

**Mr. Wally Wiwchar, Chair
Ontario Hospital Association
HealthAchieve 2008
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Thank you.

Let me begin by saying what an honour it is ... to serve as Chair of the Ontario Hospital Association.

An honour – because the OHA has a long history of helping to shape and lead the direction of Ontario’s health system.

And the OHA has been a champion, of the voluntary governance system that builds links between hospitals and communities – making both stronger.

Today, the OHA is as strong and influential as it has ever been. To paraphrase an old ad for financial services – “when the OHA talks ... people listen.”

That is in no small part, because of the tremendous dedication and competence of our OHA *staff* – led by Tom Closson and his first-rate senior management team.

The caliber and reputation of our team – our staff – is nothing short of extraordinary. As just one example, our annual conference – HealthAchieve – has won North America-wide industry awards for excellence.

So on behalf of the OHA Board, hospital trustees, hospital leaders, and everyone who relies on health services in the province of Ontario – let me say this to our OHA staff.

Thank you for your professionalism, your dedication, and your commitment to building a better health care system.

[PAUSE]

I want to speak with you today, about why hospital boards matter. And how as hospital trustees – we need to be advocates for change.

I have seen the positive impact that hospital boards can have.

Hospital boards provide perspective.

And we provide a richer understanding of the subtle and specific needs of a local community. While we believe in sharing best practices and in using standardized approaches to delivering care, no two hospitals are the same. No two communities exactly alike.

It is important to remember – Ontario is the last province in Canada to have hospital governance under the stewardship of volunteer boards.

There are those who might want to change that.

Which is why it is more important than ever ... for our Boards to not simply *react* to change ... but to be leading change.

The challenges we are facing today, as trustees, as governors, we did not anticipate even five years ago.

In relative terms, the earlier part of this decade could be characterized as smooth sailing – we might encounter a small squall, but basically we were able to navigate without much difficulty. Balancing budgets was never easy, but it was our primary focus.

Today – it is more like white water rafting.

Nothing is predictable. The course changes frequently. And new challenges come out of nowhere and into our path.

Boards face challenges from signing HAAPs agreements – without compromising patient care, addressing patient safety issues, and dealing with hostile community activists who resist and reject change of almost any kind.

And that's understandable. Change isn't easy.

In the words of past OHA chair Frank Norman:

“The only person absolutely comfortable with change is a baby with a wet diaper.”

[PAUSE]

The System Needs to Change

But my friends, our hospitals must change.

Our health care system, must change.

There are few things that make Canadians more proud, than their health care system.

Yet the hard truth is, that we are not getting the quality we should – for the price we are paying.

And there are a number of pieces of evidence ... that demonstrate empirically that we as not are far ahead as we would like to be.

Take patient error – as one example.

As this chart shows, Canada is behind countries like Germany, Netherlands and the UK.

The same is true when it comes to the adoption of Electronic Medical Records.

Canada can do better. We know we can.

We have the resources, the ambition, and the skills to deliver the highest quality of care in the world.

Within Canada, while Ontario does very well when it comes to hospital efficiency, there are other areas where we lag behind – e-Health being but one example.

We have lots of room for improvement.

As hospital boards, this is where we come in.

Our role, and our opportunity, is to help move Ontario and Canada back to the top of the pack.

To achieve the levels of excellence that we all know are possible.

[PAUSE]

Trustees Need to Lead that Change

It is not good enough for us to view our hospitals, or the functions within them, from a narrow perspective.

We need to see how our hospitals interact with each other, and within the larger health system. Both locally, and provincially.

It is not good enough to be satisfied with a balanced hospital budget today. We need to ensure our hospitals are preparing for tomorrow.

As someone once said, "No one will thank you for taking care of the present, if you have neglected the future."

And it is not good enough to assume that others are doing the big thinking, asking the tough questions, and demanding excellence. As trustees, that's our job.

Strong and effective governance does not imply having an adversarial relationship with your hospital Presidents and administrators. Not in the least.

Strong and effective governance does mean inspiring and shaping necessary change. Encouraging regional thinking.

Making tough decisions.

Being proactive.

Focusing on what's right for patients – and not protecting turf for the sake of protecting turf.

It means helping our hospitals to stay focused.

[PAUSE]

Two questions that are always worth asking around the hospital board table:

Is it a need or a want?

And...

How will it improve patient safety or quality care?

The word `Trustee` has a particularly poignant meaning for us. People put their *trust* in us to ensure that everyone who comes to our hospitals, is safe and secure.

That means asking questions.

It means knowing the rates of hospital acquired infections in our hospitals – and ensuring that action is being taken to reduce them.

It also means knowing if our hand hygiene programs are being effective, and that operational policies are in place to keep our patients safe.

As Trustees, we can't just assume that these things are being taken care of. It is our job to ask.

[PAUSE]

One only has to look at the very challenging situation within worldwide financial markets ... to see the importance and value of good governance.

As Dr. Alan Hudson said last summer: "When you look at the recent collapse of U.S. financial institutions, where were the Directors? Where is the issue of accountability?"

It is our job to ask tough questions. To make sure that our health care leaders are intimately knowledgeable about their health care enterprise.

Let me give you just one very personal example.

This is an actual hospital bill – paid by my father – when I was born in Yorkton, Saskatchewan in 1940.

Twenty-one dollars – all in!

Mark Rochon says that it proves how cheaply I came!

Back in 1940, we knew the exact cost of a birth. That's important to know when there is a bill involved ... but in 2008, it's still important to know.

So, I showed this to one of the OBGYs at our hospital, and I asked how much – just roughly – it cost our hospital to deliver a baby today.

And he didn't know!

I asked our Chief of Radiology about the cost of an MRI or a CT-Scan.

He did know our third-party billing rates ... but couldn't tell me the cost per procedure – when you factor in the cost of equipment, staff time, electricity, and an allocation for administrative expenses.

Now, there is a good argument to be made that clinicians need not know these details. But someone should.

You improve what you measure. And our hospital leaders measure things that matter to the stewards of health care in this province – and that includes the Ministry of Health and Long-Term Care, and it also includes us. The hospital trustees.

But our role extends beyond that of accountable governors of our health enterprises.

We also have an important community engagement and public advocacy role.

Like many of you, I know that I have been stopped many a time at the grocery store or at local events by friends and acquaintances, who have strong views about decisions made about our local hospital.

An important part of our role ... is to help people in our communities to understand the nature of the trade-offs that we need to make.

Trade-offs that are never easy – but that are done with the best interests of patients and the overall health system in mind.

We need to educate people. Help them to better understand the logic behind the decisions that we do make, and the ramifications of what can happen if we *do not* make tough decisions.

Someone may not like the idea that a certain kind of surgery is no longer available at their local hospital.

But if they knew that the surgery was only being performed there about a dozen times a year...

And that down the road they are doing the same procedure several hundred times a year...

And then explain to them that one of the key drivers of health quality is the frequency that a surgeon performs a procedure, thereby reducing the chance of error or re-admission...

Then – and only then – they may start to understand.

We need to be having these conversations. We need to be armed with messages – to let people know that the decisions we make are not easy. They are not made lightly. But they are made for the right reasons.

And if you don't feel confident that you have the information or the key messages you need to explain key decisions with members of your community – then get them from your hospital President, or from their communications specialists.

While it is our job to help people in our communities to better understand the logic behind decisions in our health system, we can and should get help and support in finding the right words.

[PAUSE]

Our Opportunity: To Make a Meaningful Difference

I would be hard pressed to think of a group of people in our province today, who have as much opportunity to leave a positive lasting legacy – than all of us here in this room.

The potential of our health system is enormous. And the difficulties – substantial.

But think ahead. Think ahead, to the point when you are ending your time as a hospital trustee.

I have always believed, that whenever you are in a position of influence, you should make a positive difference, so that when you look back, you can feel a great sense of

pride. That you can say you genuinely did the right thing. And that you leave – a champion.

[PAUSE]

Let me also remind you, that there is a tremendous resource that is ready, willing and able to help you to excel in your roles as hospital board members.

And that's the OHA.

There are excellent programs and workshops available for us to continuously learn about things like the new quality measures – such as the hospital standardized mortality ratio.

Or about how to engage at the Board level on issues like patient safety and quality care.

The OHA supports trustees through its Governance Centre of Excellence. Certificate courses are offered throughout the province, which were attended by roughly one third of all trustees from July 2007 to August 2008. That's tremendous – but I would encourage everyone to participate in these valuable sessions.

[PAUSE]

Increasing demand for health services...

Economic challenges putting pressure on public spending...

Patient safety concerns...

And exciting breakthroughs in clinical practice.

Taken together, these factors all mean that inaction is simply not an option.

We can shape the future of our hospitals, or this combination of factors will shape it for us.

Our opportunity, is therefore historic.

We can make history.

We can create a better tomorrow for our hospitals, and for the health system in Ontario and in Canada as a whole.

Darwin once said: "It is not the strongest of the species that survives, nor the most intelligent, but rather the one most responsive to change."

This is our time to show leadership. So that when we all look back, on our time as stewards of the health system...

We can say that we helped Ontario to become the absolute envy of the world.

Thanks very much!