Critical Attributes for Leading Improvement

Paula Blackstien-Hirsch
Today’s challenge is to move from islands of excellence to transformational change....

What will it take?

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*
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*
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’).”


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

(N Edwards Qual Saf Health Care 2005;14:75)
## Where do you start?

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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).
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 ____________

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

RAZ

Adjust physician scheduling to match peaks in demand

Adjust nursing staffing levels to match demand

Predictive discharge

Housekeeping turnaround time

Etc

Outcome

Outcome LOS for CTAS 3

Outcome Time to see a physician

Outcome Backlog in waiting room

Outcome Bed Turns

Outcome Bed empty time

Outcome

For illustration purposes.....
# Accountability: Error Prevention for WellStar Staff

## EXPECTATIONS

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

**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
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
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.

*Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders*

James Reinertsen
Michael Pugh
Tom Nolan
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.
  - Virginia 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)
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 (e.g., complications/adverse events)

Reduce costs (waste) significantly while maintaining or improving quality (e.g., operational efficiency/inventory/supply chain management)
Articulating ROI by identifying light and dark green dollars...
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… √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
7 Leadership Leverage Points

Establish & oversee system level aims at the highest governance level

Develop an executable strategy & oversee it at the highest governance level

Channel leadership attention to Improvement

Engage physicians

Build improvement capability

Put patients & families on the improvement team

Make the CFO a Quality Champion

Focus for Today

Performance Management

Channelling Leadership Attention

Spread and Sustainability

Ontario