

Coaching for Healthcare Leadership With Alan Weiss

Episode 97

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Alan (00:00):

Innovation comes from the front line. You have to have people interfacing people. At the bank, it's the bank tellers. In a hotel, it's the doormen and the front desk agents. It's the people who are talking to customers and guests and so forth every day who understand where innovation can come from. Because innovation is not some vast change and improvement. It's incremental. It's a little bit every day.

Speaker (00:21):

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.

Lisa (01:00):

Welcome to the Healthcare Leadership Experience. And I'm Lisa Miller, your host. I am really excited to have Alan Weiss on the show today.

Alan Weiss is, I think, and actually probably thousands of other people do as well, the number one consulting coach in the world. And he's my mentor and coach and friend, and he's really guided me through many years. And so I'm super honored to have Alan here.

(01:28):

I do have to say, which will lead me into my first question and of course introduction to Alan is, he was so gracious three years ago, it's literally almost three years to the week, that he came on and started the podcast. He was my first guest. And I was very inexperienced, and he was so gracious and kind and got me through my first episode. I even think I didn't record the first time and I had to painfully email him and tell him that, which was not fun. And he did it again. And it was just a calamity of things. And I purposely kept that podcast episode there in this non-perfected state, because of me, because I wanted to see the progress. Everyone thinks, oh, you become X and you're just great at speaking, you're great at doing these things. But in fact, I think it comes over time. And I wanted to keep that first episode. Plus it was meaning for me that you did it.

(02:24):

So here we are. Welcome to the show, Alan.

Alan (02:28):

Well, thank you. Thank you for those kind words. I've enjoyed this journey we're on as well.

Lisa (02:32):

So if you want to speak to a little bit to a journey of where we start. And I kind of wanted to mention that because I think sometimes just generally

speaking as leaders, or anything new we start, we're afraid to start or we're uncomfortable to start, and maybe it's not so great. But can you speak to a little bit of that, in your experience with working with people for so many years?

Alan (02:58):

Well, if you want to start something, do it. Because nobody has all the information they need before they begin. I've been consulting for 35 years with Fortune 500 companies, and then, as you said, with consultants and entrepreneurs around the world. And I've never started with all the information I'd like to have. And even the information you start with that seemed perfectly helpful, turns out to be either untrue or it shifts, or some new development occurs.

(03:21):

So the first thing is if you want to start, just start, and have the confidence in yourself that you can be light on your feet and adjust to the times.

(03:27):

The second thing is that even if you think you have a long-term project, you still have to start today. And so I've written 60 some odd books and they're in 15 languages. But I've never said to myself, "Well, I'm going to create a book next year. I have a publishing contract and I have a deadline." If I get a publishing contract and the deadline, I start writing the book now.

(03:46):

And so there's no time like now. And there's no time like the present, is the old hackney phrase, but the fact is it's true. And the fact is the key isn't having everything you need to start; the key is resilience and agility as you move forward.

Lisa (03:59):

Yeah. That's really, really true. I think that's what you've taught me and our community about starting and being able to be agile and pivot. And so I

think that's very wise advice.

So this show is for healthcare leaders, and my next couple of questions and discussion is around leaders. And I just want to get your insight is what you think will be the biggest challenge for leaders in 2024, and also the opportunities that you see for leaders in 2024?

Alan (04:31):

Well, let me start with healthcare in particular. I'm hard-pressed to find an industry or profession that's changing as radically and as much as healthcare. We have telehealth, which was 10 years ago, relatively few people used, and it was seen as a novelty, to today gazillions of people using it and it's a must. You have a mole on your finger and an expert in the Philippines tells you what to do about it. Now, I exaggerate a little bit, but that's basically what it does. You have nurse practitioners instead of seeing doctors all the time. You have storefront clinics.

(05:02):

And so you have this wide variety of options today, as opposed to quote-unquote the old days when I was young, either a doctor came to your house for about \$6 and with his black bag. There were no hers then. It was his black bag. They took your temperature and did your blood pressure, and they prescribed some medicine or they gave it to you. Or you went to their office, which was in their home, and you waited for an hour or two hours, first come first serve.

(05:28):

So today it's completely different, and I think it's for the best. I think it is far better. I think one of the unfortunate things is that something like 30% of deaths in the US are caused by the healthcare system. And iatrogenic illness in hospitals is far more serious than it needs to be. Sepsis, for example, is a leading cause of death today.

(05:46):

So there's just a brief overview of healthcare. If you look at things in hold though, no matter what the industry is, I've trademarked the phrase "No

Normal'. There's no return to normal. There's no new normal. What you have are new realities. And the new realities are going to change every day. We're in an age now of great transition. We invent things more rapidly than we can intelligently use them. Nobody really knows about ChatGPT. There are some people lined up out there behind Chicken Little waiting for the sky to fall. We're all going to be eliminated by AI. And of course that's ludicrous.

(06:16):

But we do have to understand what's effective for us or what isn't, so what leaders have to do is decide. And this requires discrimination. It requires a clarity of purpose. What is appropriate for their organizations and what is not? For example, I'm on a computer right now with you. And I probably use 20% of this max capability, 20%, but to 100% effectiveness. The other 80%, I don't care. My iPhone here can edit movies, for God's sake. I'm not ever going to edit a movie. But I am going to take pictures.

(06:44):

So we have to decide as leaders, what is best for our organization? What's best for us? And that's no easy job. And that's why people need coaching. And they don't need technical coaching. They're not going to delve into the innards of a computer or code. What they need is coaching about their profession and about their own capacities so that they can make these clear discriminations about what is best for them personally and what's not.

Lisa (07:09):

So that's really interesting. You bring up a really good point, which I hadn't included in what I wanted to talk with you about today, is about coaching. But I want to do that, if you don't mind.

(07:20):

So I wonder, and I don't know this to be specific or not, but I have been in healthcare for over 30 years, and I haven't heard a lot of it being spoken about. But I wonder what the opportunity is for coaching. Do healthcare leaders or managers or future leaders, are there organizations investing in them for coaching?

(07:41):

And I think there's a big opportunity. And with all of the change, of course we talk about the pandemic, but I think it's this constant change. They need a coach, right, Alan? Wouldn't these leaders and future leaders need a mentor and a coach to have a way for them to not talk about technical things, but how organizationally, like you said, how they can be more effective?

Alan (08:07):

Well, this isn't a question of what they need, it's a question of what they're willing to do.

(08:10):

You are one of four people in my community who has been successful in the healthcare business, in my opinion. And if you take a look at medical schools today, with rare exception, they are highly bureaucratic. They are highly male-oriented. And they are highly anti-innovative and wanting to perpetuate the system. They remind me of a law firm or a consulting firm where it's difficult to make partner, and once you do make partner, you're certainly not going to make it easier for anyone else to make partner. So we have to have a volition here.

(08:41):

Now, coaching is a sign of strength. The best people in the world, the best athletes, the best entertainers, the best business people, the best academicians, you name it, all have had coaches or multiple coaches. Marshall Goldsmith and I wrote a book together called Life Storming, and he very graciously said he is the best executive coach in the world and I'm the best entrepreneurial coach in the world. So I readily agreed to that. That's fine.

(09:05):

But the fact is, between us, we've observed a hell of a lot. And the fact is that people who reject coaching are generally fearful. They don't want to be

vulnerable. They don't want to be seen as needing help, and so they get worse and worse because they don't get help. They breathe their own exhaust. That's the volition part. But people who do see coaching as making them stronger and stronger, get better and better.

(09:26):

And so I think while the medical community has come a long way from the time when doctors were Gods and nurses for example couldn't talk to them, while they've come a long way, I still wouldn't nominate them as being on the leading edge of innovation and accepting coaching and being light on their feet.

(09:41):

And it starts with academia, which is why I brought that up. But it extends into what we've got today, which are massive, massive medical practices. And so if you look at the medical practices today, I mean, my doctor, who's a superb physician, told me years ago, "Look, I'm a dinosaur." He worked with a partner in a private home, which they owned. And now he works for a big healthcare system. He's got many more resources. He's always on time. But I know damn well that they are judging him. They send me surveys about them. Did he answer all your questions, and so forth? But he's got something like eight minutes in which to answer client questions. That's not a good development, that part of it.

(10:17):

Then we also find places like CVS, which is I think the second or third-largest firm in the country in terms of the Fortune 500, putting clinics in their pharmacies. And for that matter, we find pet stores, like PetSmart and so forth, putting veterinarians in their stores. And these are good moves because we see medical help being more closer to the customer. So I'm for all that.

(10:38):

But I think that in whole, people in the medical profession, and people running, that is nonmedical people running these medical professions, they

need coaching because they aren't as customer-oriented as other firms. They can't get fired. They don't really receive customer complaints well.

(10:56):

I remember once I was recommended to go to a hand doctor when I had a problem with my finger, and I was sitting in this examining room for 45 minutes. And I finally said to one of the office staff, I said, "Where is he?" And they said, "He'll be with you when he can be with you." And I left. And I wrote him a letter, a scorching letter, about who the hell did he think he was? And he said, "Yeah, thanks for your feedback. I appreciate it." And so he wasn't going to change. That's who he was. Well, that's not what medical care is anymore. And if he hasn't changed his ways, he's going to be out of business.

(11:26):

So I think that the medical community hasn't accepted coaching as it should. I think that's changing. But I think it needs to change a lot faster because the medical profession is changing a lot faster.

Lisa (11:37):

Yeah. No, I love this whole discussion about coaching. It's gotten me to think a little bit differently too. And I know generally speaking, people talk a lot about wait times. And I want to talk about wait times, so we're going to talk about it.

(11:51):

Because you bring a really good point up, and it's a pain point, it's friction. You would think that a lot more energy and time and focus would be on wait times, because people hate who wants to wait? We get it in the ER, but even that's preventable. We have a local standing ER that just is phenomenal. There's like five-minute wait times and you just go right in. They do a remarkable job. So they've kind of figured that out, whereas others haven't.

(12:20):

But I have a pediatrician, or I love the pediatrician in the group. But if you're late and it's more than 15 minutes, you have to be rescheduled. Now, we wait an hour and a half. But that's so imbalanced. But I've been taught not to be

late. I've been taught to be early.

(12:39):

And you just wonder why that whole wait time thing has not been solved yet or thought about more because I think it's addressable. I think it's possible, right?

Alan (12:49):

Let me tell you something. I get a dermatological exam once every year. I'm very careful about my health from a preventive standpoint. I have three convertibles. I'm at the beach all the time. And so I used to go to a place up here, University Dermatology, which is run out of Brown University.

(13:04):

And one day I went for my appointment and there were all kinds of people around. And so I said to this woman at the window, "How long's a wait?" She said, "I don't know. I said, "Well, find out." So she goes to the back, she comes out, she says, "It's probably going to be over an hour." And I said, "That's inappropriate. I'm not staying." I said, "Give me my \$35 back," the copay. I said, "I'm not staying." And I see on her desk patient files sitting on her desk there, which is a HIPAA violation.

(13:28):

And so on my way home in my car, I called Brown University, and I got the guy who's the chair of this dermatology operation. And it's a big operation. And I said to him, "Do you know what's going on over there?" And he said no. And he was appalled. That's his fault because he never went and had hands on. He just thought he'd hear about things. But people were afraid to contact medical authorities, and the people running that place on the ground, the last thing they're going to do is say we're triple booking, which they were.

(13:55):

And so he said, "I'm going to change this immediately and I want to thank you very much for your input." Now what he did, I don't know, because I changed dermatologists and I go now to a place that sees me on time.

(14:03):

So you have that kind of disconnect going on, but you also have the kind of thing that you just talked about, which is, I wait for you, you don't wait for me. But I'll tell you something, and this is the difference between medical and the private sector, last night we flew home from LA. Well, it was 1:30 in the afternoon, but we got in here at night in Boston. And we fly JetBlue. JetBlue has superb service. They have these nice little pods in first class. We love it.

(14:26):

In the waiting area, about 30 minutes before boarding, a JetBlue employee says, "Look, folks. I'm sorry to say..." And I'm thinking, oh my God, a delay. "I'm sorry to say we've learned that this plane's internet isn't working properly. It landed and they told us that. So why don't you download anything you need now while you're here, because we have free Wi-Fi, so you'll have it on the plane."

(14:45):

Now, normally you get in the plane, the Wi-Fi, doesn't work. You say, oh God. What'd they do to it? But that's how you handle people. You tell them, we know we have a problem. Let us try at least to ameliorate some of the effects of it, ok?

(14:57):

Nobody comes out in a doctor's office, any kind of specialist's office and says, "Listen, your wait time is 42 minutes." They don't do that. If you're on the phone, if you're on a damn phone line waiting for talk to somebody at AT&T, they'll at least tell you you're number six in line, or whatever it is. But this is still the godlike thing with doctors. So they've got to overcome that.

(15:18):

And I did a lot of work with architects, and the architects were the only professionals in the country losing money. Their base pay was going down over these tremendously growing years because their business was being

eaten up by general contractors and other people who are just usurping their place. Doctors better watch it. Because of what we talked about a few minutes ago, there are others who are going to usurp their practices, and they're going to find themselves in tough straits.

Lisa (15:46):

Yeah. You made a really great point about whatever that looks like, probably competition or just disruptive technology.

(15:56):

One more story about this, and I think it's valuable. I went in to go to an orthopedic appointment because I was having some hip pain. I was unsure, and so I wanted to be proactive, like you did. I didn't think it was a huge deal, but anyway.

(16:10):

So I went in, and it was a doctor that was kind of referred to me. Oh, wait a minute, better yet. They make you sign up beforehand, so I did the paperwork beforehand. Very efficient. It was remarkable. And you had to pay your copay before. So it's just this great easy onboarding process. You basically walk in and you're ready. I thought, well, this is going to be fantastic.

(16:31):

I got there early thinking I'll be 15 minutes early. So at the 45-minute mark, I get up and I'm just like, "Well, how much longer is this going to be?" And she's like, "Well, you got here early." I got this lecture. And I'm like, "Okay, wait a minute. Then I need to reschedule." She's like, "Well, okay, that's fine. I can't reschedule. You have to call the number again." And I'm like, "Oh, that's unacceptable. I want my \$15 co-pay back too." I did the same thing.

(16:58):

And there was somebody ended calling me and I'm like, similar to you, Alan, "Do you know what's going on?" And the woman in the front desk even said, "Well, the doctor is always late. He's always late." And I'm like, "Well, shouldn't

you tell us?" And she was proud of the fact that he's never on time. I'm just like, okay, there's something wrong. But you make a really good point about competition or people deciding they're going to leave.

(17:26):

Which leads me to one other kind of point that I'd love you to talk about is, I love frontline innovation, hands-on, things that happen on the front lines. And I think a lot gets missed. A lot gets seen too. What are your thoughts about the undercover boss? I think Undercover Boss is really interesting, when the boss goes in and is putting together an alarm system and he's the owner. But he's putting it together and he sees people don't have the right equipment to do the job. What are your thoughts about that?

Alan (17:57):

Well, recently the new head of Uber decided he would take a car out and be an Uber driver for a couple of nights. And he was in San Francisco, and he got a fare to go over to Oakley. He crossed the Bay Bridge. And the Bay Bridge is a disaster, and it took him an hour and a half to get back. And he realized that his drivers, who were not allowed to pick up in Oakland, just deliver people there, couldn't make much money that way. They wouldn't take fares to Oakland. So he changed the rates for them. But he had to find that out by doing this himself.

(18:23):

I was on a Delta flight once in first class, and the guy across the aisle from me had three flight attendants helping him out. Now, normally there were two flight attendants in all of first class. So I call went over and I said, "This guy's an executive on Delta, right?" So he's the CEO. I said, "Really?" I said, "So what's going on?" He said, "Well, he's wonderful. He flies Delta to see how the service is." I said, "Give me a break. If he wants to see other service is, you're got to be sitting in the back, and you got to be incognito. Do you know his schedule?" They said, "Oh, yeah, they tell us what he's coming on board." So that's worthless. Absolutely worthless. He was treated like a king. He doesn't know anything about Delta service.

(18:58):

So I would say to you that the best... My first book was on innovation back in 1988, and it still sells on Amazon. And I think that innovation comes from the front line. You have to have people interfacing people.

Lisa (19:11):

100%.

Alan (19:11):

In the bank, it's the bank tellers. In a hotel, it's the doormen and the front desk agents. It's the people who are talking to customers and guests and so forth every day who understand where innovation can come from. Because innovation, Lisa, is not some vast change and improvement. It's incremental. It's a little bit every day. So if a bank teller says, "You've got funds in two different accounts with us, but there's a third account here, which would really pay you better if you're willing to invest longer term. Here's a brochure." There's no cost to doing that. And if 1 in 20 people decide to do it, bang.

(19:47):

So innovation needs to come from the front line, and it's got to be looked at in terms of risk and reward. There's no decision that we make that's an important decision that doesn't have risk that we have to take care of and manage. But William Penn said once, "No cross, no crown." So if you're willing to take prudent risk, you're likely to get a good return.

Lisa (20:05):

Yeah, I love that. I'm so glad you brought that up, and your first book, which is awesome, about innovation.

(20:11):

But I've seen a little bit where one or two hospital CEOs will go undercover. But I have a feeling in both instances, because there were probably cameras around, that the people might've known. So it was a great story about Delta

CEO. I think it's better in these really authentic moments where they're doing a job, no one really knows who they are, they get to see what goes on the front lines. I love that.

(20:39):

Okay, so here's my other question, which we maybe have covered a little bit, but I'd love for you to maybe add a little more context. You've mentored and coached thousands of executives and professionals over the years. What would you say to the listeners who are leaders or future leaders that are the top three qualities, characteristics, skills that they need to be successful?

Alan (21:01):

Well, you can read forever about leadership skills and traits and needs. And if you go on LinkedIn, you find all these bizarre charts. I mean, if a leader consulted the chart, the leader wouldn't be able to lead. The leader would be spending all day looking at the chart.

(21:14):

So here's what I've found. I have found that you have to be willing to make hard decisions. You need to fire people. You need to say, "We're not doing this." You need to say, "This isn't working, and so despite our investment, we're going to end it." You need to make the hard decisions, because nobody else is.

(21:30):

The second thing is you need a very pronounced sense of humor. Because humor relieves stress, and it helps keep things in perspective. And with rare, rare conditions only, nothing that's going on is going to mean the failure or success of the business. And so you need to keep things in perspective and don't panic. You can't become Chicken Little and say the sky has fallen.

(21:52):

And the third thing is you need superb communication skills in writing and orally, and therefore, you need a very, very excellent vocabulary. You need to

be well-read. Too many people can confine themselves to their fields. The world is too integrated right now. The world is too reliant on a variety of factors. And so you cannot just sink yourself, drill down into your specialty. You have to know what else is going on.

(22:16):

I would think a good doctor, when making a diagnosis, would want to think about the person in front of the doctor and what their lifestyle is, what their job is, what their marital situation is, whatever it is, to take into account certain behaviors.

(22:31):

I'll tell you a quick story. One night at two in the morning, my wife wakes up, you know Maria? And she says, "I think I have the symptoms of a heart attack. My right arm hurts," and so forth. I said, "Well, we have three options. We can wait till morning. I can call 9-1-1. I can take you to the hospital." She said, "Take me to the hospital. I want to go right now."

(22:48):

So we hop in the truck, and we go over. And I take her into admittance, and by the time I get out of the emergency room and park the car, she's already back there. Nobody's asked for insurance or anything. It's a great hospital.

(22:58):

And so I sit next to her bed, and the attending comes in in a few minutes, and he starts asking her some questions. And to my shock, he asked her the exact same questions I ask clients. When did this begin? How long has it been going on? Have you experienced this before? Give me a feeling of a pain on the scale, and so forth.

(23:16):

So after he's done, he says, "Okay, from what the tests show and from what I've just learned," he said, "you haven't had a heart attack. You just had some stress and some indigestion. We'll keep you overnight for observation. Go

home in the morning."

(23:26):

So I said to him, "You ask the same questions that I ask." He said, "What do you do?" I said, "I'm a consultant." He said, "Look, we're both diagnosticians." Just floored me.

(23:36):

Now, this was a great guy. Because he got right down to it. He asked these super questions. And he had the ability to take into account a wide variety of things to get to the heart of the matter. And he communicated with my wife really well, in bed with tubes and everything, and with me very well, who was nervous about things sitting next to him.

(23:55):

So that's what I mean that a great leader has to have this ability to communicate with anyone who's in front of that person.

Lisa (24:02):

Yeah. I don't have anything to say. That was just remarkable. Thank you, Alan. That was great.

So I just have one last question, unless if afterwards you have anything that I've missed you want to share. Again, you covered this a little bit in the beginning, but I wanted to address it more specifically.

(24:20):

So you've been known to predict the future. Truly, these listeners, I've known Alan for years, and it's pretty remarkable. So knowing that and setting that bar high, what do you see for healthcare in 2024 that others may not? We talk about black swan events, no one really knows that.

(24:40):

But just generally speaking, if you were looking forward and if you could predict what, well, I mean, coming or maybe what we should be aware of, or what are your thoughts are?

Alan (24:53):

Well, let me tell you that I did predict the market high this year. It just got handled a couple of days ago. I barely made it, but I did predict it.

Lisa (25:00):

I think I know that actually for sure that you've said that.

Alan (25:05):

Well, if I look forward for healthcare, and there are people listening to this who know far more about healthcare than I do, but I would say the following. I'd say that you're going to find more and more reliance on different kinds of people and different kinds of interventions. People going to storefront clinics, people going to nurse practitioners, people talking to their pharmacists, people going on telehealth, and so forth. That's going to spread and spread because it's easier, it's somewhat less expensive, and so forth. So we're going to see a lot more of that. I mean, that's a great opportunity.

(25:35):

But the problem with that is you have more and more variety and chance for bad results. I mean, not every pharmacist, for example, has been schooled in how to deal with somebody on a patient kind of a basis. They can give recommendations about things. That's one.

(25:51):

I think the second thing is that there is a lot of skepticism about healthcare right now because of Covid and because of the combination of medical disagreement and political disagreement that went into Covid, people are not as faithful. They don't have the same faith in the medical establishment that they used to. They think that some of that was guesswork, and they think that some of it was unnecessary. Some of the advised restrictions were too great, both by physicians and by politicians.

(26:18):

And we see this, for example in New Zealand, this woman who was their prime minister, a very young prime minister, first female I think, was lauded. But then she cracked down so hard that she's no longer in politics, she resigned. And people are unhappy with her actions.

(26:31):

And so I think the medical community has lost some respect that might take a while to regain.

(26:37):

And I think finally, we're going to have to see changes in the bureaucracy of the system. In other words, I have seldom talked to any doctor, either one of my doctors or a doctor I was dealing with for other reasons, who has not complained about the reimbursement system. Who has not complained about the paperwork system. Who has not complained about spending more time on filling out forms than meeting with patients. We're smart enough to change that.

(27:01):

Don't forget, it wasn't that long ago that hospitals wanted to keep patients as long as possible. The longer the stay, the better. Now they want to get them the hell out the door the same day. And I mean, I've heard of women who have had mastectomies, for goodness sakes, who went home the same day. I've heard of people who had operations or birth, delivery, whatever it is, that normally you would think this is a two- or three-day thing, and they're out the next day. I mean, my wife's replacement hip, replacement knee, she's out the next day.

(27:26):

And maybe that's for the best. I'm not a doctor, but I will tell you that I think we have to be careful that the system is providing the kind of healthcare that we deserve and that we're paying for, and not frustrating people who are in the system from providing it. And I don't know how true the statistics I read are, but there are a lot of doctors retiring early, and there are a lot of people who were going to go into medicine who have decided not to, and that's not

good.

Lisa (27:52):

Yeah, it's exhausting. So I love your predictions. And I think the paperwork and the reimbursement is exhausting. It really is probably discouraging that they go to school, and now they got to spend a third of their time or half of their time on paperwork. That's not what they went to school for. That's not what they love to do.

(28:11):

And you're right, we've had healthcare breakthroughs, but we haven't had back-office breakthroughs. And I don't know why we haven't figured that out.

(28:18):

I will give you my own story, and I just had had it, so I decided to put my own personal intervention in place. For a while, my mom, she just had several hospital appointments or even doctor's appointments, and so we literally would get checked in the ER. Now, that's the hospital she goes to, so they should have everything. And they're going through all her medications, what she's allergic to, and her surgery.

(28:43):

So we go through it once. And then she gets moved somewhere and they go through the same thing again. Or in the floor, literally in a hospital stay, telling somebody six times all of her medications, what she's allergic to, her surgeries. So finally I was like, I'm going to go bonkers because we've said it to you over and over.

(29:04):

So I created an Excel spreadsheet, and I have it all listed out, everything, her doctors, when her surgeries were, when she takes her medicine, everything, one sheet. When I go in, and they start asking me. I'm like, "Oh, no. Here's the paper. Don't ask me. Here's the paper." And then we go upstairs. And so I'm like, "Oh, no. Here's the paper." I just hand it to them. I'm like, wow.

(29:25):

So my mom and I kind of joke around, we've had to go somewhere. She's like, "Okay, print those forms out. Print multiple forms out, Lisa. Because you know they're going to ask us multiple times." I just hand it to them. And they're all like, "This is great. I wish everyone would do that." I'm like, "How about you guys figuring it out?"

Alan (29:45):

So Lisa, let me take 60 seconds. I'll tell you my favorite hospital story. I was consulting for about two years to Rhode Island Hospital here to the CEO. And it's the largest employer in the state.

(29:56):

And my wife had to go in for a minor procedure overnight. And she calls me the next day when I'm supposed to pick her up. And they tell you don't have personal things, don't bring cash, and all this kind of stuff. So my wife brought nothing with her, really.

(30:09):

And when she was to be discharged, they wheeled her over to the financial people. They said, "We need payment for what your insurance doesn't cover." And she said, "Well, I don't have any credit cards or anything." They said, "Well, then you're going to have to stay here." She said, "What do you mean have to stay here?" She said, "Well, is your husband coming to pick you up?" She says, "Yeah, but he's not going to be here for hours." They said, "Well, you're going to have to settle when he gets here." She said, "You're holding me hostage?" They said, "That's right."

(30:30):

So I called the CEO, who I can get through to. And I said, "Bill, I have some news." He said, "What's that?" He said, "How was your wife's treatment?" Because he knew she was there. I said, "Fine, but they're holding her hostage, and I can't get her out." So there's this 12 second delay. He says, "You're kidding me, right?" I said, "I'm not kidding you, Bill." He says, "I'm on it," and he hung up. So he freed my wife.

Lisa (30:51):

That's so interesting that they were holding her until she made her payment.

Alan (30:56):

Yeah. I mean, she owed \$800 or something. I don't know.

Lisa (30:59):

Yeah. Right. Another example of what goes on the front lines. And it's so interesting.

(31:05):

Well, Alan, thank you so much for being on the show today. I appreciate you coming back three years later. And I took a ton of notes, by the way. I've got a lot of things that I may talk to you about to follow. But I wish you a great new year and thank you again for coming on.

Alan (31:22):

Thank you, Lisa. Pleasure to work with you.

Lisa (31:24):

I will say to anyone listening, if you want the world's best coach, mentor, Alan Weiss, I believe would love to be that person for you. Your website is Summit Consulting, but I also believe it's alanweiss.com.

Alan (31:38):

Yeah.

Lisa (31:39):

Yeah. So it's alanweiss.com. So A-L-A-N-W-E-I-S-S.com. We'll have it in the show notes. I highly recommend if you're hospital leader or somebody who's a future leader, you call Alan up. You will get world-class mentoring and coaching.

(31:55):

So Alan, thank you again for being on our show.

Alan (31:58):

Thank you, Lisa. Stay well.

Speaker (32:00):

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 thehealthcareleadershipexperience.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 ALAN WEISS

Alan Weiss, a globally recognized consultant, author, and speaker, is known for his expertise in organizational development and individual success.

As founder of Summit Consulting Group, Inc., Alan Weiss has cultivated a diverse clientele, boasting names like Merck, Hewlett-Packard, GE, Mercedes-Benz, State Street Corporation, Times Mirror Group, The Federal Reserve, The New York Times Corporation, and Toyota, among over 500 other esteemed organizations. His board affiliations include the Trinity Repertory Company, Festival Ballet, and chairing the Newport International Film Festival.

With an impressive speaking portfolio, Weiss delivers 20 keynotes annually at major conferences and has served as visiting faculty at institutions like Case Western Reserve University, Boston College, Tufts, and more. Inducted into the Professional Speaking Hall of Fame® and honored by the National Speakers Association Council of Peers Award of Excellence, Weiss is recognized among the top 1% of professional speakers globally.

As a prolific author, his publications, including the best-selling Million Dollar Consulting, have left an indelible mark on management education worldwide. Holding both designations as a Fellow of the Institute of Management Consultants, Weiss continues to impact the fields of consulting and management.

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