

**Transforming Hospital Culture with Relationship-Based Care:
Crittenton Hospital Medical Center Brings Intentional Relationships
to Patient Care and Ancillary and Support Service**

Crittenton Hospital Medical Center (CHMC), which opened in 1967, is a 290-bed acute care facility located in Rochester, Michigan, a suburb of Detroit. CHMC has a medical staff of nearly 500 physicians and is a fully accredited teaching facility for Wayne State University's School of Medicine and Oakland University's School of Nursing.

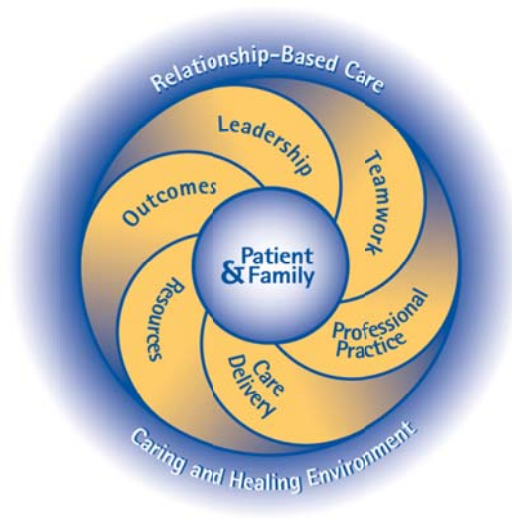
CHMC experienced an organizational culture shift in early 2000 following a significant turnover of top management. Lynn Orfgen was named Chief Executive Officer (CEO) in the latter part of the year and began attracting talented individuals with values consistent with his desired changes. Kathleen Van Wagoner joined CHMC in 2003 as Chief Nursing Officer (CNO) and Greg Partamian arrived as Chief Operating Officer (COO) in 2005. Priorities identified for the new senior leadership team at that time included:

- engaging employees at the point of care,
- being available and listening to employees, and
- inspiring every employee to become a personal leader in his or her own transformation.

During 2005, overall patient satisfaction scores were at a disappointing 7th percentile as measured by Press Ganey. Nurse turnover was 18%, suggesting that nurses were clearly unsatisfied with their involvement in patient care at CHMC. Adding to the complexity of these interrelated issues was the increasing amount of health care information available to consumers; patients and families came to *expect* clinical quality, focusing more knowledgably on how they were being treated by hospital staff.

The challenge for CHMC administrators was clear: transform the way both clinical and non-clinical staff related to patients as well as to one another. The entire culture of the organization needed to change.

While senior leadership was fully supportive of integrating the changes necessary to transform the hospital's culture, nursing staff was experiencing challenges—most notably, being accountable to too many people: patients, families, supervisors, fellow nurses, physicians, and support services staff. There were also multiple rules, policies, and procedures that interfered with time spent at the bedside. Nursing leadership made the decision to adopt the Relationship-Based Care (RBC) model to improve patient and staff satisfaction and increase retention.



The RBC model provides:

- a conceptual framework with a vision for care and a corresponding well-defined foundation of values and principles,
- a practical infrastructure for putting the framework into action,
- the education and leadership necessary to make it happen, and
- proven methods to measure evidence of success.

The essence of RBC places the patient and the patient's family at the center of care activity within a caring and healing environment. Placing the patient and family at the center of the model translates into tangible action at the strategic, operational, and

tactical levels, as everyone in the organization becomes keenly focused on the countless ways in which his or her every action serves (or fails to serve) this central commitment.

Van Wagoner and her team attempted to implement RBC on their own by conducting a four-hour class and utilizing the book *Relationship-Based Care: A Model for Transforming Practice*. This attempt did not yield results; trust and morale issues persisted, and recruiting new staff remained difficult because of CHMC's reputation in the community. Van Wagoner reflects, "Leadership had the right intentions, but how we packaged the culture change and managed expectations was not on target. We were using a 'tell' approach rather than an engagement approach."

In 2007, CHMC's leadership decided to take a more comprehensive approach and invited Mary Koloroutis, Creative Health Care Management consultant, to conduct an Organizational Readiness Assessment. Koloroutis worked with the leadership team to define organizational strengths and desired outcomes that would be facilitated through purposeful leadership.

Koloroutis and the leadership team determined that the first priority was to provide education to CHMC staff and managers through Creative Health Care Management's *Re-Igniting the Spirit of Caring (RSC)*, a three-day workshop that inspires hospital staff and their managers with the joy, meaning, and purpose of their work. This inspiration creates a shared vision for the future. *RSC* focuses on self-care and self-knowing because individuals who are able to care for themselves are able to interact with greater awareness, creating space for staff to care with intention for colleagues, patients, and families.

By the time RBC was formally introduced to CHMC, many of the hospital's employees had 25 to 30 years of tenure. The attitude of "Why should I change?" was prevalent and had to be challenged. The first wave of *RSC* had a huge impact on participants, inspiring them to create more caring environments. *RSC* tapped into the caring hearts

and souls of those who participated, helping them remember that caring for people is a sacred endeavor. The positive change that began at a very personal level in the *RSC* seminar could then be infused into the work of full-scale cultural transformation. Unit Practice Councils (UPCs) were created to further empower nurses to take true ownership of all their responsibilities. The UPCs maintained continual focused communication, putting the patient and family at the center of staff activity. CEO Orfgen summarizes that “*RSC* as a three-day educational event is expensive, given the time required for staff to attend, but this is the only way to do it! Kathleen [Van Wagoner] was very committed, had earned the trust of senior management, and provided visible leadership during the organization’s continued cultural transformation.”

Van Wagoner is even more effusive in her praise for *RSC*, saying, “When we tried to institute Relationship-Based Care on our own, it wasn’t that difficult to figure out what sorts of things had to change. We didn’t have our finger on the *reason* why we wanted to do things differently. It wasn’t until we went through the deep professional ‘awakening’ experienced in *RSC* that we as a leadership team began to embody the change that we knew we wanted to see in our nurses. We couldn’t really teach nurses how to create a culture of trust and vulnerability with their patients until we rediscovered our own experiences of trust and vulnerability.”

Another key step involved the senior management team in creating organizational strategy that was supportive of the cultural transformation. As CNO, Van Wagoner reported to the senior management team weekly on the status of RBC and the changes occurring as a result of the RBC journey. According to Van Wagoner, “The culture change could not have happened without the support of the CEO, the senior leadership team, and the physicians. These groups are data-driven; the physicians were very interested in the excellent progress taking place. They have a keen awareness of our immensely improved patient and staff satisfaction scores and of the enhanced ways of thinking and behaving by the nursing staff as well as other members of the team.”

The senior leadership team discusses the progress of RBC implementation frequently and provides leadership and support to effect positive change. There is solid alignment with the Board of Trustees (BOT) including the board chair, who leads the Quality-Safety Committee, and the vice chair, a physician who chairs the Strategic Planning Subcommittee. The BOT understands patient, physician, and employee satisfaction scores and pays close attention to them. Creative Health Care Management has created a balanced approach to excellence through a clinical, patient, and financial perspective. The return on investment for RBC is an important measure for the continued success of the hospital, and there is evidence that the investment in RBC continues to differentiate the organization in meaningful ways for staff and patients.

From 2007 until today, the organization continues to see marked improvements in outcomes. "RBC was absolutely the right thing to do for patient and employee satisfaction, which are closely linked," states Orfgen. Significant improvements include:

- Patient satisfaction is now at the 83rd percentile. In 2010, quarterly results for patient satisfaction have been as high as 99th percentile.
- Nurse turnover has dropped to 3% and there is now a waiting list of nurses who want to join the organization.
- An external marketing campaign contributed to the positive change in image among staff and in the community. The theme, "Get Better Here", is lighthearted and captures people's attention. An internal campaign, "I Make It Better Here", is having a positive impact on employees' perceptions of the culture transformation.
- In 2008, CHMC received a HealthGrades Distinguished Hospital Award for Clinical Excellence, with clinical outcomes in the top 5% in the nation.
- In 2009, CHMC received a HealthGrades Patient Safety Excellence Award, with patient safety indicators placing it in the top 5% of the nation's hospitals.

Orfgen receives comments daily describing what a great place CHMC is to work. Friendliness and cleanliness are noted by staff and patients alike, and this has boosted staff morale. Orfgen regularly hears from patients about how much it means to them when they are cared for so considerately, and how a seemingly ordinary gesture such

as a nurse sitting and talking with a patient is so very important for their healing and is perceived as extraordinary care.

As Van Wagoner points out, “Patients and their families are continually telling us their story, and it’s our job to listen to them and provide what *they* think they need—not always what *we* think they need. The same is true with nurses and nursing leadership and what *we* think they need. Through personal, one-to-one conversations with nurses and other members of the health care team, I’m able —with purpose and intention—to care for the people who take care of patients.”

“It’s clear,” Van Wagoner continues, “that RBC and *RSC* have changed us. Where we once valued the mere physical presence and clinical competence of our nurses, we now see them working from a deep, intentional presence and bringing an unmistakable humanity to every encounter. Through the UPCs the patient care teams are able to fully see the vision and live the mission of our organization.”

Relationship-Based Care has changed the lives of CHMC’s hospital staff who work together every day to provide state-of-the-art, compassionate care and service to patients and their families. The meaning and power of their work is understood, and the impact is life changing.

Crittenton Hospital Medical Center



Crittenton Hospital Medical Center is a 290-bed acute care health care facility serving communities in Oakland, Macomb and Lapeer counties in Michigan.

Crittenton provides a full continuum of clinical programs nationally ranked for quality excellence, and a medical staff of nearly 500 physicians representing a wide range of medical specialties, providing primary, secondary and tertiary-level care. The Center, with a staff of 1600, has newly-renovated facilities and cutting-edge technology for providing patients with the most advanced medical care on both an inpatient and outpatient basis.

Lynn C. Orfgen - President & CEO



As Crittenton Hospital Medical Center's President and CEO, Lynn C. Orfgen oversees the management of this community facility in Rochester, Michigan. He has almost 30 years of experience in health care management, and previously was Chief Executive Officer of North Shore Regional Medical Center in Slidell, La. He served in similar capacities at hospitals in North Carolina, South Carolina, Florida and California.

Kathleen Van Wagoner - Chief Nursing Officer



Kathleen Van Wagoner, Chief Nursing Officer, is responsible for overseeing nursing care and serves as an advocate for patient- and family-centered care. Van Wagoner assures that patients' preferences and unique needs are addressed in a sensitive manner as nursing care is planned, provided and evaluated. She provides support for nursing teams who assist patients and families while they are in the hospital, ensuring that they have access to the information they need to make informed decisions with the help of their health care team.

Mary Koloroutis - Vice President
Creative Health Care Management



Mary Koloroutis brings more than 35 years of health care experience to her work. Mary's passion is helping individuals embody the knowledge and skills necessary to bring Relationship-Based Care to life in everyday practice.

She helps organizations emphasize the "care" aspect that is provided in acute care settings. She also assists clients in strengthening professional nursing models.

Mary is the editor and co-author of both *Relationship-Based Care: A Model for Transforming Practice* and the *Relationship-Based Care Field Guide*.

For additional information on how CHCM can assist your organization, please contact us at 800.728.7766 or <http://www.chcm.com/>

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