

Media Release

For immediate release

The Great Canadian Healthcare Debate – Picking a priority for the nation’s policy-makers Showdown at Vancouver gathering

OTTAWA (June 9, 2017) – The nation’s health leaders will again be asked next week to step up to the plate and identify the Canadian health care system’s most pressing current need.

The annual exercise, which last year drew considerable attention to the urgent need for vast improvements in the provision of quality health care to Indigenous peoples, is being conducted as part of the third iteration of the Great Canadian Healthcare Debate at the National Health Leadership Conference (NHLC) in Vancouver, British Columbia, June 12-13.

Designed to identify the issue most in need of priority action by the nation’s policy-makers, the vote will see more than 700 of the nation’s health leaders on Monday select three options, from a short-list of six, for consideration in the debate. Sponsors of each of the three remaining resolutions will then be given an opportunity on Tuesday morning to make the case to delegates for why their resolution should be the system’s top priority, which will be identified by vote at the conclusion of the Great Debate. The Debate will again this year be moderated by Globe & Mail former national affairs columnist Jeffrey Simpson.

As the 2016 debate proved, Canada’s health leaders are eminently qualified and willing to make hard choices when it comes to identifying priorities, says Bill Tholl, President and CEO of HealthCareCAN, the national voice of healthcare organizations and hospitals. “They’re in the business of providing great care every day and they can see the deficiencies in the system. Every day, they hear from Canadians. Every day, they see the consequences of inequities and inefficiencies that impede patient care. If policy-makers are truly committed to elevating the quality of care that Canadians receive, they need to listen to the recommendation of health leaders.”

“That’s the great value the debate delivers,” says Ray Racette, President and CEO of the Canadian College of Health Leaders. “It really zeros-in on the right action that needs to be executed right now for Canadian health care. If you’re a policy-maker, that’s invaluable advice.”

The six contenders (in random order) are:

Families: partners or pests?

The long-held belief that families interfere with care and stress the patient is at odds with evidence that indicates “isolating patients at their most vulnerable time from the people who know them best places them at risk for medical error, emotional harm, inconsistencies in care, lack of preparedness for the transitions of care and unnecessary costs,” argues resolution sponsor Carol Fancott, director of patient engagement, Canadian Foundation for Healthcare Improvement. The resolution urges hospitals to join a “grassroots” movement to sweep aside visiting hours and adopt family presence policies that allow a patient’s loved ones to be involved in such activities as rounds and discharge planning.

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Community-based housing for seniors: putting an end to warehousing our elderly

Experts have long argued there's a need to de-hospitalize the existing system and end the distasteful practice of warehousing elderly people with chronic conditions in acute care hospitals, often at a cost of \$1,000 per day and often coupled with exposure to pathogens, in favour of supportive, community (whether assisted, congregate, long-term care or home) living, at a projected average cost ranging from \$50 to \$170 per day, depending on the type of facility. With 2.4 million hospital days being gobbled up annually by patients better served in the community, resolution sponsor Amy Porteous, vice-president, public affairs, planning and family medicine, Bruyere Continuing Care in Ottawa, calls on governments to develop an "affordable and supportive housing strategy for seniors" within two years.

National dementia strategy: need for national screening standards

Although a projected \$10 billion is being spent annually on direct and indirect care for people with dementia, and while the number of Canadians with dementia projected to double to more than one million within 15 years, Canada is just one of only two G7 nations that hasn't followed the lead of 29 countries in developing a national dementia strategy and action plan. Resolution sponsor Mimi Lowi-Young, former CEO of the Alzheimer Society of Canada, says that the time has arrived to stop dithering about such commitments as a 2014 promise by provincial and federal health ministers to actually get on with the task before all the inaction "causes disarray to the social fabric of Canada." Among the needs? National standards for screening and early diagnosis.

National patient technology strategy: Can I Skype you?

Arguing that 55% of medical errors are a function of miscommunication between health care providers and patients, resolution sponsor Trina Diner, manager of telemedicine at the Thunder Bay Regional Health Sciences Centre says the moment has arrived for the health care industry to emerge from the electronic dark ages and embrace the internet and cellular technologies now favoured by their patients in the modern, less-than-private, era. Video conferencing, emails, texts, kiosks, Facebook, as well as platforms as yet undeveloped should all be allowed and promoted under the rubric of a "national patient technology strategy" that would improve communication and clearly delineate "organizational risk and individual risk tolerance for sharing information over electronic media."

Patient safety: *Primum non nocere*

Why, ask resolution sponsors Sandi Kossey and Maryanne D'Arpino, seniors directors at the Canadian Patient Safety Institute, is it so difficult to influence curricular changes in the training of health care professionals given that a core premise of medicine is to "First, do no Harm", yet the incidence of harmful events has been consistently estimated by the Canadian Institute for Health Information as occurring in one out of every 18 hospitalizations? Education ministries, regulatory, accrediting and certifying bodies should compel educators of all health disciplines to embed "patient safety and quality improvement science" into core curriculum. Existing "approaches to teaching healthcare students and providers are inconsistent, insufficient, and the effectiveness of the education that is given is still open to debate."

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Palliative Care First: Beyond “The Way Forward”

In the wake of federal legislation that allows for medical assistance in dying in restricted circumstances, the Quality End-of-Life Care Coalition of Canada calls on health leaders to “support a ‘palliative care first’ philosophy for individuals with life-limiting illness.” Having received \$3 million from the predecessor federal Conservative government to develop a national framework for improving access to palliative care (which resulted in a “roadmap” called *The Way Forward*), the coalition resolution also calls on governments, regional health organizations and professional associations “to support health-care providers through the change management process and culture shift” implicit in the implementation of an integrated palliative approach to care.

Issue briefs for each of six short-listed resolutions, which made the cut from among more than 30 submitted to the Policy Resolution Committee, can be found at: <http://www.nhlc-cnls.ca/the-debate/>

NHLC is the largest national gathering of health system decision-makers in Canada, including representatives from health regions, authorities and alliances; hospitals; long-term care organizations; public health agencies; community care; mental health and social services; government, education and research organizations; professional associations; and consulting firms and industry. Visit www.nhlc-cnls.ca for more information.

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