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
Roadmap

Phase I: Building the Foundation
Evidence Based Leadership Practices

- Leadership Development
  - Create Processes to assist leaders in developing skills & competencies to attain results
- Performance Management
  - Implement Objective Evaluation System (LEM)

Phase II: Engaged Workforce and Medical Staff

- 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

- Build Shared Purpose and Vision
- Physician Alignment and Engagement
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

### Monthly Meeting Agenda
(Date of meeting)
Leader: (Name of Senior Leader)

<table>
<thead>
<tr>
<th>Topics</th>
<th>Agenda/Minutes</th>
<th>Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rounding for Outcomes</strong></td>
<td>- Start with a relationship question</td>
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<td></td>
<td>- Tell me what's working well</td>
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<td></td>
<td>- Is there anyone you want me to recognize for specific behavior? Any physicians?</td>
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<td>- What can we do differently? Should it be in LEM?</td>
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<tr>
<td><strong>Focused Growth</strong></td>
<td>- Recognition for what's going well</td>
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<tr>
<td></td>
<td>- Barriers to achieving desired outcomes</td>
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<tr>
<td><strong>Quality</strong></td>
<td>- Recognition for what's going well</td>
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</tr>
<tr>
<td></td>
<td>- Barriers to achieving desired outcomes</td>
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<tr>
<td><strong>Service</strong></td>
<td>- Linkage Grid: ensure current linkage and share LEM's progress toward meeting outcomes</td>
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<td></td>
<td>- Patient satisfaction results overall: report specific skill areas to organization (FD)</td>
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<td></td>
<td>- Review of performance (FD)</td>
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<tr>
<td><strong>People</strong></td>
<td>- Outcomes from Rounding on Staff: questions to cause effectiveness activities</td>
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<td></td>
<td>- What tactic are you focusing on to achieve your goal this quarter?</td>
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<td>- How many staff can articulate the &quot;why&quot; for the tactic?</td>
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<td></td>
<td>- What % of staff have been recognized and what % have been coached for using the tactic?</td>
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<td></td>
<td>- Action plan to improve results, progress to date</td>
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<tr>
<td><strong>Financial Performance</strong></td>
<td>- Review of financial reports</td>
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<tr>
<td></td>
<td>- Report on variances</td>
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</tbody>
</table>

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[Image of a computer interface with a table and graphs]

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[Image of a document or presentation slide with a chart]

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[Image of a document or presentation slide with bullet points and text]

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[Image of a document or presentation slide with bullet points and text]
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
# Phase I: Building the Foundation

## Aligning Behaviors

### Transparent Fact-Based Leadership

**Balanced Score Card**

**Dashboard**

### Phase I: Building the Foundation

<table>
<thead>
<tr>
<th>Phase I: Building the Foundation</th>
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</thead>
<tbody>
<tr>
<td><strong>Aligning Behaviors</strong></td>
</tr>
<tr>
<td><strong>Transparent Fact-Based Leadership</strong></td>
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</tbody>
</table>

**Dashboard**

**Balanced Score Card**
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
RGHS Values

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

Phase I: Building the Foundation
Evidence Based Leadership Practices

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

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Phase II: Engaged Workforce and Medical Staff

- Aligned Behaviors
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- Team Members
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  - Recognizing Team Members

- Physician Alignment and Engagement

Breakthrough Performance
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!

Recognized for excellence because of the PEOPLE who work here!
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
Phase II: 2009 - Present
Building an Engaged Workforce and Medical Staff

Giving the Credit Away!

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 Peretti, PRCS 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.
Ballas Zsajtis, 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 DO5A (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 Kriedman 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!
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, 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
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
### Contributions To Success

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

### RGHS Turnover

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall Turnover (%)</th>
<th>New Team Members Turnover (%)</th>
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<tbody>
<tr>
<td>2007</td>
<td>15.6</td>
<td>6.4</td>
</tr>
<tr>
<td>2008</td>
<td>14.9</td>
<td>5.9</td>
</tr>
<tr>
<td>2009</td>
<td>13.4</td>
<td>4.0</td>
</tr>
<tr>
<td>2010</td>
<td>11.0</td>
<td>3.6</td>
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<tr>
<td>2011</td>
<td>11.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Annualized</td>
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</tbody>
</table>

**Note:** The chart above provides a visual representation of the turnover rates for RGHS from 2007 to 2011. The data shows a consistent decline in turnover rates across the years, suggesting effective strategies for managing team member engagement and communication.
Growing National Recognition

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

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

**Top 100 Hospital For Patient Experience**

**Top 100 Integrated Health Networks**

**Studer Group**
Recognized for HCAHPS
Team Member & Physician Satisfaction

**U.S. Department of Health & Human Services**
HHS.gov
HHS Recognition for National Leadership in Infection Prevention

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

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

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