

## TRANSFORMING A TEAM OF EXPERTS INTO AN EXPERT TEAM

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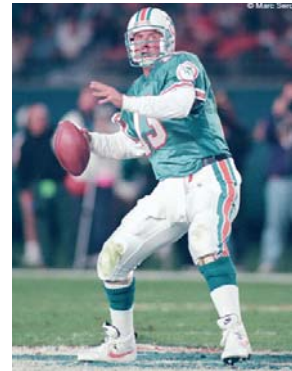
### Objectives

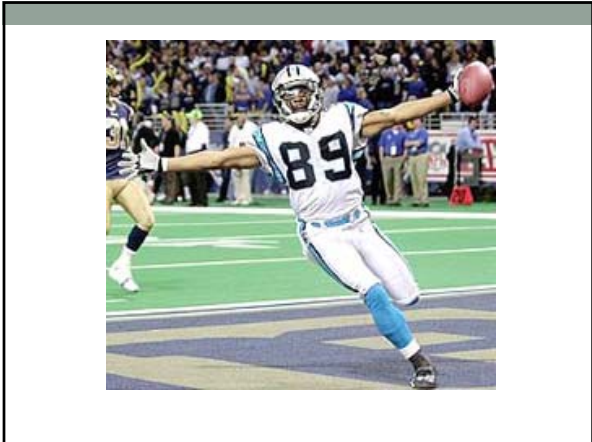
- 1. Review the essential elements in the medical care delivery process
- 2. Compare and contrast the role of the medical director and the medical provider on the interdisciplinary team
- 3. Discuss strategies that the IDT can use to address challenging clinical issues in the SNF

### Medical Care Delivery Process

- ☞ Recognition/Assessment
- ☞ Problem Definition
- ☞ Diagnosis/Cause-effect analysis
- ☞ Identify goals and objectives of care
- ☞ Selecting and agreeing to interventions and plan of care
- ☞ Monitoring

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### The Interdisciplinary Team

- ☞ Administrator
- ☞ Director of Nursing/Nursing/Nursing Assistants
- ☞ Social Worker
- ☞ Therapy
- ☞ Dietician
- ☞ Attending physician/NP/PA
- ☞ Medical Director

- White Paper A11, Becomes Policy March 2011
- Role of the medical director
- Physician Leadership- The medical director serves as the physician responsible for the overall care and clinical practice carried out at the facility.
- Clinical Leadership- The medical director applies clinical and administrative skills to guide the facility in providing care.
- Quality of Care- The medical director helps the facility develop and manage both quality and safety initiatives, including risk management.
- Education- The medical director provides information that helps others (including facility staff, practitioners, and those in the community) understand and provide care.

### THE NURSING HOME MEDICAL DIRECTOR: LEADER AND MANAGER

- Incorporates Functions and Tasks document developed by James Pattee MD
- AMDA's Core Curriculum based on this document
- 9 functions with associated tasks
- <http://www.amda.com/governance/whitepapers/A11.cfm>

### 9 Functions and Tasks of the Medical Director

- Function 1—Administrative The medical director participates in administrative decision making and recommends and approves relevant policies and procedures.
- Function 2—Professional Services The medical director organizes and coordinates physician services and the services provided by other professionals as they relate to patient care.
- Function 3—Quality Assurance and Performance Improvement The medical director participates in the process to ensure the quality of medical care and medically related care, including whether it is effective, efficient, safe, timely, patient-centered, and equitable.

### 9 Functions and Tasks of the Medical Director

- Function 4—Education The medical director participates in developing and disseminating key information and education.
- Function 5—Employee Health The medical director participates in the surveillance and promotion of employee health, safety, and welfare.
- Function 6—Community The medical director helps articulate the long-term care facility's mission to the community.

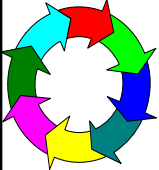
## 9 Functions and Tasks of the Medical Director

- Function 7—Rights of Individuals The medical director participates in establishing policies and procedures for assuring that the rights of individuals (patients, staff, practitioners, and community) are respected.
- Function 8—Social, Regulatory, Political, and Economic Factors The medical director acquires and applies knowledge of social, regulatory, political, and economic factors that relate to patient care and related services.
- Function 9—Person-Directed Care The medical director supports and promotes person-directed care.

# Becoming An Expert Team

## The Deming Philosophy

Continuous improvement approach is based on the late Dr. W. Edward Deming's philosophy:

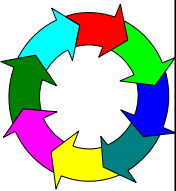


**“IMPROVE CONSTANTLY AND FOREVER EVERY PROCESS FOR PLANNING, PRODUCTION, AND SERVICE”**

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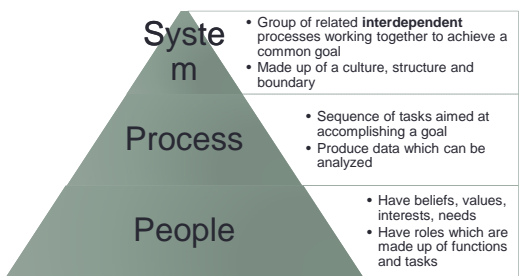
## Benefits of Deming Philosophy

- Less rework, less inspection
- Increased/improved:
  - Productivity
  - Customer satisfaction
  - Service quality
  - Profits over the long term
  - Competitive position
  - Behavioral environment
  - Organization culture
- Decreased cost



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## The Big Picture



<b>System</b>	<ul style="list-style-type: none"> <li>• Group of related <b>interdependent</b> processes working together to achieve a common goal</li> <li>• Made up of a culture, structure and boundary</li> </ul>
<b>Process</b>	<ul style="list-style-type: none"> <li>• Sequence of tasks aimed at accomplishing a goal</li> <li>• Produce data which can be analyzed</li> </ul>
<b>People</b>	<ul style="list-style-type: none"> <li>• Have beliefs, values, interests, needs</li> <li>• Have roles which are made up of functions and tasks</li> </ul>

## Deming's System of Profound Knowledge

- 1. **Appreciation for a system**
- 2. Knowledge about variation
- 3. How knowledge grows
- 4. Psychology

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## Process Oriented Thinking Systems Thinking

### • System - Definition

- A group of interdependent processes
- A network of functions or activities within an organization that work together for the aim of the organization
  - System vs. Process- what exists vs. how it operates
- The controls which supervise the working of a process
- Process which is in statistical control (Deming)

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## Process Oriented Thinking Systems Thinking

### • Core business of medical practice:

- Deliver health care to customers
- Meet obligations to insurance payers
- Meet obligations to the overall community

- The entire system must be studied and optimized as a whole
- Not separating health care delivery from health care management

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## Deming's System of Profound Knowledge

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## Process

- Sequence of tasks aimed at accomplishing a goal
- Produce data which can be analyzed
- Variation

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## Key Concept - Improvement

### • Studying a process in time

- Assess current performance
- Establish a baseline for improvement efforts
- Assess improvement efforts
- Predict future performance
- Ensure that improvement gains are held

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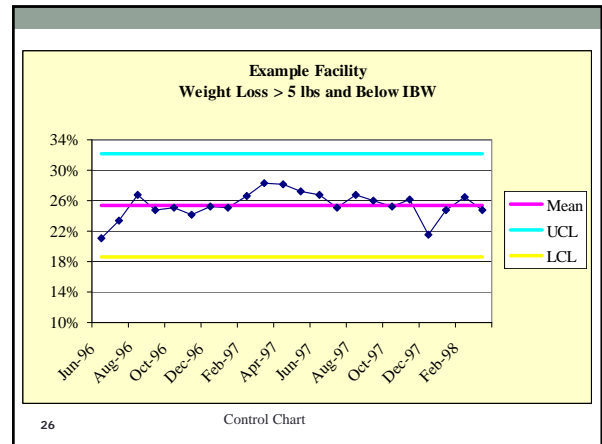
## Process

- First: Your current processes are perfectly designed to get the results they are already getting and designed to get,
- with it's corollary:
  - insanity is doing things the way you have always done them while expecting different results

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### 85/15 Process Rule

- **Individuals** have direct control over only 15% of their work problems.
- The other **85%** are controlled by the **process** in their work environment.
- Deming 4% - 96%



### Key Concept - Improvement

- Process Improvement
  - Phase 1 – stabilization
  - Phase 2 – active improvement
  - Phase 3 - monitoring

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### Key Concept - Improvement

- Process Improvement
  - **Phase 1 – stabilization**
  - Phase 2 – active improvement
  - Phase 3 - monitoring

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### Key Concept - Improvement

- Process Improvement
  - **Phase 1 – stabilization**
    - Eliminate special causes
    - Gets the process where it should have been in the first place
    - Problem solving, putting out fires
    - No real improvement at this level
    - Control, Run charts

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### Key Concept - Improvement

- Process Improvement
  - Phase 1 – stabilization
  - **Phase 2 -active improvement**
  - Phase 3 - monitoring

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### Key Concept - Improvement

- Process Improvement
  - **Phase 2 – active improvement**
    - Eliminate common causes
    - Stratification
    - Experimentation
    - Disaggregation

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### Key Concept - Improvement

- Process Improvement
  - Phase 1 – stabilization
  - Phase 2 – active improvement
  - **Phase 3 - monitoring**

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### Key Concept - Improvement

- Process Improvement
  - **Phase 3 – monitoring**
    - Constant vigilance
    - Implement additional improvements as the need arises (Continuous Improvement)

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### Deming's System of Profound Knowledge

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### The Model for Continuous Improvement - PDSA

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### CAP-Do

- **Check**
  - What is going on? Why are we doing this?
  - Actual vs. Created Standard
- **Act**
  - Reconcile
  - Diagnose
- **Plan**
  - Create Solutions
  - Define the process moving forward
  - How and what are we going to measure?
- **Do**
  - Train
  - Implement

## CAP-Do Round Two!!

- Check
  - Results
  - Process improvement
- Act
- Plan
- Do - **STANDARDIZE**

## References

- *Data Sanity*, Davis Balestracci
- *4<sup>th</sup> Generation Management*, Brian Joiner

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## Deming's System of Profound Knowledge

1. Appreciation for a system
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3. How knowledge grows
4. **Psychology**

## Leadership Essentials

- Mission
- Vision
- Values
- Balanced Scorecard
- Emotional Intelligence

## Mission

- WHY WE EXIST
- **"Ladies and Gentlemen serving Ladies and Gentlemen."**
- **"We fulfill dreams through the experience of motorcycling, by providing to motorcyclists and to the general public an expanding line of motorcycles and branded products and services in selected market segments."**
- **"Operating a safe and secure government."**

## Vision

- WHERE WE ARE GOING TO BE IN THE FUTURE
- **"Create experiences that combine the magic of software with the power of internet services across a world of devices."**
- **"To develop a perfect search engine."**
- **"To become the most successful premium manufacturer in the car industry."**

## Values

- Desired behaviors
- How we conduct ourselves
- Examples

## Balanced Scorecard

- Incorporates your mission, vision and values
- Aligns your goals and strategy with outcomes
- Measures outcomes
- Use outcome measures/goals to manage employee behaviors
- A Balance of the past (finance), present (quality, employee, customer satisfaction) and future (growth, quality improvement)
  - Data Sanity, Balestracci

## Emotional Intelligence

- Self Awareness- Recognizing how you feel
- Self Management- How you behave, accountability, “insulate your hot buttons”
- Social Awareness- Empathy, “seek to understand before being understood”
- Social Management- Managing and motivating others

## People Pearls

- Emotional Intelligence
- Clear role, objectives and feedback based on clearly established goals/results
- Focus on interests not positions
- Attack the behavior/result not the person
  - Getting to Yes, Fisher and Ury

## Team Essentials

- Trust
- Conflict
- Commitment
- Accountability
- Results

• The Five Dysfunctions of a Team, Lencioni

## Meeting Essentials

- ☞ Focused
- ☞ Detailed agenda
- ☞ Invite only those who need to be there
- ☞ Facilitator
- ☞ One voice
- ☞ Summarize and Agree
- ☞ Identify follow up and who is responsible

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## What to Evaluate

- “80% of being successful in life is showing up”
- QI/QM
- Survey
- MDS 3.0
- Ask your customers
- Think Pareto Principle

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## Projects

- Diagnostic Journey
  - Symptom to Cause
- Remedial Journey
  - Cause to Remedy
- DO NOT JUMP FROM SYMPTOM TO REMEDY

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## Expert Team in LTC

- Effective use of the medical care delivery system
- Awareness of team members skillsets and roles that effectively use those skillsets
- Effective leadership
- Working effectively as a team
- Pareto Principle

## Case 1

Mr. D is a 93 year old male who has been living in your community for the past 4 years. He has had a previous stroke and is now suffering from a progressive vascular dementia. The dietician reports he has had a 12 pound weight loss over the past 3 months. The STNA notes Mr. D frequently coughs when eating and drinking but has not choked. Speech therapy determines that he has silent aspiration and recommends a puree diet with honey thickened liquids. Mr. D refuses this and his intake decreases further. His family does not want him to choke but asks if there is anything else that can be done.

## Case 2

Dr. A has 35 residents in the community. He often refers many of his own patients to the community and the administrator values the relationship. However, Dr. A rarely visits and is out of compliance with his regulatory visits. Many of his short stay residents are admitted and discharged without being seen at all. In addition when Dr. A is called he is rude to the nurses and is often inappropriate with his tone and language. The DON is concerned about the possibility of survey deficiencies, quality of care issues and the well being of her staff.