Today & Tomorrow:
Nurses Lead Through The Ongoing Change In Healthcare

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What Do We Hope To Accomplish?

- Change can and will happen—it is a given in healthcare and in our lives outside of healthcare

- Change can be positive

- You can choose to be a change agent or a victim of change

- Positive change requires strategy

- Whether personal or professional, change can be powerful

The Reality

- Change has become the new normal in healthcare
- Driven by external forces
  - Changing payment models
  - Public reporting
  - Technology
- Driven by internal forces
  - Technology
  - Changing patient expectations
  - Competition
  - Industry consolidation

The Question No Longer is,

"Will Change Happen?"

Rather, the Question Now should be

"How Will I (Personally) and We (Institutionally) Respond to Change?"

A Brief Exercise

- Partner with the person next to you
- Look at each other closely (hair, jewelry, clothes, etc)
- Now, turn away from each other and change 5 things in the way you look (shoes, jewelry, etc.)
- Turn back and take turns identifying the five changes each of you made
- Now, repeat the above steps

A Brief Exercise-Discussion

- How easy was it to make the first set of changes? Why?

- How easy was it to see the first set of changes?

- How about the second set of changes? Were they as easy to make? Why/why not?

- Were they as easy to see?

A Brief Exercise-Discussion

- Making improvements in an organization is very similar to what you just experienced

- The initial changes (low-hanging fruit) are relatively easy to identify and to make

- But those initial changes will not get an organization its long-term goals

- This level of change requires much more intense, more introspective and more fundamental change that can be more difficult to identify and implement

- Most of the time, change is seen as negative—taking things away. How many of you added things to your look?

- Show of hands

  – *Who in this room can't dance?*

  – *Who in this room can't sing?*

  – *Who in this room couldn't draw a stick figure using tracing paper?*

- One more question….

  – *How do you know?*

- Some of your answers might be
- *I tried once and failed miserably*
- *When I tried, other people made fun of me*
- *I had a teacher/coach/parent tell me that I didn't have the talent*
- *I've never tried, I just know I can't*

Think About It: Reece Witherspoon's Story

She recounted the story of how director Jim Mangold told her she wouldn't have to sing for the role of June Carter Cash in the 2005 movie, Walk the Line.

"Then one day he asked me to come over to his house. T-Bone Burnett, the musical director, was there, and Jim said, 'Can you sing something for us?' I immediately called my lawyer and asked him to get me out of this movie. He said it would take a couple of months, and I should just play along. So I did."

The rest is history. Witherspoon learned not only to sing but to play the auto harp. She did what she had to, and since she was so convincing that she swept the major best actress awards that year.

- Today, we want to tell you about an organization that said many of those same things
- An organization (and the individuals within that organization) that didn't think it could dance, sing or create
- An organization for which all the rules were changed overnight
- And which had to learn how to sing, dance and create in this new world in order to survive

Our Goals for Our Time With You

- To introduce you to some tools & techniques that can be applied in your work by
  - Sharing the challenges, false starts, slips and successes we experienced in the transition from a state to an independent entity
  - Sharing the lessons learned during our over 17 year odyssey as a Public Authority
  - Demonstrating that, no matter what you've been told, no matter what your organization believes, you can learn to dance, sing and create

Seize The Day

In the 1990's, things did not look good for the hospital…….
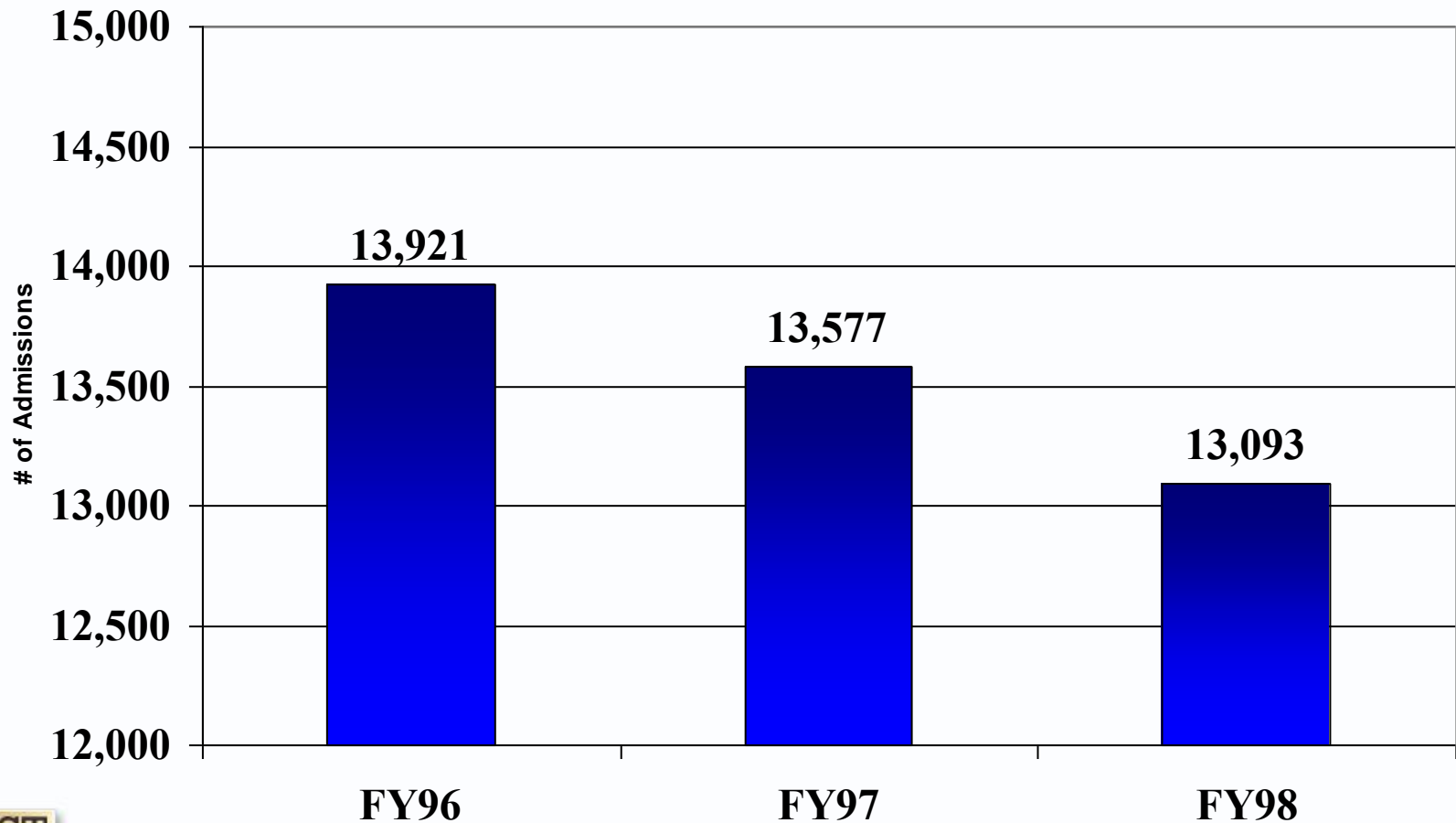
We had two choices…Sink or Swim???

In the Mid to Late 1990s…
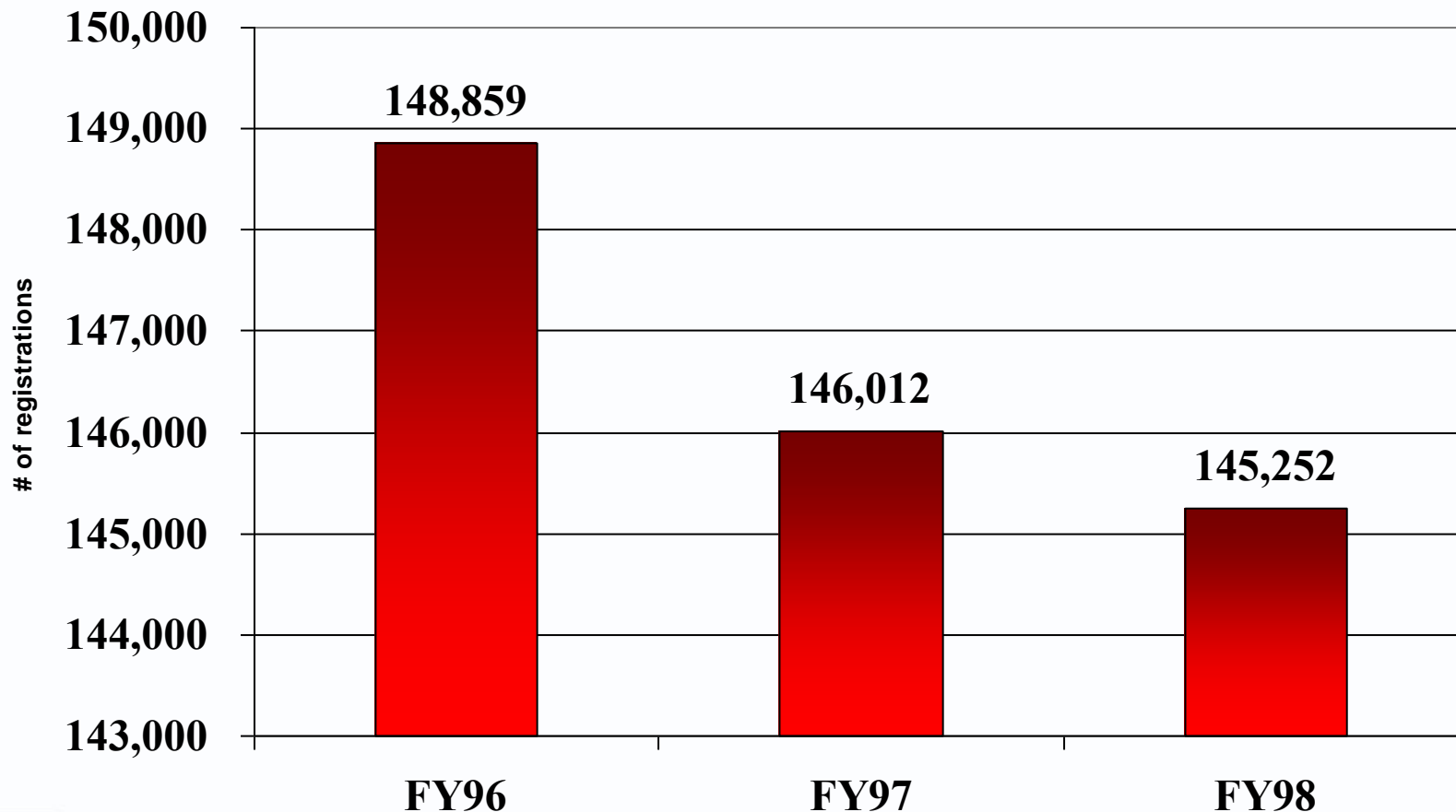
- It was predicted that the University of Kansas Hospital would be losing $20M by the year 2000
- Inpatient volumes were declining by 5% per year
- Patients, physicians and staff were not happy
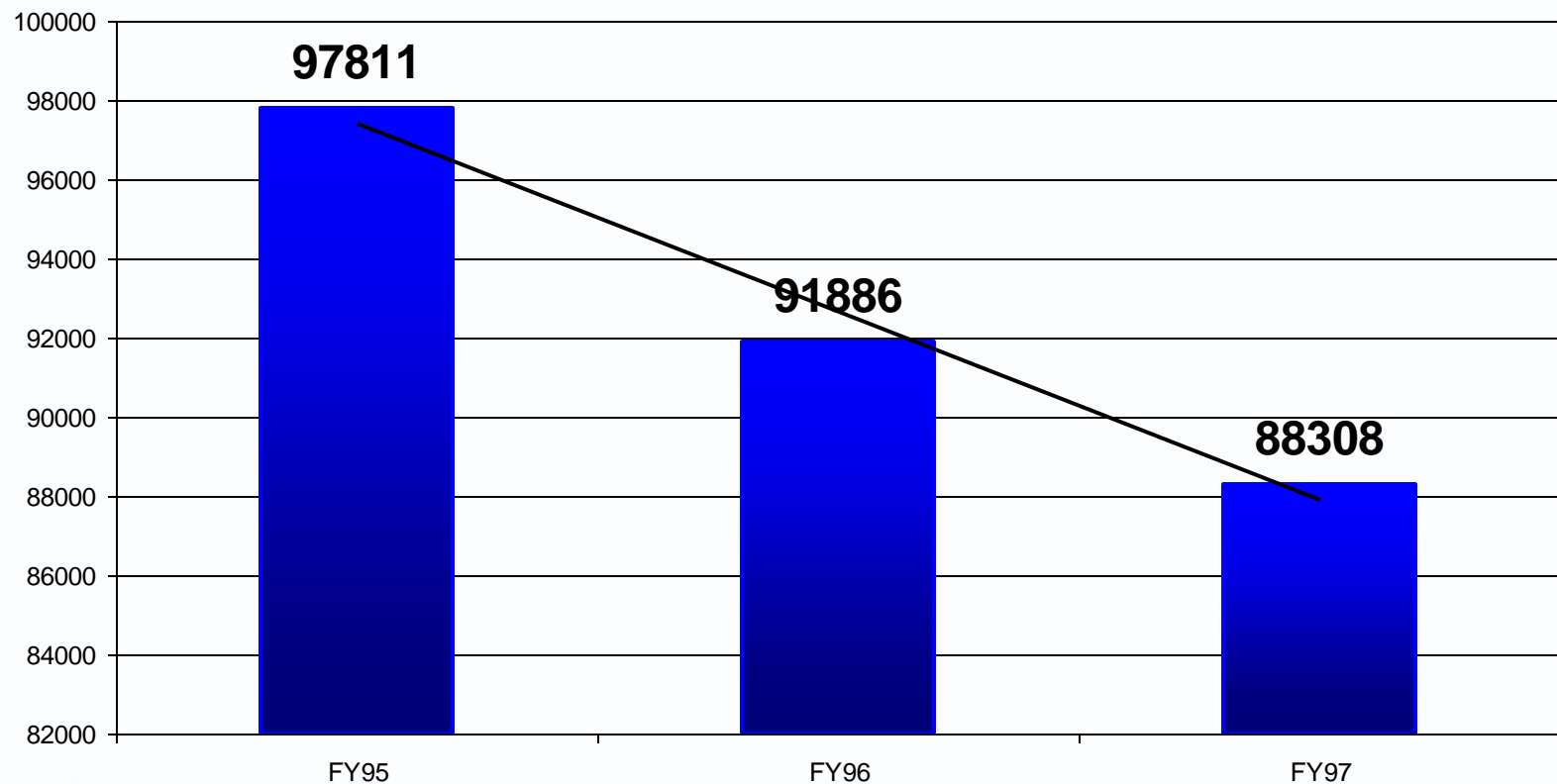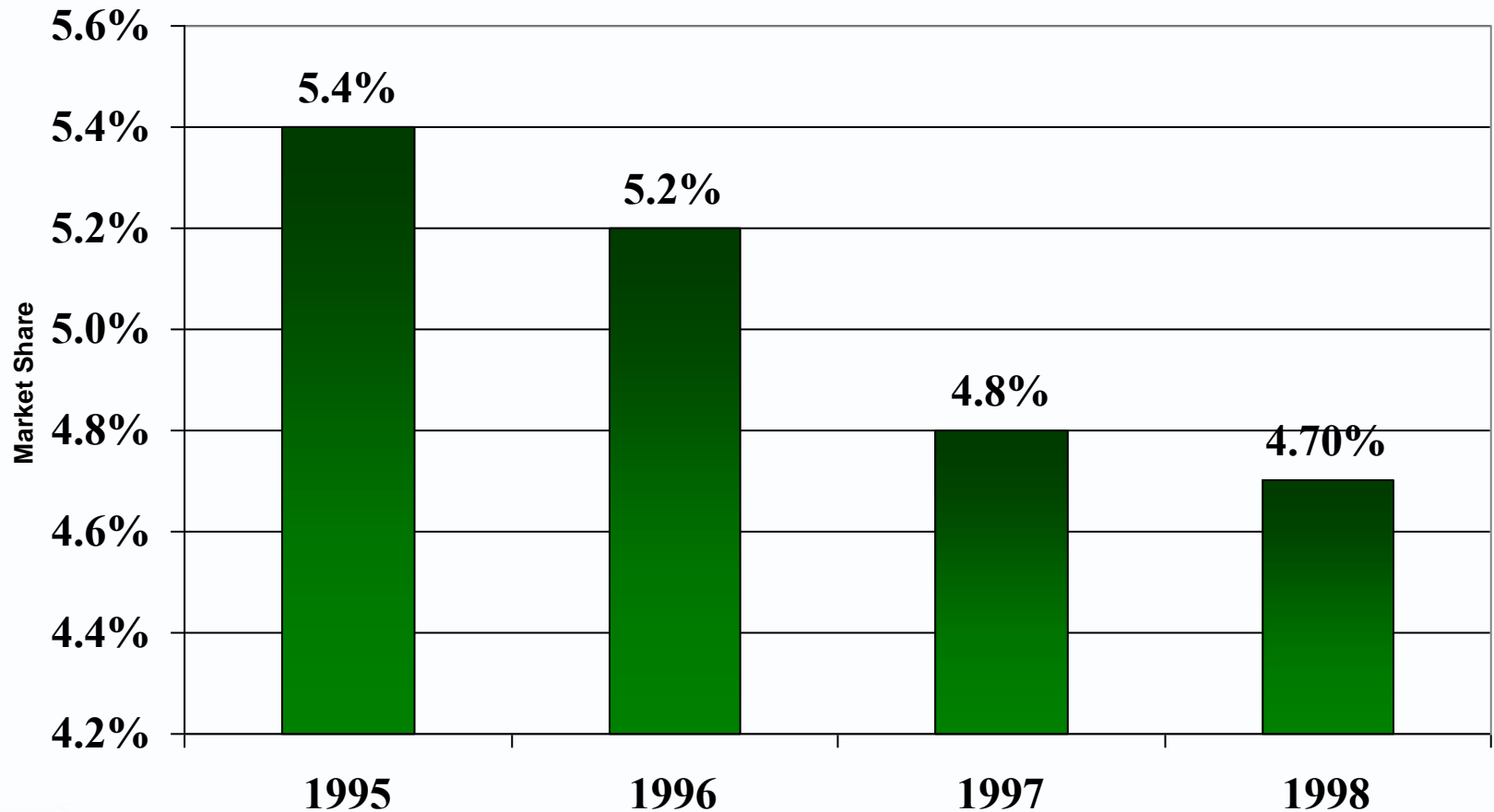- Community perception was poor

Inpatient Admissions

Outpatient Registrations

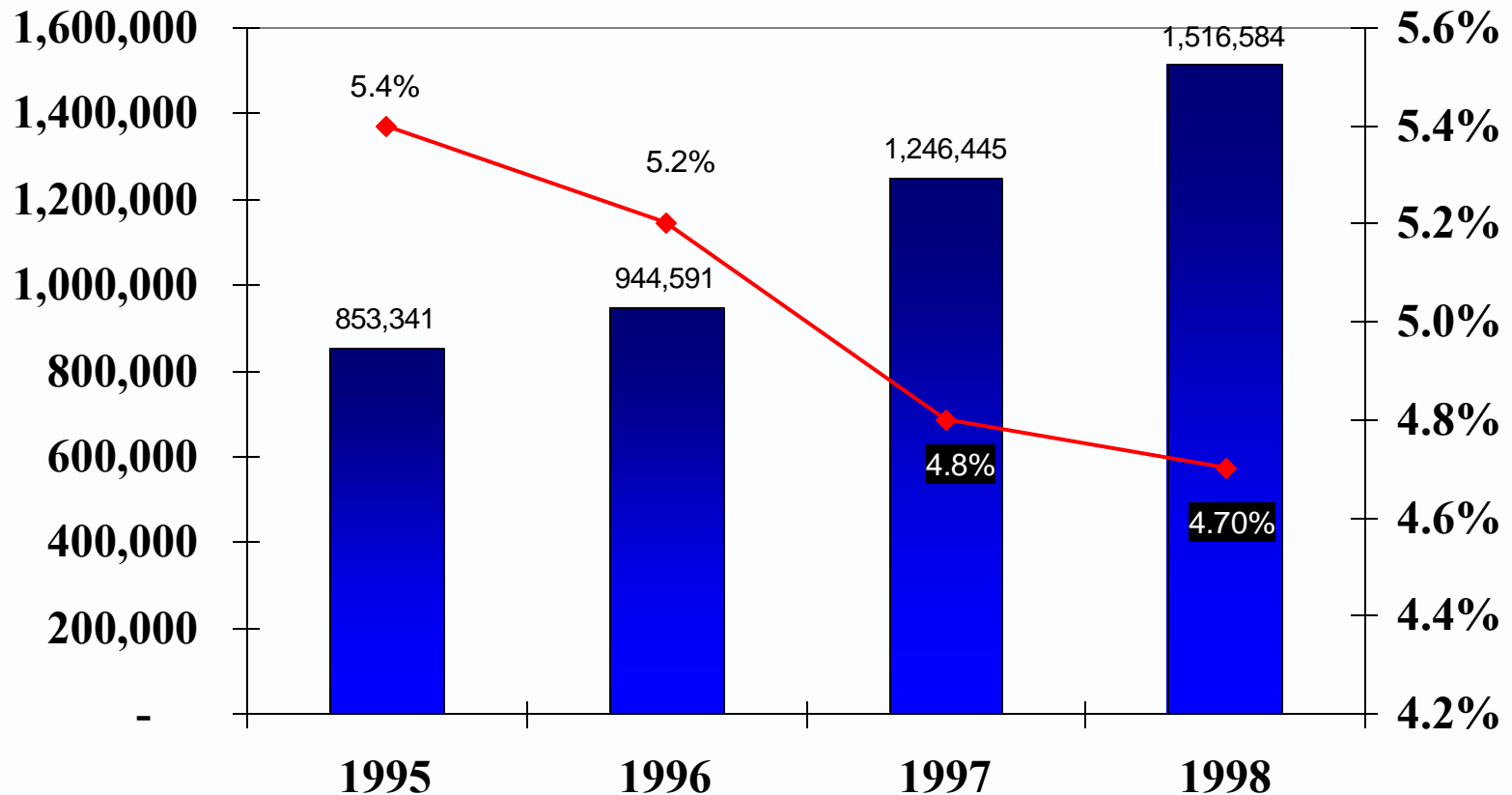# Patient Days

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Market Share

Market Share And Market Size

KU Med

- Was not seen as a leader in
  - Most preferred hospital
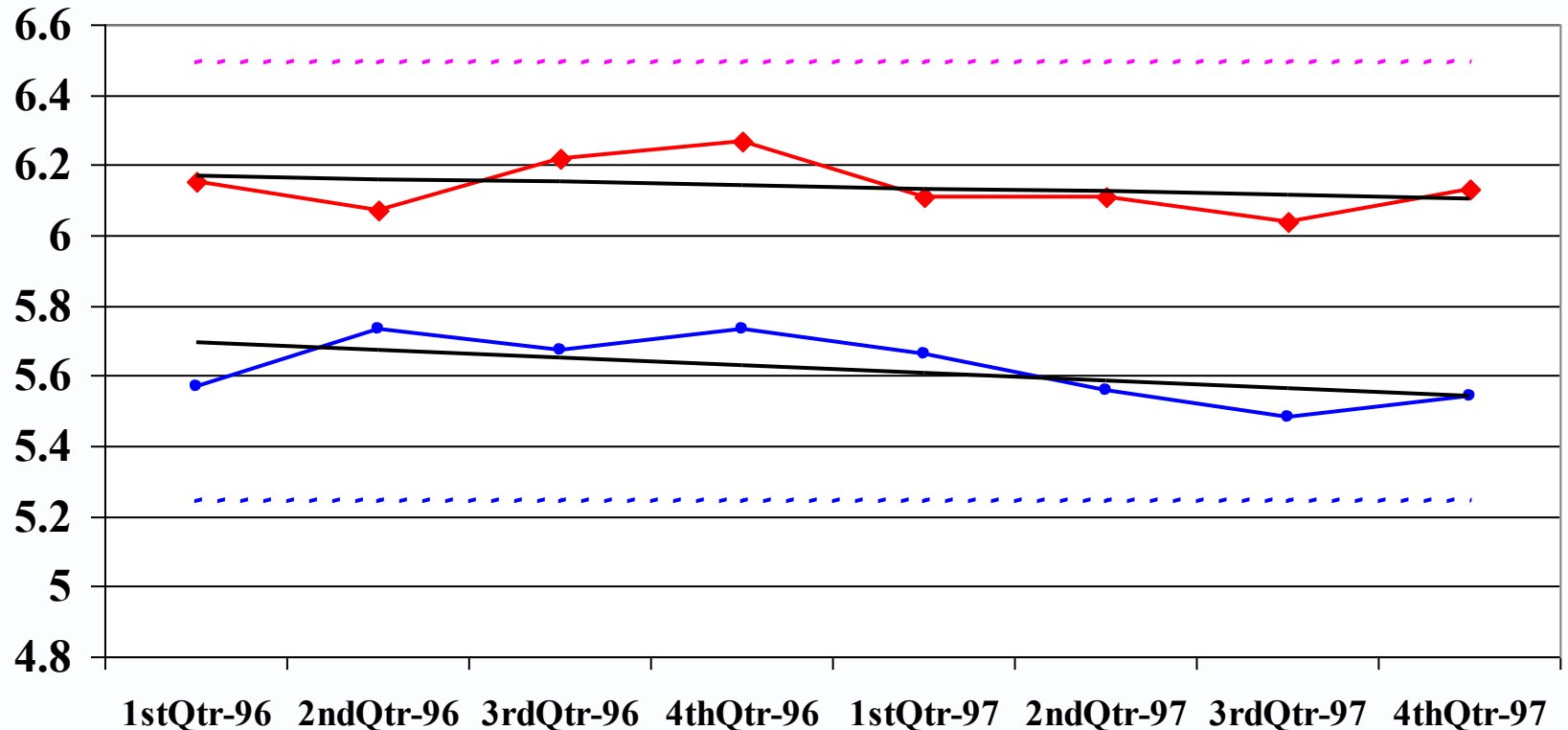 - Best image/reputation
  - Best overall quality

Employee Satisfaction Indicators

- 1998 Turnover = 33%

- Selected Employee Satisfaction Scores

  – Proud to tell others I work here = 2.95/4

  – Recommend KU for Care = 2.74/4

  – Recommend KU for Work = 2.69/4

Hospital Overall Length Of Stay
Actual vs. Expected
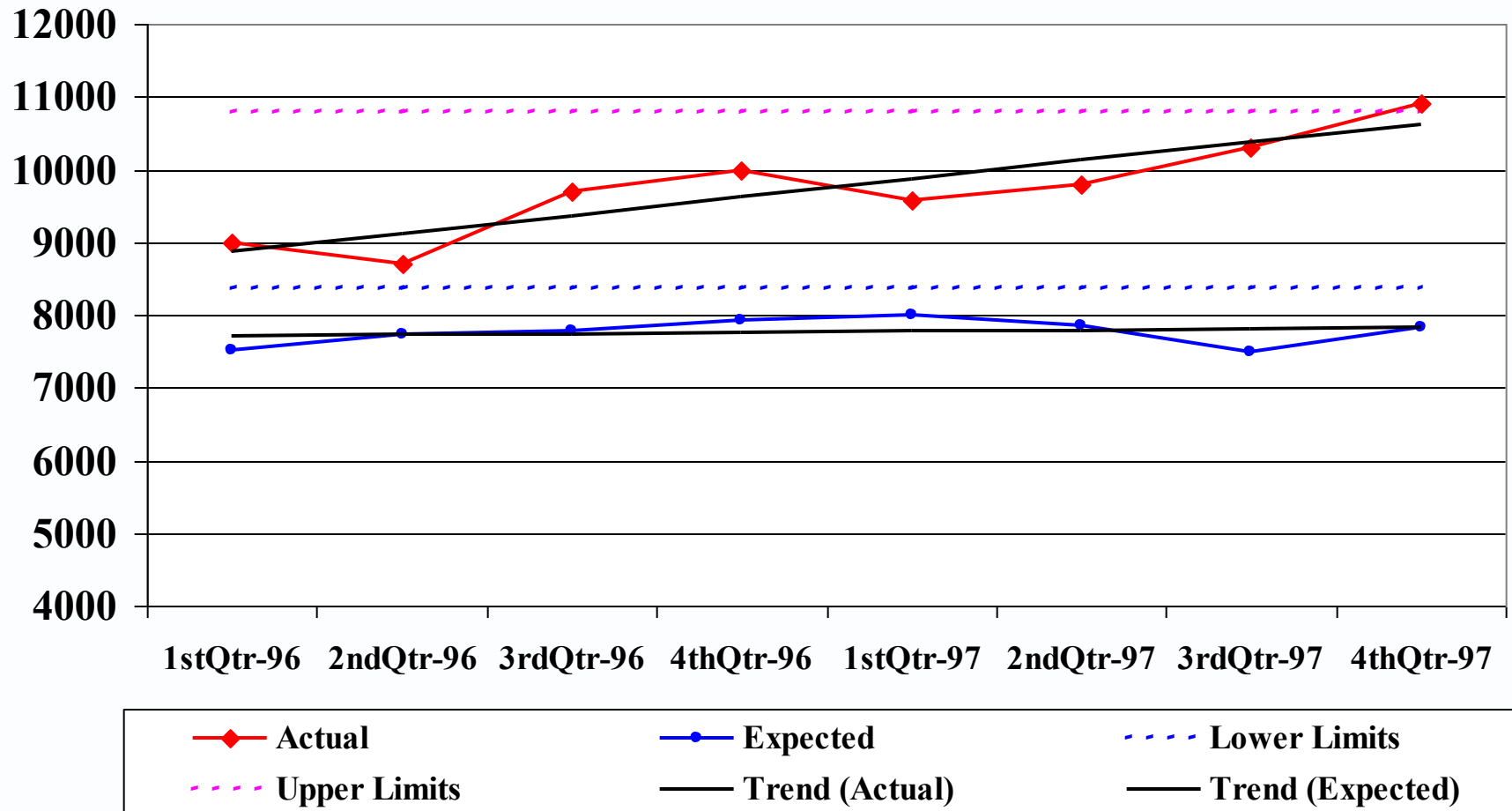
Overall Cost Performance
Actual vs. Expected

Another Exercise

- Let's start by crossing our arms

- Look to see which arm you have on top

- Now, cross your arms again, but reverse the order...end up with the arm that was on top on the bottom

- Repeat this process

- One more time.....

Exercise (continued)

- How did it feel to reverse your normal pattern?
- Why was it so difficult?
- What prevents us from adopting new ways of doing things?
- How can we open ourselves and our organizations to change?

- ***Be warned, at various times during our presentation, we'll ask you to cross your arms again...the new way***

In 1998,
the Hospital Became
A Public Authority

and the Tune Really Did Change

A New Perspective

WHAT IS A PUBLIC AUTHORITY

- An entity or organization which is specifically established by state statute to provide a service or function

  - a subdivision of a political body

  - a corporation expressly created by a unique statute

- In addition to the normal laws governing corporations, a public authority is also subject to the legislation which created it.

WHAT IS A PUBLIC AUTHORITY(2)

- An independent board of directors appointed by the governor and affirmed by the senate.

- Charged with operating a teaching hospital for the benefit of the medical center, providing high quality patient care and a site for research.

- The board is similar to what most corporations and many not-for-profit organizations have. These boards provide the direction which supports the long-term success of the organization.

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Overnight

- We had
  - A board of 16 appointed and ex officio members, many of whom were just learning about what we did
  - Our Own Checkbook (for the first time ever)
  - And a full contingent of staff who wanted to believe the new structure was the right thing to do

Overnight

- We had
  - To reverse a long trend of declining performance and lack of confidence among some key constituencies
  - To invest millions of dollars of capital into an organization that was cash starved, while working to build the necessary cash reserves
  - To establish the financial performance to gain and maintain an A bond rating
  - To build people systems that supported problem-solving, creativity and improvement

Overnight

- We had
  - To establish ourselves as a leader in service, quality and cost when compared against the best in the country

- All the while, many eyes (internal and external) watched anxiously to see if we could succeed
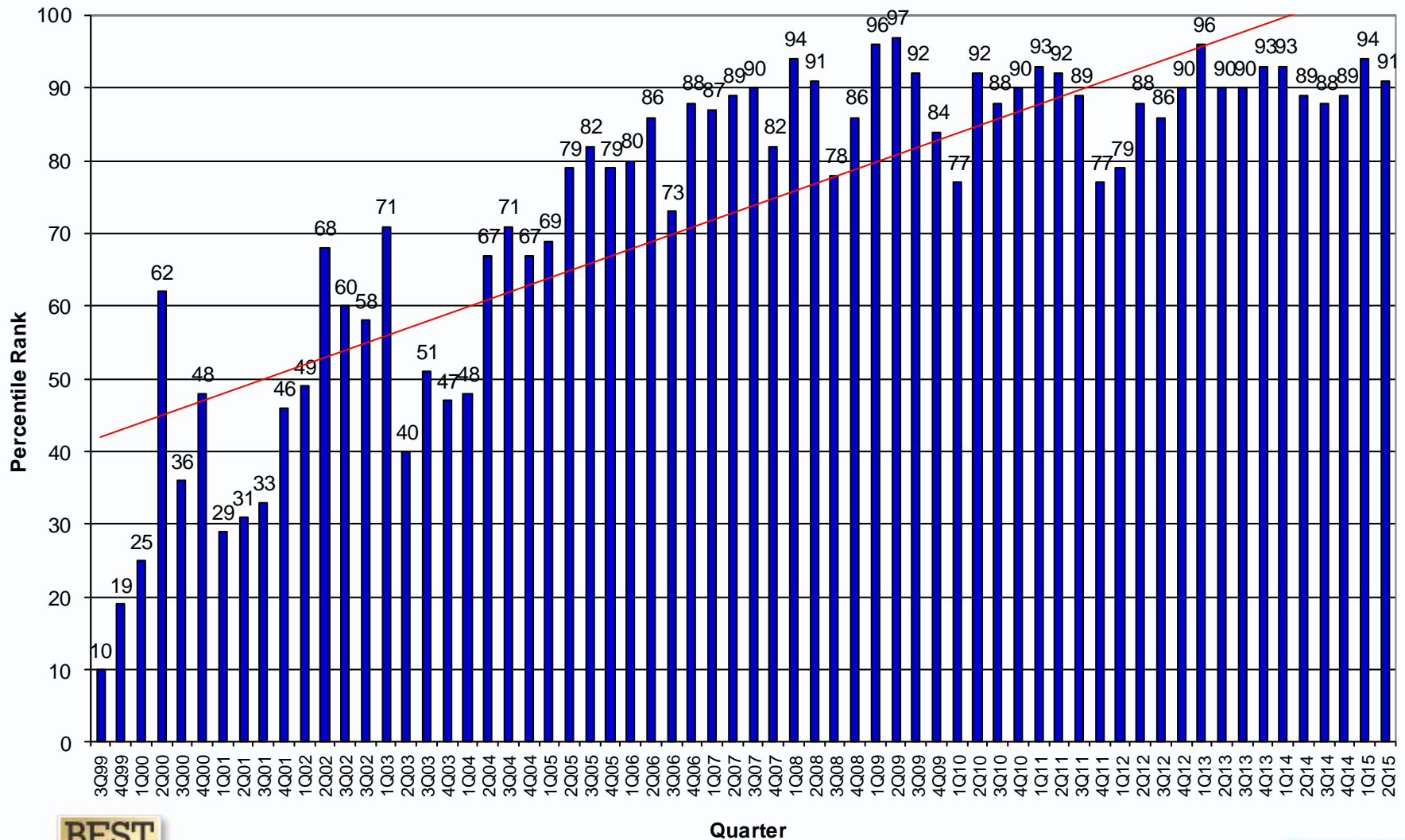
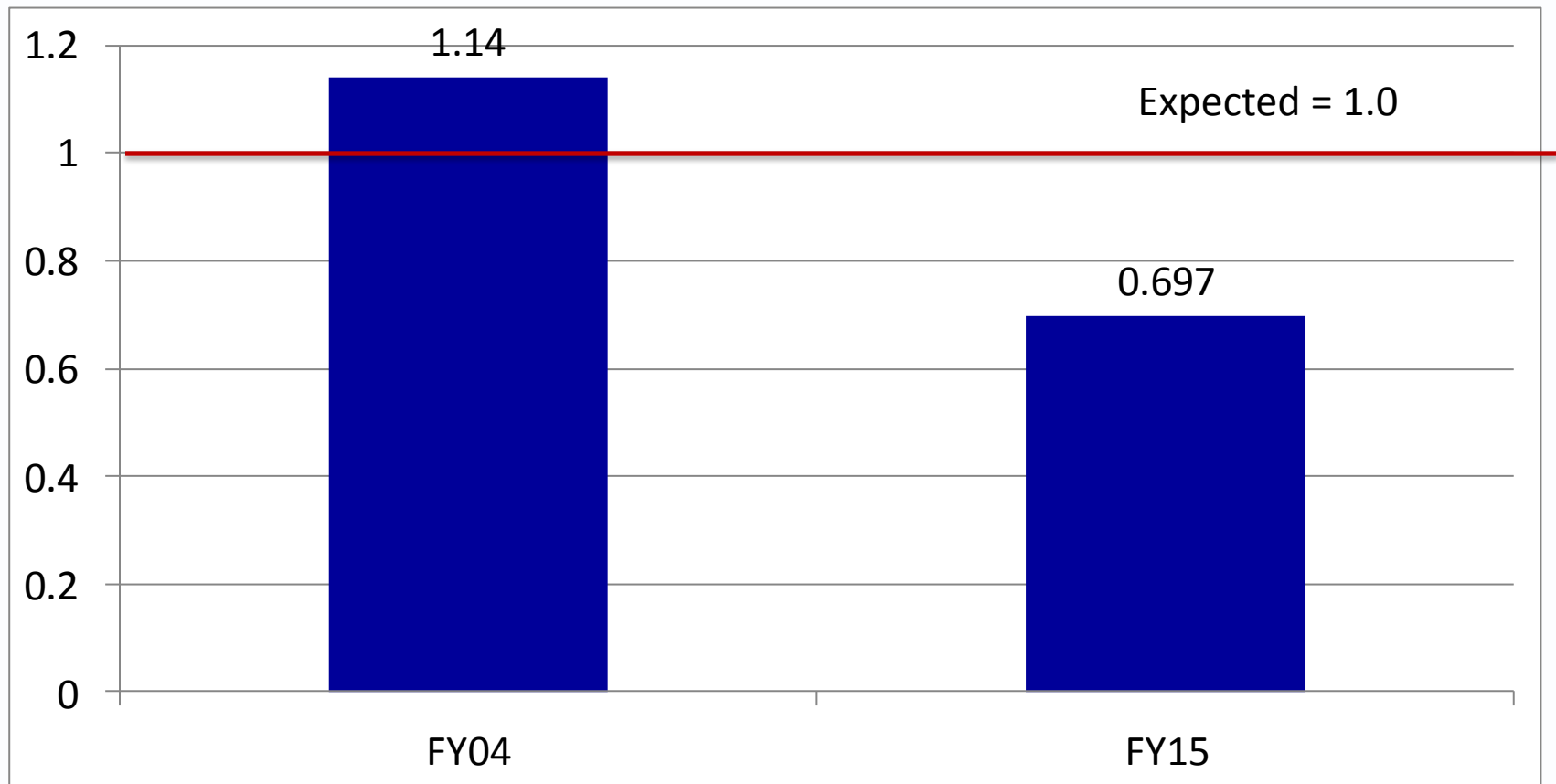# It Was A Leap of Faith

So How Did We Do?

Patient Satisfaction
Quarter to Quarter Comparison

Mortality Index

FY98=46 **more** deaths than expected

FY16= 265 **less** deaths than expected

**108 consecutive months with Mortality Index <1.0
In those 108 months, 2,142 fewer deaths than expected.**

Employee Engagement

- FY15 Survey
  - 4.18
  - 0.07 higher than healthcare average
  - Top 25 % of UHC organizations

Chart values:
- Recommend as a place for care: 4.51 — 0.21 higher than natl avg.
- Proud to work here: 4.47 — 0.15 higher than natl avg.
- Recommend as a place to work: 4.24 — 0.11 higher than natl avg.
- Provide high quality care and service: 4.44 — 0.14 higher than natl avg.
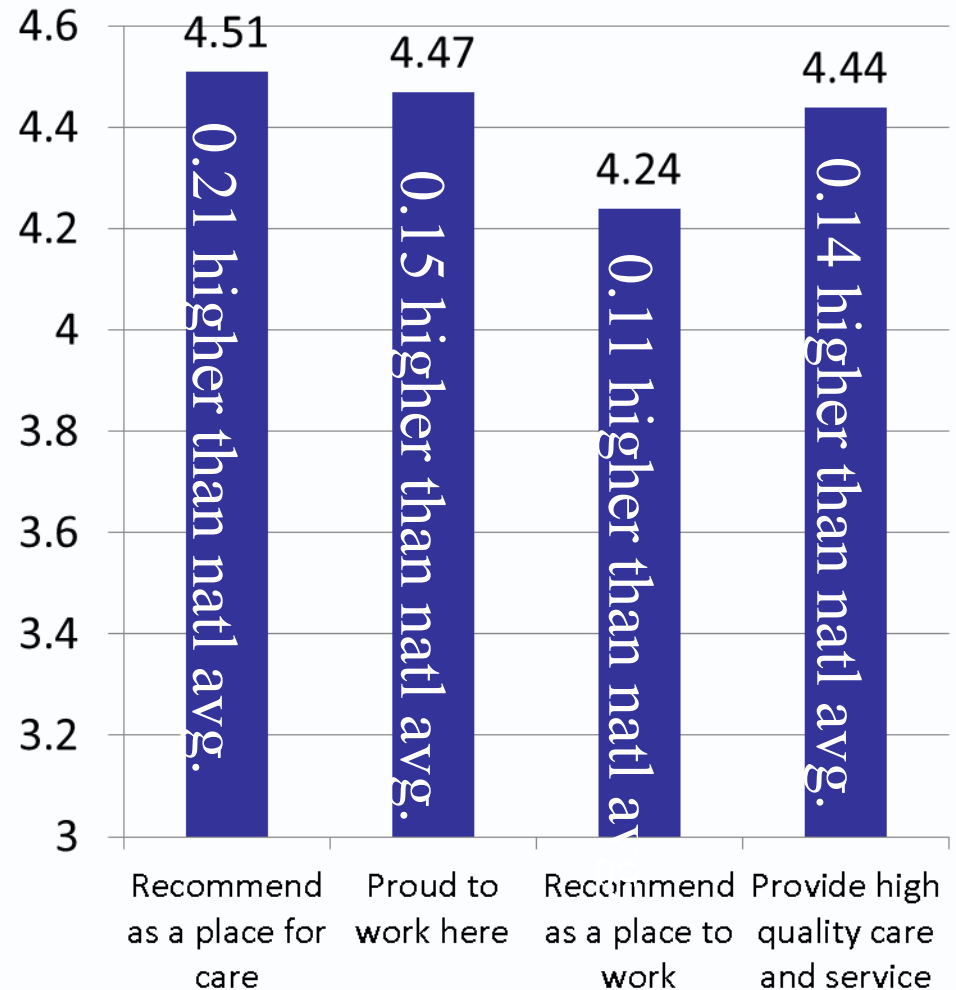
Total 6-County* Discharges and KUH Market Share Percentage (FFY95-FFY13)

Legend: Total 6 County IP Discharges — KUH Market Share %

Market share values: 5.4%, 5.2%, 4.8%, 4.6%, 4.9%, 4.8%, 5.5%, 6.1%, 6.3%, 6.2%, 6.3%, 6.4%, 7.0%, 7.5%, 8.3%, 8.5%, 8.8%, 9.4%, 10.3%
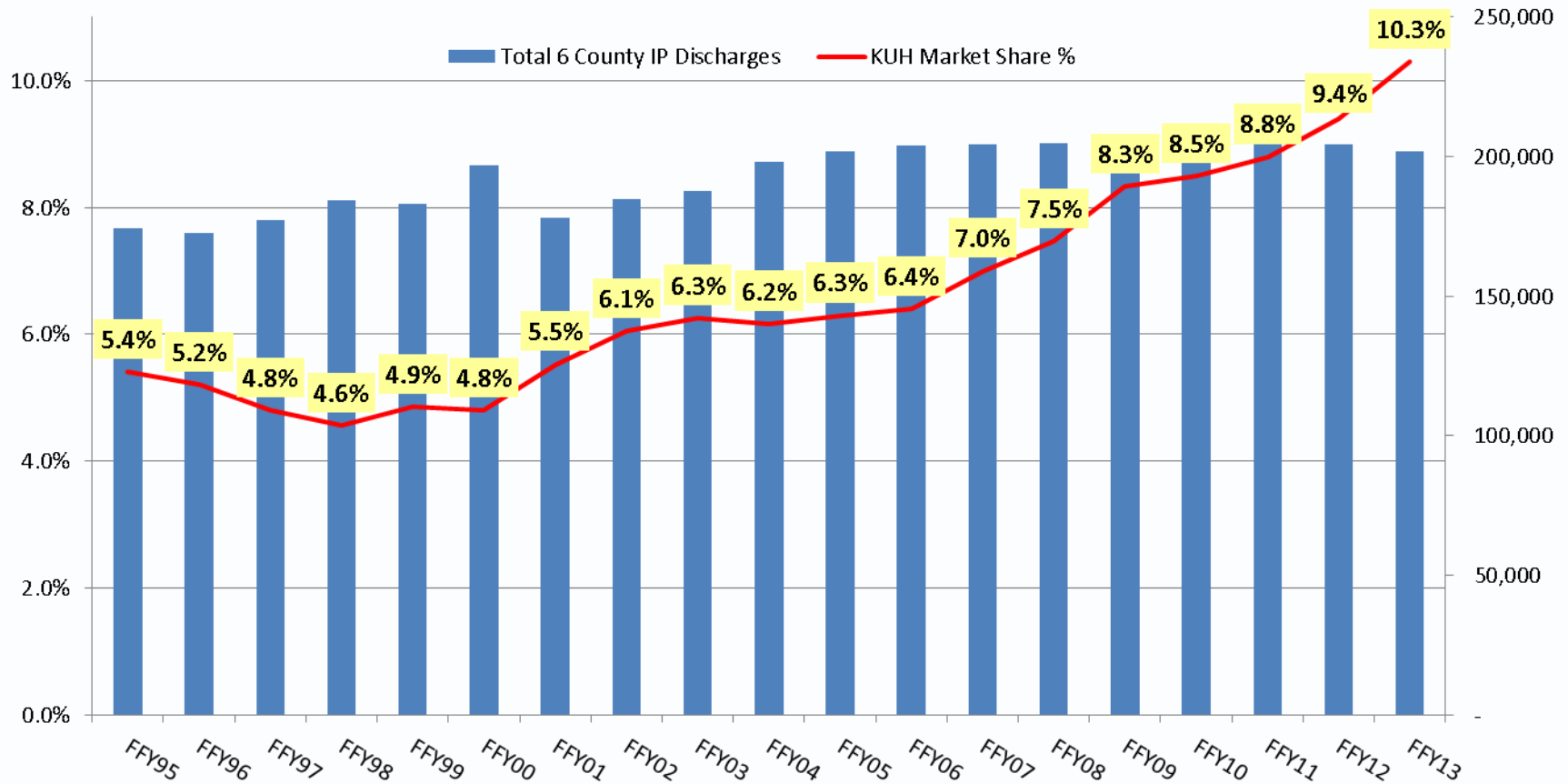
Years: FFY95, FFY96, FFY97, FFY98, FFY99, FFY00, FFY01, FFY02, FFY03, FFY04, FFY05, FFY06, FFY07, FFY08, FFY09, FFY10, FFY11, FFY12, FFY13

IP discharges and KUH market share for the Primary Service Area
Source: HIDI data (through 09/30/13)

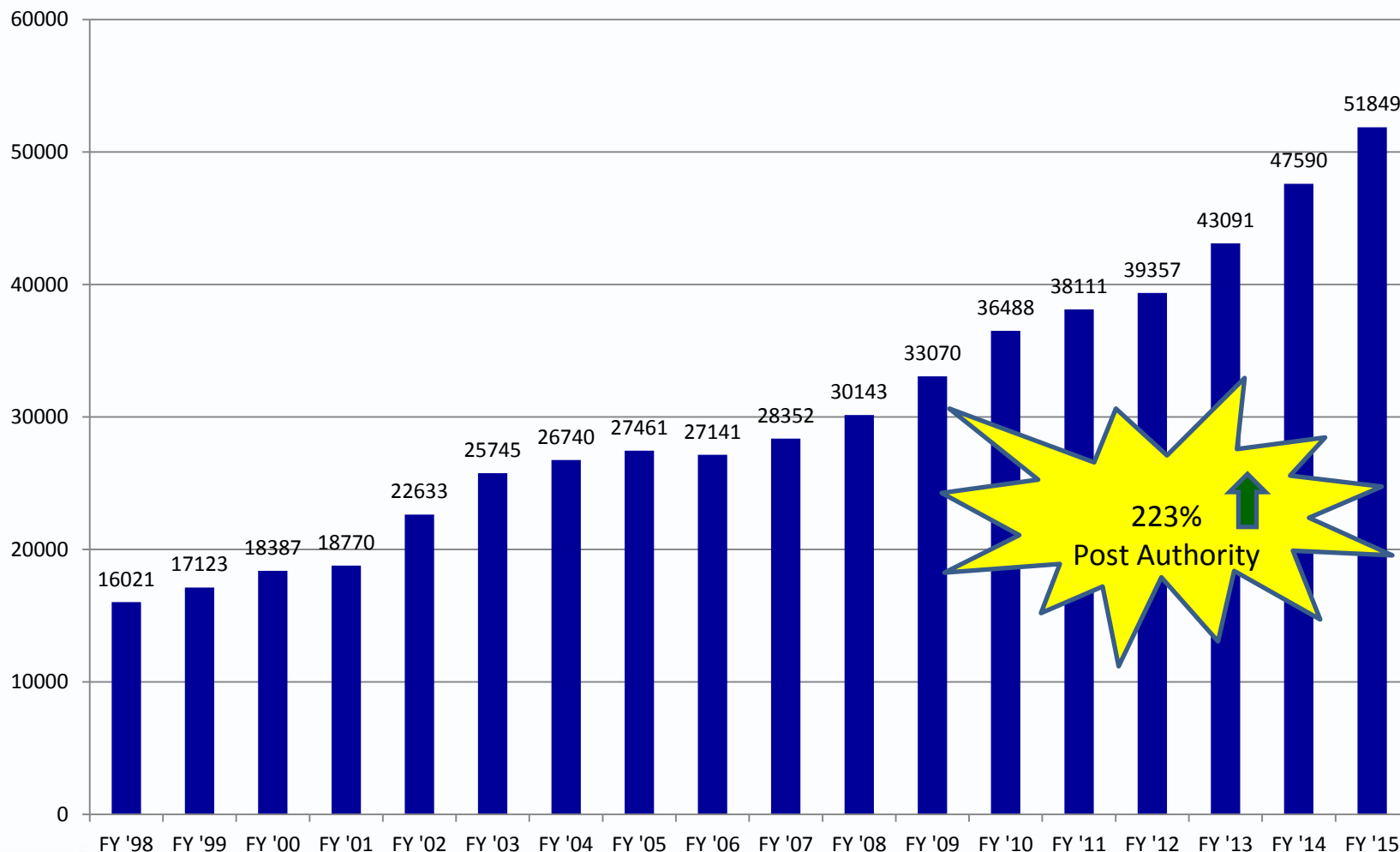* 6 County Area: Leavenworth, KS; Johnson, KS; Wyandotte, KS; Clay, MO; Jackson, MO; Platte, MO

Total Patients Discharges

(includes discharges, observation, extended recovery and procedure)
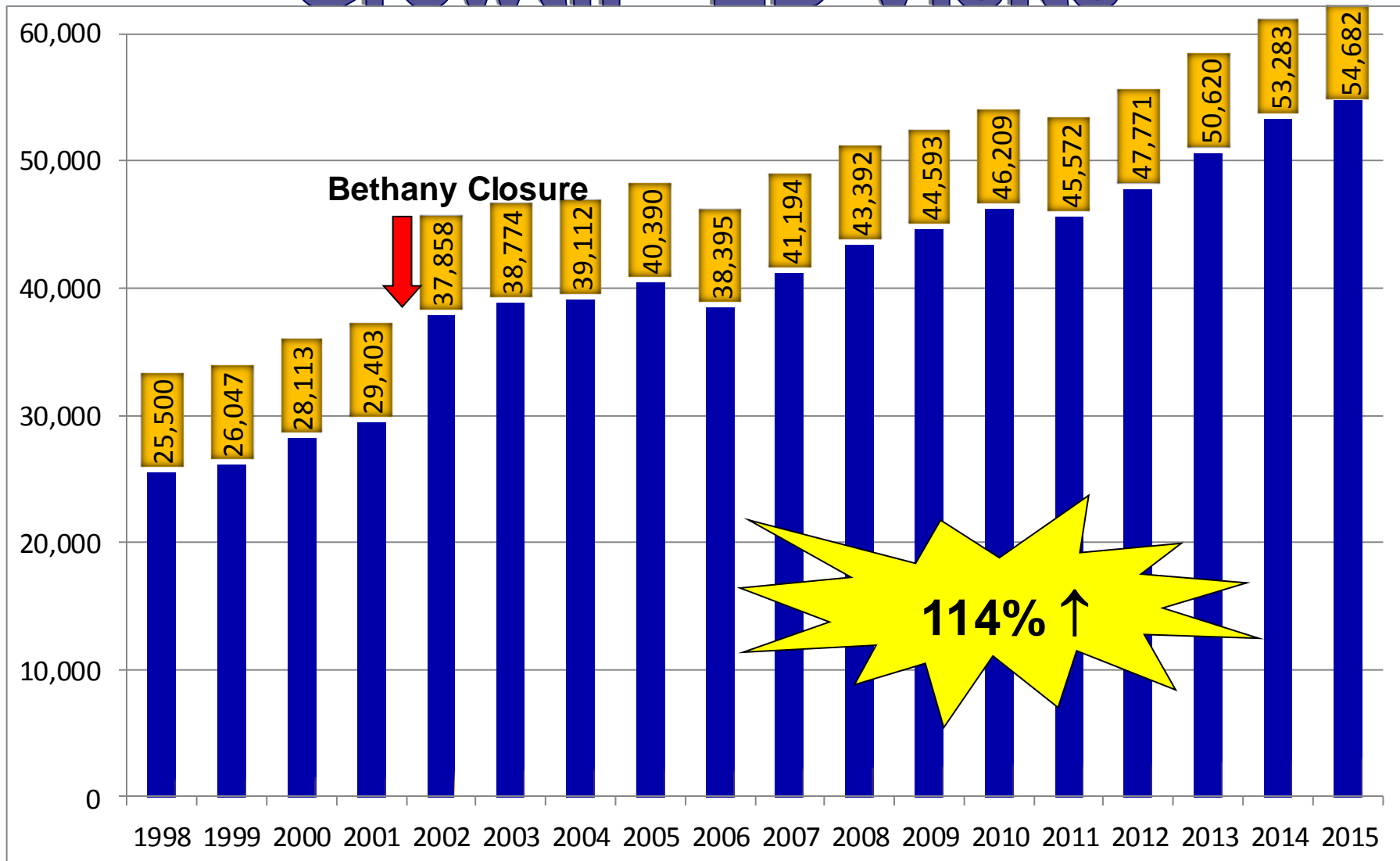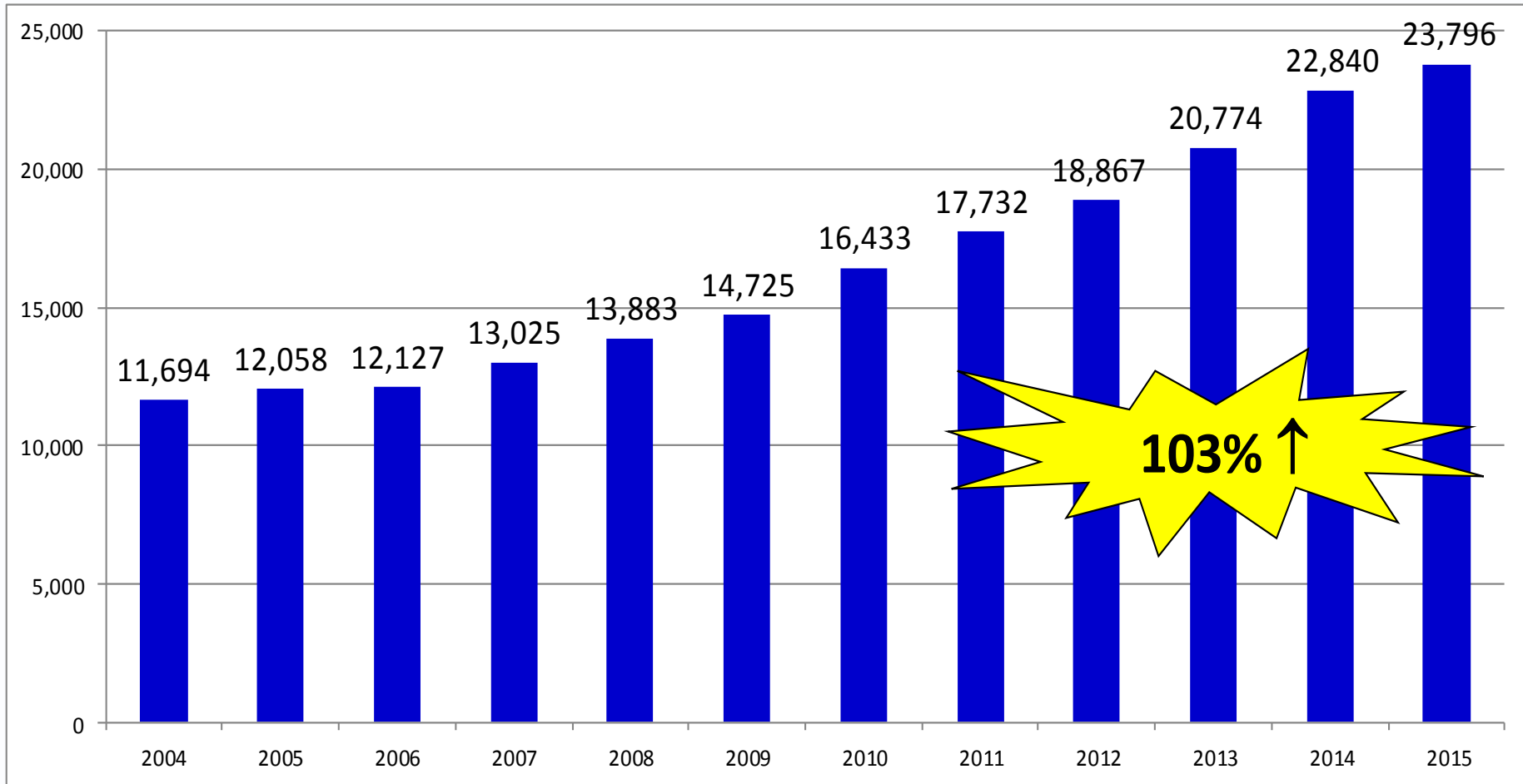
223% Post Authority

FY	Value
FY '98	16021
FY '99	17123
FY '00	18387
FY '01	18770
FY '02	22633
FY '03	25745
FY '04	26740
FY '05	27461
FY '06	27141
FY '07	28352
FY '08	30143
FY '09	33070
FY '10	36488
FY '11	38111
FY '12	39357
FY '13	43091
FY '14	47590
FY '15	51849

Growth - ED Visits

Bethany Closure

Year	Visits
1998	25,500
1999	26,047
2000	28,113
2001	29,403
2002	37,858
2003	38,774
2004	39,112
2005	40,390
2006	38,395
2007	41,194
2008	43,392
2009	44,593
2010	46,209
2011	45,572
2012	47,771
2013	50,620
2014	53,283
2015	54,682

114% ↑
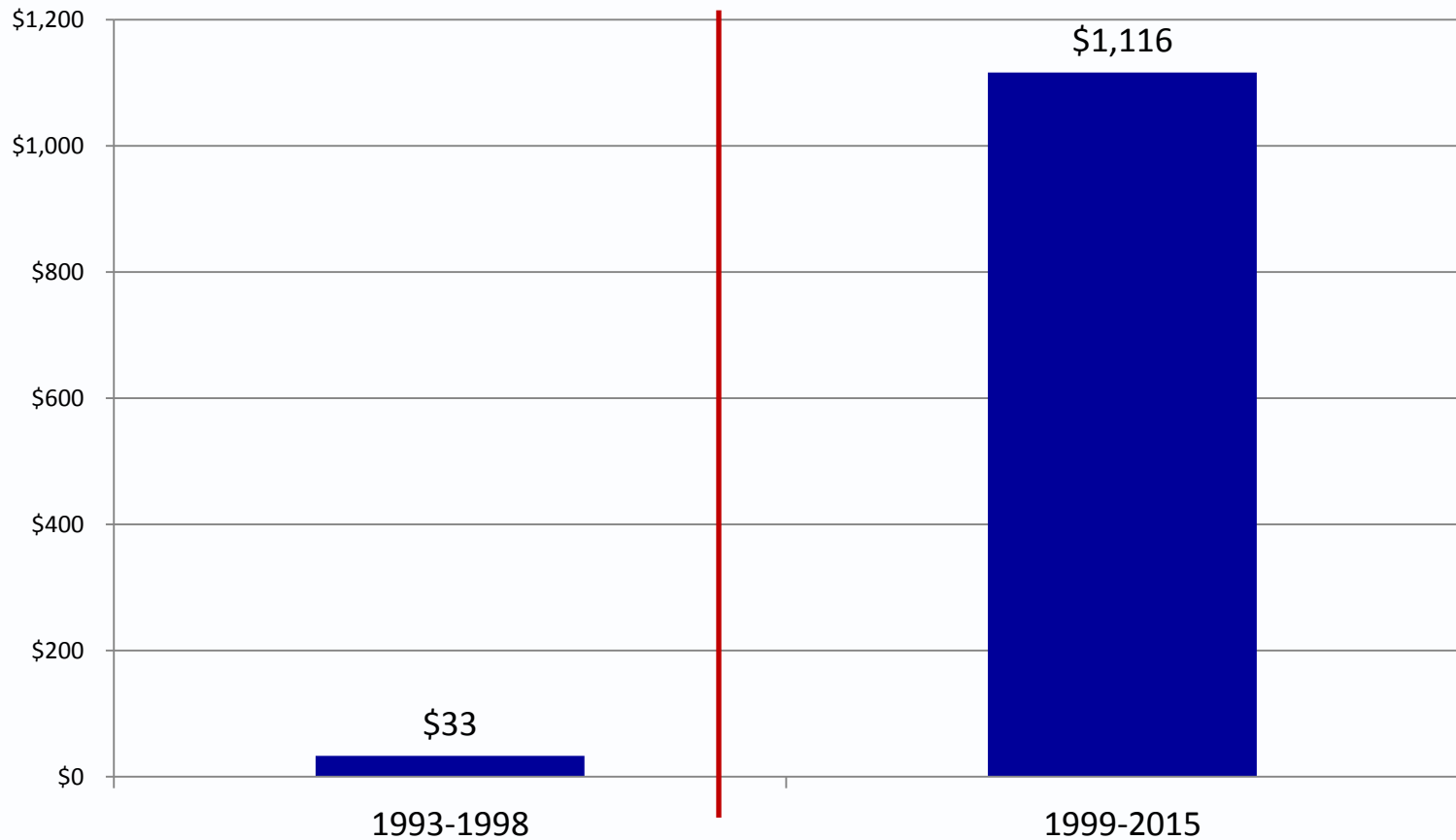
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Growth-OR Volume

Before We Talk About What It Took To Succeed, Let's Talk About What Derails Many Organizations…

Our Problem Statement

- There is no way my organization can absorb all of the change we are being asked to undertake. We/I need a break—we/I just can't do any more than we are/I am already doing.

- Before we talk about lessons we learned—lessons which might help all of us with the change in healthcare–let's talk about a potential barrier.

Mental Models

- Mental Models are beliefs we hold about how the world works
  - European idea that we own the land, a concept totally foreign to the Native American
  - Stereotypes are another example
  - Mental models are not wrong, but they are often left unspoken, untested and unchallenged
  - Over time, unchallenged models become the way things are and can impede the improvement we need in healthcare
- *For example, we had a mental model that, as a state institution, decisions and improvement could not be made quickly.*

Team Exercise

- Working in teams of 3-4, write down your answers to these questions (5 minutes):
  - What are the mental models that are in place (individually and organizationally) keeping us from embracing change?
  - What are the assumptions that you or your organizations have made related to the changes impacting healthcare?
- Now challenge each of these assumptions/mental models by stating its opposite or by assuming its negative
- Using these new statements, generate some ideas on how we can improve the cross-team communication in support of safe, effective and efficient patient care
  - *5 minutes*
- Share some learnings/ideas

**Tear Out
Some Pages**

What Did It Take?

- A sense of urgency
- A vision that inspired people to believe success was possible
- Committed Leadership
- A safety net
- Effective support system
- The right people on the team & in the right seat
- A continued, never-wavering focus on achievement
- A strong, real-time measurement (feedback) system
- Establishment of ownership
- Recognition
- Hardwiring of the changes

A Sense of Urgency

- It was essential for staff to understand that our organization was at a critical juncture
  - CEO-led townhalls beginning in December 1997 to educate staff on the current level of performance—hard to hear but necessary
  - Creation of a different "speed" than ever existed in the state system
  - Focus had to be on results…not on perpetual analysis, theoretical review and process over outcomes

An Effective Vision of the Future

"If you don't know where you're going, any road will get you there."

- A unified, consistent, motivating vision was an essential component of staff engagement
  - Inspirational
  - Measurable
  - Linked to the organizational values
  - Linked to the strategic plan

Mission to Measures

MISSION & VISION	As an academic health system serving the people of Kansas, the region and the nation, the University of Kansas Health System will enhance the health and wellness of the individuals, families and communities we serve	To Lead the Nation in Caring, Healing, Teaching and Discovering

VALUES

Excellence   Diversity   Integrity

Compassion   Innovation   Evidence-based Decision Making

FIVE-STAR GOALS

SERVICE   PEOPLE   QUALITY

SUSTAINABILITY   GROWTH

BEST HOSPITALS
U.S.News
NATIONAL
2015-16

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MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Committed Leadership

- Organizational pushback is to be expected
- To be successful, leaders must be
  - In consensus on the vision & direction
  - Strong communicators and partners
  - Able to effectively manage conflict
  - Linked into the organizational network
  - Effective coaches

Successful Organizations Need Leaders At All Levels

Forbes Leadership
March 23, 2014

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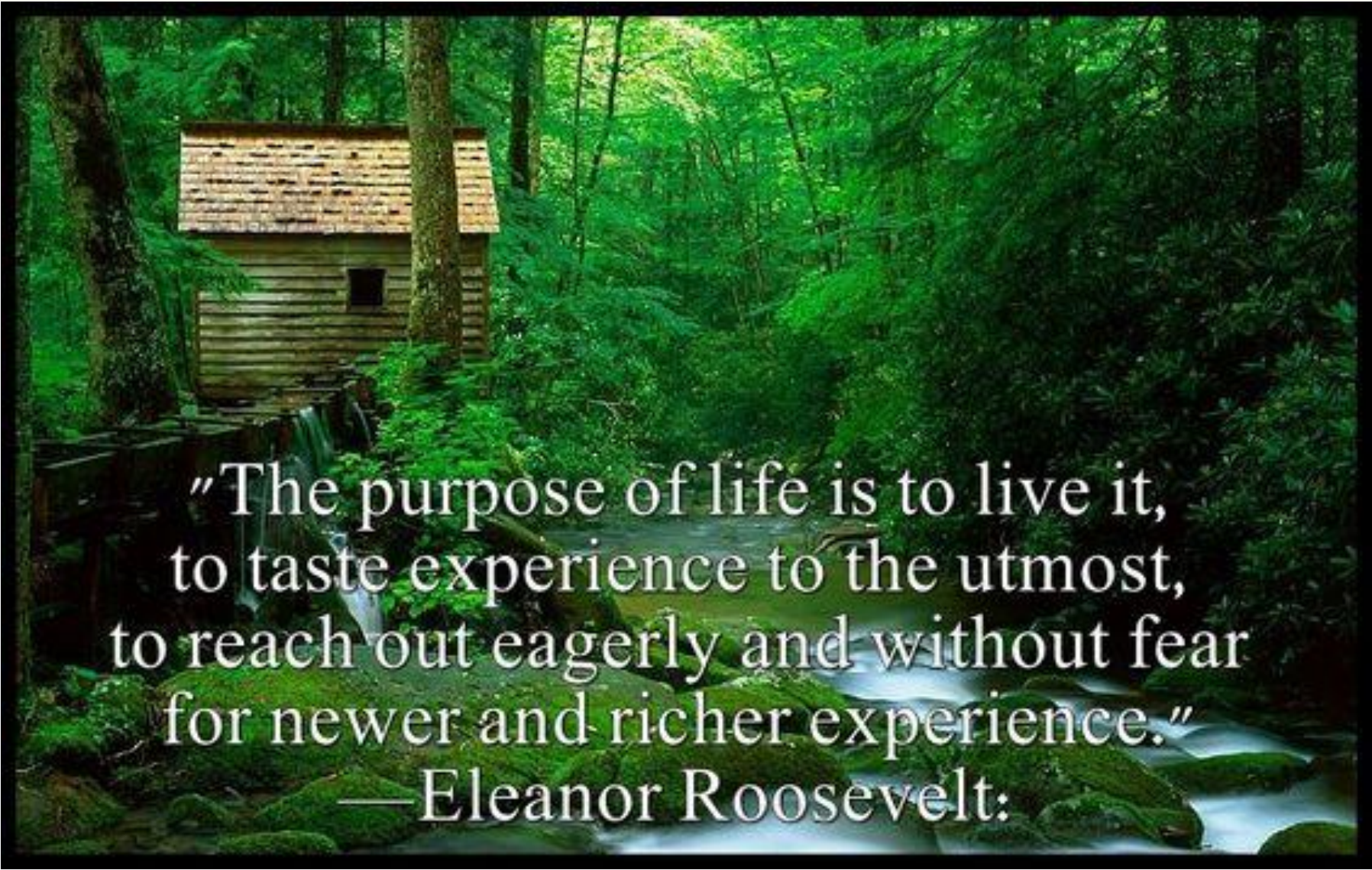
A Safety Net

- Safety nets must be built between the old and new culture

  - No matter how dysfunctional a system is, people have learned how to operate within it

  - Leaping from this known world to an unknown world (even one that looks better) creates great apprehension

Safety Nets

- Safety nets include
  - Regular management rounding to reinforce the vision, answer questions, recognize individual & group progress
  - Effective communication systems
    - Multiple access points
    - Multiple types
    - Two way

"The purpose of life is to live it, to taste experience to the utmost, to reach out eagerly and without fear for newer and richer experience."
—Eleanor Roosevelt.

Support Structures

- You cannot wish a new culture into being
- Support structures are critical and include,
  - Training & development
  - Reward & recognition
  - Recruitment & Retention
  - Data analysis & reporting
  - Communication (two-way)
  - Performance management
  - Management Accountability

The Right People On The Team

- No matter how hard you try, not everyone will be able to make the transition

- Support mechanisms & safety nets are critical to help staff effectively make the transition

- Systems also have to be in place to help transition a limited of number of staff out of the organization
  - Staff who can't or won't make the transition can negatively impact the entire organization's progress
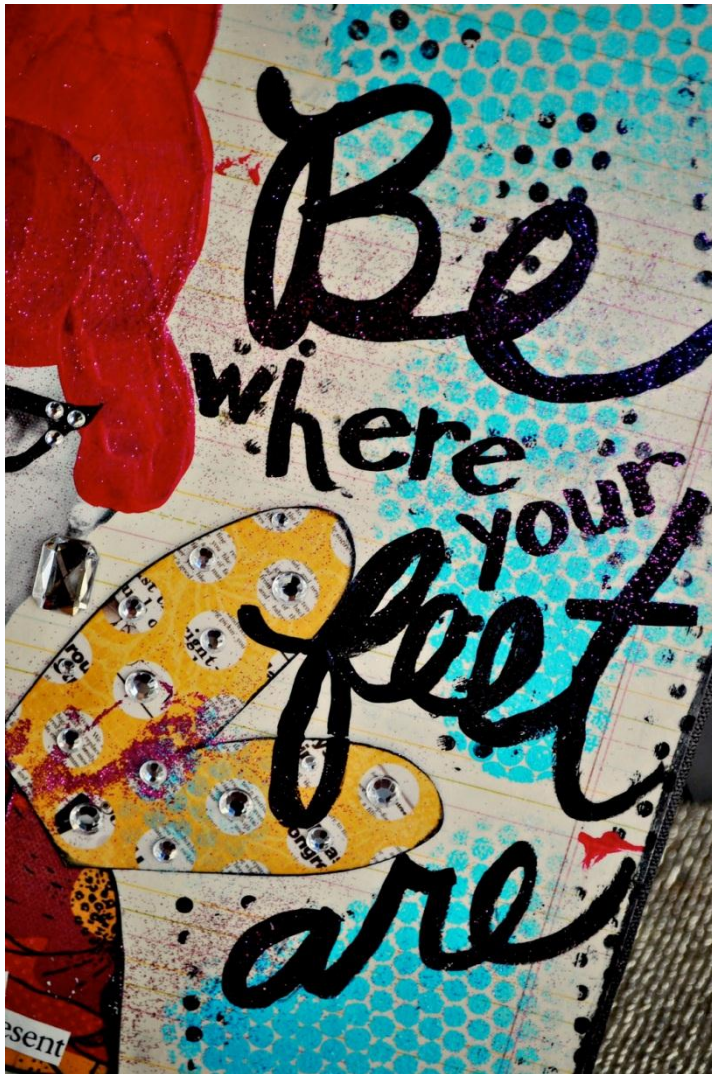
For a vision to become a reality, people must opt in and engage in the work to be done!

People in the Right Seat
(from Jim Collins' <u>Good To Great</u>)

- There will always be staff who are truly committed to the vision, have skills that are valuable to the organization, but who are not in the role where they can make the greatest contribution

- It is critical to get these folks moved to that optimal position (existing or new) to allow them to succeed and contribute

A Focus on Achievement

- Many organizations focus on process
- In a competitive environment, the focus has to transition to achievement
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Time Bounded
- How much, by when

Real-Time Measurement & Feedback

- The organization has to know how it is doing in a way that is
  - Meaningful
  - Credible
  - Actionable
  - Timely
- Measurement systems need to
  - be benchmarked against the best
  - show progress toward goal through the use of milestones
  - serve as an early warning system if progress isn't sufficient to achieve goal

Ownership

- While strong senior leadership is essential, the front-line leaders must also own the culture and its desired outcomes

- That ownership must cascade to the front-line staff who have the majority of contact with patients, families and other staff

- Establishing ownership is twofold
  - Painting a picture that motivates staff at all levels to want to achieve
  - Setting aims, measuring success, providing feedback

If you make the decision that's right for the patient, you will never make a wrong decision!

Recognition

- Individual and Group recognition tied to both outcomes & behaviors linked to organizational values
  - Unit of the week
  - 5-star recognition certificates
  - KU Cares Cards
  - Profiles in internal publications
  - Exceptional performer bonuses

Hardwiring The Improvements

- The tendency in any system is to revert to original behaviors and practices

- The new behaviors & processes have to be "hardwired" into the system in order for the improvements to hold

  - Timely measurement of key indicators and feedback
  - Weekly meetings with areas not meeting goal
  - Daily rounding on patients by unit managers
  - Regular rounding by senior leaders
  - Behavioral interviewing to ensure the right hires

"We first make our habits, and then our habits make us."

Some Additional Lessons

- Listen to the resistance, but don't direct all attention in that direction
  - Undermines those who are working toward the vision
  - Encourages resistance as a way to get attention
- Changing a culture is like training a plant
  - If you take the pressure off too soon, the plant reverts to its original growth pattern

More Lessons Learned

- The leadership competencies needed to change a culture are very different than those needed to maintain a culture

- Don't interpret reluctance as resistance; it could just be fear of taking the risk

- It's not enough to paint a picture of the future; the leaders must be visible, provide real-time feedback, help remove roadblocks, address individual behaviors impeding performance and challenge the status-quo

Oh Captain

What Do I Do Now?

- Take a critical look at your organization, your area of responsibility, and/or your life

- Is it as good as it can be?

- If yes, congratulations. Write a book and make millions.

- If not, have the courage to make it better

- And ,as you proceed…

Live Like You Were Dying!