Leading Quality Improvement

Essentials for Managers
Session 5: Manage Connections Across Systems

Dave Munch, MD
Kathy Duncan, RN

April 14, 2015
These presenters have nothing to disclose

Today’s Host

Dorian Burks, Project Coordinator, Institute for Healthcare Improvement, is a current coordinator for web-based Expeditions. He also contributes to the IHI work in the Triple Aim and Improvement Capability focus areas, as well as the Leading Quality Improvement series. Dorian is a member of the Diversity and Inclusion Council at IHI, where he and fellow staff members develop strategies to enhance IHI’s inclusive culture, both internally and externally. Dorian graduated from Massachusetts Institute of Technology in Cambridge, MA where he received his Bachelor of Science degree in Biology and humanities concentration in Anthropology.
Phone Connection (Preferred)

To join by phone:
1) Click on the “Participants” and “Chat” icons in the top right hand side of your screen.
2) Click the button on the right hand side of the screen.
3) A pop-up box will appear with the option “I will call in.” Click that option.
4) Please dial the phone number, the event number and your attendee ID to connect correctly.

WebEx Quick Reference

- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
When Chatting…

Please send your message to All Participants

Kathy Duncan, RN

Kathy Duncan, RN, Faculty, IHI, co-leads IHI’s National Learning Network. Ms. Duncan also directs IHI Expeditions, manages IHI’s work in rural settings, and provides spread expertise to Project JOINTS. Previously, she co-led the 5 Million Lives Campaign National Field Team and was faculty for the Improving Outcomes for High Risk and Critically Ill Patients Innovation Community. She also served as the content lead for the Campaign’s Prevention of Pressure Ulcers and Deployment of Rapid Response Teams areas. She is a member of the Scientific Advisory Board for the AHA NRCPR, NQF’s Coordination of Care Advisory Panel, and NDNQI’s Pressure Ulcer Advisory Committee. Prior to joining IHI, Ms. Duncan led initiatives to decrease ICU mortality and morbidity as the director of critical care for a large community hospital.
Schedule of Sessions

Session 1 – Coach Versus Command
Date: Tuesday, February 17, 12:00 – 1:00 PM ET

Session 2 – Understand and Manage Systems
Date: Tuesday, March 3, 12:00 – 3:00 PM ET*

Session 3 – Practice Improvement Essentials
Date: Tuesday, March 17, 12:00 – 1:00 PM ET

Session 4 – Build Sustainable Systems
Date: Tuesday, March 31, 12:00 – 2:00 PM ET*

Session 5 – Manage Connections Across Systems
Date: Tuesday, April 14, 12:00 – 1:00 PM ET

* Breakout session: Clinical & Allied Health Professions Managers 12:00-1:00 PM ET. Quality Improvement Managers 1:00-2:00 PM ET

Schedule of Sessions

Session 6 – Identify and Spread Successful Improvements
Date: Tuesday, April 28, 12:00 – 2:00 PM ET*

Session 7 – Partner with Patients and Families
Date: Tuesday, May 5, 12:00 – 1:00 PM ET

Session 8 – Create a Culture of Safety
Date: Tuesday, May 19, 12:00 – 2:00 PM ET*

Session 9 – Empower Teams to Engage in Improvement
Date: Tuesday, June 9, 12:00 – 1:00 PM ET

* Breakout session: Clinical & Allied Health Professions Managers 12:00-1:00 PM ET. Quality Improvement Managers 1:00-2:00 PM ET
Today's Agenda

- Welcome & Introductions
- Action Period Assignment Review
- Manage Connections Across Systems
- The ARUP Laboratories Case Study
- Action Period Assignment
- Closing & Next Steps

Session 4 Assignment Debrief

- Utilize the Highly Adoptable Improvement guide and worksheet as you plan for an upcoming improvement project.
  - Describe what factors will affect improvement on the listserv, LQI2015@is.ihi.org.

<table>
<thead>
<tr>
<th>Domain</th>
<th>Degree of adoptability</th>
<th>Findings</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Moderate</td>
<td>Low</td>
</tr>
<tr>
<td></td>
<td>Risk</td>
<td>Impact</td>
<td>Issues</td>
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<td>Analysis</td>
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<td></td>
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<td>Strategies</td>
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<td></td>
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<td>Implementation Strategy</td>
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<td>Intervention Design</td>
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<td></td>
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<td>Effort</td>
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<td></td>
<td></td>
<td>Efficacy</td>
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<td></td>
<td></td>
<td></td>
<td>Complexity</td>
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<td>Workload</td>
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</table>
# Dave Munch, MD

**Dave Munch, MD**, Senior Vice President and Chief Clinical Officer, Healthcare Performance Partners, leads the organization’s clinical and Lean Healthcare engagements. He previously served as Chief Clinical and Quality Officer at Exempla Lutheran Medical Center, where he led their Lean Production applications for more than five years, resulting in substantial improvements in both clinical and non-clinical processes. Dr. Munch has been a frequent speaker on leadership effectiveness and Lean transformation for a number of healthcare organizations, including The University of Rochester Medical Center, Yale-New Haven Health System, Tulane University Medical Center, Pittsburgh Regional Health Initiative, Institute for Clinical Systems Improvement, and the Voluntary Hospital Association. He served on the Agency for Healthcare Research and Quality’s High Reliability Advisory Group, and he has an extensive background in hospital operations, health plan governance, physician organization governance, and clinical practice in Internal Medicine. Dr. Munch is a faculty member for the Belmont University Lean Healthcare Certificate Program.

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### Domain

<table>
<thead>
<tr>
<th>Domain</th>
<th>Degree of Adoptability</th>
<th>Findings</th>
<th>Next steps</th>
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<tbody>
<tr>
<td>Implementability</td>
<td>High</td>
<td>Use this section to record the reasoning behind your assessment selection.</td>
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</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>1. Selected staff for each specialty to cover all the operating rooms on a daily basis; after an described as initial, (same-day-surgery cases) champions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>2. Champions are actively participating in the planning, ongoing那儿, and implementation.</td>
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<tr>
<td></td>
<td></td>
<td>3. To include all staff in the awareness of improvement results after the change has been implemented.</td>
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</tr>
<tr>
<td>Alignment and planning</td>
<td>High</td>
<td>1. Changes proceed in line with the Environmental Health and Safety Management System.</td>
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<tr>
<td></td>
<td>Low</td>
<td>2. The staff themselves and their time.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3. To discuss with manager about including the target smell of this project as one of the existing staff performance evaluation objectives.</td>
<td></td>
</tr>
<tr>
<td>Resource availability</td>
<td>Low</td>
<td>1. The staff themselves and their time.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>2. To receive a constant reminder every three months to all staff.</td>
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<tr>
<td>Intervention design</td>
<td>High</td>
<td>1. Change will add about an 15 minutes in the standard Sign in, Time out, and Sign out process.</td>
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<tr>
<td></td>
<td>Low</td>
<td>2. Additional components of the handover process.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>3. Train directly with the anesthesia technicians in implementation.</td>
<td></td>
</tr>
<tr>
<td>Complexity</td>
<td>High</td>
<td>1. Intervention is a system as confirming it is Gini e.g. chain.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>2. To add further components of the change project as per time.</td>
<td></td>
</tr>
<tr>
<td>Efficiency</td>
<td>High</td>
<td>1. High evidence of the outcome of change is well documented and supported by literature and the AMD department.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low</td>
<td>2. To update all relevant recommendations by governing bodies.</td>
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</tbody>
</table>
Session 5 – Manage Connections Across Systems
Tuesday, April 14, 1:00 – 2:00 PM ET

David Munch M.D.

Dr. W. Edwards Deming: System of Profound Knowledge

• Appreciation for a System
• Understanding Variation
• Theory of Knowledge
• Psychology

“The various segments of the system of profound knowledge cannot be separated. They interact with each other.”
Appreciation for a System

- A system is an interdependent group of items, people and processes with a common aim.
- All work is done through processes
- Every system is perfectly designed to achieve exactly the results it gets.
- If each part of a system, considered separately is made to operate as efficiently as possible, then the system as a whole will not operate as effectively as possible.
- People are a key part of systems in organizations: they want to do a good job and take pride in their work.

Systems: processes and interactions at all levels
Also, The Horizontal and Vertical Connections

The 4 Steps to Agreement

Step 1: Here is what I need

Step 2: Here is what I can give

Step 3: This is what I need from you

Step 4: Do we agree?

Peter Block: “Flawless Consulting”
The Four Rules in Use

1. Activities are highly specified in terms of content, sequence, timing, location and outcome
2. Connections between workers are standardized, direct, unambiguous and paced
3. Pathways through which products and services flow are simple and standardized
4. Improvements are made by workers close to the process using the scientific method with a coach

Stephen Spear & H. Kent Brown: Decoding the DNA of the Toyota Production System

The Art of Managing Up


• Communicate
• No surprises
• Provide solutions, not problems
• Be honest, trustworthy, loyal and committed
• Understand your bosses perspective & agenda
• Understand your bosses preferences
• Use your bosses strengths, compensate for your bosses weaknesses
The Art of Managing Up (continued)

• Be aware of your bosses hot buttons
• Request feedback
• Don’t go over your bosses head
• Understand your own management style and take responsibility for its effect on others.

Communicating Results to Leaders within the Organization

• Institute Safety Walk Rounds
• Turn Data into Information and Action
  – Good Results
    • Celebration, acknowledgement and knowledge sharing
  – Gap Results
    • Study, analysis and countermeasure
• Tell Stories
  – from Board to Front Line
  – The good and the bad
• Be Elegantly Concise
Connecting to Your Patients: 
Reflections of Patient and Family Voices

• To be listened to, taken seriously, and respected as a care partner
  – To have my family/caregiver treated the same way
  – To participate in decision making at the level I choose
• To always be told the truth
  – To have things explained to me fully and clearly
  – To receive an explanation and apology if things go wrong
• To have information communicated to the entire care team
  – To have my care timely and impeccably documented
  – To have these records made available to me if requested

IHI Website: Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System, A Roadmap for the Future, A Work in Progress

Reflections of Patient and Family Voices
(continued)

• To have coordination among all members of the health care team across settings
• To be supported emotionally as well as physically
• To receive high-quality, safe care

IHI Website: Partnering with Patients and Families To Design a Patient- and Family-Centered Health Care System, A Roadmap for the Future, A Work in Progress
'Would you tell me, please, which way I ought to go from here?' Alice said.
'That depends a good deal on where you want to get to,' said the Cat.
'I don't much care where--' said Alice.
'Then it doesn't matter which way you go,' said the Cat.
### Vision of Planning and Review Structure at Denver Health

<table>
<thead>
<tr>
<th>Three to Five Year Strategic Plan</th>
<th>Reviewed Quarterly By Executive Team</th>
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<tbody>
<tr>
<td>Organization Wide Annual Improvement Plan</td>
<td>Reviewed Quarterly By VP</td>
</tr>
<tr>
<td>Area Annual Improvement Plans</td>
<td>Accessible to All Appropriate Leaders</td>
</tr>
<tr>
<td>Service Lines, Departments, Clinics, etc.</td>
<td></td>
</tr>
<tr>
<td>Electronic Scorecards</td>
<td>Reviewed Monthly By VP</td>
</tr>
<tr>
<td>Board, Board Committees, All Plans, All Areas</td>
<td>Reviewed Weekly By Director</td>
</tr>
<tr>
<td>Lean Visual Management Boards</td>
<td>Reviewed Monthly By CEO</td>
</tr>
<tr>
<td>All Areas</td>
<td>Conducted Daily By Managers</td>
</tr>
<tr>
<td>High Impact Area Visual Management Boards</td>
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<tr>
<td>Single Point Accountability Daily Huddles</td>
<td>Administered Quarterly Reviewed By CEO and VPs</td>
</tr>
<tr>
<td>Support Card</td>
<td></td>
</tr>
<tr>
<td>(Selected Support Areas within the Organization)</td>
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### Questions/Discussion

- Raise your hand
- Use the chat

![Chat Interface](image_url)
The ARUP Laboratories Case Study

- What similar issues is your organization having? What barriers do you face in your organization in leading change? How might you serve as a catalyst initiate processes to connect systems to address gaps or inefficiencies and pool efforts and resources toward a common goal? Who else might you involve in your efforts?
- What were the key differences between the first approach to make improvements that didn’t work and the second approach that was successful?
- What are some of the possible reasons that the hospital and lab were having issues coordinating the testing and results process efficiently?

The ARUP Laboratories Case Study

- What role did Cecilia play in the success of this improvement? What role did the Q.I. facilitator play? What role should the hospital leadership play in this improvement?
- What barriers do you think Cecilia faced in convening stakeholders across multiple systems?
- What will need to be done to sustain these improvements?
Action Period Assignment

- How do you work with your boss?
  - How do you learn how he/she likes to handle meetings, communication etc.?
- How do you work with your staff?
  - What is your predominant style, commanding or coaching?
- How do connect with the “horizontals”?
  - Are the connections effective?
  - Do you have aligned incentives?
- How well do you connect with your patients?

Communications

- All sessions are recorded
- Materials are sent one week in advance
- Listserv address for session communications: LQI2015@ls.ihi.org
- If you’d like to be re-added, add colleagues or change your subscription to a daily digest, email us at info@ihi.org
Session 6
Identify and Spread Successful Improvement
Marie Schall

Tuesday, April 28th, 12:00 – 2:00 PM EST

Breakout sessions: Clinical & Allied Health Professions Managers 12:00-1:00 PM ET
Quality Improvement Managers 1:00-2:00 PM ET

Thank You!

Please let us know if you have any questions or feedback following today’s session.

Kathy Duncan
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Dorian Burks
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