

St. Francis Hospital Uses FL in Its Transformation of Patient Care and Record Systems

SUMMARY

Bon Secours St. Francis Health System in Greenville, South Carolina sought to innovate a fundamentally new approach to patient care while implementing a new electronic records system called Bon Secours ConnectCare®. The Chief Medical Officer at St. Francis, Dr. Mary Jo Cagle, looked to internal St. Francis resources to achieve those transformational goals, adopting Interaction Associates Facilitative Leadership skills and practices as the means.

Core teams and groups at St. Francis were trained in FL practices over the course of one year. The results are nothing short of dramatic: “We’ve seen drops in mortality, complications, length of stay – all with no increases in costs,” according to Dr. Cagle. “Physician satisfaction rates have also risen, according to our Gallup survey.”

Dr. Cagle credits the strategy and tactics involved in Facilitative Leadership® – especially key practices for engaging stakeholders and vetting all points of view in order to solve problems.

CHALLENGE

Dr. Cagle in her own words: “Our challenge was simple and ambitious at the same time: We wanted to deliver the right care, at the right time to the right patient... while minimizing the disruption that conversion to electronic records might cause. To succeed at this dramatic change, we needed to engage everyone across the spectrum – from our leaders to the people at the bedside delivering care.”

St. Francis Hospital was about to undergo dynamic disruptive change. To involve a multitude of stakeholders in substantial improvement of bedside care – while moving to electronic record-keeping – required an entirely new set of skills and practices: the skills and practices of a Facilitative Leader.



RESULTS

St. Francis has achieved impressive results in just six months, much faster than the average of two years it takes most hospital systems to achieve similar goals from implementing electronic records.

Results include:

1. Reduced hospital-acquired infections by 33% (84 patients annually),
2. Engaged a wide range of stakeholders –including housekeeping, pharmacists, chaplains, and palliative care nurses – to improve ICU care and reduce stay times,
3. Cut readmissions of chronic obstructive pulmonary disease and acute renal care patients by one-half,
4. Negotiated with stakeholders to improve the patient environment at the diagnostics and therapeutics unit,
5. Improved physician satisfaction,
6. Increased bed availability, and,
7. Shortened the average patient stay

case study

Q & A with Dr. Cagle about goals, results, and insights

IA: WHAT WERE YOUR KEY GOALS?

Dr. Cagle: We wanted to deliver the right care, at the right time, to the right patient, while minimizing disruption that the conversion to electronic records might produce. We needed to engage our leaders and those at the bedside, and we had to have buy-in to make it work.

I knew the skills and practices of Facilitative Leadership® from a workshop I attended with two of my colleagues, and I felt I could leverage these as a powerful tool to help achieve the hospital teams' outcomes.

IA: HOW WAS FL CENTRAL TO YOUR RESULTS?

Dr. Cagle: As our groups and teams were trained in Facilitative Leadership practices over the last year, they were able to make amazing inroads, especially involving FL's strategy of engaging stakeholders and bringing all points of view to the table to solve problems. We've seen drops in mortality, complications, length of stay – all with no increase in costs. Physician satisfaction rates have also risen, according to our Gallup survey.

IA: WHAT ELSE ABOUT FL WAS IMPORTANT IN HELPING YOU REALIZE THE RESULTS YOU ACHIEVED?

Dr. Cagle: Facilitative Leadership really broadens your solution set by getting more people involved. The physician's natural inclination is to see a problem and implement a solution. That is the medical model. It is surgically oriented: diagnose, cut it out – and it's cured. The problem is that we have vital parties – nurses, board members, patients, and so on – who are not physicians, and you really need cooperation. We, as doctors, only have one perspective – we cannot see the entire solution. Our perspective is one way – someone has to smack us upside the head and say there's a bigger worldview we need to consider.

Facilitative Leadership's POV slowed us down long enough to make sure we had a 360-degree-view, or at least a greatly expanded view, to represent the problem and/or organization we were working with. This way of working together generates lots of solutions. The solution is faulty

without the right people in the room. 'Ready-fire-aim' creates so much rework. I believe in the concept: 'Go slow to go fast.' Without it, we might otherwise spend days and weeks redoing what we could have done right the first time. A results-only focus and an action oriented approach is appropriate for an emergency, but we can actually think and plan our actions with these long-term goals.


IA: HOW DID FL CHANGE YOUR TEAMS AND THEIR PROCESSES TO SPEED RESULTS?

One big difference was how our teams met together. Perhaps for the first time, meetings became focused and productive. Meetings had goals, a time schedule – and agendas so that physicians could see their time would not be wasted. At the beginning of the meeting, we announced the decision making process. Mostly we tried for consensus, which produces the most buy-in. But due to our time constraints, we might use consensus with a fallback decision method. We used many of the FL tools to reach agreements quickly.

Nursing and administrative leaders would ask me, 'We love the techniques you used; where did you learn those?' They sought out the agenda templates – how do you get people to move along? How are you able to get consensus? They loved open/narrow/close. They saw people who could never agree before agreeing right and left. Meetings were contentious in the past. Now they're exemplary.

IA: WHERE DO YOU GO FROM HERE?

Dr. Cagle: We'll be training the entire clinical transformation leadership team. What we've seen in just the beginning – we have so much opportunity as we get more physicians trained in Facilitative Leadership.

 **Interaction Associates** is a 40-year-old performance improvement company with a focus on leadership, teamwork, and process consulting. We equip Fortune 100 companies and government agencies with practical skills, tools and mindset to think strategically and work collaboratively to solve problems and create opportunities. We develop leaders at all levels as well as those who manage organizational change. Our skilled consultants have been helping companies overcome their toughest challenges since 1969.