

POSITION PAPER

# Impact Healthcare Delivery:

## Driving Outcomes through Executive Collaboration



Proceeds from an  
ARAMARK Healthcare-  
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Discussion at the  
American Hospital  
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Forum Leadership  
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# Impact Healthcare Delivery: Driving Outcomes through Executive Collaboration

## Overview

On July 25, 2008, 13 senior-level hospital and healthcare executives convened during the Health Forum—American Hospital Association’s annual Leadership Summit for a roundtable discussion entitled “Driving Outcomes through Executive Collaboration.”

Sponsored by ARAMARK Healthcare, the purpose of the session was to examine the vital connection between collaboration at the executive level in a hospital setting and improved patient outcomes. The session focused on key attributes of executive collaboration as well as other institutional factors to drive improved patient satisfaction, safety and quality care.

## Framework

The discussion used the tenets of “authentic leadership” as outlined by Bill George in his text *Authentic Leadership: Rediscovering the Secrets of Creating Lasting Value* (Jossey-Bass, 2003). In particular, the participants focused on relationships and connectedness, the fourth of George’s five key dimensions of authentic leaders.

### The Authentic Leader's Characteristics<sup>1</sup>

1. Purpose: Passion
2. Values: Behavior
3. Heart: Compassion
4. Relationships: Connectedness
5. Self Discipline: Consistency

The discussion referenced a joint research project of the American Organization of Nurse Executives (AONE) and ARAMARK Healthcare that examined the collaborative relationships between nursing and support services in a clinical setting. Following research indicated that satisfied employees lead to satisfied patients with better outcomes<sup>2</sup>, AONE and ARAMARK Healthcare examined the key interactions between nursing and support services in a clinical setting and identified key behaviors at the root of these relationships.

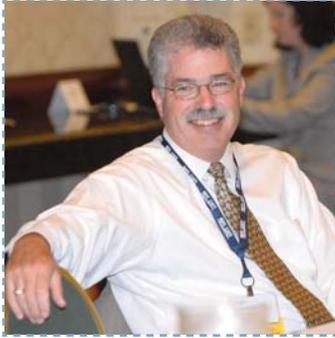
During the course of the AONE-ARAMARK Healthcare study, key themes emerged regarding what nurses and support services each expect and want from their counterparts on the healthcare team.

### Nine Expectations for Collaborative Relationships between Nursing and Support Services

1. Communication
2. Teamwork and Adaptability
3. Availability and Accessibility of Staff and Resources
4. Timeliness
5. Compassion/Consideration/Positive Approach/ Professionalism
6. Knowledge
7. Being Proactive
8. Coordination of Care
9. Responsibility and Accountability



The leaders examined the vital connection between executive collaboration and improved patient outcomes.



The discussion set forth on the premise that healthcare institutions exist to serve the best interests of patients.

## Roundtable Discussion

Using a framework established by Bill George, and the nine expectations of peer relationships identified during the AONE-ARAMARK Healthcare research into nurse satisfaction with support services, participants were asked to describe the primary themes of executive collaboration with potential for driving patient outcomes in their institutions.

The following five primary themes arose throughout the discussion:

- Systemic Constraints
- Open Communication
- Respectful Relationships
- Employee Engagement
- Leadership Strategies

### Systemic Constraints

The discussion set forth on the premise that healthcare institutions exist to serve the best interests of patients; however, several concerns were immediately raised about a perceived dichotomy that exists between the goal of patient-centricity and the constraints of current healthcare reimbursement structures.

There was theoretical optimism regarding improved outcomes realized through innovative care models that focus on preventive medicine, patient education and home-based treatments. While there was consensus that these models showed promise, the long-term feasibility of these models was questioned from both financial and staffing perspectives.

Participants stated that the current reimbursement structure was not designed to support preventive care models or programs designed to reach patients before the patient requires traditional hospital care. "The financial survival of acute care hospitals today is dependent on patients coming to the hospital for care and on receiving payment for services provided. With rising levels of uncompensated care and a lack of parity in reimbursements for wellness care or care in other venues, it is very challenging for hospitals to explore innovative care models, despite the potential for improved outcomes," said President and Chief Executive Officer of Blanchard Valley Health Association, Scott Malaney.

Vice President and Chief Information Officer of Allegiance Health, Rick Warren, added, "My hospital is committed to deploying technology that begins to address both community case management and wellness. We are having early conversations with payers in Michigan to try to better align financial incentives, since we know substantial improvements in quality and safety are technologically possible with significant long term cost savings potential."

In addition, challenges related to physician and nurse staffing shortages also were identified as a barrier to reaching optimal patient-centric care. Participants again referenced innovative care models that have realized improved patient outcomes through an elevation in the role of nursing. While the models show promise, participants expressed concern that current and future nursing shortages could limit the application of these models.

In general, participants expressed concerns about keeping patients at the center of operations as staffing shortages escalate. Kathy Black, Vice President of Strategic Development, ARAMARK Healthcare, described the research by ARAMARK Healthcare and AONE as providing ways to have support services ensure that nursing services is focused on the care of the patient and discussed the guiding principles which were created from the study. Black pointed out that ARAMARK Healthcare is broadening the study to include 8,000 nurses from across North America this fall.

Participants felt it was important to clarify these challenges at the start of the discussion. "I believe that there are all kinds of disincentives and incentives in the system that makes the patient the unfortunate middleman in the process," added Malaney. "Not to acknowledge the disincentives is to create expectations that are very hard to meet."

### Open Communication

Participants cited communication as the top requirement for optimal collaboration within their organizations. In particular, honest two-way communication was viewed as critical to collaboration at all levels.

Many participants felt that as a leader, the first priority is to teach people to engage in open communication and model that behavior with C-Suite peers by listening actively and being open to all viewpoints. The value of open communication, particularly related to constructive criticism, was seen as vital to executive collaboration.

Participants identified a potential pitfall in developing executive collaboration in a leader's reluctance to accept honest feedback about his or her team. "Where I see issues in the C-suite is silos and not including individuals from across the organization," said President and CEO of The Christ Hospital, Susan Croushore. "This leads people to opt out of the overall vision because they feel that they were not included."

Understanding that collaboration at the executive level is an ongoing process, Frederick Hobby, President and CEO of the Institute for Diversity in Health Management summarized the importance of communication, saying, "Creating a culture of open, honest communication is a challenge because of vested interests. But if we can create a culture where open communications is encouraged, we have an opportunity for ground breaking progress."

### Respectful Relationships

Participants viewed respect as a key conduit of open communication and collaboration across their organizations. Many identified that the best examples of collaborative relationships on their executive teams were those rooted in mutual respect.

Participants spoke to the value of knowing and understanding the expertise that lies within their executive colleagues, as well as the teams that they oversee. Several participants volunteered recommendations and best practices related to building respectful relationships.

- **Align Hiring Criteria with the Hospital's Values**

By aligning hiring criteria based on the organization's mission and values, leaders understand the expertise and character that lies within the team and can focus on higher levels of performance. President and CEO of Magee Rehabilitation Hospital, Jack Carroll, PhD, reinforced the need to go the extra step to ensure new hires' values are aligned: "The solution is to hire hard and manage easy."

- **Make Collaborative Relationships a Priority**

Participants agreed that healthcare executives' most important relationships within a hospital are the relationships that they have with each other. There was a common sentiment that if the relationship between executives is not collaborative, there's no hope of spreading collaborative relationships throughout the organization.



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- **Partner with Peers to Develop a Better Understanding of Their Skills**

One effective practice that was described involved the leadership team members partnering in clinical and clinical support teams (chief nurse officer, chief financial officer; chief medical officer, and human resources vice president) to round on patients. Through this monthly rounding activity, the pairs build understanding of their counterpart's expertise and enhance their connection as a team.

- **Be Honest with Yourself When Assessing the Performance of Your Teams**

Understanding that trust and respect are often interdependent, Carroll recommends that managers take a mental inventory of their most challenging department and ask themselves "Do I trust the manager to perform as needed? If the answer is no, understand whether you were risk averse, if you need to change the manager, manage up or manage out."

#### Employee Engagement

Continuing this discussion of the executive role in driving outcomes, the participants acknowledged that a clear hierarchy exists in healthcare organizations based on each individual's academic background. Participants showed consensus that staff at all levels can add value to patient satisfaction and outcome efforts.

Participants sought to clarify the premise that all healthcare workers have an altruistic mission to serve. While perhaps more fully descriptive of healthcare workers in the past, as healthcare has evolved as an industry, some employee motivations have shifted. Today, more healthcare workers see healthcare as a source of financial stability and job security. The desire to serve patients may be a secondary motivator for some. Participants cautioned that while these diverse motivations should not affect the quality of care provided, there can be an impact on employee engagement. "We need to recognize that not all employees are motivated by the altruism of the past and understand how we can bring them along to the mission," said Chief Communications Officer of Adena Health System, Erin Bounds.

Speaking from the perspective of a public, state-run healthcare facility, Chief Medical Information Officer for Oklahoma State University-Center for Health Sciences, Jason Bray, added, "A large part of our mission is to provide medical care to the underserved. A lot of our employees join us for the mission. Their buy-in makes the job a lot easier in bring people together through the C-Suite."

Participants stressed the importance of listening to feedback from staff involved in direct patient care and the obligation that they have as leaders to listen to suggestions with an open mind. Additionally, participants addressed the need to provide appropriate follow-up to investigate that suggestion and respond if the solution is, or is not, viable.

Understanding the value of true engagement at all levels of the organization, the participants described the best practices in place within their organization to foster engagement. These methods included:

- **Build Accountability through Peer-Interviewing**

An example of effective peer-interviewing raised during the discussion involved a hospital where the nursing division requested to participate in new hire interviews for any food and environmental services personnel that would work within their units. As a result of these new peer-interview processes, the teams feel more aligned and share commitment to the service excellence within the unit.

- **Establish Long-Term Relationships with Employees**

"Whenever a registered nurse leaves the hospital to relocate to another area, we send a

card from the hospital following their departure. The card is designed to keep the relationship open, so that if they move back to the area that they will think of working with the hospital again," said Heidi Crooks, RN, chief nurse executive at the UCLA Hospital System.

- **Involve Employees in the Selection of Department Uniforms**

Several participants shared that their hospitals engaged the employees in the process of selecting new uniforms and realized improved employee engagement and satisfaction as a result.

"Recently, the hospital launched new uniforms and allowed staff to select the uniforms for their areas," said Crooks. "The process took longer than we anticipated since it included staff participation at all levels. But, the new uniforms received strong feedback, particularly from the Environmental Services Team—often perceived to be lower on the hierarchy. The EVS team and the nurses selected similar shades of blue for their uniforms with the nurses wearing the color as scrubs and the EVS team in polo shirts or smocks. This resulted in a sense of unity for UCLA employees in general while still accomplishing individual identifiers. There's a sense of pride."

- **Keep Recognition Activities Consistent for All Staff**

During the discussion, several participants identified that their hospitals had experienced improved employee satisfaction levels and retention rates among support service workers by ensuring that recognition and appreciation programs are applied universally to all departments.

- **Engage Staff at All Levels in Your Philosophy and Practice**

"I'm with a newly built, for-profit hospital that has a strong philosophy of relationship-centered care," said Nell Bratcher, vice president of patient care services and chief nurse executive at Clarian West Medical Center. "We engaged a group of employees to define the behaviors that are core to relationship-centered care. These behaviors have become a creed that all employees sign as part of employment and are used for performance reviews/improvement. Later, the hospital received a grant to develop a nursing practice model for this vision and culture of relationship centered care. As the model was shared with physicians, professional services, support services, and other audiences, the audiences were engaged because of the creed and found the model was applicable to them as well. The hospital added one dimension to the model that enables each team or department to define the specific application. The model is now used across the organization."

Carroll surmised that hospitals can see results by applying a seemingly simple solution to building employee engagement, stating "Stop trying to do things on the cheap, there's truth to the phrase 'Quality doesn't cost—it pays'."

## Leadership Strategies

Throughout the discussion, participants continued to hone in on their roles as leaders in driving patient outcomes.

Michael Rodgers, senior vice president, Catholic Health Association, spoke to the historic role of healthcare executives, noting that their predecessors in earlier decades saw their role as one of a support person for the caregivers. Participants agreed that in the past, a CEO's primary job was to ensure that the caregivers had the resources needed, but as the financial circumstances for hospitals have changed, hospital leadership has taken on more financial and administrative focus. Participants expressed concerns about this disconnection.



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The task faced by hospitals is to develop and differentiate an intangible “product” to create a positive and memorable marketplace identity.

Participants pointed to a distinction between managers and leaders, with one stating that the role is to set goals and clear expectations and then focus on creating the environment with the resources needed for people to accomplish the goals.

Several participants questioned the current hierarchy in healthcare. Hobby added, “We need to reexamine our current leadership model which has decision makers at the top of the pyramid. Executives need to support caregivers. We need input from the people at the bedside for the purposes of strategic planning if we want to advance our hospitals.”

## Conclusion

The roundtable set forth to describe the role of executive collaboration in driving outcomes. Throughout the dialogue of the senior leaders, it became evident that the primary role of senior leadership within a healthcare setting is to set the stage and direction for the hospital’s culture. Senior leaders are called upon to establish the performance standards and embody those ideals through collaboration with staff at all levels of the organization.

“With the systemic concerns that you’ve described, it is vital that we continue to live the values that we have all described today. Social justice needs to be brought back into the healthcare environment. Ultimately, it is the relationships that will make that possible and our continued focus on these important discussions,” summarized Pamela Thompson, MS, RN, FAAN, chief executive officer of the AONE and moderator of the discussion.

## Moderator

Pamela Thompson, MS, RN, FAAN, Chief Executive Officer  
American Organization of Nurse Executives  
Washington, D.C.

## Participants

Kathy Black, Vice President of Strategic Development  
ARAMARK Healthcare  
Downers Grove, Illinois

Erin Bounds, Chief Communications Officer  
Adena Health System  
Chillicothe, Ohio

Nell Bratcher, RN, Vice President of Patient Care Services  
and Chief Nurse Executive  
Clarian West Medical Center  
Avon, Indiana

Jason Bray, Chief Medical Information Officer  
Oklahoma State University-Center for Health Sciences  
Tulsa, Oklahoma

Jack Carroll, PhD, President and Chief Executive Officer  
Magee Rehabilitation Hospital  
Philadelphia, Pennsylvania

Heidi Crooks, RN, Chief Nursing Officer  
UCLA Hospital System  
Los Angeles, California

Susan Croushore, President and Chief Executive Officer  
The Christ Hospital  
Cincinnati, Ohio

Frederick Hobby, President and Chief Executive Officer  
The Institute for Diversity in Health Management  
Chicago, Illinois

Scott Malaney, President and Chief Executive Officer  
Blanchard Valley Health Association  
Findlay, Ohio

Michael Rodgers, Senior Vice President  
Catholic Health Association  
Washington, D.C.

Anthony Stanowski, Vice President of Industry Relations  
ARAMARK Healthcare  
Philadelphia, Pennsylvania

Rick Warren, Vice President and Chief Information Officer  
Allegiance Health  
Jackson, Michigan



The consensus concluded the primary role of senior leadership within a healthcare setting is to set the stage and direction for the hospital's culture.

## Notes

1. George, Bill, *Authentic Leadership* (New York: Jossey-Bass 2003), p. 36.
2. Gavran, G. *Relationship between employee and patient satisfaction*, Press Ganey Associates, Inc. 2005
3. Guiding Principles for Relationships among Nursing and Support Services in the Clinical Setting.  
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