Triple Threat: Owning Powerful Metrics Alongside Our Physician & Nursing Colleagues

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Disclosures

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months.

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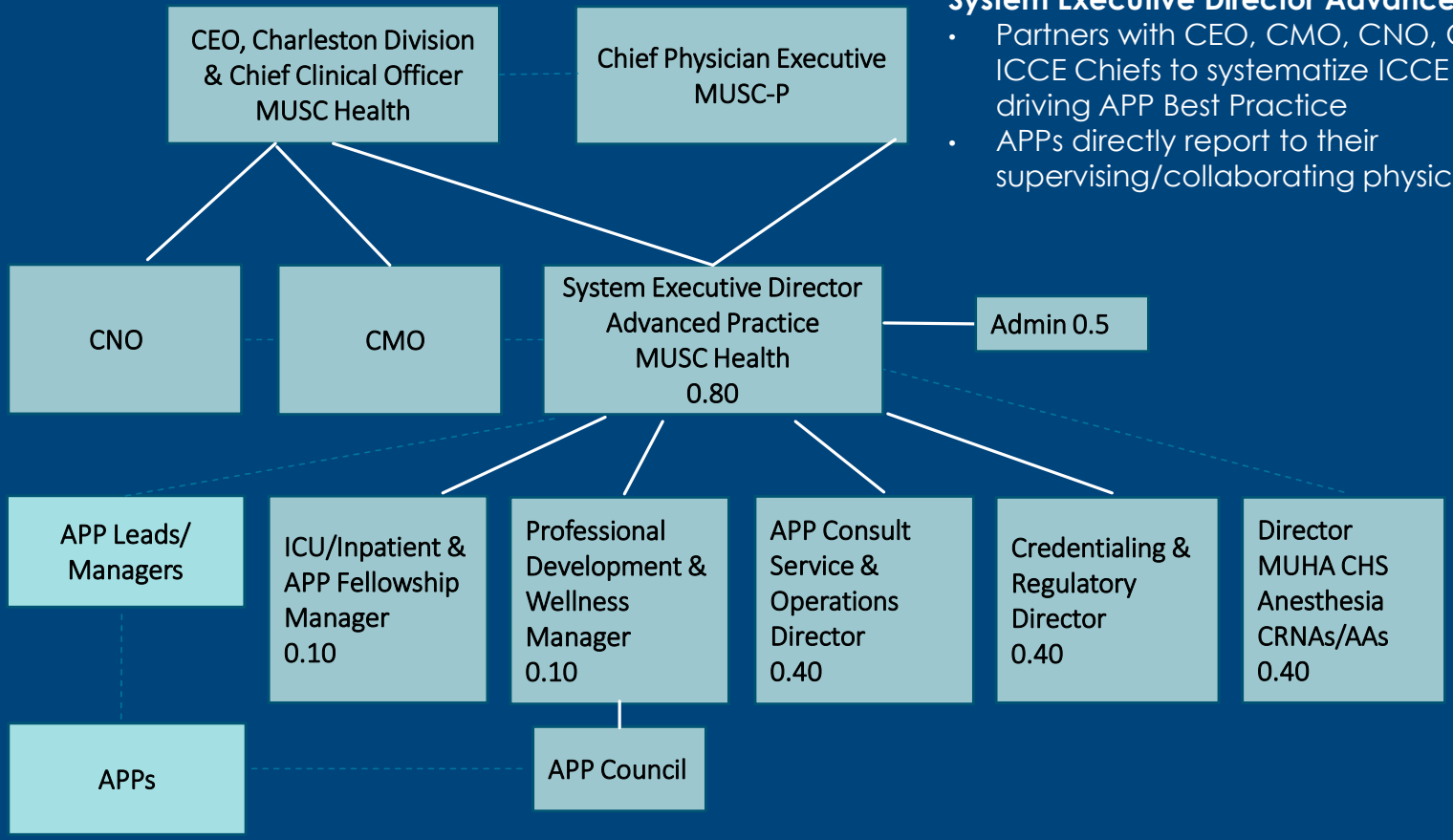
Educational Objectives

At the conclusion of this session, participants should be able to:

1. Describe a Strategic Planning Framework and Common Tools for Planning.
2. Identify and action plan provider engagement opportunities using A3 problem solving.
3. Develop aligned quality improvement initiatives to reduce length of stay using A3 problem solving.
4. Increase access to care by standardizing minimum work expectations using a policy/procedural method.

MUSC Health APP Best Practice Center Executive Org Chart



System Executive Director Advanced Practice

- Partners with CEO, CMO, CNO, CFO and ICCE Chiefs to systematize ICCE strategy driving APP Best Practice
- APPs directly report to their supervising/collaborating physician

APP Best Practice Center Executive Team

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Left to Right:

Kristy Smith, MSN, FNP-C
APP Consult Service & Operations Director

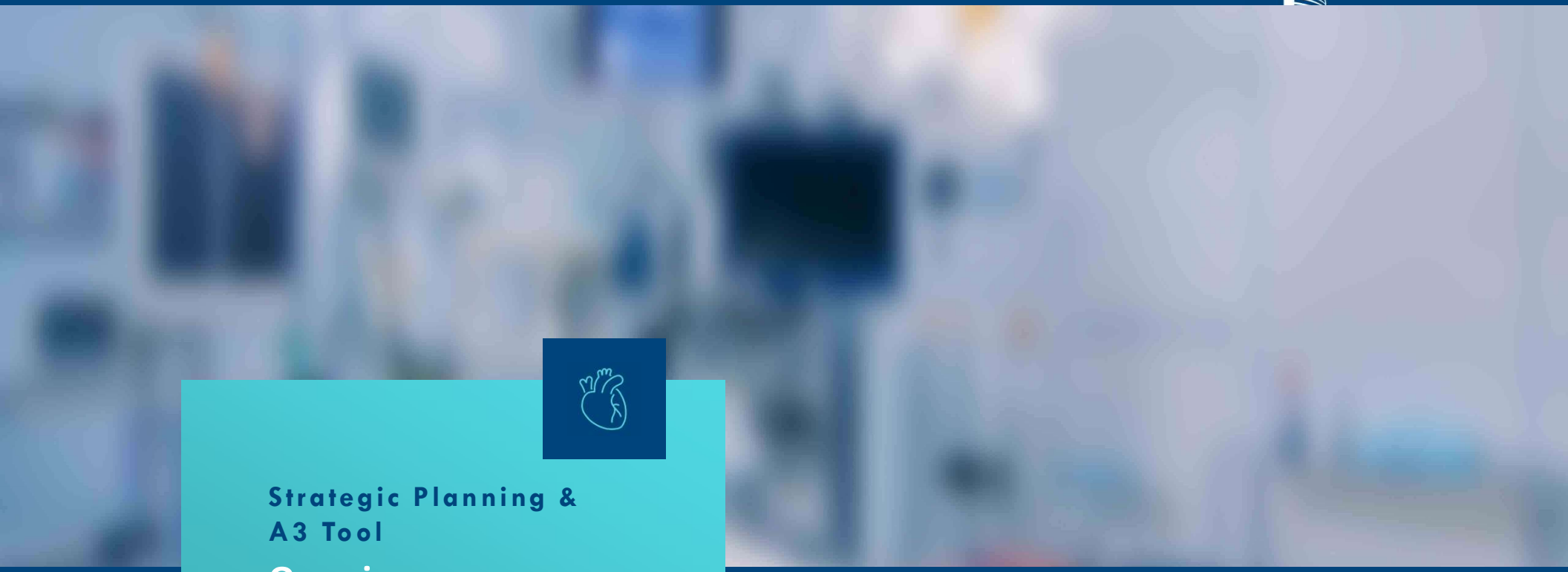
Elizabeth Poindexter, MPA, PA-C
ICU/Inpatient & APP Fellowship Manager

Tracy Halasz, MSN, CPNP-PC, PMHS
Professional Development & Wellness Manager

Megan Fulton, DMSc, PA-C
System Executive Director

Jennifer Marshall, MSJ, PA-C
Credentialing & Regulatory Director

Alexis Yates
APP BPC Administrative Coordinator



Strategic Planning & A3 Tool

Overview

"If you're crafting a strategic plan for your organization and know which strategy you prefer, enlist others with differing views and opinions to help look for information that either proves or disproves the idea." Harvard Business School

Strategic Planning Overview

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Purpose
Mission & Vision

Analysis

Strategy and Goal Setting

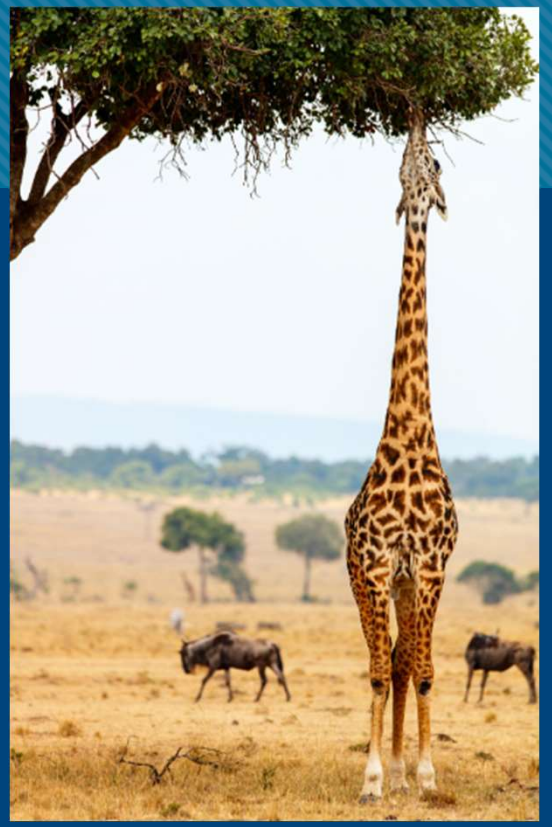
Implementation

Evaluate

WHY

Plan

Gain Consensus



Reach New Heights

Framework: Strategic Planning

Analysis

1. External
2. Industry
3. Internal Environment

Strategy Formation & Goal Setting

1. Opportunities→ Policy Formation
2. Strategic Decisions→ Objectives, Metrics, and Scorecard

Implementation

1. Organizational Structure→ Budget/Resources
2. Initiatives, Programs→ Incentives
3. Mergers/Acquisitions→ New constructs

Evaluate

1. Key Performance Indicators (KPIs)
2. Cadence – quarterly, bi-annually, yearly
2. Consider different stakeholders for presentation delivery

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Analysis: Strategic Planning Tools

Analysis

1. **External Environment**
   Political, Economic, Social, Technological (PEST) PEST analysis
   Strengths, Weaknesses, Opportunity, Threats (SWOT) SWOT analysis

2. **Industry Environment**
   Conferences
   Peer Reviewed Articles
   LinkedIn

3. **Internal Assessment**
   Internal Surveys (Press Ganey, Qualitative Stakeholder Needs)
   APP Structure
   APP Council
   Physician and Administrator Group Meetings

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A3 Tool: Putting It All Together

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A3 Tool for Strategic Planning1

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Studies Problem and Creates Countermeasures

Builds Consensus with Stakeholders

Gets approval by Team Leader

Implements Plan

Measures Effects

A3 Tool

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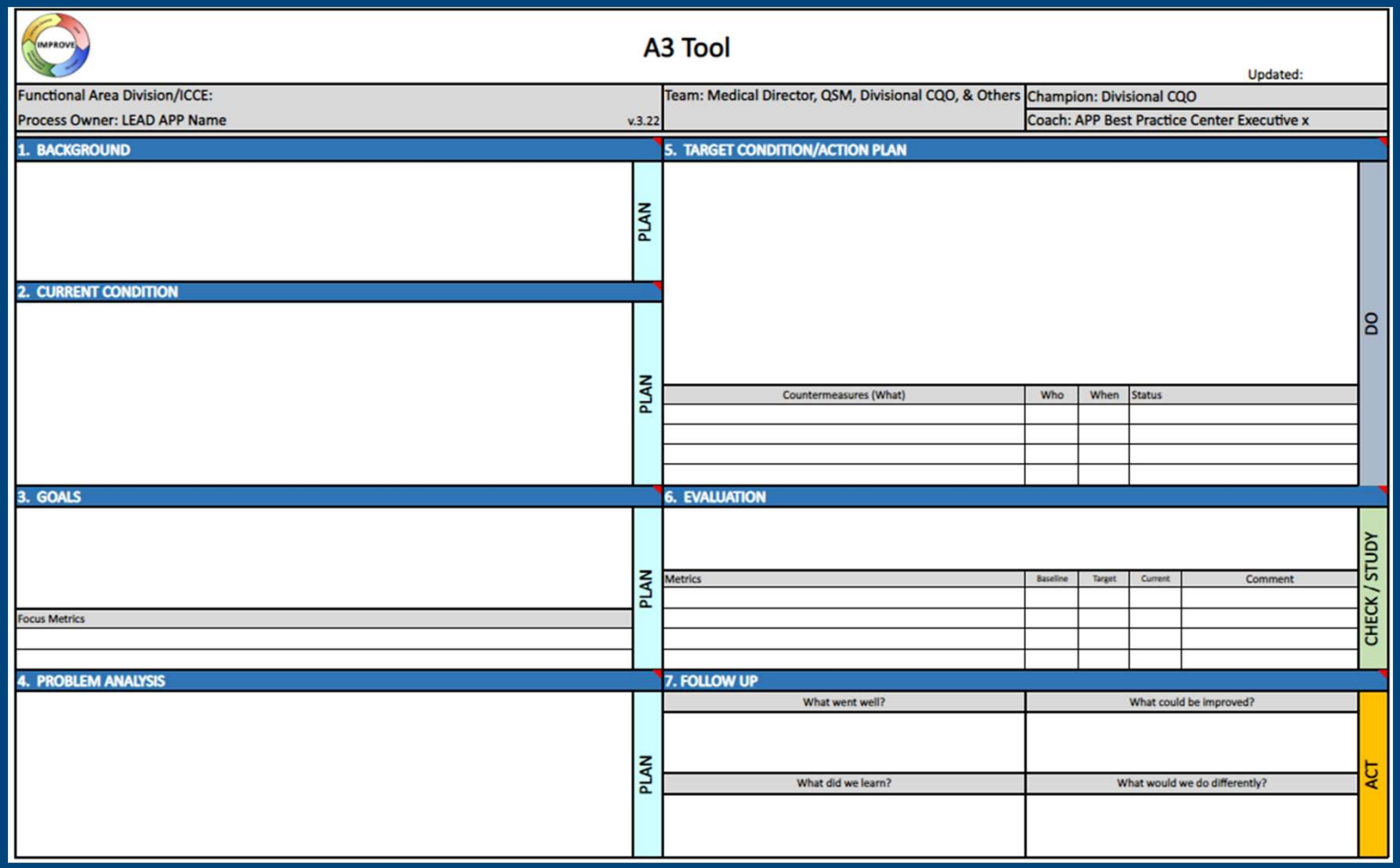


A3 Tool

Updated:

Functional Area Division/ICCE:	Team: Medical Director, QSM, Divisional CQO, & Others	Champion: Divisional CQO
Process Owner: LEAD APP Name v.3.22		Coach: APP Best Practice Center Executive x

1. BACKGROUND — PLAN

2. CURRENT CONDITION — PLAN

3. GOALS — PLAN

Focus Metrics

4. PROBLEM ANALYSIS — PLAN

5. TARGET CONDITION/ACTION PLAN — DO

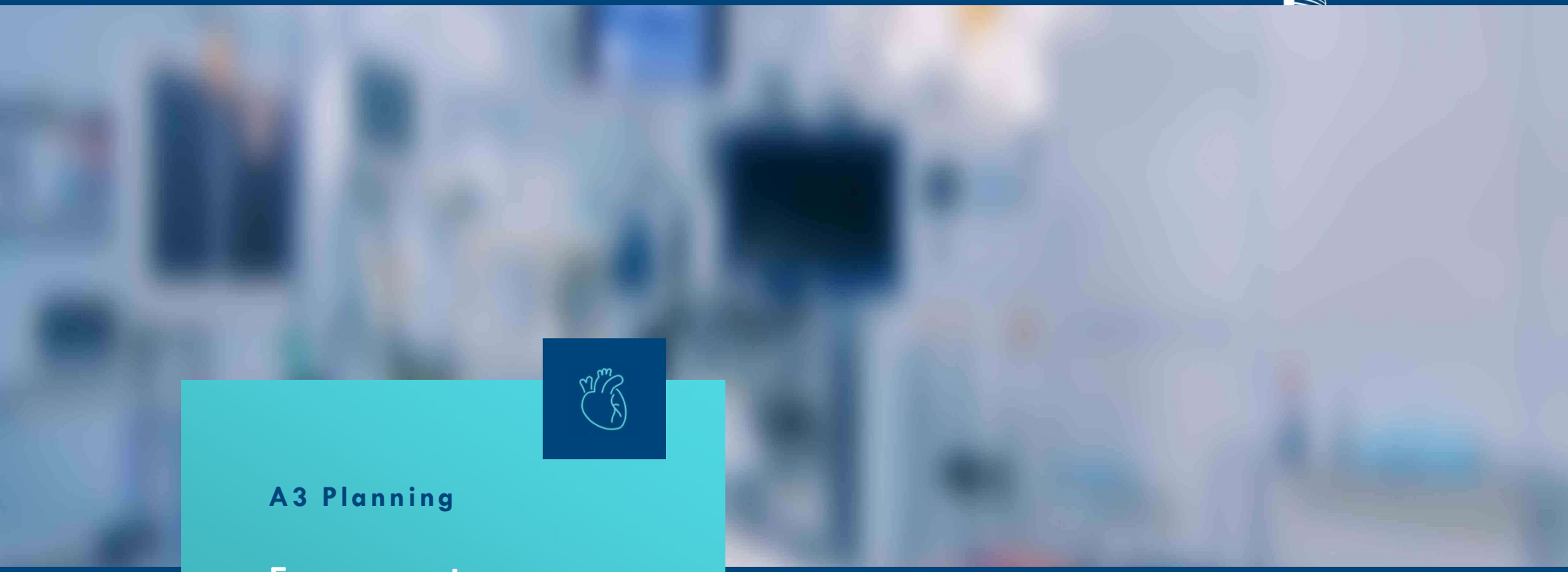
Countermeasures (What)	Who	When	Status

6. EVALUATION — CHECK / STUDY

Metrics	Baseline	Target	Current	Comment

7. FOLLOW UP — ACT

What went well?	What could be improved?
What did we learn?	**What would we do differently?**



A3 Planning

Engagement

"Employees who believe that management is concerned about them as a whole person – not just an employee – are more productive, more satisfied, more fulfilled. Satisfied employees mean satisfied customers, which leads to profitability."

- Anne M. Mulcahy

Internal Analysis: Engagement

PressGaney

MUSC 2023 Employee Engagement Survey

MUSC Employee Survey 2023

Survey Dates	Feb 6 - Feb 20, 2023
Respondents	307 * data is filtered
Response Rate	78%
Work Groups	2,301
Report Date	Jun 12, 2023

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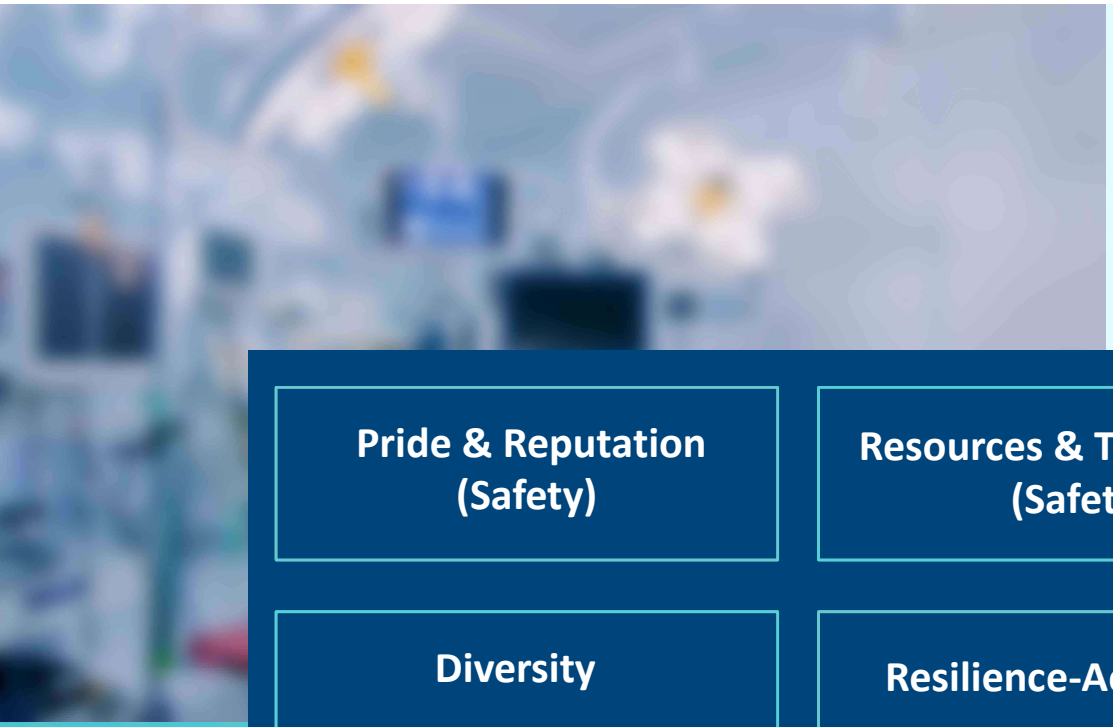

Press Ganey Measures

Pride & Reputation (Safety)	Resources & Teamwork (Safety)	Prevention & Reporting (Safety)
Diversity	Resilience-Activation	Resilience-Decompression

APP Compensation, Direct Reporting Rounding, Corporate Communication, Award & Recognition

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Internal Analysis: Engagement

Diversity

4.21

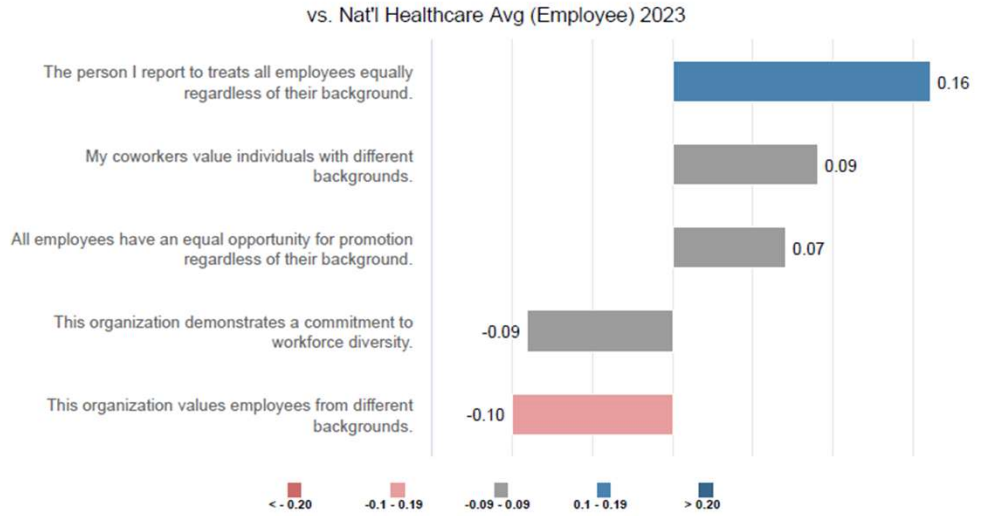
+0.03 vs. Nat'l Healthcare Avg (Employee) 2023

Historical Performance

2022	4.25
2021	4.34

PressGaney

The Diversity Index is a metric based on a set of items designed to be an efficient overall assessment of diversity-based issues of importance.



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External & Industry Analysis: Engagement

APP Compensation Rates

APP RVU Targets

APP Onboarding

Quality/Cost of Care

APP Professional Development Opportunities

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Strategy Formation & Goal Setting

Quality/Safety (Domain)

Goal: APPs to participate and understand MUSC quality and safety goals

Objective(s): APP Leads to create APP accountable quarterly action plans with their physician leader

Action plan each objective with an A3 as a project management tool.

Diversity, Award and Recognition, Resilience (Well-Being), Professional Development

Goal: APP workforce to develop APP led programs and integrate existing resources in these domains

Objective(s): APP Council redesigned into four committees

APP Communication/APP Structure

Goal: Providing timely and direct communication to APPs on items that affect their practice

Objective(s): APP Best Practice Center to provide Quarterly Communication Updates

APP Leads to continue monthly APP meetings within department/practice area

APP Compensation & Productivity

Goals: Align MUSC compensation plan with current market trends

Objective (s): Create APP workforce minimum expectations based on scope of work

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A3 Tool- APP Council Professional Development

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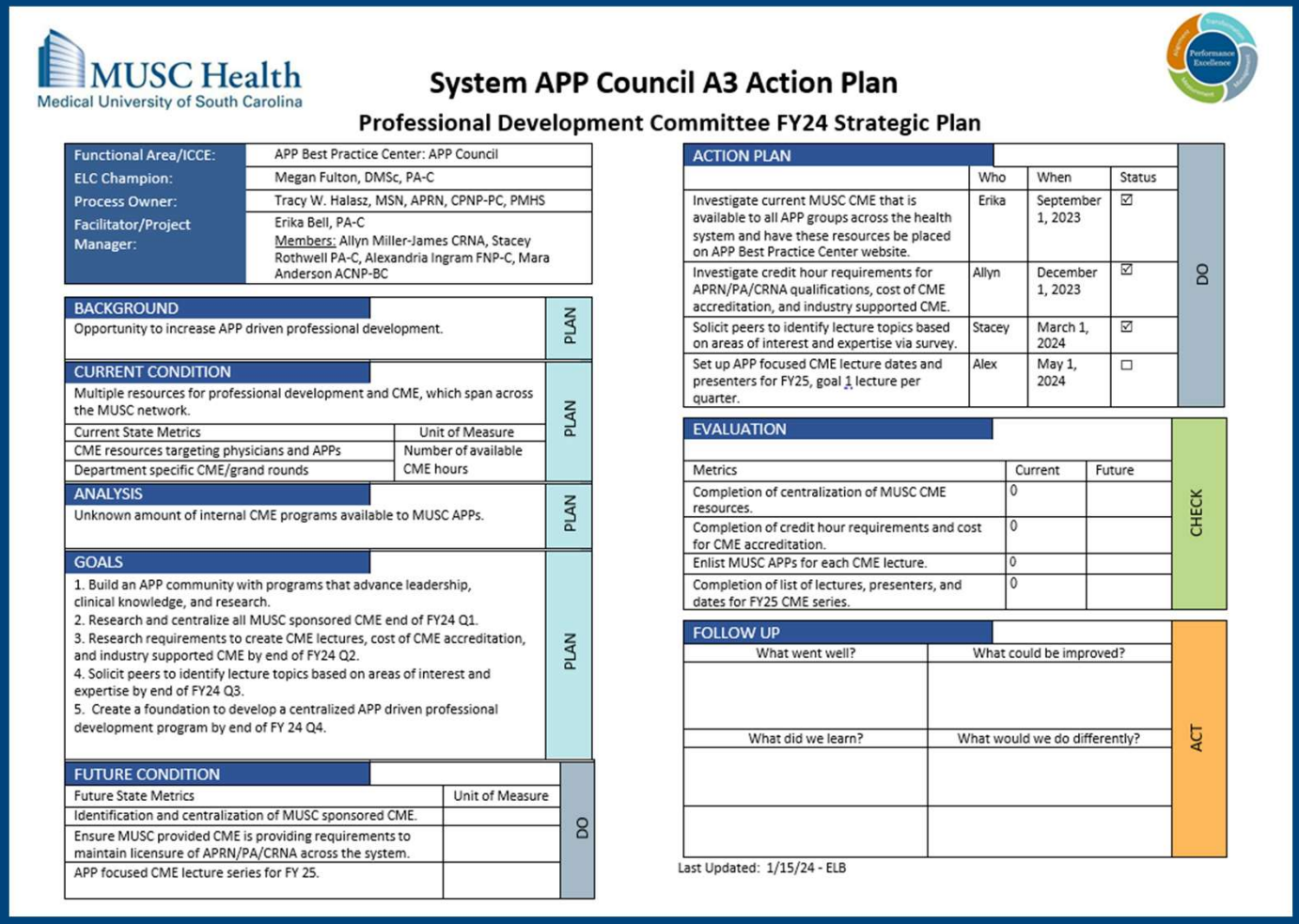

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System APP Council A3 Action Plan

Professional Development Committee FY24 Strategic Plan

Functional Area/ICCE:	APP Best Practice Center: APP Council
ELC Champion:	Megan Fulton, DMSc, PA-C
Process Owner:	Tracy W. Halasz, MSN, APRN, CPNP-PC, PMHS
Facilitator/Project Manager:	Erika Bell, PA-C Members: Allyn Miller-James CRNA, Stacey Rothwell PA-C, Alexandria Ingram FNP-C, Mara Anderson ACNP-BC

BACKGROUND (PLAN)

Opportunity to increase APP driven professional development.

CURRENT CONDITION (PLAN)

Multiple resources for professional development and CME, which span across the MUSC network.

Current State Metrics	Unit of Measure
CME resources targeting physicians and APPs	Number of available CME hours
Department specific CME/grand rounds	

ANALYSIS (PLAN)

Unknown amount of internal CME programs available to MUSC APPs.

GOALS (PLAN)

1. Build an APP community with programs that advance leadership, clinical knowledge, and research.
2. Research and centralize all MUSC sponsored CME end of FY24 Q1.
3. Research requirements to create CME lectures, cost of CME accreditation, and industry supported CME by end of FY24 Q2.
4. Solicit peers to identify lecture topics based on areas of interest and expertise by end of FY24 Q3.
5. Create a foundation to develop a centralized APP driven professional development program by end of FY 24 Q4.

FUTURE CONDITION (DO)

Future State Metrics	Unit of Measure
Identification and centralization of MUSC sponsored CME.	
Ensure MUSC provided CME is providing requirements to maintain licensure of APRN/PA/CRNA across the system.	
APP focused CME lecture series for FY 25.	

ACTION PLAN (DO)

	Who	When	Status
Investigate current MUSC CME that is available to all APP groups across the health system and have these resources be placed on APP Best Practice Center website.	Erika	September 1, 2023	☑
Investigate credit hour requirements for APRN/PA/CRNA qualifications, cost of CME accreditation, and industry supported CME.	Allyn	December 1, 2023	☑
Solicit peers to identify lecture topics based on areas of interest and expertise via survey.	Stacey	March 1, 2024	☑
Set up APP focused CME lecture dates and presenters for FY25, goal 1 lecture per quarter.	Alex	May 1, 2024	☐

EVALUATION (CHECK)

Metrics	Current	Future
Completion of centralization of MUSC CME resources.	0	
Completion of credit hour requirements and cost for CME accreditation.	0	
Enlist MUSC APPs for each CME lecture.	0	
Completion of list of lectures, presenters, and dates for FY25 CME series.	0	

FOLLOW UP (ACT)

What went well?	What could be improved?
What did we learn?	**What would we do differently?**

Last Updated: 1/15/24 - ELB

A3 Tool- APP Council Wellness

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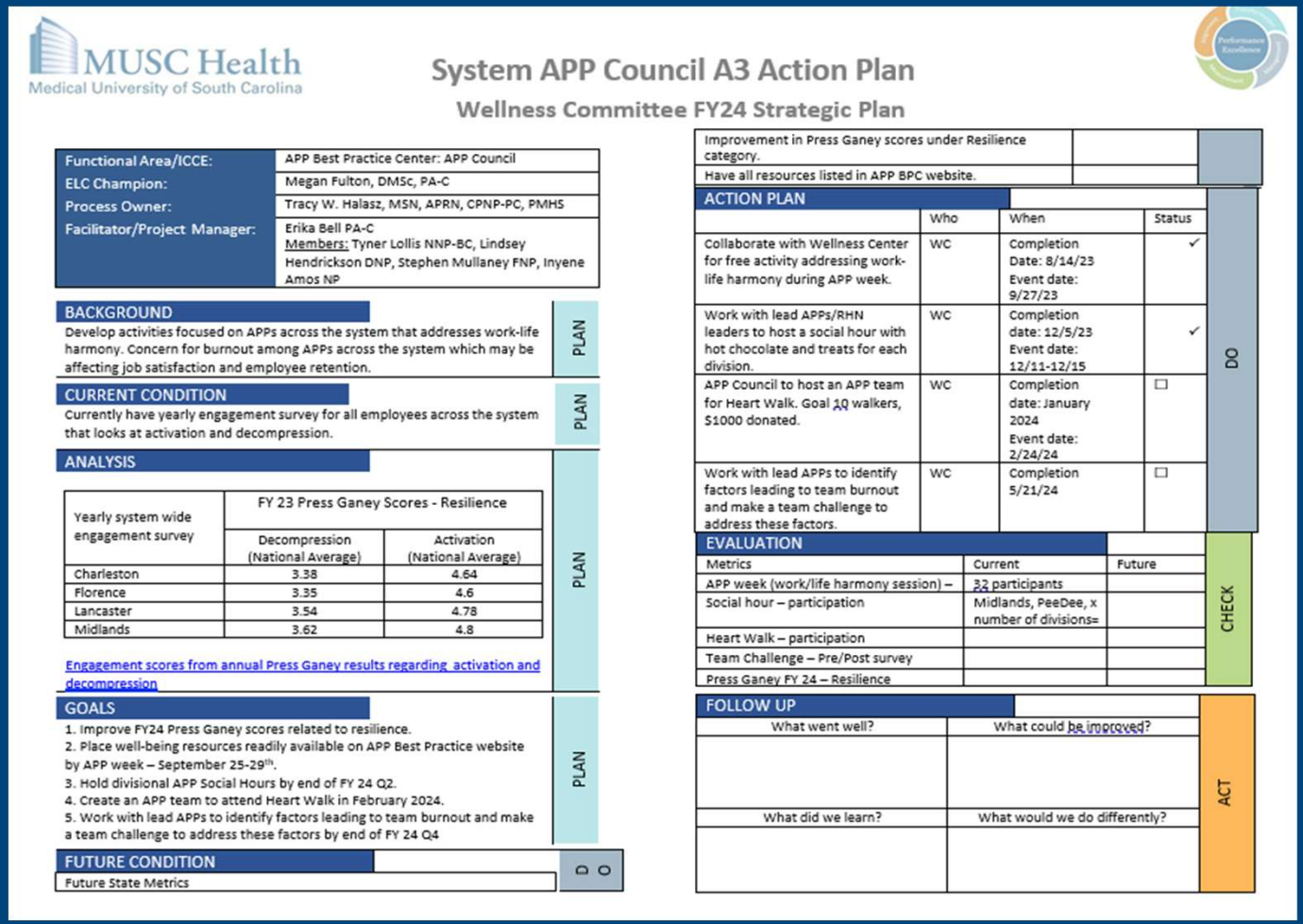

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System APP Council A3 Action Plan

Wellness Committee FY24 Strategic Plan

Functional Area/ICCE:	APP Best Practice Center: APP Council
ELC Champion:	Megan Fulton, DMSc, PA-C
Process Owner:	Tracy W. Halasz, MSN, APRN, CPNP-PC, PMHS
Facilitator/Project Manager:	Erika Bell PA-C Members: Tyner Lollis NNP-BC, Lindsey Hendrickson DNP, Stephen Mullaney FNP, Inyene Amos NP

PLAN

BACKGROUND

Develop activities focused on APPs across the system that addresses work-life harmony. Concern for burnout among APPs across the system which may be affecting job satisfaction and employee retention.

CURRENT CONDITION

Currently have yearly engagement survey for all employees across the system that looks at activation and decompression.

ANALYSIS

Yearly system wide engagement survey	FY 23 Press Ganey Scores - Resilience	
	Decompression (National Average)	Activation (National Average)
Charleston	3.38	4.64
Florence	3.35	4.6
Lancaster	3.54	4.78
Midlands	3.62	4.8

Engagement scores from annual Press Ganey results regarding activation and decompression

GOALS

1. Improve FY24 Press Ganey scores related to resilience.
2. Place well-being resources readily available on APP Best Practice website by APP week – September 25-29th.
3. Hold divisional APP Social Hours by end of FY 24 Q2.
4. Create an APP team to attend Heart Walk in February 2024.
5. Work with lead APPs to identify factors leading to team burnout and make a team challenge to address these factors by end of FY 24 Q4

FUTURE CONDITION

Future State Metrics

Improvement in Press Ganey scores under Resilience category.	
Have all resources listed in APP BPC website.	

DO

ACTION PLAN

	Who	When	Status
Collaborate with Wellness Center for free activity addressing work-life harmony during APP week.	WC	Completion Date: 8/14/23 Event date: 9/27/23	✓
Work with lead APPs/RHN leaders to host a social hour with hot chocolate and treats for each division.	WC	Completion date: 12/5/23 Event date: 12/11-12/15	✓
APP Council to host an APP team for Heart Walk. Goal 10 walkers, $1000 donated.	WC	Completion date: January 2024 Event date: 2/24/24	☐
Work with lead APPs to identify factors leading to team burnout and make a team challenge to address these factors.	WC	Completion 5/21/24	☐

CHECK

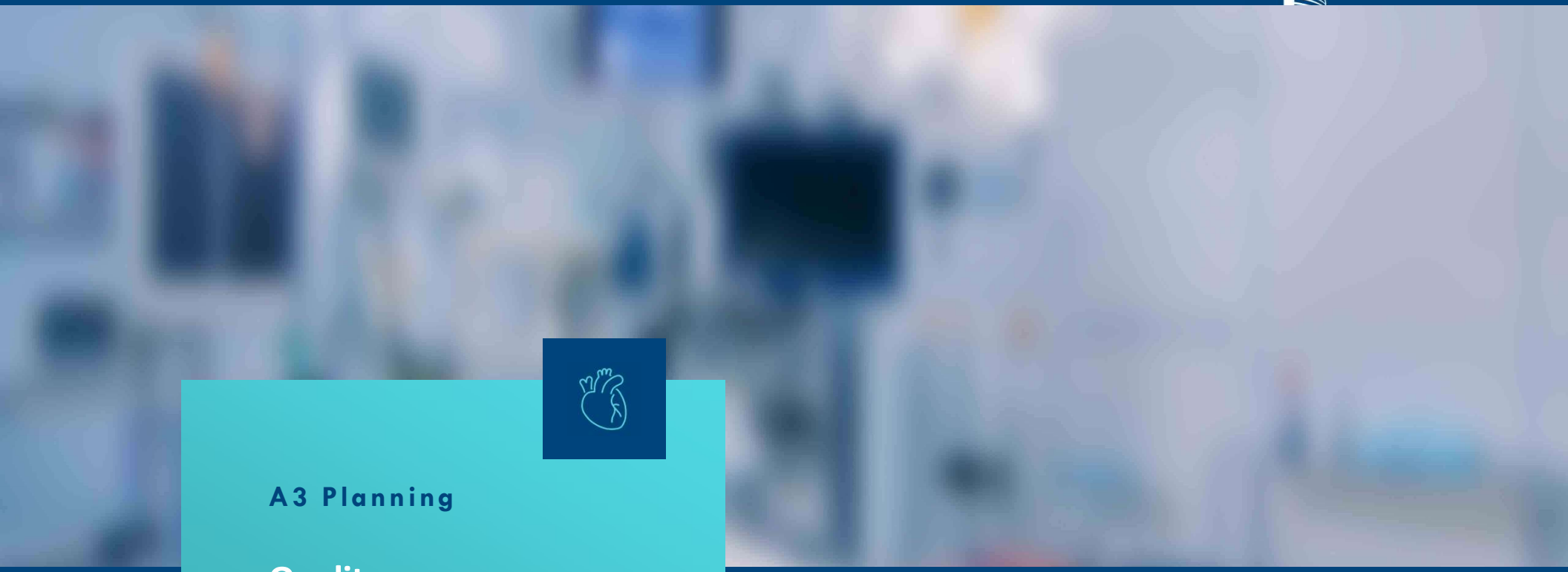
EVALUATION

Metrics	Current	Future
APP week (work/life harmony session) –	32 participants	
Social hour – participation	Midlands, PeeDee, x number of divisions=	
Heart Walk – participation		
Team Challenge – Pre/Post survey		
Press Ganey FY 24 – Resilience		

ACT

FOLLOW UP

What went well?	What could be improved?
What did we learn?	**What would we do differently?**



A3 Planning

Quality

"If you're crafting a strategic plan for your organization and know which strategy you prefer, enlist others with differing views and opinions to help look for information that either proves or disproves the idea." Harvard Business School

Internal Analysis: Quality

Safety Culture

-0.06 vs. Nat'l Healthcare Avg (Employee) 2023

Historical Performance

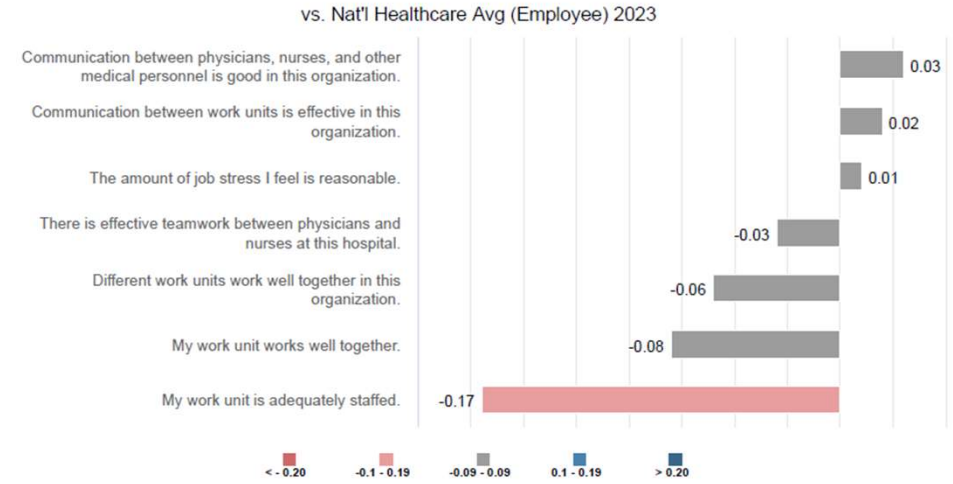
2022	3.92
2021	4.02

PressGaney

Safety Culture

Resources & Teamwork 3.62

Items that measure if employees feel they are well equipped, and that there is effective communication and teamwork within and between departments.



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Internal Analysis: Quality

Safety Culture

-0.06 vs. Nat'l Healthcare Avg (Employee) 2023

Historical Performance

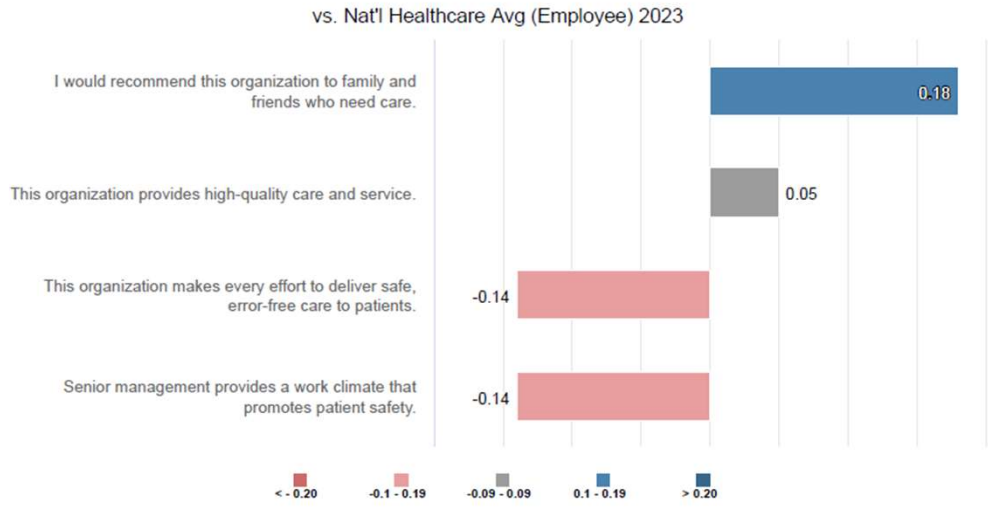
2022	3.92
2021	4.02

PressGaney

Safety Culture

Pride & Reputation 4.12

Employees feel the organization places an emphasis on safety and would feel comfortable recommending their organization for patient care.



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Strategy Formation: Goals, Objective, Action Plan

Domain: Quality & Safety

Goal: Develop an Integrated APP Quality/Safety Approach

Objectives:

1. APP Leads to create APP accountable action plan with 90 days goals partnering with their physician leader and quality safety manager.

A3 Tool takes it from here……..for action plan

Parent A3 (APP Leader Plan)

vs. Child A3 (APP Lead Specific Project)

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Implementation: APP Leadership + Quality Leadership

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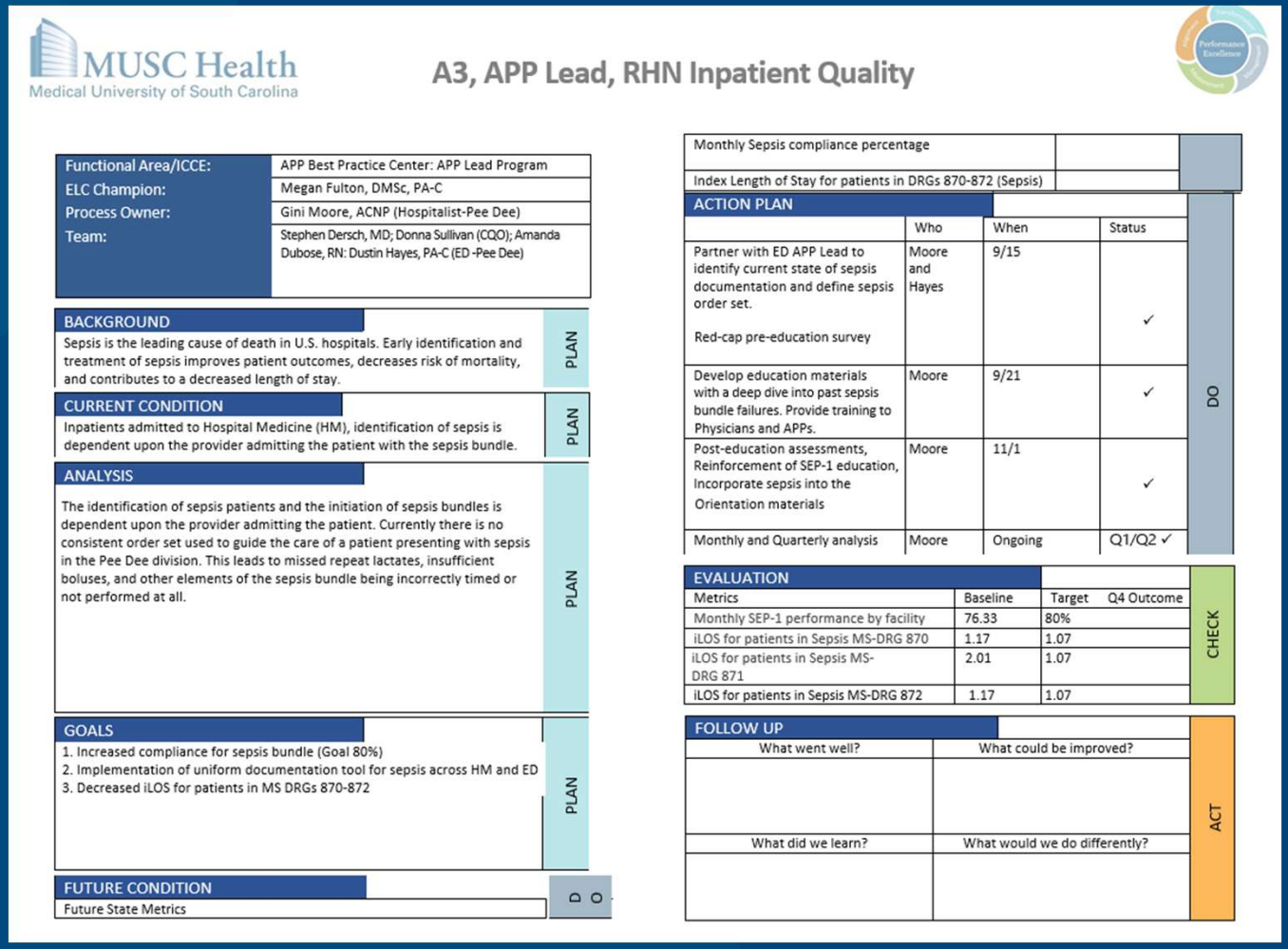
Parent A3/Child A3



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A3, APP Lead, RHN Inpatient Quality

Functional Area/ICCE:	APP Best Practice Center: APP Lead Program
ELC Champion:	Megan Fulton, DMSc, PA-C
Process Owner:	Gini Moore, ACNP (Hospitalist-Pee Dee)
Team:	Stephen Dersch, MD; Donna Sullivan (CQO); Amanda Dubose, RN: Dustin Hayes, PA-C (ED -Pee Dee)

BACKGROUND (PLAN)

Sepsis is the leading cause of death in U.S. hospitals. Early identification and treatment of sepsis improves patient outcomes, decreases risk of mortality, and contributes to a decreased length of stay.

CURRENT CONDITION (PLAN)

Inpatients admitted to Hospital Medicine (HM), identification of sepsis is dependent upon the provider admitting the patient with the sepsis bundle.

ANALYSIS (PLAN)

The identification of sepsis patients and the initiation of sepsis bundles is dependent upon the provider admitting the patient. Currently there is no consistent order set used to guide the care of a patient presenting with sepsis in the Pee Dee division. This leads to missed repeat lactates, insufficient boluses, and other elements of the sepsis bundle being incorrectly timed or not performed at all.

GOALS (PLAN)

1. Increased compliance for sepsis bundle (Goal 80%)
2. Implementation of uniform documentation tool for sepsis across HM and ED
3. Decreased iLOS for patients in MS DRGs 870-872

FUTURE CONDITION (DO)

Future State Metrics

Monthly Sepsis compliance percentage	
Index Length of Stay for patients in DRGs 870-872 (Sepsis)	

ACTION PLAN (DO)

	Who	When	Status
Partner with ED APP Lead to identify current state of sepsis documentation and define sepsis order set. Red-cap pre-education survey	Moore and Hayes	9/15	✓
Develop education materials with a deep dive into past sepsis bundle failures. Provide training to Physicians and APPs.	Moore	9/21	✓
Post-education assessments, Reinforcement of SEP-1 education, Incorporate sepsis into the Orientation materials	Moore	11/1	✓
Monthly and Quarterly analysis	Moore	Ongoing	Q1/Q2 ✓

EVALUATION (CHECK)

Metrics	Baseline	Target	Q4 Outcome
Monthly SEP-1 performance by facility	76.33	80%	
iLOS for patients in Sepsis MS-DRG 870	1.17	1.07	
iLOS for patients in Sepsis MS-DRG 871	2.01	1.07	
iLOS for patients in Sepsis MS-DRG 872	1.17	1.07	

FOLLOW UP (ACT)

What went well?	What could be improved?
What did we learn?	**What would we do differently?**

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A3 Planning

Work Expectations

"Productivity is never an accident. It is always the result of a commitment to excellence, intelligent planning, and focused effort." –Paul J. Meyer

Internal Analysis: Compensation and Workforce Expectations

Concerns

Concerns are identified through the application of an algorithm that considers performance score, Percent (%) Unfavorable, and negative difference from a designated National Benchmark.

		Score	vs. Nat'l Healthcare Avg (Employee) 2023	Responses
1	My pay is fair compared to other healthcare employers in this area.	2.27	-0.96	306

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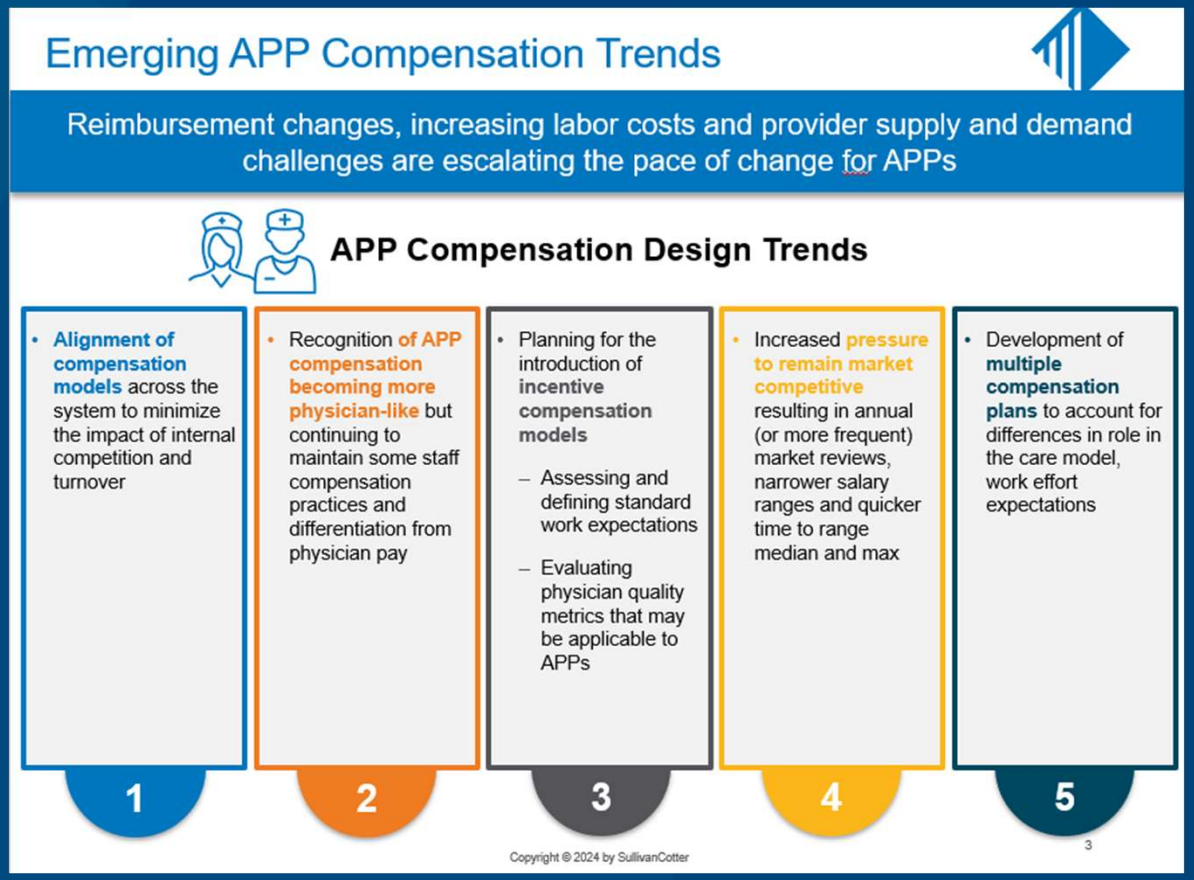
External and Industry Analysis: Compensation Trends



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Strategy Formation: Goals

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APP Compensation Design

Project Goals

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Strategy Formation: Objectives

Minimum Work Expectations

Examples

Outpatient MWE	Inpatient MWE
Templated patient-facing hours	Shift requirements
Templated sessions	Weekend, holiday, and/or night shift coverage
Minimum patient visits	Minimum patient encounters
Chart closure within a determined time-frame	Notes signed within a determined time-frame
Both Settings	
Meeting attendance	
Credentialing requirements	
Annual training requirements	
Call shifts	
wRVUs	

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Implementation (Policy): Outpatient Work Expectations Example

Outpatient Weekly Patient Facing Hours

Document and communicate outpatient minimum patient-facing hours by FTE to ensure transparency

The example below assumes that 90% of an outpatient APP's work is spent on patient-facing activities. 10% is allocated to non-patient time. Examples of both patient-facing activities and non-patient facing activities should be listed as well.

Outpatient FTE	Minimum Total Hours	Minimum Patient Facing Hours	Non-Patient Facing Hours
1.0	40	36	4
0.9	36	33	3
0.8	32	29	3
0.7	28	25	3
0.6	24	22	2
0.5	20	18	2
0.4	16	14	2
0.3	12	11	1

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Implementation (Policy): MUSC Inpatient Work Expectations

Current IP Minimum Work Standards

ICU	Coverage	Minimum Shifts in a 4wk Block	Minimum Shift Duration	Nights, Weekends, Holidays Included?	Notes
NICU	24/7	14	12 hours	Yes	
PICU		13	13 hours		
PCICU					
MSICU					
CVICU					
MICU					
STBICU	Nights Only				
Adult ICU Nights Only	>90% Nights				
Weekender		12			Can request 4 wknd shifts off per Q

Emergency Medicine	Coverage	Minimum Hours	Shifts per Quarter / Pay Period	Shift Duration	Nights, Weekends, Holidays Included?
Adult EM	24/7	1720 clinical hr/yr 430 clinical hr/Q	14, 14, 15 per month	10 hours	Yes
Pediatric EM		80 hours every 2 weeks	Alternates bw two 12hr in ED and two 8hr (3-11p) in after hrs UC	12hrs ED 8hrs UC	Yes (every 3rd weekend)

Inpatient Teams	Coverage	Minimum Shifts in a 4wk Block	Minimum Shift Duration	Nights, Weekends, Holidays Included?	Notes
Hospitalist - Day	Day	14	12 hours	Yes	
IP Neurosurgery	24/7	13	13 hours		
IP CT Surgery					Rotates between 24/7 coverage alone and OP coverage rotating with 24/7
IP CT Surgery	Rotating	6 IP	13 hours	Yes +	
		10 OP	9 hours	M-F only	

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Take Home Points

1. APP top executive leaders and aspiring leaders will need to lean into developing a 1-3 year strategic planning framework to plan for the long-game.
2. Use your health system's internal survey system to help road-map a strategic plan. Validate the common themes through an external and industry analysis.
3. Use the A3 tool for your project planning to hold your team and other teams accountable to the work. This tool is a living and breathing document to start and end your meetings reviewing.

References

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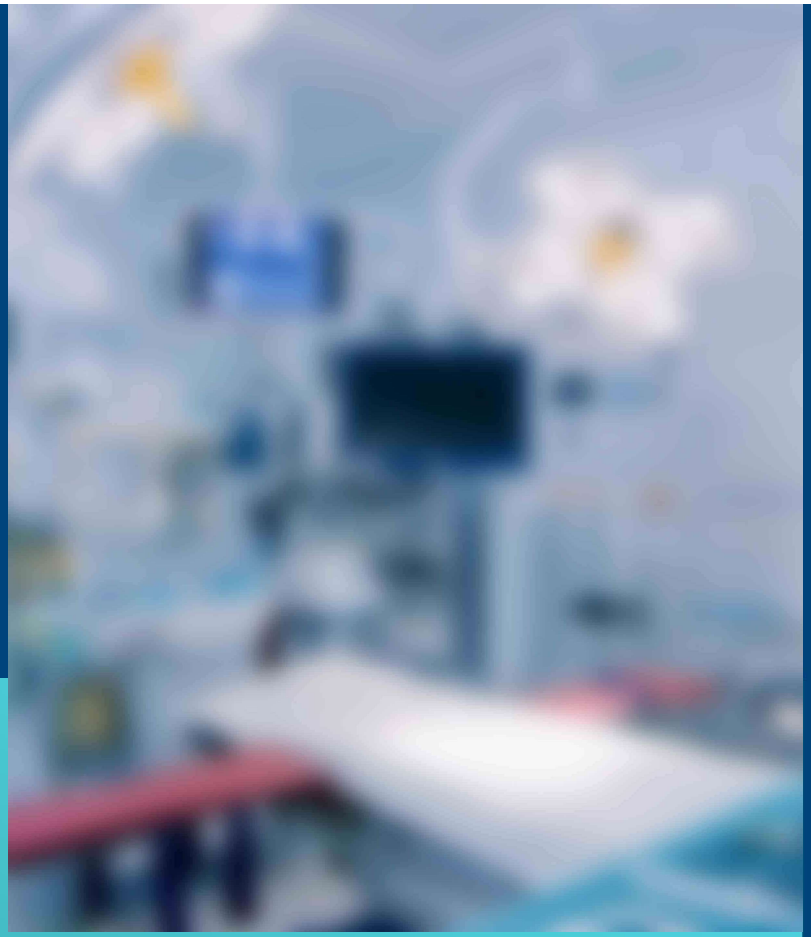

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Questions?

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