An Introduction to Evidence-Based Leadership
Bob Murphy, R.N., Esq., FACHE
National Speaker, Studer Group

Return on Investment: Improved Productivity

Tactic and Tool Implemented:
- Nurse Leader Rounding on Patients
- Hourly Rounding
- Individualized Patient Care

Annualized Savings in First Year: $65,216 (30 bed unit)

Source: Medical Center Arlington, Arlington, TX. Total beds=270
Return on Investment: Upfront Collections

Tactic and Tool Implemented:
AIDET

Annualized Upfront Collections Increased: $136,420

Source: Southwest Washington M.C., Vancouver, WA, 360 beds

Return on Investment: ED Left Not Seen

Tactic and Tool Implemented:
Hourly Rounding
Individualized Patient Care

Annualized ROI: $969,000
($500/patient x 1938 patients)

Source: Baptist Hospital of Miami, Miami, FL,
Annual adult visits = 57,000
Return On Investment: Reduction of Employee Turnover and ROI

<table>
<thead>
<tr>
<th>Tactic and Tool Implemented:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer Interviewing</td>
</tr>
<tr>
<td>30/90 Day Meetings</td>
</tr>
</tbody>
</table>

* All turnover only

Source: Baptist Health System, San Antonio, TX, Total Beds = 1673

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Return on Investment: Reduction of Falls

Estimated Annualized Savings: $1.65 million
(150 falls x 11,000)

Source: Montefiore Medical Center, Bronx, NY, Admissions: 60,632, Total Beds = 1002, Estimated cost per fall = $11k, Hourly Rounding implemented in 2005

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Why Organizations Attain/Sustain Excellence

1. Dots are connected consistently to purpose, worthwhile work and making a difference
2. Balanced approach
3. Objective accountability system
4. Leaders have the training to be successful
5. Sequenced approach to introduction of new behaviors
6. Process in place to re-recruit the high and middle performers and address low performers (HML)
7. Process in place to take best practices and standardize across organization
8. Leaders “always” do desired behaviors
9. Good verification systems to hardwire behaviors

Healthcare Flywheel®

• Prescriptive To Do’s
• Self-Motivation

Purpose, worthwhile work and making a difference

• Bottom Line Results (Transparency and Accountability)
Passion + Prescriptives = Results

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Evidence-Based Leadership℠ (EBL)

STUDER GROUP:

Objective Evaluation System | Leader Development | Must Haves℠ | Performance Gap | Standardization | Accelerators

Aligned Goals

- Implement an organization-wide staff/leadership evaluation system to hardwire objective accountability
- Principle 2 & 7

Aligned Behavior

- Rounding
- Thank You Notes
- Employee Selection
- Pre and Post Phone Calls
- Key Words at Key Times
- Principle 3, 5, 6, & 9

Aligned Process

- Agendas by pillar
- Peer interviewing
- 30/90 day sessions
- Pillar goals
- Principle 1 & 2
- Leader Eval Mgr (LEM)
- Staff Eval Mgr (SEM)
- Discharge Call Manager (DCM)
- Rounding Mgr
- Idea Express

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### Barriers to Change

- Denial
- Rationalization
- Blame
- Uniqueness
- Unwillingness
- Not Skilled

### Must Haves®

- Aligning Leader Evaluations with Desired Outcomes
- Rounding for Outcomes
- Employee Thank You Notes
- Employee Selection and the First 90 Days
- Pre and Post Phone Calls
- Key Words at Key Times
### Not New - Better

<table>
<thead>
<tr>
<th>Current Practice</th>
<th>Effective Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department Meetings</td>
<td>Consistent Agendas</td>
</tr>
<tr>
<td>Employee Conversations</td>
<td>Rounding for Outcomes</td>
</tr>
<tr>
<td>Employee R&amp;R</td>
<td>Thank You Notes</td>
</tr>
<tr>
<td>Staff Selection and Orientation</td>
<td>Peer interviewing and 30/90 Day Meetings</td>
</tr>
<tr>
<td>Staff and Patient Retention</td>
<td>Individual Employee Meetings</td>
</tr>
<tr>
<td>Staff Policy</td>
<td>Standards of Behavior</td>
</tr>
<tr>
<td>Patient Conversations</td>
<td>Key Word at Key Times</td>
</tr>
<tr>
<td>Pre Phone Calls</td>
<td>Pre Phone Calls</td>
</tr>
<tr>
<td>Post Phone Calls</td>
<td>Post Phone Calls</td>
</tr>
<tr>
<td>Staff and Leader Evaluation</td>
<td>Staff and Leader Evaluation</td>
</tr>
<tr>
<td><strong>Only new item</strong></td>
<td><strong>Leadership Training</strong></td>
</tr>
</tbody>
</table>

*What’s Right in Health Care™ | Evidence to Outcomes*

### Aligned Goals

- Objective Evaluation System
- *Principle 2 and 7*

*What’s Right in Health Care™ | Evidence to Outcomes*
Leader Evaluation Requirements

Evaluation must be:
- Objective
- Measurable
- Weighted
- Contain metric ranges (1-5)
Why Have Leader Evaluations Based on Objective Goals?

- Clearly connects the goals of the organization to individual leader
- Provides prioritization roadmap for leader
- Keeps leaders focused on what is really important
- Allows senior leader to continuously monitor leader performance
- Provides for organizational agility

“Ask yourself, can leaders or staff under-perform and still get a good evaluation?”

Bob Murphy, R.N., Esq., FACHE
National Speaker/Coach
Studer Group
"The pace of change in healthcare is accelerating, we need new skills to be ready for the future."

Bob Murphy, R.N., Esq., FACHE
National Speaker/Coach
Studer Group
Basic Leadership Skills: The Foundation

Leaders must be skilled in:
- Running effective meetings
- Managing financial resources
- Answering tough questions so as to not create a “we/they” culture (compensation including salaries)
- Selection of talent
- Development of talent
- Critical thinking
- De-selection
- Understanding the external environment

Aligned Behavior

Must Haves℠

* Principle 3, 5, 6 and 9
## Key Must Haves℠

<table>
<thead>
<tr>
<th>Employees</th>
<th>Patients</th>
<th>Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Rounding with Employees</td>
<td>• Leader Rounding on Patients</td>
<td>• Got Chart</td>
</tr>
<tr>
<td>• Employee Thank You Notes</td>
<td>• Post Visit Calls</td>
<td>• Physician Preference Card</td>
</tr>
<tr>
<td>• Peer Interviewing</td>
<td>• Hourly Rounding</td>
<td>• Physician Code</td>
</tr>
<tr>
<td>• 30 and 90 Day Meetings (Input)</td>
<td>• Individualized Patient Care</td>
<td>• Rounding for Outcomes</td>
</tr>
<tr>
<td>• Employee Attitude Survey</td>
<td>• Bedside Shift Report</td>
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<tr>
<td>• Employee Forums</td>
<td>• AIDET</td>
<td></td>
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<tr>
<td>• Bright Ideas Patient</td>
<td>• Pre Visit Calls</td>
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<tr>
<td>• Standards</td>
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</tbody>
</table>

## Employee Strategies

- Rounding for Outcomes *(Input)*
- Employee Thank You Notes *(Reward Desired Performance)*
- Peer Interviewing *(Select)*
- 30 and 90 Day Meetings *(Input)*
- Employee Attitude Survey *(Diagnostic)*
- Employee Forums *(Alignment / Recognition)*
- Bright Ideas *(Innovation/process improvement and input)*
- Managing up *(Communication)*
- Service Teams *(Involvement)*
Employee - Input

Rounding for Outcomes

Rounding with Staff

Concern and Care
What is Working Well
People to Recognize
Systems to Improve
Tools and Equipment
Follow-up

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Verification:
Rounding Log

Top 5 Workplace Incentives

1. Written Thanks From Manager/Executive Team Leader
2. Personal Thanks From Manager
3. Promotion for Performance
4. Public Praise
5. Morale-Building Meetings

Study conducted by Dr. Gerald Graham, Management Professor at Wichita State University
Motivating Today’s Employees, Bob Nelson
Talent+, 1998
Reward Desired Performance

Thank You Notes

Recognize and Reward Behavior

- Reinforces positive behavior
- Creates role models for other staff
- Shows staff how they can make a difference
- Creates improved results across organization
## Verification: Thank You Grid

**Tool A: Direct Report Thank You Grid**

**Directions:** Write your direct reports names under the "names" column. Once a week or the time you have designated, check off those who added a note/thank you note. In the second section below, capture and summarize three compliments and one criticism. Place that you will share on your next scorecard.

<table>
<thead>
<tr>
<th>Name of Direct Reports</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
</tr>
</thead>
</table>

**Home Days and Other Recognition:**

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## Compliment to Criticism Ratio

- **3 to 1**
  - 3 compliments
  - 1 criticism
  - Positive!
- **2 to 1**
  - 2 compliments
  - 1 criticism
  - Neutral
- **1 to 1**
  - 1 compliment
  - 1 criticism
  - Negative

**Source:** Tom Connellan, “Inside the Magic Kingdom”, pgs 91-95

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*What’s Right in Health Care™ | Evidence to Outcomes*
Dear Susan,

John Smith wrote me the nicest note about the number of positive comments you have been getting on the patient satisfaction surveys. Your patients notice how you check on them every hour and are available to meet their needs. John also told me you are helping interview staff for the unit. This is very important. Thank you for being at our organization!

Sincerely,

Bob
**Impact on Turnover**

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Turnover</th>
<th>Nursing Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>17.9%</td>
<td>268 positions retained</td>
</tr>
<tr>
<td>2007</td>
<td>14.2%</td>
<td>75 positions retained</td>
</tr>
<tr>
<td></td>
<td>15.1%</td>
<td></td>
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<tr>
<td></td>
<td>11.9%</td>
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<td></td>
<td>0%</td>
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<td></td>
<td>2%</td>
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<td></td>
<td>4%</td>
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<td></td>
<td>6%</td>
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<td></td>
<td>8%</td>
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<td>10%</td>
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<td>12%</td>
<td></td>
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<td></td>
<td>14%</td>
<td></td>
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<tr>
<td></td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td></td>
</tr>
</tbody>
</table>

**Total Estimated ROI:** $9 million Overall

**Tactic and Tool Implemented:**
- Behavioral and Peer Interviewing
- 30 and 90 Day Meetings

**Jewish Hospital St. Mary’s Healthcare – Louisville, Kentucky, 42,000 discharges, Total beds = 1,900 beds**

**Application Process: Signing the Standards (Early On)**

**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, it 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?

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### 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?
- 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?*
Let’s look at Service – 4 vs 5

```
| Sample distribution of inpatient satisfaction score responses to achieve excellence |
|--------------------------------------|------|------|------|------|------|
|                                     | 1’s  | 2’s  | 3’s  | 4’s  | 5’s  |
| 89th Percentile Hospital            | 1%   | 2%   | 7%   | 24%  | 66%  |
| 64th Percentile Hospital            | 1%   | 2%   | 8%   | 34%  | 55%  |
| 35th Percentile                     | 2%   | 2%   | 8%   | 36%  | 52%  |
```

Patient Prescriptives

- Leader Rounding on Patients
- Post Visit Calls
- Hourly Rounding
- Individualized Patient Care
- Bedside Shift Report
- AIDET
- Pre Visit Calls

What is HCAHPS?

Hospital Consumer Assessment of Healthcare Providers and Systems

- A standardized national patient survey, allowing public sharing of comparable data across all acute care hospitals
Leader Rounding on Patients

Leader Rounding on Patient - Outcomes

<table>
<thead>
<tr>
<th>Tactic and Tool Implemented:</th>
<th>Leader Rounding on Patient</th>
</tr>
</thead>
</table>

![Graph showing percentiles and percentages for different patient rounding outcomes]

Source: Presbyterian Hospital, Albuquerque, NM, Beds = 375

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## Rounding for Patient Outcomes

<table>
<thead>
<tr>
<th>Must Haves</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set Expectations</td>
</tr>
<tr>
<td>Identify Patient and Family Needs</td>
</tr>
<tr>
<td>Document Needs</td>
</tr>
<tr>
<td>Explain the feedback system</td>
</tr>
<tr>
<td>Give instructions on what to do if they do not get the care they expect</td>
</tr>
</tbody>
</table>

### Rounding with Patients and Families

- Set Expectations
- Identify Patient and Family Needs
- Document Needs
- Explain the feedback system
- Give instructions on what to do if they do not get the care they expect

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## Verification: Leader Rounding on Patient Log

### Memorial Healthcare System: Leader Rounding on Patient Log

<table>
<thead>
<tr>
<th>Name: ___________________</th>
<th>Department: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>____________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Talk to your chief before and after rounding</td>
</tr>
<tr>
<td>2</td>
<td>Cross-functional and cross-shift care ensures all aspects of patient care</td>
</tr>
<tr>
<td>3</td>
<td>Always take the opportunity to thank the staff and other departments</td>
</tr>
<tr>
<td>4</td>
<td>Make note of any feedback or issues, and take action</td>
</tr>
<tr>
<td>5</td>
<td>Communication between nurses, physicians, and other healthcare providers</td>
</tr>
</tbody>
</table>

### Example of Key Points to Take during Your Visit:

1. Make your visit brief but thorough; the name is important. Thank the staff for their care.
2. Open the conversation by asking about the patient's needs and concerns.
3. Ask about the patient's name, home, and recent family events.
4. Ask if there is someone who has provided exceptional care while you have been here.
5. Ask if there is someone whose care has been exceptional while you have been here.
6. Ask if there is someone whose care has been exceptional while you have been here.
7. Ask if there is someone whose care has been exceptional while you have been here.

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Outcomes: Rounding on Patients
“Did a Nurse Manager Visit You During Your Stay?”

Source: Inpatient surveys received April 22-June 4, 2007
n=361 surveys (55%=YES; 44%=NO)

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Saves Lives

Post Visit Phone Calls

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Reality of Adverse Events Post Discharge

“Nearly 1 in 5 patients”*
400 patients surveyed
76 (19%) had adverse events after discharge

Type of Adverse Events

- Adverse Drug Event: 66%
- Procedure Related: 17%
- Nosocomial Infection: 8%
- Fall: 8%
- Other: 5%

66% 17% 5% 8% 4%

* 81 events occurred in 76 patients

“Adverse Events After Discharge from Hospital”, Annals of Internal Medicine, February 2003

Post Visit Calls: Patient Perception of Care - Inpatient

“Likelihood of Recommending”

<table>
<thead>
<tr>
<th>Quarter</th>
<th>No Call</th>
<th>Call</th>
<th>Percentile Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>3Q06</td>
<td>75</td>
<td>98</td>
<td>75</td>
</tr>
<tr>
<td>4Q06</td>
<td>76</td>
<td>98</td>
<td>76</td>
</tr>
<tr>
<td>1Q07</td>
<td>60</td>
<td>99</td>
<td>60</td>
</tr>
<tr>
<td>2Q07</td>
<td>56</td>
<td>98</td>
<td>56</td>
</tr>
<tr>
<td>3Q07</td>
<td>59</td>
<td>98</td>
<td>59</td>
</tr>
</tbody>
</table>

Tactic and Tool Implemented:
Post Visit Calls - Discharge Call Manager

Source: Hackensack University Medical Center, Inpatient Admissions=75,297, Total beds = 781

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Post Visit Calls: Patient Perception of Care - ED

"Likelihood of Recommending"

85,034 ED Visits

Source: Emergency Department, Hackensack University Medical Center, Hackensack, NJ, ED Visits: 85,034

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Preventing Falls, Decubiti and Restraints

Hourly Rounding

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Call Light Reductions After Implementing Rounds

- Pre-Rounding: 13,216
- Weeks 1-2: 9,316
- Weeks 3-4: 8,315

**1 Hour Rounding/29 beds**

- **37.8% reduction**

*Reduction for one-hour was statistically significant (p=.000)*

Service: Patient Satisfaction Increased

- Pre One Hour Rounding: 79.9
- During One Hour Rounding: 91.9

**1 Hour Rounding**

- +12.0 point mean increase

*One Hour: n=18 units*
Quality: Patient Falls Reduced

(n=18 units)

Pre One-Hour: 25
During One hour: 12

1 Hour Rounding  ➤  50% reduction

Quality: Skin Breakdown Reduced

(n=9 units)

Pre One-Hour: 7
During One hour: 5

1 Hour Rounding  ➤  14% reduction
## Hourly Rounding Steps

<table>
<thead>
<tr>
<th>Hourly Rounding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Use opening key words to reduce anxiety.</td>
</tr>
<tr>
<td>2. Perform scheduled tasks. (Explain and Duration)</td>
</tr>
<tr>
<td>3. Address the 3 P’s of pain, position and potty.</td>
</tr>
<tr>
<td>4. Assess additional comfort needs.</td>
</tr>
<tr>
<td>5. Conduct an environmental assessment.</td>
</tr>
<tr>
<td>6. Close the conversation.</td>
</tr>
<tr>
<td>7. Tell each patient when you will be back.</td>
</tr>
<tr>
<td>8. Document the round on chart.</td>
</tr>
</tbody>
</table>

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## Reducing Anxiety

**Key Words at Key Times**

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Key Words at Key Times

Things said and done to “connect the dots” and help patients, staff and physicians understand why we do things and what is going on.

Studer Group Five Fundamentals

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce</td>
</tr>
<tr>
<td>D</td>
<td>Duration</td>
</tr>
<tr>
<td>E</td>
<td>Explanation</td>
</tr>
<tr>
<td>T</td>
<td>Thank You</td>
</tr>
</tbody>
</table>

What’s Right in Health Care™ | Evidence to Outcomes
Outcome - Outpatient Satisfaction

Source: Advocate Good Samaritan Hospital, Downers Grove, IL, Beds = 303, Admissions = 17,486, measured by Press Ganey Associates, Inc.

Advantages of AIDET®

Decrease anxiety with increased compliance

Improved clinical outcomes and increased patient and physician satisfaction
"We get more quality, productivity and service by focusing on our high performers rather than low performers."

Bob Murphy, R.N., Esq., FACHE
National Speaker/Coach
Studer Group
## Definition of High Performer

<table>
<thead>
<tr>
<th>Definition</th>
<th>Professionalism</th>
<th>Teamwork</th>
<th>Knowledge &amp; Competence</th>
<th>Communication</th>
<th>Safety Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comes to work on time</td>
<td>Adheres to policies concerning breaks, personal phone calls, leaving the work area, and other absences from work.</td>
<td>Demonstrates high commitment to making things better for their team and organization as a whole.</td>
<td>Eager to change for the good of the organization. Strives for continuous professional development.</td>
<td>Consistently communicates organizational. Does not create we/they. Provides frequent feedback to staff.</td>
<td>Demonstrates the behaviors of safety awareness in all aspects of work.</td>
</tr>
<tr>
<td>Good attitude</td>
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<tr>
<td>Problem solves</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You relax when they are scheduled</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good influence</td>
<td></td>
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<tr>
<td>Use of peer interviews</td>
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<tr>
<td>Pillar ownership</td>
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<tr>
<td>Brings solutions</td>
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</tbody>
</table>

**What’s Right in Health Care™ | Evidence to Outcomes**

## Definition of Middle Performer

<table>
<thead>
<tr>
<th>Definition</th>
<th>Professionalism</th>
<th>Teamwork</th>
<th>Knowledge &amp; Competence</th>
<th>Communication</th>
<th>Safety Awareness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good attendance</td>
<td>Usually adheres to policies concerning breaks, personal phone calls, leaving the work area, and other absences from work.</td>
<td>Committed to improving performance of their team and organization. May require coaching to fully execute.</td>
<td>Invested in own professional developments. May require some coaching to fully execute.</td>
<td>Usually communicates organizational information. Occasionally uses we/they language. Provides some feedback to staff.</td>
<td>Demonstrates the behaviors of safety awareness in all aspects of work.</td>
</tr>
<tr>
<td>Loyal most of time</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Influenced by high and low performer</td>
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<tr>
<td>Wants to do a good job</td>
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<tr>
<td>Could just need more experience</td>
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<td></td>
<td></td>
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<tr>
<td>Helps manager be aware of problems</td>
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**What’s Right in Health Care™ | Evidence to Outcomes**
## Definition of Low Performer

<table>
<thead>
<tr>
<th>Definition</th>
<th>Points out problems in a negative way</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Positions leadership poorly</td>
</tr>
<tr>
<td></td>
<td>Master of “We/They”</td>
</tr>
<tr>
<td></td>
<td>Passive aggressive</td>
</tr>
<tr>
<td></td>
<td>Thinks they will outlast the leader</td>
</tr>
<tr>
<td></td>
<td>Says manager is the problem</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Does not communicate effectively about absences from work. Handles personal phone calls in a manner that interferes with work. Breaks last longer than allowed.</td>
</tr>
<tr>
<td>Teamwork</td>
<td>Demonstrates little commitment to their team and the organization.</td>
</tr>
<tr>
<td>Knowledge &amp; Competence</td>
<td>Shows little interest in improving own performance or the performance of the organization. Develops professional skills only when asked.</td>
</tr>
<tr>
<td>Communication</td>
<td>Does not communicate organizational information. Uses language to create we/they culture. Does not provide feedback.</td>
</tr>
<tr>
<td>Safety Awareness</td>
<td>Performs work with little regard to the behaviors of safety awareness.</td>
</tr>
</tbody>
</table>

### Moving the High Performers

- Tell them where the organization is going
- Thank them for their work
- Outline why they are so important
- Ask if there is anything you can do for them
### Person with Middle Performance

**Conversation**

Reassure individual goal is to retain

- **S** : Support
  - *Describe good qualities – calm down their anxiety*

- **C** : Coach
  - *Cover development opportunity*

- **S** : Support
  - *Reaffirm good qualities*

### Person with Low Performance

**Conversation**

Does not start meeting on a positive note

- **D** : Describe
  - *Describe what has been observed.*

- **E** : Evaluate
  - *Evaluate how you feel.*

- **S** : Show
  - *Show what needs to be done.*

- **K** : Know
  - *Know consequences of continued same performance.*

- Follow up
What Has Been Accomplished?

- Leader demonstrates concern and care for team member
- Leader demonstrates commitment to team member professional development
- Leader affirms and shows appreciation for high and middle
- Leader lets people with sub-par performance know exactly where they stand and next steps for their performance
- Leader role models value driven leadership

Frequently Asked Questions

- What if a person is good clinically and good with the patient but cannot work with co-workers?
- What about the high performer who has an attendance problem?
- What if the sub-par performer has been in organization a long time?
- What if my leader is a sub-par performer?
- If I deal with staff with performance issues and other leaders do not, will people think I am a mean leader?
- What if all past evaluations are good?
- What if I have not documented well?
- What if HR protects people?
Aligned Processes

What hospitals might standardize

- Agendas
- Supervisory Meeting Model
- Staff Selection and the First 90 Days
- Employee Forums
- Communication Boards
- Verification
- Rounding Times
## Board Agenda Sample

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
<th>People</th>
<th>Finance</th>
<th>Growth</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Key Clinical Indicator</td>
<td>Turnover</td>
<td>Operating Margin (MTD /</td>
<td>New Patient Volume Growth</td>
<td>Community Needs Assessment</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Review</td>
<td></td>
<td>YTD)</td>
<td>Growth</td>
<td>Status</td>
</tr>
<tr>
<td>Physician</td>
<td>Medication Errors</td>
<td></td>
<td></td>
<td>Surgical Growth</td>
<td>% of employee volunteers</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>Reduction of Patient</td>
<td></td>
<td></td>
<td>No-shows</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Falls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Department Head Agenda Sample

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
<th>People</th>
<th>Finance</th>
<th>Growth</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Key Clinical Indicators –</td>
<td>Turnover</td>
<td>Operating Margin</td>
<td>Volume compared to budget</td>
<td>Upcoming Safety Fairs and</td>
</tr>
<tr>
<td>Satisfaction</td>
<td>results for the organization</td>
<td></td>
<td></td>
<td>Specific Service line growth</td>
<td>Community Events</td>
</tr>
<tr>
<td></td>
<td>LOS</td>
<td></td>
<td></td>
<td>No-shows</td>
<td></td>
</tr>
</tbody>
</table>

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Studergroup
## Department Specific Agenda Sample

<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
<th>People</th>
<th>Finance</th>
<th>Growth</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Dept patient satisfaction</td>
<td>• Dept quality indicators</td>
<td>• Introduce new employee</td>
<td>• Dept productivity</td>
<td>• Upcoming safety fair</td>
</tr>
<tr>
<td></td>
<td>• Patient comments</td>
<td>• Dept LOS</td>
<td>• Dept turnover</td>
<td>• Dept supply costs</td>
<td>• Department employee recognition for volunteer hours</td>
</tr>
<tr>
<td></td>
<td>• What we have improved</td>
<td>• Key action steps for staff to take next 30 days</td>
<td>• Peer interview update</td>
<td>• Key actions for staff to take next 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where we need to focus</td>
<td>• New tools and equipment</td>
<td>• Upcoming training activities</td>
<td>• Hospital financial performance YTD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Ideas from staff</td>
<td></td>
<td>• Reward and recognition</td>
<td></td>
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<td></td>
<td>• Post visit phone calls</td>
<td></td>
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</tbody>
</table>

## Studer Group Supervisory Meeting Model

Leaders bring the following items and results to their immediate supervisor:

- Leader Evaluation
- Monthly Report Card
- 90-Day Plan-Professional Development
- Linkage Grid from Leadership Development Institute (LDI)
- Rounding Logs
- Thank you notes
- People Trends and Issues-Standards of Behavior
### Verification Tools - Samples

**Employee:**
- Leader Rounding on Employee Log
- 30 and 90 Day New Employee Meeting Report
- Thank you Note Grid

**Patient:**
- Leader Rounding on Patient Log
- Hourly Rounding Log
- IPC Rounding Log
- Bedside Shift Report Rounding Log
- AIDET Interaction Assessment

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### Aligned Processes

- **Accelerators**
  - Must Haves™
  - Performance Gap
  - Standardization

- **Aligned Processes**
  - Objective Evaluation System
  - Leader Development
  - Aligned Goals
  - Aligned Behavior
  - Aligned Process
### Accelerators

- Leader Evaluation Manager (LEM)
- Staff Evaluation Manager (SEM)
- Discharge Call Manager (DCM)
- Rounding Manager
- Idea Express

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**It is not about 4’s and 5’s .... but saving lives**
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Purpose, Worthwhile Work and Making a Difference

Thank You!

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Bob.Murphy@studergroup.com