21 Health Cities - Edited Transcript

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SPEAKERS

Reg Joseph, Dylan Cave, Christy Raymond, Brittany Ekelund

B **Brittany Ekelund** 00:00

[intro music starts] Hello and welcome back to Research Recast(ed), the knowledge mobilization podcast. I'm Brittany Ekelund and I'm here with Dylan cave. Today on the podcast we're gonna stray a bit from the beaten path in a special episode where we speak with university and community partners on collaboration, innovation and the role that post-secondaries play in improved health outcomes. Joining us are Dr. Christy Raymond and Reg Joseph. Dr. Raymond is the Dean of the Faculty of Nursing here at MacEwan University and a strong advocate for Nursing Research in Canada. Her research program looks at nursing education and practice, and she has a special interest in the development of nurse educator capabilities and the creation of meaningful clinical learning environments for students. Reg Joseph is the CEO of Health Cities, a Canadian not-for-profit corporation that works with clinicians, innovators, philanthropic organizations, and companies to develop new models of care. Joseph has 20 years of experience spanning the health and technology and investment sectors. And in his role at Health Cities, his focus is on developing new pathways for healthcare delivery to drive better health outcomes and economic growth. In addition to serving on multiple boards of health technology companies, Reg currently serves as chair of the board of biotech Canada, and on the MacEwan University Board of Governors. Reg has his Bachelor of Science in physiology and an MBA in finance. Before we begin, we'd love to get some context on the relationship between MacEwan University and Health Cities. So can you guys both walk us through the relationship and how we came to be having this conversation? [music fades out]

R **Reg Joseph** 01:39

Christine, you want to kick us off?

C **Christy Raymond** 01:41

So maybe I'll talk a little bit about, in terms of health research and also health innovation. There's been lots of conversation in our faculty, in both in the Faculty of Nursing and the

Faculty of Health and Community Studies, around what does innovation look like? And how can we create innovative spaces to help the health settings in which our students work, in which our students learn? And so I think that was the impetus for us connecting and figuring out how does Health Cities and our faculties work together to change the outcome, to change the future of health outcomes, but also to really look at what are those partnerships and spaces of possibility that we could capitalize on for mutual gain, and also to look at the mutual gain of the health system.

R **Reg Joseph** 02:30

That's perfect. Christy, I'll I'll add one point, which is, when we start looking at where health is going in the future, community plays a key role. And and the reason why it plays a key roll is the social determinants of health are a big indicator of how well our health system is doing. And so one of the things that attracted me to MacEwan is that conductivity with community and the fact that they're also training our next generation of healthcare leaders. It was a perfect combination for us to say, Okay, how do we work together to lead the innovation that we're starting to see in health? And what role can we can play in that?

B **Brittany Ekelund** 03:14

Okay, so theoretically, what would a collaboration between Health Cities and MacEwan look like? And how would a collaboration like that help drive something like innovation? And what does innovation look like in health outcomes right now?

C **Christy Raymond** 03:31

There's a lot around how do you define innovation? So I define innovation in the broadest sense, looking at what is that quality improvement that happens in the environment to which you're looking to innovate? And I think that a partnership would look a lot around, what does our faculty do, first of all - so around the research. But it's also about the processes and the people, and about the content. And so looking for innovations in all those areas, and finding partners within the community that can help us really engage in some design thinking, looking at different ways that we engage with our community, clinical partners, and really, somewhat smash not only the calendar, but smash the ideas around what does traditional education look like? And how can we actually be that active engaged partner in those health settings and make change?

B **Brittany Ekelund** 04:25

Awesome. Yeah, from a Health Cities perspective, like, what what would that collaboration look like from your perspective?

R **Reg Joseph** 04:32

Yeah, definitely. So one of the things we know we're facing in Canada at large is a talent

shortage, particularly in the health and life sciences. So you'd mentioned my role with Biotech Canada. They've done a lot of labor market information work across Canada, and for every position today that's available - for every two positions that's available today, there's only one qualified candidate.

B Brittany Ekelund 05:00

Okay.

R Reg Joseph 05:01

And that's jumping in the next number of years to four positions for every qualified candidate. So we have a talent challenge. And this university, of course, is a trainer of talent. And so I think it's an obvious opportunity for us to partner with MacEwan and particularly in the health disciplines to look at how are we training that next generation of talent. And as Christy had mentioned, also, we're not just looking at excellence in health care, which we already know, we're graduating those students that have excellence in healthcare and clinical practice. But how do we now intervene into that education, that innovation mindset to look at new ways of delivering care that's going to drive better health outcomes in our community? And that's where we get really interesting. And that's where we also jump into other aspects. So how do we start working with the Faculty of Business and looking at companies and their role that they play? And how do we start looking at other faculties that can bring different sort of talent sets to the table? Because we're going to have to pull from many different sorts of skill sets to be able to manage this challenge.

B Brittany Ekelund 06:14

Yeah, I mean, I want to kind of just touch on, you know, you mentioned a talent challenge. So the Dean of Nursing here at MacEwan, can you kind of speak to why there might be a talent challenge, from a nursing perspective, what some of the factors are that are maybe limiting participation? You know, is there a low enrollment rate? Or is there burnout, like what's going on there?

C Christy Raymond 06:40

We definitely have high interest in nursing programs across Alberta, across Canada. For every seat, there are multiple applications. But I think the talent challenge comes from being able to educate the right graduate for the right time in the right space. And graduates, often in nursing programs, graduate with a great skill set for clinical practice. But there's pieces missing that would really help round out that innovative picture. And so it's designed thinking, it's about policy knowledge, it's about systems knowledge, and knowing about how organizations function, how organizations need to change. And so getting students involved, less per se, at the practical piece, but more into the theoretical, organizational wide-span thinking, you know, smash the doors off and think differently. How do nurses partner-- an example comes to mind of faculty members who are interested in textiles and uniforms. Why not partner nursing business, and have people with special talents and interests actually intersect away from

nursing and join other areas so that we can actually make a change? A different uniform, that really functions differently, would make a huge difference in the work that a nurse does daily. And so it's it's being open minded to really looking differently, looking at our graduates differently and preparing them from a different different point of view?

B Brittany Ekelund 08:08

Do you mean like physically a different uniform?

C Christy Raymond 08:11

Yeah.

B Brittany Ekelund 08:12

Like, would more comfortable scrubs, like solve--

C Christy Raymond 08:14

Hey, you never know. I think that that innovation is about people, processes, products. It's big. And so I think it could be a bunch of different areas. But I think, to develop that talent, you have to be able to excite people, inspire them break down the silos of what we think nursing education should look like so that some of the barriers or challenges are within the very curriculum that we offer. We offer very traditional, and again, we do have some innovative pieces in it, but nursing curriculums on a whole aren't usually terribly innovative. And you can only put so much into a four-year program. But how do we really look at creating spaces that people learn to think differently, so use that traditional, the great building blocks that we have, to take it to the next level.

R Reg Joseph 09:03

And that's a real challenge, because when we start looking at our health systems, our hospital systems and so forth, many of those are sort of dated as well. And so for our students that are coming out of MacEwan, for them to get those practical internships and practical experience and change culture, with design thinking and with policy thinking as Christy said, it's actually hard to come by. And so this is where an academic institution like MacEwan has to really think hard about saying, Okay, well, the receptor capacity for that is not necessarily there. We actually have to build it here in our school, and then have them go out and lead that change. And that's, that's difficult to train, particularly when you've got, you know, a really robust four-year program that you're barely trying to squeeze all the clinical work in and so you know, that's, that's-- it's going to now require some creativity and that's where I get excited.

B Brittany Ekelund 09:59

Right. So you had mentioned, thinking about implementing curriculum changes into helping, you know, bridge the gap between these these real world experiences and things like that. What are some of the barriers to changing the curriculum? And how can we as academics work to make curricualr changes that will drive those changes.

C Christy Raymond 10:23

So health curriculum often comes from a, somewhat of a reactive standpoint. So we tend to, to follow the lead of things that are occurring in the clinical setting. And I think we need to switch the mindset, first of all, into a proactive mindset where we're actually leading, not necessarily following. And part of that comes from the curriculum piece, but curriculum not so much in terms of what happens in the classroom, but it's that creative incubator space that you create where people can learn to think. And so some of the challenges around that is, it's not as black and white as sometimes what regulators and program-approvers want. They want certain numbers of hours and certain numbers of experiences, and the span of experience. So we have to start by planting seeds with our regulators, and talking about how we can actually work together to change. And so part of that is, is opening up the table, and having nursing education, policy practice, community partners all at the same table. We don't have a common table where we all sit. And so I think that's the first thing is starting that dialogue. The part too that becomes a bit of a challenge is the timeframe in which we need certain approvals for curriculum to go through not only government, but also our regulators and other regulators. Often we find governance procedures are are slow within an institution, then you couple that with program regulators at a provincial level, and then you've got government regulators as well, who like to have certain things happen with degrees, diplomas, credentials, etc. So I think it's finding the space to be able to act more nimbly. And find that nimbleness tends to be a buzzword now at MacEwan, and how we work around that and get people to change how long that takes--

B Brittany Ekelund 12:09

I find that really interesting. You know, we deal with it in almost every department, I think, here at the university, the challenge to curriculum changes and things like that. And it's right at what point are we falling behind? You know, it's hard to stay on, on the cutting edge of technology of, of everything that we're dealing with, when we're forced behind all this policy. So-- I think, and this is something I'm very interested in on your perspective, Reg, because you have a background in business. And I think business by nature is innovative, you have to find different ways of approaching a problem or a service or a product to keep people interested. And you have to adapt to changing times. So you know, as someone with that business background, like how can academic spaces work around some of those restrictions?

R Reg Joseph 13:02

Yeah, it's a great question. And I think I'll pick up a point that Christy had mentioned earlier, which I think is a great way to start, which is hosting these tables. So that's something that Health Cities does quite often - where we bring together community, industry, academia, health system together to look at a particular challenge or a problem. So that's definitely a great place to start, because as Christy mentioned, we've got to start the dialogue. And once we start the

dialogue, then we can start looking at solutioning. Another approach we can take, and it's something that we haven't talked about, because we've talked more about the curriculum impact. But the other areas we can start to look at is is actual projects in community. Again, attracted to MacEwan and its connectivity to community. Health Cities has been working in community with primary care networks to look at innovative solutions, and not really on a specific technology. As opposed to looking at a specific app or a specific device, we're looking at how do we look at home health monitoring? How do we look at virtual care? How do we look at democratizing access to individuals so that they can get health care? And that's the kind of thinking, and Christy mentioned it again, it's that design thinking about not worrying so much about a specific technology and how well our graduates understand that specific technology, but understanding the opportunity around those technologies to change how we deliver care. So we can actually drive better health outcomes, but also accessibility. And that's-- so we think, where I'd love to explore with MacEwan going forward is how do we start looking at some of those infield opportunities, exposing our students to practicums internships and projects that are in the field to augment their education?

B Brittany Ekelund 14:55

I mean, that sounds like a great question for you, Christy.

C Christy Raymond 15:00

And I think it really ties into getting away from the traditional. So we have traditional placements that occur in hospital settings and in places where people really are naturally drawn to think health care occurs. And as we move more towards health care in the community, meeting people where they're at, accessible health care for seniors, I think that our placements and our ideas about placements need to change. And so having students work on a project where it's really about designing something, or working with a community partner to solve a problem that doesn't necessarily look at, you're going to spend eight hours in a medical surgical unit and you're going to learn certain skills. I think our idea of of skill set is changing. And so when we look at experiential learning, we need to expand the skill set that we're offering students in our settings. And it's great to have the the clinical aspect, the the more traditional one that everyone draws to, and they can't wait to have their their clinical experience on a medical surgical ward. But there's these other things that are exciting and inspiring. And places where nurses maybe haven't been working as much, but are critically important as we move to that community.

R Reg Joseph 16:10

Right. And what's really interesting is, is that from a fundamentals perspective, the viewpoint actually hasn't changed that significantly, because when we start looking at our health sciences training, fundamentally behind all that training is how do you provide the best of care to your patient? Right? And so that doesn't change. What changes is how do we do that. So we've had excellent acute care in hospital systems in Canada for the last 50 some odd years. And a lot of those processes have been operationalized. So what our students are learning is those operationalized models that have been fine-tuned for decades - so they're, they're good. They're good clinical models, but now let's get back to fundamentals because environments

changing. And so providing care from a centralized hospital is not the best for everyone and is not necessarily driving the best outcome. So let's come back to fundamentals. And let's go back to how we provide care to the individual. But now let's put that in a different environment. And how do we start using those tools, using that design thinking, to start developing those new protocols and new processes that are now going to drive what the future looks like?

B Brittany Ekelund 17:30

So yeah, I have kind of a question, because part of this conversation is what is the role that a post secondary should play? So when you say, you know, development, I'm kind of wondering, is the post secondary and academic research the place to start developing new modes or models? Or is it a better place to demonstrate that models work? Like what-- how does-- What's the difference between reinventing the wheel and then proving that it works? And what is the role that a post secondary should play? Or is it up to practitioners in the field?

R Reg Joseph 18:08

It's a good question, do you want to take stab?

C Christy Raymond 18:10

I think it's about collaboration. I don't think there's one right answer there. I think that it depends on the very specific circumstance in which we find ourselves according to that innovation. So it could be that nursing students and nursing education is leading around, say, some of the medical charting. Maybe we're a learning lab for different methods of this electronic medical record. Maybe then some of that then is placed within healthcare to fine tune according to the setting. But it's the students and the educators maybe who are driving that through research, through conversations through, you know, the ability to take time to really think through some of the different ways that we innovate. Sometimes, and maybe Connect Care is a good example, sometimes things are brought right to practice. Yet when we start to implement, to look at how these things are actually enacted, maybe they should come second to a post-secondary institution so we can play with it.

B Brittany Ekelund 19:09

Yeah, I do want to just stop for a second if-- what is Connect Care, for those who may not be familiar with that. And why is it a good example of this?

C Christy Raymond 19:17

So Connect Care is an application where individuals have access to health records, and it's where some of the documentation, some of the ordering, some of the different pieces of healthcare are housed in electronic format. And so this is really a system that Alberta Health Services has implemented in order to streamline, to standardize, to make consistent. And so in that there's been, you know, lots of challenges, but great opportunities to see how that

improves the outcomes for patients. So, a good thing would be, you know, maybe some of the researchers in the Faculty of Nursing will take that and actually research the effectiveness of that implementation. Maybe then students would take, you know as a project and be able to figure out, how has this worked? Where were the challenges? What would we do differently? You know, maybe we'd get a sandbox from the vendor and actually be able to play around with it a little bit. So mix nursing with the some informatics with some business.

B Brittany Ekelund 20:14

Okay, perfect.

R Reg Joseph 20:16

And you know, we already have examples of that in Alberta in other sectors. So let's just think of the energy sector and the the strong collaborations between our post-secondary institutions and industry, on oil sands. And that level of sort of testing and trying new ideas, validating them and then working with industry to prove it out. We've done that already. And so I think we can start developing those models here in Alberta. And I think MacEwan can take a step forward. And to answer the previous question, I think it's both,I think it's both taking that theoretical approach and saying, Okay, what is the art of the possible here? But how do we also practicalized that? And so do we create a living lab here in MacEwan, where we test and try out? I think that's a great opportunity to explore.

B Brittany Ekelund 21:06

I think-- something that pops into my head, though, I mean, when you mentioned the collaboration between academic institutions and the energy sector, there's a lot of money there, there's a lot of people that are willing to pay for research that is surrounding that sector. Is there that much, I guess, financial incentive for healthcare research? Like what is the landscape look like from that perspective?

R Reg Joseph 21:32

I'm gonna jump in and tell you that.

C Christy Raymond 21:34

Perfect.

R Reg Joseph 21:34

Absolutely, there is. But it's categorized differently. So we look at it as a health spend in our province, right? And if we look across the nation, again, most provinces are getting pretty close to 50% of annual budget is being spent on health care, and that's rising every year. So I think

we cannot afford not to, we have to, and so how do we now get smarter about taking some of those resources and deploying them to these initiatives that are going to drive better health care in the future?

B Brittany Ekelund 22:09

Okay. [inaudible] Like from the from the Faculty of nursing, like, do you guys, did you want to touch on that as well?

C Christy Raymond 22:17

There definitely is. I mean, there's, there's money around health and research and that money goes to very specific topics. And so not necessarily to the innovation realm, which I think we need to advocate for much stronger. So I agree, we spend a lot of money on healthcare - more than most - and the outcomes necessarily, we don't see rise or we don't see the quality change. And so really dividing up some of that that dollar spent to looking at innovation would be would be fantastic.

R Reg Joseph 22:46

And then there's also the opportunity for industry. And here, what I want to be very clear about is what aspect of industry am I talking about and what role do they play. So I want to couch this by saying, when we look at our acute care delivery system, Alberta Health Services for example, think of all the instruments that they buy from industry. Look at all the consumables that they buy on an annual basis. It is the largest health authority in Canada, covering 4.5 million people. It's a big buying power. And, I sometimes have to tell individuals that I'm talking about this, there isn't an AHS employee that's building MRIs in the basement of AHS, right?

D Dylan Cave 23:29

[laughter]

R Reg Joseph 23:29

They're buying that from a GE or a Philips or whomever that may be. So how do we start looking at partnering with industry in a way where we're telling industry, what our needs are, what our challenges are in Alberta, what we're looking for in terms of our ability to better service our clients, our citizens of Alberta, and work with industry to come up with those innovative solutions as well. And so, back to the point of, you know, is there dollars there? Yes, there's dollars, not only from the spend from a provincial standpoint, but there's also industry dollars there who are, just like you mentioned earlier, companies are trying to reinvent themselves and figure out how they're going to fit into this new model of health evolution. Well, let's lead that. Instead of having industry come and sell us the latest and greatest, let's work with them and tell them what we're looking for. So we can actually address the challenges that we that we have here--

B Brittany Ekelund 24:27

Well, and inform the advances. And I think--

R Reg Joseph 24:31

Exactly.

B Brittany Ekelund 24:31

That's-- Yeah, it's like who is informing them? [laughter] [crosstalk] Yeah. Whoever is building them I guess. [laughter]

R Reg Joseph 24:35

[crosstalk] Well, so right now-- So this is the challenge. And I - forgive me - I'm gonna get on my soapbox a little bit, but this is the challenge in Canada. When we look at every other sector, whether it's the energy sector, transportation sector, financial sector, when we're looking to make policy, whether it's provincial level or federal level, industry is there.Because we'll be looking to industry to deploy those solutions, right? If you're looking at new finance systems, the banks better be on board because they're going to be the ones loaning the money or creating those financial instruments. Well, in the very same way, we don't do that in health. And so to your question of who's informing industry, no one. And so we need to change that. You absolutely need to change that. And so could that be a role that our post secondaries take to-- could our forward thinkers and our academic institutions say, You know what, this is where we're going. You know, we should actually start informing industry that these are the things that are really going to hit the nail in terms of meeting the challenges of the future. This is where we'd like to focus.

B Brittany Ekelund 25:39

Chrissy, did you want to actually touch on that and speak to that possibility?

C Christy Raymond 25:44

Absolutely. I think researchers will play a key part in in educational institutions. They, they tend to have their finger on the pulse of those complex, messy issues. And then they tend to be able to figure out, through their intervention research, what works and what doesn't. So to be able to get those research findings directly to industry, instead of sometimes putting research findings into the atmosphere and seeing where they float. I think it's important that that actually is a really big knowledge-translation key piece that we're missing in health. Obviously, the research but then looking at, you know, what is the student experience around around that not only the research piece, but also being able to say, Okay, so what would you innovate in

this situation? And again, I think post secondary, the students-- the students have time to think, if we give them that time. I have to say, in nursing curricula, we don't give them that time. They're, they're too busy putting all their textbooks in their heads for their very, very busy schedule. So how do we give them time to think and then be part of that and be able to, to pitch those projects to industry as well?

B Brittany Ekelund 26:53

[crosstalk] Well-- How do we?

C Christy Raymond 26:55

We change the curriculum.

B Brittany Ekelund 26:56

Okay.

C Christy Raymond 26:56

We smash the calendar [laughter]. We change the curriculum. And um, yes--

B Brittany Ekelund 27:01

[crosstalk] Yeah, uh, I just--

C Christy Raymond 27:02

[crosstalk] A lot of people get very upset with me.

B Brittany Ekelund 27:03

I know. But I'm curious. Like we're sitting here we're having the conversation curriculum is something that's very important in informing all of the things we've talked about. So theoretically, like, what, how would you change the curriculum, if you could make-- wave a wand and next year curriculum was different? Would you make it a five year program? Would you change the way that classes are structured? Like how do you give nurses more time to not only remember how the entire human body works, mind and body, but then to think innovatively and have time to be creative?

C Christy Raymond 27:36

And I think-- I mean, if I were to, to propose a curriculum - and that's not how it works, obviously we need lots of brains on it. So one brain isn't isn't great, you need the faculty to drive it. So the first thing would be to get those faculty together to get them inspired and get them thinking about how that happens. I think lots of value has been placed on time in class is often seen as valuable time. And I think, again, it's that creating that space of a non-full schedule. And so it is time to think. It's infusing different assignments throughout their program that actually connect him with the people that can make change. And so it's it's relaxing a little bit in terms of clinical practice and hours spent. It's also allowing some self direction. And so every student is not built the same. And so why isn't there that flexibility to allow self-regulated learning to meet competencies? Absolutely. I would never say don't meet competencies, that's very important. But to give that flexibility, some people are going to be innovators, some people aren't. And that's okay. But find the space to connect the innovators to the time and the people that they need to be connected to, to make a difference.

R Reg Joseph 28:45

Yeah, Christy, I love that. And, you know, again, we don't have to reinvent the wheel. We have examples of that in other faculties operating right here at McEwen. So let's take the business school. A great idea where you know-- fundamentally a business student that's coming out at the end of their graduation, there are some key competencies that those business students are going to have, but we stream them. Some are more apt for accounting, and they're going to major in accounting and they're gonna go and take their designation thereafter, in accounting. That's great. There are other people that are going to be on the innovation spectrum, and they're going to do other things and they're going to be entrepreneurial. So I think we can create that level of streaming in our health sciences curriculum as well. And so we don't have to force everyone down that path necessarily, but let's create the flexibility for those that are interested in that path. Let's give them the time to think. Let's give them the time to experiment. Let's give them that time to collaborate to enable that to happen.

B Brittany Ekelund 29:46

Absolutely. We have touched a lot on the space to innovate and how different people are good at different things, right? So forgive me because I'm going to kind of try to weave this all together, but You know, we've mentioned having the right person for the right role. We've mentioned technology, we've mentioned practice. What about the roles themselves? Is there space for different kinds of roles in healthcare? Like, maybe you know, you have an RN, and you have a nurse, and you might have like a home health aide. But like, maybe there's innovation in what kinds of roles we're training people to have. Is there? Am I out to lunch here?

C Christy Raymond 30:28

Not at all? I think we've got very traditional roles that obviously are in legislation and policy. But again, if I were to have a wish, it would be that people would be more aware of policy. I want a policy class. I'm a policy nerd. It's it's not a common thing, not everyone likes that policy stream. But I think we have to start with some of that legislation, too, and looking at, you know, what is the nursing care partner family? What is the health care partner family in terms of

interdisciplinary work? And so not working in nursing alone, but what about social work? What about, you know, pharmacists? What about, you know, not only in the walls of MacEwan and the different health professions that we have here, but what about collaborations with the UofA. What about collaborations with other post secondaries? So again, it's that thinking broader. But I agree, I don't, I don't know in terms of nursing roles, if we have the mix, right? We have very specific roles in Alberta. We have registered nurses, we have licensed practical nurses, we also have-- and MacEwan has the only psychiatric nursing program in Alberta, and psychiatric nursing is something very specific to western provinces. It's not across Canada. In fact, the same acronym is used for the LPN equivalent in Ontario. So then it's even more confusing as you as you sort of depart from the western provinces. So I think, again, it's a conversation nationwide on what does nursing look like? What are the nursing care partners and the different health roles that we have in the nursing family? And how do they articulate? It weaves nicely into some of my research on workforce and workloads and and how do we do staffing mix? I don't even know if if there's been innovation in that, per se. And I think the pandemic has been a perfect opportunity to start to rethink how we do things, how we mix different staffing categories. And again, I think, a policy class, a legislation class, a great project would be, if you could blow it up and start again, what would you have as your Regulated Health Nursing professions?

R Reg Joseph 32:31

And I want to pick up on a point that a key point that Christie raised around policy. And so she made the joke that she's a policy wonk. [laughter] And when we make those comments, you know, we look at that and say, Oh, policy, and that's, you know, boring paper stuff, and so forth, and that kind of thing. But really, it's it is policy that is going to enable us to make these changes. And that's key. And so we actually need innovation in policy. And we need innovative policy makers, we need innovative thinkers. When we look at the jurisdictions that have transformed their health systems around the world, its policy, that's where that starts. There's a whole bunch of other things that fall underneath that, but it is key. And so what role do our post secondaries play now in policy? And is there interest in interdisciplinary types of product programs that we can drive that help marry health practice and policy and start looking at these new models? That's going to be key in Alberta and Canada going forward.

C Christy Raymond 33:36

And we've got students that work together in their education, they go out into the workforce and say, How come we're not working together? And so I think we drive it that way. So how do we do that interprofessional collaborative practice well? And those are areas in universities that often don't fare well in terms of budgets and pragmatics. How do we meld the schedule of 18,000 students so that they can meet other students from other faculties, disciplines, and different bands of life? So I think we've got a lot of work to do there. But it's possible. [crosstalk] It--

D Dylan Cave 34:09

It's totally possible. We have, you know, we have I think every every faculty has their own challenges with interdisciplinary work. And it comes down to implementing that interdisciplinary work into curriculum, and making, you know, projects that that help these

connections. And then, when we go on to work in our professional careers, we can make those connections that we've made throughout our university careers. I think,

C Christy Raymond 34:38

I agree.

R Reg Joseph 34:40

I'm gonna jump in on another piece that's very close to my heart, and we did touch on innovation and technology. But there's another piece that we didn't fully cover. Because when I talked about industry, I talked a fair bit about established industry. What's really interesting, and I just came from a conference in Calgary and it was a blockchain conference of course, and and there's a lot of disruption happening around what what's really exciting in Alberta. In the last couple of years, the number of tech companies in our province has literally doubled. And the amount of financing that these companies are getting is going through the roof and Alberta is leading the way. And so here's another opportunity in terms of how do we partner with that community? How do we partner with that tech startup community? Because they're coming up with the newest novel solutions. Now, back to the point that we had had before about, well, how do we inform them then? Right? And how do we include them into our community and say, Well, let's go develop some solutions, because those companies are on the cutting edge and are actually more willing to listen to where the needs are emerging. And where the thinkers are, are guessing where the where the technology is going to be needed. Perfect place would it be for those collisions to happen here at MacEwan?

B Brittany Ekelund 36:03

Yeah, we've gotten to that point. I mean, we've talked a lot about post-secondary and MacEwan and the role that it would play. But I'm kind of curious about like, from a Health Cities perspective - you do work with innovators and companies and philanthropic organizations and researchers. So so what would that role be? And how could a collaboration between MacEwan and Health Cities really help, you know, get practitioners in on creating apps that work for patient and practitioner?

R Reg Joseph 36:31

So look, it's it is really around credibility and knowledge. So Health Cities is at the coalface. We're working in the field. And we're working with technologies and clinicians and looking at new ways of delivering care and merging those together. And it's great, but we actually don't have a lot of the capacity and, and to be honest, even the capability to start thinking broadly about okay, how do we look at systems now, right? And so we're doing these individual projects, and we're saying, Okay, well, how do we take these projects now and scale them? I want to flip it. I want to work with post-secondaries, who live and breathe this on a regular basis and say, Well, this is how we're looking at systems of the future. How do we model that? Right? And then now we can get smarter about how we're modeling that. And so that's where I

think there's a great opportunity for the work that we're doing in the field with Health Cities, to meld that with our post-secondaries and actually do things that are purposeful in terms of system change.

B Brittany Ekelund 37:33

What are the next steps for making this art of the possible, something that is not just possible, but happening?

R Reg Joseph 37:42

I've got some ideas and--

C Christy Raymond 37:45

[crosstalk] Yeah, jump in.

R Reg Joseph 37:45

[crosstalk] I think we've sort of touched on them. And I'll look to Christie to kick me under the table of I'm going off here. But I think the first is we need to have these conversations. And we need to sit down with the leaders here at MacEwan and say, Okay, so where are you thinking this sector is going and where can we collaborate? The second piece is, let's start hosting those tables. Let's bring the individual practitioners to the table. Let's bring policymakers to the table. Let's bring our academics to the table. And let's start co-designing concepts and ideas. And then lastly, let's implement them. So do we implement them here in a test-and-try lab first, and then take it out into the real world? You know, those are conversations that we need to have. But it all comes back down to something that Christie said, which is collaboration. And we need many different types of collaborators at the table for us to be able to realize this.

C Christy Raymond 38:44

And I think we need to reach in and leverage those partnerships we have now and be able to to inspire those people to want to come together and to start the conversation. But I think the key is just start. And I think we we've often done a lot of talking around technology and innovation. And I mean, I think innovation is, yes, technology - because that's where everyone's brain goes when you say innovation for some reason. We need some more VR goggles for, for the nursing lab. It's like, it's kind of bigger than that.

R Reg Joseph 39:11

Yeah. Much bigger. And I think you know, honestly, Christy to your point, I think that technology piece is probably the smallest piece in innovation. And and I'm glad that you mentioned that because that is where we need to focus - it's systems, it's design-thinking, it's it's actually

research.

C Christy Raymond 39:29

Absolutely. And research in the in the broadest, biggest sense of the word, and it's its research involving students. And so it's looking at what are the current places in our curriculum that we can start to insert some of these key partnerships and key experiences and what faculty are interested in getting that started? And again, doing a bit of faculty development around what is innovation and what place does it have in curriculum, I think will be key. And leveraging their experiences and even some of our clinical nurse educators. What are your experiences in those settings? To know, what needs to change and what's your vision about how that changes. And I think you start to inspire and cultivate that energy and then watch where things grow. I don't think you want to constrain it, restrain it. I think it's it's blow it wide open, have some great innovative conversations with the right people at the table, and then see where it goes. And I can see us, you know, having involvement through not only technology, but but also lots of different places like a policy course - that would be my dream.

B Brittany Ekelund 40:31

[laughter] Christy loves policy, and we're gonna get a very, very big table, because it sounds like there's a lot of moving parts that are really necessary for a holistic approach to improving healthcomes-- health outcomes, and--

D Dylan Cave 40:48

Healthcomes. I like that. [laughter]

C Christy Raymond 40:50

[crosstalk] Oh!

R Reg Joseph 40:50

We just coined a word. [laughter]

B Brittany Ekelund 40:51

We just coined a word. [laughter] But yeah, my last kind of big question is, we've talked a lot about why from a theoretical perspective, how from a theoretical perspective, we've kind of talked about what we could do and what we want to do. My big question is going all the way back to the beginning, why is it imperative that we improve upon them? And which health outcomes really are the first focus, like, what do we need to fix right now? What's the first thing?

R Reg Joseph 41:25

I'm gonna jump in here because you're you've just laid up another soapbox for me to step on. [laughter]

B Brittany Ekelund 41:30

Perfect. I love it.

R Reg Joseph 41:31

So imperative - I'm really glad you brought that up because this is really key. Our health outcomes in Canada are declining. So a report just came out last quarter from the Commonwealth Fund, that actually compares health system performance and health outcomes amongst the G 11. Many Canadians are shocked when I talk to them to say, Canada is now number 10 out of 11.

B Brittany Ekelund 41:57

[crosstalk] Okay.

R Reg Joseph 41:59

[crosstalk] Right? So we were all raised with this idea of, you know, Canadian health care, it's pretty darn good. And we love our health care in Canada.

B Brittany Ekelund 42:05

We do.

R Reg Joseph 42:06

And yeah, there's some inefficiencies. And you know, we complain about this and that, but you know, what, it's really good healthcare. The data is not showing that. We're slipping. So the imperative is we need to improve. Not only have our outcomes declined over the past couple of decades, our costs are going up.

B Brittany Ekelund 42:24

Yeah.

R Reg Joseph 42:25

So we are now-- there are government administrators who are trying to decide, do we pay more money just to keep the health system running the way it was last year and not build a school and not build a road? I mean, that's the kinds of decisions we're making now. So it is key for us to start looking at new models, because we're running out of money.

B Brittany Ekelund 42:49

Yeah.

R Reg Joseph 42:50

And, and we're not doing our best in terms of delivering the best health care because, out of the G 11, many countries have now surpassed Canada in terms of their ability to drive better health outcomes. So from my perspective, we need to act and we need to act now. And some people will say I'm, I'm a little bit alarmist - we're in a healthcare crisis, and we need to fix it. And so we need a way out.

C Christy Raymond 43:16

And I think it's quality of life. So yes, we've got hard outcomes that we look at in terms of evidence, but it's that general quality of life - how people report how they feel, what they feel. And if I had a policy class, which I'm going to work on, we could also look at what are the nursing outcomes, because I think we've, we've defined things in a certain way, but our environment has changed. So I think we actually need to look at how do we define health outcomes?

R Reg Joseph 43:42

Where do we start? That's another question that came up. And so when we look back at that report that I was talking about from the Commonwealth Fund, where specifically is, is a nation like Canada lacking? What we're lacking is primary care. So we've done very well in acute care. Our acute care systems are quite good. And we know that when we go in, if you have a heart attack, or you have a bone break, you're gonna, you're gonna get the best of the best. But our biggest issues are chronic disease prevention and management. And we're not doing a good job at that. So when we look at the big chronic challenges that we have - diabetes, obesity, mental health - they're all on the rise. And so primary care is where we're failing, and we're falling and that's where we need to focus. So, yes. And that's why community is so important, because that's where primary care happens. And so that's why again, I'm very excited about this community context that MacEwan lives and breathes. We need to apply that into healthcare. And now let's interject policy. Let's interject innovation. Let's interject design thinking, to see how we can actually create new systems to change that trajectory that were on.

B Brittany Ekelund 44:59

[crosstalk] Yeah.

R Reg Joseph 44:59

Let's track increasing our health outcomes in Canada.

B Brittany Ekelund 45:02

Well, I imagine that yes, maybe our acute health care is great. But if you don't have good health outcomes throughout the cycle, you're going to be putting so much more pressure on acute and especially if you are-- have a budget that is getting increasingly bloated for less quality of health care, then you're sacrificing other things like mental health care, education, all of these things that actually contribute to better health outcomes. I imagine. So, yeah, it's a pretty drastic picture, or drastic needs to be taken. Did you want to touch on Reg's point?

C Christy Raymond 45:44

Absolutely. And I think it's, it's educating those individuals that are going to be flexible to be able to work in the different environments and the focus areas that we're finding where our outcomes are lower. So that preventative health, primary health care, it-- we've raised those alarms before. And we haven't necessarily moved the system in that direction as quickly as we needed to or as much as we've needed to. And I think we're seeing some of those effects now.

R Reg Joseph 46:13

And that's where innovation comes in. Right? So let's look at it practically. Because we can sit here and say, Well, we need to put more money into primary care. But let's put ourselves in the government administrator's hands, who say, Well, we're already spending 40-some percent of our budget on health care, where are we going to find more money for primary care? That's where innovation comes in. That's where we start to say, Okay, well, can we create new models that actually don't cost more, that don't require us to build a lot of brick and mortar facilities? Can we look at a different way, where we can actually be really efficient in how we deliver new forms of care? But it's actually driving better health outcomes, right? And that's where innovation really comes into play. If we try to use the old models into primary care, we'll never, it's not going to work.

D Dylan Cave 47:02

No.

R Reg Joseph 47:03

So we need to develop new models. And I think, with the innovators, we have around in

So we need to develop new models. And I think, with the innovators, we have around in community, in academia, in industry, we can do it. We have the brain power here. We talk about our brain power in Alberta and the talent that we have - let's harness that, and let's get them in a room and let's figure this out.

C Christy Raymond 47:22

I don't know about you, but I just want to live in that smart condo. {laughter] That Age-Well developed. I think that's fantastic.

B Brittany Ekelund 47:27

I haven't heard of it. Pray tell.

C Christy Raymond 47:31

So according to some of the tweets that have gone out around it, the smart condo has a lot of the technological pieces that help those who are aging, to live in environments where there's support and access to the things that they need. So keeping people in their homes longer, being able to you know, not put them in the brick and mortar hospitals - which cost a fortune. To be able to sustain them and to raise that quality of life within their home environments through that mechanism. I think it's smart with the aging population. We look at what are those care measures that we need to do differently to help that population be well, age well, and also, you know, live in, in cheaper, more economical, more efficient - yet more quality - environments?

B Brittany Ekelund 48:22

Mmhm.

R Reg Joseph 48:22

[crosstalk] Yeah. And so this is an initiative that Health Cities kicked off, in partnership with the Brenda Strafford foundation and Age-Well, to start looking at tech-enabled living environments that have-- can serve multiple purposes. And how do we integrate technology to drive better quality of life?

B Brittany Ekelund 48:25

[crostalk] Yeah.

R Reg Joseph 48:34

[crosstalk] Right? And so let's get away from this model of, Okay, you've diagnosed with X

[crosstalk] Right? And so let's get away from this model of, Okay, you've diagnosed with X, you're institutionalized. And one of the things that's very clear, particularly in our Canadian system is, is that institutionalization is usually a one-way street.

B Brittany Ekelund 48:59

Yeah.

R Reg Joseph 48:59

So once you're institutionalized, you're there. The other thing we know, and the literature has demonstrated this, is that outcomes decline significantly once you're institutionalized. So from a better health quality perspective, from better quality of life perspective, let's start looking at integrating health into the home so that it is part of your daily living. That is where we're gonna start seeing some really interesting results. And then yeah, the offset is, hey, maybe it will save some money as well.

B Brittany Ekelund 49:28

Yeah, I mean, ideally, and that's the thing is people are always like, Oh, we don't have enough money for say mental health, universal mental health, psychiatric care, things like that. The thing is, is you need it, you need it and we see it, especially when you're looking at some community partners. We're seeing the long term effects of people not getting help when they need it because it's not readily available. is on the judicial system. It's in the health care system. It's just cost of life all around so--

R Reg Joseph 49:57

Well the old adage, an ounce of prevention, right? And we can do that here. But we need our innovators and we need our academic thinkers to come up with the models of what what does an ounce of prevention look like? And how do we deploy that?

B Brittany Ekelund 50:08

[crosstalk] An ounce of prevention, I love it.

D Dylan Cave 50:10

[crosstalk] And I think that's, I think-- That's a perfect point to just send home right at the end. We're kind of running out of time today. But I just-- one last thing. Before we let let you both go, if there's anything that we missed, or a really important point that we didn't get to talk about today, now's the time, we're going to give the floor to you. And let's just leave it with you.

R Reg Joseph 50:30

Yeah, I'm surprised you're opening it up, because we'll go on for another hour. [laughter] I think we've covered from my end. Anyway, I think we've covered some really significant ground today. So thank you.

B Brittany Ekelund 50:40

Thank you.

C Christy Raymond 50:41

And thank you for your time, Reg. I know it's precious.

B Brittany Ekelund 50:44

Mmhm.

C Christy Raymond 50:45

I really value the connecting piece and I look forward to further collaborations,

R Reg Joseph 50:49

As do I. Thank you.

B Brittany Ekelund 50:50

Awesome. Thank you both so much for joining us on today's episode.

D Dylan Cave 50:54

[outro music plays] Well, that's all we have for today's episode of Research Recast(ed). If you'd like a checkup on today's conversation, please follow the links in the episode description.

B Brittany Ekelund 51:03

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