

Don't Sweat the Small Stuff

A new chapter each week – a 4 minute read!

Chapter 1 - “I have seen the enemy”

Today is the first day I feel despair about virtually everything in my life. I have been through a lot and have been quite resilient but today I seem to finally be hitting a wall. Since late last year when we started the constant battle with cancer that descended on our house like a deep and relentless fog, there have been few days where the path forward seemed clear and without obstacles. The path is a difficult one especially when dealing with an aggressive cancer attacking the person you love and have spent the last 45 years with. The perverse irony was that this should happen so close to the storybook retirement we had been planning, where we would finally get to enjoy all those things that we never had time or money for during the last four decades.

The trigger today for my despair was two form letters from the Ministry of Health Northern Travel Grant branch. The letters indicated that our travel grant claim to go to Toronto to have a consult with an oncologist at Princess Margaret Hospital in Toronto was declined because the service we obtained was determined not to be an OHIP insured service. The form letters give no specific detail as to why or how the decision was made. One might wonder why two form letters should cause so much dismay. This was the proverbial stick that broke the camel's back. Throughout this year long process there have been so many system failings that I often said I should write a book. Today I started writing. This short book recounts our path in dealing with cancer and the myriad of little things or what I call “small stuff” that made the journey worse. Our story is similar to thousands of families who deal with this fight every year. What made our journey a little different is a matter of perspective due to my twenty five years of work in the Ontario health care system.

We witnessed more than two dozen instances where the system failed – and the vast majority of these are not spectacular failures that end in catastrophe. These are small fails – “small stuff” that keep our system from being great. They make our Ontario health system mediocre at best. While there may be pockets of excellence overall the system is just mediocre. I want to use the word good, but we aren't even achieving what a good system should achieve. The clinicians we have encountered have overwhelmingly been talented and professional. Their care in almost all cases has been as good as anything we could access anywhere in the world. The failings are “system” failings. The “system” is the way in which administration and management has designed the delivery system to operate. The following truism has been noted – “every system is perfectly designed to get the results it gets.” If the results we see are sub optimal it is likely due to the way we have set the system up and unfortunately it seems we often set up our

clinicians to fail because the system does not meet their needs or more importantly the needs of the patient.

This was a particularly difficult revelation for me as I have spent 25 years in health care as an administrator – “we have seen the enemy and he is us”. I had to look in the mirror and realize that I was part of this system that fails on a regular basis. A very troubling realization. These failings are not limited to a single institution or sector – they have occurred at Thunder Bay Regional, individual physician offices, UHN, ORNGE, EMS and the CCAC. The most troubling thing is the pattern of system failures across all sectors and the fact that they have become the acceptable way to deliver healthcare in Ontario.

To be clear, most of these are rather small mistakes in the grand scheme of things but they illustrate a system that is anything but a system that seems to have no, or too few, “self-correcting” processes. It is almost as if we have come to expect mistakes in processes as an everyday occurrence. The next chapters will take you through our journey, with our observations and some ideas of why the system fails and how it might be made better.

My time in the Ontario system has taught me that regardless of political stripe all parties want to do the right things and I have worked under all three of the major parties. Unfortunately the relatively short time horizon between elections usually leaves the “big decisions” for some future date as the big decisions will usually be surrounded by controversy as vested interests weigh in on how such decisions might impact them. What we do know is that the current system is incapable of meeting the emerging needs of the population. This is hardly surprising as we have not really changed the way we deliver care in the past 40 years. We have been slow to adopt interoperable electronic health records and even though Ontario had the largest telemedicine network in the world, it accounted for less than 1% of health interactions. OTN had 1 million sessions in 2019 and while that is an impressive milestone, it pales in comparison to over 150 million physician interactions paid through OHIP that year.

We are now at a unique time where the 3 Ps (public, providers and politicians) all realize that something must change in the system. Covid has taught us how fragile the system is and how entire parts of the system were effectively side-lined creating long waits for services that we continue to deal with today. Covid also demonstrated that we can deliver services in alternate ways, via video and phone consults which the public has happily embraced. We have an opportunity to look at our current delivery system and find ways to modernize it. Reviewing scope of practice, improving access via alternative providers and modalities and simply improving the way we do things. This may allow us to create a good system on our way to a great system.

The next chapters will recount our journey through the cancer system and our learnings along the way. This in no way is to blame or embarrass but simply to identify how we have become a little too complacent about small mistakes and errors and how we might do a better job going forward.

Next week – The battle begins.