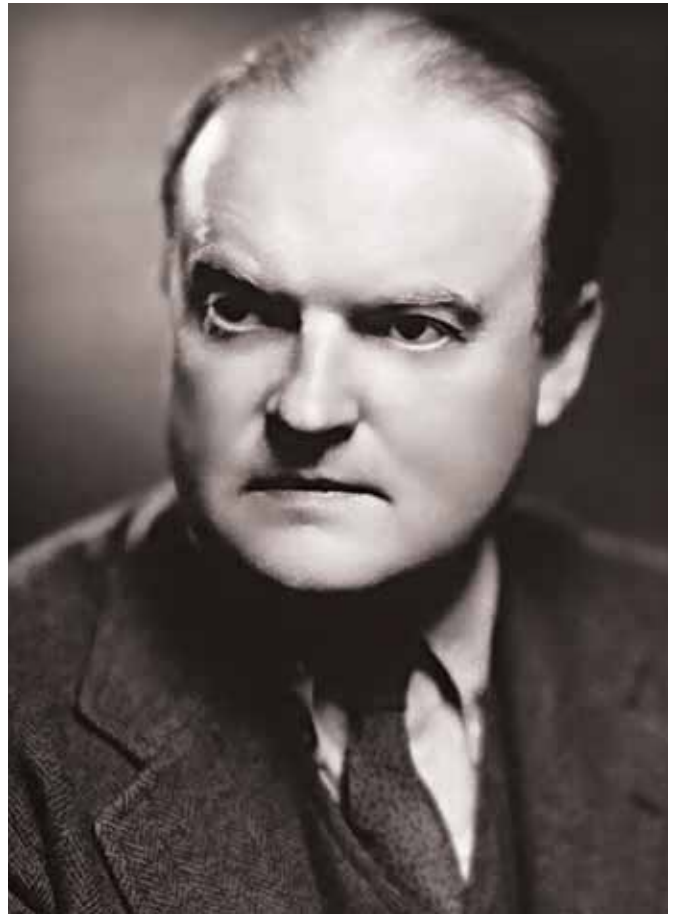


# What Edmund Wilson Can Teach Us About Health System Transformation

Alex Harris



Recently, I stumbled on a biography of Edmund Wilson. An American writer, intellect and social critic, Wilson was known for his publications, including *Axel's Castle* and *Patriotic Gore*, as well as his work with *Vanity Fair* and *The New Yorker*. Although he came from a completely different era and discipline, I think his saying that “no two persons ever read the same book” provides valuable insight into the challenges that we face in our health-care system. Transformation is all about perspective.

This lesson about perspective struck me while I was doing a student placement in health administration at the Toronto Central Local Health Integration Network (TC-LHIN). As an emergency room nurse by background, I had experienced firsthand the breakdowns in our system and felt the frustrations of patients who fall through the cracks. I had also been educated in a very particular paradigm and had become accustomed to approaching problems through an acute care lens. I may have tried to convince myself otherwise, but I had been hardwired to view “success” as my ability to be accurate and efficient – quickly reacting and treating ailments, while flowing patients quickly through the hospital system. Then I came to the LHIN. As a clinician, I’ve always had an engrained suspicion of system planners. How, I would ask myself, can administrators truly understand and appreciate the challenges in our system if they haven’t cared directly for patients? Yet, in a short period of time, I’ve come to realize that my clinical viewpoint is only a small piece of a very large picture.

Take “patient-centred” care, for example. In Ontario, we have been working hard to better understand and embody patient-based planning in our structures and systems. At a LHIN level, work is being done to measure and standardize quality indicators to capture the patient experience. More locally, organizations continue to drive a shift in culture where patients and families are active participants of healthcare teams. However, fundamentally, providers plan for the people they see, while LHINs plan for the population. So, how is it that we can expect one another to understand and approach patient-centredness in the same way?

**How, I would ask myself, can administrators truly understand and appreciate the challenges in our system if they haven’t cared directly for patients?**

In practice, I’m focused on being responsive to my patients’ immediate needs. Yet, through this new outlook at the LHIN, I appreciate that improving the patient experience is not just about individual patient needs, but more so about broader population issues of health equity and access.

So, if what Wilson said is true, then although we are speaking the same language and rhetoric regarding health system transformation, we may not mean the same thing. We might think that we’re reading from the same book, but it’s not possible that

we are approaching the issues and solutions in the same way. As such, the challenge resides not in our differing perspectives, since those are inherent and inevitable, but, rather, in our appreciation and acceptance that our interpretations vary.

Fast-forward, and we're now in a time where our perceptions and approaches will have a significant impact on system redesign. Ten years after Romanow released his *Report on the Future of Health Care in Canada*, current fiscal pressures are helping to drive system realignment. Knowing the changes that are transpiring, particularly in terms of strengthening community-based care, I wonder if people are ready for this type of shift. Whether we want to admit it or not, many of us have been trained in medical and acute care models of reasoning: find a problem, develop a solution and move on. Shifting our thinking to view health outside the walls of our organizations and better reflect unique local needs will require some serious mind bending.

So how can we prepare ourselves to be more adaptable? How can we read the story of healthcare through a new lens? If my student placement has taught me anything, it's to focus on creating experiences to cultivate new perspectives.

As someone relatively new to the system, I've always been surprised at how little we build formal programs to enhance our human capacity. We talk a lot about the importance of mentorship and succession planning; yet when the rubber hits the road, it feels as if time and resources become subsumed by other, more pressing issues.

For many of my colleagues in other sectors, leadership development programs – where staff are required to rotate working in different departments and fields – are the norm. Why, then, don't we do the same in healthcare? Healthcare is highly complex and cannot function under one archetype. We clearly need people working at all levels in the system who have experienced and understand the multidimensional nature of health planning. Perhaps it's time we invest in deliberate cross-sector movement to create greater awareness about our different perspectives.

If one experience at the LHIN could cause me to rethink my underlying beliefs, values and behaviours, imagine the magnitude of change we might see if every health worker were to spend a day in someone else's shoes. **HQ**

#### **About the Author**

**Alex Harris**, RN, graduates from the MN/MHSc program this spring and is currently co-chair of Emerging Health Leaders Toronto. Alex can be contacted by email at alexandra.harris@mail.utoronto.ca.



Longwoods.com

