



Minnesota Hospital Association

Creating a Culture of Excellence

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Lake View Health
and

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Minnesota Hospital Association



June 20, 2017

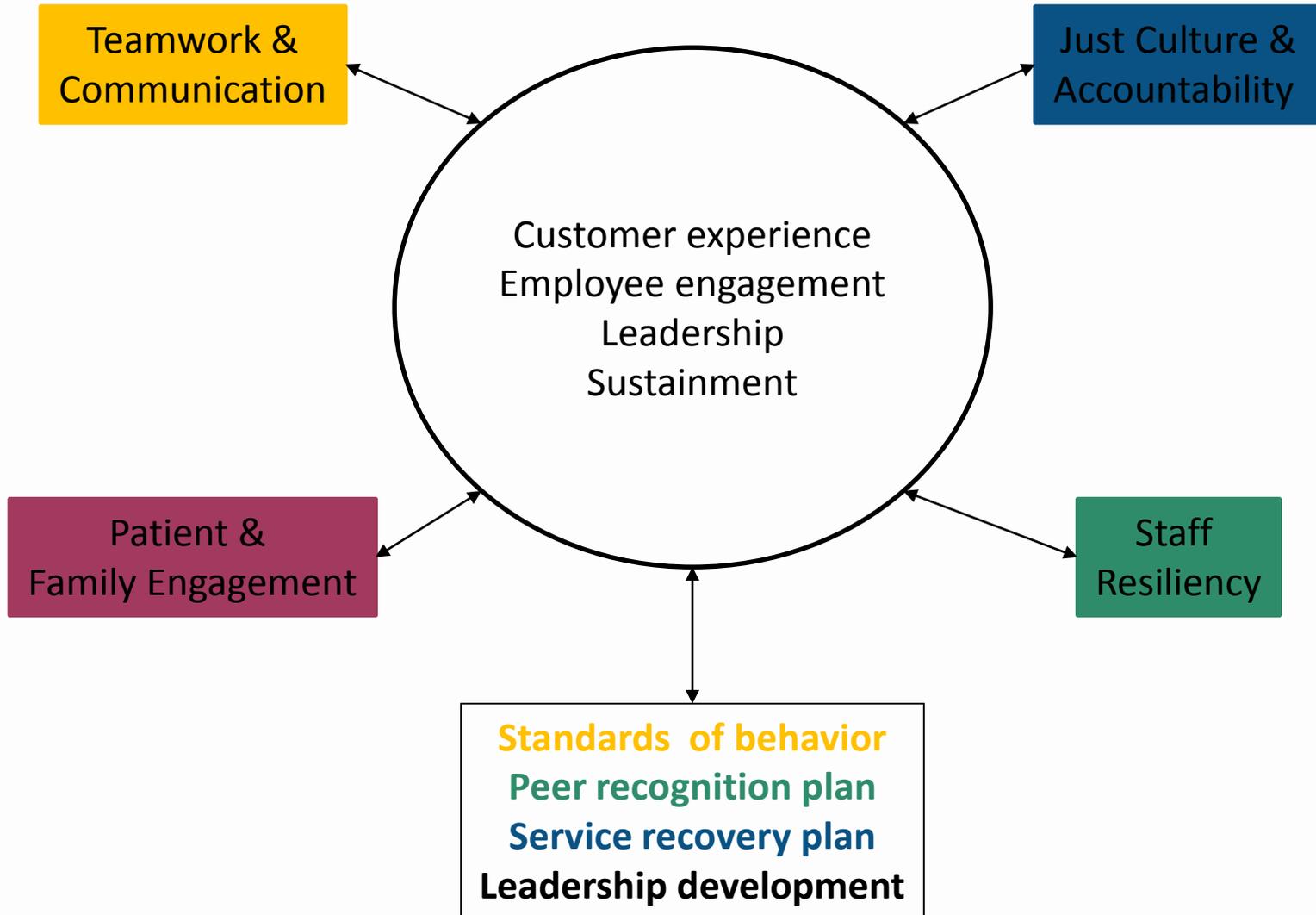
Supporting Partners



Why care about culture?



Culture of excellence framework



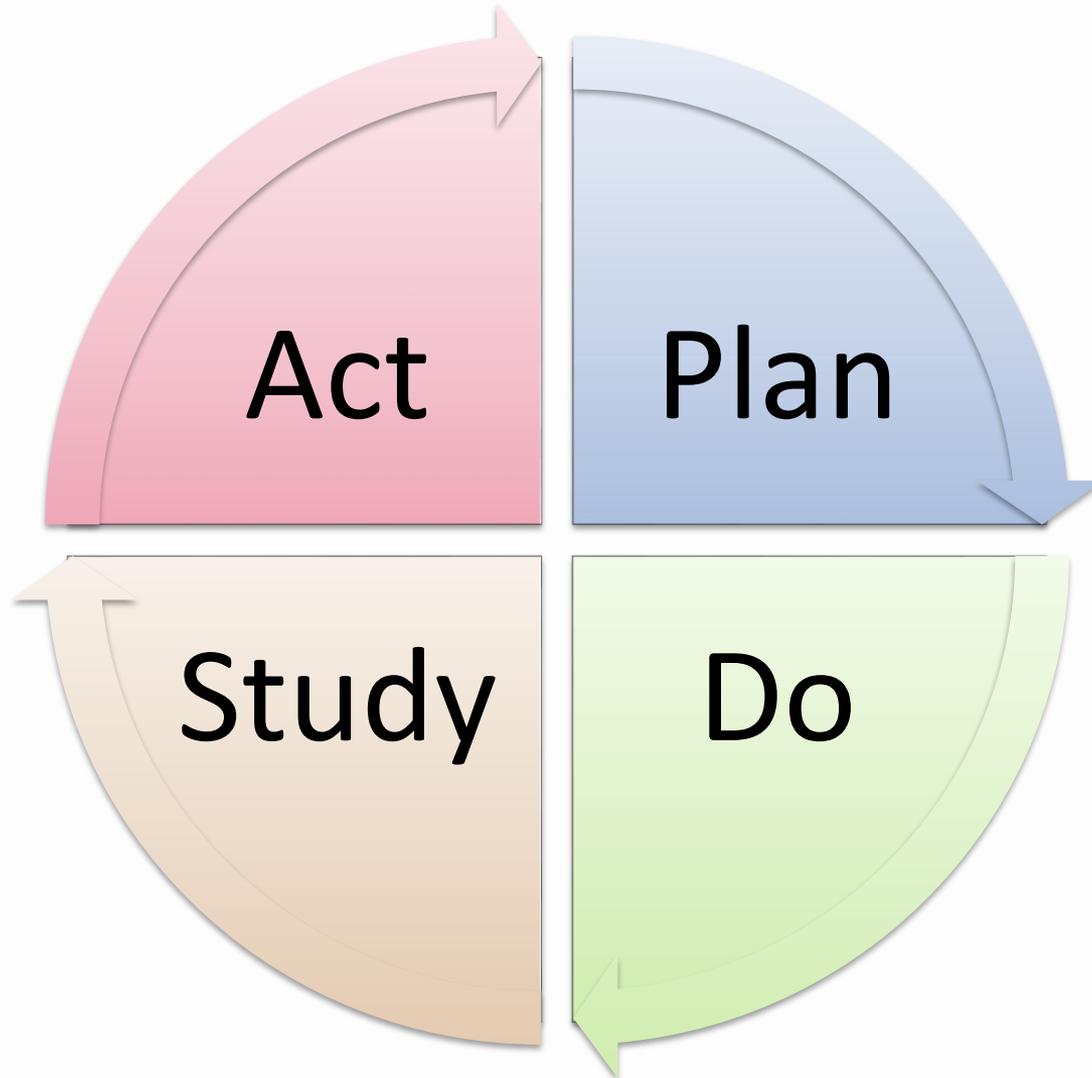
The journey

Hospital Pathway/Deliverables:

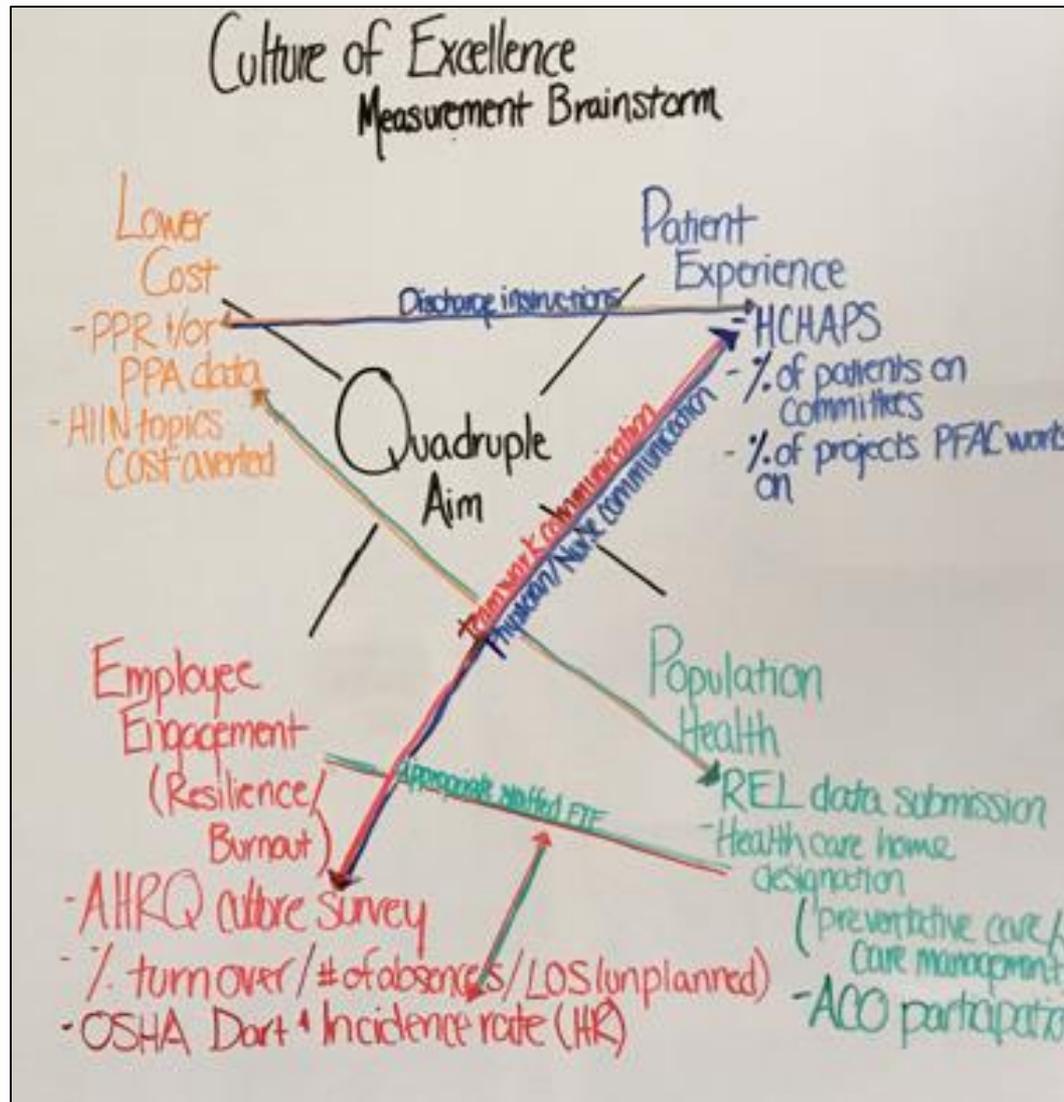
- Standards of behavior
 - Scripting
- Staff resilience plan
 - Peer recognition plan
- Service recovery plan
- Leadership development
 - Education

<p>May 11, 2017</p> <ul style="list-style-type: none"> • Culture of excellence topic deep dive <ul style="list-style-type: none"> ○ Having difficult conversations ○ Identifying and developing emerging leaders • Project measurement <ul style="list-style-type: none"> ○ Review of measurement dashboard • Review of timeline and pathway 	<p>June 22, 2017</p> <ul style="list-style-type: none"> • AHRQ culture survey results • Teamwork and communication • Behavioral standards, scripting/role playing 	<p>July 24, 2017</p> <ul style="list-style-type: none"> • Just culture • HCHAPS high performers • Round robin <ul style="list-style-type: none"> ○ Q&A session • Project measurement dashboard review
<p>August 14, 2017</p> <ul style="list-style-type: none"> • Patient and family engagement • Service recovery 	<p>September 25, 2017</p> <ul style="list-style-type: none"> • Staff resiliency • Physician engagement • Project measurement dashboard review 	<p>October 30, 2017</p> <ul style="list-style-type: none"> • Involving key stakeholders <ul style="list-style-type: none"> ○ Early/middle/late adopters ○ Board ○ HR
<p>November 20, 2017</p> <ul style="list-style-type: none"> • Round robin <ul style="list-style-type: none"> ○ Check-in on progress ○ Q&A session • Debrief <ul style="list-style-type: none"> ○ Resources needed before entering sustainability 	<p>December 18, 2017</p> <ul style="list-style-type: none"> • Social determinants of health <ul style="list-style-type: none"> ○ Patients and families ○ Employees 	<p>January 8, 2018</p> <ul style="list-style-type: none"> • Leadership rounding • Staff empowerment <ul style="list-style-type: none"> ○ Creating innovative solutions • Project measurement dashboard review
<p>February 5, 2018</p> <ul style="list-style-type: none"> • Spreading across the continuum of care • Sustaining improvement <ul style="list-style-type: none"> ○ Assessment 	<p>March 5, 2018</p> <ul style="list-style-type: none"> • Sustainability <ul style="list-style-type: none"> ○ Action planning • Round robin <ul style="list-style-type: none"> ○ Check-in on progress ○ Q&A session 	<p>April 5, 2018</p> <ul style="list-style-type: none"> • Celebrate successes and wrap up

Addressing challenges



Measuring success



Measuring success

Culture of Excellence Measurement Dashboard															
Measure	PC-172	PC-370	PC-824	PC-479	PC-470	PC-264	PC-879	PC-187	PC-622	PC-706	PC-101	PC-453	PC-386	PC-892	PC-366
Quality improvement															
PPR data (Claims: actual/expected) Q3 2016	0.678	1.361	0.945	0.385	0	0.687	0.433	0.532	0.76	0.575		1.28	1.572	2.367	1.944
Pressure ulcers rate (MHA- data portal: per 1,000 pt. days) Q4 2016	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Falls with Injuries (MHA- data portal: per 1,000 pt. days) Q4 2016	0	0.733	0	0	0	0	0	0	0	0		0	0	0	0
Sepsis mortality (Claims: sepsis death/sepsis cases) Q3 2016	0	0.111	0	0	0	0	0	0.166	0	0		0	0	0	0
CAUTI (NHSN) Q3 2016	0	1.428	0	0	12.345	5.194	0	0	0	0		0	0	0	0
SSI- surgeries (MHA- data portal: per 1,000 surgeries) Q4 2016	0	0	2.659	5.05	0	0	0	3.105	0	0		0	0	0	0
CDI (Claims: CDI cases per 10,000 discharges) Q3 2016	0	0	0	0	0	0	0	0	0	0		0	0	0	0
Patient and family engagement															
P1-P5 criteria (MHA)															
P1: Prior to admission, hospital staff provides and discusses a planning checklist with every patient that has a scheduled admission, allowing for questions or comments from the patient or family.	N/A	Y	N/A	Y	Y	Y	N	N	N	N/A	U	Y	Y	Y	N/A
P2A: Does the hospital conduct shift change huddles with patients and family members in all feasible cases?															
P2B: Does the hospital perform bedside reporting with patients and family members in all feasible cases?	Y	Y	Y	Y	Y	Y	N	N	Y	N	U	Y	Y	Y	Y
P3: Does the hospital have a dedicated person or functional area that is proactively responsible for patient and family engagement and systematically evaluates patient and family engagement	N	Y	Y	Y	Y	Y	N	Y	Y	Y	U	N	Y	N	Y
P4A: Does the hospital have an active patient and family engagement committee?															
P4B: Does the hospital have at least one former patient serving on a patient safety or quality improvement committee or team?	N	Y	Y	Y	Y	Y	N	Y	Y	N	U	Y	Y	Y	Y
P5: Does the hospital have at least one or more patient(s) serving on a governing or leadership board and serve as a patient representative?	N	Y	Y	Y	Y	N	N	Y	Y	N	U	Y	N	Y	Y
Patient experience															
HCHAPS (Stratis Health)															
Communication with Nurses	91	82	88	84	86	77	93	82	74	91		87	82	93	85
Communication with Doctors	95	85	90	92	86	87	86	84	86	92		87	87	86	86
Responsiveness of hospital staff	84	73	81	83	83	85	78	79	65	89		77	75	81	75
Pain management	75	66	78	77	100	73	65	66	69	75		73	69	91	86
Communication about medicines	76	65	72	70	89	56	65	64	88	88		70	60	94	66
Cleanliness of hospital environment	97	89	76	91	79	75	90	82	63	88		83	84	93	73
Quietness of hospital environment	79	68	80	72	81	57	88	79	54	74		75	71	97	71
Discharge information	88	90	86	86	84	91	84	90	89	92		91	93	91	86
Care transitions	59	56	58	53	74	54	75	53	51	78		54	56	49	61
Overall rating of hospital	93	81	82	89	83	66	89	82	67	84		81	75	90	89
Willingness to recommend this hospital	90	80	85	89	76	58	91	88	66	81		83	72	78	88

Measure
Quality improvement
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Patient experience
Stratis Health
Communication with Nurses
Communication with Doctors
Responsiveness of hospital staff
Pain management
Communication about medicines
Cleanliness of hospital environment
Quietness of hospital environment
Discharge information
Care transitions
Overall rating of hospital
Willingness to recommend this hospital



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

THE PATIENT.
ABOVE ALL ELSE.®



Lake View
A member of St. Luke's

Lake View's Continuous Journey Toward a Culture of Excellence

Minnesota Rural Health Conference: June 20, 2017

Setting the Stage

- Introduction & current roles
- Background information
- Disclaimer

A Quote to Consider...



“Vision, energy, and empowerment flow from the CEO to leaders, to all staff and providers, and ultimately to patients.”

-Culture of Excellence Kick-off meeting: February 21, 2017

Mission, Vision & Organizational Values



- Do all employees, leaders, and providers across the organization know what they are?
- How are the leaders striving to ensure that the entire team is focused on the Mission, Vision, and Values?

Lake View's New Vision Back in 2014



- Build a highly effective and accountable leadership team
- Establish an effective partnership with our medical staff
- Establish accountability across the organization for employees, managers, and providers
- Create an organizational culture of quality and patient safety

Lake View's New Vision Back in 2014



- Build a strong patient experience program across the hospital and clinic
- Build a solid foundation on which to grow and expand services in the future
- Ensure solid financial performance and future financial viability

The Critical Role of Leadership in Culture Change

- Effective leadership must start at the top
- Getting the right leaders on the bus and in the right seats is critical
- Clear and frequent communication on the organization's Mission, Vision, and Values
- Employee and physician engagement is vital to success
- Consistency and fairness in every decision even when difficult
- Positive reinforcement to recognize desired behavior

The Importance of a Comprehensive Communication Plan

- Communications must reach every member of the organization
- Multiple communication channels must be utilized
- Communications must be sent and received over and over to reinforce the message
- The leadership team was asked to acknowledge “specific emails” from staff within 24 hours during the week to build trust and positive working relationships across the organization

- Addressing conflict in a timely manner
- Proactive and effective approach to conflict management
- Team approach to addressing conflict with support from peers
- Follow through is most important!
- Tools and resources
 - Crucial Conversations*-Patterson, Grenny, McMillan & Switzler
 - Taking Conversations from Difficult to Doable*-Cunningham
 - The Five Dysfunctions of a Team*-Lencioni

Engaging the Leadership Team

- A strong culture starts with the senior leadership team
- Restructuring the leadership team was necessary
- An effective team built on accountability, integrity, high performance, striving for excellence, communication, respect, and follow-through
- A comprehensive communication plan is vital to success
- Weekly leadership huddles in addition to monthly team meetings

Engaging the Leadership Team

- Selling the need for change is difficult, but is very important and should not be underestimated
- Fairness and consistency in every decision, every time
- Financial performance will follow effective leadership, but results may not be immediate
- Focus on goals, performance, and outcomes (not noise)

Leadership Development Institutes (LDIs)



- Monthly leadership development meetings/training
- Monthly book clubs with all members of the team participating and presenting
- Personal development plans with monthly discussion and reporting
- Leader action plans for weekly, bi-weekly, and monthly one-on-one meetings
- 360 degree feedback for the CEO and leadership team

- *Hardwiring Excellence*-Studer
- *Why Hospitals Should Fly*-Nance
- *Charting the Course*-Nance & Bartholomew
- *Customer Service in Health Care*-Baird
- *Switch*-Heath & Heath
- *The Well Managed Health Care Organization*-Griffith & Griffith
- *A Culture of High Performance*-Studer

- *Good to Great*-Collins

- Creating a culture of accountability by setting crystal clear expectations
- A clear focus on the organization's Mission, Vision, and Values
- Transparency with all providers and staff: Employee Forums, newsletters, one-on-one meetings, open door policy, etc.
- Respect and support for all employees across the organization
- Positive reinforcement for desired behaviors
- Telling your story across the organization to reinforce the cultural transformation

Comprehensive Employee Recognition Programs



- Handwritten thank you notes
- Direct emails from the CEO and senior leadership team
- Employee newsletter focusing on organizational updates and positive patient experiences
- Monthly patient experience newsletter
- Employee and family picnics/BBQs
- Annual holiday parties for employees and guest
- Kid's holiday party
- Employee bonuses
- Ice cream and pizza parties

Annual Performance Evaluations



- Every employee received a meaningful performance evaluation each year with feedback on employee strengths, limitations, and opportunities for improvement
- Focus on patient experience, goals, personal and career development
- Goal of absolutely no surprises during performance evaluations
- Feedback received from employees on performance and organizational direction

- Our Culture of Excellence (CoE) Champion is leading the leadership team's revision on the Behaviors of Excellence
- Culture of Excellence team included leadership team, as well as employees from IT, radiology, maintenance, social services, and billing office
- Another member of our CoE team is representing Lake View on the Blandin Foundation community steering committee
- One of our CoE team members works with the CEO and Administrative Assistant on the bi-weekly organizational newsletter

- Each manager/director at Lake View is required to complete a succession planning summary evaluation of each of their direct reports by the end of 2017
- Results will be shared with the CEO and the rest of the leadership team
- The CEO has completed the same process on each member of the leadership team at Lake View

Physician Leadership and Engagement



- One-on-one meetings with employed and contracted physicians to review Mission, Vision, and Values
- Clear and transparent communication with medical staff
- Feedback on performance and quality metrics
- Administration/medical staff partnership
- Effective Medical Executive Committee meetings to increase engagement and collaboration
- Offsite internal strategic planning dinners and discussion
- Effective teamwork is the goal

- Overview of board composition
- Effective communication and transparency
- Unwavering commitment to the culture change vision
- Confidence in the CEO and senior leadership team
- Strong partnership and collaboration to move organization forward
- Minnesota Hospital Association: Trustee conferences and online board educational videos

- Patient rounding by CEO in all departments (inpatient, rehab, outpatient services, clinic, senior dining program, etc.)
- Press Ganey feedback review and follow up: Follow up phone calls and meetings to discuss issues and concerns
- Community connections are important
- Patient experience coordinator hired in 2016 monitor and share data with leadership team and across the organization

- Deficiencies from the Minnesota Department of Health in 2008 and 2012
- Compliments from MDH in 2016, but we still have a lot of work to do
- QI results shared with board of directors, medical staff, and all employees across the organization
- Created a culture of physician accountability and performance: “Stop the Line Policy”
- Integrated quality and patient safety into everything that we do
- HEN and HIIN initiatives: Minnesota Hospital Association

Hardwiring Safe Habits for High Reliability: Always Events...Every Patient...Every Time

1. Patient identification
2. Treatment and procedure verification
3. Six rights of medication administration
4. Hand hygiene
5. “Stop The Line”

Stop the Line for Patient Safety



“All Lake View employees, students, volunteers have the duty (obligation, responsibility) and authority to speak up to identify and clarify real or perceived safety concerns, uncomfortable situations or confusion regarding care delivery. It is the right of all of our patients, family, legal guardians and visitors to similarly speak up in those situations.”

- Concept of a comprehensive health care team

- Integrating our two hospitals where indicated
- Best practices shared between organizations
- Recognizing that the organizational cultures are different between the two organizations and that is not good or bad, just different
- Pilot programs run at Lake View (IT implementation, 360 feedback, MHA internship program, etc.)

Community Partnerships and Collaboration



- Collaboration with local law enforcement (Police and Sheriff's Department)
- Partnership with our local county ambulance service
- Human Development Center
- Heart Safe designation for the City of Two Harbors
- Community Paramedic
- Two Harbors High School class sponsorship

- Feedback on successes and opportunities for improvement is also important from community partners

- Provides Lake View with the opportunity to partner with other hospitals to support their efforts and learn from our peers
- Sharing best practices and lessons learned
- Work through problems and challenges together
- Sharing resources to improve care delivery in our state
- Support of a state-wide commitment to improve overall health care delivery in Minnesota

Culture of Excellence Initiatives

- AHRQ Patient Safety Culture Survey
- Leadership Development Institutes (LDIs)
- Leadership Resources (SharePoint site)
- Standards of Behaviors – Behaviors of Excellence
- Service Recovery Plans

Infrastructure and Framework Provided Focus



- The Culture of Excellence initiative provided our team with a clear structure and vision to integrate and focus all of our various efforts over the past few years
- Allowed us to further engage our employees by sharing the formal program across the organization
- Support and guidance from experts across the state at MDH, MHA & Stratis Health
- Success stories relate to the Culture of Excellence initiative
- The Culture of Excellence initiative has been very well received across our organization

Measuring Success: Many Opportunities

- AHRQ Patient Safety Culture Survey
- Employee engagement surveys
- Culture of Excellence CEO dashboards
- MBQIP data and results
- HCAHPS data
- Quality reporting
- Financial performance
- Employee retention and recruitment

Hardwiring Sustainability: The Challenging Part



- Focus and dedication to strive for excellence
- Unwavering commitment to improve in all that we do
- Integrated the initiative into our organization's strategic plan
- Relentless commitment to stay the course despite the various challenges
- Committed to continuous learning and growth
- Clear focus on the end vision and goals for success

Lake View's Biggest Opportunities for Continuous Improvement



- More involvement from patients and community members on our internal committees (quality, safety, risk management, violence prevention, safe patient handling, etc.)
- More comprehensive variance reporting when quality goals not met or exceeded (potential patient impact)
- Increased involvement of staff at every level of the organization in relation to quality and patient safety
- More education and information sharing with front line employees on healthcare reform topics and challenges
- Many other opportunities as well!

- Thank you for giving me the opportunity to share our story
- We are open to feedback and learning from each of you as we strive to improve
- We still have a long way to go on our journey, but we are well underway

Questions & Discussion



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