IHA ADVANCED LEADERSHIP
ACADEMY

CLASS OF
2019

IOWA HOSPITAL
ASSOCIATION

1929
2019

WE CARE ABOUT IOWA'S HEALTH

Contents

About the IHA Advanced Leadership Academy

IHA launched the Advanced Leadership Academy to assist and support Iowa hospitals in developing the next generation of leaders to serve and guide Iowa hospitals.

The Academy provides a blended approach to learning with six total in-person learning sessions combined with distance education over a 12-month period. IHA provides organizations with the opportunity to customize the Academy to the needs of the participant and hospital. Each participant is required to have a mentor from their organization and complete a learning project. Mentors serve an important role advising and guiding participants as they seek successful project completion while strengthening their leadership talents and industry knowledge.

In addition to the project, students were asked to complete and submit a project summary outlining the description, goals and results of their project along with any supplemental materials they had. Each individual project summary and handout is compiled in this comprehensive summary of all the class' projects. This summary highlights the work done by the graduating class throughout the course and is being shared as a resource for future Academy students and hospital leaders.

Succession planning is vital to the long-term survival of any business in any industry. Hospitals are encouraged to identify the capable individuals in their organization and consider Academy as a resource in succession planning to vet emerging talent or further develop leaders already moving up the ladder. The Academy ensures that decisions about the next generation of leadership are made based on performance so the successes of the past can continue well into the future. Click here for more information about the Academy.

2020 Advanced Leadership Academy

Registration for the 2020 Advanced Leadership Academy is still open. Those interested in participating in the 2020 Advanced Leadership Academy must be nominated by a hospital CEO. Nomination forms must be submitted by **June 15.**

Security and Safety of Emergency Entrance/Waiting area

Jeannette Adamski

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PPT Presentation

Description: There was an increasing number of safety issues in the emergency department (ED) entrance, registration and waiting areas at the hospital. The entrance to the ED entrance was not controlled and was used as an entrance to the main hospital. Staff have felt unsafe in numerous situations and have been injured due to volatile/aggressive patients and visitors. Staff have resigned due to the safety concerns. Visitors and patients have also witnessed violent acts in this area. There were numerous safety issues observed while assessing the physical area and layout of the ED entrance and waiting area.

Goals:
- Reduce non-emergency traffic via ED entrance. Baseline: 344 individuals/day. Goal: zero per/day.
- Reduce the number of times that security is not available to the ED. Baseline: unavailable 46 times/day. Goal: zero times/day.
- Reduce the number of potential safety issues within the physical environment. Baseline: 50 physical/environmental safety issues. Goal: zero safety issues.

Summary of Results: The physical layout of the ED waiting area, registration area, nurse triage area and access to the ED has been improved significantly. Registration staff, security and triage nurse are behind bullet resistant walls and doors. Because of improvements in the layout, there has been a reduction of traffic through the ED waiting area into the main hospital by 100 percent (reduced from 344 to zero per day). There has been a reduction of observable environmental safety issues by 90 percent (reduced from 50 to five). The entrance to the ED has controlled access 24/7 by security. Security officers were hired to manage the ED entrance 24/7 as well as a full-time security officer presence in the ED waiting area and core ED area 24/7 resulting in zero times per day (reduced from 46 per day) in which the core ED security officers would leave the area.

Leader Onboarding Effectiveness

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PPT Presentation

Description: The purpose of this project is to assess the effectiveness of new leader onboarding. Effective onboarding of individuals to their new leadership role is critical to the future success of the leader and department. Getting feedback from leaders across the organization who have been through this process will assist in identifying any gaps, assuring to provide the appropriate resources and assist with future planning.

Goals: To receive formal feedback regarding leader onboarding, enhance leader orientation in the future and expand leadership resources. To work collaboratively with all departments to assure leader orientation is comprehensive.

Summary of Results:

- Leaders desire group learning with other leaders.
- Gaps were identified: Principle-based architecture, policy management and policy interpretation.
- Follow up learning is needed after initial orientation.

Value Based Contracts: Data Transparency for Performance Improvement

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PPT Presentation

Description: MercyOne North Iowa Medical Center has been participating in Accountable Care Organization (ACO) contracts for six years and in downside risk contracts for three. As health care payment models continue to change and challenge us, provider engagement and transparency is a key tactic to success and performance improvement, especially in downside risk contracts. An advantage of risk-based contracts is an abundance of performance data, but without a standard structure and simple method to use the data in a meaningful way, it can be overwhelming and burdensome.

Goals:
- Transparently display ACO performance data to key stakeholders of the organization that is easily accessible, displays trending data at the provider level and includes recent payer performance reports.
- Educate clinic managers on using performance data to make decisions on operations improvements.

Summary of Results:
- Interactive dashboard was developed with filters for month, measure, provider and practice.
- All provider's performance data is displayed (unblended) on internal MercyOne intranet.
- All primary care providers in MercyOne Medical Group North Iowa owned clinics have received individual scorecards.
- Group quality score for Wellmark contract has increased by .05 (scores range from 0 – 5.5) in the first four months of data transparency project implementation.
- Five of eight focus measures have improved quality scores in first four months of reporting at provider level. Goal was improvement on 8/8 measures.

Employee Rewards and Recognition

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PPT Presentation

Description: A multidisciplinary team is developing an employee rewards and recognition program. This was based on feedback from the All Employee Survey. The program will contain rewards already in place and will expand to also include new programs.

Goal: Implement an Employee of the Month program and On the Spot awards to increase employee recognition.

Summary of Results: I chaired the Employee Rewards and Recognition Committee. We updated the Work Force Memorandum more clearly defining the options for rewards and recognition of employee performance that goes above performance standards. We also added the "Employee of the Month" award. The first Employee of the Month award was presented April 5. The "On the Spot" awards will be implemented by May 1.

A Clinical Service Group Approach to Driving Results and Achieving Systemness
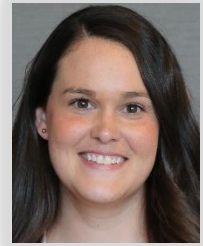
Paige Jaeger
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PPT Presentation

Description: Health care continues to evolve towards integrated, comprehensive systems to deliver high-value care. Appropriate governance, clear decision-making channels and engagement from stakeholders at multiple levels of the organization are fundamental essentials to being able to achieve systemness and deliver results. In 2016, UnityPoint Health rolled out their Clinical Leadership Group (CLG) governance structure, to define and promote a cohesive clinical decision-making process across the entire continuum.

Each clinical service line has a CSG tasked with helping both define system priorities and execute on operational strategy. The Radiology CSG is comprised of radiology executive directors from each senior affiliate and their dyad Radiologist partner, as well as representation from system services contracting, IT and clinical engineering. As the CSG develops, they'll need to define annual goals, prioritize their work and report back results.

Goals:

- Define a Radiology CSG goals and metrics that align with the overall strategy of UnityPoint Health.
- Establish key work priorities for 2019.
- Produce a deliverable back to the Clinical Leadership Group of results and accomplishments.

Summary of Results:

- Developed operational dashboard with metrics that align to the UnityPoint Health roadmap.
- Identified standardization opportunities, equipment and contracting opportunities, technology implementation opportunities and a major strategic initiative: Advanced Imaging Utilization & Appropriateness.
- Identified measurables to track progress: Self Insured Health Plan (SIHP) Per Member Per Month (PMPM) advanced imaging allocation.

Navigating the Implementation of 340B from a Financial Perspective

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PPT Presentation

Description: 340B is a drug discount program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations at significantly reduced prices. Critical Access Hospitals are considered eligible covered organizations however, start-up costs and the expertise needed to set up a 340B program, can be a considerable burden. This project looks at the financial impact of implementing a 340B program that fully maximizes cost savings and demonstrates how it can be a financial win for the organization.

Goals:
- Identify and implement opportunities to maximize 340B cost savings in both a hospital-based and contracted pharmacy setting.
- Develop an internal guidebook for gathering and documenting how 340B savings are being used to reach more underserved patients and provide more comprehensive services.

Summary of Results: Process steps completed to date
- Registration in 340B Drug Pricing Program has been completed and approved by the Health Resources and Services Administration (HRSA).
- Internal project team roster has been identified.
- Value/Benefit statement has been created.
- Project initiation form has been submitted for internal Information Systems resources.
- 340B split billing software vendor has been contracted and initial data is being gathered.
- Internal guidebook is being developed.

Next step will be to install software to assist with identifying and implementing opportunities to maximize 340B cost savings.

Budget Mitigation Strategy: Creating a Win-Win for Hospitals and Dialysis Patients

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PPT Presentation

Description: The number of Americans without health insurance is growing. UnityPoint Health-Des Moines is seeing increasingly more patients that lack insurance coverage who present to our Emergency Department in need of acute dialysis services. Dialysis patients impose a disproportionate burden on emergency departments, contributing to ED congestion and increased wait times. Additionally, this patient population's high cost services pose a significant financial drain on organizations.

Goals: To implement a budget mitigation strategy for dialysis patients that present to the ED that lack insurance coverage. To reduce congestion in the ED and increased wait times.

Summary of Results: This project is ongoing. A Global Patient Agreement has been signed with a dialysis company under which UnityPoint Health-Des Moines can now send dialysis patients without funding. This agreement is projected to decrease the loss incurred to the organization by $1,122/patient per year for a PD patient and $16,222/patient per year for a HD patient.

The Mercy Way: Operations + Development + Continuous Improvement

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PPT Presentation

Description: To continuously grow leader skill at MercyOne North Iowa in a learning system that includes:

- Business acumen: skill needed to see and understand the business and how to improve return on investment (ROI)/key results.
- Coaching acumen: skill needed to coach and develop leaders and a leadership development tree.
- Continuous Improvement: the Toyota Production System.

Current Problems:
- Leaders have lack of capacity to problem solve
- Leaders voiced lack of understanding of core business competencies
- Leader goals are determined without understanding true impact on key results
- Leaders not sure what they should say yes/no to problems
- Leaders lack development around higher-level skill sets - project management, negotiating contracts
- Leaders lack long term strategic plan for their department

Root Causes
- Focusing on daily problem solving and Mercy Way expectations, which may have taken away the focus on big picture
- We don't have a system to decide which problems are most important (impact on key results) to solve
- We set goals without understanding the ROI related to key results

Goals
- To build a system that allows leaders to prioritize problems.
- To build a leadership content delivery system that allows a coach (leader's 1-up) to understand what skill their leader needs, pull from a content expert, learn and then coach their direct report leader in her or his skill gap. The leader learns, the teacher learns and the skill spreads through the organization.
- Any leader can go to any business unit in the hospital and transform the departments key results.

Summary of Results:
- Leadership Engagement
- Leader Turnover
- Organizational Turnover
- OSHA Injuries
- Operating Margin
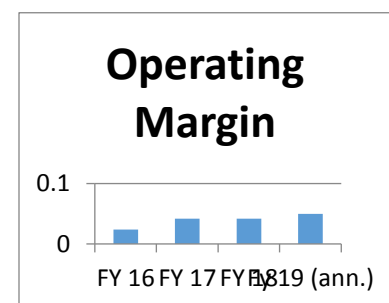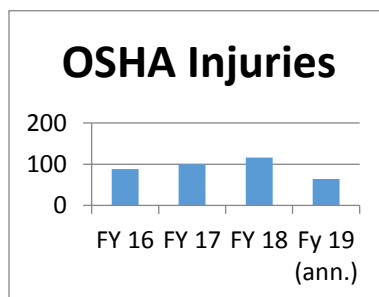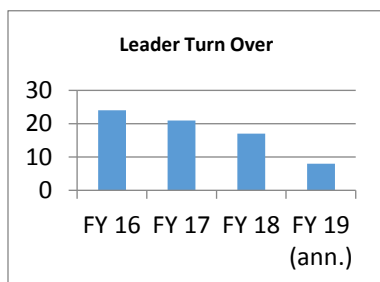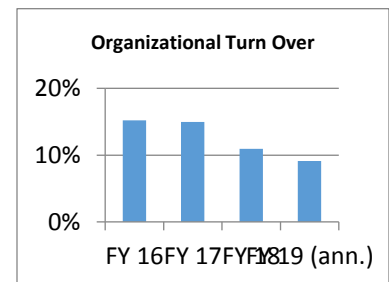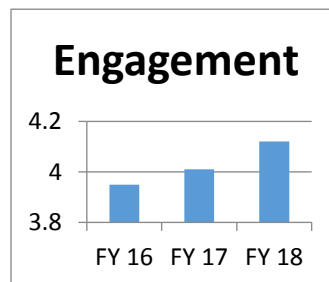
Employee Engagement

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PPT Presentation

Description: Gallup defines engaged employees as those who are involved in, enthusiastic about and committed to their work and workplace. Engagement reduces turnover, improves productivity and efficiencies, improves patient satisfaction and experience, and overall increases profitability. The most important piece of engagement is that employees live a happier life.

Goals:

- Engagement begins with leadership. Identify how to engage Senior Leadership and encourage them to demonstrate SMC's core values.
- Ensure consistent transparency and communication.
- Discuss with managers how to do real time coaching, set expectations, and hold staff accountable.
- Create a positive culture where employees have trust in SMC's future, leadership, and one another.
- Show appreciation and recognize staff.

Summary of Results: Changing the culture at Shenandoah Medical Center has been a strong focus of the Senior Leadership team since early 2017. We have collaborated on ways to enhance employee engagement with our Studer coach. The goals above are important to creating an engaging culture that leads to success. Below are the results of our survey which shows the impact when Senior Leadership's focus is engagement.

Employee survey results
- 2014 – 69.82%
- 2015 – 57.06%
- 2016 – 67.04%
- 2017 - 86.92%
- 2018 – 94.04%

HR Turnover
- 2016 – 31%
- 2017 – 27%
- 2018 – 21.43%

Another example of how these goals can impact engagement occurred in early 2019. Shenandoah Medical Center had leadership change on the Financial team. The open-door policy was reactivated, employees' feedback was obtained, and changes were made. There has been a huge change in engagement and the motivation to rectify write offs, create efficiencies, and the overall desire to be a part of something great. Employees are valued and listened to, which results in higher engagement. Engagement is tied to employee satisfaction and overall productivity which drives results. The team is fighting for every dollar and it shows in our financial statements.

2018 Financial Results

- Strongly Agrees – 21.88%
- Agrees – 75%
- Disagree – 3.13%

2019 Financial Results

- Strong Agrees – 48.15%
- Agrees – 51.85%
- Disagrees 0%

Informing Patients About Delays

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PPT Presentation

Description: Patients are checking in for appointments and, in cases where there has been an extended wait before they're seen, are not being provided status updates. Press Ganey surveys include two questions that reveal dissatisfaction with how delays are communicated: 1) Degree to which patient was informed about any delays and 2) Wait time at clinic (from arrival to leaving). Both questions are perception based, are highly correlated with the Veterans' overall experience and have been in the top ten of the Press Ganey Priority Index for the last five years.

Goals:

- Identify a process to ensure patients are being informed of in-hospital delays during the check-in process and every 15 minutes thereafter.
- Educate clerks, nurses, and providers about the importance of keeping patients apprised of in-hospital delays.
- Ensure Increase patient satisfaction scores.

Summary of Results:

- Developed pocket-sized "reminder" cards outlining H.E.A.R.T (hear the patient, apologize to the patient, respond to the Patient, thank the patient).
- Developed SOP.
- Provided training to clerks and nurses.

[Implementation of Leadership Education to Promote Positive Culture Change](#)

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[PPT Presentation](#)

Description: The focus of this project is to develop a continuing education program for management that is pertinent to critical access hospitals, using tools such as national seminar training, Fred Pryor Seminars and others to provide staff quarterly opportunities to participate in continued leadership education. We began by having staff share ideas and concepts that they were struggling with and wanted more education on. From there we investigated a variety of educational opportunities and developed sessions relevant to their needs.

Goals:
- Increase leadership knowledge and maintain competency on leadership topics within our leadership team.
- Improve staff satisfaction due to increased leadership abilities
- Decrease leadership burnout by providing them tools to overcome these feelings.
- Improve staff retention rates by coaching staff and educating staff to be successful in leadership role.

Summary of Results:
- Employees learned from internal and external presenters. Employees felt the education to external presenters on most topics was superior to the internal presenters.
- Employees felt face to face education was superior to WebEx however they enjoyed the flexibility of WebEx.
- Employees felt the sections on dealing with difficult employees, budgeting and performance reviews were the best.
- Employees wanted to see the education offered more often. We will be conducting a training schedule and doing weekly lunch and learn events next year and hope to obtain a guest speaker once every two months. We will provide two sections one for breakfast and one for lunch. Small meals will be provided.
- We determined that Brian Lee had lots of great education and that staff were excited about his topics but they felt this program could accomplish similar goals at a fraction of the cost.
- We will continue to work with IHA education department to provide more educational opportunities for employees
- Employees state they feel more supported and less burnt out as a result of education.