

...keeping subscribers connected

## Remembering Michael McNeill

**H**IROC's founding CEO, Michael McNeill, recently passed away. He was instrumental in the formation of the Hospital Insurance Reciprocal of Ontario (HIRO) in 1987. A visionary leader, he quickly saw the opportunity to expand outside of Ontario, first to Manitoba and then to other provinces. In 1989, HIRO became the Healthcare Insurance Reciprocal of Canada (HIROC). He also saw the benefit of providing "one-stop shopping" to HIROC subscribers and launched HIROC Insurance Services Ltd. to provide a full range of insurance coverages, including property and automobile.



Beyond his many accomplishments, HIROC staff who had the privilege of working with Michael remembered him as a very kind and generous man, possessing an exceptionally bright mind. He was especially supportive of his staff, helping them to grow and develop as HIROC grew and developed over the years.

"Michael was inquisitive and supportive of his staff, with high expectations for us; it is doubtful that we could have gotten as far as we did in those first years without him," said David Brisley, Senior Account Executive in Insurance Operations.

"He gave each of us the opportunity to grow and prosper under his unique leadership style, and for that I will always be grateful," said Peter Flattery, HIROC's current CEO. "What I remember most about him is how well he treated people. He was so thoughtful, caring and generous to those he worked with and met."

He retired in 1995 leaving behind a strong, vibrant organization and a dedicated staff—many of whom are still with HIROC today.

He will be deeply missed by the HIROC family.

## Protecting Personal Health Information

*By Philip DeSouza, Communications Associate  
HIROC*

**A**s healthcare institutions rely more and more on various information networks, be it electronic or physical documents, the risk they assume becomes greater. As such, many organizations are not aware of how vulnerable they truly are with respect to security breaches until they are in the unfortunate predicament of crisis control.

This was the case for a medical clinic, when a laptop was stolen from the back seat of an employee's car while parked. This laptop contained personal health information (PHI). Despite the fact that the files were encrypted, the clinic still had the obligation to inform the privacy commissioner of the breach and contact affected patients.

Privacy breaches are not strictly confined to a computer or network, they may also occur with physical documents. A hospital was recently reminded of this fact when it was in the process

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## Feature

# Protecting Personal Health Information

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of shifting health records from one storage room to another during renovations. While in transit, a box of files containing patient data was lost. The hospital had the daunting task of contacting former patients to inform them that their personal data was no longer secure.

The scope of incidents varies from organization to organization; however, they all have the capacity to threaten valuable resources. Some examples include: a lost USB key that contained PHI; a computer containing PHI stolen from the home office of an independent service provider; hackers penetrating a hospital's network security and corrupting patient data; a "rogue employee" who was recently terminated but encrypted key data before leaving the premises, denying hospital staff access to databases; an employee who accidentally clicked "send to all" when sending an email containing confidential material intended for one individual; and a third-party custodian of files and data who experienced a breach within their premises. Whatever the case may be, in each incident sensitive and valuable information is vulnerable to threat by criminals and, therefore, healthcare organizations are in constant fear of the unknown.

Healthcare institutions face a variety of risk exposures as they are generally the keepers of PHI and with that comes great responsibility for maintaining privacy concerns. Unfortunately, cracks within a given healthcare institution's network are usually more visible from within. It is a fact that one of the highest causes for claims with respect to networks is the "rogue employee." Employees can hold healthcare institutions hostage through malicious activities aimed at penetrating online resources and wreaking havoc with passwords, databases and, of course, confidential patient data.

The implementation of a comprehensive information risk management strategy will ensure your organization is prepared. However, such a strategy is not limited to electronic data; it should also apply to physical documents, including documents stored with a third-party service provider at their respective sites. **In response to subscribers' needs, HIROC Insurance Services Limited has partnered with CNA NetProtect™ to bring your organization the underwriting and risk management expertise you need to guide your organization in protecting its resources through a plan tailored for you.**

As legislative policies are continuously reviewed and technological advancements are updated, your organization must also adapt to emerging trends. Despite daily diligence in maintaining a secure network, breaches may still occur. They



range from security breaches that can compromise or damage sensitive information to simple mistakes initiated internally. Whatever the case may be, CNA NetProtect™ will provide peace of mind coverage that adequately protects you and your network.

CNA NetProtect™ policies allow your organization to design and choose the coverage that's right for you. Coverage highlights include:

- Privacy injury liability
- Security liability
- Content injury liability
- Professional liability
- Extortion
- Electronic theft
- Network loss or damage
- Business interruption

Together or on their own, these policies apply to both online and offline services, security breaches, employee errors and unauthorized employee acts, and cover network information enterprise-wide. In the event of a crisis, your coverage will ensure a quick response that includes services and counsel aimed at minimizing exposure to litigation or regulatory action.

**Please contact HIROC at [inquiries@hiroc.com](mailto:inquiries@hiroc.com) to learn more about how you can ensure your organization is protected.**

## Canadian Association of Insurance Reciprocal

# HIROC Takes Lead in Forming Association

By Victoria Musgrave

Manager, Communications and Marketing

HIROC

The Canadian Association of Insurance Reciprocal was recently formed to be a collective voice of insurance reciprocals across Canada.

This not-for-profit association will raise awareness of the value of insurance reciprocals and represent its members' interests to governments and others, around issues that impact reciprocals.

The founding members include:

- The MEARIE Group
- Ontario Municipal Insurance Exchange (OMEX)
- Canadian Universities Reciprocal Insurance Exchange (CURIE)
- Ontario School Boards' Insurance Exchange (OSBIE)
- Healthcare Insurance Reciprocal of Canada

At its first Board meeting on November 1, 2010, Peter Flattery, CEO of HIROC was elected Chair of the Board of Directors of the Canadian Association of Insurance Reciprocal. Charlie Macaluso, CEO of The MEARIE Group, was elected Vice-Chair, and Jim Sami, CEO and Attorney-In-Fact of OSBIE, was elected Secretary-Treasurer.

All insurance reciprocals licensed to operate in Canada are invited to join the Association.

For more information, please contact Victoria Musgrave at 416-730-3085.



**The Board of Directors of the Canadian Association of Insurance Reciprocal. Standing, from left to right, Keith Shakespeare (CURIE), Charlie Macaluso (The MEARIE Group) and Jim Sami (OSBIE). Seated in front, Peter Flattery (HIROC) and Linda Boyle (OMEX).**

## Ask a Lawyer

By Gordon Slemko, General Counsel  
HIROC

### Q: What is “vicarious liability”?

Essentially, vicarious liability is a legal doctrine that provides that an employer (which may be an individual or an institution) is liable for the negligence of its employees.

Vicarious liability has its origins in the long standing common law doctrine of *respondeat superior* (Latin for “let the master answer”) pursuant to which an employer is liable for the acts of its employees, or a principal is liable for the acts of its agents. The rationale for vicarious liability is that if an employer has the benefit of an employee’s work, then the employer must also bear the costs of an employee’s errors.

In a hospital setting, hospitals are vicariously liable for their staff (including nurses, physiotherapists, occupational therapists, technicians and all others who are employed by the hospital) but generally speaking, not physicians. While physicians are granted the privilege of using hospital personnel, facilities and equipment, they are not employees. Instead, physicians are independent contractors who are directly liable to their patients for negligence. (That said, a hospital may be found liable for the conduct of its physicians under a number of other theories of liability—for example, plaintiffs’ counsel frequently argue that a hospital was negligently in granting privileges to a physician that the hospital knew or should have know was incompetent).

In some circumstances, it may be difficult to determine whether an individual is an employee or an independent contractor and thus, whether a hospital is vicariously liable for their conduct. Significantly, even if a hospital and an individual are parties to an agreement or contract that describes the individual as an independent contractor, a court may determine otherwise if the facts indicate an employment relationship exists. A court will look to a host of factors to determine whether an employment relationship exists. However, the most important factor that indicates that an employer/employee

relationship exists is the degree of control the employer possesses over the individual. The greater the control, the more likely the individual is an employee for which the employer is vicariously responsible.

For an employer to be vicariously liable for the negligent act of its employee, the act must be committed within the course or scope of the employee’s employment. To determine if an employee’s conduct falls within the scope of his or her employment, a court will look to whether or not the conduct was of the same general nature as, or was related to, the kind of activity that the employee was hired to perform. If an employee strays far enough that an act is completely unrelated to their assigned duties or responsibilities, a court will find that the employee was acting in their own right and that their employer will not be vicariously liable. Sometimes a court will characterize an employee acting in such a manner as being on a “frolic of their own.”

*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 resident general counsel Gordon Slemko at [gslemko@hiroc.com](mailto:gslemko@hiroc.com). Gord will select from the queries submitted and will provide his corresponding response.

## › ISMP Canada Bar Coding Project

# A HIROC Contribution Goes a Long Way

By Philip DeSouza, Communications Associate  
HIROC

The Canadian Pharmaceutical Bar Coding Project is a joint effort aimed at increasing patient safety in Canada. A variety of stakeholders in the healthcare sector are collaborating to implement standardized bar codes on all aspects of pharmaceutical labelling. The primary objective is to establish a transparent medication flow chain, ensuring problems do not occur from pharmaceutical manufacturers to the patient. By doing so, a new benchmark in both patient safety and supply chain accuracy and efficiency may be realized.

The Project was spearheaded by the Institute for Safe Medication Practices Canada (ISMP Canada) and the Canadian Patient Safety Institute (CPSI) and has evolved into a multi-phase project guided by a national implementation committee. HIROC is proud to be a sponsor of this project, **“We see ISMP Canada as a key partner in helping us move towards our vision of creating the safest healthcare system,” says HIROC CEO Peter Flattery.**

This project will directly impact medication safety through the many safeguards currently being planned for sector-wide implementation. For example, with a point-of-care scanning system, healthcare professionals will be better equipped to ensure the right drug and dose are being given to the right patient. Moreover, scanning may also be seen as a valuable tool in creating greater efficiencies in patient identification, verification of medication dispensing and medical record keeping. The ultimate goal of the project is widespread utilization of this technology adding another layer of safety to our healthcare system.

The Canadian Pharmaceutical Bar Coding Project received the 2010 Way-Paver Award from the TerraPharma Project in the U.S.A. The Award was established in 2006 to acknowledge the exceptional



contributions of organizations and individuals that have helped to create a safer point-of-care technology with the utilization of bar codes and a steadfast commitment to patient safety. This is the first time the award has been given to an initiative outside of the U.S.A.

“In accepting the award at the recent unSUMMIT Conference, we acknowledged all of the participating organizations that share in this award, and also the efforts that have been made to set aside competing interests in order to create synergy for this important healthcare safety initiative. We also took the time to express our appreciation to our U.S.A. colleagues for graciously sharing with us their bar coding implementation experiences and learning,” says Vice President and Chief Operating Officer Sylvia Hyland of ISMP Canada.

The Bar Coding Project is entering the final phase and is focusing on maintaining national support and outlining preferred practices regarding product labelling, assessing implementation needs and defining best practices. Health Canada has also expressed interest in collaborating in future discussions.

**For more information about this project, please visit the website [www.ismp-canada.org](http://www.ismp-canada.org).**

## ▶ FEATURE

# Patient Advocacy in the Community

By Dawn White, Consultant

Manitoba Institute for Patient Safety and Carman and Selkirk PAC Advisory Groups

### What is patient advocacy in the community?

Patient advocacy means speaking up and actively supporting patient safety activities in the community. It involves promoting events and resources that inform the public and engage the community in patient safety issues.

### Why is patient advocacy in the community important?

Patients and families are a key part of any healthcare team. They have much to offer since they are at the centre of the treatment process<sup>1</sup>. We know from the research that more informed and engaged patients, who have the support and involvement of family and others, achieve better outcomes and experience increased satisfaction. They tend to be more confident and better prepared to manage their illnesses<sup>2,3,4</sup>. We also know that families live, work and play in communities. So, it is natural to offer community-based educational activities to raise awareness around patient safety issues.

However, sixty per cent of adult Canadians do not have the skills needed to adequately manage their healthcare needs<sup>5</sup>. This means they may not be able to find, read, understand, use or discuss health information (referred to as health literacy). If so, how do healthcare providers bridge the gap between patients' current health knowledge and skills, and the need for them to make informed healthcare decisions? Often, the answer is through patient advocacy in the community.

Patient advocacy is a core piece of the healthcare puzzle, as it focuses on patients' needs and interests, greater patient involvement and safer healthcare systems.

### What is the Patient Advocacy in the Community (PAC) Project?

The PAC Project was developed and supported by the Manitoba Institute for Patient Safety (MIPS) through funding and staff time. PAC builds on the It's Safe to Ask health literacy initiative. (See [www.safetoask.ca](http://www.safetoask.ca))<sup>6</sup>. The goals of PAC are to:

- Provide a patient safety voice to the public.



### Carman PAC at local golf tournament

- Implement patient safety awareness activities in the community.
- Educate the public on patient safety issues and the roles they have to play.
- Work through existing social networks in the community, e.g., senior resource councils, women's groups, community wellness groups.
- Improve health literacy in the community.

### Who is partnering with the Institute? Where is this happening?

MIPS partnered with two Manitoba regional health authorities (RHA): Central and Interlake. The project is happening in Carman and Selkirk respectively. Both communities formed advisory groups consisting of 8-10 local community members and regional health authority staff. Regular meetings are held every few months. Each advisory group has its own action plan and terms of reference.

### Carman, Central RHA

In the fall of 2008, MIPS worked closely with the Carman PAC Advisory Group. Their target audience was seniors who represent the largest age group in this community. The advisory group participated in:

- Hosting patient safety displays at health fairs, grocery stores and a local golf tournament in Carman and surrounding areas.
- Conducting Clinic Days at a local pharmacy where It's Safe to Ask (ISTA) medication cards were distributed and assistance provided in completing them.
- Writing patient safety articles for local papers.
- Doing presentations and patient safety awareness activities in community settings during Canadian Patient Safety Week.

The Carman PAC Advisory Group continues its future planning, which includes a Police Academy for Seniors that offers sessions on such topics as identity theft, Internet safety and patient safety.

### Selkirk, Interlake RHA

The Selkirk PAC Advisory Group began working with MIPS in the spring of 2009. Its target audiences are both the public and healthcare providers. This advisory group engaged in:

- Writing a brochure titled *Becoming an Active Partner in Your Healthcare* that is distributed through local agencies such as the library, senior's centre, community friendship centre, pharmacies and waiting rooms in clinics and hospitals.
- Promoting the ISTA medication card and patient advocate form developed by MIPS.
- Developing a mobile patient safety poster board with take-away patient information that is part of the mobile wellness clinics travelling throughout the Interlake to workplaces and community events.
- Hosting patient safety displays at events such as the Selkirk Annual Christmas Tree Festival, the Children's Festival and the Get Better Together Program.
- Giving public presentations on patient safety topics such as having a patient advocate, accessing your personal health information and asking questions about your health issues.

The Selkirk PAC Advisory Group activities for Canadian Patient Safety Week included presentations at the local library, to a women's philanthropy group and submitting a patient safety Christmas tree entry in the annual tree festival.



**First Meeting of Selkirk and Carman PAC Advisory Groups**

### What lessons were learned?

Lessons learned include:

- Every community has patient safety champions.
- Community groups need nurturing and encouragement.
- Opportunities to promote patient advocacy exist in communities and the PAC groups need to look for them.
- Community ownership is built by sharing the workload and the resources.
- There are actually more patient safety activities occurring in communities than at first glance.
- To engage the public, a face needs to be put on patient advocacy by identifying people in the community who have patient stories to tell.
- Trust needs to be built with other members of the advisory group and with the public and providers.
- There is an increase in community awareness around patient advocacy and its importance.
- Enthusiasm is contagious when the right people (local patient safety champions) are involved. These local folk can be the catalysts to the advisory group and communities.
- Group members are self-reflecting on how they, as community members, are contributing to patient safety and advocacy in their communities.

## ▶ FEATURE

# Patient Advocacy in the Community

Continued from page 7

- The advisory groups recognize the role MIPS plays as a catalyst in engaging leadership and in providing resources.

### What Role Might Healthcare Providers Play?

The time for promoting patient advocacy in Manitoba communities is now. When dealing with patients and their advocates, providers need to ask themselves:

- What are my patients' needs and expectations?
- How can I openly dialogue with my patients?
- How can I use plain language to explain health information?
- How can I promote my patients' best interests and needs?

The answers to these questions determine the role providers play in engaging the public and supporting patient advocacy in their communities.

Sources:

1. Koutantji, Maria et al. *The patient's role in patient safety, Clinical Risk*, 2005; 11:99 -104.
2. *Institute for Family-Centered Care*. 2008;
3. *Agency for Healthcare Research & Quality*, 2008.
4. *McGraw-Hill Medical/Nurse.com* 2008.
5. *Canadian Council on Learning. Health Literacy in Canada. A Healthy Understanding – Fact Sheet*. 2008.
6. *ISTA website: www.safetoask.ca*

## ▶ FEATURE

# Ontario Subscribers Feel Impact of HST on Insurance

By Greg King, Vice President, Finance and Administration  
HIROC

On July 1, the Harmonized Sales Tax (HST) became a reality for our Ontario and British Columbia subscribers. Ontario insurance providers were particularly hard hit by the new regime as insurance has been treated differently from other goods and services.

Most goods and services are subject to 13 percent HST of which 5 percent is the federal portion and 8 percent is the provincial portion.

In the case of the insurance industry, Ontario has imposed a new 8 percent insurance premium tax (to replace the 8 percent PST that applied to insurance premiums) on most types of insurance other than automobile policies. This insurance premium tax will not be eligible for input tax credits or rebates, but will have to be expensed by policyholders.

Furthermore, insurance organizations are not eligible to recover any of the HST that is paid on goods and services that they purchase. Many products and services used by insurers to conduct their business were not previously subject to provincial PST. The most significant items are for some claims settlement and all legal defense costs that will now be subject to 13 percent HST with no recovery by insurers. According to the Insurance Bureau of Canada, in the first full year of harmonization, the estimated impact of the HST on insurers is \$210 million in Ontario and \$29.5 million in British Columbia.

For HIROC subscribers, overall costs will increase by approximately 2 percent and this was factored into our 2010 and 2011 rate schedules.

## NEW DVDs

Some new educational DVDs were recently added to the Subscriber-exclusive video/DVD Library for your reference. The new DVDs include:

- **Compliance Issues in Healthcare: Doing the Right Thing** – This program raises awareness of everyday situations that may conflict with a corporate compliance program. A series of realistic scenarios are introduced that touch upon compliance issues in the following areas: confidentiality, human resources, financial records, gifts and gratuities, referrals, conflicts of interest and protecting the organization's assets.
- **Pressure Ulcers: Prevention, Care and Management** – Filmed in healthcare settings and featuring an interdisciplinary team of healthcare professionals, this award-winning program highlights the following: three key elements in a pressure ulcer prevention plan; assessment of risk; protection against risk factors; identifying, describing and classifying pressure ulcers according to the National Pressure Ulcer Advisory Panel (NPUAP) staging system; strategies to prevent and manage pressure ulcers and wound care.
- **Infection Prevention for Healthcare Professionals during Construction, Renovation, Repair and Maintenance** – When a healthcare environment is disturbed during construction, repairs and even small maintenance projects, pathogens can be released into the facility with potentially devastating impacts. This DVD will help provide healthcare professionals with detailed instructions for proactive planning and implementation of controls to increase awareness and ensure that infection prevention and control are part of the plan.
- **Those in Need: Suicidal Precautions in the Healthcare Setting** – The fact is healthcare professionals are in a unique position to recognize and respond to individuals who are at risk. This program will enable the viewer to identify patients at risk for suicide, determine and activate the appropriate level of response, implement suicide precautions, enhance clinical suicide screening skills and properly document all assessments and interventions.
- **Stat! Responding to a Paediatric Code** – A child's condition can deteriorate quickly and mortality following a cardiopulmonary event is high. Quick intervention is the key to saving lives. This DVD includes the following: recognizing signs and symptoms of impending cardiopulmonary arrest; resuscitation team members, including their roles and responsibilities; preparation and use of emergency equipment; assessment process during an arrest; performing a mock code, step-by-step; determining appropriate medication and dosages; and finally, debriefing with team members.

These DVDs and many more are for you and your teams and are an incredibly useful resource that aims to educate and inform. To borrow any of the videos/DVDs in our library or to receive a list of our current videos/DVDs, please contact our receptionist at 416-733-2773 or 1-800-465-7357 or complete the form on our website under "Video/DVD Library" in the subscriber section. HIROC will courier the video/DVD at no charge to you. Your only cost will be the return courier charge.

If you know of a video/DVD that will add value to our library, please e-mail Arlene Kraft, Manager, Healthcare Risk Management at [akraft@hiroc.com](mailto:akraft@hiroc.com).

# New Subscribers To HIROC

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

## ONTARIO

Located in Toronto, Ontario, the **Canadian Federation of Chiropractic Regulatory and Educational Accrediting Boards** (The Federation) supports the advancement and practice of chiropractic care. Incorporated under the *Canada Corporations Act*, the Federation is comprised of a national association of provincial and territorial chiropractic licensing authorities and accreditation educational programmes. Mr. Peter Waite is the Executive Director.

For over 60 years, the focus of the **Children's Treatment Centre of Chatham-Kent (CTC)** has been to meet the physical, developmental and communication needs of children and youth from birth to 18 years of age. The CTC continues to provide special individual care to each child and youth in the centre and in the Chatham-Kent community. Ms. Donna Litwin-Makey is the Executive Director and Mr. Joe Dawson is Business Manager.

**Georgian Bay General Hospital** is comprised of two sites located in the Georgian Bay, Ontario area. Midland is the acute care site providing 24 hour emergency services including in-patient care, surgery and ambulatory care programs. The Penetanguishene site offers a complex continuing care program, a regional rehabilitation program and dialysis unit. Mr. Paul Heinrich is CEO and Ms. Cathy van Leipsig is the Senior Director, Corporate and Support Services, Chief Financial Officer.

**Grey Bruce Health Services** was formed by six hospital corporations in 1998. The main hospital in Owen Sound, Ontario is the base hospital providing specialized services to Grey and Bruce Counties. Affiliated rural hospitals are located in Lion's Head, Markdale, Meaford, Southampton, and Wiarton and offer a wide range of healthcare services to their communities and to frequent seasonal visitors. Ms. Maureen Solecki is President and CEO, and Mr. Martin Mazza is VP Finance and Support Services.

Known as the "Little Hospital That Does," the **South Huron Hospital Association (SHHA)** plays a crucial role as a primary care service provider for the community of Exeter, Ontario. It provides 24/7 emergency services including a walk-in clinic, lab services, physiotherapy and outpatient clinics. SHHA serves a catchment area of 19,000+ residents including the Municipality of South Huron and its adjacent communities. Dr. Glenn Bartlett is the President/CEO, and Ms. Darlene Borland is the Chief Financial Officer.

The **Transitional Council of the College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario** is the governing body of a new health regulatory college under development in Ontario. Once the new College is functioning, the direction will be to regulate Registered Psychotherapists and Registered Mental Health Therapists ensuring that they are competent, ethical and accountable. Located in Toronto, Ontario, Ms. Lorna Irwin is the Senior Operations Officer for the Council.

The **University Health Network Toronto Western Family Health Team** is an academic family health team working together to provide primary healthcare to approximately 14,000 patients at the University Health Network in Toronto, Ontario. The team includes primary care nurses, healthcare trainees, a social worker, and an interpreter if required. Dr. Jeff A. Bloom is the Family Physician-in-Chief and Kathy Davison is the Interim Manager.

The **McCausland Hospital** was named for the town's first physician Michael McCausland. Located in Terrace Bay, Ontario, the township is in the Thunder Bay District on the scenic north shore of Lake Superior. The present facility was built in 1980 and provides quality healthcare to approximately 5,000 residents in Terrace Bay community and the surrounding catchment areas.

**Wilson Memorial Hospital** was originally a wooden structure built in 1946. A new facility at the current location marked the end of its renovation with the grand opening in 2004. The hospital provides expert healthcare services to approximately 7,500 residents of Marathon, Ontario and the surrounding townships of Heron Bay, Pic River, Moberg and White River. Mr. Paul Paradis is the CEO of both McCausland and Wilson Memorial Hospitals, and Mr. Adam Brown is Director of Finance.

## MANITOBA

The **Manitoba Chiropractor's Association (MCA)** was enacted by provincial legislation under *The Chiropractic Act* in 1945, as both a regulatory body and a professional association. Manitoba's chiropractors enhance the quality of life for all persons in the province who annually seek care and wellness of the human frame and spinal system. Located in Winnipeg, Manitoba, Mr. Ernest P. Miron is the Registrar.

## SASKATCHEWAN

The **Chiropractor's Association of Saskatchewan (CAS)** actively participates in the healthcare system by providing safe and effective chiropractic care to the province's citizens. The CAS is also involved in communications, advocacy and policy development often in conjunction with other healthcare providers. Mr. Jim Stewart is the Executive Director, and Ms. Judy Gilmour is Registrar.

## ▶ HIROC Highlights

HIROC staff regularly present at conferences and deliver papers and posters on issues related to healthcare safety. Here are some of our recent activities:

- **OHA HealthAchieve Conference** (November 2010) - HIROC sponsored the Patient Safety Session: "Thousands of Lives; Millions of Hours; Billions of Pounds" by Jim Easton of National Health Service, United Kingdom. Peter Flattery, CEO, introduced the session.
- **Association of Registered Nurses of Newfoundland and Labrador Nursing Documentation Workshop** (November 2010) - Alex Szabo, Senior Healthcare Risk Management Specialist presented on documentation.
- **Halifax 10: Canadian Healthcare Safety Symposium** (October 2010) - Joanna Noble, Supervisor Healthcare Risk Management Services, presented the poster "Disclosure: Look Backs and Patient Notification Programs Following a Multi-Patient Event." HIROC sponsored this event.
- The paper "Building Safer Systems through Critical Occurrence Reviews: Nine Years of Learning" by Polly Stevens, Vice President, Healthcare Risk Management Services and Lynn Urmson, Janice Campbell and Rita Damagnani of Sick Children's Hospital appears in the fifth annual **Patient Safety Papers** published by *Healthcare Quarterly*.
- HIROC was recognized in a **Saskatoon Leader-Post** article "Sask. Healthcare Upgrades Recognized by Insurance Organization" by Pamela Cowan. The article featured interviews with Peter Flattery, CEO, and Bryan Leier, Chair of HIROC's Board of Directors.

## ▶ 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, March 9, 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](http://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](mailto:vmusgrave@hiroc.com).

Please visit our website at: [www.hiroc.com](http://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](mailto:inquiries@hiroc.com) for assistance.

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