

Transforming a Health System Through Culture and Physician Partnerships



*Rochester General Health System
Rochester, NY*

*Mark Clement, President and CEO
Richard Gangemi, MD, Chief Medical Officer*





Rochester General Hospital Today

- **Rochester General Health System - an integrated health care delivery system – founded in 1994**
 - Total revenue: + \$900 Million
 - Total number of team members: 9000
 - Serving a 15+ county region
 - 3rd largest employer in Rochester
- **Affiliates include:**
 - Rochester General Hospital – tertiary care flagship
 - Newark Wayne Community Hospital
 - DeMay Living Center
 - Behavioral Health Network
 - Hill Haven Nursing Home
 - Independent Living for Seniors
 - Rochester General Medical Group
- **650 Acute Care Beds; 600 LTC Beds**
- **1200 Affiliated Physicians**
- **Largest ED in Upstate New York – 120,000 annual visits**
- **Fastest growing Health System in the Region!**



Rochester General Health System

2006 Realities & Imperatives

- Successful turnaround achieved following financial crisis, closure of two hospitals, and sale of other affiliates
- But...not well positioned for future success!
 - System largely internally focused with no effective growth strategy
 - Market share declining and financial performance eroding
 - Patient, physician, and employee satisfaction very low
 - “Holding Company Structure” with little to no clinical integration of the System
 - Leadership and decision making highly centralized and hierarchal – slow to adapt
 - Culture of “Austerity” or “No;” disenfranchised and demoralized physicians and employees
 - Paradoxically, clinical quality was good!



A Bold Vision & Strategy

Vision

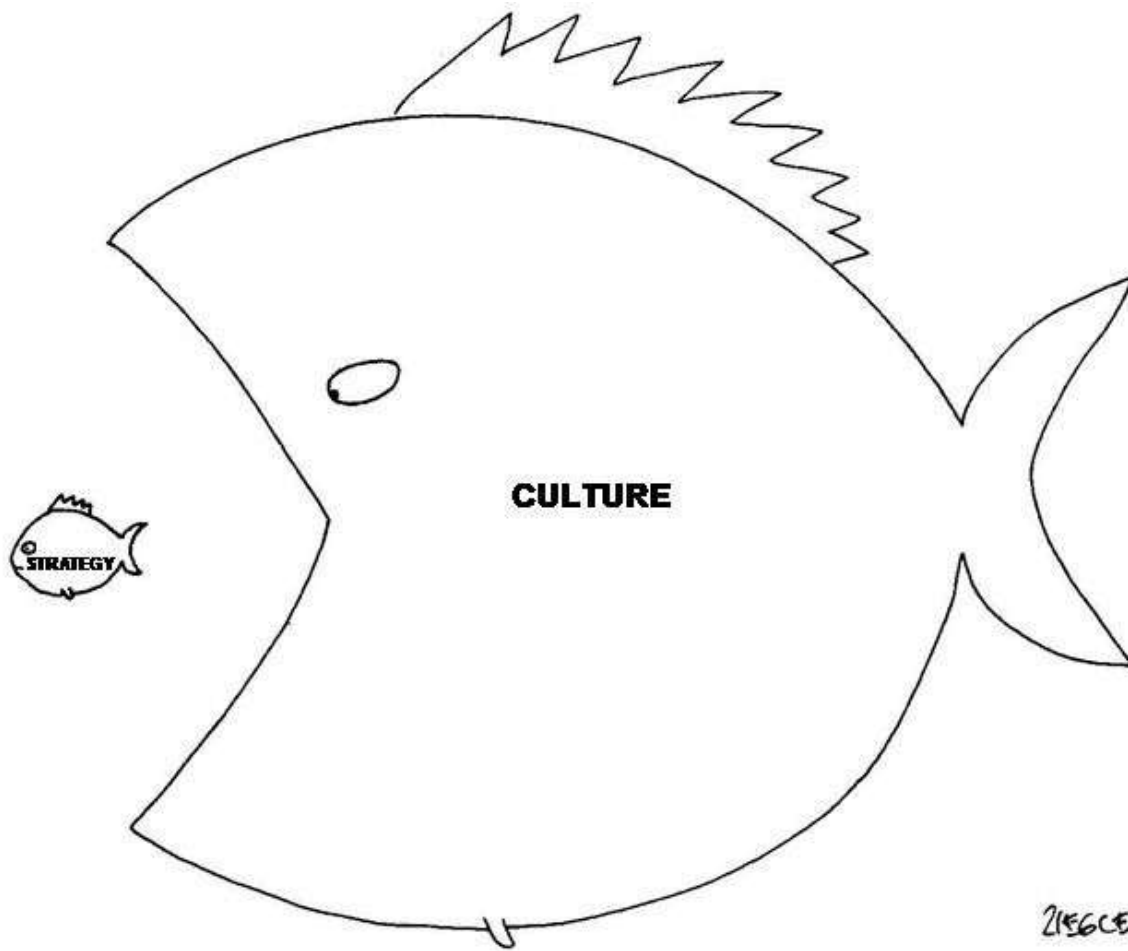
- Rochester General Hospital and Affiliates will be the **health care provider of choice** for physicians and patients, the most trusted health care provider in the region, recognized for:
 - Exceptional Quality
 - Unparalleled Service and Patient Experience
 - Great Place to Work and Practice
 - Academic Programs and Research that Support Core Clinical Missions
 - Clinically Integrated Affiliates



Strategy

- Delivering Great Care – Quality, Safety, and Exceptional Service – Through the Work of Our People
- Clinically Integrate – Seven Affiliates, 1,200 Physicians, One Great Health System
- Investing in Technology, Clinical Programs, and Ambulatory Services to Better Serve our Community
- Building, Retaining, and Aligning with a World-Class Medical and Dental Staff
- Funding Our Exciting Future





ZIEGLER



Roadmap

Breakthrough Performance

Phase I: Building the Foundation Evidence Based Leadership Practices

Phase II: Engaged Workforce and Medical Staff

Build Shared Purpose and Vision

Leadership Development

- Create Processes to assist leaders in developing skills & competencies to attain results

Performance Management

- Implement Objective Evaluation System (LEM)

Aligned Behaviors

- Fact Based – Metric Driven
- Evidence Based Practices
- Communicating for Results
- Values – Guiding Principles
- Early Wins

Team Members

- Servant Leadership
- Involving & Trusting our Team Members
- Recognizing Team Members

Physician Alignment and Engagement



Transforming Our Culture

Building a Shared Vision and Strategy

- Listening Tour – First 60 Days
- Open, Inclusive Strategic Planning Process
- Cascading Vision and Strategy
 - Physician Meetings
 - Leader Meetings
 - Team Member Forums
- 98% Support!



Phase I : Building the Foundation

Investing In and Empowering Our Leaders

- Quarterly Leadership Development Institutes (LDI's)
- Evidence Based Leadership Practices
- Leading Change
- Selecting Talent
- High, Middle, Low
- Key Words at Key Times
- Crucial Conversations
- Employee Engagement
- Harvesting Bright Ideas & Smart Growth
- Authority to Act Policy

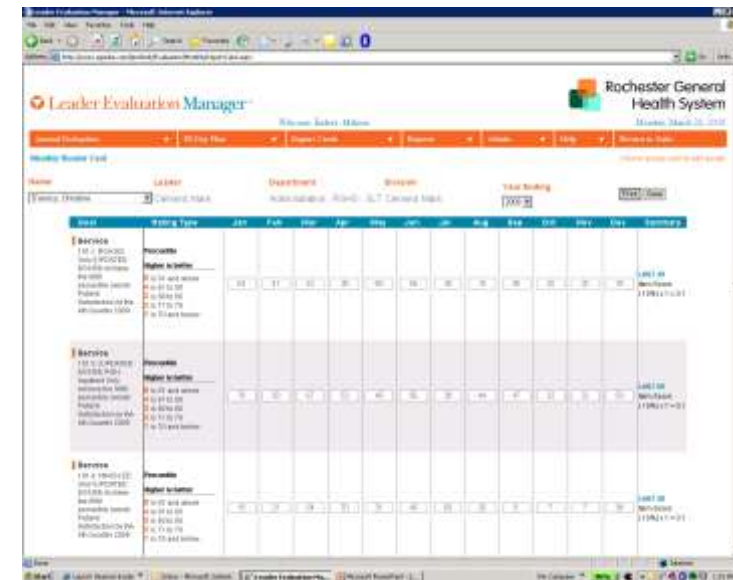
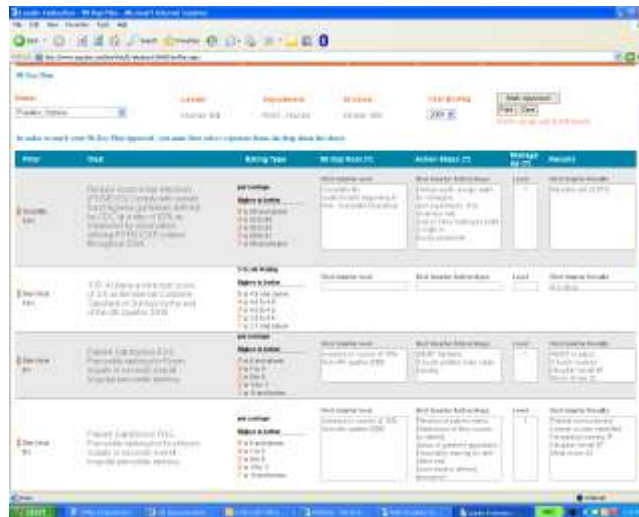


Phase I: Building the Foundation Performance Management

Developing, Cascading and Aligning Goals

- Leader Evaluation Manager- LEM
- Monthly Meeting Model
- Operation Reviews – bi-annually
- Evidence Based Leadership Assessments

Rochester General Health System	Monthly Meeting Agenda (Date of meeting)	Leader: (Name of Senior Leader)
Topics	Agenda/Minutes FYI – for your information FD – for discussion FA – for action or decision • Start with a relationship question	Action Items
Rounding for Outcomes	• Tell me what's working well • Is there anyone you want me to recognize (ask for specific behaviors)? Any physicians? • What's not working well? Ideas to fix ... • Do you have the tools & equipment you need to do your job?	
Focused Growth	• Review of growth targets/results (FD) • Recognitions for what's going well (FD) • Barriers to achieving desired outcomes (FA)	
Quality	• Review of performance (FD) • Recognitions for what's going well (FD) • Barriers to achieving desired outcomes (FA)	
Service	• Linkage Grid from LD(NPD) review actual linkage grid from LD; assess progress toward meeting timelines • Leader Evaluation (FD) (leader to bring current report card and 90 day plan from LEM to meeting) • Patient satisfaction results overall/unit specific drill down as appropriate (PD) ask a sampling of questions as noted below to assess the degree of handwringing <ul style="list-style-type: none"> o What tactic are you focusing on to achieve your goal this quarter? o How many staff can articulate the "why" for the tactic? o What % of staff have been recognized and what % have been coached for using the tactic? o Action plan to improve results – progress to date 	
People	• Outcomes from Rounding on Staff (FD) questions to assess effectiveness include: <ul style="list-style-type: none"> o Who have you recognized this week? Who should I recognize? (Thank you notes) o What issues are you currently facing? What have you fixed this month? What trends are you seeing? o What tough questions are you hearing? • Employee Satisfaction (FD) <ul style="list-style-type: none"> o Action plan – progress to date-Ask more drill down questions, such as: <ul style="list-style-type: none"> o What are 1-2 reward/recognition strategies are you implementing? 	
Financial Performance	• Review of operational finance reports (FD) • Report on variances (FD)	



Phase I: Building the Foundation

Aligning Behaviors

Communicating to Drive Results

- Employee Forums - Quarterly
- Monthly Leader Meetings
- Monthly Meeting Model - 1:1's
- Let's Chat
- Monthly CEO Update
- Victory Scoreboard
- Department Communication Boards
- Leader Rounding on Team Members



One Great Health System	Monthly Meeting Agenda (Date of meeting)	Leader: (Name of Senior Leader)
Topics	Agenda/Minutes FYI - for your information FD - for discussion FA - for action or decision	Action Items
Rounding for Outcomes	<ul style="list-style-type: none"> • Start with a relationship question • Tell me what's working well • Is there anyone you want me to recognize (ask for specific behaviors)? Any physicians? • What's not working well? Ideas to fix ... • Do you have the tools & equipment you need to do your job? 	
Focused Growth	<ul style="list-style-type: none"> • Review of growth targets/results (FD) • Recognition for what's going well (FD) • Barriers to achieving desired outcomes (FA) 	
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People	<ul style="list-style-type: none"> • Outcomes from Rounding on Staff (FD) questions to assess effectiveness include: <ul style="list-style-type: none"> □ Who have you recognized this week? Who should I recognize? (Thank you notes) □ What issues are you currently fixing? What have you fixed this month? What trends are you seeing? □ What tough questions are you hearing? • Employee Satisfaction (FD) <ul style="list-style-type: none"> □ Action plan - progress to date-Ask more drill down questions, such as: <ul style="list-style-type: none"> □ What are 1-2 reward/recognition strategies are you implementing? 	
Financial Performance	<ul style="list-style-type: none"> • Review of operational finance reports (FD) • Report on variances (FD) 	

Phase I: Building the Foundation Aligning Behaviors

Transparent Fact-Based Leadership

Focused Growth						
	On Target?	2008 Actual	2009 Target	2009 Actual	Reporting Period	From Last Period
Net Medical Staff Growth	Yes	41	41.3	35	YTD Increase	↑
Clinical Quality:						
Hospital Discharges/Bed (2009)	Yes	31,253	31,441	32,224	YTD Increase	↑
Sum of Days and Bed Hours Long Term Care	No	174,248	173,857	173,882	YTD Increase	↓
Operational Excellence (2009)	Yes	126,474	127,327	128,828	YTD Increase	↑
Quality						
	On Target?	2008 Actual	2009 Target	2009 Actual	Reporting Period	From Last Period
INFECTIONS: HCAHPS overall score above variability in 2X. Definition: HMCB 2-4X, RGH 3-4X.	No	not reported	2.8X	2.85X	YTD Increase	↓
ADHS BARR: HCAHPS appropriate antibiotic use/infection "do no harm" safety goals	No	not reported	88X	59X	YTD Increase	↓
INFECTIONS: HCAHPS appropriate antibiotic use/infection related goals	Yes	not reported	88X	81X	YTD Increase	↑
Service						
	On Target?	2008 Actual	2009 Target	2009 Actual	Reporting Period	From Last Period
Patient Satisfaction:	No		881X			↔
RGH Inpatient Perceived rank (overall satisfaction)		75X		82X	Decrease	↓
RGH EP Perceived rank (overall satisfaction)		42X		28X	Decrease	↓
RGH Outpatient Perceived rank (overall satisfaction)		48X		32X	Decrease	↓
RGH Ambulatory Perceived rank (overall satisfaction)		35X		32X	Decrease	↓
YOM Inpatient Perceived rank (overall satisfaction)		58X		52X	Decrease	↔
YOM EP Perceived rank (overall satisfaction)		34X		2X	Decrease	↓
Medical Group Perceived rank (overall satisfaction)		38X		32X	Decrease	↓
OBH Inpatient Perceived rank (overall satisfaction)		55X		46X	Decrease	↓
Internal Customer Survey (Aggregate)	NR		4.58	4.48	022009	↔
Physician Satisfaction:						
Physician Satisfaction Overall (HMCB)	NR		881X		022009	↔
Physician Satisfaction Overall (RGS)	NR		881X		022009	↔
People						
	On Target?	2008 Actual	2009 Target	2009 Actual	Reporting Period	From Last Period
Employee Satisfaction - Effective Organization	Yes	831X	881X	881X	022009	↔
Employee Retention						
New Employees Recruited in 7- 92 months	Yes	2,28X	4,28X	3,28X	YTD Increase	↑
Overall Turnover	No	44.50X	44.92X	44.50X	YTD Increase	↑
Financial Performance						
	On Target?	2008 Actual	2009 Target	2009 Actual	Reporting Period	From Last Period
Operating Margin	Yes	2.8X	4.8X	2.8X	YTD Increase	↑
Days Cash-on-Hand	Yes	53.8	>58	53.5	YTD Increase	↑
Philanthropic Giving/Grants (RGS/YOM/YHCS)	Yes	41,851,588	41,588,888	41,827,388	YTD Increase	↑

(Yes) On Target = 9
(No) Not on Target = 5
(NR) Not Reported for Month = 3

Balanced Score Card

HR Dashboard - 3/23/2010					
	On Target	Target	Actual	Reporting Period	Improved From Last
Vacancy - Overall		5.90%	0.00%	YTD	↑
Affiliate					
Vacancy - RN		7.60%	0.00%	YTD	↑
Affiliate					
Turnover - Overall	Yes	13.3%	9.50%	Annualized	↑
Leaders					
Affiliate					
Turnover - New Employees	Yes	5.5%	2.19%	Annualized	↑
Leaders					
Affiliate					
30 Day Complete	Yes	100.0%	100.0%	YTD	↑
90 Day Complete	No	100.0%	87.1%	YTD	↓
Leaders					
Affiliate					
Health Screen Compliance	Yes	100.0%	100.0%	YTD	↑
Leaders					
Affiliate					
Performance Appraisals	No	100.0%	96.3%	YTD	↔
Leaders					
Affiliate					
HML	No	100.0%	95.4%	Annual	↔
Affiliate					

Dashboard



Communication Board

Phase I: Building the Foundation

Aligning Behaviors

Evidence Based Leadership Practices

- 30-90 Day Meetings
- Leader Rounding
- Discharge Calls
- Peer Interview
- Hourly Rounding
- Key Words at Key Times
- H-M-L



Phase I: Building the Foundation

Aligning Behaviors

RGHS Values

- Selection
- Performance Reviews
- “Touch Stone” for Decision Making and Behaviors



Our Values

Our Values are the guiding principles that serve as the foundation for everything we think, say and do. They are our organizational code of conduct and signify what we stand for. We refuse to be less than what these values represent. Any philosophy, policy, practice or behavior that is outside of these values is unacceptable and will either be improved or removed.

Every Customer - Every Encounter - Every Time

Service

To serve our community is a privilege and an obligation. We excel in our sensitivity to the needs of those we serve. Everyday we live our mission through serving our community.

Teamwork

Together we can do great things for people in need. One team, with one goal – to be one Great Health System Always!

Attitude

We are a “can do” team. We are grateful for the opportunities that are presented each and every day. Through positive energy we can, and we will, meet the needs of those we serve.

Respect

Public trust demands the highest respect for those we serve and for those with whom we work – the team members - who share our mission - in all situations and with all people. We are here to better the lives of others and we are profoundly aware of the value of each human being.

Standards

We pledge to our community the highest standards of respect, patient safety and clinical excellence. We will do no harm. Do it right—Do it now. We are extraordinary people called to do extraordinary work.

~ Pride in Performance ~

Phase I: Building the Foundation

Early Wins Build Trust and Momentum

- Minor Equipment Capital Infusion
- Wage and Salary Program
- No Lay-Off Policy – Commitment to our People
- Peer Interviewing



Roadmap

Breakthrough Performance

Phase I: Building the Foundation
Evidence Based Leadership Practices

**Phase II: Engaged Workforce
and Medical Staff**

**Build
Shared
Purpose
and Vision**

**Leadership
Development**

- Create Processes to assist leaders in developing skills & competencies to attain results

**Performance
Management**

- Implement Objective Evaluation System (LEM)

Aligned Behaviors

- Fact Based – Metric Driven
- Evidence Based Practices
- Communicating for Results
- Values – Guiding Principles
- Early Wins

Team Members

- Servant Leadership
- Involving & Trusting our Team Members
- Recognizing Team Members

**Physician
Alignment
and
Engagement**



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Servant Leadership

- First responsibility is to grow your people
- Serve team members so team members can serve patients
- Remove barriers, bureaucracy



Phase II: 2009 – Present

Building an Engaged Workforce and Medical Staff

Middle Managers and Team Members Drive Change

- Management Action Team
- Physician Action Team
- Socialization & Recognition Action Team
- Communication & Training Action Team

Clear Mission

- Engage team members and provide support and structure to move things
- Alignment to our organizational goals and change effort
- Collaboration between affiliates
- Goal is: Improvement not Perfection



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Fostering a Culture of Joy!



RGH: Our **PEOPLE** make us great!



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Ideation - Unleashing the Power of the People

- Harness the power of our most important resource – our people
- Work more efficiently - raise the bar higher on the level of care and service we provide our patients
- **Ideation progress since June 2009:**
 - Ideas Submitted = 50,000+
 - Ideas Implemented = 31,000+
 - Cost Savings = \$26M+



IDEA # 12786 IMPLEMENTED!

Sodus Internal Medicine:

In using the Follett approved refrigerators, I suggested to raise them up to working level by having Carl Poole, Plant Operations, build a counter top.

Reasons being :

- 1) back care
- 2) line of site for medication storage and accuracy



Lena Whipple
LPN Senior



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Engaging Our Team Members



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Celebrating the Work of Our People

Medical Intensive Care Unit



- Celebrated 1 year without a Central Line Blood Stream Infection
 - Collaboration among Nursing, Physicians, and Infection Prevention
 - Focused education
 - Standardizing practice and effective use of best practices
 - Celebrating success!



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Recognizing Extraordinary Results

- Florence Nightingale Zapper Award
- Pillar Awards
- CEO Roundtables



2009
Florence
Nightingale
Zapper Ax
Award

**Robbin
Dick, MD**



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Giving the Credit Away!

“What’s
RIGHT
in Healthcare”?
Ask the RGHS
Essay Contest
Winners!

Thanks to all who participated in the “What’s Right in Healthcare” Essay Contest.

The winners, will represent RGHS at a ceremony in Chicago next month.



We need to realize that we are all a small part of a large, wonderful organization. From Housekeeping to the President, we are all equally important to the success of the organization.
*Ronette Coston, Recreation Specialist
Therapeutic Recreation (DeMay)*



I know how open my employer is to new ways of thinking and how committed we are to taking that top role in our region.
*Bryan Spang, Anesthesia Technician
Anesthesia Department (RGH)*



It’s vital for RGHS to continue to motivate us through recognizing outstanding service and rewarding teams/individuals for a job well done.
*Alison Feretti, PROS Practitioner
Personalized Recovery Oriented Services (Behavioral Health)*



Our attention to the details of every patient visit will yield high volumes of great patient outcomes, exemplary satisfaction scores, and a sense of respect and dignity for each patient, family member and team member.
*Jim Briggs, Physical Therapist
Physical Medicine (Outpatient)
(RGH - Ambulatory)*



Our plans to improve physician satisfaction include creating a template for structured communication, planning a modular rounding system, and focusing on speed of seeing patients on referral.
*Balazs Zsenits, M.D., Physician
Department of Medicine
Hospitalist (RGH)*



Every team member needs to be held accountable for their actions all the time. All managers need to hold their team members accountable.
*Cindy Lewis, Patient Access Associate
Lead, Admitting (NWCH)*



I would hope to come back with a renewed commitment to do bigger and better. I would like to see how other health systems do what’s right and share best practices with my team.
*Jennifer Affronti, Intake Specialist
Intake (ILS)*



We must continue to focus on empowering and trusting each and every individual in the RGHS healthcare system to positively touch, advocate and compassionately provide healthcare.
*Karen Roth, Nurse Practitioner
Newark Internal Medicine (RGMG)*



We realize that this is not a journey that will end but one that will continue. We will continue to challenge team members to improve service, quality and safety.
*Sally Sackett, Registered Nurse,
Nursing DOSA (RGH)*



I would address how crucial patient satisfaction is; our entire staff has to first consistently provide a clean, safe environment surrounded in positive energy to make the patient feel like they are in a welcoming environment.
*Kayleigh Rappenecker, Medicaid
Liaison, Patient Financial Services
(RGHS Riedman Campus)*

To those who were not selected:
Every voice was heard, and every opinion matters...
Thank you for doing your part to help RGHS succeed!

Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

***Building a TRUE Partnership with
Physicians***

The Foundation for Accountable Care



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Lessons on Physician Relations Learned at the Dinner Table

- **The 3 things physicians want from their hospital:**
 1. Great Quality & Service for their Patients
 2. Efficient Practice Environment
 3. A Seat & a Voice at the table – a True Partnership!

- **Listen, Believe, and Act**

- **Tips on Communicating with Physicians / Building Trust:**
 1. Avoid non-specific “Administrator Speak” – examples include, “We’re working on it” or “We’ll get back to you”
 2. To be relevant, you must ***Be Present*** – Round, Attend key meetings, Visit physicians in their office etc...
 3. Get Things Done!



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Building True Physician Partnerships

Improving Physicians' Satisfaction – Tactics that Work

- Measure Physician Satisfaction -- and Make Improving a Priority!
- Communicate, Communicate, Communicate
 - Medical & Dental Staff Monthly Newsletter
 - CEO Monthly Update
 - Chiefs Meeting
 - Forums and Education Sessions
 - Balanced Scorecard
- Form Physician Action Team – to Set Priorities and Track Program
- Invest In Physician Leadership Development



Phase II: 2009 - Present

Building an Engaged Workforce and Medical Staff

Building True Physician Partnerships

Aligning and Engaging Physicians

- Establish & Resource Multi-disciplinary Councils to Drive Improvement and Engage Physicians in Decision Making
 - PCP
 - ED
 - Inpatient
 - Perioperative
- Align Chief & Physician Leader Goals and Accountabilities Around Physician Satisfaction
 - LEM
 - LDI's
- Involve Physicians and Physician Leaders in Strategic Planning and Annual Goal Setting
 - Healthcare Reform – Strategic Plan Refresh
 - Annual Operating Plan Developed with Active Physician Involvement
- Strategies to Address Growing Physician Estrangement from Hospitals (the traditional organizing hub for a Medical Staff)
 - Spring & Fall Physician Socials
 - Hard Wire Hospitalist and ED Physician Communication Standards with Community Based Physicians



Phase II: 2009 - Present

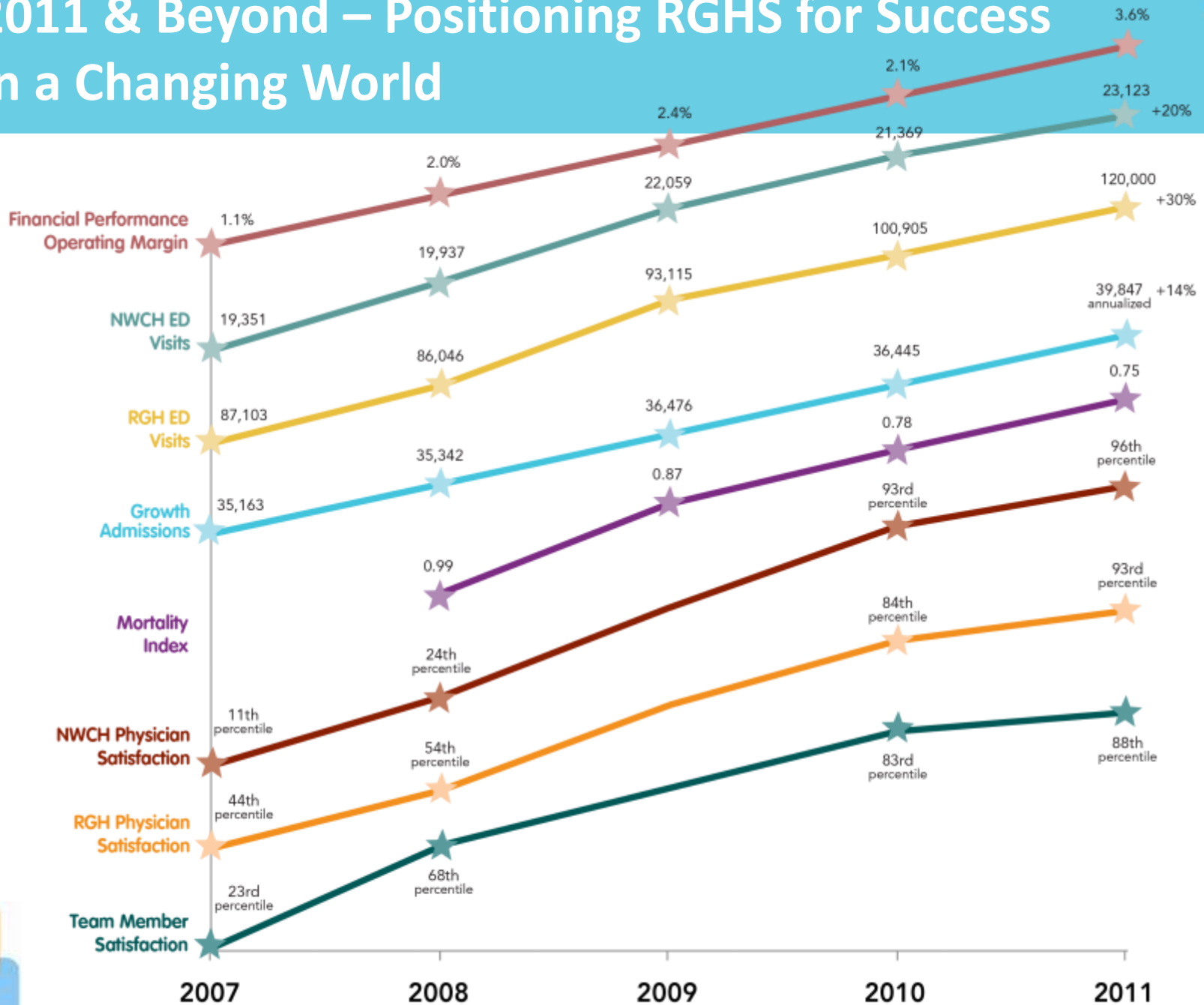
Building an Engaged Workforce and Medical Staff

Create a Corporate Vehicle for Business and Clinical Partnerships

- Greater Rochester Independent Practice Association
 - FTC Approved Clinically Integrated Organization
 - Vehicle for Collaborating with Physicians to:
 - Redesign and manage care
 - Assume accountability for care delivery
 - Improve quality, safety, and population health
 - Manage growing quality and value-driven payment changes, for example:
 - 30-day re-admissions
 - Value-Based Purchasing (VBP)
 - Hospital acquired conditions
 - Meaningful use
 - etc.
 - Share Savings
 - Deployment and Support of EMR Technology for Community Physicians



2011 & Beyond – Positioning RGHS for Success In a Changing World



RGHS Team Member Satisfaction



Key Drivers:

- **Effectiveness**

Overall, this is an effective organization

82% favorable → **87%** favorable

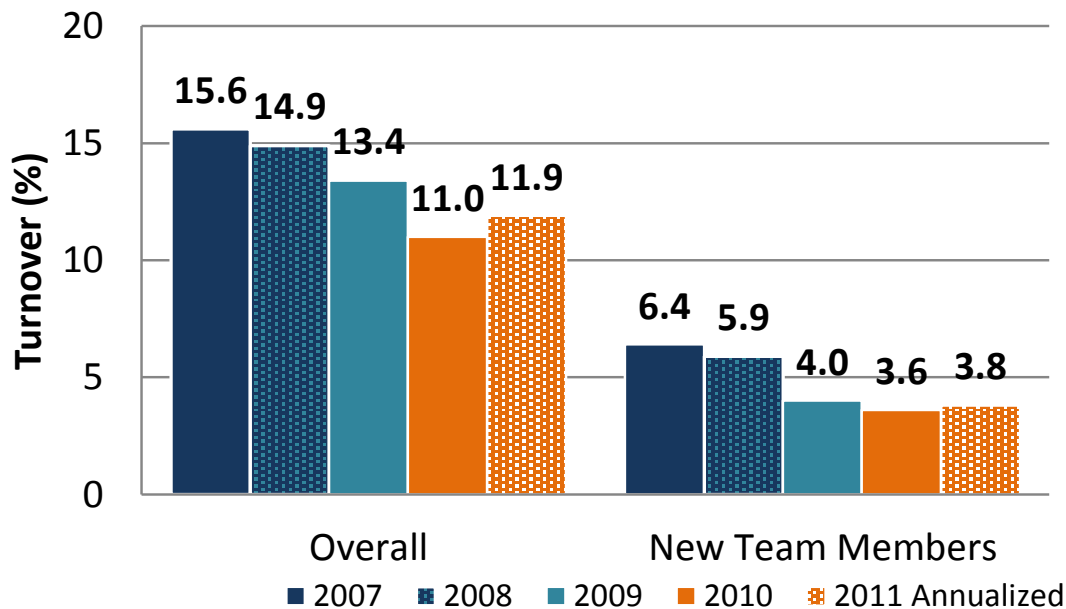
- **Recognition**

When I do an excellent job my accomplishments are recognized

71% favorable → **75%** favorable

RGHS Turnover

Turnover - RGHS

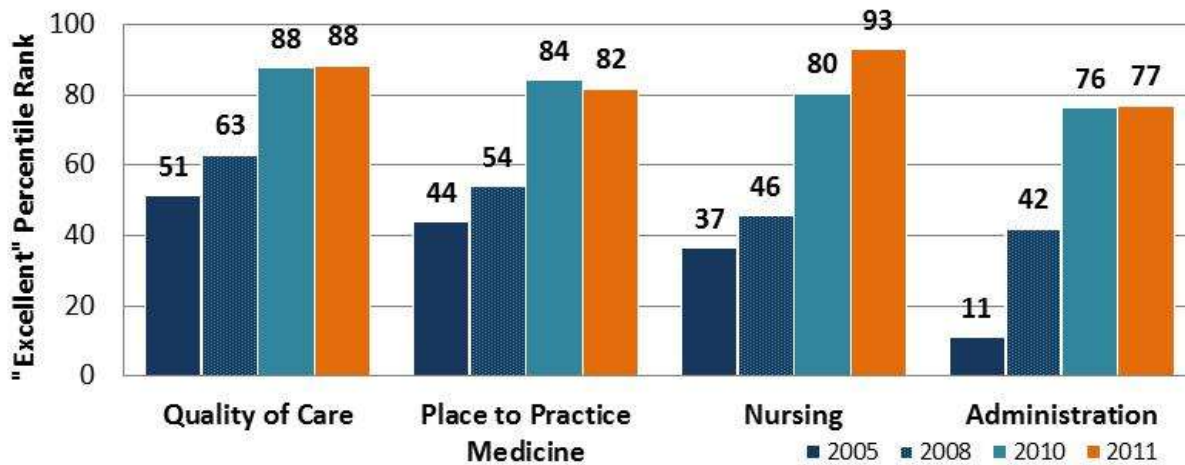


Contributions To Success

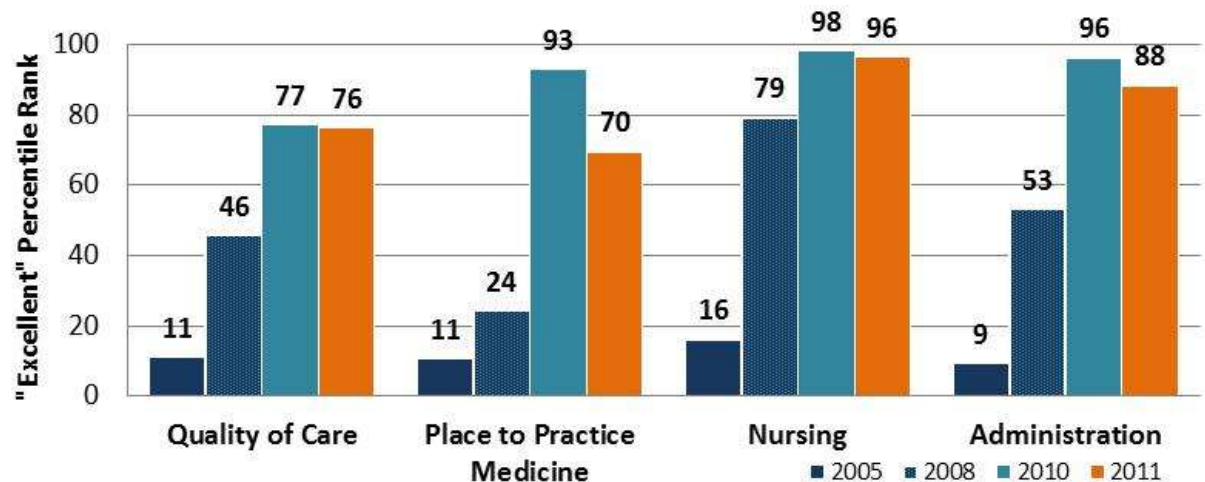
- Selecting Talent - Peer Interviewing
- On-boarding Team Members
- 30 – 90 Day New Team Member Meetings
- Team Member Engagement & Communication

RGHS Physician Satisfaction

Physician Satisfaction - Rochester General Hospital



Physician Satisfaction - Newark-Wayne Community Hospital



Growing National Recognition



A GANNETT COMPANY

**Top 100 Hospital
For Patient Experience**



**Top 100 Integrated
Health Networks**



Studer Group
Recognized for HCAHPS
Team Member &
Physician Satisfaction



US News and World Report Ranking
High Performing in 10 Clinical Areas
Top 15% of Hospitals Ranked



CareChex – Delta Group – National Ranking
#1 in NYS for Overall Medical Care
#1 in NYS and #2 Nationally for Cardiac Surgery

Clinical Category	RGH		URMC		Buffalo General	
	National	State	National	State	National	State
Overall Hospital Care	53	2		23		65
Overall Medical Care		1		30		77
Overall Surgical Care	29	2		40		69
Cancer Care	199	4		28		159
Cardiac Care	24	1		16		31
Cardiac Surgery (Major)	2	1		21		7



THOMSON REUTERS

**Top 100 Cardiac Hospital
7 Times**



**HHS Recognition for National Leadership
in Infection Prevention**



**Health Grades Recognizes NWCH as
5-Star Women's Health Provider**



**September Consumer Reports
Nationally Ranked Cardiac Surgery Program**

RGHS – A Culture of Safety

"The names of the patients whose lives we save can never be known. Our contribution will be what did not happen to them. And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, grandchildren will know grandparents they might never have known, holidays will be taken, work completed, books read, symphonies heard, and gardens tended that, without our work, would never have been."

Don Berwick



Thank you

Questions?

