The presentation will begin shortly.
Creating Cultures of Commitment Rather Than Compliance

Creative Health Care Management

Texas Health Center for Diagnostics and Surgery

Pennsylvania Hospital

AHA: Hospitals In Pursuit of Excellence
LEVELS OF OWNERSHIP

- Commitment
- Enrollment
- Genuine Compliance
- Formal Compliance
- Grudging Compliance
- Noncompliance
- Apathy

(Source Peter Senge)
Contrast Between Internal and External Motivation

• Internal
  • Higher interest, excitement and confidence
  • Enhanced performance, persistence and creativity
  • Heightened vitality, self-esteem and well-being

• External
  • Compliance focused
  • Fear of being surveilled
  • Likely to be more detached
  • Follow rules with diminished creativity, risk-taking and personal initiative
Intrinsic motivators are the most powerful drivers of behavior. They are “powered by our innate need to direct our own lives, to learn and create new things, and to do better by ourselves and our world.”

--Daniel Pink
CULTURE OF CARING

LARRY ROBERTSON, PRESIDENT
ELLEN BALDWIN, CNO
Who we are:
• 18 licensed hospital beds
• 50+ Registered Nurses
• Physicians perform over 12,000 surgical procedures every year
• 190+ employees
• Pathways to Excellence Designation 2014
THE THR PROMISE
TAKING IT TO THE NEXT LEVEL

- Hospital strengths:
  - High patient, physician, and employee satisfaction
  - Board expectation of excellence – “Good is not good enough”
  - Sharing in Success profit sharing program for the staff
  - Culture of Safety/Just Culture Established

- Decision to apply for the Pathways to Excellence Award
  - Required a formal professional practice model
  - Relationship Based Cared (RBC) practice model chosen based on research

- RBC Model closely resembled current culture and would strengthen culture by providing:
  - Structure for shared governance
  - Organization wide retreats to engage staff -Reigniting the Spirit of Caring (RSC)
  - A formal process to give the staff a voice
  - Communication tools
  - Relationship focus on self, colleagues, and patients
THE RELATIONSHIP BASED CARE (RBC) JOURNEY AT THCDs

Winter 2011/2012
Pathways to Excellence Gap Analysis
Relationship Based Care (RBC) selected as the Patient Care Model for THCDS

Winter 2012
RBC Introduced in Town Hall Meetings, focus groups, and Lunch and Learns

Spring 2012
Clinical Unit Practice Councils (UPC) Kick Off
Mandatory retreat (RSC) Sessions Begin

Summer 2012
Leadership Retreat - Leading an Empowered Organization Seminar

Fall 2012
Non-Clinical UPCs Kick Off

Summer 2013
Interdisciplinary Shared Governance Council began

Winter 2013/2014
UPCs meetings & projects ongoing
Pathways Document Submitted based on RBC work

Summer 2014
UPC meetings & Interdisciplinary Council Ongoing
Next RSC scheduled for the fall
PATHWAYS ACHIEVED!!
ALL STAFF RETREAT
RE-IGNITING THE SPIRIT OF CARING (RSC)

• RSC mandatory for all employees – groups of 30

• Actual patient experiences are shared by our patients

• President support of CNO as facilitator
  • Administration vested in program and increased staff buy in
  • Trust and connection formed over the three days with CNO
  • Establishes loyalty due to bonds formed

• Interdisciplinary relationships are built and maintained after retreat - breaks down silos across departments

• A reawakening of joy and pride in their work of caring for patients and a strengthening of relationships.

• Leadership seen in a different light by staff
RE-IGNITING THE SPIRIT OF CARING

RSC brings the focus back to what we are here for—the patients.  
Jacqueline Franklin, Nurse

RSC brings a more holistic approach, reminding us to see the patient as a person. Amara Megwa, Nurse

RSC was moving and impactful—teaching a patient centered approach of nursing. Brittany Thimons, Nurse

RSC is a great opportunity to focus on compassionate patient care that includes mind, body and spirit. Each is an essential part of the healing process. RSC also reminds us that the health of the mind, body and spirit of each employee affects the care our facility provides to individual patients and the community we serve as a whole. Michele Owens, Pharmacist

It was an awesome experience. Gail Jones, Nurse

Because of this program, THCDS is well on the way to becoming emotionally engaged, and personally focused upon the needs of all it’s patients. S.B. Burris M.D.
**Foundation in Place Prior to RBC**

- New Hire Orientation with President & CNO
  - Personal Meet & Greet
  - Introduction to Commitment to Co-Workers
    - staff sign at orientation
  - Professional Code of Conduct
  - Expectations for THCDS employees

**Following Implementation Of RBC**

- Added concept that all staff are caregivers
- Mentors assigned to new staff
- Relationship building concepts introduced as part of orientation
HIRING PRACTICES

**Foundation in Place Prior to RBC**

- New Hires chosen based on:
  - Qualifications
  - Competency
  - Personality (Predictive Index)

**Following Implementation of RBC**

- New Hires chosen based on:
  - Qualifications
  - Ability to connect and form relationships
  - Personality (Predictive Index)
  - Mindset that skills can be taught if we find the right personality for patient care
  - “Owners” vs “Renters”
FRONTLINE STAFF EMPOWERMENT

**Foundation in Place**

*Prior to RBC*

- Sharing in Success profit sharing plan based on quality and safety service measures
- Participation in annual process improvement teams (ex. FMEA)

**Following Implementation**

*Of RBC*

- Unit Practice Councils
- Shared Governance structure
- Interdisciplinary Council
- Project presentations to leadership
- Development of formalized communication networks
PATIENT SATISFACTION

**Foundation in Place**
*Prior to RBC*

- Excellent Patient Satisfaction Scores

**Following Implementation**
*Of RBC*

- HCAHPS Scores rose
- Patient connections strengthened
  - Sitting at bedside
  - Hand off communication in room with the patient
- Our patients share experiences at RSC to improve care
Patient Satisfaction - UPC kick off 2012

- HCAHPS Top Box Rating of Care (9-10) Q1
- HCAHPS Top Box Recommend the Hospital Q1

Year 2011: 89.0
Year 2012: 91.0
Year 2013: 91.1
EMPLOYEE SATISFACTION

Foundation in Place Prior to RBC

• High Survey Scores

Following Implementation Of RBC

• Survey Scores Improved
• Interdisciplinary Council-relationships formed across departments
• Bonds formed at Re-igniting the Spirit of Caring
• Tough decisions to remove current staff who did not fit the new culture
Employee Satisfaction - UPC kick off 2012

- Overall Partnership Score
- Overall Satisfaction Score
- Overall Engagement Score

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Partnership Score</th>
<th>Overall Satisfaction Score</th>
<th>Overall Engagement Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>82.6</td>
<td>80.2</td>
<td>85.7</td>
</tr>
<tr>
<td>2012</td>
<td>84.0</td>
<td>81.5</td>
<td>87.4</td>
</tr>
<tr>
<td>2013</td>
<td>84.3</td>
<td>81.7</td>
<td>87.6</td>
</tr>
</tbody>
</table>
PHYSICIAN SATISFACTION

**Foundation in Place Prior to RBC**
- High Survey Scores

**Following Implementation Of RBC**
- Survey Scores Improved
- Physician feedback on the change in staff from task based to relationship based
- Physician champion
Physician Satisfaction - UPC kick off 2012

- Overall Partnership Score
- Overall Satisfaction Score
- Overall Engagement Score

Year | Overall Partnership Score | Overall Satisfaction Score | Overall Engagement Score
--- | -------------------------- | --------------------------- | ------------------------
2011 | 92.1                       | 92.1                       | 92.2                     
2012 | 93.6                       | 94.1                       | 93.0                     
2013 | 93.8                       | 93.7                       | 94.0                     

Graph showing an increasing trend in overall satisfaction scores from 2011 to 2013.
UNIT PRACTICE COUNCIL (UPC)  
PROJECT SUCCESSES

UPC Projects which have improved care and safety, and reduced expenses:

• Discharge teaching in preop
• Inpatient and PACU introductions to family in the waiting room
• Families allowed to visit in first stage PACU
• White boards – electronic communication for inpatients
• Pink sleeve campaign
• Totes system for surgical supplies
• HIPPA privacy improvements with surgical schedules
• Preop patient admission process revised
PATHWAY TO EXCELLENCE JOURNEY

• Building blocks put in place at THCDS:

  • Relationship Based Care Model
  • Shared Governance (UPCs, Nurse Staffing Committee)
  • NCAP Nursing Career Ladder
  • Annual Benchmarked Nursing Satisfaction Survey
  • National Database of Nursing Quality Indicators (NDNQI)
  • Preceptor Program
  • Charge Nurse Program
  • Online Continuing Education Accessibility
  • DAISY Award - Nurse Recognition Program
RETURN ON RBC INVESTMENT

• Patient Care Outcomes
  • Higher patient and family satisfaction

• Nurse Outcomes
  • Lower vacancy rates
  • Lower turnover
  • Higher nurse satisfaction

• Hospital Outcomes
  • Engaged staff and better decisions
  • Support for changes
  • Physician Satisfaction
THCDS VIDEO

https://www.youtube.com/watch?v=wGxTeaCsjHk

Larry Robertson, MBA
President
larry.robertson@thcds.com

Ellen Baldwin, BSN, MBA, NEA-BC
Chief Nursing Officer
ellen.balwin@thcds.com
Creating Cultures of

COMMITMENT VS COMPLIANCE

Mary Del Guidice MSN, BS, RN, CENP
Chief Nursing Officer, Pennsylvania Hospital
Assistant Dean for Clinical Practice,
UPENN School of Nursing
“FIND YOUR VOICE
AND INSPIRE OTHERS
TO
FIND THEIRS”

Stephen Covey
The Platform for Transformation

- Disconnect between the will, desire and talent of the staff and all measurable outcomes.
- No Espirit de Corps
- ANCC Magnet Application is withdrawn.
We will need......

- The Right Team
- Tools and Preparation
  And lots of ............
The Plan

- Build a team of Nurse Executives with shared values, vision and courage.
- Reorganize the nursing structure to reflect patient centeredness and teamwork.
- Identify current and desired future state of the nursing culture.
- Identify, create and enculturate the structural and human changes required to drive the needed cultural transformation.
- Lead and communicate in a way that is purposeful and thoughtful always making the connections to...
Dr. Buckley’s Vision:
Make Pennsylvania Hospital the BEST PLACE for a Patient to be a Patient!

BY……..

KEEPING THE MAIN THING THE MAIN THING!
Nursing Culture-Attributes to KEEP!

- Collegial
- Pride
- Family
- Happy
- Caring
- Voice/Needs to be constructive
- Strong

- Loyal
- Creative
- Visionary
- Knowledgeable
- Scholarly/intellectual curiosity
- Diversity
- Value independent contribution of Staff
June 2011

The Nursing Culture: Attributes to be Transformed

Fearful/Suspicious → Secure/trusting of leadership

Unprofessional → Professionalism

No shared Vision → Integrated and defined process to vision

Disengaged/lack of accountability → Fully engaged and empowered and accountable for Practice.

Hierarchical → Shared Governance

Stagnant/Status quo/ resist change → Progressive/open to change

Silos → Multi-professional integration

Self Centric → Patient Centric

Unstructured → Defined Culture Personal vs. professional Identity

No shared Vision → Integrated and defined process to vision

Disengaged/lack of accountability → Fully engaged and empowered and accountable for Practice.

Hierarchical → Shared Governance

Stagnant/Status quo/ resist change → Progressive/open to change

Silos → Multi-professional integration

Self Centric → Patient Centric

Unstructured → Defined Culture Personal vs. professional Identity
June 2011: Values
# Plans: Keep the Main Thing the MAIN THING!

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Cultural Transformation</th>
<th>Organizational Goals</th>
</tr>
</thead>
</table>
| Delivery of Care System                     | Self Centric  
No Shared Vision  
Patient Centric  
Defined shared vision | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Shared Governance                           | Hierarchical-Disengaged-Fearful /suspicious  
Shared Governance Engaged  
Trusting Leadership | Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| The Patient Care Network                    | Self Centric-  
Patient Centric | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Multidisciplinary Rounds                    | Silos  
Colleagiality/collaboration | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Satisfaction and Engagement: The Patient-The Staff-The Physician | ALL  
ALL | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Strengthen UBCL Structure                   | Silos  
Self Centric  
Colleagiality/collaboration  
Patient Centric | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Professional Image                         | Unstructured-  
Personal vs. professional | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |
| Leadership Development/Succession Planning  | Stagnant, status quos, resistant to change  
Progressive& open to change | Quality  
Safety  
Patient Satisfaction  
Employee Satisfaction  
Finance |

June 2011
Foundational Beliefs, Processes and Structures

The Role of the Nurse Manager: “As the nurse manager goes, so goes the organization!”

- Financial Recognition
- Visibility
- Mentoring & Support
- Meaningful Work
- Value in the Organization: Leadership VS Check the Box!

- Fearful/Suspicious
- No shared Vision
- Disengaged/lack of accountability
- Secure/trusting of leadership
- Integrated and defined process to vision
- Fully engaged and empowered and accountable for Practice.
The Leaders at the Bedside!

Create an environment of trust, transparency, and ownership through mechanisms of communication, support and visibility that the staff could rely upon.

- Monthly Open Forums
- Shadowing
- CD Rounding/Leadership Tip
- CNO Partnership with the Leaders @ the Bedside
- Disaster Support Teams
- Role Modeling: Patient Stories
- Interprofessional RBC Awards
- Shared Governance
“With an understanding that PAH Nursing is on the move. Our “nursing train” has left a state of stagnant growth, self-centered care, and ill-defined motives to move forward to our present state of professional development, patient-centered care, and purposeful actions to advance nursing.”
“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” — Maya Angelou

How can we find a way to make our patients FEEL our caring?
Holistic Evidence-Based Advocates Resources Teamwork
Relationship Based Care in Practice

The Bundle

Safety Huddle

Bedside Report: Patient Goals

PCT Report

1. Improve Patient Satisfaction Scores
2. Define the Care Delivery Model
3. Put Care Delivery Model into Practice
4. Increase Patient Safety
5. Improve Nurse-Sensitive Indicators
6. Increase Patient Participation in Care
7. Enhance peer review at PAH
8. Empower PCTs
9. Improve Teamwork and Communication between PCTs, RNs and the inter-professional team

Quality Board

M/S H.E.A.R.T. Bundle Participation Rates and HCAHPS Ranking “Nurses Explain Things in a Way You Understand”

Penn Medicine
Formal engagement with Mary Koloroutis & Creative Health Care Management begins.....

- The First Visit: Assessment and Reflection
- See Me As a Person Workshop

Next Steps of Support and Enculturation

- See Me as a Person Facilitators
- Interprofessional Participation
- Relationship Based Care Leadership Practicum
- Leading an Empowered Organization
- Monthly Coaching

Make the Connections
Attunement.....Wondering....Following....Holding
Caring…Demonstrated Through Outcomes!

Pennsylvania Hospital
Observed to Expected Mortality
% RNS with BSN

Caring….Demonstrated Through Outcomes!
PAH Professional Nurses: Commitment to Lifelong Learning

Pennsylvania Hospital
% RNs with National Certification

<table>
<thead>
<tr>
<th>Year</th>
<th>% of PAH RNs with National Certification</th>
<th>Teaching Hospital Certification Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY10</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>FY11</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>FY12</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>FY13</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>FY14</td>
<td>37</td>
<td>25</td>
</tr>
</tbody>
</table>

PAH Improvement
- 2010 –Present: 131%
- FY13-FY14: 76%

Benchmark Improvement
- 2010 –Present: 19%
- FY13-FY14: No Change
# Caring ....Demonstrated Through Outcomes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY13 vs. FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality – YTD May FY14</td>
<td></td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>↑30%</td>
</tr>
<tr>
<td>Infant Falls</td>
<td>↑70%</td>
</tr>
<tr>
<td>CAUTI</td>
<td>↑9%</td>
</tr>
<tr>
<td>CLBSI</td>
<td>↑45%</td>
</tr>
<tr>
<td>Mislabeled Specimens</td>
<td>↑32%</td>
</tr>
<tr>
<td>UHC O/E Mortality</td>
<td>↑19%</td>
</tr>
<tr>
<td>HAPU</td>
<td>↓83%</td>
</tr>
<tr>
<td>HEART Bundle Participation</td>
<td>Achieved Target 83%</td>
</tr>
</tbody>
</table>

**Patient Satisfaction: Percentile Ranking – YTD May FY14**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY13 vs. FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCAHPS- RN Communication</td>
<td>↑57%</td>
</tr>
<tr>
<td>HCAHPS= Nurses Treat You with Courtesy and Respect</td>
<td>↑33%</td>
</tr>
<tr>
<td>HCAHPS- Nurses Listen Carefully</td>
<td>↑93%</td>
</tr>
<tr>
<td>HCAHPS-Nurses Explain Things In a Way You Understand</td>
<td>↑48%</td>
</tr>
<tr>
<td>HCAHPS- Staff Do Everything to Help with Pain</td>
<td>↑45%</td>
</tr>
<tr>
<td>HCAHPS- Information re symptoms/problems to look for after discharge</td>
<td>↑17%</td>
</tr>
</tbody>
</table>

### Finance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY13 vs. FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPPD Productivity</td>
<td>102%</td>
</tr>
<tr>
<td>1:1 Appropriate Utilization – FTEs</td>
<td>↑18%</td>
</tr>
<tr>
<td>1:1 Appropriate Utilization - Cost</td>
<td>↑25%</td>
</tr>
</tbody>
</table>

**BCMA: Meaningful Use**

- Exceeded goal by 80%

### Professional Practice

<table>
<thead>
<tr>
<th>Indicator</th>
<th>FY13 vs. FY14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Certified</td>
<td>↑76%</td>
</tr>
<tr>
<td>BSN % of RNs</td>
<td>↑9%</td>
</tr>
</tbody>
</table>

### Personal Communication and Engagement

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Cards-Notes Sent</td>
<td>512</td>
</tr>
<tr>
<td>Personal Notes Received (approximate)</td>
<td>77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership Tip of the Day</th>
<th>Daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Open Forums 7:30 AM, 2:00 PM &amp; 1:00 AM</td>
<td>Monthly</td>
</tr>
<tr>
<td>Shadowing Nurses</td>
<td>25</td>
</tr>
<tr>
<td>Relationship Based Care Award Nominations</td>
<td>171</td>
</tr>
</tbody>
</table>

↑ = Metric Improvement  ↓ = Metric Decline
How would you describe our team’s readiness to lead the way into the forefront of quality patient care and exemplary professional practice in the future?

“Cultivating a resilient spirit resonates most with me. Each and every day our team is faced with the need to adapt, change, and incorporate new ideas into our daily activities….and yet our team gracefully manages to make it look easy….by focusing on keeping the MAIN thing the MAIN THING!”
BY.......KEEPING THE MAIN THING THE MAIN THING!
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References


With Hospitals in Pursuit of Excellence’s Digital and Mobile editions you can:

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- Download the guides, read offline and print
- Share information with others through email and social networking sites
- Keyword search of current and past guides quickly and easily
- Bookmark pages for future reference

Important topics covered in the digital and mobile editions include:

- Behavioral health
- Strategies for health care transformation
- Reducing health care disparities
- Reducing avoidable readmissions
- Managing variation in care
- Implementing electronic health records
- Improving quality and efficiency
- Bundled payment and ACOs
- Others

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