Great Leaders Know...

- 80% of the work in managing a successful Process Improvement has nothing to do with the tools and everything to do with perceptions.

- People are "prisoners of their own experience" – unleashing their creativity takes careful pre-planning prior to any team activity.

- 90% of the time this pre-planning never happens, which causes false starts and deflated demeanor.
“Scope Creep”

- **Scope creep**
  - Any change not in original plan
    - Team member adds on additional items to target area/project
  - Often done with the best intentions
  - Can cloud focus and cause delays
  - Major challenge for Leaders – knowing when to raise flag?

- **Hope creep**
  - Not having clear view of end state
  - Do not have clear understanding, so just go through the motions
    - “I hope someone knows what we’re doing and where we’re headed”
    - “We’ll catch up next week, don’t have time now”

- **Effort creep**
  - 80%+ complete...and then it stalls out
  - Crossing the finish line continues to push
Project Communication

- Failure to communicate effectively often greatest threat to project success
- Communication is oil that keeps project running smoothly
- Stakeholders
  - who needs to know what, when (how often), and how?
  - constant, effective communication among everyone involved in project
  - formal, informal, written, verbal
Shopping Carefully for High-Cost Acute Care Services

- Walmart Steering Employees to Preferred Providers for Surgical Care

Walmart Centers of Excellence Partners

- Cleveland Clinic
- Geisinger Medical Center
- Mayo Clinic
- Mercy Hospital Springfield
- Scott & White Memorial Hospital
- Virginia Mason Medical Center

Case in Brief: Walmart Centers of Excellence

- Walmart entered into bundled payment agreements with six health systems covering heart, spine, and transplant surgeries
- Program launched in January 2013, includes 1.1 million covered lives
- Providers selected based on convenience, quality, and potential for cost savings

### Improvement Opportunities (Requirements)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Revenue Impact</th>
<th>Performance Target</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SCIP</strong></td>
<td>• High SCIP marks key to earning Hospital VBP incentives and avoiding penalties</td>
<td>Optimize compliance with seven SCIP measures.</td>
</tr>
<tr>
<td></td>
<td>• 2% of DRG is at risk in 2017.</td>
<td></td>
</tr>
<tr>
<td><strong>Hospital-Acquired Conditions (HACs)</strong></td>
<td>• Medicare does not reimburse for HACs</td>
<td>Minimize conditions such as:</td>
</tr>
<tr>
<td></td>
<td>• Hospitals with bottom-quartile performance in 2015 will incur a 1% pay reduction.</td>
<td>• Surgical site infection</td>
</tr>
<tr>
<td><strong>Post-Surgical Complications</strong></td>
<td>• VBP will include OR complications in 2015</td>
<td>• Orthopedic surgery deep vein thrombosis/pulmonary embolism</td>
</tr>
<tr>
<td></td>
<td>• Complications boost readmissions and reduce shared savings</td>
<td>• Retained foreign object</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Air embolism</td>
</tr>
<tr>
<td><strong>WHO Surgical Safety Check List</strong></td>
<td>• Adoption of this checklist is required by many private ACOs.</td>
<td>Implement WHO checklist across all ORs (checklist can be modified)</td>
</tr>
<tr>
<td></td>
<td>• The checklist reduces expensive errors and complications.</td>
<td></td>
</tr>
<tr>
<td><strong>Same-Day Cancelations</strong></td>
<td>• Late cancellations result in wasted supplies, labor and OR time.</td>
<td>Keep same day cancellations below 1 percent.</td>
</tr>
<tr>
<td></td>
<td>• High cancellation rates are a measure of poor preoperative performance</td>
<td></td>
</tr>
<tr>
<td><strong>Length of Stay</strong></td>
<td>Long surgical LOS puts pressure on profitability under bundled payment and shared savings models.</td>
<td>Meet national benchmarks per surgical procedure.</td>
</tr>
<tr>
<td><strong>Readmissions</strong></td>
<td>• Medicare may penalize readmissions for select surgeries starting in 2015</td>
<td>Meet national benchmarks and Medicare “expected readmission rates.”</td>
</tr>
<tr>
<td></td>
<td>• Readmissions reduce shared savings</td>
<td></td>
</tr>
<tr>
<td><strong>Utilization</strong></td>
<td>OR time in tertiary hospital is valued at $60 per minute.</td>
<td>Target OR block-time utilization of 85%.</td>
</tr>
<tr>
<td><strong>Supply Costs</strong></td>
<td>• 70% of OR costs are non-labor</td>
<td>• Control waste, inventories, and new products.</td>
</tr>
<tr>
<td></td>
<td>• Problems include waste, high inventories, and high spend on joint implants</td>
<td>• Good negotiators pay 25% less for joints.</td>
</tr>
</tbody>
</table>

Source: Surgical Directions
CHANGE is good you go first
RISING COST OF HEALTHCARE

To reduce the price of healthcare, we need to target costs rather than raising prices or reducing services.
TRADITIONAL PUSH + POWER OF PULL

Push Facility

Push Facility vs. Pull Facility

Originally Built to Push/Batch Product

vs.

Pull Facility

Originally Built to Pull to Customer Demand

vs.

Traditional Push & Power of Pull

Push Facility

Pull Facility

originally built to push/batch product

vs.

pull facility

originally built to pull to customer demand
It's the Experience...

- Consider the process of patient care
  - from a cross-functional viewpoint instead of individual functional departments
  - *Get past the trees to see the forest*

- Both outcomes *and* patient satisfaction
  - depend on a healthcare experience that is a smoothly flowing series of connected steps

- *HCAHPS and Jiffy Lube...*
Leaders Identify the Missing Link

Shared Vision → Skills / Training → Incentives → Resources → Action Required → Successful Change

Shared Vision → Skills / Training → Incentives → Resources → Action Required → Confusion

Shared Vision → Skills / Training → Incentives → Resources → Action Required → Anxiety

Shared Vision → Skills / Training → Incentives → Resources → Action Required → Gradual Change

Shared Vision → Skills / Training → Incentives → Resources → Action Required → Frustration

Shared Vision → Skills / Training → Incentives → Resources → Action Required → False Starts
# Project Charter (A3) Worksheet

## Project Name: ____________________________  Change Leader: ________________

### 1. Business Case
What is the reasoning for initiating this project or task?

### 2. Problem Statement
A concise description of the issue(s) that need to be addressed and improved

### 3. Opportunity
Can this project meet all of the SMART requirements?

### 4. Project Scope
Define the start and finish point(s) for the work that needs to be accomplished in this improvement project.

<table>
<thead>
<tr>
<th>Start Point</th>
<th>End Point</th>
</tr>
</thead>
</table>

### 5. Measurable Goal(s)
Select the measure(s) and data points that will accurately document the improvement you are targeting.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
</table>

### 6. Financial Benefits
What is the tangible, bottom-line impact of this project? Be as specific as possible.

<table>
<thead>
<tr>
<th>Other:</th>
<th>$ Impact / Savings:</th>
</tr>
</thead>
</table>

### 7. Project Plan
What are the key milestones and timelines for this project? Use these to create and track accountability.

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Date</th>
</tr>
</thead>
</table>

### 8. Resources
What and who do you need to achieve the desired outcome? Financial resources, personnel, etc.

<table>
<thead>
<tr>
<th>Champion</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Team Members</th>
</tr>
</thead>
</table>

## Approval Sign-offs

Overall Objective of this Worksheet

Plan and manage your improvement project on a one-page document for rapid reference and simplicity.

To order additional copies of this worksheet call 330-268-5050 or visit www.SaferHealthcare.com.

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# Leadership / Stakeholder Worksheet

## Worksheet Instructions
1. Use the “Stakeholder List” to write the names of key people or units/departments that will have influence over or be affected by changes to the target area.
2. Use the “Power and Interest Graph” to plot the numbers of each of the listed stakeholders based on their level of power and interest related to the transformation.
3. Using the “R.A.C.I. Chart,” list the primary activities for this project down the left side. Then, for each stakeholder indicate the appropriate R.A.C.I. designation.
4. Use the “Communication Planning Grid” to detail the various communication methods required throughout the transformation.

## Stakeholder List

<table>
<thead>
<tr>
<th>Priority</th>
<th>Target Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>Low (1)</td>
</tr>
<tr>
<td>Medium</td>
<td>Medium (2)</td>
</tr>
<tr>
<td>High</td>
<td>High (3)</td>
</tr>
</tbody>
</table>

### Power and Interest Graph

- **Keep Satisfied**
- **Manage Closely**
- **Monitor** (Minimum Effort)
- **Keep Informed**

### R.A.C.I. Chart

- **R**: The person who is assigned to do the work.
- **A**: The person who makes the final decision and has the ultimate ownership or a decision or action.
- **C**: The person who must be consulted before a decision or action is made/tailed.
- **I**: The person who must be informed that a decision or action has been made/taken.

## Communication Planning Grid

<table>
<thead>
<tr>
<th>Timing</th>
<th>Spokesperson</th>
<th>Media</th>
<th>Purpose</th>
<th>Content</th>
<th>Audience</th>
<th>Accountability</th>
</tr>
</thead>
</table>

### Definitions and Questions to Ask

- **Timing**: When does the activity need to happen? How long does it take?
- **Spokesperson**: Who is the best person that can explain what is being accomplished?
- **Media**: What is the most effective way to communicate?
- **Purpose**: What needs to be communicated about each activity or communication?
- **Content**: What is the key message of the activity or communication?
- **Audience**: Who is the target audience of the activity or communication?
- **Accountability**: Who is ultimately responsible for ensuring this happens?

### Example

- **Timing**: First week in March
- **Spokesperson**: John Miller (Director)
- **Media**: E-mail and newsletter
- **Purpose**: Project status and updates
- **Content**: Stage 1 complete and next steps
- **Audience**: Frontline staff and physicians
- **Accountability**: Jane Smith (Manager)

### Overall Objective of this Worksheet

Document who the key stakeholders are for this project and how you are keeping everyone informed and up-to-date about the status of this project.
Leadership Rounding

“The practice of leadership rounding in hospitals should be embedded as a standard of care in all organizations.”

“Leadership rounding programs help reduce patient anxiety and increase levels of patient satisfaction and employee engagement.”
“Leadership rounding is the practice of **structured conversations and questions** to engage physicians, staff, and patients on a regular basis to **improve** the culture and service of an organization as well as to **identify opportunities for improvement**.”
Current Practices
The single biggest problem with communication is the illusion that it has taken place.

George Bernard Shaw
Leadership Rounding: Why Do It?

- Accountability
- Senior Leader and Management Visibility
- Physician, Staff, and Patient Engagement
- Break Down Organizational and Hierarchical Barriers
- Organizational Cohesion
- Hardwire Process Improvement
- Transform the Culture of Care
BENEFITS

Rounding Supports Culture, Service, Patient Safety, and Quality Goals

- Builds Culture of Service
- Enhances Employee Relations
- Identifies Opportunities for Improvement
- Increases Levels of Satisfaction
- Shines a Light on Patient Safety
People love specific and positive feedback

Behavior that is recognized positively will be repeated

Pay is way down the list of employee motivation factors...recognition at the top

Thank You Notes...

Complimenting takes getting used to!
Rounding Audit Questionnaire

Do you have an organizational-wide rounding strategy?
- Yes □ No □
- [ ] Scoring if implemented or not

How frequently do the following individuals round?
- Executives (C-Suite): □ Daily □ Weekly □ Monthly □ Rarely
- Vice Presidents: □ Daily □ Weekly □ Monthly □ Rarely
- Directors: □ Daily □ Weekly □ Monthly □ Rarely
- Managers: □ Daily □ Weekly □ Monthly □ Rarely
- Frontline Staff: □ Daily □ Weekly □ Monthly □ Rarely

For those who round, do you have a set calendar/schedule?
- Yes □ No □
- If yes, do you check it regularly? □ Yes □ No

Do you use a standardized script/checklist/questionnaire?
- Yes □ No □
- Do you think it provides actionable data? □ Yes □ No

How do those rounding record and gather information?
- □ Paper forms □ Tablets □ Phones □ Other

How do individuals follow-up and manage issues?
- □ Paper forms □ Tablets □ Phones □ Excel □ Other

How do individuals track and manage rounding data?
- □ Paper forms □ Tablets □ Phones □ Excel □ Other

Who ultimately owns the oversight of your rounding program?
- [ ] Title □ Role:

Do you have standardized rounding questionnaires for the following?
- [ ] Staff □ Yes □ No
- [ ] Physicians □ Yes □ No
- [ ] Patients □ Yes □ No

Do you have a designated individual that enters rounding data/forms?
- Yes □ No □ If yes, name/role:

Review this Sample Leadership Methodology

A. Introduction
1. Introduce yourself (name and title)
2. Ask for a few moments to talk (on spot, not behind closed doors)
3. Explain why you are rounding
4. Explain what rounding is
5. Explain what you hope to accomplish by rounding
6. Make sure that they understand this is non-punitive

B. Get the Pulse and Collect Actionable Data
1. How would you rate the level of care in this area?
2. Discover what is working well in their opinion
3. Find out if there are any suggestions for improvement
4. Is there anyone you would like to recognize?
5. What can be done to improve the level of care?
6. Is there anything that can be done to improve patient safety?
7. What can I do to help you prove excellent care?
8. Do you have all the tools and equipment you need?
9. Do you have any questions for the executive team?

C. Close the Loop
1. Review what you heard (rewind back and get confirmation)
2. Create an “issue” or “trouble-ticket” to track improvements
3. Create a follow-up plan as needed
4. Thank them for their time and comments and feedback
5. Take action and/or assign issues to appropriate personnel
6. Review improvements and close actions
7. Close-loop and let interviewee know about any changes

Sample Rounding Questionnaire / Script

Use the workspace below to create a script that you would recommend for senior leaders to use while rounding throughout the departments in your hospital. Include the questions that you would want to ask or be asked to ensure that the highest level of patient care is being delivered across the organization. Think about the flow of the information and how the questions could be analyzed in aggregate for data analysis and tracking.
Take the time to **Structure** your rounds...

- Do you have a rounding strategy?
- How frequently do your different levels Round?
- Do you have a set calendar / schedule?
- Is there a standardized checklist / questionnaire?
- How do you record / gather information?
- Method of follow-up?
- Designated individual
Provide Quick Tips to the Team...

- Introduction – quick tips
- Pulse Check & Collect Actionable Data
- Closing the loop
Create Custom Rounding Templates...

- Scripts
- Question Sets
- Data compilation methods
**Leaders Identify the Missing Link**

- **Shared Vision**
- **Skills / Training**
- **Incentives**
- **Resources**
- **Action Required**

Successful Change

Confusion

Anxiety

Gradual Change

Frustration

False Starts
Your Takeaways...

**Feel**
- Have I used ‘structured rounding’ to drive awareness?

**Think**
- What question templates should be used on our rounds?
- Do we have ‘structured rounding’ discipline?
- Can we create a Rounding Dashboard?

**Do**
- Develop a ‘structured rounding’ template to conduct consistent Transformational Rounds
  - Use the provided Rounding template to guide the development