IHI High Impact Leadership
for Improvement and Innovation

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This Presenter Has Nothing to Disclose
“Every system is perfectly designed to produce the results it gets.”

As leaders and clinicians, you are responsible for the results of those systems.

Paul Batalden, MD
IHI Triple AIM:
Success is Leadership Dependent

Population Health

Experience of Care

Per Capita Cost
High-Impact Leadership:
Improve Care, Improve the Health of Populations, and Reduce Costs

A useful definition…

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

Kevin Kruse
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

New Mental Models
How leaders think about challenges and solutions

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 Per Unit Cost and Waste
Lower Cost, Focused Care Delivery Sites
Quality Improvement in Daily Work for All Staff

Mental Models Exercise

Complete the sentence:

Patient care would be significantly safer if hospitals would ________________________.

List three management actions based on how you answered the question.
Quality Approaches and Mental Models

Quality Control
- Monitor Key Process Indicators (KPI’s) against targets
- Take Action when not meeting targets
- Regulatory approach

Quality Assurance
- Inspection—looking for the “Bad Apples”
- Retrospective Review
- Risk Management—Root Cause Analysis

Quality Improvement
- Process and system improvement
- Reduce Variation
- Align outputs to customer needs
- Continuous & part of daily work
- Science of Improvement
Mental Model:
Classic Economic Theory Tradeoff between Cost and Quality

- Quality
- Cost

Diminishing returns?
Worth additional investment?
“There is always a business case that can be made for improving clinical and service quality in hospitals…whether or not there is a financial case for a specific improvement strategy is a different issue.”

MDP 2006

“25-50% of all health care costs are directly attributable to processes that produce as outcomes waste, rework, needless complexity, wrong clinical decisions, adverse patient events and excess clinical intensity.”

MDP 1988
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

*Waste = unintended variation, rework, error, valueless care, needless complexity, etc.

Measures
- Financial
- Clinical
- Patient Experience
The Big Mental Model Shift
Changing the Way We Think About Patients and Families

What’s the Matter?

What matters to you?
IHI High-Impact Leadership Framework
 Where Leaders Focus Efforts

Create Vision and Build Will

Driven by Persons and Community

Develop Capability

Deliver Results

Shape Culture

Engage Across Boundaries

...shape culture one behavior at a time...
High-Impact Leadership Behaviors
What Leaders Do to Make a Difference

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
The 2014 McKinsey Study of Key Behaviors results are very similar to the IHI High-Impact Leadership Behaviors and provides external validation of the importance of leadership behaviors.
New Mental Models for Middle Managers

Reshape Improvement Efforts

Old Thinking

- Patient Satisfaction driven by being nice
- Improvement projects are in addition to the daily work
- Manage to my budget

New Mental Models

- Patient satisfaction driven by engagement of patients and families in care delivery
- Improvement is part of daily work of everyone in the department
- Seek to continuously reduce departmental per unit operating costs
You can manage things, but you have to lead people

**Leadership Skills**
- Articulating vision & values
- Thinking strategically
- Team building
- Communicating
- Prioritizing
- Encouraging
- Enabling
- Role Modeling

**Management Skills**
- Resource allocating
- Budgeting
- Staffing
- Measuring
- Hiring
- Directing/Supervising
- Ordering (Clinical)
- Improving
Leading and Managing: Shaped by Distance from the Patient

Senior Leadership
- Vision & Strategy
- Shape Culture
- Allocate Resources

Division and Departmental Management
- Deploy Resources
- Manage Infrastructure
- Align efforts

Clinical and Functional Leaders
- Provide the care or service
- Manage the work
- Lead care and support teams

Further from the Patient
Closer to the Patient
High Impact Leadership at the Middle
What you need to know and where to focus your efforts

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

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

- Build Team Capability
  - Develop Competency through Coaching
  - Manage Delegation: Use the Entire Team
  - Communicate Effectively
  - Establish Respect and Accountability

- Shape Team Culture
  - Promote Transparency
  - Create Vision & Build Will
  - Model the Way—High-Impact Behaviors
  - Put the Person at the Center

Leading Functional and Front Line Teams
Leading from the Middle
Finding Joy in Work

THIS IS TOTAL CRAP
Being an Authentic Presence: Front Line Engagement

• Managers are some of the busiest and overburdened people in the system.
  – Why?: All of the problems end up on their desk to address and solve
  – Why?: The front line are not fully engaged in problem solving and quality improvement.
  – Why?: They are not given the coaching and development from their manager in these skills.
  – Why?: The manager doesn’t have the time or skills for coaching and development of their staff.
  – Why?: The system has not supported the manager in their development.

The biggest barrier to manager engagement in quality is overburden
Boundarilessness
Interlocking Responsibilities

Executive Leadership
“True North”
Strategy Deployment
Developing Manager
Capability (Coaching)
Provide the Systems &
Structures
Taking Away Barriers
Hardwire with Standard Work

Middle & Front Line Management
Execute the work
Drive Improvement
Visual Management
MFI Deployment
Developing Team Members
(Coaching)
Hardwire with Standard Work
(Manager)

Front Line Staff
Standard Work aligned to
Strategy
Surfacing & Solving Problems
Participate in Improvement

Continuous Improvement
and Operational Excellence

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

Improve Process & Performance while Developing People: “Learn by Doing”
Developing Team Capability
The Managers Most Important Job

• Your job is to create the conditions for a learning environment, having sufficient empathy with your people to understand where they are in their learning process and learn what interventions you can offer that will help them grow and excel.

Don’t Lecture. Ask, Listen, Explore, Experiment

Dr. Paul Levy: President and CEO Beth Israel Deaconess Medical Center
Build Team Capability: 
Developing Competency Through Coaching

• “Coaching in its truest sense is giving the responsibility to the learner to help them come up with their own answers.”
  – Vince Lombardi
`Would you tell me, please, which way I ought to go from here?` Alice said.
`That depends a good deal on where you want to get to,' said the Cat.
`I don't much care where--' said Alice.
`Then it doesn't matter which way you go,' said the Cat.
Connecting to True North
Transparency about results, progress, aims and defects

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

History
Performance Over Time

Example: Pareto Chart
Example: Pareto Chart
Example: Pareto Chart
Example: Pareto Chart
Example: Pareto Chart

Pareto
Key Drivers of Performance

Example: Run Chart
Example: Run Chart
Example: Run Chart
Example: Run Chart
Example: Run Chart

Problem Solving

Example: A3
Example: A3
Example: A3
Example: A3
Example: A3

Daily Management
Process Metric

Example: Daily data
Example: Daily data
Example: Daily data
Example: Daily data
Example: Daily data

Transparency about results, progress, aims and defects
Situational Awareness Requires Daily Management Attention
Boundarilessness: “Mind the Gap”

The Operations Flow

Drivers:
- Staff
- Management
- Leadership
- Governance

Mainstay:
- Entry
- Evaluation
- Therapies
- Transition

Support:
- Revenue Cycle
- HR
- I.T.
- Facilities
- Supply Chain

The Patient Flow

The Ancillary Flow
Boundarilessness: Ask different questions

- 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?
High-Impact Leadership at the Middle
What you need to know and where to focus your efforts

- Manage the Work
- Improve the Work
- Shape Team Culture
- Build Team Capability
### Leading from the Middle Self-Assessment Tool

#### How well do I ...?

<table>
<thead>
<tr>
<th>Manage the Work</th>
<th>Low</th>
<th>High</th>
<th>Possible Follow-up Idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Manage time and resources</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Create standard work and Processes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Measure financial, quality and key processes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Surface and solve problems in real time</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Engage and work across boundaries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve the Work</th>
<th>Low</th>
<th>High</th>
<th>Possible Follow-up Idea</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Prioritize and align to strategic aims</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Understand current state and target conditions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Use improvement tools to redesign key processes</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Reduce variation and waste</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10. Get and sustain results</td>
<td>1</td>
<td>2</td>
<td>3</td>
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assisting teams with strategies for improvement

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