

Executive Briefing & Exchange

A service of Executive Women in Healthcare

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Welcome...

You are viewing the first issue of a unique electronic newsletter **devoted exclusively to you and the other women that lead the Nation's health systems and hospitals.** It is published by Executive Women in Healthcare.

There are approximately 900 female CEOs and 1,200 women who make up the C-Suite (COOs, CAOs, CFOs and CIOs). There are also many female chief nursing officers (CNOs) and emerging chief medical officers (CMOs).

Women are an important growing force in the delivery of healthcare.

Unlike male leaders overwhelmingly trained in the business of healthcare, the majority of women come to the executive suite with clinical training. A recent study shows that 62 percent of the women holding hospital CEO positions have degrees in nursing-rather than graduate degrees in hospital administration. This will make a profound difference in the way hospitals care for patients in the coming years.

This newsletter intends to document the growing influence of women in healthcaring and act as a catalyst for positive change. We will brief you on the trends to consider and the fads to avoid; and we will exchange examples of success that other women are experiencing at their institutions.

**For more information,
please visit our web site:
www.womeninhealth.com**

This newsletter will be e-mailed to you, **without charge and without advertising**, the second and fourth Monday of each month. The Founding Sponsor is PHNS headquartered in Dallas, TX.

To make sure you get every valuable issue, we recommend you "whitelist" this newsletter. You can do this by asking your director of information technology to allow this newsletter to go through to you or you can add our name to your contact directory: www.womeninhealth.com. Of course, you will also be able to easily unsubscribe to this e-newsletter.

Women in Healthcare recently held it first national symposium in Chicago. Among those speaking at the two-day sessions was Lisa LeMaster. She has written a special article for this inaugural edition. Her column is the kind of information you can expect from future editions of EB&E. Our next issue will feature insights of a female executive coach, a female hospital CEO describing her first year on the job and much more.

We want to be **relevant, interesting and quick to read.** We will also look forward to your comments, criticisms and communications. EB&E will be most effective if it becomes a dialogue and not merely a monologue. You can e-mail us or the columnists. We want this to be a helpful resource for **networking.**

From

EXECUTIVE WOMEN  HEALTHCARE

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About Executive Briefing & Exchange

Executive Briefing & Exchange is e-mailed the second and fourth Monday of each month. It is offered to you free of charge. You are welcome to print copies of EB&E.

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."

You are encouraged to react to anything that you read by e-mailing us at:

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When a Bad Event Happens to a Good Hospital

By Lisa LeMaster

It happens. Bad things can occur to good hospitals. There are really two kinds of crises that could generate public attention. One involves the situation in which you are a victim. The other involves the incident in which you can be blamed.

Frankly, it is not difficult to communicate if you are the victim. It may be a little frantic but it is not hard. If a tornado opens the roof of your hospital or a plane crash puts the hospital on alert status, or even if a domestic shooting happens within your building, the public and press will recognize that you are the victim and not the perpetrator.

The second crisis type is the one in which the hospital could be blamed for the negative event. If the roof blew away because of a lack of repairs, or the hospital did not respond quickly enough in the plane crash crisis, or if the shooting investigation says that security was lax---those present different challenges.

Here are some thoughts and must do's for every top hospital administrator when faced with a crisis.

- Have a plan. Be prepared. Your plan may or may not match the exact situation but simply having thought through the events means a plan of action is in place. Make sure it includes directives on the lines of communication in the hospital. For example, if someone sues the hospital for negligence on an operation, make sure the doctors or doctor groups know to notify the media relations representatives. Most mistakes in a crisis occur because people think the situation will "go away" or because the untrained spokesperson says the wrong thing at just the right time to a reporter.
- Think visual. How can you tell your side of the story in a visual way? It's all about the pictures. No one wants "talking heads" from a long conference table explaining the operation. The media does want visuals from the operation, the decision process, and the nurses coping with trauma.
- Feed the frenzy. If you face a media frenzy, feed them. Give them updates on what you know and what you don't know.
- Don't let the attorneys run the media department and vice-versa. They have to work together. Listen to



both the attorneys and the media relations people. If the wrong organ has been removed, the attorneys will want you to say "no comment" and the media reps may be too quick to accept blame. The answer is probably somewhere in the middle. Ultimately, you have to decide the **right** thing to do.

- Find the people in your operation that have the right temperament for these situations. Human beings react differently in a crisis. I have seen them all. When the top three executives in a company were killed in a small plane crash, I observed a very emotional secretary telling every caller that the situation was "just awful and everything was in chaos." It was a public company! My first official action was to put someone else on the phones. Look for what the personality experts call the "intuitors." They know how to respond quickly and can help you forecast what will happen next.
- Be wary of the hypothetical or "iffy" questions. They usually involve the issue of blame. For example: "If it's discovered that the hospital's procedures cause this incident, what do you think it will do to your image?" Wrong answer: "It would be devastating." Right answer: "There's no way to answer that because those issues haven't been investigated. Our job right now is to find out what happened, and I am not going to speculate on what may or may not happen after that."
- Update your media training. Most executives at the top levels of a hospital have had some sort of coaching in their careers. However, the rules for spokespersons have changed along with the demands of the media. Make sure you are current on how to be an effective communicator.

The bottom line in crisis communications is to recognize that when "a bad event happens to a good hospital," it will be a defining moment for you and for your institution. Define yourself or you are giving permission for others to do the defining for you.

Lisa LeMaster is the president of The LeMaster Group, a Dallas-based company specializing in crisis communications, perception management and media coaching. This year marks her 25th year in the business. For more information, you can visit: www.lemastergroup.com

Here's What You Think

Two recent surveys indicate that female hospital CEOs view the need for dramatic "shifts in hospital culture" as the key to improving patient safety in hospitals. The survey found that women CEOs believe that changing their hospital's culture and training their staff must come first before implementing new technologies. This view clashes with the results of other polls and prevailing opinions in Washington, D.C., which state that new technology is the key to improving patient safety.

Two surveys, conducted by PHNS, the sponsor of this newsletter, each included 150 female hospital CEOs across the country.

The first survey found that female hospital leaders place great importance on patient safety and see a shift in culture and training as the keys to improve patient safety, followed by adding new technology.

According to the first survey results:

- Female hospital CEOs believe that the most important changes a hospital can make to improve patient safety are: "changing and monitoring the culture of the organization" (50.7%); followed closely by "training and educating staff" (43.3%); "proper reporting" (11.3%); and, finally, "implementing the proper technology (8.7%)."
- 71.7% acknowledge patient safety as the number one motivation to implement new information technology, over other reasons such as competitive advantage or even saving money and financial stability.
- 83% consider patient safety as a "physician/clinician training and education challenge," compared to only 38% who think it is a "new technology challenge." Many responding CEOs also cited having a clinical background was a key advantage rather than an administrative background. With many former nurses now taking roles as female hospital CEOs, there is a much different perspective on patient care emerging.

"This illustrates the clinical mind-set of female hospital CEOs," said Rick Kneipper, co-founder and chief administrative officer of PHNS. "They know from first-hand experience that a hospital's patient safety is only as good as its employees and the systems the hospital employs. Training staff and changing culture is a bottom-up, organic approach to improving patient safety. These women CEOs realize that they first have to change their hospitals' culture and patient care processes before turning to new technologies to help

improve patient care."

Among other findings in this survey of female hospital CEOs:

- An integrated approach to patient safety also extends to responding female CEOs' hospital's financial framework. When asked if there was a specific line item in their hospital's budget for patient safety, 75% of responding female hospital CEOs said no.

Many of those surveyed pointed to initiatives in place in multiple specialties, boards or committees designated to address the issue in all hospital departments, or quality control programs that address the same issue.

- Transparency is also important. More than 79% of responding female hospital CEOs believe that the public should be allowed to view and research information that would allow them to compare hospitals' and physicians' safety track records. This type of "open door policy" is a marked change from hospital operations of the past, when many hospital administrators considered non-disclosure common practice.

"As more women take charge of hospital administration as CEOs, I believe we will see increasing initiatives in the field of patient safety," said Kneipper. "We believe that these women CEOs are on target--- you need to change the hospital's culture and re-engineer its processes before you introduce new technologies to improve patient safety."

The second survey studied the lifestyle and attitudes of female hospital leaders. It found that today's female healthcare executive has ascended to administrative ranks through nursing, spends her free time reading mysteries and romance novels, and balances her career by ranking family time as the number one activity outside the hospital work environment.

"Our first survey uncovered the rise of women hospital administrators and CEOs, and a high percentage of these executives were nurses first in their careers," said Kneipper. "We were curious to learn how their similar career paths have affected their attitudes and approach to issues such as patient safety, privacy, technology and healthcare's future."

And, PHNS did discover some differences between the female hospital executives and their male peers.

Female healthcare administrators, like their male counterparts, believe patient safety is the number one priority in healthcare today. However, a large majority of women CEOs believe improved safety will occur through the

Here's What You Think (Continued...)

improvement of relationships, training, culture and communication in the workplace. This is a notable finding in an environment where most IT companies tout their software or hardware solutions as the magic wand that will provide all the answers on patient safety.

"We have added a patient safety officer and discuss patient safety every month at all-staff department head and board meetings," responded a female CEO from Minnesota. "We evaluated our culture of safety and continue to make improvements. Patient safety has always been a priority area for hospitals and will continue to be our top concern."

"The women who were surveyed supported solutions that were collaborative, self-imposed, and focused on changing culture, not just computers, to make healthcare safer," said Kneipper. "We are hearing many calls from Washington to jumpstart an improvement in safety through new capital expenditures but the female executive is saying that it is not a panacea.

"Even though we are an IT company," said Kneipper, "we agree. You can't improve quality, safety, and confidence by changing computers and software. That's not how change happens. Instead, it occurs when there are changes in attitudes as well as aptitudes."

More than 90% of responding female hospital CEOs believe that information technology is one of the many tools that will play a major role in promoting patient safety, versus the less than 9% who viewed IT as the single most important tool.

Interestingly, the survey also began to reveal the personality of today's female healthcare leader.

According to the survey, the women leaders seem to have learned the art of balance in their lives. More than 40% say they spend their spare time with their husbands,

families, grandchildren and friends. Following family time, an intriguing number (nearly one-third) say they read mystery novels in their down time.

"That caught our attention, but, after consideration, it makes sense," said Kneipper. "Like patient care, mysteries are not predictable and they present problems to solve. All nurses and former nurses are problem-solvers. For example, they may be looking for clues to a patient's pain, and it takes some innate listening skills to find the clues that will help bring resolution for a patient. Nursing can be a 24-7 mystery."

The survey also seems to prove that the American readers' preoccupation for romance novels stretches into the female healthcare ranks. After mysteries, the second survey revealed a passion for the passionate when the executives said they favored romance novels.

"To me, it's the same characteristic as the lure of the mystery novel," said Kneipper. "Both fiction types are tidy, optimistic, thoughtful and they resolve problems. That's the same approach, we think, that is being taken by today's emerging female healthcare CEO."

Finally, the survey discovered another commonality among the female hospital CEOs. They like to walk. The survey showed that, for relaxation, these women walk, hike, jog, take the dog around the block, and, in general, like to move their legs. Only a handful listed golf as an outside activity.

Regarding the "meaning" of the results, Kneipper had one comment. "The female hospital CEO is poised to have an enormous impact on healthcare in both the short and long term," said Kneipper. "We believe the values and beliefs represented in our survey will, in fact, be the universal guiding principles for patient safety and patient care for a number of years to come."



PHNS is a privately owned company that provides a suite of strategic solutions including information technology, health information management and business office services exclusively to hospitals and multi-facility healthcare systems. Serving more than 340 hospital customers across the country, PHNS creates business-healthy hospitals by improving operations, enhancing technology, providing capital dollars and increasing cash-on-hand allowing hospitals to focus on their core competency - patient care. PHNS is unlike any other hospital services company – only PHNS can deliver proven, dedicated solutions to the entire continuum of non-core business functions at a hospital. From the time a patient walks into the hospital until the hospital gets reimbursed for services rendered, the PHNS HealthCaring Solution addresses the entire flow of healthcare clinical and financial information. PHNS employs more than 1,250 experienced professionals whose dedication has resulted in over \$36 million in cost savings for PHNS' hospital partners. PHNS was founded in 1999 and is headquartered in Dallas, Texas, with employees based across the country. For more information, please visit www.phns.com.