



PRC & HEALTHCARE
EXPERIENCE FOUNDATION

Physician Engagement Guide



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Welcome to the Physician Engagement Guide

Dear Colleagues,

The goal of our Physician Engagement Guide resource is to equip your improvement efforts and create lasting results.

We must think to ourselves, are we being intentional about the physician experience we are creating? More so than ever before, we are encountering daily challenges at an unmatched and accelerating pace. We want to create an environment for our physicians and APP's to practice that is by design—not by default. As trusted caregivers for our patients during their most vulnerable times, we have an opportunity to evolve the experience so that every person can receive the best possible care, starting with the engagement of our physicians.

Physician engagement is one of the most frequently cited challenges across healthcare organizations, and we know that burnout, moral injury and compassion fatigue are at an uncomfortably high level. So, where do we start?

We believe that by supporting an excellent place to practice, encouraging physicians and APP's, and removing barriers, we can foster and restore purpose and joy in the practice of medicine. We created the Physician Engagement Guide to provide an action-oriented resource for senior leaders, department managers, medical staff, and executive leaders to help them retain and engage the best physicians, providers, and team members. The material presented in this guide is based on our work with over 600 organizations and thousands of physicians, helping them measure and improve physician engagement.

Now more than ever before, you are working to do more with less and to take engagement to the next level. Our hope is that this book will provide you with the inspiration, strategies and tactics you need for success.

Sincerely,



Katie M. Owens
SVP, PRC Excellence Accelerator
Co-Founder and President
Healthcare Experience Foundation

About The Healthcare Experience Foundation

The Healthcare Experience Foundation was founded to serve one purpose: to bring together the industry's best minds—thought leaders, change agents and providers—to share their knowledge, expertise and experiences with healthcare organizations, leaders and teams endeavoring to transform their healthcare delivery and dramatically improve healthcare outcomes.

Members of our team are senior leaders, seasoned executives and well-respected healthcare professionals. They've held positions from directors, to VPs, to the C-suite. Independently, they've built successful careers in healthcare spanning decades. Collectively, we're on a mission to put our experience and expertise to work for other healthcare leaders driven to transform their teams, their organizations, and their industry. In 2017, we came together to form the Healthcare Experience Foundation to help administrators, doctors, nurses and staff impact their healthcare teams and improve their healthcare outcomes.



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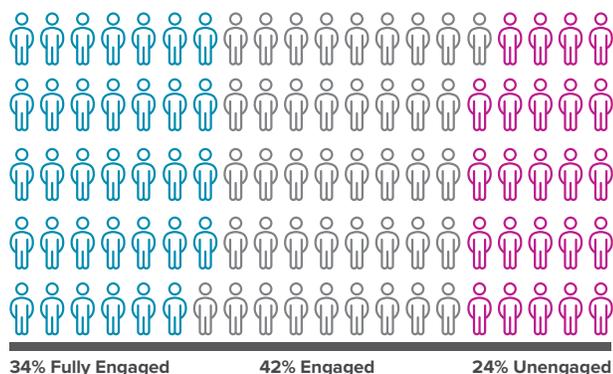
CHAPTER 1:

**Introduction
and Impact**

Section 1: Physician Engagement Introduction & Impact

1.1 WHY FOCUS ON PHYSICIAN ENGAGEMENT?

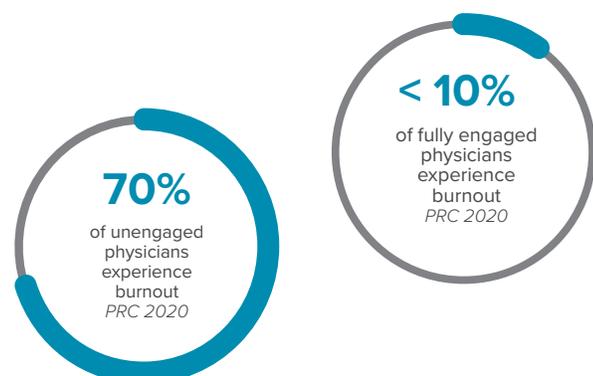
As Peter Drucker has said, “If you can’t measure it, you can’t improve it.” Through our research at PRC with over 94,000 physicians, we’ve found that **34%** of physicians are fully engaged, **42%** are engaged, and **24%** are unengaged.



1.2 RELATIONSHIP BETWEEN ENGAGEMENT AND BURNOUT

Why does this matter? Reports demonstrate that 40-60% of practicing physicians experience signs and symptoms of burnout. In PRC’s Chief Medical Officer Survey, 79% of chief medical officers cite physician burnout as a challenge. Research by Christine Sinky, MD and AMA VP of Professional Satisfaction has demonstrated that 80% of burnout is driven by systems factors and 20% of burnout is related to individual factors.

Fewer than 10% of fully engaged physicians experience burnout, yet 70% of unengaged physicians experience burnout.



1.3 THE COSTS OF DISENGAGEMENT AND BURNOUT

The costs of physician disengagement and burnout are profound from both personal and monetary perspectives.



Patient Care and Safety

- Mistakes and errors
- More patient hospitalizations



Increased Expenses

54% of physicians leave their group within the first five years. Replacing a physician costs \$1 million minimum.



Reduced Workplace Productivity and Efficiency

Section 2: A Frame Of Reference For Physician Engagement

It is a challenging time to practice medicine, and it is important that we have a complete perspective of the environment in which physicians are working today. The following are just a few current issues and challenges facing our medical staff:

- Physicians are working more hours, seeing fewer patients
- Fewer physicians are private independent providers, creating accelerating pressures for cost management, technology adoption and regulation compliance
- Growing complexity of insurance and practice environments
- Loss of autonomy with changing consumer expectations
- Limited leadership, patient experience and business competency development
- Generational expectations are different
- Concerning rates of compassion fatigue, moral injury and burnout

Section 3: What Engages Physicians?

The healthcare experience is highly unique compared with other industries. Based on our research and work, we have observed that addressing organizational and interpersonal signs and symptoms of burnout is essential—yet setting our sights on reducing burnout alone sets a low bar. Focusing on culture, climate and systems that foster engagement equips our organizations to be most successful in the near and long term.

3.1 WHERE DO WE START?

It is incumbent upon us to understand physicians as unique people—each with different expectations for their practice experience and environment. In order address the issue of physician engagement, we must first consider what motivates physicians. Dr. Trevor Turnor, M.D. and physician coach, lists the following themes as motivators:

- Appreciation and respect for their competency and skills
- Feeling that their opinions and ideas are valued
- Good relationships with physician colleagues
- Good work/life balance
- A voice in how time is structured and used

It is incumbent upon us to understand physicians as unique people—each with different expectations for their practice experience and environment.



Source: Trevor Turner, MD Coach, Healthcare Experience Foundation, PRC Summit, 2019

Section 4: Defining Physician Engagement

Physician Engagement can be defined as a demonstrated personal and professional commitment and loyalty to the organization within which he or she practices. PRC Research has identified four key mindsets attributed to engaged physicians:

- “I am committed to investing my thoughts and ideas into the hospital.”
- “I care about the success of the hospital.”
- “I feel a sense of ownership in the hospital.”
- “My role within the hospital is rewarding.”

Note: These items are evaluated based on the percent of medical staff reporting “Strongly Agree”

Physician Engagement is highly correlated with physicians’ feelings about their practice environment:

- **Place to Practice**
- **Quality of Care**

Note: These items are evaluated based on the percent of medical staff reporting Excellent



It is within the power of healthcare organizations to create an excellent practice environment. This can be achieved through the active management of communication, process and relationships among key service areas of the practice environment, including these **13 service areas**:

- Nursing Care
- EMR system
- Surgical Services
- Anesthesia Services
- Laboratory Services
- Pathology Services
- Radiology Services
- Emergency Services
- Critical Care Services
- Hospitalist Services
- Administration
- Patient Experience
- Patient Safety

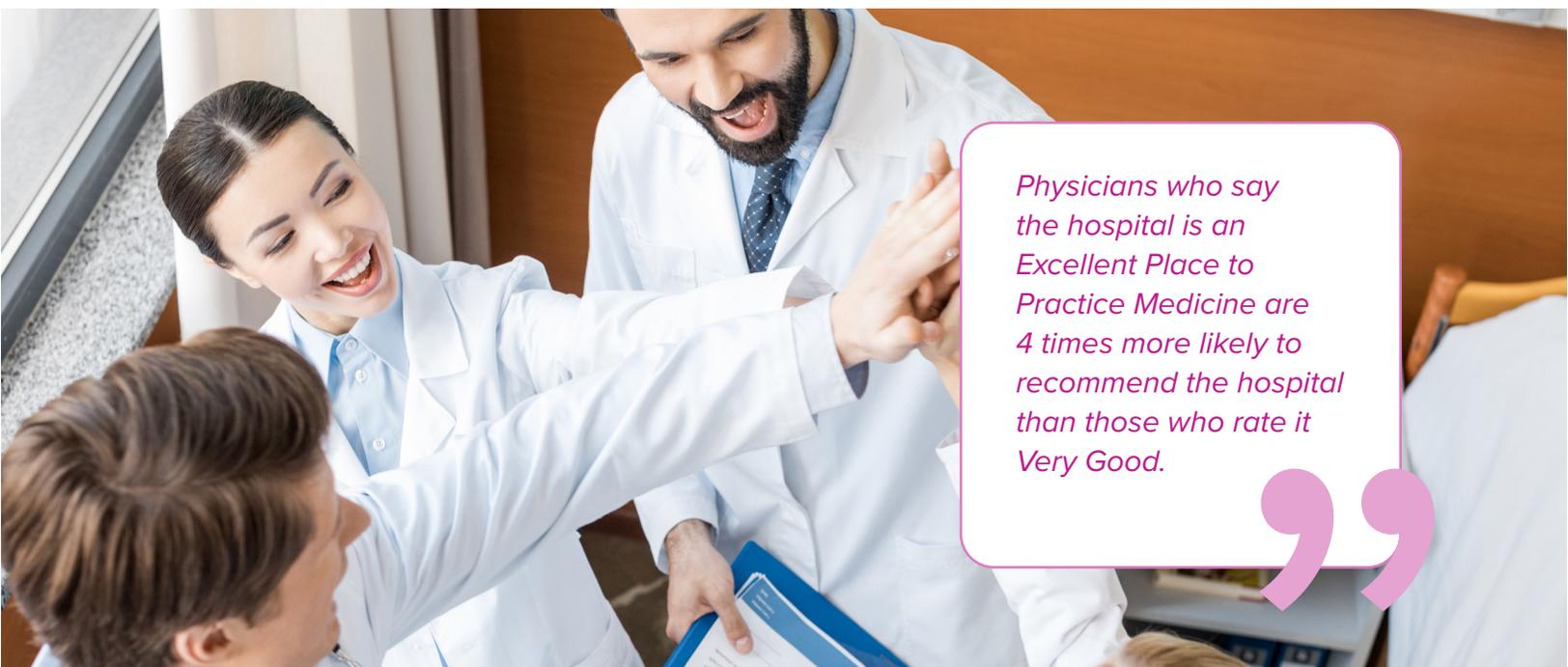
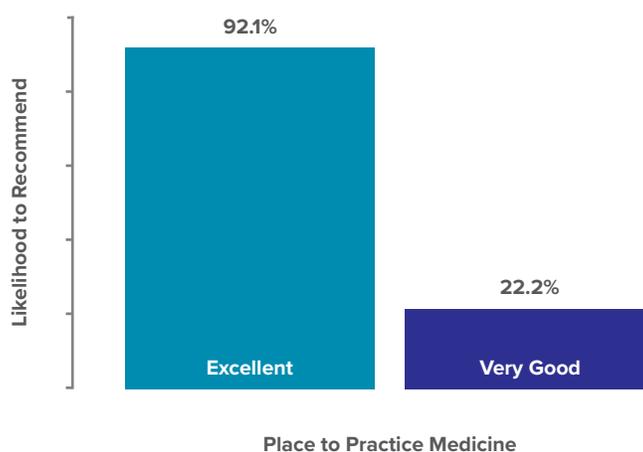
Note: These items are evaluated based on the percent of medical staff reporting Excellent

Section 5: Why Focus On Excellence?

A key benefit of focusing on physician engagement is the lower likelihood of fully engaged physicians experiencing burnout, but that's not the only benefit. Focusing on excellence in physician engagement also creates loyalty to our organizations.

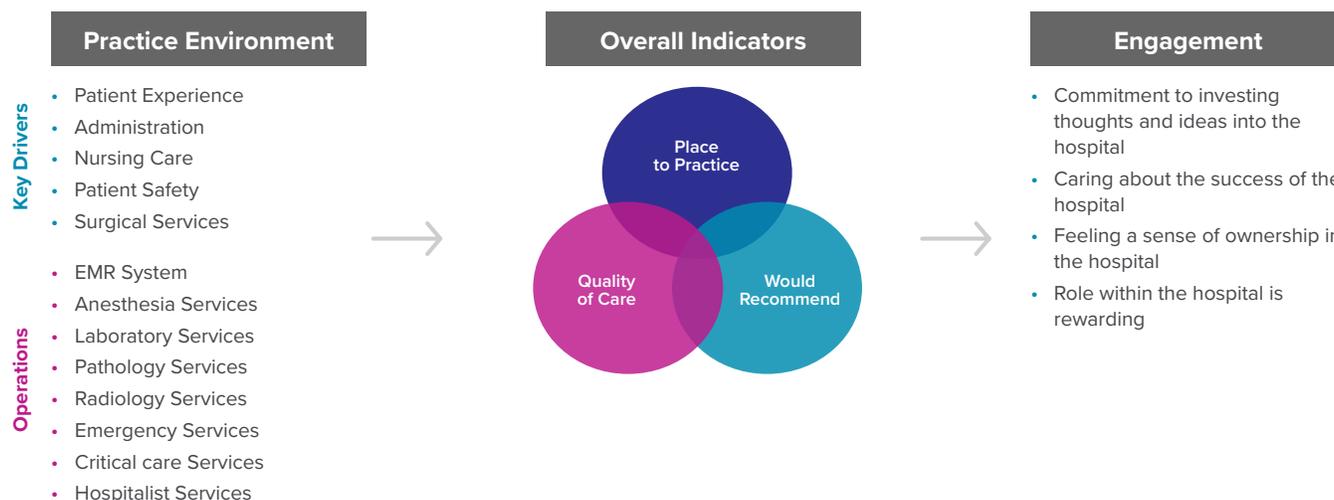
Physicians who say the hospital is an “Excellent” place to practice medicine are four times more likely to recommend the hospital than those who rate it “Very Good.”

Achieving physician engagement goals can often be a frustrating experience for senior leaders and department managers. As leaders, we take great pride in our work to communicate, create clarity and build workplace camaraderie and purpose. We tend to see the world from our intent; yet our physicians evaluate us based on what they see, experience, or hear.



Section 6: Putting It All Together

PRC and Healthcare Experience Foundation are devoted to measuring the voices of the physician community and equipping organizations with strategies, tools and resources to improve. Our researchers studied the relationships between the various influencers of physician engagement.



Section 7: The Role Of Physician Engagement Surveys In Driving Execution

An essential part of an organization's physician strategy, the annual physician engagement survey provides organization-wide feedback for an overall view of the health of an organization and the factors influencing balanced scorecard outcomes. Physician engagement is a critical metric to equip leaders to drive all other performance outcomes, such as patient safety, operational performance, staff retention, and patient experience.

As a result, the annual engagement survey can take on both strategic and tactical importance. When timed around annual planning periods, they give physicians (and APPs) a voice in setting the priorities, goals, and help guide decision-making around initiatives to support the organizations strategic and operational plans. This dialogue is critical to strengthening physician alignment with objectives, encourages personal accountability and ownership of the organization's mission, vision and values. Unfortunately, physician engagement surveys can backfire and cause further frustration when organizations (aka leaders) fail to follow up, share findings, and engage physicians in building plans to improve.

7.1 CHALLENGE QUESTIONS

- Do you have a strategic plan and vision for physician engagement in your organization?
- Do you survey at least annually and share the results with your medical staff and workforce?
- Are your leaders accountable to improving physician engagement?
- Do you have defined action plans based on evidence and techniques to improve your key drivers and operational priorities?





APPLIED LEARNING

Physician Engagement Pulse Check

Reminder: Physicians are constantly forming impressions about your organization- strengths and limitations. As a team, use the following pulse check to evaluate your physician engagement strategy overall. Look at where you evaluated yourself with the greatest strengths and the top areas you can improve.

Reflection	Evaluation (Excellent, Very Good, Good, Fair, Poor)
We have shared our Prior Physician Engagement Survey results with our medical staff in a meaningful way(s).	
We have shared our Prior Physician Engagement Survey results with key department/service line leaders.	
The senior team can articulate a unified goal for physician engagement and that message is cascaded to department leaders.	
Medical staff have given input into our Prior Physician Engagement Survey.	
There is unified senior leader support and assignments to advance goals of action plan.	
We are collaborating with MEC to advance and communicate our action plan.	
We have maximized our communication channels to reinforce results, action plan and progress updates (e.g., department meetings, new letters, e-blasts, social media, key meetings).	
Senior Leaders are rounding with medical staff to build relationships and strengthen engagement.	
We have a stop light report or other format to connect action steps.	

CHAPTER 2:

**Outlining
Your Vision**

Section 1: Set the Tone & Engage With Your Leadership Team

Successful Physician Engagement Strategies require consistency and repetition in messaging across all members of your senior team, department leaders and managers, and your MEC (whenever possible).

For instance, as you prepare to share physician engagement survey results, meet with your senior team, service line and MEC leaders to create an aligned and consistent message with your team.

Without consistency in messaging, most senior teams unintentionally create variability, miss opportunities to reinforce commitment and can give siloed communication fragment understanding and jeopardize the importance of the overall strategy for physician engagement. Consider the following four step questions as a senior team and build a consistent messaging platform.



FOR EXAMPLE

Establish Purpose | Why:

Achieving higher levels of physician engagement is core to successfully serving our community. We are proud of our gains and know we can do better. One example is the results from our latest Physician Engagement Survey. As a senior team we are each making a concerted effort to focus on the priorities you, our medical staff, have shared, to thank you for your commitment to our patients, hospital and community, and ask for your feedback and help.

Create Expectation | What:

The Executive Team members of XYZ Hospital are expanding our listening efforts to include town halls and senior leader rounding to continue to enlist your feedback.

Set Tone | How:

We are committed to an annual survey of our medical staff because your voice is essential to how we plan the strategic and operational direction of XYZ hospital. Improved patient experience and retention of key medical staff at XYZ, improved communication between medical staff and administration, improved responsiveness to concerns.

Demonstrate Teamwork | Listen:

Be willing to share your ideas and continue to provide the best patient care possible, Share the positive and the challenges.



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CHAPTER 3:

Preparing For
The Physician
Engagement
Survey

Section 1: Physician Engagement Surveys & Pulse Checks

Physician Engagement Surveys and Pulse Checks open important channels for feedback and can generate both quantitative and qualitative understanding of the factors that lead to engagement (and disengagement) among your medical staff. That insight can equip you to build action plans based on priority/key areas in partnership with your physicians and providers.

This chapter focuses on ensuring medical staff participation to strengthen the validity of your results.

Tips:

1. Plan based on your annual strategy and goals for physician engagement. Do you need to have results in time for finalizing annual operating or capital budgets, balanced scorecard or performance management metrics?
2. Establish your medical staff roster. You want to ensure you are inviting physicians that have both familiarity with your organization and those you want to strengthen your relationships (and referral patterns).
3. Evaluate your communication channels to build awareness of the survey and means to participate. Using a multimodal approach that blends
 - Email/text communication
 - QR Codes in printed material
 - Collateral posted in medical practices, physician lounges
 - In person/virtual presentation and promotion at key departmental and medical staff meetings
4. Set and monitor a participation goal. We recommend a 70% participation rate to provide representative feedback across key specialties
5. Commit to sharing results. Provide physicians an example timeline of when you will be able to share results and engage them in building action plans

We have seen great success where organizations create a high degree of visibility, awareness and fun. Planning launch events can generate momentum and establish importance of physician (and provider) feedback.

Note: Not all organizations have a perceived track record for communicating and demonstrating action based on physician engagement survey results. In these instances, we have found it is best to open with acknowledge the past and conveying confidence in the plan and institutional commitment to changing moving forward.



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CHAPTER 4:
Rolling Out
Physician
Engagement
Survey Results
& Post Survey
Engagement

Section 1: Why Is Rolling Out Your Results So Important?

- Our PRC research has demonstrated that when physicians can say the physician engagement survey results were shared with them, they are 2x more likely to report your organization as an Excellent place to practice in your next survey.
- Additionally, when physicians can say the organization took action based on their physician engagement results, they are an additional 2x more likely to report your organization as an Excellent place to practice in your next survey.
- Physicians want to know their time is valued and input is making a difference. This does not mean we can act on every point of feedback, however we do need to intentionally share results and authentically demonstrate progress based on priority voiced by your medical staff. The following provide tips for rolling out results.

Section 2: Communicating Results

2.1 SET THE TONE

As you prepare to share results, meet with your senior team, service line and MEC leaders to create an aligned and consistent message with your team.

Sharing your consistent message creates cohesive communication and repetition to share your vision for physician and provider engagement. As mentioned previously, it reduces the opportunity for variability.



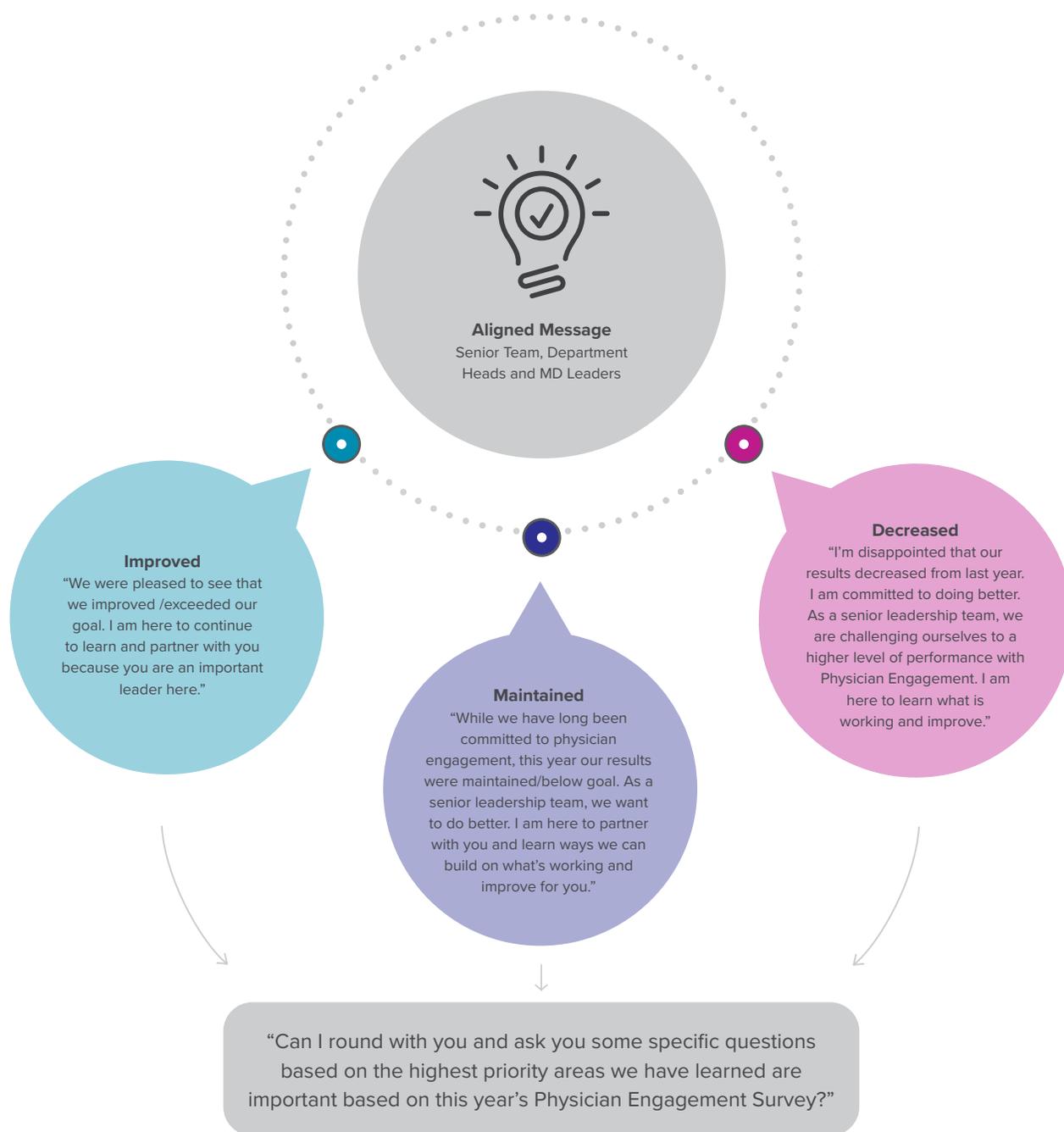
2.2 COMMUNICATE PURPOSEFULLY

Before	During	After
<ul style="list-style-type: none"> • Review agenda and PES results thoroughly • Anticipate the tone of the meeting • Prepare to find ways to engage the physicians/department leaders in the meeting • Avoid overreacting or becoming defensive 	<ul style="list-style-type: none"> • Review results with the physicians/department leaders • Be transparent • Discuss the most important issues in the department based on key drivers and results • Give opportunity for physicians to add to the list • Summarize top opportunities and vote on the biggest priorities 	<ul style="list-style-type: none"> • Focus on the top opportunities in your action plans • Communicate, communicate, communicate • Assess progress and update plan/actions

Section 3: Results-Based Tips For Starting The Conversation

When talking with senior leaders, department heads and medical leaders, begin with an aligned message:

“I am very proud of our medical staff here. At _____, we are devoted to creating a place to practice that creates physician and provider loyalty. This year, over xx physicians participated in our Physician Engagement Survey.”



Section 4: Best Practices To Obtain Physician Feedback When Sharing Results

4.1 SESSION OUTLINE

- Plan for small group discussion
- Review results with the physicians/department leaders; be transparent
- Discuss the most important issues in the department based on key drivers and results
- Give opportunity for physicians to add to the list
- Summarize top opportunities and vote on the biggest priorities
- Spend more time listening than talking

4.2 INITIATING KEY DRIVER DISCUSSIONS

- What are you most proud of here with patient safety?
- Can you share with me a time when you felt Administration did a good job responding to your concerns?
- What informs your perception of patient experience?
- How can we best demonstrate excellence in nursing care?
- How can Surgical Services make your job easier?
- Can you share with me some examples of?

These questions are calibrated to generate post survey discussion and action planning for items to reinforce/continue and add or adjust. The highlights indicate opportunities you can customize to your own key drivers and survey opportunities.

Section 5: Dos And Don'ts Of Sharing Your Results

As you prepare to share your physician engagement survey results, here are some tips to support your success.

- Create a compelling burning platform for Physician Engagement
 - Summarize key themes from your physician engagement survey to narrow down the focus
 - Reinforce sharing results and actions taken through multi-modal communication
- DO**
- Make visible physician recognition a priority
 - Support your MEC in sharing information with their departments and peers
 - Create listening posts to validate progress and uncover real time needs
 - Enlist your department managers to drive tactical improvement
- Assume physicians know the emphasis on the Physician Engagement
 - Make the results sharing solely about the metric
 - Share results without clear take home messages and points (e.g., data or slide overload)
- DON'T**
- Miss taking advantage of positive stories and recognitions
 - Only share or being perceived as visible when things go badly
 - Skip creating an open forum to hear what is working well & understand PES gaps
 - Jumping in to ask Physicians to improve vs demonstrating improvement



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CHAPTER 5: How Physician Perceptions Are Formed

Section 1: Drivers Of Physician Perceptions

How are physician perceptions shaped about the place to practice and overall quality at your organization?

3 Primary Factors:

- Direct Observation and Experience
 - » With heavy emphasis on consistency and excellence with key drivers and reduction of irritants (low scoring areas)
- Word of Mouth (and Mouse)
 - » Peers
 - » Patients
 - » Community
 - » Their Office Manager and staff
 - » Social Media
- Opinions shared by employees who work here





APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

The following exercise can be used as a tool to generate conversation. Pull stakeholders together for an assessment of likely strengths and vulnerabilities of the key influencer audiences.

Overall Place to Practice & Quality of Care	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



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CHAPTER 6:

Universal Strategies For Influencing Key Drivers

Section 1: Universal Strategies & Key Drivers

Communication

- Develop strategic senior team messaging regarding physician engagement priorities
- Implement a structured action planning process that emphasizes accountability and continual progress, cascaded throughout the organization
- Audit your physician communication channels and fill gaps

Visibility

- Establish a forum for physician leadership growth and development
- Build physician relationships with leadership, with nursing, with each other
- Partner with marketing to share results with physicians, your commitment to engagement, and routine updates of actions and improvements

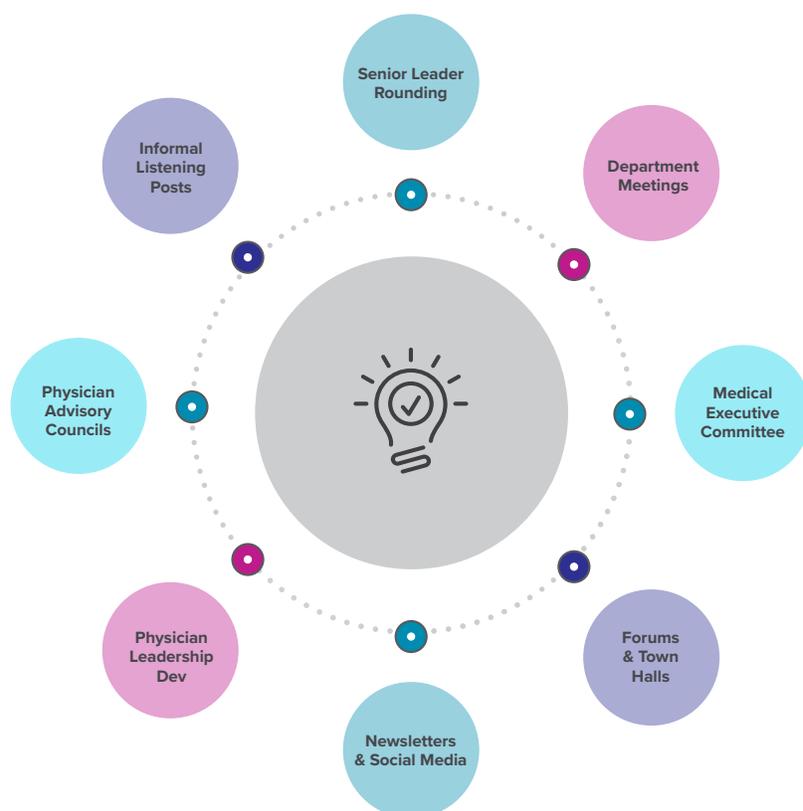
Rounding

- Implement Leader Rounding on physicians by both senior and service line leaders
- Develop appreciative inquiry based on key drivers to obtain feedback from physicians and care teams
- Invest in team-based development to build on strengths

Section 2: Senior Leader Visibility

Evaluate

- Your Communication Channels
- Communication Channel Strengths
- Communication Channel Vulnerabilities



Section 3: Overall Rating Definitions

Item	Perceptions/Definitions
Place to Practice	<p>Physician day-to-day interactions, communication with peers, and staff lead to a:</p> <ul style="list-style-type: none"> • Sense of pride in the organization • Desire to recommend facility to friends and family • Stronger and consistent collaboration and communication between services, staff, peers • Perception of quality staff and medical staff • Smoother coordination of care environment for patients
Overall Quality of Care	<p>A high degree of confidence in the quality of care demonstrated through perceived:</p> <ul style="list-style-type: none"> • World class/high quality service lines and specialty coverage, strong primary care base • Teamwork, positive interactions, healthy climate, and an environment that creates a sense of belonging • Decisions being made in the best interest of the patient in mind • Safe environment and manageable workloads

Section 4: Senior Leader Rounding With Physicians

Senior leader rounding with physicians is a powerful way to build senior team/physician relationships. Communication on a one-on-one level promotes healthy relationships, aligned visions, and provides an opportunity for physicians to share their input, ideas, and challenges in an informal but structured process with their organizational leaders.

4.1 OUTCOMES

- Improved Physician Engagement Survey Outcomes
- Improved Relationships
- Improved Employee Satisfaction
- Reduced Provider Burnout
- Creation of Administration/Physician Trust
- Overall Improved Patient Experience
- Improved Employee Satisfaction
- Improved Communication to Address Disruptive Issues
- Implement Leader Rounding on physicians by both senior and service line leaders
- Develop appreciative inquiry based on key drivers to obtain feedback from physicians and care teams
- Invest in team-based development to build on strengths

4.2 KEY GOALS FOR ROUNDING



4.3 STEPS FOR ROUNDING

Step 1: Review the list of medical staff at the senior leader meeting.

Step 2: Assign a priority order to each group based on goals for growth, volume, challenges, and service areas.

Step 3: Determine rounding schedule (e.g. three physicians per month per senior leader).

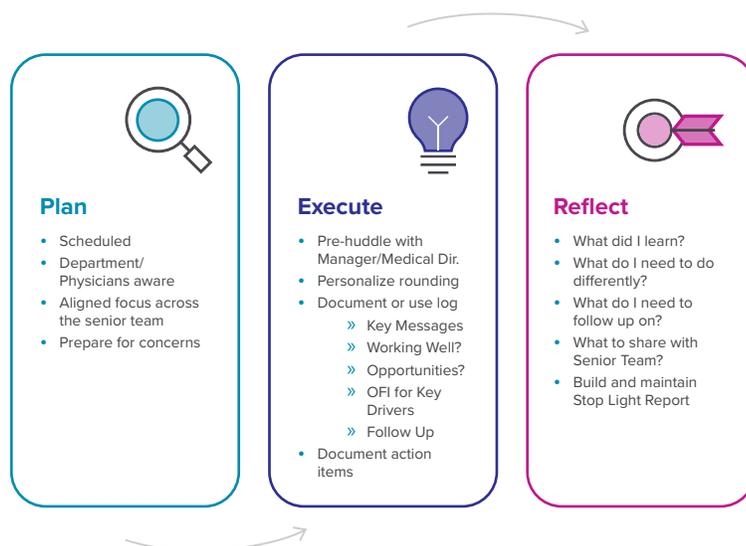
Step 4: Assign physicians for the year, by leader.

Step 5: Agree on the key communication and questions to be asked.

Step 6: Share rounding feedback among senior leadership and med exec leaders each month.

4.4 PHYSICIAN ROUNDING BEST PRACTICES

- Connect rounding to your mission, vision, and journey
- Convey why physician rounding is important
- Go to their space (Unit, Office, Department)
- Be humble and vulnerable
- Send physicians your questions prior to rounding
- Schedule the meeting based on what is best for the physician
- Follow up with action items and a thank you note and convey likely time frames for key requests
- Share findings with the senior team and medical executives



Section 5: Stoplight Reports

5.1 WHAT THEY ARE AND WHAT THEY ACCOMPLISH

The goal of the Stop Light Report is to communicate with leaders, staff and physicians, the activities surrounding Senior Leader Rounding. When implemented it creates awareness across the organization for the entire senior leader rounding process. Specifically, it is a tool to follow up with the organization (typically monthly) with wins and celebrations, problems identified, and next steps. It is a powerful way to demonstrate to the organization that the senior team listened and employee input matters. Each year, summarize all Stop Light Reports with a “You Asked, We Did” reflection prior to annual physician engagement surveys.



5.2 KEY ELEMENTS OF A STOPLIGHT REPORT

- Names of Senior Leaders who participated in rounding
- Physicians, Departments, and/or Clinics rounded on that particular month
- Actions that the senior team made (green), actions that are in progress with expected completion/decision (yellow), actions that cannot be taken and why (red)
- At the conclusion of each month, Green and Red items are replaced (as warranted) and Yellow items are updated and added to

5.3 THE HIGH IMPACT PROCESS



Section 6: Key Driver Best Practices

Physicians are seeking an authentic relationship with senior leadership and confidence in the direction of your organization. Our coaching team has studied the action plans of high performing organizations. Strategies focused around several primary areas including Communication, Leadership Visibility, Senior Leader Rounding with Physicians, Involvement in Strategy and Operations. The following recap demonstrates the national key drivers of physician engagement and loyalty:

	Communication	Leadership Visibility	Strategy and Operations
Administration	<ul style="list-style-type: none"> • Connect PES with communication channels • Town Hall Meetings • E-news; communication boards • Cascade communication kits 	<ul style="list-style-type: none"> • Senior Leader Rounding • Stop Light Reports • Walk a Mile in My Shoes • Celebrate capital investments 	<ul style="list-style-type: none"> • Physician advisory committees • Present strategy and business plans for input • 24-hour rule for responses
Patient Exp.	<ul style="list-style-type: none"> • Share patient experience stories and results at physician leadership meetings • Make PX a standing item at huddles, operating meetings 	<ul style="list-style-type: none"> • Create patient experience learning and development opportunities • Recognize improvements, survey/online comments • Establishing coaching for improvement 	<ul style="list-style-type: none"> • Physician input into patient experience action plan • Create physician PX dashboards • Create center service standards
Nursing Care	<ul style="list-style-type: none"> • Nurse Manager/Physician Leader Rounding • Grow nurse physician teamwork • Provide training on SBAR/standardized communication 	<ul style="list-style-type: none"> • Nurse Manager/Physician Leader Rounding • Manager/Medical director rounds with high volume/potential physicians and surgeons 	<ul style="list-style-type: none"> • Obtain physician input on skills, performance, and education needs for clinicians • Physician/Surgeon preference cards
Patient Safety	<ul style="list-style-type: none"> • Ensure physicians are aware of patient safety initiatives (e.g., daily safety huddles, infection prevention, great catches) • Streamline patient safety reporting concerns 	<ul style="list-style-type: none"> • Revise Peer Review from “punitive” to “opportunities to support” • Culture of psychological safety training • Leader feedback/coaching 	<ul style="list-style-type: none"> • Involve physicians in patient care and safety education • Communicate patient safety results
Surgical Services	<ul style="list-style-type: none"> • 5-day look ahead: Equipment and communication • OR Director monthly rounding on surgeons • Display screens with center updates 	<ul style="list-style-type: none"> • Incorporate voice of the patient • Follow up on equipment needs/priorities/issues • Equipment/Capital investment stop light reports 	<ul style="list-style-type: none"> • Share case turnaround times • Involve in competency development standards for nursing, scrub techs, circulators
Department Ldr.	<ul style="list-style-type: none"> • Medical Director/Dept. Manager/Leader rounding • Physician leader(s) rounding on physicians and APPs 	<ul style="list-style-type: none"> • Peer-to-peer recognition programs • Healthy Teaming/Conflict resolution training • Communicate coverage plans for services 	<ul style="list-style-type: none"> • Patient Centered Communication development • Standard goals for pre-op assessments, etc.



HEALTHCARE
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CHAPTER 7:
Physician
Engagement -
Administration

Section 1: Why This Matters

Despite every senior leader's intent and desire to align with medical staff, Harvard reports only 13% of physicians believe hospital interests are aligned with medical staff interests.

Section 2: Key PRC Measures of Administration

- Timeliness of Communication with Physicians
- Responsiveness to Concerns and Complaints of Physicians
- Involving Physicians in STRATEGIC Decisions
- Involving Physicians in OPERATIONAL Decisions

Section 3: Administration Definitions

Item	Perceptions/Definitions
Timeliness of Communication with Physicians	Communication channels represent: <ul style="list-style-type: none"> • Diligence to share information that affects physicians prior to the event occurring (or as quickly as possible) • Administration, Department Directors, MEC openly sharing information with physicians and there are few surprises • Ability to quickly obtain information that impacts the physician's day-to-day practice • Communications include what and why the issue is important
Responsiveness to Concerns and Complaints of Physicians	The environment demonstrates: <ul style="list-style-type: none"> • Belief that administration, department leaders, MEC are open to receiving concerns or complaints • Receptivity to concerns and empowerment to resolve issues • Consistency in follow up or information on when an issue can be decided/resolved • Transparency when changes are made or why they cannot be made
Involving Physicians in STRATEGIC Decisions	Senior/Executive Team <ul style="list-style-type: none"> • Proactively and transparently shares information about the strategic direction of the organization with MEC and physicians (e.g., strategic plan) • Physicians are involved in service line planning/expansions

Item	Perceptions/Definitions
Involving Physicians in OPERATIONAL Decisions	Senior/Executive Team and Department Directors <ul style="list-style-type: none"> • Proactively and transparently shares information about the operational direction of the organization (e.g., operating/capital budgets), hiring decisions • Physicians are afforded opportunity for input into decisions that impact their work area (e.g., selection of key leaders, recruitment of physicians, supplies and equipment)
Your Overall Rating of the Administration at [Hospital Name]	Administration creates confidence for hospital based and referring physicians.

Section 4: Administration Idea Bank

A resource for you based on high performing organizational Physician Engagement action plans.

Strategy & Operational Decisions

- Present strategic plan to physicians for feedback/follow up
- Involve physicians in development of capital budget
- Communicate budget progress throughout the year to medical staff

Leadership Visibility

- Present relevant sections of the annual strategic plan to physicians; follow up on feedback
- Host sessions for hospital based and volume based physicians for annual strategic planning process
- Continue 24/7 “Physician Hotline” with timely response and resolution to reported concerns.
- Create onboarding introductions of new executives to the medical staff (build confidence and relationship)

Medical Staff Rounding

- Senior Team rounding on medical staff with spotlight report
- Administrator on Call daily rounding with hospital-based physicians on hospital status with printed report: current census, ER holds, surge status, and code response)
- Round on primary care and specialists working at the hospital regularly.
- Daily rounding in key areas; including Hospitalist Office, ICU, OR, GI Lab and Physician Lounge.

Communication

- Share hospital spotlight report monthly
- Campaigns that reinforce, You Asked We Listened/Acted/Delivered
- Physician Relations/Med Staff Services Organize follow up from rounding and physician meetings
- Respond timely to critical physician issues and track compliance. Create a standard for “timely” eg., timely response is defined as within one business day
- Medical staff town halls 2x/year

Recognition

- Physician Recognition events (e.g., Physician Evening of Honors Recognition Event)
- Emerging leaders dinner
- Highlight clinical excellence/physician success stories internally and externally

Medical Staff Relationships

- Create a core list of hospital based physicians to share with new providers, resignations, etc.
- Leverage PPR to organize any one on one visits where issues arise
- Hold physician strategy meeting with all medical staff
- Continue bringing operational challenges and recommendations to the physician leadership committee for insight and support
- Expand surgical advisory committee (more surgeon representation) to ensure surgeon voice in OR operational enhancements

Medical Staff Leadership

- Physician Leadership Development Programming
- Intentional messaging/cascading key outcomes/process for MEC to share with peers and departments
- Walk a mile in my shoes events to bridge empathy and organizational growth
- Make capital events visible

Physician Advisory Committees

- Create/Reintroduce physician advisory committees with aligned physicians
- Engage physician advisory committees with a charter, communication goals, and involve team in strategy and operations

Section 5: Tips For Facility Performance

- Define standard of excellence you want to achieve with physicians who practice in your hospitals
- Identify leaders that need support and coaching
- Review Departmental Action Plans upon submission and on monthly basis
- Schedule monthly Physician Engagement progress checks with key leaders
- Make rounding on your physicians and departments a regularly scheduled event in partnership with medical staff/ departmental leadership
- Establish quarterly Action Plan benchmarking sessions
- Establish monthly and quarterly progress communication channels

“Excellence means we are always striving to be the best place to practice.”
- Senior Leader

Section 6: Administration Visibility Tips

We must begin by connecting with physicians...one at a time.

6.1 WALK IN THEIR WORLD

- Make rounds with the physician
- Observe a surgery
- Round on holidays
- Spend a Saturday night in the ED
- Respond to a code.
- Walk through the hospital daily
- Sit in the physician’s lounge or dining room
- Sit at the OR desk and nurses’ station

6.2 INVITE THEM INTO YOURS

- Does the COS attend administrative meetings?
- Do you seek their input into the budget process, especially capital budget?
- How do you seek their input into the strategic planning process?
- Consider the Formal and Informal MD leaders who is included and how they are included
- Leadership Development Session inclusion

Section 7: How To Grow Your Senior Leadership Communication Footprint

Start	Stop	More
<ul style="list-style-type: none"> • START by understanding your authentic communication style. • START by defining how you want to be remembered. • START giving value with the emotional imprint you leave on others. • START finding purpose each day. • START opening yourself up to let others get to know you. • START intentionally getting to know others. • START deciding what you want to accomplish each day. • START making certain others know you appreciate them and why. • START surrounding yourself with the right people. 	<ul style="list-style-type: none"> • STOP trying to do all things at once. • STOP surrounding yourself with the wrong people. • STOP listening to respond. • STOP assuming someone knows your intent. • STOP focusing on the list of things you are not accomplishing. • STOP negative self-talk. • STOP saying things that generate negativity about colleagues, patients, etc.. • STOP reinforcing bias. • STOP assuming someone knows you are grateful for them. 	<ul style="list-style-type: none"> • Spend MORE time with the right people– the ones who share the same values as you. • Be MORE specific about what you want to accomplish each day. • Spend MORE time reflecting on whether you showed up authentically each day • Make your communications MORE aligned with what you want to be remembered for. • Be MORE focused on staying out of crisis mode. • Think MORE about what brought you joy today. • Pay MORE attention to self care. • Be MORE you. Embrace your gifts and strengths. • Be MORE focused on your intent each day. When you achieve it, add a next goal.



APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

Physician perceptions of the patient experience are shaped by three primary factors:
direct physician observation, word of mouth and opinions by your employees.

Administration	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



APPLIED LEARNING

Administration Rounding Questions

Reflection	Evaluation
What are you most proud of here?	
Can you share with me a time when you felt we did a good job involving the medical staff in operational or strategic decisions?	
Are there times you feel the senior team has disappointed you?	
How can we best involve physicians in key decisions?	
What forums work best for you to participate in the patient experience/quality?	
Can you share examples of times we could have communicated and shared information better?	

These questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CEO Rounding, Physician Advisory Committees, Medical Executive Committee and more.



HEALTHCARE
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CHAPTER 8:

Physician
Engagement -
Patient
Experience

Section 1: Why This Matters

Patient Experience performance is linked to improved quality outcomes (morbidity and mortality), patient safety, physician and employee engagement. Additionally, communication and teamwork perceptions (key drivers of patient loyalty in PRC's national database are integrally linked to patient safety.

Section 2: Key PRC Measures of Administration

- Making patient-centered care and the delivery of an exceptional patient experience is a priority here
- Overall communication between Physicians/Nurses/Other Staff, Staff regarding patients' status and needs
- Staff's concern for patient needs and preferences

Section 3: Patient Experience Definitions

Item	Perceptions/Definitions
<p>Making patient-centered care and the delivery of an exceptional patient experience is a priority here</p>	<p>Communication, day-to-day interactions, and development opportunities:</p> <ul style="list-style-type: none"> • a clear guiding message and cultural commitment that defines patient experience excellence • having the tools, resources, and communication strategies to provide the best care and service
<p>Overall communication between Physicians/Nurses/Other Staff regarding patients' status and needs</p>	<p>Confidence in the teamwork and interpersonal relationships in their work units. Heavily influenced by:</p> <ul style="list-style-type: none"> • communication between attending and consulting physicians, residents, community physicians • cohesiveness in care coordination • confidence in the relationship with new physicians, temporary workforce (e.g., agency, travelers, locums) • patient feedback about care coordination and perceived teamwork
<p>Staff's concern for patient needs and preferences</p>	<p>Staff members demonstrate:</p> <ul style="list-style-type: none"> • empathy, compassion and professionalism. They are perceived as attentive • strong communication and hand offs to physicians • staff avoid sharing with patients, families, physicians terms such as "short staffed", "too busy". <p>Physicians perceive:</p> <ul style="list-style-type: none"> • departments and units as adequately staffed • clear information and transparency with plans for interim staffing, national/state staffing challenges

Item	Perceptions/Definitions
Your Overall Rating of the Patient Experience at [Hospital Name]	<p>Medical staff believes the organization provides service excellence and high-quality patient experiences. Heavily influenced by understanding and perceptions of:</p> <ul style="list-style-type: none"> • Patient Experience Performance (e.g., HCAHPS, ED, Medical Practice) • Online Reviews • Feedback patients share during follow up appointments

Section 4: Patient Experience Idea Bank

A resource for you based on high performing organizational Physician Engagement action plans.

Measurement and Improvement

- Communication of Patient Experience Data and Improvement Plans. Obtaining Physician Feedback
- Sharing patient experience results specific to each physician practice
- Facility leadership continuously monitoring patient experience including PX scores, patient complaints, patient stores, guest services encounters
- GOAL - get to individual physician/provider level performance data sharing
- CMO to drive experience scores of physician communication and other physician impacted measures.
- Conducting patient and staff focus groups on patient experience priority areas (e.g., responsiveness, communication)

Communication

- Sharing positive patient stories at department meetings and through multiple communication channels.
- Report out on patient experience performance at physician/administrative meetings
- Post patient experience results and comments in physician lounge.
- Update physicians on new patient experience initiatives to ensure participation and buy in (discharge lounge, training opportunities). Ongoing updates provided at MD department meetings.
- Create talking points for Physician Relations and key physician leaders on patient experience performance and initiatives

Rounding

- Continue hourly rounding to determine patient needs and preferences and demonstrate responsiveness
- Focus on engagement of patient experience committee with emphasis on nurse and clinical leader rounding to improve patient experience outcomes.
- Incorporate “My Story” and utilize spotlight report. Communicate results to physicians in key department meetings for excellence patient experience
- Rounding with the ED physicians for observation of patient encounters
- Refinement of the daily Interdisciplinary Team Rounding process
- Implement and sustain CMO/Phys collaborative rounding to visibly demonstrate teamwork with patients and families
- Team rounding “The power of one team”

Interdepartment Collaboration

- Physician to physician communication on all admits and consults
- Marketing and growth teams work in partnership with key physicians to assess and improve patient ratings on other platforms (Google, social media)
- Initiate Patient Experience action planning meeting with key physician groups (e.g., Hospitalist).
- Nursing Leadership, Quality and Unit Directors participate in weekly Hospitalist Meetings – discuss patient experience results, comments and actions needed/actions being taken
- Involve physicians in action plans for improvement in Patient Experience

Education

- Develop and implement service recovery competencies and processes
- Hold skills labs for “Doctor Communication”
- Continue validation of hourly rounding during nurse leader rounding and engage in service recovery when needed
- Require ED and Hospitalist physicians to have Patient Experience education

Recognition

- Share patient experience testimonies with physicians, handwritten thank you note from CEO when provider named in patient comments
- Include patient experience scores and rank in applicable physician communication
- Publishing positive patient comments in CEO/CMO newsletters

Section 5: One Team, One Goal

Is everyone on the same page? How do we convey that to patients? A growing body of literature links the quality of teamwork to the quality and safety of health care delivery. Patients view your organization as one team working to provide care.

Patients and Families Pay Close Attention to:

- Care coordination
- Effective communication
- Team processes
- How team members relate to one another and the patient
- Involvement in decisions
- Clear explanations

The image shows two overlapping 'My Story' forms. The top form is more prominent and contains the following text:

My Name (optional to be called): _____

When I was born: _____

If there's been a health challenge: _____

My favorite kind of food: _____

My favorite vacation spot: _____

Names of my kids/pets: _____

My favorite hobby is: _____

The kind of music I love is: _____

As soon as I get out of here, I am going to: _____

How good I hope to: _____

My most favorite movie ever: _____

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My Story at _____
We want to know you better so help us get to know you a little bit better and complete this form so we can personalize your care and experience

The bottom form is partially obscured and contains similar prompts.

Section 6: My Story

“My Story” is a resource common among high performing organizations. It is a simple communication tool to bridge empathetic communication between patients, staff, and physicians, and it enhances teamwork between members of the care team.

5 Statements to amplify Physician and Clinician Teamwork

1. “I hear your concern”
2. “I know excellent care is important to you”
3. “Thank you for advocating for our patient.”
4. “I trust your assessment.”
5. “I’m sorry.”

Section 7: Patient Experience Communication Practices For Physicians & Providers

Communication and recognition strategies can strengthen your demonstrated commitment to patient experience excellence and reinforce patient-centered care as a top priority.



Compelling Vision

- Why: Explain why PEX is Important
- How: Describe success. How will we know when we're there?
- Enlist: Be specific about what you are asking each person to commit to...



Share Data & Stories

- Connect the dots
- Review goals
- Provide monthly feedback
- Physician Scorecards
- Survey and online comments
- Wins and misses
- Make the environment safe and defense free



Recognize

- Consider Physician Engagement Team
- Sincere appreciation
- Put behaviors on a pedestal
- Send notes of appreciation



Ask & Listen

- What does an excellent patient experience look like to you?
- What care do you want your patients to experience every time
- Influence with your ears

Section 8: Starting The Conversation

- Ask Physicians what an excellent patient experience looks like to them?
- Share patient experience survey goals, results and comments
- Listen without defense

DO

- Ask open ended questions
- Discuss their influence on the patient experience and share your commitment to giving a voice in PX
- Express gratitude

DON'T

- Blame or ask why the rating is not higher
- Jump into (fixing) improving physicians with the patient experience
- Focus only on the negative
- Defend or dispute their perspective
- Avoid being visible during difficult times
- Assume physicians know the emphasis on the patient experience
- Fail to share data, or sharing data for data sake
- Miss taking advantage of the power of positive stories
- Only share when things go badly
- Create an open forum to hear what is working well & understand patient experience gaps
- Jump in to ask physicians to improve patient experience

Section 9: Multimodal Ways To Demonstrate Patient Experience Initiatives To Medical Staff

9.1 SENIOR LEADERSHIP ROUNDING ON PHYSICIANS.

Goal: Introduce/Reinforce the importance of the patient experience to physicians. Share results transparently (performance) and celebrate/display vulnerability to improve.

Calibrated Inquiry:

- Tell me what an excellent patient experience /service excellence looks like to you?
- What are you proud of with the patient experience in your practice? At our hospital/health system?
- What do you think are our two biggest opportunities to improve the patient experience in this hospital/health system?
- Are there ways our team can support your goals for the patient experience?
- We are going to be setting an annual strategic plan for the patient experience, how can we demonstrate success to you? Are you interested in participating?

9.2 ANNUAL PATIENT EXPERIENCE STRATEGIC PLANNING

Goal: A facilitated session with key champions of the patient experience to demonstrate commitment, seek innovation, create ambassadors

Agenda:

- Personal Patient Experience Testimonies
- Design mapping the ideal patient experience
- Assess Strengths/Gaps/Steps to close gaps
- Review prior year initiatives
- Based on Gap Analysis: Identify key annual competencies and initiatives
- Vote on top initiatives
- Set communication and development calendar

9.3 MEDICAL STAFF LEADERSHIP ALIGNMENT AND ENLISTMENT

Goal: Brief Medical Staff Leadership on patient experience performance and initiatives.

Best Practice:

- Establish regular updates and intervals
- Review annotated trendline
- Discuss progress to goal
- Review Key Drivers
- Follow up on any initiatives or support needed
- Provide Cascade Communication Points to share with peers
- Selecting Physician Patient Experience Champions (best practice available)

9.4 MEDICAL STAFF LEADERSHIP DEVELOPMENT

Goal: Create patient experience role models among medical staff leaders

Best Practice:

- Conduct a patient experience deep dive with medical staff leaders
- Establish development priorities for physician leaders, medical staff (including APPs), and residents (if applicable)
- Equip Physician Leaders to serve as champions of patient experience initiatives

9.5 PATIENT EXPERIENCE TO STRENGTHEN RELATIONSHIPS WITH REFERRAL BASE

Goal: Provide independent physicians and practice managers training and development to strengthen patient experiences in their practice.

Key Steps:

- Strategically select medical staff participation to achieve alignment objectives
- Personal invitations from CEO and CMO to build excitement
- Provide virtual/in person development
- Create Summative Evaluations to demonstrate progress
- Publicize participation and certification
- For those interested, create a mastery course as a tool to foster internal bench strength

9.6 COMMUNICATION CHANNEL UPDATES AND AD HOC SUPPORT

Goal: Analyze communication channels for strengths and opportunities to demonstrate commitment to patient experience excellence.

Key Steps:

- Audit Physician Communication Channels (Digital and In person) e.g., Pillar/Communication Boards, Department Meetings, Daily Huddles, News Letters, Social, Medical Staff Quarterly Meetings, Medical Staff Lounge, Practice visit collateral

9.7 RECOGNITION PROGRAMS

Goal: Put patient experience excellence on a pedestal by recognizing role model behaviors among medical staff .

Examples Include:

- Thank you notes for patient survey or online review comments
- Formal recognition programs presenting physician patient experience achievements to the Board of Directors and MEC
- Traveling trophies for highest performing and most improved physicians
- Physician generated recognitions for staff who embody service excellence

Keeping You Informed		LOGO
We CARE about excellent patient experiences, every time, every interaction		
Placeholder for Key Statistics Trend, Percentile, Area Improved Most, Decrease Most, Key Drivers		
Placeholder for Initiative Updates	Placeholder for Physician/Provider Recognitions/Positive Comments	
This Month's Patient Experience Tips for Physicians and Providers		



APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

Physician perceptions of administration and collaboration are shaped by three primary factors:
direct physician observation, word of mouth and opinions by your employees.

Patient Experience	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



APPLIED LEARNING

Patient Experience Rounding Questions

Reflection	Evaluation
Tell me what you are most proud of with the patient experience at our hospital.	
What does an excellent experience look like for your patients?	
Can you share with me the number one opportunity for improvement we need to make to improve the patient experience?	
Tell me how we are doing making sure you have access to our patient experience survey results.	
Are there any training or development needs that you or your staff have for an excellent patient experience?	
What training and development needs have you observed at the hospital?	
What can we do to support you? How can the senior team support you?	

The above questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CNO Rounding, Physician Advisory Committees, and more.



APPLIED LEARNING

Additional Rounding Opportunities

(For Departments Improving and Above Goal)

"I am in such admiration of this team and the contributions by the medical staff. At [Hospital], we are devoted to compassionate care, every person every time. It is important for me to round on you and say, "thank you" for your work to create excellent patient experiences.

You/Your specialty have/has **improved** over last year's percent top box and you are **above** goal. **Congratulations.** Now, is the time to reflect on how we improved and achieved this ambitious goal. I am so eager to hear how you were so successful so we can replicate your best practices and maintain the level of excellence you have achieved on this unit."

Reflection	Evaluation
What has worked well to lead this improvement? What are you most proud of?	
What do excellent patient experiences look like to you?	
Who can I recognize?	
What do you think other departments can learn from you?	
What barriers are you encountering? How can I support you?	



APPLIED LEARNING

Additional Rounding Opportunities

(For Departments Improving and Below Goal)

"I am in such admiration of this team and the work of the medical staff to advance the patient experience as a top priority. At [Hospital], we are devoted to compassionate care, every person, every time. As a senior leader, it is important to me to spend time with you and recognize your improvements.

While, we are still not at goal, I am very proud of your improvement. Now more than ever, it is important for us to keep our eye on excellence and **stay encouraged**. When we look at the data trends, your scores have **improved** since last year. While we are not at goal, we have **improved**. I have full **confidence** in you and believe in this team. Your work is extraordinary and important to our mission. I am eager to hear from you how you have improved and your ideas to make the next leap to meet and exceed our goal."

Reflection	Evaluation
What are you most proud of in the gains you have made?	
How are patients experiencing care differently/better now?	
Who can I recognize for providing an excellent PX?	
Does anyone have a patient experience success story you can share?	
What do you believe is necessary to make the next leap towards goal?	
What barriers are you encountering? How can I support you?	



APPLIED LEARNING

Additional Rounding Opportunities

(For Declining Departments Below Goal)

As a senior leader, rounding on the medical staff and departments is a special opportunity for us to spend time with the medical staff. We are committed at [Hospital] to fulfill our mission of compassionate care every patient, every time. As a senior team and as an organization we are challenging ourselves to a new level of excellence for the patient experience. It is important to me to spend time with you, ask for your help, and learn from you how we can be excellent always.

I want us to do better. I believe we can keep our eye on goal, delivering excellent care to our patients and their families. While we are already doing that much of the time, it is important for us to be consistent. Right now, your department has the largest percentage of our patients giving us 9-10. Almost 75% are giving us the highest response. The challenge for this specialty/unit/department, is converting patients that are giving us **Goods or 7's and 8's to Excellent**. How can we deliver the experience that our patients look back and say it was outstanding? Let's talk about your ideas to do this even more often to climb toward goal.

Reflection	Evaluation
What are you most proud about with the patient experience in your unit?	
Who can I recognize for providing an excellent patient experience?	
When do you feel we miss the mark?	
What do you believe are our opportunities to improve the patient experience?	
How can I support you?	



HEALTHCARE
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CHAPTER 9:

Physician
Engagement -
Nursing Care

Section 1: Why This Matters

Physician perceptions and confidence in the nursing care of their patients is among the top key drivers of physician loyalty. Physicians want to trust their patients are in the hands of capable, competent, compassionate nursing care teams. Additionally, they want to feel the team is stable and high performers are retained.

Section 2: Key PRC Measures of Nursing Care

- Care and treatment of patients
- Assessment and monitoring of patient status
- Responsiveness to patient and family needs

Section 3: Nursing Care Definitions

Item	Perceptions/Definitions
The Nurses' Care and Treatment of Patients	Day to day actions demonstrate: <ul style="list-style-type: none"> • high quality caring/compassion and quality treatment of patients • diligence in carrying out orders • documentation and communication of patient care information
The Nurses' Assessment and Monitoring of Patient Status	Confidence in the ongoing assessment and monitoring of patients. Heavily influenced by: <ul style="list-style-type: none"> • communication to resident, attending and consulting physicians (e.g., abnormal lab results, • cohesiveness of handoffs across shifts • demonstration of competency, accuracy (no errors)
The Nurses' Responsiveness to Patient and Family Needs	Staff members demonstrate: <ul style="list-style-type: none"> • timely responsiveness to patients and family members when help requested (e.g., call light, bathrooms) and not being spread too thin. • care narration, set expectations, and make patients feel like a priority. • kindness, compassion and professionalism. They are not perceived as rude or inattentive
Your Overall Rating of the Quality of Nursing Care at [Hospital Name]	Nursing staff creates confidence for hospital and referring physicians. Heavily influenced by perceptions of: <ul style="list-style-type: none"> • Tenure and retention of high-quality nurses • Staffing and communication of staff messages (intentional and what they hear on the floor) • Turnover and loss of staff/unit managers • Caliber and rapid assimilation of temporary workforce (agency/ travelers) • Staffing ratios; perceptions of being over worked • Feedback patients share with hospital-based physicians, and during follow up appointment with primary care/specialist physicians

Section 4: Nursing Care Idea Bank

A resource for you based on high performing organizational Physician Engagement action plans.

Communication

- Transparent communication at department meetings regarding staffing, recruitment, and retention efforts, will be done at all MD department meetings
- Communicate Staffing/Recruitment/Retention plans, efforts and data via Physician Relations, Medical Staff Services, and in CMO/CEO/CNO Newsletters
- Regular communication of nursing-driven quality metrics at MEC, key departmental meetings
- Survey Results shared with nursing management and in targeted departments with staff for action planning

Leadership Visibility

- Involve key physicians in selection process for nursing leadership positions
- Engage Director of Surgical Services and Director of Clinical Operations to work with MEC and Medical Staff
- CMO updates nursing-driven quality scores and accolades in regular newsletter

Education

- Initiate collaborative education between physicians and nurses
- Obtain physician input on skills, performance and nursing needs
- Department Directors to elicit feedback from MD's in-service lines for key opportunities in staff education
- Identify a physician per service line to participate in education in-service and schedule training
- Include physicians in education of nurses - (e.g., provide short classroom lectures to nursing staff on new devices, technology or other valuable medical updates)
- Institute quarterly in services by rotating surgeons to educate staff
- Improve standardized handoff communication between nurses and physicians (e.g., SBAR Training and Development)

Strategy and Operations

- Initiate routinely scheduled meetings between Nursing leadership and hospitalists to evaluate the process and flow of nursing care
- Initiatives created to better support new grad nurses
- Expand entry level positions (e.g., Patient Care Tech, LNA) - bring in those with interest in healthcare but little experience to encourage their personal development
- Collaboration with ED and Hospitalist Teams to improve patient care and flow

Rounding

- Dyad rounding with “Top 10%” physicians
- Identify physicians each Nursing Director will have targeted, consistent conversations for feedback
- Include nursing improvements and actions taken based on physician feedback in StopLight Report
- Creation of nursing specific stoplight reports

Nursing /Physician Teamwork

- Implement nurse retention strategies including selection, onboarding, and engagement during high risk periods
- Learn how to care for their patients, and their preferences/vision for their patient’s post op care
- Invite physicians to recognize nurses who have been helpful during their first 90 days
- Evaluate programs such as Adopt a Physician
- Nurse/Hospitalist patient rounding

Section 5: Emerging Concerns

- Quality and Safety
- Staffing ratios
- Shortages
- Turnover of seasoned nurses
- Training of new graduates
- Increasing use of agency, travelers, locums

While these issues are universally impacting healthcare nationally (even globally) it is important to grow physician and provider awareness of the issues and the steps your organization is taking to address them, stabilize the workforce and ensure safe patient care. Enlist physicians with ways they can help.

Section 6: Additional Importance Of Engaging Your Team

Nurse Engagement is Statistically Significantly Correlated with Nearly All HCAHPS Publicly Reported Measures.

- Care Transitions, $r=.42^*$
- Discharge Instructions, $r=.38^*$
- Hospital Environment, $r=.46^*$
- Nurses Communication, $r=.39^*$
- Overall Hospital Rating, $r=.39^*$
- Quiet at Night, $r=.42^*$
- Responsiveness, $r=.46^*$

* Correlation is significant at the 0.05 level (2-tailed)



Section 7: Tips For Engaging Your Nurses

Nurses want to have a successful relationship with the physicians they work with. Many times, physicians can be highly protective of nursing (staffing, resources). Engaging nurses in physician engagement survey results creates the opportunity for nursing to be aware of perceptions, play a role in creating solutions to deepen successful relationships with nursing, and create non-negotiables for service standards.

Key Question:

Collaboration between physicians and nurses is strong in ____% of my departments/units. What is the gap in your perceptions vs. physician survey feedback?

Sample Agenda

- Share the Physician Survey Ratings, Performance and Comments
- Review Nursing Care Survey Questions:
 - » Care and Treatment of Patients
 - » Assessment and Monitoring of Patient Status
 - » Responsiveness to Patient and Family Needs
- Enlist their feedback on strengths & vulnerabilities
- Engage them as part of the solution & plan
- Create non-negotiables for teamwork and service

Section 8: Tips for Building Nurse & Physician Teamwork

Adopt a Physician	Invite a Physician	Empathy Connections
<ul style="list-style-type: none"> • Create questions that all nursing staff can ask of their physician and be prepared to share with the rest of the team • Create easy message about what you are doing and why • “Patient care takes a team effort, and in our continuing effort to provide the best patient care and be the best team, we want to make sure we get to know you and find out what is important to you and have you get to know us better too” 	<ul style="list-style-type: none"> • Post your Calendar • Ask your staff about topics • Ask Your Docs/Providers what they are interested in and ... • Would they be willing to teach a 30 minute education session? • Give them a badge/reward 	<ul style="list-style-type: none"> • Build the human connection • Help Staff build relationships with physicians <p>Key Questions:</p> <ul style="list-style-type: none"> • Can you tell me one thing you enjoy doing on your day off? • What is your favorite local restaurant • What does excellent care look like to you? • Can they share a recognition for a nurse who goes above and beyond?



APPLIED LEARNING

Clarifying & Demonstrating Performance

What physicians do not know can cause frustration, misperceptions, and missed opportunities to make visible the great work happening on your unit/department. How are you connecting the dots with important information and sharing key outcomes/messages in appropriate forums?

Important Information	Forum/Venue
<ul style="list-style-type: none">• HCAHPS/PEX Data• CMS Quality• Safety Indicators• New Hires• New Technology• Changes in Policy• Patient Care• Agency/Traveler• Preceptor/Nurse Education• Patient Experience/Safety Initiatives	<ul style="list-style-type: none">• Daily Huddle• Bedside Shift Report• Staff Meeting• Divisional Meetings• MD Department Meetings• Newsletter• Rounding with Physicians• Communication Boards• Chat at Nurses Station• Physician Lounges
Next Steps	



APPLIED LEARNING Communication Skills

Physicians typically have concerns over staffing, level of training, and overall confidence in the nursing team. Working with your nursing team on communication skills can influence perceptions. Two objectives include:

Reflection	Response
<p>Building and Projecting Confidence: How are we building trust and confidence in our physicians as competent caring and committed providers of patient care?</p>	
<p>The senior team can articulate a unified goal for physician engagement and that message is cascaded to department leaders.</p>	



APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

Physician perceptions of nursing care are shaped by three primary factors:
direct physician observation, word of mouth and opinions by your employees.

Nursing Care	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



APPLIED LEARNING

Nursing Care Rounding Questions

Reflection	Evaluation
Tell me what excellent nursing care looks like to you? How often do you see that here?	
Can you share instances we have disappointed you with nursing care?	
What are your biggest priorities for nurse staffing and education?	
Are there nurses you can recognize that go above and beyond?	
Tell me the best ways we can keep you informed about the care and treatment of your patients?	
Can you tell me about instances/times where you had nursing care concerns in the past 12 months?	
Tell me one of the things you are working. Are noticing a difference? (ex. hourly rounding, bedside shift report)	
Where do you observe breakdowns in nursing care?	
How can we best share nurse staffing and training changes with you? What outcomes are most helpful to you?	

** The above questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CNO Rounding, Physician Advisory Committees, and more*



HEALTHCARE
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CHAPTER 10:

Physician Engagement - Patient Safety

Section 1: Why This Matters

Despite our devotion to patient safety, greater than 250,000 Americans die a year from medical errors. Perceptions of Patient Safety are crucial to building trust and loyalty among physicians and providers.

Section 2: Key PRC Measures of Patient Safety

- The appropriateness of safety measures put in place for patients
- The environment for staff to report medical errors and concerns
- The initiatives to improve the quality of patient care relative to safety issues

Section 3: Patient Safety Definitions

Item	Perceptions/Definitions
The appropriateness of safety measures put in place for patients	<p>Day to day actions demonstrate:</p> <ul style="list-style-type: none"> • Hospital has key resources in place to improve/optimize patient safety (e.g., EHR, root cause analyses processes) • Processes support adherence to safety standards • Hospital maintains safe staffing levels and access to tertiary services/high risk care specialty coverage • Adequate training and maintenance of competency for staff
The environment for staff to report medical errors and concerns	<p>Physicians, providers, and staff are empowered to address patient safety concerns.</p> <ul style="list-style-type: none"> • The environment encourages reporting mistakes, concerns, and near misses • Individuals feel secure and safe reporting concerns and errors without fear of retaliation or harm • There are easily accessible means for speaking up and reporting errors (e.g., processes, software) and there is accountability for follow through. • Confidence, comfort and trust between staff, physicians and leaders to share concerns, mistakes, near misses

Item	Perceptions/Definitions
The initiatives to improve the quality of patient care relative to safety issues	<p>The organization transparently shares</p> <ul style="list-style-type: none"> • Key process and outcome measures to enhance safety • Training and staffing initiatives to ensure safe patient care • Clear metrics that measure incidence or prevalence of adverse events • Effectiveness of safety interventions and threats • Leadership demonstrates openness to ideas from physicians, providers and staff to improve safety
Your Overall Rating of Patient Safety at [Hospital Name]	<p>Medical staff have a high degree of assurance in safe patient care. Heavily influenced by perceptions of:</p> <ul style="list-style-type: none"> • initiatives to drive zero harm • high quality specialty coverage

Section 4: Patient Safety Idea Bank

Culture and Standards

- Continue Multi-media approach to Patient Safety Awareness (physician newsletter, screensavers, monitor messages)
- Continue to respond in a timely manner to physician-reported patient safety concerns with sustainable resolution and transparent communication
- Reframe regulatory compliance communication modality from perceived “punitive” approaches of communication to collegial meetings and discussions with CMO.
- Reinforce quality care boards in all patient units to make safety initiatives visible
- Implement Physician and Provider Safety Hotline

Leadership Visibility

- Quality report out at monthly Medical Executive Committee (MEC)
- Incorporate quality and patient safety elements into monthly and quarterly section meetings (e.g., internal medicine, orthopedics, anesthesia, OBGYN, cardiology)
- Communication to medical staff at Department Meetings at normally given presentation time, but with a specific introduction and connection to physician engagement survey during agenda to discuss falls, medication errors and HAI's
- Thank you cards from senior leadership to physicians and APPs to address “wins” or “good catches”

Rounding

- Identify any patient safety concerns and communicate feedback
- Clinical pharmacist presence/rounding on key units
- Leadership Rounding - CMO and VP of Quality
- Use targeted rounding questions to obtain physician input on patient safety and feedback to focus initiatives

Communication

- Consistently report safety and medical errors to MEC and the board
- Communicate patient safety measures at physician leadership meetings
- Physician Relations/Medical Staff Services to produce Quality/Patient Safety one page flyer to distribute to Physicians/Providers
- Quality initiative results shared at each service line meeting
- Establish talking points for Physician Relations to communicate quality performance and safety awards (i.e. Leapfrog, CMS, Healthgrades)

Staffing

- Grow comfort and understanding with importance of supplementing care with Telehealth and Locum coverage
- Benefits of temporary vs. permanent teams
- Create visible forums for sharing quality/safety concerns with outsourced services (e.g., Radiology)

Performance Improvement

- Implemented new services to decrease hospital acquired complications and infections (e.g., intensivist program)
- Provider engagement in the serious safety events (SSE) process
- Medication reconciliation process improvement initiative
- Ensure medical staff and hospital staff are included in and aware of Patient Safety initiatives focus and progress via huddles, rounding, committees, postings, emails, med staff meetings, lounges, dictation rooms, etc.
- Implement the Hospital Acquired Infection toolkit across all Nursing units and provide individualized progress reports to each unit
- Bedside shift reports with the patient - Off going nurse at shift change or during change of assignment to provide report at bedside

Speaking Up

- Consistently have safety shout outs that recognize staff for reporting safety concerns/issues
- Further encourage culture of speaking up
- Create safe environments for 1:1 staff meeting to discuss reporting errors and concerns
- Implement/Sustain monthly “Good Catch” Awards
- Promote Just Culture to ensure staff and physicians feel empowered to report unsafe practices
- Create accountability for service line leaders to address (and communicate) quality and safety concern issue identification, correction, and follow up

Education/Competency

- Provide education on occurrence reports
- Embed a Quality Coordinator within each of the key service lines to support safety and quality improvement projects and provide updates to Medical Staff on the results of initiatives to improve safety across all service lines
- Involve physicians in patient safety education and initiatives by asking them to lead demonstrations
- Prioritize 3 quality of care/patient safety issues and identify physician champions to serve as leads.
- Highlight success and project milestones across all physician communication methods.
- Seek physician concerns regarding safety issues during rounding and monthly at MEC.
- Continue established action plan items related to the same finding with employees during a culture of safety that includes management development

Integrate AHRQ Culture of Safety Survey and Physician Engagement

- Conduct routine culture of safety survey, implement appropriate action items to strengthen areas of opportunity and to assist in hard wire identified strengths and share results
- Present Culture of Safety Results and Action Plan to MEC- Include talking points to help MEC cascade information

Peer Review

- Develop peer review triggers for each specialty to better identify opportunities for improvement
- Provide a safe environment for the review of medical errors by developing a non-threatening process for review and evaluation using just culture algorithm

Safety Huddles

- Invite/include Hospitalists and ED physicians to daily safety huddle
- Multidisciplinary ICU daily safety huddles to collaborate with hospitalists to improve care and treatment of patients
- Improve patient care and safety with multidisciplinary huddles in Med Surg units to improve hospitalist/team collaboration
- Service line leaders meet twice per day to discuss concerns and opportunities to improve care

Integrate

- Continue to communicate consistent message on what we are doing for patient safety:
 - » Falls
 - » CAUTI/CLABSI/Mortality
 - » Anonymous reporting ability
 - » Actions implemented as a result of trended issues
 - » Patient safety initiatives
- Mortality Committee with Multidisciplinary Medical Staff participation
- Implement care excellence dashboard and share unblinded data at all Med Staff dept meetings

Section 5: Patient Safety Communication

Take Inventory	Maximize Intelligence	Address Discounts
<ul style="list-style-type: none"> • What initiatives are in progress? • What physicians are involved? • How is physician input obtained? • How is updated information shared with all physicians? 	<p>How are you using data to have meaningful conversations?</p> <ul style="list-style-type: none"> • Reduce Maternal Mortality • Reduce HAI • Reduce Falls • Reduce Medical Errors • Reduce Ventilator Days • Improve Bundles • Improve Compliance • Improve Awareness • Improve “Speaking Up” • Improve Outcomes 	<p>When perceptions and reality don’t match:</p> <ul style="list-style-type: none"> • Use physician quality data and organizational performance • Prepare for the conversation and bring data • “I understand you are disappointed with our patient safety outcomes, there may be a disconnect. We are performing xx which places us xx. Can we talk about how to best demonstrate/clarify our commitment and performance?”

Section 6: Patient Safety Visibility

Physicians are driven by their desire to improve patient outcomes and therefore want the total picture.

5.1 CREATE CASCADE PLAN TO SHARE

- Printed version/electronic
- Huddles & Debriefs
- All Department Meeting
- Walk a Mile with a Doc performance indicators (KPIs)

5.2 TIPS AND TRICKS

- Determine appropriate amount and timeliness of data reporting
- Compare data based on contemporary evidence-based guidelines
- Keep data and communication simple by developing, communicating, and mobilizing a small number of critical key performance indicators (KPIs)



APPLIED LEARNING

Psychological Safety

“Psychological safety is generally built in the gray zones. “It’s built in the moments where you mess up and you have to clean up your mess, in how you own that behavior, and in how you speak to your missteps.”

Laura Delizonna, Stanford University

Reflection	True	False	It Depends
Anyone can ask questions without looking stupid.			
Anyone can ask for feedback without looking incompetent.			
Anyone can be respectfully critical without appearing negative.			
Anyone can suggest innovative ideas without being perceived as disruptive.			

Tips:

- Determine appropriate amount and timeliness of data reporting
- Compare data based on contemporary evidence-based guidelines
- Keep data and communication simple by developing, communicating, and mobilizing a small number of critical key performance indicators (KPIs)

** The above questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CNO Rounding, Physician Advisory Committees, and more*



APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

Physician perceptions of patient safety are shaped by three primary factors:
direct physician observation, word of mouth and opinions by your employees.

Patient Safety	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



APPLIED LEARNING Patient Safety Rounding Questions

Reflection	Evaluation
Tell me what excellent patient safety looks like to you? How often do you see that here?	
Can you share instances we have disappointed you with patient safety?	
Did you see/how do you receive information we share on Leapfrog/Patient Safety?	
Have you heard the term Speaking Up?	
What are your observations, are we good at this or do we have opportunity to be better?	
How can we create a better environment for staff to speak up about patient safety concerns?	
Have you ever been in a situation where you found it difficult to speak up? What's different?	
Who can we recognize who really exemplifies a commitment to patient safety?	
Can you tell me about instances/times where you had patient safety concerns in the past 12 months?	
Where do you feel we have made the greatest gains in patient safety? Do you have concerns?	
How can we best share patient safety data with you? What outcomes are most helpful to you?	

** The above questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CNO Rounding, Physician Advisory Committees, and more.*



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CHAPTER 11:

Physician Engagement - Surgical Services

Section 1: Why This Matters

Surgical services comprises a wide scope of essential elective and emergency procedures and surgeries that advance well being and save lives. The services also typically represent the largest revenue generator for the hospital as well as an environment where zero harm is essential.

Section 2: Key PRC Measures of Surgical Services

Among Surgeons:

- Competency of the Surgical Staff
- Turnover Time Between Cases
- Administration of Pre-Operative Orders
- Ease of Scheduling Surgery
- Availability of Surgical Equipment
- Having Surgical Equipment that is in Good Working Condition and that is Well-Maintained
- Responsiveness to the Concerns and Complaints of Surgeons

Among Non-Surgeons:

- Availability for Consultation
- Communication and Feedback Provided by Surgeons
- Surgeons Level of Expertise

Section 3: Surgical Services Definitions

Surgeon Item	Perceptions/Definitions
Competency of the Surgical Staff	<p>Confidence in the care team to deliver safe patient care</p> <ul style="list-style-type: none"> • Consistency/reliability of staff and anesthesia • Access to training resources/Maintenance of competency • Tenure and retention of high quality staff, nurses, scrub techs, circulating techs • Familiarity with cases, procedures, and surgeon preferences • Announcement of new surgeons and team members
Turnover Time Between Cases	<p>Confidence in the reliability of cases</p> <ul style="list-style-type: none"> • Turnover times • Starting/ending on time • Ability to accurately predict start/end times • Staff are appropriately staffed, trained to manage cases efficiently and safety
Administration of Pre-Operative Orders	<p>The staff demonstrate</p> <ul style="list-style-type: none"> • Timely pre-op insurance verification • Diligence in required pre-op assessments (history, exam, diagnostics/labs, instructions, consent) • Good communication with patients to set expectations (e.g., refraining from eating/drinking, medications)

Surgeon Item	Perceptions/Definitions
Ease of Scheduling Surgery	Interactions and processes demonstrate ease/simplicity to <ul style="list-style-type: none"> • accommodate cases (elective, emergent, urgent) • access to block time/notifications of openings • availability of OR time • teamwork with anesthesia
Availability of Surgical Equipment	<ul style="list-style-type: none"> • Maintenance of inventory • Staff well trained in effective use of surgical equipment • Ease in obtaining supplies and equipment
Having Surgical Equipment that is in Good Working Condition and that is Well-Maintained	Equipment that is perceived as... <ul style="list-style-type: none"> • consistently functioning • proactively maintained • ease in obtaining repairs when necessary • current and adequate technology to meet standard of care

Section 4: Surgical Services Idea Bank

Culture and Leadership Visibility

- Monthly executive rounding on surgeons in the OR, Cath Lab, GI Suites
- Evaluation of barriers to business, scheduling and declined cases
- Maintain standing 1:1 meetings with key specialities (e.g., Cardiologists, GI, Ortho, Bariatrics)
- Go behind the red line to see and understand ANY issues
- Celebrate monthly successes and updates on improvement of services on OR dashboard and in physician lounge on monitors
- Hold a monthly staff/physician lunch. Pick a theme for team to bring in food to share
- Round on patients, parents, families to learn about their experiences with surgery- use for recognitions and coaching

Training and Competency

- Review preference cards to ensure currency and up to date preferences; re-engage staff in development
- Create training programs for new surgical specialties and equipment
- Focus on developing skill set of surgical services staff and aligning providers with team members they trust and have the most confidence
- Obtain surgeon input in training and cross training opportunities for OR staff. Invite to participate in in-services

Interprofessional Teamwork

- Enhance inter-operating room department teamwork through monthly focused feedback and conversation between service lines, physicians and anesthesia (discuss opportunities, what is working well, review capital priorities)
- Surgical Services leadership will attend non-surgical department meetings to receive feedback and to address issues/concerns with communication, feedback, expertise, quality, patient experience
- Increase communication between General Surgeons, Emergency Department, and Hospitalists
- Share feedback (recognitions and opportunities) with surgeons, specifically from Hospitalist teams
- OR leadership to present surgical services metrics and process improvements at non-surgeon department meetings

Physician and Surgeon Communication

- Invite Surgeons to Hospitalist and Emergency Department meeting. Enlist surgeons to provide education on surgical emergencies and co-develop guidelines for surgical consultation
- Enhance physician to physician (and APP) communications
- Setting expectation of post-op verbal communication between surgical providers and their comanaging hospitalist
- Meet and greet/encouraging verbal communication between surgeons and supporting departments around expectations

Surgical Services Onboarding

- Introduce new surgeons and staff to key surgeons and stakeholders. Focus onboarding efforts to support staff in making surgeries go smoothly and equipping surgeons with key information and contacts to ease practice transition
- Administration to present and email newly credentialed physicians and surgeons newsletters (physician and employee) and other communication forums
- Introduction of new surgical providers, especially of those who bring unique skills to the area to the medical staff
- Including providers in interview process with staff and additional surgeons
- Spotlight and bridge relationships with new OR hires
- Create a welcome board for all new staff and physicians... (e.g., ask new staff and surgeons to answer the “My Story” questions) Ex: My favorite vacation place is, My favorite band/music, My favorite food, hobbies, etc. so people can have an immediate thing to connect with them and build relationships. Post a picture of new people with their My Favorite Things/My Story

Process Improvement

- Hold weekly OR Meetings to discuss surgeon issues/concerns/opportunities
- Pulse checks with physicians (ED and non-surgeons) on availability and timeliness of specialists available for consult
- Audit of specialist timeliness of responding to call for ED physicians and hospitalists
- Regular reviews of equipment & staffing needs
- Improve and communicate overall processes and surgical operations
- Provide structured rounding and 1:1 communication and demonstrate resolution with Stop Light Report

Surgical Services Advisory Committees (SSAC)

- Adopt/Maintain surgical advisory committee to facilitate OR policies. Engage as influencers to meet with physicians in OR and offices to address surgical concerns
- Create a medical staff led committee that reviews OR metric, establish policies, create a plan to improve block time utilization and drive operational excellence
- Engage Surgical Advisory Committee as an improvement based team to address efficiencies and block policies; and advance/influence a culture that is committed to making the OR better for all surgeons who practice here
- Expand SSAC to include a representative from each service line and support plans for new service opportunities

Administration of Pre-Operative Orders

- Enhance inter-operating room department teamwork through monthly focused feedback and conversation between service lines, physicians and anesthesia (discuss opportunities, what is working well, review capital priorities)
- Surgical Services leadership will attend non-surgical department meetings to receive feedback and to address issues/concerns with communication, feedback, expertise, quality, patient experience
- Increase communication between General Surgeons, Emergency Department, and Hospitalists
- Share feedback (recognitions and opportunities) with surgeons, specifically from Hospitalist teams.
- OR leadership to present surgical services metrics and process improvements at non-surgeon department meetings

Turn Around Times

- Work with OR Councils and Anesthesia to address the issues related to why Turn Around Time is not what it should be and create improvement plans
- Review turn around times monthly at Surgical Advisory Committee meetings
- Recruit and onboard techs to assist with turnover and room preparation
- Develop a standard of work for turnover for patient care / surgical techs
- Use ethnography to observe turnover process and develop a gap analysis
- Use morning huddle to reward and recognize on time starts

Operational Excellence

- OR will make a point of focus and will track on time starts with “reason” codes; this can be reviewed by provider and team in the Surgical Advisory Council
- Daily/Weekly monitoring of block time protocol
- Daily case review of 3-5 days out to facilitate upcoming case load and equipment/surgeon needs prior to day of surgery
- Use 5-day look ahead: equipment & scheduling
- Clarifying understanding/protocols around post-op admission/bed placement process
- Engaging Providers for agreed upon solutions for Pre-OP order sets

Business Development

- Involving physicians in surgeon and key staff position recruitment efforts
- Focused review of surgical equipment needs and preference cards
- Stoplight Report posted in physicians lounge to provide transparency on pending requests
- Invite new surgeons to present capabilities to medical staff at quarterly meetings to build confidence and connections for referrals

Section 5: Surgical Services Communication Priorities

- From Executive Team to All
- OR To and From Other Hospital Units
- To and From Physicians and Providers
- Within OR Teams
- Within Surgical Services

Evaluate opportunities to strengthen communication and teamwork across key stakeholders.

Section 6: Messaging - Make Connections

- Incorporate Voice of the Patient
- Share Wins/Opportunities
- Ask about patient experiences
- Share surgical services patient experience performance with physicians
- Follow up on equipment needs, issues, investments
- Share quality and productivity results

Section 7: Consider Using A Stoplight Report

The goal of the Surgical Services Stop Light Report is to communicate with department leaders, staff, surgeons, and providers the actions following departmental rounding. When implemented it creates awareness across surgical services for the entire rounding process. Specifically, it is a tool to follow up with the department (typically monthly or quarterly) with wins and celebrations, problems identified and next steps. It is a powerful way to demonstrate that the OR and Surgical Services leaders/chiefs listened and employee and physician/surgeon input matters. Each year summarize all the Stop Light Reports with an annual “you asked, we did” reflection prior to your physician engagement survey.

7.1 THE COLORS

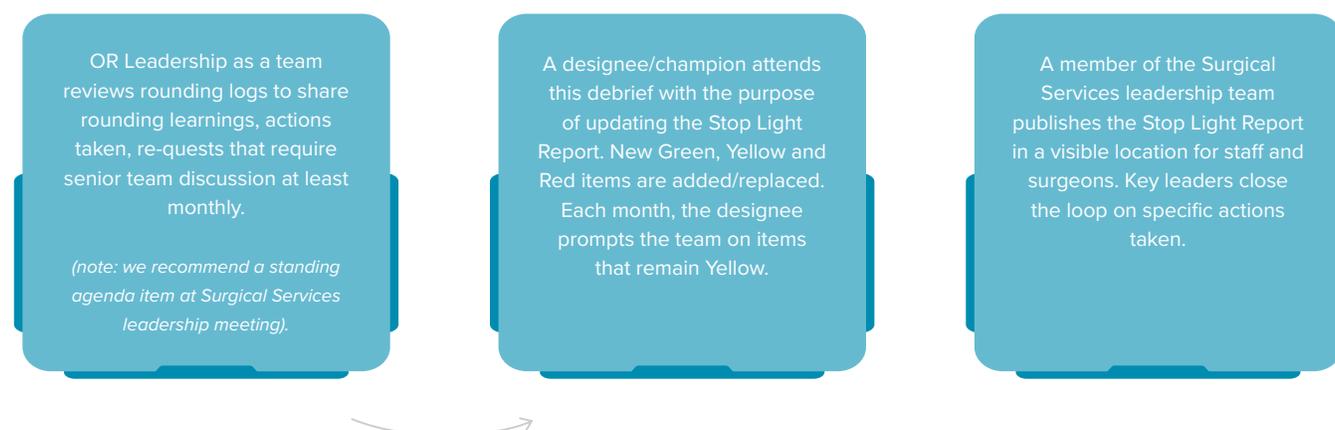
- Green - What has been acted on
- Yellow - What is a work in progress
- Red - What cannot be done and why

7.2 KEY ELEMENTS

- Names of leaders who participated in rounding
- Physicians, Departments, and/or Groups rounded on that particular month
- Actions that the leadership team made (green), actions that are in progress with expected completion/decision (yellow), actions that cannot be taken and why (red)
- At the conclusion of each month, Green and Red items are replaced (as warranted) and Yellow items are updated and added to



7.3 THE PROCESS



Section 8: Experience Mapping

- An organic process that maps the patient experience before, during, and after care delivery
- Taking the perspective of the patient/physician, the session identifies multiple “touchpoints” that create Moments to build trust, confidence, and loyalty ie. People | Process | Environment | Technology
- Affords care teams the opportunity to empathize with the emotions, expectations, and process impacting perceptions
- Matches patient and physician experience data with experience improvement and opportunities to exceed expectations
- Co-designs an elevated experience while building ownership for experience excellence



Learn

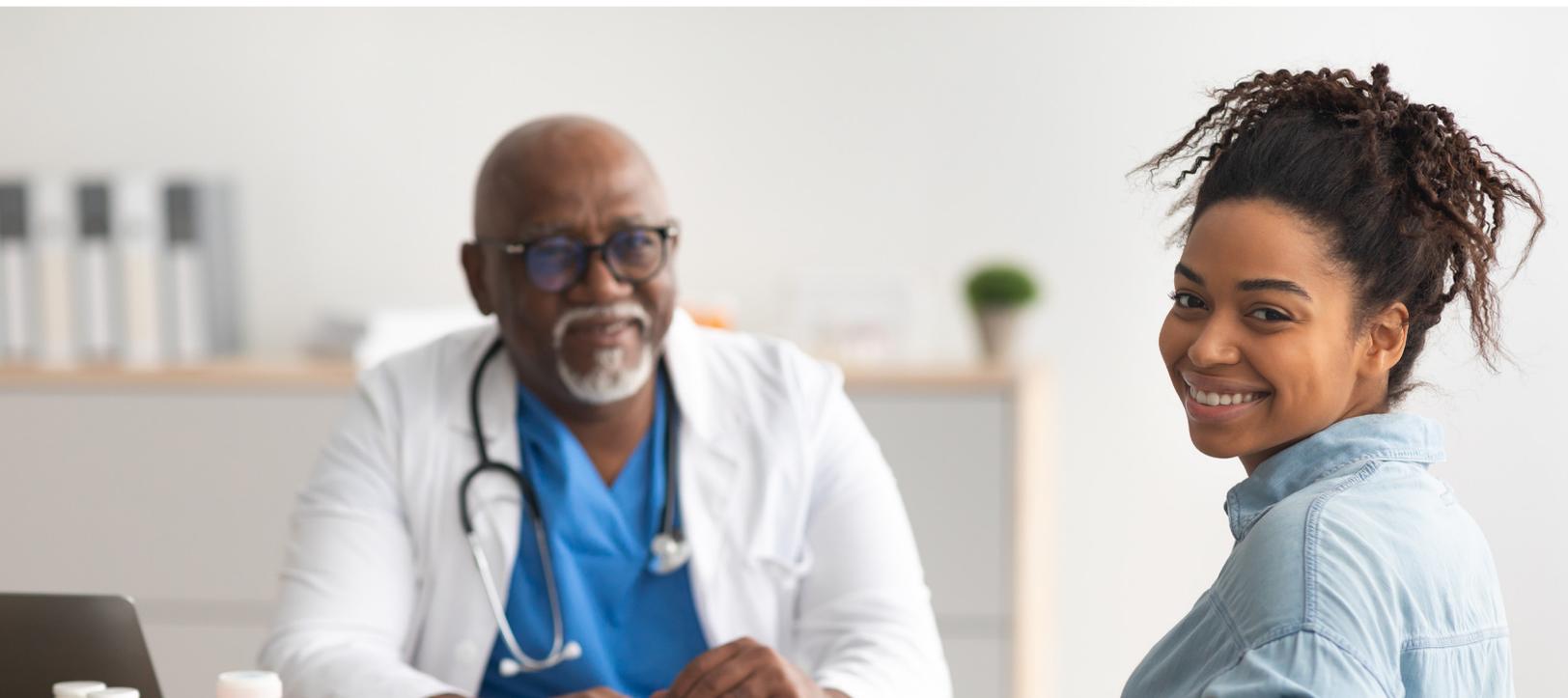
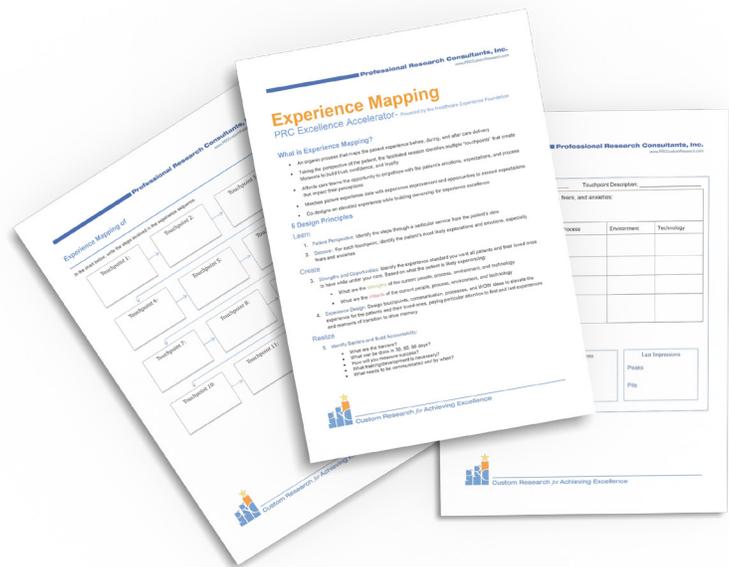
- Patient Perspective
- Physician Perspective
- Discover

Create

- Strengths and Opportunities
- Experience Design

Realize

- Identify Barriers
- Build Accountability



Section 9: Surgical Services Best Practices

Rounding	Morning & Afternoon Huddle	Surgical Safety Checklist
<p>Goals:</p> <ul style="list-style-type: none"> Relationships Operational Efficiencies Equipment Needs Innovation Communication 	<ul style="list-style-type: none"> Prepare and collect information ahead of time (include 5-day look-ahead) Duration: no longer than 10 minutes Location: Central location Agenda: Multidisciplinary team to review opportunities, barriers and risks Cascade communication following the huddles 	<ul style="list-style-type: none"> Briefing Timeout Debriefing

Section 10: Surgical Services Rounding Types

Who	Why	What Outcome	When	Where
<ul style="list-style-type: none"> CEO: MD 	<ul style="list-style-type: none"> Relationship Vision 	<ul style="list-style-type: none"> Trust Understanding Mutual Confidence 	<ul style="list-style-type: none"> All surgeons Annually 	<ul style="list-style-type: none"> For official visit, go to their office/space
<ul style="list-style-type: none"> Director: MD 	<ul style="list-style-type: none"> Relationship Strategy (Wins, Opportunities, Input) 	<ul style="list-style-type: none"> Trust Collaborative or Partner relationship 	<ul style="list-style-type: none"> All surgeons Quarterly 	<ul style="list-style-type: none"> MD preference Office or in between cases
<ul style="list-style-type: none"> CMO/CNO: MD 	<ul style="list-style-type: none"> Relationship Recognitions 	<ul style="list-style-type: none"> Trust Knowledge Strengthen MD engagement 	<ul style="list-style-type: none"> All surgeons Annually 	<ul style="list-style-type: none"> For official visit, go to their office/space
<ul style="list-style-type: none"> Periop Service Team Lead: MD 	<ul style="list-style-type: none"> Relationship Operational Efficiencies, Needs, Ideas 	<ul style="list-style-type: none"> Trust Problem solving Idea generation Feedback on staff (both ways) 	<ul style="list-style-type: none"> Service Line MD Director or Chair Quarterly Other Service MDs Twice a year 	<ul style="list-style-type: none"> MD preference Office or in between cases



APPLIED LEARNING

Perspective Taking & Influencing Physician Perceptions

Physician perceptions of surgical services are shaped by three primary factors:
direct physician observation, word of mouth and opinions by your employees.

Surgical Services	Strengths	Vulnerabilities
Direct Physician Observation		
Word of Mouth: Peers, Patients, Community, Office Manager		
Opinions by your employees		



APPLIED LEARNING Surgical Services Rounding Questions

Reflection For Surgeons	Evaluation
Tell me what you believe is working best with our surgical services operations.	
What are the top opportunities to support you with ensuring our patients have the best outcomes?	
How can we make our OR the best place for you to practice?	
Where do you feel we are improving most?	
What are the most important competencies we need to develop among our team?	
Help us understand your biggest equipment or supply priorities and why.	

Reflection For Non-Surgeons	Evaluation
Tell me where you have seen the biggest improvements with surgical services.	
When do your patients have the best experiences?	
What do you see or hear are our biggest opportunities in surgical services?	
Share with me times we do well with providing you feedback? Instances we have disappointed you?	

** The above questions can be incorporated into Senior Leader Rounding, Department Leader Rounding, CMO/CNO Rounding, Physician Advisory Committees, and more.*



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CHAPTER 12:

Physician
Engagement -
Service Line
Leaders &
Medical
Directors

Section 1: The Role Of Service Line Leaders & Medical Directors

As Service Line and Medical Staff Leaders, you play an essential role in broadening physician engagement. You have a direct line to the teams your areas represent (e.g., Surgery, Lab, Emergency Department); as well as ensuring the care environment builds confidence with the physicians and patients you serve.

- How can you support the senior team?
- What can your team do to elevate your department as an excellent place to practice?
- How can you connect with medical staff to strengthen relationships?
- What are challenges or barriers you encounter that you need support from the senior team, MEC, Peers?

SETTING THE TONE



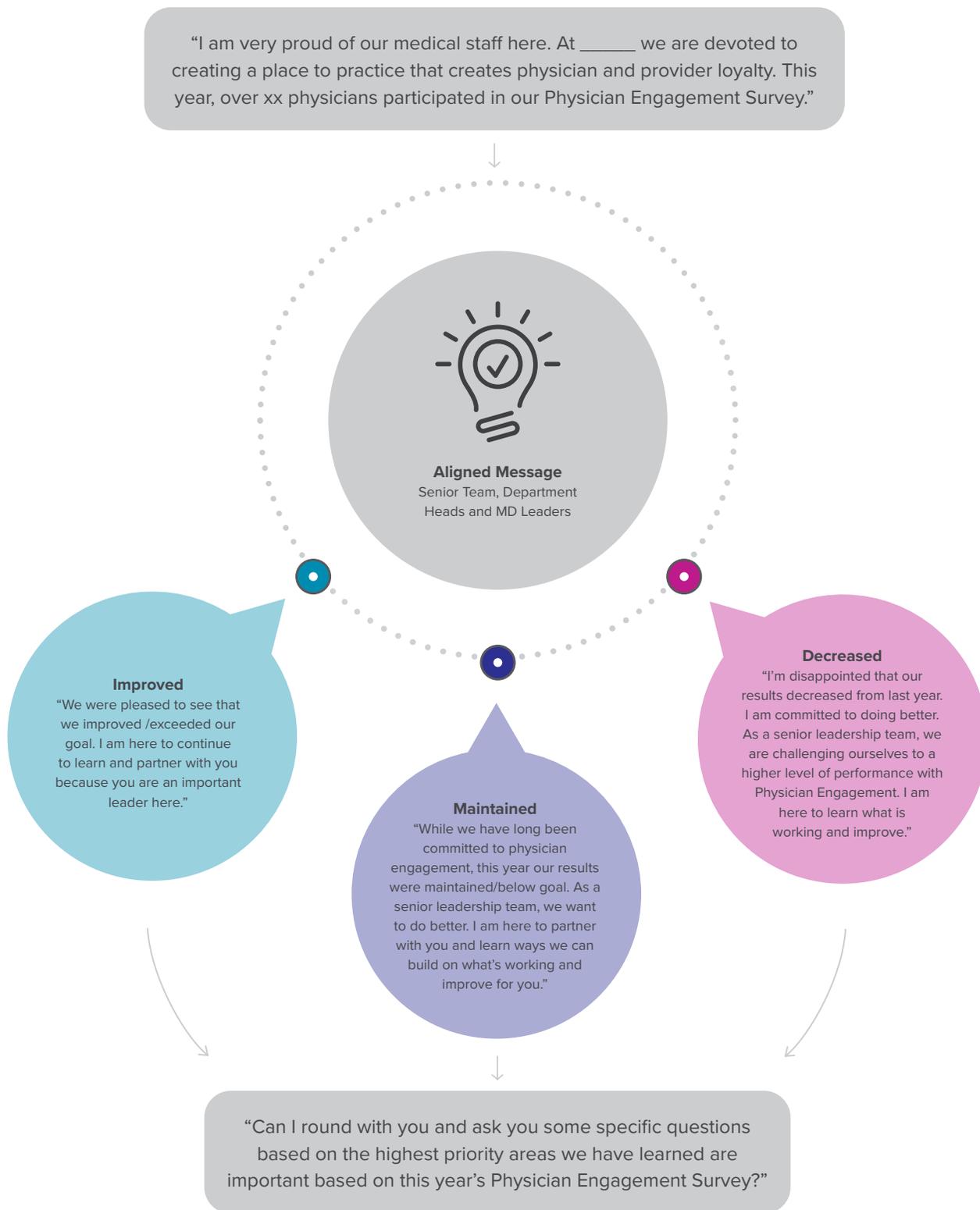
Section 2: Tips For Expanding Success

Layering Key Components of the Physician Engagement Structure

Infrastructure	Goal	Key Strategies
<ul style="list-style-type: none"> • Senior Team Collaboration 	<ul style="list-style-type: none"> • Shared approach 	<ul style="list-style-type: none"> • Senior Leader Rounding, Orientation, Advisory Councils
<ul style="list-style-type: none"> • Service Line Leadership 	<ul style="list-style-type: none"> • Tactical Collaborators 	<ul style="list-style-type: none"> • Reinforce communication, continuous improvement, rounding, solutioning
<ul style="list-style-type: none"> • MEC Leader Development 	<ul style="list-style-type: none"> • Leadership Orientation 	<ul style="list-style-type: none"> • Advancing organizational performance, cascade communication, collaboration
<ul style="list-style-type: none"> • Physician Onboarding 	<ul style="list-style-type: none"> • Alignment and Integration 	<ul style="list-style-type: none"> • 6-12-month orientation, Assimilate into culture, Eliminate barriers
<ul style="list-style-type: none"> • Physician Retention 	<ul style="list-style-type: none"> • Growth and Alignment 	<ul style="list-style-type: none"> • Ongoing engagement strategies, involvement in committees, leadership opportunities, resignation rescues
<ul style="list-style-type: none"> • Physician and Clinician Well-being & Teamwork 	<ul style="list-style-type: none"> • Identification and Action 	<ul style="list-style-type: none"> • Identify signs and symptoms, Grow comfort addressing, make it safe

Section 3: Messaging & Communication

3.1 SENIOR LEADER AND PHYSICIAN LEADER ROLLOUT



3.2 MEDICAL DIRECTOR ROLLOUT

“I am very proud of our medical staff here. At _____ we are devoted to creating a place to practice that creates physician and provider loyalty. This year, over xx physicians participated in our Physician Engagement Survey.”

With your physicians, leaders and department team members

Review

- Reinforce Physician Engagement Aligned Messaging
- Overall Performance
- Trends Over Time
- Key Drivers
- Highest Performing Items/Items Trending Upward for Department
- Lowest Performing Items/Items Trending Downward for Department
- Verbatim Comment Themes for Context

Engage Team

- How can we improve our services for the physicians we serve?
- How can we improve our services?
- How might others define or perceive the services we provide?
- With which specialties does my area do well?
- With which specialties do we need to build relationships?
- Where are areas we may disappoint?

Demonstrate Action

- How can I follow up with you and show progress?

With Physicians and Departments You Serve

Review

- Reinforce Physician Engagement Aligned Messaging
- Overall Department Performance
- Trends Over Time
- Key Drivers
- Highest Performing Items/Items Trending Upward for Department
- Lowest Performing Items/Items Trending Downward for Department

Engage Stakeholders

- How can we improve our services for you?
- How do you define our service? How do you define our Key Driver?
- What would excellence look like? Can you share examples?
- What irritants or barriers do you face?
- Can you share times we have disappointed you?
- Are there better ways we can share progress we make based on your feedback throughout the year?

Demonstrate Action

- How can I follow up with you and show progress?

3.3 BEST PRACTICES FOR OBTAINING FEEDBACK WHEN SHARING RESULTS

As you prepare to share your physician engagement survey results, here are some tips to support your success.

Session Outline

- Plan for small group discussion
- Review results with the physicians/department leaders; be transparent
- Discuss the most important issues in the department based on key drivers and results
- **Give opportunity for physicians to add to the list**
- Summarize top opportunities and vote on the biggest priorities
- **Spend more time listening than talking**

Initiating Key Driver Discussions

- What are you most proud of here with **patient safety**?
- Can you share with me a time when you felt **Administration** did a good job responding to your concerns?
- What informs your perception of **patient experience**?
- How can we best demonstrate excellence in **nursing care**?
- How can **Surgical Services** make your job easier?
- Can you share with me some examples of?



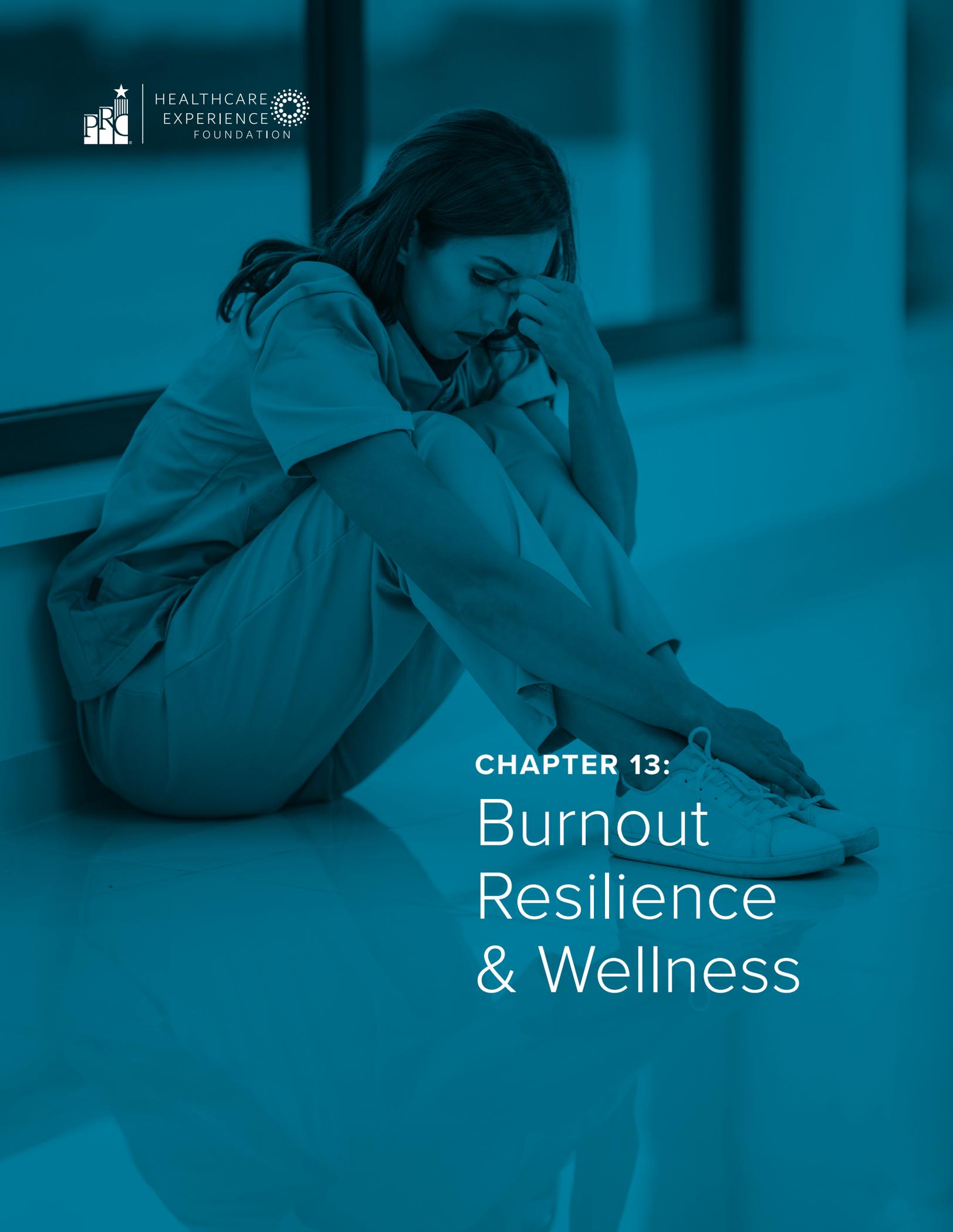
APPLIED LEARNING Jeopardy Competition

Use this tool to grow staff awareness and ownership of physician engagement in your department:

Question	Points	Winning Team
What are we striving for with Physician Engagement?	5	
State our commitment to Physician Engagement	2	
Describe the purpose and benefit of our Action Plan for Physician Engagement	3	
What are two actions we are implementing to make our hospital an Excellent place to practice for physicians and providers	6	
Define top box and distinguish from percentile ranking	2	
State two agreed upon non-negotiables for our team with physician engagement	3	
State how you build confidence in our physicians that we provide their patients with excellent experiences	2	
Define two ways we can demonstrate safe care to our physicians	4	
Fire hose exercise for one minute straight to talk about what you and your team can do to improve patient experience in ED/Inpatient/ Clinics	4	
How do Physicians hear what we say?	2	
What are our Key Drivers for Physician Engagement?	3	



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A woman in light-colored medical scrubs is sitting on a ledge, looking down with a distressed expression, her hand resting on her forehead. The entire image is overlaid with a blue tint.

CHAPTER 13:
Burnout
Resilience
& Wellness

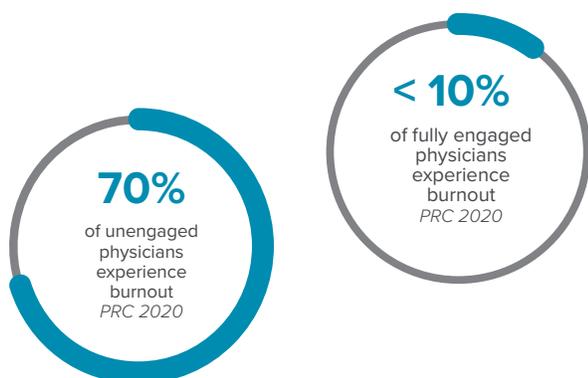
Section 1: About Burnout

Research is demonstrating 40-60% of physicians experience signs and symptoms of burnout. Physician engagement provides resiliency for burnout with less than 10% of fully engaged physicians experiencing burnout. Yet disengagement is a concerning factor contributing to burnout as 70% of unengaged physicians experience burnout (PRC, 2020).

Burnout is defined as a syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work (Shanfelt, et al, American Journal of Medicine, 115, 2003).

To measure and equip organizations to understand and impact burnout. PRC has created a burnout index consisting of the following items:

- Emotional exhaustion from practicing medicine
- Feeling disconnected from the people I serve
- Uncertainty how to overcome challenges at work



Burnout is a syndrome of emotional exhaustion, depersonalization, and a sense of low personal accomplishment that leads to decreased effectiveness at work.



Section 2: Heading Off The Rails (Even Before COVID-19)

Emotional Exhaustion

- Fatigue, insomnia, impaired concentration, somatic symptoms, repeated illness, loss of appetite, anxiety, depression, anger

Feeling Low Personal Accomplishment

- Loss of enjoyment, pessimism, sarcasm (in excess), isolation, detachment

Depersonalization of the Patient

- Apathy, irritability (with staff, trainees, patients), lack of productivity

These factors were all challenges prior to March 2020 and have been amplified in the years since.

Section 3: Beyond Burnout

The lack of engagement as a result of the disappearance of hospital meetings is so great that many meetings now being ‘remotely accessed’ by physicians from their homes.

There is no dialogue. There is no face-to-face communication. There is no engagement—there is no ground for the seeds of trust to take root.

The effects of unchecked stress and burnout can pose a threat to your hospital’s physician practice environment, and the care they provide to your patients.

Our team recognizes the prevalence of physician burnout and the imperative of addressing it. Burnout reduces emotional capacity to connect with patients, colleagues, and the care team. Our Physician Partnership Solutions reflect that importance with solutions to help mitigate burnout and build resilience among the physician and clinicians in your hospital and health system. Our burnout solution combines expert assessments with personalized support from our premier team of consultants.

Our approach focuses on leadership workshops dedicated to cultivating resiliency, identifying and addressing burnout, coping with burnout, physician leadership development,



Section 4: Prioritizing What’s Important To Your Physicians & Providers

National Key Drivers (PRC)

- Patient Experience is a Top Priority
- Administration Trust and Responsiveness
- Nursing Care and Treatment of Patients
- Initiatives to Improve Safety

Strategies for Success

- Communication and Rounding
- Role Modeling and Broadening Teamwork
- Giving Physicians and Providers a Voice for Improvement



APPLIED LEARNING

Burnout & Wellness Activity

Reflection	Evaluation
What is our degree of comfort in recognizing signs and symptoms of compassion fatigue, exhaustion, and/or burnout in our medical staff, providers, and clinicians?	
What is our degree of comfort intervening to interpersonally and systematically address/support the physician(s) demonstrating burnout?	
How often are we developing our service line and medical staff leaders how to spot and address burnout?	
What is the degree we are actively rounding on our medical staff and residents to identify barriers to practice and offer supportive resources?	
What development programming is offered to our residents and medical staff to build habits for self-care, resilience, etc?	
What strategies are we employing to restore as sense of joy and purpose with our medical staff, apps, residents?	
Are we having open conversations on eliminating/reducing barriers for our medical staff to provide excellent patient care?	
What programs are in place to expand empathy and compassionate interactions?	

** The above questions can be used for institutional, hospital, medical practice, and even departmental reflection and action planning*



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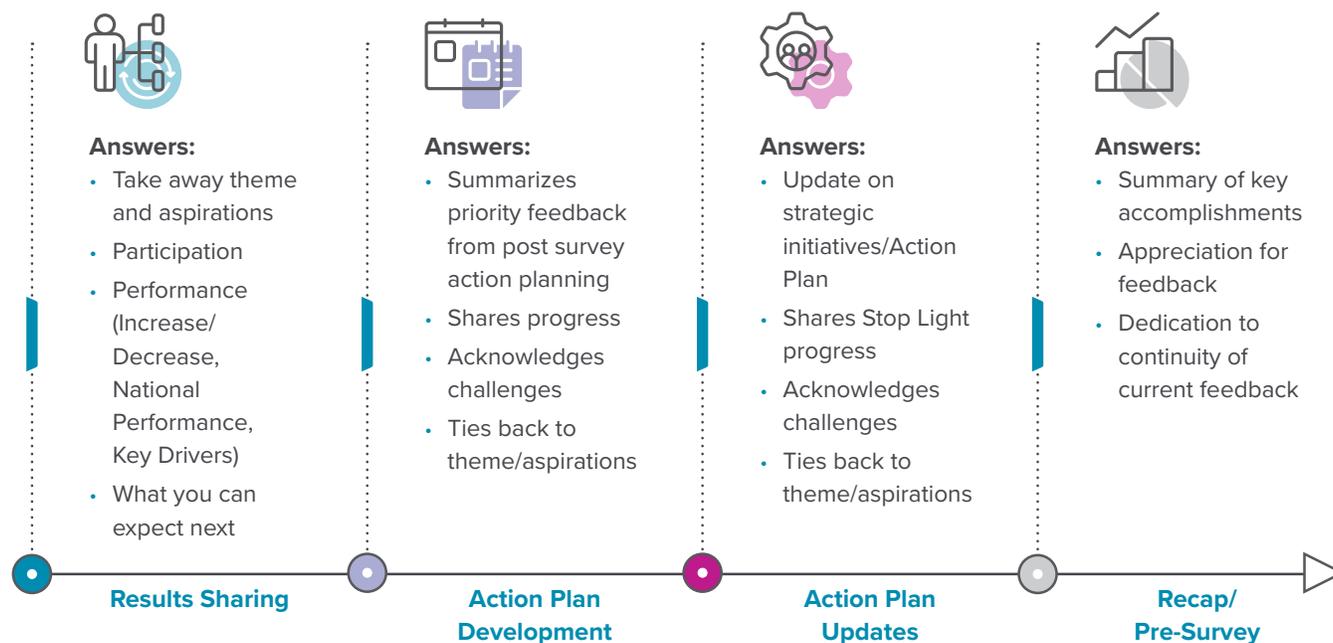
CHAPTER 14:
Strategies
Throughout
The Year

Section 1: Communication Of Action Plans Throughout The Year

The following include communication strategies and channels employed by high performing organizations to communicate action plans throughout the year:

- CEO/CMO Emails communicating areas of focus
- Electronic/Poster displays in physician lounge
- Senior Leaders participation in MEC, Service Line Meetings
- Continue to conduct 1:1 meetings with physicians and groups
- Monthly CMO Newsletter to medical staff
- Including physicians in CEO updates and town halls
- Physician Town Halls
- Senior Leader Rounding and Monthly/Quarterly Stop Light Reports
- Physician Advisory Groups for key service lines
- Monthly operational reviews to recap - We heard you
- Targeted messaging to practice managers, primary nurses to reinforce/assure messages are being delivered
- Messaging flyers focused on actions taken to advance Key Drivers
- New Physician/Provider onboarding includes overview of commitment to Physician Engagement, the annual survey, priority areas, action steps, and ways to be involved
- Physician Hotlines for 24/7 submission of concerns, needs, questions, recognitions
- Physician Focus groups to evaluate issues on an on-going basis
- Physician stratification for 1:1 sessions based on growth, performance, quality goals
- Provide sample messaging and engage physician advisory groups and MEC for cascade communication

Section 2: Annual Calendars For Stacking Success & Layering Messaging





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