



## Speaking Remarks

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to

Trustee Sessions

John Bassett Theatre

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2:00-5:00 p.m

Good afternoon everyone.

It is a pleasure to be here today and to have the opportunity to kick-off the Trustee Session.

I've been asked to provide you with some thoughts about the changing role of trustees in Ontario's dynamic and changing healthcare system.

I also want to take a few moments to outline the depth of the OHA commitment to helping each of you elevate and strengthen the governance leadership that you provide at your own hospital.

As the President and CEO of Toronto Rehabilitation Institute, an executive in four other organizations, and a long-time Board Member of the Ontario Hospital Association, I have had the privilege of working closely with dedicated hospital trustees, like each of you.

I know from firsthand experience that trustees are incredibly committed and hard working.

I also know that trustees are dedicated to their organizations and are driven by the single-minded desire that their hospital, and the care it delivers, be the absolute best that it can be.

Ontario's hospitals are rooted in the very best of voluntary community spirit.

Almost every hospital in this province can trace its origins back to the efforts of dedicated volunteers who together, agreed that the people of their community would be better off if a hospital was established.

This is a proud legacy, and a strong foundation for the leadership required in today's changing and dynamic health care system.

I also know that the job of trustee isn't easy.

And while you may be volunteers, your obligations as a director are as serious as those you would exercise as director of any publicly traded company.

Hospitals are considered by some to be the most complex form of organization in our society.

And even so, your responsibilities as hospital trustees are getting more complex, and demanding, every single day.

The accountabilities of hospital Boards are changing – dramatically.

The challenges of community engagement are getting more and more complex.

And new ground is being broken in terms of the Board's role in improving patient safety.

And these changing responsibilities are what I want to touch on briefly today.

Accountability is a "watchword" in our health care system.

But it isn't an end unto itself.

It is the means to an end.

I understand it as the requirement to explain and accept responsibility for carrying out an assigned mandate, in light of agreed upon expectations.

In healthcare, this is no easy task.

Over the past three years, through accountability agreements, Ontario's hospitals, as health care providers, and the Ministry of Health and Long Term Care, as the "funder" and purchaser of services, have worked extremely hard at building and strengthening accountability relationships.

Together, we've worked to identify and agree on objectives.

And as providers, hospitals have made tremendous efforts to deliver on their health service responsibilities.

This obviously hasn't come without its fair share of difficult challenges and problems.

But at the end of the day, despite the issues, experience suggests that accountability agreements are an improvement on the past.

Over the past three years, they've helped to improve stability and predictability in the hospital sector.

And this is in the public interest.

Now, though, we must look to the future. Local Health Integration Networks are taking the place of the Ministry as planners and purchasers of hospital services.

LHINs, hospitals, CCACs, and other health and social service providers are partners.

And by working together, we can help ensure that the people of Ontario have seamless access to better, more integrated health care services.

To achieve this goal, LHINs and hospitals must establish new accountability relationships with each other.

The OHA believes that the foundation of this new accountability relationship must be based upon respect, trust and recognition of the importance of our shared goals.

The OHA is currently working with LHINs on a new iteration of an accountability agreement.

This template document would ultimately be used by all hospitals and LHINs during their accountability agreement negotiations.

It is fair to say that we are experiencing what could be described as “growing pains” – the sort of tension that exists in any new relationship.

Our approach is to ensure that the principles established early on when LHINs were first created, and the clear roles of LHINs and hospitals in achieving improvements in health services, are enabled by the agreement.

There is much more work to do.

But the OHA is committed to working with the LHINs for as long as it takes in an effort to reach a consensus on this important new accountability tool.

This is just the beginning, however.

There is no question that into the future, accountability agreements between LHINs and

hospitals will continue to place ever increasing expectations and obligations on Boards and hospital management...

Obligations to consider a wide and complex range of factors and interests, in making decisions as to what a hospital can and will actually agree to.

Quality...

Price...

Cost...

Volume...

Relationships with medical staff and hospital employees...

Relationships with the community...

This is no easy task. You know that it is fraught with challenges.

Accountability agreements are establishing a new set of expectations and demand for rigor at the Boardroom table.

It is essential that directors have the qualifications and skills needed to execute their leadership responsibilities in this extraordinarily complex new environment.

I am a currently Supervisor of a small community hospital where the Board resigned rather than risk being voted out by the corporate membership because of a difficult decision it had made about the future of a specific health service.

I've seen firsthand the toll this has taken on the staff and patients in this community.

We must work to find ways of balancing the need for stability at the governance level, while responding to the voices, ideas and concerns of local communities.

How that balance is achieved will require the judgement and wisdom of everyone involved.

Now more than ever before, Boards must reach out and communicate in new ways to continuously strengthen trust and confidence with local communities.

Every hospital Board in Ontario should be working to ensure that their organization is responsive, and has a plan to improve and broaden community engagement throughout the year.

Underscoring these changing demands and expectations on hospital Boards is a unique challenge, and opportunity.

Ontario is the only Province in Canada to retain voluntary independent hospital boards.

As you know, all other provinces have moved to a regional health authority model.

The Ontario government made this deliberate decision because it believes that boards are a vital means of achieving an end – outstanding patient care.

Unlike a regional health authority, a local hospital board has a far greater sense of the expectations and needs of a local community than a remote and distant regional health authority ever could.

Our challenge, and our opportunity, is to also find new and innovative ways to unlock the potential that exists within this model.

We can no longer think in silos, focusing just on organizational independence.

I believe that we must focus on organizational *interdependence* -- that hospital governors and leaders must increasingly be oriented not just within their organization, but *between* organizations as well.

Beyond these issues of accountability and interdependence, Boards also have an emerging and vital role in the area of patient safety.

Tremendous change is underway in Ontario.

The Provincial Wait Times strategy has incorporated new patient safety requirements...

Ontario will have a mandatory disclosure policy in place for hospitals by this time next year...

The government has announced its intention to require public reporting of patient safety performance indicators for hospitals...

And in just a few short weeks, for the first time ever, the Hospital Standardized Mortality Ratio, or HSMR, for Canadian acute care hospitals is being released publicly by the Canadian Institute for Health Information as well.

In some ways, grappling with these issues is new territory for some hospitals.

At Toronto Rehab Institute, we've actually sought out the advice of experts from the airline industry -- Skyservice.

We've got a lot to do, but we are learning from the airline industry.

After all, it was the airlines that first set the goal of zero tolerance for preventable adverse events.

All hospitals need to ask themselves – what are we doing to do achieve that same goal?

Some experts believe that hospital boards should spend more time – maybe as much as 50 percent -- focused on improving patient safety performance.

For its part, the OHA is working hard to support trustees as you provide leadership in this area in your own organization.

We are working directly with government in shaping the patient safety policy agenda.

We've established partnerships with the Canadian Patient Safety Institute and are sponsoring the Safer Healthcare Now project in this province.

We are also working with some of the brightest minds in Canada, and abroad, to design the tools and resources that boards need to set change in motion within their organization.

As you can tell, the Ontario Hospital Association believes passionately in supporting trustees as they tackle their complex responsibilities.

“Leading Excellence in Governance” is one of the five strategic directions laid out in our organization’s strategic plan.

And we have a robust plan in place drive the achievement of this goal.

When it comes to education, we are creating a comprehensive governance program that builds on the nationally renowned “Guide to Good Governance.”

Sophisticated new certificate courses, along with a number of unique and specially designed conferences aimed especially at trustees, are a key part of our effort to provide trustees with a more effective programme.

We are working to increase the use of distance learning technology and bringing more and more programmes to new and different communities.

Through the Governance Centre of Excellence we are also strengthening our resource centre, including creating new tools and templates.

As mentioned earlier, we are breaking new ground in the area of patient safety.

Through research and public commentary via the media and our OHA publications, we are advancing thought leadership on health system governance issues.

We are also conducting a major, comprehensive survey of hospital governance practices.

The results from this survey will be used to better understand the key governance issues affecting our membership, and identify areas where the OHA can do even more to serve the more than 3,000 trustees that are helping to lead Ontario's hospitals.

I invite you to visit the OHA feature display on the show floor, or visit our website at [www.oha.com](http://www.oha.com) to find out more.

As I close, I would like to thank each and every one of you for your continued commitment to delivering high quality patient care to the people of Ontario.

I admire and respect the role you play and want to make sure that your association is doing everything possible to support you.

In this day and age, it is sometimes easy for people to think that the problems and challenges facing our healthcare challenges are someone else's to worry about solving.

You aren't like most people.

You have chosen a different path.

You have taken up the challenge of volunteering your time and energy to make a difference in our healthcare system.

I can't think of a more important contribution.

And on behalf of the Ontario Hospital Association, I thank you for it.