million over three years to CAHO's Adopting Research to Improve Care (ARTIC) Program.
- The completion of the *Fuelling the Innovation Engine* Report by CAHO's Research and Resources Committees. This report resulted in eight recommendations that the CAHO community will act on over the next three years to help stabilize the health research enterprise in Ontario.
- The development and launch of two new CAHO ARTIC Projects – the CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project and the CAHO Antimicrobial Stewardship Program (ASP) in Intensive Care Units (ICU) ARTIC Project.
- Supporting the establishment of Clinical Trials Ontario and MaRS Excellence in Clinical Innovation and Technology Evaluation (EXCITE). Both of these initiatives will strengthen Ontario's role as a leader in health research and innovation.
- Launched the implementation of the Physician Quality Improvement Initiative (PQII). This physician-led, collaborative initiative aims to create consistency and provide a comprehensive approach to focused and practical quality improvement in physicians' practice.

At the AGM, the CAHO Council also elected a new Executive Committee. The following are the officers and members of the Executive Committee:

Chair: Barry McLellan (Sunnybrook Health Sciences Centre)

Vice-Chair and Kingston Representative: Leslee Thompson (Kingston General Hospital)

Secretary-Treasurer: Bob Bell (University Health Network)

Past-Chair: Mary Jo Haddad (The Hospital for Sick Children)

London Representative: Bonnie Adamson (London Health Sciences Centre)

Hamilton Representative: Kevin Smith (St. Joseph's Health System)

Ottawa Representative: Jack Kitts (The Ottawa Hospital)

Northern Representative: Andree Robichaud (Thunder Bay Regional Health Sciences Centre)

TAHSN Representative: Catherine Zahn (CAMH)

Looking forward, CAHO Chair Barry McLellan, discusses his goals for the upcoming year, "It has been a privilege over the past year to represent such an exceptional and respected group of leaders and hospitals," says McLellan. "I look forward to building on the success of the past year and to growing our collaborative effort to ensure health research and innovation remains at the heart of the health care system and to enable Ontario to be seen as a global leader in health research."

Additional details and information on CAHO can be found in the 2011-2012 CAHO Annual Report.

CAHO News

CAHO Voices Concerns Over CIHR Reforms

As research intensive hospitals, CAHO members lead and participate in the majority of health research conducted within Ontario. Our collective research enterprises support scientists from across all four pillars of health research: biomedical, clinical, health services, and social, cultural, environmental and population health.

The Canadian Institutes of Health Research (CIHR) is proposing to reform its Open Programs and Peer Review process as outlined in its *Design Discussion Document*. CAHO has written to CIHR expressing the concerns that have been raised across the CAHO community about the proposed reforms.

In June 2011, the CIHR released the final report of its International Panel Review. In this report it is recommended that funding programs be streamlined and strengthened to alleviate the valuable time spent by researchers on writing and applying for multiple grants to support their research, peer reviewers be recruited from a broader base of expertise to ensure that the appropriate expertise is engaged in reviewing grant applications; and the workload issue for reviewers be addressed as the volume and complexity of applications continues to increase.

According to CIHR, "our peer review system and processes fail to adequately accommodate research across all of CIHR's pillars, new and evolving areas of research, and paradigm-shifting research. They also fail to ensure that the right expertise is engaged in reviewing the spectrum of grant applications received. At the same time, growing application pressure, and the complexity of many applications, has meant that potential peer reviewers increasingly express their reluctance to volunteer for the heavy workload."

Although the CAHO community agrees with the high-level recommendations outlined above, there are significant reservations about the proposed implementation of them. In its letter to CIHR, CAHO recommends the following:

1. Slow down the process to implement reforms
2. Involve members of the research community in developing improvements to the proposed reforms
3. Ensure that proposed changes are made from a strong evidentiary basis
4. Pilot proposed changes to determine the impacts of each change prior to its full implementation

CAHO encourages CIHR to address the concerns raised to ensure the proposed reforms benefit collective research enterprises across the CAHO community and minimize confusion or discontent across the sector while ensuring the goals and objectives are clearly communicated and do not produce any unintended consequences.