



# An Interview with Bob Bell, President and CEO, William Osler Health Centre, Brampton, Ontario

Bob Bell, formerly Senior Partner at Ernst & Young healthcare practice, became President and CEO of William Osler Health Centre in the summer of 2002. *Hospital Quarterly* caught up with him during his first month for an interview about his arrival and mandate at Osler. The following is an excerpt of his interview with Ken Tremblay, who is a member of *Hospital Quarterly's* editorial board and a consultant with Medfall.

**Q. You have an interesting mandate at Osler. What are your priorities for the near and moderate future?**

Five areas constitute my agenda. William Osler is a remarkable organization created by successfully merging Etobicoke General, Peel Memorial and Georgetown and District Memorial Hospitals. My first priority is to continue with that journey and take the organization to its next level of maturity. This means continued integration at all levels: organizational processes, staff, clinical services and patient programs. This leads me to my next priority – to develop a fourth hospital campus in Brampton. We do not have the capacity to address the phenomenal population growth in our communities; William Osler has to redevelop its campuses, and we'll talk later about our new (P3) project. My third goal is financial. We are experiencing significant financial pressures as a result of this growth – service demands, expectations by staff, patients, communities – and meeting these needs will continue to be a priority. My fourth goal is to improve client and staff satisfaction; we cannot continue to be successful if our services do not meet or exceed these expectations. The fifth goal, against all of the above backdrop, is to attract the talent to Osler for this sustained and massive growth in our programming and facilities.

**Q. What was the most attractive aspect of this role and mandate?**

For me, the attraction of William Osler was where it has come from and where it has to go. It is an exciting healthcare organization serving a dynamic community. There are many issues and challenges associated with this growth. I have enjoyed a diverse career in healthcare; this role provided a great leadership opportunity in an organization I have known for some time.

**Q. What lessons have you learned in the private sector that will benefit you the most in this new role?**

A lesson I learned some time ago: one must constantly deal with the big and small issues concurrently. Healthcare is an environment filled with many issues, some of which can be dealt with in the short term, some in the long term, but always concurrently. As leaders, we cannot procrastinate about the issues we face, that is, evaluate them "ad infinitum." We need to be upfront with the challenges we face and find creative means to move on with their resolution. Leaders must set a vision and transparent agenda, persevere with the implementation, be resilient with change and create the teams needed to address these agendas.

**Q. There are many challenges for healthcare leaders. What are your thoughts about leadership in turbulent times?**

In turbulent times leaders have to persevere, bring out the options that support the vision, show commitment, drive and energy – yet be tempered in realism. The leadership recipes I bring to Osler are tested approaches. By the way, I never give up!

**Q. Tell us more about your vision for private-public partnerships (P3) in healthcare. For example, do you see lenders participating at the governance and/or operational levels?**

I don't have a vision for private/public partnerships per se. My vision deals with our urgent need for the capacity provided by a fourth facility at William Osler. In preparing our business case, it became very evident that the demand characteristics of this project exceeded the time-lines of traditional Ministry of Health funding approvals and hospital fundraising. We couldn't wait that long. We needed a new method to fast-track the development process – for example, access to private capital necessary to support the publicly funded model.

This institution will always be publicly owned, but we will be developing partnership processes to access private capital with repayment horizons to meet our needs. Our model will need to coexist [within the public sector] over the longer term. In the past, hospitals have gained access to capital through lease arrangements (for example, equipment and office leases); we are extending that model to an entire building and its supporting infrastructure and services. We urgently need a new facility and are faced with short time horizons for the access to capital.

At this stage, we have not identified or assessed the governance and operational components of our partnership model. I can assure you that William Osler will remain a public institution (we will own our assets: clinical services, lands, brand and title), but we will seek to lease a building from a landlord. Our P3 model is a work in progress, and we will be learning as we go. We hope that lessons learned from Osler will benefit other organizations facing similar pressures/needs.

**Q. As a healthcare consultant, you have worked with boards, medical staff, managers, etc. Any comments now that you are on the other side of the desk?**

I've been here about a month and it is interesting to be on this side of the desk. I find that the issues remain the same and the mandate to address them just as important. I have known many colleagues at William Osler for some time and the entire organization has been very welcoming. As to the change at the top, some have said we never missed a beat. The agendas of growth and transformation are enduring, and I look forward to this journey we'll take together.

**Q. Many of your new staff will be reading this article. What should they learn about you from our interview?**

I am one of William Osler's newest staff members. I'm proud to be here, committed, career motivated, devoted to our leadership challenges and a great future. I came to William Osler by choice, attracted to it by its past performance and potential. I've worked with many of our people before, first as clients,

now as colleagues. I am dedicated to working with them, full-time, to address the issues ahead.

**Q. Some out there say that "CEO" means "career ending opportunity." What would you say to those who say healthcare has become too political, therefore unmanageable?**

Your question highlights two issues. Healthcare has always been political; I don't see it any more or less political than it has been in the past. However, for various reasons, healthcare is the top agenda for the public, and the politicians have heard that message. With such challenges come many opportunities.

The second part of your question – is it unmanageable? In any field within the public sector, the public interest is served by open access, quality service and accountability. I believe the leadership imperatives about these expectations are manageable. When providers place a different value on these than consumers, we have problems.

In the last couple of years CEOs everywhere seem to have gone from heroes to despots. That's unfortunate, and I hope that image does not infiltrate healthcare. CEO [positions] are about leadership. I have joined William Osler at a point where I believe my leadership skills are at their zenith. I don't see this as a career-ending move – rather the reverse, a new career in an organization with a bright future.

**Q. What value-adds does someone from the private sector bring to the table?**

That's an interesting question. As a consultant, I have served many clients as "customers." I believe the principles of service are the same in both sectors: client satisfaction, quality of service, meeting and exceeding expectations and bringing value-added benefits. These characteristics are portable and applicable to the public sector. In the private sector, we service customer needs to enhance shareholder value; in healthcare we service customers to give value to the public health system they paid for. I see the perspectives of the two sectors as interchangeable.

**Q. What activities balance your professional and personal lives? What books are on your nightstand right now?**

I have been married to the same partner, Patty, for 30 years. We have three children – two daughters and a son. One is a lawyer, one is an investment banker and one is entering the University of Toronto this fall. We are a family of U of T alumni. I follow international soccer and enjoy the camaraderie of golf. I've travelled extensively, and when I am at home I enjoy gourmet cooking. The two books on my nightstand are *The Invisible Advantage*, about the intangible drivers of organizational performance, and *Band of Brothers*, the story on which the television miniseries is based.

**Thanks, Bob, for your time, and best wishes for the future. ☺**

