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Innovation at the Point of Care: Managing What You Cannot Measure

By John W. Kenagy, MD, MPA

"What does it take to get a &%\$#^ wheelchairs around here? I've got two patients waiting in the PACU for beds, but Unit Support can't find a wheelchair to discharge a patient in room 436, and we're waiting for physical therapy to find another wheelchair to clear the patient in room 458. Nothing changes around here. Would you want to have your hip replaced in a hospital that can't keep track of its wheelchairs?"*

-Jan, charge nurse

Jan is a charge nurse on 4E, a 44-bed medical/surgical nursing unit in a 250-bed, profitable suburban hospital. (See [last month's FYA](#) for details.) Who could solve the problem of missing wheelchairs?

- 1) Senior management couldn't solve it. Inundated with data, new initiatives and regulatory mandates, they were trying to reconcile scarce resources with demand for more. Missing wheelchairs were buried in a much larger inventory problem for which it was proposed to put RFID tracking tags on all equipment. But a new computer system put additional technology on hold and capital was tight. *If you can't measure it, you can't manage it, right?*
- 2) Middle management couldn't solve it. Middle managers were overwhelmed: JCAHO-driven initiatives, IHI Best Practice implementations, PDCA (Plan, Do, Check, and Act) and Six Sigma projects, recalcitrant managers resisting productivity targets, and additional meetings for the new computer system - all on top of 4-8 hours already spent in meetings and answering e-mail. Jan's problem with a missing wheelchair? Not on the radar screen. *If you can't measure it, you can't manage it, right?*
- 3) The 4E manager couldn't solve it. She spent 80-90 percent of her time implementing initiatives, collecting more data, attending meetings, and answering e-mail. She knew of many small glitches but expected a good nursing staff to solve them. She only needed to know about the big problems. *If you can't measure it, you can't manage it, right?*
- 4) Jan solved it. In the past, the patient would have simply waited or Jan would have walked over to 4W and "borrowed" a wheelchair. But today, enabled by the management team and a new set of skills, she did something different - she changed the work, and solved the problem without creating a new one. *You can manage what you cannot measure. You just need a system designed to help.*

Innovation at the Point of Care (Continued...)

How did system design help Jan improve the work? Let's look. (In full disclosure, this example is based on my Adaptive Design® experience; see www.kenagyassociates.com.)

- The CEO and COO were dissatisfied with their current methods and had decided to create accountability for problem solving as close to the work as possible. By providing clear direction, protection, and order, they weren't measuring, but they were managing.
- Middle managers followed their leader's direction by allocating resources—a respected clinical leader—to learn, teach, and lead new skills in the workplace. They weren't measuring, but they were managing.
- The 4E manager worked with the leader/teacher to implement a new set of tools and methods (Adaptive Design) that develop staff skills, trust and optimism by helping them identify and solve problems immediately. She didn't measure, but she was managing.
- Rather than working around the missing wheel chair problem, Jan engaged the Adaptive Design leader/teacher. Together they used a structured, disciplined method to quickly resolve the problem: a wheelchair parking lot, self-directing signage on chairs, and training built into the staff's daily work.

The result was 14 weeks of available wheelchairs on 4E, but it was not "what" they did that was important; it was "how" they did it. Did they measure wheelchair availability? No. Their only concern was identifying immediately when a wheelchair was not available. This happened again in week 15, when another nurse immediately contacted Jan when she couldn't find a wheelchair. Jan repeated the same structured, disciplined method and learned that part of the parking lot had been usurped by Physical Therapy. She quickly redesigned and tested a new solution that returned 4E to the "I always have a wheelchair" state.

Jan's story recounts just two of over 300 innovations this hospital accomplished in 18 months. The financial sum of these improvements was a savings of \$1,700,000, which the senior management team was pleased to measure.

It's time to work differently. Consider Albert Einstein's observation: "Insanity is repeating the same behaviors and expecting different results." Let's stop measuring and start managing.

What do you think? Are missing wheelchairs significant? Can you manage what you cannot measure? Send your comments and questions to me at jkenagy@kenagyassociates.com. More on innovation in the workplace next month.

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About



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Hospital Gift Shops: The Pioneers of "Mission-Based Retail"

By Tony Paquin

Hospital gift shops are no longer little shops hidden in a small corner of the hospital, carrying nothing but cards, candy, and balloons while being staffed by the volunteers.

Times have certainly changed in the last 20 years. Today, hospital gift shops are not only beautiful and profitable, but also carry items which respond to the needs of a wide variety of customers. It is not uncommon for the gift shops in larger facilities in the U.S. to generate over \$1 million in sales each year.

More importantly is the fact that their success is a sign of a major national trend reflecting a growing consumer sentiment. Frequently, customers prefer shopping in hospital stores because all profits are donated to the hospital for special needs. Normally, each Auxiliary designates special projects it wants to fund each year through its "profit." In this way, the customer gets a "two-fold benefit" - a beautiful gift while also benefiting a wonderful cause. The most important difference between "outside" retail stores and hospital stores is the presence and leadership of volunteers and the mission of each hospital.

This 'mission-based retail' concept promoted by gift shops is actually the forerunner to a widespread movement now sweeping mainstream retail. Consumers are choosing to shop at stores that support the charities they believe in.

The trend of mission-based retail marks a movement towards socially responsible consumerism and ignites a call to action for an industry shift. Retailers and marketers must respond to consumer-focused tools that have made it easy for consumers to evaluate the social performance of brands and the companies behind them.

No matter which issues consumers care about, chances are that companies are somehow connected to those issues. Changing the practices of companies is a key to building a brighter future. As powerful as many companies are, consumers ultimately have the power and influence to determine who wins and fails in the retail marketplace.

Many companies are adopting an approach that allows for social and environmental issues to be visible by directly tying their records on these issues to their sales success. Companies have begun to realize that consumers are choosing products and brands based on the company's commitment to improving various global issues. By instituting a Social Responsibility Policy and/or effort, companies are beginning to eliminate the choice they have historically faced between doing the right thing and doing the profitable thing, by making

them one and the same.

If you're a socially conscious consumer, or just a food junkie, chances are you are familiar with Newman's Own line of environmentally friendly and organic food products. Newman's Own is a food company that was founded by Paul Newman in 1982. The company makes all-natural salad dressing, pasta sauce, salsa, lemonade, and steak sauce.

Paul Newman has taken advantage of this socially responsible consumer trend and donates all his profits and royalties after taxes for educational and charitable purposes. This strategy has resulted in Paul Newman giving over \$175 million to thousands of charities since 1982 and the pervasive establishment of his grocery brand.

It is clear that consumers are focused on the social consciousness of the companies that they do business with. This market trend represents a huge opportunity that should be leveraged by savvy hospital systems. Consumers want to 'Shop With a Mission' as countless retail organizations have already discovered. Although hospital gift shops were the forerunner to this movement, hospitals have generally failed to understand this consumer sensibility and must move to convey the social value message of their retail outlets to their community.

The message is clear: shoppers that buy gifts, healthcare products, consumer products and retail health related services from their hospital are spending their money with an organization that is re-investing those proceeds into needed healthcare related services for their local community.

Millions of consumers recognize the social value of buying from Paul Newman; do they likewise recognize the social investment they are making in shopping at one of your retail outlets? This is a powerful marketing message that can translate into millions of dollars in high margin retail revenues for your hospital.

For more information: tony@thepaquinogroup.com.

Tony Paquin is skilled at developing retail business opportunities within healthcare systems. He has over 20 years experience leading strategic companies in the insurance and healthcare industries. He previously founded and managed one of the largest technology companies in the insurance sector, and was CEO of a NASDAQ listed healthcare services company.



Error Reduction Through Team Leadership Applying Aviation's Leadership Model in the OR

By Jack Barker, PhD, and Captain Greg Madonna

Over the past several years, efforts have been initiated to bring the Crew Resource Management (CRM) model used in aviation to the operating room. The expectation is that this approach will reduce human errors and improve patient safety as it has improved safety for the airlines. A catalyst for this movement was the Institute of Medicine report, *To Err is Human, Building a Safer Health System*, released in 2000. That report specifically suggested that one possible means for reducing error in the medical setting is formal training in teamwork analogous to the CRM construct.

The Joint Commission on the Accreditation of Healthcare Organizations includes team training as a key element of its comprehensive patient safety plan. Dr. Gerald Healy, the Chairman of The American College of Surgeons Board of Regents, has brought in Mach One leadership to assist the College in implementing team training on a global basis.

This article explains the relevance of CRM and describes the cultural change necessary to apply leadership skills in the operating room and show how it is being used in various settings. The authors anticipate that his article will stimulate a discussion about leadership and team training in surgery.

Why Team Training?

The theory behind team training is that complex systems break down not because of flaws in their engineering but because the people operating in the system fail to interact in a manner that ensures efficiency and good outcomes. In aviation, airplanes continued to crash with great frequency in the middle decades of the last century not because airplanes were designed unsafe but because crews were not always coordinating their efforts. Good leadership and teamwork were a happenstance of a captain's individual ability and not a formal feature of the system. Researchers found that, without exception, during an adverse event someone on the team had spotted the potential problem early enough to prevent it but was unable due to a dysfunctional team culture that prevented synergy.

Based on these findings, airlines initiated training that emphasized the following: 1) flattening of the hierarchy; 2) empowering the junior team members to voice their concerns; and 3) train senior members to listen to others without viewing this as insubordination and to encourage input from everyone. With input from psychologists and active physicians this same concept is being introduced in health care. It is important to note that this empowerment in no way reduces the authority of the attending physician. One person and one person alone

remains the final authority and decision maker.

In the Fall of 2003, Children's Hospital in Boston implemented team training in its Department of Otolaryngology. Initial data shows a 12 percent increase in patient throughput and a 22 percent increase in participants viewing the department's safety climate as positive. Additionally the staff have already reported at least one patient "save" in the OR.. After some initial skepticism, reaction has been universally and overwhelming positive.

Concord Hospital in Concord, NH implemented leadership training and collaborative rounds in 1998 and found their mortality rate was reduced by half. Secondary results included reduced staff turnover and improved patient and family satisfaction. *

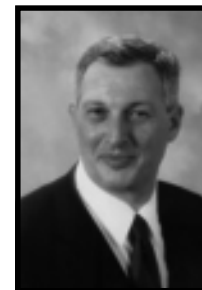
Conclusion

The continuing emphasis on quality improvement and error reduction make implementing leadership training for front line providers a virtual necessity. The results indicate an improvement in team cooperation and outcomes. Furthermore there are financial and legal issues to consider. As government moves forward with pay for performance, leadership training will provide greater financial stability and fewer errors and improved outcomes will lower the risk of medical liability claims. To effectively lead a high performance team composed of highly specialized knowledge workers, one needs formal training targeted toward that dynamic. We continue to add first movers in healthcare who recognize the impact that effective team leadership will have on patient safety.

Mach One is a consulting firm established by Jack Barker and Greg Madonna. They both are pilots for a major U.S. airline and have extensive experience in developing programs for leaders of high performance teams. Visit their Web site at <http://www.M1Leadership.com>.



Jack Barker



Greg Madonna

*Uhlig, Brown, Nason, Camelio, Kendal. *Joint Commission on Quality Improvements*. 28 (12) December 2002.