



JAMES H. SKOGSBERGH
In First Person: An Oral History

American Hospital Association

2025

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

JAMES H. SKOGSBERGH

In First Person: An Oral History

Interviewed on June 16, 2025

American Hospital Association
Chicago, Illinois

2025

©2025 by the American Hospital Association
All rights reserved.
Manufactured in the United States of America

Coordinated by

AHA Resource Center
American Hospital Association
155 North Wacker Drive
Chicago, Illinois 60606

Photography courtesy of the American Hospital Association

The views and opinions expressed in this document are solely those of the participants and do not necessarily reflect or represent the views and opinions of the American Hospital Association. Direct quotations are based on recollection and the entire text has been edited for length and clarity.

INTERVIEWER: Good morning! Today is Monday, June 16, 2025. This will be an interview of James Skogsbergh, who served in leadership at Memorial Hospital in South Bend, Indiana, at Methodist Hospital in Des Moines and most recently at Advocate Health. Besides serving as CEO at leading organizations, Jim has found time to volunteer in various places, including serving as board chair of the American Hospital Association in 2016. Jim, it's great to have the opportunity to talk with you today.

SKOGSBERGH: I look forward to our conversation.

INTERVIEWER: Tell us about your parents, John and Nancy, and how their values shaped your character.

SKOGSBERGH: I witnessed them working hard and telling the truth and being kind to others. These values were imbued in me. I grew up in Cedar Rapids, Iowa, and my grandparents lived there. My dad owned a printing company and later went to work for the City of Cedar Rapids in planning and redevelopment. My mom was a nurse both at the provider level and then in administration and education. I saw both parents work and that was part of where my work ethic came from.

INTERVIEWER: What influenced your choice of a career?

SKOGSBERGH: I was considering coaching. I was considering law school. My mother suggested that I sort of liked health care and I sort of liked business. Had I thought about hospital administration? I thought, "What is that?"

I interviewed hospital administrators, both in my college town at Iowa State in Ames, Iowa and also in Cedar Rapids. They were nice enough to carve out an hour for a college junior trying to figure out what to do. This intrigued me just enough so that I thought, "I'll apply to graduate school." I got in at Iowa and the rest is history. I found myself in exactly the right place and I've always felt that way throughout my 40-plus year career.

INTERVIEWER: Your mother is to be congratulated for having recognized valuable traits in you, but also, you as a young man, were to be congratulated for listening to your mother!

SKOGSBERGH: Most of the time, I listened to my parents, yes. There are a few times I maybe veered off the correct course but then we course-corrected.

INTERVIEWER: Did your family have a strong faith tradition?

SKOGSBERGH: We did. We went to the Methodist Church.

INTERVIEWER: Where did you go to high school?

SKOGSBERGH: I was a Kennedy Cougar in Cedar Rapids, which was a great community with best friends who still get together regularly.

INTERVIEWER: Why didn't you choose Coe College for your undergrad schooling? Both of your parents attended Coe.

SKOGSBERGH: My grandfather was the alumni director at Coe College. He also coached at Coe, so, yes, Coe College has been a big part of our family. However, I played

baseball and thought maybe I could play at Iowa State. I was fortunate enough to do so, and that helped make the difference. My sister was already at Iowa State so that was a little bit of a draw for me as well. I had four great years in Ames. Then I did my graduate work at the University of Iowa in Iowa City. Iowa institutions have been good to me.

INTERVIEWER: Is Iowa State where you met your future wife?

SKOGSBERGH: I met Diana as a freshman at Iowa State but we didn't really date until we were juniors. She lived in a sorority just a couple of houses away from my fraternity and I think I met her originally when she was dating one of my fraternity brothers. He's still a good friend of mine, even part of that group that gets together every couple of years.

INTERVIEWER: Are there any professors you would particularly like to mention as having been influential?

SKOGSBERGH: I've had great educators throughout my life but the one that really made a difference was the program director at the University of Iowa's graduate program in Health Administration. That was Dr. Samuel Levey, a gruff New Yorker who was almost feared by students at the time.

Near graduation, I was to have an interview with Dr. Levey, and it was like, "I'm going to have an interview with Dr. Levey! How is that going to go?" He asked me, "Where do you think you want to do your residency?" I said, "Well, Dr. Levey, my wife and I have great friends in Minneapolis and Kansas City and Denver. If I could get one of those three places, that would be fantastic!" He looked at me and said, "You're going to South Bend, Indiana." I thought, "Uh-oh, what did I do wrong? Where *is* South Bend, Indiana?" He added, "I'll tell you what. You call the resident who is there now, and when you're done talking to her, if you still want to go to Minnesota or Denver or Kansas City, then come back and we'll make the arrangements.

This student was a year older and someone I knew. I called her and said, "Hey, Susan, Dr. Levey has suggested I come to South Bend and said I should give you a call. What do you think? How is it? Would you encourage me to go?" She said, "Oh, my gosh! You must be the teacher's pet!" I said, "Teacher's pet?! I avoid Dr. Levey!" She said, "Well, I was the teacher's pet and this is the best residency you could ever have. You've got to come here." I went back to Dr. Levey and said, "Boy, she just sings praises about this experience. Yes, I'll go and thank you for the opportunity." It was a great, unbelievable break for me to go there and work under Steve Ummel. Steve was my mentor. He was the CEO there and had a tremendous influence on my career.

INTERVIEWER: Could you elaborate on the process? This is something that was part of earning your Master's Degree and which was a two-year program, right? Academic work in the classroom and followed by an internship?

SKOGSBERGH: It's different today. Now we have post-grad fellowships and the students that we take are fellows. When I was going through school, it was about an 18-month in-class curriculum with the last six months required to be an onsite residency program. I needed to complete that to get my degree. So it's a little bit different. A little bit more academic in the classroom today than in my day.

INTERVIEWER: Did you call them residencies?

SKOGSBERGH: They were residencies in my day. Now they're post-grad fellowships.

INTERVIEWER: In your day, a big part of the program director's job was to set up the network of administrators who were willing to work with and mentor residents.

SKOGSBERGH: You are so right. One of the attractive things about the University of Iowa is that it's the second oldest graduate program in Health Administration. They were training professional administrators long before all the other schools. As a consequence, a lot of people in the field were Iowa grads. Some of my classmates went to California, some went to New York, some went down south – really across the country. That's because there were Iowa graduates and we could pick and choose at that time. I was just lucky enough to go to South Bend.

INTERVIEWER: You talked about coming back to Cedar Rapids and doing your administrative internship there at Mercy Medical Center. I was intrigued by Mercy Medical Center because of the administrator's name.

SKOGSBERGH: Bing Grayhek was his name. I only met him once. My mom was at St. Luke's and I didn't want to go and do an internship, although I could have, at St. Luke's because of my mom, right? I wanted to venture out on my own a little bit and there were two hospitals in Cedar Rapids – St. Luke's and Mercy. I inquired about the Mercy opportunity and they were nice enough to say yes. It gave me experience at a Catholic hospital that I had never had before.

My preceptor, if you will, at Mercy was Sister Judith. Wonderful, wonderful lady. She took me under her wing. That was a time of just soaking it up and getting my first exposure – going to meetings, listening and learning, then being able to come back and ask her some questions and so on. She was very open and accommodating to me. It was fantastic. I got almost a free pass to listen and learn. What did I know at that age? Zero.

INTERVIEWER: How much time would you estimate that Sister Judith devoted to your education?

SKOGSBERGH: I followed her around like a puppy. For that summer, I'd say the majority of days were spent with her. Sometimes she'd send me off to attend this or that meeting, but it was a significant amount of time that she gave to me and encouraged my learning and my education.

INTERVIEWER: Is there anything else you want to say about your undergrad or your graduate experiences?

SKOGSBERGH: I give high marks for the University of Iowa's program. It prepared me well.

INTERVIEWER: What happened after you took your degree?

SKOGSBERGH: When I was a graduate student at Iowa, in the summer between your first and second years, if you could, you worked in health care just to get some experience.

That's when I did my internship at Mercy in Cedar Rapids. When I concluded my classwork, was when I met with Dr. Levey and was assigned to South Bend, Indiana. That was part of the formal program to receive my degree.

INTERVIEWER: You ended up working in South Bend for a decade.

SKOGSBERGH: I did indeed. At the end of my residency, my mentor, Steve Ummel, gave me an opportunity to do this, that and the other thing, and I had an opportunity to move through the ranks. Steve was always very supportive of me. In 1986, I had just had a regular meeting with Steve, as I often did, a one-on-one meeting. I remember him asking, "Hey, Jim, what do think you want to do with your career?" I said, Well, Steve, honestly, I think I want to do what you do. Now I realize I'm young and that I need to first be a chief operating officer before I'm a chief executive officer but I like this – the operations, the delivery side of the industry." He said, "Okay. It's time for you to start thinking about it."

A couple of weeks later we had a meeting and he said, "Hey, listen, I want to offer you the job of the chief operating officer here at Memorial." I said, "Steve, last time I checked, we have one!" He said, "Well, that's true, but confidentially, Ralph is going to be leaving and before you say yes to this opportunity, you need to know two things. One – I've already talked to the board of directors about this appointment. They are fully supportive of you becoming the COO. Two – I'm leaving. I'm going to California and you need to know that before you make a decision." I said, "Hey, good luck in California and I'll take the job."

That COO role was substantial, an opportunity to really run the day-to-day operations. Back to good fortune and luck and grace and those kinds of things – the person who succeeded Steve was Phil Newbold and Phil Newbold was fantastic. I was there for another five years as the chief operating officer. I had a formative time in South Bend.

INTERVIEWER: The stars certainly aligned for you...

SKOGSBERGH: Yes, no question.

INTERVIEWER: ...with the help of Steve Ummel, who you will encounter again a little later in your career.

SKOGSBERGH: Yes.

INTERVIEWER: What was Memorial South Bend like at the time that you were there?

SKOGSBERGH: It was great – a regional referral center of 500-and-some beds. Somewhat rural but a lot of referrals came in to Memorial. We had the trauma center. We had significant capabilities in surgery. It was not a sleepy little place, that's for sure.

INTERVIEWER: Is there anything else that you'd like to say about South Bend?

SKOGSBERGH: It had been ten great years when I got a phone call. I was feeling an itch. Phil was a young guy, he was not going to go anywhere. I knew that. He was tremendously supportive of me. I was working late one night, when the phone at my executive assistant's desk started to ring. I was the only one in the office. It was a recruiter who said, "Hey, I didn't expect to get you. There's this opportunity in the Midwest." He described it but didn't quite want to say the name. I said, "I've got to ask you. Are you talking about Iowa Methodist? Because

I'm an Iowa kid, and it sure sounds like it." He said, "Yes, it is. It's Iowa Methodist. Their CEO is preparing to retire, and they're looking for a COO who might in fact be his successor."

I was interested in that – a chance to go back to Iowa. My wife is from Ames, I'm from Cedar Rapids. We had two kids at the time and could be closer to grandparents – there were lots of reasons that going back to Iowa was attractive to us. We went through the search process and was lucky enough to get selected. One of the things that attracted me to Methodist was that their CEO was getting ready to retire and the board was looking for a Number Two that could come in and possibly be the Number One.

INTERVIEWER: You were just telling us about Methodist in Des Moines and it makes me curious about your experience in faith-based hospitals. What are the characteristics of a faith-based hospital from the point of view of a patient? When you walk in the front door, how do you know you're in a faith-based hospital?

SKOGSBERGH: I'm not sure you always would know. There are certain signs and symbols that are sometimes evident. If you see nuns in their habits, that's pretty obvious. Sometimes there is a prayer at the end of the day over the intercom, which is pretty obvious. Faith-based institutions live that out in a variety of ways. Some have it right out there on their sleeves, and others, not as a significant part of their day-to-day activity. I think it varies. I do not think one size fits all.

INTERVIEWER: The precursors of today's Advocate were Lutheran General Health System and Evangelical Health Systems Corporation, both of them established towards the beginning of the 20th century.

SKOGSBERGH: Yes, I could talk forever about Advocate – the love of my life. Yes, Advocate was formed when Lutheran General and Evangelical came together in the Chicagoland area and both were faith-based organizations. The Evangelical Lutheran Church in America and the United Church of Christ were the two denominations that created these institutions, really to serve their constituents. That's really what was going on right at the turn of the previous century – 1900 – early 1900s.

In 1995, these two organizations came together, and to further go 360 on you, the person that led Lutheran General Hospital into this dynamic partnership was none other than Steve Ummel, my mentor.

When I had the opportunity to go to Advocate, I called Steve, and said, "Hey, I'm a finalist. What do you think? What can you tell me?" I remember him saying, "Greatest job in America but be careful about Illinois Medicaid." I remember that comment, because lo and behold, we were careful about Illinois Medicaid throughout my entire career there.

Advocate – great organization, still very much church-affiliated. We had church leadership on our board, so it was closely aligned with the church when I first got there. That changed over time but that's the way it was organized when I first arrived in 2001.

INTERVIEWER: Did Richard Risk and Steve Ummel have a co-CEO agreement?

SKOGSBERGH: They did. Richard and Steve were co-CEOs for about a year, I believe. Then the board made a decision. Steve went off, pursued his career and I went to work for Richard Risk in Chicago at Advocate. One of the things that attracted me about that

opportunity was, first of all, it's faith based. By that time, that was important to me. Second of all was that Richard was getting ready to retire. Once again, the board was looking for a number two that could possibly fill that number one role, if he or she was able to do the job. I accepted that challenge and am glad that I did.

INTERVIEWER: Your career is a lovely example of the value of mentors as well as the value of school-initiated networks of alums and being in the right place at the right time.

SKOGSBERGH: Right place, right time for sure. For my career, the influence of the University of Iowa put me in an administrative residency that connected me with an Iowa alum who really gave me my kick-start into this great field of health care leadership and health care management. Then I came full circle, connecting with him again in an interesting way—taking the reins of the institution that he helped to create. All the planets seemingly were aligned and I am grateful.

INTERVIEWER: You mentioned earlier that you were told to watch out for Illinois Medicaid. What was meant by that?

SKOGSBERGH: At the time, Illinois Medicaid was ranked maybe 48th or 49th in the country in terms of reimbursement. If you had a lot of Medicaid patients, you were not going to take in much revenue. Expenses continued to increase every year and you want your revenues to increase as well, but Illinois Medicaid was not keeping up. That was the caution.

Now I've got to tell you, with my experience at the American Hospital Association, I soon learned that Medicaid reimbursements are no better anywhere else. It's very difficult to earn enough revenue by serving Medicaid patients to pay your bills. That's why insurance is so important — because it makes up for the difference. That's the way U.S. health care has been financed forever. We could talk a long time about where it's going as those trends continue because nobody is making up the difference any more.

INTERVIEWER: This sounds like the introduction to a collegiate lecture—are you planning to do any teaching?

SKOGSBERGH: I've taught one class since I have retired. It was a leadership class, about getting young leaders in a position to take on their next role, their next duty, their next responsibility. They had a chance to ask somebody who had gotten a few bumps and bruises, what was it like to do this, what it was like to do that. It was the kind of exchange that I valued tremendously when I was young and growing up in the field, having a chance to talk to people who had been there and done that. It was a lot of fun.

Now I'm doing executive coaching, helping executives navigate the path to success and helping them avoid or minimize some of the bumps along the road. I feel good about giving back, helping others progress in their careers. That's been fun for me.

INTERVIEWER: Is executive coaching something that is paid for by the hospital or the system as opposed to the individual CEO?

SKOGSBERGH: All of my clients are compensated by their organizations. It shows a commitment to their ongoing growth and success that they're going to invest in these CEOs by bringing an executive coach on site for them.

INTERVIEWER: Before we go on to your Advocate experience, I wonder if you might address the different types of organizational models that have helped hospitals come together. The shared services model has sometimes been important in getting these talks started, but there have been lots of others.

SKOGSBERGH: There really have been. I'm a believer in full asset merger and you can get there in a variety of ways. That's where the shared service or the joint venture concept comes in – those are the kinds of things that then lend themselves to a deeper and closer kind of working relationship.

The downside is that they're easy to get out of. As things change and new leaders come on board, they want to go in a different way and it's pretty easy to just change course. With full asset mergers, we typically burn the ships at the shore and there is no going back, so we had better make this work. I like that. It creates an environment where you are committed. We've all got to lean on the oars and paddle in the same direction.

You get my bias right away. I'm a believer in scale, bringing like-minded organizations together. You can weather storms better when you have size and scale. There are a lot of storms in health care and there are more storms coming. The mergers that I was involved in all turned out to be very successful for the communities that we serve. Better health outcomes, lower cost – not as low as they could be or should be, but lower costs – better access points for patients. Good things came from coming together. Great things can happen.

You have to have the same core values, the same world view, is what I call it. Even when you find those things, it is difficult to find those things because the planets don't align very often. When they do, magic can happen and I've been lucky enough to be part of that magic for a couple of times now.

INTERVIEWER: That would be a great title for your oral history – “Magic Can Happen.”

SKOGSBERGH: “Magic Can Happen” – yes.

INTERVIEWER: I love it. I also like the metaphor of burning ships along the shore. That's probably not an expression that originated with you!

SKOGSBERGH: No, it's not, but we used it a lot because we wanted people to know that this was not a 75% effort, and hey, if it doesn't work out, we'll go our own way. No, we were all in. I think you need that kind of commitment to make things happen. The co-CEO thing was a challenge but the juice was worth the squeeze, right? The end result was good stuff.

INTERVIEWER: Let's come back to the co-CEO in a few minutes, because it's a fascinating concept and you are particularly well-qualified to speak about it. Would you compare and contrast it with an older model, which is the hub-and-spokes model of regionalization. We also have something that I take to be much newer, which is the super-regional system.

SKOGSBERGH: Let's take Iowa – a rural state – in which larger hospitals have relationships with small rural hospitals. When challenging cases are seen in the small hospitals, the patients are sent in to Des Moines because that's where the trauma center and the open-heart program, etcetera, etcetera, are. That worked fine for a long time but advances in medicine led to a lot of these smaller institutions starting an open-heart program. Some

developed a level 2 trauma center and so on. There was no longer a need to move everything to the mothership in Des Moines. The hub-and-spokes model perhaps has had its time but now many services are readily available in smaller institutions that once were saved for large tertiary care organizations. That's no longer the case, which is why you now have the regional systems.

Here's a comment about regionals – you can argue that Advocate and Aurora Health was a regional system. Illinois and Wisconsin – Northern Illinois, frankly, and Wisconsin, but I've got to tell you – we *never* moved patients back and forth. The services in Milwaukee are just as sophisticated as the services in Chicago. There was not a lot of transfer of patients. It was not a hub-and-spokes.

We got together for other reasons. Scale – we could reduce our costs but it wasn't because, well, we can move all these pediatric patients down to Advocate Children's Hospital. No, we had tremendous pediatric capability in Wisconsin. The sophisticated services are readily available in most cities in our nation today.

INTERVIEWER: You've mentioned scale a number of times and I think what it refers to is that you get more patients into hospital, therefore you have a greater need for a certain type of supplies, and the vendor is making you a better deal financially because you're buying in bulk.

SKOGSBERGH: More the latter, you're right. Let's say Advocate was buying implants at X, Aurora was buying implants at Y. We came together and bought implants at Z, right? So we had an opportunity to say, we're bringing you an awful lot of volume here. We need a discount on these prices and it works! We were able to use our size and our scale for price advantage. Those prices really benefit the patient. It was a move to take advantage of economies of scale. Instead of two managers, you could have one. It did bear fruit from a financial point of view.

INTERVIEWER: Of all of your accomplishments at Advocate, which was the most fulfilling?

SKOGSBERGH: I loved my time at Advocate! The thing that I am most proud of was – I was probably a few years in as CEO – I came as COO. Richard Risk was planning to leave as CEO and about 18 months later he did leave. I gathered my team and said, "Let's be clear about what we stand for. What is it we want to accomplish? What is it we want to be known for?"

We planted our flag in quality and safety and said, "That is Job 1 for us. We don't need to be the biggest. We don't need to be rich. We want to be the best when it comes to quality and safety." Creating that environment – first and foremost a safe clinical enterprise – using that mantra, we were off and running to say, "Our North Star is quality and safety." I feel great about that because it continues to this day, this focus on quality and safety. I'm still very, very proud of that.

INTERVIEWER: It seems like there's probably a great deal more to say about Advocate. Your experience as co-CEO perhaps that would be good to discuss next.

SKOGSBERGH: During my time at Advocate, one of the things that we created that worked well for us was a joint venture with Aurora Health Care up in Wisconsin. We knew the

people at Aurora. We worked well with the people at Aurora. I knew the CEO there, Dr. Nick Turkal. I'd see him at national meetings and so on, and I had approached Nick early in my time about perhaps examining a merger between our two organizations. It was shortly after 2008. The world had turned upside-down in terms of investments and Nick said, "It's not the right time for this."

INTERVIEWER: That was because of the recession?

SKOGSBERGH: Yes, the financial situation was not the best at the time for Aurora, so they didn't want to pursue that. Wisely, they didn't want to come in as a weak sister in a merger. They wanted to be an equal. We said, "Hey, got it – understand. Good luck to you." We continued our joint venture.

We went our different ways. Nick explored some joint ventures in the Wisconsin area, and I explored another joint venture in the Chicagoland area, kind of infamous because we went to court. Our boards had approved it. We went to court, the FTC challenged us and we lost in court, so we weren't able to do that merger.

Funny story – it was probably the next day after the court ruling had come down that Nick Turkal back at Aurora called me and said, "Hey, are the wounds too deep, or do you want to have a conversation with us?" It was literally the day after. I said, "Hey, listen, we've licked our wounds. We're ready to move on. Yes, let's have a conversation." We turned back to a conversation about bringing our two organizations together.

Given Nick's age and my age, it was clear that it would only work with a co-CEO arrangement. We talked about that and we both were up for it. We said, "This transaction is bigger than either of us. We need to do this for the good of our organizations," because we truly believed bringing these two organizations together was going to be great for the communities that we served. We went to our boards. The boards approved it. Because it was cross-state, we didn't have the FTC concerns.

We were now Advocate Aurora Health and Nick and I were co-CEOs. Neither of us had been co-CEOs before. It does stretch some muscles that we don't typically use in health care. We were probably eight or nine months into this thing when Nick called me up and said, "Is this working for you, because this really isn't working for me." I said, "Well, Nick, do I love it? No. But this is what we signed up for." He said, "Yes, but I think we should go to the board and tell the board that they need to choose. They need to pick one of us." I said, "Gosh, Nick, that's crossing the Rubicon. You don't walk back from that. You better be certain that that's what you want." I was thinking, *What does he know that I don't know if he wants to call this question? If I was him I'm not sure I'd be wanting to call this question right now!* This might have been a little bit of hubris on my part.

Anyway, he did want to call the question and we made it clear to the board that this wasn't working and that they should choose one of us or a third party. I know the board was not happy with us. They thought that we had both made a commitment to live this out for at least a couple of years. They did an extensive search process – more of a selection process – because they had decided that it would be either Nick or me. They did use a third party and we did assessments and interviews.

The board selected me and Nick left the organization really right away. He called me up and said, "Congratulations. I'm clearing out my office and I wish you well." Nick's a class act – a great leader who did a great job at Aurora. There I was, CEO of Advocate Aurora Health.

Not much later – boom! – COVID hits. The world stopped and now we were reorienting around COVID. We went into COVID as two organizations – Advocate and Aurora -- striving to become one and doing all the appropriate steps. Doing the supply work and doing the human resource work, doing the clinical work that gradually over time would create a system. COVID sped that up so fast. We went into COVID as two organizations striving to become one and we came out of COVID as one very strong organization. I think that COVID experience accelerated our movement into a system that worked very well together. One system, not two. We took advantage of that crisis and it served us well.

INTERVIEWER: That's an unusual analysis of the pandemic and its outcome. Have you heard others say the same thing?

SKOGSBERGH: It's kind of a cliché, what doesn't kill you makes you stronger. A lot of organizations emerged stronger and more resilient. Our experience was that we were deer in the headlights for the first few weeks or longer.

We circled the wagons and said, let's decide, what do we want said of Advocate Aurora Health, when this thing is over? We landed on, "Took great care of their patients. Took great care of their people. Took great care of the community." That was the only thing that mattered to us throughout the COVID crisis and every decision we made was put up against that test. We made a lot of good decisions. Don't mistake me – we made some bad decisions as well on some things but that focus on taking great care of our patients, taking great care of our people and then taking great care of the community, I think, served us so well, and we did a lot of things right. That's why I say we emerged as one very strong system at a time when it was pretty scary and pretty challenging.

INTERVIEWER: Going back to the co-CEO model – how did you decide who would be responsible for what?

SKOGSBERGH: When I approached Nick, I said, listen, it's going to be pretty easy for us to divide the responsibilities but I'm not sure that's really in our best interest, because you're going to have a "Team Nick" and a "Team Jim." All these folks over here are going to be reporting to Jim, all of these folks over here... I'd rather we get everything together. We put our heads together, we hear the finance report, we get the chief nursing officer telling us about clinical care, all of those kinds of things. Nick said, "Let's try that." But going back to what I've already said – it didn't really work for him, which is why he wanted to call the question.

My other experience was with Gene Woods – I was the one who chased him down. I'd known him a long time and said, "Hey, listen, here's the deal. I'm going to be leaving in about a year. Why don't we bring these organizations together? Then you'll have the keys in twelve months." Gene had gone through a couple of mergers as well and had just come off a University of North Carolina arrangement that didn't work. We all have those. Not everything you touch turns to gold. The timing was right, and he said, "Hey, this is great, let's do this." So Gene and I were co-CEOs, originally, my thought was for a year. I told him, "Listen, I've done

this before. Twelve months is as long as you need and twelve months is my time frame. So let's do this co-CEO thing for a year. I'll spend my time helping you get ready and then I'll exit stage left."

My board was not quite ready for twelve months and goodbye. My board said, "No, no, no, twelve months is too short. We need at least eighteen months. I said, "You really don't, but you've been very good to me for a long, long time, and if you want me to stay eighteen months, I will."

I went back to Gene, and I said, "Hey, listen, there's a slight deviation from what we talked about. The board wants me to stay for eighteen months, not twelve." Gene originally said, "That's not what we agreed to. You and I said it should be twelve."

I said, "Gene, let's not let this thing blow up over six months. When we announce our deal, we'll also announce my time frame – Jim is going to be leaving in eighteen months. Everybody will know that Gene's the guy. There will be no confusion. We didn't want that. That's not good for the organization. Let's announce now." Gene said, "Doesn't that make you kind of a lame duck?" I said, "I'm not the least bit worried about being a lame duck, and you will not see me act like a lame duck."

I said, "The first six months of our arrangement, I'll have both hands on the steering wheel with you. We're going to drive this baby together. The second six months, I'll have one hand on the steering wheel, you'll have two hands on the steering wheel, and you'll really be shaping it. The third six months, I'll let go of the steering wheel, and you'll be driving this organization yourself." He said, "Okay, let's go ahead and do that."

The co-CEO model done with Gene was easier than with Nick because our time frame was already established. I was no threat to him. All the things that I said and did, he knew were genuinely designed to help him and put him in the position to be successful. So that's why that made it pretty easy and pretty smooth. I say "pretty" because nothing's perfect. You know, you learn things about each other and you disagree on the assessment of talent or those kinds of things, which is sort of inevitable. I ended up giving him my best advice. Most of the time he followed it and to this day, I wish him the very best, because Advocate Health is a great organization.

INTERVIEWER: How would you say your leadership style has changed over the years?

SKOGSBERGH: There was a period of growing and then one day I realized, I can do this job! With that confidence came a little more boldness, a little more willingness to push the envelope. I became a little more willing to take risks. Not crazy risks but like mergers. Mergers are kind of risky. It would have been easy to hunker down, thinking, things are working good for me, why mess with it? Well, you mess with it because you can do better. That's probably how my leadership has changed.

The "style" part never changed. I've always been about team, about collaboration. I told our folks at Advocate weekly leadership meetings, "When you come in this room, you take off your CFO hat, take off your CNO hat, take off your CSO hat and you become an Advocate executive. For these three or four hours, just be an Advocate executive and everybody weigh in."

I was big on TEAM. I've always thought that if two heads are better than one, then three heads are better than two. Towards the end of my career, I stopped doing one-on-one meetings. We did our meetings as a team. I wanted the right hand to know what the left hand was doing. We really worked as a team. People loved it because they got to weigh in on everything. We heard people's opinions and their ideas and their point of view and we ended up with better decisions as the result of that.

That's how I matured over the course of my career, collaborating, working as a team, praising in public, criticizing in private – that's how I did it. I made plenty of mistakes – but I've always said that I love the work I do and I love the people I work with. I've been blessed in this health care career.

INTERVIEWER: What are the characteristics of a good board member and a good board chair?

SKOGSBERGH: I would boil it down to someone who asks good questions, someone who does his or her homework so I don't have to repeat things – "Remember, we mailed that out to you," that kind of thing. Somebody who comes prepared, asks good questions and is selfless.

I had that at Advocate Health Care in spades. Their attitude was, "What can I do for the organization?" They weren't interested in doing anything that was in their best interest. It was always about the best interest of the organization.

That's all I would ever want from a board member. You don't have to be an expert in finance. You don't have to be an attorney. Health care finance is pretty complicated. We don't need another CFO for the company, just like we don't need a chief legal officer for the company, because health care law is sort of its own little world. We don't necessarily need that kind of expertise. A generalist is just fine. Prepared, good questions, do anything for the company.

The characteristics of a good board chair include all of those things, plus the ability to elicit input from the rest of the board. "Hey, Bill, what are you thinking? Hey, Sally, what's on your mind? What did you hear today that caused you any questions or concerns?" Getting the board to interact with one another, to challenge one another, to probe. I think that's a skill set that any board chair needs and it helps a lot when you're working with people you admire and respect. I had that throughout my career at Advocate.

It goes without saying, you don't want board members to cross into management. In my career, of course, we had some board members that did that. A good board chair will see that and then make a course correction privately, saying, "That is crossing a line. That is management's responsibility. Management is going to handle this." Willingness to engage in that way is a good characteristic of a board chair. Getting the most out of the board is the secret sauce. If you can do that as a board chair then you've done your job.

INTERVIEWER: What are effective ways for CEOs to engage with the communities in their service area?

SKOGSBERGH: It varies with the size of the organization and the size of the community. There is no substitute for one-on-one, a chance for you to reveal yourself. Nobody can represent the organization as well as you can. There is no substitute for the CEO. So I

think engaging personally is important. But as your organization gets larger – and I was always in big organizations – you have to delegate that. You have to trust others to engage personally in the community.

The problems we have in health care are so significant, so challenging, that we're never going to figure it out unless we collaborate with all the other agencies, not just government agencies. Education, law enforcement, you name it, all the government bodies, to help solve or address as best we can the challenges that all of our communities have these days. I believe that you've got to engage personally, and having your leader in Wisconsin engage with your Wisconsin community, having your leader in Charlotte engage with your leaders in Charlotte, and the same thing in Chicago, is the best way to do it.

INTERVIEWER: Are they engaging by doing things like town hall meetings?

SKOGSBERGH: Depending on the issue, town hall meetings are fantastic to get feedback. We made a very challenging decision to close a hospital on the west side of downtown Chicago – actually, we moved it from acute care to long-term acute care. We engaged in churches, in community organizations to get feedback and advice and guidance from the other providers in the area. Those can be very effective.

I have always been a big believer in gathering a lot of minds together. Town halls would be one way, so are dinner meetings, where you're picking the brains of business leaders in the community. "What are your thoughts about this, that or the other thing?" Or, "We're considering doing A, B and C. What advice would you have for us?" – that sort of conversation. Working the phones is important to do. I don't think there's just one way to do it to engage a community. I think there are a lot of ways to do it and you've got to do them all.

INTERVIEWER: I wonder if you might reflect for a bit about your leadership experiences through the American Hospital Association.

SKOGSBERGH: My time with the American Hospital Association was wonderful. I loved it. I'll tell you right up front, I feel like I got more than I gave, even though I gave everything I had, just being surrounded by that talented staff, that great leadership. It was exciting to be that close to national health issues, issues that were really shaping our field. I got great enjoyment from meeting my colleagues from around the country and some are still my best friends today.

The thing I am most proud of was chairing the selection committee for Rick Pollack, because I am a big believer in, as goes the leader, so goes the organization. It was critical to find a great successor to Rich Umdenstock, who had done a fantastic job. I led that search process and we came up with Rick Pollack. He's done a tremendous job at leading – he was definitely the right guy.

INTERVIEWER: As we close this interview, could you mention specific spiritual practices that sustain you through difficult times? Secondly, are there other individuals that you'd like to give a shout out to, particularly in your family?

SKOGSBERGH: I don't think you can do a job like this without tremendous support from your family, so my wife, Diana, has been critical.

In a leadership position like I was fortunate to have, I was able to manage my calendar pretty well. I didn't miss too many swim meets for my kids. I didn't miss too many baseball games for my son – those kinds of things. I didn't miss too many parent-teacher conferences. I'm not saying I hit them all, but I was able to juggle things.

I feel pretty good about how I managed my time. Work/life balance is always a pursuit. I don't think you ever arrive but you're always pursuing it. I couldn't have done the job without support at home. Diana deserves a lot of credit for that, and I'm grateful for her support.

Spiritual practices – when I went to Advocate, we embraced our faith-based identity. I loved doing that. We began all of our meetings with an invocation. Our invocations said, just come with what's on your heart. We had a sign in all of our institutions that said, "Welcome all to this place of healing."

We were inclusive in our faith identity and welcomed people of all faiths. We wanted you to bring your whole self to work. That was the environment that we wanted to create and those were the practices we had at Advocate.

My personal practices are reading scripture and prayer and participating in groups with other men who held you accountable.

I was lucky to go to Advocate. When I had the opportunity, I remember praying – "God, if You want me to be in Chicago, hit me over the head with a two-by-four. No subtleties, please, because I really want to be where You want me to be."

At my interview at Advocate – the first questions I got weren't "What's your bottom line? What's your relationship with the medical staff? What's the biggest project that you brought in on time/on budget?" We got to all those things, but the first question was, "Hey, Jim, we're a faith-based organization. How comfortable are you leading a faith-based organization?"

That was it. I think it was the right place for me. I never looked back. It's been awesome. I loved it. Yeah, some days may have been more fun than others. I was so fortunate – I worked with some great people who did great work. Our communities are better served because of it. Is there room for improvement? Absolutely. But like I said earlier, it was magic for a while and it was fun to be a part of it.

EDUCATIONAL & PROFESSIONAL CHRONOLOGY

1980 Iowa State University of Science and Technology (Ames, Iowa)
Bachelor's degree, Physical Education

1982 University of Iowa (Iowa City, Iowa)
Master's degree

1981-1991 Memorial Hospital of South Bend (South Bend, Indiana)
1981-1987 First position at Memorial South Bend
1987-1991 Chief Operating Officer

1991-2001 Methodist Hospital (Des Moines, Iowa)
1991-1993 Chief Operating Officer
1993-2001 President and CEO

2001-2024 Advocate Health Care (Chicago) [Later known as Advocate Aurora Health and then Advocate Health]
2002-2024 President and Chief Executive Officer

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

American Cancer Society
CEOs Against Cancer

American College of Healthcare Executives
Fellow

American Hospital Association
Chair, Board (2016)
Chair, Political Action Committee
Chair, Section for Health Care Systems Governing Council
Member, Board
Member, Regional Policy Board 5

Bipartisan Policy Center
Health Systems Executive Council

Chicago United
Chair

Member, Board
Illinois Hospital Association
Chair, Board
Member, Board
Iowa Hospital Association
Member, Board
World Business Chicago
Member, Board of Directors
World Presidents Organization

HONORS & AWARDS

American College of Healthcare Executives Gold Medal Award (2025)
American Hospital Association Distinguished Service Award (2023)
B'nai B'rith National Leadership National Healthcare Leadership Award (2013)
Chicago United Bridge Award (2015)
Modern Healthcare 100 Most Influential People in Healthcare (2011-2018)
National Center for Healthcare Leadership Gail L. Warden Leadership Excellence Award (2023)

PUBLICATIONS

Skogsbergh JH. Why nurses stay. *Frontiers in Health Services Management*. 2002 Winter;19(2):25-27.

Skogsbergh J. Advocate Health Care. Embracing reform for the benefit of all. *Hospitals & Health Networks*. 2010 May;84(5):60.

Skogsbergh J, Goozner M. Healthcare has a bull's-eye on its back. *Modern Healthcare*, 2016 May 9;46(19):30-31.

Skogsbergh J. Amid change, hospitals forge ahead. *Hospitals & Health Networks*, 2016 November, 90(11):8.

INDEX

- Advocate Aurora Health, 10
- Advocate Health, 9
- American Hospital Association, 6
- Aurora Health Care, 9
- Co-CEOs, 6, 8, 9, 10, 11, 12
- Economy of scale, 7, 8
- Evangelical Health Systems Corporation (Chicago), 5
- Evangelical Lutheran Church in America, 5
- Executive coaching, 7
- Grayhek, Bing, 3
- Health facility merger, 7
- Hospital administration
 - shared services, 7
- Hospitals
 - church, 5, 6
- hub-and-spokes, 8
- Joint ventures, 7, 9
- Levey, Samuel, Ph.D., 2
- Lutheran General Health System (Park Ridge, Illinois), 5
- Memorial Hospital (South Bend, Indiana), 4
- Mentoring, 6
- Mercy Medical Center
 - Cedar Rapids, Iowa, 3
- Methodist Hospital (Des Moines, Iowa), 5
- Newbold, Philip, 4, 5
- Pandemics, 10
- Regionalization, 8
- Risk, Richard R., 6, 9
- Sister Judith Meyers, 3
- Skogsbergh, Diana Kay Marcum, 2
- Skogsbergh, John, 1
- Skogsbergh, Nancy, 1, 3
- St. Luke's Hospital (Cedar Rapids, Iowa), 3
- Turkal, Nick, M.D., 9, 10
- Ummel, Stephen L., 2, 4, 5, 6
- United Church of Christ, 5
- University of Iowa
 - Program in Hospital Administration, 3
- Woods, Eugene A., 11