Physician Engagement: Transforming the OU Medicine Workforce

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Studer Group Medical Director
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Why is Engaging Physicians Important?

• Patient satisfaction is heavily predicted by the conduct of physicians

• Physician support of safety and service initiatives will impact the effectiveness of implementation

• The character of an institution is impacted by the engagement and visibility of the clinical team leader
The OU Medicine Physician/Nursing Engagement Test

• What do the frontline physicians/nurses say about the OU Medicine EXCEL Campaign?

• Are the OU Physicians/Nursing leading or following change efforts?

• What is the degree of trust and confidence from OU physicians/nurses toward leaders in this room?

• Do physicians/nurses feel connected to the transformational mission at OU Medicine?

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Four Tactics to Engaging the Healthcare Team

1. Enroll in a Clear, Bold and Specific Vision
2. Build Trust
3. Creating Buy-in
4. Train to Transform Care
Tactic 1: The Communication of Vision and Goals

A clear, specific, plausible, logical vision for what the organization seeks to become

He who has a strong enough “Why?” can bare almost any “How?”

Frederick Nietzsche
The Measure of a Transformational Vision

- Consensus
- Visibility
- Orientation
- Trained
- Supported
- Upheld by a Code of Conduct
- Impacts Behavior
The Organizational Vision

Communication Test:

Can OU frontline physicians …

– Clearly articulate the organizational vision?

– Understand their role in the organizational mission?

– Embrace organizational ambitions to an extent to influence interactions with patients, staff and colleagues?

“Vision without execution is hallucination”

Thomas Edison
Establishing a Performance Culture in the Eyes of the Healthcare Team

- Clear and highly visible organizational goals
- Goals that cascade to leaders
- Leaders that are held accountable for goal execution
- Leaders’ results are transparent
- Leaders’ effectiveness is defined by objective performance measures

When physicians and nurses see a performance culture from the leaders around them, they become more willing to be held accountable for their own performance
**Tactic 2: Building Physician Trust**

Physician trust in the leadership team is an absolute NECESSITY to create physician receptiveness to the organizational mission.

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**Top Priorities for Meeting Physician Needs**

### National Physician Priority Index

<table>
<thead>
<tr>
<th>Aspect of Partnership</th>
<th>Priority Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsiveness: Responsiveness of the Hospital Administration to ideas and needs of medical staff members</td>
<td>1</td>
</tr>
<tr>
<td>Ease of Practice: Degree to which this facility makes caring for your patients easier</td>
<td>2</td>
</tr>
<tr>
<td>Agility: Degree to which Hospital Administration has positioned the hospital to deal with changes in the health care environment</td>
<td>3</td>
</tr>
<tr>
<td>Trust: Your confidence in the Hospital Administration to carry out its duties and responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>Communication: Communication between yourself and the Hospital Administration</td>
<td>5</td>
</tr>
</tbody>
</table>

Represents the experiences of 27,671 physicians practicing at 302 hospitals/facilities nationwide between January 1 and December 31, 2007.
Core Principles of Physician Trust

1. Determine physician issues
2. Set a physician concern priority index
3. Solve physician problems
4. Communicate solutions

Communication is Crucial

You asked. We responded.

- Additional Clinical Review Stations Located on Medical and Surgical Floor.
- Computers in Waiting Areas for patient/visitor use
- Additional Nursing Staff Hired. Medical Department RN Staffing
Administration to Physicians

Sample Rounding

STOPLIGHT REPORT

Take a look at some of our results from rounding. More information is available on your department communication board.

<table>
<thead>
<tr>
<th>GREEN/COMPLETE</th>
<th>YELLOW/IN PROGRESS</th>
<th>RED/CANT COMPLETE AT THIS TIME AND HERE'S WHY</th>
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</thead>
<tbody>
<tr>
<td>Surgery</td>
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<td>Lab</td>
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<td>Radiology</td>
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<td>Nursing</td>
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Stoplight Report

BROKEN DOWN THE BARRIERS

A response to your concerns about “Removing Barriers to the Delivery of Care”

Breaking Down the Barriers

A solution to our continued goal of increasing patient satisfaction is to cut off all of the barriers. Our goal is to become the hospital of choice of our customers for patients, physicians, employees and families. To achieve this, we must improve the morale and performance of the physicians and staff members and remove any obstacles that prevent or hinder our progress.

We have a variety of strategies to face this challenge. The following are some of the steps we have undertaken to improve the moral and performance of our physicians and staff members:

- We provide daily updates on the status of our patients to the physicians and nurses in charge of their care.
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Another Level of Medicine
**Medical Staff Hotline**

*We are here to provide you the best place to care for patients, 24 hours a day, 365 days a year. If there is anything that falls short of what you need, let us know and we will do what is necessary to make it right. Our leadership team will respond and communicate a response within 48 hours of your call. Guaranteed.*

**Leaders Who Engage Others Successfully**

1. Recognize a job well done
2. Invest in the growth and development of others
3. Are tough when necessary
4. Hold others accountable for their own performance
5. Have a laser focus on making a difference
Engaged employees (and physicians) want their organization to succeed because they feel connected emotionally, socially, and even spiritually to its mission, vision, and purpose.

The Engaged Workforce

- Do I know what is expected of me?
- Do I have the materials I need to do my job right?
- In the last 7 days, have I received praise for good work?
- Do my supervisors seem to care about me?
- Is there someone at work who encourages me?
The Engaged Workforce

- Do my opinions count at work?
- Does the mission of my company make my work seem important?
- Do my co-workers do quality work?
- Do I have a best friend at work?
- Have I received feedback on my performance?
- This past year, have I had opportunities at work to learn and grow?

Tactic 3: Creating Physician “Buy-in”

“People place more importance on doctors’ interpersonal skills than their medical judgment or experience, and doctors’ failings in these areas are the overwhelming factor that drives patients to switch doctors.”

The Wall Street Journal, 2004
**Rank of “What patients want”**

1. Treats you with dignity and respect
2. Listens carefully to your health concerns
3. Easy to talk to
4. Takes concerns seriously
5. Willing to spend enough time with you
6. Truly cares about you and your health

*Harris Poll, 2004*

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**Patients’ Global Ratings of Their Health Care Are Not Associated with the Technical Quality of Their Care**

*John T. Cheng, MD, MPH; Ron D. Hayes, PhD; Paul G. Sirikes, MD, PhD; Catherine H. McLean, MD, PhD; David H. Solomon, MD; David E. Kedden, MD, Carol P. Roth, RN, MPH; Caren J. Kambarg, MSPH; John Adams, PhD; Ray T. Young, MD; and Neil S. Weinger, MD, MPH*

2 May 2006 | Volume 144 Issue 9 | Pages 665-672

**Background:** Patient global ratings of care are commonly used to assess health care. However, the extent to which these assessments of care are related to the technical quality of care received is not well understood.

**Objective:** To investigate the relationship between patient-reported global ratings of health care and the technical quality of care.

**Design:** Observational cohort study.

**Setting:** 2 managed care organizations.

**Patients:** Vulnerable older patients identified by brief interviews of a random sample of community-dwelling adults 65 years of age or older who received care in 2 managed care organizations during a 12-month period.

**Measurements:** Survey questions from the second stage of the Consumer Assessment of Healthcare Providers and Systems program were used to determine patients’ global ratings of health care and provider communication. A set of 238 quality indicators, defined by the Assessing Care of Vulnerable Elders project, were used to measure technical quality of care given for 22 clinical conditions. 227 quality indicators were evaluated by using data from chart abstraction or patient interview.

**Results:** Data on the global rating item, communication scale, and technical quality of care score were available for 238 vulnerable older patients in a multivariable logistic regression model that included patient and clinical factors. Better communication was associated with higher global ratings of health care. Technical quality of care was not significantly associated with the global rating of care.
**The Physician Factor in Patient Satisfaction**

“The care provided by physicians is the most influential to patient satisfaction and loyalty, followed by the compassion, willingness to help and promptness of the physician’s staff”

*Journal of Healthcare Management, 2005*

**The Chasm for Physician Excellence**

**Physician Communication When Prescribing Medications**

– 26% *failed* to mention the name of a new medication
– 13% *failed* to mention the purpose of the medication
– 65% *failed* to review adverse effects
– 66% *failed* to tell the patient duration of treatment

*Archives of Internal Medicine, 2006*
**The Chasm for Physician Excellence**

- 74% of patients are interrupted by physicians giving the initial history
  
  *Journal of the American Medical Association, 1999 281: 283-287*

- 91% of patients did not participate in decisions regarding treatment plans
  
  *Journal of the American Medical Association, 1999 282: 2313-2320*

**Malpractice Litigation**

- Patient complaints predict malpractice events
- 8% of physicians account for over 50% of claims
- The most important factor in predicting who will sue…

  *The quality of the relationship between the patient and doctor*

  *Medical Economics, July 2003*
**Malpractice Litigation-Sited Reasons**

- Didn’t listen
- Didn’t return phone calls
- Showed little concern or respect for patient condition
- Rude
- Didn’t spend enough time
- Didn’t answer questions adequately

*Patient Complaints and Malpractice Risk, JAMA 2002*

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**The Case for Service**

- Improves patient compliance
- Improves clinical outcomes
- Improves patient satisfaction
- Increases growth and market share
- Reduces malpractice risk
- Improves physician satisfaction
Toxic Physician/Nurse Sentiment

- Patient satisfaction measurement is not reliable, therefore not important
- Patient satisfaction is administrative and not tied to clinical outcomes
- The measurement of patient satisfaction is not statistically significant

Tactic 4: Training Physicians

In order for physicians to initiate change in the way they provide care to patients, two principles must be achieved:

1. Physicians must believe it is important (Buy-in)
2. Physicians must have the skill to do it (Training)
### Physician AIDET Curriculum Content

- Making a first impression
- Non verbal communication
- Paraphrasing history taking
- Explaining medications
- Explaining diagnosis
- Delivering bad news
- Expressing empathy
- Consensus decision making
- Clarity in follow-up care
- Managing-up colleagues

### Physician Treatment of Staff

- Staff will treat patients like physicians and leaders treat them
- Recognize staff for good work
- Clear and respectful expectations
- Position well to others
Physician Treatment of Colleagues

- Physician treatment of colleagues is a reflection of a group’s culture
- Physician to physician interaction can protect from or create physician burnout
- This should be a trained expectation for physicians and residents at OU Medicine

Best In Class Physician Interaction

- Available to help for clinical assistance
- A willingness to assist colleagues in need
- Appropriate referrals based on physician derived guidelines
- A chance to socialize
Outline Sequence of Physician Training

- Link to the clear and specific Organizational Vision
- Bring credibility that training works
- Make the argument for “why”
- Use data to create a burning platform
- Provide evidence-based behaviors
- Regular performance feedback on quality and service goals
- Bonus for hitting goals
### Clinic Patient Satisfaction Rankings

![Clinic Patient Satisfaction Rankings](image)

### OU Medical Center

**HCAHPS Domains % Top Box**

<table>
<thead>
<tr>
<th>Domain</th>
<th>Goal= At or Above HCA Mean</th>
<th>1Q 2009</th>
<th>2Q 2009</th>
<th>3Q 2009 Prelim</th>
<th>HCA 3Q 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Communication</td>
<td></td>
<td>65%</td>
<td>79%</td>
<td>79%</td>
<td>78%</td>
</tr>
<tr>
<td>Physician Communication</td>
<td></td>
<td>73%</td>
<td>84%</td>
<td>82%</td>
<td>82%</td>
</tr>
<tr>
<td>Responsiveness</td>
<td></td>
<td>58%</td>
<td>66%</td>
<td>60%</td>
<td>64%</td>
</tr>
<tr>
<td>Pain Management</td>
<td></td>
<td>60%</td>
<td>75%</td>
<td>73%</td>
<td>75%</td>
</tr>
<tr>
<td>Medication Communication</td>
<td></td>
<td>55%</td>
<td>66%</td>
<td>66%</td>
<td>62%</td>
</tr>
<tr>
<td>Cleanliness</td>
<td></td>
<td>56%</td>
<td>65%</td>
<td>60%</td>
<td>72%</td>
</tr>
<tr>
<td>Quietness</td>
<td></td>
<td>58%</td>
<td>72%</td>
<td>67%</td>
<td>67%</td>
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<tr>
<td>Discharge Information</td>
<td></td>
<td>80%</td>
<td>84%</td>
<td>88%</td>
<td>85%</td>
</tr>
<tr>
<td>Overall Rating (N top 2 box)</td>
<td></td>
<td>55%</td>
<td>66%</td>
<td>67%</td>
<td>69%</td>
</tr>
<tr>
<td>Likelihood to Recommend</td>
<td></td>
<td>63%</td>
<td>74%</td>
<td>76%</td>
<td>74%</td>
</tr>
</tbody>
</table>
Creating a Physician Code of Conduct

A Code of Conduct is a means to create a specific commitment to important physician behaviors that will position the physician and organization to be consistently successful.
Physicians are Receptive
to Behavior Standards When...

- They have input into creation and launch
- Trust has been established in the leadership team
- Standards are consistent with the communicated vision of the organization
- Behavior standards are included in training and orientation
- Consensus support from physician leaders
- There is a leader response to violations of the code of conduct

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**Physician Code**

**SHARP**
Rees-Stealy
Medical Group

**PHYSICIAN CODE**

The Mission of Sharp Rees-Stealy Medical Group is to improve the health of our community through a caring partnership with patients, physicians and employees. Our goal is to offer quality services that set community standards and exceed expectations in a caring, convenient, affordable and accessible manner.

The ability of the medical group to successfully fulfill our Mission is dependent on physicians. Each of us is a leader within our sphere of influence and how we treat patients, colleagues and staff will set the tone for how care is delivered. We can only expect better from those around us when we do better ourselves and lead by example.

We seek to create ideals that define the type of physician who works for Sharp Rees-Stealy. Most importantly, we seek to provide an atmosphere to help physicians flourish professionally and personally, and to create a group, which is defined by providing exceptional care to its patients, staff and fellow physicians.
The Physician Code

Diagnostic Criteria for Physician Engagement

- Physician awareness and support for the organizational mission
- Physician behaviors are consistent with values and vision of the organization
- Physician involvement in quality, safety and service initiatives
- Physician leadership is tightly connected to the administrative team, moving in a unified direction
**Physician Engagement Drivers**

- Appointment/Selection of Excellent Physicians
- Orient heavily on Vision and Culture
- Build Trust between Physicians and Administration
- Set and communicate expectations
- Coach and train physician behaviors
- Measure performance against expectations
- Provide feedback to performance
- Recognize high performance

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**Enrolling Others in a Vision to Transform Care Requires An Appeal to The Heart, Not Just The Brain**

Comments from The Heart of Change by John Kotter

“The central challenge... is changing people's behavior... the core problem without question is behavior-what people do, and the need for significant shifts in what people do.”

“Changing behavior is less a matter of giving people analysis to influence their thoughts than helping them to see a truth to influence their feelings. Both thinking and feeling are essential, and both are found in successful organizations, but the heart of change is in the emotions. The flow of see-feel-change is more powerful than that of analysis-think-change.”
**Practicing Excellence**: A Physician’s Manual to Exceptional Health Care

**Engaging Physicians**: A Manual to Physician Partnership

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