L1: Critical Drivers For Successful Leadership in Quality Improvement

December 7, 2014
IHI National Forum

Leadership
IHI High-Impact Leadership Framework

Nneka Mobisson-Etuk, MD MBA MPH
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—Culture Building

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

2. Front Line Engagement
Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus
Remain focused on the vision and strategy

4. Transparency
Require transparency about results, progress, aims, and defects

5. Boundarilessness
Encourage and practice systems thinking and collaboration across boundaries

Objectives

- Discuss the necessary strategic building blocks for creating a sustainable capacity to thread QI through a system
- Describe different organizational archetypes to enable a unified focus on quality improvement
- Outline the common errors in designing QI strategies

Agenda

- Brief presentations from the four panelists
- Moderated discussion
- Break
- Roundtable world café
- High level wrap-up
Today

- Perspectives from four different leaders on the critical drivers of success in leadership in QI
  - A center that leads the improvement work within a county council
  - A research institute leading capacity building at the district, provincial, and national public health sectors
  - A leading academic hospital system that has implemented its own version of healthcare reform
  - A public-private partnership between government, faith-based system and NGO created to achieve national health outcomes

Panelist Introductions

- Goran Henriks
- Lauren de Kock
- Dr. Uma Kotagal
- Dr. Sodzi Sodzi-Tettey
Person and family centered care in Jönköping

"Education and insights is not an addition to the treatment, it is the treatment".

(Bohmer, 2009, sid 94)
A courage to see the world in new ways

• Everybody needs to feel appreciated, to be part of something and being needed throughout life
• We need to allow ourselves to feel good and be happy with what we do, on my own terms
• It is a joy of being active and a co-creator
• It is important of being able to control my self and my life
• I like to do new things

"Ubuntu"
A new mindset – the management of positive P:s

- Act before something happens
- Measure so that you can think more freely and can act more quickly
- "Out in the corner things look differently than when you look at it from inside”  
  Kurt Vonnegut
- Still water doesn’t help sailors to master their skills
**Challenges Vertical or Network Model?**

**Single Integrator**

*Business model*

**Independent**

**Dependent**

**Multiple Co-Integrators:**

*A modernized Municipality Model*

**Independent**

**Co-dependent**

**Co-independent**

**Vertical Integration**

**Horizontal Integration**

**Network Model**

**Vision, Principles, Collaborative, Trustable meeting places**

*Source: Stephen Covey and Bill Talbert, Adapted by Dave Ford*

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**Needed transition in JCC**

**Volume**

- Satisfied patients
- Face the problem when it comes
- Run faster or increase resources
- Hospitals and clinics that meet all needs
- Good examples

**Value**

- Person-centered care
- Working with prevention and planning next steps
- Decrease under/over and misuse
- Highly effective collaborative processes
- Specialised units
- Rapid dissemination and equitable care

*Source: Stephen Covey and Bill Talbert, Adapted by Dave Ford*
• Give every kid best possible start
• Dental care
• Family centers with complex patients
• Learning cafés
• Passion for life for younger and elderly
• Strategy groups for elderly, children, mental health
Building Capacity in QI

Lauren de Kock
Aurum Institute
idekock@auruminstitute.org

Aurum – Our Vision

“An internationally respected African organisation that transforms health in the community.”
Capability Areas

- HIV/ TB Health Systems Strengthening and Improvement (PEPFAR):
  - HIV/ TB programmes for prevention & treatment
  - MMC
  - M&E
  - Mines, Prisons

- Health Research And Epidemiology
  - HIV & TB Vaccines
  - HIV & TB prevention and treatment
  - Public Health Intervention strategies

- Clinical Trials
  - HIV & TB Vaccines
  - HIV & TB prevention and treatment

PEPFAR CDC Facilities Grant
Environment In Which We Work

National Department of Health
9 Provincial Departments of Health
52 Districts
Sub-districts
PHC Facilities (4500 – 532)

Population: >7m people
HIV+: >700,000
On Rx: 233,000/450,000

Who Provides the Technical Support to Facility Staff

Clinical Mentor

Training
Clinical Mentoring
Quality Improvement
The Problem You Would Rather Have...

- Aurum went from supporting **150 facilities to 532 overnight**
  - Huge Recruitment Challenge:
    - Quantity
    - Quality

Challenge

- Despite.... A large amount of training on QI methodology and a QI technical advisor for each district, QI was not being implemented appropriately at facility level
- Mentors:
  - I do what I know I can do
  - I do what I feel comfortable doing
Increase Impact of QI initiatives offered by Aurum

- Environment receptive and conducive to change
- Competent & Empowered QI workforce
  - QI career path
  - Standardised Curriculum
  - Understanding of QI methodology
  - Equipped to manage mentors
  - Appropriately trained
  - Appropriately supported
  - Appropriately managed
  - Reporting
  - Measures

- Cognizant & supportive management
  - Highlight & celebrate ‘success’
  - Highlight & celebrate ‘failure’
  - Competence & empowered QI workforce
  - QI career path
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- Engaged & competent mentors
  - QI career path
  - Standardised Curriculum
  - Understanding of QI methodology
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  - Appropriately supported
  - Appropriately managed
  - Reporting
  - Measures

- Well designed & managed programme
  - QI career path
  - Standardised Curriculum
  - Understanding of QI methodology
  - Equipped to manage mentors
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  - Appropriately managed
  - Reporting
  - Measures

District QI Summits
- Monthly District Success stories
- I can campaign
- QI Coach
- Senior QI Advisor
- HOW TO Guide
- Training
- QA system / Trackers
- Accredited Course / IHI
- Facility level support from QI specialist unit
- Monthly technical meetings
- Dual reporting
- Trackers
- Monthly reports
- Outcome measures for progress

- Environment receptive and conducive to change
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- Outcome measures for progress
Standardised Curriculum

- Need for a shared and common understanding and language

QI Career Path

DD
- Senior QI Advisor
- QI Advisor
- QI Coach
- Clinical Mentor
3-4 Month Orientation

- Purpose:
  - Build knowledge base
  - Develop skill
  - Legitimise the role

Contents of Orientation

1. Develop QI knowledge base
   - QI Boot camp
   - Baseline Knowledge assessment
   - Weekly reflections
   - Personal application of theory
   - Development of lessons plans
   - Abstract development and submission

2. Provide safe environment to develop and practise skills
   - Onsite assessment – pre and post
   - Increasing exposure geographically and to other staff
   - Supported implementation

3. Development of a Team and QI Culture
   - Adhere to timelines and deadlines
   - Demand a high standard
   - Uniform provided identity
   - WhatsApp group
   - Group Assignments
   - Paired district visits
Path Forward
Timely, Efficient, Effective, Patient-Centered, Equitable, Safe

MICROSYSTEM

Organizational System

* EBPC Acute Care 12 Conditions
* Chronic Care (CC) System
* Safety - Transport (IP & OP meds)
* Chronic Care Diabetes/Arthritis
* Chronic Care Smoking/Stop Smoking
* Surgical Process
* Surgical Process Redesign
* ED Redesign
* Chronic Care Chronic
* Chronic Care Chronic Care

CORE PROCESSES:
• Acute Illness Care
• Chronic Care
• Preventive Care

Core Values/ Skills
Safety
Continuous Learning
Patient-Centered
Quality Focused
Humanistic
Scientific/ Fact Based
Team Work
Continuous Improvement

Inpatient Process Redesign

Leadership, System, People, Culture

Adolescent Medicine, Endocrinology, Cardiology, Gastroenterology, Neurology

NICU, ED laceration, fractures, short-stay Post surgical units, Hem-Onc

Processes Pain Management in Selected Inpatients

Improved Systems, Information Management Systems, Human Resources Systems

System Level Graph Summary Report

Desired Direction of Change

12/7/2014
Alignment

• Alignment:
  – Align measurement
  – Align strategy and accountability
  – Build improvement capability
  – Building intermediate or alternative Structures

• Integrate into daily work

• All strategic goals are part of each component of the organization with specific assignments

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Building System Improvement Capability

<table>
<thead>
<tr>
<th>Leverage Point</th>
<th>Target Audience</th>
<th>Competencies</th>
<th>CCHMC Target Categories</th>
<th>CCHMC Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Macrosystem (CCHMC Whole System)</td>
<td>Sr. Leaders (e.g. CEO, SVPs, VPs)</td>
<td>Lead the whole system based on Deming’s System of Profound Knowledge</td>
<td>Approximately 289 SVPs &amp; VPs</td>
<td>Intermediate Improvement Science Series (I2S2)</td>
</tr>
<tr>
<td>Mesosystem (CSI site of care teams, Institutes, Business Units, and medical &amp; surgical divisions)</td>
<td>CSI Leaders - Division Heads -AVPs - Strategic Improvement Project Team leaders</td>
<td>Lead strategic improvement teams: complex, cross-functional projects to get results - Articulate the role of the department/unit/division as a sub-system that is an interdependent part of the larger system of CCHMC - Coach others to do improvement - Disseminate results via external presentations &amp; professional journal publications</td>
<td>Dept. Heads/Division Heads, SVPs, VPs, AVPs, selected MDs, Sr. Directors, Directors (includes typically M3-M5 - approx. 380 people +) (includes selected APNs &amp; possibly Clinical Director, Faculty)</td>
<td>Intermediate Improvement Science Series (I2S2) - JIT coaching and continued use of I2S2 learning while developing a portfolio of projects - Advanced Improvement Methods - Advanced Improvement Leadership, Systems</td>
</tr>
<tr>
<td>Microsystem (Dept units, clinics, ORs, etc.)</td>
<td>Clinical managers - Lead MDs</td>
<td>Lead small teams/narrow scoped projects in a small microsystem &amp; get results - Lead microsystem efforts to remove defects &amp; waste from processes of daily work - Effectively participate in cross-functional &amp; strategic improvement teams</td>
<td>Includes all clinical &amp; nonclinical front-line supervisors &amp; managers typically in the M1 &amp; M2 bands, approx. 250 people (includes Clinical Managers, Supervisors, Leads, Coordinators, Lead APNs, CNSs, Care Managers when appropriate, Clinical Directors or at the next level &amp; “Faculty-Routine QI activities”)* ~200</td>
<td>Rapid Cycle Improvement Collaborative (RCIC) &amp; Lean Leader Development - JIT coaching while participating in a CI project by I2S2 graduate, QIC, etc.</td>
</tr>
<tr>
<td>Individual Contributors - Front Line Improvers</td>
<td>All front-line non-management staff</td>
<td>Engage in the improvement of daily work - Effectively participate in improvement teams</td>
<td>Includes APNs, RNs, all attending physicians (~400), residents any fellows, medical, nursing &amp; allied health students &amp; non-clinical employees</td>
<td>On-line Modules - “Intro to Quality” - Basic Measurement (In development)</td>
</tr>
</tbody>
</table>
Learn to See
What Matters to Me

Journey to High Reliability: HROs

- Preoccupation with Failure
- Reluctance to Simplify Interpretations
- Commitment to Resilience
- Deference to Expertise
- Sensitivity to Operations

- Find loopholes in system's defenses, barriers and safeguards on the frontline. Maintain Situation Awareness

Our Quality Journey

Aim: Integrate new knowledge into health care delivery system

Learning Healthcare System

Components of a network-based Learning Healthcare System

1. Focus on outcome
2. Build community
3. Effective use of technology
4. Learning system

- System science, QI, qualitative research, clinical research (ALL RESEARCH)

Patients with Cystic Fibrosis in Nutritional Failure (2002)

Median BMI Percentile for Patients 2 to 20 years for 2008

The Four Important Leadership Questions

- Do you know how good you are?
- Do you know where you stand relative to the best?
- Do you know where the variation exists?
- Do you know the rate of improvement over time
Objectives

- Outline the common errors in designing QI strategies
- Discuss the necessary strategic building blocks for creating a sustainable capacity to thread QI through a system
- Describe different organizational archetypes to enable a unified focus on quality improvement
Project Fives Alive!

**AIM:**
Assist and accelerate Ghana’s efforts to achieve

**Millennium Development Goal 4** (66% reduction in Under-5 mortality to 40/1000 live births by 2015)

through the application of quality improvement methods

- Ambitious Aims
- Systems View
- Core Metrics with Feedback
- Rapid Cycle Tests of local ideas

**COLLABORATORS:**

Funded by the Bill & Melinda Gates Foundation

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**Design – Sprint or Marathon?**

- Are you designing for quick wins or for sustainable systems and outcomes?
The Sustainability Challenge

- Ownership
- Mainstreaming
- Integration
- Institutionalization

Project Design
Implementation in Health System
Breakthrough Results & End of Project
Sustainability with Redesign

Design With the End in Mind With System Owners

- What do we want to be remembered for?
  - Breakthrough results
  - Capacity
  - Scale
  - Whole System Transformation
  - All the above
Design: Truly Adaptive or Trial & Error?

### 2007 Plans
- Breakthrough Series with 12 month duration
- Weekly site visits
- Strong Child Focus – Malaria, Pneumonia etc.
- Indirect Community Engagement
- Partnerships defined with NCHS & GHS
- No Clinical component
- No Explicit DQI component
- No inputs and supplies
- No active partnerships with relevant NGOs/projects
- No

### 2014 Adaptations
- Breakthrough Series with 18 month duration
- 4–6 week site visit frequency
- Direct Community Engagement
- Maternal, Newborn and Child Health Focus
- Clinical/Subject Matter emphasis
- Provision of limited supplies e.g. PNC & Referral registers
- Explicit data quality improvement work
- More intentional partnerships e.g. Jhpiego, NMCP, National Newborn Working Group

Adaptations Support Relevance and Perceived Flexibility towards Emerging Realities

Design: Credibility Milestones

- Demonstrate Proof of Concept Use of Local Data by Teams
- Compelling Results
- Policy influence
- Impact

- July 2008
- Wave 1 Launch, Nov.12 PFA! end
- July 2010
- NCE-1 (PNC Policy)
- May 2011
- Referral Supplementa 1, May 2015, PFA! end
- Mar. 2014
- Cost Extension, National Scale Up, August 2015 PFA! end/2012 End of Project - initial
- Nov. 2014
- NCE2, Dec. 2015 PFA! end
How Involved Is The End User in Design & Implementation?

How Involved Is The End User in Design & Implementation?

Will More Direct Community Engagement Have Accelerated Improved Health Outcomes?

Knowledge for Improvement

Improvement: Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.

Be Aware of QA-side of the spectrum (TOOLS & EQUIPMENT)

Subject Matter Knowledge

Improvement

Profound Knowledge
Summary Design Reflections

- Alignment with system priorities
- Start with end in mind – codesign and implement with system owners
- The IHI Break Through Series – very empowering
- Strike delicate balance between technical integrity and operations
- Leverage SOPK + Subject Matter Expertise for true improvement
- Build useful partnerships

"What is so exceptional again about Project Fives Alive is that, the interventions are not imposed on the health workers unlike other projects. Project Fives Alive’s interventions are implemented by the facilities and the workers”

Reflections

Dr. Alexis Nang-Belfubah, Regional Director, Ghana Health Service

Measurement

- What really is the manager’s question?
- Documenting in change tracker when changes were tested
- Use of real time data to assess effect of changes tested
- Use of run chart rules to define improvement
- Reliance on existing data systems & fate of non routine data

Model for Improvement

Observations
Define Theory of Drivers of Outcomes & Track Changes with a Set of Balanced Measures

Outcome | 1st Drivers | 2nd Drivers | Process Measures
--- | --- | --- | ---
Reducing Under 5 Deaths in Hospitals | Delay in Seeking Care | Mobilizing Community | Average time of 1st encounter with hospital after onset of symptoms for children U5
| Cultural Barriers | Referral from 1st facility | Average cervical dilatation of women in labor arriving at hospital
| Financial Barriers | Attractiveness of services | Average Time critically ill U5 identified in hospital to time first treatment is commenced
| Referral from 2nd facility | Knowledge of 2nd caregiver | Percentage adherence to selected protocols
| Unreliable use of Protocols | Delay in Providing Care | Emergency response System | Average Time spent by woman in labor from registration until assessment by midwife or doctor
| | Outpatient services | Staff Issues | Average stock out for antimalarial, blood and oxygen
| | Admission Process | Staff Knowledge and Skills | Access to Protocols
| | | Availability of Drugs, supplies and equipment | |
Your Reality Check?

- Is the change package being adopted or not?
- Which changes are being tested by your teams?
- Are changes being tested tackling identified gaps?
- Which processes are we seeing signals or non random patterns in?
- Which process data are being reliably collected?

PFA! Report on National Scale Up

Kindly check www.fivesalive.org for more about the results of the work to date

Thank you
Roundtable- World Cafe

- 3:00- 4:00- opportunity to explore with two panelists
- One panelist in each corner of the room
- Two 20-minute sessions to dive deeper into your choice of focus areas
  - 3:00-3:20- Discussion #1
  - 3:20-3:25- a brief report out from one person at each corner
  - 3:25-3:45- Discussion #2
  - 3:45-3:50- a brief report out from one person at each corner

BREAK
Roundtable- World Cafe

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IHI High-Impact Leadership Framework

- Driven by Persons and Community
  - Include patients on improvement teams
  - Start meetings with patient stories and experience data
  - Use leadership rounds to model engagement with patients and families
- Develop Capability
  - Teach basic improvement at all levels
  - Invest in needed infrastructure and resources
  - Integrate improvement with daily work at all levels
- Shape Culture
  - Communicate and model desired behaviors
  - Target leadership systems and organizational cultures with desired culture
  - Take swift and consistent actions against undesired behaviors
- Create Vision and Build Will
  - Boards adopt and renew system-level aims, measures, and results
  - Channel leadership attention to priority efforts
  - Transparently discuss measures and results
- Deliver Results
  - Use proven methods and tools
  - Frequently and systematically review efforts and results
  - Devote resources and skilled leaders to high-priority initiatives
- Engage Across Boundaries
  - Model and encourage systems thinking
  - Partner with other providers and community organizations in the redesign of care
  - Develop cross-setting care review and coordination processes

Thank you!

- Slides will be posted to the website by December 8, 2014

- Your feedback is most appreciated
  - Evaluation forms online or
  - Email us at:
    - lmacy@ihi.org
    - Nmobisson-etuk@ihi.org