



## Editorial

**A**s we head into the Ontario Hospital Association convention, I am once again struck by the themes that recur annually in discussions of healthcare systems – leadership, appropriate access to services and accountability. There are rarely easy answers for issues of this magnitude. Yet, we need to raise the debate to a higher plane, bringing new energy and different perspectives. For this issue, we have included a range of papers intended to further discussions and ideally, enhance understanding.

The first theme we explore is leadership. We are delighted that Alan Hudson – whom many describe as one of Canada’s most prominent healthcare leaders – consented to prepare an article on the challenges and early successes in his new position as President and CEO of Cancer Care Ontario. In a related piece, Moriah Shamian-Ellen and I prepared an introduction to “Emotional Intelligence” theory as described by Gorman et al. Historically, emotions and management were kept strictly separated, but modern thoughts on leadership suggest that emotional intelligence (EI) is equally as important as IQ. Perhaps you would like to test out how you rate? See page 40. Next, Philpot, Devitt, Parr and Nixon provide a thoughtful introduction to the idea of competency-based leadership. Competencies – those knowledge, skills and attitudes necessary to be successful in a leadership role – are increasingly becoming the focus of discussion by both educators and practitioners. Finally, a brief interview with Bob Bell, who recently became CEO of the William Osler Health Centre, provides a first hand look at some of the daily challenges facing today’s healthcare leaders.

We also have three papers on “demand management” – how to ensure comprehensive access to services while at the same time keeping demand and costs under control. We begin with a report by Mitton, McGregor, Conroy and Waddell on the experiences with managing scarce resources at Calgary Health Region. Next, Murray, Gilbert and Wong, of Ontario’s Change Foundation outline the drivers of demand including changes in consumers and their expectations for health services. There is an interesting debate in the academic literature that pits the market-driven consumer perspective on demand against the population-health perspective that focuses on the needs of the community. This debate stems from experiences in the United Kingdom, and Berland, a Canadian who worked for some time in the NHS system, reports on relevant lessons for Canadians.

Accountability to community and taxpayers is at the cornerstone of Canada’s healthcare delivery systems. No matter what types of services are being provided under publicly funded systems, the important question is who is accountable to whom and for what? It is clear that the provinces and the federal government have ultimate accountability to Canadians for the financing and provision of health services but at the local level it is the board of trustees that is accountable to the local population for governing the health services. In this issue, we have three perspectives on governance. First, an article by Hundert and Crawford sets out some ground rules on the changing roles and responsibilities of hospital and health system boards. The authors report on the importance of a board’s composition and on a board’s role in defining the organization’s mission. In the second article, Lozon and Vernon report on the experience of creating a new combined board following the Ontario Health Services Restructuring Commission’s direction that St. Michael’s Hospital take on responsibility for the Wellesley Hospital. That the integration process resulted in a stronger, more vibrant entity is a tribute, not only to the hospital’s staff and physicians, but also to the exceptional members of the board of directors. The third piece by Brunelle and Steven puts forward the idea of involving professional recruitment services in the selection of new trustees. The advantage is that boards are able to work with search consultants to identify the particular talents they are looking for in new members and to match those requirements to people who are available and have an interest in serving.

We have a range of other papers including: Tremblay on the recruitment of new medical chiefs; Grinspun on the potential pitfalls and risks of relying too heavily on a flexible nursing workforce; and Graham on the value to hospitals of moving to electronic commerce for purchasing. We are also delighted to have a profile of Sister Elizabeth Davis of Newfoundland, who until a career change, was widely regarded as one of the wisest and most thoughtful leaders in our healthcare system. And, of course, there are the usual columns from ICES, CIHR, POLLARA and the Berger Monitor with new insights and information.

In closing, we look forward to hearing from readers and encourage you to send us your opinions and ideas at [editor@longwoods.com](mailto:editor@longwoods.com).

*Peggy Leatt, Ph.D.*