

Eric Cecava: Health Systems That Build Operational Discipline Before a Crisis Are the Ones That Survive It

The former President and CEO of McLaren Port Huron argues that the leaders who perform in difficult periods are not the ones who respond fastest. They are the ones who built the right systems first.



Port Huron, Michigan Jul 29, 2026 ([Issuewire.com](https://www.issuewire.com)) - FORT GRATIOT, Mich. Healthcare organizations face predictable categories of difficulty: financial pressure, staffing disruptions, regulatory change, and external shocks that compress both capacity and margin. Most of the operational literature on these situations focuses on how leaders respond when the difficulty arrives. [Eric Cecava](#), the former President and CEO of McLaren Port Huron in Michigan, argues that the response is largely determined

by decisions made well before the difficulty appears.

The organizations that perform well in difficult periods, Cecava has observed, are not the ones with the fastest or most creative responses to crisis. They are the ones that were already well-organized before the crisis started. The difference is not talent or effort applied in the moment. The difference is the state of the systems, processes, and relationships that were in place before the pressure began.

"You cannot build operational discipline in a crisis," Cecava said. "You can only spend it."

Operational discipline, as Cecava describes it, is not a single practice or program. It is the accumulated result of consistent management behavior: clear process definitions, regular performance measurement, direct communication about gaps, and the organizational habit of tracing problems to their root causes rather than managing symptoms. Those behaviors compound over time. They also degrade over time when they are not sustained.

The work of building that kind of discipline happens in periods of relative stability, when the organization has the attention and the capacity to do the work well. Difficult periods compress both. Financial pressure reduces the slack that makes process improvement possible. Staffing disruptions divert management attention from systemic work to immediate problem-solving. The organizations that try to build discipline during a crisis are working against the conditions that discipline requires.

At Adena Health System in South Central Ohio, where Cecava served as Chief Operating Officer, the deployment of Lean Six Sigma across the organization was a sustained, multiyear effort that required consistent executive attention and organizational investment during periods when the health system was not under acute financial or operational stress. The work built a foundation of process measurement and improvement capability that the organization could draw on when conditions became more difficult. The investment was made when it was least urgent and most possible.

"Every health system faces difficult periods, financial pressure, staffing challenges, external disruptions," Cecava said. "What separates the ones that come through from the ones that struggle is almost always the work that was done before."

At McLaren Port Huron, where Cecava served as Chief Operating Officer and then President and CEO, the same principle shaped how he approached the operational environment. Physician recruitment and contracting, clinical program development, electronic health record implementation, and quality management were all areas where the quality of the systems in place before a problem emerged determined how well the organization could manage when one did. Stable operational infrastructure is not visible in the way that crisis response is. It is what makes crisis response possible.

The specific practices that constitute operational discipline are less important than the consistency with which they are applied. Performance metrics that are tracked and reviewed regularly produce different organizational behavior than the same metrics reviewed only when something goes wrong. Process definitions that are maintained and updated produce different operational reliability than processes that exist on paper but have drifted in practice. The discipline is in the consistency, not in the sophistication of the tools.

"The organizations I have seen perform well in hard times were not smarter or faster than the ones that struggled," Cecava said. "They were more disciplined in how they managed operations when things were going well."

The implication for health system leadership is that the investment in operational discipline is hardest to justify when it is most necessary to make. When conditions are stable, the argument for investing in process improvement, performance management infrastructure, and organizational discipline can seem academic. The financial pressure and operational urgency that make that investment feel difficult are exactly the conditions that arrive when the investment has not been made.

The argument applies with particular force in community health systems, which operate with narrower financial margins and less institutional redundancy than large academic medical centers. A community health system that faces a financial disruption or a staffing crisis without well-built operational systems has few options beyond cutting capacity, deferring capital, and hoping conditions improve. The organizations that have built the right systems in advance have more options and can protect more of what they have built for the communities they serve.

[Cecava holds a Certified Project Manager credential](#) from Xavier University in addition to his MBA from The Ohio State University and his Bachelor of Science in Industrial Engineering from Purdue University. He is a proud father to his son Mason and is active in community service in St. Clair County through the YMCA and local economic development efforts. He has lived in Fort Gratiot and Saginaw in Michigan and in Troy and Grove City in Ohio.

About Eric Cecava

[Eric Cecava](#) is a healthcare executive with a background in hospital operations, physician relations, and health system leadership. He served as President and CEO of McLaren Port Huron from 2020 to 2026, overseeing a hospital, skilled nursing facility, and integrated medical group serving 235,000 patients across three counties in Michigan. Before that, he served as Chief Operating Officer at McLaren Port Huron and at Adena Health System in South Central Ohio, where he directed operations across three hospitals serving 400,000 patients. His earlier career was in manufacturing and supply chain operations at Delphi Automotive and Honeywell International. Eric Cecava holds an MBA from The Ohio State University and a Bachelor of Science in Industrial Engineering from Purdue University.

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