Session Objectives

- Identify the barriers to improvement that are keeping your leadership team on the lily pad, as well as the opportunities for improvement being missed.
- Implement three evidence-based practices that will improve your ability to execute system goals.
The Journey Ahead

Quality, Value and Experience

- Value = Quality/Price
- Quality
  - S.T.E.E.P. (IOM, 2001)
  - The culmination of everything that happens to a patient during and as a result of an encounter (Studer Group, 2012)
  - Cannot be determined without voice of the customer input (i.e., experience)
It’s not about **service**.  
It’s about **quality**.

- 30% of respondents had poor adherence to their cardio-metabolic medication regimens.
- After adjusting for potential confounders, the prevalence of poor refill adherence increased by 0.9% (95% CI, 0.2%-1.7%) (P = .01) for each 10-point decrease in CAHPS score.

*The Diabetes Study of Northern California.  
Archives Internal Medicine 12/31/12*

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It’s not about **satisfaction**.  
It’s about **frequency**.

- Never  
- Sometimes  
- Usually  
- Always
Hospitals with Better Patient Experiences Have Fewer Hospital Acquired Conditions

Hospitals with Better Patient Experiences Have Shorter ED Wait Times and Fewer Patients Who Leave

Door to Doc

Patients LWBS

Relationship between OP-32 Door to Diagnostic Evaluation by a Qualified Medical Professional (Door to Doc) and HCAHPS Rates Hospital a 9 or 10

Relationship between OP-32 ED-Patient Left Before Being Seen (Percent) and HCAHPS Rates Hospital a 9 or 10
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

Competency by Proxy
We Practice What We Teach

- 2010 recipient of the Malcolm Baldrige National Quality Award
- 99th percentile employee engagement for nine straight years
- One of the best small companies to work for in America for six straight years (#7 in 2013)
- Mission: to create better places to work, practice medicine and receive care.
- Vision: to maximize the human potential within healthcare

“Vision without execution is hallucination.”

Thomas Edison
Closing the **Knowing-Doing Gap**

- In healthcare, our Gap is profound.
- It’s not just about trying harder and learning 25 novel tactics.
- How do you systematically ensure that people always apply evidence-based practice?


Most Change Efforts Fail

- Total Quality Management programs:
  - About two-thirds “grind to a halt because of their failure to produce the hoped-for results”
- Reengineering
  - 70% failure rate

**Why Organizational Change Fails**

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


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**Three Elements to Execution**

**LEADERSHIP**
- Aligned Goals
  - Leader Evaluation
  - Leader Development

**PEOPLE**
- Aligned Behavior
  - Must Haves
  - Performance Gap

**TECHNOLOGY/PROCESS**
- Aligned Process
  - Standardization
  - Accelerators

*Source: Simplified depiction of Studer Group’s Evidence-Based Leadership framework.*
### 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: -4.0% in FY '06 - YTD 4.5% 2% more detail&gt; -5.0% in FY '07</td>
<td>Achieve organization-wide average patient satisfaction scores of: - 93.7 for &quot;Overall quality of care/services&quot; - YTD 93.5 ☑️ - 76.1 for &quot;Would you recommend&quot; - YTD 73.5 ☑️</td>
<td>Reduce overall turnover of: - &quot;permanent&quot; positions 11% - YTD 14% more detail - &quot;permanent&quot; core RN positions to 13% - YTD 16%</td>
<td>Achieve 90% compliance with CMS measures: Community Acquired Pneumonia 3&gt;90% - 5&lt;90% Surgical Infection Prevention &gt;90% - 2&gt;90% Heart Failure 2&gt;90% - 2&lt;90% Acute Myocardial Infarction 5&gt;90% - 2&gt;90%</td>
<td>Implement Employee Satisfaction Assessment process during 2005 - Create projected timeline for the implementation of the Advanced Point of Care (APOC) clinical system</td>
</tr>
</tbody>
</table>

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### Example Distribution of Performance

**Using Typical Leader Evaluation**

![Graph showing distribution of performance](image)
Same Organization’s Results
After Implementing Objective Evaluation

Excellence

Service
- Increase Patient Satisfaction (Inpatient)
  - Goal = 62nd
  - Current = 51st
- Increase Patient Satisfaction (Ambulatory)
  - Goal = 62nd
  - Current = 86th

People
- Reduce Annualized Turnover
  - Goal = 16.5%
  - Current = 16.7%
- Increase Employee Satisfaction

Quality
- Decrease Mortality Index
  - Goal = 77%
  - Current = 77%

Finance
- Increase Operating Margin
  - Goal = 5%
  - Current = 6.6%
- Reduce FTE per Adjusted Discharge
  - Goal = 1.13
  - Current = 1.15

Growth
- Increase Inpatient Admissions
  - Goal = 2.3%
  - Current = 2.5%
- Increase Revenue Mix
  - Goal = 5%
  - Current = 8.6%

Distribution of Performance
After Implementing Objective Evaluation

- <1.99: 12%
- 2.0-2.74: 16%
- 2.75-3.74: 41%
- 3.75-4.4: 20%
- >4.44: 4%
Example Hospital

Inpatient Monthly Percentile Score
Year 1 – Year 5

Goal = 90%

Leader Evaluation Tool Implemented

Example Hospital

Inpatient Monthly Percentile Score
Year 5 – Year 7

Goal = 90%

Leader Evaluation Tool Implemented
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

Big Rocks

- Increase % of patients discharged day the order is written
- Increase % of patients discharged by (fill in appropriate time)
- Increase the % of discharge orders written by (fill in appropriate time)
- Increase % of ED admissions to inpatient bed within XXX hours
- Improve bed turnaround time after 3pm
Three Elements to Execution

LEADERSHIP
- Aligned Goals
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  - Leader Development

PEOPLE
- Aligned Behavior
  - Must Have
  - Performance Gap

TECHNOLOGY/PROCESS
- Aligned Process
  - Standardization
  - Accelerators

Over the Wall

The Wall

Gap is uncomfortable

Gap is intolerable
Three Elements to Execution

LEADERSHIP
- Aligned Goals
  - Leader Evaluation
  - Leader Development

PEOPLE
- Aligned Behavior
  - Must Have
  - Performance Gap

TECHNOLOGY/PROCESS
- Aligned Process
  - Standardization
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The Journey Ahead

Image courtesy of Apple Inc.

vs.

Image courtesy of Apple Inc.
It’s not what we do for patients.

It’s what we do with patients.

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
<th>Eye contact, smile and acknowledge everyone in the room.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
<td>“Hello Mr. Clark. My name is Jackie and I am your nurse today. I have been a nurse for 20 years and have worked in this hospital for over 8 years. I have done this procedure thousands of times and I go back for training each year…”</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
<td>“This procedure will take about 10 minutes to perform and then about one hour for the results…”</td>
</tr>
<tr>
<td>E</td>
<td>Explanation</td>
<td>“Let me explain some more about the procedure.” (Explain why performing the procedure, what will happen and what they should expect, understanding of side effects, and answer any questions.”)</td>
</tr>
<tr>
<td>T</td>
<td>Thank you</td>
<td>“Thank you for choosing us … Thank you for waiting … Thank you for coming in today … What other questions do you have?”</td>
</tr>
</tbody>
</table>
Everyone thinks of changing the world, but no one thinks of changing himself.

Leo Tolstoy
Thank You!

Craig Deao, MHA
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