Commencement Speaker

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Thank you Father Von Arx, the Board of Trustees, and you the Class of 2009, for inviting me to talk. Congratulations to you and your parents.

Being invited to give a commencement speech is a privilege and great honor, being invited to give the commencement speech at the school that I, my brothers, my father and my uncle graduated from is a dream—an anxiety-inducing dream, but a dream nevertheless. You may know I am a physician and researcher. Thank you for being my research subjects. I will be asking you to sign an informed consent for any thoughts that may take root today as I share some ideas with you.

This day represents the culmination of a lifetime of hopes and aspirations for you and your families—it also represents the transition to new goals, new dreams and endless possibilities.

Your four years of Jesuit education at Fairfield have positioned you well, for no doubt the years since you came here have been filled with growth, and marked by contrasts and choices. During those years there were likely times when you triumphed and times when you stumbled

*times* when you laughed and times when you cried,

*times* when you called home often and times when you did not,
times when you were inclusive and times when you were exclusive, times when you were selfless and times when you were selfish,

times when you focused on relationships and times when you focused on material things,

times when you were more healthy and times when you were less healthy,

times when you studied more and times when you studied less,

times when you felt the ever-present hand of God and times when you doubted is existence.

These learning experiences, combined with your faith and the love of your parents and friends, have prepared you to be great leaders. And the world needs great leaders. You are entering a world of both threats and opportunities that neither you nor your parents dreamed of when they starting paying tuition four years ago; a world much larger and more complex, a world more textured and more colorful, a world with more dangers and opportunities than this nurturing campus that you have called home for the last four years. A world that hungers for great leadership.

For your generation holds in its hands the opportunity to heal or the opportunity to harm, the opportunity to love or the opportunity to hate, the opportunity to make the world a better place or the opportunity to destroy it. The challenges before us are daunting. We need to remake healthcare, revitalize public education, restore financial markets, and create an energy system that is sustainable, that does not destroy the earth while we heat our homes, drive our cars and power our ipods. (yes, even us old people use them).

Your Jesuit education has provided you with the tools to be leaders. I define leadership as the ability to help people address problems that make the world
better. A leader is what each and every one of you see when you look in the mirror.

In this definition of leadership, you do not need to be the smartest or have all the answers, you do not need to be the biggest or the strongest, you do not need to be the richest or the most powerful. You do need courage to ask “what could be.” You do need clarity about the task at hand and you do need commitment to roll up your sleeves and convert what could be into reality.

To be effective addressing these challenges, leaders must favor collaboration over competition, interdependence over independence and inclusivity over exclusivity. This brand of visionary is far too rare and we are poorer for it. You will help fill that void.

I was asked to speak today probably because I live in the world of “what could be”. I will share that story with you. But before I do, it is important that you know I am just like you. I spent four years at Fairfield, I went to classes and made friends, partied at the beach listened intently to a graduation speech (though to be honest I cannot remember what was said; I suspect I will suffer the same fate). I also had no clear path to my “real future.” Fairfield taught me that I had a responsibility to lead, to make the world a better place. And so do you.

There is no place more in need of leadership than in my own field, health care. The U.S spends over 2 trillion dollars on healthcare; nearly $8,000 for every person, and yet what it buys is often of poor quality. We have a health system that is too costly, that denies health insurance to 47 million and that too often harms rather than helps. Mothers have to choose between taking their child to the doctor or paying the rent, the elderly have to choose between buying food or buying
medicine, and rising health insurance premiums are forcing consumers, small business owners in Fairfield, and large corporations in Detroit into bankruptcy.

I am a physician; this is my world, and I understand my responsibility to try to improve it. So my research team at Johns Hopkins decided to address one small part of this problem – a problem that kills between 30,000 and 62,000 people per year – catheter-related blood stream infections. These are infections from catheters that sit in the blood vessels outside your heart. For decades medicine accepted these deaths as inevitable, as the cost of being in a hospital, as the norm rather than the exception.

Yet we questioned that. We knew that most patients were not receiving the recommended interventions to prevent these infections. We had a hunch that most were preventable. So we set out to prove it.

We used the Johns Hopkins hospital as our learning laboratory. We did three things: we summarized evidence into checklists, we measured these infections, and—perhaps our greatest challenge and most significant accomplishment—we changed the deeply-engrained culture of medicine.

The checklist idea, while innovative in healthcare, was not new. My mother uses checklists when she goes to the grocery store, pilots use checklists when they fly planes, and my 11-year-old son Ethan uses checklists to keep track of his homework assignments.

For some reason, most likely because of the long-held erroneous belief that doctors and nurses do not make mistakes, we did not use them in healthcare.

The checklist was simple:

Wash your hands
Clean your skin with a soap called chlorhexadine

Cover yourself and the patient when placing the catheters

Avoid placing them in the groin

Take out the catheter when you do not need it.

We asked the nurses to supervise the doctors placing these catheters and use the checklist. If the doctors did not comply nurses should “stop takeoff” and make the doctor go back and fix the problem. We asked that doctors and nurses make patient rounds together, agree on a patient specific plan together and work together to get the patient well. As you may imagine, I almost caused World War III. The nurses said it is not my job to police the doctors and if I do I will get my head bit off. The doctors said you cannot have a nurse question me in public. It makes me looks like I do not know something; to which I said: welcome to the human race. None of us is perfect.

What was striking here was that there was no debate about the evidence. We were competitive rather than cooperative, independent rather than interdependent; and patients suffered.

I called people together and asked: Is it tenable that we harm patients at JHH? Then nurses, how can you sit silent? We need to you advocate for your patients. At the same time, you cannot be exposed to risks so doctors, let me be clear, unless there is an emergency, you will correct the defect. We have an obligation to our patients.

We also started measuring and providing feeding back. My passion around measurement developed rather tragically. An adorable 18-month-old girl, Josie
King, who was hauntingly similar to my daughter Emma, died of preventable mistakes; principle among them was a catheter infection.

On the four-year anniversary of her death, her mother asked if Josie was less likely to die today than four years ago. I started telling her all the stuff we were doing at Hopkins; she abruptly and appropriately cut me off; she did not want to know what we were doing; she wanted to know whether Josie was less likely to die; she wanted to know whether patients were safer; she wanted results. At the time, neither I, nor Hopkins nor the U.S. health system could give her an answer; I believe she deserves one.

The results were nothing short of breathtaking; these infections virtually disappeared – so we packaged our program and implemented it across Michigan. Many thought we were too bold and doomed to failure. Others thought we were naive or downright nuts. There were too many obstacles, the resources were insufficient. When faced with challenges, many are blinded by obstacles, and never start on the journey, others see the end game and the obstacles as something to be climbed or avoided. We focused on the end game.

The work was not easy; we toiled long hours; we absorbed critics’ blows; and I was scared we would fail. I had never led such a large effort; I was not sure it was possible. Yet I also knew patients were dying needlessly, and I had to try to do something about it.

The results were breath-taking. We virtually eliminated these infections in the entire state and have sustained those results for four years. The intervention likely saved tens of thousands of lives and over 200 million a year. As you may imagine, these results got attention. We are now putting the program throughout the United States, and in nearly ten countries. If we are able to replicate this Michigan results,
this intervention will save more lives than any other medical intervention in the last half-century.

There are many leadership journeys that await you.

At this moment, one out of every six people in the world survives on less than a dollar a day. Children in Bridgeport go to bed hungry and sleep out in the cold. We need leaders.

At this moment our financial system is in crisis, greed and lax regulation destroyed trust in capital markets, and millions face home foreclosure and unemployment. Yet unwise regulation could destroy the world's best wealth generator; our free markets. We need leaders.

At this moment, our public schools often fail to provide adequate education. Students in Baltimore struggle to compete with students in China and India and we are losing horribly, especially in math and science. We need leaders.

At this moment our planet is warming, our energy use is increasing and our demand on foreign oil is growing. We need leaders.

Those who wallow at the foot of the mountain and claim the hill is too steep will surely fail.

Avadis Donabedian, one of the leaders of improving quality of healthcare, was interviewed on his deathbed by a former student. The student asked, now that you yourself are a patient, what is the secret of improving healthcare. He said, “The secret of quality is love. If you love your God, if you love yourself, if you love your patients, you can work backwards to change the system.”

How right he was. For I think love is not only the secret of quality care, it is the secret of leadership. And love is not found in a bigger car, a fancier house or a
larger pay check. Love is found in relationships -- relationships with God, relationships with ourselves, relationships with our families and relationships with our communities.

Aristotle (which I read in Tom Regan’s philosophy class) said we become what we do; excellence is therefore more of a habit than a virtue. The habits you make now will likely stick with you for life and inform what you become.

Habits are like checklists. And, as you know, checklists are an integral part of my research. In that spirit, I would like to give you examples of checklists that might help you cope with the challenges that are waiting for you when you leave Fairfield.

If you want to improve your relationship with God, go to church weekly, read the readings before mass, and practice daily reflection.

If you want to improve your relationship with yourself, eat less, exercise more, limit alcohol, stop smoking, read great novels, learn a language, take a trip, and keep a journal.

If you want to improve your relationship with your family, be available, slow down and listen, understand rather than judge, share feelings and resolve conflict, visit or call home often, stop using your PDA when you are home and unplug the i-pod once in awhile.

If you want to improve your relationship with your colleagues and communities, connect, and serve volunteer at a homeless shelter or soup kitchen, tutor or teach a child, or clean up your neighborhood and conserve energy.

The problems we face are daunting; they are complex; and they are solvable. Yet they will not be solved without your leadership and love. So I ask you, when your
cap comes off, when the partying settles down … take a few minutes stand in front of a mirror, look at the leader before you and state what is on your checklist to make the world better.

If a graduate of Fairfield, like me, can find a way to help make the world better, you can too. Just be sure to invite me back when you give the graduation speech.

Thank you so much for inviting me back, and congratulations, Class of 2009.