Creating Cultures of Partnership and Leadership Development across North America

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THE CPM FRAMEWORK™

Clinical Practice Models

- Health and healing care
- Partnership culture
- Interdisciplinary integration
- International consortium
- Health informatics
- Applied evidence-based practice

Core Beliefs, Principles, Theories

Culture and Professional Practice for Sustainable Healthcare Transformation

Patient Family Community Caregiver
COLLABORATIVE LEARNING COMMUNITY: MEANINGFUL AND ACCOUNTABLE CARE
TRANSFORMING HEALTH AND CARE THROUGH A COLLECTIVE COMMUNITY

With national dialogue growing and a strong interest in how we can be successful in transforming health and care in the “Meaningful Use and Accountable Care” era, we are pleased to invite CPM Consortium members to join a new Collaborative Learning Community (CLC). New models of care are being defined while new criteria and rules are introduced. The CPM Meaningful and Accountable Care CLC (MAC-CLC) will share, respond and learn in a collective community that utilizes a common culture and professional practice framework for sustainable healthcare transformation.

COLLABORATIVE LEARNING OBJECTIVES
1. Define the national and local landscape in meaningful use and accountable care – and how we are individually and collectively striving towards these goals.
2. Explore how we are preparing and advancing longitudinal care planning/coordination, advanced clinical process/decision support and evidence-based care.
3. Identify strategies and measurement approaches to key Meaningful Use (MU) and Accountable Care Organization (ACO) objectives.
4. Deepen our understanding of how we can leverage the CPM Framework™ and models in these efforts.
5. Evaluate experiences and outcomes in improving population health, inter professional processes of care and technology infrastructure.
6. Discover exemplars to guide our learning and best practices.

MEMBERSHIP
This Collaborative Learning Community is open to any CPM Consortium member. The Community is being organized as an open and transparent learning organization.

We recommend that 2-4 members from each organization join in order to build local learning and momentum. CPM Site Coordinators, Clinical Executives, Professional Practice Leaders, Quality Leaders and Technology Leaders are encouraged as members. Participants will be invited to listen, discover and share the "ground truth" from the front lines of care, in your hospital, health system and community.

Membership is a benefit of the Consortium and there is no cost associated, other than participation time and related travel at member’s discretion to any face-to-face meetings.

To receive more information and/or register to become a member of this CLC, please contact Lisa Day at 610-802-6563 or lday@elsevier.com. Invitations to attend the calls/workshops will be sent upon registration for the MAC-CLC.
SAVE THE DATE

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KNOWLEDGE
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CPM Core Beliefs™

• Each person has the right to safe, individualized healthcare which promotes wholeness of body, mind and spirit.
• A healthy culture begins with each person and is enhanced by self-work, healthy relationships and system supports.
• Continuous learning, diverse thinking and evidence-based actions are essential to maintain and improve health.
• Partnerships are essential to plan, coordinate, integrate, deliver and evaluate healthcare across the continuum.
• Each person is accountable to communicate and integrate his/her contribution to healthcare.
• Quality exists where shared purpose, vision, values and healthy relationships are lived.
Grounding Principles

Dialogue
Polarity
Partnership
Principles of Dialogue™

INTENTION
• The willingness to create a safe place: to learn collectively; to seek diversity; to acknowledge mystery; to share thinking and listen to the thinking of another; to be surprised; and to honor the presence of each person’s humanness, that is BodyMindSpirit.

LISTENING
• The willingness to learn by listening to self and others at a deeply human level, not to analyze, prove, compete, judge, rescue, fix or blame.

ADVOCACY
• The willingness to share personal non-scripted thinking and what is behind the thinking, with the intention of exposing, not defending it.

INQUIRY
• The willingness to ask questions that dig deeper and uncover new insights and new learning by connecting diversity.

SILENCE
• The willingness to experience and learn by reflecting and discovering the lessons from personal awareness, words unspoken, or the quiet of the soul.
Principles of Polarities™

• Independent pairs of different/competing/opposite values or points of view
• Unsolvable, indestructible, unavoidable
• ‘both/and’ rather than ‘either/or’ thinking
• Up- and Down-side
• Managed over time to experience the Upside
<table>
<thead>
<tr>
<th>&quot;Life&quot; polarities you may recognize</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home life</strong></td>
</tr>
<tr>
<td>Activity</td>
</tr>
<tr>
<td>Leading</td>
</tr>
<tr>
<td>Community</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td>Gentle love</td>
</tr>
<tr>
<td>Thinking</td>
</tr>
<tr>
<td>Stay on the path</td>
</tr>
<tr>
<td>Left “brain“</td>
</tr>
</tbody>
</table>
Principles of Partnership

• **INTENTION:** deep connection to each other
• **MISSION:** meaningful living
• **EQUAL ACCOUNTABILITY:** relationship driven ownership of mission to improve the health of the community we serve
• **BALANCE:** relationship harmony
• **POTENTIAL:** continuous learning; grow and create
• **TRUST:** agreement on things that matter
Principle of Intention

Extends an invitation to connect with another in a respectful conversation which honors the BodyMindSpirit
A call to live out something that matters or is meaningful. Each individual needs to define, discover, and live their purpose.
Principle of Equal Accountability

A relationship driven by ownership of mission, not power-over or fear. Holds each person to his/her choice. One is not the boss or subordinate.
Principle of Balance

Finding your balance is not always easy
Principle of Balance

A harmony of relationships with self and others necessary to achieve the shared mission.
Principle of Potential

• An inherent capacity within oneself & others to continuously learn, grow, and create.

• “The potential of the average person is like a huge ocean unsailed, a new continent unexplored, a world of possibilities waiting to be released and channeled toward some great good.”  
  -Brian Tracy
Principle of Trust
Principle of Trust

Every human being has a great yet often unknown, gift to care, to be compassionate, to become present to the other, to listen, to hear and receive. If that gift would be set free and made available, miracles could take place.

Henri Nouwen, 1974
CPM Framework™
Partnership Culture Model
Infrastructure

• Attended by interdisciplinary members who represent all roles in patient/family care
• Chaired by clinical staff in partnership with operational leaders
• Represents all voices through the use of a formal 1:1 connection structure
• Is a place to practice partnership
• Is the place to implement and sustain cultural changes
• Councils track progress using outcome based tools

Culture

• Patient and family centered
• Supports staff engagement in practice and care issues
• Supports the development and enhancement of relationships and leaders
• Supports having meaningful conversation in order to achieve the shared vision and mission, and co-create the best place to work and receive care
• Recognizes that multiple and diverse partnerships strengthen culture
• Engages the team in managing polarities
Partnership Culture Assumptions

• The organization and formal leaders embrace the Partnership Culture Model, and are actively engaged in supporting this Model
• Council work aligns with the strategic work of the organization
• Councils are a “practice field” for learning about dialogue, polarities and partnerships
• Frontline team members are expected to assume leadership roles and ownership in processes and outcomes of unit/department and organization as a whole
Partnership Council Competencies

- Membership
- Leadership
- Participation
- New Member Orientation
- One on One Assignments
- Logistics and Content
- Skill Building
- Goal Setting
- Managing Work flow
- Appreciative Inquiry
- Measuring Performance
- External Communication
- Sharing Expertise
Primary Goal
To provide a clear vision for behavior expectations
In order to meet strategic organizational objectives

- Clinical Practice Model Educator
- Monthly Workshops
- Bi-annual Retreats
- Annual Pulse Check
Clinical Practice Model Professional Staff Development

- Professional development:
  - Roles: Consultant, change agent, coach, educator, facilitator, researcher, leader
  - Improve organizational partnership cultures
  - Staff development and support strategies for practice model and shared work
  - Coach management and caregivers to facilitate successful shared leadership
  - Support shared decision-making through the unit based partnership councils
  - Use benchmark data to identify opportunities for improvement

Monthly Workshops

• Competency based performance criteria training and development
  – Integrated and aligned with organization strategic plan
  – Target audience: council chairs, co-chairs, managers, supervisors, and other staff interested in developing their leadership skills
  – Relevant, measurable evaluation indicators
    • Perceived value
    • Knowledge, skill, attitude and other characteristics acquired through interventions
    • Application in real-world setting
    • Targeted outcomes tied to organization strategic objectives
  – Curriculum focus: council competencies
    • Membership
    • Leadership
    • Participation
    • New Member Orientation
    • One-on-One Assignments
    • Logistics and Content
    • Skill Building
    • Goal Setting
    • Managing Work Flow
    • Appreciative Inquiry
    • Measuring Performance
    • External Communication
    • Sharing Expertise

Bi-annual Retreats

• Goal – develop grounding competencies
  – The Core Beliefs – living quality in a healthy, holistic work & care environment
  – Three principles
    • Dialogue
    • Polarities
    • Partnership

• Objectives – learn and use grounding competencies
  – Discovery learning
  – Action planning for using The Core Beliefs and Principles

• Example – Goal planning
  – Use grounding principles for consensus building and engagement
  – Discover collective wisdom
  – Successful implementation
Annual Pulse Check

Purpose: Drive improvement and accountability to philosophy and structural supports of shared leadership

- Assess for key performance indicators
- Trend progress
- Identify exemplary practice
- Spread best practices beyond points of origin

**Partnership Cultures & Leadership Development**
- Stop and synthesize
- Recognize the importance and impact of our work
- Communicate and celebrate!
Annual Pulse Check

• Structured observation using benchmark measurements
  – Phases of development
  – Council work components
  – Momentum cycle
  – Council design elements

• Self-assessment
  – Accountabilities & impact
  – Council competencies
  – Strategic objective measurements

Phases of Development

Phase 1
Learn partnerships within the council

Phase 2
Reach out and form partnerships with others

Phase 3
Co-create a healthy work place via partnerships

Council Work Components

Councils provide the infrastructure to work on:

- Implementation, adoption, sustaining and optimizing a framework and models of a healthy work culture
- Patient safety
- Clinical quality improvement
- Patient/significant other’s experience and satisfaction
- Resource utilization, e.g. financial, other
- Staff competency (individual and integrated)
- Meaningful and Accountable Care
- Engaging colleagues in all of these efforts

The energy and engagement of council development is cyclical. Each phase has unique characteristics and functions.

**Partnership Cultures & Leadership Development**
- recognition of each evolutionary cycle of momentum
- optimization of functionality for each phase
1. **Staff Leader** (Chair) facilitating meeting
2. **Attendance** tracked (75%)
3. **Membership** reflects unit/department composition, e.g. all shifts/roles represented
4. **Manager** supportive with membership role
5. Role of Resource present & participating
6. Communication relationships obvious (1:1 partnering to non-members)
7. Core Linkages to central councils evident
8. Understanding work of the council (clinical practice, operations, relational issues)
9. Linkages apparent to other units/departments
10. Shared decision making
Are we on target?

### Pulse Check

<table>
<thead>
<tr>
<th>Evidence of ...</th>
<th>CICU</th>
<th>CVICU</th>
<th>CT3</th>
<th>CT4</th>
<th>H5F</th>
<th>H6F</th>
<th>Cardiac Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>UBC tracks attendance using roster for whole year</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Miss 2 meetings: member sends replacement</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Miss 2 meetings in a row: member reconsiders resigns</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Phase 1 development: unit members only attend</td>
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<td>3</td>
<td>2</td>
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<tr>
<td>Phase 2 development: guest invited based on need</td>
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<td>2</td>
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<td>Phase 3 development: interdisciplinary UBC</td>
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<tr>
<td>Staff from other areas regularly attend UBC</td>
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<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td></td>
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<tr>
<td>UBC members attend THF/W councils/committees</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<td></td>
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</table>

### UBC tracks attendance using roster for whole year

1. Missed meeting - member sends replacement
2. Miss 2 meetings in a row - member reconsiders resigns
3. Phase 1 development - unit members only attend
4. Phase 2 development - guest invited based on need
5. Phase 3 development - interdisciplinary UBC
6. Staff from other areas regularly attend UBC
7. UBC members attend THF/W councils/committees

### Taking the Pulse

<table>
<thead>
<tr>
<th>CICU</th>
<th>CVICU</th>
<th>CT3</th>
<th>CT4</th>
<th>H5F</th>
<th>H6F</th>
<th>Cardiac Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Momentum: level of forward progress exhibited by the council at this time</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Relevancy: issues currently being addressed are pertinent and key to the success of the unit/division</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
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<td>4</td>
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<tr>
<td>Council Member Interactions: with trust and respect, members are supporting each other in their leadership roles and challenging one another to tackle tough issues</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Perceived Impact: impact that non-council members in the unit/dept feel the council is making in the unit/dept and/or org-wide</td>
<td>2</td>
<td>3</td>
<td>3</td>
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### Total Moments

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<th>CICU</th>
<th>CVICU</th>
<th>CT3</th>
<th>CT4</th>
<th>H5F</th>
<th>H6F</th>
<th>Cardiac Rehab</th>
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<tr>
<td>Total</td>
<td>9</td>
<td>12</td>
<td>12</td>
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### Total from prior year

<table>
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<th>CVICU</th>
<th>CT3</th>
<th>CT4</th>
<th>H5F</th>
<th>H6F</th>
<th>Cardiac Rehab</th>
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</thead>
<tbody>
<tr>
<td>Change from prior year</td>
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### Council Competencies (Self-Assessment)

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<tr>
<th>CICU</th>
<th>CVICU</th>
<th>CT3</th>
<th>CT4</th>
<th>H5F</th>
<th>H6F</th>
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<td>Membership</td>
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<td>Participation</td>
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<td>New Member Orientation</td>
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<td>One-on-One Assignments</td>
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<td>Logistics and Content</td>
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<td>Skill Building</td>
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<td>Goal Setting</td>
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<td>Managing Work Flow</td>
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<td>Appreciative Inquiry</td>
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### Change from prior year

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Change from prior year</td>
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<td>5</td>
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### Components of Magnet (Self-Assessment)

<table>
<thead>
<tr>
<th>CICU</th>
<th>CVICU</th>
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<th>CT4</th>
<th>H5F</th>
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<td>Structural Empowerment</td>
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<tr>
<td>Exemplary Professional Practice</td>
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<td>New Knowledge, Innovation &amp; Improvements</td>
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<td>4</td>
<td>5</td>
<td>4</td>
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<td>Empirical Quality Results</td>
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### Change from prior year

<table>
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<th>CICU</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Change from prior year</td>
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<td>5</td>
<td>4</td>
<td>5</td>
<td>2</td>
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</tbody>
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### Exceeding or Exemplary

- Caution
- Needs attention
Success Factors

• Primary contributor to employee engagement
  – Leaders engage others in shared work
    • Shared Work Teams
    • Continuous learning
    • Strengthen relationships
    • Ownership & accountability for change and outcomes
    • Effectively resource utilization (human, financial, physical)

• Recognize, understand, and leverage purpose within momentum cycle
  – Particularly in the plateau phase

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**Partnership Cultures & Leadership Development**

Systems thinking to help move work beyond silos is critical to today’s healthcare environment

Outcomes

- Growing leaders at every level of the organization
  - Framework that expects everyone to be a leader and have a voice
  - Transactional $\rightarrow$ Transformational leadership
- Effective leaders build strong cultures = high performance organizations
  - Culture reinforced through stories, language, ceremonies
  - People orientation: treat employees with respect, integrity and compassion
  - Results orientation: invest in employees who excel / achieve performance targets
  - Achievement and excellence emphasized
- Partnerships between frontline and formal leaders & managers
  - Collective efforts contribute to making things happen
  - Support and implement their ideas though transformational change
  - Success is achieved and celebrated

Conclusion

A clear vision and long-term view increases success

Competency Based Performance Criteria Development Program

– Fosters use of engagement concepts and strategic interventions
– Acknowledges Transformational change is challenging
– Uses a framework to support sustained, meaningful change
– Uses benchmark measurements
– **Develops strong committed leaders**
The essence of the leader is to induce people to grow.

Greenleaf, 1970
Your Turn....Questions & Group Conversation
Contact Information:

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