

Executive Voice: She was a nurse, now she's president of UNC Hospitals



By Seth Thomas Gulledge – Staff Writer, Triangle Business Journal

Janet Hadar first began her career as a nurse, which gave her an intimate understanding of health care services and an appreciation for the thousands of workers who keep a hospital running.

Over a 30-year career, Hadar has weaved together experiences in the service and business sides of hospital systems, steadily working her way up the organizational ladder. And now, thanks to a restructuring of UNC Health, that perspective is more important than ever.

As the first female president of UNC Hospitals, Hadar is tasked with running all the medical services the system offers in Chapel Hill. At a time of increasing concern about health care costs and with the industry changing, those responsibilities could seem daunting.

Despite a packed schedule, Hadar still picks up every piece of paper and trash off the floor while walking through her hospitals – a habit she keeps despite her new responsibilities.

What do you want to accomplish in your new role? I've been with the organization for 17 years so I know the environment and the broader landscape quite well.

My immediate priority, because there have been a handful of organizational changes, is to kind of solidify the executive team and fill some much-needed roles. But really I want to focus on continuing to enhance the culture here because our workforce is one of our top priorities and making sure that it continues to enable collaboration, respect and diversity.

You're the highest-ranking woman in UNC Health history. What does that mean? I've been part of the senior executive team for a number of years and have always had a seat at the table, so I didn't think much of the of the importance of my gender.

But over the last couple of months, others have pointed it out so much – particularly our workforce – that I've come to recognize that representation really matters, and it's hard to imagine and aspire to things that you don't see.

Our nursing workforce is predominantly women and my background before business school was a nurse. They're really excited about it and that's really what's caused me to pause and recognize that.

How does that nursing background impact your vision for UNC Hospitals? The clinical background is incredibly helpful to the work that I've done over the years and I believe that it's made me more effective in driving clinical operations.

Perspective always helps, and having been at the bedside or in the clinic with patients, I haven't forgotten those experiences, and I'm very mindful there's so much administrative burden in health care today.

We don't want to just push that administrative burden onto our direct caregivers. ... It's not having them check another box, it's thinking creatively about how do we accomplish meeting this, the regulation, without adding additional burden onto our providers.

My husband happens to be a very busy surgeon at UNC and so I can't help but notice he gets home late in the evening, and after dinner is often on his laptop signing notes.

When I multiply that in my mind, played out against all of our physicians and providers here, it makes me pause before we hold off on providing scribes or other assistants that can help them do their work.

What are the challenges ahead? The margin pressure continues to grow for health care executives and the pace of change and disruption in health care right now is unprecedented. ... We're trying to find ways to make sure that health care is more accessible and more affordable to patients, and how do we do that without reducing any labor costs that could impact the direct care providers.

And so much of our focus now is more about revenue growth and not expense reduction because that certainly will impact those at the bedside.

How do you manage that? There's great opportunity in the ambulatory environment, particularly as we become more experienced and take on more value-based care.

We've got to do a better job of keeping North Carolinians healthy and out of the hospitals and so I think the ambulatory environment is where that's going to happen, and making sure that those ambulatory sites are accessible to all North Carolinians in the rural parts of our state.

As this system has grown it's really opened my eyes to the limitations that many communities in North Carolina face. They lack access to good health care and we are certainly trying to do our part to remedy that.

What's the state of UNC Hospitals right now? We grew so rapidly as a health care system – we're taking some time now to pause and figure out how best to leverage our size, how best to clinically integrate and how best to do this so that we're fulfilling our mission to the state.

Much of that mission is about rural health, and having the School of Medicine partnerships, the School of Pharmacy partnerships, it's incredibly helpful because we're putting our learners in these rural sites, and many of them may choose to remain in those communities, which would be terrific.

What helps you get through the day? Perspective.

We have a saying in our home when the faucet breaks or a pipe is frozen: It's not a brain tumor, it's not a spinal cord injury.

(My husband is a neurosurgeon, so that's why I think those come up).

It's working here and seeing the tragedy that happens to really good people – it brings you perspective and I think I have tremendous perspective.