

URGENT CARE PERSPECTIVES

Leadership Must Guide Behavior Change for the Next Phase in Urgent Care

■ Ben Barlow, MD

s I've discussed before, urgent care medicine is ready for its next phase, and exceptional leadership is needed to make urgent care a shining light within a struggling house of medicine. Engaging your team and setting one priority goal is the best approach for solidifying a behavior change that leads to exceptional results. Picking one goal is the easy part. Getting all team members to engage in accomplishing that goal is the difficult part.

The one goal that your team chooses to concentrate on will be as unique as your organization itself. It may be improvement of one of your key performance indicators or a clinical quality measure. Perhaps there's a new line of service you want to offer. When selecting this primary goal, solicit input from every team member and choose one that will impact your clinic the most. Once you have narrowed your goal to just one, it is now the leader's job to define it so everyone can understand it.

In the book *The 4 Disciplines of Execution*, the authors recommend putting quantitative measures around your goal.¹ This will provide clarity to your team as they execute. For example, imagine a hypothetical urgent care clinic whose team decided they wanted to increase the number of patients with lacerations repaired each month. With help from the clinic manager, the clinical team found through analysis that they repaired an average of 5 lacerations every month. However, they also found they were turning away 20 patients with lacerations per month. With this data in mind, the team decided on a main goal of increasing the number of lacerations repaired in a month from 5 to 15. They gave themselves 4 months to accomplish this main goal. Tripling the number of lacerations repaired was a big change, but the clinical team agreed they could do it.



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The team responsible for accomplishing the goal should always be the one who selects the main goal. While leadership can certainly guide the decision-making process, it's important that they don't dictate the goal. When the team is involved in setting the goal, they're more likely to be invested in achieving it.

Once the main goal is decided on, a visible tracking board can show progress along the way. I also suggest making a document that tracks the drivers for this goal in other words, the daily behavior changes that must occur for the goal to be met. By defining and planning the specifics of the behavior change, your team will have a much higher chance of success.

Determine Team Drivers

In our hypothetical clinic, the number of lacerations repaired monthly is a lagging indicator. Lagging indicators only tell you what happened; they don't tell you what is happening. Leading indicators, or drivers, are the activities that will move the lagging indicator. The team's drivers must also be determined and tracked. These are the items your team will report on as you track the main goal.

Returning to our hypothetical clinic team, since the team decided their main goal is to increase the number of laceration repairs done per month, it is essential to set lead measures for that goal. The clinic manager discovered the providers spent a lot of time hunting for suture material and needle drivers. Often they required help finding what they needed or gave up looking. This led the providers to stop repairing lacerations, and what's more, they sent those patients to the emergency room instead.

As a remedy, the team decided a lead measure will be to ensure that enough laceration kits are available for the providers and ready to use in the clinic. They decided to track and ensure 3 kits were ready for use at the beginning of each day. They also worked with each provider to make a standard suture repair kit and procedure room setup guide. When a provider ordered a suture repair, the medical assistant set out a suture kit, irrigation fluid,

basin, and suture material. Setting drivers such as these ensured the providers always had enough fully stocked kits available, preventing them from wasting time hunting for materials, and thus decreasing the number of patients turned away every month. This, in turn, helped the clinic meet its goal.

There are other drivers this clinic considered, such as training all the staff to assist in laceration repairs and improving the clinic's check-in process to ensure that patients with lacerations are promptly attended to. But the leadership decided these would be evaluated later as subsequent goals.

Throughout the process, the team can monitor their goal progress on the visible tracking board. Each week, the leader should have a team meeting to review the goal, the drivers, and the commitments for the next week.

Our hypothetical clinic team had weekly Thursday meetings before clinic opening. They reviewed the goal tracker and whether the drivers were met each day. In several instances during the first week, the suture setup was not prepared for the provider. The staff started to make excuses about how busy the daily whirlwind had been. The clinic leader listened without condemnation and guided

the staff to commit to making sure suture setup was accomplished the following week, even in the midst of achieving the just as important daily care activities.

It is also important to recognize the team when they meet milestones of progress. Make the recognition meaningful and something that will build your team's comradery. If this is new for your organization, set an initial goal that you believe has a high likelihood of achieving. That way, when the team accomplishes the first goal, it will provide momentum for the next one. As each goal is accomplished, it will become part of the daily whirlwind, enabling a continued advancement toward excellence.

Urgent care has a bright future and provides value to every community we serve. The leaders, providers, and staff need to have a clear and structured path for improvement so as not to feel overwhelmed. Consider this a starting point to move the needle on repairing the issues we are facing in medicine. Intentional leadership, main goal setting, driver tracking, and accountability are how we will make tomorrow better than today.

Reference

1. Covey S, McChesney C, Huling J, Thele S. *The 4 Disciplines of Execution*. Simon & Schuster, Inc. 2012, 2021



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