INSTITUTE FOR HEALTHCARE IMPROVEMENT

Strengthening the Core

Middle managers play a vital role in improving safety.

Improvement requires a *will* to improve, *ideas* to test and *execution* of a plan. The Institute for Healthcare Improvement (IHI) Will-Ideas-Execution framework requires participation not just from senior executives but from all levels in an organization.

While senior leadership support is crucial, middle managers also play a vital role in safety and quality improvement efforts. Middle managers typically have responsibility for running a hospital department or service area—a microsystem (see the note at the end of this column). Because they are not in senior leadership positions or at the front lines of patient care, middle managers act as a crucial bridge between the two. In their role, middle managers must translate strategic-level goals into actionable improvement at the department or unit level, engage staff in safety and quality improvement efforts, help determine which care processes need to be improved and how, and establish processes for spreading and sustaining improvement over time.

In order to perform well in all of these areas, middle managers must execute in their most important roles: nurturing staff enthusiasm and commitment for the work ahead and leading by example. When a manager prioritizes safety over productivity, staff interpret this behavior as a signal that acting to avoid unsafe situations is an imperative. Frontline staff particularly look to managers for guidance when new changes or improvement ideas are proposed.

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Are middle managers in most healthcare organizations ready for this responsibility? Not especially. Most earn their promotions based on clinical and technical skills and, in that advancement process, have not been evaluated for their ability to successfully lead improvement efforts. And that's not surprising, considering thus far, unlike other successful industries, healthcare has not invested adequate resources in preparing new middle managers for their role. That situation needs to change.

Building Middle Manager Capability

What skills and learning must middle managers acquire to advance patient safety? Most fundamental are the following:

- Knowledge of improvement methodology, such as the Model for Improvement (G.L. Langley et al, *The Improvement Guide*, 2009), and how to apply a reliable design methodology in order to coach teams and guide improvement efforts.
- The ability to establish clear safety and improvement goals for the microsystem that are aligned with strategic organization-level goals. Middle managers must articulate to staff these microsystem goals and make them actionable by establishing a portfolio of improvement projects focused on achieving the goals.
- Knowledge of measurement and financial literacy, to determine where to invest resources and whether changes in fact result in improvement.
- The ability to foster an environment characterized by a culture of teamwork and enhanced

communication among members of the healthcare team.

- The ability to teach and coach staff on the basic skills needed to engage in improvement efforts.

In addition, middle managers must have a good understanding of systems-thinking principles and be able to teach these to staff. This knowledge will help both managers and staff recognize why the problem or defect exists and promote understanding about how local solutions may affect the larger system.

Many middle managers will need coaching in how to adapt existing meeting formats, management structures and communication vehicles to include a focus on improvement.

Developing Training Opportunities

Many opportunities are available to senior executives to provide training for middle managers on the skills necessary to support improvement initiatives. Pathways to learning include:

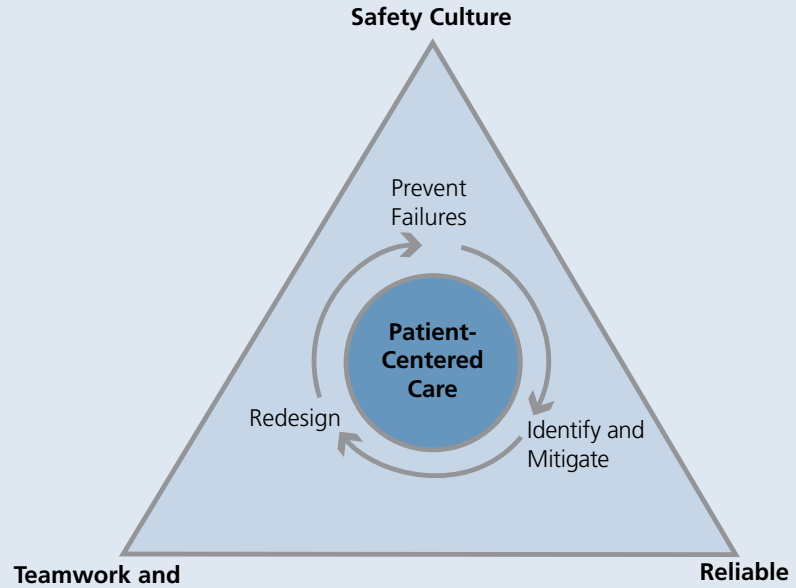
- Leading an improvement project with a capable mentor
- Leading a project that is part of a larger collaborative initiative (e.g., IHI's Reducing Sepsis Mortality Collaborative)
- Attending seminars and conferences focused on safety and quality improvement
- Leading an improvement workshop for direct reports
- Joining an internal quality improvement interest or study group
- Using self-study or e-learning modules on quality improvement
- Joining a team from another department that is leading a successful improvement project

Another mechanism senior leaders can employ to train middle managers in these necessary skills is a formal, in-house training program, such as the one developed at Kaiser Permanente. After having sent nearly 75 leaders to IHI's Patient Safety Officer training program, Kaiser Permanente recognized that it needed to better train middle managers to support safety improvement efforts. Leadership was establishing appropriate direction and system-level aims; frontline staff were hungry for improved performance; and waves of talented patient safety, clinical risk and quality improvement leaders were returning from the IHI training armed with the latest information, strategies and tools to improve outcomes. Yet, middle managers throughout the organization had not received the right level of training and education to successfully support improvement.

Getting traction in the trenches required a new strategy. Kaiser Permanente designed a two-day interactive session focused on patient safety to help middle managers better understand the top safety issues in their work units and establish plans to improve them. The framework for the training is shown in the illustration below.

Faculty for the training program relate all topics to the overall goal of providing safe, reliable, patient-centered care. Storytelling is used to engage the heart while industry- and organization-specific data are presented to engage the mind. Each module in the class is about 60 percent didactic and 40 percent interactive, including small-group

Middle Manager Patient Safety Training



Source: Kaiser Permanente

discussion, role playing, simulation and case study examples. Key topics in the training include creating and sustaining a just culture, improving teamwork and communication, incident investigation and error proofing, reliable design observation and coaching, and performance improvement.

For middle managers to be successful in leading improvement efforts at the microsystem level, senior leaders have a responsibility to provide them with the necessary training and support structures within the organization.

Managers attending the training program bring improvement initiatives they are already working on and are charged with integrating key learning from the two-day training into their improvement work. All participants leave with an awareness, understanding and ownership of safety in their work units; a mind-set of vigilance to prevent error (and recover from it quickly when it does occur); and an intent to create a fair and just culture in which learning and making changes to minimize the chance of errors recurring are the norm, not the exception. Local leadership at each center is accountable to ensure that managers in the training program put their learning into practice by requiring regular updates and project reports. Kaiser Permanente believes this level of commitment to the development and support of middle managers is critical to achieving the organization's overall safety aims.

Steps Senior Leaders Can Take

For middle managers to be successful in leading improvement efforts at the microsystem level, senior leaders have a responsibility to provide them with the necessary training and support structures within the organization.

First, senior healthcare leaders must promote or hire those individuals who have the most potential to be effective in the middle management role and ensure that each manager receives the necessary training to lead improvement initiatives.

Second, senior leaders must clearly communicate strategic-level goals for safety and improvement and ensure that microsystem-level goals are aligned with strategic targets. W. Edwards Deming, quoted in Mary Walton's book *The Deming Management Method* (1986), stated that "People can work superbly in their respective departments…but if their goals are in conflict, they can ruin the company."

Third, senior leaders must work with managers to adopt a whole-systems view of care. While managers are responsible for continual improvement of processes within their microsystems, they also are responsible for understanding how improvements in their work unit affect other areas of the system. ▲

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Note: The authors base their definition and use of the term *microsystem* on the following work: Batalden, P.B., E.C. Nelson, W.H. Edwards, M.M. Godfrey and J.J. Mohr. 2003. "Microsystems in health care: Part 9. Developing small clinical units to attain peak performance." *Joint Commission Journal on Quality and Safety* 29 (11): 575–85.

The above-cited article is the last in a nine-part series of articles on clinical microsystems—small, interdependent groups of people who work together regularly to provide care for specific groups of patients—and represents lessons learned at Dartmouth-Hitchcock Medical Center, Lebanon, N.H., from 10 years of work in this area.

Ask the Experts

Have a question on this topic? Continue the discussion on the ACHE Message Board. Frank Federico and Doug Bonacum will take your questions on ACHE's Message Board from Jan. 1 to Jan. 31. Responses will be posted each Monday. Visit **ache.org/Messageboard** to post your questions and view their responses. When you post your question, please title the subject "HEMag/Jan/Feb/Patient Safety[question here]."