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# The Accountability Factor

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**Accountable Leadership Nets Results!**

***EXCEL***



## **OU Health Sciences Center**

- 300 Acre Complex
- Dates back to 1917
- 27 Member Organizations
- 7 Health Related Colleges:
- OUHSC represents a \$3 Billion Capital Investment
- Additional 300 acre expansion to the south during next 15 years

## **OU Medicine**



**OU College of Medicine**



**OU Medical Center Hospitals**

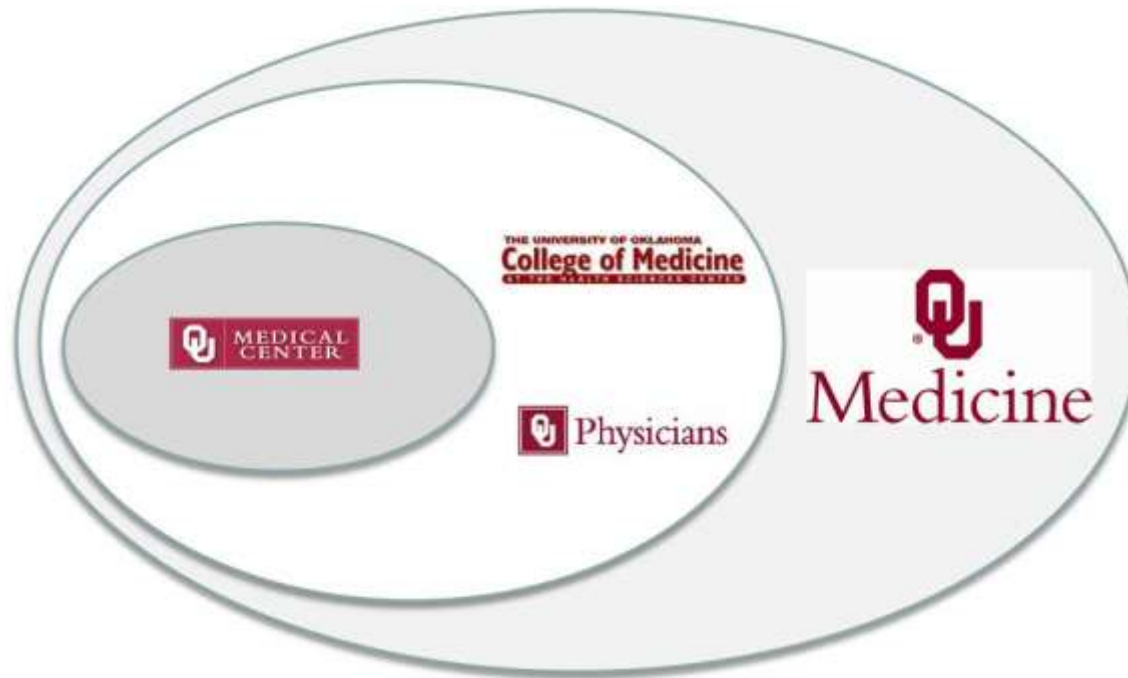


**OU Physicians**

# Who We Are

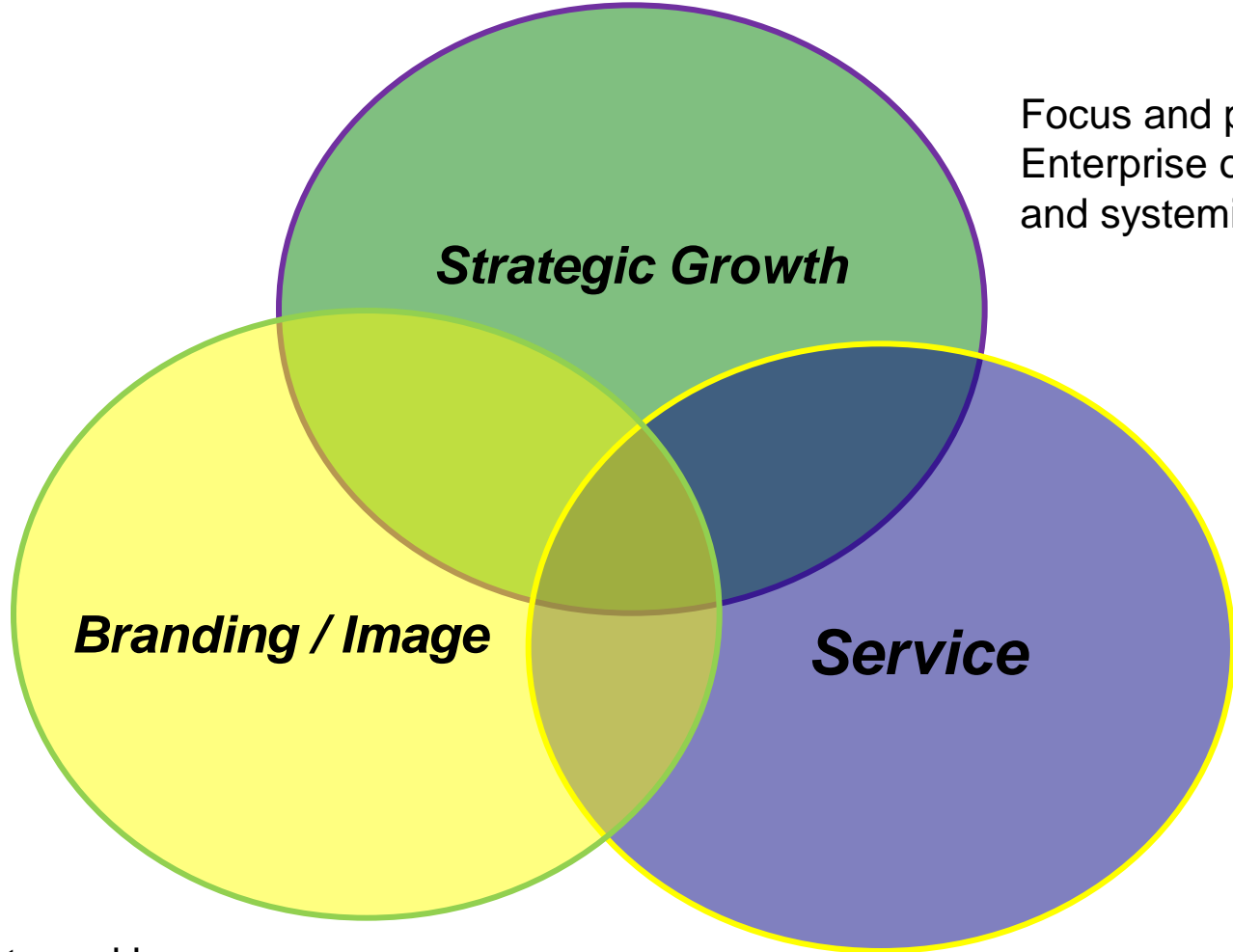
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OU Medicine is the partnership among the University of Oklahoma College of Medicine, the OU Medical Center (including The Children's Hospital), OU Physicians, and the University Hospitals Authority and Trust, and the patient care, medical education and research programs and services they provide.



Leading Health Care  
— now and for the future.

# Key Initiatives to Achieve Goals



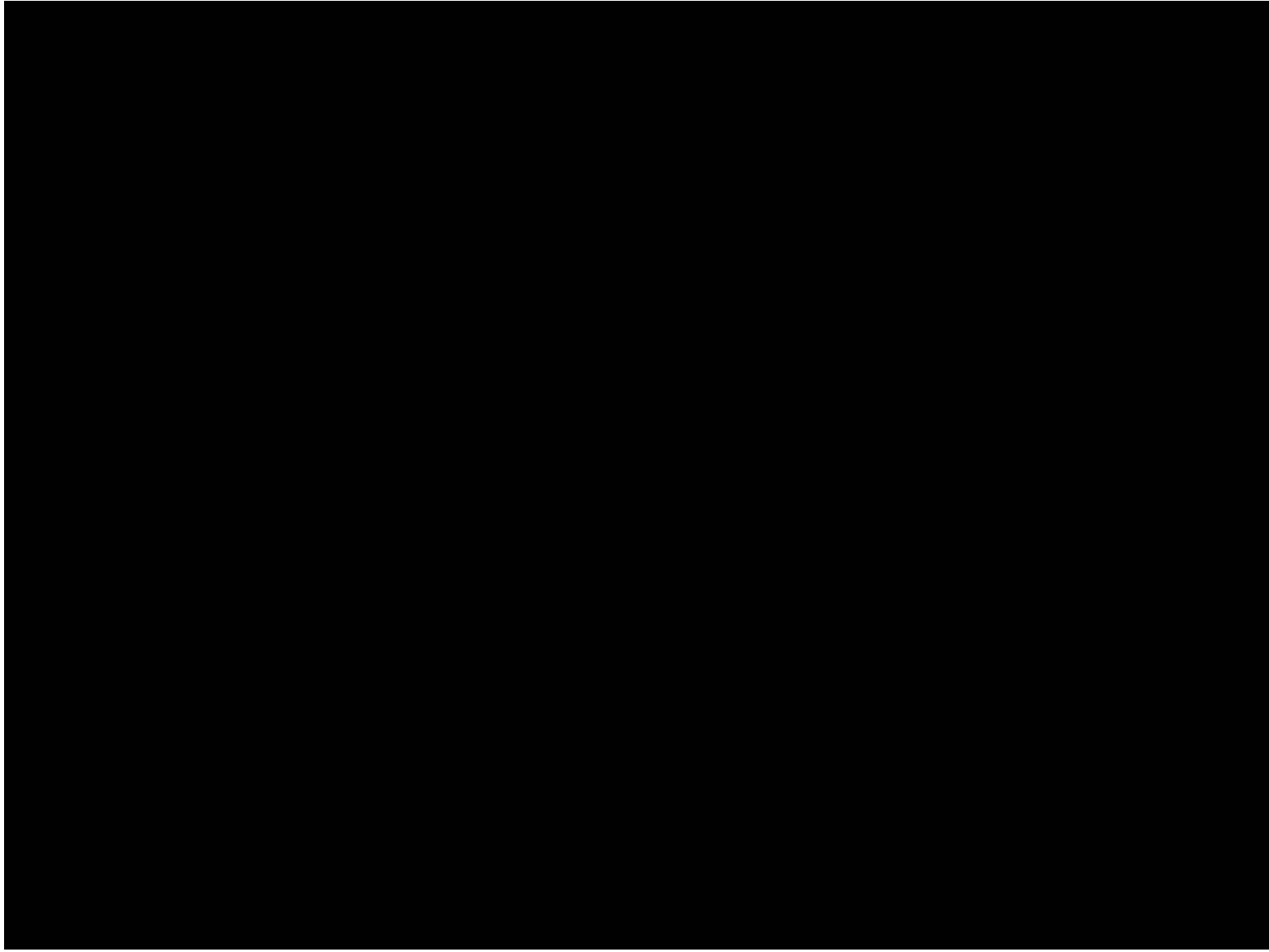
Focus and prioritize the Enterprise on key programmatic and systemic areas.

Celebrate and leverage our strengths with a joint, internal and external, OU Medicine branding campaign.

Implement EXCEL, a service excellence initiative to focus on improving customer/employee/physician satisfaction, access, availability, and convenience.

# ***Ready, Set, Go....But, Really, Wait a Minute!*** **Medicine**

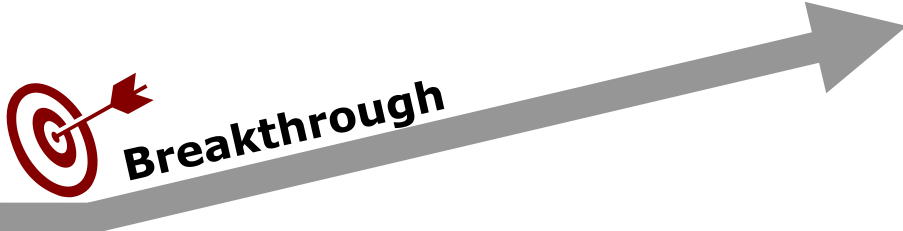
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# Evidence Based Leadership (EBL)



## Foundation



### STUDER GROUP:



#### Aligned Goals

- ▼ Implement an organization-wide leadership evaluation system to hardwire objective accountability
- ▼ PILLAR GOALS
- ▼ LEM
- ▼ Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results
- ▼ LDI

#### Aligned Behavior

- ▼ Rounding
- ▼ Thank You Notes
- ▼ Employee Selection
- ▼ Pre and Post Phone Calls
- ▼ Key Words at Key Times ~AIDET
- ▼ Re-recruit high and middle performers
- ▼ WHAT WILL YOU TOLERATE

#### Aligned Process

- ▼ Agendas by pillar
- ▼ 1:1 meeting model
- ▼ Peer interviewing
- ▼ 30/90 day sessions
- ▼ Staff Eval Mgr (SEM)
- ▼ Discharge Call Manager (DCM)
- ▼ Leader Eval Mgr (LEM)
- ▼ Rounding Mgr
- ▼ Idea Express

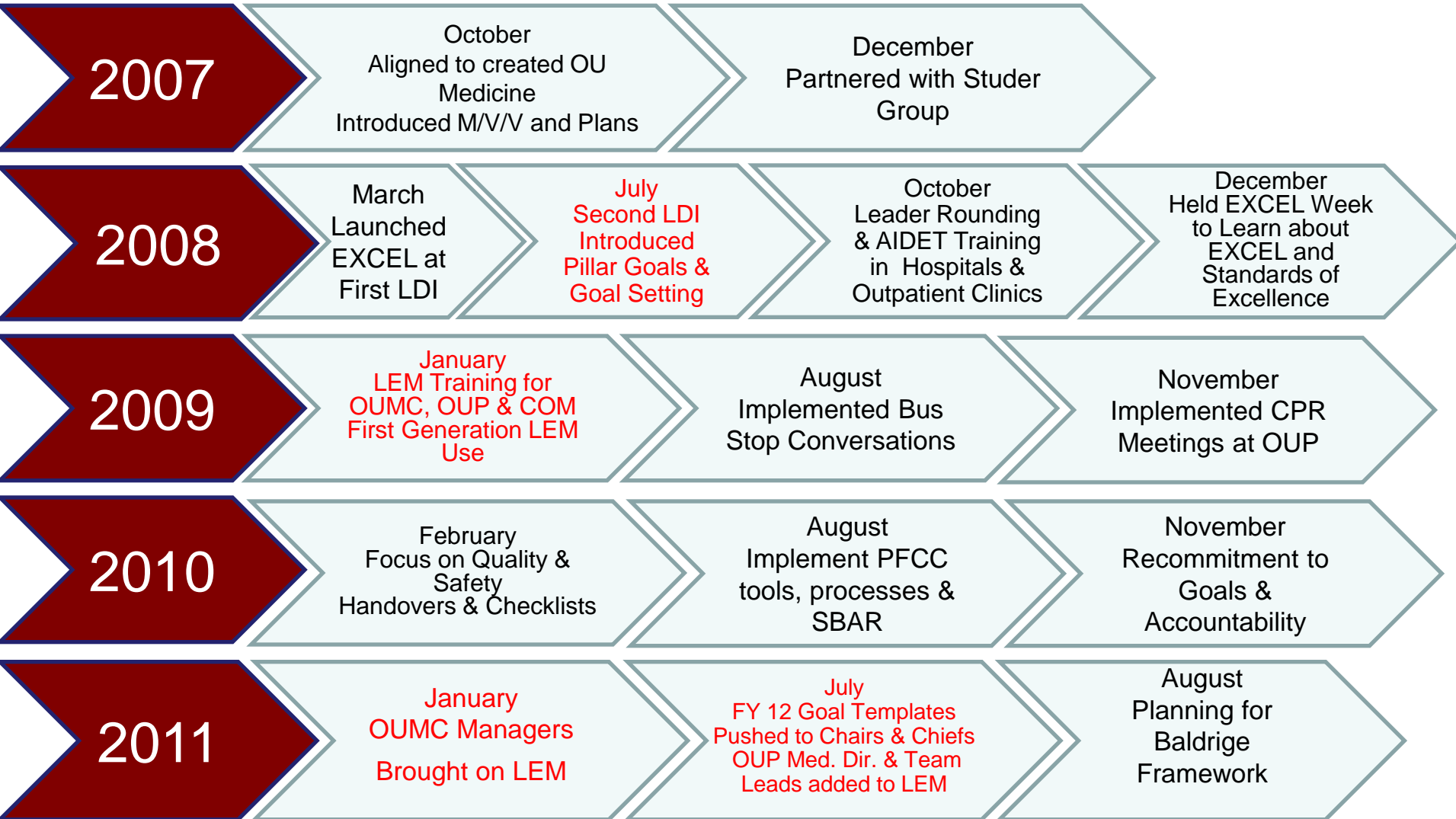
**“ALWAYS” LEADERSHIP**

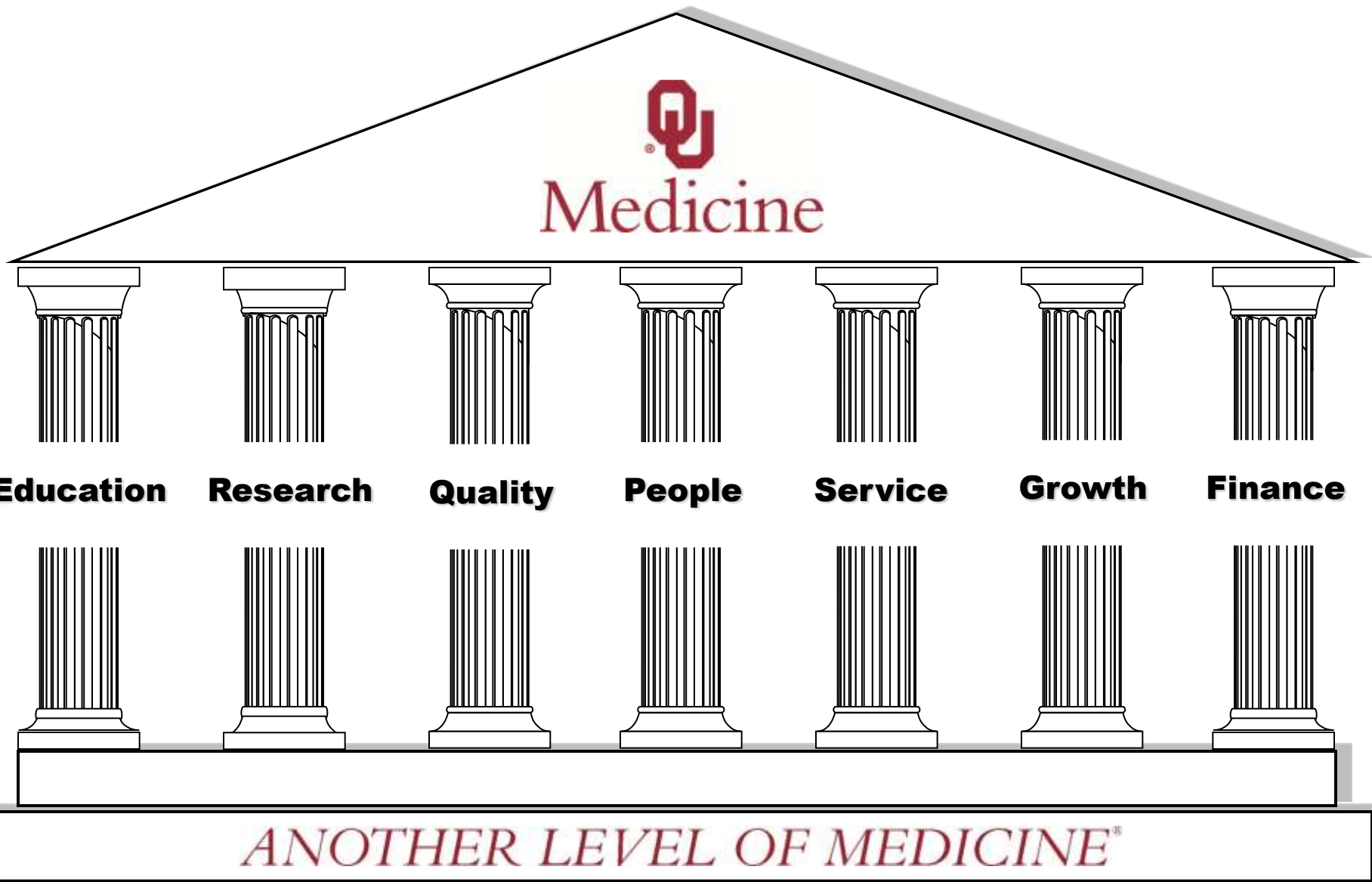
## “Hardwiring” based on Nine Principles:

- Commit to Excellence
- Measure the Important Things
- Build a Culture Around Service
- Create and Develop Great Leaders
- Focus on Employee Satisfaction
- ***Build Individual Accountability***
- ***Align Behaviors with Goals and Values***
- Communicate at All Levels
- Recognize and Reward Success

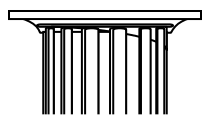


# EXCEL Timeline



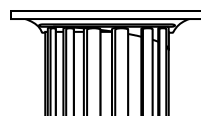


# Pillar (Enterprise) Goals



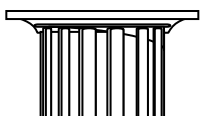
### Education

Strive to develop the highest quality medical education programs for all levels of learners



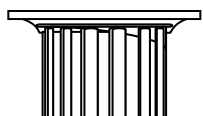
### Research

Advance medical and scientific knowledge through basic, transitional, and clinical research



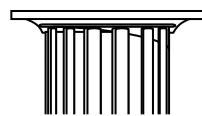
### Quality

Strive to be among the highest ranked health care providers by both regulatory and health care scoring systems



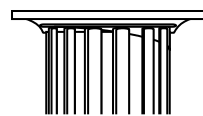
### People

Attract, develop and retain outstanding staff, physicians, faculty and students



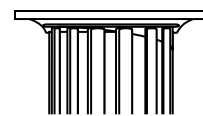
### Service

Promote consistently positive experiences for our patients, staff and community.



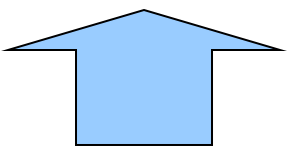
### Growth

Grow the enterprise to better serve patients and physicians and support the fundamental missions of teaching and research



### Finance

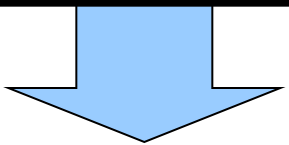
Preserve a focus of fiscal responsibility and multidisciplinary planning



ENTITY GOALS 

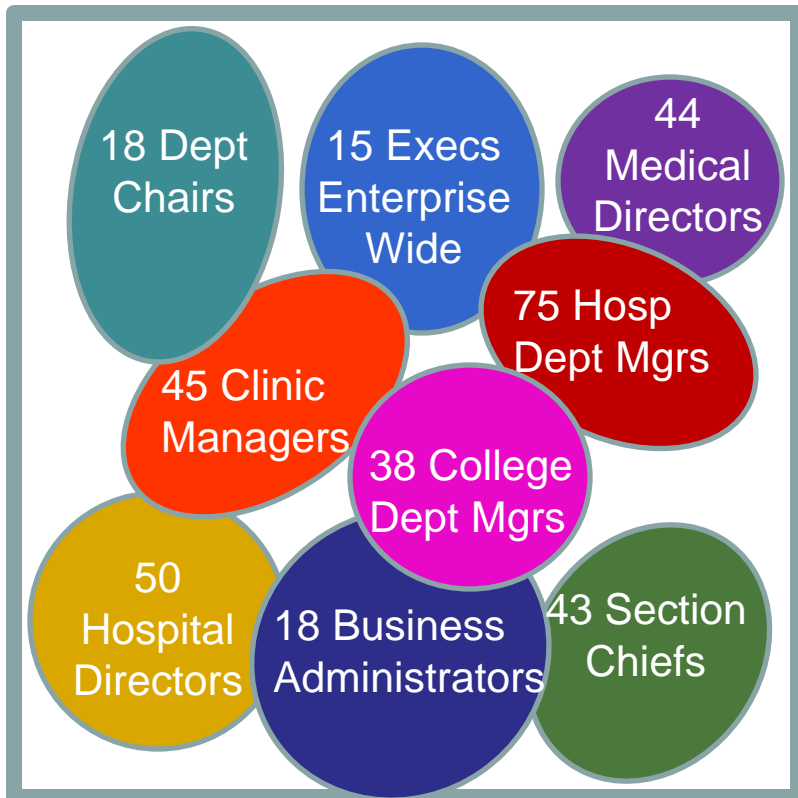
DIVISION / DEPT GOALS

LEADER / UNIT GOALS



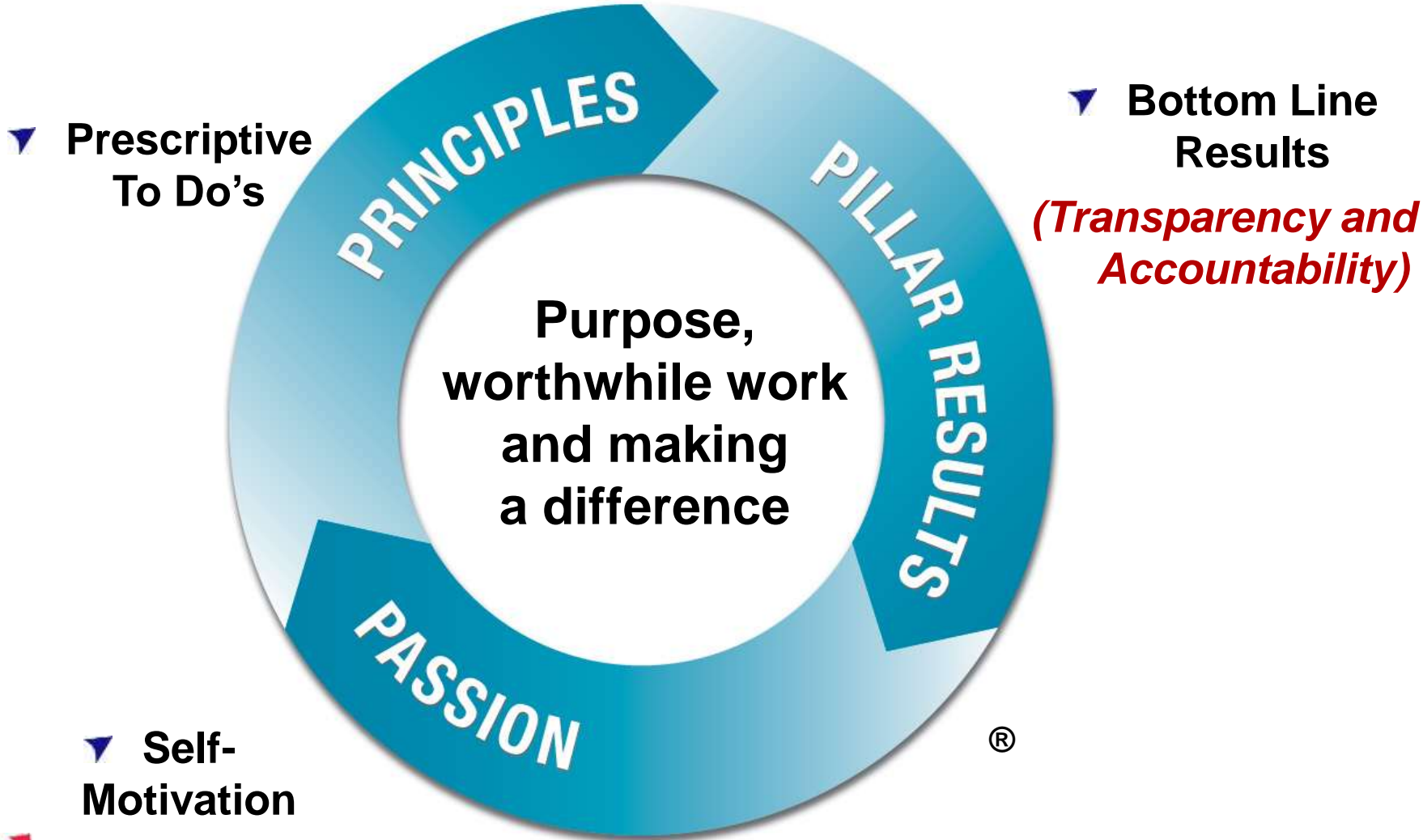
# What is goal alignment?

Insuring that individual leader activities are consistent with the goals of the organization.



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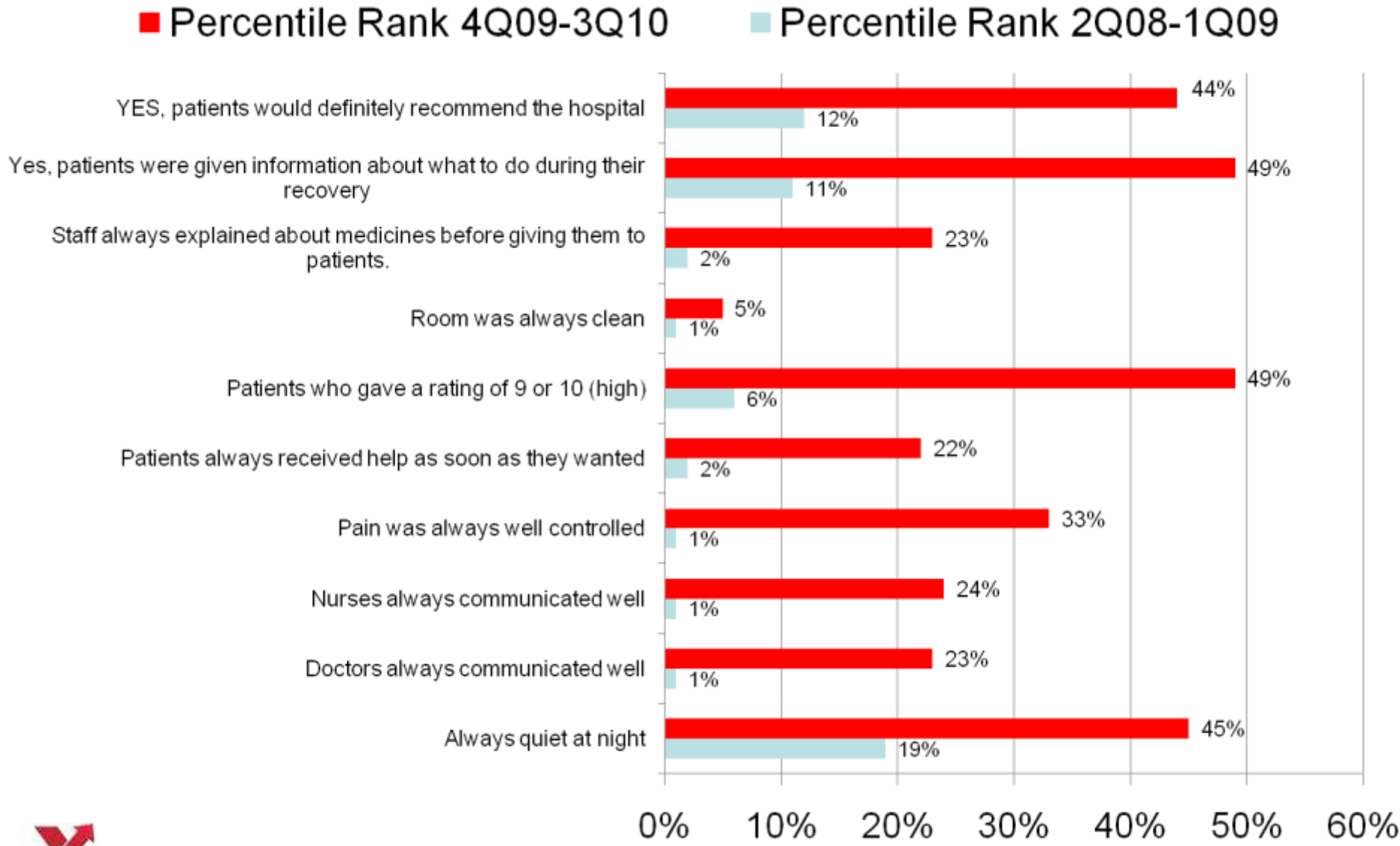


## OU Medical Center Hospitals

- 783 Licensed Beds
- 101 Years of History
- Oklahoma's only:
  - Level 1 Trauma Center
  - Full-Service Children's Hospital
- Home to OK Transplant Center
- Includes OUMC Edmond on campus north of OKC
- 27,447 Admissions
- 114,502 ED Visits
- 150,573 Outpatient Visits
- 23,684 Surgical Visits



# HCAHPS Percentile Improvement



## 1<sup>st</sup> Generation

Learn to use the Tool

Assess Goal Setting  
Competence

Assess Action Planning  
Competence

**Formulate Structure to  
Drive Accountability for  
Outcomes**

## 2<sup>nd</sup> Generation

Increase Sr. Leader  
Planning/Coordination

LEM Proficiency at Sr.  
Leader and Director Level

Develop Goal Setting  
Competence

Develop Action Planning  
Competence

**Enhance Accountability  
Structure**

- More Templates
- MMM
- **Connect** Outcomes to Rewards
- Develop Reporting Capabilities

## 3<sup>rd</sup> Generation

Increase Sr. Leader  
Planning/Coordination

LEM Proficiency throughout  
all Management Levels

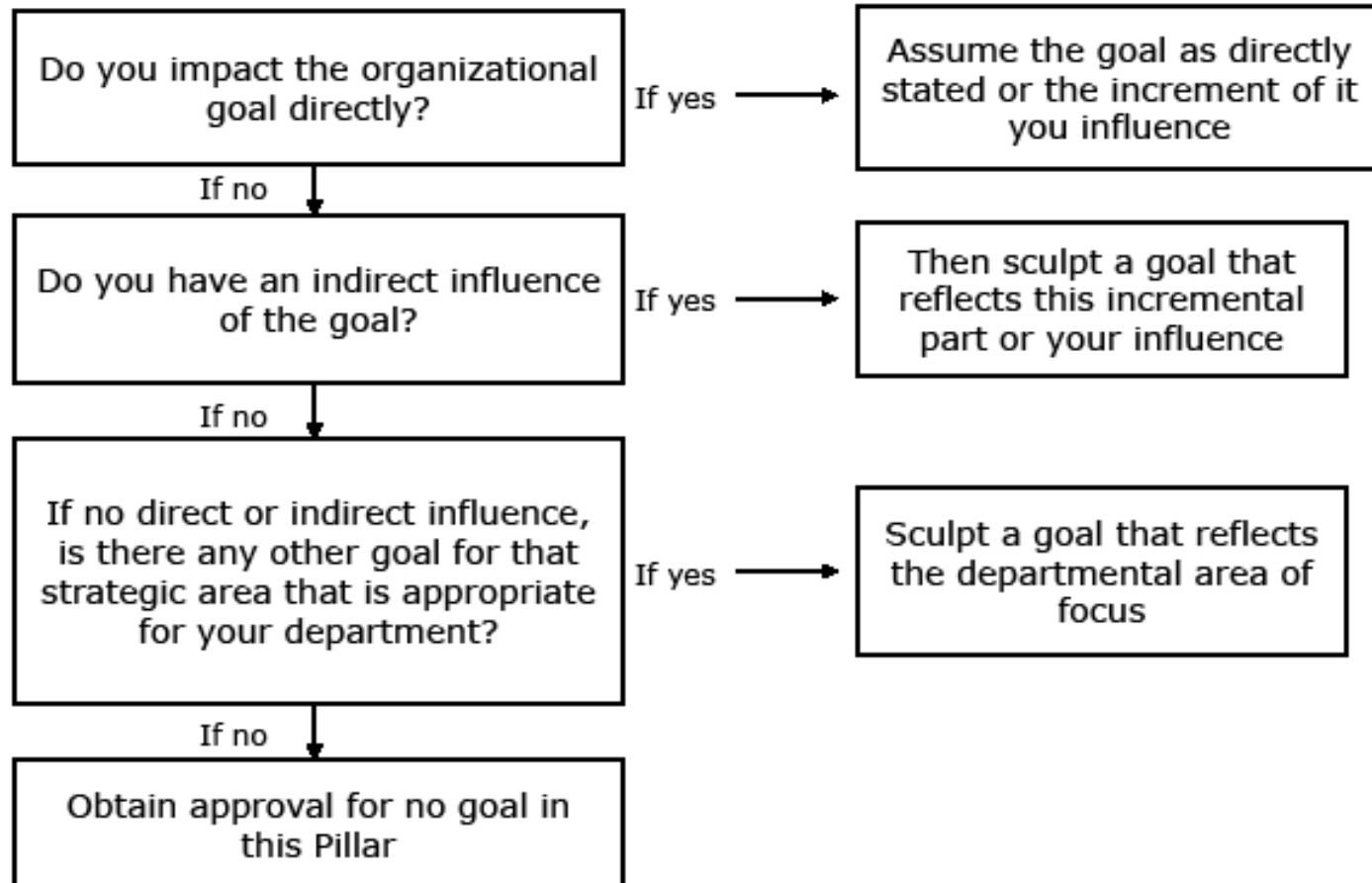
Continue to improve Goal  
Setting & Action Planning  
Competence

**Enhance Accountability  
Structure**

- Majority Templates
- LEM Linkage Grid
- Align Eval Cycles and **Tie** Outcomes to Rewards
- Routine Reporting to Evaluate Focus and Results



# Goal Cascading



# Importance of Goal Templates

<p><b>Role Impact Organization-Wide Success</b></p>	<p>Achieve OUMC-OKC inpatient satisfaction rating <b>greater than</b> HCA % Top 2 Box (9's&amp;10's) for the indicator "Overall Rating of Hospital" as measured by the Gallup Customer Engagement Survey for the time period January - December 2011.</p>	<p>Quarterly/ Single Entry</p>	<p>Last Value Entered = 2011 Overall</p>
<p><b>Role Impacts OUMC Edmond Success</b></p>	<p>Achieve OUMC-Edmond inpatient satisfaction rating <b>greater than</b> HCA % Top 2 Box (9's&amp;10's) for the indicator "Overall Rating of Hospital" as measured by the Gallup Customer Engagement Survey for the time period January - December 2011.</p>	<p>Quarterly/ Single Entry</p>	<p>Last Value Entered = 2011 Overall</p>
<p><b>Role Impact The Children's Hospital Success</b></p>	<p>Achieve OUMC-TCH inpatient satisfaction rating <b>greater than</b> HCA % Top 2 Box (9's&amp;10's) for the indicator "Overall Rating of Hospital" as measured by the Gallup Customer Engagement Survey for the time period January - December 2011.</p>	<p>Quarterly/ Single Entry</p>	<p>Last Value Entered = 2011 Overall</p>
<p><b>Role has scope with a Patient Satisfaction Measure</b></p>	<p>Achieve departmental patient satisfaction rating <b>greater than</b> HCA % Top 2 Box (9's&amp;10's) for the indicator "Overall Rating of Hospital" as measured by the Gallup Customer Engagement Survey for the time period January - December 2011.</p>	<p>Quarterly/ <b>Leader Entry</b></p>	<p>Last Value Entered = 2011 Overall</p>
<p><b>Dept evaluated using Internal Customer Satisfaction Survey</b></p>	<p>Achieve quarterly rating of 3.5 or greater as measured by the Internal Customer Satisfaction Survey for the time period January - December 2011.</p>	<p>Quarterly/ <b>Leader Entry</b></p>	<p>Average</p>

# ***Evaluate Early and Often***

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## **LEM Facts & Figures: Are We Using our Tools?**

- **161 (99%) Leaders have “locked-in” LEM Goals**
- **Approx 975 Goal Entries and 330 Discreet Goals**
  - 156 Pillar (16%)
  - 534 Cascading Template (55%)
  - 285 Customized (29%)
  - Average 6 goals/leader
- **106 (66%) Leaders established 1<sup>st</sup> Quarter Action Plans**
  - 639 1<sup>st</sup> Quarter Goals/Action Steps Records/Approx 6 Goals per Leader

# ***LEM Facilitates Focus***

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<b>Pillar</b>	<b>Total Entries</b>	<b>% of Goal Entries</b>	<b>Avg # Goals/Leader</b>
<b>People</b>	<b>276</b>	<b>31.54%</b>	<b>1.71</b>
<b>Service</b>	<b>214</b>	<b>24.46%</b>	<b>1.33</b>
<b>Quality</b>	<b>200</b>	<b>22.86%</b>	<b>1.24</b>
<b>Finance</b>	<b>131</b>	<b>14.97%</b>	<b>0.81</b>
<b>Growth</b>	<b>100</b>	<b>11.43%</b>	<b>0.62</b>
<b>Research</b>	<b>34</b>	<b>3.89%</b>	<b>0.21</b>
<b>Education</b>	<b>20</b>	<b>2.29%</b>	<b>0.12</b>



## ***College of Medicine***

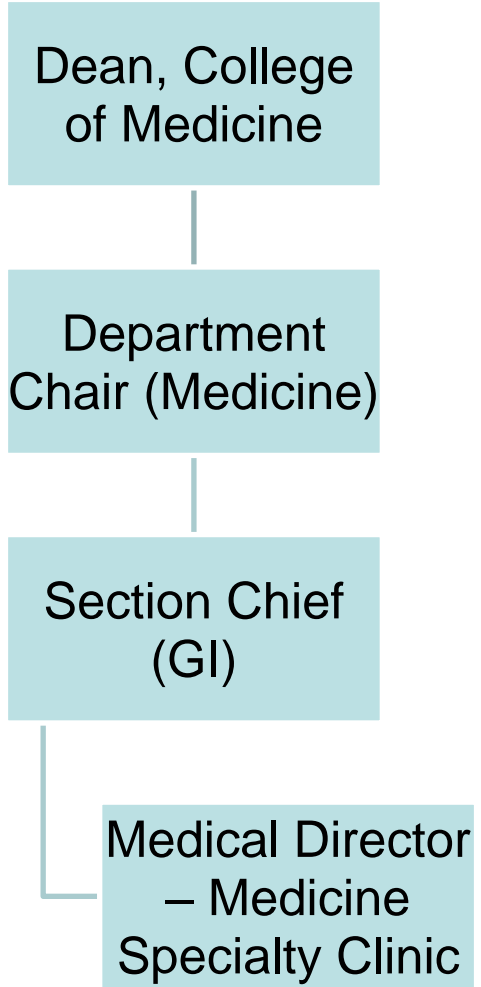
Enhancing Physician Leader Performance  
by using the LEM

# ***Background***

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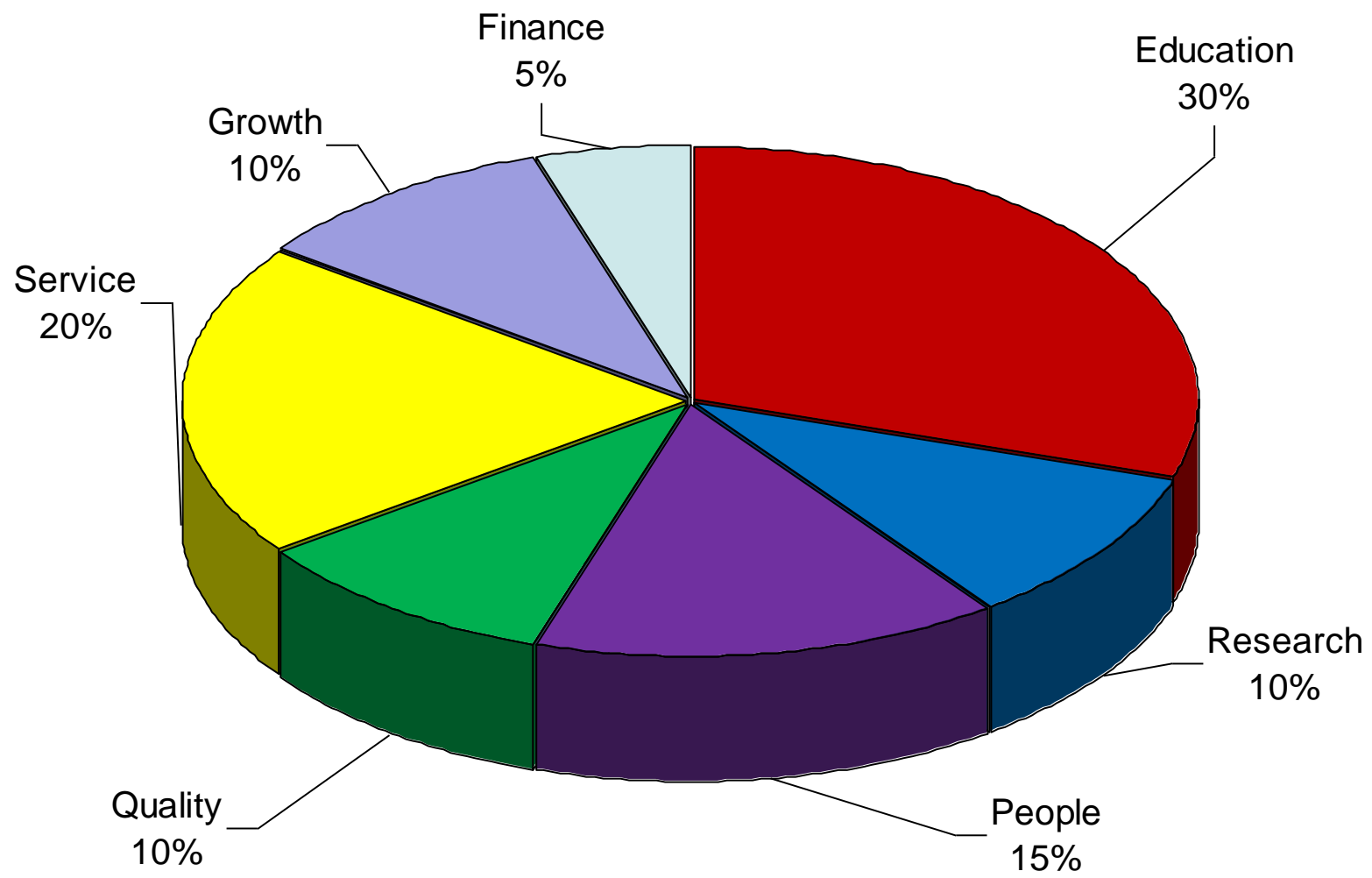
- **LEM rolled out to enterprise January 2009**
- **Hospital and clinic leadership aligned goals closely & developed early traction**
- **Department chairs created their own unique goals and as a result the goals were not aligned, lacked action, and accountability**
- **Physician leader goals have been revised to capture the responsibilities of the various physician leadership positions in the Medical School and OU Physicians**

# Current Physician Leader Hierarchy



**Goals are Aligned & Cascaded**

# Pillar Weights for Department Chairs

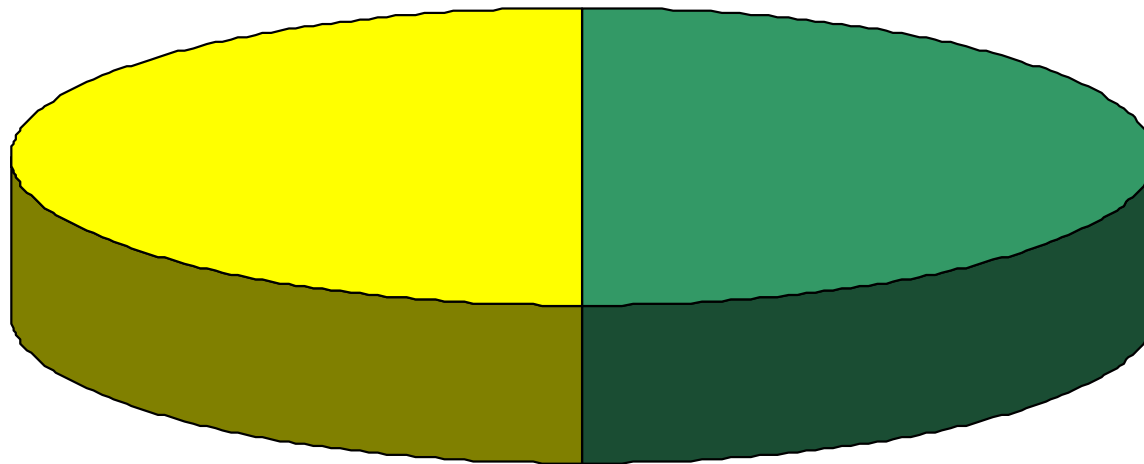




- Clinic Medical Directors & Managers have closely aligned goals and share responsibility for overall clinic performance

**50% Service**

**50% Quality**



# Education

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- **30% Cumulative Weight**
- **Wanted to align physician leader performance around the teaching & training standards outlined by our accreditation organizations:**
  - Accreditation Council for Graduate Medical Education (ACGME)
  - Liaison Committee on Medical Education (LCME),
  - United States Medical Licensing Examination (USMLE),
  - Graduation Questionnaire
- **Success of these goals is predicated on each department chair looking at the data with a critical eye to identify areas for improvement**

# Education

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- **Goal = All Graduate Medical Education (GME) programs meet or exceed the institutional requirements of ACGME (10%).**

Measured by:

- Accreditation status
- Resident satisfaction scores
- Board pass rates
- 709 Residents & Fellows

# Education

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- **Goal = All Undergraduate Medical Education (UME) programs meet or exceed the institutional and program requirements of LCME (10%).**

Measured by:

- Student final grades submitted in a timely manner
- Program in place to ensure non-faculty instructors (e.g. Residents) prepared for their teaching role
- Mechanism in place to ensure faculty observe student performance with feedback
  
- 660 Medical Students

# Education

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- **Goal = UME programs meet or exceed the institutional and program requirements outlined by the LCME and measured by the Graduation Questionnaire and USMLE scores (10%).**

Measured by:

- Rating the quality of the educational experience
- Ratings compared to National Avg
- National exams for discipline (USMLE Step 1 & 2 topic areas)

# Research

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- **A significant component to academic physician performance is measured by their research activity.**
- **Goal = Maintain peer-reviewed publication (PRP) to faculty ratio at 0 to +0.2 points over previous year (10%).**
- **Systems have been developed to track research activity in the academic departments. Rating criteria have been developed and are consistently applied to each chair's evaluation.**

- **Goal = 65% of full-time faculty involved during the year in scholarly activity (10%)**

Activities include:

- **Serve as Primary Investigator (PI) or Co-PI on a grant (externally or internally funded)**
- **Publish a manuscript, book chapter, book or abstract;**
- **Serve as a leader in regional or national professional organization;**
- **Participate in national study**

- **Goal = Improve clinic ranking for Ease of Obtaining Test Results to the 75th percentile for FY12 as measured by Press-Ganey (10%).**
  - Rating of 5 is 90% and above
  - Rating of 4 is 80-89%
  - Rating of 3 is 70-79%
  - Rating of 2 is 55-69%
  - Rating of 1 is 54% and below
- **Percentile rankings are based on results compared to PG's National Peer Group comprised of over 87,000 physicians.**



- **Goal = Improve overall clinic patient satisfaction ranking to the 80th percentile for FY12 as measured by Press-Ganey (20%).**
  - Rating of 5 is 95% and above
  - Rating of 4 is 90-95%
  - Rating of 3 is 80-89%
  - Rating of 2 is 50-79%
  - Rating of 1 is 49% and below
- **LEM 90-day plans are developed in conjunction with the clinic manager.**

# Growth

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- **Goal = Achieve encounter/procedures at 100% of budgeted encounter/procedures (10%).**
  - Rating of 5 is 105% and above
  - Rating of 4 is 103-104.9%
  - Rating of 3 is 100-102.9%
  - Rating of 2 is 98-99.9%
  - Rating of 1 is 97.9% and below

# Finance

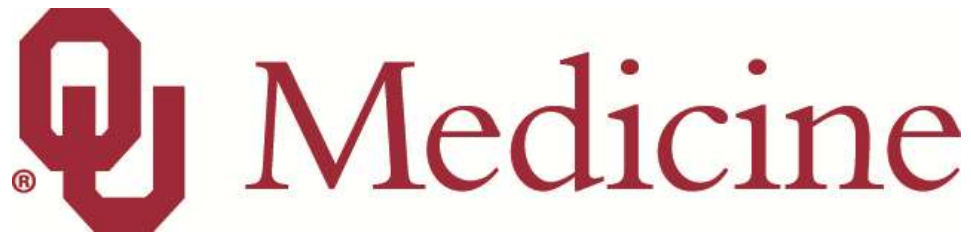
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- **Goal = Ensure a financially sound department by maintaining an appropriate cash reserve and operating margin (5%).**
- **Two Areas of Focus:**
  - **Operating margin: 5% or more**
  - **Sixty Days cash reserves on hand**

# ***Where do we go from here?***

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- **Enhance the LEM utilization throughout our physician leadership structure.**
- **We realize that, in some ways, the journey is just beginning.**
- **The LEM must be incorporated as a significant component to the overall physician evaluation.**
- **OU Medicine as an enterprise is committed to that end.**
- **Alignment, Action, & Accountability** are the keys to **success.**



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## ***Leader Accountability within OU Physicians***

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**Holly Adams, FACHE, FACMPE**  
**Executive Director of Operations**  
**OU Physicians & OU Children's Physicians Clinical Services**

# OU Physicians Vital Statistics

- 700+ credentialed providers
- 650 employees
- 50 clinic locations
- 440k ambulatory visits
- \$170M annual revenue
- 10,000 patient surveys
- AAAHC Accreditation
- 90% GE Centricity EMR Implementation



# ***Why Initiatives Fail...***

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1. Lack of balanced approach
2. Lack of developing leader competencies
3. Lack of objective accountability system
4. Lack of communication -- connecting dots to purpose, worthwhile work and making a difference
5. Lack of a sequenced approach that is hardwired
6. Inability to re-recruit the high and middle performers and de-select low performers

***Building an***  ***Culture***

*“We are what we repeatedly do.  
Excellence, then, is not an act, but a habit.”*

*- Aristotle*



# ***Reasons Initiatives Succeed...***

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- Clear and focused goals
- Top Leadership role model behavior
- Creation of a guiding coalition
- Sense of urgency
- Willingness to review and accept the data
- High and middle performer are retained and low performers are de-selected
- Attainment of success which re-motivates
- No excuses

# What Is Leader Accountability?

Setting the **expectation**, clearly **communicating** it, and then holding yourself and everyone within your sphere of influence **responsible** for consistently meeting expectations

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- Focuses on holding leaders responsible for getting things done.
- Influences human behaviors and work force efforts.
- Guides a vision-driven organization to continually improve.
- Verifies individual performance.
- Provides a method to distribute organizational pillar goals to individual leaders.

*“The glue that makes it stick...but not just any glue!”*



Regular



100 glue sticks/yr

*“The glue that makes it stick...but not just any glue!”*

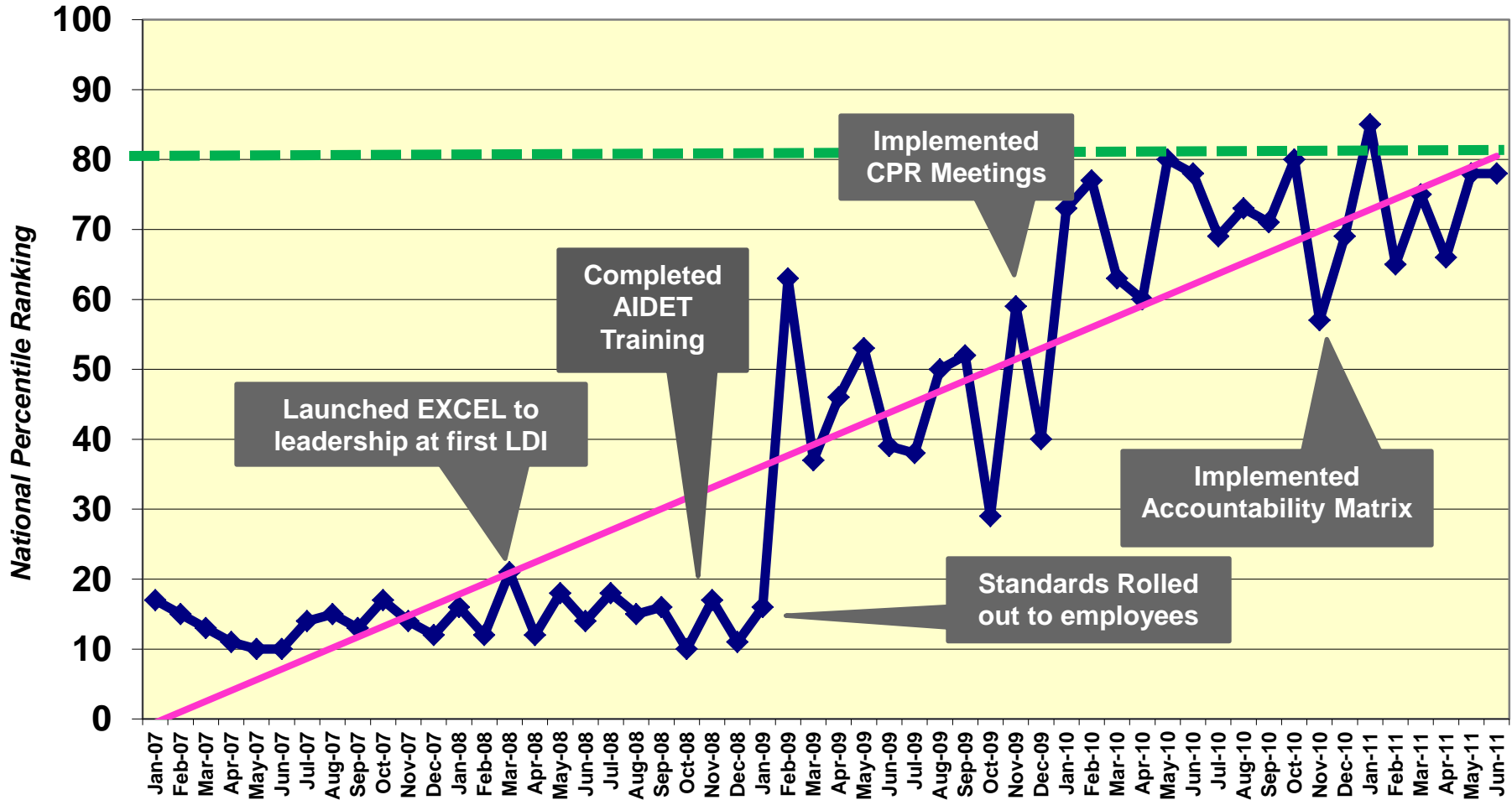
Gorilla Glue Strength



- Monthly Meeting Model (MMM)
- Accountability Matrix
- LEM & Leader Report Cards
- Annual Leader Performance Evaluation
- Clinic Performance Review (CPR) Meetings

# OU Physician's Overall Scores

## OVERALL PATIENT SATISFACTION ALL FACILITIES PERCENTILE RANK



**GOAL = Improve Patient Satisfaction Scores to 80th %tile**

# ***Monthly Meeting Model***

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- Executive Director of Operations meets monthly with each clinic manager, utilizing a common monthly meeting model.
- Managers bring a standard meeting report (accountability matrix, patient satisfaction results, LEM report card, rounding logs, staff logs, TY notes, stoplight report, etc.)
- Accountability matrix is completed & emailed 5 days prior to the scheduled meeting.
- 90-day plans are developed and discussed for all goals not at target.
- Meetings are focused, begin on time, results oriented, with action items documented for follow up.

# ***Accountability Matrix***

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- Summary of leader compliance with “must haves” and the Evidenced Based Leadership model.
- Clinic managers complete a monthly attestation and submit report to Executive Director.
- Implemented in January 2011, has helped improve focus, results, efficiency, and accountability.

# **Accountability Matrix Attestation:**

- Is LEM report card up-to-date?
- Is Stop Light report completed?
- Have at least 3 Thank You notes been written?
- Is 90-day Action Plan up-to-date?
- Is clinic placed in Clinic Performance Review (CPR) status?
- Has required patient & staff rounding been completed? If so, how many?
- Have you rounded on physicians? If so, how many?



# OU Physicians Must-Have Accountability Matrix

Name:

UserId:

eMailAdd:

Date Submitted:

## Must Have Metrics for this Reporting Period:

### Report Card Score (LEM Score):

Yes / No

Monthly Report Card Up-to-date?

Stoplight Report Completed?

3 Thank You Notes Sent?

90 Day Action Plan Up-to-date?

Not Required

Clinic Performance Review Status?

b/c all goals are met

Primary CPR Clinic:

List any other Clinics under CPR:

### Effective Leader Rounding:

Leader Rounding on Patients (20/clinic/week):

a) # Completed:

b) # Should Round:

c) % Completed (a/b=c):

Leader Rounding on Employees (each employee 1/month):

a) # Completed:

b) # of Current Employees:

c) % Completed (a/b=c):

Leader Rounding on Physicians:

a) # of Physician Rounds:



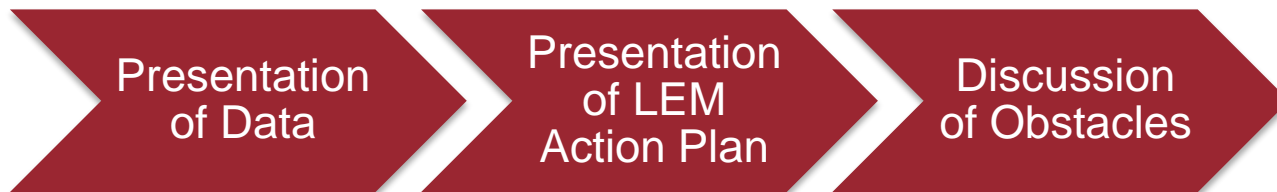
# OU Physicians Clinic Operations Excel Accountability Matrix



Name	Report Period	LEM Score OVERALL	Report Card	Stoplight Report	ThankYou Notes	Action Plan	CPR Status	CPR Clinic Primary CPR Clinic Other	Patient Rounding Complete / Goal	Employee Rounding Completed / Goal	Physician Rnd
Hale, Darla	03/2011	4.45	☑	☑	☑	N/A	N/A		70 / 80	3 / 3	1
DH7	3/11/2011	83.33%							87.5%	100.0%	
Fitzgerald, Kyli	03/2011	4.40	☑	☑	☑	N/A	N/A		24 / 60	6 / 6	1
KC7	3/29/2011	83.33%							40.0%	100.0%	
Brown, Gary	03/2011	4.16	☑	☑	☑	N/A	N/A		60 / 60	6 / 6	1
GWB	3/10/2011	100.00%							100.0%	100.0%	
Harris, Shirley	04/2011	4.10	☑	☑	☑	Yes	N/A		80 / 80	13 / 13	2
SDH	4/1/2011	100.00%							100.0%	100.0%	
Daniels, Kelly	03/2011	3.81	☑	☑	☑	Yes	No		5 / 25	8 / 17	1
UKAD	3/30/2011	66.67%							20.0%	47.1%	
Sommer, Carrie	04/2011	3.71	☑	☑	☑	Yes	N/A		60 / 60	14 / 14	0
CSS	4/6/2011	83.33%							100.0%	100.0%	
Wilson, Margaret	04/2011	3.65	☑	☑	☑	N/A	N/A		82 / 80	14 / 14	1
MW2	4/4/2011	100.00%							102.5%	100.0%	
Adams, Holly	01/2011	3.56	☑	☑	☑	Yes	N/A		40 / 40	10 / 10	5
HCA	1/4/2011	100.00%							100.0%	100.0%	
Watkins, Trena	03/2011	3.55	☑	☑	☑	N/A	N/A		60 / 80	11 / 15	1
TW7	3/14/2011	66.67%							75.0%	73.3%	

# Clinic Performance Review (CPR) Meetings

- Focus is on leader accountability for clinics with patient satisfaction rankings below target for 3 consecutive quarters.
- Clinic Manager & Medical Director present the LEM Action Plan to EDO, CEO, CMO, & Department Chair.
- Meeting Agenda:



- Desired Outcomes:
  - Increased leader accountability
  - Improvement in patient satisfaction ranking

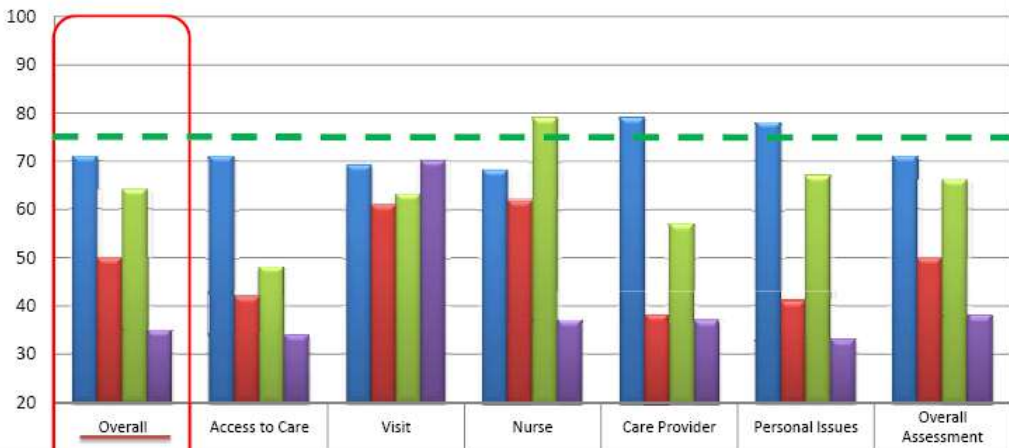


# Standard CPR Meeting Reports

## OU PHYSICIANS Senior Health Clinic 10 15 10

	FY10 Q2	FY10 Q3	FY10 Q4	FY11 Q1TD	Trends	n's Q1-QTD
Std Overall	24	17	37	40		74
Std Access to Care	15	7	26	29		73
Ease of scheduling appointments	24	9	64	56		72
pt	35	25	60	71		72
	13	4	17	50		69
	6	4	10	6		61

### Fam Med Blue-Rose Patient Satisfaction



- Held 18 CPR meetings over past 12 months.
- 18 LEM Action plans have been approved and implemented with overall success.
- Meetings widely viewed as very productive.
- Used as an example of leader accountability across OU Medicine.

## Impact on Patient Satisfaction Ranking

<b>Clinic</b>	<b>Before</b>	<b>After</b>
Orthopedics	57%	84%
Specialty Clinic	48%	99%
OUCP Latino	42%	66%
OUCP GI	11%	99%
Neurology	10%	73%

# Leader Report Cards

## Monthly Report Card

Name: Holly, Adams

Leader: Brian, Maddy

Department: OU Physicians Administration

Division: OU Physicians

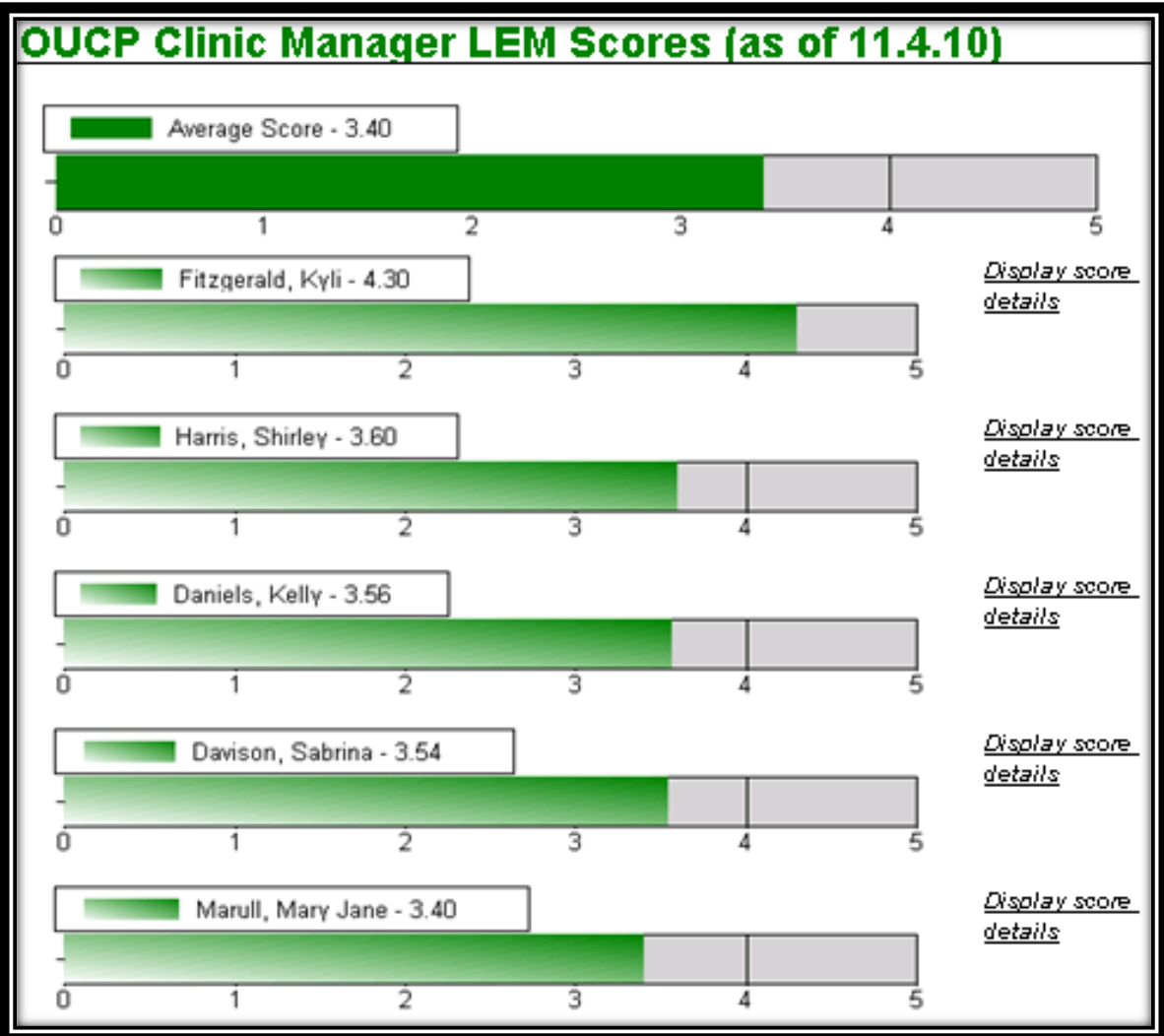
Year Ending: 2010

Goal	Rating	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Summary
<b>People</b>	<b>percentage</b> <b>Lower is better</b>													
CHILDREN'S CLINICS	5 is 11 and below													
Maintain a voluntary turnover rate for OUCP of 15% or below for FY 10 as measured by OUP HR turnover report.	4 is 13 to 11.1	0	12.7	8.4	10.5	10.1	12.6	10.8	10.4	10.2	9.1	9.1	8.3	AVG 9.3 Item Score: (7.5%) X 5 = 0.38
	3 is 15 to 13.1													
	2 is 18 to 15.1													
	1 is 18.1 and above													
<b>People</b>	<b>percentage</b> <b>Lower is better</b>													
ADULT CLINICS	5 is 11 and below													
Maintain a voluntary turnover rate for OUP Adult clinics of 15% or below for FY 10 as measured by OUP HR turnover report.	4 is 13 to 11.1	16.7	14.5	16.6	15.5	13.2	12.4	13	11.9	12.4	14	14.3	14.4	AVG 14.1 Item Score: (7.5%) X 3 = 0.23
	3 is 15 to 13.1													
	2 is 18 to 15.1													
	1 is 18.1 and above													
<b>Monthly Eval Scores</b>		2.93	3.16	3.31	3.11	3.21	3.29	3.34	3.34	3.29	3.34	3.24	3.19	3.19

**Manager Target = Update LEM monthly & bring to meeting with EDO.  
LEM score targets are built into annual performance evaluation.**



# LEM Transparency – A Very Good Thing

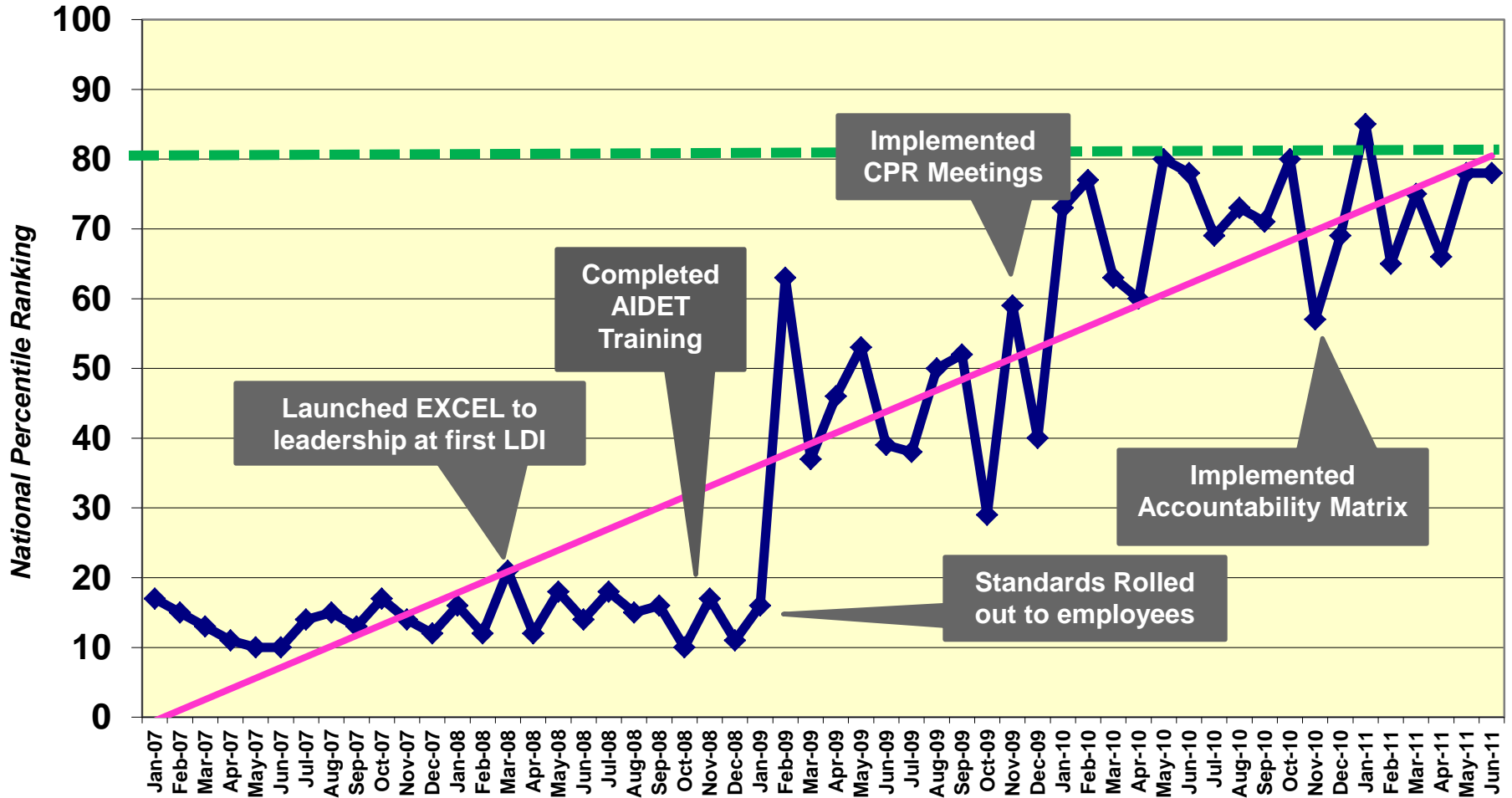


# Annual Performance Evaluation

- **Before EXCEL, evaluations were largely subjective.**
- **Lacked measureable performance metrics.**
- **After introduction of LEM report cards in December 2009, evaluation process changed significantly:**
  - 90% of clinic manager evaluation based on LEM score & achievement of goals.
  - 10% tied to Bus Stop conversations, focused on leader performance in meeting established Standards of Behavior.
  - Result of change has been positively received by all leaders. More transparent with results. No guesses regarding performance. Report cards are attached to evaluations. Goals were met or not. No excuses.



## OVERALL PATIENT SATISFACTION ALL FACILITIES PERCENTILE RANK



**GOAL = Improve Patient Satisfaction Scores to 80th %tile**

# ***Reasons Initiatives Succeed...***

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- Clear and focused goals
- Top Leadership role model behavior
- Creation of a guiding coalition
- Sense of urgency
- Willingness to review and accept the data
- High and middle performer are retained and low performers are de-selected
- Attainment of success which re-motivates
- No excuses

# OU Physicians Accountability Systems

## 3 Questions to Ask:

- Have you implemented systems of accountability?
- Have these systems been “glued” in, or hardwired, in your organization?
- If yes, then what type of glue?





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## *Questions?*

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