

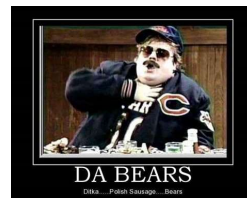
Leadership in a Changing Health Care Environment

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AAMD Spring 2018 Regional Meeting

Welcome to Denver!



- Introduction:
 - Julie Hild R.T. (R)(T)
 - Staff Radiation Therapist
 - Lives in Skokie, Illinois
- School:
 - Saint Francis School of Radiography (2008)
 - Northwestern School of Radiation Therapy (2009)
 - National Louis University
 - B.A. Health Care Leadership (2017)
 - MHA Health Care Leadership-Current
- Work:
 - Northwestern Medicine (2010-2017)
 - Presence Health (2017-Current)



Welcome to Denver!

- ▶ Current Work Dynamic:
 - Presence (Amita) Health in Chicago and Evanston, Illinois
 - Non-for profit Catholic hospital system
 - Saint Francis Hospital
 - Located in Evanston, Illinois
 - 215 bed; Level 1 trauma hospital
 - Saint Joseph Hospital
 - Located in Chicago, Illinois (8 miles apart)
 - 361 licensed hospital beds



Welcome to Denver!

- ▶ Current Work Dynamic:
 - Saint Francis Hospital:
 - One Linac
 - Varian 21 EX
 - GE CT Simulator 64 Slice Discovery RT
 - Saint Joseph Hospital:
 - One Linac
 - Varian TrueBeam
 - GE CT Simulator 64 Slice Discovery RT

Welcome to Denver!

- ▶ Between both sites:
 - Manager/therapist
 - Two radiation oncologists
 - One physicist
 - One dosimetrist
 - One nurse
 - Three full time radiation therapists
 - One office manager
 - Treat around:
 - SFH: 125
 - SJH: 250
 - SRS/SBRT
 - HDR



The Future of Health Care

- ▶ Increase major mergers between healthcare conglomerates
- ▶ Healthcare reform???

▶ Technology



Competition

▶ Reimbursements



The Future of Health Care

Changes in The Radiation World

- We are working with larger and larger data sets as our technology grows and planning increases in complexity
 - This creates storage issues
 - We need more and larger work stations
- We need the ability to share information and access more data
 - Becomes even more complex as we start to merge systems–Project One
 - Requires trying to work with and share data using software systems that don't "talk" to each other in the same language.



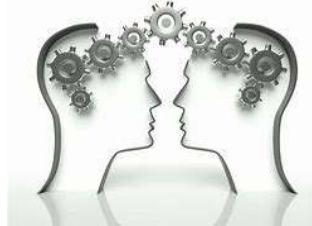
The Future of Health Care

- We are required to work with many different vendors; this can be stressful. Ex: Mosiaq and Varian
- Working with new planning software, learning new skills, and trying to merge systems.
 - For example: a re-treat patient from another facility or another country

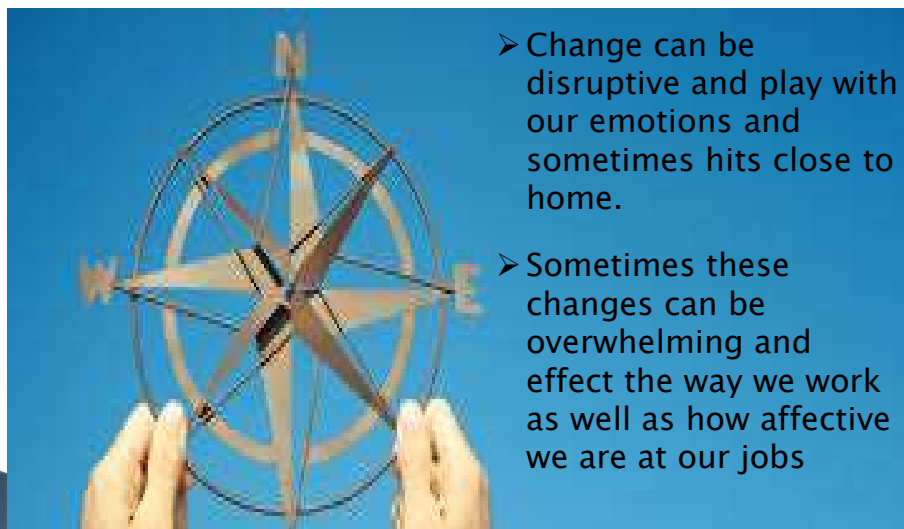
The Future of Health Care

➤ Solutions:

- Cloud: Infinite Computational Power
 - Allows us to have:
 - On the go access to data
 - Share data
 - Share larger data sets than ever before—example is motion scans
- All of these changes in our work flow and healthcare environments require us to accept change as well as us to be excellent collaborators in order to be successful.



Navigating Change



- Change can be disruptive and play with our emotions and sometimes hits close to home.
- Sometimes these changes can be overwhelming and effect the way we work as well as how affective we are at our jobs

Navigating Change

- ▶ Change can happen quickly; sometimes on an hourly or minute to minute basis
 - New management
 - New doctors; i.e. new planning expectations
 - JCAHO
 - Presidents drops by for a visit
- ▶ Realizing that change is inevitable, especially in the field of radiation oncology
- ▶ How can I manage that change better for myself and my team?
 - Lets face it we spend a lot of our lives a work



Accepting change

- ▶ Give yourself a break!
- ▶ Change initiatives will often fail
 - 25% of the time
- ▶ When change is introduced, it's often met with the natural human response, negativity
- ▶ This is counterproductive to our workflow and how we interact with one another



Accepting change

- ▶ Feelings that follow usually are:
 - Increased stress– (new expectations/new MD)
 - Decreased focus
 - Decreased productivity
 - Negative influence on co-workers (relationships between employees)
- ▶ The ultimate result is this reaction slows down the whole process and undermines the impact that change can have. It's a huge negative impact on our work environment.



Accepting change

- ▶ “Change is just energy, and its either positive or negative force could evolve with the personal perspective you have on it.”

–(business insider)



What Makes a Leader?

- ▶ Anyone can be a leader
- ▶ Everyone plays a vital role in the team

Managers	Leaders
-Planning and budgeting	-Establish direction
-Agendas	-Empower coworkers
-Allocate resources	-Encourage team building
-Organize and staff	-Collaborate
-Provide structure	-Create vision
-Sets timelines	-Motivate and inspire others
-Makes job placement	-Energize coworkers

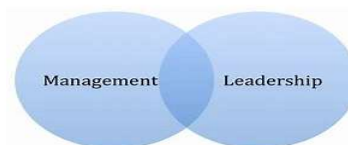


What Makes a Leader?



Leaders tend to “pull” other employees whereas managers tend to “push” employees

You can be both a manager and a leader



What Makes a Leader?



- ▶ As therapists we look to dosimetrists and physicists to be our leaders
 - Doctors tell you what they want
 - You create and make the plan happen
 - Therapists put your work into effect on the floor
 - You put a lot of trust in us, to ensure we are carrying out your plan appropriately–Don't be afraid to lead us
- ▶ When a change is implemented in our departments especially machine related we lean on dosimetry/physics to be our go to if we have questions
 - treating metal indexing bars/MRI safe indexing bars–carbon fiber
- ▶ Sometimes our big heads get in the way!
 - Patients and quality suffers

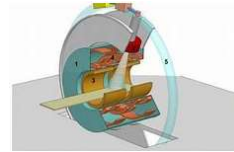
How Can Leaders Best Deal With Change?

- We are expected to change at a faster pace as we continue to make advancements in technologies as well healthcare systems continue to merge
- Looking to each other will help make this easier
 - The unknowns of healthcare reform
 - Increased rate at which organizations will have to make changes
 - Billing changes at this point are unknown



How Can Leaders Best Deal With Change?

- As planning technology becomes more complicated
- So does the involvement from staff to help ensure proper billing for that technology is correct
- If healthcare reform changes, coverage and reimbursement rates change
- Increases in technology that are being set in place may not be able to have the patient population to afford these treatments? i.e. HDR, IMRT, Rapid Arc, MRI Linacs, Proton therapy, and all the planning systems that come with this technology?????
 - Evicore (BlueCross, Cigna, & Aetna)
 - Not covering IGRT for whole breast TX
 - Will cover for boost
 - Plans are dictated by the insurance companies



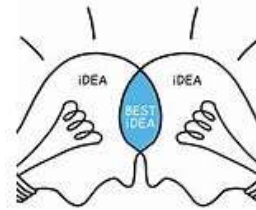
How Can Leaders Best Deal With Change?

- So, how can we in the field better prepare ourselves for changes in the future of healthcare?
- Listen carefully to upcoming changes, not all developments and current healthcare trends that are here are here to stay and some are just scratching the surface.
 - 3D printing bolus
 - MRI Linacs



Encouraging Change

- How can we encourage change in radiation departments?
 - Collaborate and talk with each, share ideas
 - Share your knowledge talk to the therapists about why your doing a certain kind of plan, we can learn a lot from each other, ex: Breast boost field/huddle



Encouraging Change

- Strategies:
 - Pick charts/involve it in daily huddles or monthly meetings

	Low Payoff	High Payoff
E a s y	Possible	Implement
H a r d	Kill	Challenge

Encouraging Change

Example

The problem: pediatric anesthesia set-ups for brain patients

- Airway issues
 - Cutting away at the mask due to steroid and “moon” face syndrome
- C-spine alignment issues on CBCT
 - Swelling in patients caused issues with re-alignment with c-spine on brain stem patients
 - Increased posterior neck fat made it hard to re-align patients



Encouraging Change

Example

The solution: Change mask type and used straightening marks

- Went from using green reinforced masks to using BrainLab masks
- This allowed us to use the 0-4mm spacers to adjust for patient swelling
- Allowed for more room around the patients airway
- Using a straightening mark or tattoo allowed for better C-spine alignment



Encouraging Change

Example

The process:

- The doctor in charge of the pediatric anesthesia program was **anti-change**
- We were told initially to not even attempt this change–(negativity)–this was important to us
- We had to get someone on board that would become our **champion of change**
- Lead therapist and the MD’s favorite dosimetrist
- Once these two staff members on board, we had them “run” the idea by the MD
- Surprisingly, because of who presented the idea to the MD it was received very well and we were given the go ahead to try it
- **Sometimes its all in the delivery!**



Encouraging Change

In the End:

This was a collaborative effort from all staff that led to a solution and a positive change for the patient set-ups and treatments.

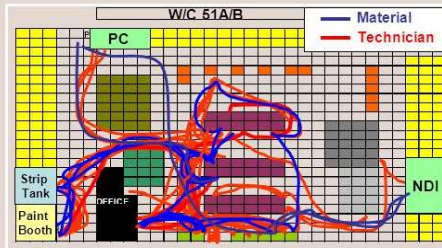
Being a Change Champion



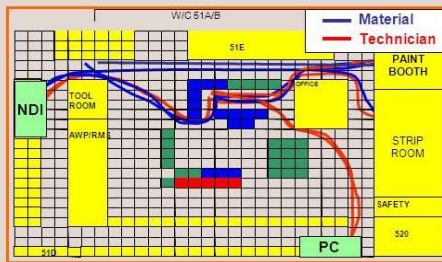
Encouraging Change/ Strategies

Before/After Spaghetti Diagram

BEFORE



AFTER



Encouraging Change/ Strategies

De-Bottlenecking

- Examples:
 - Volumes are not ready in time from the MD
 - Delays planning
 - Dosimetry feels rushed to plan
 - QA is delayed
 - Staff feels rushed to QA charts
 - Therapist feel rushed on the floor to load films and chart check
 - Potentially delays the patient
 - Things get missed
 - Lose billing charges
 - Ex: Can't charge for two simple sim charges on the same day-planning/new start



Encouraging Change/ Strategies

De-Bottlenecking

➤ Solutions:

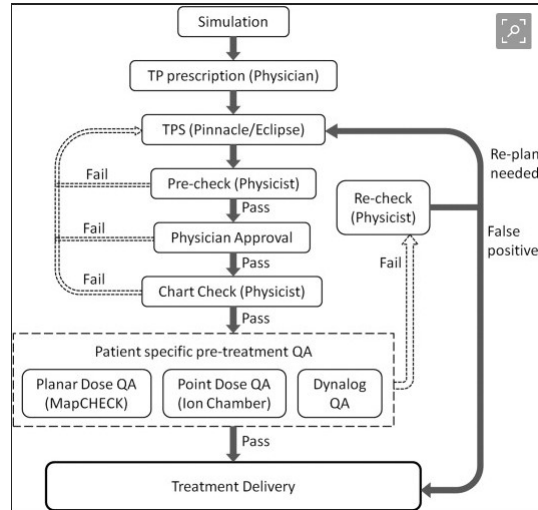
- Standardizing
 - Volumes should be done on the day of the CT simulation and at least an un-approved script should be in, so the dosimetrist has something the plan off of
 - Treatment plan should be in from the doctor prior to simulation so that the dosimetrist has some form of communication if the MD is not available
 - This also helps take some of the heat off of dosimetrists always having to track down MD's to get their work done on time
 - This is a waste of time for everyone
 - Standardizing gives everyone a clear awareness of their expectations



Encouraging Change/ Strategies

- a. Patient Scheduling
 - i. Plan to avoid conflicts with new starts, sims, brachy, SRS/SBRT
 - ii. Policy on CT simulation when treating MD is off
 - iii. Policy on new starts when treating MD is off
- b. Patient Documentation
 - i. Treatment planning note w/n 48h of sim
 - ii. Sim note w/n 24h of sim
 - iii. Radiation prescription written at time of sim
 - iv. Diagnosis and staging entered into Aria within 48h of sim
 - v. Brachytherapy plans scanned into Aria within 24h of treatment
 - vi. Radcalc & IMRT QA signed prior to first fraction
 - vii. Special physics - Image fusion note signed prior to first fraction

Encouraging Change/ Strategies



Process Maps

How Can Leaders Best Deal With Change?

- Introducing change can be tough.....
- Impersonalize Change
 - Taking responsibility for your behavior is always the right thing to do
 - Obsessing about decisions you've made will not help anyone or the team
 - Too often we blame each other when something goes wrong in radiation oncology, back to our big heads.
 - We need to be more collaborative and work together to ensure that the patients receive the best treatments everyday, find champions to help each other with projects-RT's & Dosi's unite!
 - If we work together our patients can feel it and it makes our jobs easier

How Can Leaders Encourage Organizational Change?

- Notice problems
 - Addressing problems with our coworkers
 - Ex: there's an issue on the floor with a plan, you don't like the way the therapists have been setting up a patient.
- Provide clear goals
 - Go in with goals in mind for the change you want to see and then provide them for the staff you want to see change them, help coach and guide be willing to bend on how you might reach your goals so that you still get there



How Can Leaders Encourage Organizational Change?

- Challenge standard approaches
 - Don't be afraid to bring up new ideas–3D print bolus
 - Bring up things you saw at this conference and if you want to, try something new in your planning or in the treatment room, bring it up to staff and see if you have any takers.
- Build trust in your judgement
 - Be confident and know what your talking about
- Have courage
 - Have the courage to speak up and take a risk

How Can Leaders Encourage Departmental Change?

Here are some strategies to help you and your coworkers through the changing healthcare environment:

People First!

- Involve employees in the change process–Don't Wait!
 - If there is a change in planning process for example, let the therapists know. Don't wait and let the rumor mill start
 - Invite them back into the planning room to take a look at what your talking about
 - This increases engagement and allows increased knowledge between staff
- Interview employees regarding their feelings
 - Whenever a change is made other employees tend to get upset
 - Just ask people how they feel about it
 - Involve people in the process this tends to squash bad feelings right off the bat



How Can Leaders Encourage Organizational Change?

- Be honest and as transparent as necessary
 - Being honest with each other builds bridges
 - Letting people know what's going on with a project and not being secretive is very important
- Expand communication channels
 - Use all the staff you can, engage!
 - MRI,X-ray, residents, MD's, Ultrasound
- Be firm, committed, but flexible
 - If you want a patient treated in a certain way or in a certain position then communicate it, but be willing to come over to the CT/treatment room and to lend your knowledge to the therapist and help figure out a solution for that difficult patient or setup

How Can Leaders Encourage Organizational Change?

- Collaborate
 - This is the so important!
 - We can learn so much from each other
 - Spent a few minutes here and there actually learning a bit about each other and asking questions about why we do things the way we do them
 - Why is a Winston Lutz so important, what is it used for?
 - This helps therapist gain knowledge and opens up a good point for discussion between colleagues
 - Chart rounds—ask questions of the therapists, how was that patients bladder filling? Is the femur lining up ok?
 - Daily huddles—Did you get the structure for the OSMS patient? Maybe the therapist forgot?
 - Ex: special physics charge for PET/MRI fusions
- Invest in staff/continuous learning
 - Continuing education learning program in-house
 - Reduce competition and increase morale
- Keep a positive attitude!
 - Reward—Donuts



Things to Remember

- ▶ Standardize whenever possible
- ▶ Remember to collaborate and be a team!
- ▶ Be self-aware of your emotional and behavioral responsiveness to ensure that staff feels empowered and supported as you work through and implement any changes to ensure you are all a success!
- ▶ And most of all, just be kind and supportive to one another.



Thank You!!!!



Questions/Discussion
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