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# 8 Practical Approaches for Interim Leaders

**August 13, 2021**

Presented By *Mike Lieb, FACHE*  
Vice President, HealthTechS3



**FIFTY YEARS OF**  
Building Leaders | Transforming Hospitals | Improving Care



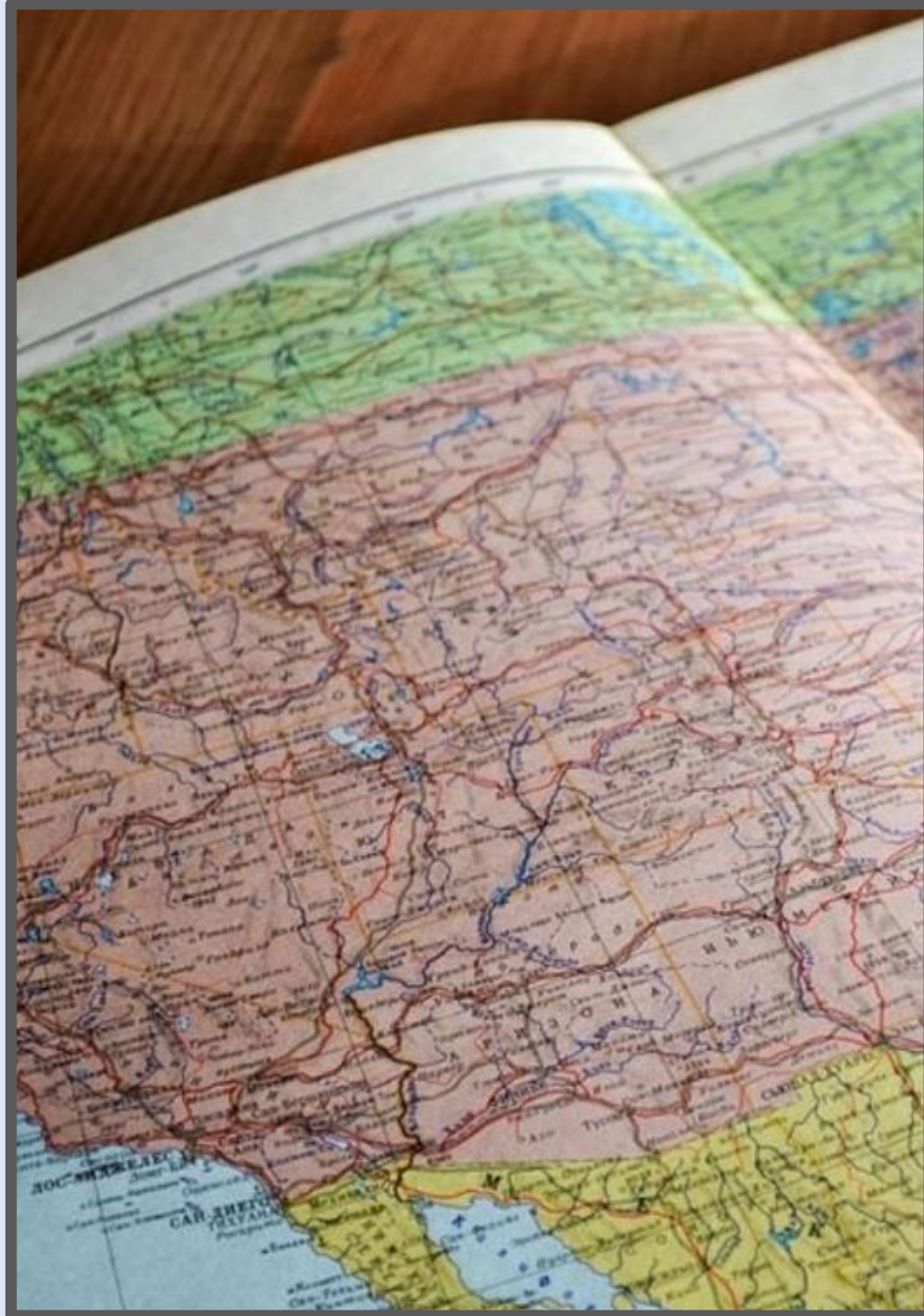
# Nationwide Client Base

**Providing award-winning hospital management, consulting, and technology support services to over 100 community, district, non-profit, and critical access hospitals across the country.**

- Example managed hospital client:  
Barrett Hospital and Healthcare in Dillon, MT  
Ranked as a *Top 100 Critical Access Hospital* 8 years in a row
- Example Technology and AR services clients:  
Two not-for-profit hospital systems in southeast GA with numerous physician practices

## **Preferred vendor to:**

- California Critical Access Hospital Network
- Western Healthcare Alliance partner with Illinois Critical Access Hospital Network
- Vizient group purchasing organization



# Presenter

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**Mike Lieb, FACHE**

*Vice President,  
HealthTechS3*

Mike serves as a consultant to hospitals and physician-owned medical practices nationwide. He brings more than 25 years of healthcare experience to his role, providing operational and organizational guidance to healthcare organizations. He has served as a CEO in health systems of all types; large community hospitals, public hospital districts, critical access hospitals and has held senior leadership positions in large academic group practices.

Mike earned a master's degree in Healthcare Administration from Trinity University in San Antonio and holds a bachelor's degree in Marine Biology from Rice University in Houston. He is a Fellow in the American College of Healthcare Executives and a member of the Medical Group Management Association.

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# Instructions for Today's Webinar

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- ✓ You may type a question in the text box if you have a question during the presentation
- ✓ We will try to cover all your questions – if we don't get to them during the webinar, we will follow-up with you by e-mail
- ✓ You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- ✓ The webinar will be recorded and the recording will be available on the HealthTechS3 web site:  
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# Executive Leadership Team

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 **Derek Morkel**  
CEO

- 20+ years as CEO & CFO
- Healthcare services & IT industries
- MedCath Corporation
- IASIS
- Craneware



 **Neil Todhunter**  
President

- 40+ years in healthcare settings
  - acute, behavioral & home health
- 30 years as hospital CEO



 **Jennifer LeMieux**  
COO

- 20+ years of leadership roles in sales & operations
- Healthcare services & IT industries
- McKinsey & Co.
- HCA/Parallon
- Passport Health Communication/  
Experian Health

# Consulting Team

*HealthTechS3 possesses a strong team with deep operational expertise, extensive industry experience, and a track record of delivering results*

**HealthTechS3**  
**Design.Build.Optimize** → **High Performance Teams**



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**Interim**

**Contract**

# Areas of Expertise

*Strategy - Solutions - Support*

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## Governance & Strategy

- Executive management & leadership development
- Community health needs assessment
- Lean culture

## Finance

- Performance optimization & margin improvement
- Revenue cycle & business office improvement
- AR outsourcing

## Recruitment

- Executive and interim recruitment
- CEOs, CFOs, CNOs
- VPs and department directors

## Clinical Care & Operations

- Continuous survey readiness
- Care coordination
- Swing bed consulting



# Interim Executive & Department Leadership

*Staffing Community Hospitals since 1971*

HealthTechS3

Design.Build.Optimize



High Performance Teams

- **The Right Person** Our experience and understanding of your hospital is the key to placing the right executive or department leader
  - **Immediate Response** Interim needs are typically immediate. Our bench strength allows us to find the right executive quickly to provide a seamless transition
  - **Experience** Over 50 years of supporting executives & teams in hospitals and healthcare companies of all sizes
  - **Support Services** Our business is managing hospitals more efficiently. We provide comprehensive support services to all our interim executives and department leaders
- **Our Depth** We support all positions including CEO, CFO, CNO, CIO, clinic administration and department leaders
  - **Interim Executive Placement Services:**  
“Blue Mountain Hospital District has benefited from the interim executive placement services HealthTechS3 provides. Our current CFO started as an interim placement for BMHD prior to joining our organization in a permanent capacity. The success with this placement has motivated us to consult HealthTechS3 with two subsequent interim executive needs.”

- **Derek Daly, CEO BMHD**

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# Today's Agenda

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1. Overview
2. Why do organizations hire Interim Leaders?
3. When is one needed?
4. What should you bring to the table?
5. So, you're the new interim... Now what?
6. Practical Approaches
7. Questions

# Overview

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## **Walking into a new interim leadership role can be daunting for both the executive and for the organization.**

- Typically, the institution is in flux; there is fear, and quite often, very significant issues to overcome.
- How the new leader assimilates into the role, and how effectively, can make an enormous difference in the success of the organization.
- The interim leader holds a unique role as a bridge from comfortable (or maybe not so comfortable) historical patterns to one where the outcome is not often easy to see.
- It is not unusual for the interim to have to engineer “big fixes,” and these can be very stressful for an organization.
- Ultimately, if the interim does his or her job well, the hospital can move forward cleanly and into a stable future.

# Why Hire an Interim Leader?

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# Why Hire an Interim Leader?

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- Losing any member of a management team always creates a certain amount of turmoil, and quite often an opportunity for change. The vacuum must be filled by other executives on the team, or the work goes undone.
- More importantly, we usually see drops in the entire team's (and the organization's) performance due to a lack of leadership, expertise and cohesion.
- Permanent placement of executive level positions typically takes 90-120 days – even longer if it is a senior executive position. That is a long period of time to be without leadership for any organization, particularly in an organization as complex as a hospital.
- This is where utilizing interim executives can bridge that gap in leadership and take advantage of the skills and experience an interim professional can bring.

# When is One Needed?

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## **Boards often come to the realization that “something needs to happen fast”**

- Apart from a sudden departure (retirement/new job...) of a senior executive
- Culture or morale is bad
- Accountability is lacking
- Financial or operational performance is slumping
- Fear among staff, providers and community is growing
- Strategic progress is lacking (or non-existent)
- Institutional stagnation
- Poor survey results
- Community perception is diminishing

# When is One Needed?

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We need to “shake the tree...”

- “but we all like him...”
- “our kids go to school together...”

Making a change is often painful – and scary

Ultimately, boards (and the administration) are accountable to the institutions they serve

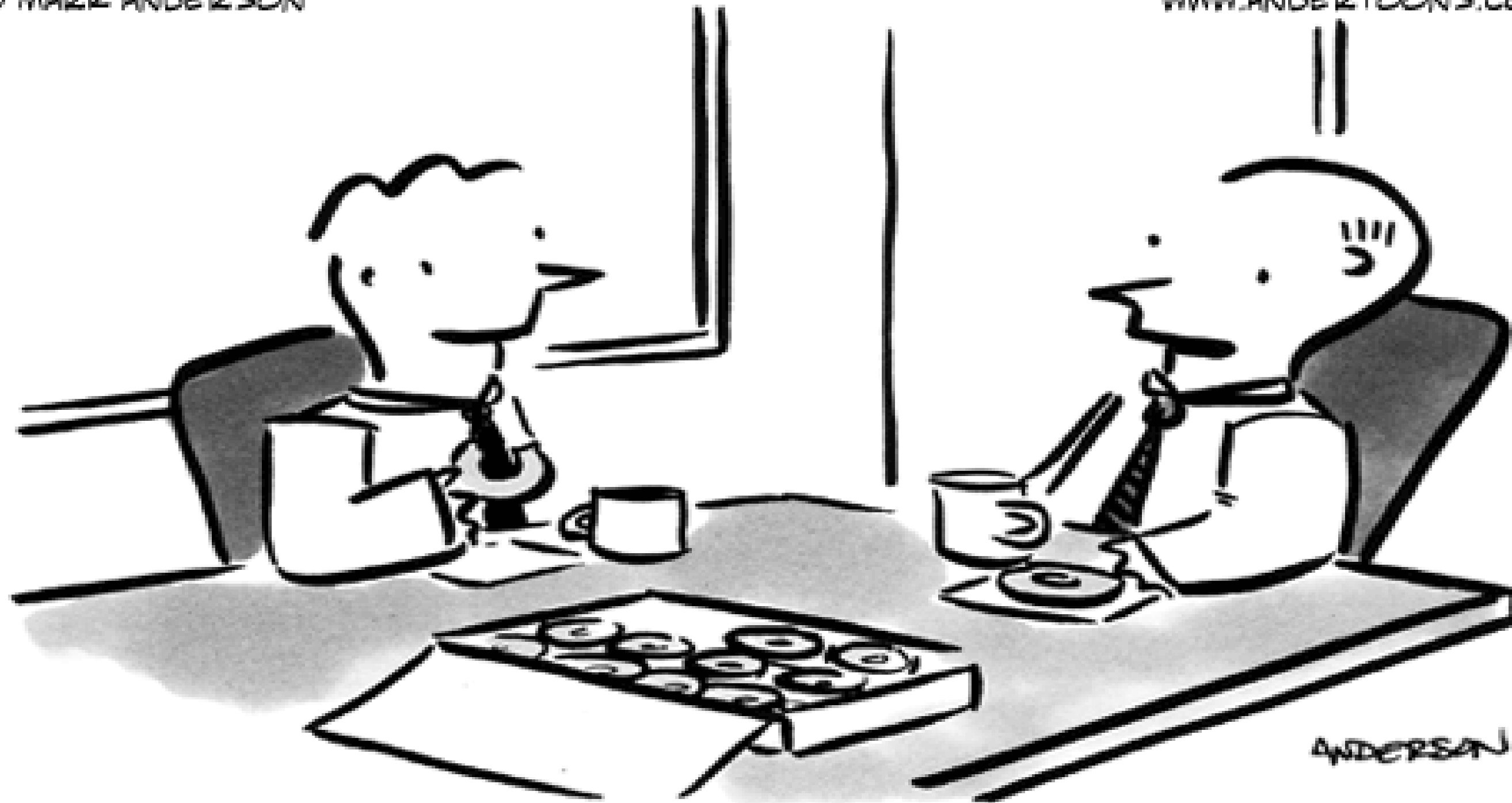
- When a change is needed, there needs to be a smooth, professional transition
- Once action is decided upon, prudent speed is needed
  - But fear needs to be minimized
- Professionalism is critical to managing disruption



# And What Do You Bring To The Table?

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"You bring a lot to the table, Johnson.  
Most notably Krispy Kremes."

# What *should* you bring to the table?

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- Fresh look with an external view
- Unbiased approach - unburdened by history
- No politics - Just pragmatism
- Quick starter and rapid understanding of organizational priorities
- Energy – organizations tend to “quiver in place” when a leader suddenly departs
- Expertise – don’t accept an interim position if you aren’t technically capable
- They are a stabilizing force for the remaining team and institution
- Ok, someone knows what to do...
- Restoration of trust
- Realignment of accountability (both inside and outside of the administrative suite)

# So, You're the New Interim... *Now What?*

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## **Everybody is watching you - Be on the top of your game.**

- Every action (or inaction) you take will be scrutinized.
- How you treat people – at all levels of the organization – is noticed.
- Fear is often rampant with changes in leadership – you are the great unknown.
  - Remember, a leadership vacuum is scary for everybody - the staff/community/providers/board



# So, You're the New Interim... *Now What?*

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# Approach #1

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## ***Be Visible!***

Because of the inherent fear of a leadership change, the interim must be visible all over the institution

- Round everywhere – and often
- Go to them – don't summon people to the principal's office
- Meet all of your doctors right away – they are your bread and butter – let them know the institution is going to be ok...
- Ask for help – it's ok
- Talk to line staff – they will tell you what they see (remember the off-shifts, too)
- Talk to patients – imagine your institution from their shoes
- Don't forget the volunteers / auxiliary / foundation
- As soon as practical – meet the community leaders and help assure them the hospital is a vibrant member of the community



# Approach #2

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## ***Be Transparent!***

To the degree you can, tell people what is happening (*and why*)

- Once the immediate fear of change has passed (and this is a primary immediate priority), you will need allies – it is human nature to want to help – but they will all want to know that there is still a direction (and what it is).
- Let people know what you hope to accomplish during your tenure (there are usually 3-5 major priorities)
  - If people know what you are working on, they will focus less on the short timelines, and they can return to “normalcy” more quickly
- If you can't do something (either now or never) – say so. There is nothing worse for eroding trust than the six-month long “slow no...”

# Approach #3

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## **Be “Hands-On”**

- Don't send others to do the work – if you delegate to the VP's and managers, your own leadership will not be acknowledged (or respected)
- You need the trust that comes with doing things yourself
- Be energetic – the time outside the bosses' office is important to others
- Don't just talk to managers, talk to everyone
- Be interested and ask questions – Magic Wand!
- Say yes when you can – or offer alternatives if you can't
- Say thank you! Simple acknowledgement and recognition goes a long way to acceptance



# Approach #4

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## ***Listen!***

Take the time to listen to all ideas

- You are the new guy... You don't have all the answers
- You don't have the organizational history
- Not all ideas are necessarily good ones – but be respectful and receptive to them - you need staff to feel empowered – listening is the single best way to engage the employees
- Some of the ideas you hear are likely good (80-20 rule).
- If you can implement some quickly, the word will spread, and your effectiveness will increase dramatically. If you can't do them now, just say so.

# Approach #5

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## ***Follow Through***

Remember – you are being watched.

- If you say you are going to do something – do it. You have a short window to gain (or restore) trust – too easy to kill trust otherwise
- Walk the walk – if you are visibly accountable, others will be too
- Set deadlines or completion dates and meet them
- Don't promise what you cannot deliver (you can say you will try – but, if so, you do need to try...)

# Approach #6

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## ***Communicate, Communicate, Communicate***

Most important thing you can do

- Boards need to be reassured they have made the right decision
- Weekly communiques (email, letter, newsletter...) to board. You do not want your board members cornered in the community and being asked questions they should have the answers to
- Hold “all staff“ meetings immediately upon arrival – allays fear, outlines your expectations (and what they can expect from you - all staff emails are good too)
- Expect your staff to keep you informed of details – you can back down on this once you have a trust that the important things are being handled.
- If appropriate, meet with local newspaper/TV/Radio, to talk about your smooth transition; the hospital is in good hands and still moving forward
- No Surprises

# Approach #7

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## ***Culture is Key***

You have hard work to do, and the hours are typically long, but...

- If you are seen to be supporting the mission and honoring the positive institutional values, you will be accepted more readily
- In a transition period, most of the team will want to be led – do it
- Act with positivity (praise in public and reprimand in private)
- Marginalize nay-sayers and negativity
- Hold out an expectation for a rising tide approach (everybody plays and contributes)
- Especially important for mid-level managers (remember – sergeants run the army)
- Be consistent – say what you are going to do (and tolerate) and then do it
- Don't trash the previous administration
- Make sure the board has your back (communication...)



# Approach #8

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## ***Be Earnest... but calm...***

- Sure, there are many things to do; panicking is not one of them
- You are the professional – needed and in charge
- Trust yourself and your team
- Act decisively – do not overanalyze (80:20 rule is good here) – avoids analysis paralysis
- Be pragmatic, and don't take on issues that can't be solved in the short run (or at least established on a path to completion)

# Finally...

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## ***Everyone is looking to you to lead, so...***

- Be professional
- Be respectful of the situation and local culture
- Be honest and reliable
- Have fun with what you do! It is a great feeling to leave a place better than you found it

# Mike answers your questions!

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### **Life Safety Standards for Healthcare Business Occupancies**

**Host:** Carolyn St.Charles, RN, BSN, MBA - Chief Clinical Officer, HealthTechS3

**Presenter:** Ernest Allen, ARM, CSP, CPHRM, CHFM - Consultant, HealthTechS3

**Date:** July 16, 2021 **Time:** 12pm CST

<https://bit.ly/3g7H3d4>

### **Using an HIE to Complete the Care Coordination Picture**

**Host:** Faith M. Jones, MSN, RN, NEA-BC – Dir. Care Coordination and Lean Consulting, HealthTechS3

**Presenter:** Chandra Donnell - VP of Business Development, CrossTX

**Date:** July 22, 2021 **Time:** 12pm CST

<https://bit.ly/3g7I2dg>

### **How Executive Should Job Search During a Pandemic**

**Presenter:** Kevin Hardy – Dir. Interim and Executive Recruiting, HealthTechS3

**Date:** July 26, 2021 **Time:** 12pm CST

<https://bit.ly/3gnENxl>

### **Infection Prevention and Control Basics: Are We Doing Enough?**

**Host:** Carolyn St.Charles, RN, BSN, MBA - Chief Clinical Officer, HealthTechS3

**Presenter:** Anita Brandt, MBA, BSN, RN, CPHQ - Consultant, HealthTechS3

**Date:** August 6, 2021 **Time:** 12pm CST

<https://bit.ly/356A7X8>

### **8 Practical Approaches for Interim Leaders**

**Presenter:** Michael Lieb - Vice President, HealthTechS3

**Date:** August 13, 2021 **Time:** 12pm CST

<https://bit.ly/2TctfF7>

### **The Synergy Between Care Coordination and Telehealth**

**Presenter:** Faith M. Jones, MSN, RN, NEA-BC - Dir. Care Coordination and Lean Consulting, HealthTechS3

**Date:** August 26, 2021 **Time:** 12pm CST

<https://bit.ly/35a3t73>

### **What Does AI Really Mean in Revenue Cycle?**

**Presenter:** Derek Morkel - CEO, Gaffey Healthcare and HealthTechS3

**Date:** September 10, 2021 **Time:** 12pm CST

<https://bit.ly/3wbLIQU>

### **Virtual Leadership and Communication Tactics in the Post COVID-19 World**

**Presenter:** Peter Goodspeed – Vice President Executive Search, HealthTechS3

**Date:** September 17, 2021 **Time:** 12pm CST

<https://bit.ly/3wcfgdpN>

### **Swing Bed Requirements: Lifting the Fog**

**Presenter:** Carolyn St.Charles, RN, BSN, MBA - Chief Clinical Officer, HealthTechS3

**Date:** September 24, 2021 **Time:** 12pm CST

<https://bit.ly/3gnkqQl>



# THANK YOU

*I hope you found this information helpful -  
I look forward to your feedback!*



**Mike Lieb, FACHE**  
Vice President, HealthTechS3

Please contact me with questions about this presentation, to discuss interim placements, or to schedule a review of your facility

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