Objectives

- To present the Leadership Framework for Improvement
- To present the Seven Leadership Leverage Points for Improvement
- To merge these two “frameworks” together into a single structure for Leadership for Improvement
What’s been going on in health care organizations over the past twenty years?

• Lots of great projects…
  – Generated nice graphs, some good outcomes, awards, photo-ops
• But have these improvements sustained, scaled, or spread?
• Minimally.
• Lots of great projects. Not a truly transformed organization.
Why?

• Projects generally require extra effort and resources which may be difficult to sustain, scale, and spread.
J. Reinertson - A “Project”

Photo # NH 68713   USS Wexford County and other LSTs conducting landing practice off San Diego, Calif.
An Invasion for Transformation!
How do the leadership challenges differ?
What are the Differences?

• Breadth and scale
• Complexity and “messiness”
• Real World versus artificial setting
  – Commitment, hearts pounding
  – Core strategy, not a pilot project
• Clear measure of daily success: territory
• Clear overarching goal: Berlin
• People are shooting live ammo!
Types of Leadership

**Transactional**
- Exchange: I give you something, you give me something
- Within current frame of values, habits, beliefs
- Incremental change
- Political skill

**Transformational**
- Conversion: together we design a whole new system
- New frame of values, habits, beliefs
- Revolutionary change
- Authenticity: leaders know more technical aspects
Here’s some tools for your toolkit!

IHI LEADERSHIP FRAMEWORK
IHI Leadership Framework

1. Set Direction: Mission, Vision and Strategy
   - Make the future attractive
   - Make the status quo uncomfortable

2. Establish the Foundation
   - Reframe Operating Values
   - Build Improvement Capability
   - Personal Preparation
   - Choose and Align the Senior Team
   - Build Relationships
   - Develop Future Leaders

3. Build Will
   - Plan for Transformation
   - Set Aims/Allocate Resources
   - Measure System Performance
   - Provide Encouragement
   - Make Financial Linkages
   - Learn Subject Matter
   - Work on the Larger System

4. Generate Ideas
   - Read and Scan Widely, Learn from other Industries/Disciplines
   - Benchmark to Find Ideas
   - Listen to Customers
   - Invest in Research & Development
   - Knowledge management
   - Understand Organization as a System

5. Execute Change
   - Use Model for Improvement for Design and Redesign
   - Use Change Leadership Model
   - Review and Guide Key Initiatives
   - Spread Ideas
   - Communicate results
   - Sustain improved levels of performance
First, begin with ....

Setting Direction: Mission, Vision and Strategy

Making the status quo uncomfortable
Making the future attractive

Establish the Foundation

Will

Ideas

Execution
Setting Direction

• Mission, vision, and values
  – Big Dots
  – BHAG

• Strategies aligned

• Communication – eight ways, eight times

• Clearly articulate everyone’s responsibility toward meeting the Big Dots

• Prune less vital work – if it’s not strategically aligned, why are we working on it?
Then....

*Setting Direction: Mission, Vision and Strategy*

- Making the status quo uncomfortable
- Making the future attractive

*Will*  
*Ideas*  
*Execution*

*Establish the Foundation*
Putting Together the Guiding Coalition or Team

Four Key Characteristics:
- Strong Position Power: enough key players on board, esp. main line managers, so that those left out cannot easily block progress.
- Broad Expertise: discipline, work experience, etc.
- High Credibility: good reputations in the organization so that pronouncements will be taken seriously
- Leadership Skills: enough proven leaders to be able to drive the change process
Making the status quo uncomfortable
Making the future attractive

Setting Direction: Mission, Vision and Strategy

Establish the Foundation

Let’s Move on to....
Building WILL

• To change!
• To improve!
• To ........

• How do we build the will to change?
• What can we DO?
Key Elements of Building Will for Any Change

- Disconfirmation
- Survival Anxiety/Guilt (SA)
- Proposed New Direction/Behavior
- Learning Anxiety (LA)
- Difficulty of Unlearning
- Fear of New Learning
- Resistance to Change

- PUSH
  - Making the status quo uncomfortable
- PULL
  - Making the future attractive
Moving Right Along: Generating Ideas

Setting Direction: Mission, Vision and Strategy

Making the status quo uncomfortable

Making the future attractive

Will

Ideas

Execution

Establish the Foundation
Generate Ideas: *Read and Scan Widely, Learning from Other Industries and Disciplines*

- Find great prototypes, either inside or outside of health care that can be adapted.
- Send individuals to attend meetings and conferences and expect them to bring back ideas for change.
- Schedule group visits for leaders to other industries outside of health care at least once per year.
- Formalize organizational surveillance of developments that can lead to ideas for change.

- Toyota, Malcolm Baldridge, Simpler, Ritz Carlton
- MGMA, IHI, AHRQ
- Service Industries, especially food service
- Journals assigned to specific staff: Journal of the Association of Care Management; JCAHO
Generate Ideas: *Benchmark to Find Good Ideas*

- Identify best practice industries and organizations for issues similar to those your organization is facing.
- Study performance data to learn the best performing organizations in each area of health care.
- Encourage individuals to visit other organizations to look for great ideas for change.
- Assign champions to new ideas to develop them into improvement initiatives within the organization.
- Assign the responsibility for “finding new ideas” to an individual or group.

- Other Associations (not IHS); other group practices
- MGMA data; CDC; NCQA
- Other Associations, other group practices
- Each team member has a “specialty” or interest
- The team member as above
Generate Ideas: *Listen to Customers (who are the customers?)*

- Identify the current and future customers of the organization and group them into appropriate segments
  - Patients: disease types, payers, geography, age, etc.
  - Develop a system (surveys, focus groups, advisory groups, community /tribal groups) to gather information about customer’s, satisfaction, and loyalty in each segment.
- Develop systems to gather information connected to the organization’s purpose from suppliers, employees, and the marketplace.
- Communicate this information to all parts of the organization at appropriate times.
- Analyze information from customers to guide planning and improvement efforts.
Generate Ideas: *Invest in Models for Improvement*

- Allocate resources (time, ...) for models for improvement
- Connect the tests of change (MFI) to the organization’s strategic objectives.
- Report on PDSA test of change results in strategic planning, staff meetings
- Align incentives and recognitions
Where the rubber meets the road!
Execution!

Setting Direction: Mission, Vision and Strategy

Making the status quo uncomfortable
Making the future attractive

Establish the Foundation

Will
Idea
Execution
EXECUTION
(It’s NOT a Death Sentence!)
Feeling overwhelmed? Frantic? You are not alone!

Getting results in improvement

– Will

– Ideas

– Execution – probably the weak link in the chain
What sets high performing organizations apart?

- They “get results”

  - How?
    - Set clear goals
    - Prioritize projects and initiatives to accomplish the goals
    - Have intentional implementation plans and methods
    - Standardization
    - Intentional oversight and review (aka: follow up!)
A Framework for Execution

- Achieve Strategic Goals
- Manage Local Improvement
- Develop Human Resources
- Provide Leaders for Large system Projects
- Provide Day-to-Day Leadership for special projects
- Implementation, Spread and Sustain
Three areas of capabilities for \textit{getting results}

- Ability to achieve \textit{System Level Aims}
  - Aligned with strategic plan
  - Alignment of projects
  - With human and capital investment
- \textit{Local} management and supervision
  - Oversight and review
  - Spreading and supporting
  - Environment of joy in work
- \textit{Development} of employees to lead initiatives and manage improvement
7 LEVERAGE POINTS FOR LEADERSHIP
Seven High Leverage Changes

1. Establish and Oversee Specific System-Level Aims for Improvement at the Highest Board and Leadership Level
2. Develop and executable strategy to achieve the system level aims and oversee their execution at the highest governance level.
3. Channel Leadership Attention to System-Level Improvement: personal leadership, leadership systems and Transparency
4. Put patients and families on the improvement team.
5. Make the Chief Financial Officer a Quality Champion
6. Engage Physicians
7. Build Improvement Capability
## 7 Leverage Points and Leadership Framework Crosswalk

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1. Set Direction, Mission, Vision and Strategy
2. Build Will
3. Establish the Foundation
4. Generate Ideas
5. Establish the Foundation AND Build Will
6. Build Will AND Generate Ideas AND Execute Change
7. Establish the Foundation
1. Set Direction: Mission, Vision and Strategy

- Make the status quo uncomfortable
- Make the future attractive

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5. Execute Change
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- Spread Ideas
- Communicate results
- Sustain improved levels of performance
1. Establish and Oversee System-Level Aims for Improvement at the Highest Board and Leadership Level

- Leadership team has developed specific aim(s)
- Leadership team has developed a measurement and reporting system that provides monthly feedback on progress
- Board has adopted the aim, and is overseeing its achievement using a clear measurement system
- Accountability for achieving the aim is embedded into the Board’s executive performance feedback system
- See Green Book tool (www.clinicalmicrosystem.org): pages 25 and 26

- Leadership team has developed a plan with the necessary scale and pace to achieve the aim(s)
- Monthly (or better, weekly) measures of performance on specific strategies are reviewed by senior leadership team
- Measures are displayed and reviewed by Medical Staff Exec Committee, and by Board Quality Committee
- The senior leadership team is steering and adjusting both the strategy to achieve the aim, and its execution, based on the measures
- See Green Book tool: metrics that matter, pages 23 -24
3. Channel Leadership Attention to System-Level Improvement

- Board agendas give prominent place to system-level aim(s)
- All high level give prominent place to steering the strategy and its execution
- Personal calendars are changed to allow executive reviews and walkarounds on project teams. Attention is the currency of leadership!
- Great performers are assigned to this effort. It becomes “the way we do business”, not an add-on
- Measures of progress on each project, and on the overall aim, are widely distributed throughout the organization and the community (transparency)
4. Get the Right Team on the Bus

- Patients, families and the community are deeply involved.
- The entire senior executive team is engaged and committed to achieving the aim(s)
- Executive Team: The right technical and leadership skills needed to implement the strategies at the required scale and pace have been identified.
- Executive Team: The right technical and leadership skills to implement the strategies at the required scale and pace are present on the team.
5. Make the CFO a Quality Champion

- Representatives from Finance (AR, AP, purchasing) are integrated into project teams to support business case needs.
- Financial planning isn’t stuck in current reality but incorporates future vision.
6. Engage Physicians

- The executive team understands and shares the medical staff’s intrinsic motivation for quality (outcomes, wasted time…)
- The Medical Exec Committee regards the aim(s) and strategies as a core aspect of its delegated responsibility for quality
- Executive and nurse managers are confident of backup and support all the way to the Board, and have the courage to engage physicians in difficult conversations and avoid “monovoxoplegia” (paralysis by one loud voice)
- Capable physician leaders have been appointed to each project
7. Build Improvement Capability

• The entire leadership team (including CEO and senior managers) knows and uses the technical and change leadership knowledge required to achieve the aims and strategies
  – Content knowledge for each strategy
  – Model for Improvement and rapid tests of change
  – Scale and Spread

• Leadership team can, and do, teach the technical and change leadership knowledge to others in the organization
But, all of this is about what to DO as a leader.....

What about how to be...... a leader?
A Learning Organization

An organization in which.....
people continually expand their capacity to
create the results they truly desire.

This means that a fundamental role of every
leader, every manager, every supervisor is
to

GROW PEOPLE!!!
In Health care.....

- We mean everyone!
- Co-workers – up and down the lines of “authority”
- Patients
- Families
- Communities
A Transformed Organization

Inspirational Leadership is key!
Begin with yourself…

• What do I truly want?
• What is it that truly matters to me?
• What is it that I would truly like to be a part of creating?
Then… share your vision!

- Shared Visions: Powered by a Common Caring
- People have a similar picture of the vision – reflects their own personal vision
- People are committed to one another
- People are connected – bound by common aspiration
- The shared vision is growing
- Must be compelling, inspirational
What does this mean for leaders and managers?

- Be committed to your vision
- Share your vision
- See reality as objectively as possible – the good and the bad
- Stay away from blame
- Be open and understanding – don’t get angry when others don’t share their vision.
- Know and build on people’s personal visions
Leadership

• Not just knowing what to do….
• But also knowing how to be!