

Conversations in the Executive Suite: Hume Martin

Ken Tremblay recently caught up with Hume at his office at Rouge Valley Health System, where he has been CEO since 2002. His career includes leadership positions in regional health systems, hospitals, planning bodies, community service agencies in Canada and abroad, as well as early experiences with CUSO, education and government.

HQ: The University of Toronto's Society of Graduates in Health Administration picked you as their 2005 Leadership Award winner. Tell us more about that award-winning style.

HM: Actually, I was quite surprised and honoured to hear that I was selected, given the stature of past recipients. To your question, over the years, I have tried to balance the needs of front line staff with the strategic directions required by the organization. In his book *From Good to Great*, Collins struck a chord with me with the notion that effective leaders build strong organizations “through a paradoxical blend of personal humility and professional will.” Over the past few years I have tried to lead with that advice in mind.

HQ: Hume, you have been a hospital CEO on more than one occasion; you have worked in large hospitals here and abroad; you have worked on the inside and the outside (as a consultant); you have worked in regional models and planning agencies; and, you have been, by several measures, successful.

Can you give us some insight about how you got here?

HM: My experiences have been consistent with a deliberate career plan. I become restless and need new challenges after five or six years; I enjoy seeking out new perspectives and experiences. I believe organizations benefit from fresh leadership perspectives too. Experiencing healthcare leadership in different jurisdictions – regional models, private payment arrangements, consulting, urban hospitals, agencies, planning bodies – has served me well. However, it's a harder path – for the family, too – but worth the effort over the span of one's career.



HQ: Which experiences/settings served you best?

HM: What served me best are cumulative experiences across the breadth of the healthcare system. Sometimes, we can get caught up in its silos. For example, as big as hospitals are, regional systems are bigger; institutional providers often underestimate the contributions of community care.

I particularly enjoyed my experience in the Calgary Health Region. Everyday, we worked at a regional level – with programs, community partners, public health, various agencies – and that makes you think differently about teams, providers, performance measures, etc. The shared leadership model was a great environment for rapid and focused decision-making. I enjoyed the family-centred care model where the patient and family were truly partners in care, not passive recipients of an “expert” driven model.

HQ: What advice would you give to people in the early stages of their leadership career in healthcare?

HM: Experience the health system in its totality – don't get caught in one silo. There are so many ways to contribute to our system. Have the courage to move among its elements – you will learn and contribute more if you have those experiences.

HQ: What was your biggest leadership challenge and how did it turn out?

HM: My biggest challenges have been building effective leadership teams. Organizations rise and fall on the shoulders of their leaders, particularly executives and Boards. When you join a new organization, you inherit its teams, and some are highly successful, others clearly are not, for a variety of reasons. To be successful, organizations require teams that put their collective goals ahead of personal agendas. For example, within the Calgary Health Region, I was site executive for the Alberta Children's Hospital site and also provided leadership for women's and child health services across the Region. Together with strong medical and clinical executives, we enjoyed great success based on collaborative leadership, evidence-based decision-making, program integration, performance measurement and solid relationships with the broader community.

HQ: What have been defining moments for your career?

HM: I was fortunate to have had Jim McNab as a mentor prior to becoming CEO at North York General. It was my first CEO role in the hospital sector and North York was (as it is today) a well-established organization with superb clinical and nursing teams. It had its challenges and we made it through – but Jim was a pillar.

As well, I'll never forget the SARS crisis. It was a leadership challenge in the extreme for hospitals in the East GTA. Despite one of the highest volumes of SARS patients of any hospital in Toronto, Rouge Valley avoided any staff or patient and staff transmission. It was a good example of teamwork at its best.

In Bermuda, we had to implement significant organizational changes in a very conservative environment. The organization was filled with creative people but was very change resistant. That's where I learned the nuances of effective change management – engaging staff in decision-making in order to lead them down a less trodden path. Those were tough times for me as leader.

HQ: Any thoughts about Kirby or Romanow?

HM: I must admit that I am a Kirby fan. I believe we can benefit from further investments by the private sector, greater use of performance measurement and new models of healthcare delivery. Kirby steers us in that direction. Both

[reports] clearly support the principles of the *Canada Health Act* but Kirby makes a better case for creativity and reform on labour relations issues and more creative service delivery environments.

HQ: LHINs are a “made in Ontario” model – any thoughts given your experiences in Alberta?

HM: I believe the Ontario government is moving too slowly with this initiative. Shifting to more of a population-based model should not be a “go slow” change. I worry that the current approach is being managed too tightly – create the model and let its new leaders get on with the regional initiatives and system changes required.

HQ: Often, leaders are often defined by their environment. Is that true for you?

HM: No. Each organization [where I worked] required a different focus and approach but I believe my core leadership style has been consistent. They have not changed who I am as a leader. Some organizations have shaped my perspectives. For example, we speak about family-centred care. My experience at Alberta Children's

Hospital was marvellous – there's where I really began to understand the power and benefits of that philosophy. Since then, I became passionate about how it can contribute to care for the frail elderly, critical care and all service areas.

HQ: What non-fiction book(s) are you reading right now?

HM: Two actually: the third volume of Norman Sherry's biography of Graham Greene and a book by Steve Wise, *Though the Heavens May Fall*, an account of the 1772 trial that ended slavery in England.

HQ: What's next for Hume Martin?

HM: I am part of a great team at Rouge Valley and expect to carry on with an ambitious agenda. We are improving our cost management, partnering aggressively, supporting the hospital business service initiative – there is a lot of work ahead for all leaders within the healthcare system. While I have benefitted from moving around in the past, I have also paid the price for those moves vis-à-vis family, pension, etc., so I hope to be staying put for awhile.

EXPERIENCE THE HEALTH SYSTEM IN ITS TOTALITY – DON'T GET CAUGHT IN ONE SILO. THERE ARE SO MANY WAYS TO CONTRIBUTE TO OUR SYSTEM. HAVE THE COURAGE TO MOVE AMONG ITS ELEMENTS – YOU WILL LEARN AND CONTRIBUTE MORE IF YOU HAVE THOSE EXPERIENCES.