2014 NSLIJ System Retreat Speech

Hello Ladies and Gentlemen,

Dr. Crawford, thank you for giving me the opportunity to speak today. It’s been an amazing year. I feel honored to be speaking you today, after our executive director and senior vice president for Laboratory Services and before Ron Weiss, Former Chief Medical Officer, Chief Operating Officer and Executive Vice President of ARUP laboratories. This is my 9th year in the health system and fourth month as administrative director for North Shore University Hospital. Dr. Crawford challenged me with telling the story of our service line. **What have we accomplished? What have we done? And how have we done it?** It has been an incredible year of collaboration, innovation, discovery and individual and departmental success.

We were asked as committee to look at leadership, branding, workforce development, and informatics/LIS. Obviously, a lot to cover. So let’s start with Leadership and a question that I have for all of you.

What makes a great leader?

A leader is *inspired, charismatic, principled, driven, wise….etc. Repeat back.*

So what did we discover?

I can tell you that the journey of discovery was transformative for me personally. To be part of the team that ensures delivery of the goals of the 2014 retreat. I have to tell you that I approached this endeavor with not a little anxiety and trepidation. This was all new to me, having never attended a retreat or chaired a group of distinguished individuals….So, I met the appointed retreat committee and I had notes for what I thought were the things that everyone would be doing. But, as I went around the room and asked everyone what they thought, everyone had ideas on how to find ways to “add value”, to set realistic, achievable goals and execute; based on what was discussed in 2013. I’m thinking how do we deliver on Leadership, Branding, Workforce, and coordinated care? In 8 months! I was so flustered that I almost forgot who was on the conference line. One of our esteemed attendings; who likely attended more retreats than I chaired. I remembered asking, so…uh…**Gary** (Dr. Stone) what do **you** think? He replied (kind of sarcastically), well……**Jim**….I think that…..Ok…so… I’m thinking that someone with more experience should take on this role; that one of you should be up here having attended these annual events. So when I reminded Dr. Crawford that I had never been here, he sort of shrugged his shoulders, never looking up from what he was doing and said something along the lines of “you’ll be fine”.

Driving home that evening, I was listening to a Sugata Mitra podcast TED talk about learning and education. In it, he postulates that the way we learn now is obsolete and to prove it he created an absurd proposition. He went to the slums of New Dehli and gave uneducated, desperately poor children a computer and after a few months they learned how to use it to browse the internet. When he asked a colleague how they could have learned how to use a mouse and keyboard on their own, his colleague said someone must have helped them. So he went further, 300 miles outside of New Dehli, with an even absurder proposition, that the children would teach themselves the biotechnology of DNA replication in English. If his proposition failed, then learning as we know it, stays the same and they would bring in the teachers. When he went back a few months later to find out what they learned. When these uneducated children, who spoke no English, and had never seen a computer, told him that they had learned nothing, and that they looked at the computer every day…and that other than that the “improper replication of a molecule causes disease, they understood nothing else.

So, that is learning, what about leadership? Is this a metaphor for leadership as well? I’ve been asked to report to you the outcomes of last year’s retreat, What have we done in leadership development, for branding our organization, for our workforce, and in informatics.

If you include all of the 17 hospitals in the system, 30% of those received a new medical director (for example, Dr. Jordan Laser, medical director at LIJ, Dwayne Breining, medical director, core lab, Laurie Horowitz at Southside, Rachel Robbins at NUMC) and most were promoted internally. There were individuals who transitioned into administrative directorships (including myself, May Tso, John Zenker, Shanker Deonandan, Laurie Birnbaum, Richard Seaberg) and multiple individuals behind them were also recognized and promoted.

That is a great accomplishment for all those promoted personally and professionally, but is that what leadership is about, solely? How has the department faired?

Last year, the questions were asked and the need was articulated for leadership development. We didn’t know then that Ebola was on the horizon. When fear gripped the country, the country turned to the government, and the government turned towards the hospitals and the hospitals turned towards their laboratories, and we were asked to lead.

When I went to the C-Suite for the first time and Senior Leadership asked me what is the plan? I said well, we are either going to keep the patients in the hospital or we are going to keep them out of the hospital (note to self, learn more about ebola).

People stepped up, at the community hospitals and the tertiary hospitals, and at the core lab; administrators and staff alike. When it became clear that we would open up the specialized treatment center (STC) at Glen Cove, how were we to staff it? Dr. Crawford, Dr. Breining, and Dr. Laser stepped in. Joe coordinated calls and there were sometimes heated discussions as to how best to proceed (from May, John, and Shanker to name a few). I remember coming in on the weekend because I didn’t know how we could cover both the STC and the lab at the same time. The staff told me to go home because **they** had already arranged for volunteers and coverage. When one of our instruments went down, Richie made himself available to a new administrator who didn’t know who to call. When Fox 5 News wanted to cover a lab about Ebola, they came to one of our sites to interview one of our own blood bankers, Dr. Chhibber.

Speaking of blood bank did you know that at the AABB , we received the top poster in 2014. Our residents presented 25 times regionally and nationally and had another year with 100% pass rate on their board exams.

Before that we opened the Lenox Hill Healthplex in record time. After that there was rapid testing for RVP to decrease length of stay. When we announced at NSUH that we were going live with RVP at our weekly organizational excellence meeting, senior leadership applauded. And after that we had to come up with a plan for C. Difficile. Southside converted to Cerner, Lenox Hill went live on Voicebrook. LIS completed 298 interfaces for outreach with the subsequent charges totaling $60 million. Interfaces were built for the HHC hubs. There was the “patient portal” and what do patients want, lab results. There was clinical informatics with acute kidney injury and anti-coagulant initiatives. It always seems impossible until it’s done…Nelson Mandela. That is demand management, delivering value and protecting against risk.

In 2012, you asked “What do we (pathologists) do to add value”? In 2013, you wanted to know what is your “value add”? In 2014, it was the Year of the value equation.

Value based care, the consumer experience, and operational excellence have taken the forefront in healthcare. The “value” question remains almost the same but where every year the answer keeps changing….

That’s why we keep coming back every year. Looking to you for new ideas. Atul Gawande said we are tackling problems invisible to the patient. Pathologists are under constant stress and provide a unique value that was often under-recognized in the past. When I went back to leadership a few weeks ago, I asked what does the laboratory service line mean to you? They said, the laboratory provides **leadership**. Whether, its Ebola, or C-Difficile, or Sepsis. The laboratory provides the direction. Yes, there were 18 million clinical tests last year. There were also almost a quarter million AP slides that passed through your hands. I did some back of the napkin calculations that someone in this room attended an interdisciplinary conference over 4,000 times. There were almost 21,000 consults, where patients, surgeons, and institutions needed to know what we thought. Dr. Crawford has crisscrossed the country tirelessly promoting our service line.

You asked that we develop the workforce. I tried to do my piece to engage the staff. I used the ALS ice bucket challenge as an opportunity for staff engagement. When I told them that we would have a raffle and the winner would get to dump the ice on my head. At $5 bucks a pop, we raised $400 in 2 days. The bucket they selected was so large that the winner couldn’t lift it. They had to get two guys to do the deed. I haven’t been always sure of my relationship with you all, but for one I’m certain. When Jordan heard about the challenge, he approached me and suggested that we use dry ice instead. I said to Jordan, a large, heavy, bucket of ice without water, on my head. He said “Yeah, now that would be cool!?”

Many of you know that I had a motorcycle accident the prior year and I was out for three months. Many of you don’t know all the details. I took a ride up to Connecticut with a new group of guys for a scenic ride in the country. Right before then, I had been practicing “leaning” for a couple of months with my relatively new bike. Trying to get the bike so that my knee is scraping the ground, with varied amounts of success. So as we are riding, we come across a traffic circle and the asphalt was as smooth as glass. We were going about 30 mph, spaced fairly well apart when I hit the circle and the bike just fell into a perfect lean, my helmet was just buzzing the asphalt, and for a moment, it was perfect. A few minutes later, we are riding along and the leader disappears around a blind corner. I learned later that in the few moments that he was in the lead, he saw a driver straddling the middle of this narrow country round and had just enough time to swerve out of the way. I met the van right at the apex and the impact was hard enough that I broke my leg in 7 places, needed 9 hours of surgery. The surgeon said by tibia and fibula were pulverized and needed an assortment of 14 pins, plates and screws to put it back together. I sailed over the van and landed about 20 feet away. While I was “sailing”, I was thinking “I wonder if the driver is related to Jordan?”.

So, just at the moment when you think you are perfect, that you can do no better, is when you are closest to failure. Being in first place is great, being content in second place is a disaster waiting to happen. It’s why we come together every year, to ask the questions that beg different answers; to come up with the strategies and goals to propel us for the upcoming year.

Simon Sinek said “What good is an idea if it remains and idea? Try. Experiment. Fail. Try again. Change the world. We come back every year because there is value in **this venue**. When I, and I think some of my team members first took on this role, we thought that some of these ideas were too “lofty” and I said as much at the first meeting. But when you “Set High Expectations, at a minimum you develop the habit of performing above average (Sam Villanueva). On behalf of the committee, I want to thank you for allowing us to discover and be a part of the exceptional year that you have had. How you have performed as leaders without lead. I learned (thank you Dr. Crawford) that true leadership means letting leading happen. Our leaders drove the branding, developed our workforce, and innovated in informatics. You said it earlier, our leaders are “*\_\_\_\_\_\_, \_\_\_\_\_\_, \_\_\_\_\_\_, “*  and they are all here in this room.

I look forward to working with you all today.

Thank you.