Leadership has many definitions. Officially, Merriam-Webster defines it three ways: the office or position of a leader, the capacity to lead and the act or an instance of leading. Unofficially, leadership means something different to each of us and is probably why it’s the topic of thousands of books—88,974 and counting, according to Amazon.com.

Just as there are many definitions of leadership, dozens of behavioral competencies can be found within high-performing leaders. When researching their book a few years ago on exceptional leadership and the competencies needed for success, Carson F. Dye, FACHE, partner, Witt/Kieffer, Toledo, Ohio, and co-author Andrew N. Garman, PsyD, found more than 100 personal attributes that define exceptional leadership. But like attempting the impossible task of navigating through thousands of leadership books on the Internet to find the perfect one, Dye and Garman determined 100 competencies was too unwieldy a number for healthcare executives to consider. Dye and Garman narrowed their list to 16 critical behavioral competencies that reliably differentiated the highest-performing leaders, and they categorized them into four specific traits.

So, then, what is leadership? “You define that by identifying specific observational behaviors,” says Dye. “There is subjectivity to those behaviors, but ultimately it’s about, what does Mark or Susan do as a leader? That goes to the core competencies that make an exceptional leader.”

Those competencies can fit into four cornerstones: a well-cultivated self-awareness, a compelling vision, a real way with people and a masterful style of execution. “If you don’t begin with this core, you will chase definitions of leadership all day long,” says Dye. And within the core lie the 16 competencies that differentiate good leaders from truly great ones. (See sidebar on p. 20.)

Cornerstones of Success

The four cornerstones of an exceptional leader begin with a well-cultivated self-awareness, according to Dye. “This is the ability to understand yourself and see your blind spots, and the ability to see the environment and how your activities and behaviors fit in your environment.”

Next is a compelling vision, which involves the skill to anticipate how trends and issues,
such as health reform, will affect the organization in five years. “This means having the ability to define strategies and the risk and reward aspect of strategy,” says Dye.

Third is a real way with people—working with individuals—which is the lifeblood of a leader’s world. “You have to listen to people, be able to know where they are coming from, match them up with your vision, get them excited and engaged on the vision, and develop teams and get them focused on that vision,” he says.

The fourth cornerstone is a masterful style of execution. Leaders with this trait drive decisions, keep their staff focused on the end result, and use creativity and adaptability to make adjustments to the plan.

“You link all of these cornerstones, and the 16 competencies fit within each one. This way you can behaviorally define what exceptional leadership is,” says Dye.

Of the four cornerstones, Dye says most leaders need work on developing and strengthening a compelling vision and a masterful style of execution.

A Compelling Vision
This cornerstone requires leaders to be risk takers, which isn’t something most healthcare executives are comfortable with, as the field itself is very risk averse, says Dye. “We don’t like to make mistakes. If a mistake is made on an assembly line, the downside is higher cost. Healthcare is different; all it takes is one mistake in the OR, for example, and a life is affected. This makes our industry different and curbs our willingness to take risks.”

To develop or strengthen this trait Dye suggests visiting businesses in other industries to examine how they manage risk. “Questions to consider include: ‘What is it about the culture that feeds the ability to be innovative? What kind of employees are hired, and how are they encouraged to be risk takers?’ Another major difference is nonhealthcare industries typically pour more

16 Critical Competencies for Healthcare Leaders

**Cornerstone 1:**
Well-Cultivated Self-Awareness
Living By Personal Conviction
Possessing Emotional Intelligence

**Cornerstone 2:**
Compelling Vision
Being Visionary
Communicating Vision
Earning Loyalty and Trust

**Cornerstone 3:**
Real Way With People
Developing Teams

**Cornerstone 4:**
Masterful Style of Execution
Building Consensus
Cultivating Adaptability
Driving Results
Generating Informal Power
Making Decisions
Stimulating Creativity

Energizing Staff
Giving Feedback
Listening Like You Mean It
Mentoring Others

Source: *Exceptional Leadership: 16 Competencies for Healthcare Leaders* (Health Administration Press, 2006).
resources into leadership development than we do in healthcare.”

**Masterful Style of Execution**

Healthcare may be the single most complex industry in society. At companies such as Microsoft Corp. or Procter & Gamble Co., the lines of authority are typically crystal clear, and the business at hand gets executed quickly with identifiable results. In healthcare that isn’t always the case, says Dye, where independent and even employed physicians often act independently from the rest of the hospital. “You also have other players in the healthcare field that complicate things,” he says. “When a patient comes in for care, he may have come from a nursing home, or is on his way to a nursing home, and you may have many physicians caring for the patient who are not in close contact with the primary care physician. This lack of coordination often causes poor execution and can actually harm patients. These are complexities that you don’t have in other industries.”

To strengthen this competency, Dye recommends leaders study system design and processes. “I give credit to organizations that have adopted the Toyota Production System and Lean approaches, as these companies know how to reach consensus and get results. Healthcare executives need to ask, ‘What is it about those industries that makes them successful in their execution of decisions, and what we can learn from them?’”

**Leading With and Through Others**

James A. Rice, PhD, project director, Management Sciences for Health, Arlington, Va., recommends that leaders focus on two behavioral competencies to strengthen their leadership style: self-awareness and engagement. He says leadership is a lifelong journey, and leaders continuously learn, refine their style and use tools of leadership for how they interact with others in different stages of their career. “Great healthcare leaders think about what they need to master when they are 25, 45 and 65,” he says.

Ultimately, “leadership is defined as the ability to get work done with and through others,” says Rice.

**Self-Awareness**

Leaders who get work done with and through others are expert at building, earning and managing relationships with key stakeholders. “Greater leaders manage up to their supervisors, manage down to those who report to them and manage out to their peers and colleagues, says Rice.

“Those who do this effectively have an excellent self-awareness,” he says. “This is an important competency to possess because when we work with others in small groups and teams, our effectiveness comes from knowing how our behavior stimulates a reaction from others, either positive or negative. We need to be aware of our behavior, style, appearance and mindset if we are to be effective in managing the interface of our unique knowledge, skill and attitude. We have to be authentic in developing a self-awareness competency, but we should not be insincere chameleons or manipulative in our style and manner just because we think it will fit better for various situations.”

Having self-awareness is important because it helps optimize the relationship building needed to get work...
done with and through others, according to Rice. “You have to want to earn followers and inspire them to move where they need to go. For that to happen you have to know your strengths and weaknesses. That doesn’t happen unless you go through candid self-reflection, supported by a 360-degree review process. You have to invite that from yourself and from direct reports, peers and bosses. When you intentionally nurture and build your self-awareness, you are more likely to, as Tom Atchison [EdD, president, Atchison Consulting LLC, Le Claire, Iowa] says, ‘earn your followers.’”

**Engagement**

Leaders who get work done with and through others are also adept at inviting them into the process of solving problems; and they are effective at identifying, moving and reducing obstacles, says Rice. “If you try to solve

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**Manager vs. Leader**

Being a manager and a leader are two separate but equally needed roles in the organization, says Carson F. Dye, FACHE, partner, Witt/Kieffer, Toledo, Ohio. “During the last 20 years, an increasing number of articles have suggested that instead of being satisfied in a management role, you should aspire to a higher calling of being a leader,” says Dye. “That is the not the case. Organizations need both managers and leaders. In fact, some jobs require management skills, some require both management and leadership skills and some require practically all leadership skills.”

For example, the radiology department manager running the day shift is primarily a manager; among the key areas of focus are daily patient flow. “This individual typically does not engage in long-term issues,” says Dye. “The radiology manager should handle those things that require attention right then and now—the focus is a management matter. But, if this is handled poorly, this inadequate management practice will likely create a leadership issue such as low patient satisfaction.”

Leaders, on the other hand, are at their best when identifying and analyzing trends and looking at the big picture, says Phillip D. Robinson, FACHE, president, Lankenau Medical Center, Wynnewood, Pa. “Leadership is about imparting your vision and having people row the boat in the same direction for the good of the organization.”

There will be times, however, when the lines between being a manager and leader merge. “The manager and leader may discover the trend together and determine it’s a systems issue, which then is an issue that requires both management and leadership skills,” says Dye. “Now you may have an administrative director involved in both management and leadership issues, and the matter may need to be bumped up to a higher level individual who is more of a leader.”

Robinson says there are times when he switches from being a leader to being a manager, but not often. It is best to keep the two separate. “There are times I find myself slipping into the manager role, but I remind myself that that’s not what I need to be doing. I need to be thinking about what is best for the organization next year and the year after. My role as a leader is to teach others how to manage and to possibly become a leader, as well as to look at the bigger issues—cause and effect, not just the trees in the forest.”
everything yourself, you are more likely to end up with poor results,” he says. “It is better to engage with others and have them help define the problem, come up with alternative ways to solve the problem and reach agreement on what is the best approach to implement the solution. Then you have a group of people who will own it and help implement it. The more difficult and complex the challenge is, the more you can’t do it alone and need a team to help.”

While there are many behavioral competencies that contribute to high-performing leadership, the following hospital executives each rely on a specific attribute that defines their leadership style.

CHARACTER

George V. Masi, FACHE
COO
Harris County Hospital District
Houston

“The list of competencies is extensive, but the bottom line is it’s all about character, which I define as integrity, morals, ethics and trust. That is at the core. Without character, nothing else matters. As a leader, you don’t get a second chance with character.

“I like to use the metaphor of a piggy bank to illustrate this attribute. I make deposits throughout my career in my character piggy bank. And I’m a millionaire in terms of the deposits I’ve made. But if I decide to take even a small withdrawal, I may as well declare character bankruptcy. Leaders cannot take a withdrawal from that particular account. It’s non-negotiable, and that’s what makes leadership so hard. There is no room for marginalizing; it’s a zero-sum game.

“I think the quote from Warren G. Bennis, university professor and distinguished professor of business administration and founding chairman of The Leadership Institute at USC, describes leadership well: ‘Leaders are people who do the right thing; managers are people who do things right.’ A caveat to that is leaders do the right thing all of the time, 24 hours a day, even when no one is looking. It’s hard to do the right thing all the time. But you have to. You can’t take short cuts thinking no one will know. Once you do, it’s a slippery slope you may never recover from.

“Having a strong character also means listening more than talking and not believing your own press clippings. It means being open to constructive criticism and willing to admit when you make a mistake. The best leaders make it clear they don’t know it all and are willing to always learn. Character is just as important a competency for leaders today as it was 100 years ago and is one we still will need 100 years from now.”

Related Resources:

American College of Healthcare Executives

“Comprehensive Leadership for Senior-Level Executives,” two-day seminar. Visit ache.org/Education.

“Leadership Persuasion Skills: Getting the Results You Want,” two-day seminar. Visit ache.org/Education.
RESPECTFULNESS

Cristina Rivera, FACHE
CEO
Allen County Hospital
Iola, Kan.

“As you work with people of diverse backgrounds you realize the importance of recognizing and respecting their differences in order to work well together as a team. Through the years I’ve learned that teams built on respect for one another will help achieve organizational goals and objectives. Of course, respect has to be earned.

“In doing so, I consistently try to understand each individual and their situation. This approach helps gain trust, and it engages the team in an enhanced organizational purpose. I believe that being respectful means being mindful of what I say and actions I take. It’s about being courteous to one another in any situation. Of course, you learn this when you’re an adolescent, but sometimes we falter because of the demands of our jobs.

“Everyone I interact with has demands too, so I have to remind myself to always be respectful of their needs. For example, if I have an appointment with a physician and say I will be there at 2 p.m., I’m there at 2 p.m.; that’s respecting their time. If I call a one-hour meeting, I prepare an agenda that doesn’t go over that hour. That’s being mindful of other people’s time. It’s the same with patients. They are seeking care with dignity and respect. We must make sure that everyone that interacts with our patients is mindful, courteous, compassionate and respectful.

“Unfortunately many leaders neglect this important competency; therefore they will not be as successful nor reach their fullest potential. To remind myself of its importance, I like to interact with our employees and other stakeholders as often as possible. This always helps me remember that respect is earned.”

COMMUNICATE

Phillip D. Robinson, FACHE
President
Lankenau Medical Center
Wynnewood, Pa.

“In developing my style and evolving as a leader, I have found that working in different venues and organizations was helpful. I’ve worked at world-class organizations in Houston and New Orleans, and I’m once again with a world-class organization. I have developed many behavioral competencies over the years, and what I have learned is that the ability to communicate is Nos. 1, 2 and 3 on the list of top personality competencies. If you can’t communicate your vision or motivate people to think out of the box and grow, you can’t be effective as a leader.

“When I started my career more than 30 years ago, leadership was a hierarchical, top-down approach; very ‘command and control.’ But this is an old fashioned leadership style. Today, employees work more collaboratively.

“As leaders, we have to constantly be rethinking and open to suggestions and new challenges. We have to use fresh approaches and be open to challenging the traditional ways of doing things. Our issues were predictable before, but no longer. The leadership style of today has to be different in this unpredictable environment. We have to get more input, involve more people and do things more as a team.

“An example of the ability to communicate as a soft competency is we are trying to get physicians involved in the key decisions and strategies we are developing. That is my favorite part of the job: working with physicians, engaging them, developing plans and moving the organization forward. A soft competency like communication comes into play when dealing with physicians because you need to have the ability to relate to them, appreciate them and respect them. You have to have a gentler, collaborative approach to be effective. We are in the doctor business, the patient care business, and those softer skills make a big difference in being effective.”

John M. Buell is a writer with Healthcare Executive.
Managing Readmissions From Hospital to Home

A well-connected hospital and home environment empowers the entire care team.

“Once we remove the equipment from the home and patients are on their own, they have become well versed in the importance of daily monitoring, possible warning signs and what it takes to stay healthy. This makes a monumental difference in people’s lives, and we find that energizing.”

Michael S. Ellis, RN
Executive Director
Henry Ford Home Health Care
Detroit

The nation’s current healthcare system is designed around episodic care provided in the hospital and intermittent care given at a physician’s office. Once patients return home, they receive little support as they transition from the healthcare setting—and even less as they try to maintain their health on a daily basis. This deficiency will become more problematic as an aging population with an expanding set of acute incidences and chronic conditions increases.

Managing comorbid conditions requires multiple care providers, with a variety of—and often disconnected—treatment plans, making coordination of care more complex. Patients are asked to manage themselves, which can be overwhelming for older patients and their families. At the same time, hospitals are challenged to control or reduce costs and improve quality. Bridging care from the hospital to the home can help address timely discharge, lower costs, support better patient compliance, enable earlier intervention and, ultimately, reduce preventable readmissions.

To that end, the U.S. healthcare system is shifting to one built around the concept of lifelong care and wellness. As a result, the traditional lines between hospital and home will begin to fade. Bringing together expertise from both the hospital and home environments can connect and empower the entire care team. By addressing the issues and the avoidable complications that occur in the critical transition points throughout the care continuum, patients and caregivers have the opportunity to achieve better clinical and economic outcomes.

In the Hospital
Mercy Health System (formerly Sisters of Mercy) in St. Louis is one of many hospitals nationwide exploring new care delivery models that leverage technology to support better care transitions. Mercy has been using Philips Healthcare’s eICU program, an intensivist-led telehealth center that provides 24-hour support of ICU patients from a centralized core. “The eICU adds an additional level of surveillance above what exists at the bedside,” says Christopher Veremakis, MD, medical director, Mercy SafeWatch and Mercy Center for Innovative Care. “Based on algorithms, we can detect trends of deterioration earlier than we otherwise could and treat patients for mild changes to their condition, rather than intervene when the patient’s condition has become significantly more complicated.” Mercy’s use of eICU has increased compliance with best practices, which in turn decreases incidences of common complications like ventilator associated pneumonia and central line bloodstream infection. Patients are then more likely to transition to less acute—and less costly—units for care in a more timely and appropriate manner.

Once patients are moved out of an ICU setting, Philips offers healthcare providers its Guardian Early Warning Scoring clinical decision support solution to monitor lower-acuity patients. The system automatically records patients’ early warning scores, which are sent to nursing stations. “Some patients in a general ward may start to deteriorate hours...
before they are noticed,” says Joseph Frassica, CMO, patient care and clinical information, Philips Healthcare; senior consultant, Massachusetts General Hospital, Boston; and research affiliate, Massachusetts Institute of Technology. “The Guardian system ensures that patients are recovering according to expectations. When patients are monitored this closely, providers are in a much better position to make decisions about their readiness for discharge.”

In the Home
Henry Ford Home Health Care, Detroit, part of the Henry Ford Health System, is the largest provider of home care services in Michigan. Over the years, the organization has implemented many different strategies to manage readmissions; and many of its challenges revolved around monitoring patients daily in the home environment. Sending clinicians to patients’ homes to check their weight, blood pressure and pulse is costly and challenging. After trying a home telehealth solution with limited success, Henry Ford Home Health Care turned to Philips last year. Since then, the healthcare provider has tripled the number of patients it monitors remotely.

With Philips Telehealth Solutions, clinicians remotely monitor patients so that they can check vital signs and send patients a short health status survey—with the patient at home and the nurse in the office. Henry Ford Home Health Care currently staffs two full-time nurses and one part-time nurse who monitor the telehealth website throughout the day. They continuously search for variances, even the smallest of changes, which can indicate that a patient’s condition is worsening. This allows clinicians to provide timely, focused interventions that can reduce readmission. “In fact, our readmission rate for telehealth patients is about 5 to 6 percent,” says Michael S. Ellis, RN, executive director, Henry Ford Home Health Care. “This is significantly lower than our readmission rate for all patients, which is 12.5 percent. What we find encouraging is home health patients are at high risk for readmission, yet we are able to keep them out of the hospital at a high rate. Because we have been able to so successfully leverage the technology, we are now on the radar of more referral sources.”

Henry Ford Home Health Care’s use of telehealth supports patient education, which empowers patients to play an active role in their care and promotes healthy behaviors. “Once we remove the equipment from the home and patients are on their own, they have become well versed in the importance of daily monitoring, possible warning signs and what it takes to stay healthy,” says Ellis. “This makes a monumental difference in people’s lives, and we find that energizing.”

Addressing readmissions through earlier intervention, timely discharge and improved compliance requires fresh thinking. Mercy’s Veremakis notes that he met some resistance from clinicians when he introduced the concept of the eICU. “Even my initial response was one of skepticism,” he says. “Part of overcoming that doubt is learning just how technology has made the seemingly impossible possible. There is, in fact, a lot that clinicians can accomplish from 200 miles away.”

By leveraging the experts in both the hospital and the home, healthcare providers are making great strides in managing readmissions. Philips’ Hospital to Home solutions are a holistic approach that hold the promise of simplifying clinician workflow, improving financial outcomes and helping to improve and save lives in new and profound ways.

For more information or to participate in a future focus group on this topic, contact Deb Mikell, vice president, Philips Healthcare, at (508) 988-3255 or deb.mikell@philips.com.