

Successful Leadership Skills
A Newsletter for Real Leaders
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Prioritization Challenges

Making it Work on the Floors

An excerpt from our upcoming book on healthcare leadership - Dennis Lee, CEO Methodist Hospital Southern California Arcadia, CA

The Prioritization Challenge

There is nothing tougher than setting priorities for an organization. You have complex operations running 24/7, margin challenges, customer relations, regulatory requirements, etc. all loaded on top of your vision that got you into the business to begin with. And then, how do you say no to any of those never-ending ideas to improve your product or service? A formula for severe overload!

Nearly all executives will say that they support the concept of prioritization. But, when you look inside their operations you see people putting in huge hours while feeling that they are falling further and further behind.

Stress levels rise, performance levels drop. We have seen things go so far where valued, high performing managers have suffered clinical nervous breakdowns.

It does not have to be this way. We suggest that you establish prioritization as a business process that is taught; not just a philosophy that is talked about. Set specific criteria that define what a top priority looks like in your organization. Teach them to everyone so the whole organization can make decisions based on these common criteria. If a proposed initiative does not fit the criteria it does not get worked on. Simple, straightforward...and energizing!

This really works. In one organization that did this we had a mid-manager tell us that she slept in late one Saturday morning. Her husband looked at her and asked, "Did you get fired?!" She had not spent a Saturday at home in over 6 months. She does now. And the organization has never been more successful.

Making It Work On The Floors

A hospital client of ours had just completed a merger with its largest competitor. There were many challenges. The senior team developed a set of leadership principles unique to this newly merged organization. They implemented an assessment process for all leaders.

The challenge was how to use the principles to effect change at the most fundamental operational levels. The CEO knew it had happened when a low level manager of housekeeping told this story about how he used the organization's principle of Patient Service.

He said, "I tell my people to always look for nurses in need. Of course we can't provide clinical care, but we can go get a blanket, make a phone call, run to summon a doctor. Basically, I tell them to help in any way they can."

Then the manager hit the essence. He paused and said; "and if nothing else, we can always just hold the patient's hand."

This story illustrates that it is really possible to create a culture that is evident at the most tactical levels of your organization. Here are a couple of things that you can do to make it happen:

- Working in collaboration with your senior team, get down on paper the most important things that you want people in your organization to do. What behaviors do you want all of your people to exhibit every day?
- Teach those behaviors to everyone in the organization. Have every department head collaborate with their teams to determine how these behaviors can be exhibited within that department. This will make the behaviors very practical and easy to understand on the floors of your hospital.

An Excerpt From Our Upcoming Book On Healthcare Leadership

The healthcare industry is one of the most complex in the world. We can all benefit from the insights from successful leaders in this business. We are working on a book to do just this. Each month we will share a pearl of wisdom.

Dennis Lee, the CEO at Methodist Hospital of Southern California in Arcadia, California tells a story of his experience as an orderly early in his hospital management career:

My CEO was a nun and she said, "You will never be an effective hospital administrator unless you have some exposure to the clinical side – the bedside," and I have never, ever forgotten that experience. It was more important to me than I think my master's degree. Being able to work alongside nurses and doctors and see what happens at the bedside and see how hard it is to be a nurse, to be an orderly, to be a doctor. It gave me an appreciation for patient care and the difficulties of taking care of patients.

Patient care is very emotional. Certainly, it's intellectually challenging, obviously, and it has gotten more intellectually challenging over the years because of just how sophisticated you have to be to be a nurse today. But, it is also very emotionally and psychologically draining on you because you can't make a mistake.

As a result, I am convinced that a command-and-control style of leadership is not an effective way of leading in a hospital environment because you rely on other people to get all of these thousands of moving parts to work together in some fashion to get the service provided.

So you have to rely upon influence and inspiration and teamwork and communication. Those have to be the hallmarks of your style as opposed to making decisions and directing people to do things. I think as it relates to nurses and other caregivers, therapists, etcetera, they're much more highly educated, much more sophisticated in terms of their knowledge, and they wouldn't tolerate somebody who is a command-and-control type of person. Or at least they would not be able to work as effectively under that type of leadership.

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