

In Conversation with Shirlee Sharkey

Ken Tremblay

Saint Elizabeth Health Care (SEHC) tells its clients and partner agencies that it is ahead by a century – and not just because it celebrated its 100th anniversary in 2008. Rather, SEHC takes pride in talent management, leadership, innovation, knowledge and experience – precursors to service excellence, client satisfaction and employee engagement. With revenues exceeding \$100 million, a designation as a Top 50 Workplace in Canada and status as an undisputed leader in community-based health services, SEHC has a culture of quickly responding to emerging trends and getting it right. President and chief executive officer (CEO) Shirlee Sharkey is no stranger to healthcare’s evolution in and devotion to community-based care; her leadership in promoting the imperative and capacity of communities has been equally ahead of its time. Shirlee, the recipient of the University of Toronto’s Health Policy, Management and Evaluation (HPME) Leadership Award for 2008 and Ernst and Young’s Entrepreneur of the Year award, spoke with Ken Tremblay from St. Elizabeth’s head office in Markham, Ontario.



HQ: Congratulations on the leadership award from your alumnus. What was your reaction to their selection?

SS: First, I was surprised, then really thrilled and honoured to be recognized by my peers. It’s a real compliment when your colleagues and peers recognize your leadership. I think I’m quite lucky to be working with a great team that allows me to do what I like to do and be successful with it. I experienced a whole variety of really great emotions, all positive – so it’s all good.

HQ: You have been a proponent of community capacity building for years. How would you rate our progress in healthcare?

SS: I think it’s been slow and deliberate. The good news is that there’s been a plan in place, but the progress has been slow. Whenever another crisis comes up in our health system, for example, acute care or emergency rooms, we go off the community plan for a period of time. Overall, I would say it’s not a passing grade for action and full implementation but a B for effort, recognizing its importance in planning.

HQ: Anything that you would add to the “to do” list?

SS: Hurry up. Put the resources in place; stop studying and worrying about it.

HQ: From those heady days at Ontario’s Health Services Restructuring Commission, what have been the high points and perhaps your biggest disappointments in our progress?

SS: Some of the [hospital] consolidation helped us focus on both quality and safety; that’s been really important and very

positive for the healthcare system. My biggest disappointment, and it relates to your question about the community, is that we didn't simultaneously position investments in the community system as we changed the hospital system.

HQ: What are your thoughts about the future of home care in Canada? What are your organization's challenges?

SS: The future of home care in Canada has great opportunity if we take a broader perspective than we have typically considered. By that, I mean home care has been more of an afterthought related to substitution for care from other areas of the health environment. If we can keep people in their homes, make the home the centre point of how we access health information and treatment and intervention, there's tremendous opportunity for us. If we continue with the narrow scope that defined home care for the past 30 years, it will not only be a problem for home care, it will be a problem for the sustainability of our healthcare system in general.

HQ: As CEO, how do you harness the talent you so unashamedly say is within SEHC?

SS: [laughs] Keep running as fast as I possibly can. It is about energy; it's about being clear about the direction and the vision of the organization; it's about empowering all staff to work in the environment that they were called to join. Because so many people in the health professions love what they do, they want freedom and empowerment to make it happen. So my answer is as simple and as complex as that.

HQ: I note that several SEHC initiatives involve First Nation communities and success with reducing the morbidity of diabetes. How have you been able to achieve these successes? What have been your lessons learned?

SS: Firstly, we did it in partnership with First Nations communities, Health Canada and Saint Elizabeth. Next, there was the understanding that a lot of the solutions have to come from the grassroots up versus trying to impose care and changes from either Saint Elizabeth's or the government's perspectives. With these three partners, we have tried to build on the strengths that exist to address some of the gaps. We have implemented changes quickly versus studying needs, then waiting for funding and then coming back to do a little more analysis. We have used the concept "research on the run," where you complete a needs assessment, determine the gaps, roll out some interventions, evaluate those against benchmarks and repeat the cycle to maintain momentum. It's a different model of assessing needs, a different model for planning for the future and a different model for evaluating [progress]. Those have been the key lessons learned.

HQ: Your track record as both top employer and workplace is impressive. How does an employee at SEHC experience

that commitment to excel?

SS: In the past couple of years, we have spent a great deal of time reinforcing a *learning* environment and an environment that recognizes and promotes *innovation*. The third and most challenging area is *engagement*. By that, I mean engagement at all levels of the organization – from our mobile clinicians throughout Canada providing a variety of healthcare services in people's homes, to all of our management and support staff. There is a balance between a learning environment – one that fosters and invests in innovation – and one that ensures that every employee is engaged. Learning, innovation and engagement are the three concepts that we like our staff to experience.

Another concept is that SEHC is an ongoing journey, a journey that never ends. There will never be an end point where we say, "Alright, now we're done." It is constant progress along a journey of giving people the opportunity to work at Saint Elizabeth and to have that positive experience.

HQ: As community-based services grow, attracting core talent will become more difficult. What staffing shortages do you face, and how have you been able to recruit the talent you require?

SS: This is a very important question for all of us in the health sector. I doubt there is any area in the health system not experiencing staff shortages, at every level and in every health professional group. While we are becoming more effective in health human resource planning, we're not looking at system-wide solutions to see where professionals in long-term care, home care or acute can work more effectively or make better use of technology. How might the patient and client experience change if we change the demand for services?

When we look at health human resources, I am not convinced we have done a good job at projecting staff needs for the future. We have extrapolated today's realities into the future rather than examine future delivery models. For example, if we give people health information in a timely and manageable way, perhaps the nurse or therapist intervention could be very different, both in the amount of time per visit and the number of visits. Depending on how well informed the individuals or family members are, they may feel more secure [about their treatment] earlier. We often make extra visits or spend more time with clients because they didn't receive their information in a timely way, when they're calm and able to make sense of it. Consequently, we've got excessive back-end services because we weren't effective and timely with the front-end resources.

HQ: Sounds like you might benefit from some IT investment strategies?

SS: Yes. This is what is really neat about looking at the community and people in their homes – maximizing their use of technology, their computers, their telephones and television. A

wired home environment, in concert with the mobile clinician and real-time information, can reshape how we provide care. For example, digital photography is helping the wound specialist, who can centrally provide effective and timely advice to the nurse in the client's home. So we're able to provide needed access to care in a much more effective way and deploy premium human resources very differently. Plus, the clients actually see their wound healing or an improvement in their blood pressure. There's a win-win all around if we get technology right and use it effectively.

HQ: What keeps you up at night?

SS: Nothing. *[laughing]* By the time my head hits the pillow, I'm asleep.

HQ: What do you hope will be your legacy at SEHC?

SS: This is an interesting question for me. With the best of intention to complement Saint Elizabeth, my legacy will be my family. I know I'm skirting the question; but my legacy is my family – the two kids whom I'm incredibly proud of. I focus on that. With the greatest respect, Saint Eliz was incredible before I joined it, and it's been a marvellous journey. It will continue to be vibrant when I move on. But to say that I have a legacy with it suggests that I have had more of an impact than I think I have.

HQ: What are the barriers preventing agencies like SEHC from achieving their greatest impact on the health of Canadians?

SS: This is easy: Saint Eliz's imagination and our stakeholders' imagination of our potential. Those are the biggest barriers – nothing else. As a non-profit charitable organization, we get positioned as a home care provider. Part of that unleashing is to look beyond our role within the health system, to build on our competencies and the impact of incredible talented staff who really understand clients' behaviours, families' abilities to cope, managing chronic disease, managing safety at home – and leveraging that in every area of the healthcare system. If we could get beyond some of our myopic ways of categorizing providers and ask, "What is our real value proposition?" "What are our real core competencies as organizations?" I think it would be a great positive impact to the system.

HQ: What was the biggest "a-ha!" in your career?

SS: It was probably that the moment of absolute certainty in decision-making will never arrive – I used to think that would be the case. *[laughs]* Now, it's "make the best decisions we can with the best information we have, then evaluate them to either

continue – if they were the right decisions – or stop doing what we're doing to move on to another decision." Absolute certainty will never exist, particularly in leadership. When trying to move the system forward, there have to be a lot of little mistakes in order to make progress. I discovered that later in my career; had I been too early, I might not be talking to you right now!

HQ: Anything else you would like our readers to know?

SS: One thing I have learned over time is to know your values and understand them because they will be tested. In particular, as more people enter healthcare and assume leadership positions, we will be able to advance very positive solutions if we are both sure and clear on our values. If not, there are a lot of stakeholder groups and noise in the system that confuse us all.

HQ: Thank you. HQ



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