



# Building a culture to thrive through change

By James Furbush | October 4, 2016

Hospital-based medical centers face challenges everywhere – but perhaps nowhere more than in Los Angeles, where the physician market is consolidating, physician-led networks are reducing inpatient care, and horrendous traffic creates access issues for patients.



To thrive in these conditions, organizations need to play to their strengths, says Thomas Jackiewicz, CEO of Keck Medicine of USC (University of Southern California). For Keck

Medicine, that means building on its reputation as a tertiary and quaternary provider, partnering with community hospitals and local medical groups, and being Los Angeles' destination for treating the very sickest patients.

athenaInsight spoke with Jackiewicz about building the right culture at an academic medical center to take these challenges head on.

**Q** When you took over as CEO at Keck Medicine, you dove headfirst into a huge transformation. What are some of the key changes you've undertaken?

**A** When I first got here about five years ago, the level of infrastructure was very, very weak. I remember having a conversation with the president of the university and saying, "Most of the time, I would spend a few years and build up the infrastructure and then grow. But because of the changes in the market here, I think we have to do both at the same time."

So we put in an electronic medical record. We consolidated the practices into one medical group, installed new scheduling and registration systems, and created a quality team. We expanded from 12 locations to 41 locations. We acquired a hospital with an emergency room and expanded our OB program. To move the organization in the right direction, we had to have a sense of urgency with a capacity for change.

**Q** Do you worry about asking your physicians and staff to absorb too much change too quickly?

**A** I worry about this constantly. Are we getting to the point where we're exhausted by change? Are we increasing the physician burnout

levels? Are we really making people's lives better? Or are we just making things more complicated? There needs to be a balance. The market is asking us to transform very quickly. At the same time, I want to make sure the organization can take on change, because we are playing catch-up while evolving for the future.

If you ask me what I lose sleep on at night, that's what I lose sleep on.

**Q As a leader, how do you measure progress and flag areas of concern?**

**A** Right before I got to Keck, we did a physician engagement survey. I reviewed it when I arrived and my jaw dropped because the scores were so bad. So I met with each one of the clinical departments and had honest conversations with physicians: What were some of their issues, where were the problems, and what are the things that I could do to make their lives better?

We're going to do another survey in the fall that I'm sure will have much better results – in part because now there is an engagement between leadership and the department chairs to make sure we're meeting the needs of the physicians. This physician engagement survey will set a new baseline for us and lay out the areas that we need to work on, because I know we have areas that we can improve.

**Q Have you found an optimal way to roll out organizational change?**

**A** I've come up with a management theory that to move an organization forward quickly, you need at least three major change initiatives going on all at the same time. You'll always have a part of your organization that doesn't like an initiative because they like the old model more. But by moving multiple initiatives, you don't allow any part of the resistance group to concentrate on that one initiative to stop it.

If you've got multiple initiatives going on, there's almost no group that is completely disadvantaged by all three. More often they're

willing to say, "Oh, I'll suffer a little over here but I'm going to get improvements over here. So it's good." You actually are able to splinter the forces of complacency.

You can't take the foot off the gas because people will say, "Okay, we're good enough now." The balance is not exhausting everybody, but continuing the steady climb.

**Q With so many changes, how do you measure success?**

**A** Quality is the key fact. There are three levels of quality right now in the U.S. There's the reimbursement-level quality – what we see now from CMS – which I consider level one of quality. Level two is UHC Vizient, where we compare our quality with other academic medical centers' data. Our goal is to be the highest-quality provider across academic medical centers.

My aspirational goal – what I think of as level three – is to use the quality innovations to improve our patient care outcomes.

**Q With such aggressive goals and timelines, leaders can burn out just as easily as physicians and staff. How do you keep perspective?**

**A** First, I exercise all the time. This is so LA, but I go to spin class and I have a personal trainer. Second, I really enjoy reading history. I'm reading a very interesting book on the Civil War and another about Alexander Hamilton. Third, I don't spend every minute in the office. I put myself in places where I can expand my creativity.

I've seen it before where people always have their nose to the grindstone. They begin to lose their creativity and their perspective. And what you have to always maintain is perspective and creativity, because if you can't see a better future, you're never going to be able to move the organization forward.

*James Furbush is managing editor of athenaInsight. Photography courtesy of Keck Medicine of USC.*



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