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## **Ken Segel, Value Capture**

Welcome to Habitual Excellence presented by Value Capture.

This podcast and our company helps you and your team achieve habitual excellence and get better every day by focusing on one clear goal, one set of values, and one way of working.

In simple terms, we want to help you create more value by providing the best care and the safest environment for both patients and staff.

To learn more about Value Capture and our services, visit [www.valuecapturellc.com](http://www.valuecapturellc.com)

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Hi listeners, Ken Siegel, host of Habitual Excellence, welcome to a very special episode of our award-winning podcast.

This is our 100th episode and to celebrate the voices of leadership who lead with Habitual Excellence and have shown the way to all of us that we provide on this podcast, we are going to do something special.

We're going to revisit the top 10 most listened to episodes, dropping some absolute jewels from those for you.

And we're going to do it in reverse order.

We're going to start with the 10th most popular and go up to the most popular.

So, so stay tuned for that.

But before, let me just give you a little background.

The podcast was launched under the great guidance of Mark Graben, wonderful host and who I still aspire to learn so much from on May 4th, 2020.

And in that first recording, we very appropriately honored the memory and life and words and, and impact of Paul O'Neill senior, our, our non executive chairman and you know, a light to the world in terms of what can be done by leading with safety, leading with values and leading for excellence across sectors.

Just astonishing leadership and astonishing communities of accomplishment under his leadership.

We had just lost Paul at the age of 84 on April 18th, 2020.

That episode was not like the podcast that is now.

We shared the audio from a 22,000 and 9:00 speech that Paul delivered, titled The Irreducible Components of Leadership Needed to Achieve Continuous Learning and Continuous Improvement.

And if you haven't listened to the full thing yet and the and the, the snippet that we give you here doesn't, you're really missing out.

It's, it's a, it's a, it's a towering piece that summarizes what habitual excellence leadership takes and the, and the sort of what the leader has to do for an organization have chance at greatness that, that, that lasts them generations.

So great way to get started.

For the second episode, I read a blog about what we feel leadership can do if we're going to create safety and excellence across healthcare organizations.

And in our third episode, we had our first true guest and he was our very own Tony Million and he actually landed in the in the in the number 9 spot on our top ten list.

So you'll hear him.

So that's great.

And then really the podcast took off.

We started to bring an outside guest and and our bias has always been to have leaders who have sat in the seat, are sitting have sat in the in the executive seat, the operation seat, running the organizations in healthcare that have led with these principles with courage and discipline and shown what's possible and very proud of those people.

Humbled to learn from them.

All of our guests, including the 10 that you'll hear from.

And I think my reflection as host is really, after these years is more confident than ever that real greatness, greatness that lasts for generations in healthcare is more than possible.

And it's really these examples from your peers, their learnings, their inspiration that will help today and tomorrow's leaders who are listening get there to be the kind of leader we all need and help produce the communities of accomplishment that are achieving higher and higher levels that we can all look forward to.

So listen, enjoy.

And here's our top 10.

All right, folks, at #10 here is a snippet from my own episode where I talked about 0 harm and theoretical limits.

Enjoy.

Some who say, well, a goal of 0 harm is bound to be demoralizing because we might not get to 0 harm this year or next year.

So could you elaborate on, you know, what's required from leadership or other perspectives to help this truly be energizing?

Yeah, thanks, Mark, and thanks for putting your finger on that.

You know, and we have we do hear those statements and you know, and those come from a legitimate place, right.

So if leaders convey 0 harm goals in a way that implies you must achieve it, in a sense that if you don't, there are negative professional or emotional safety consequences for you, then it certainly can be demoralizing, right?

Yeah.

But if leaders, if leaders are in the stance of aligning with their people and showing that I as a leader, don't know how we are going to get to 0 harm or or get as close as God will enable us.

But I believe in you and I believe in us and I'm here to stand behind you and and support and do all I can to break barriers as we do it.

But it is a goal worthy of aspiring to together.

And, and, and I am just, my heart is just full of belief in you and in us and what we can do when we set our mind to important things.

It, it's the aspirational framing, which which is dead serious, right?

It's, it's not about, hey, a fancy speech and then walk off and don't do anything.

It's, but it's inspiring to meaningful action and it's a recognition that people want to be inspired and they want to aspire to do great things.

And it's, it's, it's using a 0 harm goal to tap into that aspirational mindset, not the punishment or judgment or delegated.

You know, this is your task mindset.

OK folks, 7th most popular episode ever is a barn burner.

It's it's a dual guest episode and it the focus is leading with safety.

And we had leapfrogs leader Leah Binder and Doctor Rick Shannon from Duke on at the same time to talk about the American safety movement, where we were, where we needed to go as it applies to healthcare.

And it was intellectually honest, direct, not always in agreement.

And these two great leaders of safety who were can all be so grateful for really laid out some important ideas and challenge each other's thinking.

In some cases.

It's a lot of fun.

Here's a here's an excerpt.

How do you describe or characterize the landscape of patient safety today?

I think there's good news and bad news.

So I don't want to be the cynic and say it's all bad news, But the the bad news is pretty disturbing.

We still have very high rates of adverse events and problems and errors.

When you compare healthcare with other industries, the the rates of harm are astronomical.

They're almost unthinkable in other industries.

For instance, just a study just came out said one in four people admitted to a hospital suffer some form of of harm.

That's just one in four is not something that the auto industry considers in the realm of possibility.

So, so they still, we still have a very long way to go.

That's the bad news.

The good news though is we are seeing signs of progress.

We are seeing signs that we figured out a few things at work and we're seeing some change.

But again, the bad news is bad, but the good news is there and I think we have to make sure we don't lose sight of it.

Yes, we're not yet to 0 harm, but we can recognize progress and hopefully learn from it to help others continue down that path.

You know.

So Rick, you know, is, is we're here middle of 2022.

How would you characterize the state of patient safety?

Well, I think we are unquestionably better.

The issue is how can we accelerate the progress that's been made so that we don't have to wait another decade to see the kinds of gains that I think we have seen over over the last 10 years and certainly over the last 20 years.

And you know, I've been at this for those two decades and I absolutely know that the number of events that we first described marked together and one ICU now is the total number of events for 138,000 discharged at Duke Health.

So we've gone from a 16 bed CCU with lots of bad things happening to a whole health system where that total number of events, you know is what occurs across 138,000 discharges.

I will say though that I think what's pivotal at the moment is that we've got to take stock of the fact that we've gotten much better at measurement than we have at improvement.

Drum roll, drum roll, we're working our way up guys.

OK, number six, my, one of my Co founders of, of value capture and one of the people I've learned most from in life, Jeff Webster on the meaning of habitual excellence.

Jeff is one of the great coaches and thinkers of this stuff of, of, of anyone I've ever met who's helped other people in leadership roles do absolutely remarkable things.

When Jeff speaks, it's always worth listening.

You learn something really deep and it'll stay with you #6 Jeff Webster, If you, if you could elaborate on, on some of that, your, your views on this, Jeff, of why that focus on theoretical limits is a really important part of creating as, as you're saying, the systems and the habits that lead to habitual excellence.

It's not, it's not just setting a high bar, it's setting this theoretically high bar or it might be a low number when it comes to, to harm.

So what, what can you elaborate on how theoretical limits are an important part of the habitual excellence approach?

Yes, I, I, I think I can't just elaborate on it.

I think that you actually can't have habitual excellence without aiming for perfect and thinking about the idea of theoretical limit.

And the story that I would tell, you know, goes back to our days working with, with Doctor Shannon at the University of Pennsylvania and the wonderful people of the University of Pennsylvania and the model cell units where we worked where we were able to eliminate central line associated bloodstream infections.

And it had been done before in in other places that we had worked.

But we actually selected the oncology units explicitly because the the people in those units and including the patients that the patients don't have an immune system.

Basically many of them have gone through bone marrow transplants and had their immune system intentionally wiped out for the purpose of, of making them healthier in the long run.

But that means that any mistake, anything that exposes those patients to a pathogen is essentially, if not a death sentence, at least, you know, severe, severe illness with the threat of death.

And before we, we helped them think about the idea of eliminating all harm, they had a, a, a rate of infection that was considered the norm.

And when we first introduced the idea, many of the people there thought that it was a crazy idea.

And, and that's a perfectly normal reaction.

But importantly, the the turning point, first of all, is humanizing the the picture of harm.

And that's why safety is so important to this journey.

Everything should be pursued at perfect, at the theoretical limit, but safety is something that everybody can agree to pursue at perfect.

And the reason is because you can humanize it.

So what we did with with those those nurses and physicians and respiratory therapists and others was, was literally go through the last, I think it was 65 cases of people who had gotten central line infections and literally put names and faces and family stories to every single case.

And by doing that exercise with the with those people, if it was not a push of the idea we need to be perfect, it was a rallying cry for everybody to say, look at all these people.

Who we didn't mean to harm, but we harmed.

And we never want this to happen to anybody again.

And once that groundswell occurred, the changes in the mindset about whether perfect was possible was almost immediate.

OK, people, we are getting up there.

We're now entering the the top five of our top ten.

And at 5, we have Sandy Geiger on strategy development and deployment in a lean culture.

And you know, strategy is huge.

People who think about lean, or we like to call it habitual excellence or operational excellence, know that Sandy is the real deal, done incredible things and has a lot to say about the power of getting out ahead, deciding where you're going to play and how you're going to win and how using using the principles.

So Sandra Geiger, strategy development and deployment #5 most popular ever.

How would you compare the phrases or the practices of strategy development and strategy deployment if someone's unfamiliar especially with the phrase strategy deployment, right.

So strategy development is I think a little bit more understood widely of just breaking down.

The way I was to describe it is breaking down, you know, a vision into, you know, multi year activities so that you can actually get closer to that vision.

And if you have that vision and that vision actualizes, then you're then you then you get that mission of your organization.

And so developing a strategy to break down a big, you know, idea into manageable pieces and identifying how you're going to do that and how you're going to show progress in that and who's going to help you do it is the development strategy development part part of it.

The strategy deployment is like pulling that string all the way from the the highest level of the organization, the thinkers, the the visionaries and pulling that string all the way to the point of the customer or the patient and all along the way.

How do you actually improve the work?

So it's it's a whole heck of a lot easier, in my opinion, to create a strategy than to actually deploy it and to help different levels and people in the organization understand what their role is in it kind of goes back to one of your first questions Mark about, you know, how do you be transparent about communicating what you're trying?

You have to communicate what you're trying to accomplish first.

And so defining that's, that's, that's a lot more concrete than actually making your way through, say, a company with 5000 people in it or 10,000 people in it.

How do you get everyone aligned around that?

And strategy deployment to me is that unique piece of, of, of helping to define that and having people feel a sense of purpose and a sense of involvement in, in making something happen for the place that they work.

OK, we're getting there people #4 another huge topic where we were able to bring deep insight to it.

Understanding Moral Injury in Healthcare with Doctor Wendy Dean.

Doctor Dean, this was February 8th on 2023.

And Doctor Dean really helped us understand the damage that occurs when healthcare leaders cannot meet the needs of patients, when healthcare team members cannot meet the needs of patients.

And what we know is this is so tied into building great systems that support people in their work as a fundamental role of leadership.

So this one was super popular for good reason.

And we know how to prevent this.

So listen, learn and let's be inspired together.

How, how would you compare the differences of burnout and why?

Why moral injury is a more correctly descriptive word of, of the feeling than the, the implication compared to burnout.

So I think both are true.

I don't think it's one or the other.

I mean, let's be, let's be honest, there's plenty of distress to go around, right?

Nobody has to have a corner on this market, unfortunately.

And what I think is true is that there are circumstances where burnout is quite accurate, where there is simply a resource demand mismatch.

I don't have enough hours in the day to do everything you're putting on my plate.

That doesn't necessarily mean it translates.

It does translate into moral injury.

So the difference in moral injury is it's that betrayal, it's that or it's even betrayal sounds like a, a single occurrence major thing, but it but it can also be the subtle undermining of what your professional obligations are, what your professional agreement is, what your covenant with society is going into a profession.

When your when your organization constantly says you must meet these productivity requirements, you must have this throughput and these patient satisfaction scores without listening and hearing what your objections might be and then doing their best to address those.

That feels like a dismissal and on some level, a betrayal of what your what your professional obligations are.

OK folks, we are climbing the ladder.

We are coming to our third most popular episode ever.

And here it is with Doctor Lisa Yurian from the Cleveland Clinic talking about patients 1st and what that means to her and her colleagues and where they are in their journey and where they're going.

One of the things that excites me most about Doctor Yurian's leadership in the national movement is that she is not just a leader of quality and things safety.

She is an operating leader as part of her portfolio.

And we need our leaders who understand the principles of the deepest way to take on the role of running the organizations to reach excellence across the organizations.

And so, so pleased that Lisa's voice always deservedly #3 glad it was so popular.

Doctor Lisa Uri and patients first at Cleveland Clinic.

Yeah.

And, and, and that reminds me of, you know, I think mindset and the words used by the late Paul O'Neill, who is, you know, the founder of Value Capture.

We talk about him a lot in, in the podcast, but he always emphasized, you know, the idea that everybody needs to be respected and engaged.

And you know, he, you know, he would ask, does the person cleaning the operating room receive as much respect as the surgeon and, and the rest of the team?

Because, you know, everybody has everyone's deserving of respect and everybody has a role to play, like you said, in the patient experience and in cleanliness and in outcomes in, in different ways.

So it's good to hear sort of, you know, similar, similar thoughts from you.

Yeah.

I mean, I think that Paul O'Neill's thinking resonates, you know, very well with our way of thinking.

I think that, you know, probably like anyone, there's opportunity for us to improve.

One thing that every calling everybody a caregiver did was absolutely show respect for everybody's work and kind of emphasize that.

And it also sets the tone for visitors, for patients, you know, when you know somebody from, you know, one of the less glamorous roles walks into a patient's room and introduces themselves.

They introduce themselves as a caregiver and their person with the name.

And they're here to provide care for the patient, whatever their specific tasks are that they accomplished.

So that does that.

I also think our culture of improvement does that because it really creates an expectation that everybody is involved in identifying problems.

So the systems that we put into place around problem solving, our tiered huddles, everybody has the responsibility and the ability to raise problems.

Loans do we and and a lot of times we can say that easily.

But if we don't provide a very clear viable path that is, you know, yeah, go, you know, raise problems, improve things.

Good luck with that is very different from saying, OK, does every single person who is a part of this, the system with this operation have a very clear viable path that they actually use and it's expected that they use and, and they're supported when they use it.

So I think a lot of the continuous improvement work does help us achieve the the things that Paul O'Neill was talking about, you know, be able to give good yeses to those to those 3 questions.

Drum roll increasing here guys.

OK #2 most popular podcast ever is Value Capture's own John Coladora.

John is one of our great senior advisors and hugely popular with Healthcare C Suites for very good reasons.

He is one of the great coaches ever.

He is so deeply knowledgeable and so effective at helping other people get results and grow themselves as leader.

And the topic John takes on and this one is sensitivity to operations, another HRO topic.

And again, I think why people gravitate to these and, and gravitate to us sometimes about sort of concepts that are in the news or frameworks that are in the news or the depth of our, our, our team's ability to help you actually get there, not just subscribe it, not just follow up a sort of recipe to get there, but actually get there by building great organizations.

So John Coladora on sensitivity operations, not surprised at all.

This is number 2 and enjoy it.

Why is this idea of sensitivity to operations such an important trait for highly reliable organizations?

Well, really in the pursuit of eliminating harm, this is such a key aspect of that.

When you, when you focus on operations, the, the care delivery process, the, the value added process that, that there's so much complexity within that.

So to focus on that really is the key part of our journey to 0 harm eliminating harm to patients, eliminate eliminating harm to our employees within the operations themselves.

So, and, and those are important, wise and important goals.

So let's, let's delve maybe into the what I mean, what, what does this phrase or this trait sensitivity to operations mean to you, John?

You know, as I think about this it, it starts with the front line, it starts, you know, inherent in the sensitivity to operation are the people, there's the processes that there's the equipment and the supply.

So the unwavering support of the front line, there's the problem solving aspects.

So, so as we start to see elements of harm situations that could lead to harm, applying the scientific method and within healthcare, the scientific method is, is a cornerstone of patient care.

And it's really starting to take that and, and bring it into the environment of care, applying it to those systems within operations.

And then also not not just the scientific method to solve the problems, but also sharing the best practices, sharing the learnings that that are found within the process of problem solving.

And then lastly, concerned with the unexpected.

So understanding what are those, what are those factors that lead to harm?

And how can we make those more visible, make those more top of mind so that we we can see and and start to predict the unexpected.

OK people, we're at #1 most popular episode of habitual excellence to date.

The the most popular over our first 100 is from a great, great leader, Lou Shapiro, the just retired CEO of Hospital for Special Surgery.

He was still in the seat when he recorded this on November 2nd of 2022.

And the topic is culture as strategy and how to sustain habitual excellence.

Lou did it.

He led HHS to the very top of all the rankings for 15 years, sustained.

He is incredibly practical, incredibly principles based, incredibly straightforward, and understands the culture is everything, but also understands how that is not an abstraction and how to create great culture, great operations.

As the leader, I give you #1 deservedly so, Lou Shapiro, Culture and Strategy and How to Sustain Habitual excellence #1 could you share a little bit about, you know how, how, how you make sure you know what's, what's really happening in, in your workplace?

The bigger you get, the harder it is, but the bigger you get, the more important it is.

So you need to find ways to do it.

So 1, you need to make sure that you're not the only one doing it, that your team is doing it as well.

But what I do specifically is, you know, I have 4:00 every month.

I have four or five.

They used to be breakfast meetings, but now they're virtual.

Meet with new employees their first day as part of their orientation, talk to them for about 30 minutes.

And then three to six months later, they come back and we have an hour meet with them and then every month, and those could be larger groups than every month, a meeting with, you know, about a dozen to 15 frontline employees and every month a meeting with a dozen or 15 frontline managers.

And that's so that's you're keeping your pulse on things and having these are these meetings are sort of open discussion oriented things, right?

You know, sessions.

It's not, it's like we're sitting around table talking and then, you know, structured, you know, putting time on my schedule, you put time on your schedule to exercise, you know, just, you know, walking around and being, you know, being visible and being accessible, being accessible.

And then one of the things that we started during the pandemic is live streams.

So we have we did them every day and now we do them, I think every every three weeks.

These are live streams that are open to everyone and we talk about whatever's going on and we leave half the time for questions and people can with their questions in the chat room.

So you can submit a question mark with your name or without your name, and everyone else can see the question that you're asking.

So there's no no hiding.

So it's a, you know, trying to create an authentic, accessible, transparent environment so that everyone feels like they're part of the team.

All right, folks, that's it.

A little glimpse at parts of the top 10 most popular podcast from our audience of healthcare listeners from our first 100.

At this point, we want to deeply thank all of our guests.

Want to thank Mark Raben again, everybody who's been involved in production of these over the years.

We're, we're deeply grateful for your contributions to this learning archive that is both present and I know will serve future generations.

If you want to listen to a particular full podcast, the links are available under the 100th blog on the Value Capture website.

And if for the future, you want to suggest a guest for habitual excellence.

And again, we always appreciate thought leaders, but we really appreciate leaders who've sat in the very top seats of healthcare organizations and shown what's possible through great leadership through operations.

And feel free to get in touch with me.

We'll look forward to learning with all of you as we continue to go forward.

We're so excited about our next 100 episodes.

Thank you for making the pod what it is.

Here's to habitual excellence.

Here's to it's more possible than ever as these leaders show.

Thank you all.

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