



OhioHealth
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**Leadership Development
Initiative (LDI) Curriculum**

How Can Value Change an Organization?

How Can Value Change an Organization?

In Moore SY, Cameron-Lewis RG, Ferris FD (eds). Leadership Development Initiative Curriculum, 2014. © The Leadership Development Initiative.

ISBN: 978-0-9884318-0-5

Originally Presented by [Frank D. Ferris](#)

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The Leadership Development Initiative gratefully acknowledges the support of:

- International Palliative Care Initiative, Open Society Foundations, New York, NY
- National Cancer Institute Center for Global Health, Bethesda, MD
- The Diana Princess of Wales Memorial Fund, London, United Kingdom
- National Hospice and Palliative Care Organization, Alexandria, VA
- Pettus Family Foundation

The content is solely the responsibility of the authors and editors, and does not necessarily represent the official views of any of the funders.

Acknowledgment and appreciation are extended to faculty and staff of the OhioHealth and the Institute for Palliative Medicine at San Diego Hospice (which housed the International Programs and the Leadership Development Initiative from 2009 to 2012). Special thanks to the Mentors, Consultants and the LDI Team who contributed so much to the LDI Curriculum.

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Overview

Leaders are regularly called on to provide clarity to their colleagues and healthcare organizations. In doing so, effective leaders understand the value of palliative care from many different perspectives. They also strive to align it with the mission, vision, values and activities of the organization in which they are trying to build palliative care capacity.

This presentation exemplifies how the 5 Practices can be used to illustrate the value of palliative care within OhioHealth, a large, not-for-profit, faith-based healthcare system, located in Columbus, Ohio. Participants were invited to critique the presentation style and content as a way to review communication strategies and skills.

Strategies presented include:

- Understand the situation – in the USA and OhioHealth.
 - Use peer-reviewed publications to illustrate the situation of end-of-life care in the USA, e.g., Teno 2013.
 - Use OhioHealth data to engage the audience and illustrate what is happening at OhioHealth, e.g., frequent readmissions of patients with COPD; insufficient over-worked hospital-based palliative care services; late referrals to OhioHealth Hospice (very short lengths of stay before death).
- Model the Way – with effective presentation skills.
 - Presentation skills are key strategies to ‘model the way’ and communicate ideas effectively (90% of the effect comes from the presenter – 60% use of body, 30% passion).
- Inspire a Shared Vision – find common scenarios that are ‘familiar’ and speak to current realities.
 - Align with the healthcare systems mission: ‘to move from volume to value’.
 - Identify a shared vision for patient care using clinical vignettes that illustrate existing tensions within the healthcare system, and suggest solutions.
 - Martha has 21 admissions in 24 months, illustrating the problem with ineffective transactional, rather than relational medicine. These admissions are very costly to OhioHealth as our insurers, i.e., Medicare, reduces payments when too many inpatients are being readmitted frequently.
 - Frank illustrates how early and home-based palliative care can be effective solutions to existing tensions.
- Challenge the Process – utilize current scenarios to set the stage for change.
 - Justify the value of early and home-based palliative care using peer-reviewed publications, e.g., Enguidanos 2012, Teno 2004, Kelly 2013, Temel 2010, ASCO 2012.
 - Use this data to advocate for system-wide measures that monitor the use of palliative and hospice care services.

- Challenge participants to think about the healthcare system in which they would like to receive their care, e.g., “What do you want for your advanced illness experience?”
- Enable Others to Act.
 - Use familiar, evocative video vignettes to illustrate the core palliative care skills needed by all clinicians, that are risks to OhioHealth if not implemented, e.g., communication, symptom and distress management skills.
 - Use the story of the implementation of effective hand-washing to illustrate that change takes time.
- Encourage the Heart.
 - Engage participants from their hearts, using a touching patient story, e.g., Frank.
 - Demonstrate that the power to advocate and improve the system is possible, and that all have a role.

Objectives

After this presentation, participants will:

1. Describe how focusing on ‘value’ can change an organization.
2. Identify common change strategies, and relative effectiveness.
3. Critique the presentation construct:
 - What aspects of this presentation could be used to influence in your settings?
 - Concepts.
 - Presentational styles.

Important Teaching Points

- Value = quality / cost.
- Identifying patient values can help meet needs better; decreasing frustration for all.
- Identifying organizational values clearly will support improved patient safety and quality of care.
- Badly managed medical cases create quality and safety issues for patients, families and medical personnel.

Resources / References

1. Film title and credits for OhioHealth video (NOTE: THESE ARE IN ORDER OF APPEARANCE BUT I BELIEVE SHOULD BE CLUSTERED BY TYPES OF REFERENCES; IS THIS CORRECT?)
2. EOL Care, Medicare last 180d. Teno et al JAMA 2013 309(5): 470
3. Film title and credits for Martha, COPD video

4. Ferris FD, Balfour HM, Bowen K, Farley J, Hardwick M, Lamontagne C, Lundy M, Syme A, West P. A Model to Guide Hospice Palliative Care. Ottawa, ON: Canadian Hospice Palliative Care Association, 2002.
5. Film title and credits for Frank's video
6. Kaiser Study, LA. Enguildanos et al, J Palliat Medicine 2012; 15(12): 1356.
7. 'Excellent' Quality of EOL Care. Teno et al JAMA 2004: 291: 88-93.
8. Outcomes in Last Place of Care. Teno et al JAMA; 291. 88-93.
9. Kelley AS et al, Health Affairs 2013; 552: 561.
10. Film title and credits for video of physician presenting bad news badly
11. Film clip credits for Video - Pain out of Control