

HealthForceOntario
Year-End Report 2008/09



Ontario



Bringing us Together: How Partnerships Are Helping Us Succeed

I am pleased to present HealthForceOntario's Year-End Report for 2008/09. As we prepared this report, I reflected on our progress over the last three years.

In our first annual report, we established the goal of HealthForceOntario – ensuring that Ontario has the right number and mix of health care providers when and where they are needed to meet the needs of Ontarians, now and in the future. We also introduced the principles and values that underpin Ontario's health human resources strategy. The theme of our second report was 'Opening Doors' to new graduates, new roles, new practice models, new policies and new opportunities.

Now well into our third year, with the strategy firmly established and more health care doors open, I see an opportunity to recognize the collaboration of dedicated organizations and individuals driving the success of HealthForceOntario. The strategy has led to new partnerships across and within every part of our health care system.

You will find a comprehensive listing of the year's successes listed under "Milestones" at the end of this report. This listing will give you a sense of the breadth of activities as well as some insight into their progression and growth over the course of many months. Rather than turning directly to that section, I encourage you to take the time to read through the entire report. As you will see, it begins with selected examples of HFO's many successes, highlights the partners involved and demonstrates the collaboration and innovation that is the essence of HealthForceOntario.

One of the greatest privileges I have as a front-line provider is listening to the powerful and personal stories shared by my patients and their families. In this report, we share the important stories of our partners.

Respectfully submitted,

A stylized, handwritten signature in black ink.

Joshua Tepper
Assistant Deputy Minister, Health Human Resources
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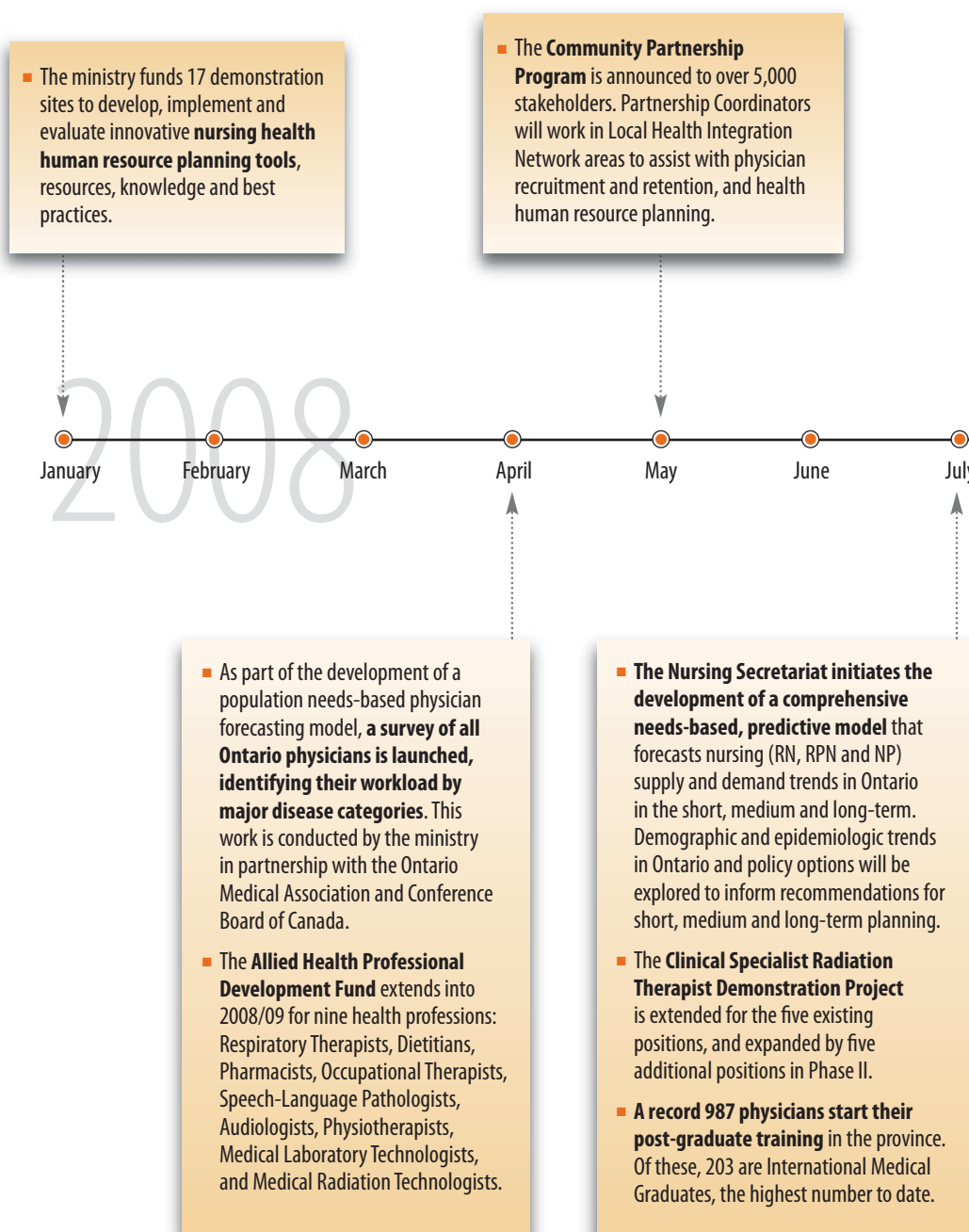
Milestone Highlights

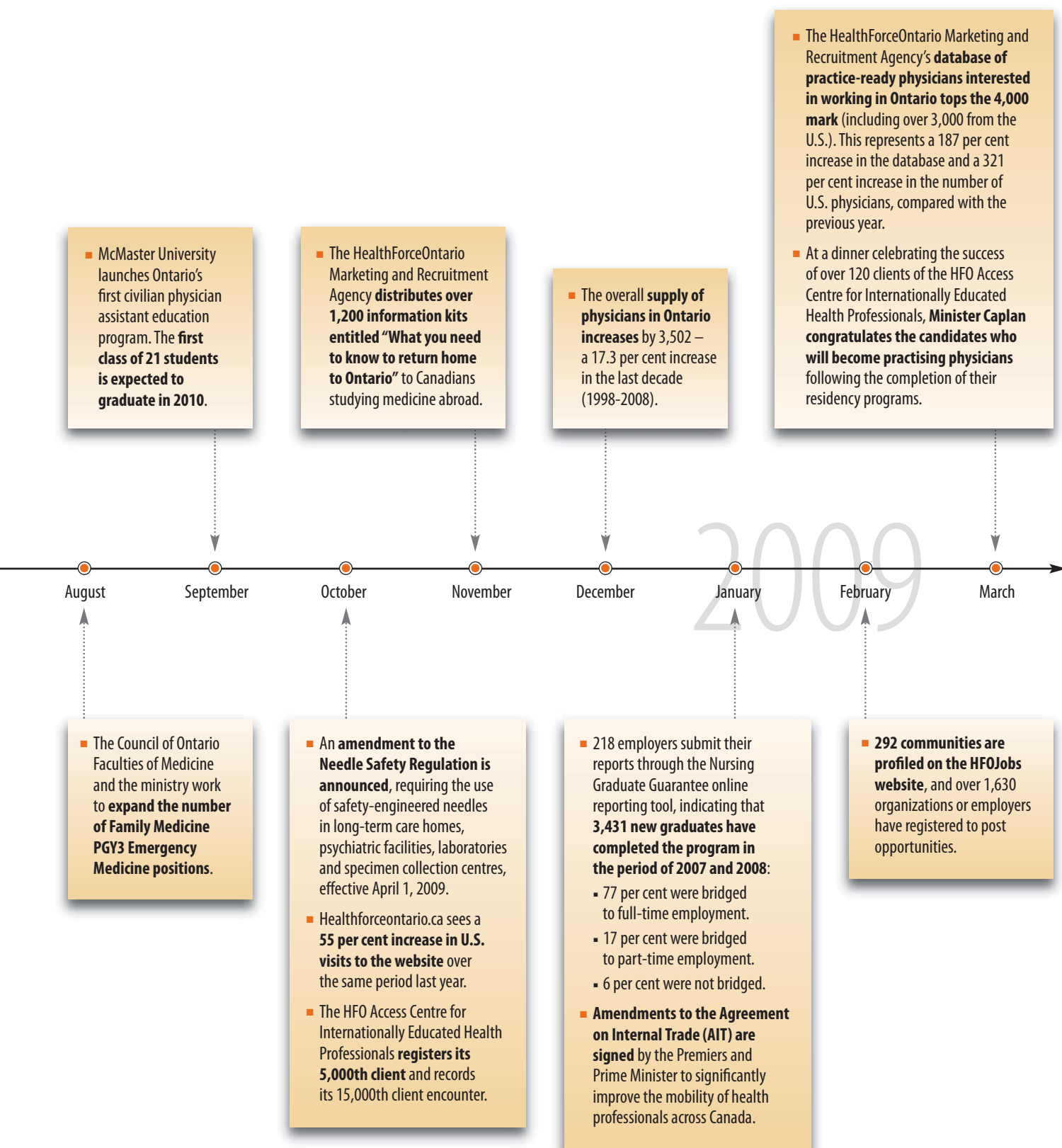
HealthForceOntario (HFO) is a multi-year, collaborative strategy to provide Ontario with the right number and mix of health care providers, working in communities across the province to meet our health needs – now and in the future.

These initiatives will:

- Help Ontario identify its health human resource needs.
- Develop new and expanded provider roles to meet our changing health needs.
- Work closely with the education system to develop people with the right knowledge, skills and mindsets.
- Compete effectively for health care professionals.

Here is a highlight of some of HFO's major successes since our last annual report. For a more extensive listing of our milestones, please refer to pages 24 through 27 of this report.







Brad Sindair,
Executive Director,
HealthForceOntario
Marketing and
Recruitment Agency

John Amodeo, Director,
Health Sector Labour
Market Policy Branch

Vanessa Burkoski,
Provincial Chief
Nursing Officer,
Nursing Secretariat

Marilyn Wang, Director,
Health Professions Regulatory
Policy and Programs Branch

Dr. Joshua Tepper,
Assistant Deputy Minister,
Health Human Resources
Strategy Division



**Jeff Goodyear, Director,
Health Human Resources
Policy Branch**

Not pictured:
Frances Lamb
Manager, Universities Unit
Postsecondary Accountability Branch
Ministry of Training, Colleges and Universities

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The LTC Mobile Emergency Response Team

Delivering the right care, at the right time, to the right place.

In 2008, the Ministry of Health and Long-Term Care (MOHLTC), Nursing Secretariat provided \$250,000 in initial funding to support the development of a long-term care mobile emergency program, a one-year pilot based at the Emergency Department of University Health Network's Toronto Western Hospital.

The Long-Term Care (LTC) Mobile Team provides efficient, mobilized interprofessional on-site care within LTC homes, **thereby diverting or facilitating Emergency Department (ED) transfers while meeting the unique needs of LTC residents.**

HealthForceOntario Partners

- Emergency Department teams
- Interprofessional teams
- Long-Term Care teams
- The University Health Network (UHN)

S U C C E S S S T O R Y

Meet the Toronto Western Hospital Mobile Team

"I am a geriatric nurse on the LTC Mobile Team with the Toronto Western Hospital Emergency Department (ED).

We provide interprofessional care – on-site or by phone – to 12 LTC homes in my area. That's our job. We're on the road, answering calls, mostly concerning hydration, tube problems, pain, infection and breathing issues. I travel with a team consisting of myself, an Advanced Practical Nurse, a Speech-Language Pathologist and physician backup in both the ED and LTC homes.

Before this pilot, most LTC residents were sent by the homes to an ED to receive minor or intermediate treatment. Sixty per cent were discharged back to their LTC homes after spending approximately six to nine hours in the ED.

I saw the benefits of the Mobile Team from day one. The residents and their families are receiving not only continuity of care, but also peace of mind knowing that not every health concern will land them in the ED.

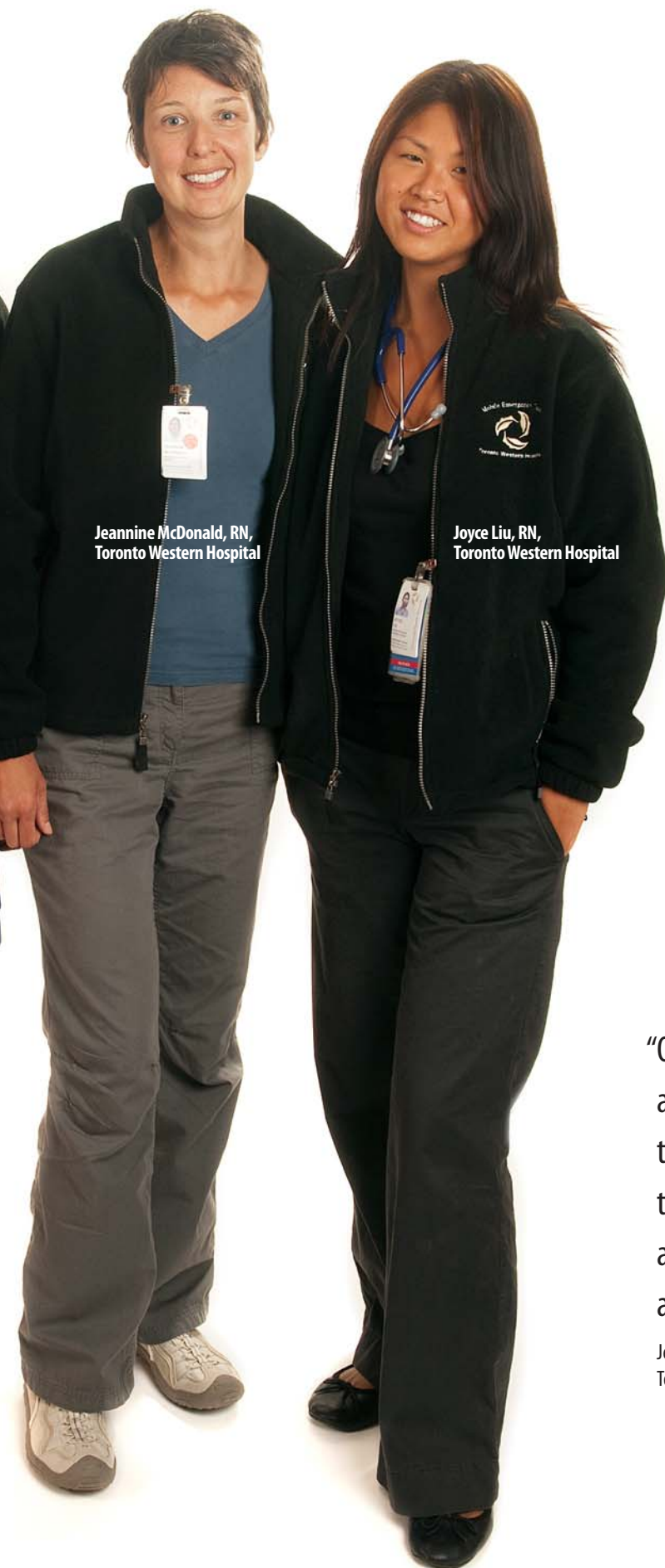
And I am enjoying working more closely with nurses in the LTC facilities.

By working side-by-side with our LTC care giver partners, the Mobile Team is creating positive patient outcomes and improving the effectiveness of Ontario's health care system."

*Alison Graham, RN
Toronto Western Hospital*



Alison Graham, RN,
Toronto Western Hospital



Jeannine McDonald, RN,
Toronto Western Hospital

Joyce Liu, RN,
Toronto Western Hospital

See the Results

- Advanced quality of life for LTC residents.
- Reduced ED visits and wait times.
- Improved access to in-patient hospital beds.
- Fostered collaborative relationships and enhanced communication between LTC homes and Toronto Western Hospital.
- 2,298 long-term care beds are participating in the Mobile Emergency Program as of January 2009.
- The total cost of a single visit to the ED is \$589. The total cost of a visit when the LTC mobile emergency team comes to visit a patient? **\$463 – 126 per visit less.**
- Over a five month period, the 134 Ontario residents who received care from the LTC mobile emergency team instead of the ED saved taxpayers \$62,000.
- The ministry has provided \$1.5 million to extend the implementation of the program province-wide.

“One of my colleagues reported she has already seen a 77 per cent drop in resident transfers to EDs. Also, the geriatric nurse visit cost is 21 per cent less than the lowest cost ED visit! Now, that’s good news for all concerned, especially for our overcrowded EDs and our geriatric population.”

Jeannine McDonald, RN
Toronto Western Hospital

Best Practice Guidelines (BPGs)

Improving nursing practice and client care.

In the course of caring for patients, nurses are increasingly challenged to regularly access information that is current and reliable.

Over the past several years, HealthForceOntario has collaborated with the Registered Nurses' Association of Ontario (RNAO) on innovative initiatives to enrich patient care and improve the working lives of nurses.

One such project is the RNAO Nursing Best Practice Guidelines (NBPG) program that began in November 1999. The RNAO continues to receive funding for this globally recognized program through the MOHLTC, Nursing Secretariat Nursing Education Initiative.

Since its inception nine years ago, the RNAO NBPG program continues to strive for the full integration of evidence into everyday nursing practice. In so doing, the NBPG program helps improve the day-to-day care all nurses provide in Ontario, Canada and abroad.

Best Practice Guidelines, or BPGs, cover the full breadth of nursing practice – from health promotion and disease prevention to restorative, curative and palliative nursing care – from both clinical areas and relational ones. Guidelines range from dealing with obesity, postpartum depression and smoking cessation, to preventing and treating pressure ulcers, client-centred care and programs on healthy work environments.

BPGs are influential because of their quality, their relevance, and their applicability in all sectors of health care in Ontario and around the world.

Working Together to Promote Research/Practice Synergy

The NBPG program recognizes the important work and unprecedented influence of the thousands of nurses – in all roles and sectors – who have been involved in the development, pilot testing, dissemination, uptake and evaluation of 31 published BPGs (16 in French).

- A growing network of 2,000+ **BPG Champions** now exists. These Champions are nurses and others who are passionate about improving nursing practice and client care in their organizations.
- **21 Best Practice Spotlight Organizations (BPSOs)** are now established. The BPSOs partner with researchers from other universities to study various aspects of the BPG implementation and its impact within their organizations. This is an excellent example of health care organizations and academic partners working together to promote research/practice synergy.

HealthForceOntario Partners

- Health care organizations
- Registered Nurses' Association of Ontario
- Researchers
- University of Ottawa



Frederick Go, RN

Gabriella Gutta, RN

Althea Stewart-Pyne, RN

The PDA Pilot: Bringing BPGs to Point of Care

Nurses working in settings such as northern, rural/remote, long-term care, corrections and home health care, face a unique set of challenges in accessing clinical information resources. They often work in relative isolation, without (or with little) support from a supervisor, co-workers or other readily accessible health care professionals.

In 2008, the ministry embarked on a second phase of an innovative PDA pilot project to provide quick and easy access to the most current and pertinent evidence in all nursing environments, through the use of personal digital assistants (PDAs) and tablets.

The HFO PDA Pilot is led by the Ontario Nursing Secretariat in partnership with the Registered Nurses' Association of Ontario (RNAO) and is funded by the ministry.

The initiative has provided over 2,700 nurses with PDAs or tablets at 55 different pilot sites across the province, including hospitals, home health care providers, long-term care centres and correctional facilities.

In the words of Cynthia Austria, Nurse Manager at The O'Neill Centre Long-Term Care Home in Toronto, "The RNAO NBPGs are very helpful to me. Having them on my PDA means I can refer to the guidelines at any time. I am always up-to-date and informed."

Nurses at the pilot sites have access to:

- Condensed versions of the RNAO's Nursing Best Practice Guidelines, specifically designed for this initiative to be downloadable to PDAs and tablets;
- Point of care nursing informatics tools (such as Lexi or PEPID) that include medical content, medical calculators and drug databases; and
- Nursing Plus, an email alert system and searchable database developed by McMaster University that provides up-to-date evidence from home care literature.

For Melissa Farrow, a home health care nurse who works for the Victorian Order of Nurses (VON) in Peterborough, having the PDA with her on client visits means she has been able to "take all my textbooks out of my car," and she is always armed with valuable information, without the wait.

See the Results

- Supports the implementation of evidence-based practice.
- Fosters the delivery of interprofessional care.
- Nurses are practicing to their fullest potential.
- Enhances ability to provide timely, high quality and safe delivery of patient care.
- Improves patient outcomes.
- Enhances the work environment of nurses.

HealthForceOntario Notable Successes

**Other 2008/09 highlights from
Nursing Secretariat include:**

2,700+ Number of PDAs and tablets being used by nurses at bedsides across Ontario, in over 55 participating health care organizations.

700+ Number of new nursing positions created across the health care sector through the 9,000 nurses commitment program.

2,807 Number of matches made on the Nursing Graduate Guarantee portal for the 2008/09 fiscal year, across 200 organizations.

1,536 Number of late career nurses in 191 organizations who participated in the 2008/09 Late Career Nurse Initiative. This initiative is designed to support nurses aged 55 or over, enabling them to spend part of their time doing less physically demanding work, such as mentoring other nurses or patient education.

269 Number of nurses who completed their baccalaureate earlier, by participating in the Summer Externship Program.

27 Total number of organizations now participating in the Surgical First Initiative, where specially educated nurses function collaboratively with the surgeons and operating room teams.

\$15 million Amount of funding over the next five years, as announced by the ministry, to support the development of the de Souza Institute for Oncology Nursing which will offer nurses the latest education in cancer prevention, diagnosis, treatment and palliative care.

Health Professions Database

Putting evidence at the centre of health human resources planning.

S U C C E S S S T O R Y

The HealthForceOntario strategy supports a number of initiatives to guarantee timely access to health care providers for all Ontarians.

Among the most significant measures is the development of new information and analytical capacity on health care professions that includes models to forecast the number of nurses and doctors that will be needed in the future.

For the first time, our forecasts will be based on projected patient requirements, rather than on projected population growth alone.

HealthForceOntario Partners

- Canadian Institute for Health Information (CIHI)
- Cancer Care Ontario (CCO)
- Federation of Health Regulatory Colleges of Ontario (FHRCO)
- Local Health Integration Networks (LHINs)
- Ontario Medical Association (OMA)
- Ontario Physician Human Resources Data Centre (OPHRDC)
- Ontario Universities and Colleges



Better Information.
Better Decisions.
Better Health.

Before the Health Professions Database (HPDB), little was known about the 40 per cent of the workforce who are in Ontario's regulated health care professions – ranging from dietitians, dentists, physiotherapists, to medical radiation technologists. The ministry did not have a good grasp on the profile of these professionals, including how many there were and where they were working. It was also not known whether Ontario had the right combination of these professionals to meet future needs.

It is for these reasons that the ministry and 19 of the 21 health regulatory Colleges, representing 20 professions, worked closely together to build Ontario's HPDB. Their goal was to collect education, employment and demographic data from these 80,000+ regulated health professionals.

This was a massive undertaking. First, the ministry obtained consensus from the 19 Colleges on the specific standards and definitions for each of the 55 data elements that were to be collected. This ensured that the 20 professions in the HPDB provided the same data. The ministry and the Colleges developed a common forms template to assist the Colleges in collecting this information. Through a collaborative communication strategy, all health professionals received a clear, concise and consistent explanation as to why the database is important. As well, the ministry and the Colleges worked hard to ensure the privacy and security of the information.

Hussein Lalani, Manager of the HHR Forecasting and Modelling Unit, views the HPDB as a significant step towards having a truly representative snapshot of Ontario's regulated health care workforce. "We plan to use the data collected through our partnerships to develop greater capacity." The data will provide "a clearer picture to enable the ministry to develop suitable programs for the education, recruitment and retention of health professionals."

In Lalani's view, "Information about supply, education, demographic changes and work practices are all important pieces of the puzzle. With the HPDB, we will finally have meaningful information to identify trends and patterns in the health care workforce. This will lead to better planning for the future."

See the Results

The HPDB will provide a snapshot of Ontario's regulated health care workforce, and will help us answer such questions as:

- Do we have the right mix of health professionals for the future?
- Are there enough jobs?
- Are there the right kinds of jobs?
- Where is there a shortage of health professionals?



Hussein Lalani,
Manager, Health Human
Resources Forecasting
and Modelling Unit

Irwin Fefergrad,
Registrar, Royal
College of Dental
Surgeons of Ontario

Jan Robinson,
Registrar and CEO,
College of
Physiotherapists
of Ontario

"The College is proud to have played a part in this important project that will have such an incredible impact over the long term on expanding access to care for all Ontarians. We see it as yet another way that we can fulfill our role to serve the public as a regulator."

Irwin Fefergrad,
Registrar of the Royal College of Dental Surgeons

Other HHR Evidence Development Efforts Underway in 2008

Nursing Requirements

■ Needs-Based Health Human Resources Planning for Nurses

Experts in Ontario and in Halifax, Nova Scotia have created a tool that considers the multiple determinants of health human resources requirements specific to the Ontario nursing workforce to predict present and future supply and demand needs. Using evidence from this initiative, policy options will be developed to enhance building a sustainable nursing workforce.

Physician Requirements

■ Population Needs-Based Physician Forecasting Model

The ministry and the Ontario Medical Association are developing a population needs-based physician forecasting model. Health needs will be translated into physician requirements by examining the impact of various risk factors on future disease incidence.

Research

■ New Chair for Health Human Resources Awarded

\$3 million was awarded to endow a permanent Chair in Ontario to foster leading edge research in health human resources.

Labour Mobility

■ National Unique Identifier Feasibility Project

If implemented, this initiative, co-chaired by the Canadian Institute for Health Information and the ministry, will help measure health provider mobility issues across the country.

Chemotherapy

■ Health Human Resources Planning for Systemic Treatment

Led by Cancer Care Ontario, this initiative seeks to determine the number of, and mix of, health care providers required to provide chemotherapy in the province.

Rehabilitation

■ Career Scientist Award

The Career Scientist Award provided a University of Toronto researcher an opportunity to develop a forecasting methodology that can predict the need for, and supply of, rehabilitation health professionals over the next decade.

Family Medicine Expansion

Training more family physicians.

The Ministry of Health and Long-Term Care and the Academic Heads of Family Medicine in Ontario have partnered to address the growing demand for family physicians in Ontario.

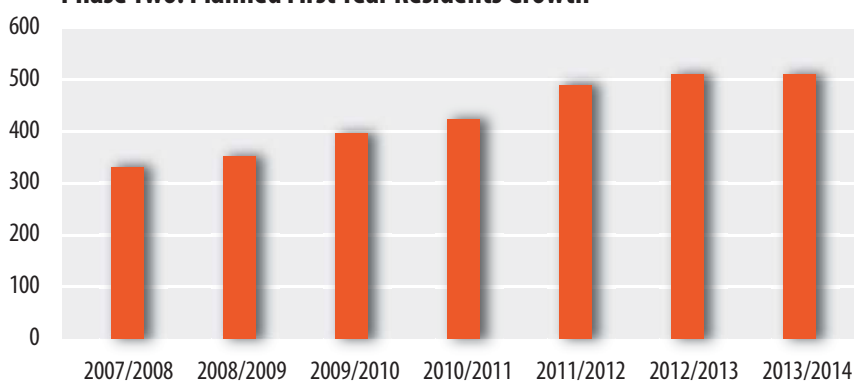
The goal of the Family Medicine Expansion initiative is to increase and stabilize the number of family physicians trained in Ontario to meet the health care needs of the population. Training more family doctors will help decrease the unattached patient population; that is, provide access to Ontario's 400,000+ people who cannot find a family doctor.

Increasing access to primary care in Ontario falls in line with the ministry's HealthForceOntario strategy: to ensure Ontario has the right number and mix of health care professionals.

Phase one of the family medicine expansion saw the number of residency positions in family medicine programs increase by 75 per cent between 2004/05 and 2007/08. This represents 151 new first-year training positions and is quite a success story in itself.

The demand for physicians in Ontario continues to grow, yet the supply of physicians is decreasing more rapidly due to an aging physician population. More medical students are interested in pursuing family medicine as a career.

Phase Two: Planned First Year Residents Growth



HealthForceOntario Main Partners

- Council of Ontario Faculties of Medicine (COFM)
- The Council of Ontario Universities (COU)
- Academic and community teachers
- Ontario Medical Association (OMA)
- College of Physicians and Surgeons of Ontario (CPSO)
- Professional Association of Internes and Residents of Ontario (PAIRO)
- Council of Academic Hospitals of Ontario (CAHO)



Innovation and Collaboration

There is no question that the need for continued family medicine expansion remains strong. Yet family medicine programs, although willing to train more residents, did not have the resources to support a second phase of expansion.

To solve this pressing issue, all the Academic Heads of Family Medicine – from Western, McMaster, University of Toronto, Queens, Ottawa and NOSM – sat down with the ministry.

“Using a strength-based approach known as ‘appreciative inquiry,’ we identified and focused on what worked well in phase one,” explained Dr. Tom Freeman, Chair of the Department of Family Medicine at Western University. “We shared our visions and goals, knowing that successful expansion required more than the creation of new positions. It was the process and the partnership that really made the difference.”

An innovative plan was developed that laid the foundation for the second expansion of family medicine.

As a result of these collaborative efforts, family medicine programs will increase by an additional 50 per cent by the end of phase two in 2013. This means approximately 540 additional family physicians will be trained in Ontario between 2008 and 2014.

The results are already showing. In rural Middlesex County in Southwestern Ontario, there were six training slots prior to expansion. This has increased to 10, with a further 16 to come. Residents trained in rural areas are more likely to practice in rural and under-served communities, thus meeting a great need in the province.

Dr. Freeman attributes the success of the plan to the unique working relationship between key government partners and the Departments of Family Medicine in Ontario’s universities. For Dr. Freeman, this family medicine expansion shows what can be accomplished with clearly communicated goals and tangible support.



Melissa Graham,
Resident

Hanna Bielawska,
Resident

Cristina Stircu,
Resident

The Expansion Plan

Goal:

To train more family doctors in Ontario to meet the long-term health care needs of Ontario’s population.

Support:

\$43 million was invested from 2004/05 to 2007/08 to expand family medicine training positions and additional support continues to be provided. This included infrastructure funding for the expansion of physical space. Money was used to expand new sites through community-based training models and distributed medical education. This investment improves physician services in areas of high need in the province and utilizes the strengths of community-based sites.

Start-up and ongoing operating funding was used by universities to:

- Recruit more faculty.
- Provide professional development and other support for new and existing teachers.
- Create a solid administrative infrastructure to support expanding residency programs.

Innovative Approaches

- **Collaborate with key government partners and the Departments of Family Medicine**, utilizing the “appreciative inquiry” approach to build upon successes from previous family medicine expansion efforts.
- **Promote new practice and funding models**, like Primary Health Care Models, including Family Health Teams.
- **Continue to promote faculty recruitment and development** to ensure there is a well-supported teaching staff to train family medicine residents.
- **Promote family medicine as a career choice**, by increasing the emphasis on family medicine, exposing undergraduate medical students to family medicine and supporting Family Medicine Interest Groups (FMIGs) at each school.

Physician Assistants

New providers making meaningful contributions to health care teams.

Health care delivery in Ontario is changing. Interprofessional care teams are growing and providers are collaborating more closely.

In 2006, HealthForceOntario introduced the Physician Assistant (PA) role to great acclaim – together with the Registered Nurse Performed Flexible Sigmoidoscopy, Surgical First Assist and Clinical Specialist Radiation Therapist roles.

New team-based roles, like the PA, mean better access to health care and improved outcomes for the people of Ontario. These roles also alleviate some of the pressure on our health force – from better use of clinical resources to lower rates of staff turnover.

HealthForceOntario Partners in the PA Initiative

- Association of Ontario Health Centres (AOHC)
- Canadian Association of Physician Assistants (CAPA)
- Educators and regulators
- Local Health Integration Networks (LHINs)
- Nursing and medical professionals
- Ontario Hospital Association (OHA)
- Ontario Medical Association (OMA)
- The Canadian Forces (CF)



From the North Hamilton Community Health Centre:

Nagy Abdel,
Supervising Physician

Faye Lee, Registered
Nurse Extended Class

Mumtaz Khan,
Physician Assistant

Michael Hannigan, Primary
Health Care Manager

Jim Tolmie, a PA at Cambridge Memorial Hospital, sees his role as, “the eyes and ears for physicians, and the link with nurses and other health care professionals.” Tolmie adds, “As I make my rounds of the hospital, I discover that physicians who are not yet part of this exciting health initiative are eager to find how their units can benefit from having PAs on their health care teams.”

The specific clinical work of a PA varies, but may include:

- Conducting patient interviews and taking medical histories.
- Performing physical examinations.
- Counselling on preventive health care.
- Performing certain controlled acts delegated by the physician.

The PA role is being integrated into health care systems in several countries around the world. There are currently over 65,000 PAs in the U.S., where they have practised since the 1960's. In Canada, PAs are employed by the Canadian Forces to deliver health care services to its members, and in Manitoba, PAs have been working as clinical assistants since 2002.

Today, more than 60 PAs are at work in a variety of demonstration projects across Ontario's hospital emergency departments, other hospital departments (such as general internal medicine, orthopaedics, general surgery and complex continuing care), Community Health Centres, in physician practices in diabetes care, and in long-term care management settings.



In September 2008, McMaster University launched Ontario's first

civilian physician assistant education program, with a class of 21 students for a two-year program. These diverse students range in age from 20 to 49 years and come from 16 different educational backgrounds. The first graduates are expected in 2010.

See the Results

- PAs are being well accepted and effectively integrated into care teams.
- Early analysis shows that ED patients seen by PAs are less likely to be admitted and more likely to be referred for home care.
- PAs have allowed supervising physicians to spend more time with more complex patients.
- Supervising physicians report positive impacts on:
 - wait times, throughput and efficiency,
 - time that providers spent with patients,
 - quality of patient outcomes and patient safety.

S U C C E S S S T O R Y

An innovative approach to integrating new practitioners into the health care system

The transformation of Ontario's health care system is dependent on the collaborative and co-operative efforts of knowledgeable, skilled and dedicated people.

In order to guide the development and implementation of the PA Initiative and the integration of PAs into Ontario's health care system, the ministry established a multi-stakeholder Physician Assistant Implementation Steering Committee (PAISC), co-led with the ministry and the OMA.

One of the key challenges faced by the team was: How do we enhance and strengthen relationships with over 50 stakeholders and 60 project participants?

The answer? By listening. The team worked with stakeholders to develop tools, resources, and mechanisms to ensure open lines of communication, keep stakeholders informed, and



maintain awareness and enthusiasm. This included the design of informative websites, newsletters, teleconferences and webinars.

The PA demonstration site projects have been extended to March 2011. This extension will ensure continuity of services while the project team determines where PAs can best help reduce wait times and improve patient care in Ontario.

HealthForceOntario Notable Successes

Other 2008/09 highlights from Health Human Resources Policy Branch include:

62 Number of PAs who are working in Ontario; 51 PAs are in 22 hospitals; five PAs are in community health centres; six PAs are employed directly by a physician or group of physicians.

5,697 Number of Allied Health professionals who received support through the Allied Health Professional Development Fund. A total of 7,320 continuing education activities were funded.

10 Number of Clinical Specialist Radiation Therapists (CSRTs) who were caring for patients in Ontario cancer centres as of March 2009.

987 Number of first-year residents who began training in 2008; surpassing 2007's record as the largest group ever trained in a single year.

813 Highest recorded number of family medicine physicians in post-graduate training funded by the ministry in 2008.

630 Highest recorded number of International Medical Graduates (IMGs) who are in a post-graduate position funded by the ministry.

224 Number of IMGs offered training or assessment positions in the post-graduate training system in 2008/09.

225,000+ Number of regulated health professionals working in Ontario in 2008.

Interprofessional Collaboration

Turning interprofessional care into “the way it is.”

S U C C E S S S T O R Y

Interprofessional care (IPC) is the range of comprehensive health services to patients and their families, provided by multiple health caregivers who work collaboratively to deliver quality care within and across health care settings.

IPC is an enabler for improving patient care in Ontario, while meeting the demands of Ontario’s health care system.

In 2008, more than \$17 million was disbursed across Ontario to build support for IPC by bringing together disparate health care players, including academic institutions, professional associations, providers and regulators.

HealthForceOntario Partners

- Academic Health Science Centres
- Community Health Centres (CHCs)
- Community Care Access Centres
- Health Science Programs at Ontario Colleges and Universities
- Hospitals
- Long-Term Care Homes
- Local Health Integration Networks (LHINs)
- Ontario Health Regulatory Colleges
- Professional Associations
- Public Health
- And many more...

The Geriatrics, Interprofessional Practice and Interorganizational Collaboration (GiiC) Initiative: Building Better Outcomes For Frail Seniors Across Ontario

Frail seniors represent 15 per cent of seniors whose quality of life, dignity and independence are at risk because of the convergence of complex medical, social, psychological and functional challenges. Although frail seniors comprise only 15 per cent of the aging population, they account for 30 per cent of the health care budget.

Yet caring for frail seniors is not something that is taught in our medical schools. It is a unique specialty that requires an

“In thirty years of learning and practice, I have never been involved with something as useful and important.”

interprofessional team, a special knowledge base, and the capacity to collaborate across organizational boundaries – from primary and community-based care to emergency and hospital-based services.

Until now, health professionals in hospitals, Community Health Centres and Family Health Teams worked in isolation, independent of one another.

The **Geriatrics, interprofessional practice and interorganizational Collaboration (GiiC)** initiative is a province-wide knowledge exchange. It brings together health professionals working within the Regional Geriatric Programs of Ontario, Family Health Teams, and Community Health Centres to improve the care of frail seniors across the province.

Dr. David Ryan, Director of Education for the Regional Geriatric Program at Sunnybrook, and GiiC Lead

Investigator and Project Director, worked closely with

a team of consultants to develop a GiiC knowledge-to-practice toolkit.

In a series of regional workshops, a GiiC consultant will train staff nominated by their Family Health Team or Community Health Centre in the use of the toolkit. GiiC facilitators will then be coached and supported by the consultants as they find ways to bring GiiC knowledge into their organizations’ practices.

Dr. Ryan anticipates as many as 200 facilitators will be participating in this GiiC initiative, thereby “enhancing effective shared care for seniors across Ontario.”



Connie Friedenberg

Dr. David Ryan,
Director of Education
for the Regional
Geriatric Program

"Collaboration, partnership, communication and teamwork are the core values that are guiding the successful implementation of interprofessional care in Ontario."

The Interprofessional Care/Education Fund (ICEF)

49 participants were selected to receive funding through the ICEF to educate, foster and build IPC teams in Ontario. Here is a selection of ICEF projects underway in 2007 and 2008:

Canadore College, North Bay

Won support for a project that brings together students in medicine, nursing and respiratory therapy in an attempt to break down silos and improve patient care.

Ottawa Inner City Group, Ottawa

Won support for a project to educate third-year health sciences students at the University of Ottawa, as well as the broader health care community, about developing an IPC treatment plan for Hepatitis C. **"If we don't deal with it, it could cripple our local health care system."**

St. Joseph's Health Centre, Toronto

Won support for a project to develop and evaluate coaching interventions within Health Care Teams in hospital and community health care settings.

Other IPC News

Critical Links: Transforming and Supporting Patient Care



In 2007, the ministry asked the Health Professions Regulatory Advisory Council (HPRAC) for advice on a number of very important regulatory issues, including mechanisms that would support and facilitate interprofessional collaboration among health regulatory Colleges. HPRAC provided its advice to the Minister in a series of reports during 2008 and 2009, culminating with its January 31/09 report, **Critical Links: Transforming and Supporting Patient Care**. In its reports, HPRAC made recommendations in support of interprofessional collaboration and the optimal use of health human resources. These recommendations included suggested changes to the scopes of practice in a number of regulated health professions.

The Ontario Physician Locum Programs

Securing temporary physician resources throughout Ontario.

The Ontario Physician Locum Programs (OPLP) is one of several components of the HealthForceOntario Marketing and Recruitment Agency (HFO MRA).

The administration of three locum programs has been amalgamated under OPLP, providing centralized and coordinated locum physicians across the province.

Locum placements help ensure continuous physician services to communities and hospitals, and are important components of Ontario's physician retention programs.

OPLP Partners

- Hospital CEOs and Chiefs of Staff
- Physicians, their offices and administrators
- Local Health Integration Networks (LHINs)
- Community Recruiters
- Ministry of Health and Long-Term Care
- HFOJobs
- Ontario Medical Association (OMA)
- Professional Association of Internes and Residents of Ontario (PAIRO)
- Ontario Hospital Association (OHA)
- College of Physicians and Surgeons of Ontario (CPSO)
- Ontario College of Family Physicians (OCFP)
- Ontario Psychiatric Outreach Program (OPOP)

Rural Family Medicine Locum Program (RFMLP)



Dr. Richard Center graduated from the University of Toronto in 1979 in family medicine, and also has training in psychotherapy. He has practiced medicine from Iqaluit to Belize (pictured). Today, Dr. Center resides in Aurora with his wife and teenaged son.

The **Rural Family Medicine Locum Program (RFMLP)** helps ensure primary medical care in eligible communities in Ontario by providing temporary, short-term replacement coverage for practising rural family physicians.

Dr. Richard Center has been a locum physician with RFMLP since May 2008. He has provided 118 locum days, with assignments in many small towns across Ontario, including Thessalon, Bruce Mines, Shreiber, Terrace Bay and Marathon.

When asked why he chose to be a locum physician in rural Ontario, Dr. Center reflected on the value he places, as a physician, on the personal relationships he forms with both patients and staff. Dr. Center said, "I like the sense of teamwork and community in small towns. For me, the work is fun and meaningful. I learn a lot about life through my patients' stories."

Many of the 200 physicians with RFMLP, like Dr. Center, are MDs who have chosen locum as a lifestyle. Other locum physicians are new grads who are eager to learn while exploring where they want to practice permanently.

For Dr. Center, being a locum physician provides the space and opportunities to connect with people in a genuine and heartfelt way. Dr. Center knew RFMLP was a good fit for him and the community when the grandmother in a family-owned grocery store in Schreiber approached him to say, "Welcome to our community, Doctor. Thank you for shopping here. But most of all, thank you for helping out the doctors of our community."

RFMLP Numbers (April 1/08 to March 31/09)

- Total number of participating communities: **73**
- Total number of locum physicians: **172**
- Total number of locum days provided: **4,012**

Emergency Department Coverage Demonstration Project (EDCDP)

Since October 2006, the **Emergency Department Coverage Demonstration Project (EDCDP)**, through a pool of ED physicians, has provided locum coverage in designated hospitals that have significant challenges covering ED shifts. EDCDP is an interim measure of last resort.

Pembroke Regional Hospital (PRH), a 190 bed acute regional hospital in eastern Ontario that provides primary and secondary services to approximately 55,000 people, is dealing with ED doctor shortages and needs to find qualified physicians from outside the area to fill in for those emergency room physicians who are ill, taking vacations, or simply in need of a break.

To do this, PRH has worked closely with the EDCDP to bring physicians, mainly from the Ottawa area, to provide coverage in Pembroke. Pierre Noel, CEO of PRH concludes, "Our locum complement of ED doctors and staff are doing a stellar job, 24/7, doing everything they can to provide quality care. But in the end, there aren't enough of them to fully staff the ED. We would not have uninterrupted access to ED service without these EDCDP doctors. And to them we extend our sincere appreciation."

EDCDP Numbers (April 1/08 to March 31/09)

- Total number of participating communities: **25**
- Total number of EDCDP physicians: **96**
- Total hours provided: **20,627**

Northern Specialist Locum Programs (NSLP)

Since October 2008, the **Northern Specialist Locum Programs (NSLP)** has been administered by the HFO MRA, and provides replacement and vacancy specialist locum coverage to designated Northern Ontario communities.

The Hôpital régional de Sudbury Regional Hospital (HRSRH) is the regional referral centre for northeastern Ontario and provides hospital-based acute, transitional and rehabilitation care for over 530,000 residents. HRSRH is a high user of the NSLP to ensure continuous service in a number of specialties, and to provide the current complement of physicians with the respite support they need.

Ginette Vezina, Physician Recruitment Consultant at HRSRH, sums it up by saying, "As a northern urban referral centre, Sudbury greatly values HFO MRA's Northern Specialist Locum Support."

The government has been providing specialist locum coverage in northern Ontario hospitals for over 25 years. The Urgent Locum Tenens Program provides locum coverage in specialties where there are vacancies or where the specialist complement is two or fewer. The Respite Locum Tenens Program provides temporary relief for specialists who are taking a vacation, ill, on parental or other leave, or are attending educational sessions. Through both programs, locum specialists have the opportunity to experience a new work environment and/or assess whether they are interested in relocating to these northern communities.

NSLP Numbers (since program transfer October 1/08 to March 31/09)

- Total number of participating communities: **13**
- Total number of locum physicians: **377**
- Total days provided: **4,422**
- Total number of specialties: **29**

Notable Successes

92 Number of hospitals across the province the EDCDP program had encounters with since its launch in October 2006.

73 Number of new physicians who have joined the NSLP between October 1/08 and March 31/09.

94 Percentage of physicians on the NSLP who have completed multiple locums.

1,500+ Number of collective hours that specialists on the NSLP spend per month travelling to northern communities.

1,401.5 Number of days of locum coverage provided by 145 rural family physicians in 62 Ontario communities under the RFMLP from July 1 to August 31, 2008. Summer months have the highest volume for locum coverage in all three locum programs.

116 Number of locum job opportunities on HFOJobs.ca from RFMLP assisted participating communities.

113 Number of locum physicians (64 per cent) who participated in more than one assignment with RFMLP. The highest participation by a locum physician was 30 assignments in 2008/09.

Distributed Medical Education Campuses

Meeting the future of medical education in Canada.

S U C C E S S S T O R Y

The historic shortage of doctors in small communities and rural areas is leading to a new style of medical education – one that features unprecedented collaboration between universities, new locations for medical training and innovative styles of learning.

The model is called **distributed medical education**. The aim is to create more doctors with the skills and desire to be physicians in rural and northern communities in Ontario, and to expand medical training beyond large existing Academic Health Science Centres.

In 2007 and 2008, three new distributed medical education campuses opened their doors to allow more doctors to be trained in Ontario's communities: St. Catharines (McMaster), Kitchener-Waterloo (McMaster) and Windsor (University of Western Ontario).

Ministry of Training, Colleges and Universities Health Partners

- Ministry of Health and Long-Term Care
- Ontario Colleges of Applied Arts and Technology
- Ontario Universities
- Faculties of Medicine

New Communities



"It is the next revolution in medical education," asserts John Kelton, Dean

and Vice-President of Health Sciences and Dean of the Michael G. DeGroote School of Medicine at **McMaster University**.

The Michael G. DeGroote School of Medicine is growing in two new communities. In 2008/09, the first class of 15 students began studying at the Niagara Regional Campus, while the Kitchener-Waterloo Campus welcomed a total of 21 first-year medical students. These 36 first-year undergraduate medical students registered at the Niagara and Kitchener-Waterloo Campuses contributed to the medical school's largest first-year intake of 183 students.



The **University of Western Ontario's Schulich School of Medicine and Dentistry** opened its medical education campus at the **University of Windsor** in September 2008 with 24 first-year students.

Partnership

After having spent the first few months at the Hamilton Campus, the Niagara students began their training at the Niagara Regional Campus, located at the St. Catharines General and the Greater Niagara General sites of the Niagara Health System. All the hospital and many community physician offices throughout the Niagara Region are participating in the later phases of training.

"This is a very positive development for Niagara," said Dr. Karl Stobbe, Regional Assistant Dean of the Niagara Campus, Michael G. DeGroote School of Medicine at McMaster University. "Many doctors have offered their time to teach, the hospitals are opening their doors to our students, and we've had a warm welcome from the business community and the mayors."

Getting new programs off the ground over the last four years has been a serious undertaking, entailing wide-scale hiring, faculty training, facility construction and curriculum development.

See the Results

New medical education campuses raise the quality of medicine and also improve the quality of life in communities in many ways. One of their most positive impacts may be on the doctors who are already practicing in Ontario.

"In time, pretty well every doctor in the region will be doing something with the program," says Dr. Stobbe.

An emerging medical school presence is already making it easier to fill long-term shortages of anaesthetists, obstetricians, family doctors and other specialists.

As for the students, this is what Andrew Dick, a Niagara Regional Campus student and graduate of University of Guelph, had to say about distributed medical education: "I am so thrilled to finally be in medical school and am excited to be studying in my home town of St. Catharines."

May Sanaee,
Second-year
medical student

Dr. Karl Stobbe,
Regional Assistant Dean
Niagara Campus

HealthForceOntario Notable Successes

**Other 2008/09 highlights from
Ministry of Training, Colleges
and Universities include:**

160 Number of new first-year
medical spaces added since
2004/05, up 23 per cent.

15 Number of campuses that have
partnered with the ministries
in 2008 to develop interprofessional
infrastructures (as part of the
Interprofessional Infrastructure Fund):
McMaster, Western, Toronto, Queen's,
Ottawa, Ryerson, York and Windsor
Universities; Northern Ontario School
of Medicine; George Brown, Conestoga,
Algonquin, Humber, Centennial Colleges
and LaCité collégiale.

75 Number of undergraduate medical
students studying in one of three
new medical education campuses in 2008/09.

\$110 million Amount of
operating
funding to support undergraduate medical
education in Ontario in 2008/09.

\$18 million Portion of
operating
funding spent annually to increase the
quality and relevancy of undergraduate
medical education in Ontario.

3,928 The number of students
enrolled in first-year
Registered Nurse degree programs in
2008/09.

90 The number of students enrolled
in first-year Midwifery programs
in 2008/09, up 10 spaces from 2007/08.

Continued expansion of the Primary Health
Care Nurse Practitioner Education Program
from 75 seats to 200 by 2011/12.

The Health & Safety Management System

Pursuing Health and Safety in the workplace.

S U C C E S S S T O R Y

Ontario's experience managing the SARS emergency identified the need to create a system that could be used by any health organization to improve patient, public and worker safety.

To meet this need, the Ontario Safety Association for Community and Healthcare (OSACH) developed an occupational Health and Safety Management System (HSMS).

In 2008, with support of the HealthForceOntario Healthy Work Environments initiative, OSACH received funding to begin piloting the HSMS in six health care organizations (five hospitals and one long-term care home) across the province.

HealthForceOntario Partners

- Norfolk General Hospital (NGH)
- North Bay General Hospital (NBGH)
- Ontario Safety Association for Community & Healthcare (OSACH)
- Post Inn Village Long-Term Care Home, Region of Halton
- The Hospital for Sick Children (Sick Kids), Toronto
- The Ottawa Hospital (TOH)
- West Park Healthcare Centre

A Shared Culture of Safety and Wellness

West Park Healthcare Centre is one of six Ontario health care organizations that joined the HSMS pilot program in 2008.

The OSACH model for HSMS is based on the Canadian Standards Association Z1000 standard for occupational health and safety management. It empowers organizations with the tools and processes they need to identify, evaluate, measure, mitigate and manage health and safety risk.

Anne-Marie Malek, President and CEO of West Park Healthcare Centre, hopes the new HSMS will help West Park prioritize safety in the longer term. "We take our accountability for ensuring safety in the workplace very seriously."

The HSMS brings senior management together with representatives from throughout the organization to collectively problem-solve and develop options.

The Ottawa Hospital is another acute care organization that has accepted the HSMS into its operations. Dr. Jack Kitts, President and CEO of The Ottawa Hospital, plans to use the HSMS blueprint to target reductions in musculoskeletal and sharps injuries, as well as in workplace violence.

Before HSMS, health care organizations, like West Park and The Ottawa Hospital, had a more siloed approach to health and safety. Worker and patient safety decisions were often made in isolation from one another. Lost-time injuries were escalating, and a blame philosophy was sometimes present when incidents were assessed.

Not so with the HSMS. As Joseline Sikorski, President and CEO of OSACH, explains, "Health care is a high-risk, high-demand, and high-stress industry in perpetual change. It has unique health and safety challenges, in which the safety and well-being of the patient and health care worker are inseparable. The HSMS cuts across silos, bringing key stakeholders to the table. It provides a blueprint for proactive, comprehensive and integrated systems analysis, and helps health care organizations develop enterprise-wide system solutions."

As a Director of Services for Seniors for Halton Region, Sheldon Wolfson agrees with Sikorski. He views the OSACH model for HSMS as a new beginning for health and safety in long-term care. "Health care has created a perfect storm, if you will," he says. "Now is the time for change. We are a high-incident industry with an aging workforce. We all need to be more proactive when it comes to safety and wellness."

See the Results

- Fewer injuries and illnesses.
- Reduced staff replacement costs in hiring and training.
- Reduced health care insurance costs.
- Lowered Workplace Safety and Insurance Board (WSIB) costs.
- Enhanced reputation in the industry.
- Improved employee satisfaction, recruitment and retention.



Anne-Marie Malek,
President & CEO
of West Park
Healthcare Centre

HealthForceOntario Notable Successes

**Other 2008/09 highlights from
Health Sector Labour Market
Policy Branch include:**

\$30 The cost of a
Workplace Violence
Prevention education DVD – the
first of its kind in Canada. Over
425 orders have been shipped.



300 Number of health care professionals
and administrators throughout
Canada who participated in a webinar on
Preventing Workplace Violence, hosted by
Accreditation Canada.

2,500 Number of health care staff
at Halton Healthcare Services
who benefitted from the Kailo program, a
holistic health and wellness program, designed
to improve the physical health and overall
well-being of staff.

2,000 Number of participants, across
430 health care organizations,
who attended a videoconference facilitated
by OSACH on workplace violence prevention.

116 Number of Critical Care Unit health
care professionals who participated
in the Wellspring Cancer Support Foundation's
"Care for the Professional Caregiver" program.
It addressed stressors experienced by many
front-line health care staff, and provided a new
framework to help cope with work demands.

650 Number of participants who
attended the Ontario Hospital
Association's (OHA) Violence Prevention
Conference in the spring of 2008. The
HFO-funded video of the conference is
one of the most downloaded resources
in the OHA's video archive.

Milestones

A list of achievements in 2008/09



January 2008

- Emergency Department Coverage Demonstration Project is awarded the 2007 ACE Award for Stakeholder/Partner Relations 2007 by the ministry.
- 39 International Medical Graduates successfully complete the Physician Assistant Integration Program coordinated by the Centre for the Evaluation of Health Professionals Educated Abroad and enter practice as physician assistants in the Ontario Physician Assistant Initiative.
- The ministry funds 17 demonstration sites to develop, implement and evaluate innovative nursing health human resource planning tools, resources, knowledge and best practices.

- The ministry, in partnership with the Ontario Medical Association, begins development of the first population needs-based physician forecasting model for Ontario. This model will compare the population's need for physician services to the supply of services, quantify the gap and translate it into specialty-specific HHR requirements.

February 2008

- The Nursing Research Fund provides funding for nine research projects that contribute to the body of knowledge available to support the development and enhancement of nursing policy and programs centered on recruitment, retention, improved work environments, job satisfaction and nursing workforce deployment.

- The 9,000 Nurses Steering Committee establishes the Program Strategic Alignment Working Group, Quality Practice Environments Working Group, Data Collection and Tracking Working Group, HHR Planning and Forecasting Working Group, and the Communications Working Group.

March 2008

- The Nursing Graduate Guarantee initiative is extended for another year.
- The Nurse-Performed Flexible Sigmoidoscopy Initiative to screen for colorectal cancer is piloted in six sites across Ontario with a total of 13 Registered Nurses participating.
- *Report on Removing Barriers for International Medical Doctors* by Etobicoke-Lakeshore MPP Laurel Broten is submitted to the Minister.
- The Health Professions Regulatory Advisory Council submits its interim report on interprofessional

collaboration and its report on the scope of practice of nurse practitioners.

April 2008

- The HealthForceOntario Marketing and Recruitment Agency assumes responsibility for the *Rural Respite Locum Program* as part of a consolidation of physician locum programs in Ontario. Renamed the Rural Family Medicine Locum Program, more than 500 physicians in 70 rural communities are supported by more than 200 family physician locums.
- As part of the development of a population needs-based physician forecasting model, a survey of all Ontario physicians is launched, identifying their workload by major disease categories. This work is conducted by the ministry in partnership with the Ontario Medical Association and Conference Board of Canada.

- The Allied Health Professional Development Fund extends into 2008/09 for nine health professions: Respiratory Therapists, Dietitians, Pharmacists, Occupational Therapists, Speech-Language Pathologists, Audiologists, Physiotherapists, Medical Laboratory Technologists, and Medical Radiation Technologists.

- The ministry provides funding to the Council of Ontario University Programs in Nursing to implement the Summer Externship Program, to help final year baccalaureate nursing students complete their course requirements earlier and experience diverse clinical settings.

- The Surgical First Assist (SFA) Initiative, which involves specially educated Registered Nurses functioning collaboratively with the surgeon and operating room team to provide pre-operative, intra-operative, and post-operative support for surgical teams, was

funded for a second round with an additional 12 sites participating. A total of 27 organizations and 41.1 FTEs are now participating in the SFA (Registered Nurse First Assist) Initiative.

- The College of Physicians and Surgeons of Ontario announces that in 2007, a record-breaking 3,279 total certificates were issued. Of this total, 1,410 were practice certificates, and 275 were independent practice certificates that went to International Medical Graduates – the highest number in more than 20 years.

- Applications for transitional Council members and transitional Registrars of the new health regulatory Colleges for the professions of kinesiology, naturopathy, homeopathy, and psychotherapy are accepted at the Public Appointments Secretariat website.

May 2008

- The physician forecasting project is informed by provincial and national expert panel sessions investigating the impact of various factors on physician productivity: information and communication technologies, non-physician clinicians, health system design and funding.
- The Emergency Department Coverage Demonstration Project assumes sole responsibility for the provincial Physician Common Credentialing Program.
- The ministry presents its achievements in establishing the Physician Assistant role in Ontario at the American Academy of Physician Assistants International Symposium and Roundtable.

- The ministry announces five-year funding for the development of the de Souza Institute, which will offer nurses the latest education in cancer prevention, diagnosis, treatment and palliative care.
- The HealthForceOntario Marketing and Recruitment Agency establishes key student contacts in 13 international medical schools where Canadians are studying medicine abroad.
- The Community Partnership Program is announced to over 5,000 stakeholders. Partnership Coordinators will work in Local Health Integration Network areas to assist with physician recruitment and retention, and health human resource planning.

June 2008

- Bill 97, the *Increasing Access to Qualified Health Professionals for Ontarians Act, 2008*, is introduced. It places a duty on health regulatory Colleges to work with the Minister to ensure that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals.
- A 2007 evaluation from the Nursing Health Services Research Unit (NHSRU) indicates that 76 per cent of new graduates were bridged to full-time employment at the end of the tenure of their NGG position. This is an increase of 55 per cent since 2005, before the launch of the NGG.
- Through direct mail and email blast marketing, the HealthForceOntario

Marketing and Recruitment Agency has contacted over 100,000 physicians in the U.S., with a focus on bordering states.

- The HFO Access Centre for Internationally Educated Health Professionals offers sessions to more than 100 IMGs to prepare them to take Clinical Examinations.
- The 15 members of the Transitional Council of the College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario are appointed. It is the first regulatory body for a health profession to be established since 1993.
- The ministry issues an invitation for project proposals to be funded under the Optimizing Use of Health Providers' Competencies Fund. 149 applications are received from the educational and health care sectors.

July 2008

- A record 987 physicians start their post-graduate training in the province. Of these, 203 are International Medical Graduates, the highest number to date.
- Cancer Care Ontario, in partnership with the ministry and the Ontario Medical Oncologists Association, establishes a Health Human Resources Analytics Working Group to determine the number and mix of health care providers needed to provide systemic treatment (chemotherapy) in the province.
- The Clinical Specialist Radiation Therapist Demonstration Project is extended for the five existing positions, and expanded by five additional positions in Phase II.

- The Nursing Secretariat initiates the development of a comprehensive needs-based, predictive model that forecasts nursing (RN, RPN and NP) supply and demand trends in Ontario in the short, medium and long-term. Demographic and epidemiologic trends in Ontario and policy options will be explored to inform recommendations for short, medium and long-term planning.
- A call is issued for applications for the 2008/09 Late Career Nurse Initiative.
- The HealthForceOntario Marketing and Recruitment Agency launches a print advertising campaign targeting U.S. family medicine physicians.

August 2008

- The Health Human Resources Forecasting and Modelling Unit publishes and distributes to over 100 stakeholders the *Evidence for Health Human Resources Planning* bulletin, profiling resources and initiatives that support evidence-informed health human resources planning in Ontario.
- The Canadian Institute for Health Information and the ministry co-chair the first meeting of the federal/provincial/territorial Jurisdictional Advisory Committee that will provide direction on a feasibility study into a national unique identifier for health professionals.
- The ministry receives 286 applications for the Late Career Nurse Initiative.
- To encourage repatriation, discussions begin with the federal and provincial governments to ensure that all Ontario J1Visa candidates must register with

the HealthForceOntario Marketing and Recruitment Agency to be eligible for a provincial letter of endorsement.

- The Nursing Graduate Guarantee Management Module launches on the HFOJobs website. It allows employers to match with nurse graduate recruits, submit funding requests and complete ministry reporting requirements.
- The HFO Access Centre for Internationally Educated Health Professionals holds an information session on practice requirements for Internationally Educated Medical Radiation Technologists in collaboration with the College of Medical Radiation Technologists of Ontario.
- The Council of Ontario Faculties of Medicine and the ministry work to expand the number of Family Medicine PGY3 Emergency Medicine positions.

Milestones

C O N T I N U E D

September 2008

- The Windsor Medical Education Campus, affiliated with the University of Western Ontario's Schulich School of Medicine and Dentistry, opens with 24 students.
- The Kitchener-Waterloo Medical Education Campus of McMaster University's Michael G. DeGroote School of Medicine welcomes its second intake of medical students, with an increase of six first-year students, for a total of 21.
- The Northern Ontario School of Medicine welcomes its fourth intake of 56 first-year medical students, reaching its full complement for the first time.
- McMaster University launches Ontario's first civilian physician assistant education program. The first class of 21 students is expected to graduate in 2010.

- The Ontario Consortium of Primary Health Care Nurse Practitioner Program increases education seats from 150 to 163 across nine universities.
- The HFO Access Centre for Internationally Educated Health Professionals hosts a full day consultation session with more than 60 senior-level staff from health regulatory Colleges, community agencies, professional associations, and educational institutions. Outcomes will include a conference on cross-sectoral collaboration and work groups focused on clinical skill development, exam orientation, health specific language training and cultural communications.
- Finalized the Health Professions Database Minimum Data Set with 19 regulatory Colleges identifying 55 data elements for HHR planning.

October 2008

- An amendment to the Needle Safety Regulation is announced, requiring the use of safety-engineered needles in long-term care homes, psychiatric facilities, laboratories and specimen collection centres, effective April 1, 2009.
- As part of a consolidation of physician locum programs in Ontario, the HealthForceOntario Marketing and Recruitment Agency assumes responsibility for the Respite and Urgent Locum Tenens Programs of the ministry, relaunching it as the Northern Specialist Locum Programs.
- The second class of interns begins at the Northern Ontario School of Medicine's Northern Ontario Dietetic Internship Program.

- The Nursing Retention Fund, which provides salary continuance and re-education for nurses affected by reductions in nursing positions or hours, is extended to March 2013. The criteria are amended to allow for broader eligibility.
- Healthforceontario.ca sees a 55 per cent increase in U.S. visits to the website over the same period last year.
- The HFO Access Centre for Internationally Educated Health Professionals registers its 5,000th client and records its 15,000th client encounter.
- Creation of the Interprofessional Care Initiatives Group within the HealthForceOntario Marketing and Recruitment Agency.
- 36 applicants receive funding under the Optimizing Use of Health Providers Competencies' Fund.

November 2008

- The new 2008 Nursing Research Fund Call for Proposals is announced and broadened beyond individual projects to include research projects, programs, networks, and individual career awards.
- The HealthForceOntario Marketing and Recruitment Agency distributes over 1,200 information kits entitled "What you need to know to return home to Ontario" to Canadians studying medicine abroad.

- In collaboration with the University of Toronto, the HFO Access Centre for Internationally Educated Health Professionals offers its first 30-hour course entitled "Orientation to the Canadian Health Care System, Culture and Context."
- Amendments to the College of Nurses of Ontario's drug regulation are passed, adding one vaccine and 23 drugs that may be prescribed by nurse practitioners.
- The ministry releases three reports submitted by the Health Professions Regulatory Advisory Council for public consultation until January 31, 2009.

December 2008

- The Medical Education Campus of Niagara, St. Catharines, which is associated with McMaster University's Michael G. DeGroote School of Medicine, officially opens its site and welcomes 15 students.
- The College of Physician and Surgeons of Ontario's four new registration pathways come into effect, reducing barriers to registration to practise in Ontario for qualified practicing physicians from other jurisdictions in Canada and the U.S..
- The overall supply of physicians in Ontario increases by 3,502 – a 17.3 per cent increase in the last decade (1998-2008).
- Joyce Rowlands is appointed as the first Registrar of the Transitional Council of the College of Psychotherapists and Registered Mental Health Therapists of Ontario. She will be responsible for working with and supporting the Transitional Council in establishing the new health regulatory College and taking on the responsibilities of a registrar under the *Regulated Health Professions Act*.
- The Ministry of Health and Long-Term Care, in collaboration with the Centre for the Evaluation of Health Professionals Educated Abroad, hosts a Physician Assistant (PA) Professional Development Day for participants in the Ontario PA Initiative.

January 2009

- Building on the success of healthy work environments initiatives in 2007/08, multiple new projects are funded, including booklets and education sessions on domestic violence in the workplace and workplace bullying, and a risk assessment tool for home care workers in the community sector.
- The Ontario Physician Assistant Initiative expands to include up to 20 additional positions in Emergency Departments.
- The University of Toronto enrolls its first cohort of nurse practitioners pursuing a specialty education in anaesthesia.
- The second phase of the PDA Initiative pilot project involves providing PDAs with evidence-based practice resources to

front-line nursing staff to improve access to evidence at the bedside.

- 218 employers submit their reports through the Nursing Graduate Guarantee online reporting tool, indicating that 3,431 new graduates have completed the program in the period of 2007 and 2008: 77 per cent bridged to full-time employment, 17 per cent bridged to part-time employment, and 6 per cent did not bridge.
- 41 applicants receive funding under the Interprofessional Care/Education Fund (2008/09).
- Amendments to the Agreement on Internal Trade (AIT) are signed by the Premiers and Prime Minister to significantly improve the mobility of health professionals across Canada.

February 2009

- Based on positive evaluation results, funding is extended to Physician Assistant demonstration project sites to employ their PAs until March 2011.
- A reinvestment is made in the Demonstration Projects in Nursing Health Human Resource Planning initiative to maximize and expand the products generated to date, providing continued support for nursing health human resource planning in Ontario.

- The 70 per cent Full-Time LHIN Engagement Initiative is developed to support LHINs in moving toward having 70 per cent of all nurses employed full-time.
- 292 communities are profiled on the HFOJobs website, and over 1,630 organizations or employers have registered to post opportunities.
- The ministry releases, and invites feedback on, HPRAC's *Critical Links* 2009 report.

March 2009

- 188 International Medical Graduates are offered post-graduate year one (PGY1) positions in the first iteration of the 2009 CaRMS Match.
- For the first time, the Northern Ontario School of Medicine offers specialty positions in paediatrics and general surgery in the CaRMS Match, which determines first-year residency placements.
- Data collection from the 19 health regulatory Colleges participating in the Health Professions Database project begins, with the goal of improving HHR planning.
- Through the 9,000 Nurses commitment, over 700 new nursing positions are created across the health care sectors.
- 70 practising oncology nurses across 15 hospital sites register with the de Souza Institute's first-ever collaborative study
- The HealthForceOntario Marketing and Recruitment Agency's database of practice-ready physicians interested in working in Ontario tops the 4,000 mark (including over 3,000 from the U.S.). This represents a 187 per cent increase in the database and a 321 per cent increase in the number of U.S. physicians, compared with the previous year.
- The HealthForceOntario Marketing and Recruitment Agency recruits its 100th physician into Ontario. An additional 400-500 have expressed a strong interest.

group in preparation for the Canadian Nurses' Association certification exam in Spring 2009.

- From April 1, 2008 to March 31, 2009, more than 96 EDCDP physicians provide over 20,627 hours of coverage to assist 25 communities to attain full coverage of shifts in their Emergency Departments.
- From April 1, 2008, to March 31, 2009 the Rural Family Medicine Locum Program (RFMLP) facilitates the coverage of 4,012 locum days in 73 communities through 172 active locum physicians.
- From October 1, 2008 to March 31, 2009, the Northern Specialist Locum Programs (NSLP) coordinates 377 physicians covering locum shifts in 13 communities for a total of 4,422 days. As of March 2009, NSLP has a roster of 300 active physicians, processing 893 assignments.
- At a dinner celebrating the success of over 120 clients of the HFO Access Centre for Internationally Educated Health Professionals, Minister Caplan congratulates the candidates who will become practising physicians following the completion of their residency programs.
- As of March 2009, the HealthForceOntario Marketing and Recruitment Agency has attended more than 140 conferences (76 of which were in the U.S.).



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