

TRANSCRIPT

Leadership During a Crisis with Commander Mary Kelly

Chris Comeaux: 0:00

Hi TCN Talks listeners and Anatomy of Leadership podcast listeners as well. We're just appending this message to the beginning of our podcast. Many of you know about the devastation from Hurricane Helene that has hit Western North Carolina, eastern Tennessee and Virginia. We've got many of the hospices that we work with. Three of the most impacted hospices Four Seasons, AMOREM and CCWNC Compassionate Care, western North Carolina. We're going to include links of how you can support those hospices.

Chris Comeaux: 0:29

I want to thank you. The overwhelming response already has been incredible. We've even had other hospices get together and actually create a huge shipment of medical supplies and supplies for staff and the patients and families we serve. So just want to say thank you, just want to keep it in front of you guys. The road to recovery is going to be years.

Chris Comeaux: 0:50

This is one of the most devastating events I know I've ever seen in my life and I've grown up in Louisiana, lived in Florida with my wife and I've just never seen the level of destruction. So we appreciate your support. We ask that you continue to keep us in your thoughts and prayers because this is going to be a long road to recovery. There are a lot of other great organizations that you can support as well, they're helping just the community. People like Samaritan's Purse, operation, hilo, the Cajun Navy those are incredible organizations that we can tell you are doing a great job on the ground helping people. Again, this challenge has been unprecedented. It's really taken an all-hands-on-deck approach. So thank you for listening to our podcast, thank you for supporting us. We really appreciate you.

Melody King: 1:34

Everything rises and falls on leadership. The ability to lead well is fueled by living your cause and purpose. This podcast will equip you with the tools to do just that Live and lead with cause and purpose. And now author of the book the Anatomy of Leadership and our host.

Chris Comeaux: 1:56

Hello and welcome to the Anatomy of Leadership. Our guest today is Dr Mary Kelly, or Commander Mary Kelly. I'm going to read from Mary's bio. Dr Mary Kelly or Commander Mary Kelly. So, Mary's the CEO of Productive Leaders, a firm dedicated to leadership and economic development.

Chris Comeaux: 2:11

After graduating from the Naval Academy, Mary spent 21 years on active duty in the Navy, and thank you for your service, Mary, mostly in Asia as an intelligence officer. She is currently listed as one of today's most influential economists and business strategists, and she was named as one of the top 50 motivational speakers in the world. Mary is also one of the only 150 people ever named to the Speakers Hall of Fame. She's a high energy keynote speaker and she focuses on using data, research, laughter and experience to help professionals excel. Mary is also the author of 18 books on business, growth, leadership and today's economy. As a business advisor, she's worked with hundreds of organizations and companies across the globe, and when not traveling, Mary loves being at home with her husband and dogs. Mary, it's so good to have you Welcome.

Dr Mary Kelly: 3:02

Chris, thanks so much for having me on the show today.

Chris Comeaux: 3:08

What do you,

Chris Comeaux: 3:08

think I left out. Mary, that would just be good for our audience to know about you.

Dr Mary Kelly: 3:11

I love dogs and wine. I love that, any type of particular dog. I love all dogs, all animals. Dogs, cats, horses, parrots, ferrets, gerbils, turtles, pretty much anything that's not a human. I'm going to try to pet it and I'm totally in love with it and and wine.

Chris Comeaux: 3:26

That's awesome, my, my two Newfoundlands this morning woke me up with a big slobbery kiss in the face. So we love dogs too in our home. Well, Mary, one question that I've started asking our guests in the beginning and then I left it out a couple of times and I'm glad I came back to it. It was an audience said hey, you need to keep asking people that because it's really a cool question. So the question is what is your superpower?

Dr Mary Kelly: 3:49

I have the ability to focus when others cannot, and that is a very weird superpower. But what I found, Chris, during COVID, was many people managers, leaders, experienced business people simply froze because they did not know what to do with the crisis. That was COVID in the morning, in that moment, and so they'd wake up in the morning and look at their day and just freeze and they wouldn't make decisions. They were afraid of going in the wrong direction and, as a result, they went nowhere. So I think my superpower is I can very quickly assess a crisis or a situation and take some action.

Chris Comeaux: 4:26

That's incredible and so timely. Mary, I tend to find that some of our guests it ends up being providential and profound, kind of. When we have the lineup and it becomes providential, there's no other word. Because you and I met earlier this year preliminarily. After our first conversation I thought, gosh, probably the title of this show will be Leadership During Times of Crisis. And then Hurricane Helene has hit Western North Carolina that's where we're based, downtown Hendersonville, north Carolina and my gosh, we're dealing with a crisis unlike anything we've ever seen before. So I'm really looking forward to this. I know the hospice and power to care leaders that listen to this show. This is going to be a gift to them. So throughout the year, Mary and actually I envisioned this probably Christmas last year I released my first book.

Chris Comeaux: 5:13

You've done many more and the title of my book is the Anatomy of Leadership, and I'm an accountant by trade. It's kind of like a meta framework for what is leadership, and so I've gone through all the chapters, which is self-mastery, caring for others, influence, intention, cause and purpose. And then the second part of the book is the seven M's of what leaders do mission, margin, meaning management, message into the community, making people, making the organization and mapping the future, and so what I've done is I've themed, I've chosen incredible thought leaders like yourself by theme, but then, once we've gone through those, I feel like I want to seek out thought leaders that really speak to all of those, and I really think that you're just one. First off, you're an amazing, amazing leader, amazing resource.

Chris Comeaux: 5:55

In fact, our mutual friend, Meredith Elliott Powell, who introduced us, and I hope it's okay, for, like Meredith said, you need to talk to Mary. She's a badass. I'm like, okay, I'm definitely going to reach out to Mary. So I'd love for you to just tell a little bit more of your story and, if you don't mind, because we do have a lot of hospice and palliative care leaders. The first time you and I met, you actually shared a hospice story that was pretty close to you. It was

a family member of yours. So just tell a little bit more about your story and if you could weave that in.

Dr Mary Kelly: 6:25

Well, I have. As you know, there's a huge place in my heart for the people who deal with hospice and for all the hospice folks out there. First off, thank you. You have no idea how much your knowledge, your wisdom and your presence means during those times when we are at our most vulnerable and we don't have your experience. We don't know what to do, we don't know what certain things look like.

Dr Mary Kelly: 6:51

I am very lucky that I've had great people in my life. Several of them have transitioned through hospice. My father-in-law. I was there when he was moved into a hospice ward and the nurse came in and said I need you to. I couldn't believe it. It was the most beautiful thing I think I'd ever heard in my life. She said I just need you to know that I woke up this morning with every intention in my heart to serve you and your family during these times. And, wow, when was the last time anybody ever said that to you? And she did? She showed every time she walked in the room. It was calming, it was reassuring, it was all of that.

Dr Mary Kelly: 7:35

And then, as I've had more people in my life transition, I've studied the process, so now certain aspects of it don't scare me as much as they used to. You know the death rattles and the breathing and all that, and then you're able to be better for other people. What your listeners might be interested in knowing is I've been widowed twice, and from cancer, and so I know what this looks like. And the first time my husband died in the hospital and I thought, okay, that was a mistake. I really didn't have a choice. He was in the ICU with a breathing tube, but with number two he said I do not want to go back to the hospital, just keep me out of the hospital. And thankfully for hospice, we knew what to do and those folks showed up at the right time, did the right thing and they had mentally prepared me for what was to happen. And I just think it is a special calling, it is a special privilege to be there with people at these transitional times of their life and I'm wildly grateful to those folks.

Chris Comeaux: 8:39

Well, you know, Mary, you and I didn't talk about this, but something occurs to me. I think this might be a really cool way to segue into us talking about leadership and challenges, and so I am very biased, because I have almost 30 years now in hospice. It is the most brilliant model of health care ever devised and there's incredible leadership principles embedded in the model. First off is the belief that people are body, mind, spirit, social,

emotional component. We are holistic human beings. That's actually why there's a team of professionals. There's a doctor, a nurse, a social worker, a chaplain, a CNA and a volunteer, and they come around that patient and the family. So, as you just alluded to, it wasn't just about your family members, it's about you as well. And then they have a care plan that keeps everybody on the same page. So teamwork, the ability to have a common goal that you're working towards.

Chris Comeaux: 9:30

In fact, one of the things that we work with our hospices is what matters most to that family, Like, really find out what matters most. When's the last time someone had a healthcare experience or someone asked what matters most to you? Quite often people feel like healthcare is like a conveyor belt and it just does stuff to people and so meeting people, finding out what matters most to them. It's beautiful and the amazing thing is that. So I got to travel over the country. I've probably seen over 150 different hospices and I start to be a little bit of a prophet, because I saw what happened in hospitals and like patient satisfaction scores, quality measures all of those things were going to come to hospice and kind of my prediction was you could have a dysfunctional leadership team. But the hospice team does what they do and it's good because the system that they reside in is a brilliantly designed system. But I started to say but there's a time coming with major changes and challenges, so that real alignment of leadership and staff is going to become more and more important in the future. And now those times are here. So I just want to set the table that way because I think you're going to be able to really kind of take off on that. But you obviously talk about leading through challenges, crises and change. I'd love for you to share that wisdom, because I've grown up 30 years.

Chris Comeaux: 10:50

The hospice benefit is actually almost 40 years old now. It's amazing. It was during the Reagan administration, Bob Dole, who was a great veteran, who's the person who put forth the actual benefit. It makes America different because we're one of the few countries that has a paid benefit for this type of care. Many other countries actually don't. Like in England right now they're struggling. It only covers about 50% of the costs, so they're expected to fundraise the other 50%. But all that to say, we are in some whitewater, rapid times of change, reimbursement cuts, regulatory increases. The other interesting thing, Mary to know when I started in hospice, 75% were nonprofit, 25% were for-profit. That's totally a flip-flop now, and so these local nonprofits are competing against corporate America very large. They're actually publicly traded hospices now, and so it's really a time of huge challenge and crises and change, which again makes you a perfect person. So you want to take from there.

Dr Mary Kelly: 11:51

Well, first off, I think hospice is the most cost-effective thing ever, because I again compared my husband dying in a hospital for you know the next one dying at home and the cost differential was mammoth. And those hospice people came they said we'll be here for like 45 minutes and help you with whatever you need. I was like okay, and they said can you do this? I said well, I've been doing it for a couple of years, I've been caregiving for a couple of years. Yeah, I guess I can, and it was just nice to have somebody there who kind of understood and I got to tell you. I tell people call hospice earlier than you think. Where I had hesitation was and this is my ignorance, so I just need to share this. I know that you need two doctors to get hospice approved, but I couldn't get him to the doctor because he was dying on the couch. I could not physically get him to the doctor. And when I called his doctor's office, I said look, I can't get him to the doctor because he was dying on the couch. I could not physically get him to the doctor. And when I called his doctor's office I said look, I can't get him there, what do I do and they're like well, then you have to call the ambulance. I can't call the ambulance because then they'll take him to the hospital. I just need you to sign off on hospice. And they're like we don't know what to tell you. His doctor's office did not understand the hospice process, did not understand the hospice process. So I've been beating the drum and been the disciple on this. To go doctor's offices, physician's offices, practitioners need to understand the process, and if somebody says I need help on this, first off what you tell us is call hospice, they figure that stuff out. Thank goodness they will figure it out, but I thought I had to go through as primary physician, so that was my misunderstanding, but they weren't any smarter than I was. So there was that and you have to remember that when people are faced with a diagnosis or a challenge, like what's going on in Western North Carolina, which absolutely crushes me, or something tragic, bad, a crisis, a challenge, a change, everybody went through COVID together. So COVID is an easy example.

Dr Mary Kelly: 13:48

We all respond in kind of the six different steps. The first step is rejection. Somebody says you have incurable cancer. We say oh no. They say you know your child has this disease. Or a hurricane just hit Hendersonville, North Carolina, you say, oh no. Your first response is oh no, it doesn't matter if your kid gets in a fender bender. Your boss comes in and says we're going to get a new software update. Oh no. The response is the same oh no, no, you reject it. The second stage is you recognize it for what it is. That's okay, my kid got into a fender bender, I need to go pick up the car. I need to go pick up my kid. We've got this diagnosis.

Dr Mary Kelly: 14:28

What does this mean in the short term? Okay, this might mean you're not going to be able to work for a while. This might mean whatever. This might mean we don't have power, we don't have water. How long is this going to last?

Dr Mary Kelly: 14:37

There's that moment in time where you're just trying to get through the day. That's stage two. Then there's so you have this rejection stage, and then you've got the recognition stage. And then you have the realization stage where you say, oh, we're not going to have power for months. We may not have power for months. This disease is not going away anytime soon. This is not something that can be cured with aspirin and cough drops, or this is an issue. And that's when the leadership part kicks in. And you're certainly seeing that in North Carolina right now.

Dr Mary Kelly: 15:11

This is where people say, okay, nobody's coming to save us, we've got to rely on each other. How do we get organized, how do we take the right action at the right time to help us? But it's still very myopic. You're still focused on you, your situation, your job, your road, your house, your trees, your disease, your kid, your dog, your homeschooling, whatever it is. It's myopic. And then the fourth stage is the resolution stage. Okay, this is tough, we can do this, we can do this, we can do this.

Dr Mary Kelly: 15:40

And when people start rallying like that, they're still in those first four stages and it's still myopic, but they've got it. So it's rejection, that recognition, the realization and then the resolution. But these first four stages are still very myopic. And here's where the danger comes in, Chris. People stay there and they replay those first four stages. They wake up with their coffee cup and go oh no, we're still on this, we still don't have power. All right, how am I going to get through the day? Okay, this could last for a while, that's okay, we can do it. They replay this every single day.

Dr Mary Kelly: 16:15

And here's what you and Jeff and a few of your friends have been doing, which pushes you outside of those first four stages of being very myopic, very inwardly focused. You look around, you get that sense of what the new reality is and that's stage five. This is in the military. We call it our situational leadership. You may not like the fact that you're surrounded on three sides. You may not like the fact that you're in stage four. You may not like what you're dealing with, but you understand it for what it is. And then you can take external action. And in the external action phase and this is where real leaders reside is the

realignment phase. All right, got it. We may not like the situation we're in, we don't have to like it, but we do have to deal with it. And this is where you become external. You're not being myopic, you're looking for other people.

Dr Mary Kelly: 17:07

You ask questions like, first and foremost, how do we help other people? How do we help other people get through this? What do they need from us? How does this change our time, our resources, our leadership? How is this going to realign how we spend our time?

Dr Mary Kelly: 17:20

People of North Carolina were not counting on not having power, not having electricity, not having their businesses open, not being able to take showers on a daily basis, not being able to communicate with friends. They weren't counting on this. It was supposed to be a hurricane that hit and then moved on, and we're going to fix things for a day or two and then be fine, and that's not what happened. So now it's. How does this fundamentally change our strategy for the rest of the year and next year and maybe the year after? Does it shift where we live, how we work? What's going to happen Again? How do we support the other people around us? How does this change our resources, our leadership, our strategy, our tactics, our day-to-day activities, because we need to be focused on other people and how do we help people process the fact that their entire lives have been upended for a long, indeterminate period of time? What do we do next? And from there you put together a game plan, but it's externally focused, it's not inwardly focused, and that's where real leaders reside.

Chris Comeaux: 18:27

Wow, that's amazing, Mary. It feels so incredibly profound. I feel like I need to go get Jeff to finish the podcast and release it to our team, like this afternoon, because we actually have a team meeting. But this speaks so much to what I'm seeing, what I'm experiencing, what I'm seeing others experience you and I, when we're in kind of show prep the realization of there may be communities without water for months and just the. That's just as huge and what people are going to do about that.

Chris Comeaux: 18:59

And I'm kind of wired as a person of action and I think some of our team has been like what are you and Jeff doing? Going out to these communities? Shouldn't you be in the office? And you know, kind of. But it just felt like we needed to go do something. And it's interesting. I feel like Jeff and I got back late last night. We had an amazing day out in the field and just some mini miracles met some cool ex-Army Rangers doing some cool

MacGyver stuff out there, just helping these beautiful mountain people that have just been devastated, and I felt like a shift internally and I even know how to put words to it, but like okay, they've got the resource and now it feels like there's like a pivot point that's about ready to occur and I feel like you just kind of gave a framework for that. In fact, Mary, is that probably a good segue, that I think there are five steps you teach for the pivot? Is that correct?

Dr Mary Kelly: 19:52

Yes, because many people, Chris, as you know, they just don't know what to do. They're stuck, they feel like I'm not an army ranger, I'm not an Navy SEAL, I'm not a force recon Marine, I'm not a CB. I don't know what to do to make all this happen. So you have two choices you can sit in your house with no water, no electricity, and you can bemoan the fact that you don't have these things, or you can take action. Now, physically, some people simply can't take certain action that other people can. My army ranger friends can leap tall buildings in a single bound. They're supermen. But everybody can do something and if we're all heading in the same direction, this helps. So I use the acronym of pivot. I love acronyms. It's a military thing. If I can't number it, I make everything begin with the same letter of the alphabet, like the six stages of a crisis, or I make an acronym out of it so I can remember it.

Dr Mary Kelly: 20:43

In taking action and thinking about what you have to do, you look at the given situation, you assess the situation and then you start to deconstruct the pivot. The first is what's our purpose? The P is our purpose. What do we need to do today? It would be great to get gallons of water to these folks in these mountain areas. It would be great if we could work on this. It would be great if we could haul this many things. What is our purpose? It doesn't have to be saving the world purpose. It is today's purpose. What is it? And then we think about what's going to happen tomorrow and next week and next month. But think about that purpose, because that gets you out of bed, that gets you out of the house, that gets you out of your own thinking. Your purpose is greater than yourself because you're there to serve others. The I in pivot is how do we set ourselves up every day, like my lovely hospice worker, with the intent to positively influence and inspire the people around us, even if you don't feel inspired, even if you're feeling despair, gloom, despair and all that, even if you're not in a great place, if you show up and say, okay, my feelings don't matter today, I know everybody's feelings matter. Everybody will tell you that. But guess what? If you're in a situation and you just can't get out of your own head, you need to put those aside and say, okay, maybe my feelings don't matter in this moment as much as other people. So how do I be prepared to influence and inspire the people around me? Through my actions, not going

in and go. Hey, everybody, we can do this. Yeah, okay, be quiet, go away. We don't want that, we don't need that. But maybe by my actions people go. Oh, I really needed this gallon of water, my kid really needed diapers, we really needed those peanut butter and crackers this morning, and that helps. And then we assess the volatility. The V in pivot is the volatility.

Dr Mary Kelly: 22:38

Chris, when I was in command in the Navy and I had great jobs in the Navy, I need to tell you I started my career hunting Russian submarines, then Chinese submarines, then the Republican Guard and then terrorists. And that's how I met my Marine Corps. Husband was we were looking for the same bad guys at the same time and that was a beautiful, wonderful thing for me and that was great. And then I was running a base that some people have heard of called Pearl Harbor Sorry, my light got weird and I got to work with that fabulous team. We had shipyards and medical facilities, a full hospital, childcare, we had banks I mean, we're a city, is our military bases a great team. And then I got to be a chief of police. I grew up in Texas, so that wasn't really much different from how I grew up in Texas, being chief of police, and then I had command and then I was an HR director. If you've ever been shot at or your life's been threatened in any way, you know it gives you a strong desire of a will to live. I will tell you, being an HR director just made me want to die every single day. It's just, you know, you're looking at policies and people, problems, and people come in and go. My person's not working. You're like well, tell them to work and they're like I don't know how. I'm like, oh, you know, I had a lot of people anyway. And then I went on to be a professor back at the Naval Academy. I had a wonderful career and was very, very blessed.

Dr Mary Kelly: 24:00

But when I was in command I used to walk around and ask the dumbest question ever and I thought it was good management and I was wrong. I would walk around and go, hey, how are you doing? And you know what I would get Good, great, fine. And I believed it, Chris, because I wanted to believe it. I wanted to believe everything was good and great and fine and everybody was happy to be there, proud to serve, every day's an adventure, like the commercials say, and I didn't have to worry. Well, guess what? That didn't tell me anything and that was wrong.

Dr Mary Kelly: 24:28

So now, instead, I have changed the question. I'm trying to assess where people are. Instead of that, I'm like okay, on a scale of one to 10, 10 being absolutely fantastic, can't get better, one being keep me away from tall bridges and buildings. Where are you today with everything going on? And if somebody says I'm about an eight, okay, well, what's going to

get you to a nine? And sometimes the answer is bourbon, okay, sometimes that's the answer. Or a margarita, or you know what. I'm good. And sometimes at work it could be. I wish our internet was faster. Or my computer has started to die and I think I'm going to need a new one. I'm just not sure what the process is. Or I need paperclips, okay, all those things as a boss, I can fix, so that's an easy thing. Okay, I can get you from an eight to a nine, that's all right.

Dr Mary Kelly: 25:16

But if somebody says I'm a three, I'm a four, I'm a two, whoa, that's all. Stop, that's you're going to. You're going to stop the ship where it is and you're going to say, hey, let's go for a walk, let's have a chat. I'm not sure you want to talk to me and I'm not sure I'm the person to strategize with you about what's going on. But I need you to know. We've got resources and I just want to pull you out of your head for just a second. If you want to talk to me, that's fine. If you don't, I'll find somebody for you to talk to. What can I do to get you from a three to a four, a four to a five? What's going on? And sometimes it's my kid's an idiot and they're being stupid, or my spouse, or we had a fight, or I had a flat tire, but sometimes it's more serious and sometimes you didn't even know it was that serious. So we have to assess the volatility of people where they are, not what we want to hear.

Dr Mary Kelly: 26:07

Number one and number two if you're going to do that, you have to be prepared to take action, and that's what a lot of people, I think, don't want to do. They don't want to take the action, they don't want to be bothered, they don't want to actually spend the time. My leaders I work with great leaders I'm so fortunate great organizations, good people trying to do the right thing and my leaders say I would like to show my people I care about them more. I just don't have time, like okay, so think about the emails you answered today that you maybe didn't need to answer. Maybe somebody else could do that. Think about the paperwork you did today. Think about the stuff that kept you locked away from your people that maybe doesn't matter to them in the long run. Would it have been better to walk outside, talk to your folks for five minutes, tell them they're doing a good job and show your people you care. What would give you a better ROI in the long run?

Dr Mary Kelly: 27:00

And I said and if you're going to ask me, I'm going to tell you need to reach out to the people every single time.

Dr Mary Kelly: 27:04

Now, that's not easy because a lot of us are natural introverts and we just hope people show up every single day and do their job and they're happy when they do it. But that's not reality. The reality is we've got to get out there and lead people on an individual basis, and people talk about this all the time, Chris, and you've seen it. People say well, how do you lead Gen Zs, or how do you lead women, or how do you lead people in North Carolina? And to that I always say you know what? You don't lead demographics, you lead individuals and you lead them where they are, based on what they need in that moment. And this, by the way, is something I think hospice does a great job with, because they are there and they know every family situation is different, every patient is different, and when they can show up and just react to what that family, that patient, needs in the moment, that's assessing that volatility. Do you want to comment on that before I move on to the other two?

Chris Comeaux: 27:59

No, actually I was going to. This is just amazing. I'm ready to go to the other two. That's amazing, keep going.

Dr Mary Kelly: 28:05

Okay. So the O in pivot is finding opportunities where other people see only problems, and by opportunities it's opportunities to serve. So when you think about what we get to do and the people we get to serve and we think about it as a privilege, instead of a have to, it's a get to. What are our opportunities to serve? What are we uniquely positioned to do right now that other people cannot? They don't have the resources, they don't have the experience, and I'll just share with you.

Dr Mary Kelly: 28:36

A friend of mine lost her husband very recently and when I lost my first husband I said you know, I'm in a unique position. I was 40 at the time. I said when my friends start losing their spouses, I will know better how to respond than how some of my friends responded. Some of my friends, after my husband died, said things that were not exactly the right thing, so I just want to share one or two of those. One of my friends said I know exactly how you feel losing your husband. I lost my cat last year and you know the little voices in your head. So the little voice in my head wanted to scream that's not the same, or that's a very strange relationship you have with your cat. And what came out of my mouth because I was raised well by good parents was that had to be very hard for you. And then somebody else came up to me and said I was 40. And he said with all the love in his heart he goes, that's okay, you'll find another man. They're interchangeable. And I was like that's not exactly how this goes. And what came out of what my mouth was thank you so much for caring. We have to respond in the moment in that way and I have learned.

Dr Mary Kelly: 29:42

And when my friend went through this with her husband, she calls me and she says I think he's got pneumonia. I'm like he doesn't have pneumonia. These are what the symptoms sound like and look like when you're getting close to the end. I said I need you just to understand. This is. What he wanted was to stay at home. Talk to the hospice people. You don't have to take him to the doctor. Talk to the hospice people. We know what this is and it's not pneumonia, and all my hospice people, of course, will know that too. But she didn't want to tell the hospice folks because she was like, well, I need to take them to the hospital. No, no, you don't Talk to the hospice people. So that's us seeing the opportunities to serve as an opportunity instead of a burden, which I think some people see it.

Dr Mary Kelly: 30:24

And then the T in pivot

Chris Comeaux: 30:26

Just

Chris Comeaux: 30:26

a key word in what you said there, Mary, just a key word in what you said there, Mary. I just wrote it in big bold I get to versus I have to. Yea h, I actually had that on a whiteboard in my office and I think it's been covered with some papers. I need to pull that off. That just feels such like a beautiful reframe. So, I'm sorry, continue with the T, it is.

Dr Mary Kelly: 30:43

And I know that right now, for the people in North Carolina, they're thinking okay, I all of a sudden I have to clean that mud out of my basement, I have to clear the trees. I have to do this. I've got to get my chainsaws, you know, powered up, I've got to get electricity, I've got to barge. I mean, I have to. I mean, and there's so many pressing things and they are. They are all a crisis and a catastrophe and a challenge and all of it. And we're so lucky that we get to do this. We get to rebuild our homes, because we live in America and we have homes to rebuild. We get to deliver supplies, because you know what, we're so blessed to live in a community that is so generous with the giving. And we get to help our neighbors, because our crises can be put on hold for a couple of days while we help our neighbors. And there are the rest of us in the rest of the country that you know I called Meredith. I was like where can we send stuff? What do you need right now? What do people need? And we've got out here. I'm in Colorado. I bounce between Colorado and Texas and Tennessee because you know I'm running from the law anyway. But we've got truckloads. People have posted on Nextdoor hey, I'm driving stuff out to you know, to North Carolina on Saturday you can drop

off a box and we'll find a place for it. And y'all have been so good about saying, hey, here's where our hospice are and this is what they need, or this is what my people need, or here's this. And the trucks have gone out. And I know personally of so many people who just went to their local Walmart, loaded up water and started driving to North Carolina, like it's so amazing that we get to do this, that we get to help each other, that we're so fortunate and we are a country that comes together. So that, to me, is huge. And even in our day-to-day lives, when you're not necessarily facing a huge challenge or a change or whatever, maybe you're a hospice worker and sometimes you come home at the end of the day and you've got their emotional baggage on you, because the reality is you lose patience. You do. That's the reality. But how wonderful it is that we get to be there at people's most vulnerable time, to be able to gift them with help at such a critical time. We're so, so fortunate.

Dr Mary Kelly: 32:49

And then the T in pivot. So we've had purpose, we've had influence, inspire, assess the volatility, find the opportunities to serve. The T is making sure we've got the right tools, techniques and tactics. Do we have the right go-tos for us? Do we have the right things that keep us going? And training is part of that tools, techniques, tactics, training. We've got to make sure that our default is to the good. So let me explain what I mean by that. Our training has to be such that we default to the good.

Dr Mary Kelly: 33:21

When I was deployed, I was a pilot, I was a pilot, I was a pilot, I was a pilot, I was a pilot, I was a pilot. One of the rules we had in my and I just need to share with you everybody in my family, all my siblings, everybody's military. My parents weren't military but my older brother's, a Marine, married Navy. I had my husband who was a Marine. Then I had Navy. Now I've got another Navy, so we're keeping it in the family. My younger sister's Air Force. She got Navy. My younger brother's Navy pilot.

Dr Mary Kelly: 33:44

We all talk in short, choppy sentences. We tell each other what to do. It comes across a little brusque sometimes, I'll be the first to admit it, but we don't have to say all the words to each other, because there's such a high degree of trust and love that some of the words that other people would find necessary to say, like thank you or hey, I love you, and all that we don't really need to say it because it's understood and it's understood at the most cellular base level for us. We can go hey, I need you to do that. Or get in to see mom, and this is what she needs. We will order each other about because we can do that. But we have to default to the good.

Dr Mary Kelly: 34:23

So when we're deployed, a lot of times there's bad communication, especially if you're talking in short, choppy sentences or you're in the field and maybe you're in a stressful situation it's the military, it happens you default to the good. If there's two ways to take something, default to the positive way. So if you get a letter from home and it's you know, I'm just really frustrated with all the stuff. I have to do around here, or somebody has an offhanded comment. I have to do around here, or somebody has an offhanded comment. Before you react in a negative way, try to see it from the good side. What if they meant it in a good way. What if they meant it in the best possible way? What if they meant it in a way that you're not interpreting it? How could you interpret that differently and have it be positive? So, default to the good.

Dr Mary Kelly: 35:09

Right now, I think in our country everybody's just looking for an excuse to be mad and offended and upset. And wouldn't it be great if somebody took a statement that somebody maybe just was an offhanded comment and just assumed it was a compliment. Assumed it was a compliment, assumed it was to the good. Default to the good. So if somebody says, hey, I think you're in my seat on the airplane and you kind of know you're not, you're like, hey, default to the good. They haven't ever flown on a plane before and they just don't know.

Dr Mary Kelly: 35:36

Default to the best possible understanding of the situation. Instead of wow, you're a jerk, you know, it's so easy to go there. So default to the good and rely on your training that allows you to respond as wow, that had to be really hard for you losing your cat. Instead of wow, that's a really messed up situation. You got going on there, isn't it?

Dr Mary Kelly: 35:59

Default to the good and have the training, have the tactics, have the techniques in place that allow you to respond in the best possible way. And so, again, sometimes at work it's just a tool. Maybe you need paperclips, maybe you need better pens, maybe some people who are out there, maybe they just need a bottle of Windex Okay, maybe we can get them some Windex, you know, let's. Let's see what people need tools, techniques, tactics and training and see what that looks like. Or maybe somebody sitting there looking at a chainsaw and maybe they don't know how to use a chainsaw so they're paralyzed into not using it because they don't know how. Okay, army Ranger, buddy, go show them how to use a chainsaw and let's get them going. And maybe they're going to have, and all of a sudden, that person who doesn't think they can manage a chainsaw is now having the best time ever. Like, let's default to the good and help people in the best possible way.

Dr Mary Kelly: 36:49

And this works, by the way, for business, it works in your communities for a fundraiser, it works during a time of a crisis or a challenge or a change, and it also works if we're trying to elevate our organization. You know we talk about change all the time and change kind of implies I just learned this from my buddy, dan Burris, who's super smart, and he says you know change implies you have to change because you're doing it wrong. He says what if we instead use words like transform or elevate? And I thought, oh, that's better. So what if we rebuilt better? What if we looked at this as okay, well, maybe as we rebuild we don't just want to go back to what we had. Maybe we elevate things to where they're maybe a little bit better, just in case.

Dr Mary Kelly: 37:35

What would that look like? And how do we look at this as a positive? Okay, we really didn't need this catastrophe right now. How do we look at it? And try to make the very best of it? And it looks very Pollyanna-ish at first glance, but at the fundamental level, we say, okay, this wasn't what I intended, wasn't where I wanted to be, this is not making me happy right now, but what if I could change it into something positive? What would that look like?

Chris Comeaux: 38:02

That's incredible, Mary gosh. There's so many pearls in what you're saying that definitely feels like a brain tattoo to default to the good. I think that'll work even in a marriage as well every relationship and it's interesting We've even started to talk internally that we're trying to basically banish change from our whole lexicon, because there is like this angst around that word, and so I love what you said there about. You use words like maybe innovate, transform, never thought about it before that it does almost imply that you're doing something wrong. Therefore you have to change. That's brilliant. Well, when I was doing a little bit of research, there's something that I bumped into and I wonder if this is a good place to go. Next, you have something called a blind spot assessment. Can you take us through that? Yes, if this is a good place to go. Next, you have something called a blind spot assessment.

Chris Comeaux: 38:51

Can you take us through that?

Dr Mary Kelly: 38:52

Yes, so during COVID I worked with a lot of physicians who, frankly, struggled. A lot of my physicians they felt pulled eight ways from Sunday. They didn't have the right gear, they were frustrated, they were angry. Some of them were just some of them who are in charge of physicians groups and other organizations were just really scared that they were making

the wrong decision and they were worried and they want to do the right thing, they want to help their patients and meanwhile there's just a lot of things competing for their interests.

Dr Mary Kelly: 39:18

And, let's face it, a lot of physicians went to school to be doctors, not managers, not administrators, and so for them and my other CEOs, I needed an assessment. I needed a mirror that would be quick and easy and effective like three minutes so that it would hold up a mirror to them and go hey, here's what's kind of going on around you and you might want to be aware of how you're being perceived. You know your natural inclination to analyze things is awesome when you are dealing with thousands of variables with that patient, but that analytical brain is also causing you to ask a lot of questions of your staff during a time of crisis and they're perceiving that as you micromanaging them, or they're perceiving them that as you not trusting them to do the right thing, or they're perceiving this just as an example. So we came up with eight possible leadership styles, four main ones Again, it's an acronym competitors, analyzers, motivators or peacemakers. And then four ancillary combinations of that stabilizers, connectors, energizers. And then, in doing this, it's based on the science of DISC, but it's not DISC, so it takes three minutes. It's called the Leaders Blind Spot.

Dr Mary Kelly: 40:32

Slash Superpower Assessment Takes three minutes and it is available with the links that we're providing to all your listeners. They can take this. It is free, 100%. We just want to share this with folks so that they can better understand how they're being perceived and also some areas where they might have a little bit of a blind spot. Chris, I took it for me and I went through the results. I went oh, ouch, ouch, ouch, and that's the blind spot. When you get to the ouchy moments, that's the blind spot where you go.

Dr Mary Kelly: 41:01

Oh, yes, my natural charisma, my enthusiasm for things, can be perceived as being a little irritating and overly exuberant sometimes, and people need to put some of this exuberance in a box. Okay, I get it. I can see it. So we all just need to be very aware of ourselves. But also when we know somebody else is perhaps a motivator and they want to get out there and stay excited and stay enthused and persuade people, but maybe they're a little thin on some of the details.

Dr Mary Kelly: 41:29

So how are we going to do this? Well, we don't know, we're just going to, and maybe you're the person who's the analyzer and you want all the answers to all the details and you've got

a motivator going. No, no, no, we can do this. I know we can and they're like yeah, no, we really can't. All of a sudden, you've got a disconnect. If you just understand how your styles are different, you can say okay, in order for me to move forward, I'm going to need this from you, and what you probably need from me is this and then we can lead each other to a common goal and a common solution, instead of they're just too enthusiastic and they don't know what they're talking about, or they just keep nitpicking and they don't see the big picture, or they just keep nitpicking and they don't see the big picture. You know, we really just need to understand each other at our intrinsic level so that we can work better together.

Chris Comeaux: 42:15

That's really good. One of the ones that we use with the hospices we work with Mary is MBS Management by Strengths. I've been exposed to all of them. I feel like it's all this similar well of wisdom, using different words. But the cool thing that really resonates in what you just said every color again, whatever the assessment tool, there are amazing gifts and superpowers that you bring to a situation. But sometimes, and especially in times of stress, you may magnify or take to the extreme that general profile or whatever that superpower is. So then it actually becomes a bit of a shadow. So it all has gift and it has shadow as well, and so, being aware of that, it's almost like can I perform in the moment the right modulation of what's needed? Does that resonate, or would you state that in a different way?

Dr Mary Kelly: 43:08

Oh, absolutely, and I've used that one as well, and there's usually a cost associated with that, and I needed something that we control so that it would be free to folks and easy and fast, and they can do it right now and they get results right now. And all of a sudden they go oh, I do that, or oh, that person does that. And that's why and it's especially helpful I tell people I go okay, try it here, but then take it home and do it with your spouse or your partner and see if it doesn't give you some interesting insights. Because fundamentally, I think most people are good. I think most people are trying to do the right thing. I think most people are good. I think most people are trying to do the right thing.

Dr Mary Kelly: 43:54

I think most people are honestly trying to do the very best they can, but sometimes we don't know how. And I tell people you know a ship in the middle of the ocean. You got to pick a direction and go somewhere, otherwise you'll get swamped by a wave. That's just what happens. You got to pick a direction, you got to go in that direction, and it's helpful if that direction is somewhere close to where you want to go. But sometimes you just don't

know and sometimes you got to do some exploring to figure it out. And you know we're all on this journey together and nobody's got it a hundred percent figured out. You know we're all just trying to do the best we can every single day with what we got, and as long as we're doing that, you know nobody can fault us.

Chris Comeaux: 44:24

Here's my final question, Mary, as I, as I kind of peer into the future, at least kind of get my little, my little spy glass on the prow of the ship, since you're a Navy person how do we navigate rapid change without burning out staff, because it's multiple, simultaneous, like we had this big plan this year for our team. No one had Helene response anywhere near that was nowhere near what we have to. So multiple rapid change just feels like where we're going. So how do you do that without burning people out?

Dr Mary Kelly: 44:55

The healthcare world has experienced change like no other industry. Okay, so let's go back a few years. Remember we started out with, like, the ACA, and then there was the additional stuff that we had to do with the ACA, and then we had that macro fund. Remember that good stuff? And then we had that macro fund remember that good stuff. And then we're going to do ICD-10 coding. Let's go from 600 to 10,000.

Dr Mary Kelly: 45:12

By the way, in the fun world, whoever those people are who created those 10,000 codes or whatever, I'm pretty sure they were drunk half the time, because there are some ridiculous ICD-10 codes out there and I'm not a coder and I don't know all those things. But if you've got a ridiculous code, somebody please send me an email and tell me about it, because I find this to be hilarious. My top ones are struck by a turtle. Really, that's really a problem. Being sucked into a jet engine Okay, that actually happens in the Navy Not very often, thank goodness, but the funniest one is being sucked into a jet engine for the second time. Like second time. How many times do you have to learn that object lesson in order to understand? Maybe this is a bad idea. So, anyway, if you've got a good ICD-10 code, send it my way.

Dr Mary Kelly: 45:52

And then we think, okay, everything's going to settle down. Oh no, no, no, no, let's do electronic health records because that's going to make things more efficient. Oh no, it doesn't. It sort of does in some cases. But you've got a last name of Mick Williams. Well, guess what? You didn't capitalize a W on this one, so it doesn't sync up with the other one, and we have to redo all these things anyway. And now you need five people to do insurance

for one physician because of all the paperwork involved. And then we get into all that, and then everything needs to be signed by certain times or you don't get paid. And then every state decides they've got different kinds of reimbursables. And then you know it would be fun. Let's have a global pandemic. Let's just throw that on top of everything. And then people are dying. We don't have suits and nobody's got PPE gear and everybody's supposed to be wearing underwear on their face now, because that's a face mask and that counts. Like it's been crazy. Okay, rant over, just saying that was so appropriate. Oh, thanks, yeah, they'll like that. Healthcare has gone through more changes than anybody else, and when we think about the acceleration of change. And now we're looking at AI solving all of our healthcare problems in remote areas. Because, yeah, let's get diagnosed by a robot who, by the way, can't put together a first grade math quiz. Okay, yeah, let's trust it for sure. It's a tool. It is not a panacea, it is not a magic bean. It is just another tool.

Dr Mary Kelly: 47:08

What we have to do is a couple things. First, the human brain does not like change. We have dinosaur brains. Our dinosaur brains, our limbic system, says do not change. If you change, you will die. All the things that got you here. See, that's a good thing. You didn't die up till now. So what you're doing must be working.

Dr Mary Kelly: 47:27

Our dinosaur brain pushes against us. This is why, after the end of a long day, you say, okay, I'm going to go home, I'm going to take the dogs out, I'm going to cook a healthy dinner, I'm actually going to work on my taxes, because they were due back in April, and then maybe I'll turn on the news and maybe I'll clean a toilet. And instead you know what you do. If you're me, you come home because you've done a lot of stuff that day and you've been really busy, and your brain's exhausted and your body's tired, you pour a glass of wine and you sit on the couch and you do nothing because your limbic brain goes lie on the couch, you won't get hurt, it's trying to protect you. So once we understand that our brain is trying to protect us from things that could threaten us and that includes change we go oh okay, that habenula is responsible for this, but it also is responsible for going oh okay, we're going to do it. Then let's do it. So if we rip off the Band-Aid fast, if you really want to get things done Mel Robbins is smart about this she says take action in the first five seconds, because it gets your habenula to go oh, we're really going to do this.

Dr Mary Kelly: 48:26

If you make the decision, you're fine, like people say well, how do you? You know, how do you decide to sit down and write a book? The hard part is deciding. And then, once your brain goes, you're going to do it today at three o'clock. It's on the schedule, you're going to

do it. Then you do it because the decision's already been made. It's like when they tell you you're going to get up and go run in the morning. Well, if you give yourself the option in the morning, when the alarm goes off at five o'clock, to not run. You're like am I going to do it? You're going to go back to sleep, you're not going to get out of bed? No, no, no, no, no. But if you laid your clothes out the night before and you made the decision in your head I am going to go run tomorrow morning. You're not giving yourself the option for anything else. Then you get yourself out of bed and you grab the dog and you go running. So, for change, the hard part is making the decision.

Dr Mary Kelly: 49:09

Let me bring it home in an example that might be more impactful for some of your folks. I feel really sorry for some of my. I've never been divorced. I don't know what it's like, but I know a lot of people have thought about getting divorced and I know that when they start thinking about getting divorced it starts them on the path and that uncertainty they haven't made the decision to get divorced. That is a terrible place to be because they're thinking about it and that place of indecision is a very, very bad place to be, especially if it goes on for years. So I tell my friends you know, if you can't start, you can't start thinking about that D word. You do not raise that in your relationship because once you start thinking about it, your brain goes into this period of activity Am I committed or am I not? And that decision now is in jeopardy.

Dr Mary Kelly: 49:55

So the decision is what's hard? So make the decision. No, we're married, we're going to stay married. That's how this works. Or whatever the decision is, I'm going to get up and go running. Making the decision is hard. Rip off the band aid of the decision. We're going to implement the new software system on Monday. We will now just take Navy showers every single day, because that's what we got, because we don't have water and we each get a gallon of water a day. That's a decision. Make the decision. Rip off the mandate. Implement the change and stop dwelling on it. If it's a change that you need to make, make the change.

Chris Comeaux: 50:30

Gosh, that is just a masterclass. There's so many pearls. Well, final thoughts, Mary.

Dr Mary Kelly: 50:37

We need y'all, we really need y'all. So many people have no idea and I tell my friends you need to call hospice sooner rather than later. I've been beating the drum on this and here's why there's a very different conversation when you call the police and say there's a body in my house, versus the hospice person making all the phone calls for you, and it's the biggest

blessing I think I was able to have in 2022 with. That loss was when hospice showed up and I only had him for five days, because that's as long as my hospice experience lasted. But a lot of people think it can only last for five days. I'm like, no, it can last for years.

Dr Mary Kelly: 51:21

This is a beautiful way to take care of people when they most need the care. We are taking away people's pain. We are taking away people's pain. We are taking away people's uncertainty. We are letting them have a path where they control things. A lot of people are afraid of death because they have no control over it. You know what? Hospice gives them some control, and once we've got control, then we're not scared anymore. So I love that. So thank you.

Chris Comeaux: 51:46

Thank you, Mary. Well, just first off, having you speaking to hospice palliative care leaders is a gift. You're a treasurer. There's so much wisdom in what you just said, so I think today's show is going to be a gift back to them, completing that kind of circle of love. So again, thank you for what you're doing. Maybe we want to have you back in the future. There were just so many pearls in it. It feels so profound to have you on right now. By the time we air the show, we'll be almost probably five weeks post-Hurricane Helene hitting Western North Carolina. So this is one we want to share far and wide. So again, thank you Mary. Appreciate you.

Dr Mary Kelly: 52:18

Hey, thank you so much for having me and thank you so much for all the efforts that you and Jeff and your whole team is doing to help folks at their time of need. It's critically needed and you're out there doing it. You're on the front line. So thank you.

Chris Comeaux: 52:30

Yep, thank you. And to our listeners, we thank you. At the end of each episode we always share a quote, a visual that possibly might create a Brain Bookmark, a thought prodger about our podcast, so you could just further your learning. Really, what we're after is like a brain tattoo. We want it to be able to stick. In fact, I want to give a shout out it's Angie Barker who actually does our brain bookmarks. I know Angie gets to listen to each one of these.

Chris Comeaux: 52:59

Angie went through Teleios University and this woman has a superpower. She picks the visual and the quote and then she works with Jeff and then Jeff does the final and he does the voiceover. I just want to give a shout out to both of them because it adds such a great

just a point at the end of each of our shows To our listeners again, make sure you subscribe. Don't miss an episode of the Anatomy of Leadership. Make sure you also tell your friends and family about it as well. We're going to put several links to all of Mary's resources that she mentioned, and also her books as well. So thanks for listening to Anatomy of Leadership, and here's our Brain Bookmark to close today's show.

Dr Mary Kelly: 53:29

Today's Brain Bookmark is an acronym PIVOT. P for purpose. What is it? I for influence and inspire. How do we do it? V for volatility Assess and be prepared to take action. O for opportunities we get to serve, not have to serve. And T for tools, techniques, tactics and training Default to the good.

Dr Mary Kelly: 54:37

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