



## Is The Devil In The Details? No!

by Jan Jennings

Twenty-five years ago, I was serving on the administrative staff of Shadyside Hospital. The CEO asked me to serve on a committee of the Hospital Council of Western Pennsylvania (HCWP). The Chairwoman of the HCWP committee was the late Sister M. Ferdinand Clark, then President and CEO of The Mercy Hospital of Pittsburgh. She was quite a woman. She was respected and admired by all who knew her. (From 1978 to 1980 I had the privilege of serving on the administrative staff of Mercy Hospital.) In one of those HCWP committee meetings, we were discussing something of no particular importance and one of the men on the committee uttered an old expression in reference to the matter at hand. He said, "Sister Ferdinand, don't worry about it, the Devil is in the details." Her response changed my professional career. She said, "Young man, no that is not right. The Devil is not in the details - God lives in the details. You must look into the details in order to find the truth."

Prior to assuming my current position, I had three wonderful years in healthcare consulting. It gave me the opportunity to observe dozens of hospitals and healthcare systems and their executive leadership. Many of those organizations were among the most successful healthcare institutions in the country. And, of course, several were deeply troubled.

My partner and I started taking notes on the characteristics of those organizations and executives who stood out as most successful. We isolated ten characteristics, which we have presented many times since in a variety of different settings.

The single characteristic, which stood out with greatest clarity was the ability of an organization to master the details of the enterprise. Sister Ferdinand was on to something.

This observation proved to be true in all facets of the organizations we studied. It was true with regard to managing accounts receivable, and it was equally true with regard to medical and surgical outcomes. Quality is never an accident. It is the product of intelligent effort.

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In order for a consumer of hospital services to feel “satisfied” with the hospital experience, thousands of relatively simple tasks have to be performed perfectly. Not most of them . . . all of them.

Allow me to use a recent example. This episode belies the misplaced notion that this column is an “infomercial” for Jefferson Regional Medical Center.

Within the last four weeks, my best friend’s adult son suffered a terrible trauma to his left arm. He fell off of the roof of the gazebo in his backyard and shattered the bones from his left elbow all the way to and including the bones in his left wrist. He was taken to one of Pittsburgh’s fine trauma centers and received the best possible surgery that could have been performed under the circumstances. Not surprising; additional surgery was required. Due to the vagaries of health insurance coverage limitations, he could not return to the original hospital for his second surgical procedure.

He was sent to St. Clair Hospital. St. Clair Hospital is the nearest neighboring hospital to Jefferson Regional Medical Center and is a fellow partner in the Voluntary Hospitals of America (VHA). This experience, in contrast to the first hospital episode, was perfect. It was more than good, or acceptable, or satisfactory . . . it was perfect.

The patient and family were properly prepared prior to arrival. They were told exactly where to go and what to expect. Their arrival at St. Clair Hospital was greeted with unusual hospitality. Due to a very busy operating room schedule, the surgical procedure was set for a relatively late start at 5:30 pm. This was not a surprise to the patient or his family. It was anticipated by the hospital and communicated in advance. The nurse manager who greeted them took them through a very informative process to set the stage for a long and potentially worrisome evening. The family noticed that the hospital was sparkling clean, inside and out. They were given vouchers to eat in the hospital cafeteria because of the lateness of the scheduled surgery. The cafeteria cashier pointed out to them that they had additional credits if they would like to stop back for something else to eat later on.

The waiting room was comfortable and clean. They were given access to telephones to keep friends and families outside the hospital informed.

When the surgery was completed, they were informed that the surgeon would be with them shortly . . . and he was. At 11:00 pm the orthopedic surgeon sat down with the family and explained exactly what happened during surgery. Further, he brought a digital camera or a PDA with images of what exactly he had to deal with in the surgical field. He took the time to explain; in detail, what the problem was, what he did about it and what everyone should expect going forward. That conference with the family was appreciated almost on the same level as the very favorable surgical outcome.

It was not lost on the family that the surgeon had worked an eighteen-hour day, yet he took the time to communicate with them . . .in detail. The nursing staff was patient with the many questions posed by the family. They provided the recovering patient and the family with detailed discharge instructions and realistic expectations for what would become a very uncomfortable night.

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My friend expected that the surgery on his son would be performed expertly. What he did not expect was a flawless hospital experience.

This was not an accident and I do not have enough ink to put it into contrast to the previous hospital experience at another Pittsburgh hospital.

Let it suffice to say that the contrast was dramatic. What St. Clair Hospital demonstrated with this episode was flawless attention to detail. The cleanliness, the crisp linens, the quality food and the hospitable, well-trained and highly motivated personnel are the product of meticulous planning and superb execution. It was not an accident.

Well, what about the Devil? Where do we find him? He lives in glittering generalities, good intentions, unachievable plans, glib utterances, poor execution and sloppy operations.

To be more specific, you find the Devil in some American hospitals when you observe dirty hospital rooms, poor outcomes, unwarranted nosocomial infections, lousy food, gruff personnel and poor communication with the patient and family. Thank God this example at St. Clair Hospital is rapidly becoming the norm of American hospital care. And so, Sister Ferdinand was right: God lives in the details. You must look into the details in order to find the truth. In this context, the truth is that our patients and families deserve meticulous attention to detail in the planning and provision of medical, surgical and diagnostic services.

Sister Ferdinand's lesson may be twenty-five years old, but it is worth repeating.

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