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19th **CONGRESS** MIAMI

TDPI

Team Driven Performance Improvement
Beyond Boot Camp: Advanced C4 Officer Training

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Wayne Ruppert: Bio

- Developed the TDPI process while serving as the National Director of Performance Improvement for LifeFleet, Inc in 1990.

- Between 1991-2014, implemented and directed TDPI process on 27 occasions for 17 organizations nationwide.

- A total of 2,470 team members participated in this process.

- 1,595 issues were identified and processed

Essential "Links in the Chain of Quality Performance"

"A chain is only as strong as its weakest link !"

1. Job Knowedge / Competency
2. Team Member Morale
3. Equipment / Tools
4. Workplace (physical structure or vehicle)
5. Workload Distribution
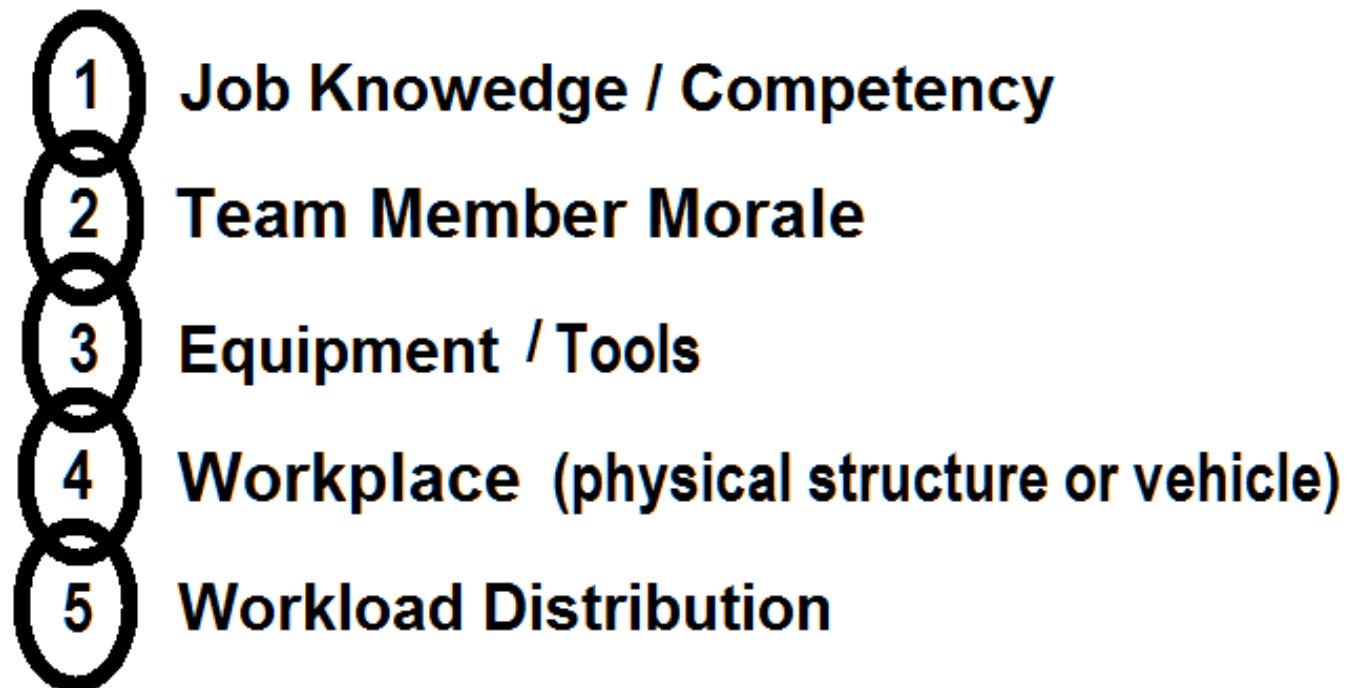
Weakness of any LINK in the Chain of Quality Performance can result in IMPAIRED PERFORMANCE of the total organization. A "broken link" can result in adverse events and outcomes.

Essential "Links in the Chain of Quality Performance"

TDPI

strengthens
and reinforces the
link: "Team
Member Morale."

1 Job Knowedge / Competency

2 Team Member Morale

3 Equipment / Tools

4 Workplace (physical structure or vehicle)

5 Workload Distribution
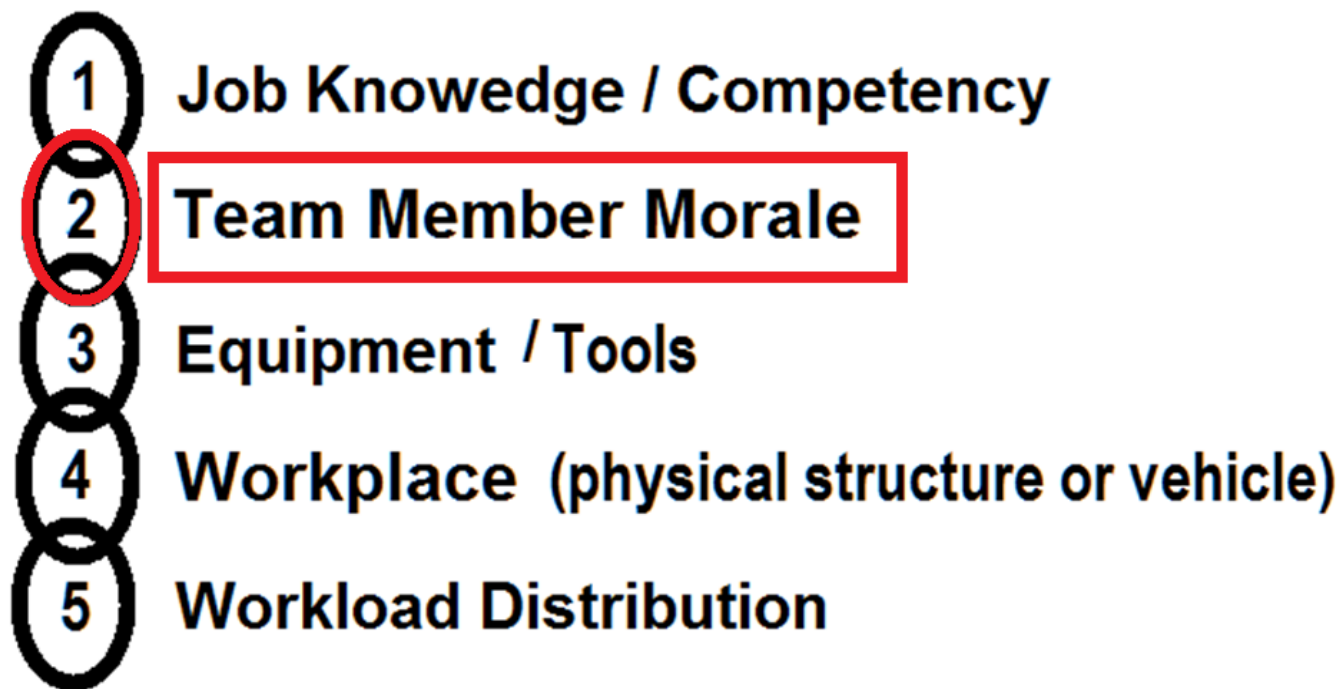
TDPI can also reinforce the remaining links - it facilitates structured employee input into all facets of the DESIGN of WORK PROCESSES.

Management Strategies

by Wayne W. Ruppert

Employee Job Satisfaction

Getting To The Bottom Line: Part I

- Vehicles/equipment maintenance by employees.

No ambulance service is exempt from the adverse effects of employee morale problems, regardless of how well managed an organization. And, so we must rely on our management tools and skills to manage employee morale.

Dynamic Work Environment Survey Process

The Dynamic Work Environment Survey Process is a fast and simple way to learn about and quantify the needs and concerns of the total employee population. It works like this:

1. In confidential meetings, employees are encouraged to voice both positive and negative issues which effect their work environment and motivation.

2. These issues are transcribed into survey questions.

3. Each employee anonymously completes the survey, personally rating each issue.

4. The surveys are processed to yield a comprehensive, itemized and numerically scored list, reported in order from the most

- Creation of a work environment that is conducive to high quality workmanship and productivity.

- Opportunities to improve your company in ways you have never imagined.

Conducting the Survey Process

STEP 1

Preparatory Phase

First, be certain your management team is capable of responding appropriately to the results. A checklist of "precautionary terms" which your management team must agree to prior to implementation is listed below. Do not attempt this process unless:

- Your organization's highest ranking manager understands and is in agreement with all aspects of this process.

- You are prepared to hear the truth about how employees feel about your company, your management style, and your people.

- Your highest ranking manager (and you, if you're not already the big boss) are sincerely committed to following through with this process, to the end.

- You and your management team are able to take responsibility as managers for

The LifeFleet Experience, 1990-1994

The TDPI process was rolled out to all 14 LifeFleet operations nationwide in 1991.

The **Oklahoma City** operation, with approximately 400 employees, was in the process of starting a labor union.

Oklahoma City, 1991

One of the employees responsible for initiating the union movement confided in me:

"If this program had been started sooner, we never would have needed a union."

The LifeFleet Experience, 1990-1994

- **One of the KEY ISSUES this process identified was we had a dire need – nationwide – to implement a LEADERSHIP EDUCATION PROGRAM for all levels of management . . .**

The LifeFleet Experience, 1990-1994

- **We realized that most of our FIELD OPERATIONS SUPERVISORS (FOS) were chosen because they were the most clinically competent employees with high work ethics.**

- **But being "clinically competent" and having "good work ethics" does not mean an employee will be proficient at supervising and leading a workforce . . .**

The LifeFleet Experience, 1990-1994

- **"Secomerica University" -- a comprehensive leadership education program -- was developed and implemented nationwide.   It was mandatory for all newly appointed Field Supervisors.**

The LifeFleet Experience, 1990-1994

- **In addition to Leadership Training, we implemented a process where ALL LEVELS of LEADERSHIP -- from Field Operations Supervisors to the CEO – were evaluated annually *by the employees they directly supervised.***

- **SUBORDINATE EMPLOYEE INPUT became a key factor in the manager's evaluation; it determined the manager's overall score, merit increases – and in some cases – it determinted the manager's *continuance in his/her role.***

Leadership 101 . . .

Theory X and Theory Y Management Principles and Practices

- theories of human motivation and management created by MIT professor Douglas McGregor in the 1960s
- contrasting models of workforce motivation and leadership style based on the two opposing sets of general assumptions of how workers are motivated

THEORY X management:

- Based on these assumptions of the average worker:
  - average employee has little to no ambition
  - tries to avoid work or responsibilities
  - Know less about work process and product than management
- Management is solely responsible for the design and planning of work processes. Employees:
  - Must do as they're told
  - Should not have input into work process design
  - Must be carefully watched and supervised
  - Must be disciplined or rewarded based on their results

THEORY Y management:

- Based on these assumptions of the average worker:
  - Employee motivation is a result of management's design of work processes and the work environment
  - Will work hard and be responsible when they feel a sense of ownership of work processes.
  - May be *more knowledgeable* about specific facets of work processes and products than management
- Management solicits employee input into design of work processes:
  - Employee input is a key component of successful work process design, and results in "employee ownership "of work processes.
  - Employees who have "ownership" of work processes typically perform better, are self-motivated & self-directed.

THEORY Y management, continued:

- Management solicits employee input into design of work processes, *continued:*
  - Employees do not require micromanagement.
  - Must be rewarded for successful outcomes.
  - Failures must be studied for root-causes of problems, employees should be involved in development of solutions.
  - Education is usually required when employees fail.
  - Disciplinary action is a " last resort" for corrective action and is only used when employee failure results from blatant disregard for policies and procedures, when the employee " knew the right thing to do, but chose not to do it."

End products of Theories X and Y:

- **Theory X management style** =

  FORCED MINIMAL COMPLIANCE

- **Theory Y management style** = employees often *willingly and voluntarily* EXCEED ALL PERFORMANCE EXPECTATIONS.

TDPI

Is your tool to reinforce and enhance Theory Y Leadership in your organization.

TDPI

A process that collectively harnesses the brainpower of the entire workforce to:

TDPI

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- *Identify every issue which affects employee morale, productivity, quality and outcomes*

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A process that collectively harnesses the brainpower of the entire workforce to:

- *Identify every issue which affects employee morale, productivity, quality and outcomes*
- *Create a prioritized list of all issues in numerical order from most to least important to the workforce*
- *Provide a precise measurement of workforce morale, with projections for employee retention and turnover*

TDPI

A process that collectively harnesses the brainpower of the entire workforce to:

- *Identify every issue which affects employee morale, productivity, quality and outcomes*

- *Create a prioritized list of all issues in numerical order from most to least important to the workforce*

- *Provide a precise measurement of workforce morale, with projections for employee retention and turnover*

- *Provide a systematic approach for responding to every issue*

TDPI

A process that collectively harnesses the brainpower of the entire workforce to:

- *Identify every issue which affects employee morale, productivity, quality and outcomes*

- *Create a prioritized list of all issues in numerical order from most to least important to the workforce*

- *Provide a precise measurement of workforce morale, with projections for employee retention and turnover*

- *Provide a systematic approach for responding to every issue*

- *Engage the workforce in developing solutions to complex problems*

TDPI Indications:

- **Poor morale**
- **High turnover**
- **Low productivity**
- **Poor outcomes**
- **Fragmented workforce**
- **Tension between leadership and staff**

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- **Tension between leadership and staff**

It could be used in PROACTIVE ways, too !

TDPI Indications:

It could be used in PROACTIVE ways, too. . . .

- **Design more efficient / effective work processes**

- **To simply IMPROVE an organization that is ALREADY SUCCESSFUL and has minimal issues with Team Member job satisfaction**

TDPI – Proven Benefits:

- **Opens communication channels between leadership and staff**

- **Unifies staff**

- **Facilitates staff *buy-in* of improvement plans**

- **Gives staff *ownership* of work processes – because they helped to design them!**

- **Measurably improves morale**

- **Reduces staff turnover**

- **Identifies management development needs**

TDPI Absolute Requisites:

Theory X management philosophy is not conducive to the success of TDPI:

Senior Leadership MUST believe in and be supportive of the TDPI process

Theory X management philosophy is not conducive to the success of TDPI:

- In 1994, LifeFleet, the company where I developed, implemented and directed this successful process for nearly four years was acquired by Careline, Inc.

- *CareLine's corporate culture did not support this style of leadership . . . .*

Theory X management philosophy is not conducive to the success of TDPI:

"Why would we want to do anything like this? ***It's like letting the monkeys run the zoo."***

-- **R.S**., Careline Executive

1994

Theory X management philosophy is not conducive to the success of TDPI:

"Why would we want to do anything like this? ***It's like letting the monkeys run the zoo."***

         -- **R.S**., Careline Executive

         1994

His expression of such profound wisdom convinced me that . . . . .

. . . The MONKEYS were already in charge!!

. . . One year later . . .

- In 1995, with $175 million in debt and to avoid bankruptcy, Careline agrees to be purchased by the parent company of MedTrans.

- MedTrans was a highly successful ambulance company with a strong Theory Y leadership culture.

- Most of Careline's executive staff were not retained by MedTrans.

- Today MedTrans is part of AMR.

TDPI Absolute Requisites:

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- **Total "buy-in" to the TPDI process from the highest ranking leader with control over the work process design, budget and front-line supervisors.   *Ideally CEO level buy-in.***

TDPI Absolute Requisites:

- **Theory Y leadership philosophy**
- **Senior Leadership places the correction of poor employee morale as a top priority**
- **Total "buy-in" to the TPDI process from the highest ranking leader with control over the work process design, budget and front-line supervisors. *Ideally CEO level buy-in.***
- **The ability of all involved leaders to accept (sometimes harsh) criticisms about their own leadership style, actions and possible shortcomings -- *and to not react adversely***

The TDPI Facilitator should be:

- **able to demonstrate fluent knowledge of and competency in the total TDPI process**

- **an unbiased outsider whose only loyalty is to achieving the total success of the TDPI process**

- **able to earn and maintain the trust of all workforce team members that there will be TOTAL CONFIDENTIALITY regarding all issues presented in the Information Gathering Focus Group Sessions.**

- **comfortable with and capable of interacting with groups of angry, opinionated and potentially hostile individuals**

TDPI

How it works . . . . .

TDPI Step 1:

TDPI Facilitator meets with Senior Leadership:

- Explain TDPI process
- Explain Senior Leadership's role in the process:
  - Assure workforce that they will support the process
  - Assure workforce that they will not attempt to learn the identities of individual workers who expressed their concerns
  - Assure the workforce they will review the results and provide an answer to every issue

TDPI Step 2:

Conduct Information Gathering Focus Group Sessions:

- Schedule and Advertise Focus Group Sessions
  - Enough Focus Group sessions should be scheduled to accommodate all team members who wish to attend.
  - Maximum number: 20 participants per session.
  - All participants are instructed to "come prepared to discuss *the 5 best things about working here*, and *the 5 issues that are in most need of improvement*."

TDPI Step 2:
Conduct Information Gathering Focus Group Sessions:

- Each Focus Group session:
  - Should be conducted in a private setting
  - Each participant shares one item at a time: start with the "positives" and then the issues "in most need of improvement."
  - Facilitator keeps a record of each issue. Flip charts work well so everyone can see what has been presented

TDPI Step 3:
Creation of the Survey Tool:

- Every issue is listed, regardless of how "irrelevant" it appears to be.

- Every issue is converted into a "positive lukewarm statement." For example, if the issue presented is: "the food in the cafeteria is awful," the survey question will be: "The food served in the cafeteria is usually good."

TDPI Step 3:

Creation of the Survey Tool:

- On the survey form, participants will rate each issue using this scale:
    - 4 = "Strongly Agree
    - 3 = "Agree"
    - 2 = "Disagree"
    - 1 = "Strongly Disagree"

TDPI Step 3:
Creation of the Survey Tool:

- After every issue (survey question), there is a blank field titled, "Importance Points."

TDPI . . .
The *POWER* is in *THE NUMBERS !*

- Employees are asked to "go back and pick the TEN ISSUES that are MOST IMPORTANT to you."

TDPI . . .

The *POWER* is in *THE NUMBERS !*

- For the issue that is MOST IMPORTANT, write the number "10" in the Importance Points field.   The "second-most important issue is assigned "9 points," and so forth, down to assigning "1 point" to the 10th most important issue.

Team Driven Performance Improvement

Dynamic Work Environment Survey

Cardiac Catheterization Lab

26-Feb-

		4 = strongly agree				
			3 = agree			
				2 = disagree		
					1 = strongly disagree	
						Importance Value:

		4	3	2	1	
1	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	4	3	2	1	
2	Physicians are usually always on time for scheduled cases	4	3	2	1	
3	Cath Lab staff gets to eat lunch beflore being floated to relieve other departments for lunch	4	3	2	1	
4	The number of days we're "on-call" each month is acceptable	4	3	2	1	
5	Our call pay is adequate compenstation for being on call.	4	3	2	1	
6	The ER makes sure all patients who may need cardiac catheterization are referred to us	4	3	2	1	
7	The ER never puts us "on STEMI Bypass" because of ER patient volume	4	3	2	1	
8	We have good Policies & Procedures that cover managing patient case scheduling	4	3	2	1	
9	All Cardiologists treat us appropriately, with courtesy and mutual respect	4	3	2	1	
10	We should receive "call back pay" when we have to stay late (after 5 or 6pm)	4	3	2	1	
11	All Cath Lab employees should have to take call	4	3	2	1	
12	Our payroll hours are accurately reported	4	3	2	1	
13	We get call pay for every hour that we're on call	4	3	2	1	
14	We have Policies & Procedures that adequately cover everything we do	4	3	2	1	
15	I feel that I can express my opinions to department management without fear of retaliation	4	3	2	1	
16	I feel that I can express my opinions to senior management without fear of retaliation	4	3	2	1	
17	There is adequate communication between department management and our staff	4	3	2	1	
18	There is adequate communication between senior management and our staff	4	3	2	1	
19	Team members from other departments respect us for what we do and treat us well	4	3	2	1	
20	Other deparmtnets, such as ICU and CPCU should be trained and required to pull sheaths	4	3	2	1	
21	Our Department Director is usually here and available to handle issues	4	3	2	1	
22	Positive reinforcement is the primary motivation tool used by senior management	4	3	2	1	
23	Positive reinforcement is the primary motivation tool used by department management	4	3	2	1	
24	Because we all work together as a team, we should be allowed to eat in the cafeteria as a tea	4	3	2	1	
25	I think we would benefit greatly if _____ were made a permanent member of our team	4	3	2	1	

TDPI Step 4:
Conduct the Survey Process:

- It is critical to the success of this process that the following guidelines are met:
  - 100% of the workforce population should complete a survey. . . Even those who did NOT attend a Focus Group session.
  - Employees must be assured that all results are CONFIDENTIAL; no members of the organization's leadership will see any of the individual forms; only the tabulated results.

TDPI Step 4:
Conduct the Survey Process:

- An electronic on-line tool such as "Survey Monkey" is ideal for this process. This allows:
  - Employees to take the survey at a time and place of their choosing, assuring anonymity.
  - Each employee's participation is accounted for:
    - Nobody is completing more than one survey
    - Every employee gets "checked off" when they complete a survey.

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From little questions to big decisions, we'll help you get it right.

TDPI Step 4:
Conduct the Survey Process:

- The following slide is an example of a survey that has been completed by an employee. . . .

Team Driven Performance Improvement
Dynamic Work Environment Survey

Cardiac Catheterization Lab

26-Feb-

		4 = strongly agree				
		3 = agree				
		2 = disagree				
		1 = strongly disagree				
	Statement	4	3	2	1	Importance Value:
1	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	4	3	(2)	1	2
2	Physicians are usually always on time for scheduled cases	4	3	(2)	1	1
3	Cath Lab staff gets to eat lunch beflore being floated to relieve other departments for lunch	4	3	(2)	1	
4	The number of days we're "on-call" each month is acceptable	4	3	2	(1)	9
5	Our call pay is adequate compenstation for being on call.	4	3	2	(1)	10
6	The ER makes sure all patients who may need cardiac catheterization are referred to us	4	(3)	2	1	
7	The ER never puts us "on STEMI Bypass" because of ER patient volume	4	(3)	2	1	
8	We have good Policies & Procedures that cover managing patient case scheduling	4	(3)	2	1	
9	All Cardiologists treat us appropriately, with courtesy and mutual respect	4	3	2	(1)	8
10	We should receive "call back pay" when we have to stay late (after 5 or 6pm)	(4)	3	2	1	5
11	All Cath Lab employees should have to take call	4	(3)	2	1	
12	Our payroll hours are accurately reported	4	(3)	2	1	
13	We get call pay for every hour that we're on call	4	3	(2)	1	
14	We have Policies & Procedures that adequately cover everything we do	4	3	2	(1)	7
15	I feel that I can express my opinions to department management without fear of retaliation	4	(3)	2	1	
16	I feel that I can express my opinions to senior management without fear of retaliation	4	(3)	2	1	
17	There is adequate communication between department management and our staff	4	(3)	2	1	
18	There is adequate communication between senior management and our staff	4	(3)	2	1	
19	Team members from other departments respect us for what we do and treat us well	4	3	2	(1)	4
20	Other deparmtnets, such as ICU and CPCU should be trained and required to pull sheaths	(4)	3	2	1	6
21	Our Department Director is usually here and available to handle issues	4	(3)	2	1	
22	Positive reinforcement is the primary motivation tool used by senior management	4	(3)	2	1	
23	Positive reinforcement is the primary motivation tool used by department management	4	(3)	2	1	
24	Because we all work together as a team, we should be allowed to eat in the cafeteria as a tea	(4)	3	2	1	3
25	I think we would benefit greatly if _____ were made a permanent member of our team	4	(3)	2	1	

TDPI Step 4:

Conduct the Survey Process:

- Note the "Importance Points" column at the far right side of the form

- The "Importance Points" rating is what makes TDPI a very powerful tool for helping leaders to identify issues of most importance to their workforce.

- The issues with the **highest importance scores** should be **addressed first.**

We total the number of IMPORTANCE POINTS that were assigned to each question. The issue with the HIGHEST number of points is the MOST IMPORTANT to your staff.

						Importance Value:
	4 = strongly agree					
		3 = agree				
			2 = disagree			
				1 = strongly disagree		

#	Question	4	3	2	1	Importance Value
1	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	4	3	(2)	1	2
2	Physicians are usually always on time for scheduled cases	4	3	(2)	1	1
3	Cath Lab staff gets to eat lunch beflore being floated to relieve other departments for lunch	4	3	(2)	1	
4	The number of days we're "on-call" each month is acceptable	4	3	2	(1)	9
5	Our call pay is adequate compenstation for being on call.	4	3	2	(1)	10
6	The ER makes sure all patients who may need cardiac catheterization are referred to us	4	(3)	2	1	
7	The ER never puts us "on STEMI Bypass" because of ER patient volume	4	(3)	2	1	
8	We have good Policies & Procedures that cover managing patient case scheduling	4	(3)	2	1	
9	All Cardiologists treat us appropriately, with courtesy and mutual respect	4	3	2	(1)	8
10	We should receive "call back pay" when we have to stay late (after 5 or 6pm)	(4)	3	2	1	5
11	All Cath Lab employees should have to take call	4	(3)	2	1	
12	Our payroll hours are accurately reported	4	(3)	2	1	
13	We get call pay for every hour that we're on call	4	3	(2)	1	
14	We have Policies & Procedures that adequately cover everything we do	4	3	2	(1)	7
15	I feel that I can express my opinions to department management without fear of retaliation	4	(3)	2	1	
16	I feel that I can express my opinions to senior management without fear of retaliation	4	(3)	2	1	
17	There is adequate communication between department management and our staff	4	(3)	2	1	
18	There is adequate communication between senior management and our staff	4	(3)	2	1	
19	Team members from other departments respect us for what we do and treat us well	4	3	2	(1)	4
20	Other deparmtnets, such as ICU and CPCU should be trained and required to pull sheaths	(4)	3	2	1	6
21	Our Department Director is usually here and available to handle issues	4	(3)	2	1	
22	Positive reinforcement is the primary motivation tool used by senior management	4	(3)	2	1	
23	Positive reinforcement is the primary motivation tool used by department management	4	(3)	2	1	
24	Because we all work together as a team, we should be allowed to eat in the cafeteria as a tea	(4)	3	2	1	3
25	I think we would benefit greatly if _____ were made a permanent member of our team	4	(3)	2	1	

TDPI Step 5:

Processing Survey Results:

- Electronic tools (such as Survey Monkey) make it easy to calculate the total values of all survey questions, including adding together all of the "Importance Points" assigned to each issue.

- A spreadsheet program (such as Excel) is very helpful, too.   I've used Excel for the processing of all survey results. . . . .

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Team Driven Performance Improvement (TDPI) Survey - Tabulated Results

Cardiac Catheterization Lab

26-Feb-14

Listed in order from MOST IMPORTANT to LEAST IMPORTANT, as rated by 7 team members

4 = strongly agree
3 = agree
2 = disagree
1 = strongly disagree

#	Statement	4	3	2	1	Avg Score	Avg Response	Importance Value: Total
1	Our call pay is adequate compensation for being on call.	0	0	0	7	1.00	Strongly Disagree	55
2	The number of days we're "on-call" each month is acceptable	0	1	0	6	1.29	Strongly Disagree	36
3	We have Policies & Procedures that adequately cover everything we do	0	0	3	4	1.43	Strongly Disagree	35
4	All Cardiologists treat us appropriately, with courtesy and mutual respect	0	0	2	5	1.29	Strongly Disagree	31
5	All Cath Lab employees should have to take call	5	0	2	0	3.43	Strongly Agree	27
6	Team members from other departments respect us for what we do and treat us well	0	0	1	6	1.14	Strongly Disagree	24
7	I think we would benefit greatly if Sharon were made a permanent member of our team	6	1	0	0	3.86	Strongly Agree	24
8	Positive reinforcement is the primary motivation tool used by department management	0	0	2	5	1.29	Strongly Disagree	23
9	We get call pay for every hour that we're on call	0	0	1	6	1.14	Strongly Disagree	18
10	We should receive "call back pay" when we have to stay late (after 5 or 6pm)	6	1	0	0	3.86	Strongly Agree	18
11	Other deparmtnets, such as ICU and CPCU should be trained and required to pull sheaths	6	1	0	0	3.86	Strongly Agree	17
12	Our payroll hours are accurately reported	0	2	2	3	1.86	Disagree	16
13	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	0	3	3	1	2.29	Disagree	12
14	We have good Policies & Procedures that cover managing patient case scheduling	0	0	3	4	1.43	Strongly Disagree	9
15	Physicians are usually always on time for scheduled cases	0	0	4	3	1.71	Disagree	8
16	Positive reinforcement is the primary motivation tool used by senior management	0	0	2	5	1.33	Strongly Disagree	8
17	Cath Lab staff gets to eat lunch beflore being floated to relieve other departments for lunch	0	1	4	2	1.86	Disagree	8
18	There is adequate communication between department management and our staff	0	0	6	1	1.86	Disagree	7
19	Our Department Director is usually here and available to handle issues	0	1	4	2	1.86	Disagree	6
20	Because we all work together as a team, we should be allowed to eat in the cafeteria as a tea	6	1	0	0	3.86	Strongly Agree	6
21	I feel that I can express my opinions to senior management without fear of retaliation	0	2	1	3	1.83	Disagree	2
22	There is adequate communication between senior management and our staff	0	0	3	3	1.50	Disagree	2
23	I feel that I can express my opinions to department management without fear of retaliation	1	2	2	1	2.29	Disagree	1
24	The ER makes sure all patients who may need cardiac catheterization are referred to us	0	2	3	0	2.40	Disagree	0
25	The ER never puts us "on STEMI Bypass" because of ER patient volume	0	2	3	0	2.25	Disagree	0

A closer view of the highest rated issues:

Listed in order from MOST IMPORTANT to LEAST IMPORTANT, as rated by 7 team members

1 = strongly disagree

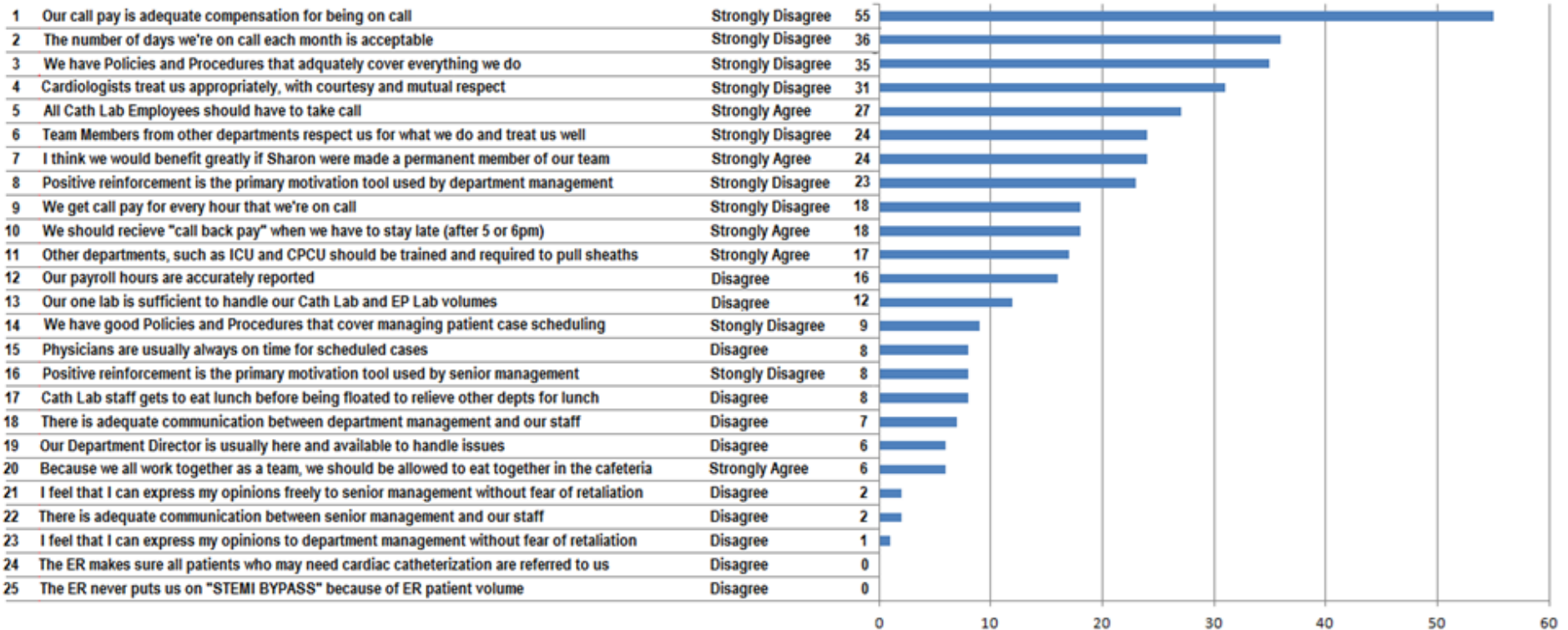|	Issue	Avg Score:	Avg Response:	Importance Value: Total:
1	Our call pay is adequate compensation for being on call.	1.00	Strongly Disagree	55
2	The number of days we're "on-call" each month is acceptable	1.29	Strongly Disagree	36
3	We have Policies & Procedures that adequately cover everything we do	1.43	Strongly Disagree	35
4	All Cardiologists treat us appropriately, with courtesy and mutual respect	1.29	Strongly Disagree	31
5	All Cath Lab employees should have to take call	3.43	Strongly Agree	27
6	Team members from other departments respect us for what we do and treat us well	1.14	Strongly Disagree	24
7	I think we would benefit greatly if Sharon were made a permanent member of our team	3.86	Strongly Agree	24
8	Positive reinforcement is the primary motivation tool used by department management	1.29	Strongly Disagree	23
9	We get call pay for every hour that we're on call	1.14	Strongly Disagree	18
10	We should receive "call back pay" when we have to stay late (after 5 or 6pm)	3.86	Strongly Agree	18
11	Other deparmtnets, such as ICU and CPCU should be trained and required to pull sheaths	3.86	Strongly Agree	17
12	Our payroll hours are accurately reported	1.86	Disagree	16
13	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	2.29	Disagree	12
14	We have good Policies & Procedures that cover managing patient case scheduling	1.43	Strongly Disagree	9
15	Physicians are usually always on time for scheduled cases	1.71	Disagree	8
16	Positive reinforcement is the primary motivation tool used by senior management	1.33	Strongly Disagree	8

TDPI Step 5:

Processing Survey Results:

- Use of graphs and charts, such as those available on Microsoft Excel, make it easy to illustrate the importance of all issues, as they are perceived by the total population of your workforce . . . . .

TDPI Results
First Generation

#	Statement	Response	Count
1	Our call pay is adequate compensation for being on call	Strongly Disagree	55
2	The number of days we're on call each month is acceptable	Strongly Disagree	36
3	We have Policies and Procedures that adquately cover everything we do	Strongly Disagree	35
4	Cardiologists treat us appropriately, with courtesy and mutual respect	Strongly Disagree	31
5	All Cath Lab Employees should have to take call	Strongly Agree	27
6	Team Members from other departments respect us for what we do and treat us well	Strongly Disagree	24
7	I think we would benefit greatly if Sharon were made a permanent member of our team	Strongly Agree	24
8	Positive reinforcement is the primary motivation tool used by department management	Strongly Disagree	23
9	We get call pay for every hour that we're on call	Strongly Disagree	18
10	We should recieve "call back pay" when we have to stay late (after 5 or 6pm)	Strongly Agree	18
11	Other departments, such as ICU and CPCU should be trained and required to pull sheaths	Strongly Agree	17
12	Our payroll hours are accurately reported	Disagree	16
13	Our one lab is sufficient to handle our Cath Lab and EP Lab volumes	Disagree	12
14	We have good Policies and Procedures that cover managing patient case scheduling	Stongly Disagree	9
15	Physicians are usually always on time for scheduled cases	Disagree	8
16	Positive reinforcement is the primary motivation tool used by senior management	Stongly Disagree	8
17	Cath Lab staff gets to eat lunch before being floated to relieve other depts for lunch	Disagree	8
18	There is adequate communication between department management and our staff	Disagree	7
19	Our Department Director is usually here and available to handle issues	Disagree	6
20	Because we all work together as a team, we should be allowed to eat together in the cafeteria	Strongly Agree	6
21	I feel that I can express my opinions freely to senior management without fear of retaliation	Disagree	2
22	There is adequate communication between senior management and our staff	Disagree	2
23	I feel that I can express my opinions to department management without fear of retaliation	Disagree	1
24	The ER makes sure all patients who may need cardiac catheterization are referred to us	Disagree	0
25	The ER never puts us on "STEMI BYPASS" because of ER patient volume	Disagree	0

TDPI Step 5:
Processing Survey Results:

- Next, we developed a simple formula to calculate the value (percentage) of EACH ISSUE with respect to 100% of ALL problematic issues identified within an organization.

The next several slides show how we determine what percent each issue is worth . . . . .

TDPI Step 5:
Processing Survey Results:

- To arrive at a numerical importance value for each issue, we use the following formula:

$$TNS \times 55 = TPP$$
$$TPA / TPP = \% \text{ of } TPP$$

TNS X 55 = TPP
TPA / TPP = % of TPP

TNS = Total Number of Surveys

TPP = Total number of Points Possible

TPA = Total Points Assigned (to a question)

"Breaking it down" . . . .

- Every employee has a total of 55 points to award (10+9+8+7+6+5+4+3+2+1 = 55)

- Total number of surveys X 55 = total number of importance points possible (TPP)

- In our example, we had 7 employees X 55 points each = 385 points total.

- The highest rated issue was awarded a total of 55 points.

TNS X 55 = TPP
TPA / TPP = % of TPP

7 X 55 = 385
55/385 = 0.14285714   (14%)

TNS = Total Number of Surveys
TPP = Total number of Points Possible
TPA = Total Points Assigned (to a question)

TNS X 55 = TPP
TPA / TPP = % of TPP

We use this formula to create meaningful charts, graphs and other helpful tools . . . . .

Don't worry . . . If you are not a math guru, that's OK . . That's what programs like Excel are for. They can "do the math" for you, and then create charts and graphs which visually illustrate the relevance of all issues, like the pie chart on the next page . . . .

BY ADDRESSING the TOP SIX ISSUES (of 25 listed in the SURVEY)
We could ELIMINATE 53% of ALL PERCEIVED PROBLEMS in the CARDIAC CATH LAB

1. **Our call pay is inadequate = 14%**

2. **Number of days per month on call unacceptable = 9%**

3. **We have inadequate policies and procedures to cover everything we do = 9%**

4. **All Cardiologists do not treat us appropriately, with mutual respect = 8%**

5. **All Cath Lab employees should have to take call = 7%**

6. **Team members from other departments do not respect us for what we do or treat us well = 6%**

14%
9%
9%
8%
7%
6%

The **TOP SIX ISSUES** constituted

53%
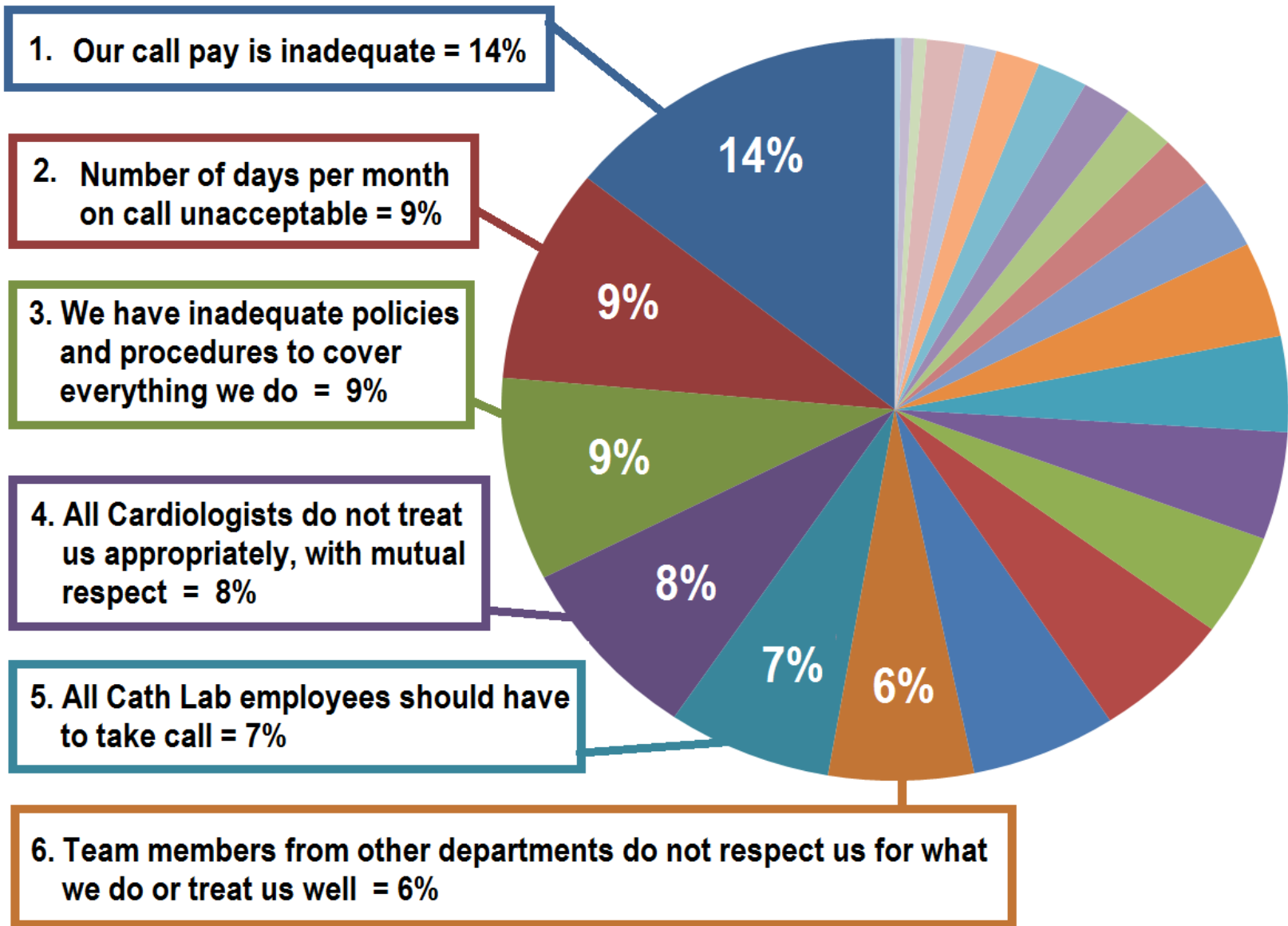
of all perceived problems
in the Cath Lab

To determine how much of an impact each issue has on:

- employee retention
- employee morale

we compare the *survey results* to the score of the "Morale Measurement Tool" . . . .

Morale Measurement Tool

Circle the number to right of the paragraph that most accurately describes how you feel about your current role	
This is probably the best job I have ever had. I am thoroughly pleased to work here. There are very few problems here. I have no thoughts of seeking employment elsewhere, and I can easily see myself working here for the remainder of my career.	**10**
This is one of the better jobs I've had. I am usually very satisfied with my job here. We have some problems, but for the most part, they're fixable issues and they don't really affect my overall job satisfaction. I would consider leaving if an impressive offer came along from from another facility, but I'm not seeking employment opportunites elsewhere.	**8**
This is job is slightly above average when compared to my previous jobs. Most days I'm glad to be here, although there are some days I wish I were somewhere else. There are many problems here, but most could be fixed. Sometimes I casually scan the "help wanted ads" for other facilities, but not too aggressively. If some of the problems were fixed, this would be a great place to work and I would probably never peruse the "help wanted" ads.	**6**
This job is "less than average" when compared to my previous ones. On more days than not, I'm not happy to be here. There are many problems here. I am actively seeking employement opportunities elsewhere. If some of the problems were fixed, I would probably like my job here, and would stop looking elsewhere.	**4**
This is one of the poorer jobs I've had. For the most part, I'm not happy here. There are a critical number of problems here, and they have a serious negative impact on my work experience. I am aggressively seeking opportunites elsewhere, and will accept the next job that comes along that will meet my needs. If some of the problems were fixed, and it appeared others were being addressed, I would want to stay here.	**2**
This is the worst job I've ever had in my life. There is rarely, if ever, a day where I'm happy to be here. This place is plagued with an insurmountable number of problems, and I really don't think they can ever be fixed. I'm very aggressively looking elsewhere, and at this point, I will take ANYTHING else that comes along that can even remotely satisfy my financial needs. There is nothing anyone can do here that would change my mind about leaving.	**0**

Relevance of
Morale Measurement:

- Lower morale numbers intensify the urgency to address problematic issues.   For example:
  - *If everyone circled "10," indicating this is the best job they've ever had, there would be less urgency to address issues.*
  - If half the workforce circled 4 or less, you stand to lose those employees in the not-too-distant future; if your lab couldn't run without those 4 employees, *the issues must be addressed STAT!*

The next slide is from our "Sample Cath Lab," which consists of 7 employees.

It's the final report from our "Morale Measurement Tool" . . . .

Circle the number to right of the paragraph that most accurately describes how you feel about your current role here.

This is probably the best job I have ever had. I am thoroughly pleased to work here. There are very few problems here. I have no thoughts of seeking employment elsewhere, and I can easily see myself working here for the remainder of my career.

10

This is one of the better jobs I've had. I am usually very satisfied with my job here. We have some problems, but for the most part, they're fixable issues and they don't really affect my overall job satisfaction. I would consider leaving if an impressive offer came along from from another facility, but I'm not seeking employment opportunites elsewhere.

8   **1 employee selected this**

This is job is slightly above average when compared to my previous jobs. Most days I'm glad to be here, although there are some days I wish I were somewhere else. There are many problems here, but most could be fixed. Sometimes I casually scan the "help wanted ads" for other facilities, but not too aggressively. If some of the problems were fixed, this would be a great place to work and I would probably never peruse the "help wanted" ads.

6   **4 Team Members selected this**

5.71 average score

This job is "less than average" when compared to my previous ones. On more days than not, I'm not happy to be here. There are many problems here. I am actively seeking employement opportunities elsewhere. If some of the problems were fixed, I would probably like my job here, and would stop looking elsewhere.

4   **2 Team Members selected this**

This is one of the poorer jobs I've had. For the most part, I'm not happy here. There are a critical number of problems here, and they have a serious negative impact on my work experience. I am aggressively seeking opportunites elsewhere, and will accept the next job that comes along that will meet my needs. If some of the problems were fixed, and it appeared others were being addressed, I would want to stay here.

2

This is the worst job I've ever had in my life. There is rarely, if ever, a day where I'm happy to be here. This place is plagued with an insurmountable number of problems, and I really don't think they can ever be fixed. I'm very aggressively looking elsewhere, and at this point, I will take ANYTHING else that comes along that can even remotely satisfy my financial needs. There is nothing anyone can do here that would change my mind about leaving.

0

Relevance of
Morale Measurement - RESULTS from our "Sample Cath Lab":

- 7 employees in our Sample Cath Lab (10 is "ideal staffing")

- 2 employees indicated they were actively looking elsewhere, and 4 "passively looking" for other opportunities. . . . . .

Relevance of
Morale Measurement - RESULTS from our "Sample Cath Lab":

- **LOSS OF TWO MORE EMPLOYEES would require the remaining 5 to be on call 24 days out of every 30 . . .**
- **The demands of being on call 24 days out of every 30 days would quickly wear down the remaining 5 employees. It this issue is not quickly resolved, it could result in our loss of the remaining 5 employees. Our cardiology program would fail . . .**

*Senior leadership considered the survey findings to be indicative of a **critical problem**, one that could potentially jeopardize the hospital's cardiac program.   All attention was now being focused on "**fixing the issues in the Cath Lab**" . . .*
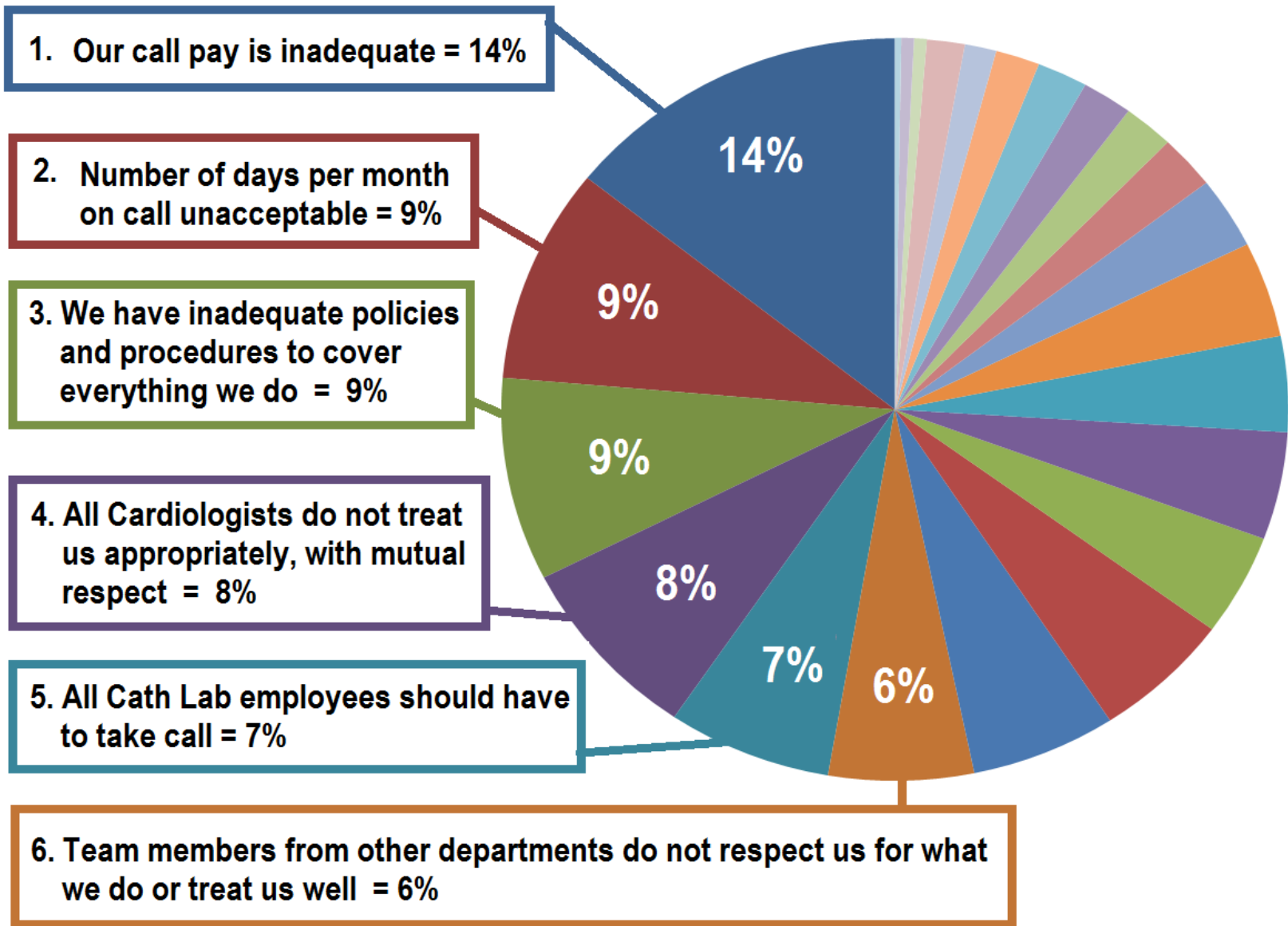
Since the TOP SIX ISSUES
constituted

53%

of all perceived problems
in the Cath Lab,
we focused on ADDRESSING ALL
SIX ISSUES

BY ADDRESSING the TOP SIX ISSUES (of 25 listed in the SURVEY)
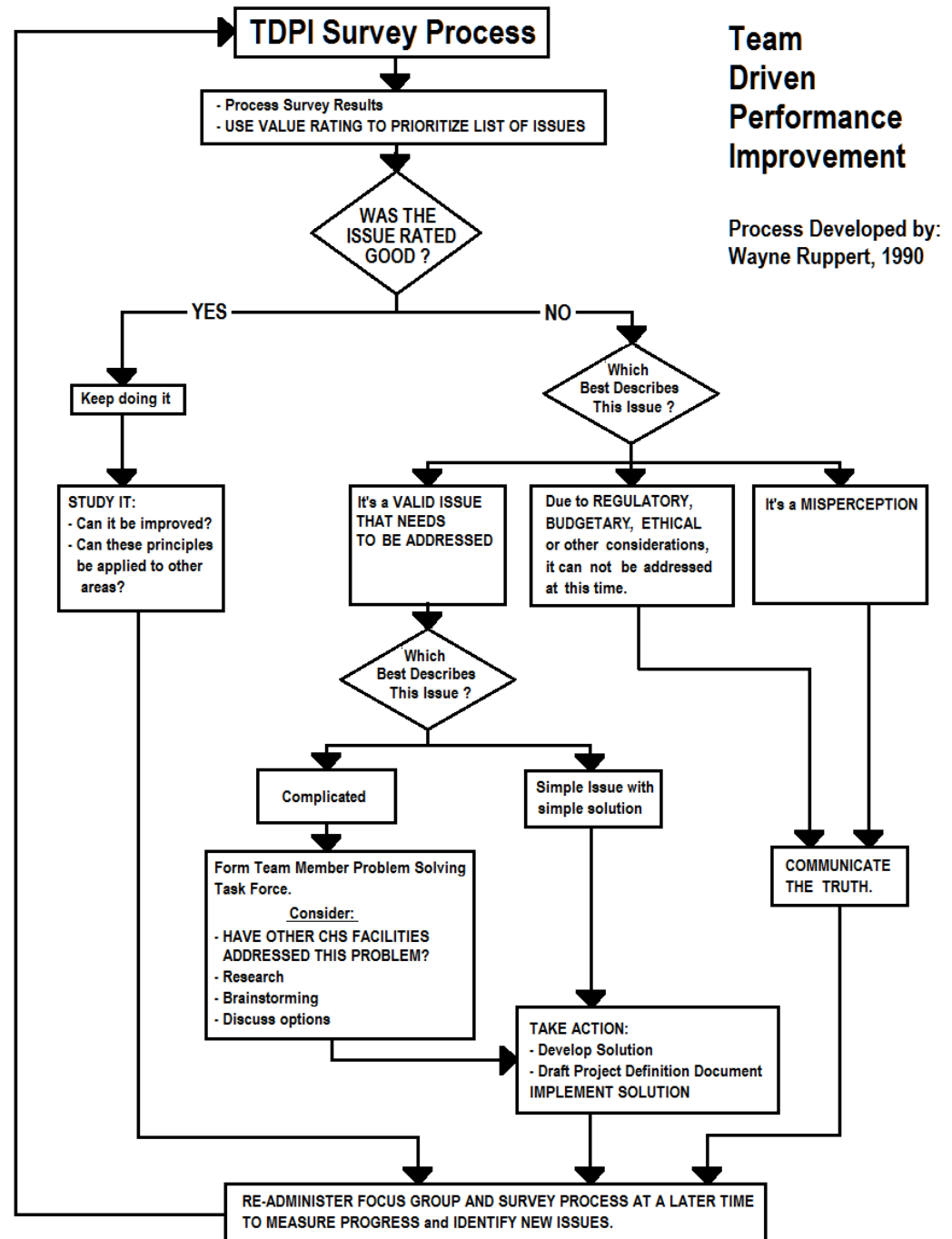## We could ELIMINATE 53% of ALL PERCEIVED PROBLEMS in the CARDIAC CATH LAB

1. **Our call pay is inadequate = 14%**

2. **Number of days per month on call unacceptable = 9%**

3. **We have inadequate policies and procedures to cover everything we do = 9%**

4. **All Cardiologists do not treat us appropriately, with mutual respect = 8%**

5. **All Cath Lab employees should have to take call = 7%**

6. **Team members from other departments do not respect us for what we do or treat us well = 6%**

14%

9%

9%

8%

7%

6%

TDPI Step: 6
Leadership's Response
to Survey Results:

Process EACH ISSUE using the

SURVEY PROCESSING FLOWCHART . . . . .

Survey Processing Flowchart

This flowchart is used to process *every issue* listed on the survey . . .

TDPI Survey Process

- Process Survey Results
- USE VALUE RATING TO PRIORITIZE LIST OF ISSUES

Team Driven Performance Improvement

Process Developed by:
Wayne Ruppert, 1990

WAS THE ISSUE RATED GOOD ?

YES → Keep doing it → STUDY IT:
- Can it be improved?
- Can these principles be applied to other areas?

NO → Which Best Describes This Issue ?

- It's a VALID ISSUE THAT NEEDS TO BE ADDRESSED
- Due to REGULATORY, BUDGETARY, ETHICAL or other considerations, it can not be addressed at this time.
- It's a MISPERCEPTION

Which Best Describes This Issue ?

- Complicated → Form Team Member Problem Solving Task Force.
  Consider:
  - HAVE OTHER CHS FACILITIES ADDRESSED THIS PROBLEM?
  - Research
  - Brainstorming
  - Discuss options

- Simple Issue with simple solution

TAKE ACTION:
- Develop Solution
- Draft Project Definition Document
IMPLEMENT SOLUTION

COMMUNICATE THE TRUTH.

RE-ADMINISTER FOCUS GROUP AND SURVEY PROCESS AT A LATER TIME TO MEASURE PROGRESS and IDENTIFY NEW ISSUES.

TDPI Step: 6
Leadership's Response to Survey Results:

In our "Sample Cath Lab," we used the Survey Processing Flowchart to address the top six issues:

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate

- Too many days on call

- Inadequate Policies and Procedures

- Cardiologists rude / disrespectful

- Certain Cath Lab employees were "exempt" from taking call

- Other departments do not treat us with mutual respect

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- **Call pay is inadequate**

To address the above issue, we did an analysis of "call pay" for hospitals in four surrounding counties. We discovered we were the LOWEST, by nearly $2 per hour. We presented these statistics . . . Along with the SURVEY RESULTS . . To "the home office."

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- **Call pay is inadequate**

When the HOME OFFICE saw our "comparative call pay analysis" of 10 hospitals in the surrounding counties, combined with our SURVEY RESULTS (with the results of the MORALE CALIBRATION QUESTION highlighted) - - - *they approved a GENEROUS INCREASE in call pay!*

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate
- **Too many days on call**

When the CALL PAY was increased, it FIXED the second problem . . . Now everyone WANTED TO TAKE MORE CALL !!   People were asking to take other people's call !!

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate
- Too many days on call
- **Inadequate Policies and Procedures**

A TASK FORCE comprised of Cath Lab employees tackled the issue of re-writing all Policies and Procedures. By having INPUT into all policies and procedures, staff members WILLINGLY complied . . Because it was THEIR WORK!

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate
- Too many days on call
- Inadequate Policies and Procedures
- **Cardiologists rude / disrespectful**

This can be a complicated and challenging issue to manage.

Here is how we handled it . . . .

Cardiologists rude / disrespectful

- It was a small minority of the cardiologists causing this problem

- Most of them were regarded as "polite, professional and usually easy to work with."

Cardiologists rude / disrespectful

As is true in most situations, we learned that it was a small minority of the doctors who engaged in <u>unprofessional bullying behaviors.</u>

We went to the next Medical Executive Committee and Cardiology Subsection Meeting and delivered the following message:

"We recently concluded a survey program to determine the cause of morale issues within our Cath Lab. Team members communicated to us: *"Some of our cardiologists are rude and disrespectful."* This issue was rated as FOURTH out of 25 issues . . . .

We explained that the episodes of "inappropriate treatment of our Cath Lab staff" appear to be the work of only two or three physicians; most of our cardiologists are professional and courteous. . . .

. . . . "However regarding the two or three who are frequently rude and disrespectful to our staff, we consider this a VIOLATION of JOINT COMMISSION BEST PRACTICES, and such behavior has been proven to lead to SENTINEL EVENTS . . .

The JOINT COMMISSION Sentinel Event Alert titled, "BEHAVIORS THAT UNDERMINE A CULTURE OF SAFETY" was distributed to all physicians present at the meeting . . . .

TJC takes stance on reporting "disruptive physician behavior"

Sentinel Event Alert

July 09, 2008

Issue 40, July 9, 2008

Behaviors that undermine a culture of safety

Intimidating and disruptive behaviors can foster medical errors,(1,2,3) contribute to poor patient satisfaction and to preventable adverse outcomes,(1,4,5) increase the cost of care,(4,5) and cause qualified clinicians, administrators and managers to seek new positions in more professional environments. (1,6) Safety and quality of patient care is dependent on teamwork, communication, and a collaborative work environment. To assure quality and to promote a culture of safety, health care organizations must address the problem of behaviors that threaten the performance of the health care team.

Intimidating and disruptive behaviors include overt actions such as verbal outbursts and physical threats, as well as passive activities such as refusing to perform assigned tasks or quietly exhibiting uncooperative attitudes during routine activities. Intimidating and disruptive behaviors are often manifested by health care professionals in positions of power. Such behaviors include reluctance or refusal to answer questions, return phone calls or pages; condescending language or voice intonation; and impatience with questions.(2) Overt and passive behaviors undermine team effectiveness and can compromise the safety of patients.(7, 8, 11) All intimidating and disruptive behaviors are unprofessional and should not be tolerated.

The majority of health care professionals enter their chosen discipline for altruistic reasons and have a strong interest in caring for and helping other human beings. The preponderance of these individuals carry out their duties in a manner consistent with this idealism and maintain high levels of professionalism. The presence of intimidating and disruptive behaviors in an organization, however, erodes professional behavior and creates an unhealthy or even hostile work environment – one that is readily recognized by patients and their families. Health care organizations that ignore these behaviors also expose themselves to litigation from both employees and patients. Studies link patient complaints about unprofessional, disruptive behaviors and malpractice risk.(13,14,15) "Any behavior which impairs the health care team's ability to function well creates risk," says Gerald Hickson, M.D., associate dean for Clinical Affairs and director of the Center for Patient and Professional Advocacy at Vanderbilt University Medical Center. "If health care organizations encourage patients and families to speak up, their observations and complaints, if recorded and fed back to organizational leadership, can serve as part of a surveillance system to identify behaviors by members of the health care team that create unnecessary risk."

CLICK HERE to download this JOINT COMMISSION paper in its entirety . . . . .

As such, the physicians were told that "all Cath Lab staff members have been ORDERED to REPORT EVERY INCIDENT of "Disruptive Physician Behavior" in the Event Reporting System (ERS). . . And EVERY INCIDENT will be investigated and reported to our PEER REVIEW COMMITTEE.

By bringing this issue, that of "disruptive physician behavior" to the attention of our cardiologists, combined with the message that we are *ORDERING our employees to write up every event* – because it's in direct violation of TJC standards – got their attention.

In the following months, only ONE episode of unprofessional physician behavior occurred. The event was investigated and taken before the Physician Peer Review Committee.   There have been no reported incidents since.

Other resources to aid in managing "disruptive behavior:"

- [Click here to download sample of The Joint Commission's handbook for Handling Disruptive Physicians](#)

- [Click here to download full PDF copy of "Managing Disruptive Behavior- Creating a Healthy Workplace Culture" by the Advisory Board Academies.](#)

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate
- Too many days on call
- Inadequate Policies and Procedures
- Cardiologists rude / disrespectful
- **Certain Cath Lab employees were "exempt" from taking call**

This was considered to be a "simple issue with a simple solution" . . . All qualified CCL employees became required to take their share of call.

We used the FLOWCHART to address Sample Cath Lab's Top 6 issues:

- Call pay is inadequate

- Too many days on call

- Inadequate Policies and Procedures

- Cardiologists rude / disrespectful

- Certain Cath Lab employees were "exempt" from taking call

- **Other departments do not treat us with mutual respect**

"Other departments do not treat us with mutual respect"

Cath Lab team members decided to actively engage in practices and behaviors that demonstrated friendliness and willingness to help others. They pulled sheaths in the units, started PIC lines and ultrasound-assisted IVs to help nurses. In addition, several CCL team members taught classes and in-services. These actions resulted in a notable improvement in the relationship between CCL team members and other hospital employees.

TDPI Step: 7

Repeat the progress at a later date to measure improvement

In our "Sample Cath Lab," the entire TDPI process was repeated approximately SEVEN MONTHS later.

None of the original "6 worst issues" were listed on the follow-up survey.

TDPI Step: 7

Repeat the progress at a later date to measure improvement

PROOF of TDPI's success in our Sample Cath Lab was that the MORALE MEASUREMENT TOOL indicated employee morale had

IMPROVED BY 20 PERCENT! . . . .

TDPI Process Success:
20% Improvement in Team Member Morale

Follow up Survey 7 months later

Original Survey

RETENTION ALERT VALUE;   < 6.0

Suvery completed:	Feb 2014	Sept 2014
10 This is probably the best job I have ever had. I am thoroughly pleased to work here. There are very few problems here. I have no thoughts of seeking employment elsewhere, and I can easily see myself working here for the remainder of my career.		
8 Thsi if one of the best job Ive had. I am usually very satisfied working here We have some problems, but for the most part, they're fixable issues that don't really affect my overall job satisfaction.. I would consider leaving if an impressive job offer came along, but I'm not seeing employment elsewhere.	∎	∎ ∎ ∎ ∎ ∎ ∎ AVG: 7.71
6 This job is above average when compared to my previous jobs. Most days I'm glad to be here. There are many problems here, but most could be fixed. Sometimes I peruse the "help-wanted" ads, but not too aggressively. If some of the problems here were fixed, this place would be a great place to work and I would probably never peruse the help-wanted ads.	∎ ∎ ∎ ∎	∎
4 This job is less-than-average wehn compared to my previous ones. On more days than not, I'm not happy to be here. There are many problems here. I am actively seeking employment opportunities elsewhere. I some problems were fixed, I would probably like my job here, and would stop looking elsewhere for employment.	∎ ∎ AVG: 5.71	
2 This is one of the poorer jobs of my career. For the most part, I am not happy here. There are a number of critical problems here, and they have a serious negative impact on my work experience. I am aggressively seeking employment opportrnities elsewhere, and will accept the next job that comes along that will meet my needs. If many problems were fixed, I would want to stay here.		
0 This is the worst job I've ever had. There is rarely, if ever, a day where I'm happy to be here. This place is plagued with insurmountable problems. I'm aggressively looking elsewhere and will take ANYTHING that comes along that meets my financial needs. There is NOTHING anyone can do here that would change my mind about leaving.		

- ORIGINAL SURVEY: ONE team member out of SEVEN indicated that working here was "one of the best job's I've ever had" and "I'm not seeking employment elsewhere."

- FOLLOW-UP SURVEY: SIX out of SEVEN team members indicated working here is "one of the best job's I've ever had" and "I'm not seeking employment elsewhere."

- Today, as I finished writing this program, I spoke with the Cath Lab Manager, who informed me that "everyone is happy working here."

And, by the way, last month the lab's average Door-to-PCI time was 33 MINUTES !!! ☺

? ? ?

Thank you ! . . . . . .

This presentation has been prepared by:

Wayne W Ruppert, CVT, CCCC, NREMT-P

For the

Society of Cardiovascular Patient Care's

19th Annual Congress

May 27, 2016

Miami, Florida

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