



No hospital is an island when it comes to Y2K bug

Ann Silversides

In brief

If a recent meeting on the millennium bug is any indication, Canada's health care facilities have plenty to worry about as the year 2000 approaches. Topics discussed included the state of readiness within the health care sector and potential legal issues that may arise.

A national health care clearinghouse to share information about year 2000 (Y2K) issues has been launched — one more sign of growing government concern about the millennium bug's impact on computers and health care equipment.

"There really is no time to waste in addressing this problem," said René Guindon, a senior director with Ottawa's LGS Group Inc., the consultants for the project. "For example, people should not have to reinvent testing procedures and tools for medical devices."

Guindon said the Canadian Y2K National Clearinghouse for Health (CYNCH) will coordinate activities of the federal, provincial and territorial governments. He described its operations during a recent conference in Toronto, Year 2000 Compliance in Health Care. The project will pull together existing sources of information, such as the Web sites of the federal government's Medical Devices Bureau (MDB) and the Alberta and Quebec ministries of health. (The MDB site, www.hc-sc.gc.ca/hpb-dgps/therapeut/htmleng/y2k_md.html, provides links with dozens of other sites. The MDB's project manager is Denis Roy, 613 954-0365.)

Some groups, such as the Ontario Hospital Association, have drawn up priority lists of medical devices that must be tested to ensure they will function properly when the clock turns to Jan. 1, 2000. (The use of 2 digits to represent years in software code is the source of the problem. It was done to save programmers time.)

Through the CYNCH network, the ranking of devices according to their relative importance, plus details about specific pieces of equipment, can be shared nationwide. Guindon said the United Kingdom already has a major database for the health care sector and the US is working on one.

Who's legally liable?

A parade of speakers stressed the need for cooperation,

but they also outlined ways that insurers, manufacturers and suppliers are trying to limit personal legal liability. The reality is clear, Guindon said: solutions are expensive and skilled personnel are in short supply. Because of the interdependencies between systems and institutions, "best efforts" can be negated if others don't act. "Nobody, no institution, is an island. We all depend on other systems such as electricity and transportation and so we have to work together."

Hospitals working hard to test medical devices often face an uphill battle. St. Michael's Hospital in Toronto, which began looking at the issue a year ago, quickly realized it was not a computer issue but an "enterprise risk-management issue," said Thomas U, director of special projects.

U said St. Michael's has had trouble keeping the biomedical engineers needed to test devices, since demand is so high. As well, attempts to keep the issue a priority among staff have been affected by downsizing and cutbacks.

Everything else on back burner

And then there's the matter of money. Dr. Kenneth Shumak, CEO at the Toronto-Sunnybrook Regional Cancer Centre, said it will cost \$2 million to make Cancer Care Ontario's (CCO) software Y2K compliant. (CCO comprises 8 regional cancer centres.) To date, the province has offered financial help only to help ensure that devices themselves are compliant. "We'll find the money, because it's a safety issue. But health care is already way behind in the use of information technology, and now we have to stop all of our IT initiatives because all the attention must be focused on Y2K."

Shumak said the way medical devices such as chemoinfusion pumps work on Jan. 1, 2000 — and how well the integrity of electronic medical records will be protected — will have a direct bearing on patient safety and peace of mind. Doctors should be worried, too. "Doctors should be concerned about access to medical databases and how functional they'll be, and about the Y2K compliance of health insurance computers, since payments can be delayed."

Fraser Mann, a Toronto lawyer specializing in information technology, said doctors "are a little far down the list of people to sue" if a medical device fails. "Whether a



doctor will be sued depends on whether the lawyer believes doctors should have been aware that the equipment might fail."

The Canadian Medical Protective Association is advising members directly about steps they must take, said spokesperson Rick Martel. "We're saying doctors should notify hospitals and clinics in writing about their concerns. Essentially, hospitals are suppliers to doctors, and so doctors have to ensure that their supplier is compliant."

Hospital staff said they have been advised to seek letters of Y2K compliance from suppliers but these are often refused. Instead, they are informed that a general letter of compliance is on the supplier's or manufacturer's Web site. "From a business perspective you may be satisfied with a public document but from a legal perspective you need a specific statement to you from the vendor to have complete protection," noted lawyer Shanon Grauer.

Mann said buyers should seek explicit statements of Y2K compliance and ensure that they may extend service contacts past 2000.

The federal Medical Devices Bureau achieved a 21%

response rate following a mailing to device manufacturers; the mailing sought data on Y2K compliance and results are available on the bureau's Web site. Seventy-six percent of respondents reported that their devices are compliant, but a speaker said almost 25% of devices that were said to be compliant failed his hospital's compliance tests. Denis Roy, who heads the Y2K project at the MDB, said the bureau does no independent testing to verify company statements.

Are you insured?

Meanwhile, insurers have waited until the last minute to act, so changes affecting policies and renewals have only recently been introduced. "A few weeks ago, a major reinsurer announced Y2K exclusions . . .," said Karen Hunter-Payne, vice-president of J & H Marsh & McLennan. "Insurers are scared that even if Y2K events are excluded, this may not prevent a cascade of claims."

Ann Silversides is a Toronto-based freelance writer.

"Walls have to come down" to defeat Y2K bug

As far as the Y2K bug is concerned, a new survey has shown that the health care sector probably should worry far more about the bug's impact on information technology than on medical devices.

The results of the survey, conducted in Ontario this fall, surprised assistant deputy minister Gail Paech, who heads up the province's health-related Y2K project. "Before the survey we kept hearing estimates and projections about the cost of making medical devices compliant. Initially we were hearing that 30% of medical devices would be affected, but it turns out that only 3% are noncompliant," she said. "The greatest [problem] was [found in] information technology involving patient care."

The province mailed more than 3000 surveys and, when laboratories and pharmacies are excluded, achieved a 31% response rate. The results indicated that hospitals have done the most to meet the Y2K challenge. At the other end of the scale is the long-term-care sector, which is still in the initial planning stages.

Only 50% of respondents had begun to form contingency plans in case

certain systems fail, she warned. "This is worrisome because with Y2K it might not be a single disaster — there could be a series of events, or a progressive event."

Last May, Ontario announced it would spend \$300 million to ensure that the province's medical equipment is Y2K compliant. In a December interview, Paech said "medical equipment" includes patient-related information technology (IT), and the \$300 million would be used to cover part of the costs of making IT and medical devices Y2K compliant. "We'll never cover the total cost, but the government recognizes there's an unprecedented need for help and we have to flow one-time assistance to the sector."

Physicians' offices and private laboratories are not eligible for assistance, but Paech said there is a federal program to help them. She said her office will be seeking additional money from the provincial cabinet to help health facilities cover costs related to telecommunications, facilities and supplies.

Paech's project plans to conduct 4 more surveys in 1999: "The situation is continually being redefined and we

have to keep up to date." In future, facilities will be eligible for funding only if the surveys are completed, she added. The project also has a \$4.25 million education fund, which will help 7 health care associations to raise awareness of Y2K issues.

When she spoke at the September conference, Paech noted that her project was working through health associations because, unlike provinces such as Quebec and Alberta that have a regional system with funding envelopes, Ontario "has a system that is not a system. Hospitals, doctors and laboratories are all separate, and there is no coordinated way to get in touch with the sector."

In a subsequent interview, she stressed that since so many inter-related sectors may be affected by Y2K, there has to be a common response. "We're exploring ways to work through district health councils and we see clearly that municipalities have to bring together all the infrastructures to ensure that the population is prepared and that vital services are provided. Walls have to come down and territoriality has to dissipate to address this issue."