INSIGHT:
How Dyad Leadership Sets Up Emergency Departments for Success
part of the Emergency Department Insight Series

By: Daniel Meltzer, MD, MPH, FACEP and Jeff Wood, RN

As healthcare systems become more complex many organizations are ditching traditional operational siloes in favor of the more integrated dyad leadership model. Pairing a non-physician and physician (e.g. medical director and nurse director) in co-leadership roles establishes the foundation for cooperative and collaborative decision making that is necessary to manage the continuous change in healthcare today.

Dr. Daniel Meltzer, a Studer Group Physician coach and immediate past Chief of Emergency Medicine at Kaiser Permanente in San Diego, CA, and Jeff Wood, a registered nurse with more than 30 years in emergency services leadership, sat down to discuss their own experiences leading in dyad partnerships, and how emergency departments in particular can benefit from this team-based approach.

For the purpose of this Q&A session, DM indicates Daniel Meltzer, MD and JW indicates Jeff Wood, RN.

Why is dyad leadership important now more than ever for healthcare organizations?
DM: In healthcare today leaders are being asked to solve big, multifaceted problems that are connected in complicated ways. Dyad leadership is the most practical and symbiotic structure if we want to make progress. Particularly when utilized by leaders such as an emergency department medical director and nurse director, it says to staff, “This is how we do things” and role-models the expectation of collaboration and interdependence at every level.

JW: Dyad leadership equips us to negotiate the ever-expanding scope of our work in healthcare. At the system level down to departments, leaders have the opportunity to address big, weighty challenges. The skill sets needed for success are better represented by dyad partnerships.

What elements of dyad leadership make the model effective for emergency department leadership?
DM: Emergency medicine is a team sport. You can’t do it alone. The emergency department is an inherently stressful and dynamic environment and therefore particularly benefits from collaboration and partnership, everywhere and all the time. The elevated stressors in the ED require extra cooperation and microsystem continuity. The team has to have influence at a local level. If a medical director and nurse director are leading together, teams are more likely to work together.

JW: In the fast-paced, high-volume environment of the ED, dyad partnerships deliver a clear role for physician leaders and non-physician leaders. The better those two parties co-lead, the better the outcome for the patient. When I think about the highest performing EDs I’ve been in over the years, dyad leadership was already there. It’s a best practice with a proven track record.
As leaders experienced in serving in dyad roles, how have you seen dyad leadership contribute to the success of healthcare organizations?

DM: I've seen dyad leadership work well in planning, designing and implementing service and access priorities in the emergency department such as patient rounding and improving throughput. Designing these initiatives together, involving nurses and physicians in the implementation, co-presenting plans to the department, and taking feedback together - all of these elements set everyone up for success when new tactics are rolled out.

JW: The power of dyad leadership is in how it drives alignment around shared goals. In dyad partnerships leaders answer the questions, "Where are we trying to go?" "What are we trying to do?" "How do we work together to get there?" This lays out a set of shared goals and an understanding around each person's accountability to those goals.

We recently saw a great example of this at one organization in the mid-south region. Through a new dyad model, the multi-hospital system was able to drive their best-ever performance on sepsis mortality and overall door-to-provider times in the ED.

What are the benefits for each leader in the dyad partnership?

DM: The stressors of the modern healthcare system require teamwork and bonding. It's more fun to work together, and we can progress more quickly and more efficiently. And, our patients receive better care. We need that level of efficiency and collaboration to ensure vitality and keep physicians and staff continuously engaged.

JW: Dyad creates a more collegial, respectful environment. Dyad partners confide in each other. There's an "I've got your back" ethos that makes work a better place for everyone. All of this increases engagement of physicians and staff. As engagement increases, organizations can start to see real improvements and results in areas where they may have failed in the past.

What are some best practices for executing an effective dyad leadership structure?

DM: I highly encourage those in the dyad partnership to round together. It's not always comfortable in the beginning, but it works. For staff and even patients, seeing you together as a unified front and carving out time to be out there together makes a powerful statement about your commitment to doing whatever is needed to provide excellent patient care. Again, it's about showing what right looks like and setting a strong example for how others should lead.

JW: We do a great job of "firefighting" in the ED, but often find that regular, strategic dialogue between the nursing director and medical director isn't happening. A great way to get started is by meeting together frequently with a focus on agenda-driven, goal-oriented improvements.

As I mentioned in a previous response, dyad thrives when there are shared goals. When I'm working with an organization we first focus on how to work together. The next step is having the dyad partnership focus on similar goals. For example, in the Evidence-Based Leadership framework aligning goals is phase one and accelerated by software tools such as Leadership Evaluation Manager that creates the platform for alignment.