



Profile

Lessons in Crisis Management and . . . The Forging of an Alliance

Notes from an interview with Jane Pepino Chair, Women's College Hospital

By W. Anton Hart



Jane Pepino, chair of the Women's College Hospital board, is quick to give a lot of people a lot of credit. The patients. Alumnae. The community. Staff. The board. But more than anything, she marvels at the dedication and commitment of Friends of Women's College Hospital — a grass-roots and democratic group of dedicated, active women and men committed to empowerment, health, research and training — everything that the hospital stands for.

The Chinese symbol for their word "crisis" — called *wei-ji* — is actually a combination of two words, "danger" and "opportunity." It's a perfect symbol for the position Toronto's Women's College Hospital supporters found themselves in when Ontario's Health Services Restructuring Commission recommended the amalgamation of Women's College Hospital into the new Bayview Hospital Corporation at the Sunnybrook Health Science Centre to form a single corporation. With good management, opportunity prevailed.

Together these groups succeeded, she says, in keeping the vision alive and allowing it to endure into the future.

Friends was a quirk of Women's College Hospital (WCH) bylaws that allowed any donor who had given \$25 or more in a particular year to vote at an annual general meeting. A donor had the rights of a shareholder. For supporters of WCH it was empowerment at its best and created an opportunity begging for a search-and-recruit program to find everyone who had ever

given money. This succeeded above all expectations on several occasions. The membership was first assembled in 1989 to help oust a board that supported a merger with The Toronto Hospital. Democracy prevailed: it is history that WCH stayed independent. (Sources say that at a critical point the Toronto Hospital chair called a meeting of senior executives from both hospitals. He asked for advice and was told The Toronto Hospital's management plate was full and lacked the resources to deal with the rebellious group from across the street. The meeting ended abruptly and so did merger talks.) Friends had power and they were not afraid to use it. And so began a sometimes uneasy coexistence between Friends and the board as well as other members of the hospital community. Despite that, its base of support can help students of healthcare define the soul of a hospital or its core communities. It includes the doctors, and all the other professionals, together with patients, friends, staff and many more members of the general public. An amazing network of individuals who all recognize that together they are builders and so have earned the support they generate.

Pepino came to know Friends only after she was nominated and elected to the board — an opportunity that came some time after she had reduced her community workload to care for her ailing mother. When her mother passed away she was ready to rededicate herself to community involvement over and above her commitment to a successful career. The "call" to WCH was timely. "I accepted the nomination even though my only real connection

to the hospital was the delivery of my three children. Since then I had never darkened the place.” Her first board meeting was an apprenticeship by fire; it came the day the District Health Council declared that WCH should close. It was September 1995. Fellow board members no doubt recognized in Jane a tough negotiator. It is all not unlike her work as a lawyer where, she hastens to add, she is always prepared and ready to litigate if no reasonable deal can be struck. “And not much different than raising kids. If you are going to work with them you had better make them understand authority.” She was put on the strategic planning committee which provided her with the opportunity to demonstrate her reputation as a negotiator and communicator. And so it is also history that the Hospital was never closed by the DHC. A credit once again, says Pepino, to many individuals and, of course, Friends. It was an apprenticeship well served; less than two years after she was elected to the board, Pepino was promoted to Chair.

She came to this position well prepared in many ways. Pepino is head of a municipal and land use planning department for the law firm Aird & Berlis. This practice includes the provision of strategic advice for government, landowners and lenders, helping them maximize the value and utility of land in light of rapidly changing economic and political agendas. This has given her plenty of opportunities to work with clients who have landed in hot water for lack of a strategy and appropriate tactics — including the requisite communications.

She understands the community well — in part a result of active service: A dedicated not-for-profit volunteer; member, International Women's Forum; vice chair, Metropolitan Toronto Police Commission; president, Metro Action Committee on Public Violence Against Women and Children; member, Ontario Human Rights Commission; member, Canadian Council on the Status of Women; Member, Canadian Council of

Christians and Jews; and member, Princess Margaret Hospital Foundation.

Talk to Pepino and her leadership style emerges as she points out the countless contributions made by the many individuals who participated in saving a significant role and presence for WCH in a new healthcare structure. Just as quickly she identifies those who stand in her way; they become targets and will more likely characterize her as obstructive.

Liked or disliked, she understands process. What follows is only an outline of the campaign to keep Women's College in the forefront of healthcare.

How the vision started.

Women's College Hospital began formally in 1883 when Dr. Emily Rowe founded the Woman's Medical College to train women; doctors denied entrance to Medical School. In 1898 a clinic, called the Dispensary, was opened. There were no facilities for women physicians to treat patients other than in their offices or in the patients' homes. Dr. Anna McFee started the chain of events which ultimately evolved into the hospital as it is today.

THE VISION AND THE OBJECTIVES: SETTING OUT THE PURPOSE

There were, Pepino says, many important contributors to a cause that everyone understood, pointing to the importance of a vision: “A facility that would ensure comprehensive women's healthcare, or full healthcare — not one just limited to the traditional women's issues.”

And the campaign's objectives were spelled out clearly: they included the need for a governance model that would ensure continuance and enrichment — this meant oversight by people who know what “full and holistic woman's healthcare” means. And they included: downtown access and continued teaching and research in best practices — especially those focused on women's health. (“our aegis”).

1997 March 6

Ontario's Health Services Restructuring Commission recommends the amalgamation of Women's College Hospital into the new Bayview Hospital Corporation at the Sunnybrook Health Science Centre to form a single corporation. The new corporation would assume the governance of all services currently provided by Women's College Hospital, except for the Sexual Assault Care Centre, which is to be transferred to the Western site of The Toronto Hospital. Effectively WCH would disappear, and no special recognition was accorded to women's health programs.

1997 May 12

The Hospital announces it is willing to work with the commission in achieving its goals for healthcare system restructuring. This was key to the board's strategy and so was the hospital's list of “non-negotiables” designed to preserve and advance vital women's health care in Ontario. They were:

- Independent governance dedicated to women's health issues, healthcare delivery and research;
- A focus on academic women's health (teaching in best practices, research and education); and
- A downtown location accessible to patients and in proximity to the University of Toronto.

The Hospital begins to build its case.

1997 July 18

The Hospital releases poll conducted by Allen Gregg's Strategic Counsel. The date is Friday to allow for weekend coverage. Poll shows how Ontario feels toward hospital closings in general and Women's College in particular — all in strong support of the Hospital's position of course. Results were also delivered to every MPP.

1997 July 23

More formal response is released on the steps of the hospital. The Premier and Minister of Health are urged to intervene “and save women's health care in Ontario.”

During this time the hospital has been unable to open up any direct lines of communication with either the commission or the government.

1997 July 27

Revised HSRC directions are released stating, among other things, that the new hospital must have women's health as a priority program and the downtown ambulatory care centre is to remain, including a sexual assault care centre. These are wins, but they are not enough.

THE STRATEGY: COMMUNICATIONS CAN MAKE THINGS HAPPEN

With the vision established, the board and

1997 August 5

The Hospital serves and files an application for judicial review along with 16 affidavits in support of its legal challenge to the Health Services Restructuring Commission's final directions.

1997 August 29

The Hospital reaches an agreement with the Health Services Restructuring Commission to adjourn the legal application. The Commission clarifies that its terms for a facilitated negotiation would allow for a broad range of governance and organization models.

1998 January 9

Media reports that Sunnybrook representatives claim negotiations have broken down primarily over board composition. The HSRC intervenes and brings all parties back to the table, resulting in a joint statement by The Orthopedic and Arthritic Hospital, Sunnybrook Health Science Centre, Women's College Hospital and the University of Toronto that they met with their facilitator at the request of the Health Services Restructuring Commission and have broken the impasse on hospital board composition and will be working together to resolve the remaining issues.

1998 June 24

A private member's bill that legalizes the amalgamation of Sunnybrook Health Science Centre, Women's College Hospital and the Orthopedic and Arthritic Hospital introduced in the Legislature. It maintains the corporate existence of WCH and simply transfers its assets and habitation to the new Sunnybrook & Women's College Health Science Centre (SWCHSC).

The Special Act spells out the basis of the new organization and ensures that the principles agreed to by the three founding hospitals, along with the University of Toronto, would be enshrined for the future. Women's health programs will be delivered at the Sunnybrook site for inpatient services and a facility will be established downtown, the site of the historic Women's College Hospital, that will provide ambulatory or outpatient healthcare services, research and teaching in the Women's College Hospital Ambulatory Care Centre, under the control and direction of WCH pursuant to a contract with the SWCHSC.

The new hospital will be called Sunnybrook & Women's College Health Science Centre.

its many supporters worked hard to understand the task at hand. Although they may have been tempted to take the position "Hell no, we won't go," they instead asked

the question, "What good is this going to do us?" This resulted in overwhelming support from people in the hospital, the community, the city, the province, the country and across the globe, including the World Health Organization. It was all a response to effective communications. "Communication was central to the whole strategy. It was important to spread the message but it was also necessary for another reason: We had many different allies working with us and so we had to deal with many tensions and misunderstandings; effective communications kept everyone involved and on side. We briefed the doctors who in turn gave information to the patients; we made extensive use of mail, email, voice mail, and handwritten notes, write-in campaigns, press releases, town-hall meetings and word-of-mouth. We constantly had to take our own temperature, and kept our pulse on what was going on 'out there.' We routinely asked 'What are the boys saying?' We worked to educate the commission, the public and the government. We used the press for many of these messages, as well as the World Wide Web, one-on-one calls and conference calls. Sounding boards, think tanks and special committees met constantly to review information, tactics and strategies. We knew details about every member of the commission, every cabinet member, every member of the legislature, whether they were with the government or with the opposition. Every MPP in the Tory Caucus was met on behalf of the campaign. In the end when the bill came in it went through by all-party consent."

**OPPORTUNITIES:
PRODUCE THE ENERGY
AND WATCH THE SYNERGY**

The objectives were communicated widely and the targets of the campaign's fervor were clearly identified: everyone did their homework and knew their opponents well. It was a large contingent that was smart and undertook to win the hearts of the public and educate the minds of the commission and the government. There

was always motion, there was always an event, press coverage, an announcement, research, spontaneous outpouring of support, an interactive web and a stir that never stopped. This was important to the struggle because it created opportunities — opportunities that could not have been planned or organized but when they presented themselves they were recognized and appropriately drawn on.

"One very visible opportunity which we didn't cause, but which helped, for example, was the cabinet shuffle. Mr. Wilson was no help and refused to even speak to us. However, as we maintained the struggle, we won time and eventually that provided us with a cabinet shuffle. This made a significant difference because the new minister, Elizabeth Witmer, is willing to listen and communicate and consider ways of restructuring protected women's health interests."

**ORGANIZATION:
NATURAL AND UNNATURAL ALLIES**

Although the campaign was led by the Board, it was a large organization of individuals, committees, and groups that created the momentum, the opportunities and the political power to make a difference. They included:

- Friends, who formed the heart and soul of the campaign.
- Staff, who speak highly of Pepino, praising her for keeping them involved and informed. "She's definitely there. She's visible. She's around."
- A network of international supporters, including members of the Commonwealth Secretariat who delivered WCH with an Award for Excellence in Women's Health for the Community Health Initiative in November 1997. Good timing.
- Patients, past and present, who wrote about their experiences and the difference the hospital made to them and their families.
- Alumnae, who could be found everywhere, who wrote in, visited their local MPPs and created visibility that was

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Brief Case

How she negotiated:

Pepino's negotiating strategy was classic. Here's what emerges by distilling her comments:

"When you are in a disagreement everything can mean different things to different people. Be sensitive to this.

Gather the facts, make sure they are correct, tabulate the differences of facts and opinions and interests.

Explain your concerns. Ask the other side to explain their concerns. Often they have adopted a position to protect an interest when a different position may work just as well.

Explain your position within the government's/ commission's guidelines and policies as much as possible.

Introduce other experts to explain the specific "problems" with the positions taken by your adversaries.

Understand the commission's problems and limitations.

Understand the government's problems and limitations.

Look for common ground.

Be patient, tenacious and creative.

Have a clear legal analysis and well thought-out legal strategy. Be ready to litigate. Take the government on directly. No need to be uneasy. (We named the minister personally in our action because we wanted to cross-examine the government at the highest level.)"

- impossible for the government to ignore.
- A Government-relations task force that was like the war cabinet. It (and so many other committees) met routinely to discuss achievements, opportunities and next steps – looking at every angle and turning over every stone in its path.
- Men for Women's was established by a long-time public and government relations strategist married to a staff physician. It provided moral support, raised money and worked the media.
- Young Women's, who "didn't need to be of voting age."
- Shadow advisors, who were brought to the table by Pepino from her days in the Tory backrooms and active participation on community boards. They were experts in public affairs and issues management, who were probably part of Pepino's early morning breakfast club. She admits to the club but keeps its members under wraps. "They have their own agendas. They were willing to test ideas and come up with new ones. No questions. No special recognition. Just support."
- Well-oiled communications led by a dedicated director of communications at the Hospital. "Sharon Salson, Director of Public Affairs, thrived in an environment that was cooking, was well connected in the community and provided top notch advice. We were fortunate to have her."

RESEARCH:
"KNOW WHAT THE BOYS ARE SAYING"

The board always knew the pulse of its publics. It was always gathering information both officially and unofficially and carrying out focus groups to help position its message and determine the mood of its target groups. One key poll was undertaken under the guidance of respected pollster and analyst Allan Gregg. Some research was packaged and announced. Other research was undertaken, learned from and acted upon.

The board also had a well-researched and fully thought-out legal strategy but, and this was just as important, it had the support of the community, and together that won the day. "The board was confident it could win if it was going into litigation but hoped it could be done by negotiation."

LESSONS LEARNED

The process is well known: identify and isolate the crisis, then manage it. But what are some of the components? Here, in substance, is the approach taken by Women's College:

1. Have a well-articulated vision.
2. Set your goals and be firm. How you get there is flexible. "Our objectives were not negotiable, but we left some 'wiggle room' to achieve our ends. At the end of the day, the HSRC and the Government had to be able to achieve their goal too."
3. Use all the tools available to you. Old technology and new technology alike.
4. You must have allies. Lots of allies. These may be natural ones like Friends ("we called them our secret weapon") or

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One unplanned "opportunity" was this cartoon which became a symbol for the campaign.

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- purpose-made like Men for Women's.
5. Involve your allies. Our government relations task force, for example, included representatives from several allied groups and they played key roles.
 6. Create an environment that allows and encourages fresh and new ideas. We held think tanks, conference calls, executive meetings, committee meetings, and set up special sounding boards. This is was all part of a communications strategy that was second to none.
 7. Pull in favours, lots of favours.
 8. Keep the institution stabilized. Make this a priority. It must operate at full throttle. A divided house won't stand.
 9. Be involved and keep everyone else involved. If people were demoralized or destabilized we were cooked. Everyone who works there loves the place. We shared this. We lost very few staff members and no Chiefs. Not one person who left was seen as a "defection."
 10. Recognize the cause for what it is. We were there for a Canadian cause, even an International cause. It is a legacy worth protecting.

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11. Always take the public's temperature. We constantly asked: "What are the boys saying?" We found out by canvassing our network, by holding focus groups and commissioning research. We needed to know in order to respond.
12. Have a clear legal analysis and a stated legal strategy. Negotiate from strength.
13. Recognize that the Government and the Commission could not be seen to lose. Adopt strategies that recognize this — a classic negotiating position. (Part of Pepino's frustration was an inability to create a dialogue with the Commission. Not until the Commission was sued did they communicate directly. "We found that then, only then, did they really understand our position and only because they were forced to read two banker's boxes of documents to prepare their response to our suit. We also got to cross-examine them to find out all the things they really wanted. Once we knew that, we could develop a position that was tenable for everyone. And so the process of facilitation left some room for us to be creative to protect our stated goals and to maneuver. It worked.")
14. Throughout all this, the communications program was critical. Poor communications can prove to be fatal. It is important to keep everyone on side and motivated.

. . . AND NOW

Pepino is clear: "Now that the amalgamation principles are agreed and enshrined in legislation, regulations and bylaws we can build. All WCH's values are transferred to the new organization making us unique in Canada, maybe in North America. Now we have to share this forward-looking position of women's health. It is for the new board to put in place all the fabulous things we do and can do."

Jane Pepino stands for this motto: "Unless you stand for something, you will fall for anything." In the process she makes many friends. Together they are ready to build. The new hospital is an other opportunity. It is no longer "crisis management," but more like "issues management" now. Different objectives, different strategies and different players. Worth watching. **Q**



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