

Overcoming the Full Plate Syndrome: How to Make Time for What's Important

By Quint Studer, CEO, Studer Group

These are some words I hear a lot from leaders as I travel the country:

"I have too much on my plate. How can I possibly fit it all in?"

This is such an important issue that I'd like to address it in two parts. First, I want to share Studer Group's experience on what organizations can do to increase the effectiveness of all leaders. In my next blog, I will share specific tactics for individuals that are highly effective.

In my seminars, when I ask attendees "How many of you have a full plate at work?", almost all hands go up. In fact, I suspect that the people who aren't raising their hands are feeling so overwhelmed they feel they don't even have time to raise their hands.

Senior leaders in the C suite say that responding to financial pressures eats up their day. Managers say they just have too much to do. But here's the thing...when I ask seasoned leaders if they feel they had a full plate 10 years ago, the same hands go up. I can see them thinking, "I had no idea know what a full plate *was* back then."

A Brief Look at History

So what was keeping us so busy ten years ago? Well, we were coming off re-engineering and were trying to learn how to do more with less staff. The Balanced Budget Act and managed care pressures were requiring us to do more with less money. Then there was the physician issue: Should we employ them? Not employ them? We were also agonizing over the aging healthcare workforce and how to meet the needs of the aging baby boomer population. Sound familiar?

We may call some of these challenges by slightly different names, but the pressures today are really just the same and just as urgent. We feel pulled in too many directions and frustrated by our inability to use our time to meet our mission.

But here's a secret: We will always have full plates because we are passionate about what we do in healthcare. We're also achievers. So even if something falls off the plate, we're quick to add something new. Because we're compassionate in healthcare, we're also not very good at saying no when people ask us to do something.

The thing is, once we accept that the plate is always going to be full, we can be more effective managing it. In his book, *The Road Less Traveled*, the late author Scott Peck noted that "Life is difficult. Once we accept that, life is not as difficult." The Big Book of Alcoholics Anonymous says it too: Ones' serenity is in direct proportion to ones' acceptance.

So What *Can We Do*?

If we agree that our success is measured by our ability to realize the organization's mission through specific organizational outcomes, then we have to find ways to spend the bulk of our time on the priorities that impact these outcomes. Sometimes our desire to accomplish a lot clouds our priorities with excess activity.

In working with many organizations to create evidence-based leadership, Studer Group has found that the keys to achieving outcomes are alignment, execution and accountability. In other words, goals and actions are aligned across the organization and consistently executed.

Leaders that we coach benefit from three key actions:

1. **Integrating measurable, objective outcomes into the evaluation system.**
When we begin working with a new organization, we frequently find they are using a subjective, competency-based evaluation system. By themselves, these systems do not typically achieve the organization's desired outcomes. Here's why: Competency does not assure consistent execution. Competencies are the "what" that we do. Measurable objectives, on the other hand, show leaders expected outcomes. As a result, they also reveal the competencies required to achieve those outcomes.

Competency-based evaluation systems are no doubt easier to put in place and receive less pushback from some leaders than objective evaluation systems do, but in the end they frequently do not achieve the outcomes the organization desires. We find that when organizations implement our leader evaluation system there is an immediate breakthrough in results and performance gaps are quickly identified for swift action. Many organizations also find them to be an excellent succession planning tool. It becomes clear what a leader needs to accomplish to move up in the organization.

2. **Using a system to prioritize these measurable outcomes.** I recently heard a hospital president in New York—Jon Schandler of White Plains Hospital Center—explain that leaders tend to gravitate to their comfort zones, which frequently do not match the organization's needs. The way to deal with this: Weight outcomes on a leader's evaluation so priorities are clear.

Here's a situation Studer Group coaches frequently see when reviewing evaluations: An organization is focused on improving patient safety. Leaders are familiar with the CMS' core measures being reported on. And yet, leaders who can most impact these clinical outcomes do not have a goal on their evaluation that would make this a high priority for them. Weighted goals in objective leader evaluations are what aligns the time the leader spends to the desired outcome. In fact, a CNO I know recently credited the organization's use of Studer Group's Leader Evaluation ManagerSM for bringing the focus needed to cut ICU central line infections by 46% (a \$432,000 annual savings). *You can read a partner case study, Advocate Good Samaritan at http://www.studergroup.com/newsletter/Vol1_Issue8/spring2007_sec1.htm.*

- 3. Building leadership skills.** If we all agree the external healthcare environment will continue to get more difficult, then it follows that more skilled leadership at all levels of the organization is necessary for success. Developing skills in our leaders is the lynchpin to making gains and sustaining excellent outcomes. Just as many organizations host "skills days" to validate clinical competencies, so must we validate leadership skills.

Senior leader teams that take the time to identify the skills their leaders need to achieve specific outcomes and have methods in place to attain and assess these skills will do well in the future. While it's true that any new skill requires some extra time to master initially, the return on investment of time is huge as we improve. Rounding for Outcomes, for instance, requires a little time to become efficient, but it gives leaders back hundreds of hours when low performers move up or out and repetitive, routine problems are finally fixed once and for all.

Isn't reducing leadership variance at least as important as standardizing purchases through approved vendors? Or use of the corporate logo? I wonder, because I find that many organizations spend more time on these things than they do reducing leadership variance. High-performing organizations create clear leadership expectations for service and operational excellence and hold leaders accountable for meeting them. But they also provide a road map on how to get there with training on specific leadership competencies. From training managers how to hire the best employees to teaching strategic change leadership to senior leaders, leadership development matters.

Hardwire It

At Studer Group, we use the term "hardwiring" to describe the process of putting systems, skills, tools and techniques in place to assure consistent execution. Leadership training and an outcome-based evaluation are two of the most critical tools to hardwire. When an organization puts a structured management system in place with these elements, it creates the kind of accountability that assures the culture will outlast the people in the room.

The reality is that my plate and your plate will always be full. But we can manage it with confidence and success if we have the right tools.

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