

UHN and the Kuwait Ministry of Health:

Implications for Future Partnerships and International Strategy for Canadian Hospitals

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Agenda

- UHN Overview:
 - Why International Work?
 - Program Structure and Activity
- The Kuwait Cancer Control Centre and UHN Partnership
- International Activity:
 - Critical Success Factors
 - Final Thoughts



UHN Overview



University Health Network

- Vision
 - Achieving Global Impact
- Mission
 - Exemplary patient care, research and education
- Purpose
 - We are a caring, creative and accountable academic hospital, transforming healthcare for our patients, our community and the world
- Values
 - Caring, Integrity, Teamwork, Respect, Innovation, Excellence, Leadership



Our Four Hospitals



Toronto General



Princess Margaret



Toronto Western



Toronto Rehab

1,310 beds

332,232 inpatient days

982,192 clinic visits

91,781 ED visits

\$1.8 B Revenue

\$302 M External Research Funding

~15,000 employees, 1,200 MDs

\$150 M from our Foundations



Clinical Services

Arthritis Program

Joint Department of Medical Imaging

Krembil Neuroscience Centre

Laboratory Medicine Program

Medical and Community Care

Multi-Organ Transplant Program

Peter Munk Cardiac Centre

Princess Margaret Cancer Centre

Surgical Programs & Critical Care

Toronto Rehabilitation Institute

- Supported by extensive clinical services including:

- Adult Clinical Genetics
- Allied Health
- Anaesthesia
- Clinical Bioethics
- Cystoscopy
- Dentistry
- Endoscopy
- Emergency Department (x2)
- Hyperbaric Chamber
- Infection Control
- Med/Surg ICUs
- Palliative Care
- Pathology
- PMH Lodge
- Psychiatry
- Psychology
- Radiation Therapy
- Systemic Therapy
- Women's Health



Examples of Global Firsts



1922 – Insulin for diabetes

1950 – Cure for Hodgkin's disease

1961 – Discovery of blood-forming stem cells

1977 – Technique for peritoneal dialysis

1983 – Single lung transplant

1995 – Discovery of genes linked to Alzheimer's

1999 – Identification of brain cells that control pain



2001 - Discovery of protein that fuels growth of Hodgkin's lymphoma

2003 – Genetic test designed to determine if chemotherapy will be an effective treatment for colon cancer

2006 - Stem cell transplants show promising results in repairing spinal cord damage

2008 – Developed and performed the world's first ex vivo lung repair transplantation

2009 - Demonstrated that using Deep Brain Stimulation on patients with early signs of Alzheimer's disease is safe and may help improve memory



Research Hospital of the Future

Mechanisms
of Disease

Medical
Technology

Experimental
Therapeutics

Health
Services
Research

Informatics

Further our understanding of
the basis of health and
disease through biology and
technology platforms

Leverage experimental
therapeutics and health
services to impact the lives of
patients

Enable the
collection,
analysis and
application
of health
information



\$302 M in
external
research
funding



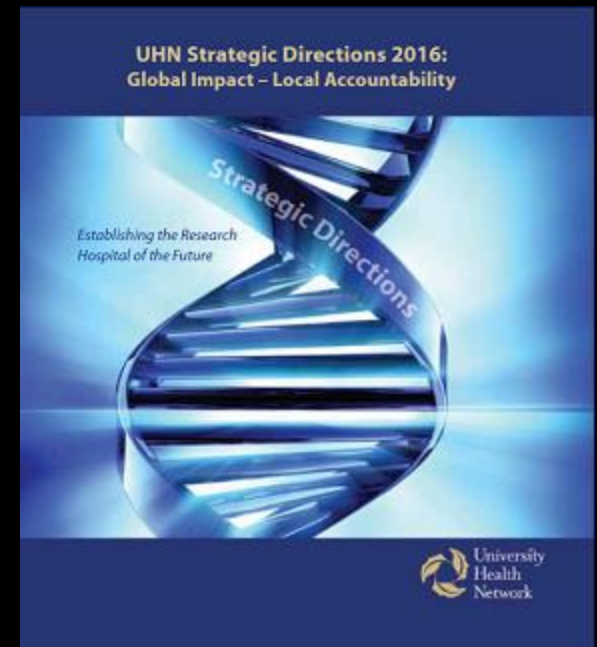
Comprehensive Education

- A University of Toronto teaching institution, UHN is a leader in training undergraduate and graduate medical students and residents, physicians, nurses and other health care professionals
- Formal teaching arrangements with over 67 institutions of higher learning
- UHN trains approx. 5,000 students/year
- Key recruitment strategy supports culture of innovation

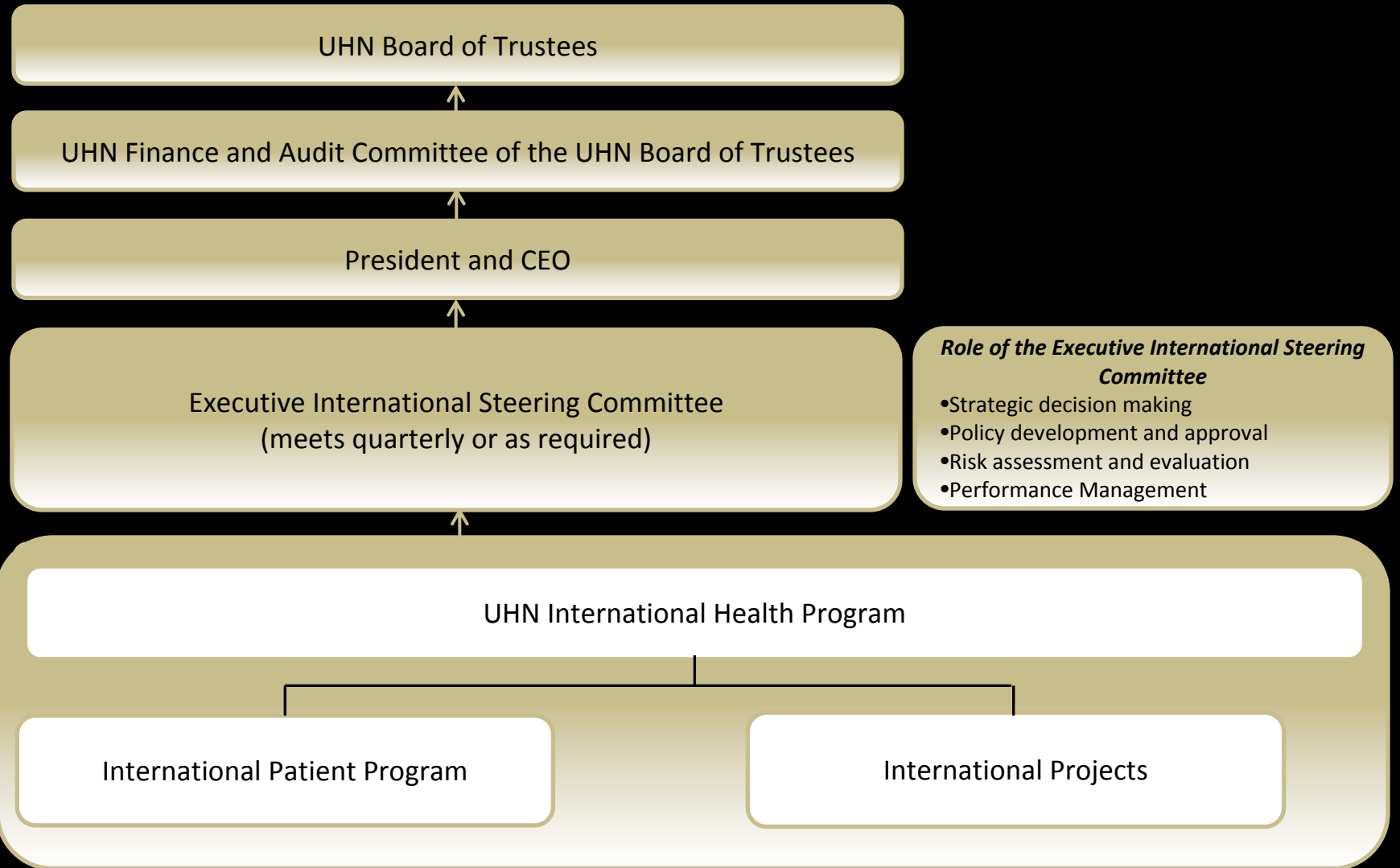


Why International Work?

- Enormous assets and expertise – moral/ethical obligation to improve global health outcomes
- Realize our Vision of *Achieving Global Impact*
- Develop an international perspective – this is necessary to be on par with the best in the world
- Potential to generate resources for UHN's key priorities aimed at improving health care for Ontarians
- Create capacity to engage in health care consulting in an international context (e.g. develop sustainable models that are culturally congruent)
- Create partnerships that set a new international standard for collaborations aimed at improving health care service delivery, education and research
- Learn from our international partners in order to expand our knowledge and improve health care for our diverse patient population in Toronto



Organizational Structure



International Projects

Our Strategy

Build long-term relationships with a small number of partners who are:

- striving to improve health care for their population;
- interested in building local capacity; and
- motivated to change

Our Model

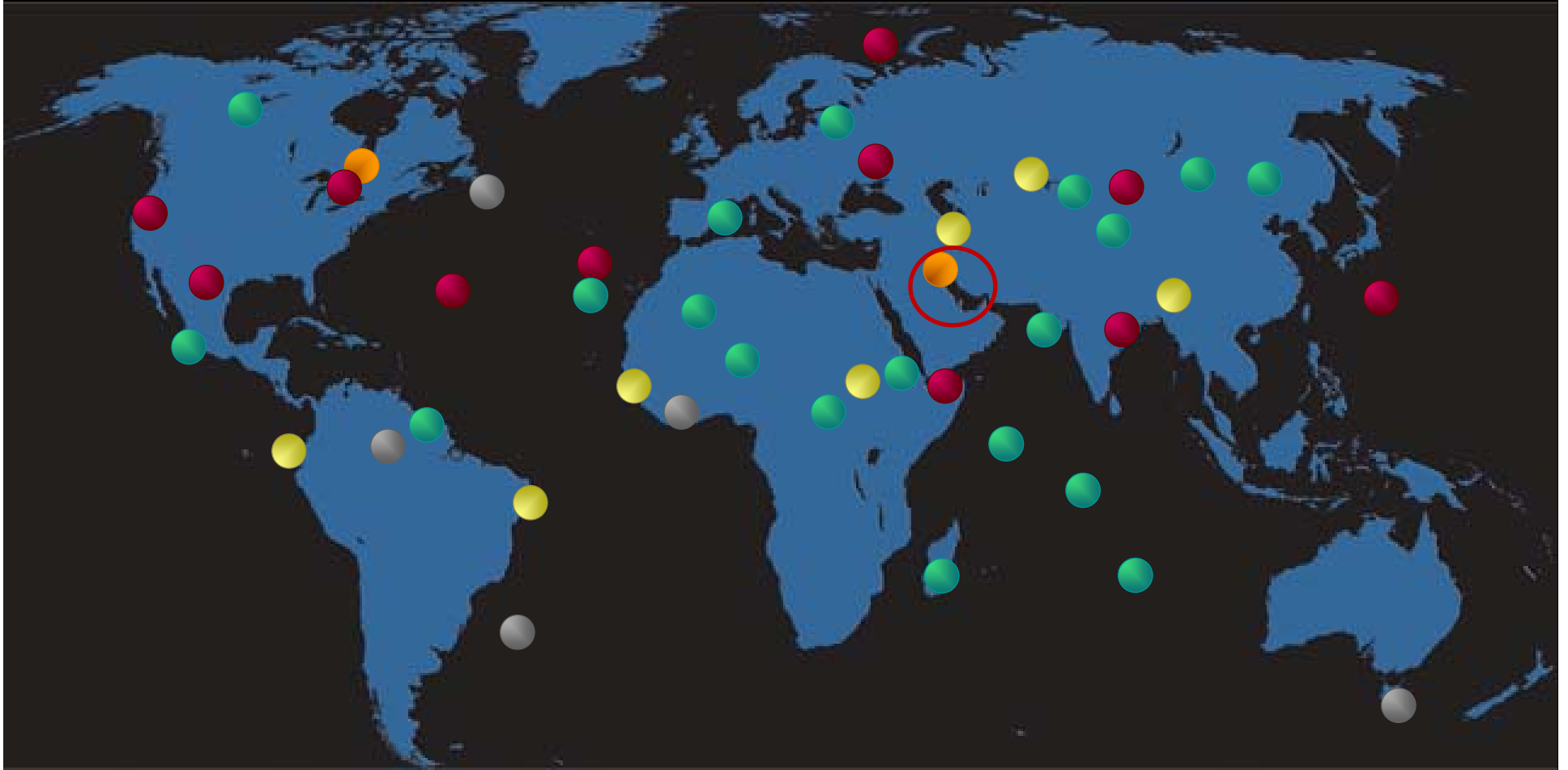
Focused on partnering with the goals of knowledge transfer and capacity building – not hospital management

Our Role

- Partnership vs. prescriptive
- An agent and advocate for change in high, middle and low income countries
- Enabling solutions - Bringing people together to problem solve
- Listening to our partners and helping them achieve their goals, while continuing to drive towards international best practice



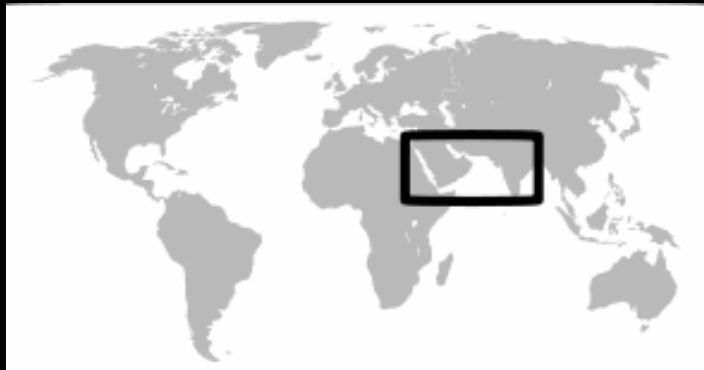
UHN International Activity



The Kuwait Cancer Control Centre and University Health Network Partnership



Kuwait





Kuwait Population Pyramid

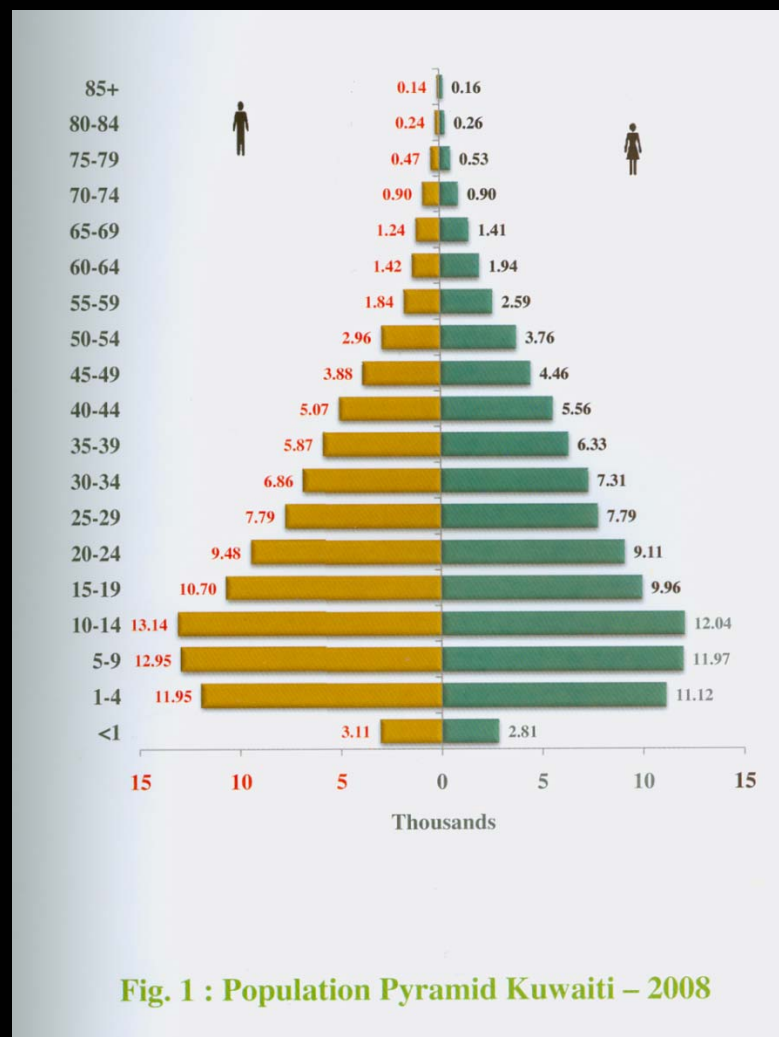


Fig. 1 : Population Pyramid Kuwaiti – 2008



Leading Cancer Sites Among Kuwaiti Nationals

Male

Site	%
NHL	11.8
Colorectal	11.5
Leukemia	9.0
Trachea, bronchus & lung	7.6
Prostate	7.6
Bladder	5.4
Other	47.1

Female

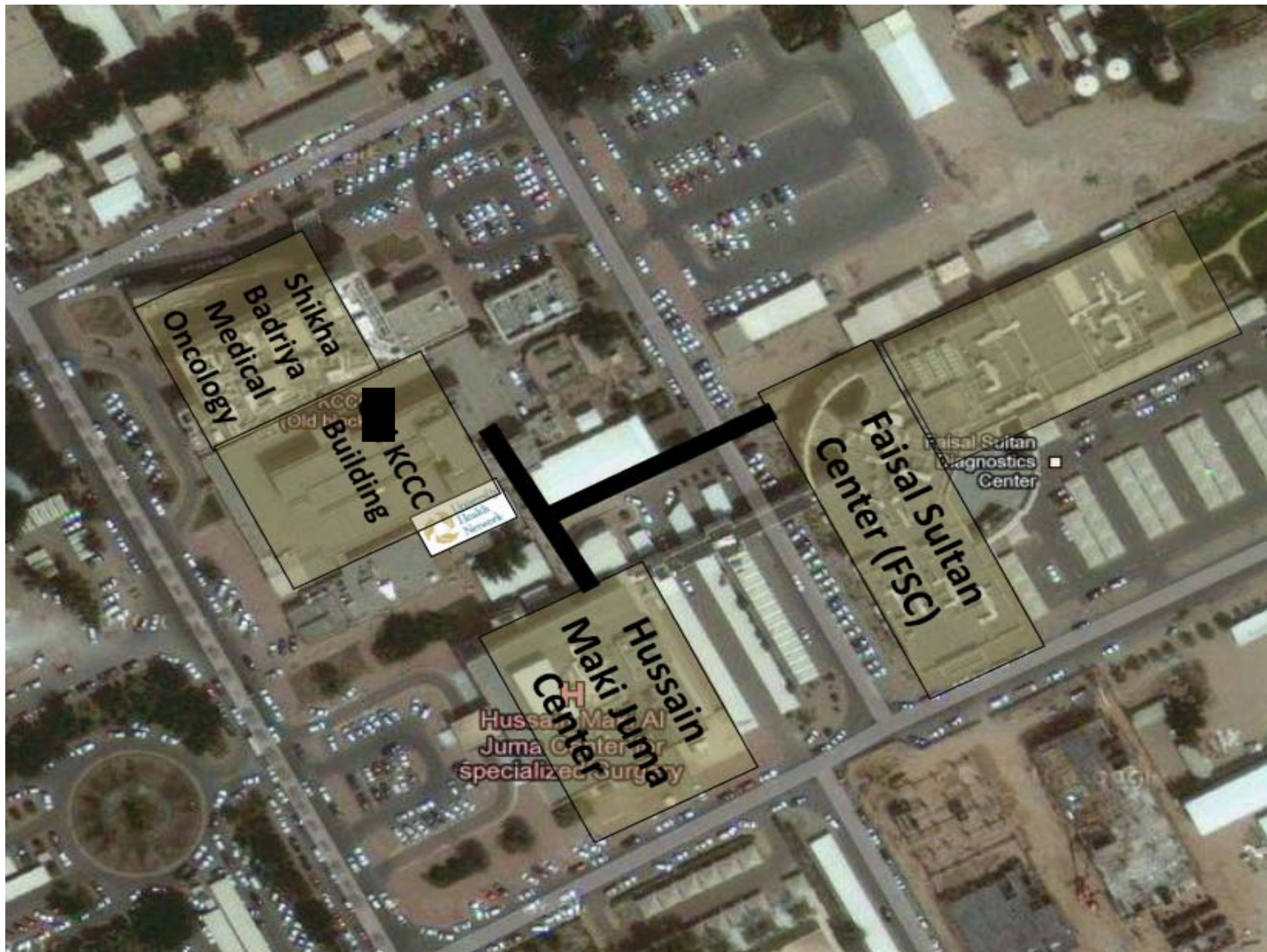
Site	%
Breast	38.1
Thyroid	8.7
Colorectal	7.6
Leukemia	6.8
Ovary	4.9
Corpus uteri	4.4
Other	29.5



Kuwait Cancer Control Centre

- Vision
 - KCCC will achieve the best cancer care and control regionally and internationally
- Mission
 - KCCC provides integrated, professional cancer care for patients, their families and society including prevention, early detection, treatment and palliative care
 - Research, training and continuing education are integral to comprehensive health promotion and cancer care in Kuwait
- Values
 - Outcome Focused, Education, Teamwork, Respect, Safety, Excellence, Leadership





Kuwait Cancer Control Centre

- Bed capacity (2010) – 254 Beds (4 buildings)
- Bed utilization (2009) – 71% (used beds/total beds available)
- Number of employees (2010) – 833
 - 132 Doctors
 - 402 Nurses
 - 144 Technicians
 - 15 Labourers
 - 143 Administrative staff



Project Timeline

- January 2010 – Kuwait MOH Delegation visited UHN. MOU signed
- September 2010 – Kuwait Cancer Control Centre Partnership Agreement signed
- January 2011 – Official Launch of the Project
- September 2011 – Full Project Team of 8 on the ground and official opening of UHN offices at the KCCC



This kind of partnership requires visionary leadership...



Drs. Ahmad Al Awadhi and Mary Gospodarowicz



Kuwait Cancer Control Centre

Strengths:

- Engaged leadership
- Dedicated and committed staff
- MOH commitment to improving cancer services
- Focus on continuous learning
- Relatively rapid access to high quality diagnostic services and latest chemo and biologic therapy
- Ample nursing
- Strong charitable and community support

Opportunities:

- Sub-specialization especially in low volume cancers
- Medical Records and IM/IT
- Multidisciplinary/inter-professional care
- Mechanisms for cross-departmental; hospital wide planning, policies and procedures
- Supply chain management
- Referral processes



Elements of the Partnership

- Strategic Plan for Kuwait Cancer Centre
- Clinical Specialization and Knowledge Transfer
- Education and Training
- Palliative and Psychosocial Supportive Care
- Laboratory Medicine and Pathology
- Technology
 - Radiation Medicine Program
 - Information technology
- Quality Improvement
- Public Relations Strategy
- International Patient Care



Focus in Year 1

- Building relationships
- Information gathering
- Knowledge transfer
- Modelling inter-professional, multi-disciplinary care
- Performing consultations
- Assessing and planning (11 planning documents submitted on December 31, 2011)



Year 1 Site Visits

Site Visit	Date
UHN-PMH Leadership Team	3 visits
UHN IT Assessment Team	2 visits
Clinical Teams	4 visits
UHN-PMH Laboratory Medicine Team	4 visits

Permanent UHN team of 8 in Kuwait to ensure continuity in-between site visits and to provide day-to-day project management to ensure progress against joint objectives.



Year 1 Statistics

Deliverables	Statistics
Patient Consults	580
Interviews Conducted with Staff	570
Complex Surgeries Conducted	30
Rounds/Case Reviews	1007
Specimens Evaluated/Studies Reviewed	21
KCCC Consultations to UHN	30
Clinics Attended	70
Education Sessions/Presentations	150
Tools and Resources Discussed / Provided	544
Improvement Initiatives Provided	125







Focus in Year 2

- Implementing plans formulated in Year 1
- Quality Improvement (preparing for Accreditation)
- Helping form KCCC's management system
- Knowledge transfer
- Modelling inter-professional, multi-disciplinary care
- Performing consultations



Year 2 Site Visits

Site Visit	Date
UHN-PMH Leadership Team	2 visits
Clinical Teams	4 visits
UHN-PMH Laboratory Medicine Team	4 visits

Permanent UHN Kuwait Team is growing to 15







Project Successes

- Kuwait & KCCC
 - Increasing relationships and trust
 - Clearer understanding of client needs
- UHN – PMH Cancer Program
 - Excellent staff engagement
 - Bringing innovation back home
 - Team building
 - Increased communication between clinical service areas and increased effectiveness
 - Personal and professional development
 - Development of clinical guidelines
 - Journey towards cancerpedia
- UHN International
 - Presence in the region and enhanced international reputation
 - Infrastructure for International Health Program
 - Building competency to work in the region as international consultants
 - Formalized infrastructure to support international patients



Project Lessons

- General Lessons
 - Include a ramp-up period
 - Be clear on roles of permanent team vs. visiting teams (affects composition and size)
 - Identify dependencies up front and ensure commitment (on both sides) to address them
 - Factor-in capacity building at home
 - Clarify language and meaning for specific words and phrases
- Project Execution Lessons
 - Managing different perspectives
 - Setting realistic timelines
 - Assessing readiness for change
 - Consulting vs. managing: the importance of having “receptors” on client side and staff available in order to transition and sustain projects
 - Including partners in developing solutions and assigning responsibility early on
 - Balancing Canadian “politeness” with the need for being clear on where the gaps are
 - The importance of one-on-one discussions and commitment before tackling issues in a group setting
 - Show metrics and be specific about next steps
 - Use templates and processes where possible to help project work (e.g. SOPs)
- Cultural Lessons
 - Educate yourself on work place norms (e.g. hrs worked per day, impact of hierarchy, how are decisions made, etc.)
 - Be flexible and nimble
 - Be respectful and genuinely try to experience elements of the host culture - realize you are a guest in another country
 - Realize the importance of relationship building



International Activity: Critical Success Factors and Final Thoughts



Critical Success Factors

Considerations for Canadian hospitals engaging in international work:

- Senior leadership engagement and support is imperative:
 - Is international activity a key strategic priority for your organization?
 - Are senior leaders participating in key stages of program growth?
 - Are decisions regarding international activity happening at key levels of the organization?
- Projects need to resonate with staff:
 - What motivates the clinicians and other staff in your hospital?
 - Ensure project benefits align with motivational needs
- Acknowledge that there will be risk:
 - Establish structures to minimize/mitigate risk (payment, reputational, staff safety, political, liability, malpractice, performance, breach of contract, foreign currency)



Critical Success Factors

Considerations for Canadian hospitals cont'd:

- Manage stakeholder perceptions at home:
 - Communicate early on with key stakeholders – Board, Ministry, Staff, Public, etc.
 - Maintain proper governance and transparency on international activity
 - Demonstrate impact at home to the public and policy makers
- Realize that an immense amount of effort goes into managing relationships and partner expectations:
 - Projects take time to find their rhythm and early days are mainly about establishing trust. Do not rush this process or ignore the importance of it
- Do not downplay the impact of cultural differences:
 - Create an environment of genuine interest, understanding and acceptance
 - Select project participants carefully
 - Educate project participants on cultural values and norms early



Final Thoughts

What can we do to accelerate the development of Canada's presence internationally?

- Leverage the Canadian brand:
 - Partners enjoy working with Canadians – we have a good “partner” reputation; no hidden agendas; no major political scandals; respect for our universal healthcare system, etc.
- Create forums to exchange knowledge and best practices:
 - Acknowledge that international healthcare is a developing competency for Canada
 - Provide an opportunity to share knowledge/innovations developed through international collaborations to improve healthcare for Canadians
 - Can we partner with Canadian teams already in markets of interest?
- Solve the problem - How does one sustain change?
 - Create sustainable solutions that are context specific (reflect local needs and resources while adhering to international best standards); industry needs to innovate
- At a policy level, strike a balance between minimizing regulatory barriers and preserving publicly-funded services for Canadians

