Nurses are from Saturn, Physicians are from Jupiter, Administrators are from Mars

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How Can We Speak the Same Language?

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Medical Student Internship Talk  April 1975

Judah Folkman, Surgeon-in-Chief, Boston Children’s Hospital

“During the first week of your internship, make friends with the nurses and do well. If you do, you will love your residency and career; if you don’t you won’t.”

Where We Are

How We Need to Feel . . .
What We Need to Do
“ER”

Building the Team . . . Our Most Difficult Task

Our:
- Philosophy
- Goals
- Passion
- Commitment

must be shared by everyone . . . Because it’s about Always . . .

Learning How To Communicate
Why This is So Difficult . . .

- We are not trained for many of the roles we are being asked to play in today’s healthcare environment.
- And even the role for which we were trained . . . has changed.

The Skills We Weren’t Taught

- Trained as a Craftsman – to care for the individual patient
- Not trained as
  - Leader – Define what we want to be known for and get others on board
  - Manager – Help create a great practice environment/fix what isn’t working
  - Team-Player – Engage our staff and providers and create the team

  We assume that our intent translates to others’ perception.
  We expect that to be done for us.
  How many doctors does it take to screw in a light bulb?

What We All Must Do

- Define the 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 Key Upfront Questions Now

- Engagement – Does everybody understand where and why?
- Alignment – Is everyone on board?
- Action – Do we know what we have to do?
- Accountability – Is everybody doing it? Are we getting the outcomes?
  - If Yes → Are we recognizing & rewarding enough?
  - If No → Is it the skill? Are we giving skills training?
    → Is it the will? Are there consequences?

Why is this so difficult?

- It’s as if we come from different planets and speak different languages.
- We have different approaches to what we do that comes from self-selection and training.

Differences & Similarities

- Staff Values
  - Team
  - Collaborate
  - Entire patient & family

- Physicians Values
  - Individual
  - Give Orders
  - Disease - Diagnosis

- Leaders Values
  - Team
  - Give Orders
  - Entire Organization

- Work Environment
  - Stressful
  - Unpredictable
  - A Balancing Act
Leadership & Accountability

- Define your vision
- Engage your people (Leader Rounding/Focus-Fix-Follow up)
- Clarify your expectations (Actionable Behaviors)
- Give them credible feedback (An Educational Opportunity)
- Reward outcomes/Teach skills (Skills Sessions)
- Verify compliance (Rounding on Patients/Shadow Rounding with Providers)
- Re-Recruit or Replace (Must Be Consequences)

Definitions: Leader

Leader:

- "A person who guides on a way especially by going in advance, who directs on a course."
  Merriam Webster

- "A leader is a dealer in hope"
  Napoleon

- "In everything you do seek to preach . . . If all else fails, use words."
  Saint Francis of Assisi

Where To Start: Step #1
Define a Common Destination

"If you don't know where you are going, you might wind up someplace else."
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 want to be known for”

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

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 I (we) have to overcome is . . .
Have the Conversation: What Do We Want To Be Known For?

Think Bowling . . .
• Set up pins (goals)
• Aim/Follow through
• Keep score

Define Your Vision – What Are You Shooting For?
• Determine metrics
• Define baselines/ Set goals
• Create action plans

Question #2

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?
How Often Do You Say This?

“What can I do to help you have a great day in working with me today?”

Next: How Do You Engage Your People?

Create the Burning Platform – Why we have to change (at the 40,000 foot level)

- Declining reimbursement/ Workforce shortage/ Transparency of Data/$P4P$

Connect to “Why did you go into medicine/ nursing?” “What do you want?” (Purpose)

Answer “What’s in it for me?”
(You will be happier and enjoy your work more)

Step #2 Exercise

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. __________________________________________________
Example: The Team Meeting

- Sit-down meeting
- Monthly
- Agenda ahead of time
- Review key data metrics
- Recognitions/Wins
- Opportunities
- Stoplight report

Please Note: Examples work whether you are clinical or not.

Example: The Huddle

- Stand-up meeting
- No longer than 10 minutes
- Current state of the union of the practice
- Patients for the day
- Focus for the day
- Any recent patient saves, wins, compliments
Example: Collaborative Rounding

“Is there anything you want to tell me about the patient?”
“Do you have any questions about his/her illness?”
“Would you like to round with me?”

Example: Improve Communication
Physician to Physician/Nurse - SBAR

S  Situation: I am calling about . . . ; The problem I am calling about . . .

B  Background: Why the Patient is in the hospital or needs a consult/PMH/ current HPI/Pertinent PE & Diagnostics

A  Assessment: Conclusions about the current patient status, severity or problem

R  Recommendations: What is needed, possible recommendations, urgency of consult

Example: Improve Communication
At Hand-Offs – SAIF IR

S  Summary

A  Active Problems

I  If Then

F  Follow Up

I  Interactive Questioning

R  Read Back
Step #2
Get Everyone On Board

Once you’re on the road, being on the bus becomes an active decision. But . . . On board with what?

Defining Our Standards

- With each other
- With our patients
- With our medical staff
- With our community

Defining comes first, then accountability . . .

Clarify Your Expectations – Which of These is Better?

1. Provide quality education, research, healthcare, business interactions, and other services with respect to patient care, community members are expected to:
   - Provide the highest quality of care with the goal of the best possible result; and
   - Partner innovative medicine and care that is safe, effective, patient-empowered.

2. Treat individuals with respect. UAB is an institution dedicated to treating each UAB community member with respect. Community members are expected to:
   - Be respectful, fair, and civil;
   - Value diversity of opinion and avoid all forms of harassment, intimidation, and discrimination;
   - Provide equal opportunity for all employment; and
   - Promote conflict resolution.

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Actionable Behaviors Re: The Patient

- Sit Down at the bedside
- Use Key Words/5 Fundamentals (AIDET®)
- Collaborative Rounding/Team Care
- Follow Up Phone Calls

Actionable Behaviors Re: The Staff

- Treat your colleague as your partner
- Say “Thank You” more
- Manage up
- Observe the “10-5 Rule”
- Everyone on board

A Simple Example of Accountability

COLLECTION NOTICE
You Have Been Placed in Collections

(See Reverse Side)

(Back of Card)
Amount Owed: $ ___________
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 😊
We think we're doing better than we actually are . . .

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
Give Them Credible Feedback

Performance Measures

QUALITY
- Clinical Metrics
- Evidence based care

GROWTH
- Patient retention
- Loyalty

FINANCE
- Productivity
- Utilization
- Efficiency

SERVICE
- Patient satisfaction
- Perception of care

PEOPLE
- Team Work
- Colleague and nurse interactions

The Work Environment
Compliment to Criticism Ratio

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<th>Neutral</th>
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Source: Tom Connellan, “Inside the Magic Kingdom”, pages 91-95

Create a robust Recognition and Reward Program

Say Thank You More

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

Source: Create a robust Recognition and Reward Program
Certificate of Merit

Don Rollin

Patient First Award
You Make A Difference
presented by
The Department of Emergency Medicine

January 4, 2000

What Can We Do?

- Everyone has to get on board
- If you permit it you promote it
- We have to learn to have crucial conversations

Crucial Communications

- “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
Summary

- What do we want to be known for?
- How can we create the team – colleague as customer.
- What's getting in our way of having great workdays? Let's work together to make it better.
- Having fun happens when everyone's on board.

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)

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

Connect back to purpose . . .

Never under-estimate the difference the team makes . . .

Thank you.

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