Taking You and Your Organization to the Next Level

April 7-8, 2016

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Senior Leader & National Speaker

Bob Murphy, RN, JD
National Speaker
Thank you for joining us!

Matthew Bottone, MBA
Regional Director
850-384-6918
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As your local advisor, please contact me if you have any pending questions, if there is interest in the “Straight A Leadership” assessment or if I can be additional service.
About Craig

- Senior Leader with Studer Group since 2006
  - Leadership, Culture, Accountability, Engagement, Safety
  - Co-led Baldrige journey
  - Faculty for American College of Healthcare Executives
- Quality committee of local health system
- MHA, University of Minnesota
- BA & BS, Louisiana State University
- Originally from New Orleans, now Pensacola
- Husband to Julie; Father to Sam (8) and Jack (6)
About Bob

- With Studer Group since 2006
- Senior leader for two Malcolm Baldrige National Quality Award recipients
- Former hospital administrator where patient satisfaction was top 1% for 8 years; Best Place to Work for 6 years
- More than 30 years experience including roles as EMT, paramedic, firefighter, phlebotomist, nursing assistant, registered nurse, flight nurse, department leader of emergency and trauma services, quality leader, risk manager, Chief Operating Officer and hospital CEO
- Husband to Cindy; Father to Bobby, Kaitlin, Luke and Aimee
About You

• What was your first job?
• Or your worst job?

➤ Person with birthday closest to today starts
➤ 10 Minutes
Commit to being “EXCELLENT”

- Quiet cell phones
- Be here
- Listen as if you were going to teach it
- Take notes
- Ask questions
- Relate vs. compare
Mission
To make healthcare a better place for employees to work, physicians to practice medicine and patients to receive care.

Vision
To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.

Values
Teamwork, Respect, Integrity, Generosity, Learning, Measurable Achievement

Organizational achievements

- 2010 recipient of the Malcolm Baldrige National Quality Award
- 99th percentile employee engagement for 9 straight years
- Fortune Top 25 Best Workplaces for 7 straight years (#5 in 2014)
- Net Promoter Score: 76 (Top 5 across all US companies)
What We Do

BUILD SKILLS
- Educational Conferences
- Speakers
- Books
- Videos
- Online learning

TRAINING

GET RESULTS
Fast improvement on a key organizational metric, e.g. patient experience, employee & physician engagement, ED turnaround

IMPROVEMENT

CHANGE CULTURE
Comprehensive organizational transformation through expert coaching to hardwire evidence-based practices across the board

TRANSFORMATION
Purpose, worthwhile work and making a difference
Three Elements to Execution

LEADERSHIP
Aligned Goals
- Leader Evaluation
- Leader Development

PEOPLE
Aligned Behavior
- Must Haves
- Performance Gap

TECHNOLOGY/PROCESS
Aligned Process
- Standardization
- Accelerators
Driving Performance

COACHING

Diagnose

Assess

Treatment

Actions

Systems

Tools Techniques & Processes

Teach

Skill Development

Validate

Coach

Reward

StuderGroup®
a Huron Healthcare solution

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What We’ve Learned
When Organizational Change Doesn’t Sustain . . .

1. Dots are not connected consistently to purpose, worthwhile work and making a difference

2. Do not achieve critical mass - Lack of balanced approach

3. Absence of an objective accountability system

4. Leaders do not have the training to be successful

5. Too many new behaviors introduced at once – need of sequenced approach

6. No process in place to re-recruit the high and middle performers and address low performers

7. Inability to take best practices and standardize across organization

8. Failure to have leaders “always” do desired behaviors

Straight A Leadership Assessment

- More than 50,000 leader responses in the database
- 6 years of data 2009-2015
- More than 500 organizations
Key Factors to Achieve High Performance

- Alignment
- Readiness for Change
- Accountability
- Fundamentals
- Consistency
- Self Awareness
Alignment – Summary

- In looking forward over the next 5 years, the executives see a more difficult external environment than other leaders in the organization.
Readiness for Change – Summary

• 37% of respondents feel if the organization stays the same, the results will be the same, better, or much better.
Fundamentals - Summary

• Leader Evaluation rated as “Fair”

• Current training prepares for success is rated as “Fair”
Accountability - Summary

• 8% of employees not meeting expectations

• 52% have documentation
Why it Matters

Evidence that connects the dots
## Impact on Operational Outcomes - Sample

<table>
<thead>
<tr>
<th>Quality</th>
<th>People</th>
<th>Finance</th>
<th>Service</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>- VBP- Improved HCAHPS</td>
<td>- Increased Employee Engagement</td>
<td>- Maximized Reimbursement</td>
<td>- Improved Patient Perception of Care</td>
<td>- Higher Volume</td>
</tr>
<tr>
<td>- VBP-Improved Overall Core</td>
<td>- Reduced Turnover</td>
<td>- Improved Operating Income</td>
<td>- Reduced Claims</td>
<td>- Increased Revenue</td>
</tr>
<tr>
<td>Measures</td>
<td>- Reduced Vacancies</td>
<td>- Decreased Cost per Adjusted Discharge</td>
<td>- Reduced Malpractice Expense</td>
<td>- Decreased Left Without</td>
</tr>
<tr>
<td>- Decreased Preventable</td>
<td>- Reduced Agency Costs</td>
<td>- Improved Collections</td>
<td>- Increased Physician Engagement</td>
<td>Treatment</td>
</tr>
<tr>
<td>Readmissions</td>
<td>- Reduced Overtime</td>
<td>- Reduced Accounts</td>
<td></td>
<td>- Reduced No-</td>
</tr>
<tr>
<td>- Increased Surgical</td>
<td>- Reduced Physicals &amp; Cost to Orient</td>
<td>- Receivable Days</td>
<td></td>
<td>Shows</td>
</tr>
<tr>
<td>Care Improvement</td>
<td></td>
<td>- Reduced Advertising Costs</td>
<td></td>
<td>- Increased Physician</td>
</tr>
<tr>
<td>- Decreased Healthcare-</td>
<td></td>
<td>- Decreased Legal Fees</td>
<td></td>
<td>Engagement</td>
</tr>
<tr>
<td>Associated Infections</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Reduced LOS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Improved Mortality</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Index</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Decreased Med</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Errors</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
## Financial Impact

<table>
<thead>
<tr>
<th>Metric</th>
<th>Impact</th>
<th>Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falls</td>
<td>Quality</td>
<td>50%</td>
</tr>
<tr>
<td>Decubitus Ulcers</td>
<td>Quality</td>
<td>14%</td>
</tr>
<tr>
<td>First Year Turnover</td>
<td>People</td>
<td>66%</td>
</tr>
<tr>
<td>Readmissions</td>
<td>Quality</td>
<td>33%</td>
</tr>
<tr>
<td>No Shows</td>
<td>Growth</td>
<td>70%</td>
</tr>
<tr>
<td>Tardies</td>
<td>Growth</td>
<td>60%</td>
</tr>
<tr>
<td>Call Lights</td>
<td>Productivity</td>
<td>38%</td>
</tr>
</tbody>
</table>
Hospitals with Better Patient Experiences Are Less Expensive

Medicare Spending Per Beneficiary After Discharge by Hospital Results on Overall HCAHPS Patient Experience of Care Rating

- 0-24th Percentile: $7,949
- 25-49th Percentile: $7,736
- 50-74th Percentile: $7,602
- 75-99th Percentile: $6,921

Percentile Rank on Rate Hospital a 9 or 10
Aligned Goals
Evidence-Based Leadership

**LEADERSHIP**
- ALIGNED GOALS
  - Leader Evaluation
  - Leader Development

**PEOPLE**
- ALIGNED BEHAVIOR
  - Must Haves
  - Performance Gap

**TECHNOLOGY/PROCESS**
- ALIGNED PROCESS
  - Standardization
  - Accelerators
# Example Organizational Results

## Using typical Leader Evaluation

<table>
<thead>
<tr>
<th>Issue</th>
<th>Reduce Costs / Improve Financial Performance</th>
<th>Provider of Choice (patient satisfaction)</th>
<th>Employer of Choice (employee satisfaction)</th>
<th>Improve Care (Quality, Safety, Effectiveness)</th>
<th>Information Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goals</td>
<td>Achieve financial margins of:</td>
<td>Achieve organization-wide average patient satisfaction scores of:</td>
<td>Reduce overall turnover of:</td>
<td>Achieve 90% compliance with CMS measures:</td>
<td>- Implement Employee Satisfaction Assessment process during 2005</td>
</tr>
<tr>
<td></td>
<td>- 4.0% in FY ’06</td>
<td>- 93.7 for “Overall quality of care/services”</td>
<td>- “permanent” positions to 11%</td>
<td>Community Acquired Pneumonia</td>
<td>- Create projected timeline for the implementation of the Advanced Point of Care (APOC) clinical system</td>
</tr>
<tr>
<td></td>
<td>- YTD 4.6% more detail&gt;</td>
<td>- YTD 93.5</td>
<td>- YTD 14%</td>
<td>≥90% - &lt;90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>-5.0% in FY ’07</td>
<td>- 76.1 for “Would you recommend”</td>
<td>- “permanent” core RN positions to 13%</td>
<td>Surgical Infection Prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- YTD 73.5</td>
<td>- YTD 16%</td>
<td>≥90% - &lt;90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Heart Failure</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2≥90% - &lt;90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Acute Myocardial Infarction</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>≥5≤90% - &lt;90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Achieve 90% compliance with evidence-based practice for prophylaxis of the following: DVT/PE, Post-op UTI, Post-op Pneumonia, Post-op AMI, Pressure Sores, Post-op Sepsis</td>
<td></td>
</tr>
</tbody>
</table>
Example Distribution of Performance
Using typical Leader Evaluation

- Meets: 10.3%
- Exceeds: 15.9%
- Substantially Exceeds: 73.8%
Same Organization’s Results
After implementing Weighted and Objective Evaluation

**Excellence**

**Service**
- Increase Service Quality (Inpatient)
  - Goal = 62nd
  - Current = 51st
- Increase Service Quality (Ambulatory)
  - Goal = 62nd
  - Current = 65th

**People**
- Reduce Annualized Turnover
  - Goal = 14.5%
  - Current = 16.7%
- Increase Employee Satisfaction

**Quality**
- Decrease Mortality Index
  - Goal = .77
  - Current = .77

**Finance**
- Operating Margin
  - Goal = 5%
  - Current = 5.6%
- Reduce FTE per Adjusted Discharge
  - Goal = 1.15
  - Current = 1.15

**Growth**
- Increase Inpatient Admissions
  - Goal = 2.7%
  - Current = 7.6%
- Increase Outpatient Visits
  - Goal = 5%
  - Current = 8.0%
Distribution of Performance After implementing Objective and Weighted Evaluation

![Graph showing distribution of performance with percentage ranges and values. The distribution is skewed, with the highest percentage in the 2.75-3.74 range at 41%, followed by 16% in the 2.0-2.74 range, 12% in the <1.99 range, 20% in the 3.75-4.4 range, and 4% in the >4.44 range.]

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a Huron Healthcare Solution
Accountability Bundle

- Annual Evaluation
- Report Card
- 90-Day Plan
- Monthly Meeting Model
Leader Evaluation Requirements

Points of Leverage

Evaluation must be:

- Objective
- Measurable
- Contain metric ranges (1-5)
- Weighted*

Right Leader

Right Goal

Right Weight
Goal Cascade Example (Reduce LOS)

• Case Management / Discharge Planning / Social Work- Increase % of patients discharged day the order is written

• Ancillary Department Leaders-Increase the number of inpatient procedures completed the day the order is written

• Inpatient Nurse Managers-X% of patients discharged by (fill in appropriate time)

• Medical Staff Leaders-Increase the % of discharge orders written by (fill in appropriate time)

• House Supervisors-Increase % of ED admissions to inpatient bed within XXX hours

• EVS-Improve bed turnaround time after 3pm
## Example: Senior Team Equity Review

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Entity's Goal Description</th>
<th>CEO (Org Goals)</th>
<th>CNO</th>
<th>CMO</th>
<th>CFO</th>
<th>COO</th>
<th>VP HR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Increase Net Operating Income to budget or higher.</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Growth</td>
<td>Increase Inpatient admissions compared to budget.</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>Increase Outpatient Revenue compared to budget as measured by Finance Department records.</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>People</td>
<td>Increase employee satisfaction to 90th percentile as measured by annual survey.</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Quality</td>
<td>Reduce Average Length of Stay (ALOS) to 4.85 days or less.</td>
<td>10%</td>
<td>10%</td>
<td>20%</td>
<td>15%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Quality</td>
<td>Achieve Value Based Purchasing Rollup measures.</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
<td>10%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Maintain overall Emergency Department patient satisfaction at 90th percentile.</td>
<td>10%</td>
<td>10%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Increase HCAHPS in 6/8 composites at 80th percentile.</td>
<td>15%</td>
<td>15%</td>
<td>10%</td>
<td>10%</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Increase physician satisfaction to 85th percentile as measured by annual survey.</td>
<td>15%</td>
<td>15%</td>
<td>30%</td>
<td>10%</td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td>Service</td>
<td>Other department/cascading metrics. Examples: AR Days, Door to Doctor, Productivity, Patient Safety Measures, Physician Satisfaction</td>
<td>20%</td>
<td>35%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Big Rocks
Monthly Meeting Model
Monthly Meeting Model Agenda
Four Key Components

1. Review of performance (via report card and 90-day plan)
2. Verification of key behaviors that are being used to achieve results
3. Review of LDI Linkage grid to confirm status of completing linkage assignment
4. Professional development

NOTE: Senior leader may begin the Supervisory Meeting with Rounding on their direct report
Performance Management
Evidence-Based Leadership

LEADERSHIP
ALIGNED GOALS
Leader Evaluation → Leader Development

PEOPLE
ALIGNED BEHAVIOR
Must Haves → Performance Gap

TECHNOLOGY/PROCESS
ALIGNED PROCESS
Standardization → Accelerators
# High Performance Conversation

## High Performer Conversation

<table>
<thead>
<tr>
<th>Goal: Reward, Recognize and Retain Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thanks and Appreciation</td>
</tr>
<tr>
<td>Importance</td>
</tr>
<tr>
<td>Organization Direction/Plan</td>
</tr>
</tbody>
</table>
| Input | Ask them for Input.  
- “We want to retain you. Is there anything that we should be doing better?”  
- “What do I need to do for you?” |
## Middle/Solid Performance Conversation

<table>
<thead>
<tr>
<th>S</th>
<th>Support</th>
<th>Describe good qualities – calm down their anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>Coach</td>
<td>Cover development opportunity</td>
</tr>
<tr>
<td>S</td>
<td>Support</td>
<td>Reaffirm good qualities</td>
</tr>
</tbody>
</table>
## Low Performance Conversation

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>D</strong></td>
<td><strong>Describe</strong></td>
<td>Describe what has been observed</td>
</tr>
<tr>
<td><strong>E</strong></td>
<td><strong>Evaluate</strong></td>
<td>Evaluate how you feel</td>
</tr>
<tr>
<td><strong>S</strong></td>
<td><strong>Show</strong></td>
<td>Show what needs to be done</td>
</tr>
<tr>
<td><strong>K</strong></td>
<td><strong>Know</strong></td>
<td>Know Consequences of continued same performance</td>
</tr>
</tbody>
</table>

**Follow-up**
Aligned Behaviors
It’s All About Engagement

Satisfaction  Experience  Engagement
What is Engagement?

• Not the same as satisfaction, nor happiness

• Emotionally invested in and focused on creating value for the organization, every day

• Giving discretionary effort; even when no one is watching
Definition of an engaged patient

- Strive to be informed about health
- Are involved in healthcare decisions
- Participate in self-care
- Self-monitor and provide information
- Provide feedback on experience and outcomes
- Commit to long-term lifestyle changes

Empowering patients (or, less restrictively, healthcare consumers) to take greater responsibility for their health. Requires partnership; making them feel valued.
How Engaged Are We?
Worldwide, only 13% of workers are engaged

Source: Gallup’s “State of the Global Workplace Report, 2013”
Only 30% of Americans are engaged in their job

Source: Gallup’s “State of the Global Workplace Report, 2013”
Only 34% of physicians are engaged in their work

Source: Gallup’s “State of the American Workplace Report, 2013”
How Engaged are Patients?

- 40% of deaths caused by modifiable behavioral issues
- People with chronic diseases take only 50% of prescribed doses
- 50% of patients do not follow referral advice
- 75% do not keep follow-up appointments

What’s it going to look like in a few years?

• Employees
  • As unemployment drops, might turnover once again become an issue for US hospitals?

• Physicians
  • The looming crisis ahead

• Patients
  • Engaging with customers is the core competency of many new entrants
Why does it matter?
What engaged employees do . . .

[Image: CDC Patient Safety poster - hand hygiene saves lives]

Department of Health and Human Services
Centers for Disease Control and Prevention
Safer, Healthier, People
Employees with low engagement are more likely to work around safety protocols.

Source: Leadership, Rework, and Workarounds; Grant T. Savage, Ph.D.; University of Alabama at Birmingham, February 2011
What engaged physicians do . . .

• Improve health outcomes
  • 30% increased chance a patient will stop smoking when a doctor advises a patient to quit
  • Patients satisfied with their provider are more likely to adhere to treatment regimens for diabetes.

• Steward resources
  • 51% more inpatient referrals
  • 26% more productive
  • $460,000 more annual patient revenue

Engaged Patients

You can’t fix the healthcare cost crisis without them.

• A few chronic disorders (e.g., diabetes and cardiovascular diseases) account for the majority of deaths and >75% of the nation’s medical care costs
• These are largely preventable
• What are the big levers?
  ▪ Increasing physical activity
  ▪ Controlling weight
  ▪ Quitting smoking

Engaged Patients
Accountable care requires me to be accountable.

• The average visit lasts 20 minutes
• The average patient sees a doctor 3x/year
• That’s 1 hour/year with the doctor
• *What about the other 8,674 hours?*
Actively Engaged Patients Have Lower Costs

Actively Engaged Patients Have Better Outcomes

How will we increase engagement?
The Engagement Waterfall

Engaged Leaders

To engage caregivers, leaders must be engaged.

Engaged Caregivers

To engage patients, caregivers must be engaged.

Engaged Patients
How will we increase engagement?

• Shift the discussion from satisfaction to engagement
• Trust precedes engagement
  • AIDET®
  • Bedside Shift Report/ Individualized Patient Care
  • Hourly Rounding®
  • Active listening/ Sit vs. Stand
  • Teachbacks
  • Post-visit calls
• Engagement as a core competency
Communicating with Impact
Communicating: The Typical Sequence

What

How

Why
Communicating: A Better Sequence

Why

What

How
## The 3 Why’s

<table>
<thead>
<tr>
<th></th>
<th>Satisfies:</th>
<th>Sample Size</th>
<th>Communication Channel</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Head</strong></td>
<td>Rational side</td>
<td>300+</td>
<td>Data</td>
</tr>
<tr>
<td><strong>Heart</strong></td>
<td>Emotional side</td>
<td>1</td>
<td>Stories</td>
</tr>
<tr>
<td><strong>WIFM</strong></td>
<td>Personal needs</td>
<td>Just me</td>
<td>Direct</td>
</tr>
</tbody>
</table>
# The 3 Why’s

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</tr>
<tr>
<td><strong>WIFM</strong></td>
<td>Personal needs</td>
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</table>
Example: AIDET®

A  Acknowledge
I  Introduce
D  Duration
E  Explanation
T  Thank You
## The 3 Why’s

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<tr>
<th>Satisfies:</th>
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<td><strong>Heart</strong></td>
<td>Emotional side</td>
<td>1</td>
</tr>
<tr>
<td><strong>WIFM</strong></td>
<td>Personal needs</td>
<td>Just me</td>
</tr>
</tbody>
</table>
Improvement in Patient Perception of Care Following Implementation of AIDET

"Nurses Always Communicated Well"

<table>
<thead>
<tr>
<th>AIDET Implemented</th>
<th>After 1 Quarter</th>
<th>After 2 Quarters</th>
<th>After 3 Quarters</th>
<th>After 4 Quarters</th>
<th>After 5 Quarters</th>
<th>After 6 Quarters</th>
<th>After 7 Quarters</th>
<th>After 8 Quarters</th>
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</tbody>
</table>

Source: HCAHPS: Hospital Compare Database, April 2011

n=16 hospitals
# The 3 Why’s

<table>
<thead>
<tr>
<th>Satisfies:</th>
<th>Sample Size</th>
<th>Communication Channel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td>Rational side</td>
<td>300+</td>
</tr>
<tr>
<td><strong>Heart</strong></td>
<td>Emotional side</td>
<td>1</td>
</tr>
<tr>
<td>WIFM</td>
<td>Personal needs</td>
<td>Just me</td>
</tr>
</tbody>
</table>
The 3 Why’s

<table>
<thead>
<tr>
<th>Satisfies:</th>
<th>Sample Size</th>
<th>Communication Channel</th>
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</tr>
<tr>
<td><strong>WIFM</strong></td>
<td>Personal needs</td>
<td>Just me</td>
</tr>
</tbody>
</table>
“I find that when I do AIDET,

- Patients are nicer
- And more engaged . . .”
Taking You and Your Organization to the Next Level

April 7-8, 2016

Craig E Deao, MHA
Senior Leader & National Speaker

Bob Murphy, RN, JD
Senior Leader & National Speaker

Day Two
Questions from Day One
Most important about Day 1

- Employee engagement
- High-Middle-Low conversations
- AIDET® as a way of reducing anxiety
- Stories for communicating the Why
- It’s not a knowing problem, it’s a doing problem
- Focus on the big rocks
- Better documentation of performance
- Keep it simple – this isn’t complicated
- It’s not about scripting. Be genuine
- Model the behavior you want
- Hospitals with better experience are less expensive
Things to START doing

- Use monthly meeting model – with agenda
- Re-recruit high performers
- Be more aggressive with gratitude
- Focus on work-life blend vs. work-life balance
- More meaningful rounding
- Develop my stories
- Holding employees more accountable
- Communicate clear expectations
- Ask self – “do I work harder for their success than they do?”
- More rounding, less meetings
Things to QUIT doing

• Introducing too many things at once
• Procrastinating on having difficult conversations
• Not thanking high performers
• Say we do rounding to “increase our Press Ganey scores”
• Giving rules instead of reasons
• Sitting behind desk when communicating with direct reports
• Allowing unconstructive criticism
• Taking responsibility for staff members’ successes
• Spending 90% of my time and energy on 10% of staff
Questions from Day 1

• What is the impact of health literacy on engagement?

• How to create a sense of urgency to change behavior for employees who have a few years left in their career?

• Ways to encourage and uplift employees that are not motivated or engaged?

• Examples of performance goals for non-clinical

• How to coach others to construct an effective AIDET® and incorporate into our culture?

• Can you expand more on what quarterly training should look like?
Keys to Engage Employees

- Hold regular meetings
- Connect daily
- Respond within 24 hours
- Know what’s going on outside of work
- Get to know them, as people first
- Clear expectations
- Coaching and feedback throughout the year, not just at evaluation time
- Focus on strengths over weaknesses
Cascading Goal Examples

- Chief Executive Officer
- Chief Nursing Officer
- Med/Surg Nurse Manager
- Chief Medical Officer
- Physician Practice Manager
- Primary Care Physician

Chapter Six: Objective Leader Evaluation System: The Birthplace of Accountability
Chief Executive Officer (CEO) Goals

**Service 30%**
- Increase HCAHPS to 70th percentile in 6/8 composites, Weight = 10%
- Increase ED Patient Satisfaction to 80th percentile, Weight = 10%
- Increase CGCAHPS to 80th percentile, Weight = 10%

**People 20%**
- Increase Employee Satisfaction to 85th percentile, Weight = 10%
- Increase Physician Satisfaction to 70th percentile, Weight = 10%

**Quality 20%**
- Decrease 30 Day All-Cause Readmissions to 5% or less, Weight = 10%
- Decrease CMS Never Events to 2 or less, Weight = 10%

**Finance 10%**
- Operating Margin of 3.5%, Weight = 10%

**Growth 20%**
- Increase Adjusted Admissions by 2.5% (18,260), Weight = 10%
- Increase Outpatient billable encounters to 37,000, Weight = 10%
Chief Nursing Officer (CNO) Goals

- **Service 35%**
  - Increase HCAHPS to 70th percentile in 6/8 composites
    - Weight = 25%
    - Increase ED Patient Satisfaction to 80th percentile
      - Weight = 10%

- **People 10%**
  - Increase Employee Satisfaction to 85th percentile
    - Weight = 10%

- **Quality 35%**
  - Decrease 30 Day All-Cause Readmissions to 5% or less
    - Weight = 15%
  - Decrease CMS Never Events to 2 or less
    - Weight = 20%

- **Finance 20%**
  - Decrease LOS to less than 3.4 days
    - Weight = 10%
  - Achieve Operating Budget
    - Weight = 10%

- **Growth 0%**
Med Surg Nurse Manager Goals

**Service 30%**
- Increase Med/Surg HCAHPS to 70th percentile in 6/8 composites
  - Weight = 30%

**People 20%**
- Increase Med/Surg Employee Satisfaction to 85th percentile
  - Weight = 10%

**Quality 40%**
- Decrease CHF Readmissions to 5% or less
  - Weight = 20%
- Decrease fall rate (never event) to 2.5 or less
  - Weight = 20%

**Finance 10%**
- Achieve 100% Variance to Budget
  - Weight = 10%

**Growth 0%**
Chief Medical Officer (CMO) Goals

**Service** 25%
- Increase CGCAHPS to 80th percentile
  - Weight = 10%

**People** 15%
- Increase Physician Satisfaction to 70th percentile
  - Weight = 15%

**Quality** 20%
- Decrease CHF Readmissions to 5% or less
  - Weight = 10%

**Finance** 10%
- Reduce average Clinic no-show rate to 10% or less
  - Weight = 10%

**Growth** 30%
- Increase Outpatient billable encounters to 37,000
  - Weight = 30%

- A1C score greater than 7 will decrease to 25% or less
  - Weight = 10%
Physician Practice Manager Goals

Service 25%
- Increase CGCAHPS to 80th percentile
  Weight = 15%
- Increase in-Network Referral Rate to 85%
  Weight = 10%

People 20%
- Increase Physician Satisfaction to 70th percentile
  Weight = 10%
- Increase Employee Satisfaction to 85th percentile
  Weight = 10%

Quality 15%
- A1C score greater than 7 will decrease to 25% or less
  Weight = 15%

Finance 15%
- Reduce average Clinic no-show rate to 10% or less
  Weight = 10%

Growth 25%
- Increase number of billable patient encounters to 9,000
  Weight = 25%
Leader Development
Evidence-Based Leadership

LEADERSHIP

ALIGNED GOALS
- Leader Evaluation
- Leader Development

PEOPLE

ALIGNED BEHAVIOR
- Must Haves
- Performance Gap

TECHNOLOGY/PROCESS

ALIGNED PROCESS
- Standardization
- Accelerators
Inconsistent and optional training

= 

inconsistent and optional results
<table>
<thead>
<tr>
<th>SKILL SET</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Change</td>
<td></td>
</tr>
<tr>
<td>Running effective meetings</td>
<td></td>
</tr>
<tr>
<td>Managing financial resources</td>
<td></td>
</tr>
<tr>
<td>Answering tough questions so as to not create a “we/they” culture</td>
<td></td>
</tr>
<tr>
<td>Selection of talent</td>
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<tr>
<td>Development of talent</td>
<td></td>
</tr>
<tr>
<td>Critical thinking</td>
<td></td>
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<tr>
<td>De-selection</td>
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<tr>
<td>Understanding the external environment</td>
<td></td>
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<tr>
<td>Manage up the positive, the solution and the decision</td>
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<tr>
<td>Improving processes</td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td></td>
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</tbody>
</table>
Don’t Wait for Direction From Your Supervisor

- Ask your supervisor:
  - “What am I doing well?”
  - “What can I be doing better?”
  - “Are my priorities in place?”
  - “Is there some training that would be helpful for me in my development?”
Evidence-Based Leadership

**LEADERSHIP**
- **ALIGNED GOALS**
  - Leader Evaluation
  - Leader Development

**PEOPLE**
- **ALIGNED BEHAVIOR**
  - Must Haves
  - Performance Gap

**TECHNOLOGY/PROCESS**
- **ALIGNED PROCESS**
  - Standardization
  - Accelerators
Aligned Behavior: Must Haves®

- Leader Rounding on Employees
- Rounding on Internal Customers
- Employee Thank You Notes
- Standards of Behavior
- Selection and the First 90 Days
- Key Words at Key Times / AIDET®
- Leader Rounding on Patients
- Post Visit Call
- Physician Strategies
Leader Rounding on Employees
Rounding on Staff - Tips

- Tell your staff about rounding
- Do rounding with the prescribed frequency
- Use a rounding log
- Give feedback
# Rounding for Outcomes – Staff

<table>
<thead>
<tr>
<th>Align Questions to Fit Desired Outcomes of the Organization</th>
<th>Concern and Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What is Working Well</td>
</tr>
<tr>
<td></td>
<td>People to Recognize</td>
</tr>
<tr>
<td></td>
<td>Systems to Improve</td>
</tr>
<tr>
<td></td>
<td>Tools, Equipment, Information</td>
</tr>
<tr>
<td></td>
<td>Follow-up</td>
</tr>
</tbody>
</table>
Rounding Log - 12 month

- What is working well
- Staff & Physician Recognition
- Tools & Equipment
- Quality/Safety Focus
- Patient Perception of Care
- Tough Questions

<table>
<thead>
<tr>
<th>Relationship Building - what did I learn about this person?</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is working well for you today?</td>
</tr>
<tr>
<td>Staff member I can recognize and why?</td>
</tr>
<tr>
<td>Physician I can recognize and why?</td>
</tr>
<tr>
<td>Tools and equipment needed to do your job today?</td>
</tr>
<tr>
<td>Systems you want to improve and your ideas to fix?</td>
</tr>
<tr>
<td>Quality or Safety focus discussed. Ideas?</td>
</tr>
<tr>
<td>Patient Perception of Care/HCAHPS/What are our patients saying? (Discuss focus, ratings, ideas, etc.)</td>
</tr>
<tr>
<td>Tough Questions: (Discuss any tough questions you need to address or have heard while rounding)</td>
</tr>
</tbody>
</table>

**SUMMARY/ACTIONS:**

- What do you know?
- What are you going to do now?
  - Who will you reward and recognize based on rounding?
  - What are barriers/issues, etc. you need to resolve?
Studer Group Rounding vs. Paper Rounding

- Hospital administrators, managers, and nurses spend more time with patients and less time with rounding paperwork

86% More efficient

Source: MyRounding
Quick access from web & mobile devices
- Survey staff, patients and physicians
- Use Studer Group rounding templates or create your own
- Track and resolve issues by priority & area
- Run reports in real-time
**Sample**

<table>
<thead>
<tr>
<th>GREEN: COMPLETE</th>
<th>YELLOW: IN PROGRESS</th>
<th>RED: CAN’T COMPLETE AT THIS TIME AND HERE’S WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Surgery:</strong> Lab Coats ordered for all staff - delivered Jan 13th</td>
<td><strong>Endoscopy:</strong> IMS (Integrated Medical Systems) to evaluate all Scopes for needed repairs and present condition – Free Service</td>
<td><strong>3 South / 4 Central</strong> Computers/eMAR in every patient room. Hoping for in next year, but very expensive. Seeking options</td>
</tr>
<tr>
<td><strong>2 Central:</strong> Need new binders. Charge book falling apart. Both are ordered.</td>
<td><strong>3 South / 4 Central:</strong> Equipment needs being addressed include: tape recorders, tapes, manual blood pressure cuffs, thermometers and chairs.</td>
<td><strong>2 Central:</strong> More VS machines. Not budgeted for this year. Suggested not placing machines in isolation rooms. Looking into ordering more manual equipment for rooms.</td>
</tr>
<tr>
<td><strong>Lab:</strong> Ordered 2 additional phlebotomy cards for those who want them.</td>
<td><strong>3 Central:</strong> Vs machines often “stuck” in isolation rooms. Will assess how many manual sets we are down, and order these.</td>
<td><strong>Case Management:</strong> The Case Management staff has outgrown its space. Due to the limited space within the facility, we are unable to move.</td>
</tr>
</tbody>
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**StuderGroup**

*a Huron Healthcare solution*

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Rounding on Internal Customers
Employee Thank You Notes
Standards of Behavior
Mission, Vision, Values
Standards of Behavior

- Appearance
- Communication
- Call Lights
- Commitment to Co-Workers
- Attitude
- Customer Waiting

- Elevator Etiquette
- Privacy
- Safety Awareness
- Sense of Ownership
Selection and the First 90 Days
To sustain the culture, selection is paramount.
PERFORMANCE STANDARDS

A set of performance standards has been developed by the employees of ____________________ to establish specific behaviors that all employees are expected to practice while on duty.

By incorporating these standards as a measure of overall work performance, ____________________ makes it clear that employees are expected to adhere to and practice the standards of performance outlining the Standards of Performance handbook.

I have read and understand the Standards of Performance handbook and I agree to comply with and practice the standards outlined within.

__________________________________  _______________________
Signature of Applicant               Date

...includes a signed agreement and commitment to the standards and values of the organization
Behavioral Based Questions

**Work Environment**
Tell me about a time when your unit was full and you had to care for multiple patients. How did you prioritize your work?

**Communication**
Describe a time when you had a miscommunication with a patient or family member. What did you do and what was the outcome?

**Initiative**
What processes or techniques have you learned to make a job easier or more effective? What was your discovery process and how did you implement your idea?
30 and 90-Day Meetings

• Supervisor asks the following:
  • How do we compare with what we said?
  • What’s working well? Have there been any individuals who have been helpful to you?
  • Based on your prior work, what ideas for improvement do you have? What could we do differently?
  • Is there any reason that you feel this is not the right place for you?
  • *Do you know of anyone who would be a good fit for our organization?*
  • *As your supervisor, how can I help you?*
Leader Rounding on Patients
Leader Rounding on Patients Implementation

- Recipe for successful Patient Rounding
- Designated time for rounding
- Clear expectations and set dates
- Introduction of unit clerk
- Daily coaching
- Daily huddles
- Daily reports
- Transparency and accountability
Post-Visit Calls
Physician Strategies
## What Physicians Want

<table>
<thead>
<tr>
<th>Satisfier</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>QUALITY</strong></td>
<td>Physicians want to know their patients are receiving quality care and a great patient experience.</td>
</tr>
<tr>
<td><strong>EFFICIENCY</strong></td>
<td>Physicians want to work with team members who have the information needed at hand to discuss their patients. Over the course of a day this efficiency will save the physician 30 minutes or more.</td>
</tr>
<tr>
<td><strong>INPUT</strong></td>
<td>Physicians need a seat at the table to provide input when decisions are being made that affect clinical outcomes. Round on physicians and consistently ask them, “Do you have everything you need to provide excellent care to your patient?”</td>
</tr>
<tr>
<td><strong>APPRECIATION</strong></td>
<td>Physicians value a “thank you” and acknowledgment when things are going well. They also want to see follow-up on their input in the form of tangible change.</td>
</tr>
</tbody>
</table>

## How to Provide It: Physician Must Haves®

<table>
<thead>
<tr>
<th>Physicians</th>
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<tbody>
<tr>
<td>1. Involve Physicians in Goal Setting</td>
</tr>
<tr>
<td>2. Round on Physicians</td>
</tr>
<tr>
<td>3. Focus, Fix and Follow-up</td>
</tr>
<tr>
<td>4. AIDET®</td>
</tr>
<tr>
<td>5. Reward &amp; Recognize</td>
</tr>
</tbody>
</table>
1) Involve Physicians in Goal Setting

- Select the Goals with Physicians
- Communicate the Goal with Physicians
- Share Results with Physicians
- Follow Up with Physicians
Provider Feedback System℠

A software accelerator for Physician Alignment
2) Rounding on Physicians

- Make a human and personal connection
- Ask, “What is working well?”
- Ask, “Do you have everything you need to provide excellent care to your patient?”
- Ask, “Anybody to reward and recognize?”

Frequency matters- *our high performing partners round on their physicians at least quarterly*
Impact of Rounding on Willingness to Recommend as a Place to Work

Oregon Integrated Health System; 8700 employees

* Results are one year following implementation of Leader Rounding on Staff and Physicians; Staff and physicians rounded on at least monthly had the highest satisfaction levels.
Physician Leaders Rounding on Physicians

Material impact in first 90 days

<table>
<thead>
<tr>
<th>Tactic and Tool Implemented:</th>
<th>Leaders Rounding on Physicians</th>
</tr>
</thead>
</table>

| My local leader recognizes me on a regular basis for doing good work (+25%) | Post Rounding | No Rounding |
| I would recommend this organization to a close friend as a good place to get healthcare (+12%) | Post Rounding | No Rounding |
| I would recommend this organization to a physician or friend as a good place to work (+15%) | Post Rounding | No Rounding |

Partner: California-based Health Management Organization
3) Focus, Fix and Follow-up

- **Focus** on their unique drivers
- **Fix** their concerns
- **Follow** up afterwards to capture the win
3) Focus, Fix & Follow Up

Diagnosing the Medical Staff

**Loyal**
Physicians who are inherently loyal. They see the value in the changes the organization is making and will actively support them.

**Want to be Aligned**
They want to be on board, but there is one thing that keeps them from being aligned with hospital leaders (e.g. an operational or political issue; frustration with a particular individual).

**Skeptical**
Skeptics hang in the balance. These individuals have many issues and concerns. The organization will need to be relentless to move them, but they can be moved.

**Naysayer**
These physicians will likely never be on board. Resist the temptation to make believers out of them. They only represent a small percentage of the medical staff.
4) AIDET® for Physicians

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<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
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<tbody>
<tr>
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<td>• Knock</td>
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<td>• Make eye contact</td>
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<tr>
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<td>• Welcome patient &amp; family</td>
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</table>

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<thead>
<tr>
<th>I</th>
<th>Introduce</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Introduce self, skill set, experience and certification, coworkers, other departments, and physicians.</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>D</th>
<th>Duration</th>
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<tbody>
<tr>
<td></td>
<td>• How long before the test, procedure, visit will start?</td>
</tr>
<tr>
<td></td>
<td>• How long the test, procedure, visit or admission will take?</td>
</tr>
<tr>
<td></td>
<td>• How long until the results?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Why are we doing this?</td>
</tr>
<tr>
<td></td>
<td>• What will happen and what you should expect?</td>
</tr>
<tr>
<td></td>
<td>• What Questions do you have?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T</th>
<th>Thank you</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thank them for choosing your organization, for waiting, for coming in today, for being a good patient.</td>
</tr>
</tbody>
</table>
Key Words at Key Times – AIDET®
Outcome – Outpatient Satisfaction
AIDET<sup>SM</sup> – Impact on Safety and Quality

Change in Percentile Ranks

Ease of obtaining test results...
CP instructions for follow-up...
CP information about...
CP efforts to include in decisions...
CP concern for prob/condition...
Access to care (46.5%)
Overall Patient Satisfaction...

Post AIDET

Source: Oklahoma University; OUP Hematology/Oncology Clinic & Infusion Center
5) Reward & Recognize

Send thank you notes
Share patient compliments
Ask about physicians on discharge calls
Spotlight physicians
Physician awards, and dinners

“Don’t underestimate the importance of reward & recognition to physicians!” --Quint Studer
Healthcare Flywheel®

Purpose, worthwhile work and making a difference

PRINCIPLES

Prescriptive To Do’s

PILLAR RESULTS

Bottom Line Results
(Transparency and Accountability)

PASSION

Self-Motivation

StuderGroup®, a Huron Healthcare solution

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We Are Studer Group®

Mission
To make healthcare a better place for employees to work, physicians to practice medicine, and patients to receive care.

Vision
To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.