

## Making the Connection

The CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project celebrated a significant milestone with its launch last month. The CAHO MOVE ON ARTIC Project serves as a great opportunity to demonstrate the collaborative nature of our community.

The focus of MOVE ON, led by Drs. Barbara Liu and Sharon Straus, is to get elderly patients moving and improve their mobility during their hospital stay to avoid and prevent functional decline in those admitted to acute care facilities. Without mobilization, elderly patients can develop complications during their hospitalization.

The collaboration through the CAHO MOVE ON ARTIC Project has significant potential to improve the quality of care provided to patients. The 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.

CAHO member hospitals, and their front-line staff, work diligently to improve the effectiveness of the delivery of care for patients. I would like to extend my sincere thanks and appreciation to all our colleagues involved in the CAHO ARTIC Projects.

With ever increasing demands and pressures on our roles, I am inspired by the sheer commitment of our staff to participate and contribute to changing the way we care for those who need us most.

The CAHO ARTIC Program launched with the objective of moving research evidence into practice across the CAHO community to drive quality improvement and benefit the health care system as a whole.

CAHO member hospitals and their front-line staff, who are the early adopters and creators of innovation, are committed to building a systematic and sustainable implementation pathway for evidence adoption across the province. The CAHO MOVE ON ARTIC Project is a great example of this commitment.



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

## In the Spotlight

Dr. Richard McLean was appointed Vice President of Medical Affairs and Quality for Hamilton Health Sciences (HHS) in 2009. He is responsible for matters related to medical staff credentialing, Medical Professional Affairs, and the recruitment of Medical Department chiefs, along with the Quality, Risk Management and Pharmacy portfolios.

Dr. McLean acts as a strong advocate for patient safety and quality improvement at HHS. He has championed the implementation of a professional development tool for physician chiefs, and was responsible for the adult inpatient medical coverage model at McMaster University Medical Centre.

Dr. McLean has held a number of clinical leadership appointments at both Sunnybrook Health Sciences Centre and Hamilton Health Sciences. While at the University of Toronto, he was an internationally recognized researcher in neurological outcomes after cardiac surgery and was also recognized nationally for his work on end-of-life decision making in the intensive care unit.

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

**1. To date, you have had a tremendous career advocating for patient safety and quality improvement while conducting important research. What are you most proud of in your career?**

I've been fortunate to have been exposed to a wide range of roles throughout my career and the opportunity to work with some incredibly talented people. In my time at Sunnybrook I was very proud of the high caliber Cardiac Anesthesia service we developed. We had one of the first true perioperative echo programmes in Canada, and an active clinical research group that worked in an integrated collaborative manner with our Cardiac Surgery colleagues. More recently I've enjoyed being part of the patient safety/quality journey here at HHS. Our death and adverse event review process, is unique, and has won a William Sibbald Award for Excellence in Patient Safety (2nd place). More recently we've leveraged the MRP Collaborative Initiative funds to create Medical Quality Officer roles in the Department of Medicine and Pediatrics, these individuals are already making a significant impact on our Quality Activities within the organization.

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

Succession planning is I think one of our greatest challenges. We have a very thin veneer of medical leaders and we need to do more to engage physicians in administrative leadership opportunities. We are entering a very challenging phase in Health Care in this Province and we need capable Physician Leaders more than ever.

Rethinking the care models in Academic Health Science Centers. The increasing decentralization of post graduate medical training, combined with the enhanced focus on ensuring a high quality educational experience and looming work hour restrictions, is challenging our current care model. The high occupancy rates in our hospitals and the acuity of our patients is driving the need for expanded hours of care in the face of a functionally reduced resident work force. The relationship of clinical faculty to Academic Hospitals is going to undergo some significant changes over the next few years. If not well managed it will be a real threat to the viability of Academic Medicine.

**3. As Chair of the Health Human Resources 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?**

I think CAHO has made great progress under its new Strategic Plan. The ARTIC Program really has the potential to act as a catalyst for improved quality in the system. It takes advantage of the strengths of Academic Health Science Centers, both as generators of knowledge and innovators in care. I think we could also play a similar role in implement innovative models that both improve the quality of care and reduce the cost to the system. We have the tools to implement and assess models in a comprehensive prospective manner, essentially creating living laboratories for new care delivery models. The Hospital at Night model that has been introduced in the NHS in the United Kingdom shows promise, using interdisciplinary nurse led teams to provide primary after hours response to inpatient wards, An expanded role midwives in caring for low risk pregnancies, with obstetricians acting as consultants rather than primary caregivers in a true partnership is another example of opportunities that exist. The Ottawa Hospital has done a tremendous amount of work in the area of interdisciplinary care and has much to offer others embarking on this journey.

**4. Can you share with CAHO Catalyst some of the research priorities of Hamilton Health Sciences?**

HHS has a dynamic research enterprise, attracting over \$200 million dollars in funding last year, led by Dr. Salim Yusuf and his group. With a network of partners across the world, they are able to mount very large clinical trials. Cardiovascular disease, thrombosis research, perioperative medicine, cancer, child health and development, knowledge translation, and global health are the areas of focus for this world leading group of researchers.

**5. When you are not at Hamilton Health Sciences, what do you like to do in your spare time?**

Our three children are all young adults now and are spread from Ottawa to Vancouver. We get a lot of pleasure out of watching them mature and develop in their respective lives. We still enjoy each other's company and manage to get together for shared activities on a regular basis.

I am an instrument rated private pilot and enjoy developing my skills in this area. I enjoy flying a lot, and have recently become a volunteer pilot for Hope Air. I look forward to doing more of these flights this summer.

We have a cottage south of Parry Sound which is probably my favorite place to be in my down time.

## CAHO News

## CAHO Gets Moving with MOVE ON

On April 3, the CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project team hosted an event to officially launch the CAHO MOVE ON ARTIC Project. Project leads across all 14 participating hospitals were in attendance at the Li Ka Shing Knowledge Institute at St. Michael's Hospital.

The CAHO MOVE ON ARTIC Project, developed by Drs. Barbara Liu and Sharon Straus from Sunnybrook Health Sciences Centre and St. Michael's Hospital, uses an inter-professional approach that focuses on early and consistent mobilization of older patients through their hospital stay. This program promotes early mobilization and prevents further decline in older patients admitted to hospital.

"Hospital staff are dedicated to caring for their patients. We want to enable and support them to provide care to seniors that maximize mobilization," says Dr. Barbara Liu. "We can learn from each other by taking the experience from units that have incorporated mobilization into routine care processes."

"It's important to have a collaborative, multidisciplinary team to work on projects like MOVE ON," says Dr. Sharon Straus. "Our work to date highlights how important it is to ensure the implementation is contextualized to the institution and ensuring it is appropriate for that environment."

Karen Michell, Executive Director of CAHO, took some time in her opening remarks to discuss with attendees the importance of CAHO ARTIC projects such as MOVE ON and the goals of the program moving forward. Ultimately, the CAHO ARTIC Program is trying to catalyze the creation of an evidence adoption pathway for Ontario, and the participants in the MOVE ON project are helping us do just that.

The event also served as an opportunity to understand the work already done, including the lessons learned through the MOVE IT program - a precursor to the MOVE ON program - and to discuss best practices, the development of these best practices and get a better understanding of what can be accomplished by using the best available evidence to care for our patients.

An example of some best practices discussed is the development of a Simplified Mobility Assessment Algorithm that measures the mobility level of an elderly patient based on the activities they are able to do while admitted. Each hospital may develop an individualized mobility plan based on the needs of the patient. Some of the important key messages discussed include encouraging mobility three times a day, making mobilization progressive and assessing patients within the first 24 hours of admission.

The CAHO MOVE ON ARTIC Project is expected to run until the end of 2013.

## CAHO News

## Transitioning the CAHO ARTIC Program

The CAHO Adopting Research to Improve Care (ARTIC) Program is a great example of innovative, collaborative work done by our member hospitals. The CAHO ARTIC Program aims to move research evidence into practice from one hospital across the CAHO community in order to drive quality improvement and benefit the health care system as a whole.

To date, four CAHO ARTIC Projects have been successfully launched: the CAHO Canadian C-Spine Rule ARTIC Project, CAHO Mobilization of Vulnerable Elders in Ontario (MOVE ON) ARTIC Project, CAHO Antimicrobial Stewardship Program (ASP) in Intensive Care Units (ICU) ARTIC Project, and the CAHO HandyAudit® ARTIC Project.

For the next round of submissions, CAHO is focusing on *Transitions in Care* as the priority theme for our projects. *Transitions in Care* was recommended by CAHO's Practice and Education Committee after investigating a number of priorities and consulting with stakeholders including the Ministry of Health and Long-Term Care (MOHLTC) and Health Quality Ontario (HQO).

*Transitions in Care* refers to the movement patients make between health care practitioners, clinical services and/or settings as their needs change throughout the course of their care. Projects will focus on innovations that support the coordination and continuity of care as patients transfer between locations or units of service within the same location.

CAHO is seeking Letters of Intent (LOIs) from CAHO member hospitals for potential projects addressing this priority. Proposed projects must present an innovation that supports the *Transitions in Care* priority with the goal of improving quality and/or reducing costs to the system. The innovation may be a best practice or product developed at a CAHO member hospital or a local knowledge translation strategy to implement published research evidence. The duration of CAHO ARTIC projects focusing on *Transitions in Care* is expected to be approximately one to two years.

The deadline for submissions of LOIs is May 9, 2012. The CAHO ARTIC Program Selection Panel will review the LOIs and successful applicants will be invited to provide a full submission due in August. After a rigorous evaluation process, successful applicants will be notified in the fall with the anticipated launch of these new CAHO ARTIC Projects in January 2013.

For more information about the CAHO ARTIC Program and the latest round of submissions, contact Michelle Grouchy at 416-205-1567 or by email at [mgrouchy@caho-hospitals.com](mailto:mgrouchy@caho-hospitals.com).