

Building Resilient Dialysis Units to Prosper in Turbulent Times

Lucius F. Wright, M.D.

20 October 1999

“I’ve been in the business 36 years, I’ve learned a lot--and most of it doesn’t apply anymore”

C. Exley, Chairman, NCR, in

Wall Street Journal, June 20, 1990

Resilient

- bouncing or springing back into shape, position, etc.; elastic
- recovering strength, spirits, good humor, etc., quickly; buoyant

Sources of Turbulence

- Support for the biomedical infrastructure created since 1945 is gone and will not return. We too face re-engineering.
- The Internet makes medical data available to everyone. Is this the medical equivalent of the Protestant Reformation?

Sources of Turbulence

- The speed of change continues to accelerate. The half life of medical skills is constantly decreasing.
- We live in a time when people are distrustful of the institutions of society and those who would exercise authority over them.

Sources of Turbulence

- The amount of money spent on medical care is vast and growing. Those who pay the bills are demanding more value in exchange for the sums spent.
- Payors are not willing to let doctors make decisions without control.

The Challenge

Rapidly changing times demand creativity and flexibility on the part of both individuals and their organizations to survive. Rigid organizations collapse, resilient organizations experience stress, but bounce back.

Creativity--Key to Resilience?

Maslow defined creativity as being able to confront novelty and to improvise while enjoying change.

The Dynamics of Failure

- Strategic Frames Become Blinders
- Processes Become Routines
- Relationships Become Shackles
- Values Become Dogmas

In other words

- Failing organizations become increasingly rigid
- Successful organizations are able to bounce

A Case History

First Step-Measure Dialysis Induced Hypotension

- Important to the patient
- Nurse's craftsmanship a major factor
- First problem was definition
- Second problem was developing trust
- Avoiding blame is the key to trust
- Empowerment to make changes is the key to improvement

Second Step-Add Other Indicators

- Technical and reuse measures
- Urea kinetic modeling
- Lab test and patient-controlled measures

1999 Indicators

- 22 clinical process
- 4 clinical outcome
- 10 water quality
- 2 re-use
- 4 machine maintenance
- 4 medical records
- 3 business office

A Sampling of Current Performance Measures

- $Kt/V_{sp} > 1.4$ (mean and 99% C. I.)
76% (65-86%)
- albumin > 3.5 gm/dl
84% (75-92%)
- Phosphorus 3.5-6.0 mg/dl
59% (48-71%)

A Sampling of Current Performance Measures

- Hypotension
5.6% (4.0-7.0%)
- Missed Treatments
1.3% (0.6-2.1%)
- Early Termination
1.4% (0.6-2.2%)

Current Outcome Measures

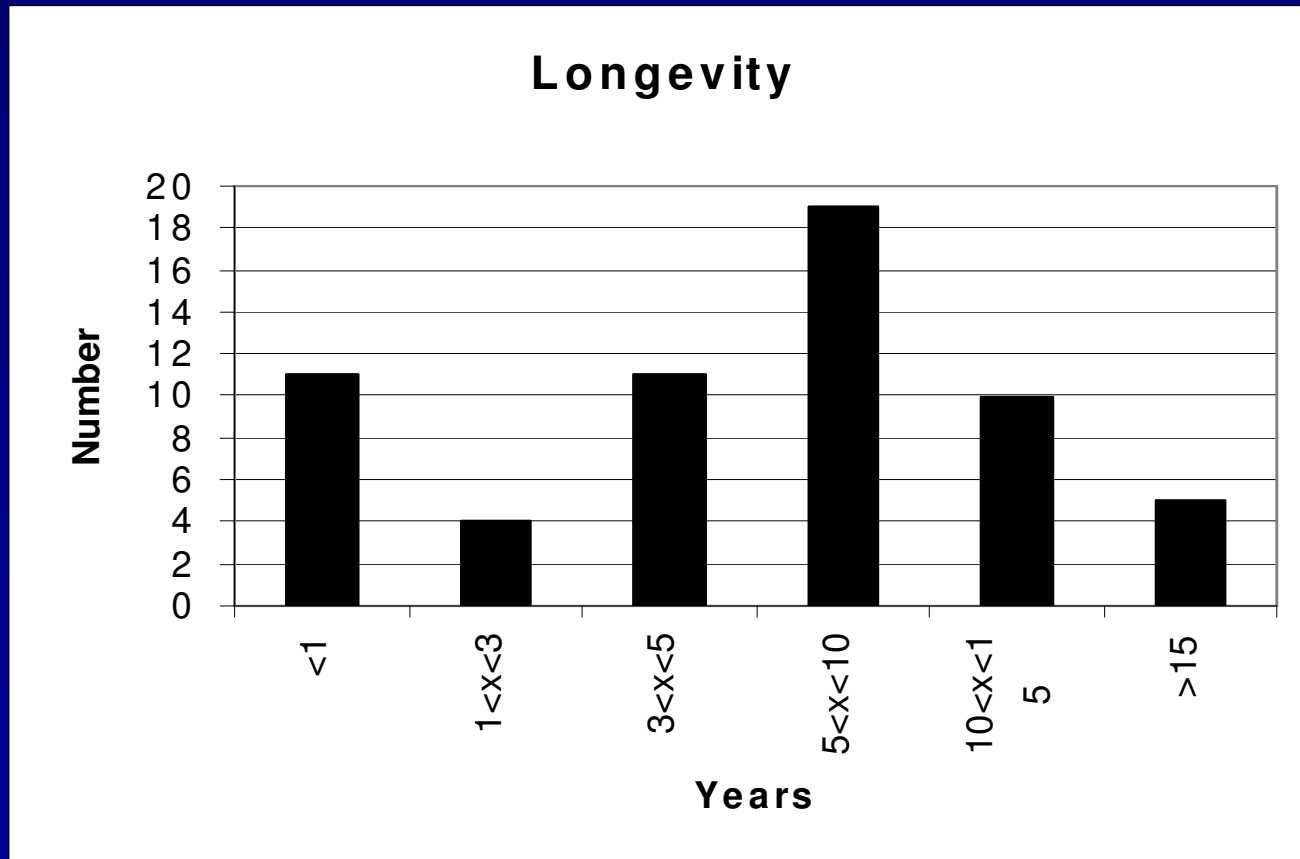
- Hospital days/year less than 6 since 1993
- Two year actuarial survival increased from 52% to 63% (average SMR 0.85 1993-1998)
- 40% of patients less than 55 working
- SF 36 scores at or above DCI average

CQI: the tool used to release the
creative energies of our staff.

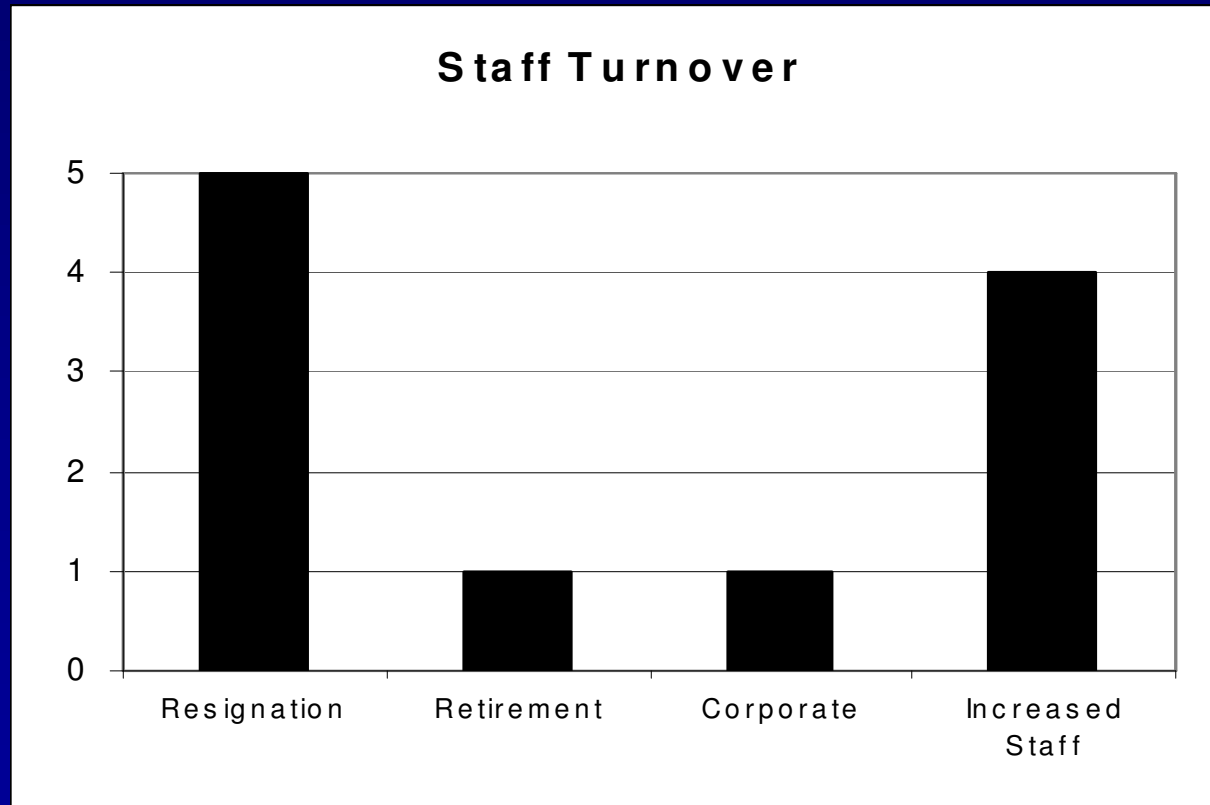
Managerial Benefits

- Staff stability
 - word of mouth recruiting
 - reduced training needs
- Ownership of administrative processes
- Involvement in financial management
- More time spent on proactive rather than reactive problem solving

Staff Tenure



Staff Turnover



Benefits of Being Resilient

- Case History #1--The unscrupulous competitor
- Case History #2--The short-sighted hospital administrator

Making It Happen

- Vision
- Effective Leadership
- Effective Communication

The Vision

Create systems of dialysis care that achieve superior clinical results, maintain long-term financial viability, and provide a workplace which attracts, trains, and retains knowledgeable and effective staff committed to attaining those superior clinical results.

Making It Happen

Effective Leadership

On Power

“Power exists only in relation to other people who also have certain kinds of power. Therefore, the task of the executive...is to meet the expectations of the other powerholders so that they willingly lend their power to further the interests of the organization.”

Levinson, Executive, 1981

The Laws of Power

1. Power invariably fills any vacuum in human organization
2. Power is invariably personal
3. Power is invariably based on a system of ideas or a philosophy

The Laws of Power

4. Power is exercised through, and depends on, institutions
5. Power is invariably confronted with, and acts in the presence of, a field of responsibility

On Leadership

“With less outright power to face greater responsibility, the executive can no longer function effectively by control and command. The Imperial German General Staff plan--the most commonly used organization chart, with its underlying assumption of control from the top--is obsolete...”

Levinson, Executive, 1981

Accountability, not Control

Accountability is an attitude of continually asking “what else can I do to rise above my circumstances and achieve the results I desire?” It is a perspective that embraces both current and future efforts rather than reactive and historical explanations.

Accountability, not Control

- Data driven management makes expectations clear and specific. Everyone knows if goals are met. There should be no hidden agendas.
- The staff are accountable for the results, but the leadership is accountable to the staff for setting realistic goals and providing the means to achieve them.

Accountability, not Control

- Be firm on the goals, but be flexible as to how they are achieved.
- Staff who know they can control their work will show greater personal resiliency, and the system as a whole will become more resilient.

Learning Organizations

- The integrating principle of learning organizations is the creative tension between a vision of what is possible and what exists now.
- Successful learning organizations have a compelling vision of the future that motivates thought and action.

Learning Organizations

- Successful learning organizations have an accurate understanding of current reality. CQI is the process for achieving that knowledge and for learning “what works.”
- Successful learning organizations have leaders that understand the limitations of the hierarchical model of command and control.

Organizational Considerations in the Dialysis Unit

- There are two parallel pipelines--clinical and administrative (business)
- These are two sides of the same coin. A dialysis unit which has excellent clinical care and poor management will fail just as surely as a poorly performing unit with excellent management.

Making It Happen

Effective Communication

Communication

- “Fire Nurse Ratchet immediately!”
- “We need to let Florence Nightingale go-- she’s not a team player”

Physicians v. Administrators

- Doers
- 1:1 Problem solving
- Reactive
- Immediate response
- Deciders
- Autonomous
- Independent
- Patient advocate
- Designers
- 1:n problem solving
- Proactive
- Long-term response
- Delegators
- Collaborators
- Participative
- Organization advocate

Physicians v. Administrators

- Professional identity
- Independent professional
- Organizational identity
- Interdependent professional

Physicians v. Administrators

“Executives plan, and physicians react, with emphasis on action. Executives are trained to create successful future scenarios through careful business planning. Physicians are presented with a scenario, do a much faster assessment based upon their immediate knowledge and intuition, and then take action.”

Former insurance company executive MD

Making It Happen

Building Resilience in Your
Units When You Go Home

The “Dos” for Creating Resilience

- Be honest. Admit that more, not less turmoil lies ahead
- Extended periods of calm mean your sensors aren't working
- Think of things that appear stable as really composed of fluctuations that form predictable patterns.

The “Dos” for Creating Resilience

- Pay more attention to how you learn than what you know.
- Concern yourself about whether your people can successfully assimilate additional changes when new initiatives are planned.

The “Dos” for Creating Resilience

- Remind yourself and your people that it is everyone’s job to succeed in unfamiliar environments.
- Increase your tolerance for ambiguity during periods of uncertainty. The key is to prosper when “you do not have a clue” as to what is happening.

The “Dos” for Creating Resilience

- Anything that looks like “the answer” to a major problem is more expensive and less durable than is apparent.
- Recognize when to slow down and do things right the first time in order to move faster through change.

The “Dos” for Creating Resilience

Experiment with everything you can, but remember to maintain the core values of who you are, so you will have an internal reference point for making key decisions!

Colin Powell's Rules

- It ain't as bad as you think. It will look better in the morning.
- Get mad, then get over it.
- Avoid having your ego so close to your position that when your position falls, your ego goes with it.
- It can be done!

Colin Powell's Rules

- Be careful what you choose. You may get it.
- Don't let adverse facts stand in the way of a good decision
- You can't make someone else's choices. You shouldn't let someone else make yours.

Colin Powell's Rules

- Check small things
- Share credit
- Remain calm. Be kind.
- Have a vision. Be demanding.
- Don't take counsel of your fears or naysayers
- Perpetual optimism is a force multiplier

Conclusions

- Turbulence is a fact of life.
- Coping with turbulence requires resiliency.
- Creativity is the key to enhanced resiliency.
- Doing well for the patients ends up being good for us, too.
- You can do it, too. All it takes is vision, leadership, and effective communication.

Skills of a Good Manager

- Technological savvy
- Knowledge management
- Emotional balance
- Relationship management
- Adaptability

Skills of a Good Manager

- Resource management
- Ethical practices
- Diversity
- Leadership, not management
- Vision