# Leadership Required for the New Era

*Andrea Kabcenell, Barbara Balik & Michael Pugh*

## Mini-Course Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30-8:45</td>
<td>Welcome and Setting the Stage</td>
</tr>
<tr>
<td>8:45-9:45</td>
<td>High-Impact Leadership</td>
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<tr>
<td>9:45-10:15</td>
<td>High Impact Leadership Behaviors</td>
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<tr>
<td>10:15-10:30</td>
<td>Break</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>High Impact Leadership Behaviors</td>
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<tr>
<td>10:45-11:30</td>
<td>Driven by Persons and Community</td>
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<tr>
<td>12:15-1:00</td>
<td>Lunch</td>
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<tr>
<td>1:00-1:45</td>
<td>Developing Capability and Delivering Results</td>
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<tr>
<td>1:45-2:15</td>
<td>Shaping Culture</td>
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<td>2:15-2:30</td>
<td>Break</td>
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<tr>
<td>2:30-3:15</td>
<td>Engaging Across Boundaries</td>
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<tr>
<td>3:15-3:45</td>
<td>Personal reflection - What will you do by next Tuesday?</td>
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</table>
Session Objectives

- Discuss the challenges facing today’s health care leaders
- Describe the five domains of the IHI Leadership Model, their importance to achieving organizational success, and the vital behaviors of leading health care chief executives in each of these domains
- Identify methods for applying the Leadership Model in their organization and fostering these vital behaviors in their leadership team

Leadership Required for the New Era

Overview of the New IHI High-Impact Leadership Model

Michael Pugh
IHI High-Impact Leadership

- An update on IHI thinking about what is required to drive improvement and innovation in today’s challenging environment
- Guide to help leaders at all levels drive Triple Aim results for the populations that they serve
- New White Paper published in time for this Forum
  - IHI Innovation project
- Builds IHI learning and thinking
  - Will, Ideas and Execution
  - Seven Leadership Leverage Points

IHI Triple AIM

Define “Quality’ from the perspective of an individual member of a defined population

- Core organizational strategy
- Success is “Leadership Dependent”
Triple Aim Results are Required at All Levels of Care Delivery

- Experience of Care
  - Satisfaction results
  - Harm measures
  - Flow, wait time and access measures
- Population/Community Health Measures
  - Percentage of patients receiving “right/perfect care”
  - Patient adherence to care plans
  - Admission/Readmission and Visit/Revisit rates
- Cost Measures
  - Cost per admission
  - Cost per procedure
  - Cost per episode/encounter

IHI High-Impact Leadership
Three Interdependent Dimensions

- New Mental Models
  - How leaders think about challenges and solutions
- High-Impact Behaviors
  - What leaders do to make a difference
- IHI High-Impact Leadership Framework
  - Where leaders focus efforts and resources
IHI High Impact Leadership

Strategic Dilemma:
In the new VALUE world, which door will your organization choose?
Regardless of which “Door” is chosen, care delivery organizations must innovate in order to:

1. Redesign care to reduce gaps in the care process
2. Redesign care to be more effective
3. Redesign care to be safer
4. Redesign care to cost less
5. Redesign care to meet individual patient needs and preferences
   - “What matters to me…”
So what’s it going to take?

1. New Mental Models to frame the challenges and define the potential solutions
2. New leadership behaviors that drive change on many levels
3. Increased leadership attention and focus on improvement and innovation
4. Intentional leadership efforts to shape culture
5. Leaders at all levels engaging across boundaries to improve handoffs and systems of care

Mental Models

- How leaders think is critically important
  - Mental Models frame the challenges and provide a “lens” through which to evaluate potential actions and solutions
- Example: Deming’s Profound Knowledge is a mental model that drives improvement science
  - Appreciation of a System/System Thinking
  - Understanding Variation
  - Theory of Knowledge (PDSA)
  - Psychology of People
Common Mental Models & Theories

**Leadership Issue**
- Patient Satisfaction
- Role of Physicians
- Reduce Cost
- Performance Measurement

**Commonly held Mental Models and Theories**
- Improve Facilities and technology
- Physicians as Customers
- Manage resources & inputs
- Meet accreditation requirements

- Improve Customer Service
- Physician Cooperation
- Manage length of stay and access
- Meet public reporting & compliance requirements

- Improve the Patient Experience
- Physician Engagement
- Remove waste from processes
- Use Quality data for improvement

- Patients as Partners in their care
- Physicians as Partners & Leaders
- Redesign clinical care processes
- Use Quality data to manage “Perfect Care”

Better Results for Patients

IHI High-Impact Leadership
Mental Models for Achieving Triple Aim Results

- Individuals and families as partners in their Care
- Reorganize services to align with new payment systems
- Compete on value with continuous reduction in operating
- Everyone is an improver
Success in the Value World Requires a Shift in Mental Models

"Volume"
- Patient Satisfaction
- Increase Top Line Revenue
- Complex All-Purpose Hospitals and Facilities
- Quality Departments and Experts

"Value"
- Persons as Partners in their Care
- Continuously Decrease Operating Cost
- Lower Cost, Focused Care Delivery Sites
- Quality in Daily Work-Everyone

The Innovator’s Prescription
A Disruptive Solution for Health Care

Clayton M. Christensen

1. Disruptive Technological Enablers in Health Care
   - The shift from intuitive medicine to empirical medicine to precision medicine and the ability to diagnose by “cause” rather than symptom

2. Disruptive Business Model Innovations
   - Solution Shops (ED and diagnostic services)
   - Value-adding process (Surgical procedures)
   - Facilitated Networks (Chronic disease management)

3. Disruptive Value Network: Systemic Reform vs. Piecemeal Insertion
   - Disruptions are rarely plug-compatible with the prior value network or commercial ecosystem
Almost all innovations come from the outside at the expense of the incumbents (read: hospitals)

Acute Care cost is driven by the inherent complexity of hospitals with their multiple service lines and business models
  - You cannot house multiple business models “under one roof” and be efficient—must separate the “Solution Shop” (diagnostic services) from the Value Added Processing (treatment/surgery).

Strategies for Reducing Per Unit Cost
(Examples: Cost/DRG, Cost/Admission, Cost/Procedure, Cost/Treatment, Cost/encounter)

- Traditional Strategy: Control Inputs
  - Direct Inputs
    - Supplies
    - Labor
  - Indirect Inputs
    - Structure
    - Technology

- Quality Strategy: Redesign and Remove Waste*
  - Clinical Processes

- Support Processes

Measures
  - Financial
  - Clinical
  - Patient Experience

*Waste = unintended variation, rework, error, valueless care, needless complexity, etc.
Five New Financial Management Questions Hospital Leaders Need to Ask

1. How much does a routine hip replacement cost now (from diagnosis to discharge home)?
2. If perfect care is provided, how much should a total hip cost?
3. How can we redesign the hip replacement care process to reliably deliver it at the target cost?
4. Once the new process is in place, how can we reduce and manage variation?
5. Once we achieve a stable and reliable approach, how can we reduce the cost by at least 5% every year going forward?

IHI High-Impact Leadership Behaviors How Leaders Act and What they Do

- **Person-centeredness**: Be consistently person-centered in word and deed.
- **Frontline Engagement**: Be a regular, authentic presence at the frontline and a visible champion of improvement.
- **Relentless Focus**: Remain focused on the vision and strategy.
- **Transparency**: Require transparency about results, progress, aims, and defects.
- **Boundarylessness**: Encourage and practice system-thinking and collaboration across boundaries.
IHI High-Impact Leadership Framework

Where Leaders Need to Focus Efforts to Drive Innovation and Improvement

Create Vision & Build Will

Driven by Persons & Community

Develop Capability

Deliver Results

Shape Culture

Engage Across Boundaries

IHI High-Impact Leadership Behaviors cross and support all domains

Leadership Required for the New Era
High-Impact Leadership Behaviors

Andrea Kabcenell

Presenter has nothing to disclose

IHI Forum 2013 Mini Course
High-Impact Leadership Behaviors

- **Person-centeredness**
  - Be consistently person-centered in word and deed.
- **Frontline Engagement**
  - Be a regular, authentic presence at the frontline and a visible champion of improvement.
- **Relentless Focus**
  - Remain focused on the vision and strategy.
- **Transparency**
  - Require transparency about results, progress, aims, and defects.
- **Boundarylessness**
  - Encourage and practice system-thinking and collaboration across boundaries.

**Person-Centered**

- Daily or Weekly Rounds include Patients
- Start Every Meeting with a Person or Patient Story
- Give the Data and Results a Human Face
### Baseline SSER, Calendar Year 2008, 46 Events

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>John B.</td>
<td>8/16/2008</td>
<td>Delay in Rx</td>
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<tr>
<td>Shirley H.</td>
<td>12/21/2008</td>
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<td>Florida H.</td>
<td>7/15/2008</td>
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<td>Wade W.</td>
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<td>Baby Boy S.</td>
<td>8/31/2008</td>
<td>Wrong Pt. Procedure</td>
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<tr>
<td>Joseph R.</td>
<td>8/30/2008</td>
<td>Delay in Rx</td>
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<td>4/21/2008</td>
<td>Med Error</td>
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<td>6/24/2008</td>
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<td>Jimmy P.</td>
<td>7/17/2008</td>
<td>Fall</td>
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<td>Joann E.</td>
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<td>Cynthia M.</td>
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<tr>
<td>Regina D.</td>
<td>12/9/2008</td>
<td>Med Error</td>
</tr>
<tr>
<td>Baby Girl V.</td>
<td>5/12/2008</td>
<td>Med Error</td>
</tr>
<tr>
<td>Mary D.</td>
<td>5/9/2008</td>
<td>Fall</td>
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<td>Ursula H.</td>
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<td>Delay in Tx</td>
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<td>2/14/2008</td>
<td>Delay in Tx</td>
</tr>
<tr>
<td>Sandra M.</td>
<td>12/10/2008</td>
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</tr>
<tr>
<td>Karen G.</td>
<td>8/5/2008</td>
<td>Proced Cx/Delay in Tx</td>
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<tr>
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<td>8/17/2008</td>
<td>Fall</td>
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<tr>
<td>Nicole S.</td>
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</tr>
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<td>Margaret H.</td>
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<tr>
<td>Eugene B.</td>
<td>8/19/2008</td>
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<td>Robert S.</td>
<td>10/13/2008</td>
<td>Fall</td>
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<td>Mary D.</td>
<td>3/9/2008</td>
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<td>Baby Boy G.</td>
<td>3/25/2008</td>
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<td>Lorena W.</td>
<td>11/10/2008</td>
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<td>Robert B.</td>
<td>12/2/2008</td>
<td>Post Procedure Death</td>
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<td>Virginia L.</td>
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<td>Lester J.</td>
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<td>Fall</td>
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<td>Chantal E.</td>
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<td>Fall</td>
</tr>
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<td>Kathy W.</td>
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<td>Calvin P.</td>
<td>4/4/2008</td>
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<td>Gwendolyn P.</td>
<td>10/28/2008</td>
<td>Wrong Implant</td>
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<tr>
<td>Mary C.</td>
<td>12/19/2008</td>
<td>Med Error</td>
</tr>
<tr>
<td>Douglas T.</td>
<td>10/18/2008</td>
<td>Med Error</td>
</tr>
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### Front Line Engagement

- Go to the site of improvement projects
- Ask open questions and listen to the answers
- Teach improvement real time
- Include all staff in program and business planning
Relentless Focus

- State the vision and aim at every opportunity
- Engage staff in discussions about how their work contributes to mission
- Insist on:
  - Selection of 2-3 high priority initiatives that are central to the mission,
  - Adequate resourcing for those projects
  - Frequent (weekly, monthly) open discussions about progress and challenges

Transparency

- Post results (positive and negative) on key initiatives in sight of patients, staff, and community.
- Refuse to accept “Happy Talk” and delve deeper into the realities of the work
- Thank and reward transparent reporting of safety events

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Boundarylessness

- Establish win/win arrangements with other providers
- Share leadership of community partnerships with other providers with their leaders
- Describe and discuss the system that is providing care for people in your community as one system

Using High Impact Behaviors

<table>
<thead>
<tr>
<th>Behaviors You Use</th>
<th>Behaviors to Adopt</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>
High-Impact Leadership Framework

Create Vision & Build Will
Driven by Persons & Community
Develop Capability
Deliver Results
Shape Culture
Engage Across Boundaries

Leadership Required for the New Era
Driven by Persons and Community
Barbara Ballik

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Presenter has nothing to disclose
IHI High-Impact Leadership Framework

Driven by Persons and Community - Why

- Required for Triple Aim outcomes
  - The base for informed, shared decisions
- Is the purpose to healthcare leadership
  - It is why we are in healthcare
- Are at the center of the IHI Leadership Framework
- Give clarity, passion, and energy to Leadership work
- We lag in an outdated model of relationships with consumers
- Requires:
  - New Mental Models
  - New behaviors
## Driven by Persons and Community – Why

### Growth of international awareness and action

- “Prepared, engaged patients are a fundamental precursor to high-quality, lower costs, and better health care”
  - Institute of Medicine (IOM); *Partnering with Patients to Drive Shared Decisions, Better Value, and Care Improvement*; 8/2013
- IOM Meeting: Building the Patient and Family Advisory Leadership Network for Better Care; 11/2013
- Scotland: Person Centered Care Collaborative
  - By 2015 all health and care services in Scotland are centred on people
  - Must Do With Me (MDWM) elements:

### Patient Centered Outcomes Research (PCORI)

- Vision: Patients and the public have the information they need to make decisions that reflect their desired health outcomes

### Canadian Health Act

- Expectation of person-centeredness across Canada

### The patient as the source of control

- Patients should be given the necessary information and the opportunity to exercise the degree of control they choose over healthcare decisions that affect
IHI High-Impact Leadership

- **New Mental Models**
  - How leaders think about challenges and solutions

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

- **IHI High-Impact Leadership Framework**
  - Where leaders focus efforts and resources

Success in the Value World Requires a Shift in Mental Models

- **"Volume"**
  - Patient Satisfaction
  - Increase Top Line Revenue
  - Complex All-Purpose Hospitals and Facilities
  - Quality Departments and Experts

- **"Value"**
  - Persons as Partners in their Care
  - Continuously Decrease Operating Cost
  - Lower Cost, Focused Care Delivery Sites
  - Quality in Daily Work-Everyone

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New Mental Models

- How leaders think about challenges and solutions
  - Who leaders talk and think with – how define partners
  - Where leaders get their ideas
  - How leaders understand the lived experience of patients and community members
  - What data leaders use for decisions and its source
  - The boundaries leaders eliminate to improve the health of the community
  - How leaders describe their work – what are accountabilities
  - Who leaders view as experts

High-Impact Behaviors

- Person-centeredness: Be consistently person-centered in word and deed.
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Leadership Behaviors - Examples

- Assure patients are partners in individual care, design and improvement efforts, and at the policy level
- Include patient or community voice in every meeting – directly or indirectly
- Leaders model partnerships with patients and families daily, e.g. conversations while rounding, active in improvement activities
- Actions to assure health literacy and shared decision making
- Leaders spend time learning about health and healthcare from the community members
  - Social service agencies, community health, education, public safety, law enforcement

Leadership Behaviors

Table: Disciplined Action

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Person – Community Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Questions</td>
<td>“How does this strategy/tactic improve patient care?”</td>
</tr>
<tr>
<td></td>
<td>“How does this strategy/tactic improve the health of the community?”</td>
</tr>
<tr>
<td></td>
<td>“What patients or community members have we asked about this?”</td>
</tr>
<tr>
<td></td>
<td>“What value does this add to patient care and patient experience?”</td>
</tr>
<tr>
<td></td>
<td>“What patients/family members or community members do we have on teams?”</td>
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<tr>
<td></td>
<td>“How do healthcare practitioners do in partners with patients?”</td>
</tr>
<tr>
<td></td>
<td>“What other organizations are helping us with this strategy?”</td>
</tr>
</tbody>
</table>
Leadership

Leaders take ownership of defining purpose of work and modeling desired behaviors
- Purpose
- Label and link
- “All in” behaviors
- Close to the work
- Leadership development
- Engage hearts and minds

Leadership Behaviors Assessment

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Description</th>
<th>How are we doing? (1 low – 5 high)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>Clearly describe the purpose of Person-Centeredness for everyone in the organization</td>
<td></td>
</tr>
<tr>
<td>Label &amp; Link</td>
<td>Person-Centeredness to strategy – how it fits with safety, quality, engagement, and financial vitality</td>
<td></td>
</tr>
<tr>
<td>All In</td>
<td>Executives assure all leaders are clear and consistent in words/actions about the Purpose</td>
<td></td>
</tr>
<tr>
<td>Close to the work</td>
<td>Leaders understand first hand the effectiveness of systems in their organization and in the community to achieve “Driven by Person and Community”</td>
<td></td>
</tr>
<tr>
<td>Leadership development</td>
<td>Develop capability for all leaders to deliver results</td>
<td></td>
</tr>
<tr>
<td>Engage Hearts &amp; Minds</td>
<td>Hire for partnership values; assure effective systems; devote resources for improvement close to the work</td>
<td></td>
</tr>
</tbody>
</table>
Culture - Current State

- Large barrier to “Driven by Person and Community”
  - We already think we are!
- Deeply embedded belief (hubris?) that we – within healthcare – are the experts vs. merged expertise: people are experts in their own health and lived experience with healthcare professionals as experts in content
- Pervasive systems that reinforce those beliefs
  - Dismissive treatment of patients


Doing To

You know you are doing to when:
- We say – you do: schedules; visiting hours
- We waste your time – come to the clinic & wait
- We assume we know what the community needs
- Information is not shared or understandable
- We determine if you are compliant.
- There is helplessness – when the patient/family say:
  - I don’t know what is the plan of care and what happens next
  - I don’t know who is in charge of my care
  - I don’t feel like you know me
Doing For

You know you are doing for when:

- We keep the patient or community member in mind when designing or improving programs – then ask
- We design the teams to help you – without you
- We manage your expectations about waiting or what healthcare can do
- Early use of health literacy
- We teach you – lots & lots & lots
- We are beginning to get it about cross-continuum but don’t know much about the white spaces

Doing For

“We are really good about caring what you think about us. We are not good about caring what you think.”

— Catherine Lee, VP Service Excellence, McLeod Regional Medical Center
Doing With

You know you are doing with when:

- Patient/family and community member advisors are on teams to design or improve programs that follow the patient journey
- All key decisions are mutual – including who is on my team
- All staff are viewed as caregivers and are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Senior leaders model that patient’s safety and community well-being guide all decisions
- Staff, providers, leaders are recruited for values & talent

Where are you in doing to-for-with?
To-For-With Assessment

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table

<table>
<thead>
<tr>
<th>Doing To – Patients, Families, Community Members</th>
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<tbody>
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Resources

Person and Community Driven

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Resources

Create Vision & Build Will

- Leaders and Board members--clear and consistent Vision that focuses on quality
  - Adopt bold, specific, system-level Safety, Quality, and Experience strategic aims
  - Oversee system-level measures of progress toward those aims, using a strategic dashboard
- Leadership “ownership” of safety and quality results
- Systematic leadership review of results and improvement processes
- Leadership visibility in improvement work
- Sense-making for the organization—setting priorities

Leadership Behaviors

- Promote Transparency and Share Results
- Create Focus through Personal Time & Attention
- Ask Inquiry Questions
- Communicate the Vision Every Day
- Be an Authentic Presence at the Front Lines

Create Vision & Build Will
Creating Vision & Building Will

- Board adopted aims, measures, and vision
- Leadership engagement and attention
- Promote transparency

- Transparent cascading scorecards of linked measures
- Systematic leadership review of results and efforts
- Role model patient and family engagement in rounds
- Engaging with staff on removing barriers and improving process
- Give the data a human face
- Bring patients and families into all improvement meetings
- Posting of patient harm results on units

Table Work

- Build out a consensus driver diagram of how leaders can create a common vision and build will in care delivery organizations
Leadership Required for the New Era

Developing Capability Delivering Results

Barbara Balik

IHI Forum 2013 Mini Course

IHI High-Impact Leadership Framework

Create Vision & Build Will
Driven by Persons & Community
Develop Capability
Deliver Results
Shape Culture
Engage Across Boundaries
**Developing Capability**

**Delivering Results**

Interrelated Domains

- **Developing Capability**
  - Leaders own the *systems* for improvement; those close to the work own the *solutions*.
  - Leaders require the knowledge and skills to lead and engage all in improvement.

- **Delivering Results**
  - Eye on the Prize: Leaders focus on desired results.
  - Use proven methods:
    - Some is not a number; soon is not a time; hope is not a plan; wishing is not a skill.

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**High-Impact Behaviors**

- **Person-centeredness**
  - Be consistently person-centered in word and deed.

- **Frontline Engagement**
  - Be a regular, authentic presence at the frontline and a visible champion of improvement.

- **Relentless Focus**
  - Remain focused on the vision and strategy.

- **Transparency:**
  - Require transparency about results, progress, aims, and defects.

- **Boundarylessness**
  - Encourage and practice system-thinking and collaboration across boundaries.
High Impact Behaviors - Examples

Developing Capability – Delivering Results

- Frontline Engagement: Be a regular, authentic presence at the frontline and a visible champion of improvement
  - Learn, demonstrate, and teach improvement skills
  - Share failures and lessons learned – humility, eagerness to learn
  - Storytelling:
    - Share Your Story – what brings you to this work
    - Stories from the community or patients to illuminate the Purpose
  - Infrastructure in place to assure:
    - Daily improvement
    - Measurement system
    - Reliability
    - Understand the patient journey

High Impact Behaviors - Examples

Developing Capability – Delivering Results

- Relentless Focus: Remain focused on the vision and strategy
  - Examine your calendar – time and attention matches vision and strategy
  - Be boring – “I know exactly what you’re going to say …!”
  - 20 foot talk –
    - Begin with Why: Purpose of improvement work and results
    - Then How improvement work underway links to the strategy
### High Impact Behaviors - Examples

#### Developing Capability – Delivering Results

- **Transparency:** Require transparency about results, progress, aims, and defects
  - Good, bad and ugly on website – developed with community members
  - Visible to all – internal and external
  - Metrics determined in partnership with patient and community advisors
    - Does it matter?
    - Did it improve my health?
    - Did you safely help me to transition to another setting?
    - Can I function better now than before?

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#### Developing Capability – Delivering Results

- **Boundarylessness:** Encourage and practice system-thinking and collaboration across boundaries
  - Leaders able to clearly describe the systems needed to improve health and healthcare
  - Improvement across boundaries
    - Transitions in care across settings
  - Financial systems measures emphasize the total cost of care over unit or procedure
## Developing Capability

### Disciplined Action

<table>
<thead>
<tr>
<th>Capability</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Performance Improvement (PI) system is .......................................</td>
<td></td>
</tr>
<tr>
<td>The expectations of all leaders to demonstrate PI competency is ...</td>
<td></td>
</tr>
<tr>
<td>Percent of leaders who can successfully guide complex PI activities is ...</td>
<td></td>
</tr>
<tr>
<td>How I demonstrate PI skills in daily work?</td>
<td></td>
</tr>
</tbody>
</table>

## Leadership Required for the New Era

**Shape Culture**

*Andrea Kabcenell*

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*Presenter has nothing to disclose*
High-Impact Leadership Framework

Create Vision & Build Will
Driven by Persons & Community
Deliver Results
Develop Capability
Shape Culture
Engage Across Boundaries

Culture is Everywhere

Institute for Healthcare Improvement
Innovation College
July 30-31, 2012
Culture of Improvement

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing the job</td>
<td>Doing the job and improving the process</td>
</tr>
<tr>
<td>Quick fix</td>
<td>Continuous Improvement</td>
</tr>
<tr>
<td>Individualism</td>
<td>Teamwork</td>
</tr>
<tr>
<td>Reactive</td>
<td>Proactive</td>
</tr>
</tbody>
</table>

How Do Cultures Change?

Change

Role of Structure in Causing Change

1. Structure and methods
2. Change behavior
3. Change individual attitudes
4. Change company culture

Improvement Guide 2nd Edition, Figure 13.4 p 316
Examples of “Culture” Change

- Military
- Alcoa
- Health Care Examples:
  - Cincinnati Children’s-Safety
  - Clinical Campesina-Team Care
  - Denver Health-Lean and Equitable

Shaping Culture

- Set Aim: This is a place where_____________________
- Identify Behaviors: Ask for help, Offer help, Report inability to follow policies and procedures (Doug Bonacum-KP)
- Create Structure: Training, Info Systems, Connections, Equipment
- Practice, Promote, Track
- Adapt/Persist
Drivers of Culture Change

Aim: Culture Shifts To One of

Outcome Measures: “The Way We Do Things Around here”

Leaders
Set Aim
and ID

Vital
Behaviors

Managers
Create
Infrastructure
for Behaviors

Practice,
Promote,
Train

Watch,
Behave
Change.
Raise the Bar
If Needed

What are Vital Behaviors?

- Those few behaviors that:
  - drive toward the desired outcome;
  - are teachable, coachable, observable

- Often in evidence already:
  - To lose weight: exercise at home; eat breakfast; weigh daily
  - To help low achieving children read: more praise than punishment; constantly alternate teaching and questioning

Resources


Presenter has nothing to disclose
Engaging Across Boundaries to Achieve Triple Aim Results

- Point of Care Delivery
- Other services and/or care (Internal)
- Other Providers (external)
- Family, Employer, Social Services and Community services that patients might need and engage

Engaging Across Boundaries: Actions and Strategies

- EMR, IT, Health Information Exchanges
- ACO/Shared Risk contracting
- Case Management/Care Management
  - Healthcare Guides & Navigators
- Handoff Management - “Looking upstream and downstream…”
- Multi-provider/social services/family/person discharge and care planning
- Multi-disciplinary Rounding and Care Planning Conferences (Team Medicine)
Leading Across Boundaries

- Establish a shared purpose
- Communicate a shared vision
- Ask questions and listen to responses
- Build consensus
- Show respect for the partner’s business models and constraints
- Adopt a collaborative approach and demonstrate patience
- Volunteer resources when needed
- Ensure that the “right people” are in the room