Preface

IN 2011, AT 45 years of age, I went from being a career hospital CEO (the regional CEO for five hospitals in Washington State) to being a managing director in the healthcare performance improvement practice of a national consulting firm. Becoming a consultant was a shock. I traded my plush office with private bathroom for packed airports, uncomfortable plane seats, tired hotels, and dilapidated "team rooms" in hospital basements. I swapped the omnipresent support of a high-performing executive assistant for my own weak skills in scheduling and logistics. (I will leave for another day the tales of my debacles, such as finding myself outside an old mattress factory in Connecticut when I should have been delivering a presentation two hours away at a seaside resort in Providence, Rhode Island.) I gave up "you are the boss" status for "the client is the boss" realities, even when the client had a fraction of my experience.

Today, I am back to leading hospitals, but I would not trade the consulting experience for anything. I am a much better, humbler leader for the almost five years I spent as a consultant. The experience shattered my belief that, after more than a decade managing hospitals, I had learned almost all there was to know about improving them. My consulting colleagues showed me how to use data, interviews, and direct observation to analyze a hospital system—much as a physician might diagnose a patient—and then implement the fixes.

I wrote this book not to teach hospital leaders how to become consultants but rather to teach hospital leaders how to best use

consultants. As I settled into my new consulting role and began to interact with clients, I thought I was looking into a mirror. I realized that many hospital leaders, like me in my previous life, knew little about consultants or the consulting world. This unfamiliarity clearly detracted from the leaders' ability to optimize consulting engagements. Many times, I wished I could pull them aside and say, "You are focusing on the wrong issue" or "You are asking the wrong question" or even "If you don't follow this advice, you may lose your job." Unfortunately, the imbalance of power between consultant and leader, the lack of a close relationship, and sometimes the mistrust of consultants either precluded this forthrightness or prevented its acceptance.

I wrote this book for leaders who are thinking about hiring consultants or who want to ensure the success of consultants they have already hired. This is the book I wish I had when I started my career as a hospital CEO. In those days, before I began the demystifying experience of becoming a consultant, I hired consultants as infrequently as possible. Today, I am much quicker to hire consultants and less anxious when I do. My hope is that this book will give you the same confidence I acquired, but without having to spend five years on a plane.

> Andy Andrew C. Agwunobi, MD

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