

Hospitals: Reinventing their Role in the Community?

February 2005

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No Need to Take Notes

 This presentation and other material can be found at the web site

www.healthandeverything.org

For more information you can write to me at sholom@glouberman.com

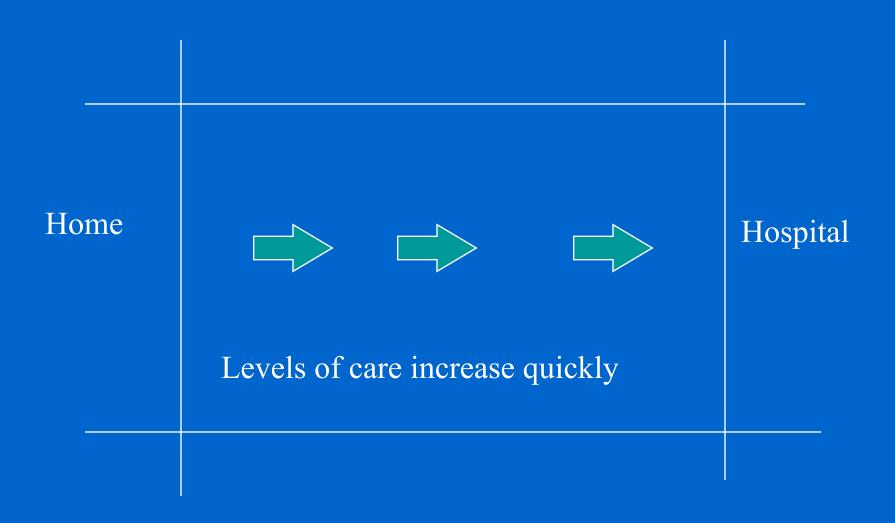


General Hospitals (1935)

Hospital	General
Type	
Who Knows	Doctors
What they	General
know	knowledge
Distribution	Clinical
of knowledge	experience
Main success	Access and
factor	authority
Management	Administrator
	supports
	superintendent
Authority	Medical
	superintendent
Boundaries	No internal,
	high external
Network	Hospital led



The Old Vector of Care



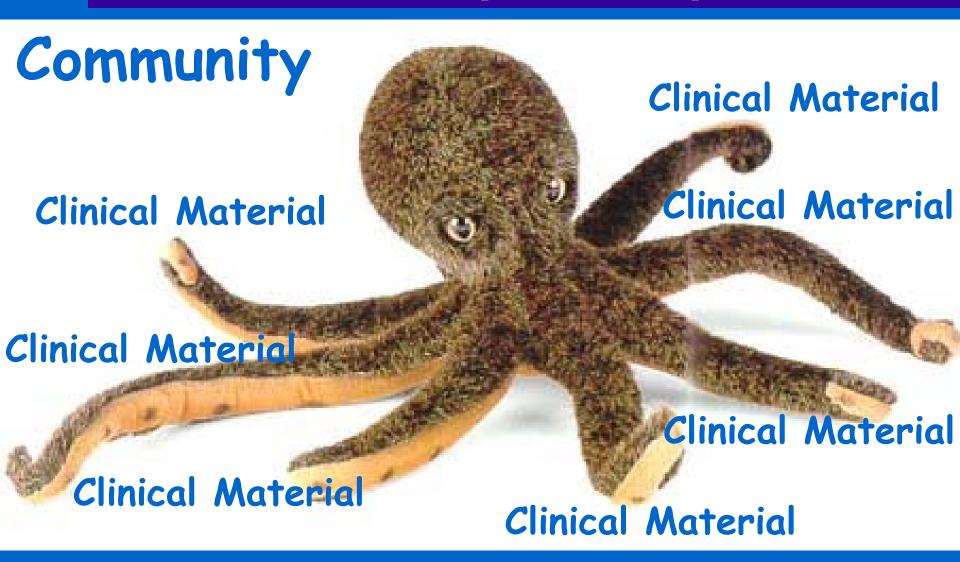


Teaching Hospitals (1985)

Hospital Type	Specialty
Who Knows	Many specialists
What they	Niche
know	knowledge
Distribution	Scientific
of knowledge	journals
Main success	Diagnostic
factor	accuracy and
	medical outcome
Management	Specialized
	functions with
	central control
Authority	Your own silo
Boundaries	High in and out
Networks	System planned

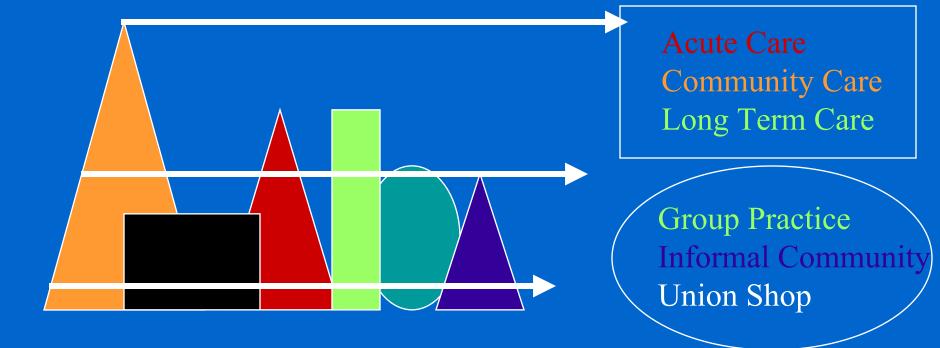


The Octopus Hospital





The Present System



Public Sector
Private Sector
Voluntary Sector



The Octopus Hospital in the LHINs



Optimism re results

Complex Complicated Simple Following a Recipe Raising a Child A Rocket to the Moon The recipe is Formulae are critical Formulae have only a limited application essential and necessary Recipes are tested to Sending one rocket Raising one child assure replicability gives no assurance of increases assurance of later efforts success with the next that next will be ok No particular High level of Expertise can help expertise; knowing but is not sufficient expertise in many specialized fields + how to cook coordination increases success Every child is unique Recipes produce Rockets similar in standard products critical ways Certainty of same High certainty of **Uncertainty** of results every time outcome outcome remains

Optimism re results

Optimism re results

Adapted from: Halstead Holman, MD (Stanford)

Complicated Acute Diseases



Complex Chronic Diseases

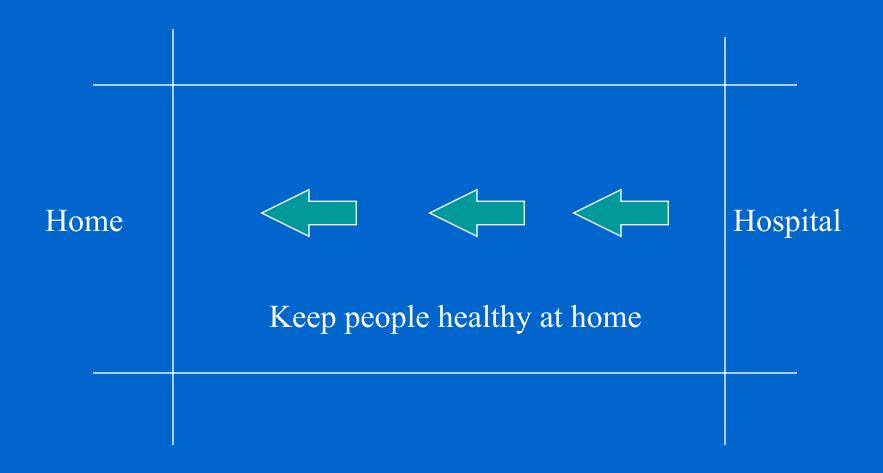
Health and Everything

- Abrupt onset
- Often all causes can be identified and measured
- Diagnosis and prognosis are often accurate
- Specific therapy or treatment is often available
- Technological intervention is usually effective: cure is likely with return to normal health
- Profession is knowledgeable while laity is inexperienced
- No Voluntary Sector
 Associations for these condition e.g. Small Pox, Knee
 Replacement,

- Gradual onset over time
- Multivariate cause, changing over time
- Diagnosis is uncertain and prognosis obscure
- Indecisive technologies & therapies with adversities
- No cure, pervasive uncertainty: management, coaching & self care over time is needed to improve health
- Profession & laity must be reciprocally knowledgeable to improve health
- Voluntary Sector Associations are widespread and help define the distinction: Heart and Stroke, Asthma, Diabetes etc.

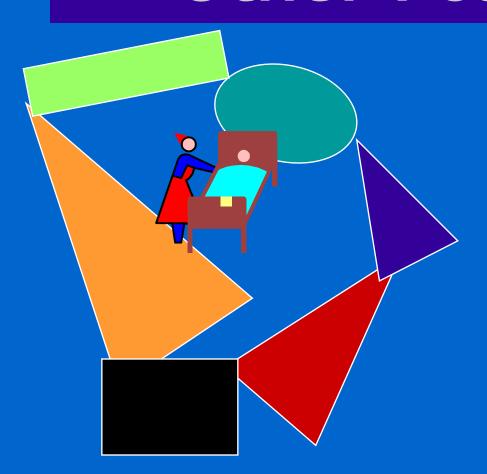


The Vector of Care Changes





Other Possibilities



Acute Care
Community Care
Long Term Care

Group Practice
Informal Community
Union Shop

Public Sector Private Sector

Voluntary Sector



Health Care Organizations (to come)

Hospital Type	Networked
Who Knows	Multiple holders
What they	Vertical and
know	Horizontal
Distribution	Electronic
of knowledge	Networks
Main success	Quality of life
factor	Outcome
Management	Decentralized
	functions, local
	competency
Authority	Support for and
	from others
Boundaries	Crossboundary
	management
Networks	Self-organized



How Hospitals can reinvent their Role in the Community

- Recognize that no one can do it alone
- Believe most organizations want to do quality work
- Engage people to struggle through & resolve issues
- Provide resources to support such efforts
- Expect and encourage parallel efforts in and out of the hospital
- Support developing relationships with other institutions, agencies and people in the community including patients and families

Health and Everything

For More About the UK





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