Physician Engagement Solutions Starter®

This Solutions Starter is a compilation of strategy and tactic suggestions to consider as you begin your improvement journey. Suggestions are organized by the standard survey sections and questions of the Press Ganey Physician Engagement Survey.

Press Ganey research scientists developed questions to meet the specified definitions using a combination of cognitive and psychometric testing, literature reviews, client and respondent feedback, focus groups, and discussions with Press Ganey's Client Advisory Council. The solutions are informed by evidence, top-performer experience, and Press Ganey thought leadership. The high-value tactics support your ability to build an organizational culture and purpose-driven physician workforce to achieve exceptional patient-centered care.

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PRESS GANEY®

Staff Domain

Staff Domain
There is effective teamwork between physicians and nurses at this hospital

QUESTION DEFINITION

This item measures a physician's perception of the quality of collaboration among physicians and nurses. When rating this item, physicians will consider interactions, sharing of information, and trust in nurses. Improving teamwork between these two groups is related to stronger patient satisfaction and better safety outcomes.

VOICE OF THE PHYSICIAN

🎧 "Camaraderie between providers and the nursing staff is a strength here. Taking care of this patient population is very satisfying."

☒ "There's no communication between nurses and physicians regarding new or changed policies or procedures."

IMPROVEMENTS

Assess for differences in physician and nurse perceptions of teamwork.

- Physician-nurse collaboration can impact all aspects of the care environment (i.e., safety, quality, patient experience, and engagement/resilience). Early communication and partnership between medical and nursing leadership—and between medical and nursing staff—will help secure a unified approach to care delivery and improvement efforts.

Provide teamwork training.

- Team training enhances teamwork, reduces medical errors, and builds a culture of safety in health care. This improves the quality of patient care, increases patient safety, and enhances workforce engagement.

- Include teamwork training in orientations and ongoing education that sheds light on the value of strong RN-MD relationships.

Involve physicians in the hiring process.

- Promote a sense of ownership over the work environment and the quality of care delivered by involving physicians in the hiring process of nurses, office staff, and other provider types.

- Provide preceptor programs to instill behavioral and technical expectations in new hires, and to promote ongoing team building when staffing changes occur.

  - Embed time for physicians to introduce their role to new nurses and vice versa.

- Implement collaborative practices, such as team-based daily rounds on patients.
- Use bedside rounding to increase face-to-face communication between physicians and nurses, which can improve perceptions of nurse-physician teamwork. If bedside rounding is currently in place, examine the quality of the process.

Conduct focus groups to understand gaps in teamwork.

- Facilitate discussions between work units and between disciplines such as physicians and nurses.
  - Discuss how cross-functional teams could be used more effectively.
- Observe and critically assess the current handoff process between units.
- Create opportunities for physicians and staff to get to know one another (e.g., retreats, lunches, and collaborative work groups).

Reduce communication power differentials.

- Teach and encourage nurses to speak up without fear or intimidation.
- Support nurses as full members and leaders of multidisciplinary teams.
- Use the round-robin technique in leadership meetings to ensure that everyone has input.
- Develop behavioral standards for physicians, nurses, and other staff members and hold all staff accountable.
  - Ensure physicians emphasize the importance of speaking up for safety and are open and inviting to other members of the care team to speak up.

Encourage respectful dialogue.

- Facilitate open exchanges of information in a non-punitive environment.
- Practice active listening and ask open-ended questions.
- Share data to show how patient perceptions of working together impacts the overall experience, patient loyalty, and the evaluation of the care received.
- Identify and discuss differences in opinion during meetings.
- Encourage knowledge sharing during team meetings.
- Discourage political discussions, keeping secrets, and forming cliques.

Establish cooperative practices with physicians and nurses.

- Form a collaboration committee that consists of nurses and physicians from the front-line. Start with open discussion around issues to build awareness and determine the root cause. Leverage this group to help develop solutions they believe both nurses and physicians can get behind.

- Identify physician and nurse champions – approach those that have been known to collaborate successfully with each other as mentors.

- Have care teams take a couple of minutes before a visit or procedure to get to know one another. Every team member should share their name, role, and one personal thing about them. This supports teamwork and helps build trust.

- Redesign interdisciplinary/interprofessional bedside rounds to include all members of the care team.

- Reinforce team-oriented behaviors and outcomes through storytelling and recognition. Use patient comments and stories and submissions by staff to find instances where teamwork made a difference to the patient experience.

- Cultivate community. Create opportunities for staff and physicians to get to know each other both during work hours and outside of work (e.g., family events, lunches, and community service).

Staff Domain
Overall, I am satisfied with the performance of the nursing staff

QUESTION DEFINITION

This item evaluates physicians' perceptions of how well nurses execute their work-related activities. When rating this item, physicians will consider how nurse performance augments or detracts from their ability to deliver high-quality, safe care to patients.

VOICE OF THE PHYSICIAN

 "The nurses I work with are talented, experienced, and great to work with."

 "Emergency department nurses need more training."

IMPROVEMENTS

Break down silos between the medical staff and nurses.

- Develop and implement a two-way communication plan between physicians and nurses.
- Ensure nurses participate in multi-disciplinary rounds on patients. This improves communication between staff and physicians, execution of the patient's care plan and transition planning, and is a valuable tool for building trust—by enhancing relationships—between nurses and physicians.
- Include physicians as key stakeholders in strategy discussions about the nursing organizational structure and nursing standards.
- Include physicians in the hiring process for nursing staff.
- Include teamwork training in orientations and ongoing education that sheds light on the value of strong RN-RN and RN-MD relationships.
- Ensure physicians have a good understanding of nurses' roles to ensure they are accurately assessing nurses.
- Establish shared goals for patient experience and safety between physician and nursing leaders.
- Develop behavioral standards for physicians, nurses, and other staff members and hold all staff accountable.

Understand the nursing work environment.

- Assess the nursing practice environment and monitor nursing-sensitive quality outcomes using valid measures from a national database that offers comparative data—such as the National Database of Nursing Quality Indicators® (NDNQI®).

- Empower top-of-scope practice in nursing staff.

  - Understand your nursing structure for staffing, skill mix, education, and specialty certification as compared to peers and as compared to top performers in nurse sensitive metrics.

  - Develop career ladders with financial incentives for growth.

  - Provide resources for nurses to obtain specialty certifications, including training materials and tuition and testing reimbursement.

  - Prepare bedside nurses for management and growth in leadership with mentoring and formal training opportunities.

Leverage all data to identify targets for improvement.

- Use advanced reporting tools to segment data and determine if there are specific specialties, provider types, or locations (for example) that are not satisfied with the nursing staff, or if it is organization-wide.

- Review the Press Ganey Strengths and Concerns Reports. Identify top performers to inform best practices. Identify low performers for targeted improvement initiatives.

- If using teamwork questions on patient experience surveys, share patient perceptions of RN and physician teamwork with physicians.

- Be transparent with data, including scores that fall into the nursing domains. Let physicians see how patients are rating nurses and where there are opportunities to improve.

- Use comments from patient experience surveys to better understand the patients' perceptions of nurses and how that correlates to physician perceptions.

  - The qualitative data from patient comments adds detail and valuable insight.

  - Patient comments improve the understanding of what patients need and want.

Staff Domain

I am satisfied with the level of collegiality among physicians at this hospital

QUESTION DEFINITION

Patients frequently require the attention of multiple physicians across various specialties while receiving hospital care. This item assesses the relationships between providers—many of whom are short-term consultants—and measures perceptions of cooperation. The ability to coordinate care with fellow providers is essential in securing the care intended by the consulting and attending physicians.

When rating this item, physicians consider how the hospital environment and culture support cooperation and positive relationships between physicians.

VOICE OF THE PHYSICIAN

🎧 "The physicians work well together in our department. They are supportive, knowledgeable, and caring."

⏻ "There's a real lack of communication and team spirit among physicians."

IMPROVEMENTS

Identify physician champions.

- Leverage physician champions to connect to other physicians, subgroups of physicians, and disciplines within the system and to help primary physicians shift their traditional independent approach to care to a more collaborative one.

- Physician champions are critical to strategy roll-out because physicians listen to other physicians. Physician champions accelerate the buy-in of a concept or process among physicians and other disciplines.

Break down barriers between specialties and service lines.

- Socialize an organizational value for all provider types.

- Promote interprofessional education among all health care professionals.

- Engage physicians in cross-service line discussions about hand-off and care planning communication practices.

  - Clearly define roles and responsibilities for communication and follow-up. Include discussions about work to be done prior to consults and when consults are needed.

  - Facilitate agreements between physicians (especially of different specialties) regarding resource availability and use.

- Address fairness—and the shared responsibility to provide comprehensive care to each patient—to ensure physicians perceive they are sharing the load.
- Schedule routine collaborative council meetings that bridge service lines and break down silos.
- Engage physicians from multiple service lines in process development and improvement.

Foster a Just Culture.

- Provide a safe space for physicians to hold important discussions about poor outcomes and adverse events. Promote a culture of learning and improvement as opposed to a punitive environment seeking to assign blame.
  - A Just Culture avoids blaming individuals when errors occur and focuses its energy on identifying and correcting system-level causes of error in a collaborative and collegial atmosphere. Mistakes are treated as opportunities to learn.
  - Open communication about error is supported in a non-punitive environment, but a Just Culture is not a "blame-free" environment. Gross misconduct with reckless disregard for patient and coworker safety is not tolerated.
- Define and communicate Just Culture principles—including determinants of culpability for discipline—and make them policy.
  - Encourage physicians to speak up for safety.
  - Highlight safety as a priority by sharing safety stories and discussing safety at every meeting.
  - Support an open, non-punitive dialogue about safety concerns in all venues.
  - Recognize and reward individuals that report an event or speak up for safety.
  - Use safety event data to drive physician-led plans for improvement or resource acquisition.
- Monitor the health of the safety culture by measuring provider perceptions of safety.

Create a forum for sharing lessons learned from successful and unsuccessful efforts.

- Schedule time for formal, routine collaboration across service lines and specialties.
- Engage cross-functional improvement teams from all practices and specialties in the organization.
  - To be truly cross-functional, there must be representation from various areas of expertise, including providers and other practitioners, nurses, schedulers, receptionists, billing, and other staff.

Focus on care coordination.

- Leverage electronic medical records (EMRs) to enhance the availability of information shared with attendings, hospitalists, primary care, emergency, surgical, and consulting physicians.

  - This tool can and should assist with care coordination and physician-physician communication. For example, use EMR email notifications and alerts to inform physicians of notes and orders posted by other providers.

Establish provider-centric communications.

- Internally disseminate information about physicians' recent publications and awards and announce opportunities to collaborate.

- Tie organizational decisions and actions back to the physician-driven mission for safety, quality, and the patient experience.

- Create opportunities for communication between physicians, including at staff or department meetings, in physician break rooms, or at events.

  - Provide a physician/provider lounge or common space for doctors to informally socialize. Lounges allow physicians the opportunity to discuss tough cases, brainstorm ideas and solutions to common problems, and consult with their peers in a private, safe space.

- Create physician support groups that allow for fellowship and discussion. Typically, support groups center around a meal that small groups of physicians can sign up for, such as coffee, breakfast, or dinner.

  - Ask physicians about what brings them joy in work, as well as top stressors that diminish their joy. Have them brainstorm solutions and hear from others about how they seek to control their day and maintain joy.

- Promote open discussion among physicians about professional issues and personal interests.

- Build collegiality and resilience by creating opportunities for non-clinical collaboration and interaction. This level of collaboration adds to the inherent rewards of the work.

  - Talk with physicians to understand what collegiality with their peers looks like to them.

Organization Domain

Organization Domain
I get the tools and resources I need to provide the best care/service for our clients/patients

QUESTION DEFINITION

This item provides a general assessment of whether physicians have access to what they need to provide adequate care. The item is framed in a general sense that could reflect basic supplies, the availability of certain tests, equipment, and so forth. If an organization cannot provide physicians with the resources needed to care for patients, physician engagement and the quality of care can be impacted.

VOICE OF THE PHYSICIAN

🎧 "I have the tools to do my job and can get new technology when it becomes available. My service line leadership is strong."

�􀀁 "Administrative decision-making takes too long, especially when deciding to allocate resources towards important equipment and infrastructure upgrades."

IMPROVEMENTS

Identify where trust can be improved and encourage relationship-building between physicians and other members of the organization.

- Talk with physicians about the tools and resources they need to provide optimal care to their patients.
  - Physicians need time to attend rounds and conferences. Having the appropriate resources improves the efficient use of time.
- Increase physical resources to accommodate growing hospital volume.
- Include physicians in budgeting and cost-saving activities.
  - Discuss finance and payment strategies with physicians so that they can make informed decisions about the tools, resources, and equipment they truly need to do their best work (vs. those that would be nice to have).
- Identify if upgrades to existing equipment will suffice, or if new equipment is needed.
  - Have a formal request system for new equipment and tools that allows physicians to advocate for the tools and resources they feel they need. Ensure someone is monitoring these requests and following up in a timely manner so that physicians feel heard.
  - Work with physicians to determine use cases for new equipment needs; allow physicians to voice their concerns, give feedback, and brainstorm processes for implementing new needs.

- Assess desired resources across all staff – are these things just physicians are asking for or are you hearing the request from the full care team?
- If requested tools and resources are not available or within budget, have physicians brainstorm alternative practices/solutions that can be used to provide the same level of care. Provide incentives for cost-saving activities or determining alternate resources aligned with safe and quality care delivery.

Identify and correct dysfunctional systems and processes.

- Evaluate systems to ensure all systems have the appropriate documentation and optimal operational efficiencies.
- Optimize technology to meet physicians' needs in ways that allow them to spend more time interacting with patients rather than with a computer.
- Examine the challenges physicians face with electronic medical records (EMRs) and engage all stakeholders (e.g., physicians, leaders, IT, etc.) in developing strategies to overcome these challenges.
  - Make sure to involve and partner with physicians from the early stages of identifying and selecting an EMR to implementation of the tool.
  - Ensure adequate training is available on the tool to assist in transitioning to a new technology platform. Offer physicians the options of classroom training on the EMR and/or time with an EMR professional to observe them during care hours to make suggestions for streamlining the documentation process.

Obtain physician input when developing tools, resources, and standards.

- Make sure that physicians have input into tools and resources intended to help them with their work. Physician-based and physician-created resources will be more readily adopted than resources that have not been developed with physician input.
- Develop a standard set of behavior/service expectations around patient communication in collaboration with physicians (e.g., knock before entering, commit to sit, plain language usage, teach-back).
- Implement a physician-led training program in which the organization's behavior standards are demonstrated and practiced.

Provide useful data that physicians can use as a tool to improve the care they deliver.

- Have a physician-specific approach to data strategy and use data catered to their work by specialty and population to show outcomes produced by, or affected by, the tactic.
- Provide an uninhibited flow of performance data to physicians to allow a better understanding of where safety, quality, and patient experience impact and intersect within an organization.

- Share key performance metrics with physicians that give them insights into where they can improve patient care.

  - Include a straightforward process for interpreting results, identifying strengths and concerns, setting priorities for action, and measuring progress.

  - Provide comparative dashboards to give physicians a perspective on how their quality metrics performance compares with that of their colleagues.

- Use data to demonstrate to physicians the impact of any proposed change on patient outcomes and efficiency.

Implement patient experience data transparency.

- Demonstrate the connection between patient experience, safety, and quality.

  - Help physicians understand how patient experience data is valuable to them being able to fulfill their vision for providing exceptional patient care (i.e., rather than conversations focused on the "scores").

- Transparency of performance data can motivate physicians to pursue improvement. Help physicians adjust to full data transparency with a stepwise approach. For example:

  - Share a physician's own patient experience data with them confidentially

  - Share "blinded" comparative patient experience data internally with all physicians (i.e., metrics are visible, but physician names are not)

  - Share "unblinded" comparative patient experience data internally with all physicians (i.e., tie metrics to physician names)

- Post all physicians' patient experience data and comments (i.e., positive, neutral, and negative) on the organization's public website. Establish a comment appeals process for physicians who have concerns about a specific patient comment being published online.

- Provide resources and support to improve the physician-patient relationship.

- Establish physician-related patient experience goals.

  - Make the connection between the physician/patient relationship and adherence to treatment plans and health outcomes.

- Provide support to physicians with low patient experience performance with resources to create a more positive physician/patient relationship.

  - Make support systems available for individual physician improvement (e.g., training, shadowing, etc.).

  - Organize networking or mentoring opportunities where top-performing physicians can share their patient care best practices with colleagues.

- Implement physician peer review and coaching to engage physicians in discerning individual improvement opportunities, as well as opportunities to improve systems and processes across the organization.

Build physicians' leadership skills.

- During physician recruitment, discuss interest in leadership growth opportunities.
- Establish a physician leadership academy to build physician leadership skills such as collaboration and strategic thinking.
- Physician leadership development should include training in competencies such as strategic planning, mentoring, budgeting, and other competencies related to improving organizational goals of efficiency, quality of care, etc.

Implement senior leader rounds.

- Rounds are an opportunity for senior leaders to strengthen relationships with physicians, assess opportunities and/or barriers, demonstrate appreciation, provide feedback, and create an atmosphere of collaboration.
- Encourage senior leaders—including physician leaders—to round on both unit/department staff and physicians to build relationships, share important organizational information, and discuss needs and feedback around operational and experience of care topics.
  - Ask leaders to round on all physicians who are present in the department at the time of rounds.
  - Identify targeted questions to ask physicians.
- Consider establishing a senior leader rounds schedule so that one leader rounds every day. If this is not feasible, senior leader rounds should occur at least once or twice per week.

Establish physician-led education opportunities.

- Offer interactive, physician-led, relation-centered communication programs to help physicians build better patient-physician relationships and enhance communication across care teams. Include simulations, skills practice, and role-playing. Such programs should focus on improving skills related to:
  - Listening carefully and reflectively
  - Treating patients with courtesy and respect
  - Explaining things in ways patients can understand
  - Establishing rapport
  - Eliciting patient concerns
  - Exploring the patient's perspective
  - Responding with compassion and empathy

Organization Domain
There is a climate of trust in this hospital

QUESTION DEFINITION

This item assesses general feelings of trust within an organization. It can include provider trust in leadership's ability to make decisions that enable the provider's ability to deliver care, levels of trust between physicians and nurses, and levels of trust with other physicians.

VOICE OF THE PHYSICIAN

⌢ "Autonomy is preserved thanks to a high level of trust from leadership and other physicians."

⌣ "I have little confidence in the nursing staff and hospitalists."

IMPROVEMENTS

Build trust between physicians and other members of the organization.

- Talk with physicians to identify areas of mistrust within the organization.
  - Is it between departments? Between positions?
  - If there is a lack of trust at a local/departmental level, consider team-building opportunities between physicians and other departments.
  - If the lack of trust stems from organization-level obstacles, invite senior leadership to department meetings so that physicians can as questions.
- Administration should take the time to get to know physicians through personal phone calls, meals, and senior leader rounds.
- Give physicians the opportunity to learn more about their colleagues, senior leadership, and coworkers, whether this is in meetings, through team-building activities, or other organization-wide events.

Build strong leader-physician relationships.

- Work with physicians to set mutually agreed-upon goals.
- Demonstrate that the organization's business interests are aligned with those of the physician.
- Physicians and organizations must organize care around reducing patient suffering through safe, compassionate, and coordinated care—and determine how they are going to achieve that goal together. Organizations should measure progress toward the goal and create systems of accountability for improvement.

- Leaders must demonstrate a steadfast commitment to the organization's mission and focus on actions that will positively influence both patient and physician loyalty. Take actions to build:
    - Care coordination and teamwork
    - An environment of compassion, trust, and respect
    - Support for physicians' capacity to deliver safe, high-quality care
    - Communication that makes patients feel heard and physicians feel valued
- Work with physicians to align values. Ask them what values matter most to them and how well leadership is living these values. Address any gaps to ensure the organization and physicians are working towards shared purpose.

Validate physicians, their perspectives, and the work they do.

- Establish a physician steering committee for cultural alignment where the goal is to develop and execute on a strategy specifically related to physician engagement and communication.
- Be open to the diverse views of physicians and create opportunities to listen to their perspectives.
- Practice timely and transparent communication. Commit to following up with physicians when requesting feedback/input.
- Ensure senior leadership consistently and proactively communicates organization-wide changes to physicians.
- Allow for physician autonomy, control, and flexibility in work as much as possible.
- Recognize physicians for going above and beyond. Find a personal way to acknowledge physicians who are mentioned in positive patient comments, featured in the media for their expertise, awarded grant funds, and publish research.

Implement senior leader rounds.

- Rounds are an opportunity for senior leaders to strengthen relationships with physicians, assess opportunities and/or barriers, demonstrate appreciation, provide feedback, and create an atmosphere of collaboration.
- Encourage senior leaders—including physician leaders—to round on both unit/department staff and physicians to build relationships, share important organizational information, and discuss needs and feedback around operational and experience of care topics.
    - Ask leaders to round on all physicians who are on the floor or in the department at the time of rounds.
    - Identify targeted questions to ask physicians.

- Consider establishing a senior leader rounds schedule so that one leader rounds on the floors every day. If this is not feasible, senior leader rounds should occur at least once or twice per week.
  - Rotate the senior leaders who attend rounds among the various physician groups to promote greater physician exposure to all leaders.

Emphasize the organization's shared purpose with physicians to provide the highest value care for patients.

- Develop an organizational "shared purpose statement" (e.g., the needs of the patient come first). Ensure leaders cascade the message throughout the organization.
- Physician engagement will be difficult to obtain if the purpose for any changes that affect physicians' work is not understood to relate to their professional mission.
- Ensure the Chief Medical Officer has a voice in developing the organization's patient experience strategy and related initiatives.
  - Including a physician leader is physician-centric and contributes to a high-level of physician buy-in and alignment.
  - A physician at the highest level is needed to champion, sponsor, role model, and establish peer accountability.

Establish processes that allow physicians to help articulate how the organization's vision is implemented.

- Share the organization's future vision with physicians and their role is in achieving that vision.
- Respect physicians' knowledge and expertise. They are an important part of creating solutions for better patient experiences.
- Collaborate with physicians to develop a long-term strategy for improved outcomes, lower costs, and increased value.
- Decentralize decision-making by including physicians in the strategic planning process and allowing them input in clinical and operational decisions.
- Ensure physician representation on the senior leadership team and invest in developing physician leaders throughout the organization.
- Demonstrate how important physicians' role is in the patient experience, which is an outcome related to safety and quality.
  - Include physicians in patient experience-related committees to reinforce the organization's commitment to patient-centered care.
  - Integrate physicians into organizational performance improvement efforts.

Create a physician champion program.

- Physician champions serve as liaisons between an interprofessional improvement team and the medical staff.

- Physicians selected as champions are typically those who already possess respect and credibility among their peers, have demonstrated a capacity to lead, and seem intrinsically motivated to effect change. Physician champions should:

  - Exemplify the culture you desire, and carry out the mission, vision, and values.

  - Be passionate about patient experience and/or a specific process improvement initiative. A physician who is a genuine champion of a new initiative to improve patient care is in a prime position to encourage other physicians to consider adopting the initiative.

  - Be given some positional authority to help carry out plans or ideas.

- Provide leadership development opportunities for physician champions—and other physicians who function as strong informal leaders, or who show interest in becoming more involved. This builds a more prepared and engaged group of physicians to move into leadership roles when they become available.

Ensure patients get an accurate picture of the high quality of care being provided by physicians.

- Publish physicians' quantitative and qualitative patient experience data on the organization's web site.

  - The strategy gives your organization more control over the scientific validity of the data that appear online and ensures that patients are getting an accurate picture of quality of care. This, in turn, increases physician confidence in the data and promotes their engagement in improvement efforts.

- Provide support to physicians with low patient experience performance with resources to create a more positive physician/patient relationship.

  - Make support systems available for individual physician improvement (e.g., training, shadowing, etc.).

  - Organize networking or mentoring opportunities where top-performing physicians can share their patient care best practices with colleagues.

Organization Domain
Different departments work well together at this hospital

QUESTION DEFINITION

This item measures the level of cooperation and teamwork within an organization. In many cases, patients will interact with multiple departments. Teamwork and communication are required to ensure proper patient information is passed along, tests and treatments are conducted correctly, and results are reported appropriately in a safe, respectful environment.

VOICE OF THE PHYSICIAN

🎧 "There is a collegial relationship among departments, a lot of camaraderie among all staff."

⍾ "I get an overload of irrelevant information and yet never hear about important changes in other areas. There seems to be no consideration of how one decision can impact so many different departments."

IMPROVEMENTS

Foster a culture of collaboration that prioritizes patient-centered efforts to improve quality, efficiency, and safety.

- Foster collaboration across care teams, physician partnerships with senior leaders, and support for delivering safe, high-quality, patient-centered care.

- Collaboration helps minimize "silo" behavior. Strive to go beyond simple communication and coordination between different departments in favor of actual collaboration.

  - Hold open-floor meetings that encourage respectful, unfiltered dialogue and feedback between functions.

  - Invite representatives from different departments to join medical staff meetings to share their current objectives and barriers, and to hear physician feedback/input.

  - Invite leadership from other work units that partner closely with your own to staff meetings to discuss projects and how to better collaborate.

- Hold quarterly team-building sessions for departments to collaborate on ideas and processes to improve care.

- Introduce quarterly inter-departmental rounds to engage departments that interact regularly in purposeful conversations about what is working and what could be better. Potential questions include:

  - What's a recent situation where our departments worked well together to take care of a patient?

- Has there been a recent situation in which our departments had an opportunity to work better together?
- What are 1-2 actions our department engages in that makes it difficult for your team to do your job?
- Clarify for physicians the roles and responsibilities related to interactions between departments.
  - Communicate with physicians about the tasks, goals, and responsibilities that are shared between departments.
  - Communicate work being done by inter-departmental teams to improve workflow processes; connect work to the organization's mission, vision, and goals.
  - Encourage physicians to participate collaboratively in organized efforts to meet patient needs.

Establish multidisciplinary teams that prioritize physician input.

- Include physicians on a multidisciplinary steering committee made of key members whose area of service is a key touchpoint of the patient experience.
  - The council guides the organization's patient experience strategy, monitors patient feedback and patient experience data, and manages how to utilize resources to achieve success in creating an optimal patient experience.
  - Physicians' direct patient contact provides essential insights into patient experience improvement needs.
- Invite physician leaders to be part of multidisciplinary teams charged with improving work processes across departments—schedule meetings so they can participate around their clinic/work schedules.

Conduct interdisciplinary bedside rounds.

- Conduct interdisciplinary (e.g., physicians, nurses, therapists, pharmacists, case managers, etc.) rounds at the patient's bedside. This practice:
  - Fosters interprofessional collaboration
  - Allows for a collaborative review of the patient's condition and care plan
  - Helps the clinical team focus on the activities that need to occur to ensure safe, effective care
- Ensure rounds include members of the care team. These rounds should involve leaders, managers, and staff members from each unit.

Identify and address gaps in teamwork.

- Create cross-functional teams inclusive of physicians to determine solutions to improve teamwork.
  - Are the same departments constantly being called out?
  - Are there gaps in work/patient flow?

- Offer formalized training in communication and teamwork.

- Offer physician education opportunities centered on team-based, patient-centered care.

- Give physicians a central role in creating a patient-centered, team-based approach to care.

Create a physician champion program.

- Physician champions serve as liaisons between an interprofessional improvement team and the medical staff.

- Physicians selected as champions are typically those who already possess respect and credibility among their peers, have demonstrated a capacity to lead, and seem intrinsically motivated to effect change. Physician champions should:

  - Exemplify the culture you desire, and carry out the mission, vision, and values.

  - Be passionate about patient experience and/or a specific process improvement initiative. A physician who is a genuine champion of a new initiative to improve patient care is in a prime position to encourage other physicians to consider adopting the initiative.

Organization Domain
This hospital conducts business in an ethical manner

QUESTION DEFINITION

This question assesses the provider's perception of whether business decisions are made with the proper level of consideration for the impact on medical treatment or patient care. This measure quantifies the level to which respondents perceive that changes enacted to save on expenditures or costs have factored in all negative impacts on delivering quality patient care.

VOICE OF THE PHYSICIAN

⌒ "There's a high level of leadership commitment to quality and safety."

☟ "The administration is more focused on making money than providing optimal care for patients."

IMPROVEMENTS

Gather direct feedback from physicians about ethical business practices.

- Conduct a discussion session with your physicians. Encourage them to provide specific behavioral examples about the following:
    - Examples of real-life experiences of business being conducted unethically.
    - Changes—specific actions—that would satisfactorily address their concerns about the way business is conducted.

Emphasize the organization's shared purpose with physicians to provide the highest value care for patients.

- Develop an organizational "shared purpose statement" (e.g., the needs of the patient come first). Ensure leaders cascade the message throughout the organization.
- Physician engagement will be difficult to obtain if the purpose for any changes that affect physicians' work is not understood to relate to their professional mission.
- Ensure the Chief Medical Officer has a voice in developing the organization's patient experience strategy and related initiatives.
    - Including a physician leader is physician-centric and contributes to a high-level of physician buy-in and alignment.
    - A physician at the highest level is needed to champion, sponsor, role model, and establish peer accountability.
- Show the type of care the organization strives for by sharing positive patient survey comments with physicians.

Demonstrate an organizational commitment to quality patient care and transparency.

- Emphasize through actions and decisions that hospital administration is committed to quality patient care and to supporting physicians in providing safe, high-quality care.

- After unexpected events (e.g., medical errors), communicate openly with patients and families. Full disclosure practices are not only ethical but also lead to better outcomes.

- Involve physicians in decisions that impact their practice as much as possible.

- Demonstrate that the organization's business interests are aligned with physicians' interests.

Create a culture that values frequent and open communication between hospital administration and physicians.

- Use both informal and formal communication channels, such as senior leader rounds, town halls, and bulletins/newsletters.

- Be open to the diverse views of physicians and create opportunities to listen to their perspectives.

- Invite senior leadership to attend department meetings to address physicians' concerns.

Organization Domain
I have confidence this hospital will be successful in the coming years

QUESTION DEFINITION

Confidence in the hospital's success is an important consideration for physician engagement because it is equated with job security. This item reflects how optimistic physicians are regarding executive leadership and their ability to propel the organization towards growth, prosperity, and the fulfillment of organizational goals.

VOICE OF THE PHYSICIAN

🎧 "There's a strong commitment among administrators to fulfill our vision for patient centered care. I believe we're making good progress toward our goals."

⏻ "This administration is completely out of touch, causes more problems than they solve, and are obstructing out ability to deliver quality care!"

IMPROVEMENTS

Be transparent about the current state of the organization and future strategic plans.

- Be transparent about the current state of the organization, including financial information.

- Share the future vision of the organization with physicians and ask for their input on the strategic plan. Make sure to outline what their role is in achieving that vision.

- Educate medical staff about finance, payment methodologies, technology, population health, access strategies, etc.

- Create a CEO council/cabinet that includes physicians to discuss key topics in the industry, such as costs, population health, and patient access.

  - Ensure discussion points are then disseminated to the broader physician population so that they are aware of the physician involvement.

- Use data to demonstrate to physicians the impact of any proposed change on patient outcomes and efficiency.

- Frequently highlight individual and organizational successes in newsletters, on signs/posters, and in social media. The more people see and hear about the successes of the organization, the more confident they will be in future success.

- Revamp senior leadership communication forums, such as town halls. Make sure the structure allows for time for physicians and other staff members to ask senior leaders (especially the CEO) questions about the future.

- Demonstrate that the organization's business interests are aligned with those of the physician.

- Share key performance metrics with physicians. Include a straightforward process for interpreting results, identifying strengths and concerns, setting priorities for action, and measuring progress.

Emphasize the organization's shared purpose with physicians to provide the highest value care for patients.

- Develop an organizational "shared purpose statement" (e.g., the needs of the patient come first). Ensure leaders cascade the message throughout the organization.

- Physician engagement will be difficult to obtain if the purpose for any changes that affect physicians' work is not understood to relate to their professional mission.

- Ensure the Chief Medical Officer has a voice in developing the organization's patient experience strategy and related initiatives.

  - Including a physician leader is physician-centric and contributes to a high-level of physician buy-in and alignment.

  - A physician at the highest level is needed to champion, sponsor, role model, and establish peer accountability.

- Show the organization's commitment to its mission by being willing to part company with physicians who will not collaborate with leaders and/or physician colleagues to improve patient health outcomes and operational efficiency.

Clearly articulate and demonstrate the organization's commitment to quality.

- There is a strong correlation between physicians' perception of care quality at their organization and their likelihood to recommend the organization to family and friends.

- Physician and patient loyalty are distinct, but interdependent, objectives. Consistently meet patient expectations around all aspects of the care experience to build patient loyalty—which, in turn, can foster physician loyalty.

- Patient loyalty to a health system makes it highly likely that they will remain with the same physician in that network over time. This is financially beneficial to the organization. It also helps sustain physician loyalty by supporting doctors' emotional connection to their patients.

- Show the organization's commitment to its mission by being willing to part company with physicians who will not collaborate with leaders and/or physician colleagues to improve patient health outcomes and operational efficiency.

Collaborate with physicians to find ways to improve quality and reduce cost.

- Collaborate with physicians to develop a long-term strategy for improved outcomes, lower costs, and increased value.

- Share patient experience scores and narratives of positive patient experiences so that physicians can see what is working well and areas of opportunity within their practices.

- Using an appreciative inquiry process, ask physicians to identify how to standardize the exceptional patient experiences that are already occurring at the organization.

- Determine if there is anything happening within the organization that could cause physicians to have a lack of confidence in the hospital's future success. Have there been leadership changes or decisions that undermine the success of the hospital?

- Implement patient safety initiatives or discuss near-misses with physicians to instill confidence around long-term quality improvement.

Invest in physician leadership development.

- Recruit effective physician leaders and invest in physician leadership development.

- Provide leadership development opportunities for physicians who function as strong informal leaders, or who show interest in becoming more involved. This also builds a more prepared and engaged group of physicians to move into leadership roles when they become available.

- Ensure physicians are in leadership roles within the organization.

- Provide physicians with opportunities to develop the skills needed to be effective leaders, beyond technical skills.

Organization Domain
Overall, I believe my patients feel highly satisfied with the care they receive from this hospital

QUESTION DEFINITION

This item asks respondents to rate their perceptions of how their patients feel about the quality of care they receive during their visits to the organization. This can serve as an early albeit indirect indicator of patient satisfaction. High scores on this item can indicate this as a source of motivation or meaning in the work performed by physicians, which can subsequently impact their level of engagement.

VOICE OF THE PHYSICIAN

🎧 "The hospital functions very efficiently and provides excellent patient care which my patients are always happy with."

⏻ "The hospital is almost always over capacity. This causes delays in getting patients admitted and initiating care, the patients are not satisfied."

IMPROVEMENTS

Standardize exceptional patient experiences.

- Talk with physicians to determine what high-quality care looks like, and how they can deliver on that promise.

- Share narratives from patients that can give insight to physicians about what specifically they do to enhance their patients' experience of care.

- Conduct focus groups to understand the determinants of patients receiving the best care.

- Using an appreciative inquiry process, ask physicians to identify how to standardize the exceptional patient experiences that are already occurring at the organization.

Improve communication between patients and care team members.

- Institute daily huddles to build teams, strengthen communication, and improve patient care.
  - Convene the full care team (i.e., clinical, non-clinical, management) briefly each day (e.g., 5-10 minutes at the beginning/end of each shift) to facilitate communication around patient experience, safety concerns, and the plan for the day—and to identify issues that may impact work and patient outcomes.
  - This time can also be used to highlight a story or to discuss projects that may be in-process around safety, quality, and/or patient experience.

- Institute collaborative rounds with physicians and nurses. Collaborative rounds improve:
  - Communication between staff and physicians
  - Execution of the patient's care plan and transition planning
  - Patient perceptions of teamwork and caregiver coordination
- Assign hospitalists to work on dedicated or geographic units, instead of service-based assignments where they visit patients on multiple floors. This increases communication with patients and with the care team, as well as improves teamwork and workflow efficiencies.

Establish behavior standards and relation-centered communication programs.

- Develop a standard set of behavior/service expectations around patient communication in collaboration with physicians (e.g., knock before entering, commit to sit, plain language usage, teach-back).
- Offer interactive, physician-led, relation-centered communication programs to help physicians build better patient-physician relationships and enhance communication across care teams. Include simulations, skills practice, and role-playing. Such programs should focus on improving skills related to:
  - Listening carefully and reflectively
  - Treating patients with courtesy and respect
  - Explaining things in ways patients can understand
  - Establishing rapport
  - Eliciting patient concerns
  - Exploring the patient's perspective
  - Responding with compassion and empathy

Integrate physicians into performance improvement activities.

- Establish physician cooperation through shared purpose. Physicians' commitment to their patients is more important than any other obligation and is the most meaningful incentive for participating in performance improvement activities.
- Emphasize how the organization has a shared purpose with their physicians of providing the highest value care for patients.
- Put processes in place that allow physicians to help articulate how the organization's vision is implemented.
- Be sure that physicians are involved in patient experience improvement strategies. Have physician champions to promote this work.

Identify and address gaps in teamwork.

- Create cross-functional teams inclusive of physicians to determine solutions to improve teamwork.
    - Are the same departments constantly being called out?
    - Are there gaps in work/patient flow?
- Offer formalized training in communication and teamwork.
- Offer physician education opportunities centered on team-based, patient-centered care.
- Give physicians a central role in creating a patient-centered, team-based approach to care.

Institute patient experience data transparency and performance improvement support.

- Consumers want to hear from organizations about why they should have confidence in their physicians, why they should have confidence in the care team, and why they should have confidence in the organization's processes.
- Ensure patients get an accurate picture of the high quality of care being provided by physicians by publishing physicians' quantitative and qualitative patient experience data on the organization's web site.
    - The strategy gives your organization more control over the scientific validity of the data that appear online and ensures that patients are getting an accurate picture of quality of care. This, in turn, increases physician confidence in the data and promotes their engagement in improvement efforts.
- Patient experience data transparency helps physicians be aware of how patients perceive their experience. Understand if there are any gaps between physicians' views of how patients perceive their care and how patients are rating their care.
    - Provide support to physicians with low patient experience performance with resources to create a more positive physician/patient relationship (e.g., training, shadowing, etc.).
    - Organize networking or mentoring opportunities where top-performing physicians can share their patient care best practices with colleagues.
- Share patient success stories and positive comments from patient experience surveys with medical staff so that they get a balanced representation of the patient experience.

Organization Domain
This hospital cares about quality improvement

QUESTION DEFINITION

This item measures the level of commitment of the hospital to implement quality improvement methods. It allows physicians to increase health outcomes while reducing costs. This commitment may also serve as a mechanism for increasing the patients' satisfaction with their experiences.

VOICE OF THE PHYSICIAN

🎧 "Leadership and staff are excellent and always looking for ways to improve patient care. There's an obvious commitment to continuous improvement."

☘ "The people in the department care about providing high quality patient care but are hampered by a lack of resources to initiate the changes needed."

IMPROVEMENTS

Secure the long-term commitment and participation of physicians in the hospital quality improvement process.

- Respect physicians' knowledge and expertise and integrate them into performance improvement efforts. They are an important part of creating solutions for better patient experiences.

- Physicians' commitment to their patients is more important than any other obligation and is the most meaningful incentive for participating in performance improvement activities.

- Have a physician on every quality improvement team and service excellence initiative in at least a part-time advisory capacity.

  - Patient experience improvement initiatives should not be created without physicians at the table.

  - Physicians who have not contributed to improving the quality of care at a hospital will be less likely to highly rate the overall quality of the facility.

- Invite physicians to join or chair committees around quality improvement.

- Invite key physicians on the medical staff who are interested in patient experience work to help shape the initiatives. These physicians may become important champions of the initiative.

- Ask physicians for their feedback around where they see a need for quality improvement, whether organization-wide or within their departments.

- Encourage department chairs to share feedback from physicians around quality improvement or feedback focused on improving the patient experience.

- Create space for physicians to give feedback that can be cascaded up to leadership, whether in department meetings, through suggestion boxes, or daily huddles.

- Include physicians on a multidisciplinary steering committee made of key members whose area of service is a key touchpoint of the patient experience.

  - The council guides the organization's patient experience strategy, monitors patient feedback and patient experience data, and manages how to utilize resources to achieve success in creating an optimal patient experience.

  - Physicians' direct patient contact provides essential insights into patient experience improvement needs.

Set patient experience goals and demonstrate the connection between patient experience, quality, and safety.

- Help physicians understand how patient experience data is valuable to them being able to fulfill their vision for providing exceptional patient care (i.e., rather than conversations focused on the "scores").

- Establish physician-related patient experience goals and make support systems available for individual physician improvement (e.g., coaching, training, shadowing, etc.).

- Organizations should measure progress toward patient experience goals and create systems of accountability for improvement.

- Share key performance metrics with physicians. Include a straightforward process for interpreting results, identifying strengths and concerns, setting priorities for action, and measuring progress.

- Consistent, transparent messaging about quality and patient safety is important. Onboarding should be followed by continuous quality improvement education.

Foster a culture of collaboration that prioritizes patient-centered efforts to improve quality, efficiency, and safety.

- Physicians and organizations must organize care around reducing patient suffering through safe, compassionate, and coordinated care—and determine how they are going to achieve that goal together.

- Collaborate with physicians to develop a long-term strategy for improved outcomes, lower costs, and increased value.

- Use data to demonstrate to physicians the impact of any proposed change on patient outcomes and efficiency.

- Show the organization's commitment to its mission by being willing to part company with physicians who will not collaborate with leaders and/or physician colleagues to improve patient health outcomes and operational efficiency.

Create a physician champion program.

- Physician champions serve as liaisons between an interprofessional improvement team and the medical staff.

- Physicians selected as champions are typically those who already possess respect and credibility among their peers, have demonstrated a capacity to lead, and seem intrinsically motivated to effect change. Physician champions should:

  - Exemplify the culture you desire, and carry out the mission, vision, and values.

  - Be passionate about patient experience and/or a specific process improvement initiative. A physician who is a genuine champion of a new initiative to improve patient care is in a prime position to encourage other physicians to consider adopting the initiative.

  - Be given some positional authority to help carry out plans or ideas.

Consider the use of physician incentives.

- The use of financial incentives to reward physicians who demonstrate leadership and collaboration can be effective if carefully implemented.

  - Bear in mind monetary incentives can have unintended negative consequences, so consider the advantages and disadvantages of such an approach.

  - As an alternative to financial incentives, implement renewable one-year physician contracts. Make renewal dependent upon a positive, annual performance review. Reviews provide an opportunity for two-way feedback.

- Comparative outcomes data can serve as a non-monetary incentive for physicians to participate in quality improvement practices. Allow physicians to see how they compare with their colleagues on key performance metrics.

  - Transparency of performance data can motivate physicians to pursue improvement. Help physicians adjust to full data transparency with a stepwise approach. For example:

    1. Share a physician's own patient experience data with them confidentially.
    2. Share "blinded" comparative patient experience data internally with all physicians (i.e., metrics are visible, but physician names are not).
    3. Share "unblinded" comparative patient experience data internally with all physicians (i.e., tie metrics to physician names).

- Post all physicians' patient experience data and comments (i.e., positive, neutral, and negative) on the organization's public website. Establish a comment appeals process for physicians who have concerns about a specific patient comment being published online.

Organization Domain
This hospital provides high-quality care and service

QUESTION DEFINITION

This statement measures providers' overall perceptions of quality care at a hospital. The respondent's perception of the overall quality of care that their employer provides is a significant driver of physician engagement.

VOICE OF THE PHYSICIAN

🎧 "The quality of care is unparalleled."

⛎ "There is a huge disconnect between administration's perspective of quality and the medical staff's perspective of quality. The quality of care has suffered tremendously as a result."

IMPROVEMENTS

Establish behavior standards and relation-centered communication programs.

- Develop a standard set of behavior/service expectations around patient communication in collaboration with physicians (e.g., knock before entering, commit to sit, plain language usage, teach-back).

- Offer interactive, physician-led, relation-centered communication programs to help physicians build better patient-physician relationships and enhance communication across care teams. Include simulations, skills practice, and role-playing. Such programs should focus on improving skills related to:
  - Listening carefully and reflectively
  - Treating patients with courtesy and respect
  - Explaining things in ways patients can understand
  - Establishing rapport
  - Eliciting patient concerns
  - Exploring the patient's perspective
  - Responding with compassion and empathy

Standardize exceptional patient experiences.

- Talk with physicians to determine what high-quality care looks like, and how they can deliver on that promise consistently.
  - Share positive patient experience data, comments, or stories to inspire the conversation.

- Share narratives from patients that can give insight to physicians about what specifically they do to enhance their patients' experience of care.

- Using an appreciative inquiry process, ask physicians to identify how to standardize the exceptional patient experiences that are already occurring at the organization.

- Conduct focus groups to understand the determinants of patients receiving the best care.

- Verbalize a commitment to the organization's mission and focus on specific actions that will deliver on the mission.

  - Physicians care about reducing patient suffering and being connected to the meaning of their work. When they believe the organization has the right values and that their work has purpose, they are more engaged and are more likely to expect to stay with the organization.

Encourage opportunities for physician input and participation in care redesign initiatives.

- Patient experience improvement initiatives should not be created without physicians at the table. Invite key physicians on the medical staff who are interested in patient experience work to help shape the initiatives. These physicians may become important champions of the initiative.

- Secure the long-term commitment and participation of physicians in the hospital quality improvement process.

  - Have a physician on every quality improvement team and service excellence initiative in at least a part-time advisory capacity.

  - Physicians who have not contributed to improving quality of care at a hospital will be less likely to highly rate the overall quality of the facility.

- Institute physician-led quality oversight committees to create a culture that inspires physicians to openly share challenges and proactively seek solutions for better ways to deliver care.

- Include physicians on a multidisciplinary steering committee made of key members whose area of service is a key touchpoint of the patient experience.

  - The council guides the organization's patient experience strategy, monitors patient feedback and patient experience data, and manages how to utilize resources to achieve success in creating an optimal patient experience.

  - Physicians' direct patient contact provides essential insights into patient experience improvement needs.

- Tap into physicians' stories of patient care and spotlight them to bring meaning to data findings and improvement initiatives.

Foster a culture of collaboration that prioritizes patient-centered efforts to improve quality, efficiency, and safety.

- Collaborate with physicians to develop a long-term strategy for improved outcomes, lower costs, and increased value.

- Use data to demonstrate to physicians the impact of any proposed change on patient outcomes and efficiency.

- Set actionable goals within departments where physicians can partner with staff to promote a culture of high-quality care.

- Work with all stakeholders to ensure that hospital processes are cost-effective, high quality, and maximize efficiency.

  - For example, excessive time for lab and imaging turnaround, or ORs that chronically experience long delays, will impact physician perceptions of optimal patient care.

- Show the organization's commitment to its mission by being willing to part company with physicians who will not collaborate with leaders and/or physician colleagues to improve patient health outcomes and operational efficiency.

Organization Domain
This hospital makes every effort to deliver
safe, error-free care to patients

QUESTION DEFINITION

Confidence in the hospitals to provide excellent care is crucial. A care defect will be noticed. A near-miss will be remembered. The goal should be an organizational culture that values safety where patients have confidence in their provider and all other personnel associated with delivering care.

VOICE OF THE PHYSICIAN

🎧 "Great organization with a keen focus on patient safety, excellent safety culture."

☹ "This administration allows unsafe practices to continue despite medical and nursing staffs repeated demands for change."

IMPROVEMENTS

Establish a goal of zero harm, and outline expectations for achieving that goal.

- Articulate a shared vision by discussing with physicians what they envision as an achievement of safe patient care.
- Allow physicians the opportunity to debrief after safety events.
  - Create an open space where physicians can discuss improvement opportunities and next steps.
  - Provide non-punitive and constructive feedback when physicians report a safety event.
- Recruit and engage physician safety champions. Provide them with high-reliability training.
- Conduct safety learning sessions.
  - Address topics such as high-reliability principles, human error classification, and error prevention behaviors and tools.
  - Invite the following stakeholders: Chief Medical Officer, physician champion safety leader, other physician champions, patient safety team, physicians, safety team.
- Create a committee for physicians to provide constructive feedback on barriers to achieving error-free care, and then involve them in problem-solving to remove barriers.
- An engaged workforce is the foundation of safe, high-quality, patient-centered care. Integrate the assessment of employee engagement, physician engagement, and patient experience.

Improve communication between patients and care team members.

- Establish an hour of protected time for mandatory daily huddles for the purpose of discussing safety events and near misses. Daily huddles build teams, strengthen communication, and improve patient care.

  - Convene the full care team (i.e., clinical, non-clinical, management) briefly each day (e.g., 5-10 minutes at the beginning/end of each shift) to facilitate communication around patient experience, safety concerns, and the plan for the day—and to identify issues that may impact work and patient outcomes.

  - This time can also be used to highlight a story or to discuss projects that may be in-process around safety, quality, and/or patient experience.

- Conduct interdisciplinary (e.g., physicians, nurses, therapists, pharmacists, case managers, etc.) rounds at the patient's bedside. This practice:

  - Fosters interprofessional collaboration

  - Allows for a collaborative review of the patient's condition and care plan

  - Helps the clinical team focus on the activities that need to occur to ensure safe, effective care

Foster a culture of collaboration that prioritizes patient-centered efforts to improve quality, efficiency, and safety.

- Foster collaboration across care teams, physician partnerships with senior leaders, and support for delivering safe, high-quality, patient-centered care.

- Physicians and organizations must organize care around reducing patient suffering through safe, compassionate, and coordinated care—and determine how they are going to achieve that goal together. Organizations should measure progress toward the goal and create systems of accountability for improvement.

- Establish processes that show physicians the moral imperative to collaborate with organizational leaders to create a more patient-centric culture that delivers high-quality, safe care.

- Include physicians in patient experience-related committees to reinforce the organization's commitment to safe, patient-centered care.

- Share key patient experience, quality, and safety metrics with physicians. Include a straightforward process for interpreting results, identifying strengths and concerns, setting priorities for action, and measuring progress.

Organization Domain
I receive useful information about this hospital
(e.g., new services) in a timely manner

QUESTION DEFINITION

This item measures the trust physicians have in the organization to provide information that is relevant to them as soon as possible. Keeping providers informed of newly available resources or other changes (e.g., changes in leadership structure, acquisition of other entities) is also important as organizational changes have a significant effect on how providers conduct their day-to-day operations.

VOICE OF THE PHYSICIAN

🎧 "We've been well informed about upcoming changes. Admins use multiple modes of communication, we get hit from all angles, hard to miss."

☋ "Could use a lot more guidance and information when rolling out new tools or technology."

IMPROVEMENTS

Gather direct feedback from physicians about how they can receive more useful information about the hospital.

- Conduct a discussion session with your physicians. Encourage them to provide specific behavioral examples when answering the following questions:
  - Are there any specific or recent instances where physicians did not receive useful information in a timely manner?
  - What types of information do physicians want to receive? In what mode (e.g., in-person, email) and frequency?
- Implement a plan to cascade communication to physicians in a timely manner from senior leadership or department chairs.
- Keep staff involved in any activity that could ultimately affect practice with transparent and open communication (e.g., during any merger/acquisition process).

Provide useful data about the organization that physicians can use as a tool to improve the care they deliver.

- Have a physician-specific approach to data strategy and use data catered to their work by specialty and population to show outcomes produced by, or affected by, the tactic.
- Provide an uninhibited flow of performance data to physicians to allow a better understanding of where safety, quality, and patient experience impact and intersect within an organization.

- Share key performance metrics with physicians that give them insights into where they can improve patient care.

  - Include a straightforward process for interpreting results, identifying strengths and concerns, setting priorities for action, and measuring progress.

  - Provide comparative dashboards to give physicians a perspective on how their quality metrics performance compares with that of their colleagues.

- Use data to demonstrate to physicians the impact of any proposed change on patient outcomes and efficiency.

Implement senior leader rounds.

- Rounds are an opportunity for senior leaders to strengthen relationships with physicians, assess opportunities and/or barriers, demonstrate appreciation, provide feedback, and create an atmosphere of collaboration.

- Encourage senior leaders—including physician leaders—to round on both unit/department staff and physicians to build relationships, share important organizational information, and discuss needs and feedback around operational and experience of care topics.

  - Ask leaders to round on all physicians who are on the floor or in the department at the time of rounds.

  - Identify targeted questions to ask physicians.

- Consider establishing a senior leader rounds schedule so that one leader rounds on the floors every day. If this is not feasible, senior leader rounds should occur at least once or twice per week.

  - Rotate the senior leaders who attend rounds among the various physician groups to promote greater physician exposure to all leaders.

Foster senior leader-physician partnerships.

- Institute a physician/administrator dyad program to foster partnerships between physicians and the organization's senior leadership.

- Senior leaders should strive to engage with physicians at every opportunity and communicate the importance of physicians to the organization's mission.

- Provide structured, regularly scheduled opportunities for physicians to convene with the organization's chief executive to discuss in confidence any obstacles that hinder physicians' work.

- Ensure physicians have input into senior leadership's annual budget decisions about investments in facility and equipment expenditures.

Leadership Domain

Leadership Domain
Hospital administration communicates important information effectively

QUESTION DEFINITION

This item measures physician perceptions about the quality of communication from hospital administration. Timely, relevant communication is an important aspect of involving providers in an organization. Leaders should make every effort to ensure that news and information is being received by providers in an effective manner.

VOICE OF THE PHYSICIAN

🎧 "My group is directly involved in organizational decision making. I'm kept very well informed."

☷ "I have been very frustrated with the lack of communication between leadership and my physician group. I've received notice of changes to process with either very little notice before the changes occur or even AFTER the go live date!"

IMPROVEMENTS

Understand preferred modes of communication.

- Conduct a communications audit to understand how the medical staff wants to receive regular communications and use these identified channels to solicit input and provide feedback.

- Communicate with physicians routinely about changes and new policies, and ask for feedback.

- Share insights, updates, and successes. Keep messages simple but include the what, why, and how in all communications.
  - The why is the most likely to be overlooked yet is essential to tie the message, change, or initiative back to the organizational mission and obtain physician buy-in.

- Systematically and regularly share clinical and business information in an open, standard, and transparent way with physicians.

- Distribute a hospital newsletter or blog to update physicians. Include a method for two-way discussion, preferably in person with executive leadership.

- Use digital correspondence such as text and email distributions as preferred by the medical staff (e.g., for brief announcements and quick back-and-forth updates).

Establish communication feedback loops.

- Executive leadership should initiate communications.
  - Use a variety of leader communication methods (e.g., town halls, print and electronic newsletters, and leader rounds) to connect physicians to the organizational mission and vision.
  - Routinely seek providers' perceptions, concerns, and contributions. It is important to have authentic, frank discussions about goals, performance, and status.

Engage Marketing to align strategic enterprise communications.

- Identify all available modes of communication to inform a comprehensive and standard enterprise communication strategy.
- Deploy a series of targeted communications—verbal and written—with announcements and updates.
- As part of an overall communication plan, regular CEO/executive team communications should be sent to all physicians.
- Share patient comments, stories, and letters about provider interactions. This communicates an organizational value for physician contributions and inspires pride in the work.
- Be reliable and maintain a predictable routine.
  - Schedule quarterly communications that include progress updates and items outstanding.
  - Highlight the work of individual physicians and groups. Spotlight successes to recognize top performers, inspire peers, and provide evidence when positive change is occurring.

Identify physician champions.

- Leverage physician champions as point persons for cascading the organizational narrative and information about key initiatives.
- Champions should deliver messages specific to each stakeholder group.
  - Be consistent. Ensure the message doesn't differ among stakeholders or change over time without further explanation.

Leadership Domain
I have adequate input into decisions that affect how I practice medicine

QUESTION DEFINITION

This question measures a physician's perception of the extent to which the organization or administration values his or her input into decisions that affect the practice of medicine. When rating this question, physicians will consider if there are effective communication processes, which include clearly defined accountability structures.

VOICE OF THE PHYSICIAN

🎧 "I feel this administration proactively seeks the input from the physicians on a regular basis, in formal and informal settings."

☋ "Administration has not listened to physician needs. The stress is building more and more daily."

IMPROVEMENTS

Engage caregivers in process development and quality improvement.

- Involve physicians on committees that evaluate new technology, new additions to the formulary, new medical equipment, etc. Avoid inviting the same physicians repeatedly as all medical staff should be given the opportunity to share input.

- Enlist physicians to contribute to the development of a manual or brochure—such as a "Provider's Guide to the Patient Experience"—that defines the patient experience and is branded to your organization.

Create a physician council.

- Provide physician representatives the opportunity to routinely meet with the administrative team and board of directors to present and discuss ideas to improve clinical quality and the physician work environment.

  - This allows the board to hear regularly from physicians and for the physicians to understand the perspective of the laypersons on the board of directors.

- Involve medical staff in organizational decisions—be honest and transparent and use collaborative decision-making processes.

Involve physicians in hiring processes.

- Ask physicians to participate in hiring processes for the units they are most highly involved with—including staff, management, and practitioner new hires.

Offer physician leadership development.

- Delegate Human Resource responsibilities for the development of a physician leadership career ladder.
  - Ensure the leadership growth opportunities are accessible and well understood.
  - Include executive messaging about an organizational value for physician contributions to strategy and corporate structure.
- Involve physicians in the development of a physician leadership program.
- Consider education and training assistance from an outside vendor.
- Develop formal criteria for participation and conduct routine, ongoing program evaluations.
- Include mentoring and training in leadership competencies—such as strategic planning, communication and mentoring skills, and budgeting.
- During physician recruitment, discuss interest in leadership growth opportunities.

Establish communication processes with feedback loops.

- Conduct leader rounds in areas where the administration can interact with physicians. Ask the question, "Do you have what you need to support excellent patient care?"
- Encourage senior leaders to conduct rounds that coincide with the timing of physician rounds. This provides more opportunities for interaction and communication.
- If necessary, ask the administration to begin their workday earlier in order to meet with physicians before they formally begin their workday.
- Express understanding of physician pressures, including the decline in income, greater workload necessary to produce historical results, continued inflation of practice overhead, and declining reimbursement from all payer sources.
- Be proactive and transparent with physicians about anticipated decisions regarding staffing, ancillary services hours, and the financial impacts to the organization.
- Produce regular written communications (e.g., monthly newsletters) for physicians that cover issues of interest to them.
  - Focus on what physicians want to know, rather than what the hospital or clinic wants them to know. Invite feedback on the material and follow-through by incorporating physician feedback into processes within the organization. Publish these changes so physicians can see their suggestions implemented.
- Consider using a "You Asked. We Responded" column for physician newsletters. Put it on the front page where it is more likely to be read.
  - This may include responding to minor irritants that apply to only one or two physicians, such as a broken printer, locker shortage, or installing hands-free sinks. All concerns should be respected

as impacting the work environment, workflow, and the physicians' ability to deliver quality. No issue is to be considered trivial. Responsiveness to even "small" issues conveys leadership concern for physician needs.

Share engagement survey results with the medical staff.

- Engage physician leaders in determining the two or three key priorities for improvement based on the Physician Engagement survey.

- Include an in-depth discussion with physician leaders about action planning for improvement.

- Develop an outline for actions based on the results of the Physician Engagement survey to guide improvement efforts.

- Schedule meetings with the full medical staff to review the outlined plan of action to ensure that the administration works in collaboration with the medical staff.

- Establish a communications calendar that repeatedly links actions being taken to results from the survey.

- Monitor progress and promote successful efforts to physicians, employees, the board and the public.

Leadership Domain
I can easily communicate any ideas and/or concerns
I may have to hospital administration

QUESTION DEFINITION

This question assesses the quality of communication between physicians and hospital administration. From the physicians' perspective, hospital administrators have the power to improve the quality and efficiency of patient care as well as address other operational and strategic concerns. Administrators make key decisions that impact how a physician is able to practice, including decisions about equipment, staffing, space and resources. For physicians to rate this area highly, they need to feel that their opinions are heard, and the administrative team is available and open to feedback.

VOICE OF THE PHYSICIAN

🎧 "There's open, ongoing communication between physicians and leadership here."

☝ "The providers and nurses are not able to give regular feedback as to how to correct problems. We need to feel as if our concerns about our work environment and patient care matter."

IMPROVEMENTS

Ensure highly visible executive leadership.

▪ Establish an open-door policy requirement for all leadership positions. Announce the policy to ensure leadership accessibility is understood.

▪ Encourage key administrators to have an open-door policy.

▪ The CEO, CMO, CNO, and COO should personally meet and welcome all new physicians to the medical staff in the first week they join the organization.

▪ Invite new members of the medical staff to a semi-annual "new physician" dinner with the CEO. This will allow physicians who have recently joined the medical staff to discuss their initial experiences with the organization. Be sure to follow up on any identified concerns.

Establish an executive presence at medical staff meetings.

▪ Make it policy that hospital administration is represented at medical staff meetings.

  ▪ Consider an "executive of the day" program so that a member of administration is always available to attend physician department meetings.

  ▪ Place an administrative update and Q&A on the agenda for every medical staff meeting.

  ▪ Design a presentation template that executives can use to provide information in a consistent manner.

Conduct executive rounds.

- Executive rounds promote networking, collaboration, and learning between executive leadership and the staff of a health care organization. It is an integral component of change leadership that helps leaders better understand patient and staff concerns, lower the risk of burnout, and partner with the workforce to predict and solve potential hazards that may result in harm to patients.

- Commit to rounds.
    - The CEO must lead the effort to inspire and hold executives accountable for conducting rounds.
    - Implement a formal process for scheduling routine monthly rounds.
    - Schedule rounds six months in advance.
    - Have another executive round if you cannot. Be consistent and reliable.
    - Track compliance.

- Prepare for rounds.
    - Inform staff of the purpose of rounds.
    - Develop the narrative that defines the purpose in a way that ties the initiative to the organizational goals for safety and patient-centricity.
    - Understand the unit or department data.
    - Pre-huddle with the manager to learn about recent success stories and challenges.

- Conduct rounds in three stages:
    1. Brief (20 minutes):
        - Convene all executives together (in an auditorium if needed, depending on the size of the group/organization)
        - Outline objectives
        - Celebrate high-performing caregivers
    2. Round (60 minutes):
        - Two or three C-suite executives round together on every unit and department.
        - Pair non-clinical executives with clinical executives (e.g., CFO and CNO) to increase the comfort level of non-clinical leaders in patient contact.
        - Round on everyone: patients, families, caregivers, and employees (e.g., Environmental Services, food service workers). Threshold is 60% of staff.
        - Take three pre-prepared checklists:
            - Questions for patients
                - How's it going?
                - Is there anything that you need us to do for you while you're here?
                - Have we missed anything that you're concerned about?

- Questions for caregivers and staff
    - What's on your mind?
    - What can we be doing to make sure that we're meeting the needs of our caregivers?
    - Ask physicians if they have what they need to deliver excellent care. For example, "Do you have what you need for care practices today?"
- Organizational strategies and priorities to focus on
    - Ask about priority quality and safety initiatives—learn what is working and what isn't.
    - Be open to feedback about staffing, facilities, and other big issues that cannot be solved quickly.
  - Listen.
  - Assess the environment.
  - Personalize rounds with staff recognitions and unit- or department-specific concerns.
3. Debrief (20 minutes):
  - Reconvene executives in the same place as the briefing, share information and feedback obtained.

- Follow through.
  - Document what was learned. Assign a scribe to each team to document feedback during rounds. One of the executives could be assigned the scribe role and carry a clipboard for notetaking.
  - Maintain a formal tracking process (i.e., database) to track concerns and follow-up responses.
  - Align concerns with organizational priorities (develop transformational thinking by discussing the interdependencies between safety, quality, engagement, and patient experience!).
  - Initiate process changes and improvement efforts as needed. Assign accountabilities for change management.

Meet with physicians where they work.

- Avoid making physicians travel for meetings. Rather, conduct meetings at the doctors' offices or in their "downtime" space at the hospital.
- Schedule weekly lunches for senior administrators and physicians. Have at least one leader routinely join physicians for lunch in the doctor's lounge, doctor's dining room, or cafeteria.

Be transparent

- Share feedback from patients, physicians, and staff transparently.
- Share positive and negative feedback with physicians and staff.
  - The 5:1 rule of thumb dictates sharing five times more positive feedback than negative feedback.

Leadership Domain
Hospital administration is responsive to feedback from physicians

QUESTION DEFINITION

This question assesses the quality of communications provided to physicians from hospital administration. With limited direct authority to execute hospital policy or organizational change, responsiveness of hospital leaders to physician concerns and requests is vitally important for practitioners to maintain a sense of purpose and value to the organization.

VOICE OF THE PHYSICIAN

🎧 "Our CEO is a strong leader and a pleasure to work for, you can count on her to follow up on an issue big or small."

☝ "I feel that the focus is so concentrated on obtaining high patient satisfaction scores, that the welfare and satisfaction of those of us providing care is ignored."

IMPROVEMENTS

Follow up on physician concerns.

- Track and trend physician concerns and review them at weekly senior staff meetings.
- Communicate with physicians about how their ideas/suggestions/concerns have impacted organizational decisions.
- Communicate the results of the Physician Engagement survey openly with medical staff. Explain what will be done to address issues raised and provide a time frame when possible.
    - Establish a communications calendar that links actions being taken to results from the survey.
- Ensure that the heads of hospital-based departments and specialties receive any survey feedback about their areas. This includes the emergency department, lab, radiology, imaging, anesthesia, hospitalists, and critical care. Improvement efforts should be physician-led.
- Develop an improvement plan with outlined action items based on the Physician Engagement survey results. Monitor progress and promote successful efforts to physicians. Schedule meetings to review the plan of action to ensure administration works in collaboration with medical staff.
- Establish a standard for communicating updates about physician concerns in multiple ways—verbal, print, and web-based.
    - Provide feedback when a resolution is under discussion and when action plans are in progress.
    - Avoid delaying attention to the issues raised by physicians and make every attempt to resolve issues quickly.

Elevate the importance of the medical executive committee.

- Ensure the initiatives and priorities are aligned with the organizational goals for safety and patient-centricity.
- Members should have responsibilities related to disseminating information and gathering additional input from the physician community.

Involve medical staff at every level of strategic decision making.

- Defer care delivery decisions to the experts, the people delivering care. This is a core principle of highly reliable organizations.
- Integrate physician leadership and champions into quality improvement teams and organizational strategic planning.

Leadership Domain
I have confidence in hospital administration's leadership

QUESTION DEFINITION

This question asks physicians to rate their level of confidence in the senior leadership team and is a measure of trust. Physicians want the health care organization to fulfill its mission and be true to its values. Most importantly, they want to see that the administration carefully considers and provides for patients and physicians' practice needs. For confidence to grow, physicians need to see tangible evidence that administrative priorities are aligned with theirs.

VOICE OF THE PHYSICIAN

🎧 "I can rely on solid clinical support from this administration."

☕ "What administration? There's a revolving door of 'leadership' around here."

IMPROVEMENTS

Involve physicians in the strategic planning process wherever possible.

- Aim to build a cohesive, aligned team striving to achieve a shared goal. Engaged caregivers lead to the delivery of safer, higher-quality care. The delivery of safe, high-quality care sustains engagement. This is referred to as the virtuous cycle and it supports the attainment of patient experience goals.

- Involve physicians in hospital governance beyond the roles of the Chief Medical Officer or Vice President of Medical Affairs. Ensure that there are several physicians on the board, preferably physician champions and physicians who have gone through leadership training.

- Ask medical staff leadership to be involved in key administration recruitments and hiring processes.

Be accepting to opposing views.

- Provide a safe environment for executives and physicians to freely share information even where there are opposing views.

- Help physicians better understand the competitive landscape and key environmental and regulatory factors that are influencing strategic and operational decisions.

- Listen to physicians describe their perspectives of the health care industry and their perceived opportunities and obstacles for delivering excellent care.

Be transparent about improvement efforts.

- Clearly articulate priority initiatives—including timelines and engaged stakeholders—and how those initiatives relate to the organizational mission and physician values.

- Highlight wins—big or small—in all communications with physicians. Avoid focusing only on what is not working or what is being worked on, but also point out explicitly what has been accomplished.

Be authentic and personable.

- Acknowledge and celebrate professional achievements.

- Communicate success stories involving leadership to the medical staff through regular communication channels. These can be a mix of professional and personal success stories.

- Commemorate office moves and practice expansions.

- Remember birthdays and acknowledge births and marriages.

- "Manage up" physicians to demonstrate confidence in the medical staff. For example, when you introduce a physician to someone, share something impressive about the doctor, "Dr. X has performed x number of x procedures."

Leadership Domain
This hospital treats physicians with respect

QUESTION DEFINITION

This question measures physicians' perceptions of the respect they receive from the hospital. Offering physicians the opportunity to provide input about their practice areas and being highly responsive to their concerns shows physicians respect. This goes beyond implementing a few new ideas. Creating a respectful culture in a hospital involves staff on all levels and requires extending respect to all. High performing organizations review this item in tandem with the hospital's employee survey results.

VOICE OF THE PHYSICIAN

🎧 "Leadership routinely seeks the opinions of my group and acts on our input. I'd say they clearly respect our expertise."

⏻ "When the reality of the work environment is explained physicians and nursing are often told they are making excuses."

IMPROVEMENTS

Adopt high-reliability principles that promote engagement.

- Recognize physicians as experts for informing and leading clinical improvement efforts. This is a principle of high reliability that dictates that leaders and staff value expertise and experience over hierarchical rank.
  - Seek out the experts—those doing the work—to find the people most qualified to make decisions about change.
- Commit to resilience.
  - Promote learning and adaptability over punitive responses to error or undesirable outcomes.

Foster a Just Culture.

- Provide a safe space for physicians to hold important discussions about poor outcomes and adverse events. Promote a culture of learning and improvement as opposed to a punitive environment seeking to assign blame.
  - A Just Culture avoids blaming individuals when errors occur and focuses its energy on identifying and correcting system-level causes of error in a collaborative and collegial atmosphere. Mistakes are treated as opportunities to learn.
  - Open communication about error is supported in a non-punitive environment, but a Just Culture is not a "blame-free" environment. Gross misconduct with reckless disregard for patient and coworker safety is not tolerated.

- Define and communicate Just Culture principles—including determinants of culpability for discipline—and make them policy.
    - Encourage physicians to speak up for safety.
    - Highlight safety as a priority by sharing safety stories and discussing safety at every meeting.
    - Support an open, non-punitive dialogue about safety concerns in all venues.
    - Recognize and reward individuals that report an event or speak up for safety.
    - Use safety event data to drive physician-led plans for improvement or resource acquisition.
- Monitor the health of the safety culture by measuring provider perceptions of safety.

Seek an understanding of physician challenges.

- Actively solicit and be prepared to respond to physicians' concerns.
- Shadow physicians to gain an understanding of their work—in the Emergency Department, the operating room, and rounding on patients in the hospital, for example. Physicians want administrators to observe firsthand the issues they face in delivering care.
- Listen carefully to physicians' perspectives. Create opportunities for transparent, open dialogue between hospital leadership and physicians. Ask physicians for their thoughts on how the organization can reduce costs, improve care, and mitigate patient suffering.

Tie business decisions back to the organization's mission.

- Tangibly demonstrate how physician concerns align with the organization's priorities. For example, if physicians or their patients are concerned about the increasing rate of hospital-acquired infections: (1) show physicians trended infection rate data on a regular basis, (2) outline the steps administration will be taking to address hospital-acquired infections, and (3) invite physicians to participate on committees addressing this issue. Always highlight accomplishments.
- Talk to physicians about their influence on safety culture and employee engagement, and empower them to act on this influence in a positive way.

Offer a path for professional growth and recognition.

- Involve Human Resources and educators in leadership development training. Commit to expanding the roles and skills of physicians.
- Acknowledge your medical staff's expertise; invite them to contribute to articles sponsored by the hospital—especially those that are disseminated to the public. This positions physicians as experts in their fields.
- Collaborate with marketing to distribute information about medical staff accreditations, recognitions, and community service in internal and external communications, and in any media packages.

- Recognize physicians for good work. Send notes when they get an award, send birthday cards, acknowledge a new baby, and congratulate them when they open a new office, for example. As appropriate, invite the physicians' spouses to attend public recognition ceremonies. Recognize physicians for their years of affiliation. Specifically highlight their contributions to the health and well-being of the community, improvements in patient care, or other similar achievements.

- Consider monthly or quarterly board recognition of an outstanding physician's contribution including a tangible award such as a plaque.

- Apologize sincerely when the organization has made a mistake that has negatively impacted its staff or its patients. Take responsibility for what's gone wrong and be open about the steps that will be taken to ensure that the mistake is not made again.

Leadership Domain
Overall, I am satisfied with the performance of hospital administration

QUESTION DEFINITION

This item measures physicians' general perceptions of the hospital administration's performance. Physicians will rate this item based on how they perceive hospital leadership's actions, decisions, and behaviors align with the mission and vision of the hospital.

VOICE OF THE PHYSICIAN

🎧 "Overall pleasant environment with good nursing care and leadership commitment to patient safety."

⚕ "This is a toxic work environment with no opportunity for advancement, no diversity, and fear of retaliation for speaking out or reporting a problem."

IMPROVEMENTS

Focus on physician activation.

- Share stories about positive patient experiences and impacts on individual and population health concerns to build a sense of purpose and meaning to physicians' work.

- Talk to physicians about their influence on safety culture and employee engagement and empower them to act on this influence in a positive way.

- Demonstrate trust in physicians' expertise and support physician autonomy in practice. Show deference to the experts in patient care by engaging them in strategy discussions and improvement efforts.

Foster a Just Culture.

- Provide a safe space for physicians to hold important discussions about poor outcomes and adverse events. Promote a culture of learning and improvement as opposed to a punitive environment seeking to assign blame.

    - A Just Culture avoids blaming individuals when errors occur and focuses its energy on identifying and correcting system-level causes of error in a collaborative and collegial atmosphere. Mistakes are treated as opportunities to learn.

    - Open communication about error is supported in a non-punitive environment, but a Just Culture is not a "blame-free" environment. Gross misconduct with reckless disregard for patient and coworker safety is not tolerated.

- Define and communicate Just Culture principles—including determinants of culpability for discipline—and make them policy.
    - Encourage physicians to speak up for safety.
    - Highlight safety as a priority by sharing safety stories and discussing safety at every meeting.
    - Support an open, non-punitive dialogue about safety concerns in all venues.
    - Recognize and reward individuals that report an event or speak up for safety.
    - Use safety event data to drive physician-led plans for improvement or resource acquisition.
- Monitor the health of the safety culture by measuring provider perceptions of safety.

Align organizational goals with physicians' objectives.

- Engage caregivers in process development and quality improvement.
- Include details about how key initiatives are tied to the overall goals for the organization.
- Tie business decisions back to the organization's mission to the patient experience.
- Tangibly demonstrate how physician concerns align with the organization's priorities. For example, if physicians or their patients are concerned about the increasing rate of hospital-acquired infections, show them trended infection rate data on a regular basis. Outline the steps administration will be taking to address hospital-acquired infections. Invite physicians to participate on committees addressing this issue. Promote accomplishments.

Build caregiver resilience to prevent burnout.

- Encourage and enable medical staff to engage in their own wellness and resiliency.
    - Provide support and programs with instruction in stress management, mindfulness, self-care
    - Identify physician champions to promote the adoption of these practices.
- Focus on workplace safety and physicians' surveillance capacity (i.e., the ability to collect and translate clinical information to inform conclusions about a patient's health status).
- Encourage administrators to have an open-door policy and to communicate their availability to medical staff.
- Communicate success stories to the medical staff through regular communications channels— including those involving leadership and physicians as well as patient success stories.
- Allow medical staff leadership to be involved in key administration recruitments and hiring processes to help ensure the candidate will be the right fit for the existing team.
- Strive to understand the frontline hurdles physicians face and work to support physicians overcome those challenges.
- Work to ensure smooth coordination of care through efficient processes and financial stability.

Improve teamwork.

- Team training enhances teamwork, reduces medical errors and builds a culture of safety in health care.

- Offer teamwork training and routine follow-up booster sessions. Include all physicians and nurses in cross-discipline training sessions.

- Using formal programs such as Tools to Enhance Performance and Patient Safety (TeamSTEPPS®) to improve teamwork and communication improves the quality of patient care, increases patient safety, and enhances employee engagement.

- Define behavior standards around teamwork.

  - Adopt universal behavior and service standards to promote both patient and colleague engagement.

- Involve physicians in the hiring process for staff and management on the units they most frequently provide patient care.

- Leverage physician champions for teamwork across disciplines and roles. Champions demonstrate behaviors that improve the adoption of care team behavior standards and encourage care teams to operate as a real team.

- Implement multidisciplinary practices such as rounds on patients. Include attendings, consultants (as able), and other care providers (e.g., nurses, therapists, nutritionists, and case managers).

Set behavioral standards.

- Set the expectation that physicians speak highly of all physicians and staff to promote solidarity and enhance teamwork visibility.

- Adopt this as a behavioral expectation that physicians are held accountable for.

- Leaders can assess team communication during rounding and physician shadowing.

Leadership Domain
I am satisfied with the recognition I receive

QUESTION DEFINITION

This item assesses the extent to which physicians feel appreciated and acknowledged. Physicians are often viewed as autonomous and self-motivated with little emphasis on recognition. However, there is still a need and desire for appreciation. Positive recognition will help maintain levels of engagement, resilience, and motivation in providers.

VOICE OF THE PHYSICIAN

🎧 "Leadership is pretty transparent with praise for high performers. We have several rewards programs for staff and physicians."

⏻ "All the focus is on what is wrong and what needs to be done better, we never hear about good outcomes or about all the many areas in which we excel."

IMPROVEMENTS

Partner with marketing.

- Leverage media relations to expand distributions of physician accomplishments.
- Invite physicians to contribute to articles, presentations, and conferences sponsored by the hospital.
- Identify opportunities for physicians to contribute to publications and events external to the organization.
  - Celebrate and acknowledge professional contributions with public recognition and in internal and external communications.
- Laud accreditations, recognitions, and community service in all internal and external communications and in any media packages

Define career growth and leadership opportunities for physicians.

- Collaborate with Human resources to offer leadership training for physicians.
- Establish job descriptions and financial incentives for physician champion roles.
- Assess the current rewards and recognition practices to identify areas for improved standardization and consistency.
  - Acknowledge professional and personal milestones in person, with cards, with celebrations, and in internal and external communications.
  - Host a physician dinner and recognize individual accomplishments with formal awards.

- Offer informal, on-the-spot recognition to reinforce positive behaviors and expectations of care delivery.

- Use professional development to offer recognition. For example, inviting a physician as a guest speaker to represent a specialty area.

Engagement Indicator Items

Engagement Indicator Items
I would recommend this hospital to family and friends who need care

QUESTION DEFINITION

This measure is an assessment of physicians' behavioral intentions indicating both physician commitment and what marketing professionals call "word of mouth." The results of this measure indicate what physicians are telling others about the organization. Positive word of mouth is a strong predictor of growth. Negative word of mouth can have damaging effects on patient volume, physicians' reputation, and physician recruitment. Medical staff's confidence in the quality of care at their organization is a key indicator of engagement as well as confidence in patient care. Their willingness to recommend the organization to family and friends reveals that confidence.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "This is an excellent team delivering quality care. I take my family here and I recommend this hospital all the time."

☋ "The level of care has dropped considerably in the last 10 years to the point that I would not seek care here for myself or my family members."

IMPROVEMENTS

Define the patient experience.

▪ Prioritize patient-centricity: Put patients at the center of care and make the reduction of suffering the clear overarching purpose of the organization's work.

- ▪ Organizing care around patients and their needs—rather than volume or revenue or technology—reminds physicians, nurses, and other employees why they come to work every day and who they are serving. Connecting to this greater purpose grows engagement and builds resilience.

- Proclaim the patient experience as a strategic priority.
  - Set patient-centricity as the true north by talking about it consistently and routinely.
  - Ensure that patient experience is clearly defined in the strategic plan.
  - Make this priority visible and ensure leaders understand it.
  - Reinforce the goal at leadership meetings.
- Target patient experience improvement initiatives in areas of high importance to physicians and patients. This improves physician and patient satisfaction. Superior service and quality are the key drivers of physician loyalty. Building a reputation for excellent service quality can be a differentiator between your institution and competitors.
- Highlight work that's underway to improve the quality of patient services. Demonstrate how this positively impacts patients' perceptions of the physicians at your institution.

Create a charter for an interprofessional patient experience committee.

- Establish physician and nurse patient experience champions as committee co-chairs.
- Assess all meetings for efficiency, effectiveness, and outcomes.
- Leverage representatives from Patient and Family Advisory Councils.
- Monitor execution of committee deliverables via metrics and accountability.

Adopt Lean efficiencies.

- Promote coordinated, efficient care that is defined by the experts (i.e., those who deliver the care).
- Assess existing hospital processes for efficiency and reliability. For example, monitor for excessive time for lab and imaging turnaround, and services that chronically experience long delays.

Conduct a SWOT analysis of the organization's position in the market.

- Identify and define organizational strengths, weaknesses, opportunities, and threats by engaging executives and senior leaders (including physicians and nurses) in a SWOT analysis exercise.
- Assess the patient population. Evaluate how it has changed and how competition has responded.
- Ensure that there is a broad range of high-quality specialties available to meet patient needs. Gaps in key specialties or services result in physicians referring patients elsewhere.

Engagement Indicator Items
I would recommend this hospital to other physicians and medical staff as a good place to practice medicine

QUESTION DEFINITION

When physicians respond to this question, they are giving a summary assessment of the hospital as a place to practice. This will be influenced by efficiency, resources availability, and perceptions of quality of care. Physicians assess this differently than when recommending a facility to family and friends where the primary dimension is quality of care. Physicians want to feel that the hospital is well-positioned for the future and is financially secure. They may see their own success tied to that of the hospital.

This opinion of the hospital impacts recruitment efforts. Physicians want to know that other physicians speak highly of the hospital where they practice. Ratings can also be impacted by whether a hospital emphasizes the physician's specialty. For example, pediatricians may be less likely to recommend a hospital that does not offer pediatric sub-specialties. Low scores on this item indicate a higher risk of the physician leaving the facility.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "The community feeling and close-knit relationships between physicians here is a wonderful professional experience. Yes, I recommend working here."

⏻ "I wouldn't recommend it. There's a climate of distrust between administration and physicians that is miserable."

IMPROVEMENTS

Take steps to help physicians grow their practices.

- Offering recruiting assistance to struggling practices.
- Provide marketing assistance to physician practices, including individual practice marketing plans.

- Establish a physician referral service to help match patients in need with physicians who do not have a full patient load. Initiate a physician liaison service to help increase referrals from primary care providers to specialists.

- Feature physicians in hospital advertisements to help grow both businesses.

- Conduct a strategy session with your medical staff. Ask physicians this question, "What steps, large or small, could the organization take to contribute to the quality of care?"

Focus on the fundamental expectations of physicians.

- An excellent clinical infrastructure that provides consistent high-quality care.

- Efficient processes that allow good use of physician time.

- Rapid treatment decisions that reflect organizational responsiveness to physician concerns.

Involve physicians in strategic discussions.

- Involve physicians in decisions that directly impact their practices such as an expansion of services, construction projects, and acquisition of equipment and other resources.

- Ensure that physicians are centrally involved in the development of new approaches to deliver care such as participation in Accountable Care Organizations and medical homes. Work toward a shared vision as health care moves from volume to value.

- Involve physicians in developing a recruiting program for new doctors. Enlist them to promote the organization to potential medical staff members. Ask those involved for suggestions to improve the work environment for physicians.

Formalize reward and recognition programs.

- Highlight physicians' hard work as they advance the quality of patient services. Communicate changes that positively impact how patients perceive physicians.

- Show appreciation to members of the medical staff by providing recognition and rewards on a regular basis. Make recognition personal, specific, meaningful, and timely.

- Leverage patient comments for individual and team success stories.
  - Write notes to physicians identified in the survey comments.
  - Publish positive comments in newsletters, intranet communications, and on a bulletin board s or other public spaces dedicated to a recognition process.

Seek physician feedback on hire and departure.

- Conduct entrance interviews with newly hired physicians after one month to learn what brought them to your organization. Aim to learn about their experience to date and determine if it is consistent with the physician's expectations. Communicate your findings to the areas of your

organization that need to make changes. Re-recruit all physicians on their one-year anniversary to ensure initial expectations are being met and to identify potential issues.

- Conduct exit interviews with physicians leaving your department. Begin by committing to confidentially using all the information you receive from physicians to help make the organization and your department a better place to work. Develop a standard process or hire a third party to gather information. Ask questions such as:

  - Why are you leaving?

  - Did you find your new practice, or did it find you?

  - What did you like best about working at this organization?

  - What will you miss least?

  - How could others in this organization do a better job?

Engagement Indicator Items
I am proud to tell people I am affiliated with this hospital

QUESTION DEFINITION

This is the ultimate measure of physicians' perceptions of the organization and is influenced by the community's perception of the organization. Health care providers want to work for a hospital that is known as a quality organization. A favorable image of the hospital in the community increases the pride and engagement of its staff and physicians.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "The quality metrics are high, that's great. But it's the way my patients respond and my ability to really make a difference here that really matter the most to me."

⏻ "I don't tell people I work here unless I have to."

IMPROVEMENTS

Promote your physicians in the community.

- Conduct an external marketing campaign featuring physicians and other clinical professionals to boost the image of the hospital in the community.
- Ensure media packages also address any negative perceptions of care to protect and defend physician reputations.

Involve physicians in quality improvement.

- Secure the long-term commitment and participation of physicians in the hospital quality improvement process.
- Have a physician on every quality improvement team and service excellence initiative—in a leadership capacity whenever possible.

- Establish a Physician Satisfaction Team comprised of employees and physicians. Work on making the facility a better work environment for your doctors.

Focus on physician resilience.

- Promote physicians' personal and professional well-being on all levels—physical, emotional, psychological, and spiritual. This mitigates physician burnout and increases pride in their affiliation with the organization.

- Establish a mentor program in which senior physicians guide and support junior members in their career development and in balancing their personal and professional lives.

- Provide confidential support groups that meet regularly. The groups should address topics generated by their members and should be facilitated by an outside professional.

- Provide membership for physicians to a fitness center, especially one run by your organization.

- Encourage all physicians to have their own primary care physician.

- Offer flexible scheduling to allow time off for critical family events such as births, deaths, graduations, caring for aging parents, and leaves of absence to pursue travel and avocational interests.

- Involve physicians in the design and management of their practice environments.

Engagement Indicator Items
I would stay with this hospital if offered a similar position elsewhere

QUESTION DEFINITION

This item assesses physicians' intent to remain with the hospital. Physician loyalty is dependent on strong leader-physician relationships, mutual trust, and aligned business interests. This requires establishing cooperation through shared purpose, fostering collaboration through performance data, incentives, and achieving integration through an aligned focus on quality.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "Yes, it's like a family here. It would be very hard to leave."

⏻ "No, I am already looking for another opportunity."

IMPROVEMENTS

Align quality goals with the organizational mission.

- Physician integration with organizational strategy and quality improvement is the hallmark characteristic of organizations with highly engaged physicians.
- Define a shared vision between executive leadership and physician leadership for the patient experience.
  - Choose three words you would want patients to use to describe the hospital.
  - Identify the behaviors that exemplify those values and characteristics.
  - Identify the barriers to consistently behave in ways that exemplify those traits.
  - Communicate the description, behaviors, and barriers to all physicians and staff. Make it part of the narrative about the organizational commitment to the patient experience.
- Articulating the relationships between improvement initiatives, outcome metrics, business decisions, and the value of patient care.

- Involving physicians in decisions about how improvement initiatives are prioritized and implemented.

- Demonstrate a commitment to shared purpose by actively seeking ideas and cooperation on projects with physicians. Powerful ways for hospital leaders to build trust and demonstrate shared purpose is by listening carefully to physicians' perspectives and being prepared to respond to their concerns. Leaders should:

  - Create opportunities for transparent, open dialogue between hospital leadership and physicians.

  - Ask physicians for their thoughts on how the organization can reduce costs, improve care, and mitigate patient suffering.

  - Actively solicit physicians' views and concerns about the hospital's culture of quality.

  - Tangibly demonstrate how their concerns align with the organization's priorities.

- Make it easy for physicians to participate in improvement initiatives and still focus on patient care.

Be transparent with quality data.

- Foster collaboration through performance data and incentives. Advancing from cooperation to collaboration requires a mix of physician incentives driven by robust performance improvement data.

- Identify strong physician and leadership champions.

- Set an expectation that the data collected will be used transparently.

- Routinely review a balanced scorecard that includes safety, quality, experience, and culture/engagement metrics with clinic leaders and board members routinely.

  - Standardize the measures assessed, the report formats, and the communication strategy across services and business units.

  - Engage physicians and obtain input on measure selections from all stakeholders.

- Use performance data internally.

  - Show physicians how they compare to their peers on care quality and efficiency measures.

  - Set benchmarks for rewards as part of a formal rewards and recognition program.

  - Talk about the data at every meeting to secure an understanding that high-performance improvement standards are part of the hospital's culture.

Engagement Indicator Items
If I am practicing medicine three years from now,
I am confident that I will be working with this hospital

QUESTION DEFINITION

This question evaluates physician's intentions to continue working with the hospital. Many factors will play a role when physicians are considering this question, such as the physician's relationship with administration, the organization's commitment to improving quality care, the organization's reputation in the community, the physician's work-life balance, sufficient practice volume, compensation plans, retirement intentions, expectation of changing careers, family needs, etc. This is a cumulative assessment by the physician.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "I have a lot invested in this organization and its mission and we're not done yet."

☋ "There's a high degree of chaos here and there doesn't appear to be an opportunity to grow and effect change in the direction I want."

IMPROVEMENTS

Define career growth and leadership opportunities for physicians.

- Collaborate with Human resources to offer leadership training for physicians.
- Establish job descriptions and financial incentives for physician champion roles.
- Assess the current rewards and recognition practices to identify areas for improved standardization and consistency.
  - Acknowledge professional and personal milestones in person, with cards, with celebrations, and in internal and external communications.
  - Host a physician dinner and recognize individual accomplishments with formal awards.

■ Offer informal, on-the-spot recognition to reinforce positive behaviors and expectations of care delivery.

■ Use professional development to offer recognition. For example, inviting a physician as a guest speaker to represent a specialty area.

Take steps to help physicians grow their practices.

■ Offering recruiting assistance to struggling practices.

■ Provide marketing assistance to physician practices, including individual practice marketing plans.

■ Establish a physician referral service to help match patients in need with physicians who do not have a full patient load. Initiate a physician liaison service to help increase referrals from primary care providers to specialists.

■ Feature physicians in hospital advertisements to help grow both businesses.

■ Conduct a strategy session with your medical staff. Ask physicians this question, "What steps, large or small, could the organization take to contribute to the quality of care?"

Involve physicians at every level of organizational decision making.

■ Include physicians as board members and as regular contributors at executive strategy sessions.

■ Secure physician participation in quality improvement processes. Have a physician involved in every quality improvement team and service excellence initiative, preferably in leadership positions but at least in a part-time advisory capacity.

■ Involve physicians in the hiring practices for the units and service lines in which they are most involved.

Understand the organization's position in the market.

■ Conduct a SWOT analysis to determine current strengths, weaknesses, opportunities, and threats from a market perspective.

■ Assess the patient population. Evaluate how it has changed and how competition has responded.

■ Ensure that there is a broad range of high-quality specialties available to meet patient needs. Gaps in key specialties or services result in physicians referring patients elsewhere.

Build formal rewards and recognition programs.

■ Express appreciation for physician contributions on a regular basis. Make recognition timely and personal. Send notes from staff and leaders, verbally thank physicians for their contributions, and offer public recognition at department and medical staff meetings.

■ Recognize professional milestones, contributions to the literature and the industry, positive patient comments, and appreciation expressed by staff and colleagues.

Engagement Indicator Items
Overall, I am satisfied working with this hospital

QUESTION DEFINITION

Overall satisfaction with the facility is a global measure folding together all experiences, features, and relationships into one overarching metric. When evaluating their overall satisfaction, physicians will mentally review all previous questions, their history at the institution, their previous experiences with other institutions, and their daily reality at that facility.

Note: Engagement items measure the physician's emotional attachment to, identification with, and involvement in the organization. Although the score is an indication of how engaged physicians are with the organization, Engagement items are not easy to address directly. Often, the best way to act on an Engagement item is to focus on low-scoring items in the three primary Domains: Staff, Organization, and Leadership. The items in these domains represent the key drivers of individual physician engagement (i.e., the workforce issues that influence physician engagement). Items in these domains are more directly actionable and improving performance on them will improve the performance of Engagement items as well. For this reason, ideas for improvement of Engagement items are often tied to other survey item topics.

VOICE OF THE PHYSICIAN

🎧 "Leaders, colleagues, and staff are dedicated, hard working professionals that place the patient at the center of everything."

⚓ "There's an overall lack of professional courtesy or respect for providers. It's hard to keep up morale."

IMPROVEMENTS

Work to understand physicians' perspectives.

- All physicians are facing economic pressures such as the decline in income, greater workload, and declining reimbursement. Physicians want to know that the organization understands their current situations. They also want to know they are practicing at organizations that will be successful in the future. Physicians want to know their specialties will have the resources and support for them to practice contemporary medicine.

- Leverage the Strengths and Concerns reports in Press Ganey's Engagement portal to gain insights into areas of top performance and greatest concern.

Involve physicians at every level of organizational decision making.

- Include physicians as board members and as regular contributors at executive strategy sessions.

- Secure physician participation in quality improvement processes. Have a physician involved in every quality improvement team and service excellence initiative, preferably in leadership positions but at least in a part-time advisory capacity.

- Involve physicians in the hiring practices for the units and service lines in which they are most involved.

- Create a Physician Satisfaction Team that is responsible for making the facility a better work environment for physicians. Comprise the team of employees and physicians.

Build caregiver resilience to prevent burnout.

- Encourage and enable medical staff to engage in their own wellness and resiliency.
  - Provide support and programs with instruction in stress management, mindfulness, self-care
  - Identify physician champions to promote the adoption of these practices.

- Focus on workplace safety and physicians' surveillance capacity (i.e., the ability to collect and translate clinical information to inform conclusions about a patient's health status).

- Encourage administrators to have an open-door policy and to communicate their availability to medical staff.

- Communicate success stories to the medical staff through regular communications channels—including those involving leadership and physicians as well as patient success stories.

- Allow medical staff leadership to be involved in key administration recruitments and hiring processes to help ensure the candidate will be the right fit for the existing team.

- Strive to understand the frontline hurdles physicians face and work to support physicians overcome those challenges.

- Work to ensure smooth coordination of care through efficient processes and financial stability.

Put engagement survey results to work.

- Share survey results transparently with physicians. Communicate the results of the Physician Engagement survey openly with medical staff.

- Review all comments for a deeper understanding of physician's perspectives and needs.
  - Establish a communications calendar that links actions being taken to results from the survey.

- Ensure that the heads of hospital-based departments and specialties receive any survey feedback about their areas. This includes the emergency department, lab, radiology, imaging, anesthesia, hospitalists, and critical care. Improvement efforts should be physician-led.

- Jointly develop and share an outline to guide improvement efforts for action-items based upon the results of the Physician Engagement survey.

- Monitor progress and promote successful efforts to physicians.

- Schedule meetings to review the plan of action to ensure administration works in collaboration with medical staff.
  - Explain what will be done to address issues raised and provide a time frame when possible.
- Establish a standard for communicating updates about physician concerns in multiple ways—verbal, print, and web-based.
  - Provide feedback when a resolution is under discussion and when action plans are in progress.
  - Avoid delaying attention to the issues raised by physicians and make every attempt to resolve issues quickly.

Be cognizant of misconceptions about medical practices.

- Be wary of false assumptions regarding the hospital-physician relationship. Examples of false assumptions include:
  - The medical staff in a community hospital is organized and structured.
  - The practice of medicine is only a profession or only a business, but not both.
  - All physicians are alike.
  - Younger physicians will follow the lead of more senior doctors.
  - If physicians do not attend meetings, they do not care about what happens at the hospital.
  - Physicians who practice in a one-hospital community have no choices.

Appendix: Supporting Tactics

Data Use and Learning

Comment Analytics

Comment analytics leverages Natural Language Processing to assess and review open-ended survey items. The technology groups similar themes and concepts together to provide leaders with an overall frequency report to better assess workforce engagement and important elements of culture.

Use comment analytics to gain a deeper understanding of employee perceptions and observations of culture, teamwork, and care delivery.

- Comment analytics:
    - Quantifies and analyzes qualitative data for action.
    - Enables the identification of emerging trends and root causes.
    - Uses sentiment analysis to represent the emotional tone in the comment text.
        - The purpose is to determine how the employee feels about the topic they are writing about.
        - The goal is to determine if the emotion or attitude of the employee is positive, negative, or neutral/mixed.
- Thematic and visual organization of comment responses and sentiments enable deep dives into certain themes and concepts.
    - For example, a leader can isolate and display comments about benefits and pay and then discern positive from negative sentiments to uncover inconsistencies in perspectives and opinion.
- Quantitative analysis of qualitative data provides information on:
    - **Topics:** What is being said?
    - **Volume:** Topic frequency
    - **Sentiment Volume:** Is it positive or negative?
    - **Sentiment Strength:** How positive or negative?

Learning Collaboratives

A Learning Collaborative is a quality improvement tool promoted by the Institute for Healthcare Improvement. As an educational process, it expands on the concept of cross-functional improvement teams to engage health care professionals to learn about successful practices from each other.

Learning Collaboratives engage the people doing the work in process and quality improvement. Adult learners can be energized by learning from those like them and contributing to institutional knowledge.

Identifying and promoting internal best practices is the most efficient approach to system-wide improvement. Sustainable physician engagement success is dependent on local continuous improvement organized around the specific needs of physicians. Learning Collaboratives provide an opportunity for physicians and leaders throughout a health care system to learn from each other, and to spread engagement best practices system wide.

Create a forum for sharing lessons learned from successful and unsuccessful efforts.

- Schedule time for formal, routine collaboration across service lines and locations.
- Engage cross-functional improvement teams from across the enterprise. To be truly cross-functional, there must be representation from physicians and leaders across the organization.

Use a system improvement model to standardize language and accelerate adoption.

- Obtain executive leadership buy-in.
- Identify physician champions.
- Define each committee's purpose, goals, roles, and responsibilities.
- Routinely discuss the improvement efforts at standing meetings.
- Embrace high-reliability principles and commit to continuous process improvement.

Include participation in Learning Collaboratives in job descriptions.

- Provide incentives for participation.
- Recognize physicians for contributing to knowledge gains—both through success and failure.

Establish a replicable improvement approach.

- Document improvement efforts and processes from the identification of an improvement need through follow-up and monitoring. Identify successful approaches to inform policy.
- Draft procedures to capture and reapply successful process improvement efforts.
- Recognize and reward innovation and the adoption of evidence-based strategies.

Strategic Engagement Assessments

In addition to annual physician engagement and alignment surveys (and interim pulse surveys), routine assessment of nursing excellence, employee engagement, resilience, and safety culture provide a straightforward and consistent process for identifying strengths and concerns, setting priorities for improvement, and measuring progress.

Note: Nursing excellence, resilience, and safety culture survey initiatives can be streamlined into a single survey administration to avoid survey fatigue and increase response rates.

Assess nursing excellence.

- Nurse retention is top of mind as organizations seek to maintain institutional knowledge, ensure consistency in care delivery, and promote patient experience and loyalty.

- Nurse disengagement can be costly for an organization because of its impact on nursing turnover, patient safety, and patient experience.

- Including nursing-specific measures on the employee engagement survey can help organizations drive nurse engagement, improve performance, and facilitate the Magnet Recognition Program® application process.

- Insights gathered from the segmentation of RN scores can have implications not just for nurse engagement and retention, but also for interventions to drive safety, patient experience, and reputation.

Assess employee engagement.

- Because every element of the care experience is delivered to the patient through the workforce, investing in building an engaged, high-performing workforce is crucial to the delivery of high-caliber care and facilitates optimizing other key performance metrics across experience, quality, and finance.

- Ensuring employees' needs are met is foundational to establishing a culture of engagement.

- It is important to have a clear understanding of key drivers that impact employees' work environment (e.g., relationships with managers, access to tools and resources, opportunities for personal development).

- Use a comprehensive, continuous approach to collecting and acting upon employee culture and engagement data. The measurement tool should have a firm theoretical and empirical basis.

- Results of any employee engagement analysis should capture:
  - An outcome-based engagement metric
  - A work-unit segmentation metric identifying which units need the most intervention

- A management metric that identifies which managers need assistance or coaching in order to effectively drive improvement for their teams

Evaluate resilience.

- Resilience metrics can act as an early warning sign for teams that are at risk of burnout.
- Resilience scores assist organizations in determining which groups may need support both at and away from work.
- Resilience is comprised of two major components: activation and decompression.
  - Activation is centered on the ability to connect one's work with meaning and a sense of purpose, and the ability to treat patients as individuals.
  - Decompression is centered on the ability to disconnect—to free one's mind from work stresses and enjoy personal time.
- To minimize burnout and build caregiver resilience, identify sources of avoidable stress and distress by ensuring the workforce has the resources and support needed to deliver the safest, highest quality care.

Assess safety culture.

- To align the organization around a mission to achieve Zero Harm, one of the first steps is to assess caregiver feedback, attitudes, and perceptions related to patient safety.
- Direct feedback from those responsible for delivering care informs the level of organizational focus needed to make safety a top priority across the organization.
- Assessing safety culture at the organization and work unit levels supports awareness around patient safety issues, identifies strengths and concerns, and evaluates the impact of patient safety interventions and performance over time.
- Organizations are best positioned to develop a high-performing workforce when they build a culture of safety and adopt safe processes.

Process Improvement

Change Readiness

Improvement planning is often the first step in the process of driving change. It includes reviewing engagement data, selecting specific metrics of focus, setting achievement goals, and implementing strategies for reaching those goals and improving performance on the chosen metrics. Assessing change readiness improves understanding of the organizational context driving readiness for change.

Determine the organizational readiness for change.

- Ask questions such as:
  - Are senior leaders prepared to invest their time and energy in this effort on an ongoing basis?
  - Is the broader management team capable of understanding the value of improving culture, and do they have the associated skillset to execute and sustain cultural initiatives?
  - Are dedicated resources available to manage change, either within the organization or through external consultants?
  - What is the experience of the organization with implementing large-scale change, and how may those previous experiences impact this initiative?
  - Is there a communications group charged with a communication strategy around change?
  - What listening methods does the organization have (e.g., leadership rounds, town halls)? How is feedback obtained from the front lines?
  - How is change assessed at the organization? What does success look like, and how is it measured?
  - Who is responsible for sustaining change?

Continuous Process Improvement

Continuous improvement is the ongoing effort to improve services by increasing the quality of those services or by reducing unnecessary or redundant steps. It supports both patient-centricity and employee engagement.

- It reflects a high level of interest in meeting patient needs and for providing a work environment that improves the delivery of compassionate, patient-centric care.
- Physicians who experience the inherent rewards of directly or indirectly reducing patient suffering can take pride that their work is meaningful.

Continuous improvement is the core principle behind every structured improvement model, such as the commonly recognized Lean, Six Sigma, and Kaizen Improvement models. It involves the adoption of a structured process for ongoing assessment and improvement.

Care delivery is incredibly dynamic. Science, technology, equipment, personnel, and patient needs are constantly changing. Even practices with high levels of performance across all metrics can only be sure of performance excellence through ongoing monitoring—a key component for continuous improvement. in fact, to become a high-reliability organization, you must develop a preoccupation with failure and conduct routine and ongoing self-assessment.

Everyone has room for improvement. Engaging in continuous process improvement indicates there is a formal program for routine self-assessment, and there are dedicated resources to identify areas of underperformance and to implement improvement plans. Continuous improvement processes allow a practice to identify low quality or care problems before safety events or harm can occur.

Adopt a formal, proven method for continuous improvement, such as (in alphabetical order):

- Kaizen
- Lean
- Six Sigma

Press Ganey's Clinical and Operational Improvement Consulting group can offer additional services. Contact your advisor for details.

Implement continuous improvement across all practices in a system.

- This supports the Learning Collaborative approach for standardizing best practices.

Include all stages of a continuous improvement approach.

- Collect data to assess the quality of the patient experience and workforce experience.
- Include metrics reflecting the mission and values statements in a balanced scorecard for routine executive review.
- Identify areas of low or poor performance.
- Conduct root cause analyses to identify the underlying process or human factors.
- Focus on the process failures and aim to build processes the overcome the tendency for human error.
- Employ cross-functional improvement teams.
- Define improvement plans with roles, responsibilities, and deadlines.
- Identify outcome measures for continuous tracking to assess the success and sustainability of the improvement plan.

Address obstacles and standardize best practices across the enterprise.

- Take a closer look at the obstacles impeding improvement and identify ways to eradicate or get around them.
- Continuous process improvement is part of an overall data strategy. in addition to identifying and improving on areas of underperformance, it informs the identification of existing best practices.
- Standardize the adoption of best practices within a practice and system wide.

Sustainability

Data Transparency

There are two principal components to data management: data collection and data use. Data transparency is an attribute of data use. It refers to highly accessible data that is easy to use for decision making.

- What gets measured gets improved. Data is crucial to identify current performance, set meaningful goals, and focus improvement efforts.
- External transparency is a powerful consumerism tool. Organizations that can quickly, accurately, and consistently provide patients with the information they need to make informed decisions have an edge over their competitors.
- Adopt internal and external transparency of key safety, quality, experience, culture, and engagement metrics.

Identify strong physician and leadership champions.

- Set an expectation that the data collected will be used transparently.
- Leverage data and transparency, but do not let providers hijack the improvement discussion by arguing against the data.

Review a balanced scorecard with physician leaders and board members routinely.

- Include safety, quality, experience, culture, and engagement metrics.
- Standardize the measures assessed, the report formats, and the communication strategy across services and business units.
- Engage physicians and obtain input on measure selections from all stakeholders.

Introduce transparency in three stages: (1) share with physician leaders, (2) share with physicians, and (3) share with the public.

- Each stage needs to be given time for all parties to grow comfortable with how the data is viewed and used.
- Provide anonymous data initially, so each physician can see how they score relative to their peers.
- Unblind the data when the data processes and data use are accepted.

Create a physician-led arbitration panel to review patient comments before posting them publicly.

- Define exclusion criteria.
- Formalize an appeal and arbitration process.

Leader Skill Development

Managers are the organizational leaders responsible for empowering their employees, coaching for success, setting clear goals, recognizing achievements, communicating with transparency, listening carefully, providing constructive feedback, and helping employees to feel valued. They are essential to the health of the culture and the success of the organization.

It is important to properly enable these leaders to understand their team's culture/current functioning and their role in creating/reinforcing that culture. It is also essential to provide them with the necessary education and coaching to improve their skills and shape a culture that supports their goals.

Support managers in developing effective management skills.

- Many new managers are promoted based upon technical expertise, but this alone will not enable their success in this new and different role.

- Is the broader management team capable of understanding the value of improving culture, and do they have the associated skillset to execute and sustain cultural initiatives?

- It is critical that new managers are educated and supported with new manager training on basic skills (e.g., delegation, communication, teamwork, coaching, meeting management).

- In addition to targeted one-on-one coaching, cohorts of managers may be identified for training on specific management skills or leadership competencies. These groups can be monitored for progress that can be attributed, at least in part, to the training investment.

Prepare managers for success with a defined set of competencies.

- Consider the following questions:
  - How do you prepare your future leaders (and new leaders) for success?
  - Do you have a defined set of essential leader skills and competencies that leaders are trained on and coached to?
  - Are you proactive in supporting new leaders or do they only get support when they start failing?
  - Do you see signs of burnout among new leaders (high activation/low decompression)?
  - Is your leadership team consistent in their level of competency in key leader skills that are essential to the business?

Establish Leadership Development Institutes.

- Best practice organizations regularly bring their leaders together for group learning and networking in sessions commonly known as Leader Development Institutes (LDI's).

- LDI sessions provide leaders with the opportunity to:
  - Hear a unified message from their executive leadership.
  - Receive ongoing leadership skill refinement in areas like leading change, coaching skills, and emotional intelligence, etc.
  - Learn from one another's challenges and successes. This strengthens the collective knowledge base and increases the cohesiveness of the leadership team.

Physician Champions

Physician champions are physicians that actively promote a value, a principle, or a tactic for health care delivery. As a champion, the physician accepts a leadership role to verbally advocate for the adoption of a cause, increase the understanding of why it is important and why it should be done, and model the necessary behavior.

Leverage physician champions to connect to other physicians, subgroups of physicians, and disciplines within the system. Physician champions are critical to strategy rollout because physicians listen to other physicians. Physician champions accelerate the buy-in of a concept or process among physicians and other disciplines.

The use of physician champions also elevates physician engagement in the continuous improvement of safety and patient and workforce experience.

Identify your champions

- Leverage self- and peer-nomination processes to identify the right fit.
- Employ physicians with leadership experience, the respect of their clinical colleagues, and strong communication skills as physician champions.

Be sensitive to clinical workloads.

- Offer compensation for the additional work hours.

Engage Human Resources to create a formal title with a job description.

- Define responsibilities and objectives.
- Identify milestones and deadlines for each objective.
- Include a discussion of champion responsibilities in annual performance reviews.

Coordinate and align physician champion efforts.

- Provide a forum for all champions to routinely meet and discuss successes and barriers.
- Include champions on local and executive committees to participate in decision-making and to act as a liaison between clinical staff leadership.

Rewards and Recognition Programs

Rewards and recognition programs are structured systems that provide incentives to meet or exceed behavioral standards. Rewards are typically monetary in nature and recognition is generally aimed to provide a psychological or emotional uplift. They are often combined in one program, but the two components meet different needs and are addressed in different ways.

The day-to-day lives of physicians are a steady stream of stressors and rewards. When stressors compound unmitigated, it takes a toll on physicians' wellness, leaving them emotionally exhausted, cynical, and struggling to find a sense of meaning and personal accomplishment in their calling. Burnout affects over half of U.S. physicians and is highly prevalent among the nursing workforce, posing a significant threat to safe, high-quality patient care. Rewards and recognition programs help balance the stress with a sense of value and purpose.

Rewards and recognition programs are also critical for a strong safety culture and a highly engaged workforce. Amplifying the rewards of the work and creating opportunities for interaction through celebration, the organization can improve collegiality and enhance resilience.

Connect recognition and incentives to expected behaviors and the organization's mission, vision, and values.

- Measure and recognize results.
- Make recognition personal, specific, meaningful, and timely.
- Leverage patient comments for individual and team success stories.
- Incorporate positive feedback into department meetings and performance reviews.

> Recognizing Excellence
> Click to play.
> *Duration 1:12*

- Write notes to physicians identified in the survey comments.
- Publicly acknowledge accomplishments, including innovation and publication. However, it is important to know your staff, not everyone likes public recognition or thank you notes.
- Engage the team in peer-to-peer recognition, such as a nomination process for awards.
- Celebrate with food and fun.
- Publish positive comments from patients and colleagues in newsletters, intranet communications, and in areas dedicated to a recognition process (e.g., bulletin boards).
- Identify available funds for financial incentives.

Standards of Behavior

Culture is shaped by how everyone across the organization behaves toward colleagues and patients. The resulting environment influences patient, workforce, and operational outcomes—including safety, quality, and patient experience. Formally drafted standards of behavior set the tone for culture and are essential to upholding accountability.

Establish clear behavior expectations.

- Align all standards of behavior with the organization's mission, vision, and values statements.
- All standards must be accessible and understandable by all staff.
- Behavior standards should be universal across the enterprise.
- Include service expectations for phone, email, text, and in-person communication.
- Include behavioral expectations for attending daily huddles, speaking up for safety, and reporting safety events (including near misses).
- Include behavioral expectations for professional courtesy and staff interactions.
- A clear set of manager expectations must exist to ensure consistent training, monitoring, and accountability for standards—especially relative to staff management and discipline, and communication.

Train employees and providers.

- Conduct behavior standards training.
  - Include attendees from various departments and disciplines at each training, such as physicians, care providers, nurses, medical assistants, registrars, schedulers, and billing.
  - Set a schedule of training offerings to ensure everyone can attend.
  - Embed training in orientations for new employees and physicians and in leadership training.
  - Include senior leaders in the training sessions to present the purpose including why behavior standards matter for our patients and colleagues.
- Apply a project management process to communicate action items, responsibilities, and deadlines, and to track progress.
- Assess the effectiveness of the training. Can front-line employees describe the organization's behavior standards and why they are important?
- Promote the standards on an ongoing basis.
- Mention behavioral expectations during department meetings and performance reviews.
- Use multiple modes of communication to share reminders and prompts about behavioral expectations (e.g., intranet posts and newsletters).

- Create a formal recognition program with incentives for physicians and staff that meet behavior expectations.

Hold everyone accountable for behavior and service standards.

- Build expectations into job descriptions and annual reviews

- Recognize and reward service excellence.

- Discuss standards of behavior during leader rounds on staff.

- Conduct observations and discuss findings. Create an observation checklist.

- Provide behavior standard reminders in follow-up communications (e.g., in newsletters and intranet posts).

- Measure provider and employee compliance.

- Include an evaluation of behavior standards in provider and employee annual reviews.

- Use an Appreciative Inquiry approach—empower staff to identify successful solutions to known issues.

- Present behavior standards as guidelines to achieve desired outcomes for each patient. This makes the connection between standards and the mission of health care.

- Immediately address any concerns about bullying, rudeness or unprofessional behavior that may undermine how well employees work together.

- Speak up when colleagues are rude. It puts them on alert that somebody is watching and cares how everyone is treated.

Talent Strategy

Talent management is the process of identifying and planning for the needs of the employees at every stage in the employment life cycle. Strategic talent management considers every element of the talent life cycle from recruitment through onboarding, to development and performance management.

A prepared, confident, fulfilled workforce improves engagement and job satisfaction—two drivers of safety and patient experience. Talent management efforts impact every physician and employee of an organization and influences clinical, operational, and cultural outcomes. Furthermore, ensuring that every element of the mission, vision, and values statements are integrated into each step of the talent life cycle ensures alignment of the strategy with the mission.

Align talent with strategy.

- Clearly articulate the mission, vision, and values of the organization, and ensure that everyone understands their role in supporting them.
- Make sure each step of the talent management life cycle incorporates the organization's themes around safety, quality, experience, engagement, and financial stewardship.

Apply process improvement methods.

- Build a strategic talent management infrastructure to evaluate and support the talent management strategy and identify gaps in recruitment, hiring, onboarding, performance management, leadership development, and recognition programs.
- Collaboratively design for any identified gaps—do not make Human Resources the sole owner.

Prepare leaders and staff.

- Purposefully define the desired organizational culture and the behaviors leaders would need to exhibit to create that culture (e.g., we need leaders who can build trust with their teams, to collaborate well).
- Set clear expectations for managers and leaders on their roles and responsibilities, and how their performance will be monitored, evaluated, and recognized.

Develop career ladders for every physician and employee.

- Ensure all caregivers and staff understand the opportunities for growth and progress in their careers. Ensure that career development conversations are occurring on a regular basis.
- Provide employees, managers, and leaders with continuous development opportunities to strengthen individual and team competencies that contribute to a healthy culture.

Attend to every stage of the workforce life cycle.

- Attract talent.
  - What is the current view of the organization in the labor market? How do we compare to our competitors in the eyes of potential candidates? How are we monitoring this?
  - What efforts are we making to define and create our narrative as an employer that is aligned with our mission, identity, and patient promise?
  - What is the recruiting experience like for potential candidates? How do they find us or how do we find them? What does that first touchpoint feel like and what does it say about us?

- Select talent.
  - Beyond an ability to fill the minimum requirements of the role, what non-negotiables will ensure we select people that align with our vision for safe, high-quality, patient-centered care?
  - Have we defined the "candidate experience" and what we want that to be?
  - How are we building engagement during the selection process? Are we using messaging, mentors, and making connections to our senior leadership, coworkers, and culture?

- Orient talent.
  - Is there a formal orientation that includes welcoming, valuing the person, and building connections and identity? Is it focused on true cultural onboarding, or policy and form submission?
  - How would a newly oriented employee describe the first days of employment (e.g., interactive, tedious, confusing)? How would you want them to describe it?
  - Are leaders empowered to act to ensure a positive experience? How is the quality of the unit-level orientation experience evaluated?

- Engage talent.
  - What touchpoints exist with new hires after the orientation?
  - How is the narrative about safety, quality, and patient experience woven into ongoing discussions?
  - How are the early warning signs of disengagement or role mismatch identified and addressed?

- Grow talent.
  - Do career development items on your culture and engagement surveys consistently score low (either organization-wide or for specific groups)? Do these scores correspond with areas with high turnover rates?
  - Do exiting physicians mention development opportunities as a contributing factor to their resignation?
  - Do physicians express a clear understanding of possible career paths at this organization?

- Retain talent.
  - Does the organization engage in workforce planning activities to predict future needs and make proactive adjustments to the talent strategy?
  - Does the organization conduct "stay interviews" with physicians in key roles or on service lines that are expected to grow or be of high future value? How do you act on that feedback?
  - Are leaders conducting regular 1:1 meetings with their direct reports? Do these meetings focus (at least in part) on how the physician feels overall about their employment situation, their goals, challenges, and current level of engagement?
  - Are leaders empowered to act when a strong performer shows signs of intent to leave? Are they supported in their attempts to proactively retain that person?

Press Ganey pioneered the health care performance improvement movement more than 33 years ago. Today Press Ganey offers an integrated suite of solutions that enable enterprise transformation across the patient journey.

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