
view from the top



In fewer than two years, Miami Children's Hospital significantly improved patient satisfaction, clinical outcomes and dramatically increased physician satisfaction.

CEO Dr. Narendra Kini discusses why he has had such success since taking the hospital's top post, and why health care providers must balance the softer people side of care with the disciplined rigor of running a corporation.



senn delaney

The MCH Way: taking performance, patient, employee and physician satisfaction to soaring new heights

Dr. Narendra Kini arrived at Miami Children's Hospital as president and CEO in January, 2008, with a clear mandate: bringing the institution into the digital 21st century.

Miami Children's Hospital offers more than 40 pediatric specialties and subspecialties, and is home to Florida's only free-standing pediatric trauma center. The academic pediatric hospital was at a crossroad in its 60-year history. Market share was flat and leaders needed to make significant organizational changes to reach the next level of performance.

Like many hospitals and health care systems, Miami Children's needed to implement process improvements and technology, including electronic medical records, to reduce costs, increase efficiencies and continuously improve patient care coordination, safety, clinical outcomes and patient satisfaction.

A board-certified pediatric emergency medicine physician with a Master's degree in hospital administration, Dr. Kini was an ideal leader to make this happen. He had previously served as executive vice president of clinical operations improvement at Trinity Health, the fourth largest Catholic health system in the U.S. And he also had been in senior leadership positions with GE Healthcare Leadership Institute, GE Medical Information Technologies and at Children's Hospital of Wisconsin in Milwaukee.

His broad understanding of clinical care, informatics, quality care models and advocacy would help Miami Children's to build on its reputation for clinical excellence and pediatric care leadership at a local, regional, national and global level.

His leadership experience had also taught

Dr. Kini an important lesson about transformational change that would prove invaluable. He understood that a foundational step was needed before embarking on the major strategic and business initiatives that would transform the way the administration, 650 affiliated physicians, and 2,750 clinical staff and front-line employees work together and deliver care and services to families.

That needed step was to shift the collective mindset of the institution in a more accountable, collaborative and customer-focused direction to smooth the path to the major strategic and business changes that digital transformation would bring.

Dr. Kini engaged Senn Delaney to guide this transformation because he had experienced the positive results from their work at Trinity Health. He wanted a methodical, integrated and scalable approach to build alignment and rapport among physicians and executives, which was low, increase collaboration across boundaries and teams, and heighten accountability.

The result was The MCH Way, the institution's defined culture of values and guiding behaviors needed for the future.

Within 18 months, 70 percent of the hospital staff and leaders had been through the initial The MCH Way culture-shaping sessions. And just as quickly, positive results were being seen in a number of critical areas.

Defining the desired culture was just the beginning of a methodical, integrated process that would bring the culture to life and put the principles learned and desired values and behaviors into use across the institution.

An important business goal of transforming the culture, according to Dr. Kini, was to quickly engage people at all levels of Miami Children's — starting with the senior leadership team — in The MCH Way in order to enable implementation of Lean management processes and electronic medical records.

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Dr. Kini's aspiration is to apply disciplined business rigor to making the hospital as good at client service as the best resorts, its safety record as excellent as the airline industry and its technological capability as good as the banking and automotive industries.

He shares his thoughts on bringing positive change to Miami Children's Hospital and the families it serves.

Q What were the underlying forces driving the need for transformational change at Miami Children's?

We were in a highly competitive market in which we were beginning to lose some traction, market share and community perception. We needed to prepare ourselves for an incredibly complicated, changing environment. Could we automate and digitize the environment? Could

we bring our processes into the 21st century in a consumer-friendly manner? Could we become an even more reliable, very safe organization that could be compared not just to other health care providers, but to the best companies in the aviation and nuclear industries?

Another important factor was that when I first came here, I was looking for a way to dramatically elevate the relationship between the institution and the physicians, which was very low. I needed to form the basis of a new relationship.

Q Why did you see the need to start your enterprise transformation plan by first changing the culture?

I realized very quickly that the culture here is very caring; it's all about people and interpersonal relationships. There is a very distinct multicultural ethnic flavor that includes a significant amount of passion. A lot of work was being achieved through what I call heroic efforts of people really extending themselves. Everyone is here for the right reason, which is to give their best to the kids.

However, when the culture has allowed for some level of passion and interpersonal relationships to be the driving force, that kind of environment doesn't necessarily lend itself easily to standardization and digitization.

So, I took a step back and decided that the first major step should be to build a service, consumer-oriented, very interactive culture that focused on certain behaviors that were accountable. The goal was to guide a mindset shift to one that was extremely amenable to changing overall direction.

I'm not sure any organization has tried to do an assessment and change in culture and an assessment and change in process prior to digitizing. To me, it was the right

Patient Satisfaction Ratings

"Would you recommend?" (percentage of optimal responses of extremely likely)	1st Q 2008	1st Q 2010	Goal 90%
Emergency Department	83%	88%	▲
Inpatient Services	86%	89%	▲
Outpatient Services	87%	88%	▲
Ambulatory Surgery	88%	90%	▲

Patient satisfaction results in four key areas of care at Miami Children's Hospital have improved markedly from the first quarter of 2008, when hospital CEO Dr. Narendra Kini was first appointed and began The MCH Way program to transform the institution's culture. The scores noted here are especially significant because they are the percentage of optimal response scores of "extremely likely" to recommend the hospital. The 90% goal is the industry gold standard for health care satisfaction ratings. The medical staff satisfaction "optimal" rating below is the highest in the hospital's history.

Medical Staff Satisfaction Ratings

"Would you recommend?" (percentage of optimal responses of extremely likely)	4th Q 2009	Goal 90%
Medical Staff	94%	▲

Employee Satisfaction Ratings

"Would you recommend?" (percentage of optimal responses of extremely likely)	1st Q 2009	2nd Q 2010	Goal 90%
Employees	88%	93%	▲

thing to do to enable the best results from digitization, which is such an incredibly expensive venture.

Q Was there resistance to change?

Most people perceive change as being brought by the new guy in town and that it's not really going to make a difference. It's a fairly classic reaction. You are actually trying to change their mindsets.

It becomes very hard to accept that if, in your mind, you are doing well, any of these kinds of advanced tools are necessary. The natural question becomes, why do we need advanced tools? What is the exact burning platform? That is the big risk you run into in an entrenched culture at any organization that resists change.

Q Did you feel the need to quickly engage people in The MCH Way?

Absolutely. We were embarking on the EMR digitization journey, and I needed the organization prepared in a relatively short period of time. It was obvious to me that you need to change culture before you changed any process or the resistance will be too great.

I first became familiar with Senn Delaney's culture-shaping process while at Trinity Health. My previous experience with Senn Delaney convinced me that it was probably the best approach that could be scaled up easily to a few thousand people.

I decided it would be worth starting with the senior leadership team but rapidly deploying this methodology so that about 70 percent of staff would be engaged in a short period of time. This takes the inertia out of the culture.

When you deploy slowly, attrition rates will be an issue, and the organization may form the impression that this is not a critical priority from top management.

"I needed the organization prepared in a relatively short period of time. It was obvious to me that you need to change culture before you changed any process or the resistance will be too great."

Q What was your approach?

We started the whole process with a senior leadership retreat and invited board members to participate. After these leaders experienced the sessions, there was almost universal acceptance of the principles as being very useful. Everyone instantly saw how The MCH Way could help us change our physician relationship and enhance our customer relationships.

So, having gotten board support, I set up a deployment schedule, engaging the management team first, followed by directors, managers, supervisors, and then going to employees who provide front-line care. In the first 18 months, we brought a wave of 70 percent of employees through The MCH Way sessions.

As we were engaging more waves of people, we were also doing reinforcement sessions for those who had already been through the initial experiential retreats designed to unfreeze entrenched behaviors and thinking.

An important critical element for the success of this approach is that we had Senn Delaney certify our own facilitators, which included physicians, in conducting these sessions. One of the physician facilitators is also a board member. The fact that a non-employed physician is facilitating two-day sessions has a dramatic impact that you have to see to believe.

Q How important was it to have the physicians experience the process?

It is very important that you gain the support of influencers. We involved some of our critical physicians in the culture-shaping sessions from day one, and some of them are not our employees. That generated the feeling of collaboration and trust and built momentum. Some of the most seasoned physicians who had been here for decades were deeply impacted by the experience personally and professionally. This also had a profound impact on the physician staff.

Q How are you embedding The MCH Way into the cultural DNA and measuring the impact?

We are really moving quite well with institutionalizing The MCH Way. We have established benchmarks to see if our efforts are actually working. We dramatically changed our evaluation system. Fifty percent of the performance evaluation is now based on alignment to and exhibition of behaviors consistent with The MCH Way. People have to demonstrate alignment to those, and they are reviewed on a quarterly basis. The top talent, the role models, are outstanding in The MCH Way.

So, not only did we provide The MCH Way grounding, we provided the accountability tools. That combination is one of the reasons why the culture immersion is occurring. You can adopt a tool, but you don't get it immersed until it is embedded in the work and the evaluation systems.

Q What are some of the results you are seeing?

We have seen significant improvement in our medical staff satisfaction, from the fifth percentile, one of the lowest in the country, to 94%. A staggering change.

Results of Senn Delaney's Culture Impact Survey of more than 700 participants

Senn Delaney measured several areas of cultural change to determine the impact of The MCH Way. The overall results from data collected from more than 700 people who have been through The MCH Way culture-shaping process are very positive.

Participants' perceptions about the culture-shaping process and the impact on the organization:

- 86% believe the culture-shaping process can help the organization be more successful with better results
- 83% believe the organization is moving in the right direction to achieve better future results
- 80% believe the team is better focused on serving others
- 87% feel even more accountable to get results

There is evidence of higher levels of accountability, resulting in significant cost reductions and increased compliance. Comments from some of the participants are shared at right.

"Senn Delaney was definitely part of the solution for a reduction in costs. Our costs, YTD have decreased dramatically and we're significantly under budget as compared to last year (\$500,000 less in total operating expenses as compared to 2007 expenses)."

"Our department is more focused. We have decreased the payables from 30 days, to 20 days; this is allowing for all construction projects to stay on target."

"Our department has cut in-house inventory by almost half of the inventory we used to have. We developed an electronic PTO form for the office instead of using the pre-printed forms that would be charged to the department. Eliminating the forms was a cost-cutting improvement."

We have seen a very significant improvement in patient satisfaction and we have seen an increase in employee engagement. There are measurable increase in all three aspects and those were our goals.

Q What are some of the intangible things that you notice beyond the benchmarks?

We are starting to see a universal language being used in conversations, in meetings and in documentation. Since The MCH Way is now a mandatory part of new employee orientation, even prospective employees are getting the marked impression that we care significantly about attitude and behavior.

And though I can't prove this yet, I think we will demonstrate that happy doctors and employees make patients get better without any change in the way we produce medical care.

Q Did changing the culture first before introducing Lean processes prove to be important?

Yes, the sequence was important. Right after we introduced The MCH Way, I introduced the Lean process improvement methodology.

One of the things that became obvious was that in order for Lean, which really changes the way you work, to be introduced, it was important for people to accept that change was necessary.

The MCH Way answered the why do we need to change question. Lean answered the how do we change question. EMR answers the what will we change question. The culture transformation and shifting mindset was one part of the puzzle and Lean another. Together they are powerful.

Q Where are you at with EMR implementation?

It has just begun. We have built the infrastructure. We have advanced Lean to the point where it is now embedded within the organization in evaluations and requirements. We are beginning to measure results in terms of hard dollars and efficiencies and numbers of people trained. We have just completed the specifications and finalized the contract for EMR and expect to roll it out in the last quarter of 2010 or first quarter of 2011.

Q From your leadership vantage point looking back over the past few years, what do you see?

It's been a rather profound journey. Despite knowing what it will take to change culture, I might have even underestimated that. What I found out is that even bringing The MCH Way to the hospi-

tal didn't automatically mean that everyone understands it and adopts it.

You probably need to think 10 times your estimate. If you believe you are communicating well, make it a hundred times more than you would do and that would be about right.

Q How often do you communicate about The MCH Way, and why it is important?

I have two to three themes I communicate at every opportunity, in town hall meetings, physician town hall meetings, senior leadership meetings, letters and podcasts... We find out that even that is not enough. People hear what they want to hear, not what you say. In my estimation, it takes about seven times to say the same thing before people actually listen to you and begin to realize that what you're saying is consistent.

These are pretty potent lessons in culture change and should not be a surprise to any leader who has dealt with that. But I'm trying to point out that a tool is only one part, however, it eases your pain in culture change, which to me is the most profound aspect if you want to transform an organization. Everything else is relatively easy — the technology and the processes — once the culture decides to accept it.

Q As you walk around the halls and participate in meetings, what strikes you as having changed most from when you arrived at Miami Children's?

There is a renewed enthusiasm. There is a sense that we are on a very steep incline. There is a sense that we really want to take our rightful place in the hierarchy of hospitals that care for children. There is an optimism that is arising from an increased sense of self worth. Put it this way, we used to think of ourselves as a great community hospital. We are now beginning to

think of ourselves as a top-tier children's hospital. People are beginning to believe that. And that belief is absolutely one of the primary drivers of change.

Q Is the transformational process being felt in the community?

We believe we are making an impact. I couldn't give you clear, community-based proof, but I know our community awareness has increased, and that potential donors are looking at us as a viable site in which to invest. And I also know that we are being looked at very seriously by the competition, which is indirect proof that we are making an impact. They are beginning to compete for our people, and respond to our ads and initiatives, all signs that they are taking us seriously.

Q Has The MCH Way helped the institution in other strategic areas?

Definitely. We were preparing for digitization, but also for patient-centered care, changing our focus to the family rather than on the provider. The patient is the center of our rounds, the patient's family determines what they need. We are considering allowing our families to assist in certain care processes.

We are beginning a process called Family-Activated Rapid Response, which means that the family can activate a response team of doctors and nurses to come and

see the patient when they think something is wrong. The mom is the most sensitive indicator that something is wrong with her child. It is very empowering.

Q You are positioning the hospital for the future. What does that look like?

We are beginning to get very comfortable. We are in a very stable position in which to address the future. Overall, I believe that we are positioning ourselves to be able to absorb a lot of the challenges that await us.

I think we are going to transform ourselves. Traditional market share used to be about how many inpatients came. We believe our new goal should be about how many patients we serve in all aspects of pediatrics: prevention, treatment, monitoring as well as screening. That means we'll be much more out in the community, where we'll have an ambulatory and international focus.

We'll continue to become very, very good at what we do, meaning higher reliability. That's really where the future is, a highly networked set of centers that cater to whatever it is that the child needs, not necessarily only the ill child. That is a better way of describing what it is that we want to do.

We are seeking to define a clear niche in which we can distinguish ourselves nationally and sustain us in the decades to come: Boston stands for Harvard Medical School, Philadelphia for cutting-edge research and Johns Hopkins stands for public health.

What does Miami Children's Hospital stand for? Is it a great hospital in your community? Is it cutting-edge in a particular area, or does it have a niche?

We are still defining that, but we are beginning to understand what our power and full strengths are.

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Q What advice do you have for other health care leaders?

The message I have for leaders is that it's time to realize that our hospitals are actually businesses. They are in the business of providing hope and standardized outcomes to our customers. Therefore, we must treat our industry with the same rigor as others.

It is inexcusable that banks and auto industries are more automated than health care, that the aviation industry has almost a flawless record of safety and that high-end resorts have vastly better service standards than we do. We seek to build a model of safety, service and reliability that will rival the best in class in all industries.

Q Isn't funding in health care a limiting factor?

It probably is true, but circumstances right now are such that only those who the consumers believe are providing value will survive. So, we have a choice to make.

Q What has been the most satisfying aspect of this journey for you personally?

The most satisfying thing for me is that at the end of the day, it's about children. If we can provide this community with a world-class resource such that no child has to leave this community, all this would be worth it. ■

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