

Dick Davidson Talks about the Challenges Facing Healthcare Leadership, the Patient Experience, Community Health, and Governance Effectiveness



NCHL is proud to present the 2006 National Healthcare Leadership Award to Dick Davidson, president of the American Hospital Association. As a co-recipient of this year's award, Dick is recognized for his focus on improving the health of the American public and the development of positions and initiatives that speak to those issues. With his focus on team building, organizational effectiveness, and his commitment to diversity, Dick has made important and lasting contributions to national healthcare policy. We salute Dick and thank him for his dedication to improving the health of the nation and for inspiring future healthcare leaders.

Richard (Dick) J. Davidson
President
American Hospital Association

Personal
Age: 70
Married to Janet for 50 years
3 children and 6 grandchildren

Education
BA Education 1958
West Chester University
MA Education 1962
Temple University
EdD 1977
George Washington University

Healthcare Career
Director of Education, Maryland-Delaware-District of Columbia Hospital Council 1966-1969

President, Maryland Hospital Association 1969-1991

President, American Hospital Association 1991-2006

Boards
Health Research and Educational Trust
International Hospital Federation
Institute for Diversity in Healthcare Management

After three decades as a leader in the healthcare public policy debate, Dick Davidson says there has never been a more critical time for hospitals to get closer to their communities if healthcare in this country is going to improve. As a healthcare leader he has provided the field with unity by focusing on hospitals' service to their communities. He believes hospitals are facing a burning need to be accountable to their stakeholders and to take leadership roles in solving community healthcare problems. But, they can never forget their primary task of improving the patient experience.

What is important to patients?

Quality patient care. But it isn't always easy to achieve. When we talk about the quality of care we really need to start inside with clinical transparency. Historically, physicians have resisted it. And one of my proudest achievements is that just over 20 years ago we started a program where hospitals could benchmark their clinical performance with their peers. It's a tool to be used internally to improve performance in pursuit of delivering quality healthcare.

Who has responsibility for quality in a hospital?

The Board of Trustees has oversight because they grant physicians privileges and they are responsible for performance of the entire organization, including quality. We owe our communities accountability over what we do.

Can the governing board of a local hospital be expected to play an important oversight role?

Hospital governing boards are one of our field's greatest strengths and assets, but also one of our greatest areas of vulnerability. Community hospital boards need to get active in public policy issues and they need to care about more than sickness care. They need to get closer to their communities and help to improve the community's health status.

How does the governing board get closer to its community?

I use the model of the Green Bay Packers. Why do they play football there—it's like a tundra? It's because the team is owned by the community of Green Bay and the community feels that ownership. If your community feels like it owns the hospital then there are lots of mechanisms where people can come together around stakeholders' issues. Out of that will grow collaboration around solving community issues, which can be anything from teen pregnancy to uninsured children.

What happens if a community has more than one hospital?

In multi-hospital communities there can be lots of competition. But we have found ways to bring these hospitals together for the benefit of the community by working collaboratively. The future of America's hospitals rests in each community that must sort out the local needs and then figure out how to meet the community's expectations.

What inspired your coaching leadership style?

I observed my mentors. When I first went to work at the Maryland Hospital Association I had an office in the hospital that was run by Dick Griffith. Every day the management team ate lunch together and I saw that collaborative style in practice. These were very intellectual discussions and Mr. Griffith was

like the coach. I admired that. I had always been involved in sports and I thought coaching was more fun than playing. So coaching has always been part of my life. That's what I do with people who work with me, whether it's a team or individuals, I just coach.

What is the biggest challenge facing healthcare?

Affordability. How high is up? Where's the tipping point? Government continues to renege on its financial commitment to healthcare by reducing reimbursements, employers are cost shifting healthcare to their employees and it is all built around affordability. At what point will the public say enough and demand dramatic change in healthcare public policy?

What else keeps you up at night?

The 46 million uninsured people in this country. We are the richest nation in the world, but the average family policy today costs \$12,000 a year and a minimum wage worker cannot afford that. And, we have serious shortages in our workforce that need to be addressed. Last year we turned away 40,000 nursing school applicants because we didn't have the faculty to teach them.

How do these problems get solved?

Slowly. Five years ago our nursing applications were stagnant. Then, through programs like the Johnson & Johnson advertisements, nursing applications picked up. But we didn't have enough slots to teach them. Now we are starting to see partnerships between hospitals and their community colleges to run nursing programs to insure that we have an adequate workforce.

Where is Washington on these issues?

In nursing there has been some federal assistance for nursing education programs. But Washington has little or no political will to make major reforms in healthcare because the problems are enormously complex and are filled with political vulnerability.

So why would anyone want to run a hospital?

Well, this is the challenge of healthcare and this is what makes it exciting. I describe the hospital CEO as the toughest executive job in America. In addition to everything else, we are there 24 hours a day, seven days a week. We are there at the end of life, we usher in life, and we do everything in between. We are an essential ingredient in every community. Our mission inspires people who are up to the challenge.

