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Why Agility and Responsiveness Are More Important Than Ever

by Maggie Van Dyke

As the healthcare field adjusts to what it has learned during the past few years, many leaders are assessing how their roles and the priorities of their organizations may have changed.

ACHE recently asked several healthcare executives from distinct disciplines for their insights. One takeaway is that healthcare organizations face similar challenges today as they did pre-pandemic, including workforce shortages and access issues. However, the intensity of these undertakings has increased.

"Every challenge feels heightened or exacerbated," says Mike Packnett, president and CEO, Parkview Health, Fort Wayne, Ind. "For instance, we've always had job openings that need filling. But today, that number is significantly higher than what we experienced before the pandemic. And that makes leadership more complex than it was pre-pandemic."

At the same time, a leader's role is similar to what it was before the pandemic, but not quite the same. "The core tenets of leadership remain constant, but the nature of their importance may have been reordered," says Jill Case-Wirth, RN, FAAN, senior vice president and chief nurse executive, Wellstar Health System, Marietta, Ga.

In the following Q&A, our participants dive deeper into how the pandemic has changed leadership, as well as how hospitals and health systems can address key challenges facing the field.

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How has the pandemic affected what is expected of healthcare leaders?

Milinazzo: Now more than ever, leaders are required to be agile. The last two years have demonstrated to healthcare organizations how quickly and dramatically the business environment can change, requiring leaders to find new ways to move forward.

Tsang: Pre-COVID-19, agility was important, too. But the pandemic has taught us that agility needs to be at the forefront of everything we do. We had to be flexible, nimble and able to pivot on a dime.

For example, at NYU Langone Health, we launched our telehealth program on very short notice after COVID-19 hit. We needed to ensure patient access to care and provide a financial cushion at a time when elected procedures were being canceled.

In about a month or two, we mobilized a lot of internal resources and departments to ensure we could provide telehealth in a way that addressed the patient experience while also making sure that everything complied with our EMR, with regulations, and in terms of billing and revenue cycle.

Padilla: I agree that leaders need to be agile and able to pivot. To me, that means being proactive and responsive. Leaders need to address immediate fires, such as staffing and financial issues. But, at the same time, they need to stretch their brain muscles to think five, 10 years from now.

A few years ago, during a CEO search, a board member of a health system said, "I want you to find a leader who can answer the questions we don't know to ask." In other words, senior leaders, especially CEOs, need to maintain a wide lens on the whole ecosystem of healthcare and identify potential disruptors, such as retail competition, that could change the healthcare market. They need to realize where things are going and then determine how to best lead the organization into the future.

What approaches can leaders use to be agile, proactive and responsive?

Case-Wirth: At Wellstar Health System, embracing a learning culture has been essential during the pandemic. It enabled us to think about how to strategically organize ourselves and have the necessary agility to mitigate COVID's impact.

When I think about a learning culture, I envision a leadership model that includes leaders at every level and function of the organization. It begins with those closest to the work who are caring for patients and engaged in the workflows. It's a bottom-up collaborative leadership approach that brings together the diverse talent of leaders to discuss the current state, problem-solve and rapidly implement solutions. Leaders then study and adjust based on the outcomes that we achieve.

During the pandemic, we thoughtfully put together COVID response teams. We quickly expanded the disaster preparedness teams and tools already in place. Response teams were on the ground at every patient care location across the system, and these teams would communicate with executive leaders multiple times a day.

The other thing that is fundamental in a learning culture is the ability to very quickly turn data into analytics and then report and use data findings. It was vital for us during the pandemic to understand, measure and monitor the impact of the decisions we made at a fast pace.

What other leadership skills and characteristics will be important in the future?

Packnett: Empathy is important, but it needs to go beyond just listening. When I think about our best leaders at Parkview Health, I see how the people who work for those leaders would walk through walls for them. I think it's because their employees feel seen, they feel heard because

the leader not only listens to them but also does something with the information that the employees shared; that's a big part of what separates good leaders from great leaders.

Padilla: Identifying and expressing the mission for the organization matters, too. Because it's infectious. If you don't feel like you have a leader who's completely dialed in to the mission of the organization, you don't want to follow them.

Packnett: One of our strong suits here at Parkview for the past 15 years has been our culture. Our leaders have a strong affinity for what we stand for. We have a six-word motto: "Excellent care every person every day." That's our true north.

Padilla: Another key skill set is emotional intelligence. Specifically, leaders need to consider their own strengths and weaknesses and then surround themselves with people who can balance out their weaknesses, creating a much smarter brain together.

You might also want to consider the leadership shadow that you cast. What does that look like? Is it a thick shadow that clouds out other people? Or do your words and actions help bring others out into the sunshine?

As you look to the future, what challenges do you see related to improving access to care?

Padilla: One consideration is how people from different generations and backgrounds access the health system. Leaders need to create entry points that feel comfortable for various groups in a diverse population. For instance, how my parents, who are in their 70s, want to interact with the health system is very different than how my tech-savvy teenager would. That's a tough balance. I have sat with my parents as they've tried to figure out portals and websites, and it is definitely a transition for some as we move to a more tech-based model of access.

Packnett: We've more than doubled in size in the last 15 years. And a big part of our success is tied to making sure that we're providing access to care, whether to physicians, outpatient centers or hospitals. We ask our leaders to have a growth mindset. This involves recognizing that many patients want access to our care, and then asking, "How are we going to deliver that care in the best possible way?"

THE PARTICIPANTS

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Our patient base is split: half urban and half rural. We believe that the more care we can deliver locally to rural patients, the better. Clearly, workforce shortages in rural areas are difficult challenges. One of the physician residencies we've started at Parkview is a primary care residency with a focus on rural healthcare. If primary care physicians complete their residencies in rural areas, we hope they will decide to put down roots and stay in that community.

Tsang: I'm hoping that telehealth remains an ongoing priority in terms of reimbursement and legislative approvals. It's greatly impacted the manner in which healthcare is delivered and has allowed healthcare organizations to be innovative in the platforms that deliver patient care.

Telehealth has proven a win for us in terms of access to care. At Rusk Rehabilitation, which is a division within NYU Langone, we increased ambulatory volume by 10% with the help of telehealth, reinitiation of our strategic growth, and organic growth of our respective programs. We created a clinical pathway to help us identify whether therapy via telehealth is appropriate for each patient. The more complex patients needed to be seen in person.

Outcomes for telehealth patients are similar to those for patients we see in person and are sometimes better. We also saw an increase in our show rates for telehealth patients because patients didn't have to travel a long distance to the hospital or clinic.

How can leaders address workforce supply concerns, ranging from retention and diversity issues to building a pipeline of future employees?

Padilla: Ultimately, I think retention comes down to a healthy culture. It's all the things leaders do to keep people engaged. Because, at some point, salary and other extras are no longer the objective. It becomes about whether employees are plugged into the organization's mission and believe they can grow professionally and be their best selves. It's about them being happy to wear their badge home every night.

Milinazzo: The healthcare space has been making diversity, equity and inclusion a key leadership priority, seeking to drive substantial and sustainable improvements. This translates into shaping a workplace culture that fosters a strong sense of inclusion and belonging, while also promoting diversity in recruiting and building stronger pipelines of diverse talent for the future.

Packnett: One program we've initiated to retain employees is our matchmaker program. It's for employees who have worked at Parkview for a period of time but are struggling in their current positions. These employees have the qualities we are looking for, but for whatever reason, the position isn't working out. These employees are given the option to explore other employment opportunities in the health system.

We're seeing some good results from that program. A couple hundred people who might have left Parkview are now staying with the organization by assuming a role in a different department or with a different supervisor.

Case-Wirth: Wellstar is focusing on building its pipeline of nurses as well as developing nurse leaders. To expand the pipeline, we have worked to establish several academic partnerships. For instance, we partner with Georgia's Kennesaw State University.

We provide their nursing students with opportunities for clinical rotations so they can get needed experience. In addition, we have invested in KSU to help the university address the nursing faculty shortage. Our nursing leaders are also given the opportunity to serve as clinical faculty. The goal is for KSU to double its enrollment during the next five years,

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which will help grow the number of nurses in Georgia and, hopefully, encourage nurses to work for Wellstar.

More recently, we've begun engaging high school, middle school and even elementary school students. These efforts are about educating young people on the many careers in healthcare and getting them excited about pursuing a job in nursing and technical fields like laboratory science. For instance, this summer, we worked with area high schools to hold a nursing camp with 250 students. We brought the students on-site and gave them immersion experiences to see what it is like to be a nurse.

In another example, we hired 66 certified nursing assistants in high school this past summer. Many high schools across the country now have career academies that allow students to obtain a credential.

Can you share any advice on how to develop nursing and other leaders?

Case-Wirth: At Wellstar, our goal is to promote 75% to 80% of our nurse leaders from within the organization. Currently, about 64% are promoted from within. To move toward our ideal state, we are focusing on developing middle managers. We have a formal talent planning process, which involves implementing individual development plans for our nurses who want to become nursing leaders.

We are also experimenting with more nimble models. For instance, we now have a pool of nurses who have expressed interest in being nurse leaders and who we believe have the

requisite experience and competencies. When we have an interim vacancy in a nurse leader position, we consider placing one of these individuals in that interim position. That individual can also then be considered as a formal candidate for the job.

We also give our staff nurses opportunities to gain experience in various leadership skills. For example, we might ask them if they want to lead a quality improvement effort, participate in shared governance or conduct nursing research.

How can leaders engage the board to drive strategic goals?

Packnett: Clearly, a relationship of mutual trust and respect between the board and a hospital's leadership is vital. We're pleased to have a great relationship with our board. I believe that is due to us being very transparent with board leadership and the full board, both with good news and especially with bad news. We never shy away from talking to board leadership immediately about any issue that might be construed as negative.

I've worked with four different board chairs over 16 years, and each of those relationships has been great. I've been able to talk candidly with each chair about the most difficult issues. And they all have provided meaningful advice and perspectives on pivotal issues. As CEO, I've always felt responsible to actively build my relationship with the board chair. I think the key is intentional and frequent communication.

Maggie Van Dyke is a freelance writer based in the Chicago area.

Editor's note: *Healthcare Executive* would like to thank the panelists for providing insights on this important topic. To help lead through these intense times, please consider the following ACHE resources:

- "Inspiring and Leading Change in Turbulent Times: Agility & Resilience in Healthcare Leadership" (**ache.org/AgilityResilience**)
- "The Employee Well-Being Ecosystem: Reimagining the Workplace of the Future" (**ache.org/EmployeeWellbeing**)
- "Leveraging a Virtual Workforce to Improve Engagement and Reduce Burnout" (**ache.org/VirtualWorkforce**)
- "Emerging Leaders" (**ache.org/EmergingLeaders**)