

Another mistake

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Preliminaries

- No disclosures
- Events are fresh and not completely over—your discretion please

What happened (1)

- Department provided specialty anesthesia services at an outside hospital for many years
 - Facility was competitor
 - Main WF hospital did not provide the clinical service
 - Section in Department quite ensconced at outside facility
 - Members rarely or never worked at main hospital
- Institution decided to start providing the clinical service
- Section would be providing care at both locations

What happened (2)

- Intense secrecy around plans
 - NDAs
 - Section Head, junior faculty member, Chair represented anesthesiology in steering committee and workstreams
 - Section Head fully briefed; expected she was informing Section
- Growing anxiety among Section faculty
 - Eventually brought directly to Chair
 - Concerns raised about future integrity of Section
 - Chair reassured Section in meeting 2 days later, fully intended for group to remain intact and cover both locations
 - “By far the best outcome”

What happened (3)

- Section Head asked for meeting with President, Chair
 - Disclosed desire to be independent, affiliated group
 - President declined emphatically
 - Asked for guarantees of ongoing independence, autonomy
 - Compromise agreement reached
- Other facility distributed RFP for anesthesia services
 - WF, three other entities invited to respond
 - WF responded, emphasizing decades-long excellence
 - After long delay, facility chose another respondent

What happened (4)

- Subsequently discovered Section had engaged attorney
- Ultimately 5 faculty resigned and joined private practice RFP winner, others remained and moved to WF
- Service launched at WF with tremendous early success
 - Major financial blow to other facility
 - Significant loss of clinical anesthesia income to WF
 - Faculty group rebuilding at WF
 - Residents, fellows pulling out and back to WF
 - Fully separate by end of 2019

Lessons learned (learning...)

- The paramount importance of trust
- The importance of face time
- Listening to weak ("soft") signals
- We are being managed as leaders

Доверяй, но проверяй **Doveryai, no proveryai**

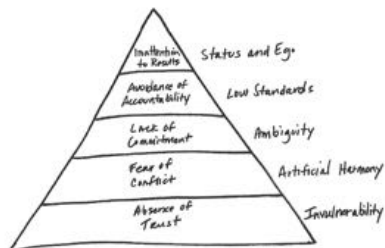
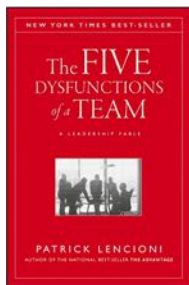


Trust, but verify

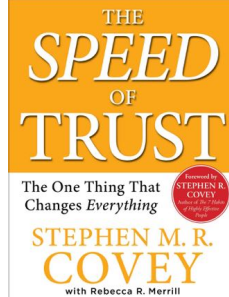


Trust is everything

- "Leave us alone"
 - "Because [the Section] has a separate practice plan, an exclusive contract to provide anesthesia services...and covers workload 24/7 with only Section anesthesiologists, the Section has a manpower model separate from that of the main Department of Anesthesiology." --memo to me on arrival
- Trust in leadership
 - Institutional insistence on secrecy eroded already fragile trust
- Trust as the basis for team functioning



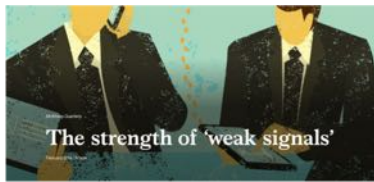
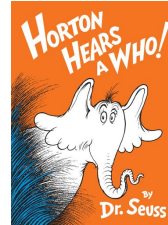
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The importance of face time



The importance of “weak signals”



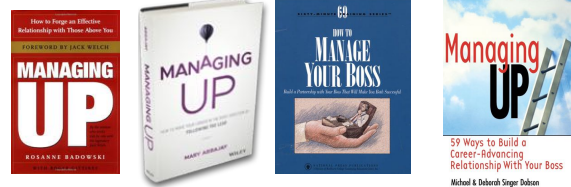
Beyond metrics? Utilizing 'soft intelligence' for healthcare quality and safety

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Everyone is always managing up



Avoiding this mistake

- Poignant illustration of the importance of “soft skills”
- Develop and nurture trust, don’t assume it
- Spend time face to face, even (maybe especially!) when all seems well
- Pay attention to weak signals, supplement data with active search for what isn’t easy to see/hear
- Consider the inner position of the other party when interpreting their speech and actions