

**Transcript: Health System Leadership**

Connected by purpose. Driven by passion. This is Children's Healthcare Canada’s SPARK: Conversations podcast series.

**Katharine**: Welcome to SPARK: Conversations which is Children's Healthcare Canada’s monthly podcast series. At the crossroads of Children's Healthcare System Improvement and leadership, SPARK Conversations is a solution focused podcast that connects the child and youth health community with systems leaders who tackle wicked problems and discuss ideas to inform the development of innovative and integrated systems serving children and youth. SPARK: Conversations is one component of our SPARK Knowledge Mobilization Program. SPARK is the Shared Platform for Advocacy, Research and Knowledge.

I'm Dr. Katherine Smart, and today I'm delighted to be speaking with Dr. Michael Gardam. Michael is the CEO at Health PEI, the Health Authority that delivers publicly funded health care in Prince Edward Island. He is also the chair of the board of directors of health care can the national voice for health care organizations and hospitals across Canada. Michael is a pioneer in using complexity science based approaches to improve patient safety, transformed systems, engaged staff and engage with other complex challenges across our health care systems. He has advised organizations in Canada and the World Health Organization, the Centers for Disease Control and Prevention Excellus BlueCross BlueShield Hand Hygiene New Zealand, the Irish Health Services Executive, the Maryland Patient Safety Center, the Canadian Foundation for Healthcare Improvement, and the Canadian Patient Safety, as well as numerous hospitals across Canada. Michael is an Associate Professor of Medicine at the University of Toronto.

Today we are chatting about an extremely important topic, Health System Leadership and Transformation. So welcome, Michael to SPARK: Conversations.

**Michael**: Thanks so much very happy to talk about my my favorite topic. Excellent. I'm looking forward to this as well.

**Katharine**: So here we are with health systems serving children and youth facing numerous challenges and complexities. And at the intersection of these challenges. health leaders recognize that the answers are not simple. And they must be effective in seeing beyond these complexities, and leveraging connections that will help them to intentionally drive their system is health care becomes more integrated. The capacity to create connectivity and work with shared interests across stakeholders are key to building influence and creating active change. This is particularly important in healthcare due to the intertwined responsibilities, interconnected decisions and critical outcomes that are involved. From the SARS outbreak to the current COVID 19 pandemic you have been on the frontlines of Canada's health emergencies as the CEO at Health PEI and you bring a distinguished track record of health systems leadership and insight, both in Canada and internationally. So we're really grateful to have you with us today. And we're excited to learn from the work that you've done.

So before we dig into things, let's start out with a few rapid fire questions. So we can get to know a little bit more about Michael, the person if that's okay with you.

**Michael**: Sure.

**Katharine**: All right. So, tell us a bit about how your life has changed since you moved to PEI?

**Michael**: Wow, like, how hasn't it changed? Right? So most of my career was spent in basically downtown Toronto. So moving from a system where you had every imaginable specialty at your fingertips to moving to an underserviced area was a huge shift from being obviously moving from a hospital to a whole health system. So, you know, most of the parts of our healthcare system report to me directly as the CEO is very, very different. And then obviously, the, you know, moving from academia to a province, which doesn't really have an academic footprint in the world of medicine, at least not yet.

And, you know, personally, I mean, I have to say, the absence of traffic is a pretty awesome thing. I used to feel that I was losing part of my soul every day sitting on the 401. So, you know, being able to drive 10 minutes to work and never spend a lot of time traveling is just lovely here.

**Katharine**: Yeah, absolutely. I've also done the shift from urban to rural. So I hear you there, the topic is a huge benefit. Tell us a bit about the professional achievement of which you are most proud.

**Michael**: Yeah, I've been, I often get asked that question. And, you know, it's, it's honestly, I think, I'm most proud of shifting from my sort of approach to things from the way I was trained to taking a more complexity science approach. So, you know, as sort of a healthcare epidemiologist who worked in patient safety, my whole career, I was trained to think of the world as a very linear thing. If you do a you're gonna get B. And I think what I'm most proud of is shifting the way that I think about these complex problems and really applying that complexity science lens, and then creating this this process that we call frontline ownership. And that's what I used in Ireland and I used in New Zealand and in parts of the States and parts of Canada to really empower the frontline workers to come up with the solutions. And my job is to push the boulders out of the way.

So that was a complete paradigm shift where you know, as the academic expert, you're coming in, and you're telling people what to do, to shift to a model where I'm there more as a facilitator, and to help people get to where they need to go. And, you know, for me, that was a very hard shift. I'm not sort of programmed that way. I'm a very typical doctor who likes to tell people what to do. And so I've had to really retrain my brain to think very differently. And I've had a great deal of positive feedback that that that approach, that sort of bottom up approach has worked really, really well. So that's sort of I think, at the end of my career, I'll be able to say that something that I did that I feel really, really proud about.

**Katharine**: That is so interesting, and I'm looking forward to hearing more about that as we get into the interview.

**Michael**: Absolutely.

**Katharine**: Can you tell us what is one item on each of your professional and personal bucket lists?

**Michael:** Yeah, I think my professional item would be turning around health. I mean, I, I'm not from the island, I don't really have great connections on the island, it was an opportunity that sort of came out of nowhere during the pandemic. It wasn't one that I had planned for. But what attracted me to working here in PEI was it's, it's, it's the smallest healthcare system in Canada, right. So we have our doctors in long term care and home care and hospitals, and, you know, mental health and all of that it's very small, which should allow us to be the most nimble, the most forward thinking healthcare system, because it's easier for me to do things than my counterpart in Ontario, for example, right?

Like we have, we have one electronic health record and all of our hospitals, we are rolling out one electronic health record throughout all of all of primary care. We already have linked pharmacy databases, we have a very small geography, right? I mean, up north, right. They're also they're small populations in Yukon and Northwest Territories, and Nunavut, but they're very, very far apart from each other right here. We literally trip over our different towns like we are, we're actually the most densely populated province in Canada, like we're small, but everybody's close. And so Wow, you've got, you know, first of all, a lovely place to live, you've got a small geography a small population, you've got one game in town in terms of the Health Authority, we should be able to fire on all on all cylinders. And historically, we haven't. And so that's kind of what attracted me here.

As an academic, I never really wanted to be a CEO and more of an accidental CEO. But now that I'm here, I really want to see if I can use these complexity approaches to turn around a healthcare system, which is frankly, under performing from what it should be doing.

**Katharine**: That is so interesting. And you know, like you said, for me coming from a small place as well, I hear what you're saying about those potential strengths to be leveraged. So let's get into that, you know, we're you've already set the stage here, we're talking about health system complexity, we're talking a bit about what skills are needed to transform and create change. And our audience, of course, are child health leaders who are looking to deliver on an agenda of integrated and innovative health systems for children. You've talked a bit about your expertise and complexity science, and we know you're a pioneer in that field. And clearly, you have deep experience working in Canadian healthcare. And obviously, a focus you've had is how to improve engagement and culture. So tell us a bit about a few things. You know, why do you think our health system in Canada is so complex? And is it the structure or the organization of our system?

**Michael:** You know, yes. And yes, right. It's funny, just before doing this podcast, I'm preparing a talk I'm giving an Ottawa next week and looking at the various comparison data for the OECD, and how Canada just is me. On almost every single on almost every single indicator, we're kind of worse than average. So we spend more money, we get worse outcomes. We do that we don't we'd have very few doctors, we have this, like it goes on and on and on and on and on. Right. So clearly, we're not in a great place. I think, you know, one of the fundamental reasons for that is the first rule about Canadian healthcare is you don't talk about Canadian health care, because if you do, and you say there's problems with it, it immediately sets off everybody's political alarm bells. Right. And we've seen this over the years, right. Every time there's an election, somebody says we have to do things differently. And the opposition says they're trying to privatize our sacred Canadian health care. Like seriously knock it off, right? Like that is so not helpful.

You know, the first step towards improvement is recognizing and acknowledging that you have a problem. And I'm happy that at the end of the pandemic here, or I guess, whenever that ends, and you know, at the near the end of the pandemic, people are finally open, openly talking about that health care in Canada has real significant problems. So to me, that's a big first step, because historically, we've never talked about it, then then, of course, we don't have a Canadian healthcare system, we have 13, Canadian health care systems, so we don't have the economies of scale that other health care systems would, which are more federally led. So that's a challenge for us as well, and we have a lot of boundaries between our various provinces, right, it's probably easier for me historically to go work in the States than it would be to go work in another Canadian province.

**Michael**: You know, we make it really hard for people to move, we make it really hard for doctors and other health care workers to get into the country, although that is now that is now changing. And, you know, we we've had problems with, with sharing national data in terms of, you know, how we're doing overall as a system. And I would say, you know, fundamentally, one of the concepts of complexity science is that the system responds to the strength of the relationships in the system. So what are our relationships like in our system? Does long term care work hand in hand with acute care and home care? And the doctors and the nursing unions? And the this and that, that? The answer is no, we do not right, we're very separate. And the attitude I always learned in Canadian health care was, as long as you're not in my emergency room, I’m good. You're somewhere else. That's fantastic. My job is done.

But of course, that's, that's remarkably not patient centered. And it's also remarkably siloed. And I'm really struck by the silos in, in Canadian healthcare, we don't have a system, we have a group of different interest groups that are inside, they're doing their own thing. And so again, one of the things that attracted me to PCI is, hey, cool. If I'm the CEO, maybe I can set a very different approach to this, where we only think as a system, and it's not you versus me, it's us, and how are we going to help us and, you know, if we have time, I can talk about a couple of recent examples where we've taken that very different systems approach. And it has been remarkable. And so all it's done is sort of, you know, give me more dopamine to realize this is a good thing. And I should keep doing this will tell us about that. Right? I think that that's what we all of us want to hear.

**Katharine**: You know, I think what you're saying really resonates with me in terms of how you're describing the problem. And I think what's so challenging, right is where's the solution? So, so tell us, you know, what have you done, where you've been like, yes, this might be the beginning of something transformative?

**Michael**: Well, yeah, so I'll talk about two things. One we've we've just finished. And so I can say that it was a success. One, we're in the throes of it right now. So our first thing is, we only really have two large emergency departments. In the province, we have one in Summerside, one in Charlottetown. And the bigger of the two was undergoing a very significant electrical upgrade this week, it was actually yesterday. So we're basically they're replacing all the junction boxes. So it's not a matter of just bringing in generators and things. It's like, no power is getting to that area. And so we're taking down our main emergency department for the entire province. Now, so obviously, there was a lot of work to figure out, you know, how can we use extension cords and generators, and we knew that that some of the outlets were going to work. So that was all the sort of typical technical stuff that's done right to see just just exactly how bad this is. But the big shift for us was, historically, I think the message on the island would have been boy, it sucks to be Queen Elizabeth Hospital today, they're really, you know, their eMERGE is gonna get overwhelmed. And what are we going to do and, and it was very much seen as that well, that's a local problem.

And our approach with our new leadership team is really everything we talked about is through the lens of Ireland and caring for Islanders. And so Kiwi H going down and their emerge affects the entire province. So how is the entire province going to respond? How can Long Term Care help? How can homecare help? How can the inpatient units at Queen Elizabeth Hospital help how can our other emergency departments help? How can our primary care doctors maybe they can open up some additional clinics etc. So, like this was mean for you know, a number of listeners will say, Well, yeah, of course you do that, but we never did that here before. And it was truly profound. I mean, it was an absolute nothing event. Like nothing happened. It went so smoothly. It was shocking.

And it just speaks to that system wide approach where if one part of the system is damaged, it's it is it's like, you know, our healthcare system is like a living organism, if one part of its damage, the other parts get affected. And so you can't pretend that it's just a local thing. It's a, it's a system wide thing. So that worked very well for us. Another issue we're having which every, every person listening who comes from a smaller area has experienced a lot over the last year, which is, we've had some resignations of some of our doctors at our other large hospital, in internal medicine. And because our hospitals small, you lose a couple doctors, you're in big trouble. You can't feel your call schedule anymore, etc. If you don't have internal medicine, or you know, in the world of Pediatrics, if you don't have pediatrics in your building, your pediatric ICU capacity goes way down. There's all these ripple effects throughout the entire building of things that you can't do anymore. So historically, the way that would have been dealt with is boy, it sucks to be at Prince County hospital today, they've lost a bunch of internal medicine people, and I hope they figure it out.

Our new approach is obviously losing internal medicine and losing one of our only two ICUs in the province is massive, it is a threat to the entire province. And so again, how are we going to figure this out as a system and we're right in the throes of that right now. But historically, you know, Queen Elizabeth Hospital and Prince County hospital may not have worked so well together, they were kind of rivals, like we often see with hospitals. But now we are literally with a gun to our head. We are getting them to work together, we're getting the doctors of Prince County Hospital to come up with new ways of caring for patients where maybe you don't have an internist on site, we're looking at virtual hallway, again, we're looking at how do we work with the emergency department there to figure out which patients can stay at that hospital which patients can move. And so it's an entire systems approach.

Which, you know, we're not at the end of this yet. But I know we're going to be okay. I know we're gonna figure this out. And one of the key things about complexity, right? Is that your leader, you don't have the answers. Like I'm not walking into a meeting saying I'm, I'm the CEO, and I know what's going on. I'm walking into a meeting saying I have no clue how we're going to deal with this. But I know if we work together, we will figure out solutions for it. And so it's that it's that comfort with ambiguity and not having all the answers and just wanting to work with the people who do the work to figure out what this is going to look like. So those are big shifts for us. They're hard wants to communicate to the public. Because it's like, I don't understand why you were the way you were before. Like, why didn't you work together? Well, because we don't that's healthcare. Welcome to Canada. Right. But I mean, I think that it has been really, really instrumental in changing how we do things here.

**Katharine**: So fascinating. And you know, what I'm really hearing is a theme to write is about shifting that power and being comfortable with letting go a bit of a control and offering it up to other people. So, you know, this is really interesting. And I obviously have this expertise and complexity.

I know you're you've, you've authored over 100 publications in general in medicine, some of which are about complexity, you've obviously had many large leadership roles. And you've talked already this morning about some of the changes that you've implemented. So tell us a bit, you know, from your experience, where do you think effective and sustainable change starts? And what's that role between, you know, those top down leaders in government and that bottom up from the frontline? And where do we combine and how do we bring in culture to really create the type of change that you're talking about? And what's everybody's role in doing that?

**Michael**: Yeah, you know, that's sort of the magic. The magic question, right, is where does the impetus for change come from? I sort of think a bit about medical assisted dying and the fact that, you know, the government didn't want to touch that with 100 foot pole until it was clear, the community gave a very clear message that this is something Canadians want to talk about. Then, suddenly, magically, the federal government stepped up and said, Okay, we're going to tackle this. I actually believe Canadians themselves have a role in providing our politicians the cover to say it's okay to say that our healthcare system isn't working well. And the onus is on you to set the mandate that we need to change it. So I do believe there's a role for Canadians in in general about this. With respect to the government and the politicians. This is where that complexity angle really contrasts with the way we normally do things in Canadian healthcare. So historically, you know a lot of the change mandates are coming from the politicians, right? Or the when something goes wrong in the system, it's the politicians who react, right? We recently here in Atlantic Canada had a brand new CEO fired because somebody died in a waiting room. Not helpful.

You know that obviously that CEO had had nothing to do with it, or you'll have election promises where people are promised this, this and this without really discussing with the people who run the system, whether that is possible, or whether that's even necessarily a good idea. So the shift that I would love to see, I mean, obviously, politicians need to have responsibility for how well the health care systems running like they do. It's a huge amount of the money we spend here. And it's really important for Canadians to have access to quality health care. The trick is, they need to trust the leaders that they've hired to figure out what's going to work and be open to the feedback from those leaders. So that the government's job is to push the boulders out of the way for those leaders.

So if we need to move in a certain direction, and the system has decided this is a good direction, and we've got data to support it. And, you know, there's general agreement that moving in a certain direction is a good idea than what I'm looking for from government. And I've been very fortunate here in PEI, because the government here has actually done this for me is they said, Okay, what do you need? We'll give you the mandate to try to do that. Yeah. And that's a real uncomfortable position for politicians, because we're talking a ton of money. And if it goes wrong, we're in trouble. But of course, if you never try something, you're never going to get any better. And so that political overlay on our system has made it very, very hard to change things.

**Katharine**: Yeah, trust power and relationships.

**Michael**: Yep. Yeah, absolutely.

**Katharine**: So for those, you know, our listeners, obviously, their passion is health for children. And we've been hearing over the last few months about the challenges across the healthcare system for children in Canada, you know, it's clear that the system is underfunded, under resourced, and in many parts of the country, kids are waiting longer than adults for many things, which I think is probably shocking to people really to think about that. And that what that means for kids and their futures. So we're trying to, you know, figure out what can we do to move the dial? So what advice would you have for leaders, when they're trying to advance a change agenda for children, within their own organizations and across organizations and systems to really move the dial on health care for kids in Canada?

**Michael**: Yeah, it really is a tough one, right? Because we're talking at a time when you know, the demographics have naturally focused a spotlight on all these baby boomers that are retiring. Right, and you know, baby boomers will suck up every last ounce of the healthcare system, if you let us do it. Right. So that's, that is a real challenge. And so I think that, first of all, being very vocal about the issues surrounding children is obviously critically important that I know the entire pediatrics community is doing exactly that. I mean, that the thing about children, right, is that we have the opportunity to really apply the social determinants of health thinking early with kids so that we can hopefully, as they grow up into adults, they don't have all the issues that the baby boomers had, right, that we're really changing the world for them for the better. So when they do get into adulthood, so there's a huge return on investment there. I think, you know, the other thing is, having worked in hospitals, my whole my whole career, pediatrics has always kind of been an afterthought, right?

Unless you're working at CIO, or you're working at SickKids, or, you know, IW K and Halifax, one of the one of the pediatric hospitals is very different. But it does require a very specific focus in a little bit of the way that over the last 10 years, we've started to put a specific focus on mental health and addictions, right, yes, sometimes going in the wrong direction, right. Like, as soon as you start completely dividing out mental health and addictions from physical health, right, we don't treat diseases, we treat people and they often have more than one thing going on. So you don't want to do that. But it's like carving out space to say that this is very important. And if we don't constantly say that and get very clear, you know, get in the ears of the ultimately the politicians who are deciding where we're going to be spending our money. They'll simply get they'll get overwhelmed by all the adults who are all facing care right now.

I think that what I said earlier about the you know, how can we innovate well, as I said before, I have no idea but I do know the approach I would use right so working with the frontline people in, in pediatrics in pediatric health and in public health, etc, figuring out what are the programs that we need, and then the leadership's job is to make those things happen to help get the resources for those things. I think we have far too much top down direction. And in our healthcare system, I think that often direction is coming from people who truly have no idea what the right thing to do is, but they're not asking the people who have the right idea?

**Katharine**: Yeah, I totally agree with you. That's absolutely been my same experience. And I think you're right, the people on the front lines who are talking with patients, talking with communities and seeing right, what's working, what's not working? Where are the strengths, where are the challenges have so much to offer. And we're not always tapping into that real, lived experience that creates that expertise, and those new ideas about what to do. And instead, like you say, we're coming in with sort of solutions that maybe sound good, but maybe aren't well considered. So I love what you're saying, it really resonates with me.

So, you know, clearly you are showing up in this space as a leader. And you've obviously spent, I think, a lot of time, both learning and thinking about what's been successful and what hasn't, and how to challenge that status quo. So what do you think are leadership, leadership, things that are really important and crucial to this to success? Right now, at this moment in time in our healthcare system?

**Michael**: Yeah, you know, it's, it's, I think it's really been highlighted by the pandemic, right, because, as we all know, we've lost a lot of healthcare workers during the pandemic, you know, from fatigue, or early retirement, or, you know, I've had doctors on the island literally quit to go do something else entirely. Which is quite shocking. I mean, doctors don't normally do this. So I think one thing I would say is a really deep respect for your workforce. And spending a great deal of time on the wellness of your workforce, I think is a really important leadership focus.

Which and and you see it across the country, you see examples of that not being done, right. There are some provinces where, you know, the hospitals being overwhelmed, was kind of a hospital problem. And health care workers have to get over it. And you know, do you know what I mean? Like they weren't supported through all of that, and other parts of the country where they were any leader in health care, it doesn't matter where it is in the world has to be comfortable with ambiguity. Right? You can't go into it thinking you have all the answers. I've worked with many people in my career, who came into leadership roles thinking they had all the answers. And inevitably, in almost in every case, they went the wrong direction.

It's not because they're not smart. It's not because they don't have knowledge. It's because their one opinion and diversity of opinion is absolutely critical to figuring out the next step forward. Right, like you really, I have in my office, I have a very famous graph, which is, which plots out the size of Napoleon's army when he left Paris, invaded Moscow, and then came back to Paris. And you see this like, massive army leaving Paris, and by the time it comes back to Paris after invading during the War of 1812, they probably have less than 1/100 of their army. And one of the reasons I have that in my office, is because do you think there was a lot of debate when Napoleon decided to invade Russia? I'm guessing there wasn't. I'm guessing there wasn't a lot of healthy conflict and challenging and hearing from diverse opinions from the parents of the soldiers who were going to die to the food supply services, you know, to the meteorologists who are saying, hey, minus 40. In Russia, think about it, right? Like all those things.

That conversation didn't happen. And they went off in a very disastrous campaign. And we do that in healthcare all the time. That one of my key things and when I work as a consultant is nothing about me without me. Yeah, if you're going to change frontline, pediatrics, you sure as hell better have the people who work in that area, and the parents and the kids in the room to figure out what it looks like. Right. And so that, that discomfort with ambiguity and being humble and being humble, admitting you don't have the answers. I think also vulnerability is really important.

I was chatting with my senior team earlier this week apologizing for being such a wingnut last week, because I, I go through periods where I'm so frustrated with our system, right? And it just I just, you know, I tried to keep it in, but sometimes I can't. And you know, so I talked to a number of our senior team, people and we worked it out and they have the same frustrations that I do. And, you know, like being being stoic all the time isn't necessarily helpful. Yes. And finally, I would say, given the sort of crunch that we're in another leadership attribute that I use a lot is frankly, humor. I really try to have fun, even in difficult times to get, just make people feel a little bit more welcome. But, you know, the key thing about being a healthcare leader, you don't have to be an expert in everything you never will be. You have to have a team around you that complements you that is filling in some of the gaps in your own weaknesses, and that you trust and you empower to do their jobs. To me, that's the way forward. And if you think of Canadian healthcare, there's lots of examples where that's not the case. And so I think we need to get there.

**Katharine**: Yeah, absolutely. I love what you had to say. I think that's fantastic advice. And I agree with you. I think so often, we're so far away from that. And I think it really loops back to what you said at the beginning, right, we're sort of almost afraid to admit failure, or be vulnerable about what the challenges are in our system. And sometimes that pushes people almost into toxic positivity, where they're really denying kind of the challenges in front of us, right, rather than owning them collectively, and really inviting people to say, yeah, we've got a problem here. But we have solutions, too. And we can do this together. And I think that that vulnerability, that honesty with the people you're leading resonates a lot more than trying to always act like everything's fine. When the buildings kind of burning around.

**Michael**: Well, that's right. And by speaking to the, to the reality that everybody's seeing, I think you get you get credibility doing that, and you lose credibility. If you don't, I got a bit of pushback here when I was on our provincial CBC talking about our health care system. And the anchor asked me like, are we at the early stages of, of collapse right now of our healthcare system? Well, I can say, No, that's fantastic. We're doing great, you know, everything's working fine. And few little few little tweaks here and there, but nothing we can't fix. Or I can say, yep, we're early stages, the collapse of our healthcare system. And we got to talk about it, so that we can get to a better place.

 I mean, and that, again, goes back to sort of the politics of Canadian health care, I don't believe it is our jobs, to be silent. I believe it is our job to be very vocal, we know what the challenges are in healthcare. The community knows what they're not receiving from our healthcare system. So that's, we shouldn't be hiding that.

**Katharine**: Yeah, I totally agree with you. And you can't, like you said, right, you can't solve a problem. If you haven't admitted there is one and to find what it is. And too often we're kind of coming up with solutions without really having had a robust conversation about the problem we're trying to solve. And I think that gets us into trouble every time. So you've shared a lot of great ideas with us today. And I'd like to end just asking you this question. You know, I think you've given some great examples of challenges in the system, your approach to them, some recent successes you've started to have, which is encouraging. So. So in a global sense, are you optimistic about our ability to collectively realize a brighter future in healthcare? Do you think we're going to get there?

Yeah, I think we will, I think the question is going to be how far down the road to improvement do we get right? Like, do we really like I've been pushing the notion of sort of Canadian healthcare 2.0. Right, you got to remember, I mean, you know, socialized medicine was born in 1966. And it basically paid for inpatient stays and doctors fees. But, you know, an inpatient stay in 1966, is not the same as inpatient stay in, you know, 2023. And I mean, I there was probably 15 medications that people used in 1966. Now, there's 1000s, like, we didn't have MRIs, we didn't have ICUs, you know, if a child had respiratory difficulties, you basically had an iron lung, there was no intubation, like, all of these things. And so, we've kind of patched and, you know, propped it up and put some duct tape on our system, but And fundamentally, you know, it's kind of limping now into the future.

**Michael**: But we really need to say like, it is time for a real refresh. And that doesn't mean bringing in more privatization into our healthcare system, or does it I have no idea we should study it. There was a recent study that came out in Quebec that showed the private surgical centers actually cost more money. And I really applaud Quebec for actually, you know, for once in our lives in Canada measuring something right so it's not just it's it's not just political banter, it's actually you've got data supporting which way you're gonna go one way or the other. I think, you know, a lot of the historic barriers that we have in Canada, such as our colleges, making it really hard to get a license. You know, we have a lot of Canadians off training in places like Ireland, it's very hard for them to come home. Our provinces are starting to work together like here. I think here in Atlantic Canada.

We're seeing a bit of the future where we're talking more and more about how can we do things as a group of provinces? Yes, not just each you know, versus the other and stealing Dr.from each other, which is historically what we try to do. So I do think we're going to come out of this crisis better off. But I really want to, I don't just want a brand new sturdy Band Aid, I want to I want to a new system that will take us, you know, for another 50 years, this is so important for Canadians. And if we don't have the ability to challenge it and change it, we're we're just going to have the mess that we have now. So I am encouraged that I think people will finally get the message throughout Canada, that now is the time for us to really think differently. I absolutely agree. And, you know, I think you've brought forward so many amazing themes. And I think this last one really is about courage, right? It's about the courage to have the difficult conversations, to be honest about where we are to admit that you know, there's the great ideas that underpin our healthcare system. The times have changed, and we have to not be afraid of change. And change isn't always bad. And the status quo is clearly no longer working. So let's be curious, let's have the courage. Let's be humble enough to ask the right people the right questions, and let's find the solutions that are going to get health care to Canadians and create an environment that people want to work in. And I think we can get there.

**Katharine**: I agree with you. We've got to think differently. And it sounds like you are an incredible leader in terms of taking us in that direction. So thank you, Michael, so much for sharing your insights with us today. I've learned a lot. I've really appreciated what you've had to say. And I think our listeners will too. So thank you. Great. Thanks so much. This has been really, really fun to chat about this stuff. So to all our listeners stay safe and be well. To stay up to date on all our spark offerings, including upcoming podcast episodes, visit our website at Children's Healthcare canada.ca And subscribe to our spark news bi weekly bulletin if you haven't already. Thanks for listening to spark conversations. And before we go show some love for your podcast series by leaving us a review and then join us again next month. Thank you