

## University Staff Advisory Council Meeting Minutes

**Date:** January 9, 2007  
**Meet Time:** 8:30a.m. – 10:00a.m.  
**Meeting Location:** Rand Function Room, Sarratt

**Attendees:** Becky Atack, Brad Awalt, Diane Banks, John Brassil, Beth Clark, Dan Cline, Mary Clissold, Cathy Crimi, Michael Crowe, Ashley Crownover, Tracy Cunningham, Sue Davis, Mary Ann Dean, Michele Dixon, Kay Donigian, Jeffery Duly, Mary Lou Edgar, Beth Hanson, Antoinette Hicks, Sammie Huffmon, Jason Hunt, Tiffany Ingram, Fay Johnson, Rosalind Johnson, Sue King, Ginger Leger, Joyce Matthews, Brenda McKee, Ginny McLean-Swartzell, Shelley Meadows, Regina Newsom-Snell, JoAnn Patterson, Donald Pickert, Robert Rich, Any Richter, Lori Shepard, Lynn Smith, Brian Smokler, Sharon Stanley, Susan Starcher, Dan Steward, Gay Tidwell, Malah Tidwell, Carlos Trenary, Jim Webb, Mary Clark Webb, Susan Widmer, Cliff Wilson, Melissa Wocher, Diana Wohlfahrt, Jeff Youngblood

**Regrets:** Jean Alley, Ken Carter, Kevin Colon, Kathleen Corbitt, Faye Dorman, Kenon Ewing, Sandie Frantz, Carol Guth, Sharone Hall, Nancy Hanna, Shirley Hiltz, Pam Hoffner, Bonnie Kress, Heather Lefkowitz, Joe Lowe, Willa Dean Martin, Mary Kay Matthys, Ian McCullough, Jackie McMath, Laurie McPeak, Stephanie Newton, Martha Reid, Sheri Reynolds, Kathy Rhodes, Karen Seezen, Mike Smeltzer, Chase Smith, Carol Soren, Davis Strange, Corwin Thomas, Kay Tyler, Sherry Willis

**Visitors:** Bruce Barry, Lauren Brisky, Jane Bruce, Nim Chinniah, Cathy Fuchs, Janet Hirt, Kevin Myatt

**President Diana Wohlfahrt called meeting to order**

### **Leading Discontinuous Change**

Speaker: Dr. Bill Stead, Associate Vice Chancellor for Strategy/Transformation and CIO  
VUMC

**(See Presentation)**

Additional information available on this topic at  
[www.mc.vanderbilt.edu/vcbh/transform.htm](http://www.mc.vanderbilt.edu/vcbh/transform.htm)

Dr. Stead started his presentation by discussing the three things he was brought in to do: 1) think about how we get the strategies we need to execute our long term vision; 2) take responsibility for us to be a learning organization and 3) lead the Informatics Center. What he wanted to at the USAC meeting was to talk through how we go about leading changes.

What is discontinuous change? Discontinuous change is different things changing at different rates. This is like transformative versus incremental change. Dr. Stead gave the

example of ice changing into steam. That is an example of a discontinuous change. Even though the focus is on the Medical Center, he noted that there is little he will discuss that does not also apply to the entire University.

Dr. Stead then addressed why we need discontinuous change. He noted that, on average, best practices are met about 60% of time and this is unacceptable. This is unacceptable quality and causes an unacceptable increase in cost. We do not need incremental fixes; we need to fix the system.

The decision model of the 1900's required that the clinician review evidence, take a patient's record into consideration and come to a decision. This model creates cognitive overload. We need a new system for the 2000s that is dramatically different from the one we have. To illustrate why the current decision model creates overload, Dr. Stead provided the following information: there are 900,000 biomedical articles per year; 10,000 randomized controlled trials annually; 4,000 guidelines since 1989; 20,000 genes; 1,700 disease associated mutations. Potentially, a more effective model would use a computer system that could sift through medical information and a person's record to produce personalized medical information.

At this point, the Dr. Stead used a video to show an example of how this new model might work. The vignette showed an example of using technology to assist with patient care. The patient and doctor in the video were able to interface and review information on the computer. It is an example of using a system with evidence based information to give individualized care. We are making moves toward this type of process, but the video takes the use into the future. This is a vision, and we have to determine how to we get there from where we are now.

The traditional planning process uses a data up approach. In this process the charge is set and given to the team and the project timeline results from planning. This process is sequential and assumes that you will get it right from the start. The discontinuous change approach or critical path uses a vision down approach and sets objectives and timeline first. The timeline determines the project scope and resource. This process is not sequential and uses parallel, yet coordinated, "swim lanes". This means the work takes place separately. In this approach, cycles of work iterate design.

Dr. Stead used various graphs to illustrate the process. With the graphs, he had the group assume that we have a 1 in 5 chance that a committee did not think about the best possible answer to the problem. In the scenario, there is a 1 in 5 chance that the project will fail in the approval stage. There is also a 1 in 5 change it can not be done and a 1 in 5 chance that there will be problems with the project is implemented. In this scenario, you could be 18 months out before you see any benefits from the project and there is only a 40% chance that anything will come out of it. National data shows that information systems fail 31-61% of the time.

After discussing traditional planning, Dr. Stead gave an overview of the roadmap. In 2004, the Medical Center had a high level strategic plan. There was a lot of communication and a number of intense planning sessions with different groups. In essence this plan asks the following question: what does VUMC need to do between now

and 2012 to have the impact on healthcare in this century that Johns Hopkins had in the last century? Hopkins was the place in which science was put into medicine. Go back and read the first 30 pages of John Barry's The Great Influenza. That is the model that we still live under. The model of the practitioner as the individual expert.

What we said that we need to do is get to the point where we have the culture in the healthcare system and in the consumers that value evidence systems approaches to evidence based individualized care. We need a culture where the clinical practitioner is the pilot flying the system. Another change we would need is to have focused interdisciplinary research teams. This place, and others like it, have achieved greatness by recruiting the best talent and having those people explore ideas. That is good, but what we want to do is sit on top of that targeted, institutionally funded research where we put teams together to go solve things that are in the critical path to execute these things. The DNA databank and our synthetic derivative of the electronic patient charts are examples of the largest institutionally funded research project that Vanderbilt has ever undertaken. Anybody that comes in here, like the leaders from the NIH, say nobody else is trying to do what we are trying to do.

We then have to change our education system to reflect that the people that we educate are going to have extraordinarily different roles. Those changes will probably follow these other changes.

If this is the first big milestone that we have to meet, what do we have to do? If we can get to the point where it is clear, with results that matter to patients, that we have best of class medication safety across the continuum that will tilt us there. Then we said how do we get there? Dr. Stead did not go through the science of this, only the process. Dr. Stead reviewed the Roadmap Symbols. Circles represent high level goals, Diamonds represent decision/design points and Squares represent capability available points. Dr. Stead then showed the group a picture of the working management dashboard. This is not a plan that sits on the shelf. Every week his group looks across the swim lanes to see where we are and where we are off course. He also points out that the picture shows that it is front loaded in details because every time a diamond is hit they learn something.

The Cycles of Work Model is concept approach, proof of concept, pilot, fund and rollout, and gap analysis. It is not required that everything goes through all stages, but it is important to know when you are doing something what stage it is in at that time.

Dr. Stead says that it is better to fail fast. Get it right then move out. Every major success in the Informatics Center has been the result of at least one failure. The process is not pretty. The design work is done at the Center for Better Health. They have technology where they bring story boards up.

How does this model work? What is the difference in result? First, assign responsibility. At that time you have the same chance of success. At this point, instead of trying to get a committee together we assign 2-4 "drivers". They figure out who needs to be together to drive this initiative. What they want to actually do is bring the sponsors, consumers, creators and users together where they are able to use rapid cycle design and are able to identify potential problems. With a lot of people in the room, you are not doing as much

guessing. With this many people in the room, your chance of missing the best alternative drops from 1 in 5 to 1 in 20 because those who will approve the design are in the process. The chance of approval also goes up. It is also built with the experts in the room. There is still a change of missing the best possible option, but you will see results within 9 months and you can begin to fix any problems in the 2<sup>nd</sup> phase.

We are now getting palpable results. In 2001-2003, we showed a slightly greater chance of dying than we would expect. Last year we set a goal of having a mortality rate of .85 and we came in below that at .75. The hospital has also become a hospital of choice. The movement of discontinuous change is really making a difference.

**Question: Can you give a specific concrete example of one of the changes to help give us a better idea of what you mean?**

The tools that we use to know in real time if a patient is having an adverse impact to drugs and the way was address pneumonia used discontinuous change. With pneumonia, we want to ensure that a patient gets antibiotics as quickly as possible. A dashboard was built that tells us when the risk of not getting the antibiotic is greater than receiving it.

Diana noted at the end of Dr. Stead's presentation that we can all use this process in our own decision making. We should try to think outside of the box.

**Faculty Senate Overview**

Speaker: Dr. Catherine Fuchs, Faculty Senate Chair

Faculty Senate Website: [www.vanderbilt.edu/facultysenate](http://www.vanderbilt.edu/facultysenate)

Dr. Fuchs came to the USAC meeting to learn more about the Staff Advisory Council and to talk about what is going on in the Faculty Senate. Bruce Barry, the current Chair-elect also attended to learn more about the Council.

An initiative that Dr. Fuchs inherited was the Mental Health Initiative. The Student Life Committee began to look at the mental health resources on campus for students. The focus was on undergraduates, but they also looked at information on the graduate students. While Vanderbilt has a lot of strengths, there are concerns, such as services and how they are organized. There is currently not a central access point. The committee discussed the issue with the Senate and Administration to get students both mental health and healthcare access. When the Senate began discussing the issue with Administration, they had already started addressing the issue. John Greene is now over both Student Health and the Counseling Center. They are also working to address use and access issues.

The Senate also looked at how faculty, RAs, mentors and others could help identify problems for early intervention. They also discussed how to extend beyond the Senate to other faculty and staff that interact with students daily. This needs to be addressed during orientation. The Senate has talked with the Chancellor, Deans and Provost on how to address the current policies.

The Senate also had a panel discussion during one of their meetings to respond to information from the Committee. In February, a physician from Harvard who is heading their initiatives for student healthcare reform will speak to the Senate.

The Faculty Senate's Report on Behavioral Health and Vanderbilt Students can be viewed at <http://www.vanderbilt.edu/facultysenate/files/BehavioralHealth.pdf>.

The Senate has also been looking at "Transinstitutional Entities". The University recognized interactions between departments and institutions, but they are looking at how we support that with pay, tenure, etc when working in different departments.

Another topic the Senate addressed was SPEAR. The Senate Affairs committee gave a proposal to support environmental issues with Administration. The Senate expects that environmental issues will see more focus next year.

The Senate has discussed other issues but Dr. Fuchs stopped at this point to open the floor to discussion or questions.

**Question: What is the size of the Senate?**

The Senate is a group of Faculty that represents all of the schools. Each school elects Senators and they meet monthly. The Dean, Provost and Chancellor also attend their meetings. There are about 68 Senators. The Senate gives all of the Schools a chance to work together. All Senators serve on a committee and an attempt is made to balance each school on each committee. The committees are Student Life, Faculty Life, Academic Policy Services, Senate Affairs, Professional Ethics and Academic Freedom.

**Question: Is it set up like the Senate or more like the House of Representatives?**

The number of Senators is based on the size of the school, so it is really more like the House.

**Question: Is it set by the number of students of faculty?**

Faculty

**Question: Does the Senate have a favorite issue they like to bring up frequently?**

Dr. Fuchs said she had only been on the Senate for 3 years, but parking has come up every year. Athletics is also a frequent topic.

**Question: Can you talk a little about the Faculty Survey?**

The Faculty Life Committee began working on the survey about a year and a half ago. It keeps getting postponed so that we can do it in coordination with other institutions. The Senate has told Administration that they did not want to keep delaying the survey.

**Question: You have a Student and Faculty Life Committee. Is there a Staff Life Committee?**

No. They are trying to coordinate more with the Staff Advisory Council and have been in touch with Diana about the living wage issue. Many faculty life issues do, however, overlap with staff issues. An example of that is childcare.

**Question: How active is the Senate in the Commons movement?**

The Senate had representatives come to educate the group about the Commons. The Commons also asked Dr. Fuchs to come hear the students input on how it will change student life. All of the SGA representatives were there.

**Question: I work in the Library. I am curious about the Library policy you mentioned.**

The Senate is interested in how the library is used by students. The policies related to user. She is aware of the surveys the library has done. The issue looks at the future of how the library will be used. They recognize that how the library is used is evolving. Ann Neely is the person on the APS committee that has been working with this issue. She could answer additional questions about it.

Dr. Fuchs ended by noting that she is aware of how easy it is to function in a vacuum. She welcomes the opportunity to hear from the council on issues that effect both faculty and staff. She is also interested in any ideas on how we can work together with the Council. She wants to ensure that the communication between the groups is long term.

**Update on Adopt a Family with EAP**

Speaker: Melissa Woche

This year 56 Vanderbilt families were adopted through EAP. Of those families, there were 219 children. Overall, 61 departments participated and the larger families were split between departments. The Medical Center had 40 departments and the University had 21 departments participate in the program. This was a 37% increase over the University's participation last year. The average family received \$350 in gift cards, plus clothes and toys. On behalf of the EAP, Melissa thanked the group for their participation.

**Establishment of Standing Committees**

Speaker: Andy Richter, Chair Membership Committee

Andy distributed invitations to the Council to volunteer to serve as a Committee Chair or Committee Member. On the back of the invitation, members could find the RSVP information. If there are not enough volunteers by the Monday deadline, the Membership Committee will solicit information. If interested in serving, Andy asked that you contact one of the Membership committee members.

Andy also asked that if you currently serve on a University Committee you let someone on the Membership Committee know.

It was also noted that anyone volunteering to serve as a Chair would only serve through the end of this Council year. This is a formation year and the Committees will be working to establish how they will operate. At the end of the Council year, we will elect new chairs for the Committees. We are also open to the idea of Co-chairs or Vice-Chairs.

**Question: Is this the only business the Council will commit to this year? I've seen no business this year.**

This year the focus has been on communication and getting information concerning a variety of initiatives to the Council representatives. This information has come through various departments and resources on the campus as well as the Medical Center. In addition we are working on establishing the new committee structure. Within this new structure we will be able to conduct business.

**Question: Why can't we be doing the same things as the Faculty Senate?**

The faculty Senate has a committee structure in place. Our previous bylaws did not allow us to establish a permanent committee structure. Because the bylaws were changed, we have an opportunity to get the committees established. We have to create the committee structure first. We are now seeing the beginning of the implementation of this structure.

**Benefits notice**

Speaker: Ginny McLean-Swartzell

Ginny pointed out to the Council that there is a Benefits bulletin on everyone's table.

**Question: Is this monthly?**

No, it is created as needed.

**Question: Could this not go out to everyone via email?**

The bulletin is only one avenue of communication. We will look into it.