

## MICHEL LALONDE: My Teacher From Gemba

By Ted Ball

**M**ichel Lalonde was among my first teachers from the “real world” of healthcare service delivery – where citizens and healthcare providers meet. He introduced me to what lean thinkers today call “*gemba*” – where the real nitty-gritty world of service delivery exists. While I could read learned articles from a number of academic teaching hospital CEO’s, I met my first real-world “gemba instructor” from the delivery system when he was CEO of *Hawkesbury General Hospital* in the early 1990’s. Michel Lalonde was unusual compared to the other hospital CEO’s who were getting to the 10th floor of the Hepburn Block at Queen’s Park, where I had worked as Chief-of-Staff to Health Minister Larry Grossman.

**H**e didn’t tell us he needed more money. Instead, he talked about how a focus on *quality* was making his hospital more efficient.

Indeed the research community had discovered in the late 1980’s that quality-driven re-designs often produced 30 percent cost reductions. He also had a profound respect for the wisdom of the front-line worker.

He believed his people were smart and talented. He trained and coached his managers to practice *team learning* and to learn how to tap into the collective intelligence of teams throughout the hospital. He was constantly learning how he, as the CEO, and how his managers could be more “in service to” the care providers – who he said enabled them to actually fulfill their hospital’s *mission*: their very purpose for existing.

In the early 90’s, this was called “a paradigm shift” in managerial thinking. Michel’s approach challenged traditional practices and ways of thinking. While his colleagues respected him, I don’t think a lot of them really understood where he was coming from. In my view, while there are

some extraordinarily good CEO’s in the system, the sector is very slow to change. Michel was always focused on “how to make things better, now, and in the future.”

Michel wanted to learn everything he could about the various emerging management fads like: TQM/CQI; re-engineering; systems thinking; performance management – because he understood how these types of approaches created benefits and challenges for healthcare workers and managers. He asked a lot of questions about aspects of these methodologies that impacted on how people think and behave.

In the early 90’s at *Learning Organization* conferences and workshops in both the United States and in Canada, I was learning about “what worked” and “what didn’t work” in the leading-edge efforts to accelerate change in organizations by applying adult learning methodologies using simple systems thinking tools and practices like “dialogue” and “after action review” to generate “lessons learned.”

While there were great breakthroughs that occurred, the recurring pattern in the stories about transformation was

that people would change for a while, and then return to the “good old days and ways of doing things.”

Michel often talked about his struggles with “sustainability of change” at HGH as they underwent their first transformation into *Total Quality Management* (TQM) and *Continuous Quality Improvement* (CQI). His intuition about what influences sustainability is now backed up by recent research demonstrating that 40% of Ontario healthcare organizations have difficulty maintaining continued use of best practices – after they are formally introduced and explained to all stakeholders.

Michel knew how people’s behaviors are like organisms in an eco-system: they have an inexorable urge to survive. In his book, ***Think Better: An Innovator’s Guide to Productive Thinking***, Tim Hurson points out what Michel already knew: which is that humans will do anything to maintain our habits and ways of thinking.

He says “no matter how dysfunctional the present, no matter how sensible the reasons for change, most people and organizations would rather wring out the old, than ring in the new.” He says that the “old behaviors are hard to kill. As a result, even the most well-intentioned and well-conceived change initiatives simply won’t stick.”

As fellow soldiers in the war to achieve sustainability of positive changes, Michel and I had lots of discussions about “the nature of humans” and how to get change internalized in people’s brains – as well as in their systems, structures and processes. In those days, we were both trying, failing, but learning a little more about how it might be possible to achieve sustainability for the large-scale change initiatives we were involved with.

I learned a lot from his practical real-world insights as a CEO in learning dialogues over about a four or five year period. At the time I was being exposed to the leading-edge thinking of a team of about thirty people engaged in developing, testing and improving a series of systems thinking-based tools for strategic/leveraged thinking; organizational alignment and emotionally intelligent leadership development.

*Quantum Solutions* of Austin Texas was in both the product development business (thinking tools) and in human capital capacity-building business (training & coaching for transformation).

I was learning about all these new nifty thinking tools for collective intelligence just as Michel was struggling with his real-world organizational dilemmas. I’m sure he must have sometimes thought I was this theory-based, egg-head who didn’t really get the practical real-world that he was grappling with.

At his very core, Michel was a teacher – not simply by what he said, but by what he did. So rather than continue to trot out my new tools as “solutions”, I began to pay a lot more attention to what he was “doing,” and who he was “being.”

## Leadership & Stewardship

**“At his very core Michel was a teacher – not simply by what he said, but by what he did.”**

**W**hat was interesting to me about Michel is that he was always “being” something we couldn’t quite explain – until a new book would be published that explained his behavior. I remember discovering Peter Block’s concept of “*stewardship*” and realizing that that was in fact exactly how Michel was behaving: “*being in service to, rather than in control of the people around you.*”

Indeed, we brought Peter Block to Ottawa to help a group of Michel’s healthcare reformer friends & allies to reflect on the type of leadership that would be required to transform Champlain District’s healthcare delivery system. His book, ***Stewardship: Putting Service Before Self-Interest***, perfectly describes Michel Lalonde’s mindset and way of “being” in the world.

Because he always openly engaged in self-reflection, Michel’s observations about the challenges he faced would inevitably include his own critical self-examination of his role: his strengths, his vulnerabilities – what else he could have done. He always asked: how can I improve?

I believe that it was his deep self-awareness that made Michel so empathic towards others. If he could recognize some potential flaws, it was because he had some first-hand experience with those types of mistakes himself. He didn’t judge people by their mistakes, he simply led them – with compassion and understanding – to another place, usually a better place.

In his first bout with cancer, Michel stopped working 90 hours a week and dropped to under 30 hours. He selected four or five highly leveraged activities and liberated his people to work in teams improving quality.

After a few years of nurturing HGH to become a true *learning organization*, what Michel discovered is that he was

five times more effective – and his people were ten times more productive.

Just after that, David Carnevale wrote a book entitled “**Trustworthy Government**”: it was Michel Lalonde all over again. First Michel would do it, and then someone would write a book to explain it. Carnevale said that “healthy learning organizations are managed with the objective of liberating and using employee know-how to improve work processes.”

Another author who Michel would sometimes quote was Charles Handy – who suggested that “learning organizations must be built on an *assumption of competence* – meaning that each individual can be expected to perform to the limit of his or her competence, with the minimum of supervision.”

That’s how Michel “managed” HGH: by holding an *assumption of competence*, and by practicing *dialogue* to tap into the organization’s *collective intelligence*.

While my nature causes me to be philosophically aligned with this type of approach, I did not really understand back then how such a stance from the leader creates a certain chain reaction throughout a human organization.

Leadership is everything in the organizational transformation process.

While “*stewardship*” is a great moral stance, the truth is that it is also a highly pragmatic way to shift the mindset and ingrained habits of an entire organization.

“Organizational behavior” is about the people dynamics within the organization. My own exploration of brain research and emotional intelligence over the past 15 years has enabled me to begin to understand what Michel was actually causing by his particular leadership style.

Years later Daniel Goleman described the impact that he had on his people in a book called ***Primal Leadership***.

By holding an optimistic stance, and being confident that his people were brilliant, the teams Michel led always rose to the challenge. They “knocked it out of the ballpark.” Recent neuroscience research teaches us that a prerequisite for learning is to be calm and confident. If we are anxious or fearful of failure, the brain’s limbic system kicks in and prevents us from engaging in discovery and learning.

By training, liberating and trusting his managers & staff, the people of Eastern Ontario received better and better

services as HGH continued along their TQM/CQI path in the early 90’s – producing higher quality services, fewer injuries, happier staff and a balanced budget every year.

While no doubt this hospital had its own icky issues through the 90’s, what I observed was that they were constantly learning and improving upon their performance year-over-year because of their capacity to find innovative solutions to the problems they had. What Michel understood was that “if performance is to be improved, it needs to start at the top” – at the highest level of the organization: the Board.

## The Role of Governance

**W**hile many hospital CEO’s dominate their Boards (some say that governors are sometimes “led around by the nose”), Michel wanted “more value” from his Board. He engaged his Board in discussions about *policy governance* issues, seeking to get his Board to really understand the distinction between his role and theirs.

He firmly believed that healthcare organizations needed strong and effective Boards that are prepared to “push the envelope” on behalf of their community – and by holding the CEO accountable for quality-of-services and a balanced budget.

He brought governance guru John Carver to Hawkesbury and sent members of his Board to training sessions in the United States that focused on the Board’s duty to serve the “owners” – and to become a source of what Michel called “*generative governance*.”

Michel trained his bosses to become more effective at *governing* the hospital in ways that reflected community wisdom and needs.

Today, having worked with dozens of CEO’s and Boards on governance issues, I see how far-sighted Michel was in his efforts to strengthen his Board’s ability to govern. While I never saw his Board in action, over the years I met several HGH Board members at learning conferences and was always impressed by their thoughtful contributions and their desire to learn how to be good at governance.

Under HGH’s unique brand of policy governance, Michel was accountable to his Board for constantly improving quality and balancing the budget.

Each year the Hawkesbury Board would demonstrate their deep appreciation – on behalf of their community – for the work & talents of their staff, their physicians and their management team lead by the CEO. Staff had high levels of

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pride in the fact that they were making a real and important contribution to their community. They felt that sense of pride by the way their Board treated them.

Turns out that a simple *appreciative* approach changes how people think and behave.

Physicians (who have been known at many hospitals to create a negative impact on the staff – because they are perceived to be self-centered) seemed to be highly-valued members of multidisciplinary teams at HGH – rather than political problems that needed to be carefully managed.

Physicians at his hospital were not lobbying Board members to see things “their way.” While some of the circumstances of the doctors no doubt caused some friction with administration, and perhaps the Board; it was clear how much managers & physicians at this hospital truly held one another in high regard. Respect was palpable. Michel’s role was to operate as a “connector” across the system – between people and groups.

This was easy for him because he was a natural systems thinker. He focused on the “whole system”: frontline caregivers, managers, physicians, boards, health authorities and the “owners” – who were the people of Eastern Ontario in Champlain LHIN, and the citizens of the province. While Michel constantly dealt with people who were often firmly rooted in their silos, he saw the “*inter-connectivity*” in everything.

He always comfortably walked through all the silos to address the heart of the matter. He ignored the “boundaries” and focused on what needed to happen to improve service quality. He thought deeply about what combination of “*leveraged actions*” would propel his organization forward to the next level.

While warm, fuzzy and charming, Michel had a rigorous bottom-line mindset – which was why he felt more at home with private sector CEOs in *Conference Board of Canada* conferences than with his fellow hospital CEO’s at the *Ontario Hospital Association’s* education programs. Yes, he wanted high-quality, compassionate care, but he equally wanted “value-for-money” for taxpayers dollars.

While Canada spends more and more money, the truth is we are getting a very poor return-on-investment. A recent CommonWealth Fund report ranked Canada as the second highest rate of healthcare funding among six developed nations – ranking us fifth in healthcare quality.

Royal Commissioner Tony Dagnone said in his recent report, “**For Patients Sake**,” that “spending and quality are not necessarily linked, which means that simply spending more money is not the solution. The solutions are to be found in a better integrated network of services, populated by providers who are enabled to use all of their skills and training, who provide care in accordance with evidence-based best practices, and who interact effectively with the patient and with each other.”

That was the team-based, systems thinking-driven approaches that Michel was facilitating in Hawkesbury in the 1990’s.

## Designing For Real Change

**“By holding an optimistic stance, the teams Michel led always rose to the challenge.”**

**T**his was the delivery system that Michel made compelling for me – the rest of the bureaucratic pieces, the Ministry, governance, LHIN’s funding formulas, etc – all needed to be designed, aligned and organized to support the delivery system at the interface between healthcare pro-

professionals and the people to whom they provide care and services – patients, clients, residents and their families.

Engaging in dialogues with Michel was always exciting intellectually and emotionally – because he brought his “whole being” to every interaction. He cared deeply about making a difference in the world – and he actually believed that real improvements to the system were within our grasp: if we would just stretch ourselves to create the future we want.

That was Michel: always three or four years ahead of the curve; always “pushing the envelope” of empowerment; always striving to learn how we can better serve our communities, our patients and their families.

Michel would ask thought-provoking questions like: “How can we actually care for our caregivers? How can we empower them to apply their knowledge, their skills, their passion and their love – using their best individual & collective judgments?”

His focus was on how to liberate and unleash his people – and on what they needed to learn in order to redesign the system to better serve their patients/clients/customers and residents.

In the mid-90’s, I was working with my mentor Herbert

Wong, founder of Austin-based *Quantum Solutions*, an organization that specialized in creating systems thinking-based tools for strategic/leveraged thinking; organizational alignment; and, complex re-design for hospitals and for integrated healthcare service delivery systems.

In those days, Quantum had partnered with Richard Duke – one of the world’s leading simulation learning game designers – to create a mind-boggling two-day systems thinking workshop that was designed to create a breakthrough learning experience for organizations that were embarking upon a comprehensive change journey and a fundamental redesign process.

In the U.S. healthcare system in the early 90’s, those organizations that had rejected the re-engineering option, and had decided to transform themselves instead, used the systems thinking “hex” game to kick-off their organizational transformation journeys.

The re-engineering methodology of the early 90’s failed 70% of the time – and normally produced between 200% and 400% increases in mortality and mobility wherever it was implemented. While the original designers (Champy & Hammer) never meant it to be implemented the way the leading consulting firms sold & implemented their methodology as “a way to save 10% to 20% of an organization’s budget.”

Many CEO’s – with guns to their head to balance their budget – pulled the trigger called: “*reengineering*.”

Champy & Hammer’s book on reengineering methodologies was very explicit that “the soft stuff (thinking & behavior) in reengineering an organization is actually the hard stuff.” Those organizations that opted for the *transformational change model* needed to kick-off their efforts with a learning experience that would enable people to experience a paradigm shift in thinking. That was the “hex” game. It surfaced the soft issues that can produce the paradigm shift required.

I worked in both the United States and Canada with a brilliant team of facilitators from Austin to provide a very powerful *simulation learning experience* that exposes the participants to systems thinking, leveraged thinking and collective intelligence.

The experience provided leadership teams of 50-60 people with many powerful insights into the thinking and behavior of their organization’s leadership: what they are good at,

and what they are not so good at – when making decisions about complex problems under pressure. This powerful learning experience almost always leads to breakthrough thinking about “what is possible” for an organization, and “what is needed” for the group to succeed in creating the future that they want.

The game in fact measures *collective intelligence* for complex problem-solving. It does this by creating a “safe environment” in which to learn about how an organization’s leadership could become more successful at complex problem-solving.

Michel wanted to bring the systems thinking game to the town of Hawkesbury. The staff there had already successfully adopted and adapted Senge’s *Learning Organization* culture – as well as mastering the techniques, tools and mindset for **Total Quality Management & Continuous Quality Improvement**.

Because Hawkesbury is on the edge of the province – where the important power elites don’t really care much about what is going on, nobody seemed to notice how this little hospital was not just learning about leading-edge best practices in quality/governance/management/finance and administration – but that they were also adding their own new innovative twists to reflect the realities of Hawkesbury and the insights of their CEO, leadership team/staff/physicians.

While very modest and understated in the mid-90’s, HGH was an unrecognized and uncelebrated leading innovator in healthcare delivery in Canada. They did this by focusing on quality; ensuring a leveraged use of financial resources; and by liberating the collective intelligence of managers and staff to improve quality – and therefore efficiency at the hospital, and between the hospital and its local partners in health service delivery.

While Michel was very keen on providing his whole management team with the unique learning experience of the hex game, I was concerned that we were going to blow a significant hole in his staff education budget for this two-day, eighteen thousand dollar simulation learning intervention.

Flying an expert coach from Austin Texas, in addition to two other consultants from Toronto to support the game, was going to be costly. So I convinced a major R&D organization in Toronto to book the **Systems Thinking Simulation Game** that same week as the kick-off for their urgent

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strategy re-think that was required in the face of serious funding threats from the Harris government.

We started in Toronto for a Monday/Tuesday workshop for fifty researchers & administrators whose very survival was at stake. Of the fifty people at the workshop, at least 30 had PhD's.

However, despite the massive brain power present, and the seriousness of their circumstances, this organization scored the lowest score ever achieved in the game's history.

On Thursday-Friday in the town of Hawkesbury, a close-knit group of fifty leaders from across the hospital – including six or seven physician leaders and two Board members (none of whom had a PhD) scored the highest rating ever achieved in the history of the hex game. To this day, Hawkesbury General Hospital is the best performing hospital team of systems thinkers in North America.

The reason why a little hospital on the edge of the Ottawa River became “the best” at tapping into their collective intelligence was because their CEO, in service to his people, was constantly pushing everyone to learn more, and improve more. Michel Lalonde personified *stewardship* and *service* to others. He was a learner and a coach.

### The “Soft Stuff” Is The “Hard Stuff”

**W**ithout following any particular leadership model, Michel was practicing the very values-based authentic leadership prescribed by Margaret Wheatley in her book, *Finding Our Way*. One day in a telephone conversation he told me: “*Every person in a position of leadership ought to ask themselves: **Why should anyone be led by me?***”

Having worked my whole life as a leadership coach for cabinet ministers and CEO's, I certainly understand the power of such a wicked question. For Michel, that question made him feel humble. He never was a boss. He was a teacher, a coach, a mentor, a learner and a partner.

What he wanted to do was get people to change what Peter Senge called our “*mental models*”: our way of seeing and understanding things. Today, many years later, we know a great deal more about “how humans think.” But Michel was thinking about it, and actively working on it, 25 years ago.

I told Michel about the annual conference that Peter Senge hosted where people who were experimenting with applied systems thinking in a wide variety of fields could exchange “lessons learned.” I had been attending this conference for about ten years and had seen some remarkable surges in learning from this multi-sectorial conference of about 500 to 800 innovators and learners in the field of applied systems thinking from across the world.

In the fall of 2000, I got my friend Michel – a long with Katrin Smith of the Ottawa Heart Institute to come to the **Annual Systems Thinking in Action Conference** with Peter Senge in San Diego. Over several hours of dialogues over three days I was able to discover what it was that Michel was actually doing that caused such great results in Hawkesbury.

**“He expected of others what he expected of himself: a total commitment to learning how to do better.”**

Turns out, it isn't that complex. Quite simply, Michel loved his people. He believed in them. But he never stopped pushing the envelope for his staff, his board, himself or his system partners. He expected of others, what he expected of himself: a total

commitment to learning how to be better; and, to apply the learning to their day-to-day operations and behavior.

At that conference, he told me the story behind his hospital's outstanding performance during the 1998 ice storm in Eastern Ontario. Michel had always sought to find ways to “*care for the caregivers*”, because he knew how powerful the return-on-investment would be.

At the start of the storm, the hospital phoned each of their employees – many of whom lived on isolated farms – and offered them a snow mobile ride to work, as well as any support that could be provided for spouses/children, or even for relatives on adjacent farms that they might be worried about. Each staff member was asked: is there anything the hospital can do to support you and your loved ones?

I can remember the television coverage of how the staff of the Hawkesbury General Hospital heroically served their community over the four or five days that Eastern Ontario and parts of Western Quebec went without any electricity.

Michel knew that the ROI on “*caring-for-the-caregiver*” would be extraordinary. And, of course it was. We saw it in the performance of his leadership team when they played the hex game and hit the jackpot; and, the people of Eastern Ontario saw it in that storm.

So what did I learn the week we brought the systems thinking simulation game to Canada?

I learned that all too often the people we believe are the really smart ones (e.g. the PhD's at the R&D facility) aren't really street smart or wise – because they “live in their heads”, instead of in their wholeself. They tend to operate with a bunch of intellectual mental blinders and tend to get caught up in self-importance and turf wars. I learned that people who are operating in threatening environments, can't really think straight.

In contrast, in Hawkesbury, with a more grounded and experienced-based community (vs. an intellectually-based group) participants liked, respected and supported one another. They were able to collaborate over two intense days where they were able to tap into their collective intelligence using their TQM/CQI skills for *team learning* to make a series of highly leveraged decisions that achieved breakthrough results in the game – as well as in the hearts and minds of the players who discovered in the game how they were engaged in a very different way of thinking and behaving.

In Hawkesbury, people were being driven by a deep commitment to be “in service” to their community. People were vision-driven. They were emotionally intelligent & connected together as a community. Being connected created synergy and produced innovative solutions.

In Toronto, the “smart” people, with advance degrees, engaged in a mental processing exercise in circumstances where they felt anxious & fearful about their personal survival, which created misalignment and produced poor performance. In such downbeat conditions, of course they didn't do well in the game – or, in their organization.

In contrast, what an exciting and inspiring two-days we had in Hawkesbury playing that game. People had a lot of fun. The five tables – each a federal state – developed powerful visions for their countries, and for their citizens. They engaged in dialogues that enabled each group to analyze their circumstances, and then make highly leveraged strategic decisions that they could measure the results of – so that they could learn and adapt as they progressed through the three rounds of the game.

Using their collective intelligence and the skill of dialogue, the hospital's leadership team thought their way through the complexities of the hex game and scored big-time.

Why? Why did the leadership of HGH do so much better than hundreds of hospitals in North America? The answer is facilitative & adaptive leadership focused on learning and adapting.

## The “Made-in-Ontario Model” For Reform

**W**hile Michel certainly had an impact on Hawkesbury and Champlain District, his leadership style and way of being also impacted on the larger provincial system as well.

In his address to the **Economic Club** in February, 2004, Health Minister Smitherman commented that “trying to run Ontario's health system from a suite of offices at Queen's Park is like trying to shave while blind-folded.”

He said “our vision is of a system where all providers speak to one another in the same language, where there are no longer impenetrable and artificial walls between stake-

holders and services: a system driven by the needs of patients, not providers.”

When the government decided to devolve power from Queen's Park to local communities, Michel Lalonde agreed to come out of retirement to serve as the first *Chair of the Champlain LHIN* – where he continued to coach his community to adopt best practices in governance, management and administration. In this role he encouraged and cajoled the health system leaders to collaborate to deliver high-quality care for the people of Champlain District.

Michel led them through the creation of their first ***Integrated Health Services Plan*** (IHSP) and urged the community governance Boards (as well as the CEO's and Executive Directors within their LHIN) to get ready to collaborate to actually implement a plan that would lead to improved healthcare services in Champlain LHIN.

He really got the wisdom of the “*Made-in-Ontario*” design that balanced the equation where each healthcare service provider is both independent and interdependent – at the same time. To function effectively they need to be free to find their own path within the delivery system – with their own strategy, aligned to the *LHINs Integrated Health Services Plan*, and to the MOHLTC's overall *strategic directions*.

While he was always deeply engaged in activities that would transform the system in Champlain District, what Michel

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knew was that if we are ever to succeed in transforming our healthcare delivery system, we will need a *pipeline of talent* that will build on the progress made.

He was always spotting young talent and encouraging them to “learn how to improve the system.” He held the position of *Resident-in-Chief* for the University of Ottawa’s *Masters in Health Administration Program* and was regarded by many of the learners as a career mentor and coach.

He was always willing to share his insights and open to hearing different issues and perspectives. When asked by his students what he thought, Michel would provide very thought-provoking observations and comments. He supported the notion of sparking interest in a topic – and then letting his students pursue information and create results.

Michel understood that it would take many others who need to take up the challenge and finish the job of creating a patient centred, quality-focused health services delivery system.

His last several years were spent molding the health system leaders of the future: creating the leadership pipeline that

he knows will be required if we are to succeed in transforming our healthcare services delivery system. And that is his true legacy.

## We Can Do It

**S**urrounded by his family, Michel Lalonde passed away peacefully on February 19th, 2010, at Élizabeth Bruyère palliative care unit after a heroic battle with cancer.

**“Michel understood it would take many others to finish the job of creating a patient-centered, quality-focused delivery system.”**

As I reflect on the Michel Lalonde that I knew – my teacher from Gemba – I imagine what he would be saying as we reflect on our progress towards implementing the “Made-in-Ontario Model” of health reform.

I imagine that he would be smiling and nodding wisely, saying: “*Just get on with it. Make the future happen now. You already know what to do – and how to do it. So just do it.*”

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**Ted Ball** studied life and healthcare system dynamics with Michel Lalonde for 15 years. As a consequence, he claims he is a better person. This article is part of a soon-to-be-published book on successful transformation. [ball@quantumtransformationtechnologies.net](mailto:ball@quantumtransformationtechnologies.net)

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## MASTERS IN HEALTH ADMINISTRATION SCHOLARSHIP

Donations in memory of Michel maybe made to the *Michel Lalonde MHA Scholarship* at the University of Ottawa, 190 Laurier Ave. E. Ottawa. ON. K1N 6N5

If your organization – or you personally – would like to make a contribution, call Daniel Brunette at 613-562-5800 EXT 2610 to explore possibilities/options.

Michel Lalonde Scholarship