

Culture of diversity, respect, and inclusion

A paper on how to 'Increase workforce productivity'
at Main Line Health

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Paper

Culture of diversity, respect, and inclusion – the key to an engaged and productive workforce

Executive summary

To deliver outcomes that matter to patients and lower costs for all, executives need committed and productive staff working in collaboration with organizational leaders. Supporting interdepartmental collaboration and team-based care is vital to achieving higher-value care. Leveraging staff diversity can stimulate creativity and innovation and enable value-added solutions for patients. Demographic shifts are necessitating changes in operational models of healthcare systems.

Based in Pennsylvania, Main Line Health (MLH) proactively embraces diversity, both for the staff and people they serve. This paper details how MLH and their president and Chief Executive Officer (CEO) Jack Lynch are creating a culture of diversity, respect, and inclusion across the health system. Their purpose was to instill the importance of quality, safety, equity, and affordability for all. This paper is meant to help other healthcare leaders envision and implement team-based care and positive workplaces in the future. MLH is creating a system where every patient receives the same level of safe, high-quality care.¹ Productive and effective teams are vital to achieving this goal as “mistakes are inevitable when we work alone, so we must work together.”¹ MLH’s leadership team identified high-impact areas to tackle in order to deliver higher-value care while simultaneously eliminating harm. Of equal importance is bringing the elimination of disparities to the forefront of practice. Finally, care services have to be sustainably affordable.

Diversity, respect, and inclusion are at the core of MLH’s decisions in terms of:

- Safety & Quality – Building a culture of speaking up for patient safety
- Patient Experience – Care is personal
- Employee Engagement – MLH operates in a diverse area; investment in comprehensive cultural competence training for all employees is the norm

“We strive to interact with patients and their family members as if they were a member of our own family.”²

To develop a culture of diversity, respect, and inclusion that encourages and rewards employees to speak up for safety,¹ MLH invests in the dignity of the employee experience.³ A part of this is reducing the perceived power gradient⁴ that can often be felt between different health professionals, and the disruptive behavior that can arise when working in an intense, often emotional environment where people’s care is at stake.⁵ The initial step to achieving a culture of respect and team-based care meant resolving disruptive behaviors between the two main groups concerned: physicians and nurses. First, it needed to be acknowledged that the behavior existed, with subsequent education and skill development to learn new habits and ways of working.

MLH’s journey to a culture of diversity, respect, and inclusion started with a firm commitment from Lynch and his leadership team to embed it into the DNA of the organization. This included providing positive role modelling, behavior change, and incentives to create and embed a culture that is alert and forward-thinking. Now everyone at MLH feels they are directly connected to how success



Main Line Health System –
Key figures (as of June 2018)

- 10,965** Employees
- 1,355** Licensed beds
- 176,510** Visits to the Emergency Room
- 62,561** Total discharges
- 7,529** Births
- 1,181,619** Outpatient visits
- 246,755** Home Health visits
- > 2,000** Medical staff*
- > 2,000** Volunteers

*including dentists and podiatrists
Source: Main Line Health System

is measured. Fundamentally, the leadership team recognized that creating an environment where an extraordinary workforce is grown, sustained, and nourished goes beyond one-off recognition schemes.³ This is reflected in the overall outcome: The cultural shift the leadership team was able to embed at MLH provided both sustainable impact in their community and in their safety, quality, and financial performance. People feel valued at MLH and have a sense of belonging. Attaining mutual respect among colleagues is a critical element in creating the high-performance environment for teams to deliver a safe, high-quality experience for patients.¹

“If we can establish trust and respect in our organization, we can then be sure every healthcare worker will be that much more committed and sensitive to providing compassion, respect, and an equitable experience to every individual who gives us the privilege to serve and care for them.”¹

“We want to improve the health status of our community. That means everybody in our community.”

Jack Lynch²

About Main Line Health

Founded in 1985, MLH is a nonprofit health system that provides a comprehensive range of high-quality services in the greater Philadelphia area, employing more than 10,000 staff and 2,000 physicians.⁶ In 2018, MLH had revenue of more than USD \$1.7 billion.⁷ MLH provides both acute and rehabilitative care. Acute care is delivered by four hospitals (Lankenau Medical Center, Bryn Mawr Hospital, Paoli Hospital and Riddle Hospital). Bryn Mawr Rehabilitation Hospital delivers advanced rehabilitative services, Mirmont Treatment Center delivers drug and alcohol recovery services, and the Lankenau Institute for Medical Research studies and seeks remedies for cancer as well as cardiovascular, autoimmune, gastrointestinal and other diseases.⁶ The commitment of MLH to the highest standards of patient care and professional engagement has been recognized by peers and throughout the U.S. In 2018, all of MLH’s acute-care hospitals were among the Top 20 in Pennsylvania, as ranked by U.S. News & World Report.⁶ The System also received the Excellence Award from the Mid-Atlantic Alliance for Performance Excellence, a regional Baldrige program. Specifically, in relation to nursing care, all MLH hospitals have been awarded the ‘Magnet’ credential from the American Nurses Credentialing Center, the highest distinction for nursing excellence.⁶ The collaboration and partnership between physicians and nurses is recognized as an important component within the Magnet Recognition Program.⁵ In 2016, only 22 health systems in the U.S. had achieved this system-wide distinction. MLH has achieved a ‘World Class’ status in Gallup and Advisory Board satisfaction surveys.³

MLH links their strategy to their diverse communities and addresses the health of some of the most vulnerable and underserved populations. The median household income vastly differs – from under \$25,000 to over \$100,000.

This disparity can make a real impact on people’s health and lives.⁸ For example, Lankenau Medical Center is situated between two counties that rank fifth and sixty-seventh in Pennsylvania’s county health rankings.⁸ This dichotomy points to inequities that exist and which the MLH workforce must understand and recognize. Dealing with inequity and its impact on health is not only a passion, but also business-critical for MLH’s leadership team. They understand the impact this can have on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores and on reimbursement. MLH’s leadership makes the principles of diversity, respect, and inclusion the center of their strategic plan to better serve their diverse patient population and achieve their commitment to their communities and patients.

Lynch believes that having a diverse workforce and a diverse leadership team helps in understanding disparities in care and achieving equity. MLH is committed to uncompromised patient safety, quality, equity, and affordable patient and family-centered care. Their culture considers the system, patient, and innovation and infrastructure in a comprehensive way. To make a purposeful impact on reducing disparities of care for their community, MLH is extending beyond their walls and innovating to create a healthier community. Overall, MLH considers both their workforce, physicians, and patients as parts of one community, with the following initiatives to make their community healthier:

- Providing a superior experience
- Promoting community health
- Working with highly-engaged employees, physicians and partners
- Increasing the value delivered to patients
- Maintaining research and education

“You’ve got to put in place steps where everybody on the team feels like they are empowered to speak up for safety and look out for what’s in the best interests of the patient.”

Jack Lynch²

The challenge

The benefits of a diverse workforce for business and society are recognized by bodies such as the World Economic Forum, particularly with the growing need and difficulty of finding talent for specialist roles.⁹ Business leaders understand that a diverse workforce can be important to customers and is a focus when recruiting talented people. Inclusion is an elusive challenge – creating an environment that values people’s unique talents and perspectives and makes them want to stay. The leadership team at MLH recognized this challenge at its root. As Lynch put it: “If we’re going to develop more diverse team leaders, we have to grow our own. Top to bottom, employees must see opportunity. We want all employees to know Main Line Health is interested in their growth.”¹⁰

Health systems are in an era of change, and there are increasing expectations for safety, equity, and efficiency. Health professionals can be overwhelmed by this, leading to disruptive behavior or more passive actions like not answering the phone.⁵ This can lead to a vicious cycle of a lack of candor, disengagement, and a nonproductive environment. The daily workplace for many nurses is not conducive to team-based care and can have a very negative impact.¹¹ Disruptive behavior between physicians and nurses with a culture of silence interferes with patient safety in addition to its damaging effects on teamwork.⁵ Teamwork is an important driver of quality in high-acuity healthcare settings. Application of established team-training tools is an effective measure to further quality improvement.¹²

“My responsibility is to empower people, give them the resources, tools, processes, standards, and policies that reduce the likelihood that human beings will make a mistake – and also to do what’s right in delivering the

safest, highest quality, most equitable, affordable care that we can deliver,”² said Lynch. In 2009, MLH began their journey to embed a culture of safety and equity. The steps included building awareness, acceptance, and understanding, and then managing the new ways of working. Lynch and Senior Vice President of Human Resources, Paul Yakulis, understood that a new culture needed to support the business strategy of diversity, respect, and inclusion, with the right behaviors identified and reinforced.¹³ They looked to drive internal crucial conversations, to ask the hard questions and to learn where improvements were needed. Focusing on diversity, respect, and inclusion in the workplace is the right thing to do, but it doesn’t stop there. MLH’s incentive was also founded in business strategy, and it is clear that the focus here is good business.¹⁴ MLH’s leadership team took a key step in 2013 to begin to develop organizational leaders who mirror the patients, and the demographics, of the local communities they serve. “It was the right thing to do because you’re going to be making better decisions at a table with people that look a little different from each other and bring different perspectives.”²

In 2013, MLH replicated a survey by the American College of Physician Executives (ACPE) that measured the impact of disruptive behavior between physicians and nurses. Over 700 providers participated.⁵ The survey found results similar to the 2009 ACPE survey, with ‘yelling’ as the main disruptive behavior, followed by ‘degrading comments and insults.’ Lack of training in how to handle disruptive behavior was also reported. The results of the 2013 MLH survey were disappointing to MLH physicians and nurses.⁵ In response, the leadership team at MLH began several programs to build equity for both their employees and their patients. They believed, and continue to believe, that team members are more likely to speak up for safety¹ when the perceived power gradient between health professionals is minimized.⁴

The solution

“Our people own the book [i.e., the ‘manual’]. They created it.”² The solution to center MLH on the principles of diversity, respect, and inclusion started with the commitment of the leadership team. Their public metrics reflect this approach with four of eight executive metrics related to these principles.¹⁴ The staff at MLH need to know and be shown that they are valued and appreciated. The Performance Excellence 2020 initiative at MLH¹⁵ mandated the adoption of the STEEEP Principles as outlined in the Institute of Medicine (IOM) report (now the National Academy of Medicine) “Crossing the Quality Chasm: A New Health System for the 21st Century.”¹⁶ The vision is to deliver a STEEEP experience every time, everywhere, and to everyone across the System by 2020.¹

The STEEEP Principles¹⁶

S – Safe Care

The patient’s safety comes first

T – Timely Care

Delivery in the timeliest manner

E – Effective Care

Care based on the best evidence and science available

E – Efficient Care

Avoiding wastage of time, money and resources

E – Equitable Care

Access to care for all in an equitable manner

P – Patient-Centered Care

Patients participate fully in care decisions



“Job rotations among the facilities are now becoming the norm and the sharing of best practices has become an organizational standard.”

Paul Yakulis¹³

How Main Line Health adopted STEEEP

Teams have STEEEP Huddles to educate everyone on patient safety and equity and, in-turn, to ensure alignment and that the gears of Performance Excellence 2020 run smoothly.¹⁵

- Safe Care gears to Patient Safety (High Reliability)
- Timely Care gears to Service Excellence (Patient Experience)
- Effective Care gears to Quality (Top Decile Performance)
- Efficient Care gears to Financial Performance (Total Cost of Care)
- Equitable Care gears to Diversity, Respect, and Inclusion (Disparity of Care)
- Patient Centered gears to PIVOT²¹ (Organizational Transformation)

There is an emphasis and drive to build a culture of safety and accountability within teams, encouraging everyone to apply tools to prevent errors with peer coaching and monitoring to drive superior clinical care.⁵

“It's about holding people accountable for performance. It's about understanding the science behind error prevention. We are all striving for zero harm.”²

A systematic patient-focused culture

The leadership team set clear expectations about patient safety and equity, ensured access to education for everyone, and then created accountability measures for individual, hospital, and System outcomes. Achieving diversity, cultural competence, and eliminating disparities in care are embedded in every layer of the strategic plan. Executives take responsibility for diversity, all the way through to their own incentives. A Diversity, Respect and Inclusion (DR&I) council ensures every employee undergoes facilitated active learning on diversity, respect, and inclusion.¹⁴ The local community and schools are proactively engaged in the creation of future leaders at MLH who represent the communities they serve. This keeps the health system rooted within the community and taps new, potentially underserved groups.

Lynch has always set the tone from the top. In 2017, he established the directive that all MLH executives and management participate in a two-day Diversity, Respect, and Inclusion workshop, and all 10,000+ employees participate in a one-day workshop. To help lead this charge and facilitate the education of MLH employees and managers, the organization hired Karen Fitzpatrick Smith, manager of organizational development at MLH and certified in Diversity Management in Healthcare from the Institute for Diversity and Health Equity. The leadership team never faltered in their commitment to this training, despite other business pressures. This training has fostered open communication across the organization. Lynch is comfortable with saying “we are not perfect, and we can always improve.”²

Other socially-important programs beyond healthcare provision, such as ‘School at Work’ and ‘Expanding Your Career and Healthcare Opportunities’ with a Career Advisor

scheme, have allowed employees to improve both knowledge and behavioral skills, paving a path for career advancement. Employees can see and understand their link to and accountability for success through modules such as 'Principles of Patient Satisfaction and Safety.'¹⁰ These programs have helped staff gain confidence and develop a better understanding of their strengths. This assurance and consistency throughout the System means all staff are more willing to speak up about how to improve processes and be part of solutions. Those who exhibit the values and traits that MLH espouses with respect to innovation, integrity, and communication are acknowledged with Genuine Excellence Moment (GEM) awards.¹⁰ This deep and cross-cutting approach has allowed MLH to proactively prevent a shortage of skilled nurses potentially caused by chronic exposure to disruptive behaviors.

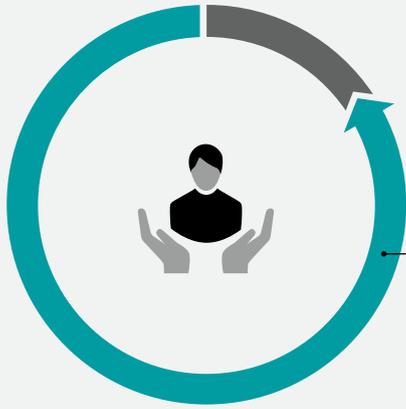
MLH's PARTNERS professional practice model for nursing has provided an environment in which nurses are key partners in providing high-quality service through superior patient care in a culture of safety. The values that underpin the PARTNERS model are leadership, collaboration, evidence-based practice, engagement, and professional development.¹⁷ MLH's residency program for new nurses, and the advancement of clinical quality and safety on selected units through joint nursing and medical teams, promotes interprofessional socialization, with collaboration and communication at the forefront of all team interactions. Chief Nursing Officer (CNO) Barbara Wadsworth, DNP, RN, said: "They're working collaboratively to create this environment where we have transparency, communication, and collaboration, and then we're working much more like a team."¹⁸ The leadership team lives their culture, energizing their staff. Lynch participates in nighttime rounding at all hospitals, and CNO Wadsworth sends out newsletters every two weeks, and is also available via social media when needed.¹⁸

"When we visit, it's really to go in, thank people, observe, show appreciation, talk about safety, talk about how we can be better and to create that two-way channel of communication."²

On the establishment of culturally competent team-based care, Yakulis commented on how teams now think globally across the health system, and how care is being delivered: "Localized thinking and behavior is receding and is being replaced with initiatives to standardize clinical protocols across all facilities with the goal to achieve clinically integrated networks. Job rotations among the facilities are now becoming the norm and the sharing of best practices has become an organizational standard."¹³ The benefit of improved collaboration between physicians and nurses has facilitated new ways of working, and innovative ways to deliver excellent care. For example, at the Lankenau Heart Institute, engaged health professionals are working effectively in STEEP teams in the same space around the patient, and a Hybrid Operating Room has been operationalized that brings imaging to the point of care.

The results

The result of any strategy implemented within a health system should help people experience higher-value care with improved outcomes. Although people access care differently, their relationship with their physician is the bedrock of medicine. Subsequently, it is vital for health systems to retain and engage their staff. Being subjected to disruptive behavior can lead to staff turnover, and patients losing access to much needed care. The issues associated with burnout and staff turnover have been well documented. The situation in the U.S. may be getting worse. A report

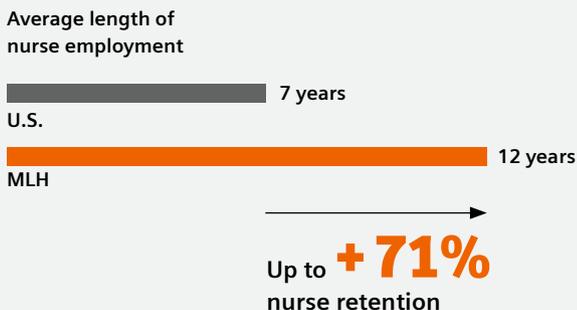
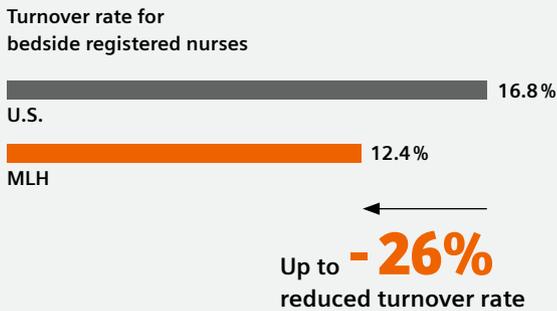


83%
reduction in serious
preventable harm

from NSI Nursing Solutions¹⁹ highlighted that hospital turnover is again on the rise, with 18.2% turnover noted for 2017. The 2017 turnover rate for bedside registered nurses rose over 2.0% to 16.8%.

The financial cost of staff turnover is also notable,¹⁹ with an estimated salary range for a bedside registered nurse from \$38,000 to \$61,000, with the average cost of turnover at \$49,500. Each 1% change in nursing turnover affects a hospital in the U.S. by an estimated \$337,500. Using agency staff brings its own costs; NSI's survey estimates that cutting the use of 20 agency nurses over a year can lead to savings of around \$1.4 million. The loss of care time due to lack of staff is another factor. It has been estimated that it takes approximately two and a half months to recruit an experienced bedside nurse.¹⁹

Compared to the situation in the U.S., MLH is bucking the trend with their highly successful measures to address staff attrition. Nursing turnover for all MLH acute-care hospitals averages around 12.4%, and the average length of employment of a nurse at MLH twelve years.¹⁸ This can be compared with the findings of a survey undertaken by Nurse.com,²⁰ which found that the average length of service of a registered nurse in a U.S. hospital is approximately seven years. These findings make a real difference on what outcomes matter to patients. To understand the impact of engaged nurses and the bottom line for patients in terms of receiving team-based care, the 2017 nursing annual report from MLH¹⁷ showed that the PARTNERS professional practice model was a key component to decreasing hospital-acquired pressure injuries by 83%. This shows how these very real problems in health systems can be tackled by people working together.



“Three years after we launched our initial Culture of Safety initiative we saw an 83% reduction in serious preventable harm. There are people alive today because of that work, which makes me proud.”

Jack Lynch²

Conclusion

“We realized that you can't have a culture of safety, you can't be committed to eliminating harm, if you're not committed to equitable care.”²

MLH's strategy to differentiate itself by providing culturally competent patient-focused care needed authentic drive from the leadership team to be successful in eliminating disparities, both for patients and staff. To cultivate a culture of respect and safety centered on the principles of diversity, respect, and inclusion, MLH implemented multiple programs, including the initiative to reduce staff attrition due to disruptive behavior between professionals. Ultimately, an engaged and productive workforce can help health systems improve access to care. To some, diversity, respect, and inclusion may feel like abstract, soft areas within the tough world of delivering higher-value care. However, as shown by the leadership team, when managed effectively, they can have a positive impact on patient outcomes and employee satisfaction and retention.

- **Diversity represents a core value of a health system:**

The healthcare team that treats patients every day represents the people they serve and communities where they live, as well as the health system.

- **An engaged team-based care approach is a win-win for all:** Diverse, productive, and interdisciplinary teams are more likely to think differently while identifying disparities in a patient's treatment, and come up with innovative methods of working. The systematic reduction of the risk of disruptive behavior arising between staff builds trust, and engagement in the system's strategy enables the success of a team-based care approach.

To achieve higher-value care is a process for both leaders and staff in health systems. MLH strives to enhance the experience of their patients and local community by connecting and engaging their workforce, who should identify with those they serve.

MLH's journey to create a diverse and inclusive environment has taken years. As Lynch says: “We have not yet perfected this and understand that this is a marathon, not a sprint to the finish line.”² The real impact is only now becoming evident through their robust nursing staff base, the quality of care delivered, and their rankings in the competitive U.S. healthcare landscape. The leadership team set the tone for promoting cultural competence and modeled respectful behavior with the business sense of developing talent. This is an important learning for everyone involved in healthcare: a strategic focus on diversity, respect, and inclusion is vital to engage and retain staff in order for them to give their utmost to the community.

Insights series, issue 2

About the authors



Watch the full video!



*Interview with
Jack Lynch, President and CEO
at Main Line Health*

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Jack Lynch

President and CEO at Main Line Health

John J. (Jack) Lynch III has been president and CEO of Main Line Health (MLH), suburban Philadelphia’s most comprehensive healthcare system, since 2005. During his tenure, Jack Lynch and his team have strengthened the organization’s commitment to quality and safety and enhancing the technology to support significant advances in those areas. He has also fostered a period of expansion, including the addition of an acute care hospital and four health centers. He has cultivated a work environment that has garnered recognition from several independent rating organizations.

Prior to joining MLH, Jack Lynch served as an executive with the St. Luke’s Episcopal Health System in Houston, Texas, for nearly 20 years. There, he advanced to the position of executive vice president and CEO, and was also CEO of the system’s flagship facility, St. Luke’s Episcopal Hospital. He served on the boards of a variety of professional associations, including the Texas Hospital Association, the Greater Houston Hospital Counsel, and the United Way. He received his undergraduate degree from the University of Scranton in Pennsylvania, and his Master of Health Administration degree from the Washington University School of Medicine in St. Louis, Missouri.

As former Governor of the American College of Healthcare Executives, Jack Lynch serves on the boards of the Delaware Valley Healthcare Council, the United Way of Southeastern Pennsylvania, The Haverford School, and the Malcolm Baldrige National Quality Award Board of Overseers.



Sandeep Nijjer

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Sandeep Nijjer is a member of the Marketing team at Siemens Healthineers, and is responsible for the Executive Development Academy program. He qualified as a pharmacist in England with experience in all sectors of care. He also has experience in academia and was responsible for ensuring newly qualified graduates were fit to practice. Sandeep Nijjer has also worked within life science consultancy for both pharmaceutical and medical device firms. He has a Master of Pharmacy degree from University College, London, and an MBA from Cass Business School, University of London.



Herbert Staehr, PhD

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Herbert Staehr is passionate about healthcare and, as global head of Transforming Care Delivery, drives activities to equip healthcare providers to deliver higher-value care. Prior to this position, he led Portfolio Development and Marketing within the Enterprise Services and Solutions business of Siemens Healthineers.

Before joining Siemens Healthineers, Herbert Staehr worked with a major private hospital group in Germany in senior leadership roles including serving as managing director of an acute care and a post-acute care hospital. Earlier, he led the group’s Corporate Development department. He was employed for several years in the Healthcare Consulting practice of McKinsey & Company on various European and international assignments. Herbert Staehr holds a PhD in Healthcare Economics from the University of Hohenheim, Germany. He obtained a dual degree (Bachelor of Arts and Diplom-Betriebswirt) in International Business and Finance from the European School of Business, Germany, and Dublin City University, Republic of Ireland.

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