Engaging Multi-Disciplinary Teams in Complex Strategic, Operational, and Quality Initiatives; Hospital Leadership Strategies That Have Achieved Results
Disclosure

Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association and Health Forum.
Objectives

- Learn the importance of team member selection and understand the correlation of team member selection to future results
- Understand team dynamics and the benefits and challenges of engaging diverse groups of stakeholders from different generations in process improvement initiatives
- Identify tools that can be used to assure focus and accountability as projects and initiatives are planned and deployed to keep them on schedule
Agenda

I. Organizational profile
II. Team empowerment
III. Deploying service line strategic planning
IV. Optimizing patient flow
V. Negotiating a new collective bargaining agreement
VI. Lessons learned
I. Organizational Profile
Thomas Jefferson University Hospitals

- Philadelphia, PA
- Competitive market
- Founding member of Jefferson Health System
- 953 bed academic health system
- 3 campuses
- 46,000 admissions
- 100,000 ED visits
- 8,000 employees
- Nationally ranked in 11 specialties
Organizational Structure and Governance

• Business entities
  – Jefferson Health System
  – Thomas Jefferson University Hospitals, Inc.
  – Thomas Jefferson University
  – Jefferson University Physicians

• Boards of trustees
Culture-Driven Performance Model
TJUH Leadership System

Mission, Vision & Organizational Values
Service Excellence • Collaboration • Ownership • Respect

Strategic Initiatives
Quality & Safety • Service • People
Finance & Operations • Growth

Excellence Journey
Baldrige & KAPE Framework
MAGNET Recognition
Culture of Safety
Continuous Survey Readiness

Leadership & Talent Review
Performance Review

Focus & Direction
Management System
Performance & Development System

3-Year Strategic Plan

1-Year Strategic Operating Plan/Budget

Operations & Program Management

Cascading Goals
II. Team Engagement
We Need All of the Help We Can Get!
Spark Innovation
Foster Integration, Alignment, & Ownership
Accelerate Change
Change acceleration process

Leading Change

Creating a Shared Need

Shaping a Vision

Mobilizing Commitment

Making Change Last

Monitoring Progress

Changing Systems & Structures

Current State

Transition State

Improved State

Source: GE Healthcare CAP Framework
Maximize Employee Engagement
III. Deploying Service Line Strategic Planning
Challenges

• Lack of integration and alignment
  – Leadership
  – Budget
  – Goals and priorities
  – Multidisciplinary care
• Clinicians absent from strategic planning
• No formal system accountability
• Struggle to obtain accurate data
Leading Change

- Created institutional service line model
- Developed strategic planning framework
- Appointed co-leaders – medical director/administrator
- Identified service line development teams
- Established leadership calendar
- Initiated quarterly report out (QRO)
3-Year Strategic Plan Teams

Strategic Initiatives

- Quality & Safety
- Service
- People
- Finance & Operations
- Growth

Service Lines

- Cancer
- Heart & Vascular
- GI/Transplant
- Musculoskeletal
- Neuroscience
- Women & Children
Gastroenterology/Transplant Service Line Organization Chart

Service Line Leaders

David McQuaid
President, TJUH

Mark L. Tykocinski, MD
Dean, JMC and President, JUP

Brian Sweeney
Administrator

Service Line Development Team
Eleanor Gates, RN, MSN, Vice President Neuro/Surgery/Trauma
Joseph Anton, Administrator, Transplant Program
Barbara Clancy-Sweeney, Administrator, Endoscopy, GI & Hepatology
Aldo Doria, MD, Division Director, Transplant Surgery
Steven Herrine, MD, Associate Director, Liver Transplant
David Kastenberg, MD, Gastroenterology & Hepatology
David Tichansky, MD, Department of Surgery
Gary Rosato, MD, Department of Surgery
George Francos, MD, Medical Director, Kidney/Pancreas Transplant Program
Barbara Gilletto-Patterson, Director, Marketing
Chad Gorn, Transplant Information Systems Manager
Jasmine Arfaa, Director, Service Improvement
Mary Beth Edger, RN, MSN, Vice President Patient Services - Methodist

Service Line Advisory Committee
Anthony J. DiMarino MD – Division Chief GI/Hepatology
Charles Yeo, MD – Chairman, Department of Surgery
Neil Flomenberg, MD – Chairman, Medical Oncology
Thomas Kowalski, MD – Chief of Endoscopy
Sidney Cohen MD – Director/Research, GI & Hepatology
Warren Maley, MD – Associate Professor, Surgery
Barbara Clancy-Sweeney – Administrator, GI
Brian Sweeney - VP Clinical/Support Services
Leadership Calendar

3-Yr Strategic Plan Refresh
- Chartering
- Environmental Scan
- Strategic Programs
- Go-No-Go Review

Capital & Op Budget Process
- All Capital & Operating requests >$500k need to come through the 3-Yr Strategic Plan Refresh

1-Yr Operating Plan
- 1-Yr Objective
- 1-Yr Metrics / Scorecard
- 1-Yr Programs & Projects

QRO
- Quarterly Report Outs on 1-Yr Strategic Initiatives and Service Line Metrics & Programs

Sept - Dec
Jan - May
Mar - May
Jul/Oct/ Jan/Apr
3-Year Strategic Plan Development Templates

Part A: Sg2 Content

Neurosciences: Reform Impact
- Tertiary and Quaternary TJUH
- Immigration
- The Sg2 Impact of Change Model: Overview
- Neurosciences: Reform Impact

Part B: Implications Templates

Market Trends And Drivers
- Key Findings, Conclusions and Assumptions
- Competitive Landscape
- SWOT Analysis: Strategic Priority Name Here
- Quality Assessment

Best Practice / Benchmarks
- Relevance
- Strengths
- Areas of Growth
- Implications

Financial Forecasting, Strategic Programs, Summary and Appendix

Defining Business Profile...
- Service Line Name Here
- Financials: Volume
- Financials: Contribution Margin (or Operating Margin)

Strategic Programs/Summary

Programs: 2012-2014

Appendix

Timeline (Optional)
- Summary
- Metric "Walk"... Strategic Plans and Priorities
- Work Plan:

Other Relevant to your Business
- Market Share
- Mix of business
- Quality performance
- Other relevant to your business

TJUH Confidential Information
The Jefferson Neuroscience Network
A collaboration with community hospitals to advance neuroscience care

- Shared Clinical Protocols
- Physician & Nursing Education
- Community Outreach
- CME/CEU Programs
- Clinical Trials
- TeleStroke
**Telestroke**

- Value Proposition
  - Increase Access to Care for Time Sensitive Disease
  - Address Physician Specialty Shortages
  - Reduce Medically unnecessary transfers
  - Increase Protocol Compliance
  - Increase Community Awareness of Risk Factors

> "Telestroke networks should be deployed wherever a lack of readily available stroke expertise prevents patients in a given community from accessing a primary stroke center (or center of equivalent capability) within a reasonable distance or travel time to permit eligibility for intravenous thrombolytic therapy."^{23}

—ASA Recommendations for the implementation of telemedicine within stroke systems of care, 2013
Jefferson Neuroscience Network

- Mission based program
- 29 hospitals in network
- 120-140 Consults/Month
Outcomes

- Keep Patients In the Community
- Increased tPA Administration
- Physician Response Time

Percentage of Eligible Patients Receiving tPA: 93.6%
Percentage of Patients Remaining in Community after Consult: 83.2%
Average Time from Consult Request to Note Completion: 35 Minutes
IV. Optimizing Patient Flow
Challenges

• Deteriorating operating performance
  – ↑ ED boarding → diversion
  – ↑ PACU boarding
  – ↑ loss of external transfers
• ED blamed for problem
• Departments operating in silos
• Misaligned departmental reporting relationships
• Many stakeholders
Leading Change

• Engaged staff in redesign
  – Balanced scorecard project
  – Work Out methodology
  – Neutral facilitators
  – Value stream mapping
• Initiated bed meetings
• Centralized operations - system
• Developed scorecard
• Deployed IHI real time demand capacity model
Patient Flow Management Center (PFMC)
Services Coordinated by PFMC

- Bed Management
- Transfer Center
- JeffSTAT – Air and Ground Transport
- Environmental Services
- Patient Transportation
- JET - Telemedicine Program
- Integrated - Case Management & Nursing
<table>
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<th>Department</th>
<th>Indicator</th>
<th>FY13</th>
<th>Target (FY13)</th>
<th>FY12 Avg</th>
<th>Desired Direction</th>
<th>Dec-12</th>
<th>Jan-13</th>
<th>Feb-13</th>
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<td>2998</td>
<td>1846</td>
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<td>2,620</td>
<td>2,665</td>
<td>1,635</td>
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<td>2,719</td>
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<td>1,803</td>
<td>1,619</td>
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<td>6,145</td>
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<td>554</td>
<td>576</td>
<td>▲</td>
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<td>531</td>
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<td>539</td>
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<td>80.7%</td>
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<td>88.2%</td>
<td>81.0%</td>
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<td>79.7%</td>
<td>75.9%</td>
<td>72.3%</td>
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<td>98%</td>
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<td>▲</td>
<td>99%</td>
<td>99%</td>
<td>99%</td>
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<td>9</td>
<td>▼</td>
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<td>18</td>
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<td>3.0%</td>
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<td>▼</td>
<td>2.4%</td>
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<td>3.8%</td>
<td>3.3%</td>
<td>2.7%</td>
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<td>ED Decision-to-Leaves ED (% Within 4 Hours)</td>
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<td>▲</td>
<td>50%</td>
<td>24%</td>
<td>31%</td>
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<td>Transfer Center</td>
<td>Lost business due to bed availability</td>
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<td>▼</td>
<td>0</td>
<td>5</td>
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<td>6</td>
<td>6</td>
<td>▼</td>
<td>1</td>
<td>6</td>
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<td>3</td>
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<td>0</td>
<td>5</td>
<td>▼</td>
<td>9</td>
<td>15</td>
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<td>15</td>
<td>14</td>
<td>14</td>
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<td>98%</td>
<td>98%</td>
<td>▲</td>
<td>97%</td>
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<tr>
<td>Bed Management</td>
<td>ED - % Beds Assigned within 15 Minutes of RTM</td>
<td>50%</td>
<td>18%</td>
<td>▲</td>
<td>50%</td>
<td>38%</td>
<td>39%</td>
<td>50%</td>
<td>61%</td>
<td>66%</td>
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<td>PACU - % Beds Assigned within 15 Minutes of RTM</td>
<td>50%</td>
<td>51%</td>
<td>▲</td>
<td>53%</td>
<td>45%</td>
<td>48%</td>
<td>59%</td>
<td>60%</td>
<td>68%</td>
<td></td>
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<td>Direct Admits - % Beds Assigned within 15 Minutes of Request</td>
<td>50%</td>
<td>38%</td>
<td>▲</td>
<td>44%</td>
<td>27%</td>
<td>31%</td>
<td>42%</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td></td>
<td>External Transfers - % Beds Assigned within 15 Minutes of RTM</td>
<td>50%</td>
<td>33%</td>
<td>▲</td>
<td>56%</td>
<td>42%</td>
<td>44%</td>
<td>42%</td>
<td>57%</td>
<td>57%</td>
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<tr>
<td></td>
<td>Internal Transfers - % Beds Assigned within 60 Minutes of RTM</td>
<td>50%</td>
<td>54%</td>
<td>▲</td>
<td>68%</td>
<td>60%</td>
<td>61%</td>
<td>66%</td>
<td>72%</td>
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<td>RTM Compliance (% Beds Assigned after RTM)</td>
<td>58%</td>
<td>77%</td>
<td>▲</td>
<td>97%</td>
<td>97%</td>
<td>96%</td>
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<td></td>
<td>Cycle time - Average Bed Assigned to Bed Clean - New Admits (Minutes)</td>
<td>15</td>
<td>25</td>
<td>▼</td>
<td>14</td>
<td>28</td>
<td>21</td>
<td>15</td>
<td>13</td>
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<td>Nursing</td>
<td>ED Full Time - % within 60 Minutes</td>
<td>50%</td>
<td>34%</td>
<td>▲</td>
<td>38%</td>
<td>29%</td>
<td>39%</td>
<td>34%</td>
<td>38%</td>
<td>40%</td>
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<td>PACU Full Time - % within 60 Minutes</td>
<td>50%</td>
<td>54%</td>
<td>▲</td>
<td>57%</td>
<td>56%</td>
<td>58%</td>
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<td>62%</td>
<td>59%</td>
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<td>Internal Transfers Full Time - % within 60 Minutes</td>
<td>50%</td>
<td>42%</td>
<td>▲</td>
<td>42%</td>
<td>44%</td>
<td>44%</td>
<td>42%</td>
<td>46%</td>
<td>44%</td>
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<td>Internal Transfers RTM Compliance</td>
<td>58%</td>
<td>71%</td>
<td>▲</td>
<td>98%</td>
<td>97%</td>
<td>97%</td>
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<td>98%</td>
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<tr>
<td></td>
<td>% of Dispatched Transport Jobs Cancelled or Rescheduled</td>
<td>5.0%</td>
<td>19%</td>
<td>▼</td>
<td>19%</td>
<td>19%</td>
<td>13%</td>
<td>18%</td>
<td>21%</td>
<td>19%</td>
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<td>EVS</td>
<td>Total Requests</td>
<td>n/a</td>
<td>4,627</td>
<td>—</td>
<td>4,656</td>
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<td>4,563</td>
<td>4,294</td>
<td>4,499</td>
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<td>% Response Time &gt; 120 minutes</td>
<td>n/a</td>
<td>1.0%</td>
<td>▼</td>
<td>1.2%</td>
<td>1.2%</td>
<td>4.6%</td>
<td>6.8%</td>
<td>8.0%</td>
<td>6.3%</td>
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<td></td>
<td>Cycle time - Average Turn Time (Minutes)</td>
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<td>67</td>
<td>▼</td>
<td>83</td>
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<td>75</td>
<td>87</td>
<td>83</td>
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<td>Cycle time - Average Response Time (Minutes)</td>
<td>20</td>
<td>27</td>
<td>▼</td>
<td>24</td>
<td>41</td>
<td>46</td>
<td>42</td>
<td>47</td>
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<td>Total Completed Jobs</td>
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<td>—</td>
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<td>13,411</td>
<td>12,471</td>
<td>14,634</td>
<td>11,132</td>
<td>13,946</td>
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<td>—</td>
<td>16,111</td>
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<td>18,239</td>
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<td>Average Total Trip Time (Minutes)</td>
<td>30</td>
<td>36</td>
<td>▼</td>
<td>34</td>
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<td>Wait Time - Average Pending to In Progress (Minutes)</td>
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<td>22</td>
<td>▼</td>
<td>39</td>
<td>34</td>
<td>36</td>
<td>21</td>
<td>29</td>
<td>31</td>
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<td>Case Management</td>
<td>Pending Discharge Compliance</td>
<td>80%</td>
<td>36%</td>
<td>▲</td>
<td>30.1%</td>
<td>22.5%</td>
<td>31.0%</td>
<td>27.7%</td>
<td>24.1%</td>
<td>24.2%</td>
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<td>Pending Discharge Accuracy</td>
<td>80%</td>
<td>73%</td>
<td>▲</td>
<td>75.4%</td>
<td>74.4%</td>
<td>70.7%</td>
<td>78.1%</td>
<td>78.1%</td>
<td>98.1%</td>
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Efficiency: Pull Time

Minutes

PFMC Opened

Target
Operations: ED Diversion Hours

PFMC Opened

Resident Caps
Operations: ED LWBS Rate
Operations: ED Boarding Hours

PFMC Opened

Resident Caps

Target
Operations: Daily Blocked Beds
Return on Investment

• Investment
  – Construction expenses - $1.2 million
  – Additional staff - $700,000 annually

• Revenue capture
  – CM loss of LWBS rate @ 7% = $3.7 million
  – Reduction of LWBS rate to 3% = + $2.1 million CM

• ROI
  – 12 month recovery
  – Increase of $1.4 million in CM if 3% LWBS is sustained
V. Negotiating a New Collective Bargaining Agreement
Challenges

• External
  – Recent passage of ACA
  – Occupy Movement
  – Social media

• Internal
  – Wages
  – Pension
  – Health and welfare benefits
  – Sick time utilization
  – Productivity
Leading Change

• Appointed two multidisciplinary teams
  – Negotiating
  – Strike preparedness
• Analyzed data
• Defined clear objectives
• Developed formal plans
• Tested preparedness
• Communicated effectively
• Educated union
Outcomes

• Settled July 1 at 3 am
• Six year agreement, healthcare reopener in 2014
• Savings
  – Wages/pension - $12,391,846
  – Health and welfare benefits - $1,913,868
  – ETO - $4,303,068
• 50% reduction in ETO hours and OT hours/pay
• ROI – 35 x return on strike preparedness cost
VI. Lessons Learned
Lessons Learned

• Know the organizational politics
• Select participants carefully
• Invest necessary time in pre-work
• Communicate with key stakeholders constantly
• Give formal guidance and structure
• Know when you need to go to a neutral place
• It takes more time than doing it yourself.....you will achieve better results though
• Recognize team members for their efforts
Questions

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