

In Conversation with Vickie Kaminski

Ken Tremblay



Vickie Kaminski is no stranger to challenges. Throughout her career, she has been able to provide leadership in tough situations with finesse, experience gained through a long career and the energy of her personality. The next application of her leadership acumen: chief executive officer (CEO) of Eastern Health Authority, in St. John's, Newfoundland, the largest integrated health organization in Atlantic Canada. With a wide variety of tertiary services for a service population of some 300,000, Eastern Health employs over 12,000 staff. It is also an organization at the centre of a quality maelstrom in laboratories and diagnostic imaging. Given her experience as a surveyor with Accreditation Canada, her lifelong commitment to quality and recent operational reviews, Vickie was a natural choice for St. John's. She spoke with Ken Tremblay just before she left for points east.

HQ: What were the highlights of your tenure at Sudbury Regional Hospital – perhaps the highs and the lows?

VK: As I look back, one major accomplishment is seeing a medical school established in Sudbury and becoming an academic health science centre. As we become a teaching hospital, it raises the benchmark for us in research and education. Everybody benefits from those dynamics. By this time next year, we will be on one site in a state-of-the-art facility. This is a pretty exciting time for Sudbury Regional Hospital.

The best thing about Sudbury Regional is the people. Since 1975, I have worked with some truly amazing people in Sudbury, at every level of this organization. I will take their memories with me wherever.

Some of the lows? At one point, we were running a \$32 million deficit on a budget of some \$300 million. We had to stop construction because we had run out of money after the project's first phase. We had a change of leadership; that was pretty demoralizing for the organization and certainly a low point for staff. We had just come together as a new hospital and, all of a sudden, we faced an operational review, supervisor, things like that. While these were setbacks, I am happy to say that we recovered.

HQ: What do you see as the biggest challenges for you going from Ontario's structure of Local Health Integration Networks (LHINs) to Newfoundland's regional structure?

VK: The biggest challenge will be getting my arms around the entire range of services offered within the organization, not just the hospitals. As a regional CEO, I will be looking at how hospitals become an integral part of a larger services delivery system. I'll need to know about long-term care, home care and children's and protective services. That is a much different scope than I have been used to in Ontario.

HQ: Your career has taken you a long way from bedside nursing. What advice or comments would you give to today's nursing graduates?

VK: I believe that nursing is the best profession in the world. For anybody thinking about a career, I would say think seriously, long and hard about nursing. To today's graduates, set your sights on what it is you want to be. I believe nurses can do just about anything and, while they're not omnipotent, their education sets them up with a solid background in critical thinking and decision-making. These skills are key in a world that is as fast paced as healthcare. Nursing graduates should never, ever consider their degree as anything but the most successful thing they've done. Use it. Flaunt it. Walk proudly as a nurse because the world is our oyster. *[laughs]* You think I'm a little biased?

HQ: As a leader, how will you manage your arrival at your new organization?

VK: Well, there's been lots of talk about that already. When I was in St. John's to finalize the details on a house, everyone I met already knew my name and said, "Oh, we can hardly wait for you to get here." I guess I won't be riding quietly into town!

From an organizational perspective, though, one of the first things I will do is ask Eastern Health to set up tours so that

I can see all parts of the authority. It is a large geographical area; we range from the very big to the very small, from urban to rural and all parts in between. Having some face time with the people in all the parts of Eastern Health as well as other communities we serve will help them put a face to a name. As well, it will give me a flavour of the issues, the people involved and their priorities.

Of course, there's no secret that we have an issue with cancer testing, and I will need to start restoring public confidence in Eastern Health. I know this is an overused word, but we have to be *transparent* and communicate really well with all of the bits and pieces of Eastern Health, all of the nooks and crannies from one end of the authority to the other. That's going to be my focus: know the people, know who they are, what they do and what they need and assess how I can help provide that.

HQ: How will the difference in scale of Newfoundland and Labrador's health system affect your approach to the issues of the day?

VK: One of the things that appeals to me – and I've said this before – is that this year Sudbury Regional Hospital will turn back several million dollars because we were unable to do the surgeries we were funded to perform and we could not move that money to another part of the system, that is, increase home care so that we could do the surgery. We didn't have that flexibility because the funds were not ours to reallocate. Because Eastern Health encompasses all elements of the system, I hope to never have to send money back to the government; we can use that difference in scale to integrate the system better than might be possible in Ontario. That's what I'm looking forward to: bigger scale, different challenges and more to learn. I look forward to the opportunity to work in a seamless integrated system of care.

HQ: What lessons learned in Ontario will you take to your new role?

VK: Some of what Eastern Health is experiencing – a lack of public confidence – is something I faced here. I can help with a lesson learned by this organization and by me: remember that the community we serve is the community that serves us. Do not try to shut out the community or protect them from bad news; use opportunities to share information with them up front.

When I spoke about the issue with surgical volumes and a refund to the province, that was a hard lesson to learn, realizing how siloed we are among providers. Even though we have a LHIN, we still function as individual service providers in Ontario. I hope to see a very different approach when I get to Newfoundland. If I don't, then one of my challenges will be to take down those silos in order to avoid the mistakes we made in Sudbury.

HQ: What will be the agenda for your first 100 days?

VK: There are a few things that I'd really like to accomplish. One is to establish a better relationship with the community at large. There is a sense of mistrust at Eastern Health by the public. They are – and rightly so – distraught about what happened with cancer testing. They are expecting Eastern Health to behave differently. We will need to demonstrate that we are a different organization so that we can start to rebuild and restore some of that confidence.

Another issue is the concern between rural and urban settings. If I can put people's mind at rest ... I am not planning to make St. John's "the Toronto of Ontario," where everything seems to be based in one centre. I have heard that concern. I want to ensure that we retain the flavour of the urban and rural mix of services, without being inefficient or uneconomical.

The third issue will be establishing trust with the people I'm working with. I am not there to clean house. I'm there to work with them to regain public trust and confidence and get Eastern Health moving forward.

HQ: As a leader, what keeps you up at night?

VK: Right now, Ontario is going through some tough times. I don't think we have the resources to do what people expect us to do or what they might need done. I worry that, in some cases, people in Ontario are experiencing less-than-desirable outcomes from their healthcare system, sometimes because of us, sometimes in spite of us. I could live with a bad outcome if we had done everything possible and used every opportunity. However, sometimes we are not always able to do that, and that preys on my mind at night.

Looking down the road, I worry about the significant challenges we will have in health human resources. From where are we going to recruit the young, up-and-coming bright lights we need? How are we going help them become excited and enthusiastic about healthcare? How are we going to retain them? How are we going to fast-track their needs and build them into our system – the need for a healthy lifestyle, appropriate remuneration, lifelong education and all the things that they're talking about – while we struggle with scarce resources? I do worry about the future [state] of health human resources.

I think about the age of our population and the issues that we are seeing with alternative-level-of-care (ALC) patients. Everybody in the country seems to be dealing with ALC issues in some fashion. While we seem close to solving the issue, we remain reactionary and seem unable to come up with plans that offer proactive approaches to appropriate, non-hospital-based acute care.

HQ: How do you see your role and relationships evolving with healthcare leaders in Newfoundland and Atlantic Canada?

VK: I am looking forward to meeting and establishing relationships with healthcare leaders in Atlantic Canada. Newfoundland and Labrador have four health authorities. Although there will be some commonalities in the challenges each faces, I imagine Labrador's issues are different than those in St. John's. I look forward to finding out what opportunities can be pursued together or, where possible, more closely together. With scarce resources, both fiscal and human, how can we help each other out?

I'm happy to say that everybody I have met so far has been very welcoming and eager to talk about working together, how healthcare leaders can help each other in a vast array of activities, including patient safety. The issues around patient safety are common to every healthcare organization; as well, they are huge in number and universal. It is going to take a lot of hard work and bright minds to get [the patient safety agenda] done.

HQ: There have been some significant quality issues in your province. How do you see yourself helping to restore public confidence in the system?

VK: The first thing is to be accountable to the public. During a visit to St. John's, the front page reported the story of a man waiting almost five months to find out if he had prostate cancer. That's just too long – that just shouldn't happen. He said that he contacted the patient representative but didn't get an answer. We have to do be more responsive than that. As soon as we hear a concern like that coming from a patient, we should intervene, explain step by step what we know and make sure that we keep in constant contact until the issue is resolved.

We have to look at our systems too – what do we have in place, and how can we make them better? We realized that some of the issues with ERPR testing involved the laboratory system. How do we work with the laboratories in Eastern Health, across the province and across Canada to improve what we're doing in our laboratory? How do we demonstrate tangible proof for the community that we're actually doing something to improve performance?

The rest is to open up quality reporting to the public, to be honest and transparent with our own quality assessment. We have good indicators at Eastern Health. Preliminary data with those indicators, while showing we are not perfect in all regards, are out there for the community to view. Every quarter, every half year or every year, we will post our progress in the areas where we have issues.

HQ: Quality and safety outcomes are often linked to critical mass or economies of scale. What are your thoughts about how smaller provinces should approach the challenges of quality and safety?

VK: That dovetails with what I said earlier – how do we maintain quality and safety? Eastern Health includes about 60% of the population of Newfoundland, so our critical mass is a little

different. But, how do you then disperse that talent and performance across the urban and rural mix [of services]? A focus will be helping people understand what can and should be done in smaller communities and what must be done in larger centres, and then making sure that all people can access the same level of treatment and therapy.

If we shift the issue from an Eastern Health perspective to a provincial scale, the same things apply. You cannot perform neurosurgery in every small community or have magnetic resonance imaging available in every corner of Labrador and Newfoundland. So, how do we make that technology available? That will be the challenge: if we cannot have that level of access in every small community, how do we ensure appropriate access for people no matter where they live? How do we get people into the system properly and safely while explaining to those same communities why we're doing it that way?

HQ: How do you plan to forge and build relationships with policy and legislative leaders in Newfoundland and Labrador?

VK: The political leaders are much closer to the health authority than in my experience in Ontario. It's a matter of getting to know each other, being honest in our communication and keeping everybody in the loop. I don't believe that the minister of health or the premier should ever be embarrassed or surprised by our information.

What I have said to anybody who asked me during my interviews with Eastern Health is that if I know it, they will know it; and, if I don't know it but there's a rumour about it, I'll find out. I cannot promise that it will always be good news. There will be times when we don't do everything right; it won't be because we're purposely trying not to, but because that's the way of the world. Our job is to give the politicians the information they need so that they can help us correct what needs correction, and give credit where credit is due. It's all about relationships, communication, getting to know each other and trusting the information and people you deal with.

HQ: What else would you like the readers of HQ to know about Vickie Kaminski?

VK: Just how very grateful I am for the past 35 years in healthcare in Sudbury. Sudbury is a tremendous place to be. I would encourage anybody thinking about coming here to visit, work or play to do that because it's just a great community. I love it. My stay here has taught me a great deal about myself and my profession, and I take those lessons with me to the East Coast. But I will be home again.

HQ: Thank you, and good luck in St. John's. HQ