

Transcript: Straight Talk with Mary Ackenhuse - Holiday Edition 2015

(Interview portion only)

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LAURIE: Alright Mary welcome to our special holiday issue of Straight Talk with Mary Ackenhuse. I want to start it off by asking you about your own holiday plans this year.

MARY: As a family, we're going away to have a holiday together and the big question mark on this one is Grandma. So Grandma just had a hip replacement on December first. Eighty-six years old, COPD but very determined she's coming with us on December twenty-third. So fingers crossed, Grandma will be there.

LAURIE: Very nice. Any holiday traditions you can take away with you when you're on vacation? Something about the meals or the cocktails?

MARY: Let's see. The meal always has to be roast beef, assuming Grandma makes it there. Otherwise we'll have a little bit more flexibility on that. Cocktails? Always wine for me, but the rest of the group will go with their daiquiris and martinis. All the pretty colours.

LAURIE: That's a tradition I could get behind. I like that. Do you have an ugly Christmas sweater lurking anywhere?

MARY: Oh, I do. You know it's amazing we talk about this. I am very influenced by my mother, though my mother has given me one of those and it's tucked in the back of my closet.

LAURIE: Come on, what's on it?

MARY: Glitter and red ribbons, and...

LAURIE: I need to see that at a True North Forum one day.

MARY: Sure.

LAURIE: OK Mary so we've talked a little bit about the holidays and I wonder if we can take a moment to reflect on the year behind us? It felt like a big year. There was a lot of activity. I wonder what stands out for you?

MARY: It feels to me like a lot happened too, if it's any comfort to you and to listeners. It was very much a pivotal year, in a number of ways, starting with CST which we know is so important to the future of our health care system. So we've gone through the re-planning of CST now and we're just now jumping into the new phase of the completion of the design and configuration and on to the go-live site in 2017. We also this year, had the announcement of the St. Paul's redevelopment so that's very pivotal. We had new priorities—very clear—from the Ministry that we're working diligently on. And then probably on

more of a nuanced flavour, the other thing that I've noticed that has been pivotal over the last year is how internally we're really starting to work together better, and that's very satisfying to see.

LAURIE: What have you noticed?

MARY: Until this year, you could quite distinctly see how the communities of care worked a bit as siloes. There was some learning and sharing across, but not really all that much. But this year we've seen really distinctly how the communities of care have come together to support one another on some pretty challenging situations.

LAURIE: Can you think of any specific examples where you saw that and thought 'ah, I want to see more of that'?

MARY: The one that sticks in my mind is what happened in Richmond this summer. So there was some senior leadership turnover in Richmond. We had a new COO there, trying to move the dial on some performance metrics and was very challenged because the senior leadership team was in flux and so Vancouver Community lent one of their most experienced senior directors to Richmond to work there three days a week for six months and to really help her get through that period.

LAURIE: That's nice. The idea of collaboration across the CoCs feels timely as we go into 2016. Vancouver Coastal Health will be marking its fifteenth year of operation and of course the roots of the health authority come from all of those fifty-two health boards coming together—a little bit against their will at the time—to work together and you're right there's still been a little bit of a hold out there. So what else do you want to see going forward in 2016 to try to foster that or specific examples where we might need to dig in and work together?

MARY: I really like the community of care organizational structure because I think it helps to make a big bureaucratic organization like VCH seem smaller and more tangible. So, very committed to that. But what I'd like to see more of, and I think we will see more of in two areas particularly—one would be CST and one would be surgery. So CST is going to be really, all hands on deck, starting actually this next year, early in 2016 when the design picks up again. So we'll have subject matter experts from all the CoCs working to standardize their processes. And then as we go live in 2017, again, there won't be enough people at any one site to do the work so we will be joining them—people from other communities of care will go to Lions Gate which is the first site, to support them in that first go live. The other area that I think we'll need to see more collaboration, and I see the willingness in people to do this is around surgery. So on the good news side we have money now coming from the Ministry for surgery, to augment our volumes, but as many may have read in the last week or so, couple weeks, we are challenged—particularly at VGH—in terms of nursing coverage. We're short about twenty to thirty per cent of our nurses. So the surgeries that would normally happen at Vancouver General and would be augmented at Vancouver General, that's not going to happen, because we really need to size the work to the number of nurses we have. So it's a great opportunity and we will be rethinking how we're lining up surgeries across all the different sites, and that will be a way that we can collaborate around a single regional surgical plan rather than keeping it siloed in each of the hospitals.

LAURIE: OK, and I guess it's a little bit of looking back and looking forward. A couple other big pieces of work stand out for me. MRIs and res care rejuvenation.

MARY: MRIs is one of my favourite subjects. I've been advocating for this for quite a while so MRIs in Canada generally, we're behind in terms of waitlists, than most other developed countries. And in BC and in Vancouver Coastal we are also very challenged. So this past month the Ministry announced nineteen million dollars to go into MRI volumes and to try to shorten up our wait lists, which is really great for patients. As an example right now for MRIs, priority twos should be done within seven days, we're usually averaging around fifty or sixty days. So that's really in some cases compromising health outcomes. So this is a good news story for patients.

LAURIE: Absolutely and then what about the residential rejuvenation, because that's one that sort of lingering in the background but it's really coming forward now isn't it?

MARY: Right, yes it is. So we've, at least for the past four years maybe a bit longer, been struggling with how to rejuvenate our residential care stock which is quite old, and we also need more beds in some areas, particularly in Richmond. So it's a very expensive proposition, and we finally go back to our competencies that I like to talk about so we decided to take a smart risk and make a tough decision without agonizing so we have moved forward and stated to talk with proponents about a rebuild of residential care facilities and some expansion in Richmond. It's going to be quite expensive which is why we agonized a bit before we made the move, but definitely what we need to do with the demographics.

LAURIE: OK, thank you for that and I wonder Mary is there anything else, whether it's about the work itself or around the culture, is there anything else that you, I guess if you were making an ask to staff: "come with me and work with me on this" is there anything else you want to say?

MARY: So really, kind of in the Christmas theme, again I'll go back to the competencies, one that's very important to me is that we do what's best for the health system rather than best for ourselves or best for the group. So that's really what we were kind of talking about when we were talking about the communities of care coming together. But you also see it at an individual level, so over the past year we had a big splash about your best buddy at work. It started in Vancouver and spread to the rest of Vancouver Coastal, so I hope to see more of that because when we're working so hard and everybody is working so hard on some really challenging nutty problems, it's so much easier when you have the support of your team around you and it makes it even fun. So that's what I hope for, for the future too.

LAURIE: Nice. And one of my favourite things about that contest is people were so willing to come forward and tell their stories about how they're proud about what they're doing and the people that they're doing it with. And we saw people from not just the CoCs but people from Lower Mainland consolidation coming forward. I thought that was really cool.

MARY: We have some great staff and it was wonderful to hear their stories.

LAURIE: So on that positive note as we start to wrap things up, I wonder if you have a holiday greeting for staff?

MARY: For sure. For those of you who are going away with your families and your friends I wish you the very best. Have a great holiday with lots of relaxation and come back renewed for the new year. And for those of you who I have huge respect for who are staying here and are working through the Christmas holidays, maybe not spending quite as much time with your family and friends as you'd like, thank you very much for that. The patients so much appreciate that. Having that friendly face when the holidays are right here upon us, so thank you very much.

LAURIE: And I say happy holidays to you too Mary, thank you.

MARY: Thanks Laurie.

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