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Engaging Physicians:
A Guide to Physician Partnership

Stephen C. Beeson MD
Studer Group Medical Director
Objectives

• Understand the Sequence of the Physician Engagement Process
• Learn to Create and Communicate an Organizational Vision to Physicians
• Learn to Apply Individual Leader Accountability to Create Physician Engagement
• Learn how to Build Physician Trust and Confidence in the Leadership Team
Diagnostic Criteria for Physician Engagement

- Physician awareness and support for the organizational mission
- Physician behaviors are consistent with values and vision of the organization
- Physician involvement in quality, safety and service initiatives
- Physician leadership is tightly connected to the administrative team, moving in a unified direction
Stages to Physician Engagement

- **Stage 1**: Communicate Vision and Goals
- **Stage 2**: Leadership Development and Accountability for Performance
- **Stage 3**: Building Physician Confidence and Trust
- **Stage 4**: Creating Effective Physician Leadership
- **Stage 5**: Developing and Training the Medical Staff
- **Stage 6**: Using Measurement to Assess and Report Performance
- **Stage 7**: Implementing a Physician Code of Conduct
- **Stage 8**: Managing the Disruptive Physician
- **Stage 9**: Physician Recognition
Stage 1: The Communication of Vision and Goals

A clear, specific, plausible, logical vision for what the organization seeks to become
Performance Guarantee

As members of Desert Samaritan’s Emergency Team, we are dedicated to working and collaborating together to create CLINICAL EXCELLENCE and EXCEPTIONAL CUSTOMER SERVICE.

We will listen to our patients, visitors, and each other, do the things we say we will, try our best to do them well every time, and continuously promote a spirit of caring and a healing environment.
“Vision without execution is hallucination”

Thomas Edison
## Organizational Goals

<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>Improved Patient Satisfaction</td>
<td>Improved clinical outcomes</td>
<td>Reduced turnover</td>
<td>Improved operating income</td>
<td>Increased volume</td>
<td>Increased community service</td>
</tr>
<tr>
<td></td>
<td>Improved quality markers</td>
<td>Improved employee satisfaction</td>
<td>Decreased cost per adjusted discharge</td>
<td>Increased revenue</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced medically unnecessary days and delays</td>
<td>Improved Physician Satisfaction</td>
<td>Reduce LOS</td>
<td>Decreased left without treatment in the ED</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced re-admits</td>
<td>Reduced vacancies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reduced medication errors</td>
<td>Reduced overtime</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Stage 2: Leadership Development and Accountability for Performance

• Provide leaders skills to effectively lead and generate outcomes (LDIs)
• Assignment of “goal-sets” to individual leaders across pillars
• Track leader performance over time
• Hold leaders accountable for results
If there are only a few things you do .... let one be the adoption of an objective measurable leader evaluation tool. Then hold leaders accountable for those results.

*Hardwiring Excellence, Quint Studer*
Goal:
Achieve patient satisfaction goal in the 73rd percentile as measured by vendor by end of year.

Result:
82 through 2008

- add goal
- remove this goal

Goal:
Reduce labor expenses by 10%.

Result:
13.3 through 2008

Goal:
Decrease infections by 30% as measured by all hospital infections.

Result:
32.1 through 2008

- add goal
- remove this goal

Goal:
Decrease Mortality Index from 0.71 to 0.63.

Result:
0.62 through 2008

- add goal
- remove this goal
### Finance
**Goal:** Reduce Labor expense by 10%.
- **Result:** 13.3 through 2008
- **Weighted Value:** 30%
- **Score:** 2.5

### People
**Goal:** Decrease Agency Nursing by 30%.
- **Result:** 32.5 through 2008
- **Weighted Value:** 10%
- **Score:** 3.1

### Growth
**Goal:** Increase by 10% budgeted volume targets for deliveries per day
- **Result:** 13 through 2008
- **Weighted Value:** 10%
- **Score:** 0.9

---

**Total Weight:** 100/100  
**Overall Performance Score:** 3.50
Leader Evaluation Results - 2007

Note: Percentages noted account for 93% of the leaders who have entered data as of 6.7.07.
Reporting
Leader Evaluation Manager (LEM)

Scores By Leaders

- Average Score - 3.33
- Bixlen, Jamie - 2.90
- Brown, Justin - 3.80
- Brownwood, Jacob - 4.20
- Wise, Tim - 2.40

Display score details for each leader.
Leader Evaluation:  
Comparison of those organizations that have the leader evaluation process hardwired and those that do not

Source: Studer Group® October 2008 Measurement Spreadsheet; Organizations that hardwire the leader evaluation process in their organization, show patient perception of care ratings that are significantly higher than those that do not. Patient perception of care mean score average includes all partner selected vendors including Arbor, Avatar, Gallup, HCAHPS, Healthstream, Jackson, NRC, PRC Picker, Press Ganey, RPM, and Statisquest.
Using Leadership Development and Accountability to drive Physician Engagement

- Physician leaders must participate in LDIs
- Accountability improves performance and builds credibility
- Visible leader accountability shifts physician perception
- When the executive team is placed on a performance accountability assessment, physician leaders can follow
Stage 3: Building Physician Confidence and Trust

- Physician satisfaction as an organizational goal will retain physicians, improve performance, increase revenue and create receptiveness to the organizational mission.
Press Ganey Medical Staff Satisfaction with Quality of Patient Care Percentile Rank and Volume Change

- **90th Percentile**
  - Sig. Increases: 9
  - Avg. vol. increase: 24% or 1,581 patients
  - Sig. Decreases: 1

- **10th Percentile**
  - Sig. Increases: 5
  - Sig. Decreases: 4
  - Avg. vol. decrease: 12% or 765 patients

n = 100

Date: 9/27/2005
# Top Priorities for Meeting Physician Needs

## National Physician Priority Index

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response of Hospital Administration</td>
<td>1</td>
</tr>
<tr>
<td>Patient care made easier</td>
<td>2</td>
</tr>
<tr>
<td>Administration deals with changes</td>
<td>3</td>
</tr>
<tr>
<td>Confidence in Hospital Administration</td>
<td>4</td>
</tr>
<tr>
<td>Communication with Hospital Administration</td>
<td>5</td>
</tr>
</tbody>
</table>

*Represents the experiences of 21,672 physicians practicing at 224 hospitals/facilities nationwide between January 1 and December 31, 2006.*
Tactics to Building Trust

- Determine issues
- Physician Satisfaction Team
- Execute System Responsiveness
- Leaders Rounding on Physicians
- Physician/Nurse communication
- New Medical Staff Orientation
- Physician Hotline
### What are The Issues?

**Hospital Practice**

#### Quality of Life Physician Questionnaire

**Site:** ________ Medical Center

"Rate your satisfaction on a scale of 1-5" with 1 being not at all and 5 representing all the time.

<table>
<thead>
<tr>
<th></th>
<th>not at all</th>
<th>sometimes</th>
<th>all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am satisfied with the efficiency of admitting my patients to the hospital.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. I am satisfied with the nursing care for my patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Communication from inpatient units concerning my patients is timely and clear.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. The hospital has the equipment I need to care well for my patients.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. I am satisfied with the way test results are posted on my patients’ charts.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
### More on Hospital Practice Issues...

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Chart documentation and medical records keeping (including space to sit and transcription) is efficient and organized.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>Scheduling of procedures (OR, Lab and Imaging) is easy and efficient and on-time.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>The hospital is focused on meeting my needs as a member of the Medical Staff.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>My overall experience of working in the hospital and caring for my patients there is superb.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
BREAKING DOWN THE BARRIERS

A response to your concerns about “Removing Barriers in the Delivery of Care”

Breaking Down the Barriers:

is a reference to our continuous goal of pursuing 100% patient satisfaction in all of our facilities. Our goal is to become the hospital of choice in our community for patients, physicians, employees and health plans. The Physician Satisfaction Team is responsible for identifying ways to improve the level of service to physicians and their patients and communicate our successes to you.

Your input is vital to the success of the Physician Satisfaction Team. To make this process all needed your continued support. To keep you informed, the Physician Satisfaction Team will provide a summary report on issues identified by physicians that act as a barrier in the delivery of care to patients at Memorial Hospital. We will also act on the input of our satisfied patients.

ISSUE: Not enough parking available for Physicians. Why is it not all paved?

ACTION: 110 new parking spaces developed on the West side of the property. We have expanded MD parking on the East Side (see map). When our construction is completed, we will refurbish the Physician Parking area to include a new access gate and striping.

ISSUE: Toasted Bagels requested

ACTION: Toaster now available in the Doctor’s Lounge.

ISSUE: Separate OR/Anesthesia needed. Requesting LDRP rooms.

ACTION: Met with OB physicians to discuss plans for a new unit. Currently, we are revising drawings for a new unit based on OB input. Plan to submit new drawings to the State within 90-120 days.

ISSUE: Late for breakfast?

ACTION: Breakfast burritos now available in the Doctor’s Lounge. Hurry… they don’t last long!

ISSUE: Comfortable and clean sleeping quarters for Labor and Delivery physicians

ACTION: OB Doctor sleep rooms have been placed on the cleaning schedule. Bed mattresses will be replaced soon. Discussed with OB physicians.

ISSUE: Nutritious food requested in Health Information Services

ACTION: Healthy snacks are now available in the afternoon.

ISSUE: Delays in the operating room

ACTION: OR will begin a random study of room turn around times and report the data collected to the Surgical Advisory Committee.

ISSUE: Difficulty scheduling outpatients for physical therapy/occupational therapy

ACTION: Data being collected to determine cause. New prescription pads being developed to provide the needed information to obtain authorization and schedule the patient. Please notify department director, Isobel, at ext. 8431 for any issues.

YOU ARE THE CONNECTION!

You make a difference with our staff and our patients each and every day. Most importantly.

It’s a Brand New Day at !
Physician Satisfaction Team

- **Goal:** Improve Physician Satisfaction
- **Tasked** to create visible response to physician issues
- **Reports** to CEO
- **Invite** physician membership
- **Empower** to act quickly and decisively
Physician Rounding

- Establishes sincere communication between physician and hospital leadership

- Content
  - Review purpose of rounding
  - Review improvement efforts
  - What is working well/is there anyone I need to recognize?
  - Are there any tools/equipment you need?

- Round with rounding log
## Physician Rounding Log - sample

<table>
<thead>
<tr>
<th>Physician (Provider)</th>
<th>Focus on the Positives “What is going well?”</th>
<th>Harvest Wins “Any staff, departments, or physicians to be recognized and why?”</th>
<th>Identify Process Improvement “What systems could work better and do you have ideas for improvement?”</th>
<th>Repair and Monitor Systems “Do you have the help and equipment needed to care for patients?”</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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<td>5.</td>
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</tr>
</tbody>
</table>
## Sample Rounding Stoplight Report

### STOPLIGHT REPORT

Take a look at some of our results from rounding. More information is available on your department communication board.

<table>
<thead>
<tr>
<th>GREEN/CLOSED</th>
<th>YELLOW/IN PROGRESS</th>
<th>RED/CAN'T COMPLETE AT THIS TIME AND HERE'S WHY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab</td>
<td>IM5 (Integrated Medical Systems) to evaluate all Scopes for needed repairs and present condition - Free Service</td>
<td></td>
</tr>
<tr>
<td>2 Central</td>
<td>3 South / 4 Central Equipment needs being addressed include: tape recorders, tapes, manual blood pressure cuffs, thermometers, and chairs.</td>
<td></td>
</tr>
<tr>
<td>Lab</td>
<td>3 Central</td>
<td>Case Management</td>
</tr>
<tr>
<td>Ordered 2 additional phlebotomy carts for those who want to use them</td>
<td>Vs machines often “stuck” in isolation rooms. Will assess how many manual sets we are down, and order these.</td>
<td>The Case Management staff has outgrown its space. Due to the limited space within the facility, we are unable to move.</td>
</tr>
<tr>
<td>3 South / 4 Central</td>
<td>Rehab</td>
<td>ED</td>
</tr>
<tr>
<td>Staff hired: 4 more coming on 3S, 1 on 4C</td>
<td>Over-the-shoulder O2 tanks are being considered. Trying to line up an in-service with a company rep. Communicating with Observation Unit Manager regarding equipment and supply needs on that unit. Chairs are in their capital budget and are awaiting approval to order.</td>
<td>IV push pump has been researched and awaiting on Capital approval for 2008.</td>
</tr>
<tr>
<td>Radiology</td>
<td>Lab</td>
<td>5S/Heart Center/Express Services</td>
</tr>
<tr>
<td>CT Scanner addition</td>
<td>Pharmacy</td>
<td>The privacy issue in ISS has been addressed, but there is not an immediate fix due to space constraints.</td>
</tr>
<tr>
<td>ED</td>
<td>We ordered stampers for scanning medication orders for the Direct Admit Unit.</td>
<td></td>
</tr>
<tr>
<td>Security has been secured 24/7 to start January 1, 2008. Intubation scope has been approved and ordered as well as 2 new ecg machines and a vascular probe for IV access.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lab</td>
<td>Move urinalysis under the Hematology Department</td>
<td></td>
</tr>
<tr>
<td>Ordered stampers for scanning medication orders for the Direct Admit Unit.</td>
<td>Radiology Moving MM and Bone Density services together</td>
<td></td>
</tr>
</tbody>
</table>

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**WHAT'S RIGHT IN HEALTH CARE®**

© 2003 Studer Group®
### Got Chart?  Date:

<table>
<thead>
<tr>
<th>✓</th>
<th>Before you call, did you:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ensure you are calling the appropriate physician (primary, consulting?)</td>
</tr>
<tr>
<td></td>
<td>Check: Are there standing orders to cover this situation?</td>
</tr>
<tr>
<td></td>
<td>Review physician preferences for when and where to call?</td>
</tr>
<tr>
<td></td>
<td>Check: Does anyone else need the physician?</td>
</tr>
<tr>
<td></td>
<td>See and assess this patient yourself?</td>
</tr>
<tr>
<td></td>
<td>Read the most recent MD progress notes and notes from the nurse who worked the prior shift?</td>
</tr>
</tbody>
</table>

### ✓ When you call:

<table>
<thead>
<tr>
<th>✓</th>
<th>When you call:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Have at hand: chart, recent assessment (current and past lab results with times tests done), lists of meds, code status, and most recent vital signs.</td>
</tr>
<tr>
<td></td>
<td>Enter the complete 7-digit phone number when paging.</td>
</tr>
<tr>
<td></td>
<td>Identity yourself, the unit, the patient, room number, and the diagnosis.</td>
</tr>
<tr>
<td></td>
<td>Be clear about the reason for the call.</td>
</tr>
<tr>
<td></td>
<td>Document whom you spoke to; time of call; and summary of conversation.</td>
</tr>
</tbody>
</table>
Medical Staff Orientation Contents

• Personal introduction of all key leaders
• Contact information
• Guided tour with an executive team member
• Vision and Culture heavy
• Physician experience strategies in place
• Goals of the organization
• Code of conduct
• Genuine partnership conveyed with “win-win” sentiment
Medical Staff Hotline

We are here to provide you the best place to care for patients, 24 hours a day, 365 days a year. If there is anything that falls short of what you need, let us know and we will do what is necessary to make it right. Our leadership team will respond and communicate a response within 48 hours of your call. Guaranteed.
Stages to Physician Engagement

- **Stage 1**: Communicate Vision and Goals
- **Stage 2**: Leadership Development and Accountability for Performance
- **Stage 3**: Building Physician Confidence and Trust
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- **Stage 8**: Managing the Disruptive Physician
- **Stage 9**: Physician Recognition
Drivers of Physician Change

- Effective Leadership
- Organizational Responsiveness
- Trust and Confidence in the Leadership team
- Efficiency in Practice Experience
- Knowledge of Performance
- Clarity of Expectations
- Participation in Change Strategies
- Coaching to Improve
- Colleagues Enrolled in the Effort
- Recognition for Doing Well
- Incentives
Enrolling Others in a Vision to Transform Care Requires An Appeal to The Heart, Not Just The Brain

Comments from The Heart of Change by John Kotter

“The central challenge... is changing people’s behavior... the core problem without question is behavior—what people do, and the need for significant shifts in what people do.”

“Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings. Both thinking and feeling are essential, and both are found in successful organizations, but the heart of change is in the emotions. The flow of see-feel-change is more powerful than that of analysis-think-change.”
Practicing Excellence: A Physician’s Manual to Exceptional Health Care

Engaging Physicians: A Manual to Physician Partnership

Stephen.Beeson@studergroup.com
850-343-0212

Today is the Day!
PRACTICING EXCELLENCE:
Engaging Physicians

Thank You,
Stephen C. Beeson MD
Stephen.Beeson@Studergroup.com