

Look for the Leonardos

By Paula Butterfield

One of a leader's primary jobs is to translate potential into performance. And while most leaders understand the concept, many have trouble translating it into action, not because they lack the skill but because they lack the mental mindset.

In my experience, the potential at the front lines is tremendous. Until leaders operate from a deep belief in the inherent greatness of their people, it stays latent. I'm not talking here about encouraging people to work harder, faster, better. I'm talking about discovering and inviting into the workplace what brings meaning and fulfillment into people's lives.

A recent *AARP Bulletin* article makes the point poignantly. Cameron Camp, a research psychologist working in an assisted living facility, gave a 70-year-old Alzheimer's patient a book on the dancer Gene Kelly. She took the book and read it aloud. The staff members were shocked; they had no idea the woman could even *speak!*

Through his research, Camp discovered that when Alzheimer's patients are given meaningful activities - when they're given something of importance to them -- they often respond with remarkable clarity and skill. He asked an opera lover, for instance, to sort titles according to Verdi and Puccini, and a baseball lover to sort pictures of players into National and American leagues. Such activities not only help patients with motor skills; they trigger memories that lead to conversations that reconnect patients with the world.

So even when people have organic impairments, their potential for meaningful activity and engagement can be activated. Everybody wins. Patients are less agitated and depressed, and caregivers have new opportunities to make a difference.

There's an important leadership lesson here. People can be remarkably resilient and creative when given a chance to make a contribution. A few years ago, I was coaching a group of managers in a residential care facility. Their required annual safety in-service program was looming - a task they hated. "What if you turned it over to your staff?" I suggested. Several were stunned by the idea, but they opted to give it a try.

As the in-service day approached, the cynics got increasingly anxious about whether their staff could carry this off. When the day came, the staff, wired with excitement, delivered a theatrical program

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EXECUTIVE WOMEN IN HEALTHCARE

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EB&E is a service of Executive Women in Healthcare, which produces educational materials and seminars to help women healthcare executives. Executive Women in Healthcare helps leaders differentiate between fads and trends; and helps make connections with other healthcare "Trend Leaders."

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Look for the Leonardos (Continued...)

of safety skits that won a standing ovation. The staff members were thrilled by the opportunity, the managers were equally thrilled by the shift in responsibility, and word of the program's success spread so quickly that an encore was scheduled so people in other parts of the system could enjoy the "safety theatre" too.

What defines the limits on people's performance isn't their ability. It's what we think they're capable of.

What do you know and believe about the potential of people in your organization? When was the last time you invited a patient care assistant who's an avid writer to contribute to the monthly newsletter? Or tapped the creative talents of your custodial staff? Or discovered that an administrative assistant was itching to create a physician on-boarding program for new medical staff members?

If demented 80-somethings can hold lively conversations about the creative inventions of Leonardo da Vinci, what untapped potential lies within the walls of your own organization?

Coaching tips:

- Assume nothing. Be curious about what potential exists within your organization.
- Look for - and encourage others to look for - pockets of greatness that can be of service to patients and families. Look for the cook who loves to experiment with ethnic foods or the physical therapist who's a photographer in his off hours.
- Pay special attention to how your own thinking and beliefs limit the possibility in those you lead.

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Paula Butterfield is a leadership coach, professional speaker, and founder of the leadership development firm Butterfield + Laning, LLC. She's a former clinical associate professor at The Ohio State University College of Medicine, and former director of medical education in two academic medical centers. She has a Ph.D. in counseling psychology and an executive MHA from Ohio State. A professional certified coach and an expert on emotionally intelligent leadership, she now works primarily with executive women in healthcare. Visit her website at www.pbutterfield.com or email her at paula@pbutterfield.com.



Circle The Dates Now... March 5, 6 and 7, 2006.

That's when the Second National Symposium of the Executive Women in Healthcare will be held at the Ritz-Carlton in Lake Las Vegas, Nevada. The theme of the program will be "What Comes After What Comes Next."



The speakers will be prominent women who have important messages for today's female hospital leaders. Time will be set aside for networking with the speakers and the other participants.

More information and registration will be available shortly at www.WomenInHealth.com.

If you have any questions now, direct them to Info@WomenInHealth.com or call me at 406/586-6400.

*Sheila Keizer
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Missed Opportunities

By Dorothy (Dolly) Bellhouse

We would probably all agree that we hate to miss good opportunities. Let's talk about how you can seize opportunities to learn throughout your organization.

A medical director I know told me the following story:

A busy oncology nurse was just about to administer a patient's chemotherapy when she noticed that it was the wrong concentration. In fact, the concentration she had almost administered would have been lethal for that patient. The nurse was flooded with relief that she had not harmed the patient and quickly chased down the appropriate concentration. She also filed an incident report since this was a "near miss." Thankfully, she was able to check the "no harm to patient" box on the form.

The medical director was intrigued by this incident and told the story to groups of nurses and risk managers. In each telling, he got interesting responses. Nurses often commented that the oncology nurse had made "a good catch." Many of them also noted that they'd faced similar situations in their own work. Risk managers were appreciative of the oncology nurse's diligence in not only catching the wrong concentration, but in going on to file the incident report. That way, they noted, the incident could be tracked with other similar incidents and appropriate action taken as needed.

Let's dissect the reactions of the nurses and risk managers. Nurses are diligent and responsible professionals. We would certainly agree that the oncology nurse was diligent and responsible. But what would have happened if she had been interrupted by a phone call or a colleague while caring for that patient? What if she had worked overtime the day before and was a little tired? We shudder to think what could have happened.

And did the nurse's diligence in filing the incident report pay off as the risk managers assumed? Would filing the incident report uncover why that patient's chemotherapy was wrong that day? As it turned out, in the oncology nurse's organization, reports indicating "no harm to patient" were tracked and trended with aggregate information going to nurse managers each quarter. No immediate response was deemed necessary since there was no harm to the patient.

So what will happen the next time? Why should managers rely on the diligence of clinicians to "catch" things like the wrong chemo concentration? Why should you?

The medical director realized each incident like the one described presents an opportunity to learn. That's why he told the story. Unfortunately, in the oncology nurse's organization, that opportunity was missed. By the time the nurse manager got the quarterly risk management data, that particular incident was essentially forgotten. And if by chance that unit had had a number of these "near miss" incidents, information specific to each one would have been hard to reconstruct.

You and I know that incidents like these happen in healthcare organizations every day. If you were going to learn from each one, that would be a lot of learning! The key is that it's not

management's job to do the learning. It is management's job to provide organizational focus on the importance of learning in situations like these, so staff can use their creative energy to experiment with ways to prevent "near misses." Executives like you can provide the resources so staff can learn how to improve their work on a daily basis.

If the oncology nurse worked in your learning organization, what would have happened? The nurse would have noticed the wrong concentration just as she did, but she might also have signaled the problem immediately to someone (an enhanced role for risk managers?) who could have done some discovery about that particular incident immediately. The discovery would have involved learning from the oncology nurse, the pharmacy, and possibly the patient's physician, focusing on what it was about that day and that particular situation that caused that problem for that particular patient. After staff discovered the root cause of the problem, they might have developed an experiment to test a different way to work that could have involved a number of visual signals so all would know the concentration was correct. The next time, pharmacy staff might notice that the concentration was incorrect for the patient before it was sent to the oncology unit to be administered. That is still a problem that requires learning, but it is far less threatening than the incident described.

The constant repetition of this cycle of learning will help your organization seize these opportunities to learn. By creating a focus on this kind of learning, your organization will not miss opportunities to learn that are buried in aggregated data. Really, the measures busy executives review at quality and risk management meetings don't reflect these opportunities; nor should they. Those aggregated numbers are more about reporting than learning.

If you work to build the focus on learning whenever there is a problem and build the capability of your staff to continually experiment and test to improve their work, your staff will be able to capitalize on learning every day to make care better for patients. You will have made significant strides in assuring that your organization is not missing opportunities to learn. Asking staff "what are you learning?" each time you meet could be a step in the right direction. Be specific. Don't aggregate. Learn what staff have learned about each particular incident and you won't miss an opportunity!

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END PIECE: The Glass Ceiling

The *Wall Street Journal* coined the term "glass ceiling" 20 years ago. A Federal commission-the Glass Ceiling Commission-published its findings 10 years ago. It concluded that the barrier was continuing to "deny untold numbers of qualified people the opportunity to compete for and hold executive level positions in the private sector."

The Commission found that women had 45.7 percent of the jobs in our country and more than half of master's degrees being awarded. Yet 95 percent of senior managers were men, and female managers' earnings were on average 68 percent of their male counterparts.

Today women account for 46.5 percent of the country's workforce and for less than eight percent of the top managers-although at Fortune 500 companies the number is a bit higher. Female managers' earnings now average 72 percent of their male colleagues.

This is pretty much the picture in other countries too. There were no women listed in Fortune magazines June issue featuring the 25 highest paid CEOs in Europe. Two women have been appointed to head big Japanese companies. Fumiko Hayashi is now chairperson and CEO of Daiei, a supermarket chain; and Tomoyo Nonaka has been appointed head of Sanyo Electric. In Britain, the number of female leading executives of the FTSE100 (an index of blue chip stocks on the London Stock Exchange) rose from 11 five years ago to 17 last year. No British woman has yet headed a big British company, although 44 percent of the workforce is female.

The magazine, *The Economist*, has pointed out that the management-consulting business, where firms tend to follow the career strategy of "up or out," would like to hold on to many more of its women. But up or out can scarcely accommodate maternity leave, so it is no surprise that the industry loses twice as many women as men from the middle rungs of its career ladder.

The magazine suggests that some firms' diversity

programs are working. At IBM, there are now seven women among its 40 top executives. GE reports that 14 percent of its "senior executives" are now women. A Canadian multi-national metal manufacturer, Alcan, has made extraordinary progress. Three out of its four main businesses are now headed by women.

In a series of recent interviews with top American businesswomen three main explanations were given why so few of them reach the highest levels of their companies.

The first reason comes from the exclusion from informal networks where sports talk and late-night drinking take place.

The second reason is what one female executive calls "pervasive stereotyping of women's capacity for leadership." This was the central point in the landmark 1989 case of Price Waterhouse vs. Hopkins. Ann Hopkins sued her employer when she was not given a partnership. She eventually won her case in the Supreme Court. Companies have taken steps to avoid bias since then.

The third reason is the lack of role models. Very few female CEOs have succeeded a female CEO. Interviews, however, show that many successful business women have had supportive fathers.

What will it take to improve the gender gap at the top? In Norway, legislation has been passed decreeing that by the end of 2006 all companies must have at least two women on their boards. In Britain a group of businesswomen has set up an organization called WDOB or Women Directors on Boards. And our regular columnist and prominent attorney, Lynn Shapiro Snyder, is founder and president of the Women Business Leaders of the U.S. Health Care Industry Foundation.

Chris Clarke, CEO of a headhunting firm, argues that women are superior to men at multi-tasking, team-building and communicating, which have become the essential skills for running a 21st century corporation.

Stay tuned.

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