

Leadership Lessons in Transformation: How to Engage Your Team to Drive Results

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Agenda

- I. Fundamentals
- II. Leadership Competencies
- III. Case Studies
- IV. Lessons Learned

Jefferson Health: Who We Are

JEFFERSON | ABINGTON | ARIA

BETTER TOGETHER

Our newly formed organization, Jefferson, encompasses Jefferson Health, the umbrella name for the combined clinical services of Abington, Aria and Jefferson (our hospitals, outpatient and urgent care centers and physician practices), and Thomas Jefferson University, our parent organization and the academic arm of our institution.

Jefferson now includes: (2015 data)

23,000

EMPLOYEES

- 2,217 inpatient beds
- 96,634 admissions
- 363,104 ED visits
- 1.9 million outpatient visits

5,000

PHYSICIANS/PRACTITIONERS

- 9 hospitals
- 32 outpatient and urgent care locations

5,770

NURSES

- 3,463 full/part-time faculty
- 4,120 students
- \$230 million in charitable care and community benefit

- \$108.5 million in public/private research funding

Major Changes Happening!



Leaders Must Adapt



I. Fundamentals

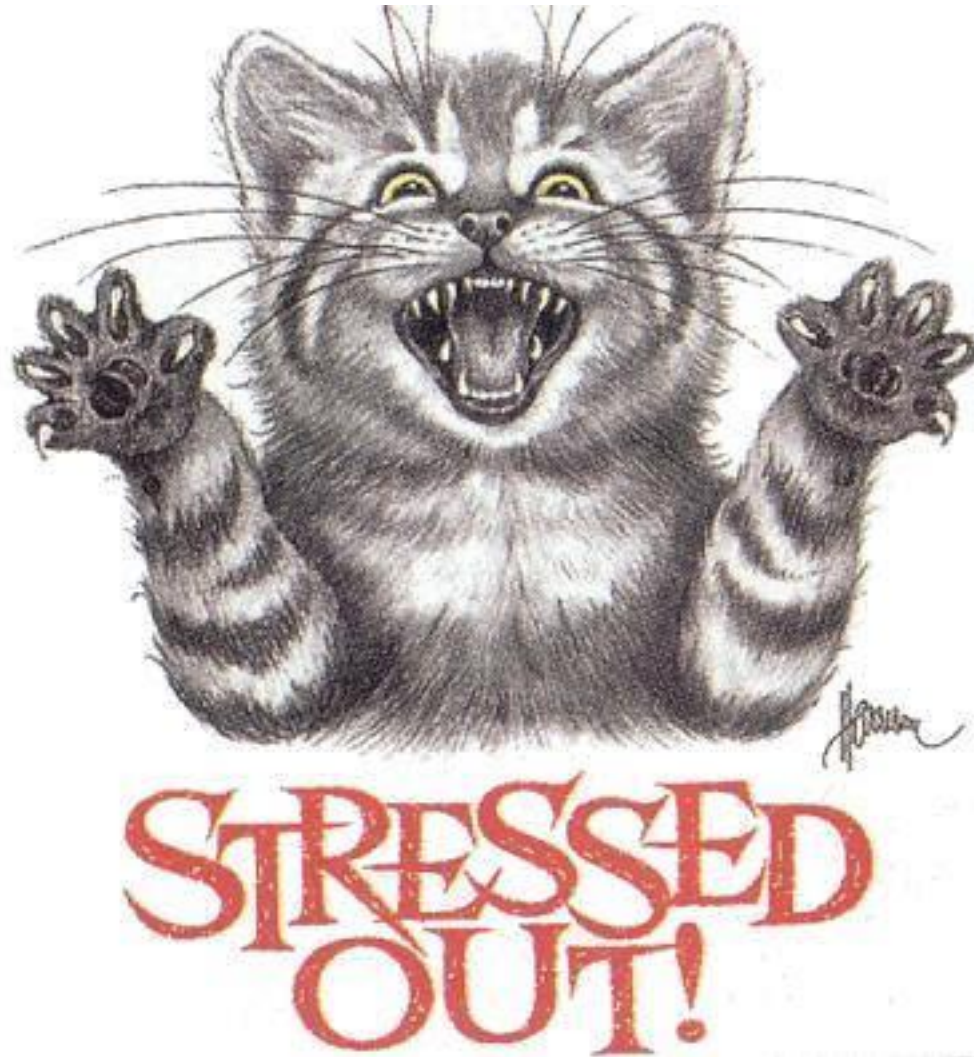
Communicate/Listen Effectively



TEXTING

More important than human contact

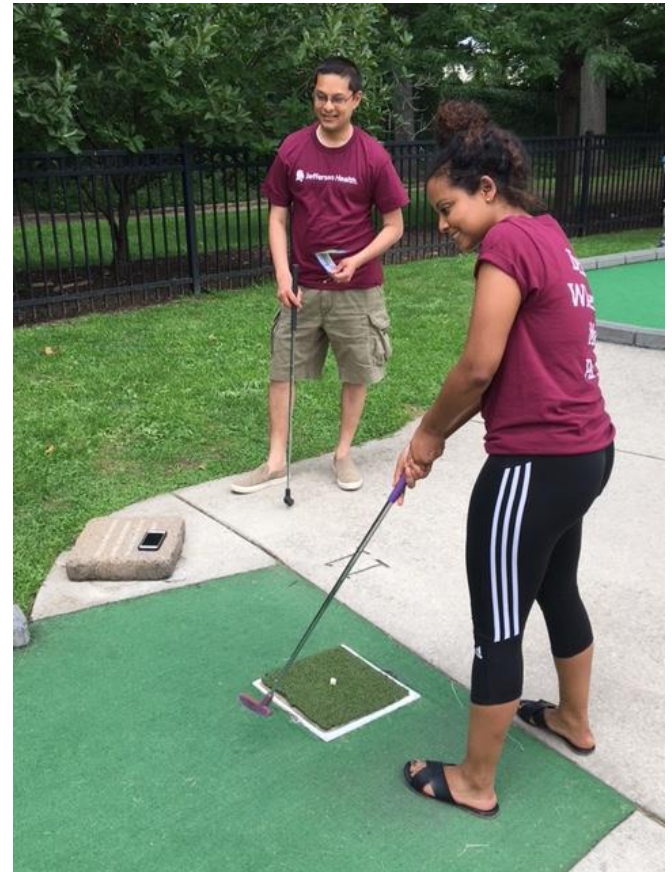
Create Supportive Environment



Develop Multidisciplinary Teams



Build Relationships...And Have Fun!



Recognition/Celebrate Success!

EXCELLENCE IN NURSING AWARDS 2017

Front-line nurses lead charge to standardize inpatient care



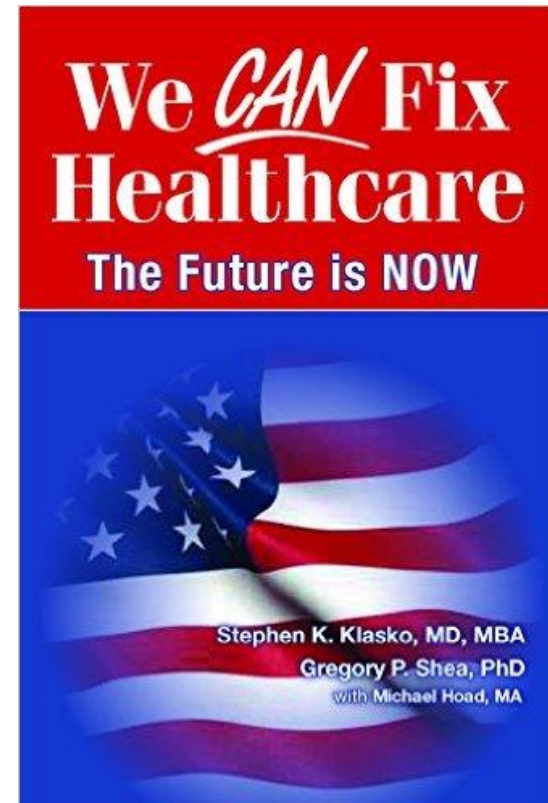
RAPID REDESIGN OF INPATIENT CARE MODEL TEAM

**Modern
Healthcare**

Healthcare

II. Leadership Competencies

Master Change Agent



Ability to Align, Inspire and Motivate

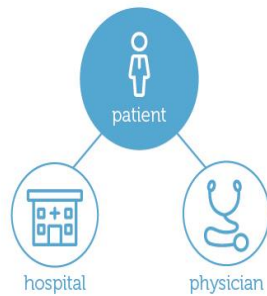


Systems Thinker

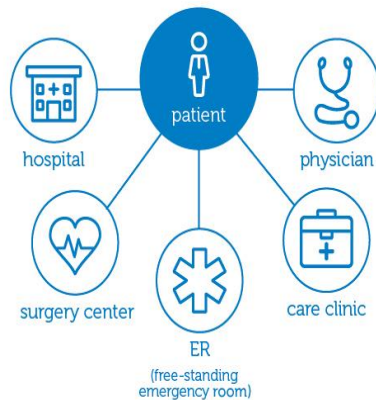


Patient/Consumer Centric

Access to Care



Traditional




Patient Centered



Clinical Background




BECKER'S
Hospital Review

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YOUR NURSING DEVELOPMENT GOALS
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Physicians Leadership Executive Moves Transaction & Valuation Human Capital and Risk Patient Flow Facilities Manage
Patient Engagement ACOs Population Health Legal & Regulatory Compensation Payer Issues Opioids

Leadership & Management
33 nurses who transitioned to hospital CEOs
Written by Mary Rechteris | August 23, 2016 | Print | Email


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6
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Hospital executives may come from many walks of life, with many leaders also having experience in nursing.

Here are 33 nurses who are CEOs of hospitals and health systems.

Nancy Agee, RN, MN, has served as the president and CEO of Carilion Clinic in Roanoke, Va., since July 2011. From 2001 to 2011, Ms. Agee was Carilion Clinic's executive vice president and COO, and played an integral role in transforming Carilion into a patient-centered, physician-led clinic. The American Hospital Association appointed Ms. Agee to its board of trustees, a role she assumed on Jan. 1, 2016.

Jean Anthony, RN, is CEO of Cass City, Mich.-based Hills and Dales General Hospital, and has been with the hospital for more than 40 years. During her time at Hills and Dales General Hospital, Ms. Anthony served as COO for 14 years until her appointment as CEO in 2014. She began her career at the hospital as a licensed practical nurse before becoming a registered nurse and...

**NUR**
A TAIL
EM
DEVI

10 Most-I
150 great
2016
9 things to
vote
Mass Clinic

Innovative



III. Case Studies

Case Study # 1 - Leadership Rounding



At Jefferson, we will reimagine health, health education and discovery to create unparalleled value and to be the **most trusted healthcare partner.**



Create New Operating Model



Leadership Excellence

- Model Values
- Coaching & Accountability
- Open Communication
- Embrace Change



Employee Engagement

- Communication
- Listening
- Recognition
- Professional development
- Remove Barriers



Operational Excellence

- Safety Standards
- Quality Outcomes
- Consistent Processes
- High Reliability



Patient Experience

- AIDET
- Patient Centric Processes
- Patient/family Communication



Financial Results

- Operating Margin
- Pay for Performance
- Jefferson Reputation



Develop Structured Rounding Program



Introduction

- Patient Story
- Announcements/IT Updates
- Data Review
- Ipad Pickup
- Recognition

10:30 AM - 10:45 AM



Rounding

- Teams disperse throughout hospitals & practices
- Scripts tailored to staff & patients
- Goal: 2 patients & 2 staff
- Send alerts in real time
- Track quick wins & open issues

10:45 AM - 11:45 AM



Group Debrief

- Rotating 4 Week Operating Model
 - Action Plan Report Out
 - Employee Communication
 - Brainstorming Session
 - Educational Session

11:45 AM - 12:30 PM

At Your Service Rounds

Process Improvement Action Plans

1

Ancillary Support
Services
Communication

6

Equipment



9

Noise
on
Units

10



Physician
Onboarding

14



Food &
Nutrition

15

Visitors
on
Unit



Care
Transitions
& Handoffs



2

3

Insurance
Updates

Service
Excellence
Training

4

7

Courtesy of
Front Desk
Staff

11

Surgical
Schedule



12

Patient
Transport



Patient Experience
Reporting

16

Communication from
Leadership

5



Continued
Education

8

13

Pharmacy Delays &
Missing
Medications



Facilities &
Maintenance

17

18

Service Excellence
Training

Employee Communication

At Your Service Rounds | January Employee Communication

● Complete; ● Work in Progress; ● Can't Complete; CC =Center City; MHD=Methodist; JUP=Jefferson University Physicians

REFLECTS DECEMBER MONTHLY ROUNDING STATISTICS

125 Leaders Rounding | 45 Inpatient Units | 71 Ancillary Departments | 22 Practices | 217 Employee Interviews | 112 Patient Interviews

Trends We Heard from Staff and Patients	What We Are Doing
Pharmacy Medication Delays <i>Medication delays occur on inpatient units</i>	● (CC) Pharmacy department metrics show the average time to verify a medication order is 16 minutes in the 1 st Quarter FY17 - a considerable improvement. Over the last 30 days, Pharmacy has optimized 65 PYXIS machines adding 597 medications to these machines (Average of 9.2 medications/ machine). With these additions, Nursing has more medications available to them once they are verified to administer to their patients.
Facilities & Maintenance <i>Physical environment needs to be improved</i>	● (CC, MHD) Completed refurbishment efforts in Thompson 5 th floor PACU, JHN OR corridors, and 7 Gibbon sub-sterile corridors. Painting and ceiling replacement in progress at Pavilion elevator lobbies (12, 13 and 14). Artwork installed in 8 Gibbon corridors. Renovation of basement Morgan hallway area at MHD and associated infrastructure along with the OR reheat leak repair. Concrete repairs are in progress on MHD campus.
Food & Nutrition <i>Quality of food can be improved</i>	● (CC, MHD) Total of 632 tray accuracy audits completed with a food accuracy percentage of 98%. A total of 505 patient rounds were conducted with patients and family members to verify satisfaction. 227 menu audits completed.
Patient Transport <i>Transport wait times can be long</i>	● (CC) Transport times over 60 minutes continue to be under 10% of volume. Focus on discharge and diagnostic return patients to improve patient experience. Discharge response time was less than 30 minutes and diagnostic return response time was 23.2 minutes in December.
Environmental Services <i>Focus on hospital cleanliness</i>	● (CC, MHD) HCAHPS "Cleanliness of hospital environment" scores for CY Q4 ended as highest in 12 months for both campuses. (CC) Infection Control partnering with EVS to inspect discharge rooms weekly. Adjusted evening schedules to increase patient room trash pull on Nursing Units. Tru-D ultraviolet usage increased by 23% in CY Q4 to assist with management of Cdiff.
Hospital Wayfinding <i>Can be difficult to navigate on campus</i>	● (CC) Wayfinding Guide now available for patient and family usage at the Center City campus. Campus maps and brochures include a department directory and a variety of patient services, such as Atrium Café hours, Gift Shop location, Wi-Fi service areas for JeffGuest Access, and all ATM locations.



HIGHLIGHTS OF EMPLOYEE RECOGNITION | 98 employees were recognized through rounding in January!

- "Sheila Downing, nurse in 9 NICU was a tremendous emotional support to our family. She truly went above and beyond."
- "Nursing Supervisor, David Dacanay, is a real team player and a leader. He is always helpful to others."
- "Michelle Lewandowski has transformed the unit over the past few years"
- "Marlene Malec, JHN NICU nurse, was outstanding. The entire nursing team on the floor was great."
- "Charge Nurses Patricia Dallmer and Tanya Jones do a good job making sure things function smoothly."
- "Stephanie Casey is an excellent nurse. She makes people want to be better. Very competent and sensitive with families."
- "Bridget Kelly in 7N/NE is always on top of everything for us."
- Congratulations to our entire care team! Jefferson received the 2017 Distinguished Hospital Award for Clinical Excellence from Healthgrades. We are one of only 258 hospitals in the country to be recognized for excellent clinical outcomes!

AYS ROUNDS

BY THE NUMBERS

April 2016 – February 2017

Let's take a look back at the impact we've had
after 11 months of participating in
At Your Service Rounds.


 **45**
Includes the
Center City, JHN,
and Methodist
Campuses
INPATIENT UNITS

TWENTY TWO
OUTPATIENT
PRACTICE
SITES


71 Ancillary Departments


5,125+ 
ROUNDING HOURS


3849 **SURVEYS**
COMPLETED
We've completed 3849
surveys within 11 months
of rounding



 **125**
Leaders are
rounding on the
units and practices

56 **ROUNDING**
TEAMS

Active Process  **18**
Improvement Projects

 **1899** EMPLOYEES
INTERVIEWED

 **1355** PATIENTS
INTERVIEWED

 **1480+** EMPLOYEES
RECOGNIZED

955
ISSUES
IDENTIFIED



 **836**
TICKETS
RESOLVED

FY17 YTD Balanced Scorecard

Service

FY17 Service Metrics		As of	Current FYTD	Goal FYTD	Variance FYTD	FY16 YE
● ▲	HCAHPS Overall Rating of Hospital	Dec-16	75.0%	73.9%	1.1%	72.9%
● ▲	HCAHPS Communication with Physicians	Dec-16	81.9%	81.9%	0.0%	80.9%
● ▲	HCAHPS Communication with Nurses	Dec-16	83.7%	83.2%	0.5%	82.2%
● ▲	PG Medical Practice Overall Rating	Dec-16	74.8%	74.9%	-0.1%	73.9%
● ▲	PG Emergency Department Overall Rating	Dec-16	61.0%	59.3%	1.7%	58.3%

1.0 Physician Service Excellence

2.0 At Your Service Rounds

Case Study # 2 - Reduce Length of Stay

Our Opportunity

\$38,743,077

41,392 days

Annually!

Initial Challenges Encountered

I. ACCESS



ED Length of Stay

ED Boarding

Lost Transfers

Too Many Handoffs

II. INPATIENT CLINICAL OPERATIONS

High Length of Stay

Unclear Care Plans

Low Physician Engagement

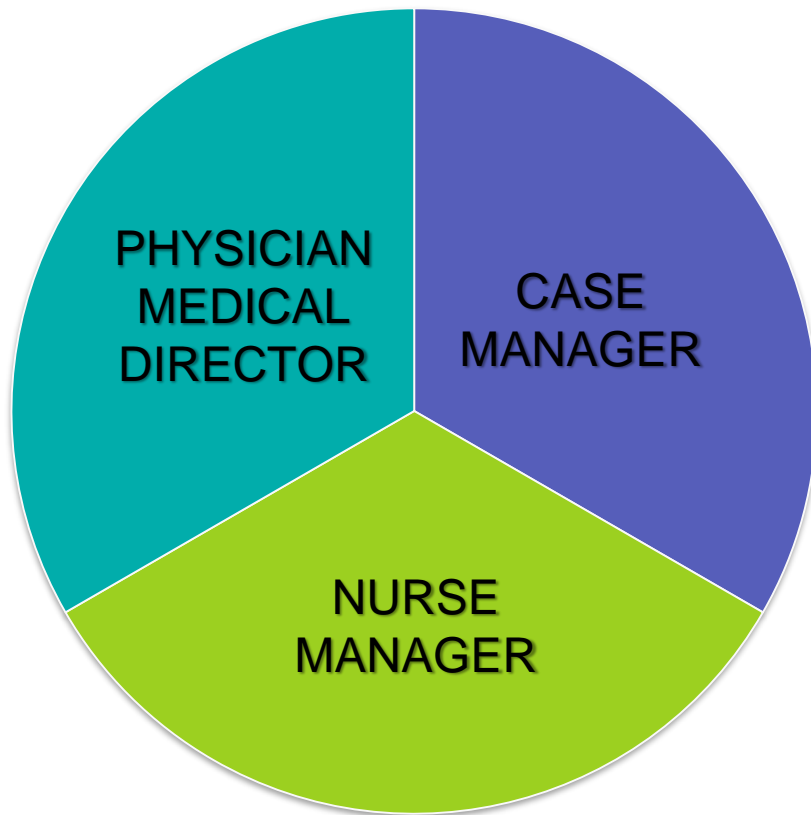
Weak Teamwork

Your Greatest Opportunity to Improve Performance...



Inpatient Care Model

Established Strong Unit-Based Teams



Build Relationships

Improve Communication

Mentor

Teamwork Training – Team STEPPs

Empower to develop solutions

Initiated Patient Progression Meetings

DESIGN

- Quarterly by service rotation
- 90 minute duration
- Minutes and follow-up items documented
- Data distributed monthly

AGENDA

- Data Review
- Unit Report
- Action Plans
- System Issues

PARTICIPANTS

- SVP Hospital Operations
- Patient Flow Coordinator/Analyst
- CNO
- Nursing VP
- Associate CMO
- VP of Case Management
- Unit-Based Team

Jefferson Operational Excellence
Patient Progression Meeting Agenda



Quarterly Patient Progression Meeting: Surgery

Thursday, 4/7/2016 | 3pm – 4:30pm | 1632 Thompson

Invited Attendees: Dr. Geno Merli, Brian Sweeney, Mary Ann McGinley, Patrice Miller, Mary O'Brien, Megan Ilig, Rebecca O'Shea, Rich Webster, Eleanor Gates, Darlene Rosendale, Terrie Korte, Amy Daly, Nicole Olszewski, Dr. Matt Austin, Dr. Mike Weinstein, Dr. Gary Rosato, Monica Young, Grace Cole, Dr. David Maguire, Maria Benn

- I. Meeting Kickoff – Dr. Geno Merli and Mary Ann McGinley
- II. Review Items from Last Meeting on January 21, 2015
 - a. Extended Pharmacy Hours – Patrice Miller
 - b. Touch base on plan for more CM support within the ISICU – Patrice Miller and Darlene Rosendale
- III. Facility Level Dashboard Summary and Trends
 - a. Length of Stay – Maria Benn
 - b. Estimated Discharge Date Accuracy – Maria Benn
 - c. Avoidable Delays Trends – Patrice Miller and Mary O'Brien
- IV. LOS 1-Pagers – Surgery Units, Maria Benn
- V. Unit Level Dashboard Review – RN Managers
 - a. Each unit to address the following topics:
 - i. Overall LOS Performance / Opportunity Areas
 - ii. Estimated Discharge Date Accuracy Performance
 - iii. Avoidable Delay Trends
 - iv. Operational Barriers
 - b. Rotation Units:
 - i. 9 West / Pavilion (Ortho) – Amy Daly
 - ii. 7 North East / 13 Pavilion (Surgery) – Terrie Korte
 - iii. 7 Center (Surgery/Trauma) – Nicole Olszewski
 - iv. 4 West / 7 East (SICU/ISICU) – Darlene Rosendale
- VI. Discussion: Operational and/or Patient Flow Barriers: Group
- VII. Surgery Subgroup Follow-up Log: Eleanor Gates
- VIII. Finalize ownership and recap next steps: Maria Benn

Implemented Multidisciplinary Rounding Model

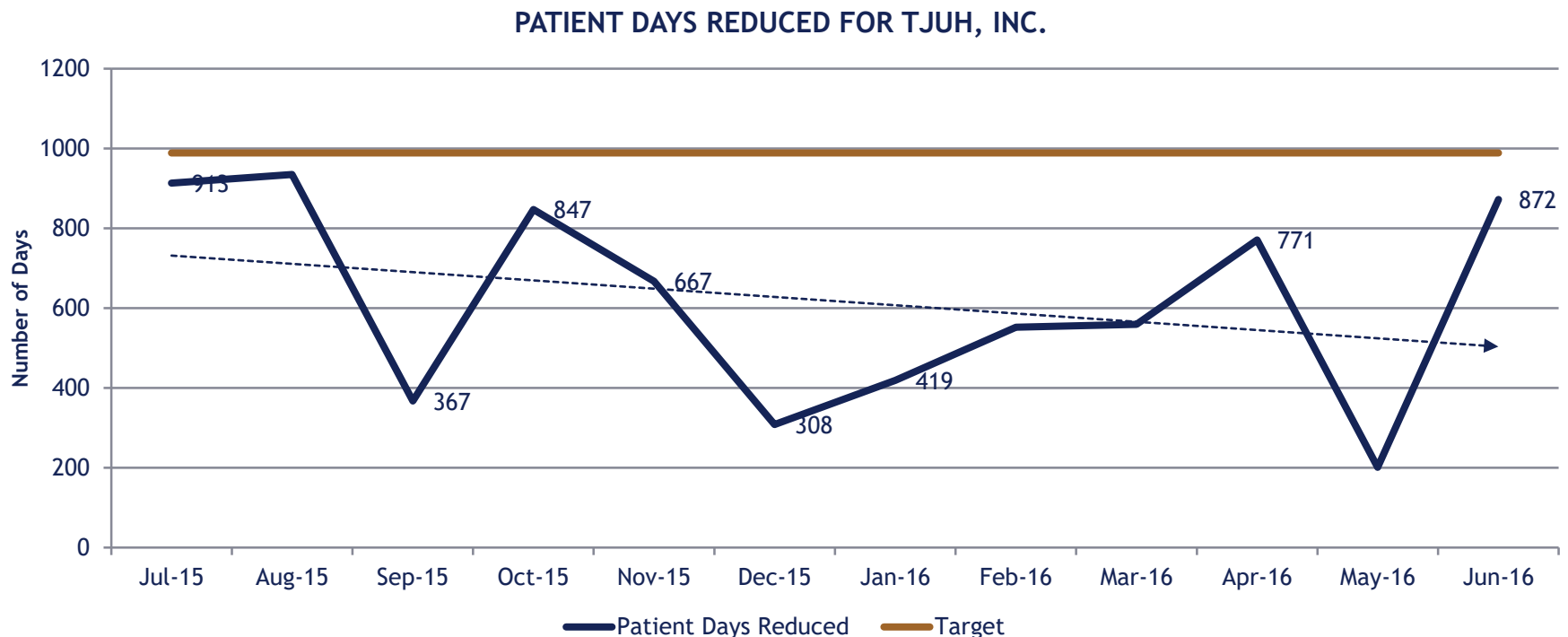
NAME	STYLE	DISCUSSION	PATIENT/FAMILY INVOLVEMENT	TIME	PARTICIPANTS	KEY COMPONENTS
PATIENT-CENTERED ROUNDS (PCRS)	Walking	Daily, unit-based, milestone driven discussion with the interdisciplinary care team; estimating date of discharge; focusing on the patient's daily plan of care, and clinical/logistical readiness for disposition	During Rounds	6 minute discussion per patient	Facilitator, Bedside Nurse, Case Manager, Physician and Support Staff	<ul style="list-style-type: none"> - Clear roles & responsibilities - Discussion framework and talking points - Medical milestones - Follow-up process - Quality review
PLAN OF CARE ROUNDS (POC)	Static		Care Team member communicates plan to patient/family	1-2 minute discussion per patient		

Methodist LOS

DIVISION	FY15 LOS	FY16 LOS
Internal Medicine	6.42	4.35
Neurology	4.89	4.90
Pulmonology	5.48	4.78
General Surgery	5.28	4.68

Major Progress Achieved But Still Long Way to Go

Over 13 months, \$7.67 Million Saved and 8,169 Patient Days Reduced



IV. Lessons Learned

Change is Hard for Most People



Leaders Need Development




THE SEVENTEENTH


Population Health Colloquium

The Leading Forum on Innovations in Population Health

A Hybrid Conference, Internet Event & Training Program
See page 2

March 27 – 29, 2017 · Philadelphia Loews Philadelphia Hotel

ACADEMIC PARTNER:  **Thomas Jefferson University**
Jefferson College of Population Health

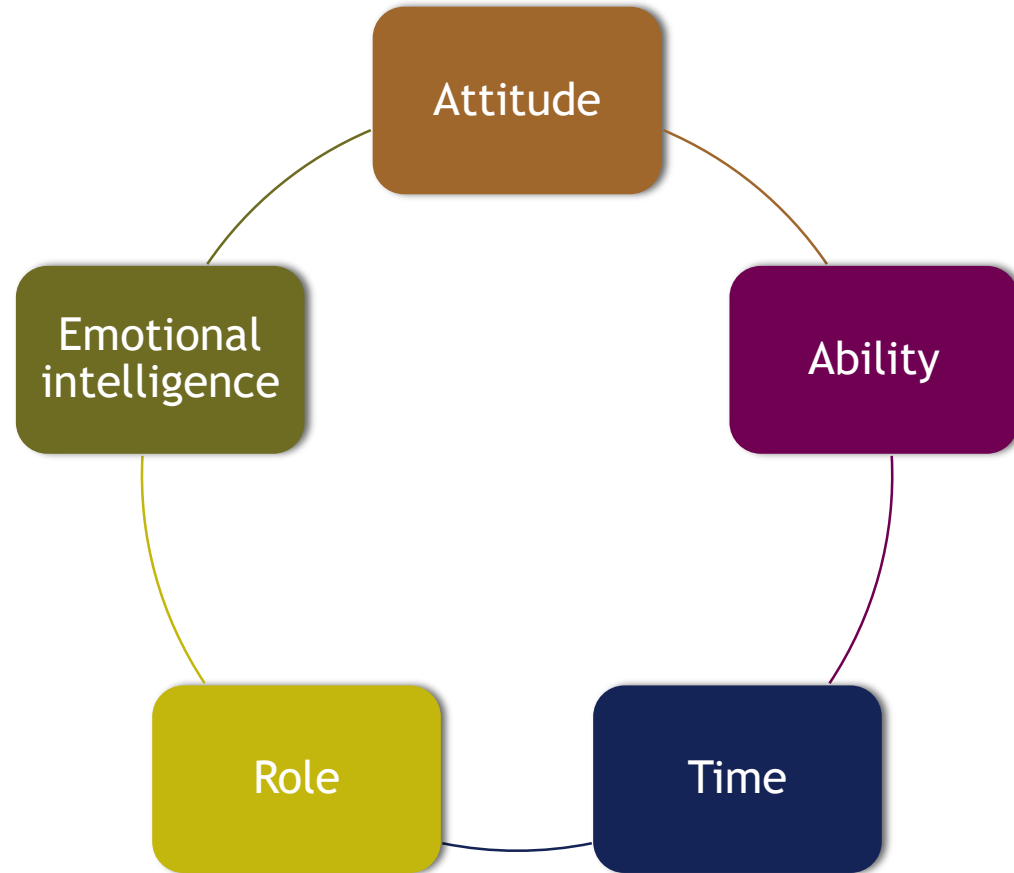
 **CHAIR:**
David B. Nash, MD, MBA, FACP
Dean, Jefferson College of Population Health, Thomas Jefferson University

FEATURING:

- 3 Preconference Symposia
- 5 Mini Summits
- 5 Concurrent Sessions

...Don't assume they know what to do

Get the Right People on the Team

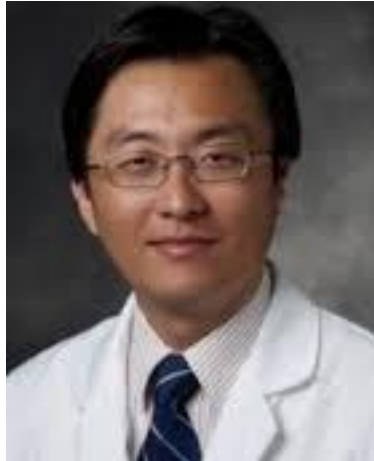


Don't Assume People Understand Teamwork



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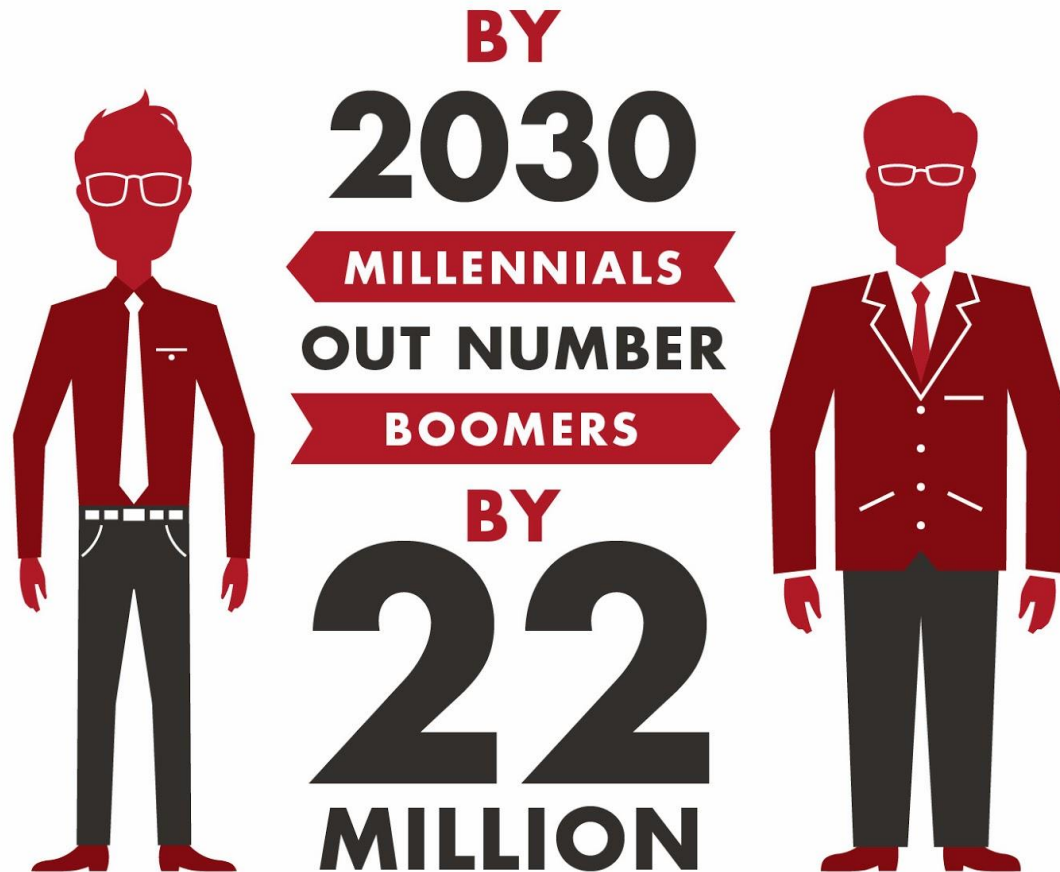
Incremental Change Not Enough



Leaders Can Be Distant From Patient Experience/Operations



Engage and Develop Millennials



Team Must Be Skilled in Change Management



MUSINGS FROM A LEAN THINKER

lean.org/leanpost



The Optimist



The Pessimist



The Lean Thinker

Team Must Be Supported with Strong Project Management



Make Data Driven Decisions



...But Don't Get Trapped

“Saving Money” Doesn’t Inspire Clinicians



ORIGINAL ARTICLE

Adverse In-Hospital Events Are Associated With Increased In-Hospital Mortality and Length of Stay in Patients With or at Risk of Acute Respiratory Distress Syndrome

Adil H. Ahmed, MD, MSc; Charat Thongprayoon, MD; Louis A. Schenck, MS; Michael Malinchoc, MS; Andrea Konvalinová, MD; Mark T. Keegan, MB, MRCPI, MSc; Ognjen Gajic, MD, MSc; and Brian W. Pickering, MB, BCh, MSc

Abstract

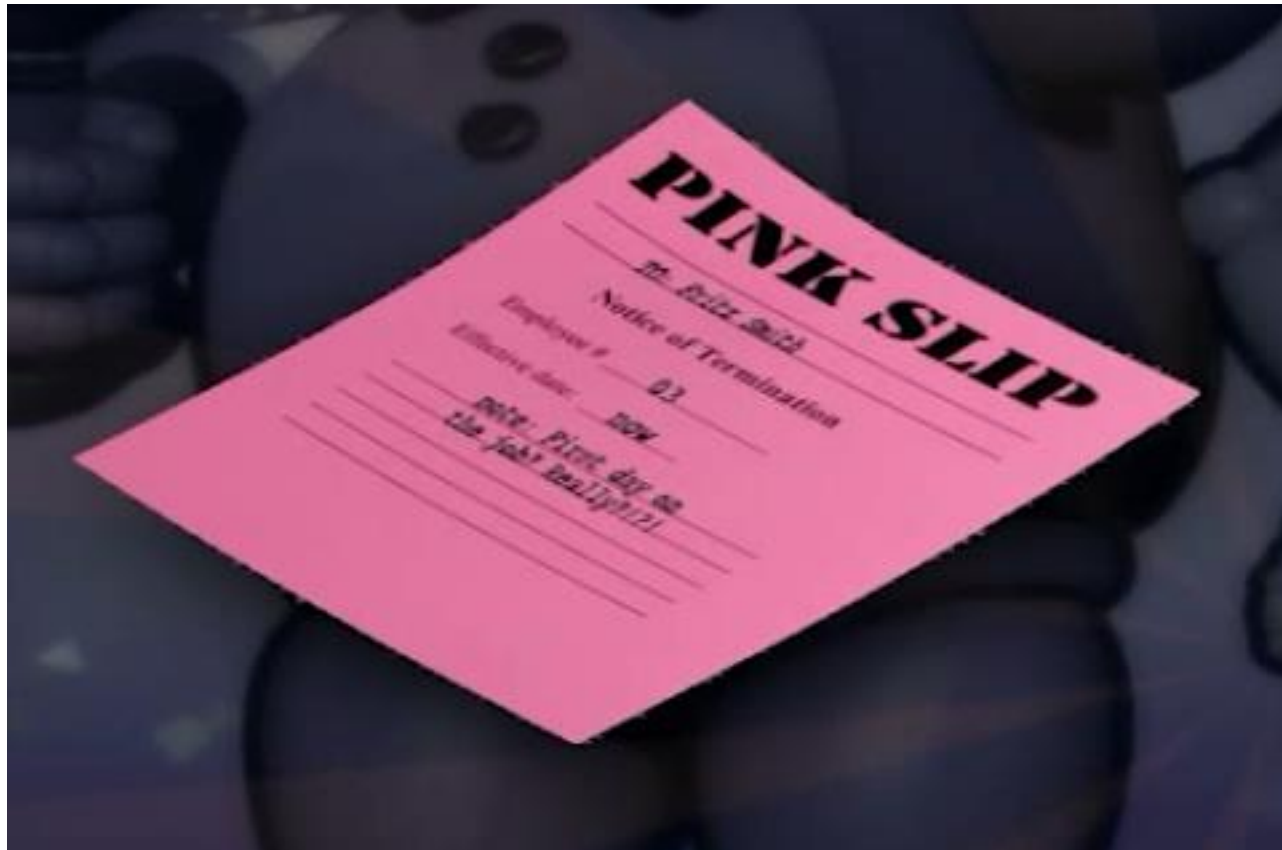
Objective: To explore the effect of various adverse hospital events on short- and long-term outcomes in a cohort of acutely ill hospitalized patients.

Patients and Methods: In a secondary analysis of a retrospective cohort of acutely ill hospitalized patients with sepsis, shock, or pneumonia or undergoing high-risk surgery who were at risk for or had developed acute respiratory distress syndrome between 2001 and 2010, the effects of potentially preventable hospital exposures and adverse events (AEs) on in-hospital and intensive care unit (ICU) mortality, length of stay, and long-term survival were analyzed. Adverse effects chosen for inclusion were inadequate empiric antimicrobial coverage, hospital-acquired aspiration, medical or surgical misadventure, inappropriate blood product transfusion, and injurious tidal volume while on mechanical ventilation.

Results: In 828 patients analyzed, the distribution of 0, 1, 2, and 3 or more cumulative AEs was 521 (63%), 126 (15%), 135 (16%), and 46 (6%) patients, respectively. The adjusted odds ratios (95% CI) for in-hospital mortality in patients who had 1, 2, and 3 or more AEs were 0.9 (0.5-1.7), 0.9 (0.5-1.6), and 1.4 (0.6-3.3), respectively. One AE increased the length of stay, difference between means (95% CI), in the hospital by 8.7 (3.8-13.7) days and in the ICU by 2.4 (0.6-4.2) days.

Conclusion: Potentially preventable hospital exposure to AEs is associated with prolonged ICU and hospital lengths of stay. Implementation of effective patient safety interventions is of utmost priority in acute care hospitals.

You Will Need to Let Some of Your Team Go





Questions?