The National Prescription for Employee and Physician Engagement

Key Insights and Recommendations for Empowering the Workforce
The Business Case for Engagement

National Trends in Employee and Physician Engagement

Best Practices for Driving Engagement
Engagement a Powerful Piece of the Puzzle

Patient-Focused
- Patient Satisfaction
- Culture of Safety

Staff-Focused
- Retention
- Performance

Engagement

The Business Case for Engagement Slides and Talking Points
Ready-to-use, customizable slides and talking points available from Advisory Board

Source: Advisory Board Survey Solutions’ interviews and analysis.
Engaged Employees Are Our Top Performers

Percentage of Employees Receiving Top Review Score

By Engagement Category

n = 9117

<table>
<thead>
<tr>
<th>Engagement Category</th>
<th>Percentage</th>
<th>Mean Review Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>4.8%</td>
<td>3.31</td>
</tr>
<tr>
<td>Ambivalent</td>
<td>9.2%</td>
<td>3.39</td>
</tr>
<tr>
<td>Content</td>
<td>10.3%</td>
<td>3.49</td>
</tr>
<tr>
<td>Engaged</td>
<td>15.1%</td>
<td>3.58</td>
</tr>
</tbody>
</table>

Engaged respondents were 1.5x more likely than content respondents to receive the top review score.

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2015.
Turnover Doubling With Disengagement

Turnover Rate by Engagement Category

% No Longer with Organization, One Year Later

n = 14,423

- Disengaged: 22.4%
- Ambivalent: 14.3%
- Content: 11.7%
- Engaged: 10.4%

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2015.

1) Sample from 2 organizations' 2014 survey; results derived from comparison of 2014 survey responses to actual % of employees that had left organization by time of 2015 survey.
Physician Engagement a Boost to Quality and Patient Satisfaction

Inversely Correlated with Medical Errors
- \( r = -0.22 \)

Positively Correlated with Patient Satisfaction
- \( r = 0.73 \)

Medical Errors

Physician Engagement

Patient Likelihood to Recommend Hospital

Percentage difference in productivity between engaged physicians and disengaged physicians:
- **26%**

Source:
- Physician Executive Council interviews and analysis.
1. The Business Case for Engagement

2. National Trends in Employee and Physician Engagement

3. Best Practices for Driving Engagement
Overview of Advisory Board Survey Solutions

Creating the High-Performance Workforce

**ABSS - Employee Engagement (EE)**
- Real-time data query to prescriptive results platform
- User-friendly change management tools, expert consultations, networking

**ABSS - Physician Engagement (PE)**
- Best-in-class survey platform with Dedicated Advisor support
- Targeted survey questions for employed, affiliated, and independent physicians

**ABSS - Culture of Safety (CoS)**
- AHRQ culture of safety survey setup and administration
- Best-practice and action planning support

**ABSS - Nursing Engagement (NE)**
- Magnet-compliant survey instrument with department and unit-level drill-downs
- Hands-on nurse-leader training and expert consultations
Defining the Engagement Ambition

ABSS\textsuperscript{1} Engagement Index\textsuperscript{2}

- “This organization inspires me to perform my best”
- “I am willing to put a great deal of effort to help this organization succeed”
- “I would recommend this organization to my friends as a great place to work”
- “I am likely to be working at this organization three years from now”

Setting a High Bar

To be considered engaged, a respondent must answer “Strongly Agree” to at least two items, and no less than “Agree” to all items, measured on a six-point Likert scale\textsuperscript{3}

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1) Advisory Board Survey Solutions.
2) Applies to employed, contracted, and co-management physicians.
3) “Strongly Disagree,” “Disagree,” “Tend to Disagree,” “Tend to Agree,” “Agree,” “Strongly Agree.”
Considering Dual Strategies for Physicians

ABSS\textsuperscript{1} Physician Engagement and Alignment Indices

**Employed**

**Engagement Index**

- This organization inspires me to perform my best
- I am willing to put in a great deal of effort to help this organization succeed
- I would recommend this organization to other clinicians as a great place to practice
- I am likely to be practicing at this organization three years from now

**Alignment Index**

- I prefer to admit and/or refer my patients to this organization
- I would recommend this organization to other clinicians as an excellent place to refer and/or admit their patients
- I am willing to serve in non-clinical roles such as positions on hospital committees

**Independent**
Understanding the Drivers of Engagement, Alignment

Engagement Drivers

28-42 Questions measure drivers of engagement

Engagement questions gauge:

► Confidence in organizational strategy, leadership, and reputation
► Perception of culture, support, teamwork, compensation, recognition, and professional development

Alignment Drivers

21 Questions measure drivers of alignment

Alignment questions gauge:

► Confidence in hospital strategy, leadership, and reputation
► Perception of hospital communication, quality of care, staff effectiveness, and patient convenience

Driver Impact Analysis

• Multivariate regression analysis explains how much the drivers collectively describe engagement or alignment
• By accounting for all drivers together, the resulting model provides the relative impact of each driver on overall engagement or alignment

1) 42 drivers used for employee engagement, 28 for economically affiliated physicians, and 21 for independent physicians; among physician drivers, 10 items are common
Engagement on a Gradual Upward Trend

**Engagement and Disengagement Trends**

*Percentage by Calendar Year of Survey Administration*

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Disengaged</th>
<th>Percent Engaged</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>5.4%</td>
<td>94.6%</td>
</tr>
<tr>
<td>2011</td>
<td>6.5%</td>
<td>93.5%</td>
</tr>
<tr>
<td>2012</td>
<td>5.6%</td>
<td>94.4%</td>
</tr>
<tr>
<td>2013</td>
<td>5.5%</td>
<td>94.5%</td>
</tr>
<tr>
<td>2014</td>
<td>5.8%</td>
<td>94.2%</td>
</tr>
<tr>
<td>2015</td>
<td>5.0%</td>
<td>95.0%</td>
</tr>
<tr>
<td>2016</td>
<td>4.7%</td>
<td>95.3%</td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2016.
Consistent Focus on Engagement Pays Off

Multi-Year Partners Improving Faster than Overall Industry

Engagement Trends

*Percentage by Calendar Year of Survey Administration*

![Graph showing engagement trends from 2012 to 2016 for Overall, Multi-Year Partners, and First Year Partners. The graph indicates a steady increase in engagement for Multi-Year Partners compared to Overall and First Year Partners.*

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2016.
Engagement Drivers Largely Consistent Over Time

**Top 10 Drivers by Impact on Engagement**

*Determined by Multivariate Regression Analysis of 42 Engagement Drivers*

<table>
<thead>
<tr>
<th>Driver</th>
<th>2015 Rank</th>
<th>2016 Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe in my organization’s mission.</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>My organization provides excellent care to patients.</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>My current job is a good match for my skills.</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>The actions of executives in my organization reflect our mission and values.</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>I understand how my daily work contributes to the organization’s mission.</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>I am interested in promotion opportunities in my unit/department.</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>My ideas and suggestions are valued by my organization.</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Executives at my organization respect the contributions of my unit/department.</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>My organization provides excellent customer service to patients.</td>
<td>15</td>
<td>9</td>
</tr>
<tr>
<td>My most recent performance review helped me to improve.</td>
<td>12</td>
<td>10</td>
</tr>
</tbody>
</table>

1) Based on a multivariate regression of 42 engagement drivers. The 2015 model contains 21 drivers with an $r^2$ value of .61.

2) The driver replaced from spots 7, 8, and 10 in the 2015 regression were: “My organization recognizes employees for excellent work”, “I understand how my daily work contributes to the organization’s mission”, and “My organization pays me fairly for my job”.

Source: Advisory Board Survey Solutions’ National Employee Engagement Database, 2016.
Hot-Button Issues to Consider

- Satisfaction with Pay
- Millennial Turnover
- Stress and Burnout
- Leader “Pinch Points”

Source: Advisory Board Survey Solutions’ National Employee Engagement Database, 2016.
Engagement “Trickle-Down” Effect Undeniable

Leadership Engagement vs. Frontline Engagement

By Job Role

Executive/Director Engagement
R-square = .413

Manager Engagement
R-square = .347
Where is Your Organization’s Leader “Pinch Point?”

Percent Engaged by Leadership Role

<table>
<thead>
<tr>
<th>Role</th>
<th>Clinical</th>
<th>Non-Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor/Asst. Manager</td>
<td>56.6%</td>
<td>59.0%</td>
</tr>
<tr>
<td>Manager</td>
<td>65.9%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Director</td>
<td>70.4%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Executive/VP</td>
<td>74.6%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2016
### Millennials More Engaged Than Loyal

#### Gap Between Engagement Index and Likelihood to Stay Score

<table>
<thead>
<tr>
<th>Age</th>
<th>Less than 1 year (N=32,223)</th>
<th>1-3 years (N=72,917)</th>
<th>4-6 years (N=38,573)</th>
<th>7-15 years (N=73,021)</th>
<th>Greater than 15 years (N=50,346)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 25 (N=12,317)</td>
<td>0.44</td>
<td>0.41</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>25-35 (N=68,856)</td>
<td>0.20</td>
<td>0.23</td>
<td>0.09</td>
<td>-0.03</td>
<td>--</td>
</tr>
<tr>
<td>36-45 (N=61,277)</td>
<td>0.09</td>
<td>0.10</td>
<td>0.01</td>
<td>-0.06</td>
<td>-0.17</td>
</tr>
<tr>
<td>46-55 (N=64,621)</td>
<td>0.06</td>
<td>0.05</td>
<td>-0.01</td>
<td>-0.09</td>
<td>-0.17</td>
</tr>
<tr>
<td>Older than 55 (N=60,027)</td>
<td>0.19</td>
<td>0.18</td>
<td>0.17</td>
<td>0.16</td>
<td>0.29</td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2015.
Consider a Unique Strategy to Retain Millennials

Top Drivers of Millennial Loyalty Compared to Top Drivers for Overall Engagement

<table>
<thead>
<tr>
<th>Driver</th>
<th>Millennial Loyalty Rank</th>
<th>Overall Engagement Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>The actions of executives in my organization reflect our mission and values</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>My current job is a good match for my skills</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>My most recent performance review helped me to improve</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>I am interested in promotion opportunities in my unit/department</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>I receive effective on the job training</td>
<td>5</td>
<td>--</td>
</tr>
<tr>
<td>My ideas and suggestions are valued by my organization</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>My organization does a good job of selecting and implementing new technologies to support my work</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>The benefits provided by my organization (such as health care, retirement savings, etc.) meet my needs</td>
<td>8</td>
<td>21</td>
</tr>
<tr>
<td>My organization provides excellent care to patients</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>My organization helps me deal with stress and burnout</td>
<td>10</td>
<td>12</td>
</tr>
</tbody>
</table>

Source: Advisory Board Survey Solutions’ National Employee Engagement Database, 2016.
Physician Engagement Holding Relatively Steady

 Alignment on the Increase

**Physician Engagement Distribution by Year**

*Percentage of Respondents by Engagement Category, 2014-2015*

- **Disengaged**
  - 2014: 6.6%
  - 2015: 6.9%

- **Ambivalent**
  - 2014: 17.0%
  - 2015: 7.3%

- **Content**
  - 2014: 42.2%
  - 2015: 41.0%

- **Engaged**
  - 2014: 34.2%
  - 2015: 34.8%

**Physician Alignment Distribution by Year**

*Percentage of Respondents by Alignment Category, 2014-2015*

- **Disaffected**
  - 2014: 14.8%
  - 2015: 11.9%

- **At Risk**
  - 2014: 23.8%
  - 2015: 22.4%

- **Loyal**
  - 2014: 37.4%
  - 2015: 37.7%

- **Aligned**
  - 2014: 24.0%
  - 2015: 28.0%
Assessing Relational Performance by Specialty

Independent Primary Care Providers a Key Group for Future Strategy

Specialties Segmented by Gap to Overall Engagement and Alignment Benchmark

- Low Engagement
  - High Alignment
  - Child Psychology
  - Emergency Medicine
  - Infectious Disease
  - Neurology
  - Psychiatry

- Low Engagement
  - Low Alignment
  - Allergy/Immunology
  - Dermatology
  - Endocrinology
  - Gastroenterology
  - Neonatology
  - Ophthalmology
  - Orthopedic Surgery

- High Engagement
  - High Alignment
  - Infectious Disease
  - Pathology
  - Oncology/Hematology
  - Plastic Surgery
  - Vascular Surgery
  - Pulmonology/Critical Care
  - Hospitalist

- High Engagement
  - Low Alignment
  - Dentistry
  - Family Medicine
  - Internal Medicine/General
  - Nephrology
  - Neurological Surgery
  - Plastic Surgery
  - Oral Maxillofacial Surgery
  - Pediatrics – General
  - Pediatrics – Specialist
  - Physical Medicine and Rehabilitation

Gap to Overall Alignment Benchmark
### Top Drivers for Economic Affiliates

*Rank-Ordered by Impact on Engagement Index*

1. I would recommend this organization to a friend or relative to receive care
2. The actions of this organization’s executive team reflect the goals and priorities of participating clinicians*
3. This organization is open and responsive to my input*
4. I am interested in physician leadership opportunities at this organization*
5. This organization supports the economic growth and success of my individual practice*
6. This organization supports my professional development
7. This organization is well-prepared to meet the challenges of the next decade*
8. This organization provides excellent clinical care to patients*
9. I have the right amount of autonomy in managing my individual practice
10. Over the past year I have not been asked by this organization to do anything that would compromise my values

### Top Drivers for Independents

*Rank-Ordered by Impact on Alignment Index*

1. I am interested in physician leadership opportunities at this organization*
2. This organization provides excellent clinical care to patients*
3. I view this organization as a strategic partner in navigating the changing health care landscape
4. I have a high degree of confidence in this organization’s medical staff
5. This organization accepts the insurance most commonly used by my patients
Considering the Overlap

Employee Engagement

- Belief in mission
- Quality of performance reviews and feedback

Physician Engagement/Alignment

- Executive respect of contributions and input
- Quality of care and service
- Professional development

- Autonomy
- Practice support
- Patient access

1) Among physicians, a top driver of engagement
2) Among physicians, a top driver of alignment
1. The Business Case for Engagement

2. National Trends in Employee and Physician Engagement

3. Best Practices for Driving Engagement
Executive Involvement Crucial

"Executives at my organization respect the contributions of my unit/department"

Percent of Engaged Frontline Employees by Response

Staff who strongly agree are nearly twice as likely to be engaged as those who agree.

Source: Advisory Board Survey Solutions' National Employee Engagement Database, 2016.
Case in Brief: Overlake Hospital Medical Center

- 350-bed hospital in Bellevue, WA
- Winner of Advisory Board Workplace of the Year and Workplace Transformation Awards
- Following monthly executive rounds, next steps and owners communicated back to organization through “We Heard You” brand and multiple channels

Percent Engaged

<table>
<thead>
<tr>
<th>Year</th>
<th>Overlake</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>52.8%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

85th percentile for % engaged
Tracking Feedback a Necessary First Step

Tracking Template for Executive Rounds

<table>
<thead>
<tr>
<th>Status</th>
<th>Department</th>
<th>Employee</th>
<th>Resolver(s)</th>
<th>Description</th>
<th>Opened</th>
<th>Close</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open/Closed</td>
<td>[Relevant Departments]</td>
<td>[Name of employee submitting request]</td>
<td>[Name of leader(s) responsible]</td>
<td>Issue: Action: Update:</td>
<td>Date Request Submitted</td>
<td>Date Action Item Complete</td>
</tr>
</tbody>
</table>

Tracking resolution status, not just feedback itself, ensures follow-up occurs.

Identifying resolver(s) places accountability on clear owner.

Open and close dates used to communicate how rapidly issues get addressed.

Source: Advisory Board Survey Solutions interviews and analysis.
Closing the Loop on Executive Rounding

Key Success Factors for Overlake’s “We Heard You” Messages

- **Strong branding**
- **Text clearly connect dots between frontline input and executive action**
- **Updates distributed first to leaders, then staff via multiple communication channels (e.g., intranet, email, communication boards)**

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**EXECUTIVE ROUNING**

**11.2016**

Is a series of scheduled, structured visits Overlake executives make to talk with hospital and clinic staff about quality and safety issues. A number of improvements were made within the past few months as a result of executive rounding. These include:

- Better signage was installed at the front desk of the Senior Health Clinic to designate the different departments.
- **New employees’ names and titles are now listed in the Overlake Weekly** to welcome them and let coworkers know about new hires. The practice began Sept. 28, 2016 following staff members’ suggestion.
- **Coding Department employed a secure place to store valuables during work.** Although staff members had lockers, they did not have keys. Keys have since been provided.
- **Custodian books that were too low in Overlake Medical Clinics Primary Care – Redmond were removed and the walls patched and repainted.**
- **Cigarette receptacles were placed on the sidewalk in front of the Emergency Department and in various outside locations throughout the hospital.** They were added to address concerns over cigarette butts littering the campus. Overlake remains a tobacco-free and smoke-free organization. This includes e-cigarettes and unregulated nicotine products.
- **Staff noticed that TV monitors that play throughout the hospital and clinics had out-of-date slides.** The monitors have since been updated and a plan is now in place to routinely update the slideshow.
- **Printers were installed in Overlake Medical Clinics exam rooms so after visit summaries could be printed in the rooms.** Having the summaries printed in the exam rooms rather than at a centralized location helps to ensure patients’ privacy. To date, printers have been installed in Senior Health, Redmond, Kirkland and Issaquah clinics.

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Source: Overlake Hospital Medical Center, Bellevue WA; Advisory Board Survey Solutions interviews and analysis.
Seeing an Improvement on Key Drivers

Change in Performance on “My Ideas and Suggestions are Valued” Driver

- 4.2% increase

2015 2016

Change in Performance on “Actions of Executives Reflect Our Mission and Values” Driver

- 6.1% increase

2015 2016

Source: Overlake Hospital Medical Center, Bellevue WA; Advisory Board Survey Solutions interviews and analysis.
Maximizing Executive Rounds

Checklist for Effective Rounding

- Executives ask standardized set of questions
- All executives have dedicated time to round at least monthly
- Rounding conversations include patients, staff, and leaders
- Rounding locations include ambulatory sites and non-clinical areas
- Executives round on all shifts
- Executives or support staff log feedback in sortable format and outline clear ownership
- Executives and/or communications department close loop with staff in a timely and meaningful manner

Source: Advisory Board Survey Solutions interviews and analysis.
Case in Brief: Piedmont Healthcare

- 7-hospital system headquartered in Atlanta, GA
- History of executive rounding during period called “Piedmont Promise Hour”
- Renewed focus on first-year and early turnover led to creation of employee contract cards for use during executive-frontline staff introductions

Performance on Executive Drivers

Percent Agree/Strongly Agree, 2016

- Executives respect contributions: 60.5%
- Actions of executives reflect mission and values: 67.1%

Source: Piedmont Healthcare, Atlanta, GA; Advisory Board Survey Solutions interviews and analysis.
Establishing a Relationship in the First 30 Days

Process for Disseminating Welcome Cards

HR shares with executives stack of welcome cards, list of all new hires on ongoing basis

New hire drops card in box to indicate their executive connected with them

Executives expected to meet with new hires within 30 days, share welcome card to make connection

HR collects cards to track compliance

Source: Piedmont Healthcare, Atlanta, GA; Advisory Board Survey Solutions interviews and analysis.
Dual Approach to Incentivize Connection

Welcome Card on Backside of Business Card

Methods to Encourage Participation

Frontline Recognition

Employees who submit welcome cards to HR eligible for a raffled prize

Executive Accountability

Executive participation tracked for each site and included on monthly operating reports, announced during regular leadership team meetings

Source: Piedmont Healthcare, Atlanta, GA; Advisory Board Survey Solutions interviews and analysis.
Huge Opportunity at Frontline Staff Level

Raw Numbers Reveal a Valuable, Yet Often Overlooked, Resource

Number of Engaged Individuals by Level

**Representative Organization**

- **Executives**: 7
- **Directors/VPs**: 18
- **Managers**: 59
- **Frontline Staff**: 860

Source: Advisory Board Survey Solutions interviews and analysis.
Case in Brief: Virtua

- 3-hospital system headquartered in Camden, NJ
- Winner of Advisory Board Workplace of the Year award
- Foster grassroots change and executive-frontline connection through two tiers of teams

Percent Engaged

2016

Virtua: 52.5%
Benchmark: 40.5%

85th percentile for % engaged
Hardwired Connections at Multiple Levels

Virtua Change Team Feedback Loop

Local Employee Change Teams (LECT) in Brief

- Facility-level teams comprised of 10-15 frontline employees nominated by leaders
- Teams include 1 facility executive and 1 HR leader
- Focus on ideation and execution of local changes, with an eye toward employee and customer experience
- Two members of each LECT sit on system Employee Advisory Group (EAG), elevate common changes and challenges to system CEO

Source: Virtua, Camden, NJ; Advisory Board Survey Solutions interviews and analysis.
The Power of the “Skip” Connection

Benefits Associated with Virtua’s Change Team Model

Improves Flow of Information to Executives
Allows for frontline input without manager “filtering”; shared membership on LECT and EAG offers coordination between facility and system efforts

Enables Efficient Decision-Making
Executive, HR presence allows teams to make get approval and make decisions in the moment

Promotes Accountability at All Levels
Encourages frontline staff to take change initiatives “in their own hands”
# LECT Contributions Offer Significant Cumulative Impact

## Representative Changes Instituted by LECTs

- Advocated for collaborative work environment with cube sound barriers and conference room cleanup protocol
- Surveyed peers for Voice of the Customer business case
- Met with SVP of Facilities and CEO to discuss improvements
- Revitalized IS service
- Designed program for cross-training employees
- Established campus directory
- Determined use of wellness grant and created mission: Be Well, Get Well, Stay Well
- Wellness champions led by VP of Nutrition
- Visit local farms and bring in fresh fruit
- Created meditation room
- Renovated campus exercise room
- Piloted food service program
- Purchased picnic tables for outdoor seating area
- Worked with facility managers to install a flag pole at the Long Term Care and Rehabilitation facility
- Facilitated process to get a covered walkway into one of the hospitals
- Added safety measure to parking lot
- Established escalation path for urgent facility needs
- Led community outreach initiatives

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*The individual ideas may be small, but the power is in their accumulation. Together, they offer tremendous value in showing our staff what they are capable of changing.*

*Chris Corwin, VPHR*
Case in Brief: Palmetto Health

- 6-hospital system headquartered in Columbia, SC
- Winner of Advisory Board Workplace of the Year award
- Executives lead employee and patient experience committees at the system and entity level
- System committee sets strategic priorities, while entity teams execute

Percent Engaged

2016

Palmetto: 51.2%
Benchmark: 40.5%

83rd percentile for % engaged
Team Structure Balances Similarities, Differences in Experience Work

**Experience Teams in Brief**

- Dedicated employee and patient experience teams at system level comprised of 10-15 leaders and frontline staff.
- Teams led by “experience champions,” including chief marketing, HR, and nursing executives, and focus on setting system priorities.
- Members also participate in entity-level combined experience teams, each led by entity executive.
- Entities focus on operationalizing priorities passed down by system teams, with flexibility to implement initiatives that meet each entity’s culture and needs.

Source: Palmetto Health, Columbia, SC; Advisory Board Survey Solutions interviews and analysis.
Entity Teams Serve as “Hub” in Process of Inflecting Metrics

**Employee Experience**
- Formalize employee recognition program

**Patient Experience**
- Formalize patient experience sharing program

**Entity Team**
- Joy Carts
- Joyful e-card platform for staff
- “My story” patient cards

**Employee Metric**
- Engagement survey recognition driver

**Patient Metrics**
- Patient surveys, number of patient stories each month

Source: Palmetto Health, Columbia, SC; Advisory Board Survey Solutions interviews and analysis.
Physicians Put Their Faith in Other Physicians

Physicians More Confident in Physician Leaders Than Administrators

Physicians More Confident in Physician Leaders than Non-Physician Leaders to Manage:

- Rising health care costs
- Reducing unnecessary care that’s not evidence-based
- Consolidation in the industry to achieve scale
- Implementation of improved methods of treatment and diagnosis
- Negotiating with payers
- Increased transparency around quality

Physicians More Confident in Non-Physician Leaders than Physician Leaders to Manage:

- Access to capital to fund innovation and growth for an organization

Administrators have greater expertise than physician leaders on many of these issues

11 out of 12

Issues that physicians are more confident in physician leaders than non-physician leaders to manage

Physician Governance a Long, but Worthy, Journey

Models for Physician Participation in Strategy Setting

- **Represented Constituency**
  - Contribute input on behalf of physician peers during strategic meetings

- **Trusted Advisors**
  - Provide guidance, advisory feedback to administration on strategic issues

- **Equal Counterparts**
  - Craft system strategy in parallel with administrative bodies

- **Fully Integrated Partners**
  - Join administrators as integrated partners in setting strategy

Source: Health Care Advisory Board interviews and analysis; Physician Executive Council analysis.
At Johnston Memorial, Physician Dissatisfaction Leads to Leadership Restructuring

Low Physician Engagement Scores
CMO identifies significant room for improvement on physician satisfaction scores

Goal to Increase Physician Strategic Input
CMO and other hospital executives seek method for more regular communication, strategic input from physicians

New Physician Leadership Structure
CMO develops three-part physician leadership structure, including Physician Advisory Council responsible for providing input on strategy

Starting Down a New Path to Engage Physicians

“When I came in as CMO in 2012, we were really struggling with physician engagement. I realized I needed to find a way to communicate with the physicians and develop a structure for them to meaningfully engage.”

Hughes Melton, MD
CMO, Johnston Memorial Hospital

Source: Johnston Memorial Hospital, Abingdon, VA; Physician Executive Council interviews and analysis.
### Delineating Clear Leadership Responsibilities

Advisory Council Specifically Created to Give Strategic Input

#### Three Primary Physician Leadership Groups at Johnston Memorial

<table>
<thead>
<tr>
<th></th>
<th>Medical Executive Committee (preexisting)</th>
<th>Physician Director Group (new)</th>
<th>Physician Advisory Council (new)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Membership: Department chairs, medical staff officers, etc.</td>
<td>Membership: All paid hospital-based directors</td>
<td>Membership: Cross-section of medical community (inpatient and outpatient, employed and independent)</td>
</tr>
<tr>
<td></td>
<td>Represents: Hospital staff</td>
<td>Represents: Hospital service lines</td>
<td>Represents: Full medical community</td>
</tr>
<tr>
<td></td>
<td>Leader: Chief of Staff</td>
<td>Mission: Hospital-based process improvement, improve communication between departments</td>
<td>Mission: Strategic input, promote communication between administration and physicians, co-lead board quality meeting</td>
</tr>
<tr>
<td></td>
<td>Mission: Governance, peer review, and credentialing</td>
<td></td>
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</tr>
</tbody>
</table>
Mission Statement Defines Advisory Council’s Scope

Johnston Memorial Physician Advisory Council Mission Statement (excerpt)

Johnston Memorial Physician Advisory Council

**Purpose and Vision:** Create a group of diverse physician leaders who will represent the patients, community, and physicians that Johnston Memorial Hospital serves with a focus on quality improvement, communication, and leadership development:

1. **Quality Improvement**
   - Review, provide feedback on, and develop care plans and order sets as needed.
   - Review transitions of care and population health initiatives.
   - Projects as needed (recent example: review sepsis initiative statistics and provide project feedback).

2. **Improve Communication**
   - Provide input on the proposed strategic direction for JMH
   - **Help mitigate the rumor mill. Share the “Why” behind decisions being made.**
   - Sponsor quarterly dinners with the community physicians for feedback and mentoring.

3. **Physician Leadership**
   - Develop and deploy physician leaders where they are needed to represent our patients, practices, and communities.
   - Provide opportunities for leadership skill development within the hospital and the community as requested or identified as needed.

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1) Johnston Memorial Hospital.

Source: Johnston Memorial Hospital, Abingdon, VA; Physician Executive Council interviews and analysis.
Already Seeing Improved Physician Engagement

**Early Indications of Increased Engagement…**

- Increased participation in full medical staff meetings

- Increased participation in internal Physician Leadership Program¹

- Double the response rate to the engagement survey²

**…And Improved Hospital Financial Performance**

*Operating Income, Budgeted and Actual*

Due to decreased length of stay, decreased percentage of observation patients, increased CMI³, etc.

<table>
<thead>
<tr>
<th>FY 2014</th>
<th>FY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budgeted</td>
<td>Actual</td>
</tr>
</tbody>
</table>

-52% → 229%

Source: Johnston Memorial Hospital, Abingdon, VA; Physician Executive Council interviews and analysis.

1) From 3 to 9 physicians per year.
2) From 2013 to 2015.
3) Case-mix index.
Tackling the Physician Burnout Challenge

Lessons From Our Listening Campaign

1. **Start With A Physician Listening Campaign**
   
   “I’m asked to do so much by people who understand nothing about my job.”
   
   1. Create a listening mechanism
   2. Offer support based on what you hear

2. **Give Physicians an Active Role in Decision-Making**
   
   “I feel like a cog in the wheel.”
   
   3. Create individual choice around new operational changes
   4. Acknowledge impact of organizational change
   5. Create options around job flexibility

3. **Aim for Net-Neutral Feedback and Recognition**
   
   “I don’t feel valued. All I hear is negative feedback.”
   
   6. Share qualitative feedback
   7. Give credit for extra-clinical work
   8. Reward extra effort with extra time

4. **Break the Silence With Wraparound Emotional Support**
   
   “This job is emotionally exhausting, and there’s no one to talk to about it.”
   
   9. Create opportunities for communication
   10. Build professional support infrastructure
   11. Allow time off to regroup and recharge

Source: Medical Group Strategy Council interviews and analysis.