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
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
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
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 a significant 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.
Dyad Rule #2
(corollary to Rule #1)
Cooperation is good.
Dyad Rule #3: Conflict can be expected.
Dyad Rule #4:

Venting is okay. (But close the door.)
Dyad Rule #5: Mutual respect is required (which builds trust).
Dyad Rule #6: 
A sense of humor never hurts.
Dyad Rule #7: When in doubt, talk hockey.

Go Beavers!
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

- Quality of the Clinical Professionals and Work
- Provider Behaviors
- Provider Production
- Clinical Innovation
- Compliance
- Patient Care Standards
- Clinical Pathway/Model Management
- Referring Physician Relations
- Provider "Leverage"

- Mission
- Vision
- Values
- Culture
- Overall Performance
- Internal Org. Relationships
- Strategy

- Operations
- Revenue Management
- Operating Expense Management
- Capital Planning and Applicaiton
- Staffing Models
- Performance Reporting
- Supply Chain
- Support Systems and Services
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.”
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?