




Session Code D7/E7

This presenter has nothing to disclose

Closing the Knowing-Doing Gap

By Craig E Deao, MHA
Senior Leader, Studer Group



Wed, December 11, 2013
9:30-10:45 a.m.
11:15 a.m. - 12:30 p.m.

Session Objectives

P2

- Identify the barriers to improvement that are keeping your leadership team on the lily pad, as well as the opportunities for improvement being missed.
- Implement three evidence-based practices that will improve your ability to execute system goals



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The Journey Ahead



VS.



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Quality, Value and Experience

- Value = Quality/Price
- Quality
 - S.T.E.E.E.P. (IOM, 2001)
 - The culmination of everything that happens to a patient during and as a result of an encounter (Studer Group, 2012)
 - Cannot be determined without voice of the customer input (i.e., experience)

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It's not about *service*. It's about *quality*.

- 30% of respondents had poor adherence to their cardio-metabolic medication regimens.
- After adjusting for potential confounders, the prevalence of poor refill adherence increased by 0.9% (95% CI, 0.2%-1.7%) (P = .01) for each 10-point decrease in CAHPS score.

*The Diabetes Study of Northern California.
Archives Internal Medicine 12/31/12*



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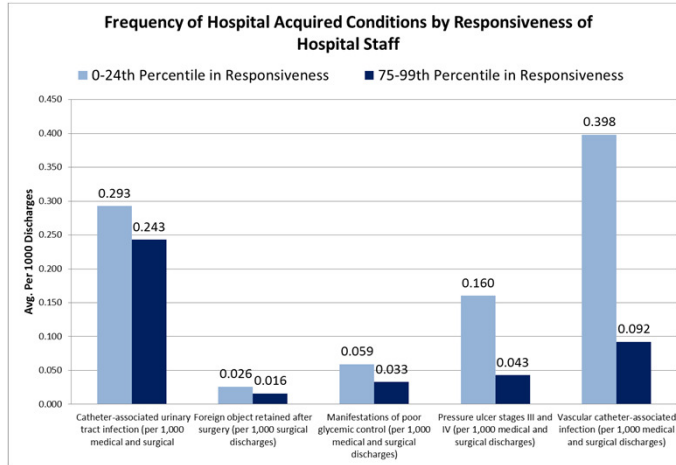
It's not about *satisfaction*. It's about *frequency*.



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Hospitals with Better Patient Experiences Have Fewer Hospital Acquired Conditions

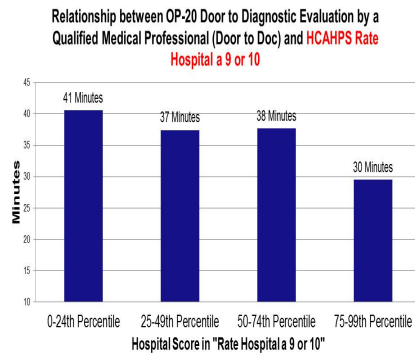


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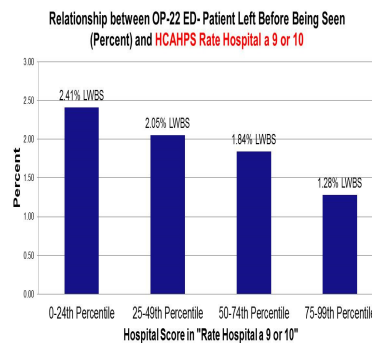


Hospitals with Better Patient Experiences Have Shorter ED Wait Times and Fewer Patients Who Leave

Door to Doc



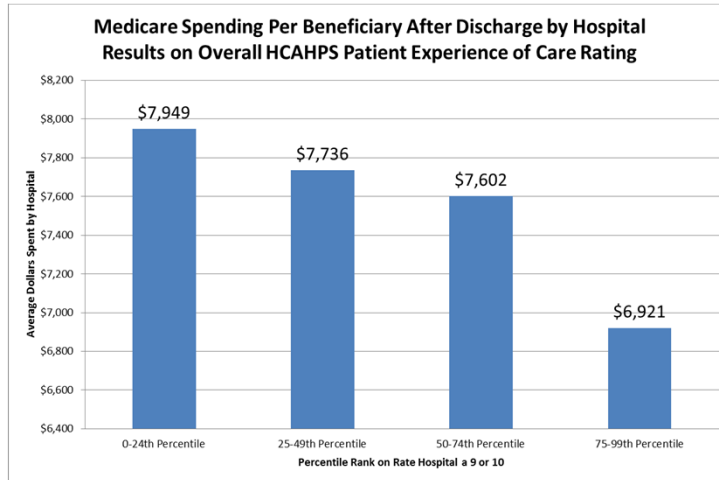
Patients LWBS



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Hospitals with Better Patient Experiences Are Less Expensive



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Competency by Proxy



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We Practice What We Teach

- 2010 recipient of the Malcolm Baldrige National Quality Award
- 99th percentile employee engagement for nine straight years
- One of the best small companies to work for in America for six straight years (#7 in 2013)
- Mission: to create better places to work, practice medicine and receive care.
- Vision: to maximize the human potential within healthcare



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***“Vision without
execution is
hallucination.”***

Thomas Edison



Closing the *Knowing-Doing Gap*

- In healthcare, our Gap is profound.
- It's not just about trying harder and learning 25 novel tactics.
- *How do you systematically ensure that people always apply evidence-based practice?*

Reference: Pfeffer J, Sutton R. *The Knowing-Doing Gap: How Smart Companies Turn Knowledge into Action*. Harvard Business School Press. 2000.



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Most Change Efforts Fail

- Total Quality Management programs:
 - About two-thirds “grind to a halt because of their failure to produce the hoped-for results”
- Reengineering
 - 70% failure rate

Kotter, John P. 1995. Leading Change: Why Transformation Efforts Fail. *Harvard Business Review*. 73(2): 59-67.



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Why Organizational Change Fails

1. Dots are not connected consistently to purpose, worthwhile work and making a difference
2. Do not achieve critical mass - Lack of balanced approach
3. Absence of an objective accountability system
4. Leaders do not have the training to be successful
5. Too many new behaviors introduced at once – need of sequenced approach
6. No process in place to re-recruit the high and middle performers and address low performers
7. Inability to take best practices and standardize across organization
8. Failure to have leaders “always” do desired behaviors

Studer Group. Organizational Change Processes In High Performing Organizations: In-Depth Case Studies with Health Care Facilities. Alliance for Healthcare Research. 2005.



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Three Elements to Execution
















Source: Simplified depiction of Studer Group's Evidence-Based LeadershipSM framework.



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Example Organizational Results Using Typical Leader Evaluation

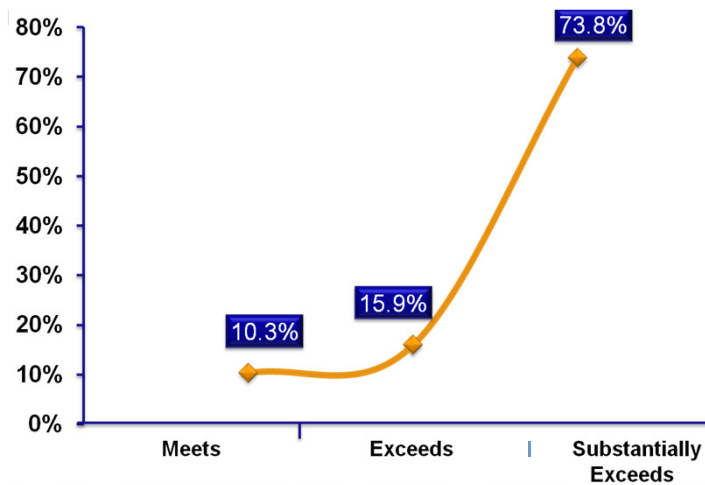
Issue	Reduce Costs / Improve Financial Performance	Provider of Choice (patient satisfaction)	Employer of Choice (employee satisfaction)	Improve Care (Quality, Safety, Effectiveness)	Information Management
Goals	<p>Achieve financial margins of:</p> <ul style="list-style-type: none"> - 4.0% in FY '06 - YTD 4.6%  more detail > - 5.0% in FY '07 	<p>Achieve organization-wide average patient satisfaction scores of:</p> <ul style="list-style-type: none"> - 93.7 for "Overall quality of care/services"  - YTD 93.5  - 76.1 for "Would you recommend"  - YTD 73.5  	<p>Reduce overall turnover of:</p> <ul style="list-style-type: none"> - "permanent" positions to 11%  - YTD 14% more detail >  - "permanent" core RN positions to 13%  - YTD 16%  	<p>Achieve 90% compliance with CMS measures:</p> <ul style="list-style-type: none"> Community Acquired Pneumonia  3 > 90% - 5 < 90% Surgical Infection Prevention  > 90% - 2 < 90% Heart Failure  2 > 90% - 2 < 90% Acute Myocardial Infarction  5 > 90% - 2 < 90% <p>Achieve 90% compliance with evidence-based practice for prophylaxis of the following: DVT/PE, Post-op UTI, Post-op Pneumonia, Post-op AMI, Pressure Sores, Post-op Sepsis</p>	<ul style="list-style-type: none"> - Implement Employee Satisfaction Assessment process during 2005 - Create projected timeline for the implementation of the Advanced Point of Care (APOC) clinical system



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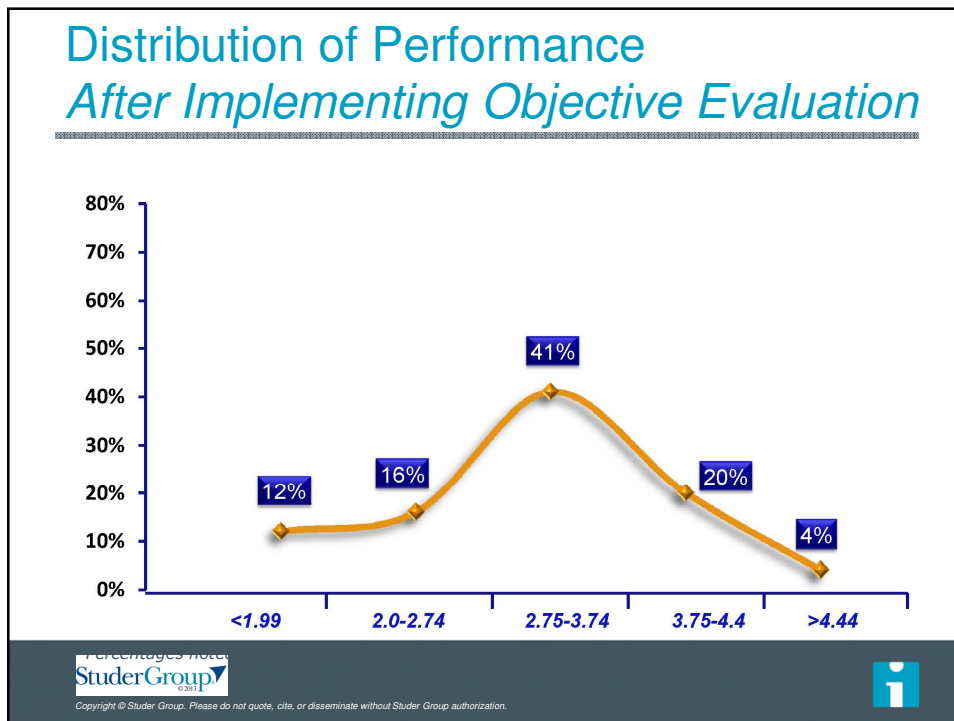
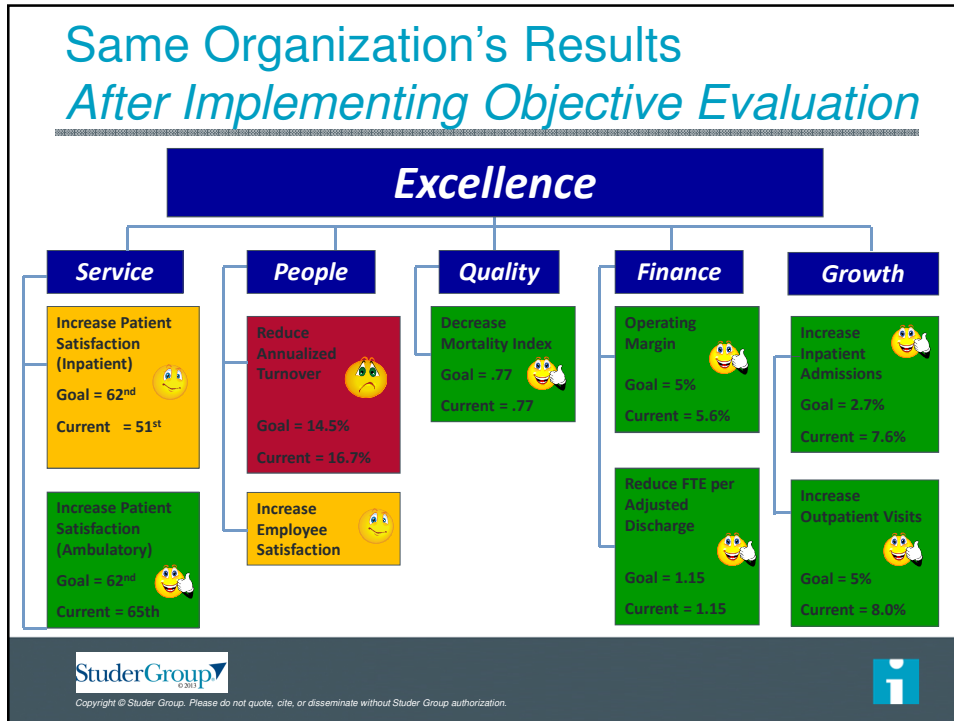


Example Distribution of Performance Using Typical Leader Evaluation



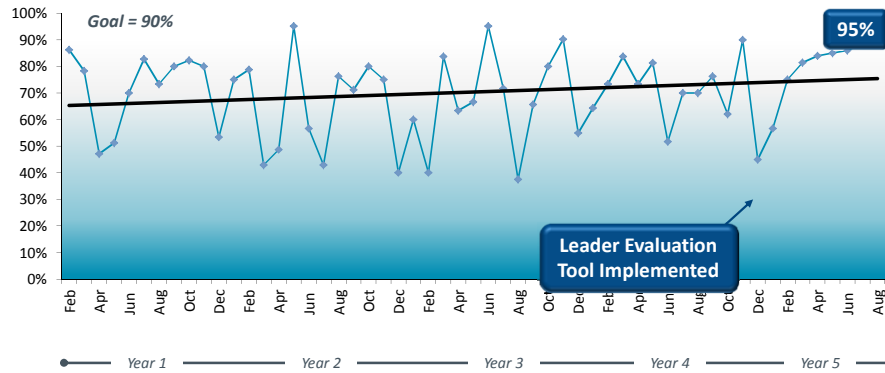
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Example Hospital

**Inpatient Monthly Percentile Score
Year 1 – Year 5**

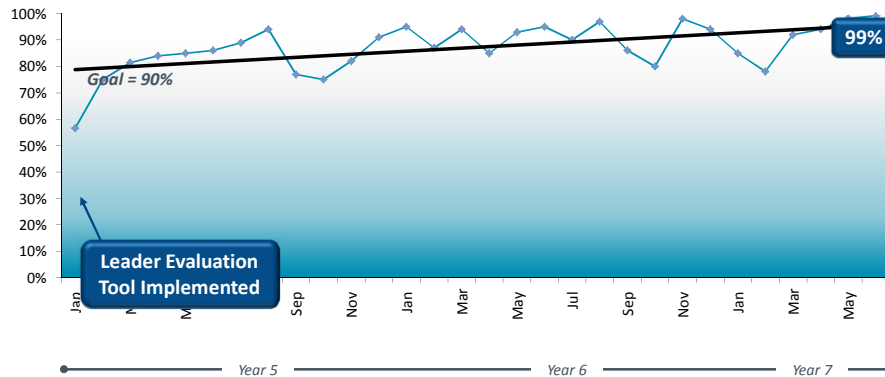


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Example Hospital

**Inpatient Monthly Percentile Score
Year 5 – Year 7**



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Goal Cascade Example (Reduce LOS)

- Case Management / Discharge Planning / Social Work-Increase % of patients discharged day the order is written
- Ancillary Department Leaders-Increase the number of inpatient procedures completed the day the order is written
- Inpatient Nurse Managers-X% of patients discharged by (fill in appropriate time)
- Medical Staff Leaders-Increase the % of discharge orders written by (fill in appropriate time)
- House Supervisors-Increase % of ED admissions to inpatient bed within XXX hours
- EVS-Improve bed turnaround time after 3pm



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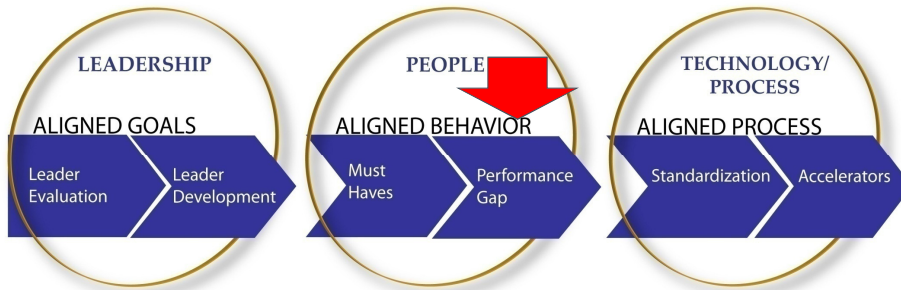
Big Rocks



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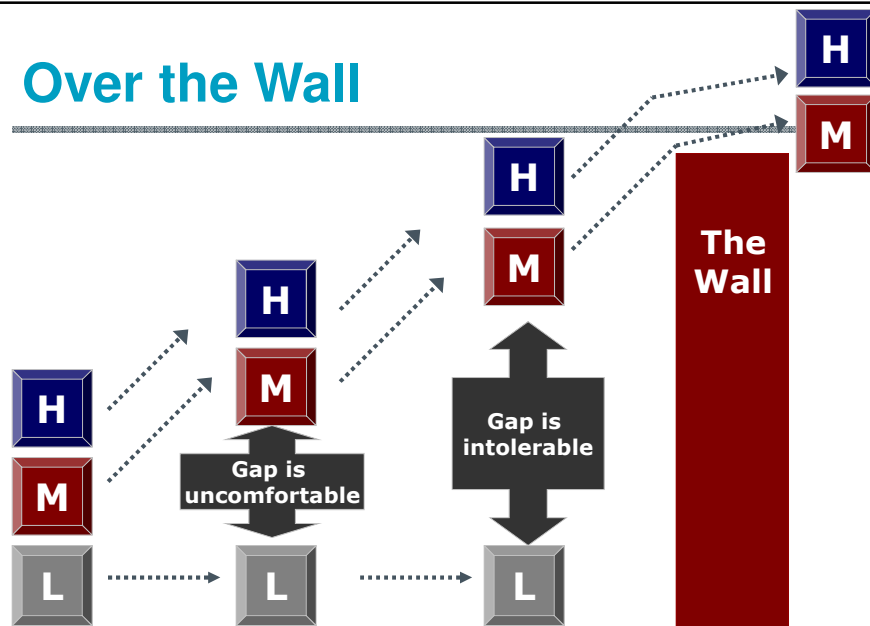
Three Elements to Execution



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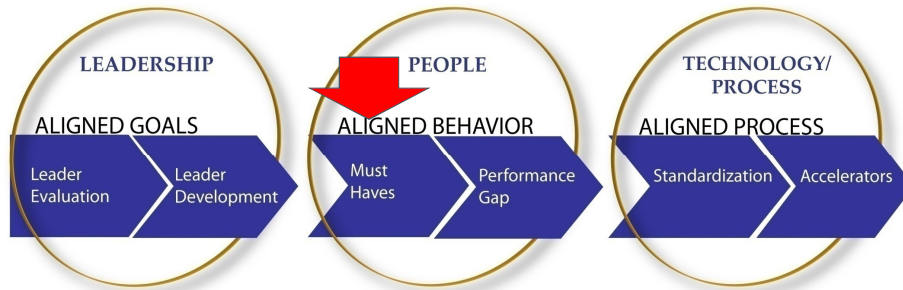
Over the Wall



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Three Elements to Execution



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The Journey Ahead



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It's not what we do for patients.



It's what we do *with* patients.



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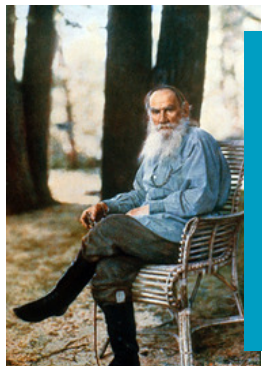


A	Acknowledge	Eye contact, smile and acknowledge everyone in the room.
I	Introduce	"Hello Mr. Clark. My name is Jackie and I am your nurse today. I have been a nurse for 20 years and have worked in this hospital for over 8 years. I have done this procedure thousands of times and I go back for training each year..."
D	Duration	"This procedure will take about 10 minutes to perform and then about one hour for the results..."
E	Explanation	"Let me explain some more about the procedure." (Explain why performing the procedure, what will happen and what they should expect, understanding of side effects, and answer any questions.)
T	Thank you	"Thank you for choosing usThank you for waiting ... Thank you for coming in today... What other questions do you have?"



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*Everyone thinks of
changing the world, but
no one thinks of changing
himself.*

Leo Tolstoy



Thank You!

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