connection

PARTNERING WITH ONTARIO'S HEALTH-CARE STAKEHOLDERS

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This issue features items that are making an impact:

HFO MRA's Ontario Physician Locum Program, the hiring of Ontario's first class of graduating physician assistants, and a new report released by the Interprofessional Care Strategic Implementation Committee.

Brad Sinclair
Executive Director, HFO MRA

Transforming the delivery of health-care one community at a time

I like the fact that if people really try they can figure out how to invent things that actually have an impact.

— Bill Gates

Like most words in the English language`impact' has many meanings and connotations, depending on the subject matter to which you are referring. In health care there is, perhaps, no more meaningful word than impact.

This issue of *Connection* focuses on topics that are transforming and supporting the delivery of health-care across the province: physician locum programs, interprofessional care and physician assistants.

HFO MRA's Ontario Physician Locum Programs are the three-largest locum programs in the province. Together, the impact of the Rural Family Medicine Program, Northern Specialist Locum Programs and Emergency Department Coverage Demonstration Project on hospitals, communities and physicians has been tremendous. These centralized and coordinated programs provide temporary relief for family, specialist and emergency medicine physicians who deserve much-needed time off for vacations, educational leave and other reasons.

Just as critical in Ontario is the advancement of interprofessional care, which promotes culture change and system transformation through collaboration among regulated and non-regulated health-care workers. And greater collaboration within and across health-care settings enables a more efficient, patient-centred way of delivering care that impacts everyone. A new report drafted by the Interprofessional Care Strategic Initiatives Committee (IPCSIC) documents the range of interprofessional care activity in the province over the past two years. I encourage you to read the report now available on the HealthForceOntario website and share it with your colleagues.

And, major milestones have just been achieved with Ontario's first class of physician assistants from McMaster University graduating and then achieving employment right here in the province. The combined efforts of HFO MRA, MOHLTC and health-care stakeholders across the province are to be lauded and applauded.

I am proud of the Agency's efforts with our stakeholders to ensure the quality of locum care in Ontario remains high; support the work of the IPSCIC; and assist our very first homegrown PAs. And I assure you the entire Agency remains committed to working collaboratively with you to help our health-care professionals find employment and provide relevant information, programs and services that are responsive to the needs of our communities.

These physician assistants are a first-class success story. The very first graduating class of Ontario-trained physician assistants (PAs) is now working in the province! The 21 members of McMaster University's inaugural Physician Assistant Education Program were helped in finding a position by HFO MRA. The Ministry of Health and Long-Term Care made grants available for eligible employers across the province, and more than 100 sites were approved to support the hiring of these grads. The PAs are now working throughout Ontario in a wide variety of clinical settings, from primary care to orthopedic trauma. Since 2007, HFO MRA has recruited 70 PAs—retired Canadian military, practicing PAs in the US or international medical graduates— for the province's various physician assistant demonstration projects. HFO MRA is delighted to play such a key role in the integration of Ontario's newest role in health care.

New report sheds light on provincial interprofessional care initiatives

As Ontario moves closer to a more collaborative, team-based approach to delivering patient-centred health care, a new report hopes to lay the groundwork to make interprofessional care (IPC) the ideal standard for care.

Implementating Interprofessional Care in Ontario provides an overview of interprofessional education models, concepts and resources to guide the implementation of IPC in various settings. Drafted by the Interprofessional Care Strategic Implementation Committee (IPCSIC), the report is the culmination of extensive stakeholder consultations that took place over the past two years.

The report is available at www.healthforceontario.ca/ipc and has been downloaded steadily by health-care stakeholders across the province since it was posted in late summer 2010.

IPC is an enabler of culture change through collaboration, and typically involves multiple regulated and non-regulated health professionals working together within and across health-care settings to deliver optimum care. The benefits of interprofessional care include increased access to care, less tension and conflict among caregivers, easier recruitment of caregivers, lower rates of staff turnover, improved outcomes for people with chronic disease and better use of clinical resources.

The IPCSIC report is a follow-up to the *Interprofessional Care: A Blueprint for Action in Ontario* policy document that was released in July 2007. During its tenure, the IPCSIC provided guidance to the government and established direct working groups to address technical structures and processes for implementing interprofessional care. The committee was assisted by the Interprofessional Care Initiatives Group, a business unit within HFO MRA.

To learn more about IPC and related projects currently underway across the province, please contact **Jelena Zaric** of HFO MRA at j.zaric@healthforceontario.ca.

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Providing locum support to physicians and communities across the province

Recently, HFO MRA staff travelled to Kincardine, Southampton, Owen Sound and Markdale to meet with hospital contacts, local physicians and locum physicians to discuss anticipated ED coverage, physician recruitment and other issues. Above, from left to right, HFO MRA's **Naomi Marble**, **Juliana Jackson** and **Brian Tibbet** met with **Marg Doig** of Markdale Hospital and **Lera Ryan** of the Markdale Physician Recruitment Committee.

Ontarians have come to expect from their physicians a level of care that is second to none. And things shouldn't change for patients just because their family doctor, specialist or emergency room physician is away for a period of time.

That's why HFO MRA's Ontario Physician Locum Programs (OPLP) —and others like it across the province—are so critical to communities.

Through the OPLP, family physicians and specialists fill in for physicians who are on vacation, leave or attending courses. As well, they provide much-needed coverage while communities recruit more physicians.

The **Rural Family Medicine Locum Program** provides replacement coverage for full-time family physicians in rural and remote communities. Currently, 80 communities and 245 physicians actively participate in the program.

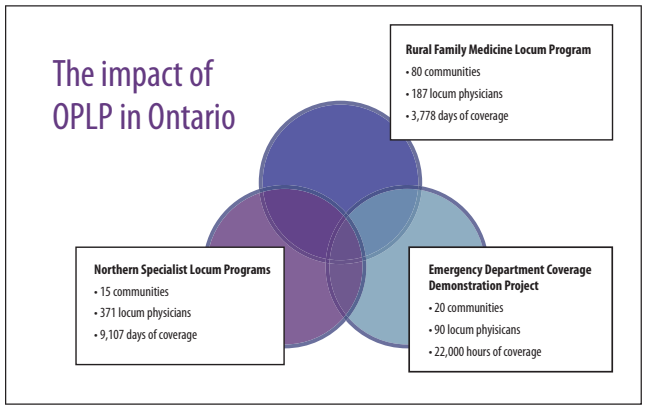
The **Northern Specialist Locum Programs** operate in 15 Northern Ontario hospitals. Close to 450 specialists primarily from Southern Ontario provide coverage in one of 28 different specialties, mainly radiology, general surgery, psychiatry and internal medicine.

The **Emergency Department Coverage Demonstration Project** helps hospitals that are facing significant challenges covering ED shifts and have been unsuccessful with other efforts to keep the ED open around the clock. At any given time, approximately 20 hospitals receive program assistance.

All of these locum programs rely on the commitment and dedication of physicians—those in the communities who are trying their best to care for their patients, and those from outside the community who, on a temporary basis, help out.

In addition to helping local physicians find other physicians to provide coverage, OPLP uses its experience as well as the expertise of key partners to share leading practices, and offer guidance and support to hospitals, communities and physicians.

While each program has criteria that determine which communities, hospitals and physicians are eligible to participate, all three contribute to ensuring access to medical services are available to everyone throughout Ontario.



Keeping emergency departments open 24/7

What might seem like mission impossible has been a happy reality in Ontario for four years straight. . . that is, keeping all 133 Emergency Departments open 24 hours a day, 7 days a week.

This success is shared among many health-care stakeholders, physicians and communities, most notably the Emergency Department Coverage Demonstration Project (EDCDP)—one of three locum programs managed by HFO MRA.

The brainchild of the Ontario government and the Ontario Medical Association, EDCDP provides locum coverage as an interim measure of last resort to approximately 20 hospitals at a time that are facing significant challenges covering ED shifts.

EDCDP serves as a focal point for discussion on ED coverage issues across all hospitals in the province. The program is a resource to the Ministry of Health and Long-Term Care as well as to the 14 physicians based in the Local Health Integration Networks, and appointed as lead on ED issues. The EDCDP team also collaborates with HFO MRA's Community Partnership Coordinators on physician recruitment.

To illustrate the program's impact, EDCDP has contributed to changing the way hospitals look at the potential closure of their ED. When there is no physician available to cover an ED shift, no longer are key questions related to how to close the ED: when to inform the public, what media to use or what arrangements to make with emergency medical services; instead, strategies are focused on keeping the ED open and helping hospitals avert closure.

Since October 2006, EDCDP has provided locum program assistance and advice to more than 100 hospitals, and over 60,000 hours of direct coverage to 45 hospitals. The locum EDCDP physicians who cover these shifts must maintain their home hospital commitments in order to book shifts at EDCDP-designated hospitals.

What must hospitals do to obtain EDCDP coverage?

Hospitals are accepted into the program based on *relative highest need*, criteria that include the number of ED physician vacancies and the degree of isolation. As these hospitals achieve success in recruitment or other coverage strategies, they come off the program. In advance of receiving EDCDP help, hospitals are required to seek assistance from other sources: family physicians in their community, neighbouring communities or organizations that provide locum coverage.

As each hospital has the ultimate responsibility for ensuring the ED remains open, sometimes a local physician has to rearrange his/her schedule to fill a last-minute open shift. However, working together with participating hospitals, EDCDP is helping to ensure all ED shifts are covered.

For more information about EDCDP visit www.healthforceontario.ca/edcdp

"I would like to extend my thanks to you and every member of your team who have offered outstanding commitment and support to us in Southampton. I can't tell you how much I appreciate your tremendous dedication to ensuring our patients were safe."

Maureen Solecki, President and CEO
Grey Bruce Health Services

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