The Accountability Factor

Accountable Leadership Nets Results!

EXCEL
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.
Our Mission

Leading Health Care
— now and for the future.
Key Initiatives to Achieve Goals

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

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

- **Branding / Image**

- **Service**
  - Implement EXCEL, a service excellence initiative to focus on improving customer/employee/physician satisfaction, access, availability, and convenience.
Evidence Based Leadership (EBL)

STUDER GROUP:

**Leader Evaluation**
- Implement an organization-wide leadership evaluation system to hardwire objective accountability
- **PILLAR GOALS**
  - LEM
  - LDI

**Leader Development**
- Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

**Must HavesSM**
- Rounding
- Thank You Notes
- Employee Selection
- Pre and Post Phone Calls
- Key Words at Key Times ~AIDET

**Performance Gap**
- Re-recruit high and middle performers
- WHAT WILL YOU TOLERATE

**Standardization**
- Agendas by pillar
- 1:1 meeting model
- Peer interviewing
- 30/90 day sessions

**Accelerators**
- Staff Eval Mgr (SEM)
- Discharge Call Manager (DCM)
- Leader Eval Mgr (LEM)
- Rounding Mgr
- Idea Express

**Aligned Goals**
- Implement an organization-wide leadership evaluation system to hardwire objective accountability

**Aligned Behavior**
- Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

**Aligned Process**
- Rounding
- Thank You Notes
- Employee Selection
- Pre and Post Phone Calls
- Key Words at Key Times ~AIDET

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"ALWAYS" LEADERSHIP

ANOTHER LEVEL OF MEDICINE
“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

2007
- October: Aligned to created OU Medicine, Introduced M/V/V and Plans
- December: Partnered with Studer Group

2008
- March: Launched EXCEL at First LDI
- July: Second LDI, Introduced Pillar Goals & Goal Setting
- October: Leader Rounding & AIDET Training in Hospitals & Outpatient Clinics
- December: Held EXCEL Week to Learn about EXCEL and Standards of Excellence

2009
- January: LEM Training for OUMC, OUP & COM, First Generation LEM Use
- August: Implemented Bus Stop Conversations
- November: Implemented CPR Meetings at OUP

2010
- February: Focus on Quality & Safety, Handovers & Checklists
- August: Implement PFCC tools, processes & SBAR
- November: Recomitment to Goals & Accountability

2011
- January: OUMC Managers Brought on LEM
- July: FY 12 Goal Templates Pushed to Chairs & Chiefs, OUP Med. Dir. & Team Leads added to LEM
- August: Planning for Baldrige Framework
Pillars of Excellence

Education  Research  Quality  People  Service  Growth  Finance
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.

**Go forth & do good!!**

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**2008 LDI**

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**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.
Healthcare Flywheel®

Prescriptive To Do’s

Purpose, worthwhile work and making a difference

Bottom Line Results
(Transparency and Accountability)

Self-Motivation
Why Initiatives Fail...

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 EXCEL Culture

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

- Aristotle
Reasons Initiatives Succeed…

- 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

- 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.
OU Medical Center Efforts at Accountability and Transparency
# OUMC LEM Evolution

<table>
<thead>
<tr>
<th>1\textsuperscript{st} Generation</th>
<th>2\textsuperscript{nd} Generation</th>
<th>3\textsuperscript{rd} Generation</th>
</tr>
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<tbody>
<tr>
<td>Learn to use the Tool</td>
<td>Increase Sr. Leader Planning/Coordination</td>
<td>Increase Sr. Leader Planning/Coordination</td>
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<tr>
<td>Assess Goal Setting Competence</td>
<td>LEM Proficiency at Sr. Leader and Director Level</td>
<td>LEM Proficiency throughout all Management Levels</td>
</tr>
<tr>
<td>Assess Action Planning Competence</td>
<td>Develop Goal Setting Competence</td>
<td>Continue to improve Goal Setting &amp; Action Planning Competence</td>
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<tr>
<td>Formulate Structure to Drive Accountability for Outcomes</td>
<td>Develop Action Planning Competence</td>
<td>Enhance Accountability Structure</td>
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<tr>
<td></td>
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<td>- Majority Templates</td>
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<tr>
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<td></td>
<td>- LEM Linkage Grid</td>
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<td>- More Templates</td>
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<td>- MMM</td>
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<td></td>
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<td>- Connect Outcomes to Rewards</td>
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<td></td>
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<td>- Develop Reporting Capabilities</td>
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<tr>
<td></td>
<td></td>
<td>- Align Eval Cycles and Tie</td>
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<tr>
<td></td>
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<td>- Outcomes to Rewards</td>
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<td></td>
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<td>- Routine Reporting to Evaluate Focus and Results</td>
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Evaluate Early and Often

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 1st Quarter Action Plans
  – 639 1st Quarter Goals/Action Steps Records/Approx 6 Goals per Leader
# LEM Facilitates Focus

<table>
<thead>
<tr>
<th>Pillar</th>
<th>Total Entries</th>
<th>% of Goal Entries</th>
<th>Avg # Goals/Leader</th>
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<tr>
<td>People</td>
<td>276</td>
<td>31.54%</td>
<td>1.71</td>
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<tr>
<td>Service</td>
<td>214</td>
<td>24.46%</td>
<td>1.33</td>
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<tr>
<td>Quality</td>
<td>200</td>
<td>22.86%</td>
<td>1.24</td>
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<tr>
<td>Finance</td>
<td>131</td>
<td>14.97%</td>
<td>0.81</td>
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<tr>
<td>Growth</td>
<td>100</td>
<td>11.43%</td>
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<td>Research</td>
<td>34</td>
<td>3.89%</td>
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<tr>
<td>Education</td>
<td>20</td>
<td>2.29%</td>
<td>0.12</td>
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HCAHPS Percentile Improvement

Percentile Rank 4Q09-3Q10

- YES, patients would definitely recommend the hospital: 12%
- Yes, patients were given information about what to do during their recovery: 11%
- Staff always explained about medicines before giving them to patients: 2%
- Room was always clean: 5%
- Patients who gave a rating of 9 or 10 (high): 6%
- Patients always received help as soon as they wanted: 2%
- Pain was always well controlled: 1%
- Nurses always communicated well: 1%
- Doctors always communicated well: 1%
- Always quiet at night: 19%

Percentile Rank 2Q08-1Q09

- YES, patients would definitely recommend the hospital: 44%
- Yes, patients were given information about what to do during their recovery: 49%
- Staff always explained about medicines before giving them to patients: 23%
- Room was always clean: 5%
- Patients who gave a rating of 9 or 10 (high): 49%
- Patients always received help as soon as they wanted: 22%
- Pain was always well controlled: 33%
- Nurses always communicated well: 24%
- Doctors always communicated well: 23%
- Always quiet at night: 45%
College of Medicine

Enhancing Physician Leader Performance by using the LEM
• 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
Pillar Weights for Department Chairs

- Education: 30%
- Research: 10%
- People: 15%
- Service: 20%
- Quality: 10%
- Growth: 10%
- Finance: 5%
- Pillar Weights: 10%
Pillar Weights for Medical Directors

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

50% Service   50% Quality
Education

• 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

• 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

• 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

• 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 I & 2 topic areas)
Research

• 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
Quality

- 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.
Service

• 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.
• 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
• 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?

• 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.
## Business Administrator's LEM Goals

<table>
<thead>
<tr>
<th>Business Administrator</th>
<th>Education</th>
<th>Score</th>
<th>Research</th>
<th>Score</th>
<th>People</th>
<th>Score</th>
<th>Quality</th>
<th>Score</th>
<th>Service</th>
<th>Score</th>
<th>Growth</th>
<th>Score</th>
<th>Finance</th>
<th>Score</th>
<th>Overall Performance Score</th>
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<tr>
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<td>N/A</td>
<td>5</td>
<td>5</td>
<td>Maintain attendance of monthly OUP Business Administrator meeting to the amount of 8 per year and Leadership Development Institutes in the amount of 3 per year.</td>
<td>1</td>
<td>Improve clinic ranking for Ease of Obtaining Test Results to the 75th percentile as measured by Press Ganey.</td>
<td>3</td>
<td>Improve overall clinic patient satisfaction ranking to the 80th percentile for FY12 as measured by Press-Ganey</td>
<td>N/A</td>
<td>N/A</td>
<td>Decrease charge lag by 5%</td>
<td>5</td>
<td>3.65</td>
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<tr>
<td>Churchill, Warren</td>
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<td>5</td>
<td>5</td>
<td>Maintain attendance of monthly OUP Business Administrator meeting to the amount of 8 per year and Leadership Development Institutes in the amount of 3 per year.</td>
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<td>Improve clinic ranking for Ease of Obtaining Test Results to the 75th percentile as measured by Press Ganey.</td>
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<td>Improve overall clinic patient satisfaction ranking to the 80th percentile for FY12 as measured by Press-Ganey</td>
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<td>N/A</td>
<td>Decrease charge lag by 5%</td>
<td>6</td>
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<tr>
<td>Farrell, Karen</td>
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<td>Increase funded research expenditure by 3.5%</td>
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<td>Maintain attendance of monthly OUP Business Administrator meeting to the amount of 8 per year and Leadership Development Institutes in the amount of 3 per year.</td>
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<td>N/A</td>
<td>N/A</td>
<td>Improve overall clinic patient satisfaction ranking to the 80th percentile for FY12 as measured by Press-Ganey</td>
<td>N/A</td>
<td>Decrease charge lag by 5%</td>
<td>5</td>
<td>3.10</td>
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</tbody>
</table>

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**ANOTHER LEVEL OF MEDICINE**
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
OVERALL PATIENT SATISFACTION
ALL FACILITIES PERCENTILE RANK

GOAL = Improve Patient Satisfaction Scores to 80th %tile
Monthly Meeting Model

- 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

- 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:

<table>
<thead>
<tr>
<th>Metric</th>
<th>Yes / No</th>
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<tr>
<td>Monthly Report Card Up-to-date?</td>
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<tr>
<td>Stoplight Report Completed?</td>
<td></td>
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<tr>
<td>3 Thank You Notes Sent?</td>
<td></td>
</tr>
<tr>
<td>90 Day Action Plan Up-to-date?</td>
<td></td>
</tr>
<tr>
<td>Clinic Performance Review Status?</td>
<td></td>
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<tr>
<td>Primary CPR Clinic:</td>
<td></td>
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<tr>
<td>List any other Clinics under CPR:</td>
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</table>

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:  

ANOTHER LEVEL OF MEDICINE
## OU Physicians Clinic Operations Excel Accountability Matrix

<table>
<thead>
<tr>
<th>Name</th>
<th>Report Period</th>
<th>LEM Score OVERALL</th>
<th>Report Card</th>
<th>Stoplight Report</th>
<th>ThankYou Notes</th>
<th>Action Plan</th>
<th>CPR Status</th>
<th>CPR Clinic Primary</th>
<th>CPR Clinic Other</th>
<th>Patient Complete / Goal</th>
<th>Rounding Goal</th>
<th>Employee Completed / Goal</th>
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*ANOTHER LEVEL OF MEDICINE*
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:
  - Presentation of Data
  - Presentation of LEM Action Plan
  - Discussion of Obstacles

• Desired Outcomes:
  - Increased leader accountability
  - Improvement in patient satisfaction ranking
LEM Transparency – A Very Good Thing

OUCP Clinic Manager LEM Scores (as of 11.4.10)

- Average Score - 3.40
- Fitzgerald, Kyli - 4.30
- Harris, Shirley - 3.60
- Daniels, Kelly - 3.56
- Davison, Sabrina - 3.54
- Manull, Mary Jane - 3.40

Display score details
"If the rate of change on the outside exceeds the rate of change on the inside, the end is near." Jack Welch