

Esther's Voice Speaks To Us All



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As the new President of COACH, let me first introduce the new Board of Directors of COACH listed at the side, and thank each of them for volunteering to serve in the leadership of our Association.

Educational and networking opportunities are coming soon to a city near you. Members and non-members are invited to learn from industry experts and your peers in upcoming one-day workshops on *Security and Privacy* (June in Victoria, September in Edmonton) and *Information Management* (June in Vancouver, September in Calgary). See our website www.coachorg.com for details about these and other sessions in the COACH Professional Development Series.

These are exciting times for health informatics professionals in Canada. Virtually every recent charter for reform - Fyke, Mazankowski, Kirby et al - acknowledges the need for vastly improved technology-enabled information linkage, performance measurement, and evidence-based decision making at all levels from bedside to boardroom.

Many jurisdictions are now actively harvesting the efficiencies of sharing technology infrastructure and innovations. Health Canada's Office of Health and the Information Highway (OHIH) is developing key supportive policies, including a national strategy for building health informatics capacity. Canada Health Infoway Inc. is an important catalyst in fostering cross-seeding of best practices and in accelerating deployment of missing pieces of our pan-Canadian health infrastructure.

Opportunities abound. But real progress happens only when there is both opportunity and motive. Any advancement of practice in any field tends to progress through three stages of thinking. First - we *could* do better. Second - we *should* do better. Third - we *will* do better. I am an incurable optimist. But, frankly, I suggest we are floundering at stage two.

In April, COACH convened the *Canadian Health Informatics Executive Forum*, bringing together thought leaders from across the country for a candid review of issues and ideas. I also recently represented COACH at a two-day Summit, organized by OHIH in co-operation with the School of Health Information Science at the University of Victoria, to address health informatics education and change management issues.

Both groups echoed similar observations about the inertia in the health system today. There has not yet been the requisite clarion call,

consensus, or commitment to do better in terms of the quality of the performance of our system. As Dr. John Millar reminds us in a recent commentary¹, *"the healthcare system itself is now being identified as a major cause of illness, death and added costs because of errors, infections, the adverse effects of medications, the underuse of effective interventions, and the provision of unnecessary or inappropriate care"*.

Who will lead the quantum improvement in quality that I believe is not only possible, but also inevitable? Will quality improvement be driven from inside or outside the system? Citizens are getting savvy fast, thanks largely to the Internet, despite the difficult task of finding dependable, objective information. Traditional print and broadcast media are also becoming more engaged in health issues, and have a major influence on public opinion.

Which brings me to Esther Winckler, who was front-page news recently in the Vancouver Sun. A couple of years ago, Esther had elective hip replacement surgery at a community hospital here in BC. Thirteen days of hellish suffering later, she died. I mention Esther's case, not because it is a typical encounter, but because it is an instructive life-and-death reminder of what our health informatics efforts are ultimately all about.

Take a few minutes to read the Chief Coroner's report from the inquiry into her death - it's available at www.esthersvoice.com. It speaks to the vitally important combination of information, communication, professional skill, accountability and quality management that must exist if our health system is to perform reliably every time.

Then, whether you are a physician, a nurse, a CEO, a CIO or policy-maker, ask yourself: What will you personally be doing in the next month that will ultimately help prevent a recurrence of Esther's tragedy?



¹ System Performance Is the Real Problem, John Millar, MD, FRCP(C), Vice President, Research and Population Health, Canadian Institute for Health Information - available at www.cihi.ca

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