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Parkview Health Builds Physician Leaders *Are Leaders Born or Made?*

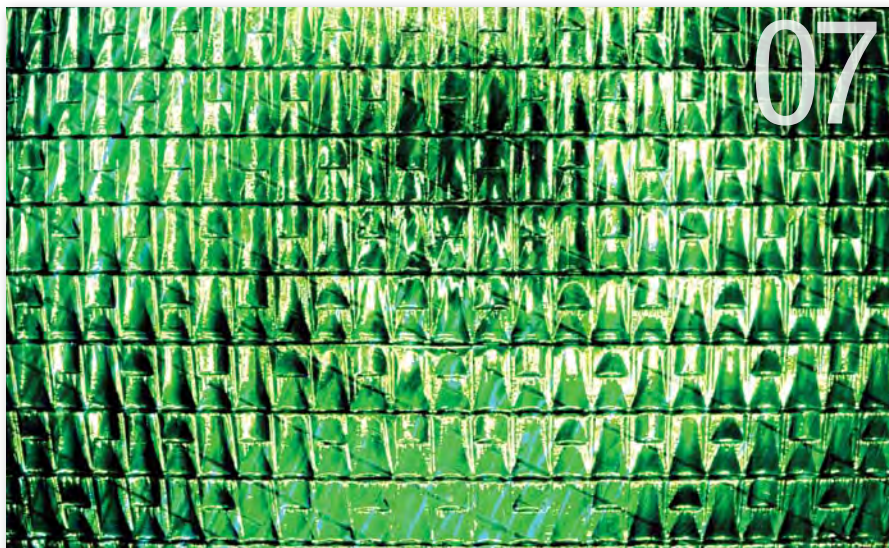
CONTENTS



Welcome to the new and improved PRC Edge! This edition marks the beginning of a new era for our quarterly client newsletter. Our editorial and design team suggested we call this Spring 2012 issue the “Physician Edition,” since it includes four different success stories from PRC Physician Loyalty Clients: Parkview Health in Fort Wayne, IN; Floyd Memorial Hospital in New Albany, IN; Barnes-Jewish St. Peters Hospital in St. Peters, MO; and Castle Medical Center in O’ahu, HI. From building physician leaders to increasing communication and collaboration with medical staff members, these award-winning organizations are doing it and showing how their efforts are really paying off.

Of course, there is a lot more to discover inside. Teira Gunlock, Client Education Consultant, spent some time visiting our friends at Henry County Hospital, a PRC client and Critical Access Hospital in Napoleon, OH. The lessons she returned with are ones worth sharing with organizations who not only want to create excellent patient experiences, but also engaged and loyal employees. You’ll





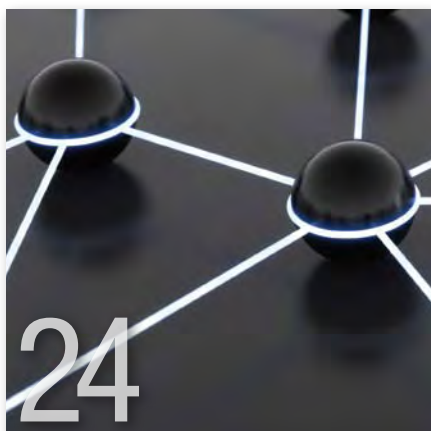
also find all the latest information you need about government efforts affecting Community Health Needs Assessments and CAHPS initiatives, and an update about the PRC Excellence in Healthcare Conference coming up in June in Scottsdale, AZ. I hope to see you there!



To celebrate our new format (and because we care what you think!) we've decided to reward one lucky reader with an Amazon Kindle Fire. All you need to do is visit www.bit.ly/prcedge or scan the bar code to access our comment form. One winner will be selected at random from all entries received by June 30, 2012.

Enjoy this new and improved edition of PRC Edge!

Jill Reeves, MHA
Director, Communications



A close-up photograph of a metallic mechanical component, possibly a piston or a valve, with a red banner overlaid. The banner contains the text "Are Leaders Born or Made?". The background is dark and out of focus, showing various mechanical parts and surfaces.

Are Leaders Born or Made?

Parkview



Health

Builds Physician Leaders

This is one of the most frequently asked questions in all of leadership development. If you ask Dr. Greg Johnson, he would likely answer that physician leaders are neither born nor made. Instead, they are built one at a time by teaching skills that were most likely not included in the traditional medical school curriculum.

Dr. Johnson is Chief Medical Officer for Parkview Health, a not-for-profit health system in Fort Wayne, IN. As northeast Indiana's largest healthcare provider, Parkview serves a population of more than 820,000 with eight hospitals, including their newest, the Parkview Regional Medical Center, which opened in March 2012. As one of the region's largest employers, it is both large in size, and in its commitment to meeting the needs of the communities it serves.

Even though the system is large, those who work at Parkview Health enjoy a unique culture that includes a belief that employees are more than just "cogs in the big wheel." Instead, Parkview sets the expectation that its employees function as owners and partners. This culture transcends to employees in every role, including physicians.

According to Dr. Johnson, "Parkview Health has really embraced the concept that the physicians are not just 320 employed physicians; rather, they are 320 physician partners." With this designation comes the expectation that, as a partner, "you will be leading this organization into the future."

The concept of building physician leaders is something Dr. Johnson holds dear to his heart. Both Dr. Johnson and



Greg Johnson, D.O.
Chief Medical Officer – Parkview Health

Dr. Ray Dusman, Chief Physician Executive, share a passion for shaping physician leaders at Parkview Health. “The quality of care and service we provide our patients depends on the effectiveness of physician leadership,” said Dr. Johnson.

Developing physician leaders is becoming even more important as the demands of healthcare reform require physicians to become effective collaborators with their colleagues and co-workers to improve patient care and deliver care efficiently. “In this highly competitive environment, leaders who motivate teams of skilled staff to deliver quality care and compassionate service keep patients at their door and reimbursement levels high.” (Avakian, *H&HN Daily*, July 7, 2011).

It takes more than just asking physicians to step up to the plate and accept leadership roles. “Just because you are a physician and a professional, that doesn’t automatically mean you have the skill sets to be a good leader,” said Dr. Johnson.

In fact, the physicians’ medical school training may actually prove detrimental to basic leadership tendencies. “Traditional physician training and the unique characteristics of physicians – we tend to value autonomy and, outside of structured interactions may have poorly developed team reflexes – can handicap developing leadership skills.” (Stoller, *Developing Physician Leaders: A Call to Action, Journal of General Internal Medicine*, July 2009).


Too often, according to Dr. Johnson, physicians are placed in leadership roles only to become frustrated when they don’t have the basic skills to perform the assigned duties. The negative experience reinforces the idea that “I don’t want to do that again,” and physicians shy away from future opportunities to lead. “It becomes a vicious cycle,” said Dr. Johnson.

This is where the Parkview Physician Leadership Institute (PPLI) comes in. The PPLI is a 16-week program where physicians give up one evening a week to gather with other physicians and hospital executives. Together, the cohort group

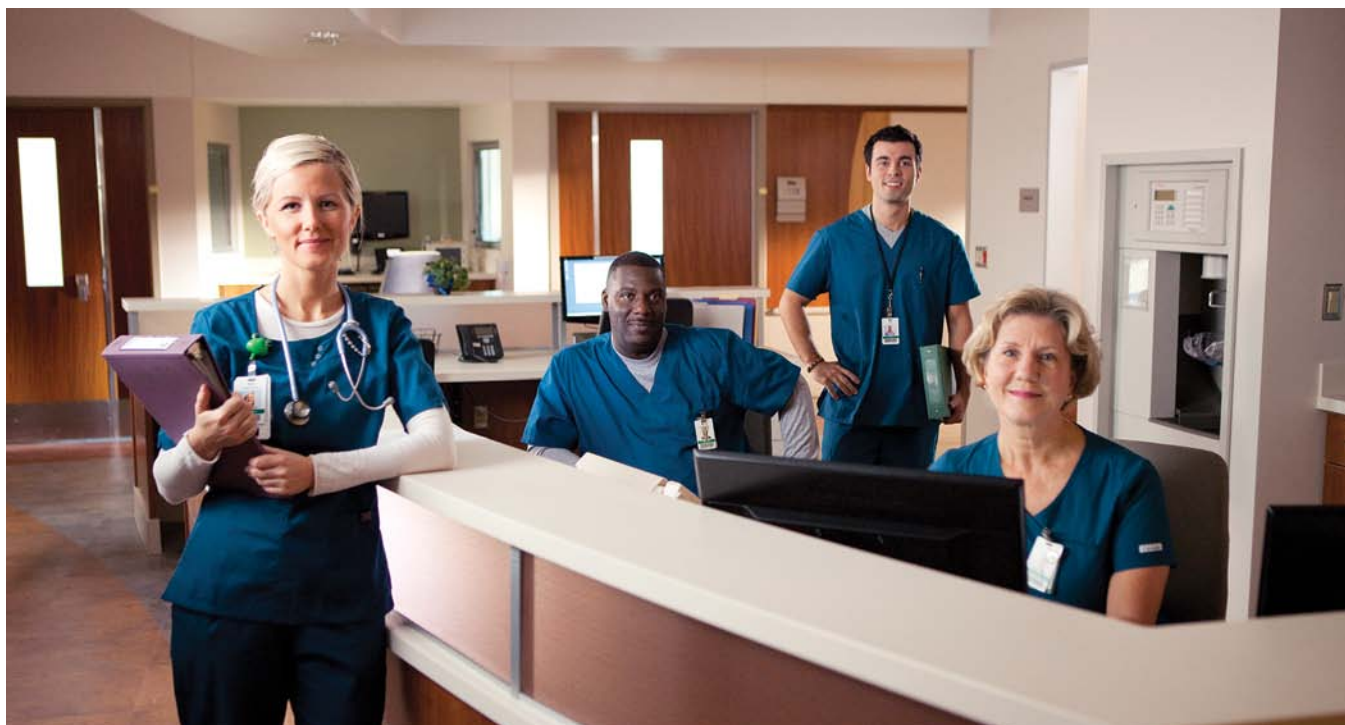
hears from guest speakers, educators (Dr. Johnson himself teaches about one-third of the courses), and hospital executives. Through these sessions, participants obtain the basic skill sets required to meet Parkview’s expectation of them as leaders.

“My goal, when we ask a physician to perform a certain task – whether it be finance related, communication-related (i.e. crucial conversations), service excellence oriented, or related to quality metrics – is to make sure that he/she has the knowledge and the skill set to do those things to be successful,” said Johnson. “We really work to help these physicians who want to expand their skill sets through the Leadership Institute. From this, they influence all the other physicians who come into contact with them.”



A detailed architectural drawing in blue ink on a light-colored paper. The drawing features various geometric shapes, lines, and dimensions. Dimensions include "17'-5\"", "8'-6\"", "11'-4\"", and "10'-3\"". There are also circular callouts with letters like "B" and "A", and a circular stamp that says "SEE 4x12 BGLT". A compass and a pencil are visible in the upper left corner, and a stack of papers is in the lower right corner. Three white squares are placed on the drawing: one near the top right, one in the middle right, and one near the bottom right.

Too often, physicians are placed in leadership roles only to become frustrated when they don't have the basic skills to perform the assigned duties.



“We are really engaging our physicians at a level that has not been done before,” added Dr. Johnson. To date, the PPLI has graduated two cohort groups and requests to participate are on the increase. Some physicians are required to attend due to their existing responsibilities, while others “self select” or request to be a part of this unique program.

PPLI offers its participants much more than just classroom learning. The cohort groups typically include between 20 and 26 physicians and 10 to 12 executives or administrators. The “mix” allows for local networking where members can interact and get to know one another outside of the physicians’ lounge, the ER or board room. At the completion of the 16 weeks, participants emerge with a small desk piece to acknowledge the accomplishment, but more importantly, with the skills needed to perform as leaders for Parkview Health. Armed with the skills necessary to accept leadership roles, these physicians are experiencing success and encouraging others to do the same. “I’m very pleased with the outcomes so far,” said Dr. Johnson.

This emphasis on leadership is making a difference in many ways at Parkview Health, including the system’s most recent PRC Medical Staff Loyalty scores. Between 2009 and 2011, physicians’ perceptions of Parkview as a place to practice

medicine increased from an 83.1 percent “Excellent” rank to 87.5. The perception of administration increased from a 77.6 percent “Excellent” rank to 84.1. It has also affected physicians’ overall perceptions of the quality of care provided at Parkview (85.1 “Excellent” rank in 2009, compared to 93.0 in 2011).

Are all physicians cut out to be strong leaders? Perhaps not, but for Dr. Johnson, supporting the development of all physicians as effective leaders, to whatever degree they are suited, has a direct impact on Parkview’s overall success. “We are leaders in the operating room, the emergency room and the executive boardroom. But, many of us have not received formal training in leadership, and it is important for us to understand what it is to be a leader as well as how we can mentor other physicians to be leaders.”

Dr. Johnson looks forward to continuing his work with Parkview’s Physician Leadership Institute and plans to offer two to three cohort groups in the program every two years. Through these efforts, Parkview Health is taking the necessary steps to empower its physicians not only to be excellent clinicians, but also leaders who understand and embrace the partnership role that will be necessary to ensure the future success of the system. •



a Bright Spot

a Safe

A Visit to
Henry County Hospital

Spot

By Teira Gunlock, *Client Education Consultant*

Typically, if someone mentioned safety in healthcare, I would think about physical safety. I imagined hospital-acquired infections, medication dosing errors, or wrong-site surgery. After spending some time at Henry County Hospital, a Critical Access Hospital in Napoleon, Ohio, “safety” acquired a broader meaning. I began to think of safety in terms of emotional and mental well-being. Patients need to feel safe to have honest, difficult conversations with their providers. Employees need to feel safe to speak up and offer creative suggestions for improvement to create memorable patient experiences. It takes people feeling safe – safe to change, safe to get better – to create a culture of excellence.

Henry County Hospital has seen great success in recent years: they were named in *Modern Healthcare's* Best 100 Places to



Observe

Work in 2010 and 2011; they received the Studer Group's Firestarter Award in 2010; and they received PRC's Inpatient Top Performer award for having the highest inpatient perception scores out of all PRC hospitals in 2011 (this was the first time a Critical Access Hospital received this award).

To investigate why Henry County Hospital is a "bright spot," I conducted focus groups across eight areas: Laboratory Services, Surgery, Administrative Services, Birthing Care Services, Environmental Services, Emergency Care Services, and Inpatient Care Services. I also accompanied a senior leader while rounding, attended Henry County Hospital's quarterly employee forum, and received an in-depth tour. Henry County Hospital does many things well, but the following lessons stood out to me because they helped form a culture where employees feel safe going the extra mile to give a patient a memorable experience and demonstrate they care.

LESSON 1

Observe and give feedback.

Atul Gawande, famous surgeon and author, talks about the value of coaching in "Personal Best", an essay published in *The New Yorker* (2011). He writes about the prevalent belief system in many professions (including his own - surgery) that we reach a certain point in our career where we no longer need to be "taught." We've made it far enough that we can traverse the rest of the journey

on our own. Professional athletes and musicians, on the other hand, succeed with advice and guidance from other ears and eyes. Why can't other types of professionals benefit from this tactic? He argues, "Coaching done well may be the most effective intervention designed for human performance." The success of any tactic varies from hospital to hospital. Coaching, or observation and feedback, gradually closes the variation gap of doing something and doing something well. Coaching happens every day at Henry County Hospital.

Kim Bordenkircher, CEO, believes observation and feedback is the most important tactic an organization needs to learn. Observation is an instrument used to pay attention to key issues, tactics, and improvements. Henry County Hospital uses rounding as a primary means for observation, but rounding is more than simply walking the halls and talking to employees. Rounding (whether it's senior leaders rounding on managers/patients or managers rounding on employees/patients) means strategizing and dedicating specific time and energy to observe important behaviors and have directed conversations. Every strategy needs sound structure, and Henry County Hospital has a clear structure for rounding. They have rounding forms that steer conversations and also keep rounding logs. Other observations come in the form of role-playing at Leadership Development Institutes and videotaping.

Employees do great things every day. Unless we consciously devote the time



to observe them, we won't discover what makes our institutions special and what needs to be improved. While there has to be a concerted effort to observe - it doesn't just happen - the arguably more difficult task is providing effective feedback post-observation.

Providing feedback reinforces what's working, improves what's not working, and presents a timely opportunity to recognize employees and say "thank you." At Henry County Hospital, all feedback has to be at least 3:1, meaning that it should contain three things the person did well and one thing he/she should work to improve. Nick Badenhop, Manager of Information Systems, said to "make it a learning environment when you're observing and not a judgmental environment." People are open to receiving feedback when they don't feel like they are being attacked. As I learned in focus group after focus group, people

appreciate coaching.

Another tool Henry County Hospital uses to coach is videotaping. When rolling out new communications or updating AIDET scripts (Acknowledge, Introduce, Duration, Explanation, and Thank), employees are often videotaped so they can see how they look and sound from another perspective. It provides a platform for self-coaching. Many employees said they were nervous when the hospital started videotaping them. Now, while many of them don't look forward to seeing themselves on camera, they do find it valuable. They focus on the educational opportunity it provides because leadership made it a comfortable environment. Leadership saw great value in videotaping and made accommodations like only showing the videotapes to the person in it and the direct supervisor and then destroying the tape so employees would feel safe to learn.



Transparency moves beyond unambiguous communication and laying out contingency plans. Transparency requires honesty, even when it's about failure.

LESSON 2

Practice, practice, practice.

We cannot be committed to performance if we are not committed to rehearsal.

Henry County Hospital takes rehearsal seriously. Practice is valuable because we are rarely perfect and confident the first time we do something new. Leadership spoke often about the anxiety they had when they began to round. Employees said it was worrisome being observed when they rolled out AIDET. Practicing and repetition alleviates discomfort.

Practicing what we say allows us to focus on connecting with patients. According to several employees, the more they did something, the less forced and robotic they sounded. They rehearsed scripts so much that eventually the words became natural and the meaning behind them surfaced. Patients didn't simply hear words, they felt compassion. Counterintuitive perhaps, but repetition led to authenticity, not automation.



Nobody gets a bye from rehearsal, including senior leadership. They use role-playing and practice giving each other 3:1 feedback, performing their AIDET, and more. "We don't ask anybody to do anything that we in this room don't do ourselves first. If we're going to ask staff to be videotaped, then we were videotaped, we observed the videotapes, we showed them the videotapes, and we asked them for feedback about our videotapes," says Bordenkircher. Leaders at Henry County Hospital exemplify what it means to "practice what you preach."

LESSON 3

Embrace transparency.

One thing leadership practiced is avoiding soft language like "we'd really like it if you..." or "if you could please...then that would be great." Either something is an expectation, or it's not. Everyone appreciates clarity. Time and time again, employees told me how much they respected and valued the transparency in leadership. For example, one employee noted that hearing from the CEO about an in-case-finances-go-south plan gave her peace. She felt better knowing that while Henry County Hospital's finances are currently doing well, leadership had developed plans for "what if..." scenarios. In addition, employees reported that transparency cuts down on gossip. Transparency, however, moves beyond unambiguous communication and laying out contingency plans. Transparency requires honesty, even when it's about failure.

Henry County Hospital has seen incredible success in recent years, but not every score in their hospital is continually on the rise, not every transition to new technology goes as smoothly as planned, and not every employee hired is a perfect fit. While I was onsite, they received and investigated a patient's account of a bad experience in their hospital. As you might imagine, this is not commonplace in this caliber of institution. However, even at the best hospitals, there are occasional lapses in communication and failures to meet patients' expectations. At their quarterly employee forum, the CEO read



the patient's letter aloud, pausing often to discuss the teachable moments. She owned this tough conversation. Courage cascades throughout the organization and employees speak candidly and sincerely about failures with regards to their first roll-out of AIDET or various trials and subsequent errors with any new improvement initiative. There is a certain comfort provided by the truth.

LESSON 4

Enforce expectations.

"I can't fire someone for not using the greeting." This is what Bordenkircher used to think. Several years ago, leadership sought to standardize greetings when people answered the phone. They did not want anything extravagant, just for the people calling to know who they were talking to and feel welcomed. Certain employees ran with the new initiative; others ran away. When an employee asked Kim, "What happens to those people who just will NOT use the greeting?" she did not know how to respond.

Today, leadership at Henry County Hospital insists on motivation, coaching, and compassionate guidance to get each and every employee to reach his or her potential and to be a great asset to patient care. They provide honest, regular feedback and are straightforward with employees who are not meeting expectations. Because they care so much about their patients and achieving a culture of excellence, they make the tough decisions like replacing low performers.

As a seasoned CEO, Kim now recalls that scenario and says, "You can choose not to use the greeting...but you can't work here." Enforcing expectations simply means that if repeated coaching and guidance is not working with a low performer, consequences must follow.

This is perhaps a version of the broken windows theory at play. That theory, whose popularity was amplified by Malcom Gladwell's *The Tipping Point* (2000), states that crime results from disorder. We can prevent serious crime by doing small things, like fixing broken windows in dilapidated buildings, because we send a signal to potential criminals that we care about our community. Paying attention to the seemingly small expectations signals to all employees that leadership cares about performance. Moreover, clearly setting behavior standards for employees and enforcing rules make it a fair environment.

LESSON 5

Celebrate what is working.

"What happens when patient perception scores go down?" I asked senior leaders. When recalling an area struggling with performance, they said they gave extra focus to figure out ways to improve their Key Drivers of Excellence®. They also said they worked hard to find wins to celebrate. That's right. Even when scores were down, they thought it was important to recognize success. When the scores are low, it's demotivating for staff because they want to do a good job. Bordenkircher



The key to successfully implementing a strategy learned elsewhere is customizing it to our organizations and listening to our employees and patients.

said, "They want to delight patients. They want to do the right thing. We need to figure out how to provide a culture and an environment and a structure where we consistently pay attention to those things." The things that go right each day far exceed the things that go wrong. If we only focus on what goes wrong, employees begin to see themselves as architects of failure instead of instruments of success. Of course we need to respond when scores go down. Responding, however, doesn't mean ignoring wins, it means working harder to identify them.

Jennifer Fisher, Human Resources Manager, noted that celebration didn't

come easy. Everyone at Henry County Hospital had to make a conscious effort. Managers throughout the organization have become dedicated thank you note writers and even track how many thank you notes they send to employees. Celebration requires planning, thought, and attention but not necessarily money. One of the ways they celebrate victories at Henry County Hospital is letting the recognized team or person pick the menu for the cafeteria one day. Certain departments celebrate a new employee by picking a day to wear his or her favorite color. Celebration isn't about confetti, it's about making people feel special and recognizing what's going right.

LESSON 6

Listen.

Leadership is adamant about listening to employees and that includes listening to how they want to celebrate. After all, victories are owned by the entire organization, not only senior leadership. When Henry County Hospital won *Modern Healthcare's* Top 100 Places to Work award, the employees chose to celebrate by putting up billboards with the award information and pictures of employees. Leadership listened, thereby reinforcing to employees their voice was important. Billboards were not used as a marketing tactic, but as a celebrating tactic. Employees want to be proud of where they devote so much time and energy and the billboards have been a huge point of pride for the employees. Some even pulled over to take pictures with the billboards.

Henry County Hospital has been a Studer Group hospital since 2008 and has extremely positive things to say about the tools and hands-on training they have received from their coach, RaNae Wright. The Studer Group's tools and tactics are successful in part because they are well-researched. They are also successful because they are not implemented in a one-size-fits-all fashion.

The key to successfully implementing a strategy learned elsewhere (another hospital, consulting firm, national conference, etc.) is customizing it to our organizations and listening to our employees and patients. For example,

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We Really Work Hard

in helping you meet your
PPACA & IRS 990 Requirements

PRC helps hospitals meet PPACA Section 9007 and IRS 990
Community Health Needs Assessment requirements, including:

✱ **Conduct assessment of community health needs, which include input from people who represent the broad interests of the community.**

- Our CHNA research includes primary surveys of communities' health needs, supplemental secondary data and focus groups with community members.

✱ **Publicly report the results of each assessment.**

- Every PRC client receives a complimentary HealthForecast.net™ website which includes their full CHNA report, Area Outlook, Key Health Indicators, Opportunities for Improvement, Resources and Ideas for Action

✱ **Implement strategies to address the needs identified and file an annual description of how they are addressing identified community health needs and/or explain why these needs are not being met.**

- As each community is unique in its resources and needs, PRC knows that those living within the communities are best able to develop strategies to impact health needs. However, we provide clients with a list of health priorities, setting them up for success. In addition, clients are also invited to participate in PRC's many community health educational opportunities and to learn from others who are furthering the health and well-being of their communities.



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Communication, collaboration, culture

Lead to Gains for Floyd Memorial Hospital and Health Services





Since contracting with PRC to measure medical staff perceptions in 2005, Floyd Memorial Hospital and Health Services has come a long way toward better meeting the expectations and needs of its medical staff. How was this accomplished? It could easily be summed up in three C's: communication; collaboration; and culture.

Of course, that would be oversimplifying things a bit.

Rewind to 2008, when Mark Shugarman joined Floyd Memorial as its new President and CEO. At that time, PRC Medical Staff Loyalty survey results pointed to a number of areas where changes were needed and Shugarman knew this should be among his first priorities.



Mark Shugarman
President and CEO

"The first survey completed when I came on board in 2008 was taken quite seriously. We developed action plans around each of the identified Key Drivers and were meticulous in following through and addressing the issues identified in the survey. We really use PRC's survey results beyond just reading the report and putting it back on the shelf."

Shugarman wasn't alone in his work to better meet the needs of the medical staff. He had Joy Whistine who served as the Executive Director of Physician Network Operations for the hospital (since promoted to Vice President of Physician Services). He also had Dr. Bill Davidson, who joined Floyd

Memorial as Chief Medical Officer in 2010. Together, they set about reshaping relationships with physicians.

One of the overriding themes addressed by the leadership team was trying to create an enhanced culture of physician engagement with the hospital. "We try to permeate that feeling throughout the hospital so that everyone understands the important role that physicians play at Floyd Memorial and their contributions to our success," said Shugarman.

One attempt to better engage physicians was the development of a Physician Advisory Group. "Like all hospitals, we have formal medical staff executive committees and certainly we try to tap into them as a resource," said Shugarman. "With the Physician Advisory Group, we try to involve some of the physicians who don't necessarily seek leadership positions and blend them with physicians who do, so they have a voice. We have a formal agenda for every meeting, but we begin each meeting by asking if there are any burning issues that they want to discuss." The Physician Advisory Group meets once every other month.

The next challenge came with the introduction of Computerized Physician Order Entry (CPOE) to Floyd Memorial and its medical staff. Dr. Davidson noted that although the process has since been integrated and embraced by most physicians, the first reaction among a few was apprehension and resistance. To help with its integration, physicians were encouraged to become heavily involved in the planning process. Floyd Memorial instituted a Physician IT Advisory Group that still meets every other month and, according to Dr. Davidson, "We have certainly seen an evolution from some initial resistance and questioning,

to a point now where a lot of physicians are actively involved in making sure implementation goes as easy as possible.”



Joy Whistine
VP of Physician Services

Another issue faced by Shugarman and his leadership team was to find a way to improve credibility between the administration and medical staff. Dr. Davidson said, “We have been very fortunate and also very successful in keeping the lines of communication open and in building credibility.” As in the case of integrating CPOE, Dr. Davidson said it was not only important that leadership tell their side of the story, but also be willing to listen, understand, manage and cope with the physicians’ frustrations and fears. “Acknowledging the physicians’ concerns, but also letting them know that ‘this is something that is going to happen, we want to make this as palatable as possible,’ physicians were much more willing to join us in the effort.”

According to Dr. Davidson, the administration at Floyd Memorial Hospital has gone out of its way to listen and be attentive in addressing physician concerns. Still, keeping physicians in the conversation is challenging and must be accomplished in a number of ways. Shugarman stated, “The most effective way is face-to-face, but with 600 physicians you can imagine that is not easily accomplished.” Through its Medical Staff Services Office, Floyd Memorial actively

communicates with physicians through faxes and email. The Director of Medical Staff Services sends a once-a-week ‘Friday Fax’, and email communication is relayed through the medical staff offices. Shugarman added, “We follow up with hard copies placed in our more active physicians’ mailboxes. We stay on message and work to continually keep physicians informed.”

Under the direction of Whistine, a Physician Liaison regularly visits physicians’ offices. “We market the services available at the hospital, but also solicit information about the physicians’ concerns and how to best accommodate the patients’ needs,” she said. The information obtained in these regular Liaison visits is reported back to administration, is discussed in the Physician Advisory Group and is sometimes mentioned in regular medical staff meetings if there are particular issues that need addressed.

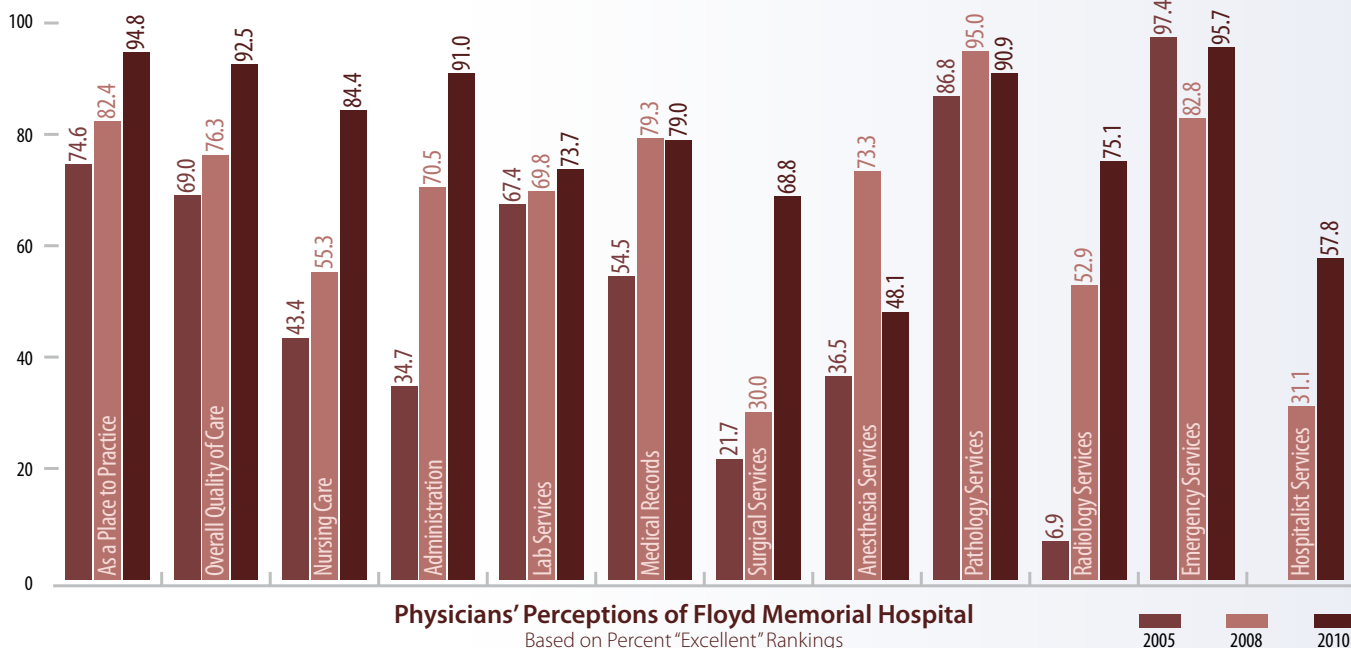
One example of this can be found in the area of nursing care at Floyd Memorial. According to Shugarman, “At one point, physicians were expressing concerns about nurse-to-patient ratios. We actually made a very significant commitment of resources to improve these ratios. This has been noticed and appreciated by the physicians and it has helped us to enhance our quality of care, as well.” To further improve nurse and physician relationships, the hospital has developed strategies around how nurses communicate with physicians. “We actually have a mentoring program that we put into place where new nurses are not allowed to call physicians with questions until they have talked to their mentor to make sure they have all the pertinent information and are not wasting the physicians’ time.”

Floyd Memorial Hospital is a regional healthcare facility serving the needs of Kentuckiana, a region that includes a metropolitan area with counties in both Indiana and Kentucky. The hospital is situated on the Indiana side of the border in the city of New Albany, alongside the Ohio River and opposite of Louisville, KY. Its medical staff includes a team of more than 600 physicians, representing a variety of specialties.

What it all boils down to is the willingness of Floyd Memorial's administration to listen to physicians' needs and respond to them. In turn, this has created a culture where physicians are aligned with leadership and becoming willing partners in the hospital's success. "I don't think you can underestimate the significance of how important this culture change was to Floyd Memorial; it has really been the difference between night and day," said Dr. Davidson. Among the biggest accomplishments acknowledged by Dr. Davidson was the return of administration's credibility with the physician staff.

"Mark [Shugarman] makes things believable to the people he is talking to. When he says he is going to do something he does it," said Dr. Davidson.

By creating an environment where administration and medical staff communicate and collaborate, Floyd Memorial Hospital and Health Services is well poised to continue meeting the healthcare needs of the region. The culture that exists there not only yields happy and aligned physicians, but also an environment where quality services can flourish. •



Physician

is Key to
Excellence at Castle

"Loyalty" is defined as a strong feeling of support or allegiance. And one of the areas most commonly associated with this term in the medical world is physician loyalty. At Castle Medical Center, that's no exception. Located on the Windward side of O'ahu, HI, Castle Medical Center focuses on ensuring their physicians remain loyal and exceed expectations.

Discovering the Key to Excellence

In the path to achieving loyal physicians, the hospital has also been on a journey to quality. "We've reached certain levels of performance that are 'very good', but could never quite get to the 'excellent' stage," says Kathy Raethel, President and CEO. "A few years ago we sat back and asked 'What do we need to do to get into those upper levels of performance?'" To get to those desired levels of excellence, the focus shifted from just quality to patient, associate and physician loyalty. "It's been a three-pronged approach in trying to bring all of the performance measures and clinical quality measures into the upper echelon of performance," says Raethel. "Ultimately what we want for Castle is to be a great place for people to work, a great place for our physicians to practice medicine, and a great place for patients to receive care."



Loyalty Medical Center

Unlocking Physician Perceptions

The journey Castle has been traveling has led them in an upward trend with their physician loyalty scores. One area within their survey results that has seen a significant increase are the physicians' perceptions of administration. The percent "Excellent" ranking for administration was at 86.5 in 2011, a dramatic increase from 45.2 in 2007.

While Castle hasn't seen any difference in leadership over the past few years, changes have been made that can be linked to the increase in physicians' perceptions of administration. "We've been really purposeful in communicating with our physicians," says Raethel. In addition to a quarterly newsletter focusing on physicians and their interests, Castle hosts physician forums and meetings to keep the physicians up-to-date with the latest changes in healthcare, politics and other topics of interest. "We have also done some work in making the physicians more involved in our strategic planning process," says Raethel. "And this year we're going even further in that by having them sitting at the table with us during our strategic planning for the organization. It's not just a hospital strategic plan going forward, it's really a hospital and physician plan."

Between 2010 and 2011, Castle went live with Computerized Physician Order Entry (CPOE). Raethel says the implementation of this application is usually a huge physician dissatisfier, as least

initially. "We were all kind of astonished that we did not see this impact our results in any substantial way," she says. "We had the physicians actively involved in the process and were pretty amazed to see that we not only held in our satisfaction, but really improved markedly."

To help keep physicians involved, Castle provides some unique opportunities for them to be in the spotlight within the community. "We have a very active media outreach program," says Raethel. With weekly television and radio programming,





Castle Medical Center

THEN...

Since Castle first opened its doors in 1963, the hospital's primary mission has been to meet the needs of the community. Forty-nine years ago, Windward residents welcomed their new hospital with sighs of relief. Finally, care was available close to home.

The \$2 million facility opened January 16, 1963, a little more than a year after ground was broken. Castle Memorial Hospital, named after Harold K.L. Castle who donated the land, opened with 72 beds and 14 bassinets. In 1983, the hospital changed its name to Castle Medical Center to reflect the growth into outpatient services and programs.

Castle Medical Center, a non-profit institution, serves all of O'ahu and is the primary healthcare facility for the Windward side of O'ahu.

Castle makes every effort to get its physicians involved in the community. "We have a lot of physicians who talk to the community about the needs they have and how they can help. This has been a great benefit to our physicians in terms of getting them recognized, and I think that has certainly fueled their level of satisfaction as well." In addition, a physician directory is published every 18 months and sent to the 129,000 residents in the service area. "This is a huge physician satisfier," says Raethel.

Focusing on Feedback

A change occurred in 2007 that has also contributed to a positive trend in administration scores. Joanne Reid, Director of Business Development and Physician Services, says, "One of the things that the executive team did with the leadership was really focused on having them do something with the results." It was important to the executive team at Castle that leadership focused on the actions that resulted from physician needs. "We

changed the way we talked about the results," says Reid. "We started focusing on action planning using our Key Drivers. So instead of the scatter shot approach we were used to, we shifted to focusing on communicating the results to our physicians and working on action planning."

In order to better implement an action based on results, various vehicles of communication were put into effect. Between 2006 and 2009, more than 60 one-on-one physician office visits took place with the CEO at the time. "We really focused on finding out who the key physicians in the community were, then met with them in their office. And the physicians were thrilled to have the CEO take time to do that, which helped them feel validated and special," says Reid.

Raethel explains that it is imperative to physician satisfaction and loyalty that physicians understand what changes are made based on their input. "We go back and tell our



Castle Medical Center NOW...

Castle Medical Center is now a 160-bed facility with more than 1,000 employees. On the medical staff are more than 248 physicians in a wide range of specialties and subspecialties. In the 12 months ending April 2009, Castle provided care for more than 6,700 inpatients, nearly 54,000 outpatients and almost 23,000 emergency patients.

Castle is a full-service medical center offering a wide range of inpatient, outpatient and home-based services. Many of Castle's most successful programs are focused on preventive medicine and the promotion of healthy life habits.



The hospital is owned and operated by Adventist Health, a Seventh-day Adventist healthcare system.

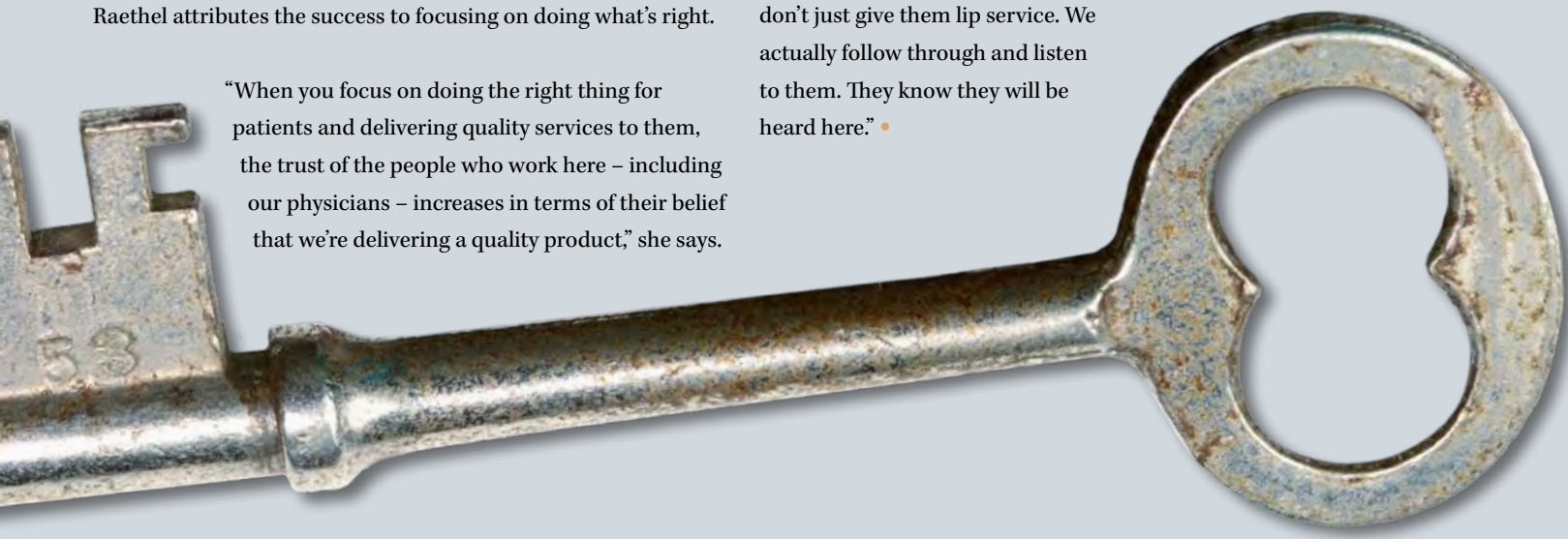
physicians what we've done," she says. "It's really helpful for them to be able to connect the dots, so we've been purposeful about going back and telling them what we've done."

Castle's focus on physician input and feedback has caused a jump in the physicians' likelihood to recommend their friends and relatives to the hospital. Currently sitting in the 75th percent "Excellent" ranking, a jump from the 32nd percentile in 2007, Raethel attributes the success to focusing on doing what's right.

"When you focus on doing the right thing for patients and delivering quality services to them, the trust of the people who work here – including our physicians – increases in terms of their belief that we're delivering a quality product," she says.

"They have seen the efforts that have been put in to improve the way we do things, and I believe that's an enormous part of the increase in the likelihood to recommend."

To sum up the changes seen in physician perceptions and satisfaction, Laura Westphal, Director of Quality and Risk Management, says, "We've built a better system of trust with our physicians. They know we don't just give them lip service. We actually follow through and listen to them. They know they will be heard here." •



Free Team-Building Giveaway...

"How Cool is That?"

Earn a team-building event for your organization's attendees during PRC's 2012 Excellence in Healthcare Conference!

This year's conference keynote speaker, Brad Montgomery, is famous for finding the fun in just about everything. As a humorist and motivational speaker, Brad urges his audiences across the country to lighten up and remember that our lives are filled with humor and magical moments:



*"When you stopped for a coffee at Starbucks they totally messed up your order and, in the end, you received your Double Shot, 1/2-Caf, Non-Fat, Sugar Free Vanilla Latte for **FREE!** How cool is that?"**

Do you know what else is "cool"? The opportunity to experience Brad's special brand of positive humor first-hand! This year, PRC brings the keynote speaker up front and personal to the one hospital sending the most attendees to the 2012 Excellence in Healthcare Conference. Imagine the fun your team will have joining Brad for laughs and inspiration in this bonus team-building event on Monday evening.

The one lucky hospital with the largest number of attendees will receive:

- A special team-building event hosted by Brad on Monday evening (June 4)
- Insights to foster stronger working relationships
- A greater understanding of the value of having fun at work
- Valuable perspectives to share with co-workers at home

If your hospital plans to send a large group to this year's conference, or if you are looking for a reason to bring a large contingency, this is your opportunity to get a little more for your money. As Brad would say, "How cool is that?"

To learn more about the Team-Building Giveaway and the 2012 PRC Excellence in Healthcare Conference, visit www.PRCconference2012.com

*www.bradmontgomery.com



Hospital Association Research Program



Imagine a world in which you are tasked with aiding member organizations that are scrambling to comply with all the new government regulations, forced to do more with shrinking budgets, and all the while trying to positively impact their constituents. This is the reality in which many state and metro hospital associations are living today.

One of the areas in which hospital associations are seeking to assist members is with Community Health Needs Assessment (CHNA) requirements. In addition to determining the best way to comply with Patient Protection and Affordable Care Act (PPACA) and IRS requirements, many associations are taking a lead role in guiding their members through the CHNA process.

In response to this need, PRC recently developed a program to provide CHNA research to association members with significant financial benefits for both members and associations.

Member Benefits

Cost Savings – When participating through their state hospital association, member hospitals receive significant discounts off the CHNA research price.

Government Compliance – PRC's CHNA studies help members fulfill the CHNA-related requirements of PPACA for reporting on IRS Schedule H Form 990.

Custom Results – Each participating hospital receives a final report of their specific service area, including summary-level statistics, segmentation of survey data by geography, demographic analysis, county-level secondary data indicators with trending, benchmark comparisons against state and national data and comparisons against Healthy People 2020.

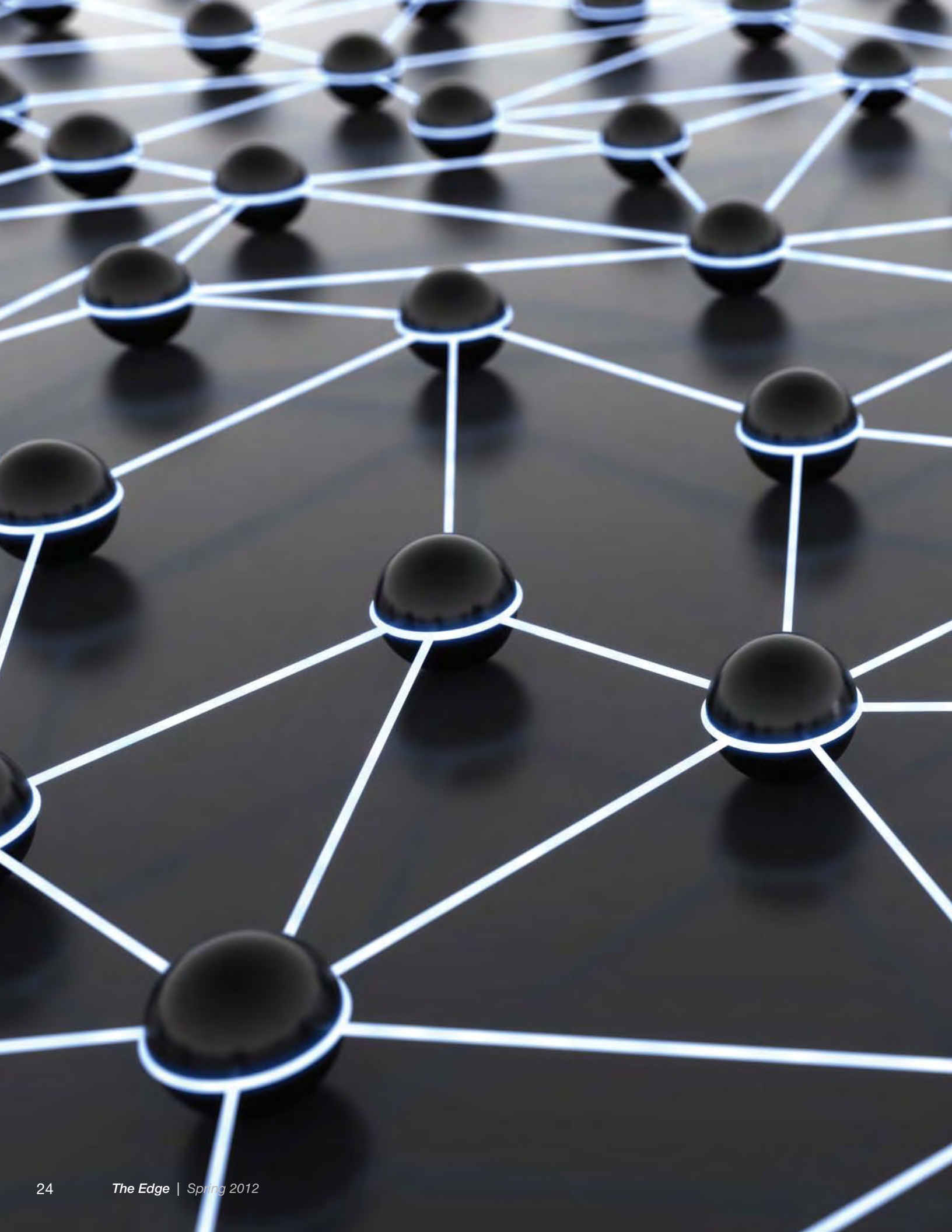
Reporting & Dissemination – In addition to detailed reporting documents, results for participating hospitals will also be reported on member-specific HealthForecast.net™ sites for public sharing, as well as on PRCEasyView.com® for those who wish to drill into the results for further analysis.

Association Benefits

Administrative Reimbursement – In exchange for facilitating the initial design of the survey, sharing the PRC CHNA partnership information with members and arranging project setup for participants, associations will receive compensation for each project implemented and completed by participating member organizations.

Data Comparability – Associations with multiple member hospitals participating in this research will be able to scientifically compare health indicators with represented communities across the state. This makes it easier for future statewide health improvement initiatives to offer meaningful health and wellness indicators.

Would you like to be kept up-to-date on the latest Community Health Needs Assessment research and news? Read PRC's *Community Health Connection*, a quarterly publication available to you online at <http://bit.ly/chnanews>. Or, sign up at <http://eepurl.com/jlS49> to have each edition sent to your mailing address.



Physician Leaders

Impacted by Communication
and Hospital Administration



Barnes-Jewish St. Peters Hospital

St. Peters, Missouri



John Antes
President
Barnes-Jewish St. Peters Hospital
and Progress West HealthCare Center

The old proverb goes, “It takes a whole village to raise a child,” and when referring to Barnes-Jewish St. Peters Hospital (BJSPH), this saying could not be truer. The success BJSPH has experienced with their physician loyalty scores over the past five years cannot be attributed to one person, but to an entire group of senior leaders and physicians.

As president of two BJC HealthCare hospitals, John Antes heads the senior leadership team, leading Progress West HealthCare Center for the past seven years and adding responsibility for BJSPH in 2009. While these two hospitals are members of the same healthcare system, they are two very distinct entities. Progress West has been part of the community for five years, while BJSPH has been a cornerstone in St. Charles County (Mo.) for nearly 32 years.

Another asset to BJSPH’s leadership team is Barbara McLaurine, Manager of Physician Services. McLaurine emphasizes the quality of both hospitals’ medical staffs. “We focus particularly on medical staff development and making sure we have the right specialties where we need them,” she says. “We do a lot of problem solving and issue resolution for our physicians, and we hope to win their loyalty by making sure we’re delivering a great service.” McLaurine’s physician services team represents both BJC hospitals in St. Charles County. “We have a coordinated approach to growing the hospitals with referring physicians and specialists.” While there are a lot of common issues that cross the medical staffs at each of the hospitals, Antes says “there are also distinct issues that may impact one medical staff more than another.”

As a result of this focus, BJSPH has seen significant improvement in many areas of their physician loyalty survey.

Treating information as ‘important’

Before implementing any changes, Antes shares the survey results with other hospital leaders as the first step in building a foundation of mutual communication and understanding. Antes says, “Communicating out the data is the first step in digesting it. After we received the results, Barb and I first reviewed the data together, and then shared it with the rest of our senior leadership team. We then presented it to our medical directors and medical executive committee. They have a different perspective than we do, which helps us gain further insight. Finally, we drilled down to the department level, sharing the

results with the department manager, the clinical manager and the medical director. We really get down into the nitty gritty of what's going on, and you gain a different perspective at each point in time."

Antes stresses that the information gained from the physician loyalty research is valuable. "I'm not always sure that, as hospitals, we treat the feedback we get from our doctors as truly important," he says. "I treat the feedback as a gift because the doctors took the time to give us their opinion, which allows us to figure out what it is we really need to do. We have to listen, not deflect."

Based on the feedback from the physicians, various changes have been put into place over the course of the past few years. From an administrative standpoint, Antes focuses on being available to his physicians and communicating with them in ways that demonstrate mutual respect and trust. "What I've found with our physicians is that they understand, and I understand, we're not always going to agree. We're going to have our differences," says Antes. "And as long as you can articulate the 'why' in your differences, they tend to give you their support."

McLaurine agrees that mutual respect is top priority when communicating with the physicians. "It boils down to not only the respectfulness, but the responsiveness," she says.

Creating physician leaders

To help further relations, BJSPH created a unique opportunity for their affiliated physicians to become better leaders. In working with The Advisory Board, the hospital has been providing structured learning environments for the physicians. "Last year was our initial kick-off for this series of learning events," says Antes. "This year we have a series of four planned. The importance of these sessions is that when you're working with private physicians who are taking on leadership roles, we have to invest in their capabilities as leaders." The environment for these meetings includes both the physicians and administrators. "We're sitting at the table together, which creates an opportunity for good dialogue around the topics we're covering that day."

McLaurine says the topics for each of the sessions are based on the initiatives and changes going on within the hospital or system. "They're topics that we, as leaders, need to be working hand-in-glove with our physician leaders on how we're going to approach things to make sure we're on the same page for getting our organization to the next level."

In addition to the usual medical staff meetings, BJSPH shares information in a variety of ways, including newsletters, forums and physician-focused dinners. They also host Rapid Improvement Events that focus on a specific issue at the hospital. McLaurine explains, "It's an opportunity to focus intensely on an area, and to drill down and create more efficient,





Barbara McLaurine
Manager of Physician Services

value-added processes. The physicians provide us their input, and we show them exactly what's going into a process, giving them a better understanding of what some of the roadblocks might be. By considering and incorporating their input, the physicians know they are being heard and that we have a partner in finding solutions."

During the regularly scheduled medical staff meetings, Antes provides an opportunity for each of the medical directors to talk about what's going on in their specialty. "It's important to be able to foster a format for them to share with their peers," says Antes. "But it also helps me be more aware of what's going on. It's very insightful for me." Aside from updates from each of the medical directors, Antes also gives progress updates.

"The physicians truly appreciate John's updates. He's not just giving them empty words," says McLaurine. "He's really showing his actions behind those words, and the physicians really get a lot of benefit from that. We have a much higher level of understanding, trust and cooperation by connecting with the physicians and making things meaningful to them individually."


Seeing a positive change in scores

The work has clearly paid off, as several areas of BJSPH's physician loyalty survey have seen an increase in scores over the past five years. From the 2010 survey year to 2011, the hospital's top Key Driver of Excellence®, medical records, increased from the 82nd percent "Excellent" ranking to the 95th.

"The big difference was the implementation of additional technology," says Antes. Physicians now have remote access to all medical records, allowing them to manage their patient records without having to travel to the hospital. "Many of our physicians have offices that aren't on campus, so being able to view medical records from their offices is a big win for them, plus it's a big productivity gain."

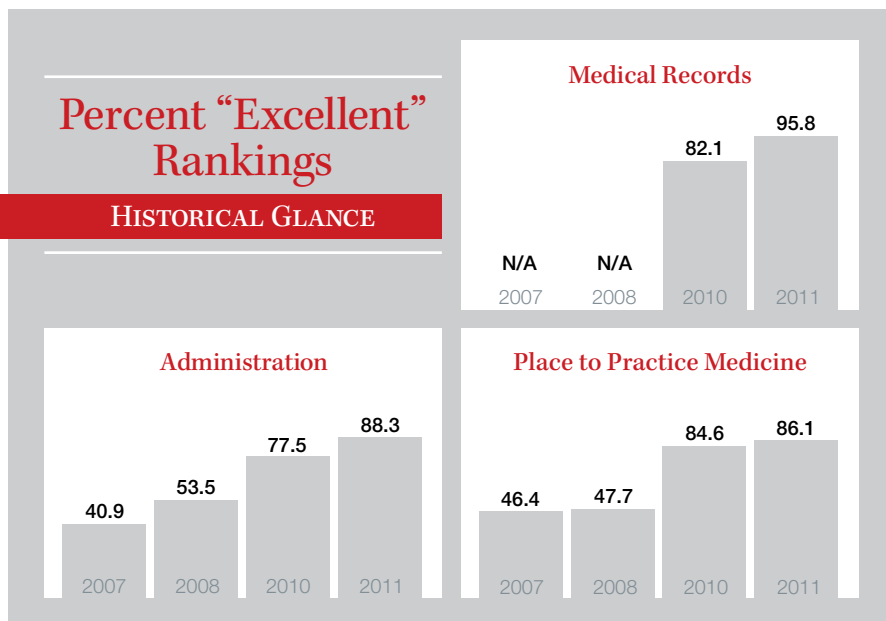
BJSPH's focus on leadership has positively impacted other survey areas. "Where we haven't had quite as strong as leadership, you can see that in our results. And where we do have strong leadership, that shows too," says Antes. For example, one of the areas increased from the 30th percent "Excellent" ranking in 2010 to the 46th in 2011. "In 2010 we had some big changes going on in a specific survey area. And in 2011 the medical staff was starting to change to new leadership. We're looking forward to seeing what happens next year after their new leader has had time to establish himself."

Overall, physicians' perceptions of BJSPH as a place to practice medicine have increased dramatically from the 46th percent "Excellent" ranking in 2007, to the 86th in 2011. Antes believes this can be attributed to their focus on increasing communication and trust. "When you're surveying, you have to be ready and comfortable with hearing the answer,"



“The physicians provide us their input, and we show them exactly what’s going into a process, giving them a better understanding of what some of the roadblocks might be. By considering and incorporating their input, the physicians know they are being heard and that we have a partner in finding solutions.” — Barbara McLaurine

Overall, physicians' perceptions of BJSPH as a place to practice medicine have increased dramatically from the 46th percent "Excellent" ranking in 2007, to the 86th in 2011. John Antes believes this can be attributed to their focus on increasing communication and trust.



he says. "You've got to be ready to make some changes based upon what you're hearing. Many administrators tend to make excuses for why we're not performing too well, rather than really understand what the core, underlying issues are and trying to address them."

Going forward, McLaurine says they'll be working with the physicians toward new goals. "We try to make sure our physicians understand not only what changes need to take place but why. We celebrate successes and work together on improving areas that need help."

Antes gives credit to the senior leadership team and the medical directors. "We've had very strong medical leadership, and collectively have a very good, collaborative approach. I don't think we could do it without that strong medical and administrative leadership in place."

If there is one thing McLaurine could pass on to others, it would be that while BJSPH has seen success over the past few years, there's always room to improve. "It's not that we have it all figured out," she says. "It's that we're always looking for ways to make things even better."

Antes agrees, saying that over time, it will be interesting to see how their scores either sustain or improve. "I think we've done a nice job over the last couple of years of moving ourselves from being mediocre to being a much better performer as an organization," he says. "The question that remains is 'How do we perform over time? How do we continue to improve?' We still have a lot to figure out and a lot to understand. But we're getting there." •

PRC CAHPS Update

New Measures, Adjusted Weighting, Time Periods Among Latest Changes



As your research partner, PRC considers it an important part of our role to keep you informed about CAHPS-related issues. Here are some of the latest details you need to know:

New Measures

Care Transition, a new optional dimension, involves three questions which are available for use as of July 2012 discharges. The questions may be added to the very end of the core survey (following the “recommend” question). The first public reporting of these questions would be July 2012 – June 2013, and are anticipated to be universally adopted in FY 2013 (October 2012 – September 2013). Please note that if you are going to use this optional dimension, all three questions must be included in your submission results or none at all (Figure 1, pg. 32).

Two additional demographic questions are also available for use as of July 2012 discharges. The first relates to patients’ admission origin through the emergency room. The second optional measure is a mental health-related question that is to be placed after the general health status question in the core survey. Either may be potentially used in the future for patient mix adjustments (Figure 2, pg. 32). Additional clinical and outcome measures are also approved for inclusion for FY 2014 (Figure 3, pg. 32).

Remember:

- Measures must be publicly reported for at least one year before they can be incorporated into VBP scoring.
- To learn more about the specific requirements surrounding each of the new measures, or if you would like to incorporate any of the new questions into your existing HCAHPS survey to be effective as of July interviews, please contact your PRC Project Manager.

Figure 1

New Optional Dimension – Care Transition

“During this hospital stay, staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left.”

“When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.”

“When I left the hospital, I clearly understood the purpose of taking each of my medications.”

Scale for New Care Transition Optional Dimension

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Developed by The Care Transitions Program® (www.caretransitions.org)

Figure 2

New Optional Demographic Items – “About You” Questions

“During this hospital stay, were you admitted to his hospital through the Emergency Room?”

“In general, how would you rate your overall mental or emotional health?”

Figure 5

Time Periods for VBP

FY 2014 Outcomes:

- **Baseline Period:** July 1, 2009 to June 30, 2010
- **Performance Period:** July 1, 2011 to June 30, 2012

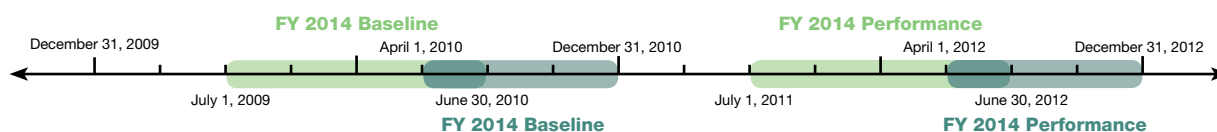


Figure 3

New Outcome and Clinical Measures for FY 2014

Outcomes Measures:

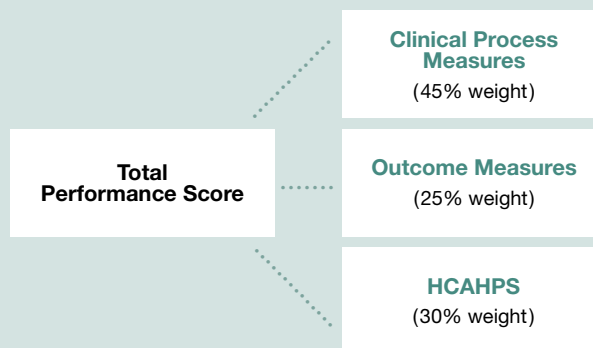
- AMI 30-Day Mortality Rate
- Heart Failure 30-Day Mortality Rate
- Pneumonia 30-Day Mortality Rate

Clinical Measure:

- Postoperative Urinary Catheter Removal on Post Operative Day 1 or 2

Figure 4

Domain Weights for FY 2014



Questions about the new optional dimensions, measures, weighting or time periods?

Call your PRC Project Manager!

1-800-428-7455

FY 2014 Clinical and HCAHPS:

- **Baseline Period:** April 1, 2010 to December 31, 2010
- **Performance Period:** April 1, 2012 to December 31, 2012

Weighting

The addition of the new measures will require CMS to alter the existing domain weights for FY 2014. Currently, the domains are weighted 70% in Clinical Process measures and 30% in HCAHPS measures. For FY 2014, the new Outcome measures will account for 25% of the weighing, Clinical Process measures will receive 45% and HCAHPS will remain at 30% of the weighing calculation (Figure 4, page 32).

Time Period

The new Performance Period for FY 2014 Clinical and HCAHPS measures runs April 1, 2012 through December 31, 2012 (Figure 5, page 32). •

A Bright Spot, A Safe Spot | *continued from page 12*

many experts propose using white boards in patient rooms, but when it comes to the specifics, it took months of trials for Henry County Hospital to find the process that worked best for them. Henry County Hospital is constantly tweaking strategies through encouraging employee input and listening when they speak.

The Results

Creativity, innovation, and compassion blossom in an environment where employees feel secure. I heard story after story about extraordinary acts of kindness demonstrated by the employees, physicians, volunteers, nurses, leaders, etc. at Henry County Hospital.



A few nurses volunteered taking turns caring for a patient's cat so the patient could devote more emotional and mental energy to recovery while in the hospital. A food services employee made a special trip to the grocery store so a patient could have goat's milk with his cereal and peas (an odd,

but favorite choice for his breakfast). A physician drove two hours to pick up a patient's son so he could more quickly be reunited with his father who, due to his Alzheimer's, had mistakenly drove to Ohio from Texas. These deeds didn't occur because leadership said "you must do unexpected, nice things for patients." They are commonplace because they have created a non-judgmental culture where employees feel safe to take a risk – to do something that's never been done before – for a patient. •

PRC

Portfolio of Services

About PRC

For more than 30 years, Professional Research Consultants has partnered with more than 2,000 healthcare organizations in the quest for excellence. Every year, PRC speaks personally with more than one million households and recent hospital patients, as well as hundreds of thousands of physicians, hospital employees and community members. Our goal? To make hospitals better places for employees to work, for physicians to practice medicine and for patients to be treated.

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- Proven Methodologies to Ensure Accurate, Representative Results
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Send questions and comments to
Jill Reeves at JReeves@PRCOnline.com



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