

SPEAKING NOTES

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*2010 Meeting of the Mind: Redesigning Health
Services with Patients Top of Mind*

Tuesday, June 22, 2010

Toronto, The Old Mill Inn & Spa

GOOD EVENING AND LET ME ADD MY WELCOME TO OUR THIRD MEETING OF THE MINDS – YOUR MINDS ACTUALLY IN A COLLECTIVE ENVIRONMENT.

AS SCOTT HIGHLIGHTED BEFORE DINNER, WE ARE EMBARKING ON A TILT IN OUR FOCUS – ONE WE HOPE WILL BE A GAME CHANGER.

WHY A FOCUS ON A PATIENT CENTRED HEALTH CARE SYSTEM?

EVERY EXPERT BODY THAT HAS LOOKED AT HIGH PERFORMING HEALTH SYSTEMS PUTS THE QUALITY OF THE PATIENT EXPERIENCE AT THE HEART OF GOOD PERFORMANCE – WHETHER IT'S THE WHO, THE OECD, THE COMMONWEALTH FUND, THE INSTITUTE FOR HEALTHCARE IMPROVEMENT IN THE STATES OR THE INSTITUTE FOR INNOVATION AND IMPROVEMENT IN THE UK – ALL OF THEM

FOCUS ON WHETHER PATIENTS AND CAREGIVERS HAVE AN OPTIMAL EXPERIENCE.

SO WHAT DOES THAT MEAN?

WE CAN POINT TO VARIOUS SOURCES – “EXPERT” SOURCES THAT HAVE DESCRIBED PATIENT CENTRED CARE WHICH ARE NICELY SUMMARIZED IN THE BACKGROUND PAPER BY STEVEN LEWIS.

THE WORDS WILL BE FAMILIAR TO YOU –

- RESPECT FOR PATIENT VALUES AND PREFERENCES**
- COORDINATION OF COMPREHENSIVE CARE**
- GOOD COMMUNICATION**
- TIMELINESS**
- PHYSICAL COMFORT AND EMOTIONAL SUPPORT**
- THE INCLUSION OF FAMILY AND FRIENDS**

BUT AS WE BEGAN WORKING WITH PATIENTS AND CAREGIVERS WE CAME TO REALISE THAT WHILE ITS HARD TO ARGUE WITH THE WORDS, AND WE ALL WANT THESE THINGS TO BE IN PLACE, THEY ARE STILL SOMEWHAT ONE SIDED – THESE ARE THINGS THAT THOSE PROVIDING CARE “ALLOW” OR “FACILITATE”

WHAT WE HEARD FROM PEOPLE WAS A DESIRE FOR SOMETHING MUCH MORE FUNDAMENTAL – A HEALTH CARE SYSTEM THAT STARTS BY PUTTING THEM AT THE CENTRE AND BUILDING FROM THERE.

WOULD HEALTH CARE IN ONTARIO LOOK DRAMATICALLY DIFFERENT IF THIS WERE THE CASE?

**THE ONTARIO HEALTH QUALITY COUNCIL
RECENTLY REPORTED THE FOLLOWING ON
PATIENT CENTRED CARE AND
UNDERScoreD THE POINT THAT THESE
INDICATORS HAVE NOT CHANGED IN THE
LAST FIVE YEARS:**

**25% OF PEOPLE REPORTED THEY WERE NOT
TREATED WITH RESPECT OR DIGNITY DURING
THEIR VISIT TO THE EMERGENCY
DEPARTMENT**

**50% OF PEOPLE REPORTED THEIR PAIN WAS
NOT WELL MANAGED DURING THEIR
HOSPITAL STAY**

**51% OF PEOPLE REPORTED THEY DID NOT
RECEIVE ALL THE MEDICAL INFORMATION
THEY NEEDED DURING A HOSPITAL STAY
AND ONLY 26% REPORTED THEY HAD ALL**

**THE INFORMATION THEY NEEDED WHEN
THEY WERE DISCHARGED.**

**SO WHAT DO WE NEED TO DO TO MAKE
THOSE NUMBERS CHANGE IN THE NEXT FIVE
YEARS?**

**THAT IS THE QUESTION WE HAD IN OUR
MINDS AS WE DESIGNED THE PROGRAM FOR
THIS MEETING OF THE MINDS –**

**YOU WILL HEAR DIRECTLY ABOUT THE
VARIOUS EXPERIENCES AND SOLUTIONS
THAT PATIENTS AND CAREGIVERS HAVE –**

**YOU WILL ALSO HEAR ABOUT PROCESSES
SPECIFICALLY DESIGNED TO RETHINK
SERVICE PROVISION FROM A PATIENT
PERSPECTIVE AND YOU WILL HEAR FROM
REPRESENTATIVES FOR OTHER SERVICE**

INDUSTRIES ABOUT HOW THEY HAVE TACKLED THE QUESTION OF THE CUSTOMER.

AND TO REASSURE YOU THAT THERE ARE INTERESTING INITIATIVES UNDERWAY IN CANADA, WE WILL HEAR TOMORROW ABOUT EFFORTS UNDERWAY IN SASKATCHEWAN AND ONTARIO THAT ARE PUTTING THE PATIENT FIRST.

LASTLY, AS WE HAVE DEVELOPED THIS FOCUS FOR THE CHANGE FOUNDATION, IT HAS STRUCK ME HOW MANY STORIES WE ALL HAVE IN DEALING WITH THE HEALTH CARE SYSTEM FOR OURSELVES OR FAMILY MEMBERS. THESE LIVED EXPERIENCES HAVE VERY COMMON THEMES OF COMPLEXITY, FRUSTRATION AND WONDERMENT – ALL LEADING US TO WANT TO CHANGE THINGS – THUS WE ARE CALLED THE CHANGE FOUNDATION.

**SO I HOPE YOU ENJOY THE SESSIONS, ARE
PROVOKED INTO THINKING DIFFERENTLY
AND ARE ABLE TO USE SOME OF THE IDEAS
YOU WILL HEAR HERE TO BUILD A MORE
PATIENT CENTRED HEALTH CARE SYSTEM.**

THANK YOU.