



The Indiana Hospital Collaborative with Studer Group

A Journey to Excellence

BY: Lynne Cunningham, National Speaker



Commit To Being A “Very Good” Adult Learner

- **An Adult Learner:**
 - Arrives to sessions and returns from breaks on time
 - Listens and pays close attention to the speaker
 - Takes notes
 - Completes any learning assignments
 - Relates to how information can be used in his/her area
 - Shares knowledge with staff
 - Incorporates lessons learned into his/her workplace
 - Takes ownership for relating and learning
 - Eliminates distractions like phone and electronic devices

Today's Agenda

Selection and Early Retention

Coaching vs. Cheerleading – Using Feedback During Validation to Build Accountability While Connecting the Dots to Evidence-Based Leadership Tactics and Tough Conversations

Let's Hear From You! *What's Working Well? OFIs?*

Hospital Best Practice Sharing

Logansport

Margaret Mary

Gibson

Saint Vincent- Jennings

Putnam

IU Paoli

Jasper

Saint Vincent- Clay

Parkview

Greene

Saint Vincent- Williamsport

IU Blackford

Rush

Saint Vincent- Salem





Time for an Exercise Discussion of Article from the Studer Group Web Site

Selection and Early Retention

Communicating: The Suggested Sequence

Why

What

How

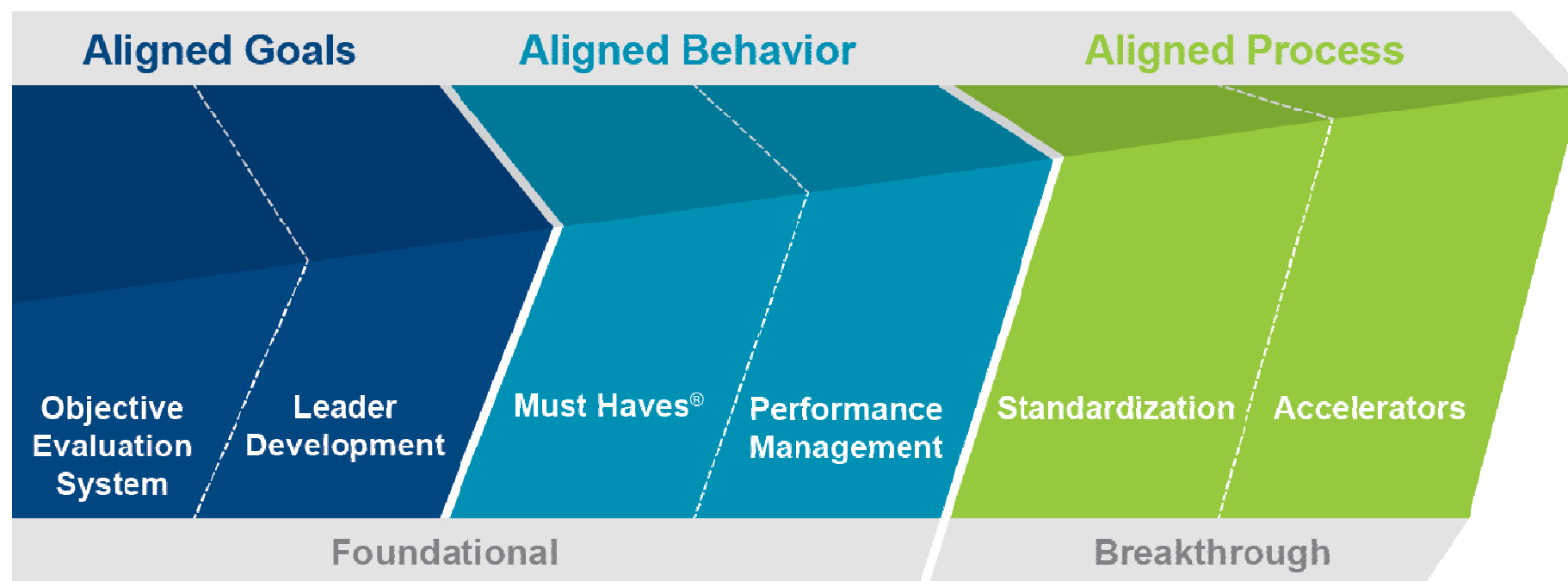
Our Objectives...

- Share best practices for Employee Selection and Early Retention
- Identify opportunities to take current practices to the next level
- Become proficient in writing behavioral-based interview questions

Why Organizations Do Not Achieve Desired Results

1. Dots are not connected consistently to purpose, worthwhile work and making a difference
2. Do not achieve critical mass - Lack of balanced approach
3. Absence of an objective accountability system
4. Leaders do not have the training to be successful
5. Too many new behaviors introduced at once – need of sequenced approach
6. No process in place to re-recruit the high and middle performers and address low performers (HML)
7. **Inability to take best practices and standardize across organization**
8. Failure to have leaders “always” do desired behaviors

Execution Framework: Evidence-Based LeadershipSM



LEADER EVALUATION

Implement an organization-wide leadership evaluation system to hardwire objective accountability

LEADER DEVELOPMENT

Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

MUST HAVES®

Rounding, Thank You Notes, Employee Selection, Pre and Post Phone Calls, Key Words at Key Times

Selection and the First 90 Days

PERFORMANCE GAP

Re-recruit high and middle performers, Move low performers up or out

STANDARDIZATION

Agendas by pillar, peer interviewing, 30/90 day sessions, pillar goals

ACCELERATORS

Leader Evaluation Manager®
Validation MatrixSM
Provider Feedback SystemSM
Studer Group Rounding
Patient Call ManagerTM

Some Numbers to Remember

- \$60,000
- \$300,000
- 12%
- 28.5%
- 2.3%

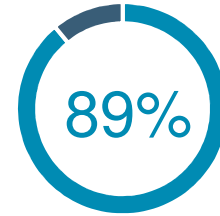
Some Numbers to Remember

- \$60,000 – cost of turnover/employee
- \$300,000 – cost of MD turnover
- 12% - employee turnover rate that negatively impacts clinical outcomes
- 28.5% - reduced unscheduled absenteeism with hardwired employee Rounding
- 2.3% - percent of applicants which Southwest Airlines hires

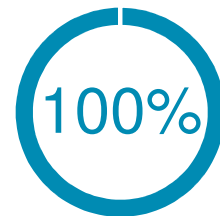
Peer Interviewing is Beneficial to Staffing, Team Members, and New Hires

An organizational study of the implementation of peer interviewing, presented by the Emergency Nurses Association, found that:

- The retention rate for nurses hired via the peer interviewing **process was 89%** (up from the baseline retention rate of 50%)
- R.N. vacancy rate was **reduced from 34.6% to 2%**
- 100% of staff who conducted the interviews reported **feeling empowered**
- 100% of peer-interviewed hires reported that the **process aided in transitioning** into their new roles



RETENTION RATE



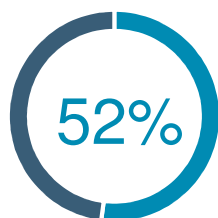
**STAFF FELT
EMPOWERED
& FELT PROCESS
AIDED NEW HIRES**

Crawford, L. (2011). Using Peer Interviewing to Reduce Nursing Turnover and Vacancy and Improve Staff Satisfaction. Emergency Nurses Association. Presentation. Retrieved from: <http://www.nursinglibrary.org/vhl/handle/10755/162424>

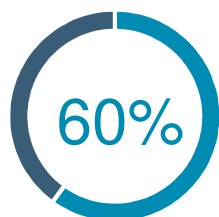
Effective Onboarding and the Bottom Line

New Evidence!

Organizations surveyed perceived effective onboarding as having the following results:



IMPROVED RETENTION RATE



IMPROVED TIME TO PRODUCTIVITY



IMPROVED CUSTOMER SATISFACTION

Bauer, T.N. (2010). Onboarding new employees: Maximizing success. SHRM Foundation, retrieved from [here](#) on 11/13/15.

Effective Onboarding Benefits New Employees

Structured, high-quality onboarding leads to:



Bauer, T.N. (2010). Onboarding new employees: Maximizing success. SHRM Foundation, retrieved from [here](#) on 11/13/15.

Effective Onboarding and Employee Retention

*“New employees who attended a structured orientation program were **69% more likely** to remain at the company up to three years.”*

Bauer, T.N. (2010). Onboarding new employees: Maximizing success. SHRM Foundation, retrieved from [here](#) on 11/13/15.

The First 90 Days

New Employee Turnover

*“New employees are (commonly) left ill prepared for their first 90 days when it comes to deeply **understanding** their jobs, uncovering vital team **relationships**, or even indoctrinating themselves into their new company's **culture**.*

*As a result, firms are losing talent— HR industry studies show that a great amount of staff turnover (possibly as high as 20 percent) can happen **within the first 45 days of employment.**”*

Llarena, M. (2013). How not to lose your new employees in their first 90 days. Forbes, retrieved from [here](#) on 11/16/15.

The First 90 Days

30 Day Check In

Inc. recommends checking in with employees once they have been with your organization for 30 days.

*“The important thing to note in the first 30 days is to familiarize the new employee with the company through recruiting and introductions. You shouldn’t expect the new hire to make extreme strides from a business perspective during this time, but you should **make them feel welcome as a person** so that they can dig in.”*

Dubois, L. (2010). How to make an employee’s first 90 days successful. Inc., retrieved from [here](#) on 11/16/15.

90 Day Meetings

*“In addition to a regular meeting that managers should set up, ensure that the new employee's direct manager **conducts a review** at the end of the first 90 days that actually involves the employee (make it two-way feedback).”*

Dubois, L. (2010). How to make an employee's first 90 days successful. Inc., retrieved from [here](#) on 11/16/15.

90 Day Meetings

The “90 Day Meeting” conversation should be a two-way street. Ask for his or her feedback on processes and procedures, and ask the following questions:

- How does the job compare to your expectations?
- What could we have done to make you feel more welcome?
- Who has been the most helpful in training and welcoming you?
- Where would you like to see yourself go at the company from here?

An employee's first 90 days. G&A Partners Blog, retrieved from [here](#) on 11/16/15.

First Year Turnover

Studer Group's research found that:

*Peer Interviewing and 30-day and 90-day questions reduce first year turnover by **66%***

-Studer Group, 2005

Assignment during the presentation

Identify at least one thing that can improve
your selection and early retention process

Selection Phases

Phase 1:
Define the Position – Job Description

Phase 2:
Application Process

Phase 3:
Leader and Peer Interviews

Phase 4:
Hire – Retention Tactics start immediately

Phase 1

Phase 1: Define the Position – Job Description

- ▼ Expectation
 - ▼ As specific as possible
 - ▼ In behavioral terms
- ▼ Education
- ▼ Experience
 - ▼ “What education and experience would the ideal candidate possess?”

Decision Matrix

Development:

- ▼ Start with job description and expectations
- ▼ Identify indicators
- ▼ Weight indicators based on:
 - ▼ Job description
 - ▼ Attributes
 - ▼ Skill set

Benefits:

- ▼ Provides staff with a tool to quantify their selection of a candidate
- ▼ Allows for quantifiable results to allow feedback
- ▼ Allows a structured and organized method for the peer interviewing process

Decision Matrix is Developed : Sample

Desired	Wt 1-3	Candidate #1	Candidate #2	Candidate #3
Experience: Minimum 3 years experience in accounting, finance or health care				
Diligence: Tell me about a time when you had to work on a project that did not work out the way it should.				
Integrity: Describe a situation in which you felt it might be justifiable to break company policy or alter a standard procedure.				
Totals				

Weights:

1- Preferred, but not necessary, 2- Moderately necessary, 3- Essential

Score:

1: Very Poor 2: Poor 3: Fair 4: Good 5: Excellent

Phase 2

Phase 2: Application Process

- Applications given once applicant has signed agreement to follow organizational Standards
- Application review

Application Process: Signing the Standards (Early On)

PERFORMANCE STANDARDS

...includes a signed agreement and commitment to the standards and values of the organization

A set of performance standards has been developed by the employees of _____ to establish specific behaviors that all employees are expected to practice while on duty.

By incorporating these standards as a measure of overall work performance, _____ makes it clear that employees are expected to adhere to and practice the standards of performance outlining the Standards of Performance handbook.

I have read and understand the Standards of Performance handbook and I agree to comply with and practice the standards outlined within.

Signature of Applicant

Date

Pre-Peer Interview

- ▼ Hiring manager updates and reviews job description
 - ▼ Ideally . . . Identifying the peer interview team in advance and involve them in reviewing the job description, priorities and weights
- ▼ Key job skills and competencies identified by leader and HR
- ▼ HR prescreens for job skills and standards of behavior
- ▼ Hiring manager interviews qualified candidates
- ▼ Most qualified and hire-able candidates are referred to peer team process

Phase 3

Phase 3: Leader and Peer Interviews

Leader:

- ▼ Chooses behavioral based questions most appropriate for the position
- ▼ Completes interview using decision matrix
- ▼ Forwards to peer interview team selected applicants
- ▼ Shares decision matrix scores with peer interview team

Peer Interview Team:

- ▼ Asks behavioral based questions
- ▼ Completes interview using decision matrix

Peer Interview Myth

“Peer interviewing takes the hiring decision away from the manager... he/she may not agree with whom the peer team selects”

FALSE

Peer Interview Truth

The manager refers only candidates that she/he can support hiring to the peer team. This ensures that only the best candidates are considered, and that all candidates are qualified.

Behavioral Interviewing

“Past performance is the best predictor
of future performance”



Key Points

Behavioral Questions

- ▼ Open-ended
- ▼ Require example or story
- ▼ More difficult to answer

Non-Behavioral Questions

- ▼ Close-ended
- ▼ Yes, No, limited, non-specific answer
- ▼ Hypothetical

Developing or Selecting Behavioral-Based Questions

- Review the job description
- Review your evaluation tool
- Identify the characteristics of your High Performers
- Review your Standards of Behavior

Conducting the Interview –

one hour format

- Establish Rapport and Review background information **5 -7 minutes**
- Ask Behavioral Questions and collect specific examples of event, action and result **30 – 40 minutes**
- Communicate information about the position and answer the candidate's questions **5 – 10 minutes**
- Close the interview **5 – 10 minutes**
 - Is there anything else you would like to tell me about you or your experience?

But What If

They ask illegal questions?

Question Don'ts:

- Age or any indicator
- Marital status or sexual orientation
- Family or children
- Workers' compensation history
- Legal history
- Citizenship
- Maiden name
- Geographic background
- How long they have lived in an area
- Verbal or written languages
- Childcare arrangements
- Disability
- Religion
- Politics
- What kind of car, house, or credit they have

But What If

**I don't want the candidates to meet
who they will be working with?**

Low Performers???

SIX CHIX

BY RINA PICCOLO



Behavioral Based Questions

Work Environment

What specific work environment did you most enjoy working in? What did you most like about it?

Communication

Describe a time when you had a miscommunication with a customer or a coworker, how you handled it and what your relationship is like now.

Integrity

Describe the last time you “broke the rules.” What was the outcome?

Interview Tips

- Pay attention to how applicant describes previous employer
- Don't rescue during the interview



Decision Matrix Completed: Sample

Desired	Wt 1-3	Candidate #1	Candidate #2	Candidate #3
Experience: Minimum 3 years experience in accounting, finance or health care	3	3/9	2/6	4/12
Diligence: Tell me about a time when you had to work on a project that did not work out the way it should.	3	5/15	3/9	3/9
Integrity: Describe a situation in which you felt it might be justifiable to break company policy or alter a standard procedure.	3	4/12	3/9	4/12
Totals		36	24	33

Weights:

1- Preferred, but not necessary, 2- Moderately necessary, 3- Essential

Score:

1: Very Poor 2: Poor 3: Fair 4: Good 5: Excellent

Phase 3: Final Steps

Phase 3: Leader and Peer Interviews

Leader and peer interview team members:

- ▼ Review results

Leader :

- ▼ Selects applicant based on decision matrix point totals
- ▼ Reviews any reason not to make offer
- ▼ Offer is made

What Have We Accomplished?

- Engaged high performers in the selection process
- Increased employee satisfaction
- Implemented a more rigorous hiring process to ensure the best candidates are brought into the organization
- Increased the likelihood of better performance across all Pillars of the organization – especially retention!



Phase 4

Phase 4:

Hire – Retention Tactics start immediately

- Congratulatory note
- Letter explaining orientation

But What If

The team selects someone I don't want?

Only refer **acceptable** candidates to a Peer Interview Team!

Checklist for Peer Interviewing

Steps for Success!!

- Select Peer Interview Team
 - ▼ 3-5 peers who hold the same position
 - ▼ Internal customers of the position
 - ▼ Role model the Standards of Behavior
 - ▼ Demonstrate initiative and are reliable
 - ▼ High Performers
- ▼ Designate a Facilitator for the team
- ▼ Identify categories for questions
- ▼ Prepare the team
 - ▼ Dress rehearsal
 - ▼ Candidate Decision Matrix

Facilitator's Role

- Locate a room for the interviews
- Introduce the candidate
- Explain the process that will be used
- Facilitate the interview
- Close the interview by asking the candidate if he or she has any questions
- Escort the candidate out

Team's Role

- Select questions in advance
- Decide who will ask which questions
- Dress rehearsal
- Conduct interviews
 - How can peer interviews support diversity goals – cultural and generational?
- Complete Candidate Decision Matrix
- Debrief: What went well? Improvements?

Top 10 Tips for a Successful Interview

1. Introduce each interviewer and describe his or her position
2. Use the *script* to tell the candidate about the peer interview process: *“This type of interview may be different for you, but we have found...”*
3. Establish rapport and put the candidate at ease.
4. Take notes and explain why you are doing so.
5. Use behavior based questions
6. Ask, then LISTEN - Allow the candidate time to think. Don't rescue!
7. Ask for clarification if you don't understand response
8. Next to last question: “Why should we hire you?”
9. Last question: “Do you have any questions for us?”
10. Close graciously
 - ▼ **Thank him or her**
 - ▼ **Don't imply any hiring action**
 - ▼ **Summarize next steps**

After the interview:

- Complete evaluations independently
- Debrief: What went well?
- What could have been improved?
- Give completed matrixes to team leader to give to HR and manager

Leadership Standard

**RETENTION STARTS
ONCE THE OFFER
IS MADE**

Why Retention Matters

- 64% of employees that leave, leave within the first three years
- 34% leave within the first year
- 11% leave within the first 90 days
- Top reasons for leaving
 - *Relocation 27.3%*
 - *Personal reasons 23.1%*
 - *Career advancement 19.3%*

Why do Employees Leave?

- The job or workplace was not as expected
- The mismatch between job and person
- Too little coaching and feedback
- Too few growth and advancement opportunities
- Feeling devalued and unrecognized
- Stress from overwork and work-life imbalance
- Loss of trust and confidence in senior leaders

The 7 Hidden Reasons Employees Leave - Leigh Branham, 2005

Retention Tools

- On-boarding process
 - Orientation, Precepting, Mentoring, Coaching
- Recognition
- Thank You Notes
- On-going development
- Rounding
- 30/90 Day Meeting

Remember

- People don't leave job
- People leave people
- **ROUND!!!**

Exercise

- What features of the recommended Selection and Early Retention process are you already using?
- What improvements can you make to your process based on what you've learned?
- What tips do you have to improve the Early Retention process – welcome, orientation, on-boarding, etc.

Cultural Fit

- Cultural fit is the glue that holds an organization together.
- That's why it's a key trait to look for when recruiting.
- It's important to understand, however, that hiring for culture fit doesn't mean hiring people who are all the same.
- The values and attributes that make up an organizational culture can and should be reflected in a richly diverse workforce.

Selection and Peer Interviewing

- Here are some questions that will help assess someone's culture fit during an interview.
 - What type of culture do you thrive in?
 - What values are you drawn to and what's your ideal workplace?
 - Why do you want to work here?
 - How would you describe our culture based on what you've seen?
 - What best practices would you bring with you from another organization?
 - Tell me about a time when you worked with/for an organization where you felt you were not a strong culture fit. Why was it a bad fit?

Breakouts to Develop Behavioral-Based Questions

- Discuss behavioral-based questions for a job description you may need to recruit for in the next quarter.
- Come back prepared to share 3 questions for each type of position.

30 and 90-Day Meetings with New Employees

Why 30 and 90 Day Meetings?

- Sets Stage for early retention
- Good employee–leader relationship
- Leader – feedback opportunity
- Opportunity to Manage Up others
- Capture intellectual capital
- Identify future candidates
- Learn if the new employee needs help or support

30-Day Meetings

Supervisor asks the following:

- How do we compare with what we said?
- What's working well? Have there been any individuals who have been helpful to you?
- Based on your prior work, what ideas for improvement do you have?
- Is there any reason that you feel this is not the right place for you?

90-Day Meetings

Supervisor asks the following:

- How do we compare with what we said?
- What's working well? Have there been any individuals who have been helpful to you?
- Based on your prior work, what ideas for improvement do you have?
- Is there any reason that you feel this is not the right place for you?
- *Do you know of anyone who would be a good fit for our organization?*
- *As your supervisor, how can I help you?*

Hardwiring the Process

30 and 90-day meetings

30-day Meeting process

- Hardwire into your calendar at the time of offer
- Keep form—use to prepare for 90-day meeting
- Follow up on information received
- Make meeting outcome oriented ... not activity!

90-day Meeting process

- Hardwire into your calendar at time of offer
- Part of the 90 day evaluation
- Attach form to evaluation—send to HR for personnel file
- Follow up on information received

***Coaching vs. Cheerleading – Using Feedback
During Validation to Build Accountability While
Connecting the Dots to Evidence-Based
Leadership Tactics and Tough Conversations***

Death Crawl Scene from Facing the Giants -

<https://www.youtube.com/watch?v=-sUKoKQIEC4>

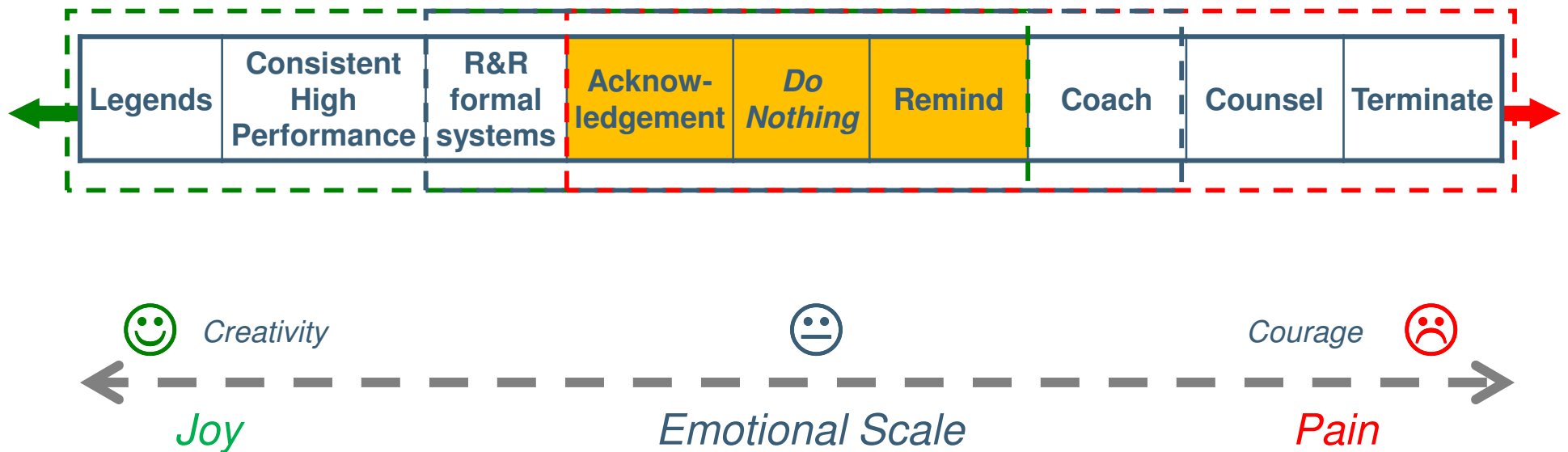
Coaching Vs. Cheerleading



Why Should Coaching/Validation be a Must Have?

- It creates efficiency in coaching
- It drives results
- It creates leader competency in performance management
- It creates confidence in new and tenured leaders
- It aligns well with Chapter 3 of the Nurse Leader Handbook on performance management

Performance Management



It Starts with Understanding Change

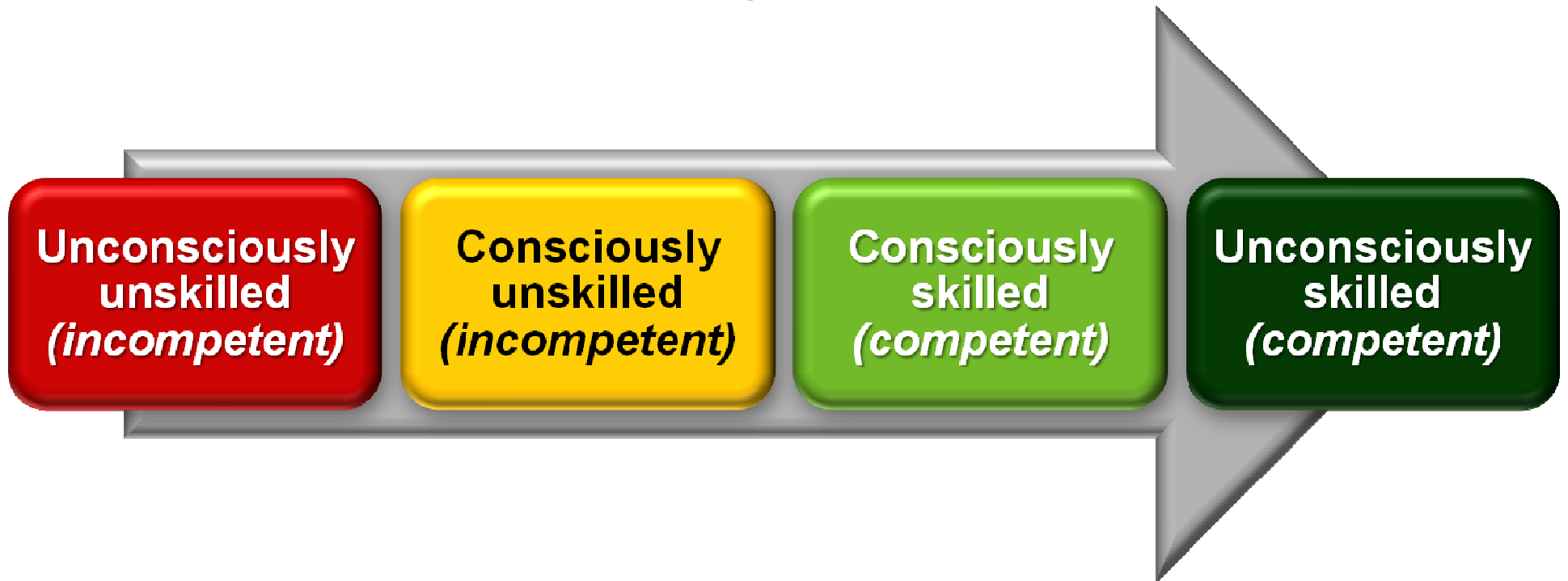
***“The only way to make something better is to change.*”**

The best way to be changed is to be coached.”

Lyn Ketelsen

Phases of Competency and Change

Even with positive change, there is resistance . . .



Leaders need skill development and validation, too!

Reasons we don't give immediate performance feedback and coaching of staff:

- Time
- It will make staff feel uncomfortable
- It will make them think we don't trust them
- The leader thinks the staff already do the skill well enough
- Patients report in rounds the staff are doing it

Coaching

It's not about pulling the weeds...



It's about
fertilizing the
Garden...

Effective Coaching Feedback

- Be specific
- Teach to the test – this isn't about “gotcha”. Your feedback is a gift!
- Have a vision of what success looks like and coach to that vision
- Have a plan/tool/form to outline the process and behaviors expected
- Be prepared to provide feedback on every step of the process and every behavior – this also serves as a mini in-service to reinforce the process steps and behaviors

How to give feedback

- Provide feedback on every step of the process and every behavior – this also serves as a mini in-service to refresh the process steps
- Summarize with what is the **one** thing to focus on for improvement *and offer a suggestion on how to accomplish this*
- Ensure your feedback is aligned with the performance of the person being observed. **A-B-C**
- Position feedback positively – “I heard you say your name; that’s a good start. Best practice says we should also state your role and manage up”
- Improve your observation assessment skills with practice, practice, practice!

Must Have #1 – Rounding for Outcomes

4 Types of Leader Rounding

1. Executive Leader Rounding
2. Leader Rounding on Staff: All leaders round with their direct reports
3. Nurse Leader Rounding: Patients
4. Rounding with Areas Served: Internal customers and patients when appropriate



The number one person we round on is the employee. And, if we skip the employee, we are making a mistake.

Hardwiring Excellence, Quint Studer

Leader Rounding for Outcomes

- Build Relationships
- Harvest Wins:
 - *“What is going well?”*
 - *“Are there any individuals you would like me to compliment?”*
 - *“Are there any physicians I need to recognize today?”*
- Identify Process Improvement Areas:
 - *“What systems can be working better?”*
- Repair and Monitor Systems
 - *“Do you have the tools and equipment to do your job?”*

Gallup's #1 retention strategy – “My boss cares about me as a person”

This relates to another Gallup retention strategy - Do you have a “best friend” at work


That's process improvement!

Rounding on Your Direct Reports – Let's Hear From Some of Our Colleagues

- Have you started Rounding?
- What's Working Well?
- Opportunities for Improvement
- What needs to happen to hardwire Rounding on your Direct Reports?

Sample Rounding Stoplight Report

- Highlights across departments
- Nice supplement to employee forums
- Shows staff how they can make a difference
- Gives the “fast no”



STOPLIGHT REPORT

Take a look at some of our results from rounding. More information is available on your department communication board.

GREEN/COMPLETE:	YELLOW/IN PROGRESS:	RED/CAN'T COMPLETE AT THIS TIME and HERE'S WHY:
<p>Surgery Lab Coats ordered for all staff - delivered Jan. 13th - to be worn out of the Department</p> <p>2 Central Need new binders. Charge book falling apart. Ordered.</p> <p>Lab Ordered 2 additional phlebotomy carts for those who want to use them</p> <p>3 South / 4 Central Staff hired: 4 more coming on 35, 1 on 4C</p> <p>Radiology CT Scanner addition</p> <p>ED Security has been secured 24/7 to start on January 1, 2008. Intubation scope has been approved and ordered as well as 2 new ecg machines and a vascular probe for IV access.</p> <p>Pharmacy We ordered stampers for scanning medication orders for the Direct Admit Unit.</p>	<p>Endoscopy IMS (Integrated Medical Systems) to evaluate all Scopes for needed repairs and present condition - Free Service</p> <p>3 South / 4 Central Equipment needs being addressed include: tape recorders, tapes, manual blood pressure cuffs, thermometers, and chairs.</p> <p>3 Central Vs machines often “stuck” in isolation rooms. Will assess how many manual sets we are down, and order these.</p> <p>Rehab Over-the-shoulder O2 tanks are being considered. Trying to line up an in-service with a company rep. Communicating with Observation Unit Manager regarding equipment and supply needs on that unit. Chairs are in their capital budget and are awaiting approval to order.</p> <p>Lab Move urinalysis under the Hematology Department</p> <p>Radiology Moving MM and Bone Density services together</p>	<p>3 South / 4 Central Computers/eMAR in every patient room. Hoping for in 2008 but very expensive. Seeking options.</p> <p>2 Central More VS machines. Not budgeted for this year. Suggested not placing machines in isolation rooms. Looking into ordering more manual equipment for rooms.</p> <p>Case Management The Case Management staff has outgrown its space. Due to the limited space within the facility, we are unable to move.</p> <p>ED IV push pump has been researched and awaiting on Capital approval for 2008.</p> <p>SS/Heart Center/ Express Services The privacy issue in ISS has been addressed, but there is not an immediate fix due to space constraints.</p>

Thank You Notes to the Home

- Specific
- Timely
- Hand-written
- By CEO/Supervisor
- To the Home

Have fun with them!



Dear John,

Yesterday at lunch, Dwayne told me how much he enjoys your sense of humor. He said you use humor to teach and reinforce lessons. Humor relieves stress in the workplace and reduces turnover, and that saves lives. You save lives, John. Thank you for the difference you make here everyday.

Sincerely,

Greg

Rounding on Those You Serve – What's the Why?

- Achieve operational excellence.
- Seek ways to enhance and improve service.
- Understand the customer's point of view and what their needs are.
- Build relationships and reduce barriers.
- Enhance communication. This is often the best stimulus for achieving excellence.

TIPS for Leaders Rounding on Areas they Serve

- Make a plan
- Practice
- Just do it
- Follow-up and follow-through
- Capture the wins
- Don't be defensive
- Take it home

Support Services Preference Card

SUPPORT SERVICES PREFERENCE CARD

Department Name:

What 3 items are most important to your department when it comes to service from my department?

1. _____
2. _____
3. _____

What is one item you would like to have improved?

Studer Group's Monthly Supervisory Meeting Model – *Trust but Verify*

Leaders bring the following items and results to their meetings with their immediate supervisor

1. Results from Rounding
 - Who have you rewarded and recognized?
 - What process improvement have you implemented?
 - What Thank You Notes have you written?
 - What percentage of your employees did you Round on in the last month?
2. Monthly report card
 - What progress are you making toward achieving your goals?
 - What action plans are you putting in place?
3. Linkage assignments from last LDI
4. Bring:
 - Rounding logs
 - Thank You Notes log
5. Are there any people trends and issues we need to discuss?

Why Round on Patients and Families?

- Inform of organization's goals
- Reinforce actions that support the provision of very good care
- Manage up staff
- Hardwire behavior
- Proactive service recovery
- Connect staff back to purpose, worthwhile work and making a difference

Rounding is not complete until communication
with staff has occurred.

5 Fundamentals of AIDET

*Focus on the
“A” and “I” to show
courtesy and respect
to people.*

A

Acknowledge

I

Introduce

D

Duration

E

Explanation

T

Thank You

*Focus on the
“D” and “E” to
keep people
informed.*

Ten questions to ask yourself if you are getting inconsistent results and behavior is not hardwired

Ten questions to ask yourself if you are getting inconsistent results and behavior is not hardwired

1. Have you set clear and high targets?
2. Was education provided to all involved as to what the expected behavior is and have we over-communicated the WHY?
3. Has leadership made it clear that the behavior is mandatory, not optional?
4. Is the behavior being role-modeled by leadership?
5. Has the new behavior been practiced using role- play?
Have we checked competency?

Ten questions to ask yourself if you are getting inconsistent results and behavior is not hardwired

6. Are we measuring for success? Verify.
7. Are results of the verification being reported transparently?
8. Are leaders giving positive feedback when they see the behavior being done correctly?
9. Are we correcting poor performance quickly and on the spot if necessary?
10. Are there consequences for non-compliance up to and including termination?

Have you set clear and high targets?



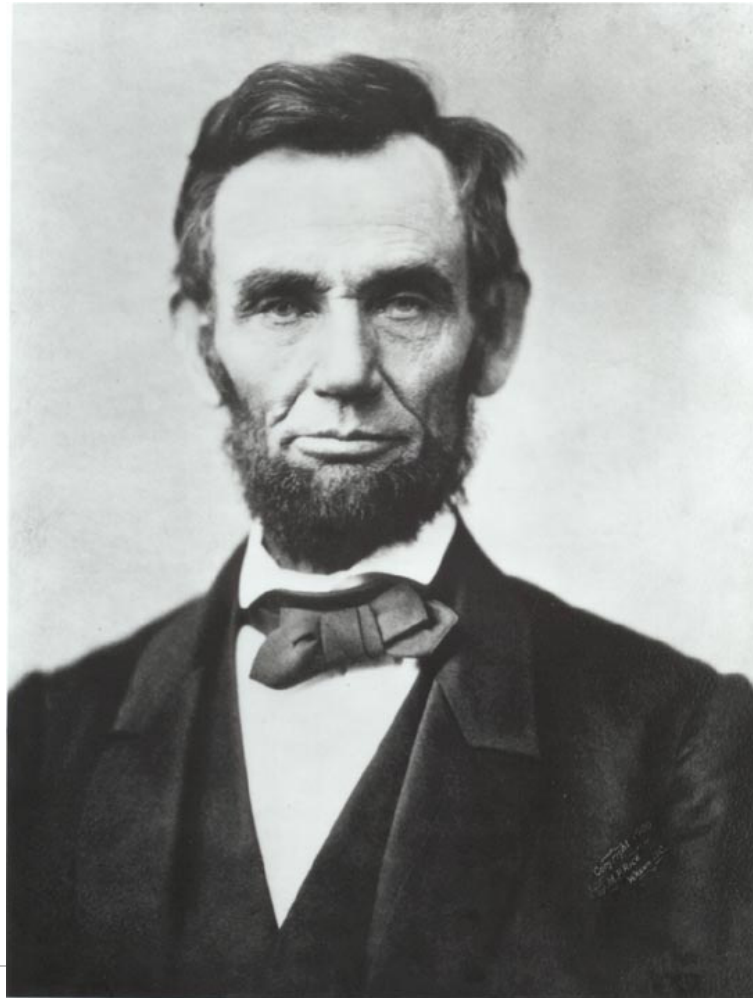
Was education provided to all involved as to what the expected behavior is and have we over-communicated the WHY?



Has leadership made it clear that the behavior is mandatory, not optional?



Is the behavior being role-modeled by leadership?



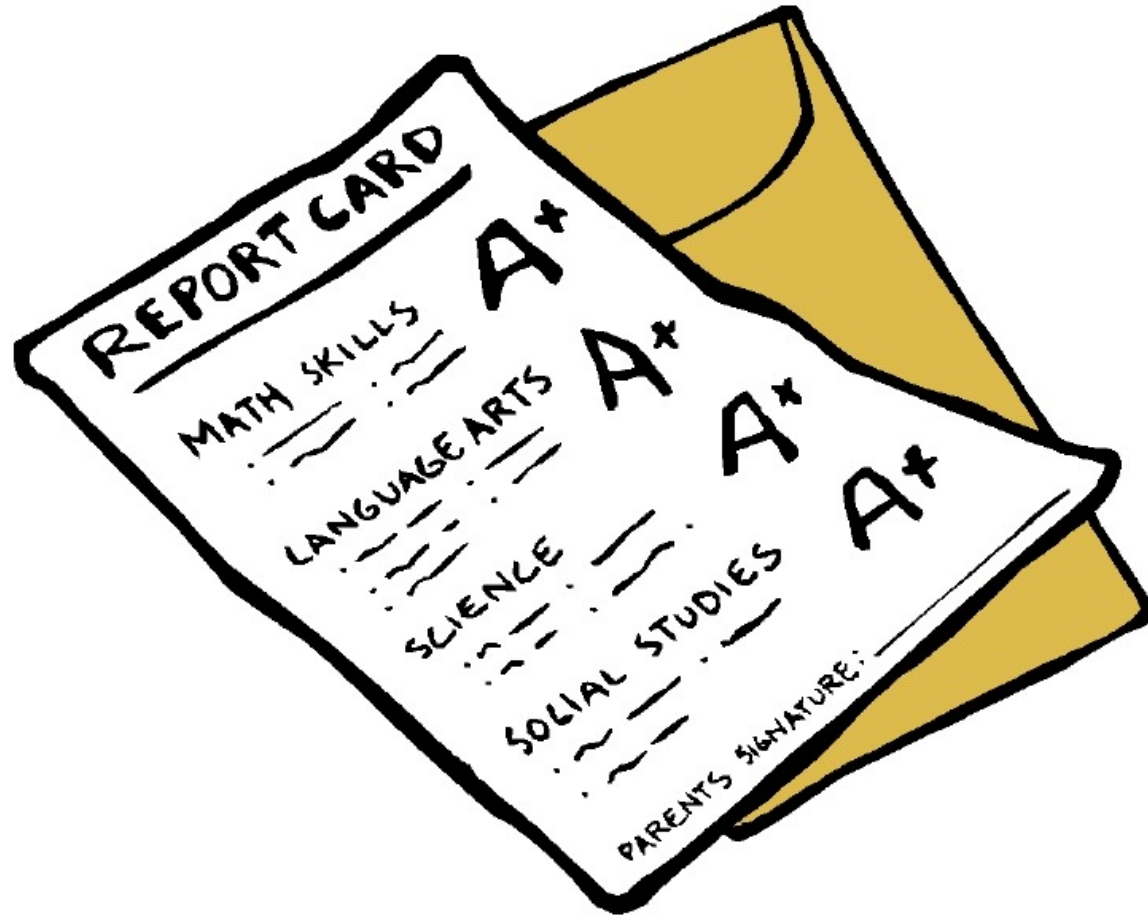
Has the new behavior been practiced using role-play? Have we checked competency?



Are we measuring for success? Verify.



Are results of the verification being reported transparently?



Are leaders giving positive feedback when they see the behavior being done correctly?



I am proud of
what I do!!



Are we correcting poor performance quickly and on the spot if necessary?

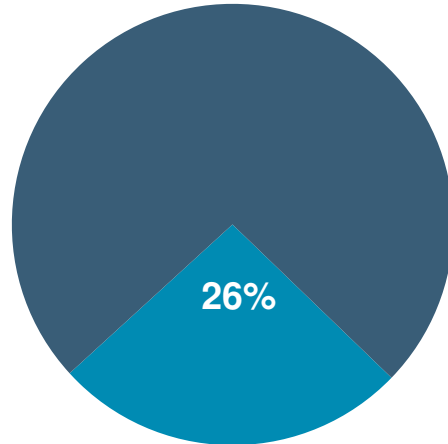


Are there consequences for non-compliance up to and including termination?

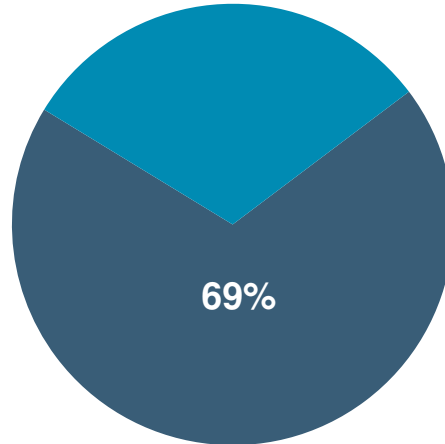


Set Performance Expectations Carefully

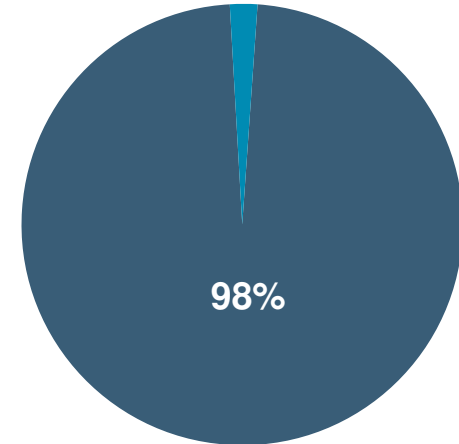
Words that drive compliance in hospitals



Expected



Required



Mandatory



*Questions?
Comments?*

There are
NO STUPID QUESTIONS
or stupid answers.

Wrap Up with Lessons Learned

What's Next?



Calendar of Events

- Dec 2 - Follow Up Call
- Jan 6, 2017 - Follow Up Call
- Feb 21, 2017 - LDI
- March 17- Follow Up Call
- April 21 – Follow Up Call
- May 1, 2017 – LDI
- August 14, 2017 - LDI

December 2nd - Follow Up Call with a Coach

- **Come to the call with Wins to share**
 - **What is working for your organization with this work?**
 - Have you chosen your peer interviewing team?
 - Have you began using the new tools yet?
 - How have you decided to measure your success?
- **Come to the call is questions for your coach**
 - **What barriers are you experiencing with this work?**
 - Tried an idea and not gotten the response you expected? Let's talk about it.
 - Having difficulty implementing a tactic we have discussed? Get your coaches perspective.

This is YOUR TIME to consult with an expert.

Indiana Collaborative 2016 - 2017 LDI Plan

Date	Morning – People Pillar	Afternoon – Patient Experience/ Service Pillar
Nov	<ul style="list-style-type: none"> Hiring Best Practices- Behavioral Interviewing and Peer Team Interviews Revamping your Onboarding and New Employee Orientation First 90 days of employment 	<ul style="list-style-type: none"> Making the most of your rounding on patients. What to do AFTER you round Coaching Vs Cheerleading
Feb	<ul style="list-style-type: none"> Employee Engagement Survey Rollout- Best practices that create engagement Aligning goals and communicating through to the front line 	<ul style="list-style-type: none"> Driving Performance Model – Diagnose before you treat Using Skills Labs to teach and to assess competency AIDET®- a refresher
May	<ul style="list-style-type: none"> Performance Conversations to recruit your high and solid performers Having effective conversations to move low performers up or out 	<ul style="list-style-type: none"> Understanding changes in Value Based Purchasing Transitions of Care Domain- tactics to drive results Post Visit Calls
August	<ul style="list-style-type: none"> Using Quality Impact Teams to engage frontline staff Rounding on Employees- how to keep it fresh and impactful 	<ul style="list-style-type: none"> Bedside Shift Report Best Practices in Patient Communication Boards Hourly Rounding

February 21st, 2017 LDI

- Presenter- Donny Cook, RN, MBA-HCM
- Topics:
 - Employee Engagement Survey Rollout
 - Aligning Goals and Communicating to the Front Lines
 - The Driving Performance Model
 - Utilizing Skills Labs to Teach and Assess Competency
- Bring the Leaders who will benefit most!
 - Consider CEO / HR Leader / Department Leaders with Lower Than Desired Employee Engagement Scores / Front Line Managers
 - Each hospital can invite up to 5 leaders



www.studergroup.com

- Register as a partner- Indiana Collaborative
- Contact Hunter Liggett if you have any difficulty – hunter.Liggett@studergroup.com



HOME WHO WE ARE HOW WE HELP INDUSTRY IMPACT RESOURCES PUBLISHING

Search the entire site | **SEARCH**

CONGRATULATIONS

Mary Greeley Medical Center
AMES, IOWA

Hôpital Montfort
OTTAWA, ONTARIO

February Healthcare Organization of the Month

Emergency Department of the Quarter

Learning Lab

Harvested, tested, and refined resources exclusively for Studer Group partners.

LEARN MORE

Studer Webinars

Complimentary, online professional development for healthcare leaders.

LEARN MORE

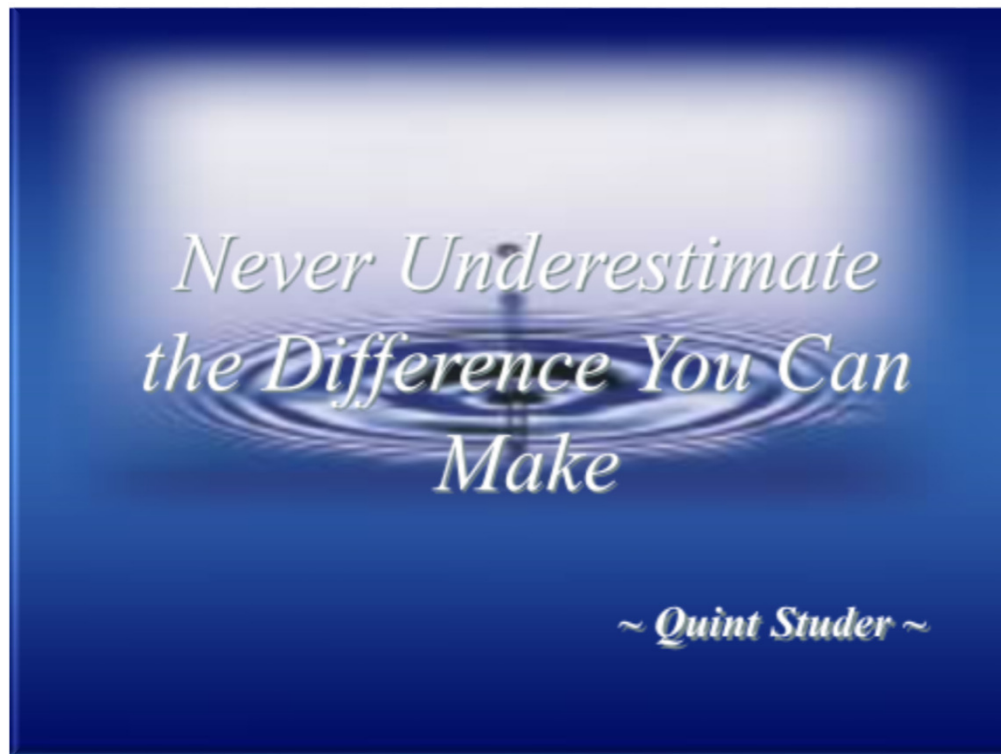
Studer Conferences

Learning and networking events for healthcare professionals at all levels.

Who Attends:

- Physicians & Physicians Leaders

Thank You for your commitment to make your organizations even better for your patients and the staff and providers who care for them.





***Those who say it cannot be
done should not interrupt the
person doing it.***

***-Chinese
Proverb***



Lynne Cunningham

International Speaker and Coach

lynne@studergroup.com

916-847-6026