

A N O T E F R O M T H E A U T H O R

T*he Florence Prescription* is a fictional story about an imagined medical center populated by made-up characters, but the message is genuine and it is urgent. The health care crisis of the early 21st century isn't just about financing and access – it is also a crisis of culture, and of confidence. It is doubtful that any healthcare leader ever faced a crisis more serious than the disaster zone that was the Scutari Barrack Hospital when Florence Nightingale arrived in 1854 to care for British casualties of the Crimean War. Yet over the next two years she transformed the entire operation, creating what was in effect a blueprint for the hospital as we know it today. In the following years, Nightingale and her intrepid band of healthcare pioneers brought about sweeping changes in hospital design, nursing education, and public health.

But this book is not about what Florence Nightingale did (I've included a bibliography for learning more about that). Rather, I ask this question: What would Florence Nightingale tell us to do for our hospitals were she to return today. I believe she would tell us that Job #1 is to re-spark the spirit of purpose and mission that once did, and always should, inspire people who have committed their professional lives to caring for others. She would say that while it is important to hold people accountable for their performance and their outcomes, that's not enough. In today's complex and dynamic world, we must go

beyond mere accountability and foster a culture of ownership where people hold themselves accountable because they have personal ownership for to the values and mission of their organizations.

The Florence Prescription is a story that will both inform and inspire anyone who works in healthcare today. The eight essential characteristics that I describe for a culture of ownership – commitment, engagement, passion, initiative, stewardship, belonging, fellowship and pride – also happen to be essential ingredients for personal success and happiness. Ultimately, *The Florence Prescription* is more than a program or a prescription. It is a way of life.

I chose the fictional format for two reasons. First, as Christopher Tolkien has noted, fictional characters can be more real than real people because they can be distilled to the essence of their being, and through the eyes of the author the reader can see into their souls. Second, fiction allows for time compression. In fiction, the author can transform the culture of Memorial Medical Center in the time it takes a reader to fly from New York to Los Angeles. In real life, we all know that the process is much messier, more arduous, and takes a whole lot longer. And that while fictional stories eventually reach “The End,” in real life the work is never really done.

It’s been said that the truth is more important than the facts. This story, while fictional, is also true. It draws from my own experiences as chief operating officer of a large community teaching hospital and from our work at Values Coach helping hospitals promote values-based leadership and cultural transformation. Before you can truly transform the culture of an organization, you must invest in helping people transform the quality of their lives; you do that by helping them connect the work they do with their most deeply-held values. Making that connection is the first step toward fostering a culture of ownership.

The Triple Aim introduced by the Institute for Healthcare Improvement calls for improving the patient experience, improving the health of the population at large, and reducing per capita costs of

healthcare. These are important goals and have been widely adopted, but a growing number of healthcare organizations are realizing that a fourth aim needs to be added: fostering a workplace culture where people are committed, engaged, and passionate about their work. In other words, the sort of culture of ownership that is described in this book. Indeed, without such a culture of ownership, no amount of effort will ever optimize the other three aims.

There has been a monumental change in how we perceive the importance of culture in healthcare organizations over the past several years. In 2017, the Institute for Healthcare Improvement published the white paper *IHI Framework for Improving Joy in Work* which said: “Joy in work – or the lack there of – not only impacts individual staff engagement and satisfaction, but also patient experience, quality of care, patient safety, and organizational performance.” I spent four years in graduate school earning MHA and MBA degrees and never once heard a professor utter the word joy, much less having taken a course on how to promote joy in the workplace. But now IHI is telling us that creating joy is not just a frivolity, it is a leadership responsibility.

The truth is that you cannot hold people accountable for joy! That is something that must come from within. Indeed, the surest way to kill joy in a workplace is to try and hold people accountable for it. You are far more likely to find a spirit of joy in a culture of ownership than you are in a culture of accountability.

And in 2018, *Fortune* magazine changed the criteria for making its 100 Best Places to Work (the gold standard of the many such “best places” rosters) from Pride, Camaraderie and Trust to these six: Values, Innovation, Financial Growth, Leadership Effectiveness, Maximizing Human Potential, and Trust. Here’s my take on what that means in practical terms:

A great place to work is one where effective leaders maximize human potential by helping people live their values,

creating a culture where trust and innovation can flourish, resulting in financial growth.

Again you cannot hold people accountable for maximizing their own personal and professional potential or for living their values. And while you can hold people accountable for doing their jobs in the prescribed way, you cannot hold them accountable for coming up with innovative new ways to do the work. If you want to be recognized as being a great place to work, you need to cultivate the essential eight characteristics of a Culture of Ownership that are described in this book. You need to build a Culture of Ownership.

In these challenging times, hospitals and other healthcare organizations need every possible hand on the oars. Fostering a culture of ownership isn't just about creating a nice environment in which to work and receive care, though that it is. A culture of ownership is the *sine qua non* for recruiting and retaining great people, ensuring optimal productivity and safe patient-centered care, and meeting the increasingly tough demands being placed on our industry by society at large. Today's hospitals can't survive, much less thrive, with hired hands on the job – they need people who think like partners, people who own their work rather than just renting a spot on the organization chart. They need *The Florence Prescription*.

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SCUTARI BARRACK
HOSPITAL
DECEMBER, 1854

The hour was half past midnight. The Lady with the Lamp made her way slowly through the corridors filled with wounded, sick and dying soldiers, clear-headed and broken-hearted. The men were jammed together along the floors like too many plants packed into a row of beans, their only mattress the fetid and bloodied straw that was spread across the floors. The lucky ones had a blanket to themselves. “We can do better than this,” Florence Nightingale whispered into the foul air of the old Turkish army barracks building that had, almost as an afterthought, been converted into a hospital for British casualties of the war against Russia in the far-off Crimean Peninsula. “We must do better than this.”

Nightingale knelt beside a young soldier who was crying for his mother. He would, she knew, die during the night watch. “They always cry for their mothers,” she thought as she pulled the last orange from her apron pocket. She peeled away a slice and, gently lifting the young man’s head, squeezed the juice into his mouth. His eyes flickered open. “Thank you.” Nightingale saw, rather than heard, his last

words, words she had so often seen on the lips of dying men so grateful for the most trivial of kindnesses. *We must do better than this.* The young man drifted back into his final sleep. As she so often did for dying soldiers, Nightingale massaged his feet. "Soldiers live on their feet," Nightingale often told the nurses under her charge, "so it is for us to care for their feet as well as for their wounds."

She made note of the dead soldier's name and the time of his dying. Later, she would update the records she so meticulously kept on her patients, and would send the dead man's scant possessions home to his family, along with a personal note reassuring his parents that he had died peacefully. She covered his face with the blanket, knowing that before morning call it would be covering another miserable wretch perhaps also doomed to die in Turkey. It was long past midnight by the time Nightingale finished making her nightly circuit through the 4-mile maze of the Scutari Barrack Hospital. She could not, of course, personally tend to each of the thousands of patients whose miserable fate it was to be lying in those stinking corridors, but it was later said that as the Lady with the Lamp passed by, soldiers lying in those corridors would kiss her shadow.

"We must do better than this," Nightingale wrote in her personal journal before crawling onto the soldier's cot that was her bed. And do better she did. By the time the Crimean War had ended, Florence Nightingale established the first hospital pharmacy, using her own funds to purchase needed medications. She recruited a famous British chef to start the first hospital nutrition service, and instructed her nurses to begin boiling sheets, cloths and rags, simultaneously creating the first hospital laundry and infection control process. To give her patients something to do other than spend their army pay on drink, she established the first patient library, and she personally took responsibility for assuring that the money they saved was sent home to their families. Her meticulous recordkeeping was the forerunner to the medical records and epidemiology functions of the modern hospital. At the Scutari Barrack Hospital, Florence Nightingale drew up

what was effectively a blueprint for the hospital as we know it today. As Mark Bostridge wrote in his recent biography *Florence Nightingale: The Making of an Icon*: “By the end of the war, the Scutari hospitals had been transformed into efficiently-organized, smooth-running operations.”

Nightingale largely disappeared from public view upon her return to England, but her work did not end there. She personally helped each of the nurses who had gone with her to Turkey find employment upon their return home. She was the guiding light for the world’s first school of professional nursing, which to this day bears her name, and her book *Notes on Nursing* informed and inspired future generations of nurses. She helped design the first hospital building that was constructed specifically for that purpose, largely based upon principles outlined in her book *Notes on Hospitals*. The pioneering epidemiological methods she developed were the basis for revolutionary improvements in the British military health service, and she was a leading proponent for public health improvements in what was then the British colony of India. She was a dedicated advocate for preventative health, and for the healthcare rights of soldiers and veterans.

More than sixty years after the Crimean War, the children of an old soldier who was a veteran of that war were making final arrangements for his funeral. Among his possessions they found a shriveled old orange, no bigger than a walnut. With the orange was a note scribbled on a scrap of paper that read: “Given to me by Miss Florence Nightingale.” When Nightingale herself was buried, her coffin was attended by octogenarian veterans of the Crimean War, one of those countless conflicts that have blighted the history of human progress, and which would have been forgotten by history but for the work of the Lady with the Lamp, Florence Nightingale.

We must do better than this. *One day early in the twenty-first century, Florence Nightingale decided to come back and see how we were doing.*



CHAPTER ONE

THE
CULTURE
CHALLENGE

“**M**ommy! Mommmmmmy!!” It was three o’clock in the morning and 10-year-old Timmy Mallory was dying. They had not told him he was dying. Not really. Not yet. But he’d known for about a week. He could tell by the way everyone was acting, by the way they all treated him. The chemotherapy was not working and the doctors were not going to save him. He was going to die. The nightmares had become more terrible and more frightening every night. “Mommmmmmy!!”

“Shh,” whispered a soft voice. Timmy felt hands gently rubbing his temples. They were a woman’s hands, he could tell, and though they were rough and calloused, the touch was tender and reassuring. “Shh, my brave little soldier.” Timmy wanted her to tell him that everything would be alright, the way his mother always did, but he knew it wouldn’t be true. She kissed him on the forehead and continued softly rubbing his temples. “Sleep now, my brave little soldier.”

Timmy smiled as he drifted back into sleep. In his dreams, he rode a magnificent white charger off to do battle with the fire-breathing dragons that were trying to kill him. He was a brave soldier,

and he would not surrender lightly. Florence Nightingale kissed her brave sleeping soldier on the top of his bald head, then picked up her lantern and continued making her rounds through the corridors of Memorial Medical Center. How very different this place was from the Scutari Barrack Hospital. And how very much the same.



Carol Jean Hawtrey sipped her vanilla latte, nibbled her cinnamon bagel and smiled to think that hospital food had come an awfully long way since her days as a young nurse. She was reading a front-page newspaper article about the healthcare crisis. “Let’s see now,” she asked herself, “just when did the healthcare crisis become a crisis? Was it with healthcare reform and reimbursement cutbacks? Or was it the evolution of managed care and corporate medicine? Does the crisis go back to the establishment of Medicare, which was still revolutionary when I was in nursing school? Or all the way back to the Hill-Burton Act after the Second World War? Actually, those were each a response to the healthcare crisis of their own era.” She closed up the newspaper with a smile. Having written a book about it, she knew that between 1854 and 1856, Florence Nightingale and her small team of nurses had transformed the Scutari Barrack Hospital into the forerunner of the modern medical center. That, too, was a response to the healthcare crisis of Nightingale’s day. And the healthcare crisis would, in one form or another, still be with us far into the future.

After having spent more than twenty years as an ICU nurse and another dozen on the nursing school faculty, having sent two kids off to college and careers of their own, having gotten divorced and learned how to live on her own again, Carol Jean had been looking forward to retirement. Then she’d decided to write a book. *Leadership Lessons from Florence Nightingale* had improbably led her into a third career as a healthcare consultant. And that work had led her to be

here, in the Memorial Medical Center cafeteria, on the first day of her latest client engagement.

Sipping her latte, Carol Jean tuned in to the conversation at the next table. Five employees in hospital scrubs had been gossiping and complaining for the past quarter-hour – now they were talking about the new fountain the hospital had recently installed in the healing garden courtyard, visible through the cafeteria windows. “They should have put the money in our paychecks instead of squandering it on a CEO ego trip,” one of the nurses said as the others nodded in agreement.

“Mind if I join you?” Carol Jean didn’t wait for permission to pull her chair over. *Proceed until apprehended* was a philosophy she’d picked up from her study of Nightingale’s way of getting things done. “I heard you talking about the fountain – it’s beautiful, isn’t it?”

“A beautiful waste of money that has nothing to do with patient care,” one of the nurses replied.

“Oh, I don’t know,” Carol Jean said, “when I came in this morning there were several patients sitting by the fountain who seemed to be enjoying it very much.”

“Not as much as I’d enjoy a pay raise,” another of the nurses said, and they all laughed, Carol Jean included.

“I’ve yet to meet anyone who wouldn’t be happy with a pay raise,” Carol Jean said, “and no doubt thinks they deserve it. Probably does deserve it for that matter, but financial reality always has a way of rearing its ugly head.”

“Yeah, well financial reality certainly hasn’t kept the suits from giving themselves big pay raises.” Despite her brightly-flowered scrubs, the nurse who said this had immediately struck Carol Jean as being one of the surliest people she’d seen in quite a while. Carol Jean tried to read the name on the nurse’s badge, but the lanyard upon which it hung was twisted so the badge was backwards. Carol Jean made out the letters I-CARE, which she knew were printed on the

back of every nametag. “I-CARE,” she said, “isn’t that an acronym for Memorial Medical Center’s values?”

The nurse looked down at her badge without bothering to turn it around. “Actually, it’s ‘why care?’ We’re doing more with less, you know, so who’s got time to care?”

This one’s going to be a challenge, Carol Jean thought to herself as the nurse in the floral scrub shirt glared at her, arms crossed, from the other end of the table. “By ‘the suits’ I assume you mean the executive staff,” Carol Jean asked. The nurse sipped her coffee and nodded slightly. *She has the bearing of a natural leader – for better or worse*, Carol Jean thought. “And you think they’re overpaid?” The surly nurse just laughed, and the others joined in. “I take that as a yes,” Carol Jean said with a smile.

Carol Jean leaned forward and placed her forearms on the table, fingers interlaced in front of her. “Did you read the article in the newspaper this morning about the healthcare crisis? About how brutal the competition is between hospitals, about how many of them are having to make painful cutbacks, and some have even been forced to shut their doors?”

The nurse with the backward nametag replied, “Yeah, we saw it. So if times are so tough, how can they find the money to build a glitzy new fountain?”

Carol Jean returned the nurse’s stare. “Let me ask you a question. You’ve seen the billboards and heard the radio ads from the hospital across town – your competitor – right?” No one needed to respond – St. John’s Hospital had placed a billboard right across the street from the MMC patient parking ramp. “And you know the surgeons are planning to build their own ambulatory surgery center out in the suburbs, right?” Several of the nurses nodded – everyone had heard that particular bit of scuttlebutt. “And you’ve heard that hospitals might not be paid at all for taking care of patients if something goes wrong?” They’d certainly heard that one; so-called “never events” had been the subject of mandatory in-services over the past several

months. “And that’s just the tip of the iceberg, isn’t it? We could add the nursing shortage, regulatory compliance issues, electronic health records and a whole lot more, couldn’t we?”

“Are you going to get around to that question you wanted to ask us?” The nurse in the floral scrubs, whom Carol Jean was increasingly certain that by virtue of a dominant personality rather than official title held great sway among her coworkers, leaned back in her chair, arms still tightly folded across her chest, frown firmly fixed on her face.

“Yes I am, and here it is. In the environment I’ve just described, where the very survival of Memorial Medical Center – oh, and by the way, all of your jobs – is at stake, do you really want the hospital board to hire the cheapest CEO they can find from the bargain basement of some outplacement firm? Is that who you want leading your hospital into the future? A cut-rate CEO?”

“That’s not what we’re saying.” It was the nurse to Carol Jean’s left. Her name badge was correctly positioned – Francine from the Emergency Department.

“Well,” Carol Jean replied, “I apologize, but it sounded an awful lot to me like you were saying that the suits, as you called them, are overpaid.” As one, the nurses crossed their arms and leaned back in their chairs with cynical frowns fixed on their faces, subconsciously mimicking the body language of the surly nurse in the floral scrubs. “Listen,” Carol Jean said, “I sympathize with you, I really do. I spent many years – more years than I can count – as a floor nurse. And all the things you’re complaining about, I used to bitch about those same things.”

“So tell us why you’re here.” The nurse in the white scrub shirt, who had not yet said a word, eyed Carol Jean suspiciously.

“I’m here because your CEO invited me. I’m a healthcare consultant.” Carol Jean thought back to the call she’d received several months earlier from John Myerson, MMC’s chief executive officer. He was concerned that the medical center’s staff and patient satisfaction

scores were stuck in the bottom quartile of their comparison groups, and that so far nothing they'd done had seemed to have much of an impact. His chief nursing executive, who'd read *Leadership Lessons from Florence Nightingale*, had suggested that he call Carol Jean. But Carol Jean didn't mention any of that, saying only, "I work with hospitals on a program called *The Florence Prescription*. Though it's really more a way of life than it is a program or a prescription. It's my answer to the question 'what would Florence Nightingale do?' if she were to come back as a consultant to the modern hospital."

"You're the one who wrote the book?" The nurse with the floral scrubs and the reversed nametag leaned forward and rested her chin on a closed fist.

Carol Jean was quite proud of her book, and not a little surprised at how well it had done, but still was a bit embarrassed when the book put a spotlight on its author. "Yep, that's me."

The frown softened slightly and the nurse, now looking more skeptical than angry, leaned forward. "So, what are you going to tell the suits Florence would do for us?"

Carol Jean shrugged, "Nothing at first. Right now, I really don't know enough to tell them anything they don't already know. My first job is to ask good questions, then to listen and think."

"Well, I hope they let you out of the executive suite so you can get around and talk to some of us peons up on the floors."

Carol Jean nodded. "You can bank on it – it's in my contract."

Francine from the Emergency Department looked over at the surly nurse and pointed to the watch on her wrist. "Well, ladies," the nurse in the floral scrubs said, confirming Carol Jean's impression that she was the group's informal leader, "time's up. Back to the salt mines." The nurses all started to push away from the table.

"Before you go," Carol Jean said, "do you all meet here every day at this time?"

"Only on Mondays."

“Well, can I join you next Monday? I think by then I’ll have some more questions for you.” The nurses looked back with expressions ranging from skeptical to defiant. “You told me I should get out and talk to people,” Carol Jean said as she stood up. “So I’d like to talk with you. I’ll even buy the coffee.”

“That won’t be necessary,” said the nurse with the backwards name badge.

“Okay, so I’ll see you next Monday,” Carol Jean replied, ignoring the snub. “What’s your name?”

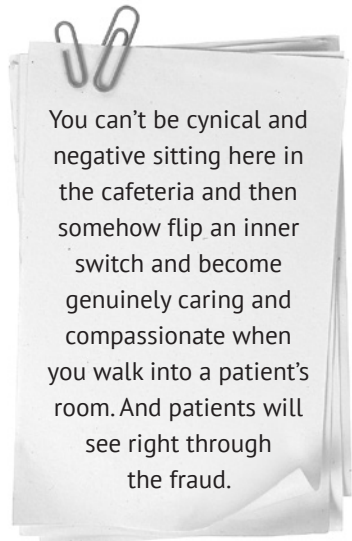
“Ask me next week,” the nurse replied, looking back over her shoulder as she started toward the cafeteria doors.

Carol Jean pushed her chair back over to her original table and sat down. “Well, Miss Nightingale, it looks like we really have our work cut out for us, doesn’t it?”

“Her name is Sarah Rutledge,” said Florence Nightingale as she sipped her tea and watched the group disappear through the cafeteria door. The chair in which she was seated had been vacant the second before. Other than Carol Jean, nobody in the cafeteria seemed to notice her presence.


Carol Jean looked from Nightingale to the closed cafeteria door and back again. “If this group is representative, I can see why MMC is struggling with patient satisfaction scores.

“She is one of the best nurses in this hospital, that one with the flowered blouse is. I’ve watched her care for my brave little soldier upstairs. You need to win her over, Carol Jean. You need her to fight *with* you, not against you. Win her over and the others will follow.”



“I think that’s going to be a real challenge,” Carol Jean replied, shaking her head.

“No bigger challenge than convincing a British doctor at Scutari to wash his hands before sawing off the leg of some poor wretch whose misfortune it was to have taken a bullet for the Queen,” Nightingale said with an impish smile. “And there’s a brave little soldier upstairs whom we can enlist in the campaign.”



CHAPTER TWO

INVISIBLE
ARCHITECTURE

You must be Carol Jean. We've been looking forward to your visit." The young woman stood up, came around from behind her desk, and extended her right hand. "I'm Connie O'Dell, John's executive assistant. I'll let him know you're here." John Myerson had been CEO a bit less than three years, and during that time had brought a new sense of urgency to Memorial Medical Center, whose very survival had been in question in an increasingly competitive urban marketplace.

"So you're the power behind the throne," Carol Jean said as they shook hands. "We all know how helpless CEOs would be without their executive assistants."

"Yes, but I still let him think that he's running the show," Connie said in a conspiratorial whisper.

Connie was young, not much past college graduation, Carol Jean guessed. She had the winning combination of a cheerleader's smile and the professionalism expected of an executive assistant in a major medical center. "I'm a bit early. Do you mind if I ask you a few questions before we tell John I'm here?"

“Certainly. What would you like to know?”

“In my role as a consultant, how do you think I can be most helpful to John and the leadership team? In other words, what problem keeps them awake at night that I might be able to help solve?”

Connie laughed. “You say that as if there’s just one thing keeping them awake at night! The bond issue for the new building, challenges from the medical staff, trying to get enough nurses to staff the floors, uncompensated care, a fractious governing board, take your pick. If that’s not enough, I can give you the next five things on the list.” Connie crossed her arms and leaned back against the desk. *I hope Myerson takes good care of her*, Carol Jean thought, knowing that some of her other CEO clients would hire a person like Connie in a heartbeat if they met her.

“What would be at the top of *your* list, Connie?”

Connie pinched her chin between her thumb and forefinger of the right hand, and rested her right elbow in the palm of her left hand. “Good question. Right now, I’d have to say employee morale. We’re doing a lot of exciting things, but I think people are really feeling the stress, and frankly some of their bad attitudes just make it worse.”

Carol Jean was about to ask another question when Myerson emerged from his office. Carol Jean had spoken with him on the phone, and of course done all the research consultants usually do on new clients, but she was still surprised by how young he looked. He was, she guessed, not quite six feet tall, with the sparse frame of a distance runner. Brown hair with a tinge of grey at the temples was capped by what appeared to be an untamable cowlick at the crown. He had the winning smile of a TV game show host, but looking closer the wrinkles around his eyes betrayed too much worry and too little sleep. He had a fat file folder in his hand, and was obviously not prepared to see Carol Jean standing there. Connie took the folder and said, “John, this is Carol Jean Hawtrey here for her ten o’clock appointment.”

“Oh, yeah, that’s right,” he said, looking at the clock on the wall. “Great to meet you, Carol Jean. I’ll be just a minute if that’s okay. Would you like a cup of coffee?” he asked as they shook hands.

“I’m all set,” Carol Jean replied. “Connie is taking good care of me.” Carol Jean examined the framed motivational posters hanging on the reception area walls while Myerson spoke with Connie. When they’d finished, she followed him into his office. Every square inch of wall space was covered with renderings and blueprints of the new building. “Construction begins next spring,” Myerson said, obviously excited about it. “People are really looking forward to having more space.”

“We’ve come a long way from Scutari, haven’t we?” Carol Jean asked the question as she studied the artist’s rendering of the medical center’s new entrance.

“Excuse me?”

“Oh, sorry. Scutari was the place in Turkey where Florence Nightingale established the first hospital – at least as we’d recognize the term today.”

“Oh, yeah, I remember reading that in your book, which I really enjoyed by the way. Grab a chair, and let’s try to clear a little working space.” Myerson’s round table was also strewn with blueprints and spreadsheets, which he stacked into a reasonably neat pile. After they’d made the usual small talk Carol Jean said, “So tell me, what would you say’s your biggest challenge today? What challenges keep you awake at night?”

“That’s easy,” Myerson replied. “Getting this new building paid for.” He looked into his coffee mug as though there might be a pile of money down there, then took a sip.

“I see. What about people issues? Do they interfere with your sleep?”

“Of course they do. That’s why you’re here.”

“I’m happy to be here, and looking forward to working with you.” Carol Jean took a long look over at the door. It was closed. “Oh, by

the way, I don't know if I mentioned this, but I'll have a partner working with me. She's going to add an awful lot, but she's a very private person. We'll have to keep her involvement strictly a secret between the two of us."

Myerson nodded and took another sip of coffee. "That's fine with me. I'm open to all the help we can get. I'll look forward to meeting her."

"Well, she's right here. John Myerson, meet Florence Nightingale."

Nightingale had just appeared in the third chair. She was wearing a plain black dress with a white lacy collar, hair pulled back under a simple bonnet. Myerson nearly fell over backward in his chair, and spilled coffee all over the table. "Oh dear," Nightingale exclaimed as she pulled a cloth from one of the deep pockets in her dress and began mopping the spilled coffee, "this just won't do." Looking over at Carol Jean she laughed and said, "I do seem to have this effect on people." Myerson rubbed his eyes long and hard with the heels of his palms, and when he opened them again he clearly expected to see that Miss Nightingale would be gone. "Still here," she said with a sprightly giggle.

Myerson got up from his chair and walked quickly over to the window. Arms crossed, he stared out at the parking lot. Several times he looked back over his shoulder and each time Nightingale was there, smiling back at him. After the third time he stalked across the floor toward his desk, muttering as though he'd seen a vandal's handiwork scrawled across one of his new buildings. He reached for the phone. "There's no need to call Security, John," Carol Jean said. "Come back over and join us. I can explain." Myerson leaned on his desk with both arms extended and a suspicious look on his face. "Come on, John, just flow with this. You'll be glad you did. Really."

After glaring long and hard at Carol Jean and Florence Nightingale sitting there at his table Myerson finally, and with obvious reluctance, came back around and took his seat. "So tell me, what is this

all about?” He looked even more pointedly at Nightingale. “And who are you?”

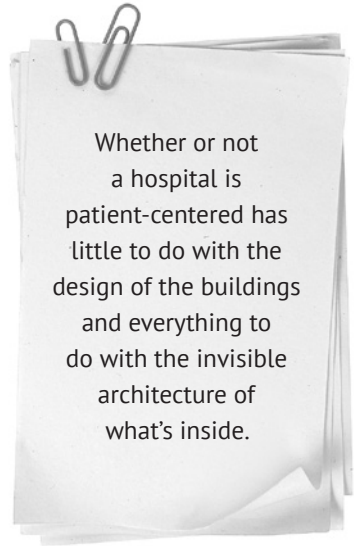
Nightingale didn’t respond, but instead looked to Carol Jean. “She is who I said she is, John. Though the historical Florence Nightingale died a hundred years ago, her spirit has remained as a living presence in healthcare ever since. And now, in ways that I cannot understand myself, much less explain, she’s come back in a more real way to help us work on reanimating that spirit – which I’m afraid is at risk of being lost. She won’t be with us for long, so we should make the most of the time while she is.”

Before Myerson had a chance to reply, Nightingale looked over at the renderings that were taped up on the wall. “I was a bit of an architect myself, you know, Mr. Myerson. Tell me about your new hospital.” For the next 15 minutes Myerson, still in a state of shock, walked his two guests through the schematic drawings on the walls.

Nightingale stopped him frequently with questions. “If the nurses cannot see all the patients from their station, how do they know if someone needs help? With all these walls, you can’t possibly have cross-ventilation, so how do patients get fresh air? Where is the dormitory for your nurses?” She listened carefully as Myerson explained the technological infrastructure of the modern medical center.

When they’d finished their virtual tour of the unbuilt hospital, they returned to the round table. “This will be a beautiful hospital,” Nightingale said as she took her seat. “You must have wonderful architects.”

Myerson nodded. “Yes we do. I’ve worked with them before and they really understand how to create a patient-centered environment.”

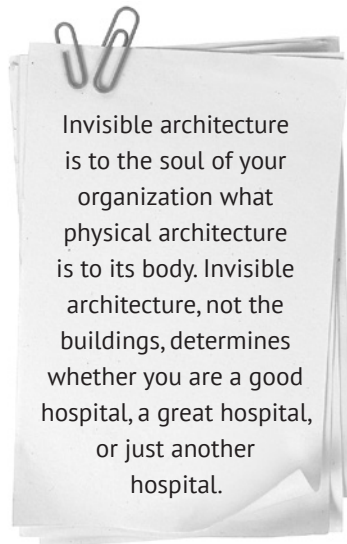


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Nightingale nodded. “Of course, whether or not a hospital is – what did you call it? – patient-centered? – really has very little to do with the design of the buildings and everything to do with the invisible architecture of what’s inside. Wouldn’t you agree?” She looked at Carol Jean with pursed lips and said, “Patient-centered care? Is there any other kind?” Then she looked back at Myerson. “What are you doing to design the invisible architecture that will be inside the physical structure of your new hospital?”

It took Myerson a moment to realize the question had been directed at him. Finally he said, “Until about ten minutes ago, I would have considered that to be a silly question. But tell me what you mean by invisible architecture.” Then he looked over at Carol Jean. “Didn’t I read something about that in what you sent to me?”

Carol Jean nodded. “Yes. Miss Nightingale and I have been working on this notion for quite some time now.” Myerson looked back over at Nightingale and then, almost as if afraid to look for too



long, quickly turned his gaze back to Carol Jean. “You see,” Carol Jean continued, “the first impression patients, visitors, and prospective new employees have of Memorial Medical Center will be created by your physical facilities: the landscaping in the parking lot, the glass and red brick fronting the building, the new fountain in the courtyard. But that won’t be even the slightest consideration when patients are asked whether they were happy with their care, or if one of your valued employees is considering a job offer from somewhere else. Will it?”

Myerson took a quick look back at Nightingale, who nodded her encouragement, then replied, “Probably not.”

“Invisible architecture is to the soul of your organization what physical architecture is to its body,” Carol Jean said. “And it’s the invisible architecture, not the buildings, that determines whether you are a good hospital, a great hospital, or just another hospital.”

“When I arrived at Scutari,” Nightingale added, “our tasks were obvious and immediate. Basic sanitation, nutrition for the soldiers, getting the orderlies to do their jobs rather than tipping their mugs and chasing after my nurses. It was hard work, but at least we could see and measure our progress. And the real measure of that progress was that fewer soldiers died. The harder task was getting everyone to work together like the horses in a team rather than wild beasts each running with their own wills. Getting them to think of their patients’ needs before tending to their own comforts. In that, I’m afraid I was not very successful at Scutari.”

“Miss Nightingale is much too hard on herself,” Carol Jean interjected. “But the thing she’s talking about – building a cohesive team that puts patients first – is more a function of invisible architecture than it is of buildings, policies and procedures, and all that other left brain stuff. Not just at Scutari, but in her subsequent work with reforming the British military health service, establishing nursing as a profession, and so much else, she was largely successful because she convinced others to take ownership for the goals she established.”

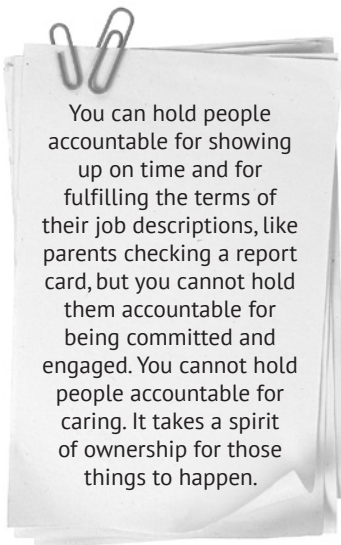
“Carol Jean makes it sound as if I did it all myself,” Nightingale said with a dismissive nod, “but in truth many hands contributed to the work at Scutari. Without my dear friend Mother Mary Clare Moore and the sisters of Bermondsey Convent, all would have been for naught. But for the politics of religion and the vagaries of history, it would have been her statue and not mine in Waterloo Place. I learned from her that leaders must often follow those whom one is supposed to be leading. Indeed, when there is a culture of ownership, leaders are often followers and followers are often leaders.”

Carol Jean nodded her assent. “And that, I believe, is the most important challenge facing hospitals today. You foster a more

committed and engaged workforce when people have a sense of ownership for the organization. And whether or not people are committed and engaged will profoundly affect productivity, customer service, and employee morale. At our leadership retreat on Friday, we'll go through eight characteristics that are essential for fostering a culture of ownership."

"Okay," Myerson said as he leaned forward and looked from Carol Jean to Nightingale and back again, "but I'm a bottom line sort of guy. I don't want to wait until Friday – give me the executive summary."

"Alright," Carol Jean replied, "let's begin with the ultimate goal we discussed on the phone. You want a more positive and productive organization with a more engaged and committed workforce where patients really are at the center of the care matrix. Accountability



alone won't get you there. You can hold people accountable for showing up on time and for fulfilling the terms of their job descriptions, like parents checking a report card, but you cannot hold them accountable for being committed and engaged. You cannot hold people accountable for caring. It takes a spirit of ownership for those things to happen. So let's go over the eight essential characteristics required to foster a culture of ownership. These characteristics are mutually reinforcing – they build upon one another – and to

one degree or another, you've got to have all eight if you're really going to have an organization where people hold themselves accountable because they've internalized that spirit of ownership."

Myerson leaned back in his chair and picked up a yellow pad and a pen from his desk, then returned to the round table. Carol Jean waited

for him to finish scribbling a few notes at the top, then continued. “The first characteristic common to organizations with a culture of ownership is commitment – people buying-in to the hospital’s values, vision and goals. And that commitment is reflected in the second characteristic, which is engagement. People who are thinking like owners aren’t mentally somewhere else as they go through their day’s work, they’re present head and heart, not just hands. And owners are passionate about what they do – passion is the third characteristic. When there’s a culture of ownership, you can feel the enthusiasm almost from the time you walk in the front door. Ralph Waldo Emerson said that nothing great was ever accomplished without enthusiasm, and he was right. Our patients deserve to have us bring our best game to work every day.”

Carol Jean steepled her fingers and closed her eyes for a moment. The reason she’d begun to study the life and work of Florence Nightingale in the first place was a nagging sense that these first three characteristics – commitment, engagement and passion – had been swallowed up by the healthcare crisis. She’d felt it herself, every day she went to work, the sense that the spirit of purpose and mission that had once galvanized Nightingale to make such a total commitment to her patients was missing. Her research had taken her to London to visit the Florence Nightingale Museum. She was standing at the foot of Nightingale’s statue in Waterloo Place when she heard a soft voice say, “You’re going to need some help, dear.” That was the beginning of her extraordinary relationship with Florence Nightingale.

Carol Jean opened her eyes again and saw Myerson looking at her expectantly. “People who are committed, engaged and passionate take initiative, which is the fourth characteristic. If they see a problem, they either fix it or refer it to someone who can fix it; they never say ‘not my job.’ But more than that, owners are always thinking of ways to make things better, not just fix problems. Someone with the owner attitude will stay at a hotel and see the staff there do

something they like, then come back and say ‘that was really cool – let’s do it here at Memorial Medical Center.’ They are the spark plugs who power your organization into the future.” Carol Jean paused for a moment as Myerson finished making a note. “In a similar manner, people tend to be better stewards of things they own than they are of things they rent, and stewardship is the fifth essential characteristic. So promoting a spirit of ownership is also an investment in productivity and cost-effectiveness.”

“The next one is, I think, a bit more challenging. Florence and I really struggled over whether to call it inclusion or belonging, and settled on the latter because owners don’t just feel included, they feel like they belong – belonging is the sixth characteristic. But to create that sense of belonging, leaders must begin by doing more to make people feel included. The benefit of doing that is you’ll also promote a greater spirit of fellowship, which is the seventh characteristic. I’m sure you’re familiar with the Gallup data which shows that a key determinant of employee engagement is whether they have friends on the job.” Myerson nodded.

Myerson finished writing then looked up from his notes. “You know, I’m very proud of the people at MMC, but looking at these characteristics I also see that we have a lot of work to do. And that we have a pretty incredible opportunity. You said there are eight characteristics. So far, I only have seven.”

“Well,” Carol Jean replied, “you just mentioned the eighth. It’s pride. Owners take pride in their work, in their professions, in their organizations and in themselves. Pride is the natural outcome of successfully cultivating the first seven characteristics.”

Myerson turned a page in his yellow pad and printed the eight characteristics then scribbled a few words behind each one. Then he turned the pad around so it was oriented toward Carol Jean. “Like this?”




Carol Jean read the notes and nodded. “You got it, John. But as I’ve said, culture rests on a foundation of core values. I’ll tell you what, why don’t we take a walk and talk a bit more about values.”

“Okay, but what are people going to say when they see...” Myerson looked over to the chair where Nightingale had been sitting, but there was no one there. “Where did she go!”

“Don’t worry, John,” Carol Jean said as she stood up. “She went upstairs to prepare her brave little soldier for our visit.”

“What brave little soldier? What visit?”

“Let’s go for a walk. There’s someone I’d like you to meet.”



CHAPTER THREE

FOUNDATION OF
VALUES

I promise I'll get you back in time for your next meeting," Carol Jean said as she started for the door. Myerson looked wistfully at the pile of blueprints and spreadsheets as he reached for his nametag. "Why don't you leave that here, John."

"But it's policy. Everyone has to wear one, even..."

"Not today," Carol Jean interrupted, shaking her head. "Just humor me on this for now, okay? But we'd better get moving if we're going to get you back in time for your project steering committee. Connie said it's at eleven, right?"

Myerson nodded, looked around his office once more, as if to make sure none of Nightingale's friends had popped in unannounced, then followed Carol Jean out into the reception area. She stopped at Connie's desk and picked out four red M&M's from the candy dish. "Project steering at eleven," she heard Connie remind Myerson as he followed her toward the main first floor corridor. They walked down the main hallway past the gift shop, the outpatient pharmacy, and the cafeteria. Just beyond the main corridor intersection, Carol Jean stopped at the elevator and pushed the "up" button. After they'd

waited thirty seconds or so, Myerson cleared his throat. “One more reason we need that new building – efficiently get people where they need to go.”

On the elevator, Carol Jean hit the button for the eighth floor. “Twenty-seven to two,” she said.

“Twenty-seven to two what? Do you bet on horse races?”

“Not as such,” Carol Jean said with a smile. “Out of the twenty-nine employees we passed on our way to the elevator, only two even acknowledged us. Don’t you have a rule of some sort that people are supposed to smile and say hi? Especially to visitors? Or, one would think, to the CEO?”

“Yeah, well, you know how it is when people get busy. I’ll have the training department schedule another in-service on our see-smile-greet-help rule.”

“See-smile-greet-help rule?”

Myerson looked slightly peeved as he explained. “When passing someone in the hallway, the rule is that you’re supposed to see and acknowledge them with eye contact, then smile and say hello, and if they look like they’re lost or need help, stop and offer your assistance. That’s the rule anyway.”

“That’s the problem with rules,” Carol Jean said as they exited on the eighth floor. “They only work on the left side of the brain.” She glanced at the directional signs for Pediatric Oncology, then paused to look out the plate glass window at the courtyard below. “That is a lovely fountain. It really adds something special to your healing garden, don’t you think?”

Myerson joined her at the window. “Absolutely. What do you mean, rules only work on the left side of the brain?”

“You know the distinction, don’t you, between the left brain and the right brain?”

“Refresh my memory.”

“Left brain is linear and analytical. Right brain is nonlinear and relational. Left brain is the bean-counter. Right brain is the poet. The

left brain counts and the right brain matters. That's one of the central themes we'll be covering as we work together. An organization that's all left brain is boring; an organization that's all right brain is chaos. Part of the art of leadership is knowing how to balance, and how to integrate, left brain discipline and right brain creativity. Most hospitals today are way over-developed on the left side of the brain. Too many rules."

Myerson crossed his arms and frowned, keeping his eyes on the courtyard eight floors below. "You've got to have rules. Otherwise, like you just said, you'd have chaos."

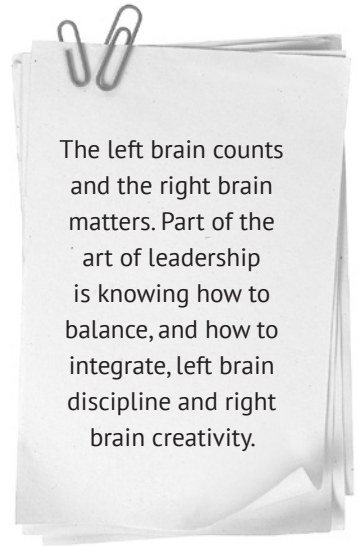
Carol Jean leaned against the handrail, her weight resting on both arms, and smiled at the sight of a mother chasing her toddler around the fountain. "Rules are of the left brain, values are of the right brain. When people don't share a common set of values, you need to have lots of rules." She looked at Myerson and smiled. "The IRS comes to mind." Looking back down at the healing garden, she continued. "If people don't value being friendly, you have to give them rules telling them to smile, and a script that tells them what to say. As if people can't come up with 'have a nice day' on their own."

Myerson glared down at the fountain. "Yeah, well, you can't teach people values. If they didn't pick them up at home, they're not going to pick them up here."

Carol Jean looked at Myerson, her eyes popped open and her jaw dropped in mock surprise. "Really now? Is that true, that you can't teach people values? Why, I just saw you doing it."

"What do you mean, you saw me doing it?"

"Twenty-nine to zero."



The left brain counts and the right brain matters. Part of the art of leadership is knowing how to balance, and how to integrate, left brain discipline and right brain creativity.

“What?”

“We passed by twenty-nine people in the first floor corridor and you didn’t see-smile-greet or help a single one of them.”

“I was talking to you.”

“Oh, is that in the rule? You’re excused if you’re talking to someone else?”

Myerson turned toward Carol Jean, arms even more tightly crossed, and for a second she wasn’t sure if he was going to say “You’re right” or “You’re fired.” They stood there like that, the CEO and the consultant, in a staring contest. Finally, Myerson smiled and stuck his hands in his pockets. “I guess what you’re saying is that I wasn’t doing a very good job of teaching our values as you and I were walking down the hall.”



When people don't share a common set of values, you need to have lots of rules.

Carol Jean laughed. “John, people can choose whether or not to follow rules, but their values will always shine through in how they treat others. I probably should have told you this before. I make my living as a consultant, but I earn my keep as

an insulant, telling clients things they need to know but don’t want to hear. Don’t take it personally.”

Myerson pursed his lips and shook his head. “No, Carol Jean, I am going to take it personally. On the way back to the office, my see-smile-greet-help ratio will be twenty-nine yes and zero no, and if it’s not, I want to hear from you.”

“That’s something you can take to the bank, John. It’s not in my nature to keep my mouth shut. But please don’t miss my key point. The values that you deem to be core – whether they spell out I-CARE or something else – must be more than words on a plaque stuck up on the wall. If you and your people do not know and live those values,

then they're just good intentions, nothing more. Values are the foundation of your invisible architecture. They, more than anything else, define who you are. Your core values – and I emphasize that these are the values that you *decide* are core – define who you are and what you stand for. And what you won't stand for." She turned her back to the window and gave Myerson a nudge on the shoulder. "Come on, let's go meet our brave little soldier."

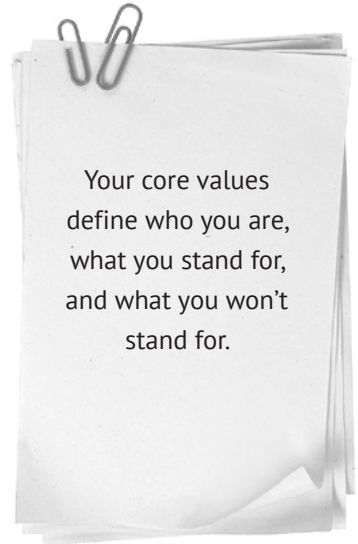
The nurse's station for Pediatric Oncology was a beehive of activity. The unit clerk was typing at her computer, phone receiver pressed between her shoulder and her ear. "One minute," she mouthed as she continued tapping the keys. After hanging up, she looked at Carol Jean, then John. "Can I help you?"

"Yes," Carol Jean replied, "we're here to see Timmy Mallory."

"Are you family?" She looked at Myerson in the manner of someone trying to place a vaguely familiar face.

"No, we're friends." Carol Jean looked over at the CEO and arched her eyebrows, then looked back at the unit clerk. "Timmy should be expecting us."

"One minute." The unit clerk got up and walked over to a nurse standing at the back counter reading a chart. It was the nurse in the flowery scrubs from the cafeteria – the one Nightingale had said was named Sarah Rutledge, who was one of the best nurses in the hospital. She took a quick look at the two visitors, gave a curt nod, then turned her attention back to the chart. The unit clerk returned and said, "Timmy's in Room 819, but he's on restricted visitation. We're trying to make sure he gets his rest, so you can only stay for a few



minutes.” She pointed down the hallway to the left of the nurse’s station. “Sixth door on the left.”

As they walked down the corridor, Carol Jean tugged on Myerson’s suit coat sleeve. “It’s been a while since you’ve been up here, hasn’t it? I guess managing by walking around is a rule and not a value, huh?”

Myerson stared straight ahead. “Point made,” he said as they stopped at the door for Room 819. Inside the room, Timmy Mallory was bouncing up and down on the bed, wielding a yardstick like a broadsword, engaged in what appeared to be a fight to the death with his IV pole. A vicious slash to the throat sent the IV pole crashing to the floor, taking Timmy’s IV line with it. The catheter ripped away from his arm, and blood spurted all over the bed. “Victory!” Timmy shouted as he swung the yardstick over his head, blood droplets creating a ring of concentric circles around him on the bed. Pumping his left fist in the air and pointing the yardstick at the fallen IV pole with the other he shouted, “The white knight prevails, evil dragon, wounded but victorious!”

Sarah Rutledge came rushing into the room, pushing her way past Myerson and Carol Jean. “Timmy, what on earth are you doing?” She glared at the two adults as if they had instigated the whole riot. Turning back to Timmy she said, “Give me that stick, young man, and lie back down in that bed.” She turned off the stopcock and angrily ripped the catheter from the end of the tube. “You two are going to have to wait,” she said as she marched over to the supply cabinet and drew a new catheter from one of the drawers. Timmy looked over at the two visitors, shrugged, and smiled a twelve-dollar smile.

After restarting Timmy’s IV, Sarah steamed past Carol Jean and Myerson. “Please try not to get him all riled up again.” Carol Jean was surprised that, even as angry as she was, she gently pulled the door shut behind her. And Myerson was stunned to see Florence Nightingale suddenly standing on the far side of Timmy’s bed.

“Did you see the way my brave little soldier dispatched that hideous dragon to an early and well-deserved grave,” Nightingale said with obvious pride. Timmy beamed triumphantly.

“Timmy,” Nightingale said, leaning down toward him, “this is Mr. Myerson and Miss Hawtrey. They came up to say hello.”

Timmy looked at Carol Jean, smiled and said hi. Then he fired a stare at Myerson. “Is this the guy you were telling me about?” Nightingale nodded her assent. Timmy never took his eyes off Myerson. “So are you, like, the boss of all the nurses?”

Myerson stuffed his hands deeper into his pockets and shrugged. “I guess you might say that, Timmy. Are they taking good care of you?”

“Oh, yeah, they’re all really good. Except, you know, when I make too much noise killing dragons and stuff.”

Myerson laughed. “Well, we certainly can’t have dragons in the hospital, Timmy, so you keep on killing them.”

“I will,” Timmy replied solemnly. “But there’s an awful lot of them.”

“And a good thing that my brave little soldier is here to vanquish them all,” Nightingale added.

Timmy looked back at Myerson. “You’re the boss of all the nurses?” Myerson again shrugged and nodded. “Then you need to give them a pay raise,” Timmy said with a surprising air of authority.

Myerson arched his eyebrows, gave Nightingale a suspicious glance, then looked back at Timmy. “Why do you say that, Timmy?”

“Sometimes I hear them outside my room. They say ‘I don’t get paid enough for this,’ and stuff like that. So you should give them a pay raise.” Nightingale laughed, pointed to her chest and shook her head to say that she had no part in Timmy’s campaign to get the nurses a pay raise.

“Well, Timmy,” Myerson said, “we try very hard to make sure everyone who works here gets paid fairly. But I’ll tell you what. When

I get back down to my office, I'll ask someone to check and make sure we're where we need to be. Okay?"

Timmy nodded. "Okay."

Myerson looked toward the foot of the bed, but Nightingale was not there. He rubbed his eyes, shook his head and looked again, but she was still gone.

"She went down to the chapel," Timmy said nonchalantly. "That's where she goes to think."