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

(Summary Version)

## Community Health Advisory Councils

May 2011

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## Preface

This is 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

*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.

# Table of Contents

## Executive Summary

**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)

- **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.

**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**

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.

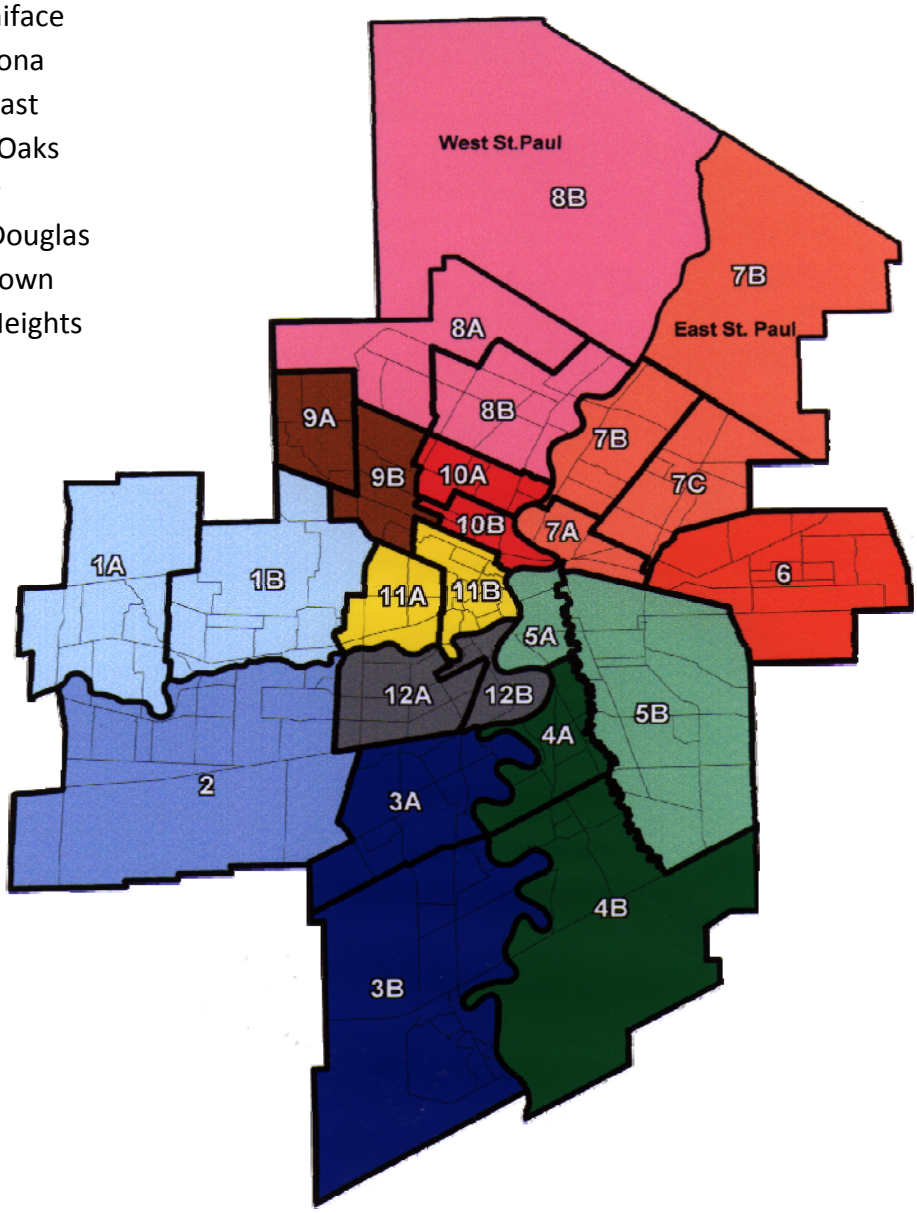
Their suggestions include:

- 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

# 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 |