

## AMS – CM Ep. 21 - Altaf Stationwala - Transcript

Helen 0:00

Well, welcome.

Altaf 0:01

Well, thanks, Helen.

Helen 0:03

Welcome to our podcast. It's called Compassionate Minds, Conversations with Healthcare Leaders. And you are indeed both, I guess, full disclosure at the front end, I'm on the board of Unity Health, so I've gotten to see Altaf at work, and you are a remarkable leader.

Altaf 0:18

Thanks, Helen.

Helen 0:19

Just so delighted to have you at the helm at Unity Health, and I also have the advantage of having spent some time with you during the recruitment process, and so know a bit about your story, but maybe some of our listeners don't, and I would say, you know from the top, you are having a remarkable career and impact, not only at Unity, but in the jobs that you've had before, and on the health system here in Ontario and beyond. Really interested in your leadership journey, you're one of the CEOs who doesn't have a clinical background. So how did you get into this business?

Altaf 0:56

Yeah, you know Helen. I mean, healthcare was nowhere near sort of on my kind of aspirations of where I was going to end up in my career. So, you know, the majority of my family are clinicians, by background. Brothers, a physician, Anne's uncles, it's, it's sort of the makeup of, sort of the Stationwala, sort of family. I had no interest in that. So I actually chose a path in business. So I did undergrad at IED, and was on my way to New York City to be an investment banker. Had a job all lined up in January, about four months before graduation, and for whatever reason, ended up doing a project. My uncle was Chief of Surgery at Doctors Hospital, and we had to do this capstone project. There was a gentleman by the name of Ken Bassett Spears, who was the Chief Operating Officer at the time, and says, So, why do you want to be an investment banker? And he got me connected into the health admin program. And then the next thing I knew, I was applying. Turned down the job in New York and ended up doing two placements, one at Etobicoke General, one at West Park, and my first job was at Etobicoke General.

Helen 2:04

Wow. You know, this is not uncommon. You know, there's number of people I've interviewed who've sort of been sort of accidental, accidentally into the healthcare system. I actually thought I did a degree in urban planning. I thought I was going to go into real estate development too. I was very enthralled by the developments of Battery Park down in the south end of Manhattan, and that didn't work out for me either. So you started with a capstone project. You went and did graduate studies. And then what, you know, what was the journey?

Altaf 2:31

Well I had two job offers, one at Etobicoke, one at West Park. And it was an interesting time. It was, you know, the mid to late 1990s and the health services restructuring commission came along about a year into my role at Etobicoke General. I actually reported the CEO did special projects, and you couldn't ask for a bigger special project than responding to the Commission's directives, which ultimately formed William Osler Health Center. So I was very much involved in, kind of working through our submissions as a hospital. And then again, it got very fortunate, got tapped on by Michael Dector, who was the facilitator for that integration to be his special project person to actually drive the merger, which was, you know, a couple of years out of university, an amazing experience. And then, you know, ended up with a VP job at the, you know, end of that integration, and really had a big lift at Osler, probably the most formative years of my career.

Helen 3:33

Wow. So we first met when, I think you were probably at Cortolucci...

Altaf 3:38

At Mackenzie.

Helen 3:39

At Mackenzie at the time, right.

Altaf 3:40

Yeah, you were Deputy Minister.

Helen 3:41

I was indeed, yeah, and I would say you were imaginative and determined at a pace that was sometimes hard for government to respond to. Is that? Is that a fair summary?

Altaf 3:52

Yeah, I am kind of unrelentless. And yeah, sometimes that's probably one of my faults. Actually, hard to keep up, and sometimes I move too fast.

Helen 4:01

I didn't mind it, actually, just saying, because I think that probably most good ideas come from the people who are working the system, rather than in the beltway at Queen's Park. And being pushed from the front line of health care is, I think it's part of the deal when you're in those kind of jobs, and it's actually necessary. So that would be my response to it...

Altaf 4:24

No great innovation comes from those partnership. If I think about, you know, one of, one of the biggest projects I got to lead early on was, at the time Peel Memorial was going to see a small expansion. We knew Brampton had also, was growing dramatically as a city. And at the time, we had Tony Clement as our MPP, but also the Minister of Health.

Helen 4:46

I remember.

Altaf 4:46

We had Minister Flaherty, Minister of Finance, and the government was very supportive of a bigger project, but they said, how do we pay for it? And we went on an expedition to the UK. And came back with public private partnerships, which eventually became the model in which all capital projects are delivered in this province. And that was a collaborative innovation from the sector and with government that really did change delivery of infrastructure, not just in hospitals, but, you know, universally now across the province.

Helen 5:18

That's very... I did not know that. I did not know that that was really one of the first, or if not the first.

Altaf 5:23

The first, yeah, yeah.

Helen 5:24

That's amazing. That is amazing. So from Osler, the next job was at...

Altaf 5:31

At Mount Sinai.

Helen 5:31

At Sinai, right.

Altaf 5:33

As Chief Operating Officer. And, you know, I think I've been at Osler for a good 10 or 12 years, and had progressive roles. Had clinical operations at Osler as well, which was kind of unique, not being clinical in my background, and I kind of knew I needed to get exposure to a research academic hospital and an opportunity presented at Sinai and I had jumped at it, and it wasn't the best time, because the new Brampton Civic was a couple years away from opening, and that was kind of my project. But, you know, I felt I had to go and and, you know, the person that always tells me I have to make a move is my spouse, actually. So she has this kind of, she calls it the Altaf annoyance index. When I'm not as challenged at work, I then tend to wander at home...

Helen 6:19

Right.

Altaf 6:19

And, you know, make her life more challenging and miserable. So she says, How do I get him re engaged in a more challenging job opportunity? And so every time I've moved, it's actually her nudge that says it's time to go somewhere else.

Helen 6:33

That's really smart. You're a lucky man. You're a lucky man. So how do you decide kind of what? So it's obviously your wife, but then you have some agency in this too. So it's usually that the scope of the opportunity and the expansion of mandate and role, or the challenge?

Altaf 6:53

You know, it's interesting. I go back to my HBA days, and there was a course we took called Career Planning, I think, in a very kind of simplified way, but it made you draw a map, and a very specific map of roles and functions and job titles and organizations that you aspired to be in. So, you know, I think I knew early on completely crazy idea. I want to be hospital CEO,

Helen 7:17

Fantastic.

Altaf 7:17

And I worked the plan, and there were dates that I would put in there. And it kind of forced me, because, you know, the one thing that happens, you get, you get very comfortable in a role, and you build relationships and friendships and and actually it gets a bit easier, because you know, you know all the networks, and you know how to push things through, but you

have to push yourself to move on, I think, on two fronts, one where you're not being recognized and given the opportunities, but on the flip side, also when you know you're doing the job and it's kind of easy for you, and I think that has always forced me to leave and work the plan. You know, I've been fortunate that I've always had good mentors around me, right? Yeah, kind of were always a good sounding board, and they really did, you know, shape my ability to progress to new roles, to push me. You know, it's helped me. So, you know, when, when the McKenzie health opportunity came up in 2010, I knew I wanted to be a CEO and, you know, Joe Mapa, my CEO at the time, was not happy. Said, I just made you Chief Operating Officer, and you're going but you know, he celebrated the fact that his mentorship and what he done to help me grow from the role at Sinai to now being a CEO was something he celebrated. So I think that's what we all have to do as leaders. We don't want to see people who work around us leave us, but we also have to acknowledge that that's part of our role.

Helen 8:37

Yeah, absolutely, it's interesting, because where I came from, in the public sector, at some point you serve at the pleasure of the government, and so you don't necessarily have a choice. And there's maybe a little bit more active career planning, you know, in a 60,000 person organization. And so they start kind of plugging holes and moving you around. And that's how I found myself as a deputy of international trade, for example, right? So, you know, it is, you know, different contexts, right, provide different opportunities. Sounds like in your world, you actually have to kind of be a little bit more deliberate about it.

Altaf 9:13

I think so. I mean, you can also, you know, things can happen. And I think within an organization, you do get opportunities. I think, to get different portfolios. I think back to Osler. You know, I had a strategy portfolio, I had the construction portfolio. I didn't have any clinical and, you know, I was afforded that opportunity to round out my skill set and my experience. So I think we need to do more of that. You know, we need to actually move people around within our organizations, so that they kind of grow with some depth and breadth of experience. We're not good at it actually, in healthcare, I would say.

Helen 9:49

I've already seen you do some of that at Unity, right? You're kind of paying it forward from where I'm sitting, and giving some of the folks, the leaders at Unity, some stretches assignments. And I think, you know, again, this is Helen the board member, but it's working out really well, right?

Altaf 10:05

You know, I mean, when I arrived at Unity, I, you know, I met with a team and and, you know, they had their roles, and we had to do a bit of realignment for a whole host of reasons.

But, you know, understanding, where did people want to be? You have to ask those questions. It's a reciprocal relationship, right? You want people to excel and do the great things for the organization, but if you're not helping them grow, then you know, how are you helping them progress in their career? And I just think sometimes we very selfishly look at what does the organization need versus what does the individual need, and I think if you can find the balance in both, then you have a better shot at retaining great, great talent.

Helen 10:44

Yeah, so I want to talk about your leadership philosophy from all this vast... you know, varied experiences. I've seen some of it in action, but to be interesting to the listeners, to talk a little bit about that, and then maybe how it's changed, how context makes a difference, and how it may have changed over time, or is that the guiding light that really hasn't changed, depending on where you've been working?

Altaf 11:07

Yeah, I mean, I think you know different leadership for different circumstances for sure, but I would say overall, I don't think my philosophy changed, and I didn't really know what my leadership style was. You know, it kind of evolved, but, but the foundational things, you know, I mean, ultimately, leader has to set direction, and people have to follow that direction. So a leader is not a leader if no one's following. And I think where I started this journey was it had nothing to do with my academic background, or even working in healthcare, actually started as a as a wrestler. So I wrestled varsity, and I was on the national team, alternate, you know, for Olympics as well. So I had a good run in athletics. And I was fortunate my coach was a two time Olympian himself, in my own weight class, or maybe one way class above. So we would spar all the time, and he would beat the crap out of me most of the time, but he had a very simple philosophy, and that was, if you've done everything you can, if you've prepared, if you've if you've got your your stamina, you've done every dimension of preparation, then the outcome is the outcome. The score is the score. Don't worry about it. And I've taken that same approach, because, you know, in healthcare, there's things we control, but there's a lot of things that are way beyond our control. So focus on what you can control. And in my view, it's all about preparation. So get deep into into problems, you know, don't just look at a report. Maybe test out a few other dimensions of that. I have this philosophy of walking the hospital.

Helen 12:50

I know you do.

Altaf 12:52

It grounds, you know, something I see, you know. So, you know, we hear about surge every day. We hear about no bed admits. Well, you know, I'm fortunate, especially at St. Mike's, the eMERGE apartment is literally 50 meters away, right? So you pop into the emergency

department, you build relationships, you hear from the staff, you know, in a very different way. And it tests a whole bunch of things that you may be thinking through and ideating on around, you know, doing this or doing that. So that's been my philosophy of just getting deep into things. Some would say is that, is that micromanaging, or is that actually undermining others and their roles? I don't think so, because we can always say, yeah. You know, the role of an executive is to set strategy and execute on that strategy, but a strategy that is poorly implemented is not a very good strategy. So it does come down to understanding the tactical side of driving a direction forward.

Helen 13:50

I'd also argue that you're being visible to the staff. You know at AMS, we think about sort of compassion a lot, and compassion has, I think many dimensions. So it's about the individual relationship with with patients. But I think organizations can be compassionate. Leaders can be compassionate. And, you know, least connected with the staff and the act of walking the halls and connecting with people, I think is, is an important aspect of compassionate leadership.

Altaf 14:21

Absolutely. And you know, if we, if we think about, you know, what has happened in our sector? I mean, I probably started in healthcare. I think there were well over 300 individual hospital corporations. And you know, there's been a lot of consolidation. The Commission HSRC did some of that. But uni is a good example of a pretty new organization that was recently consolidated with St Michael's, St. Joe's and Providence. It's a massive enterprise, and being visible is hard. But what I find it doesn't take much. You walk for half an hour and it kind of it goes viral. Oh, wow, you know, I saw Altaf today, and that'll get escalated to somewhere else, and then, you know, it just becomes a genuine appreciation of what the staff are doing, a deeper understanding of how challenging their roles are, and I think, a deeper reflection that management is not just sitting in an office or doing things virtually. They are grounded in what what people are facing every day and Helen, you've seen it in our strat planning exercise, so, you know, we made a conscious decision, you know, and I'm not disparaging outside consultants, but we made a choice to actually do it from within.

Helen 15:38

Yeah.

Altaf 15:38

and uh...

Helen 15:40

It's working out pretty well.

Altaf 15:41

It is working out really well because it's a different kind of engagement. You know, most of the facilitation around the SWOT was done by managers with their direct staff. The level of engagement has been incredible, and the plan is incredibly grounded. And you know what is always the challenge for an organization? It's having a focus plan. You know, the previous plan had nine priorities. This plan has four. How do you get to four? I think you get to four when you have good engagement. And so, you know, we're, we're getting very close. Helen, I hope you approve our new plan as a board member. It's coming to you very soon...

Helen 16:16

I know!

Altaf 16:18

But there's significant alignment. And I think alignment comes from ownership from the very, very beginning, and, and I'm very happy about that. And as is everybody, because I think this plan has a high probability of success in terms of executing around some of the deliverables.

Helen 16:38

It's interesting. As you're talking, I thinking about some of the, you know, the tough integration work that I tried to implement in various platforms in government, and the, you know, at the core, you can't get anywhere without a shared vision about what you're trying to achieve. And then you apply all the different labours. And I often, you know, think about the the NHS change model, because it's sort of one way of conceptualizing it, but when you have that and that the process of that strategic plan has built that shared vision, then the implementation hopefully will be a lot smoother. But if you've got different people with different visions of an organization, you're kind of going nowhere, right?

Altaf 17:18

Yeah, and you know, I 100% agree with that statement Helen, and what is revealing that right? Because the shared, the shared vision, started around the values of the organization, and I think we're very fortunate unity. I mean the mission and the values are so deep and so strong and and I think it came out early on in the engagement that you know, the, you know, the the people dimension, which is our super neighbour in our strap plan. People saw themselves in it up front at the very, very beginning, so they could get behind it, because, you know, they were in it, and everything they were going through, whether you're a frontline researcher, a nurse at the bedside, or, you know, a leader, they could see themselves in it, which then enabled what is just as important is the tactical side to come out. So we have a plan that's coming to the board that isn't just highly, you know, directional, the tactics are already baked in, and many of the tactics are already in motion, because they were

embedded in what people were doing already, right? So, and just obviously elevating it to a whole other level that's inspirational and visionary, and really saying that, you know, from two is a significant upward trajectory for Unity Health. So it's exciting.

Helen 18:38

It is exciting. I'm thinking back to some of the conversations we had just as you were starting and thinking around values, and the values of the organization and the values that you have as a person seem very aligned to me from, you know, the conversations we had, and how important is that in a leader? Because, you know, Unity health is a kind of special place, right?

Altaf 19:03

Yeah, you know the values? I mean, you know, going through the process, they're listed in documents, they're on the website. But it didn't take, I would say, within the first day of arriving at Unity Health, you could feel the values. Now what defines the values of unity health? I mean, we are a Catholic institution. But that's not actually how I define Unity Health. I define it in the fact that the mission really actually came about 100 years ago. These sisters of St Joseph's first came to Toronto, and they established a whole bunch of social service organizations, from orphanages to missions to hospitals. And our three hospitals are founded by the sister of St Joseph's. You can still feel them, Helen. You know, you can still feel their purpose and what they stood for and ultimately, what what they cared for. So you know you look at populations that that unity serves, particularly around St Joe's and St Mike's, you know, the inner city population, the homeless, the marginalized. Staff find a different way to actually care for those individuals and without judgment, simply by the mission and the purpose of the organization. They believe you, believe it, they live it. You know, I found it ironic that, you know, within the first month, I had a celebration event, and there was a bunch of frontline staff that we were meeting, and a few of them had worked at Mackenzie, or still worked at Mackenzie. And I'm like, Oh yeah, yeah, you work there. Oh, but I'm casual at Mackenzie. I'm full time here at St Mike's or St Joe's. I go, but where do you live? They said, Well, I live in York Region. I go. So you're driving and passing like eight hospitals along the way to come. Here I go. Why would you do that? Because of the mission, because I feel like I'm making an impact. And when you have that, we call it the secret sauce here, anything is possible. Helen, and then that's why I am so excited to be working here at Unity, because, you know, you have this culture, and culture is the hardest thing to change or to align. There's very little alignment that's required on culture here.

Helen 21:12

Yeah, I'll tell you a secret. That's why I joined the board and probably my colleagues as well. It was about the mission in particular, right? Yeah, amazing. I'm going to talk about some of the... ask you a question, but you know, some difficult choices, and during the pandemic, you open the new hospital as a covid hospital, which was not the plan when you started, right?

So talk. I mean, that's quite a bold move for an organization that you know, in a growing area to really come to kind of the rescue of the province, if I recall correctly, the time when that was opened, we were pretty close to having to make some really tough decisions about who got access to ICU capacity, because that was the rate limiting step, right?

Altaf 22:04

Yeah. So, you know, it was another one of those, I think, strong collaboration moments between the sector and government. You know, I remember, I think it was call with the deputy, early Saturday morning, and, you know, we were now into the Omicron wave, and the numbers were stark, the projections were scary, and we were running out of solutions, right? This was the third wave of covid at this point in time. And really, like, the box that we were working with was limited, like, there were hard walls, like, what more could you do? And at that time, you know, patients from the GTA would be moved as far as Windsor and Ottawa. You know, no one could figure out what to do. Put up more tents, Do this, do that. And I didn't even realize that I could think outside of the box, right? I had this linear, you know, path of opening Cortellucci Vaughn Hospital as Mackenzie's second hospital. And then I still remember Liz Butler, who was the CEO at that time of Scarborough Network said, and she just kind of said it in a random way. Maybe, maybe she was planting the seed. I don't know what she said. Maybe you should think outside the box Altaf, right? And that was the kind of the end of the call. And I was very stressed, as we were all worried, because we saw these stark projections. When I get stresses, I have an interesting habit of coping. I start vacuuming. So, so Saturday morning I'm vacuuming, and my wife's like...

Helen 23:35

You know, whatever works really!

Altaf 23:36

Whatever works! But then I said, like, wait, I have an asset that no one else has a brand new hospital that's, you know, a number of months away from opening. Could we open earlier? And I said, and maybe we could. Because, you know what, what is the biggest risk of opening a brand new acute care hospital? It's the emergency department and all of the unpredictable volumes that you need to get ready for. Well, you know, we're transferring patients to Windsor in Ottawa. That's a predictable transfer. So imagine if we just opened as a transfer hospital for covid patients. That's what we did. So we so we didn't open up the whole hospital. We opened up, you know, medicine and ICU beds. We redeployed a whole bunch of the staff that are all been hired. So our emerge docs worked in medicine and critical care, you know, same with our nurses and our health discipline staff, and we opened up like 200 beds two months earlier, and it worked. It worked. We took 550 patients from other hospitals, and I still remember the first day, like a caravan of ambulances coming into Cortellucci Vaughan Hospital and it was, it was a challenge, because the biggest risk was our community, who waited 15 years for a new hospital, and now you're calling it the covid

Hospital, like a negative label from the communities perspective, but even there, right? You know, the minister and the deputy said, Whatever you need, Altaf, right? So I said, Could we do a tele town hall and inform the community why we're doing this, like within a day and that was, that was probably the most special time I... and it was stressful and difficult, but I don't remember a time where everybody worked together as well as we did during covid, like it wasn't, it wasn't about an institution or a priority was it was Team Ontario. It was whatever it took to get it done, and we were so collaborative for that 18 or 24 month period.

Helen 25:42

Yeah, it was amazing. We were sort of lucky to have experienced that. I keep hoping that there's a little more of that kind of left.

Altaf 25:50

I hope so.

Helen 25:51

Because we actually going to need that going forward, right? We are given where we are in the healthcare system today, right?

Altaf 25:56

Yep, yep.

Helen 25:59

So let's go back to the I mean, to Unity Health, and what's your greatest learning so far in this job, as a CEO. I mean, you've been a CEO already for over a decade, but in this particular place, in this particular time.

Altaf 26:18

You know, I think there's something different and special about a research academic hospital, and just the nature of a number of other facets that front line to leadership kind of sees when they look at a problem and there's such a passion to fix things right, and a whole other rigor as well, you know, you know, how do we train the future generations of clinicians? How do we, you know, look at practical solutions to real problems. And, you know, we're very fortunate unity. You know, it's all applied innovation, right? So whether it's our map center that's really looking at, you know, some some of the inner city challenges around delivering care, or some of the technology solutions, like our remote robotic surgery that we're doing, it's harnessing that energy, but there's so much of it, and trying to corral it and focus it, you know, is one of the challenges. But it is. It is a powerful force, right? And I think, you know, when I look at Ontario, especially the nature, and, you know, more of the few provinces that isn't regionalized, right? And then one big health authority, I actually think that innovation at a local level is the power of what drives our health care system in

Ontario in a very different way. And it's, it's so deep here at Unity, at all three sites so that, and I've experienced it at Sinai in some ways, but now as a CEO, you know, it was a whole other representation of advancing how we ultimately make the lives of patients better, and it's totally embedded in our strategic plan as well. So it was so to me, that was kind of, you know, a powerful learning, you know, and then then there's obviously the dynamics of a very changing environment, like we have two new medical schools coming on board in the GTA, and we still have challenges around health, human resources and and we have to actually think about how we're going to work differently, too. Because, let's be honest, Helen, we are pouring huge amounts of money into the healthcare system, but we still have the same problems, right? We still have alternate level care patients. We still have access issues. We still have long wait times, and we have economic uncertainty. So you know, whether we like it or not, hospitals are not going to have the same amount of money. We have to look at things differently, and that goes for community services and primary care and all of them, right? So, yeah, you know, back to the earlier statement. We need a totally collaborative effort, and I see it within Unity, and I actually see it within our system partners as well. It's just, it's just finding that burning platform, and, you know, a terrible way covid Was that, yeah, but how do we, how do we come back to that place.

Helen 29:05

Sense of urgency, right?

Altaf 29:07

Sense of urgency, yeah, yeah. And a common purpose.

Helen 29:10

Yeah. One of the facts that sort of stuck with me from a conference I was at, you know, about nine months ago, was a sort of natural 40% ceiling. You know that health care will never kind of bounce above 40% of the provincial budget. And there's sort of a natural ceiling there. We're awfully close. We are awfully close to the ceiling.

Altaf 29:32

We are. And, you know, on the flip side, we've all heard it, I remember, you know, even in my master's program at U of T. You know, we had this one course where we were commingled with other faculties, and I did a project with a whole bunch of health promotion master students and, yeah, we'd learned about the terms of health, but I remember they said, you know, one day Altaf you might be a leader. Don't forget, you know, where we need to invest, and the upstream is really, you know where we need to invest. And I still think we know the data is clear, food security and shelter and education. You know, these have massive impacts on the downstream. And you know, we have a unique partnership. You know, as you're aware, Alan, we just had a great gift from the Slate Foundation.

Helen 30:17

Amazing.

Altaf 30:18

And a unique collaboration between the United Way and St Michael's Hospital to look at homelessness in a very different way and and look at these agencies that can bring some wraparound services that can actually stop that revolving door issue of homelessness. And you know how some of these patients present themselves in our ED's, which is, you know, not solving anything that's not helping the patients. So we do need to break down these barriers.

Helen 30:45

Well, I couldn't agree more. That aligns, I think, to the work that I tried to lead on Health Links back in the day, when we were really trying to focus on the people who were accessing the healthcare system, in some ways, because that's kind of all there was that was available to them, 24/7, but the things that they really needed were housing, community, transportation, relationships, you know, support.

Altaf 31:09

You know, I remember even when I was at Mackenzie, when health things started. I think one of the first things that came out of the ministry that you were leading was data. Yeah, right. So all of a sudden we got very specific community data. So, you know, at that time, we just had the Richmond Hillside for Mackenzie, but you know, we had this pocket, one kind of big subdivision where the outcomes were so different. And you're like, I didn't know that, right? And I remember I drove through and I'm like, wow, I kind of get it now, how come I didn't know this. Just going after that one subdivision, you know, is that one, remember the 1% and the 10% right? Yeah. I mean, that's what we need to do, because the costs are disproportionate in those areas. So we just need to get a lot more focus. And my gosh, we have more data and more information than we've ever had as a sector, right? So we need to really get to the place of mining that data and then making real, meaningful, educated decisions on how we're going to deploy programs, services and resources.

Helen 32:13

Absolutely, we saw a bit of that in covid too. This was neighbourhood data. Remember, there was a point in time when we said the areas that have the most covid have the lowest vaccine uptake, and the reverse. Well, that's not what we would plan things at all, right, but being able to parse it out at the neighbourhood level really meant that we could deploy, you know, different strategies and relationships into those communities.

Altaf 32:39

And that's, you know, where we started the pop up clinics, right? That would just open up in a community that we knew the data was suggesting, This is where we needed to go. So we have that. It's just, you know, how do we create these system level kind of dashboards that, you know, enable us to deploy resources and efforts in the right areas?

Helen 32:57

Well, the urban planner. Me wants to keep trying. So there you go. I'm going to close by asking what advice you have for aspiring healthcare leaders. It's an interesting time we're doing we're recording this guess a few days after some data came out in the Globe and Mail that suggested that employment numbers are pretty flat across all sectors, but health, right? Health is actually the area of job growth in Canada. So we're probably going to see, you know, a lot of talent in the system, hopefully able to tackle some complex problems. But from your career and your perspective, what advice would you give them as somebody starting out?

Altaf 33:38

Yeah. I mean, there are many paths that, you know, is a massive sector, and there's so many roles and so much opportunity. I do think you need to hone in sort of, you know what inspires you, and what are the areas that you want to actually make a difference in, and and you have to keep working the plan. And I think you know some of it. People don't always agree with this statement. You know, I believe 50% is, you know, the things I said earlier, preparation, all the things you control. And then there's a dimension of 50% just, you know, right place, right time, things happen, but find work that's meaningful. And you know, it doesn't have to be the CEO of the hospital. There's meaningful work at so many other levels and so many other functions and roles. It's a massive sector. It's global. Like, you know, what I find remarkable is, wherever I travel, there's a hospital. And you wonder, well, how do they work differently than this? I was, when I get a chance, I wander through it, and so much of it is the same, and then there's always some unique things. But we all need health care, irrespective of where we live. So I think, you know, you have to find out, you know, where you want to be and what you want to do. Map it out. I really, sincerely say, map it out. You know, build a plan like I had, and I was forced, because I had a course that made me do it. But I was so fortunate that I had a course so it it put a plan in front of me, and then I worked the plan. And, you know, it wasn't always perfect, and milestones weren't always met, but you need a plan. You need a plan. You need to look at sort of the skill sets and the attributes you need for each of those roles. You need to find people that can help mentor you through those steps, and you got to keep at it. And you know, the other advice, I would say, is, you know, sometimes you're in roles that you're comfortable, but you're stagnating. Have the courage to make a move, or the courage to try something different, to take a risk. I've had to work a lot harder coming to unity than I did at Mackenzie, but on the same front, you know, at some point, I probably wasn't the best CEO for Mackenzie anymore, either, you know, 14 and a half years in one place is not a good thing for the organization, or for me, I've

had to work harder. I'm more challenged, but I have energy. My the Altaf Annoyance Index is not, is not very high at home right now, and my wife is very happy, right? So I think you need to challenge yourself, and you'll know, you'll know whether you're being fulfilled or not, but but look deep within yourself, wherever you can you know for that next move or for the next opportunity, and and find people that will help you get there, because it is our duty as a collective to help one another so that the best people are in the best places to ultimately make the lives of Ontarians and Canadians that much better.

Helen 34:25

It's a fantastic way to end. Thank you very much for those of you listening. This was great advice. Follow it beyond that, I am just so privileged to be able to work with you at Unity and see your leadership in action. It's remarkable. Thank you.

Altaf 36:49

Thanks so much. Helen.