Purpose

1. Roadmap for leading engagement

2. Engagement Map

3. Apply the road map to engage your physicians

© The Center for Transformation and Innovation
Mo Kasti Bio

A leader in healthcare transformation with more than 25 years of experience, Mo Kasti works with hundreds of healthcare executives and organizations to transform their cultures, develop strategy, and develop leaders.

Author of “Physician Leadership: The Rx for Healthcare Transformation,” as well as dozens of articles, Mo is a sought-after speaker on strategy, leadership development, innovation, cultural transformation, and effective process improvement.

Mo has faculty appointments in the USF College of Medicine, College of Nursing, College of Engineering, Business School, Honor College, and College of Pharmacy. He has received numerous awards for outstanding performance in management, as a coach, and as a trainer.

Mo Kasti
CEO and Founder
CTI’s Physician Leadership Institute
mkasti@ctileadership.com
The CTI Physician Leadership Institute

Our mission is to accelerate the clinical transformation through physician leadership, strategy, and innovation.

Who We Are
- Leading Provider of Physician Leadership and Transformation Services

What We Do
- Design and deliver custom leadership, strategic and innovation solutions for the constantly evolving needs of the healthcare practice and systems.

Our Business
- Leading Self
- Leading Others
- Leading with Strategy
- Leading for Results

Why We Win
- We are NOT consultants
- Exclusively physician development
- Personalization, analytics and access
- Defined outcomes
- Credibility with our clients

How We Drive Value
- Sustainable behavior impacts
- Sustainable leadership, strategy and innovative improvements
- Defined outcomes and business impacts

© The Center for Transformation and Innovation
Healthcare is finally going through its Transformation (2\textsuperscript{nd} Curve)….

- Leadership (Physician)
- Strategy
- Patient Centricity
- Innovation
- Engagement
Requiring a Higher Level of Alignment and Engagement
Unfortunately...When there is misalignment and less food, table manners deteriorate.
Instead Our Aim Should be....

Harmonizing and focusing our efforts as a basis for realizing some aim or purpose in an unfolding and often unforeseen world of many bewildering events and many contending interests. - From “Certain to Win” by Chet Richards

Desired State
Why Has Engagement Been Difficult in Healthcare?

“They won’t engage like that! Push the bowls closer together.”
Recent Gallup Organization studies of more than 6,000 physicians in the United States show that:

- Only 10% of physicians are fully engaged with their hospital
- While 42% are actively disengaged
Living in a house under construction...
The Value of Effective Engagement

\[ S \times E = T \]

Solution | Engagement | Transformation
--- | --- | ---
8 | 4 | 32

If you focus dollars just to improve the quality of your solution, how good do you think you may get?

\[ 9 \times 4 = 36 \]

If you focus dollars on stakeholder engagement, your improvements yield a much more sustainable transformation

\[ 8 \times 6 = 48 \] (circled)

33% | 50%
What is Engagement?

a: the act of engaging : the state of being engaged
b: emotional involvement or commitment
<seesaws between obsessive engagement and ambiguous detachment — Gary Taylor>

Emotional Connection, Involvement, Commitment, Demonstrated in Our Behaviors, Leading to Discretionary Efforts
### Physician Alignment Versus Engagement

<table>
<thead>
<tr>
<th>Alignment</th>
<th>Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared purpose, vision, goals, strategic and operational priorities</td>
<td>Fully here and energized to the point that one is willing and able to give discretionary effort</td>
</tr>
<tr>
<td>Two Way: physicians and hospitals benefit</td>
<td>1. Make the right things matter most</td>
</tr>
<tr>
<td>Begin with what matters most to physicians - better care and outcomes for patients</td>
<td>2. Are optimistic and open-hearted</td>
</tr>
<tr>
<td>Both sides acting, deciding, and behaving in ways that support shifts in medical care</td>
<td>3. Move beyond the superficial in their connection with others</td>
</tr>
<tr>
<td></td>
<td>4. Trigger the best instincts of others</td>
</tr>
<tr>
<td></td>
<td>5. Mood lifts the mood of others</td>
</tr>
</tbody>
</table>
CTI Engagement Roadmap™

1. Map Terrain
2. Align to Relevant Purpose
3. Engage a Coalition
4. Influence
5. Anchor in the Culture

Solution to Close the Gap

Current State

Desired State

© CTI
Context

• Choose An Area You Need Physician Engagement...

• Please share ...

© The Center for Transformation and Innovation
CTI Engagement Roadmap™

1. Map Terrain
2. Align to Relevant Purpose
3. Engage a Coalition
4. Influence
5. Anchor in the Culture

Solution to Close the Gap

Current State

Desired State

© CTI
Define the Purpose
Define the Current and Desired State

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Current State</th>
<th>Desired State (Vision)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Why is it important to have engagement in this area? For the sake of what?</td>
<td>Impact of lack of engagement...</td>
<td>Meaningful results/outcomes needed</td>
</tr>
</tbody>
</table>

![Engagement Map](image)

<table>
<thead>
<tr>
<th>Engagement Level</th>
<th>How Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely Unengaged</td>
<td>Low (1)</td>
</tr>
<tr>
<td>Neutral</td>
<td>Med (3)</td>
</tr>
<tr>
<td>Active</td>
<td>High (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Stakeholder</th>
<th>Current Level</th>
<th>Desired Level</th>
<th>Engagement Level</th>
<th>How Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 
9. 
10. 
What is the Purpose
(Impact of Engagement or Lack of?)

To Save Lives
by successfully implementing Sepsis Evidence-Based Protocol
What is the Current State?

Awareness and adoption of evidence-based sepsis bundle has been slow
Desired State: Our Vision

• Overall Vision: To save lives through high quality evidence driven healthcare.

• Initiative Vision: Creating Engagement and a sense of urgency for Sepsis Protocol adoption and implementation.
Map the Terrain

1. Map Terrain
2. Align to Relevant Purpose
3. Engage a Coalition
4. Influence
5. Anchor in the Culture

Current State

Solution to Close the Gap

Desired State

© The Center for Transformation and Innovation
1. Who’s engagement do you need in order for the initiative to succeed?

2. Who could block or derail the initiative if not “engaged or committed”?

3. Who will be impacted and/or involved in implementation?
Map Terrain – Assess Engagement Level
Map Terrain – Assess Engagement Level

Actively Engaged
GO!
20%

Neutral Silent Majority
60%

Dis-Engaged Resistors
NO!
20%
Map Terrain – Assess Engagement Level

- Actively Engaged: GO!
- Neutral Silent Majority
- Dis-Engaged Resistors: NO!
- 20% Leader Focus

30% 30% 20%
Map Terrain – Assess Engagement Level

80% Leader Focus

Actively Engaged
GO!

20% 30%

Neutral
Silent
Majority

30%

Dis-engaged
Resistors
NO!

20%
Map Terrain – Assess Engagement Level

80% Leader Focus

Actively Engaged
GO!

20% 30%

Silent Majority

30% 20%

20% Leader Focus

Dis-Engaged Resistors
NO!

© The Center for Transformation and Innovation
For each stakeholder or group, assess the following:

1. What’s their current level of engagement?
2. What level of engagement do you want from them?
3. How critical is their engagement?
Assess Sepsis Stakeholder Engagement Terrain

Key stakeholders:

- ER
- ICU
- VP Quality
- Nursing
- Clinical Educator
- Hospitalist team
- CMO
Sepsis Stakeholder Terrain Mapping

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Current Engagement Level</th>
<th>Desired Engagement Level</th>
<th>How Critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Doctor</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>5 (high)</td>
</tr>
<tr>
<td>ED Director</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>3</td>
</tr>
<tr>
<td>ICU Nursing</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>5</td>
</tr>
<tr>
<td>Hospitalists</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>5</td>
</tr>
<tr>
<td>VP quality</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>3</td>
</tr>
<tr>
<td>CMO</td>
<td>Completely Disengaged</td>
<td>Actively Engaged</td>
<td>3</td>
</tr>
</tbody>
</table>
Align to a Relevant Purpose

1. Map Terrain
2. Align to Relevant Purpose
3. Engage a Coalition
4. Influence
5. Anchor in the Culture

Current State

Solution to Close the Gap

Desired State
Align – Select Focus

- The next few steps will be completed for each stakeholder or group you hope to engage and influence.

- Identify the stakeholder of focus:
  - Critical
  - Dis-engaged.
Align to a Relevant Purpose

Value

What the Clinician Cares About and Values

The Desired Outcome Vision

© The Center for Transformation and Innovation
Align – Current Actions & Behaviors

Example:

- They say:
  - I don’t need to change
  - I don’t trust the data
  - I don’t have time
  - This is not relevant to me
  - Us versus them
  - My patients are different and more complex

- Exhibiting distrust of others or organization
- Not showing up to critical meetings
- Not responding to communication
- Engaged in disruptive behaviors
- Other
Align – Current Actions & Behaviors

Identify the current observed or reported di-engagement actions or behaviors
Recognize Why People Fear Change
Sign Your Name
Align – Understand the Hidden Sources of Disengagement

<table>
<thead>
<tr>
<th>Identified Stakeholder:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment – Assess the following as they relate to the Engagement Area of Focus:</td>
</tr>
<tr>
<td>Current Observed or Reported Disengagement Behaviors</td>
</tr>
<tr>
<td>Examples:</td>
</tr>
<tr>
<td>They say:</td>
</tr>
<tr>
<td>o I don’t need to change</td>
</tr>
<tr>
<td>o I don’t trust the data</td>
</tr>
<tr>
<td>o I don’t have time</td>
</tr>
<tr>
<td>o This is not relevant to me</td>
</tr>
<tr>
<td>o Us versus them</td>
</tr>
<tr>
<td>o My patients are different and more complex</td>
</tr>
<tr>
<td>Exhibiting distrust of others or organization</td>
</tr>
<tr>
<td>Not showing up to critical meetings</td>
</tr>
<tr>
<td>Not responding to communication</td>
</tr>
<tr>
<td>Engaged in disruptive behaviors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identify Underlying Sources of Disengagement</th>
<th>Desired Vital Engagement Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>Interpersonal</td>
</tr>
<tr>
<td>MUST</td>
<td></td>
</tr>
<tr>
<td>Don’t want to</td>
<td>Don’t know how or when to</td>
</tr>
<tr>
<td>Others don’t prioritize or motivate</td>
<td>Others don’t enable</td>
</tr>
<tr>
<td>Tasks or processes don’t motivate</td>
<td></td>
</tr>
<tr>
<td>MUST</td>
<td></td>
</tr>
<tr>
<td>Don’t know what to do or how to do it</td>
<td></td>
</tr>
<tr>
<td>Others don’t enable</td>
<td></td>
</tr>
<tr>
<td>Their Interests/Concerns</td>
<td>Their Assumptions</td>
</tr>
<tr>
<td>Opportunities the change will bring</td>
<td>Threats the change will mitigate</td>
</tr>
<tr>
<td>Examples:</td>
<td></td>
</tr>
<tr>
<td>Making time for review of data</td>
<td></td>
</tr>
<tr>
<td>Changing practices</td>
<td></td>
</tr>
<tr>
<td>Voicing concerns respectfully and privately</td>
<td></td>
</tr>
<tr>
<td>Discussing reasons for change</td>
<td></td>
</tr>
</tbody>
</table>

© The Center for Transformation and Innovation
Align – Understand the Hidden Sources of Disengagement

Conscious Immunity

Unconscious Immunity

Competing Commitments

*Big Assumptions
Previous Experience
Stereotypes

*Motivators
History
Habits

*Interests
(What they value and care about)

*Concerns
(grounded and ungrounded)

Fear
Emotions
Identity

Personal Story

Spoken Needs
Unspoken Wants

Unspoken

Habits

Stereotypes

Doing/Not Doing

Mood

Actions

Body Language

Results

Behaviors

Words
## Understand Sources of Disengagement

<table>
<thead>
<tr>
<th>Will</th>
<th>Individual</th>
<th>Interpersonal</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Don’t want to do it; Don’t enjoy it</td>
<td>3 Others don’t reinforce or motivate</td>
<td>5 Structures &amp; processes don’t motivate</td>
</tr>
<tr>
<td>2</td>
<td>Don’t know how or don’t do it well</td>
<td>4 Others don’t enable, or they get in the way</td>
<td>6 Structures &amp; processes don’t enable, or they get in the way</td>
</tr>
</tbody>
</table>
Another Major Source of Disengagement

Physician Stress and Burnout
### 5 Most Important Elements of Engagement According to Physicians (Reasons for Dis-engagement)

<table>
<thead>
<tr>
<th>Engagement Element</th>
<th>Importance to Physicians on scale of 1-10</th>
<th>True of current organization according to physicians</th>
<th>True of current organization according to administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respect for my competency and skills</td>
<td>9.2</td>
<td>7.3</td>
<td>8.4</td>
</tr>
<tr>
<td>Feeling that my opinions and ideas are valued</td>
<td>9.1</td>
<td>6.5</td>
<td>8.0</td>
</tr>
<tr>
<td>Good relationships with physician colleagues</td>
<td>9.1</td>
<td>7.9</td>
<td>7.9</td>
</tr>
<tr>
<td>Good work-life balance</td>
<td>9.1</td>
<td>6.7</td>
<td>7.6</td>
</tr>
<tr>
<td>A voice in how my time is structured and used</td>
<td>9.0</td>
<td>6.6</td>
<td>7.4</td>
</tr>
</tbody>
</table>

Source: Physician Wellness Services and Cejka Search
## Sepsis- ER Doc

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Interpersonal</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Will</strong></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td><strong>Skill</strong></td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Align – Desired Actions, Behaviors, Commitments

<table>
<thead>
<tr>
<th>Desired Vital Engagement Behaviors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Making time for review of data</td>
</tr>
<tr>
<td>Changing practices</td>
</tr>
<tr>
<td>Voicing concerns respectfully and privately</td>
</tr>
<tr>
<td>Talking about reasons for change</td>
</tr>
</tbody>
</table>

**Identified Stakeholder:**

**Assessment – Assess the following as they relate to the Engagement Area of Focus:**

**Current Observed or Reported Dis-Engagement Behaviors**

- They say:
  - I don’t need to change
  - I don’t trust the data
  - I don’t have time
  - This is not relevant to me
  - Us versus them
  - My patients are different and more complex
- Exhibiting distrust of others or organization
- Not showing up to critical meetings
- Not responding to communication
- Engaged in disruptive behaviors

**Identify Underlying Sources of Disengagement**

<table>
<thead>
<tr>
<th>Individual</th>
<th>Interpersonal</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Will</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t want to /can’t do it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t trust or believe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Core values or principles</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill</th>
<th>Their Interests/Concerns</th>
<th>Their Underlying Assumptions</th>
<th>Their Motivators</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Opportunities**

**Threats**
Align – Assess Interests, Concerns, Assumptions and Motivations

- **INTERESTS**
  - (what they value and care about)

- **CONCERNS**
  - (what they fear the change will bring)

- **ASSUMPTIONS**
  - (about the change)

- **MOTIVATORS**
  - (why they would want to change)
Align – Assess Interests, Concerns, Assumptions and Motivations

**INTERESTS/CONCERNS**
- What they value and care about

**Underlying ASSUMPTIONS**
- Assumptions about the initiative
- What they fear the change will bring
Immunity to Change Process

Unconsciously “Immune”

Consciously “Immune”

Consciously “Released”

Unconsciously “Released”

*Big Assumptions

*Motivators

*Interests

(What they value and care about)

*Concerns

(grounded and ungrounded)
Underlying Assumptions

• Do they have assumptions about the change that may fuel hesitance or resistance?

• What do they fear the change will bring?

• What impact on their work do they assume the change will have?
Motivations

Motivation is not “one size fits all.” What’s an opportunity to some may be a threat to others.
Motivations

How people are motivated - Hierarchy of needs/concerns

1. Self-Actualizing
2. Esteem (Self, Others)
3. Social- Belongingness
4. Security-need for safety
5. Physiological- basic needs vital to survival
Motivations

Burning Platform Outside or Burning Ambition Inside
Align – Motivations

**Motivators**

- What **opportunities** will the initiative bring?
- What **threats** will the initiative help mitigate?
# Sepsis - Creating A Shared Relevant Purpose

<table>
<thead>
<tr>
<th>Threats</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>(if not applied)</td>
<td>(if applied)</td>
</tr>
<tr>
<td>• Longer Length of Stay</td>
<td>• Shorter Length of Stay</td>
</tr>
<tr>
<td>• Higher risk of practice</td>
<td>• Lower risk of practice</td>
</tr>
<tr>
<td>• Lives are impacted</td>
<td>• Save Lives</td>
</tr>
<tr>
<td>• Reimbursement in shared risk/shared saving</td>
<td>• Better Reimbursement in shared risk/shared saving</td>
</tr>
<tr>
<td>• Diminished ability to compete</td>
<td>• Better ability to compete</td>
</tr>
<tr>
<td>• Reputation</td>
<td>• Better patient management and referrals.</td>
</tr>
</tbody>
</table>
## Engage a Coalition

### Transition from:
- I to **WE**
- My Plan to **OUR Plans**
- My idea to **OUR ideas**
- I do it all to I need your help

### Timeline of Change

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>Transformational Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>ED DOC (C5)</td>
<td>Strongly Disengaged (Disruptive)</td>
</tr>
<tr>
<td>Hospitalist (2)</td>
<td>Disengaged</td>
</tr>
<tr>
<td>ED Director (4)</td>
<td>Disengaged</td>
</tr>
<tr>
<td>ED Nurse (5)</td>
<td>Neutral</td>
</tr>
<tr>
<td>Chair (5)</td>
<td>Neutral</td>
</tr>
<tr>
<td>ICU Team</td>
<td>Neutral</td>
</tr>
<tr>
<td>Hospitalist</td>
<td>Actively Engaged</td>
</tr>
<tr>
<td>CMO</td>
<td>Actively Engaged</td>
</tr>
</tbody>
</table>

© The Center for Transformation and Innovation
Engage a Coalition (Kotter)
Leverage Natural Leaders/Influencers

**Natural leaders** are key influencers who:

- Naturally **make the right things matter most**
- Create strong **authentic connections** built on trust
- Are positive and trigger the best instincts of others
- Seek out and listen to others’ input
- **Influence and motivate others** even when not in charge
- **Are early adopters** because they are ahead of the norm
However Physicians Shy Away from Leadership...

- Physician Education
- Physician bias and culture
- Financial disincentive
- Skepticism about leadership/administration (the dark side)
- Stress & Burnout
- Generational differences in values
- Not their core competencies or area of comfort
- Lack of training
You have to develop them – Engagement is a muscle
Develop Your Natural Leaders

Develop Influencers to engage and lead the transformation

- Cohort Experience
- On-site
- Various formats
  - Boot Camp
  - Academy
  - Fellowship
- Coaching
- Applied team projects (Exercise the Muscle)

Key Skills:
- Lead Change
- Lead Self then Lead Others Collaboratively
- Active Listening and Having the Difficult Courageous Conversation
- Engaging The Disengaged
What characteristics make good candidates for physician leaders?

- **High EQ** – emotional intelligence
- **Possibility thinking** – open to new ideas and better solutions
- **Integrity and trust** – good individual values align with good organizational values
- **Skillful communicator** – not flashy, just effective
- **Triggers the best instincts in others** – makes others want to do the right thing
- **Lifts the mood of others** – optimism is infectious
- **Interested in what’s best for the institution and the patient** – no substitute for this
- **Good judgment** – beyond the clinical
- **Create strong authentic connections built on trust**
Engage a Coalition

**Identify** – Identify the Natural Leaders and key Influencers

**Request** – how will you make the request for their help? What is in it for them?

**Tools** – What tools will you provide to communicate to others?
Engage a Coalition

Secure Sepsis Bundle Buy-in

We secured buy-in from:

- ICU Committee
- ER Director
- COO
- CMO
- VP Quality
- ***Hospitalist Leadership
- Nursing Staff
Tools

Resources, Communication Tools, Evidence,..

- Create Compelling Content
- Easy to use materials and resources
- Formal and informal education

Outline
- I. Making the Case (WHY)
  - Video
  - Stats
  - Financials
  - CHI
  - Local
- II. What is Sepsis? (WHAT)
- III. Recognition of Sepsis (HOW)
- IV. Diagnosis and Treatment
- V Call to Actions
- VI Action Plans
- VII. How we will monitor progress and success?
- VIII. FAQ (resistance/concerns/answers)

CRITERIA FOR THE DIAGNOSIS OF SEVERE SEPSIS
- BP 90 mmHg or MAP 70 mmHg for over 1 hr.
- Urine Output 0.5 ml/kg/hr or acute renal failure
- \( \text{PaO}_2/\text{FiO}_2 \) 250
- Hepatic dysfunction
- Altered Mental Status
- Platelet count 80,000/mm\(^3\) or DIC
- pH 7.30 and plasma lactate of >4 mmol/L
Influence

1. Map Terrain

2. Align to Relevant Purpose

3. Engage a Coalition

4. Influence

5. Anchor in the Culture

Current State

Desired State

Solution to Close the Gap
Influence – Communicating the Vision

“The greatest problem with communication is the illusion that it’s being accomplished.”

-George Bernard Shaw
Influence – Hyper-communicate

The Rule of Sixes

- Six different times
- Six different ways
In more successful transformation efforts, leaders use all existing communication channels to broadcast the vision.

Use every possible channel:

- Newsletters
- Organization meetings
- Department meetings
- Informal conversations
- Electronic communication
- One-on-one conversation
MD Anderson: What is Sepsis?

Sepsis: Emergency Trailer

Surviving Sepsis Campaign

Sepsis Is An Emergency

When Sepsis Goes Badly
Influence – Communicating the Vision

If you can’t communicate the vision to someone in ten second or less and grab their attention, you are not done.

-Mo Kasti
Influence – Communicating the Vision

Elevator Speech

- You find yourself in the elevator with one of the key stakeholders whose buy-in and support you need.
- It is a 30-60 second ride.
- What would you say about the vision?

Goal: to be ready on hand all the time
<table>
<thead>
<tr>
<th>Picture</th>
<th>Purpose</th>
<th>Plan</th>
<th>Part to Play</th>
</tr>
</thead>
<tbody>
<tr>
<td>The vision</td>
<td>Why it matters <em>(from their perspective)</em></td>
<td>How will we get there?</td>
<td>Key Actions, Behaviors or Commitment they need to engage in?</td>
</tr>
</tbody>
</table>
# Example - Elevator Speech

<table>
<thead>
<tr>
<th>Source</th>
<th>4P</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>Picture</td>
<td>“I am working on reducing sepsis through early detection and sepsis bundle implementation”</td>
</tr>
<tr>
<td>Threat/Opportunity NEWS</td>
<td>Purpose</td>
<td>This is a critical effort to:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Save Lives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reduce LOS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Improve Quality Outcomes</td>
</tr>
<tr>
<td>Influence Strategies</td>
<td>Plan</td>
<td>We’ve identified sepsis bundle that helped other organizations achieve this goal and we want to pilot this protocol in your department,...</td>
</tr>
<tr>
<td>Source of Resistance Influence Strategies</td>
<td>Place</td>
<td>I’d like your team’s help to pilot the new protocol. Can I schedule time with you and your team to discuss?”</td>
</tr>
</tbody>
</table>
Influence – Communicating the Vision

**Elevator Speech**

**Picture** - vision of the initiative (personalized vision)

**Purpose** – Why it matters (*from their perspective*) (opportunities and threats)

**Plan** – plan for making the change

**Part** – Key Actions, Behaviors or Commitment they need to engage in?
TAKE ACTION
Influence: Align Actions to the Source of Disengagement

The biggest gaps between the ideal situation for physicians and their current situations

<table>
<thead>
<tr>
<th>Engagement Element</th>
<th>Ideal</th>
<th>Physician Score</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in setting broader organizational goals and strategies</td>
<td>10</td>
<td>5.8</td>
<td>4.2</td>
</tr>
<tr>
<td>A voice in clinical operations and processes</td>
<td>10</td>
<td>6.3</td>
<td>3.7</td>
</tr>
<tr>
<td>Good relationships with administrators</td>
<td>10</td>
<td>6.4</td>
<td>3.6</td>
</tr>
<tr>
<td>Fair compensation for my work</td>
<td>10</td>
<td>6.5</td>
<td>3.5</td>
</tr>
<tr>
<td>Opportunities for professional development and career advancement</td>
<td>10</td>
<td>6.6</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Source: Physician Wellness Services and Cejka Search
### Influence – Define Influence Actions

#### Align Actions to the Source of Resistance

<table>
<thead>
<tr>
<th>Will</th>
<th>Individual</th>
<th>Interpersonal</th>
<th>Environmental</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Don’t want to do it; Don’t enjoy it</td>
<td>3 Others don’t reinforce or motivate</td>
<td>5 Structures &amp; processes don’t motivate</td>
</tr>
<tr>
<td>2</td>
<td>Don’t know how or don’t do it well</td>
<td>4 Others don’t enable, or they get in the way</td>
<td>6 Structures &amp; processes don’t enable, or they get in the way</td>
</tr>
</tbody>
</table>
Influence – Define Influence Actions

The Pike Syndrome

Example of environmental (structures, processes) resistance to change
Influence – Define Influence Actions

The Three D’s of Influence

**Demonstration** – seeing examples of a successful outcome

**Data** – compelling facts and figures that illustrate the need

**Demand** – a mandate from someone in a position of authority
Influence Actions - DATA

Protocols:
Implementation Consistently Reduces Mortality

*P < .05 compared with control; †In-hospital mortality; ‡28-day mortality.

Table 4. Compliance with sepsis resuscitation bundle in 984 episodes of severe sepsis or septic shock

<table>
<thead>
<tr>
<th>Bundle Element</th>
<th>Study Period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Baseline (n = 268)</td>
</tr>
<tr>
<td>Lactate measured</td>
<td>202 (75.4%)</td>
</tr>
<tr>
<td>Blood culture before antibiotics</td>
<td>235 (87.7%)</td>
</tr>
<tr>
<td>Timely antibiotics</td>
<td>207 (77.2%)</td>
</tr>
<tr>
<td>Adequate fluid</td>
<td>153 (57.1%)</td>
</tr>
<tr>
<td>Appropriate vasopressor</td>
<td>264 (93.0%)</td>
</tr>
<tr>
<td>Appropriate red blood cell transfusion</td>
<td>221 (82.5%)</td>
</tr>
<tr>
<td>Appropriate inotrope use</td>
<td>96 (35.8%)</td>
</tr>
<tr>
<td>All 7 elements</td>
<td>34 (12.7%)</td>
</tr>
<tr>
<td>Mortality</td>
<td>81 (30.3%)</td>
</tr>
</tbody>
</table>

$p$ values:
- Lactate measured: <.001
- Blood culture before antibiotics: <.001
- Timely antibiotics: <.001
- Adequate fluid: <.001
- Appropriate vasopressor: .046
- Appropriate red blood cell transfusion: .397
- Appropriate inotrope use: <.001
- All 7 elements: <.001
- Mortality: .029
Influence Actions - DEMONSTRATE
Educate and Empower Others to Act

- Create Compelling Content
- Formal and informal education
- Teaming up with Nursing Educators

Outline
- I. Making the Case (WHY)
  - Video
  - Stats
  - Financials
  - CHI
  - Local
- II. What is Sepsis? (WHAT)
- III. Recognition of Sepsis (HOW)
- IV. Diagnosis and Treatment
- V. Call to Actions
- VI. Action Plans
- VII. How will we monitor progress and success?
- VIII. FAQ (resistance/concerns/answers)

CRITERIA FOR THE DIAGNOSIS OF SEVERE SEPSIS
- BP 90 mmHg or MAP 70 mmHg for over 1 hr.
- Urine Output 0.5 ml/kg/hr or acute renal failure
- PaO2/FiO2 250
- Hepatic dysfunction
- Altered Mental Status
- Platelet count 80,000/mm3 or DIC
- pH 7.30 and plasma lactate of >4 mmol/L
Define influence actions that target this source of disengagement.

- What can you do to mitigate concerns in this area?

- What actions will help transform disengagement and enhance commitment?
Influence – Sustain Momentum
Jim Collins
The Flywheel effect

Disciplined People
- Level 5 Leadership
- First Who.. Then What

Disciplined Thoughts
- Confront the Brutal Facts
- Hedgehog Concept

Disciplined Actions
- Culture of Discipline
- Technology Accelerator

Buildup...

Breakthrough

Flywheel
Avoid: The Doom Loop

- **Disappointing Results**
- **No Buildups; No Accumulated Momentum**
- **New Direction, Program, Leader, Event, Fad, or Acquisition**
- **Reactions, Without Understanding**

Build Momentum

© The Center for Transformation and Innovation
Create: The Flywheel Effect

FLYWHEEL BUILDS MOMENTUM

PEOPLE LINE UP, ENERGIZED BY RESULTS

ACCUMULATION OF VISIBLE RESULTS

STEPS FORWARD, CONSISTENT WITH HEDGEHOG CONCEPT

Fly wheel

© The Center for Transformation and Innovation
Influence – Build Momentum

Identify Early Wins

- Quick wins that will facilitate progress
- Opportunities to pilot
Anchor in the Culture

1. Map Terrain
2. Align to Relevant Purpose
3. Engage a Coalition
4. Influence
5. Anchor in the Culture

Solution to Close the Gap

Desired State

Current State

© CTI
Anchor in the Culture

• Leaders “Walk the Talk” – champion the initiative and model the optimal behaviors.

• Processes, policies and norms support and enable the change.

• Successes are visible and celebrated.

• Those who model engagement are recognized and rewarded.
1. Constant communication on a shared purpose and vision
2. Strategic Plan – listening tours
3. Involved physicians in new hires (staff too)
4. Included physicians in monthly staff meetings – historically it was staff only
5. Transparency of performance – across the System – including financial performance
6. Restructured physician orientation
7. Developed Physician Compact – behavior standards/expectations
8. Participated in Team Huddles
9. Formal Physician Leadership Development
10. Quarterly Leadership Dyad meetings and quarterly all physician meetings
11. Physician Governance Committee – elected members – rotation
12. Individual Coaching & Support
13. Building personal relationship – physician to physician
15. Learning a style of appreciative inquiry
Lee Memorial Health System
Physician, Advanced Provider and Staff Compact

**LEE MEMORIAL LEadership Will:**

**Excellence (Safety, Compassion):**
- Recruit and retain superior physicians, advanced providers and staff with physician involvement
- Support professional and career development
- Implement practices which support work-life balance
- Provide resources to practice evidence-based medicine
- Acknowledge contributions to patient care, safety and service excellence
- Support research that advances health care outcomes and care delivery
- Manage to measurable best practice, operational and clinical measures
- Provide feedback on physician, advanced provider and staff performance and tools for improvement as needed

**Honesty, Respect and Teamwork:**
- Share information and create dialogue regarding strategic intent, organizational priorities and business decisions
- Include staff, management, physicians, advanced providers as members of the team
- Treat everyone with respect, maintain privacy and honor diversity
- Listen, communicate and share ideas
- Create an environment that supports teamwork
- Create a patient-centered culture, manifest by excellent patient satisfaction
- Manage and lead the organization with integrity, accountability and transparency

**Stewardship (Resources, Adaptability and Initiative):**
- Provide fair market compensation (e.g. "Market pay for market work"— tied to survey), aligned with organizational goals
- Support service involvement in our communities
- Develop care delivery processes that optimize stewardship of resources
- Efficient and effective use of physician, advanced provider and staff time
- Promote wellness, health, and safety in the workplace

**Physicians, Advanced Providers and Staff Participating Will:**

**Excellence (Safety, Compassion):**
- Practice evidence-based medicine
- Improve measurable outcomes related to quality, safety and service
- Involve the patient and family in care and treatment decisions
- Communicate clinical information timely and clearly to the patient and family
- Achieve excellence in patient satisfaction
- Achieve optimal access, through advanced access
- Pursue learning which advances practice, knowledge and patient care
- Be accountable for timely completion of work

**Honesty, Respect and Teamwork:**
- Support innovation and continuous improvement in practice management and care delivery
- Include staff, management and physicians as members of the team
- Treat everyone with respect, maintain privacy and respect diversity
- Listen, communicate and share ideas
- Support organizational and group goals that you have helped to develop
- Expect and be open to constructive feedback that improves personal and professional development

**Stewardship (Resources, Adaptability and Initiative):**
- Identify and request needed information and resources to practice evidence-based medicine
- Participate in planning and implementing organizational change
- Support organizational strategic objectives and goals
- Develop health care delivery that optimizes stewardship of resources
- Promote wellness, health and safety in the workplace
Common Pitfalls

1. Purpose
   a. Not including the why for the shift
   b. Not connecting the vision to shared values

2. Strategy
   a. Not describing the ideal state and discussing what it will take to achieve it
   b. Not engaging physicians to co-create strategies
   c. Not creating dyad and triad partnerships

3. Results
   a. Not leveraging natural leaders and allies
   b. Not being sensitive with the realities and challenges physicians face

4. Self and Others
   a. Not using listening/discussion sessions
   b. Not developing a compact – willing to give this in exchange for what I want to get
   c. Not communicating openly and frequently to share reliable and accurate information
   d. Not investing in robust physician leadership development
Leadership During Times of Transformation

Step Up: *Know when to lead from front or from behind.*

“It is better to lead from behind and to put others in front especially when you celebrate victory when nice things occur.

You take the front line when there is danger. Then people will appreciate your leadership”.

© The Center for Transformation and Innovation
Final Thought:

Engagement is about Leadership

"WE MUST BECOME THE CHANGE WE WANT TO SEE"
Reflection

Lessons Learned

Actions You’ll Take

Commitments You’ll Make

Results Only Occur Through Reflection and Action
Physician Engagement
Steps to Success Checklist

- Understand the Current Terrain and levels of engagement. “Engagement is not one size fits all”
- Recognize and respect differences in the clinician’s priorities and motivations
- Align the shift to a shared purpose
- Build a coalition of support by engaging and leveraging natural leaders in shared commitments and outcomes
- Hyper communicate the Why (4P)
- Develop your natural leaders (Engagement is a muscle)
- Address the underlying concerns, motivations, and reasons for dis-engagement
- Remove hassle factors and work to mitigate physician concerns
- Model the way and anchor in the culture
• Blog: mokasti.com
• www.Physicianleadership.org
Contacts

Mo Kasti
Chief Executive Officer
CTI Physician Leadership Institute

www.physicianleadership.org

3802 Spectrum Blvd. Suite 116A
Tampa, FL 33612

Phone: 813-333-1401
Email: mkasti@ctileadership.com
DO NOT SHARE OR DUPLICATE

All materials in this document are the property of The Center for Transformation and Innovation (CTI) LLC. They are protected by U.S. Copyright Laws, and are not to be copied, modified, shared or reproduced in any way. Thank you.