



## President Kim Carter's Message

Winter 2017

Change is a constant. This year is no exception.

- We have a new federal administration that represents change, and specifically intends to make changes in our industry
- We have a new wave of public and political dialogue/conflict
- We have a new budget shortfall in Oregon, potentially impacting Medicaid and hospitals
- We have new business, new clients, new mergers and acquisitions
- We have new generational frameworks to learn
- We have new regulations from city, county, state and federal levels
- We have new colleagues
- We have new roles and responsibilities
- We have new changes coming this year that are, as yet, unknown

While it may be tempting, this is no time to hide under a rock. What we need right now is inspiring leadership to build confidence in our teams. As leaders in this industry, that's our job.

But what if we don't feel like it? I mean... this list is daunting! Here are a few reminders to help us move, once again, to the front of the line and lead:

- ❖ Assume positive intent
- ❖ Develop a clear vision
- ❖ Stick together

First, **assume positive intent**. Change often feels like part of an evil plot specifically designed to bring us dis-comfort and to make our lives harder. Our inner self secretly suspects that the Evil Emperor Zurg is leading a group of minions to drive us crazy, keep us from making progress, and cause overwhelming exhaustion. The new super weapon.... CHANGE, and LOTS OF IT.... MUUUUHHAAAA ... MUUUUHHAAAA (evil laughing continues.)

In reality, change most often results from meaningful ideals and pure intentions. Most of the professionals in our industry and society are working for the good of patients and the workforce. We want to make the world a better place. We want to work smarter, not harder. We want to improve our

processes. We want to make healthcare affordable and effective. We want to ensure individuals have access to care. We want to prevent harm. We want a sustainable future.

Ask yourself what the good intent is behind the change. Once you've reconciled to that, it's easier to share that with your team and help them manage the change.

I offer an example: our health system is integrating two new hospitals right now. The intent behind each of these projects is simply to increase access to care for our communities. That positive intent motivates me MUCH more than the Evil Zurg!

Secondly, **create a vision**. For an idealist like me, it's pretty easy to dream of the brightest possible future. For some, it may be easier to imagine the "worst case scenario" and then describe the opposite. What happens if the change doesn't happen? Usually there is a cost; a worst-case scenario. Then think of the opposite, to paint a brighter vision. For example, with Oregon's upcoming legislative session, there may be a bigger drain on hospital finances in order to help close the budget gap. But, worst case scenario, what happens if the state doesn't close the gap? Now, turn that around: if there is funding, how will that help hospitals and communities? Start to piece together the potential ideal future... maybe a solution that provides care without draining limited hospital margins. If you've developed that vision for yourself, it's something you can give to your team.

Finally, **stick together**. PULLLLLLLLL people together. We tend to separate when we are stressed, and it's important for leaders to step in and help bring people back together. At the new hospital which opened this week, there was a shortage of multi-function printers, and departments weren't aware they needed to share with other departments. One or two initial responses on the first day were admittedly stress-induced, and caused a bit of separation. However, a strong leader pulled people together and helped the team work it out. Teamwork, problem-solving and camaraderie are always good things. The deeper the change, the greater this teamwork experience can be.

Take heart. We've done this before. Many times! DRGs were new, once. Remember implementing OPSS? Epic or other electronic health records? Remember 5010? Remember the ACA and the tiny amount of lead time we had for new health plans and eligibility enrollments? Remember ICD-10? Whatever is coming: We've got this!