



JOHN R. GRIFFITH
In First Person: An Oral History

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JOHN R. GRIFFITH

In First Person: An Oral History

**Interviewed by Kyle L. Grazier, Ph.D.
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Edited by Kim M. Garber

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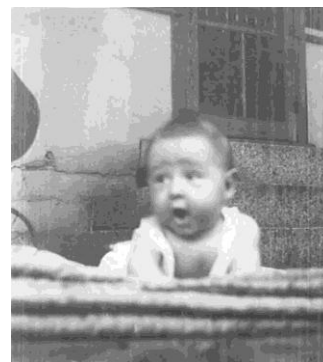
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EDITED TRANSCRIPT
Interviewed in Ann Arbor, MI

KYLE GRAZIER: Today is August 10, 2010. My name is Kyle Grazier, and I'm a professor at the University of Michigan. Today I will be interviewing John Griffith, who is the Andrew Pattullo Collegiate Professor in the Department of Health Management and Policy in the School of Public Health and director of the Griffith Leadership Center at the University of Michigan. Professor Griffith has been at Michigan since 1960. He is an educator of graduate students and practicing health care executives. He has served as an examiner for the Malcolm Baldrige National Quality Award, chair of the Association of University Programs in Health Administration, and as a commissioner for the Accrediting Commission on Education and Health Services Administration. He's the author of numerous publications, including the award-winning text, *The Well-Managed Healthcare Organization*, which is currently in its 7th edition.

John, thank you for being here. Let's start chronologically. Would you tell us about your childhood and family and about any formative influences you recall from that time?

JOHN GRIFFITH: I was born in 1934, which is the lowest birth cohort in the 20th century. It's probably fair to say that 90 percent of those births were, shall we put it delicately, not planned, including mine. My mother had tuberculosis, and it defined my early years quite a lot. She was impaired most of her life by the disease. We lived in various places, mostly small apartments, and I learned to fend for myself. I was benignly neglected most of my childhood.



My father was a teacher until 1933, when he was laid off, and he found a job as a distributor of emergency welfare checks. After a year or so of that, he was able to compete for a position as assistant deputy superintendent of the Baltimore City Hospitals. He took that job in about 1935 for the sum of \$200 a month, which was low pay even in those days. As inflation took its toll and wartime wages were frozen, it became even smaller. But in 1944, he got an opportunity to take over a small, struggling hospital called the West Baltimore General Hospital and we joined the middle class. After five years of that, he was offered the largest hospital in the state of Delaware – the Delaware Hospital. He took it over in January 1949 and ran it very successfully for 25 years. That was when we joined the upper middle class.

In Wilmington, Delaware, I was able to go to a private high school run by the Quakers. One of its strengths was a very strong academic program and another was the Quakers' steadfast commitment to universalism and to moral rectitude. They prepared me for the Johns Hopkins, where I went in 1951. There were three important parts to my Johns Hopkins career. One is that I did five years' work in four, taking the opportunity to find electives in the literary college while pursuing physical sciences and engineering as a major. The second was the learning opportunity of engineering itself, and the third was the *Johns Hopkins Newsletter*.

Engineering is different from research. The easiest way to understand the difference is to say that researchers test hypotheses and engineers build things. So I learned, in engineering, to think about work processes and manufacturing companies and so forth as a series of processes that could be modeled and measured and understood. That has guided all the rest of my life.

Now, the *Johns Hopkins Newsletter*. I had always liked to write. I had done some contribution to the student papers in high school, and so I signed up and soon found myself among the leaders of the freshmen reporters. At the end of my freshman year, I was offered the news editor's post, which I took. I learned there not only how to write but how to teach, and I ended up being the editor in chief for a year. Those three things – the extra workload, the foundation in engineering, and the foundation in writing and teaching – served me better than most people will get from a college career.

GRAZIER: When you studied industrial engineering, did you do any projects that had anything related to health care?

GRIFFITH: Yes. My industrial engineering professor was a man named Robert Roy. He was actually a classmate of my father's. On my admissions letter to the Hopkins, on the bottom was written, "Say hello to your dad!" There was quite a friendship network in those days. Professor Roy was a careful engineer and a very capable one in the printing industry but then left that for academia. He was a careful scholar, and he had picked up the two threads of management which are still with us today: Frederick Taylor¹, with his time study and his interest in the mechanics of work, and Gilbreth², who followed him, but also Roethlisberger and Dickson who detected the cultural elements that were in work and the people who followed Roethlisberger and Dickson³.

I remember being assigned to read a piece by a man named Golden,⁴ who was a CIO labor organizer for the steel workers⁵, and under the Roosevelt administration was invited to Washington to help people learn what to do in the vastly expanded government of World War II. Golden's theories would stand up well today. He believed that you approach work by sitting down with the worker and saying, "Let's understand what we need to do, and if you have any questions, you tell me that, and I'll help you fix them." That's the core concept of empowerment which is going to come up again when we get to the current health care management situation. It's a very powerful concept. It was frequently ignored. The management forces thought the union was nuts. They thought Golden was nuts. He did have a good record for his war effort activities, but to read him ten years later was interesting and valuable.

Professor Roy also arranged for me to go to the Johns Hopkins Hospital, where my first job was to count the number of people going through the front door, and my second was to count the number of telephone calls on the old-fashioned, multi-wire switchboard. But that got me interested in health care. I'll come back to that in a minute.

¹ Frederick W. Taylor (1856-1915) was an engineer and management consultant who is known as the "father of scientific management."

² Frank B. Gilbreth, Sr. (1868-1924) was an engineer who pioneered the concept of motion studies to improve productivity.

³ Fritz J. Roethlisberger (1898-1974) was a professor at Harvard Business School who participated in a long-term study of working conditions and employee morale at Western Electric Company's Hawthorne Plant in Illinois (the 'Hawthorne Studies'). He collaborated with co-author William Dickson in the 1939 classic *Management and the Worker*.

⁴ Clinton S. Golden (1888-1961) worked in iron mines as a youth, was a founder of the United Steelworkers, an official with the War Production Board, an author, and the director of Harvard's Trade Union Fellows program.

⁵ The Congress of Industrial Organizations (CIO) was formed in 1938 and merged with the much older American Federation of Labor in 1955 to form AFL-CIO.

In the summer of 1954, I got a job with a still well-known company, we'll call it a personal products company. The job went badly, one thing and another. About late July, a gray-haired guy comes by me, and says, "Son, you ought to understand why people work here at..." and he named the company. "Why?" I said, "why?" I was always an eager beaver. "It's the paycheck," he said and he walked on down the street. At the end of the summer, the plant manager called me in. He said, "Griffiss" – people always mispronounce my name when they aren't really comfortable – "Griffiss, I'll give you a decent recommendation for the summer if you agree not to go back to Johns Hopkins and bad-mouth my company." I said, "Fine," and that's why I have left the name of the company out.

GRAZIER: You kept your part of the bargain.

GRIFFITH: I kept my part of the bargain. I understood very quickly that I had to do something. I could not work just for a paycheck. The combination of those things led me into health care, plus the fact that I could see that my father lived a comfortable life and enjoyed what he did, and made a difference.

So, that was it. That was how the decision was made, and I made application to graduate school in Pittsburgh and Chicago. My mentor at the Johns Hopkins, a man named Lad Grapski⁶, came up to me in the hall one day, and he said, "I hear you've been accepted at Chicago." I said, "Yes, sir, and Pittsburgh, too." He said, "Grow up and go to Chicago," and disappeared down the hall. So I did. I withdrew from Pittsburgh and learned later that – the reason I had applied to Pittsburgh was a man named Walter McNerney – he had resigned and was on his way to Michigan⁷. So, that was how I got started. I went straight from Johns Hopkins to the University of Chicago MBA program.



University of Chicago Class of 1956 – John Griffith is in the center of the third row. Ray E. Brown, who was the director of the graduate program in hospital administration, is in the back row, second from the right.

⁶ Ladislaus F. Grapski (1917-2008) was himself an alum of the University of Chicago graduate program and was an associate director at the Johns Hopkins Hospital (Baltimore) during the 1950s.

⁷Walter J. McNerney (1925-2005) was the founding director of the Program in Hospital Administration at the University of Michigan. His oral history: Weeks, L.E., editor. *Walter J. McNerney in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1983, is in the collection of the American Hospital Association Resource Center.

GRAZIER: When you were in college and before you went away to Chicago, did you spend time with your father in the hospital? Did you watch what he did?

GRIFFITH: No. My high school was a mixed blessing. Frankly, I hated it. There were a lot of kids there who were sons and daughters of DuPont executives. The faculty would assign us term papers and I would peck mine out. I had taken a typing course, but I had the manual dexterity of a three-year-old, so I struggled through this with erasures and stuff. They sent their papers down to the DuPont Corporation and had the secretaries type the final drafts. Mine came back with marks on it saying, "This is sloppy looking, and you shouldn't submit a paper like that." That was a good part of the high school education and an interesting one. But my father would not let me use his assistant, period. I suggested it! No way.

I also suggested that I work at the Delaware in the summer. He said, "No, not going to do that. You'll stand on *your* feet and not on mine." When I finished graduate school he said, "Well, you seem to be doing pretty well. You can work in any city in the United States, but not in one where I am employed." So I said, "Fine. There are a couple of thousand cities other than Wilmington, Delaware, so be it."

There's a lot in favor of what he said and certainly a lot in favor of his notion that the resources of the corporation should not be used to do the students' term papers. But he was very much in favor of my working at the Johns Hopkins. He knew Lad Grapski very well and respected him, as he should, and in fact respected Lad Grapski's boss, who was Ed Crosby⁸, the man who founded the Joint Commission, took it over from the College of Surgeons, and then became executive director of the American Hospital Association for a decade or more. When I finished at Chicago, I went to Strong Memorial Hospital⁹. That was an interesting experience.

I'll tell you one more Johns Hopkins story, though, just because you've asked about the context of what was going on. Before I left, I got to be night admitting officer. I kept track of the people who came from the emergency room and where we were going to put them. In July, I looked, and all the 'white female beds' were filled, and I had a white female emergency admission. So I called the head nurse, who said "No, I'm sorry, Mr. Griffith. We're absolutely filled. We have people on the porch. We have people in the hall. I can *not* take another patient."

So I called what we then called the 'colored ward', and found that, "Yes, we have a bed. We'll take her. We can isolate the bed, and we'll do our best." The lady went off to the colored ward bed. The next morning, I was almost fired. I was told in no uncertain terms that "we do not *ever* mix the races at the Johns Hopkins Hospital." I said, "But..." "No buts. Do it or get out." That's one indication of a very complex ethical problem. Dr. Crosby's, Mr. Grapski's and the dean's concern had to do with the flow of funds much more than what happened to this woman. We could park her in some corridor someplace, and that would be better than the backlash of being accused of mixing the races.

GRAZIER: Did you ever face that situation again?

⁸ Edwin L. Crosby, M.D. (1908-1972) was Executive President of the American Hospital Association from 1954 to 1972.

⁹ Strong Memorial Hospital (Rochester, NY)

GRIFFITH: No, because Rochester, New York, was significantly more advanced, and I didn't have that kind of responsibility ever at Chicago. Actually, within a few years the Johns Hopkins had changed as well. But that shows you where we were. Marion Anderson came to town, the famous black contralto. She couldn't get in a hotel. Jackie Robinson played against the Orioles. He couldn't get in a hotel. We had five African-Americans in our graduating class, and somebody decided we'd draw a line in the sand, and none of the hotels would hold our senior prom. We held it on a boat in the harbor. It was terrible.

GRAZIER: So, this was 1955.

GRIFFITH: Yes. After I finished at Chicago, Strong Memorial was the teaching hospital of the University of Rochester, and I learned another set of lessons. The dean was intent on upgrading the faculty. NIH¹⁰ money was growing rapidly. Prestige had suddenly turned to publication in peer-reviewed journals and not your reputation in your local medical society. The faculty had to learn new lessons and new ways, and it took a lot of money.

You probably are just a little too young to have met some of those first-half-of-the-20th century medical school deans. Several of them were real dinosaurs. I am proud of the fact that I told three of them to go to hell. But they were authoritarian, Steinbrenner types. The dean at Rochester had to have two white coats hanging in his closet at eight o'clock every morning. If he didn't, he had a hissy fit. Much more serious than that, the money he was using to build the faculty was being drawn systematically from patient care.



John Griffith, second from the right in the back row, with executives of Strong Memorial Hospital, Rochester, NY, in 1956.

At the age of 24, I was assigned the operating room. I went up there one day and talked to a guy who was a part-time faculty member, a guy named Harry Kingsley, who was probably the most adept surgeon I've ever met. When Harry operated, his hands moved so fast you could barely see them. I said, "Harry, what would it take to bring all your cases here? Because it would mean a lot to us, a lot to our students, and you're a great surgeon." He said, "Number one, the nurses don't know what they're doing. Number two, your equipment is lousy. And number three, the facility isn't safe." I said, "Thanks, Harry."

I started to work on that, but the dean had all the money. It took me two years to get the equipment fixed and another year to get a decent head nurse. The woman that we had was well-

¹⁰ National Institutes of Health

intentioned. She was trained probably in 1930, and she was just not up for the job. I found a recent baccalaureate-trained nurse from Indiana that we finally recruited and lured and got the ball rolling.

But one Saturday I went up there, and the place was full of firemen. Our chief engineer was up there already. I said, "John, what's going on?" He said, "Don't worry about it. We had a small explosion, but nobody was hurt." Anesthetic gases were highly flammable, and there was a specific system to control the static sparks on the floor. We didn't have one. We operated day after day in – Kingsley was right – unsafe conditions.

GRAZIER: Did that fire prompt any kind of revolution in the processes?

GRIFFITH: No. What happened was that the dean finally said that he needed a new building and he was going to tear down part of the hospital to get it. My boss walked out, and the rest of us figured our future there was highly questionable. It happened that almost the same day, I got a call from Walter McNerney at Michigan, and so I got a bail-out arranged.

Now, there's no excusing what the dean did except that had he not done it, Rochester would not be where it is today. It is now a very well-regarded medical school. A core problem was the lack of finance of health care.

GRAZIER: And medical education.

GRIFFITH: Yes, and medical education. As we went through the growing pains, things got out of balance. It doesn't excuse the fire on the floor, but you can see where he had to make very tough decisions, and he made them much as George Steinbrenner does: "That's it. Let's go. You don't like it, there's the door."

GRAZIER: There must have been a board of trustees or some kind of governing board.

GRIFFITH: There was a board of trustees that was in charge of the university as a whole and spent almost no time on the hospital. There was no hospital board. I really never learned much about the structure of the medical school. We had a council of department chiefs, and they came into the room and guarded their turf once a month. I did actually at one point make fun of them. I was presenting a proposal to expand the obstetrics service, and I actually made fun of them, three or four of them. Three of them thought it was pretty funny, and the fourth one hated me for it. But you've been in that situation. You know what happens there. Everybody's guarding their turf, and they don't give a damn about the Strong Memorial Hospital. They care about the medical department and the surgical department. The dean is sitting up there, and they know the dean has all the money. That's not the way we teach governance now, so there has been some progress, I hope.

GRAZIER: Yes. This was 1960?

GRIFFITH: That was 1958 and 1959.

GRAZIER: 1959 – I would suspect that kind of behavior might have been replicated at many medical schools then.

GRIFFITH: I never told that guy to go to hell, mainly because I was two ranks below. My boss was a rank below him. The opportunity probably never came up. But I did go on a trip with him. We went touring medical schools, and he was, of course, treated like royalty. I was the bag carrier. The guy at, I think it was Chapel Hill, had his wartime pictures on the wall from World War I. He was clearly in that mold. The guy at Gainesville had just built his brand-new facility and he was full of himself. It was pretty clear that he told everybody what to do. He told the architect what to do; he told the medical faculty what to do; he told them where the building was going to be and how many windows it would have. ‘My way or the highway.’

Then there was another guy at Purdue, ended up as president of Purdue. Was it Purdue or Indiana? I guess it was Indiana, because I went on an accreditation visit, and he kept me waiting and finally admitted me to his office and said, “I suppose there’s nothing much you need from me.” I said, “No, I don’t need anything from you. I won’t accredit your program unless you answer some questions.” “Oh,” he says, “sit down.”

GRAZIER: Those kinds of experiences have to change how you teach, how you think, how you write.

GRIFFITH: You learn that there was a certain class of highly authoritarian people. They’re almost all sexist. A good many of them were racist. Their view of the world was ‘my way or the highway.’ I was never afraid to take the highway. There was one of them here at Michigan, Hubbard¹¹. Like his colleague at Rochester, he was building a research faculty, and you see what it is today. Hubbard made a major contribution. He didn’t endanger as many patients as the guy at Rochester. But I gave Hubbard a report. He asked me for a report to study admissions at the University of Michigan Medical Center, so I got the data. I showed him a graph. I said, “Look, your out-state, that is, not from around Ann Arbor, admissions have been falling steadily. You can lay a ruler on this line. You don’t need to do regression. In five years you won’t have anybody that doesn’t live in Washtenaw County.” He said, “I don’t believe it.” I said, “Well, I can’t change it.” He said, “Rewrite the report.” I said, “If you want to rewrite the report, *you* rewrite the report.”

The result was the report was shelved for four years, and then he retired, and his adversary the chief executive of the hospital, A.C. Kerlikowske¹², also retired. Kerlikowske’s successor dragged out the report, showed it to the new dean, and they said, “Hey, get this guy Griffith in here. We gotta figure out what the hell we’re doing here.”

GRAZIER: Some of your former students and several of your current colleagues remarked that you’ve never been intimidated by anyone.

GRIFFITH: I think because I was benignly neglected as a child. I used to wander all over West Baltimore on foot and on roller skates. I’m not easily intimidated. There are some people I respect. You don’t enter the room with Hubbard or with Walt McNerney or with several other people I met and not pay attention to what you’re doing.

¹¹ William N. Hubbard, Jr., M.D. was the first full-time dean of the University of Michigan medical school from 1959 until 1970.

¹² Albert C. Kerlikowske, M.D. (1900-1988) was director of University Hospital (Ann Arbor, MI) from 1945 until 1969.

GRAZIER: But that's different.

GRIFFITH: If it's 'my way or the highway' and I think the highway is better, I'm going down the highway.

GRAZIER: Then you end up at Michigan.

GRIFFITH: Yes.

GRAZIER: It's 1960?

GRIFFITH: Yes. And the first thing that happened was that Edward J. Connors¹³, who was notable in his own right in later years, handed me yellow sheets of paper. Remember the yellow tablets we used to have? So he hands me ten or so pages of this. I said, "What's this?" He said, "These are my notes that I took at Minnesota four years ago, and this is what I use to teach from." They're all worn. I can't read them. His handwriting's not good, and they had faded. So I looked at them, and I thought, you know, he was taught by a very fine man, James Hamilton¹⁴, who had a lot of good things to say, I'm sure, but we've got to be more systematic. This is not the way Frederick W. Taylor would approach this problem.



That got me started on thinking about what is the structure of a community hospital and what do you have to do in it. There were a number of other people doing research work. There was Charles Perrow, who did a very interesting paper¹⁵ on trustees for his Ph.D. There was Burling, Lentz, and Wilson¹⁶, who had done a number of sociological studies. There was a pediatrician at Yale, Ray Duff, who got into what we would call patient relations in a very sophisticated and compelling way¹⁷. There was a lot of work going on, but it was descriptive. It was hypothesis testing. It was not "build something, solve a problem." It was not engineering.

That started my career, that and Andrew Pattullo¹⁸, who gave me a grant to study what was then called progressive patient care, an idea that I wrote a book about¹⁹. The book was wrong, and the idea was worse.

¹³ Edward J. Connors (1929-) succeeded Dr. Kerlikowske as director of the University of Michigan Hospitals in 1969.

¹⁴ James A. Hamilton (1899-1985) founded the Program in Hospital Administration at the University of Minnesota in 1946 and also the consulting firm James A. Hamilton Associates.

¹⁵ Perrow, C. Goals and power structures: a historical case study, in: Freidson, E. (ed.) *The Hospital in Modern Society*. Glencoe, IL: Free Press of Glencoe, 1963, pp 112-147.

¹⁶ Temple Burling, M.D., Edith M. Lentz, Ph.D. and Robert N. Wilson, Ph.D. collaborated on the book *Give and Take in Hospitals: A Study of Human Organization in Hospitals*. New York: Putnam's, 1956.

¹⁷ Duff, R.S., Hollingshead, A.B. *Sickness and Society*. New York: Harper & Row, 1968.

¹⁸ Andrew Pattullo (1917-1996) was an executive with the W.K. Kellogg Foundation. Later in his career, John Griffith became the Andrew Pattullo Collegiate Professor in the Department of Health Management and Policy at the University of Michigan.

¹⁹ Weeks, L.E., and Griffith, J.R. (eds.) *Progressive Patient Care: An Anthology*. Ann Arbor, MI: University of Michigan, 1964.

GRAZIER: Why was it a bad idea?

GRIFFITH: It wasn't a bad idea except that it was based on a model that assumed that everybody was going to stay in a hospital 7 to 14 days, and as that eroded, the model became mechanically ridiculous. What happened was the ICU came out of that model, and the CCU followed very shortly. But there were a couple of other kinds of units that essentially didn't work out right. Home care was included, and I did an early paper on home care²⁰ – showed that it had significant possibilities. But Pattullo funded that work, and the work was designed, I suspect, *instinctively* by Pattullo. He was not a reflective man; he was an instinctive man.

GRAZIER: Where was Andrew Pattullo at this point?

GRIFFITH: Pattullo was the main granting officer for the Kellogg Foundation from about 1950 until he retired, which was sometime like 1980. He would seize an idea, and he would think about it, and he would say, "Okay, we're not going to do it," or "We're going to do it." He said to me once, "If I'm right half the time, that's fine. If the other half of the money is lost, that's fine. We will win. The foundation will win on those terms." That's basically what he did. He invested in me, invested in John Thompson²¹. He invested in several other people and places. He created the Association of University Programs in Health Administration and funded it. He gave me the field opportunities that I needed to pursue my interests. Had he not done that, I undoubtedly would have left and gone into practice.

GRAZIER: When you got here, to the University of Michigan, who else was here?

GRIFFITH: When I got here, it was a zoo. Walt McNerney had bitten off the study that became *Hospital and Medical Economics*²² and established four or five different studies, empirical studies, of health care at Michigan. He was nationally renowned for it. He'd been given \$2 million to do it, and he spent \$3.5 million. Several sections were not finished. The guy who had the insurance data – and remember, data in those days was boxes of punch cards – he took the boxes of punch cards to the Philippine Islands and disappeared. We had to send some guy to the Philippine Islands to recover the cards to even read them to find out whether the survey had been done. It turned out it had, but by the time we got the cards, we only did about three runs on the data.

McNerney handed me a section on government-run health care in Michigan. I read it and said, "We can't publish this." It was done by a couple of graduate students. The facts weren't bad, but the presentation was incomprehensible. He said, "Okay, rewrite it." I rewrote it and that was my contribution. We had a guy who had a terrible tendency to build tables with percentages on the rows and the columns simultaneously. You couldn't understand that, so I had to redo all his tables. The book came out and was well regarded. It made a number of very important contributions. But

²⁰ Griffith, J.R. A home care program for a small community. *Hospitals*. 36(12):58-65, June 16, 1962; and, Griffith, J.R. Extent of home care in a small community. *Public Health Reports*. 78(1):81-89, Jan. 1963.

²¹ John D. Thompson (1917-1992), was a professor at Yale, a researcher into issues related to hospital operational efficiency, and a prolific author. His oral history: Weeks, L.E., editor. *John D. Thompson in First Person: An Oral History*. Chicago, IL: American Hospital Association and Hospital Research and Educational Trust, 1992, is in the collection of the American Hospital Association Resource Center.

²² McNerney, W.J. *Hospital and Medical Economics: A Study of Population, Services, Costs, Methods of Payment, and Controls*. Chicago: Hospital Research and Educational Trust, 1962.

McNerney got a job at the Blue Cross and Blue Shield Association, and the rest of us got stuck with a \$1.5 million debt.

The ‘rest of us’ consisted of three groups of people. A couple of flaming liberals, a guy who had worked for the Electrical Workers union and his sidekick, who was not a Holocaust victim but who felt the Holocaust deeply. I don’t mean to be dismissive of the guy – he was a good guy; he worked hard. But this guy was fixated on social justice. I think I’d already learned that social justice was not the most important thing, not the *only* thing, in the world. So that was one crowd.

There were three of us who were quite young: me, a guy named Don Riedel²³, whom you’ve probably met, and Larry Hill²⁴. Then there were two or three people whose work output was really not significant at all.

The left-wingers wanted to merge with Medical Care, with Sy Axelrod,²⁵ a department in the School of Public Health. We didn’t think that was a bad idea, but we didn’t think it was such a good idea, and Pattullo bailed us out. He got us out of the debt, and he kept us afloat until we could negotiate a much different kind of arrangement than we could have negotiated in 1961. In the meantime, one of the liberals became chair, but he only lasted about a year.

GRAZIER: But you were really young at that point.

GRIFFITH: I was, in 1960, 26 years old. We had good students. We had a business school, which had its own set of problems and we had this internal division. When we had our 10th anniversary five years later, we invited McNerney back to give a speech, and he said, “Frankly, I didn’t think I’d be here. I thought the place would collapse when I left.” Walt was another guy who if there’s a choice, he’ll make the choice.

GRAZIER: It sounds like you’ve run into a few of those kinds of people over your career?

GRIFFITH: My job was to get the teaching program somewhat organized and get the course work decent. It was hard work, but I kept focusing on this one course on how to run a hospital. I kept focusing my research and activities on that. After 50 years, I have now learned how to run a hospital. I’m going to say, in a few weeks at the lecture²⁶, what’s in the 7th edition of *The Well-Managed Healthcare Organization* will be the model for the 21st century. I didn’t do it. Hundreds of people were involved. But it’s there, it’s tested, it’s documented, it’s solid and it’s going to be what happens.

GRAZIER: When you got to Michigan and you started working on research about hospitals and how to run hospitals, what were the biggest problems in hospitals? This would be before Medicare and Medicaid.

²³ Donald C. Riedel, Ph.D. (1934-) was editor of the scholarly journal *Medical Care* from 1967 until 1983. John Griffith also served on the editorial board of the journal.

²⁴ Lawrence A. Hill (1928-1990) was chair of the Department of Hospital Management at the University of Michigan from 1962 to 1969 and had a varied career as an executive in hospitals, associations, and in business.

²⁵ Solomon J. Axelrod, M.D. (1912-1987) was a professor at the University of Michigan School of Public Health and a leader in the field of medical care organization.

²⁶ Professor Griffith is referring to his upcoming retirement lecture, part of the Griffith Leadership Center’s symposium entitled, *Reaching Excellence in Health Management and Policy*, to be held November 4-6, 2010.

GRIFFITH: Shortage of money was certainly a problem. Lack of sophistication of governing boards was certainly a problem. The silo or domains of authority system was a chronic problem that just persisted over many, many years. A major challenge to the health care executive was to keep the medical staff from revolting or insulting the nurses, or vice versa, or the governing boards insulting everybody by mistake, and so forth. We have come a fair distance from that model. It was a model which took a lot of leadership skill.

My father worked under it and did well with it, but he, I think, understood it better than a lot of people. First of all, working in Delaware with the DuPont Corporation, which was a pioneer in measured performance and systematic strategy, he had a governing board that wasn't going to make serious mistakes. Second, he had learned that you build organizations by training people and by negotiating solutions. He would spend a lot of time on that kind of issue.

There was an argument at the time that you should not do 'clinically unjustified' hysterectomies. The pathologists had to say, "There is diseased tissue here" or not. When my father got to the Delaware Hospital, he sat around and listened to people for several weeks, and finally the pathologist said, "You know Dr. X – the gynecological surgeon – does a lot of hysterectomies, and not many of them are diseased. They're on the wealthiest women in Wilmington, DE – the DuPonts, their wives and the chief executives' wives." My old man spent a year building a platform before he even mentioned the subject, changed the chief of surgery, brought the chief of surgery into the problem, and then confronted Dr. X, who said he'd change his ways.

But it worked because my father was an extremely careful analyst of the power structure, and he had to be, because if he had moved peremptorily, either these wives, who thought they'd been given a gift from God of some sort, or the other doctors, would riot. So things are different.

GRAZIER: But really how different are they now? Because management includes that kind of leadership, that kind of negotiation, that type of analysis.

GRIFFITH: We've grown to the point where the quantitative measures of quality really matter emotionally, at least in good hospitals. It's part of the culture now that you will follow the protocol. Fifteen years ago, there was a lot of yack-yack about cookbook medicine and so forth and so on. I haven't heard that lately. I heard it once in 2009, in a whole year, and that guy didn't know what he was doing, anyway. Basically, that's saying, science drives medicine, or protocol drives medicine, the measures drive medicine. If you're going to be a doctor here, you're going to pay attention to the protocols. It doesn't mean you're going to follow them line for line; it means you're going to pay attention to them and you're going to produce quality results. That's a different model from 'my professional opinion, and I'll operate on whoever I want,' which is what was the case when my father moved into the Delaware Hospital.

GRAZIER: Do you think there are many hospitals that still operate that way?

GRIFFITH: I have no way of knowing. It's hard to find out even where the good hospitals are, and we have only sort of global information about the bad ones. Don't know how many. Don't know why. Don't know what they're thinking about.

GRAZIER: You've done a lot of research recently on excellence in hospitals, and identifying the good ones that you've been able to get information on and then analyzing how they do that. Would you talk a little bit more about how you've gone about looking for those hospitals and what you find when you do that?

GRIFFITH: First I went to people like Gail Warden²⁷ and people that had been AHA chairs, and I asked them who was good, and then I went to those hospitals. As the Baldrige²⁸ system moved forward, the Baldrige itself became the only documented, audited, quantitative assessment of hospitals. The hospitals that received the Baldrige Award have been audited for a week by a team of seven people. The government does not like to give out the award and discover that these people are actually violating the Stark provisions or something like that, so they check it pretty carefully. So we now have these people's written record of what they do, plus the audit, and that's now the foundation for what's in the 7th edition of *The Well-Managed Healthcare Organization*.

Plus, when we began to learn what those people were doing – it's pretty uniform. The work that we've done before at Intermountain Healthcare, at Catholic Health Initiatives, at Legacy in Portland²⁹, and other places that I've studied and written up as case studies, is essentially 100 percent consistent. So the model now seems to be very solidly established.

GRAZIER: What has changed in health care and who were the people who have most influenced you? What were the big events?

GRIFFITH: That's a whole lifetime!

GRAZIER: But if you were to mark the decades.

GRIFFITH: Pattullo gave me a sabbatical with John Thompson at Yale. Riedel was at Yale as well; Riedel, who's very smart and very dedicated to quantitative sociology. It's a shame that his career didn't work out better. Those are the people, with Fetter³⁰, who developed the DRG system. Fetter was essentially an industrial engineer and an extremely quantitative guy. I spent a term with them and started on my first major book, which was *Quantitative Techniques for Hospital Planning and Control*.³¹ It was answering the question that I'd encountered when Connors handed me "Big Jim" Hamilton's notes. We've got to have some kind of structure here, and we've got to do better than just tell anecdotes about what's going on. So that was the key work, and it was pretty successful. It sold about 10,000 copies, which was a lot for its day.

²⁷ Gail L. Warden (1938-) has had a varied career as a prominent health care executive in the provider, payer, and association settings and is currently a professor at the University of Michigan. His oral history: Garber, K.M., editor. *Gail L. Warden in First Person: An Oral History*. Chicago, IL: Center for Hospital and Healthcare Administration History, 2010, is available here: www.aha.org/chhah

²⁸ The Baldrige National Quality Program, established in the 1980s, was expanded to include health care organizations in 1999.

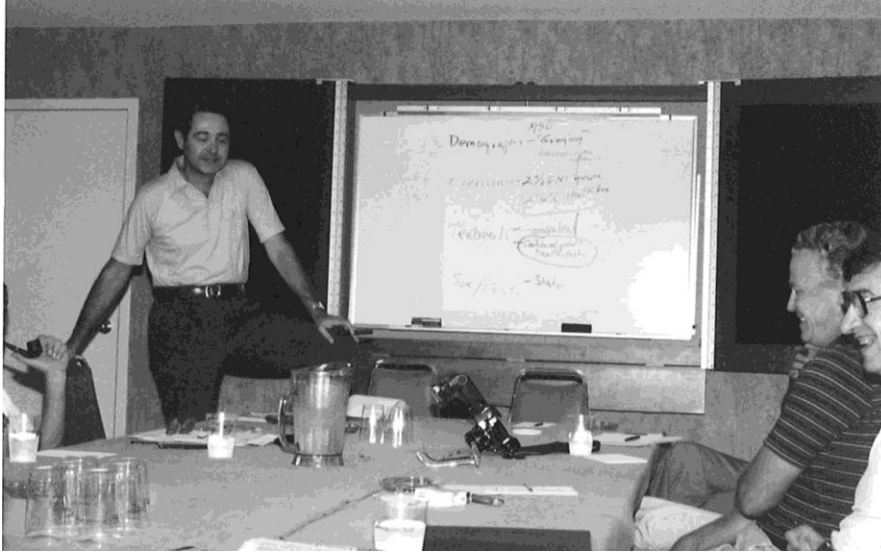
²⁹ Intermountain Healthcare, Inc. (Salt Lake City), Catholic Health Initiatives (Denver, CO), and Legacy Health System (Portland, OR)

³⁰ Robert B. Fetter (1924-) was on the faculty at Yale and director of the project team that developed the diagnosis-related groups system that was later incorporated into the Medicare prospective payment system.

³¹ Griffith, J.R. *Quantitative Techniques for Hospital Planning and Control*. Lexington, MA: Lexington Books, 1972.

GRAZIER: What role did John Thompson play in this?

GRIFFITH: He was encouraging. Actually, I learned more from Fetter than I did from Thompson, and I learned a lot from Riedel, though his teaching methods left a fair amount to be



desired. He used to throw papers around the room and curse and scream and tell me that I was entirely too stupid to hold a faculty position in even some state teachers college. But nobody intimidates me.

GRAZIER: That became the basis for your course, then, right?

GRIFFITH: Fetter's own book on operations research³² was a model for me, and Fetter was a major

guide in understanding how you would approach quantitatively understanding organizations. Thompson provided a lot of encouragement and a number of stories and was just a lot of fun.

GRAZIER: But what you had that Bob Fetter didn't have was actual experience in the hospital.

GRIFFITH: No, Fetter had been an industrial consultant. He knew a lot about some industries, but he didn't know much about how to—

GRAZIER: Didn't know much about health care. So I could see where you could work together on kind of the technical pieces, but your contribution, your additional contribution would be the experience you had in health care.

GRIFFITH: He was my teacher, and I wrote the papers. They were not collaborative papers. Sometimes I would take paragraphs to him and ask for help. His industries had advanced to a level of technical capability that the health care industry couldn't handle anyway.

But the sabbatical and the opportunity to work with Thompson and Fetter and Riedel was very critical. *Quantitative Techniques* was, I think, an important contribution. I then got off into empirical research for several years, but decided in '84 to return to that theme and write *The Well-Managed Community Hospital*.

GRAZIER: What kind of research did you do for that first edition?

³² Bowman, E.H., and Fetter, R.B. (eds.) *Analyses of Industrial Operations*. Homewood, IL: R. D. Irwin, 1959.

GRIFFITH: I took *Quantitative Techniques* and started reframing it. I don't know how much field research I had for the first edition. Somewhere along in there, I began to go to visit places, like Legacy and Moses Cone and Intermountain and Group Health Puget Sound and Henry Ford³³. But I can't remember exactly when I started that. The thesis of *The Well-Managed* was that we're going to try to say everything that's consistent with the published research literature, and we're going to try to say nothing that hasn't actually been done someplace successfully.

GRAZIER: You wanted everything in the book to be substantiated.

GRIFFITH: Two ways. I wanted it to be theoretically sound, and I wanted it to be practically documented. I don't know whether we achieved that or not, but that was the criterion. It is still the criterion.

GRAZIER: That was the first textbook of its kind.

GRIFFITH: No, a guy named MacEachern³⁴, who I met in 1955, had written a hospital management textbook in 1939.

GRAZIER: Really!

GRIFFITH: It said you ought to put flowers in the admitting office and a number of things like that. It was basically a prescriptive summary of what you ought to do

GRAZIER: Sounds like a cookbook.

GRIFFITH: Yes. You ought to wear a necktie, you ought to put flowers in the admitting office, when rich people come in, you run out and carry their bags, and so forth.

GRAZIER: I'll stand by my statement – when your textbook came out it was really the first of its kind.

GRIFFITH: Let's put it this way: It was better documented on both approaches than any preceding work.

GRAZIER: What made you want to do the next edition?

GRIFFITH: The class was easier to teach with the book. The book was popular. It sold reasonably well, and it was accepted by the College³⁵ as one of the contributing texts to its professional examination. So it had a certain foundation and it was clear that things were changing. I could go through the chapters and see that what people were doing in the field was no longer quite what was in the book, so we had to do another edition.

³³ In addition to the organizations mentioned in an earlier footnote: Moses Cone Health System (Greensboro, NC), Group Health Cooperative (Seattle, WA), and Henry Ford Health System (Detroit, MI).

³⁴ Malcolm T. MacEachern, M.D. (1881-1956) wrote *Hospital Organization and Management*. Chicago: Physicians' Record Co., 1935 (and later editions).

³⁵ American College of Healthcare Executives

GRAZIER: You kept up with your field work while you were teaching?

GRIFFITH: Yes. I was aided a lot by a couple of alums who hired me to consult with their organizations. One was Al Gilbert³⁶ at Summa Health System in Akron, and the other was Gail Warden when he was at Rush in Chicago³⁷. So that kind of exposure was valuable. For a number of years, we ran a consulting service for Michigan hospitals, and I don't know how many I helped and how much I helped them, but several sections of *Quantitative Techniques* arose out of the questions we encountered working for Michigan hospitals.

GRAZIER: When your former students or your graduates would contact you for help, what kinds of things did they ask of you?

GRIFFITH: Different things. There were some other activities, too. Somehow or other, we got funds to study Jackson, Michigan, and a hospital that's now part of Oakwood System³⁸, called People's Community Health Authority. I can't remember who funded that. But those were basic investigations into how to solve recurring problems: How do you build a budget? How do you decide how big a hospital ought to be? How do you decide how big a department ought to be? Walt Hancock and our Industrial and Engineering Department did a lot of work on how you figure out what nurse staffing ought to be. All, essentially, engineering questions.

The hospitals would say, "Look, we think we need to expand. Would you validate this?" We would do work that identified their market area and forecast their population growth and looked at disease patterns and would give them a recommendation. Not 'yes' or 'no', but 150 beds, of which 'x' are OB, 'y' are medical and 'z' are surgical and so forth. We did a number of those kinds of studies. Al Gilbert wanted me to monitor his strategic planning activity year by year and go all the way through to attending the board retreat, starting with the data collection and making sure we had everything and discussing the issues that might come up or should come up beforehand. That was a unique opportunity.

GRAZIER: There's a long list of folks from your very first class who have gone on to make major contributions in health care.

GRIFFITH: I didn't recruit the first class. It was certainly exceptional in a number of different ways. I think it has three people who later got a Ph.D., in addition to Gail Warden, and several folks who became very distinguished in management. They were recruited by Ed Connors and Walt McNerney. But after that, recruitment became a major problem. It remained a serious problem until women arrived, and women doubled the pool, and we raised our standards.

GRAZIER: When was that?

GRIFFITH: Seventy-two. In the late '60s, I had very serious concerns about whether we could continue to recruit the kind of people we needed.

³⁶ Albert Gilbert, Ph.D., was CEO of Summa Health System (Akron, OH) for 25 years until his retirement in 1999.

³⁷ Gail L. Warden was at Rush-Presbyterian-St. Luke's Medical Center (Chicago) from 1965 until 1976.

³⁸ Oakwood Healthcare, Inc. (Dearborn, MI).

GRAZIER: Were there other programs already taking women? Did you have to go out and recruit them?

GRIFFITH: Walt McNerney deliberately reached out. At the University of Chicago, I went to school with a black man who's now deceased, James Neal. He was turned down three times. He was told that there was no future for a black man in health care, in management. Walt took a couple of nuns, one of whom required a lot of help. There just were no women applicants until about '71. If you look at those classes that came in that year, we got some very bright women in those classes. They did not advance as well as they should.

We also worked very hard to get African-Americans, and we had some very able African-Americans beginning with Nat Wesley and Bob Johnson³⁹. It became clear with the African-Americans that a white man could make a mistake and recover; an African-American didn't have a second chance. There are a number of grads that have confessed to me that they have alcohol problems. When they're white, they're gainfully employed, but the black ones didn't make it.

To some extent, that was true for the women as well, but I think the dynamics are much different, and they soon learned to participate in a class and take serious positions and defend them well and so forth. They've done well. I think overall they still faced handicaps and hazards and that the world would have been better if they had been given a fair shot instead of an unfair one.

But that was a major problem, recruitment. I don't think we really had other major problems. We were able to recruit a smart faculty. Some of McNerney's hires weren't quite up to the job that they were in, but the people that we got subsequently Bill Dowling, Howard Zuckerman⁴⁰, several others—distinguished themselves. They worked hard. Howard Berman⁴¹. Bright people who worked hard, established their courses, taught them clearly and well, established a model that the next guy didn't have to be a genius to follow. We began to build a faculty, and now, as you know, we have one of the largest in the United States. So, the student body and the faculty were major ventures for me while, in the meantime, I was pursuing my own interests.

I was wondering if we should say anything about the Medicus Corporation. We might. I don't know exactly where it fits in. It was an extraordinary experience.

GRAZIER: At what point? I mean chronologically.

GRIFFITH: It was about 1975 to 1980.

GRAZIER: How did you become involved with Medicus?

³⁹ Nathaniel Wesley, Jr. (1943-) had a career in association management and served on the faculty of several universities. Robert B. Johnson (1941-) was CEO of St. Louis Regional Medical Center (St. Louis, MO) and then of Grady Health System (Atlanta, GA).

⁴⁰ William L. Dowling, Ph.D. (1937-) became an associate professor at the University of Michigan in 1966 and moved on to become professor and chair at the University of Washington in 1978. Howard S. Zuckerman (1939-) was associate professor and professor at the University of Arizona. Both are now professors emeriti at the University of Washington.

⁴¹ Howard J. Berman (1945-) was an executive at the Blue Cross Association and the American Hospital Association before becoming CEO at the BlueCross BlueShield plan in Rochester, NY.

GRIFFITH: One of the experiences that I had was a result of friendship with Richard Jelinek⁴², who had been a faculty member here and won tenure in our department and in industrial engineering. Richard decided that he wanted to join the world of commerce and went into a company, Medicus Systems Corporation. I ended up chairman of the board in the Medicus Systems Corporation, a privately-held venture company, which invented medical systems using old-fashioned computers and tape drives and all that sort of stuff. They were pretty good at it. For me, it was an opportunity to see the business world, and although I met a lot of smart people in academia, maybe the smartest guy I met was a venture capitalist named Richard Hanschen, who financed the money behind the Medicus Systems Corporation and also arranged for it to make a handsome profit. Hanschen's focus on the business was instructive. He never took his eyes off, and he never missed anything. Jelinek would try systematically to pull the wool over Hanschen's eyes, and Hanschen never missed. Wouldn't work. Or, as Richard put it with his Czech accent, "pull the sheep over his eyes."

GRAZIER: How long were you involved with the company?

GRIFFITH: Oh, about five years. I started as a sort of stringer for them and moved up the ranks. When the prior president had to be deposed, Hanschen called me to O'Hare Airport, and we had lunch in the lunchroom, and he said, "My attorney has given me this motion to introduce to fire the president and make Jelinek president instead. Will you support him?" I said, "Yes." There wasn't much question. It's a long story. I can't get into it all.

But the second thing he pulled out was he said, "The second motion – it'll make you chairman of the board." So I became chairman of the board. I learned a lot about strategy, a lot about business, and a lot about health care, because their clients were health care. Our people worked hard, and they produced good software in its day. We became known as a small company that understood how to both write software and implement software. We did well at it.

GRAZIER: Did you bring some of the lessons you were learning when you were chair of the board back to the classroom?

GRIFFITH: Yes. I grasped how to do a course in strategy as a result of that couple of years of work. A lot of those things transfer, as you very well know. Strategy is pretty much field independent. It's a series of steps that you need to take that aren't as transparent as I think a lot of people think they are. Hanschen taught them to me.

GRAZIER: I want to ask you a couple of other things about teaching before we move on. In selecting the courses that you wanted to teach, how did you decide?

GRIFFITH: I'm passionate about health care management. That's the only thing I'm really passionate about. McNerney, when I hired on in the summer of 1960, laid the curriculum out on the board in two columns and said, "Which column do you want?" I took the one on the left. I don't know what would have happened if I had taken the one on the right. Hill took it. Probably would not have made a whole lot of difference, because the curriculum didn't have very much structure to begin with. But as I began to teach, I thought: *We need a structure here. This is not art. This*

⁴² Richard C. Jelinek, Ph.D., taught at the University of Michigan for six years prior to founding Medicus Systems Corp.

is science fundamentally, and therefore it has processes and measures and structure. So that was how I got started.

I think one of the most interesting things is that the concept is probably most clearly described in a book that isn't as well read as you might think, and that's the *Baldrige Award Criteria Manual*, which essentially dissects the organization. It is deliberately written to cover any kind of organization. They make modifications for health care, service industry, manufacturing, small, large. If you look at them, the modifications are very slight in terms of the total content.

The concepts that are in there are a series of questions. Health care executives, beginning with Sister Mary Jean Ryan at SSM Health Care⁴³, began to make interpretations of those questions, and they copied each other. Quint Studer at Pensacola⁴⁴ and now almost a dozen different health care winners – they have copied each other systematically, and they have developed a two-sided approach to management. We will build a culture of empowerment, a culture where any question that the worker asks will get an honest answer and a structure that's quantitative. There will be goals, there will be benchmarks, there will be measures of performance, and there will be money at the end of the trail for every unit of the organization.

The combination is what you get if you tie F. W. Taylor to Roethlisberger and Dickson. A number of trials have gone on just the culture. It crashes. People take off. The organization disappears. Or, on just the measures, and that doesn't usually crash, but it doesn't usually do very well, mainly because the people get pissed off and don't work very hard. If you tie the two together, as St. Luke's of Kansas City⁴⁵ says, "We're a great place to give care. Ninety percent of our nurses will be here next year; 95 percent of our doctors will be here next year; the money we spend on training this year will pay off next year." The combination is enormously powerful. I think the Baldrige criteria state it more clearly than anything else. The applications themselves now document it, and that's the foundation for the 7th edition of the textbook.

GRAZIER: When I talked with hospitals who are going through the journey for the Baldrige Award, it sounds like it's more than just a report, it's the process of asking all of those questions throughout the organization over an extended period of time, a couple of years, in some cases. But it's that process piece, which is something you picked up in industrial engineering 50 years ago.

GRIFFITH: It can be done in three years. John Heer took North Mississippi Medical Center⁴⁶ – to the Baldrige in three years. Our friends at Kalamazoo⁴⁷ say basically, "We fumbled around for three years, and then we found benchmarks, and in three years we got the award." The objective support that the job can be done changes the nature of the dialogue. If I say to you, "I think you can produce 50 pages an hour," you say, "I don't know how." I say, "I'll teach you." You

⁴³ Sister Mary Jean Ryan, FSM, is the Chair/CEO of SSM Health Care (St. Louis, MO). In 2002, the system became the first health care recipient of the Malcolm Baldrige National Quality Award.

⁴⁴ Quinton Studer is currently the CEO of Studer Group. He had previously served in a number of hospital management positions, including administrator of Baptist Hospital (Pensacola, FL), which received the Baldrige award in 2003.

⁴⁵ St. Luke's Hospital of Kansas City (MO), received the Baldrige in 2003.

⁴⁶ John R. Heer, Jr. (1959-) is CEO at North Mississippi Health Services (Tupelo, MS), which received the Baldrige in 2006.

⁴⁷ Bronson Methodist Hospital (Kalamazoo, MI) received the Baldrige in 2005.

say, “I don’t think I can do it.” I say, “The lady in the next room does 51 pages an hour. Why don’t you talk to her?” It changes the nature of the dialogue. I say, “Let’s do a clinical protocol from AHRQ guidelines.gov,”⁴⁸ and you say, “That’s cookbook medicine.” I say, “They’re using it down the street, and their malpractice costs are considerably lower than ours.” The dialogue is different. So that’s I think what they’re doing.

GRAZIER: But that process has to start with somebody, so it has to start with a pretty dedicated leader, right?

GRIFFITH: Or knowledgeable. John King, for example.⁴⁹ One of the trustees at Legacy in Portland said Legacy was kind of wandering in the desert when John took it over. The trustee said, “John came in and said, ‘Let’s look at the mission.’ I thought, *We never looked at the mission before. Maybe we should look at the mission. Maybe that’s a good idea.*” John, of course, built from the mission a structure that at that time – it’s almost 20 years ago – isn’t quite as sophisticated as they now use at St. Joe Missouri, or Poudre Valley in Colorado⁵⁰, but it’s essentially the same idea: goals, measures, benchmarks, empowerment. You tie those together, and you change the face of health care management.

GRAZIER: I can see how that same model would also change the face of a course. I’ve watched you teach, and in teaching, you lead, you ask questions, you change the dialogue with the students, so they need to have additional dialogues with each other. You encourage them to go in the field, and you encourage them to either set benchmarks or find out where they are in the work that they’re doing for you. So it’s interesting to me that your career, starting with a measurement type group of studies, has taken a journey very similar to what these organizations are now taking, and you’ve brought many students along at the same time. It takes leadership on the Baldrige Award, and I think it takes leadership to be a great teacher and researcher and mentor.

GRIFFITH: Or it just takes stubbornness.

GRAZIER: You have been described as stubborn by some of your former students, but they’ve also said you challenged them, and you were always teaching. Where do you get that from? How have you developed? What is it that has made John Griffith who he is today?

GRIFFITH: Hard to tell. I can’t put a finger on why I don’t give up, which is the key to it. You introduce an idea like that, and people get scared. They can’t quite understand it. They decide that maybe I’m wrong. There’s got to be an easier way. We’ve got to deal with all this stuff. You have to deal with it in your own head. But I guess I just started out following my own trail. I still follow my own trail. If it’s going to be uphill, all right, we’ll go uphill.

GRAZIER: You had a family along the way in this journey as well.

⁴⁸ The Agency for Healthcare Research and Quality (AHRQ) has a National Guideline Clearinghouse that can be accessed here: www.guideline.gov

⁴⁹ John G. King (1939-), currently president of John G. King Associates, was CEO of Evangelical Health System (Oak Brook, IL) and of Legacy Health System (Portland, OR).

⁵⁰ Heartland Health (St. Joseph, MO) received the Baldrige award in 2009. Poudre Valley Health System (Fort Collins, CO) received it in 2008.

GRIFFITH: Yes, two daughters and a son, and they have done very well. My son enjoys being the crew coach at Pioneer.

GRAZIER: Pioneer is a high school in Ann Arbor.

GRIFFITH: Pioneer High School. Last year his team did extremely well. My two daughters – one works for the Securities and Exchange Commission, and one has tenure in Christchurch, New Zealand, as a classicist. My wife and I just held the place together. We did things. They grew up.

GRAZIER: It sounds like each of them has some of your characteristics.

GRIFFITH: I've been married for 55 years, and my wife, Helen, keeps me sane. I suspect I'd have been bipolar without her.

GRAZIER: You've won many awards for what you've done over your career and you have the Griffith Leadership Center, which is another legacy. Is there a particular award or an accomplishment or an honor that you've received that you're the most proud of?

GRIFFITH: No prize was as good as the game, itself. The thing I'm most proud of is the 7th edition.

GRAZIER: You're about to retire. What now?

GRIFFITH: In this last lecture that I've been asked to give, I will say the 7th edition is a model that will sweep the healthcare field within 20 years and will make differences as profound as the Flexner report⁵¹. Probably not, but it's a good start. I hope to continue tracking it and contributing to it. I will not work on the 8th edition, but I will work between the 7th and the 8th on the American College of Healthcare Executives' teaching programs and what we call the learning system for the text, which is a new addition, a collection of materials to assist in the classroom, including self-assessment and graded assessment and discussion questions and guides for the instructor and guides for the student. I will continue work on that for another few years.

GRAZIER: So if there were a plaque outside the Griffith Leadership Center inscribed with a quote from you, what would you like it to say?

GRIFFITH: "He tried."

GRAZIER: Is there anything you wish I would have asked you or anything else that you would like to comment on?



Helen and John Griffith share a musical moment at home in 1956

⁵¹ Flexner, A. *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching*. New York: The Foundation, 1910. This report was a catalyst to the reform of medical education in the United States.

GRIFFITH: The one thing that I might say is that of all this work, I am really just a reporter. I didn't do it. I did some of it, but for instance, the people like John Kerr⁵², who really made the Medicus Corporation run – Jelinek was pretty much an upper-level guy – and people like Walter Wheeler⁵³, who was executive of the Annapolis Hospital, in Michigan. Baldrige winners, Baldrige recipients. John King, Gail Warden. Those people made it happen, and in many ways I'm just a reporter.

GRAZIER: I feel honored to have gotten to interview you today, and I want to thank you very much for your time.

GRIFFITH: You're welcome.



⁵² John K. Kerr was an executive at Medicus Systems Corp.

⁵³ Walter S. Wheeler, II (1919-2004) was administrator of Lynn Hospital (Lincoln Park, MI), Outer Drive Hospital (Lincoln Park, MI), Annapolis Hospital (Wayne, MI), and Heritage Hospital (Taylor, MI).

CHRONOLOGY

- 1934 Born March 22, Baltimore, MD
- 1955 Johns Hopkins University (Baltimore, MD)
Bachelor of Engineering Science (Industrial Engineering)
- 1955 Married September 17 to Helen Louise Klenner of Baltimore, MD
Children: Julia Ellen (1957), Alison Bond (1962), Richard Robinson (1966)
- 1955 Johns Hopkins Hospital (Baltimore, MD)
Admitting Officer
- 1956-1960 Strong Memorial Hospital (Rochester, NY)
Administrative Assistant
- 1957 University of Chicago (Chicago, IL)
Master of Business Administration (Hospital Administration)
- 1960-present University of Michigan (Ann Arbor, MI)
1960-1964 Assistant Professor
1964-1968 Associate Professor
1968-1982 Professor
1970-1982 Director of the Program and Bureau of Hospital Administration and
Chairman of the Department
1982-2010 Andrew Pattullo Collegiate Professor in Hospital Administration
1987-1988 Interim Department Chair
1988-1991 Department Chair, School of Public Health, Department of Health
Management and Policy
2011- Andrew Pattullo Collegiate Professor Emeritus
- 1967 Yale University (New Haven, CT)
Visiting Associate Professor
- 1997-1998 Malcolm Baldrige National Quality Award
Examiner

MEMBERSHIPS AND AFFILIATIONS

American College of Healthcare Executives
Fellow

National Center for Healthcare Leadership
Senior advisor to the governing board

AWARDS AND HONORS

- 1954 Tau Beta Pi (National Engineering Honor Fraternity)
- 1983 Special award, Michigan Hospital Association
- 1988 Hospital Administration Book of the Year, American College of Healthcare Executives
- 1989 Hayhow Article of the Year Award, American College of Healthcare Executives
- 1992 Gold Medal Award, American College of Healthcare Executives
- 1993 John Mannix Award, Greater Cleveland Hospital Association
- 1993 John R. Griffith Fund established, University of Michigan
- 1997 Conley Article of the Year Award, American College of Healthcare Executives
- 1998 Andrew Pattullo Lectureship, Association of University Programs in Health Administration
- 2000 Book of the Year, Health Information Management Systems Society
- 2000 Buyer's Guide to the 250 Best Health Sciences Books of 1999
- 2002 Gary L. Filerman Prize for Educational Leadership, Association of University Programs in Health Administration
- 2004 Conley Article of the Year Award, American College of Healthcare Executives
- 2006 Conley Article of the Year Award, American College of Healthcare Executives
- 2009 Excellence in Teaching Award, University of Michigan School of Public Health

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