

Leading a Team with Values



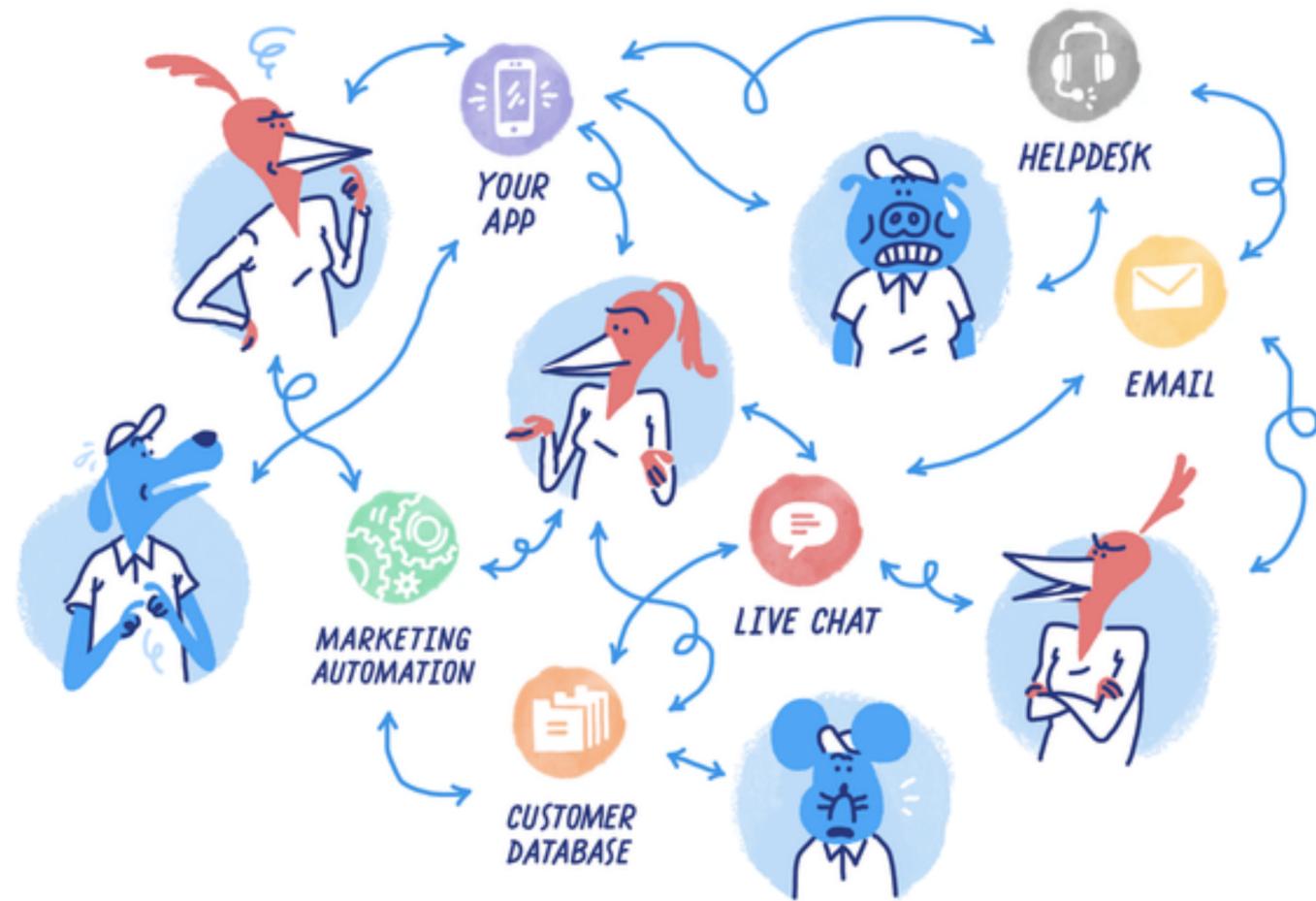


Rich Archbold

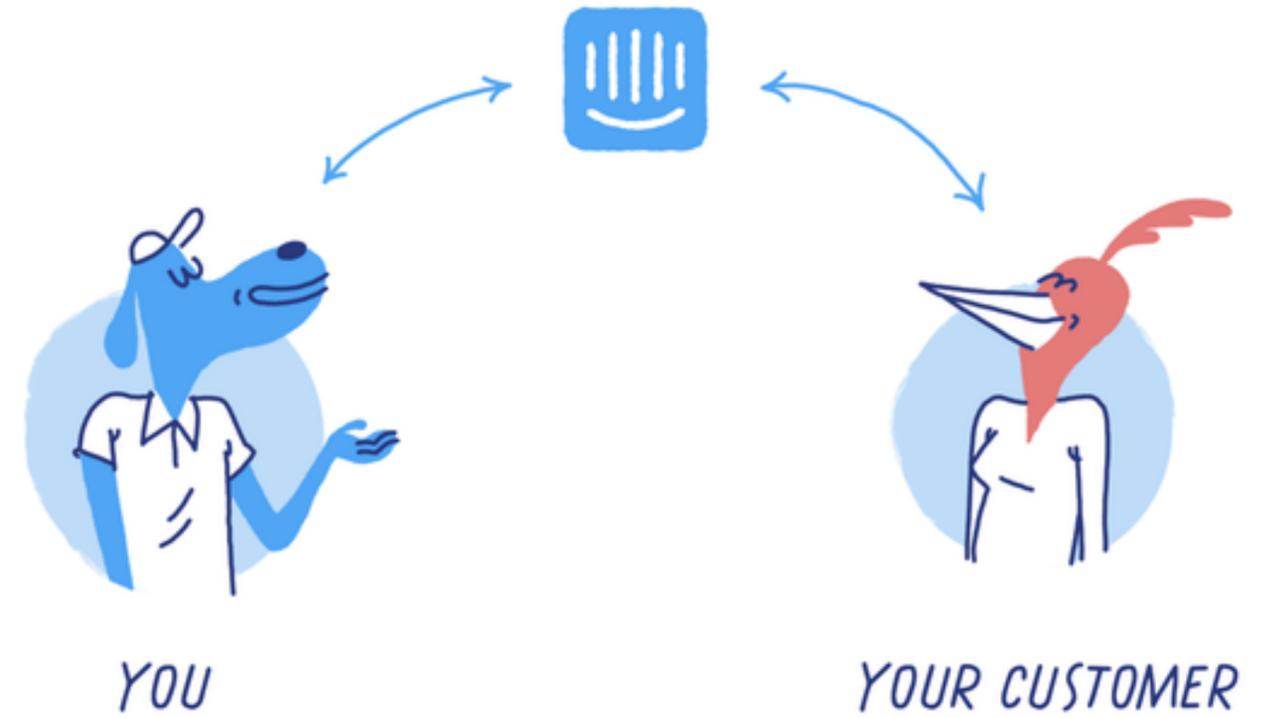
Director of Engineering at
Intercom

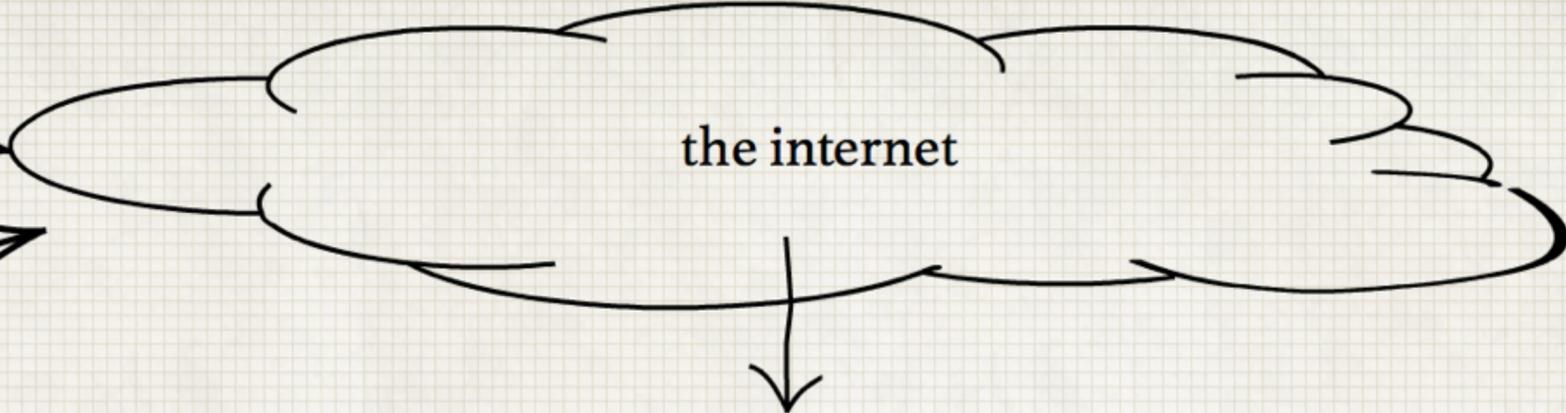
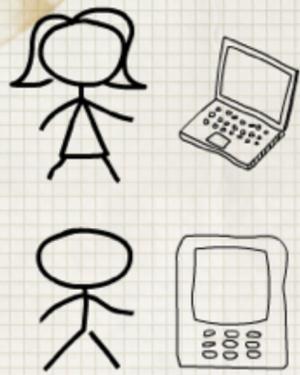
@rich_archbold

THE OLD WAY

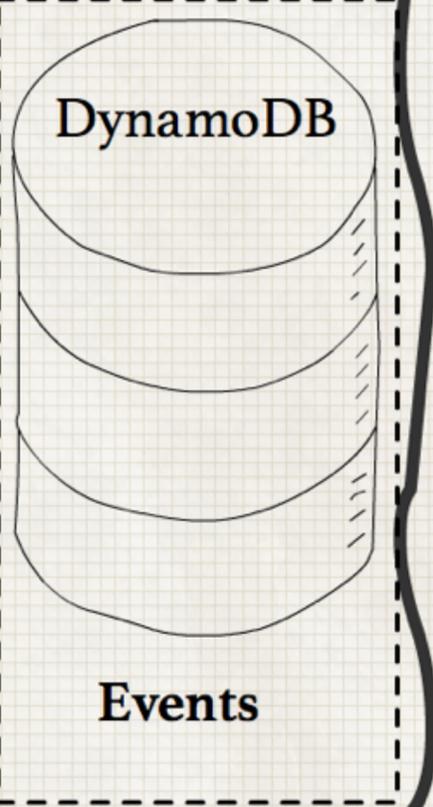
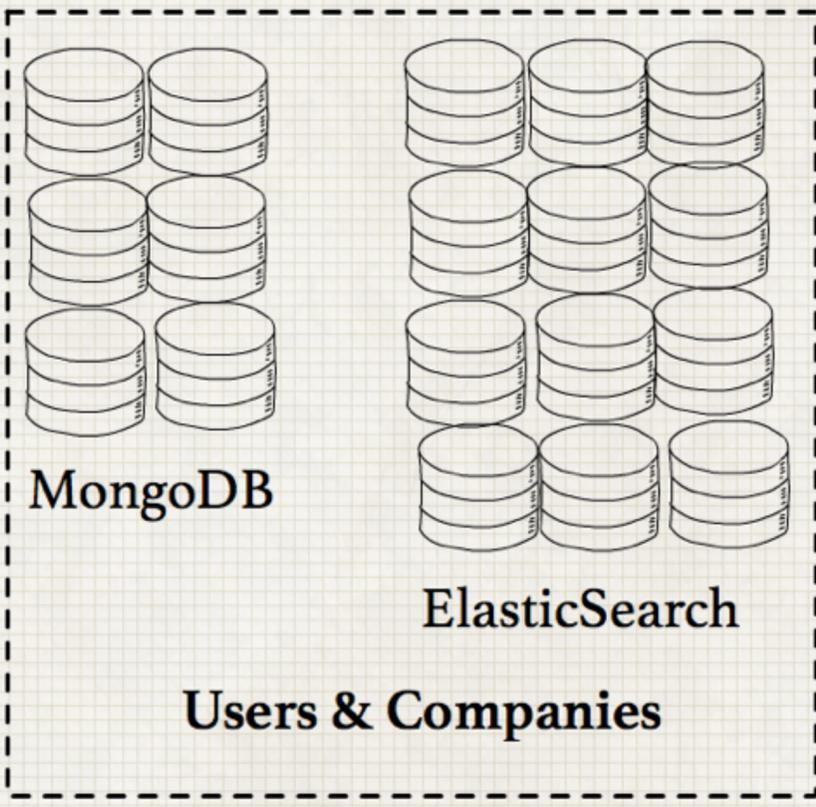
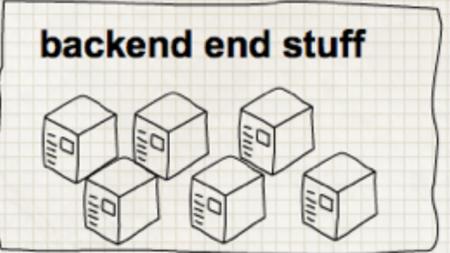
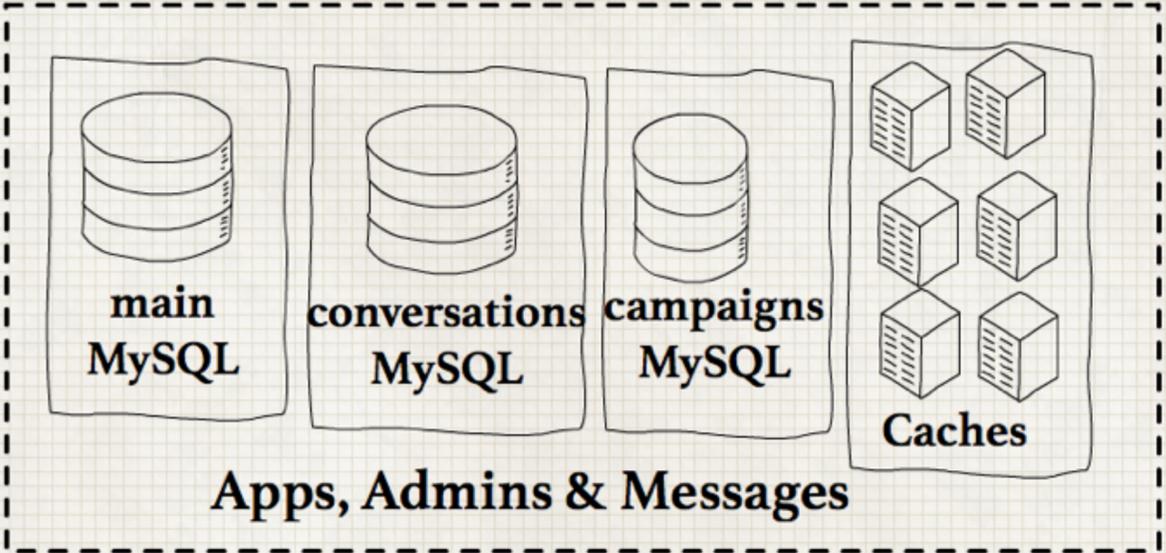
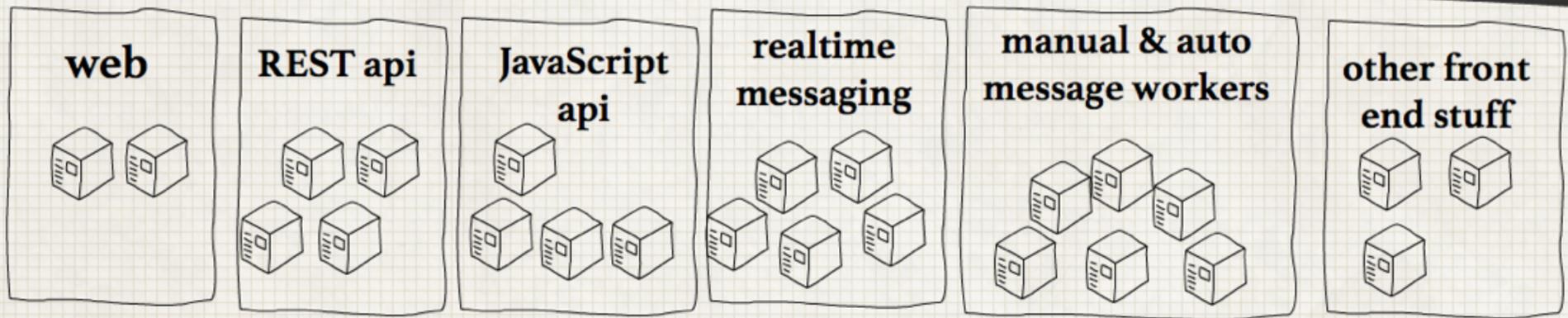


THE NEW WAY

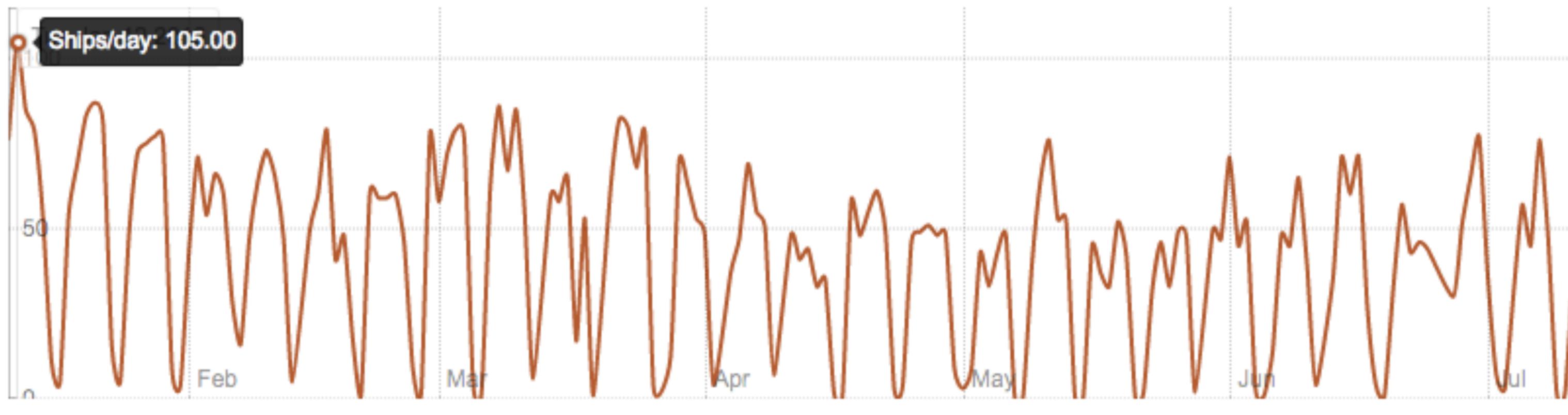




Intercom !!



Ships / day



Success



Success



Success



Success



Success

Mission

Vision

Strategy

Values

Plans

Execution



Success

Mission

Vision

Strategy

Values

Plans

Execution

Success

Mission

Vision

Strategy

Values

Plans

Execution

Checklists for Teams

THE *NEW YORK TIMES* BESTSELLER

THE CHECKLIST MANIFESTO

HOW TO GET THINGS RIGHT



PICADOR

ATUL GAWANDE

BESTSELLING AUTHOR OF *BETTER* AND *COMPLICATIONS*

Toward a Theory of Medical Fallibility*

SAMUEL GOROVITZ† AND ALASDAIR MACINTYRE‡

No species of fallibility is more important or less understood than fallibility in medical practice. The physician's propensity for damaging error is widely denied, perhaps because it is so intensely feared. Patients who suffer at the hands of their physicians often seek compensation by invoking the procedures of malpractice claims, and physicians view such claims as perhaps the only outcomes more earnestly to be avoided than even the damaging errors from which they presumably arise. Malpractice insurance rates soar, physicians strike, legislatures intervene, and, in the end, health care suffers from the absence of a clear understanding of what medical error is, how it arises, to what extent it is avoidable, when it is culpable, and what relationship it should bear to compensation for harm. It is to this cluster of questions that we direct our efforts.

We seek to provide the basic outlines of a theory of medical fallibility. Any such theory, to be accepted as adequate, must account for certain basic data. Those data include the facts that medical error not only occurs but seems unavoidable; that some medical error seems inno-

We are deeply indebted to the constructive criticisms which earlier versions of this paper received.

* This paper is the result of a research project at the Institute of Society, Ethics, and the Life Sciences, Hastings-on-Hudson, New York, on the foundations of ethics and its relationship to science, supported by a grant from the National Endowment for the Humanities. A full set of papers from the first year of that research program will appear in H. Tristram Engelhardt, Jr., and Daniel Callahan, eds., *Science, Ethics and Medicine*, to be published by the Institute of Society, Ethics, and the Life Sciences.

† University of Maryland.

‡ Boston University.

Reasons for failure

1. Ignorance

2. Ineptitude







checklists

Surgical Safety Checklist



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

Before induction of anaesthesia

(with at least nurse and anaesthetist)

Has the patient confirmed his/her identity, site, procedure, and consent?

Yes

Is the site marked?

Yes

Not applicable

Is the anaesthesia machine and medication check complete?

Yes

Is the pulse oximeter on the patient and functioning?

Yes

Does the patient have a:

Known allergy?

No

Yes

Difficult airway or aspiration risk?

No

Yes, and equipment/assistance available

Risk of >500ml blood loss (7ml/kg in children)?

No

Yes, and two IVs/central access and fluids planned

Before skin incision

(with nurse, anaesthetist and surgeon)

Confirm all team members have introduced themselves by name and role.

Confirm the patient's name, procedure, and where the incision will be made.

Has antibiotic prophylaxis been given within the last 60 minutes?

Yes

Not applicable

Anticipated Critical Events

To Surgeon:

What are the critical or non-routine steps?

How long will the case take?

What is the anticipated blood loss?

To Anaesthetist:

Are there any patient-specific concerns?

To Nursing Team:

Has sterility (including indicator results) been confirmed?

Are there equipment issues or any concerns?

Is essential imaging displayed?

Yes

Not applicable

Before patient leaves operating room

(with nurse, anaesthetist and surgeon)

Nurse Verbally Confirms:

The name of the procedure

Completion of instrument, sponge and needle counts

Specimen labelling (read specimen labels aloud, including patient name)

Whether there are any equipment problems to be addressed

To Surgeon, Anaesthetist and Nurse:

What are the key concerns for recovery and management of this patient?

Surgical Safety Checklist



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

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What are the key concerns for recovery and management of this patient?

Complications

11%  7%

Deaths

1.5%  0.8%

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

© WHO, 2009

**checklists
prevent
failures of ineptitude**

Success

Mission

Vision

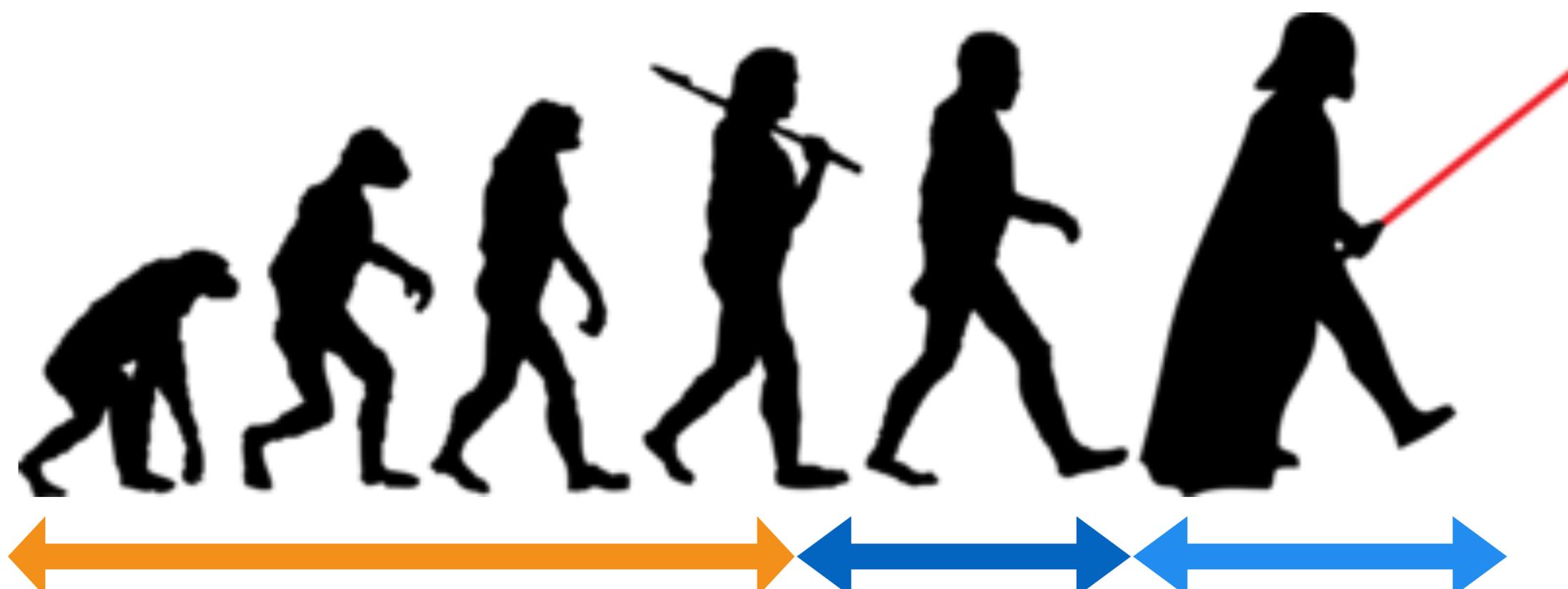
Strategy

Values

Plans

Execution

Checklists for Teams



7.7 yrs



1.3 yrs



2.1 yrs





That's me!!!



Position: Director of Ops

Reporting to: Ciaran Lee, CTO

Responsibilities:

- Maintaining and improving the performance, availability, cost effectiveness, and security of our production infrastructure. This will include:
 - Helping to define the metrics by which the the team will be measured and held accountable
 - Creating a roadmap which is designed to improve the metrics and cater for growth
 - Building and running the systems that support production:
 - build/deploy
 - metrics
 - logging
 - Working with other teams to ensure that the product runs efficiently

Success

Mission

Vision

Strategy

Company Values

Plans

Execution



Mission
Vision
Strategy
Company Values
Plans
Execution

Success



Metrics: Good, but not great

Plans: Roadmap Randomisation

Execution: Late Projects

Team: 



**KEEP
CALM
AND USE
THE
FORCE**





Mission

Vision

Strategy

Company Values

Plans

Execution

Mission

Vison

Strategy

Company Values

Team Values

Plans

Execution

Value #1



Value #1

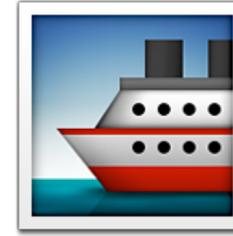


*Security, Availability,
Performance, Scalability, Cost –
prioritize for maximum impact*

Value #2

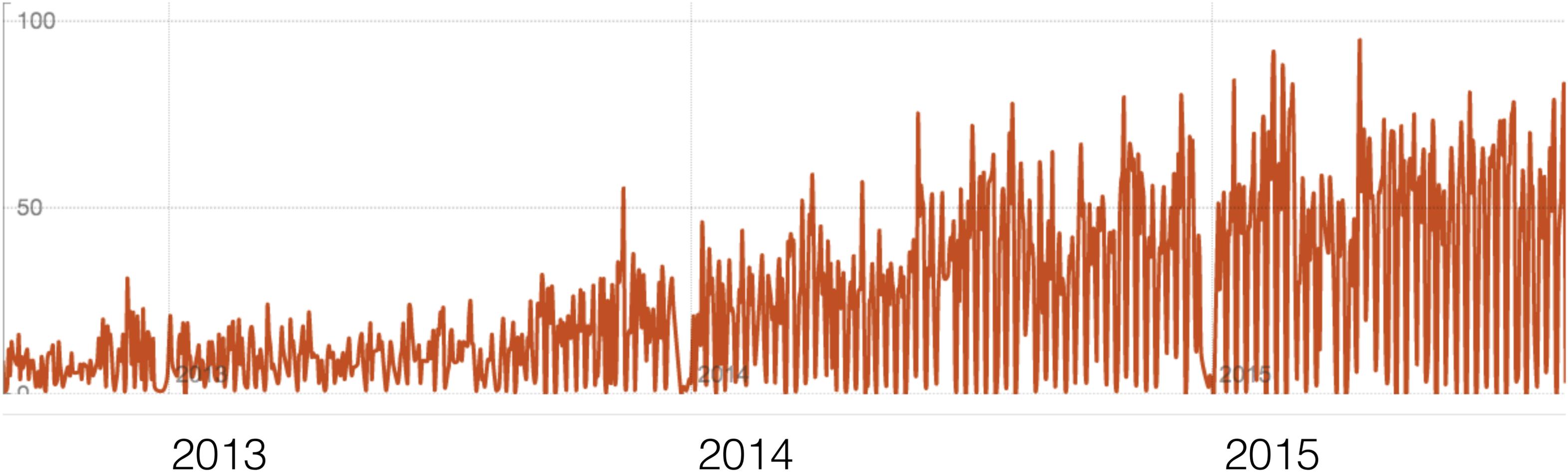


Value #2



Faster, Safer, Easier, Shipping

Ships / day





Practical Developer
@ThePracticalDev



[+ Follow](#)

Fixing a bug in production



Value #3

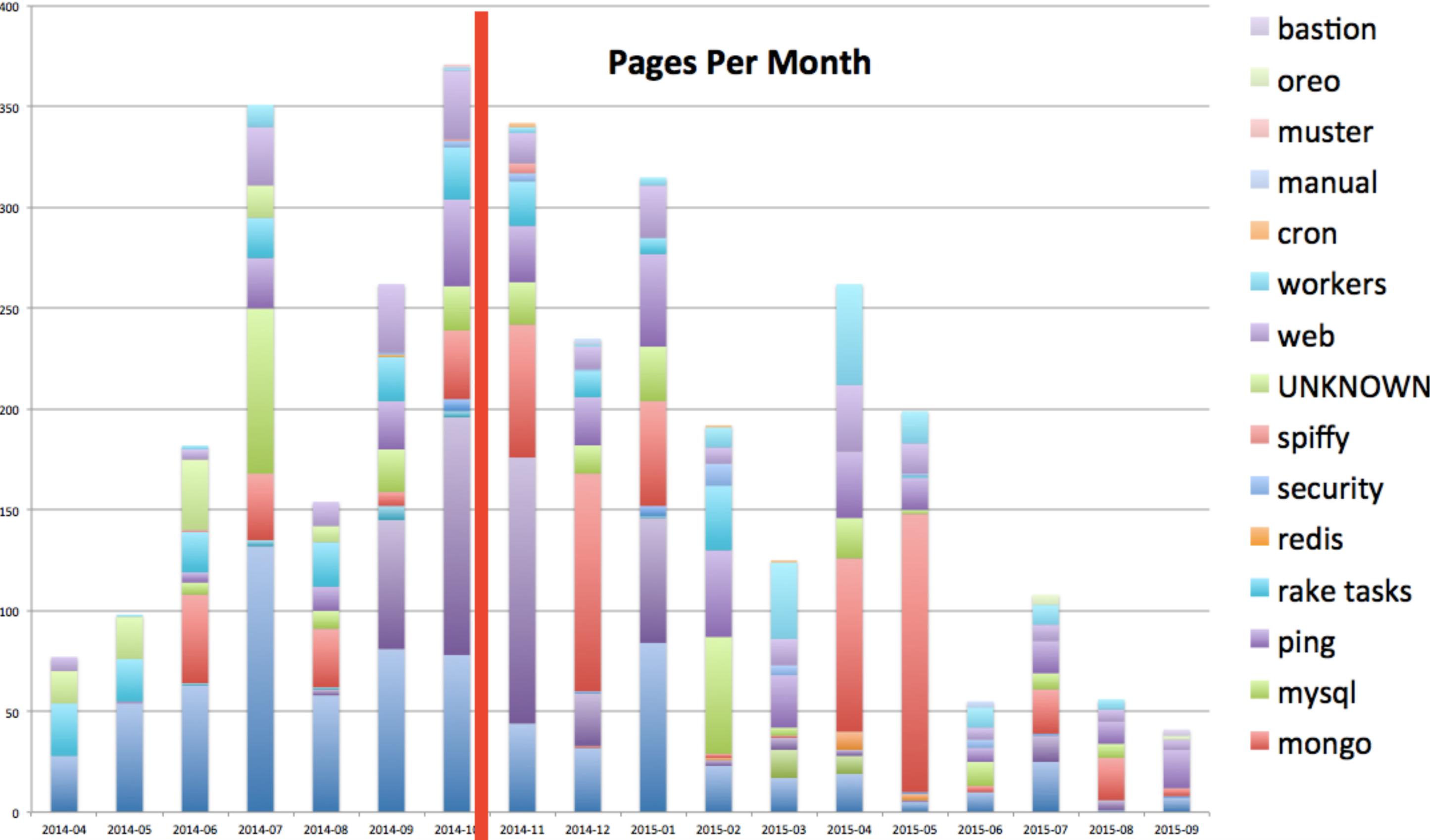


Value #3



Zero Touch Ops

Pages Per Month



Unscheduled work hours



Date	Week	Hours Spent	in office hours?	Who?	Issue	Category
07/03/2015	10	5	no	danny	sidekiq redis hit maxmemory	redis
10/03/2015	11	1.5	yes	danny	looker access for analytics	helping product team
11/03/2015	11	1	yes	danny	building + adding phantomjs to intercom AMI	helping product team
11/03/2015	11	1	yes	danny	uploads malware	security
11/03/2015	11	1	yes	danny	web app slowness investigation	app
11/03/2015	11	1	yes	matthew	uploads malware	security
11/03/2015	11	1	yes	matthew	fleet churning	aws
11/03/2015	11	1	yes	alex	health check	aws
11/03/2015	11	0.5	yes	eugene	figuring out whether we need to support ie8 on XP	security
11/03/2015	11	1	no	eugene	uploads malware	security
12/03/2015	11	5	yes	matthew	es GC investigating	elasticsearch
12/03/2015	11	1	yes	alex	ELB HC investigation	aws
13/03/2015	11	1	yes	alex	ELB HC investigation	aws
15/03/2015	12	4	yes	matthew	es mapping foo	elasticsearch

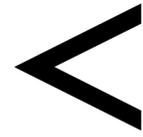
week #	Total Available Engineer Hours	Unscheduled Hours - Allocation	Estimated Usable Hours	Unscheduled Hours - Actual	Unscheduled allocation overrun	% actual usable	% roadmap hustle commits	% hustle commits done
29	65	8.3	57	6.0	-2.31	91%	50%	50%
30	105	8.6	96	3.5	-5.06	97%	60%	60%
31	90	7.3	83	2.5	-4.81	97%	57%	43%
32	95	6.4	89	1.0	-5.38	99%	38%	100%
33	90	5.5	85	12.8	7.25	86%	44%	67%
34	75	5.9	69	7.0	1.09	91%	57%	86%
35	75	6.4	69	16.0	9.59	79%	50%	75%
36	115	7.2	108	0.5	-6.66	100%	75%	75%
37	115	6.2	109	0.5	-5.66	100%	40%	60%
38	95	5.5	90	12.8	7.28	87%	44%	
39								
40								
41								
Average	108.8		91.7	15.0	-2.7	86%	50%	74%
				Unsched Actual			Planned Progress	37%
							Planning Multiplier	2.7
			Q1	25.6		78%	55%	74%
			Q2	13.0		88%	48%	76%
			Q3	6.8		92%	48%	72%

85	12.8	7.25	86%	44%	67%
69	7.0	1.09	91%	57%	86%
69	16.0	9.59	79%	50%	75%
108	0.5	-6.66	100%	75%	75%
109	0.5	-5.66	100%	40%	60%
90	12.8	7.28	87%	44%	
91.7	15.0	-2.7	86%	50%	74%
	Unsched Actual			Planned Progress	37%
				Planning Multiplier	2.7
Q1	25.6		78%	55%	74%
Q2	13.0		88%	48%	76%
Q3	6.8		92%	48%	72%

**Multiply all roadmap
estimates by 2.7**

92% usable engineering time

Value #4



Value #4



<



Run Less Software



**Security. Availability.
Performance.
Scalability. Cost.
Efficiency**

Principles for network setup. Security and availability are always our number one priorities. In production and should be projects that will have impact across multiple areas of operational flow.

Intercom Engineering Values v0.1



**Faster. Safer.
Easier Shipping.**

Clayton put it best when he said: "To us, Intercom is a place where it's as easy as possible to ship code to production, we are never afraid to deploy, we ship ambitious projects as a series of small, safe steps". We fight to keep this true.

Intercom Engineering Values v0.1



Zero Touch Ops

We fight to prevent operational interrupts. No single machine dying should cause us to be paged. Our systems run well on autopilot. We can regularly sleep through the night and enjoy our weekends when on call.

Intercom Engineering Values v0.1



Run Less Software

We use AWS and other world class service providers to avoid the cost of running undifferentiated heavy infrastructure. We fight to build the smallest, simplest solutions possible, knowing that in the long term this will help us be true to our first 3 principles.

Intercom Engineering Values v0.1

Checklist for using our Values

Plans: Roadmap Randomisation

Execution: Late Projects

Team: 

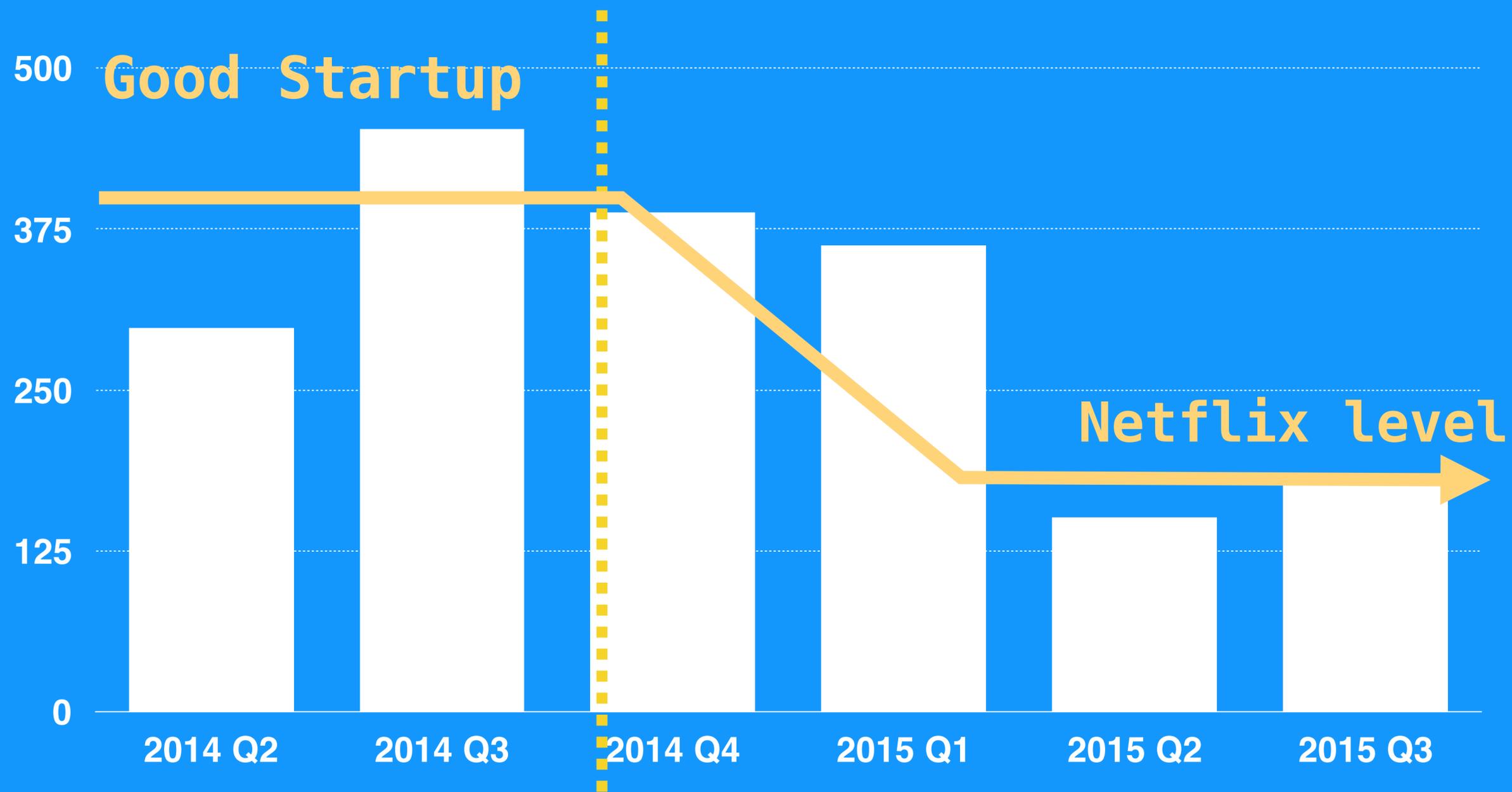
Checklist for using our Values

Plans: Quarterly Planning

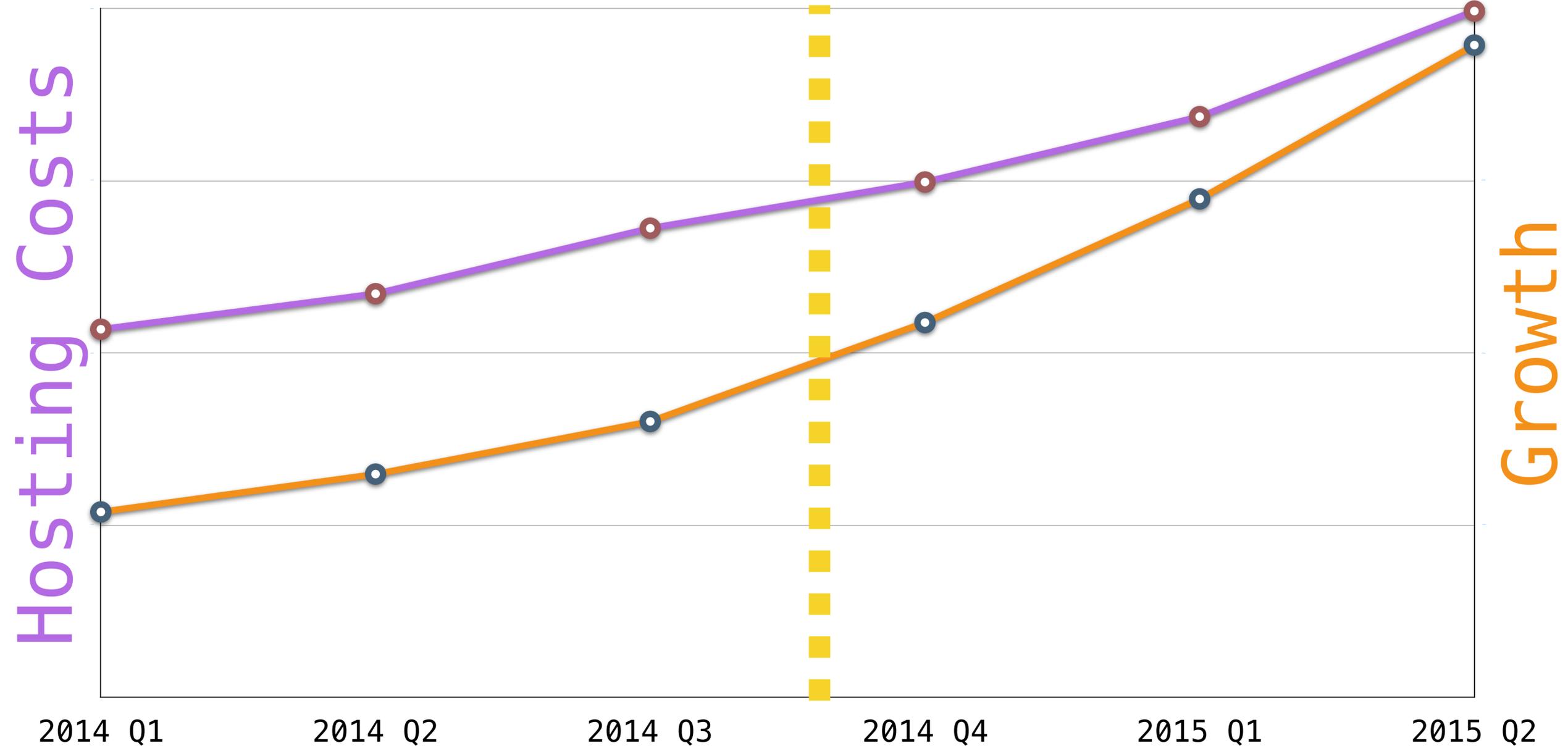
Execution: Weekly Planning

Team: Teammate Onboarding

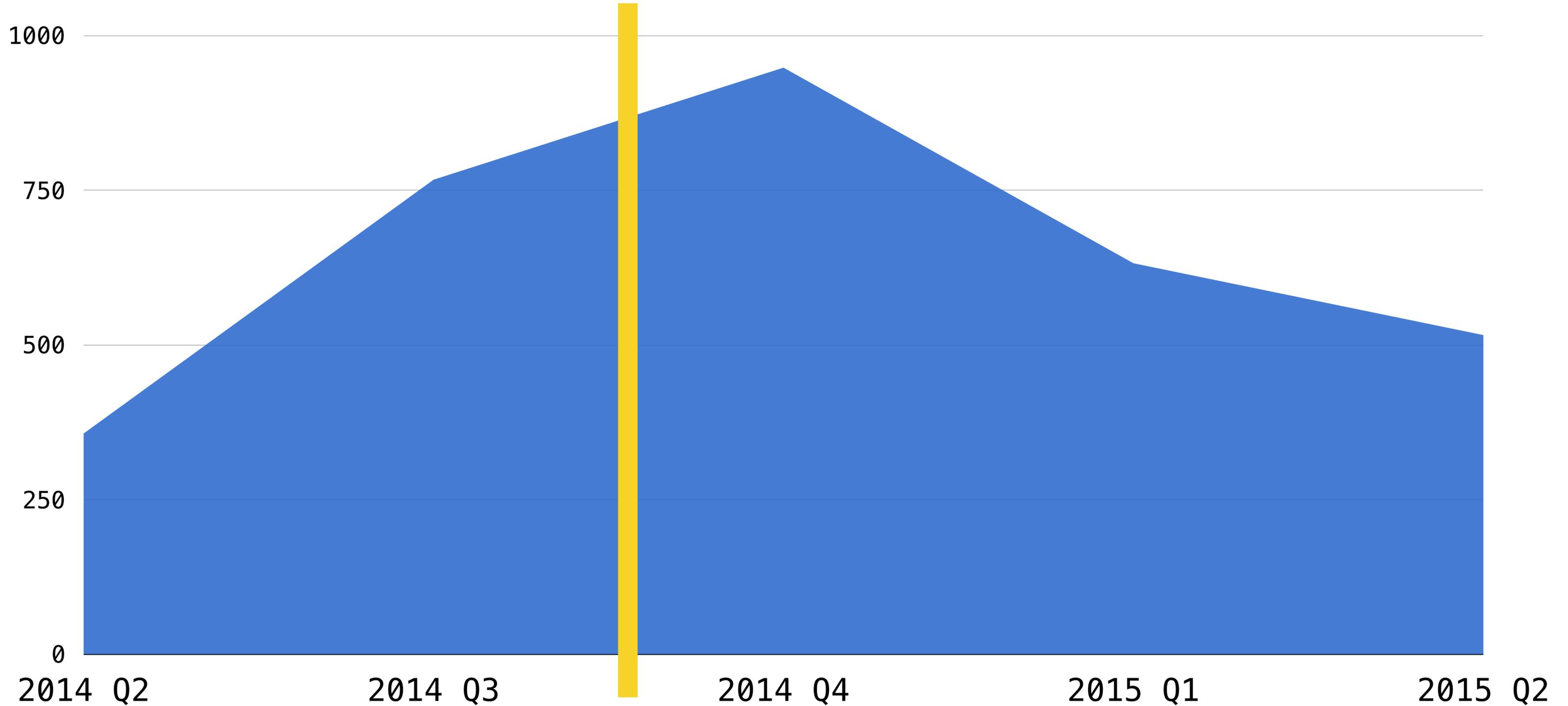
Availability: Outage Minutes



Cost versus Growth



Operational Pain & Pages



core values FTW!



**but what about
the other team?**



My Family Values

Have pride and respect for our our home

A place for everything and everything in its place

Everyone does their share

Make 1:1 time for each other

Teach and encourage our children

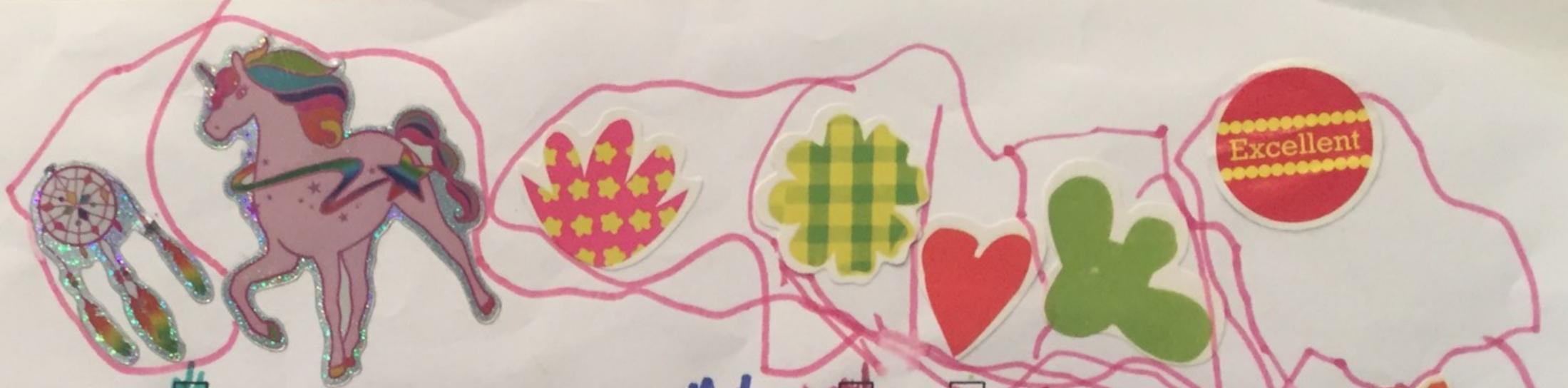
a place for everything

and

everything in its place



1 k l h r p o i



have pride

and respect

for our HOME

Excellent

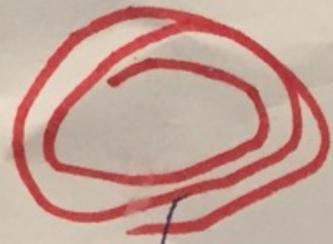


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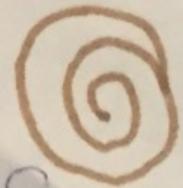
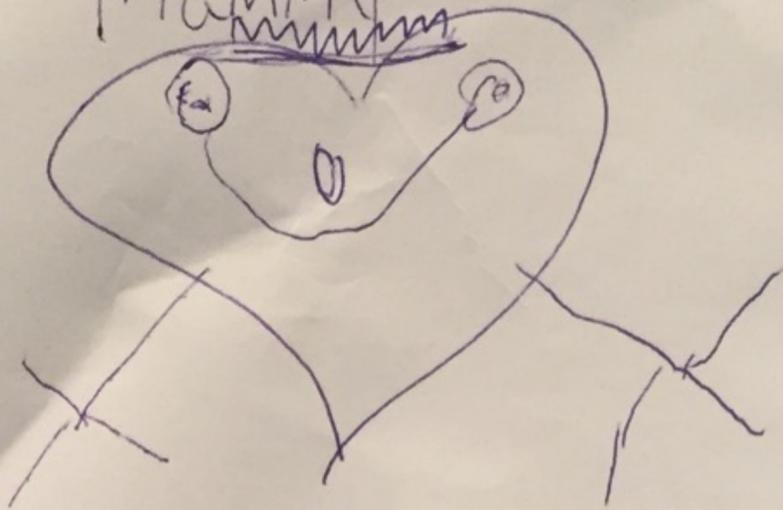


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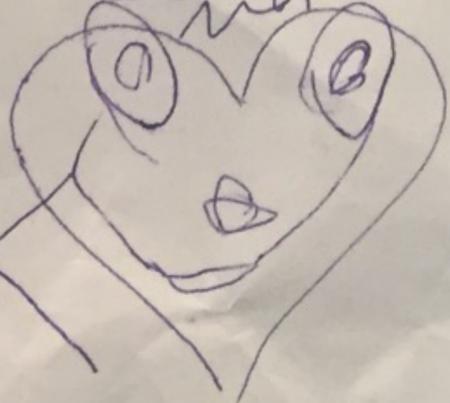
Dylan.



Mummy



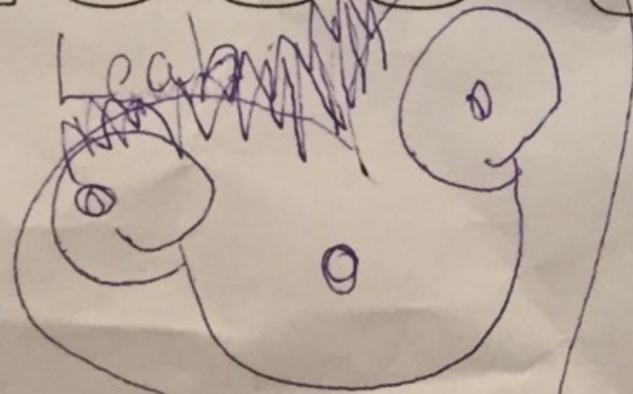
Sabah.



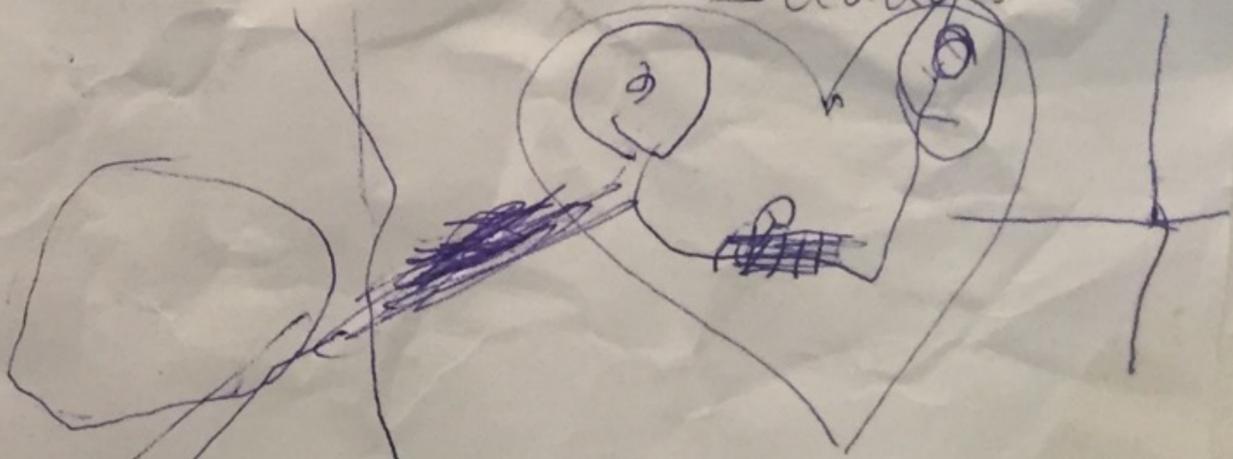
EVERYONE

does their share

Leah



Sada



! k l h r p o i



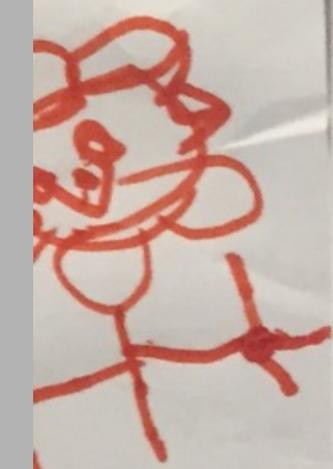
have pride

and respect

for our HOME

Excellent

M



teach
and encourage
our children

have minds
and respect
OUT HOME

make 1:1 time
for each other

a place for everything
and
everything in it's place

EVERYONE
does their share





Questions ?

intercom.io/ 

intercom.io/ 

[@rich_achbold](https://twitter.com/rich_achbold)

btw – we're hiring !