Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

Presented by:
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Florence, South Carolina
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

A Quality Leadership Challenge

• We have become good at making improvement happen for one condition, on one unit, for a while.

• We have not learned how to get measured results, quickly, and ‘sustainably’, across many conditions for the whole organization.
A Quality Leadership Challenge

‘The 100K Lives’ Campaign

• Reduce mortality rates at 3,100 U.S. Hospitals sharply from baseline rates through ...

• Using a “starter kit” strategy of six strong ideas

• Within 12 to 18 months
A Quality Leadership Challenge

The Results of ‘The 100K Lives’ Campaign

• 30% of the hospitals achieved dramatic reductions in mortality (30-50%)
• 30% started, but achieved only modest reductions
• 40% did not see noticeable results
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

‘Give me a lever long enough, and I shall move the world.’
ARCHIMEDES

The leverage points are offered as a sort of hypothesis ...
If leaders are to bring about system-level performance improvement, they must channel attention to and take action on these points.
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

1. Establish and Oversee System-Level Aims for Improvement at the Highest Board and Leadership Level
1 - System-Level Aims for Improvement

- Establish **solid measures** of aim, e.g., hospital mortality rate, cost per admission, adverse drug events per 1,000 doses
- Establish **aims** for breakthrough improvement
- Establish **oversight** of those aims at the highest levels of governance & leadership
1 - System-Level Aims for Improvement

• Commit **personally** to these aims and communicate them to the team
• Board & Leadership involvement in ‘how good, by when’
• Hear and see both **stories** and data about needless deaths or harm
• Monthly tracking, **Quality first** on the Board agenda
1 - System-Level Aims for Improvement

Mortality Rate - MRMC

Graph shows the mortality rate from Oct-04 to Aug-07 for MRMC, with average, average +1 std, and average -1 std lines. The data includes monthly years from 2004 to 2007.
1 - System-Level Aims for Improvement

Rate of Harm per 1000 Doses

MRMC
National Average 2-8 per 1000 doses

Adverse Drug Events
Linear (Adverse Drug Events)
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

2

Align System Measures, Strategy, and Projects in a Leadership Learning System
At McLeod, Quality is a CORE Value

**Quality Pyramid**

- The Quality of **Safety**
- The Quality of the **Science**
- The Quality of the **Service**

Built Upon:

- Just Culture
- Leadership Support
- Physician Leadership
2 - Align System Measures

Culture of “No Blame”
Leadership Support
Physician Leadership

Safety

Science

Service
2 - Align System Measures

- Reliability Theory
- Quality as a Core Value
- Physician & Executive Engagement
- Change Theory
- Prioritization
- Improvement Methodology

Core Success Factors
Core Success Factors for McLeod:
1. Quality as a Core Value
2. Prioritization
3. Improvement Methodology
4. Change Theory
5. Physician & Executive Engagement
6. Reliability Theory
2 - Align System Measures: Prioritization

Opportunity Driven by Data

Complications

Readmissions

Mortality

Cost

Length of Stay
The total potentially avoidable days are distributed across numerous DRGs, but 45% of days are in the top twenty DRGs.

**High Opportunity DRGs: Potentially Avoidable Days**

<table>
<thead>
<tr>
<th>DRG</th>
<th>Days</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>422</td>
<td>2.12</td>
<td>CABG with Cath</td>
</tr>
<tr>
<td>732</td>
<td>0.61</td>
<td>PTCA with Stent/Pacemaker</td>
</tr>
<tr>
<td>174</td>
<td>1.96</td>
<td>CABG without Cath</td>
</tr>
<tr>
<td>112</td>
<td>2.63</td>
<td>Other Circulatory Dx</td>
</tr>
<tr>
<td>588</td>
<td>0.43</td>
<td>Chest Pain</td>
</tr>
<tr>
<td>82</td>
<td>2.98</td>
<td>Major Chest Procedures</td>
</tr>
<tr>
<td>296</td>
<td>0.75</td>
<td>Major Joint and Limb Procedures</td>
</tr>
<tr>
<td>132</td>
<td>1.63</td>
<td>Resp. System with Vent</td>
</tr>
<tr>
<td>206</td>
<td>0.97</td>
<td>GI Hemorrhage</td>
</tr>
<tr>
<td>114</td>
<td>1.69</td>
<td>Circulatory Disorder with AMI</td>
</tr>
<tr>
<td>78</td>
<td>2.34</td>
<td>Laparoscopic Cholecystectomy</td>
</tr>
<tr>
<td>232</td>
<td>0.75</td>
<td>Circulatory disorder AMI</td>
</tr>
<tr>
<td>42</td>
<td>4.03</td>
<td>Neonates</td>
</tr>
<tr>
<td>56</td>
<td>2.88</td>
<td>Path Fx and MS Malignancy</td>
</tr>
<tr>
<td>130</td>
<td>1.21</td>
<td>Extracranial Vascular Procedures</td>
</tr>
<tr>
<td>170</td>
<td>0.84</td>
<td>Nutritional and Metabolic-Peds</td>
</tr>
<tr>
<td>320</td>
<td>0.41</td>
<td>COPD</td>
</tr>
<tr>
<td>156</td>
<td>0.81</td>
<td>Renal Failures</td>
</tr>
<tr>
<td>96</td>
<td>1.23</td>
<td>Seizures and Headache-Peds</td>
</tr>
<tr>
<td>84</td>
<td>1.4</td>
<td>Major Cardiovascular Procedure</td>
</tr>
</tbody>
</table>

Total Days Opportunity: 10,543 days
## 2 - Align System Measures: Prioritization

<table>
<thead>
<tr>
<th>Patient Safety Indicator</th>
<th>Hospital Patients at Risk</th>
<th>Hospital Events</th>
<th>Hospital PSI Rate</th>
<th>Peer Patients at Risk</th>
<th>Peer Events</th>
<th>Peer PSI Rate</th>
<th>Rate Variance from Peer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complications of anesthesia</td>
<td>7,837</td>
<td>5</td>
<td>0.06%</td>
<td>63,011</td>
<td>52</td>
<td>0.08%</td>
<td>-0.02%</td>
</tr>
<tr>
<td>Death in low mortality DRGs</td>
<td>6,640</td>
<td>9</td>
<td>0.14%</td>
<td>48,569</td>
<td>26</td>
<td>0.05%</td>
<td>0.08%</td>
</tr>
<tr>
<td>Decubitus ulcer</td>
<td>7,372</td>
<td>140</td>
<td>1.90%</td>
<td>49,803</td>
<td>1,186</td>
<td>2.38%</td>
<td>-0.48%</td>
</tr>
<tr>
<td>Failure to rescue</td>
<td>1,047</td>
<td>130</td>
<td>12.42%</td>
<td>8,823</td>
<td>1,037</td>
<td>11.75%</td>
<td>0.66%</td>
</tr>
<tr>
<td>Foreign body left after proc</td>
<td>23,407</td>
<td>1</td>
<td>0.00%</td>
<td>173,840</td>
<td>11</td>
<td>0.01%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Iatrogenic pneumothorax</td>
<td>18,778</td>
<td>11</td>
<td>0.06%</td>
<td>132,205</td>
<td>99</td>
<td>0.07%</td>
<td>-0.02%</td>
</tr>
<tr>
<td>Medical care infection</td>
<td>20,301</td>
<td>62</td>
<td>0.31%</td>
<td>149,905</td>
<td>407</td>
<td>0.27%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Postop hemorrhage/hematoma</td>
<td>6,862</td>
<td>11</td>
<td>0.16%</td>
<td>54,666</td>
<td>106</td>
<td>0.19%</td>
<td>-0.03%</td>
</tr>
<tr>
<td>Postop hip fracture</td>
<td>3,968</td>
<td>2</td>
<td>0.05%</td>
<td>34,984</td>
<td>10</td>
<td>0.03%</td>
<td>0.02%</td>
</tr>
<tr>
<td>Postop physiologic/metab dera</td>
<td>4,352</td>
<td>8</td>
<td>0.18%</td>
<td>24,720</td>
<td>17</td>
<td>0.07%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Postop PE or DVT</td>
<td>6,800</td>
<td>72</td>
<td>1.06%</td>
<td>54,392</td>
<td>562</td>
<td>1.03%</td>
<td>0.03%</td>
</tr>
<tr>
<td>Postop respiratory failure</td>
<td>3,601</td>
<td>16</td>
<td>0.44%</td>
<td>18,026</td>
<td>123</td>
<td>0.68%</td>
<td>-0.24%</td>
</tr>
<tr>
<td>Postop sepsis</td>
<td>1,027</td>
<td>14</td>
<td>1.36%</td>
<td>6,218</td>
<td>72</td>
<td>1.16%</td>
<td>0.21%</td>
</tr>
<tr>
<td>Postop wound dehiscence</td>
<td>1,018</td>
<td>3</td>
<td>0.29%</td>
<td>10,590</td>
<td>18</td>
<td>0.17%</td>
<td>0.12%</td>
</tr>
<tr>
<td>Accidental puncture/laceratio</td>
<td>20,847</td>
<td>80</td>
<td>0.38%</td>
<td>148,617</td>
<td>597</td>
<td>0.40%</td>
<td>-0.02%</td>
</tr>
<tr>
<td>Birth trauma injury to neonate</td>
<td>2,095</td>
<td>2</td>
<td>0.10%</td>
<td>22,335</td>
<td>47</td>
<td>0.21%</td>
<td>-0.11%</td>
</tr>
<tr>
<td>OB trauma-cesarean section</td>
<td>787</td>
<td>2</td>
<td>0.25%</td>
<td>6,679</td>
<td>37</td>
<td>0.55%</td>
<td>-0.30%</td>
</tr>
<tr>
<td>OB trauma-vaginal w instrument</td>
<td>210</td>
<td>39</td>
<td>18.57%</td>
<td>1,214</td>
<td>249</td>
<td>20.51%</td>
<td>-1.94%</td>
</tr>
<tr>
<td>OB trauma-vaginal wout instrut</td>
<td>1,020</td>
<td>78</td>
<td>7.65%</td>
<td>14,334</td>
<td>1,429</td>
<td>9.97%</td>
<td>-2.32%</td>
</tr>
</tbody>
</table>

October 2004 – September 2005
## 2 - Align System Measures: Prioritization

<table>
<thead>
<tr>
<th>DRG</th>
<th>N</th>
<th>Description</th>
<th>Financial</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cost</td>
<td>LOS</td>
</tr>
<tr>
<td>116</td>
<td>608</td>
<td>Other permanent pacer implants</td>
<td></td>
<td></td>
</tr>
<tr>
<td>107</td>
<td>335</td>
<td>CABG w/cath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>109</td>
<td>187</td>
<td>CABG w/o cath</td>
<td></td>
<td></td>
</tr>
<tr>
<td>373</td>
<td>819</td>
<td>Vag Del w/o complicating Dx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>374</td>
<td>127</td>
<td>Vag Del w/sterilization or D&amp;C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>385</td>
<td>62</td>
<td>Neonates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>387</td>
<td>32</td>
<td>Prematurity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>148</td>
<td>110</td>
<td>Major sm &amp; lg bowel procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>112</td>
<td>172</td>
<td>PTCA</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>71</td>
<td>Craniotomy &gt; 17 w/o trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>125</td>
<td>350</td>
<td>Circulatory disorders w/AMI w/ CATH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>124</td>
<td>234</td>
<td>Circulatory disorders w/o MI,w/ CATH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>121</td>
<td>174</td>
<td>Circulatory disorders w/AMI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>478</td>
<td>95</td>
<td>Other Vascular procedures w/CC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>113</td>
<td>55</td>
<td>Amputation for circulatory disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>110</td>
<td>67</td>
<td>Major CV procedures (AAA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>120</td>
<td>43</td>
<td>Other Circulatory OR procedures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>430</td>
<td>593</td>
<td>Psychoses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>88</td>
<td>299</td>
<td>COPD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>89</td>
<td>289</td>
<td>Pneumonia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>481</td>
<td>Heart failure &amp; shock</td>
<td></td>
<td></td>
</tr>
<tr>
<td>416</td>
<td>74</td>
<td>Septicemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>143</td>
<td>515</td>
<td>Chest Pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

3

Channel Leadership
Attention to System-Level Improvement
3 - Leadership Attention

“The currency of leadership is attention.”
J. Reinertsen, MD

Formal & informal resources focus on the aims

**Inside**: calendars, meeting agendas, project reviews, performance feedback and compensation systems

**External**: Transparency
3 - Leadership Attention

1. Establishing a **Sense of Urgency**
2. Forming a Powerful Guiding Coalition
3. Creating a Vision
4. Communicating the Vision
5. Empowering Others to Act on the Vision
6. Planning and Creating Short-Term Wins
7. Consolidating Improvements and Producing Still More Change
8. Institutionalizing New Approaches
   - John Kotter, *Leading Change*
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

4 “Get the Right Team on the Bus”
Chapter 3
“First Who ... Then What”

“There are going to be times when we can’t wait for somebody. Now, you’re either on the bus or off the bus.”
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

5

Make the Chief Financial Officer a Quality Champion
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

6 Engage Physicians
6 - Engage Physicians

**Forces Affecting the Relationship**

- Accelerated Pace of Change
- Demand for Efficiency, Quality and Safety
- Growing Distrust

“Most organizations want to build an ark, the good ship ‘Mission.’ It would be far superior to build not an ark but a flotilla of different boats.”

Joseph S. Bujak, MD
6 - Engage Physicians

Average life span

1800 1850 1900 1950 2000

40 years

Frequency of major technological change in any given field

Once every 2-3 generations

80 years

Constant and continuous
6 - Engage Physicians

**Benevolence:** The extent to which I believe you care about me and will continue to back me up.

**Aptitude:** The extent to which I believe you are competent and capable.

- High
- (Affection)
- Trust
- Distrust
- (Respect)
- Low
- Low
6 - Engage Physicians

“Engage our organizations in the quality work of physicians.”
J. Reinertsen, MD

Design Principles in Practice for McLeod
- Physician Led
- Data Driven
- Evidence Based
6 - Engage Physicians

- Physicians as ‘ground floor leaders & participants
- Opinions about literature matter
- Respect for time paramount, proper scheduling & use of support staff

- Recognition for work well done a reality
- CME credit where possible
- Atmosphere of support, responsiveness and importance part of culture
6 – Engage Physicians

Results of Physician Satisfaction Survey:

• Satisfaction with Clinical Effectiveness Process 87%

• Believe Patient Outcomes have improved with Clinical Effectiveness Initiatives 89%

• Believe Physician Profiles have been helpful 74%
6 – Engage Physicians

**Easy to do Improvement Work**
- Dedicated Resources
- Meetings at Convenient Times
- Evidence Based Discussions

**Feedback from Work**
- Global Data Feedback
- Specific Performance Profiling
- Recognition for Time and Dedication
Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

Build Improvement Capability
7 - Build Improvement Capability

VP of Clinical and Operational Effectiveness

- Clinical Effectiveness
- Operational Effectiveness
- Infection Control
- Clinical Outcomes
- Risk Management
- Care Coordination
7 - Build Improvement Capability

Physician Chair

Physician Subgroup Chair, Care Manager, Implementor, Educator, Clinical Outcomes
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