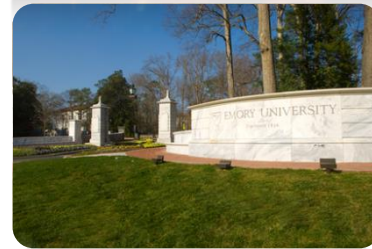


EMORY



The Art (and Necessary Evil) of Running a Meeting

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March 7, 2015





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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the party listed above (and/or spouse/partner) and any for-profit company in the past 24 months which could be considered a conflict of interest.



Learning Objectives

Upon completion of this session, participants will be able to:

1. Discuss how to prepare effectively for meetings
2. Summarize how to facilitate active participation and creativity by attendees while at the same time keeping meetings focused and on purpose
3. Discuss strategies to ensure that decisions get carried out after the meeting



The Bad Meeting

Characteristics...

- Participants arrive late or leave early
- A participant dominates the discussion or disturbs the meeting
- The group keeps repeating points already made or avoids an issue
- The group is silent
- A real and angry conflict arises

Results...

- Decisions are not reached
- Time and resources are wasted
- The cycle continues



The Good Meeting

Characteristics

- Starts and ends on time
- Shared sense of purpose
- Everyone contributes
- Participants feel empowered
- Results are tracked

Results

- Objectives are met
- Time is used effectively
- The process continues



To Meet or Not to Meet

Why have a meeting

- Need group to provide information or advice
- Want team to participate in the decision-making or problem solving process
- Need to clear up an issue that can not be resolved one-on-one
- Requirement (ACGME)

When not to have a meeting

- Another form of communication would work as well (or even better)
- “Just do its!”
- Motivational
- Personnel issues that are best handled one-on-one
- No time to prepare



How to Prepare for a Meeting

- Everything follows from the purpose
 - Be as specific as possible
 - Brainstorm
 - Identify a problem
 - Inform
 - Fix a problem
 - Clarify roles and responsibilities
 - The purpose determines the type of meeting
- Who should attend
 - Participant roles
- What about time, place, and equipment



Remember the purpose

- Problem-solving meeting
 - Participants first define the problem and then craft the solutions for solving it
 - Participants in this type of meeting must be able to recognize the problem and also the energy and expertise to correct it
- Decision-making meeting
 - The group selects a solution to implement
 - To be successful, the group must agree on the decision-making process at the very start of the meeting
- Informational meetings
 - Seek to cancel as many of these as you can
 - Hold them only when you need group energy



Who Should Attend the Meeting?

Who should attend?

- Invite only those who need to be there
 - The key decision makers for the issues involved
 - The ones with information and knowledge about the topic(s)
 - People who have a commitment to or stake/role in the issues
 - Those who need to know in order to do their jobs
 - Anyone who will be required to implement any decisions made
- Try to give each participant an active role to play in the meeting
- Make sure they understand the purpose, scope, and metrics
- 8-18-1800 rule



Building the Agenda

Organizes the why, what, who, when, and where

- What should be included?
 - Purpose
 - Desired outcomes or objectives
 - Participants
 - Roles
 - Agenda items
 - Background material
- Order the agenda items carefully
 - Info first
 - Build on previous items
 - Decisions and problem solving once group warmed up
- Assign roles and responsibilities
- Supply any necessary information in advance



Agenda

Standing Items

Purpose
Participants
Date
Metrics
Ground rules

Content Items

Update
Action item(s)
Facilitator/Owner
Time allotment
Background
information

Vision: Grady Health System will become the leading public academic healthcare system in the United States



Post Discharge Patient Safety Action Plan Group

Thursday, February 19, 2015
12:30 PM-1:30 PM 6C Conference Room
AGENDA



Purpose: Develop and implement sentinel event action plan

Facilitator: Maribeth Larson

Note taker: Maribeth Larson

Team Members: Sonya Cruel, Barbara D'Orio, Rosiland Harris, Anne Hernandez, Natasha Hyde, Kay Kennedy, Crystal Minnis, Marcia Molton, Maribeth Larson, Vanessa Stacks, Ann Schwartz, Marci Tribble and Cindy Rubin

Meeting Standards of Behaviors – Ground Rules

- Be Present – actively engaged & prepared
- Begin and End on time
- No hidden agendas
- Members must notify leader if unable to attend and make arrangements as necessary (substitutes only when absolutely necessary)
- All team members are equally important
- Team members will speak freely & will listen attentively to others
- No interrupting each other
- Each gets their say, not necessarily their way
- Silence equals agreement
- Be on time. No backing up to catch latecomers
- No distractions (mobile devices on vibrate / silence)
- Members respect confidentiality of team
- Once we agree, we will speak with one voice
- Processes will be discussed, analyzed or attacked, not people
- No sidebars
- Always have a timekeeper, facilitator and minute taker
- Purpose identified on the agenda
- Get information and homework out prior to meeting

Pillar	Topic	Presenter	Time	Next Steps
Quality	Agenda Review and Recognition/Wins	Team	5	
	Review of changes to Columbia Suicide Severity Rating Scale for Grady use	Maribeth	20	
	Action Steps to address <i>lack of staff empowerment to stop discharge process</i>	Maribeth	15	
	Outstanding questions	Team	5	
	Wrap-up, WWW (Who What When), +/-	Maribeth	5	

Action Log

What	Who	When
2-2-19: Send current version of enhanced screening tool to Donise for distribution to the team	Dr. D'Orio	2/6/2015
2-2-19: Schedule next team meeting with new members of Dr. Ann Schwartz, Marci Tribble and Cindy Rubin for week of Feb 16 th	Maribeth	Schedule by 2/6/2015
2-2-19: Incorporate proposed process flow changes into Columbia Suicide Severity Rating Scale	Maribeth	2/13/2015

Confidentiality Statement: "All proceedings, records, and reports of this committee pursuant to its purpose to reduce the morbidity, and mortality of our patient population and to enhance patient care, are considered strictly confidential and entitled to all protections provided by law."



The 3 Phases of a Meeting

Phase 1 – Opening Phase

- Welcome and introductions
- Answer the question “Why are we here?”
- Establish ground rules

Phase 2 – Work Phase

- Actively work on the tasks and issues
- Follow the agenda
- Facilitate discussion and decision making
- Resolve conflicts

Phase 3 – Closing phase

- Summarize
- Gain closure
- Develop next steps



The 3 Phases of a Meeting

Open with
authority

Run the
meeting
efficiently

Provide
clear
closure



Leading a Meeting

Open the Meeting with Authority

- Begin the meeting on time
- Introduce the matters to be discussed
- Establish or review the ground rules
 - Attendance and promptness
 - Preparation and homework
 - Ask for everyone's participation and openness to new ideas
 - Smartphones, tablets, and computers
 - Understand how decisions will be made
 - Clarify constraints that may exist for an issue



Leading a Meeting

Run the Meeting Effectively

- Follow the agenda
- Make sure all points of view are heard
- Tips for getting full participation
 - Monitor your own level of contribution and direction
 - Be positive and encouraging
 - Use a flip chart
 - Ask for input
 - Break larger groups down
- Keep the meeting focused
 - Summarize frequently
 - Flip chart
 - Keeps track of key points and issues discussed
 - Highlight areas of agreement
 - Use the “parking lot”



Leading a Meeting

Provide Clear Closure

- Summarize the meeting
 - Key points
 - Decisions
 - Next steps
 - Responsible parties
- Record the highlights of the meeting
 - No more than **1 (one) page!**
 - Action Plan
- After meeting follow-up



Task List (not minutes)

Provide Clear Closure

- Three essential elements
 - What
 - What specific decisions and outcomes resulted from the meeting?
 - What tasks need to be done as a result of the meeting?
 - Who
 - Who is responsible for these tasks?
 - When
 - When must these tasks be completed?

Action Plan for House-Wide Implementation of CAM Delirium Screening

What	Who	Status	When	Revised
1Email to all clinicians				
Ensure email sent out by Dr Singh to all MDs regarding implementation of CAM screening for delirium and possibility of call from RN re: change in patient condition for positives	Dr Heinrich	complete	21-Dec	Jan
2Screening for delirium in ED				
Invite ED administration to discuss including ED in scope of delirium identification with CAM	Danielle	complete	11-Jan	22-Feb
3CAM screening tools in Epic				
CAM-ICU to be built by IT/Informatics (with Epic guidance) in advance of tentative May 2013 release by Epic	Anne/Jody	due	18-Jun	July
dCAM-ICU to be validated/tested by Delirium group	Amy, Jeri, Natalie, Sue	due	May	July
ePresent to Epic Inpatient Steering for approval	Jeri, Amy	complete	1-Jul	July
4On-line Education				
aFinish revisions for medicine version (CAM-Short)	Jeri, Amy	complete	11-Jan	April
dEnsure education pushed out to all RNs by Ed Services	Jeri, Amy	complete	22-Jan	April
eShare education modules with Mary Benson for CMH	Jeri	complete		April
5Continuing/Ongoing Education				
aRNs complete on-line education for CAM (4-wks)	Jeri	complete	9-Feb	23-May
bPresent on managing delirium at Nursing Grand Rounds	Julie	complete	4/18--4/25	
cPresent on treatment of delirium at Physician Grand Rounds	Dr Denson	complete	15-Mar	
Provide additional resource materials on delirium to RN Educators (meet 1st eMon of every month)	Julie, Amy	complete	4-Mar	May
NICU (identified need); use all ICU meetings and neuro staff (revisit need f for education on Neuro units)	Heinrich	ongoing		August
Create education for providers on process changes re: delirium identification g(voluntary LMS for physicians)	Dr Denson	complete	Apr	
hEducation to coders on catching delirium dx appropriately	Dr Heinrich	complete		17-Apr
6Report in Epic				
Coordinate Epic user report w/Annie Maki on patients screened or to be screened accessible by each unit	Jeri	due	9-Feb	July
7Go-live with CAM screening				
House-wide implementation of formal screening for delirium a(may implement CAM-SF before CAM-ICU)	All	start date	9-Feb	July
cDashboard		Due		July



Participation in a Meeting

How to be a good group member

- Know your ability to commit
 - Cognitively
 - Physically
- Listen, listen, and listen some more
- Respect fellow group members
- Participate
- Keep a common focus
- Do not be defensive



When Bad Things Happen to Good Meetings

Rules

1. Be realistic
 - It is going to happen
2. Be prepared
 - Active observation
 - Listen, listen, listen
3. Be ready to act
 - Different tools for different problems



When Bad Things Happen to Good Meetings

- Participants arrive late
 - Start on time regardless
 - Assign homework
- A participant dominates the discussion
 - Call on others
 - Change roles within the meeting
- The group keep repeating the same points
 - Flip chart or white board (group memory)
- Someone is disruptive
 - Revisit the ground rules

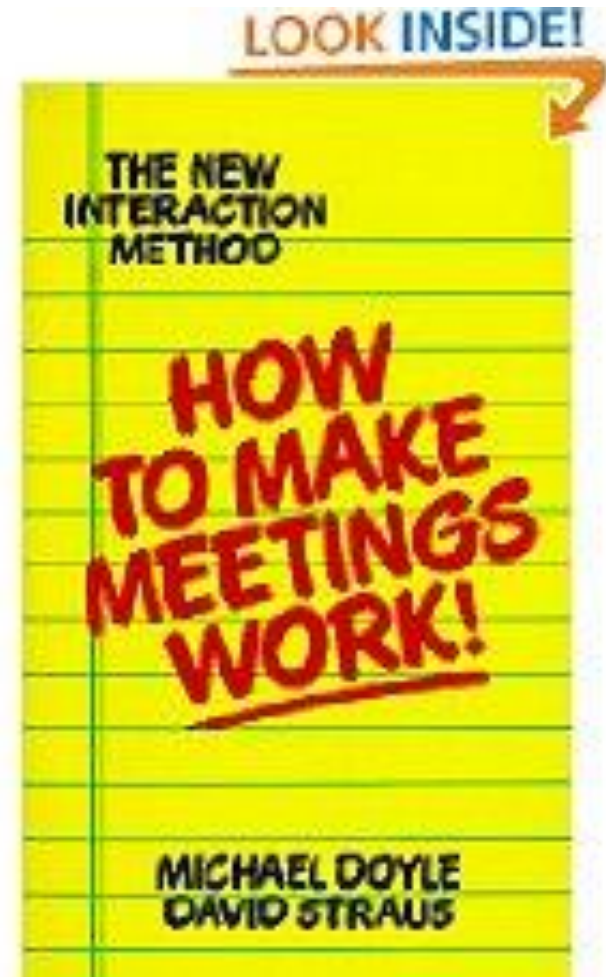
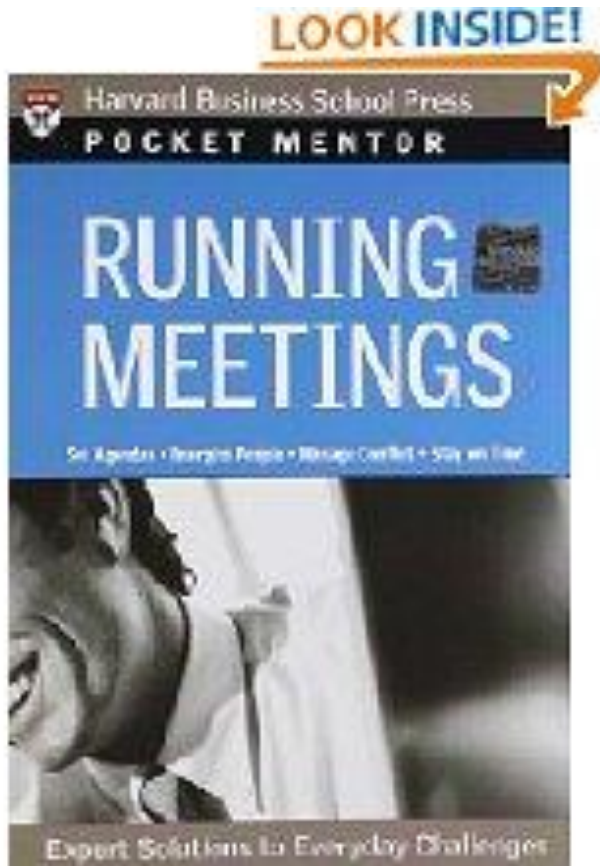


When Bad Things Happen to Good Meetings

- Confusion reigns regarding goals/purpose
 - Revisit the agenda
- The group is silent
 - Silence is OK
 - Ask if clarification is needed
- Avoidance of an issue is evident
 - Raise the issue
 - Enforce “will not kill the messenger” idea



Bibliography



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Thanks!

- Comments and/or questions are welcomed
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