

PARTICIPANT HANDOUTS
Distance Learning Event:
Utilizing Data Effectively to Advance Team-Based Care

Presented by:

Melissa Stratman, CEO Coleman Associates

Live Broadcast Date/Time:

Wednesday, August 15, 2018

12:00–1:30pm Mountain Time / 1:00–2:30pm Central Time

Event Overview:

'Data-driven decision making' and 'team-based care' are two phrases that are thrown around everywhere in healthcare today. What does data – driven decision-making look like practically and how we can determine which metrics to use, why to use them and how to leverage them to impact decisions. In this 90-minute webinar we will cover key operational and quality metrics that are used increasingly at the Care Team Level to guide decisions and help influence workflows and processes. Learn what a healthy, data-driven team looks like, learn some of the characteristics of these high performing teams and some steps to get you from here to there.

Learning Objectives:

At the end of this session the attendees will be able to

1. Identify key metrics that impact everyday workings of Patient Care Teams
2. Identify effective and ineffective data communication tools
3. Articulate the most important aspects in communicating effectively around operational data
4. Understand the relationship between data and improving team based care outcomes

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CCHN ARCHIVE

This event will be archived online. The online version will be available within two weeks of the live event. For information about all CCHN archives, please visit <http://cchn.org/webinar-archive/>.

DESCRIPTION OF CCHN

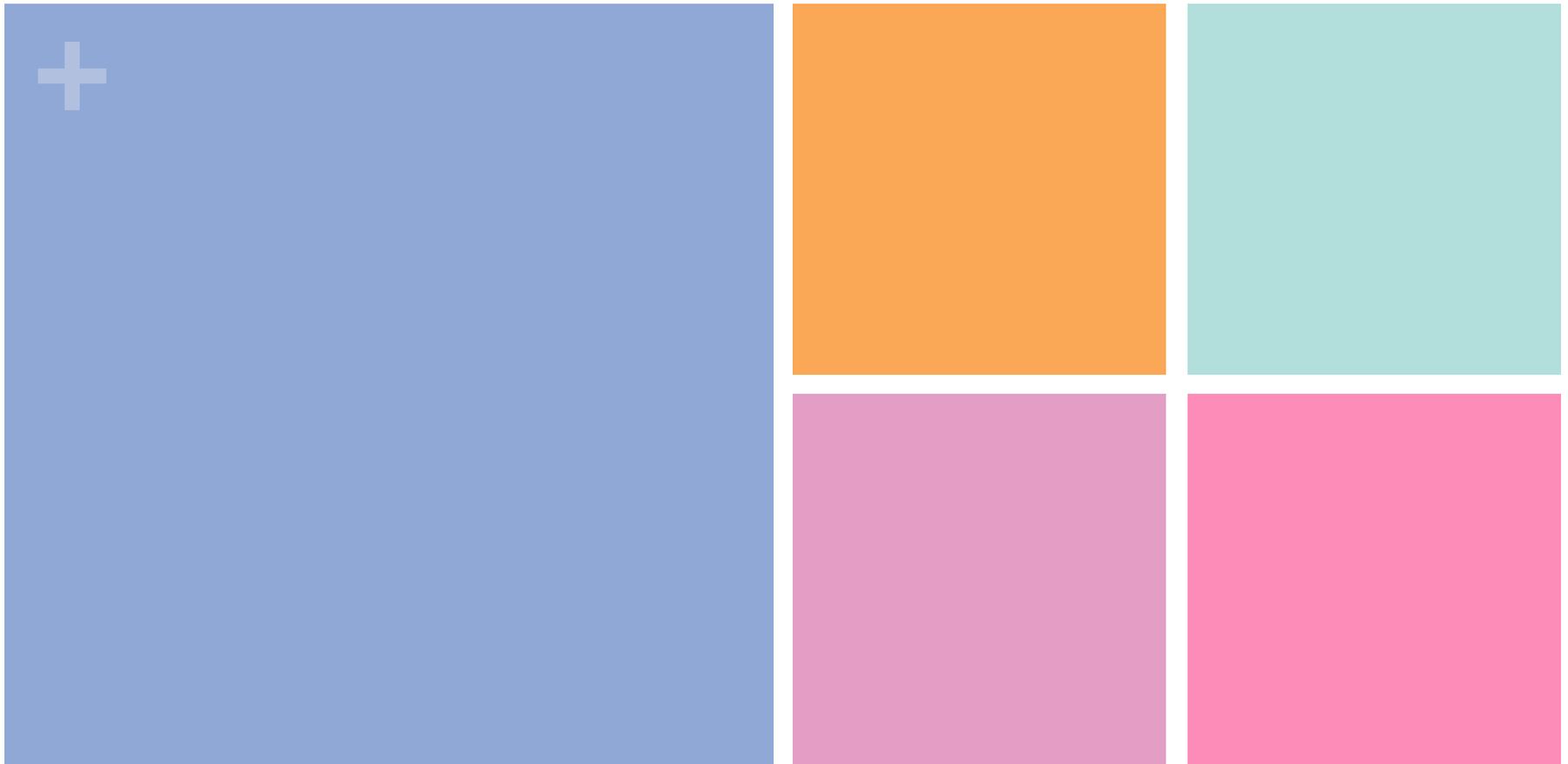
Colorado Community Health Network (CCHN) is a non-profit organization representing the 20 Colorado Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. CCHN is committed to educating policy makers and stakeholders about the unique needs of CHCs and their partners, providing resources to ensure that CHCs are strong organizations, and supporting CHCs in maintaining the highest quality care. For more information about CCHN, please visit www.cchn.org.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, please visit www.CHAMPSonline.org.

SPEAKER BIOGRAPHY

Melissa Stratman has a diverse healthcare background and is the owner and CEO of Coleman Associates. Coleman Associates is a healthcare training and consulting firm with a strong mission and an over 20 year reputation helping improve operations, finances, teamwork, quality of work life as well as patient outcomes and satisfaction.



Using Data Effectively for Advancing Team-Based Care

Webinar - August 15, 2018

+ Interactive Question

Does your clinic currently use data to improve functionality of care teams and/or clinic operations?

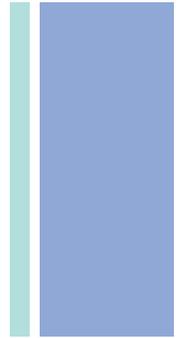
- Yes, we use data to improve care team functionality and clinic operations
- Yes, we use data to improve care team functionality only
- Yes, we use data to improve clinic operations only
- No, we do not use data to improve these areas
- Unsure

+ Interactive Question



How many total people are watching this event at your computer (yourself included)?

+ Learning Objectives



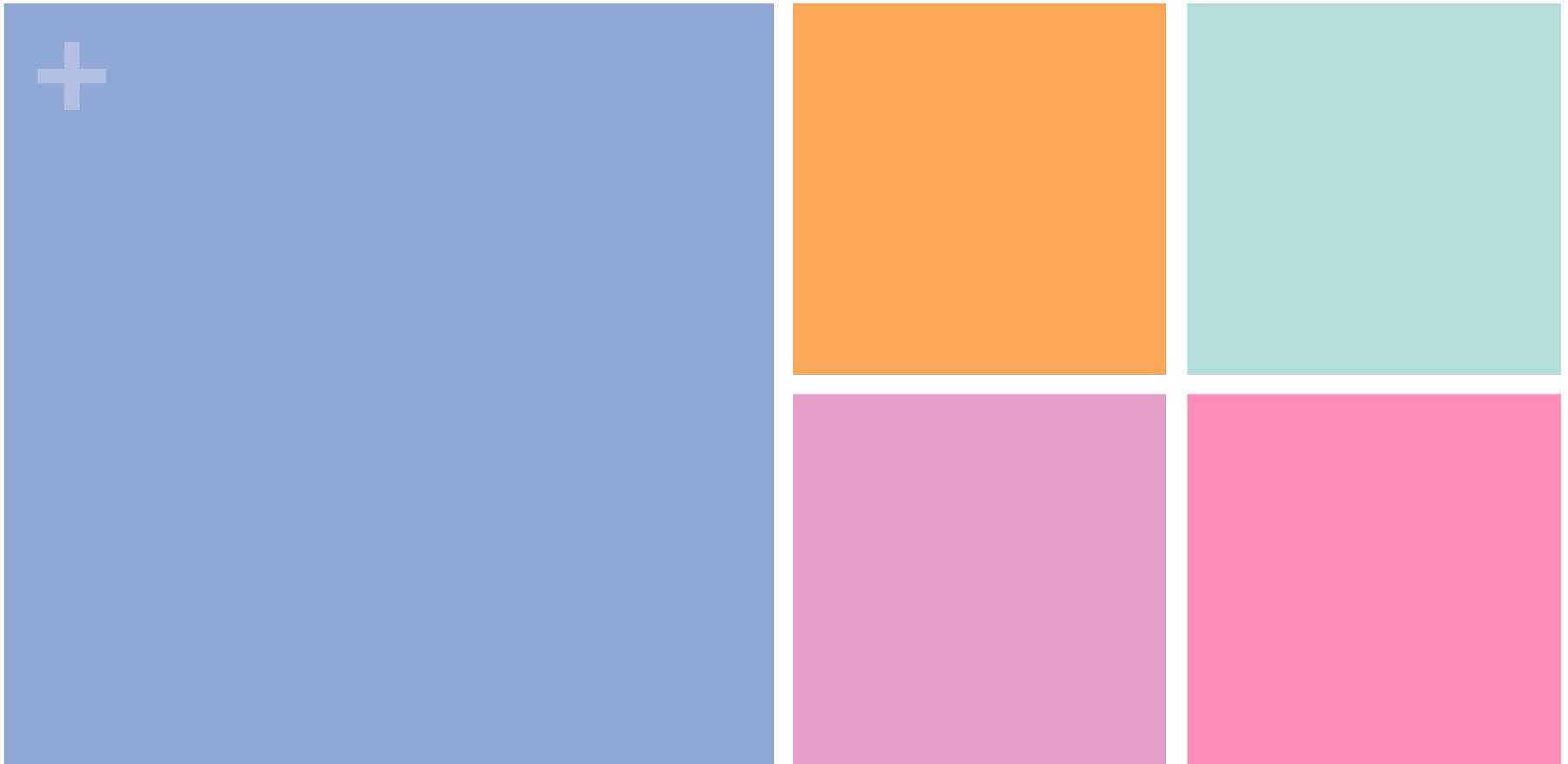
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- Identify key metrics that impact everyday workings of Patient Care Teams
- Identify effective and ineffective data communication tools
- Articulate the most important aspects in communicating effectively around operational data
- Understand the relationship between data and improving team based care outcomes



+ Potential Conflict of Interest

- I, Melissa Stratman, own and manage a consulting firm that for hire helps organizations to learn, incorporate and fully adopt some of the principles of data use in team-based care that are outlined here.



Using Data Effectively for Advancing Team-Based Care

Webinar - August 15, 2018

+ Team Based Care

- There are many ways to look at Team Based Care. Today we look at it through the lens of data and data used in exemplary team-based care model.
- Three areas of consideration
 - People
 - Processes and
 - Technology

+ The Hub of Patient Care



+ The Hub With NCQA PCMH 2017 Concepts & Competencies

PMCH CC 04, CC19,
QI Competency B

**Let me
in**

PCMH AC,
Competency AC 01,
02, 03,

**Give
me the
best**

**What
Patients
Want**

**Don't
waste
my
time**

PCMH: KM & TC,
Competency TC,
04

PCMH: CM 04 -06 &
KM 20, CC 04-05

**Figure
me out &
fix me**

**Care
about me
more
than I do**

PCMH: KM,
Competency C &
F, KM12, KM21

+ Team Based Care Deconstructed

- Since 1993 Smith and Katzenbach published *The Discipline of Teams* in the Harvard Business Review.
- At that time, it became clear to Coleman Associates that **for healthcare to experience the boosts that other industries had credited to a team culture.... in healthcare we would have to move FROM a provider- patient relationship centered model TO a team-based model of work that is wholly patient centric.**



+ Author Patrick Lencioni

- 5 Dysfunctions of a Team
 - Trust, Commitment, Healthy Conflict, Accountability, Attention to Results (data)
- Three Signs of a Miserable Job
 - Anonymity, Immeasurement, Irrelevance

+ Evolution to Team-Based Care

- This is much harder than it sounds ...
technically *and culturally*.
- We are still very much in process. Very few places have “nailed it” in part... *It* is often changing.
- Everyone touts “team based care” yet the models are wildly diverse...not always in a good way.
- In most instances, patients are not yet raving about our new ways of working in teams.

+ Team Based Care is No Longer Just *'A Good Idea'*

- Why team based care is the future....
 - Patient demand for services seems to be increasing....especially in areas of behavioral support.
 - Patient expectations are changing.
 - Our expectations about our work day/work life balance are changing.
 - The amount of “outside the visit work” seems to be growing as technology leads us to new ways of giving care.

+ No Longer Just 'A Good Idea'

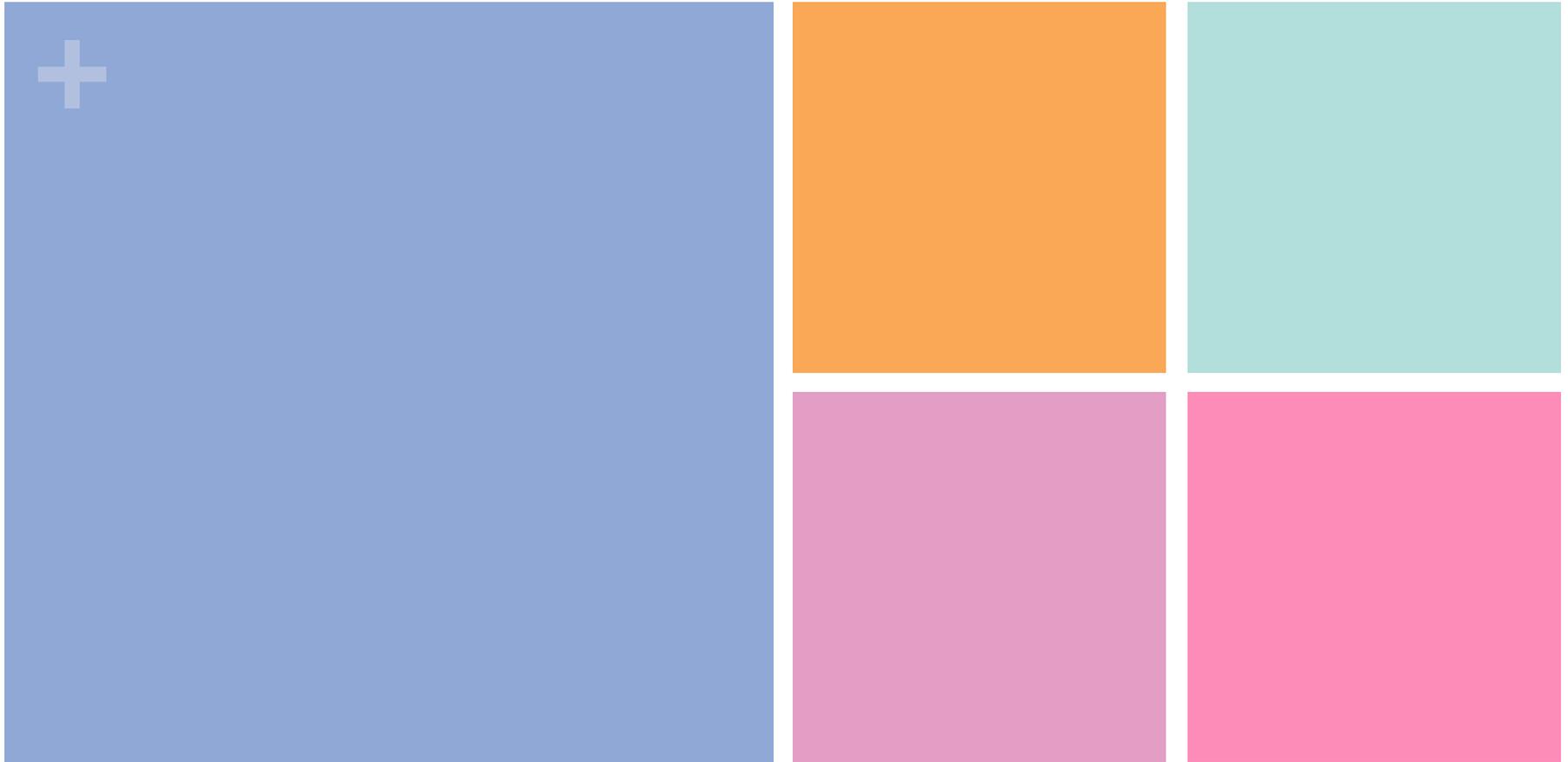
- Why team based care is the future....
 - The current model seems to be leading to stress / burn out.
 - Triple Aim (quality, patient experience and cost) → Quadruple Aim (+ burn out)
 - Primary care provider numbers are decreasing.
 - We can train support staff more quickly than physicians ...***teams must take on more.***
 - Some support functions are easily automated.

+ No Longer Just *'A Good Idea'*

- From a changing financial picture...
 - Reimbursement structures are shifting forcing us to look for new ways to provide effective care.
 - Ability to engage in risk – reward systems requires higher quality, tighter systems and a knowledge of your patients
 - The catch-as-catch-can system of healthcare delivery is not a financial model.

+ Data-Driven Change is Needed

- We need to continue to evolve, but these changes must be made thoughtfully, using evidence and data to drive, tailor and sustain changes.



Leading Change with Data



+ Today We Will Discuss

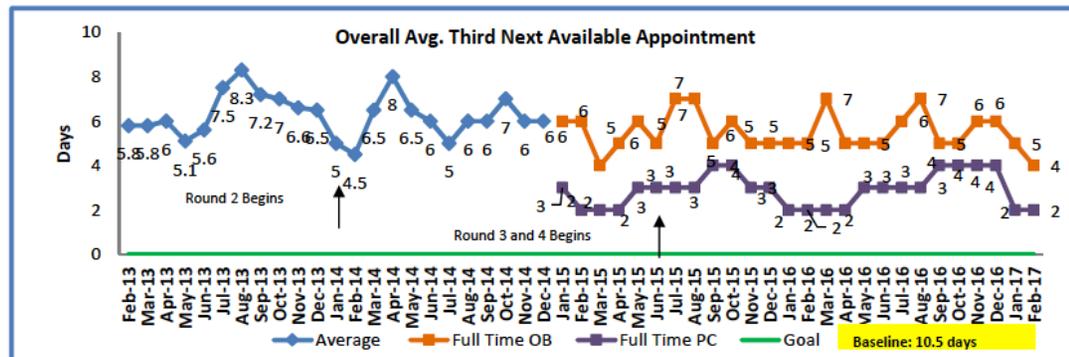
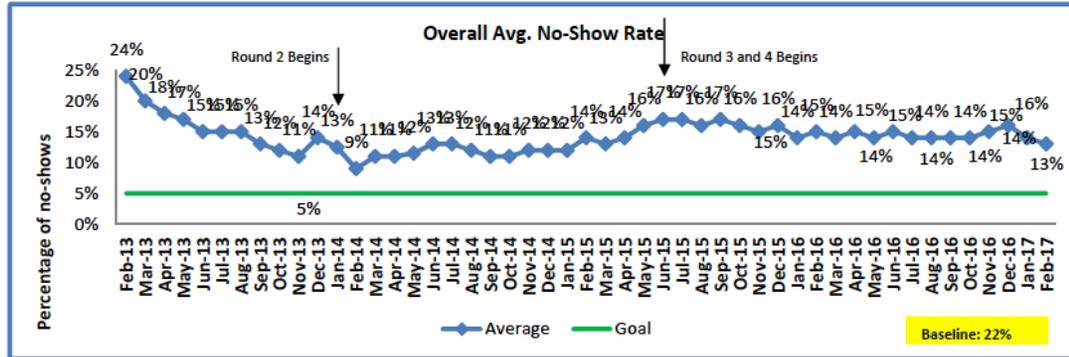
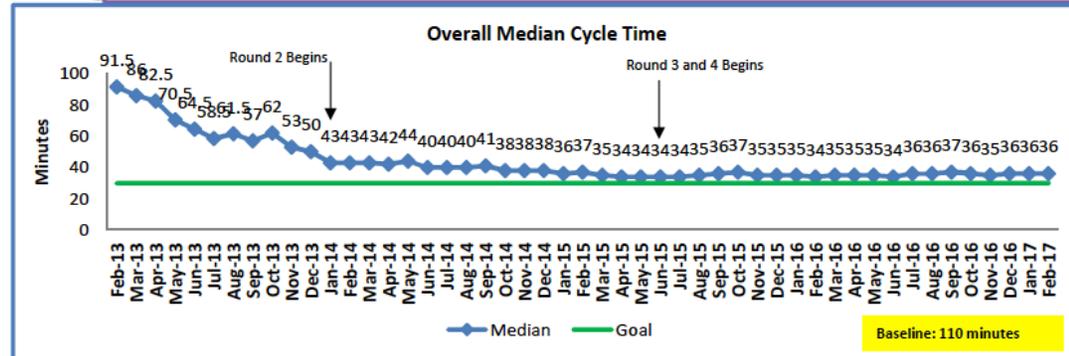
- Data Goals
- Common Pitfalls in using data
- Communicating goals & data to inspire action
- Outside influences:
 - Patrick Lencioni's Three Signs of a Miserable Job
 - Simon Sinek, Ted Talks
 - Jim Collins, Good to Great
 - Quint Studor
- Undergirded by a Case Study you can read about

+ A Case Study

- Health Center Organization with > 30 sites
- Large to small size sites across urban & suburban
- Residency program
- EHR and electronic systems
- Reasonable reputation within the community
- Ready to take their strategic plan forward
- Committed top leadership with a patient-centric mentality
- Ready to pursue both NCQA and Joint Commission PCMH
- Looking for true transformation that both patients and staff could feel
- Read more about them at [Coleman Associates.com](http://ColemanAssociates.com) (Making PCMH Leven 3 a Reality) or in the Journal for Ambulatory Care Management (July and August 2018)



Median Cycle Time	<ul style="list-style-type: none"> • 36 minutes • 67% decrease from baseline
Average no-show rate	<ul style="list-style-type: none"> • 13% • 41% decrease from baseline
Average TNAA	<ul style="list-style-type: none"> • Full-time PC=2 days; Full-time OB=4 days • Full-time PC= 77% decrease from baseline; Full-time OB= 59% decrease from baseline

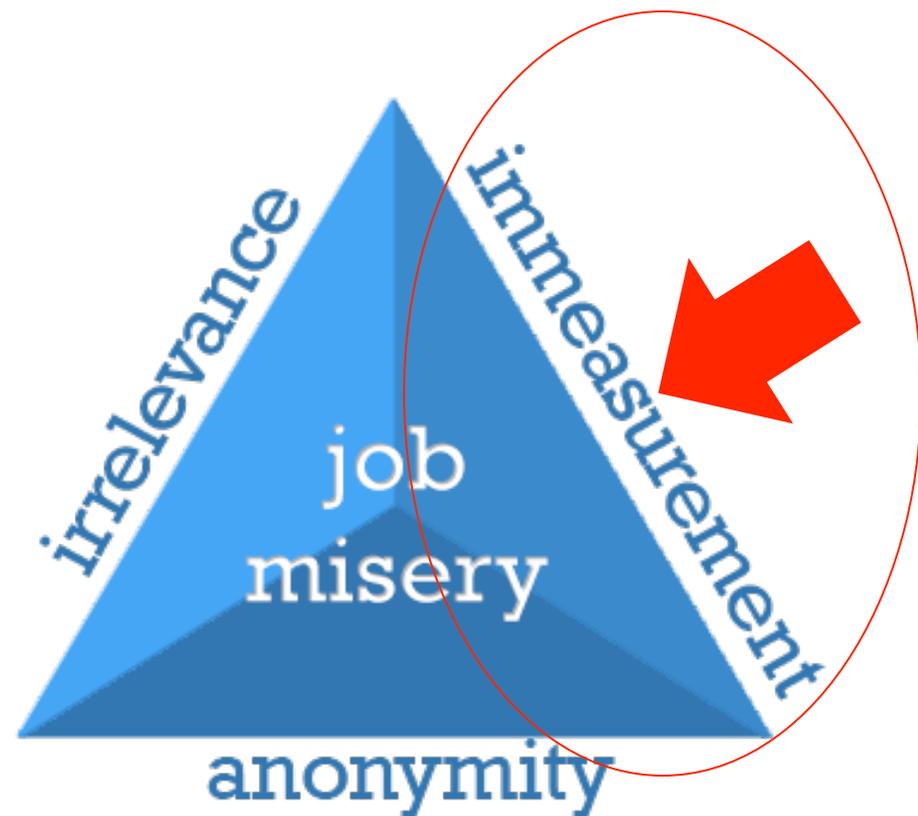
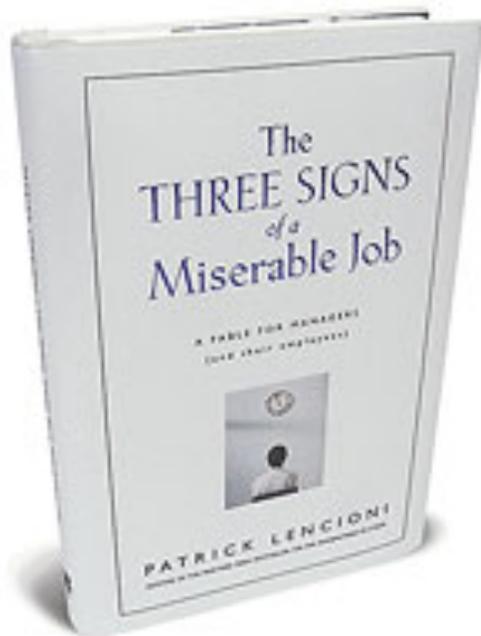




Why Do YOU Use Data?



+ Patrick Lencioni's Three Signs of a Miserable Job



+ From The Key to Employee Engagement...

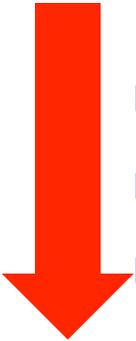
“Human beings need to be needed, and they need to be reminded of this pretty much every day. They need to know that they are helping others, not merely serving themselves.”

– Patrick Lencioni

“See management is an everyday thing. Strategy & financial reporting are not.”

– Patrick Lencioni

+ Why Do We Track Data?

- 
- Because good data provides a better patient experience.
 - To give employees a goal post.
 - To know whether progress is being made or not.
 - To put the day in perspective.
 - To create a Performance-Based Culture instead of one based on feeling.
- 
- Because our bottom line depends on it. FFS.
 - HEDIS/UDS Measures & Value Based Payment.
 - Your board or external management may require it.

+ Data-Driven Decision Making ...

Allows Freedom to Experiment vs. Standardization

- Piloting new ideas requires freedom and an encouragement to try all ideas and see which ones work and which ones fail.
- This is NOT in conflict with standardization but instead requires bravery and the ability to build new tests on the solutions found, and then standardize.
- This is also not the same as try something new all the time... innovation is important, but it should be in a guided environment.

+ What Data Do You Monitor at Home?

- In your personal life, what data do you monitor on a frequent basis?



+ What Should You Measure?



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+ Importance, Urgency, & Simplicity

- **Speedometer:** Critical to safety, changes frequently, & is calculated in MPH
- **Odometer (Mileage):** Affects service management, resale value, updates within minutes if following directions, & is calculated by measuring the distance traveled
- **Fuel Gauge:** Essential to avoid breakdowns or excess gas stops and it's variable based on the speed and length of your trip
- **Oil Pressure Warning Light:** Gives advanced warning of potential mechanical failure because engine can breakdown with sudden drop in pressure

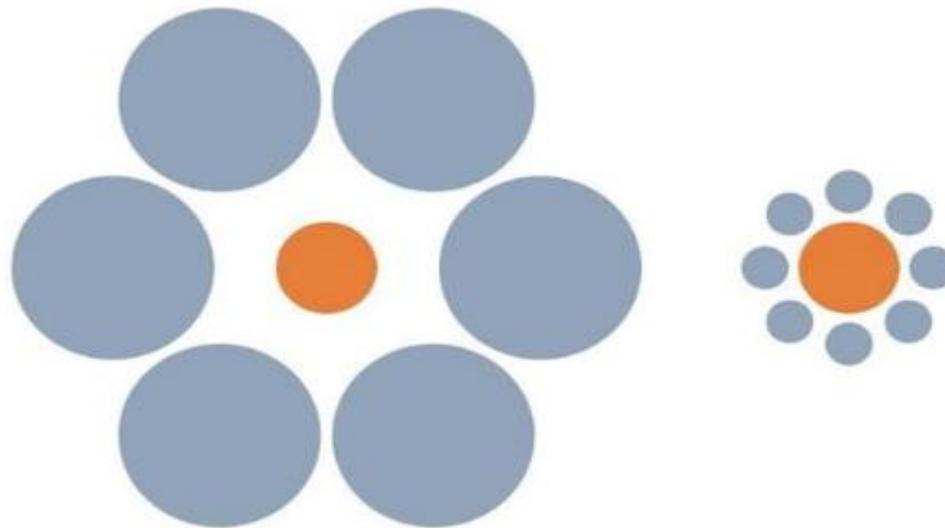
+ What it Doesn't Have?

- **Valve wear Gauge:** Because valve wear happens slowly over time, and the effect are not immediately important.
- **Crash Indicator:** Because the fact that a crash has happened is overwhelming and doesn't require confirmation.
- **Paint Fade Pattern:** Because the degree to which the paint is fading is not materially relevant to any issue of efficiency, safety, or comfort.

+ Our Frame of Reference

- The orange dots are actually the same size
- But our perception tells us something quite different
- Measurement removes that bias

Ebbinghaus Illusion



+ The Ideal Culture Around Data

- Public
- Transparent
- Simple—one page
- Understandable—even to a novice
- Not anonymous
- Up-to-date

****MOST IMPORTANTLY...it stirs to action**

....Not responding is the same as accepting results



+ 5 Common Pitfalls We See

- In our Dramatic Performance Improvement Work™, the most common pitfalls we see are:
 1. Leadership has data, but staff don't see it. You can find out whether this is true by asking a MA, "what's your provider's No-Show rate?"
 2. Data is too high level and staff don't relate to it. For example, overall Cycle Time is posted but individual Patient Care Teams don't know their Cycle Time.

+ 5 Common Pitfalls to Use Data

3. Data is shared in monthly or worse, quarterly format. It's too late to do anything to change it when it's shared too late!
4. Staff see the data but don't get "what's in it for them." For example, do they get recognized based on their metrics? Does someone get recognized more for high performance or not? What about those who aren't pulling the oars, is there accountability for results?
5. The data is inaccurate or staff don't trust it. Often fancy Dashboards download big data from EHR into excel. If it's not validated, it can be wrong and therefore, mistrusted.

+ What Metrics Drive your Team based Care?

How Do You Know If You're Making Progress?

- No-Show Rate
- Productivity
- Capacity Used
- TNAA
- Cycle Time
- Quality Metrics
- Pharmacy Refill Rates?
- Services per visit



+ Measuring Data in Real Time

TEAM: Dr. Singh & Jose

Appt Time	Arrival Time	Out Time	CT	Notes
8:00	8:02	8:27	25	
8:30	8:40	9:00	20	
9:00	9:07	9:27	20	
10:00	9:57	10:29	32	
11:00	10:55	11:14	19	
11:30	11:10	11:25	15	11:30 triage

PT Sched: 5 No Show #/9: 0
 # PT Seen: 6 Missed App: 2
 Utilization %: 75% Avg CT: 21.8
 Baseline: 57%

TEAM: Anthony & Karen 10/17 AM

Appt Time	Arrival Time	Out Time	CT	Notes
8:00	7:52 am	8:32 am	40	Quick Start
8:30	8:17	8:51	34	pain manage - meth
9:00	8:29	9:36	67	mobility issues spinal anesthesia translation etc.
9:30	9:25	10:21	50	for lab req
10:00	NO SHOW			
10:30	10:30	11:02 am	32	
11:00	10:35 am	11:30 am	55	PT was not able to get appt due to availability

PT Sched: 7 No Show #/9: 1
 PT Seen: 6 # Missed Apps: 1
 Utilization %: 86% Avg CT: 47
 Baseline: 80%

+ Patient Messaging in Real Time About Data to Affect Culture Change

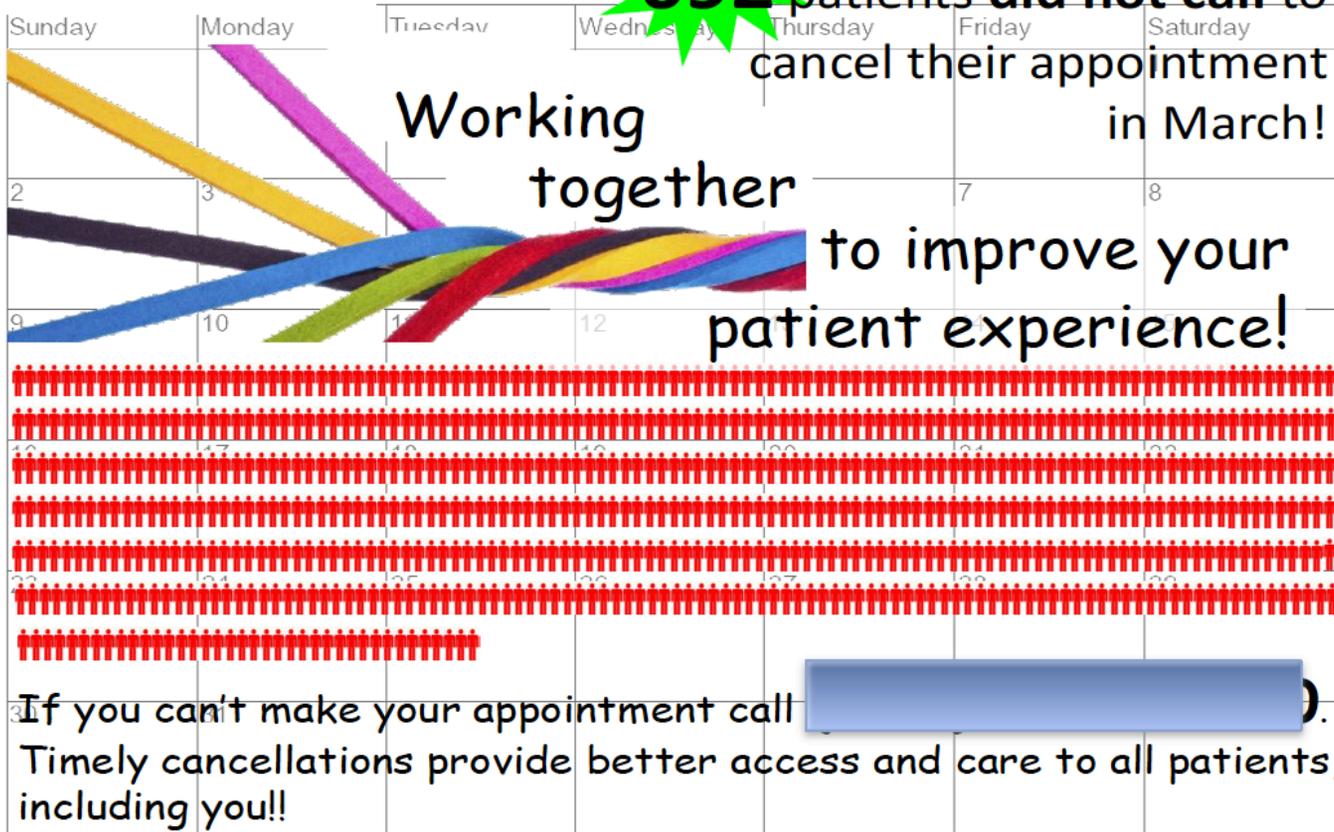


+ Another Patient Messaging Tool

March 2014

692

patients **did not call** to cancel their appointment in March!



+ An Exercise

- When you view the following data communication tools (Data Dashboards), give me the thumbs up or thumbs down on whether you can easily tell:
 - Are they doing well or not?
 - Is it simple?
 - Would front-line staff respond and be motivated by it?

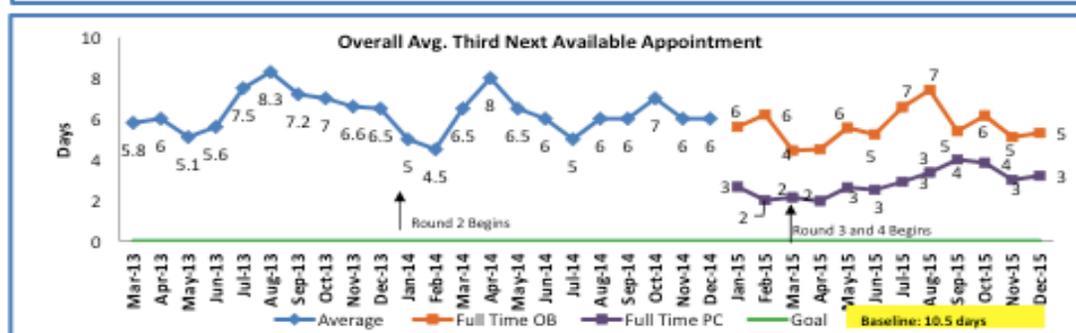
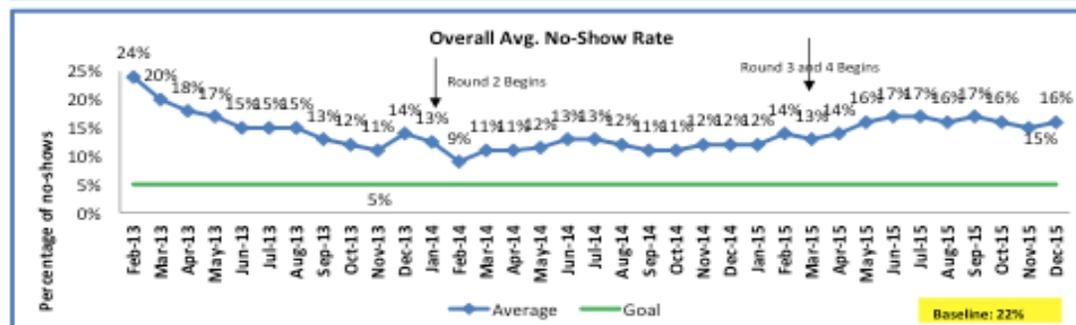
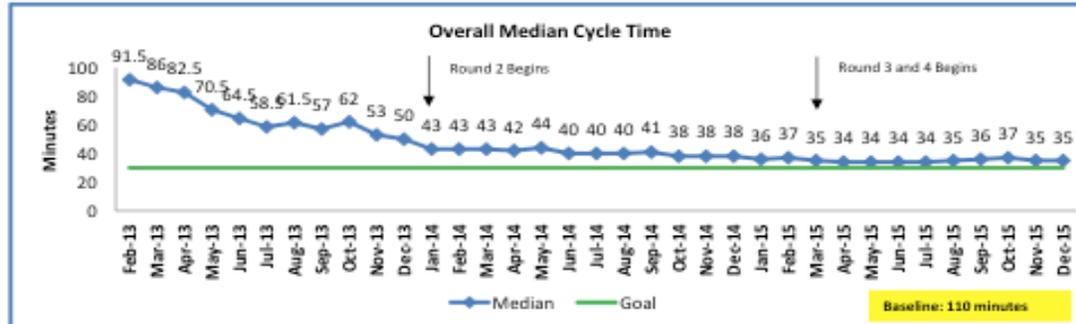




DPI Results



- Median Cycle Time**
 - 35 minutes
 - 68% decrease from baseline
- Average no-show rate**
 - 16%
 - 27% decrease from baseline
- Average TNAA**
 - AVG= 6 days; Full-time PC=3 days; Full-time OB=5 days
 - Full-time PC= 71% decrease from baseline; Full-time OB= 52% decrease from baseline





Teams sorted according to Light Status with a focus on No-Show Reduction!

Green means teams met Collaborative No-Show reduction target of $\leq 5\%$.

Orange means teams that have achieved greater than 50% No-Show reduction, but have not yet met Collab goal.

Red means teams have not achieved 50% No-Show reduction.

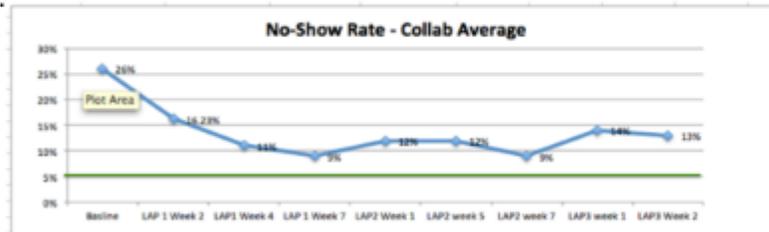
★ **Gold Stars!** As we wind down LAPI, we want to acknowledge teams who have ended strong and achieved their personal best in one or more of the following categories: No-Show Rate, Cycle Time, Productivity and Missed Opportunities.

TEAM RESULTS for WEEK 7:

	Baseline No-Show Rate	No-Show Rate	Cycle Time	Productivity	Missed Ops
Incredibles	35%	0% ★	37.3 ★	4.1	4
Victoria	36%	2.05% ★	38.7	3.2	4
Transformers	15%	2.2% ★	39	4	2
West	18%	9%	37	3.1	3
Access Angels	31%	10% ★	46	0.7	6
MMS	29%	12.0%	64.32	4	3
so - Kambio	21%	12.8%	36	3	0 ★
evard - Team Grand	36%	23.7%	103	1.9	0 ★

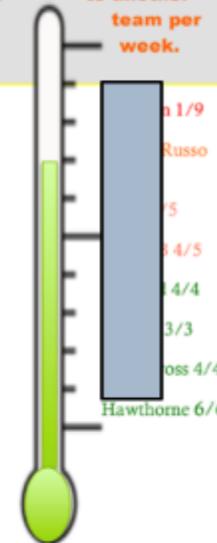
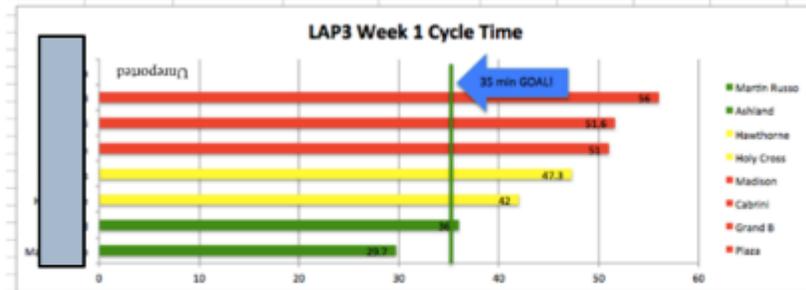
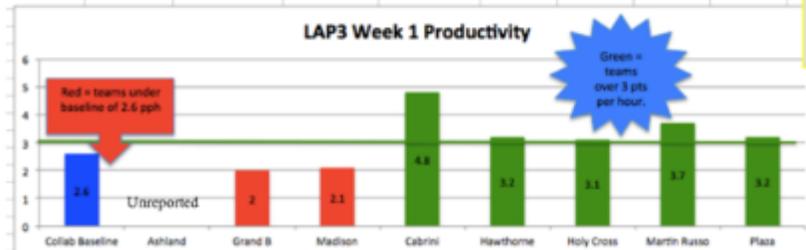
© Coleman Associates

Check out Team Results, LAP3, WEEK 1:



Uh oh! 67% of DPI PCTs are running their entire DPI Model. That's 5% less than last week.

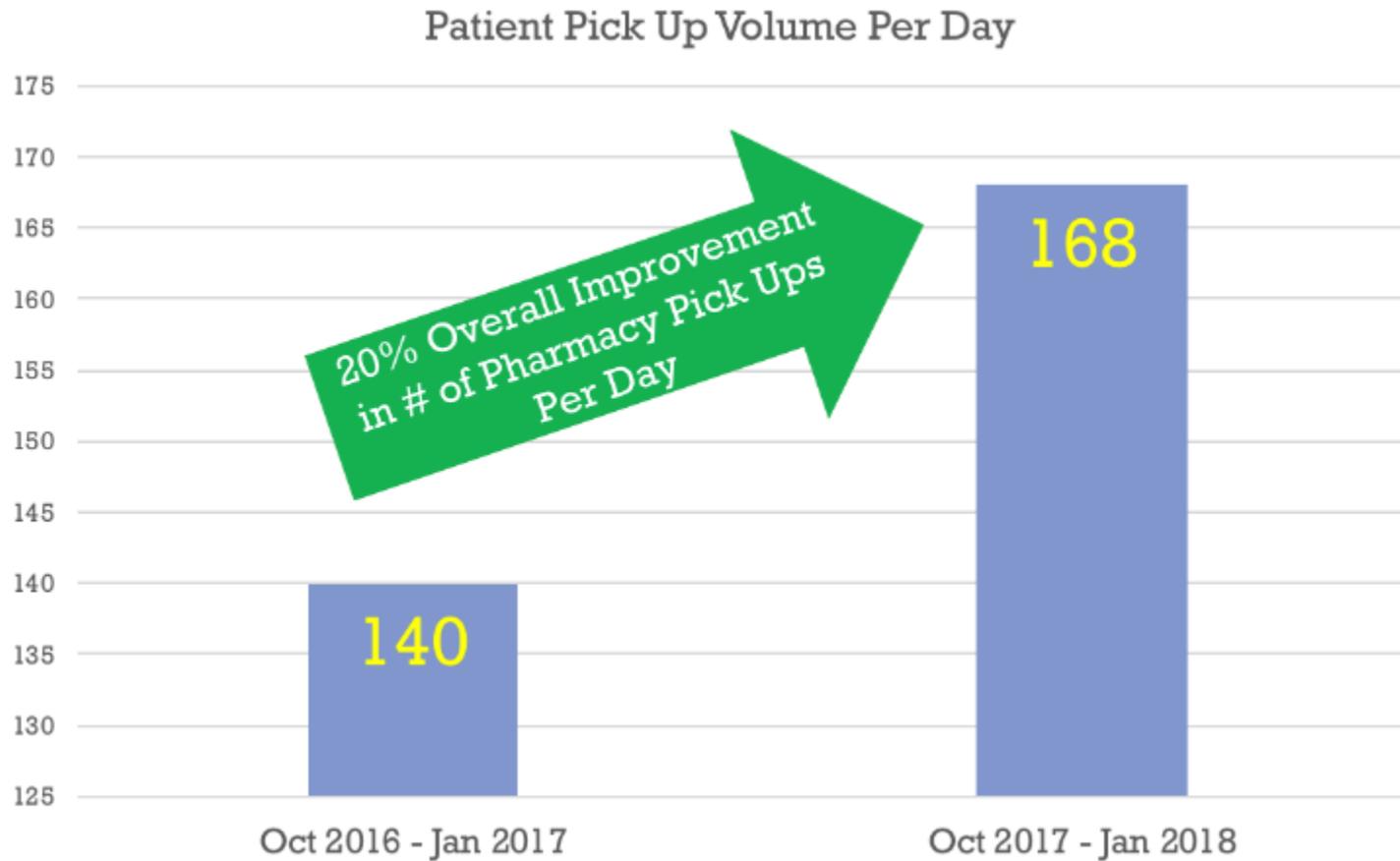
EPIC training last week, plus more teams need to roll out to another team per week.



	TNAA	Capacity Used
	12	76%
	4.75	73%
	23	64%
	2	79%
	28	74%
	2	80%
		74%
	5	77%

+ Patient Pick Up Volume Per Day

42



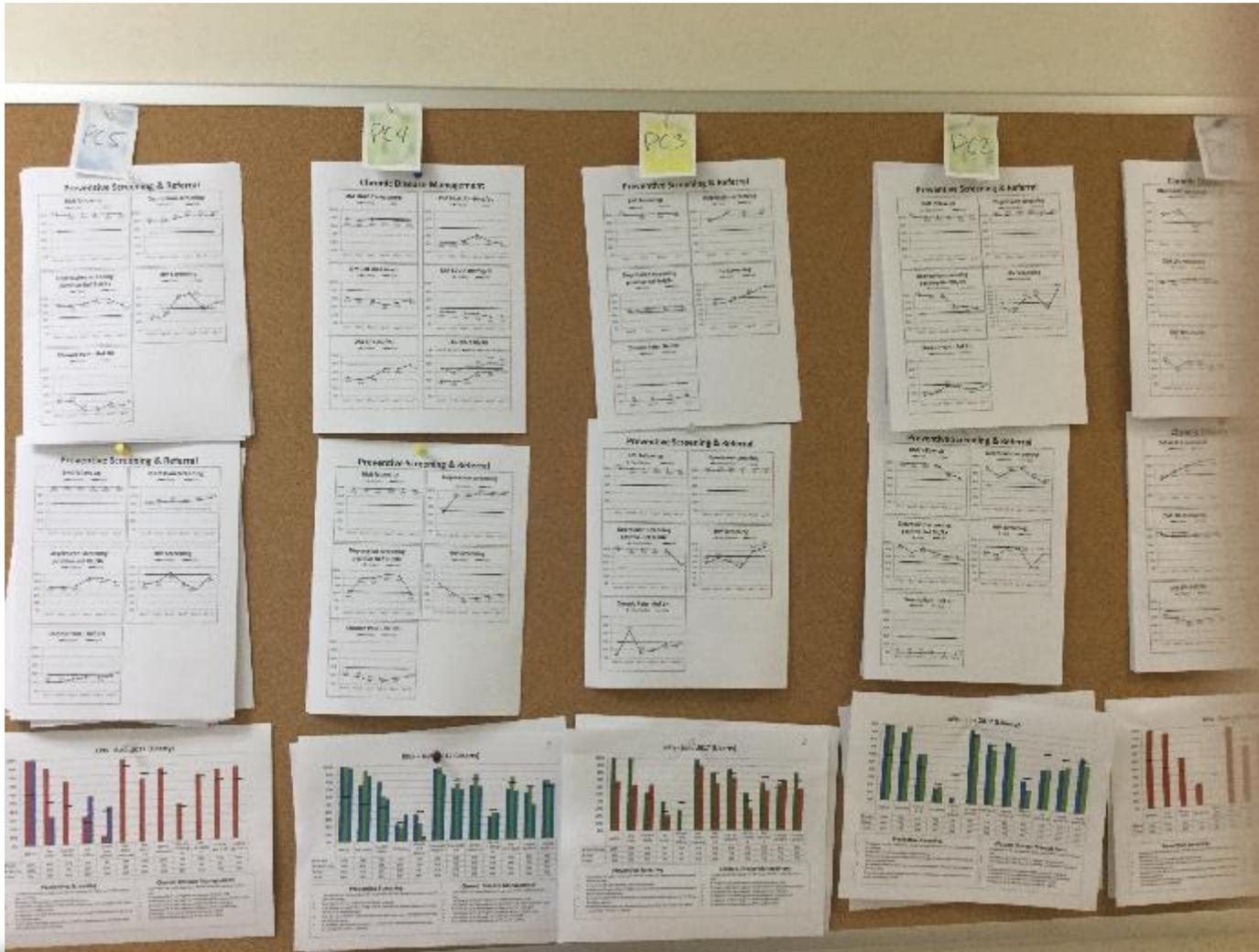
+ Pharmacy Return to Stock Rate

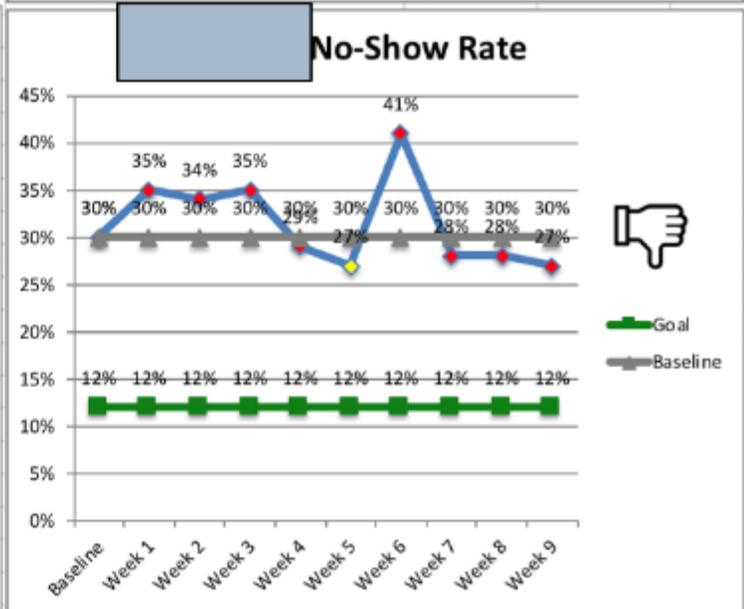
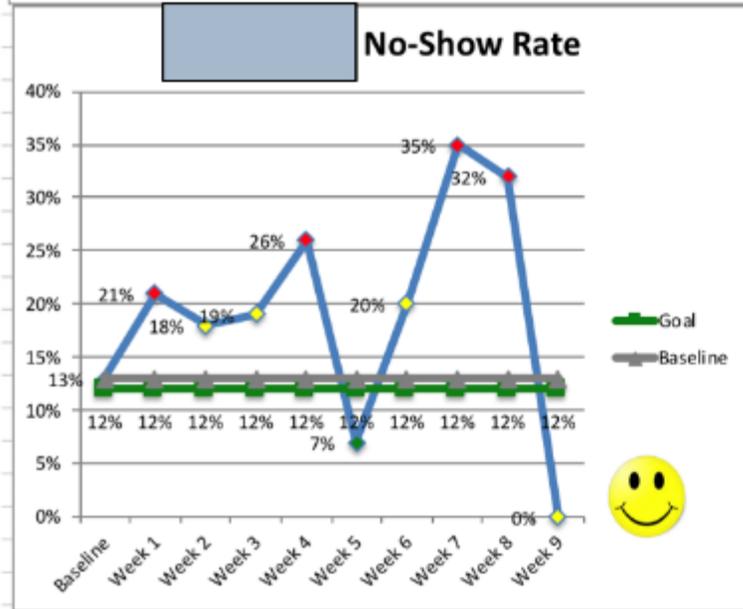
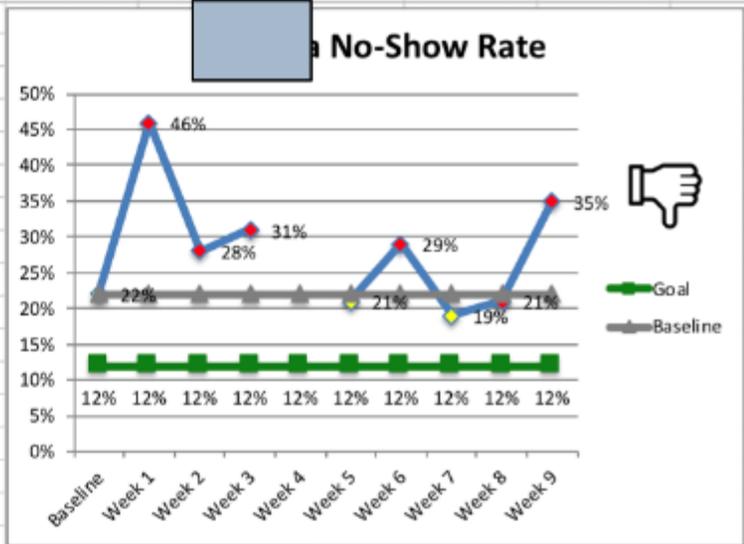
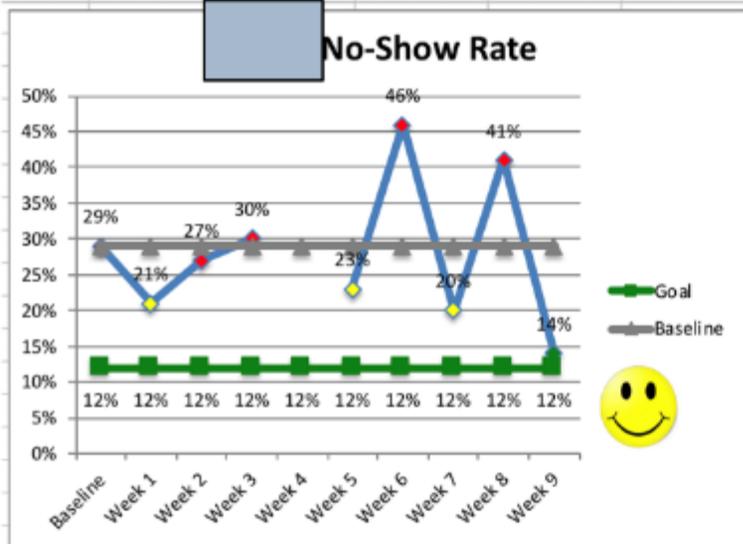


+ A Quality Dashboard

Quality, Safety and Patient Experience Dashboard		Measurement Period	Target Value	2017 YTD Baseline	FY Q1	FYQ2	FYQ3	FYQ4	2018 YTD
PATIENT EXPERIENCE									
PCMH	% of patients with overall satisfaction rates of "very satisfied" or "satisfied"	Monthly	95%						
PCMH	% of patients who would recommend [redacted] to a friend or relative	Monthly	95%						
PCMH	% of providers with overall satisfaction rates of "very satisfied" or "satisfied"	Monthly	80%						
SOC	Total Number of Patients Served	Quarterly	185,000	179,782					183,175
PCMH	Unreported/Refused to Report Rate	Quarterly	less than 20%	42%					42%
PCMH	Patient Income as % of Federal Poverty Level Unknown	Quarterly	less than 15%	22%					22.0%
PATIENT SAFETY									
Pt. Safety	% Serious Safety Events (SSEs) responded to in <48hrs	Monthly	TBD						
Pt. Safety	# of Safety Events reported	Monthly	TBD Vol.						
? P&T/Safety	% of critical lab values reported to providers within 1 hour	Monthly	TBD						
HEALTH OUTCOMES									
Chronic Disease									
Chronic D.	% of patients with diabetes who have had Eye Exam H	Monthly	55%						
Chronic D.	% of patients with diabetes who have controlled BP of 140/90 H	Monthly	60%						
Chronic D.	Diabetes: Adult patients with type 1 or 2 diabetes whose most recent hemoglobin A1c [HbA1c] is > 9% (out of control) or had no test. U	Monthly	30%	31%					
Chronic D.	% of patients with comprehensive Diabetes Care - Nephropathy H	Monthly	90%						
Chronic D.	Pharmacotherapy Management of COPD Exacerbation (Bronchodilator) H	Monthly	83%						
Chronic D.	Pharmacotherapy Management of COPD Exacerbation (Corticosteroid) H	Monthly	68%						
Chronic D.	Adult Weight Screening and Follow Up: Patients age 18 years or older who had their BMI calculated at the last visit or within the last 6 months, and had a follow up plan documented. U	Monthly	56%	20%					
Chronic D.	Colorectal Cancer Screening: Patients age 50 to 75 years who had appropriate screening for colorectal cancer (includes colonoscopy ≤ 10 years, flexible sigmoidoscopy ≤ 5 years, or annual fecal occult blood test). U	Monthly	30%	28%					
Chronic D.	Asthma: Patients age 5 to 64 years with a diagnosis of persistent asthma (either mild, moderate, or severe) who were prescribed long term control medication or an acceptable alternative pharmacological therapy during the current year. U	Monthly	81%	80%					
Chronic D.	Coronary Artery Disease/Lipid Therapy: Patients age 18 years and older with a diagnosis of CAD prescribed a lipid lowering therapy (based on current ACC/AHA guidelines) during the measurement year. U	Monthly	85%	69%					
Chronic D.	Ischemic Vascular Disease (IVD)/Aspirin Therapy: Patients age 18 years and older who were discharged for AMI, CABG, or PTCA, or who had a diagnosis of IVD, and who had documentation of use of aspirin or another antithrombotic during the measurement year. U	Monthly	50%	82%					
Chronic D.	Cardiovascular Disease: Adult patients 18 years and older, with hypertension whose most recent blood pressure was less than 140/90 (adequate control). U	Monthly	40%	60%					
Behavioral Health									
Behavioral H.	Follow-Up After Hospitalization for Mental Illness - 30 Day H	Monthly	65%						
Behavioral H.	Follow-Up After Hospitalization for Mental Illness - 7 Day H	Monthly	46%						
Behavioral H.	Initiation and Engagement of AOD Dependence Treatment - Engagement H	Monthly	12%						
Behavioral H.	Initiation and Engagement of AOD Dependence Treatment - Initiation H	Monthly	40%						
Behavioral H.	Antidepressant Medication Management - Acute H	Monthly	52%						

+ Data Wall









LAP3 Week 2 Data:

Light Statuses:

Green: Next Week: No-Show Rate is <10% or lower. Cycle time is within 20% of goal. (Below 37 minutes). Productivity is over 3.25 PPH, Capacity-used in 90% or higher, TNAA is 3 days or less!

Yellow: Next Week: No-Show Rate is 30-49% below baseline. Cycle Time is 37-50 minutes (within 21-66% of goal). Productivity is between 3 – 3.25 PPH. Capacity-used is 85 – 90%. TNAA is between 7-4 days.

Red: Next Week: No-Show Rate is less than 29% below baseline. Cycle time is 51 minutes or higher. (within 70% of goal.) Productivity is less than 3 PPH. Capacity-used is lower than 85%. TNAA is 8 days or higher.

Site	Team Name	Cycle Time Baseline	Cycle Time	No-Show Baseline	No-Show Rate	Missed Ops	Productivity	Cap Used	TNAA (Days)
[Red Box]	Go Bananas	83	59	30%	8%	1	3.25	92%	7
	Team IIN	86	49.6	30%	20%	0	4.2	105%	3
	Dischargers	86	38	34%	21%	14	2.7	59%	0
	#TESLA	88	63	16%	10%	4	2.58	79%	3
	Cycle Cowgirls	69	43	28%	23%	5	3.5	88%	3

Cycle time is an efficiency and patient experience measure. If you're red in this area, keep preparing ahead to reduce long intakes and reducing handoffs between staff members.

No-Show Rate is a measure of the patient's relationship with the health center. If you are red in this area, focus on building your relationship with patients and starting a cancellation line so patients can easily get through to you to cancel.

Productivity is a measure to help you focus on remaining financially viable. Green means you can keep the doors open! Go Collab sites at green!

TNAA is a measure of patient access. Can patients get in for appts with their provider of choice? If you're red in this area, focus on scrubbing and tetris-ing!

★★★★★ 2/1/2016

Melanie A. ★★★★★ 1/19/2016



+ Behavioral Health Productivity Monitoring

April 9-13	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
CHERYL	1		2		1, 1*
RONI	Vac	Vac	4	4	3
JOSE	3 8	3 0	4 5	4 0	2 0
JENNIFER	3	6*	4*	3	5
JULISSA	0 0	0 9*	1	2	0
TARA	3		4 6		1
ANILLY	NA NA			4 0	
MICHELLE	2 0	3 6	3		
MAYA	0 0	1	2 2	2	2
JOELLE	4	3	4	6	1
BECKY	NA	NA		3 4	NA
ANGELA	2*	NA	2	N/A	N/A
total :	18 / 8	16 / 15*	30* / 13	32 / 4	16*

LAST WEEK
Total Visits:
New Clients:
Wash Hand Off:

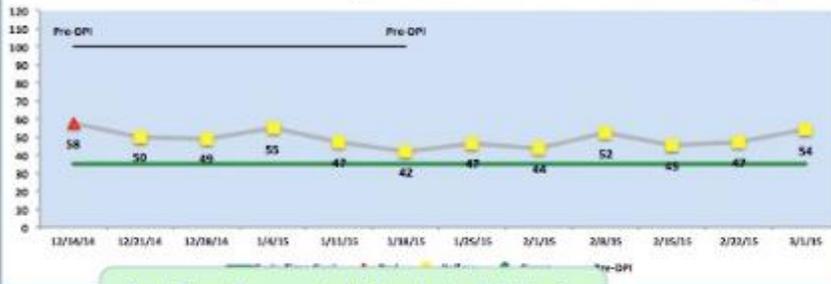
DO NOT ERASE

Performance Dashboard

Select Week (Multiple Items)

Cycle Time

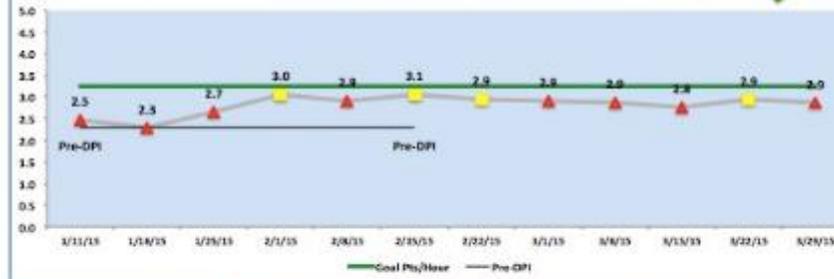
Goal:



Cycle Time: Measures total time in the building for patients. This is a measure of patient experience

Patients Per Hour

Goal:



Patients Per Hour (PPH): Measures the efficiency of the Patient Care Team and includes a .33 Credit for each HSS Sign-off

REPORTING PERIOD: WEEK OF (Multiple Items)

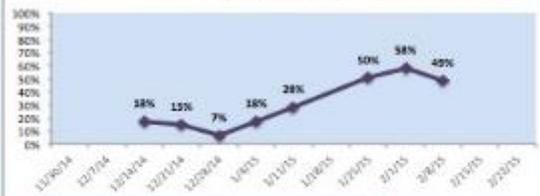
ALL TEAMS

Weekly Access Summary Report

Measure	Target	Actual	Light Status
# Patients Seen By Providers This Week	148	148	
# Missed Opportunities	0	27	NA
# Walk-In/Same Day Patients Seen	NA	36	NA
Third Next Available Appointment HSS Sign Offs	< 5 Days	4	
	NA	0	NA

% Voice Confirmed

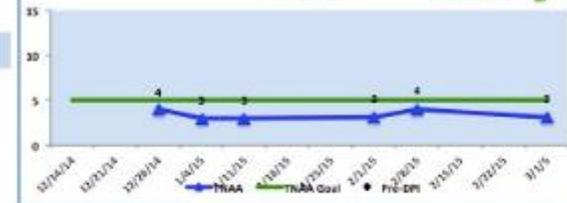
Goal:



% Voice Confirmed: Measures your ability to reach your patients and is directly linked to your No-Show Rate.

TNAA

Goal:



Third Next Available Appointment (TNAA): Measures access by identifying the time (In Days) that a patient has to wait (On average) to be seen.

No Show Rate

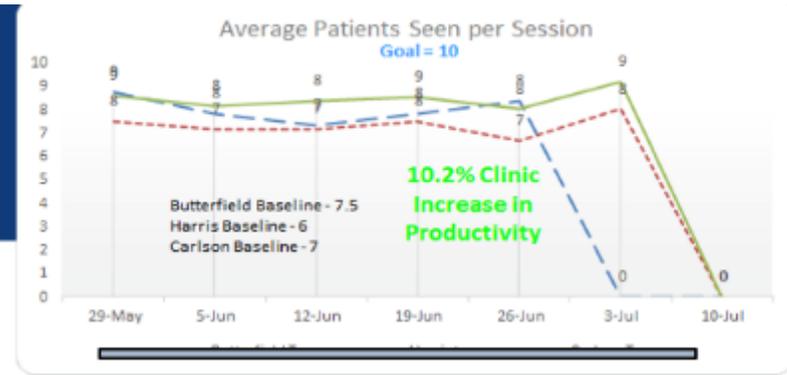
Goal:



No-Show Rate: Measures the relationship patients have with their health center. High No-Show rate = reduced patient access.



Cycle Time: Measures total time in the building for patients. This is a measure of patient experience.

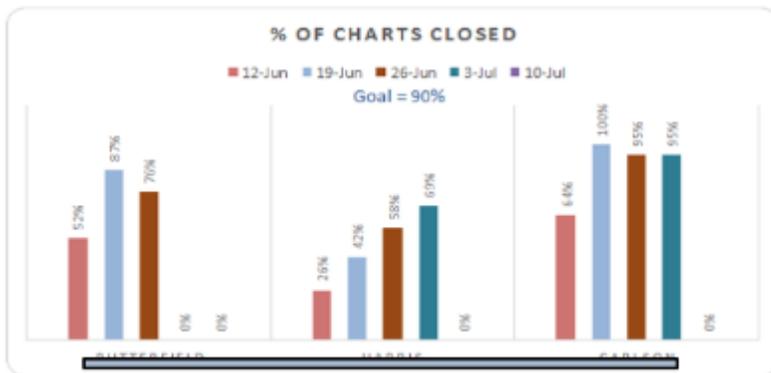


Patients per session: Measures the efficiency of the Patient Care Team. The goal is to NOT affect the 20 minutes allotted for provider face to face time with the patient but to eliminate the "extra stuff" around the visit.

Aqua Pod

Dashboard Game

We want your feedback and questions!
What does the data mean to you and how does it affect your daily tasks?
Giving away a "Dashboard Bar" to every person who emails me with answers to these two questions!



90% of Charts Closed: Measures the relationship between chart accuracy and provider satisfaction.



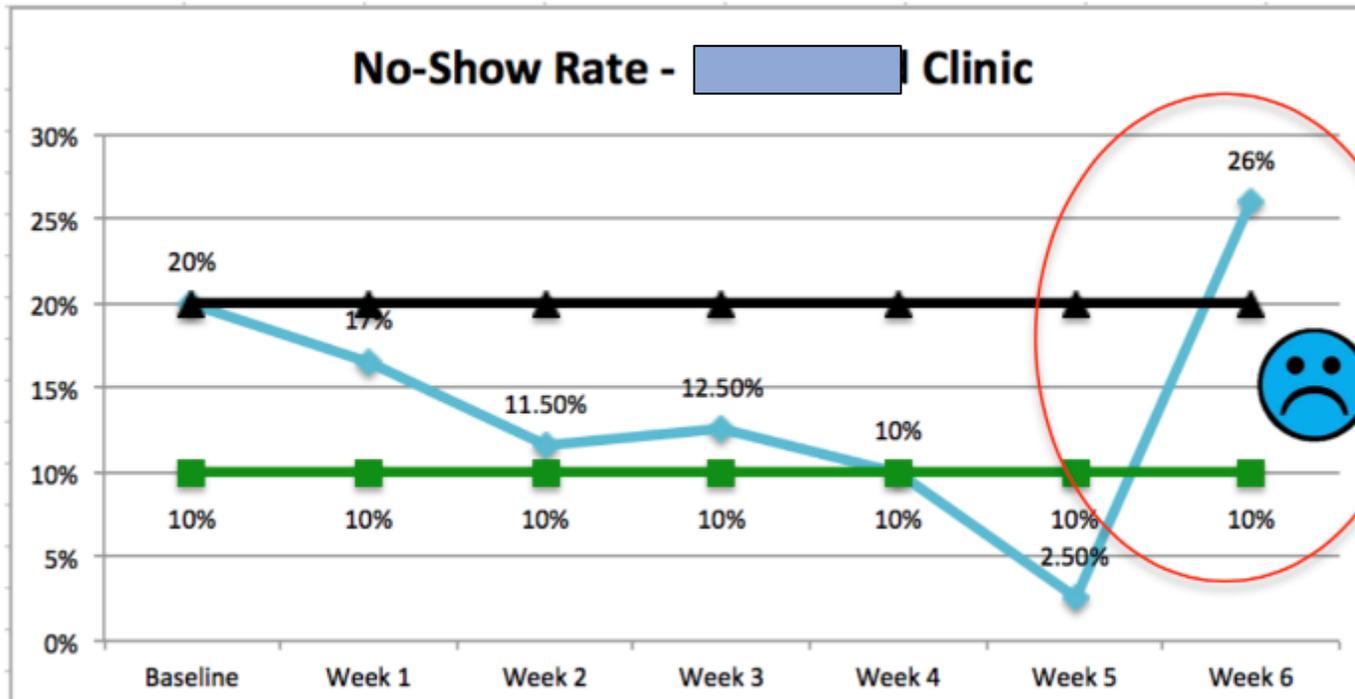
Missed Opportunities: Measures the patient's needs and effectiveness of the patient care team triaging options.



Third Next Available: Measures access to care by identifying the time that a patient has to wait to be seen.

* Vacation

No-Show Rate Reduction & Week 6 RRT Data from the Team



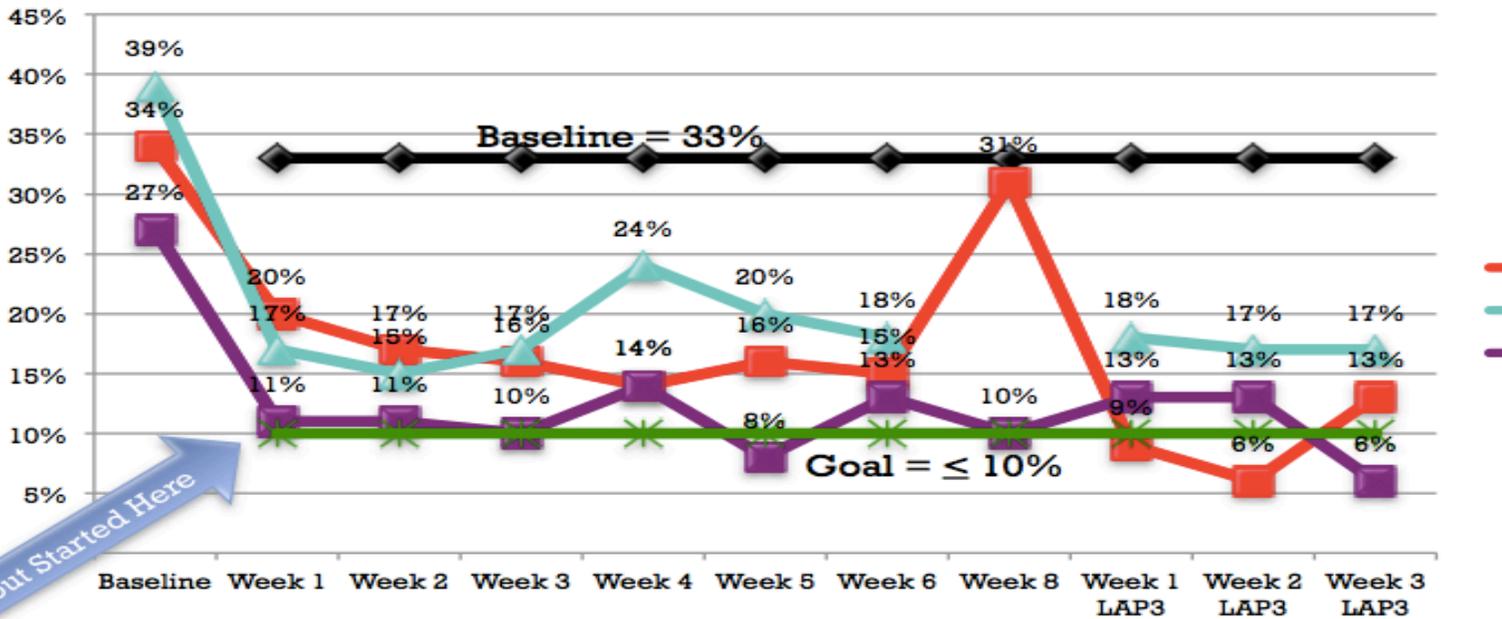
Last week, Baby Got Back on Track rolled out No-Show reduction to all schedules. This caused a huge uptick in No-Show Rate, which will be discussed as LS2 as well as tactics and tools to get it back down now that the DPI Team has rolled out confirmation calls to everyone.

+ A Site in Los Angeles

+ No-Show Rate

54% Overall Reduction

No-Show Rate - November- February



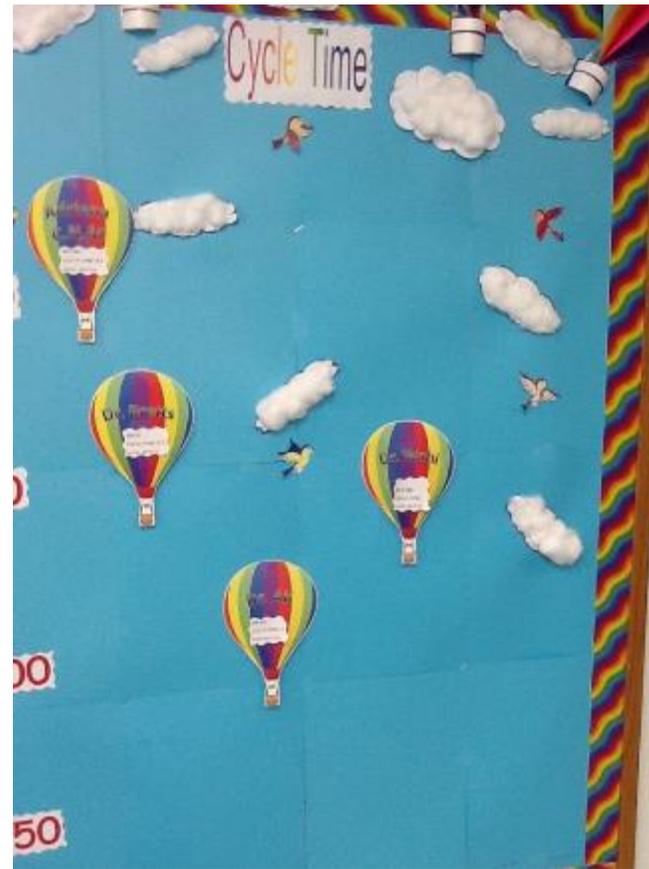
Rollout Started Here

PROVIDER ALL STARS!!!

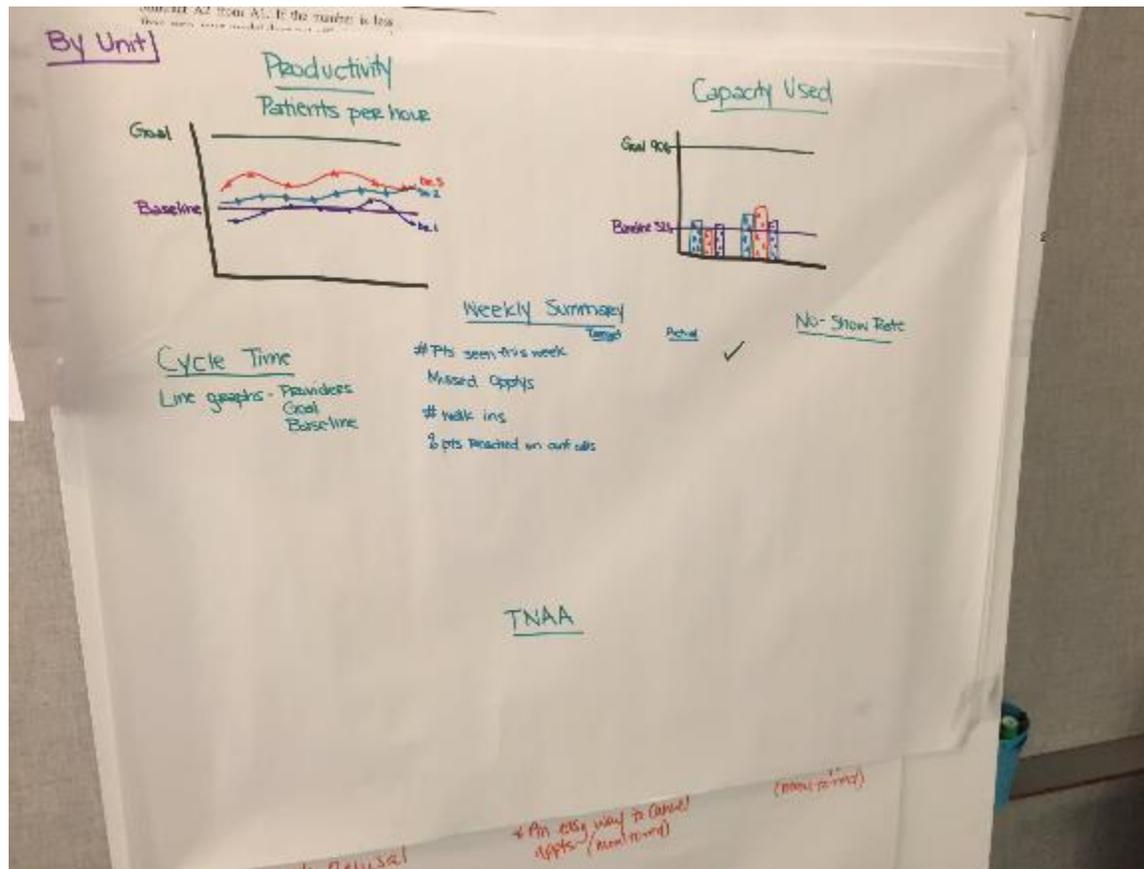
Providers	Cycle Time	No Show Rate	TNAA
Dr [redacted]	★	★	★
LI [redacted] W [redacted]	★	★	★
LE [redacted] S [redacted]	★	★	★
D [redacted]	★	★	★
Dr [redacted]	★	★	★
SAR [redacted] H [redacted]	★	★	★

Surrounding the table are various celebratory notes and photos:

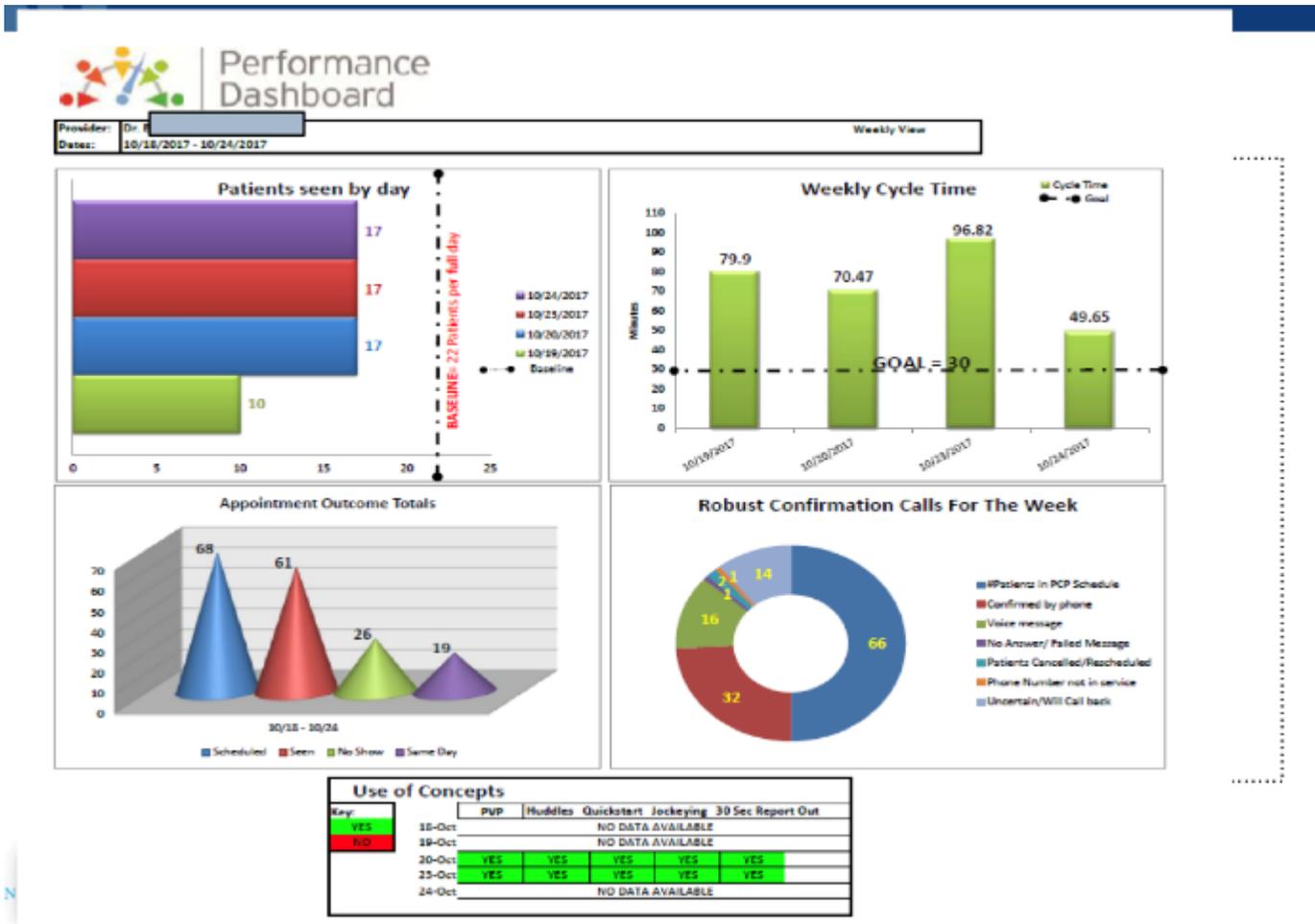
- TEAM BOOKED
- DOES THE
- PROVIDER ALL STARS!!!
- TEAM PLAYERS!
- AWESOME!!!
- NEVER FILL YOUR CAPACITY
- NICE WORK
- TEAM
- PROVIDER ALL STARS!!!
- TEAM PLAYERS!
- NO SHOW RATE 0%
- TEAM FOR A REASON
- TEAM



+ First Steps... One Site's Mock Up



+ The Final Product

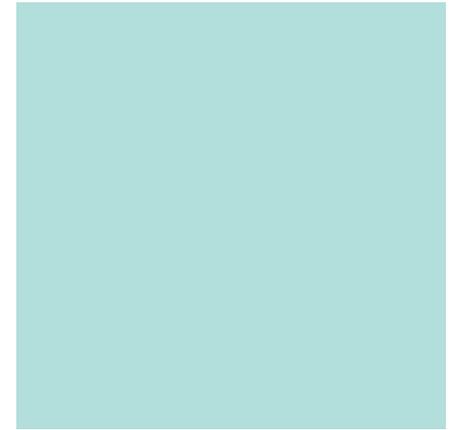


+ What did you see

- Text in patterns you saw in data tables that “speak” to you.

+ What Are Your Take-Aways?





Goals and Baseline Data

+ What is your baseline for your initiative?

- No-Show Rate
- Productivity
- Capacity Used
- TNAA
- Cycle Time
- Quality Metrics



+ Case Study

- It was very unusual and very effective and unlike any other group to not approach goals from the perspective of where are ‘we now and how much can we improve?’
- Instead we approach it from the perspective of ‘where do you want to be?’



+ Jim Collins on Goals

“Like the moon mission, a true BHAG (Big Hairy Audacious Goal) is clear and compelling and serves as a unifying focal point of effort – often creating immense team spirit. It has a clear finish line, so the organization can know when it has achieved the goal; people like to shoot for finish lines... People ‘get it’ right away; it takes little or no explanation.”

- Jim Collins & Jerry Porras

Credit: https://www.jimcollins.com/article_topics/articles/BHAG.html

+ Setting B.H.A.G Goals



- Set specific & measurable goals.
- Set the bar high.
- Tell them which mountain to climb and then let them climb it. Then provide the resources that they need to do the job.
- Measurement is objective, not subjective.
 - **(See Performance Dashboard article on ColemanAssociates.com)**
- “If you limit your choices to what seems possible or reasonable, you disconnect yourself from what you truly want, and all that is left is a compromise.”

— Robert Fritz

+ Make Your Goals Audacious!



65

- Resist the urge to be conservative in setting your goals.
- Dream big to push others to be more ambitious.
- Create a big, bold vision and then provide the needed support to achieve quick wins.
- Once you have traction, emphasize it and rally the troops around your mission!
- “Think big, dream big, believe big, and the results will be big” - Unknown

+ Simon Sinek on Leaders Who Inspire Action

- Your next step might be to watch the Simon Sinek Video about how Great Leaders inspire action
- Watch for:
 - Why does Apple do it better than their competition?
 - Think of how you can adapt Sinek's advice to communicate your goals using this language.
 - What is your WHY?



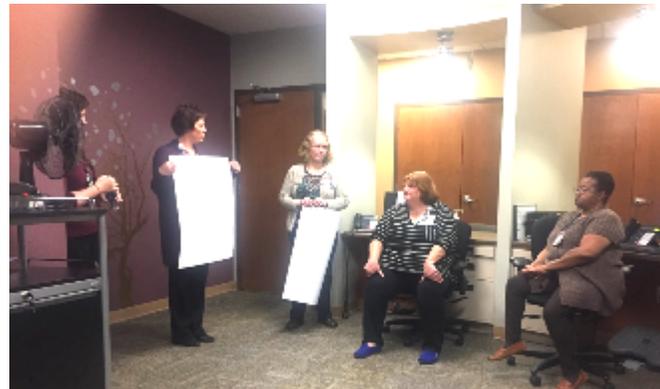
+ Effective Campaigns for Change Include:

- All Staff:
 - Not just the COO, but the CEO, CFO, CIO aka a united front saying the same thing.
 - Practice makes perfect. Rehearse an elevator speech.
- Frequent Communication:
 - Staff meetings, board meetings, rounding (Quint Studor Group), Traveling Roadshows, emails, newsletters, desktop messages, patient messaging
- Passion, Excitement & Tangible Results:
 - The more excited YOU are, the more that trickles onto everyone else.
 - Use tests and data that people can see to spread the innovation. Make it **TANGIBLE**.



+ Coleman's Traveling Road Shows, Simple & Effective

- Take your goals and data on the road!
- Meet staff where they're at.
- Bring some flip chart paper.
- Track who you talked to!
- Follow up with those you didn't reach.
- It's easy and it's effective.

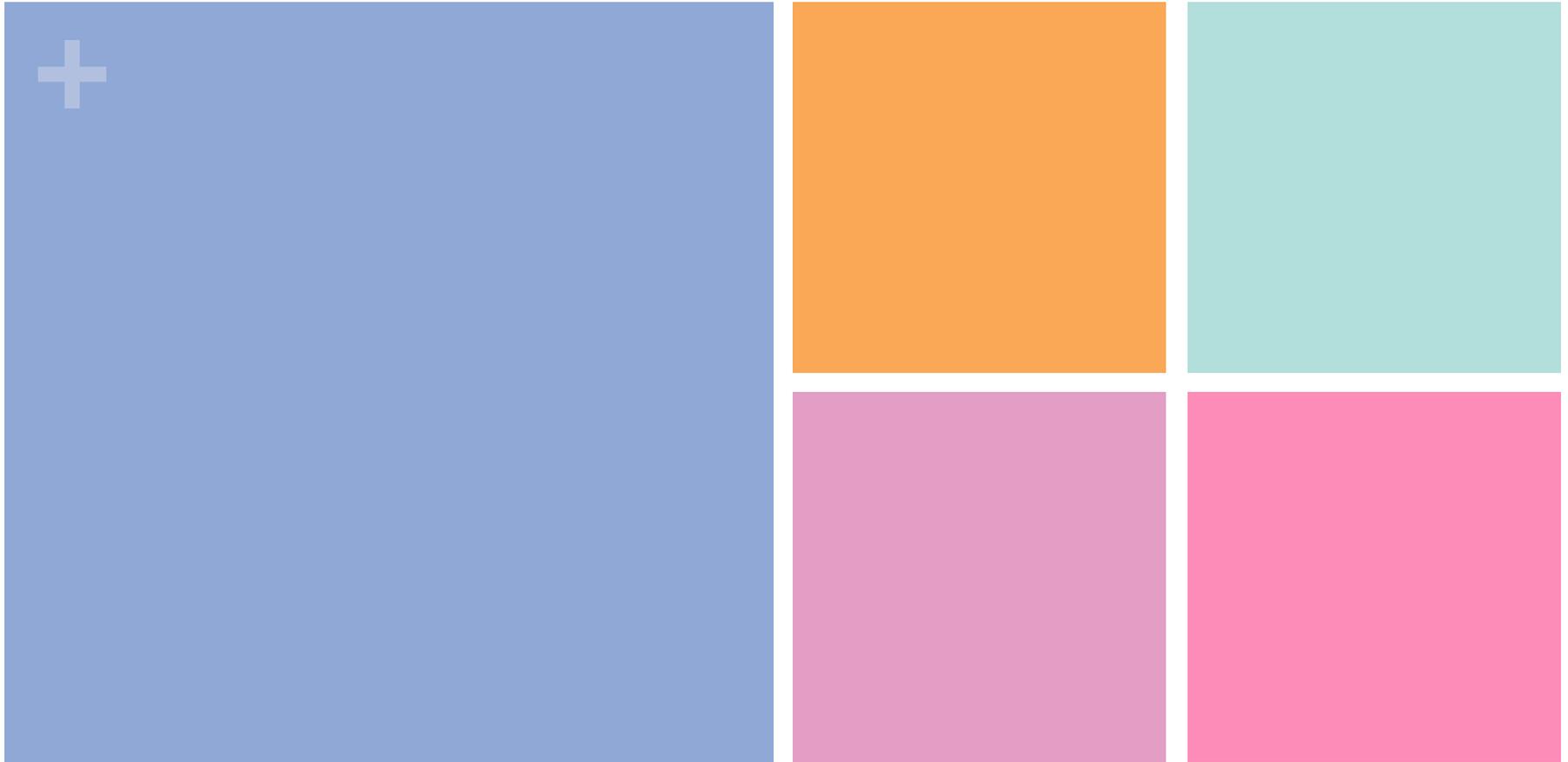


+ A Process for Communication Goals

1. Define the WHY – Your purpose, cause & belief. *Why does your organization exist?*
2. Explain the HOW
3. Define the WHAT
4. Take off your ‘manager’ hat, speak as if you were doing a Traveling Roadshow to MAs or Front Desk staff.
5. Keep it Simple.
6. Tell a Story.

“People don’t buy what you do, they buy how you do it.”

Credit: Simon Sinek, Leaders Who Inspire Action



Moving to More Advanced/Timely/ Accurate Reporting

Building And/Or Refining Your
Dashboard

+ Does Your All-Staff Dashboard Pass the Next Five Steps?

- Discuss the following 5 questions and then write down your answers, Yes or No.
 1. Do staff see themselves in the data? (Y/N)
 2. Is the data shared in a timely way? i.e. Weekly? (With the option for daily?) (Y/N)
 3. Do you recognize, reward and feedback to staff based on your Dashboard? (Y/N)
 4. Is the data accurate? (Y/N)
 5. Are the formulas patient centric? (Y/N)

+ How Did You Score?

- If the answer to any of the former three questions is NO, consider updating your Dashboard or data tools

+ 1. Solicit Feedback on Your New Dashboard Version

- When you round, ask staff to share their results with you.
- Take a copy of the Dashboard with you
- Do staff know the results? Can they share them with you or not?
- Ask for direct feedback.



+ 2. Share Data in a Timely Manner

- Think about what motivates your staff....
- Consider offering a weekly prize to identify and recognize key metrics
- Ask local management to announce midweek standings... (this gives staff time to re-adjust and course-correct)



+ 3. Recognize & Reward Performance

- Highlight high performers on your Dashboard or on your data wall using smiley faces, thumbs up, stars, whatever.
 - In our experience, we've heard staff who said, "I just want to get the smiley face."
- At a higher level, build performance into your annual performance reviews
- Consider team-based incentives
- Utilize "carrots." See article on our website, [A Carrot a Day to Reward & Retain Staff](#)





“Most companies have no problem getting better results at first. The problem is keeping them...”

Quint Studer Results that Last

+ 4. Is the Data Accurate?

- Have you or someone you trust compared data in the Dashboard to a daily snapshot in your EMR?
****Trust, but verify.****
 - For example, the Dashboard says the team saw 12 patients on 3/15/18. Can you open the schedule on 3/15/18 and see 12 patients with kept appointments?
- So often, we see staff lose faith in a Dashboard when they check it themselves and see that it's wrong. Fact check the data before it gets published!



+ 5. Are the Formulas Patient-Centered?

- This is heavily dependent on the metrics, but check that your EHR or excel Dashboard is pulling the data correctly and from the patient point of view.
 - For example, when does cycle time start, when does it end?
 - Does TNAA include weekend days?



+ What Questions Do You Have?



+ Thank you for Joining Us!

Your opinions are very important to us.

Please complete the Evaluation for this event. Those attending the entire event and completing the Evaluation questions will receive a Certificate of Participation.

Each person should fill out their own Evaluation Survey.

Please refer to the SurveyMonkey link in the reminder email sent out in advance of the event, and will be included in a follow-up email to those logging onto the live event. Please pass the link along to others viewing the event around a shared computer.

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