The Evidence Behind Evidence-Based Leadership℠

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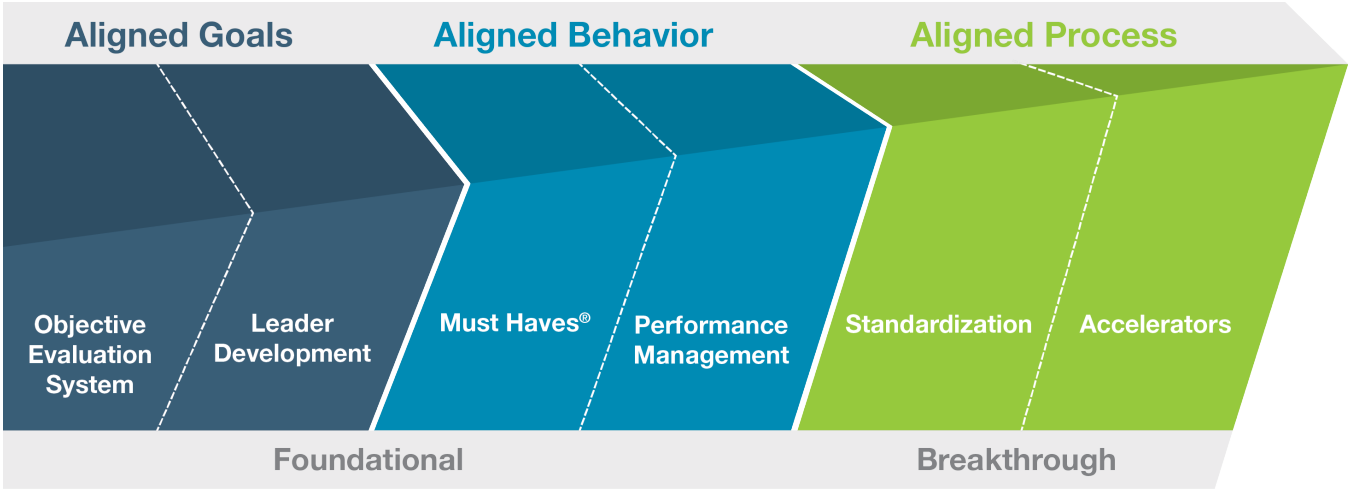
This document was created to summarize peer-reviewed evidence that supports Studer Group's Evidence-Based Leadership Framework℠.



Studer Group's Evidence-Based Leadership℠ (EBL) Framework

Studer Group's Evidence-Based Leadership℠ Operating Framework

An analysis of the Hardwiring Excellence framework (the predecessor to EBL) identified numerous empirically grounded theoretical underpinnings to its principles, including motivation and feedback, management by objectives, evidence-based management, and organizational learning. Further, its effectiveness in driving quality outcomes in healthcare is comparable to other evidence-based models such as Lean/Six Sigma and Baldrige.[i]

"Our review of the Nine Principles®, pillars, and Must Haves® of the Studer approach found this framework to be closely aligned with management-related concepts of motivation and feedback, social networks, human capital, social capital, management by objectives, evidence-based management, and organizational learning. The dynamics set in motion by these elements of the Studer approach are major changes in behavior, attitudes, relationships, processes, and goal attainment that hardwire excellence."[ii]

Leadership is the single most important variable when implementing Evidence-Based Leadership℠,[iii] but absorbing the initiative into an organization's culture is the key to sustainability.[iv]

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Objective Evaluation System

Objective evaluation systems that include employee participation in goal setting and continual feedback about results are associated with improved performance quantity, improved performance quality, and increased employee satisfaction with leadership.[v]

Organizations who successfully close the strategy-to-performance gap make goals concrete, identify fewer, but clear priorities, continuously monitor performance, and reward execution capabilities.[vi]

Leader Development[vii]

Companies with effective leader development are more effective at driving improved business results through leadership skill, and effective leadership development programs foster organizational agility during change.

Leadership development not only develops leaders, but creates a culture of performance. Leadership development for internal staff is more effective than hiring externally.

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Must Haves®

Note: The Must Haves® for Studer Group's work with partner organizations may vary based on the type of organization and their priorities. However, the following evidence-based behaviors represent the Must Haves® relevant at most hospitals.

ROUNDING

Leader Rounding on Employees: Leader rounding on employees reduces turnover[viii] and promotes safety.[ix]

Leader Rounding on Patients: When leaders round on patients, the patient's perception of the care received is not only improved, but the clinician also rates the quality of care provided as higher.[xi]

Leader Rounding on Internal Customers: Satisfaction with internal service quality is more powerful than satisfaction with wages and benefits in predicting job satisfaction.[xii]

Senior Leader Rounding: Senior leader rounding promotes employee engagement and increased patient experience through increased communication and executive visibility.[xiii]

THANK YOU NOTES/REWARD AND RECOGNITION[xiv]

Reward and recognition (tangible or non-tangible) has positive effects on employee commitment and motivation and stimulates creative performance. Lack of recognition is a crucial reason for employee turnover. Employees do their best work when they feel that their hard work will be rewarded by their manager.

KEY WORDS AT KEY TIMES/AIDET®

Using communication that involves the patient in their care establishes better rapport, which is associated with improved clinical outcomes and self-management of health conditions[xv], increased patient satisfaction, and decreased malpractice claims.[xvi]

EMPLOYEE SELECTION

Peer interviewing increases new employee retention as well as helping with the transition of employees into their new roles and empowering peer interviewers to aid in the selection of new team members.[xvii]

Effective onboarding of new employees results in improved retention, time to productivity, job satisfaction, and customer satisfaction.[xviii]

PRE- AND POST-VISIT CALLS

Pre-visit phone calls reduce the rate of no-shows.[xix]

Post-visit phone calls increase patient experience, reduce adverse events (including readmission and death), and increase staff morale and empowerment.[xx]

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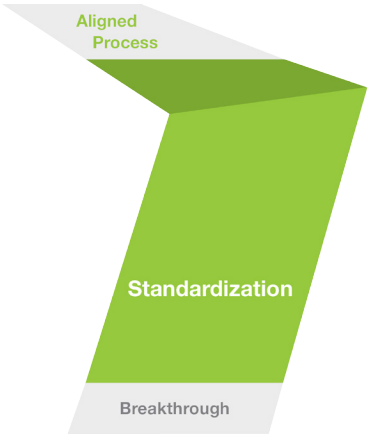
Performance Management

Unaddressed disruptive behavior leads to higher healthcare expenses, risk of malpractice litigation, and decreased staff morale as well as increased turnover and job dissatisfaction.[xxi]

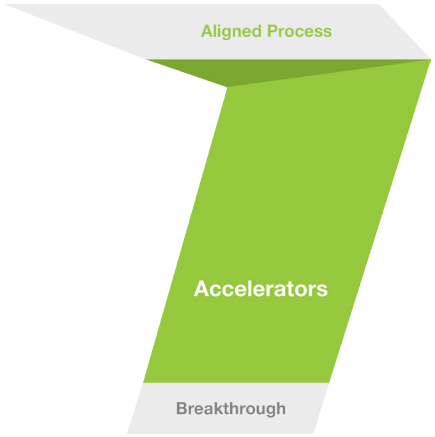
Effective performance management (with every employee receiving at least an annual performance review) leads to stronger financial performance, achievement across all organizational goals, and organizational growth.[xxii]



Standardization

Standardization maximizes adherence to evidence-based processes of care and results in improved clinical outcomes, shorter hospital stays[xxiii], reduced malpractice litigation[xxiv], and improved patient safety.[xxv]

Highly reliable organizations focus on sets of standardized principles that enable them to focus attention on emergent problems and deploy the appropriate resources to address those problems. They foster a culture that celebrates failures as "windows into the health of the system, they seek out problems, they avoid focusing on just one aspect of work and are able to see how all the parts of work fit together, they expect unexpected events and develop the capability to manage them, and they defer decision making to local frontline experts who are empowered to solve problems."[xxvi]



Accelerators

Information technology (IT) is associated with substantial increases in output and productivity; organizations that implement IT are also likely to implement new business processes, new skills, and new organizational and industry structures. Greater levels of IT are associated with increased delegation of authority to individuals and teams and greater levels of skill and education in the workforce.[xxvii]

A technology-enabled performance management tool [like Studer Group's Leader Evaluation Manager®] encourages managers to develop better ongoing performance management behaviors,[xxviii] increases the effectiveness of performance feedback,[xxix] and is critical not just for business intelligence, but also as an analytical online process, a data warehouse and a simulation tool.[xxx]

References:

[i] Robbins, J., Garman, A., Song, P., McAlearney A.S. (2012). How High-Performance Work Systems Drive Health Care Value: An Examination of Leading Process Improvement Strategies. Q Manage Health Care, 21(3): 188-202.

[ii] Spaulding, A.C., Gamm, L.D., Griffith, J. M. (2010). Studer Unplugged: Identifying Underlying Managerial Concepts. Hospital Topics, 88(10: 1-9.

[iii] Schuller, K.A., Kash, B.A., Edwardson, N., & L.D. Gamm. (2013). Enabling and disabling factors in implementation of Studer Group's Evidence-Based Leadership initiative: A qualitative case study. Journal of Communication in Healthcare, 6(2), pages 90- 99.

[iv] Schuller, K. A., Kash, B. A., Gamm, L. D. (2015) Studer Group's Evidence-Based Leadership Initiatives. Journal of Health Organization and Management, 29(6): 684-700.

[v] Thompson, K.R., Luthans, F., & W.D. Terpening. (1981). The effects of MBO on performance and satisfaction in a public sector organization. Journal of Management, 7(1), pages 53-68. Full text retrieved from http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1021&context=leadershipfacpub on 12/1/15.

[vi] Mankis, M., & Steele, R. (2005). Turning Great Strategy into Great Performance. Harvard Business Review, 7. Retrieved from https://hbr.org/2005/07/turning-great-strategy-into-great-performance on 8/18/16.

[vii] Martineau, J., Hoole, E., Patterson, T. (2009). Leadership Development: Is It Worth the Money? Management Development. EFMD Global Focus 93(03): 44-47. http://www.ccl.org/leadership/pdf/news/EFMD09LeadershipDevelopment.pdf.

[viii] Hinson, T.D., & D.L. Spatz. (2011). Improving nurse retention in a large tertiary acute-care hospital. Journal of Nursing Administration, 14(3), pages 103-108.

[ix] Frankel, A., Grillo, S.P., Pittman, M., Thomas, E.J., Horowitz, L., Page, M., & B. Sexton. (2008). Revealing and resolving patient safety defects: The impact of leadership WalkRounds on frontline caregiver assessments of patient safety. Health Services Research, 43(6), pages 2050-2066.

[x] Kennedy, B., Crag, J.B., Wetsel, M., Reimels, E., & J. Wright. (2013). Three nursing interventions' impact on HCAHPS scores. Journal of Nursing Care Quality, 28(4), pages 327-334.

[xi] McIntosh, N., Burgess, J.F. Jr., Meterko, M., Restuccia, J.D., Alt-White, A.C., Kaboli, P., & M. Charns. (2014). Impact of provider coordination on nurse and physician perceptions of patient care quality. Journal of Nursing Care Quality, 29(3), pages 269-279.

[xii] Hallowell, R., Leonard A.S., & J. Zornitsky. (1996). Internal service quality, customer and job satisfaction: Linkages and implications for management. Human Resource Planning, retrieved from http://edtech2.tennessee.edu/projects/USDA/isq.pdf on 11/17/15.

[xiii] Executive rounding program improves communication, performance (2006). Performance Improvement Advisor, 10(8), 94-6.

[xiv] Gohari, P., Kamkar, A., Hosseinipour, S.J., & M. Zohoori. (2013). Relationship between rewards and employee performance: A mediating role of job satisfaction. Interdisciplinary Journal of Contemporary Research in Business, 5(3), pages 571-597.

[xv] Heisler, M., Bouknight, R. R., Hayward, R. A., Smith, D. M., & Kerr, E. A. (2002). The relative importance of physician communication, participatory decision-making, and patient understanding in diabetes self-management. Journal of General Internal Medicine, 17, 243-252

[xvi] Huntington, B., & Kuhn, N. (2003). Communication gaffes: A root cause of malpractice claims. Baylor University Medical Center Proceedings, 16, 157-161

[xvii] Crawford, L. (2011). Using Peer Interviewing to Reduce Nursing Turnover and Vacancy and Improve Staff Satisfaction. Emergency Nurses Association. Presentation. Retrieved from: http://www.nursinglibrary.org/vhl/handle/10755/162424

[xviii] Bauer, T.N. (2010). Onboarding new employees: Maximizing success. SHRM Foundation, retrieved from https://www.shrm.org/about/foundation/products/Documents/Onboarding%20EPG-%20FINAL.pdf on 11/13/15.

[xix] Christensen, A.A., Lugo, R.A., & D.K. Yamashiro. (2001). The effect of confirmation calls on appointment-keeping behavior of patients in a children's hospital dental clinic. Journal of Pediatric Dentistry, 23(6), pages 495-498.

[xx] Kennedy, B., Crag, J.B., Wetsel, M., Reimels, E., & J. Wright. (2013). Three nursing interventions' impact on HCAHPS scores. Journal of Nursing Care Quality, 28(4), pages 327-334.

[xii] Reither, C.E., Pichert, J.W., & Hickson, G.B. (2012). Addressing behavior and performance issues that threaten quality and patient safety: what your attorneys want you to know. Progress in Pediatric Cardiology, (33)1, pages 37-45.

[xxii] "How Smart HCM Drives Financial Performance," Workforce Intelligence Institute & SuccessFactors, 2006. Retrieved from https://www.successfactors.com/en_us/lp/articles/smart-hcm.html on 11/23/15.

[xxiii] Bozic, K.J. et al. (2010). The influence of procedure volumes and standardization of care on quality and efficiency in total joint replacement surgery. Journal of Bone and Joint Surgery, 92(16), pages 2643-2652.

[xxiv] Kirkpatrick, D.H. & R.T. Burkman. (2010). Does standardization of care through clinical guidelines improve outcomes and reduce medical liability? American Journal of Obstetrics & Gynecology, 116(5), pages 1022-1026

[xxv] Rozich, J.D. et al. (2004). Standardization as a mechanism to improve safety in health care. The Joint Commission Journal on Quality and Patient Safety, 30(1), pages 4-14.

[xxvii] Christianson, M.K., Sutcliffe, K.M., Miller, M.A., & Iwashyna, T.J. (2011), Becoming a high reliability organization. Critical Care, 15(6), 314.

[xxvii] Brynjolfsson, E. & L.M. Hitt. (2000). Beyond computation: Information technology, organizational transformation, and business performance. Journal of Economic Perspectives, 14(4), 23-48.

[xxviii] Hunt, S. T. (2011). Technology is transforming the nature of performance management. Industrial and Organizational Psychology, 4(02), 188-189.

[xxix] Gueutal, H., & Stone, D. L. (2003). The brave new world of e-HR. Advances in human Performance and Cognitive Engineering Research, 3, 13-36.

[xxx] Smith, M. A., & Kavanagh, S. C. (2008). The Potholes of Performance Management Technology: A New Road and Its Obstacles. Government Finance Review, 24(3), 63-66.