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CHANGING *the* WAY
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INTRODUCTION

What's Up with the Title?

Be honest: Why did you pick up this book? Was it because of the title? If so, that's OK—we hoped it might work out that way. “But what does the title mean?” you might now be asking. As a way to answer that question, kick-start the discussion, and expose the true intent of this book, we'd like to share a recent email dialog we engaged in (with someone who we hope will be reading this book):

Hi, Paul.

I just returned from the Beryl Institute Conference (which was great!), where I heard you discussing your upcoming book, *Patients Come Second*. I think you should know that among conference attendees, there was a lot of negative discussion about the title. There we were, four hundred patient experience leaders, most of whom have been championing the patient experience for years. And now a respected, prestigious, distinguished leader—you—says, “Patients come second.”

I am writing because I strongly encourage you to change the title of your book. Is your title catchy? Yes! But you are an influential leader, and to say that patients are behind employees in terms of priority is to give health care leaders more excuses for not holding employees accountable for their behavior toward

patients. You would also give employees more reason to say, “I’m not being cared for well enough in my job, so I can’t (or won’t) be caring with patients.”

I believe that your book title is very destructive and invites reviews and blog posts that will be unnecessarily negative. Will publicity, whether negative or positive, sell books? Perhaps . . . But I see you as a mission-driven person who—beyond making money—wants to do good in the world. I certainly know that we must create a healthy culture and caring environment for our employees if we expect them to care well for patients, but there is no need to rank the two in order of who is more important, patients or employees. In your book, surely you can make all your points about the importance of the employee experience without using this damaging title.

Thank you for your consideration.

Warm regards,
Wendy L.

This is how we responded:

Hi, Wendy.

Thanks so much for taking the time to write to me. I’m glad you enjoyed the conference and sorry we didn’t get the opportunity to say hello in person. I also appreciate the feedback on the book’s title and will share your comments with Britt (my coauthor). I’ll genuinely take the suggestion under consideration, but first let me respond here to a few of your concerns.

As you surmised, this project has nothing to do with selling books or making money. I write books to try to deliver a message

that can change the way business is done, both inside and outside of health care.

While the title may seem controversial, once you read the book (and I hope you will), you'll see that we are all after the same thing: improving the experience for the patient. There was once a popular business book called *The Customer Comes Second*. That title could have provoked the same response, but it revealed an important truth that spoke to people in the business world. Let's face it: Employees in most companies get treated as second-class citizens. If that's the case, how can we expect them to treat customers well? The same is true for employees in the health care field.

In health care, we need a model for the delivery of a great experience for each patient. It is not a question of ranking what is more important, but a question of leading and lagging indicators of success. In that regard, I firmly believe (and there is increasing data to back this up) that the most successful organizations with the most loyal customers (or patients) have focused first on an internal culture of engagement, where leadership shows a genuine interest in the growth and development of its people. If you do that, accountability will only increase, not create excuses for lack of execution.

When you read the book, you will learn about an ongoing debate between me and Dr. David Feinberg, CEO of UCLA Health System in Los Angeles. He believes that if each employee just focuses on the next patient, he or she will be a happy employee. He may be right, but I believe that the better we feel about ourselves, the better we treat others.

Our industry needs to be shaken up a bit. My hope is that our book (with whatever title we finally choose) will stir healthy

conversation and action to improve internal cultures in health care. It is sorely needed.

Thanks again for reaching out—it sounds as though we’ve already stirred the pot. I appreciate all the work you are doing in the industry.

Paul

Well, since you’re reading this now, you might have guessed that although we did consider Wendy’s suggestion to change the book’s title, ultimately we stuck with our gut instinct. Why? For the very reasons she was opposed to it: The title is controversial and edgy, and it borders on being offensive. And guess what? That is exactly what we as an industry need in order to bring about change: a big, collective slap in the face! Then we can begin to embrace the responsibility of focusing on the team so we can bless lives with good health. We need to speak openly and honestly about how to improve the patient’s experience. And that starts with the team doing the work.

Let me reiterate: Our intent in tackling this project isn’t to make a bunch of money. The intent is to instigate a passionate discussion that will shake up our industry. Does anyone really believe that we are talking about ignoring the patient? If so, the content on the pages that follow will dispel that notion.

Wendy does raise an interesting point about accountability. But to us, comments like “Sure, this is easy to say, but my boss will never support it,” or “I would like to do all that stuff, but my HR department doesn’t get it,” or even something like “I work in civil service, and we can’t do that,” are really just poor excuses. If you find yourself saying you cannot give exceptional care to a patient because

your team isn't functional, you need to go back to the drawing board. Change your existing team or get a different team. Reorient current resources or pull in new resources. Tweak an existing strategy or create a new strategy. Change a player, change a couple players . . . change the way you lead! How else can you expect to care for your patients the way you must?

In our experience, the majority of health care workers want nothing more than to improve the patient experience. That is why they got into this field in the first place. But it is not always easy for them to do their best work. As Ron Swinfard, CEO of Lehigh Valley Health System in Allentown, Pennsylvania, told us in a passionate moment:

I really don't give a damn what model the federal government or the state government inflicts on us for how they want us to deliver care. As long as we as providers care about our patients and one another, we'll be successful. People will beat down our doors to get here, because they'll feel it.

We wholeheartedly agree! Providers must care about our patients and one another—only then will we see the essential changes our health care system requires. Now, perhaps this is the biased perspective from a couple of veterans of the health care industry, but it's our opinion nonetheless. And guess what? We've put the effort into writing this book precisely to stir some dialog and unleash people's passion on both sides of the debate. So thank you, Wendy!

Now, if your curiosity has been stoked, or even if you just want to find reasons to write us and tell us how wrong we are, turn the page and read on. We look forward to the debate that will follow!

CHAPTER ONE

What Does Come First?

The United States has the finest health care delivery system in the world, bar none. But it doesn't always seem that way—especially when you're the patient.

Consider the following story: The wife of a middle-aged man—let's call him "Paul"—gets talked into (we won't say "guilt-tripped") getting a vasectomy. Now, getting a vasectomy means that your doctor is going to get very personal with you in a very meaningful way. It should also go without saying that you don't want the doc to screw anything up. That's why Paul first asked around for references from his coworkers and friends as a way to make sure he got the very best urologist on the case. It turns out that several people steered him to the same doctor—a particular guy who operated out of the local hospital. "He's the best there is," everyone gushed, so Paul went ahead and scheduled an appointment.

When Paul showed up for his first visit with the doctor—let's call him "Dr. Gillespie"—he ended up sitting in the waiting room for almost two hours before someone even acknowledged that he was there. When he was finally called into an examination room, a physician's assistant explained what was going to happen. "It's

very quick, snip-snip,” he told Paul. “We’ll get you on the calendar for surgery next month.”

“But wait!” said Paul. “Don’t I get to meet the doctor?”

“No, you don’t need to meet him,” answered the PA as he handed Paul a piece of paper with the date of his surgery printed on it. “He’s done thousands of these things. You don’t have to worry about anything.”

On his way to the car, Paul looked at the piece of paper in his hand. Then he simply crumpled it up and tossed it in the nearest trashcan. “If someone is going to cut me down there, he’s needs to look at me up here,” he said to himself, pointing to his eyes.

A few months later, with his wife still asking (we won’t say “nagging”) about the vasectomy, Paul connected with an old friend of his—a guy who operates a different local hospital. Let’s call him “Britt.” Paul told Britt about this predicament, and Britt suggested he make an appointment to see another doctor named, for our purposes, “Dr. Spock.” Paul somewhat hesitantly agreed to call up the doc for an appointment.

This time, before he could even get in the door, Paul was told he needed to watch three ten-minute videos on YouTube that explained the risks of the surgery as a way to prepare him for his first visit. On the day of his appointment, this Dr. Spock met Paul not in the examination room but in the consultation room. Paul was already starting to feel more comfortable.

“Did you have a chance to watch the videos?” asked Dr. Spock.

Paul nodded.

“And did you have any questions about them or about the surgery?” the doc continued. Only after Dr. Spock had answered Paul’s questions did he actually examine Paul, which he did in an efficient five minutes.

From Paul's point of view, Dr. Spock had done all he could to earn his trust. This time, Paul carried the piece of paper with his appointment date all the way home to his refrigerator door.

The best part, though, was that after the surgery was successfully completed, Paul received a handwritten note in the mail from the nurse who discharged him. She wanted to make sure that everything was OK with him post-surgery. In other words, Dr. Spock and his team treated Paul with respect from start to finish—something that he appreciated immensely, especially when compared to his earlier experience with Dr. Gillespie's office. Want to guess whom Paul told his friends and colleagues to go see when they needed a vasectomy?

REFOCUSING ON WHAT REALLY MATTERS

If you didn't connect the dots from the vasectomy story, Paul and Britt are real-life characters. In fact, they're the fellows who have written this book. And yes, while we did change some names, the story itself is true—and was told with a key point in mind. Namely, that attention to the so-called patient experience is often lacking in today's health care arena.

What does this term mean, anyway? A group of patient experience leaders across the country, whose research was sponsored by The Beryl Institute, coined the following definition of patient experience: "the sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care." Here is a less MBA-like explanation: The patient experience centers around the story you tell your spouse when you get home from your appointment. Nobody comes home after a surgery saying, "Man, that was the best suturing I've ever seen!" or, "Sweet, they took out the correct kidney!" Instead, we talk

about the people who took care of us, the ones who coordinated the whole procedure—everyone from the receptionist to the nurses to the surgeon. And we don't just tell these stories around the dinner table. We share our experiences through conversations with friends and colleagues and via social media sites like Facebook and Twitter.

When we asked Andy Leeka, CEO of Good Samaritan Hospital in Los Angeles, about how he defines patient experience, he told us this:

I'm probably a little bit jaded in this. Whenever anybody comes along and they say "patient-centered care," they've given it a label, and then you've got everybody reading Modern Healthcare and they're jumping on the bandwagon. I think the patient experience can be summed up simply as the way I would like my parents treated in a hospital. That's my standard. In certain respects patients don't really know what's taking place, what's happening to them in a hospital. There's a whole heck of a lot of trust, and by the way, they don't come to a hospital for fun. They go to Disneyland for fun.

Case in point: A friend of ours, Melody Trimble, CEO of Sparks Health System in Fort Smith, Arkansas, shared with us the following story told by her human resources director:

A few weeks ago I was talking to a patient in the hallway, and he was telling me about the great experience he'd just had on one of the hospital floors. In the same breath, he told me about a terrible experience he'd had in another unit. The story was so intertwined that I couldn't keep up with when the good and

bad experiences had actually happened. As I continued to talk to him, I learned that the bad experience had been two years ago; the good experience had just concluded that day. Yet the patient was relating both stories as if they had just occurred.

My thought on the encounter was this: The patient experience starts whenever the patient thinks it starts. That might be when a potential patient hears a news story about us or when he or she calls in for an appointment. But the patient experience never ends, because it's not linear. We tend to think of it as linear, because that perspective helps us keep track of our work. But patients don't see the patient experience as a separate thing. It's just part of the web that is their life. That has very positive and negative consequences for those of us in health care. Because we're part of the patient's web, we can really advance Sparks Health System if we get it right. If we get it wrong, though . . .

This is such a poignant story because, let's face it, most of us would rank going to the doctor somewhere between watching *The Lion King* with your kids for the thousandth time and visiting your mother-in-law (just kidding, ladies—we love seeing you!). But building a relationship with a patient means that every interaction we as health care providers have with that patient really matters.

Given how nervous and keyed up we as patients usually are when we interact with our health care providers, because that's when we are likely to be at our most vulnerable, the experience of having someone say hello to you or take an extra minute to make sure you're OK—let alone send off a thank-you note!—can often outshine any experience you have in receiving the actual physical care. Don't forget the paradox we're talking about here: This is a business in which no one wants to be your customer!

The truth is that the patient experience now extends beyond the clinical result, beyond the four walls of the doctor's office or the hospital, to include anything from pre-care assessments to post-care phone calls and checkups. In fact, an industry-accepted estimate holds that the average person comes to the hospital only once every seventeen years and to the emergency room once every three years. That means we don't get many shots to get it right.

To deliver a great experience, then, health care leaders have to care about their impact from all angles—each and every way they interact with their patients. That's why the off-putting story about "Dr. Gillespie," an all-too-common scenario these days, could be a competitive disadvantage for a doctor, a hospital, or an entire system of health care workers, especially given the rapidly changing health care market. It used to be that patients had limited choices when it came to whom they could see about their health care. This allowed the industry to develop a "build it and they will come" approach. Now, choice is the name of the game. For example, there are some 2,300 post-acute care home health agencies, skilled nursing and rehabilitation facilities, and other specialty niche services in the Dallas–Fort Worth area alone. And patients are taking advantage of this wide selection of health care options, with an increasing number relying on high-deductible insurance plans that allow individuals the freedom to choose their health care providers.

The availability of many health care options is a big part of the reason Bob Kelly, president of New York–Presbyterian Hospital, told us this:

As the demands of health care are sort of evolving, no one can keep up with any of them, and so people change for a lot of

reasons—but in general, they change because they have to. I think right now everyone is feeling like they have to change—the way we learned, the way we did things, isn't working anymore. The current model goes like this: You get sick, you come into the hospital, you see the doctor, we take care of you, we tell you to follow up but we don't know if you do or not, we send you out, you either stay well or get sick again and come back, and it starts all over again. I don't think people are feeling ultimately like this is a great system.

We agree that change typically happens only when it is forced upon us—often by circumstance but also, at times, by the federal government, which has emerged as the largest and most influential player amid this emerging jungle of providers. The government now limits reimbursement to providers based on positive patient feedback (HCAHPS scores) and low readmission rates, so delivering an exceptional patient experience could be the difference between financial success and failure for health care providers in the coming years. And while it is a big enough challenge to focus on our own organization, the changing market will force us to work more collaboratively with our competitors!

Wayne Lerner, CEO of Holy Cross Hospital in Chicago, framed it for us in this way:

The future will not be centered around the hospital experience. It will be the entire patient experience, which includes more than hospitals. Organizations that used to be competitive will now need to work together. Just add that to the list of challenges!

This fact has not gone unnoticed by other health care executives.

If you surveyed the nation's top health care executives three years ago about what issues kept them up at night, patient experience wouldn't have even made the list. Today, it's a top-three kind of issue, ranking even higher than cost reduction. Yet three-quarters of health care organizations have yet to define what patient experience means to them, let alone set aside money to address it. The more progressive executives who have tried to tackle the challenge head-on, however, have gone about trying to solve it in a backwards manner. They have plowed money into adding more beds or developing new technology such as electronic medical records, all while overlooking the obvious solution: investing in their employees.

Hospitals have missed the point that the best way to improve the patient experience is to build better engagement with their employees, who will then provide better service and health care to patients. To put it another way: Patients come second.

DELIVERING AN EXCEPTIONAL EXPERIENCE

We know, we know—right about now you're saying something like, "What do you mean, 'patients come second'? Why would you focus on your employees if you want to improve the experience of the patient? Sounds like you guys must have written yourselves an extra prescription or two." Well, while we admit to being somewhat wacky and fun-loving, we're stiff-lipped serious when it comes to the notion that an organization's culture—specifically, how engaged its employees are in their work—is the primary driver for delivering an exceptional patient experience. Bob Kelly from New York–Presbyterian Hospital offered an apt analogy: Focusing on employee engagement is akin to being on an airplane and putting your oxygen mask on first, before attending

to your kids. How can our people help their patients when they, too, are suffering?

While this may seem counterintuitive to you, consider how important this topic is in the general world of business, where well-known and wildly successful CEOs Tony Hsieh of Zappos and Howard Schultz of Starbucks have written best-selling books about how they empowered their employees to deliver great experiences to their customers. But we have more than just anecdotal proof to lean on. In the 2007 book *Firms of Endearment: How World-Class Companies Profit from Passion and Purpose*, authors David Wolfe, Rajendra Sisodia, and Jagdish Sheth tracked a series of companies known for having strong employee cultures—a list that included such familiar names as Whole Foods, Harley-Davidson, and Patagonia. The authors found that the companies on their list produced an impressive 1,025 percent return for their investors over a ten-year period. In comparison, the Standard & Poor's 500 Index produced a mere 122 percent return over the same period. Not too shabby, right?

Well, it gets better. You've probably heard about or maybe even read the book *Good to Great* by Jim Collins, which, more than a decade after its publication, continues to top business book bestseller lists. But do you know what happened when the *Firms of Endearment* authors calculated the return on investment for the *Good to Great* companies over the same ten years? They found that these companies produced a 316 percent ROI—a satisfying result, but still only about one-third of the return produced by companies known more for their level of employee engagement than for their "greatness." To put it another way, employee engagement pays off big-time—something executives all around the country are beginning to realize.

The connection isn't lost on Ron Swinfard, CEO of Lehigh Valley Health System, who told us he uses symbolic imagery to get the point across: a slide presentation that shows several links in a chain, starting with employee satisfaction and leading to patient satisfaction and finally to financial success. "I tell my employees that this isn't just a feel-good idea; it is also a business strategy," Ron said.

Let's consider an everyday example of how this works. Say that you love starting off your mornings with a venti half-caf soy latte. Given the proliferation of Starbucks across the country you may, depending on where you live, have access to two, three, or even more locations where you can buy your coffee every morning. And for the most part, each cup will taste about the same. The key difference in where you choose to buy your latte, then, could be the location where you most enjoy interacting with the baristas. It might be an extra smile, a sincere word of thanks, or just the sight of an employee who seems to take great pleasure in frothing milk that can help start your day off right. A frown, a mixed-up order, or even a lack of eye contact, on the other hand, might result in a grumpy start—and for that Starbucks location, a lost customer.

Now do you get it? The type of customer experience you receive begins with the employee who served you. "Engaged employees are willing to go the extra mile—for themselves, their coworkers, and their customers," explained our friend Dane Peterson, CEO of Emory University Hospital Midtown in Atlanta. "They seek out problems and work to solve them." And their customers take notice.

It's our contention that customers are smart. They can tell whether the stranger pouring their cup o' joe in the morning is fully engaged in his or her work. Sure, the barista could fake it

by simply following the script they were trained to follow. But customers know—especially when something goes wrong with their order. What happens then, Mr. Unengaged Employee? Does your script cover the fact that you left out the milk or ground the wrong coffee bean? Great employees, on the other hand, will find solutions with a smile on their face—saving the relationship and maybe even making it stronger along the way.

The same principle holds true in health care. Whether you are purchasing a cup of coffee or having your hip replaced, your decision comes down to three elements: cost, quality, and service. The cost of health care here in the United States takes a backseat, of course, due to our reliance on third-party payers—your insurance. Nor is quality the issue. Not only do we possess the best brick-and-mortar infrastructure around, we also have the best scientists who help us eradicate the most malicious of diseases—and the greatest group of health care providers, who have pursued a higher calling by entering the field. This means that as the health care system here begins to shift to a more consumer-focused model, patients will increasingly base their purchasing decisions on where and who provide the best service. Steve Moreau, CEO of St. Joseph's Hospital of Orange, in Orange County, California, explained it to us like this:

I don't think you're going to get the kinds of very high patient satisfaction scores unless you do focus on the employee role. It is clear, though—and I'm certainly aware, because I've been at organizations that have all private rooms and million-dollar views—that not everybody can do that. We've been able to be highly competitive in the patient experience despite the fact that we don't have all private rooms and we don't have a million-dollar

view, because we focus on what patients really care about when they're here, when they're vulnerable. They're not looking out the window. What they care about is the way they feel, the way you make them feel, and that is a result of the interaction with every person they come in contact with.

Patients expect that they're going to get the best care all the time. What they want is to feel that someone cares about them. That's not something you can do without engaging your employees. So I think that employee engagement is absolutely fundamental if we're going to accomplish what we need to accomplish.

While you might not think about it in terms of nurses, orderlies, and physicians providing a service to the customer, that's exactly what the patient is thinking. And that means delivering a great end result is just not good enough. A great result should be expected, whether you're delivering a baby or performing an appendectomy. But along with that, you also need to deliver an exceptional experience. We are suggesting (no, we are insisting) that all three of these elements—cost, quality, and service—are the keys to your success in pleasing your patients.

But rather than tackle those elements individually, we've found a way to do all three at once. And we're going to show you how to build an organizational culture that delivers great patient experiences by tapping a resource you may have overlooked: your own employees. Tony Armada, CEO of Advocate Lutheran General Hospital in Chicago, put it like this:

At the end of the day, if people are not engaged, they have choices. Patients have choices too. Patients are savvier now, and with greater ease of getting scorecards and information, they are

going to make different choices. I would urge health care leaders to understand that patients going forward will have more choice than ever, and it is best to serve our patients with a group of people that are dedicated and engaged.

What we're asking you to do, as one of those leaders, is to examine the way you lead, and to help determine ways to truly engage those people in your own organization in order to produce better results for your patients.

INTRODUCING... THE AUTHORS

So who are we anyway, and why should you care what we have to say about anything? Well, Paul Spiegelman is cofounder and CEO of The Beryl Companies, a patient experience service and thought leadership organization located in Dallas, Texas. BerylHealth helps hospitals improve patient interactions, and The Beryl Institute publishes research that validates the connection between improving the patient experience and driving better clinical and financial outcomes. And Britt Berrett (former CEO of Medical City Dallas Hospital) is currently president of nine-hundred-bed Texas Health Presbyterian Hospital, also in Dallas. Both organizations are in industry segments (Paul runs a call center, and Britt runs a hospital) known for low morale, high attrition, and low margins. Yet we've achieved not only results related to employee and customer service (including industry-leading metrics for employee loyalty and retention), but also financial results well in excess of our competitors. Plus, our organizations have won multiple local, regional, and national Best Place to Work awards, which should tell you that we know a thing or two about building the kind of organizational culture where employees thrive.

“But wait,” you’re probably saying, “you guys run two completely different kinds of organizations. Aren’t there going to be some major differences between what one of you does as a hospital administrator and what the other does as owner of a small business?” You make a great point. There’s no doubt that Britt faces different operational and strategic challenges from those Paul faces. Where Britt has to keep on top of the latest changes in the health care system emanating from Capitol Hill, for instance, Paul spends time contemplating the merits of bringing in outside capital to help grow his company. But our point is that you can boil down the secret of success to one idea: If you build a great culture for you and your people to work in, it doesn’t matter what kind of organization you work in or for. Whether you’re guiding a public company toward financial results or leading a small, entrepreneurial company that has no outside influences, the same employee engagement methods lead to better results, in terms of both generating better customer experiences and driving improved financial metrics.

That’s why, after hitting it off at an industry conference about the importance of fostering a strong corporate culture, we remained friends and eventually kindled the idea that we needed to boil down our experiences into this book. While we don’t pretend to know everything there is about the subject, we did our best to share our lessons learned with you—beginning in the next chapter, where we’ll cover the subject of leadership and how what it means to be a leader has changed in recent years. In the chapters that follow, we’ll also tackle subjects such as the importance of embracing your organization’s mission, vision, and values; why having fun—and creating smiles—is mission critical, especially for health care organizations; and why showing people that you

really care about them, both inside and outside of the walls of your organization, helps fuel future success. We'll also talk about how you'll need to say good-bye to those people in your organization who refuse to buy into the mission, vision, and values, so you can spend your time recognizing and rewarding those employees who "get it." In our final chapter, we'll share our thoughts about what we like to call our "higher power": the guiding light that drives us to embrace the lessons of this book not only because it makes good business sense, but more important, because it's the right thing to do. As a bonus, we've also included a tool of sorts so you can test how your organization ranks in terms of Cultural IQ™, or CIQ—a tool we've devised to help measure how well your culture is built to drive employee engagement.

Building the kind of organizational culture where everyone thrives is a shared passion of ours, and our goal in writing this book is nothing less than changing the entire U.S. health care system along these lines. Look, there's a crisis going on in health care, and everyone is looking in the wrong places for a cure. Let's face it: The times they are a-changing, and you're going to need backup. As Elliot Joseph, CEO of Hartford Healthcare in Hartford, Connecticut, told us:

There is a reason why so many soap operas are set in hospitals: because they're just petri dishes of exciting and interesting and intriguing drama every day. I like to say you can stand outside the front of one of our hospitals and you will see every emotion known to mankind in one day.

When it comes to making changes in environments like these, it's not just about getting people to do better, to behave differently, to do what they're currently doing in a nicer and better

and more efficient manner. That's not even half the battle. The other piece of it is that without an engaged, satisfied—I want to say “excited,” but that's probably not the right word—workforce that's not capable of change management and changing the way we do things, we can't succeed. Because this industry is broken. The idea of change management in an environment of low morale and disengagement— from my point of view, it is almost an impossible task.

The outlook may sound grim, but we, like Elliot Joseph, have come to learn the secret to successfully changing how an organization can operate at its best. By reading this book, you'll learn it too.

OK, so that sounds a bit ambitious for just two guys from Texas, but we believe we're up to the challenge. Are you? And you don't have to believe just us—we personally interviewed dozens of CEOs from some of the most prestigious hospital and health care systems across the United States, some of whom you already met in this chapter. Throughout our book, we've included their thoughts and advice about building an engaged workforce. Are you curious as to what they told us? Follow us to the next chapter, and you'll find out.