Breakfast “Hosts”

Dr. Don Berwick
IHI President Emeritus

Jill Duncan, RN, MS, MPH
Executive Director, IHI
Objectives

1. Offer insight into what makes the Leadership Alliance such a unique and influential collaboration for health care leaders;
2. Provide examples of how Alliance leaders are impacting health care delivery in North America from the inside out; and,
3. Describe shared efforts and resources made available for dissemination by the Leadership Alliance community.
I can't sleep
The IHI Leadership Alliance is a dynamic collaboration of health care executives who share a goal to work with one another as well as in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim.
Alliance Vision: Care better than we’ve ever seen, health better than we’ve ever known, cost we can all afford...for every person, every time.
Viewpoint

May 5, 2015

Change From the Inside Out: Health Care Leaders Taking the Helm

Donald M. Berwick, MD, MPP\(^1\); Derek Feeley, DBA\(^1\); Saranya Loehr, MD, MPH\(^1\)

» Author Affiliations | Article Information

New Rules for Radical Redesign

**Change the balance of power:**
Co-produce health and wellbeing in partnership with patients, families, and communities

**Standardize what makes sense:**
Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

**Customize to the individual:**
Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of what matters to the person in addition to “What’s the matter?”

**Promote wellbeing:**
Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

**Create joy in work:**
Cultivate and mobilize the pride and joy of the health care workforce.

**Make it easy:**
Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

**Move knowledge, not people:**
Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

**Collaborate and cooperate:**
Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

**Assume abundance:**
Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

**Return the money:**
Return the money from health care savings to other public and private purposes.
Year 5 Alliance Members

Adventist Health
Air Force Medical Department
Bellin Health
Boston Medical Center
CareSouth Carolina
Charleston Area Medical Center
Children’s Hospital of the King’s Daughters
CHRISTUS Health
Cincinnati Children’s Hospital Medical Center
Coastal Medical
DentaQuest
GBMC HealthCare System
Geisinger/AtlantiCare
Genesis HealthCare
Grady Health System
Hackensack Meridian Health
HealthPartners
Healthscope (Melbourne, AU)
Henry Ford Health System
Humana
Lawrence General Hospital

Kansas Healthcare Collaborative
MemorialCare Health System
Memorial Hermann Health System
Michigan Health & Hospital Association
National Capital Region Medical Directorate
New York-Presbyterian Hospital
NorthBay Healthcare
Northwell Health
Northwest Community Healthcare
OCHIN
Parkview Health System
Penobscot Community Health Care
Pierce County ACH
ProMedica
Providence St. Joseph Health
Roanoke Chowan Community Health Center
SCAN Health Plan
Signature Healthcare
South Carolina Hospital Association
Southcentral Foundation
Tanana Chiefs Conference
University of Arkansas for Medical Sciences
Virginia Mason Health System
Alliance Membership:
We share generously with one another, confident that by sharing and learning together, we can individually and collectively get better, faster.
Alliance *Return on Connection*

- We access leading thinkers – within the Alliance membership and prominent provocateurs across the country
- We collaborate in a creative, courageous learning network of leaders
- We harvest insights that impact priorities and activities in support of our organizations’ missions and strategic plans
- We advance a collective voice to guide the change we want to see for the future
Advisors

Derek Feeley
President and CEO

Dr. Don Berwick
President Emeritus

Maureen Bisognano,
President Emerita

Dr. Saranya Loehrre
Head of Innovation

Dr. John Whittington
IHI Senior Fellow

Dr. Tejal Gandhi
Chief Clinical & Safety Officer
If you could break or change one rule in service of better care for patients or staff, what would it be and why?
CMS and Alliance Townhall

Viewpoint
June 6, 2017

Breaking the Rules for Better Care

Donald M. Berwick, MD, MPP¹; Saranya Loehrer, MD, MPH¹; Christina Gunther-Murphy, MBA¹

Author Affiliations
An Invitation to Break the Rules

Dear Colleagues,

We are thrilled that you are considering the IHI Leadership Alliance’s “Breaking the Rules for Better Care” efforts within your organization. As the health care landscape continues to evolve, we need those at all levels of the organization to help us surface and share the rules, habits, policies, and procedures that get in the way of a better care experience for patients or staff. This liberates teams to do the work that matters most to them and to the people they serve.

www.ihi.org/Engage/collaboratives/LeadershipAlliance
Past Topical Workgroups

- Breaking the Old Rules to Allow Radical Redesign to Thrive
- Every Local Leader Has Engaged, Happy, & Productive Staff
- Why Can't Our EHR's Be More Like Our Smartphones?
- Having the Conversations That Help Us Live and Die Well
- Building a Population Health Roadmap
- Addressing the Opioid Crisis
- Accelerating User-Centered Design Innovations
## Alliance Year 5 Programming

**Networking, Collaboration, Innovation, Collective Action and Collective Voice**

### Workgroup 1: Waste
- Return the Money
- Develop a roadmap reflecting systematic approaches to addressing waste and cost transparency as described in the LA *Trillion Dollar Checkbook*

### Workgroup 2: Equity
- Achieving Health Equity
- Advance efforts to operationalize the LA *Call to Action* while working collectively to develop a more diverse, inclusive, and equitable workforce.

### Workgroup 3: Workforce Safety
- Create a reliable system to identify and address workforce safety related efforts within Alliance organizations.

### Quarterly Roundtables: Leading Through Complexity
- A forum that welcomes thought leaders and provocateurs in dialogue with the Alliance around timely, top-of-mind challenges and innovations.

### 6-Part Roundtable Series: Move Knowledge, Not People
- A six-part digital health expert call series, January – March, 2019
- Members will inform final topics including access, flow, assessment & more

### Fall In-Person Meeting
- October 11-12 in Boston, MA
- Disruption: Redesigning Learning Systems to Lead, Not Follow

### Spring In-Person Meeting
- May 2-3 in San Francisco, CA
- Leveraging Innovation to Accelerate Radical Redesign

### IHI National Forum Leadership Activities
- December 11 Leadership Summit
- Joint North America – European Leadership Alliance Networking

In partnership with our workforces, individuals, and communities, we will deliver on the full promise of the Triple Aim.
Leadership Alliance: Workforce Safety Workgroup Aims

- Three Year Aim: By the end of year 7, we will have reduced the DART rate across all WSW members by 25%

- Current year Aim: By the end of Year 5, 100% of WSW members will have created a reliable system by which to identify and support workforce safety related efforts within their organization. We will know this system is reliable as evidenced by:
  - Organization will have a strategic goal to reduce work force injuries.
  - Senior leadership review of workforce safety data as close to real time as possible - at least monthly.
  - Organization has a robust injury review and reporting process
  - Multi-professional team chartered to improve workforce safety
  - Organization will have learned from other organizations via site visits or comparative opportunities.
Leadership Alliance: Waste Workgroup Aims

1. By March 2019, the Waste Workgroup will publish an Alliance Position Paper that includes leadership guidance, tools, and resources (e.g. roadmap, including waste change package exemplars) to assist health care organizations in reducing waste and returning the money to patients and communities.

2. By May 2019, participating Waste Workgroup members will commit to a strategy for ongoing partnership with finance colleagues to address transparency/affordability of health care.

3. By May 2019, the Waste Workgroup will establish a strategic plan and connect with key advocacy/legislative/regulatory groups to begin addressing complex and high-dollar waste opportunities and advance our collective voice. This work will include designing for an Alliance waste “campaign” to bring to members as part of spring meeting programming.

4. By September 2019, Waste Workgroup members will advance at least one initiative to address transparency/affordability of health care for their own workforce (*and/or consider consumer-focused).
IHI LEADERSHIP ALLIANCE HEALTH EQUITY CALL TO ACTION
Drafted by the Achieving Health Equity Steering Committee*

The IHI Leadership Alliance believes that achieving health equity is essential to improving the health and well-being of everyone in the United States. We believe that health professionals are uniquely positioned to lead the efforts to eliminate health disparities and create health equity by working with communities, patients, providers, payers, legislators, and policymakers. Now is the time to commit to a Call to Action for no tolerance of the social inequities that lead to health disparities.

Steering Committee Members
Steppe Mette, Chair, University of Arkansas for Medical Sciences
Maggie Koch, Bellin Health
Andrea Werner, Bellin Health;
Johanna Martinez, Northwell Health
Ann Lewis, CareSouth Carolina, Inc.
Helen Macfie, MemorialCare Health System
Kim Schwartz, Roanoke Chowan Community Health Center
Catherine Parker, Roanoke Chowan Community Health Center
James Bassford, Roanoke Chowan Community Health Center
Charlotte Alexander, Memorial Hermann
Rick Foster, South Carolina Hospital Association
Kendra Tinsley, Kansas Healthcare Collaborative
Leslie Porth, Missouri Hospital Association
New Blogs on IHI.org
Reflecting Alliance Achieving Health Equity Workgroup efforts
Leadership Alliance: Achieving Health Equity Workgroup Aim

• By September 30, 2019 (at least) 100% of us will have made progress towards creating a more diverse, inclusive, and equitable workforce in our organizations.

• **Diversity** includes all the ways in which people differ, encompassing the different characteristics that make one individual or group different from another.

• **Inclusion** is the act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate.

• **Equity** is the fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups.

Alliance Achieving Health Equity Workgroup Aim:
By September 30, 2019 (at least) 100% of us will have made progress towards creating a more diverse, inclusive, and equitable workforce in our organizations

At your table, please share 1 example of how you are grappling with this locally.
i can't sleep

N N N N N N
i can't sleep

Never worry alone
To become a member or for more information, please contact Executive Director of Strategic Alliances David Coletta at 617-391-9908 or email him at dcoletta@ihi.org

David Coletta
Executive Director
Strategic Alliances
Care better than we've ever seen; health better than we've ever known; cost we can all afford... for every person, every time.

IHIAlliance@ihi.org