

Hardwiring Accountability at the Front Line

Best Practices for Driving Staff Investment in Organizational Goals

- Communicating Organizational Priorities as Tangible Frontline Objectives
- Formalizing Staff Responsibilities for Goals in Performance Management
- Attaching Meaningful Consequences to Goal Achievement
- Fostering Positive Peer Pressure on Key Organizational Goals
- Illustrating the Impact of Individual Staff Performance

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Available Within Your HR Investment Center Membership

The HR Investment Center has developed numerous resources to drive manager accountability and promote a high-performance culture. Select resources are shown here. All resources are available in unlimited quantities through the HR Investment Center.

Instilling Manager Accountability



Hardwiring Common Purpose

Driving Individual Accountability for Goals

- Practices for aligning performance targets and maintaining leaders' focus on key objectives
- Lessons for increasing the motivational impact of rewards and triggering corrective measures for underperformance



The Performance Management Playbook

Elevating Individual Performance to Drive Business Results

- Guidance for establishing quantitative and qualitative criteria to evaluate leaders
- Calibration techniques to objectively differentiate manager performance

Promoting a High-Performance Culture



Performance Metric Pick-List

Creating a Customized List of Key Metrics

- Menu of 400+ outcomes-based measures collected from health care institutions nationwide
- Strategically aligned goals for managers and directors



Achieving Breakthrough Engagement

Lessons from High Performing Organizations

- Strategic framework for pursuing engagement initiatives
- Comprehensive profiles of four organizations that have achieved and sustained high levels of employee engagement

AVAILABLE ONLINE

To access these resources or order a hard copy, please visit the HR Investment Center's website at advisory.com/hric.

Beyond the HR Investment Center

In addition to the resources available through the HR Investment Center membership, The Advisory Board Company offers the Employee Engagement Initiative and Leader Development partnerships to help hospitals and health systems improve workforce performance.

Advance Staff Engagement Through Data-Driven Insight

The Employee Engagement Initiative combines a comprehensive suite of interactive reporting and change management tools with dedicated expert support designed to ensure translation of survey results into action. Leveraging over two decades of work with leading organizations on effecting change, we help our partners diagnose their highest-impact opportunities, identify actionable best practices, and facilitate implementation at the front line.



Drive and Sustain Employee Engagement

- Diagnose the most promising opportunities for enhancing engagement by entire workforce, department, and unit
- Drive improvement through survey analytics and hundreds of proven best practices sorted by engagement driver
- Trend prior survey data seamlessly to hospital- and health care-specific benchmarks to advance key goals



Translate Survey Results into Action

- Leverage best-in-class action-planning, change management, and change readiness support from a dedicated expert team
- Equip frontline leaders with tools and resources to implement targeted engagement initiatives
- Access webconferences and white papers to enable year-round best practice sharing among members

Transform Talent and Leadership Development

Our Leader Development partnerships use interactive onsite learning experiences to stimulate leadership insight and positive behavior change among current and emerging health care leaders. By orienting teaching to local priorities and on-the-job application, we deliver a tailored development plan that evolves with your changing organizational objectives.



Elevate Skills, Perspective, and Effectiveness

- Curriculum library of 40+ onsite workshops combine didactic presentations, case study simulations, and interactive learning tools
- Online access to tools, worksheets, and review materials to support application activities following every workshop



Equip Leaders to Tackle Strategic Priorities

- Create motivation and focus by addressing strategic priorities and critical skill gaps
- Faculty make direct linkages to your local situation and apply lessons to participants' real-life challenges

CONTACT US

Request more information on the Employee Engagement Initiative and Talent Development at advisory.com or email us at beyond@advisory.com.

Advisors to Our Work

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Executive Summary

Frontline Accountability Foundational to Success

To thrive in the new health care market, leaders must not only dramatically rethink current and future organizational strategy, but also ensure staff across the organization are dedicated to executing that strategy. However, gaining workforce buy-in one initiative at a time is not sustainable going forward. Leaders no longer have the time or capacity to top-down each new priority. Therefore, instilling greater frontline accountability is the key to organizational success. Frontline staff must be invested in the larger organizational effort and be ready to pivot with the organization when course corrections are needed.

Strategies for Enhancing Frontline Staff Commitment to Organizational Success

To help HR leaders build frontline accountability, the HR Investment Center recommends a two-part framework. The first step in the framework is to fully leverage existing HR structures to drive staff attention to and investment in organizational performance. In particular, communication, performance management, and reward structures are key HR mechanisms for enhancing frontline staff line of sight and incenting performance against key goals. The second step is to target equally important social and personal accountability levers by creating positive peer pressure and internal motivation to drive shared responsibility and individual commitment to organizational success.

Read the Study in Full to Learn More

Hardwiring Accountability at the Front Line offers 17 best practices for pursuing the HR Investment Center's two-pronged accountability strategy and provides detailed guidance to help HR leaders drive individual responsibility for and investment in advancing key organizational goals and performance.



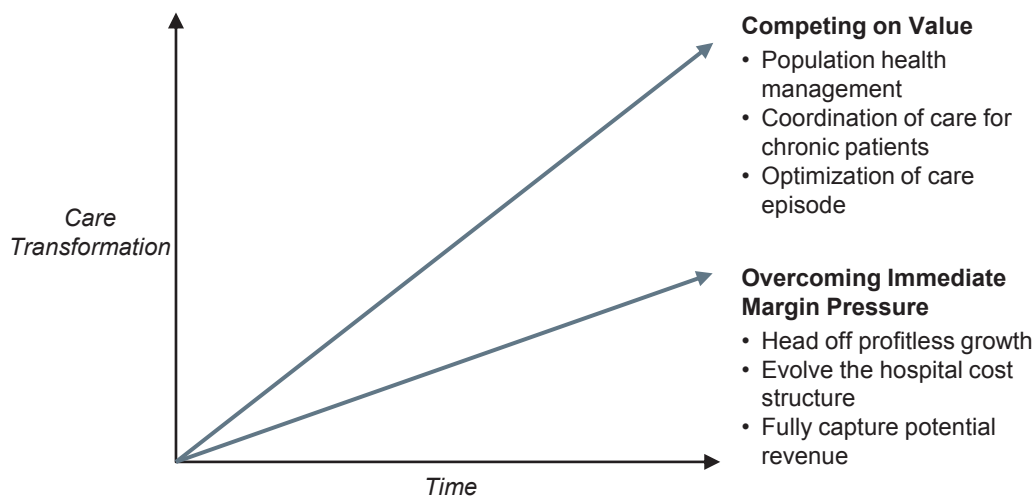
HR Investment Center Essay

Defining the Accountability Ambition

Health care leaders face an unprecedented combination of challenges in the short and long term. First, changing payment models and continued cost growth are placing increased pressure on hospitals' bottom lines and future financial health. Second, organizations will need to transform their current business model and the way they provide care in preparation for the new industry standard of value-based care. Consequently, leaders must simultaneously ready their organizations on two fronts—overcoming immediate margin pressure and transforming to compete on value. To successfully answer these dual imperatives and survive in the new health care market, leaders must dramatically rethink current and future organizational strategy.

Major Forces Rapidly Transforming Health Care

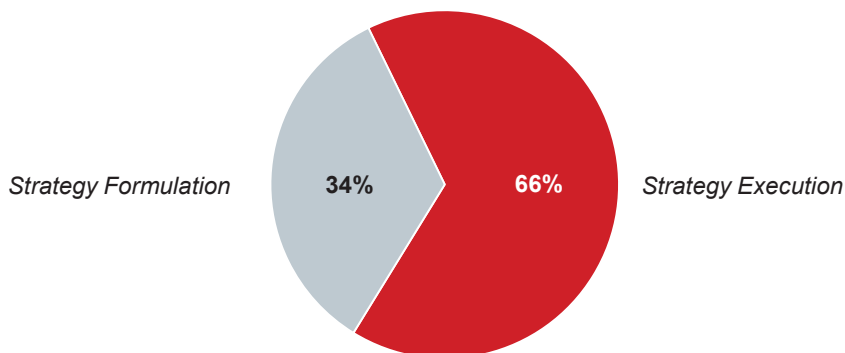
Forces Influencing Health System Strategy



Unfortunately, formulating strategy is only half the challenge. By a two-to-one margin, hospital operational leaders cite strategy execution as the larger barrier to success. Of course, executing strategy is a people-centric challenge. Organizations must ensure that their directors, managers, and frontline staff are all focused on the same objectives, because even the perfect strategic plan will fail if staff are not invested in the effort.

Executing Strategy the Greater Barrier to Success

Greatest Barrier to Sustainable Hospital Growth Identified by Operational Leaders

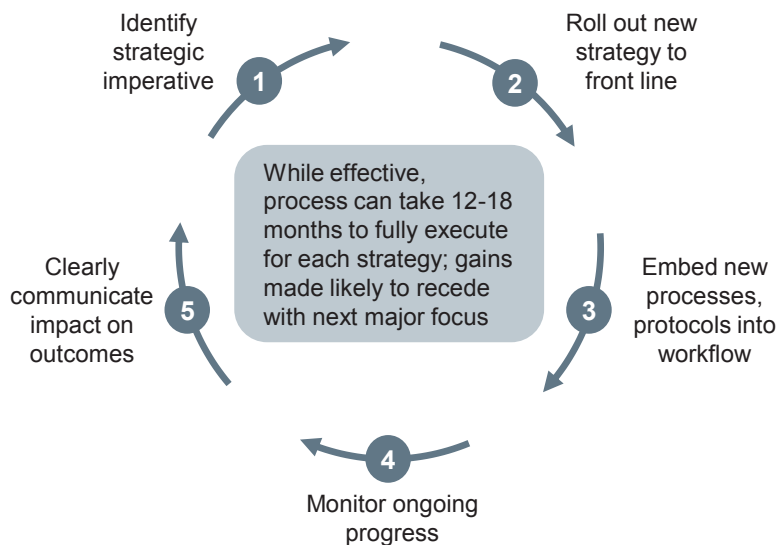


Source: HR Investment Center National Survey of Operational Leaders, April 2005; HR Investment Center interviews and analysis.

Furthermore, gaining workforce buy-in one initiative at a time is not sustainable going forward. While the traditional campaign-style approach for generating buy-in depicted here has proven successful in the past, it will have limited future applicability given the urgency and sheer number of new strategic imperatives. Initial gains made through this approach may plateau or even backslide when the organization refocuses on the next strategy and employee attention shifts. Furthermore, leaders lack the time and resources to top-down every new strategic initiative one-by-one.

Impossible to Top-Down Every Strategic Imperative

Representative Process for Generating Frontline Buy-In with Organizational Strategy



Rather than a series of targeted initiative rollouts or campaigns, the key to organizational success is instilling greater frontline accountability. Staff must not only perform strongly in their individual roles, but also feel responsible for overall organizational success. This ensures frontline staff are invested in the larger organizational effort—ready to pivot with the organization when course corrections are needed—and frees hospital leaders from building support one priority at a time.

Frontline Accountability Foundational to Organizational Success

Organizational Improvement Hierarchy



HR Investment Center Definition of Accountability

Individual responsibility for and investment in
advancing key organizational goals and performance



Differentiating Accountability and Compliance

- Compliance simply calls for adherence to organizational policies and rules
- Accountability includes compliance but seeks individual commitment to the organization's priorities
- To be accountable, staff must not only perform strongly within their specific roles but also feel responsible for helping the organization succeed

The ideal accountability ambition is best represented by the combination of two related concepts: accountability and engagement. On the far left of this diagram, accountability absent engagement is punitive and paternalistic. This approach will create only short-term results, as employee effort will wane when downward leadership pressure softens. On the far right, engagement absent accountability is undirected positive energy. While engagement of any kind is a worthwhile aim, it may not be sufficient to meet organizational goals. Finally, the intersection of accountability and engagement channels positive energy for the organization toward key goals. This approach instills accountability within staff, instead of holding them accountable. For the remainder of this report, the term “accountability” will mean the shaded intersection shown here.

Accountability and Engagement Mutually Reinforcing

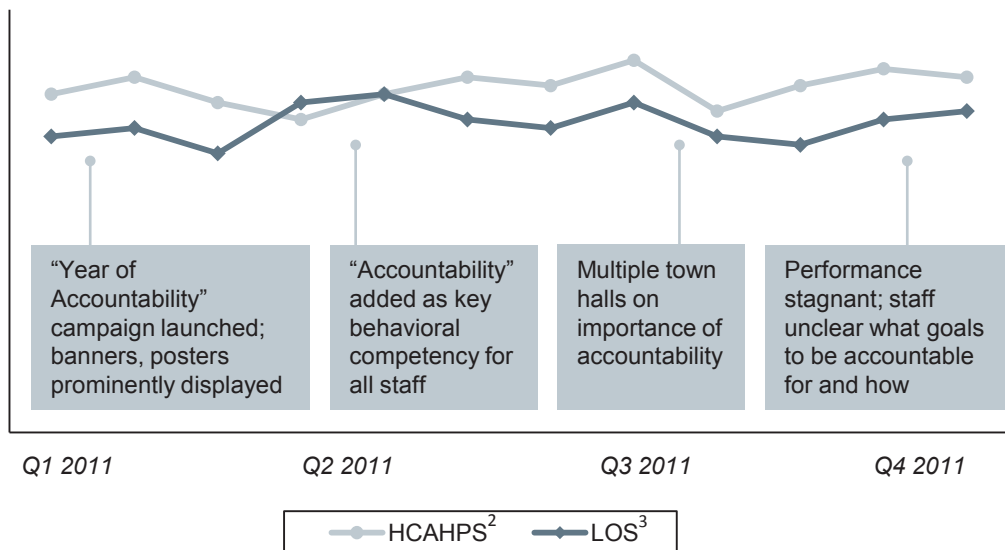
Relationship Between Accountability and Engagement



Unfortunately, many organizations have struggled to achieve this kind of frontline accountability. One reason for this lack of success is that organizations too often position accountability solely as a value or principle. However, this approach is too abstract to be actionable, and staff remain unclear on their specific responsibilities. Consequently, despite an intense focus on frontline accountability representing a significant investment of leadership time and resources, organizations utilizing this approach are often left with little to show for their efforts.

Accountability Too Often Positioned as Abstract Principle

Performance at Anthony Health System¹ During “Year of Accountability” Campaign



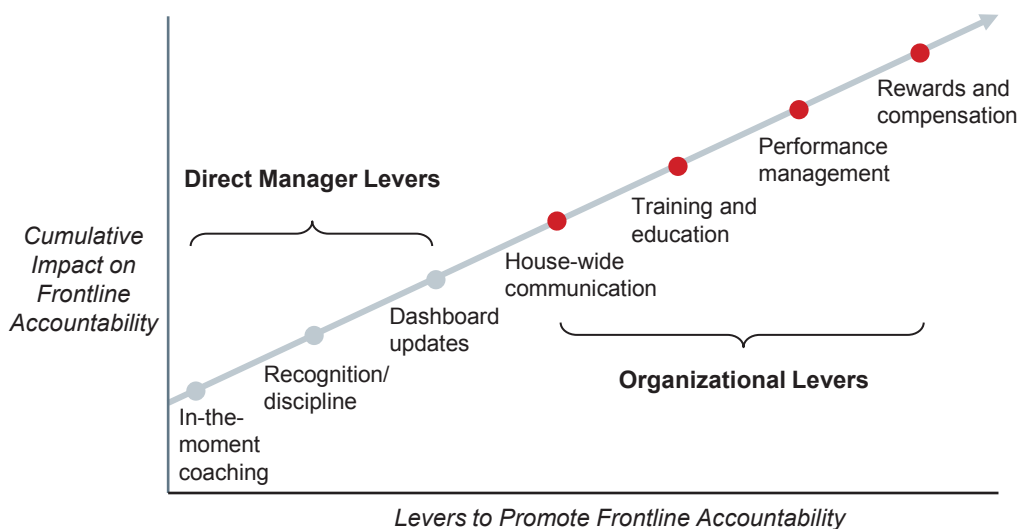
1) Composite.
2) Hospital Consumer Assessment of Healthcare Providers and Systems.
3) Length of stay.

Conversely, some organizations have struggled to achieve frontline accountability because accountability is viewed too tactically and as the sole responsibility of frontline managers. Manager involvement is clearly necessary to create frontline accountability, but it's not sufficient. Institutions that over-rely on managers in this effort will overlook some of the most powerful accountability levers, many of which can only be applied at the global, organizational level. To successfully instill frontline accountability, organizations must apply each of these levers, not just some. HR leaders, in particular, are well positioned to execute these strategies and drive the overall frontline accountability ambition.

In recognition of this aim, the remainder of this report provides best practices for instilling frontline accountability and enhancing staff commitment to organizational success.

Accountability Requires an Organizational Approach

Select Frontline Accountability Levers by Impact



Executive Framework: Hardwiring Accountability at the Front Line

To help HR leaders build frontline accountability, the HR Investment Center recommends a two-part framework. The first step in the framework is to fully leverage existing HR structures to drive staff attention to and investment in organizational performance. In particular, communication, performance management, and reward structures are key HR mechanisms for enhancing frontline staff line of sight and incenting performance against key goals. The second step is to target equally important social and personal accountability levers by creating positive peer pressure and internal motivation to drive shared responsibility and individual commitment to organizational success.

The flowchart below presents the two-part framework and 17 best practices identified by the HR Investment Center to hardwire accountability at the front line.

Structural Levers for Instilling Accountability at the Front Line			Social and Personal Levers for Instilling Accountability at the Front Line	
I	II	III	IV	V
Communicating Organizational Priorities as Tangible Frontline Objectives	Formalizing Staff Responsibilities for Goals in Performance Management	Attaching Meaningful Consequences to Goal Achievement	Fostering Positive Peer Pressure on Key Organizational Goals	Illustrating the Impact of Individual Staff Performance
#1: Manager Talking Points	#4: Team-Based Performance Goals	<u>Non-financial Incentives</u>	#11: Standardized Feedback Cues	#15: Humanized Quality Metrics
#2: Discrete Element Communication	#5: Frontline Goal Cascades	#6: Principled Recognition Triggers	#12: Joint Assessments	#16: Patient Impact Forums
#3: Departmental Priority Boards		#7: Creative Consequences	#13: Peer Feedback Cohorts	#17: Customer-Focused Interactions
		<u>Financial Incentives</u>	#14: Interdisciplinary Results Councils	
		#8: Differentiated Frontline Merit Pay		
		#9: Time-Based Incentives		
		#10: Organizational Alignment Bonus		



Column I

Communicating Organizational Priorities as Tangible Frontline Objectives

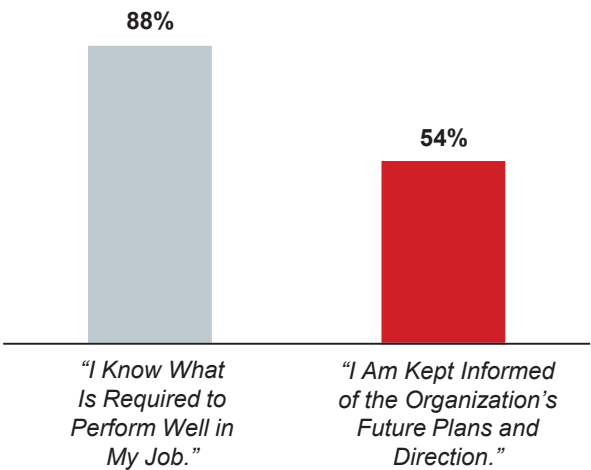
- Practice #1: Manager Talking Points
- Practice #2: Discrete Element Communication
- Practice #3: Departmental Priority Boards

As a foundational step in hardwiring accountability, leaders must ensure staff understand the organizational goals for which they are accountable. In particular, frontline staff must look beyond their day-to-day roles and feel individually responsible for overall organizational goals and performance. However, national data shows that staff have a far better understanding of their own individual roles than the overall direction of the organization. Despite the wide range of methods organizations currently utilize to communicate goals and performance, hospitals are not sufficiently connecting the dots for staff.

Failing to Connect the Dots
Staff Know Their Responsibilities but Not Where Organization Is Headed

Percentage of Frontline Staff Agreeing¹ with the Following Statements

n=149,427

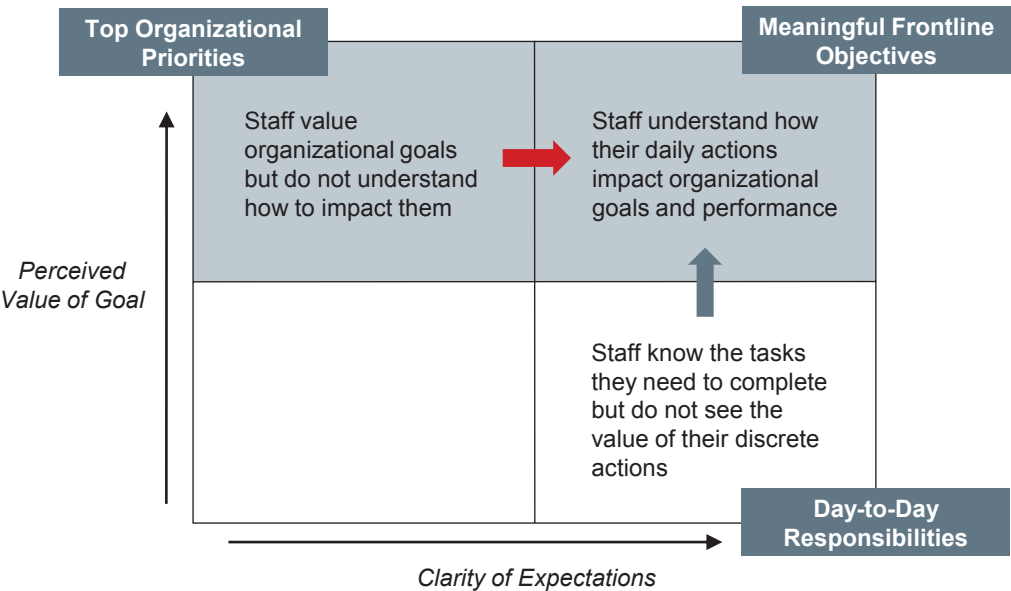


To create greater line of sight for frontline staff, leaders must help staff understand not only the importance of top-level organizational priorities, but also how staff connect to institutional goals. This requires translating top organizational goals into clearer staff expectations and effectively communicating how staff can impact key objectives. This section provides three best practices for better communicating organizational goals as tangible frontline objectives.

The challenge illustrated on the far right of the graphic (elevating the perceived importance of staff's day-to-day responsibilities and making individual roles more meaningful) is the subject of Column V of this report.

Establishing Greater Line of Sight
Distilling Organizational Priorities into Clear Expectations

Staff's Perceptions of Goals Versus Clarity of Expectations



1) Staff responding "Agree" or "Strongly Agree."

Source: Advisory Board Survey Solutions Data Cohort, 2012; HR Investment Center interviews and analysis.

Practice #1: Manager Talking Points

Practice in Brief

HR leaders provide frontline managers detailed talking points containing specific, targeted information about organizational goals and performance to communicate to frontline staff. HR leaders utilize audit mechanisms to ensure managers have delivered the information.

Rationale

Managers are the primary vehicles for conveying information to staff and helping staff connect their actions with organizational performance. Unfortunately, many managers fail to communicate information in a way that resonates with staff—or worse, they fail to communicate it at all. If HR leaders equip managers with tools to more effectively communicate with staff, staff are far more likely to understand organizational priorities and performance.

Implementation Components

Component #1: Create a Structured and Consistent Talking Point Format

HR leaders equip managers with easy-to-use and easy-to-understand talking point memos containing key organizational messages to share with employees at staff meetings or huddles. The goal is to ensure managers convey the right information to frontline staff in the most effective way.

Component #2: Audit Manager Delivery of Organizational Messages

Organizational leaders establish a process to check compliance and ensure managers use the provided talking points to communicate information to staff.

Practice Assessment

This practice is a straightforward way to ensure staff receive important information about top organizational priorities. Creating effective manager talking points may require moderate up-front investment to design memo templates and script key messages, but the practice is highly sustainable once established.

HR Investment Center Grades

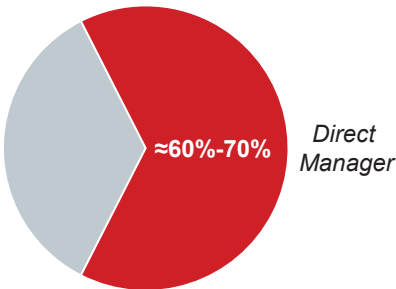
Impact on Accountability: B+

Ease of Implementation: B+

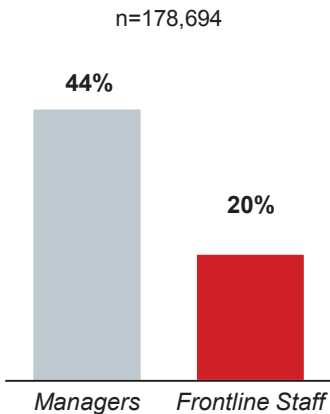
Frontline managers are unquestionably the primary source of most staff communication, yet they often act as a bottleneck for the downward flow of organizational information. As shown here, managers know far more about the organization's direction than frontline employees. Information traveling from executives to directors to managers often fails to reach staff. To bridge this gap and improve communication with frontline staff, institutional leaders must better support frontline managers' communication efforts. The following pages focus on manager talking points as a tool to help managers more effectively deliver important organizational messages to frontline staff.

Managers the Primary Communication Channel
Yet Key Organizational Information Not Reaching the Front Line

Frontline Communication
by Source



Percentage of Employees Strongly Agreeing with the Statement: "I Am Kept Informed of the Organization's Future Plans and Direction."



Source: Advisory Board Survey Solutions Data Cohort, 2012; HR Investment Center interviews and analysis.

Component #1: Create a Structured and Consistent Talking Point Format

The first component of this practice is developing a structured, easy-to-use talking point format that helps managers deliver information consistently and in a way staff can better absorb it. An example of Carilion Clinic's "In the Loop" manager talking points document is shown here. Each "In the Loop" memo contains two to five different updates to share with staff. Leaders break down each key message into the same four-part format: the main point, key details, where staff can find additional information, and a discussion question to make delivery of information more interactive.

A complete version of Carilion's "In the Loop" Manager Talking Points can be found on pages 26 to 27 of this publication or accessed through advisory.com/hric.

Structuring Talking Points in Consistent, Easy-to-Use Format

Carilion's "In the Loop" Document

In the Loop: Messages from the Carilion Clinic Leadership Meeting Jan. 26, 2012

QUALITY IMPROVEMENT AND THE SCORECARD

1. **The main point:** Meeting process-of-care metrics is a component of our quality program. These metrics measure how well we provide certain elements of care to our patients by comparing our performance to national benchmarks.
2. **Key messages/action steps:**
 - The Centers for Medicaid & Medicare Services (CMS) is moving to a pay-for-performance model.
 - We must meet thresholds based on performance or improvement to receive incentive payments.
 - If we don't meet thresholds or improve, payments to us for some services will be reduced 1 percent for FY13 increasing by quarter increments annually up to 2 percent in FY17.
 - Quality measures on our scorecard reflect many of the critical metrics tracked by CMS.
 - We should all understand our roles in providing quality care and strive every day to ensure we meet these and other important benchmarks—it's why we are here and the right thing to do for our patients.
 - Be sure that your documentation is thorough—it's critical to meeting our metrics.
3. **Resource:** [Hospital Value-Based Purchasing: Measure Explanations](#).
4. **What do you think?** How can you help improve performance in your area?

SCORECARD—2012

1. **The main point:** The Board of Directors has approved our scorecard for fiscal year 2012. Many of the measures are the same as the previous year or are closely related.
2. **Key messages/action steps:**

Each topic follows same four-part format including main point, key messages, resources, and discussion question

Consistent format makes information easier to deliver and absorb

Discussion question prompts staff to connect the dots between their actions and the goal



Case in Brief: Carilion Clinic

- Eight-hospital, 1,215-bed system headquartered in Roanoke, Virginia
- Organizational development creates "In the Loop" talking points to help managers communicate key messages from leadership to staff
- Talking points are highly structured; consistent format makes information easy to deliver and absorb

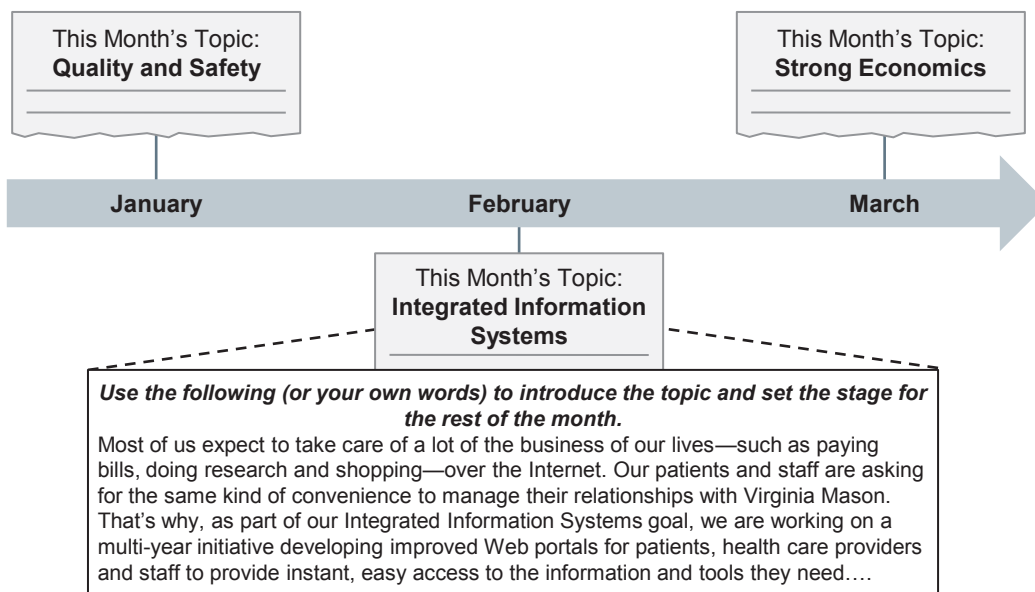
As a second example, leaders at Virginia Mason Medical Center organize talking point memos around monthly themes, samples of which are shown here. Each week, leaders provide managers with talking points containing important organizational messages, but at least one portion of the weekly update ties back to the larger theme for the month. This reinforces key priorities with staff and illustrates how discrete messages fit together to support larger organizational goals.

Additionally, leaders provide managers with detailed scripting to explain each theme and its importance to staff. The scripts use simple, straightforward language so information delivered by managers will be easily understood by frontline staff.

Samples of Virginia Mason's themed Manager Talking Points can be found on pages 28 to 30 of this publication or accessed through advisory.com/hric.

Building Talking Points Around Monthly Themes

Virginia Mason's Manager Talking Points Themes by Month



Case in Brief: Virginia Mason Medical Center


- 336-bed regional health care system in Seattle, Washington; 5,300 employees, less than 15% unionized
- Communications department collaborates with leaders overseeing organizational goals to create manager talking points; talking points organized around monthly themes such as finance, safety
- Document provides managers with detailed scripting to explain monthly theme to staff and includes questions to prompt theme-based discussion during weekly staff meetings throughout month

Munson Medical Center provides a third example of how to structure manager talking points. Leaders at Munson reserve space at the bottom of each huddle sheet for managers to fill in their own departmental news to share with staff. So, in addition to containing important organizational information, managers can customize huddle sheet forms for quick integration into existing workflow.

Samples of Munson’s “Huddle Sheet” can be found on pages 31 to 32 of this publication or accessed through advisory.com/hric.

Providing Space for Department-Specific Updates

Munson’s “Huddle Sheet”



WEEK OF JANUARY 30, 2012

THOUGHT FOR THE DAY
"Jennifer anticipated my every need and kept me very comfortable after a very long and painful surgery. My anxiety was relieved by her incredible, intuitive care. She represents the very best of care, the epitome of quality." -- An MUP nomination for Jennifer Bowling in PACU from a grateful patient.


TOPICS
THE QUIET HOSPITAL
Have you ever been woken up abruptly in the middle of the night by a ringing phone or a loud conversation? For our patients, interrupted sleep can be frustrating and slow their healing. No matter where you work, you can be part of a quiet environment at Munson by remembering that Silence Helps Healing. Think about your conversations in the hallways, how you open and close doors, and if you have your communication devices on silent or low volume. And if you are visiting a patient, remember that other patients are resting nearby.

GOALS - 2ND QUARTER FY12
In the second quarter of fiscal year 12 great work has continued in our focus areas. Thank you to everyone for your continued commitment to making Munson a Top 100 and Magnet hospital. Here are the highlights:
Staff & Physicians: Every department should be discussing the results of the last engagement survey, developing a plan of action, and following through on that plan. The results of the Mid-Year Engagement Survey will be available soon so we can see our progress in these three areas.
Quality: Second quarter hand hygiene compliance was 94%. Although this was just short of our goal of 95%, we achieved 95% compliance the last two months. For the first half of the year, we have had 50 falls with injury which was right at our improvement target. Thank you to everyone who continues to wash in and wash out with every patient, every time and focuses on keeping our patients safe by reducing falls.
Customer: In Patient Satisfaction for July - November, inpatients rated us in the 86th percentile (goal - 90th percentile), ED patients rated us in the 93rd percentile (goal - 90th percentile), and outpatients rated us in the 83rd percentile (goal - 75th percentile). Thank you to everyone who is continuing to look at how we can improve our patient experience.
Financial: Managing costs continues to be a focus as we were behind budget for the first half of the year. We will need to continue to find ways to adjust to our changing patient volumes for the remainder of the year in order to meet budget.
Growth: For the year, we are ahead of our target in reducing the number of hours patients have had to wait in the ED to be admitted. Great work continues as we focus on patient flow from the ED to the patient floor and from the patient floor to the patient's home. We also continued to focus on increasing the number of transfer cases accepted at Munson, and we are ahead of our target so far this fiscal year.

DEPARTMENT NEWS

DID YOU KNOW?

- February is National Heart Month. Kick off the month by celebrating National Wear Red Day on February 3. Other events include a fundraiser at Li Bo's, Heart to Heart for Women screenings, a lecture by Dr. Recchia, MD, FACC, and the VASA Heart Healthy Benefit tour. For a full list, visit www.munsonhealthcare.org/Heart-to-Heart
- Nominations for the James Stephen Quality Award are due Feb. 13. Nomination forms may be obtained by contacting Nancy Hoadley in the Performance Improvement Department or on the Munson Medical Center Intranet page.

 MUNSON HEALTHCARE

Key messages address organizational goals and performance

Blank space allows manager to include department-specific updates; consolidating information in one place helps manager integrate key messages into existing workflow



Case in Brief: Munson Medical Center

- 391-bed hospital located in Traverse City, Michigan; part of seven-hospital Munson Healthcare
- Communications and marketing department creates “Huddle Sheet” with key messages, emails to managers every Friday
- “Huddle Sheet” features blank space for managers to add department-specific updates to share with staff; consolidation of information on single sheet encourages managers to integrate key messages into existing workflow

Component #2: Audit Manager Delivery of Organizational Messages

The second component of this practice is to ensure managers actually deliver the provided information to staff. Perfectly written and structured talking points will have no impact if managers fail to utilize the resource. A listing of the most effective means to check compliance and ensure managers deliver information is presented here.

Ensuring Effective Delivery of Information

Select Mechanisms to Audit Manager Communication

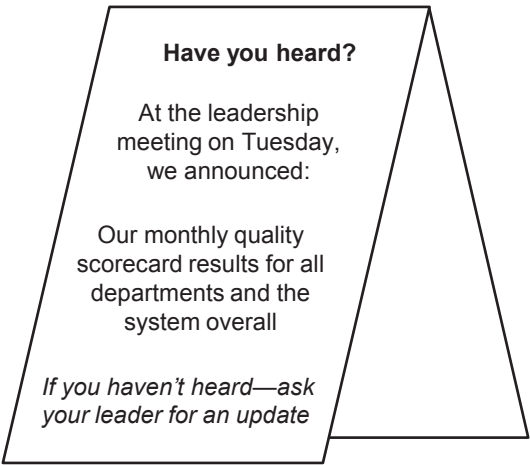
Audit Mechanism	Capsule Description	Rationale
Report Back to Supervisor	Manager required to tell supervisor when information has been delivered, share any feedback from staff	Supervisor involvement reinforces importance of manager communication with staff, ensures compliance
Targeted Rounding	During rounds, leader asks random sample of five employees about information managers should have communicated	Random sampling provides pulse check of manager communication
Employee Poll	Organization gives employees one-question poll about a particular topic managers should have discussed with staff	Formally polling large number of staff gives house-wide view of manager communication about a topic
Engagement Survey Results	Organization evaluates collective responses of manager's staff on communication and line-of-sight questions	Scores on communication and line-of-sight questions expected to correlate with effectiveness of manager communication
Tent Cards	Organization displays tent cards in cafeteria prompting staff to ask managers about undelivered information	Managers aim to share information before tent cards are displayed in order to preempt employee questions

Rather than relying on top-down enforcement of manager communication, Carroll Health¹ equips frontline staff to solicit undelivered information from their managers. Leaders place informational tent cards in the cafeteria, lounges, hallways, and other high-traffic areas. Cards display a piece of information staff should have already heard from their managers. Employees who have not received the information are encouraged to follow up with their managers. To avoid dozens of one-off questions from direct reports, managers are motivated to stay ahead of the tent cards and proactively share updates with their staff.

Applying Pressure from the Bottom Up

Prompting Staff to Solicit Undelivered Information from Managers

Sample Carroll Health¹ Tent Card



Implementation Guidelines

- 1 Warn managers before displaying tent cards for the first time
- 2 Give managers at least two days to share information with staff before displaying tent cards
- 3 Display cards in areas with high employee traffic, such as the cafeteria
- 4 Ensure each manager has a “buddy” to communicate key information to staff in the manager’s absence
- 5 Use tent cards consistently at first; once manager behavior has changed, can use for select messages only



Case in Brief: Carroll Health¹

- Three-hospital system located in the Midwest
- Two days after managers asked to share key messages with staff, tent cards displayed in cafeterias and on bulletin boards, prompting staff to ask managers about undelivered information
- Managers began sharing information more quickly with employees to “get in front of” tent cards and staff questions

1) Pseudonym.

Source: HR Investment Center interviews and analysis.

Sample “In the Loop” Manager Talking Points

In the Loop: Messages from the Carilion Clinic Leadership Meeting Jan. 26, 2012

ORGANIZATION UPDATE

1. **The main point:** Let's make 2012 great!
2. **Key messages/action steps:**
 - Areas of focus for 2012:
 - **Wellness:** Launched a community health assessment; 65 percent of employees participating in medical benefits completed an online assessment that will help us get them resources to help improve their health.
 - **Inpatient throughput and resources:** Implementing a temporary plan at CRMH for flexible inpatient beds for peak census.
 - **Returning to profitability:** Keep up the good work; positive operating income 8 of last 10 months.
 - **Improving quality and patient satisfaction indicators:** Strike teams continue to optimize Epic.
 - **Improving access to care:** VelocityCare urgent care centers opening in the spring in Daleville, Roanoke County and Christiansburg. New retail pharmacies expanding convenient prescription availability for patients and employees.
 - **Strengthening relationships:** Emergency eye care coverage from independent practices achieved at CRMH.
 - **Employee engagement:** We are expanding ways for everyone to get more information on how we're achieving our mission and the direction of the organization.
 - Support initiatives and ask questions when you don't understand.
 - Act like an owner—bring your best ideas and highest quality.
3. **Resources:** New Carilion Clinic Children's Hospital commercial
4. **What do you think?** What are you proud of in your area?

SCORECARD—2012

1. **The main point:** The Board of Directors has approved our scorecard for fiscal year 2012. Many of the measures are the same as the previous year or are closely related.
 2. **Key messages/action steps:**
 - The areas of focus for scorecard are:
 - Quality
 - Efficiency
 - Service
 - Timeliness
- = **QUEST**



Sample “In the Loop” Manager Talking Points (cont.)

3. Key benefits:

- **For our patients:** Scorecard helps us focus on the items that we believe have greatest benefit for patients and helps us build accountability for achieving those goals.
- **For our organization:** Scorecard provides clarification to everyone involved as to where we should focus and what is important to Carilion Clinic.

4. Resource: Look for more communications about QuEST soon.

5. What do you think? How can you affect a scorecard measure, either directly or by helping another area?

QUALITY IMPROVEMENT AND THE SCORECARD

1. The main point: Meeting process-of-care metrics is a component of our quality program. These metrics measure how well we provide certain elements of care to our patients by comparing our performance to national benchmarks.

2. Key messages/action steps:

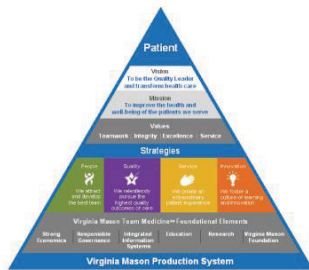
- The Centers for Medicaid & Medicare Services (CMS) is moving to a pay-for-performance model.
- We must meet thresholds based on performance or improvement to receive incentive payments.
- If we don't meet thresholds or improve, payments to us for some services will be reduced. 1 percent for FY13 increasing by quarter increments annually up to 2 percent in FY17.
- Quality measures on our scorecard reflect many of the critical metrics tracked by CMS.
- We should all understand our roles in providing quality care and strive every day to ensure we meet these and other important benchmarks—it's why we are here and the right thing to do for our patients.
- Be sure that your documentation is thorough—it's critical to meeting our metrics.

3. Resource: [Hospital Value-Based Purchasing: Measure Explanations](#)

4. What do you think? How can you help improve performance in your area?



Sample Themed Manager Talking Points



February 2012

Weekly Lineup Tool

Connecting the Dots: Our Work. Our Goals. *This Month's Topic: Integrated Information Systems*

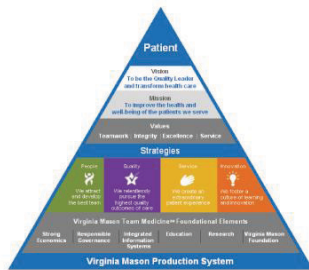
Week 1: Use the following (or your own words) to introduce the topic and set the stage for the rest of the month.

Most of us expect to take care of a lot of the business of our lives—such as paying bills, doing research and shopping—over the Internet. Our patients and staff are asking for the same kind of convenience to manage their relationship with Virginia Mason. That's why, as part of our Integrated Information Systems goal, we are working on a multi-year initiative developing improved Web portals for patients, health care providers and staff to provide instant, easy access to the information and tools they need. Later this month, we'll begin to launch Phase 1 of the MyVirginiaMason site, providing great new features for our customers. Ultimately, our strategic IS Web goal is to develop an Internet presence that will differentiate Virginia Mason on the basis of service, leading to increased market share, patient satisfaction, and staff recruitment and retention. The other big focus for our IS goal work this year is the effective use of a certified electronic medical record, a key component of the "Meaningful Use" reform initiative designed to help transform health care delivery. VM is well positioned in this work, which will benefit our patients, staff and organization.

Weeks 2-4: Each week, choose one bullet below to discuss with your team (should be brief; aim for five minutes per topic). Discuss how your team's work and ideas contribute to the bigger picture of VM's goal achievement. Remember, these are suggested questions to promote discussion. Feel free to come up with your own questions, use different wording or tell stories as examples. The key is to encourage dialogue!

- Once enrolled, MyVirginiaMason users will be able to handle many tasks themselves through self-service functionality, such as requesting appointments, viewing lab results and requesting prescription renewals. How will these new capabilities change the ways VM interacts with patients? Will the new self-service functions affect the work our team does?
- Another exciting capability lets patients send secure messages to their care teams. How might that change the way patients and health care providers interact? How does it benefit patients and staff?
- What impact do you think offering an enhanced patient portal with more self-service features will have on patient satisfaction? And how does this relate to improving the patient experience?
- Another IS priority this year is the enhancement and use of electronic medical records across the organization, greatly reducing the use of paper records. How will that change benefit our patients and staff?

Sample Themed Manager Talking Points (cont.)



March 2012
Weekly Lineup Tool

Connecting the Dots: Our Work. Our Goals. *This Month's Topic: Quality and Safety*

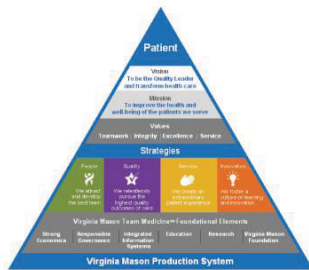
Week 1: Use the following (or your own words) to introduce the topic and set the stage for the rest of the month.

On March 5, we once again dedicate the annual Patient Safety Award in memory of Mrs. Mary McClinton, a patient who died in 2004 while in our care due to an avoidable medical error. This was a crucial turning point in our efforts to provide the safest care possible at Virginia Mason. It told us we still had lots of work to do, and we could not let our attention to safety lapse. The organization responded to this tragic event in an unusual way for the health care industry -- we admitted the error and accepted responsibility publicly. Most important, we committed ourselves to making improvements that would prevent such a tragedy from occurring again. Part of that work is creating a culture where staff and patients feel safe in calling out safety issues and concerns, which is why we're following through on 3P ideas this spring to improve the Patient Safety Alert system. Starting this month, all staff will attend Respect for People training that will reinforce connections between respect and safety. And in April, we'll hold our annual Culture of Safety survey to help with our ongoing evaluation of VM's progress. We don't yet deliver a perfect -- and perfectly safe -- patient experience in every interaction, but we are well ahead of the health care industry in many ways and are making progress year after year.

Weeks 2-4: Each week, choose one bullet below to discuss with your team (should be brief; aim for five minutes per topic). Discuss how your team's work and ideas contribute to the bigger picture of VM's goal achievement. Remember, these are suggested questions to promote discussion. Feel free to come up with your own questions, use different wording or tell stories as examples. The key is to encourage dialogue!

- Why is showing respect for one another important to patient safety? What are examples you've seen or are aware of?
- We'll be asked to complete the Culture of Safety survey in April. Do you think as an organization we are doing more than just talking about safety? If we aren't, what is holding us back?
- Poor communication is often a big part of any kind of defect, including safety-related issues. What can you do to be sure you are being clear and understood in your interactions with others?
- As you look around you, are there items or processes in our area that pose a safety risk for staff or patients? Do you know how to report these risks?

Sample Themed Manager Talking Points (cont.)



April 2012

Weekly Lineup Tool

Connecting the Dots: Our Work. Our Goals. *This Month's Topic: Strong Economics*

Week 1: Use the following (or your own words) to introduce the topic and set the stage for the rest of the month.

Although we are a nonprofit organization, we still require Strong Economics to pay our staff and invest in technology, infrastructure and all the important improvements we have planned. That means we must continue to grow our patient volumes, focusing on increasing inpatient admissions, outpatient procedures and outpatient clinic visits. Our financial success in 2011 means most staff will see pay increases this month, as well as a payout from our Shared Success Plan. Thank you to everyone for making this possible through your hard work and focus last year. This year, we face new challenges. Inclement weather in January meant a substantial number of patients were not able to keep their appointments. Also, we are below projected volumes for clinic visits, operating room cases and hospital admissions. As a result, we are several million dollars behind our projected revenue budget for the first three months of the year. We need to stay on budget to afford all we have planned for this year and stay strong financially. We must do our best to grow volumes by opening up access and giving more appointments to patients when they want them. We will succeed by providing the highest quality care and service for our patients, using VMPS to drive the waste out of our processes, improving patient access and reducing our discretionary expenses. Ultimately, it's up to each of us to be good stewards of our resources and contribute to VM's Strong Economics this year.

Weeks 2-4: Each week, choose one bullet below to discuss with your team (should be brief; aim for five minutes per topic). Discuss how your team's work and ideas contribute to the bigger picture of VM's goal achievement. Remember, these are suggested questions to promote discussion. Feel free to come up with your own questions, use different wording or tell stories as examples. The key is to encourage dialogue!

- You may feel you have little impact on the number of patients who come to Virginia Mason, especially if you aren't in direct patient care. But is that true? How can we as individuals help patient volumes grow?
- How can we use VMPS tools in our area to reduce waste and improve the patient experience?
- What are the opportunities to improve patient access to services provided by our team?
- Within our department, how can we reduce discretionary expenses without sacrificing quality?
- If we have an open position on our team, is it really necessary to fill it now or can we postpone hiring for a while to save money? (Only hiring for critical positions will be allowed in the months ahead while we work to improve our financial situation.)

Sample Weekly Huddle Sheets

HUDDLES

WEEK OF JANUARY 30, 2012

THOUGHT FOR THE DAY

“Jennifer anticipated my every need and kept me very comfortable after a very long and painful surgery. My anxiety was relieved by her incredible, intuitive care. She represents the very best of care, the epitome of quality.”

– An MVP nomination for Jennifer Bowling in PACU from a grateful patient.

TOPICS

THE QUIET HOSPITAL

Have you been woken up abruptly in the middle of the night by a ringing phone or a loud conversation? For our patient, interrupted sleep can be frustrating and slow their healing. No matter where you work, you can be part of a quiet environment at Munson by remembering that **Silence Helps Healing**. Think about your conversations in the hallways, how you open and close doors, and if you have your communication devices on low volume. And if you are visiting a patient, remember that other patients are resting nearby.

GOALS-2nd QUARTER FY12

In the second quarter of fiscal year 2012 great work has continued in our focus areas. Thank you to everyone for your continued commitment to making Munson a Top 100 and Magnet hospital. Here are the highlights:

- **Staff & Physicians:** Every department should be **discussing the results** of the latest engagement survey, **developing a plan** of action, and **following through** on that plan. The results of the Mid-Year Engagement Survey will be available soon so we can see our progress in these areas.
- **Quality:** Second-quarter **hand hygiene compliance was 94%**. Although this was just short of our goal of 95%, we achieved 95% compliance the last two months. For the first half of the year, we have had **50 falls with injury, which was right at our improvement target**. Thank you to everyone who continues to wash in and wash out with every patient every time, and focuses on keeping our patients safe by reducing falls.
- **Customer:** In Patient Satisfaction for July – November, **inpatients rated us in the 86th percentile** (goal – 90th percentile). **ED patients rated us in the 93rd percentile** (goal – 90th percentile), and **outpatients rated us in the 63rd percentile** (goal – 75th percentile). Thank you to everyone who is continuing to look at how we can improve our patient experience.
- **Financial:** Managing costs continues to be a focus as we were **behind budget for the first half of the year**. We will need to continue to find ways to adjust to our changing patient volumes for the remainder of the year in order to meet budget.
- **Growth:** For the year, we are **ahead of our target in reducing the number of hours patients have had to wait in the ED** to be admitted. Great work continues as we focus on patient flow from the ED to the patient floor and from the patient floor to the patient's home. We also continue to focus on increasing the number of transfer cases accepted at Munson, and we are ahead of our target so far this fiscal year.

DEPARTMENT NEWS

DID YOU KNOW?

- February is National Heart Month. Kick off the month by celebrating National Wear Red Day on February 3. Other events include a fundraiser at Lil Bo's, Heart to Heart for Women screenings, a lecture by Dino Recchia, MD, FACC, and the VASA Heart Healthy Benefit tour. For a full list, visit www.munsonhealthcare.org/Heart-to-Heart
- Nominations for the James Stephen Quality Award are due Feb. 13. Nomination forms may be obtained by contacting Nancy Hoadley in the Performance Improvement Department or on the Munson Medical Center



Sample Weekly Huddle Sheets (cont.)

HUDDLES

WEEK OF FEBRUARY 6, 2012

THOUGHT FOR THE DAY

"Tes took care of my 7 year old grandson prior to an MRI with sedation. The caring way she took care of him was excellent. Because of Tes, my grandson had a positive first experience with a hospital and will not be afraid to return. Thanks Tes!"

– An MVP nomination for Tes Gibson from Radiology from a grateful grandmother

TOPICS

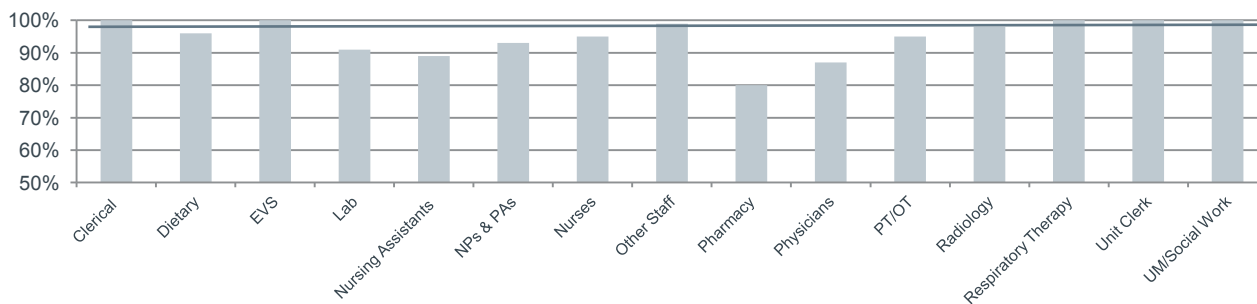
MASTER FACILITY PLAN

A year ago we met with our neighbors to talk about our Master Facility Plan and listen to their concerns. This week (Monday) we met with them again to provide the following update:

- We are planning to restore Kid's Creek north of Sixth Street as a preliminary step to prepare for the future growth north of the main campus. Returning the creek to a more natural state will help alleviate neighborhood flooding and create a green buffer between the neighborhood and future development. Pending permit approvals, creek restoration could be completed in September 2013.
- A new Cancer Center is in our near future and will be located on property Munson has acquired north of Sixth Street.
- As we experience decreasing inpatient volumes, we continue to evaluate our plans for facilities. Later this year, about 220 Munson employees from Patient Accounts, Central Scheduling, and IS will relocate to the Copper Ridge Business Center. Vacated hospital space will be repurposed for clinical use.

QUALITY – HAND HYGIENE

Congratulations! For the past three months, we have achieved our goal of 95% hand hygiene compliance. Thank you to Clerical staff, EVS, Respiratory Therapy, Unit Clerks, and UM/Social Work for achieving 100% compliance in January. Here are all the January scores by role:



DEPARTMENT NEWS

DID YOU KNOW?

- February is National Heart Month. For a full list of events, visit munsonhealthcare.org/Heart-to-Heart
- Nominations for the James Stephen Quality Award are due Feb. 13 to Nancy Hoadley in Performance Improvement.
- Emergency call boxes with blue lights and security cameras were installed in employee parking Lot K. Buttons on the boxes are labeled "Emergency" and "Information," and connect to Munson Security for two-way communication.

Practice #2: Discrete Element Communication

Practice in Brief

Hospital leaders break large organizational goals into smaller, discrete elements and then educate staff on each individual element using an easy-to-absorb format.

Rationale

Frontline staff typically receive information on new goals and protocols in a single and often overwhelming chunk of information, and can find it difficult to fully digest the material or understand next steps. When organizational leaders break goals down into discrete actions and explain each individually, it is easier for frontline staff to learn the new information.

Implementation Components

Component #1: Break Large Organizational Goals into Multiple, Smaller Elements

Organizational leaders break each broad organizational goal into a list of discrete action steps for staff.

Component #2: Educate Staff on Individual Elements Multiple Times

Department leaders reinforce each discrete element by repeating the information to staff multiple times across a week.

Practice Assessment

This practice has the potential to dramatically improve staff understanding of broad goals. It may require moderate up-front investment of time to divide broad goals into smaller pieces but will require only minimal effort to sustain once it is established as routine practice.

HR Investment Center Grades

Impact on Accountability: A-

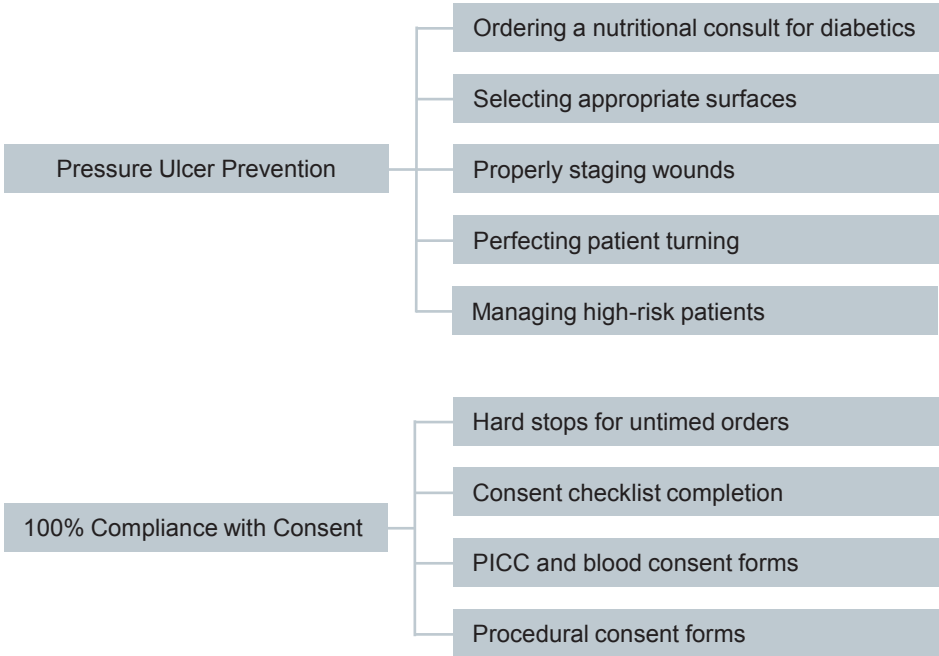
Ease of Implementation: B

Component #1: Break Large Organizational Goals into Multiple, Smaller Elements

Even if staff know large organizational goals, they often struggle to understand where and how to impact those goals. To clarify frontline staff's roles in achieving key priorities, St. John's Hospital subdivides larger goals into a series of smaller, easier-to-understand elements. Two sample goals and their respective elements are shown here.

Tackling Large Goals in Small, Actionable Pieces

Sample Goals Broken Down into Week-to-Week Elements



Case in Brief: St. John's Hospital

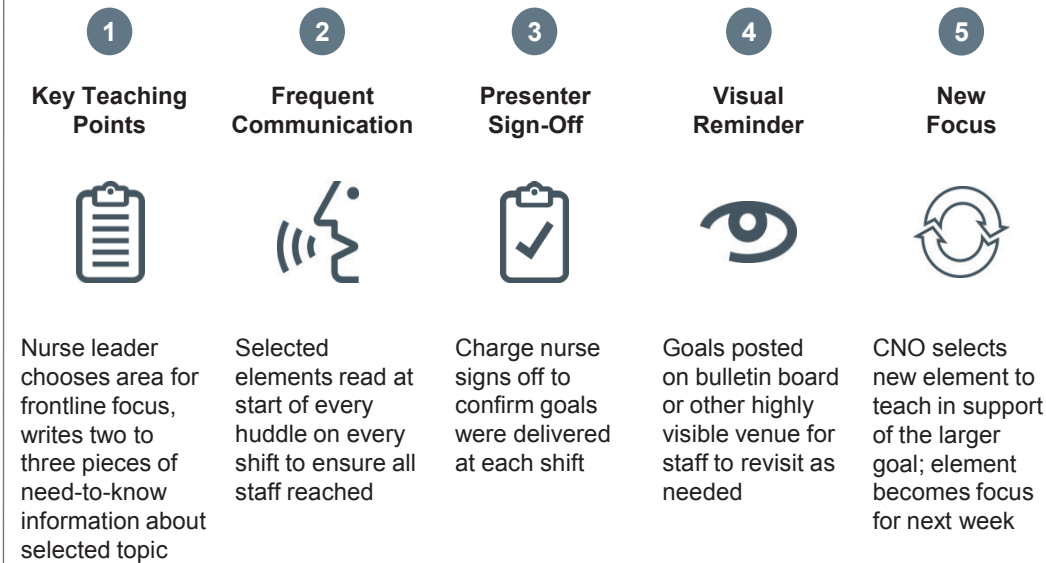
- 184-bed unionized hospital located in Maplewood, Minnesota; part of four-hospital HealthEast system
- Chief nursing officer utilizes Discrete Element Communication to teach one to two key points to staff per week; CNO selects teaching points each week, charge nurses verbally deliver to staff at beginning of every shift, post for later reminders
- Goal to reinforce important objectives through small, digestible teaching points

Component #2: Educate Staff on Individual Elements Multiple Times

The second component of discrete element communication is to educate staff on each individual element multiple times across a week. This ensures retention of the information and reinforces the link between the individual staff action and overall goal. The process for communicating individual elements to staff nurses at St. John's is shown here.

Reinforcing a Single Element Across One Week

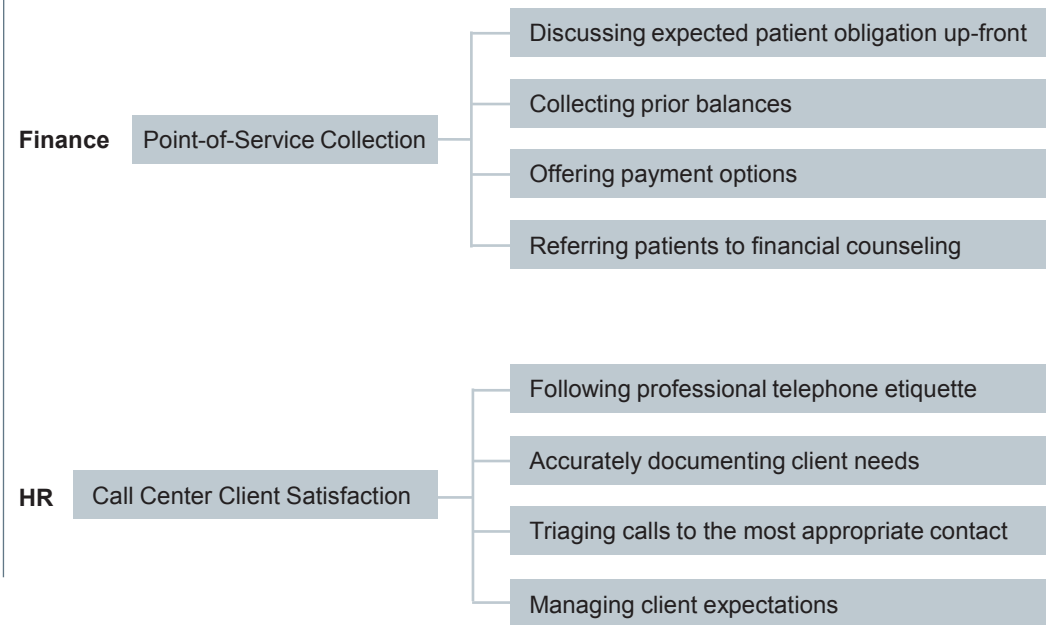
St. John's Five-Step Teaching Process



Organizational leaders can apply this process to virtually any goal in any department, making it a powerful communication tool. Department leaders must simply determine which goals to focus on and how to divide them into smaller digestible elements. In departments where staff huddles occur less often, leaders should consider devoting two to three weeks to each element to ensure information is communicated frequently enough and staff have time to absorb it.

Discrete Element Communication Across the House

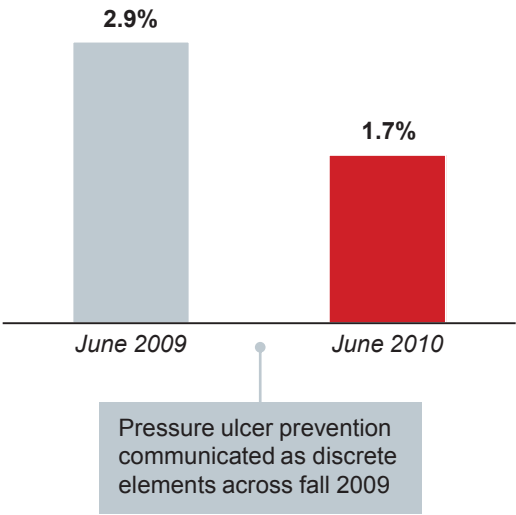
Representative Department Goals Broken Down into Discrete Goal Elements



As an example of the potential impact of discrete element education on organizational performance, pressure ulcer incidence at St. John's decreased by over 40% following an education initiative in the fall of 2009. Nursing leaders have been able to apply this practice to a number of organizational priorities, making it a powerful tool for teaching staff how to inflect key goals.

Concrete Staff Objectives Yielding Results

Hospital-Acquired Pressure Ulcer Incidence at St. John's



Practice #3: Departmental Priority Boards

Practice in Brief

Department managers list the department or unit's top three to four priorities on a centrally located whiteboard. The list is updated regularly to ensure it reflects the most current priorities.

Rationale

Frontline staff often lack clarity and context for which unit goals are the most important and which warrant the most attention.

Implementation Components

Component #1: Ensure Priority Board Is Highly Visible

Managers post the priority board prominently in the department and conduct team huddles around the board to ensure staff are fully aware of top priorities at all times.

Component #2: Focus on Department- or Unit-Specific Goals

Managers customize the board to reflect unique department or unit priorities ensuring staff focus on the right goals.

Component #3: Update Priorities Regularly to Focus on Improvement

Managers update priority boards every two to three weeks, redirecting staff to new priorities in need of improvement.

Optional Component: Incorporate Priority Boards into Leadership Rounding

Leaders from across the organization round on departmental priority boards daily and have short, informal conversations with staff on current priorities and performance. The rounding process provides another opportunity to emphasize top priorities and signals the importance of departmental goals.

Practice Assessment

This practice offers an elegant and simple way to ensure frontline staff understand which department or unit goals are most important. The priority board requires a minimal investment of manager time.

HR Investment Center Grades

Impact on Accountability: B+

Ease of Implementation: A-

Organizational leaders at Memorial Hospital of South Bend keep frontline staff updated on each department or unit's top priorities through a departmental priority board. Managers list the top three to four department or unit priorities on the priority board and display it alongside the department dashboard.

The priority board and dashboard serve different but complimentary purposes. Dashboards are primarily management tools that highlight current performance on multiple metrics and by themselves may not be enough to help staff connect the dots. In contrast, the priority board shows only a small number of priorities, and managers regularly update the list to reflect current priorities in order to focus staff on the department's most pressing objectives. Objectives on the priority board also represent more granular frontline actions or processes, helping staff better understand what actions to take and how they impact key department goals.

Priority Boards Focus Staff on Key Actionable Objectives

Department Dashboard

Metric	Jan 12	Feb 12	Mar 12	Apr 12
RN Vacancy	4%	5%	5%	6%
LVN/LPN Vacancy	6%	6%	7%	6%
Turnover Rate	13%	15%	12%	11%
1st Year RN Turnover	15%	15%	16%	17%
HPPD	30	30	35	34
Pressure Ulcer Rate	1.3	1.2	0	1.7
Falls	2	0	3	2
BSI Rate	1.9	2.3	0	1.8
AMI Bundle	97%	95%	94%	96%
VAP Rate	2.0	2.7	2.1	2.1
Employee Satisfaction	87	85	86	90
Patient Satisfaction	78	80	81	82

- Dozen or more high-level metrics
- List of metrics relatively static across year
- Some metrics limited to monthly or quarterly reporting
- Intended primarily for managers, directors, executives

Departmental Priority Board

1. Patient ID Errors
2. Patient Falls
3. Pressure Ulcers
4. Antibiotic Administration

- Three to four highly specific objectives
- List of objectives updated regularly to reflect most pressing areas of focus
- Progress tracked daily
- Objectives and data easily understood by frontline staff



Case in Brief: Memorial Hospital of South Bend

- 526-bed hospital located in South Bend, Indiana; unionized service employees account for 16% of workforce
- All departments use priority boards as part of Lean daily management; boards capture top three to four department-specific goals, which are updated regularly to reflect new priorities
- Department leaders round on boards across other departments to ensure boards up-to-date, action plan in place for missed targets

Effective implementation of departmental priority boards depends on the key components shown here. First, managers should post priority boards prominently and review them during staff meetings or huddles. Second, managers should identify and list priorities specific to their departments or units, making the priorities more targeted and actionable. Third, managers should ensure priority boards are dynamic and continuously reflect areas in need of improvement. Priorities that show steady progress are replaced with new objectives.

A fourth, optional component is to incorporate priority boards into leadership rounding. At South Bend, leaders across the institution routinely round on each department and discuss progress toward listed priorities with staff. While this component is not necessary to successfully implement departmental priority boards, it adds another opportunity to emphasize top priorities with staff.

Components for Maximizing Priority Board Effectiveness

1 Ensure Priority Board Is Highly Visible



- Priority board posted prominently in the department to ensure staff know top priorities at all times
- Department managers conduct staff meetings or shift huddles at the priority board, providing a quick review
- Visible to public, providing additional incentive to improve

2 Focus on Department- or Unit-Specific Goals



- Managers customize the board to reflect unique department or unit priorities to focus staff on the right goals
- Number of objectives limited, focusing staff efforts on most critical departmental goals
- Selected objectives are highly specific goals frontline staff can impact

3 Update Priorities Regularly to Focus on Improvement



- Managers update priority boards every two to three weeks, redirecting staff to new priorities in need of improvement
- Progress on each goal tracked daily, color-coded by current performance
- Goals departments consistently struggle to meet become candidates for short-term process improvement projects

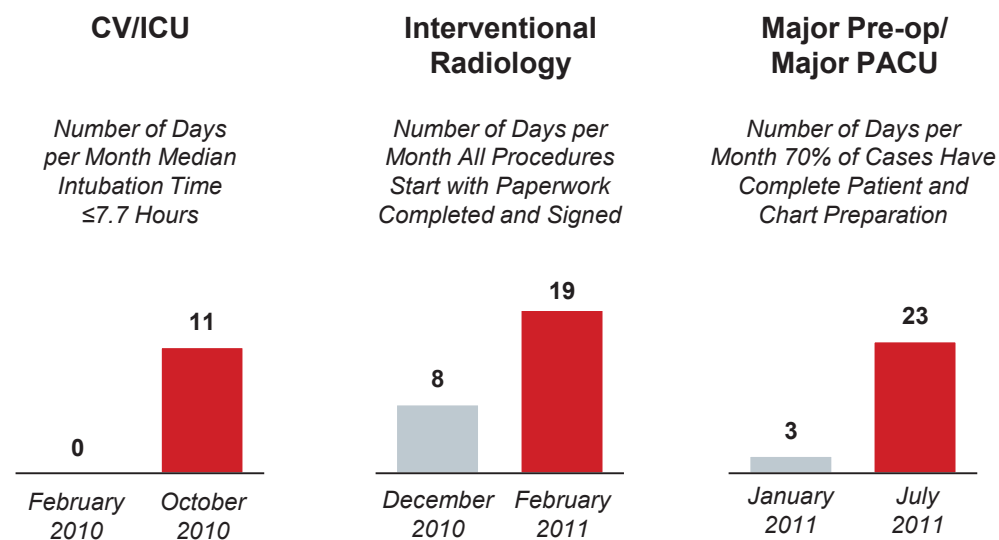
Incorporate Priority Boards into Leadership Rounding



- Leaders round on department priority boards daily, have informal conversations with staff on priorities and performance
- Provides opportunity to emphasize top priorities and signals the importance of departmental goals
- Employee expected to know department's metrics and be able to report previous day's performance

Several units at South Bend have seen dramatic improvements since the implementation of departmental priority boards. In only a few months, frontline staff have generated impressive results on several key objectives.

Sample Departments Seeing Improvements on Goals



Source: Memorial Hospital of South Bend, South Bend, IN; HR Investment Center interviews and analysis.



Column II

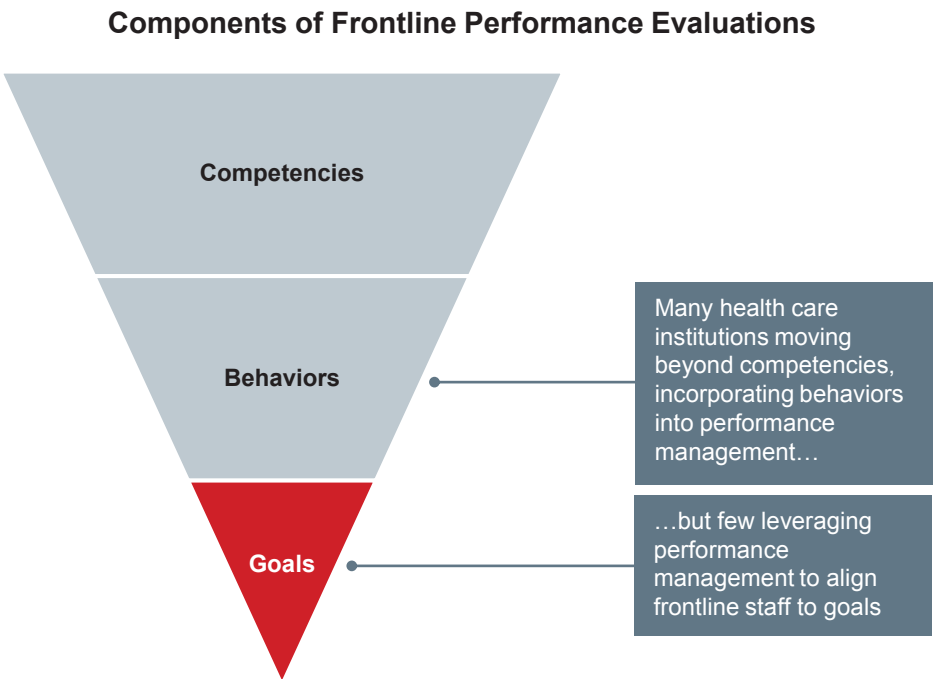
Formalizing Staff Responsibilities for Goals in Performance Management

- Practice #4: Team-Based Performance Goals
- Practice #5: Frontline Goal Cascades
- Implementation Guidance: Enhancing the Impact of Performance Management

Incorporating performance metrics into frontline evaluations is one of the most effective ways to align frontline staff with organizational goals and formalize performance expectations. However, few organizations fully leverage performance management to drive staff accountability. As shown, most HR leaders have pushed performance management beyond job descriptions and competencies to include key behavioral components, but few have incorporated formal performance goals.

The two practices in this section provide HR leaders guidance on incorporating the organization's top priorities into frontline performance management—as both team goals and individual goals.

Realizing Performance Management's Full Potential
Ideal Evaluation Captures Frontline Competencies, Behaviors, and Goals



Practice #4: Team-Based Performance Goals

Practice in Brief

Organizations incorporate quantitative team-based metrics into frontline staff performance reviews to assess performance against key unit- or department-level goals.

Rationale

Most formal frontline performance evaluations assess staff on job competencies and adherence to behavioral standards but stop short of assessing performance against outcome measures meaningful to organizational success. With the inclusion of outcomes-oriented team goals, organizational leaders can better leverage performance management to formally align staff to goals and drive frontline investment. Furthermore, formal team goals reinforce the importance of teamwork and collaboration among frontline staff.

Implementation Options

Option #1: Incorporate Aggregate Departmental Performance into Frontline Evaluations

Frontline staff evaluations include overall unit performance by assigning each department or unit a score based on performance against select dashboard metrics. The score then accounts for a predetermined percentage of employees' overall performance evaluations.

Option #2: Incorporate Performance on Select Strategic Pillar Metrics into Frontline Evaluations

Organizations incorporate three to four department-specific outcomes metrics—one aligned to each of the organization's strategic pillars—into frontline staff evaluations. Metric performance accounts for a predetermined percentage of employees' overall performance evaluations.

Practice Assessment

Performance management carries strong signal value and is a highly effective method for aligning staff efforts and formalizing expectations. However, any significant changes to performance management systems will require moderate to high investment of leadership time and resources and may be challenging for organizations limited by existing collective bargaining agreements.

HR Investment Center Grades

Impact on Accountability: A-

Ease of Implementation: B

Option #1: Incorporate Aggregate Departmental Performance into Frontline Evaluations

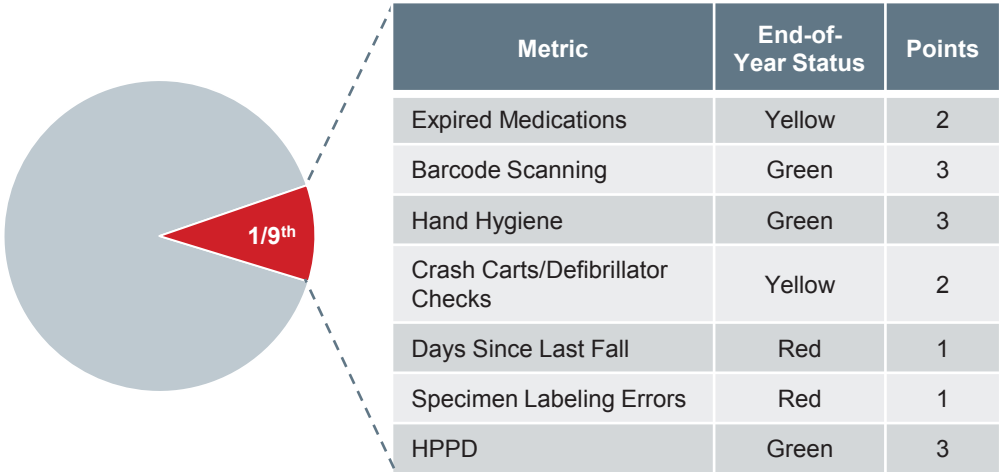
The HR Investment Center has identified two effective methods for incorporating team-based organizational goals into frontline performance reviews. The first option is to incorporate overall department or unit performance into annual frontline reviews.

Bellin Hospital evaluates team performance against dashboard metrics and assigns points to each based on end-of-year status—three points for green metrics, two points for yellow metrics, and one point for red metrics. Department managers then sum points into an overall dashboard score that feeds directly into individual reviews. Team performance accounts for one-ninth of total the evaluation score for each staff member in the department. With considerable weight given to overall department performance, HR leaders at Bellin affirm that dashboard goals are always top-of-mind for staff.

Complete versions of Bellin's Department Performance Scorecard and Department Scorecard Formula Worksheet can be found on pages 47 to 48 of this publication or accessed through advisory.com/hric.

Building Department Dashboard Goals into Reviews

Percentage of Individual Performance Evaluation Score Determined by Department Performance



Case in Brief: Bellin Hospital

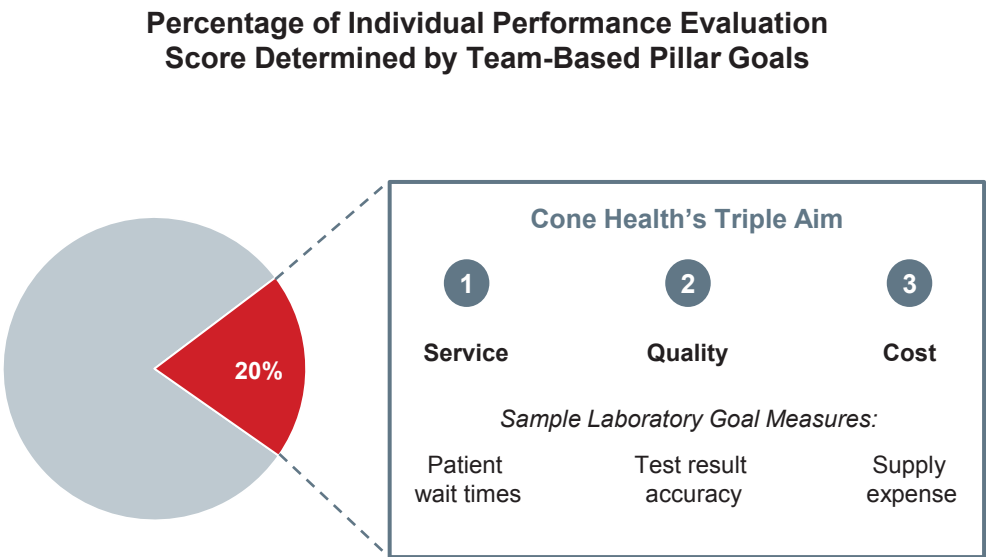
- 167-bed hospital located in Green Bay, Wisconsin
- One-ninth of all frontline employees' overall evaluation score determined by department/unit goals and outcomes
- Department performance measured by number of green, yellow, and red metrics on departmental dashboard; unit managers assign points to each dashboard metric based on end-of-year status

Option #2: Incorporate Performance on Select Strategic Pillar Metrics into Frontline Evaluations

The second option is to incorporate team performance against a small number of high-priority goals into annual frontline reviews. At Cone Health, departments choose a single team-based goal for each of Cone's three strategic pillars—service, quality, and cost. Department performance against these goals determines 20% of frontline staff evaluations.

The departmental goal section of Cone's frontline performance evaluation can be found on page 49 of this publication or accessed through advisory.com/hric.

Selecting Team Goals for Each Organizational Pillar



Case in Brief: Cone Health

- Five-hospital, 937-bed system based in Greensboro, North Carolina
- Shifted from process-oriented performance expectations in 2008 to incorporate team-based outcomes within performance management
- Performance on three team goals—one for each of the system's three strategic pillars of service, quality, and cost—account for 20% of frontline performance evaluations

Source: Cone Health, Greensboro, NC; HR Investment Center interviews and analysis.

Each department manager, in consultation with organizational leaders, chooses metrics and targets specific to his or her department and that frontline staff can impact. Although metrics vary by department, each ties back to Cone's three top priorities of service, quality, and cost. Sample department goals are shown here.

This goal selection method ensures that staff see their link to key organizational pillars and feel accountable for overall performance. It also focuses frontline effort on a small set of objectives, reinforcing top strategic priorities.

Aligning Priorities Across the House

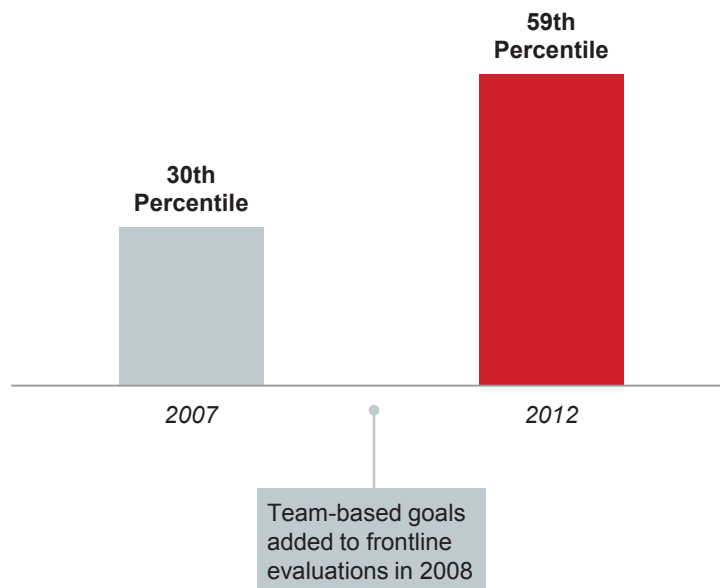
Representative Goal Measures by Department

Department	Service Goal	Quality Goal	Cost Goal
Nursing	HCAHPS scores	Core quality measures	Hours per patient day
Food Services	Scores on food-related HCAHPS questions	Food delivery time	Productivity
EVS	Scores on room cleanliness HCAHPS questions	Bed turnover time	Room turnaround time
IT	Internal customer satisfaction survey	Number of callbacks after install	Budget

House-wide implementation of team-based goals has helped align staff to top priorities and improve organizational performance. Cone has realized a significant jump in patient satisfaction since the inclusion of department-level service goals in frontline evaluations.

The Aggregate Impact of Aligned Team Goals

Cone Patient Satisfaction Scores



Source: Cone Health, Greensboro, NC; HR Investment Center interviews and analysis.

Department Performance Scorecard



2011 Employee Performance Scorecard

Employee Last Name (print): _____ First Name: _____ Date: _____

Position: _____ Department: _____

90 Possible Scorecard Points – (Total possible points per **item** in parentheses; total number of points possible per **category** in parentheses and bold.) Attach evidence of specific point value(s) as applicable.

Department Scorecard: (10) – from Statit – use formula worksheet _____

Growth & Prosperity: _____ (Volume/Visits/Net Revue, Costs to Produce, Productivity Measures)

Improved Population Health: _____ (Core Measures, Sustainable Regulatory Readiness)

GROWTH & PROSPERITY

Individual Productivity: (25) – refer to department-specific standard(s) _____

Exceeds individual productivity standard; seeks feedback for improvement (25 points)

Exceeds individual productivity standard (18 points)

Meets individual productivity standard (12 points)

Does not meet individual productivity standard

EFFICIENCY

Job-Specific Duties: (25) – refer to the employee's job description and use rating scale D as a guide _____

Consistently Exceeds Expectations – Role Model/Expert (25 points)

Consistently Meets Expectations AND Frequently Exceeds Expectations – Proficient (18 points)

Consistently Meets Expectations – Competent (12 points)

Does Not Consistently Meet Expectations – Improvement Needed – Advanced Beginner (6 points)

Does Not Meet Expectations – Immediate Improvement Required – Novice (0 points)

List the essential job duty below:

- _____
- _____
- _____

Accountability – Prepared & Present in Daily Work: (18) – use rating scale E as a guide

1. Prepared and on time for meetings (0-4 points) _____

2. Completes assignments/deadlines on time (0-4 points) _____

3. Is responsible for unit & system-based information, updates, education (0-4 points) _____

4. Attendance: Unscheduled occurrences; does not exceed policy limits (0-6 points) _____

IMPROVED POPULATION HEALTH

Safety/Quality/Confidentiality: (12) – use rating scale F as a guide

1. Maintains a safe work environment (0-4 points) _____

2. Provides safe, quality (effective, efficient, and cost-effective) service (0-4 points) _____

3. Privacy & Confidentiality (0-4 points) _____

Total Points: _____

Plot this number on the
Performance/Engagement Matrix →

Performance Score (Total points divided by 9.0): _____

Department Scorecard Formula Worksheet

Department Scorecard Formula Worksheet

Patient Family Centered Care:

Number of indicators = ____ x 3 = ____ **Total Possible Points**

Number of green indicators on scorecard = ____ x 3 points each = ____

Number of yellow indicators on scorecard = ____ x 2 points each = ____

Number of red indicators on scorecard = ____ x 1 point each = ____

Total Points Earned: ____

Total Points Earned divided by Total Possible Points = ____ **Subtotal**

Multiply the Subtotal by 5 (weight for Section) = ____ **Score**

Engaged Staff & Partners:

Number of indicators = ____ x 3 = ____ **Total Possible Points**

Number of green indicators on scorecard = ____ x 3 points each = ____

Number of yellow indicators on scorecard = ____ x 2 points each = ____

Number of red indicators on scorecard = ____ x 1 point each = ____

Total Points Earned: ____

Total Points Earned divided by Total Possible Points = ____ **Subtotal**

Multiply the Subtotal by 5 (weight for Section) = ____ **Score**

Growth & Prosperity:

Number of indicators = ____ x 3 = ____ **Total Possible Points**

Number of green indicators on scorecard = ____ x 3 points each = ____

Number of yellow indicators on scorecard = ____ x 2 points each = ____

Number of red indicators on scorecard = ____ x 1 point each = ____

Total Points Earned: ____

Total Points Earned divided by Total Possible Points = ____ **Subtotal**

Multiply the Subtotal by 5 (weight for Section) = ____ **Score**

Improved Population Health:

Number of indicators = ____ x 3 = ____ **Total Possible Points**

Number of green indicators on scorecard = ____ x 3 points each = ____

Number of yellow indicators on scorecard = ____ x 2 points each = ____

Number of red indicators on scorecard = ____ x 1 point each = ____

Total Points Earned: ____

Total Points Earned divided by Total Possible Points = ____ **Subtotal**

Multiply the Subtotal by 5 (weight for Section) = ____ **Score**

If one area is not applicable, divide the "Total Points" by 8.5 to get the "Performance Score."

Frontline Performance Evaluation: Departmental Goals Section



2011 Performance Summary

2011 Department Goals—enter departmental goals for FY11 in this section only and rate each one (20%)

Goals

Accomplishments

Title: Quality

HR Department participation in the
Employee Partnership Survey

Target = 90%

Threshold = 85%

Rating: Yes

Achieved 100% on this item

Title: Service

System-wide Turnover %.

Target = 15%

Threshold = 17%

Rating: Yes

Achieved 12.67% on this item.

Title: Cost

Meet HR Department Budget

Target = Unexplained variance = 0% or less

Threshold = Unexplained variance

Rating: Yes

Below Budget

Practice #5: Frontline Goal Cascades

Practice in Brief

All frontline staff select individual-level goals in support of broader organizational priorities and formally record them in performance reviews.

Rationale

Cascading organizational goals into personal goals is common practice for managers and directors but is not typical for frontline staff. To the extent frontline performance evaluations include individual goals, they often focus on developmental activities or requirements, rather than performance toward organizational goals. Incorporating cascaded goals into performance management helps staff see their impact on larger departmental and organizational objectives and ensures staff are formally responsible for performance against key priorities.

Implementation Components

Component #1: Provide a Structured Cascading Process

Frontline staff work one-on-one with department managers to identify an individual goal that supports a broader department goal. Staff document the goal in a standardized cascading tool.

Component #2: Equip Managers to Guide Goal Selection

HR leaders provide detailed, step-by-step guidance for managers to help staff choose actionable, achievable, and meaningful goals.

Component #3: Hardwire Goals into Performance Management

Managers formally assess each employee's progress toward his or her individual goal at the end of the year. Goal performance counts for a fixed percentage of employees' overall review score.

Component #4: Keep Goals Top of Mind Year-Round

Leaders employ a coordinated campaign to remind staff of institutional priorities and reinforce staff connection to goals beyond the annual review.

Practice Assessment

This practice provides an effective way to formalize individual staff responsibility for performance against organizational goals. The individual goal-setting process is not overly resource intensive but requires some investment of frontline manager time to ensure goal quality. The next step of linking performance on individual goals to organizational performance management systems is likely to be resource intensive and may pose an implementation challenge for organizations limited by existing collective bargaining agreements.

HR Investment Center Grades

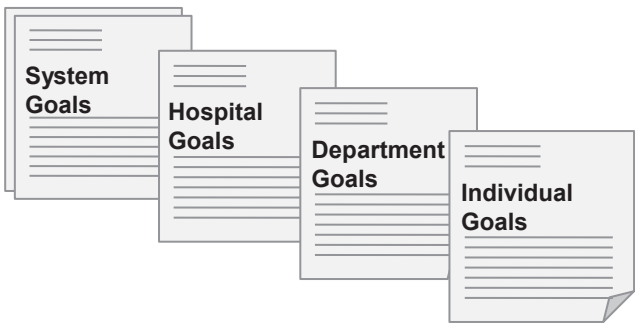
Impact on Accountability: A

Ease of Implementation: B-

Frontline staff do not always understand how they contribute to organizational goals and often have no formal responsibility for performance against these goals. As a result, staff are not fully invested in advancing institutional priorities. To bridge this disconnect, SSM Health Care has implemented staff-level goal cascades. These cascades provide an almost literal line of sight for frontline staff to trace their impact on goals at all levels. While cascading organizational goals is not novel, cascading goals to individual staff members at the front line is much less common. SSM employs four critical components, outlined across the following pages, to ensure successful implementation of these frontline goals cascades.

Cascading Organizational Goals Down to Every Employee

Representative Goal Cascade from Strategic Plan to Staff



Case in Brief: SSM Health Care

- 16-hospital, 3,929-bed system based in St. Louis, Missouri; Baldrige recipient
- As part of system-wide initiative, all hospital employees, with support from managers, select annual personal goals cascaded from larger hospital-wide and department goals; personal goals are identified as part of the annual review process
- Individual progress on personal goals incorporated into annual staff performance evaluations, accounting for 30% of the total review score

Component #1: Provide a Structured Cascading Process

The first component of this practice is to create a standardized process to translate organizational goals into individual frontline objectives. SSM utilizes a small pocket-sized booklet called the “Passport to Excellence” to engage staff in the goal-setting process. In one-on-one sessions with staff during annual reviews, managers explain the system goals printed in the passport and ask staff to handwrite the department’s goals in the corresponding section. As reinforcement, staff then construct a unique personal goal—concrete steps the individual will take in support of one of the larger goals. These are written as “I will” statements in the passport that staff carry with them across the year.

Passport Goals Portion of SSM Performance Evaluations



Entity Goals	Department Goals	Individual Goals
<ol style="list-style-type: none">1. Improve scores in “Likelihood to Recommend”2. Improve Composite Appropriate Care scores3. The serious event ratio will be zero4. Improve overall Employee Partnership score5. Improve physician overall satisfaction6. Meet or exceed operating margin7. Grow inpatient market share	<p>What we’re doing to make our service exceptional:</p> <p><u>Exceptional Patient Care</u> <i>Zero pressure ulcers for the next quarter</i></p> <p><u>Exceptional Commitment</u> <i>Employee satisfaction in the 80th percentile</i></p> <p><u>Exceptional Financial Performance/Growth</u> <i>Consistently meet HPPD targets for this quarter/Individual</i></p>	<p>What I’m doing every day to make our department exceptional:</p> <p><i>I will always select the most appropriate pressure-relieving surface for our patients</i></p>
Goals cascaded from system strategic plan	Manager shares department goals with front line during evaluation period	Staff select personal goals; written in own words as “I will” statements

Source: SSM Health Care, St. Louis, MO; HR Investment Center interviews and analysis.

Component #2: Equip Managers to Guide Goal Selection

The second component of this practice is to provide guidance for managers to assist staff in choosing individual goals. Few organizations have the capacity to review every individual frontline goal, so frontline managers must help employees choose meaningful goals during their one-on-one conversations with staff.

To support implantation of this second component, six key manager objectives for goal-setting sessions are provided here. This guidance will help managers ensure staff selections are actionable and achievable, and objectives are scaled to available time and resources.

Guidance for Managers Leading Staff Goal Selection

Articulate Organizational Priorities	Begin by ensuring staff member understands system-, hospital-, and department-level goals; first introduce organizational goals, solicit feedback from employee, then discuss individual impact
Develop Sample Goal Menus	Encourage each staff member to develop his/her own individual goals, but develop short list of appropriate options beforehand; offer menu of options to staff struggling to create individual goals
Impose Goal Standards	Ensure personal goals are concrete, highly actionable; discourage overly lofty objectives staff cannot execute against
Define Proper Time Frames	Scale individual goal so it can be met during the allotted time period; break longer-term individual goals into multiple pieces to be addressed across different review cycles
Encourage Employee Ownership	Require staff member to write personal goal in own words as “I will” statement; ideally completed during review session and goal discussion
Clarify Next Steps	Ask staff member to list action steps he/she will need to take in order to achieve “I will” statement; ensures employee understands next steps

When choosing individual goals, managers should keep in mind that process-oriented goals may be more appropriate than outcomes-based goals for some types of staff. Outcomes-based goals are clearly optimal, as performance directly correlates to progress toward key objectives. Yet, for some staff, outcomes cannot be attributed to individual employees. In those cases, managers should allow staff to choose process-oriented goals. However, process or compliance goals must still directly support the department's primary goals, and staff must clearly understand how goals connect back to organizational success.

A Host of Options for Frontline Goals

Sample Individual Frontline Goals

Department	Metric
Billing	Error rate
Development	Dollars raised
EVS	Room turnaround time
Facilities	Work requests completed per month
Finance	Accuracy of budget predictions
Home Health	Hospitalization rate
HR	Average days to close a requisition
IT	Average time to resolve
Medical Records	Transcription time
Nursing	Hourly rounding compliance
Patient Transport	Time per trip
Pharmacy	Number of prescriptions processed

Ideally, individual goals are outcomes-oriented...

...however, this may not be possible for all staff types; in these cases, staff should focus on process-oriented goals directly supporting department objectives

Component #3: Hardwire Goals into Performance Management

The third component is to capture staff goals and formally evaluate progress in performance evaluations. An excerpt from SSM's frontline evaluation is shown here. Managers assess progress on each goal, assigning one of three performance levels. In total, passport goals account for 30% of staff evaluation scores.

Clearly, tying individual goals to formal reviews is a powerful motivator for frontline staff. However, organizations unable to alter current performance management processes are encouraged to assess individual performance against personal goals in an evaluation process apart from the formal review.

Passport Goals Portion of SSM Performance Evaluation

PASSPORT GOAL PROGRESS FOR THIS REVIEW PERIOD		
Linkage to Exceptional Goals	SMART Goal and Measurement YTD	Score
<ul style="list-style-type: none">Clinical/Safety/Service OutcomesPatient/Customer SatisfactionEmployee SatisfactionPhysician SatisfactionFinancial Performance/Growth	I will round on each of my patients hourly, utilizing the process defined by the Practice Council.	<div><input type="radio"/> Goal Not Met</div> <div><input type="radio"/> Good Progress</div> <div><input checked="" type="radio"/> Goal Met</div>

Personal goals listed directly in review; manager assesses staff member performance

Achievement of personal goal counts for 30% of overall performance evaluation score

Component #4: Keep Goals Top of Mind Year-Round

The fourth component of this practice is to ensure staff maintain constant attention to individual goals and performance. SSM employs a coordinated campaign to remind staff of goals and performance beyond the annual review. Three primary methods are detailed here. Together, these methods continuously remind staff of organizational priorities and reinforce staff's connection to goals.

Representative Methods to Reinforce Passport Goals



Pocket Cards

- Lists employees' individual goals mapped directly to larger departmental goals
- Written on small card that staff carry daily



Department Poster

- Primary method of displaying department goals, performance
- Uses same language, color scheme as pocket cards to reinforce goal cascade



Rounding Spot-Checks

- Managers and hospital leaders ask employees about individual goals during rounds
- Employees reference pocket cards, "I will" statements

Implementation Guidance: Enhancing the Impact of Performance Management

Resource in Brief

The following resource provides HR leaders additional guidance on how to incorporate goals into frontline performance management and secure staff buy-in when modifying formal evaluation structures.

HR Investment Center Assessment

Making performance management more robust and goal focused is a highly effective method for driving frontline accountability. While organizations are interested in this approach, many are equally as concerned about modifying performance management systems. Early movers in this space have distilled three key success factors to maximize impact and ensure frontline support of change efforts. The HR Investment Center recommends using the guidance contained within this resource when pursuing changes to performance management structures.

Key Implementation Recommendations

Recommendation #1: Include Both Team and Individual Goals in Frontline Performance Management

Organizations incorporate both team-based and individual goals into performance management systems. Complimentary team and individual goals work together to simultaneously drive accountability on two levels.

Recommendation #2: Stage the Inclusion of New Goals

HR leaders gradually stage the transition from the organization's existing frontline performance management system to reviews based on performance goals, ensuring staff have time to adapt to and understand the new process and performance standards.

Recommendation #3: Ensure the Consistency of Frontline Evaluations

Organizational leaders promote consistency across all aspects of the evaluation process to avoid unduly punishing some while rewarding others. This element is essential for gaining a higher degree of frontline acceptance with performance management changes, particularly in unionized environments.

**Recommendation #1:
Include Both Team and
Individual Goals in Frontline
Performance Management**

Given organizational capacity, the HR Investment Center recommends including both team and individual goals in frontline reviews. Incorporating team and individual goals together emphasizes different aspects of accountability for goals and strengthens performance management as an accountability lever. As illustrated here, goals need not overwhelm evaluations. Two to four well-defined goals effectively drive staff accountability for key objectives, yet keep staff focused.

Realizing the Best of Both Worlds

**Reasons to Include Both
Team and Individual Goals**

- 1 Outcomes-oriented individual goals can be difficult to establish for some types of staff; more process-focused individual goals can be paired with metric-driven departmental goals
- 2 Performance evaluations will emphasize both teamwork and specific individual contributions
- 3 Balancing departmental goals with employee-specific goals allows for greater individual differentiation than with department goals alone

**Representative Goals Section
of a Frontline Performance Evaluation**

Name: _____
Date: _____
Department: _____

Team Goals

Goal	Target	Year-End Performance
Team Goal:		

Individual Goals

Goal	Target	Year-End Performance
Ind. Goal #1:		
Ind. Goal #2:		

**Recommendation #2: Stage
the Inclusion of New Goals**

The second recommendation is to gradually introduce changes into performance management. Early movers point to a systematic, four-pronged approach for successfully making these modifications. Additional detail on this approach is shown here.

Steps for Incorporating Goals into Performance Management

**Ensure Staff Familiarity
with Performance Goals**



Staff should be familiar and comfortable with department goals and dashboards before adding to performance evaluations

**Stagger the
Roll Out**



Modifications to performance management should be staggered to allow time for communication and education

**Start with
Team-Based Goals**



Add team-based goals to performance management first; add individual goals only after staff accustomed to inclusion of department-level priorities

**Incrementally Graduate
Goal Weights**



Incrementally increase weight of goals in frontline performance evaluations to allow staff time to adjust to new standards

Recommendation #3: Ensure Consistency of Frontline Evaluations

The third and final recommendation is to ensure consistency across all aspects of the review process. HR leaders must ensure consistent evaluation tools and criteria, as well as standardized goal selection and review processes. This is particularly critical for unionized organizations. Unionized facilities that have successfully made performance management changes identify consistency as the key for creating a sense of fairness and mitigating staff and union resistance.

Considerations for Consistent Evaluation of Frontline Goals

Evaluation Tools



Same evaluation tools utilized for all frontline staff

Goal Selection



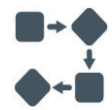
Complexity of goals, selection process same across like staff

Evaluation Criteria



Consistent evaluation of goal progress by different managers

Performance Review Process



Standardized frontline appraisal process, structure of qualitative feedback



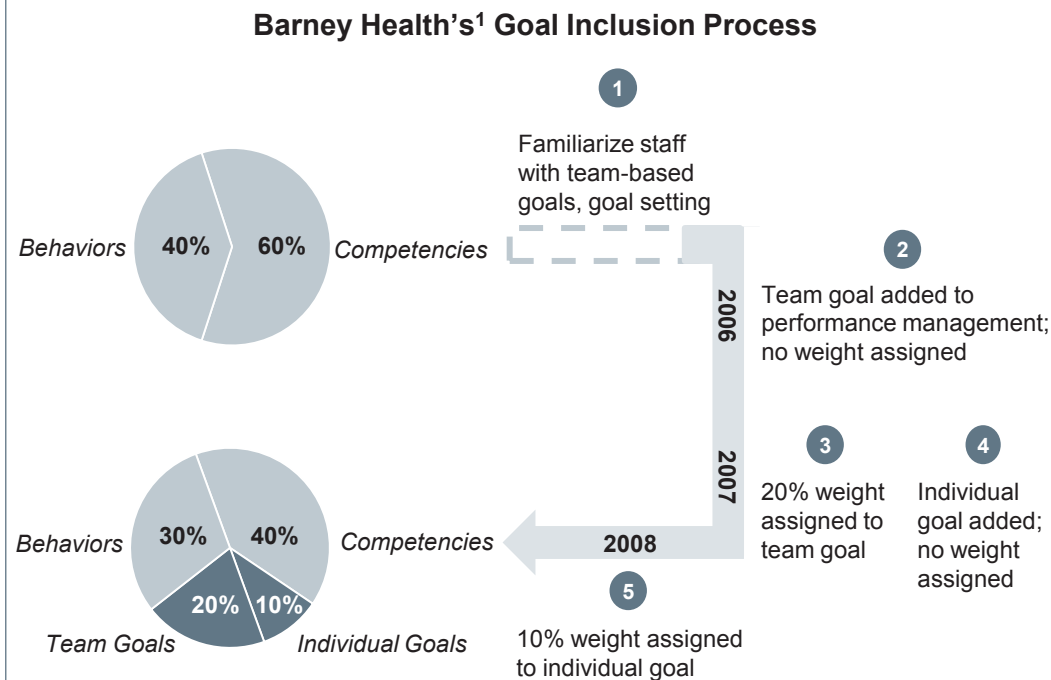
Securing Union Acceptance

- Changing performance management in unionized setting can pose challenges, but is by no means impossible
- Organizations successfully changing performance management in a union setting report that demonstrating consistency and fairness is the most important element for securing union buy-in
- Members are reminded that the HR Investment Center should not be relied upon for legal advice; institutions are encouraged to seek legal counsel for any collective bargaining agreement considerations

As an example of these recommendations, Barney Health¹ applied a step-by-step approach to including goals in their performance management process. Prior to 2006, frontline evaluations were based solely on behaviors and job competencies. By 2008, Barney had incorporated performance on both team and individual goals into frontline evaluations.

A detailed timeline of the change process is shown here. Department dashboards had long been in place, so staff were already comfortable with departmental goals and targets. In 2006, Barney added team-based goals but did not assign weight to these goals. In 2007, hospital leaders increased the weight of team-based goals to 20%. Staff had a full year to adjust to team-based goals as a component in performance management. Similarly, leaders added individual goals at 0% in 2007 and increased the weight to 10% in 2008. Currently, team and individual goals together account for 30% of frontline performance evaluations.

Phasing in Team and Individual Goals Across Several Years



Case in Brief: Barney Health¹

- Multi-hospital system located in the Northeast
- Staggered inclusion of team- and individual-level goals in frontline performance management
- Prior to 2006, performance evaluations contained a combination of behaviors and competencies; currently, team and individual goals together account for 30% of employees' overall performance evaluation

1) Pseudonym.



Column III

Attaching Meaningful Consequences to Goal Achievement

Non-financial Incentives

- Practice #6: Principled Recognition Triggers
- Practice #7: Creative Consequences

Financial Incentives

- Practice #8: Differentiated Frontline Merit Pay
- Practice #9: Time-Based Incentives
- Practice #10: Organizational Alignment Bonus

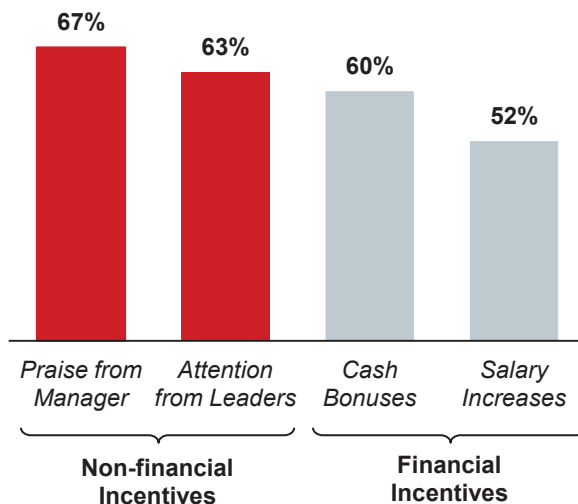
Rewards and incentives are powerful HR levers for reinforcing staff focus on organizational goals and driving staff accountability. While financial incentives are impactful methods to reward performance and drive long-term staff commitment, leaders should not discount the effectiveness of non-financial incentives. In fact, national cross-industry data shows that non-financial incentives are roughly as impactful as financial incentives when used appropriately.

Motivating Frontline Staff Performance

Financial and Non-financial Incentives Highly Impactful

Percentage of Employees¹ Citing Incentive as Effective² Motivator

n=1,047



Yet, many organizations underutilize both financial and non-financial rewards as staff incentives. In fact, only half of frontline staff believe their organization appropriately rewards them for excellent work. Notably, there is a significant gap between leader perception and staff perception of the effectiveness of frontline rewards. So, even organizations that believe they perform well in this area likely have room for improvement.

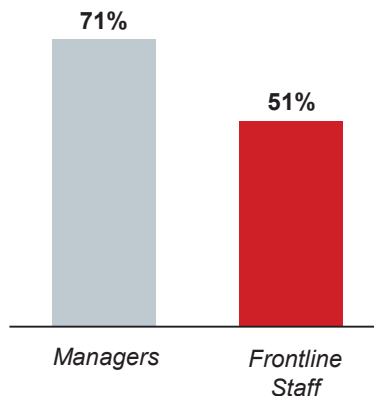
The following section provides five best practices for leveraging staff incentives and rewards to drive frontline accountability. The first two practices focus on better targeting recognition efforts and creating more meaningful non-financial incentives. The remaining three practices focus on enhancing financial incentive programs.

Incentives Surprising Underleveraged

Managers Significantly More Confident in Reward Efforts Than Staff

Percentage of Employees Who Agree³ with the Statement "My Organization Recognizes Employees for Excellent Work"

n=162,436



1) Respondents include executives, managers, and employees of global companies from a range of sectors.

2) Respondents selecting "Extremely Effective" or "Very Effective."

3) Respondents selecting "Agree" or "Strongly Agree."

Source: McKinsey Quarterly, "Motivating people: Getting beyond money," November 2011, accessed May 8, 2012, available at https://www.mckinseyquarterly.com/Organization/Talent/Motivating_people_Getting_beyond_money_2460; Advisory Board Survey Solutions Data Cohort, 2012; HR Investment Center interviews and analysis.

Practice #6: Principled Recognition Triggers

Practice in Brief

Managers establish clear performance criteria, tied to specific goals, that determine when staff receive special rewards or recognition.

Rationale

Informal rewards and recognition can be powerful staff motivators, but organizations often administer recognition in an ad hoc or one-off basis. Staff are far more motivated to improve if they have a predefined goal to work toward in order to achieve recognition.

Implementation Components

Component #1: Define Clear Performance Thresholds for Recognition

Department or unit manager establishes clear and measurable performance criteria and targets that drive staff recognition. The objective is to provide tangible goals for staff to work toward.

Practice Assessment

This practice makes staff recognition more meaningful and improves the overall impact of existing recognition efforts. Establishing recognition triggers is not resource intensive; department leaders need only minimal time to provide up-front guidance to managers on setting reasonable performance criteria and goal targets.

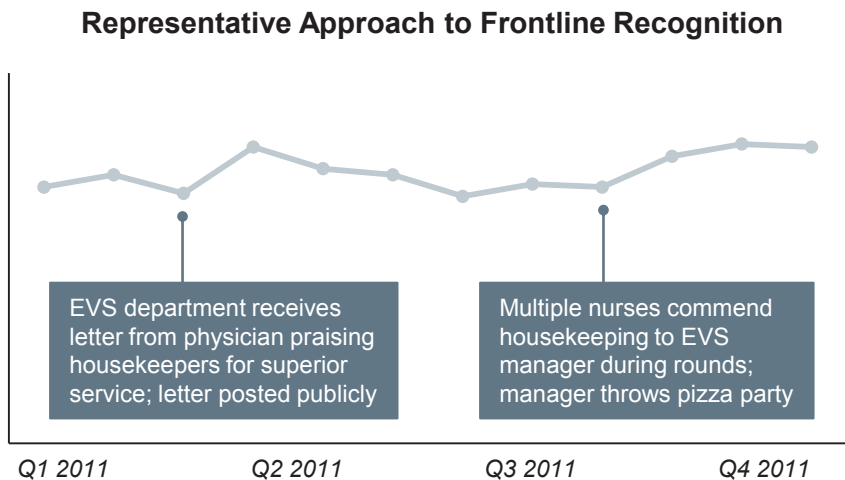
HR Investment Center Grades

Impact on Accountability: B

Ease of Implementation: A

Informal rewards and recognition can be powerful staff motivators. However, department managers often deliver special recognition in response to isolated events, which may not necessarily reflect a department or unit's overall performance. In the example shown here, the EVS manager rewards staff for one-off events that occur during the two months with the lowest overall room cleanliness HCAHPS scores, while the top performing months go completely unnoted. The potential risk of this approach is that frontline staff will perceive such ad hoc or one-off recognition as random and remain unclear on what results will earn future recognition.

Failing to Connect Recognition to Goal Performance



! Recognition not tied to specific goals or criteria perceived as ad hoc by staff; ultimately does not create as strong an incentive to improve as intended

Component #1: Define Clear Performance Thresholds for Recognition

Recognition is a far more powerful motivator if staff are rewarded for achieving predefined performance targets. At Overlake Hospital Medical Center, managers in multiple departments establish clear performance thresholds for team recognition. Managers announce goals and targets in advance so staff know exactly where to focus and what performance levels will trigger the reward.

Notably, leaders at Overlake have found that fairly basic rewards can be effective. In fact, managers let staff choose their own rewards—within reason. This ensures the reward is meaningful and staff will be motivated to work for it. Some examples of staff-selected team rewards are presented here.

Tying Recognition to Clear Performance Targets



Case in Brief: Overlake Hospital Medical Center

- 349-bed unionized hospital in Bellevue, Washington
- After establishing goal and target, departmental leaders allow teams to choose their own rewards
- In one example, billing department announced staff would receive desired Jeans Fridays if accounts receivable reached goal of 45 days; since introducing reward, department has consistently remained at 45-day target

Source: Overlake Hospital Medical Center, Bellevue, WA; HR Investment Center interviews and analysis.

As a second example, leaders at Covenant HealthCare apply principled recognition triggers to individual achievement, rather than team achievement. Their “Extraordinary Caregiver” program ties nursing rewards and recognition to clear patient satisfaction criteria. Nurses accumulate points each time they are positively mentioned by a patient—one point for mentions during manager rounds and two points for mentions in patient satisfaction surveys. Predetermined point totals equate to specific rewards. Like Overlake, rewards at Covenant are fairly basic, but staff understand the system and know what goals to work toward.

Applying Principled Recognition to Individuals

Covenant’s “Extraordinary Caregiver” Recognition Program

Points	Reward
5	• \$25 gift card
15	• \$50 gift card
30	• \$100 gift card • Special mug
50	• Additional \$100 gift card • Honored at luncheon • Can choose among messenger bag, scrubs, or fleece embroidered with “Extraordinary Caregiver”

One point earned if staff member mentioned in manager rounds; two earned if mentioned in Press Ganey survey

Top award is special recognition as “Extraordinary Caregiver”; less than 10% of staff reach this level



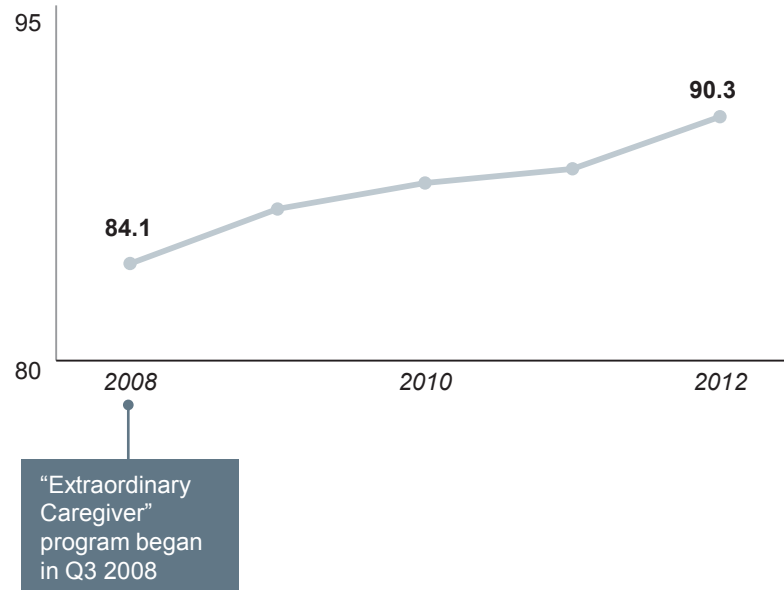
Case in Brief: Covenant HealthCare

- 623-bed hospital located in Saginaw, Michigan; some unionized non-caregiver staff
- 16 inpatient units track number of times individual staff members mentioned by name in manager rounds or Press Ganey surveys and administer predetermined rewards based on number; managers send emails to mentioned nurses
- Rewards increase with number of times a staff member mentioned; “Extraordinary Caregiver” recognition given to staff mentioned 50 times in a calendar year
- In addition to recognition, patient mentions also incorporated into performance management on one unit; nurses need at least 15 positive patient comments to earn “Exceeds” rating in behavioral standards section of performance evaluation
- Nurses and nursing assistants both eligible for awards; rewards and gift cards over a year cost \$4,250 for a unit with 60 total staff (approximately 10% achieved “Extraordinary Caregiver”)
- Housekeeping department has developed own separate “Extraordinary Service” program based on “Extraordinary Caregiver”

Covenant has seen impressive improvements in patient satisfaction scores since implementing the “Extraordinary Caregiver” program in 2008. Leaders acknowledge their key goal is patient satisfaction, not nurses being mentioned by name. However, they affirm that the increased discretionary effort created by the program has positively contributed to these results.

Seeing a Return in Patient Satisfaction

Raw Patient Satisfaction Score on Pilot Unit



In addition to the implementation component already described, the Center offers supplemental manager guidance shown here. HR leaders are encouraged to share these recommendations with frontline managers seeking to establish either team- or individual-level recognition programs.

Additional Manager Guidance for Implementing Principled Recognition Triggers

- ☐ Choose one to three key metrics your team has an opportunity to improve
- ☐ Set targets for each metric that your team could reasonably achieve in the near term as well as time frame for achieving targets; targets need not be immediately within reach, but should be attainable within approximately three months
- ☐ Brainstorm reward options that will please majority of staff, allow team to vote on one; alternately, let team provide suggestions and consolidate into short list for vote
- ☐ Deliver rewards promptly after target achieved; to accommodate this, begin to make arrangements before time frame actually closes
- ☐ Differentiate reward levels if multiple metrics are chosen and targets achieved
- ☐ Regularly evaluate performance; replace any metrics for which team meets target more than three consecutive measurement periods
- ☐ Consider introducing individual-level metrics after team becomes comfortable with team-level metrics; ensure that combined number of team and individual metrics does not exceed three

Practice #7: Creative Consequences

Practice in Brief

Teams agree upon small, yet personally motivating disincentives for not meeting predetermined performance standards.

Rationale

Leaders often struggle to create appropriate consequences for staff failing to meet performance standards. Formal discipline is typically too extreme for isolated events, and “slaps on the wrist” are not taken seriously. Pre-established consequences, not punishments, can effectively promote improvement without disengaging staff.

Implementation Components

Component #1: Select Personally Motivating Consequences

Department or unit managers target disincentives to the most impactful motivators for particular groups of staff, which may vary by staff type or role.

Component #2: Ensure Consequences Are Non-threatening

Managers ensure disincentives are relatively small, good-natured, and not so severe as to threaten employees’ sense of job security or engagement.

Component #3: Allow Staff to Choose Consequences

Staff identify and agree upon consequences collectively with their manager to secure buy-in and set expectations.

Component #4: Apply Consequences Consistently

Department managers apply consequences 100% of the time to maintain fairness and impact, and to ensure staff take consequences seriously.

Practice Assessment

This practice motivates employees through agreed upon commitments to performance rather than punishments handed down from above. Establishing creative consequences is not time or resource intensive, requiring only a small commitment from frontline managers and staff.

HR Investment Center Grades

Impact on Accountability: B


Ease of Implementation: A

While managers must provide rewards and recognition to motivate goal achievement, they should also ensure there are consequences for performance that falls below standard. At Zingerman's, a chain of restaurant and delis based in Michigan, teams collectively agree to small consequences if performance falls short. The table here shows some examples of creative consequences created by Zingerman's staff.

Responding to Unmet Performance Targets

Sample Creative Consequences

Trigger	Consequence
Incomplete Performance Evaluations	Manager must wash all staff members' cars
Partially Executed Action Plan	Team must pick up cigarette butts off facility grounds
Dress Code Violation	Weekend dishwashing shift
Revenue Off Target	Managers must give up golf for two months
Late Catering Delivery	Barry Manilow played over kitchen loudspeaker



Case in Brief: Zingerman's Community of Businesses

- Group of 13 food service and training businesses based in Ann Arbor, Michigan
- In conjunction with frequent celebrations of success, teams must agree on "creative consequences" to hold themselves accountable when performance falls short
- Consequences good-natured, deliberately chosen to motivate staff without being excessively severe

Successfully creating this type of staff disincentive depends on four key components. More detail is provided here.

Crafting Compelling Disincentives

Key Components for Establishing Creative Consequences

Select Personally Motivating Consequences



Department or unit managers target disincentives to the most impactful motivators for particular groups of staff, which may vary by staff type or role

Ensure Consequences Are Non-threatening



Managers ensure disincentives are relatively small, good-natured and not so severe as to threaten employees' sense of job security or engagement

Allow Staff to Choose Consequences



Staff identify and agree upon consequences collectively with their manager to secure buy-in and set expectations

Apply Consequences Consistently



Department managers apply consequences 100% of the time to maintain fairness and impact, and to ensure staff take consequences seriously

Practice #8: Differentiated Frontline Merit Pay

Practice in Brief

HR leaders reallocate merit pay budgets to distinguish staff performance against key goals. Merit increases are allotted on a sliding scale with top performers receiving greater payouts relative to their lower-performing peers.

Rationale

In response to stiffening compensation budgets, many HR leaders have resorted to flat, across-the-board pay increases. Unfortunately, this tactic not only overpays low performers, but sends a discouraging message to top-performing staff that elevated discretionary effort to achieve organizational goals is not valued. By differentiating merit pay, organizational leaders can better link staff pay to organizational goals and create a powerful financial incentive to motivate performance.

Implementation Options

Option #1: Prescribe a Performance Rating Distribution

HR leaders establish a performance rating distribution curve and require frontline managers to comply with predefined allocations when assigning staff ratings. The goal is to reduce rating inflation and achieve more meaningful performance differentiation on which to base merit increases.

Option #2: Incorporate Market Position of Employees' Salaries into Merit Structure

Managers benchmark each staff member's current salary relative to the market and factor both market salary position and employee performance rating into merit pay determinations. The goal is to ensure staff salaries remain competitive while incentivizing performance against established goals.

Practice Assessment

This practice allows organizations to more effectively compensate outstanding performers without increasing the overall merit budget. However, changes to current frontline compensation models will require moderate to high investment of leadership time and may be challenging for organizations constrained by existing collective bargaining agreements.

HR Investment Center Grades

Impact on Accountability: B+

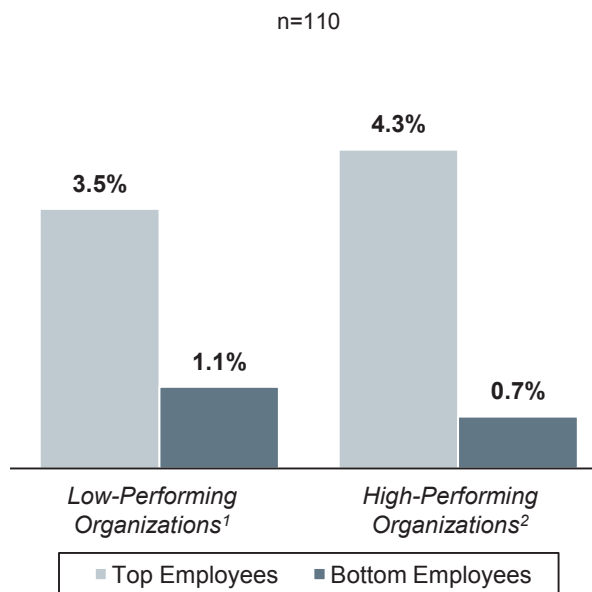
Ease of Implementation: B-

Differentiated merit pay is a powerful financial lever that links staff pay to organizational performance and motivates frontline accountability. A recent health care-specific study found financially high-performing health care institutions were significantly more likely to differentiate pay increases than low-performing organizations. Perhaps more revealing, this greater degree of differentiation resulted from high-performing organizations not only paying top performers more, but also from paying low performers less. This practice highlights two approaches for effectively differentiating frontline merit pay to incent staff performance.

Pay Differentiation Greatest Among Top Performing Institutions

Seeing a Favorable Link Within Health Care

Average Annual Pay Increase at Health Care Organizations



Study in Brief: Strategic Rewards and Retention Practices in the Health Care Sector

- 2005 survey of 110 hospitals, health systems, and clinics
- Organizations grouped into high- or low-performing categories based on respondents' self-assessment of financial performance relative to peer group
- Median net margins for high-performing organizations 6.6%; median net margins for low performers only 1.0%
- High-performing organizations found to have greater average pay differential between bottom- and top-performing staff

1) Financial performance "below" or "substantially below" peer group.
2) Financial performance "substantially above" peer group.

Source: Watson Wyatt, "Strategic Rewards and Retention Practices in Health Care Sector: 2006-2007 Report," available at: <http://www.watsonwyatt.com/research/resrender.asp?id=2006-US-0035&page=1>, accessed March 4, 2010; HR Investment Center interviews and analysis.

Option #1: Prescribe a Performance Rating Distribution

The first option for differentiating frontline merit increases is to establish a performance rating distribution curve to differentiate staff performance. Leaders at Baton Rouge General Medical Center strongly encourage managers to adhere to a ratings distribution when completing employee evaluations, ensuring managers thoughtfully distinguish staff performance. Managers place employees on a three-point rating scale based on performance evaluation scores and prescribed distribution percentages. These performance ratings directly determine the merit increase staff receive. In particular, top performers gain twice the merit increase of average-performing employees, while employees rated as the lowest-performing do not receive increases at all.

Leaders believe this approach further reinforces their performance-based culture. Since establishing differentiated merit pay in 2009, Baton Rouge General has seen a steady decline in turnover among top performers.

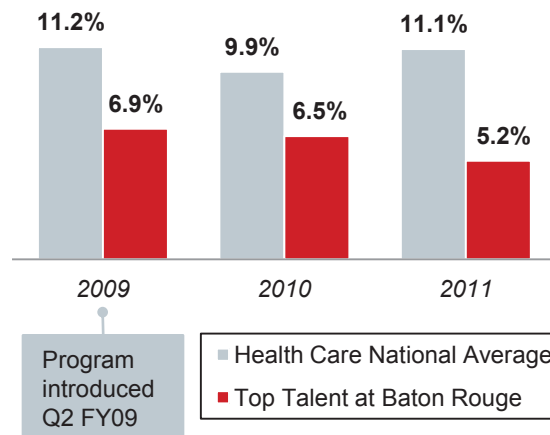
Moving Away from Across-the-Board Increases

Performance Rating Distributions Enable Meaningful Pay Differentiation

Merit Pay Percentage Increases by Performance Rating

Performance Rating	Percentage of Staff Receiving Rating	Merit Increase Percentage
Top Talent	20%	4%
Highly Valued	70%	2%
Less Effective	10%	0%

Turnover Rate at Baton Rouge General



Case in Brief: Baton Rouge General Medical Center

- 544-bed hospital located in Baton Rouge, Louisiana
- As part of larger talent management initiative, annual merit program for frontline employees adjusted to provide higher incentive amounts to top performers and no incentive to bottom-rated individuals; a prescribed distribution determines the percentage of staff who receive each rating
- Retention of "Top Talent" employees has seen steady increase since implementation of talent management system in Q2 2009

Option #2: Incorporate Market Position of Employees' Salaries into Merit Structure

The second option for differentiating merit increases is to incorporate the market position of employees' salaries into frontline merit pay structures. In addition to linking merit increases to performance, Main Line Health also considers current salary market position. Main Line's five performance levels and three market salary ranges are shown in the matrix here. First, managers rate staff performance on a five-point scale; staff at the high end of the performance scale are eligible for greater increases than those closer to the bottom. Managers then benchmark each staff member's current salary relative to the market; potential merit increases decline as salary relative to the market rises. Exact merit payout ranges are based on where employees fall in this matrix.

Leaders at Main Line believe this approach not only recognizes exceptional staff performance against goals with higher merit payouts, but also ensures staff salaries remain competitive relative to the market.

Reallocating Merit Budget to Distinguish Top Performers

Main Line Performance Merit Matrix

Performance Level	Salary's Position in Range					
	Lower Third		Middle Third		Upper Third	
	From	To	From	To	From	To
5	4.50%	5.50%	3.50%	4.50%	2.50%	3.50%
4	3.50%	4.50%	2.50%	3.50%	1.50%	2.50%
3	2.50%	3.50%	2.00%	3.00%	1.00%	2.00%
2	0.00%	2.50%	0.00%	1.50%	0.00%	0.75%
1	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Performance rating determines potential range of merit increase

Current salary relative to market also a contributing factor

Staff with relatively higher pay receive lower merit increases



Case in Brief: Main Line Health

- Six-hospital, 1,373-bed system based in Bryn Mawr, Pennsylvania
- In 2005, redesigned merit pay structure to factor in both employee performance rating and market salary position into merit pay determinations
- Top performers eligible for greater merit pay increases overall, with percentages declining as salary relative to market rises
- New system eliminated the time-consuming, costly process of delivering market equity pay adjustments to positions with rapid pay growth and ensures competitive pay for frontline staff; initial investment of approximately \$30,000 required to purchase external market salary benchmarks

Practice #9: Time-Based Incentives

Practice in Brief

Department managers utilize time as a performance incentive and disincentive, rewarding top performers with additional paid time off (PTO) and sending low performers home first when call-offs are needed.

Rationale

Most institutions flex staff down based on seniority, regardless of performance level. Performance-based call-offs effectively link staff hours and pay to staff contributions, while still meeting department staffing needs.

Implementation Components

Component #1: Rank Order Staff by Evaluation Rating

Department managers force rank staff based on employees' most recent performance evaluation scores.

Component #2: Set Performance-Based Protocols

Department managers establish staffing policies and call-off procedures that give preference to highest-performing staff members.

Practice Assessment

This practice provides an effective way to use staff hours to both incentivize elevated performance and disincentivize poor performance. Minimal manager time and resources are required to develop performance-based protocols and explain operational changes to staff.

HR Investment Center Grades

Impact on Accountability: B+

Ease of Implementation: A-

Most institutions flex staff down based on seniority, regardless of performance level. To promote individual accountability and top-performer engagement, leaders at Franciscan St. Elizabeth Health established a performance-based call-off process.

There are two key components of this practice. The first component is to rank order staff by evaluation rating. Each department or unit manager force ranks staff based on employees' most recent performance evaluation scores.

The second component is to establish tiered, performance-based protocols. Unit managers at St. Elizabeth sort staff into three groups based on ranking. When call-offs are needed, managers always send home staff in the bottom third first. Managers send home staff in the middle third only when it can not be avoided. Staff in the top third of performers are protected from all call-offs.

Using Staff Hours as an Incentive

Rank Order Staff by Evaluation Rating

Rank	Employee Name	Score
1	Susan Anthony	5.0
2	Michael Thomas	4.7
3	Maryann Messing	4.2
4	Virginia Hayes	3.5
5	Umbert Wolfe	2.7

Set Performance-Based Protocols

Top 1/3	→ Never staffed down
Middle 1/3	→ Flexed when necessary
Bottom 1/3	→ First staff sent home











Case in Brief: Franciscan St. Elizabeth Health

- 375-bed hospital located in Lafayette, Indiana; part of 14-hospital Franciscan Alliance
- Developed performance-based call-off system to manage increased frequency of call-offs due to declining volumes; under protocol, low performers always sent home first and top performers protected from call-offs altogether
- Protocol resulted in 12 low performers leaving organization but no high performers

Notably, staff hours can be used as both performance incentives and disincentives. Similar to St. Elizabeth's, Hospital Sisters Health System uses staff hours as a disincentive as part of their tiered call-off protocol. However, they also use time to incentivize performance. Managers reward staff with additional PTO for completing high-priority activities or meeting key organizational goals. The HR Investment Center believes this dual application of staff hours as incentive and disincentive is optimal, as it motivates both high-and low-performing staff.

Applying Two Sides of the Same Coin
Utilizing Time as Both Disincentive and Incentive

<p>Staff Hours as a Disincentive</p> <p>Performance-Based Call-Offs</p>  <p>Time taken away from low performers as part of tiered call-off protocol; lowest performers called off first, top performers never staffed down</p>	<p>Staff Hours as an Incentive</p> <table><tr><td><p>PTO for Wellness Program Participation</p><p>Employees at hospital with greatest participation in wellness program across system receive two hours of PTO; opportunity for additional hours based on individual wellness activities</p></td><td><p>PTO for Achieving Survey Participation Goal</p><p>Any hospital in system achieving 90% engagement survey participation has raffle for one week PTO for one employee, promoting positive peer pressure to complete survey</p></td></tr></table>		<p>PTO for Wellness Program Participation</p>  <p>Employees at hospital with greatest participation in wellness program across system receive two hours of PTO; opportunity for additional hours based on individual wellness activities</p>	<p>PTO for Achieving Survey Participation Goal</p>  <p>Any hospital in system achieving 90% engagement survey participation has raffle for one week PTO for one employee, promoting positive peer pressure to complete survey</p>
<p>PTO for Wellness Program Participation</p>  <p>Employees at hospital with greatest participation in wellness program across system receive two hours of PTO; opportunity for additional hours based on individual wellness activities</p>	<p>PTO for Achieving Survey Participation Goal</p>  <p>Any hospital in system achieving 90% engagement survey participation has raffle for one week PTO for one employee, promoting positive peer pressure to complete survey</p>			



Case in Brief: Hospital Sisters Health System

- 13-hospital, 2,889-bed system based in Springfield, Illinois
- Piloting performance-based call-off protocol in critical access hospital; opportunity for additional paid time off used as incentive across system for wellness program participation, engagement survey completion
- Overall engagement at pilot facility increased from 30th percentile to 42nd percentile; currently rolling out program at HSHS flagship hospital

Source: Hospital Sisters Health System, Springfield, IL; HR Investment Center interviews and analysis.

Practice #10: Organizational Alignment Bonus

— Practice in Brief —

Leaders employ a house-wide bonus system with straightforward payout structure to incent frontline staff performance against key organizational goals. Bonus program emphasizes not only yearly payout of financial incentive, but also continuous communication of performance on bonus metrics and achievement of critical milestones.

Rationale

To the extent hospitals offer house-wide bonuses to frontline staff, programs differ widely on the number and type of metrics the bonus is based on, how and when payouts are determined, and the size of dollar amounts. Overcomplicated bonus structures cause staff confusion and dilute the impact of bonus payouts, as staff are unable to connect bonuses with goal performance. Further, disproportionate attention to year-end payouts does not encourage ongoing attention to organizational achievement.

Implementation Components

Component #1: Utilize Simple, Easy-to-Understand Bonus Payout Structure

Leaders create a house-wide bonus structure that frontline employees can easily understand, including only one or two metrics and explaining potential payouts in frontline-friendly terms. The goal is to avoid staff confusion and encourage interest in the bonus program and organizational outcomes.

Component #2: Keep Goal Performance Top of Mind

Organizational leaders employ a comprehensive, multipronged outreach campaign to ensure staff maintain attention to bonus goals beyond once-a-year payouts.

Practice Assessment

This practice ensures bonus programs maximize staff focus on and commitment to the organization's key priorities. Initial development of the bonus program structure and comprehensive communication plan requires a moderate investment of leader time. Although most bonus programs only pay out when the organization meets specified financial goals, introducing frontline bonuses can still be relatively resource intensive.

HR Investment Center Grades

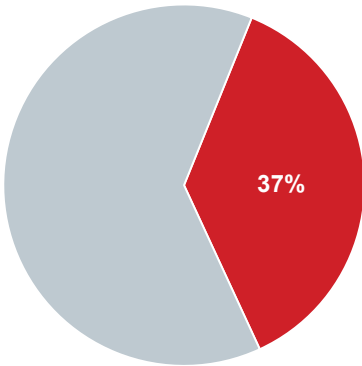
Impact on Accountability: B

Ease of Implementation: B+

Frontline alignment bonuses are becoming more common in health care. To clarify, alignment bonuses are incentives tied to the achievement of key organizational goals and reward all staff for their contributions to organizational success. In contrast, productivity bonuses incent individual output (e.g., words per minute for transcriptionists). While productivity bonuses are relatively common among particular types of staff, more than one-third of hospitals and health systems now utilize some form of frontline alignment bonus.

Hospitals Increasingly Experimenting with Bonuses

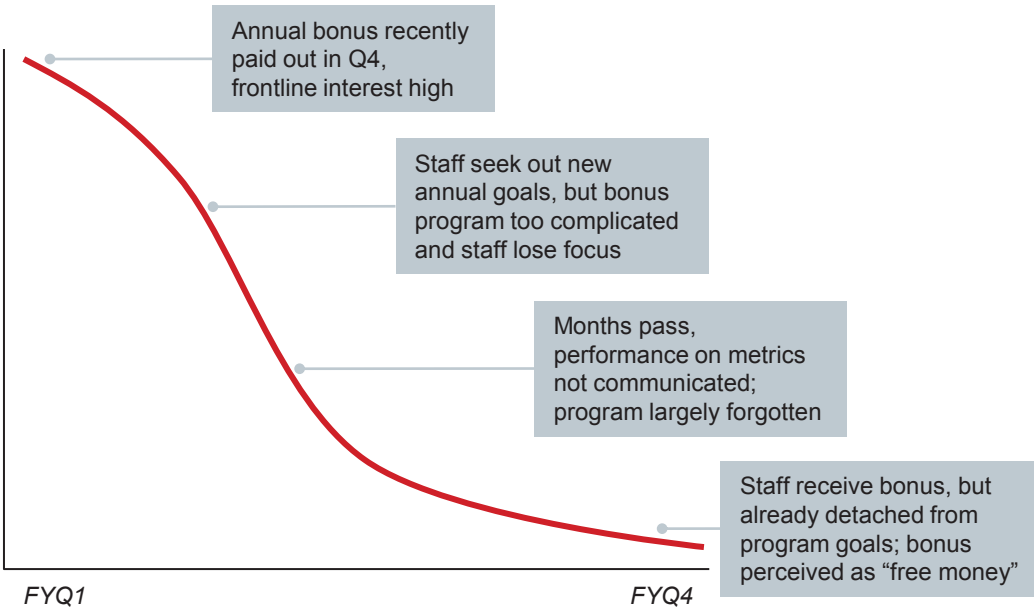
Percentage of Surveyed Hospitals Utilizing Frontline Alignment Bonuses
n=67



However, while alignment bonuses have become more common, many programs fail to deliver the desired impact on staff accountability. The chart here depicts the level of frontline attention to bonus programs across the year. After staff receive bonuses early in the year, interest is high. However, interest gradually wanes across the year. Complicated bonus structures prevent staff from fully understanding what level of performance leads to which payment amounts. Further, staff continue to lose focus due to lack of communication about the program and progress on bonus metrics. By the next payout, staff interest is at its lowest, and employees are unable to connect the bonus to goal achievement. This practice offers two key components to rectify this disconnect and maximize the impact of alignment bonuses.

Failing to Maintain Frontline Attention to Goals
Typical Bonus Programs Suffer from “Free Money Syndrome”

Level of Frontline Attention to Bonus Program Goals



Source: HR Investment Center interviews and analysis, 2012.




Component #1: Utilize Simple, Easy-to-Understand Bonus Payout Structure


The first component of this practice is to employ a simple bonus structure that helps staff understand the goals and potential rewards. Scripps Health developed a straightforward and easy-to-understand program to encourage staff to maintain their focus on goals.

Three key characteristics of Scripps' Success Shares bonus program are presented here. First, the program is based on only a financial trigger and a single performance metric. Financial performance, measured by a simple EBIDA target, determines whether staff will be eligible for a bonus, and hospital patient satisfaction score determines the bonus amount. Second, leaders predetermine performance targets and award pool amounts. Staff know a year in advance the exact payout for hitting goal targets, making the program tangible and real. Third, leaders communicate awards in a language easily understood by frontline staff. Scripps represents bonus amounts as "days' pay" rather than a percentage of base salary to help staff easily grasp potential rewards.

Keeping Staff's Eyes on the Prize

Key Characteristics of Scripps' "Success Shares" Bonus Program Design

Single Performance Metric and Trigger	Preset Performance Targets, Funding Amounts	Frontline-Friendly Payout Terms
		
Bonus linked to facility-level patient satisfaction, system-level EBIDA target; award funded if financial goals met, exact payout determined by patient satisfaction performance	Performance targets and award pool predetermined annually; staff know exact amount of possible reward	Award amount communicated in terms of "number of days' pay" in order to be easily understood by staff



Case in Brief: Scripps Health

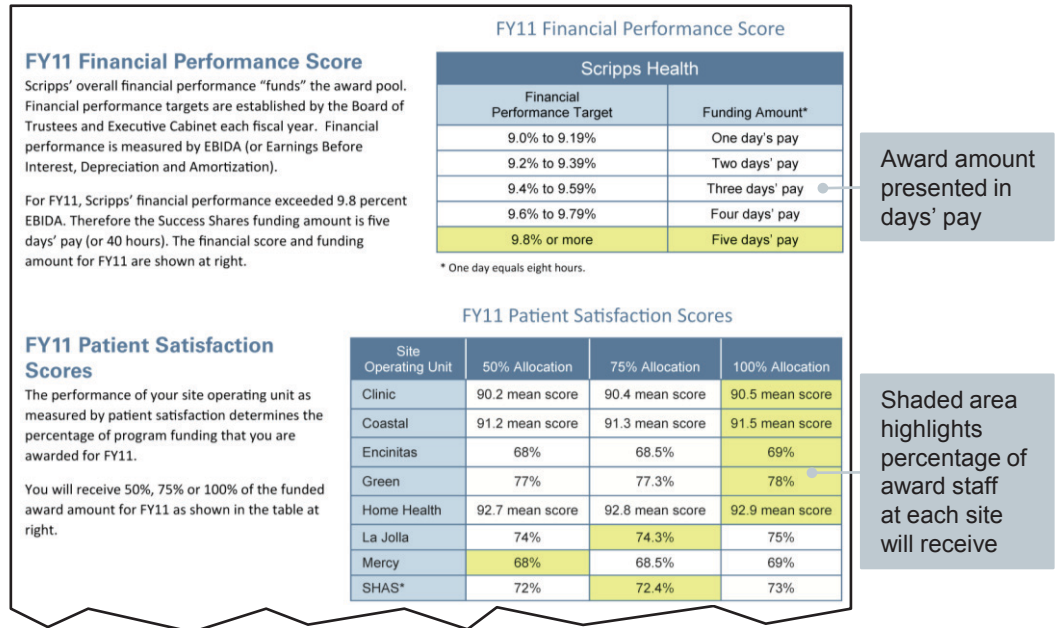
- Four-hospital, 1,343-bed system based in San Diego, California
- In 2006, implemented organization-wide "Success Shares" bonus program; payouts triggered by performance against EBIDA target, and size of bonus based on performance against patient satisfaction target
- Multipronged communication campaign increases staff awareness, attention to performance goals
- Over past five years, Success Shares has led to significant improvements in patient satisfaction and staff satisfaction with pay

To ensure staff fully understand the bonus structure, organizational leaders distribute a Success Shares Award Statement detailing all elements of the program each year. The statement highlights end-of-year performance against bonus goals and staff's award eligibility. The statement also shows all possible reward amounts, not just what staff earned. This allows staff to see how much money was "left on the table," providing extra motivation for next year.

A complete version of Scripps' Success Shares Award Statement can be found on pages 81 to 82 of this publication or accessed through advisory.com/hric.

Bringing It All Together

Scripps Health "Success Shares" Award Statement



Component #2: Keep Goal Performance Top of Mind

The second key component is to keep goals top of mind year round. Scripps employs a multipronged communication campaign involving managers, executives, and HR to remind staff of the program and provide performance updates. This comprehensive communication plan ensures staff think about potential rewards and underlying goals across the year.

Outreach Plan Focuses Staff on Progress, Not Just Payouts

Scripps Health "Success Shares" Program Communication Plan

Communication Tools and Collateral	Frequency
Video email from senior leadership	Quarterly
Managers' guide	November, March, July
Articles and regular features in <i>Inside Scripps</i> , <i>Around Newsletters</i> , <i>E-Source</i> , and <i>Resource</i>	Monthly
Provide updates and information to site newsletter articles	Monthly
Monthly performance scorecard (for internal posting and distribution) for all business units	Monthly
Program overview brochure mailed to employee homes	Beginning of fiscal year
Year-end award statement by site	December
Incorporate updates into Managers' Hotsheet	Monthly
Webpage and calculator	Ongoing – Monthly update

Source: Scripps Health, San Diego, CA; HR Investment Center interviews and analysis.

Key to their comprehensive communication plan, Scripps utilizes an online payout calculator to ensure sustained attention to goal performance. The calculator is housed on Scripps intranet site and allows staff to estimate their likely payout based on current organizational performance. A screenshot of the calculator is shown here. Staff can visit the tool anytime, enter their information, and see their potential award in real time, further reinforcing the connection between payouts and performance.

Seeing the Real-Time Impact of Performance on Bonus

Scripps Health Incentive Payout Calculator

Step 1: Select business unit

Step 2: Tool auto-populates EBIDA, patient satisfaction score

Step 3: Enter hourly rate of pay

SELECT Your Business Unit

SHAS

Financial Performance or EBIDA

9.5

Patient Satisfaction Performance

73.0

ENTER Your Hourly Rate of Pay

\$12.50

Calculator Reset

Funding Amount

Two days' pay or 16 Hours

Percentage of Funded Award

100%

Success Shares Funding Amount		Patient Satisfaction Level (% Allocation)		Success Shares Award Hours
Two days' pay	X	100%	=	16
Your Rate of Pay \$12.50	X	Shares Award Hours 16	=	Your Success Share \$200.00

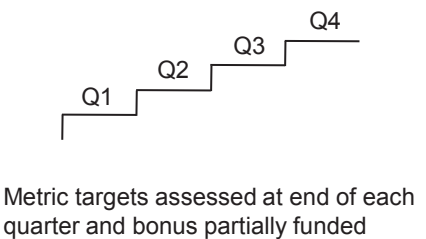
Step 4: Tool auto-calculates estimated incentive award

While Scripps' process represents best practice for keeping frontline bonus programs top of mind, some organizations utilize alternative methods to maintain staff attention to goals. Two such methods are presented here—quarterly assessment targets and quarterly payout checks.

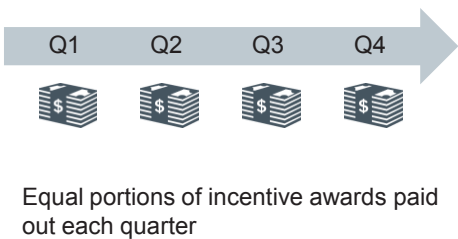
While sometimes effective, these alternative methods have potential drawbacks. Recalibrating or shifting performance targets every quarter potentially undercuts the simplicity of the bonus structure and can make it more difficult for staff to focus. Of equal concern, distributing bonuses as quarterly payouts can reduce the perceived amount of the bonus and dilute the impact of the reward.

Alternative Methods for Keeping Bonuses Top of Mind

Quarterly Assessment Targets



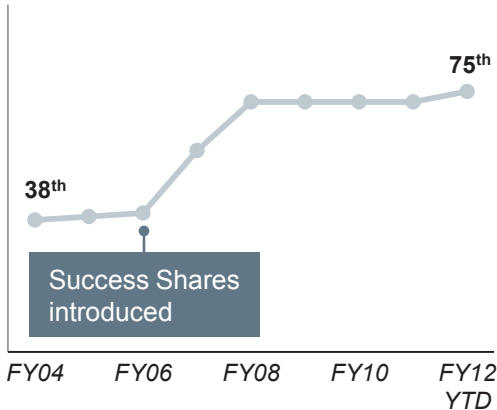
Quarterly Payout Checks



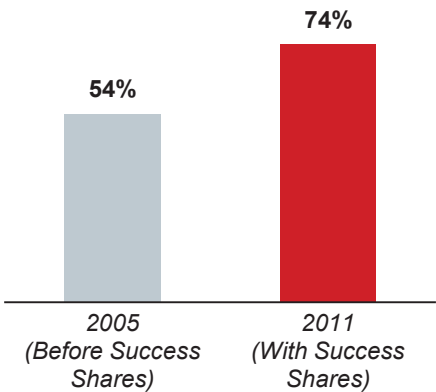
Since the introduction of the Success Shares program, Scripps has seen significant improvements in patient satisfaction as well as staff satisfaction with pay. This example shows bonus programs, when positioned effectively, can be powerful alignment mechanisms and drive organizational outcomes.

Scripps Driving Improvements in System-Level Metrics

Patient Satisfaction by Percentile



Staff Satisfaction with Pay¹



“

A Reminder We’re All on the Same Team

“Success Shares has begun to help people understand what is important in the organization. Frontline staff truly feel like they’re sharing their fate with their managers, because they are.”

*Victor Buzachero, Senior VP of HR
Scripps Health*

Success Shares Award Statement



Your FY11 Award Statement

As a Scripps employee, you are part of a One Scripps team that makes a difference in the lives of our patients, families and communities. Scripps supports you with a competitive total rewards package and a work environment full of life-changing opportunities where you can build your career.

As part of your special and unique benefits for fiscal year 2011, you are eligible to participate in the Success Shares incentive program. Scripps is one of the few health care organizations in the nation that shares its annual successes with staff, and we are proud to reward you for achieving your site's patient satisfaction goals and for making a positive impact on Scripps' financial performance. Because of your hard work, the Success Shares award pool reached five days' pay.* More than 11,500 employees will receive \$10 million this year – our biggest payout ever. Your site's patient satisfaction score determines the level of your award. You can find a sample award calculation on the other side of this statement.

Despite the challenges in health care today, Scripps had a positive financial year thanks to our early efforts at moving forward as One Scripps. Working together we improved productivity and patient satisfaction, while reducing costs. This is the direction we'll need to move over the next several years if we are to continue to thrive and remain competitive amid dramatic reductions in health care reimbursement. We are well on our way to achieving our long-term goals because of your dedication to developing new ways to deliver high quality, lower cost patient care.

Congratulations on your Success Shares award and thank you for all you do to make Scripps a great place to work and one of the nation's best health care providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Van Gorder".

Chris Van Gorder
President and CEO

*One day equals eight hours

Success Shares Award Statement (cont.)

FY11 Financial Performance Score

Scripps' overall financial performance "funds" the award pool. Financial performance targets are established by the Board of Trustees and Executive Cabinet each fiscal year. Financial performance is measured by EBIDA (or Earnings Before Interest, Depreciation and Amortization).

For FY11, Scripps' financial performance exceeded 9.8 percent EBIDA. Therefore the Success Shares funding amount is five days' pay (or 40 hours). The financial score and funding amount for FY11 are shown at the right.

FY11 Financial Performance Score

Scripps Health	
Financial Performance Target	Funding Amount*
9.0% to 9.19%	One day's pay
9.2% to 9.39%	Two days' pay
9.4 to 9.59%	Three days' pay
9.6% to 9.79%	Four days' pay
9.8% or more	Five days' pay

*One day equals eight hours

FY11 Patient Satisfaction Scores

The performance of your site operating unit as measured by patient satisfaction determines the percentage of program funding that you are awarded for FY11.

You will receive 50%, 75% or 100% of the funded award amount for FY11 as shown in the table set at the right.

FY11 Patient Satisfaction Scores

Site Operating Unit	50% Allocation	75% Allocation	100% Allocation
Clinic	90.2 mean score	90.4 mean score	90.5 mean score
Coastal	91.2 mean score	91.3 mean score	91.5 mean score
Encinitas	68%	68.5%	69%
Green	77%	77.3%	78%
Home Health	92.7 mean score	92.8 mean score	92.9 mean score
La Jolla	74%	74.3%	75%
Marcy	68%	68.5%	69%
SHAS*	72%	72.4%	73%

*SHAS calculation is based on hospitals' average combined performance

FY11 Award Calculation Example

Shown below is an FY11 award calculation example for an employee who worked 2,080 hours during FY11 with an hourly rate of \$20 on Sept. 30, 2011 and received a 75% patient satisfaction allocation.

STEP 1: Calculate Award Amount

Funding Amount		Patient Satisfaction Allocation		Award Amount
Five Days' Pay (40 hours)	x	75%	=	30 hours

STEP 2: Calculate Dollar Value of Award Amount

Award Amount		Hourly Rate (as of 9/30/11)		Dollar Value of Award
30 hours	x	\$20	=	\$600



Use the Success Shares calculators on ScrippsNet to calculate your FY11 payout or your FY12 year-to-date Success Shares award.



Column IV

Fostering Positive Peer Pressure on Key Organizational Goals

- Practice #11: Standardized Feedback Cues
- Practice #12: Joint Assessments
- Practice #13: Peer Feedback Cohorts
- Practice #14: Interdisciplinary Results Council

In addition to organizational leaders and department managers, peers are an equally powerful influence in building frontline accountability. Coworkers often understand peers' performance better than managers and are well positioned to drive accountability for goals. As shown, organizations have invested significant resources to encourage this kind of peer-to-peer accountability.

No Shortage of Efforts to Instill Peer Accountability

Representative Peer Accountability Initiatives

Crucial Conversations® Training



Training teaches staff how to have "high-stakes" conversations about safety, performance, and behavior

Performance Evaluation Peer Reviews



Manager solicits feedback from staff's peers; incorporates into performance reviews

Peer Accountability Workshops



HR or OD facilitates workshops where staff discuss what they expect from each other

Just Culture Model



Model emphasizes addressing at-risk and reckless behavior, identifying system causes of human error

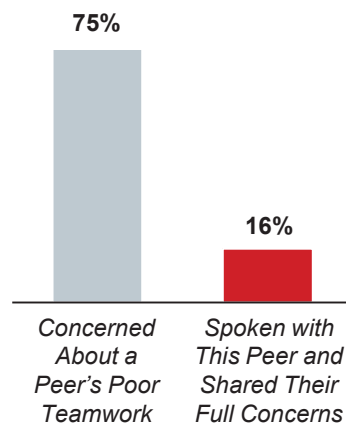
Unfortunately, despite organizations' best efforts to foster peer accountability, staff are still hesitant to speak up to one another. National survey data suggests three-quarters of nurses are concerned about peers' performance, yet only a fraction have spoken up to their coworkers. Similarly, all frontline staff are more confident in their personal relationships with coworkers than in their peers' performance and support.

Still Struggling to Foster Positive Peer Pressure

Both Clinical and Non-clinical Staff Failing to Raise Concerns

Frontline Nurses' Concern About Poor Teamwork

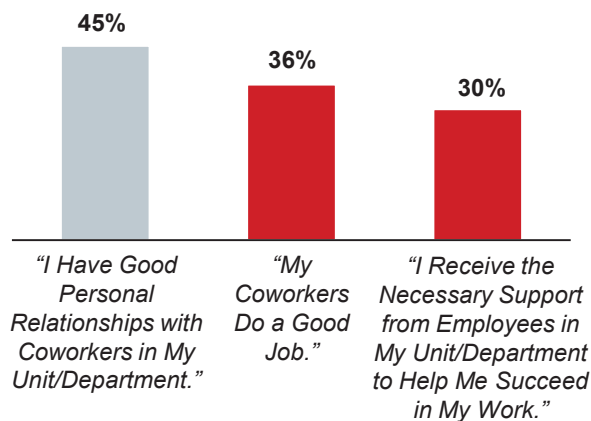
n=1,409



Staff's Relationship with Coworkers Across the House

Percentage of Frontline Hospital Staff Strongly Agreeing with the Following Statements

n=149,427



Source: Maxfield D et al., "Silence Kills: The Seven Crucial Conversations for Healthcare," VitalSmarts, 2005, available at <http://www.silenttreatmentstudy.com/silencekills/>, accessed May 17, 2012; Advisory Board Survey Solutions Data Cohort, 2012; HR Investment Center interviews and analysis.

To foster peer accountability, leaders must help staff overcome this reluctance to provide feedback. This is best accomplished by providing staff opportunities for constructive peer dialogue about performance toward key organizational goals. Two mechanisms for facilitating peer dialogue are shown here. The four practices in this section map to these categories and help staff feel more comfortable giving and receiving peer feedback.

Overcoming Staff Reluctance to Speak Up

Two Proven Methods to Encourage Peer Feedback

In-the-Moment Conversation Starters



Description: Staff use pre-established visual and verbal cues to address peers' behavior as it occurs

- HR's Role:**
- Developing visual, verbal cues
 - Teaching staff how to use cues
 - Reinforcing cues through organizational communication (posters, newsletters, etc.)

Regular Structured Feedback Opportunities



Staff given dedicated time within workflow to evaluate specific aspects of peers' performance

- Identifying appropriate opportunities within workflow for staff to collaborate and observe each other
- Providing clear criteria for staff to evaluate each other on

Practice #11: Standardized Feedback Cues

— Practice in Brief —

Frontline staff utilize standardized signals or cues to initiate in-the-moment peer conversations and offer performance feedback.

Rationale

Frontline staff often hesitate to speak up to under-performing peers for fear of confrontation. Organizations can make providing feedback to peers less intimidating by equipping staff with common signals to initiate peer conversations and reinforce behavioral expectations.

Implementation Components

Component #1: Establish a Standardized Set of Feedback Cues

Organizational leaders create a standardized set of signals, recognized across the organization, as a mechanism for staff to prompt performance discussions and exchange feedback with peers.

Component #2: Equip Staff to Effectively Deliver and Accept Peer Feedback

Organizational leaders provide staff with conversation scripting and rules to ensure peer dialogue is constructive and employees are comfortable giving and receiving feedback.

Practice Assessment

This practice is a relatively simple way to encourage staff to exchange in-the-moment feedback with peers. The optional step of formally training staff to deliver feedback is potentially more time and resource intensive.

HR Investment Center Grades
Impact on Accountability: B
Ease of Implementation: B

Component #1: Establish a Standardized Set of Feedback Cues

The first component of this practice is to create a common set of cues that help staff deliver in-the-moment peer feedback. In particular, cues must be easy to use and recognized by all staff. The table here displays three different organizations and their feedback cues. Each offers staff a means to initiate tough performance conversations with peers.

Establishing Shared Signals to Break the Ice
Standardized Cues Help Staff Start Difficult Conversations with Peers

Select Standardized Feedback Cues

Feedback Cue	Staff Action	Capsule Description	Organization
Pocket Card	Hand card to peer	Employees carry wallet-size cards listing expectations for how staff will communicate with and treat each other; staff hand card to peers not following principles	Faxton-St. Luke's Healthcare 370-bed unionized system located in Utica, New York
Badge Icon	Display icon to peer	Staff show heart icon on back of badges to peers when communication or service could be improved; displaying icon signals to employees involved they need to talk about incident away from patients	Edwards Health ¹ Multi-hospital system in the Midwest
Phrase	Say phrase to peer	Cultural initiative called "Excel" includes set of specific behavioral expectations for staff; employees use phrase "Excel behaviors" to remind peers how they should act	St. Rita's Medical Center 365-bed hospital located in Lima, Ohio; part of 24-hospital system Catholic Health Partners

1) Pseudonym.

Source: Faxton-St. Luke's Healthcare, Utica, NY; St. Rita's Medical Center, Lima, OH; HR Investment Center interviews and analysis.

Component #2: Equip Staff to Effectively Deliver and Accept Peer Feedback

The second component is to ensure staff are equipped to give and receive constructive peer feedback. To do this, Overlake Hospital Medical Center employs the three elements shown here—conversation scripting, rules for peer-to-peer feedback, and applicable role-playing scenarios. This approach ensures peer dialogue is constructive and frontline staff are comfortable giving and receiving performance feedback.

Ensuring Constructive In-the-Moment Dialogue

Overlake’s Peer Feedback Model

Conversation Scripting



Sample scripting provides structured blueprint for employees to request, offer feedback

Ground Rules



Staff instructed to deliver positive feedback first, then constructive; staff receiving feedback remain silent, reflect on comments

Role Play



Training offered includes three rounds of role play in which staff practice delivering and receiving feedback; staff given homework to deliver feedback five more times



Feedback Scripting

- Employee A: “What feedback do you have for me?”
- Employee B: “Here’s where I feel you demonstrate…”
- Employee B: “Here’s where you could demonstrate even more…”
- Employee A: “Thank you for the feedback.”



Case in Brief: Overlake Hospital Medical Center

- 349-bed unionized medical center located in Bellevue, Washington
- HR began teaching staff how to better deliver and receive feedback in 2009; training includes sample scripting, role play, homework to practice giving feedback
- One-third of employees have received feedback training; majority of training has focused on staff in departments struggling with communication and staff in newly acquired physician practices unfamiliar with organizational culture

Source: Overlake Hospital Medical Center, Bellevue, WA; Partners in Leadership, Temecula, CA; HR Investment Center interviews and analysis.

Practice #12: Joint Assessments

Practice in Brief

Frontline staff members complete and audit select tasks in pairs and are held jointly responsible for performance outcomes. The goal is to encourage staff to hold each other to a defined performance standard.

Rationale

Staff mostly complete tasks independently, leaving few occasions to recognize or address peer performance. Carving out specific times for staff to work together toward a common goal creates structured opportunities for peer discussions.

Implementation Components

Component #1: Conduct Assessments in Pairs

Co-workers complete and assess tasks together, promoting consistent compliance with protocols and providing an opportunity for peer feedback and coaching.

Component #2: Create Clear Criteria for Conducting Assessments

Managers establish a set of well-defined criteria for collaborative audits to better focus peer discussions.

Component #3: Establish Joint Responsibility for Completing Assessments

Staff are dually responsible for completing tasks to standard and hold each other accountable for performance, encouraging honest peer feedback.

Practice Assessment

This practice effectively hardwires peer accountability by creating a structured opportunity for collaboration and a clear focus for peer discussion. Adjustments to staff schedules and workflow may be necessary to accommodate staff collaboration on select tasks.

HR Investment Center Grades

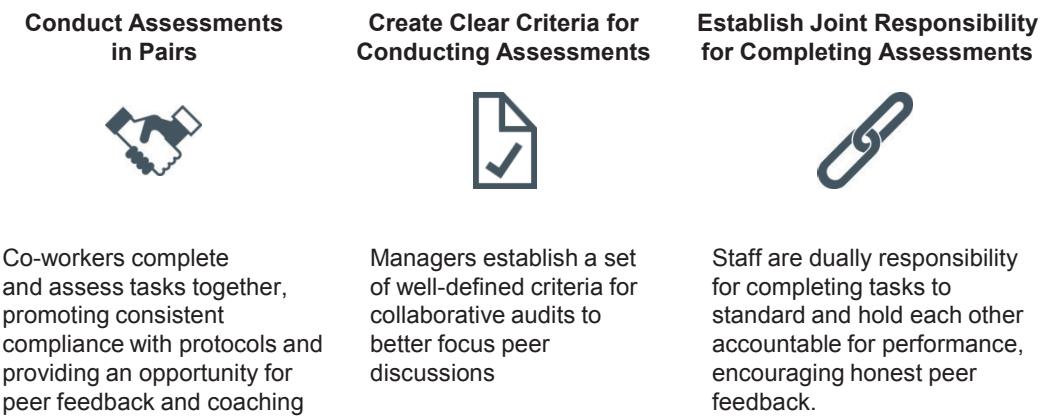
Impact on Accountability: A

Ease of Implementation: B

Joint assessments provide one of the most effective ways to embed regular, structured peer feedback into staff's existing workflow. The three components shown here are critical to ensuring joint assessments offer optimal opportunities for peer feedback and coaching.

Working in Pairs Promotes Targeted Peer Feedback

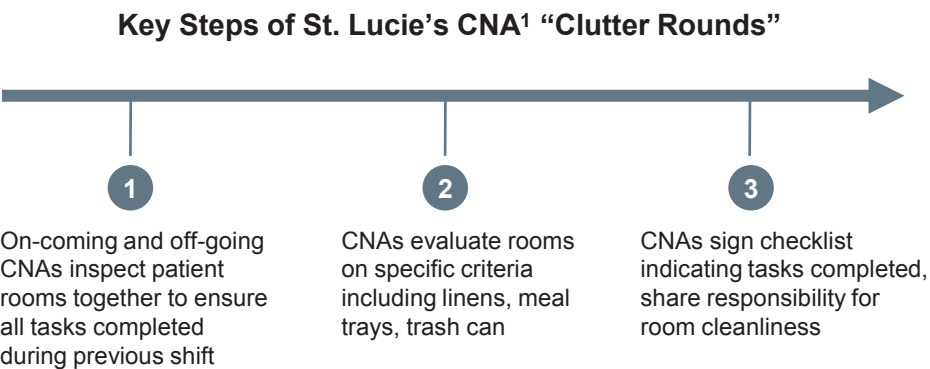
Key Components of Joint Assessments



As an example of this approach, St. Lucie Medical Center utilizes joint assessments with nursing assistants in a practice called "clutter rounds." On-coming and off-going CNAs inspect patient rooms together to examine overall room cleanliness. They assess rooms against established criteria and formally sign-off that all tasks have been completed. According to nursing leaders at St. Lucie, this process has not only improved cleanliness, but also created greater collaboration and peer communication among CNAs.

A complete version of St. Lucie's Cleanliness and Clutter Round Checklist can be found on page 92 of this publication or accessed through advisory.com/hric.

Pairing CNAs to Collaborate on Room Cleanliness



Case in Brief: St. Lucie Medical Center

- 229-bed facility located in Port St. Lucie, Florida; part of HCA system
- Clutter rounds checklist designed to ensure room cleanliness, patient safety
- On-coming, off-going CNAs round on patient rooms at beginning of new shift, using tool to ensure all tasks completed; both CNAs sign document, assuming shared accountability for completion

1) Certified nursing assistant.

Source: St. Lucie Medical Center, Port St. Lucie, FL; HR Investment Center interviews and analysis.

Leaders can apply joint assessments in virtually any setting to create structured opportunities for peer collaboration. Three examples of joint assessments in different departments and the positive impact on performance are shown here. Like clutter rounds at St. Lucie, these staff partnerships offer a concrete time and place for peer collaboration and feedback discussions.

Deploying Joint Assessments in Other Departments

Representative Staff Partnerships

Nursing	Marketing	Finance
		
<p>Opportunity for Joint Assessment: On-coming and off-going nurses assess patient's skin together, come to consensus on pressure ulcer staging score</p> <p>Additional Benefits: Decreased incidence of pressure ulcers, improved inter-rater reliability of pressure ulcer staging score</p>	<p>Opportunity for Joint Assessment: Call center staff listen to samples of peer's incoming calls, provide feedback on customer service</p> <p>Additional Benefits: Improved customer service, more consistent information provided to callers</p>	<p>Opportunity for Joint Assessment: Billing staff audit random sample of each other's claims for documentation completeness, adherence to policies and protocols</p> <p>Additional Benefits: Improved accuracy of claims, more thorough documentation</p>

√ = Yes N = No NA= Not applicable
To be completed by each Tech, for each shift. Please leave in blue folder at front nurses station. Thanks

[illegible]

ONGOING C.N.A completing form: _____ Date: _____

OFFGOING C.N.A completing shift: _____ Date: _____

Practice #13: Peer Feedback Cohorts

Practice in Brief

Frontline staff meet quarterly in small groups of four to five peers to provide performance feedback to one another and discuss development goals. Conversations are guided by a standardized goal sheet provided by department leaders.

Rationale

Frontline staff typically discuss professional development and individual performance only with their direct managers, and often just during yearly reviews. However, meeting regularly with and soliciting input from a cohort of peers, frontline staff have more frequent, structured opportunities to participate in developmental discussions and receive feedback.

Implementation Components

Component #1: Maintain Consistent Composition of Frontline Cohorts

Staff stay in the same cohort of four to five employees each quarter, ensuring staff in the group are comfortable with each other and can provide informed feedback.

Component #2: Focus Cohort Agenda Through Standardized Discussion Templates

Before each cohort session, staff complete a standardized individual goal sheet. During the cohort session, each participant presents his or her completed form and receives guidance and feedback from the group. The objective of the standardized goal template is to focus the group discussion and ensure participants receive appropriate and actionable feedback.

Component #3: Link Peer Feedback to Individual Development

Managers incorporate completed goal sheets, which include both a self-assessment and peer feedback, into one-on-one professional development conversations with employees during yearly reviews. The goal is to ensure staff act on feedback received.

Practice Assessment

This practice offers a semi-structured but effective method to encourage frontline staff to routinely share feedback with their peers and collectively brainstorm development goals and next steps. The practice can be moderately resource intensive as cohorts are likely to meet during working hours.

HR Investment Center Grades

Impact on Accountability: B+

Ease of Implementation: B

Frontline staff typically discuss professional development and their individual performance with only their direct managers, and often just during annual reviews. To create an opportunity for frontline nurses to gain a more diverse perspective and discuss developmental goals on a more frequent basis, nursing leaders at Munson Medical Center established formal nurse cohorts. Currently, Munson utilizes peer cohorts only with clinical staff, but the concept could apply to staff in all departments. To ensure peer cohort meetings are impactful and help drive peer accountability, three foundational components are shown here.

The first component is to maintain consistent composition of the cohort. Each cohort consists of four to five nurses who meet quarterly. Staff remain in the same cohorts every quarter to build a rapport and lessen apprehension around providing feedback. Also, cohort meetings are attended by staff only, not unit leadership, which encourages open dialogue.

The second component is to focus the peer dialogue with a structured goal sheet. Prior to the cohort meeting, nurses self-identify individual strengths, weaknesses, and goals. Nurses then individually present their self-assessments at the meeting and capture group feedback, including suggested action steps.

The third component is to link peer feedback to development. Unit managers incorporate self-assessments and cohort feedback into one-on-one development conversations during annual reviews. This ensures staff take peer feedback to heart and work to improve.

A complete version of Munson's Individual Goal Sheet can be found on page 96 of this publication or accessed through advisory.com/hric.

Fostering Accountability in Small Groups of Staff

Munson Staff Offer Feedback on Individual Goals to Cohort Peers

Key Components of Peer Feedback Cohorts

Maintain Consistent Composition of Frontline Cohorts



- Four to five staff nurses assigned to cohort for year
- Groups formed with nurses working closely together on regular basis, varying degrees of tenure
- Cohort meetings attended only by staff to encourage candid, open dialogue

Focus Cohort Agenda Through Standardized Discussion Templates



- Nurses complete standardized goal sheet before cohort meeting
- Group meets quarterly, provides feedback on each member's stated goals, self-assessed strengths and weaknesses
- Conversation guided by and documented in individual goal sheet

Link Peer Feedback to Individual Development



- Each nurse in cohort provides nurse manager with goal sheets from all four quarters at year's end
- Progress against goals part of ongoing one-on-one development conversations



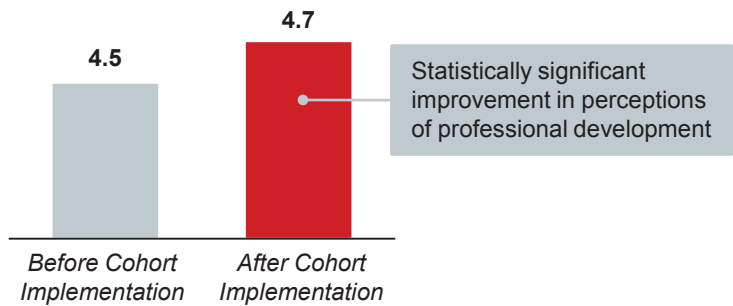
Case in Brief: Munson Medical Center

- 391-bed facility located in Traverse City, Michigan; part of seven-hospital Munson Healthcare
- Peer Feedback Cohorts established in fall 2009 as pilot project on three units; currently implemented in all nursing units
- Groups of four to five nurses on same unit meet quarterly to solicit each other's feedback on short-, long-term professional goals; goal progress part of ongoing development conversation with manager

Nursing leaders at Munson feel confident that feedback cohorts have made a positive impact on peer accountability among frontline nurses. Moreover, staff themselves also see the cohorts as beneficial, reporting improvements in overall professional development since their introduction.

Cohorts Enhancing Professional Development

Nurses' Perceptions of Professional Development¹



“

Inspiring Each Other to Grow

“I’ve been in this professional realm for a long time and this was actually a really nice initiative that came our way. There’s a lot that comes down the pike to us but ... I really jumped on board because I thought it would be beneficial to myself as well as my peers.”

*Staff Nurse
Munson Medical Center*

Source: Munson Medical Center, Traverse City, MI.

Practice #14: Interdisciplinary Results Council

Practice in Brief

Organizations utilize existing interdepartmental structures to create a forum for departments to learn what others are working on and collaborate on initiatives to advance key organizational goals.

Rationale

Departments often focus narrowly on accomplishing their own objectives and are quick to assign blame to other areas because they lack information on what other departments are working on. However, as health care becomes increasingly cross-disciplinary, peer accountability must extend across departments in order to achieve key organizational goals.

Implementation Components

Component #1: Ensure Widespread Unit Representation

Every department sends one representative from its unit- or department-based council to the monthly Interdisciplinary Results Council.

Component #2: Invite Executives to Participate in Council

Key organizational leaders serve as standing members of Results Council to ensure the forum focuses on appropriate initiatives and drives critical outcomes. Executive involvement also provides powerful signal value to staff and reinforces the importance of interdisciplinary collaboration.

Component #3: Craft Standardized Status Report Templates

Department representatives use a structured template to report on their department's status and contributions to organizational goals once per quarter.

Component #4: Formalize Requests for Interdisciplinary Support

Department representatives document any assistance required from the Council to achieve their goals, then formally request help from other departments during status reports.

Practice Assessment

This practice provides a formal structure to encourage cross-departmental collaboration and accountability. However, this practice is highly resource intensive and requires significant involvement and coordination from all departments across the organization.

HR Investment Center Grades

Impact on Accountability: B

Ease of Implementation: C+

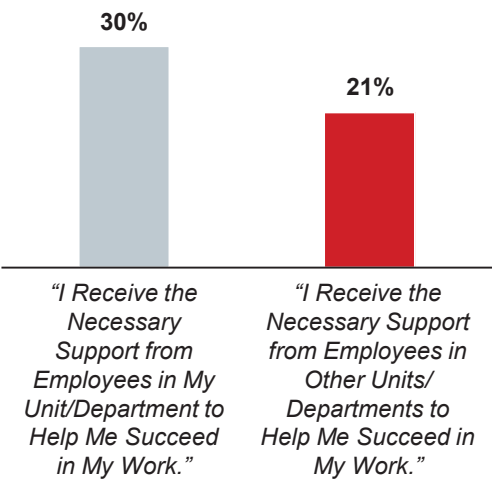
As health care becomes increasingly cross-disciplinary, peer accountability must extend across departments to achieve key organizational goals. However, national data shows most organizations have yet to fully realize interdisciplinary accountability. Few staff believe they receive enough support from peers within their own departments, but even fewer feel they receive necessary support from other departments in their organization.

Worse yet, departments too often pass the blame for performance rather than sharing accountability for organizational goals. This passing of the buck clearly undercuts organizational efforts to instill individual accountability. With cross-continuum care a priority for all health care organizations, it is more important than ever for departments to work together to achieve goals.

Passing the Buck Across Organizational Silos

Ample Opportunity to Improve Cross-Disciplinary Accountability

Percentage of Frontline Staff Strongly Agreeing with the Following Statements



The Interdepartmental Blame Game

"Nursing blames the Emergency Department. The ED blames Nursing. Everyone points fingers at each other, and no one takes responsibility for the patient."

Vice President, Human Resources

To bridge this disconnect and provide frontline staff with a forum for cross-departmental collaboration, Faxton-St. Luke's Healthcare created the Interdisciplinary Results Council. The four components shown here are critical for ensuring meetings are purposeful and directive.

The first component is to include staff from a wide cross-section of departments. Faxton-St. Luke's ensures frontline staff members from all departments are involved in the Results Council.

The second component is to encourage executive participation in the Results Council. Executive involvement is critical for ensuring staff collaborate on the right organizational goals and signals to staff how important interdisciplinary collaboration is to organizational success. The COO, CFO, CMO, CMO, and VPHR are standing members of Faxton-St. Luke's Results Council.

The third component is to utilize a standardized status report template. Faxton-St. Luke's organizes this form by organizational pillar. Representatives complete the form before the meeting and use it to report on department initiatives and results under each pillar.

The fourth component is to give department representatives the opportunity to request support. Representatives capture any assistance required to accomplish their goals in the report template. During status updates, staff explain what their departments need from the Results Council and ask for help from other departments. This structured process for requesting support is critical for enhancing cross-disciplinary collaboration and accountability.

A complete version of Faxton-St. Luke's UPC Status Report can be found on pages 101 and 102 of this publication or accessed through advisory.com/hric.

A Dedicated Forum for Cross-Functional Collaboration

Key Elements of Faxton-St. Luke's Results Council

Ensure Widespread Unit Representation	Invite Executives to Participate in Council	Craft Standardized Status Report Template	Formalize Requests for Interdisciplinary Support
			
Every department sends one representative from its unit- or department-based council to the monthly Interdisciplinary Results Council	Key organizational leaders serve as standing members of Results Council to ensure the forum focuses on appropriate initiatives and drives critical outcomes	Department representatives use a structured template to report on their department's status and contributions to organizational goals once per quarter	Department representatives document any assistance required from the Council to achieve their goals, then formally request help from other departments during status reports



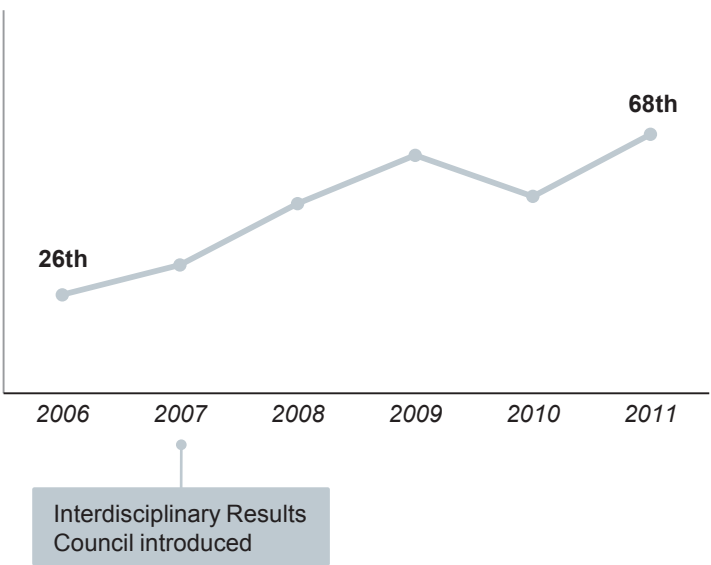
Case in Brief: Faxton-St. Luke's Healthcare

- 370-bed unionized health system located in Utica, New York
- Created Interdisciplinary Results Council in 2007 to assist implementation of relationship-based care model; scope later broadened to facilitate house-wide collaboration on organizational goals
- Every department sends unit practice council representative to monthly Results Council; each representative gives standardized quarterly report on department's contributions to organizational goals, requests assistance from other departments
- Employee survey score on "Departments within this organization work well together" increased from 26th percentile in 2006 to 68th percentile in 2011

Since the addition of the Results Council in 2007, Faxton-St. Luke's has seen cross-department teamwork rise from the 26th percentile to the 68th. Organizational leaders point to the Results Council as key for improving teamwork across departments.

Improving Cross-Department Teamwork

Percentile Score for the Employee Survey Question: “Departments Within This Organization Work Well Together”



Rather than creating entirely new structures, organizational leaders can utilize existing interdepartmental structures to drive collaboration and accountability. On the right is a list of three structures organizations may already have in place that can serve as forums for improving cross-departmental collaboration.

However, the type of forum leaders choose to utilize is less important than ensuring meetings are well structured, diverse, and directive. Key steps for fostering positive interdisciplinary peer-pressure in any forum are also provided here.

Additional Venues for Interdisciplinary Collaboration

- 1
Shared Decision-Making Structures
- 2
Process Improvement Teams
- 3
Employee Task Forces

Key Steps for Fostering Positive Interdisciplinary Peer Pressure

- Invite staff from wide cross-section of departments to participate
- Ensure at least one executive sponsor attends each meeting to keep staff efforts focused on key organizational outcomes, signal importance of interdisciplinary collaboration
- Establish standing meeting agenda with clear objectives
- Provide standardized template for department representatives to report on department initiatives
- Dedicate time during each meeting for department representatives to ask for help from other departments

1) Five-point Likert scale.

Source: Faxton-St. Luke's Healthcare, Utica, NY; HR Investment Center interviews and analysis.

Standardized Status Report Template



UPC Status Report

Unit/Department: _____

Date: _____

Leading Lasting Change:

Pillars of Excellence Corporate Goals	Initiatives	Strategies	Outcome Measurement
QUALITY <ul style="list-style-type: none"> Reduce HARM (examples: falls, infections, deep vein thrombosis, pressure ulcers, medication variances) Perfect care for: <ul style="list-style-type: none"> Acute Myocardial Infarction (AMI) Congestive Heart Failure (CHF) Pneumonia Surgical Care (SCIP) 			
PEOPLE <ul style="list-style-type: none"> Meaningful conversations (%) Employee Satisfaction Commitment to My Co-workers UPC Collaboration Liaison programs 			
SERVICE <ul style="list-style-type: none"> Primary Nursing (%) Patient Satisfaction Press Ganey/HCAHPS* Moments of Excellence Rounding, scripting (consistent caring conversations) <p><small>*Hospital Consumer Assessment of Healthcare Providers and Systems</small></p>			
GROWTH <ul style="list-style-type: none"> Develop Physician Partnerships and Satisfaction Assist with CPOE (computerized physician order entry) Physician education 			
FINANCE <ul style="list-style-type: none"> Reduce 1 day stays Increase efficiency Decrease costs Increase revenue 			

Standardized Status Report Template

What assistance do you need from Results Council?

ROUNDING WITH PURPOSE	
<p>Which of the following occurs in support of rounding in your area?</p> <ul style="list-style-type: none">• Manager Rounds• Hourly rounding• Bedside report• Provide patient feedback to CN or Manager• Ask permission to clean• Teamwork	
<p>What successes can you share from 'Rounding with Purpose'?</p> <ul style="list-style-type: none">• Decreased call lights• Increased compliments/staff recognition from patients and families• Use of earplugs effective• A-ha moments...	

____ UPC Chair

____ Unit/Department Manager



Column V

Illustrating the Impact of Individual Staff Performance

- Practice #15: Humanized Quality Metrics
- Practice #16: Patient Impact Forums
- Practice #17: Customer-Focused Interactions

One of the most powerful ways to instill accountability is to help staff understand the impact of their day-to-day work on the organizational mission. This is particularly true in health care. For both clinical and non-clinical staff, three of the four top engagement drivers are directly related to organizational mission. Unquestionably, staff already value health care's mission of saving lives and caring for patients. The more leaders can illustrate staff's connection to organizational mission, the more staff will see their work as meaningful and hold themselves accountable for performance.

Tapping into Health Care's Higher Purpose
 Organizational Mission Meaningful to All Types of Staff

Top Engagement Drivers
 for Frontline Clinical Staff

n=126,797

Rank	Driver	Beta ¹
1	I believe in my organization's mission	.112
2	The actions of executives in my organization reflect our mission and values	.085
3	My organization provides excellent care to patients	.081
4	I am interested in promotion opportunities in my unit/department	.079

Top Engagement Drivers
 for Frontline Non-clinical Staff

n=22,630

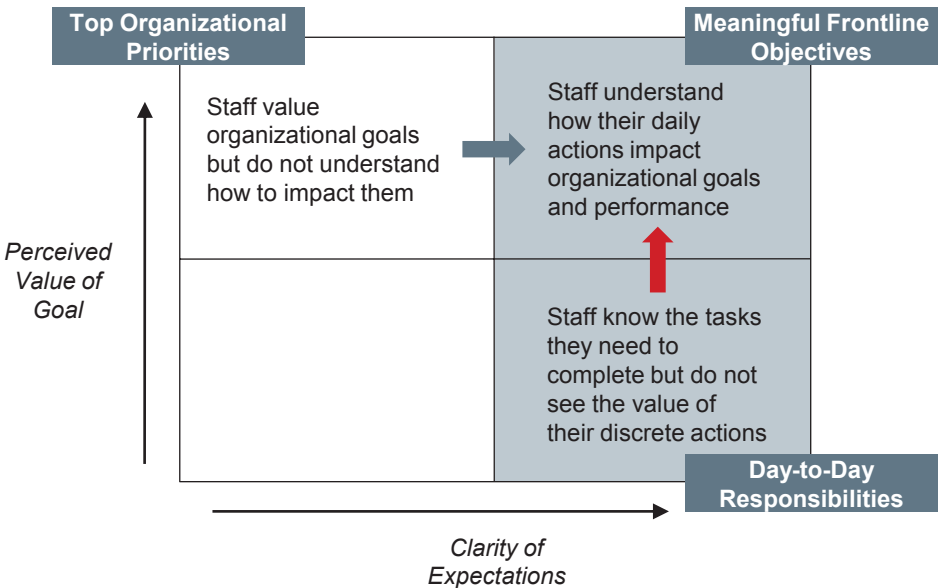
Rank	Driver	Beta ¹
1	I believe in my organization's mission	.118
2	I am interested in promotion opportunities in my unit/department	.093
3	The actions of executives in my organization reflect our mission and values	.076
4	My organization provides excellent care to patients	.071

Therefore, organizations must help staff see how their day-to-day work connects back to larger organizational priorities. To that end, this section contains three best practices to illustrate to staff their impact on key goals.

The challenge illustrated in the top row of the graphic (translating top organizational goals into clear staff expectations) is the subject of Column I of this report.

Demonstrating the Value of Staff's Day-to-Day Work

Staff Perceptions of Goals Versus Clarity of Expectations



1) Beta coefficient represents percentage of overall engagement score attributable to individual driver.

Source: Advisory Board Survey Solutions Data Cohort, 2012; HR Investment Center interviews and analysis.

Practice #15: Humanized Quality Metrics

Practice in Brief

Leaders supplement the standard display of performance metrics data as abstract rates or percentages by communicating performance on key performance metrics as the number of patients impacted.

Rationale

Clinical staff often struggle to discern the impact they have on patients from clinical performance data aggregated across weeks or months and tracked through abstract metrics such as rates. By communicating performance data as actual number of patients impacted, department leaders can make performance data more meaningful to staff and enhance individual investment in improving performance.

Implementation Components

Component #1: Display Number of Patients Impacted Alongside Abstract Clinical Data

Clinical leaders incorporate the number of patients affected by unit events on existing staff-facing dashboards and graphs.

Practice Assessment

This is a relatively simple practice that is not resource intensive, yet holds the potential to dramatically improve communication and the impact of sharing performance data has on staff. This practice is recommended for all hospitals.

HR Investment Center Grades

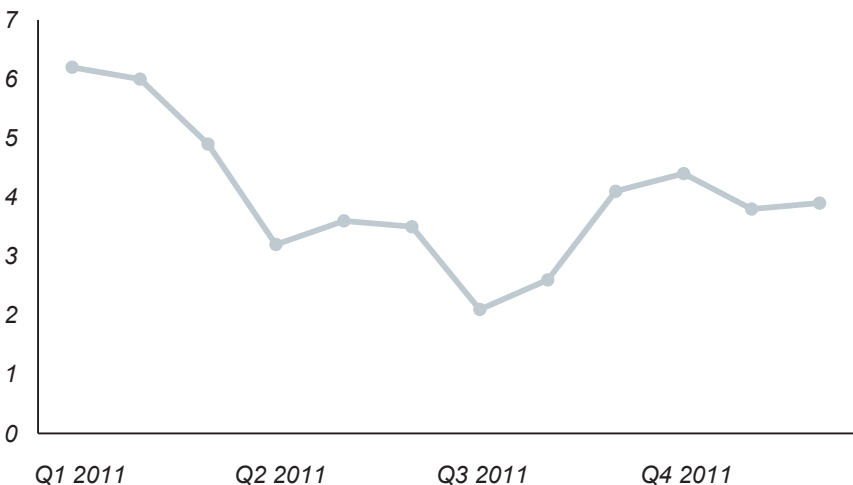
Impact on Accountability: B+

Ease of Implementation: A

Unfortunately, the most common methods hospitals use to communicate performance data are rarely meaningful to frontline staff. Organizations often share unit performance with run charts using abstract metric data, such as rates or percentages, which aggregate data across several weeks or months. While unit performance is clearly conveyed, the impact that staff have on individual patients is lost entirely, reducing the effect sharing performance data has on staff.

Standard Data Reports Not Reinforcing the Mission

Representative Nursing Unit Urinary Tract Infection Rate¹



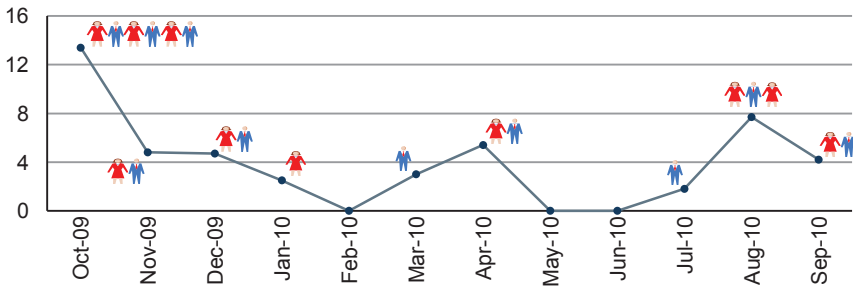
Component #1: Display Number of Patients Impacted Alongside Abstract Clinical Data

To address this, Baptist Memorial Restorative Care Hospital places people icons on all unit run charts presented to staff. An example is shown here. Each person icon represents a patient who developed a UTI, so staff can easily connect changes in rates with actual human cases. So, while a subtle shift in infection rates may not be consequential to staff, the corresponding icon is an unmistakable reminder of the human impact.

Making Data More Meaningful

Baptist Highlights the Patients Underlying Rate Changes

Catheter-Associated Urinary Tract Infection Rate¹



Case in Brief: Baptist Memorial Restorative Care Hospital

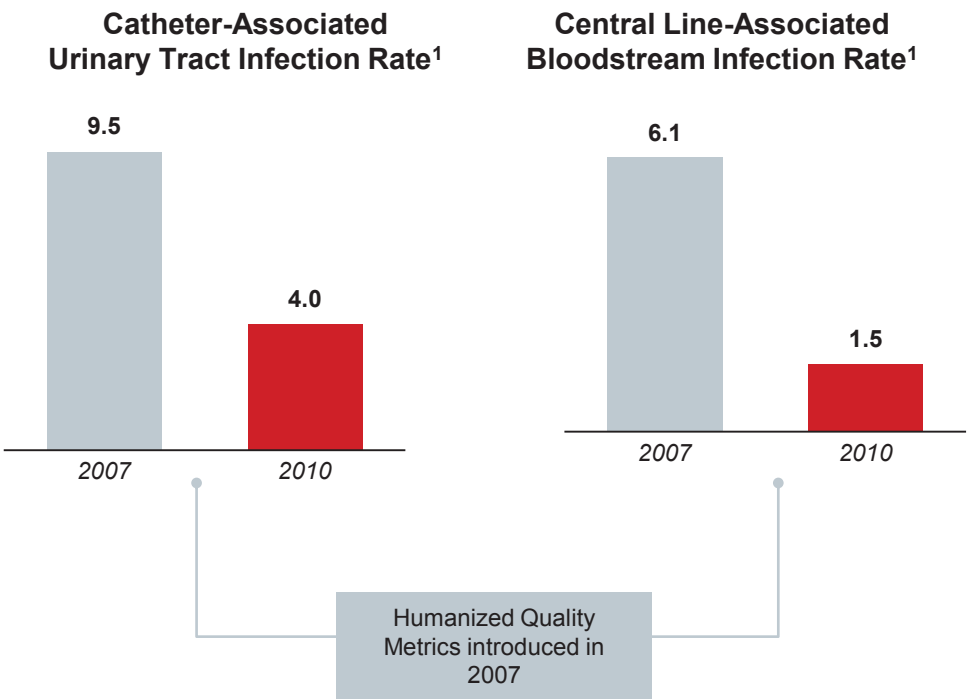
- 30-bed long-term acute-care facility located in Memphis, Tennessee
- Frontline dashboards include graphs illustrating not only changes in rate, but also people icons representing actual number of patients impacted
- Hospital began adding icons to graphs in 2007, has seen dramatic improvement in indicator rates

1) Infections per 1,000 device days.

Source: Baptist Memorial Restorative Care Hospital, Memphis, TN; HR Investment Center interviews and analysis.

Since implementing patient impact metrics in 2007, leaders at Baptist have observed impressive improvements in several key clinical indicators, including urinary tract infections and bloodstream infections. While the organization pursued several important initiatives across this time period, nursing leaders credit changes in communicating performance data as a key driver of improvement.

Seeing Improvements on Multiple Indicators



Practice #16: Patient Impact Forums

Practice in Brief

Department leaders organize structured opportunities for frontline staff to connect directly with patients and understand patients' care experiences. Following patient interactions, leaders facilitate debriefing sessions to help staff better understand their impact on patient care.

Rationale

Most frontline staff have few organized opportunities to personally engage with patients and learn about the patient experience firsthand. This is particularly true for non-clinical staff. By formally engaging with patients, staff can strengthen the connection between their work and patient care.

Implementation Options

Option #1: Invite Former Patients to Share Experience with Frontline Staff

Managers invite former patients to return to the unit and present his or her care experience with frontline staff. The unit manager then facilitates an interactive discussion session to help staff brainstorm ways to act upon the feedback received.

Option #2: Facilitate Bedside Rounding for Non-clinical Staff

Department leaders take non-clinical staff on targeted patient rounds, helping staff members farther removed from patients feel more connected to patient care. Following the rounding session, leader and staff member debrief on lessons learned.

Practice Assessment

This practice is one of the most powerful ways to humanize the impact of clinical care. Organizing and facilitating patient forums or non-clinical rounding schedules represents a potentially large investment of unit manager time.

HR Investment Center Grades

Impact on Accountability: A

Ease of Implementation: B

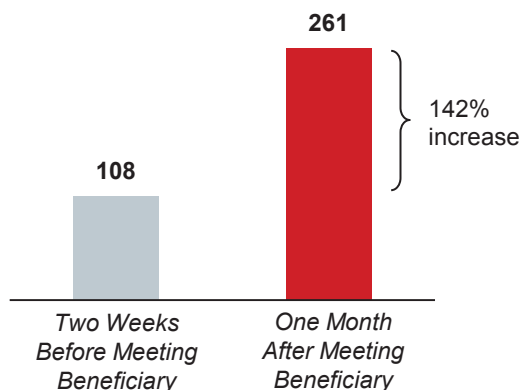
Allowing frontline employees to hear the impact of their work from patients firsthand is one of the most effective ways to illustrate the meaning of staff's day-to-day work. The results of an academic study demonstrate how powerful this approach can be. This experiment focused on fundraising call-center staff at a large university. One group of callers attended a short, in-person meeting with students who had received scholarships supported by the fundraising office. One month later, those staff more than doubled individual effort and performance, as measured by time on the phone and dollars raised.

This study shows that even brief exposure to the beneficiaries of one's work has a tremendous impact on staff. In health care, this means letting staff hear directly from patients. The following pages profile successful examples of health care organizations connecting staff with patients to hear care experiences firsthand.

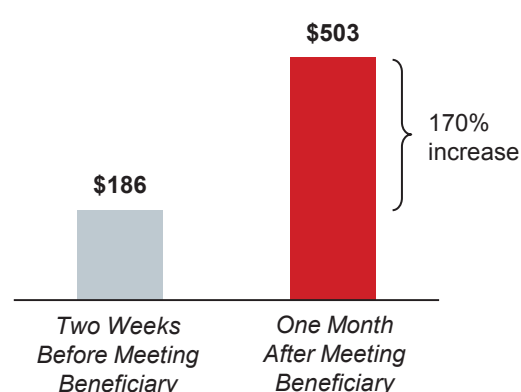
The Value of Meeting the Beneficiaries of Your Work

Study Links In-Person Contact to Improved Effort and Outcomes

University Fundraising Staff Minutes on Phone per Week



University Fundraising Staff Dollars Raised per Week



Study in Brief: "Impact and the Art of Motivation Maintenance: The Effects of Contact with Beneficiaries on Persistence Behavior"

- Observational experiment conducted with call center staff at a university fundraising office
- One intervention group had 10-minute in-person conversations with recipients of scholarships funded by their office; conversations were focused on college experiences and ambitions after graduation
- One control group read letters from scholarship recipients; a second control group had no interaction whatsoever
- Callers with in-person contact showed significant improvements in both effort on phone and performance one month after contact; callers in both control groups showed no significant change

Source: Grant A et al, "Impact and the Art of Motivation Maintenance: The Effects of Contact with Beneficiaries on Persistence Behavior," *Organizational Behavior and Human Decision Processes*, 103(1), 53-67; HR Investment Center interviews and analysis.

Option #1: Invite Former Patients to Share Experience with Frontline Staff

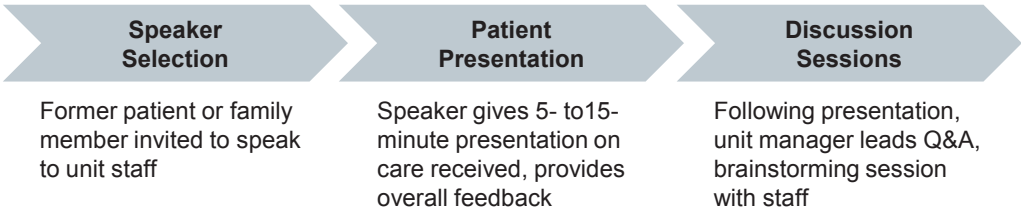
The HR Investment Center has identified two effective methods for connecting frontline staff directly with patients to help staff better understand patients' care experiences. The first option is to host forums for frontline staff featuring a former patient or patient family member.

Unit managers at The Toledo Hospital invite a former patient or family member to return to the unit and share their personal care experiences—both positive and negative—with staff. Following the presentation, the manager leads a question-and-answer session and problem-solving discussion with staff.

Interestingly, leaders at Toledo have found that internal employees are ideal forum speakers. They are easier to recruit and schedule, have instant credibility with staff, and are familiar with the inner-workings of the organization. The HR Investment Center recommends featuring speakers with care experiences on that particular unit or speakers who have previously worked directly with unit staff.

Hearing Impact Directly from Patients

Patient Impact Forum Overview



Internal Employees Ideal Candidates for Forum Speakers

- 1 Employee with Experience Receiving Care on Unit**

Hospital employee with care experience on same unit can describe care provided by unit staff; feedback highly specific to meeting attendees
- 2 Employee Who Has Worked with Unit Staff in Professional Capacity**

Hospital employee with care experience on a different unit, but with previous direct work experience with unit staff; staff highly empathetic to care feedback because of existing work relationship



Case in Brief: The Toledo Hospital

- 794-bed facility located in Toledo, Ohio
- Manager invites hospital employees back to unit on which they or family member received care to provide feedback, insights on their experience
- Sessions approximately 45 minutes each, scheduled as mandatory staff meetings across all shifts

As part of the forum, unit managers facilitate meaningful, action-oriented discussions about the patient's story. This ensures staff learn from the speaker and each other. Managers should facilitate two distinct discussions—an interactive question-and-answer session with the guest speaker immediately following the presentation, and a separate, staff-only brainstorming session once the speaker has been excused. During the brainstorming session, managers should encourage staff to discuss both the positive and negative aspects of the patient's experience, and identify possible improvements. Guidance for managers facilitating these conversations is provided here.

Ensuring Focused Staff Discussions

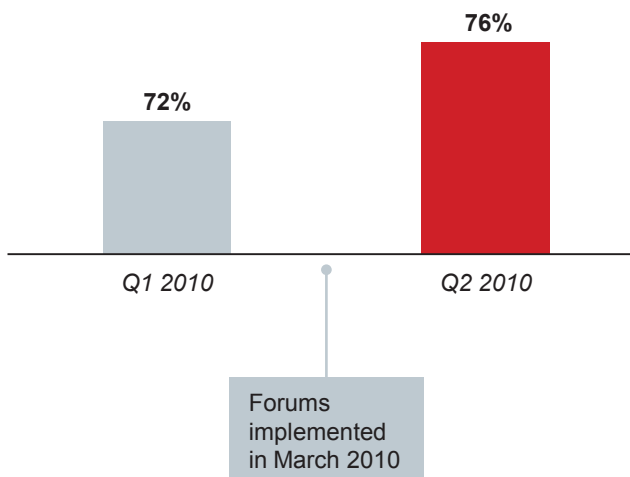
Manager Facilitation Guide

Key Step	Capsule Description
Set the Stage	Provide clear introduction, purpose for session; make certain staff understand intent of hosting former patient as speaker
Disarm Staff	Explain goal is to learn from speaker, improve practice; ensure staff understand no one is under attack, not looking to assign blame
Encourage Open Dialogue	After 5- to 15-minute speaker presentation, encourage back-and-forth between staff, speaker; focus on what surprised staff, how staff feel personally
Problem Solve	Following Q&A, HR Investment Center recommends continuing session with just manager, staff; focus on: (1) what was done correctly, (2) what went wrong, (3) how to prevent similar events in future
Link to Goals	Session far more powerful if tied back to key unit or hospital goal; strive to link presentation, discussion, and improvement efforts to tangible metrics
Close the Loop	Be available for staff to approach after session to answer questions and provide one-on-one feedback and education

In only a few months, one unit employing patient impact forums observed a significant improvement in top box patient satisfaction scores. Leaders at Toledo affirm that hearing directly from patients is a key driver of improvement.

Patient Satisfaction on an Upward Trend

Oncology Unit Top Box¹ Score



1) Defined as a rating of '9' or '10' out of 10.

Source: The Toledo Hospital, Toledo, OH; HR Investment Center interviews and analysis.

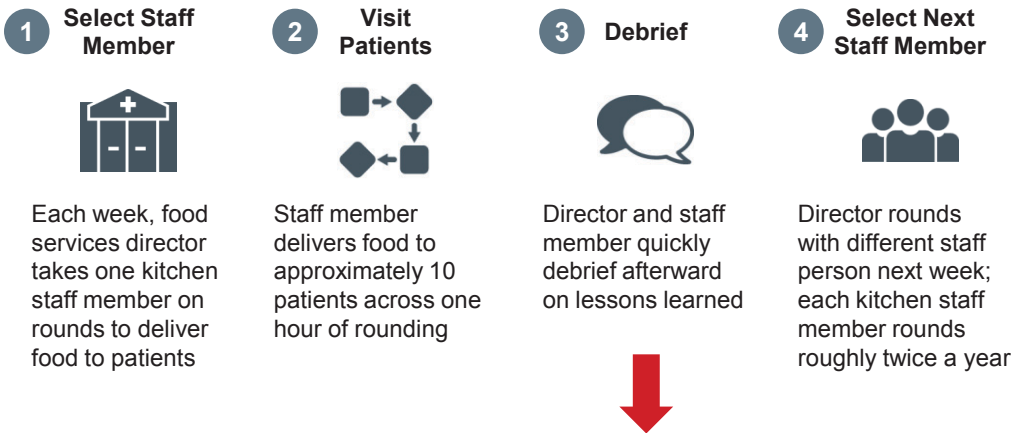
Option #2: Facilitate Bedside Rounding for Non-clinical Staff

The second option for connecting staff directly with patients is to engage non-clinical staff in bedside rounding. At Stevens Hospital, the food services director developed a rounding program in which food service employees and kitchen staff deliver food to patient rooms. The rounding process is outlined here.

Staff are not required to interact with patients directly if they are not comfortable, but seeing the food they prepared delivered to patients immediately helps employees connect the dots. Following rounds, the employee and director debrief on lessons learned. The discussion is straightforward and brief, but it helps staff reflect and further understand the link between their work and the impact on patients.

Bringing Non-clinical Staff to the Bedside

Key Steps of Stevens¹ Kitchen Staff Rounds



Discussion Questions

- What was as you expected? What surprised you?
- In your own words, how does your work impact patients?
- Is there anything in your role you will do differently now?



Case in Brief: Stevens Hospital¹

- Unionized academic medical center in the Midwest
- In response to low HCAHPS scores for food quality, kitchen staff began rounding on clinical units to deliver food
- Leaders report patient contact has improved kitchen staff's understanding of their impact on patient care

1) Pseudonym.

Practice #17: Customer-Focused Interactions

Practice in Brief

Frontline staff in support departments round on departments and clinical units across the organization to interact directly with internal customers, collecting feedback, providing staff education, and identifying improvement opportunities.

Rationale

The majority of administrative staff have limited, if any, direct integration with patients. This limited contact may cause support staff to feel disconnected to the larger organizational mission. However, these employees play a pivotal role in supporting those who support patients. Strengthening the ties between support staff and the colleagues they serve helps employees better understand their contribution.

Implementation Components

Component #1: Select Staff Rounders

Corporate office departments choose two staff members each month to round on departments and clinical units across the organization.

Component #2: Schedule Facility Visits

Rounding staff organize monthly visits to various system facilities. Staff travel onsite and round on two to three different hospital departments or units per visit.

Component #3: Meet and Interact with Internal Customers

Rounding staff solicit feedback on their department's effectiveness, offer subject matter expertise, and identify improvement opportunities.

Component #4: Conduct Post-rounding Debriefing Session

Rounding staff report back to their department findings from the facility visit and discuss customer feedback and areas for improvement.

Practice Assessment

This practice offers a concrete way for support staff to interact directly with internal customers and see the impact of their work on colleagues. Establishing a rounding process will require front-end time from managers, but only minimal time once the process is established.

HR Investment Center Grades

Impact on Accountability: A-

Ease of Implementation: B+

Support staff rounding offers corporate office staff whose work is far removed from patient care a way to reconnect with the caregivers, their internal customers, and the organizational mission. While the majority of administrative support staff have limited, if any, direct interaction with patients, these employees play the important role of supporting those who serve the patient. Strengthening the ties between support staff and the colleagues they serve helps support staff better understand their contribution.

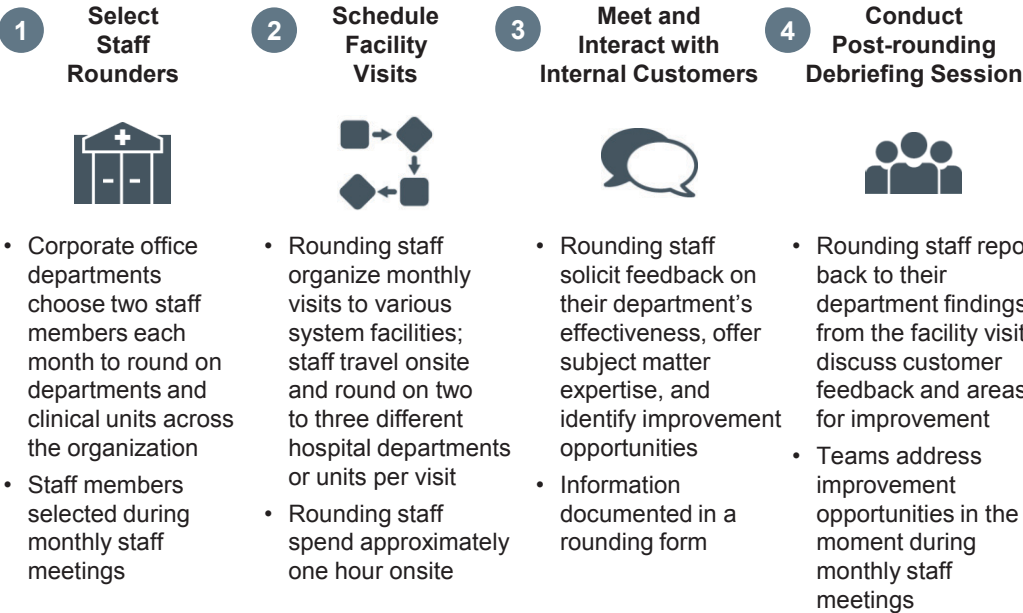
To enhance the relationships support staff have with internal customers, Southern Illinois Healthcare (SIH) established a support staff rounding program in which corporate office employees regularly round on facilities in the system. Four components are particularly critical to ensuring success—selecting staff rounders, scheduling facility visits, engaging internal customers, and debriefing the team. Additional detail on these components and participating departments is shown here.

A complete version of SIH's Rounding Documentation Form can be found on page 115 of this publication or accessed through advisory.com/hric.

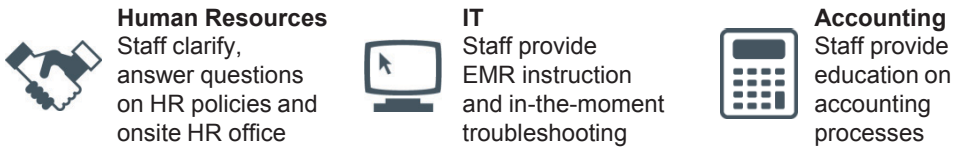
Gaining a Boots-on-the-Ground Perspective

Equally Powerful for Support Staff to See Their Downstream Impact

Key Steps of SIH Support Staff Rounding



Select SIH Departments Participating in Support Staff Rounding



Case in Brief: Southern Illinois Healthcare

- Three-hospital, 271-bed system based in Carbondale, Illinois
- All corporate office managers round on departments across system; HR, IT, and accounting departments also send frontline staff on rounds
- Rounding staff seek feedback on their department; often provide staff education on areas of their own expertise as well
- Leaders report relationship-building, problem identification, and mission reinforcement as primary benefits

Rounding Documentation Form

Rounding Documentation Form

Rounding should take place within your department, in another department within your facility and in other departments outside of your facility. Rounding should help you discover what areas may need improvement and should instigate professional development discussions.

- Make personal connections.
- Keep the questions to a minimum.
- Record feedback on the documentation form.
- Follow up on any action items from your rounding session(s).

"I am visiting your department today to see how our team can better serve you. As a department, our goal is to improve communication; therefore I am going to ask you a few questions in regards to our department's service to you"

Date: _____

Department Visiting: _____

What are we doing well in regards to our service to you?

What are our challenge areas that need to be addressed in order to better serve you?

Have there been any conflicts or issues that haven't been resolved within your department or outside of your department this week?

What problems were solved or need to be solved, and what departments were involved, this month?

Follow-up recommendations:

Other questions/comments:

Action item(s) from this rounding session:

Date feedback was shared with my staff: _____

Date of follow up appointment (if necessary): _____

