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Code Green Revisited: A Conversation Between Marie Manthey and Dianne Anderson

In the last issue of CHCM News, Marie Manthey reviewed Code Green: Money-Driven Hospitals and the Dismantling of Nursing by Dana Beth Weinberg, a chronicle of the merger of Boston Beth Israel and The New England Deaconess Hospital. Marie described Code Green as "a clear and accurate depiction the incredible challenges involved in trying to merge two organizations with deeply rooted cultures as well as of how hospital staff nursing has changed in the last few years."

Code Green was an emotional read for many nurses, describing the pain and frustration that often accompanies a merger. As Marie says, "CHCM is often on the front lines of helping organizations define and establish a new culture that captures the best cultures of its member institutions. It is never easy, but it doesn't need to be as brutal as the experience described in Code Green."

After we published Marie's review, some of us had a chance to speak with Dianne Anderson, the new Vice President of Patient Services at BIDMC. Dianne was anxious to share the news of BIDMC's transformation - from the embattled, struggling institution of Code Green into a new, highly successful health care agency. Dianne agreed to be interviewed by Marie for an upcoming issue of Creative Nursing Journal.

What follows is an abridged version of that interview. The full interview, along with Marie's conversation with Paul Levy, BIDMC's new CEO, will be published in Creative Nursing Journal this September. For a sample copy, please call 800/728-7766.

Manthey: When I read *Code Green*, it just about broke my heart, because I was colleagues and friends with a lot of the leaders mentioned in the book and I am

quite familiar with both institutions. But, also because I have been personally involved in mergers, first as a Chief Nurse and then as a consultant, over and over and over again. The dynamics of mergers are distressing and difficult to deal with to say the least. So, for me it was a pretty devastating experience to read the book. At end, I did not see Beth Israel Deaconess Medical Center headed in a clear direction. I was left with a lot of sadness and a feeling of loss.

Anderson: I wish that what we talk about today had been captured in the book because I think you will see we are not lost; we are far from lost. We are already in a much better place because of all the learning that has taken place. And I think there are good lessons here for all organizations.

I have been here for three years. When I came it was post-merger but we were really still in the worst part of our financial crisis. The Board of Directors realized it was an unsustainable situation and some serious decisions had to be made. So, we seriously attacked the financials and brought on our new CEO, Paul Levy, who is terrific. We had pretty much a brand new management team at that point: a new CFO, myself, some new medical staff leadership, including a new Chief of Surgery, and several other folks.

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First we really had to right the ship financially. We had to make a lot of very, very difficult decisions. But even in those difficult decisions we did not lay off nurses.

Manthey: Good for you.

Anderson: It was never even a question from our perspective or from our CEO's perspective that we were going to do that. We certainly had to make a lot of tough decisions but that's one thing we didn't do. We did down size areas that weren't being very productive. A lot of other positions were eliminated from various departments. We closed a few programs and focused on accounts receivable.

Manthey: Did you reduce bed size and consolidate departments?

Anderson: We did not reduce bed size, but we consolidated departments. For example, we have two campuses here and three perioperative suites. I closed one perioperative suite. It was the most popular one, the newest and, the most beautiful one. That was not a popular decision at all but, it was the right one. And it allowed us to consolidate our staff and save a couple million dollars. And now we are actually re-opening all of those areas. Everything that we did led to a successful financial turn around, more successful then we thought.

And we also had a joint commission visit that year.

Manthey: Of course.

Anderson: And so, we were forced to fix some of the basic things around the standardization of our equipment and supplies and procedures and all this other stuff. But it took us another year or so to really deal with all of the practice issues and the care model. One of the things that Paul, our CEO, understood is that we needed to make nursing a top priority. We held Town Hall meetings for all of the staff, various times of the day, on both campuses We gave people time to really vent and express their feelings. And then we structured the meetings around the staff's issues. And in the beginning those meetings were not fun.

There was a tremendous amount of anger and hostility and it was really difficult. I brought all of my colleagues

with me, so everybody heard all issues whether it was with housekeeping, medical staff or whatever it might be. Gradually the anger went away, people started to get a lot more constructive. We set up task forces to deal with work environment, recruitment, and retention.

Those meetings led up to a major symposium where all of these task forces reported on their visions for the future and implementation of the model. We had Tim Porter-O'Grady come, and he was just phenomenal. And we had involvement from everyone, a tremendous amount of staff, all of the Managers and Directors. Joyce Clifford came to an evening of the event which became almost a rite of passage, from the old to the new or old "Beth Israel and the old Deaconess" to a totally new culture. And that was really the turning point.

Manthey: That's fantastic. It sounds like a healing process took place.

Anderson: Exactly, I think that is exactly what happened.

Manthey: As well as the transition it was so important. In the book it was like the transition got stuck and

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that's how the book ended, I thought anyway.

Anderson: We also did a lot of work on recruitment. We had -- at the worst point, three years ago -- something like, a twenty percent vacancy rate and a fourteen percent turn over rate. Now we have a six-percent vacancy rate and have opened new units. And we are, in fact adding two units this summer and more next year.

Manthey: Dianne, in the book I thought Dana did a good job in describing the difference between Primary Nursing at Beth Israel and Patient Care Management at

Deaconess. The difference between those deep philosophies or hospital cultures made creating a new culture seem almost impossible. I'm curious to hear how you dealt with issue of the fundamental philosophy of nursing as it is rooted in the culture of Beth Israel Deaconess.

Anderson: To tell you the honest truth, we couldn't come up with anything better than Primary Nursing. We have managed to craft it for the various populations of patients. So, we have some that are pretty classic Primary Nursing models, like in an ICU, NICU or the bone marrow transplant unit where patients stay longer. In the shorter stay area it tends to be more a Primary Coordinator kind of approach. And you know Marie, it doesn't feel any different to me then when I was practicing many moons ago in a Primary Nursing Care environment.

Manthey: Is there anything else you would like to share with the reader's about this experience?

Anderson: There's one very important thing and one that I will always take with me in any role that I ever have. One of the most important elements of this turn around with the staff, and I don't just mean the nursing staff, but all staff including the physicians, is the personal visibility of Leadership -- and real personal investment.

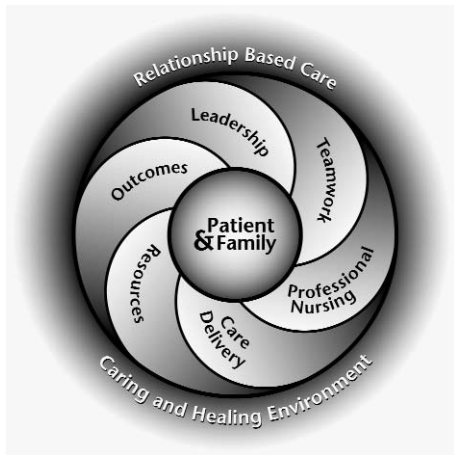
I also want to leave you with the fact that we are very proud to be in the black, we are expanding and are ahead of our projected turn around time. We also are beginning our Magnet application process. I just received a notice from our patient satisfaction survey firm and we are once again receiving one of their highest awards for over all patient satisfaction.

Manthey: You know, this story has to get out.

Anderson: Yes, it absolutely has to, it's a great story, it's a wonderful story for everybody to hear because, I think there are so many lessons in it for all organizations through all hospitals. And I think that it is also just an over all positive story for nursing and the future of nursing.

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