

Aligning system-wide service lines to change culture and execute organizational strategies: A collaborative partnership approach

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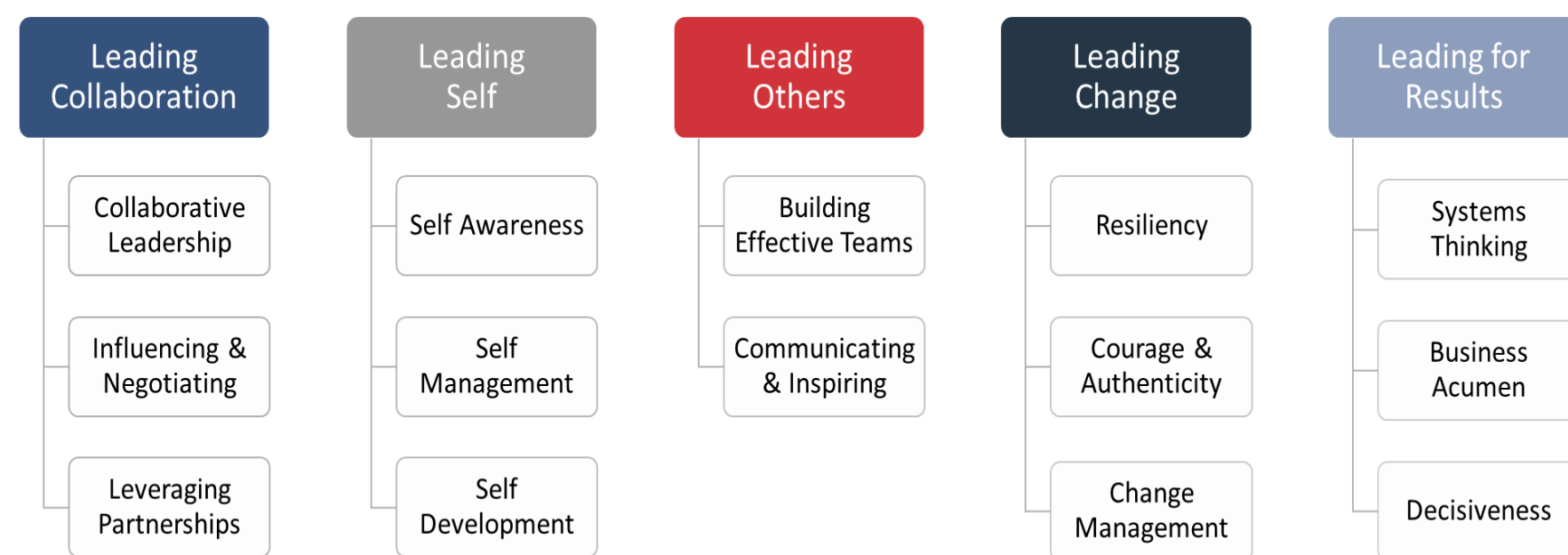
INTRODUCTION

For many nurse, physician, administrative and academic leaders, the process of transitioning from a hierarchical leadership model to a partnership leadership model in healthcare organizations brings unique but worthwhile challenges. The key to successful implementation hinges upon the ability of each partner to work together in service of shared clinical and business priorities. It also requires a core strategy that includes careful selection of partners, structure and a growth mindset.

BACKGROUND

CHI - Texas Division is a rapidly expanding and relatively newly formed healthcare system comprised of four core markets (18 hospitals in total) across a wide geo-span in the greater Houston area. Given the dynamics of this complex and growing healthcare system and the goal of providing value for its patients, the division created a new service line leadership model, where administrative, physician, nurse, and/or academic leaders are partnered at every hospital, service line, and market.

CHI-Texas Division partnered with TLD Group to design and customize a multi-faceted Partnership Leadership Academy [Advanced Collaborative Leadership Series or ACLS] to build key partnership competencies using the Leadership Success Model:



DESCRIPTION OF PROGRAM

CHI-Texas Division's ACLS utilized best practice methods for developing leaders by following the 70/20/10 model of adult learning:

Interactive Learning Modules

Didactic learning sessions delivered on-site aligned to CHI - Texas' leadership development needs and designed to support each of TLD Group's leadership competency clusters.

Assessment & Coaching

Participants and their partners individually completed the Strength Deployment Inventory (SDI), an approved psychometric assessment tool for partnerships, and received partnership coaching calls with a certified expert to examine and develop insights into how their portraits differ and how to work together most effectively.

Action Learning & Partnership Coaching

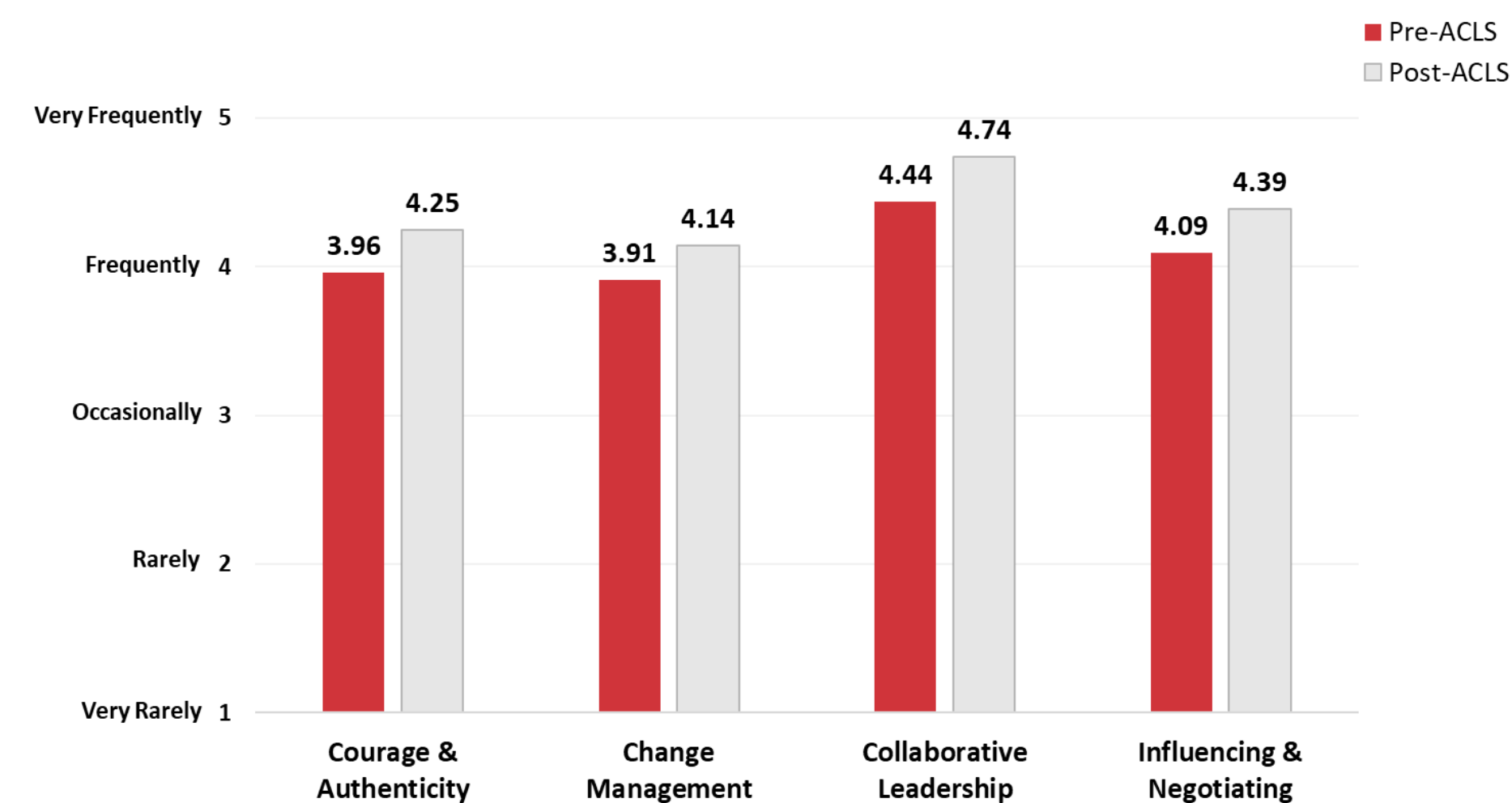
Participants worked in their partnership teams to select a priority organizational project to focus on during a 90-day Partnership Activation process. This process allows the partnerships to utilize the concepts learned during the interactive modules and apply them in a real-time situation that will deliver results to their service line. The Partnership Activation process was facilitated by a certified action learning coach who supported both project and partnership leadership skill development. At the onset of the process, the teams:

- Selected a project which could be reasonably completed in 90 days
- Completed a strategy map
- Defined the resources and assets needed to achieve the defined outcome
- Outlined an action plan to achieve the expected outcome using the available resources and assets

PROGRAM RESULTS

Leadership Competency Development

Of the fourteen competencies in the model, four in particular improved significantly (see graph). While the other competencies did not exhibit such improvements, it is likely due to the high self-ratings prior to the start of the program. On average, participants rated themselves as demonstrating the competencies in the model frequently prior to their involvement the program, and still frequently exhibit these behaviors at the conclusion of the ACLS program.



PROGRAM RESULTS (cont.)

Achievement of Service Line Goals

Project Name/Goal	Progress post-ACLS
Build a more cohesive, collaborative Senior Leadership Team (SLT)	Developed team covenant (i.e. agreement on how the team works, interact, and operates) and increased trust
Decrease observation rate by 10% and decrease hours of observation	Observation rate decreased by 9% (from 17% to 8%); average hours of observation decreased from 32 to 27
Increase physician satisfaction with the administrative team's ability to manage the hospital by 15% (e.g., lab turnaround times and giving providers ability to review results)	Physician satisfaction scores regarding administrative team's responsiveness in addressing issues increased from 15% to 60%
Increase patient satisfaction with the discharge process starting with the weakest patient care area (K5, a medical surgical unit)	Discharge question of HCAHPS for K5 increased from 83% to 92%
Transition of Care: Improving primary care provider (PCP) identification at registration	PCP correctly identified at registration increased from 50% to 85%
Reduce ST Elevation Myocardial Infarction (STEMI) door-to-balloon time to < 90 minutes	100% patients with STEMI have door-to-balloon time within 90 minutes
Reduce door-to-EKG to <10 minutes	EKG time reduced from 45 minutes to 8 minutes
Decrease disposition-to-discharge time from current average of 35 minutes to 25 minutes	Implemented protocol of ED Charge Nurse bringing physician to triage; decreased rate of patients leaving the hospital without being seen (LWBS) from 10.85 to 2.11
Hospitalist Networking & Recruitment	Coordinated networking event
Create a real-time length-of-stay (LOS) dashboard	Created LOS report card
Improve physician communication and patient satisfaction (e.g. physician is asked to 'commit to sit' when with patient)	'Commit to sit' protocol resulted in improvement in hospitalists' patient experience scores
Relational Education: develop CME topics, develop relationships across service line, develop referral networks	Developed CME course content; finalized pilot rollout plans
Surgical Infection Reduction	Implemented bundle-of-care protocol to prevent Surgical Site Infections (SSI)