



Critical Problems Requiring Innovative Solutions

Preamble

- The problem statements are relevant to a critical mass of CAHO members and are intended to provide market intelligence to industry, to better align proposed innovations with the needs of the CAHO hospitals.
- Innovative solutions do not need to be limited to addressing a problem in its entirety; they can also address discrete components within the overall problem statement.
- Proposed innovations should not be limited to the list of problem statements outlined below.
 - New innovations, both large and small, that fall outside of the problem statements are still of interest to CAHO. For example, solutions that address an important hospital need and/or demonstrate an opportunity for cost containment and resource utilization will be considered.
 - The list is intended to provide some information to the market about the types of problems that have been identified by CAHO hospitals, and should not be considered exhaustive.
- Proposed innovations are expected to:
 - Have a direct impact on CAHO hospitals in some way
 - Offer a solution that either addresses a challenge within the research hospital OR propose a collaboration between a hospital and a relevant partner
 - Have been developed by meaningfully engaging affected populations, such as patients, providers, or others
- If an innovative solution is not appropriate for the work of CAHO as an Innovation Broker this does not preclude any company from seeking their own entry points into the system, whether through the other Innovation Brokers, the OCHIS, the Ministry, other hospitals, or other health care providers.
- CAHO's publication of priority statements is not the initiation of a procurement process.

Problem Statements

- How to optimize hospital service utilization to reduce readmission rates and avoid admissions.
- How to enable patients to take a more active role in their care.
- How to proactively manage medication safety and minimize the risk of adverse events throughout the care continuum from the perspective of patients, prescribers, and care providers.
- How to improve coordinated clinical care or integrated care models for patients with poly morbidities, medical complexity and/or disabilities.
- How to proactively identify and manage frailty in the population across the continuum of care.
- How to strengthen information transfer between hospital and community care providers to improve the continuity and quality of patient care and foster the development of partnerships between providers.
- How to enable communications between patients and their circle of care (including caregivers, families, etc.) to enhance social support and decision-making.
- How to reduce, eliminate and prevent the incidence of hospital acquired and multi-resistant bacterial infections.
- How to improve the spectrum of pandemic/disaster planning and management to ensure impacts are mitigated.
- How to improve equity in the delivery of health services.



- How to prevent workplace violence and responsive behaviours in real time to minimize impacts to staff.
- How to improve discharge care and/or transitions to community and other care settings.
- How to improve the efficiency of research administration in areas like compliance, credentialing, and ethics reviews.
- Other good ideas that address current and/or future health care problems are welcome.

Background

The Council of Academic Hospitals of Ontario (CAHO) represents Ontario's 23 research hospitals that make Ontario healthier, wealthier and smarter. Under the leadership of its Executive Director, CAHO was appointed as an Innovation Broker for the Province of Ontario by the Ministry of Health and Long-Term Care, in partnership with the Office of the Chief Health Innovation Strategist (OCHIS) from April 1, 2017 to March 31, 2019. For more information, visit CAHO's Innovation Broker [webpage](#).