



### **Leadership Reflections as I Transition to Retirement ...I Can Say Anything Now!**

Speaker: Dianne Doyle, FCCHL, President & Chief Executive Officer, Providence Health Care, Vancouver

Moderator: Paul W. Gallant, CHE, Past-chair, BC Lower Mainland Chapter, CCHL & Principal, Gallant HealthWorks & Associates

The following are the additional audience questions posed during the June 2nd., 2017 breakfast session and Dianne's responses.

#### **1. What's one thing you wish you had known about health care leadership when you were 30?**

The importance of establishing relationships to help achieve current and future career goals. I had not understood then the importance of making sure you are aware of your strengths and weaknesses as a leader. Work from your strength and augment your weaker areas by surrounding yourself with senior people who have different skills sets and perspectives. When I was early in my leadership I tended to bring people onto the senior team who had perspectives similar to mine as that was my comfort area...as I matured as a leader I better understood the value of ensuring a team that respectfully brings forward a variety of perspectives. This results in better decisions. Make sure you form an effective relationship with your immediate boss as this person can be very influential in your next career move. Each of my 3 most progressive career moves was based on a recommendation by the person I reported to.

#### **2. What's the one thing you know now that you wished you knew when you first became president?**

That you do not need to know it all...and in fact it's dangerous if you think you know it all. My personality style makes it difficult for me to ask for help in any situation...so I have had to overcome this in order to seek out more knowledge and skills from others. I wish during my tenure as president, I had found a more effective way to position Providence Health Care so that the organizations contribution to the system could be optimized. I fear that when I have tried to position the organization to better support HA and MOH priorities, it is sometimes perceived as self-serving, rather than being driven from a desire to effect positive system change. I think I keep improving at attempts to be genuine, values based in my leadership.

#### **3. If you had to start over, would you choose health care again? Why? If not, what else?**

Absolutely! What a complex, challenging and rewarding career. Health care fits with my personal values of service to others, and my interest in always challenging myself. There are so many opportunities at multiple levels to impact the lives of others...one on one care and population outcome focused systems, young and old, in acute and community; and opportunities to meet so many wise and committed leaders across the province and Canada. It's not for the faint of heart but I highly recommend it. Find a part of health care that best draws on and develops your interest, strengths and personal values and that is a recipe for a rewarding career.

#### **4. What's one of your most enjoyable/happiest professional experiences (as a leader or nurse) and why?**

I loved the opportunity to be a manager (head nurse) of a newly created unit at St. Paul's. I was given an opportunity to create the first cardiac teaching unit, hand pick the staff, do the staff orientation and write the patient education programs. The result was a great unit and cohesive team. I think the reason that it was such an enjoyable time is because you so seldom get the opportunity to create something new in health care versus needing to make changes to existing structures and initiatives. In health care we often know what we want to do, but there are so many stakeholders who need to be involved it makes change difficult: unions, medical staff, nurses and allied, patients, funders etc. All have differing perspectives that need to be understood and considered. I have felt privileged and passionate about my role as CEO Providence Health Care. My experience in the organization has had a profound impact on my life, my self-identity and personal growth. I have felt strong alignment between my personal values and the organizations values and am proud that the mission and culture of organization have survived tremendous system consolidation: consolidated services, regional programs, regional departmental structures, CST, provincial centres and networks... Throughout all of these changes I have sought to find the right balance of collaboration and contribution to MOH and HA priorities while avoiding assimilation. Sustaining Providence as an aligned but autonomous organization allows PHC to

bring added value to the BC health system. We have the advantage of being smaller and less complex than the health authorities, and not confined to a particular geography.

#### **5. What would you do differently?**

Be even more intentional about building a personal relationship with key physician leaders. We only accomplish things through others so it takes relationships to advance any change .

#### **6. What has been your most poignant learning?**

My most hurtful was when members of the elected medical staff executive voiced expressions of no confidence in my leadership. I thought that I was providing lots of opportunity for medical leadership to be involved in the organization:

1) By being accessible; I have an open door policy (I work from a cubicle not an office ); I attend monthly MAC meetings and quarterly medical staff meetings where I provide updates and ask for input; I have held "breakfast with the CEO " sessions for medical staff to drop in for casual discussion re any issue; and once a month medical leaders meet with SLT directly and bring forward their agenda items.

2) For 15 years we have had a program management model where the program is co led by a Physician

3) Physicians are included in multiple organizational committees. The VP Medicine is a member of SLT. The Chair of MAC attends board meetings

4) There is a physician recognition program , gifts and annual dinner

5) Physician Liaison roles are in place for CST and SPH Redevelopment

6) For 2 years there has been a commitment by the board to have regular meetings with Board , and representatives from SLT, MAC (Medical Advisory Committee) and MSA (Medical Staff Association)

7) Several years ago PHC piloted the first in BC Medical Staff Satisfaction survey and results were shared.

Despite the above , members of the medical staff executive did not feel appropriately engaged. They did not feel represented by physicians as they had been appointed by administration rather than by the medical staff . They did not feel that as though they were influencing organizational strategy and decision making and felt as though SLT had a culture of saying no rather than enabling their priorities. This taught me the importance of continually checking out our assumptions and asking others what they want and how they envision working together to achieve it.

Follow-up action on my part has been to continue the above strategies but meet on a regular basis with the Chair of MAC and the elected President of the Medical Staff Association to continue to build relationships and work on effective 2 way communication. We are also exploring what information would be useful to medical staff to understand the context in which we function so they can understand what is in our sphere of influence and likewise for us to better understand their world. Medical Staff are expecting new ways of bringing their influence to the health system and it is something we will all need to work on.

#### **7. What has been the most beneficial to take care of yourself and help you be a strong leader?**

I have a supportive husband and family. I have multiple friends and interests. I am not afraid to socialize with work colleagues ( some leaders fear being a friend and a boss ). When my children were young I could not always participate in all the things they wanted me to , but I made a point of asking them what was most important to them and that is where I tried to focus any discretionary time. I tried to protect weekends for family. I am not as active as I would like to be BUT I do enjoy following sports: Canucks, Blue Jays, Rugby and all the sports my children( now all adults in their 20s) are involved in .

#### **8. In your busy days, how do you find time to nurture and grow relationships?**

It's just part of each meeting and each interaction. Its embedded in how I connect with others. Start meetings with a personal question or comment, give recognition ( words of thanks and encouragement, cards, gifts, invites out to share a coffee or glass of wine) ...It can't be an afterthought...Make time for out of work socializing with colleagues and with family and friends. If an interaction does not go well...go back and talk about it . Apologize if appropriate...but definitely express consideration for the other persons feelings and perspective

#### **9. With the demand for healthcare continuing to increase and the resources not keeping up, what is your perspective on a hybrid public and private system in Canada?**

We have a two tiered system now to some extent and I expect some private pay will continue but will not get proportionately much bigger than it is now comparable to a public pay system. I support a publicly funded system, with opportunities for private delivery. Private delivery can help provide capital, bring access options and help model efficient delivery methods. But it should not be the predominant model and should not ever preclude timely access to essential services by those who cannot afford to pay.

**10. How are you preparing for your transition from a rich career?**

The concept of retirement has been a difficult one for me so I am glad I have several months of transition time.

I continue to have energy and passion for the work but I looked at what was the right time for the organization. I believe it is healthy for an organization to have fresh leadership after 10 years, and I had already exceeded that. I plan to stay until the next CEO is in place and I predict that will take into the fall. Talking about retirement and hearing expressions of positive feedback about my career from others helps with my psychological preparation. I hope to have opportunities to be on boards and do volunteer work...maybe at both ends of the age spectrum as I am interested in cuddling babies in an NICU and adopting a senior in a residential home whom I could visit on a regular basis. I have many places I want to travel to and I want to work on my fitness which I have let slide. Machu Pichu has been calling to me!

**11. As a servant leader, how do you measure the impact of spiritual wholistic care in the health of patients and those who care for them? What is the most valuable lesson you would like to pass on?**

The health care system needs to ensure a holistic approach to patients and to staff For patients it means access to whatever spiritual or religious supports they deem to be relevant. Spiritual Care workers should be embedded in all our clinical teams as they can provide direct support and can assist in accessing external spiritual supports. The system needs to accommodate multiple perspectives with access to meditation and prayer rooms and chapels...All faiths and cultural groups need to be safe , welcomed and supported. The system needs to bring cultural safety and humility to our first nations patients. We all need to work intentionally on reconciliation with First Nations Working in health care can cause vicarious trauma in our staff . Mental wellness of our staff needs to be supported thru education, tools and access to professional support staff and patient satisfaction surveys should regularly incorporate questions about how well we are incorporating spiritual needs

**12. As a servant leader, how have you dealt with more aggressive styles who have power and may want to take you down?**

Not as well as I would have liked :) My style is quiet and reflective and I tend to avoid conflict, so I have not always advocated for my position as effectively as I would have liked. Surrounding myself with leaders who are more assertive and better able to "act on their feet " helps to counteract that. Also I try to pre send or follow-up up with something in writing as I often express my perspective more effectively that way. Being clear about hoped for outcomes, principles and what is nonnegotiable helps frame a discussion ; and of course always seeking to find a "win win" I could still learn a lot by trying to frame a discussion from the perspective of what I think the other person would see as a win.

**13. Considering the pressure to bend the cost curve in healthcare, but also knowing we all want to improve effectiveness and patient outcomes; what radical or even potentially disruptive system change(s) would you recommend be considered by our health leaders and/or government?**

I would love it if health care could be less politically influenced but I am not sure how we achieve that In addition to organizational politics, we work in a system where every 4 years there is an election. This provides a small window of opportunity for any bold changes before its back to pre-election caution. I think the attempt to move from an acute centric view of health care to a more community based, primary care focus will garner great results , but it will take time. The concept of smaller, integrated health delivery areas working within a HA structure could have an impact on health outcomes. I think the acute system could be over hauled with more rationalization of services to create more centres of excellence or provincial agencies focused on one area of specialization. I don't think the system can sustain as much duplication of services as currently exists. So more surgical centres of excellence similar to a hip centre to consolidate other services like ophthalmology and more agencies such as BC Cancer Agency to set standards and efficiency targets for other designated populations . These agencies/ centres of excellence then can attract the world's best clinicians and researchers, and donor support; decrease system competition, drive efficiency and use more virtual health approaches to connect specialists to primary care providers and providers to patients.

