IHI High-Impact Leadership: Developing Core Leaders

IHI Improvement Series 2017

Michael Pugh, MPH
Dave Munch, MD

These presenters have nothing to disclose.
Introductions and Overview

Michael Pugh
Michael D. Pugh, MPH, President, MdP Associates, has more than 30 years of CEO experience in hospitals, health care systems, managed care, and health information technology companies. He is a consultant to senior leaders of health care delivery organizations, payer organizations, and government agencies on issues of quality, performance, strategy, and governance. Mr. Pugh serves as Senior Faculty at the Institute for Healthcare Improvement and co-authored two IHI white papers, “High-Impact Leadership” and “Seven Leadership Leverage Points for Organization-Level Improvement in Health Care.” He is an adjunct faculty member at the University of Colorado at Denver School of Business and an instructor in the Master of Science in Health Care Delivery Leadership Program at the Icahn School of Medicine at Mt. Sinai in New York. Mr. Pugh has served on the boards of the American Hospital Association, the AHA Health Forum, the Colorado Hospital Association, and The Joint Commission.
David M. Munch, MD, is Senior Vice President for Healthcare Performance Partners (HPP), advising hospitals and systems in process improvement and Lean transformation. He is also a faculty member with the Institute of Healthcare Improvement in the areas of patient safety and management systems. Previously, Dr. Munch worked at Exempla Lutheran Medical Center (ELMC) as Chief Operating Officer and as Chief Quality and Medical Officer, with responsibility in the latter role for stewarding improvements in quality, safety and reliable practice through the use of Lean, Six Sigma, and other methods. At ELMC, Dr. Munch participated in the Centers for Medicare and Medicaid Services demonstration project for reducing hospital readmissions, The Joint Commission's Transforming Healthcare Division pilot program for hand-washing, and the Agency for Healthcare Research and Quality’s High Reliability Advisory Group.
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High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs

New Mental Models
How leaders think about challenges and solutions

High-Impact Leadership Behaviors
What leaders do to make a difference

IHI High-Impact Leadership Framework
Where leaders need to focus efforts
### High-Impact Leadership Behaviors

What Leaders Do to Make a Difference

<table>
<thead>
<tr>
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<th>Person-centeredness</th>
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<tr>
<td>1</td>
<td>Be consistently person-centered in word and deed</td>
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<th>Front Line Engagement</th>
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<td>Be a regular authentic presence at the front line and a visible champion of improvement</td>
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<th>Relentless Focus</th>
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<td>3</td>
<td>Remain focused on the vision and strategy</td>
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<th>Transparency</th>
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<td>4</td>
<td>Require transparency about results, progress, aims, and defects</td>
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<th>Boundarilessness</th>
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<td>5</td>
<td>Encourage and practice systems thinking and collaboration across boundaries</td>
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IHI High-Impact Leadership Framework
Where Leaders Focus Efforts

- Create Vision and Build Will
- Develop Capability
- Deliver Results
- Shape Culture
- Engage Across Boundaries

Driven by Persons and Community

A useful definition…

Leadership is a process of social influence, which maximizes the efforts of others, towards the achievement of a goal.

Kevin Kruse
Who are the Core Leaders?

- Everyone “in the middle” responsible for managing and leading divisions, departments, functions, programs, and/or clinical teams
  - Managers
  - VP’s
  - Supervisors
  - Clinical Leads
  - Division Leaders
  - Clinical Team Leaders
  - Program Managers
  - Physician Leaders

What do they need to know?

How do we develop their leadership skills?
You can manage things, but you have to lead people

Leadership Skills
- Strategic Thinking
- Will Building
- Team Building
- Communicating
  - Prioritizing
- Accountability
- Role Modeling
- Engaging

Management Skills
- Allocating
- Budgeting
- Improving
- Staffing
- Measuring
- Hiring & Supervising
- Ordering (Clinical)
- Planning

MDP & DM 2016
Leadership Behaviors and Management Focus Shaped by Distance from the Patient

Core Leaders

Senior Leadership
- Vision & Strategy
- Shape Culture
- Allocate Resources
- Track Overall Results and metrics

Directors and Managers
- Deploy Resources
- Manage structure
- Align efforts
- Translate Vision
- Track departmental results and key processes

Team Leaders and Clinical Leads
- Provide care/service
- Manage daily work & Solve Problems
- Lead care teams
- Improve care and services
- Track unit performance and process
- Maintain quality control
Core Leadership Competencies

Manage the Work
Build Team Capability
Improve the Work
Shape Team Culture

Management
Leadership
Core Leader Development

The Four Jobs

Manage the Work
- Manage Time & Resources
- Create Standard Work & Process
- Measure: Financial, Quality, Customer, Key Process
- Surface and Solve Problems in Real Time
- Engage Across Departmental/Team Boundaries

Improve the Work
- Prioritize and Align to Strategy and Aims
- Understand Current State, Cause and Target Condition
- Learn and use improvement tools and methods
- Reduce Variation and Waste
- Get Results and Sustain Them

Build Team Capability
- Develop Competency through Coaching
- Use the Whole Team
- Communicate Effectively
- Establish Respect and Accountability

Shape Team Culture
- Share Vision and Build Will
- Promote Transparency
- Model the Way
- Encourage Mindfulness
- Keep the Person at the Center

Core Leader Effectiveness

Munch & Pugh 2016
Core Leader Required Skill Sets

Manage the Work
- Manage time and resources
- Create standard work and process, including your own
- Measure: financial, quality, customer, key process
- Surface and solve problems in real time
- Engage across departmental/team boundaries

Improve the Work
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- Share vision and build will
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- Model the way
- Encourage mindfulness
- Keep the person at the center
Manage the Work

David Munch
Manage the Work

- Manage Time and Resources
- Create standard work and process including your own
- Measure financial, quality, safety, customer, key process
- Identify and solve problems real time
- Engage across departmental/team boundaries
Case: Managing the Work, Innovation at the “Middle”
Discussion Objectives

• Identify examples for the following competencies for Managing the Work:
  – Manage time and resources
  – Create standard work and processes
  – Measure: Financial, quality, customer, key processes
  – Surface and solve processes in real time
  – Engage across departmental/team boundaries
<table>
<thead>
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<th>Improve the Work</th>
<th>Build Team Capability</th>
<th>Shape Team Culture</th>
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<td>Encourage mindfulness</td>
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<td>Get results and sustain them</td>
<td>Keep the person at the center</td>
<td>Keep the person at the center</td>
</tr>
</tbody>
</table>
Agenda

• Provide a Framework for managing your time and attention
• Introduce a Time Study to better understand how you are currently spending your time
• Discuss tools and tactics to accelerate your momentum and maximize results
The biggest barrier to manager engagement in quality is overburden.
What Is Water?
The 8 Wastes

Everything the organization does needs to be treated as a process that serves the patient/customer.

Steps that don’t directly provide better care to the patient/customer must be considered Non-Value added or WASTE!

- Defects
- Over-Production
- Waiting
- Not Clear (Confusion)
- Transporting
- Inventory
- Motion
- Excess Processing
How Well Do you Manage your Time
Rules for Managing Time

• Don’t waste it
• Let your customer determine where you should spend your time. What do they value?
• Align with your organization’s priorities
• Listen to your mind and body, manage your energy
6 Tactics for Managing Time

1. Tackle Performance Problems
2. Adopt a Standard Work Mindset
3. Delegate, Delegate, Delegate
4. Manage your Energy
5. Flex your Role to the Situation
6. Break Tradition
#1 Tackle Performance Problems

- Define the problem in terms of the performance management system: Are these competency or behavioral issues?
- Develop a strategy with your HR partner

<table>
<thead>
<tr>
<th>Groups</th>
<th>Success Characteristics</th>
<th>Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Top 1/3</td>
<td>Exceptional to superior results, relentless pursuit of learning and excellence, excels even under pressure or in ambiguity, critical person for the future, inspired others to higher performance, achieves customer goals over personal goals/gains, adopts change and helps others adapt</td>
<td></td>
</tr>
<tr>
<td>Middle 1/3</td>
<td>Consistent values-based behaviors and results, can wear different “hats”, versatile, someone to count on, has capacity to stretch in current role, can work outside the boundaries of the role</td>
<td></td>
</tr>
<tr>
<td>Bottom 1/3</td>
<td>Inconsistent values-based behaviors; results are inconsistent or lacking, doesn’t meet job standards, disrupts others’ work, absorbs a large amount of manager time and energy, defensive, ambivalent about learning, has a persistent blind spot</td>
<td></td>
</tr>
</tbody>
</table>

Be aware that performance problems are costing the whole team time and energy, *not* just you
#2 Adopt a Standard Work Mindset

• Develop standard work for how you manage
  – What is the routine: daily, weekly, monthly etc

• Standardize the common processes in your area
  – Use standard templates for as much as possible
  – Focus on the leading (process) measures
  – Coach your team to the standard work behaviors
#3 Delegate, Delegate, Delegate

- Assign your team tasks and coach them to success vs doing them yourself
  - Delegate, support, coach, monitor
  - Results in capability growth and better teamwork
  - Only accept complete good quality work, coach until that happens
  - Be Clear:
    - Clear Direction
    - When to come back to you
    - The reason for the work to be done well
    - What Quality work looks like
    - The impact if the work is not done well
#4 Manage Your Energy

- Energy is a finite but renewable resource
- What gives you energy, what drains it?
- Maximize your health and wellbeing:
  - Body, Mind and Spirit
- Realize, your effectiveness is influenced by your energy level
#5 Flex your role to the situation

- Manager
- Leader
- Coach
- Commander
- Mentor
- Advisor
- Colleague
- Team member
- Translator
- Representative
- Healer
#6 Break Tradition

• Ask yourself & team:
  – Do we need this meeting?
  – How can we speed up communication?
  – What is the simplest way to get input?
  – How can decision making be made easier and faster?
  – How can we change the way we do this?
  – What matters to the patient?
What seems to be using more time than it should?

a) Employee problems
b) Meetings
c) Problems that you never get solved
d) Defects and Rework
e) Default to “I’ll do it myself”
f) Unsure of what is expected
g) Overwork of an assignment
h) Lack of personal experience or skill
Time Management Exercise
Managing Your Time
A Tool for Time Management

• Track your time for 3 days using the tool provided and categorize into the following groups:
  – **Value Added**: something that benefits your customer
  – **Incidental**: something that does not provide value but is necessary.
  – **Waste**: something deemed unnecessary if everything was working perfectly
How do you spend your day?
The following exercise is designed to collect data about how you currently spend your day. The information will help you identify what activities add value to your patients, staff, and role while identifying what activities do not.

Instructions: For one week, track all of the activities you do during your workday. Include the start and stop time, a description of the activity, if the activity was planned or unplanned, and if the activity was value-added, incidental, or waste. The following examples and operational definitions will add you in the exercise.

Current State – How do you spend your time?
Please use the time tracking form to capture your activity data. Here is an example of how to complete the form.

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Activity</th>
<th>Planned or Unplanned</th>
<th>Value-Added/Incidental</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30</td>
<td>8:42</td>
<td>Read and write email</td>
<td>P</td>
<td>Incidental</td>
</tr>
<tr>
<td>8:42</td>
<td>9:00</td>
<td>Develop A3 for improvement project</td>
<td>P</td>
<td>Value-added</td>
</tr>
<tr>
<td>9:00</td>
<td>9:15</td>
<td>Help staff to find medical equipment needed for care</td>
<td>U</td>
<td>Waste</td>
</tr>
</tbody>
</table>

Source: A Factory of One, Fig. 1.3

Example Activities: Activities may include any of the following. The list is not all-inclusive, so add activities as appropriate.

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Phone Calls</th>
<th>Emails</th>
<th>Instant Messaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moving between locations</td>
<td>Patient Care</td>
<td>Dialogue with staff</td>
<td>Reviewing reports/memos</td>
</tr>
<tr>
<td>Generating reports/memos</td>
<td>Fixing problems</td>
<td>Administrative Tasks [scheduling, Payroll]</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>Coaching</td>
<td>Customer Communication</td>
<td>Responding to requests</td>
<td>Other?</td>
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</table>

Planned vs. Unplanned: Planned activities are reasonably clear and are activities you planned to do as part of your daily work at a scheduled time or during the course of your workday. Unplanned are activities that presented themselves to you during your workday, but you did not predict or plan for them in advance.

Work's Value: Use the following operational definitions to determine if the work activity is value-added, incidental, or wasteful.

Value-Added: Something the customer is willing to pay for
- Transform the product or service in some way
- Done correctly the first time

Incidental: No-value added, but necessary

Waste: No-value added, but NOT necessary

### Type of Waste

Using one of the categories below, select the type of waste each activity is and indicate it in the table above.

<table>
<thead>
<tr>
<th>Defects (Rework)</th>
<th>Over-Production (Redundant work)</th>
<th>Waiting</th>
<th>Not Clear (Confusion)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transporting Stuff</td>
<td>Inventory (Too Much)</td>
<td>Motion (Movement of People)</td>
<td>Excess Processing</td>
</tr>
</tbody>
</table>

### Day of the week ________________

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Activity</th>
<th>Planned or Unplanned</th>
<th>Value-Added/Incidental/Waste</th>
<th>If Waste, what type?</th>
</tr>
</thead>
</table>

Source: A Factory of One, Fig. 1.3

Summarizing Your Data
Add up all the hours and determine percentages of your total time for each category. Use this as a Pareto to target opportunities for improvement.

<table>
<thead>
<tr>
<th>Activity Category</th>
<th>Total time (hh:mm)</th>
<th>% of Total Time</th>
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</table>

Top Three (3) Wastes
From the list above, what are your top three (3) wastes?

<table>
<thead>
<tr>
<th>Waste Activity</th>
<th>Description of Waste</th>
<th>Type of Waste (see definitions below)</th>
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Going Forward

• Based on your time study and analysis, pick 3 things you can do to save you time

• Develop a plan to launch these within the next month with a target date of completion within 3 months

• Be intentional about where you will redeploy your time, including driving improvement.

• Do this exercise on a periodic basis, at least quarterly, to continue managing your time.
Participant Example

Where are you spending your time?

- Planned - 19:30
- Unplanned - 6:30
- Value-Added - 10:45
- Incidental - 4:22
- Waste - 10:52

Vicki Chernoff
Congruence?

• As a manager, list your responsibilities in order of importance.
• List your time studies in descending order by amount of time spent per category
  – How do the lists compare?
  – Is there congruence with respect to what is more important and the amount of time being spent on it?
  – Where does performance improvement rank with each list?
From Chaos to Control: The Culture, Skill and Activity

Highly Reliable System,

- Sensitivity to Operations
- Commitment to Resilience
- Reluctance to (over) Simplify
- Preoccupation with Failure
- Deference to Expertise
Where is the Abnormality?
Seeing Your Problems

Now, where is the abnormality?
You cannot see the abnormal until you have defined the normal.
Questions to ponder

• How do you distinguish between a variation and a defect?
• What defines a problem?

*If you have no standards, you have no problems.*
*If you have no problems, you have a big problem.*
Unnecessary Variation is the Enemy

- Creates Waste
- Hides Problems
- Counter to Professional Culture
5-5-5 Table Exercise

• How much unnecessary variation exists in your teams work?
• What problems are occurring as a result?
• If you were going to pick one to work on, which process would it be?
• What are your barriers to doing so?
The problems with our problems

If you were a teacher, how would you grade this students test response →

3. Find x.

Highly Reliable System,

- Preoccupation with Failure
- Reluctance to (over) Simplify
- Commitment to Resilience
- Sensitivity to Operations
- Deference to Expertise
Solving Problems Effectively:
Every Problem has a Simple Solution that is Wrong
A3 Thinking

• What is the problem we actually have (not perceive)?
• What are the causes of the problem?
  – Why is the defect occurring?
  – How do the parts relate to the whole?
  – How does the system influence the problem?
• What are we going to do to fix the problem?
  – Repeated cycles of A3 thinking
  – Note: Are we fixing the problem or putting a Band-Aid on it?
• How will we know our changes are effective?
• What systems and structures will be establish to support and sustain?
**A3 Thinking**

**A3 Process**
Follows Scientific Method

**Problem**
Cause Solution Action Measurement

**Similar To Healthcare**
Familiar PDCA
Commitment to Resilience:
Shifting from reacting to problems to anticipating them
Deference to Expertise

- Flattening the Hierarchy, anyone can speak up
- The closer to the front line, the more insight you have
  - Management's job is to develop an approach to tap into that insight through inquiry and coaching
Reflection and Table Discussion

• Take 3 to 5 minutes to reflect on your organizations capabilities and opportunities as they relate to problem solving.
  – Is it safe to surface problems,... in all areas?
  – Is it encouraged?
  – Is it rewarded?

• List 3 things you can do to improve.

• Take 5 minutes to discuss as a group.
To Manage Problems

• Make the recognition and surfacing of problems safe and a core value

• Know the Problem you Actually have
  – Insist on the Toll Gates

• Coach your team to solve them.
  – Don’t Solve a problem for someone if they can solve if for themselves.

• Develop Mindfulness to the Situation around you
Improve the Work

Michael Pugh
System Thinking

“Every system is perfectly designed to produce the results it gets.”

As core leaders, you are responsible for the results of those systems

Paul Batalden, MD
Improve the Work:

- Prioritize and align to strategy and aims
- Understand current state, cause and target conditions
- Learn and use improvement tools and methods
- Reduce variation and waste
- Get results and sustain them
The Quality Improvement Pioneers

Walter Shewhart (1891 – 1967)

W. Edwards Deming (1900 - 1993)

Joseph Juran (1904 - 2008)
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.”
What Do We Need To Know in order to Do and Improve?

- **Appreciation of a System**
  
  “System” = an interdependent group of items, people or processes working together to a common purpose.

- **Psychology**
  
  How do people respond to change? How can we encourage constructive change and commitment to excellence? How does human perception and decision making shape process design?

- **Understanding Variation**
  
  How should we interpret and respond to the variation that continually occurs in every system?

- **Theory of Knowledge**
  
  How can we learn to predict the impact of planned changes? How can we develop sustainable changes that will lead to improvement?
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.
Processes and System Thinking

Routine View & Thinking

Looking “upstream”
Shape Demand &
Reduce variation in Inputs

Looking “downstream”
Help Customers Improve
Outcomes
Complex Systems: Processes and Interactions at all levels

Organizational Goals
Strategies & Tactics
Department Plans
Clear Front Line Work

The Patient Flow
Entry: E.D. or Front Desk
-Surgery
-Critical Care
-Med-Surg
Med-Surg Stepdown
Out Patient
-Home, SNF
-Rehab, etc.
-Community

The Support Areas
Imaging
Revenue Cycle
HR
I.T.
Facilities
Supply Chain
Lab
Table Work—Diagram a work process

• List two key processes that you “own” in your daily work
  – Who are the “customers” of those processes?
  – Who are the “suppliers” of those processes?
  – At a high level, what are the steps in the process?

• Share your diagrams and discuss
The High Volume ED Bathtub: Four Strategies for Reducing Wait Time and Managing Flow

1.) Open the Drain: Inpatient Bed Management and Availability

2.) Manage the Inflow: Increase access to outpatient care

3.) Divert the Inflow: Create Urgent Care capacity

4.) Move the Water Faster: Reduce cycle times AND variation for registration, triage, diagnostics and treatments AND match staffing to demand

Dr. John Bolton
Michael D Pugh
May, 2015
Basic QI Tools for Understanding the Process, Variation & Choosing Actions

- Flowchart
- Cause & Effect (Fishbone)
- Scatter Diagram
- Check Sheets
- Histogram
- Pareto Diagram
- Run Chart
- Control Chart
Run Charts

- Power of data graphed over time
  - Allows you to “see” variation
  - Useful tool for identifying whether special causes or present
    - Is the process “in control” i.e. predictable

- Easy to interpret
Science of Improvement: Which Tools, When?

Understanding the current process
• Flow charts
• Team Experts (Brainstorming)
• Run Charts (sequence and special causes)
• Control Charts (high volume processes)
• Histograms (shape of data)
• Scatter diagrams (relationships)
• Video
• Fishbone diagrams
• Check Sheets (Data Collection)
• 2x2 analysis
• Root Cause Analysis

Choosing Improvement Actions
• Pareto Charts
• Histograms
• Team Experts—opinions when data not available
• Identified Special Causes—Root cause Analysis

Analyzing Impact of changes (PDSA)
• Run charts
• Control charts
• Pareto Charts/Histograms

Control or holding
• Key Process Indicators (KPI)
• Run charts or Control Charts
If you only have a hammer, everything looks like a nail…

Choose the methodology and tool sets that best fit the problem to be solved.
So Which Approach Should I Use?
Depends on what you are trying to do....

**Model for Improvement**
- Approach that works well with front line staff to improve daily work
- Especially useful for implementing known changes such as bundles and behavioral changes (hand washing)

**Lean Approaches and Tools**
- Focus on reducing waste and improving efficiency
- Redesign of care processes
- Create standard work processes

**Six Sigma (Statistical Process Control)**
- High volume, recurring processes that produce lots of data
- Sophisticated data analysis
- Control charts are useful

**RPI, FOCUS-PDCA, Lean/Six Sigma, Other**
- Mostly rebranding of common approaches for general process improvement
Major Medical Center
First Case Improvement
Project Case Study
## Results of Two Week Check Sheet

### MMC First Case OR Start Time Check Sheet Data Collection

<table>
<thead>
<tr>
<th>Room not ready</th>
<th>Surgeon late/not present</th>
<th>OR staff late</th>
<th>Anesthesia late arrival/not ready</th>
<th>Paperwork not complete</th>
<th>Patient late from inpatient floors due to transportation or floor issues</th>
<th>Patient not properly prepped and ready</th>
<th>Delays due to patient clinical condition</th>
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Meetings with staff and surgeons to review policies and performance combined with visible leadership
It Worked!

Leaders Declare 50% Improvement!
Meetings with staff and surgeons to review policies and performance combined with visible leadership.

Leaders Declare 50% Improvement!

Leaders on Vacation

MMC First OR Case % Late
March-April 2015

% Cases Late
MMC FIRST CASE DELAY
PARETO ANALYSIS

- Room not ready: 40%
- Surgeon late/not present: 66%
- OR staff late: 76%
- Anesthesia late/arrival not ready: 82%
- Paperwork not complete: 88%
- Patient late from inpatient floors due to...: 93%
- Patient not properly prepped and ready: 97%
- Delays due to patient clinical condition: 100%
- Labs not available: 100%
- Delays in admissions/Intake process for...: 100%

Legend:
- Total
- %
Systemic Change Requires Multiple PDSA

PDSA 1
Enforce Existing Policy around agreed operational definition of “start”

PDSA 2
Room Prep Change

PDSA 3
Modify Staff Schedule

PDSA 4
OR Scheduling Change

MMC OR First Case Start Time
March-June 2015
Connecting to True North

3-5 year Strategic Plan

Annual Plan

Service Line Plan

Department Plan

Employee Goals

Objective (What) -> Strategy (How)

Executive Leadership

Catch-Ball

Middle Management

Catch-Ball

Front-Line Management

Objective (What) -> Strategy (How)

Connection
Vertical Integration
Line-Of-Sight
Critical Questions for Core Leaders

- **Is improving this important?**
  - Strategic
  - Safety
  - Critical to the patient experience
  - Financial improvement
  - Regulatory

- **What are the desired measureable outcomes?**
  - Where is our performance now?
  - Where does it need to be?

- **What do we know about the current process?**
  - Flow and steps
  - Data
  - Boundaries
  - Causes of variation
  - Stable process or special causes

- **Are there known “solutions” that can be implemented?**
  - Evidence-based bundles
  - Best practices
  - Policy
  - Behaviors

- **Who needs to be at the table for the improvement work?**
  - Team members
  - Process and subject matter experts

- **What resources will be required to support the improvement efforts?**
  - Staff time
  - Experts
  - Resources
Visual and Daily Management
Days Since....
What Is This Number?

This is the number of days since one of our patients developed a new infection in the blood associated with the use of a central line.

One of our goals is that none of our patients gets a new infection while in the NICU.

You can help us by:
* Washing your hands when you come into the NICU.
* Speaking up if you see someone who has forgotten to wash their hands before or after touching your baby.

740
### Patient Experience

**Our Goal**
- Close doors on all patient rooms unless patient meets exception.
- By how much: 95% of time
- By when: September 30th

**How**
- Nurses audit daily

### Quietness

**Our Goal**
- Quietness
- By how much: 100% of the time
- By when: September 30th

### Quality / PI

**Our Goal**
- 3rd Quarter of Call Light within reach.
- By how much: 100% of the time
- By when: August 31st

**Concerns**
- Bed allowance not used.
- White boards not completed.
- Staff is not aware of Fall belts.
- 85% CCP.
- Educate Fall CCP.

### Falls

**Our Goal**
- 2nd Quarter of Fall reduction.
- By how much: 100% of the time
- By when: September 30th

### Leadership Support of Staff

**Our Goal**
- Reward & Recognition
- Monthly

### Engagement

**Our Goal**
- August 1st Luncheon
- September 9th: Treats & Falls celebration lunch

---

**Measuring Our Success**

<table>
<thead>
<tr>
<th>September 2022</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 95%</td>
<td>Aug</td>
</tr>
<tr>
<td>5%</td>
<td>Sept</td>
</tr>
<tr>
<td>% 100%</td>
<td>Aug</td>
</tr>
<tr>
<td>0%</td>
<td>Aug</td>
</tr>
</tbody>
</table>

---

**Stoplight Report**

- Yes: 95%
- Yellow: 5%
- Red: 0%
Project Review

Case Study Improving the Work
Case Study: Improve Medication Safety

Background

- After several unfavorable newspaper articles and poor scores on reported quality measures, senior leadership at St. Elsewhere recognized that they were experiencing major patient safety issues related to medication errors. In response, the CEO announced that across the organization, medication safety would be a number one priority and asked every nursing unit to take up the challenge of making medication care safer for patients.

- Realizing that to achieve an improvement would require more than simply issuing an internal press release, the CEO scheduled a series of project progress reviews in which all members of the senior leadership team were required to be present and provide feedback to individual teams working on improving medication safety.
Case Study: Improve Medication Safety

- **Background continued**
  - Approximately 90 days after announcing medication safety as an organizational priority, the first senior leadership progress review session was held.
  - Jane Smith, Assistant Director of Nursing gave a very enthusiastic and polished presentation on her project and the efforts on the 5 South Nursing Unit (see following slide).

If you were a member of the senior leadership team at St. Elsewhere, what feedback would you give Jane and her team?
Aim: We will decrease the number of medication errors made by staff.

Why is this important?: Senior Management asked us to focus our project on this organizational priority.

Changes – Proposed (P), Tested (T), Implemented (I)

- Developmental stage (D), being tested (T), or being implemented (I)
  - Ensure more consistency in knowledge of medication policies (D)
  - Training program for staff (D)
  - Develop standard templates for Adverse Event reporting (D)
  - Standardized process for shift handover (T)

Barriers

- Finding time for improvement work
- Approval of template for Adverse Event Reporting by senior leadership

Assistance Required from Executive Sponsor

- Working with pharmacy personnel and training department.
- Reminder to senior leadership that they required their efforts require dedicated time to participate in improvement work – ensuring this is an organizational priority.

Team Members

Jane Smith (Assistant DON), Sally Johnson (Manager 5 South Nursing Unit)

Next Key Steps for the Project

- Moving from development of training program to testing it with staff
Running an Improvement Project— 7 Tips for Success

1. Create a clear aim statement for the effort
   - “Our aim is to reduce the number of device-related infections in the Surgical ICU by 50% within 90 days”

2. Do your homework in advance of the first meeting
   - Collect data and analyze for causes of variation and use it to guide efforts
   - Plan out the improvement and tools you will likely use

3. Expect that work be done outside of team meetings
   - Meetings are for reviewing, planning and removing barriers/problems

4. Use 90 day time horizons and multiple PDSA cycles

5. Use transparency to build will (post outcome and key process results)

6. Adapt and execute vs reinvent when known solutions exist

7. Have the right people on the team and engage across boundaries
Core Leader Required Skill Sets

Manage the Work
- Manage time and resources
- Create standard work and process, including your own
- Measure: financial, quality, customer, key process
- Surface and solve problems in real time
- Engage across departmental/team boundaries

Improve the Work
- Prioritize and align to strategy and aims
- Understand current state, cause and target conditions
- Learn and use improvement tools and methods
- Reduce variation and waste
- Get results and sustain them

Build Team Capability
- Develop competency through coaching
- Use the whole team
- Communicate effectively
- Establish respect and accountability

Shape Team Culture
- Share vision and build will
- Promote transparency
- Model the way
- Encourage mindfulness
- Keep the person at the center
Build Team Capability

Dave Munch
Why?

- How much opportunity for improvement do you have in your department and organization?
- What is keeping you from pursuing all of it?
  - Capability?
  - Capacity?
- What is the consequence of not pursuing all of your opportunities?
The Gallop 12

Growth
Do I have an opportunity to learn and grow?
• In the last six months, someone at work has talked to me about my progress.
• This last year, I have had opportunities at work to learn and grow.

Belong
Do I feel a sense of belonging?
• At work, my opinions seem to count.
• The mission or purpose of my company makes me feel my job is important.
• My associates or fellow employees are committed to doing quality work.
• I have a best friend at work.

Give
Is my individual contribution recognized and appreciated?
• At work, I have the opportunity to do what I do best every day.
• In the last seven days, I have received recognition or praise for doing good work.
• My supervisor, or someone at work, seems to care about me as a person.
• There is someone at work who encourages my development.

Get
Am I getting what I need from the Health System?
• I know what is expected of me at work.
• I have the materials and equipment I need to do my work right.
Build Team Capability

- Develop competency through coaching
- Use the whole team
- Communicate effectively
- Establish respect and accountability
The System of Continuous Improvement:
Interlocking Responsibilities and Development

Staff
- Do the Standard Work
- Surface and Solve Problems
- Improve the Standard Work

Management
- Core Ldr Standard Work
  - Situational Awareness
  - Visual & Daily Mgmt.
  - Gemba & Observation
  - Surface problem
  - Develop Your People
    - Coach team to solve them

Executive
- Executive Standard Work
  - Align to Strategy
  - Develop Management Systems
  - System and Support Structures
  - Gemba and Coaching
  - Steward the Changes

Performance Improvement, Decision Support, HR, I.T. Facilities

Improve Process & Performance while Developing People: “Learn by Doing”
“Coaching in its truest sense is giving the responsibility to the learner to help them come up with their own answers.”

-Vince Lombardi
Coaching: The Development of People

- Presence
- Aim
- Action & Follow-up
- Timely
- Active Inquiry

Coaching
The Five Elements to Coaching (Slide 1)

1. **Presence**: Know yourself, know your people, be in the work
   - Observe directly to know specifically what people are doing

2. **Objective**: Every coach has a playbook
   - Build your playbook: strategic to tactical including the basics
   - If there are too many areas, develop rotating weekly (or monthly) schedule
     - Be specific about the coachee’s role: GRRAT
       - Goals, Roles, Responsibilities, Accountabilities, Timeframe, Empowerment

3. **Timeliness**: Immediate intervention is the most effective
   - John Shook - “Know normal from abnormal, and know it right now.”
4. Interaction: Active Inquiry
   - It is **not** about the right answer, it is about The Right Question
   - To understand where they are and why they are there
   - To listen for stuck points, blind spots and build other alternatives
   - To stimulate learning, create new insights and come to agreement

5. The Action: Advancing Performance and Development
   - What is your role in supporting and empowering the coachee: address barriers, etc.
   - Reflect & Discuss Follow up
Approach determined by level of knowledge and situation

None ← Intermediate ← Advance

Level of Knowledge

Routine ← Urgent ← Emergent

Situation

Instruction

Coaching

Socratic Method

Commanding
The Most Important Characteristic of Coaching

Use Active Listening

– Verbal and Nonverbal
– Coaching is 80% listening, 20% talking
Types of Questions:

- **Diagnostic Questions**
  - What do you think? Be open, exploring the thinking of the coachee.

- **Suggestive Questions**
  - Making a suggestion through a question
  - There is danger here, be careful

- **Process oriented questions**
  - How are we doing? Am I being helpful? Do you understand what we are trying to do in this conversation?

- **Personal revelations and admissions**
  - Edgar Schein
Powerful Questions

- Why, How, What?
- Who, When, Where?
- Which, Yes/No

More Powerful

Less Powerful
My Favorite Powerful Questions

• What did you observe?
• What possibilities exist that we haven't thought of yet?
• How would that work?
• What would it take to,…?
• Why is that the case?
• What would that look like?
Team Capability – Delegation

Use the Whole Team

Dysfunctional Upward Delegation
Scenario #1

COACHEE

• You have been a nurse at this hospital for over 20 years and know the “lay of the land”. You've seen improvement initiatives come and go only to migrate back to the work that was done before the initiative. You know how to do it best anyway. This new process of doing a nursing assessment and receiving a patient within 30 minutes of the call from the ED is unrealistic and disruptive to your other work. You have other patients to worry about, after all.

COACH

• You are part of the ED Flow Improvement team to reduce the time from ED to Floor. Your goal is 30 minutes and have notices some difficulties achieving this goal. There are huge potential advantages for the E.D. throughput and capacity problems not to mention the improvement that the patient will experience in getting timely care in a quieter more comfortable setting.
Scenario # 2

**COACHEE**

- You are the physical therapist. Your department has been cut by 2 staff last budget cycle and the remaining folks have been asked to “suck it up”. You already have a hard time getting the therapy sessions completed in your shift and there is a new expectation that patients on the day of discharge will get the highest priority in scheduling for morning sessions. You will have to do more traveling from floor to floor and sometimes these patients are still eating breakfast or getting other nursing treatments.

**COACH**

- You are a member of the improvement team who is working on timely discharges and improved length of stay (LOS). You’ve found that delays occur when OT, PT and speech therapies are scheduled in the afternoon, requiring prolonged stays for patients on the day of discharge. Your goal is 50% discharges by noon and you need PT to change their daily scheduling processes to have these patients therapies completed in the morning.
Debrief
COMMUNICATION EFFECTIVENESS:

DEMONSTRATION
The effect of hierarchy on communication.
Communication Video #2

The effect of incomplete communication or communication that doesn't address the most relevant issue.
Communication Video #3

• An example of good respectful, coaching communication
Team Engagement Strategies

- Do daily greeting at the beginning and end of your shift
- Be present with no distractions
- Use open and honest communication
- Roles and responsibilities
  - Goals, Roles, Responsibilities, Accountabilities, Timeframe, Empowerment

- Have thankful celebrations
"The key to the 99 is the one."

- Stephen Covey
author
Strategies for Team Engagement

- Daily Huddles
- Town Hall Meetings
- Gratitude moments
- Work days
- Shared Leadership
- Structure
- Recognition
  - Certified Zero Award
  - Safety Champion
Case Study
Team Capability
Case Study:
Developing Team Capability

The four components of team capability are:
- Develop competency through coaching
- Use the whole team
- Communicate effectively
- Establish respect and accountability

Now, identify examples of these components led to a successful implementation of bar-coding at the hospital
## Core Leader Required Skill Sets

### Manage the Work
- Manage time and resources
- Create standard work and process, including your own
- Measure: financial, quality, customer, key process
- Surface and solve problems in real time
- Engage across departmental/team boundaries

### Improve the Work
- Prioritize and align to strategy and aims
- Understand current state, cause and target conditions
- Learn and use improvement tools and methods
- Reduce variation and waste
- Get results and sustain them

### Build Team Capability
- Develop competency through coaching
- Use the whole team
- Communicate effectively
- Establish respect and accountability

### Shape Team Culture
- Share vision and build will
- Promote transparency
- Model the way
- Encourage mindfulness
- Keep the person at the center
Shape Team Culture

Michael Pugh
Shape Team Culture

- Share vision and build will
- Promote transparency
- Model the way
- Encourage mindfulness
- Keep the person at the center
Psychological Safety

• Psychological safety is a belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns or mistakes.

• A shared sense of psychological safety is a critical input to an effective learning system.

Amy Edmondson
Fair and Just Culture

• Fair and Just Culture
  – What are the rules?
    • The critical importance of having one set of rules
  – How do we differentiate an individual with a problem (competence or intent) from a good person set up to fail in an unsafe system?
  – Does everyone know them?
  – Does everyone trust them?

• Problem Solving Culture
  – Surfacing problems is rewarded, not punished
  – The Organization Acts on the information
  – The Organization has an effective method for solving problems
What do core leaders do to shape team and department culture?
- Come up with 3-4 examples
Share Vision & Build Will

- **Create a clear and consistent Vision that focuses on quality**
  - Adopt bold, specific Safety, Quality, and Experience aims aligned with organizational aims and strategy
  - Share progress toward those aims, using visual boards or other methods

- **Sense-making for the Team**
  - Setting priorities
  - Creating focus
  - Transparency

- **Personal Attention**
  - Personal ownership of safety and quality results
  - Intentional time and attention
  - Routine review of results and

- **Encourage the heart**
  - Story telling
  - Leadership rounding
  - Leadership visibility in improvement work
  - Recognition and celebration
Engaging Staff

- Does your team know, understand and embrace the strategic priorities?
- Do the team members clearly understand the issues and challenges?
- Did you involve the team in the goal setting?
- How do you communicate with the team about progress?
  - Do you understand the preferred methods of communication based generational differences of your team?
“Leading People Too Smart to be Led”
Robert Walcott HBR Online Feb 2, 2017

1. See yourself “as a Colonel with and Army of Generals”
   - Humility, set tone, lead by example
2. Don’t valorize failure
   - Few brilliant people are motivated by the prospect of failure
   - Celebrate success and experimentation
3. Encourage smart recklessness
   - Create the opportunity and expectation that crazy ideas are shared
4. The organization should be a “crucible, not a crib”
   - Rigorous, constructive debate
5. Search for “stupid practices” as much as you seek best practices
   - Overcoming stupidity is a role for leaders in any organization
6. Persist
   - Driven by curiosity

Interview with David Krakauer, Santa Fe Institute
Shaping Team Culture: Creating Joy at Work

- Creating an environment where laughter and having fun is acceptable.
- Let the team know the “real’ you and share your expectations of them and they of you.
- Know your team members as individuals.
Joy at Work: Inspiring the Team

- Favorites list
- Personalized recognition
- Daily huddles
- Gratitude moments
- Work days
Transparency is Critical to Mindfulness

- Enhances effective communication
  - Open and engaging
  - Active listening
  - Approachability

- Team Members need to know...
  - Clear Aims and goals
  - Rationale for “why” this is important
  - How are we doing: both good and bad

- Supports desired team and work culture
  - What are acceptable behaviors
  - Enhances engagement and team member motivation
  - Drives out fear
Transparency: Sometimes we cannot see what is in front of us…

- When we measure harm, eliminate the denominator…
  - You don’t need denominators to compare yourself to yourself, over time
  - Denominators are often part of the problem (ADEs per 1000 doses, SSEs per 1000 patient days)

- Denominators make the problem abstract, rather than personal
What makes more sense… if the right answer is 0?

**Traditional Display (Rates)**
- .005 ADEs /1000 doses
- 2.67 infections/1000 patient days
- .003 falls with harm per/1000 patient days

**Actual Count**
- 35 ADEs last month
- 220 hospital acquired infections last quarter
- 65 patient falls—16 with harm last month
Transparency and Relentless Focus
...shape culture one behavior at a time...
## Practicing High Impact Behaviors

<table>
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<tr>
<th>High Impact Behavior</th>
<th>Examples</th>
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<tbody>
<tr>
<td>Person-Centeredness</td>
<td>• Routinely visiting patients &amp; Families</td>
</tr>
<tr>
<td></td>
<td>• Putting patients on improvement teams</td>
</tr>
<tr>
<td>Front-Line Engagement</td>
<td>• Leading improvement teams that include front line employees</td>
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<td></td>
<td>• Rounding and engaging employees in discussions about challenges in their daily work</td>
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<tr>
<td>Relentless Focus</td>
<td>• Clarifying priorities</td>
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<td>• Disciplined push to achieve results</td>
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<tr>
<td>Transparency</td>
<td>• Sharing both good and bad patient stories</td>
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<td>• Posting quality results for all to see</td>
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<tr>
<td>Boundarilessness</td>
<td>• Engaging other departments and disciplines in improvement work</td>
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<td></td>
<td>• Continually searching for new ideas and approaches</td>
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Table Work

- Fill out the High-Impact Leadership Behaviors Self-Assessment
- Discuss at your tables
Mindfulness—Discussion

- How do you create mindfulness in your team members?
- What tools, policies, practices and approaches encourage mindfulness?
Mindfulness and Sensitivity to Operations

- Intentional Teamwork Behaviors:
  - Briefings, Huddle and Debriefings

- Visual Management
  - At a Glance Situational Awareness
Performance Board: Tool for Situational Awareness

- **Quality/Safety**
  - Example: Pareto Chart
  - Example: Run Chart

- **Patient Experience**
  - Example: Pareto Chart
  - Example: Run Chart

- **Cost of Care**
  - Example: Pareto Chart
  - Example: Run Chart

- **People and Partners**
  - Example: Pareto Chart
  - Example: Run Chart

- **Financial Sustainability**
  - Example: Pareto Chart
  - Example: Run Chart

**History**
- Performance Over Time

**Pareto**
- Key Drivers of Performance

**Problem Solving**
- Example: A3
- Example: Future State/Target
- Example: Countermeasures
- Example: Action Plan

**Daily Management**
- Process Metric
- Example: Daily data

**Patient Experience**
- Quality/Safety
- Cost of Care
- People and Partners
- Financial Sustainability

**Key Drivers of Performance**
- Quality/Safety
- Patient Experience
- Cost of Care
- People and Partners
- Financial Sustainability

**Problem Solving**
- Example: A3
- Example: Future State/Target
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- Example: Daily data

**Example: Run Chart**

**Example: Pareto Chart**

**Example: A3**

**Example: Future State/Target**

**Example: Countermeasures**

**Example: Action Plan**

**Example: Daily data**

**Performance Board: Tool for Situational Awareness**

**Daily data**

**Run Chart**

**Pareto Chart**

**A3**

**Future State/Target**

**Countermeasures**

**Action Plan**

**Follow-up**

**Daily Management**

**Process Metric**

**Example: A3**

**Example: Future State/Target**

**Example: Countermeasures**

**Example: Action Plan**

**Example: Follow-up**

**Example: Daily data**

**Example: Run Chart**

**Example: Pareto Chart**

**Example: A3**

**Example: Future State/Target**

**Example: Countermeasures**

**Example: Action Plan**

**Example: Follow-up**

**Example: Daily data**
Putting The Patient At The Center

Shift in the Conversation ...
Putting The Person at the Center

Safe Quality Care - deliver everything that will help and only what will help 100% of the time (right care every time); DO NO HARM!

What Patients Want:
1. Don’t hurt me
2. Help me
3. Be nice to me and…
4. Include me
Discussion Objectives

Identify examples for the following competencies for Shaping Team Culture:

- Share vision and build will
- Promote transparency
- Model the way
- Encourage mindfulness
- Keep the person at the center
Manage the Work
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Shape Team Culture
- Share vision and build will
- Promote transparency
- Model the way
- Encourage mindfulness
- Keep the person at the center
Q&A and Self-Assessment Tool

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