Leadership in Quality Improvement

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Leadership in Quality Improvement

CONGRATULATIONS
YOU GOT A LEADER!

"Believe me, fellows, everyone from the Pharaoh on down
is an equally valued member of the team."

I like being
the leader
because I
can go first!

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© Bill Whitehead
OPTIMIZE HEALTH SYSTEMS PERFORMANCE
CHAMPION HIGH RELIABILITY IN HEALTHCARE

• **Preoccupation with Failure**
  • Focus on errors and near-misses, learning from them and figuring out how to prevent them from happening again

• **Reluctance to Simplify**
  • Simplify slowly, reluctantly, and mindfully. Details are reserved when needed to fully understand issues or processes.

• **Commitment to Resilience**
  • Maintain the ability to ‘return to service’ from untoward events

• **Sensitivity to Operations**
  • Ongoing examination of processes to close loopholes where this is potential for harm

• **Deference to Expertise**
  • Recognizing that those closest to the frontline are the experts and empowering them to make decisions when a critical issue arises
Using Data to Drive Decisions

Understanding the Global Picture of Healthcare Quality

Facilitating and Implementing Sustainable Change

Achieving Goals through Effective Teamwork

Applying Evidenced-Based Practices

Driving for Results using Quality Improvement Principles

LEADERSHIP

DRIVE ELEMENTS FOR SUSTAINABLE IMPROVEMENT
“INFLUENCES OUTCOMES...NOT SOME OF THE TIME BUT ALL OF THE TIME”
BUILDING/ENHANCING YOUR CAPACITY AS A LEADER IN QUALITY IMPROVEMENT
YOUR LEADERSHIP IN QUALITY IMPROVEMENT

Leadership Definition (AIM)

Primary Drivers

Change Concepts/Initiatives
LEADERSHIP IN QUALITY IMPROVEMENT

Principles

Perspectives

People
• THE Domains
• The Model
• The Evidence

• The Tools
• The ‘Mantra’
• High Reliability
“High-impact leadership is not just for senior leaders, but is required at every level of leadership in care delivery organizations in order to deliver Triple Aim results. Value-driven, high-reliability health care sustained by improvement and innovation requires leaders at all levels to think with new mental models about the challenges and their role”

---Swensen, McMullan, Kabcenell, 2013, IHI
ADJUSTING YOUR ‘LID’

- Believe in your own capacity and abilities
- Sharpen your communication skills
- Learn how to take action even when the way may not be totally clear
- Develop your skills, competencies associated with being a leader in quality improvement
- Examine your time management
New Mental Models

- How leaders think about challenges and solutions

Create and maintain a culture of quality and safety at TCH where clinicians and leaders accept personal responsibility for delivering the highest quality and safest care possible and work with others collaboratively to continuously improve performance and eliminate unsafe practices.
The Primary Drivers of Improvement

Having the **Will** (desire) to change the current state to one that is better

**Leadership**

Developing **Ideas** that will contribute to making processes and outcome better

**QI**

**Execution**

Having the capability to apply CQI theories, tools and techniques that enable the **Execution** of the ideas
Challenge the Process

OUTCOMES

- Failed to follow a policy
- Suboptimal communication
OUTCOMES

Failed to follow a policy

Failed to follow a policy

Failed to follow a policy

Failed to follow a policy

Suboptimal communication

Suboptimal communication

Suboptimal communication

Suboptimal communication

Suboptimal communication

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CHALLENGE THE PROCESS

- Enlist the ‘right’ team members
- Respect diverse views, perspectives
- Promote the best solutions that may not be popular solutions
- Know the ‘capacity’ and the ‘capability’ for improvement
- Regularly self-examine
- Implement the Disciplines of Execution
THE 4 DISCIPLINES OF EXECUTION*

• Focus on the Wildly Important
  ➢ Narrow the focus

• Act on Lead Measures
  ➢ Measures of what will drive success; can be influenced by your team

• Keep a Compelling Scoreboard
  ➢ Teams are more engaged when they know the score

• Create a Cadence of Accountability
  ➢ The ‘rhythm’ regular and expected shared accountability

*McChesney and Covey, 2012
FOLLOWERS SAY OUR LEADERS MUST BE:

- Honest
- Forward-looking
- Inspiring
- Competent
• Establish principles concerning the way teams/people should be treated and the way goals should be pursued.

• Create standards of excellence and then set an example for others to follow.

• Set interim goals so that people can achieve small wins as they work toward larger objectives.

• Unravel bureaucracy when it impedes action.

• Put up signposts when people are unsure of where to go or how to get there

MODEL THE WAY

Authentic

AUTHENTICITY SEAL
What leaders do to make a difference

High Impact Leadership Behaviors

- Transparency
- Boundarilessness
- Person-centeredness
- Front Line Engagement
- Relentless Focus

### What actions do I perform in CLABSI prevention?

<table>
<thead>
<tr>
<th>SVP</th>
<th>VP/AVP</th>
<th>Director</th>
<th>Frontline Leadership</th>
<th>Bedside Provider</th>
<th>Medical staff</th>
<th>Patient Family</th>
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<tbody>
<tr>
<td><strong>ACTIONS</strong></td>
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<tr>
<td>1. “Executive Rounding” monthly throughout high risk clinical areas</td>
<td>1. “Executive Rounding” weekly throughout high risk clinical areas</td>
<td>1. Round weekly with physician partner.</td>
<td>1. Round daily to monitor and investigate practice and policy variations on 100% of lines.</td>
<td>1. Implement maintenance bundle for every central line.</td>
<td>1. Round weekly with nursing leadership</td>
<td>1. Serve as a central line care consultants by communicating practice opportunities to leaders during rounds</td>
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<tr>
<td>2. Recognize clinical areas for good performance</td>
<td>2. Review performance metrics for “Practice Must Haves” on a weekly basis.</td>
<td>2. Track bundle compliance on a weekly basis and report to Director</td>
<td>2. Follow all infection control standards for hand hygiene, fingernail policy, and isolation</td>
<td>3. Educate each family on CLABSI prevention and document education</td>
<td>2. Strict adherence to bundle elements and infection control standards</td>
<td>3. Monitor lines for necessity and usage</td>
</tr>
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<td></td>
<td>3. Report key quality metrics and compliance on a monthly basis in CLABSI Steering mtg</td>
<td>3. Implement training plan for new staff, travelers, float and existing staff</td>
<td>3. Educate each family on CLABSI prevention and document education</td>
<td>4. Partner in identifying barriers</td>
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• Leaders passionately believe that they can make a difference.

• They envision the future, creating an ideal and unique image of what the team can achieve.

• Get people to see exciting possibilities for the future.

• Foster collaboration and build spirited teams.

• Actively involve others.

• Understand that mutual respect is what sustains extraordinary efforts

• Strengthen others; acknowledging the capacity and abilities of team members

• Recognize contributions that individuals make.
• Celebrate accomplishments

"When you invest in those on the front lines, they will help you improve the bottom line."
~Mack Story

MackStory.com
People

Be In The Moment (engagement)
Be Authentic
Motivate others to volunteer their best
Model High Performance
Create a Shared Reality
Curious rather than judgmental
Be accountable to self
Have courageous conversations
Provide timely, clear feedback
Develop others
What do you consider to be the rewards and expenditures of Leadership in Quality?
What tools, information, or other type of assistance will be most helpful to you as a Leader in quality improvement?
Leadership is the cornerstone of delivering results in health care for persons and populations (IHI, 2013)

The proof of leadership is found in the followers

John Maxwell
The 21 Irrefutable Laws of Leadership

• “Coaching in its truest sense is giving the responsibility to the learner to help them come up with their own answers.”
  – Vince Lombardi
Thank you...

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REFERENCES

- Hospital Readmissions and the Affordable Care Act Paying for Coordinated Quality Care Robert P. Kocher, MD Eli Y. Adashi, MD, MS. JAMA, October 26, 2011—Vol 306, No. 16