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## HE Podcast episode #103 – Dr. James Shamiyeh

### **Ken Segel - Value Capture (he/him/his):**

Welcome to Habitual Excellence Leaders. This is the podcast where we get to talk to the healthcare leaders that have really done the most to make their values come true for everyone who works in the organization, producing value for the patients they serve and the communities that they serve.

I'm Ken Segel. I'm a co-founder of Value Capture, and for more than 21 years now, I've had the privilege of learning from and working to support those leaders. Certainly joining those ranks is James Shamiyeh, our guest today.

Dr. Shamiyeh is the EVP and Chief Operating Officer for UT Medical. This is the University of Tennessee Academic Medical Center in Knoxville.

James, welcome to the program.

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### **James Shamiyeh:**

Thank you. It's a pleasure to be here.

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### **Ken Segel - Value Capture (he/him/his):**

We are really glad to have you with us today in an episode we've tentatively titled, *When Leaders Decide to Change the Way They Run the Place*.

It's really kind of remarkable what you all are doing to build performance at the University of Tennessee by really getting under the hood and upgrading the operating system with a system you call *Everyday Excellence*, and we're eager to talk about that.

But to establish some context for your peers, could you start by just walking us through your career and what brought you to the present seat of leadership, when you got there, and a little bit about yourself? Then we'll get into the work you've been doing recently.

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**James Shamiyeh:**

Sure. No, I'd be glad to.

My original training was in engineering, and I fairly quickly pivoted into medicine. My background is as a pulmonary and critical care physician, and after training, I came to Knoxville in 2005. I tell people it's the only real job I've ever had.

For the first several years, I was really just a practicing and teaching physician. I had an outpatient practice, and I also did a lot of hospital-based work in the acute care area and in the ICUs.

Then, ever so gradually — and initially accidentally — I started getting introduced into project work, mostly around quality in healthcare quality, pulmonary care, and critical care.

Around 2014–2015, I transitioned into broader quality-based work, specifically around sepsis. We did a big hospital system-wide sepsis initiative while I was Chief of Staff.

That's when I really started to get interested in having impact that was more than just one patient at a time.

That led me into a leadership role in our Heart, Lung, and Vascular Service Line, or Center of Excellence. Then in 2019, while still practicing some, I entered the C-suite as Chief Quality Officer.

I've been in the C-suite since that time. The next major shift or major event was COVID.

Because of my clinical background, combined with my administrative background, I became very involved in leading the COVID response, both at the health system level and, to some extent, in the community.

That's where I almost came full circle back to my engineering background and became really interested in the operational aspects. I was then able to become Chief Operating Officer in late 2021.

I've been in that role since then, with some additional responsibilities added. I have hospital-based responsibility as well as ambulatory system outpatient-based responsibility.

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**Ken Segel - Value Capture (he/him/his):**

James, thanks.

UNM met a couple years after you moved into that EVP/COO role, and we met at the University of Virginia, where years before — really a decade earlier — Keith Gray, the relatively new CEO, your colleague Lisa Duncan, and you saw something you really liked and wanted, and chose to go back inspired and start to create your version of this at the University of Tennessee.

Can you walk through your decision as a leader, and your decision as a leadership team — especially at a time when the pressures were building in healthcare — to want to change things, to want to change your leadership system effectively to get different results?

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**James Shamiyeh:**

Yeah, absolutely.

Before I get there directly, I want to talk about that visit where we met at UVA.

We were introduced to the idea of a different approach to the operating system through one of my mentors, who you knew from several years ago. Literally, it was, "Hey, I think you should go check this out."

As you said, I, along with two of my colleagues, went to that day-and-a-half visit and really both heard about the approach to frontline problem-solving and then actually went and saw it.

Keith Gray — Dr. Gray, our present CEO — said on the way home, “Once you see it, you can’t unsee it.”

It was one of those things where we really had to immerse ourselves in how things could be different for us to become invested in it.

Back to your original question, though, about why we decided now was the time to do this:

For me, sitting in my Chief Operating Officer chair, it really got to a question of sustainment.

There were issues over time — even predating my time in the C-suite — where we would make progress, but we had a very difficult time sustaining that progress.

There were also things where I remember the head of the operations center and I talking about a problem we had discussed year after year and just hadn’t been able to solve.

So it’s about having sustainable results, but it’s also about not having the same conversations over and over again about those nagging issues that you’ve never been able to get over the finish line.

For me, that’s what this was about.

We needed to try something different because we were having the same recurrent issues and the same conversations over and over. How do we stop doing that? We need to do something different.

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**Ken Segel - Value Capture (he/him/his):**

That’s great.

You saw my head going up and down, and I’m sure your peers sitting in C-suites across North America — having the same conversation, having to solve the same problem again and again, struggling with this adaptive gap we have in healthcare — I’m sure that resonates.

Can you talk a little bit about the approach you've been building, learning, and spreading at UT Medical now?

What is the leadership mindset around it? What are some of the specific components? What is what you call the *Everyday Excellence* system?

**James Shamiyeh:**

Yeah, so first of all, this is not our first rodeo at this kind of approach. The organization, through the years, has implemented components of it, and honestly, we went into this with a lot of our leaders already having some of the Lean toolkit available to them.

They'd been through Lean training and knew how to use certain things in certain situations, but it was not in any way hardwired.

What was really different about this approach from prior approaches is the emphasis on frontline problem-solving.

It's cliché and we always say it, but the people who understand the work the best are the ones doing the work. So you really need to invest in those people.

What we are doing — and I can get into whatever level of detail you'd like — is marching through the organization with, this time, a different emphasis on coaching, teaching, and mentoring than what we had before.

Not everybody comes at this at the same pace. You may have one area that picks it up very quickly and they're able to solve to root because they have a leader who intuitively gets it, while another area may need to come along in a different way.

You need to meet those different people where they are.

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**Ken Segel - Value Capture (he/him/his):**

That is true.

We probably won't get into huge detail about it, but some of the things you've highlighted are really striking. I had the chance to be with you all most recently just last week.

You're really running this through the operations leadership experts are doing for everybody else, right? You're carrying it through operations, which is exciting.

There are lots of other things we've seen associated with sustainability — building the capability of your own people to do it. It's exciting to see your commitment to it.

One of the things we always focus on is the lessons being learned by leaders, especially those in top leadership seats.

How have you changed? How have you grown? And what are the watch-outs and must-dos for other leaders around the country who would like to get more out of the effort they're putting into improving every day?

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**James Shamiyeh:**

Yeah. So, a few things.

The basics of this that are on the surface are things like tiered huddles. Okay, you've got to have tiered huddles.

But I remember one of the quotes you all gave us: "If you're not solving problems, you don't have anything to huddle about."

That may be a bit of an oversimplification, but it is true that as leaders, we're always reflecting and asking ourselves:

Have we solved any problems this week? Did we escalate the right things up to Tier 3?

Really, a Tier 3 huddle is more than anything else a reflection on the health of your Tier 2 huddles.

I remember from the original conference when we met, the idea that at my level, one of my number one responsibilities is to assess the health of the organization's operating system.

Then I need to identify areas where it is not where it needs to be and determine why.

Is it an understanding gap? Is it a discipline gap? And I don't mean discipline in the punitive sense — I mean the consistency of doing the work every day.

One thing we found out is that some people just don't know how to solve to root.

We all know if you're chasing the wrong problem, you're going to come up with the wrong solution.

That was an epiphany for me. I've had several epiphanies along the way about my own role in all of this.

Another example is our Operations Excellence group. We have a small shop — four people.

The role of those folks used to be that if an area had a problem, people would say, "Oh, we can't wait until they're next. They're going to come fix it for us."

So they would come in and fix it. Of course, there would be collaboration, and then they'd hand the keys back over and move on to the next thing.

Now, their responsibility has completely changed.

They fundamentally see themselves as coaches, teachers, and mentors because there's only so much four people can do.

But if you truly have an army of problem-solvers — at least some of whom know how to solve to root and ask the right questions — that's where the real power of this is.

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**Ken Segel - Value Capture (he/him/his):**

You're describing these fundamental shifts that have to be made to get more out of performance in our systems.

It's so exciting to hear you articulate them and know that you're really acting on them and making it happen as a group.

I know how grateful that team is — led by Lindsey Jennings — that you've put them in this position.

Let's keep going with some of those epiphanies and keys because you're stringing them together so powerfully.

You talked earlier about the people doing the work and building their capability to solve and innovate individually and as teams.

You said something to me as we prepared about having underestimated both the challenge of that and the joys of it.

I wonder if there's a story or insight you could provide about that investment in people that you're making.

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**James Shamiyeh:**

Yeah, absolutely.

One of the tools you introduced to us — there are different names for it, but you call it the 4-box — is really a mechanism similar to an A3:

Solving to root, identifying what you're going to test.

As you go around and roll this out through the organization in cohorts — and we've gotten faster as we've gone along — once a cohort has gone through several weeks, you can round with them at the board and watch them work through a 4-box.

What I learned over time is that one of my number one diagnostic tools is to look at a few of the 4-boxes and ask:

Have they really gotten to root on paper?

Honestly, I'd say it's been about 50-50 in terms of how quickly that happens.

But we had a very successful early effort in our perioperative services, and honestly, it's nice to be successful out of the gate because it builds confidence.

We focused on something we'd been trying to improve for years: first-case on-time starts.

One thing you talk about is the idea of a keystone habit — that you can't be compartmentally excellent.

If you can start cases on time, you can do a lot of other things well throughout the day. That impacts safety, experience, and more.

We started an improvement huddle around first-case on-time starts.

They weren't just dissecting the issue and solving to root — they were chipping away at it piece after piece after piece.

It was really gratifying and exciting to see how such a big, daunting problem could be broken down into small tests by the people doing the work.

Those individuals were able, in pieces, to solve to root because you could never solve it all at once or see it all at once.

Our previous approach to something like that would have been multiple meetings with all the right people in the room:

Lots of sticky notes, new processes, new standard work, communication plans, rolling it out, and then realizing a few weeks later that it wasn't working like we thought it would.

Then there would be a few iterations of trying to improve it before eventually stepping away.

Another epiphany was realizing that if the people doing the work can do these small tests and are empowered to change the standard work daily if needed, then failure takes on a completely different meaning.

Failing becomes succeeding because of what you learn — and you've got tomorrow to try something else.

**Ken Segel - Value Capture (he/him/his):**

Yeah. And it's amazing by Friday how different things can be from Tuesday when you take that approach.

You're making it real, which is so great.

You touched on it earlier — your job is to see the health of the system, think deeply about it, and then act on it. You mentioned that you're seeing about 50% of the problem-solving on paper actually get to root.

We've seen — and I think the literature backs this up — that even a 10% gain in actual problems solved, not just on paper but really solved to root, can result in about a 50% performance improvement.

You're getting more done than you think you are, and you're getting better at solving problems, so performance starts to pick up.

You guys are progressing quickly, and it's exciting to see.

I remember a moment when we had actual surgeons, anesthesiologists, and nursing leaders chasing the C-suite team back to a meeting room because they wanted to talk about what the daily system they'd evolved for problem-solving together meant to them.

I remember thinking, "We're onto something here."

I imagine you've had moments like that too. Since you're paying attention to people and to the system all the time, have there been moments with a person or a unit where you thought, "This is what I want to see," or "This is what we need to move forward"?

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**James Shamiyeh:**

Yeah, absolutely.

I'll give you another example.

In one of our nursing units, within two weeks of rolling out the cohort — and typically there's a standard cadence where you expect them to be doing certain things by Week 3, then more by Week 5, and by Week 8 they start talking differently than before.

But one of our nurse managers picked this up so quickly.

One of the lessons — and this was the epiphany — is that there is no problem too small to solve.

For example, they were working on printers in some of the rooms. People would say, "These printers never work," or "They're broken."

So she made a point during their huddle — and this was very early on, earlier than we expected — and she had a very structured huddle where she engaged the people.

She said, "If you want this problem to get better, then you need to bring the specific printers that are not working to the huddle so we can work on those. Then the next day, bring the next specific ones."

I'll give you another example.

We have one of those hand hygiene systems where staff wear a badge that registers with the system.

I had no idea that badge management was going to be one of the major challenges with using the system.

But we incorporated it into our operating system so it became part of the huddle and part of the conversation.

As a result, we were able to improve active badge use and people consistently wearing their badges in a way we'd struggled with for several years.

Back to that nursing leader — it was almost like she had been ready for something that would help organize all the things she was already trying to do.

That's probably the most exciting thing: when it just clicks for somebody.

What we've found is that those people can then become leaders for this work. It may not be a formal title, but we're all learning from each other.

We've had several people where it just clicked, and then they became coaches, teachers, and mentors for their colleagues.

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**Ken Segel - Value Capture (he/him/his):**

Yeah, I love you highlighting that.

As you said, like any major initiative or change effort, there's a rollout aspect so people can understand the tools or the system.

But the real power spreads through leadership development — through the people who become champions for it.

I'm thinking of one leader in your ELT meeting who caught on very early and described another area that had hit a really tough point.

She said, "I knew what to do. I needed to move them into the system."

And then she described the results that came from that. That was great to see.

What about some of the cultural touchstones people typically associate with this work?

Things like safety, psychological safety, transparency, and becoming comfortable with problems.

How have those principles played out across an American academic medical center with all the history and culture that comes with it?

And how has that impacted you personally?

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**James Shamiyeh:**

Yeah, absolutely.

As we go through the formal teaching in the early part of each cohort, the concept of psychological safety is very much emphasized.

What we've found is that in certain pockets, we've been able to transform what may have been a blame culture into a collaborative culture.

Another benefit of this work — not always explicitly stated, but definitely implied — is that when you get people from different areas together working on the same problem, it changes the dynamic.

Your ability to point fingers doesn't disappear on Day One, but if you're huddling daily around a specific issue and start making progress together, then eventually someone in the huddle steps up and says:

“Okay, I'll take that one. I'll go talk to this group and circle back tomorrow.”

It's not that people were necessarily at odds before.

They just didn't fully see each other's situations or appreciate the challenges others were facing.

We saw the same thing in our emergency department when we brought together four key stakeholder groups:

Physicians, nurses, radiology, and lab.

From both a throughput and safety perspective, they are highly interdependent on each other.

They were rubbing shoulders every day, yet they didn't fully appreciate the challenges everyone else was facing.

So we brought them together, and that became a learning cycle for us.

The good news was that we broke down some barriers.

But we also made the mistake of starting with something really big.

We thought, “First-case on-time starts worked well, so let's start with something even bigger.”

Actually, the answer is probably the opposite.

I think you need to start small.

**Ken Segel - Value Capture (he/him/his):**

Maybe tomorrow.

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**James Shamiyeh:**

Yeah.

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**Ken Segel - Value Capture (he/him/his):**

Very cool.

One of the things you've mentioned about this for yourself — and correct me if I'm wrong — is that leaders can't be too guarded about this work. They have to show some vulnerability.

Is that true? Is that a journey you've gone on or coached others through?

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**James Shamiyeh:**

Yeah, I think a lot of us have, honestly.

This is not easy work. It's not easy to commit to making these kinds of changes.

One of the things I'm still very much working on — and we're well into this journey now — is figuring out how to integrate this into my schedule.

Everybody is so busy. Healthcare pulls us in so many different directions.

I told you before we started recording that I came into this on two wheels because it's been a crazy day.

So being willing to acknowledge that we're all learning is important.

I've had moments during this journey where I've been exhilarated and moments where I've been discouraged.

But as long as there is growth and forward movement — whether for the organization or personally — then we're moving in the right direction.

It goes back to the idea of small tests and small changes.

You can even apply some of this operating system thinking personally. You can look in the mirror and say, "Maybe instead of completely changing my calendar, I just need to test a small change and see if it works."

Eventually, you give yourself permission to do that.

Even when you talk about psychological safety, there's still always going to be a moment in a huddle where someone hears coaching as, "You could have done better."

Part of the leader's role is being able to say:

"Look, I can do better too. I'm learning. I could have done that better last week."

We're all just trying to improve, and that's a really important part of psychological safety.

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**Ken Segel - Value Capture (he/him/his):**

So powerful.

James, earlier you talked about how you use reflection in Tier 3.

One of the things that's been exciting for us is seeing UT Medical — through Keith's leadership and Lisa's leadership in particular — adopt reflection as a regular part of this cycle.

You're not seeing it as wasted time, but rather as something focused and intentional.

Could you talk about that a little bit? Why did you say yes to it, and how are you using it? What's it doing for you?

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**James Shamiyeh:**

Yeah.

Practically speaking, as we went through the first two cohorts, we saw the value of teams reflecting on the work they were doing.

If we had an hour-long reflection session with the people doing the work, the initial instinct was:

“Oh my gosh, we're going to spend an hour doing this? Don't we have other things to do?”

But then you realize that's where the vulnerability happens.

That's where people who aren't fully bought in can share that honestly without being judged.

It's also where people begin to understand the situations others are facing.

Those reflections became the place where some of our biggest leaps forward happened.

We realized this seemed like an important piece of the equation.

At a broader level, though — at 30,000 feet — it becomes a question of: why wouldn't you reflect?

If you don't slow down long enough to think about what you've been doing and whether you're doing the right things in the right way, you're not going to grow.

That's part of why this work is so hard right now in healthcare.

Healthcare has become so challenging, and everyone is incredibly busy for good reasons.

Making the commitment to dedicate time to this work is difficult.

It becomes one of those classic questions:

Can we afford to do it? Or can we afford not to do it?

We came to the conclusion that we couldn't afford not to do it.

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**Ken Segel - Value Capture (he/him/his):**

And when you reflect on that decision today — getting close to a year into this work — how do you feel about it now? What lessons have you learned? Did you make the right decision?

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**James Shamiyeh:**

Yeah, we absolutely feel we made the right decision.

What I've had to realize is that this is a journey. It's a marathon, not a sprint.

Sometimes organizations think:

"We're going to roll this out, check the boxes, and move on."

But this is forever.

Yes, eventually we'll complete the rollout itself, but the sustainment is ongoing.

Earlier we talked about sustaining results. Now we're talking about sustaining the operating system itself.

That's the biggest danger:

You commit the time, resources, and money, you get some success, but then it fades.

Not every area is going to progress at the same speed. That's just reality.

But there will absolutely be areas solving problems they never would have solved otherwise and operating with a level of daily management they wouldn't have had before.

That's great.

But if someone leaves the organization and comes back a year later, not only should it still be happening — it should actually be better.

As long as you frame it that way, it stops becoming a competition.

I don't care where any specific area is, as long as they're improving.

There was one area — I won't get specific — that navigated a lot of challenges with this work. It just wasn't clicking.

Then yesterday I went down there, and I could tell:

It's clicking now.

And the fact that it took longer? Who cares?

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**Ken Segel - Value Capture (he/him/his):**

Yeah, I love that.

People listening can hear that despite all the challenges in your role, you still go and see.

You're focused on the people, the capability building, and the operating system as the path to sustainable results.

That's just awesome.

As we wrap up and let you get back to running a great American academic medical center, are there any final thoughts for your peers undertaking this work? Advice, lessons learned, watch-outs?

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**James Shamiyeh:**

One thing we haven't talked about enough is the pride people develop through this work.

When it starts clicking, people become empowered.

They can literally point to stacks of 4-boxes representing problems they've solved.

That pride leads to engagement.

And we all know that when teams are more engaged, it translates directly into the patient experience.

Another thing we haven't talked about enough is that the core of all this is safety.

The timeliness of how we assess opportunities and respond to issues has dramatically improved as a result of this work.

It goes back to the idea that you can't be compartmentally excellent.

All of these things need to fit together because this simply becomes the way you do the work.

I also don't want to imply that we haven't had challenges.

This rollout has taken a lot of time.

At one point, we intentionally slowed down because we wanted to shore up what we already had.

We didn't want to just check more boxes without ensuring sustainment.

The final point I'd make is the importance of leadership.

At the C-suite level and CEO level, one reason it took us a while after visiting UVA to commit was because we had to make sure we were truly aligned as leaders.

Leaders are the drivers and sustainers of this work.

When I'm in a one-on-one with one of my leaders — or when they're meeting with theirs — part of that conversation should involve assessing the health of the operating system.

If leaders aren't committed to it, committed to going and seeing, and committed to coaching, teaching, and mentoring, then it's not going to work.

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**Ken Segel - Value Capture (he/him/his):**

Amen.

If you needed a recipe card for the absolute keys to this work, that should be right at the top.

You've shared so much about how the philosophy, the systems, the people development, and the leadership role all fit together.

I think people are hearing clearly what you see as the obligation of leaders.

It's exciting, especially in a time when so much is demanded of healthcare and there are so many stresses, to see leaders taking on this next-level work.

Thank you for being with us today, and thank you to all your peers at UT Medical for showing the way with courage, vulnerability, discipline, and idealism.

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**James Shamiyeh:**

Thank you very much. I appreciate the opportunity to spend this time with you.

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**Ken Segel - Value Capture (he/him/his):**

For listeners, we hope you enjoyed the podcast.

Please leave a comment, give us a like, and subscribe to Habitual Excellence wherever you get your podcasts.

There will be more opportunities to learn from the work UT Medical and Dr. Shamiyeh's colleagues are doing in the coming months and years.

At some point this fall, we'll be announcing our C-suite seminar, which UT plans to host early next year.

Watch for those dates, and keep an eye on the healthcare press where good things are happening, because UT will certainly continue to be represented because of this work.

James, thanks again for being with us.

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**James Shamiyeh:**

Thank you.