



# The futurist

Marian Walsh's vision for her hospitals involves emphasizing disease management and prevention—and setting a standard for the hospital of the future.

BY ALISON MACALPINE

Marian Walsh's office at Bridgepoint Health overlooks Toronto's Don Valley. Beyond the gold and green of the autumn trees, in the heart of the city, sits Women's College Hospital. Walsh has been president and chief executive officer at Bridgepoint since 1997, and this September she accepted a position as interim president and CEO at Women's College. Filling two demanding full-time positions has been a challenge, she acknowledges. But her passion to build "hospitals of the future" keeps her motivated and energized.



Marian Walsh

**Q: Why is Bridgepoint focusing on delivering complex chronic care and complex rehabilitation?**

**MW:** First of all, this is our core competence and it was a significant part of the mission of our predecessor, Riverdale Hospital. More important, the most pressing healthcare need of the 21st century is the prevention and management of chronic disease and associated disabilities. One in two Canadians has at least one chronic disease, and 25% have three or more chronic diseases. Chronic disease accounts for \$160 billion of cost to the Canadian economy every year—\$80 billion related to the

direct costs of providing service to people, and \$80 billion related to lost productivity in the economy. Canadians with chronic disease utilize 67% of all direct expenditures, or all healthcare resources, whether that is hospital care, doctor care, homecare or long-term care. And the more complex and more chronic diseases you have, of course, the more you use—but it's exponential. Furthermore, chronic disease accounts for 90% of all disability in Canada. Focusing on chronic disease and rehabilitation is not only important, but I believe it is the new frontier.

**Q: How does a chronic-disease management model play out in practice?**

**MW:** We're going to deliver care in our hospital, but we're going to change the way we do it. We're going to embrace the idea that we're here to walk with you along the journey, to create longer-term relationships, and to emphasize partnering with our patients, disease prevention, health promotion, a curriculum for self-management and supporting people through a comprehensive care package. We'll spend as much time teaching patients and working with them to learn about their illness and how to manage it as we do delivering the care.

**MW:** We've started the Bridgepoint Centre for Research, Education and Policy to find existing knowledge about chronic disease and best practices so we can apply them and make sure people are getting the best care. Where there isn't evidence-based practice, we will create new knowledge. We want to use the results of our research to inform practice and patients, and teach the next generation of health-care professionals how to manage in this new frontier. We also want to use research to change policies, so government policy and what we're delivering in healthcare respond to the changing needs of the population.

sophisticated, heavy-duty, expensive equipment that you find in academic health science centres. It can be applied economically only when you gather it up and put it in a centre. Everything else in the future will be ambulatory care in hospitals that are lighter, more flexible, with a different feel.

**Q: This was before your time at Women's College Hospital, but do you have a sense of why the amalgamation with Sunnybrook Health Sciences Centre didn't work out?**

**MW:** Neither Sunnybrook nor Women's College had chosen a partnership in the first place. When organizations get together for reasons

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Also, these people don't just need in-patient and out-patient hospital care, so we're extending Bridgepoint into the community. The Bridgepoint Family Health Team—doctors and an interdisciplinary group of nurse practitioners, occupational therapists, nutritionists and pharmacists—provides primary care in the community, including disease prevention and health promotion for people who have or might be at risk of getting a chronic disease. We're creating a physical and virtual wellness resource that will provide authoritative information for people on the management of complex and chronic disease and disability. We've also started an organization called Bridgepoint Community Rehab, which offers publicly funded homecare rehab services in partnership with the Community Care Access Centres for Toronto. So we are providing the whole continuum of care. The idea is we can provide your care wherever you need it. We think this is the right system to serve people going forward.

**Q: How will you ensure that you're keeping up with best practices in chronic disease management?**

**Q: You've reached out to other hospitals through projects such as the Shared Information Management Services (SIMS)—what has this helped Bridgepoint to achieve?**

**MW:** Within Bridgepoint, we're investing \$8 million in a comprehensive health-management information system that will get us to an electronic health record. We're doing it here, and then we're joining with SIMS. It gets really powerful when you cross borders with other health systems, so Bridgepoint can access information wherever a patient is. Those are huge areas of focus for us because we believe that integrated care will not be delivered without integrated electronic information.

**Q: You're working on constructing a new hospital campus at Bridgepoint. What will the finished facility allow you to do that you can't do now?**

**MW:** We can build a hospital that contemplates the patient of tomorrow. Those hospitals are lighter, smarter buildings that focus on the healing process and rehabilitation. Technology today is two extremes in healthcare. We've got the highly

other than there's a natural synergy between them, it's not uncommon for those relationships to come apart. If you read the mergers and acquisitions literature, you'll find that about 75% of mergers fail. The second thing is, there has been an honest belief and lobby by people who fundamentally believe that because women make up 52% of the population and are biologically different, we need a centre of excellence dedicated to women's health.

**Q: What do you hope to achieve as you return Women's College to its independent status?**

**MW:** We'll focus on researching, considering and evaluating the changes in technology and treatment that allow us to move things out of in-patient environments. We'll create best practices and new evidence around that, and build an ambulatory care space that is also an academic women's health centre, with a mandate to innovate and define the hospital of the future. **CHM**

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*Alison MacAlpine is a frequent contributor to Canadian Healthcare Manager.*