



The Benefits of Dyad Leadership in Health Care

Session 5B

Tuesday, June 30, 2015

11:00 - 12:00

Speakers from Essentia Health Fosston:

Dr. Chuck Winjum, Family Practice

Administrator Kevin Gish



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EMERGENCY

MAIN ENTRANCE



Hello from
Essentia Health Fosston!

Speaker Backgrounds



- Dr. Chuck Winjum (Perham)

- Biology degree, University of California – Irvine
- Navy
- Medical School @ McGill University – Montreal
- Residency @ University of Wisconsin
- Crookston, Thief River Falls
- Leadership Training through University of St. Thomas
- **Physician** Dyad Partner

- Kevin Gish (Mahnomen)

- Business Admin degree, Bemidji State
- University of Minnesota MHA (ISP) & SPH for LNHA
- United Healthcare, North Memorial, North Country Health Services
- **Administrative** Dyad Partner



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Fosston: History & Operations



- Independent hospital **First Care Medical Services** (community owned)
 - nursing home, APC clinic, ambulance service, home health/hospice, assisted living
- Physician clinic (Dakota, Innovis)
- 2010 -> Essentia Health Fosston, snapshot...
 - 32,000 clinic visits per year (Fosston, Bagley, Oklee)
 - 2,000 hospital patient days
 - 80 births
 - 3,000 ER visits
 - 500 surgeries
 - 800 ambulance runs
 - 16,000 nursing home resident days



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Session Objectives



- Be able to describe the dyad leadership model.
- Be able to identify a minimum of three benefits of the dyad model.
- Understand that the dyad model does create an investment of time and money by the organization.



Dyad?



- dy·ad
- 'dīad/
- something that consists of two elements or parts.

A dyad model in healthcare allows administration and the medical staff to be equally represented in decision-making, and attempts to eliminate “**we / they**” thinking.



Dyad Rule #1:
Silos are bad.



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Dyad Rule #2

(corollary to Rule #1)

Cooperation is good.



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Dyad Rule #3:
Conflict can be
expected.



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Dyad Rule #4:
Venting is okay. (But
close the door.)



Dyad Rule #5:
Mutual respect is
required (which builds trust).



RESPECT
*To get it,
you must give it.*



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Dyad Rule #6:
A sense of humor
never hurts.



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Dyad Rule #7: When in doubt, talk **hockey**.



**Go
Beavers!**



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Dyad Partnerships in Essentia Health (ACO)



- Throughout the system and organizational chart.
 - Dr. Vetter, Peter Jacobson
- Alignment of goals (hypertension & teamwork)
- Blending of perspectives, cultures and historical practices.
 - Name badges, lab coats and lunches.
- Purposeful and deliberate communications.



“So who’s really in charge?”



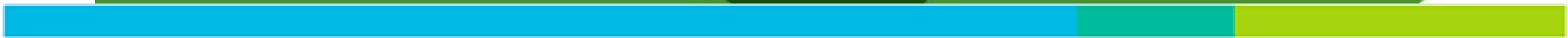
Physician Leader

<- DYAD ->

Admin Leader



alth



Fosston / Bagley / Oklee

Examples



- “The why” ...locally and at region & system levels
- The CRNA situation
- Chart completions
- Provider practice review process
- All Staff Forums and Daily Leadership Huddles
- Marketing, participation
 - “Just One Thing”





“If I could tell you just one thing, our bodies are meant to move.

Take the grandkids fishing. Take your wife dancing. Shovel just a little bit of snow. Stay active.”



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3 Benefits of the Dyad Model



- Creates an environment of communication
 - Eliminates historical barriers
- Builds trust on both sides
 - Medical staff and operations
- Fosters a culture of cross-learning and “walking in the other’s shoes”
 - An “or” guy vs. an “and” guy.



Questions?



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