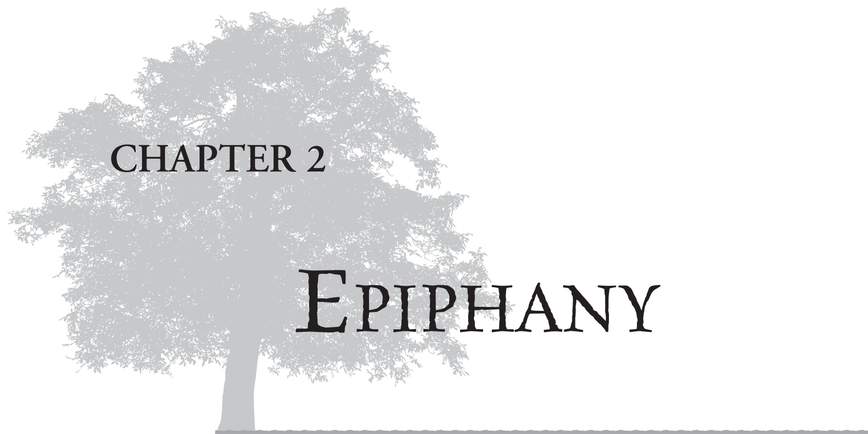

CHAPTER 2

EPIPHANY

In his first four years as CEO, Mark Scott spent considerable effort improving the care and service that patients, visitors and others experienced at Mid-Columbia Medical Center.

Melding his own management beliefs and style with the theories and writings of others, Scott designed a series of quality-improvement and customer-service initiatives. Tom Peters was a favorite of Scott's, and he often refashioned memorable passages from the management guru's best-selling book, *In Search of Excellence*, into rallying cries for his own team members. ("You may start a patient's heart beating again or send his cancer into remission, but if he has to sleep with a lumpy pillow, that may be the first thing he remembers about his stay at Mid-Columbia Medical Center.")

In the spring of 1989, Scott traveled with his board chairman, Terry Cochran, to a Peters-led conference in Pajaro Dunes, California. After one particularly long day of breakout sessions, Scott returned to his hotel room for a few minutes of rest before a dinner program. A room-service meal and a quiet evening with a book sounded much more appealing to him than the grip-and-grin social that was part of the dinner conference program. Scott had never heard of the evening's keynote speaker or the program she directed and would be presenting. He knew, though, that he could not abandon his board chairman. So, Scott changed his clothes and reluctantly headed to the event, little knowing that it would change the course of his career and the future of healthcare in his community.

After dinner, the featured speaker, a woman named Robin Orr, began telling the story of a program she directed called Planetree. This was the point in the evening when Scott had assumed he would be fighting back yawns. Instead, he became transfixed as Orr spoke of the program she described as the result of "one determined woman's commitment to creating a bold new model in hospital care."

Orr explained that the determined woman behind Planetree was Angelica Thieriot. The Argentine-born wife of a prominent San Francisco businessman, Thieriot was hospitalized for several weeks in 1977 for treatment of a mysterious virus. It was Thieriot's first experience in an American hospital, and, though impressed by the hospital's technological capabilities, she was appalled by the impersonal care she received.

Thieriot spent many hours staring at the bare walls of her room. Staff hurried in and out, rarely explaining what they were doing to her or why, let alone conversing with her on a personal level. Adhering to strict visiting hours, staff took great pains to limit Thieriot's interactions with family members and friends. Sick with a mysterious illness that no one could diagnose or explain to her, Thieriot was scared, lonely and bored.

Despite the technological advantages of the American hospital, Thieriot was far more impressed with the care she had received in the Argentine hospital where she had delivered her two sons. There, she was tended to by a single nurse who knew her by name and treated her as a human being, rather than just a body in a bed that needed its vital signs checked. Staff answered her questions. Family members and friends were welcome at all times. The Argentine hospital may have been technologically inferior to the American one, but it was infinitely more humane.

Soon after her discharge from the American hospital,[2] Thieriot turned her attention to finding a way to integrate the technological capabilities of the modern hospital with a more spiritual dimension. Her vision was to create a healing setting in which values such as compassion, comfort, aesthetics, dignity, shared knowledge and informed choice shared equal billing with technology.

[2]Thieriot's illness was never diagnosed, but she made a complete recovery.

Given the nature of the typical American hospital in the 1970s, the concept seemed revolutionary. In reality, it was not even particularly original. More than 2,000 years earlier, the Greek physician, Hippocrates, had founded modern medicine on a similar set of beliefs.

Thieriot formed a group of advisers to help develop components of the program she named Planetree, after the sycamore tree under which Hippocrates was said to have taught the healing arts to his students. In 1978, the group found a willing partner in California Pacific (then Pacific Presbyterian) Medical Center, a 272-bed tertiary-care hospital in San Francisco.

Three years later, the first element of the program came to life when the Planetree Health Resource Center opened on the California Pacific campus. The freestanding center housed hundreds of medical texts, news clippings and other health-related educational materials available to the public at no charge.

In 1985, the first patients were admitted to a Planetree inpatient wing at California Pacific. The 13-bed unit had been meticulously remodeled to create an environment that program proponents believed would be more conducive to healing than the traditional American hospital setting, which had not changed significantly in decades.

The hallway's stark walls, bright overhead lighting and cold linoleum were replaced with tasteful wallpaper, soft track lighting and carpeting. Warm wood features were used generously throughout the unit and patient rooms, in cabinetry, window casings and elsewhere.

The Planetree unit included a kitchen and private dining area, so patients and family members could snack any time of the day or night, or even fix their own meals if they desired. A dietitian was available to teach healthy eating and provide recipes.

Visiting hours were abolished to help alleviate the fear and sense of isolation often brought on by hospitalization. Loved ones were welcome to stay overnight in the patient rooms, which resembled cozy hotel suites.

Room numbers were hand-painted on ceramic tiles. Patients slept under floral sheets and bedspreads, and looked up at bookshelves they could personalize with photos, cards, flowers and other belongings. Each room had VCR and audiotape players, and patients could select

movies and music from an extensive library.

A massage therapist was available to soothe aching muscles. A resident storyteller was even on hand to help take patients' minds off their medical concerns.

The Planetree environment turned the traditional hospital design upside down because every feature was approached from the standpoint of how it would best meet the needs of the patient. Not the physician. Not the nurse. Not the administrator.

As Orr continued to outline the details of this innovative approach to patient care, Scott thought to himself: "Gee, putting the patient first. How revolutionary."

Scott learned that the approach Planetree prescribed for the hospital environment was only one part of the equation, and not even the most important part. "That", Orr said, "was the effort Planetree made to encourage patients to become more active participants in their own care."

Each patient admitted to the Planetree unit was asked to choose a care partner — a family member or friend who would work closely with the patient and health professionals during the hospitalization. The care partner was taught to deliver medications, change dressings and perform other procedures that would ease the patient's transition to his or her home after discharge.

At the core of the Planetree philosophy was the belief that every patient had the basic right of unfettered access to information about his or her illness and the manner in which it was being treated. Where hospitals traditionally had kept patients' medical records shrouded in secrecy and out of the reach of everyone but doctors and nurses, Planetree brought them out into the open and encouraged patients to read their own records. They were, after all, *their* medical records. And, if patients were motivated to learn all they could about their condition, who would want to deny them that opportunity?

Planetree patients also were urged, if they wished, to learn about their conditions and be true partners in their care. Each patient had the opportunity to receive a detailed packet of consumer-friendly health information, prepared by the Planetree Health Resource Center staff.

Patients who were curious about a particular nontraditional, com-

plementary therapy found support from the Planetree staff, an unlikely possibility in most other hospitals.

Planetree employed the primary nursing model, in which each patient was assigned a primary nurse who coordinated his or her care throughout the hospital stay. Like the care Angelica Thieriot had experienced at home in Argentina, the approach helped deepen the bond between the caregivers and their patients.

Orr's enthusiasm for this brave new concept in patient care was palpable. Her talk was liberally sprinkled with words Scott never had heard in his years in the hospital industry. Planetree had adopted a mantra that caught Scott's attention when Orr recited it: "We're trying to personalize, humanize and demystify the hospital experience for patients," she told the audience. And Orr used other words that Scott could not remember ever hearing a hospital CEO utter, including himself — words like honesty, respect and dignity.

As Orr brought her story of Planetree to closure, Scott thought of his own hospital. The vision that came to him was that of a patient walking down a hallway cluttered with medication carts, gurneys and food trays. With one hand, the patient pushed an IV pole. With the other, he clutched the back of his flimsy hospital gown, trying to keep it closed. Scott had come across the scene dozens of times in his own hospital — a patient, a human being, in an unfamiliar setting, alone and surrounded by unfamiliar people, trying to salvage some semblance of dignity.

Before this dinner meeting, Scott had thought of MCMC as an outstanding hospital, as good as any other rural hospital its size. Maybe better than most. Certainly it was a hospital to be proud of. MCMC had a diverse and talented medical staff, compassionate nurses and other caregivers, and a solid management team. Scott had been adding technology, as he could, that was appropriate for his service area. The physical plant was showing signs of age, but a remodeling of the patient units was on the drawing board.

Now, suddenly and almost painfully, Scott realized what his hospital was missing most — a soul. No meaningful values guided the activities of Scott and his employees. In his struggle for market share, his

intense negotiations with insurers, his skirmishes with physicians and his dogged pursuit of a positive bottom line, Scott had lost sight of MCMC's raison d'être: to help patients heal as quickly, as completely and as humanely as possible.

"It occurred to me that my hospital — the traditional hospital — was just like a jail," Scott said. "We signed you in, took away your identity, gave you a wrist tag, stripped you of all your personal possessions, threw you into a sterile room, gave you a ridiculous gown that exposed your backside, fed you bad food, told you when you could and couldn't have visitors, woke you up at all hours of the night to poke needles into you or make you swallow pills and rarely talked to you, let alone told you what we were doing to you and why. We were terrible to people, really, and we always had been. But it wasn't until I heard Robin speak that it became obvious to me."

As Orr closed her comments, she spoke of Planetree's plans for expanding into other settings. A second, 25-bed model unit would be opening at San Jose Medical Center during the next year, 1990. Planetree also hoped to implement model units in a few other select settings, including a small, rural hospital and a large, inner-city hospital on the East Coast. But Orr, Planetree's executive director, revealed that the organization had an even greater aspiration.

"One day," she said, "I'll find a CEO with enough guts to implement this program throughout an entire hospital."

As Orr finished, Scott poked his elbow into the ribcage of Cochran, his board chairman, who was seated next to him. "I think she's talking about us," Scott said.

True to his nature, Mark Scott latched onto Planetree with clenched-tooth determination. He cornered Orr after her talk, telling her, "That CEO you were looking for to implement Planetree hospital-wide? That's me, and Mid-Columbia Medical Center is your hospital." Then Scott returned to The Dalles and set about the task of selling the concept to his key constituencies — his board, his 75-member medical staff, his nurses and his employees.

Though Scott knew the dramatic changes brought by the implementation of Planetree — architectural and otherwise — would create

a stir in the conservative Mid-Columbia region, he wasn't concerned about long-term, negative public reaction. He never considered conducting a community survey to measure receptiveness to the Planetree conversion, as many leaders might have done before launching such a bold initiative.

First, he believed fervently that implementing Planetree was simply the right thing to do. Second, he was confident that all he had to do to convert a skeptic was to get him or her, or a friend or loved one, into his hospital once Planetree was in place. Then, Scott believed, Planetree could sell itself. Finally, Scott planned to offer Planetree's concepts and programs to patients as a choice, not a requirement. If they preferred care the "old-fashioned way," they would be able to receive it that way.

Scott wasn't sure what to expect from his other audiences. But whatever their reaction, he had no intention of just testing the waters with a few elements of Planetree. He wanted to land a backward, three-and-a-half somersault, full-gainer from the high platform, and if he caused a few ripples, so be it. Scott loved metaphors and stories, and at this moment, he was reminded of a story he had heard from Armand Shapiro, who ran a Houston company called Garden Ridge Pottery:

"He was talking about how he was having trouble getting his employees to support his attempt to expand the company's product line," Scott said. "He was bound and determined to get this done, with or without them, and so he told them, 'This train is going to Chicago. If you want to go to Topeka, that's okay. But you need to know you're on the wrong train, and you need to get off.' Planetree was my Chicago."

Scott already had made up his mind — either MCMC was going Planetree, or he was going somewhere else. As much as he was taken with the Planetree concept, Scott was equally impressed with, and envious of, Robin Orr's almost evangelical passion for her work. Somewhere along the way, Scott had lost his passion.

"As a hospital CEO or any kind of leader, you make dozens of critical decisions every day," he said. "But very few of them are worth your career. This one was. I wanted to feel the same way Robin did about healthcare, and I was a long way from that."

Scott had talked with his wife, Jacque, who was also MCMC's director of nursing, and they had decided that they were prepared to leave the community if Scott didn't get the support to implement Planetree.

"If I couldn't do Planetree, I was ready to start my OR consulting business," Scott said. "I was just an angry CEO, and in Planetree I saw my salvation. I knew this was the way we should be treating patients. Mid-Columbia was a good hospital, but now we needed to give attention to our core values."

Determined as he was, Scott also was optimistic that he already had the components in place to create a total Planetree environment — from his laundry room to his boardroom. The CEO always had benefited from the support and guidance of a progressive and stable board of directors. His relationship with his medical staff was on solid ground, and, anyway, he knew as long as his board was behind him, he would have the clout to overcome any serious challenges from physicians. Jacque Scott was universally respected as a leader of the MCMC nurses, and certainly that would work in his favor as he attempted to change almost completely the manner in which they were practicing.

Although he had plenty of faith in his other employees, Scott felt they might prove to be his toughest sell, if only because of the logistical difficulty of communicating to all 600 of them the depth of his conviction to the Planetree conversion — and the critical role each of them played in the program's success.

Other factors could work in favor of the Planetree conversion. In a difficult healthcare environment, MCMC wasn't flush with cash, but it had remained profitable in the face of significant challenges. And, with a renovation project already planned and budgeted for, the timing could not have been better to begin creating the physical component of the Planetree model.

While selling Planetree to doctors and nurses would be a challenging exercise — asking them to make, in some instances, significant sacrifices for the benefit of their patients — he knew he could approach his board on a couple of fronts. The primary one was that Scott believed Planetree would appeal to board members for the same reason it

appealed to him: Simply, this was the way people should be cared for. But he also knew that Planetree could appeal to the board's sense of fiscal responsibility.

In the new healthcare environment, in which hospitals were being reimbursed by predetermined (or capitated) rates based on a patient's diagnosis, the shorter the patient's stay, the greater the hospital's chance of making money. One result was that patients weren't being admitted until their conditions were more serious, and they were often discharged sooner than they would have been in the past.

Scott was able to make a strong case that, by having 100-percent R.N. staffing and giving nurses total care responsibilities; by providing patients with information about their illnesses and treatment alternatives; and by involving family members in the care process, both patients and MCMC would be better off. He could reduce MCMC patients' average length of stay, send them and their family member home better prepared to provide their own follow-up care, and reduce expensive readmissions from complications.

Yes, the remodeling project would now be more expensive, and the price tag to retrain 600 employees and implement a new nursing model was sure to be significant. But over the long-term, Scott reasoned, MCMC might pay an even steeper price for *not* implementing Planetree.

Scott's first step was to develop a core group of key supporters, starting with respected board members and physicians. Though Scott was already sounding like the Planetree program's unofficial public relations director (so immersed was Scott in the Planetree philosophy that his managers were counting the number of times he used the words "personalize," "humanize" and "demystify" in a single conversation), he knew that his enthusiasm could only carry his pitch so far. By fall 1989, Scott was ready to take a small group of physicians, staff and board members with him to visit the Planetree unit at Pacific Presbyterian Medical Center in San Francisco.

"I knew once they saw and felt Planetree in action, they'd get it," Scott said.

Robert Staver, M.D., an orthopedic surgeon and MCMC board member, made that first trip. "From the moment I heard about

Planetree, I was really intrigued because it spoke to a lot of things that were important to me as a physician," Staver said. "When we visited the unit in San Francisco, it was filled primarily with AIDS patients. I remember thinking how comfortable and non-threatening the environment was — how could a patient not feel better in this kind of a setting?

"Patients were watching videos, and the staff talked about how they tried to incorporate humor as much as possible into their patients' stays. That struck a note with me, because I had always used humor a lot in my practice. It helped break down barriers and, I felt, allowed me to communicate better with my patients."

Staver was a lover of music and the arts (his wife, Janice, is both a musician and a painter), and Planetree's incorporation of the healing arts into traditional medicine made perfect sense to him.

"You saw the beautiful paintings in the unit, and you heard the music playing in the hallways. Maybe the patients were in a condition to appreciate it, and maybe they weren't," Staver said. "But the staff always could, and I always believe that what you do for yourself, you also do for your patients. If you're a doctor or nurse in the middle of a hectic day and you have something that gives you more of a sense of peace, your patients are going to benefit from that. So, I felt from the start that the benefits of Planetree extended beyond patients and their families."

If, after his experience in the inpatient unit at Pacific Presbyterian, Staver wasn't already convinced he wanted to see Planetree at MCMC, his visit to Pacific's Planetree Health Resource Center would have sealed the deal.

"I struck up a conversation with a woman whose husband was scheduled to have orthopedic surgery," he remembered. "I looked around and quickly found a good book that I knew described the procedure in terms the layperson could understand. I took this woman through the book a little bit, and then she sat down at a table and started learning about what her husband would soon be going through. I had always believed it was important to have opportunities to be enlightened and informed, and that was something that had been missing in healthcare. And there I was, in this special place, devoted exclusively to that."

Staver and his fellow board members (including board chairman Terry Cochran, who was witness to Scott's epiphany in Pajaro Dunes) were easy converts. "I was blessed to have a board with a rare mixture of vision and energy," Scott said. "They just got it."

As it happened, MCMC's physicians got it, too. Scott anticipated that his medical staff might be leery of what he was trying to accomplish, but he was happily surprised when he met few obstacles. In his tenure as CEO, Scott had taken great pains to strengthen the ties between the physicians and the hospital.

Whenever feasible and appropriate, Scott heeded physician requests to add new technology and services at MCMC. He supported, with both dollars and staff expertise, their efforts to market their practices. On one memorable occasion, Scott had fax machines delivered to every physician's office to help them order tests more easily and communicate more efficiently with hospital departments. Like all hospital CEOs, Scott had his share of skirmishes with physicians, but few had left scars.

Scott's efforts to bring the physicians on board also benefited from a recent string of retirements that had seen several longtime physicians replaced with younger doctors who were more amenable to change.

"If Mark had tried a few years earlier, Planetree never would have happened," said Bill Hamilton, M.D., a surgeon and a key Planetree supporter from the start.

"There were several physicians on the staff then who, no matter what you put on their plate, weren't going to eat it," Hamilton said. "You would never have gotten those guys to sit down with a patient and say, 'These are your choices; it's up to you and your family to decide what we're going to do.' Their attitude was, 'You came to me because you thought I knew what was best for you. So listen to me tell you what's best for you.' But we had experienced an influx of new doctors who were much more open and sensitive to new ideas."

Scott held a series of meetings with medical staff members, making sure he had a strong physician supporter like Staver or Hamilton in attendance at each one. He assumed that Planetree's policy of open medical records was going to raise some eyebrows, but once again, he had prepared for a fight that never really materialized.

“Many of us felt uncomfortable at first about patients having access to their medical records,” Staver recalled. “But nobody could come up with a particularly compelling argument for why a record shouldn’t be open. The idea just fell out of our comfort zone.”

Added Hamilton: “I think most physicians’ main concern was that opening the medical record was going to take more of their time because now they were going to have to write more legibly. But I also had conversations with several doctors who would say, ‘Patients don’t have the right to look at my chart.’ And I’d have to say to them, ‘Wait a minute; whose chart is it, anyway?’”[3]

To a few MCMC physicians, the specter of seeing patients who were actually informed about their medical conditions or, worse, their treatment options, was much more troublesome than having to mind their penmanship. Physicians already were woefully short on time; the last thing they needed, they argued, was to spend an hour discussing the merits of a new-age treatment their patient had read about.

But Planetree was, above all else, about choice and patient rights. And, for Scott, the patients’ right to information — and the physicians’ obligation to help their patients sift out the good information from the bad — was nonnegotiable.

“Without seeing Planetree in action, the whole concept did sound a little touchy-feely,” Hamilton said. “And so, physicians were saying, ‘What is this anyway, a hospital or a spa?’

“They were worried that Mark and the administration would lose their focus and that money would be spent on touchy-feely stuff instead of things that were ‘really important.’ But those physicians represented a significant minority. And once Planetree was implemented, that kind of grousing just went away.”

Scott relied in part on the MCMC board to help him get the message across to the physicians that the hospital’s future lay with Planetree and the doctors needed to embrace the program.

[3]In the years after Planetree was implemented, about one-third of MCMC patients closely reviewed their records. Another third were curious but trusted their physicians implicitly and didn’t bother, and the remaining patients were too ill.

“My philosophy was that the board of directors grants physicians the right to practice at this hospital,” Scott said. “It is not a physician’s ordained right. So the bottom line was, we had the authority to say, ‘When you come into this hospital, you leave your ego at the door.’ That was critical, because in the Planetree way of thinking, there is no role for the egomaniac.”

If Scott was pleasantly surprised by his medical staff’s general acceptance of Planetree, his nurses’ negative response caught him completely off guard. As Scott saw it, if he was an evangelist preaching the gospel of Planetree throughout MCMC, his nursing staff would be his choir, laying down a harmonious backing track all the way through the process. In Scott’s mind, Planetree offered the opportunity to practice what he called “perfect nursing.”

But many of his nurses weren’t buying in. Not even after Scott offered umpteen workshops and numerous offsite retreats. Not even after he had Robin Orr come to MCMC and speak about Planetree. Not even after he arranged several additional site visits with nurses to Pacific Presbyterian. Scott was at his wit’s end.

“They didn’t understand it, didn’t trust that it could happen or weren’t committed to providing total patient care,” Scott said. “They were nervous about physician response and the idea that families would be brought into the care process. And many of them just didn’t get it.”

Tia Bailey was one of the hard sells. “I was new to MCMC, so I didn’t really know Mark or the hospital board,” Bailey said. “All I knew was that I had been in nursing for 15 years and had never seen a hospital board committed to anything besides the bottom line. I had come to fully accept that, as long as I was a good employee and practiced well, that was all that mattered, and I was going to be okay. Until I saw that commitment from the MCMC board and from Mark, I was like, ‘Leave me alone and let me take care of my patients.’”

Nurse Roberta Carson loved what she heard about Planetree and wanted to believe Scott when he said his commitment was for real. But she also had spent a lot of time at other hospitals where promises were made — and broken.

“A lot of us were wondering if Planetree was just Mark’s flavor of

the day," Carson said. "It sounded good, but we had this fear that it was not going to last."

At offsite retreats, nurses were given the opportunity to be integrally involved in the design and implementation of Planetree at MCMC from the ground up. Nurses were encouraged to provide input on everything from the design of the nursing stations and units to the clothing they would wear on the floor. In one exercise, they were asked to close their eyes and visualize the perfect nursing job. One after another, they would describe a job that sounded very much like that of a Planetree nurse.

And still, Scott sensed, many of the nurses did not believe Planetree could be pulled off at MCMC — or worse, that Scott would not see it through to its completion.

Finally, Scott had had enough. At home, Scott had shared with Jacque his concerns about her staff, but now he was going directly to the nurses themselves. At yet another nursing meeting, Scott stood up and addressed those in attendance: "Damn it, you just don't get it," he railed. "And you're going to get it, if it takes sending every last one of you down to San Francisco to see Planetree for yourself."

By the time Planetree was implemented at MCMC, Scott would send nearly three-quarters of his nursing staff on site visits to the Planetree units in San Francisco and San Jose. That was another huge investment, but it paid off.

"I didn't understand that each nurse needed to see, touch, feel, smell and hear what a soulful healthcare experience could be like," Scott said. "They needed to experience it the same way I had. Taking the nurses to Planetree was the most important decision I made."

"That made all the difference to me," Carson said. "After seeing Planetree, we were all asking, 'Why haven't we been doing this all along?'"

The train had left the station, with almost everyone at MCMC on board.