Using Participative Management to Improve Hospital Patient & Family Care

The Situation & Preparation

The objective of this project was to improve patient and family care at a large healthcare teaching institution in Texas. Our client was interested in learning how to implement participative management and improve family and patient care at the same time. The Director made the comment that "many groups are talking about Participative Management but few groups know how to actually do it." The hospital was also getting ready to be evaluated for *magnet status*, which requires participative management. Our method of Participative Management was of particular interest because of the track record of producing successful results. The Nursing Director wanted involvement all areas including Patient Care Technicians. The hospital was moving away from top down bureaucratic management and more towards shared governance, and this initiative was a way to introduce Participative Management to her staff.

We worked with the day and evening shift of one hospital unit. The Director wanted to improve overall performance of this unit. At first the hospital staff was somewhat hesitant at revealing troublesome issues. The Director reassured them that the purpose of the two days was to uncover problems head on (without blame) and design effective solutions. There would be no reprisals for revealing problems on their unit. Again, the focus of the two day sessions were for improving patient/family care and introducing an effective method of participative management that is based on solid research and field testing.

Assessment

We began the workshop by conducting a short assessment of the internal motivators of effective work. This gave us a baseline of where the group was is in relation to productivity issues. The assessment is called **"The Six Criteria for Productive Work".** These are the internal motivators of productive work, what gets people up in the morning to do good work. Pay is a satisfier all things being equal. The Six Criteria are as follows:

1. **Control** – At work people need to have the right balance of direction and freedom to make decisions about how to do their work.
2. **Learning** – People need clear goals and feedback to correct their behavior on a timely basis.
3. **Variety** – People need to avoid boredom, stress and fatigue by developing a comfortable rhythm in their work.
4. **Mutual Support and Respect** – People need a supportive work environment to stay committed and engaged in their work. Respect from the people they work with is critical for self esteem and productivity.
5. **Meaningfulness** – People need to see a clear correlation between what they do and how it impacts their organization and community.
6. **Desirable Future** – People look for careers which offer skill development and personal growth.

If there is a problem with productivity within a work group it usually has to do with one of these key motivators of effective work.

Getting at the Real Issues That Concern the Nursing Staff

After our quick assessment of the group, we conducted a thorough analysis of their current situation and work flow. We actually mapped the work process that each shift followed everyday.

The next step was to flag problem areas and issues that needed to be addressed in order to improve patient/family care. We were actually modeling the process that was necessary for participative governance. This is not easy if your management staff is used to telling people what to do. This requires management giving their staff some leeway in making decisions concerning how they will do their work.

It is management's job to tell people what is required concerning the goals of the hospital and the specific units. Managers who are excessively controlling with their staff do not garner exceptional performance from their people. People will do what is expected and no more. This type of environment does not inspire people to go the extra mile and actually has the opposite effect according to social science research.

Command Control -- Coercion Model

Organizational Structure: Dominant Hierarchy

Top Management
Middle Management
Supervisory Management

Redundancy of Parts

People   People

Goals ←   → Productivity

Task   Task

Management is responsible for coordination, control & outcomes

The next step was to find solutions and make recommendations to management. This would involve negotiating with management concerning what issues would be tackled and in what order. Some issues would not be addressed at all either for budgetary reasons or because it was not within Nurse Management's responsibility. This was announced early in the workshop so people would not be disappointed if some issues were not addressed in the future.
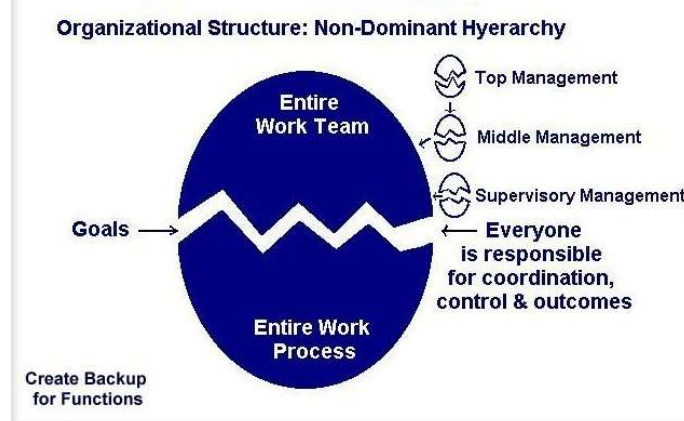
As we worked with the two groups we noticed the energy level was increasing during the solutions phase of the workshop. There was a sense that their key concerns were being addressed and it had a very positive impact on the group.
.
They tackled critical issues and decided on effective ways to improve their performance. They examined areas such as Shift Change, BIC (Bed Info Center), Reporting, Pharmacy, Dietary, Supplies, Telemetry,

PARTICIPATIVE DESIGN MODEL

Organizational Structure: Non-Dominant Hyerarchy

Entire Work Team

Top Management
Middle Management
Supervisory Management

Goals →

Everyone is responsible for coordination, control & outcomes

Entire Work Process

Create Backup for Functions

Respiratory, Transportation, Interaction and Rounds with doctors, PCT's, and Housekeeping. The questions they addressed concerned what gets in the way of delivering excellent patient/family care? The groups worked on practical solutions and created action plans with metrics.

This is very powerful, in that, they see what impacts their performance and track improvements. A key aspect of this type of participative process is **coordination** and **control of work** is placed where the work is carried out. A group looks at their assigned responsibilities and asks what is needed in order for us to accomplish what management wants from us? Another way to examine this is to ask what belongs within the boundary of our scope of responsibilities? Management assigns goals to groups and individuals. Then it is up to the groups and individuals to meet those goals, with coaching, if necessary.

The Results

During the Participative Process Improvement workshop the staff identified about 100 situations they wanted to improve which directly related to Patient & Family Care. Management, while desiring to establish a strong Patient-Family Program, was also looking to improve Press Caney scores in Staff Turnover, Staff Satisfaction and Patient Satisfaction.

The following month, after the PII(Performance Improvement Initiative), action plans were refined by the nursing staff of Units 5 C & D based on their prioritization of the problems and solutions. Day shift primarily focused on initiating Patient/Family Rounds with multi-disciplinary teams (nursing staff, doctors, and additional hospital staff). The night shift staff, at the beginning was doubtful that improvements would occur, due to prior history of improvement initiatives which had a lack of follow-through. Once they overcame understandable doubt, they concentrated on 4 challenging areas- 1) Quality Shift meetings, 2) Improved STAT response, 3) Improved PIL utilization (pharmacy coordination), and 4) Reduced Evening admissions.

Caridas Consulting International consultants worked with management and staff, encouraging commitment and continued organization and implementation of the initiative.

The first set of results shows the correlation between resolution of problem list and increases in patient satisfaction. There is strong evidence to support when the nursing staff's needs are met, patient satisfaction scores increase. *Patient Satisfaction* increased 10% in less than six months.


PATIENT SATISFACTION
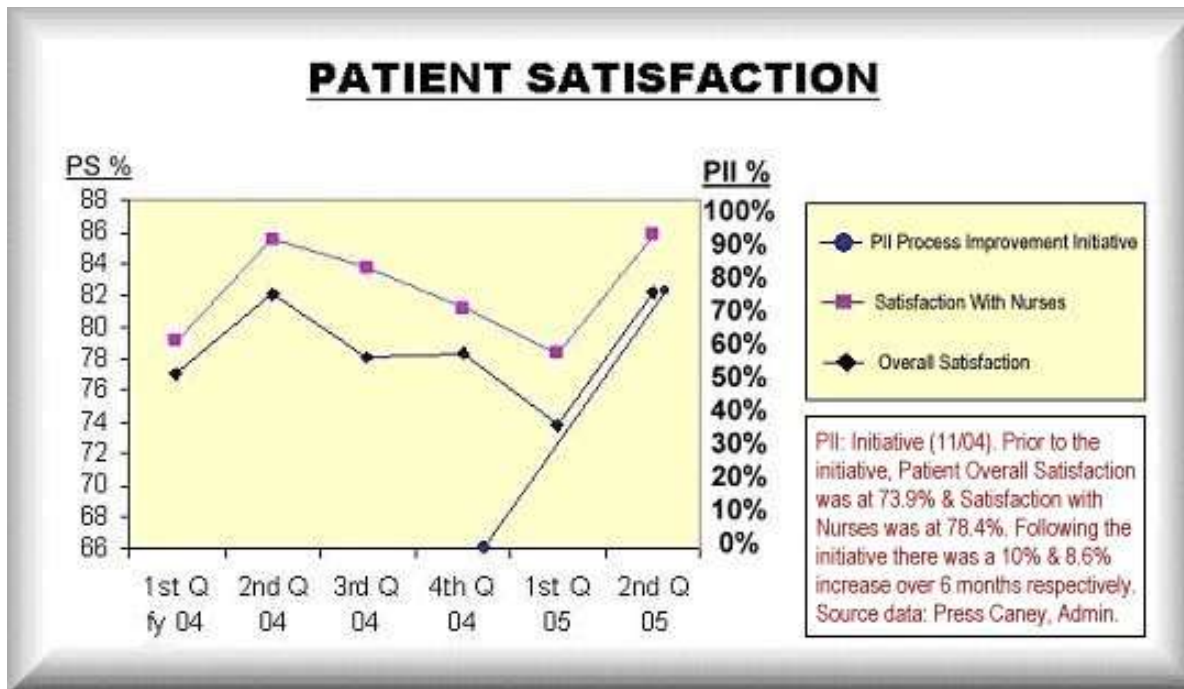
In June, 2005, nurse management reported that they had resolved 65 of 98 objectives defined in the PII. Nine items were in progress of completion. Another 24 items are going to be addressed shortly regarding strategy and action planning.

The second metric reflects the impact that the Process Improvement Initiative had on Nursing Staff Satisfaction and Manager Feedback. As you can see, a survey was conducted in January, 2005 which revealed how nursing staff felt their needs were being addressed in a responsive, participatory manner. The same survey was administered again in May, 2005 where results climbed an average of 10% on all items over the four month period. The most relevant key elements were defined by nursing staff.
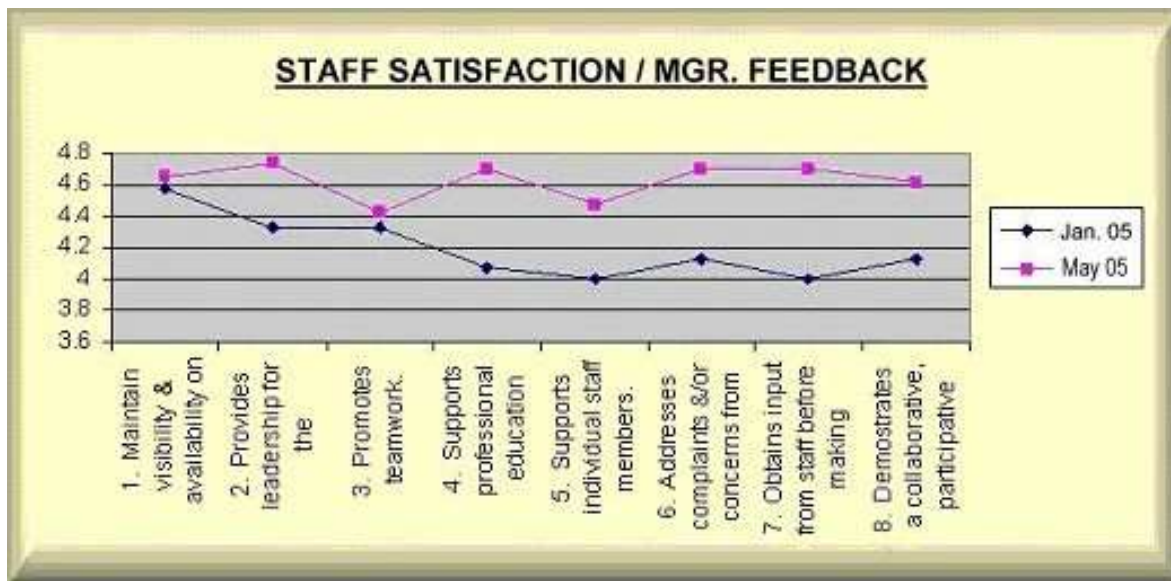

Turnover, which had become an emergent concern, was on the rise at 11% in 2004 over 2003 results. After the initiative, turnover dropped 36% in the first quarter of 2005 with continued results reported, thereafter.
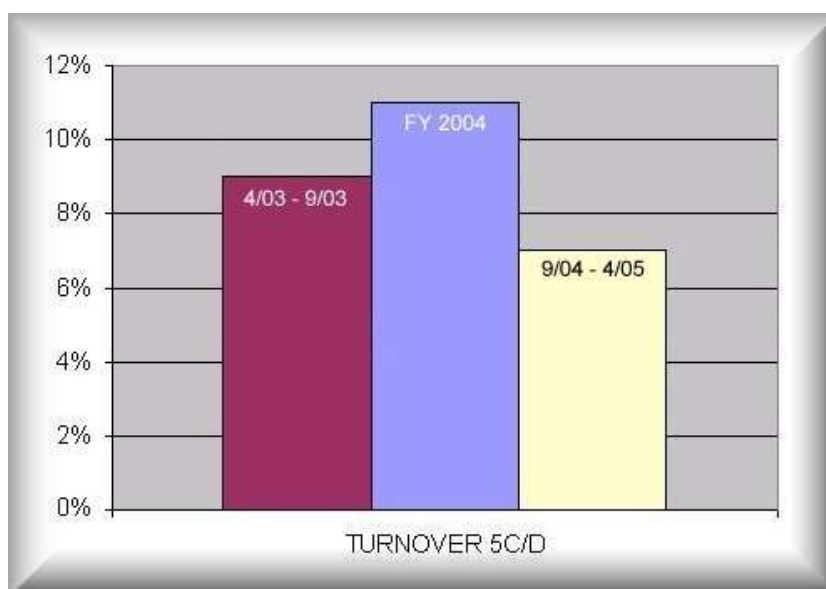
These Press Caney scores are critical indicators of the trend on these units and can be reliable lead indicators (predictors) for assessing future trends.

The team continues to measure their chief concern, Patient Family Rounds, where they involve multi-disciplinary staff, family and patient in treatment care planning. This improvement aligns all members of the patient's treatment so problems are avoided. Before November, no patient/family rounds were conducted. December dropped with holidays and vacations, from then on, the numbers improved. The nursing teams are committed to increasing these numbers.
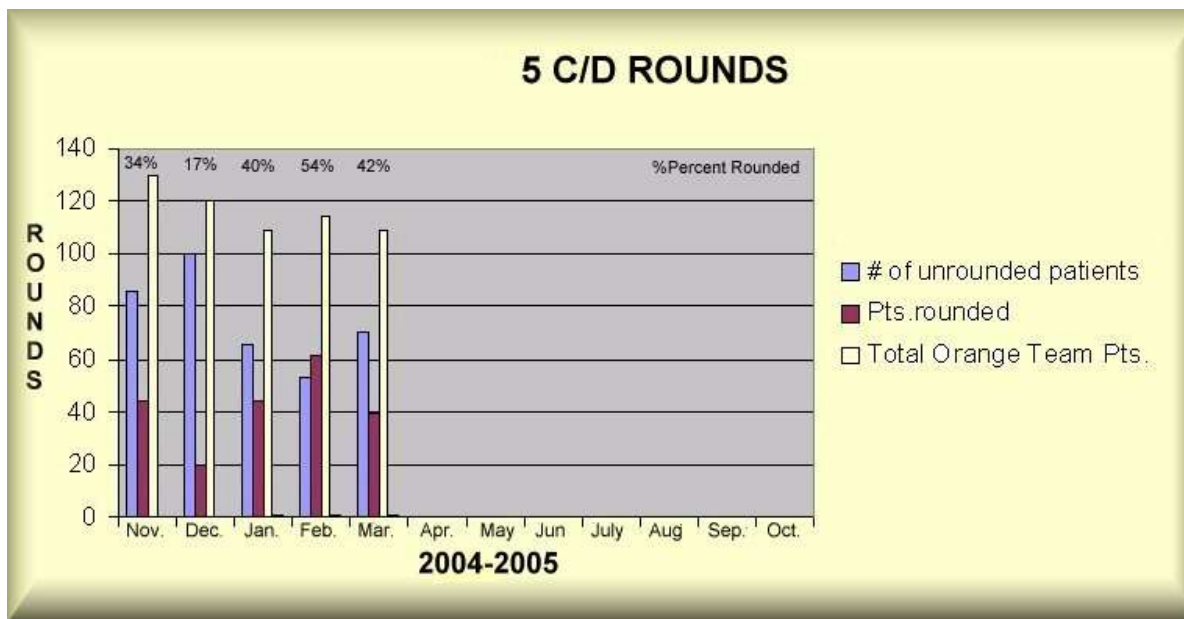
Summary

The nursing team improved their performance with hard work. They were given skills and a model to use that was and inclusive of the team members who actually do the work. This model of participative management is based on solid research and field testing for over 45 years. Who knows how to improve the work best but the very people who do it every day? This process helps hospital management and hospital staff achieves superior results.

CCI has enjoyed working with these teams especially due to their commitment in getting the job done and going the extra mile. When hospital staff is given the tools, you can expect great results.

Benefits of the Process

- Proven track record of improving performance results in all types of organizations
- Based on 45 years social science research and field testing
- Faster to implement than traditional consulting methods
- More cost effective than other more expert driven methods
- Addressed the key motivators of productive work
- Gets people to take responsibility in solving their own productivity issues
- Provides a simple method for tracing key performance metrics

Caridas Consulting International
3223 Albans Rd.
Houston, Texas 77005
Ofc: (713)629-5692 Fax: (832)251 -7219
email: ecaridas@flowmanagement.net
http://www.flowmanageme nt.net