

Ken McGeorge | Commentary

“Everything either rises or falls on leadership.” So says John Maxwell, celebrated author and expert in leadership. Health and long-term care services are struggling in New Brunswick, and leadership is the issue.

My previous columns have expressed the need for vision in health care in New Brunswick. The need is beyond debate. And visionary leadership would have some key features.

Leaders express a compelling set of ideas that unites people to move toward common goals. The vision must be strong, compelling, easy to understand, achievable and measurable, according to expert Ichak Adizes, whose wisdom has fuelled the success of many global leaders.

Visions for health in New Brunswick over 30 years have included: “Reduce hospital regions from eight to two,” “balance the budget,” “hire more doctors,” “adopt healthy aging,” “improve disease prevention” and “we are all in this together.”

Yet slogans do not constitute a vision for health and long term care. What New Brunswick health professionals and the public are craving is a clear and compelling one, such as: “Our health and long-term care system will provide excellence in care at each point of service.” Or: “Our health system will be comprehensive, efficient, and meeting or exceeding national standards of access.” It must come from a process of engagement, not from election campaign planning sessions.

The acid test of the vision is the implementation. A meaningful one cannot be achieved without making change in the business model of the health system. Because those in the system are often not exposed to alternatives, it has often been useful to undertake an external review as part of the process. This is done simply by assembling some outstanding people from different jurisdictions who can help people see a clear path forward.

Queens University, for instance, used this process for decades in assisting them to stay on the leading edge. Dr. Everett Chalmers Regional Hospital used this process in 1991 when its ICU was overflowing.

Accepting the vision of “service excellence at every point of service,” first you need to carefully define what excellence looks like in practical terms. In emergency departments, it will mean cutting the time to care from the reported seven hours to 30 minutes or less.

That can be accomplished with a lot of persistent, dogged change. People normally do not like change; but health professionals will accept change if they are involved actively in planning.

The next phase of leadership gets tough. Moving a group of people from where they are to excellence will mean that perhaps 10 per cent of those involved just will not get it. The leader has to send a message that the system is going in a new direction, like it or not.

This level of leadership is not simply reserved for “those at the top.” In the New Brunswick health system there are many hundreds of supervisors, managers, directors, human resources personnel, environmental services, clinical supervisors and so forth. Becoming and sustaining excellence means that all those who manage people must understand their roles in the process.

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton, NB, Canada. Please visit www.KenMcGeorge.com to learn more.

People are appointed to leadership roles in health care because they were outstanding at what they do: a good nurse, lab technician, accountant, physician, or x-ray technician; because they were good they got recognized, when a position for a manager opened up, they were the first to be considered. And rightly so: they are natural role models.

But then reality takes over and new managers are faced with budgets, scheduling, employee behaviour or misbehaviour, and union challenges. All must have the management training to augment their professional training. Here, it is up to government to ensure that people functioning in these roles have all the tools they need: knowledge, training, continuing education, clear direction, policies, and a leadership team that celebrates success.

Because there has been little focus on leadership and vision, the “system” serves to discourage those who really are trying to make a difference. Exceptional performers aspiring to excellence feel the drag that the system imposes on them.

To raise the level of performance of the health and long term care system, political leaders need to define the characteristics of the system they want to see and put the leadership and governance structure in place that has the capacity to carry it out. Then they need to regulate, celebrate victories, support leadership in tough decisions, and help constituents understand the value they're receiving.

No board, legislature or committee can resolve the issues of access to primary or specialist care, overcrowded emergency departments, missed diagnoses, hospital cleanliness, or seniors occupying acute care beds. Rather, informed, trained and inspirational leaders within the system can fix those challenges.

In short, excellence is right people, right tools, right place, right time. It is not rocket science.

Ken McGeorge is a retired CEO in major teaching hospitals and long-term-care facilities. He was co-chair of the NB Council on Aging and is a columnist with Brunswick News.