



MANAGEMENT OF SLEEP LAB: DEVELOPING LEADERSHIP AND ADMINISTRATIVE SKILLS

Brittany J Meyer, MD

Conflict of Interest Disclosure

I do not have any relationship with any entities producing, marketing, reselling, or distributing health care goods or services consumed by or used on patients.

Outline

- Types of Leadership Styles
- Setting Goals
- Communication
- Feedback
- Employee Satisfaction
- Questions

THE CHALLENGE OF LEADERSHIP IS TO
BE STRONG BUT NOT RUDE;
BE KIND, BUT NOT WEAK;
BE BOLD BUT NOT TIMID;
BE PROUD, BUT NOT ARROGANT;
HAVE HUMOR, BUT WITHOUT FOLLY

-Jim Rohn



Types of Leadership Styles

Democratic Leadership

- Effective
- Each employee has a equal say on project but “leader” makes final decision

Transformational Leadership

- Effective
- Always "transforming" and improving upon the lab's conventions
- Employees have a basic set of tasks but leader is constantly pushing them outside of their comfort zone to help show of what they are capable.

Transactional Leadership

- Sometimes Effective
- Uses incentive programs to motivate employees.
- Will also use punishments

Type of Leadership Styles

Laissez-Faire Leadership

- Sometimes effective
- All authority is given to employees; must be kept in check

Bureaucratic Leadership

- Rarely Effective
- Go by books, will reject input if it conflicts with lab's policy/practices

Autocratic Leadership

- Rarely effective
- No input from employees; not likely to succeed.

Goals

- Set Goals for the Sleep Center
 - *First start with evaluation of Lab's needs*
 - Patient, staff, techs, physicians, business standpoint
 - *Develop Timeline to accomplish each*
 - *Determine realistic ways to implement each*
 - *Make measurement tools that support the alignment of desired goals*
 - Evaluate current results based on data
 - Take action to improve results
 - Closely monitor results
 - Report what works and what doesn't

Heart and Vascular Center Visioning

Service Area: Sleep Center

Manager Tiffany Caine

	FY 2018 Quarter 1	FY 2018 Quarter 2	FY 2018 Quarter 3	FY 2018 Quarter 4	FY 2019 Quarter 1	FY 2019 Quarter 2	FY 2019 Quarter 3	FY 2019 Quarter 4	FY 2020
Topic		Completion of Sleep Center Recreditation		Implement of pre-op diagnosis and treatment of OSA for elective surgery. Develop and implement the AASM's most recent procedural protocols					
Priorities									New furniture. Pediatric friendly room. Sleep physician with PEDS experience. OSA Support Group. Website and community education. Peds Program. CBTi development.
Facility Needs			Renovation of office space		Additional exam room completed			Additional square footage for clinic space/ office space and space for HCM	
Technology Needs						Additional Service sites (New Berlin, HVC, OPC).	HL7 Interface. Expand availability of HSAT devices throughout PHC.		
Staff/Physicians	Onboard new Medical Director Dr. Schultz. Hire Sleep Supervisor	Approval of new physician posting from VRC		Develop and implement APRN/NP for Sleep Medicine		Alice 6 Upgrade	Education for Referring Providers/ possible family medicine sleep rotation	Hire additional mid-level in 6-12 months and physician once Laurel and Samtani are full	Develop and implement Sleep Navigator position. Acquire appropriate staff to manage and treat large insomnia population. Staff and team building.
Quality/Patient Satisfaction	Improve scanning process of sleep studies	Select Facility and HST Indicators which best represent our commitment to quality. Improve patient satisfaction by decreasing initial consult and follow up time	PAP naps and mask fittings			Improve turnaround time of sleep study reading by physicians		Continue to build upon and improve Quality Assurance program. PEDS and CBTi	
Geographic Service Area Expansion						Dr. Meyer to attend senior breakfast. Work on getting success story into ProNews. Start marketing at RHOW, Rodgers Hospital, ProHealth Home Care and Regency Senior Communities	Dr. Meyer to Meet with Peditricians		Data to drive expansion and direction. Quarterly marketing and outreach meeting. Research - OAW pre-op screen
Overall Focus	Continue to increase market share by providing quality sleep disorders care for our patients through outreach/education of PCP's, specialties and employers and community								

Building a Culture Around Service

- Communication
- Commitment to openly and frequently share information to improve quality of care for every single employee.

Leadership Meetings

- Monthly
 - Includes Medical Director, Manager, Supervisor, and Director
 - Discussion of any “bigger issues,” set/reevaluate goals, budget, and any other operational challenges
- Benefits
 - *Everyone is on the same page*
 - *Know where the sleep center is and where it is heading*
 - *Help ensure we are accomplishing our goals in a timely fashion*

Tech Meetings

- Monthly
- Education
 - *Usually recent events that occurred in the sleep lab*
- Give ample opportunities to ask questions and share opinions
- Discuss day-to-day operations and “clean-up”
- Benefits:
 - *Encourages participation and ideas on how to solve issues from our staff directly involved*
 - *Meetings molded around techs needs/wants*

Competencies

- Annual
- Have them signed off by a co-worker or manager
 - *If could not observe then described how to do*
 - *If there was a discrepancies*
 - Noted on the sign off sheet
 - Then discussed as group or/with medical director

Competencies Areas

- HSAT
- Maintenance and Cleaning Safety
- PSG
- PSG Titration
- Assessment and Vital Signs
- Age Specific Care and Evaluation
- CO2 Monitoring
- Supplemental Low Flow O2
- Monitoring Pulse Oximetry
- Scoring Sleep Stages
 - *ASSM Interscoring reliability*

Shared Governance Meetings

- Monthly
- Strictly ran by the staff
 - *Medical Director, manager and supervisor are just mediators*
- Staff determines the agenda and topics
- As a group collaborate to find solutions to problems
- Benefits:
 - *This promotes critical thinking among the staff*
 - *Gives the autonomy of decisions and running of clinic and lab*

Provider Meetings

- Monthly
- All Sleep Physicians, mid-levels, manager, supervisors, and director
- Agenda Always include:
 - *Quality Measure Reports, Study Read Time and Sweep Times, DME monthly information, Time to appointment, and Review of 1-2 policies*
- Anyone can add other topics to the Agenda
 - *DME, lab, clinic, staffing, updates*
- Benefits:
 - *Allows everyone to be up-to-date on happenings within center*
 - *Accountability*
 - *Help determine how to move forward*

Updates

- Weekly
- Manager sends out an email to all staff
- Includes:
 - *New Hires*
 - *Changes within clinic or lab*
 - *“Fun” updates such as births*
 - *Reminders*

Huddle Meetings

- Daily
- Includes staff that is present that day
- Includes:
 - *Any “special” circumstances/patients for that day*
 - *Reminders if someone is out and who will cover*
- Try to keep it to 5 minutes

Build Individual Accountability

- Experiment by University of Cologne
 - 74% turned down the hypothetical promotion for a higher influence if already had a job with a lot of freedom
 - 62% accepted the promotion to the higher-autonomy position
 - People were 2.5 times more likely to take a job that gave autonomy than a job that gave more influence

Focus on Employee Satisfaction

Encourage Engagement

Give praise when it deserved

- *Privately and Publicly*

“Fun” work activities

- *Monthly pot-lock lunches*
- *BBQs/Baseball Games*
- *Celebrations of life milestones*
- *Community Service Project*

Reward System

Feedback

- Encouraged ALL physicians to give feedback to technicians
 - Direct feedback on scoring to technicians
 - Provide both positive and negative feedback
- Benefits:
 - *Provides timely and specific examples*
 - *Different views/aspects of sleep are given to techs*
 - *Correction of poor techniques*

THE ART OF LEADERSHIP IS
SAYING NO, NOT YES.
IT IS VERY EASY TO SAY YES.

-Tony Blair

Questions

Be the Leader that you would like to Follow