

NMH Leadership Letter

Good morning to All,

It was a great opportunity last week to finally do the official kickoff of TUL. One of you in an email since described his team's reaction when being briefed on where we're going as saying this is just common sense. It sure is, and the common sense and common vision means:

- Does it pass the Mom Test and fit within the SERVE values? If not, that practice, procedure, policy or person is out of bounds and needs to be changed, improved or removed.
- Because so much new stuff is going to be created, we need to get rid of a lot of the "trivial trash" that robs us of time.
- Get your KRA hour going—start hitting some projects that really are "vital KRAs" and a lot of fun to do.
- Major emphasis is on building of Associates—first off, get them DIG trained and turn loose their mighty powers and great thinking on stuff they want to fix—THIS IS THE MOST POWERFUL THING YOU CAN DO to make change happen and look like a hero.
- A more detailed listing of things to remember to do will be found in the handout given at our TUL session "Participant Session 1 Assignments." I promise you that this stuff is not a waste of time but will bear fruit.

Typical of my sessions is too much material to cover in the amount of time we have. One item that might be helpful was contained in the Day 1 slides on Creating the New American Hospital and was labeled "Creating Organization Excellence." Let me lay out what you can expect to happen in the course.

- We are in pursuit of organization excellence, but we are not going to be perfect. Excellence is all about aggressively getting improvement after improvement in place—continuous improvement. So don't fall into the trap of expecting people to suddenly be perfect. Things are "Not Good Enough", but as long as they're getting better (and fast) that will be OK for today.
- Each of us has a lot to LEARN and a lot to DO, and that includes me. Don't get left behind in your reading and learning, and don't get left behind in doing the assignments and supporting your team. In other organizations there have sometimes been folks who think that the train isn't really leaving the station and they can let their part of the action slide. That's not helpful to the team or one's career.
- Your job and your role has now changed. You are now being paid more to be a leader and builder of your people and a smaller amount of your compensation is being paid to you for doing administration of stuff. This change does not mean that new duties have been added to your regular job, these newer emphasis points ARE your regular job. The old concept of your job you had last month is now dead.



- Be a little patient with yourself and with others. It is a fact of the learning curve that we will “talk the talk” before we “walk the walk” That’s normal and OK this month, but it won’t be acceptable for too much longer. Ghandi said, “We must become the change that we wish others to make.”
- The future of NMH requires that behaviors and attitudes change in how Customers are served, Associates are treated, work is done, and the organization managed. What was OK yesterday isn’t OK anymore. Example, it is crystal clear based on remarks from Tom and from your board members that Associate respect everywhere and all the time is a requirement. If you need help to make that happen where you are, ask for it. If a squad of committed managers needs to come into your unit that will be done. Today’s new reality is that we are going to live SERVE.
- You are going to be supported in your efforts but that support will be imperfect. I will do my best to give you all the answers I know—write me anytime at drclay@cox.net. But as my good partner can attest, I sure don’t know it all. You can write her at stephaniesherman@cox.net. Your execs are on board, they are more than willing to help, as is your team, but they too won’t always be perfect—welcome to Earth! If you think one of the execs isn’t doing what you need, tell them, help them help you. The giving of scrubs to Tom and Gene was a perfect example of that, and they better get their keesters out on the floor pronto! That was a wonderful moment! You see, we’re done with criticising, but we are definitely going to be in each others face a little. Why? Because we are a team and we want to WIN!
- If I’m not mistaken, all of you are on one change group or another (MAC-CAC-SAC-TAC-RAC, Change Modules, etc) so the power is in your hands. We can do it, because we are all going to do it together. Win or lose, this is your program, this is your life, and this may be the only chance in your professional career that you will ever have to stand on top of the mountain. Do you want that? I want it so bad I can taste it.
- I want each of you to enjoy this year and to sit at the Banquet of Achievement. Help us, join the team. Forgive the past, forgive each other. That was then, this is now. If this management stuff isn’t your cup of tea, that’s OK, but please let Tom know now. There are other jobs. Tom, your board, the NMH management team really has no choice, they must and will put the organization’s mission above any person’s desire to go slow, hang back, and not support the goal.

Steph and I are excited about what we saw in your faces, and we’re looking forward to our time with you. You look and sound as good as any of the teams we’ve worked with that went on to fame and fortune. Top 100, Best Rated by Customers, all of that. Catch the Dream, give the barriers you encounter a little Nightingale Ax treatment.

And, have FUN! (see attached)

Brother Clay



Tribal Wisdom Of The Dakota

The tribal wisdom of the Dakota Indians, passed on from generation to generation, says that when you discover that you are riding a dead horse, the best strategy is to dismount. (As NMH is, as it abandons old ways of doing things)

In modern management, however, a whole range of far more advanced strategies are often employed to keep the old hospital approach going, such as:

1. Buying a stronger whip.
2. Changing riders.
3. Threatening the horse with termination.
4. Appointing a committee to study the horse.
5. Arranging to visit other countries to see how others ride dead horses.
6. Lowering the standards so that dead horses can be included.
7. Reclassifying the dead horse as "living-impaired."
8. Hiring outside contractors to ride the dead horse.
9. Harnessing several dead horses together to increase the speed.
10. Providing additional funding and/or training to increase the dead horse's performance.
11. Doing a productivity study to see if lighter riders would improve the dead horse's performance.
12. Declaring that as the dead horse does not have to be fed, it is less costly, carries lower overhead, and therefore contributes substantially more to the bottom line of the economy than do some other horses.
13. Rewriting the expected performance requirements for all horses.
14. Promoting the dead horse to a supervisory position.

NMH has a better idea. Let's start riding a new horse called the New American Hospital, a "fiery horse with the speed of light"!

