



Pull Up! Pull Up!

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I am often asked what inspired my love of flying. Although this is the first time I have admitted it in public, I am proud to say that it all began with the movie *Airplane!*

Dr. Rumack: You'd better tell the captain we've got to land as soon as we can. This woman has to be gotten to a hospital.

Elaine Dickinson: A hospital? What is it?

Dr. Rumack: It's a big building with patients, but that's not important right now.

As it happens, this was just the first of the movie's many take-home messages. The deeper meaning, along with my love of flying, grew steadily over the ensuing years. One thing I have learned is that there is always more to learn.

My most recent aviation education experience took place at Flight Safety International. It was an intensive program designed to offer students a "type-rating" in a particular aircraft.

When I first arrived, I thought, "How hard can this be?" The answer came in short order; it turned out it could be, and was, *hard!* Typical days were 12 hours long, consisting of intense classroom sessions, self study and flying realistic, full-motion simulators.

Once, when my flying partner crashed on takeoff during a simulated engine failure, the instructor offered, "Don't worry, you're fine. You are so far behind the plane that you are still in the terminal."

Looking back, I can't imagine how I learned so much in such a short period. Along with the necessary skills and knowledge related to flight, I gained some insight that is readily applicable to the business of urgent care:

- 1. It is possible to make large course changes in a short amount of time with incomplete data.** The newer,



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glass cockpit airplanes often have an instrument called the Traffic Alert and Collision Avoidance System, or TCAS, to identify other airplanes in close proximity. Once a conflict is identified, the pilot may be required to take immediate evasive action by abruptly changing course or altitude. The pilot must be quick and decisive. "Analysis paralysis" can prove fatal.

Dr. Rumack: Can you fly this plane, and land it?

Ted Striker: Surely you can't be serious.

Dr. Rumack: I am serious...and don't call me Shirley.

Analysis paralysis is the condition caused by repeated and often unnecessary data collection and dissection down to the minutia.

In the urgent care business, this commonly manifests as an indecisive manager stalling interminably to "analyze data" in an attempt to avoid appearing ineffective. As is the case for the pilot, you must learn to analyze, decide, and take action efficiently. Too often, businesses will languish while the data are collected.

- 2. When you are off course, you have a very short, finite amount of time to correct the heading before you and your passengers meet with a terrible outcome.** When a plane is on an "instrument approach" (managing the flight path based on data from instrumentation), the margin for error is minuscule, and the pilot must monitor closely to keep the plane on the glide slope. Failure to do so could be catastrophic.

Rumack: Elaine, you're a member of this crew. Can you face some unpleasant facts?

Elaine Dickinson: No.

When things are not going as planned in the urgent care center, waiting until the metrics are far off before initiating course corrections can be equally catastrophic.

If, for example, visits are down—thereby impacting revenue—you must take action *immediately*. Start by

changing staffing levels, and focus your energies on finding other opportunities to reduce expenses. If you wait until the end of the month to preserve the bottom line, it may well be too little too late.

Multiple, constant, small course corrections not only provide a more direct route to your goal than large, intermittent changes, but they are also significantly less disruptive to the organization.

The time to be aggressive is when you are behind the curve.

3. When you are low and slow, add power to increase your airspeed and climb. On an approach, the worst thing a pilot can do is get slow below the glide slope. If the landing must be unexpectedly aborted, being low and slow is akin to running in waist-deep water.

Steve McCroskey: I need the best man on this. Someone who knows that plane inside and out, and won't crack under pressure.

Johnny: How about Mr. Rogers?

One of my pet peeves is the oft stated, "You know how things slow down around the holidays." It is not as if Thanksgiving, Christmas, Hanukah, Festivus, and New Year's crash down upon us out of the blue. Every year around the same time, there will be a certain amount of scheduled time off. That in mind, plan ahead to forestall avoidable delays. When the organization reaches a low and/or slow point, add power; work longer, harder, and smarter.

The time to be aggressive is when you are behind the curve. Never mind how you got there, power up and fly out while you still can.

4. In an emergency, having too much data is a bad thing. One cool thing about the plane I am "typed in" is that when things are going badly, the plane limits the amount of data it feeds the pilot so as not to overwhelm him or her. The last thing a pilot needs in an emergency is a cacophony of bells and alarms distracting from a rapid review of the vital check list.

Captain Oveur: You ever been in a cockpit before?

Joey: No sir, I've never been up in a plane before.

Captain Oveur: You ever seen a grown man naked?

Captain Oveur: Joey, have you ever been in a...in a Turkish prison?

Much like Captain Oveur, the urgent care operator must limit communication during an emergency to necessary data points. Do not join the "I 'cc' everyone on everything to cover my gluteus" club. No one has unlimited capacity, so determine what your team members actually need to know, and avoid sending them everything that they "might find interesting" in a calmer and more perfect world.

5. You can keep very busy in an airplane accomplishing nothing that will save you. Do you know people who seem really busy (and tell you they are really busy) but who, for whatever reason, don't actually accomplish anything?

Rumack: The last thing he said to me, Doc, he said, "Sometime when the crew is up against it, the breaks are beating the boys, tell them to get out there and give it all they got and win just one for the Zipper. I don't know where I'll be then doc, he said, but I won't smell too good, that's for sure.

Ted Striker: Excuse me doc, I got a plane to land.

I occasionally see this exhibited in the emergency department. Some physicians manage to look like they are moving a mile a minute, yet no patients are moving through the department.

As the old adage states, "If you are not fired with enthusiasm, you will be fired with enthusiasm." If your team is not moving, light a fire under them. If they refuse to move in the face of fire, fire them. One positive aspect of the market today is a plethora of great talent eager to work in the healthcare service industry.

At flight safety, I heard (and used) every excuse imaginable: the autopilot is f***ed up, the sun was in my eyes, the engine quit, the flight instructor went out, a flock of seagulls (not the 80s band, but the Captain Sully version) hit the plane, thunderstorms, hail, syphilis, you name it!

In running an urgent care center, you may encounter a similar spectrum of "justifications." As the leader, you must refuse to either settle or accept excuses.

This is our time. The urgent care industry is changing the face of healthcare in the United States. Losing the initiative as the result of trepidation in execution is unacceptable.

Personally, I would rather crash into a mountain at Mach 1 than stall and spin to the ground for lack of power and altitude (attitude). We must not fail during this critical juncture. If somehow we do...it appears that "I picked the wrong week to quit sniffing glue." ■