

Lead. Change. Invest. Repeat.

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Abstract If one starts with the premise that in healthcare the only thing you can count on is change, and the pace of that change will probably continue to accelerate, then it is critical that healthcare leaders develop skills not just to manage change but, most importantly, to lead change. Leaders must become more comfortable with change than they are with the status quo. The industry has known this for a while and has (mainly in the area of quality improvement and cost reduction) embraced various methodologies, including CQI, lean, Six Sigma and others. Frequently, these are initiatives that start with the executive team committing to a target and then either methodically training a group that trains the rest of the staff or training everyone at once — often spending an entire year, or more, in training. Then the projects begin, with teams sequestered for hours or days, to design new processes. When all the work does not produce significant results, the organisation either declares victory anyway or moves on to another initiative. Either way, change is not developed as a skill, and leaders are often left feeling that another initiative has come and gone without much to show for the effort. At Henry Ford West Bloomfield Hospital (HFWBH), a different approach was taken, on the premise that an organisation's ultimate success is built on leading and making change among the core skills of an entire leadership team. This paper discusses Henry Ford West Bloomfield Hospital's aim to 'be the change', to be flexible in making changes in the areas of accountability, speed and implementation.

KEYWORDS: leadership, change management, quality improvement, cost reduction, engagement

LEAD

This journey began with leadership. The CEO must 'be the change . . .' (perhaps not exactly what Gandhi intended!) Without leadership, the team will soon revert to old behaviours. The leader instils a vision, creates focus, sets a pace and must develop trust.

Our vision for this effort is anchored in sustainability at Medicare reimbursement — an often-cited challenge of many hospital CEOs, although few have achieved success. The magnitude of this vision is clear: approximately 20 per cent of the operating budget (Figure 1); the goal is to eliminate waste and create value.

This could not be done in silos, and it was understood that there would be challenges — inflation would happen, utilisation would change, new technologies would emerge. In other words, the goal might never be finally attained, but the mission was clear. This became the ‘Why’ for this project.

Understanding where you are is as important as understanding where you want to go. Assessing the leadership team before embarking on this journey was critical. A Caldwell Butler & Associates (CBA) sponsored tool was utilised (produced by The American College of Healthcare Executives (ACHE) course ‘Secrets of Great Health Care Organisations and Leading Change’), called the ‘Top Performers’ Comparative Survey’. Based on the results (Figure 2), it was clear there was work to do.

The Top Performers’ Comparative Survey comprises fewer than 30 questions, three

to five of which focus on each of the areas listed in the following categories.¹ Over 100 other companies have taken the survey to create a stratified top quartile of performing subset of companies based on the percentage of change in operational income. Each leader’s responses were summarised, and the overall results were compared against the top performers. The decision was taken to focus first on speed to implementation and financial impact.

It is useful to go back to this survey often to see where improvements have been made and to continue to focus on achieving above one’s own markers.

Understanding that nearly every leader in a healthcare organisation feels that he or she cannot take on one more thing, setting the pace and helping the leaders adjust to the pace is critical. The pace was set to existing leadership team meetings; in other words, not

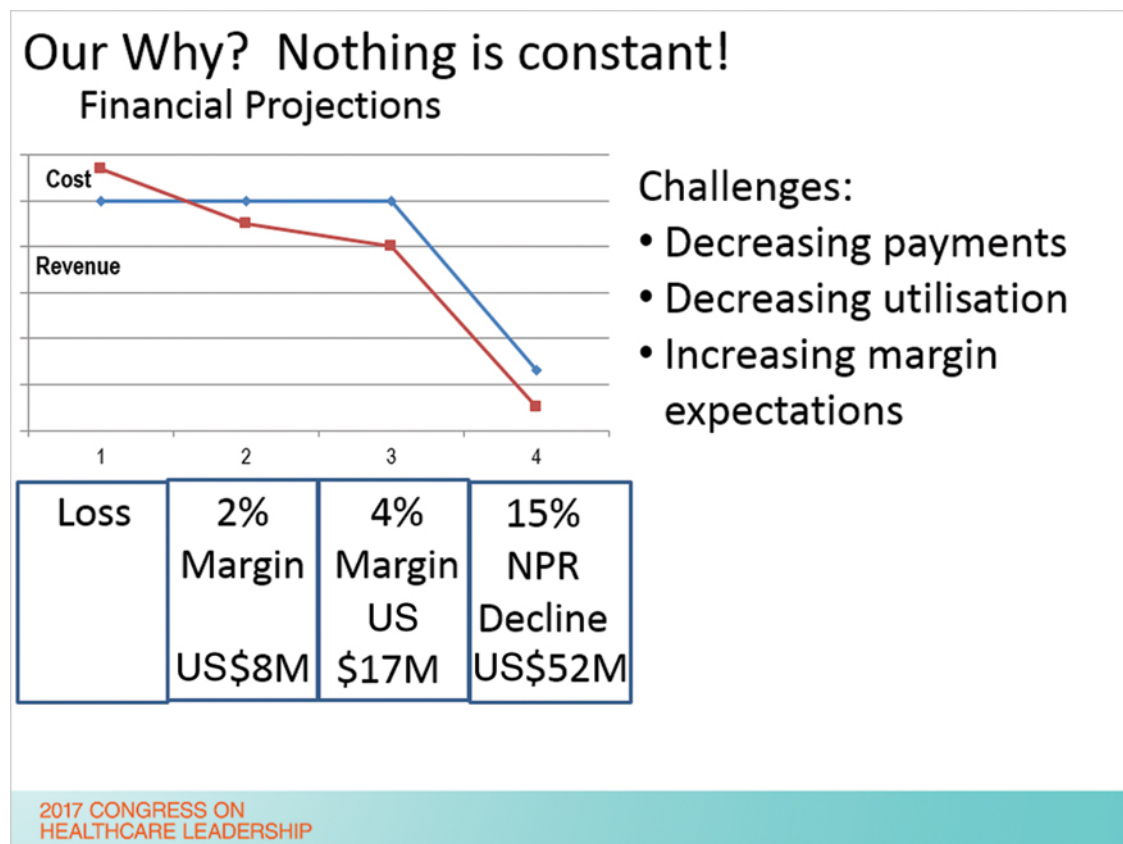


Figure 1: The financial imperative for our change efforts²

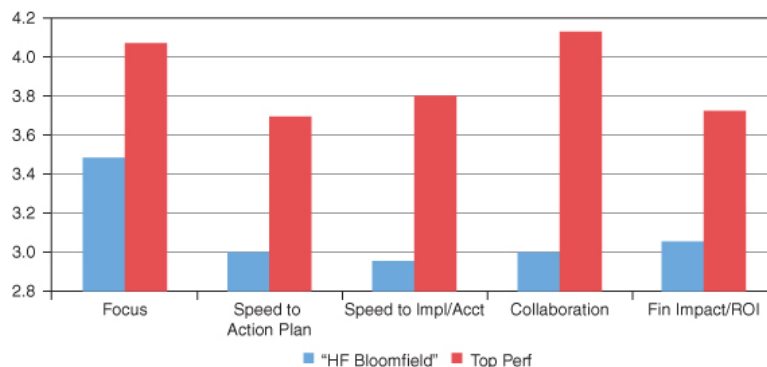


Figure 2: Ranking among top performers pre-2014

adding a new time commitment. Furthermore, the speed-to-implementation expectation of individual leaders' changes was set at the ACHE programme recommendation of two per month, with each change having a demonstrable financial result that could be verified by the chief financial officer. Leaders are continually reminded that their 'to-do' list naturally includes things that can, and should, be included as changes. The focus is on learning how to do things with action and impact in mind — not working harder, but working better and also getting credit for the work that is done.

Holding the team accountable is also critical. The 100 Day Workout framework, developed by CBA, was the system chosen for this purpose, using their EXCEerator tool. Leaders enter their changes in the tool, where other leaders can not only see the details, but also monitor each other's pace of change.

Finally, there had to be trust established: trust in the executive team to provide support if needed, trust that every individual and team would be respected, and trust that no idea would be considered irrelevant. There had to be trust that the senior leaders were invested as much as, if not more than, the other leaders to truly lead and be present. Finally, those leaders had to trust that they would be believed.

Without leadership there cannot be sustainable change, as the organisation will return to the status quo.

CHANGE

Change is a verb meaning 'to make different,' and it requires action. There must be a 'do' and a 'result.' Putting the water in the ice cube tray and placing it in the freezer to create ice is a change. Understanding at what temperature water freezes, and educating others, is not a change. Analysing data is not a change either, although often required in order to understand the current state.

As a team, the focus is to spend at least 75 per cent of the time doing, and less time analysing. This requires a shift in focus from waiting until the data are fully understood to having enough data and understanding to take action — often small actions at first and then, if needed, to gather more data. Since many healthcare organisations utilise the PDCA (plan, do, check, act) cycle for quality improvement initiatives, this approach is not very different for them, with the exception of the financial component added in.

To help leaders understand this, the If-This-Then-That model was used. They were asked to say to themselves, 'If I do this, then that will happen, and then this will happen, and then this will happen, etc' until they got to a measurable result. After a typical 'waste walk' in a department, a leader might find an expired product that must be thrown away. So the leader might say to himself, 'If I reduce the par level of this item, then we will reduce waste, then we will order less often, then we will save on supply costs.'

The focus of each workout is different, but almost all include an element of waste — every time there is waste in a process, it reduces the value to a customer — and most often results in some type of cost savings. It was often said, during the past few years of this journey, that the focus of doing the right thing would naturally result in exhaust that frequently could be quantified as cost savings. Therefore, a typical standardised manager action plan for a change includes a description of the change, the due date, assumptions and expected cost recovery on an annualised and fiscal year impact basis.

‘Success is the sum of small efforts, repeated day in and day out.’

Robert Collier

The following table shows the ‘Lead. Change. Invest. Repeat’ journey by date and focus.

Box 1

Date Started	Workout Focus
October 2014	Quality Waste
February 2015	Patient Experience
June 2015	In-Quality Staffing
November 2015	LEAP I — Quality Waste
May 2016	LEAP II — STEEP Quality Improvement
October 2016	Rapid Variance Response
February 2017	Rapid Variance Response 2
June 2017	Employee Engagement for the Patient

The following are descriptions and examples of each of these workouts:

Quality waste

This workout focused on eliminating waste while improving quality. In one example of an impactful change, the Radiology department tested a schedule increase of one patient per hour and determined it was manageable for staff, which resulted in not only more satisfied patients, who did

not have to wait for appointments, but also significant financial savings.

Patient experience

This workout focused on patient- and family-centred care, looking through ‘quality eyeglasses’ to improve health care through the eyes of the patient. Improvement was sought in three particular areas: inclusion of patient and family, responsiveness/reducing wait times and care transitions. The Parking Services department and the Pharmacy unit initiated curbside pick-up of prescriptions, which was a huge patient satisfier, and brought more business to the hospital.

In-quality staffing

This workout focused on having the right people in the right place at the right time, with a goal of 95 per cent ‘In-Quality Staffing.’ It is a tool to staff differently, concentrated on direct, productive work and not financially oriented, although there is often a financial exhaust. Pharmacy found that this workout was more in the staff’s hands, with colleagues suggesting changes to each other. They owned it. One of the nursing units learned it could revise the scheduling of nurses to better meet the needs of the patients by understanding the Operating Room (OR) schedules.

LEAP (Leadership Effectiveness and Accountability Path) quality waste

In addition to specific leadership development for a small group of leaders, this workout focused on optimising capacity and reducing idle resources. The Birthing Center found it could replace a medication with a much more cost-efficient substitute, for substantial financial savings, which then rolled out across all hospitals in Henry Ford Health System. (LEAP is a formal process of leadership development incorporated into the workout and will be described more fully in the ‘Invest’ section of this paper.)

LEAP II — STEEEP (Safe, Timely, Equitable, Effective, Efficient and Patient-centred) quality improvement

In addition to adding a second cohort of leaders to receive specific training, the workout focused on new ideas, especially on falls, readmissions and care experience. The Endoscopy unit added one day to their procedures timetable to reduce patient wait times for appointments, and volume increased nearly 60 per cent.

Rapid variance response I and II

This is the most difficult but also a very impactful workout focused on improving the leaders' labour productivity skill set. It considers staffing differently by aligning resources with volume in a way that is closer to real time, rather than waiting for month-end financial statements or an identified trend. It involves recovering pay-period labour variances in the next cycle by implementing pre-developed action plans. A stand-out change was two nursing units (general practice and intensive care) that teamed up to avoid double-transference of patients.

Employee engagement for the patient

The most recent workout, focused on improving employee engagement to enhance the patient experience, requires every plan to include the words 'For The Patient.'

An excellent example of a change is in the diagnostic holding area. Inspired by information in Advisory Board publications, the team came up with a 'waiting room card' providing information for family members while waiting for the patient. The card alleviates stress on the waiting family while reducing the need to ask the diagnostic team for information on the patient. Early indications are positive, with two phone calls in the first week of implementation acknowledging the value of this card.

As previously mentioned, accountability is critical for this process to result in real,

measurable, successful outcomes. For each workout, the following expectations of directors and managers were set:

- Implementation of a minimum of two changes per month per leader — again, these are often items already on their 'to-do' lists, but can also be generated by their teams. Front-line staff frequently have the answers, but they need to be engaged in the process. With this pace of change and accountability, the leaders find unique ways to engage their teams.
- Monthly leadership check-ins to review plan implementation — previously scheduled leadership meetings are still in place, and now have the LEAP leaders plan and run the check-ins, highlighting milestones reached on the journey, commending individuals who have implemented changes (successful and unsuccessful) and providing education, often repeating topics so they are not forgotten.
- Executives/directors to include plan review in their 1:1 meetings with their teams — again, back to leadership, the executive team is responsible for coaching and mentoring the individuals on their team in regard to their workout progress. This should be part of their routine meetings.
- Attendance at all monthly check-ins is mandatory.

It is human nature to seek equilibrium, and this journey is no different. Even after doing this for almost three years, there are still requests to pause, or take a break. Since this is now the way the hospital works, there can be no pause break. Instead, the team learn how to incorporate what they do anyway into the workout process, while always keeping the end customer in mind. By connecting the dots, every leader understands that the functions of quality improvement, financial management, employee engagement and patient satisfaction are not separate concepts but

are all interconnected. The workout process becomes the ‘how’, regardless of the ‘what.’

INVEST

Leaders are only as good as their teams. Investing in teams through development, recognition and fun has been a cornerstone of change efforts at Henry Ford West Bloomfield Hospital. This is hard work, so to keep the teams engaged and growing, these investments are critical.

In healthcare, it sometimes happens that those who are promoted are people that are great clinicians, or have great people skills, but too often it is overlooked that most of them did not go to business school or learn about strategic planning or leadership. Developing great, well-rounded leaders is critical to an organisation’s success. The findings seen in the Top Performers’ Comparative Survey, mentioned previously, showed that the leadership team needed additional development, particularly in the areas of financial acumen and collaboration.

Invest. Leader Development

- Coaching
- Training
- Experimentation
- LEAP Leaders

The succession of workouts also included layering of leadership development, but not through overt methods like ‘come to this class to learn about X’, but rather by coaching, experimentation, tool kits and demonstration. A ‘Finance 101’ course was offered where the finance team helped leaders to understand the basics of budgets and monthly financial reports. Subsequently, there have been multiple promotions, or people taking on new roles, and some that have stepped away from leadership entirely (it does not suit everyone). Those that succeeded have learned that there is no shame in asking for help; taking risks is scary but most often results in growth, and performing small actions day in and day out

results in many small wins that ultimately end up with a ‘big win’ — often freeing up time to be more creative or look for the next challenge to tackle.

LEAP, developed by CBA, is a more formalised process of teaching leaders to become the embedded coaches of the workouts, lessening dependence on outside help. Coaching is not natural to everyone but is a critical leadership skill. Through LEAP, these individuals learn how to ask questions, dig deeper, often coaching their peers, or even those at higher levels in the organisation, through a workout.

In addition to coaching and financial acumen, the following leadership skills were also encouraged: confidence, risk-taking, agility and curiosity. Building these skills results in independent leaders who are not afraid to try new things, reach higher and accomplish more. Meaningful feedback is provided to further promote and develop these skills.

‘Top-performing senior leaders value speed of implementation as their ultimate competitive advantage. The main competencies exhibiting speed are goal setting, depth of goals, and use of data.’

Caldwell

As well as regular check-ins and summations, recognition is provided in the form of occasional informal summation celebration events, recognising staff for their accomplishments. We have had awards as simple as paper plates to The Henrys (à la The Oscars), complete with red carpet entrance, paparazzi and The Bodyguard (Award for patient safety); Safari Awards (the Giraffe went to the plan that stretched the most); Star Wars Awards (the LEAP to Hyperspace Award went to the best rapid cycle test); LEAP to the Beat (with a DJ and appropriate music — the Best Choreography Award for improvement on readmissions was given to the tune of ‘Hit The Road, Jack’) (see Figure 3); and ‘70s Game Shows’ (with leaders photoshopped into classic show photos).



Figure 3: Photos from our 'LEAP to the Beat' summation

REPEAT

This is not a project, or the latest target. It has become the culture of the organisation. Teams are reminded that this is not a sprint, but a marathon.

Results achieved through this have been commendable.

- **Quality and Safety:** during this time, the hospital went from a 'C' to an 'A' rating on the Leapfrog Top Hospital ranking. Additionally, they are a top-performing hospital on readmissions and other quality indicators and have improved their efficiency (see Figure 4).
- **Financial:** margins have gone from negative to positive, though not yet at sustainability on Medicare rates. In fact, as the impacts of less emergency room utilisation, lower numbers of inpatient admissions and increased outpatients (lower-margin business) are seen, financial



Figure 4: Over a two-year time span, LOS went from 3.92 days to 3.48 days

results are still positive, as the team has learned how to manage their teams. There is still work to do, but there is no reason to panic (see Figure 5).

- **Care Experience:** both inpatient Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) and emergency department Press Ganey scores have increased as a result of this work. Goals for 2017 were 'Likelihood to Recommend' scores in the 90th percentile for inpatient and 75 per cent for emergency room, and those targets have been hit for the past several months.
- **Employee Engagement** (see Figure 6): from poor performance in 2014 to above average in 2016, using the Gallup survey, with an engaged employee ratio of more than 4:1.

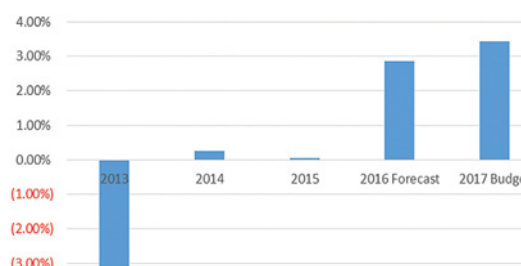


Figure 5: Financial. For the first time in 2014, there was a positive operating margin, with continuous improvement towards sustainability on Medicare rates

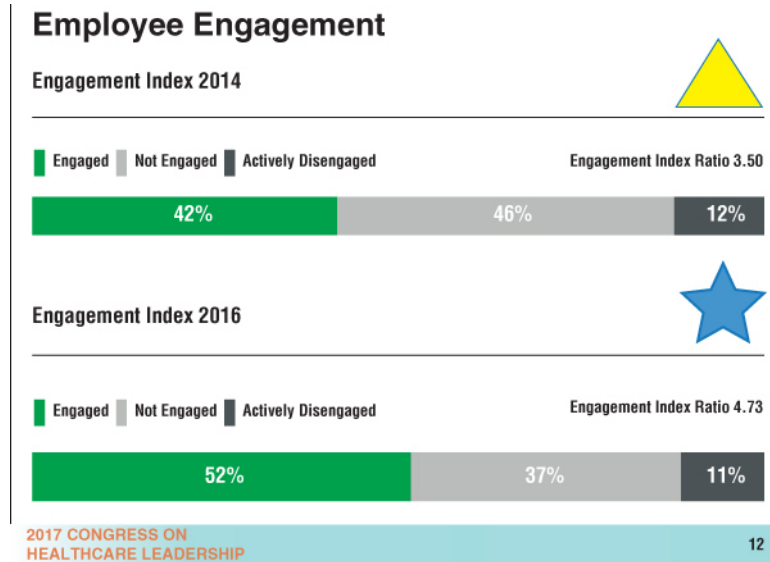


Figure 6: In two years, the engagement index has gone from 3.50 to 4.73

- Leader Engagement: most notable is the leadership engagement index, which shows more than 72 per cent of the leadership team is engaged. Here are some quotes from these leaders:
 - ‘We are no longer just putting out fires.’
 - ‘The silos are breaking down and it is now the culture to reach out and collaborate.’
 - ‘It required me to look at things from different perspectives, and not just mine.’
 - ‘Ultimately leaders must have input from the front-line staff to be successful.’
 - ‘This mindset leads to sustainable changes.’

A post-workout survey of the leadership team showed improvement in all areas, when compared with the initial survey and from Accountability and Speed to Implementation, the Top Performer group results were exceeded.

The team likes to refer to a jelly analogy: often, organisations are like jelly moulds.

They shake and wiggle in anticipation of change, sometimes even announcing that they are changing. But, like a jelly mould, once the shaking and jiggling stops, they find themselves in pretty much the same configuration. Henry Ford West Bloomfield Hospital strives to not only change shape, but even change colours, add fruit, perhaps return to a liquid state in order to reset in a new shape. This is uncomfortable most of the time, but also results in great satisfaction when complete. In fact, with continued leadership and investment, they are actually inspired to do more.

References

1. Caldwell, C., Butler, G., Poston, N. (2010) ‘Cost reduction in health systems: Lessons from an analysis of \$200 million saved by top-performing organisations’, *Frontiers of Health Services Management*, Vol. 27, No. 2, pp. 3–17.
2. Torossian, L., Cook, K., and Caldwell, C. (n.d.) ‘Developing middle managers to achieve double-digit margin improvement: Two CEOs’ Stories’, Lecture presented at ACHE 2017 Congress on Healthcare Leadership, Chicago, IL.