

How a Hospital CEO Prepared for a Pandemic



PODCAST 3

Dr. Jill Sellers:

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Dr. Jill Sellers:

Our guest today is Steve Edwards. He is President and CEO of Cox Health in Springfield, Missouri. Cox Health is a private, not-for-profit healthcare system operating six hospitals, over 85 clinics, a provider-based insurance company, and other enterprises employing over 12,500 people and generating \$1.66 billion in annual revenue. Cox Health has been recognized for distinguished quality as a best hospital by *U.S. News and World Report*, and a best place to work by *Springfield Business Journal*, *Modern Healthcare*, and *Forbes Magazines*.

Dr. Jill Sellers:

Mr. Edwards, Steve, is in his 10th year as CEO and his 28th year of service to Cox Health. He serves on a variety of health and education boards in the state of Missouri and Springfield community and has a plethora of awards and honors to his name. The most recent honor was being named Humanitarian of the Year in 2020 by the Community Foundation of the Ozarks. Welcome to the *On Medical Grounds* podcast, Steve.

Steve Edwards:

Jill, thanks for having me. I'm excited to talk about a pandemic, when we're maybe, on the other side of the worst part of it. So we've gone through a lot and I'm glad to share what the perspective looks like from where we sit here, at Cox Health.

Dr. Jill Sellers:

Excellent. Well, let's give the audience a perspective of how you got to where you are? You were born and raised in Springfield, which is also where our *On Medical Grounds* podcast office is located. You attended a local university, Drury University for your undergraduate degree. You continued your education at Washington University in St. Louis for a master's in health administration and then, onto Baylor University Medical Center for a post-graduate fellowship. How did you choose this career path?

Steve Edwards:

Well, first I have to make a correction.

Dr. Jill Sellers:
Oh.

Steve Edwards:
And it pains me to do this, that I was not born in Springfield.

Dr. Jill Sellers:
Oh.

Steve Edwards:
I was born in Sedalia and I moved here at two weeks old.

Dr. Jill Sellers:
Okay.

Steve Edwards:
And I tell everyone, it took me a while to get everyone organized to move to my favorite place. So, I was actually born in Sedalia.

Dr. Jill Sellers:
Okay.

Steve Edwards:
Otherwise, everything else was right.

Dr. Jill Sellers:
My apologies, my apologies.

Steve Edwards:
No, no. I wish it were true, I love Springfield. So, I think one of the great things about going to a liberal arts school like Drury is, I think the most important thing is, you learn out there, is what you want to do. And I went down a lot of different routes to contemplate, what I want to do. I know that I wanted to try to do something more than make widgets, try to make a difference. And what I realized is, business classes, they just came real easily to me. And the idea of being in business for business sake wasn't enough for me. And I was interested in medicine and health. And of course, my whole family is in healthcare. I think everyone in my immediate family has worked in healthcare. I think we've added the numbers together, we had 170 years of service at Cox Health, alone.

Dr. Jill Sellers:
Wow.

Steve Edwards:
And so I think it just kind of came naturally that I explored all these routes and it ended up that, maybe I have some aptitude toward business and leadership organizations. And then this interest in healthcare seemed to solve my problem because I can maybe, be involved in a business setting, but also do something that I felt might be a contribution back to society, in a way different than many businesses.

Dr. Jill Sellers:

And even though you are now President and CEO of Cox Health, you began your career at Cox in a very different capacity. Tell us about that?

Steve Edwards:

Yeah. I began my career, in the same way, I want to end it, is on the grounds crew. So on a day like today, in the beginning of the summer, it looks like a great job, to be outside and just being worried about the ground's crew.

Dr. Jill Sellers:

Sure.

Steve Edwards:

That's how I started. I was 15 years old. I have one of my first pay stubs still from that and that's where I started. And then I worked in the ER at what we called, an orderly, back in the day. And I did that in high school and so, learned a lot about the organization that way. Yeah, that's where I started, on the grounds crew.

Dr. Jill Sellers:

How did those experiences help shape who you are as a health leader today?

Steve Edwards:

I tell this story. So, when I was on the grounds crew at the time, I still had a lot of growing to do. I think I was probably, maybe 100 pounds and probably 5'4", at the time. And we had a cooperative program, where we worked with recently released parolees. And so these are people recently released from jail and we had them on the grounds crew and I'm 15 or 16. And the supervisor of the grounds crew told me that, "Hey, you're responsible for these six guys."

And these were guys that were pretty hardened and one guy was showing me the scars up and down his back from a knife.

Dr. Jill Sellers:

Oh, yeah.

Steve Edwards:

They told me that, "You need to be in charge of planting all these flowers." And Cox North had this great reputation for perennials every year. And so I was supposed to direct these six people, right out of prison, to plant these flowers. And what I learned is, I found a really efficient way for me to do the work of six people. I was a little intimidated at 100 pounds, but I guess maybe the more important lesson is, you need to know every job in the organization, to some extent, to understand how important every job is.

Steve Edwards:

And I think I'm reminded every day that probably, if there's one person who could lead the organization for several months and no one would notice, it'd be me. Right? Because I don't have any great skills, I can't start a vein, I can't do too many things. And so it's a great reminder that we're a knowledge-based industry

and we need really smart people that specialize. And my only strength I think I can bring, is I try to set a tempo, a pace for the organization, try to set a vision, and try to hire people a lot smarter than me, which I think is the greatest advice I can give everyone is, just make sure you're not the smartest person in the room because if so, you're not very good at hiring people.

Dr. Jill Sellers:

I think my father said something similar to me about that, but I digress. So did you ever imagine that you would be leading Cox Health during a pandemic?

Steve Edwards:

Never, never. The idea that we had the Spanish flu, I honestly thought we couldn't have any quite like it because a lot of the deaths in the Spanish flu related to bacterial infections that could have been prevented with antibiotics, while the deaths would have been reduced by modern ventilators. And so my thought is, in the worst case of flu, like a Spanish flu, would never be as severe. I was worried about other pandemics, but never really imagined that I'd be in the midst of it, like we all were in healthcare, this last 14, 15 months.

Dr. Jill Sellers:

Well, I'm curious and I'm sure our listeners are. What was going through your mind as the pandemic unfolded?

Steve Edwards:

Yeah.

Dr. Jill Sellers:

That's a very broad question, I know.

Steve Edwards:

Yeah, it is. I'll go through maybe the progression of thinking. So, like many people, when we heard the news out of China about an outbreak there, I didn't have much concern. I felt that China, this autocratic country can lock things down. They're not an open press and so I didn't really trust the information anyway. And obviously, when it hit Northern Lombardi, that spooked us, spooked me and there was still people at the time explaining it away. "Well, there's a lot of Chinese workers and immigrants there. There's some cultural difference in Italian people, that they live in familial settings with multi-generations." All these nonsense theories that had nothing to do with how disease is really transmitted.

Dr. Jill Sellers:

Right.

Steve Edwards:

And when it hit Madrid, it was imminent, I thought, it will be here. And really honestly, one of the greatest tools I had was, I read three books on pandemics in probably, March. And the best one was called, *The Great Influenza*. And it was as if it was going to predict almost everything I would see, and it did because history repeats itself. And we saw a nation that was torn up politically, socially, we saw anger and we saw the economy get nearly devastated.

Dr. Jill Sellers:
Right.

Steve Edwards:

So, all those things, and then two people, I think deserve a ton of credit for helping us. One was Dr. John Lynch, who is based really in Seattle, but at the hospital that had the first outbreak in the United States. He's a good friend of our Director of Infectious Disease, Robin Trotman and he would give us, sometimes daily, into the day, updates, of what they were seeing. And it would include, "We had seven patients code within 10 minutes of each other. I've never seen this in my life."

They didn't know how to deal with exposures. We didn't have any real understanding of safety precautions at that time. He'd say, "You can't quarantine your employees because you'll run out of employees."

Dr. Jill Sellers:
Wow.

Steve Edwards:

And so those are scary stories. And then, one of our really great doctors, Jose Domingez, he's a colorectal surgeon. His cousin was an ICU Director in Madrid and he connected me with her and I could text her of course, the time difference and language difference, so he was our interpreter. And I would ask her, "What do we need to look for? What are you seeing that you would want to have known a month ago?" And she was amazing and she shared things that woke me into the reality of this disease. And she said, "Well, we had to shut down the community skating rink in Madrid because we ran out of places to store bodies." Right? You probably heard those stories?

Dr. Jill Sellers:
Right.

Steve Edwards:

She said, "We ran out of oxygen, and then we had to shut down a main street before the hospital and put in giant oxygen tanks." And that happened in the United States. And we were prepared for it because she told us. And she showed me images of nursing staff wearing swim goggles, it's the best they had-

Dr. Jill Sellers:
Wow.

Steve Edwards:

... for the lack of PPE. So in working with Dr. Trotman and Dr. Lynch in Seattle, and learning about the social, political part of this, helped us all understand, it is coming, it will come and we've got this gift of time. And that gave us this great sense of urgency. We often said, if there was a natural disaster coming towards your city and you knew you had somewhere between three weeks and three months to prepare for it, how hard would you work-

Dr. Jill Sellers:
Right.

Steve Edwards:

... knowing you could save lives? And I think that was a mentality of the vast majority of our employees and true of most healthcare. We've got a window to protect our community. So, yeah, powerful times for us, and of course, we're still living in it and we're still going to be with it for a while. But it's been a time that has brought us together, like a band of brothers almost. And it's a time that's going to leave a permanent impact on people, I think in terms of PTSD and other challenges that our frontline staff have encountered.

Dr. Jill Sellers:

How fortuitous though, that Dr. Trotman had a connection and then Dr. Dominguez had a connection? I mean, wow. I think everything happens as it's... Well, there's no coincidences, is what I'm trying to say.

Steve Edwards:

Yeah.

Dr. Jill Sellers:

So to me, that's amazing. So networks are important in this business too. So when did you know, or what was the timeline, when you knew that there were going to be some major challenges regarding patient capacity in the hospital and in the community? Was it because of the imagery that the physician in Madrid was sending you around that time?

Steve Edwards:

I think, in the beginning, we all learned a lot about epidemiology. I was really fortunate to have a really good epidemiologist in graduate school. And I remember taking that class thinking, "Why am I ever going to need this?"

Dr. Jill Sellers:

Little did you know.

Steve Edwards:

Right. And then I'm trying to pull out every nugget I could remember. But when we understood what the R naught was, what the transmission rate was-

Dr. Jill Sellers:

Yeah.

Steve Edwards:

... and knew how easily it looked like it could spread. So we did set up our Incident Command Center in February, which I think was early for a lot of places, but it got us ready. I remember the weekend on a Friday, New York City, which was already in the midst of this, had set up a mobile testing unit, and we had one up by Monday.

Dr. Jill Sellers:

Wow.

Steve Edwards:

And I'm just really grateful that our team looked at the advantage of the time we had and took nothing for granted. And then, just the blessing, I think of being in the Midwest and being alerted to the eventuality of, this is coming, but we can be prepared. So yeah, we set up the incident command in February. I know that most of our team worked continuously. I bet with few exceptions, working seven days a week for about five months, getting everything prepared and ready, and knowing what demand might be. And we have a brand new VP here, Ashley Casad, who came to us from Johns Hopkins, she's young and brilliant. And she started helping us with our forecasting, and those numbers were lining up very accurately. And the forecast was, "We do not have enough beds."

"And not only do we not have enough, but we know that all the hospitals don't have enough. Then we're going to have to take on more than our share to help because we're so far away from a larger city." So, I think that those numbers started coming in and we realized we had to find solutions and that's when we start building.

Dr. Jill Sellers:

Yeah. And it seemed, you were way ahead of the curve on knowing and understanding what to do in this situation. For example, creating a COVID unit before we knew we needed one. And I mean, how did you know? Was it these forecasting numbers? You're like, "We need to create this COVID unit."

Steve Edwards:

Yeah.

Dr. Jill Sellers:

And then, how were you able to convince people? That's the other thing.

Steve Edwards:

Well, that's the great benefit of being a CEO. Right?

Dr. Jill Sellers:

Sure.

Steve Edwards:

You don't really have to convince people. But we were very aligned, our leadership team was very aligned. I'll tell you, an epiphany for me was, I saw an image of a hospital, built overflow ICU in a parking garage. And I'm not very sophisticated and I just said, "I want one of those. We need this capacity."

Dr. Jill Sellers:

Yeah, okay.

Steve Edwards:

We also knew that we'd have patients that we had to protect from the disease and so we needed some separation, but our VP, Senior VP now, of nursing, Karen Kramer, was looking through solutions and we didn't think we had enough time to move it to another hospital location. And then we went up to the shell space in one of our newer towers and it's filled with used furniture and equipment. And had our

VP of Facilities, a man named Rod Shaffer, who deserves an incredible amount of credit. We grabbed our Director of Infectious Disease, our Head of Critical Care, Dr. Terry Culture, some of our nursing leaders. We walked around that space and we designed it before the night was over.

Dr. Jill Sellers:

Wow.

Steve Edwards:

And had a crew that we moved from other projects and they started that next day, as we began to empty the space. And then, it was two weeks before that was up and running and equipped, staffed and then we waited months and months and months. And people made fun of us, I think. Some of the community thought we were fear-mongering-

Dr. Jill Sellers:

Overreacting.

Steve Edwards:

... overreacting.

Dr. Jill Sellers:

Yeah, yeah.

Steve Edwards:

And I think that unit's open again, sadly. We were able to shut it down, but it's back open. Our numbers of bumping up a little bit, and we've realized that probably more than 1,000 patients have gone through that unit.

Dr. Jill Sellers:

Okay. Wow. Yeah. You also, throughout this process, utilized social media platforms to communicate frequently, during everything that was going on during the pandemic. And I would like to know more about your decision to have a more public persona and how you decided to use social media as an informational outlet and communication tool?

Steve Edwards:

Yeah. So I've long had a philosophy that for most CEOs and especially me, I did not want to be very public or very visible. I think it's dangerous because it's a big organization and if you become the feature of the organization, you do something that can embarrass the organization or it takes credit away from the rest of your team. And it also combated my introverted personality, not wanting to have much attention. And I always gave myself a caveat, that I'll do that, but I know that in a crisis, the CEO has to stand up.

Dr. Jill Sellers:

Right.

Steve Edwards:

And through my childhood in others, I saw a different crisis and I learned through school, that you have to stand up and so I knew I had to. I'm not even on Facebook, I'm not much of a social media person. Years

before, one of our public affairs person said, "Do you mind starting a Twitter account?" And I had to look it up and understand what it was.

Dr. Jill Sellers:
Right.

Steve Edwards:

And I still make mistakes on it. And I learned that I could publish, or put an article that was almost practice-changing literature and I'd get 10 likes. But if I put a big fish on there I caught, I'd get 200 likes. So I'm like, "I'm trying to understand why this media matters?"

Dr. Jill Sellers:
Right.

Steve Edwards:

So, I think the moment that I realized it made a difference was, when I became frustrated that Springfield was apparently not doing anything about preparing for this. And St. Louis had already announced that they are going to take protective, public health measures. And so I just tweeted that, "It's time for us to take protective measures." And I woke up the next day and it had 200,000 impressions or something like that.

Dr. Jill Sellers:
Yeah. Most people are listening.

Steve Edwards:

Right. And it got retweeted, which I don't think I even knew what retweet really meant. And then the next day, the city leaders called and said, "Well, we have a meeting about this. Do you think you should be included?" I'm like, "I do. I think hospitals should be involved in this decision." And they were very welcoming. And then I realized that, in the John Barry book about The Great Influenza, the greatest lesson that he thought all of us should've taken from that, is that we didn't tell the truth and hundreds of thousands of people died. And if I was outside of healthcare, I would want to know everything I could, good and bad, to keep my family safe.

Steve Edwards:

And so I think we, as an organization took this notion, that we've got to be absolutely transparent. If we don't have enough PPE, we're going to tell the world and we're going to ask for help and not have pride about it. And that, I think gained a lot of credibility. And then, someone would ask about PPE and we'd find out the supply chain was broken and they were profit-taking and so I would tweet that. And then, I'd find out Rachel Maddow retweeted it, and it gets 80,000 hits.

Dr. Jill Sellers:
Wow. Right.

Steve Edwards:

I'm like, "I don't even know what that means." People are telling me, "Who is she? What?"

Dr. Jill Sellers:
Right.

Steve Edwards:

And so then I learned, I would Tweet something, I'd try to wait, so I don't wake people up, but I'd tweet something at 6:30 in the morning and on my way into work, it would be on the news. So I had no idea how powerful the medium could be, didn't intend to make it powerful. Really, my intention was simply to communicate what we know, because we think it might save lives if we share everything we know. And I'm looking forward to the day where I just post pictures of fish.

Dr. Jill Sellers:
Again, yeah.

Steve Edwards:
Yeah, right.

Dr. Jill Sellers:

Well, I really applaud the transparency and the truth because those are things that we shouldn't shy away from, especially in a pandemic and especially when people's lives are at stake. So I applaud you for that. You had mentioned, you realized there were patients who needed to be protected from the disease, which I'm assuming are the non-COVID patients? So do you believe that any of the care given to the non-COVID patients was impacted because of the pandemic? I mean, I've heard that people in other parts of the country are blaming the overloaded healthcare system for being unable to attend to a family member's or other patient's needs, for example, cancer patients or trauma. First, is that a real concern? And then, do you believe the non-COVID patients suffered any because the healthcare system, in general, was overwhelmed?

Steve Edwards:

Yeah. I mean, I think there's really well-published papers on this and New York is the best example of a system, absolutely overwhelmed and the additional casualties that probably occurred. The higher mortality rate among COVID patients, for sure, not only because of capacity but also, they just didn't have the knowledge yet. And I think the other, and maybe a bigger factor is, people just reluctant to seek care with other diseases, cancer patients that aren't getting diagnostic tests and et cetera, because they were just worried about going to the hospital. So I think that's been an important factor. I think what helped us is, and I am eternally grateful for our board of directors who gave us the freedom to make decisions on the spur of the moment, decisions that would not aid us financially. There was a point we were losing \$1 million a day.

Dr. Jill Sellers:
Wow.

Steve Edwards:

And we realized that we were going to increase our staff. We were not going to lay anyone off. We were going to build beds. And I know that a typical for-profit healthcare system would have never done that because it didn't make financial sense. But ultimately our mission, if we're true to it, is really to care for our community. And so we built those beds. We added staff, we didn't lay people off and I believe that it

reduced the risk of maybe, unnecessary mortality among COVID patients because we had the staff and equipment for them. And I think the greater risk, I don't worry about the care we provided, other than I think it's important to have a family nearby and we couldn't do that. I think there's safety issues, having a family with a patient. But I think the bigger risk there, were people just declined to seek care, and then when they did come in, they were sicker.

Dr. Jill Sellers:

Months later. So how do we fully recover within our health systems and communities post-pandemic? I mean, I almost hesitate to say post-pandemic because we're not quite there. But how do we do that?

Steve Edwards:

Yeah. I mean, I remind people that there's a way to recover this and it's vaccinations. And it's been almost a gift that we can become vaccinated and we can protect ourselves and others. But also remind people, that if you look at the polio crisis, there's a lot of similarities that we should learn from. One is, 99% of people who contracted polio only had flu-like symptoms, only 1% had paralysis. So it's really similar to COVID, yet I will argue, in 1954, we didn't consider lives as expendable as we apparently do now.

Dr. Jill Sellers:

Wow.

Steve Edwards:

When I say we, I mean the fringe of society, that seems to be caught up in the almost QAnon theories about all of this.

Dr. Jill Sellers:

I understand.

Steve Edwards:

In rural Appalachia, I read a study in West Virginia, 10 years after the polio vaccine was widely distributed, polio was still endemic in those regions of Appalachian because vaccination rates were so low and so we run that same risk. We have a lot of the similar demographics. Our vaccination rates in our part of the country are lower and so I expect a longer tail of this pandemic and more of a chronic disease, where we'll likely have 20 patients in-house at any given day and three or four new admissions every day and three or four discharges and two or three deaths every week. And so it's going to linger on longer than necessary.

Steve Edwards:

But we've never had a vaccine I think, that's been as safe and effective, that's been trialed, essentially on 1.5 billion people so far, and with amazing results. So, that's our way through all this, is to be vaccinated. And then I think we come out of it smarter and savvier and hopefully, we come back together. Because during this time, we lost a lot of understanding and didn't give people as much grace as we should have with each other, because of the stress of all this and I hope we can come back together. An election year made it complicated and outside forces made it complicated. And our enemies are probably trying to create discord in our country too. And so it was a tough time for everyone.

Dr. Jill Sellers:

Yeah. I've been reading about the possible need for a COVID-19 vaccine booster. And do you have any thoughts on that and how are you and your leadership team staying informed to continue to position Cox Health on the forefront of this COVID-19 response?

Steve Edwards:

Yeah. I think the question about how enduring immunity is, is not answered yet. Right? All we know is we have 10 months of immunity and four months ago we had six months of immunity. So we don't know if it will be enduring for a year or five years. We do know that when your immunity reduces, it wanes, it doesn't stop cold. Right?

Dr. Jill Sellers:

Right, right.

Steve Edwards:

So we do think that, while the vaccine seems to be really effective against variants related to severe disease, less effective against mild disease, that it's likely, that it would make sense to probably have a booster, to not only make sure we have more enduring protection, but also to address some of the variants. And the variants, India is a variant factory right now, with so many people.

Dr. Jill Sellers:

Yeah.

Steve Edwards:

And the world is too small and transportation is too unfettered for us not to get that variant in the rest of the world probably, and we know the most infectious variant wins out. So, do we think of a booster? I think so. And I think one of the things that makes it more likely, is because our vaccination rates are so low, so we're not going to wipe this thing out, we're going to have a chronic period. We do think that the vaccines, likely provide more enduring protection than the actual disease itself. And so that's in some ways encouraging, and we know that we have an underlying acquired immunity through infections. And then maybe, we'll find out that there's some sort of almost native immunity, something that makes us different genetically, that makes some of us less likely and some of us more likely. Put all that together, I still don't think in our part of the country, we will shut this thing down as quickly as we might. And so that leads me to believe it's likely that we'll have a booster.

Dr. Jill Sellers:

Right. Well, are there any final thoughts that you would like to share with our listeners regarding COVID-19 transitioning or transitioning back to normal?

Steve Edwards:

You know, I think a couple of thoughts. One is, it's been really disruptive in relationships and I know people have lost friendships over differing positions. And it's important for us to try to keep pressing understanding and empathy because we know that this has been a really complicated time for people and that what we have is each other. And in many ways, we've lost some important part of what I think, being part of a society, is that we care for each other.

Dr. Jill Sellers:
Right.

Steve Edwards:

And there's been a lot of anger. What's been rewarding for me, is unlike so many, I'm not on an island, everyone in our incident command team, we're on the exact same page and it's loaded with experts. I think the head of our Critical Care Units is trained at Yale and Cleveland Clinic. And we've got Mayo Clinic trained, ER docs on the incident command. And almost every pedigreed, highly credentialed person, who for some amazing reason, chose to practice in Springfield, Missouri. And that expertise has given me incredible confidence, because if I'm going down the wrong path, I've got the best experts I can find that can reaffirm if we're going the right way. So that's made it easy for me-

Dr. Jill Sellers:
Sure.

Steve Edwards:

... to be maybe more outspoken because they've given me confidence. And it's also important to me, that we understand if someone is reluctant to take a vaccine, if someone is reluctant to wear a mask, that you don't convince them by shaming them, understand what the reluctance is and try to address it. And I hope that as we get through this, we'll learn that we can care for each other again, as a community, as a society, as a world.

Dr. Jill Sellers:

Absolutely. Yeah, because we are built for relationships and yeah, we need each other. We really do. Very inspiring actually.

Steve Edwards:

I was going to share one more quick story if you have a moment for it?

Dr. Jill Sellers:

We do.

Steve Edwards:

I had read an article just the other day about, I think it was Margaret Mead and they were asking her, "At what point do you believe we defined civility or society coming together? The first experience, what society looks like?" And she referenced seeing a femur, a long bone that had healed. And she said, "That can't happen by yourself. Every other animal with a broken long bone will not survive." And so when there's evidence of humans with long bone that healed, it meant that there was someone there carrying them, caring for them, protecting them, and that's the beginning of society. And so it really begins with caring for each other and healthcare. And that's my reminder of what we need to get back to, and understanding that throughout, left and right politics and those things, remember what makes us a society, is that when we care for each other.

Dr. Jill Sellers:

Yes, I agree. And thank you for that. I had never thought of that before, and I've never heard it in that way. So thank you to Margaret Mead and thank you for relaying that.

Steve Edwards:

Okay.

Dr. Jill Sellers:

Well, we are out of time for today. Yet before we close, I want to thank you, Steve, for being part of the *On Medical Grounds* podcast. And thank you for being so open about a healthcare administrator's challenges during the pandemic. And I for one, am very proud to be part of this community. So I appreciate you spending your time with us today.

Steve Edwards:

Thank you, Jill. I'm honored to be part of it and reiterate that sometimes you get an unfair amount of attention or I do. And I feel like I've gotten too much credit and I'm the voice for 12,500 employees that rally together for this common cause to care for our community. And they're alongside employees at other healthcare systems and in our community, Mercy is a key side-by-side player that helped us work together to protect our community.

Dr. Jill Sellers:

Teamwork, right?

Steve Edwards:

Yes, right.

Dr. Jill Sellers:

It's all about teamwork. Well, thank you. Thank you for your leadership. And I realize you are the leader of the team, so I do thank you for that.

Steve Edwards:

Thank you.

Dr. Jill Sellers:

So maybe we'll talk again on another podcast?

Steve Edwards:

That would be great. That would be great.

Dr. Jill Sellers:

And thank you for listening to the *On Medical Grounds* podcast. Instructions for processing your continuing medical education credits and the resources that were referred to in this podcast, can be found at onmedicalgrounds.com. In addition, please be sure to click the subscribe button, to be alerted when we post new content.