Patient Driven Leadership

Physician Leadership Forum Webinar
October 26, 2011
PATIENT DRIVEN LEADERSHIP™

www.bedsidetrust.com
Your Role as a Patient Driven Leader

A leadership practice for physicians

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People, I just want to say, you know, can we all get along?
Components of a Rickety Shack

- We are all unique
- Somebody else controls our destiny
- We don’t have enough time
- We don’t have enough money
- We don’t have enough people
- Leaders are paid “the big bucks” to solve problems
- Nobody pays us for this
- W.I.I.F.M.?
- W.A.D.I.T.W.!
- Besides, we can’t make the doctors do ANYTHING!
Three Warm-Up Questions:
What percentage of time during a typical work day do you spend just trying to keep up with the duties of your job?

- checking off your “to do” list
- putting out fires
- having to tell people what to do
- solving problems that other’s can’t
What percentage of time does that leave for you to lead?
If you had more time to lead, what would be the benefits to you, your staff and your patients?
The 3 Tenets of Patient Driven Leadership:
Where does improving patient care actually begin?
Tenet #1: The starting point to an effective leadership practice begins with what matters most to patients
How can the needs of patients influence how we practice as leaders?
Tenet #2: Define your leadership role based on patient needs -

This role becomes your daily practice
What’s the most important objective leaders must fulfill to improve patient care?
Tenet #3: Create conditions that bring people together to solve problems
The 3 Tenets of Patient Driven Leadership

1. The starting point to an effective leadership practice begin with what matters most to patients

2. Define your leadership role based on patient needs - This role becomes your daily practice

3. Create conditions that bring people together to solve problems

*Patient care begins and ends with how you lead*
Here’s the drill… “blink and blurt”

- You will be asked a series of questions
- Each time, consider the question, as an individual…
  - Take about 10 seconds or less to come up with a one word answer (or one short phrase)
  - Do it silently
  - Then, blurt out your answer to your group in the same room
  - If possible, type in your response in the “chat” area so that I can share some of your insights with the group
Tenet #1:
Begin with what matters most to patients
B.W.A.T.P.? (No symbol)
W.M.M.T.P.?
Question 1:
What matters most to patients?

- Imagine you are (or a family member is) a patient. You are so sick you need to be in the hospital. You are scared and at your most vulnerable.

- What do you need most from your “providers”?
What matters most to patients?

This is where improving patient care actually begins:

- Good communication
- Understanding and compassion
- High quality care
  - Knowledge and competence
  - Answers to our questions
- Safe environment
  - Teamwork
    - Make ME the priority
In a word...

TRUST
Question #1B:
What must our own working relationships have in order to improve patient trust?

In other words, describe the ideal state of our own working relationships with each other.
Question #1B:
What must our own working relationships have in order to improve patient trust?

- Put the patient in the center
- Open and honest communication
- Respect
- Trust
- Confidence
- Positive attitude
- Benefit of the doubt
- Mutual support and encouragement
Question #2:

When we as leaders focus on creating these conditions... what would you expect the benefits to be?
Question #2:
When we as leaders focus on creating these conditions... what would you expect the benefits to be?

- Increased patient satisfaction
- A happier workplace
- Personal satisfaction
- Pride
- Better outcomes
- Better attitudes
- Better working environment
- Less stress
- Increased efficiency
- An environment which fosters collaboration and quality care
Question #3:
What are the things that drive us crazy in the current state of our own working relationships with each other?

That keep us from reaching the ideal state?

That get in our way?
Question #3:
What drives us crazy in the current state of our own working relationships with each other?

- Miscommunication
- Negative attitude
- Fragmented purposes (silos)
- Stuck in ruts (W.A.D.I.T.W.)
- Lack of open, honest communication
- Lack of accountability and ownership
- Unapproachable
- Lack of teamwork (W.I.I.F.M.)
- No common vision
- The answer is “NO”
Question #4:
What are the costs of tolerating the things that drive us crazy in the current state?

- Wasted time
- Loss of productivity
- Loss of morale
- Lose our patience; then we lose our patients
- No collaborative relationships
- Loss of personal well-being
- More adverse events and errors; Lower quality
- Loss of credibility and the community’s confidence
- Loss of good employees
- 800 mg of ibuprofen (or Tylenol #3)
- Loss of psychic energy
- Increased revenue for wineries and hair dye companies
Summary: “Community Idiocy vs. Community Intelligence”

<table>
<thead>
<tr>
<th>What drives us crazy today</th>
<th>What matters most... To all of us</th>
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<tbody>
<tr>
<td>➤ Miscommunication</td>
<td>➤ Put the patient in the center</td>
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<td>➤ Confidence</td>
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<td>➤ Lack of accountability and ownership</td>
<td>➤ Positive attitude</td>
</tr>
<tr>
<td>➤ Poor teamwork (W.I.I.F.M.); No common vision</td>
<td>➤ Interest</td>
</tr>
<tr>
<td>➤ Unapproachable; The answer is “NO”</td>
<td>➤ Mutual support and encouragement</td>
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<table>
<thead>
<tr>
<th>Costs of the current state</th>
<th>Benefits of the ideal state</th>
</tr>
</thead>
<tbody>
<tr>
<td>➤ Wasted time/Loss of productivity</td>
<td>➤ We’d be number one... Everywhere</td>
</tr>
<tr>
<td>➤ Loss of morale; Loss of psychic energy</td>
<td>➤ Increased customer satisfaction</td>
</tr>
<tr>
<td>➤ Lose our patience; then we lose our patients</td>
<td>➤ A happier workplace</td>
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<td>➤ No collaborative relationships</td>
<td>➤ Personal satisfaction</td>
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<td>➤ Loss of personal well-being</td>
<td>➤ Pride; Better attitudes</td>
</tr>
<tr>
<td>➤ More adverse events and errors; lower quality</td>
<td>➤ Better outcomes</td>
</tr>
<tr>
<td>➤ Loss of community confidence</td>
<td>➤ Better working environment</td>
</tr>
<tr>
<td>➤ Loss of good employees</td>
<td>➤ An environment which fosters collaboration &amp; quality care</td>
</tr>
<tr>
<td>➤ 800 mg of ibuprofen (or Tylenol #3)</td>
<td>➤ Less stress</td>
</tr>
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<td>➤ Increased revenue for wineries and hair dye</td>
<td>➤ Increased efficiency</td>
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“Whether you think you can or whether you think you can’t... you’re probably right”
—Henry Ford
What Matters Most To Physicians... And Why?  
(n = 3500 physicians)

\[ \text{T.} = \text{Talented (knowledge, judgment, proficiency)} \]
\[ \text{E.} = \text{Executes (gets things done; gets results)} \]
\[ \text{D.} = \text{Dedicated (work ethic)} \]
What Matters Most To Physicians... And Why?
(n = 3500 physicians)

**T.** = Team player (makes me and others better)

**R.** = Responsive and respectful

**U.** = Understanding (listens & learns w/o judgment)

**S.** = Safe (easy to approach; invites my opinion)

**T.** = Talented (knowledge, judgment, proficiency)

**E.** = Executes (gets things done; gets results)

**D.** = Dedicated (work ethic)
When you lead based on what matters most to patients. (n = >15,000)

**T.** = Team player (makes me and others better)

**R.** = Responsive and respectful

**U.** = Understanding (listens & learns w/o judgment)

**S.** = Safe (easy to approach; invites my opinion)

**T.** = Talented (knowledge, judgment, proficiency)

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“80% of success is showing up.”

-- Woody Allen

“100% of success is HOW you show up.”

“This is where improving patient care actually begins”
“What matters most to patients determines how we practice as leaders”
Section 2:
What can be accomplished when the needs of your patients direct your leadership practice?
Medical Practice...

“Repetition and mastery to the point of habit.”

<table>
<thead>
<tr>
<th>Physical (Px):</th>
<th>History (Hx):</th>
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<table>
<thead>
<tr>
<th>Diagnosis (Dx):</th>
<th>Treatment (Rx):</th>
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Medical Practice... and Leadership Practice...

“Repetition and mastery to the point of habit.”

<table>
<thead>
<tr>
<th>Physical (Px): Observe</th>
<th>History (Hx): Listen</th>
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<table>
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<tr>
<th>Diagnosis (Dx): Formulate</th>
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</table>
Why do we all suffer from “community idiocy”? Remember the “rickety shack”?

<table>
<thead>
<tr>
<th>Resistance to change</th>
<th>We tolerate it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pride and fear (W.A.D.I.T.W.)</td>
<td>Loss of commitment</td>
</tr>
<tr>
<td>Fear</td>
<td>Loss of engagement</td>
</tr>
<tr>
<td>Lack of common vision</td>
<td>10% of the people do 90% of the work</td>
</tr>
<tr>
<td>Inability to envision change</td>
<td>Lack of personal investment</td>
</tr>
<tr>
<td>Lack of teamwork</td>
<td>We give up</td>
</tr>
<tr>
<td>W.I.I.F.M.</td>
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</table>

<table>
<thead>
<tr>
<th>Negative attitude</th>
<th>Not enough time</th>
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<tbody>
<tr>
<td>No motivation</td>
<td>Too much stress</td>
</tr>
<tr>
<td>Acting out our frustration</td>
<td>Too much to do</td>
</tr>
<tr>
<td>No accountability</td>
<td>Labor shortage</td>
</tr>
<tr>
<td>Disruptive personalities</td>
<td>Lack of resources</td>
</tr>
<tr>
<td>Poor people skills</td>
<td>Inadequate infrastructure</td>
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<td></td>
<td>No money</td>
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<td></td>
<td>Somebody else controls our destiny</td>
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“Across the room diagnosis”
“Across the room diagnosis for healthcare”

The Dystrust Cycle

“Every man for himself”
- “Get out of my way”
- “Leave me alone”
- “Tribal warfare”

“Bad attitude & disrespect”
- It’s not my job
- Rigid/Intolerant/Impatient
- Whining/complaining/blaming

“Shutting down”
- “I’m done!”
- “and you can’t make me!”
- Callousness

“Treating the symptoms”
- Initiative overload
- Excessive bureaucracy & regulation
- Hurry, hurry, hurry, more, more, more
“Our roadblock to improving patient care”

- "Every man for himself"
- "Bad attitude & disrespect"

The Dytrust Cycle

- "Shutting down"
- "Treating the symptoms"
The Root Cause of Dystrust: NO Role clarity
AKA: “Over managed, under led”

OUR ROLE:

- **T.** = Team player (makes me and others better)
- **R.** = Responsive and respectful
- **U.** = Understanding (listens & learns w/o judgment)
- **S.** = Safe (easy to approach; invites my opinion)

MY JOB:

- **T.** = Talented (knowledge, judgment, proficiency)
- **E.** = Executes (gets things done; gets results)
- **D.** = Dedicated (work ethic)
“Between stimulus and response there is a space. In that space is my power to choose my response. In my response lies my growth and my freedom.”

- T. = Team player
- R. = Responsive/Respectful
- U. = Understanding
- S. = Safe
- T. = Talented
- E. = Executes
- D. = Dedicated

Rigid
Inflexible
Poor Listener
Disrespectful
Arrogant
Intimidating
Threatening
Judgmental
Unforgiving
How Practicing Patient Driven Leaders Show-up Differently:

- Managers Today:
  - Make decisions
  - Explain answers to others
  - Focus on Job (T.E.D.)
  - React
  - Treat the Symptoms
  - B.W.A.T.P.?

- Patient Driven Leadership:
  - Ask Questions
  - Listen to others
  - Focus on Role (T.R.U.S.)
  - Create Space
  - Discover the Root Cause
  - W.M.M.T.P.?
Creating conditions for patient trust begins here...

“What matters most to patients determines how we practice as leaders.” ~ Brian J. Wayne, MD

brian@bedsidetrust.com
Section 3:

Create conditions that bring people together to solve problems...

An essential skill for top-performing hospitals
The 15 Second Exercise:

- Take out a piece of paper

- Rate your level of confidence (1 to 5) in your own ability to solve problems as a leader in your hospital when working alone

- Now rate your level of confidence in your executive team

- Now rate your level of confidence in your directors and managers

- Now rate your level of confidence in your supervisors and front line staff
What Distinguishes Top-Performing Hospitals in Acute Myocardial Infarction Mortality Rates?

- A recent study performed by 11 hospitals ranked in either top 5% or bottom 5% in risk-standardized mortality rates for AMI
- 158 interviews completed with staff, physicians and executives
- Performance statistics correlated with recurrent themes during the interviews
**Annals of Internal Medicine Support:**

- **NO difference in use of AMI protocols/processes**

- “A cohesive organizational vision that focused on communication and support of all efforts to improve care.” Pauline Chen, MD, NYT

- “It’s how people communicate, the level of support, and the organizational culture that trump any single intervention or any single strategy that hospitals frequently adopt.” — Elizabeth H. Bradley PhD. Dir. Yale School of Public Health

- Dr. Chen also shared, “The upside of such transparency is that hospitals all over the country are eager to improve their patient outcomes. The downside is that no one really knows how.”
### From the Medical Workup... to the Leadership Workup

“Repetition and mastery to the point of habit.”

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<tr>
<td>3. What drives us crazy in the current state of our working relationships with each other?</td>
<td>1. What matters most to patients?</td>
</tr>
<tr>
<td>4. What does it cost us when we tolerate the things that drive us crazy?</td>
<td>(A) What is the ideal state of our working relationships with each other in order to provide what matters most?</td>
</tr>
<tr>
<td><strong>Diagnosis (Dx): Formulate</strong></td>
<td><strong>Treatment (Rx): Execute</strong></td>
</tr>
<tr>
<td>5. What is the underlying pattern that drives all of us crazy?</td>
<td>7. What is my personal promise to the entire group to address this root cause?</td>
</tr>
<tr>
<td>6. What is the root cause of this underlying pattern?</td>
<td>8. What could we accomplish in 90 days or less if all of us honored our personal promises to each other?</td>
</tr>
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Patient Driven Leaders solve problems... TOGETHER

<table>
<thead>
<tr>
<th>Current State (physical)</th>
<th>Ideal State (history)</th>
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<tr>
<td>▶ Negative attitude</td>
<td>▶ Put the patient in the center</td>
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<tr>
<th>Root Cause (differential diagnosis)</th>
<th>Countermeasures (treatment)</th>
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<tr>
<td></td>
<td><strong>T.</strong> = Team player</td>
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<td><strong>U.</strong> = Understanding (w/o judgment)</td>
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<tr>
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<td><strong>S.</strong> = Safe (approachable; inviting)</td>
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</table>

The Dytrust Cycle (default leadership practice)
If we all spent more time in our role as Patient Driven Leaders, what would be the benefits to all of us, including our patients?

Our clients report...

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1.</td>
<td>A lot less “do it yourself”</td>
</tr>
<tr>
<td>2.</td>
<td>More respectful and complimentary</td>
</tr>
<tr>
<td>3.</td>
<td>More delegation</td>
</tr>
<tr>
<td>4.</td>
<td>More self worth and positive attitudes</td>
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<tr>
<td>5.</td>
<td>A better work environment</td>
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<tr>
<td>6.</td>
<td>Greater employee retention</td>
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<tr>
<td>7.</td>
<td>Everyone has a better attitude</td>
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<tr>
<td>8.</td>
<td>Positive trickle down effect</td>
</tr>
<tr>
<td>9.</td>
<td>Better communication and collaboration</td>
</tr>
<tr>
<td>10.</td>
<td>Better patient satisfaction</td>
</tr>
<tr>
<td>11.</td>
<td>We’re getting what we choose to model</td>
</tr>
<tr>
<td>12.</td>
<td>It’s changing the conversations we are having for the better</td>
</tr>
<tr>
<td>13.</td>
<td>More productive and happy</td>
</tr>
<tr>
<td>14.</td>
<td>Patients are getting better care</td>
</tr>
<tr>
<td>15.</td>
<td>Improved working relationships</td>
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<tr>
<td>16.</td>
<td>Less fearful</td>
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<tr>
<td>17.</td>
<td>More relaxed workplace</td>
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<tr>
<td>18.</td>
<td>More safety</td>
</tr>
<tr>
<td>19.</td>
<td>Better citizenship</td>
</tr>
<tr>
<td>20.</td>
<td>More productivity</td>
</tr>
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Session conclusions:

1. A physician leaders role is to be at the forefront of improving patient care. This begins with role clarity: T.R.U.S.T.E.D.

2. Creating the conditions to generate problem solving teams is the most important contribution physician leaders can make to their organizations.

3. The most effective way to create conditions to generate problem solving teams is to adopt a leadership practice based on patient needs:

   Patient Driven Leadership™
Learn more about bringing Patient Driven Leadership to your hospital...

"What matters most to patients determines how we practice as leaders." ~ Brian J. Wray, MD

www.BedsideTrust.com

brian@bedsidetrust.com

TEAM PLAYER
RESPONSIVE & RESPECTFUL
UNDERSTANDING - listens & learns without judgment
SAFE - easy to approach, invites my opinion
TALENTED - knowledgeable, skilled & technically proficient
EXECUTES - gets things done, gets results
DEDICATED - work ethic

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“What matters most to patients determines how we practice as leaders.”

Patient Driven Leadership

Watch Dr. Brian Wong’s Introduction to Patient Driven Leadership

Audiences Connect With Our Discovery Forums
Speaking sessions that capture attention and increase attendance.

Patient Driven Leaders know...
Where improving patient care begins.

Patient Driven Leadership

Good communication is empowering...

Good communication is NOT about talking, it's about listening... at least 50% of the time, probably more like 80%. That means you're only talking 20% of the time. When you listen, you are creating space and you understand your counterpart better. When you STOP talking something interesting happens. The void usually gets the other person started in solving their own problems. When they do this, it is delegation... this is empowering. All you have to do is ASK, not TELL.

Brian D. Wong
August 18 at 8:21am · Like · Comment

Accentuate the positive vs. eliminate the negative: is one more important?

One would think with the T.R.U.S.T.E.D. acronym, that it is the former. However, our growing experience is that eliminating the negative is far more important. When we engage in the opposite of T.R.U.S.T.E.D. (that is, doing it ourselves, being unresponsive or disrespectful, rushing to judgment, shutting down, keeping our discoveries to ourselves, focusing on tasks with our blinders on or focused on self-protection) we are contributing to the cycle of distrust. The quickest way to break this cycle is to “eliminate the negative.”

Brian D. Wong
August 17 at 7:53am · Like · Comment

Patient Driven Leadership discussed Connecting the dots... on the Patient Driven Leadership discussion board.

Brian D. Wong
The distinction between courageous and pugnacious... they sound the same, but they're completely different...

Pugnacious means quick to anger, quarrel or fight. Courageous means not deterred by danger or pain. Someone who is pugnacious is more likely to be an A.S.S.H.O.L.E. That is, a pugnacious person is likely to be the aggressor, to intimidate, to pick a fight. It takes a quiet courage to be...

See More
PATIENT DRIVEN LEADERSHIP™