



Executive Editor's Letter

Every past issue of *Hospital Quarterly* has presented, in one way or another, the important role of public affairs and communications in the life of a hospital. Hospital communicators face a wide range of challenges. These might include communications to support the management of a crisis such as an ice storm or a flood, planned organizational change, the impact of a super bug, turmoil within a hospital's own organization and always the important ongoing dialogue with patients before, during and after their hospitalization. *Hospital Quarterly* continues to explore the issues and strategies of communications and this edition is no exception.

For example, in an interview with *Hospital Quarterly*, David Levine of The Ottawa Hospital identifies the management of "zones of power" as critical in managing a hospital and then notes that communications is key to working with these important stakeholders. Elizabeth Davis covers the restructuring of hospitals in Newfoundland and Labrador with a great deal of sensitivity and common-sense. She identifies some of the information challenges that face management and in the process we learn about innovations that work. Who would have thought that a "wake" was the appropriate response to a discontented public?

We also review Lisa Priest's book *Operating In the Dark* in which she sets out to empower and aid prospective healthcare consumers. She argues for accountability, wants taxpayers to know what is being spent on healthcare through the national health insurance scheme, and wants patients to know about the quality of doctors and hospitals. As if in response, Michael Murray and Donna Kline begin by presenting the results of studies telling us what consumers *want* to know about hospitals. Ross Baker and others review "who is doing what" in performance measurement across Canada, and then catalog provincial initiatives. More specifically, *HQ* presents detailed performance reports for Toronto's eight research and teaching hospitals. Interestingly these hospitals assembled a working group primarily made up of their public relations staff to guide the process of collecting and reporting the information.

We will follow these communicators with interest as they and their colleagues across the country — armed with new information — now formulate new strategies to communicate with the patient/consumer.

Bell Canada's customer value management concept presented by Daniel Dubé should ring true to our readers according to Ken Tremblay, who analyzed this for us. Ken notes that Bell was a monopolistic service rocked by the revolution of the information age that transformed users into smart and demanding clients.

Take a few minutes to test your leadership skills for the future by completing the self-assessment skill test also designed by Ken Tremblay. Let us know if you find this type of check list useful.

Next quarter look for Booz Allen & Hamilton to present a strategy to build positive and sustainable relationships in our communities and some of our CEOs will provide guidelines and lessons learned from communications with their communities, patients and the many other stakeholders who influence the operation of a hospital. Some of this will directly address strategies to respond to consumers who want to know more and who want to be empowered in their role as patients.

This issue continues our policy of covering an eclectic range of topics. We present the impact of the Krever Commission recommendations, two insiders' reports of two very different regional health authorities, more ideas for financing capital projects and a legal study of the implications of the Year 2000 Bug. This and more provides the serious hospital and clinical executive with serious reading.

I trust we have achieved our objective and once again contributed to best practices in turbulent times. You can send your response to me at notes@longwoods.com.

Thank you.

Peggy Leatt, Ph.D.