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"Building Public Trust of the Health Care System: Community Perspectives"

Community Health Advisory Councils

May 2011

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Preface

This report contains the ideas and feedback generated by the Community Health Advisory Councils over the course of 2 meetings held from January to April 2011.

The Councils were asked by the Winnipeg Regional Health Authority's Board to explore public perception and the reporting of critical incidents across the Winnipeg health region. As the WRHA continues to focus on patient safety and encourages all staff to report critical incidents, more incidents are being reported. The public's view of the perceived safety of the system may decrease as a result of the increased number of critical incidents that are reported. The Board was interested in getting feedback from the Councils about how this public perception could be managed while promoting safety and reporting and to get their ideas of what the WRHA could do to build public trust of the system.

The Report includes:

- Section I -- The Report Summary which includes -- an overview of the methodology, context for the exploration of the topic, Council perspectives on public perception of the health care system, suggestions for how the WRHA can balance public perception, and suggestions for how the WRHA can make patients feel safe and supported to report critical incidents and share concerns
- Section II – Reports by Councils – the notes taken at the 12 meetings of all CHAC's during the exploration of this topic

Appendix A provides a map of the Winnipeg health region's community areas
Appendix B provides lists of Council members, Board liaisons, and staff that support the work of the Councils

It is hoped that this report will be useful to the WRHA Board, Senior Management, and the Quality and Patient Safety Program in particular with their continued efforts to promote and support increased patient safety and quality across the Winnipeg health region.

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Building public trust of the health care system
As the WRHA continues to focus on patient safety and encourages all staff to report critical incidents, more incidents are being reported. The public's view of the perceived safety of the system may decrease as a result of the increased number of critical incidents that are reported. The Board was interested in getting feedback from the Councils about how this public perception could be managed while promoting safety and reporting. Further, the Board also wished to get their ideas of what the WRHA could do to build public trust of the system.

Public and individual perception of the health care system
To begin the exploration of about public perception about the relative safety of the health care system, it was important to first explore how each person's perceptions are formed. Council members considered how their own experience, the experience of family and friends, and what they have heard about the system from the media impacts their overall perception of the safety of our health care system. Some Council members worked and/or volunteered at health care sites which also impacted their perception of the relative safety of the system and the issues surrounding critical incident reporting.

> ***"Most people trust the system. Sometimes the kind of person you are can impact how you are treated. People have overall trust in the system, perhaps until you have a negative experience."*** (Member of the St James/Assiniboine South CHAC)

Building public trust in the health care system does not start at the level of "public", it begins with the individual and how their own experience with the system leads them to either trust the system or to be unsure of whether or not their next experience will be positive and safe. Most of the Councils talked about the importance of building trust at the level of the interaction between health care providers and patients/families before "public trust" issues could be addressed. If your experience is of not feeling heard, respected, valued how can you have trust? The WRHA should be focusing on improving the interactions so that they are respectful, compassionate, etc. When that level of trust is built, public trust can be addressed.

Need to increase awareness on patient side of critical incident reporting
During the first set of meetings on this topic, Council members shared that they did not know about the process of reporting and many shared that they would not feel safe to report an incident if they were in a position of receiving on-going care. They observed that while the region has been busy creating a culture where health care providers are made to feel safe to report critical incidents and has been working hard to change the culture from a blaming one to a learning one, patients and families have been left out. As a result, there is little awareness of what a critical incident is and how one would go

about reporting it. For many, there is a fear of reporting a critical incident or sharing a serious concern that they have about their care. They are afraid that this could impact their care in the long run, so they choose not to. There are some patients, residents, and clients of the health care system that may be especially fearful to report – those who receive on-going care from the same providers or team of providers, like home care clients, residents of personal care homes, and patients with chronic health issues who require care from a highly specialized team of providers.

> ***"Fear still exists. People are not always comfortable nor do they know how to report incidents and occurances. Work still needs to be done on educating and building the confidence and trust of patients to report."*** (Member of River Heights/Fort Garry CHAC)

Suggestions for balancing public perception and building public trust of the health care system

Council members shared their ideas for how the WRHA can balance public perception and build public trust and confidence in the system. Their main recommendations include – having providers share information with patients about reporting, getting feedback from patients on their care experience, holding a public education campaign about patient safety and reporting, working with the media to build an understanding of critical incident reporting processes and rates, continuing to build a culture of learning instead of blaming, and for the WRHA to be part of the larger safety movement.

- **Health care providers – sharing information about patient safety and reporting**
  Council members suggested that the WRHA needs to reinforce the importance of good communication with patients, clients, residents, and families. Every staff person needs to be a good communicator. This gives patients a foundation for communicating the bigger issues, like reporting a critical incident. There should be information about patient safety and reporting at all sites that is accessible. Health care providers should share information with patients about reporting and sharing concerns and they should be encouraged to come forward if they need to.

- **Getting Feedback on Care Experience**
  Councils overwhelming recommended that the WRHA provide more opportunities and options for people to express themselves and to talk about their experience. Their ideas included using comment cards, follow-up calls after care, etc. in order to find out how their care experience was and if anything negative, like a critical incident, occurance, near miss, etc. took place.

- **Public Education Campaign about Patient Safety and Reporting**
  An important aspect of managing public perception about the region's increasing rates of critical incidents is building awareness of patient safety and the need for increased reporting of critical incidents. Using the approach of storytelling was

suggested by all of the Councils. Some of the components of a public education campaign on patient safety and reporting include:

- Share positive outcomes of reporting – this is what happened and this is what we've done in response, the changes we've made, etc.
- Focus on what is done as a result of reporting to improve the safety and quality of our system
- Use WRHA website for storytelling – from a health care provider and a patient's perspective about a critical incident.
- Patient Bill of Rights – all of the Councils felt that the WRHA needs to explore the creation of a Patient Bill of Rights that could be posted at all sites and shared with patients and families
- Safe to ask/Safe to Share campaign – broaden the "Safe to Ask" campaign to include component that encourages patients and families to share concerns, etc. Have posters unique for each health care facility and program.

- **Working with the Media**
  The Councils felt that the WRHA needs to be more proactive about getting stories out about the system, both negative and positive, and to be more transparent. The WRHA needs to explain the numbers; that an increase in reported critical incidents is positive and it means that more people (health care providers and patients) are reporting, that we are learning from these incidents, and, as a result, making the health care system safer.

- **Continue to build culture of learning instead of blaming**
  All of the Councils felt that more works still needs to be done in order to make health care providers feel safe to report a critical incident. The WRHA needs to continue to build an environment where health care providers feel safe to come forward – many are still not feeling safe. Many still do not know enough about reporting or are afraid to report about another staff person.

Creating an environment where patients, clients, residents, and family members feel safe and supported to report a critical incident, occurance, near miss, and/or share a serious concern about their care.

As a result of the feedback received during the first set of Council meetings on this topic, staff from the Quality and Patient Safety Program along with CHAC staff felt that it was important and appropriate for the Councils to further explore the issues related to the lack of information that patients have about critical incident reporting processes and the fear that exists and which prevents many people from reporting critical incidents or sharing serious concerns about their care.

At their second meeting on this topic, Council members were asked for their suggestions about how the WRHA could create an environment where patients, clients, residents,

and family members feel safe and supported to report a critical incident, occurance, near miss, and/or share a serious concern about their care.

Council members had a number of suggestions of how this could be done:

- **Address fear that most vulnerable patients have about reporting**
  The Councils identified the need for further work to be done to make the most vulnerable patients, clients, and residents of the Winnipeg health region feel safe and supported to report a critical incident or share a serious concern about their care.
  - Have an external organization do follow-up calls could lessen the fear that people have.
  - At the beginning of an on-going care arrangement, "reporting" should be explained and the purpose – to improve the quality of service.
  - Hold a focus group with vulnerable patients to find out what they would need to feel safe to report.

- **Suggestions to make patients, etc. feel safe to report and to support increased reporting and feedback:**
  - Stress that it is a learning experience
  - Educate patients about how it will be handled
  - Difficult for patient to report someone who is responsible for their care
    - Encourage general feedback which includes serious incidents
  - Evaluation at the end of stay, care, etc. – those who may need assistance to complete – have someone from patient relations assist
  - Collect feedback – have staff phone a little while after a care experience
  - Alert/educate people about situations where they could be potentially harmed and provide examples to build understanding
  - Have quality staff come in and ask patients how their care experience is going, if they have questions or concerns about their care

- **Develop processes that support increased reporting and improved communication with patients and families**
  All of the Councils were supportive of further patient feedback efforts by the WRHA. This could be done through end of care surveys, follow-up calls after care, calls during on-going care (like home care), and by random visits during care to see how their care experience is going. They felt that it was important to have the option to provide feedback anonymously. This would allow for those who are fearful about providing any negative feedback about their care to report.

  Many patients and family members feel judged by health care providers because of their socio-economic status, culture, and/or if they have a mental health issue. If they bring an issue or concern up with their health care provider, they are seen as not credible and their issue is not addressed.

"(We) need an environment where there is no judgement especially where a person may be viewed as not credible because they have mental health issues, an addiction, they are poor, etc." (Member of the Downtown/Point Douglas CHAC)

- **Ombudsman, patient advocates, and external reviews**
  Many of the Councils felt that it would be preferable to have an external person to go to who was separate from health care system, an ombudsman. Their role would be to examine and research incidents at arms-length. The Councils felt that people would feel safer to report to an agency like this, an agency that would have authority to investigate critical incidents, near misses, etc. and to determine outcomes. They were also supportive of patient advocates at all health sites.

  "Knowing that there was someone who you could talk to over the phone and could also meet in person who was an advocate for me was really helpful. I didn't know I could question what had happened. I knew I was hurt, but I didn't know there was someone you could talk to." (Member of the St Boniface/St Vital CHAC)

- **Patient-Family Advisory Committees**
  One of the council's suggestions was to develop advisory committees made up of volunteers similar to the patient-family advisory committee at Children's Hospital. Patients, clients, and family could go to one of these committees at their health site or program to share any issues that they have with their care (if they feel uncomfortable going to a staff person). Establish a regional committee (made up of representatives from each of the patient-family advisory committees across all of the sites/programs) to oversee the work and address regional issues. They would act in an advisory capacity to Quality/Patient Safety Program. (Seven Oaks/Inkster CHAC)

- **Training health care providers and other issues regarding health care staff**
  Further training and support for staff in critical incident reporting, reinforcing that it is safe for them to report, is critical. Also, it would be important that health care providers receive support and training to help them feel more comfortable getting feedback or criticism from patients, and how to resolve issues and deal with conflict.

- **Patient-centred care**
  Patient-centred care and patient involvement in their own care is a good back drop and foundation for building trust and increased awareness if something out of the ordinary happens during the course of their care experience -- something that wasn't part of the care plan. The more aware patients are of their treatment and what to expect, the more able they are to identify if a critical incident occurs.

Section I

Report Summary

Introduction and Methodology

Priority Issues and the Community Health Advisory Councils

In September 2010, the Board of the Winnipeg Regional Health Authority (WRHA) asked the Community Health Advisory Councils (CHAC's) to explore public perception and the reporting of critical incidents across the Winnipeg health region. This topic falls under the WRHA's strategic direction of "Improving Quality and Integration"-- improving access to quality and safe care through improved integration of services and the use of evidence informed practice – the priority of which is to improve and maintain patient safety. (WRHA Strategic Plan 2011-2016)

As the WRHA continues to focus on patient safety and encourages all staff to report critical incidents, more incidents are being reported. The public's view of the perceived safety of the system may decrease as a result of the increased number of critical incidents that are reported. The Board was interested in getting feedback from the Councils about how this public perception could be managed while promoting safety and reporting and to get their ideas of what the WRHA could do to build public trust of the system.

The Community Health Advisory Councils are comprised of residents of the geographic community areas that each Council represents along with some representation from the Boards of health organizations also located in the community areas. The Councils are diverse in terms of culture, socio-economic status, professional backgrounds and work experience, age, and gender. Members of the six CHAC's participate in an orientation session prior to beginning their exploration of strategic priorities of the health region.

Population Health Framework and Perspectives from their community

The Community Health Advisory Councils use a population health framework when exploring health issues – taking into consideration the social, environmental, economic, and other factors that impact the health of a population. A population health approach helps identify factors that influence health, to analyze them, and to weigh their overall impact on our health.

The Meetings

At the first meeting of each Council, staff from the Patient Safety and Quality Program provided important background information for the exploration of this topic. Their presentation included an overview of the quality program and its role in supporting increased safety and quality across the health care system. The presentation also included an explanation of critical incidents, near misses, and occurances and the processes that the region follows in investigations which involve patients and their families, and the improvements that are made as a result of the incident. Staff provided a couple of real examples of critical incidents and how they were addressed by the region.

Council members were then asked to respond to a couple of questions:

- How does a person develop their own perception of the health care system (whether or not it is safe) – own experience, experiences shared by friends, family, co-workers, etc., working or volunteering within the system, what they hear from the media?
- As the WRHA continues to focus on patient safety, more incidents are being reported. The public's view of the perceived safety of the system may decrease as a result. How can the WRHA manage this public perception while promoting safety and reporting?

CHAC staff and staff from the Patient Safety and Quality Program met after the first set of meetings on this topic were completed to debrief the feedback received from the Councils and to determine whether or not additional concepts should be explored at the second set of meetings. A number of issues surfaced that the staff felt needed further input from the Councils. These issues included:

- There is still more work to do on the health care provider side of consistently reporting critical incidents, etc. and of sensitively and respectfully handling concerns, questions, etc from patients and families;
- The lack of public awareness about the process of reporting and the fear that many people have that their care will be impacted if they report a critical incident or share concerns about their care; and,
- The importance of building trust at the level of the interaction between health care providers and patients and families before "public trust" issues can be addressed.

As a result, at the second set of Council meetings, it was determined that further exploration and input would be helpful regarding the issue of how the region can make patients and families feel safe and supported to report a critical incident or share a serious concern about their care experience.

The question asked at the second set of CHAC meetings was:

- How do you create an environment where patients, clients, residents, and family members feel safe and supported to report critical incidents, near misses, occurances, and/or serious concerns about their care experience?

Presentation to the Board of the Winnipeg Regional Health Authority

Discussions from the meetings of all six Community Health Advisory Councils were synthesized and compiled into this report. Co-Chairs of the Councils presented this report to the Board of the Winnipeg Regional Health Authority in May 2011.

Context for exploration of the topic

Staff from the WRHA's Patient Safety and Quality Program provided a 20 minute presentation to each of the Councils at their first set of meetings in order to provide important background information and the context for exploring the topic.

Some of the main points that were covered in the presentation included the following:

- WRHA Patient Safety and Quality Program's efforts to promote reporting of critical incidents are paying off. The WRHA has the highest reporting rates in the country (by far). Even with this progress we are still under reporting according to the Canadian Adverse Events Study.
    - This can be perceived a couple of different ways. One, that we have accomplished much in terms of building a culture where health care staff are coming forward to report critical incidents, near misses, and occurances. Or, the public may perceive that having the highest reported critical incidents means that our health care system is the least safe in the country

- This is a double-edged sword. While we are more accountable to patients and the public in terms of reporting critical incident rates, we are unable to be more transparent in relation to the legal privilege of investigation findings. Comparisons with other jurisdictions in Canada with low reporting rates, less robust patient safety and quality efforts is an explanatory challenge as well.

- Patient safety reporting: work has been done in the Winnipeg health region since 2005-06 when the Patient Safety Initiative was established. This initiative aimed to create a culture within the Winnipeg health region where staff feel safe to come forward and report critical incidents and to look at it these incidents in terms of what can be learned and to prevent similar mistakes in the future.

- The role of the Patient Safety and Quality Program
    - To support regional clinical programs with accreditation and quality improvement efforts
        - Quality managers and patient safety consultants work with health facilities in specific geographic areas and regional programs
    - To address patient and client issues
        - Resolving patient/family complaints and issues at the regional level and provide support for sites where needed and appropriate
        - Involve patients, clients, family in patient safety – accreditation and quality improvement cycles
    - Analysis and reporting of critical incidents
    - Non-clinical incident reporting, learning and sharing

        - Collect and manage data related to non-clinical, minor, and/or non-preventable clinical events
    - Patient safety initiatives and awareness – for example, medication reconciliation
    - Regionally integrated strategy towards the reduction of preventable harm to patients
        - Culture change (from covering up/blaming to transparent disclosure and learning)
        - Involving patients/families in safety improvement efforts
        - Learning from clinical practice (prospective and retrospective)
        - Changing care delivery structures and practices

    - Patient Safety/Quality Program is legislatively mandated to conduct "legally privileged" analytical accident investigations on critical incidents.

- Critical incidents are:
    - Unintended events that cause serious harm
    - Occur during the provision of health services
    - Are not the result of an underlying condition, and
    - Are not the result of risk(s) inherent in providing health services

- Critical incident investigations – all relevant facts are disclosed to patients and families after an investigation is complete through disclosure conversations
    - Nearly all critical incident investigations highlight the systemic issue of complex care (which is not always a satisfying answer to what went wrong – especially to patients and families)
    - After an analysis of the incident is complete – recommendations are made (could be a policy, procedure change, additional training, etc.) to change the preconditions that could have led to the critical incident taking place that will therefore decrease the likelihood of a similar event occurring again

Council members were then taken through a couple of examples of real critical incidents – from how they were investigated through to how the recommendations were implemented within the program.

Where does a person's perception of the relative safety of the health care system come from?

To begin the exploration of about public perception about the relative safety of the health care system, it was important to first explore how each person's perceptions are formed. Council members considered how their own experience, the experience of family and friends, and what they have heard about the system from the media impacts their overall perception of the safety of our health care system. Some Council members worked and/or volunteered at health care sites which also impacted their perception of the relative safety of the system and the issues surrounding critical incident reporting.

> ***"Maybe we can influence perception, but we should focus on doing things right and then people will have a better experience and therefore a more positive perception of the system."*** (Member of the St Boniface/St Vital CHAC)

Own experience with the system

There was a wide range of views and opinions shared across all of the Councils related to individual perception of the safety and quality of our health care system. Members felt that one's own perception of the safety and of the system depends on a number of factors, including if you've experienced other health care systems outside of Canada, your own experience with the system as a result of your socio-economic, culture, and age, and whether or not you have had a negative care experience.

> ***"Most people trust the system. Sometimes the kind of person you are can impact how you are treated. People have overall trust in the system, perhaps until you have a negative experience."*** (Member of the St James/Assiniboine South CHAC)

Experience of friends and family with the health care system

Councils felt that the experience of family and friends with the health care system, especially hearing about negative experiences, has a big impact on their perception of the safety of the system and the level of care that is provided.

> ***"Unless it (something negative like a critical incident) happens to you or a family member, you don't really think about it."*** (Member of River Heights/Fort Garry CHAC)

Councils stated that they are influenced by the experiences shared by co-workers, friends, and family and that it is human nature to more widely share negative experiences than positive experiences with others.

Media reporting of critical incidents

Council members shared their observations about how negative reporting of the health care system by the media impacts their perceptions, specifically stories about critical incidents. Some members shared that they compare their own experience with those that are reported in the media – which either supports or reinforces their perception (that the system is not always safe) or might change their perception from a more positive one to one that is more negative or unsure. Others stated that they felt that the health care system was good and that hearing negative stories in the media does not change that.

In the next section, Council members provide ideas of how the WRHA can address the negative reporting of the health system.

> ***"Relying on the media to create our perceptions of the system is not good. The WRHA should be proactive and get (a more positive) message across in the social media."*** (Member of the Downtown/Point Douglas CHAC)

Council members also challenged the WRHA to consider why people go to the media to share negative experiences that they have with the system.

> ***"Why do people share negative experiences with the media? They're frustrated; don't know what else to do. If they had some place to vet their complaint, they might, or if they felt they were listened to and their issues were addressed – they wouldn't need to go to the media."*** (Member of the River East/Transcona CHAC)

Members of the Councils also shared their thoughts about how a person's expectations of the system impact their perception of how safe the health system is.

> ***"Where do people learn that they have a right to safety? Some people don't know that they have a right to respect and safe care. A person's class and/or cultural background may be more passive, they may expect less, get poor care, and then not complain or leave bad doctors."*** (Members of the Downtown/Point Douglas CHAC)

Council members also commented on experiences where they attempted to share concerns and had a negative response from health care administrators and/or providers. These experiences impacted their perception of the system and trust that their issues would be respectfully considered and addressed. If the experience is negative, it is then shared with others.

> ***"I had serious issues with a particular approach taken to my care and I shared with administration but did not feel heard or respected. We want to be involved in our care. This issue was never resolved, so I share the experience***

***with others, my illness continues, and they never got the full facts in the situation (because they didn't engage me).*"** (Member of the Downtown/Point Douglas CHAC)

"My experience when I complained/shared concerns about my care was that I didn't feel like I was heard. The care I received and the attitude of the care givers changed afterwards." (Member of the River East/Transcona CHAC)

How can the WRHA balance the public perception of the health care system while promoting safety and the need to report?

Given that the WRHA has the highest reporting rates in the country, the uncertainty exists about how the public might interpret this. It could be interpreted as a positive reflection of what the WRHA has accomplished in building a culture where health care providers feel safe to come forward and report critical incidents and that as a result, we are building a safer health care system. Or, the public may believe that this means that we have the least safe health care system in the country. As a result of this, the Councils were asked for their suggestions of how the WRHA could balance the need for promoting safety and reporting with how the public might perceive these increasing rates of critical incidents.

One of the Council members answered this question quite succinctly; encouraging the WRHA to communicate, educate, and promote the patient safety work and the need to report critical incidents, because this will manage the public's perception.

> ***"The answer to the question <u>is</u> the question. Promoting safety and reporting will manage public perception."*** (Member of River Heights/Fort Garry CHAC)

Overall, members of the Councils recommended that the perception of the health care system needs to be looked at not only at the level of the general public's attitudes but at the level of the individual and how each interaction with the system impacts their perception of how safe and how responsive the health care system is.

> ***"Want to build the perception that the system is safe? We need to hear that the system has addressed problems, made changes."*** (Member of St James-Assiniboia/Assiniboine South CHAC)

In exploring how the WRHA can balance public perception, the Councils explored a number of issues including: fear of reporting, lack of awareness of reporting, and how health care providers communicate and interact with patients and families.

Fear of Reporting

> ***"Focusing only on "public perception" doesn't seem right when there's still work to do on the patient and client side of patient safety – to make them feel safe to report when something happens."*** (Member of River Heights/Fort Garry CHAC)

All of the Councils felt that while the region was busy creating a culture where health care providers were made to feel safe to report critical incidents and to change the culture from a blaming one to a learning one, patients and families were left out. As a result, there is little awareness of what a critical incident is and how one would go about

reporting it. For many, there is a fear of reporting a critical incident or of sharing a serious concern that they have about their care. They are afraid that this could impact their care in the long run, so they choose not to. There are some patients, residents, and clients of the health care system that may be especially fearful to report – those who receive on-going care from the safe providers or team of providers, like home care clients, residents of personal care homes, and patients with chronic health issues who require care from a highly specialized team of providers.

> ***"Fear still exists. People are not always comfortable nor do they know how to report incidents and occurances. Work still needs to be done on educating and building confidence and trust of patients to report."*** (Member of River Heights/Fort Garry CHAC)

Treatment and Communication

In exploring the public perception of the health care system, the Councils felt that the WRHA should not lose sight of how individual perception of the system is influenced by how health care providers communicate and interact with patients and families.

> ***"There needs to be respectful communication by both patient and health care provider. They need to respect each other to make the system safe and to build trust."*** (Member of Seven Oaks/Inkster CHAC)

Attitude by health care providers is incredibly important. It needs to be empathetic. Many patients don't know what to expect and they are not sure of how their own experience compares to what they could or should have experienced. Council members also highlighted the need for health care providers to deal with small issues at the outset to hear patients' concerns and to address them. If the small issues are not responded to, it is hard for them to believe that more serious issues and concerns will be acknowledged and responded to.

> ***"If something has not been dealt with at the beginning it can escalate into a huge issue. There needs to be some kind of initial response."*** (Member of the Downtown/Point Douglas CHAC)

Council members also questioned the success of the *Safe to Ask* campaign, which encourages patients to ask their health care providers about aspects of their care.

> ***"Safe to ask? Don't always experience that. Defensiveness still exists, refusal to answer questions, even though this is being promoted across the system."*** (Member of St James-Assiniboia/Assiniboine South CHAC)

Council members then shared their ideas for how the WRHA can balance public perception and build public trust and confidence in the system. Their main recommendations include – having providers share information with patients about reporting, getting feedback from patients on their care experience, holding a public education campaign about patient safety and reporting, working with the media to build an understanding of critical incident reporting processes and rates, continuing to build a culture of learning instead of blaming, and for the WRHA to be part of the larger safety movement.

Health care providers – sharing information about patient safety and reporting
Council members suggested that the WRHA needs to reinforce the importance of good communication with patients, clients, residents, and families. Every staff person needs to be a communicator. This gives patients a foundation for communicating the bigger issues, like reporting a critical incident. Provide information about patient safety initiatives underway within the region, so that patients understand why they are repeatedly asking for your name and birth date and communicate information simply.

Getting Feedback on Care Experience
Councils overwhelming recommended that the WRHA provide more opportunities and options for people to express themselves and to talk about their experience. Their ideas included using comment cards, follow-up calls after care, etc. in order to find out how their care experience was and if anything negative, like a critical incident, occurance, near miss, etc. took place.

Public Education Campaign about Patient Safety and Reporting
An important aspect of managing public perception about the region's increasing rates of critical incidents is building awareness of patient safety and the need for increased reporting of critical incidents. The Councils provided a number of suggestions for what could be included in a public education campaign. It is important to consider the audience in terms of age, culture, and language and make the information accessible to all. Using the approach of storytelling was suggested by all of the Councils. Some of the components of a public education campaign on patient safety and reporting include:

- Share positive outcomes of reporting – this is what happened and this is what we've done in response, the changes we've made, etc.
- Focus on what is done as a result of reporting to improve the safety and quality of our system
- Use WRHA website for storytelling – from a health care provider and a patient's perspective about a critical incident.
- Promote an understanding of the complex and stressful work that health care providers do – to increase empathy from patient/family side.
- "Use Facebook, Twitter, WAVE magazine and communicate in plain simple language the concepts about reporting in order to make it understandable to all segments of the population."

- Work with different cultural groups by doing concentrated work on dealing with perceptions of different cultural groups. Work with cultural groups and centres.
    - ***"Both their experience and perception will be different than others (their "lived reality") Provide detailed information about the changes that were made after a critical incident."*** (Member of the Downtown/Point Douglas CHAC)
- Consider terminology and how inaccessible it can be for people, like the term "critical incident" When educating the public, can we be more descriptive of what this actually is?
    - ***"Reframe "reporting". How can we improve our care? Providing feedback, reporting critical incidents gives us more control over our health care system."*** (Member of the River East/Transcona CHAC)
- Promote how incidents are reported – the Critical Incident reporting line, for example.
- System performance reporting
    - Provide a yearly report on areas of concerns regarding critical incidents and what's being done to address. Highlight issues that have been addressed and the areas of care that have been made safer as a result.
- "Workplace health and safety" commercials. Could use this approach to promote reporting of critical incidents (health care workers and patients)
- Consider that when you share reporting figures, the WRHA should be explaining what the numbers actually mean.

Working with the Media

The Councils had a number of suggestions for working with the media to build awareness of patient safety and what critical incident statistics really mean. They felt that the WRHA needs to be more proactive about getting stories out about the system, both negative and positive, being more transparent. The WRHA needs to explain the numbers; that there is an increase in reported critical incidents is positive and that it means that more people are reporting and that there is learning from these incidents and this helps make the system safer. Some of the Councils' ideas include:

- Communicate after a critical incident is reported in the media – this is what happened and this is what we've done in response, the changes we've made, etc. (Member of Seven Oaks/Inkster CHAC)
- Share what has been learned and what we continue to learn from critical incidents.
- Have the health care professionals share some of their challenges in order to build understanding of what it is to work in the health care system.

Continue to build culture of learning instead of blaming

All of the Councils felt that more work still needs to be done in order to make health care providers feel safe to report a critical incident. The WRHA needs to continue to build an environment where health care providers feel safe to come forward – many are still not feeling safe. Many still do not know enough about reporting or are afraid to report about another staff person.

> ***"(Health care providers need to know) that it is not about victimizing a person who has done wrong, instead that healing and learning should happen. It's about people learning and growing together – an advancement of possibilities."*** (Member of the Downtown/Point Douglas CHAC)

There needs to be continued training and support for staff on critical incident reporting. While there is a process in place, it seems like all staff are not aware of it. There needs to be more attention paid to how to communicate with the family, etc. after a critical incident – to be compassionate and professional. (Member of St James-Assiniboia/Assiniboine South CHAC)

Be part of the larger "safety" movement

And finally, some Council members felt that it would be helpful for the WRHA to tie their patient safety work with other safety initiatives going on across governments and many fields – like the Winnipeg Safety Committee in order to promote a broader discussion about safety with the public.

How can the WRHA create an environment where patients, families, clients, residents, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

During the first set of meetings on the topic of building public trust of the health care system, Council members shared that many patients and family members were afraid to report and/or they were unaware of how to report. They strongly urged that more work be done to build awareness of reporting and critical incidents and to address the fear of reprisal that many patients feel. As such, the Councils were asked during their second set of meetings, to provide suggestions of how the WRHA can create an environment where patients and families feel safe to report and have some awareness about reporting.

To start, the Councils felt that this must begin with communication and good care - building trust through taking time to listen, providing compassionate care, and ensuring patients and families, etc. that it is safe to report, that their care or their loved one's care will not be affected. This needs to start with patients feeling comfortable asking questions about their care and having small issues addressed – this builds a trusting relationship between the patient and the health care provider.

> ***"People need to feel a sense of trust so that if they report something good or bad, something will be done, that things are being fixed, improved."*** (Member of the River East/Transcona CHAC)

Communicating with patients, clients, residents, and families

Good communication is vital for safe and compassionate care. This includes being able to discuss and work to resolve issues that patients, family members, etc. share with them. All of the Councils highlighted the issue of being labelled as a trouble maker if you bring concerns to the attention of some health care providers. The WRHA needs to address this issue with health care providers.

> ***"You're known as a trouble maker if you speak up and report a wrong-doing."*** (Member of the Downtown/Point Douglas CHAC)

Health care providers need to spend more time and listen to patients to build trusting relationships. This needs to be supported by the WRHA.

> ***"Patients and families don't feel that they will be heard. We need to ensure them that we will listen. But this needs to be in place on the health care provider side before we start telling people that they will be heard."*** (Member of St James-Assiniboia/Assiniboine South CHAC)

Patient-centred care
Patient-centred care and patient involvement in their own care is a good back drop and foundation for building trust and increased awareness if something out of the ordinary happens during the course of their care experience -- something that wasn't part of the care plan. The more aware patients are of their treatment and what to expect, the more able they are to identify if a critical incident occurs. This highlights the need for health care providers to involve patients and to talk to them about their care, treatment, etc.

Create an environment where patients and families feel safe and supported
We need to think about the health care system the same way you would think about a community and the needs that patients have – the need to feel protected, the need to be able to participate. We need to figure out how to make this happen. A number of Councils brought up the issue of how many patients and family members feel judged by health care providers because of their socio-economic status, culture, or presence of a mental health issue. If they bring an issue or concern up with their health care provider, they are seen as not credible and their issue is not addressed.

> ***"(We) need an environment where there is no judgement especially where a person may be viewed as not credible because they have mental health issues, an addiction, they are poor, etc."*** (Member of the Downtown/Point Douglas CHAC)

Develop processes that support increased reporting and improved communication with patients and families
All of the Councils were supportive of further patient feedback efforts by the WRHA. This could be done through end of care surveys, follow-up calls after care, calls during on-going care (like home care), and random visits during care to see how their care experience is going. They felt that it was important to have the option for anonymity, to provide feedback anonymously. This would allow for those who are fearful about providing any negative feedback about their care to report.

> ***"An evaluation or exit questionnaire could be given to patients, clients, etc. when they have finished an interaction with the system that asks them to provide feedback about what we did well, what we could improve, to identify excellent care givers, and identify staff that they have concerns about."*** (Member of Seven Oaks/Inkster CHAC)

Councils also suggested that mediators could potentially be used in the process for reporting to address feelings and facts of an event. Health care providers could also be taught some mediation techniques for handling conflict and addressing people from different cultures.

It is important for health care providers to remember that patients, family, etc. will be highly stressed and experiencing lots of emotions when they come forward to report or with serious concerns about their care.

> ***"The culture of health care system is one that typically does not deal with conflict well – although health care providers can deal with physical care, there are huge gaps in terms of how the emotional aspect of care is addressed."***
> (Member of the Downtown/Point Douglas CHAC)

It is important that health care providers and administrators thank patients, etc. for providing feedback and acknowledge that it could be difficult for them but that it is much appreciated and will make the system better.

The Councils also suggested having random visits by quality staff, or a representative from an external organization that has been contracted by the region, to check in with patients, clients, etc. to see how their care experience is going. They could ask if they are happy about how they have been treated and whether or not any issues that they had were dealt with by staff. This could be reported up to supervisors and directors if needed. Sometimes a patient's expectations cannot be met and we need to let patients know this as well.

Address fear that most vulnerable patients have about reporting
The Councils identified the need for further work to be done to make the most vulnerable patients, clients, and residents of the Winnipeg health region feel safe and supported to report a critical incident or share a serious concern about their care. The most vulnerable includes – home care clients, residents of personal care homes, the elderly, patients receiving on-going care by a specialized care team, people with disabilities, people with language barriers, and people who are marginalized because of their socio-economic status, culture, mental health issue, etc.

The Councils felt that a specific approach needs to be taken to support the most vulnerable to come forward and report and to be listened to by health care providers. Having an external organization do follow-up calls could lessen the fear that people have. Home care clients could get regular calls to check in on how things are going and to build understanding and resolve issues.

At the beginning of an on-going care arrangement, "reporting" should be explained and the purpose – to improve the quality of service.

People with language barriers face additional challenges to understanding what has happened and then knowing that they have a right to report and how to report. This needs to be worked on by the WRHA – providing information about reporting in a variety of languages, for example.

> ***"In the disabled community, the fear can be if you say too much, you will be cut off."*** (Member of the St Boniface/St Vital CHAC)

This is addressed by the disability community by having a consumer-oriented (self-managed) approach to care. Some clients assume the role of hiring worker and the ability to reprimand and even fire them. Perhaps elements of this consumer-approach to care could be applied to other areas of health care.

Council members felt that in order to better understand the concerns of vulnerable patients, a focus group with vulnerable patients should be held to find out what they would need to feel safe to report. The WRHA also needs to consider that there are lots of patients who will not be able to report because they are not physically or mentally able to and that it only can be done by staff. This needs to be looked into further.

In order to help make people feel safe to report and to support increased reporting and feedback, the Councils have some suggestions and considerations:

- Stress that it is a learning experience
- Educate patients about how it will be handled
- Difficult for patient to report someone who is responsible for their care
  - Encourage general feedback which includes serious incidents
- Evaluation at the end of stay, care, etc. – those who may need assistance to complete – have someone from patient relations assist
- Collect feedback – have staff phone a little while after a care experience
- Alert/educate people about situations where they were harmed or could be potentially harmed and provide examples to build understanding
- Have quality staff come in and ask patients how their care experience is going, if they have questions or concerns about their care

Ombudsman, patient advocates, and external reviews

One of the Council members shared a story about going through a critical incident in a hospital in which none of the health care providers acknowledged that it had happened. After she was out of hospital she spoke with a public health nurse who then alerted her to the fact that she had experienced a critical incident. She followed up with a patient representative at the hospital who listened and acted as a mediator with all of the parties involved. She was very pleased with how having a third party helped her in this stressful time.

> ***"Knowing that there was someone who you could talk to over the phone and could also meet in person who was an advocate for me was really helpful. I didn't know I could question what had happened. I knew I was hurt, but I didn't know there was someone you could talk to."*** (Member of the St Boniface/St Vital CHAC)

Many of the Councils felt that it would be preferable to have an external person to go to who was separate from health care system, an ombudsman. Their role would be to examine and research incidents at arms-length. The Councils felt that people would feel safer to report to an agency like this, an agency that would have authority to investigate critical incidents, near misses, etc. and to determine outcomes. Councils also suggested a potential volunteer position (a retired nurse or social worker), someone who could check in with patients, etc. to see how they are doing. They would need to have exceptional listening and advocacy skills.

A couple of the Councils felt that there was a need for both internal and external reviews of critical incidents that would depend on the gravity and circumstances surrounding the critical incident.

Training health care providers and other issues regarding health care staff
All of the Councils agreed that further training and support for staff in critical incident reporting, reinforcing that it is safe for them to report, was critical. The WRHA needs to ensure that they understand the process of reporting – what the result will be, that it is not punitive, etc. Also, it would be important that health care providers receive support and training to help them feel more comfortable getting feedback or criticism from patients, and how to resolve issues and deal with conflict

Councils also felt that it is important to provide opportunities for staff who work independently to have a support network.

> ***"Provide opportunities for staff (especially those who work alone) to share negative experiences, issues, get support and learn from each other. Supports are needed to help staff come forward to report."*** (Member of St James-Assiniboia/Assiniboine South CHAC)

> ***"Need to consider not just physical aspect of patient safety, but the mental health safety of patients. Training health care providers to identify signs of suicidal behaviour so that it can be addressed early and a suicide prevented is an important component of this."*** (Member of St James-Assiniboia/Assiniboine South CHAC)

Issues regarding workplace stress, job dissatisfaction, desensitization of some health care providers towards patients also needs to be addressed as it directly impacts on the quality and safety of care.

Public education campaign
An important aspect of making patients and families feel safe and supported to report is building public awareness of reporting critical incidents and the patient safety work that is happening across the region. The Councils provided some suggestions for how this could be done and what could be included.

Their suggestions include:

- Information about patient safety and reporting at all sites
- Have health care providers share information with patients/family – should be encouraging patients to come forward if they have any concerns
- Patient Bill of Rights – all of the Councils felt that the WRHA needs to explore the creation of a Patient Bill of Rights that could be posted at all sites and shared with patients and families
- Safe to ask/Safe to Share campaign – have posters unique for each facility/
- Explain benefits of reporting – how it improves the safety of the system and the quality of care
- Buttons! – the health care system needs to be more proactive and invite questions from patients, clients, family members, etc. ***"Create buttons that say, "Do you have a question? Just ask me."*** (Member of St Boniface/St Vital CHAC)
- Have videos in waiting rooms that provide information about what to do if something happens to you during a health care interaction that harms you, could have harmed you, or raised serious concerns and what to do

Section II

Reports by Council

Downtown and Point Douglas
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- Canada has become more litigious – with media focus on legal and health systems – builds public perception regarding processes and procedures
- Might be more dissatisfaction where there are fewer resources
- Your own personality, views, etc.
- If something good happens, you tell one person, if something bad happens you tell ten people
- Media – hearing negative stories – fulfilling their role of sensationalizing stories
- Expectations may exceed what system can provide
- Person's class and/or cultural background may be more passive, expect less, get poor care, don't complain, don't leave bad doctors
- Walk-in's on Main Street – people are thrilled to get anything so they put up with poorer care
- If people are inclined to talk about negative experiences, then they have positive expectations – high expectations of the health care system
- Negative feedback – could be positive for system – public support for increased funding or more money put towards it out of the provincial budget
- Negative experience sticks with you more than a positive experience
- Individual stories passed around and then fear begins to build
- Make someone's day more positive
- Services which people complain about – emergency departments, finding care on evenings and weekends, and wait times
- Some things are a reality not just perception
- Perceptions coming from the media – relying on media to create our perceptions of the system is not good – WRHA should be proactive and get message across in social media
- Counter-balance misperceptions like in the Winnipeg Sun – poor quality information
- Use Face book, Twitter, WAVE – and plain, simple language and concepts, need to make it accessible to all segments of the population
- System is good – when I hear stories in the media – they don't change my perception but I don't know what I would do if I had a problem/concern – where I would report it

- Have had serious issues with a particular approach taken to my care – I shared with administration but did not feel heard, respected
- We want to be involved in our care – this issue was never resolved – so I share the experience with others, my illness continues, and they never got the full facts in the situation (because they didn't engage me)

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- Every staff person needs to be a communicator (gives you a foundation for communicating the bigger issues – like critical incident reporting, patient safety)
    - Information about safety – why I'm asking your name/birth date, etc
    - Communicate information simply
    - Refusing to communicate is a mistake
- More transparency about processes
- Frame it—the issue – confront it and then address it and make changes to prevent similar incidents in the future
- Make the policy/procedures more easy to understand – re: reporting
- Be genuine and transparent
- Charting at personal care homes – both electronic and paper – may be less information and less accurate re: reporting critical incidents
- Where do people learn that they have a right to safety? Some people don't know that they have a right to respect and safe care
- People experience the system as being done <u>to</u> them rather than <u>for</u> them
- Where do people learn to have a reasonable expectation of safety and respect?
- Look at link between WRHA and schools
- Will be different for youth – teen clinics – they can learn that they have a reasonable expectation to be safe – not just on the walk home, but at the clinic
- Elders in personal care homes – teach them about their right to respect and safety – not just something written on a charter hanging on the wall
- Newcomers – experience where lack of safety has been an issue – get information into cultural centres and cultural associations
- Many experience care providers who are disrespectful, dismissive, etc.
- Parent councils - get information about reporting
- Look at structural ways that the system prevents safety – like – people can't afford medication and medical equipment (wheel chairs, crutches, walkers, etc.), can't afford to be safe, are then at risk
- Do concentrated work on dealing with perceptions of different cultural groups
    - Both their experience and perception will be different than others – their "lived reality" – provide detailed information on the changes that were made after a critical incident
    - Systemic issue that needs to be dealt with

- System performance reporting – provide more detailed information on the statistics – patient load, staff hours, etc.
    - Provide more background information to understand the statistics better
    - Allows the WRHA to get the whole message out
- Work with other safety committees on their statistics – like Winnipeg Safety Committee
    - Safety across many fields – health, city work, playgrounds, schools, etc.
    - Broader discussion about "safety" with the public
    - Issue of risk-taking – some group within the population – make safety cooler than risk-taking
- Language barriers create safety issues and people don't know anything about reporting incidents as a result
- People who get on-going care (home care, personal care home, etc.) should have an opportunity and be invited to provide feedback about their care on a regular basis – make them feel safe and comfortable to share this feedback
- Should base the change in culture of reporting on the virtues project – within the staff and with respect to communications with patients and clients
    - Go to values and principles as a foundation for making the change
    - Change focus from anxiety about the incident to a focus on heightened quality for care provided
    - Use posters – what honesty is
    - Consultation among peers – approach, confidential
- We all play an advocacy role in our own care
- Not about victimizing a person who has done wrong – instead – healing and learning should happen
    - It's about people learning and growing together
    - "advancement of possibilities"
- People are still afraid to report (at personal care homes) – no one has shared process or where incident reporting form is
- Interim steps – if a report is made – respond to people after they have reported – so people know that they have been heard, that their issue is being dealt with
- Need an environment of consultation – good communication
- Make sure that when people have something to say that they have an opportunity to say it, to be heard,
- Share positive stories and outcomes of critical incidents
- Tell the story of how an incident was resolved – we know things happen, mistakes are made – it can be handled properly
- Let's focus on how people are treated – respectfully, as a participant in their care – and work collaboratively together
- Role of nurse – facilitator between doctor and patient
- Attitude of administration at doctors' offices – gatekeepers for the doctors – they can be negative, not listen to patients, do not enable them to share their concerns and discuss issues with the doctor

- If something has not been dealt with at the beginning it can escalate into a huge issue – there needs to be some kind of initial response
- Provide information to clients and patients – if something happens…this is what you do…

Downtown and Point Douglas
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System
Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

- You're known as a trouble maker if you speak up and report a wrong-doing
- Ombudsman position – mechanism to report wrong-doing
- Educating the public about critical incident reporting – why we do it, what they are, how to report, critical incident report line – provide examples of how the system responds to and learns from a critical incident with examples of solutions to address
- Having someone to speak to
- An environment where there is no judgement especially where a person may be viewed as not credible because they have mental health issues, an addiction, etc.
- Need to address bullying to stay quiet (pressure on health care providers) – supports are needed to help staff come forward to report
- Patients afraid to come forward – that doing so will impact their care, make them lose their care provider
- Think about the "environment" the same way that you would think about a community – need to feel protected, need to be able to participate – how are we enabling this to happen? Need to feel valued, take part in decision-making. How is their identity addressed?
- There are cultures within individual health care sites
- Lots of feelings – will be highly stressed when bringing forward concerns or reporting a critical incident, etc. – health care system – a culture that does not deal well with conflict. Challenge – although we do well with physical aspect of care, there are huge gaps in terms of how the emotional aspect of care is addressed
- Needs to be confidential, intensive listening
- People will need to sort through feelings, etc. before reporting
- Use mediators to help address feelings and facts of a case/incident
- Resourcing care givers with those skills – handling feelings
- Should think about it as "providing feedback to improve the quality of care"
- People who work in health need to be educated about psychology in order to improve interactions with patients, etc. (many stresses, anxieties, experienced by health care providers) – learn to listen and redirect
- Mediation – teaching people in health care to be able to handle conflict and deal with different cultures
- Home care clients – get outside person to get feedback on how things are going – health care worker will be aware and improve their care

- Feedback is mailed to people after care at hospital – completely anonymous – really important
- Keep opportunities for feedback open and accessible for people
- Phone calls to solicit feedback on how a health care interaction went
- Evaluations for doctors
- Volunteer positions – intensive listening – patients share their experiences – need to have mediation skills, etc. – could be support person for patient, could accompany to doctor visits, etc. – part of process to support them in reporting, providing feedback
- "environment" that would be conducive to supporting patients, families, etc. to feel to safe to report – should be a space that is human, going to where people are, taking time with people, music, create calm with colour – for staff, work around self-care, build into work time, compassion
- Should consider physical and mental well-being of health care workers, if they're stressed they won't provide good care, be able to listen, be compassionate, etc. – they'll just be burnt out
- Utilize people from outside the "system" to perform roles to help navigate, support patients and clients
- Inter-generational – link up people and patients through volunteering

River East and Transcona
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- Talking with seniors – multiple stories of poor care
- Stigma of ER -- wont' go because I will wait too long
- From your experience – huge connection between how you are treated and your socio-economic status also impacts your ability to access system, get help
- Some people get their health needs met, others (in oppressed groups) don't get their health care needs met – which then become bigger health issues
- Many people are used to not having their needs met (health or otherwise) and they don't know how to make it happen
- Should focus on formative years – ensuring that children's needs are met
- Issues of equity of care, compassion, non-judgemental approach and attitude – starts at grassroots level
- My experience when I complained, shared concerns – didn't feel like I was heard and the care I received and the attitude of care givers changed after that
- Always had good experiences with the system – but had a negative attitude about the system – expected that the care wouldn't be good
- Need to raise awareness of general public – of where to go for services
- Importance of compassion – starting day off with the staff focused on providing compassionate care
- As a caregiver with the elderly, when they are sent to ER they have had problems – communication, seems that the staff do not want them in the ER – for fractures, etc. – need more attention, respect for elderly patients

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- Focus on what has been done since the incident – in response to it – this is how we're improving – will be relieving to the public

- Aging population accessing the system – many afraid of technology – fear of reporting, that there will be repercussions on their care – need to do more work to make people feel safe to report
- General perception – that the health care system is broken – critical incident reporting seems to support that fact – seems to be more evidence that their perception is correct
- Could be large gap in time between event and when it is addressed
- Although – student nurse in hospital has seen this turned around much faster – critical incident resulted in new policies/procedures on a unit
- Take "lean" approach – improve efficiency and safety
- From within the system – see system change, comforted that reported has increased, that we are learning from events, taking action, seeing results
- Need to consider how wording (like critical incident) impacts people – sounds negative, scary
- How can we prevent them from happening again?
- Travel outside of country to see how good we have it here, how much safer it is
- Need to educate public – from point of access – what's happening to make system safer to prevent critical incidents
- Share reports, what's being worked on – information is on the website, but people don't know about it
- Share through WAVE, Aspire, newspaper, etc. – needs to be an openness, transparency to ideas from the public
- People share with others will slowly change as people share positive stories about the system
- Promote ways for the public to engage (CI reporting line)
- System is more flexible, include patients, consumers, families to change from blaming to learning
    - Staff are changing their mindset but consumers have not
- Need articles in different languages, simple plain language – Face book, Twitter – effective for younger population – they will tell their parents, grandparents about the health care system
- Campaign to let people know about complaints process, etc.
    - Councils could play role in this – kiosks at malls, etc.
- Need variety of approaches – to meet different segments of the population
- Important to give people information about what's happening like at ER's – waiting times, etc.
- Making "stories" that people share – complaints, compliments on website – region is working on this
- Need to understand what people's expectations are
- People need to feel a sense of trust – reporting good or bad – and that something will be done – things are being fixed, improved
- Need to be given more opportunities to express themselves – solicit feedback – more is better – provide more ways for people to talk about their experience – comment cards, follow-up calls after care, etc.

- Make sure to give opportunities after hospital care for feedback especially
- Get the positive news out, only bad news is getting out – increase presence of positive stories
- Tell people when they are doing a good job
- Some very poor bedside manner – afraid to tell about bad experiences because nothing happens – won't share information, poor communication
- Should keep complaints in perspective – lots go through and don't complain
- People are sharing negative stories in the community
- Provide information at the bottom of the discharge and other forms for people to provide feedback
- Publicize the information
- Should provide feedback not just complain to others
- When you're in the hospital because you're not well – it is negative because you're ill – how can the staff turn it around?

River East and Transcona
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System
Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

- Hospital – surveys – provide anonymous option—also mail out post-care – but need to be clear who reads the completed surveys, what happens to the information, who has authority to investigate/make changes, etc. as a result of the feedback provided by a patient
    - Surveys – provide an opportunity to share concerns
    - How can you do this in a community, home care, etc. setting?
    - Need safe options for sharing concerns, occurances, etc.
- Comment box – could identify staff and still remain anonymous
- Patient care responsibilities – to deal with home care – visit home care clients on a regular basis to hear concerns
- Have a media campaign about patient rights – it's okay to bring concerns forward issues
- Health care providers should be advocates of this – encouraging people to come forward
- Educate family of home care clients about reporting, how to, bringing issues forward, etc.
- Option to be anonymous – but also to get feedback – then you can leave name
- Informing people about Critical Incident reporting line – advice, what to do, etc.
    - Klinic
    - After hours – WRHA
- Patient representatives in health care settings to help – as impartial third party to help ask questions, act on their behalf – neutral party – look to others for help
- Need to educate the public about what the options are
- Explain at the onset of care – in hospital, home care – explain what their rights are, information about reporting, etc.
- Create an environment of learning instead of blaming -- providers will be insecure to report – mistakes happen
    - If they have a bad experience after reporting, they won't report again, they will be fearful to
- Ombudsman – separate from system – can examine and research incidents at arms-length – people will feel safe reporting to an agency like this – authority to investigate critical incidents, near misses, etc. and to determine outcomes
- Something separate – you know that change will be created as a result of reporting

- Need to consider cultural differences in the way that people perceive things – may lack confidence, feel insecure to report
- Have mission statement, values – re: treating people – share with the public, should be on the minds of health care providers (in the fore front) – to connect more with the population
- Overall treatment of people – how important this is
- Reporting on-line – anonymously – have an "app" for this
- The patient's perception of what happened, even if minor, needs to be acknowledged – it impacts people
- As a staff who witnesses something – they should be made to feel comfortable coming forward
- Critical incident reporting line – should be at bedsides, accessible for home care clients, etc.
- Description of what a critical incident is – when in doubt – phone into the critical incident reporting line
- We need to get better by listening to people and build on what we're doing well
- Simple open invitation to report – it's okay to ask us, share concerns – it's your right and responsibility
- Central contact point for questions, concerns, etc.
- Why do some people share negative experiences with the media? They're frustrated, don't know what else to do – if they had some place to vet their complaint they might do that instead
- Big campaign to get the information out there – have health care providers share the information before and during care – options, how to report – after – problems? Anything you'd like to talk about?
- Before you share concerns, need to know if something will happen as a result, will it be helpful? Will it create a different outcome for others?
- Need to follow-up with people who share concerns or report – let them know what happened
- Yearly report – here are some examples of areas of concern/issues that have been reported – and this is how we responded
- How do we have courageous conversations? Be our own advocates? Write down questions, concerns to share with health care providers
- Does each site have a "patient's bill of rights"? – seems to be a huge gap – we should be looking at rights and responsibilities
- Public health needs lots of education about prescription and medication issues and potential dangers
- We form relationships with our providers – may not feel great about reporting a family doctor – especially if we don't know what will happen as a result of reporting – i.e. changes that will be made. Will this doctor get in trouble?
- Barriers that many face to sharing concerns – language, literacy
- Credibility of people may be judged and their complaint or report won't be taken seriously – socio-economic, culture, the homeless – all have just as much a right to complain as someone who is wealthy

- Share information with them and family/friends – here is information about your rights – to share concerns, report, etc.
- Sometimes people just want to be acknowledged – need to be validated
- Storytelling is a form of healing
- Deal with the issues – staff should have dealt with their own issues so that they can provide good care to others – have self-growth, learning plan
- Learn from mistakes – how could it have been prevented?
- "Checklist manifesto" – need to check list to prevent things from going wrong – what questions should we have asked? Encourage health care providers to ask the right questions
- Need for understanding different cultures – people may respond positively because they feel it is expected
- Surveys – if something went wrong - what could they have done to make it better?
- Reframing – how can we improve this? Providing feedback, reporting critical incidents gives us more control over our health care system

River Heights and Fort Garry
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- What about when something happens to you as a patient – and you lose trust in the system? If it was your doctor – your relationship, the trust is hurt
- Promote discussion about events between health care providers and patients so that we can understand each other's experience better

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- Column in newspaper – that explains patient safety reporting – major themes – and how the WRHA manages/follows-up on this – the learning that occurs – what changes were done as a result (for example, case of Brian Sinclair)
- Solicit more feedback from patients before discharge or post care – to find out how their care experience was, if any adverse/occurances took place
- Probably positive overall – should share the good things about the system as well
- Be proactive with the media about sharing positive stories about the system
- Accountability of professionals – equally important – ensuring that clinical practices are up to date – and that safe care is provided
- Training and support for managers in reporting so they can support this occurring at their site – like, community health centres
- We will get more and more numbers re: critical incidents – this will be an issue?
- Seems like a political issue - -concerned about public perception
- Unless it happens to you or a family member – you don't really think about it
- Fears still exist from patients in long term treatment – re: reporting incidents – concerned that nurses, doctors will continue to provide care and that reporting an incident could impact this care
- Fears still exist, people not always comfortable nor do they know how to report incidents/occurances
    - Work still needs to be done on education and building confidence and trust of patients to report

    - Focusing only on “public perceptions” doesn’t seem right when there’s still work to do on the patient/client side of patient safety
- Make it easy to report, is there follow-up? Ensure anonymity, ask patients how they would like it to be resolved
- When you make it more easy, less fearful of negative consequences of reporting, people are then less shocked when they hear about events in the media
- When there’s more reporting, hopefully the numbers of very bad critical incidents will drop overall as the system becomes more safe
- Healthcare providers need to feel safe to report
- The answer to the question <u>is</u> the question: “promoting safety and reporting will manage public perception”
- Accepting that incidents can happen – share information about patient safety and reporting – perception may change as the overall situation is not so bad
- Explaining the numbers – that there is an increase in reported critical incidents is positive – this means that more people are reporting and we’re learning from the incidents
- WRHA communications can send out tweets, share information via Facebook to explain the numbers or a negative story
- Changing how we’re viewing things – “feedback” instead of “complaints” – let us know how we’re doing
- Reframe experiencing a negative event yourself
- Ultimately, it is the person’s right to report or not

River Heights and Fort Garry
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System
Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

- Providing family privacy so that they are encouraged to talk – encouraging them to discuss
- Health care providers should provide feedback to the family after a report is made – about what happened as a result of the incident – changes to policies, etc.
- Health care providers need to take the time to listen to patients
- Have someone to go to when you feel uncomfortable speaking with the health care provider involved
- Have a campaign that provides information on reporting and who you can talk to
- Promote the critical incident reporting line
- "Safe to Ask" – have posters that are unique to each facility
- If an incident occurs, the health care provider should tell the patient, family
- Videos at sites in the waiting rooms that provide information about what to do is something happens to you during a health care interaction that harms you, could have harmed you, or raised serious concerns – and then – what to do
- Pre-admission – include statement "we want our care to be at the highest level…if you have concerns…."
- Use bulletin boards in patient rooms for information on how to report
- Patient bill of rights – conversation with the first point of contact – this should stress safety, confidentiality, and if an adverse or unwanted event happens to you during your care – that this be reported to you
- Staff need to be alert to safety issues
- Educate staff – it's okay to report if you make a mistake
- Make patient feel safe to report

Vulnerable patients

- Lots of patients who will not be able to report – it only can be done by staff – this is an issue
- Stress that it is a learning experience
- Educate patients about how it will be handled
- Difficult for patient to report someone who is responsible for their care
    - Encourage general feedback which includes serious incidents
- Evaluation at the end of stay, care, etc. – those who may need assistance to complete – have someone from patient relations assist

- Collect feedback – have staff phone a little while after a care experience
- Alert/educate people about situations where they were harmed, potentially harmed – provide examples to build understanding
- Have quality staff come in and ask patients how their care experience is going, if they have questions or concerns about their care
- Will always have people who won't complain and those who won't stop complaining – how can you address that?
- Need to ensure that all staff have a good understanding of what critical incidents, near misses, etc. are, the need to report, how report, etc.
- Patient centred care and patient involvement in their own care – is a good back drop and foundation for there to be increased awareness if something out of the ordinary happens during the course of their care experience - -something that wasn't part of the care plan
    - Patient will have better understanding of care, treatments, etc. so they will be more aware when something goes wrong – health care provider goes through/explains care and treatment with them
- Re-roll out "Safe to Ask" – educate providers and public before
- Could introduce "Safe to Report or Safe to Share" – including definitions that ties this initial campaign to one that increases public awareness of reporting
- People with sensory disabilities, language barriers – face additional barriers to understanding what's going on in their care and to be aware if something out of the ordinary occurs that they should report
- Also need to consider the emotional stress that people experience just going through an event – makes it hard for them to focus and remember

Home care

- Lack of regularity or consistency of staff
- Contact person, supervisor to connect with
- Would try and resolve issues with the home care worker first before going to supervisor
- More grey areas re: when an incident, etc. occurs at home
- Regularly occurring incidents may point to need for more care and support for client
- Having more consistent care, getting to know worker, their role would be helpful
- Have an additional staff of family member present – decreases vulnerability
- Celebrate successes – things that are done really well
- Fear of reporting when you have to go to the same health care team for treatment
- Being able to report anonymously would help
- Long term care – have ombudsman – third party – to check –in with residents to see how things are going
- Posing questions, hold focus groups with patients who are most vulnerable and least likely to come forward
    - Cancer patients, home care clients, residents of personal care homes,
    - What would make you feel comfortable to come forward?
    - Then use this to inform the system and become practice

- Encourage health care providers to tell patients to come forward if they have any concerns
- Provide examples of the benefits to them and to others – an example of what happens when an incident is reported….how we learn from it and make changes to processes, policy, etc. to make the system safer

Seven Oaks and Inkster
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- Media reporting has been more sensationalized – been all over the world and the health care system in Manitoba is the safest in the world – from hospitals to home care – we need to look at the big picture – good things are happening here
- How does a person build a perception of the health care system – if it is safe or not? – from personal experiences
- What is the public's perception of how safe the system is? Sounds like people feel that it is safe

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- Just hope that the tragic events don't happen again – like major mistakes in surgery (wrong limb removed, etc.) – you hear about these stories from all over the world
- Need to be understanding, not hold negative attitude toward patient if they have a concern but the health care provider can not find a cure – should provide options instead, listening, perhaps someone else could find cause or provide diagnosis
- Respect – towards and from – patient, doctor, nurse, etc. – it is all about respect – need to respect each other to make the system safe and build trust
- Health care providers need to learn as much as possible about the patient, their concern
- Before the WRHA reports on an incident – they should have their facts straight before media covers it – otherwise – they are not building trust if they change the story – need to be transparent
- Communicate after the event – this is what happened and this is what we've done in response, the changes we've made, etc.
- There is information on critical incidents on the WRHA website – without naming the individual – that the public can read
- In the media – critical incidents – you hear/read part truths – WRHA will release a certain amount of information then media gets more and it looks like a cover up

- A few incidents become sensationalized, but in what percentage of interactions does something negative happen? We don't hear the good side – should look at the positive side
- On the website – include positive comments from people
- Positive treatment/care can outweigh the negative
- Share positive stories
- Somewhere on the website - -put positive feedback
- Although critical incidents happen, health care workers get hurt as well within the system
- Culture of learning – improving safety and reducing harm
- Can we look at statistics for different safety issues? Like, rates of infection – we started with X rate and reduced it to Y rate
- People go to work in the health care system with desire to provide good care, no intention to harm
- What are we learning? How have we made the system safer?
    - Actions taken to remedy
    - Timeliness of communication back to patient/family – of the outcomes of an investigation
- Information sharing through television – share positives, what's being done re: making the system safer
- People want to be heard
- Focus on big picture, media picks up negative stories – tell public that there are still positives happening – media, internet, etc – build positive image
- How do some people get to the point where they tell their story in the media?
    - Were their issues not being addressed at the site? Did they feel listened to? Were their issues/concerns resolved?
    - If we do this properly – then there won't be a need to go to the media
- As a health care worker, I can see both sides – as staff in hospital and as patient/family member advocating for son who needs on-going care
- People become angry when they don't feel listened to – go to media
    - Families/patients need to be directed and supported to share their concerns
    - Mechanism exists to receive complaints – this would decrease the numbers of incidents that go to the media
- Concerns about being labelled as "difficult"
- Respect, and provide good customer service
- Attitude is so important – empathy – good care, treatment
- Hospitals are so big (large numbers of staff and patients) compassion seems to decrease
- Have the health care professionals share some of their challenges – build understanding of what it is to work in the health care system
- After-care evaluation – good idea – should be everywhere
- Is the fact that you might end up being taken to a hospital further away in a medical emergency by ambulance a patient safety issue?

- People should be made aware of the changes within the system – like boundaries for ambulance/paramedics to specific hospitals
- Need to be active in your care – advocate for yourself
- Some cultures may not be as comfortable or interested in reporting
- Need to work on increasing awareness on patient side about how to report an incident

Seven Oaks and Inkster
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

- Nurses share issues of understaffing, being over-worked, long shifts – it's inevitable that mistakes will happen – stressful working conditions
- Public doesn't look at health care system objectively
- Critical points in the health care system – out of control – spending is increasing, expectations are increasing
- Fear of repercussions on care if patient or family reports
- If family is checking up – perhaps care will be better
- If small issues are addressed re: care – then patients and family will have more faith that more significant and serious issues will be listened to and addressed
    - Staff need to let you know if and how your issues has been resolved or followed-up on
- Zero-tolerance for violence – should be enforced across the system – this will build trust
- When issues are not addressed – lawsuits will be increasingly made against staff
- Most people really care, some are there for the pay cheque and are protected by their unions
- Can't teach some one to be "caring" – you either have it or you don't
- Job dissatisfaction impacts how staff care for patients
- Health care staff become desensitized – don't appreciate how different things are important for different people
- Have a staff person randomly visit patients, residents, clients – to check in how their care experience is going or went – how was the attitude of your care provider? How were you treated? Were your issues dealt with?
    - This could be reported up to supervisors/directors if needed
    - Audits of files – follow-up after care to see how their experience was
    - "you have been heard" – will follow-up – need to let patients know this
    - Sometimes expectations can not be met --- need to let patients know this as well
- So much is about communication
- Issues that occur as a result of shift changes
- Workplace is changing – new generation and their approach to work and communicating via technology

- Public should look at health care system more objectively – have access to more facts to clarify and build balanced view
- Health care staff – being personable would build trust
- Check-up calls from home care supervisors to see how things are going, if their care needs have changed, etc.
- One nurse – communicates with families via email, builds relationships, no complaints, issues don't build up
    - Open lines of communication with the family
    - Patients feel that you are involved and that you care
- Many home care clients really appreciate home care workers spending time, talking with them
- Evaluation or exit questionnaires when you've finished an interaction with the system – what we did well, what we could improve, identify excellent care givers, identify staff who you have concerns about
- Rewards and recognition – positive feedback to those who provided good care
- Management – should be aware and speak with staff who've had complaints against them
- Get information when you begin an interaction with the system – staff should share information about how to report, etc.
- WRHA – use magazines, etc. to educate about reporting – website – post Critical incident reviews
- Television – highlight issue of reporting – use different professionals to share information as part of media campaign
- Patient advocate position – check in with patients in acute care settings – how are we doing?
- Have advisory committees made up of volunteers – similar to the patient-family advisory committee at Children's Hospital – patients, clients, family can go to them to share any issues that they have with their care (if they feel uncomfortable going to a staff person) – have a regional committee (made up of representatives from each of the patient-family advisory committees across all of the sites/programs) oversee the work and address regional issues – in an advisory capacity to Quality/Patient Safety Program

St Boniface and St Vital
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System – revised notes

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- Personal experiences – own/family
- Media – compare "story" to own experience – might reinforce the perception or alter the perception
- Hearing of incidents where health care staff don't know what to do when an emergency happens – that builds fear of system
- Was a patient – 3 surgeries over one year – impressed with surgery and patient safety practices
- Media plays a part in how you see the system – talking to coworkers, friends – influenced by their experiences
- Having a good experience makes me feel that it is safe
- Worked in system, family members in health care system – primary source of perception – reading, worked at centre for health policy
- Mixed perception, depends on the program, the site
- Health system in need to repair – but would have to get specific about the area
- Public may perceive there is waste – but those who had good experience have glowing perception
- Media focuses on negative stories
- Difficult to change someone's perception – they look for things to support their belief
- Maybe we can influence perception – but should focus on doing things right and people will get better experience, therefore, better perception
- Innovative ways to build positive perception of the system
- Have never been a patient – experience as a student nurse – mixed experience at hospitals, there is some complacency – there will be resistance to change

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- Critical incident reporting is voluntary – rely on people to report – it should be an expectation
- Still uncertain about what the numbers really tell us – i.e. is the system safe or not?
  - There are standards/best practice
  - Optimistic – working in good direction…"an expert in the field must know mistakes or the errors that could happen…"
- Systemic mistakes – make the improvements included in education of health care providers
- Good thing to learn from our mistakes – categorize them, identify themes and patterns
- Toxicity within the system – stress, bullying – more likely to make mistakes if you are stressed – need to address those issues to make system safer too
- 40,000 occurances – what are the critical areas? Did not create serious harm for anyone?
- CI's – 600 last year
- Who decides what a critical incident is?
    - Called into CI phone line
    - Will check against algorhythm – sometimes it is a complaint – then it gets redirected to complaints line
- As manager – look at quality, performance issues – gathering data that is not favourable
- Flood system with information – annually with the public (example of what corrections department has done)
- Focus on how critical incidents can be prevented
- Walking people through what to expect – for example, at a pre-operation clinic
- A lot of patients don't know what to expect – not sure how their own experience compares to what they could have experienced
- Health care workers at personal care homes spend a lot of time filling out forms at the end of a shift – less time with patients – how does this impact care and the primary purpose of caring for patients/residents
- Trust – public will have more faith in numbers if a third party reports
- Involvement of external people to the WRHA – people who used to work in the field involved but not currently employed by WRHA
- Independent judgement on reviews of critical incidents
- We might be unaware of biases inherent in the system
- Need for both internal and external reviews – should depend on the gravity/ circumstances surrounding the critical incident – both are important, don't want to build too much bureaucracy
- Consumer satisfaction surveys – everyone who comes in – get their feedback and analyze, then report
- Random public poll

- Masters' students studies on patient satisfaction
- WRHA should get feedback on positive experiences that people have with the health system as well
- WRHA should encourage the use of surveys to capture if health care experiences that people have are positive or negative
- There is an obligation (on both health care providers and patients/clients) to report
- Morale among staff is impacted by critical incidents
- Do we compare our critical incident numbers to others – is no one else reporting critical incidents like the WRHA?
- Is standardization of reporting happening across the country – don't know.
- Can we learn from trends in other fields about culture change and building level of comfort to report

St Boniface and St Vital
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

- Spoke to hospital representative (after finding out through a public health nurse that I had experienced a CI in the hospital – no-one in the hospital told me) – the hospital representative was a good listener and acted as a mediator with all parties involved – including college of physicians, college of nurses) – it worked well having a third party to work with
- Knowing that there was someone who you could talk to over the phone, could also meet in person – patient advocate role
- Didn't know I could question what had happened. I knew I was hurt – but didn't know there was someone you could talk to
- Change the culture of the organization – tell us what is going to take place, who does what – charge nurse should introduce them self
- When you leave a care interaction – how did we do? Ask me for my feedback
- Hospitals particularly can be impersonal
- Adding a personal touch builds trust
- What about personal care homes/home care?
    - More vulnerable – lack of communication of where to go if you have concerns – there's a fear that service will be cut-off
    - Don't know what staff will show up
- If patient doesn't feel safe to report – this impacts the system because they won't know that an incident occurred
- Patient needs to feel safe – this reporting won't affect my care or others in my cultural group
- Need to feel more like a "consumer" than a patient
- Communication needs to open up, need to learn, be aware of where we can go to air your concerns
- Need to feel comfortable to ask a question
- System needs to be more pro-active – invite questions – have staff wear buttons that say, "do you have a question, ask me" – this would build trust
- Important to have an advocate, intermediary to go to – people will need to know about the existence of these positions and how to connect with them
- Critical Incident Review – "the system looking at the system" – the patient is outside of this process

- In hospitals – spiritual care providers – maybe their role can include asking how people are doing
- Needs to be an awareness that an event happened
- Reporting is voluntary – no fool proof method of discovering CI took place, occurances, etc.
- There should be incentives for staff to come forward and report – this needs to be positively reinforced
- CI reviews can be objective – they are removed from the event but know the work very well and what should have happened
- Reports are anonymous – this increases the comfort
- Patient/family are invited to discuss issue with health care team – will build trust, working towards common goal, sharing ideas, etc.. - -would build trust, feeling that it would be safe to report
- Relationship builds trust to report
- Situation with homecare is unique
    - Have random calls and meetings taped and reviewed by quality assurance
    - Home care client has the most to lose if they report
- If you are vulnerable and dependent on a service you have only one choice – this makes it extremely difficult to come forward
- Healing circles, talking circles – First Nations – maybe a good approach
- In the disabled community, fear can be – don't say too much – you might be cut off home care and slated for a personal care home
- Importance of patient advocates
- Need something to build the trust in the system – advocacy – a good first step
- Patient-centred approach – everyone has to take this approach – ask patient if their needs are being met, etc.
- "the customer is always right"
- Consumer oriented approach in disability community – hiring workers, ability to fire/reprimand
- Being transparent is important
- Staff who can check in with patients to see how they're doing
- Patients need to feel empowered – that they could sue if they choose

St James-Assiniboia and Assiniboine South
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting One:

Where does a person's perception of the relative safety of the health care system come from? (from their own experience, experiences with the system shared by friends, family, co-workers, etc., stories in the media, from working or volunteering within the system, etc.)

- People have overall trust in the system, perhaps until you have a negative experience
- Most people trust the system – sometimes the type of person you are can impact how you are treated
- People expect the care to be good, so we're surprised when it doesn't go well – and we share the story with others

How can the WRHA balance the public perception (that the system may becoming less safe as a result in the increase in reporting of critical incidents)

- People should still be held accountable for their actions, especially if they have been negligent
- Incident review – legal privilege so learning can take place – not a disciplinary process
- Disciplinary response when appropriate – especially through professional association
- Follow-up after critical incident – did not go smoothly – didn't resolve things for this person – not great communication
- Process in place – but seems like all staff are not aware and/or follow – how to communicate with the family, etc. after a critical incident – be compassionate, professional – needs to be done
- Culture change of staff – is still a challenge
- Practical training, hands-on with staff – what to do after an incident happens
- There hasn't been enough public awareness work done to promote the "reporting line" – 24 hours/7 days per week – live person – "if you think a critical incident as occurred…" – will people understand this?
- Reporting statistics should be seen as a positive (that they're increasing) – learning from critical incidents
- Build perception that the system is safe? Less safe? Need to hear that the system has addressed problems, made changes

- Lose confidence in the system when your experience doesn't add up to what you've been told is supposed to be happening (for example, asking for ID and birthday – didn't happen 1 week ago) Patient safety initiatives not happening across all sites
- Share positive things that have happened
- Most mistakes in other professions are not life or death – but in the health system they can be – do not intend to hurt people or make mistakes
- Workload – issues with nurses working shifts that are too long – successive shifts – all the initiatives in the world will not address this
- Change public perception – get people talking about the issues around patient safety
- Share critical incident reviews that have a positive outcome
- Continue to share (at bed sides at acute care) information with patients, family members about patient safety issues – ask questions about your medication, etc.
    - Volunteers to distribute
    - Need for open communication
- Fear still exists that if you report something your care will be impacted – how can you help people feel safe to report?
- Safe to ask? Don't always experience that – defensiveness still exists, refusal to answer questions, even though this is being promoted across the system
- Change still needs to happen with the caregivers – insecurities? Still discomfort with difficult conversations
- Get media on your side – portraying things favourably – like the "60 second driver" format
- Hearing more positive experiences
- "Workplace health and safety" commercials – could use this approach to promote reporting of critical incidents (health care workers and patients)
- Consider that when you share reporting figures –explain what the numbers actually mean
- How about tracking when things go right?
- If you wait until a critical incident is reported in the media, we become reactive, and look defensive – can't share info because of PHIA, etc. – this builds public mistrust
- Share initiatives that are going on with the public

St James-Assiniboia and Assiniboine South
Community Health Advisory Council

Topic: Building Public Trust of the Health Care System

Meeting Two:

How can the WRHA create an environment where patients, families, clients, etc. feel safe and supported to come forward and report a critical incident, near miss, occurance, etc. or share a serious concern about a health care experience?

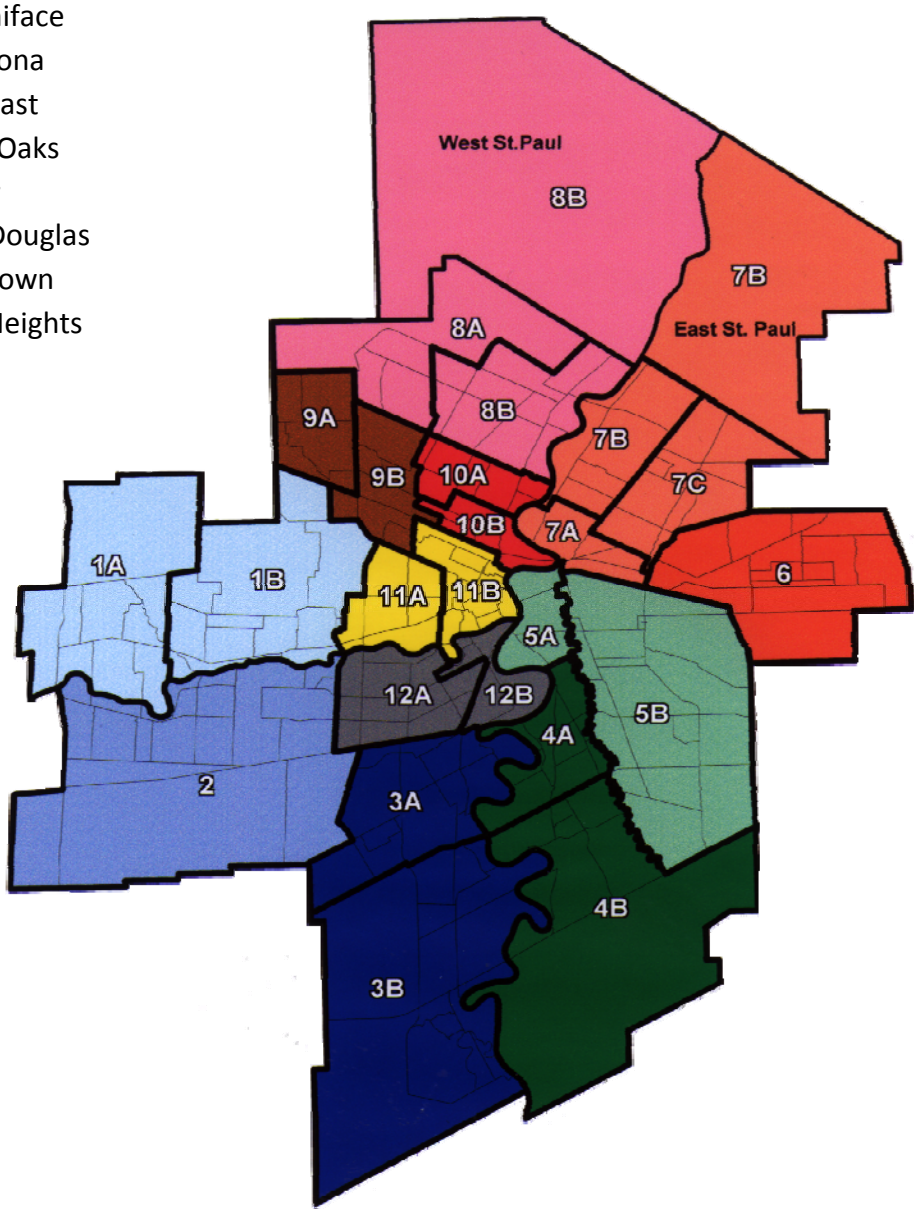
- Health care providers – should reinforce that it's okay if a mistake is made – and be encouraged to report and document mistakes
- People assume that health care providers are documenting everything – including mistakes, errors, etc.
- Ensure that health care providers understand the process of reporting – what the end result will be – that it is not punitive, etc.
- Educate the public about the reporting process and help them understand what will happen – how to report, etc. and what the end result will be
- Home care provider and client should talk about how things are going on regular basis – to build understanding and resolve issues
- What are peoples' expectations about their care – like home care – client's perception and caregiver's service may be different
- At the beginning of an on-going care arrangement, explain "reporting" and what it's about – the goal to improve the quality of service
- People are not hesitant to complain on-line anonymously but are worried about complaining or reporting an incident directly
- We need to figure out what the benefit is of reporting -- personally and then to the organization – improving quality
- Need to provide opportunities for feedback – a document to fill out or a third party to phone and do quality control checks on random clients or patients
- Family doctors can share information about reporting with patients – part of a public information campaign
- At the first point of contact for care – should ask you to provide feedback about your care experience
- Shouldn't be confrontational
- Personal care homes – would you be happy with one that had reported critical incidents or didn't have any? Information on CI's should be included with information about care
- Health care providers – need to help them learn, feel comfortable with some criticism, getting feedback from patients, clients, families

- A lot of providers are working on their own – don't have opportunities to share negative experiences, issues, get support and learn from each other – need to provide opportunities for this
- Patients and families don't feel that they will be heard – need to ensure them that we will listen – but this needs to be in place on the health care provider side before we start telling people that they will be heard
- It's important to thank patients, families for reporting, sharing concerns, etc. – they need to know what the outcome is too
- Anonymity is really important – to make people feel safe to report – like comment cards – they shouldn't worry that there will be repercussions
- Seniors – from a time when you didn't question a doctor – won't bring up concerns
- More than just physical aspects of patient safety – need to consider mental health safety – training health care providers to identify signs of suicidal behaviour so that it can be addressed early and suicide prevented
- Most family doctors are not trained in counselling nor do they ask or look for suicidal behaviour/tendencies in their patients

Appendix A

Map of the Community Areas in the Winnipeg Health Region

1 St. James – Assiniboia
2 Assiniboine South
3 Fort Garry
4 St. Vital
5 St. Boniface
6 Transcona
7 River East
8 Seven Oaks
9 Inkster
10 Point Douglas
11 Downtown
12 River Heights



Appendix B

Acknowledgements
Members of the Community Health Advisory Councils
Board Liaisons to the Councils
Support Staff for Councils

Members of Community Health Advisory Councils
2010-2011

Downtown/Point Douglas Council

Elaine Bishop
Don Demeo
Serena Hickes
Jodie Jephcote
Diane Leontowich
Brad McKay
Jan Miller
Almera Oduca
Stephanie Strugar
Mari Udarbe
Chris Vogel
Shannon Zywina

River East/Transcona Council

Desirée Boitson
Frendell Cano
Jessica Clark
Roy Dixon
Johnanne Drabchuk
Pauline Dussault
Eileen Easter
Merle Fletcher
Kim Jenkin
Henry Kraft
Jim Lawson
Eugenia Lehman
Joe Lesko
Lori Nelson
Nafisa Pameri
Lora Pickard
Brenda Zahara

River Heights/Fort Garry Council

Nancy Barkwell
Kuldip Bhatia
Evan Comstock
Tara Carnochan
Pierre Chevrier
Michael Edwards
Mark Holdsworth
Tannis Kircher
Amy Li
Lindsay MacKay
Joyleen Mwangi
Catherine Olowolafe
Lynn Pierre
Bryce Singbeil
Betty Schwartz
Paula Sturrey

Seven Oaks/Inkster Council

Marie Dame
Sherilyn Daquis
Louise Gowryluk
Gerri Hamilton
Fatma Juma
Alissa Minaker
Kish Modha
Darlene Ocharuk
Len Offrowich
Rainero Recones
Alda Ruiz
Lilias Scarrott
Darshan Singh
Teresa Tacci
Cheryl Woychuk

St. Boniface/St. Vital Council

Dima Al-Sayed
Bathélemy Bolivar
Shana Clark
Réné Fontaine
Kim Foxworthy
Mian Hameed
Christine Kun
Paula Leach
Joanne Legault
Trevor Markesteyn
Gary McPherson
Alioune Ndiaye
Nathaniel Ondiaka
Alesa Sutherland

St. James-Assiniboia/Assiniboine South Council

Gary Attenborrow
Erika Barton
Cathy Coates
Lynda Collins
Jennifer Dunsford
Janice Hebb
Ruth Luff
Cara Katz
Matthew Katz
Alison McKay
Brian McMillan
Nancy Nagy
Bobbi Sturby
Patricia Winton

Volunteer Assistants to Councils

Kathleen Clouston	St. Boniface/St. Vital

WRHA Board Liaisons (non-voting members of Councils)

Joan Dawkins and Richard Frost	Downtown/Point Douglas
Herta Janzen	River East/Transcona
Bruce Thompson	River Heights/Fort Garry
Bob Minaker	Seven Oaks/Inkster
Louis Druwé and Irene Linklater	St. Boniface/St. Vital
Kris Frederickson	St. James-Assiniboia/Assiniboine South

Community Area Directors (non-voting members of Councils)

Tammy Mattern	Downtown
Louis Sorin	Point Douglas
Debra Vanance	River East/Transcona
Eliette Alec/Dana Rudy	River Heights/Fort Garry
Carmen Hemmersbach	Seven Oaks/Inkster
Susan Stratford	St. Boniface/St. Vital
Anita Moore	St. James-Assiniboia/Assiniboine South

Support Staff for Councils

Colleen Schneider	Manager, Community Health Advisory Councils
Jeanette Edwards	Regional Director, Primary Health Care and Chronic Disease
Suzie Matenchuk	Manager, WRHA Volunteer Program
Sylvie Pelletier	Administrative Assistant