Good is the Enemy of Growth

With Sue Tetzlaff

Episode 89

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Sue (00:00):

When something is great, it's their go-to place, and they choose you over others. And if you don't make that switch happen in your marketplace, your primary and secondary market, then you have out-migration. People will not choose you over and over again.

And so when our hospital grew, our very first transformation where I was a senior leader where we mastermind and cracked the code on this thing the first time, is that we grew like crazy, adding all those service lines, adding all those buildings and doctors and employees and all those cars in the parking lot or whatever. And you know what? We never changed our marketing campaign. It was all leveraging greatness in people, service and growth, and we became a magnet for talent and a magnet for patients when you bump up from good to great.

Introduction (00:53):

Welcome to the Healthcare Leadership Experience Podcast, hosted by Lisa Miller and Jim Cagliostro.

Lisa is the founder of VIE Healthcare Consulting and now Managing Director at SpendMend. Lisa and her team has generated over $1 billion in financial improvements for VIE's clients since 1999.

Since 2007, Jim has been a registered nurse working in critical care, perioperative services and outpatient settings at nationally recognized medical facilities across three states.

You'll hear conversations on relevant and trending topics in healthcare and much more. Now, here's your hosts, Lisa and Jim.

Jim (01:33):

Hi. This is Jim Cagliostro, and you're listening to The Healthcare Leadership Experience. Today's guest is Sue Tetzlaff, co-founder, chief strategist, and executive officer at Capstone Leadership Solutions.

Today, we're going to be focusing on the enemy of growth strategies. I'm looking forward to our conversation, Sue. Thank you. Welcome.

Sue (01:53):

I am so delighted about being here and also the topic. I love this topic, so this is going to be fun, Jim. I'm sure it is.

Jim (02:01):

Great, great. I always like to jump in and start our conversation off with you taking a few minutes to share your story, your experience, your journey and what led you to co-found Capstone with Jane. I know we were just talking about that.

Sue (02:15):

Yeah. Yeah. Jane McLeod and I co-founded our company in 2012. And like some stories, like everybody's story, I guess, life story, career stories, they're long. Right?

Jim (02:26):

Sure.

Sue (02:27):

This story, actually how I got to be doing what I'm doing, owning a company that does the work it does across the industry of healthcare, really if I think about it, it's a 20-year story that led up to that. My original career goal, Jim, was to be a hospital CEO, and I was checking all those boxes. I became a registered nurse. I got a bachelor's degree in health information management. I got my master's degree in hospital administration. I got my fellowship and my board certification in American College. I got my first VP job in quality and then as a nursing officer and then as an operating officer. You see, I'm checking all the boxes, right?

Jim (03:06):

Sure.

Sue (03:07):

I'm on the way to be a hospital CEO. So I land myself in a small town in Michigan, community hospital there, real important community asset, small rural hospital, one of the biggest employers, local access to care. It's rural, 90 miles away to the next closest place to have a baby or some major thing or whatever.

Jim (03:28):

Sure.

Sue (03:28):

So I start my career in senior leadership there, and I'm working really hard. I look around and everybody is working really, really hard. They care a lot. We're working long hours. But in spite of that, it's a very unhealthy organization. So all the metrics that speak to the health of an organization, just like people have metrics that speak to our health as people, every metric that you could look at. And I'm a data geek as much as anybody could be probably. And when you look at the data, it was all bad and it was trending in the wrong direction. And I remember thinking, we're working so hard. We care so much. We want it to be better than this. Yet we felt like we had no control over those

numbers that were being posted that were so ugly and trending in the wrong direction.

Jim (04:19):
Sure.

Sue (04:19):
If safety incidences should be going down, they were going up. If profits should be going up, it was going down. And the real eye kicker was this was the day maybe that my life changed, my career changed — my life too because it changed my life.

Jim (04:34):
Sure.

Sue (04:34):
I remember sitting in a room with the executive team and it was our strategic planning cycle. I had already been there 10 years through three-year strategic planning cycles. We're there at the table again and we're looking that these trends are just as ugly or worse than they were last time. We sat down to craft our strategy for the next three years, and we're looking at them, and one of the things jumped out like no other. It was all ugly, but one thing jumped out to me. 75% of our own employees would not use the healthcare organization that they worked at.

Jim (05:09):
Wow.

Sue (05:10):
And that really reflected of how the community was engaging — or not — with using their local healthcare services. And so put that in the pile of all the other data that was bad about patient satisfaction, safety, quality, profit, market share, out-migration, everything. When you look at that, all of a sudden, I remember looking up and I looked around at my peers and I said, "I

am not going to be on the leadership team that loses this community's important asset. I did not come to this work to do that. And we have to figure it out. We can't just tweak our strategies this next time. We have to do something big and different. If we keep doing what we're doing, we're going to keep getting what we're getting — and it is not going to be good. We could actually spiral to closure and lose this important community asset." So that led to me being volunteered, of course, to lead a team to figure this out because it was my moment and then all of a sudden-

Jim (06:16):

You see the problem and people say, "Yes, you need to be the solution."

Sue (06:19):

Okay, Sue, if you think there's a solution to this, you get to champion the team that makes this happen. So we put together a steering team of sorts. It had some physicians on it. Senior leaders were on it. I chaired it, some frontline leaders. And we actually spent the next two, almost three years researching. Instead of acting on a plan, we spent two to three years researching and studying anything we could find about great healthcare, any healthcare organization, great. And then we also started looking outside of healthcare. What made any business the businesspeople would choose over others? Because our employees were making that choice every day and it wasn't us. So what would make any business great?

Sue 07:01):

And so after about two or three years, and we should have started sooner, lesson learned, we have a mantra now, just start the lesson learned. But in that moment, in that realization of, okay, we've got a plan, now let's just start. One of the first things we did was we actually set up employee-driven teams to help us do this. So John Kotter would say, "Create a volunteer army." Well, we did that, and we realized there was really two sets of solutions; solutions we could put in the hands of our employees where they could help us and improve the organization and grow the organization, and solutions we could put in the hands of leaders to help us improve and grow the organization. And so we had not only the solutions researched and honor plan but also a structure to execute on them. And then we did just start.

Sue (07:52):

And then over the next two to three years, dramatic changes. We were a small community hospital, 324 employees. We went to over 900. We went from losing millions of dollars to making $11 million the three years after we started. Our patient satisfaction went from the bottom 25% of the country to the top. Some of our quality statistics were at 17% compliance. Now we were winning national awards for congestive heart failure outcomes and on and on and on.

Jim (08:20):

That's great.

Sue (08:21):

We had to grow our buildings at a new medical office building four stories, three story parking deck, 30,000 square foot rehab facility down the road, take over an old air force base hospital down the road to add 20 more inpatient beds. And I remember looking out one day at the parking lot because we had to create new employee parking. We needed more employee parking when you had that much more people. And so I remember looking out there one day at 500 cars parked now in this parking lot, more cars out there than we used to have employees.

Sue (08:51):

And I remember thinking we're paying the payment on all those. We're paying the insurance on all those. We're keeping these dollars local. We're turning this money over into our own local community. And then I remember thinking about the community impact of that, not just on health of our people and access to care but on the health of our community as a vibrant, healthy community and all of this money turning over in our economy, not 90 miles down the road or wherever patients could go. And I remember that impact. So that was really part of my storyline of that impact.

Sue (09:28):

But then what happened next, Jim, was that a hospital about two hours down the road from us, they said ... Well, at first we started sharing our story.

People were like, "What's going on there?" CEOs like to brag. These results started getting noticed and we started getting asked to speak at national conferences on financial turnaround or quality or patient satisfaction, whatever. We started sharing our story. But then one hospital came to us and said, "We want it all. Everything that you did, we need it all because we're struggling here ourselves. Can we learn everything that you did and do it ourselves?" And our board said, "No, we're not in the business to help other healthcare organizations get healthy. We're in the business of keeping people healthy in our community." And they stayed very mission focused, and it was right. That was the right decision by our board.

Jim (10:14):

Okay.

Sue (10:15):

But within a year of that, that hospital closed and that community lost. And then here's that other thing, my story of why I'm here today and doing what I'm doing today, is I realized that we had answers that could have helped that community organization, that important asset get stronger, better, faster to be able to turn that around. And I felt really bad about that.

Sue (10:40):

So on the heels of a new organization coming to us to say that they wanted our help and they needed all of these solutions too for their hospital, so on the heels of that one hospital closing, another one asked for help and again, our board said no. And when they said no, they jokingly looked at Jane and I, who were executives at that board meeting making this decision, and they jokingly said, "Hey, maybe you gals want to set up a business on the side and go help this hospital do what we did so they don't lose their important community asset."

Sue (11:13):

We were already busy, very busy, healthcare executives having fun, now succeeding and growing and doing great things. And now we're in a situation where we're like, "What do we do? Do we set up a little business on

the side and go help those people?" And truly, it was that same week that we went across the street during our lunch hour, a little cafe across from the hospital where we worked. Over 30 minutes and a cup of coffee, we founded our company, gave it a name, ran to the courthouse and filed a DBA. And that was on Groundhog's Day in 2012.

Jim (11:43):

Wow.

Sue (11:45):

And by July, we had that first partnership or contract with that hospital, and then it sunk in. We were like, "What did we really do?". The transformation was masterminded over two to three years. It now had been executed over two to three years. Not everything we planned was what we ended up doing. Some of the things that we planned didn't work and we had to adjust them. That's normal. So we had to think, okay, if we have to package this and transfer it down the road, what does that look like? What does that look like?

Jim (12:16):

Yeah.

Sue (12:17):

And so there was that moment of what did we just do and what are we up to? Imposter syndrome and all of that. Who do we think we are and will it work again? What if their problems aren't the same problems we have?

Jim (12:28):

Sure.

Sue (12:29):

What if the solutions that worked for us aren't the solutions they need? So there was all of that that went into that, but we were like, "They were willing. We were willing. Let's just do it." And it worked better faster there. And then within that year, we had two more community hospitals, another one in

Michigan, another one in Wisconsin, and it worked better, faster there. We gave up on our day jobs, and now I've served as a strategist, coach and trainer to 30 transformations over the last 12 years.

Jim (12:59):

Wow.

Sue (12:59):

Wild successful transformations.

Jim (13:02):

I love hearing that story. And honestly, I know we have a specific topic. I'd love to spend the whole time just hearing more of your story.

Sue (13:08):

Oh, I know. But that's our origin story. And actually, that's really the origin of the message I'm bringing today or the conversation we're having. But then not just from there, but repeatedly over and over again, when you're a senior executive in an individual organization, Jim, you know what's going on in that organization, and it's data and it's opportunities and it's problems. But when you work with multiple organizations, especially all at the same time, doing the same thing, you start to see patterns.

Jim (13:40):

Sure, yeah.

Sue (13:42):

Oh boy, our patterns, just eye opening to say to you that this is not just a unique opportunity or solution or problem in one place. This is common. This is a common problem. Can we have a common solution? And that's where they're born. That's where they're born.

Jim (14:04):

Yeah. And unfortunately, what you shared about a hospital closing, it's way too common and it's something that we see, especially smaller rural, local community hospitals which are so important for their community in terms of patient care and jobs and the local economy.

Sue (14:21):

Oh. Yeah, yeah, for sure. For sure.

Jim (14:23):

So, Sue, you share a common passion of ours at VIE and SpendMend, and that's data. It all comes down to the data. And you talked about the research that was needed and then acting on it. I love that you said about learning from other industries. And then you saw it worked and then you look at the data and you say, "Hey, there are common patterns." So I love that.

One of the patterns I'm sure pointed you to our topic today about growth. A lot of hospitals, even outside of healthcare, organizations want to grow for the most part. So I want to start the conversation with what would you say is truly the enemy of growth? Is it just one? I'm sure there's others, but there's a primary enemy of growth that you've shared with me. What is that?

Sue (15:04):

Yeah. Well, truly the enemy of growth is good.

Jim (15:10):

Explain.

Sue (15:10):

You know how Jim Collin says, "Good is the enemy of great." Well, good is the enemy of growth.

Jim (15:16):

Sure.

Sue (15:17):

And my explanation of that is these patterns that we saw. Starting with our very first organization, we saw it there. And sometimes it wasn't only until retrospect and that repeated pattern of looking back that you saw that good is the enemy of growth. So when we first packaged, how do we take this down the road to another hospital, we created a framework called the framework of achieving great results. And in the center was creating great strategies, then creating ownership and alignment for those strategies to be successfully executed on. And then over time, we added then creating agility because I really believe that the agile and the enduring committed organizations are the one that's going to survive. You got to be agile. You got to be willing to change. You got to be willing to improve. You got to be willing to grow.

Jim (16:09):

Yeah.

Sue (16:09):

So we started with this framework. In the middle was creating great strategies and we said they had to be balanced. And it's pretty common to look, again looking outside, learning from others, people, service, quality, growth, pillars to align your strategies of your healthcare organization, people, service quality, growth. And to do those in balance, making sure that we have strategies under each of those and executing, having ownership alignment in the organization, everybody working on those five things and some very defined strategies and improvements there.

Jim (16:38):

Okay.

Sue (16:38):

And so we use the word balanced at first, and we realized that because we were in financial trouble, we were spending all of our time and energy just trying to fix the finances at the expense of not spending any time and energy to fix people, service and quality. We were-

Jim (16:55):

That's the instinct. Yeah.

Sue (16:57):

Yeah. And so we think to fix finance, you have to add more service lines so that you can have more patients, so you can have more revenue, or you need to get more people to use the services you have. Well, it's always easier to sell a service to get people to use a service if it's great. It's really hard to grow something that's ugly or poor or poor performing. How do you grow something that's underperforming and not good? That's almost like a setup for failure, which exactly what it was.

Jim (17:28):

Sure.

Sue (17:30):

So this people, service, quality and growth at first, making sure we were balanced and we truly did have strategies under people, service and growth, as well as finance that we had them all. But then we realized that the magic was really not in just being balanced across there, but really setting up a formula of leverage there where if we invest, especially because we're in crisis there, in people, service and quality and our strategies there, if we invest more attention, energy, focus there and we nail that and move it from good to great, then growing actually just organically happens. Especially when you're a hospital and your community is right around you.

Jim (18:16):

Sure.

Sue (18:16):

You can say you're great all you want, but if it's not true, your community knows it. You can just have a billboard and run more ads, but guess what? You could add more services, but they're not going to come. Build it, they'll come. Okay, people. That is not the reality always, especially when your

reputation is whatever you have now isn't good, why is something new going to be good too? Your community and those bad stories in people, service and quality, especially in small communities, those are loud and they're lasting, and you got to overcome that. And it's only through people, service and quality that you're going to overcome that.

Sue (18:57):

So the new formula under creating great strategies is people, service and quality, good to great, and then leverage that for growth, which then improves your finances. So it's not just in balance. It's in leverage.

Sue (19:13):

And so the reason I say good is the enemy of growth, again, is the human condition around good is a may or may not kind of action or activity around something that's good or fine or average, right?

Jim (19:31):

Right.

Sue (19:32):

So human behavior, we're a human business, healthcare is a service, people serving people, so it's all about human. Right?

Jim (19:39):

Yeah.

Sue (19:41):

And so the human behavior around something that's good is I may or may not use it again. I may or may not talk positively about it in the community and I may or may not recommend it to others. And that could be even if it's poor.

Jim (19:55):
Sure.

Sue (19:55):
If it's good, average, it's a may or may not kind of attitude or decision for the buyer. But when something is great, it's their go-to place.

Jim (20:07):
It stands out. People remember it.

Sue (20:10):
Absolutely. And they choose you over others. And if you don't make that switch happen in your marketplace, your primary and secondary market, then you have out-migration. People will not choose you over and over again.

Sue (20:25):
And so when our hospital grew, our very first transformation where I was a senior leader where we mastermind and cracked the code on this thing the first time, is that we grew like crazy, adding all those service lines, adding all those buildings and doctors and employees and all those cars in the parking lot or whatever. And you know what? We never changed our marketing campaign.

Jim (20:49):
Okay.

Sue (20:50):
Our relations department did not grow. It was all leveraging greatness in people, service and growth, and we became a magnet for talent. We could recruit like we never could before. We went from 40% vacancy rate in my nursing units to having more applicants than jobs we had open. You become a magnet for talent and a magnet for patients when you bump up from good to great. And so when you do that, you grow.

Jim (21:19):

Yeah. And like you said, you're investing in people, service and quality. It's hard work. I think you mentioned as you shared your story, it's not just a little tweak here and there that's going to make a difference, especially if it's a hospital that's struggling. There needs to be major change, and you're investing in the people, service and quality.

And so I guess I want to follow up with I think the challenge, unfortunately, we see too many organizations even outside of healthcare that want to grow, just this narrow focus on grow, more revenue. Let's just keep expanding, without focusing on being great, without focusing on the quality.

How would you say an organization focuses not just on growing but also being great or also maintaining that quality? How do they practically do that? What does that look like on the ground, and then how does that impact patients and employees?

Sue (22:08):

Yeah, yeah. Well, I look at a lot of strategic plans of organizations. My heart, 30 plus years, I'm a strategist. And the best thing I love about being a strategist is watching it get executed. But that's the first part, is it has to make the top strategies. And you know what? It's almost always there.

Jim (22:30):

Okay.

Sue (22:32):

It's almost always there because how could a hospital have a strategic plan that didn't say we have a strategy for being great to being a best place to work or a best place for patients? It's always there, Jim, for the most part. I actually can talk about an example where it wasn't there, but anyway, we don't want to tell that story, but it's almost always there. But like I said, for a strategist, the thing that really delights me most is when we execute successfully on those strategies.

Sue (22:59):

And then to the point of the actual putting the talent, the time, the money, the allocated resources necessary to be successful with their strategies, put all that money right there in growth and new buildings and expanding services because they can make the business case for ROI. And maybe people, service and quality get some lip service, some ink on the plan, but look at where the money is going for capital budget, for outside experts to help you. We got physician recruiters to grow our medical staff. We got architects and builders to build us a new building for this new service line. That's where the money is going, and there is very little. You could break it right down. Every organization could look at this themselves and call themselves out on this. When you look at the time, energy, attention, money being invested in people, service and quality, it doesn't even compare to what we're investing in that other stuff.

Sue (24:12):

And also, for some reason, as healthcare executives, we think we can do that on our own. We think it's almost like it's embarrassing if we have to go ask for help with this from real experts that know how to do this and can help us with this because truly, yes, I can't build a building, but I should be able to improve quality or service or my culture on my own without getting outside help. Really, it should be an inside job and we can just do it ourselves.

Sue (24:45):

And so I think that's where it starts, is it has to make the plan, and it usually does, but then it has to make the execution emphasis as much or more as growth. And in particular, when I work as a strategist with new organizations that have been fine or good for 20 years, and their market share shows it, and your revenue growth shows it or whatever, is I actually for the first three-year strategic plan I do with them, I put almost all of their emphasis on people, service and quality and tame down their growth plan. It's almost like an early investment of shore this up, move it from good to great, and then now the next cycle is truly a growth cycle. And now you can leverage all of that improvement that's been done, and now your growth efforts are easier, more successful.

Jim (25:42):

Sure.

Sue (25:43):

You're a magnet for talent. You're a magnet for patients. And so I stage it that way. So it's not a quick, easy fix. It never is. None of this is a quick, easy fix, but I'll do that a lot when I'm mapping out a strategy for an organization, is if they need to shore up day-to-day operations, people, service and quality, put your time, energy and focus there for three years. And I can tell you that it will have decades of lasting impact on everything, everything.

Jim (26:16):

And I love that. That's not just theory. You've seen that work.

Sue (26:18):

Oh, over and over and over again.

Jim (26:20):

Yeah. That's great.

Sue (26:22):

Over and over and over again.

Jim (26:24):

If you're just tuning in, you're listening to The Healthcare Leadership Experience, and I'm your host, Jim Cagliostro. This show is sponsored by VIE Healthcare Consulting, a SpendMend company, which provides leading edge financial and operational consulting for hospitals, healthcare institutions and other providers of patient care.

Since 1999, VIE has been a recognized leader in healthcare costs, hospital purchased services, healthcare benchmarking, supply chain management and performance improvement. You can learn more about VIE Healthcare consulting at viehealthcare.com.

Jim (26:56):

So Sue, you shared something. Again, I have so many questions I want to throw at you. We're running out of time, but I really do want to ask you about this because I think in one of our emails back and forth, you shared the image of this growth and greatness strategic formula. Can I ask you how you developed that? Obviously, it's part of your story, but how you developed it and why it works?

Sue (27:16):

Yes, yes. So it was only in reflection and retrospect of really in the beginning, we thought the magic was the solutions we were putting in the hands of leaders and employees and how we were supporting the change process that they actually started getting impact and results and whatever. But it was only when we took that more 10,000-foot view and we started at the top and then we went really close, right to the front lines, making changes. But when we zoom back out to really study and adjust and say, "Okay, how can we make this better than anyone before? How can we make this better than anyone before?" We just started to see, again, these patterns about what was really happening here.

Sue (28:02):

And so that's when we said, "Okay, we started with these balanced strategies of making sure we had solutions that improved people, your people, your culture, your work environment, whatever." And then same with service and quality and then finance and growth. And so it was when we zoomed back out that we said, "It's really about this leverage formula." And it wasn't until we started seeing it over and over again and we started to see the ripple effect into growth.

Sue (28:25):

So at first, what we really were focused on was improving the employee and patient experience. That really was what people were calling us in to do at first, was our morale is crappy. Our patient experience and reputation in the community is crappy. Will you come in and help us? It seems like that's what you improved at your own hospital. Will you come in and help us do that?

Sue (28:48):

And so that's where it started, and that really is people, service and quality. Employee experience, people, patient experience, and we truly, truly believe, Jim, that you cannot improve the patient experience, which is both about safe and satisfying care. It can't just be about service and friendliness and nice. It's important. It's part of compassion and caring, is to be civil and friendly and all of those things. But if you're just that and your quality and your safety sucks, I'm sorry, it's like lipstick on a pig or painting the shack.

Jim (29:18):

Right. Right.

Sue (29:19):

We really have to have substance behind that of true patient experience being safe and satisfying. But we believe that you can't, and we've over and over again shown this to be true, that you can't really improve the patient experience if at the same time in parallel, you're not improving the employee experience, that they're so tied together that you can't even separate them. People caring for people. Both of those things have to be working well.

Sue (29:44):

So those really fit under that people, service and quality pillar. So since so much of our emphasis of our work was definitely on those solutions that made us a magnet for talent, those solutions that made us a magnet for patients were really about improving the employee and patient experience, people, service, quality. That's where we realized that that was where the magic was and then leverage that for growth.

Jim (30:10):

Well, I will confirm, Sue, for our listeners. If you go to capstoneleadership.net, you see it throughout the website, this emphasis on not just the patient but also the employee. And I know many have heard this. In order to truly take care of your customers in healthcare, in order to truly take care of your patients, you need to take care of your employees because they're the ones that are taking care of the patients. And it's so crucial, so crucial.

Sue (30:35):

So many of these things are said, but are they truly done? Like I said, it's great to have these strategies. It's great to believe that that's true, but show me how you're making it happen, right?

Jim (30:46):

Absolutely.

Sue (30:47):

What are you actually doing? Are you truly just giving that lip service and time on your agenda and what you're saying or are you really doing something about it? And I'm sorry, we're not doing enough.

Jim (31:00):

Yeah. Agreed.

Sue (31:01):

If your results are average or good, you are not doing enough, and there's more you can do and it can be done.

Jim (31:07):

And it's so easy to settle for that because healthcare is something that people need. Especially, you mentioned if you're a rural hospital and there's no competition nearby, if I can put it that way, you settle for, oh, well, people are going to come here anyway. And we can't do that because like you said, it's a very people-oriented industry. It's people's lives that we're dealing with.

Sue (31:31):

Amen. It is. It is. We have to take that seriously. I've worked my whole career, I've trained in big places, but I've worked my whole career in healthcare and community, small rural areas. And the accountability for that in the community is a different sense of accountability and responsibility for how you're serving your neighbors. And you're accountable to them when you're sitting next to them in the pew at church, when you're running into them at

the grocery store or sitting next to them at a bench at a basketball game, at the high school. I'm sorry. As a chief nursing officer, when somebody would walk up to me and say, "Hey, I had my mom in your ER yesterday," before we made this transformation, I just didn't want to hear what they had to say on the other side because I knew it wasn't going to be good, Jim.

Jim (32:19):

Sure.

Sue (32:19):

And I felt so horrible about that because I was working 60 hours a week. I had great nursing staff. People cared. They wanted to do the very best. We were failing them, and we just had to figure it out. We just had to take pause, figure out the strategies and then execute on them and do it to the very best of our ability. We couldn't keep doing it the way we were doing it.

Jim (32:44):

And as you've shared, something that stood out because you've mentioned it a few times here, the recognition that this transformation takes time. You said three years just focusing on quality, then going from there. It's not just something that can be fixed overnight. These things take time.

Sue (33:01):

Yeah. We're seeing now because we're learning more and more about how to make this happen faster, which is really, really exciting, is that we can move 20% in a patient satisfaction metric in 18 months when the national average goes up about 1%. We can now move at about 20% in 18 months with our structure and plans that we have. And I'm a data geek, and so I'm measuring that and I'm watching it happen, and then we're just trying to figure out how to make it faster.

Sue (33:32):

And then comes in the sustainability part, so now some of our partners that we've been with, we've been monitoring their story for 12 years now. So now

we get to see the long term, and really John Kotter would say, "Don't declare victory too soon." But I would add never. You can never declare victory on this. You have to just start, keep going and it is the infinite game. There is no end. No matter how good you get, you have to keep getting better in people, service and quality. You cannot give up or you will go backwards. You will. There's examples. There's books about that, Good to Great to Gone. Right?

Jim (34:07):

Yeah.

Sue (34:07):

And really, the journey from really low or average to top ranking or award-winning is one journey, and then staying there and inching out, those last percentiles, staying there, high reliability, even in the face of external challenges like a pandemic or whatever, that's a whole different journey, yet all based on the same formula. So this formula can play out infinitely. It can be your go-to formula infinitely, but how you execute on it, like I said, the first three years, you're heavy on people, service, quality. The next three years, now you can get into growth and leveraging it for growth, but then it plays out. It plays out over time.

Jim (34:47):

Well, Sue, I really appreciate everything you've shared, and unfortunately, we are running out of time. And I did want to mention because I see it behind you, I know our audience can't see it, but the employee experience, you also wrote a book, correct?

Sue (35:00):

We did. We did. Actually, we plan to write three books.

Jim (35:03):

Okay.

Sue (35:03):

The employee experience, the patient experience and the change experience. We published the employee experience first, really in our mindset that the employee experience has to happen first and in parallel. You can't leave that until later. You have to ... that has to be an early commitment in this transformation. So we wrote that book first.

(35:27):

Then we have the manuscripts written, and we have for four years. We've got the manuscripts written for the patient experience and the employee experience because again, people, service, quality, and we have these other two books written, and we just have been so busy transforming organizations. We haven't-

Jim (35:42):

I believe it, yes.

Sue (35:43):

... had time to edit and get these books published, which is sad. Someday that's going to make the priority list, but right now, our priority is partnering with small and rural hospitals, even clinics, ambulatory surgery centers. We're focused on small, less than 1,500 employees, rural, usually about 500, 300 employees, nursing homes. We're focused on helping them use this framework, use this formula to ultimately serve their mission, to truly not just have a mission that speaks to greatness and excellence but actually be just that.

Jim (36:18):

Sure. So Sue, everything you shared, I know healthcare leaders across the country, especially those that are struggling maybe financially or have issues of quality, there's so much in our conversation that they can take. Is there any way, this might be a tough ask, but can you sum it up, maybe some leadership advice that has sustained you or maybe something that you've learned to sum things up or something that has carried you through the ups

and the downs of healthcare leadership? If you can leave our audience with that.

Sue (36:48):

Being a senior executive, most of my career was spent, Jim, as a senior executive, so I was a leader of leaders.

Jim (36:54):

Sure.

Sue (36:55):

And so if I was going to give some parting advice for senior leaders in particular that might be listening, it would be a touch back to what I already mentioned, but I want to just put a little exclamation point and emphasis here, Jim.

Jim (37:13):

Please.

Sue (37:13):

It's that being the steward of this important community asset is definitely hard and it's a huge responsibility to have that huge accountability to people that you have to look in the eye every day in your community. And truly, if you would just first take a good snapshot and assessment of your organization, truly like that day when we were sitting in that room and we just in total, we got out of the whirlwind, we got out of the crisis of the day, we got out of the frustration of the day. We got quiet in a room. We got focused in a room. We got real with ourselves with data. What I didn't say after that is once we looked at the data, we didn't want to believe it.

Sue (37:58):

So then we did focus groups in our community and with our employees and said, how are we doing as your employer? How are we doing as your community hospital? And they told us and it confirmed the data. Right?

Jim (38:08):
Okay.

Sue (38:09):
So get real with yourself. Get real with yourself, and then get real with do you know how to execute on strategies for people, service and quality? Do you really know? Do you have the inside expertise? And if you don't, you need to either figure it out, which I can tell you, it took us six years to figure it out, three years to mastermind it, three years to test it. You can spend that time or you can find somebody that can help you. There are experts out there. That's what we do. I know there's others. There's other formulas, frameworks that can do this work too.

Sue (38:42):
But I think you just first have to assess and get real about where you are, and not just where you are right now but that trend. Are you trending up, down, all over the place, out of control and your quality is whatever? That's your sign that you have a problem. Maybe you have to own up to yourself that you don't have the fix. I had a CEO say to me the other day, Jim, he said, he goes, "Well, I think I want to try to fix it on my own first, and then if we fail, then I'll seek some outside help." And I said, "If your boiler broke right now and you didn't have heating or cooling for your patients or employees right now, would you as a CEO go down there and say I'll give it a try to fix it myself before I call in an expert?" He goes, "No." I'm like, "Well, how is people, service and quality any less important than heating your building?"

Jim (39:31):
Great point.

Sue (39:33):
So that would be my parting advice to senior leaders.

Sue (39:37):

My parting advice to frontline leaders is even if your organization truly, truly, truly isn't making this a priority, it can be yours, yours. And maybe you're that inside spark where you improve people, service and quality in the part of the organization where you're leading. And when you do that, people are like, "Why aren't we all like the lab or why aren't we all like the ER?" And maybe you'll be the start of a movement of something like this.

Jim (40:08):

That's great. Thank you, Sue. All of it, everything was great and I really appreciate it. You can connect with Sue on LinkedIn and also the website again is capstoneleadership.net.

Jim (40:18):

Thank you to our listeners who spent time with us today. If you have any questions about VIE Healthcare Consulting, a SpendMend company, or if you want to reach out to me or Lisa Miller, you can find us on LinkedIn. We at SpendMend love helping hospitals save money and enhance the patient experience, and we're hoping that the episode today gave you some new insights. I know this episode gave you new insights or ideas to consider and use in your own care and in your own healthcare organization.

Sue (40:44):

Sue, thank you so much for everything today. Thanks for being with us.

Sue (40:47):

You're very welcome.

Speaker (40:50):

Thanks for listening to The Healthcare Leadership Experience Podcast. We hope you've enjoyed this episode. If you're interested in learning new strategies, best practices and ideas to utilize in your career and healthcare organization, check out our website at the healthcareleadershipexperience.com. And oh yeah, don't forget to rate and

review us and be sure to join Lisa and Jim next time on The Healthcare Leadership Experience Podcast. Thanks again for listening.

MEET LISA MILLER

"It's important for hospitals to have a clearly defined cost savings strategy with purchased services as a component to that strategy. We provide our clients with a focused roadmap to achieve those savings through our expertise since 1999."

Lisa Miller launched VIE Healthcare Consulting in 1999 to provide leading-edge financial and operational consulting for hospitals, healthcare institutions, and all providers of patient care.

She has become a recognized leader in healthcare operational performance improvement, and with her team has generated more than $720 million in financial improvements for VIE Healthcare's clients.

Lisa is a trusted advisor to hospital leaders on operational strategies within margin improvement, process improvements, technology/ telehealth, the patient experience, and growth opportunities.

Her innovative projects include VIE Healthcare's EXCITE! Program, a performance improvement workshop that captures employee ideas and translates them into profit improvement initiatives, and Patient Journey Mapping®, an effective qualitative approach for visualizing patient experience to achieve clinical, operating, and financial improvements.

Lisa has developed patented technology for healthcare financial improvement within purchased services; in addition to a technology that increases patient satisfaction through frontline insights.

Lisa received a BS degree in Business Administration from Eastern University in Pennsylvania and a Masters in Healthcare Administration from Seton Hall University in New Jersey.
She is a member of the National Honor Society for Healthcare Administration – Upsilon Phi Delta. Her book The Entrepreneurial Hospital is being published by Taylor Francis.

MEET JIM CAGLIOSTRO

Jim joined VIE Healthcare Consulting in 2018 and brings to the role over a decade of critical care nursing experience at highly regarded medical facilities across three states.

During that time, he observed both the 'good and bad' of hospital operations in a number of regions, giving him a unique insight and understanding which he brings to VIE Healthcare Consulting's clients.

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MEET SUE TETZLAFF

(MHA, RN, RHIA, FACHE), Co-Founder, Chief Strategist & Executive Officer of Capstone Leadership Solutions, Inc.

Sue Tetzlaff is a visionary leader recognized for her instrumental role in rescuing and revitalizing a critical community asset — the community hospital. As a pivotal member of the senior leadership team, she spearheaded the engagement of employees, orchestrating a triumphant transformation that propelled the hospital to unparalleled success. The strategies, tactics, and invaluable insights garnered from this triumph gave birth to Capstone Leadership Solutions, Inc. and The Framework for Achieving Great Results©. Sue's dedication has empowered over 100 employee-driven teams, igniting impactful changes within healthcare organizations and imparting essential leadership skills to countless individuals and teams, fostering progress and achieving extraordinary outcomes.

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