Getting the public ready to engage in making care safer_ Lessons from the anti-smoking movement

Ioana Popescu:

[0:00:00] Good evening, everyone. I'm sending you very nice welcome from Edmonton, Alberta, to all of you. It's 5:00 PM here, and we are all so very excited to host you at this webinar. My name is Ioana Popescu, I'm a Patient Safety Improvement Lead with the Canadian Patient Safety Institute, where the majority of my time is dedicated to the work we do in patient engagement, including supporting patients for patient Safety Canada, our patient-led program. And this webinar has been – the idea for this webinar and the format and everything about it has been designed by patients for patients and providers and the public. So, we are all very happy to have you here.

I want to begin by letting you know how to interact in WebEx; it's our virtual meeting space. You can imagine it as a very comfortable living room. We are going to use chat as the main way of talking to each other. So, take a moment to find the chat box and tell us where you are from. Just click in that space, make sure it the message goes to all participants and just tell us where you are from, where you're calling from right now.

This session is recorded. The reason for the recording is that we do want to make it public after the webinar, so others can learn from this too, even though they couldn't join us right now. But we're not going to include the chat notes in the recording, so feel free to just talk to each other, send us ideas, participate in the conversation through the chat. That's just between us.
[0:01:38] I also want to let you know that you should be able to unmute your own lines. Actually, no, Janet will do that for you. My colleague, Janet Bradshaw, is our technical host for the webinar. So, at some point during the call, during the conversation, we will ask – we will unmute all of your lines and just ask that you use your mute buttons on your phone to mute your own line if there's background noise. If there is no background noise to worry about, just let us take care of unmuting your lines.

So, with this, it is my pleasure to introduce you to our host for today. Our host is Theresa Malloy Miller. Theresa is a volunteer member of Patients for Patient Safety Canada since 2006. And just let me pause for a moment and let this sink in. She has been a patient volunteer for over 10 years and we are so grateful for her contributions in so many of our products, like disclosure and incident analysis. And now she's a patient partner in the development of a patient engagement guide that we are almost ready to launch very soon.

So, Theresa came to Patient Engagement due to an unexpected and very tragic loss in her family. Her son, Daniel, passed away due to presentable harm and that sent Theresa in a changed course in her life, but brought her in our work here and we are also grateful for it. Theresa is the lead for the Patients for Patient Safety Canada Knowledge Transfer Group. So, through that, she shaped this webinar today and I don't want to tell you anything more because this is such a great and exciting webinar.

So, Theresa, over to you in Delaware, Canada.

Theresa Malloy Miller:
[0:03:31] Thank you, Ioana, and welcome to everyone. The idea of this session grew out of our interest in trying to figure out how we would engage the public in a broad conversation about patient safety. So, we're very fortunate to have Les Hagen with us tonight. And Les is going to be sharing ideas from what has been learned in the anti-tobacco advocacy group and in our discussions. So, we will have our speaker and then we're going to have a discussion, whereas Ioana said, your lines will be unmuted. We want to hear your ideas either verbally or in the chat box. And we're going to do two of those. So, we'll have our speaker and then two discussion times and we'll lead you through that as that comes up.

But first, our speaker. We're so thrilled to have Les Hagan with us tonight. He's the Executive Director of Action on Smoking and Health, which is a leading tobacco control organization. Les has been involved with the anti-tobacco lobbying for over 25 years, both provincially and nationally. And he's a very strong believer in community engagement and healthy public policy, so he's perfect for our discussion this evening.

So, Les, I'll hand it over to you.

Les Hagen:
[0:05:00] Wonderful. Well, thank you very much, Theresa. It's a real pleasure to be here. And well, we’ve got 27, and the numbers are growing, so that's wonderful. I have had a personal family experience with patient safety that resulted in someone, a close relative, becoming – having a brain injury, actually, as a result of a standard procedure. And sadly, his vitals were not properly monitored. And I'm sure people on the call have heard this all before. And he suffered a brain injury from blood loss that was not being adequately monitored. His oxygen level wasn't being adequately monitored. And he was in his sixties, heading toward starting to have early signs of Alzheimer's, but after the injury he went from having very mild Alzheimer's and living very independently, to having very severe Alzheimer's and living completely dependently.

So, I can really relate to this particular topic, and I think there are probably some very significant policy measures that can be taken to improve the situation going forward. And I'm sure there are many, many different ways to come at this issue, but I'm almost certain that there are probably some very simple government policies or procedures that could help improve the healthcare system and help improve patient safety. And a lot of these things apply across the board as well.

So, I'm just going to advance the slide here. Oh, and do I have to bring up my presentation separately?

Janet Bradshaw:
[0:07:07] It should be just the next tab over. Click on the next tab.

Les Hagen:

[0:07:12] Okay. Oh, tab. There we go. I'm sorry.

Janet Bradshaw:

[0:07:16] There you go.

Les Hagen:

[0:07:17] Great. Okay. So, as Theresa mentioned, I've been with Action on Smoking and Health for about a quarter century now, and involved in tobacco control in Alberta and beyond for that period of time. I've also got a faculty appointment at the School of Public Health and at the University of Alberta, and I teach a course on health advocacy. And in fact, we just wrapped up a course with about 15 master students and they undertook some very creative advocacy projects, real-time, real-life advocacy projects advocating for a universal school food policy here in Alberta, and also advocating for the reinvestment of marijuana taxes into addictions and mental health. So, those are both very topical issues here right now, and they definitely got a discussion started on those two issues.

So, I'm going to give you the answer to your question in one slide. I believe in giving the bottom line first and then we can break it down later. But the bottom line for tobacco control and all the success that's been made over the past 20, 30 years is very simple. And, you know, we got political. And we, meaning the health community and health professionals, stakeholders, patient

groups, victims, we banded together and we decided to make tobacco a political issue and to push for political change. And I'll explain why in the slides ahead.

[0:09:08] But by political, I'm talking about taking a governmental public policy approach rather than a programming approach, rather than just focusing on clinical interventions. We decided to go up as high as we could to the political levels and influence governments, including federal, provincial, municipal.

Publicity was very much a part of this effort. There was no way that we – there's no way we can compete with the tobacco companies in terms of advertising. They spent hundreds of millions of dollars a year just in Canada on marketing their products. So, from, you know, even a provincial mass media budget of their health promotion wouldn't come close to matching those kinds of resources. And certainly, non-profit organizations just don't have those kinds of resources. So, we realized early on that advertising, we wouldn't have those kinds of resources. We're going to have to resort to clever publicity in order to advance our cause.

And there's actually a field of communications that has come out of the trenches of tobacco control called media advocacy. And you'll now see textbooks on media advocacy. And it is a section, or an element of communications and public relations. And that is simply using publicity in the news media to advance your cause, whatever that cause may be.
[0:10:49] We also developed the broad coalitions. If you look at the tobacco control organizations themselves, like Ash, Positions for a Smoke-Free Canada, <indiscernible 00:11:01> Rights Association, the provincial coalitions, they are all very tiny organizations with a handful of staff, very small budgets. And what we did, is we reached out to the larger charities that had a vested interest in tobacco reduction and, in fact, the largest charities in Canada – the largest health charities: the Canadian Cancer Society, the Heart and Stroke Foundation, the Lung Association, the Medical Association or Nurses Pharmacists. And through those organizations, we were able to improve our reach, improve our influence, and improve our impact.

And as you can see, the next bullet there is mobilization. And our mobilization activities were primarily through these larger organizations, and we would be involved with campaigns that would reach out to thousands of Lung Association supporters or Cancer Society supporters or physicians nationally or in a given province.

And then the bullet, lobbying. It was the other strong element of whatever efforts were focused on in our political efforts. And lobbying, you know, there's lots of definitions out there. The simplest one is engaging with public officials, whether they are elected officials or public servants, people who have the ability to influence and shape public policy. So, we spent an awful

lot of time and energy focusing on elected officials and public servants. I would say, though, even though it's a very political campaign, and this would be across Canada, not just our experience out here, but most of our time spent lobbying was with the health departments and finance departments and the public servants themselves, and helping them make the case and doing the work for them.
[0:13:08] If you want to make a friend of the public servant, do the work for them. You know, we basically did their briefing notes and prepared all the arguments and all the analysis, the economic arguments, of course, the health arguments. We took the time to collect all the research and put it in very succinct documents, briefs and hand notes that would be useful to people within government, and of course, useful to the elected officials as well. Now, we also use the same materials in our media communications. So it's really important to define your issue and your message.

Let’s move to the next slide here. So, this slide really demonstrates what has happened on tobacco. And what has happened, there's been a cultural shift, and for those of you who are over the age of 40, you know what I'm talking about. Twenty or 30 years ago, we were living in a predominantly smoking culture and a smoking society. Smoking was allowed everywhere: in airplanes, in restaurants, in hospitals in some cases, in post-secondary institutions. It was omnipresent. Tobacco advertising was everywhere. The price of cigarettes was very, very low; cigarettes were very affordable.

So, over the last 20 years, if we've done anything, we've created a cultural change, a cultural shift from a smoking society, predominantly smoking society, to a predominantly non-smoking society. And it didn't happen overnight, and it wasn't accidental. All of the efforts were very hard won. For every gain we had, for every two gains, there was loss. It was always two steps ahead and one step back. We had Supreme Court decisions that were for us; we had Supreme Court decisions that were against us. We had governments pass laws. We had the next government that came in power repeal those laws. And this kind of nonsense continues, but we we're still making progress and we're still making more gains, having more gains than losses.
[0:15:30] But now, this chart shows cigarette consumption in Canada. And as you can see, there's a pretty steady climb right up until the early sixties. And then what happened, is we started having the first health, the big major health reports showing the link between tobacco use and illness like lung cancer, heart disease, stroke, etcetera. And following those reports for the next 20 years, there were massive public education campaigns. And some of these campaigns were mass media campaigns, some of them were education campaigns in schools, but it was predominantly an educational public awareness type of effort. And you can see it had an impact. You know, at the very least, those public education efforts stopped the increase, the rise, in tobacco use and it plateaued for about 20 years.

But we didn't start seeing any meaningful declines in tobacco use until the governments, provincial, federal and municipal, started implementing policy measures aimed at reducing tobacco use. Things like tax increases, smoking <indiscernible 00:16:49>, marketing, advertising restrictions, restrictions on tobacco sales, health warnings. All of those elements, public policy measures, have contributed to the reduction. And because they're all policy measures, they're all political measures, and that is the crux of the issue here. We had to mount political campaigns to secure these policy measures.
[0:17:14] Now, you'll notice that the chart isn't up to date. It only goes up to about 2007, but the curve has more or less continued. It slowed down a little under Harper, but you can see a little blip there in the mid-nineties upwards. And that's when the governments took their foot off the gas and decided to roll back tobacco taxes because of tobacco smuggling. Now, the four western provinces decided to fight smuggling very successfully with enforcement measures. The Ontario, Quebec and eastern provinces decided to roll back their tobacco taxes, and that had an impact on consumption. So, that's the only big major operation we've seen in the last 30 years, and it has since been – we continue to make progress and that particular anomaly unfortunately didn't last for too long.

So, if you're going to get political, you've got to get profile. And if your issue does not exist – if your issue is not on the public agenda, it does not exist. And by the public agenda, I'm talking about a steady presence in the news media. And, you know, you can look in a newspaper today and easily establish, you know, watch issues are on the public agenda, what issues are getting discussed, and what issues are getting political traction. It's very simple.

And here are the top issues in Canada, June of last year. But I think you would still find these issues to be among the top issues in Canada. Healthcare, taxes, unemployment. Now, the point here is that for the last – ever since I've been involved with this issue, for the last 25 years plus, healthcare has been the number one issue in Canada over the decades. Healthcare and access to healthcare.
[0:19:29] There have been periods, short periods, when, like after 9-11, for instance, when public security was the top issue in Canada for about six months, and then it went right back to healthcare. When Al Gore was out doing his thing on climate change in the mid-2000s, climate change was the number one issue for about six months, and then it went right back to healthcare. In the economic crisis, back in 2008, same thing. The economy became the number one issue for about six months, and it went right back to healthcare. So, healthcare is a top issue on the minds of Canadians, and it's a Canadian value.

We had Roy Romano in town last month to talk about how much Canadians treasure healthcare and how important it is and how important it is that we protect it. He also talked about Medicare 2.0, which was the part of Medicare that Tony Douglas didn't have time to finish. And that was focusing on keeping people away from the hospital, prevention initiatives.

[0:20:50] So, earned media. Now, I talk about media advocacy and publicity, and publicity and earned media are the same thing. It just means we're earning media to deliver communication strategy instead of paying for it, which involves the purchase of commercial advertising. So, there are some rules and tricks for using their media to your advantage. And I can point to some people who are very adept at this. Donald Trump is one. Elon Musk is another. You know, there are people and companies, corporations are becoming more and more reliant on publicity strategies to build awareness for their cause, or their brand, or their product, more so than traditional types of advertising. And it's because there's about a ten-to-one relationship between the amount of space in the newspaper, the amount of airtime on radio or television for a news item, versus a commercial. And think about it, you don't – unless it's Boxing Day, you're not going out and buying the newspaper to read the ads; you're buying it to read the news. And if your issue is in the news, it's going to get some attention. You could have a big advertising campaign that doesn't have nearly the impact of getting a front-page headline for your issue.

Now, here are some principles of media advocacy, and right at the top is framing and messaging. That's so critical. You know, how you frame your issue. On the issue of second-hand smoke and smoking in public areas, in public places, we framed a lot of our messaging around occupational health and worker safety so that even in a bar, well, people work in bars and people who work in bars are not second-class citizens. They don't have second-class lungs. All other occupational health laws apply in bars, why shouldn't smoking bans apply in bars? **[0:23:00]** In fact, from a public health perspective, because bars were – the evidence told us that people who worked in the hospitality industry were far more at risk from second-hand smoke than people working in any other industry. So, we should have actually started from a public health perspective. We should have started with a smoking ban in bars, but that's where we ended. But the framing there was that it was essential and was critical. And I can give you all kinds of examples of where we've had to strategically frame.

The two most successful frames on tobacco in broad terms have been protecting kids and protecting healthcare. Those have been the two most successful frames. And with your particular cause, I'm sure there's a way to tie into those kinds of issues as well. And what we found is protecting kids crossed political boundaries that even libertarians understood that if you were going to have a law for anything, it should protect those who can't protect themselves. And they, you know, people understand that there's a need to protect kids.

Secondly, healthcare. Well, we've already talked about healthcare as a Canadian value, something that we are all very passionate about. And people, including politicians of all stripes, support the need to protect healthcare and to reduce demands on the healthcare system. So, framing and messaging.

[0:24:32] The second bullet there is convey social responsibility versus individual behavior. So, you know, people tend to assign blame to individuals, whether they smoke, whether they are obese, whether they are not physically active, whether they have addictions problems, you know, other forms of addictions. People tend to assign blame to the individual, and you have to constantly remind people that society is a partner in addiction. Society is a partner in obesity. And as long as we allow corporations to target children with multimillion-dollar advertising campaigns for Happy Meals and such, and Timbits Hockey, that we are going to be encouraging this kind of behavior among kids. So, there's a role for the state, and it has to do with protecting kids, it has to do with protecting healthcare, it has to do with improving our quality of life.

And obviously, media advocacy is also about shaping public opinion, and we've also always got one eye on public opinion, and we have a good idea where the public is at on any given issue. And for many years, the vast majority of Canadians did not support a smoking ban in bars. We knew that. Nobody knew that more than the people working to advance that cause. And we worked diligently and deliberately and strategically to build up public support. And we finally got there, and it was by reframing the issue around occupational health, about indoor air pollution, about economics, because the tobacco companies were telling everyone that this will be the end of all restaurants and bars. So, we had to get data from jurisdictions that had done this and actually saw improvements in the hospitality industry. So, we had to be there and shape public opinion and change minds, change attitudes.
[0:26:54] Focus on policy change. We've already talked about that and engagement, and I know that's part of our discussion today. So, I'm going to move quickly to the remaining slides here, because I know we want to get a meaningful discussion going here.

Here are the principles of framing. And we've already talked about translating individual problems into a social issue. And you can do this with many problems there, because there's always a societal or an environmental aspect to every single problem we have. And the marketing of junk food to kids is a good example; we still allow that. Quebec doesn't allow that. That's been banned in Quebec for 30 years. Timbits Hockey and McDonald's Happy Meals are illegal in Quebec. Nobody knows that. The federal liberals have committed to putting restrictions. It was a platform election promise. They are planning to place restrictions on

marketing to youth. So, that, that is going to benefit a lot of – that's going to be a huge benefit to public health if it's done right.

So, assigning primary responsibility. For our issue, it's primarily the tobacco industry because they are marketing the products, they are fighting tobacco laws, they continuing to lie about the danger and nature of their product. So, we've been very adept at assigning blame and assigning responsibility, primarily to the tobacco industry, but not exclusively. But, you know, with the issue of patient safety, I think there's definitely opportunity to assign some blame and that has to be done if you're trying to justify change. You can't justify change by being nice and not calling people out and not pointing to a problem. You have to do all of the above if you're trying to achieve policy change. There's a way to do it but you've got to be fair, you've got to be above – you've got to be responsible. You know, we try not to name names; we always talk about government this and government inaction, rather than pointing to a minister or a premier, or what have you.

[0:29:20] Part of this too is always presenting a solution. You have to have your solution in hand and it has to be succinct and well-articulated.

And then finally, a practical appeal. That's what a successful frame will do for you, is you will build in an appeal: Please call your MP. Please visit our website. Please sign our petition. Something very practical and meaningful.

Now, these are the frames we've used in tobacco control in Alberta for about the last 10 or 12 years, very successfully. When we wrote these up, we thought, well, we'll probably going to have to change these every couple of years. And whenever we revisit them, we realize that, no, no, these are working for us, and they've been very successful. And we've presented our frames in a problem-cause solution format. The problem is obviously tobacco has a significant impact on quality of life. Quality of life, by the way, is a nice broad category that encompasses health; it encompasses mortality, like quantity of life; it encompasses the healthcare system; it even encompasses the economy, because the economy obviously has an impact on our quality of life. So, it's a nice broad category. A nice broad frame that we can plug tobacco use into. And, of course, it has significant impact. It's the leading, avoidable cause of disease, disability, and premature death in the country. The cause, you can see the tobacco industry must be held accountable.

Now, I've mentioned before, the industry isn't the only part of the problem, but they are the single most important part of the problem. And if we remove the tobacco industry and all of its marketing from the equation, our smoking rates would be just a fraction of what they are today.

And then our solution, healthy public policies, right? And we've always got a policy objective as part of any particular campaign.

[0:31:23] Just a couple more slides here on advocacy and lobbying. But, you know, I've read a lot of textbooks and I've seen a lot of long, lengthy definitions of advocacy and lobbying, but these are the two shortest I've ever seen, and I like them both. Advocacy is simply the process of achieving change. And whether it's getting your kids to make their bed in the morning, you know, or convincing someone to shovel the walk, that's advocacy. You're trying to achieve some change, however big or small that is. And then that lobbying, simply stated, it's just advocacy with a policymaker in the room, whether it's an elected official or a public servant.

And some basic advocacy rules. Be there is the number one rule, regardless whether you want to be there or not; whether what's going down is bad news or good news, you've got to be there. You've got to hang in for the long term. And persistence and perseverance are essential elements of success. Use the evidence. Make sure that all your messages, all your facts or all your backgrounders, everything is evidence-based. You want to be aboveboard; you want to be credible; you want to be taken seriously. Build alliances and engage with various organizations and with individuals. And, of course, building support, public support, that is essential. And knowing where the public opinion polls are at on your issue is always very helpful. Stay focused. Repeat and repeat and repeat all of your key messages over and over again. That's how companies sell products and services, and that's how you sell a political objective like a policy campaign, like a policy initiative.
[0:33:25] I always say that when we're running these political campaigns, it's like running for election. And, you know, if we're pushing for a tax increase, the tax increase is the candidate for the election. And we've got to do all of those activities that would require getting the candidate elected for office to get the tax increase elected and implemented.

Aligning with government priorities; that's super important. You've got to know, read the government documents, read their business plans, know what their goals, missions, objectives are, read their platform documents, including the opposition, and know what their priorities are so you can align with them. I can assure you that every single political party in Canada has improving quality of life as one of their key priorities. So, there's always alignment on that particular item.

You've got to understand the processes and bring in a consultant if you need one, a lobbyist, a government relations consultant, if you don't have any experience yourself. Or just someone who's run an election campaign and has been a part of a political campaign They will add tremendous value.

Don't cross the boundary. That's important. And we, you know, you've got to play above the belt and always take the high road and not get down and dirty. If you want – you've got to play the long game here, and you might lose the odd battle because you're not getting down and dirty. But you will win out over the long term. And what we say when we go in to meet with politicians and civil public servants, is we said, look, we may not win your support today, but we definitely want to gain your respect. So, that's really important for us, and that's the long game. And maintain the high moral ground. And that doesn't mean you can't call people out and call situations out, but you just have to do it in a very responsible way.

[0:35:24] Now, motivating the troops, develop realistic plans, that is so important. You've got to find a place for everyone, something that everyone can plug into. You've got to align your activities with your vision, mission, goals. You want to create some doable actions with timelines. One thing I talk about is get – if you're just getting started in advocacy and engagement, do something simple and doable with a high degree chance of success. Because just getting a victory under everyone's belt is going to be a huge motivational tool. Be sure to balance your workload. Yeah. You know, it just always comes down to a handful of people. The biggest campaigns, even election campaigns, always come down to a handful of people. So, it's about making sure that no one in particular is getting burnt out.

If you're leading the campaign, lead by example. You've got to be the first one to open the door in the morning, the last one to leave. You've got to be there and demonstrate that you are committed, you're dedicated, and provide that kind of leadership. And then, of course, recognize and reward achievements. So, whenever we have an achievement, even if it's a relatively small one, we will stop, we will throw a party, we will celebrate because that's part and parcel of keeping everyone in the game.

So, that's the end of the formal presentation. Just went a little over time here, and now we've got a couple of questions to throw out. And I'll just turn it back to Theresa.

Theresa Malloy Miller:

[0:36:55] Great. Thank you, Les. That was amazing. I've been scribbling ideas and, you know, the fit and the relevance is perfect. So, let's go to our first question, and it fits perfectly with what Les was talking about, messaging and framing. So, we'll look for your input. So, the idea being we want to shift this to patient safety and be – and I guess if we use Les's ideas, how would we frame and message patient safety to engage the public, to help the public be ready to take on that role in patient safety?

[0:37:40] So, now I'm going to look to Ioana and Janet to help. What we're hoping we will do is you can put your ideas in the chat room, but we also want to hear from some people who are ready to share their ideas. So, Ioana and Janet, I'm going to look to you...

[Mute off]

Ioana Popescu:

[0:38:00] I'm looking through the chat box and I don't see any questions there, so I'm going to remind the participants to put their questions and their thoughts in the chat box. Secondly, see if you can put your hand up if you have a question or you want to make a comment. Just want to test and see if that feature is coming through.

Theresa Malloy Miller:

[0:38:23] Because I think what we're thinking in terms of the – and my brain was going, like, and I wonder if tobacco is a more focused issue than patient safety has so many aspects to it? But if we think, if we were going to make patient safety a broader topic, what might be the messages that are at the top of your list?

Ioana Popescu:

[0:38:49] So, Theresa, I think I'm going to ask Janet to unmute everybody's line. And I'm going to ask all the participants on the line to use their own mute button if there is background noise around them. That way, we can have a more fluid conversation, it's only <indiscernible 00:39:07> on the line. So, let's try unmuting everyone and see how it goes.

Theresa Malloy Miller:

[0:39:13] Okay.

Janet Bradshaw:

[0:39:15] Okay, everybody's unmuted now.

Theresa Malloy Miller:

[0:39:16] Okay.

Kim:

[0:39:17] It’s Kim. Sorry, did I interrupt somebody? It's Kim.

Theresa Malloy Miller:

[0:39:22] Okay, go ahead, Kim.

Kim:

[0:39:24] And I'm always wondering about this. When I do presentations and deliver a message to whoever, let's say it's a public audience, and I just always wonder if I should be scaring them with to the degree that sometimes I scare them? You know, in the way that I share the stories from the participants, the Patients for Patient Safety Canada, and share some of those horror stories. And of course, you know, I don't – I'm not graphic or anything, but I think so much of the public is very unaware of what goes on in public healthcare and how astute they have to be as a participant in the healthcare system. And I always grapple with that. So, I wonder if Les could give us some idea of, you know, when is enough enough, when is it too much? When do we cross the line? What are the boundaries? Or should we just say it like it is?

Theresa Malloy Miller:

[0:40:36] Go ahead Les. And I think we'll make – we'll just play – I think this is a better idea. We'll make it interactive. So, go ahead Les.

Les Hagen:

[0:40:43] Oh, sorry about that. I had my mute on. Well, it's a good question. And I think you've got to read your room and your audience and you can probably get a sense of if it's a little too overwhelming. I think in those kinds of situations, three or four examples is probably sufficient. And then moving people into some sort of constructive exercise or constructive discussion. And I haven't had time to look at your website to see if there are some priorities that have been selected that for that support engagement and, you know, for follow up to just to see that. Have you identified policy priorities any at all?

Theresa Malloy Miller:

[0:41:35] And I think – this is Theresa. And Ioana, you can back me up. And I think antigen is probably, is an obvious priority because of the influence of the World Health Organization and campaigns that have gone on in many hospitals. So, that certainly is an issue that's on the forefront in terms of infections that happen in hospitals.

Les Hagen:

[0:42:04] Excellent.

Theresa Malloy Miller:

[0:42:06] But I'll open this up. So, from our participants, and that really has been our central question. There are so many aspects to patient safety. What would, you know, in addition to hand hygiene, are there some other priorities that people have been thinking of that, as Kim has said, we need to raise awareness about? Anyone have an idea about that?

Janice Gilner:

[0:42:32] Well, I do have an idea about that if, I could.

Theresa Malloy Miller:

[0:42:36] Sure. Go ahead. And who, who is this?

Janice Gilner:

[0:42:39] It's Janice Gilner.

Theresa Malloy Miller:

[0:42:40] Okay. Go ahead.

Janice Gilner:

[0:42:41] And I'm a reject of Patient for Patient safety. I tried to become a member twice, but I was not seen to be suitable. So, I am rather disengaged with that. But my thinking is that if you want to create a safer system, you're going to need to provide psychological safety for healthcare providers so they can be honest. There needs to be something like Candor available

to the Canadian healthcare system so that people can be treated with dignity and respect when a medical error has been made. Does anybody have anything to say about that?

Theresa Malloy Miller:

[0:43:34] And that, you know, certainly there has been that, you know, the shift in climate and that climate of trust and the move to a systems view. And I think there are things going on with that, and I think our discussion tonight would, you know, would that be the message we would take if we wanted to do broad public engagement? Would it be about that aspect of making a more open, transparent culture?

Janice Gilner:

[0:44:06] I just think that so much harm could be prevented if there could be psychological safety after medical error. Because from personal experience and from my professional experience, I can see what happens when a medical error is made, and I think that that can lead to so much unnecessary harm that it's just as important as hand washing.

Theresa Malloy Miller:

[0:44:36] Okay.

Micah:

[0:44:38] Theresa, it's Micah <indiscernible 00:44:40> in Kitchener. May I?

Theresa Malloy Miller:

[0:44:42] Okay. Yes, go ahead. Yeah, thank you, Janice for that point.

Janice Gilner:

[0:44:47] You're welcome.

Theresa Malloy Miller:

[0:44:48] Go ahead, Micah.

Micah:

[0:44:50] Picking up on some of the threads that have been put out there and referencing back to Les's question about priorities in patient safety, I'd almost want to step back a bit and say, have we been able to, based on the data that we have available to us, have we been able to develop or should we develop a case statement, if I can call it that, about why patient safety is important to Canadians, not just those of us who may have experienced harm? Excuse me, I have a cold. But to sort of put – what's the word – to develop, to articulate why patient safety matters to Canadians, and then within that talk about what is currently being addressed under that umbrella.

Because in some respects, I think because of how few people Patients for Patient Safety – I'm not articulating this well tonight – Patients for Patient Safety Canada currently represents, we speak for others or we proclaim to speak for others, but there are few of us that are organized together, and I wonder if in order to proceed to begin to influence public policy, our focus needs to be first on active public engagement and how we affect that by drawing a compelling picture of why it matters? Because there is data out there, but it doesn't have the sustained attention of Canadians. I'm just putting that out there for discussion.

Theresa Malloy Miller:

[0:46:53] I think that's a great – and I'll leave this – does someone want to respond to Micah's? What would be that case? Why is patient safety important to Canadians?

Janice Gilner:

[0:47:05] I think we need to make patients aware that patient safety is an issue, because I don't think that the average patient believes that it's an issue. I think that most people trust their doctors very much, and the healthcare system very much, and assume that they're going to receive safe care. So, I think that patients have to be engaged, that they need to help in making that safe care happen. And I think, personally, well, this is my area, I think that in order to do that, patients need to be aware of the facts that the tort system can cause doctors to feel unsafe. And when that happens, there can be unnecessary harm.

Theresa Malloy Miller:

[0:48:05] Right. And so, we come back almost to Kim's point, how scary do we want the message to be?

Janice Gilner:

[0:48:18] And that's where I have great difficulty, because I do have some very scary stories and I don't want to share them because when I have tried to share them, they haven't been well received. I guess because I've crossed that adversarial boundary.

Theresa Malloy Miller:

[0:48:36] Yeah. And that that's really a good point of – so, I'm looking – and that was Janice. Thank you, again. Is there anyone else who has something to weigh in, in terms of the priorities or that, and I think we're still at that point of how would we frame patient safety to get that public involvement?

Ioana Popescu:
[0:48:58] Theresa, I'll jump in if you want to, because Erin has put some nice points in the chat.

Theresa Malloy Miller:

[0:49:03] Okay.

Ioana Popescu:

[0:49:03] Erin, did you want to speak to any of them or should I just go ahead and read? Do you have audio? Erin?

Erin:

[0:49:16] Sorry. Yes. Can you hear me now?

Theresa Malloy Miller:

[0:49:17] Yeah. Yes, yes. Go ahead, Erin.

Erin:

[0:49:21] Yes. So, several points I was just following up to the comment about the importance of data. You know, like we do collect, and through CIHI, for instance, have a fair amount of data on the issues of patient safety that are probably the most important. So, whether that's, you know, surgical site infection, or pneumonia, or people having blood clots in the hospital, things

like that. And maybe that's the avenue we should take if there's issues that are already identified as the, you know, huge complications.

And the other part that I wanted to highlight is: How can we empower patients to be able to change their behavior so they can prevent such things? You know, they need to be aware that they can prevent surgical site infection, they can prevent pneumonia with things like, you know, mobilizing after surgery or quitting smoking before surgery. Those are just a couple of points I thought were important.

Theresa Malloy Miller:

[0:50:17] Right. Thank you. Thank you for that idea of making that patient role a very active and visible role. Ioana, is there more – are there more comments in the chat room that we would go to?

Ioana Popescu:

[0:50:32] No, this is all for now.

Theresa Malloy Miller:
[0:50:33] Okay. Okay. So, Les, I'm going to come back to you. Do you have any other words of wisdom for us in terms of framing? And I think we're at that central point of framing that patient's – I don't think we're there yet, but any guidance that you would give us?

Les Hagen:

[0:50:53] Well, I think this is a great process and a great discussion. And to me, one possibility is just pulling a few people together to start with and to have this discussion at a board level or a senior level about what some of the common issues are. You're not going to be able to take on all of the issues, but you probably collectively have a good idea of where the big problems lie. And I think it's important to identify those big problems and then to frame them. And I wouldn't be afraid of being too hard-hitting, you know, because you're going to want to get your issue on the public agenda and in the news media, so that's going to take a pretty hard message to break through the clutter. But I think you've got, sadly, I think you've got lots of material to work with.

Theresa Malloy Miller:

[0:52:00] Right. Thank you for that. Okay. Any other – and I think we'll move on to our second question.

Ioana Popescu:

[0:52:08] Okay. While you do that, let me just tell Janet that we have some calling users and Bernie's one of them, he's trying to make a point. Oh, Janet, is unmuting the calls and users.

Theresa Malloy Miller:

[0:52:19] Okay, Bernie, go ahead and I'm looking at out time too. Go ahead, Bernie.

Janet Bradshaw:
[0:52:27] All the call-in users are unmuted as well. I don't have anyone who's muted.

Theresa Malloy Miller:

[0:52:32] Okay. And is Bernie on the line?

Ioana Popescu:

[0:52:39] Bernie, keep trying. We'll move on.

Theresa Malloy Miller:

[0:52:42] Okay. So, we just have a few minutes and I think that's good advice from Les, that setting that priority is going to take more time. But given what we've heard from Les, was anything standing out for people in terms of strategies to make patient safety messages visible and to get the information to the public that they would need to be involved in patient safety? Do people – is anyone out there with some ideas they'd like to throw out at this point?

Aisha:

[0:53:22] Can you hear me? This Aisha.

Theresa Malloy Miller:

[0:53:24] Okay. Aisha, go ahead.

Aisha:

[0:53:25] Yes, I had put in a question into chat box. I don't know if you saw it or not, but it does have implications for what you are asking us. It's really a broader concept of safety and patient safety. Like Les was making the point moving beyond the clinical or the interventional aspects of smoking. So, if you can, if Les can kindly address the question that I have put in the chat box, that will be very helpful.

Theresa Malloy Miller:

[0:53:55] And I'm not sure Les can see that. Can you just state your question, Aisha?

Aisha:

[0:54:00] Oh, I see. Okay. Just a second. So, he cannot – I didn't realize that. Thank you. I said thank you, Les, for a very effective description of the multifaceted nature of policy and/or practical issues such as patient safety. The question, however, is that how does one address the common silo-based perceptions of boundaries of concepts such as patient safety? He did talk about the boundaries, and that's why I'm trying to relate it to his point.

Theresa Malloy Miller:

[0:54:37] Oh, okay.

Les Hagen:

[0:54:39] Sure. Well, I think if you're going to move across boundaries, then you're definitely talking about involving provincial and/or federal governments.

Aisha:

[0:54:49] Okay.

Theresa Malloy Miller:

[0:54:51] So, a policy approach.

Les Hagen:

[0:54:53] Yeah. And working – like. the healthcare system at large and the various health ministries to get them to adopt policies and standards that will work across the board and will work and end all silos.

Theresa Malloy Miller:

[0:55:14] Okay.

Les Hagen:

[0:55:16] Having said that, there's no such thing as a perfect policy.

Theresa Malloy Miller:

[0:55:19] Right.

Les Hagen:

[0:55:20] But, you know, I think part of this is coming down to a top three list or a top five list, and starting to make progress on some of these issues. And again, I would pick something simple to get going that's easily achieved, that can help to motivate your troops.

Theresa Malloy Miller:
[0:55:40] Right, right. Is to get some visible action. Well, I'm looking at our time. We have just a few minutes and I'm going to put one last call out so we have – Les, you have given us, I think, so much to think about in terms of getting our message more focused and clear and something simple we can start out with. And then really thinking about then how to take that to the public. Do you have any, Les, one last comment about, you know, considering how broad patient safety is? And certainly, there's that policy route, but to take it and if we, you know, did start to move in terms of, you know, wide public messages, what's the most effective way? You talked a little bit about that earned and bought ad, but can you say anything else more about that, you know, sort of grabbing the attention of the public?

Les Hagen:

[0:56:52] Mm-hmm. Well, I hate to sound like a broken record, but I think it's about choosing some priority issues that you can expect to make some progress on, and then framing the

debate around those issues, and then just getting out there. Because I think the public's ready for this. There is discourse, there is public discourse around patient safety. I've heard it myself, and, you know, these issues keep coming up. You know, somebody gets put in a tub and scalded, now there's all sorts of issues out there. And it was the – I think it's a heck of an opportunity for your organization to get out there and start framing these messages up and to start pushing for some targeted policy measures that will help to advance the entire issue. And perhaps one of them is this issue of court and the fear of litigation. You know, that might be one.

Theresa Malloy Miller:
[0:57:48] Right.

Erin:

[0:57:50] I think it's a great place to start, personally.

Theresa Malloy Miller:

[0:57:53] Okay. Okay. So, there's no shortage of ideas. Well, this has been a wonderful discussion. I think it's a beginning discussion in this area. In the background, one of our members, Trina Fife, has been taking notes, so we are going to come back to this and use that as a stepping point for future webinars. So, I think this is a topic that certainly we're going to come back to.

So, Les, thank you from the bottom of my heart, you've given us so much to think about. It was wonderful. And to all our participants for your ideas, thank you for that. And I'm going to hand this back over to Ioana. Are there some final messages about evaluation? I'll hand it back to Ioana.

Ioana Popescu:
[0:58:44] Yes. Thank you, Theresa. We did open a very short evaluation. Please take a moment to tell us how we did today and what topics you want to see in future webinars. We are trying to be responsive to your needs and stay in tune. A big thank you, Les. This was indeed a fantastic presentation. I think it, in my opinion, at least helped me see that we are on the right track. I think my biggest key message was on your graphic with how many years it actually took to plateau and then to move things in the right direction. So, I think we need to learn to first understand that this is how long it takes and secondly, to continue on this cause. And volunteer patients like Theresa and many of the people on the line tonight are the ones that will continue

to inspire us and to not let us let this issue go until care is safe for every Canadian, for every person we love, so nobody is harmed from preventable harm.

So, a big thank you to all of you. I think the answers are coming in. If you have any final thoughts, put them in chat box? We are grateful for your participation and I see more comments are coming in the chat box.

<End of recording>