Ken Segel – Value Capture (he/him/his)

Hey, welcome, listeners, to the Habitual Excellence Podcast, where we talk to leaders that have been a part of driving some of the most successful—and therefore encouraging—performance transformations in healthcare delivery across the United States, and really all of North America.

We certainly have one of those guests today, Megan Scanlon, who is the Director of Operational Excellence at Penn State Health in her current posting, but has been a Vice President in other key roles at a number of our great hospitals and academic systems, including Vice President at Duke Health.

And before that, a checkered past as a leader at Value Capture, advising other top systems in the United States and Canada—almost too many to mention. Megan can share a little bit more about her background in a minute.

We are going to talk today together about a topic that's really important, and Megan and I have chosen to call it: **Why Do We Still Choose Chaos?**

Why is the effective choice in healthcare to let things happen as they will, based on individual effort, and really a modest—and in some ways very traditional, outdated—way of managing people and their performance, instead of creating something better?

And there really is no one better in my mind to talk about this than Megan, who is one of the most insightful thought leaders in this space, as well as deeply experienced in making the right thing happen. So, Megan, welcome to the pod.

Megan Scanlon

Morning. Thank you, Ken. Great to be here.

Ken Segel – Value Capture (he/him/his)

Megan, I bragged on you a little bit, but can you share a little bit more about your background—where you started, how you got into this, how you got to your current place—and just a little bit more about yourself?

Megan Scanlon

Absolutely. I'm an industrial engineer from Penn State—a proud Penn State graduate by degree—and I started my career in a Johnson & Johnson company in the medical device diagnostic field within manufacturing.

So, in some way, shape, or form, my entire career has been in healthcare. Very early on, I was lucky enough to be trained by folks from aerospace and automotive industries in Lean, and we were working hard to produce value to our customers and improve the quality of our products in the space of pathology and clinical chemistry.

As I was exploring that space and working in different parts of our business, I found a group within our company that was taking what we were having success with in our own manufacturing—in terms of improvement, lean management, and mindset—to the end users of our products, which is how I sort of got into healthcare delivery. I started in clinical laboratories.

I did that across the globe for about ten years and learned a lot about a lot of different things, and a lot of different leaders, and how healthcare organizations think and run and set their goals and targets.

I got really interested in going from the laboratory to more of a value stream approach. We were replicating great success and results, and then over time we started to work with leaders who—if we had the right conditions created, if we had the right leaders in the room, if we produced the right results, if we developed the right capability—would say, "Hey, thanks for helping us in the laboratory. Let's look at pharmacy next. Let's look at perioperative. Let's look at radiology." Even food services in one organization.

And so I kind of got enamored with this idea of what would it take to have a leader strategically be looking at their entire house—or entire organization—and putting it on a journey for excellence, as opposed to slice by slice across the organization. And that's actually what led me to you and Value Capture.

There was an opportunity to do something that was just like that, and you allowed me to come in and explore that curiosity and do some great work along the way.

Ken Segel – Value Capture (he/him/his)

Well, and you certainly did that, and you're very gracious, as always. I was smart enough—when you indicated you might be open—to bring you in. I became a believer in Megan Scanlon's coaching ability in the deepest way, as you helped transform our own organization, and therefore our ability to help our clients.

And I see you have Paul O'Neill's playbook for habitual excellence behind you—our founding non-executive chair—who you and I both know, and certainly a leader who set the whole enterprise that he had the privilege of leading on a journey to excellence, not sort of project by project.

We had a good model to work side by side in different ways and go forward.

So, Megan, let's get further into it. Let's talk about what is the gap—what is the issue?

I was struck, as we started thinking about this recording, that you said leaders are sort of making an implicit choice at many or most health systems that, from the get-go, holds us back from the levels of performance—the right thing happening every time, the right way—that we know are possible and that are frustrating to everybody when it doesn't happen more often or more consistently or always.

What is that choice? Can you describe that for the audience?

Megan Scanlon

Hmm. I don't know if it is necessarily a choice, or if we're producing the leaders from the system that has been run historically in this way.

I don't know if that makes sense.

I do think when leaders rise into their roles and they get wider and broader scopes of influence, they do the best they can with what they've seen, and they bring their best ideas forward.

I think very often, though, the things that happen within healthcare—nobody's broken through, in my mind, in a sustainable way. We've got pockets of excellence, great case studies and examples, but we don't have what other industries have, which is this generational trajectory of better.

Of the lessons and the learning, and having a strong system that produces results reliably, that allows a foundation of stability to be improved upon. And that's the other piece of it.

Healthcare *is* different. I acknowledge that and respect that, but I don't use it as an excuse or a reason why we can't try to be innovative and lead in these ways. I think it's all the more reason why we have to figure it out.

We have to get to stability, and so much of how healthcare feels is instability on a day-to-day basis. We can't control who walks through our doors. We don't know what the next major crisis, health event, or public incident is going to be.

And so we think we cannot get to a more calm, stable, and repeatable way of working. We feel like we're always on alert, bracing for impact of the next thing that's going to happen.

But if you really look at data, and you look at patterns over time—seasonality, even through the pandemic—you can start to see that while we don't know exactly what's coming at us, we *can* set ourselves up to respond in kind to whatever does come, if we can fix the small things every day that right now take up our whole world.

There's this culture of firefighting in healthcare that's very much rewarded—the reaction, the showing up, the swooping in, the making it better quickly for someone else, and then going on to the next thing.

Versus the people who are kind of in the trenches day in and day out. The problems are normalized. They expect to come in and have trouble getting meds from pharmacy today, because that's how it's been. They expect to have a delay in their bed being clean and ready for a patient, because that's how it's been.

But these are the problems that, if we could solve them and do those usual things unusually well, would allow us to have that discretionary effort and capacity to handle the hard things as they walk through the door.

Ken Segel – Value Capture (he/him/his)

Wow.
A lot there—and powerfully stated.

Megan, you and I both have some love of sports, and I know you have experience playing and coaching at multiple levels. One of the metaphors you've used sometimes with me—maybe you could relate it to the audience—is a simple sports metaphor about the kind of sport we're effectively leading today versus what we can start to move toward if leaders choose to. Can you share that?

Megan Scanlon

Yeah. I had an aha recently. I'm always looking for metaphors to help people connect and think practically to things that happen in life. Sports might not resonate with everyone, but there's usually enough there to make people think about it.

I'm a team-sport player. Soccer, softball, volleyball—those are the things I always did.

That idea that there are different roles on a team, the team has a common goal, there are rules within the sport you're playing, and you really rely on each other. You might have different skills based on the positions you're playing.

All of that diverse experience and skill, brought together toward a common goal, is how you become successful—whatever winning looks like for whatever sport you're playing.

To me, what's really interesting is that when we think about this hero mindset and the rewarding of the firefighter mentality, it's almost like everyone feels pressure to be an individual contributor—to play an individual sport.

They show up, rely on themselves, and think they're the ones who have to do the lift to get to success.

And we don't always play that team sport in the same way. Many of us *have* played team sports, danced, orchestrated performance among people, or played music in a group.

It's that kind of coordination and mindset that we need more of—less extreme competitiveness, less cutthroat pressure to figure it out quickly and rely only on yourself.

Instead, having the space to truly think—or to say, "I need to do something important right now to make sure this doesn't get worse and people aren't harmed. Let's contain the situation, then buy ourselves the time to solve and think more deeply."

The problem is that everything feels like that stopgap moment. We put stopgaps everywhere, but we never come back to really dig deeper and fix the issues.

We see the work as how we get through *this* moment, versus how we ensure this moment never happens again.

Ken Segel – Value Capture (he/him/his)

Yeah, yeah—that's something. And as you know, I'm a simple guy, so it really hit for me when you said: implicitly, the leadership framework we're using is a little closer to golf or tennis, where the individual gets out there and they win their match or not...

Versus a soccer, football—and, you know—I thought about that more deeply.

Leaders listening to this would say, "No, of course, we know it's a team sport. Everybody's got to connect and everything." But the truth is, we don't manage the connections, we don't practice the connections, and we don't look and see what's going wrong in the connections every day. And of course, that's what dictates success in a team sport.

Yes—individual effort and talent certainly matter. But if the team isn't playing well together, and disciplined, and can anticipate what the others are doing—and when there are problems, they're addressed—they don't win consistently.

And, you know, we're taping this a couple days—this is tough for a Penn State alumna and leader—but we're taping this a couple days after Indiana's rise from the ashes to win the national championship. And… it's about the system, right, Megan? There's a system there, I'm sure.

How did you watch that—apart from the tough… you almost beat them this year—but what were you thinking as you watched that system come together and lift total performance that we could learn from in healthcare?

Meghan Scanlon

Mmm.

Yeah. Well, you know, it's interesting. I was watching it and looking at the behaviors of the leadership on the sideline. I was watching the calm, and the not overreaction in a negative or a positive way during the game. I was watching the resilience of the teammates on the field who kept coming out and showing up and giving their all every single play.

I was watching the communication happen. I was watching the adjustments based on what they were seeing.

Ken Segel – Value Capture (he/him/his)

Real-time problem solving.

Meghan Scanlon

Real time, exactly. And those behaviors—you can see them, right? That's what defines a behavior. It's something you can actually see, take a picture of it, memorialize it in some way.

You can see those things, and it speaks to—excellence, to me, doesn't happen by accident. It speaks to how they live and practice and model every day of the year, not just in that game for that moment.

They're ready for the challenges that happen. They didn't know exactly what plays they were going to be run on, but they studied, they prepared, and they were able to adjust and respond in kind—and be successful, ultimately.

Ken Segel – Value Capture (he/him/his)

And that means the leaders have a clear framework for success, and then it's practiced, it's understood by all—it's not just implicit, right? And the behaviors are modeled, and then...

There's a system. And it's both rigorous, and it's disciplined, and it's also practical and not overly complex—to allow complex things to happen, right?

Okay, and we...

Meghan Scanlon

I love the—sorry to interrupt you—I really love the collegiate sports model for thinking of this, because that was a reflection I had had a little bit ago.

There are different schools and programs that you expect to win the big game, or at least be a part of building up to that big game.

And if you think about what collegiate sports are now more than ever, they turn over entirely every three to four years. And if you think about leaders—not just in healthcare, but industries—people don't have that same "we're gonna stay and be the franchise player forever."

And so, thinking about the coaches that are successful, who can bring in new talent consistently, and align that talent towards that vision, and work within that system—I think there's something there that can be learned from in organizations to create more of that stability.

So there isn't such the pull, or the tension, that can come from when leaders kind of cycle in and out—because I think that is just what is our reality and will continue to be. But there's something in there that I think can be explored and learned.

Ken Segel – Value Capture (he/him/his)

Oh, that's awesome. Well, you're a natural builder and problem solver, so let's— I look forward to—let's pick that thread up. Make sure we continue to pick that up about what could be done.

But first, let me ask you to go—let's go a little deeper on…

I love how when I said leaders are making an implicit choice, it's holding us back, and you said, "Well… I don't really love the word choice," because they're coming up in a certain model of leadership, and then they're continuing it the best they can.

And I agree—leaders certainly are well-intentioned, want the right things to happen, put a lot of themselves on the line, bear a lot of cost, I think.

So, well, let's talk a little bit more about the why, right? We know there's a gap between what's possible and what people are doing—with best intention, best effort.

Yet it is known that there are these systems and disciplined approaches that actually a lot of health systems use—say, on the back end, on finance—and actually are very rigorous about, but they haven't extended it with the same rigor into operations.

Let's talk a little bit: do we think we know some of the why? About why leaders hold back from those models or potentials?

You've coached a lot of leaders. You are one yourself. What's in your mind about some of the why when we think about that hard stuff of behavior change, and our fears, and things like that?

Meghan Scanlon

Yeah.

Well, a couple of things come to mind. I think there are a multitude of reasons, and I enjoy engaging folks in conversations just like this to learn their personal whys.

But I do think, in some ways, it's just a matter of understanding what those differences are. One of the powers of lean management and the idea of these systems that we're talking about is their simplicity.

I also think that's one of the challenges, because it can seem like you're doing it already, or it can seem like you might not see the gap between what we're trying to do and where we are right now, because it can all sound the same.

The difference really is in the practice. And I think therein lies another challenge: if you don't see an opportunity or a gap, you're not going to be necessarily motivated to change or try something different or new.

So I do think that's one part of it—the simplicity of it. And if you go and visit somebody who's on that journey—maybe much longer than you—and they've gotten success, it's hard, right?

There's so much that's implicit in culture. You might see artifacts, and that is typically what people do. They'll go and they'll be like, "Wow, that's a great looking board. Take a picture of that—let's try to put that here." Or, "Wow, those people said…"

You can attribute it to a lot of different things that seem like they're more heroics or people-based, but they really are the system that's producing these types of results with great intention.

And that can be really hard because it's very implicit.

One of my big reflections in the past five years was: how do—I'm guilty of this as well—I do a lot of things implicitly. And I tried really hard to say, what are the things that I'm doing because of my learned and lived experience—because of the successes and failures that I've had—that I can try to be more explicit about?

Because if I can be more explicit, other people can see and learn it, and then try to do it too.

So I do think that that is part of it.

Another part, I think, is the pressure of the people aspect of healthcare, right? There's maybe greater perceived risk in what the problems are, and we tend to react to those ones that are most severe, and we employ all of our best resources at those.

If we can get—and to me, that's where the chaos happens—because it's way too late in the process to fix it, so to speak.

But if we can get further upstream with all of the things that I spoke of earlier—the normalized problems that we ignore because we perceive them to be part of what we

expect our day to be like—then we can maybe eliminate some of those really dire situations that we would be typically forced to react to.

So it is about, to me, how do we get to more of that calm?

I also actually think that data insights are a big part of this. Healthcare is information-rich. There are a lot of information technology systems that we use to help us store information, connect information. There are a lot of ways to pull data.

The data that we pull, though, tends to be very lagging, outcome-based data. We don't have a lot of ways to do process data, in-the-moment data, that might be leading indicators of the lagging outcome.

But I do think there's an opportunity for increasing data literacy and understanding a little differently what data means, so that we can set ourselves up with tools—something as simple as a control chart versus a run chart—to really try to understand...

One of the things lately I've been thinking about is: not all red is bad, not all green is good, right? But we tend to see a red and then want to attack it—and learn from it.

And that is not a bad thing, right? We do want to say, "Why did this red happen?" But it might not be that the sky has fallen, and this red means something more than something that we might expect, in terms of the range of results that we're going to get from the processes and systems we currently have.

Ken Segel – Value Capture (he/him/his)

So I think there's a lot in there to explore and to think about that are gaps for why we get stuck on this kind of chaos carousel.

Right—and if it's sort of how things are being led around you, you don't really have a choice to escape it, right? Unless you're the top leader with courage, or becoming part of a culture that's changing and heading this direction.

So, right, some of the why where we stay more where we are—in a reactive, individual effort system, or at least not explicit management of the day-to-day connections and problems—yeah. No, I think that's right.

We've talked a little bit about "better is available," and examples are available of where a great operating system, or daily management system—whatever you want to call it—how work is designed, how work is improved, how work is managed—are in place.

Megan, tell a few stories about getting to better—where it's better—what you've experienced as a leader, what you've seen other people experience—so that people get a flavor of our target state here.

Meghan Scanlon

There are so many examples that come to mind, but I think the one that people can relate to pretty clearly is: I had a great opportunity a few years ago, working in a children's hospital.

We had had a system to start with that we were building upon, and trying to bring in more of this rigorous daily problem solving.

Earlier in the morning—I think it was during breakfast time of day—there was a team member who was taking a patient, an infant, to the bedside of its mother. In traversing the room, they stumbled on a cord on the floor and tripped.

Now, there wasn't severe harm to either the team member or the patient, but there was still a recordable fall that had happened.

What happened very quickly—within two hours in that organization—is that because we had this system, where they had a tiered huddle structure, and it was expected, safe, and rewarded to call out problems that got in the flow of providing care to your patients—somebody called out that this had happened, and it was shared across the whole house.

Then the charge became: after they took care of those two—now we had two patients, the team member and the infant itself—you care for the injured, and then you want to contain that problem.

So the charge was that within an hour or so, everybody across the whole house would look and see: are there any cables within your walk path?

It wasn't just inpatient rooms. It wasn't just a nursing activity. Every single person in that organization, no matter what your role, was to look at their workspaces and say: can I safely get from where I need to go and traverse my pathway without any obstruction from a wire?

That allowed us to contain that situation today. People picked up cables, they plugged in things, they might have rearranged some rooms, moved some plugged-in equipment from one side to the other. Now we're safe for the day.

But we didn't stop there.

Within a week, we worked over the next week and brought a cross-functional team together. We brought nursing. We brought anybody who might walk in a patient space. We brought food service and nutrition. We brought engineering.

We wanted to learn about what was going on, because immediately that day, we found out in that room that a clip had been broken underneath the bed, which was why the cable was in the walk space to begin with. It was supposed to be threaded under the bed, but it was in the middle of the walk space.

So we brought all these people in, and we had them talk about it. What we learned through that next week or so is that we actually have five or seven—I forget—different types of beds, and we had one or two different types of clips.

Because it seemed simple enough, right? Buy clip, put on bed.

Ken Segel – Value Capture (he/him/his)

But what we learned is that certain clips on different bed types had a higher rate of breaking when, inevitably, a cord gets pulled or something like that. And so the failure of those clips—

Meghan Scanlon

—caused frustration for engineering to keep replacing them. But also we learned that they weren't the appropriate clips.

And so something that happened in a patient setting, where there was an injury to a team member and a patient, became something as simple as: we actually don't have the right accessories to our beds in order to thread the wire underneath.

A week later, we learned the types of beds we had, the best recommended clip—which meant that we might not have used the same clip everywhere, which might be what we want to do to standardize, get volume discounts, things like that—but it left us vulnerable in terms of our process for keeping everyone safe.

So I think it's a great example. There's so much in there: the safety and ability of the team member to voice a problem; the actions that then happened very quickly to ensure that we wouldn't have that problem for a different reason anywhere else that day; and then the actual time to gather the people, dive deeply on that issue, figure out what the response needed to be, and then make the changes with the parts they ordered.

And better visual management around: how do you know which clip for which bed as you put beds out into the units?

Ken Segel – Value Capture (he/him/his)

Megan, it's a great example—and a concrete one—and I just want to make it explicit for our audience: this wasn't one-off problem solving with extra effort devoted to this unit.

This was an organization deciding that these daily impacts were the things that they needed to get great at solving quickly, and bringing people together—creating a system where people could come together quickly to solve them.

So: solve this problem, the cascade to solving other problems, and then building the way we get together and solve the things that hurt our people first, or patients—but also just get in the way of work, right?

So if I'm a leader listening to this, Megan, I'm also thinking: wow, that took a lot of time and resources. How should I think about resources required—or time required—to actually solve problems daily, rapidly, bringing people together?

If I'm thinking about big numbers and labor effort and things like that... what... what... how can we help people be a little more relaxed?

Meghan Scanlon

That's a big question. And I think—it's not an easy answer, because you build this capability, and then it changes with every aha moment and every experience you have. So to me, it's more: changing what's expected and building that capability.

But you do need—to me—to support and have problem-solving people, like myself, my team, my teams historically, be there. You need to make sure that the people doing the work can have time away from the work in order to do that.

So I've worked in places where we've tried a lot of different experiments for how to make that happen. We've had education events where we teach people certain things—see waste, things like that. We've had problem-solving support and help.

Certain days, we might have people who have discretionary time—off on the bench, I don't know the right way to say it—but that can come in and help.

But the idea isn't that we need to have, you know, 30% more people in order to do this, right? Because what I've said most of my career is that the rate-limiting factor for how fast we go isn't me or my team's capacity, because there's so much that has to be true,

because we can't do it without the partnership with the people on the floor who are doing the work.

And so it really is a balance.

But the good thing about it is: as you start to solve problems—and you don't have to solve them all at once—but as you start to solve them, you build that momentum. Yeah.

Just like thinking about a progression in sports or something—you learn things as you go. You don't come out of the gate learning all of the trick plays, set plays, different moves, change in direction, things like that.

You learn the basics, and you get really good at the basics, and then you get ready, and you learn, and you deepen, and you develop more complex skills.

But there's an energy that happens from that, and a momentum, and a groundswell. And that can be something that allows you to do more and more quickly.

Because if we have everyone solving those little, perceivably small problems every day—as opposed to 20 or 30 people whose job it is dedicated to solve problems—I mean, we could solve hundreds, thousands of problems.

And they're not all the big, hairy, scary ones. Some of them are just the little ones that are annoyances that you might not even stop to try to solve today, because you're just like, "Well, this is how it is here," and, "I'm just going to deal with it."

Ken Segel – Value Capture (he/him/his)

Yeah.

No, that's so true. And I'm mindful, thinking about some of the work we've done together, and I know you continue to help leaders see right at the beginning: 40, 50, 60% of everybody's time on the floors—who are supposed to be caring for patients—is just ground up and dealing with the same problems occurring every day. And the supply department's similar.

And so it's: how do we redirect some of that effort, build some of this problem solving into operations with some support, but not a specialized function?

And then I'm also mindful—you're coaching at UVA, or work together at Duke—total performance rises, right? A couple years in, everything's better.

And I can share with the audience some of the guests that have been on this podcast: they have operations running great, and the total leader effort per day is about two hours, and the rest of the day they're out doing strategic growth and things like that.

And it's all about committing again to making it a team sport and managing the gaps and the problems more explicitly, effectively, with the system. So, that's awesome.

Alright—so, Megan, how... let's start to talk about how we can better support leaders, help more leaders move in this direction in healthcare.

You started to lay some really interesting ground back there that I promised to get back to: how do we create the leadership culture—the movement? An evolving tradition, right? Because people are taught to lead by the leaders that go before them, and so we've gotta sort of shift things.

And I bet you have some ideas about that, so...

Meghan Scanlon

I've had the great fortune to work with a lot of really impactful leaders, and I've been shaped by each and every one of them.

Gosh—and I think a lot about safety, just as a core value in an organization. And I think a lot about: do our leaders feel safe? What is the expectation? What charge has been put in front of them?

For me, it's: can we be willing to spend our time a little differently? Like you said, we're not talking about thousands of hours out of the gate.

But how can we take 15 minutes a week to start? How do we take an hour of education time? How do we experience something else?

I really think it's also about engaging the experts in the organization a little bit more, and maybe differently. How do we ask more questions versus put out more directives? Things like that.

But to me—as a team sports player—I thrive in systems with coaches. I need a coach. I do best when I can connect and fill my cup and learn from outside eyes and perspective.

And so that learner mindset, that growth mindset—that willingness to be uncomfortable and sit in a space and say, "I don't know. I need to learn more to get to a new heightened level of understanding"—I think all of those things are a part of it.

But to me, it is about—I do believe when we know better, we do better. So if we can figure out a way to say, "Hey, here's the need that we have. We need to meet this need. What is the path to getting from where we are now to where we need to be?"

And that typically includes some experiences, some education, some time spent differently, and then most importantly: the space to think about what it is that we're doing, to reflect, and really cement or realize the learnings that we're having—so that we can intentionally and planfully move forward again.

So that's... now you're hearing maybe the idea of living the PDSA—a plan, do, study, just cycle—with a bit of intention.

And again, it sounds simple, and most people think, "Well, I inherently do this," and I actually don't doubt that people do.

But it's just that little bit of discipline—or that little extra—that puts pen to paper and allows us to do it with more people collectively, as opposed to an individual act.

Ken Segel – Value Capture (he/him/his)

Right—and the intentionality of, really, the top leaders to start to move their leadership system, their operating system, this direction and develop... so much of it is developing people, right?

And you started with safety. It's gotta become acknowledging it can feel unsafe to move this direction, right? But then supporting people to get there, and that becomes the safe way of doing it.

So, yeah—leaders striking out with support, with coaching sometimes—you love it, we love it, we know the power of it—and then setting themselves up as coaches to others in the ways that you've described to move us that direction.

Yeah. And we do have some examples across healthcare of where leaders end up sleeping a little better at night and enjoy looking at themselves in the mirror maybe a little bit more because of these systems coming into place, right?

Meghan Scanlon

Yeah.

Ken Segel – Value Capture (he/him/his)

Well, Megan—you know—I love talking to you, A, because I always learn, and B, because you are always getting to the depth of the matter candidly, and sometimes help us face uncomfortable truths.

And you're also optimistic and a builder. And I feel like you've just demonstrated that again—about continuing to move forward, and believing in leaders, and helping them see and supporting them that better is possible. Sleeping better is possible.

Meghan Scanlon

Something better is possible.

Ken Segel – Value Capture (he/him/his)

Including for you and your teams. Not every night, but more nights, you know?

Meghan Scanlon

For sure.

Ken Segel – Value Capture (he/him/his)

For sure, for sure.

Any last thoughts? You have so many pearls that you'd like the CEOs of tomorrow and today—chief medical officers, chief nursing officers, chief financial officers—to hear about the topic.

Meghan Scanlon

I think for healthcare specifically, if we could look at how we operate and give it the same sort of curiosity and effort that we think so much about innovating in a clinical space, or looking at maybe the benchmarking space, and how we compare to others...

I just think if we could give the same sort of attention and credence to how we work every day—that we do these breakthrough things—I just think it could be so powerful.

Treating our organization as a system that we need to pay attention to—give some better planfulness to.

But also, I'm just continually in awe of the resilience of healthcare workers, and the why that gets everyone into this industry.

And I just think that knowing that better is possible, and being curious and open to new ideas—and then the burden is on folks like me and other people in the organization to show the results and the differences that can be made in that space.

And just sort of connecting all of those things.

But—gosh—I mean, people caring about people is what this is all about. And I think if we just use that mindset for things other than maybe we have historically or traditionally done in healthcare, that really the sky is the limit.

I do think these problems are solvable, and I do think general excellence is possible. It may not be coming at the rate we all thought, and we might look at other industries and say, "Why are we lagging?"

I still think the opportunity is there, and we're closer than ever to kind of breaking through it. And I'm excited to be part of people and places that are working to make that happen.

Ken Segel – Value Capture (he/him/his)

I'm so glad I asked what else you'd have to say, because what a great way to pull everything together and get us moving and fired up to move further in that direction and keep us going, right? So thank you, Megan Scanlon.

I treasure our connection, I treasure your voice, and I'm so glad we could help bring it to our audience of leaders who are making a difference. And I'm sure this will generate a lot of interest.

Listeners, thank you for tuning in. Thanks for listening to Megan—always worthwhile.

If you'd like to know more about how to sleep better at night and create a great operating system, check out our website at valuecapturellc.com.

If you haven't already, please—like us and subscribe wherever you get your podcasts—and let's learn together, and let's make things better together.

Megan, thank you for being my coach, and doing so much for healthcare across your career.

Meghan Scanlon

Thanks, Ken, for the opportunity to think about something differently today.