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## **Tracey Hoke, MD Podcast – Episode 107**

### **Ken Segel:**

Welcome, listeners! I'm Ken Segel, the host of the Habitual Excellence Podcast, where we get to talk to healthcare leaders that have been in the seat, that have been Responsible for leading and helping to lead some of the nation's most enduring examples of what it's possible to achieve in healthcare when people are aligned by value and the operating principles of great organizations and let people do the great work they got into healthcare to do, and today is no exception. We are... Joined by Dr. Tracey Hoke, An eminent, pediatric cardiologist and other, sort of degrees behind her name, and... has a new title, building on many other fancy titles, the chair of... let's see, let me make sure I get this right, Chair, Innovation and Healthcare Operations at UVA Health, and the Darden School of Business, and we're going to get to hear about that. double threat posting here in a minute. Tracy, welcome to Habitual Excellence.

### **Tracey Hoke:**

Thank you, Ken. Happy to be here.

### **Ken Segel:**

Dr. Hoke, our theme that we get to talk about, I'm really excited about, too, because you have this extraordinary history, which I'm gonna ask you to sketch out and experience with the issues that a lot of the leaders who listen to this podcast are really dealing with and thinking about, and actually more leaders are thinking about it now than used to. So I think you're in a particularly powerful position as a peer to help them Learn from your own experience and some of your insights. But you also have this business professor background that you've increasingly molded in, and the UVA has been smart enough to sort of fuse, in a sense, of sort of the quadrupling of impact, if you will, that you can have. And, I think it's an extraordinary position to talk about the theme, really, you've wanted to talk about that I'm excited to hear about, which is... How... what being a great healthcare leader means now, and that it's not necessarily different from what being a great business leader means now. And in a way that is, more complex and more subtle than some of the simplicity with which people sometimes think about that, sort of seesaw, if you will. So I'm really

excited to hear about that, and some of your thinking on that. And... but before we do that, will you introduce yourself in a little more detail, your path as a physician, your path as a leader? And then I'm going to ask you to talk a little about the evolution of the clinical operating system at UVA that we've had a chance to walk beside you on for much of that journey. Tracey Hoke, where did you come from? Tell us your clinical leadership story.

**Tracey Hoke:**

My, my leadership story. Well, frankly, it began way, way before clinical leadership. Maybe to overshare, I was, I was born on an Air Force base in Tokyo to.

**Ken Segel:**

Yeah.

**Tracey Hoke:**

Brighter pilot father and a, trauma nurse mother. And so, from the beginning, I knew that, duty was... was important, and that responsibility was given to those to whom great, you know, gifts were afforded, and and my family was, really supportive in... in my... my wish to be a doctor and to change the world, clinically. And so, flash forward then to... to... clinicals. I fell in love with pediatric cardiology because you could change little lives, at the very beginning, and whole families by impacting one member of their family. And it was just a really exciting specialty to be a part of, everything from prenatal care to, surgery to cath lab interventions to epidemiologic studies and standard work for the care of children with heart disease. It was a really, great fit for me. And how my path changed is that in, fellowship at Hopkins, I was offered the opportunity to spend some time at Bloomberg, their school of public health, and I acquired a school of public health degree and an outcomes research degree back when those were novel things to do for physicians. And it changed my perspective on healthcare and healthcare delivery, and it expanded the ability to change one child's life, one family's life, to the ability to change families with, children who had not even been thought of yet who might have heart disease through, standard care across clinical sites, but also through, population-based analytics and policy change. And so, that... shift is how I landed at the NIH for my first real job, and I had the opportunity to learn from some amazing people. Our group in Heart, Lung, and Blood was lucky enough to have a portfolio in adult heart disease, pediatric heart disease. Pharmaceutical development and testing, device development and testing, epidemiology, and, sort of the, the history and population health of, of, people

with heart disease, which includes essentially half of all Americans, if not more. And so, I was really, lucky to have both the clinical exposure and the perspective that Bloomberg taught me, and then to be able to practice that at the NIH. And I guess the next turning point was the day my husband came home and said, boy, I'd like to go back to UVA, where we did our original clinical training. And so, since I've been back here, I've been, first attached to the Children's Hospital as the Chief Medical Officer and the Vice Chair for Clinical Outcomes, where we started in my backyard, in kids with heart disease and figuring out how to standardize care in a highly, Highly variable population, by definition, and we were able to do some good things in terms of infection prevention and, out-of-hospital follow-up and things like that, and that, that caught the eye of the health system, so that, that brought me to my, my, my most recent role as the Chief of Quality and Performance Improvement at UVA. And, in that role, I got to be a part of all sorts of, process redesign and, standardization to best practice, and, it was a... a real, opportunity when I got to meet you and Rick Shannon, and we moved from a project-based improvement shop to a, daily management system that's still indoors, today, as you said, even, after 15 years and many, many evolutions, because it is, it works. It's a good way to understand your business, and to make good decisions on a daily and even more strategic basis.

**Ken Segel:**

Thank you for that. What a background. I'm holding myself back on different questions about what it was that made the... made the difference for you and the light bulb go off at different points, but you've brought a... you've brought us to the point of our connection, and then the... the daily clinical operating system, whatever you want to call it. But you threw a name out there, Rick Shannon, and this is roughly 2014, something like that, I think, that... that this started to happen, and... If you could... explain... Rick was the EVP of the health system, right? So, CEO and head of the health sciences, and you were in this pivotal position. And you all set out to do something that was quite different at the time. And can you tell a little bit of that journey, just at the foundation and what you created? the BeSafe operating system, and then, tell a little bit of its journey. To bring it closer today, just so that... Listeners have some context. for, really the power of UVA's system and its endurance, and its encounters with the real world.

**Tracey Hoke:**

I think one of the things before we get started to point out was the brilliant leadership decision made by our university president at the time, who was an

English professor. Terry Sullivan was our president at the time, and she had been trying to work more closely with the health system, which is highly connected to the university here at UVA, and she was struggling with the CEO of the medical center, the Dean of the School of Medicine, and the president of the physician's practice group. Because all three legally separate entities were behaving as such, even though someone like me, as a practicing physician, worked for all three, and even receives paychecks from all three. So, it's a very, unusual system, I think. And she was having a hard time figuring out what is the big picture, what's the overall budget look like, where is there duplication of effort, where is there failure to align. She was trying to make good business decisions.

**Ken Segel:**

Yeah, yeah, yeah, great, good point.

**Tracey Hoke:**

she was struggling, so she was the one who said, you know what, I think we need another executive vice president here at the university. There were only two at the time, the provost and the COO, and she said, we need one more, because the health system is so big, so impactful, so important from all three tripartite mission areas. Right. Education, research, and clinical care. And so she installed, Dr. Shannon into that role of inaugural Executive Vice President for Health Affairs, and He came to us, as you all know, with a vision for how we could run our business in healthcare in a way that would be more responsive to the needs of our patients. And more, attentive to the signals that our team members and our clinicians were sharing, and would, elevate our practice from good to great, to steal a term from the next university president, Jim Ryan. And so, So when I met Rick, I had come out of sort of a Dartmouth-Hopkins IHI background, as we've already said, and he brought you and Value Capture and lean principles, thinking, and tools to our business, and it was... it was a shift in mindset, for sure. We were in a more traditional infrastructure, and we were, Managing a lot of fires very effectively, and we had lots of projects in place, and committees. and, standing meetings and things like that. Many, many, many reports, red dots, green dots, etc, but, not always easy to, to tell a story around how what happened today influenced how we deliver care tomorrow. And that was part of the magic, was that, you know, Rick said, let's... Not blow up everything that's good, but let's... Add some infrastructure in our improvement, engine and in our business thinking, such that we are able to come together every day and look back 24 hours and say what happened yesterday that was good and we want to repeat it, but we want it to be

hardwired, we don't want it to be luck. And what happened yesterday that wasn't good, either frustrated a... a provider or a team member, or, or hurt a patient. And so... so... so let's not have that happen again, and let's hardwire it so that it doesn't. And he brought us some very simple tools, things like huddles, things like the, professional safety to escalate signals or concerns. Freed up a lot of time on our calendars from meetings to problem solve with rigor, in the moment, at the point of care, where the event happened, whether it was good or bad, whether we wanted to repeat it or to prevent it. And we had, as I said, lots of reports that became more visual management tools, real live, daily updates in a way that the whole team, and even our patients and families, could see and participate in data collection and understanding. And those elements of the Lean Toolkit were really what changed our management behavior. This idea that we would huddle regularly, we would seek out problems and celebrate successes, problem solve with rigor, escalate, To coaching and other resources when we realized we needed more, and display data in a way that was really actionable in the moment, which of course meant aligning around a bunch of priorities and focusing on what we thought was important, because The 10,000 tile warehouse is wonderful for report writing, but very difficult for actionable improvement. Effort.

**Ken Segel:**

So, you all constructed the B-Safe operating system, and it was led by the leaders, and, you know, listeners are hearing this incredible clarity, this incredible transparency, this incredible... it's actually the way you are running the place day to day. There was no question about that, right? And, focused on... Whether providers and the people that support them were able to succeed in their work that day, and caring for patients, and certainly not hurting them. And some miraculous things started to happen, right? So if you could trace a little bit of, sort of, the momentum going. And then bring us into years where it got tougher, and then your reemergence, if you could. And I know, you know, we don't have the 12 years to recount every month, because it's all exciting and hard and all of that, but just sketch out that... Sort of arc, if you would, for a minute.

**Tracey Hoke:**

Sure, so in the beginning, we had so much fun because the priorities in healthcare, at the first go are pretty easy to identify. Mortality, CAUTI, CLABSI, falls, pressure injury, team member injuries of all kinds. And so we set our sights on these, outcomes for patients, for teams, That we wanted to improve, and because there is good standard work, because we were listening carefully

to our own teams, because we rigorously mapped processes and worked with vendors to standardize support, we were able to make this place demonstrably safer, and we moved from a leapfrog C to an A, we increased our U.S. news presence, we improved in CMS star outcomes, and of course, the payments and penalties that are attached to that. And so we had lots of external recognition, but more importantly, we had almost immediate internal recognition. Right. That if we were able to identify a problem that was process-based and had a standard externally, or could have a standard if we focused. we were able to put something in place, monitor it, and demonstrate excellence. And so, it was, it was a great time. And we used this method for, as you suggested, clinical problems, for business problems. We were very interested in capacity and patient flow, access, etc. We're a bit of a transfer acceptance site for a bunch of hospitals all around us, and so We were really trying to get patients in who needed us, and yet, you know, having some trouble opening up capacity, as lots of hospitals in our situation do. And so we used this method for all sorts of problems and demonstrated lots of success. And so, I think the next, you know, turning point was probably COVID, frankly, and the collapse of the supply chain, so our relationships with our partners changed. The, you know, overwhelm of our emergency management system and our emergency department. We were a, you know, pulmonary ECMO ICU at the time, and so lots of, lots of, novel care delivery happening in that space that was very hard to identify best practice and standardize to, and of course, undid a lot of what we had standardized to. And so, You know, on the one hand, it was a really tricky time clinically. But on the other hand, from a business management standpoint, we fell back on the bones of our management system to keep us going. We escalated our huddle presence As, as a leadership, and we honed our, our, our escalation of problems to, to. to include all of these novel, novel issues that were facing the country and the world at that point, we used our data management system to understand everything from again, patient flow and access to outcomes. We watched our infections increase the way everybody else did across the country, and we enveloped the UVA and Charlottesville and Central Virginia system into our methods, using broader huddles and even more focused data management, truly day-to-day management of bed availability, ventilator availability, supplies, etc, across the Commonwealth. And so it was both a successful management tool for us in a time of great stress, and for our region. And that was, I think, really validating for everybody, that not only did we fall back on the basics of the tools, but others saw value and appreciated the The lead that we were taking in, in, in providing it.

**Ken Segel:**

So, let me, be bold enough to share a little bit of history beyond, sort of, falling back in COVID and using it to come out of the ashes, and I remember serving as your unofficial photographer as you accepted LeapFrog Top Hospital, having rebuilt on the ashes. But along in that period... so today, UVA is under the leadership in the top seat of Dr. Mitch Rosner, who's a systems thinker, who was there at the beginning, and lots of great things are happening. But in between these stages, sort of around COVID and after. you... pretty characteristic of a lot of health systems, you had a change in leadership, and the top leaders in the C-suite were not necessarily thinking this way. They were more traditional, they may even have been... In many places, they are, perhaps at UVA, somewhat hostile to this kind of transparency and sort of tying everything together. But whatever the motivation or views, sort of not supportive, and more... back to more traditional ways of thinking about this stuff. You, unlike virtually every other Medical Center Leadership Group, under such circumstances, were able to continue running using the operating system. And succeeding with it, and that is due in large part to your leadership, but what was it... About your leadership, about the leadership of others, about physicians rallying to it, that allowed you to keep something going that is very, very difficult to do when the top leaders are leading in a different direction?

**Tracey Hoke:**

Well, I have to give credit to my medical center top leader at the time, Wendy Horton, who's now at UCSF, fully understood and embraced these ideas, and recognized the chasm between the dyad leadership at the... at the front line level, and the medical center leadership at the chief level. and how we, the chasm was between this group and the highest level leadership. And so she saw that, And she knew that that meant she had to become a translator, and she had to figure out how to take the good work that this medical center infrastructure was used to and was delivering, and translate it to the top in a way that it would be well received. What she didn't do was tell us to undo our infrastructure, because she knew she could see it was working. She spent a lot of time when she first arrived in listening sessions, hearing from everyone, from clinical dyad leaders in clinics and... and on, on inpatient units to our, emergency management partners who, who talked about how well this system integrated other, other stakeholders. And so she basically gave me the freedom to continue working and asked me not to be inflammatory to the leadership at the highest level. And so, essentially, we... continued our habits, our huddling, our visual management, our problem solving, and our openness to escalation. We shifted our language a little bit. We were ready to shift even

more in order to not be, inflammatory to the environment around us, but the frontline leaders would not let it go. That was the magic. The medical directors and managers knew what they had, and they knew that this direct connection to the signals coming from the front line and coming from our patients, and, really responsive information management teams providing the data that they needed in real time, and, highly effective coaching to problem-solve, redesign, and I think they were bolstered by the fact that their CEO was willing to continue to resource both the problem-solving and the solutions that we all know are not always You know, immediately, fundable, if that's a word. But, so it was a, it was an interesting time, because part of my job was to help my CEO present what we had done in a way that looked palatable to this... to the leadership we were working with, but it was also to support these leaders who would not let it go, and reinforce, both their belief and their habits and to cheer them on, to make sure they knew that we believed in this system, and we continued to... we intended to continue to use it, and of course, leaders come and go, and that entire leadership team has moved on, and our new leadership has yet again embraced the wisdom and the... structure that sits in this kind of management system, and so we're, we're, quote, back, and it's, it's kind of a, Kind of an interesting thing to have watched when the organization was essentially told to change, to shift, to give up something that That the teams felt was working, and then to have watched everyone sort of hunker down, get it done, and advertise it differently, so that they would be able to continue the good work that they knew they could do.

**Ken Segel:**

You know, it's wonderful as you sort of give flowers to Wendy Horton and her role, and the choice that she had to make as a leader that was so effective strategically, and... but required something different of her. You also had to make a choice, as did those frontline leaders, and could you bring us inside your head, for people that don't know you, and, you know, how... tenacious you are and other things, but... but don't let me give you words. What... what choice did you feel you had to make in your head and, you know, translate into your behaviors and your constancy at that moment?

**Tracey Hoke:**

Absolutely. I think there have been a couple of fearless moments in my leadership career, and this was one of them. You know, this was a moment where I... could see what was happening. I had a high-level leadership team that was not interested in embracing the work that we were doing. It was highly interested in good outcomes, don't get me wrong. That part, they were

highly interested in excellent clinical care and good clinical outcomes and notable benchmarking, but not the method that we were using. And so, when I saw that, I knew that the linchpin would be my CEO, and whether or not that person was able to partner with me to continue under the radar, essentially. And it was a fearless moment where I said to my family, I'm gonna do something that I've been asked directly not to do by the highest level leader in the organization, but I'm gonna do it on behalf of the people who take care of our patients, and I'm gonna do it on behalf of our patients, and I'm gonna do it on behalf of this community, and I'm gonna do it until they tell me not to. And so. It's an emotional moment for me, because... I put my career on the line, and basically said to my new boss. unless you tell me not to, I'm going to keep supporting the teams that do this work, that identify problems, solve with rigor, test solutions. I'm going to ask you to fund tests and ultimately hardwired change. And I promise... not to flaunt it. And so, it was very much a fearless time when I knew that at any moment, if we stepped out of line, or perhaps if our system failed us, and our outcomes did not improve, I would potentially be out of a job. But that wasn't the part that mattered to me. This was a moment when I knew, again, a little bit like my experience at Bloomberg, that I could impact 10,000 people who work at the University of Virginia Health and all of the patients who come through our system if I just held to the truth that I believed, and supported the method that they embraced, and translated the outcomes in a way that was seen as success by all.

**Ken Segel:**

Thanks for bringing us into that emotional and hard and probably also energizing, you know, mind of a leader sort of moment, and bringing it back to the family, and all of those things, because I think that's just... those are the moments that make such a difference for institutions over time. Which you and your colleagues have certainly done. Okay, so, History moves on. There's actually, I will say, there's an actual rebellion where the physicians who are rebelling against the very top leaders are actually citing the values and the outcomes of the system that you all had created. And that's part of a change in top leadership, and now we have the more supportive systems thinking group. But one of the things you've also led that I just want to observe for people is there are largely new C-suite leaders in the organization, and you have helped them put their own fingerprints on the system as it continued to evolve as it needed to, to meet the requirements of the moment. And if they don't own it, that's the most fundamental problem, right? Then you get activities that don't connect, etc. So you've walked through that transition. And along the way, and

you haven't even really mentioned it, you became a professor at the business school as well. And... That... there's a reason for that. You've certainly responded to that as a leader, and thrown yourself full-heartedly into teaching there, but also the way of wonderful case teaching and thinking, that there is a system-ness to business school. Education, and certainly at one of our nation's finest. But you've evolved some thinking that you think is... could be quite helpful for your peers and people coming up. that being a great healthcare leader is being a great business leader in today's times, and can you explicate that? Can you sort of give your... Give your thesis, and then let's dig in there a little bit. And folks, we're not going to stop at the simplistic metaphors of no margin, no mission, and you know, healthcare's not a business. Those things bore, I think, both of us. So, give us your hypothesis and tell us a little bit what's underneath that.

**Tracey Hoke:**

Sure, I think, you know, one of the reasons that I've been successful at Darden. This is... this is my 11th year, having the... the... the... true honor of teaching, teaching really amazing students with really great peers. You know, I think... I think one of the reasons that I've been successful is that I think they thought I was being, brought over to give them some healthcare street cred, and cred... and credibility, and build some cases, and teach the language. But what I think they realized, and I sit in the operations group at Darden, so I am a part of the, sort of, the blue-collar team at the ivory tower. I think what they realized is exactly what you're alluding to, which is my belief that good leaders are good leaders, and good business management applies in all business sectors. There are absolutely some particulars to healthcare, not the least of which is that it's about people taking care of people. But if you back it up to the very basic principles, I believe that non-healthcare leaders at Darden can learn from our healthcare class, things like How to solve problems that matter, how to establish expectations and habits and provide feedback, how to align around priorities, how to, assess a business decision from both the financial impact and the value alignment, meaning values alignment with your, with your, your core, and how to listen to a complicated stakeholder group. I, you know, I think this is one of the things that, I see when I teach, that they're used to seeing, Pretty straightforward stakeholders in, in, in... Business development classes. But ours are incredibly, complicated because of the supply chain and other relationships, vendor relationships, etc. in healthcare, the explosion of technology and potential partners and tools, the fact that we are, again, talking about people taking care of people in the very, the very... end. And so, I think it's been a rewarding evolution for me to have gone from being the healthcare

person to being an operations leader at a Excellence school that uses healthcare as a platform, for... for... for good business management teaching.

**Ken Segel:**

Well, it's great, and as you just gave your high-level hypothesis, everybody could hear, oh, wait a minute, it's not just, you know, within healthcare, it's also what can people from outside healthcare learn from healthcare about complex stakeholder management, and wait a minute, I didn't hear... tough talk about how it is a business. I actually heard using... The principles that actually you modeled through the building of the operating system to... To actually succeed in your mission. You know, and the long-term well-being of the organization financially, which... does largely come from focusing on the mission, but because of healthcare as sort of caca, so you do have to look at it slightly different, you know, you have to make sure you're covering your bases. So, when you get into conversations with people who may come at this from one of those, more simple angles, you know, or sort of fear-based angles about, you know, if we're a physician in healthcare and we're thinking about, you know, the corporatization behavior, which is not always good, you know, how do you... how do you approach it? You know, how do you... how do you sort of help get them deeper into... The blue-collar approach, as you said, is actually very life-giving for missions.

**Tracey Hoke:**

Yeah, I say to people, you know, what if... imagine, what if you had a system, a way, a method, an infrastructure that allowed you to look at what happened in your business yesterday? And to, again, bringing us back to the beginning of this conversation. Identify what went well, and hardwire it so that it always goes well. identify what went wrong, and hardwire that process so that that negative outcome never happens again, whether it's a glitch in the production line, or it's a wrong site surgery, or it's failure to access your market, whatever it is. What if you had a system to do that, to look back, and then to redesign going forward, and it allowed a little flexibility to test. Because, you know, bringing in somebody else's best practice anybody who works in my job anywhere in the country knows is not an easy thing to do. You want the bones of somebody's best practice, but then it has to become yours, as our management system, our operating system, has had to become every leader's program. I said, what if... what would that be like if that happened? And what if you could see it on the wall as you walked down the hallway, and your patients could see it, and You, you know, you, you, you were able... easily to understand where your priorities were progressing or not in the area where you take care

of patients. Well, what if we worked that way? And everyone says something along the lines of, well, that would be great. And then I say, all right. put on the bunny suit, let's go down to the OR and see their... see their visual management board, because you might be interested in adding a tile, or you might be interested in partnering with someone, or you might be interested to know that the problem that you're frustrated about has been identified and is being worked on, or something like that. So I just try to get people to think, what if... what if... What if we could change the world? And we had a system that offered you the opportunity?

**Ken Segel:**

You know, I love, I love listening to you talk, and, you know, the economy of your answers, and I think, you know, and I'm proudest of our work, but certainly the learning we do from the greatest leaders we get to work with, and the most accomplishedes. there's a simplification and a connection back to basics, and a sort of making sure the parts of the system are connecting around what really matters, and stripping away the endless projects and PowerPoints and, you know, and sort of, just layer after layer to what is the core of it, and I just love how you sketched that out. What if we could do that? And it's a set of basic behaviors that allow, in fact, people to succeed, you know, over time, and pick up speed and competence and be the physicians they want to be in others, so... I just love it, and I don't want our listeners, I don't think they will, to miss the economy and the connection behind it. So, thank you. Dr. Hoke, you have always, Not just been open to innovation and pushing things forward and learning from others, but also throwing open your own doors so that others could learn. from where UVA is at all of its different stretches, and we have... this podcast recording is evergreen, because you're sharing timeless things, but as we record it, we're about a month away from one of our, executive seminars that we do called Enduring Excellence, not Habitual Excellence, the name of the podcast, where UVA is the site to see and learn from, but there's some other faculty who have accomplished similar things, but have their own sort of twists on it that people can learn from. And a small group of leaders who want to think and lead this way, and some of whom already are, come together to really think and learn, which is exciting. But none of that would be possible if you didn't have the instinct and then the follow-through to open yourself up for regular learning and sharing, and with great candor, which is always deeply appreciated. Where does that come from? Why do you do that?

**Tracey Hoke:**

Wow, well, I guess now we're going all the way back to my... my... my parents and my military upbringing, and the idea that if you have something that works, you have a responsibility to share it, especially in an industry like healthcare. flash forward from that value that is embedded in me, and I'm lucky enough to be in a state, a Commonwealth, a region, where the phrase, we don't compete on quality, is commonly said at our meetings. And so I came into the... the industry in... 2006 in the state of Virginia, where, everyone around me was open with me, and said something along the lines of, if we at this institution or the other are doing something that you want to... to learn about, come... come ask us, and we'll... we'll share with you. And so, as we developed something that was clearly working, it became just a part of what we do to educate others and to be educated by those who come to us. You know, the humility and the sort of blue-collar tenet of this kind of work is that you'll never get it right, and that right doesn't exist because the environment changes, the people change. patients in medicine evolve. And so, so it's really important to me both to... to... Be honest on behalf of the patients of the region, and share everything we know that works, and hope that others can use part of it, and to learn from those who come here, because many people will, Visit under the guise of an educational opportunity and teach me something about how they approach communications, or visuals, or problem solving, and of course, we incorporate it into our next iteration. So, part of it is responsibility, part of it is... is I know that this is helpful to others, and part is that it's helpful to us.

**Ken Segel:**

Well, that's great, and I will say, not only, you know, do you throw open your doors regularly. but I get these notes from leaders that have been through, and they say, oh yeah, I was talking to Tracey, or I got this from Tracey, or Tracey's coming up to talk to us, or, you know, Tracey's helping me with this, or I shared this with Tracy, and, you know, so you maintain quite a network of learning. You know, in all the different ways and domains that you do it, so... Dr. Hoke, I want to, as we come to the end of our time here, and we may have demands for a repeat performance, because I think people can sense, there's such power in the economy of your answers, but they're also great stories and more... more to dig in. So a little bit of an advertisement, you may be asked back. But, you know, when you think about the younger generation of leaders coming up, and it's always about the future, right? We will always need medicine. It's actually very exciting times in many ways in medicine. For as crazy as we are, and how we finance, and... operate. But as other leaders who

are thinking about making the kind of scale difference that you have, you know, both from individual patients to everybody. What words do you have for them to keep in mind, you know, through all the ups and downs? What's on your mind for your younger self, your younger peers, those that you mentor right now?

**Tracey Hoke:**

Be fearless. know what's important to you and to your teams, and to your patients. We have the luxury of being in a business that matters so much to individual people and to lives across the Commonwealth. be fearless when you know that there's a better way, or you want to test something. You called me tenacious, I am very much that. If I think I can do better, or I think we can do better. Be fearless. Be honest with yourself, use data to create action and to monitor progress. partner with everyone. You know, I think... I think there's always going to be pushback when you introduce any kind of change, and so bringing others along with you, and being clear in your communications, and being clear in your ideas, and helping folks understand that, tests of change are a good thing, because if they don't work, we won't pursue them. We'll refine them, we'll test again. The idea that we're continuously improving is really, truly the crux of it all. And it is... scary sometimes, because you have to take the risk of breaking something that sort of worked, but wasn't perfect, as you try to make it better. So, just be clear. Be clear about what What you want for your teams, what you want for your patients. Be clear in your communications. identify and solve problems that matter, don't sweat the small stuff and the noise, so to speak. And be fearless when you have to go out on a limb. Be careful, and be organized, and make partners along the way, but... but sometimes... sometimes you have to take a risk, and sometimes those risks turn out to be the... the greatest successes, so...

**Ken Segel:**

Fantastic. Tracey, thank you for being with us, thank you for sharing so much, as you are. Dr. Hoke and her colleagues' work, she's always very careful to underline. at Darden, through the cases, and others, you know, please do so. If you haven't already liked, or subscribed to the podcast, get it wherever you want. You can, listen to Dr. Hoke's peers, and, We are very grateful you've taken the time to share with us. Thank you, Dr. Tracey Hoke.

**Tracey Hoke:**

Thanks, Ken.

**Ken Segel:**

Alright. Now. Dr. Tracey Hoke, was there a moment when Enduring Excellence principles were grabbing you so much at work that you started to apply them at home that you realized you might be in trouble.

**Tracey Hoke:**

Well, I guess maybe when the color-coded visual management tool arrived in my family calendar, and we established a Sunday evening huddle, and, we, we started thinking through our, week in a different way, what went well last week that we would like to repeat, what didn't go well, like the time I forgot to pick my kid up from daycare, and what would we like to hardwire to improve? And so... so yeah, so this sort of thinking is... it invades your private space, but I believe it, I believe it's a good thing.

**Ken Segel:**

Nuff said, we did have to learn from our own red dot of our daughter almost being left at soccer practice. So there we go. Dr. Hoke, thanks for being with us. Your authenticity as a leader shines through in all dimensions of your life. Thank you.

**Tracey Hoke:**

Thank you, thanks for having me. Thanks for all the support.