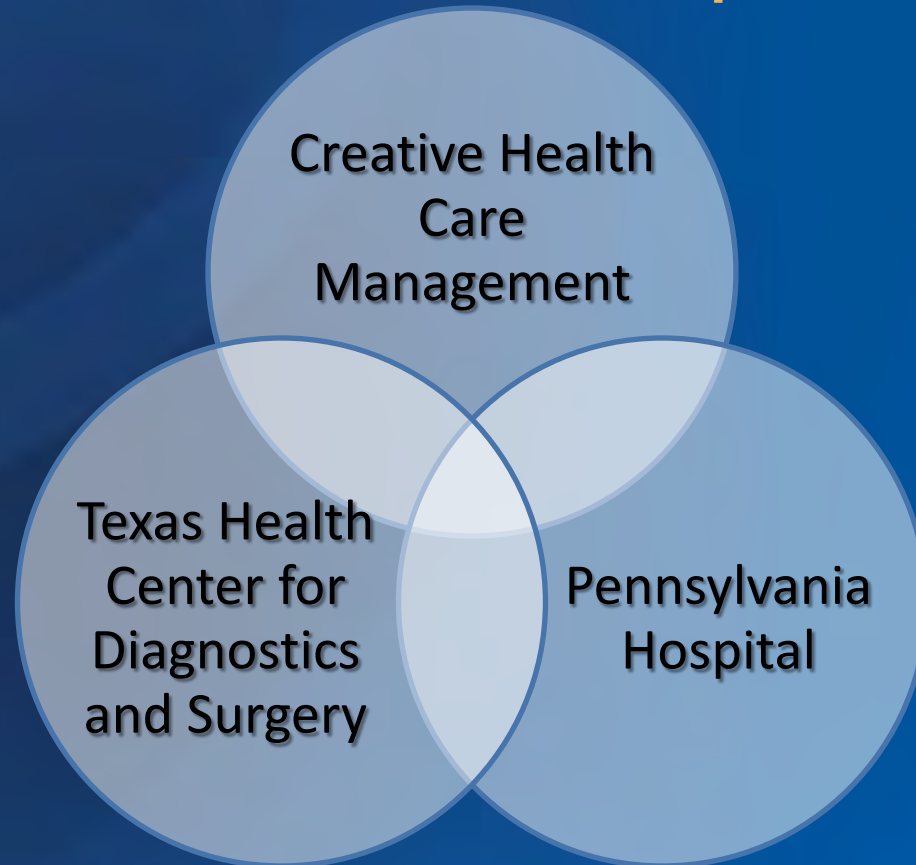




HPOE *Live!* Webinar Series 2014

**The presentation
will begin shortly.**

Creating Cultures of Commitment Rather Than Compliance



AHA: Hospitals In Pursuit of Excellence



CREATIVE
HEALTH CARE
MANAGEMENT

LEVELS OF OWNERSHIP



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





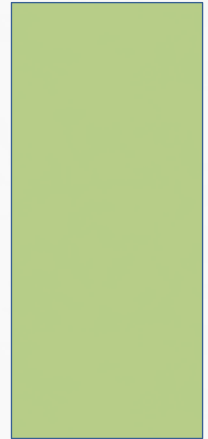
Texas Health

Center for Diagnostics & Surgery



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**
- **Voted Best Places to Work 2010, 2011, 2012, 2013**
- **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.

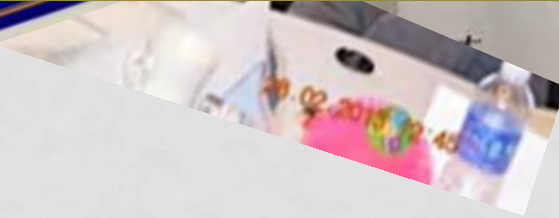
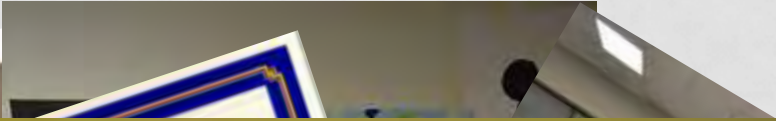
Michele Owens, Pharmacist

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.



ORIENTATION



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

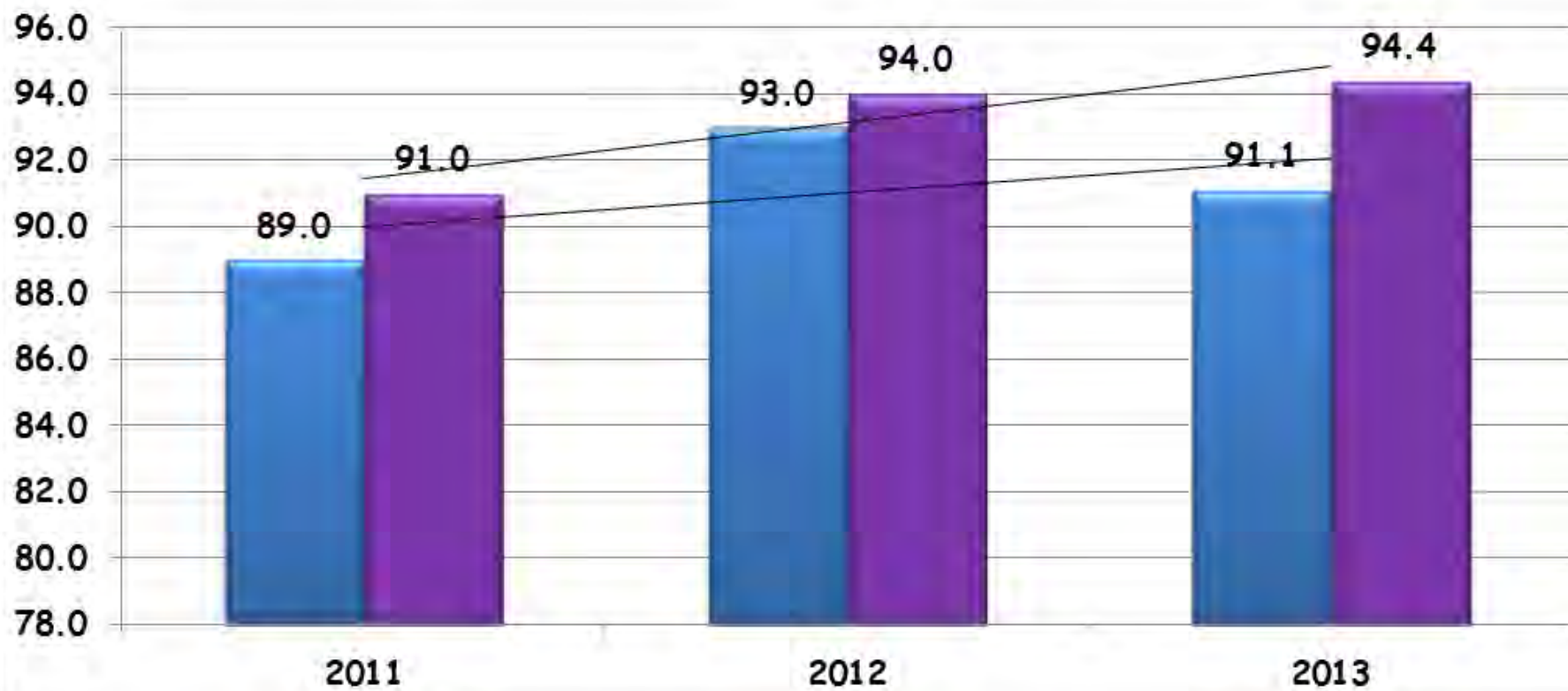
- **Excellent Patient Satisfaction Scores**

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

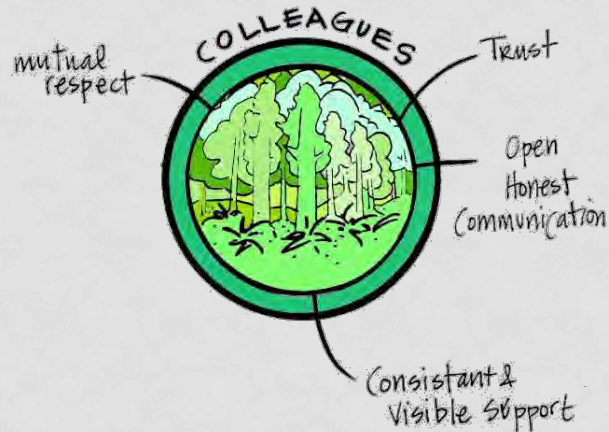


EMPLOYEE SATISFACTION



Foundation in Place Prior to RBC

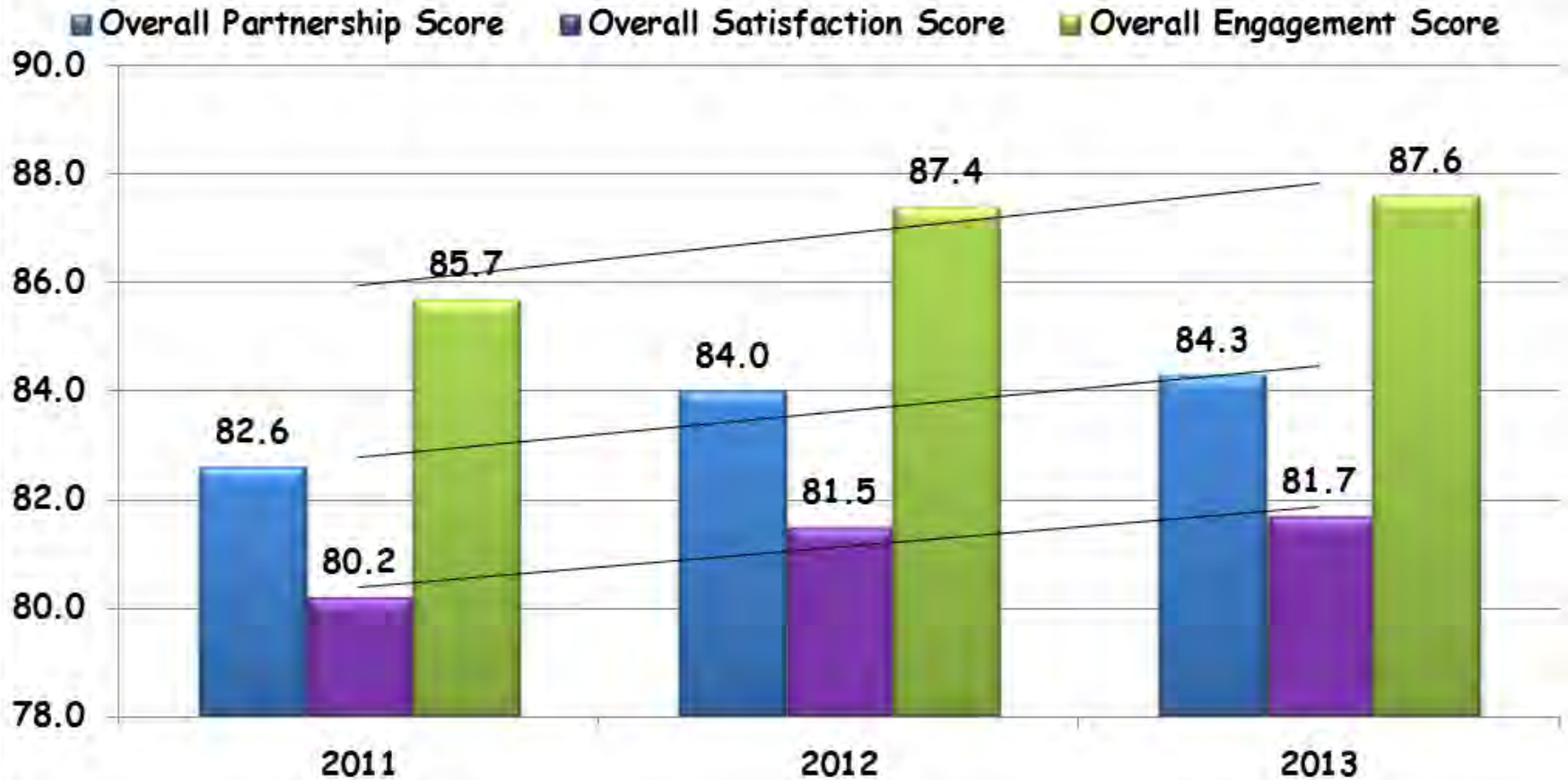
- High Survey Scores



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



PHYSICIAN SATISFACTION



Foundation in Place Prior to RBC

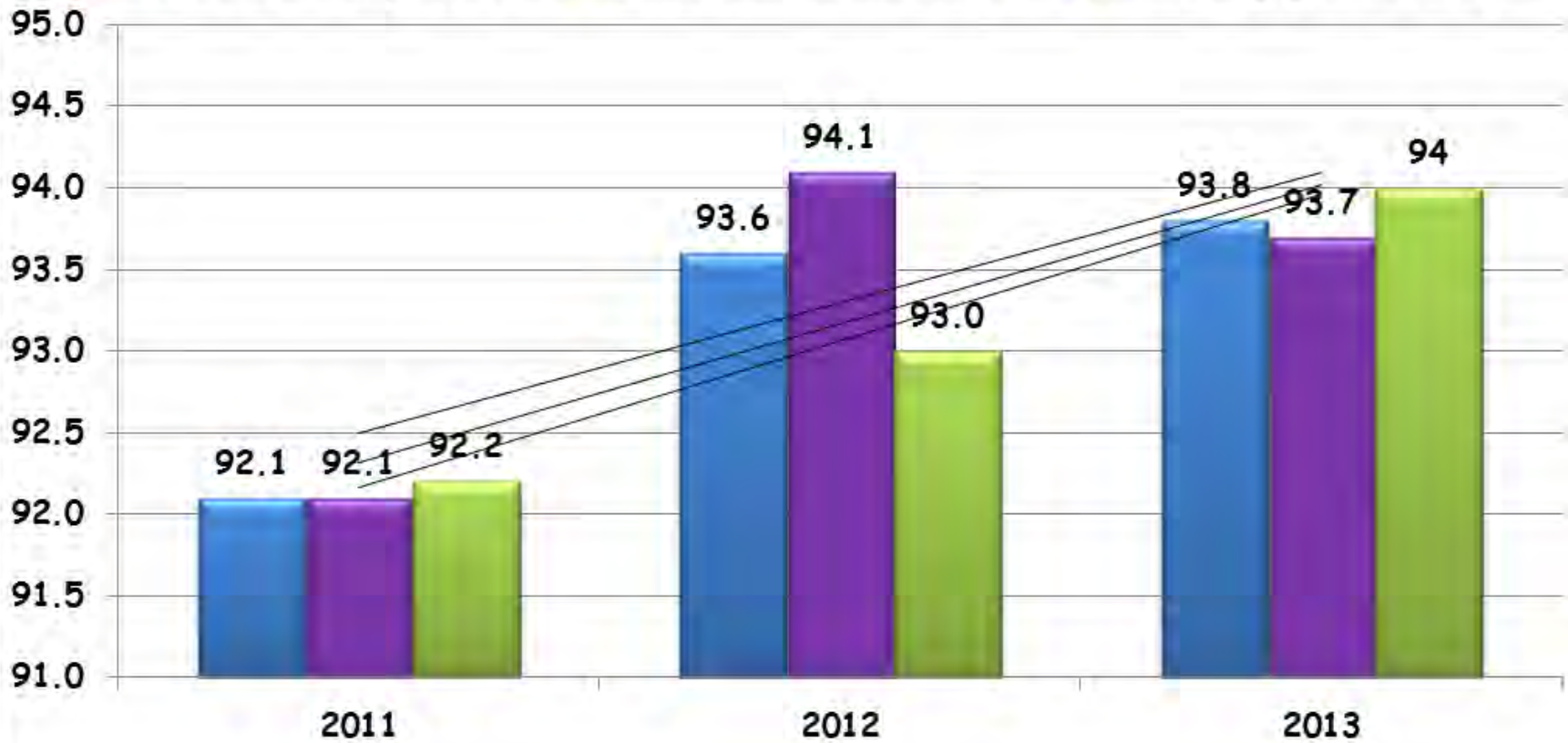
- High Survey Scores

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



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@thcnds.com

Ellen Baldwin, BSN, MBA, NEA-BC

Chief Nursing Officer

ellen.balwin@thcnds.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

“Despite the ever changing, ever evolving state of health care there is ONE thing that never changes. Patients and Staff simply want to be loved.”

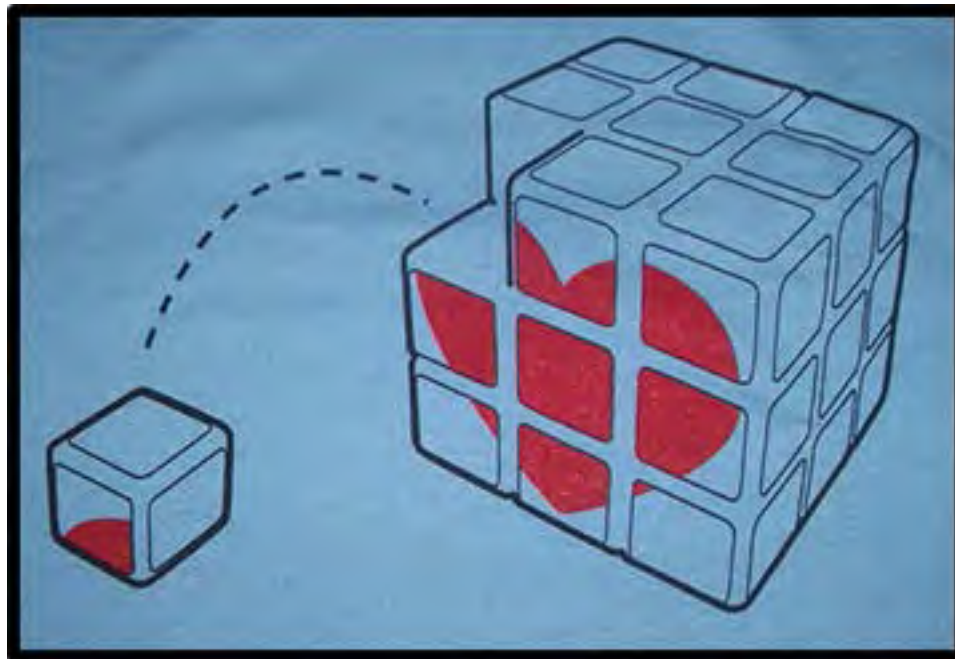


***“FIND YOUR VOICE
AND INSPIRE OTHERS
TO
FIND THEIRS”***

Stephen Covey

The Platform for Transformation

- ◆ **Disconnect between the will, desire and talent of the staff and all measurable outcomes.**
- ◆ **No Esprit 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!**





The Vision:
 "MAKE PAH THE BEST PLACE FOR A PATIENT TO
 BE A PATIENT!"
(Magnet, Safety, All)
 "By Keeping the Main Thing the Main Thing!"

Edwards Based Practice & Research*
(unpublished)

Chief Nursing Officer, Pennsylvania State & Assistant Dean
 for Clinical Practice, University of Pennsylvania School of
 Nursing
 Mary DelVecchio MSN, RN, FA, CNSP

Vice President, Ambulatory Services
 Dan Wilson

Vice President, Participative Services
 Brian Rosenthal

Clinical Director, Advanced Practice Providers
 Rhonda Sulzbach

Clinical Director Angel McCullough	Clinical Director Tonya Johnson	RELATIONSHIP-BASED CARE 	Clinical Director and Nursing Informatics Coordinator John Brennan	Clinical Director Patricia Power
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ICU
Nurse Manager: Daniela Bango

Intensive Care Unit, Coronary Care Unit & Neuro ICU
Nurse Manager: Chris Root

Dialysis, Oncology & Pavilion Services and PVS
Nurse Manager: Janice Bell

Emergency Department
Nurse Manager: Lisa Kasper

5 Cathcart Medicine, Pneumonia/ Sepsis/ TIA/Stroke/Let
Nurse Manager: Deborah Denton

6 Cathcart & Centralized Telemonitoring, Cardiology, IMH/IMU Medical Clin
Nurse Manager: Louise Higgins

4 Spruce & 4 Spruce Behavioral Health
Nurse Manager: Anthony Caputo

7 Preston & 7 Cathcart Orthopedics & Neuroscience
Nurse Manager: Chris Root

4 Cathcart Geriatrics & Surgery
Nurse Manager: Rick Elliot

Family Education & Solutions for Women
Director: Debi Karamella

4 Preston 5 Preston 8 Preston
Nurse Manager: Marybeth Lohay

ICU Clinical Director/ Intensive Nurse Manager
Patricia Power

LAB, ICU & APD
Nurse Manager: Elizabeth Gentry

Surging, Inpatient Nursing Administrative Coordinators, Bed Control, Patient Transport, Patient Progression & Floor Flow
Director: Leah Root

Director, Professional Development, Magnet, Quality, Safety and Practice*
 Bruce Bower

- Magnet Program Director: Bruce Bower
- Professional Development Coordinator: Leah Root
- Nurse Residency Program*
- Diabetes Education*, Geriatric Services & Fall Clinics
- Blood Banker*, BLS/ACLS
- Magnet Program Coordinator*: Leah Root
- Professional Practice Implementation Committee*



* Departments/Staff support all areas of Nursing Practice inclusive of In-Patient, Peri-Op and Procedures.



June 2011

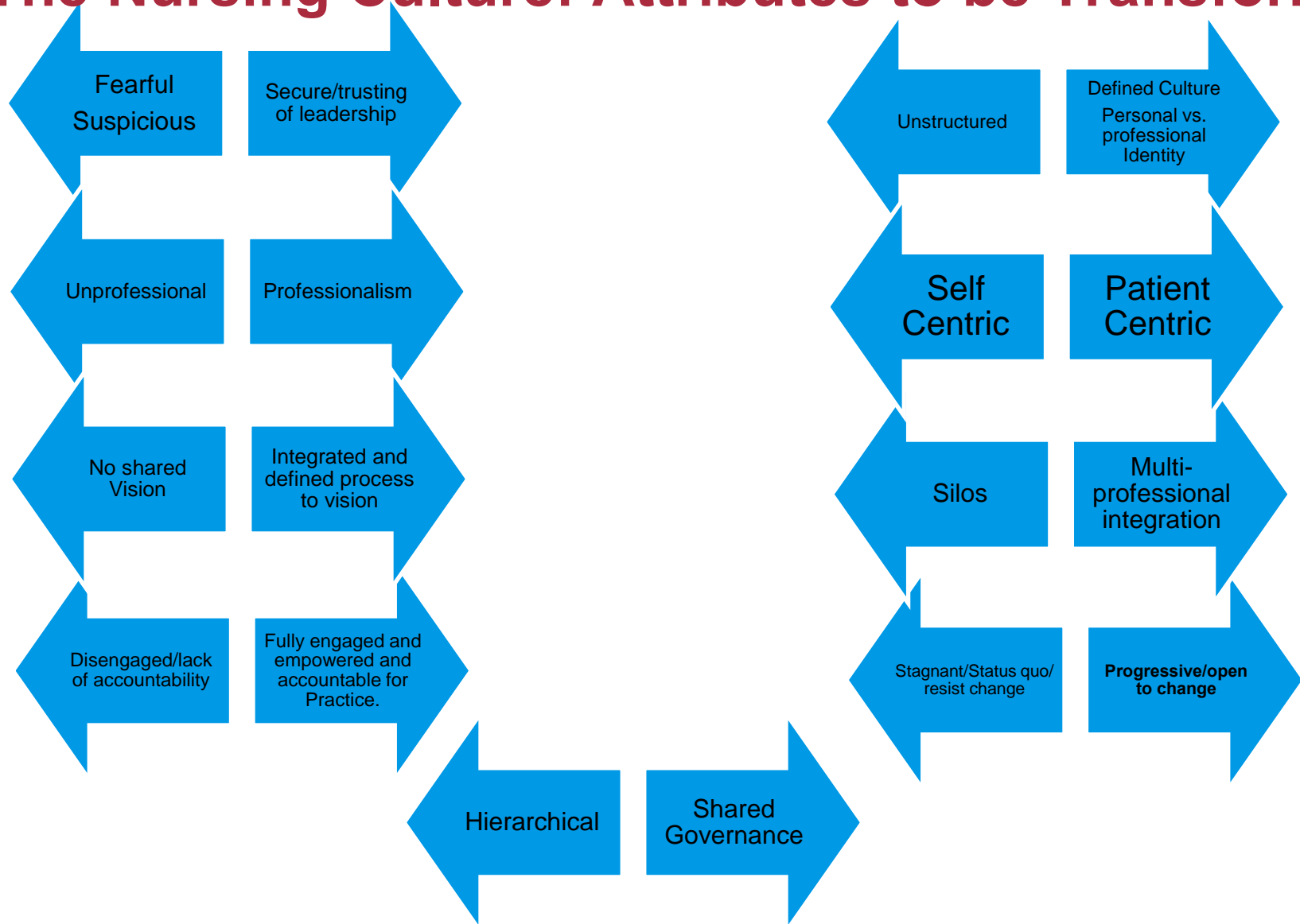
Nursing Culture-Attributes to KEEP!



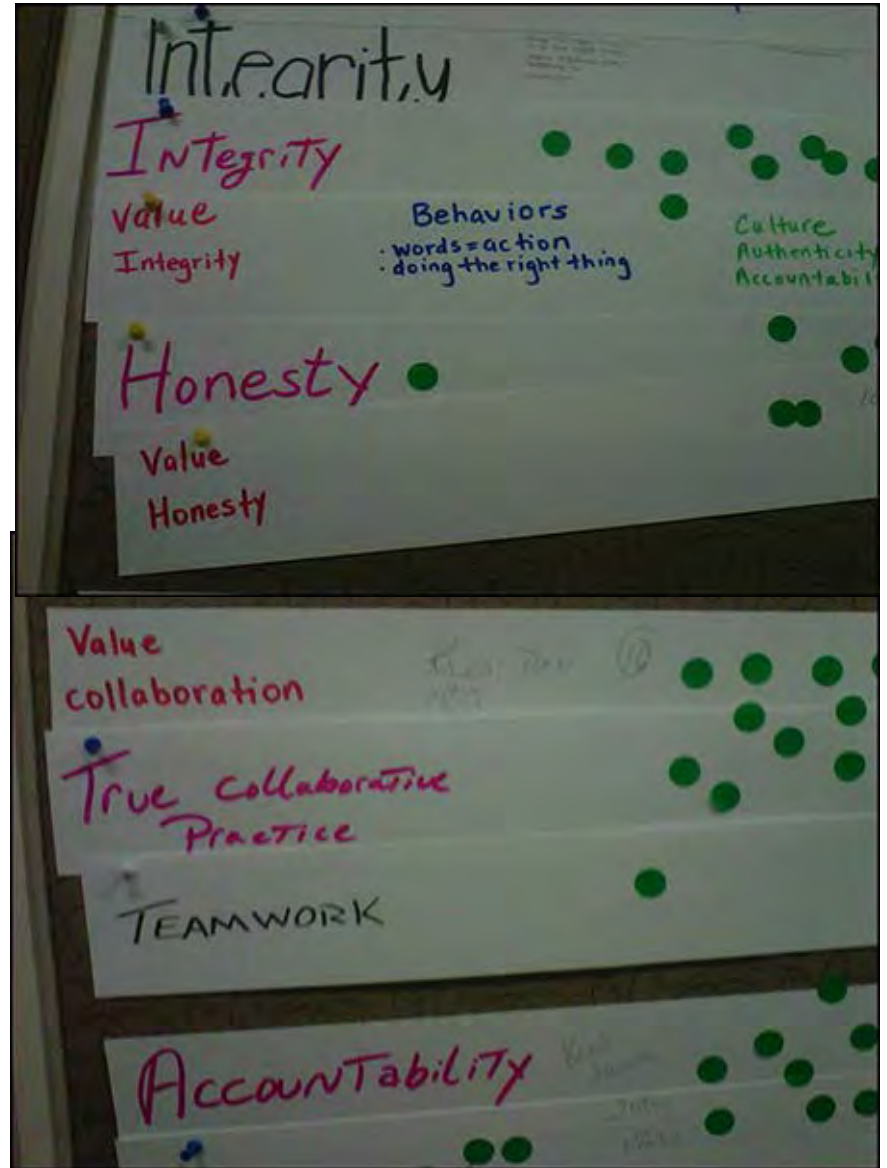
- Collegial
- Proud
- Family
- Happy
- Caring
- Voice/Needs to be constructive
- Strong
- Loyal
- Creative
- Visionary
- Knowledgeable
- Scholarly/intellectual curiosity
- Diversity
- Value independent contribution of Staff

June 2011

The Nursing Culture: Attributes to be Transformed



June 2011: Values



Plans: Keep the Main Thing the MAIN THING!



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

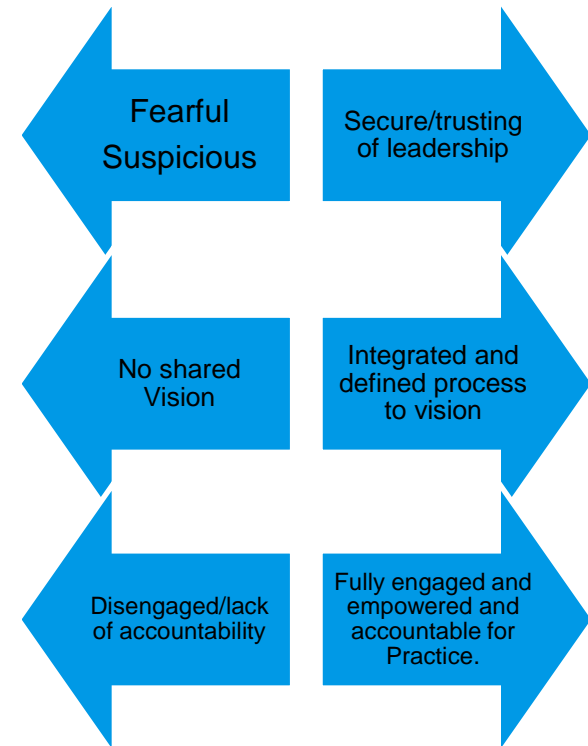


Foundational Beliefs, Processes and Structures



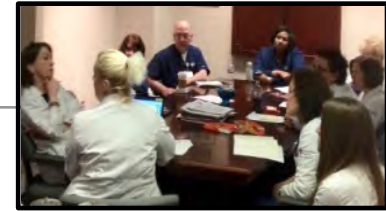
**The Role of the Nurse Manager:
“As the nurse manager goes,
so goes the organization!”**

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



Foundational

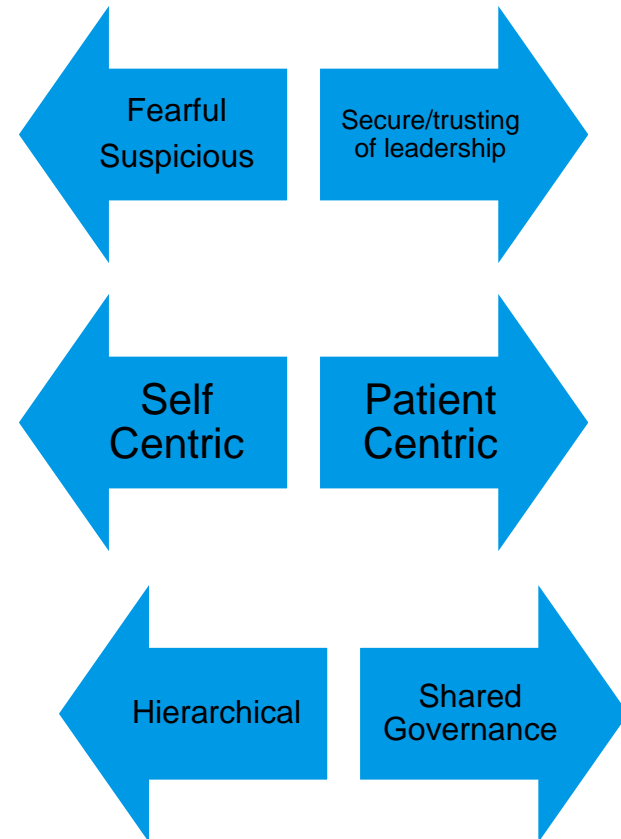
Beliefs, Structures and Processes



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



Provide one word that describes the essence of our team....

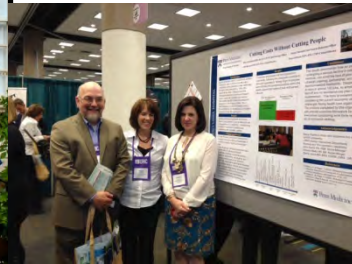
Leaders
Influential Team-Builders
Empowered
Compassionate Inspirational
Committed Adapting
Cohesive Patient-Centered
Resilient Willing Courageous
Professionally Dressed Unified
Unstoppable Collaborative

“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

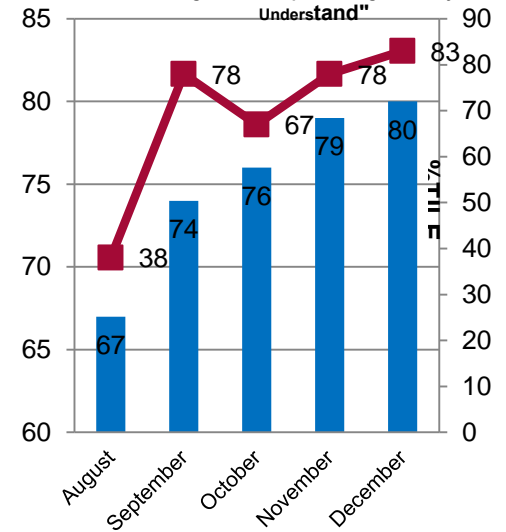
Bedside Report: Patient Goals

PCT Report

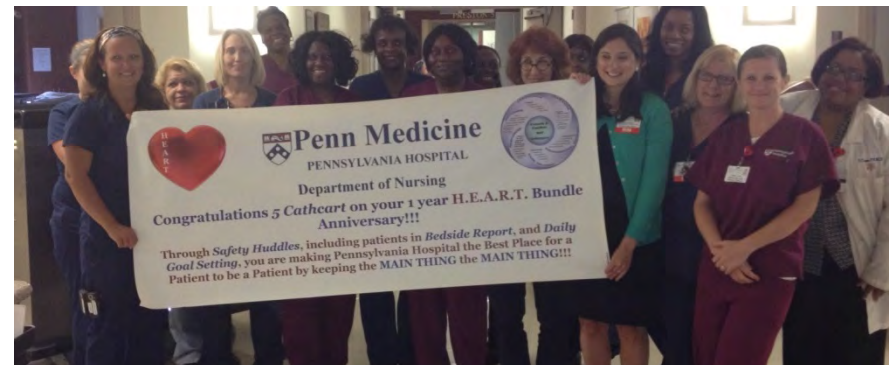
Quality Board



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



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



Investment in Knowledge and Expertise

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

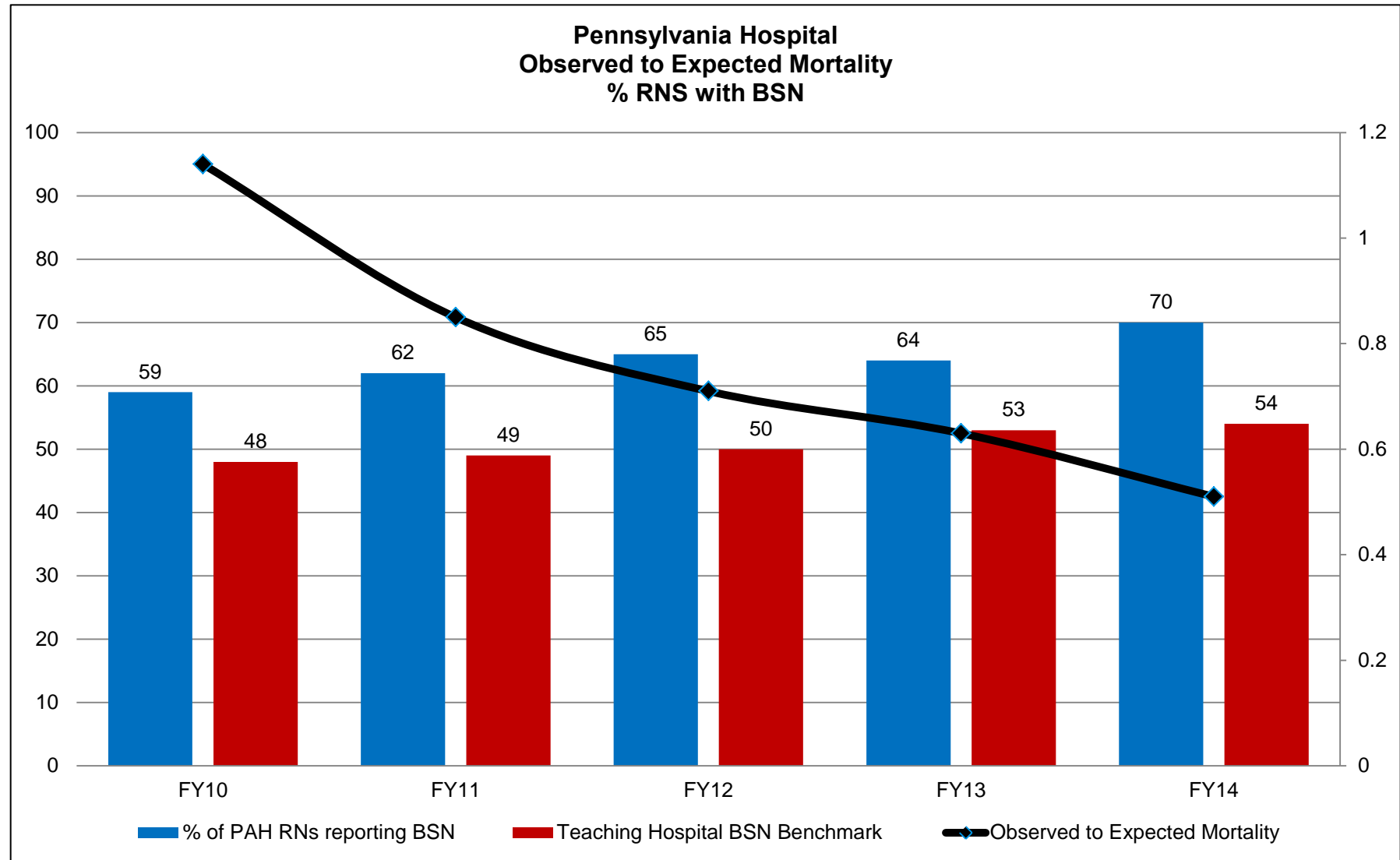
- ◆ See Me as a Person Facilitators
- ◆ Interprofessional Participation
- ◆ Relationship Based Care Leadership Practicum
- ◆ Leading an Empowered Organization
- ◆ Monthly Coaching



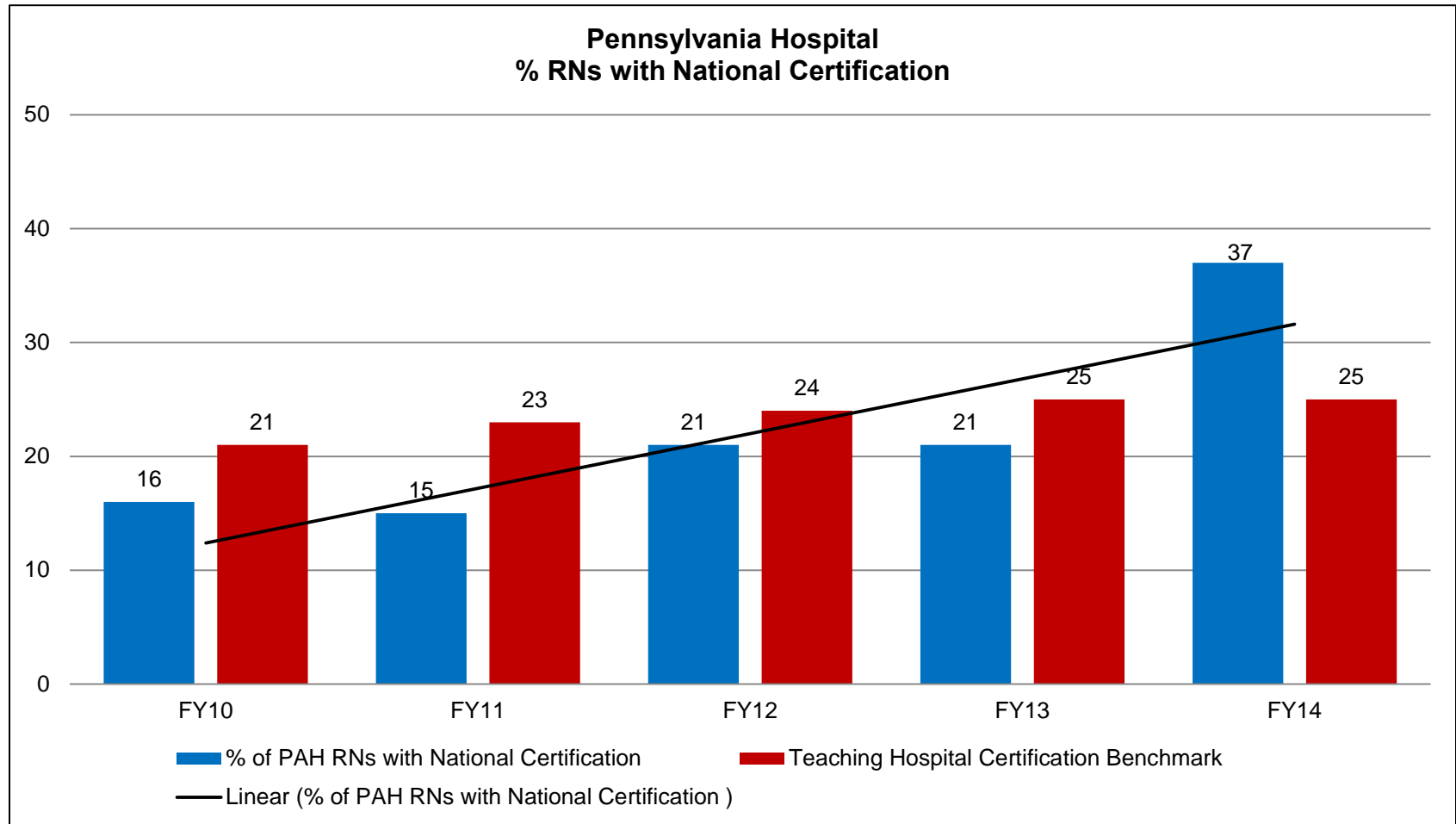
Make the Connections

Attunement.....Wondering....Following....Holding

Caring....Demonstrated Through Outcomes!



PAH Professional Nurses: Commitment to Lifelong Learning



PAH Improvement

2010 –Present

131%

FY13-FY14

76%

Benchmark Improvement

19%

No Change

CaringDemonstrated Through Outcomes



Indicator	FY13 vs. FY14
Quality – YTD May FY14	
Falls with Injury	↑30%
Infant Falls	↑70%
CAUTI	↑9%
CLBSI	↑45%
Mislabeled Specimens	↑32%
UHC O/E Mortality	↑19%
HAPU	↓83%
HEART Bundle Participation	Achieved Target 83%
Patient Satisfaction: Percentile Ranking – YTD May FY14	
HCAHPS- RN Communication	↑57%
HCAHPS= Nurses Treat You with Courtesy and Respect	↑33%
HCAHPS- Nurses Listen Carefully	↑93%
HCAHPS-Nurses Explain Things In a Way You Understand	↑48%
HCAHPS- Staff Do Everything to Help with Pain	↑45%
HCAHPS- Information re symptoms/problems to look for after discharge	↑17%

Indicator	FY13 vs. FY14
Finance	
HPPD Productivity	102%
1:1 Appropriate Utilization – FTEs	↑18%
1:1 Appropriate Utilization - Cost	↑25%
BCMA: Meaningful Use	Exceeded goal by 80%
Professional Practice	
Nurses Certified	↑76%
BSN % of RNs	↑9%
Personal Communication and Engagement	Total
Personal Cards-Notes Sent	512
Personal Notes Received (approximate)	77
Leadership Tip of the Day	Daily
Monthly Open Forums 7:30 AM, 2:00 PM & 1:00 AM	Monthly
Shadowing Nurses	25
Relationship Based Care Award Nominations	171

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?

AGILE

LISTEN

FREEDOM

PURPOSE

PRIMED

ENERGIZED

EDUCATION

HUNGRY

VISIONARY

COMPASSION

LEADERSHIP

KNOWLEDGABLE

EMBRACING CHANGE

FORWARD – THINKING

Ready – Set – Go →
PATIENTS FIRST



ABLE

OPEN

INSPIRED

GIFTED

SUPPORTED

RESILIENT

MENTORING

DEDICATED

ADAPTABLE

ENGAGED

PASSIONATE

ADAPTABLE

TRANSFORMATIONAL

READY TO ELEVATE

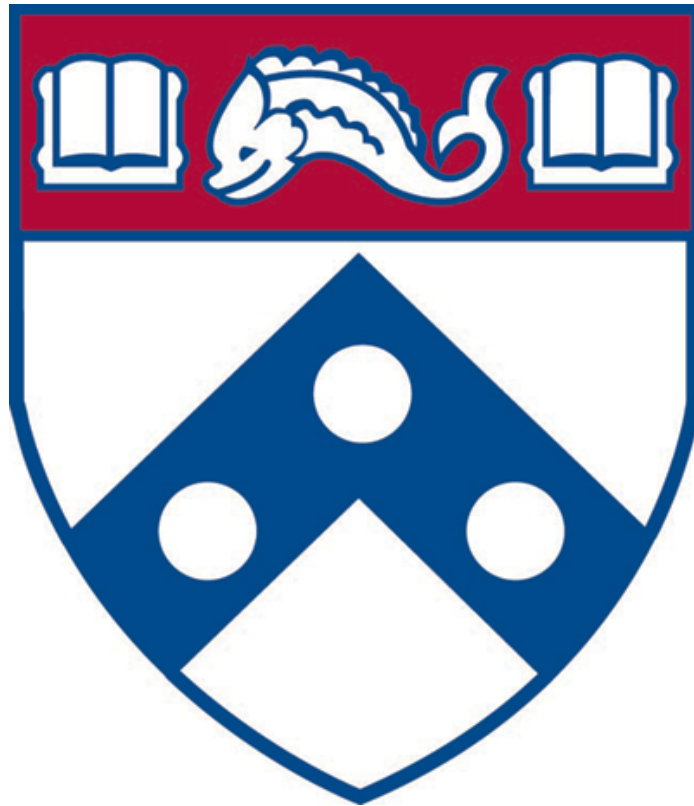
“Cultivating a resilient spirit resonates most with me.

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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CREATIVE
HEALTH CARE
MANAGEMENT

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2. Ryan, R. and Deci, E.(2000). Self-determination theory and the facilitation of intrinsic motivation, social development and well-being. *American Psychologist*, 53 (1), 68-78.
3. Senge, P. (1990). *The fifth discipline: The art and practice of learning organization*. New York, NY: Currency Doubleday.
4. Koloroutis, M. and Trout, M. (2012). *See me as a person: creating therapeutic relationships with patients and their families*. Minneapolis, MN: Creative Health Care Management.
5. Felgen, J. (2007). *I2E2: Leading lasting change*. Minneapolis, MN: Creative Health Care Management.
6. Koloroutis, M. (2004). *Relationship-Based Care: A model for transforming practice*. Minneapolis, MN: Creative Health Care Management.

Digital and Social Media Presence

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

- Navigate easily throughout the issue via embedded search tools located within the top navigation bar
- 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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