

# Executive Coaching Skills

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## Creating the Team and Inspiring Change



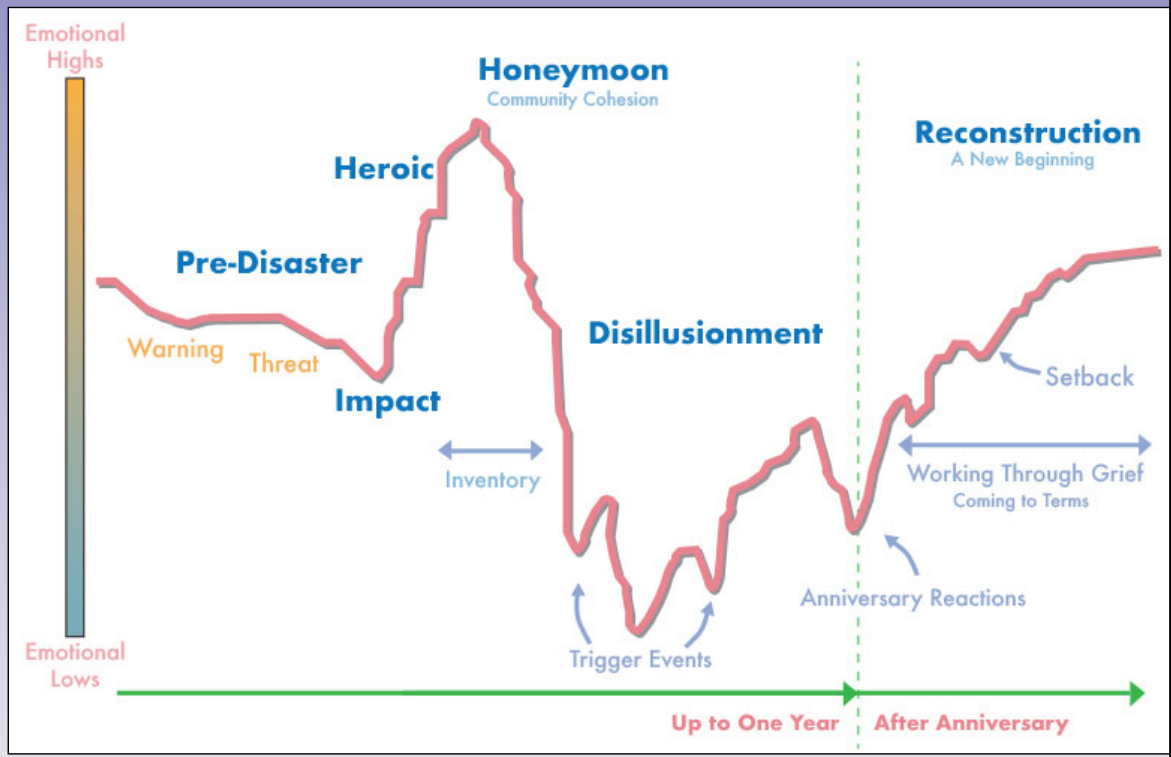
Jay Kaplan, MD, FACEP

Physician coach/consultant/mentor

Former Medical Director of Care Transformation,  
LCMC Health

Clinical Associate Professor of Medicine, Emergency  
Medicine, LSU Health Sciences  
University Medical Center New Orleans

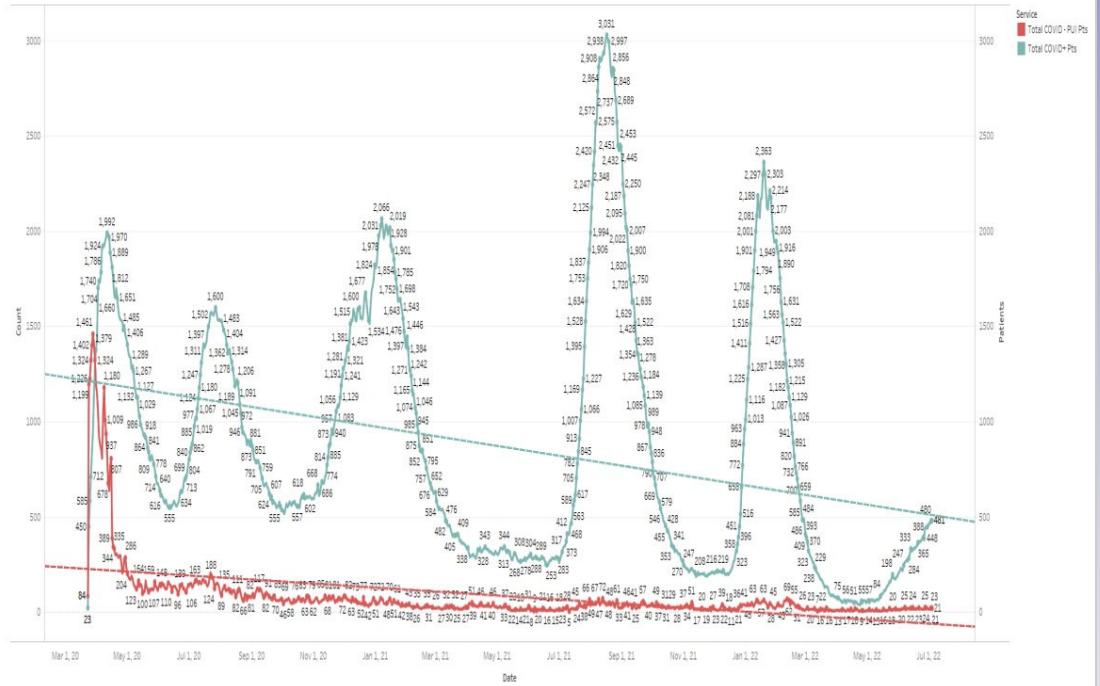
### The “Typical” Disaster Response Curve



Compare the Curves

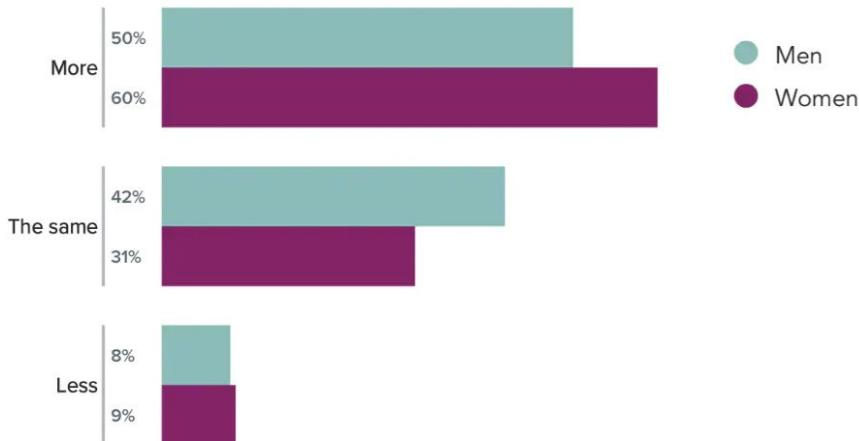
### Number of COVID Patients in Hospitals

Number of Covid Patients in Hospital

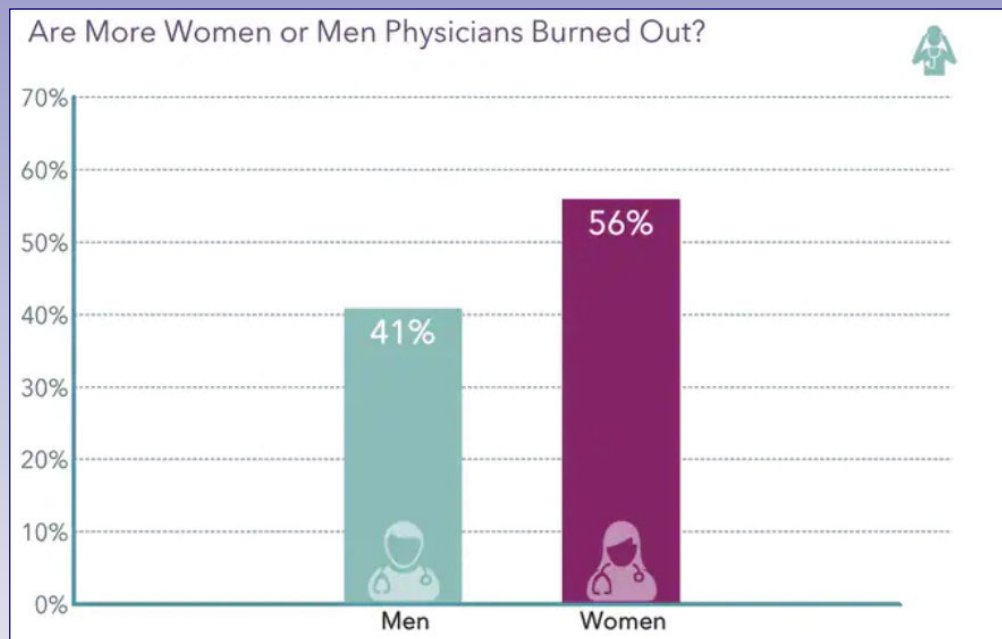


### Physician Medscape Survey 2022

Are You More or Less Burned Out Now Than During the Quarantine Months of COVID-19?



## Physician Medscape Survey 2022



## Burnout amidst the Pandemic

ANF Survey (9,572 nurses): in the previous 14 days

- 75% → stressed
- 68% → frustrated
- 67% → exhausted
- 62% → overwhelmed
- 38% → grateful
- 33% → happy

## The Purpose Gap

- ▼ Connection with meaning and purpose in daily work are protective factors against burnout
  - ▼ **85% of executives and upper management** agree they can live their purpose in their day-to-day work
  - ▼ **15% of frontline managers and frontline employees** agree they can live their purpose in their day-to-day work

“Help your employees find purpose or watch them leave”

## Upfront Questions for You – How are you doing?

- ▼ Do you feel connected to your purpose in your work?  
How often do you feel joy in your work?
- ▼ Do you feel that you are delivering the excellence that you have come to expect of yourself?
- ▼ How much of your day do you spend doing work that gives you a positive charge?
- ▼ Are you looking at the way your relationships at work and your perception of what you do create meaning for others?

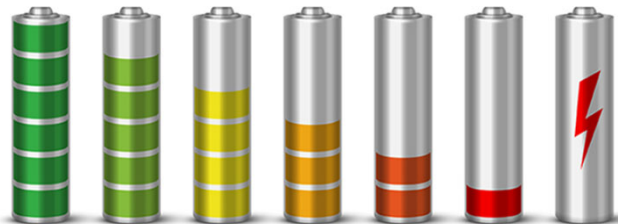


**How  
often do  
we feel  
like this?**



## Starting Out Your Day

- ▼ How are you feeling today?
- ▼ What % of your battery is charged today?
- ▼ Ask yourself . . . Ask your colleagues and your staff.



## Every Day When We Come to Work, We Must . . .

- ▼ Define Our Vision and Get Everyone on Board (Leader)
- ▼ Help Create a Great Practice Environment - Fix the Systems (Manager)
- ▼ Engage Our Staff and Providers - Create The Team (Team Player)
- ▼ Ensure Consistent Clinical Quality and Compassion (Healer)

## The Challenge 1995



Ronald J. Del Mauro  
CEO, Saint Barnabas  
Health Care System

Dr. Kaplan –

- ▼ “I know you think you run a great emergency department, but our patients don’t think so . . .
- ▼ You’re in the 50<sup>th</sup> percentile for patient satisfaction. I want 90<sup>th</sup> percentile. Get it done if you value your job.”

## Results - Performance Measurement Press, Ganey peer group ranking

Hosp.	4Q97	1Q98	2Q98	3Q98	4Q98	1Q99	2Q99
<b>SBMC</b>	99%	99%	99%	95%	99%	94%	97%
<b>UH</b>	99%	99%	99%	96%	99%	98%	97%
<b>MMC</b>	34%	74%	92%	88%	86%	87%	97%
<b>CMMC</b>	----	18%	27%	79%	83%	55%	96%
<b>CMC</b>	89%	93%	95%	84%	90%	91%	96%

## A Few Lessons Learned

- ▼ Blame Nobody, Expect Nothing, Do Something  
(Bill Parcells, NY Post 1999)
- ▼ Change starts at home – first me, then thee  
(Leadership)
- ▼ It's not the ideas, it's the implementation  
(Accountability)
- ▼ Don't rest on your laurels ("Even if you're on the right track, you'll get run over if you just sit there.")  
(Will Rogers)

## From The Joint Commission

“Leadership has been identified as the most important ingredient in transformational improvement.”

From Joint Commission Resources presentation; Executive quality improvement survey results.  
Journal of Patient Safety. 2 March 2006

## Leadership:

“In everything you do seek to preach  
. . . If all else fails, use words.”

**Saint Francis of Assisi**



## The Simple Steps of Leadership & Accountability

- ▼ Define your vision
- ▼ Engage your people
- ▼ Clarify your expectations
- ▼ Give them credible feedback
- ▼ Reward outcomes/Teach skills
- ▼ Verify compliance/performance improvement
- ▼ Re-recruit or replace



## Where To Start: Define a Common Destination



“If you don’t know where you are going,  
you might wind up someplace else.”

## A Question to Ask Yourself and Your Directors

### How Do You Perceive Yourself?

**Renter**

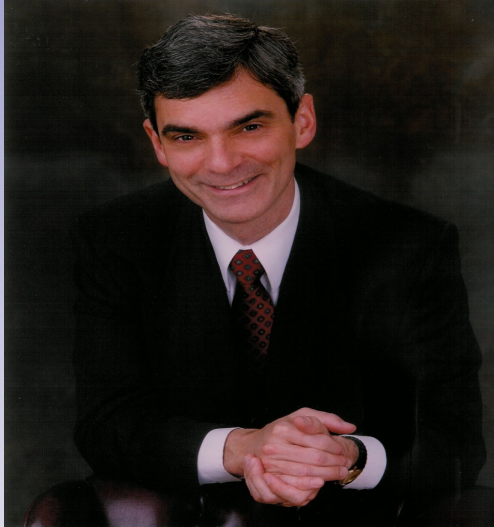


**Owner**



***And who do you want to be on your team?***

Sometimes we are not aware of what we are known for . . .



Dr. Whiner, circa year 2000



Tired of putting on a happy face? Well, so are we! Luckily, you've joined The Whiner's Club. You now have the exclusive right to gripe, groan and moan about your job, money, health, friends and sex life. Possibilities are endless!

So, wipe that silly grin off your face and get ready to drive the world crazy with your constant snivelling. You owe it to yourself to let the REAL YOU be heard.

AUTHORIZED SIGNATURE

REMEMBER: WHINING-IT ISN'T JUST FOR BABIES ANYMORE!

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## How Are You Viewed By Those You Work With?



or



## Question #1: What is Your Vision for Your Self? For Your Department?

- ▼ This is the age of “Brand You.”
- ▼ Think of yourself as a brand.
- ▼ Assignment: construct a Yellow Pages ad →  
*“This is what I am known for/want to be known for . . . .”*

### LYNN REYMAN, M.D., F.A.C.E.P., F.A.C.P.

Compassionate, Energetic Emergency Physician

Superb Clinical Skills

10 + years of Experience

Excellent Team Player with Team Building Skills

Great Communication Skills

Proven Patient Satisfaction Record

Known for my work in

- Clinical Decision Support
- Domestic Violence
- Community Lecturing

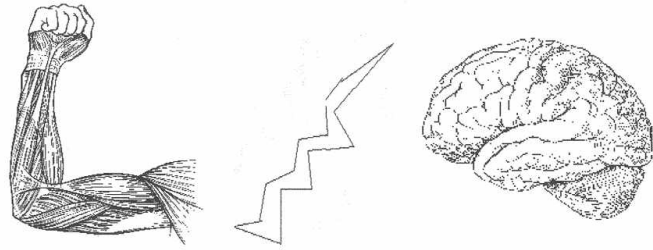
**Providing compassionate, personalized care in today’s changing healthfield.**



The bottom line is effective realization of patient satisfaction and clinical excellence which can be perceptible, measurable and truly appreciated in your self, your department and your hospital . . .

Delivering Quality Emergency Care

Combining Energy and Expertise



In today's healthcare environment of continual change, professionals with skill, experience and commitment are a crucial element of success.

To combine energy and expertise in giving care, setting objectives and problem solving requires

Experience... in recognizing opportunities for improvement...in developing responsive processes and systems

Commitment ... to improving quality in emergency care...to identifying solutions and to teamwork

Skill... in decision-making.... in bringing about necessary change...in working collaboratively

The bottom line is effective realization of

patient satisfaction and clinical excellence which can be perceptible, measurable and truly appreciated in your staff, your department and your hospital.

**J. McEnrue MD Emergency Enterprises** with 20 years of working with client customers in dealing with their needs... changing challenges to opportunities.

Does chaos reign in your Emergency Department, dealing with traffic jams and unannounced tidal waves?

While circumstances may appear grim and out of control, deliverance is just a phone call away .....get Rob-O-Docs

Timely and accurate identification of problems and solutions...only a phone call away ....call Rob-o-Docs

Dial 1-CUT-THE-CRAP  
Monday to Thursday 9:00-4:45, Friday 9-3, week-ends leave message  
(collect calls not accepted)

Clinical and process emergencies got you down? Staff trying hard but tossed and adrift in a maelstrom ... seething rip tides of staff inefficiency and whirlwinds of process confusion

No more broadsides....like, "the doctor didn't care if I was alive or dead"

No more demeaning ancillary staff comments....like, " Boy is he a grouch", or "What's with her....aren't they getting any ?"..... What's their problem anyway?"

No more sarcastic attitudes trampling the life out of suffering patients

No more bumbling bureaucracies bringing staff to their knees shrieking in frustration

The vision and skills to navigate the sea changes of first class Emergency care and departmental management.....and stay the course to safe harbors with satisfied patients, staff, and hospital administrators

Don't run amok with other docs ....we deliver.....Emergency Cruise Control...with Rob-0-Docs..... get your vehicle back in the fast lane and tack your boat back into smooth sailing waters today!

## Personal Classifieds

Doctor seeking patients- young aggressive board certified emergency physician seeking patients who want to be treated like family members or close personal friends. Only the needy need apply. All responses personally answered in strictest confidence.

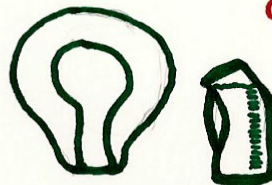
STEPHEN M. SANFORD, RN



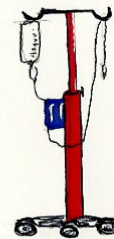
LISTENER



CHRISTIAN



COMFORTER



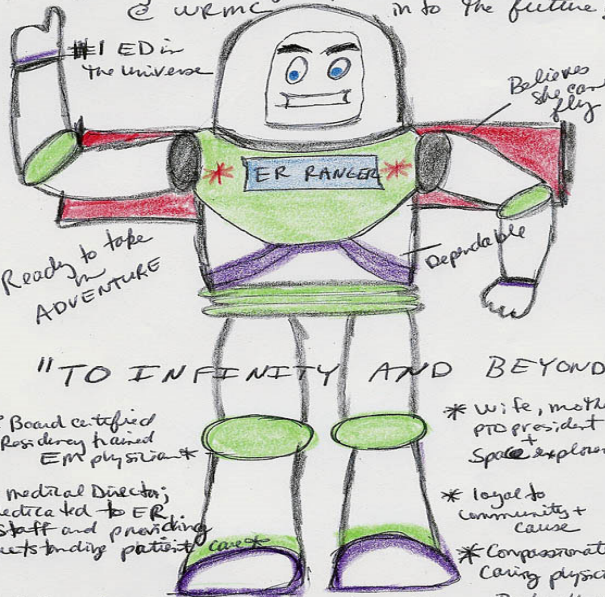
SKILLED



ENCOURAGER

CARING fOR PEOPLE  
IS WHAT I DO.

Catherine J. Langston D.O.  
 Leading the Emergency Services Department  
 @ WPMC in to the future!





**ONE VERY** *extraordinary* **R.N.**

Character traits include: **Strength, Gentleness, Trust,**

EVERYTHING YOU VALUE IN A *winning edge...*

Enjoy the rewards of good **Groundwork**

**The Difference** : Results

WHAT IS RELIABILITY? "WHEN EVERY MOVE YOU MAKE COUNTS THE MOST"

WHAT IS EXCELLENCE?

The Attitude : What We Can Do To Help Healing

Solutions : **To Save Lives!**

Treating **PREVENTION** Healing Wounds

**MIRACLES NEVER CEASE**

Health. *count your blessings!*

*living your dream*

My goal was to start and finish the ride!

There's No Limit To Where You Can Go!

Harness the power

Stabilized

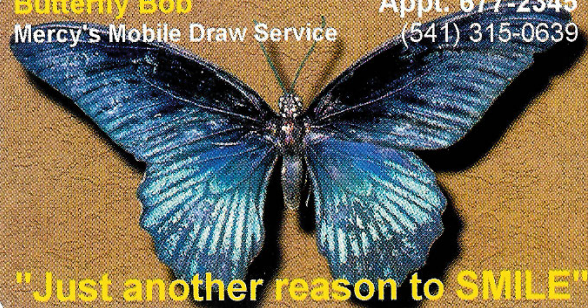
A Personal Experience

Been There. Done That 26 years and counting!

known as a woman of unquestionable character, terrific strength, and amiable nature.

Diane Rsl Lang

**Butterfly Bob**  
 Mercy's Mobile Draw Service  
 Appt. 677-2345  
 (541) 315-0639

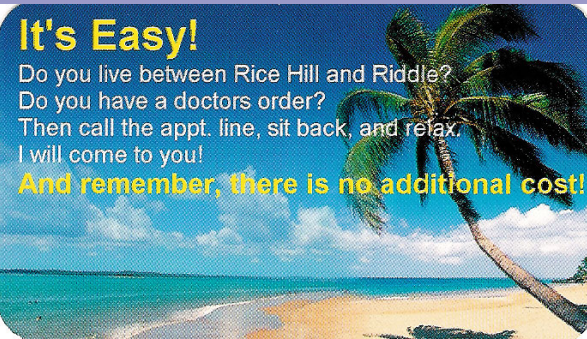



**"Just another reason to SMILE"**

**It's Easy!**

Do you live between Rice Hill and Riddle?  
 Do you have a doctors order?  
 Then call the appt. line, sit back, and relax.  
 I will come to you!

**And remember, there is no additional cost!**

*You've Just Been  
 Kissed By A  
 Butterfly  
 B- Fly Bob*

## What Do You Want to Be Known For?

1. I am known for (1-2 items); by next year at this time, I plan also to be known for (1 additional item):
2. We (My practice) is known for (1-2 items); by next year at this time, we plan also to be known for (1 additional item):
3. The first step I (we) need to take in order to make that happen is . . .
4. The single biggest obstacle we have to overcome is . . .

## Have the Conversation: What Do We Want To Be Known For?

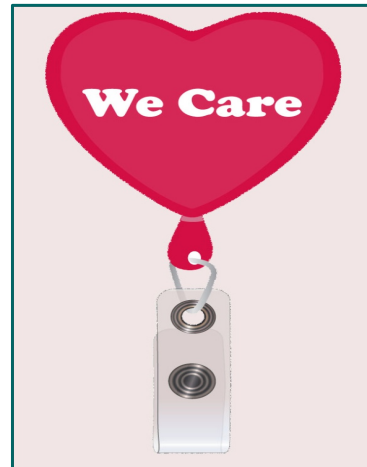




# Have the Conversation: What Do We Want To Be Known For?

## *Our Pledge*

*Our goal is to offer the best patient care and customer service of any emergency department in the United States.*



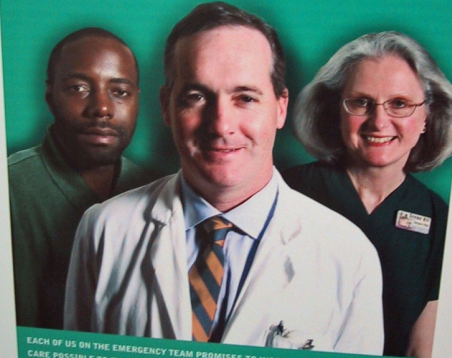
Marin General Emergency Department



**Exceptional Care, Extraordinary Service  
in a Safe & Efficient Environment**



# THE BEST CARE POSSIBLE



EACH OF US ON THE EMERGENCY TEAM PROMISES TO WORK HARD TO PROVIDE THE BEST CARE POSSIBLE TO EVERY PATIENT EVERY DAY. WE WILL DELIVER IT WITH COMPASSION, SENSITIVITY, AND HUMILITY, AND WE WILL DO ALL WE CAN TO MAKE THE EXPERIENCE AS PLEASANT AS HUMANLY POSSIBLE.

SATISFACTION **5**

HIGHLAND HOSPITAL  
An affiliate of the  
UNIVERSITY OF ROCHESTER  
MEDICAL CENTER  
STRONG HEALTH

## Vision

Creating a culture of wellness.



## Mission

Health, care, and education beyond extraordinary.



## Values

We bring heart and soul.  
We're in it together.  
We give a little extra.



19-2523-112320-5.75x4-V3

This is **LCMC Health**



## Define Your Vision – What Are You Shooting For?

### Think Bowling . . .



- Set up pins (goals)
- Aim/Follow through
- Keep score



- Determine metrics
- Define baselines/ Set goals
- Create action plans

## Potential “Pins”

- ▼ Door to Doc time
  - ▼ Door to Room
  - ▼ Room to Doc
- ▼ TAT Lab/Imaging
- ▼ Order admission to patient to floor
- ▼ Hours Inpatient Boarding
- ▼ LWOBS
- ▼ % shifts with less than par level staffing
- ▼ % Patients discharged before noon

# Driving Quality – Your Dashboard

Goals & Metrics Sheet									
Facility: _____									
	METRIC	BASELINE	GOAL	MAR	APR	MAY	JUN	JUL	AUG
Service	Patient Satisfaction - Overall percentile		85%ile						
	Patient Satisfaction - Physician section percentile		85%ile						
	Patient Satisfaction - Nurse (or other key) section percentile		85%ile						
	Discharge phone calls % contacted		60%						
Quality	Patient Arrival to Bed		15 min						
	Bed to Physician/PA/NP		15 min						
	<b>Length of Stay Times</b>								
	ED Discharges		150min						
	ED ESI 4&5 patients		60 min						
	ED Admissions		240min						
	Imaging/Lab TAT measures		30 min						
	Admit order to patient departure for inpatient bed		60 min						
	Patients being boarded - # and hours		0/0						
	Core measures – Acute MI - PCI within 90 minutes		100%						
Core measures – CAP – Most Appropriate Antibiotics		100%							

## Your Action Plan

Pillar of Excellence	90-Day Goal	Action Steps	Responsible Person(s)	Due Date	*	Results
Service						
Raise ED Pat. Sat. to 85%	Raise ED Pat. Sat. to 40%	<b>Rounding</b>	Carol, Marilyn, Lauri, Joan			Quarterly PG Report shows 18% Pat Sat
		- Create a schedule to Round ALL ED Patients every 3 hours.		20-Sep		Schedule includes Marilyn, Joan, Carol and select Charge Nurses
		- Follow schedule and Round every day.		20-Sep		Rounding taking place every day; Medical Director, Dr. M also rounding when not on duty.
		- Mentor certain Charge Nurses to begin Rounding.	Marilyn, Joan	15-Oct		Charge nurses being
Call 100% of eligible discharged patients.	Call 30% within 24 hours of discharge.	<b>Make and Track Discharge Phone Calls</b>				
		- Matthew testing call and documentation process.				
		- Receive update from Matthew.	Joan, Matthew	20-Sep		Follow up calls being done daily. Matthew has created a data base and reports are generated as calls are made. Reports posted for staff.
		- Organize the process (Prepare List of Patients, Distribute among team, Prepare Tracking Log). Select team to make discharge calls everyday.	Joan, Matthew, Bree, Marilyn, Carol, Mary	15-Oct		Calls being made using the charts. Will explore using a printout of patients from HBOC Star.
		-Log number of calls made, list compliments and concerns received, provide feedback to staff daily.	Discharge Team	7-Oct		Reports generated from callers posted

## What You Have to Do: Leader Rounding

### ▼ Harvest Wins:

*“Are there any individuals or physicians you would like me to compliment or recognize?”*

### ▼ Focus on the Positive:

*“What is going well today?”*

### ▼ Identify Process Improvement Areas:

*“What systems could be working better?”*

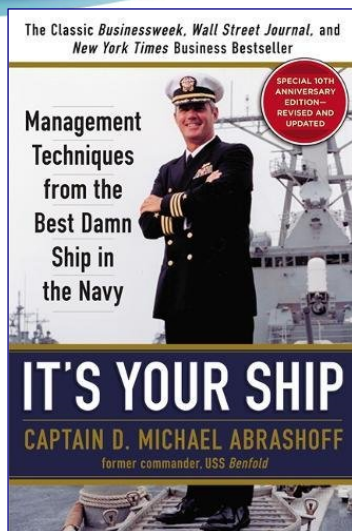
### ▼ Repair and Monitor Systems

*“Do you have the tools and equipment to do your job?”*

### ▼ Coach on Behavior/Performance Standards

*“Our focus for the day is \_\_\_. Can you do that?”*

## Next: How Do You Engage Your People?



▼ “People don’t care how much you know until they know how much you care . . . .”

### ▼ Michael Abrashoff - It's Your Ship tips

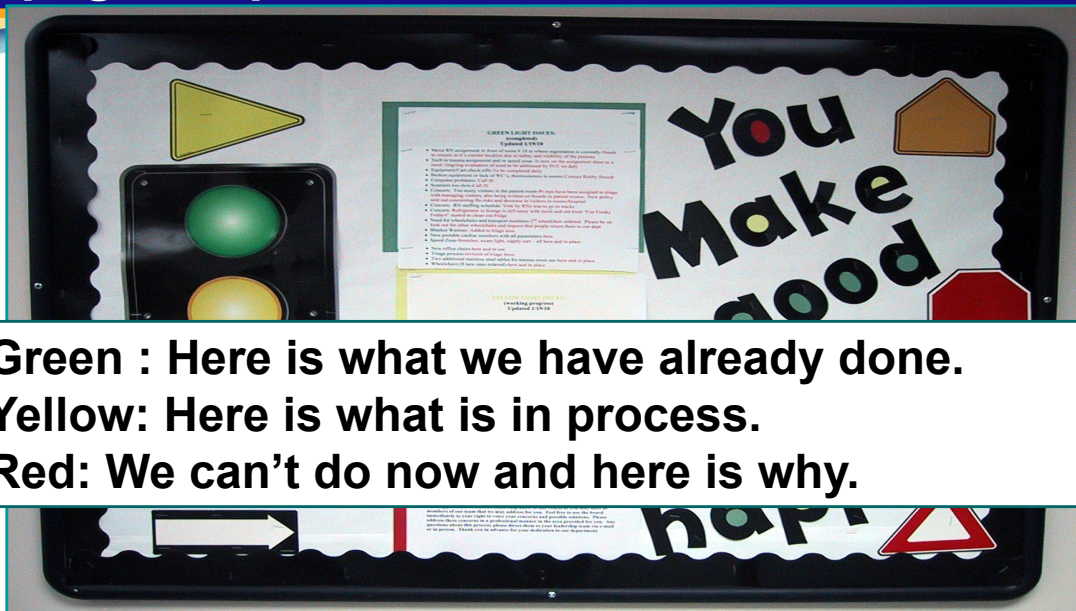
▼ Tell your story – Here is what I want to go for; how about you?

▼ At the end of every day, ask yourself . . .  
“What have I done today to help my crew do their job better, smarter, faster, cheaper, safer?”

## Create a Working List

- ▼What is working . . .
- ▼What is not working . . .
- ▼Are there tools/equipment you need?
- ▼Are there personnel you need?
- ▼Is everyone on board?

## Focus/Fix/Follow-Up and Communicate: Stoplight Report



**Green :** Here is what we have already done.  
**Yellow:** Here is what is in process.  
**Red:** We can't do now and here is why.

# Clarify Your Expectations – Which of These is Better?

UW MEDICINE PATIENTS ARE FIRST

## SERVICE CULTURE GUIDELINES

As a member of UW Medicine, I recognize that the needs of patients and families come first. I am committed to ensuring that each patient and family seeking care within UW Medicine is treated in a manner that is consistently respectful and professional.

To show my commitment to our patients, I will:

Make the patients and families we serve my **HIGHEST PRIORITY** by placing their needs first

### Respect **PRIVACY** and **CONFIDENTIALITY**

- Discuss patients and their care in a confidential setting.
- Knock and/or ask “Can I come in?” before entering a patient’s room. Use doors, curtains and blankets to create a more private environment when necessary.
- Access only confidential patient information that is relevant to my job.
- Discuss confidential organizational issues only with those who need to know.

### **COMMUNICATE** effectively

- Acknowledge patients, family members, and co-workers with a sincere and warm greeting.
- Introduce myself by name.
- Explain my role and speak in ways that are easily understood.
- Ask each patient how he/she would like to be acknowledged (Mr./Mrs./first name).
- Close every patient encounter with an acknowledgement that is respectful, such as “Thank you” or “Do you have any questions?”
- Recognize that body language and tone of voice are integral to effective communication.
- Wear my ID badge where it can be easily seen.

•Promote conflict resolution.

## Be Specific

- ▼ For the Patient/Family:
  - ▼ Sit Down
  - ▼ Think RTR
  - ▼ Follow-up Phone Calls
- ▼ For the Team
  - ▼ Colleague as Customer
  - ▼ Say “Thank You” more
  - ▼ “Our” Way . . . Not 15 “My” Ways



# Healthcare with heart



AIDET® is a standardized approach to use with patients. We've translated that 5-part tool into a 3-part version to ensure excellent communication. Every patient interaction has a beginning (relationship), a middle (task), and an end (relationship) – RTR. **People don't care how much you know until they know how much you care.**

<b>Relationship</b>	<b>A</b> cknowledge
<b>Task</b>	<b>I</b> ntroduce
<b>Relationship</b>	<b>D</b> o these things (duration)
	<b>E</b> xplanation
	<b>T</b> hank you

**Relationship**

**Acknowledge** the patient and family.

**Introduce** self and other team members and roles.

- Inspire confidence and build trust
- Manage up the team
- Make a non-medical connection

**Task**

**Do** these things.

- Sit down
- Active listening (eye contact and acknowledgment)
- Paraphrase
- Use key empathy phrases
- Articulate your physical findings

**Explain** your diagnostic impression in a way that is understandable to the patient/ family. Define expected duration of work-up/illness/healing.

**Relationship**

Complete the encounter and ensure understanding. Ask

- "What questions do you have for me?"
- "Is there anything else I can do for you?"

**Thank** the patient/family for the privilege of caring for them.

**Health Care With Heart**  
*"People don't care how much you know, until they know how much you care."*  
 ~ Theodore Roosevelt

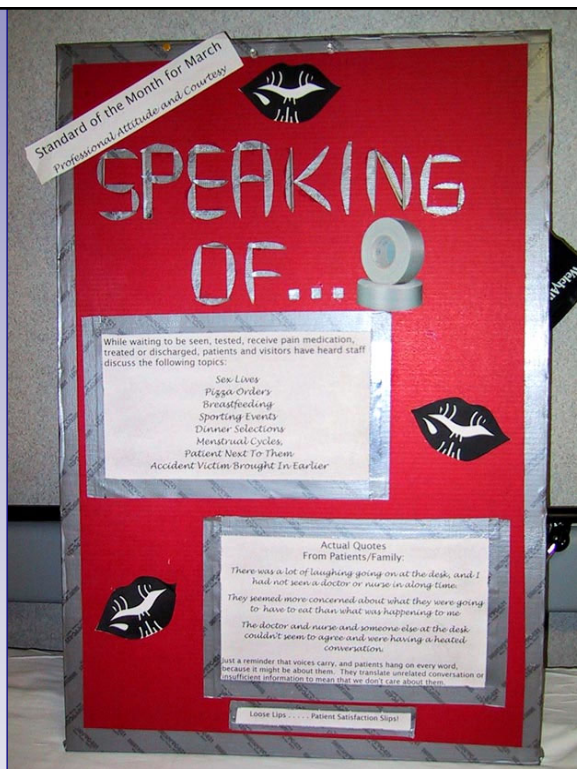
Every patient interaction has a beginning (relationship), middle (task) and an end (relationship). Kootenai Health is a proponent of using a standardized approach to communicating with patients and their families that focuses on RTR (Relationship, Task, Relationship) to help ensure seamless communication. Based on the 5-part AIDET™, which stands for Acknowledge, Introduce, Do these things (duration), Explanation, Thank you, RTR boils down important communication reminders that will help contribute to a positive experience for our patients, their families and our care team.

<i>Relationship</i>	<i>Task</i>	<i>Relationship</i>
<b>ACKNOWLEDGE THE PATIENT AND FAMILY</b>	<b>SIT DOWN</b>	<b>ENSURE UNDERSTANDING</b>
<ul style="list-style-type: none"> <li>• <b>INTRODUCE</b> yourself and describe your role and your background.</li> <li>• <b>BUILD TRUST</b> and inspire confidence by managing up care team members</li> </ul>	<ul style="list-style-type: none"> <li>• Actively listen, make eye contact, paraphrase</li> <li>• Articulate your physical exam</li> <li>• Explain your diagnostic impression in a way that is understandable to the patient/family.</li> <li>• <b>SUMMARIZE</b> the expected duration of their work-up, illness and healing process.</li> <li>• Build trust by showing empathy and compassion</li> </ul>	<ul style="list-style-type: none"> <li>• Ask "what questions do you have for me?" and "Is there anything else I can do for you?"</li> <li>• Thank the patient/family for the privilege of caring for them.</li> <li>• Create peace of mind and trust in closing</li> </ul>

<p>Relationship <b>R</b></p>	<p><b>A</b> <b>I</b></p>	<p><b>Acknowledge</b> patient and significant others <b>Introduce</b> self and anyone else on team with their titles and/or roles <b>Inspire</b> confidence by managing up</p>
<p>Task <b>T</b></p>	<p><b>D</b></p>	<p><b>Do These Things:</b> Sit down Active Listening Paraphrasing Demonstration of empathy Articulation of physical findings</p>
<p>Relationship <b>R</b></p>	<p><b>T</b></p>	<p><b>Teach Back</b> to ensure that patient and family understand <b>Thank</b> patient/family for their involvement in their care</p>

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## Standard of the Month





### Standard of the Month for September: Responsiveness

**“Encourage customers to voice concerns by demonstrating active listening; then take action”**

**“Positive and active communication between staff ensures responsiveness to customers’ needs”**

- All customers come to us with emotional needs. How well we assess those needs and take action to meet them determines the customers’ satisfaction with our services
- Going to the doctor or to the hospital is an emotional experience. Customers’ emotions may include fear, grief, anxiety, or loneliness. Even joy is a powerful emotion.
- Patients are asked to rate us on “Degree to which staff met your emotional needs.” This has been a high scoring question for Floyd in the past, but recently our scores have dropped. See the graph.
- Providing care for patients and working in healthcare can also be an emotional experience for co-workers. The same techniques for meeting customers’ emotional needs can help in co-worker situations too.
- Listen to the voice of the customer: “I was lonely and no one talked with me.” “I was scared and no one cared,” or, from a co-worker, “I didn’t know what to do and no one would help.”
- How can we improve in meeting emotional needs? Demonstrate caring, comfort, support, sensitivity and attentiveness.
- Here are some specific behaviors to use: be kind, be respectful, protect privacy, talk to the customer and listen to what they say, be physically present – even if you are in a patient room for just a few minutes, talk to the patient while you are doing your job, invite the customer to ask questions and help find answers, say encouraging words

## A Simple Example

(Front of Card)

### COLLECTION NOTICE You Have Been Placed in Collections

(See Reverse Side)

(Back of Card)

**Amount Owed: 1 – Hello**

**You were provided a “HELLO” and did not reciprocate.**

**Please Call \_\_\_\_\_ at Ext: \_\_\_\_\_ to make payment**

(Name)

**and clear this account.**

**Your Prompt Response in resolving this Debt would be greatly appreciated.**

**HAVE A GREAT DAY ☺**



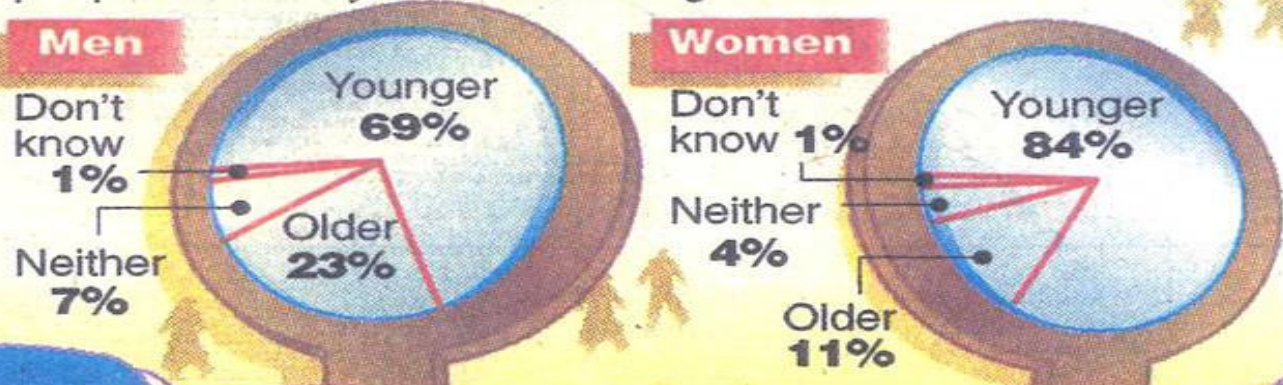
## An Honest Statement

“What people say, what people do, and what people say they do, are three entirely different things.”

Professor Aidan Halligan  
Director, Well North  
Principal, NHS Staff College  
Leadership Adviser, Public  
Health England

## Looks deceive

Three in four adults ages 30-50 think they don't look as old as they are, even though it's statistically impossible for that many to have fewer signs of aging than others their age. How old people think they look vs. their age:



**Simple Truth #3: We think we're doing better than we actually are . . .**

## Is Everyone On Board?



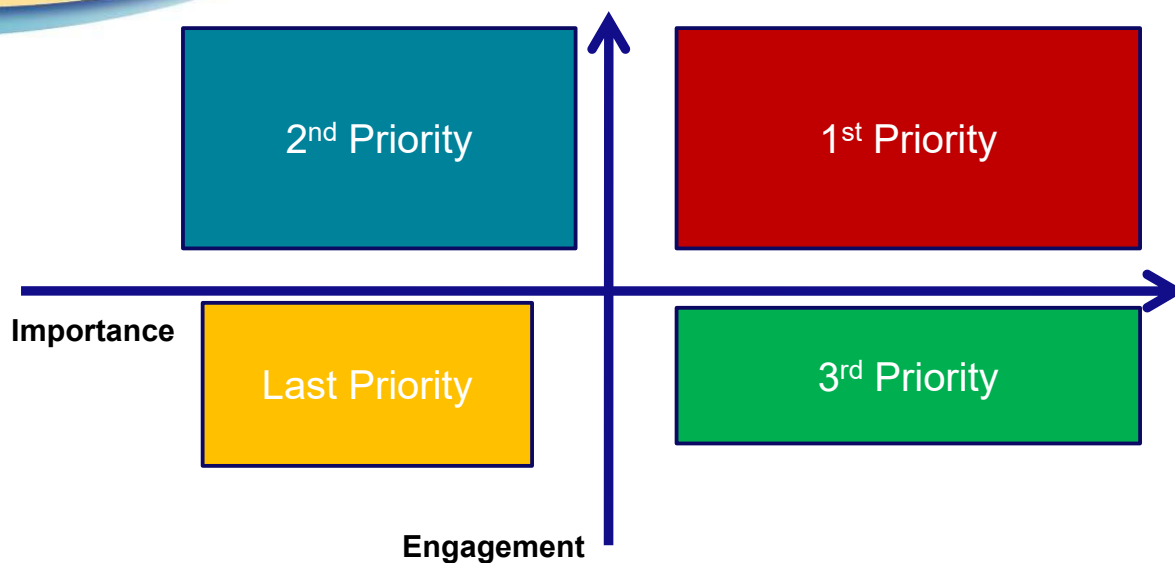
Who takes up most of your time?  
Who should get more assistance?

*Physicians/Staff and  
the Bus: Some will*

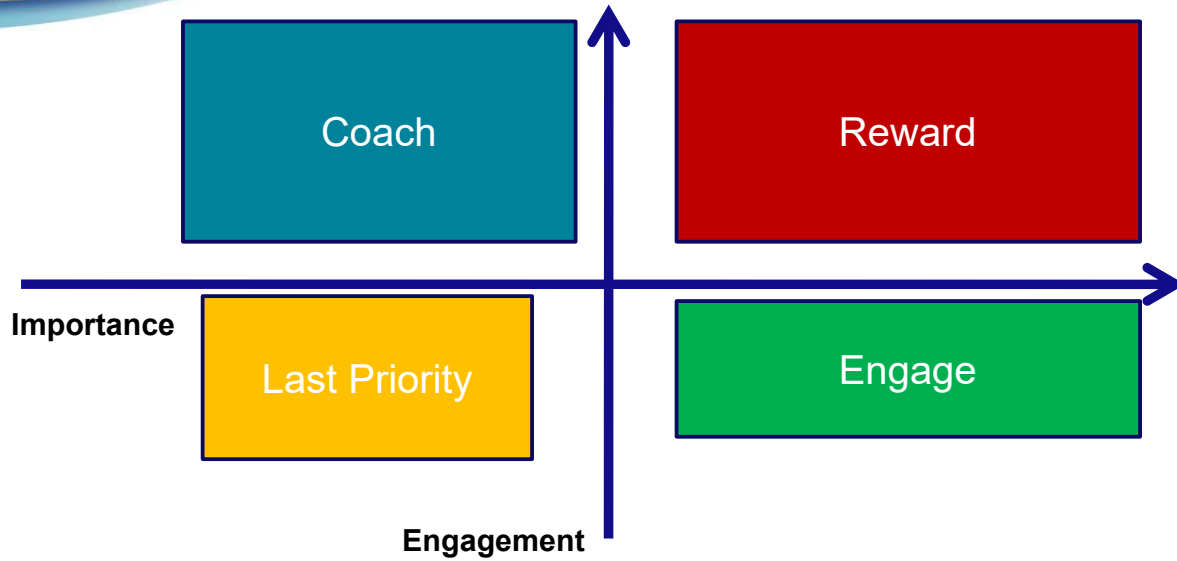
....

- ▶ *Jump on Board*
- ▶ *Stand at the door*
- ▶ *Stand 10 feet away*
- ▶ *Let the air out of the tires*

## Graph Your Team Players – Build Critical Mass



## Graph Your Team Players – Build Critical Mass



LCMC Health

## Do You Have Any Franchise Players On Your Staff?



## Do You Have Any . . . ?

### ▼ CAVE people

*Consistently Against Virtually  
Everything*



### ▼ ROAD warriors

*Retired On Active Duty*



## Give Them Credible Feedback

### Physician Performance Measures

**QUALITY**  
Clinical Metrics  
Evidence based care

**GROWTH**  
Patient retention and loyalty

**FINANCE**  
Productivity  
Utilization  
Efficiency


**SERVICE**  
Patient satisfaction and perception of care

**PEOPLE**  
Team Work  
Colleague and nurse interactions

PHYSICIAN EVALUATION						
Physician Name: _____						
Evaluation: 90 Day, 6 Month, _____ Year						
Date: _____						
<b>CLINICAL PERFORMANCE:</b>	Poor	Fair	Average	Good	Excellent	N/A
Overall Knowledge:	1	2	3	4	5	6
Knowledge of the Clinical Literature:	1	2	3	4	5	6
Judgment:	1	2	3	4	5	6
Speed:	1	2	3	4	5	6
Q/A Issues:	1	2	3	4	5	6
Physician score:						
Patients per service hour: _____						
RVU's per service hour: _____						
% 72 hour returns admitted: _____						
COMMENT(S): _____						
_____						
_____						
Overall: _____						
COMMENT(S): _____						
_____						
_____						

**KAPLAN, JULIUS A**

**UNIVERSITY MED CTR NEW ORLEANS PHYSICIAN FEEDBACK**

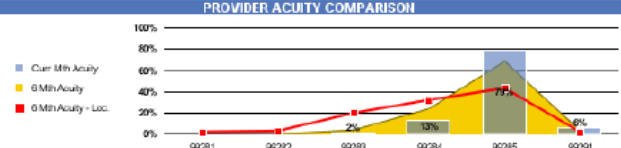


Current Month 12/2018	Attended Cases	% of Loo Vol	Admit Rate	Transfer Rate	Obs. Rate	Discharge Rate	AMA Rate	Physician Hours	PT / Hr	RVU / Hr	RVU / Pt	Work RVU / Pt	Work RVU / Hr	Procedure Index	Incomplete Charts	Deficient Charts	Miscd CC	Avg. Visit Dur. (HH:MM)
<b>KAPLAN, JULIUS A</b>	62	1.0%	41.9%	1.6%		54.6%	1.6%	34.5	1.6	8.99	5	3.82	6.86	6.1%		1	1	04:21
UNIVERSITY MED CTR NEW ORLEANS	6,350	NA	21.5%	0.6%		74.8%	2.7%	4,349.5	1.46	5.67	3.89	2.96	4.33	5.3%	55	177	196	04:23

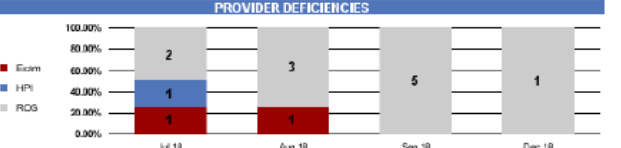
  

6 Mos. Trailing 7/2018 - 12/2018	Attended Cases	% of Loo Vol	Admit Rate	Transfer Rate	Obs. Rate	Discharge Rate	AMA Rate	Physician Hours	PT / Hr	RVU / Hr	RVU / Pt	Work RVU / Pt	Work RVU / Hr	Procedure Index	Incomplete Charts	Deficient Charts	Miscd CC	Avg. Visit Dur. (HH:MM)
<b>KAPLAN, JULIUS A</b>	344	0.9%	29.1%	1.2%		67.4%	1.5%	204.5	1.68	7.78	4.63	3.55	5.97	6.4%		14	9	05:05
UNIVERSITY MED CTR NEW ORLEANS	40,229	NA	19.4%	0.5%	0.0%	77.0%	2.5%	26,136.5	1.54	5.85	3.8	2.9	4.46	5.4%	101	2,107	866	04:37

**PROVIDER ACUITY COMPARISON**



**PROVIDER DEFICIENCIES**

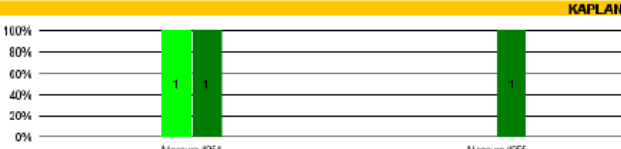


**QUALITY MEASURE PERFORMANCE: CURRENT MONTH VS 5 MONTH TRAILING**

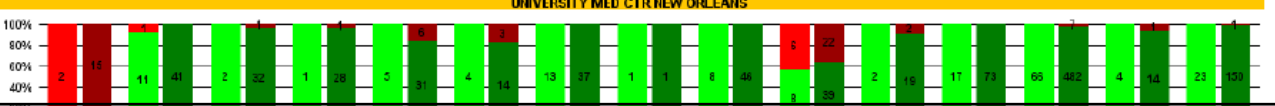
Quality Measure Descriptions

#254 - Ultrasound Determination (Abd Pain)    #255 - Rhogam (Fetal Blood Exp. Risk)  
 #415 - CT w/ Minor BHT    #419 - Overuse of Neuroimaging

**KAPLAN, JULIUS A**



**UNIVERSITY MED CTR NEW ORLEANS**





# RN evaluation of MD's

1. Initially sees and treats the patient in a timely manner
  2. Evaluation and treatment done in a timely and organized manner
  3. Is immediately available/communicates his/her location when not present
  4. Shows caring and concern for patients
  5. Treats ED staff in a professional and courteous manner
  6. Effectively communicates patient differential dxs/treatment plan to nurses
  7. Explains the problem and treatment to patient and/or family satisfactorily
  8. Is easily approachable with questions, problems and/or suggestions by staff
  9. Is able to remain calm under stress and is able to handle crises well
  10. In clinical practice demonstrates: technical skill
  11. the ability to prioritize
  12. consistency
  13. the ability to move patients efficiently
  14. Overall rating of physician's clinical judgement
  15. Overall rating of the total care of the patient by this physician
- Overall rating of the ease of working with this physician

## Example

Physician	Initial timely	Timely/Organized	Avail/location	Pt caring	Treats ED	Com m	Explains	Approach	Remains calm	Tech skill	Prioritize	Consistent	Moves	Overall clin	Overall
Kaplan	4.0	4.0	2.0	4.0	4.0	3.0	3.0	4.0	2.0	3.0	3.0	4.0	3.0	4.0	3.0
	3.0	3.0	3.0	4.0	3.0	4.0	4.0	4.0	2.0	4.0	4.0	3.0	3.0	5.0	4.0
	4.0	4.0	2.0	4.0	4.0	3.0	4.0	4.0	3.0	4.0	3.0	3.0	2.0	5.0	4.0
	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
	5.0	4.0	5.0	5.0	4.0	5.0	5.0	5.0	2.0	4.0	4.0	4.0	4.0	4.0	5.0
	4.0	4.0	2.0	4.0	4.0	3.0	3.0	4.0	2.0	3.0	3.0	4.0	3.0	4.0	3.0
	5.0	4.0	5.0	5.0	5.0	5.0	5.0	5.0	2.0	5.0	5.0	5.0	5.0	5.0	5.0
	3.0	3.0	3.0	3.0	3.0	3.0	3.0	2.0	3.0	3.0	3.0	3.0	3.0	4.0	3.0
	4.0	3.5	4.0	5.0	5.0	4.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
	5.0	5.0	5.0	5.0	4.0	4.0	5.0	3.0	3.0	5.0	4.0	5.0	5.0	5.0	5.0
	5.0	5.0	4.0	5.0	3.0	4.0	5.0	5.0	3.0	4.0	5.0	5.0	4.0	5.0	5.0
			4.0	5.0	2.0			2.0							
sum	47.0	44.5	44.0	54.0	46.0	43.0	47.0	48.0	32.0	45.0	44.0	46.0	42.0	51.0	47.0
average	4.3	4.0	3.7	4.5	3.8	3.9	4.3	4.0	2.9	4.1	4.0	4.2	3.8	4.6	4.3
dept Av	3.7	3.6	3.3	3.8	3.7	3.5	3.8	3.7	3.6	3.7	3.7	3.7	3.5	3.9	3.7

# MD evaluation of MD's

- ▶ Interpersonal relationships with patients, families, Medical Staff, Nursing staff
- ▶ Clinical abilities - skills, documentation, literature knowledge, coherent plan
- ▶ Teamwork - patients waiting/endorsed at change-over, arrives on time for shifts, carries fair share of load during double coverage

## Example

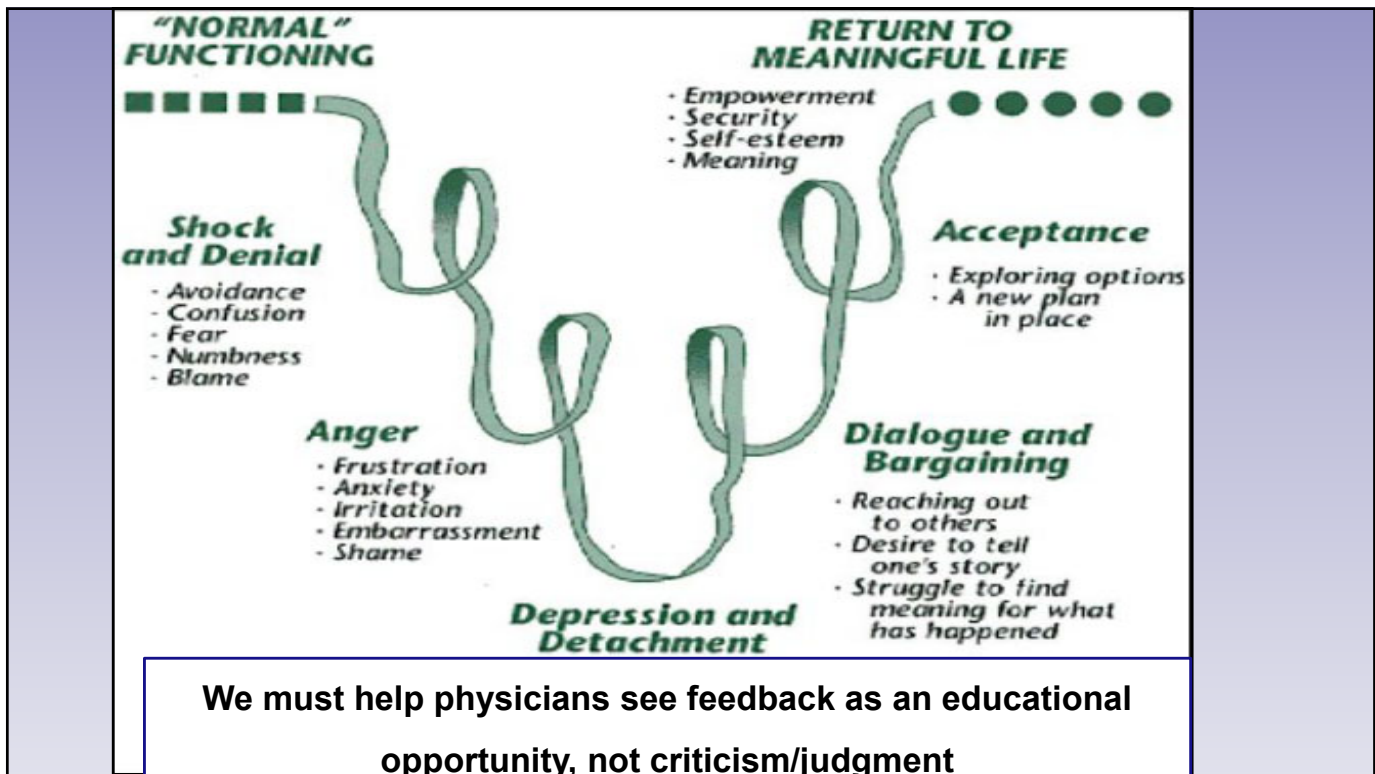
	Physician	Relationship	Medical Staff	Documentation	Skills	Literature	Coherent Plan	Teamwork	Arrives on Time	Endorsed	Carries Load		
Kaplan	5.0	5.0	4.0	3.5	4.0	4.0	4.0	4.0	4.0	4.0	4.0	5.0	3.0
	5.0	5.0	4.0	4.0	5.0	5.0	5.0	5.0	4.0	5.0	4.0	5.0	5.0
	5.0	5.0	3.0	4.0	4.0	5.0		5.0	5.0	5.0			2.0
	5.0	5.0	4.0	3.0	3.0	5.0	5.0	4.0	5.0	5.0	4.0	5.0	5.0
	5.0	5.0	5.0	4.0	4.0		4.0		4.0	3.0	4.0	4.0	2.5
	5.0	5.0	5.0	5.0	4.0	5.0	5.0	5.0	5.0	5.0	4.0	4.0	5.0
	5.0	5.0	3.0	3.0	3.0	5.0	4.0	4.0	4.0	4.0	3.0	4.0	4.0
	5.0	5.0	4.0	4.0	4.0	5.0	5.0	5.0	5.0	5.0	3.0	4.0	4.0
sum	40.00	40.00	32.00	30.50	31.00	34.00	28.00	31.00	32.00	37.00	30.00	30.00	32.00
average	<b>5.00</b>	<b>5.00</b>	<b>4.00</b>	<b>3.81</b>	<b>3.87</b>	<b>4.85</b>	<b>4.67</b>	<b>4.43</b>	<b>4.57</b>	<b>4.63</b>	<b>3.75</b>	<b>4.29</b>	<b>4.57</b>
dept Av	4.25	4.24	4.22	4.18	4.26	4.23	4.28	4.15	4.29	4.25	4.10	4.22	4.28



## Are We Who We Think We Are?

5. Treats ED staff in a professional and courteous manner
6. Effectively communicates patient differential dxs/treatment plan to nurses
7. Explains the problem and treatment to patient
8. Is easily approachable with questions/problems and/or suggestions by staff
9. Is able to remain calm under stress and is able to handle crises well





## Assess Your Team Just As You Assess Individuals

***What is the current state of your team?***

***How aligned***

***- with your own goals/vision?***

***- as a practice, MA's, RN's, registration personnel, APP's and physicians?***

## Our Most Difficult Task



**Our:**

- Philosophy
- Goals
- Passion
- Commitment

must be shared by everyone . . .

## Colleague as Partner/Customer

Pick a person, group of people or department: \_\_\_\_\_

If I considered this person/group/department to be one of my most important partners, I would do the following differently in order to better serve them:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

If this person/group/department considered me to be one of their most important partners, I would ask them the following differently in order to better serve me:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## What Can I Do For You?

<p><b>Tech</b></p> <p>We commit to work with the <b>Clerks</b></p> <ul style="list-style-type: none"> <li>Write and flag orders</li> <li>Not interrupt</li> <li>Keep informed on patient status</li> </ul> <p><b>Doctors</b></p> <ul style="list-style-type: none"> <li>Update on patient care &amp; changes</li> <li>Maintain responsibility &amp; ownership of patients</li> <li>Let them know when results are back.</li> </ul> <p><b>Techs</b></p> <ul style="list-style-type: none"> <li>Acknowledge good efforts</li> <li>Include in care plan &amp; educate</li> <li>Help them when we have time- EKG's, Pt. Prep</li> </ul> <p><b>Clerks</b></p> <ul style="list-style-type: none"> <li>Find charts &amp; assemble them</li> <li>Remind of times of procedures &amp; when admit bed is ready</li> <li>Remove documentation from inside chart when patient is discharged</li> </ul> <p><b>Techs</b></p> <ul style="list-style-type: none"> <li>Flag for EKG's</li> <li>Notify them of orders that need to be completed</li> </ul>	<p><b>Doctors</b></p> <p>We commit to work with the <b>Techs</b></p> <ul style="list-style-type: none"> <li>Teach the techs when we have time</li> <li>Legible orders</li> <li>Do not ask more than one tech to do the same job</li> </ul> <p><b>Nurses</b></p> <ul style="list-style-type: none"> <li>Communicate in a professional manner- write orders legibly, time orders, use STAT system, read the nurses notes</li> <li>Keep nurses informed &amp; include in care plan</li> <li>Board rounds</li> </ul> <p><b>Clerks</b></p> <ul style="list-style-type: none"> <li>Write our orders and flag (NO VERBAL ORDERS)</li> <li>Do not answer phones</li> <li>Inform them when we have an admit</li> </ul>	<p><b>Admitting Staff</b></p> <p>Three things the Admitting Staff can do for the ED:</p> <ol style="list-style-type: none"> <li>1. Make sure the updated face sheets are in the chart</li> <li>2. Help the Clerk answer the phones when it is busy in the ER Core</li> <li>3. Help the triage nurse when possible in the lobby (i.e. get blankets, provide urine cups and ice when needed).</li> </ol>
<p><b>Clerks</b></p> <p>We commit to work with the <b>Doctors</b></p> <ul style="list-style-type: none"> <li>Inform them when tests results are back</li> <li>Remind them to write their verbal orders down on order sheet</li> <li>Print H &amp; P ahead of time for new patients</li> </ul> <p><b>Nurses</b></p> <ul style="list-style-type: none"> <li>Prepare pt. According to pt. Prep guidelines</li> <li>Check in and ask if they need assistance</li> <li>Follow thru with orders promptly</li> </ul> <p><b>Clerks</b></p> <ul style="list-style-type: none"> <li>Stay out of clerk area</li> <li>Notify clerks of calls</li> <li>Inform when pt's are moved/admitted or in procedure</li> </ul>	<p><b>Techs</b></p> <p>We commit to work with the <b>Nurses</b></p> <ul style="list-style-type: none"> <li>Meet ambulance without being asked- pt. Prep</li> <li>Be visible to nurse in your zone /logged into Vocera</li> <li>Make sure zone is stocked</li> </ul> <p><b>Doctors</b></p> <ul style="list-style-type: none"> <li>Prepare pt. According to pt. Prep guidelines</li> <li>Check in and ask if they need assistance</li> <li>Follow thru with orders promptly</li> </ul> <p><b>Clerks</b></p> <ul style="list-style-type: none"> <li>Stay out of clerk area</li> <li>Notify clerks of calls</li> <li>Inform when pt's are moved/admitted or in procedure</li> </ul>	<p><b>ED Staff</b></p> <p>Three things the ED can do for the Admitting Staff:</p> <ol style="list-style-type: none"> <li>1. The clerk can send the admission order as soon as the patient leaves the ER</li> <li>2. When we call STAT TRIAGE, do not question why we called</li> <li>3. Let us complete the stat registration process before taking the patient away.</li> </ol>

## Which Works Better?

▼ The Carrot



or

▼ The Stick











# The Work Environment Compliment to Criticism Ratio



3 to 1	3 1		Positive!
2 to 1	2 1	 	Neutral
1 to 1	1 1		Negative

Source: Tom Connellan, "Inside the Magic Kingdom", pages 91-95

## Recognize/Reward Those Doing Well

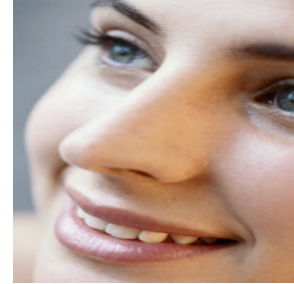




# Chocolate Works

# Say Thank You More

The Simplest Recognition:  
Saying "Thank you" at the end of  
the day (shift)



## Certificate of Merit

*Don Rollin*

**Patient First Award  
You Make A Difference**

presented by  
**The Department of Emergency Medicine**

*January 4, 2000*

Jay Kaplan MD, Chairman

Eve Romanelli, Administra





## Four Ways to Improve Performance & Verify That Improvement

- ▼ Have physician commit and wait for the next quarter's results.
- ▼ Leader round on patients
- ▼ Champion Shadow Rounding with physicians/APP's
- ▼ Have lower performing providers shadow round with high performing providers to see how they do it.

## Verifying Behaviors: Leader Rounding on Patients

LEADER ROUNDING LOG			
De Pa Re Ex Go ca Do Do ke Ha Do	Good morning. My name is _____. I am medical/nursing director of _____. I am just stopping by because we put our patients First, and our goal is to give you exceptional care. Would you be willing to share your experience in the hospital with me?		
You may receive a survey in the mail after you go home. We would appreciate if it you would fill it out. The survey lets us know how we are doing and if we are providing our goal of "very good" care. We also want to use it to reward and recognize staff.		staff and I are doing everything we e been any delays? Have you been	
Talk to your staff before & after rounding. Forward log sheets to your senior manager each week.			
Room #	Notes: Behavior Recognized	Reward (R) or Coach (C) Opportunity	Staff member to Reward or Coach.

# Shadow Rounding with Staff/Providers

Shadow Rounding Log Emergency Department				
Facility: _____				
Date: _____		Physician Rounded with: _____		Rounder: _____
	Behaviors Observed:	Patient #1	Patient #2	Patient #3
<u>Relationship</u>	<b>Acknowledge</b> <small>Connect with the patient and the family? Make eye contact, shake hands, or make</small>	<u>Comments</u>	<u>Comments</u>	<u>Comments</u>
<u>Task</u>	<p><b>Acknowledge</b>  <i>Did you connect with the patient <u>and</u> the family?</i>  <i>Did you make eye contact, shake hands or make physical contact? Any non-medical connection? Did you sit down at the bedside?</i></p>			
<u>Relationship</u>				
	<small>Thank the patient/family for the privilege of caring for them?</small>			
	<b>Recommendations:</b>	<b>Coaching Other Skills:</b> Rounding      Follow-up Phone Calls Teamwork		

## Re-Recruit or Have a Crucial Conversation

- ▶ “May I speak freely?”
- ▶ “My purpose in talking with you is ...”  
(a mutual goal)
- ▶ “When you ... I feel . . . ” (action you are giving feedback on  
– something they can change)
- ▶ “I imagine that ...” (positive intent/benefit of the doubt)
- ▶ “And because we both want ...” (common goal)
- ▶ “I need ...” (specific alternative behavior requested)
- ▶ **Affirm him or her as a person**



**If Your Permit It . . . You Promote It**



**From Tom Peters**

**INNOVATION/  
INNOVATE\***  
**(E-V-E-R-Y-O-N-E!)**  
**OR DIE**

**Innovation Tactic #1:**  
**WTTMSW**

**No kidding, this truly is ... *the only*  
*thing I've learned "for*  
*sure"* . . . in the 49 years since I began  
my managerial career—as a U.S. Navy  
construction battalion ensign in Vietnam.**

**WHOEVER  
TRIES  
THE  
MOST  
STUFF  
WINS**

**“Show up” and “Try it” are probably**  
**(UNDOUBTEDLY?)** the two most durable  
pieces of advice that can be imagined—or offered.  
On the other hand, they do belong squarely in the  
“easier said than done” category. Some organizations  
thrive on playfulness (see below); most don’t. Hence  
the “simple” idea of a “try it” society/organization is  
actually the deepest of *cultural* issues.

## An Exercise in Innovation – Pebble in the Shoe

Innovation - 1) a new device, idea or method;  
2) the introduction of something new (not old: recently  
born, built or created; not used by anyone else recently)

- Step 1: Think of something about your work/your staff’s work that you don’t like, that bugs you, that isn’t working.
- Step 2: Believe in your own creativity, ability, power.
- Step 3: Put your solution in the form of “What if?”
- Step 4: Decide how you can introduce it.





It isn't the mountains ahead to  
climb that wear you out; it's the  
pebble in your shoe.

Muhammad Ali



## Exercise – Step 1

- ▶ What is the best part of your day?
- ▶ What gets in the way of experiencing the best part of your day?
- ▶ What is the worst part of your job?

## Exercise – Step 2

Think of a time (or times) when you've felt most deeply alive and engaged in the health care environment... when you really felt like you were thriving and able to do your best work under even difficult circumstances... when you felt like a valued and contributing member of the community... and when you experienced a deep sense of meaning. What did that feel like?

## Exercise – Step 3

Write down one wish that you think would most improve your work experience and allow you to experience more of what you identified in Step Two.



Local  
control to  
remedy



Shared  
control to  
remedy



No local  
control to  
remedy

# WHAT IF.....

...AT

Children's Hospital  
New Orleans East Hospital  
Touro Infirmary  
University Medical Center  
West Jefferson Medical Center



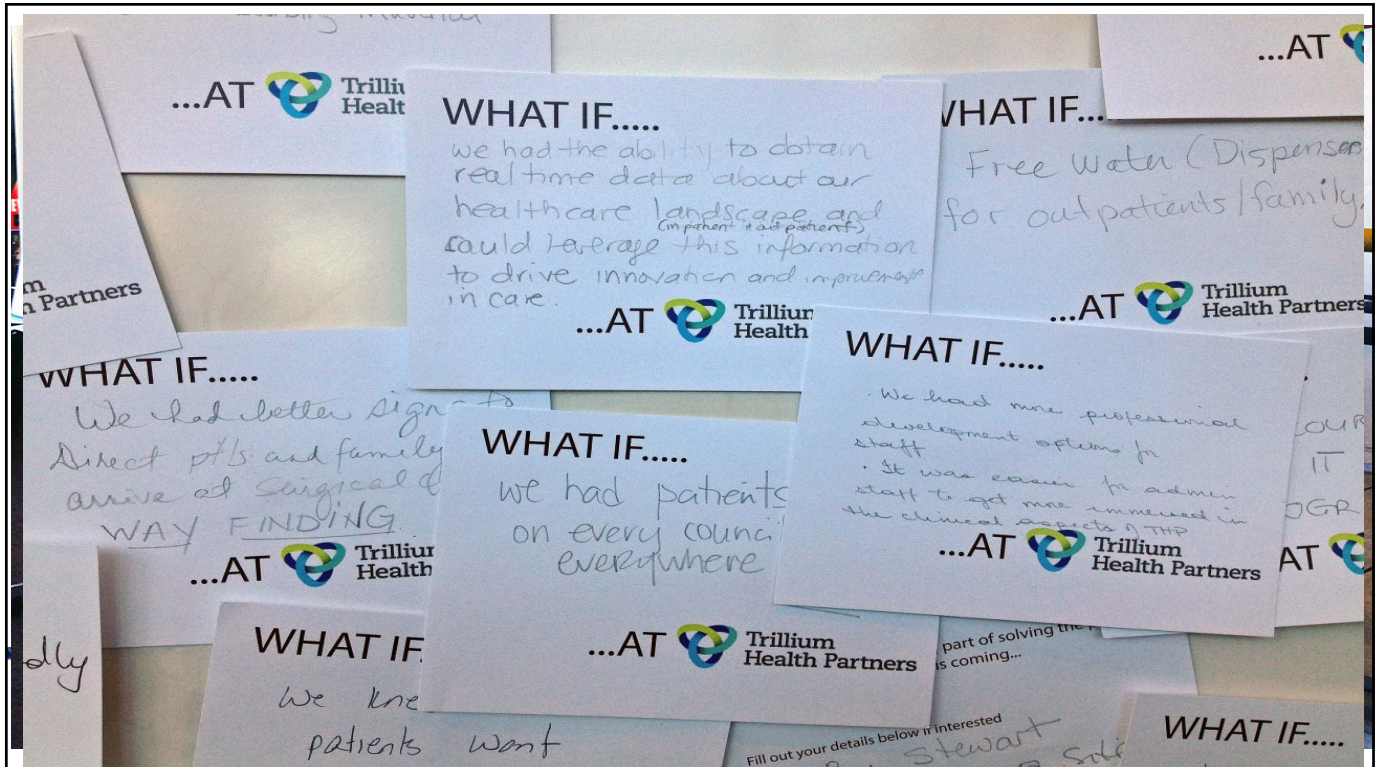
Are you interested in being part of solving the problem?  
...an Innovation Incubator is coming...  
... Fall 2014.

Fill out your details below if interested

NAME:

Department:

Email:



## Axiom #1

- ▶ **HARD** [Numbers, Plans, Organizational charts] **IS SOFT.**
- ▶ **SOFT** [Relationships, Culture, Listening, Excellence] **IS HARD.**
- ▶ **Sustaining winners:**  
**The mis-named “SOFT STUFF” comes F-I-R-S-T!!!!!!**

- Tom Peters

## Corollaries

- ▶ You get things done, for example, on the basis of your patiently developed network of relationships.
- ▶ You imbed a captivating and effective culture by living and reinforcing “the way we do things around here” day after day after day, in fact hour after hour after hour— forever.

## We Are in the People Business

- ▼ And the focus on people? Here's the thing, an organization is nothing more and nothing less than "people (our folks) serving people (our customers and communities)."
- ▼ And for the leader, who is fulltime in the people business, it's all about people (leaders) serving people (our folks) serving people (customers and communities).

## The Speed Trap I

You cannot speed up the so-called "soft stuff"—to try and do so is a design for disaster.

- ▼ \*Building/Maintaining Relationships ... take time.
- ▼ \*Recruiting Allies to your cause ... takes time.
- ▼ \*Building/Maintaining a High Performance Culture ... takes time.
- ▼ \*Reading/Studying ... take time.



## The Speed Trap II

- ▼ \*Fierce/Aggressive Listening ... takes (lots of!) time.
- ▼ \*Practice & Prep for anything and everything ... takes time.
- ▼ \*MBWA/Managing by wandering around ... takes time.
- ▼ \*Thoughtfulness/Instinctive small gestures (Small>>Big) ... take time.
- ▼ \*Extreme Humanization ... takes time.

## In Summary

\*E-X-C-E-L-L-E-N-C-E ... takes time.

At the end of the day (and the list), you can say with certainty:

All of the so-called “SOFT STUFF”  
(That is the real “HARD STUFF”) ... takes time.

## So . . . Let's . . .

- ▼ Think Innovation
- ▼ Build Relationships
- ▼ Read/Study
- ▼ Listen
- ▼ Recognize/Gesture
- ▼ MBWA
- ▼ WTTMSW

## Leonardo Da Vinci

“It had long since come to my attention that people of accomplishment rarely sat back and let things happen to them. They went out and happened to things.”

## Leadership & Excellence

"Excellence can be obtained if you:

- ... care more than others think is wise;
- ... risk more than others think is safe;
- ... dream more than others think is practical;
- ... expect more than others think is possible."

- K. Sriram @ tompeters.com

## Know How Special You Are

We work in the dark.

We do what we can.

We give what we have.

Our doubt is our passion.

Our passion is our task.

The rest is the madness of art.

-- Henry James

**Connect back to purpose . . .**

**Never under-estimate the difference you  
make . . .**

**Thank you.**

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