

In Conversation with Maura Davies

Ken Tremblay

Maura Davies has been at the helm of the Saskatoon Health Region since 2005. With an operating budget of \$989 million, SHR provides services to about 325,000 people in over 100 communities, in addition to serving as a provincial referral centre. With almost 900 physicians and 13,200 staff deployed across 75 facilities, 29 long-term care facilities, primary healthcare sites, public health centres, mental health and addictions centres and community settings, Maura and her team have provided leadership in bettering the patient experience, transforming the work environment and experience, building partnerships to improve the health status of the community and building a sustainable, integrated health system.

Maura's skills and experience in system performance were honed at Capital Health, in Halifax, Nova Scotia, where she served as vice-president of planning and performance. Her extra-curricular activities involve surveying for Accreditation Canada and serving on the boards of the Canadian Patient Safety Institute (CPSI), Association of Canadian Academic Health Organizations, Saskatchewan Academic Health Sciences Network and Saskatchewan Health Quality Council. Maura holds a faculty appointment in the Department of Community Health and Epidemiology at the University of Saskatchewan. She has been honoured as one of the Top 10 Women of Influence in Saskatchewan and one of Canada's Top 100 Most Powerful Women.

HQ: Whew! You have assembled a remarkable track record in Canadian healthcare. What achievement is most gratifying for you?

MD: It would have to be my current role as chief executive officer [CEO] in the Saskatoon Health Region. It's one that I've been honoured to serve in for the past six years.

HQ: Saskatchewan was the birthplace of Canada's model for government-sponsored healthcare. What feedback could you give to Tommy Douglas given the issues you face in Saskatoon?

MD: Tommy Douglas is highly revered in Saskatchewan and across the country. A lot of us feel he got many things right.



Clearly, our health systems have changed as have funding models for those systems; our service delivery [models] have certainly changed. But I think the fundamental concept that healthcare is a right for Canadians and that Canadians should not be limited by their financial means for those services as a fundamental tenant still holds true.

We still have a lot of work to do to ensure that we have a sustainable system and, more importantly, that we receive good value for the money we spend. We are starting to pay more attention to that by applying Lean and other quality improvement approaches to ensure that we are as efficient and effective as we can be with public funds. There are still lots of opportunities there.

HQ: Your organization has made significant strides in improving the patient experience. What changes are noteworthy for other jurisdictions?

MD: One of the things I am most proud of is the work we have done by focusing on client and family-centred care. Many who have worked in the health system for a long time have felt that we were there for the patient; however, many of our processes and systems were actually focused around what was convenient for the provider. Now, we are starting to use a different lens in terms of what adds value to the patient and family [experience] to gain a better understanding of what they need and want and how we can better meet those needs and wants. [Although] we've done a lot of work there, we have much more to do.

HQ: Tell us about how you have used the lens of the patient to improve healthcare services in Saskatoon?

MD: The most powerful strategies put the patient and family in the room. What we are trying to do more and more is involve patients and families with us as members of our patient and family councils in terms of planning and receiving their stories. We tell a lot of stories in our region. In some cases, we bring the patients into the room; sometimes we videotape them. These stories are just so powerful. While we can try to see things through the lens of a patient or family members, we cannot relieve their experience.

We just made a video in which a young lady tells her story by comparing two different patient and family experiences in our organization. One was when her father was admitted to an intensive care unit [ICU], and the other more recently when her mother was admitted to an ICU. She contrasted how dramatically different that [latter] experience was. In the second experience, she noted that she, her family and particularly her mother felt very much part of the care team; they were listened to, respected and encouraged to actively participate in care decisions. That was a very different experience from the first, where she was presented with rules of what was and was not allowed by a family whose loved one was in the ICU. She explained the difference far better than I can, but it was everything from signage and visiting hours to how we include family members as part of rounds. We're encouraging family to participate with the care team as they make rounds, to discuss the patient's condition and care plans.

Putting the patient and family in the room is a critically important strategy. It is transforming our conversations and the way we deliver care.

HQ: Your health region recently weathered some significant financial pressures and related recovery efforts. What interventions helped you accelerate your organization's strategic plan?

MD: We certainly had a big challenge last year with a \$25 million target to reduce our operating costs. We were very open

and honest about our situation: some targets were to deal with the deficit that originated the year before; others were new cost reductions set by the ministry. We dug deeper to identify the things we wanted to self-fund as investments. A key strategy was "quality is our business strategy." If we could get the quality and safety right, then many of the savings would follow. For example, we invested in enhanced staffing for infection control, and by year end we were able to show evidence that we had avoided over a million dollars of costs associated with hospital-acquired infections. We were extremely careful about monitoring our results: the mantra we use is "when we focus and finish, we get good results." As a result, we finished the year where we needed to be.

HQ: Saskatchewan has completed several health system reviews that had reform as the dominant theme. What have been your observations?

MD: We have done a lot of good work in terms of system integration at a provincial level. We haven't experienced the same pain associated with restructuring as Alberta has. Here, the expectation is that the regions look, act and feel like one system and that we work very collaboratively with each other, the ministry and our provincial Health Quality Council. Our focus on system integration has been very successful, although it remains a work in progress.

Another milestone for us was the Patient First Review conducted by Commissioner Tony Dagnoni. That review provided the voice of the customer; more than 4,000 residents of Saskatchewan explained in their own words, from their own experiences, what was working well and what needed to be fixed. That report has been guiding us since the review was made public.

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

MD: Safer care. My mission in life – my personal mission working in healthcare particularly over the past 10 or 15 years – has been a passion to improve the safety of our care and the safety of our healthcare environment. When my career is finished, I will say I made a difference in terms of the safety of that care and be proud of what I've done.

HQ: What keeps Maura Davies up at night?

MD: Well, it is the safety of our care. Even though we have made progress, all too often we still harm patients who come to us for care; that harm in large part is avoidable and work remains to ensure that we have the safest care in the world. That's one of the reasons I'm pleased to be associated with CPSI as the chair of the board. CPSI, organizations such as Accreditation Canada and many others have that same passion.

HQ: Given your experience and a national perspective, what challenges are ahead for your organization and team?

MD: One of the biggest challenges we have is prioritizing what we are doing already. We have so many things on our plate. Some are objectives and goals set by the ministry; some are established at the regional level. We have a tradition of trying to do too much at once and achieving suboptimal results. We are trying hard to focus our efforts and resources on those things that are important strategically, monitoring results and then celebrating success. That's the big challenge for us.

The other challenge is making sure that we are also caring for the caregivers. Certainly we are there to serve patients and families. But, we have a lot of people who dedicate their whole lives to working the health system. We need to pay equal attention to ensuring that we transform their work experience too.

HQ: Your roots are as a clinical dietitian. What advice do you have for members of allied health disciplines who might be considering a career in leadership?

MD: When I started my career, I just wanted to care for patients. I loved doing that. I never intended to go into administration; in fact, I avoided it in my training and my early career. But the advice I would give is be flexible – sometimes doors open and you don't know where they're going to take you. That was my experience: I took on tasks and challenges that I never expected to. I would never have predicted that I would become a CEO, and certainly not a CEO working in the Prairies given my roots in the East Coast.

HQ: What would be your definition of a leader?

MD: My role is to inspire and enable. That's the main role of a leader, particularly when you're the CEO of a large health region; people look to you for a sense of direction. The expression "what interests my boss" fascinates me. People in my organization know that patient safety is my passion; I hope I inspire and enable them to provide safer care. "Enabling" is bringing information, ideas and best practices from leading organizations, from wherever you might find them. That is a very important part of my leadership role.

HQ: What initiatives in Saskatoon could be transferable to other jurisdictions?

MD: We're doing some unique things in Saskatoon. One item working well for us is the alignment of plans and strategy, everything from the ministry's mandate letter (the direction from the premier to the minister of health that details the strategic and operational directions for the health sector or provincial strategic plan) to the regional strategic plans that get cascaded and operationalized within our organization. That alignment from government policy and strategy right down to the point where the important work is done, where care is delivered, is an approach I don't see anywhere else.

That alignment connects the plans developed at the corpo-

rate level with the people (their work and roles) throughout the organization. In my last "Staff Message," I used the analogy of the Russian dolls, where each piece contributes to the whole in perfect alignment. While each piece is unique – whether you are a person cleaning the floors, a nurse delivering hands-on care or someone in maintenance – all contribute to safer care, higher-quality care and better service to patients, clients, residents and the communities we serve.

Related to that [approach] is the focus on performance monitoring. It's one thing to have the plan, goals and objectives, but quite another to regularly measure and monitor for the results you had hoped to achieve. What has helped us is an initiative called Quality as a Business Strategy, sponsored by the Ministry of Health and the Saskatchewan Health Quality Council. That business strategy and framework, linked to high-performance organizations, have been winning strategies to ultimately transform care in our province.

HQ: What else would you want the readers of *Healthcare Quarterly* to know about Maura Davies?

MD: Two things. First, my work is not finished yet. There are still things I want to do in my career. And, second, I want to express my thanks and respect for the people who work in healthcare, whether they are in my health region or any of the wonderful organizations across the country. It is truly an honour to serve with and for them. The cause is noble, and it really is a privilege.

HQ: Thank you. **HQ**