

THE **HIROC CONNECTION**

ISSUE 47 | WINTER 2020



PEOPLE AT THE CENTRE

HIROC's new strategic plan is here

 **Also in this issue, stories from West Park Healthcare Centre and SE Health**

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Do you have a story to share? Reach out to us at communications@hiroc.com.

Please visit our website at HIROC.com to see back issues of The HIROC Connection.



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Future Strategist, SE Health



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People at the Centre

Introducing HIROC's new three-year strategic plan

Dear subscribers and partners,

Over the past few years, a dedicated team at HIROC has been working with our Board, staff, our Subscribers and other key stakeholders to create something special. The result - our new strategic plan.

Our plan revolves around three key priorities:

- 1. Turning the Corner on Patient Safety**
- 2. Service First - Embracing a Relentless Customer Focus**
- 3. Building Innovation and Agility**

These are not just words or marketing speak, but rather, these are the priorities that YOU want to see as a focus for HIROC. To the right, you'll see a few areas of focus as we bring this plan to light.

The goals aligned with these priorities have the power to reverberate across the healthcare system. Most importantly, however, through these goals HIROC aims to respond to your needs, continue to be your trusted advisor and help you navigate an ever-evolving system, all with a view to improving the care we provide to those we serve.

To mark this shift in our strategy, we created an illustration representing our focus for the next three years - our subscribers, our employees, patients and their families, and healthcare professionals. You'll find this fantastic illustration on the following page.

In the end, our strategic plan places people at the centre.

Many thanks to those who provided feedback - this plan is your plan and we're excited to see where it takes us. But more importantly, through this plan we will continue to partner with you in creating the safest healthcare system.

Sincerely,

Catherine Gaulton, CEO, HIROC



To learn more, visit: HIROC.com/strategic-plan.





At West Park, #ExerciseGTAUnified Shines a Light on Peer Support



In healthcare, the words Code Orange tell us one thing for certain – external disaster.

Hospitals are seeing an increasing number of Code Orange calls in response to incidents like the Danforth Avenue shooting, the Yonge Street van attack, and the shooting at the 2019 Toronto Raptors Championship parade.

For a specialized rehabilitative and complex care organization like West Park Healthcare Centre, a HIROC Subscriber, the experience of a Code Orange differs from that of a large acute-care hospital. “Being non-acute, our response is a little bit different,” said Kendra Rainford, Operational Readiness Coordinator and Co-Chair of the Emergency Response Committee.

The Scenario

More than 300 injured and potential casualties flooding Toronto hospitals after a series of catastrophic incidents:

- a speeding truck collides with two school buses carrying children, causing a large explosion;
- another explosion strikes people lining up outside a shopping mall;
- a third explosion and active shooters with high-calibre assault weapons attack people in a different shopping mall.

Source: [UHN](#)

When #ExerciseGTAUnified was proposed, Rainford and the team at West Park knew they had to be a part of it. “We had an opportunity to learn how we can support our peers in a Code Orange and what our role would be.”

On November 28, 2019, 34 organizations participated in #ExerciseGTAUnified – the largest healthcare sector mass casualty preparedness event ever conducted in Canada.

“When we got wind of the sheer number of organizations participating in Exercise GTA Unified, it was astounding,” said Trevor Hall, HIROC’s Vice President of Healthcare Safety and Risk Management, who was following along on Twitter. “Seeing our Subscribers come together to improve safety processes struck a chord with my team.”

Behind the scenes

To get ready for the exercise, Rainford and Diane Zdybal, Director of Support Services, reviewed current plans and strategies, worked with West Park’s Emergency Response Committee, and brought a certain level of detail to leadership.

Because of its scale, this exercise didn’t employ mannequins or actors to play out scenarios as you may imagine, it used “paper-based injects” for every person who would present at the facility. Rainford and Zdybal received a local controller package in advance with time deliverables and inject scenarios.

Above all else, participating organizations were provided with clear instructions that the event should not get in the way of patient care activities.

New tools for the job

At West Park #ExerciseGTAUnified also provided an opportunity to become familiar with the Emergency Management Communication Tool – a portal used by healthcare organizations in the GTA. The portal serves as a communal space to report daily status changes for things like patient surges, and redirects.



“We hadn’t really had an opportunity to utilize the tool so we had to quickly orient ourselves,” said Zdybal. The value of real-time communication with other organizations soon became obvious.

“We were one of the only facilities to be in the position to offer assistance to our peers,” said Zdybal, who shared that because West Park currently has an empty unit, they were able to offer a certain amount of beds for vented patients.

One new tool was also trialled during #ExerciseGTAUnified. The Family Information Support Centre (FISC) is a portal being trialled by Sunnybrook Health Sciences Centre which can be used to track patient information to assist in family and friend reunification. During the exercise, participating organizations had access to patient information of all paper-based injects. The idea is to include as much information as organizations have on a particular person, going so far as to include things like hair and eye colour. Rainford says they saw how invaluable a tool like FISC would be.

Lessons learned

Since #ExerciseGTAUnified has wrapped, the West Park team has had a chance to reflect on some potential gaps brought to light.

The abundance of people who often show up just to lend a hand during an emergency was one of these realizations – something many organizations experience during a Code Orange. While more hands on deck is definitely a positive thing, it can create challenges and crowding in high-traffic areas if organizations aren’t prepared to mobilize these individuals.

During the exercise, Rainford says they had paper-based injects coming to their door to help (offering support or food donations). “We had not anticipated that scenario in our former plan,” said Rainford.

Another learning was around security. “On a regular day our security personnel manage the needs of the Centre quite well, however in a situation like this the need for additional security became apparent quite quickly,” said Zdybal. “We will need to incorporate a response which may include designating staff who can step into roles such as crowd control and traffic management.”

During a post-incident debrief, organizations went through their top learnings. “It’s funny because it didn’t matter if you were a large acute-care or a smaller hospital like us, we all experienced the same issues,” said Rainford.

We’re here to support our peers

Being a non-acute facility, West Park accepts and treats patients who are medically stable but as they learned with past events, walking wounded patients will present at any medical facility. Thanks to this exercise, West Park’s new version of Code Orange includes a plan for triaging and treating minor acute-care requirements. Just one of the ways West Park can help other organizations during a Code Orange.

#ExerciseGTAUnified showed the West Park team the vital part they play in supporting their acute-care peers during an incident like this.

On behalf of HIROC, congratulations to all the organizations who took part in Canada’s largest healthcare sector mass casualty preparedness event. ●

By Michelle Holden, Lead, Communications & Marketing, HIROC

7 Principles to Work By



How the SE Futures team is working to protect the future from the past

At SE Health (Saint Elizabeth Healthcare) a small but mighty team known as SE Futures faces a mandate that would cause anyone to take pause – to build and execute the innovation pipeline for a 110-year-old health organization in a system that operates on 19th century paradigms.

But SE Futures isn't pausing anything, they are driving forward in an effort to bring our healthcare system, our teams, and many outdated health polices with them into the future.

How do they do it? Zayna Khayat, Future Strategist, says a key driver of her team's success is their seven core working principles. "These are our ways of working as we grind it out daily," says Khayat. "They are what we come back to... the only constant that we hold ourselves to."



In sharing their coveted principles, Khayat and her team hope to not only validate other teams' approaches to modernizing and future-proofing healthcare, more important they hope to inspire us all to shed legacy models of working and try something new.

SE Futures - How We Work

By Zayna Khayat, Ph.D. – Future Strategist at SE Health

1. Get Sh*t Done

A strong bias to action is vital when the opportunities far exceed the explorative capacity of your team and organization. It is also vital when nearly every minute could easily be swallowed up by low value-add activities that seem useful or important at the time, but don't really advance the agenda. One way we have operationalized this principle is by running our projects on 30-day sprint cycles. We hold each other accountable to three to four milestones over each cycle via a wide-open monthly review of each sprint that any person in the organization is welcome to participate in.

2. It's About People And Experiences

This principle reflects two foundations to how we work. The first is that everything we do is co-designed with the two key types of people at the heart of where value is created during healthcare

experiences: the person-served (patients and their family caregivers, also sometimes called the “unit of care”), and front-line carers (nurses, physiotherapists, personal support workers, etc.). The second is that we are focused not on point solutions, but rather on creating new customer experiences that require new business models and new capabilities.

3. Edge Walking

This principle reflects the tension of working with one foot in the future vision of the organization, and one foot in the current state reality. On the one hand, we need to shed legacy mindsets, ways of working, business models and policies in order to create the future our clients and staff need, want and expect. On the other hand, we can't realize the future vision at scale without the relationships and assets of today's system. Helen Bevan, Chief Transformation Officer of the National Health Service in England, gives many talks about how change agents operate as boundary between-walkers in that delicate space between old power and new power.

4. Intelligent Experimentation

This principle reflects the emergent nature of our work. Because the scope of problems and opportunities are so complex and systemic, by default we only understand the challenge the more we try to solve it. Therefore, we take a laboratory approach to our work via iterative cycles of designing>testing>refining. The approach to this experimentation is deliberate – hence the qualifier of “intelligent.” We take risks, but we are very careful stewards of resources in taking these risks, ensuring we are maximizing our ability to learn about what does and does not work, so the next cycle of designing and testing can be shorter, faster, smarter and lower cost.

5 Good Design

Our projects are focused on creating new experiences that include new human workflows, new processes, new mindsets and behaviours, new technologies, new data flows, and often, policy and payment changes. Each one of these changes needs good design to ensure the people who are involved in making the changes happen are having their

functional, sociological and emotional needs and expectations met. Hence, human-centered design is the core methodology that we use to do our work.

6. Work Out Loud

The industrial era of healthcare has dominated operating models for the past 50+ years. As a result, nearly all organizations in healthcare have been optimized in to cones of expertise (a.k.a. “silos”), including silos of expertise within departments in health organizations. This work principle runs counterculture to a dominant paradigm of “not sharing” (and sometimes purposefully hiding) what your unit or organization is working on. Rather, we prefer to work out loud – being highly transparent internally and externally with what we are doing. This approach maximizes opportunities to get a wider set of fingerprints on our work, while also helping others connect dots between their initiatives and our work. Our hyper-communication entails activities such as consistently sharing our ideas on social media, our open bi-weekly innovation breakfast, being prolific in publications, media and speaking (TV, radio, blogs, podcasts, articles, our book, events, etc.), our bi-monthly newsletter, sharing what we read on Flipboard, and more.

7. Kill Meetings & Emails

This last working principle often makes colleagues uncomfortable. Killing emails was fairly easy because we exclusively use a collaboration platform (Slack) to communicate internally as a team, and we invite our collaborators to engage with us via Slack. We only use email when we have no other way to communicate, usually with people outside of our unit or company. Killing meetings is also relatively easy. We minimize our internal team meetings to one 60-minute tactical meeting each week, and one monthly project pipeline review meeting. Outside of our team, we are ruthless about our time – we try to restrict meetings to either 20-30 minutes for quick decisions, or 90+ minutes if a working session is needed (we are not fans of 45- or 60-minute time blocks for meetings). We try to ensure meetings are high performance: i.e., ensure there is an agenda, invite only the needed people, take detailed minutes, share minutes and action items right afterwards. ●



Five HIROC Subscribers Named 2019 Safety Grants Recipients

In 2019, out of an impressive 47 submissions to the HIROC Safety Grants Program, grants were awarded to five organizations who will each receive \$20,000 toward their project.

The 2019 program focused on obstetrical-perinatal harm – a significant medical-legal and patient safety issue for healthcare systems and for those they serve, newborns and their families.

- **Blewater Health**
Implementation of an Obstetrical Triage Acuity Tool to Ensure Safe, Effective and Timely Care
- **Hôpital Montfort**
Preventing Neonatal Harm by Reducing Rates of Continuous Positive Airway Pressure (CPAP) on Late Pre-term and Term Newborns
- **Saskatchewan Health Authority**
Implementation of moreOB Provincially: A Starting Point to Establishing a Standard of Care for Obstetrics
- **Trillium Health Partners**
Optimizing Obstetrical Safety and Patient Flow through the Labour Assessment Unit (LAU) by Implementing an Obstetrical Triage Acuity Scale
- **William Osler Health System**
Improving Obstetrical Outcomes and Departmental Culture through Simulation Exercises

Stay tuned as HIROC opens the call for applications for the 2020 Safety Grants Program in the coming months. ●

Stay Alert

Subscriber alerts help healthcare organizations understand the latest privacy and cyber threats

Meet Kopiha Nathan, HIROC's Privacy and Compliance Officer. When Kopiha stepped into the role in 2019, she knew she needed a direct line of communication to share the latest trends, updates, and breach threats with HIROC's Subscribers.

Since then, Kopiha and the team at HIROC have launched Subscriber Alerts. We caught up with Kopiha to find out more about these alerts.

HIROC: What are Subscriber Alerts?

Kopiha: In my role I *have* to be connected to what's happening. It could be something I read about in the news, or trending queries that come to our Claims, Healthcare Safety & Risk Management, and Insurance Services teams. When I receive news about potential IT security and cyber threats that could affect HIROC's Subscribers, I work with the team here to trigger an alert. Subscribers receive the alert by email; they are also posted on our website.

HIROC: What can Subscribers learn from an alert?

Kopiha: We try to keep the information as simple and succinct as possible. Every alert contains details about the threat, risk, and potential outcomes. We also include mitigation strategies that can help healthcare organizations protect themselves.

HIROC: Why are they needed? And why now?

Kopiha: We recognize that not all Subscribers have adequate resources to monitor the environment or undertake vulnerability assessments. The HIROC model and our strategy places our Subscribers and their staff at the centre - which is why part of my role is working with these organizations to help identify security threats and trends.



For HIROC it's critical to have a strong cyber risk management program encompassing comprehensive coverage, expert claims management, and advisory services. I work with my colleagues across HIROC to enhance these areas and ensure Subscribers are covered and protected. Staying connected and continuously communicating with my peers at HIROC, our external partners, and our subscribers is a very important part of my job. Alerts are one of the ways we communicate externally.

HIROC: Can you tell us about the most recent alert?

Kopiha: The alert we sent on January 7 was about **Social Engineering Attacks**. We learned from HIROC Subscribers that healthcare staff are receiving an increasing number of fraudulent emails. In these, the sender is requesting banking information to be changed or payment for fraudulent invoices. Some of our Subscribers have experienced losses as a result of these attacks. A copy of the alert can be found on our website under News.

HIROC: If Subscribers have questions about privacy and cyber, who can they contact at HIROC?

Kopiha: Subscribers can reach out to me by email at knathan@hiroc.com for information on privacy and cyber risk management resources. If your query relates to a claim or potential claim, please follow the **claims reporting procedures**. All other queries can be sent to inquiries@hiroc.com, and we'll direct your request to the right department. ●

2020 AGM & Conference

SPOTLIGHT on safety

Monday, April 27, 2020 | Toronto Hilton Hotel

Tuesday, April 28, 2020 (Post-Conference Sessions - optional)



HIROC