

Excellence in the Emergency Department

How to Get Results



Stephanie J. Baker, RN, CEN, MBA

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The following pages are excerpts from
the book titled

Excellence in the Emergency Department

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by Stephanie J. Baker, RN, CEN, MBA

It is provided as a sample of the book's
content in order to give the reader a sense
of what the actual book is like.

Praise for Excellence in the Emergency Department

“For those of us who have chosen a career in emergency care, Stephanie’s insight, wisdom, and passion for patient care are an inspiration. If we truly believe that the ED is the front door to the hospital for our patients, her detailed explanation of why we should do better, how we can create change, and description of the methods to stay at the highest level of performance are crucial reading for all ED and hospital leaders.”

—Jeff Wood, RN, Southwest Regional Director, EmCare

“Stephanie was my Studer coach when I was a hospital CEO...and I knew I had the ‘cream of the crop.’ She has taken her experience in the ED, a high level of emotional intelligence, and her own practical approach to driving results...and she has written this wonderful book. If the concepts and ‘prescriptives’ were followed, anyone could be proud of their own ED of Excellence that produces great results.”

—Barbara Blevins, COO, Team Health

“*Excellence in the Emergency Department* provides a road map in the navigation and implementation of change leading to a high performing ED.”

—Roger Brooksbank, MD, Regional Medical Director, Team Health

“Excellence in the Emergency Department: How to Get Results provides a practical approach to improving outcomes in all pillars of ED operations, including people, service, quality, finance, and growth. Stephanie Baker ‘AIDETs’ her way through a clear, concise message and a call to action for ED managers. I highly recommend this book for all ED managers, new or experienced. *Excellence in the Emergency Department: How to Get Results* outlines the strategies that Stephanie Baker used that helped us bring our ED from the 9th to the 99th percentile in patient satisfaction. Over a year later, we are still experiencing high levels of patient satisfaction, lower left without treatment rates, higher staff retention, and continued volume growth.”

—Kris Powell, RN, ED Director, Baylor Regional Medical Center-Grapevine

“Stephanie understands the unique complexity and needs of the Emergency Department. Stephanie has written a book that will move your department from good to great. She will teach you how to set realistic goals and how to measure and achieve those goals. Stephanie has captured the essence of what all Emergency Departments that want to achieve and sustain excellence in patient satisfaction are all about.”

—Diana Shaffer, RN, ED Manager, Parkwest Medical Center

“Managing an Emergency Department is tough. Often, it is more like a war zone than a hospital. Most people believe it can’t have the high patient satisfaction scores the rest of the institution strives to achieve. This book challenges that notion. Stephanie Baker skillfully presents Studer Group’s proven approach to performance improvement customized for this toughest of environments. The result is a book that’s as reassuring as it is instructive. A great read for anyone responsible for ED operations.”

—Greg Piviroto, President and CEO, University Medical Center, Arizona

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I dedicate this book to:

My parents, Saul and Sue, whose unconditional love for me prompted them to make life-altering choices that forever changed the course of my life and health for the better. Thank you for the sacrifices you made then and continue to make now for our family. I am undeniably blessed to have you as my parents. You two are my True North.

My sister, Angela, who consistently role-models what I want to be...kind, loving, generous, forgiving, compassionate, and, above all, uplifting to each person she comes in contact with. Had I been given the choice to personally select my one and only sister, I would have chosen you. Thankfully, God chose you for me!

Emergency caregivers everywhere. Your passion and commitment are second to none. The lives of our patients are better because of the work you do every day. Stay the course, promote the profession, and commit to leading the way.

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Foreword

Emergency Departments are many times the front door or the entry point to healthcare today. People are not timid if they feel their ED visit was too long or they felt ignored or they didn't understand what they heard—they will share this with the community. As healthcare providers, we know when we are out in the community when people are pleased with the care they receive and when they are not.

In my healthcare experience, I have found that many times the community's impression of the hospital is generally based on the Emergency Department. The Emergency Department is a great place to create positive word of mouth and most importantly save lives.

To have a great ED, the rest of the organization has to be running well. Are there beds available? Are the test results there? So when we're talking about the ED, we're really not talking solely about the ED but the efficiency of the entire organization. There are specific things you can do in the ED, but of course it's only one part of the comprehensive picture. It's important to really manage patient flow from beginning to end as it applies to your entire organization. When I was a COO at Holy Cross in Chicago, it was my great opportunity to see an ED transformed in what many would consider a tough inner-city with a high self-pay client base. Once again, as president of Baptist Hospital, Inc., in Pensacola, FL, I watched an ED transform from less than 1 percentile in patient perception of care to a 99 percentile in patient perception of care. I also witnessed a tremendous reduction in people leaving without being treated, ability to collect co-pays, and an increase in volume. Our research has shown that when more patients choose your ED,

your payor mix gets better because it is the payor who many times won't come if there is a reputation of high wait times or will leave for another alternative if it looks like it is taking too long.

When the ED is running well, the most important thing happens: Lives are saved with improved clinical quality by reducing staff and physician turnover.

So for years Studer Group® has focused in on EDs by having ED experts on staff who came from running successful Emergency Departments—from operating our Nuts and Bolts two-day institute on running the Emergency Department to having ED physicians on staff as medical directors. We've been in EDs from the smallest towns to the largest cities in the U.S. We've worked with EDs from Alaska to Miami; from Bangor, Maine, to San Diego. What we have found is that while each one is different, there are tools and tactics that work in every ED to improve performance.

When I was the keynote speaker at the Emergency Nurse Association's (ENA) National Conference, it was very apparent there was no shortage of passion and no shortage of will. There was also no shortage of desire to find out what tools, techniques, and skills are needed to have great Emergency Departments. I am thrilled that Stephanie Baker has taken the time and energy to share her own experiences and collect from our SG experts on staff, other experts in the industry, and hundreds of experts in EDs that we work with to put together a comprehensive toolkit that takes the complexity of running a great ED and simplifies it into key tactics that can be executed.

People who work in the Emergency Department have the ability to handle a range of emotions most could not. They deserve a great place to work. Patients who come to the Emergency Department deserve a great place to receive care. That is what this book is all about: making the Emergency Department a great place for employees to work and patients to receive care. Thank you for your dedication to making healthcare better.

Introduction

From the time I was a small child, I always wanted to be a nurse. But not just any nurse, an emergency nurse.

Perhaps it was the frequency with which I visited my doctor's office and the Emergency Department as a child. Born and raised until the age of nine in Lexington, Kentucky, I suffered from severe allergies and asthma that kept me in close contact with my pediatrician and gave me frequent opportunity to experience the healthcare system.

It's true that things were different in the late Sixties and early Seventies, but one thing that has stayed the same is the passion and commitment I felt from the nurses and physicians who treated me then and those who I coach today.

It was rough in those early years. As a child, you want to run and play, not take medicine and breathing treatments. My caregivers cared a great deal about me and my family and kept trying different courses of treatment that might help. I remember my dad pleading with my pediatrician to give me something to make me feel better. He said he would do anything to help me live a better life. The advice my doctor gave my dad that day changed our lives forever and would draw me closer to my career in emergency medicine.

Dr. Penn shared with my dad that Kentucky was not the ideal climate for someone with my medical condition and that moving to a drier, more temperate climate would likely improve my health. Since my mom had severe bronchitis (as well as osteoarthritis that she was diagnosed with at an early age), my parents began to look for a place to relocate our family.

After my mom wrote to the National Weather Service (as those were the days before the Internet) and reviewed their recommendations, all roads seemed to lead to either Tucson, Arizona, or San Diego, California. My dad eventually loaded everything we owned in a U-Haul truck, put my sister and me in the family station wagon with my mom, and we headed west. It was quite the adventure for a family who had never been west of the Mississippi, had limited financial resources, and no current promise of employment for either of my parents. What we did have was our strong Christian faith and hope for a healthier future.

As fate would have it, July was the month we made the trip. It was hot and uncomfortable and the weather didn't seem to improve as we traveled towards the west coast. When we stopped in Tucson, Arizona, it was 118 degrees in the shade!

I remember my dad pumping gas and the sweat just pouring down his face. He looked at my mom and said, "We can't stay here!" and our journey continued. When we finally arrived in San Diego, it felt like heaven. The weather was glorious. Within six months my allergies were gone, my asthma had greatly improved, and I was off all of my medication!

The years passed and life happened. I fulfilled my dream to become a nurse and graduated with my Bachelor of Science degree in Nursing from San Diego State University in 1988. I literally "begged" my way into my first job as an Emergency Department nurse.

Those were the days before the nursing shortage. I had to work hard to convince my manager that I could do the job. My orientation might be described as similar to a sorority "hazing" process, but somehow I survived and loved every minute of it!

The next 17 years were filled with days (and many nights) in Emergency Departments, trauma units, ground and air transport vehicles, and even jail detention facilities (but that's another story). My experience led me into leadership positions that offered the opportunity to effect change, improve quality of patient care, advocate for staff, partner with physicians, and build strong

relationships with administration. I never felt I had a job. For me, it was always a calling.

In 2005, I attended an Emergency Department conference hosted by Studer Group, where I met Jay Kaplan, MD, and Julie Kennedy, RN. Those two days re-ignited my passion to make a difference in emergency medicine, and I was practically floating on air as I boarded my plane home thinking of all the things I had learned that could make our Emergency Department better.

In a lucky stroke of synchronicity, Jay happened to be on my plane as he had a speaking engagement in San Diego the following day. When he saw me, he asked the woman seated next to me if he could trade seats with her. He was interested in learning more about the work we had done to reduce wait times and improve our patient experience in our large inner-city ED.

Needless to say, the two hours flew by! After landing, Jay gave me his card and said, “We need someone like you.” He encouraged me to submit my résumé for a coaching position with Studer Group. As a result, for the last four years, I have been a coach, account leader, and national speaker with Studer Group, working with healthcare organizations all across the country to improve operational and service efficiency, particularly in the ED. Jay, I am forever grateful to you for that plane ride!

I believe that most ED leaders want to pay it forward when it comes to the mentoring, experience, and assistance they have received. That is my hope for this book: to put the tools and tactics that I have seen work in so many EDs in your hands.

And I urge you: Don’t waste a moment feeling badly for expecting excellence in your ED. Whether you’re a leader, a physician, a staff nurse, or an ED technician, your team needs you to role-model it. You owe it to your patients.

Here’s what I’ve learned: Sometimes we get only one chance. Over the past 20 years, I’ve cared for thousands of patients and there were so many times that I knew I’d be the last face that patient would see...the last person to help them die with dignity...the last

person to help manage their pain...the last person to carry a message to their family or friends.

There are *no* bad days in emergency medicine. It has to be *every* patient *every* time. It's a sacred vocation that we're charged with... one of the most rewarding I've ever found.

In the following pages, I look forward to sharing with you evidence-based tools and tactics that will ignite your passion for what you do and create the kind of environment where employees want to work, physicians want to practice, and patients want to receive care. So be encouraged.

Excellence in the Emergency Department is within reach. Is it easy? No. Is it necessary? Yes. Great leaders do the hard stuff. Good leaders follow others. And poor leaders make excuses.

If you're reading this book, you already have the passion and the will to make the changes necessary to create excellence in your ED. You already know the "why." This book will give you the "how."

So be strong. Be committed. Be relentless. And as they said on 9/11, "Let's roll!"

Fantasy or Reality?

Imagine with me for a moment...

You—the patient—arrive at the ED and are immediately greeted by a professional triage nurse who quickly assesses your condition. After this brief interaction, you are escorted to a bed in the ED where a courteous member of the registration staff comes to your bedside to take your demographic information and provides you with a written copy of the hospital's privacy policies.

Within five minutes the ED physician comes in, introduces herself, gives you some brief information about her experience, and proceeds by asking pertinent questions about your chief complaint, followed by a physical exam.

The physician then describes what course of action is planned and lets you know what to expect, including how long you will likely stay in the ED. Within a few minutes, the nurse arrives to provide treatments and medication ordered by the physician. He introduces himself, explains what is going to take place, and offers to have your family member join you at the bedside while you wait for further tests. The nurse pays special attention to your personal needs and makes sure you are comfortable while you are waiting, promising to return at least once every hour to assess your pain and keep you updated on your plan of care and what to expect next.

As different staff members enter the room to perform treatments or take you for ordered tests, each person provides an introduction and explains what is going to happen and how long each procedure will take. As promised, the nurse or ED technician returns to the bedside hourly to assess your level of pain and

provides an update on your plan of care and what you are waiting for.

Once all of the test results are available, the ED physician returns and sits at your bedside to explain the test results, diagnosis, and plan of care. The good news is that you will be able to go home! Once the physician has written the discharge orders, the nurse returns to provide thorough instructions and asks what questions you have. The nurse thanks you for choosing their organization and advises you that someone will be calling you in the next 72 hours to make sure you are doing well at home. The ED technician escorts you to your car and ends the interaction by asking, "Is there anything else I can do for you?"

Perhaps this ED experience sounds like a fantasy, especially in light of what is often shared in the newspaper and on television. The good news is that this type of experience is a reality in hundreds of EDs across America that are embracing Studer Group's "Must Have" behaviors to build a culture of excellence and accountability.

This book will provide you with the practical "how to's" for implementing the behaviors that are helping so many EDs to become the best place for employees to work, physicians to practice, and patients to receive care.

There is no magic wand to wave or fairy dust to sprinkle: just simple evidence-based tools and tactics that produce sustained results when used consistently. By purchasing this book, you have taken the first step to embark on this journey to excellence. As you turn the page, hold on tight. The best is yet to come!

SECTION 1

“Why Change?”

The Resistance Reality

“Resistance is thought transformed into feeling. Change the thought that creates the resistance, and there is no more resistance.”

—Robert Conklin

In today’s healthcare environment, change is the only constant. There are reimbursement changes. Regulatory changes. Economic changes. More patients than ever. But, as the external operating environment gets increasingly difficult, great leaders understand the need to adapt to survive and thrive in the future.

Ultimately, leaders are responsible for driving change. So it’s important that we hold up the mirror and commit to it. Change begins with us...with how well we position change and role model it. It’s important to explain to staff that we are embracing change to respond to the external operating environment and because the literature shows us that adopting new evidence-based practices will deliver better clinical and quality outcomes for patients. If, instead, leaders position change as something required by administration, they can create a “we/they” culture that will sink their efforts.

In fact, the sign of a true leader is his or her ability to develop a process for change, show others why they need to change, and execute change. Results come by working through processes, not being fearful of risk, and successfully engaging staff.

But sometimes we find that even if we, as leaders, are committed to change, our staff just won't fall in line. Why are they so resistant? And can we succeed in the face of such resistance? The answer is yes!

Having worked with staff and leaders in hundreds of Emergency Departments, at Studer Group® we know that ED folks are survivors. They have passion for what they do every day. And there are concrete reasons why they sometimes resist change.

Let's examine a few:

It's risky to change.¹ Changing behaviors is risky. But often, it's riskier to do nothing. At Studer Group, we frequently find that there is a large gap between the urgency that senior leaders feel to make changes that respond to the current economic and regulatory environment and the urgency felt by middle managers and staff. Because they don't understand that the pressures for change are external, staff frequently feel the pressure as an internal one that is coming from their supervisors. Instead of teaming up to respond to external factors that threaten the organization, people can end up resenting their leaders (more "we/they") and feel like they're just being asked to do one more thing.

The purpose for change is not clear. Similar to the above, we as leaders don't always communicate the "why" in a way that will engage our employees. Most of our staff want to do a good job and really care about their patients, but they may feel overwhelmed with too much to do already. Just as Studer Group recommends telling a patient why you are closing a curtain (e.g., "for your privacy"), it's also important to tell your employees how the new behaviors you are asking them to use connect to things they care about (e.g., patient safety, better clinical outcomes, a better workplace, more efficiency, more time).

They feel they lack the staff. With tight budgets, fewer nursing graduates, and many leaving the profession, ED staffing shortages are common. Perhaps you have a dedicated manager who just doesn't feel he has the critical mass in the department to get and sustain results. At Studer Group, we find that when ED leaders are transparent about their staffing models and share data with employees, they will engage and become part of the process to match staff to patient flow. Frequently, it is not a question of having enough staff, but how efficiently existing staff is being used.

There is fear of failure. Employees wonder, *Can I do it?* or *I don't know how* or *We already tried that, and it didn't work.* We are famous in the ED for identifying a problem on Friday ("We've just got to do something about that!") and implementing a solution on Monday. But the lack of planning, training, discipline, and follow-through can doom our execution, leaving staff disenchanting. A little training and planning will go a long way towards sustained success.

While we're not going to boil the ocean tomorrow, we *can* chip away at small steps of change for long-term dramatic results. (Don't be afraid to pilot-test a new process!) But to prevail, we will need the right people at the table...including your internal customers. (See Chapter 9: Interdepartmental Communication Tools.)

They lack the will. While most of your employees are passionate about their work, you probably also have some low performers. Low performers tend to be especially resistant to change because change means more effort and they might lose their power base.

Ask yourself: *Is it a question of skill or will?* If your staff lack skill, then are they teachable? If so, training is the answer. If it's a lack of will, do they understand the why and do they have the passion to overcome this barrier? You'll need to connect to purpose, set clear expectations, and hold low-performing employees accountable with an "up or out" approach.

Why People Don't Do What We Want Them To²

Don't know **what** to do
(knowledge expectations)

Don't know **how** to do it
(ability/skill)

Don't know **why** they should do it
(importance)

Don't **want** to
(lack of will)

Aren't **well-suited** or matched to the task
(selection)

Overcoming Barriers and Driving Out Negativity

Once you understand the reasons for resistance, you can address them. In fact, the main ways to effectively address employee resistance are: 1) strong communication, 2) effective training, and 3) consistent reward and recognition.

We will also talk about the special case of how to deal with chronically low-performing employees at the end of this chapter.

Communicate, Communicate, Communicate!

If your employees are resistant because they don't understand the "why" behind your request that they do things differently, you

will find that once you step up communication, they will get on board.

Connect to purpose. You will engage employees best by connecting back to their passion for delivering quality emergency care. In fact, most of the tools and techniques offered in this book are not “new things” that create “extra work.” They are better, more disciplined, and more prescriptive ways to do things we already do. So be sure to position them that way.

If you are rolling out new tools and techniques that will reduce patient falls or improve patient outcomes, remind staff of why they went into emergency medicine in the first place: to deliver quality care. When you encounter resistance, ask the staff, “What’s not right about this for the patient?”

If we call a discharged patient to follow-up and make sure he understands his discharge instructions, has filled his prescription, and is improving since his ED visit, this aligns with our ultimate goal of ensuring clinical quality outcomes and providing exceptional service.

If we give patients a time estimate of how long tests and procedures will take and explain the treatment plan (AIDET—See Chapter 7), our patients will experience less anxiety and be more compliant with the prescribed plan of care.

Use data to communicate. Whenever possible, support your reasons for new or enhanced behaviors with evidence-based data from the literature. You will find many studies cited in this book. This approach is particularly credible when communicating with physicians.

An example: One organization that Studer Group coaches recently asked its doctors to change the way they introduced themselves and explained procedures to patients. They developed a PowerPoint presentation that included more than 20 supporting references from the medical literature to make their case that AIDET (See Chapter 7) would engender more trust from patients,

improve patient compliance to physician treatment plans, and reduce complaints and lawsuits. Suddenly, “soft stuff” like key words is not so soft!

Be transparent. Cascade communication consistently through all levels of the organization so everyone understands the external environment in the same way. If your organization is downsizing and layoffs are imminent, don’t surprise people. As one CEO shared in an interview recently: “We send a message of confidence in our communications. A manager said to me, ‘Thank you for telling me why we aren’t filling that position. Now that I understand, I’m fine with it.’”

Ask your CEO to talk about external forces and resulting organizational changes at all employee meetings. Then bring it back to the department level. Many ED leaders use a “Flip-n-Tell” to capture key points at meetings they attend so they can communicate these accurately with staff in the department. They explain how what they learned will impact the ED specifically. The result is that everyone in the organization is aligned. They all understand the operating environment the same way. And they all share the same understanding of why the organization is responding the way it is.

Set clear expectations. When you communicate clear expectations, you align your vision as a leader with that of your employee and set her up for success to meet your goal. You can set expectations with objective, measurable goals (See Chapter 2), by role modeling new behaviors, with direct conversations that communicate your expectations, and through the use of paper-based competency assessments when learning new tools and behaviors.

Communicate progress to goals. Keeping your staff current on how the rollout of the new tool or tactic is going keeps everyone motivated and allows for quick course corrections. What is the compliance level in the department? What is the patient feedback?

What are the financial savings to the organization? In this book, you will learn how to collect feedback and measure results daily and monthly for sharing with staff on an ongoing basis.

Give opportunity for input. Once you announce to staff the what and why of a new tool or tactic, be sure to offer lots of opportunity for structured input. Instead of saying, “We need to reduce wait times. What should we do?” get their feedback on the functionality of a rough plan. Ask: “How realistic is the plan? How feasible? How else can we make it more effective?” This alleviates anxiety and improves buy-in

Train Staff with the Competencies They Need to Succeed

Prescriptive training on new skill sets builds confidence and consistency as staff try on new behaviors that may feel uncomfortable at first. After training has taken place, it’s important to have continued methods to validate and verify how well skills were learned as well as to give accurate feedback. As President Reagan once said, “Trust, but verify.” This is the key to long-term success.

I coached one CFO who asked me, “What if we train all these people and they leave?”

And I responded: “What if we don’t train them and they stay?” That is the greater risk to your organization.

You can train people all day long, but if you don’t set clear expectations and require accountability, it won’t matter...and it won’t change your results. Throughout the following chapters, I will share recommendations for using direct observation, role modeling, and paper-based competency assessments to align leader and employee expectations and ensure accountability.

Reward and Recognize

I'll also be sharing more in future chapters about Studer Group's concept of "managing up"—or positioning others well—by harvesting opportunities for reward and recognition. You'll learn how this fits into the communication feedback loop and how to carry these "wins" in ways that create more buy-in and better results.

The fact is, rewarded behavior gets repeated.³ That's the secret to generating momentum in your department when you roll out new tools and tactics for excellence. You will no doubt find that your high performing employees quickly see the benefits of what you are proposing and are eager to get on board. Then you can leverage this group for initial results, which will build more momentum.

Nearly all of the tools in the following chapters have built-in mechanisms to harvest what's working well and who can be recognized. In addition to sending personalized, handwritten thank-you notes (See Chapter 9), you can carry recognition verbally through real-time patient feedback.

Dealing with Low Performers

One of the main reasons we end up with barriers and resistance is the low performing employees we supervise. In fact, most barriers are either a result of broken processes or people who won't get on board. If it's a people issue, you'll need to address it to break down the barrier. Otherwise, you will never achieve the critical mass you need to move the department forward to long-term sustainable success.

The only thing that's worse than a good hire who leaves is a bad one who stays. Hiring right starts at selection by using tools and processes (e.g., peer interviewing, behavioral-based interview

questions, and new employee meetings) that ensure employees are well-suited to both the position and the team they will work with.

Studer Group finds that most healthcare organizations have 8 percent low performers, 57 percent middle performers, and 35 percent high performing employees. If you're like many leaders, you will find that no matter how much you explain, train, and encourage your low performers, their main goal is to go back to the old way of doing things. That's why you should **spend most of your time re-recruiting your high performers and developing your middle performers**. They are the ones who will move performance in your ED.

While your aim should always be to coach low performers for better performance, you must also recognize it may be necessary to move them out of the organization for the benefit of the rest of the team if they do not improve. Studer Group recommends you hold highmiddlelow® conversations with each of these three groups on a consistent basis to move organizational performance.

What do low performers look like? Typically, they point out problems in a negative way, position leaders poorly, and may demonstrate little commitment to teamwork. They may be passive-aggressive or have little interest in improving their own performance (or that of the organization). When they come to work, they negatively influence the rest of the department or they may perform work with little regard for the behaviors of safety awareness. Sometimes low performers masquerade as high performers with strong technical or clinical skills. But their negative attitude or inability to be a team player gives them away.

Here's one litmus test: If this person resigned tomorrow, but both you and your staff were okay with it, you are dealing with a low performer.

One of the most important things to know about low performers is that they have serious staying power. Because they are convinced they can outlast any new initiative or leader, low performers can easily sabotage the effort of the whole group unless you take firm action with them.

Your goal is to re-recruit your high performers, coach your middle performers to a higher level, and take a strict “up or out” approach with your low performers.

In our ED, nurses and techs work closely and collaboratively. Since we have 31 beds and an average daily census of 120 patients, each staff member’s participation is critical.

However, two of our low performers were techs. One had serious performance challenges... including refusing tasks and excessive computer use. The other tech had excessive absences. While both went through steps of corrective action, these techs did only the minimum required to avoid termination.

As manager, I had tried to “rehab” these employees back to acceptable levels of performance and attendance. And yet, while this consumed much of my time, I was unsuccessful.

Finally, I realized the impact these staff members were having on our top talent. I realized that other employees had to compensate for the presence of these low performers. It was an Aha! moment for me when I finally understood I could not force these low performers to change.

At that point, I began to hold them accountable for their actions...the same accountability that I required of other employees. And in just a few weeks, they were managed out of the organization.

The impact on the ED staff was impressive. Staff morale improved dramatically, and there was a sense of happiness at work, rather than the previous sense of dread when the low performers were

working. Once I replaced them with high performing techs, I watched our patient satisfaction scores begin to show sustained improvement for the first time in two years.

Larraine Yeager, RN, MSN
ED Manager, Presbyterian Kaseman Hospital,
Albuquerque, NM

How to Have a Conversation with a Low Performer

With low performers, be consistent in setting expectations and consequences. Then follow through. If they continue to not meet expectations, exit them out of the organization.

When you schedule a conversation with a low performer, adopt a serious tone. Do not start out on a positive note. Use the “DESK” approach:

D: Describe what has been observed

E: Explain impact of behavior

S: Show /tell what needs to be done

K: Know Clearly state consequences of continued same performance

Follow-Up: Schedule follow-up conversation immediately within improvement timeframe. (For more on how to conduct highmiddlelow performer conversations, visit www.studergroup.com/excellenceintheED.)

Embrace Creative Tension

Author Peter Senge⁴ defines creative tension as the gap that exists when we hold a vision that differs from current reality. Or as Quint Studer says, it's the difference between current performance (where you are) and desired performance (where you need to be).

This tension, Senge says, can be resolved in two ways. You can either take action to bring reality into line with the vision—and move performance up—or you can lower your vision downward to release the tension (to allow people to feel more comfortable).

Creative people use the gap between what they want and what is to generate energy for change rather than to succumb to mediocrity. It is a tension of personal mastery and the source of all creative energy for innovation and process improvement.

As Quint explains, creative tension is not negative but it is often uncomfortable, which is why we must ask ourselves: *Is it the right thing to do? Even if I am uncomfortable?*

In his newest book, *Straight A Leadership: Alignment, Action, Accountability*, Quint explains that leaders in an increasingly difficult operating environment must continue to raise the bar by asking people to perform better so the organization can meet its mission. It's all about execution. Better execution means better care for our patients.

The reality is that change is here to stay. Volumes will continue to increase. We will continue to have more uninsured patients than we had a year ago. So embrace change.

At Studer Group, we believe that your best chance for success is to use the evidence-based tools in the coming chapters, because they have worked at hundreds of organizations to accelerate performance. If you verify and validate as you implement these tools and coach your staff to higher performance, the sky's the limit!

Key Learning Points: The Resistance Reality

1. Ultimately, leaders are responsible for driving change. The sign of a true leader is his or her ability to develop a process for change, show others why they need to change, and to execute change.
2. Why do staff resist change? A few reasons include the fact that it can seem risky; the purpose for change is not clear; leaders feel they lack the staff; they fear failure; or they lack the skill or the will.
3. Once you understand the reasons for resistance, you can address them through strong communication, effective training, and consistent reward and recognition.
4. One of the main barriers to moving organizational performance is the low performing employee. The only way to sustain long-term success is to take a strict “up or out” approach with them by setting clear expectations and consequences and following through. For best results, use the “DESK” approach to having a conversation with a low performer.
5. Embrace creative tension: the gap between current performance and desired performance. While it can be uncomfortable, leaders must raise the bar and ask employees to execute at a higher level for the organization to meet its mission in an increasingly complex and challenging operating environment.

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Yes, You Can Create a “No Excuses” Emergency Department!

For years healthcare professionals believed creating excellence in Emergency Departments was next to impossible. Too many patients, a shortage of resources, and too few hours in the day add up to big challenges. Yet where there's a will—and a team of passionate, caring staff members—there's most definitely a way.

By implementing proven, evidence-based tools and techniques, leaders can overcome the excuses and create an ED where employees and physicians want to work and patients want to receive care. *Excellence in the Emergency Department: How to Get Results* explains how.

Stephanie Baker, RN, CEN, MBA, has created a resource filled with proven, easy-to-implement, step-by-step instructions to move your Emergency Department forward. These process improvement tactics are based on research Studer Group has done with more than 500 organizations.

The book will help you:

- Implement tactics that provide measurable results within 90 to 180 days
- Work smarter and more efficiently with the team you have in place right now
- Reduce the incidence of patients who leave without being seen (LWOBS) for better service and higher revenue
- Demonstrate the financial impact of tools and tactics in order to justify and acquire more resources
- Communicate and work more effectively with ancillary and support departments
- Reconnect your staff members (and yourself) to that all-important sense of passion and purpose

Put the book's tactics into practice and your ED will experience elevated staff performance, greater ownership and accountability, a calmer environment—and, of course, better clinical outcomes.

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