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Synergy Model

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Introduction

Previously, According to previous discussion the leadership impact on practice flow. Practice flow also looks at the intangibles which must be nurtured for team synergy to impact practice programs. Synergy is the magic ingredient, the link that joins the multiple aspects of human preferences with the business factors of healthcare delivery. It is the essential element in the unique art of leadership, one that establishes and maintains the organizational spirit (Table 1).

People with titles start here		
Tangibles Clinical & business processes account for 35% of organizational performance	Financial Performance	These three elements result from living the Strategic Action Plan Zone protocols Program-based budget
	Safety, Bioethics, Ethics	
	Clinical Quality (SOC)	
Bridge between tangibles & intangibles	SYNERGY	The "magic factor" of the organization
Intangibles Human relations account for 65 percent of organizational performance	Harmony/Team Fit	These four elements are the source of a sense of purpose and meaningful work as a result of living the vision, values, and practice mission focus.
	Performance Pride	
	Mutual Respect	
	Train to Trust	
Real Leaders Begin Here		

Table 1: The synergy factor.

The Model shows that the tangibles rest on the intangibles; the intangibles support the tangible gains. Without the synergy bridge (organization spirit), the four intangibles and three tangibles become just seven observed factors of a successful organization. Again, the neophyte's center on the tangibles: they are easy to measure. Most people who 'know the words', but do not understand the dynamics, only address the intangibles at the time of crisis. The tangibles are very important; they are the fruit of dedicated people working hard to be the very best. It is the savvy leader who understands that quality fruit can only grow from healthy seeds and a nurturing environment, which represent the intangibles.

Tangibles

These are what bombard practice owners every day, they have substance and measurements. Since the Mega-Study of 1999, NCVEI tried providing yardstick factors, sometimes mislabeled as "benchmarks".

- A benchmark would be specific service/system outcome(s) from statistically significant group (large enough 'n') of similar type practices, with similar demographic catchment areas, comparing the users practice to the top 15% of the group (again, remember, the large enough 'n' (sample size) is needed for a statistically significant group for comparisons).
- In 2003, AAHA published their significantly important Compliance Study, showing potential incomes lost per doctor, based on good medical standards and accepted patient "needs". The value of lost services was in excess of $630,000 per doctor per year if 100% client acceptance was achieved.
- Many general practices assumed using the AAHA data to institute new programs would move them toward the NCVEI published yardstick measurements; easier said than done.
- The missing tangible was Safety, Bioethics, and Ethics, the barrier which caused staff to lose confidence and/or loyalty to the practice programs because the perceived a violation of safety standards, variable bioethical behaviors/decisions, and/or ethical behavior by the managers, doctors, owners or leaders.

It is easy to say "Safety, Bioethics, and Ethics", but it is far more than just MSDS sheets for OSHA compliance.

- Safety includes under-staffing issues, where skilled holders are NOT available, proper eye protection for dentistry's, ear protection for kennel workers, uniforms and other personal protective equipment (PPE), as well as historical action in maintaining rabies titers and support of other preventive programs.

- Bioethics is more than a consistent practice position on euthanasia's (age as well as syndromes), ear crops, declaws and tail docks. It includes prioritizing care based on patient NEEDS instead of income potentials, and/or training for skill competency BEFORE tasking someone to assume case accountability, and/or animal husbandry issues for inpatient and outpatients.
- Ethics is walking the talk, doing unto others as you would have them do unto you. It is first, do no harm; it is the Golden Rule. It is a series of perceptions by those watching, including: was it needed, did it match core values, is it state of the art medicine/surgery, or even was it the right thing, at the right time, for the right price?
- If you can say, "Author would like it to be published in the local newspaper" it is probably ethical, while a case that would embarrass you with your family or friends would likely not be. If you perceive it was wrong, then it should NOT have been done, or even contemplated.

Intangibles

Trust

Trust is each person being provided the training they need to be trusted at assuming accountability for specific outcomes, and is that training is continually updated during recurring training episodes to meet the practice evolution.

Practices need to establish a TRAINING DAY (pick one day, any same day, and make it happen every week). The AAHA study showed most companion animal practices have about 28% non-productive staff time, so taking three hours a week out for training is NOT restrictive, and increases production during the balance of the week.

Stop appointments at 11 a.m., reserve 11:30-2:30 p.m. for team time/training, restart appointments at 3 p.m.; this provides a NO EXCUSE core three hours for team training.

The proposed sequence of the month can be aligned in general terms:

- 1st Thursday-all staff meeting (11:30-12:30)
- Post-Lunch-Doctors do off-site medical record peer review for Standards of Care (Standards of Patient Care, VCI Signature Series Monograph)
- Post-lunch, coordinators do planning for the month
- Post-lunch, planning time for Do It Groups (DIGs), Appendix A, Building The Successful Veterinary Practice: Innovation & Creativity (Volume 3), Blackwell Press
- 2nd Thursday-Individual Training (Training & Orientation, VCI Signature Series Monograph)
- 3rd Thursday-Zone Meeting & Training (CQI emphasis), (Zoned Systems & Schedules, VCI Signature Series Monograph)
- 4th Thursday-Individual Training
- 5th Thursday-Inter-zone Invitational for problem solving

Effective Teaching is one of the leadership skills introduced in the Blackwell Press text, Building The Successful Veterinary Practice: Leadership Tools (Volume 1), while adult education factors are discussed in VCI Signature Series Monograph, Training & Orientation, which includes a CD Tool Kit with a 90-day prototype training schedule for new staff members. Adult education factors include:

Adults learn only when they are ready to assimilate new data (called 'creating a discovery' for trainers, or identifying the 'teachable moments' and capitalizing upon them).

Most all adults learn best one-on-one, in twenty-minute windows of opportunity, followed by hands on application to ensure self-confidence is established.

If learning does not occur, the trainer assumes accountability for the shortfall and develops an alternative training episode for the learner. Teaching-Learning is essential in developing healthcare competency. In healthcare delivery, competency is excellence; there are NO BELL-CURVE grading systems for healthcare skills or healthcare teams.

Planning is magic in itself; in most studies, every 15 minutes saved an hour at implementation. Veterinary practices seldom take adequate time to plan, and then wonder why implementation often allows reversion to the old way. Planning is one of the leadership skills introduced in the Blackwell Press text, Building The Successful Veterinary Practice: Leadership Tools (Volume 1), while Program Planning, with forms and implementation tools are discussed in VCI Signature Series Monograph, Leadership Action Planner, which includes a sequence for establishing core values to facilitate team-based healthcare delivery operations.

In the VCI Signature Series Monograph, Zoned Systems & Schedules, the leadership is tasked with stating, in public, "We TRUST at this skill level" at the end of each development phase. There are five phases to reach a multi-tasking self-directed healthcare delivery team, so the leadership must state "We TRUST at this skill level" five separate times over 90-120 days of team development activities, so they will likely believe it by then.

Respect

After 'training to trust' has been accomplished, staff members must be given areas of accountability; outcome-based performance standards. Job descriptions are now only elements of the training plans, and accomplished by a team-based system promoting self-directed training and accomplishment. When the training has been completed (competency/excellence is achieved by the learner), outcome accountability is assigned compatible with their zone and duty assignment(s). The savvy leader develops rewards (contingent) and recognitions (subjective); they are utilized to reinforce the leadership's approval and confidence in the person, efforts and/or outcomes.

Pride

The individual's acceptance of accountability for outcome(s), and concurrent drive for continuous quality improvement (CQI) within their sphere of influence as well as with all clients, vendors, staff and community contacts. Most interesting is that clients perceive 'staff pride' as quality, and most clients are willing to pay extra for quality; pet parents want to ensure quality in veterinary care for their own peace of mind. About 89 percent of clients perceive themselves as pet parents (the pet is given family member status, and a third of those are given child status).

Harmony/Team fit

This can only occur after people have been trained to a level of competency that they feel trusted, they have been provided rewards and recognition on a regular basis to reinforce their contributions and

healthcare delivery efforts, and they have a pride in performance born of individual accountability for continual program improvement for successful programs within the practice. This goes far in creating a practice culture which self-heals, while showing minimal griping, no derogatory comments, and team members freely helping others achieve outcomes within practice limitations and time constraints. Morale is high, everyone is happy to come to the practice and spend a productive duty day, and loyalty to the practice image is supported inside and outside the practice setting.

Synergy

When tangibles are supported and promoted by the intangibles.

When the team is accountable for CQI, not just the doctors or boss.

When 'magic' in accomplishment is perceived by all.

When the group becomes a team, the manager becomes a leader and the doctors become client-centered patient advocates as healthcare providers.