November 4, 5, 6, 2013
Metro Convention Centre
Toronto, Ontario
University of Waterloo Health Studies co-op student, Christina Marchand, worked for St. Michael’s Hospital.

In four months, Christina:
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» Presented two research papers at the San Antonio Breast Cancer Symposium
» Launched a virtual network of 150 medical oncologists

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Changing the future of women’s health

By Heather McPherson

A hospital designed to keep people out of hospital. It is a simple, revolutionary, yet stumbling idea that defines the relationship between Women’s College Hospital and our patients precisely as it should be: With them, not us, at the epicentre.

Literally. It is a model in which clinicians of different specialty backgrounds are located in the same area, hubbed around the patient. This is in contrast to the traditional way, in which patients go from specialist to specialist, accumulating different – and disintegrated – medications and treatment plans.

Simply put, the new Women’s College Hospital is a purpose-built, “one-stop shop” model with an ambulatory surgery process that enables patients to go home within 18 hours of their surgery. It is an outpatient model – even for patients with complex chronic diseases, for example, who benefit from clinics, centres and interprofessional teams of care providers coming together in a single location and creating a joint treatment plan that gets the patient home quickly. And able, with the assistance of a caregiver and related home support, to take care of themselves and enjoy a quality of life we all know isn’t possible anywhere else.

And indeed it would be impossible to release patients so quickly without some existing technological advances. Take, for instance, the case of reconstructive breast surgery post-mastectomy. Previously, the patient stayed with us for a full five days. Now, with the help of new categories of anesthetics and minimally invasive surgical techniques – and with the ubiquitous smartphone, which allows monitoring of the patient in the home – it is under that magic mark of 18 hours.

Yet much of what makes the model possible is decidedly low-tech. With an initiative we called A Thousand Voices For Women’s Health, we asked women of all ages, demographics and health conditions what they wanted in the health care facility of the future. We heard that they wanted coordinated care – the one-stop-shop. We also heard that they didn’t want a hospital that felt too clinical, which registered with them as intimidating. Instead, they wanted a warm, welcoming, human space.

These themes were brought out in the new building through a wide range of design choices: Comfortable, non-traditional furniture including wingback chairs and loveseats; waiting rooms with big windows and lots of light; a genuinely intuitive flow to the floorplan that significantly overcomes the hospital wayfinding that is so often confusing; colours that create a pleasing aesthetic environment and actually decrease anxiety.

It’s all about putting patients at the centre of everything we do. So we can change the future of women’s health – together.

A model of the Women’s College Hospital redevelopment will be featured in a special exhibit at HealthAchieve.

Heather McPherson is Vice-President, Patient Care & Ambulatory Innovation at Women’s College Hospital.

Mental health documentary connects with youth

By Karim Mamlani

I was asked to ask what percentage of people living in our communities are affected by mental illness. I am sure I would get a wide and varied response.

The truth is we are all affected by mental illness.

One, in five people will experience a mental illness at some point in their lifetime. But the effects of mental illness are shared among families and friends. The same is true for those young people who are struggling with a mental health disorder.

The adolescent mental health journey is at the heart of our documentary film Three Voices: Discovery, Recovery, Hope. The film tells the powerful and moving real-life stories of three young people – Stella, Alyshia and Asante. Each tells openly about their mental health struggles, their discovery and recovery journey, offering hope to others.

Having held many screenings of the film at schools, private events and film festivals in both Canada and the United States. I can tell you that the message resonates with the audience regardless of age. Students connect with the three people in the film, who attend many of those screenings to deliver questions. Students can see themselves and relate to their stories even in small ways. When the lights go up, they surround our three subjects buzzing with excitement and looking for insight into things they may be experiencing. The film helps them understand and see the real face of mental illness and not just the fictitious stereotype they are used to seeing in TV and movies.

Three Voices was created to help build awareness, reduce stigma and support our Adolescent Mental Health Literacy Program which trains teachers to deliver mental health curriculum at the high school level. We are pleased to see the tremendous uptake of this program. To date we have trained almost 1,000 teachers representing 12 school boards and private schools in Ontario.

As with any illness, education is imperative to help with early identification. But for people suffering with mental illness and their families, stigma can be one of the biggest challenges to overcome. Young people with mental illness can be confused and unsure why they may be feeling sad or emotional. They may be afraid to speak for fear of being judged or labeled. In some cases they may have made an attempt to reach out for help only to have their concerns dismissed.

The film is a great tool to reach young people and serves as a catalyst for dialogue and making that first step to ask for help. So far this year, Three Voices has been seen by more than 3,000 people through school events, private screenings and film festivals, including the New York City Mental Health Film Festival.

The film and curriculum deliver the message that help is available if you are struggling with a mental health issue. We want to show young people that despite what they may be feeling they are not alone.
Exhibit Floor Highlights

If you’re planning to attend HealthAchieve this year, make sure you schedule ample time to visit the award-winning exhibit floor – featuring close to 300 exhibitors and special attractions – the HealthAchieve experience just isn’t complete without a visit to the exhibit hall.

Hundreds of exhibitors, showcasing the latest and greatest products and services extend a warm welcome to you – inviting you to visit their exhibit spaces for a chance to not only learn about the latest innovations in health care but also win some great prizes!

New Product Showcase
Prepare to see the latest innovations in health care at this year’s HealthAchieve. The New Product Showcase is a dedicated area on the exhibit floor where exhibitors will showcase their latest products and services that fit with HealthAchieve’s theme of Inspiring Ideas and Innovations. Don’t miss this opportunity to see some of the latest and greatest products that are sure to transform the delivery of health care.

GE Healthcare
Come see how GE Healthcare is providing solutions that could change your care model for patients living with chronic disease. Remote Care Management is not just a technology solution, but a solution that can provide deeper, more personalized health care, while empowering patients with a tool that can access information to provide relevant and timely health care support.

New Exhibitors Lane
We welcome exhibitors who are new to HealthAchieve and give delegates the opportunity to find them easily. While on the exhibit floor, visit aisle 2000 to meet these first-time exhibitors – it is your chance to see their latest products and services and learn about what they can offer you and your organization.

Green Lane
Green Lane is a dedicated area of the exhibit floor where organizations providing environmentally friendly products and services gather together to showcase innovative ways to help facilities save energy, reduce pollution and make healthier, greener choices.

Isabella’s Café
This is a lounge area on the exhibit floor where you can relax, network with colleagues, and make use of free charging stations. While you’re in this area, be sure to try the complimentary hot beverages offer by Mars Drinks Canada.

Marketplace
The Marketplace is an interactive area on the exhibit floor where delegates can post their comments, network and share ideas and points of view. A collection of graphic illustrations and knowledge walls will make this a must-visit location filled with attendee thoughts and perspectives on health care and beyond.

Meet and Mingle Hour
A special one hour of the event will be dedicated to networking. This “meet and mingle” hour is yet another opportunity for you to network with health care professionals and business leaders in the industry. It’s one hour dedicated just for you – giving you the opportunity to take a break, see some of the latest innovations in health care, share your ideas and points of view with colleagues in the Marketplace, enter draws for your chance to win some incredible prizes and enjoy complimentary beverages courtesy of Booster Juice!

Health Care Community Capital Project Display
With all the incredible capital initiatives taking place in Ontario health care facilities, HealthAchieve Show Management has reached out to these organizations inviting them to showcase their innovative new building design concepts. Come and see these state-of-the-art health care facilities that will be on display on the exhibit floor.

Book Store
Many of HealthAchieve’s keynote speakers are published authors. Purchase a copy of their latest book at the HealthAchieve Bookstore located on the exhibit floor.
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In addition to traditional architectural services, Parkin plays a significant leading role in strategic and operational planning with many of its clients. Parkin’s clinical planning and design influence can be found in hundreds of new, renovation and expansion projects, ranging from individual hospital departments to some of the largest institutions in eight of Canada’s provinces and Nunavut.

In the early 2000s, Parkin was the lead architect for Canada’s first two hospital P3 (public/private partnership) projects – Brampton Civic Hospital and the Royal Ottawa Hospital. Since then, Parkin has competed in the RFP stages on dozens of P3/AFP projects, with consortia including:

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- Queensway Carleton Hospital, Nepean, ON
- Ross Memorial Hospital, Lindsay, ON
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- Sick Kids Hospital; Toronto, ON
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- St. Joseph’s Healthcare, St. Thomas, ON
- Surrey Memorial Hospital, Surrey, B.C.
- The Royal Ottawa Hospital, Ottawa, ON
- Woodstock General Hospital, Woodstock, ON
- University of Montreal Hospital Research Centre, Montreal QC

Canadian Coalition for Green Health Care: 13 years down the road to sustainable health

Canada’s premier green health care resource network, the Canadian Coalition for Green Health Care, has been a national voice and catalyst for environmental change within the health care sector for thirteen years.

The Coalition, a national not-for-profit, encourages the adoption of resource conservation, pollution prevention principles and effective environmental management systems to reduce the Canadian health care system’s ecological impact while protecting human health.

Collaborating with health care organisations, and a multiplicity of other health care stakeholders in the private and public sectors, the Coalition works to raise awareness and increase the capacity of organisations to embrace environmental issues.

Membership benefits include opportunities to engage in and support Canada’s green health care movement and be part of a relevant and meaningful process to meet greening health care needs, collaboration with like-minded individuals and groups, access to educational collateral, and opportunities to advise/mentor those taking on greening initiatives.

Coalition initiatives with a focus on sustainable energy management include:
- Healthcare Energy Leaders Ontario (HELO): When fully operational, the HELO project team will be providing free onsite assistance to facilities with activities such as energy assessments, developing business cases, applying for incentives, and helping implement a culture of conservation. www.greenhealthcare.ca/HELO
- EcoAction GHG Emissions Reduction: In partnership with the Canadian Healthcare Engineering Society (CHES) and Synergie Sante Environnement (SNE), the Coalition is embarking on a three-year GHG and water reduction initiative across Canada with targeted outreach and education collateral, and training modules to incite organisations to adopt sustainable environmental practices.
- Climate Change Resiliency Toolkit: With research and technical support from Health Canada, the Health Care Facility Climate Change Resiliency Toolkit helps organisations improve their ability to withstand the negative impacts of climate change. www.greenhealthcare.ca/climatetoolkit
- Green Revolving Fund for Health Care Energy Efficiency: The Coalition recently launched a Green Revolving Fund pilot project, to research and test a new funding model for energy projects. Implementation is under development and the Coalition is actively looking for funding partners. www.greenhealthcare.ca/projects energy/greenrevolvingfund

The Canadian Coalition for Green Health Care
Coalition canadienne pour un système de santé écologique

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The Canadian Coalition for Green Health Care
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This project was made possible through the financial support of the Ontario Power Authority

www.hospitalnews.com
Because continuous improvement in hospitals tends to be approached on a project basis, most organizations do not have a methodology in place to improve care day-to-day. They especially do not have a system in place to then sustain that improvement.

Yet each day on the frontlines, clinicians face a myriad of problems, big and small, that impact quality of care. These professionals are ultimately the people who can best solve these challenges — but given the demands of their day-to-day roles, they report problems to managers, who are themselves overwhelmed and unable to tackle all but a small percentage of issues.

At a number of Ontario hospitals including The Hospital for Sick Children (SickKids) in Toronto, the management principles of Lean have been an integral part of the answer in addressing these challenges. To implement an approach for ongoing daily improvement, the hospital initially focused, in collaboration with ThedaCare and KPMG’s Lean coaches, on two SickKids units.

The hospital is now rolling out their Lean management system, called “daily CIP” (Continuous Improvement Program) to all 20 clinical units of the building. Some frontline leaders have described the effects of the program as transformational. It has driven a culture of staff who feel empowered to maximize quality and value for the patients and families they care for.

Clinicians were selected to work on improvement teams and design a new process of care, focused on removing errors and creating a safer patient experience. They examined every step in the process of care, in cases ranging the gamut, from elective surgeries to patients presenting in the emergency department with a headache.

At every step in the process, the question was asked: “Is this step necessary to deliver a perfect outcome?” If the answer was no, the step was removed as non-value-added. Only those steps in the patient experience that added to the outcome — the steps that were value-added — were retained.

SickKids is providing in-house Lean training for all types of clinicians to receive their Yellow and Green Belts. To lead the effort, they hired — full time — three Master Black Belts with experience in Lean transformations. In the process, clinicians have been given the skills and support they need to take increased ownership for local improvement efforts.

One could say that instead of the old model of fighting fires, they are predicting fires before they start. And then, if they do their jobs right, the extinguisher need never be used.

The authors are taking part in the HealthAchieve Panel Discussion, Leveraging Lean Management – Breaking Through The Sustainability Barrier and Creating a Culture of Continuous Improvement, on Monday November 4 at 3:30 pm. Learn more at www.healthachieve.com.

By John Toussaint, Jeff Mainland and Gordon Burrill

By John Toussaint, Jeff Mainland and Gordon Burrill

Public Services Health & Safety Association

Dr. John Toussaint is Chief Executive Officer, ThedaCare Center for Healthcare Value. Jeff Mainland is Executive Vice President Strategy, Quality, Performance and Communications at The Hospital for Sick Children and Gordon Burrill is Partner at KPMG.

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Your Complete Health & Safety eLearning Provider
Slow death by rubber duck

By Bruce Lourie

What's more relatable than a rubber duck? Have measurable levels of toxic chemicals in their bodies. These toxins are in our homes, our carpeting, our shampoo, our plastic bottles — including those from which we feed formula. These toxins are in our bodies. The results were dramatic. I ate, for example, several meals of tuna, measuring the mercury in my body before and after. My mercury levels shot-up nearly three times, putting me over the limit of what is considered safe. In reality, there is no safe limit, especially for pregnant women.

In a second experiment, the amount of Triclosan in Rick’s body increased by 2,900 per cent over our 48-hour test period. And that was from the simple act of using everyday personal care products, as directed. These included anti-bacterial soaps, deodorants and toothpaste that all listed Triclosan (a regulated pesticide) as an ingredient.

Another part of the reality check was showing that the claims of industry — namely, that these chemicals were inert, and would never get into your body — were false. Industry responded with the admission that sure, these chemicals get into your body — but at levels so low, they won't cause any harm.

It has been demonstrated very clearly that industry is wrong again. In fact it is not so much the quantity of the toxic chemical, but the timing of the exposure that is pivotal. For example, a very minute quantity can enter a woman and cause significant harm to her fetus, whereas at a later date the same exposure causes no harm at all.

The modus operandi of toxic chemicals is insidious indeed. They confuse the body into thinking they are a natural hormone; hormones of course send out messages that signal how brains and bodies should develop. For example, a female body will interpret a very small amount of Bisphenol A (BPA) as estrogen. Elevated levels of estrogen are of course linked to breast cancer. Along with cancer, many studies have now linked chemical exposure to autism, thyroid issues, childhood obesity, reproductive system disorders and many other serious or life-threatening conditions.

Along with cancer, many studies have now linked chemical exposure to autism, thyroid issues, reproductive system disorders and many other serious or life-threatening conditions.

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Joanne Greenwood, RN, works with the Rideau Family Health Team at the Riverside Court Medical Clinic in Ottawa, Ontario. Joanne was the recipient of RPNAO’s 2012 Award of Excellence and Innovation. Pictured with Joanne is Frank Perkins, a heart transplant recipient, who is one of Joanne’s patients.
Influenza vaccination: Our patients are counting on us

By Dr. Allison McGeer

Are health care workers (HCW) who are not immunized against influenza failing their patients? The Canadian National Advisory Committee on Immunization (NACI) says yes: “In the absence of contraindications, refusal of HCWs... to be immunized against influenza implies failure in their duty of care to patients.” Indeed NACI, along with the US Centers for Disease Control and Prevention (CDC), has been recommending influenza vaccination for health care workers for more than 30 years.

Yet worker influenza vaccination rates remain below 60 per cent in the great majority of Ontario hospitals whose members will be attending HealthAchieve. This, despite the fact that influenza vaccination in Ontario is provided free of charge to all eligible residents, and that all hospitals in this province have programs to offer influenza vaccination to their workers.

In 2012, the Ontario Provincial Infectious Diseases Advisory Committee suggested that scientific evidence now supports the need to make a fundamental change to our vaccination programs – annual influenza vaccination should be a condition of service for all Ontario health care workers.

What is that evidence? A careful review is in order.

Requiring any behaviour on the part of an individual for the benefit of public health must meet three criteria first, the behaviour must confer benefit on the individual who undertakes it, second, there must be sufficient benefit to the public health, and third, there must be no other means of achieving the public health benefit.

The risk of serious or fatal disease due to influenza and its complications is significantly higher than the risk of serious adverse events due to influenza vaccination

For healthy, young adults, the serious risks associated with both influenza and influenza vaccination are very small. Nonetheless, influenza infection is common, and the risk of serious or fatal disease due to influenza and its complications is significantly higher than the risk of serious adverse events due to influenza vaccination. It is for this reason that the CDC and NACI encourage annual influenza vaccination for all adults, whether or not they are health care workers.

The benefit of health care worker influenza vaccination to patient safety has been clearly demonstrated in four randomized controlled trials. In these trials, conducted in chronic care hospitals and nursing homes, patients/residents were 44 per cent less likely to die during the influenza season if they lived in facilities randomized to influenza vaccination of health care workers – a result that is both striking and consistent across all the trials. Logistical challenges mean that similar studies have not been performed in acute care hospitals; however, both modelling and observational studies in acute care suggest that the benefits of health care worker vaccination are similar in this setting.

So it is clear that our current voluntary vaccination policies are failing our patients – what evidence is there that condition of service policies are the answer?

In hospitals, such policies fall into one of two groups: either health care workers must be vaccinated unless they have a medical contraindication or religious exemption, or health care workers who choose to remain unvaccinated are required to wear a mask in patient care areas in these settings. Both policies are in effect in majority of Ontario hospitals; however, both modelling and observational studies in acute care suggest that the benefits of health care worker vaccination are similar in this setting.

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In Canada, the legality of these policies has not been completely tested. However, the great majority of arbitrators in relevant cases to date have considered both the rights of employees and the risks to patient health and safety – and have struck the balance in favour of patients.

And so the evidence and need is clear. It’s up to Ontario hospitals to make that need a reality.■

Dr. Allison McGeer is Director, Infection Control at Mount Sinai Hospital. Dr. McGeer, a member of the Provincial Infectious Diseases Advisory Committee (PIDAC), will take part in a Panel Presentation – The Pros & Cons of Influenza Vaccination – at HealthAchieve on Monday, November 4 from 3:30–5:00pm.

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