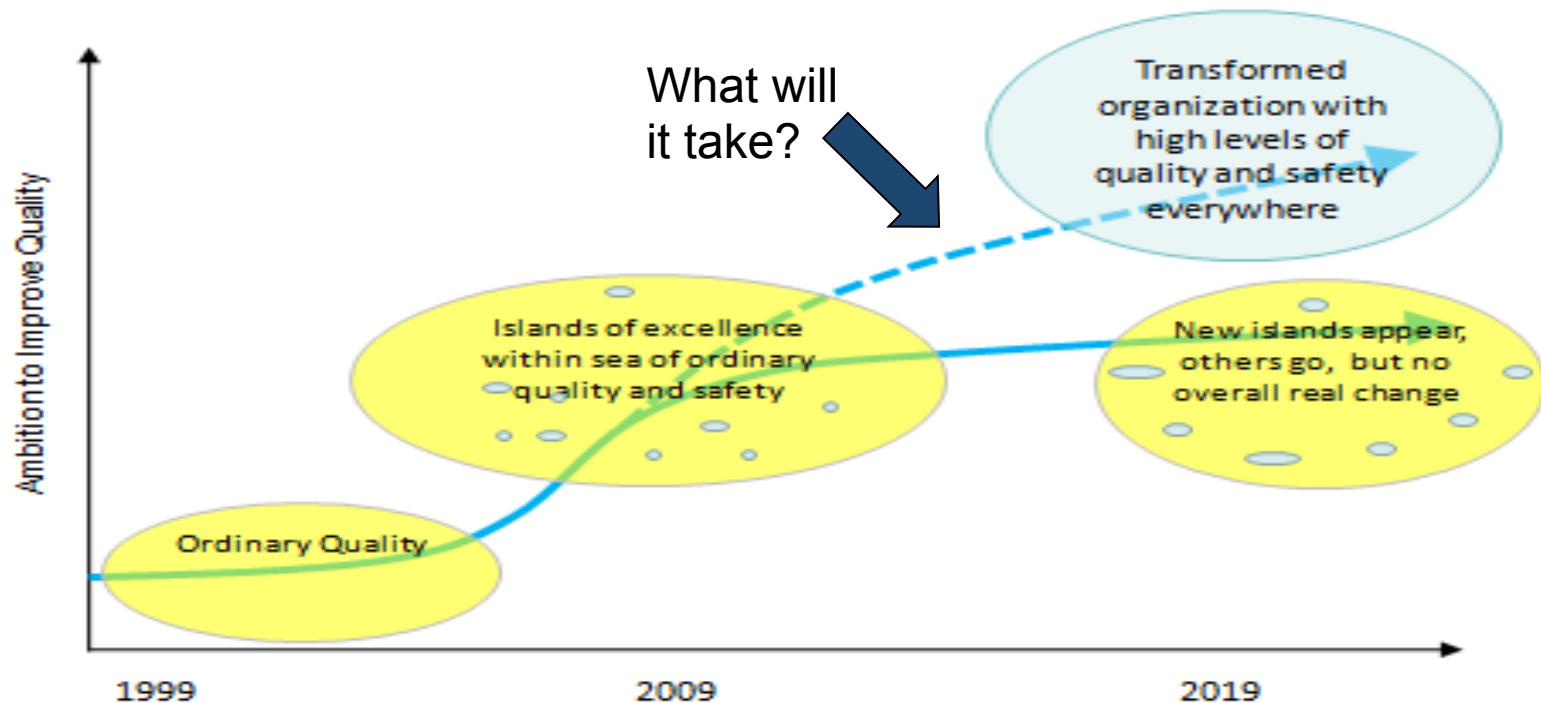# Critical Attributes for Leading Improvement

Paula Blackstien-Hirsch

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Today's challenge is to move from islands of excellence to transformational change….

Source: IHI

It has become painfully clear to all those working to improve quality and safety that what healthcare organizations require are not quick fixes. They require complete transformation.

Jim Reinertsen, Quality & Patient Safety,
Understanding the Role of the Board, OHA, 2008

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What accounts for this apparent contradiction between Will and Execution?

- We seem to be willing and able to learn…

- We seem to want to change…

- We sign up in droves to improve safety/quality…

- We seem capable of succeeding on a small scale, some of the time…

Yet…we can't seem to close the deal organization-wide or system-wide!

Those who study comparative health systems remind us that … CONTEXT is everything.

Steven Lewis, 2008

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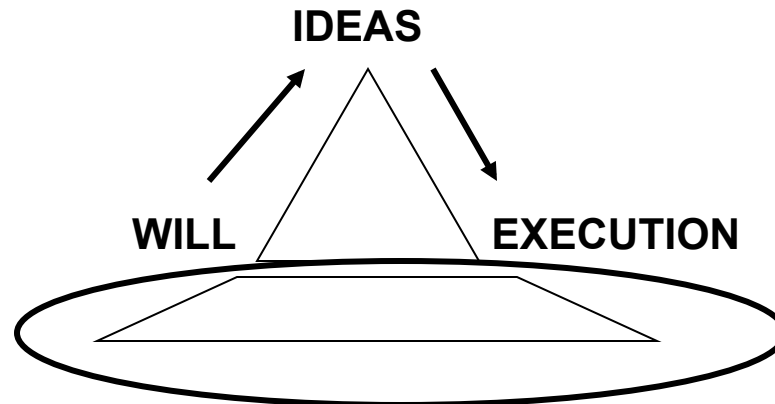
In 2007 Don Berwick highlighted the work of Pawson and Tilley to illustrate the critical importance of context for improvement in outcomes…

Context + New Mechanism = Outcome

"In other words, programs work (have successful **'outcomes'**) only in so far as they introduce the appropriate ideas and opportunities (**'mechanisms'**) to groups in the appropriate social and cultural conditions (**'contexts'**)."

<div align="right">

Pawson R, Tilley N. *Realistic Evaluation*. London: Sage 24 Publications, Ltd.; 1997

</div>

"…there is little point of improving front line clinical delivery if it is embedded in a wider system that is dysfunctional."

<div align="right">

(N Edwards Qual Saf Health Care 2005;14:75)

</div>

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Where do you start?

Quality by Design	7 Leadership Leverage Points
Strategic alignment of aims, measures and activities	**Establish & oversee system level aims at highest governance level**
Quality as a core business strategy	Develop an executable strategy & oversee it at the highest governance level
Leadership	Channel leadership attention to improvement (includes leadership & transparency)
Meaningful measurement to support quality improvement	**Engage physicians**
Engaged physicians and staff workforce	**Build improvement capability**
Capability for improvement	Put patients & families on the improvement team
Incentives and accountability	Make the CFO a Quality Champion

Leverage Point 1:
Set specific system-level aims and oversee their achievement at the highest levels of governance…

- Senior leadership team has developed specific "how much, by when" aims for system-level measures of quality and safety.

- Board has adopted the aims and is overseeing their achievement using system-level measures of progress against the aim.

- Accountability for achieving the aims is clearly established in the board's executive performance feedback system (and these accountabilities are cascaded down through the organization).

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Big Dot
% of CTAS 1 & 2
With LOS ≤ 8 hrs

AIM:
Decrease wait time for ED patients to 8 hrs for CTAS 1, 2; to 8 hrs for admitted CTAS 3, and to 4 hours for CTAS 4 & 5, by when
_____

RAZ

Outcome
LOS for CTAS 3

% with score within 24 hrs of admit & referrals

Adjust physician scheduling to match peaks in demand

Outcome
Time to see a physician

Risk score for Patients likey To be complex To discharge

Adjust nursing staffing levels to match demand

Outcome
Backlog in waiting room

Predictive discharge

Outcome
Bed Turns

Bullet rounds At whiteboard focused on D/C plan

Housekeeping turnaround time

Outcome
Bed empty time

Etc

Outcome

% discharged Within x hrs of Green from bullet rounds

For illustration purposes…..

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Accountability:
Error Prevention for WellStar Staff

Safety First WELLSTAR®

EXPECTATIONS	TECHNIQUES
1. **Patient, Personal and Peer Safety** *I will demonstrate a personal and peer (200%) commitment to safety*	1. **Practice peer checking & coaching using ARCC** 2. **Stop and resolve in the face of uncertainty**
2. **Clear, Complete & Timely Communications** *I am personally responsible for professional, accurate, clear, and timely verbal and written communications.*	1. **Use the approved "handoff process" when transferring patient care responsibility** 2. **Use SBAR to communicate patient concerns** 3. **Use Repeat-Backs and Read-Backs with 1 or 2 Clarifying Questions** 4. **Document legibly and accurately**
3. **Paying Attention to Detail** *I will attend carefully to important details.*	

ARCC **= Ask a question, Request a change, voice a Concern, use Chain of Command when necessary**

SBAR = Situation, Background, Assessment, Recommendation

STAR = Stop, Think, Act, Review

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Leverage Point 2: Build an Executable Strategy to oversee the aims, and oversee the execution at the highest levels of administration…

- Senior leadership team has developed a plan to achieve aims focused on the right drivers, with the necessary scale and pace.

- Senior leadership team has resourced the projects necessary to achieve the aim with effective leaders.

- Leadership team is steering and adjusting both the strategy to achieve the aim and its execution, based on weekly and monthly review of measures.

- Middle managers can be key in helping front line staff understand the fit between their work at the front line and high level organizational aims.
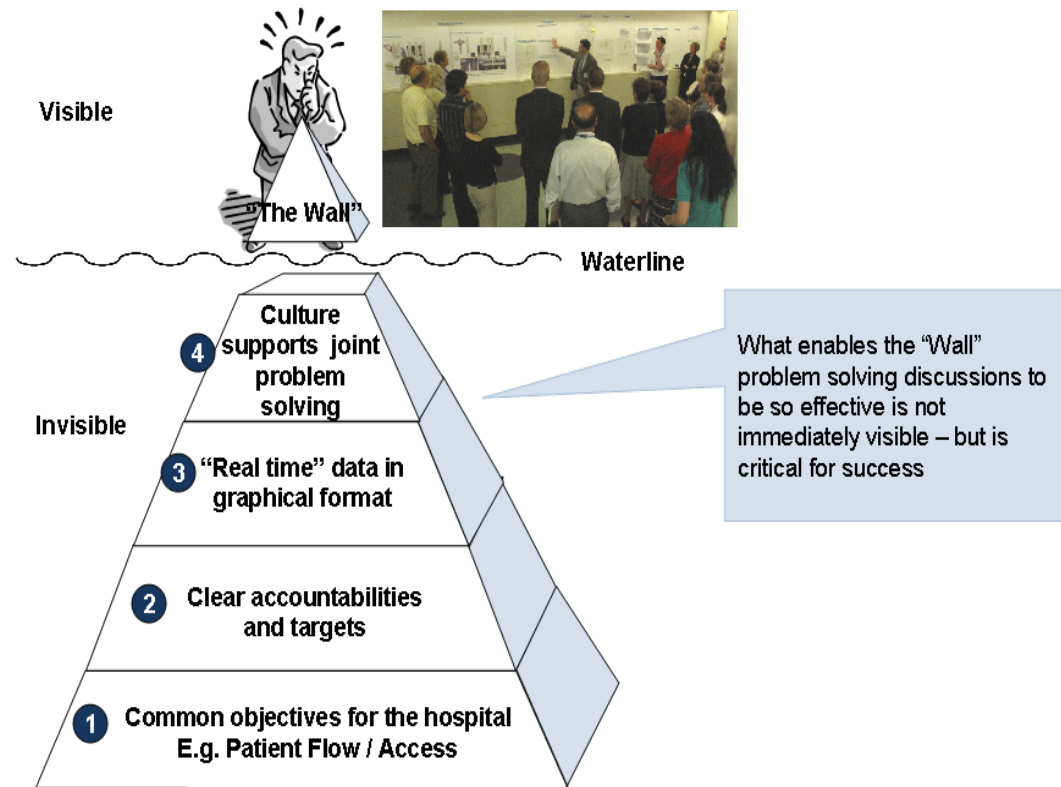
> *Formal authority is just one tool, and it's often the least important.*
> *What leaders write and say, and how they allocate resources sends a powerful message throughout the organization.*
>
> *Reinertson and Shellekens*
> *Great Boards. Bader & Associates Governance Consultants*

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Leverage Point 3:

Channel attention to system-level aims and measures…

- Senior executives personally do executive reviews with key project teams.

- Measures of progress on each project, and on the overall aims, are widely distributed throughout the organization and the community, even if you aren't proud of the measures (transparency) – transparency highlighted as the single most important attribute of a safe culture (Leape Institute & NPSF).

- Leaders are given sufficient time to work on key projects).

Visible

"The Wall"

Waterline

Invisible

4 Culture supports joint problem solving

3 "Real time" data in graphical format

2 Clear accountabilities and targets

1 Common objectives for the hospital E.g. Patient Flow / Access

What enables the "Wall" problem solving discussions to be so effective is not immediately visible – but is critical for success
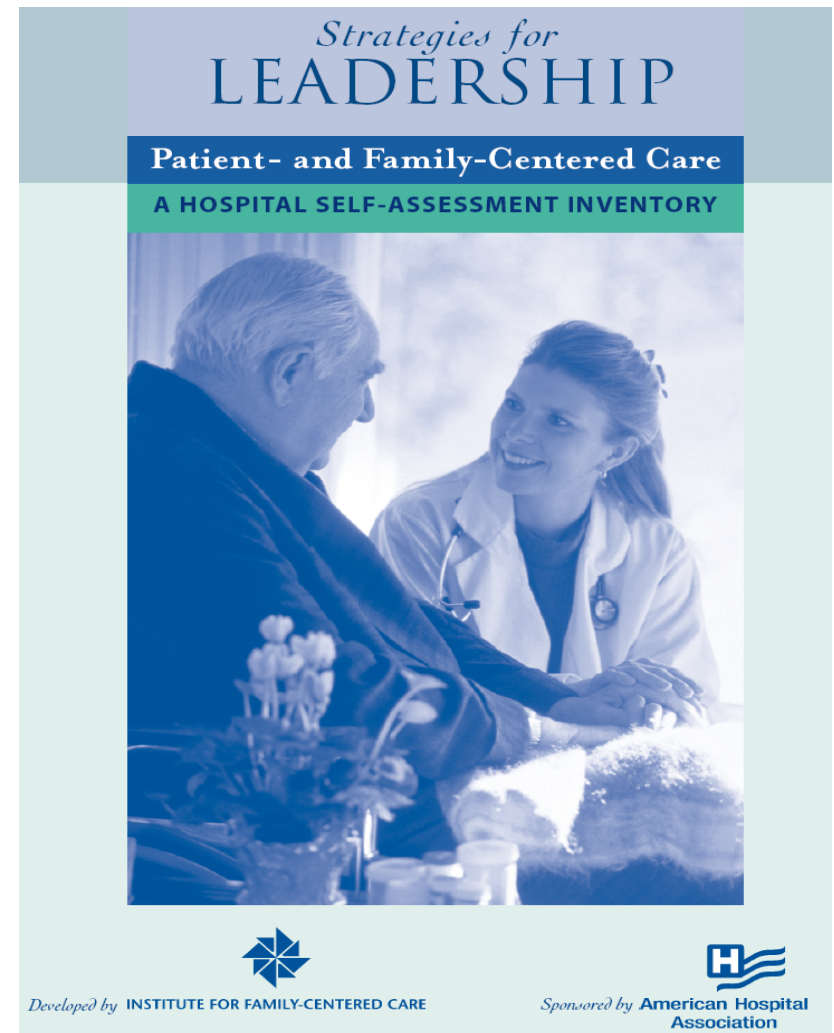
Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders
James Reinertsen
Michael Pugh
Tom Nolan

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Leverage Point 4: Get patients & families on your team…

- Patient stories about harm or quality issues (either in person, by videotape, or as told by front-line personnel) are part of every board meeting.

- Patients and families are deeply involved in all improvement and redesign teams.
  - Virgina Mason - ICU

- Some organizations include patients and families on standing committees.
  - Dana Farber

- Consumer Engagement – "Nothing About Me Without Me" (Lucian Leape Institute and National Patient Safety Foundation)

- Disclosure – a process, not an event (University of Illinois at Chicago)

Strategies for
LEADERSHIP
Patient- and Family-Centered Care
A HOSPITAL SELF-ASSESSMENT INVENTORY

Developed by **INSTITUTE FOR FAMILY-CENTERED CARE**   *Sponsored by* **American Hospital Association**

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Including a patient on the improvement team: Champlain CCAC & Carefor – Integrated Client Care
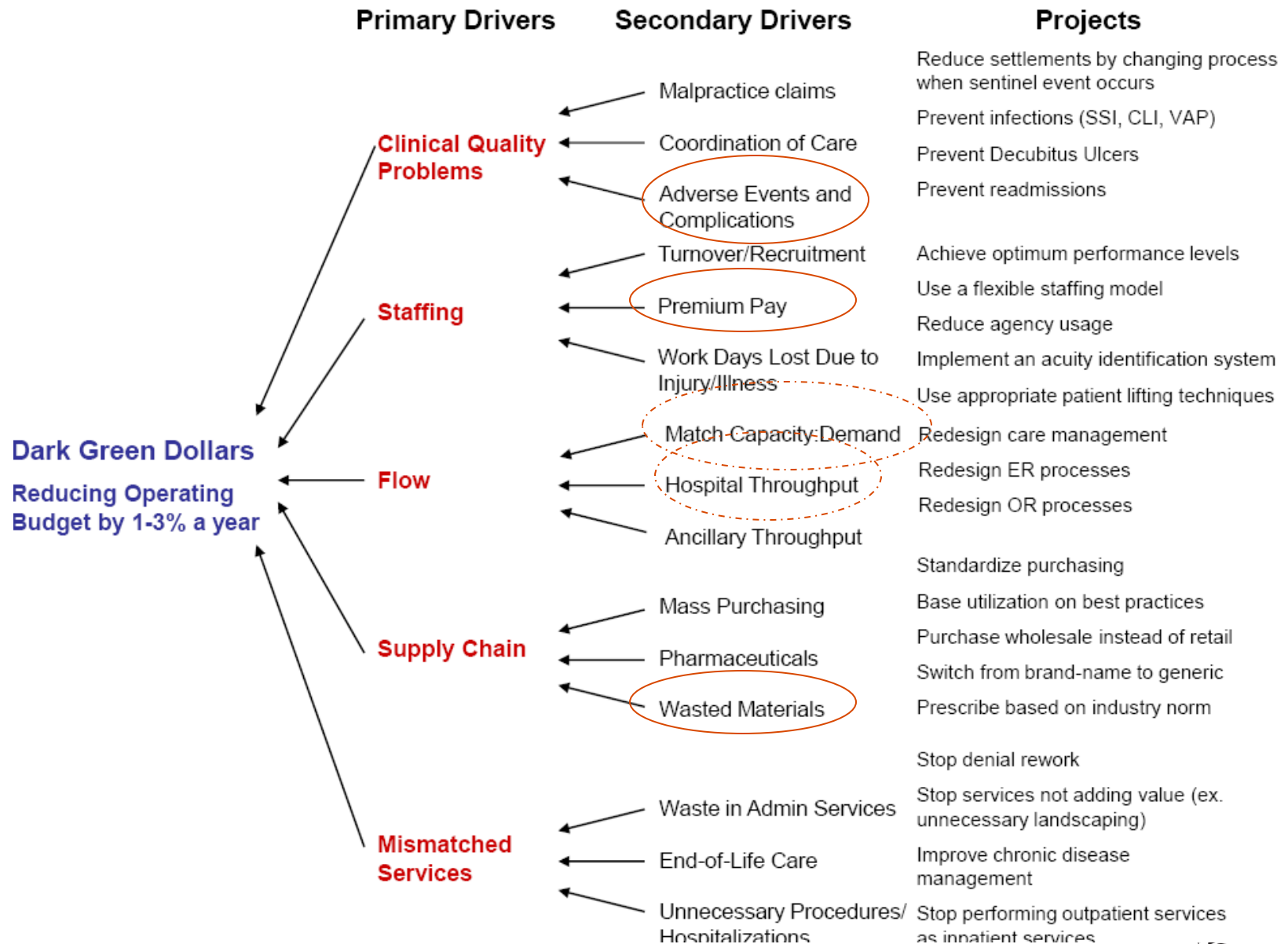
Leverage Point 5: Engage the CFO in achieving the aims…

- CFO can articulate the business case for each improvement initiative and is a primary driver of quality improvement.

- Finance representatives are integrated into improvement project teams to support the business case needs.

- When times are tough, we invest *more* in quality since it is our primary strategy for removing waste and improving efficiency.

Eliminate quality problems that arise because customers' (patients') expectations are not met (eg complications/adverse events)

Reduce costs (waste) significantly while maintaining or improving quality (eg operational efficiency/ inventory/supply chain management)

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Primary Drivers — **Secondary Drivers** — **Projects**

- Malpractice claims
- Coordination of Care
- Adverse Events and Complications

Reduce settlements by changing process when sentinel event occurs
Prevent infections (SSI, CLI, VAP)
Prevent Decubitus Ulcers
Prevent readmissions

Clinical Quality Problems

- Turnover/Recruitment
- Premium Pay
- Work Days Lost Due to Injury/Illness

Achieve optimum performance levels
Use a flexible staffing model
Reduce agency usage
Implement an acuity identification system
Use appropriate patient lifting techniques

Staffing

- Match Capacity:Demand
- Hospital Throughput
- Ancillary Throughput

Redesign care management
Redesign ER processes
Redesign OR processes

Flow

Dark Green Dollars

Reducing Operating Budget by 1-3% a year

- Mass Purchasing
- Pharmaceuticals
- Wasted Materials

Standardize purchasing
Base utilization on best practices
Purchase wholesale instead of retail
Switch from brand-name to generic
Prescribe based on industry norm

Supply Chain

- Waste in Admin Services
- End-of-Life Care
- Unnecessary Procedures/Hospitalizations

Stop denial rework
Stop services not adding value (ex. unnecessary landscaping)
Improve chronic disease management
Stop performing outpatient services as inpatient services
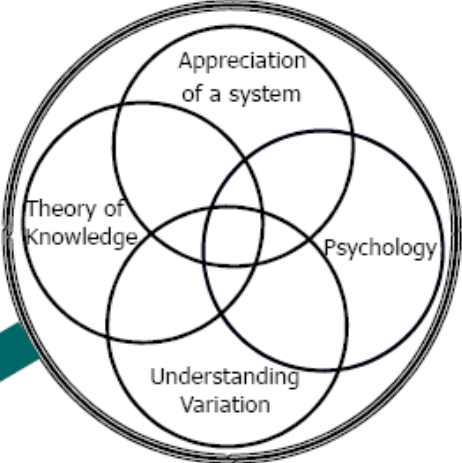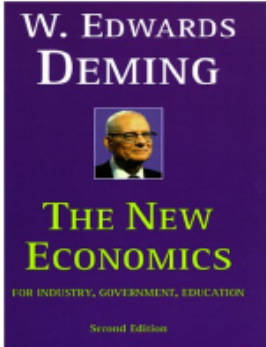
Mismatched Services

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Leverage Point 6: Engage physicians in achieving the aims…

- The executive team understands physicians' **intrinsic motivation** for quality (outcomes, wasted time…).

- Physicians are regarded as partners in the delivery of care, not as customers. Similarly, all physicians need to stop seeing their care responsibilities solely from an individual perspective, and start appreciating their responsibility to the system.

- It is important to assess those aspects of the various cultures that will predictably thwart (or enhance) successful engagement.

- We use quality methods that encourage physician engagement in quality rather than driving them away (sensible use of data, make the right thing easy to do – small tests of change).

Leverage Point 7: Build the improvement capability necessary to achieve the aims… $\sqrt{N}$ …
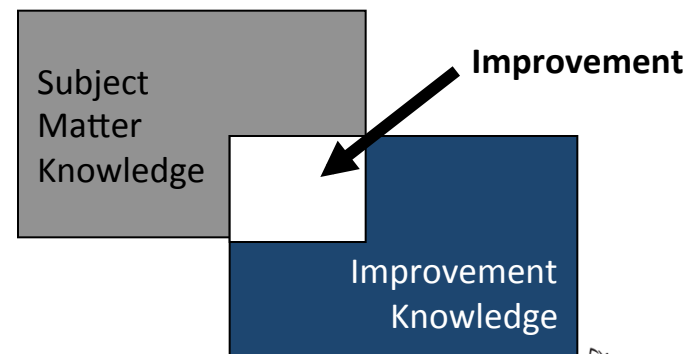
- The entire senior leadership team (including CEO and senior managers) knows and uses the technical and change leadership knowledge required to achieve the aims and execute the strategies:
  - Content knowledge for each strategy
  - Model for Improvement and rapid tests of change
  - A coherent improvement strategy
  - Scale and spread
  - Reliability science
  - Flow management
  - Safety systems

- Align the infrastructure (resources, committees) to enable the organization to build sufficient and appropriate capability for success

Deming's System of Profound Knowledge

W. EDWARDS DEMING
THE NEW ECONOMICS
FOR INDUSTRY, GOVERNMENT, EDUCATION
Second Edition

Appreciation of a system
Theory of Knowledge
Psychology
Understanding Variation
Values

"The aim of this chapter is to provide an outside view – a lens – that I call a system of profound Knowledge. It provides a map of theory by which to understand the organizations that we work in."

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Subject Matter Knowledge

Improvement

Improvement Knowledge

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