Leadership Lessons on Managing Rapid Change and Growth

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September 2, 2020

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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
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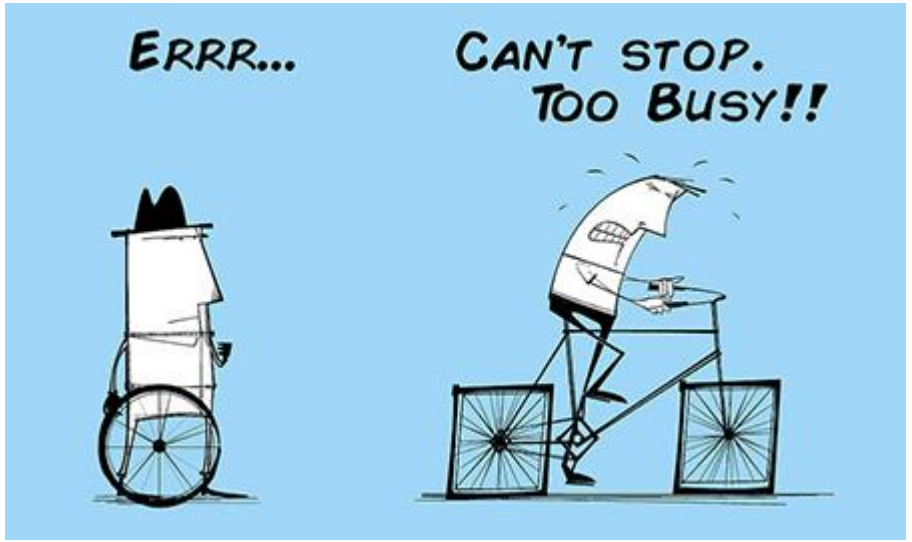
Rapid Growth: Penn Palliative Care

- 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 Medicine

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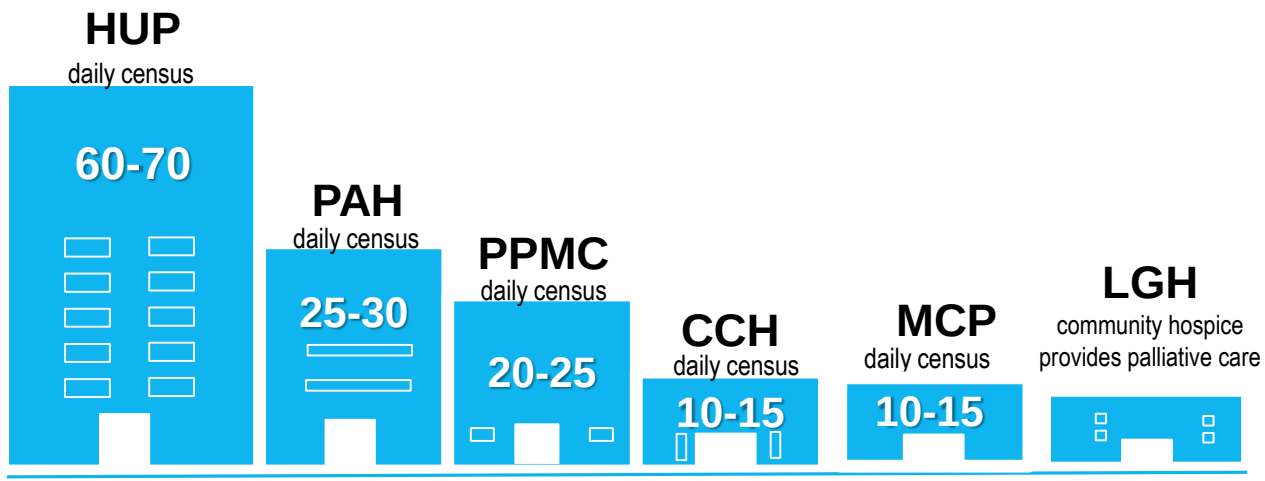
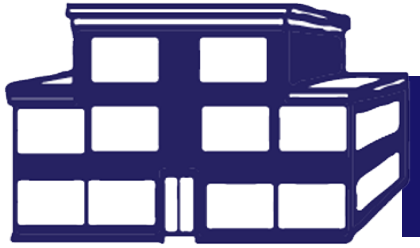
Penn Palliative Care: Clinical Programs

Inpatient



Ambulatory



Clinics in two largest Cancer Centers

Clinics in Cardiology, Renal, Pulmonary

Home

Penn Home Palliative Care: daily census 300

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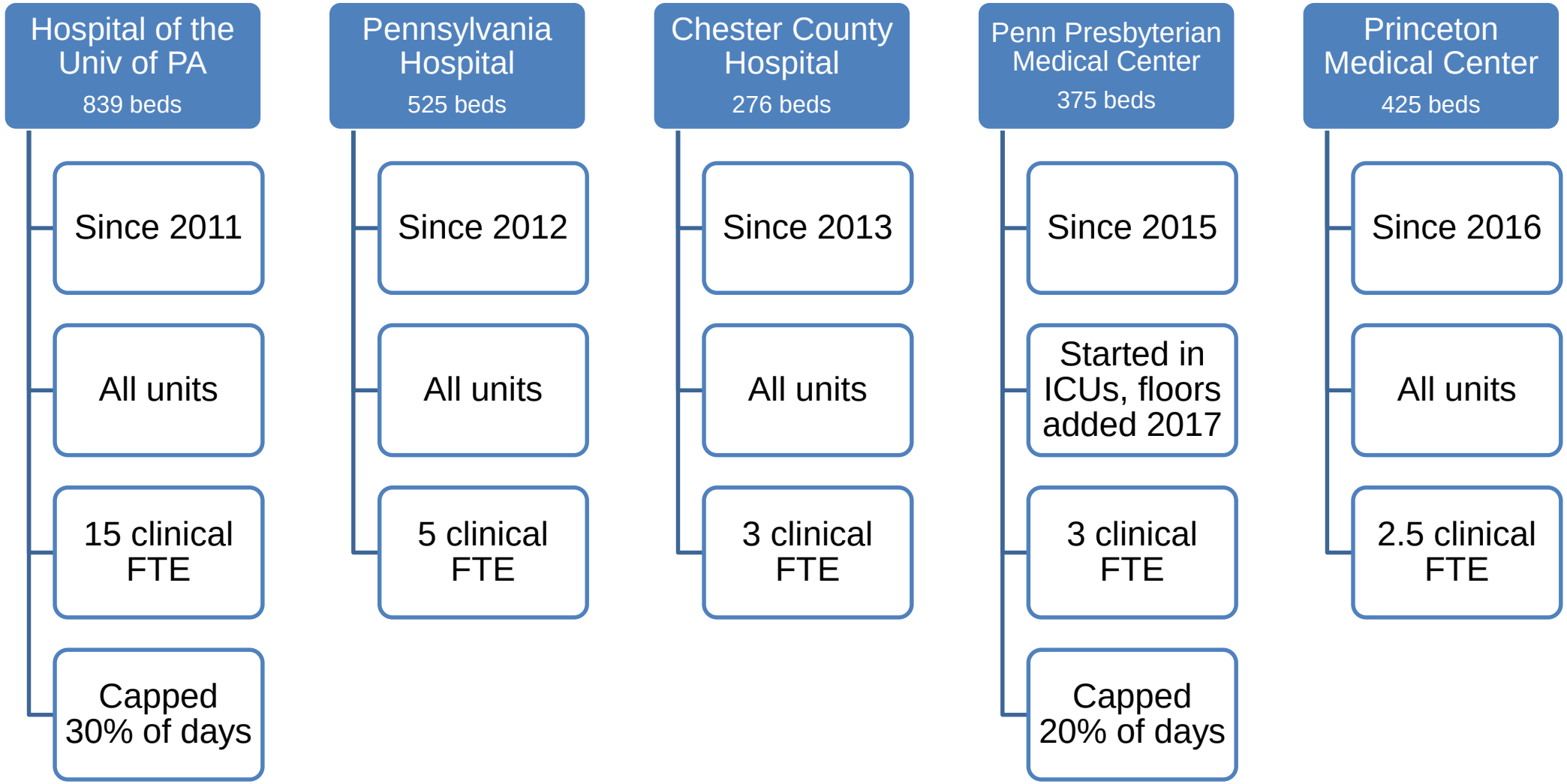
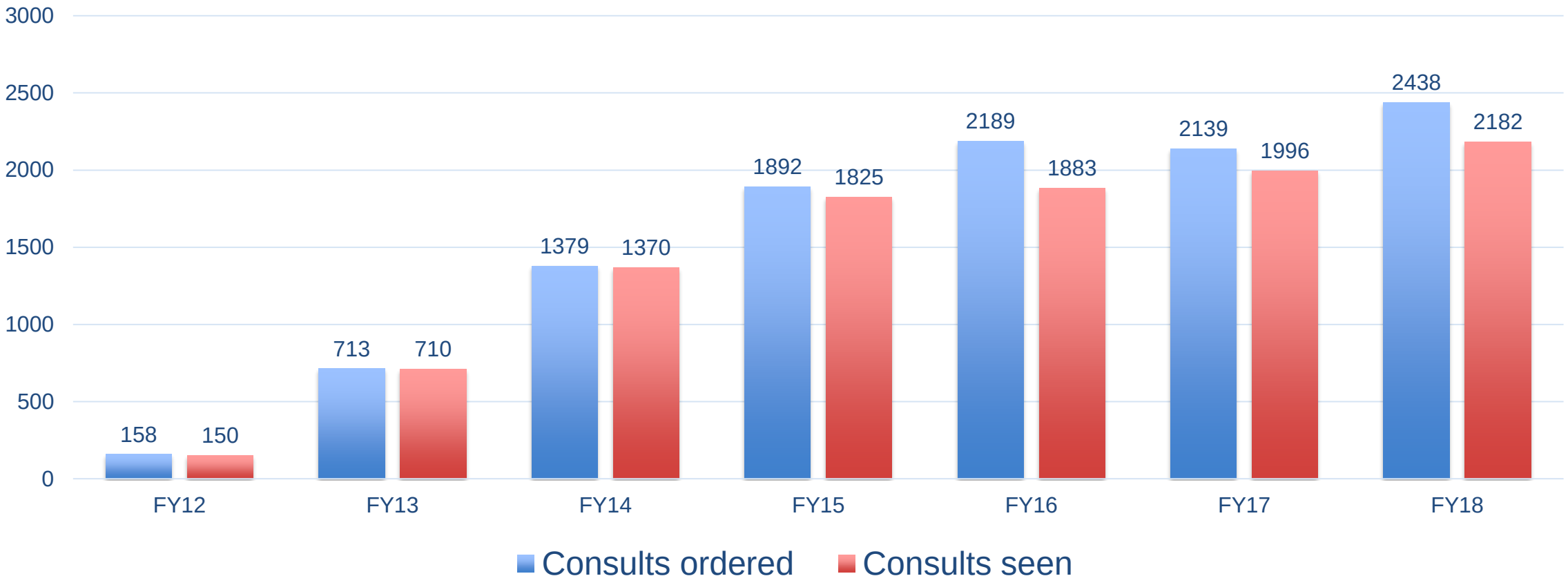
Comparison of Hospital PC Teams



Case Study #1: Hospital of the University of Pennsylvania



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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

Year	Average Daily Census	PC FTE Added
FY13	15	2
FY14	35	0
FY15	50	0
FY16	60	1
FY17	70	0

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

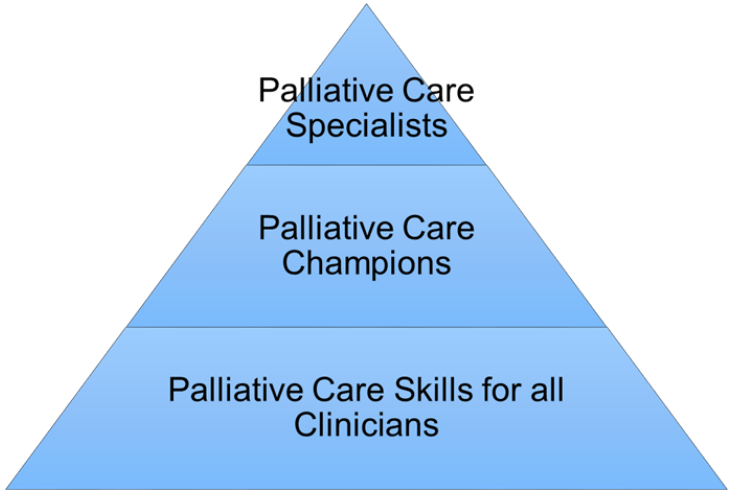
Case Study #2: Penn Presbyterian Medical Center

- 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…

Dedicated clinicians, strong mission

Extraordinary patient care

Increased demand for palliative care

Insufficient metrics to prove impact

PC service grows without staffing or strategies to meet demand

Burn-out, Loss of staff

Suboptimal care

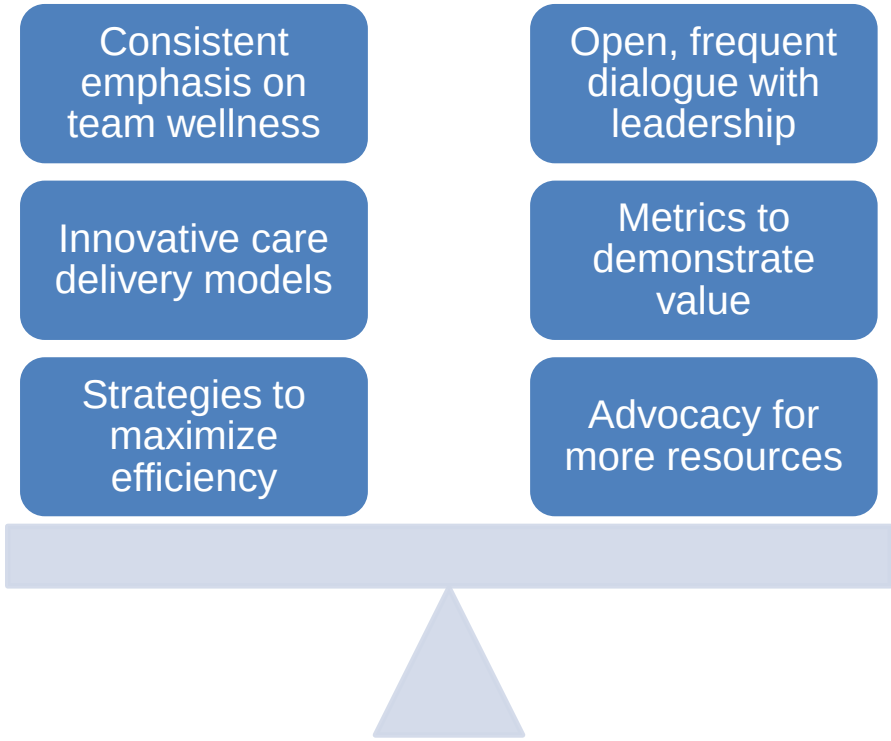
Our Goal…

Dedicated clinicians, strong mission

Extraordinary patient care

Increased demand for palliative care

Early recognition of demand outpacing resources



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Conflicting Messages to Our Teams

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 Medical Center

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

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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

FY16	FY17	FY18	FY19	FY20
2 FTE MD	3 FTE MD	3 FTE MD	5 FTE MD	6 FTE MD
1 FTE APP	3 FTE APP	2.75 FTE APP	4.75 FTE APP	6.75 FTE APP
1 FTE SW	1 FTE SW	2 FTE SW	2 FTE SW	2 FTE SW
1 FTE CHAPLAIN	1 FTE CHAPLAIN	1 FTE CHAPLAIN	1 FTE CHAPLAIN	1 FTE CHAPLAIN
0.5 FTE PHARM D	0.5 FTE PHARM D	0.5 FTE PHARM D	0.5 FTE PHARM D	1.5 FTE PHARM D
			1 FTE RN	
			1 FTE RN	1 FTE CHILD LIFE

OUTPATIENT

FY16	FY17	FY18	FY19	FY20
2 SESSIONS/WEEK	2 SESSIONS/WEEK	8 SESSIONS/WEEK, 1 FTE MD	8 SESSIONS/WEEK, 1 FTE MD	8 SESSIONS/WEEK , 3 FTE MD
1 FTE RN	1 FTE RN	1 FTE RN	2 FTE RN	3 FTE RN
1 FTE SW	1 FTE SW	1 FTE SW	1 FTE SW	1 FTE SW
		1 FTE APP	1 FTE SCHEDULER	
			1 FTE MOA	
			Dedicated exam rooms	0.5 FTE PHARM D

PC SERVICES:

- Hospital
  - Consult
  - Primary Service
- Clinic
  - Cancer Center
  - Community Cancer Center
  - Radiation Onc
  - Cardiology
  - Neurology
  - COMING SOON: NON-CANCER PC

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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 members 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

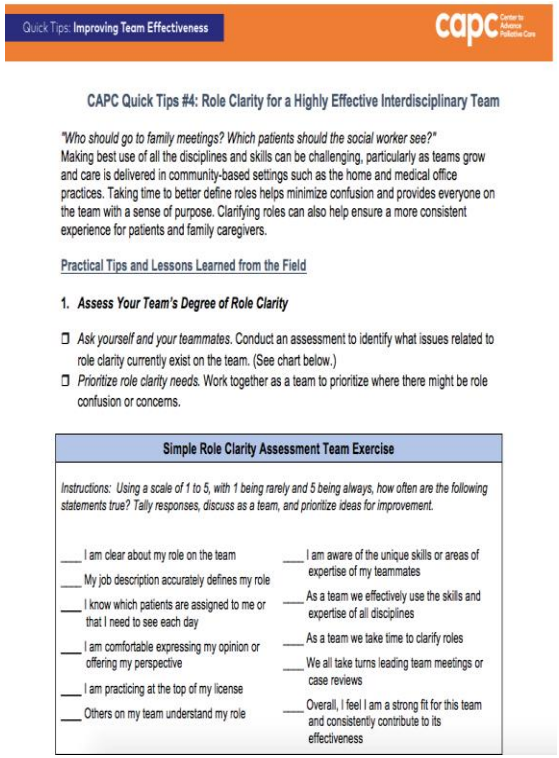
2. THINK “COLLABORATION”

3. DON’T OVER-PROMISE

4. COMMUNICATE WITH THE TEAM AND STAKEHOLDERS!

Helpful Resources

CAPC – Team Effectiveness Quick Tips & Resources


Quick Tips: Improving Team Effectiveness

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CAPC Quick Tips #4: Role Clarity for a Highly Effective Interdisciplinary Team

"Who should go to family meetings? Which patients should the social worker see?"
Making best use of all the disciplines and skills can be challenging, particularly as teams grow and care is delivered in community-based settings such as the home and medical office practices. Taking time to better define roles helps minimize confusion and provides everyone on the team with a sense of purpose. Clarifying roles can also help ensure a more consistent experience for patients and family caregivers.

Practical Tips and Lessons Learned from the Field

1. ***Assess Your Team's Degree of Role Clarity***

- ❒ *Ask yourself and your teammates.* Conduct an assessment to identify what issues related to role clarity currently exist on the team. (See chart below.)
- ❒ *Prioritize role clarity needs.* Work together as a team to prioritize where there might be role confusion or concerns.

Simple Role Clarity Assessment Team Exercise

Instructions: Using a scale of 1 to 5, with 1 being rarely and 5 being always, how often are the following statements true? Tally responses, discuss as a team, and prioritize ideas for improvement.

___ I am clear about my role on the team
___ My job description accurately defines my role
___ I know which patients are assigned to me or that I need to see each day
___ I am comfortable expressing my opinion or offering my perspective
___ I am practicing at the top of my license
___ Others on my team understand my role
___ I am aware of the unique skills or areas of expertise of my teammates
___ As a team we effectively use the skills and expertise of all disciplines
___ As a team we take time to clarify roles
___ We all take turns leading team meetings or case reviews
___ Overall, I feel I am a strong fit for this team and consistently contribute to its effectiveness

CAPC's Planning Tools

- ✓ Impact calculator
- ✓ Needs assessment template
- ✓ Budget and staffing plan templates
- ✓ Team communication
- ✓ Program planning on-line courses

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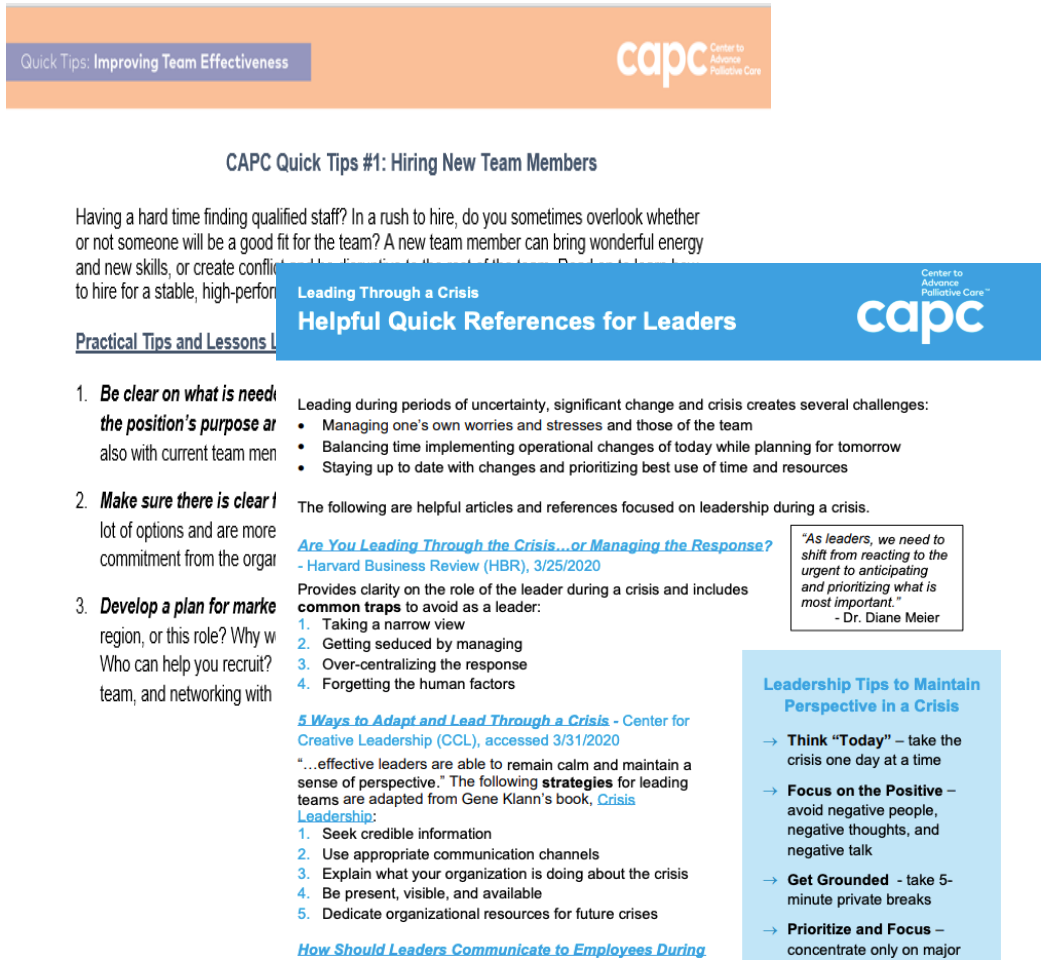
Leadership & Improving Team Effectiveness

- 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**



Quick Tips: Improving Team Effectiveness

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CAPC Quick Tips #1: Hiring New Team Members

Having a hard time finding qualified staff? In a rush to hire, do you sometimes overlook whether or not someone will be a good fit for the team? A new team member can bring wonderful energy and new skills, or create confli
to hire for a stable, high-perfor

Practical Tips and Lessons L

1. ***Be clear on what is needed the position's purpose ar*** also with current team men
2. ***Make sure there is clear f*** lot of options and are more commitment from the orgar
3. ***Develop a plan for marke*** region, or this role? Why w Who can help you recruit? team, and networking with

Leading Through a Crisis

Helpful Quick References for Leaders

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Leading during periods of uncertainty, significant change and crisis creates several challenges:

- Managing one's own worries and stresses and those of the team
- Balancing time implementing operational changes of today while planning for tomorrow
- Staying up to date with changes and prioritizing best use of time and resources

The following are helpful articles and references focused on leadership during a crisis.

Are You Leading Through the Crisis…or Managing the Response? - Harvard Business Review (HBR), 3/25/2020

Provides clarity on the role of the leader during a crisis and includes **common traps** to avoid as a leader:

1. Taking a narrow view
2. Getting seduced by managing
3. Over-centralizing the response
4. Forgetting the human factors

"As leaders, we need to shift from reacting to the urgent to anticipating and prioritizing what is most important."
- Dr. Diane Meier

5 Ways to Adapt and Lead Through a Crisis - Center for Creative Leadership (CCL), accessed 3/31/2020

"…effective leaders are able to remain calm and maintain a sense of perspective." The following **strategies** for leading teams are adapted from Gene Klann's book, Crisis Leadership:

1. Seek credible information
2. Use appropriate communication channels
3. Explain what your organization is doing about the crisis
4. Be present, visible, and available
5. Dedicate organizational resources for future crises

How Should Leaders Communicate to Employees During

Leadership Tips to Maintain Perspective in a Crisis

- **Think "Today"** – take the crisis one day at a time
- **Focus on the Positive** – avoid negative people, negative thoughts, and negative talk
- **Get Grounded** - take 5-minute private breaks
- **Prioritize and Focus** – concentrate only on major

Register for all upcoming events at:

www.capc.org/providers/webinars-and-virtual-office-hours/

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Thank you!

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