Data-Driven Approach to Help Improve Workforce Engagement

Presented on: March 16, 2017

Presented by:

Barbara Reilly, PhD.
SVP Employee, Nurse, and Physician Engagement
Agenda

- Challenges Organizations Face with Employee Engagement
- Role, Attributes and Responsibilities of Leaders in Creating an Engaged Workforce
- Case Study: The John Muir Health Employee Engagement Journey Partnering with Press Ganey
- Coaching & Leadership Development Initiative
  - Description
  - Results
- Upcoming Events & Announcements
- Questions & Answers via Online Q&A Feature (Time Permitting)

A Compassionate, Connected Culture Lives at All Levels of an Organization

- Leadership must create the **foundation for engagement** by modeling the values and behaviors of the organization
- Sustainable improvement is a journey, not an event
- Leaders are most powerful when they are connected to the people on the frontlines who provide direct care to patients and families

**HOW** we perform an action or task is as important as the action itself...
Compassionate Leaders Promote a Compassionate Culture

Attributes of the Compassionate, Connected Leader

- Models integrity and fairness
- Sets clear goals (for themselves and their staff)
- Encourages others
- Provides support, recognition and constructive feedback
- Motivates to look beyond self-interest
- Inspires to go above and beyond expectations

What is Engagement?

- Engagement is the key outcome metric of the Engagement practice at Press Ganey.
- It assesses loyalty to the organization, likelihood to recommend, pride, and satisfaction.
- The metric is expressed as a composite score based on Press Ganey’s six Engagement items
- The Engagement score is then compared to National averages or history when available.
  - Comparison to National averages allow for a percentile ranking of the organization compared to the Press Ganey database
  - Currently 1.25 Million Healthcare Providers
Measuring Employee Engagement

- I would recommend this organization as a good place to work.
- I would recommend this organization to family and friends who need care.
- I am proud to tell people I work for this organization.
- I would like to be working at this organization three years from now.
- I would stay with this organization if offered a similar job elsewhere.
- Overall, I am a satisfied employee.

Press Ganey Employee Voice Model
Clients in Top Quintile of Employee Engagement see Higher HCAHPS Performance - Percentile Rank

Best Practices: Using Data at the Work Unit Level

- Base follow-up on a work unit’s results:
  - Recognition for high scoring units
  - Targeted follow-up for low scoring units
- Ensure Human Resources’ personnel and leadership development efforts are being deployed to the areas with the biggest needs
- Provide action planning tools and resources to leaders/work units who are ready to take action. To accomplish this, the Engagement Portal provides:
  - Tier Scores to identify High/Medium/Low scoring
  - Action Planning Readiness Scores for each reporting group
  - Specific Strengths/Concerns for each reporting group
  - Proven Solution Starters for all core items
  - Action Planning System to track and ensure successful follow-up
- Leverage multiple data sets to identify “high risk” work units
- Use pulse surveys to target low performing work units
Case Study in Improving Engagement

Our Journey Toward Employee Engagement

John Muir Health

- Nationally recognized, not-for-profit, San Francisco Bay Area
- 6,500 employees and 1,600 volunteers
- 1,000 primary care and specialty physicians
  - John Muir Medical Group (Foundation Model)
  - Muir Medical Group, IPA
- Two hospitals (regional trauma center)
- Behavioral Health Center (in and outpatient)
- Full-range of medical services
- Recognized for clinical quality
- Partnerships with Stanford Children’s Health, Tenet / San Ramon Regional Medical Center, and UC San Francisco Medical Center
How Do We Know Employees Are Engaged Based on Employee Voice Survey scores?

- There are 15 standard questions that Press Ganey uses that predictably drive engagement based on their national database
- Results determine Tier Level scores
  - Tier thresholds do NOT change year to year or from organization to organization
    - **Tier 1** = Average score of Power Items is 4.15 and above
    - **Tier 2** = Average score of Power Items is 3.81 – 4.14
    - **Tier 3** = Average score of Power Items is 3.80 and below

Employee Engagement History at JMH

<table>
<thead>
<tr>
<th>Year</th>
<th>Theme</th>
<th>Employee Voice Survey Nat’l Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>Pre-Health Care Reform; JMH is in steady state</td>
<td>99th p-tile</td>
</tr>
<tr>
<td>2011</td>
<td>Journey on Road to Affordability - Cost reduction strategies begin</td>
<td>80th p-tile</td>
</tr>
<tr>
<td>2014</td>
<td>Closure of Muir Reference Lab and Voluntary Separation Program</td>
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</tbody>
</table>

...Employees respond to the changes through the survey
2014 Employee Voice Survey

The unexpected results sent a shock wave through the organization!

57th percentile

Strategy for the 2014 Employee Voice Survey Results

• Partnered with Press Ganey to strategize and consider solutions and best practices using available tools & resources
• We needed to:
  – Listen to our employees
  – Incorporate their feedback into action plans
  – Support our leaders
Using Tools We Already Had:
Our “Aha!” Moment

John Muir Health’s Brand Promise

• We LISTEN…
• We EXPLAIN…
• We WORK TOGETHER as a team…

The right hand knows exactly what the left hand is doing.

Working together as a team is not only part of our vision. It’s important enough to
patients that we’ve included it in our Behavioral Standards as well.

Patients want to be able to trust that we’re collaborating with each other on their care.

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Now, where do we begin…?

Action Planning: Our Recovery Journey Begins

• Tier I Departments/Workgroups
  – Plan
    • Shared their results
    • No action plans necessary
• High Tier II Departments/Workgroups
  – Plan
    • Shared their results
    • 2 items for actions plans
• Low Tier II and Tier III Departments/Workgroups
  – Based on Action Readiness Score (70 or below)
  – Plan
    • Interventions begin
Measuring the Success of Our Plan

• Pulse Survey
  – Objective measurement of progress
  – 30 questions from original survey used
  – Approximately 96 work units (Low Tier II and all Tier III)
  – Pulse survey conducted in December 2015

• Plan to conduct following interventions
Intervention Process (Low Tier II and Tier III)

1. Lisa Foust, SVP, HR met with senior leaders (from all departments)
   – 1:1 meetings between Lisa and each SVP (and above) to discuss their individual department leaders
     • CRITICAL COMPONENT
       – Discussed during meeting:
         • Should the director present their department-specific survey data or assign an “outside” facilitator?
         • Prioritize interventions for the leader(s)
         • Discuss issues behind the survey data
         • Special considerations

2. Facilitated staff meetings for identified departments

3. 53 leaders from bottom half of Tier II and all of Tier III departments invited to Coaching/Leadership Development Cohorts
   – 5 cohorts, 10-13 leaders per cohort
   – Leaders instructed to begin developing their Action Plans prior to launch of Coaching/Development sessions
Coaching/Leadership Development Initiative

JMH PURPOSE/GOAL:
To support our leaders in responding to our Employee feedback and survey results

1. Cohort Group Session – Objectives
   - Identify the benefits and value of a compassionate, connected culture
   - *Connect the dots* between employee experience to patient experience
   - Describe the “What,” “How,” and “Why” of behaviors that drive, support and sustain a compassionate, connected workforce
   - Introduce approaches where leaders can influence and engage others

2. Meeting with leader from cohort, the person they report to and coach
   - Discuss goals, concerns
   - Communicate expectations – both for leader and their supervisor
   - Identify communication plan
Coaching/Leadership Development Initiative

3. Conduct 1:1 coaching sessions
   – 6 one-hour sessions for each leader (over 4 month period)

Coaching/Leadership Development Initiative

4. Cohort Group Wrap-Up Session
Coaching/Leadership Development Initiative

5. Wrap-up meeting with leader from cohort, the person they report to and coach

Pulse Survey – December 2015

- 64% participation
- Results received January 2016
- Plan for coaches to meet with their leaders to review/discuss their Pulse results and provide support
- Additional coaching offered to leaders that may need continued support

We LISTEN... We EXPLAIN... We WORK TOGETHER as a team!
## Pulse Survey – Tier Movement

<table>
<thead>
<tr>
<th>Tier Level</th>
<th>Level Increase (2015 Pulse vs. 2014 Full Survey)</th>
<th>Level Increase</th>
<th>Same</th>
<th>Level Decrease</th>
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<tbody>
<tr>
<td>Tier I</td>
<td>Tier III to Tier I</td>
<td>10</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Tier II to Tier I</td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td>No 2014 Tier to Tier I</td>
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<td></td>
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<tr>
<td>Total</td>
<td>20 increased to Tier I</td>
<td></td>
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<tr>
<td>Tier II (High)</td>
<td>3.96 and above</td>
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<td></td>
<td>Tier III to Tier II (high)</td>
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<td></td>
<td>Tier II (low) to Tier II (high)</td>
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<td></td>
<td>No 2014 Tier to Tier II (High)</td>
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<tr>
<td></td>
<td>Tier II (high) – Tier II (high) – No Change</td>
<td>2</td>
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<td></td>
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<tr>
<td>Total</td>
<td>26 increased to Tier II (high)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier II (low)</td>
<td>Below 3.96</td>
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<tr>
<td></td>
<td>Tier III to Tier II (low)</td>
<td>12</td>
<td></td>
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<tr>
<td></td>
<td>Tier II (low) to Tier II (low) – No Change</td>
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<td></td>
<td>No 2014 Tier to Tier II (low)</td>
<td>1</td>
<td></td>
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<tr>
<td>Total</td>
<td>13 increased to Tier II (low)</td>
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<tr>
<td>Tier III</td>
<td>Tier II (low) to Tier III</td>
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<td>Tier III to Tier III – No Change</td>
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<td></td>
<td>No 2014 Tier to Tier III – No Change</td>
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<tr>
<td>Total</td>
<td>20 decreased</td>
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<tr>
<td>Total</td>
<td>96 Departments</td>
<td>59</td>
<td>31</td>
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</table>

## Overall Experience

Both the experience and results were extremely valuable...

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**CFO asks CEO**

“What happens if we invest in developing our people and they leave us?”

**CEO**

“What happens if we don’t, and they stay?”
2017 Press Ganey Regional Education Symposiums

2017 KEYNOTES

Join Press Ganey thought leaders and other health care professionals to network and explore proven strategies for measurably improving the safety, quality and experience of patient-centered care.

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2017 Press Ganey - Kronos Strategic Relationship

COLLABORATION TO ANALYZE NURSE STAFFING PRACTICES

Two leading organizations will collaborate to enable a subset of joint clients to participate in research and analyses on data that combine Kronos’ Workforce Central solution and Press Ganey’s National Database of Nursing Quality Indicators® (NDNQI®).

The research will assess, measure, and analyze the impact of workforce characteristics and behaviors on both patient and caregiver outcomes, such as safety, quality, staff engagement and turnover.

• **For more information: AONE 2017** - Visit Kronos Booth #618

• **Kronos Staffing LINK** - Allows Kronos WFC customers to streamline their Press Ganey National Database of Nursing Quality Indicators® (NDNQI®) staffing hours and census data submission: https://www.kronos.com/resources/staffing-link
Question & Answer Session

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To submit a question:
Click on the Q&A widget at the bottom of your screen.

Thank You for Attending

Please do not close your browser.

Be sure to complete and submit the program evaluation. It is listed below, but you also will be redirected to it automatically when the program ends.

http://app.keysurvey.com/f/1118726/8d2b/
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