

▶ FEATURE

Eleanor Morton Set to Retire

By *Christina Giannone*
Manager, Human Resources

Eleanor Morton will be retiring from HIROC on March 31, 2011. She has had a vast career, with extensive and varied healthcare experience in Manitoba and Ontario, as well as two and a half years in Australia. She was the Director of Health Records and Placement and later the Director, Quality Assurance/Risk Management at North York General Hospital. After leaving North York to return to university, she ran her own consulting practice, working with the Ontario Hospital Association and the Ontario Home Care Programs Association. Eleanor began with HIROC as a consultant in 1992, and developed the Risk Management Assessments, which have grown into what we now call RMSAM™.



Eleanor joined HIROC on a full-time basis in 1993 as Manager, Risk Management and was promoted to Vice President, Risk Management in 1998. During this time, Eleanor continued to implement risk management solutions for our subscribers and grow the Risk Management department. Eleanor oversaw the continuing evolution of RMSAM™, increasing the number of modules and introducing an electronic version. RMSAM™ has become HIROC's defining risk management program under Eleanor's direction.

She strongly supported the continuing education of her staff and was an inspiring mentor to staff throughout the organization. A key contributor to the strategic goals and direction of HIROC, Eleanor was instrumental in the expansion and recognition of HIROC's healthcare risk management expertise and influence at a national level through her involvement in various healthcare initiatives across the country, including Canadian Patient Safety Roundtable, Safer Healthcare Now!, ISMP Canada, MORE^{OB}, Canadian Healthcare Risk Management Network, to name a few.

A great deal of the success of the Risk Management department can be attributed to Eleanor's drive and enthusiasm for risk management and HIROC's vision to partner to create the safest healthcare system. Eleanor's determination and efforts toward HIROC's vision is an inspiration to all of us and, while we are going to miss her greatly, we wish her all the best during her retirement. She will always be part of the HIROC family!

We will be hosting a "Tea with Eleanor" open house on Wednesday, March 23, 2011 from 3 p.m. to 5 p.m. at our HIROC Toronto office. All are welcome to attend. No RSVP is necessary.

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FEATURE

Update from the Risk Management Department

By Polly Stevens
Vice President, Healthcare Risk Management

The Risk Management department has been busy over the last several months building a plan to improve the effectiveness and value of its services to subscribers—on finding ways to better help healthcare organizations improve safety and decrease incidents and claims.

An extensive list of potential improvement projects was generated and discussed with internal and external stakeholders. While over a dozen projects were identified for implementation in 2011, there was clear consensus on the top three areas of focus, including re-developing and streamlining the Risk Management Self-Appraisal Modules (RMSAM™) program; developing risk management web-based resources and tools; and improving subscriber claims data reports. Highlights on these are included below.

RMSAM™ Re-visioning

The overall objectives for the project include increasing the impact on patient safety and claims by ensuring the program is focused on the most important (high cost/high frequency) risks, and the most impactful, evidence-based mitigation strategies; and increasing subscriber participation by decreasing resources required to implement the program.

Work has begun to develop a ranked list of risks from HIROC's extensive claims database. Starting with hospitals, a sub-set of representative years has been selected to facilitate detailed examination. Early work has shown that only about ten risks comprise 65 percent of all costs, with 20 risks representing 85 percent of costs.

More work is required to regroup some of the risks into more meaningful risk categories with discrete mitigation strategies. Analysis of frequency will also be done and integrated with costs data to determine the final rankings for hospitals. Development of ranked lists for other subscriber groups will follow.

Resources and Tools

Much emphasis this year will be on the development resources for use by subscribers. Based on knowledge



translation concepts and best practices from other organizations, concise (i.e. two page) “Risk Reference Sheets” will be developed for each highly ranked risk. The image above shows the draft template for the sheets, including a short description of the risk, what our data shows, case examples, key mitigation strategies, references and additional resources.

Data / Claims Reports for Subscribers

In the past, detailed risk management and claims analysis reports (RMCARs) were sent out each June to subscribers. Comprised of up to 12 separate documents and up to 50 pages of paper for a large subscriber, these reports did not facilitate ease of interpretation and use. Work is underway to re-develop these reports and early discussion suggests that the number of reports and pages can be greatly condensed and that important features such as the inclusion of graphs and the ability to export reports to Microsoft Excel can be supported.

We look forward to reporting on the progress of these and other initiatives in the coming months as we continue our work of partnering to create the safest healthcare system.

▶ YOUR HIROC POLICY

Errors and Omissions Coverage 101

By Philip DeSouza
Communications Associate

Did you know that the members of boards and committees are covered in your HIROC liability policy? This is one of the most frequently asked questions according to **Wally Yerro, Supervisor of Insurance Operations**, “Errors and Omissions coverage is standard in all HIROC policies.” Errors and Omissions (E&O), sometimes referred to as Directors and Officers (D&O), is an essential part of your HIROC policy. We recently sat down with Wally to learn more about E&O liability.

What is Errors and Omissions (E&O)?

E&O liability insurance protects the organization, its directors, officers, committee members and employees against damages and defense costs in the event that they suffer losses resulting from a “wrongful act” while they were acting on behalf of the organization.

Who is covered?

The facility’s trustees, directors, officers, members of boards and committees, officers and board members of volunteer and auxiliary associations, as well as employees of the organization and its various affiliated entities. Errors and Omissions liability is also extended to include membership in the board of another not-for-profit entity, as long as this board appointment is in relation to the subscriber (i.e. a healthcare-related committee or board that doesn’t have its own E&O coverage).

Who is liable?

Directors and officers are held personally and individually liable for their actions, as well as their lack of action, in managing the organization and are obligated to apply diligence, honesty and loyalty in the performance of their duties. Board members are expected to act in good faith and in the best interest of the organization within their scope of authority.

What risks are covered?

Losses, including damages, settlements and defense costs, for “wrongful acts” that give rise to a claim for which the insured person is legally obligated to pay; any actual alleged error, any misstatement, misleading statement

or act, any omission or neglect or breach of duties in the discharge of duties, individually or collectively, or liability imposed by statute upon the insured. A “wrongful act” is covered when the director is acting within the parameters of their duties.

What are some significant exclusions from E&O?

Some exclusions include libel and slander, deliberate and dishonest acts, except for the insured’s not having knowledge of or being a party to such acts; claims resulting from the gaining of personal profit to which the directors and officers were not legally entitled. Also, additional exclusions include claims that are insured by another valid policy and liability assumed under contract.

What is the limit of liability?

Depending on your policy, coverage can range from \$5 million to a maximum of \$20 million, per claim.

Are past directors covered in future claims?

As long as the policy is in place for the subscriber, coverage is provided for past directors.

For information about E&O, refer to “Section F” of your HIROC policy.

If you have specific questions, please contact Insurance Operations or send an email to inquiries@hiroc.com.

***This article provides general information about E&O coverage. The wording in the HIROC policy takes precedence.**

With files from Wally Yerro, Supervisor, Insurance Operations.

Ask a Lawyer

By Gordon Slemko, General Counsel
HIROC

Q: I understand that changes have been proposed to Ontario privacy legislation which will affect hospitals. What are these changes and how will they impact hospitals?

You are correct—the *Broader Public Sector Accountability Act*, 2010 (BPSAA), formerly known as Bill 122, was proclaimed in force on January 1, 2011. One key feature of BPSAA is that it amends the *Freedom of Information and Protection of Privacy Act* (FIPPA) to include hospitals effective January 1, 2012. As a result, hospitals have one year to prepare for the application of FIPPA.

The application of access and privacy legislation to hospitals is not unusual. Hospitals are already subject to such legislation in British Columbia, Quebec, Nova Scotia, Alberta, Saskatchewan, Manitoba and Newfoundland and Labrador. Further, Local Health Integration Networks in Ontario have been covered by FIPPA since 2005.

FIPPA operates in two ways. First, it establishes an access to information regime that permits individuals to seek access to records held or controlled by an institution. Second, it protects personal information by regulating the collection, use, disclosure, accuracy, retention, and destruction of personal information by institutions.

Pursuant to FIPPA, the public will have a right to access all of a hospital's records subject to a number of exclusions and exemptions. Hospital records which are excluded or exempted from production under FIPPA include records concerning:

- personal health information (*Personal Health Information Protection Act* and not FIPPA applies to personal health information held by hospitals);
- documents generated pursuant to the *Quality of Care Information Protection Act*, 2004 (QCIPA);
- the administration of a health professional's personal practice;

- the provision of abortion services;
- the operations of a hospital foundation;
- charitable donations made to a hospital;
- applications for hospital appointments and privileges;
- research including clinical trials;
- closed-door deliberations of hospital boards;
- records created by or for legal counsel in relation to contemplated or actual litigation; and,
- any records prior to 2007 (FIPPA's application will be retroactive for a five-year period from 2012).

Although the above exclusions and exemptions from FIPPA are numerous, it is fair to say that the hospital records that can be accessed under FIPPA significantly outweigh those that can't. Hospitals records that can be requested under FIPPA include records concerning such broad categories as:

- hospital administration; and,
- policy-related information.

The impact of the changes to FIPPA is open to debate. Some individuals are of the view that the changes will improve hospital care due to increased transparency. Others are less enthusiastic about the changes, anticipating a slew of broad and vague access to information requests that will take a considerable amount of time and effort to answer. As with many things, only time will tell whose view is more correct.

This column is intended to convey brief and general information and does not constitute legal advice. Readers are encouraged to speak to legal counsel to understand how the general issues discussed in this column may apply to their particular circumstances.

Subscribers are invited to submit questions of a **general legal nature** to our General Counsel Gordon Slemko at gslemko@hiroc.com, who will review the queries submitted and write a response relevant to many HIROC subscribers.

Subscribers Satisfied with HIROC

By Victoria Musgrave

Manager, Communications and Marketing

Subscribers continue to be very satisfied with HIROC, according to a recent online survey conducted by HIROC's Communications and Marketing department.

During December 2010 and January 2011, 226 respondents from 165 subscriber organizations completed a survey providing feedback in a number of areas, including satisfaction with HIROC's services, and improving patient/client safety and communications. We also received suggestions for improvement.

When asked to rate their overall satisfaction with HIROC on a six point scale, with one being very unsatisfied and six being very satisfied, over 95 percent responded four, five or six. This is an improvement over results from previous years. Respondents also ranked each of HIROC's service areas (claims, risk management and insurance) very highly.

Over 78 percent of respondents indicated that the information and support they received from HIROC helped them improve patient/client safety in their organization. This result gives us some indication that we are working towards achieving our vision of partnering to create the safest healthcare system.

Respondents were also given the opportunity to indicate their satisfaction and offer suggestions for improving HIROC's communications to subscribers. *The HIROC Connection* continues to be a valuable resource to subscribers. The website (www.hiroc.com) is also important to subscribers; however, many respondents offered suggestions for improvement. This feedback will be used to improve the structure, functionality and resources available on our website, currently undergoing redevelopment.

HIROC's Management Team is currently reviewing the results of the survey to identify opportunities for improvement.

Summary of Results:

- **Over 95 percent of respondents were satisfied or very satisfied with HIROC's services.**
- **Over 78 percent of respondents indicated that the information and support they received from HIROC helped them improve patient/client safety in their organization.**
- **Over 95 percent of respondents would recommend HIROC to others.**
- ***The HIROC Connection*, HIROC website and e-news (email newsletter) are the most read communications.**

These are just a few of the positive comments received:

"The staff at HIROC is always available to answer questions and help with issues. Professionalism is apparent with every interaction I have had."

"Excellent support and guidance provided!"

"Overall, I'm very happy with the service I receive from HIROC. Keep up the great work. We appreciate it."

The Patient Relations File in a Legal Action

By Wendy Whelan, Associate, Health Law Group
Borden Ladner Gervais LLP

The Patient Relations Representative is often the first point of contact for an unhappy patient or family member following hospital care. There are many reasons a complaint is made. Sometimes, it is as a consequence of poor communication. The typical complainant consists of a patient who believes there has been inadequate care, combined with lack of empathy on the part of a healthcare provider, which has resulted in the belief that a mistake was made.

An investigation into a patient complaint usually begins with the completion of a complaint report. From this point forward the investigation can take on many forms. There are communications and meetings between hospital administrators, healthcare providers, the patient and family members. When the complaint is resolved, the file is closed and the documents generated as part of the investigation form the patient relations file.

While the investigation may be resolved to the hospital's satisfaction, it is often not resolved to the patient's. A lawsuit may follow. As a rule of thumb, the documents created as part of the investigation into the patient's complaint become producible in the litigation. These documents include the complaint form, the incident form, email communications with the patient, email communication between healthcare providers, email communication between hospital administrators, written recordings of meetings and telephone calls, and documents created either in draft or in final format. These documents are required to be listed in the hospital's affidavit of documents, are subject to questioning at an examination for discovery and can potentially be tendered as evidence at trial.

There are occasions when a parallel Quality of Care Review or a QCIPA review takes place under which documents and meetings are considered privileged. It is important to recognize that these two processes are distinct, although they sometimes overlap. Documents generated pursuant to a patient complaint, and which are relevant to the care at issue, are not generally considered privileged.

There have been circumstances in which we have seen documentation generated by the Patient Relations Representative used against the hospital in litigation. Three case examples follow.

Case Example One

After receiving a patient complaint, John, the Patient Relations Representative completes a complaint form and commences an investigation. John speaks with the manager of the unit about the employee who allegedly provided sub-standard care. John inaccurately records the manager's information that the employee will be reprimanded and communicates this to the patient. John never speaks with the employee. John also solicits opinions regarding the nature of the patient's injury from physicians at the hospital. This upsets the patient. The file is closed weeks later, but not to the patient's satisfaction. The patient states that he will sue. Litigation is commenced two years later. By this time, John is no longer an employee of the hospital and left on poor terms. During counsel's investigation, the manager of the unit advises that what was recorded by John is inaccurate. The file becomes producible in the litigation and is subject to questioning at examination for discovery. Counsel for the plaintiff attempts to contact John.

Case Example Two

After receiving a complaint about the death of a patient, Sam, the Patient Relations Representative, completes a complaint form. The Chief of Staff is contacted to review the care. In the interim period, the family members are routinely calling Patient Relations. Sam communicates by email to another Patient Relations Officer, his reluctance to return the family member's phone calls. A letter is prepared to the family in draft. It is not completed, but left in the file. The file is closed by the hospital weeks later. Litigation is commenced two years following. The file becomes producible, including the email communications and the draft letter.

Case Example Three

Shelley passes away at the hospital while receiving palliative care. The family is adamant Shelley's death was premature. Blame is directed towards the nurses. One of the family members, Henry, is a nurse at another hospital. A patient complaint investigation is launched by Sue, the Patient Relations Representative who is known to be an unhappy hospital employee. Henry is aggressive in his demands. Henry wants to meet with the nurses, but the nurses are reluctant. The nurses are interviewed by Sue. Notes of these meetings are generated. One particular note states "Nurse Watts was busy attending to other duties, when the patient passed away." The file is closed months later to the family's dissatisfaction. Litigation is commenced and the documents are producible. Sue is no longer employed with the hospital.

These three case examples demonstrate the potential issues encountered when patient complaint investigations are not conducted in a factual and neutral manner; the hospital is portrayed in a negative light and an inference is cast that healthcare providers

gave suboptimal care. As a result, more time, effort and resources are expended in an effort to defend the hospital in the action. Ultimately, such cases may result in a settlement if the damage cannot be mitigated.

What preventative measures can be taken? Provide guidance and training to the Patient Relations Representative concerning their role in patient complaints and documentation methods. As a rule of thumb, any written communications should be factual, objective and neutral. Care should be taken when recording opinions, subjective comments and observations. Consider whether any of the investigations should be held pursuant to a Quality of Care or QCIPA review. Conduct routine reviews of the patient relations files. And, seek advice from HIROC Risk Management if necessary.

For more information, subscribers are invited to register free of charge for the upcoming webinar "Patient Relations Link to Risk Management" on Thursday, May 26 from 12:00 p.m. to 1:00 p.m. (EST) with Wendy Whelan and Mary Gavel, Chief Privacy/Patient Affairs Officer, Women's College Hospital.

EVENTS

Upcoming Conferences

HIROC supports and exhibits at a number of healthcare-related conferences each year. We have several events coming up this spring.

April 2 — First Annual Patient Safety and Quality Improvement Student Conference, Toronto, ON, organized by the University of Toronto Chapter - Institute for Healthcare Improvement Open School. HIROC is sponsoring this event.

April 6 – 8 — OHA Regional Education Conference, North Bay, ON. HIROC will be exhibiting at this conference.

April 13–15 — OHA Regional Education Conference, Thunder Bay, ON. HIROC will be exhibiting at this conference.

April 20–21 — Inspire: Health Quality Summit, Regina, SK, organized by Saskatchewan's Health Quality Council, Ministry of Health and the Saskatchewan Association of Health Organizations. HIROC is sponsoring a workshop session on patient safety and quality improvement.

April 29 — OHA Fraud Detection and Prevention: Is it Happening in your Organization?, Toronto, ON. Alex Szabo, Senior Healthcare Risk Management Specialist will be presenting "Fraud Prevention: Lessons Learned from Recent Claims Investigations."

May 16–18 — Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS) Show, Toronto, ON. HIROC will be exhibiting at Booth 101 and sponsoring the Awards Luncheon.

May 17–19 — Association of Ontario Midwives Conference, Hamilton, Ontario. HIROC will be sponsoring and exhibiting at this event for Ontario midwives.

June 6–7 — Canadian College of Health Leaders National Leadership Conference, Whistler, BC. HIROC is a sponsor of this annual event for healthcare leadership.

June 22–24 — Ontario Association of Community Care Access Centres Conference, Toronto, ON. HIROC will be exhibiting at this event for CCAC staff and service provider organizations.

▶ FEATURE

The Rising Cost of Slip and Falls Claims

By Victoria Musgrave

Manager, Communications and Marketing

The annual number of visitor slip and falls hasn't changed much over the last 20 years, but the cost of these claims has more than tripled. Even though the costs associated with liability claims have experienced a four-fold increase, approximately 15 percent of premiums are used to pay for slip and falls claims.

In court cases, amounts awarded for slip and falls varies from province to province. "In our experience, we have found that courts in Saskatchewan are less willing to blame organizations for snow and ice than in Ontario, where the courts have been less forgiving and require a higher degree of attention to maintenance," says Michael Boyce, Vice President, Claims.

While slip and falls make up only a portion of overall claims and claims costs, your organization can take some fairly straightforward measures to help prevent them from occurring. Ensuring your maintenance staff has a monitoring system in place to record when maintenance activities take place, such as when salt or sand is applied to walkways is always of great help. This can provide proof that conditions are being monitored. If an organization cannot prove that monitoring has occurred, the courts will often assume that this was not done at all, and this could increase the damages awarded to the claimant.

For budgetary reasons, many organizations contract out their maintenance services. If this is the case in your organization, you should ensure that the contracted maintenance company has its own insurance and that your organization is named as an additional insured. "If your contractor doesn't have insurance, your organization may be the one that has to pay the judgment," says Michael.

When a slip and fall occurs, HIROC recommends that photographs be taken of the scene. Even when there is a legitimate case, the photos may show that the situation is not as bad as thought, and this evidence may help to control the costs associated with the claim.



By taking steps to reduce the frequency and severity of claims, you will be helping to control the amount of your insurance premium.

* Need more advice on reducing slip and falls in your organization? HIROC's Risk Management department will soon be launching risk reference sheets on a variety of topics that can be adapted for your organization. To learn more, please read the Risk Management update by Polly Stevens, Vice President, Healthcare Risk Management on page 2 of this issue.

Also, login in to the Subscriber Only section of our website www.hiroc.com and check out *The HIROC Connection* archives for related articles.

With research and claims analysis by Michael Boyce, Vice President, Claims.

New Subscribers To HIROC

We are pleased to welcome the following new subscribers that have joined HIROC since the Fall 2010 issue of *The HIROC Connection*.

ONTARIO

The **College of Physicians and Surgeons of Ontario – Government Programs** consists of the Methadone Program, ensuring that methadone maintenance treatment is delivered in a safe and consistent manner by peer-assessed healthcare professionals. The profile of methadone treatment has been reinforced through outreach activities and the recruitment of physicians to prescribe methadone in the treatment of opioid dependence. As well, the Independent Health Facilities Program licenses, funds and coordinates quality assurance assessments of community-based non-hospital facilities in Ontario that provide diagnostic services including ultrasound, pulmonary function, sleep studies, and/or surgical/treatment services.

The **KidsAbility Centre for Child Development**, located in Waterloo, Ontario, provides a wide range of outpatient rehabilitation services for children from birth to 18 years of age and their families. This multi-faceted organization supports over 4,000 children annually from Waterloo Region and Wellington County, including children with medical syndromes, physical disabilities and communication difficulties in language and articulation.

The **Ontario Brain Institute**, located in Toronto, Ontario, is an internationally-recognized centre of excellence in brain and neuroscience research. The Institute's top brain researchers are dedicated to turning brain health discoveries into products and services that will support nearly one million Ontarians affected by brain diseases, including Alzheimer's, Parkinson's, schizophrenia, autism and mood disorders.

The new **South East Grey Community Health Centre** will be providing primary healthcare, health promotion and community development services for residents in the community of Markdale, Grey County, Ontario. Priority populations will be phased in over time and will include seniors, children and youth, those who are economically disadvantaged and pregnant women and their families.

The **Transitional Council of the College of Homeopaths of Ontario**, located in Toronto, Ontario, is responsible for establishing the College of Homeopathy of Ontario to allow self-regulation within the profession. The Council's absolute duty is to protect the public interest. Homeopathy is based on the principle of treating "like with like," i.e. a substance which causes symptoms when taken in large doses can be used in small amounts to treat those same symptoms.

MANITOBA

The **Canadian Virtual Hospice** (www.virtualhospice.ca) provides support and personalized information about palliative and end-of-life care to patients, family members, healthcare providers, researchers and educators. Their goal is for every Canadian to know that they can turn to the Hospice when they are most vulnerable and looking for answers to some of life's most difficult questions during their time of need.

HIROC AGM and Risk Management Conference

HIROC subscribers will hold their **24th Annual General Meeting on Monday, May 2nd, 2011 at the Metro Toronto Convention Centre, North Building, Room 105.**

Immediately following the AGM, HIROC will host the **9th Annual Risk Management Conference.** This well-attended forum will deliver a range of risk management/patient safety topics of interest.

0800h **Registration and Continental Breakfast**

0830h **Annual General Meeting**

0900h **Registration Continues and Refreshment Break**

0930h **Welcome and Opening Remarks**

Peter Flattery
CEO, The HIROC Group

0935h **Lessons Learned from the Cameron Commission of Inquiry in Newfoundland**

Daniel Boone

Partner, Stewart McKelvey

- Overview and outcomes
- Legal issues and challenges

Dr. Pat Parfrey

Professor, Memorial University, St. John's, Newfoundland and Labrador

- Lessons for the health system

Dr. David Munoz

Head, Division of Pathology, St. Michael's Hospital

- Status report on national standards for pathology and laboratory medicine

1045h **Refreshment Break**

1100h **Class Actions**

Michael Boyce

Vice President, Claims, The HIROC Group

- HIROC claims issues and experience

Tanya Goldberg

Partner, Borden Ladner Gervais LLP

- Class actions 101: anatomy of a class action

- Legal and ethical obligations and best practices for multi-patient disclosures

Janice Campbell

Risk Manager/Privacy Officer, The Hospital for Sick Children

- Multi-patient disclosures lessons learned

1200h **Risk Management Update**

Polly Stevens

Vice President, Healthcare Risk Management, The HIROC Group

- Overview and update on plans for 2011 and beyond

1215h **Lunch**

1315h **Falls**

Alex Szabo

Senior Healthcare Risk Management Specialist, The HIROC Group

- HIROC claims issues and experience (patient and visitor falls)
- New visitor falls resource package

Tim Higham

President, Tim Higham and Associates, Inc.

- Visitor falls review and recommendations

Gordon Slemko

General Counsel, The HIROC Group

- Interesting cases

Lisa O'Drowsky

Director Quality and Safety, St. Joseph's Health Centre

- The impact of the "Releasing Time to Care" program on patient falls

1415h **Social Media/Electronic Communication**

Bonnie Freedman

Associate, Borden Ladner Gervais LLP

- Technological and legal trends
- Documentation - what is discoverable?

Abigail Carter-Langford

Privacy Officer, University Health Network

- Issues relating to a healthcare organization

1500h **Refreshment Break**

1515h **Fraud**

Ed Corcoran

Team Lead Claims, The HIROC Group

- HIROC claims issues and experience

Mitra Nadjmi

Senior Healthcare Risk Management Specialist, The HIROC Group

- Interesting cases
- New fraud resource package

Jim Patterson

Partner, Bennett Jones LLP

- Fraud prevention and recovery - a legal perspective

Cathy Campos

Deputy CFO, Rouge Valley Health System

- Lessons learned

1615h **Closing Remarks and Adjournment**

This conference is free for subscribers. Space is limited so please register by **Monday, April 18**. To register for the AGM and/or the Risk Management Conference, please choose one of the following options:

- Online: www.hiroc.com/agm
- Telephone - Please contact Mallory Motley, Corporate Administrative Assistant, at 416-730-2603 or 1-800-465-7357

For hotel reservation and discount information, please visit our website at www.hiroc.com and click on AGM and Risk Management Conference box on the homepage.

▶ SUBSCRIBER EXCLUSIVE Upcoming Webinars

Once again this year, HIROC's Healthcare Risk Management department has organized a series of webinars on topics of interest to our subscribers. The upcoming webinars are now offered **free to subscriber organizations** and will be conducted using online webinar software.

Beyond MORE^{OB}

Thursday, March 24, 2011 12:00-1:00 p.m. (EST)

Presenter: Dr. P. James A. Ruiter, Manager of Obstetrical Patient Safety Programs, Salus Global Corporation

Credentialing

Thursday, April 28, 2011 12:00-1:00 p.m. (EST)

Presenters: Kate Dewhirst, Partner, Dykeman Dewhirst O'Brien LLP and Joanna Noble, Supervisor, Risk Management, The HIROC Group

Patient Representative Link with Risk Management

Thursday, May 26, 2011 12:00-1:00 p.m. (EST)

Presenters: Wendy Whelan, Associate, Health Law Group, Borden Ladner Gervais LLP and Mary Gavel, Chief Privacy/Patient Affairs Officer, Women's College Hospital

Class Actions for Infection: A Review of Recent Experience

Thursday, June 23, 2011 12:00-1:00 p.m. (EST)

Presenters: Tanya Goldberg, Partner, Health Law Group, Borden Ladner Gervais LLP and Gareth Lewis, Claims Examiner, The HIROC Group

Contracts and Risk Management Issues

Thursday, September 22, 2011 12:00pm-1:00pm (EST)

Presenters: Heather Pessione, Associate, Borden Ladner Gervais LLP and Mitra Nadjmi, Senior Healthcare Risk Management Specialist, The HIROC Group

To register for any of these sessions, please go to www.hiroc.com and click on the Education & Conferences box on the homepage.

▶ SAVE THE DATE

HIROC SERVICES ORIENTATION

Is your organization new to HIROC? Would you like to know more about the various programs and services offered by HIROC? If yes, then plan to attend the HIROC Services Orientation.

During the orientation, you'll have the opportunity to learn about the services provided by HIROC departments, including:

- Insurance Services
- Claims Management
- Healthcare Risk Management Services
- Finance and Administration

The next session will be held on Wednesday, September 14, 2011 in the afternoon at our Toronto office and broadcast via the Internet to our Western Region office in Winnipeg.

For your convenience, you can also attend the session via [webconference](#).

This session is **FREE** for subscriber organizations.

Please watch our website, www.hiroc.com, for more information and to register.

▶ SUBMIT TO THE HIROC CONNECTION

We welcome submissions on a variety of topics including risk management, patient safety and legal issues. To discuss an article idea or to submit an article, please contact Victoria Musgrave, Manager, Communications and Marketing at 416-730-3085, 1-800-465-7357 ext. 3085 or by email to vmusgrave@hiroc.com.

Please visit our website at: www.hiroc.com.

HIROC subscribers can access back issues of *The HIROC Connection* by clicking on SUBSCRIBER LOGIN then THE HIROC CONNECTION. If you have misplaced your password, please e-mail inquiries@hiroc.com for assistance.

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