

HOW “THINKING OUTSIDE-THE-BED” TRANSFORMED A MEDICAL CENTER AND ITS COMMUNITY UNDER THE LEADERSHIP OF JOHN BLUFORD



JOHN W. BLUFORD III
President and Chief Executive Officer
Truman Medical Centers

EDUCATION

Bachelor of Arts, Fisk University
Masters of Business Administration,
Kellogg School of Management,
Northwestern University
Harvard University's Executive Program
in Health Systems Management

CAREER

Founder and President, Bluford Healthcare Leadership Institute, 2012–present
President and CEO, Truman Medical Centers, 1999–present
CEO, Hennepin County Medical Center, 1993–1999
Executive Director, Metropolitan Health Plan, 1983–1999
Deputy and Associate Administrator, Hennepin County Medical Center, 1981–1993
Administrator, Pilot City Health Center, 1977–1981
Evening/Weekend Administrator, Cook County Hospital, 1974–1977

AWARDS

Modern Healthcare CEO IT Achievement Award, 2013
National Minority Quality Forum Booker T. Washington Award, 2012
Becker's Hospital Review 40 of the Most Powerful People In Healthcare, 2012
Northwestern University's Kellogg School of Management Laura G. Jackson Award for exceptional leadership in the healthcare industry, 2011
Modern Healthcare Top 25 Minorities in Healthcare, 2006, 2011, 2012
Modern Healthcare Top 100 Most Influential, 2006

PROFESSIONAL AFFILIATIONS

Adjunct Faculty, Department of Health Services Administration Program, University of Alabama-Birmingham, 2003–2007
Preceptor, Master of Healthcare Administration Program, University of Minnesota, 1990–1999
Adjunct Professor, New York University, Wagner Graduate School of Public Service, 1992–1996
Fellow, American College of Healthcare Executives

CURRENT BOARD MEMBERSHIPS/LEADERSHIP POSITIONS

Former Chair, American Hospital Association Board of Trustees
Chair-elect, American Hospital Association Equity of Care Committee
Former Chair, National Association of Public Hospitals and Health Systems Board of Trustees
Member, America's Essential Hospitals Institute Board of Trustees
Member, Joint Commission Resources Board of Directors
Member, Fisk University Board of Trustees
Member, Delta Dental of Minnesota Board of Directors
Member, University of Missouri–Kansas City Board of Trustees

The National Center for Healthcare Leadership (NCHL) is proud to recognize John W. Bluford III and the leadership he has brought to Truman Medical Centers (TMC), transforming it into a forward-thinking academic medical center that has carved out new ways to improve population wellness and achieve organizational excellence. With nearly 15 years as CEO at TMC, Mr. Bluford has provided a blueprint to achieve cultural change by incorporating all members of the team into the process, while simultaneously enhancing surrounding communities. His penchant for service, mentoring, and leadership development is further inspired by the creation of the Bluford Healthcare Leadership Institute, which exposes outstanding college students to opportunities in the field. Mr. Bluford has demonstrated how innovative leadership, dedication to the pursuit of excellence, and a commitment to continuous improvement can permanently improve healthcare.

If you want to understand John Bluford's leadership style, then you must understand the game of basketball. Because it was the skills he learned as a point guard—growing up in Philadelphia and South Carolina and as a member of the Fisk University basketball team—that formed his leadership skills. He learned to be the facilitator who created the relationships that made the players collectively better. He learned to adapt to changing situations—sometimes being aggressive, nimble, and quick, and other times being thoughtful and strategic. He learned to assume responsibility for directing outcomes. He learned to be the coach on the floor. And that is exactly the role that Mr. Bluford has played as chief executive officer of Truman Medical Center where he has drawn on his leadership acumen to coordinate a team of 4,000 employees to transform an underperforming, safety-net hospital into a forward-thinking, high-performing organization and premier 'quality-net' healthcare provider.

Q. You've held several leadership positions in your career; what about being a leader appeals to you?

I like serving in a leadership role because I trust my ability to move the team to success rather than depending on someone else to do it. When I was the point guard on the basketball court, I learned to create a vision of what was happening on the court. I could see all the players and I would make adjustments accordingly. I learned not to worry about the guy guarding me now; rather I focused on the next defensive player. So I developed a skill to look ahead and anticipate what's happening at the next level and the next stage and prepare for the progression of change. Business is the same thing. Healthcare is complex and

changing, especially at a complicated academic medical center like Truman. It requires stamina, perseverance, tenacity, and endurance to push past obstacles.

Q. What skills set you apart?

In basketball, independent of my skill level, nobody played harder than me. I carry that same mentality to the workplace every day. And, when the right people surround you, that mentality is contagious—it creates a corporate metabolism. And I think it's that metabolism that drives my institution.

Q. Despite the hospital's storied history, you described the situation at TMC when you got there in 1999 as inconsistent, complacent, and burdened with poor morale. Where did you begin?

My team spent a lot of time listening to the rank and file to hear their issues and their ideas for solutions. We listened intensively to everyone, every day, including holidays and weekends and nights. We listened with earnest and in 60 days came back with a game plan based on four messages: First, we would become a quality organization with good outcomes and excellent customer service; second, we would be an aesthetically pleasing environment—a clean institution for our employees and for our patients. Our third priority would be to use technology as a strategic asset. And fourth, we would be the employer of choice for choice employees. We continue to perpetuate those four messages today.

Q. What did the employees need to hear from you as their leader?

Everyone had to understand that we weren't going to rock the boat; we needed to sink the boat and build a better one. And then they needed to see our team as agents of change. For us to elevate ourselves we had to throw off the negative internal and external perceptions of a safety-net hospital and we had to become significantly better. So the process began with two central components: I needed to build my own team and I needed support from the Board. I recruited a team including six people from my previous employer at Hennepin County Medical Center and I hired six more; that was a great advantage. And the Board of Directors stood behind us all the way; that support was tremendous.

Q. As a safety-net hospital, what role did community support play in TMC's transformation?

Support from external constituents was critical. I tried to meet one-on-one with every civic, political, business, and religious leader in the metro area. I met with them personally so they could hear from me and understand the vision of Truman that

we were building and the valuable asset it could be to the entire community and their respective constituents. To their surprise, I didn't ask for money. But I did ask for their advocacy and support when I needed it.

Q. And, did you get it?

In April 2013 we needed to pass a \$26 million tax levy to fund health services; it went before the voters of Kansas City and passed with 75 percent approval. And I believe it passed because of two things. First, we have built a quality product, and second, we have created tremendous community equity. When Truman was on the ballot, everybody knew us; we have truly become a community hospital that cuts across all economic strata. Without question, in my mind, we have transitioned from a safety-net hospital to a quality-net organization.

Q. What were some of the biggest obstacles you faced at TMC?

When I came to Truman from Hennepin County in Minneapolis, I went from a community with a liberal, highly educated workforce with strong public schools to a different community context. In our quest for greater literacy and education, one of the early things we did was send two dozen of our front line people to the Disney School for Customer Service. That was very inspiring—some of those employees had never flown on a plane. They came back and were very excited and all set to make change until they ran into their supervisors who didn't go to Disney and didn't understand the changes they were trying to bring. We learned that spot training and sending staff off for a week and expecting them to help change a culture wouldn't work. We determined that the first thing we needed would be “in-reach”—we had to change ourselves and our internal perceptions of who we were.

Q. So you had to change the culture at TMC?

That's exactly what we had to do and we began the process of change from the ground up. We created a corporate academy. When we started we thought we would get young staff from food service and environmental services preparing for their GEDs. Instead we attracted men and women with decades of service to Truman, some who were barely literate. To get our employees to enroll we had to win their trust; we did that with cajoling and a lot of one-on-one mentoring. We now do everything from GED preparation to master degree classes on campus; we have had over 5,000 participants over 14 years and we have awarded 282 degrees. What you learn in that situation is that leadership is both about the individual and the team. Now we are taking our academy a step further. Our new director has initiated a program to provide classes for the high school students of our employees who may need help

with schoolwork. They can come in for coaching and tutoring to get the help they need. As you can see, this is not just about improving Truman. This is about enhancing our community.

Q. That's consistent with other community outreach programs at Truman, which you coined "thinking outside-the-bed." What was the genesis of that program?

That came from my stint as an epidemiologist, when I worked at the Centers for Disease Control (CDC) before starting graduate school, and then later when I ran a community health system. I learned about public health and population management, and saw the need to create a mindset of wellness for our patients. At Truman, we developed a program to reach into the community with health management, wellness, and preventive medicine programs. Elements include a health and wellness center in a library; a fresh produce market held weekly on the campuses of both of our hospitals that provides healthier eating choices; and recently we took an old city bus and made it into a mobile produce market that makes nine stops throughout the urban core each week. Now we are trying to raise \$5 million to leverage another \$6 million to build a full-service grocery store about seven blocks from the hospital—in a food desert—to see if we can improve our patients' health. About 70 percent of our patients—70,000 people—have chronic diseases like diabetes, hypertension, congestive heart failure, chronic obstructive pulmonary disease (COPD), asthma, and sickle cell anemia. All of these illnesses are nutritionally related. Eventually, we hope to create an electronic crosswalk that will enable us to look at our patient base and patient information and see what they are buying at the grocery stores and see how that is affecting healthcare outcomes. This is another example of how we are reaching into the neighborhoods to help our patients improve their own health.

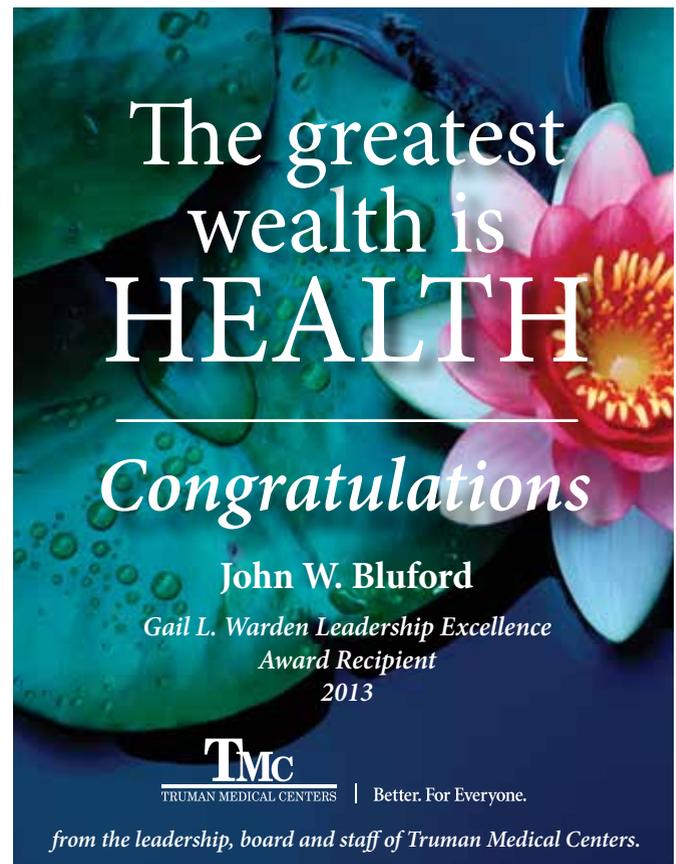
Q. What role did your mentors play in your quest to change TMC's culture?

Changing the culture of an institution is a lot of hard work. It requires consistency and an appreciation for the human experience. I learned from many different mentors that it is necessary to forge relationships with people of all different stripes. You can find teachers and mentors in all shapes and forms, especially within the rank and file of an organization. Some of my best mentors are our nurses and administrative assistants; I learned the importance of engendering the trust of those individuals who may not have a senior position, but who know the history of an organization. Essentially I appreciate anybody who is good at what they do. And, I learned the importance of establishing relationships with influence brokers. As I sit in my office, I am not seeing patients,

I am not a nurse, I don't take x-rays, I don't keep the hospital clean. I appreciate those people who do all of that work. If you don't understand their roles and respect and promote them, then I don't see how you can be a successful leader in a hospital setting. I fully appreciate the notion that the customer comes second. If you take care of employees and your team, the rest will follow.

Q. What do you look for in your hiring decisions?

Employees shape the culture of an institution and the same is true at Truman. I focus on interpersonal skills in my hiring decisions. By the time a candidate comes to me, I know they have the technical expertise. I am always looking for the intangibles: how does this person match with the mission of the organization? Is there a passion toward the mission? And I look for communication skills, both written and verbal. With passion and communication skills, we can make things work and we can make great things happen. One of my passionate beliefs is that voicemail is the root of all evil. People need to talk to each other and get to know each other and create conversations. That's where the relationship begins.



Q. How would you describe your leadership style?

I think of my leadership style as very participatory; it's the only way to achieve our goal which is to consistently improve to be number one in marketplace service. To do that, you must galvanize and motivate lots of people. I am constantly pursuing talent. But I also strive to recognize weakness in our talent pool so I can do one of two things: either improve the skill sets or put that person in a position where they can succeed. What's important is to manage relationships and not people. By the time you get to the executive level if you are still managing people you have the wrong people working with you. You need to manage the relationships, because that will move the organization. It's like being the mother of a large family. Or, it's just like being the point guard on the basketball team.

Q. And your leadership weakness?

Well, I am not as quick to praise a good deed because I am always looking ahead for the next thing. I am trying to work on that. I can also put too much pressure on people. So now I am trying to find the right balance for the team.

Q. As CEO of a prominent healthcare provider, what are your expectations for the Affordable Care Act?

If it's implemented as designed, Truman will do well because it converts uncompensated care to a payor source. If things don't pan out, we won't get the benefits of a new paying customer and then we will be in a deficit position. In general, the Affordable Care Act pursues all the right incentives for prevention and wellness but at the same time we need to figure out the country's social and economic problems and their effect on healthcare outcomes. We have a sizable portion of Gross Domestic Product (GDP) committed to healthcare spending yet a low percentage of GDP associated with social services. That's the problem.

Q. You are the first African-American winner of this award and you are one of the few African-American leaders of a major healthcare provider in the U.S. How has the issue of race affected your career and leadership?

Early in my career, I didn't have a sense that race was a huge issue. One of my first jobs—while I was in graduate school—was as the evening/weekend administrator at Cook County Hospital in Chicago. The bigger issue then was that I was perceived as too young to have the control that I had. I tended to address that filter rather than filters about race. Questions about race are always sensitive. Race is always there, even if it doesn't come up in conversation. What I say is that I have been an African-American all my life and I just don't know anything different. My advice to

my African-American colleagues is to get over it and move on. Just work harder, smarter, longer, and make a positive difference.

Q. Basketball gave you your leadership skills, but what influenced your commitment to community?

I was influenced by a sense of service from my family. My mother taught special education for 35 years in Philadelphia. My grandfather was a dentist who worked with underserved populations and his brother was president of a college in North Carolina. My father was a policeman and my other grandfather was a postman. I used to get up at 5:30 every morning to have breakfast with him before he started his postal route. All my life I would get to work at 6 or 6:30. These are the things that shaped my value system.

Q. What is the leadership issue that keeps you awake at night?

I don't see the passion and drive among many young associates. I am always looking for somebody who is hungry, who is afraid of failure. That's a good thing. A lot of young people today are smarter than my generation, but they don't have the same drive. When I find young people who are both smart and driven, now that's a dangerously positive combination. I also worry about that fact that the graduate management education programs have stopped their residencies and the one-on-one mentoring programs that are so critical. The University of Minnesota still has a program where mentors spend time with students; however, the pace of the business has made it difficult to find time to sit down with students. That's hurting healthcare's future leadership pool.

Q. And you are doing something about that leadership void with the Bluford Healthcare Leadership Institute that you founded in 2012. What prompted you to create this?

It's no secret that there's a dearth of minority representation among healthcare leaders. The Bluford Institute was created to identify college students with ambition, talent, and leadership skills, and expose them to the opportunities in healthcare. Our first class of 12 students spent two weeks here over the summer and next summer they will have paid full-time internships with notable healthcare companies. The Bluford Institute is intended to mimic the Bush Fellowship Program that afforded me the opportunity to attend Harvard. The goal is to inspire the possibilities that exist in healthcare and to help the next generation envision themselves assuming critical leadership roles.