

Compassionate Minds - Ep 1 - Adil Khalfan

Helen 00:00

So I'm here with Adil Khalfan, the CEO of Kensington Health. You've been president and CEO here for almost a year. I wanted to start off this podcast series with somebody I've admired for the breadth and depth of experience in healthcare and you certainly have that. I walked by the campus of Kensington Health, it's quite an enterprise here, perhaps you might want to tell our listeners a little bit about Kensington Health and all the different clinical programs that you have here just so that they can get to know you a little better.

Adil 00:28

Thank you for that kind introduction. And that's from someone I admire. That's very kind of you. I've been at Kensington for one year, and every day I'm discovering new things. For those who don't know, Kensington is located in downtown Toronto in one of the most culturally and socioeconomically diverse neighbourhoods. It has a breadth of Community Services, stretching from ambulatory clinics, ambulatory surgical centres for ophthalmology. Kensington diagnostic Institute's we provide diagnostic imaging, bone density ultrasound, we do a lot of cancer screening, as well as infusion therapy that's on the ambulatory side and endoscopy services. On the long term care side, we host and have the privilege of looking after 350 residents in our long term care home. We also have a 19 bed hospice, and we have the Second Mile Club, which is our community service organization. And the other interesting part is we host the Eye Bank of Ontario. It's the largest Eye Bank in Canada, and so that fits very nicely with our focus on ophthalmology. So it is very diverse and has been in the community for I mean, the roots trace back to the 1800s and then it eventually became the Doctor's Hospital. And now since 2005 or six, it was Kensington Gardens and Kensington Health and Kensington Eye Institute. So it is very diverse in terms of the services but also the people that are at Kensington, we have over 900 staff that look after all the people we serve both in the community in our long term care home and our ambulatory clinics.

Helen 02:19

That's quite a range of activities, this thinking about how you got to be the CEO of this fantastic institution. What's your leadership journey? I think that's part of what we want to share here is how does one become a CEO of something that has that range of activities within its envelope,

Adil 02:40

If I trace back my journey in healthcare, I started off as a Registered Nurse. I think that aspect of health care for a first generation Canadian here, who's male, and of South Asian descent was a bit different. Everybody wants you to be a doctor, lawyer or engineer. People didn't understand why you wanted to go into nursing. But I saw nursing as an opportunity and a platform to do so many other things within healthcare, both from a community development perspective, that's been a big passion of mine. And I saw public health, nursing and community nursing as a way for me to really marry my passion and community development with a vocation and a professional degree. After I finished my nursing career, I went abroad to Pakistan, I did some work with the Aga Khan Foundation, Canada and CIDA, at that time Canadian International Development Agency on an international development management fellowship. And that's where I got the real drive to say I want to get into healthcare leadership, because I got to really work with so many different constituents and players within the healthcare stream abroad, from government, NGOs, hospitals, community organizations, and bringing them together. I love what I did in Pakistan. And also, when I was in Pakistan, it helped me see how privileged we really are in Canada. And how can we get even more resourceful coming back to Canada? I was going to actually stay in Buxton, and work in the northern areas. But then September 11 happened and all contracts got cancelled. So I said, "What am I going to do with my life?". I said, I really enjoyed the management side and went and did my Masters of Health Administration, again, learned from really smart mentors and leaders in the Ottawa program. I got lucky on the positions that I got into great leaders like Tom Clawson and Bob Bell. They helped me understand the acute care centres. I've worked for UHN for a while, and then I took risks. The most recent risk was UHN had a call contract in Kuwait, with the Government of Kuwait. And they said, are you willing to go and move your whole family to help lead this work? And I said, yeah, let's do it. Because I felt that was going to be an opportunity for me to contribute Canadian healthcare expertise to a region that I was fond of. And I learned a lot. I learned a lot from my leaders and team members there. And so just like putting together various experiences has helped me round out my career in healthcare leadership.

Helen 05:33

So you sound like a person not unlike myself that never had a career plan? No, no real path. No, I didn't ever have a plan, I followed opportunity and took risks and sort of jumped off the edge of the cliff a couple of times, sometimes it worked out brilliantly. And sometimes it didn't.

Adil 05:52

But we had purpose. I think that purpose was convenient. For me it was community development and building a stronger community for my family and friends.

Helen 06:01

And do you think that comes in part from your nursing background? I'm interested in that and sort of how that informs your approach to leadership, whether it's in a clinical setting or administrative in Canada, beyond how does nursing play through your career?

Adil 06:17

The beauty of nursing is, it allows you to interact with individuals when they're probably at their most vulnerable state, where they need support. And this is not just medicine, this is really understanding where they're coming from. And having that empathy towards, it's not just let's deal with their wound, but how are they doing thinking wise? Where are they coming emotionally? What type of supports do they have? And I think nursing helped me understand the individual need. But then I started to think, Okay, if that individual has this need, what's the ripple effect on that individual to their family? What happens to that family in their community? And so I started to look at public health, because I got a more macro view of my individual interactions. But the nursing approach has always been very dear to me, in how we go about doing any change within a hospital or community organization, or even the province, that's when we met. What is that secondary tertiary impact of a particular decision. The other thing that nursing helped me in leadership was understanding the healthcare language. Very important, but also understanding the workflow and what a nurse or a frontline worker or physician has to go through to provide that care. I see nursing as a translator of the human condition to the medical treatment. And that's helped me in my leadership approach.

Helen 07:59

So you've mentioned public health. And as listeners might know, I'm the Board Chair of Public Health Ontario, as well as the CEO of AMS Healthcare. So I kind of have to ask about public health, obviously, spent more time thinking about public health with this assignment and during COVID as well, but how does that also inform how you think about the community because it's a pretty active community around Kensington while we're recording this, there's a food bank on the corner. And there's a lineup there. And I guess that's the state of the times, which is it's part of the ecosystem in a busy city. It's good that there are food banks there, but it's too bad that people have to use them. And then of course, there's a pretty high profile tennis community across at the church

almost right across from Kensington's. How do you think about that, given that your background and public health, that's your immediate neighbourhood.

Adil 08:47

Every day when I drive in, I see that line up at the food bank. And I see how long it is, what type of impact are we having on the community we're observing. But it's also a reminder that while we deliver health care here, it's more than health care. It's life care. And our new vision actually is better life for everyone, not just better health care for everyone. The other thing with public health and population health is I don't think the health system has fully defined what population health is when you look at acute care. They're defining population health as the population of a particular disease group that they're managing. When you look at public health, they define population health as what's the socio economic status, what's the housing condition? I think both perspectives on population health are important and we have to marry the two. When we look at Kensington Health, like second mile club within Kensington Health is looking at are the seniors that aren't in our long term care home who are in our community.

How are we providing them A low cost meal every day. How are we teaching them to do the appropriate groceries so that they can have a good health status and deal with maybe an elderly person in their home that they need to support for. But we're also teaching them about how to file their taxes. Economic sustainability, and support is just as important to a health status. So we're taking a very blended approach to how we deliver services to the community we serve. The other thing is, most of the services within Kensington have come about because the community has said, we don't have access to this service. And so services have been implemented hospice care, for example. We're the largest hospice on a single campus in Canada now with 19 beds. But how do we make it accessible not just for those who know how to navigate the system, but those who are potentially dying in shelters more on the street. So we've used a public health approach and established floors in our targets to say, okay, 25% of our population in hospice care, need to come from a structurally vulnerable population. What that forces us to do is to reexamine our admission criteria, well, it forces us to do is switch our mentality of being a healthcare institution that only does intake to really doing outreach. Right. So working with organizations like PEACH, who go to the streets and identify those individuals that couldn't have access to us, because of their socioeconomic position or mental health issues or they're unhoused. How are we providing them that care? And so the outreach opportunity, for me, has really informed my public health approach.

Helen 11:53

And how do you approach those partnerships? You mentioned PEACH, or do you have other partners that you connect with in the community?

Adil 12:00

We're the Secretariat for the Midwest Toronto OHT. And I see that OHT vehicle as a real opportunity to bring partners together. Interesting when we were thinking about the OHT. And we didn't know if we're going to proceed or not. We had a lot of partners around the table. And I said, Okay, say that we didn't have an OHT, would you step away from the table? Or do you find appropriate, not a single person said I'm going to step away, because they saw the value of working together access to alliances on our campus, we work with them - WoodGreen I mean, we're working with various partners, looking after the population. I think that discussion has led to various other initiatives within the OHT. One of the challenges we're seeing right now is primary care and connection to the larger health system and journey of care. So our OHT is looking at an or Kensington is looking at how do we create a hub for our primary care physicians to connect to, so that we can actually help those patients get the right services? But how do we support our primary care physicians as well? Who are independent businesses? So how do we help them leverage resources without having to invest solely in their standalone? Right? So creating these nodes of collaboration goes a long way.

Helen 13:29

So that sort of makes me think that you're using different leadership skills in sort of building out an OHT. Be interested in your thoughts about, you know, what are the attributes of leadership that you need in a to create a well functioning Ontario Health team, because that's, it's different work. It's very connected, it's very collaborative, and I don't want to put words in your mouth. But just tell me a little bit about what it's like to lead in an Ontario Health Team context that might be different than running an organization, or maybe it isn't different.

Adil 13:58

It has been challenging, because we don't know which way funding and resources go, obviously, we see a destination. I do see, within the OHT, we're often reminding our partners come to the table with the hat of OHT, right? While you represent your organization, because you want to be part of that table. We have to think about the system collectively, again, it goes to the intake versus outreach. And when you want to do outreach, we have common goals. I think every single healthcare organization wants to create a better life for everybody. Everyone when somebody's saying well, I don't agree with this because my organization won't do X. We often encourage and remind members that we're here for the Midwest Toronto Region, right to deliver this and we

can learn from other OHT to other parts that have been very helpful as we have an extremely strong secretariat that keeps her mind sending us of our deliverables. I mean, there's a strong project management skill set for that group. There's a big discussion on governance, and what does it mean? But what has really helped is the engagement of our patient and community members to help inform what's really important for them. And we keep coming back to, I want to know how to way finding this system, right, helped me connect to the system, and not losing track of that. So if I was going to marry, going back to my nursing experience, what does the patient need, and that's being more and more amplified within our Midwest Toronto OHT.

Helen 15:41

I look forward to hearing more, but that's fantastic. I'm going to switch gears a little bit and talk about compassion, AI, that's a major focus for AMS Healthcare, we have a growing program of leadership development in that area. And just want to know, given you know, you're a modern healthcare organization, how you're maintaining a focus on compassionate care in a world where technology is almost galloping into the healthcare system in a different way. How does that impact your work as a leader, but also how does the organization kind of accommodate and start to think about its relationship with people and its relationship with technology?

Adil 16:20

Kensington itself has been founded on compassionate care. compassionate Care is having the desire to help somebody. And that's the ethos of how we established ourselves and why we're getting into very interesting areas of healthcare. Kensington fills the gaps in the system. That's what we do, where it's not in hospital, and it's not in community where it's not in primary care, we're kind of a node, right. And that comes from compassion, the desire to help based on what's going on. Now we see a huge opportunity for us to use technology, we've been using technology, when you think about it, we have a five and a half year waitlist to get into our long term care home. What are we doing as an organization to help those individuals on our waitlist, right? How are we delivering care through virtual means to the community? How are we using our data internally to understand our patient demographic? How are we using our data inside to be able to develop better services that's on the information side. But I do think, because we're also within the ambulatory - surgical side and long term care side heavily regulated, there's a lot of documentation we have to do.

So potentially, there's an opportunity to use AI to help with some of the back office work, like we were discussing before, and put more time and energy into the interaction with the people we serve. Now, AI also, it's brand new, and it's what you put into it is what

you're going to get out of it. As more and more data gets into it, I think we'll be able to see a bit more nuances in the variations. But in the early days, I think we may come to see the outputs may be a bit more or could be biased, so compassionate care allows you to see beyond just the output, and marry the two so that you have a better marriage between compassionate care and technology.

Helen 18:23

And I go so far to suggest that the work that you're been doing in your community, I'd like to think of compassion as both in the individual interactions, but in your organization as an employer, the 900 people who work in this organization plus the community around you, and you can exercise compassion in all three levels.

Adil 18:43

100%. And we have over 250 volunteers from our services. They remind us about what compassion is, they're here as volunteers. They're not here for a pay cheque or anything else. They're kind of our North Star in keeping us grounded as to our purpose.

Helen 19:00

Makes sense to me. So, interestingly, as we were getting ready to sit down and have this discussion, you were telling me that Kensington has just finished its first strategic plan. So my last question is really about the future. And in the context of your plan, what are three challenges that are upon us now, or might be in the near future? And you have the benefit of the planning? And then how do leaders prepare to address those challenges? I think our listeners would be interested in your perspectives on that.

Adil 19:30

It's a great question. I think the first and foremost challenge that we're seeing right now is Health Human Resources. While it's system wide, there are also inequities between parts of the system. It's very hard to recruit within long term care and community when you're up against acute care that can pay a lot more or other private businesses that can pay a lot more. And so we have to really think about what's going to attract the people that work at Kensington, what's our draw? We have passion, we have a lot of rich history, we have a bold mission, we have an amazing organization that nurtures, so how are we going to develop leaders of the future? Right, so we're doing a lot of UN our strategic plan for the next three, four years, we're really focused on development of our health and human resources, current, but also working with universities and training institutions to develop a pipeline to work with them. And we're taking a long view on this.

The other challenge within the health system is primary care, connection to primary care, especially with the population we serve. Not everybody is attached to a primary care physician. And some of the primary care physicians that were in this community have moved on, new people have come in, and they're not fully aware of the services available. So we're trying to make a better connection to primary care and help primary care deliver their work. Right. So creating nodes like I spoke, I would say the other challenge is so much focus on one part of the healthcare system, when there's multiple community organizations that can help acute care do what they're best at, which is dealing with very complex care, and having a better marriage between parts of the system. And so I think Kensington wants to play that middleware role between community hospital primary care as a node of services. And we're working on a strong partnership with that within our strategic plan.

Helen 21:44

So thinking about sort of the leadership challenges, and we talked a bit about this already. But are there any sort of specific leadership skills that you think in this world because the challenges that you raised health workforce primary care focus on community? I would say you're not alone in that by any means? Are there any sort of leadership skills that aspiring leaders need to develop in order to work in a world and move the bar on those very important issues, whether they are in an organization in the community in a hospital or in government or at Ontario health or anywhere?

Adil 22:21

Can I go back to the other question too? Because I would say there's also a fourth issue that we're really, really dealing with right now, and it's the changing demographic of the people we're serving within long term care. The system was designed for the elderly, but we're seeing younger patients, we're seeing more complex chronic diseases, we're seeing more medications that have to be provided, the whole demographic is having for our health, and human resources to understand how to deliver care differently, as well. Right. So that's another challenge that we're dealing with right now. But that's part of the larger system. So our Health Human Resources need better skills because of a changing demographic, and we need to retain them, because we want to provide that care. And we need to have that connection so that those individuals get that holistic care that they require.

Helen 23:15

So it sounds like obviously we're in a period of change in the healthcare system, we're in a period of challenge. And we're in a period of change. Technology is one ingredient, I think, and driving the change, but maybe not the only one. I think you've talked about

demographics and other things. It feels to me that we haven't talked about it explicitly, but that really being sort of adaptive, having a broad skill set. And being able to anticipate and manage change is going to be pretty critical throughout the healthcare system, whether you're in a leadership role or not. Does that sound right?

Adil 23:52

Absolutely. I think that's one of the skill sets that I was going to talk about is that healthcare leaders need to understand what are the capabilities of every part of that healthcare journey, and having exposure and being curious, to working with your colleagues and understanding what they can offer, what their limitations are, as a leader, you need to take that time to listen and understand, not just react and push forward on an objective without understanding the full context. There's many parts of our system that may be redundant, because another part of the system could actually do it. We just haven't leaned in that way. And everybody's had their own mandates. I would hope that leaders of the future think beyond their walls, and not just about what the impact of beyond their walls would have on their own organization. But what are we doing to contribute to a better care journey and improving the healthcare system and the community at large? We have great leaders that do that. But we get completely refocused on the deliverables for the board, right, and sometimes we forget what the deliverables are for the society we're trying to help.

Helen 25:05

Well, I love that as somebody who was involved in the sort of the conceptualization at least advising the government on career limiting for me. But Ontario health teams, I mean, isn't that the basic principle of Ontario health teams is actually to move beyond silos into thinking about the health of the population and everybody's contribution to that. That's a great place to end, I think. Okay, thank you. Thank you. It was brilliant. It was so much fun. It was really terrific. Thanks.