Leadership Lessons on Managing Rapid Change and Growth

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*Chief Medical Officer, Penn Medicine at Home*

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*Partner, Spragens & Gualtieri-Reed and Consultant to CAPC*

September 2, 2020
Disclosures

There are no disclosures to make.
Session Objectives

➔ Describe 2 strategies to effectively anticipate or plan for change or growth

➔ Understand different approaches for responding to change or growth requests

➔ Identify 3 steps for ensuring team health and effectiveness during periods of rapid change or growth
Opening Context & Discussion Question

➔ Is patient volume growing faster than your palliative care team can support?
➔ Has your inpatient team been asked to see patients in the clinic or home with no additional staffing?
➔ Are you excited for all the growth but aren’t sure how to manage it?

Using the webinar “chat box” function, take a moment to write in one challenge, question, or opportunity you have experienced in managing rapid growth in your program.
Managing Rapid Change and Growth

Nina O’Connor MD, FAAHPM
Chief of Palliative Care, University of Pennsylvania
Chief Medical Officer, Penn Medicine at Home

September 2, 2020
Rapid Growth: Penn Palliative Care

- Case Study #1: Hospital of the University of PA
- Case Study #2: Penn Presbyterian Medical Canter
- Case Study #3: Health System Level Planning for Growth
- Reflection and Strategies
Penn Medicine (aka The University of Pennsylvania Health System)

➔ **Regional academic health system** in PA and NJ
   – 6 hospitals, homecare/hospice agency, rehabilitation and LTACH facilities, extensive physician practice network

➔ Palliative care started through **advocacy of the CMO**
   – In the budget of the Chief Medical Officer until 2016
   – Now located in the Department of Medicine
   – Large research and education component
Penn Palliative Care: Clinical Programs

Inpatient

- HUP
  - Daily census: 60-70
- PAH
  - Daily census: 25-30
- PPMC
  - Daily census: 20-25
- CCH
  - Daily census: 10-15
- MCP
  - Daily census: 10-15
- LGH
  - Community hospice provides palliative care

Ambulatory

- Clinics in two largest Cancer Centers
- Clinics in Cardiology, Renal, Pulmonary

Home

- Penn Home Palliative Care: daily census 300
# Comparison of Hospital PC Teams

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Number of Beds</th>
<th>Since</th>
<th>Units</th>
<th>Clinical FTE</th>
<th>FTE Capped</th>
<th>Days Capped</th>
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<td>839</td>
<td>2011</td>
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<td>30%</td>
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<td>Pennsylvania Hospital</td>
<td>525</td>
<td>2012</td>
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<td>Chester County Hospital</td>
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<td>2013</td>
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<td>Penn Presbyterian Medical Center</td>
<td>375</td>
<td>2015</td>
<td>All</td>
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<td>20%</td>
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<td>Princeton Medical Center</td>
<td>425</td>
<td>2016</td>
<td>All</td>
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Case Study #1: Hospital of the University of Pennsylvania

<table>
<thead>
<tr>
<th>Year</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
<th>FY17</th>
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<tr>
<td>Consults ordered</td>
<td>158</td>
<td>713</td>
<td>1379</td>
<td>1892</td>
<td>2189</td>
<td>2139</td>
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<td>Consults seen</td>
<td>150</td>
<td>710</td>
<td>1370</td>
<td>1825</td>
<td>1883</td>
<td>1996</td>
<td>2182</td>
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</table>
Case Study #1: Hospital of the University of Pennsylvania

➔ Drivers of growth:
  – Excellent consultation etiquette
  – Embedded in GME programs
  – High visibility triggers

➔ Impact on team:
  – Resignation of lead NP
  – Late hours
  – Reduced time to teach
  – Tension about whether to sign-off

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Daily Census</th>
<th>PC FTE Added</th>
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<tr>
<td>FY13</td>
<td>15</td>
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<tr>
<td>FY14</td>
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<td>0</td>
</tr>
<tr>
<td>FY15</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>FY16</td>
<td>60</td>
<td>1</td>
</tr>
<tr>
<td>FY17</td>
<td>70</td>
<td>0</td>
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</table>
Case Study #1: Hospital of the University of Pennsylvania

→ Frequent discussions with health system CMO to brief

→ Step 1: Maximize Efficiency
  – Outside consultant
  – Shorten and structure team meetings
  – RN hire to answer pages and triage
  – Strategic use of team members (“divide and conquer”)
Case Study #1: Hospital of the University of Pennsylvania

➔ Frequent discussions with health system CMO to brief

➔ Step 2: Triage Consults
  – Pain without a serious illness -> Anesthesia Pain Service
  – Goals of comfort -> Hospice Liaison
  – Empower triage RN to coach callers through first steps
  – Require primary teams to arrange family meetings
Case Study #1: Hospital of the University of Pennsylvania

➔ Frequent discussions with health system CMO to brief

➔ Step 3: Sign off if symptoms managed and goals clear
  – Culture change for both PC team and referring providers
  – Sense of loss for some palliative care clinicians
  – Weekly “sign-off rounds” to standardize practice
Case Study #1: Hospital of the University of Pennsylvania

➔ Frequent discussions with health system CMO to brief

➔ Step 4: Office Hours for High Utilizers of Palliative Care
   – Offered to specific services based on referral data
   – Teams required to go to office hours before requesting consult
   – Simpler questions addressed in office hours without a consult
   – “Teaching them to fish” instead of “giving them a fish”
Case Study #1: Hospital of the University of Pennsylvania

→ Step 5: Cap on New Consults
   – Decided WITH health system CMO who did the messaging
   – Maximum number of new consults set daily based on staffing
   – After cap, phone call with a PC attending offered
   – Referring provider advised to call back in morning if assistance still needed, and then consult is prioritized
Case Study #2: Penn Presbyterian Medical Center

➔ Inpatient PC team started in 2017
  – Requested resources: 1.0 MD, 2.0 NP, 1.0 SW
  – Funded by hospital: 1.0 MD, 1.0 SW

➔ PC leadership responded that **PC team could cover half the hospital**
  – Hospital CMO, COO, and Chair of Medicine allowed to determine which units based on hospital priorities – they chose ICUs
  – Two years later, remaining PC FTE were funded and consults were extended to entire hospital
Case Study #3: System Planning

➔ Steering Committee created to evaluate resources across settings
  – Health System CMO/COO/CFO, VP of Finance, Hospital CMOs, Chair and COO of Medicine, CEO of homecare/hospice
  – Examples of discussions:
    • Variances in staffing levels between hospitals
    • Prioritization of outpatient versus inpatient
    • Target populations for limited outpatient resources

➔ Steering Committee drives strategy for growth
  – Resulted in financial commitment to Serious Illness Care Program
All Too Common…

- Extraordinary patient care
- Increased demand for palliative care
- Insufficient metrics to prove impact
- PC service grows without staffing or strategies to meet demand
- Dedicated clinicians, strong mission
- Burn-out, Loss of staff
- Suboptimal care

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Our Goal…

Dedicated clinicians, strong mission

Extraordinary patient care

Increased demand for palliative care

Early recognition of demand outpacing resources

Consistent emphasis on team wellness

Innovative care delivery models

Strategies to maximize efficiency

Open, frequent dialogue with leadership

Metrics to demonstrate value

Advocacy for more resources

Consistent emphasis on team wellness

Innovative care delivery models

Strategies to maximize efficiency

Open, frequent dialogue with leadership

Metrics to demonstrate value

Advocacy for more resources
Conflicting Messages to Our Teams

Leave on time, take care of yourself, grow professionally…

See more patients, deliver perfect service, promote palliative care…
During Periods of Rapid Change and Growth with Demand in Excess of Resources

**Wellness**
- Prioritize team wellness and support

**Efficiency**
- Maximize current resources

**Innovation**
- Explore alternative care delivery models

**Advocacy**
- Track metrics, advocate for resources
Leadership Lessons
On Managing Rapid Change and Growth

UT Southwestern Medical Center, Dallas TX

Stephanie Terauchi, MD, FAAHPM
Director, Palliative Care

September 2, 2020
UT Southwestern (Dallas, TX)

- Large Academic Medical Center, Tertiary Referral Center
- Clements University Hospital
  - Current 450 beds
  - Expanding to 750 beds Jan 2021
- NCI Designated Comprehensive Cancer Center –
  - 10,000 patient visits per year
- Dedicated Radiation Oncology Center
- Additional subspecialty and community clinics
- Home Health Care Agency
- Inpatient Rehab
- Large Accountable Care Organization
Stages of Growth

➔ Year 1
  – Started program with multidisciplinary team
    • Negotiated during acceptance of my position
  – Focus on establishing a consult service, building relationships with referring physicians and the palliative care team
  – Volume 778 patients Inpt
  – Clinic 2 session per week

➔ Year 2
  – 40% growth in year 2 (1090 pts)
  ➔ Started identifying additional need
    – Need for OP continuity of care
    – Increased staffing needs
    – Need to define the PC Service
    – Need to validate Value of PC
      • Did cost savings analysis
    – Plan for continued growth
  ➔ Added 2 FTE APP
Stages of Growth

➔ Year 3-5
  – Added additional 1 FTE MD
  – Expanded clinic to 8 sessions per week
    • Growth 113% in Year 3

➔ Hospital Leadership recognized ongoing need for palliative care and requested monthly meetings
  – Palliative care asked to help with stakeholder goals
  – Said yes but negotiated more resources!

➔ Participated in planning meetings for hospital expansion plan

➔ Hospital requested admission service and expansion to cover weekends

➔ DOUBLED the workforce
  – 5 new hires in one month!

➔ Leadership Challenges:
  – No longer one of the “gang”
  – Change from a “doer” to a “motivator”
  – Increased people management
  – No idea how to do this!!!
    • GET A COACH
  – Advocate for your personal growth & development
## Palliative Care Program Expansion

### INPATIENT

<table>
<thead>
<tr>
<th>FY16</th>
<th>FY17</th>
<th>FY18</th>
<th>FY19</th>
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<tbody>
<tr>
<td>2 FTE MD</td>
<td>3 FTE MD</td>
<td>3 FTE MD</td>
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<tr>
<td>1 FTE APP</td>
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<tr>
<td>1 FTE SW</td>
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### OUTPATIENT

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<tr>
<td>2 SESSIONS/WEEK</td>
<td>2 SESSIONS/WEEK</td>
<td>8 SESSIONS/WEEK, 1 FTE MD</td>
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<td>1 FTE RN</td>
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<tr>
<td>1 FTE SW</td>
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### PC SERVICES:
- Hospital
- Consult
- Primary Service
- Clinic
- Cancer Center
- Community Cancer Center
- Radiation Onc
- Cardiology
- Neurology
- COMING SOON: NON-CANCER PC
Lessons Learned: What Works and What Doesn’t

➔ Palliative Care is about relationships
  – with your stakeholders, referring providers, within your team, and patients/families

➔ Know your stakeholders’ goals and what keeps them up at night. Buy into their agendas.

➔ Define your service

➔ Don’t say YES unless you have the resources to be successful. Don’t be afraid to ask!
Lessons Learned: What Works and What Doesn’t (con’t)

➔ Turnover is HARD! Clearly define each team member’s role on paper and have a formal onboarding program for each new hire.

➔ Mass hiring is also HARD! Stagger start dates and assign experienced team members as preceptors.

➔ Have a 5-year plan. Do not expand services too quickly.

➔ Don’t start a clinic in the middle of a Pandemic! SO HARD!

➔ Communication truly is the key.
Facilitated Panel Discussion

Q&A
Discussion Questions

➔ Periods of growth often lead to uncertainty for a team and, at times, a sense of feeling overwhelmed. How did you keep the team informed and engaged as you rapidly grew?

➔ The COVID-19 crisis has forced many of us to quickly adjust to intense volumes and high degrees of uncertainty. What lessons were you able to carry over into preparing for and managing the COVID crisis?

➔ What advice do you have for programs asked to expand into a new site, but who have not been asked to submit for new staffing?
Summary Themes

1. STAGE GROWTH
2. THINK “COLLABORATION”
3. DON’T OVER-PROMISE
4. COMMUNICATE WITH THE TEAM AND STAKEHOLDERS!
Helpful Resources

CAPC – Team Effectiveness
Quick Tips & Resources

**CAPC’s Planning Tools**

- Impact calculator
- Needs assessment template
- Budget and staffing plan templates
- Team communication
- Program planning on-line courses
Leadership & Improving Team Effectiveness

➔ Keep the conversation going in the Improving Team Effectiveness virtual office hours. Register on capc.org or CAPC Central Virtual Office Hours pages.

➔ Check out our Quick Tips on the Improving Team Effectiveness page in CAPC Central

Upcoming related events

➔ The Leader’s Role: Forging New Paths for Racial and Health Equity
  – Tuesday, September 29, 12:30 – 1:30 ET

Register for all upcoming events at: www.capc.org/providers/webinars-and-virtual-office-hours/
Thank you!