

SPARK: Conversations | Season 5, Episode 19



Right-Sizing Children's Healthcare:

Connecting care & building
capacity beyond the
hospital walls

With Special Guest:

Dr. Vera Etches



Right-sizing Children's Healthcare: Connecting care & building capacity beyond the hospital walls

SUMMARY KEYWORDS

Children's Healthcare Canada, right sizing, community partnerships, integrated care, virtual care, mental health, pediatric surgery, data analytics, patient feedback, public health, community capacity, AI in healthcare, school support, cultural safety, economic impact.

SPEAKERS

Vera Etches, Katharine Smart

Episode Transcript

Children's Healthcare Canada 00:03

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

Katharine Smart 00:00

Welcome to SPARK: Conversations, Children's Healthcare Canada's monthly podcast series. For the past two years, it's been my pleasure to host SPARK Conversations and our focus on Right-Sizing children's healthcare systems. This is the second last episode of that series. Hard to believe. In 2026 the podcast will continue in the form of a podcast mini-series to enable deeper dives into issues that matter. So stay tuned for that. I'd like to thank our sponsor IWK Health Center for its ongoing support of SPARK Conversations Right-Sizing podcast series. I'm Dr Katharine Smart host of the series, and today I'm absolutely delighted to be speaking with Dr. Vera Etches, President and CEO of CHEO. Please check out Dr Etches' extensive bio at childrenshealthcarecanada.ca. As many of our listeners know, Children's Healthcare Canada is on a mission to "right-size" children's healthcare systems. Such systems should be accessible, equitable, connected and purpose built to meet the needs of children, youth and their families and the highly specialized workforce that serves them. They are evidence, informed and integrated with other health systems and services. In this episode, we're going to be talking about right-sizing children's healthcare: connecting care beyond the hospital walls. So Vera, thank you. You're the perfect guest for this, and I'm very excited for our conversation.

Vera Etches 01:38

Thank you for inviting me.

Katharine Smart 01:42

So Dr. Etches, you and I have known each other for some time, so it's really exciting for me to see you in this role at CHEO, as CEO. And what I'd love to hear is, since taking on this role, I think what you and I have chatted about before is that you've really come to realize that CHEO is more than a hospital, and children's healthcare really takes place both in the hospital but also beyond hospital walls. I'd love to hear more from you about the work you're doing with community to provide that access and to improve the experiences and quality of care outside of CHEO, and how you're thinking about this at this stage in your role.

Vera Etches 02:17

Well, thank you, Katharine, you know that I have a population health perspective being a public health physician, and you know, you think about CHEO, other tertiary care centers, as a hospital, and yet you can't support children's health *only* within hospital walls. There's so many other partners in the community, and so coming into the role new I've been learning more about how CHEO is a health system. You can think about the care that's provided. It's certainly specialty services surgery in the hospital, but we also have in our region responsibility for homecare. For rehabilitation services in schools. We have partnerships to provide mental health supports across the community. And so, you know, for every kind of specialty, really, we're taking a deliberate approach now to think about, what can we do to support primary care in helping support, for example, asthma. And then what's the role of our community-based pediatricians, and that program in particular, has really given thought to how referrals come to the community or from the community to the hospital, and how we can triage them and support the right level of care based on mild, moderate or severe symptoms. So this concept that, you know, there's waitlist, there's challenge, there's a sense that we don't have enough resources. And yet, if you work on building a system to make sure care happens at the right place, you know we can do more with the resources we have.

Katharine Smart 03:52

That's such an important concept, I think, and I agree with you, I think in this current environment, we're really all being forced to think about how we utilize what's in front of us. I'm curious, at this point in the journey, what have been some of the key things you've learned about how you're improving access what that looks like? Is there any sort of things perkling to the top where you're like, Wow, this is stuff we really need to be leaning into as we move forward with this concept.

Vera Etches 04:15

Yeah, there's so many wonderful things happening at CHEO. People have a lot of ideas and I would say, you know, I'll pick a couple of because they show what's possible. So the regional pediatric surgical program, CHEO as a site, as a main hospital site, is one place in Ottawa, and we serve all of Eastern Ontario, you know, into Northern Ontario, Western Quebec, up to Nunavut. And so trying to find ways for children and youth to avoid the travel to a centralized place is so important. Many people don't even have access to transportation. And so one thing we're doing is we're bringing that opportunity to have surgery in a regional hospital, a smaller hospital closer to home. And that means partnership where the hospital has the expertise of their perioperative team. We bring a surgeon, they work together. Maybe there's some training. If the anesthesiologists haven't had a lot of exposure to children and youth. And families are getting the care closer to home. The teams are excited about being able to work together in a new way. This kind of thing can be done virtually, and it is with our psychiatrists providing virtual consults again across the region to emergency departments where youth may present with a mental health crisis, really an important time to try to avoid travel, to provide care right there when it's needed. And so, you know, accessing specialty and supports like that is one way that we're able to work more as a system and support a broader geography.

The kind of work that's possible into the future is so much more tailored. So we have an entire team working on precision child and youth mental health, and this is about using all the data we have about the children's information, their even their genetics, at some point, can feed into how we tailor care, their geography, what kind of responses have been to medication? To really look at being able to move away from this one size fits all approach and then have better results.

Katharine Smart 06:34

It's amazing, and I really appreciate all the things you're saying, and it's really making me reflect on just how different we are seeing pediatric healthcare even from before the pandemic, and how these things that we were sort of forced to deal with, like virtual care, that I think at first felt clunky. How places like CHEO have now been able to really use that to partner with in person care, in a way that leverages the resources you have in a lot in a very different way than probably what the hospital was doing before. And I think these sort of unanticipated benefits of bringing virtual care together with in person care, and then, like you've highlighted, really starting to think of children and their families very broadly is really shifting the way we're thinking about providing care and what we're able to do. And it's really exciting to see those things kind of coalescing.

Vera Etches 07:21

You know, the research is such an important part of this right so evaluating as we try these new

pathways to get the input from patients and families and so, you know, going back to that example of asthma, and making sure families have the right training, families have told us they prefer for the majority virtual training and access to information on managing their asthma online, right? So we're really trying to be guided by patients and families.

Katharine Smart 07:49

Absolutely. You know, and I think so much of it is we don't always think about, you know, what it means for someone to have to come to a hospital in a big city right the time off work, the parking, the traffic, the time it takes out of their day, versus being able to connect with someone virtually. And now your 30 minute appointment is really only 30 minutes, rather than before it might have been, you know, two hours with all the things on the beginning and the end of it. So from a convenience and really fitting into people's lives perspective, I think so many people really value that, and I certainly find that in my practice. So it's, I think it's wonderful to be taking that feedback from families and really trying to shift the way we think about care, to make sure it's aligning with what people want to receive. And it sounds like CHEO is really thinking a lot about that. So I'm curious, you know, you've shared a bit about the values and CHEO's approach and capacity building within CHEO. How do you see those values and the approach that you're talking about, connect into what CHEO is doing with community.

Vera Etches 08:48

So I think myself and all of us here at CHEO, I think it begins with listening. That we don't know as much as is desirable for designing a system about what's happening in the community. And so, you know, I think personally, this means talking to the Ottawa Aboriginal coalition, the Ottawa local immigration partnership, trying to find ways that we can make sure we're hearing from all patients and families as we build systems where some of the barriers may be greater. You know, I think that as we create mechanisms for better feedback, then, then we're able to design services differently.

Certainly, you know, in our area, French language services are also a priority given the populations that we serve, and so we really are needing to have continuous systems of feedback. So we're finding patient satisfaction surveys are one thing, but really being able to understand the pathways of communities, not just individuals. Yes, so this may be a little bit more of my public health kind of thinking that we can get feedback from individuals. But we also can imagine what's the pathway for particular communities, you know. Maybe neighborhoods you know, that have less primary care. What happens when all of a sudden, Ontario's expanding primary care. We have a new nurse practitioner clinic, and we're able to partner with them to attach more children as a priority. What kinds of outcomes do we see? How is that, you know, resulting in avoided emergency room visits? So really trying to find partners in the community where we can look at the data together to assess together what's working. Does that nurse practitioner clinic that's open in Vanier, for example, have the rapid access to specialists that they need through e-consults or quick calls? You know, I think again, bringing that mindset of evaluation as we try new ways of supporting primary care, but with the community partners, who can really make sure that we're hearing from everyone.

Katharine Smart 11:08

Yeah, I love what you're talking about, that that idea of that deep listening and then that iterative process of, you know, let's try things and evaluate, get feedback, and then change and keep developing. You know, it sounds like you're really trying to take the experiences, look at what's

pragmatically happening as you implement these capacity building projects in partnership with community, and then what are you learning, and how do you shift to continue to improve the service that you're delivering? And I think that's, again, you know, a different framework, a different way of thinking than we've maybe seen from hospitals in the past, and it really seems to align as you've, you know, talked about, with your public health lens. So I, you know, I imagine, for you, really feeling a synergy of these two roles coming together.

Vera Etches 11:50

And it, you know, it's incredible that people who are here a part of Team CHEO; they have ideas. They see what's possible. You know, if we can focus on each part of the system, doing what we will do best, and learning from each other. I think the other aspect I have mentioned briefly, but again, I see so much potential, is with the research institutes that sometimes academic hospitals have a research institute, CHEO's Research Institute. Really being able to help with innovations. And, you know, researching those innovations, but also bringing them into practice. And so really, there is, again, so much potential as we have the support of those who are thinking about new ways of doing things. It is hard for practitioners day to day, who are working through a list, a patient list that day, to be able to step back and think about who else could help here, or what else do I need to know and so be able to build those partnerships with researchers as well just opens up more potential.

Katherine Smart 12:55

Oh, absolutely, and maybe not an experience or an opportunity clinicians have always had before to make those connections. You know, what I'm hearing is you're trying to build this quality, integrated care. I'm sure you've had to really think about the principles, right? What are the principles driving you to have that access to quality, integrated care in your region? Tell us a little bit more about what you've drilled down to there around those core principles, how you're enacting them, and then maybe a little bit about what initiatives you're most excited about.

Vera Etches 13:23

Sure, you know, I think one of the principles I've already mentioned is that we need to co-design with patients and families as community partners. CHEO is only one partner, and so we'll get the best results. Everyone understanding you know, what the realities are for different parts of the system. I would say that another principle that we've confirmed, you know, as I've been coming into CHEO and having conversations, is that we do have a responsibility as a hospital, and more than a hospital, but to use the additional resources we have, like the Research Institute. To be able to help, because those kinds of resources don't exist in the community. Primary care providers don't have access to a research institute. They don't have project managers, sort of quality improvement people dedicated to looking at systems. So we do see it as our responsibility. And I think that's a principle that you can imagine, then it means at CHEO, as we do our work, we also need to make space and undertake that work to build community capacity with community partners. That that's part of our work, I guess, is kind of what we're agreeing to as a principle. You know, certainly I've mentioned the principle of learning, continuing to evaluate, continuing to use data in the best way we can.

You know, hospitals also have a lot of a data. We have electronic and medical records and data analytics teams and so really moving to make sure that information's available to more people, this information can be used to look back out into the community. Who are we seeing from what places?

Why? Why do they come back? They're all markers of, you know, where we maybe want to look at additional supports in the community. Even going back to schools and thinking about, what can we do within schools where we see a greater burden of illness or different needs presenting so I think using our data is one of those other principles that, just again, I think we're at the beginning of having systems that are able to be more integrated, to be able to evaluate different pathways of care.

Katharine Smart 15:48

And, you know, I'd say Vera this, this idea of data, data, driving capacity building, data driving how we conceptualize the things that we should be doing, the systems we should be creating, is a real theme that we've heard from many of our guests. And I'm curious, you know, what are you guys finding? You know, as you've outlined, there's so much data that exists in a hospital, in an electronic medical record. How are you guys thinking about getting access to that data, the sharing, as you talked about, you know, pragmatically, what's your vision for how you actually achieve that?

Vera Etches 16:20

Yeah. Well, there's different things. I'll bring it down to one specific example. So at CHEO, unfortunately, we have the highest rate of mental health visits to our Emergency Department than any pediatric center in Canada. And so we're looking at that data to understand who is coming. Are they first time visits? So people who are in crisis for the first time, maybe there wasn't an early intervention. They didn't have any knowledge of where else could they go. You know, I choose mental health because it is certainly an area of care where we know community-based solutions are going to be most desirable. A hospitalization should be a last resort. We're looking at, are they repeat visits? Which would suggest that once people have connected to care, something's not working. To be able to again provide the right supports in the community. And so this, this emergency department visit, is kind of a presentation that speaks to needing to explore what's happening in the community. So then taking that information to our community partners. Youth Services Bureau is a lead service agency to help coordinate community based mental health support center area, but really creating the tables where then we are examining what's happening and bringing in patients and families experience to understand. And then try different things, like the One Call One Click initiative of CHEO has really started before my time is wonderful, to try to create one point of access. Really simple - don't know what to do about mental health and addiction symptoms. Something's happening. Call One Call One Click. Whether you're a provider or family member or youth, and then we'll figure it out in the background, what's the best place to approach? Well, that that is giving us a lot of data too, about then who's on the wait list? Are the people coming to our emergency department, sitting there waiting and not getting the access they need to once they come through that first door of One Call, One Click, you know.

So I think it's also really pointing to the need to take specific approaches for different populations. So some populations may not be using One Call, One Click. You know, whether it's due to language or other barriers, not having access to technology and so prompting us again, no one size fits all. But thinking about then, how do we reach back to communities who aren't coming through that pathway. So I think then we can evaluate. Are the emergency room visits decreasing for particular, you know, communities? For particular types of reasons, for prevent presenting.

And I think this, you know, is so interesting as we enter the field of more use of artificial intelligence and

AI tools, right? That we could actually have a dashboard that's real time information. You know, every day, looking at the stream of flow of where are people coming in, where are they waiting? Where are they getting supports, really having more constant feedback that all of our partners can access. You can imagine, that's not far off. Yeah.

Katharine Smart 19:48

And what a game changer, you know, because I think for so for so long, services have been, you know, this is the service. Get in the line, wait your turn. And you're really talking about a completely different way of conceptualizing waiting right? Let's get that data flowing back and forth. Let's see what's working what's not. Let's design around the experience people are having trying to get this essential care. Rather than this mindset of this is the service we have, and just wait for it. So I think that's going to be such a game changer. And as we're seeing this rising tide of more and more children and youth with mental health concerns that are so impactful. But yet sometimes happening in silence. I think this, these are the types of initiatives that will really make a huge difference and I love just hearing about how you guys are thinking about that, and how you're also really trying to take the burden off the family of having to do all that navigation themselves. Because I think that's another thing we really underestimate in our systems, is just how challenging navigating when you're in crisis to the services that you need to help you, how hard that can be. And that real time data, and using that data to guide the way care looks, I think, will have a massive impact on your patients and the communities that you're serving. So that's, I think, a really exciting thing to be thinking about.

Vera Etches 21:05

Yeah, it's so it's so interesting, too, with children and youth, how our partners are really beyond healthcare, too. And so I think about the schools, and I think about how they are grappling with, how do we support children and youth, to use AI, to use chat GPT or Copilot in a way that is helpful and informed. And you know, we see that evidence that this will be part of care pathways for people in the future. And so how do we really make sure that, you know, as we think about our common interests, school boards and healthcare partners promoting child and youth wellbeing there is, there is more work to do there, but also so much potential.

Katharine Smart 21:47

Yes, absolutely. And I mean, it's, I think it's been incredible. Just AI, you know, something we talked about for a long time. But I would say, in my experience, you know, really, in the last one or two years now, it's there, right? It's something you're seeing and interacting with daily. Where, you know, a couple years ago, it was sort of on the periphery. So I think you're right, it's here. It's not going anywhere. And we need to be thinking about, how do we harness this tool in a way that's safe and that improves inclusivity, improves the quality of care that we're providing? But I think it's a huge opportunity, and I've seen that impact in my own work. So it's exciting to think about how systems leaders like yourself are looking at this really powerful tool, and how does it help you. And you know, while I'm sure being cautious about some of the potential risks.

Vera Etches 22:26

Yeah, you know, when I was working as the Medical Officer of Health for the City of Ottawa, we had public health nurses that were really trying to promote mental health in schools. And, you know, always frustrated that our reach was so narrow. We only have so many nurses, or hundreds of schools,

hundreds of classes to try to get to every class was near impossible with the resources we had to try to penetrate and educate and support and it will be one presentation per year. So you can see, there's a there's a much more powerful way now that mental health is part of the school curriculum, all teachers being equipped to support children and youth with mental health and addictions issues. That is a present support 220 days a year, right in the classroom, in the school. And so you know, seeing that part of the role of tertiary care centers like CHEO is to make sure that those teachers working with public health, of course, are getting the supports they need. That they understand the pathways that are there to help children and youth. You know, I think the earlier detection is sometimes that's going to come from the schools. And so, you know, I think again, that's unique to the pediatric sector, and something we need to, you know, partner across ministries to address.

Katharine Smart 23:48

Yeah, absolutely. And I think what else is exciting about what you're talking about is this frame shift a little bit around, like, who is a healthcare provider or who works in healthcare. You know, you're really talking about expanding that definition beyond, you know, regulated healthcare professionals who we're used to working with, who are obviously critical, important providers and the people that are going to be providing the guidance. But we're starting to think about other people too, as on our teams, people like teachers, who have that face time and interaction with students and really have so much impact in what they can do. And I like how this frame shift of, hey, who else could we envision is on our team? So it's not sort of an us and them. It's more of drawn this bigger circle and thinking about who's in it, and how do we work in a way where we're bringing our expertise and sharing in a way that benefits more people. So I think that's a big shift in thinking,

Vera Etches 24:40

Well, we know earlier detection, you know, often can make a bigger difference for children, even for the rest of their lives, and the trajectory of illness or being able to manage symptoms. So, you know, I think again, coming from a place where we are part of municipalities, that's not always the case with public health across the country. But certainly health systems for children. You can be looking at the opportunities that municipalities provide for children to be socially connected, off their screens. To be active in recreational programming. Using outdoor spaces. This is you're right, a broader picture of how we promote child and youth health, and, you know, helps all of us with pressures on the system.

Katharine Smart 25:27

Yeah, absolutely. And I think the only way we're going to solve this right sizing problem, right is to really think about who's on the team, and how do we leverage all the people interacting with children and youth and their families to improve their health generally, but then also improve their ability to have that access. And you know, what I'm really hearing here is, you guys are really thinking about it across the spectrum, right? Everything from bringing specialized surgeons into community to provide care closer to home, which is, you know, a very specific, targeted idea, which is amazing and quite innovative. All the way up to, how are you using AI, more generally, to support teachers to be in the classroom, you know, connecting with kids at scale. So you're, you know, really the range here of what you guys are doing is, I think, really impressive and impactful.

Vera Etches 26:13

I think, you know, I'm not the expert in all of the clinical specialties that you see in pediatrics, but speaking with the oncologists, speaking with the neurologists. They all have ideas about how we can bring care closer to home. You know, cancer treatment for adults is sometimes, you know, spread out across the province, the country, more than it is for children, you know. And I think we can learn sometimes from the adult sector as well about how to support care closer to home. You know, hospital at home, remote monitoring has been explored more for adults, less for children. But this is an area ripe for exploration. And again, you know, almost anything is cheaper than a hospital bed, and children want to be home. Children and families will do better if they can avoid that hospital visit. So again, that's a good potential, but, you know, does require some dedicated support to make sure that it's done well for children.

Katharine Smart 27:17

Absolutely. And you know, I think the impact of geography in terms of hospital access for children and youth is so different because, as we know, there's very few children's hospitals concentrated in urban centers, and many children and families that do not live in those centers. So that access for children to hospital-based care is very different than adults. So this idea of, how do we expand our hospital beyond our walls, which is, I think, really what CHEO has been thinking hard about. And you know, when, at the beginning, when you were just describing the geographic area that CHEO serves. I mean, it is absolutely massive, and you're extending into some very remote and regions of Canada. And it's incredible, you know, to think about the fact that this, this hospital in one place, is starting to imagine; okay, how do, what does this look like? How do we really reach these families, these children, in a meaningful way that allows that. The quality of care they receive in our four walls to expand to their community and supporting those providers there to do the same. So I think that way of thinking is going to have huge impact.

Vera Etches 28:17

I think this is a common challenge across Canada, and you know, one where, you know, I want to speak to the importance of self-determination for Indigenous peoples as well. So some, sometimes, you people, are traveling from Nunavut to Ottawa, because every day, almost every week, we are caring for people from Nunavut. And, you know, I think that we need to look at what more can we do so that communities have the resources and supports to be able to provide care in their communities as well that's going to be more culturally appropriate, certainly, working in partnership on what those pathways look like and how we increase our own cultural safety is really a priority.

Katharine Smart 29:03

No, that's so important. I absolutely agree with you. So you know, you are speaking, I think, as a leader of a children's hospital that's absolutely ahead of the curve in terms of this thinking. And I think that there's lots that other people could be taking from your experiences. Both, you know, lessons learned, what? Where, maybe things we need to be cautious, but also things where we've had big impact and success. What do you think our listeners? Maybe they're working in children's hospital. Maybe they're working in community, partnering with the children's hospital. What can they learn from your experience in right-sizing children's healthcare systems in the capital region?

Vera Etches 29:39

Oh, goodness. I think you know, every situation will be different, but starting with a common goal, like just putting it out there. We want children to have care closer to home, and we want a connected care system. You know, having that common understanding of what we're aiming for, it's not where we are today, recognizing the realities of today, but with that vision of what we can see as a more integrated system. A system where the hospitals are there just for that most important tertiary care and otherwise, you know, the role of the hospital can be: How do we maximize what happens in the community, supporting with the resources we have. Setting the common goal is really the first part and then, as I've described, it can't be done alone. You won't get it right. Primary care providers, community, pediatricians, families, they'll, you know, for real what is workable.

And so having the right tables. We have the Kids Come First Network that's CHEO supporting and it's 60-70+ providers, really. That is where the regional surgical program sits. That is where we're talking about how we can continue to build things like the One Call One Click system that help people navigate. So I think having a network is essential. It needs to be built with families and youth right there at every conversation. And then you know you have people working together, and good things can happen. Knowing that we have to evaluate, did we actually achieve what we want? And that's where, you know, I think we can see the next adjustments around One Call One Click in terms of improved access, and then what? And now, who? Now who else do we need to think about like that. It's just continuous improvement, you know, but to try things. We also can't do everything all at once. So I would say just again, before my time coming in and looking, I think you can find already the existing examples in each region of how this is working well and then spreading that. So if the asthma pathway is working, well, how is that going with diabetes, what else with other chronic conditions, right? And so building outwards from the successes is also going to take us further.

Katharine Smart 32:15

Absolutely. So Vera, just thank you so much for the conversation we're getting to the end of our time together. I think, as everybody knows, there's lots of competing priorities right now in healthcare. There's needs everywhere. So what would your 30 second elevator pitch be to policymakers regarding the uniqueness, impact and value of prioritizing children, their health, healthcare and health research?

Vera Etches 32:37

I think Children's Healthcare Canada's done a great job. We need to get the message through that when we support children and youth, there's an immediate impact on the whole family's well-being. The ability of families to work, to participate in the economy. There's an economic argument. But it's also helping our healthcare system for the future. Many conditions begin in childhood, and we have a chance to change the trajectory for children's lives. So it's a good investment, but it's also important for you know, those children and families to be able to have the best lives they can. And that's it. It's just it's possible that we can make a difference when we partner. So when we deliberately build a more integrated health system using the resources in the best way possible, that we can have a greater impact.

Katharine Smart 33:32

Yeah, absolutely. I couldn't agree more. You know, I think nation building begins with a healthy population, and a healthy population begins with children and youth and their families. So, I appreciate

the work you're doing at CHEO to support that and the vision that you're bringing and the hospital is bringing to the work they're doing and real leadership there in terms of how we can be reimagining what a hospital can do and the impact it can have. So, thank you so much, Vera for your time today and for sharing all the great work that's happening at CHEO. It's really inspiring.

Vera Etches 34:03

Thank you, Katharine, it's a great team here.

Katharine Smart 34:07

Thanks again to our SPARK Conversations podcast sponsor, the IWK Health Centre, for their ongoing support. That's it for today. Thanks for listening to SPARK Conversations. This is my second to last time hosting the right-sizing podcast series. It's been a pleasure hosting these thought-provoking episodes. I've had such an amazing time meeting so many incredible people across this country whose work serves children, youth and their families, and who bring their passion every day to improving healthcare systems for children.

Beginning in the new year, building on the success of the original podcast series and growing audience, and aligning with its new strategic plan, Children's Healthcare Canada will be transitioning SPARK Conversations to a new format: the podcast mini-series. This series will continue its systems and solutions focus for health system leaders, emerging leaders and policymakers. Typically, each mini-series will involve three to four five episodes to enable a more in-depth exploration of solutions to right-sizing challenges. To stay up to date on all our SPARK offerings, including the upcoming podcast mini-series, visit our website at childrenshealthcarecanada.ca, and subscribe to SPARK: News, the biweekly e-bulletin, if you haven't already. Thanks for joining us today.