

~~~Please note that the following transcript may be inaccurate and has not been edited for content~~~

**Ken Segel - Value Capture (he/him/his):**

Welcome, listeners and viewers. I'm Ken Segel, Chief Relationship Officer at Value Capture. I'm always excited about these conversations, but I'm especially energized about this episode of *Habitual Excellence*.

We have two crucial executive leaders from Lakeridge Health in Ontario here with us today: Petrina McGrath and Tab Carroll. Both have been pioneers in the Lean movement across North America—humble learners who are now helping Lakeridge Health evolve from a 1.0 daily management system to 2.0, building a more powerful approach with lots of learning along the way.

I'm also delighted to welcome my colleague, Didier Rabino, Vice President of Operations at Value Capture. Didier has acted as an advisor to Lakeridge Health on this journey and is also a key member of our team, particularly as we expand our work with Canadian partners.

Petrina and Tab, let's start with you. Could you briefly introduce yourselves and share your journeys to your current leadership positions? Then we'll hear from Didier. Petrina?

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**Petrina McGrath:**

Good morning. My title at Lakeridge Health is Health System Executive for People, Quality, and Practice, and Chief Nurse Executive. As you can tell, I'm a nurse by background—that was my entry point into healthcare.

Over the years, I spent much of my career in nursing, becoming a director of nursing, before moving to Saskatchewan, where I'm originally from. At that time, the province was undergoing a major quality transformation. My role included a small portfolio called "Quality," which became central to my work.

That's when I started doing deep learning. I completed a Kaizen Fellowship, joining leaders across the province in Lean and process improvement. That experience sparked my passion for quality, patient safety, and staff safety.

Since then, I've continued learning from many organizations, and that's brought me to where I am today at Lakeridge Health, contributing to our ongoing journey.

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**Ken Segel - Value Capture (he/him/his):**

Thanks, Petrina. Listeners can hear the depth of your responsibilities, and also that you're both a student of Lean and an operations executive—a powerful combination. Tab, would you introduce yourself next?

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**Tab Carroll:**

Thank you. I'm Tab Carroll, Health System Executive for Clinical Services at Lakeridge Health. I oversee several areas where we're rolling out 2.0 right now, including the emergency department, critical care, medicine, surgery, flow, and women's and children's programs.

My background is as an ICU nurse, and I've been in leadership roles for close to two decades now, helping programs grow and transform. From my experience, I'd say I'm definitely a "Kool-Aid drinker"—when people can see the change and the impact it has, they're far more engaged in standard work.

I don't consider myself an expert in Lean; I think there's always more to learn. But I trust the process and deeply value it. One of the strengths here at Lakeridge is that the entire senior leadership team is committed to this work. Often, Petrina is more of a coach to me than just a colleague.

So even though these accountabilities fall under my portfolio, the work is truly shared across Petrina and the rest of the senior team. It's very much a collaborative approach.

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**Ken Segel - Value Capture (he/him/his):**

Thanks, Tab, I appreciate everything you shared. Didier, would you briefly introduce yourself?

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**Didier (DDA) Rabino:**

Sure. My background is in operations and manufacturing. I was a plant manager and helped develop the Steelcase production system. I also worked on the architecture of the Anderson Management System.

For the past 14 years, I've applied Lean principles in healthcare. My focus is not only on developing systems, but also on developing leaders—helping them grow through the consistent application of these principles.

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**Ken Segel - Value Capture (he/him/his):**

Thanks, Didier. The connection was a little unstable, so we may re-record your introduction later. For context, Didier has deep industry experience, including co-developing the Steelcase Production System, contributing to the book *Creating a Lean Culture* with David Mann, and later bringing that expertise into healthcare through work with leaders at ThetaCare, HealthEast, and Fairview. We've been fortunate to have him with Value Capture for many years.

Alright, Petrina and Tab, let's get into the core of this conversation. What needs did you see at Lakeridge Health with your existing approach to operational excellence—or as we call it, *habitual excellence*—that pushed you to evolve further and seek new insights?

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**Petrina McGrath:**

At Lakeridge, we call it “excellence every day.” Over the last three years, we designed our quality daily management system, which included a tiered huddle system and daily conversations. The goal was to increase engagement by capturing staff ideas and identifying opportunities for improvement.

We also worked hard to align our strategic plan with daily work. We saw some great outcomes, but a few things made us realize we needed external eyes. In my experience, inviting others to “go and see” has always been valuable for offering a fresh perspective.

One issue was that people saw huddles as separate from daily operations. Staff would say, “We don't have time for this—we have daily operations.” Or they'd feel there were too many huddles: Tier 1, quality huddles, and more. The feedback was that it felt fragmented.

Another challenge was translating strategic priorities to the point of care. It sometimes felt forced, didn't always resonate with frontline staff, and we weren't seeing strong movement in problem-solving at that level.

So, while we were identifying problems and analyzing Pareto charts, we weren't consistently solving issues at the root cause. Tab can share more—she was one of the first to say this wasn't fitting quite right.

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**Ken Segel - Value Capture (he/him/his):**

Tab?

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**Tab Carroll:**

Yes, I agree. The 1.0 system was necessary to get us to 2.0—it brought teams together, got them talking, and looking at data. But it also limited their focus. Teams felt it was tied only to the strategic plan, rather than addressing day-to-day problems.

We saw people raising issues, but they weren't following through to root cause analysis or solutions. The loop wasn't being closed.

With 2.0, the work became more real and relevant to frontline teams. Now, when a problem arises, the team identifies it, assigns ownership, tracks progress, and resolves it. That shift has empowered staff to solve problems directly, rather than just flagging them.

In my opinion, that's been the biggest transformation—from raising issues to actually solving them. The work now reflects the daily reality of our teams while still advancing our organizational objectives.

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**Ken Segel - Value Capture (he/him/his):**

Didier and I hear the flywheel of habitual excellence really getting going—building on the good work already. Fantastic example.

It's not all peaches, roses, and champagne, though. There's a lot of work ahead and plenty of challenges. You're both very humble—would you talk about some of the challenges you're working to overcome now?

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**Petrina McGrath:**

A couple of things. We're still in a hybrid world. We took a model-line approach with 2.0—learned there—and then spread to a few other areas. We've focused a lot on non-clinical areas because they didn't have 1.0, so they were starting from nothing. It's messy—we're living in two worlds. Our next question is: what's the tipping point for an "all conversion"? Across daily management—looking at yesterday, planning to win today, and designing for tomorrow—even teams live with 2.0 are still getting comfortable with all the sections. We've focused heavily on mission, safety, reflection on yesterday, and plan for today. Planning for tomorrow is still a work in progress, and every team is at a different level. That's why consistent coaching matters. We're also realizing when people don't fully understand something, we need to revisit how we teach it—step back, adjust explanations, and add booster discussions or education.

We also have other systems—like WeCare for safety incidents—so we need to simplify to avoid duplicate work.

We're about to launch a new strategic plan. That's another opportunity to deepen catchball

and make stronger connections. We've used catchball to inform the plan; now we need to choose metrics and coach on metrics.

And coaching itself is challenging because healthcare is busy. Unexpected requests from the Ministry of Health or others pop up. As a senior team, we're learning: we have a weekly reflection on our coaching plan and huddle observations. Some weeks we aim for three huddles and only get to one—then we ask what got in the way.

We're identifying obstacles in our own system that could cause drift or threaten sustainability. Lots of moving pieces—but we're seeing many positives and are excited to continue.

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**Ken Segel - Value Capture (he/him/his):**

Fantastic. Tab, before I shift us, anything to add on challenges and keeping momentum?

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**Tab Carroll:**

One concept Didier shared: “Why can't we do this? Is there an act of God preventing it?” My team probably wishes I'd never heard that, because I keep asking, “What's the act of God that says we can't do this?”

A big obstacle for us: we're a multi-site organization. Some leaders cover two, three, even five sites. Getting to huddles consistently can be hard. But rather than treating that as a blocker, we ask what's really in the way and how we work around it.

Leaders have found ways—some use virtual options or different approaches to being present. If we can't coach at the board in the moment, we coach later that day. Everyday life creates challenges, but that doesn't mean we walk away.

Operationally, we have to ensure coaching happens and remove excuses. Put processes in place so it happens. I don't see an act of God stopping us, so I can't go to Didier and say it's not possible. For multi-site organizations, you have to be many places at many times—this is priority work.

Follow the board: find root causes, create a process and solution, and track it. Trust the board, follow the process.

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**Ken Segel - Value Capture (he/him/his):**

Fantastic—leadership with humility, using process to solve problems. Those aspirational ideas—“If God didn't prevent it, we can do it”—are music to our ears.

In our last few minutes: you're creating a learning opportunity for peers—certainly across Ontario, and others as well—to come learn from your 1.0-to-2.0 journey on October 15.

Can you describe what you're creating? Didier, feel free to jump in. It's a multi-part learning experience in a single day—and it's free. Who'd like to start?

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**Petrina McGrath:**

I can start, then hand to Didier and Tab. Learning happens two ways: we learn by going and seeing how others do it, and by having people come to see us and share reflections—either reinforcing what they see or offering new ideas. We view this as a win-win.

First, we'll share a bit about our journey to date. Didier will provide core education—principles like “systems drive behavior,” how to understand and observe your systems. I learned so much from him when he came here, and I'm excited for others to benefit from that content.

Then we'll go and see—talk with leaders and teams who've been on this journey and watch them in action. You'll hear their learnings, challenges, and opportunities. We hope this builds a learning community in Canada and across our networks.

We're already doing exchanges—for example, we're visiting colleagues at Hamilton Health Sciences, and they're coming back to us. We've identified others on similar journeys and are excited to share and learn together.

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**Ken Segel - Value Capture (he/him/his):**

Fantastic, Petrina. Tab, anything to add?

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**Tab Carroll:**

I'm really looking forward to the day. Every time visitors come, we hear what they're doing and learn something new. I'm excited to welcome people on October 15. More education and reinforcement never hurts.

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**Ken Segel - Value Capture (he/him/his):**

Terrific. Didier, anything else about the October 15 event? Then I'll broaden a question to you.

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**Didier (DDA) Rabino:**

I'm excited Lakeridge Health is hosting. I'll help coordinate, but the point is how much learning happens in a short time—reflecting on the last six to nine months. It's a journey,

not a destination. Learning requires humility and the willingness to try new things. You'll see many tests and lessons—FAIL as "First Attempt In Learning." I invite people to see those. It's a great opportunity for healthcare organizations—hopefully many across Ontario—to come together as a community, explore how to improve care for patients and for care providers, strengthen purpose, and build the habit of learning: plan to win today, and challenge ourselves to make tomorrow better.

This is the first learning day at Lakeridge Health; I hope there will be many more across other systems, spreading learning across all provinces and territories.

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**Ken Segel - Value Capture (he/him/his):**

Follow-up for our last minute before I thank our guests. We deeply value partnerships with Canadian healthcare leaders who think and act like this. We're expanding our investment and effort to create more partnerships. Why now? Why Value Capture Canada now? What should leaders know if they want outside eyes?

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**Didier (DDA) Rabino:**

For more than 20 years, Value Capture has primarily operated in the U.S., supporting American health systems. We've also supported several in Canada. We decided to have a larger, dedicated presence—out of respect for each country and context, starting with our neighbors.

That's why we created Value Capture ULC, focused on supporting healthcare systems in all provinces and territories. It's not cookie-cutter; no two systems share the same competencies or culture. Canadian systems operate with fixed budgets and vary widely across provinces and territories.

Our adaptability is a strength. I'm excited to support our neighbors in Canada.

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**Ken Segel - Value Capture (he/him/his):**

Thank you—and we can do that in French or English. We're getting a note that Tab has lost her audio—sorry, Tab, and we know you have to go.

Finally, if people want to find out more about the October 15 event, what's the best way?

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**Petrina McGrath:**

They'll be able to find it on our website.

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**Ken Segel - Value Capture (he/him/his):**

And Lakeridge will get the word out across healthcare networks as well? Terrific.

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**Petrina McGrath:**

Yes—we'll share it out.

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**Ken Segel - Value Capture (he/him/his):**

Okay. I know Tab has to go run a leadership huddle—and Petrina, you as well. Everyone will be excited to hear your journey and learn more from you. We can't thank you enough for joining us. Tab, thank you.

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**Ken Segel - Value Capture (he/him/his):**

And thank you for coming, Petrina. Thank you.

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**Petrina McGrath:**

Thank you.

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**Ken Segel - Value Capture (he/him/his):**

Thank you both for being our guests today.

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**Petrina McGrath:**

See you on the 15th.

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**Ken Segel - Value Capture (he/him/his):**

Great—terrific.