



MONTHLY COHORT BREAKOUTS

Thursday, October 10th (3:45 – 4:30 pm)

Toolkit #5: C-Suite Talking Points

COHORT FIVE: PROGRAM/EDUCATION

HealthPartners, Main Line Health, Monmouth Medical Center, Ochsner Health System, Our Lady of the Lake Regional Medical Center and Saint Francis Hospital and Medical Center

TOOLKIT #5: C-Suite Talking Points

Cohort # _____ Facilitator _____

Facilitator to request a scribe to keep notes on the flipchart as well as a presenter for the general session reports-out.

1. Identify C-Suite leaders (by position/job title) that most often met with team leaders. Were there any disciplines not represented at the meeting that, in hindsight, should have been?
2. How knowledgeable were C-Suite members of the AIAMC? Of our National Initiatives? Report this on a 5-point Likert scale, with 1 = no knowledge and 5 = extremely knowledgeable.
3. What are the key takeaways you had from this experience? Answer this question: *If I had the C-Suite meeting to do over again, I would.....*

FOR REPORT OUT IN BALLROOM:

Report on what C-Suite members were most likely to meet with the team leader and if anyone should have been included that was not.

Report the average scores of AIAMC knowledge and NI knowledge as well as the spread of scores (e.g., we would expect that institutions with prior NI experience would have more knowledgeable C-Suites.....was that the case?)

Report on the key takeaways shared and encourage teams to apply these ideas during their next meeting with the C-Suite (preferably in the next 3 to 6 months, based upon your C-Suite's knowledge and support of your project).

TOOLKIT #5: C-Suite Talking Points – Pg 1 of 2

INSTITUTION NAME: HealthPartners Institute

Prior to launching your institution's teaming project, it's important to meet with the key leaders in your organization's C-Suite. At a minimum, this meeting should include your Chief Executive Officer/President and Chief Quality Officer. Other "Cs" with whom you may also wish to meet include your Chief Nursing Officer, Chief Medical Officer, Chief Academic Officer, Chief Experience Officer, Human Resources Leadership, and other leaders as appropriate given the intended focus of your project.

The purpose of this meeting is three-fold:

- to provide information about the AIAMC, National Initiative VII and your proposed project (see next page)
- to better inform yourself about your institution's goals to improve the teaming culture
- to identify areas of mutual interest, i.e., how GME and at least one additional profession (nursing, pharmacy, social work, etc.) will support the institution's strategic vision with regard to teaming.

You will need one hour for the meeting and may need to schedule multiple meetings, depending upon the number of C-Suite leaders with whom you wish to meet. In an ideal world, you will be able to gather all the requested leaders in one setting; however, we know this is not always feasible.

1. Open the meeting by explaining that you are your institution's representative to the AIAMC National Initiative VII and what the Initiative is trying to accomplish. In preparation, review the attached background on the AIAMC and NI VI (see next page).
2. State that you have determined that _____ would be an ideal focus for NI VII. Describe what outcomes you wish to achieve, how these outcomes will be measured and who will be involved. Explain how residents and GME leadership are uniquely poised to drive these changes and partner with other leaders in the clinical learning environment. Describe your vision of the Initiative. List what resources you believe will be needed to successfully complete the project (human, financial, technical/data, etc.). Review the barriers identified by your team as well as the proposed resolutions to those barriers. (Refer to Toolkit #3 for content)
3. Seek feedback on the project focus, team membership and design. Does this resonate with your leadership? If yes, who else should "be at the table", i.e., have you overlooked any key external or internal stakeholders? If no, what focus would better support the institution's teaming efforts? *Ask for their support:* both in providing the necessary resources and in helping to overcome anticipated barriers.
4. Explain that you will provide a National Initiative progress update approximately every six months until the Initiative is completed (March 2021). Offer to also present your institution's progress at appropriate leadership meetings throughout the 18-month NI timeframe.

TOOLKIT #5: C-Suite Talking Points – Pg 2 of 2

INSTITUTION NAME: HealthPartners Institute

About the AIAMC:

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About National Initiative (NI) VII: *Teaming for Interprofessional Collaborative Practice (IPCP)*

The concept of teaming, characterized as teamwork on the fly¹, has significance across health profession learning and practice. While health profession curricula are designed to inspire learners in the concepts of teamwork, the transfer of knowledge to skill is met with challenges inherent in the complex clinical practice setting and learning environment. We need to better understand the concepts of teaming for interprofessional collaborative practice (IPCP) and the relationship to health care outcomes. The AIAMC is uniquely poised through its past experience with alignment of medical education and institutional strategy to address Teaming on the Micro Environment (Clinical Care Units and Service Lines), Meso Environment (Hospitals and Clinics) as well as on a Macro Environment (Health Systems)². Participants in NI VII will be equipped to develop and implement Teaming strategies on impacting IPCP towards achieving an interprofessional clinical learning environment that advances the safety and quality of clinical care and the patient's and clinician's experience. To meet the rising complexity of health care, now is the time for AMCs to support and advocate for the advancement of Teaming for IPCP.

Reflections (2-3 sentences) – Was your meeting with the C-Suite productive? Did you find the talking points helpful? Was this exercise beneficial? If not, what can we do to improve?

Will introduce after first NI VII team meeting at the end of September- will determine which leaders and groups to engage.



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**RETURN TO KRISTY STITH BY
TUESDAY, SEPTEMBER 10th
via email kristy@aiamc.org**

TOOLKIT #5: C-Suite Talking Points – Pg 1 of 2

INSTITUTION NAME: Main Line Health

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TOOLKIT #5: C-Suite Talking Points – Pg 2 of 2

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Reflections (2-3 sentences) – Was your meeting with the C-Suite productive? Did you find the talking points helpful? Was this exercise beneficial? If not, what can we do to improve?

Our C-Suite is fully aware of our AIAMC NI VII project and sees it as major advance in our relationship with our key Academic Affiliate. While the project in and of itself brings value to our system in interprofessional teaching, successful implementation of the project will demonstrate our ability to function as a system and to dissipate the culture of "siloeed" existence.



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TOOLKIT #5: C-Suite Talking Points – Pg 1 of 2

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Team leader has not been able to schedule meeting with CEO yet. Will likely piggyback the discussion adjacent to another meeting. Joe Jaeger is our CAO, and Diann Johnston, our CNO, have both been briefed and were parts of our last initiative.



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TOOLKIT #5: C-Suite Talking Points – Pg 1 of 2

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INSTITUTION NAME: Ochsner Health System

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Our C-suite is very engaged with our past National Initiative projects and it helps that the teams are aligning the project with priorities that are important to them. They have been very supportive of our work and understand the implications if we are successful. The talking points were helpful.



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INSTITUTION NAME: Our Lady of the Lake Regional Medical Center

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An Executive Steering Committee meeting was held with the C-Suite in August. This was a productive meeting on expanding the current "Tiger Rounds" pilot. The talking points were helpful. The meeting focused on the drivers for the initiative and what was needed for educating participants, faculty development needs, and resources.



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INSTITUTION NAME: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

About the AIAMC:

The AIAMC is the only national organization addressing the unique needs of independent academic medical centers. Our members share a common commitment to delivering exceptional patient care through education and innovation. For 30 years, the AIAMC has supported our members in achieving exceptional health and well-being outcomes for the communities they serve by fostering an environment of learning, networking and collaboration. Focused on results, AIAMC and its members develop and apply real-world, sustainable solutions that position them to thrive in our dynamic regulatory and accreditation environment. The AIAMC National Initiative (NI) is the only national and multi-institutional collaborative of its kind in which residents have led multidisciplinary teams in quality improvement projects aligned to their institution's strategic goals. The AIAMC's twelve years of experience with six successful National Initiatives provides a rich and unique resource to the CLE community. Sixty-seven hospitals and health systems and more than 1,200 individuals have participated in the AIAMC National Initiatives since 2007 driving change that has resulted in meaningful and sustainable outcomes improving the quality and safety of patient care. Examples of successful outcomes include the development of an electronic hand off tool with 100% accuracy of medications, education on central line insertion techniques that resulted in zero central line infections and a 92% increase in alcohol misuse screening in a primary care clinic.

About National Initiative (NI) VII: *Teaming for Interprofessional Collaborative Practice (IPCP)*

The concept of teaming, characterized as teamwork on the fly¹, has significance across health profession learning and practice. While health profession curricula are designed to inspire learners in the concepts of teamwork, the transfer of knowledge to skill is met with challenges inherent in the complex clinical practice setting and learning environment. We need to better understand the concepts of teaming for interprofessional collaborative practice (IPCP) and the relationship to health care outcomes. The AIAMC is uniquely poised through its past experience with alignment of medical education and institutional strategy to address Teaming on the Micro Environment (Clinical Care Units and Service Lines), Meso Environment (Hospitals and Clinics) as well as on a Macro Environment (Health Systems)². Participants in NI VII will be equipped to develop and implement Teaming strategies on impacting IPCP towards achieving an interprofessional clinical learning environment that advances the safety and quality of clinical care and the patient's and clinician's experience. To meet the rising complexity of health care, now is the time for AMCs to support and advocate for the advancement of Teaming for IPCP.

Reflections (2-3 sentences) – Was your meeting with the C-Suite productive? Did you find the talking points helpful? Was this exercise beneficial? If not, what can we do to improve?

The team leader has regular meetings with the President and with regional leaders. It is not possible to have a one hour meeting solely on this initiative, but regular reports of this initiative and project are part of Dr. Hepworth's monthly meetings.



¹ Edmondson, Amy C. 2012. "Teamwork on the Fly: How to Master the New Art of Teaming." *Harvard Business Review* (April):72–80.

² Weiss KB, Passiment M, Riordan L, Wagner R for the National Collaborative for Improving the Clinical Learning Environment IP-CLE Report Work Group. Achieving the Optimal Interprofessional Clinical Learning Environment. Proceedings of the National Collaborative for Improving the Clinical Learning Environment Symposium. <http://ncicle.org>. Published January 18, 2019. doi:10.33385/NCICLE.0002