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Transforming the Physician Experience of the Community Hospital

David S. Fox, President
Advocate Good Samaritan Hospital
Downers Grove, Illinois
June 30, 2009
Learning Objectives

In this presentation we will learn:

WHY? – Why it is vitally important to focus on and transform physician-hospital relationships, alignment, satisfaction, and loyalty?

WHAT? – What, in the eyes of a physician, makes a hospital “a great place to practice medicine?” What are the ‘critical success factors’? What are the top drivers for physician satisfaction?

HOW? - How to achieve these? How does a hospital create highly satisfied, loyal, and aligned physicians?

• An overview of the strategy
• Examples of specific tactics
Background: In mid-2004, a strategic planning process summarized Good Samaritan’s current state:

- **Quality** that was generally perceived as good, but inconsistent
- **Physician satisfaction** was mixed
- **Nursing Care** seen as ‘uneven’
- **Patient satisfaction** that was at best mediocre
- **Technology & Facilities** that were increasingly perceived as slipping behind in the DuPage County ‘medical arms race’
- **Quality medical staff** of mostly ‘splitting’ physicians, who were feeling victimized
- **Associate satisfaction** that was pretty good, but not exceptional
- **Payor mix** that was decent, but a PHO that was struggling financially
- **Market dynamics** that were generally unfavorable
“Even small institutions are complex, barely manageable places...large healthcare institutions may be the most complex organizations in human history.”
The Need for Coherent & Aligned Aspiration

Lots of Initiatives Underway

Patient Falls
Core Measure Clinical Best Practices
New Med/Surg Care Model
Design of New Surgery Facilities
Patient Satisfaction
Op Access Team
Solucient Benchmarking
Lemont Walk-In Clinic
G2G
Nursing Shared Governance
& Pursuit of Magnet
Opening of New Critical Care Unit
ED Throughput
Service Teams
Employee Satisfaction
Family Care Unit Remodeling
PHO
National Patient Safety Goals
Employee Turnover
Employee Relations
Opening of Cancer Center Expansion
Financial Targets
Risk Management
Physician Relations

ONE OF THE JOBS OF LEADERS IS TO ‘CONNECT THE DOTS’ AND MAKE A COHERENT PICTURE THAT CAN BE UNDERSTOOD AND EMBRACED
THE HEART OF G2G

The heart of G2G is to create a Hospital where:

- **Associates feel valued**, and feel that their work is purposeful, worthwhile and makes a difference;
- **Physicians feel supported**, and know that their patients are getting great care;
- **Patients feel cared for**, and experience the service and quality they receive as extraordinary.
The strategic intention for G2G:

- To make good on our promise to be ‘a place of healing’
- To create a framework for inspiring and integrating our efforts to provide great care
- To ensure our future success by becoming the best place for physicians to practice and patients to receive care
FIVE YEARS LATER - 2008

Good Samaritan Hospital has just completed its best overall performance in its 32-year history:

Best ever results for
- Clinical outcomes
- Patient satisfaction
- MD satisfaction
- Growth

Tied or close to best performance for
- Net operating income (nominal)
- Associate engagement
Achieved improved results for physician satisfaction with the most recently completed survey.

- Many areas continued to improve including
  - Recommend this Hospital (96th percentile)
  - Nursing Care (91st percentile)
  - Competitor questions (ranked 1st in 7 of 7 areas)
HOSPITAL RECOGNITION DEMONSTRATES QUALITY TO PHYSICIANS (Partial list of Awards)

- Named Top 100 Hospital for Cardiovascular Care by Thomson Reuters 2006
- Named Top 100 Hospital for Overall Excellence by Thomson Reuters 2008
- HealthGrades Distinguished Hospital Award for Clinical Excellence 2006, 2007, 2008 & 2009 (Top 5% nationally)
- MIDAS Platinum Quality Award 2007 & 2008 (Top 5% nationally)
- Lincoln Foundation Silver Award 2007
- Studer Firestarter Award, July 2006
- Press Ganey Compass Award for Significant Improvement in OP Satisfaction 2006
CONTINUOUSLY IMPROVING CLINICAL OUTCOMES

COMPLICATION INDEX

(Actual/Expected)

MORTALITY INDEX

(Actual/Expected)

- **D2B time of 56" for 2008 (Best in Illinois)**

- **Best Result in Chicagoland (2008)**
- **About 284 deaths avoided**

“To save one life is as if you have saved the world.” (Talmud)
COMMUNICATION
- MANAGING UP THE HOSPITAL -

• All hospital accomplishments, improvements, and ‘wins’ communicated broadly, deeply and repeatedly to physicians.

• This led to physicians being proud of the hospital, and proud to practice at the hospital.
QUALITY OF PATIENT EXPERIENCE

• Along with improvement in Clinical Outcomes came a transformation in the patient experience.

• Some of the big leaps in the early phases of G2G gave Docs the message that this was not just a ‘slogan initiative’.

• A great example of this was the jump in outpatient satisfaction from 7th %tile in July 2004 to the 99th %tile in July 2006.
OUR JOURNEY TO TRANSFORM THE PATIENT EXPERIENCE

Patient Satisfaction Percentile (Press Ganey)

Outpatient

Inpatient

Emergency

Ambulatory Surgery

WHAT’S Right IN HEALTH CARE™

WRIHC2009_DFox

StuderGroup

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HOW?

MAJOR STRATEGIES, STRUCTURES & TACTICS THAT HAVE CONTRIBUTED TO TRANSFORMING PHYSICIAN EXPERIENCE

- Launch *Moving From Good to Great* initiative to increase alignment and accountability
- Redesign Nursing Care
- Consolidate Quality Departments and aggressively pursue review of benchmarking and publicly reported data
- Embrace IHI 100,000 Lives & 5M Lives Campaigns
- Further Enhance Physician Engagement via PHO Clinical Integration Initiative
- Create Depth and Breadth of Physician Relationships
HOW?

The transformation of the physician experience starts with the creation of strong relationships between physicians and executives.
THE ACCOMPLISHMENT TRIANGLE

The
Space in Which
To Accomplish
Anything
Depends Upon
RELATIONSHIP
THE BASIS FOR ACCOMPLISHMENT

The Depth & Breadth of
RELATIONSHIP
RELATIONSHIP
THE BASIS FOR ACCOMPLISHMENT

Space for Accomplishment

RELATIONSHIP
The Breadth of Relationship
The Breadth of Relationship

RELATIONSHIP

THE BASIS FOR ACCOMPLISHMENT

RESULTS

ACTIONS

POSSIBILITY

OPPORTUNITY

RELATIONSHIP

The Breadth of Relationship
WHY?
WHY TRANSFORM PHYSICIAN SATISFACTION AND EXPERIENCE OF THIS HOSPITAL?

• #1 – To create Relationship with Physicians as key partners in achieving mutual health mission & goals (E.G. Safety, Quality, Efficiency, Satisfied Patients, etc.).

• #2 - 70%-80% of the hospital’s healthcare dollars are controlled by physicians through admissions and referrals.
Dissatisfied, Satisfied, and Very Satisfied Physicians differ greatly in their hospital admissions, referrals, behaviors and loyalty. The greatest opportunity is to shift physicians from ‘satisfied’ to ‘very satisfied’. 
WHY TRANSFORM PHYSICIAN SATISFACTION AND EXPERIENCE OF THIS HOSPITAL?

“Satisfied” physicians will:
- Continue to admit/refer patients whenever possible
- Remain loyal if they don’t have better options
- Not complain about problems

“Very Satisfied” physicians will:
- Increase referrals and admissions
- Refuse to believe they have better options
- Engage with administration to improve quality
- Offer suggestions rather than complaints

“Dissatisfied” physicians will:
- Only admit/refer patients if they have to (i.e. if they have no other options)
- Will be on the lookout for, and actively seek, other options
- Will complain about problems (to others, including colleagues, and to the hospital staff and/or administration)
- Sometimes position and act as adversaries of hospital administration

* HealthStream Research
What is Necessary to Successfully Transform Physician Experience?

The hospital needs to know and effectively respond to the key drivers of physician behavior,

or, said differently,

We need to know and respond to what physicians really want and need.
WHAT?

• What, in the eyes of a physician, makes a hospital “a great place to practice medicine?”

• What are the ‘critical success factors’ in transforming physician experience?

• What are the top drivers for physician satisfaction?
KEY DRIVERS OF PHYSICIAN BEHAVIOR

- Quality *
- Appreciation *
- Input * (& Hospital Responsiveness)
- Efficiency *
- Economics

KEY DRIVERS OF PHYSICIAN BEHAVIOR

QUALITY

• Assurance that their patients will receive high quality care that is safe (& compassionate)
• Access to state-of-the-art technology & high quality hospital-based services

APPRECIATION

• To be valued and acknowledged for what they do

INPUT (& Hospital Responsiveness)

• Input on decisions important to them

EFFICIENCY

• To work in a place that is efficient and relatively hassle-free
• To work with a senior leadership team that is effective, responsive, and worthy of trust.

ECONOMICS

• To be professionally & economically successful
How can a hospital transform the physician experience and create highly satisfied, loyal, and aligned physicians?
HOW?
STRATEGY - Strategic Initiatives

• Launching a *Moving From Good to Great* initiative as the organizing strategy for growing patient volumes

• Creating effective tactics for the Five Drivers of Physician Behavior

• Achieving breakthrough results in clinical outcomes and patient satisfaction

• Transforming the physician experience of Good Samaritan
HOW? BY BEING GUIDED BY A STRATEGIC IMPERATIVE TO EARN PHYSICIAN LOYALTY

- Created ‘ownership’ of physician satisfaction by all leaders (including addition of the 6th pillar)
- Embraced physicians as valued partners and captain of the patient care team
- Enabled physicians to experience Good Samaritan as the easiest and most supportive place to practice
- Provided a great experience for patients & family members
- Delivered safe and clinically excellent care 24/7 for patients
HOW? BY CLEARLY DEFINING THE CHALLENGES & OBSTACLES TO TRANSFORMING THE PHYSICIAN EXPERIENCE

- Overcoming physician distrust of administration and (then) building trusting, mutually supportive & collegial relationships
- Getting associates to embrace a culture of physician partnership and believe in the potential of our G2G journey
- Figuring out how to make investments in technology, facilities, patient care, and new cultures – while achieving our financial targets to fund our future
- Overcoming the financial struggles of our PHO
- Reengineering our services to make GSAM an easier place for physicians to practice
HOW? - Examples of Tactics

QUALITY

- Professional nursing staff – raising the bar of quality
- Communication, Collegiality and Critical Thinking initiative
- Partnering with MD leaders to improve clinical outcomes and then celebrating our achievements via recognition
- Exceptional hospital-based MD services
- Improved patient satisfaction
- PHO Clinical Integration-facilitating P4P
HOW? - Examples of Tactics – APPRECIATION

- Thank You Notes
- Physician Recognition Board
- Public recognition for clinical champions
- Managing up MDs – e.g. Bookmarks
- MD MVP Nominations
- Enrolling associates in the value of physician partnership
- MD Discount Policy
- MD Appreciation Week - lab coats, transponders, etc.
- Better Food in MD Lounge
RECOGNIZING OUR PHYSICIANS

Our Patients Love Our Doctors
Here’s What They’re Saying About Our Medical Staff

Advocate Good Samaritan Hospital
HOW? - Examples of Tactics -

INPUT & RESPONSIVENESS

- Being seen as truly valuing MDs
- Listened and responded comprehensively to the physicians’ concerns
- Rounding on MDs by all patient care leaders
- Access & response from senior leaders
- MD input on issues important to them – like design of new ORs, block scheduling; DRG 475 ventilator project
- Support for MD leadership development
- Joint goal setting with MEC
HOW? - Examples of Tactics –

EFFICIENCY

- Fast report turnaround
- ED Throughput; Improved Bed Flow
- Ease of OP Scheduling
- Personalized support for MDs with CareConnection & CPOE
- Block Scheduling for surgeons
- Pediatric Hospitalists

- Improved PHO Reimbursement
- Physician Pay for Performance Initiative
- Advocate role in passing Tort Reform
Physician Splitters Will Shift Their Referrals Based On Superior Clinical Results

**CMS CORE MEASURE CLINICAL PRACTICES: DuPAGE HOSPITALS**
(Source: www.hospitalcompare.hhs.gov)

<table>
<thead>
<tr>
<th>Practice</th>
<th>GSAM</th>
<th>HOSP A</th>
<th>HOSP B</th>
<th>HOSP C</th>
<th>HOSP D</th>
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<tr>
<td><strong>SCIP</strong></td>
<td></td>
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<tr>
<td>Antibiotics 1 hr Before Surgery</td>
<td>96%</td>
<td>78%</td>
<td>93%</td>
<td>92%</td>
<td>93%</td>
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<tr>
<td>% of Surgery Patients DVT Prevention</td>
<td>97%</td>
<td>75%</td>
<td>95%</td>
<td>96%</td>
<td>85%</td>
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<td><strong>AMI</strong></td>
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<tr>
<td>Door to Balloon &lt; 90 minutes</td>
<td>95%</td>
<td>64%</td>
<td>87%</td>
<td>86%</td>
<td>74%</td>
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<td><strong>PN</strong></td>
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<tr>
<td>Initial antibiotics within 6 hours</td>
<td>94%</td>
<td>92%</td>
<td>97%</td>
<td>92%</td>
<td>86%</td>
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<tr>
<td>% Given Influenza Vaccine</td>
<td>100%</td>
<td>91%</td>
<td>51%</td>
<td>80%</td>
<td>84%</td>
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<td><strong>CHF</strong></td>
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<tr>
<td>ACE Inhibitor for LVSD</td>
<td>96%</td>
<td>86%</td>
<td>96%</td>
<td>95%</td>
<td>76%</td>
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## 2008 Market Perceptions

### Results of Physician Satisfaction Survey

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<td>Overall Nursing Care</td>
<td>3.44</td>
<td>3.34</td>
<td>3.15</td>
<td>3.20</td>
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<td>Nurse Staffing</td>
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<td>3.03</td>
<td>3.24</td>
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<td>Reputation in the Community</td>
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<td>3.32</td>
<td>3.31</td>
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<td>Administration’s Responsiveness</td>
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<td>2.87</td>
<td>2.51</td>
<td>2.31</td>
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<td>Employee Morale</td>
<td>3.24</td>
<td>3.14</td>
<td>2.85</td>
<td>2.90</td>
<td>2.54</td>
<td>2.51</td>
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<td>Overall Quality</td>
<td>3.54</td>
<td>3.51</td>
<td>3.36</td>
<td>3.24</td>
<td>2.85</td>
<td>2.76</td>
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<td>Ability to Control Costs</td>
<td>3.22</td>
<td>3.10</td>
<td>2.95</td>
<td>2.71</td>
<td>2.57</td>
<td>2.61</td>
</tr>
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</table>
LESSONS LEARNED (& RE-LEARNED)

Leaders Must:

• “...be the change we wish to see in the world.” (Mahatma Gandhi)

• Be authentic ‘owners’ of the vision to create superior clinical outcomes and service

• ‘Enroll’ themselves, and then others

• Be passionate

• Be great communicators

• Consistently focus on the Key Drivers of Physician Behavior
Thank You!

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