

OHA WEBCAST

Physician Leader

Accountability Agreements

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Overview

- Context
- Organization Structure
- Capacity Building Journey
- Strategy Map/Balanced Scorecard
- COS/CEO Accountability Agreements
- Physician Leader Accountability Agreements



Context

Hospital's position 2005

- population growth
- redevelopment project
- reputation
- weak administrative structure
- numerous leadership changes



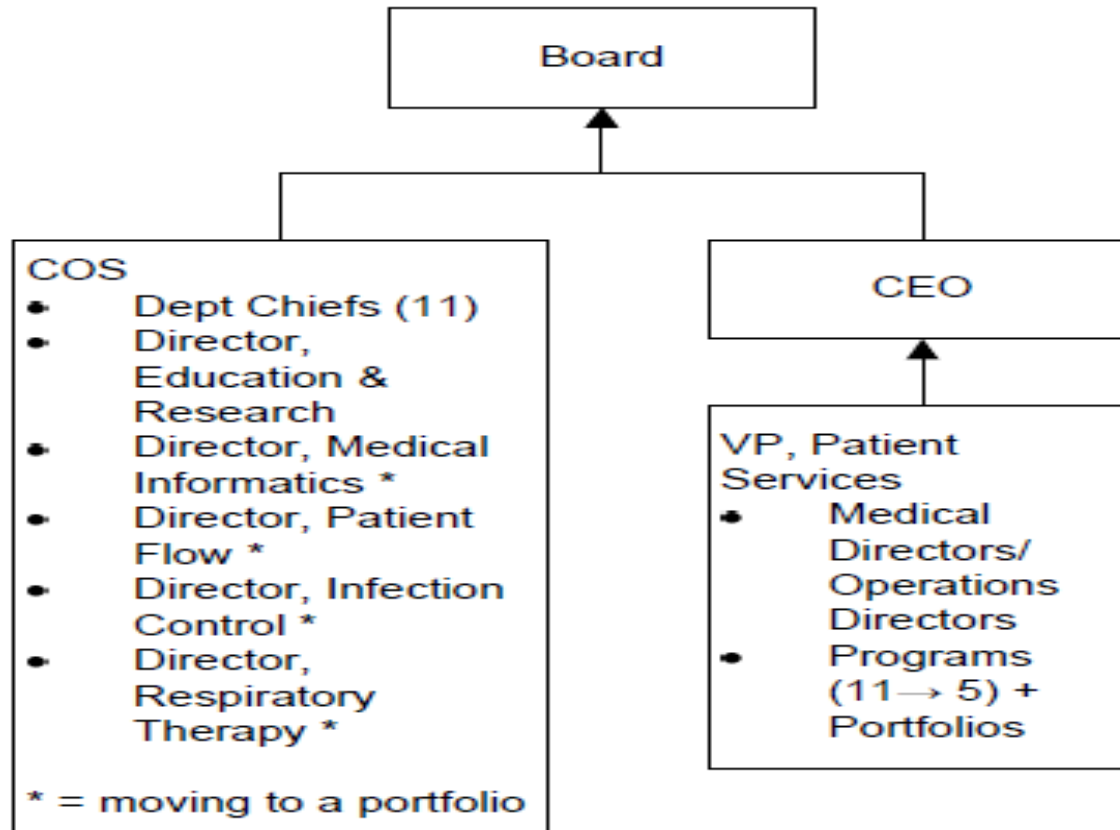
Context cont'd

Disengaged medical leadership

- incomplete position descriptions
- ad hoc salary structure
- no performance metrics
- lack of understanding of role
- poor relationship with senior administration



Organization Structure



Medical Leadership

Hybrid model:

8 Chiefs who were also Clinical (Program) Directors

- Continuing Care & Rehab
- Diagnostic Imaging
- Emergency Medicine
- Laboratory
- Medicine
- Mental Health
- Obstetrics (Woman & Child Program)
- Surgery



Medical Leadership cont'd

Hybrid model:

3 Chiefs only

- Anaesthesia
- Family Practice
- Paediatrics (shared some WCP duties)

3 Medical Directors only

- Chronic Kidney Disease
- Critical Care
- Stroke



Capacity Building Journey

Purpose: to ensure we execute on strategy,
prepare for new facility

Required a cultural transformation:

- how we think
- how we learn
- how we act



“Strategies most often fail because they aren’t well executed”

Fortune Magazine
June 21, 1999



Capacity Building Journey cont'd

Emphasis on cause and effect relationships:

learning and growth enablers



process improvements



outcomes (financial, clinical)

Accountability



Strategy Map/Balanced Scorecard

Process Overview

Where are we?

CURRENT REALITY

Where do we want to go?

VISION

How do we get there?

PLAN/STRATEGY

How will we know when we get there?

MEASURE/BALANCED SCORECARD



Strategy Map/Balanced Scorecard cont'd

Process Overview

What do we require
of staff/physicians?

ENGAGEMENT
ALIGNMENT

How do we get that?

ACCOUNTABILITY



Strategy Map/Balanced Scorecard cont'd

- Creation of a shared vision
- Gap analysis: difference between current reality and that vision
- Identification of key strategic themes
- Development of Strategy Map and Balanced Scorecard
- Focus on Accountability to ensure strategy execution
- Implement pay for results (P4R=merit pay)



COS/CEO

Accountability Agreements

- Aligned with Strategy Map/Balanced Scorecard
- Developed jointly
- Each outcome, process improvement included in at least one of our A.A.'s
- Approved by Board Chair, presented to Board
- Shared with MAC



Physician Leader Accountability Agreements

Background

- Initially greeted with scepticism, resistance
- OMA warning (May 2006)
- Capacity Building update, refresh
 - handbook
 - leadership sessions
- Understanding of Strategy Map and BSC
- COS Accountability Agreement



What is Accountability?

Someone is accountable when they are responsible and bound to give account and to provide a statement of any responsibility; answering for conduct.



What is an Agreement?

A mutual understanding or covenant among/
between parties.

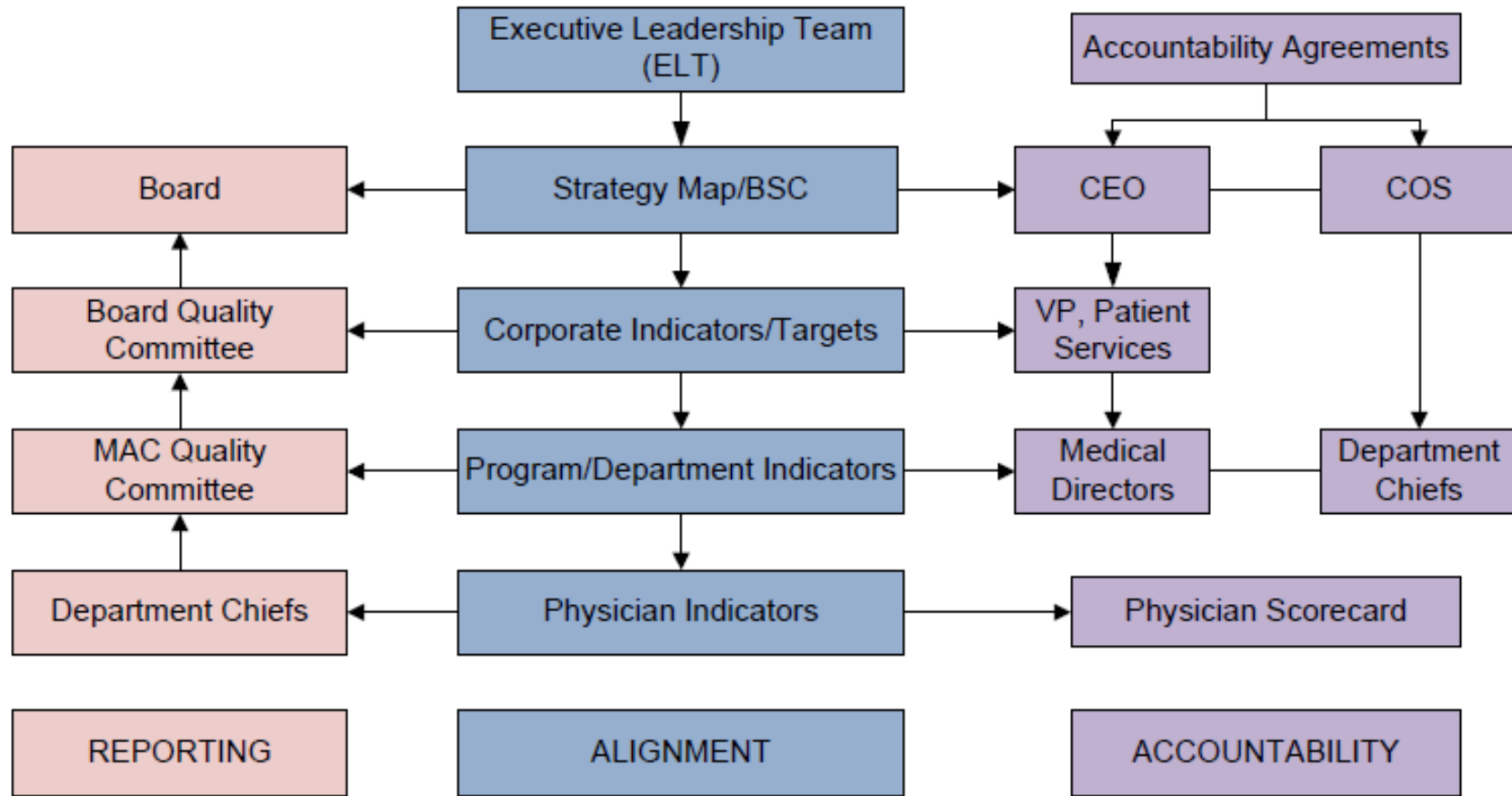


Therefore...

An Accountability Agreement is a commitment among parties to accept responsibility for and provide an accounting of specific actions and conduct.



Accountability Framework



Principles

- Their agreement prepared in collaboration with COS
- Alignment – Strategy Map/BSC
– COS Accountability Agreement
- Focus on clearly defined outcomes and targets
- Mutual/support



Principles

- Control/influence
- Consequences – positive (P4R, etc.)
– negative
- Reward results, not activity
- NOT to be used to affix blame



“Execution is a ***systematic process*** of rigorously discussing the ***hows*** and ***whats, questioning, tenaciously following through*** and **ensuring accountability**”

Execution – The Discipline of Getting Things Done.

Bossidy & Charan - 2002



Physician Leader A.A.'s - Content

Sections

I. Corporate Outcomes

II. Department/Program Outcomes

III. Department/Program Leveraged Actions
(=outputs)

- linked to outcomes
- linked to competencies



Physician Leader A.A.'s – Content cont'd

- IV. Professional Development (=Performance)
- based on identified gaps in competencies



Components

Specific indicators/ targets

- for outcomes
- for outputs
- for performance

Supports required

- from COS office
- from administration
- from other programs/
departments
- from staff



Components cont'd

Alignment

- to Strategy Map/BSC
- to LHIN/MOH priorities
- to QIP
- with other leaders

Expected results

- from outputs
- from performance



Components cont'd

“Objective” evaluation/scoring
eg.

OUTCOMES

- met
- partially met
- improvement
- no change

OUTPUTS

- completed
- initiated
- no change



Components cont'd

Transparent P4R Calculation

eg. 10% of total salary

85% from AA

20% Corporate

30% Department

35% Output

15% Discretion



Process

- Finalize annual Strategy Map/BSC
- Complete COS A.A.
- Meet with “groups” of leaders
 - eg. DI & Lab
 - CCCR & Mental Health & F.P.
 - interdependencies
 - mutual support
 - common indicators/targets



Process cont'd

- Draft for approval by Chief
- Revise as necessary
 - after initial discussion
 - during year
- “Mid-term” review
- Quarterly review of corporate BSC results
- Final review/agreement on results



Consider

- Prioritization
- Weighting
- Multi-year targets
- “Joint” agreements
- Identification of barriers/actions to overcome
- Looking at year over year trends



Impact of Physician Leader A.A.'s

Not a randomized, double-blind, controlled clinical trial

Other variables to consider:

- a) Competitive, criteria-based compensation grid
- b) Major changes at Board, Senior Management & Director levels
- c) Redevelopment/PCOP funding



Impact of Physician Leader A.A.'s cont'd

- d) Patient Care Redesign
- e) Legislative Changes
- f) Office of Strategy Management/Decision Support



Impact of Physician Leader

A.A.'s cont'd

- g) 360 performance reviews & focus on competency – based professional development
- h) Revised Program Management & Leadership models



What We Have Observed

We have moved :

From

- You mean I am responsible for quality?
- Rare attendance at Leadership/Strategy meetings.

To

- Spontaneous audits. Suggestions re indicators, targets.
- Attendance, participation and presentation at these meetings.



What We Have Observed cont'd

From

- I can't control the budget.
- Reluctance to take on leadership roles.
- I can't be bothered to look at that crap.

To

- Constant questioning about expenditures, focus on efficiency.
- Multiple applicants for new positions.
- Using data to drive improvements.



What We Have Observed cont'd

From

- It's not my/our fault that ...
- I never knew what was expected of me
- Our annual “bonus” was a tradition that made no sense.

To

- Collaborative, timely response to issues.
- This is the first time I knew what I am responsible for.
- I understand what I have to do to earn my merit pay.



What We Have Learned

- Need clear definition of roles.
- Need alignment with corporate Strategy Map/BSC
- Identify a limited number of specific and achievable targets
- Need objective targets
- Keep lines of communication open throughout process



What We Have Learned

cont'd

- Keep roles separate in A.A.'s
 - eg. Chief, Medical Director
- Develop joint agreements where appropriate
 - Medical Director/Operations Director
 - Chiefs of “related” departments



What We Have Learned

cont'd

- Be flexible – develop → evaluate → revise →repeat
- Focus on outcomes and how out-put/performance linked to those outcomes
- Consequences (both positive and negative) must be meaningful



What We Have Learned

cont'd

- Emphasize concept of influence (vs control)
- Reward what is exceptional, not what is expected
- P4R calculation must be transparent, fair



What Have A.A.'s Done for (to) the COS?

- Connect COS with CEO and Board
- Alignment with the corporate Strategy Map/
BSC = focus
- Relationship-building with Chiefs
- Build relationships between/among
departments



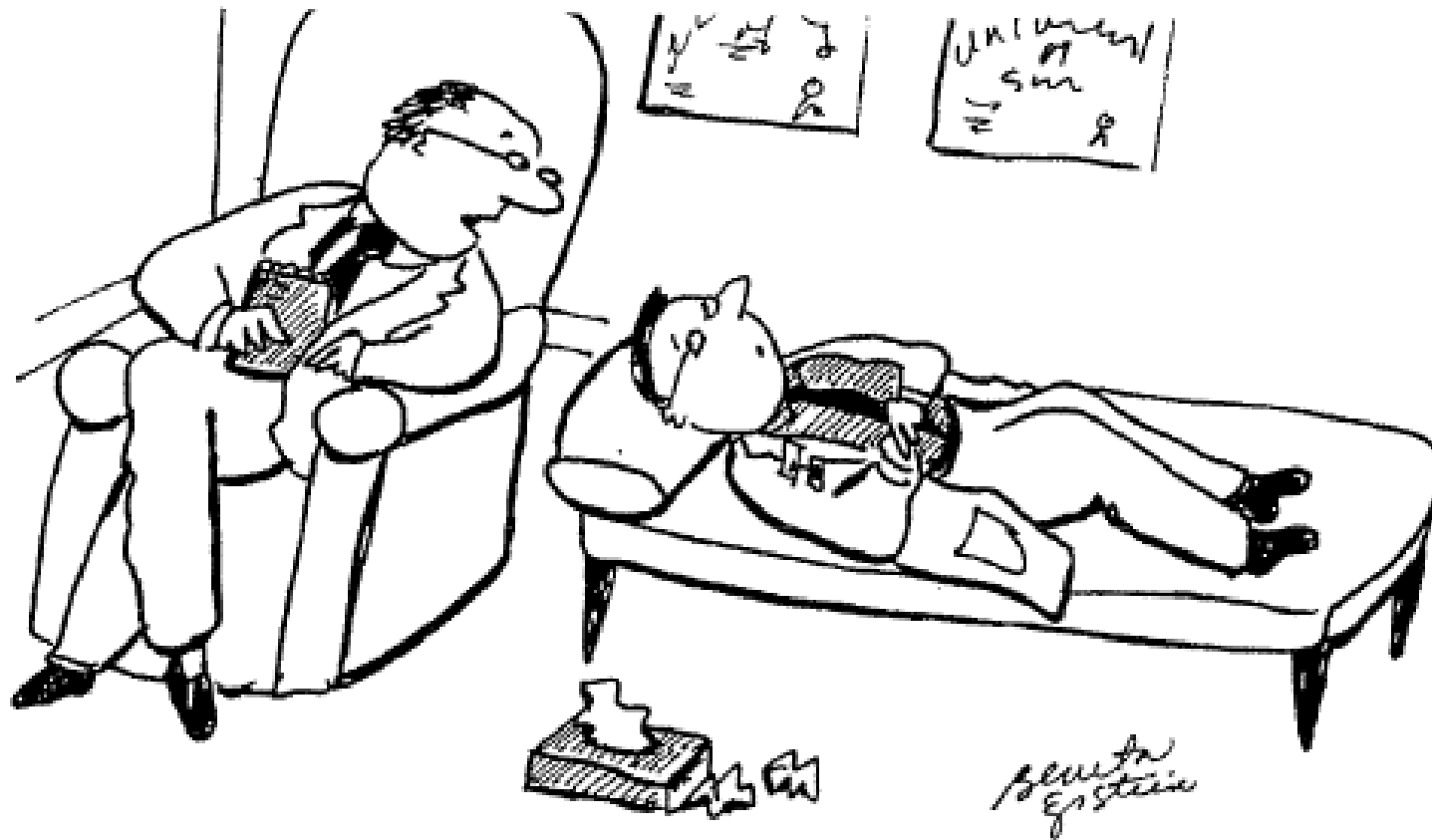
What Have A.A.'s Done for (to) the COS?

- Success in achieving targets
- Tool for changing behaviours

WORK

- meetings
- preparation/revision
- monitoring
- evaluation
- P4P “scoring”
- senior team





"You must get over this fear of doctors. You're the hospital's chief of staff."