Leadership at the Middle: Building Capability

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Craig Luzinski, DSL, RN, NEA-BC, FACHE

Faculty Introductions

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- VP Performance Optimization, Cheyenne Regional Medical Center (CRMC)
A useful definition…

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

Kevin Kruse

Session Objectives

- Describe the key drivers components of leadership skill and knowledge development required for mid-level management and clinical leadership of functional teams
- Provide a roadmap for mid-level leadership development
- Describe how the High-Impact Leadership Model is relevant for leadership at all levels of a health care delivery organization
In Health Care we use the word “Team” a lot...

You can manage things, but you have to lead teams of 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
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
Reshape Improvement Efforts

Common Mental Models
Patient satisfaction driven by being nice
Improvement projects are in addition to the daily work
Manage to my KPI's

New Mental Models
Patient satisfaction driven by engagement of patients and families
Improvement is part of daily work of everyone
Focus on improving patient outcomes
New Mental Models: Two Sides of the Same Coin

**Quality: Deliver everything that will help, and only what will help. The goal is 100%**

**Safety: Do no harm. The goal is 0 Events**

What Leaders Need to Know

**Quality Control**
- Monitor Key Process Indicators (KPIs) against targets
- Take Action when not meeting targets
- Regulatory approach

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

**Quality Improvement**
- Process and system improvement
- Reduce Variation
- Align outputs to customer needs
- Continuous & part of daily work
- Science of Improvement
Volume to Value

- **ECONOMIC RISK FOR CARE DELIVERY PERFORMANCE**
  - Quality Incentive Risk
    - Bonuses & Penalties
  - Transaction Pricing Risk
    - Bonuses or Penalties determined by the total cost of care delivered
  - Shared Savings Incentive Risk
    - Bonuses or Penalties determined by the total cost of care delivered
  - Premium Risk
    - Economic risk for the cost of medical care delivered to an insured pool of customers or members

- **ECONOMIC RISK FOR VOLUME of CARE DELIVERED**

- **Global Budget Risk Model**

Governance and Mental Models

- **How does your board spend its time and attention?**

- **Operational Oversight**
- **Setting Direction and Aims**
Engaging Across Boundaries

Point of Care Delivery

Other Providers (external)

Patient and Family Journeys

Other services and/or care (internal)

Family, Employer, Social Services and Community services

The Big Mental Model Shift
Changing the Way We Think About Patients and Families

What’s the Matter? What matters to you?
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. Boundlessness
   Encourage and practice systems thinking and collaboration across boundaries

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McKinsey Key Leadership Behaviors & IHI High-Impact Behaviors Are Nearly Identical

McKinsey Key Behaviors
- Be supportive
- Operate with a strong results orientation
- Seek different perspectives
- Solve problems effectively

Be consistently person-centered in word and deed.
Remain focused on vision and strategy
Encourage & practice system thinking & collaboration across boundaries.
Be an authentic presence at the front lines
Require transparency about results, problems, aims and defects

IHI High-Impact Behaviors

The 2014 McKinsey Study of Key Behaviors results are very similar to the IHI High-Impact Leadership Behaviors and links behaviors to results
Leading from the Middle—What you need to know and where to focus your efforts
Leading from the Middle

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

Leading Functional and Front Line Teams

Version 5

Leading from the Middle: Managing the Work

Manage Time and Resources
- Scheduling
- Supply chain
- Staffing

Create and Maintain Standard Work Processes
- Policy and Procedure
- Work Flow

Financial Management
- Budgets
- Cost Analysis
- Volume reporting

Quality Management
- Measures and reports
- Customer service

Patient & Staff Safety
- Risk reduction
- Infection control, harm prevention
Leading from the Middle:
Improve the Work

<table>
<thead>
<tr>
<th>System &amp; Process Thinking</th>
<th>Understand and Reduce Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>- What do we produce?</td>
<td>- Standardization of clinical and support processes</td>
</tr>
<tr>
<td>- Who are our customers?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategic Thinking and Alignment</th>
<th>Reduce Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Improvement/safety efforts aligned with overall quality plan and strategy</td>
<td>- Lean thinking and approaches</td>
</tr>
<tr>
<td>- Customer/patient satisfaction driving choice of projects</td>
<td>- Unit Cost Reduction</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Get Results—Tools and Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Use proven improvement tools and methods</td>
</tr>
<tr>
<td>- Multiple PDSA cycles</td>
</tr>
</tbody>
</table>

Leading from the Middle:
Building Team Capability

<table>
<thead>
<tr>
<th>Effective Communication</th>
<th>Empower Problem Solving</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Interpersonal communication</td>
<td>- Engaging front line staff in improvement projects</td>
</tr>
<tr>
<td>- Knowledge sharing/transfer</td>
<td>- Empowering team members to solve service issues</td>
</tr>
<tr>
<td>- Cross-team communication</td>
<td>- PDSA in daily work</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Train and Develop Team Members</th>
<th>Engage Across Boundaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Work process</td>
<td>- Staff understanding of who depends on their work</td>
</tr>
<tr>
<td>- Clinical skills</td>
<td>- Engaging other units and teams in improvement projects</td>
</tr>
<tr>
<td>- Customer Service interactions</td>
<td>- Adopting new mental models</td>
</tr>
<tr>
<td>- Policy &amp; Procedure</td>
<td></td>
</tr>
<tr>
<td>- Improvement Skills</td>
<td></td>
</tr>
</tbody>
</table>
Leading from the Middle:
Shape the Culture

Promote Transparency
- Visible measures
- Stories—good and bad
- Just Culture
- Reduce fear

Create Vision and Build Will
- Appeal to heart and mind
- Clear understanding of what success looks like
- Shared purpose
- Shared commitment
- Manage change

Model the Way
- Actions vs. words
- Consistency
- High-Impact Behaviors

Put the Person at the Center
- Patient & Family: First and Foremost
- Intrinsic motivation vs. extrinsic motivation
- “I belong”

Leading from the Middle
What you need to know and where to focus your efforts

Cheyenne Regional Medical Center’s Program Design
- Transformational Leadership
- Strategically Focused
- Adult Learning Methods
- Modular Approach
- Outcomes Based
Transformational Leadership
The Second Curve of Healthcare

Volume-Based First Curve
- Fee-for-Service
- High quality not rewarded
- No shared financial risk
- Acute inpatient hospital focused
- Stand-alone care systems can thrive
- IT investments demonstrate little outcomes/ROI
- Regulatory action impede hospital physician collaboration

Value-Based Second Curve
- Payment rewards population value; quality and efficiency
- Quality impacts reimbursement
- Increased patient severity
- IT utilization essential for population health management
- Scale increase in importance
- Realigned incentives, encouraged coordination

Health Education and Research Trust (2013)

Strategically Focused
New Era Drivers

Mission
- Better Health

Vision
- Better Care

Values
- Lower Costs

Best Place to Work
Best Patient Experience
Best Place to Care
People/Community Centered Care
Health Management Data
Stewardship
Adult Learning Methods

Selected Readings
Blogs
Interviews

Selected IHI
Open School Courses

On-line Discussion
Interactive Day of Learning
Individual Project

Modular Approach

Achieving Triple Aim Results
- Systems Thinking
- Market place, Competitors, Payers, and Reimbursement
- Planning and Prioritizing
- Budget and Cost Control

Putting Patient & Family at the Center
New Era Driver – Best Patient Experience
- Building Teams and Relationships
- Communications and Empathetic Listening
- Trust, Credibility, and Inspiration

Changing the Way We Work
New Era Drivers – Best Place to Care and Health Data Management
- Waste Reduction and Lean Thinking
- Knowledge for Improvement
- Measuring Improvement – Collect and Analyze Data
- Quality and Safety Improvement – LEAN Tools and Methods

Leading People Successfully
New Era Driver – Best Place to Work
- Increase and Manage Engagement
- Building Teams and Relationships
- Encourage, Motivation, and Inspiration
- Coaching
Outcomes Based

Participant Survey after the completion of each module
- Clarity of Objectives
- Application of Principles Presented
- Time Commitment

Employee Engagement
- Manager Effectiveness
- Employee Support
- Communication & Input
- Feedback and Recognition

Patient Safety Survey
- Hospital/Clinic
- Work Area/Unit
- Supervisor/Manager
- Communication
- Patient Safety Grade

Five System-Thinking Questions for Team Leaders

1. What does my team produce?
2. Who are my team’s customers and what do they really need from us?
3. How might we work across boundaries to help our customers improve their outcomes?
4. Who are our suppliers?
5. How can we work across boundaries with our suppliers to reduce waste?
Leading from the Middle

- 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 Make Decisions

- 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

DRAFT Work-in-Progress
Version 5

Finding Joy in Work

THIS IS TOTAL CRAP
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

The System of Continuous Improvement

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

Front Line Staff

Continuous Improvement and Operational Excellence

Improve Process & Performance while Developing People: “Learn by Doing”
11/25/2015

Dysfunctional Upward Delegation

Coaching

• “Coaching in its truest sense is giving the responsibility to the learner to help them come up with their own answers.”
  − Vince Lombardi
The Five Elements to Coaching (Slide 1)

1. Presence: Know yourself, know your people, be in the work
   1. Observe directly to know specifically what people are doing
2. Objective - Every coach has a playbook
   1. Build your Playbook: Strategic to tactical including the basics
   2. If there are too many: develop rotating weekly (or monthly) schedule
   3. Be specific about the coachee’s role: GRRATE
      1. Goals, Roles, Responsibilities, Accountabilities, Timeframe, Empowerment
3. Timeliness: Immediate intervention is the most effective
   1. John Shook - "Know normal from abnormal, and know it right now.”
The Five Elements to Coaching (slide 2)

4. Interaction: Active Inquiry
   1. It is **not** about the right answer, it is about **The Right Question**
      1. To Understand where they are and why they are there
      2. To listen for stuck points, blind spots and build other alternatives
      3. To stimulate learning, create new insights and come to agreement

5. The Action: Advancing Performance and Development
   1. What is your role in supporting and empowering the coachee: address barriers, etc.
   2. Reflect & Discuss Follow up

Scenario #1

**COACHEE**
- You are the manager of a very busy Med-Surg unit and this new process of 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 a manager in the ED responsible for patient throughput improvement and want to reduce the time from ED to Floor. Your goal is 30 minutes and and current performance is over 2 hours. 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.

Situational Awareness for Entire Care Team
The Method
3 attributes of lean leadership at every level:

• Go see: Visit the point where value is actually being created; verify the situation

• Ask why: What is the problem? What are possible solutions?

• Show respect: Assign clear responsibility for every process and problem; ask questions about people’s work.

Fujio Cho: Chairman Toyota Motor Company

Institute for Healthcare Improvement

Building Capability: Authentic Connections
High-Impact Leadership Behaviors: What does Authenticity look like?

- Clear understanding of the “Why” in Leadership

- How do you show up every day like the music teacher?

A Communication Model

- At Cheyenne Regional Medical Center this is our approach....
Therapeutic Relationships

*See me as a person*
Mary Koloroutis and Michael Trout

Therapeutic Model

- Wondering
- Following
- Holding
As Leaders how do we …

- Wonder
- Follow
- Hold

Let’s Practice

- super bowl commercial with graduation gift - Bing
## Results of Two Week Data Collection

MMC First Case OR Start Time Check Sheet Data Collection

<table>
<thead>
<tr>
<th>Two Weeks of Data</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room not ready</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>45</td>
<td>40%</td>
</tr>
<tr>
<td>Surgeon late/not present</td>
<td>7</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>30</td>
<td>27%</td>
</tr>
<tr>
<td>OR staff late</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>10%</td>
</tr>
<tr>
<td>Anesthesia late arrival/not ready</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>6%</td>
</tr>
<tr>
<td>Paperwork not complete</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Patient late from inpatient floors due to transportation or floor issues</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>5%</td>
</tr>
<tr>
<td>Patient not properly prepped and ready</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>5</td>
<td>4%</td>
</tr>
<tr>
<td>Delays due to patient clinical condition</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Labs not available</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Delays in admissions/intake process for outpatients</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>24</td>
<td>21</td>
<td>21</td>
<td>19</td>
<td>113</td>
<td>100%</td>
</tr>
</tbody>
</table>

Total Scheduled 7 am cases (excluding cardiac and trauma): 32, 32, 32, 32, 32, 160

Percentage Late:

88%, 75%, 66%, 66%, 59%, 71%
The Power of Data Driven “Why?”

- Why do we start late?
  - Data shows room not ready

- Why is the room not ready?
  - Data shows that major cases are source of delay

- Why are major cases the top reason for delay?
  - Not enough time between staff arrival and scheduled time

- What are possible solutions to the mismatch?
  - Adjust staffing and scheduling
MMC First Case % Late Run Chart

Meetings with staff and surgeons to review policies and combined with visible leadership

Leaders Declare 50% Improvement!

Systemic Change Requires Multiple PDSA

PDSA 1
PDSA 2
PDSA 3
Building Capability: What every leader needs to know about improvement

Basis for the Science of Improvement

A lens through which to view the world....

Based on Deming's System of Profound Knowledge
The Quality Improvement Pioneers

Walter Shewhart
(1891 – 1967)

W. Edwards Deming
(1900 - 1993)

Joseph Juran
(1904 - 2008)

Processes and System Thinking

Routine View & Thinking

- Looking “upstream”
- Shape Demand & Reduce variation in Inputs

- Looking “downstream”
- Help Customers Improve Outcomes
Five System-Thinking Questions for Health Care Managers

- What do we produce?
- Who are our customers and what do they really need from us?
- How can we work across boundaries to help our customers improve their outcomes?
- Who are our suppliers?
- How can we work across boundaries with our suppliers to reduce waste?

QI Teams

- Too often can be dysfunctional, waste of time and effort
- Just like the data tools, there are methods which have proven to be useful
- Seek to create a meeting/team environment where:
  - Everyone’s opinion is respected
  - Everyone’s voice and knowledge of the process is heard
  - Individuals can learn the needed improvement tools and skills “Just-in-time”.
  - Methods are used to reach consensus and bring the “truths to the surface”
  - Methods are used to temper the overenthusiasm or dominance of the “knowing and self-righteous”
**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

**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 the gain**
- 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

Three Common Improvement Approaches

Improvement Models

DMAIC (Six Sigma)
- Define
- Measure
- Analyze
- Improve
- Control

Lean
- Identify Value
- Understand Value Stream
- Eliminate Waste
- Establish Flow
- Enable Pull
- Pursue Perfection

Model for Improvement
- Act
- Plan
- Study
- Do

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Source: The Improvement Guide, API
IHI Model for Improvement

The Fundamental Concept of Lean

Patient and Customer Focused

Value-Added

• Giving Treatment
• Doing the Surgery
• Providing Education and Information
• Helping them with choices

Non-Value Added

• Searching for meds
• Waiting for OR to be cleaned
• Entering duplicate information
• Redundant approval Processes
A3 Thinking

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

So Which Approach Should I Use?
Depends on what you are trying to do.

- Model for Improvement
- Lean Approaches and Tools
- Six Sigma (Statistical Process Control)
- RPI, FOCUS-PDCA, Lean/Six Sigma, Other
Critical Questions for 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 present
- 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

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
Where you get derailed...

1. Lack of clear aim
2. Political appointees on teams
3. Lack of data discipline
4. Poor variation analysis
5. Wrong meeting frequency
6. Project mentality (one shot) vs Improvement mentality (multiple PDSA)
7. Adherence to an approach or methodology over results
8. “But we are different” mentality and desire to reinvent
9. Execution failure
10. Failure of leadership