In 1978, Phoenix, AZ, was the ninth largest metropolitan area in the country and growing fast. Though rich in resources, the Valley did not have a dedicated pediatric hospital. Bold leaders from health care, business, and the giving community, answered the call and began the process of establishing a hospital exclusively for children.

Phoenix Children’s Hospital (PCH) opened within Good Samaritan Hospital on September 18, 1983. The hospital’s early success was a direct result of the passion, expertise and loyalty of the entire staff, including many doctors and nurses who are still there today.

In 2000, PCH purchased a 22-acre campus and previously occupied facility of Phoenix Regional Medical Center, to build Arizona’s first freestanding children’s hospital. Construction and renovation of the site began in 2000, and Phoenix Children’s opened as a freestanding specialized pediatric hospital in May 2002.

The early 2000s were difficult days for Phoenix Children’s. A variety of impacts outside of their control placed the hospital in peril, yet demand for PCH's special brand of pediatric care continued to grow.

In 2008, PCH broke ground on a $588 million multi-year expansion. Today, at PCH, the main campus is a state of the art 11-story patient tower offering a comprehensive, family-centered medical center that allows PCH doctors and nurses to deliver expert care and healing to the community’s youngest patients. With the expansion, PCH is now one of the ten largest children’s hospitals in the country.

The years 2011-12 brought more growth as PCH entered into a landmark alliance with St. Joseph’s Hospital and Medical Center to bring their pediatric programs to PCH. Four-hundred doctors, nurses, and other staff with exceptional pediatric experience joined the PCH family.

Today, PCH continues to expand its multi specialties and areas of pediatric medical excellence both in terms of research, exceptional medical talent, and in expanded geographical locations. PCH is now home to the state’s largest group of pediatric specialists and sub-specialists. For the fourth year in a row, PCH has been named to U.S. News & World Report’s Best Children’s Hospitals rankings. PCH is the only Arizona hospital to make this highly coveted list.

“When the Governing Board appointed Bob Meyer as the new President and CEO he knew PCH needed to financially recover quickly and he set in motion a strategic plan for dynamic growth to meet the growing needs of Phoenix and beyond; it was a tremendous challenge and the success of having met that challenge is self-evident at PCH today.”

– James Velghe
Strategic Insight

“As CEO, I knew that managing our dynamic growth and achieving our goal of being the best children’s hospital would require exceptional leadership across the entire organization; from physicians, senior leaders, middle managers, and front line supervisors. Our physician and employee base was growing rapidly and we realized we could not afford to make a mistake in the hiring process. As seasoned and experienced health care executives, we knew that the “traditional” methods of leadership selection and development were not the answer for us. We needed an innovative and validated approach to help us select future leaders and develop all existing leaders. We needed to raise the bar of leadership, time was critical and there could be no margin for error.”

– Robert Meyer

The PCH Leadership Selection and Development Plan

The following 5 step process was implemented.

Step 1
Developed Desired Leadership Characteristics
The following desired leadership characteristics were adopted by the PCH governing board, communicated to every leader, and incorporated in PCH policies.

PHOENIX CHILDREN’S HOSPITAL DESIRED LEADERSHIP CHARACTERISTICS

• Integrity: Adheres to an uncompromising set of ethical and moral principles that are void of self-interest. Is direct, honest and forthright in business dealings. Avoids “gray area” or “shady deals”.

• Initiative: Demonstrates the ability to independently set priorities and make decisions based on one’s own thinking and planning, with little need to consult others. Takes responsibility and decides for himself or herself which facts are important, and on that basis makes decisions.

• Self-Confidence: An absence of self-consciousness in business or social situations. Possesses confidence and strength in one’s own opinions, decisions and abilities to address challenging circumstances.

• Persistence: Is able to stick with work for a long period of time without encouragement or prodding from others. Has the ability to persevere in the face of implied or actual resistance.

• Flexibility: Demonstrates the ability to adapt to changing situations. Under changing conditions, is able to compromise, adjust goals or change tactics in order to achieve the desired goal, when necessary.

• Conceptual Thinking: Is able to identify problems and/or opportunities long before evidence of them is generally known. Thinks strategically and has a sense of vision.

• Analytical Thinking: Has the ability to address complex situations and problems by breaking them into smaller pieces, organizing and comparing them systematically, and identifying causal relationships. Appears methodical and calculated in his or her approach to problem solving.
• **Motivational Skills:** Is capable of “rallying” people to a common goal. Has the ability to manage the emotions of others and focus their energy to achieve a difficult but desired outcome.

• **Communication Skills:** Speaks with precision. Prefers straight talk and is adept at cutting through to the heart of the matter. Is an active listener, attentive to the other person’s message, and provides verbal and non-verbal cues signaling his or her attentiveness and comprehension of what is being said. Is able to present and summarize a topic clearly and succinctly.

• **Interpersonal Skills:** Has the ability to hear accurately and understand unspoken or partially expressed thoughts, feelings, and concerns and react appropriately. Is open, non-defensive, and easily gains rapport. Appears to have a “sixth” sense.

**Step 2**  
Assessed the Work Values and Leadership Personality Characteristics of each PCH leader

All PCH leaders, from the CEO to the front line supervisor, were provided instructions to complete the WDI Leadership Assessment.

The WDI Leadership Assessment is a very unique and powerful tool for leadership selection and development. It was developed based on 30 years of research and application involving over 1.5 million hospital employees, thousands of healthcare leaders, and hundreds of hospitals. It is the only leadership assessment that assesses both Work Values and Personality Characteristics, the combination of which has proven to be highly predictive of leadership performance and beneficial for leadership self-development. Information regarding the history and development of the WDI Leadership Assessment is documented in the book “The Personality of Leadership” available at: [http://www.amazon.com/dp/1481961268](http://www.amazon.com/dp/1481961268)

The WDI Leadership Assessment took each leader on average approximately 45 minutes to complete over the Internet by logging on to the WDI assessment center web site with an assigned passcode. When completed, the following WDI leadership profile was available for each executive.

Each leader’s WDI Leadership Assessment Profile is held in strict confidence.
Step 3  
Leadership Development  
All existing PCH leaders from CEO to the front line supervisor participated in a board room style eight hour workshop. The purpose of the workshop was to help each leader achieve the PCH Desired Leadership Characteristics through personal insight and self-development. At each workshop each participant:

- Received a confidential copy of their personal leadership assessment.
- Learned their personal and unique combination of Work Values and how they affected their ability to understand and lead others.
- Learned and understood their personal unique combination of 10 key leadership personality characteristics and how they affect and influence their ability to lead and interact with others.
- Developed a personal leadership self-development plan based on their unique combination of Work Values and Personality Characteristics to enable them to meet and exceed PCH’s Desired Leadership Characteristics.

Each leader was provided a copy of The Personality of Leadership book and the WDI Leadership Assessment Interpretation and Self-Development Guide.

Step 4  
Physician Leadership Development  
“Based on the success of our non-physician leaders, we expanded the Leadership Selection and Development program to our employed physicians. Our employed physician base was growing rapidly in all specialties and we were keenly aware of the need to both develop existing physician leaders and identify and develop future physician leaders. This was a strategic investment into the personal growth and development of each physician.”  

– Robert Meyer
The process began with all 35 Division Chiefs completing the WDI Leadership Assessment. Following completion of the assessment, each physician participated in an insightful and informative 2+ hour personal one-on-one development session. At these confidential one-on-one sessions each physician was provided:

- A copy of PCH’s Desired Leadership Characteristics
- Their personal WDI Leadership Profile
- The Personality of Leadership Book
- The WDI Leadership Assessment Interpretation and Self-Development Guide

During these individual sessions, they were able to openly and in confidence discuss the personal and unique challenges they face and receive honest, objective, and informed advice for their personal leadership growth and development, not based on theory but based on their own unique combination of Work Values and Personality Characteristics. To the person, each physician felt the time spent taking the assessment and especially the follow-up one-on-one session to be of value and was appreciative of the investment being made in them.

**Step 5
Leadership Selection**

Today, all candidates under consideration for a leadership position, both internal and external, from senior leaders, physicians, to front line supervisors, whether going through a search firm or not, complete the WDI Leadership Assessment. The results of this assessment are instantly available to the CEO, Senior VP of HR, and Executive VP and Surgeon-in-Chief; each are thoroughly knowledgeable on the use and interpretation of the assessment results, which are taken into consideration for leadership selection.

**What hospitals can learn from Phoenix Children’s Hospital?**

“The leadership development effort at Phoenix Children’s Hospital is dynamic and the result of a consolidated team effort involving the CEO, Senior VP of HR, Executive VP and Surgeon-in-Chief, and other members of senior leadership. It was the CEO who had the vision, raised the bar of leadership, and had the courage to make the decision to invest in his leaders and physicians. It was the Senior VP of HR who was able to learn and perfect the ability to interpret and use the WDI Leadership Assessments to refine and enhance the leadership selection process. It was the Executive VP and Surgeon-in-Chief who self-validated the WDI Leadership Assessment and then led the way for all other PCH physicians. For me, it is an honor and privilege to be associated with such an innovative, dynamic, and successful organization.”

– James Velghe
HERE ARE SIX KEY LESSONS EVERY HOSPITAL AND HEALTH SYSTEM CAN LEARN FROM PHOENIX CHILDREN’S HOSPITAL.

Lesson Number 1 — Set your sights high and pull the trigger. If you ask any CEO he or she will tell you the secret to success is to surround yourself with decisive and talented leaders. The truth is it’s easier said than done. The definition of insanity is doing the same thing over and over and expecting a different outcome. Unfortunately when it comes to leadership selection and development, repeating the past will continue without innovative change. So, set your leadership expectations high and don’t be afraid to pull the trigger of change and go for greatness.

Lesson Number 2 — Define and communicate your leadership expectations. You can’t expect leaders to be great if you don’t define what greatness is. Just as you spell out your mission, spell out what you expect from your leaders and communicate it to every physician and employee.

Lesson Number 3 — Refine your leadership selection. No one decision is more critical to a health system’s success than leadership selection, and the higher the position the more critical the decision. A proven and clearly understood personality and work value assessment validated to predict leadership success can significantly reduce your margin of error in making leadership hiring decisions.

Lesson Number 4 — Recognize that leaders manage on their personality. It’s our unique personality that affects our ability to lead. Leading others without knowing our own leadership personality is like flying blind. You can send your leaders to all the seminars and workshops you want, but in the end they will come back and lead based on their own unique personality.

Lesson Number 5 — Give your leaders the insight they need to succeed. To change a person’s ability to lead, you first must give them the opportunity to truly understand their own leadership personality and work values, and how they positively and negatively influence their ability to lead and interact with others. There are over 7 billion of us on earth and no two of us are alike; our DNA is different and the combination of our work values and personality characteristics is different. It was the “Personality of Leadership” workshops and one-on-one physician meetings that provided each PCH leader with the insight to change where needed and craft their own personal leadership self-development plan.

Lesson Number 6 — Invest in your physicians. The greatest return on investment is to invest in the leadership assessment and development of your physicians. We believe every physician is a leader, regardless of whether they hold a leadership title, they are the leader of their allied health team. The fact is every physician, regardless of his or her specialty value, appreciates the investment being made in his or her personal self-development. Because of their academic and research backgrounds, physicians understand, relate to, and appreciate the Work Value and Leadership Personality Assessment and find it helpful not only as a leader, but in their personal interaction with staff and colleagues. For some, they learn what is behind their own behavior and how they can change and manage it to their personal benefit. It is a strategic investment into a health system’s greatest asset.

“Today at PCH the bar of leadership has been significantly raised, leadership expectations are clearly understood and openly discussed. There now is in place a refined system of leadership selection and development with a beneficial by-product of leadership succession from the front line supervisor up. In the future, as each leader self-develops, it is my hope PCH will be recognized as much for its leaders as it is for its great pediatric healthcare, because you can’t have one without the other.”

— Robert Meyer