Engage Physicians to Transform Care
27th Annual National Forum on Quality Improvement in Health Care

December 7, 2015

Jack Silversin, DMD, DrPH
Founding Partner, Amicus, Inc

Gary Kaplan, MD
Chairman and CEO, Virginia Mason Medical Center

Objectives

• Describe how urgency, shared vision, change sponsorship, compact (reciprocal expectations between doctors and their organization), and a single organization-wide improvement method can be applied to engage physicians

• Articulate actions that leaders can take when change challenges physicians’ traditional view of their role and their work

• Draw lessons from the case example that can be applied to their own organization
Presenter Disclosures

• Jack Silversin has no disclosures related to financial or commercial interests
• Gary Kaplan has no disclosures related to financial or commercial interests

Virginia Mason Medical Center

• Integrated health care system
• 501(c)3 not-for-profit
• 336-bed hospital
• Nine locations
• 500 physicians
• 5,500 employees
• Graduate Medical Education
• Research Institute
• Foundation
• Virginia Mason Institute
Our Strategic Plan

Patient

Vision: To be the Quality Leader and Transform Health Care

Mission: To improve the health and well-being of the patients we serve

Values: Teamwork, Integrity, Excellence, Service

Strategies: People, Quality, Service, Innovation

We work and develop the heart team
We continuously pursue the highest quality outcomes of care
We create an extraordinary patient experience
We foster a culture of learning and innovation

Virginia Mason Team Medicine—Foundational Elements

Learning, Governance, Information Systems, Education, Research, Virginia Mason Foundation

Virginia Mason Production System

Seeing with our Eyes Japan 2002

Team Leader Kaplan reviewing the flow of the process with Drs. Jacobs and Glenn at Hitachi Air Conditioning plant
Take-Aways

How are air conditioners, cars, looms and airplanes like health care?
• Every manufacturing element is a production processes
• Health care is a combination of complex production processes: admitting a patient, having a clinic visit, going to surgery or a procedure and sending out a bill
• These products involve thousands of processes—many of them very complex
• All of these products involve the concepts of quality, safety, customer satisfaction, staff satisfaction and cost effectiveness
• These products, if they fail, can cause fatality

The VMMC Quality Equation

\[ Q = A \times \frac{O + S}{W} \]

Q: Quality
A: Appropriateness
O: Outcomes
S: Service
W: Waste
New Management Method: The Virginia Mason Production System

We adopted the Toyota Production System philosophies and practices and applied them to health care because health care lacks an effective management approach that would produce:

- Customer first
- Highest quality
- Obsession with safety
- Highest staff satisfaction
- A successful economic enterprise

VMPS Tools in Action

- Value Stream Development
- RPIW (Rapid Process Improvement Workshop)
- 5S (Sort, simplify, standardize, sweep, self-discipline)
- 3-P (Production, Preparation, Process)
- Standard Work
- Daily Work Life
“Nursing Cells” – Results > 90 days

RN time available for patient care = 90%!

<table>
<thead>
<tr>
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<tr>
<td>• RN # of steps = 5,818</td>
<td>846</td>
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<td>• PCT # of steps = 2,664</td>
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<tr>
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<td>• Patients dissatisfaction = 21%</td>
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<td>• RN time spent in indirect care = 68%</td>
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<td>• PCT time spent in indirect care = 30%</td>
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<td>• Call light on from 7a-11a = 5.5%</td>
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<tr>
<td>• Time spent gathering supplies = 20’</td>
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Lindeman Surgery Center
Throughput Analysis

• Time Available
  (10 hr day)
  Before 600 min  Today 600 min  % Change 0%

• Total Case Time
  (cut to close plus set-up)
  Before 107 min  Today 65.5 min  % Change 39%

• Case Turnover Time
  (pt out to pt in)
  Before 30 min  Today 15 min  % Change 50%

• Cases/day
  Before 5 cases/OR  Today 8 cases/OR  % Change 60%

• Cases/4 ORs
  Before 20 cases  Today 32 cases  % Change 60%
Primary Care – Flow Stations
Creating MD Flow Reduces Patient Wait Times

VMPS Concepts of a Flow Station

- Waste of motion (walking)
- Continuous flow
- Visual control (Kanbans)
- External setup
- Water strider
- U-Shaped Cell

Stopping The Line
“Stopping the Line”
Organization-wide Involvement

- Staff identify and report issues and concerns using the Patient Safety Alert System
- Leadership involvement with investigation and resolution
- Board Quality Committee review and approve closure of high-severity issues (Red PSA’s)

Number of PSAs Reported per Month

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<td>2011</td>
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<tr>
<td>2012</td>
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IHI 2015 Forum
Minicourse M4
Jack Silversin and Gary Kaplan
Safety Culture Question –
Staff Speak Up Freely*

*Question: Staff will speak up freely if they see something that may negatively affect patient safety

VMHS Hospital Professional/General Liability Insurance Premiums
Effectiveness of Patient Safety Program

Excludes claims without payment

Virginia Mason Medical Center
Hospital of Decade: Efficiency and Effectiveness

Quality and Resource Use Comparison

Source: The Leapfrog Group, 2009
Tuesday Morning “Stand Up”

Where We Have Been
2014 Organizational Goals

Quality and Safety
- Prevent, Identify Early and Treat:
  - Identify and treat severe sepsis early
  - Reduce health care associated infections
  - Improve glycemic control
  - Prevent hospital associated delirium

Design the Quality Care Continuum:
- Provide patient-centered coordinated care
- Smooth patient flow

Service: Patient Experience
- Improve the patient experience

People: Team Engagement
- Develop strategic staffing models
- Ensure leadership can excel in transforming health care

Strong Economics
- Grow patient volumes and reduce costs

Integrated Information
- Leverage Our Data:
  - Measure and improve results
Realize the Potential of Our Electronic Health Record:
  - Enhance online services

2015 Organizational Goals

Quality and Safety: Ensuring Reliability
- Eliminate health care associated infections
- Identify and treat sepsis early
- Measure and improve our results

Service: Patient Experience
- Deliver a remarkable Virginia Mason experience

People: Team Engagement
- Advance the Performance Success Initiative

Strong Economics
- Leverage strategic staffing initiatives
- Grow patient volumes and reduce costs

Integrated Information
- Enhance online services
How Have We Gotten Here?

With engaged and committed staff and physicians!

Individual Physicians and Change

- Physicians embrace new technologies and treatments they believe benefit them and patients
- BUT…change can be challenging when the benefits are not apparent or they don’t see any problem with current practices. Often are skeptical that change is really improvement
21st Century Medicine

Reality

Culture

Socialization via “Hidden Curriculum” Contributes to Current State

- Autonomy in the service of patient care is core to medical professionalism
- “Standardized” care runs counter to professional identity, is viewed pejoratively
- Ambivalence toward viewing medicine as a business
- Often little appreciation for contribution of colleagues in other disciplines, nurses and administrators
- Difficulty trusting the work of colleagues and other staff undermines effective teamwork
Two Kinds of Challenges
Ronald Heifetz

Technical
- Problem is well defined
- Solution is known can be found
- Implementation is clear

Adaptive
- Challenge is complex
- To solve requires transforming long-standing habits and deeply held assumptions and values
- Involves feelings of loss, sacrifice (sometimes betrayal to values)
- Solution requires learning and a new way of thinking, new relationships
An Easily Adopted Technical Change

Technical not because it’s technological but because:

- Its use involves no angst or challenge to personal identity
- Adoption is intuitive or similar to other successful changes. Past experience provides a “road map” or sense for how it works
- There’s always the Genius Bar – someone does know what to do.

An Adaptive Challenge

SURGICAL SAFETY CHECKLIST (FIRST EDITION)

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<tr>
<th>SIGN IN</th>
<th>BEFORE INDUCTION OF ANAESTHESIA</th>
<th>BEFORE SKIN INCISION</th>
<th>BEFORE PATIENT LEAVES OPERATING ROOM</th>
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<td>ANAESTHESIA SAFETY CHECK COMPLETED</td>
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<td>HOW THE SPECIMEN IS LABELLED EXCLUDING PATIENT NAME</td>
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<td>WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED</td>
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<td>SURGEON, ANAESTHESIA PROFESSIONAL, AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT</td>
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Technical Solutions Are Good

But not sufficient when the problem is largely adaptive!

Wisdom from Ronald Heifetz

“The most common cause of failure to make progress is treating an adaptive problem with a technical fix.”

Technical fixes
- New payment scheme for doctors
- Incentives or bonuses
- Reorganization
- Issuing new vision statement

Adaptive solutions
- Giving authority to solve problems to the implementers
- Discussion that allows respectful airing of difference
- Bringing conflict to the surface and constructively resolving it
Adaptive Work

“Solutions are achieved when ‘the people with the problem’ go through a process together to become ‘the people with the solution.’ The issues have to be internalized, owned, and ultimately resolved by the relevant parties to achieve enduring progress.”

- Heifetz and Linsky, *Leadership on the Line*

Transformation Requires Technical Tools and Attention to Human/Adaptive Dimension

Lean tools \[\xrightarrow{\text{Necessary but not sufficient}}\] Transformation
Transformation Requires Technical Tools and Attention to Human/Adaptive Dimension

Lean Tools

Adaptive Change

Transformation

Requirements for Transformation

Single, organization-wide method

Urgency to improve

New compact: reciprocal expectations & accountability

Shared vision of the organization's future

Doctor leaders step up as change sponsors

Committed, aligned leadership & management
Discussion #1

In your organization:
- Identify one or more operational changes that affected doctors that didn’t go well
- How did each involve some—or all—of the following:
  - Loss (what of?)
  - Need to learn new skills or develop new relationships
  - Lack of clear road map for implementation
  - Stress, discomfort or frustration

Requirements for Transformation

- Urgency to improve
- New compact: reciprocal expectations & accountability
- Shared vision of the organization’s future
- Doctor leaders step up as change sponsors
- Committed, aligned leadership & management
- Single, organization-wide method

Doctor leaders step up as change sponsors
It All Starts With Urgency

“When people have a true sense of urgency, they think that action on critical issues is needed now, not eventually, not when it fits easily into a schedule.”

- John Kotter, *A Sense of Urgency*

The Status Quo is Like Gravity

- The invisible hold of the status quo is very strong:
  - The current way is known
  - The “new way” raises fear and anxiety
- For change:
  - Make the current way uncomfortable
  - Build a compelling case for change
Making Colleagues Uncomfortable is NOT Easy

- Too often leaders see their role as protecting colleagues from harsh realities
- "Asbestos booties" handed out during difficult times

You CAN Responsibly Raise the Heat

You aim to get their attention. But they may be busy, stressed, not much interested in your change. Expect avoidance.

- Bring into the open issues not usually candidly addressed
- Support those who see the need for change but are often silenced or ignored to speak up
- If you can, allow doctors to experience the cost of the status quo by removing protections, work-arounds, that keep heat (and need to change) at bay

John Kotter: “See, Feel, Change”

“People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings.”

- Kotter and Cohen
To Raise Heat, Create Experiences that Resonate Emotionally

• Share data and ask others to draw conclusions (We’re not nearly as good as I thought)
• Comparing unblinded performance data can prompt visceral reaction and change
• “Go and see.” Site visits. Bring doctors closer to consequences of current practice
• Anything experiential that gets people out of their heads and gives them a new way of looking at existing conditions
• Stories from patients or colleagues that are moving

Time for a Change – VMMC 2000

• Issues
  ▪ Survival
  ▪ Retention of the Best People
  ▪ Loss of Vision
  ▪ Build on a Strong Foundation
• Leadership Change
• A Defective Product
Urgency for Change at VMMC

“We change or we die.”

— Gary Kaplan, VMMC Professional Staff Meeting, October 2000

November 23, 2004

Investigators: Medical mistake kills Everett woman

Hospital error caused death

Mary L. McClinton
The Challenge of Ongoing Urgency

- In a time of constant and tumultuous change, avoid complacency
- Shift focus from pain and fear (sources of urgency) to aspiration, affirmative view of future
Leaders’ Role in Signal Generation

“Leaders are signal generators who reduce uncertainty and ambiguity about what is important and how to act.”

— Charles O’Reilly III

Discussion #2: Urgency for Improvement

• What signals do your leaders send regarding urgency for care improvement? Are their signals consistent?
• What is the impact of these signals on physician engagement in improvement?
• In your own area of responsibility, what actions do you take to raise the heat for improvement?
• What actions on your part tend to lower heat when more heat is needed?
Requirements for Transformation

- Single, organization-wide method
- Urgency to improve
- New compact: reciprocal expectations & accountability
- Shared vision of the organization's future
- Doctor leaders step up as change sponsors
- Committed, aligned leadership & management

Explicit Shared Destination Creates Focus and Alignment

Explicit Shared Destination Creates Focus and Alignment
Lack of Shared Vision Reflects Silo Mentality and Distrust

Challenges to Having Vision that Is Shared

- Often relationships between administration and physicians are strained or dysfunctional
- Physicians and hospitals often compete for business
- For their part, physicians don’t acknowledge their own interdependence
- Power of vision under-leveraged
  - Vision process is often superficial; an exercise with a narrow purpose (e.g., for PR)
  - Little connection between vision on paper and daily life
  - No clear method to achieve vision
Requirements for Developing Shared Vision

- Doctors develop deep appreciation of interdependence (to provide best, safest patient care)
- There is a process to develop vision – not a one-off meeting:
  - Deepens understanding of the various imperatives the organization must respond to including quality, value, safety
  - Challenges myths (e.g., Triple Aim not possible)
  - Encourages different points of view to be heard
  - Builds commitment
- Vision is:
  - Strategic and granular
  - Perceived as a stretch, but not a fantasy

Basis of Vision is Shared Interests

- Organization’s Interests
- Doctors’ Interests

**Shared Interests**
- Commitment to patients’ care and safety
- Positive reputation
- Economic success
- Recruit and retain talent
The Vision as Practical Guide

- Keep it front and center. Use it to open meetings, reference it when introducing change
- Connect the dots for people so they can see how what they are doing and what you ask them to do relates to this vision. Don’t assume they will make all the connections themselves
- Find ways to measure progress toward the vision
- Use it as a guide to board decisions and policy choices
- Align rewards – tangible and intangible with effort toward the vision
- Use it to recruit and hire talent who will contribute toward it

Our Strategic Plan
Discussion #3
Shared Vision

To what extent do doctors, staff, and management share a vision for the organization’s future?

Little 1 2 3 4 Great 5

- Why did you choose the number you did?
- What impact does this have on doctor engagement?

Engage Doctors to Transform Care

- Urgency to improve
- Shared vision of the organization’s future
- Doctor leaders step up as change sponsors
- Committed, aligned leadership & management
- New compact: reciprocal expectations & accountability
- Single, organization-wide method
Traditional Role for Physician Leader

- Advocate
- Protector
- Communicator – attend meetings, represent our views and inform us of important news
- First among equals, “not one millimeter above”

Consider Two Mental Models

Leadership Activities
- Advocate for Peers
- Other Leadership activities

Manager view of role

Advocate for my Peers

Chief’s view of role

IHI 2015 Forum
Minicourse M4
Jack Silversin and Gary Kaplan
What’s the Downside When Leaders Protect?

- Innovation
- Policy
- External change
- New initiative
- Disappointing performance …“bad news”

Front Line Doctors

Reinforcement of Traditional Physician Leadership Role

- Preference for leadership that doesn’t threaten personal autonomy
- There are times when advocacy or protection is appropriate
- Physicians make leaders pay a price for stepping out of advocate/protector role
- Election to leadership roles
- Briefness of tenure limits development of necessary leadership skills
Doctor Leaders Caught in the Middle

Organization needs doctor leaders to sponsor change

Doctors don’t accept legitimacy of leaders’ authority

Culture Determines What is Acceptable in a Leader – Ed Schein

“Leadership now is the ability to step outside the culture that created the leader to start evolutionary change processes that are more adaptive.”
An Expanded View of Clinical Leadership

- A new mental model – courageous leadership
- Sponsor change
  - Demonstrate personal commitment to quality and safety improvement
  - Be a role model and among the first to adopt the new way
  - Provide encouragement and acknowledgment to those who get on with change
  - Hold colleagues accountable to engage in quality and safety initiatives
- Engage colleagues
- Make practice life more efficient and professionally satisfying for colleagues
- Make and keep commitments on behalf of doctors

VMMC Physician Leader is a Real Job

- Appointed, not elected
- Clear expectations/job descriptions
- Performance feedback
- Training and development
- Succession planning
Everyone Changes

- It’s not just physician leaders who shift mindset and actions
- Working collaboratively with physicians represents an adaptive change for many administrative leaders
- Need to move away from language such as: “We need to gain their buy-in” and “We’ll roll it out”

Leadership at Every Level

- At the local level, to engage physicians and improve care, takes effective leadership from physicians (and other clinical colleagues)
- Executives’ mindset and skills also critical to engaging physicians…to developing an enterprise that values physician input, to building trust, respect and accountability for everyone
Discussion #4
Physicians as Leaders

• What model of physician leadership is most common in your organization:
  ▪ Advocate and protector of status quo for physician-colleagues?
  ▪ Sponsor of change and skilled at engaging colleagues?

• What is the impact of this model of physician leadership on the organization’s ability to change?

Engage Doctors to Transform Care
World Class Management

Elements of Management by Policy

Reflection
- vision
- feedback (including barriers)
- customer and supplier data
- breakthrough

Check and Review
- compare performance to plan
- must not be punitive
- occurs at all company levels (crew to top management)

Policy Deployment
- understanding / awareness
- develop strategies for
  - entire organization
  - departments
  - individuals

"Catchball"
- formal discussions
- idea exchange
- set priorities
- identify resources / roles
- set measurement criteria

Strategic Planning
Aligning Vision with Resources

Long Term Vision

5 year Plans

Annual Goals

KPO Priorities

Clinic Priorities

Section Priorities

2014 VMPS Priorities
2015 Organizational Goals

**Quality and Safety: Ensuring Reliability**
- Eliminate health care associated infections
- Identify and treat sepsis early
- Measure and improve our results

**Service: Patient Experience**
- Deliver a remarkable Virginia Mason experience

**People: Team Engagement**
- Advance the Performance Success initiative

**Strategies**
- Clearly Defined Activities and Deliverables
- Identified Executive Sponsors
- Established Guidance Teams
- Goals Approved by Board

Explicit Goals and Work Plans

- Virginia Mason Foundational Elements
  - Strong Economics
  - Responsible Governance
  - Integrated Information Systems
  - Education
  - Research
  - Virginia Mason Foundation

- Virginia Mason Production System

- Patient
  - VISION
    - To be the Quality Leader and transform health care.
  - MISSION
    - To improve the health and well-being of the patients we serve.
  - VALUES
    - Teamwork
    - Integrity
    - Excellence
    - Service
  - People
    - We prioritize and develop the best team.
  - Quality
    - We consistently pursue the highest quality outcomes in care.
  - Service
    - We create an extraordinary patient experience.
  - Innovation
    - We leverage a culture of learning and innovating.
A3 Divisional Goals

Management by Policy - Check and Review

- regular checks and reviews are critical
- determines current status of goal achievement
- conducted regularly (e.g., daily, monthly, quarterly)
- includes intensive, objective study of data
- joint problem-solving, planning, and follow-up may be required
"If there is a place where blame for silos and politics belong, it is at the top of an organization."  

Silos, Politics and Turf Wars (p. 177) by Patrick Lencioni

World-Class Management

Cross Functional Management

Orthopedic Value Stream

Orthopedic Model Line: Hospital Clinic & Corporate KPOs

[Diagram showing the orthopedic value stream with various steps and owners]

World-Class Management

Orthopedic Value Stream
World-Class Management

Daily Management: Leaders Have Two Jobs

1. Run your business
2. Improve your business

The FIVE Principle Elements of Daily Management

- **Visual Controls**: Create linked visual systems that drive action.
- **Daily Accountability Process**: Establish rounding process at all levels.
- **Root Cause Analysis**: Asking “why” and using data and analysis to attack problems.
- **Discipline**: Leaders consistently verify the health of processes and systems.
- **Leader Standard Work**: Leaders routinely complete key activities necessary to run and improve their business.
Leader Standard Work

Clinic Supervisor & Director Daily List

- Standard work for leaders specifies the actions to be taken each day to focus on the processes in each leader's area of responsibility.

Observations Across Many Organizations

Principles that support high levels of alignment

- Ownership of goals
- Alignment of unit with enterprise goals
- Discipline and execution
- Investment in developing people
- Feedback and learning regarding results
Engage Doctors to Transform Care

- Urgency to improve
- Shared vision of the organization’s future
- Doctor leaders step up as change sponsors
- Committed, aligned leadership & management
- New compact: reciprocal expectations & accountability

Long-Standing Societal Compact with Medical Profession

- In exchange for the sacrifice of long and arduous training and for role as healers... 
- Society “put doctors on pedestal” allowing autonomy to regulate selves as a profession, conferring status and respect
- Organizational life reflected and reinforced this compact with society
Societal Compact Translated into Organizational Expectations

Physicians Got
- Autonomy
- Protection
- Entitlement

Physicians Gave
- Treat patients
- Provide quality care (personally defined)

Clash Of “Promise” And Imperatives

Traditional “Promise” Legacy Expectations
- Autonomy
- Protection
- Entitlement

Imperatives
- Improve safety/quality
- Implement electronic records
- Improve efficiency and value
- Be patient-focused
- Improve access
Consequences When Compact is Out of Synch with Strategy

- Erosion of morale
- Slow improvement
- Mistrust of leaders who sponsor change

Compact Process Recalibrates Expectations

- Timing is critical. Must be a felt need that compact can help address
- Journey as important as destination
- Iterative process for understanding and buy-in
- Mutual accountability (2-way street)
Sequencing Compact Development

Context → Strategic Vision → Dialogue to co-create new Compact

- Societal needs
- Local market
- Competition
- Organization’s strengths

Aspirational statement describing organization’s future – broadly & deeply owned

Doctors’ Responsibilities:
- What doctors will give the org to achieve shared vision
- What the org will give doctors to support them to keep commitments

Organization’s Responsibilities:
- What the org will give doctors to support them to keep commitments

Old Compact at VMMC Not Working

- Despite the fact things weren’t working, most physicians clung to the fundamental “gets” they felt due them
  - Protection
  - Autonomy
  - Entitlement
- Physician-centered world view prevailed
VMMC Compact Process

**Physician Retreat (Fall 2000)**
- Broad based committee of providers: primary care, sub-specialists
- Focus of retreat: physicians-changing expectations, tools to manage change
- Jack Silversin served as our consultant
- Spent time at VMMC talking to physicians

VMMC Compact Process

**Physician Retreat (Fall 2000)**

**Compact committee drafts compact (Winter 2001)**
- Broad based group of providers
- Administrative Involvement: CEO, JD, HR, Board Member (also a patient)
- Starting point:
  - “Gives” and “gets” from the Retreat
  - Evolving Strategic Plan: patient centered
VMMC Compact Process

Physician Retreat
(Fall 2000)

Compact committee drafts compact
(Winter 2001)

- Committee met weekly
- Reality Checks
  - Management Committee
  - Physicians
- Multiple Drafts until we reached the “final draft”

Departmental meetings for input
(Spring 2001)

Virginia Mason Medical Center
Physician Compact

Organization’s Responsibilities
- Foster Excellence
  - Recruit and retain superior physicians and staff
  - Support career development and professional satisfaction
  - Acknowledge contributions to patient care and the organization
  - Create opportunities to participate in or support research
- Listen and Communicate
  - Share information regarding strategic intent, organizational priorities and business decisions
  - Offer opportunities for constructive dialogue
  - Provide regular, written evaluation and feedback
- Educate
  - Support and facilitate teaching, GME and CME
  - Provide information and tools necessary to improve practice
- Reward
  - Provide clear compensation with internal and market consistency, aligned with organizational goals
  - Create an environment that supports teams and individuals
- Lead
  - Manage and lead organization with integrity and accountability

Physician’s Responsibilities
- Focus on Patients
  - Practice state of the art, quality medicine
  - Encourage patient involvement in care and treatment decisions
  - Achieve and maintain optimal patient access
  - Insist on seamless service
- Collaborate on Care Delivery
  - Include staff, physicians, and management on team
  - Treat all members with respect
  - Demonstrate the highest levels of ethical and professional conduct
  - Behave in a manner consistent with group goals
  - Participate in or support teaching
- Listen and Communicate
  - Communicate clinical information in clear, timely manner
  - Request information, resources needed to provide care consistent with VM goals
  - Provide and accept feedback
- Take Ownership
  - Implement VM-accepted clinical standards of care
  - Participate in and support group decisions
  - Focus on the economic aspects of our practice
- Change
  - Embrace innovation and continuous improvement
  - Participate in necessary organizational change
Compact Supports Alignment with Vision

- Compact discussions as foundational – basic to moving us toward vision
- Compact is revisited, made alive, reinforced
- Periodic assessments/dialogue as to how both “sides” are living up to compact commitments

Hardwiring Compact

- Recruitment
- Orientation
- Job Descriptions
  - Chief
  - Section Heads
  - Physicians
- Feedback
## VMMC Leadership Compact

### Organization Responsibilities

**Foster Excellence**
- Recruit and retain the best people
- Acknowledge and reward contributions to patient care and the organization
- Provide opportunities for growth of leaders
- Continuously strive to be the quality leader in health care
- Create an environment of innovation and learning

**Lead and Align**
- Create alignment with clear and focused goals and strategies
- Continuously measure and improve our patient care, service, and efficiency
- Manage and lead organization with integrity and accountability
- Resolve conflict with openness and empathy
- Ensure safe and healthy environment and systems for patients and staff

**Listen and Communicate**
- Share information regarding strategic intent, organizational priorities, business decisions, and business outcomes
- Clarify expectations to each individual
- Offer opportunities for constructive open dialogue
- Ensure regular feedback and written evaluations are provided
- Encourage balance between work life and life outside of work

**Educate**
- Support and facilitate leadership training
- Provide information and tools necessary to improve individual and staff performance

**Recognize and Reward**
- Provide clear and equitable compensation aligned with organizational goals and performance
- Create an environment that recognizes teams and individuals

### Leader Responsibilities

**Focus on Patients**
- Promote a culture where the patient comes first in everything we do
- Continuously improve quality, safety, and compliance

**Promote Team Medicine**
- Develop exceptional working-together relationships that achieve results
- Demonstrate the highest levels of ethical and professional conduct
- Promote trust and accountability within the team

**Listen and Communicate**
- Communicate VM values
- Courageously give and receive feedback
- Actively request information and resources to support strategic intent, organizational priorities, business decisions, and business outcomes

**Take Ownership**
- Implement and monitor VM approved standard work
- Foster understanding of individual/team impact on VM economics
- Continuously develop one's ability to lead and implement the VM Production System
- Participate in and actively support organization/group decisions
- Maintain an organizational perspective when making decisions
- Continuously develop oneself as a VM leader

**Foster Change and Develop Others**
- Promote innovation and continuous improvement
- Coach individuals and teams to effectively manage transitions
- Demonstrate flexibility in accepting assignments and opportunities
- Evaluate, develop, and reward performance daily
- Accept mistakes as part of learning
- Be enthusiastic and energize others

### Discussion #5

**Organizations-Physician Compact**

- In what ways does the unwritten doctor compact:
  - Support change and improvement?
  - Serve as an impediment to change and improvement?
Engage Doctors to Transform Care

Urgency to improve

Shared vision of the organization's future

Doctor leaders step up as change sponsors

Committed, aligned leadership & management

New compact: reciprocal expectations & accountability

Single, organization-wide method

Transformation: Where To Start?

Three areas of inquiry:

• Do we insist on a single method of improvement? If not, why not? What’s the effect?

• How shared is a sense of urgency to improve? Why is it as it is?

• To what degree are your physicians committed to a common vision? To what degree is it one administration shares?
Flu Vaccination “Fitness for Duty”

- Do we put patient first?
- Compelling science
- Staff resistance
- Staying the course
- Organizational Pride

VMMC Influenza Vaccination Rates
LEADERSHIP MUST CHANGE ITS MENTALITY.

SCARCITY: You are not paying us enough.

ABUNDANCE: We have more than enough.

“In times of change, learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”

Eric Hoffer
## Readings