Creating Exceptional Physician-Nurse Partnerships

Using Collaborative Partnerships to Raise the Standard of Care and Improve the Overall Patient Experience
Your Speakers

Tracy Duberman, Ph.D., MPH, FACHE President & CEO, The Leadership Development Group Direct: 973.722.4480 tduberman@tldgroupinc.com

Alan J. Conrad, M.D. is a practicing primary care Internal Medicine physician in Poway, California and a Medical Director at Palomar Health in San Diego County. He serves on the Steering Committee for the Academy of Applied Physician Leadership at Palomar Health. He has held numerous other leadership positions both with the Medical Staff and administratively. His medical degree was obtained at New York Medical College. He holds a Masters of Medical Management degree from the University of Southern California and is a Certified Physician Executive and Fellow of the American College of Healthcare Executives.

Tracy Duberman, Ph.D. is an executive coach, organizational development consultant, business owner, frequent keynote speaker, Board member of the Physician Coaching Institute, and a Fellow of the American College of Healthcare Executives.

With a background combining business experience with innovative research on healthcare/physician leadership effectiveness, Tracy founded The Leadership Development Group, Inc. - a firm devoted to developing healthcare leaders and physician executives. TLD Group works with leaders to improve performance through educational workshops, tailored on-site leadership development programs, such as The Applied Physician Leadership Academy and tailored individual coaching for physician and healthcare leaders.
Learning Objectives

- Understand the impact of partnerships on enhancing care integration and the patient experience

- Learn how to engage physician and nurse leaders to partner

- Review a case study which highlights Palomar Health’s journey to partnership activation
Agenda

- Setting the Stage
- “-Ad” Partnerships
- Case Example of Successful Partnership Activation
- Q&A
Setting the Stage
The Current State of Healthcare

- Shift toward patient-centric, team-based approach to healthcare delivery
- Strong focus on the patient experience, quality and safety, clinical integration, care coordination and waste reduction
- Desired state: *inter*dependent rather than *independent* leadership model
## Transformative Model

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Patient-Centered</th>
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<tbody>
<tr>
<td>Focused on disease</td>
<td>Focused on the patient</td>
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<td>Disease management</td>
<td>Health optimization</td>
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<td>Reactive</td>
<td>Proactive</td>
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<td>Find it, fix it</td>
<td>Identify risk, minimize it</td>
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<td>Sporadic</td>
<td>Lifelong planning</td>
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<td>Physician-directed</td>
<td>Partnership-based</td>
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<td>Biomedical interventions</td>
<td>Whole person approaches</td>
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<td>Individual left to enact</td>
<td>Resources/support for implementation</td>
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Adapted from Ralph Snyderman, MD
What are “-ad” Partnerships?
Different Partnership Models

- Partnership between:
  - Physician and nurse
  - Physician and administrator
  - In some cases, physician, nurse, and administrator work together in a triad

- Working collaboratively with open communication and trust in order to achieve common goals
Characteristics of Partnerships

**Physician Leader**
- Quality of the Clinical Professionals and Work
- Provider Behaviors
- Provider Production
- Clinical Innovation
- Compliance
- Patient Care Standards
- Clinical Pathway/Model Management
- Referring Physician Relations
- Provider "Leverage"

**Nurse Leader**
- Quality of nursing performance
- Operations
- Functional pathways
- Revenue management (budgeting)
- Capital planning
- Staffing
- Supply chain management
- Support systems/services
What Makes For Successful Partnerships

- Work together to:
  - Set goals
  - Create operating/capital budgets
  - Implement initiatives, such as staffing/recruiting plans
  - Oversee operating and clinical performance
- Initiatives are not made without consultation and collaboration
- Shared responsibility and equal accountability
- Interdependent, not independent
The Trust Cycle

Find Common Ground
(Purpose, Belief, Belonging, Meaning)

Build Trust
(Behaviors, Commitment, Accountability)

Collective Wisdom
(Awareness, Critical Thinking, Collaboration)

“The real reason we’re here”
PATIENTS

Have the Conversations We Need to Have
the Way We Need to Have Them
(Dialogue, Interactions)
Developing Effective Partnerships:
A Case Study
The Situation

- Palomar Health: 3 Hospital System in San Diego, California
- Need to develop physician leaders as partners in meeting system, operational and clinical performance goals
- Determined to create clinical (physician and nurse) leader partnerships to be better positioned for the future of value-based care and team-based delivery
- Lack of formal physician leadership (CMO) on senior management executive team
- Lagging performance on HCAHPS scores
The Solution: Academy of Applied Physician Leadership (AAPL)

- Multi-faceted approach designed to build physician engagement, strengthen physician leadership capability, and facilitate collaboration between physicians, nurses, and administrators
  - 1:1 assessment and coaching, including emotional intelligence (EI) development
  - Learning modules and application sessions
  - Partnership Activation projects
Partnership Activation

As a key component of Palomar Health’s AAPL, implemented a *Partnership Activation Process* to enable clinical dyads to enhance their collaborative leadership skills.
What is Partnership Activation?

- An experiential learning platform to enable clinical partners to enhance their collaborative leadership skills in an effort to enhance patient outcomes.

- Enables partnerships to identify solutions to problems that provide immediate, measurable impact and organizational results.
Role of Physician and Nursing Leaders at Palomar Health

- Patient Care Coordination
- Patient Experience
- Unit Scorecard
- Unit based physician oversight

- Medical Quality
- Credentialing and On-Boarding
- Peer Review
- By-Laws

- Oversight of Patient Experience 24/7
- Nursing Strategy Implementation
- Unit Climate for Optimal Patient Experience
- Business Planning and Operational Scorecard

- Role of Physician and Nursing Leaders
  - Highest Quality Patient Care: Measured by Patient Satisfaction
  - Team
  - Physicians
  - Nurses
  - Nursing Mgr.
  - Dept. Chair
  - Ancillary
Focus of Partnership Activation

Physician Leader
- Patient Care Coordination
- Patient Experience
- Unit Scorecard
- Unit based physician oversight

Nurse Leader
- Patient satisfaction
- Physician Engagement
- Medical Quality & Metrics
- Medical Leadership
- Accountability to Physician Standards

- Nursing Strategy Implementation
- Business Planning and Operational Scorecard
- Oversight of Patient Experience 24/7
- Tactical Implementation: Rounding, Performance Standards, Operational Performance
Strategic Partner Roadmap

- Dyad Partner
- Business Partner
- Strategic Partner
Partnership Activation Projects

- Participants were broken into Partnership Activation groups by hospital unit, each group consisting of 5-8 clinicians (physicians and nurses), and in some cases administrators.

- Groups were facilitated by an Action Learning Coach and were asked to pick a project that would impact their units in a positive way and would develop their leadership skill set.

- Groups met on a monthly basis over a 4-month period to work on their projects.
Partnership Activation Process

Kick-Off

• Intro to activation
• Partner styles
• 5 potential dysfunctions of partnership
• Building trust
• Key leadership skills
• A3 approach for project planning
• Peer coaching

Partnership Project Work

• Work through A3 approach for project planning
• Engage key stakeholders

Partnership Activation Meetings

• 3 structured 2-hour sessions
  ➢ leadership development clinic
  ➢ progress check and peer coaching

Presentations

• Partnerships present projects and key learnings at gala event
• Celebrate results and leadership development

Month

1  2  3  4  5
The A3 Approach to Project Planning

- Identify the problem
  - What is the problem to be solved? What is the potential impact on the organization? Who are the key stakeholders?

- Obstacles/Challenges
  - What solutions have already been tried and what have been the results? What are some potential obstacles and barriers to developing and implementing a solution?

- Identify desired state
  - What are best-in-class organizations doing to address this issue? What is our vision of success? What critical success factors need to be in place to ensure success? How will we measure success?

- Determine best solutions/actions
  - What is an effective, implementable solution? What resources are required? What key stakeholders do we need to involve in working toward a solution? What will be an effective plan? How can we monitor our progress? How will we assess results?
Partnership Activation Peer Coaching Model

- While taking the Partnership Activation projects from concept to solution and implementation, participants engaged each other in:

1. What?  
   Active Listening

2. So What?  
   Reflective Questioning

3. Now What?  
   Challenging Assumptions

4. What Did We Observe?  
   Giving Feedback

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4. What Did We Observe?  
   Giving Feedback
List of Projects

- RN/MD Rounding: “No MD Rounds Alone”
- Expansion of Acute Rehab Services at PHDC
- Outpatient Lab Partnership w/ Arch Health Partners
- Improving the Mother-Baby Discharge Process
- Expansion of Sub-Acute Care to PHDC
- Improving Patient Discharge Times
- Improving MD & RN Communication
- Hospital to Skilled Nursing Transition
- Patient Safety in the OR
- Mobile Services Business Plan
- Behavioral Health Services: Older Adult Program
- Palomar Health Care Transitions Program
- “Sending Someone to the ED”
- Physician-Specific Dashboards
- Surgical Patient Education Booklet
- Enhanced Wound Management
Example Partnership Activation Project
No Physician Rounds Alone - The Situation

- Rounding described as haphazard and lacking consistency
- Physicians and nurses rounded on the same patients at different times or different patients at the same time
- Lack of coordination led to more errors and delays, poor handoffs, increased costs, poorer outcomes, and decreased patient satisfaction
No Physician Rounds Alone - The Solution

- Established *No Physician Rounds Alone* protocol to facilitate physicians and nurses rounding together at the patient’s bedside

- Created the following tools
  - Physician in Room button
  - Posters to encourage rounding
  - Nurse assignment boards
  - Huddles in advance of entering room
  - “Magic Minute” scripting for physicians and nurses
  - Thank you cards from nurses to physicians
No Physician Rounds Alone - The Results

- Significant improvement in physician/nurse engagement and the patient experience resulting from partnerships:
  - Meeting regularly
  - Trusting more
  - Communicating consistently
  - Using the dashboard
  - Engaging others in decision-making
Overall Impact

- Palomar Health AAPL program led to significant results that surpassed the desired goals:
  - Improved Press Ganey scores:
    - Overall Physician ratings increased from the 30th to the 66th percentile
    - Overall Nursing ratings increased from the 33rd to the 82nd percentile
    - Overall System ratings increased from the 14th to the 76th percentile
  - Increase in HCAHPS scores on the question “My physician listens carefully to me”
Overall Impact (cont.)

- Participants gained valuable learning competencies including:
  - An understanding of how their emotional intelligence impacts others
  - Knowing their role as a physician leader
  - Having a clear purpose for their partnership relationship(s)
  - Driving patient satisfaction and physician engagement
  - The ability to use active listening and clarifying for understanding
  - The ability to demonstrate empathy
  - The importance of branding and communication in a change process
Summary

- Shift in healthcare delivery to a focus on “patients at the center”
- Partnership model enhances integration and the patient experience
- *Partnership Activation* Projects enhance overall health system performance
Q&A

Alan J. Conrad, MD, MMM, CPE, FACHE
Medical Director, Palomar Health
Direct: (858) 485-7454, ext 1111
alan.conrad@palomarhealth.org

Tracy Duberman, Ph.D., MPH, FACHE
Founder, The Leadership Development Group
Direct: 973.722.4480
tduberman@tldgroupinc.com