

Hospital Leadership and
Quality Assessment Tool (HLQAT)

***Hospital Leadership and Quality
Assessment Tool (HLQAT)***

Southern California
Patient Safety Collaborative
Track II
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The Medicare Quality Improvement Organization for California

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Objectives

- To discuss the role and power of leadership in transforming the organizational culture.
- To introduce a tool that allows hospitals to assess culture, leadership structures, and systems associated with improved clinical performance.

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It Comes With the Territory

“Leaders are responsible for everything in the organization, especially everything that goes wrong.”

—Paul O’Neill, Former Secretary of the Treasury and
Chairman and CEO of Alcoa

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The Evolving Business Case for Healthcare Quality Improvement Past...Present...Future

- ↓ Expense.....Opportunity
- ↑ Revenue.....Opportunity
- Avoid Risk.....Threat

**The stakes
are getting
higher**

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Focus on Quality & Patient Safety

“Creating, implementing, and monitoring the systems to improve quality and patient safety have become a major focus of hospital CEOs . . . senior management, physician leaders, and the board . . . are now actively working together to improve care.”

—*Thomas C. Dolan, PhD, FACHE, CAE*
President and CEO
American College of Healthcare Executives
<http://www.ache.org/PUBS/Research/ceoissues.cfm>

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The Developing Evidence Base

Studies that have looked at high-performing hospitals in relation to governance and leadership:

- Solucient’s /Governance “100 Top Hospitals”
- Yale/AHRQ
- Commonwealth Fund
- Vanderbilt
- Mathematica/Delmarva
- HSAG—Health Services Advisory Group
- Iowa Field Study
- CMS/Iowa/CareScience
- Estes Park/NPSG

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Why Focus on Hospital Leadership?

- Research suggests that more engagement of hospital leadership (C-suite, boards, and physicians), in cooperation with other health care professionals in QI, is associated with higher performance in clinical care.
 - The active involvement and collaborative participation of top-level leaders is essential.
 - Hospital leaders must be given the knowledge and tools to address the issue.

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Common Findings

A. Leadership

- CEO dedication to quality as job 1
- Direct board involvement
- Leadership both understands and articulates the business case for quality
- Support for a culture of quality
- Support for EBM beyond mere lip service

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Common Findings (cont'd)

B. Structure & Process

- Medical and nursing leadership engagement at all levels
- Attraction and retention of the right people
- Development of effective in-house processes
- Monitoring and use of benchmarks
- Exploitation of the power of IT

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Common Findings (cont'd)

C. External Resources

- Engagement with consumers
- Access to external support and assistance from peers

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Barriers to Transformation

- Challenges
 - Culture of quality not promoted
 - Competing tools to drive quality improvement efforts
 - Ambiguous leadership role and prioritization of quality

*Quality cannot be delegated to a
department.*

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Barriers to Transformation

- Feeling of being overwhelmed by the process
 - Challenges
 - Stretched resources, limited personnel, competing priorities
 - Perception that medical staff priorities are not aligned with hospital measurement and reporting requirements
 - Physician autonomy
 - Inadequate training for members of Boards about hospital quality and performance measurement and improvement

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Barriers to Transformation

- Must be able to focus on more than the short-term, including financial instability
 - Need for Board members to understand their responsibility for hospital quality just as well as they understand their fiduciary responsibility
- Overcome the lack of personnel, skills, and experience
 - Challenges
 - Lack of training in performance improvement
 - Need to better describe the business case for quality

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No Will . . . No Way!

Even when technology, performance improvement teams, and methodologies are addressed in a hospital's overall quality strategy, the most feasible quality improvement / patient safety changes can be difficult to accomplish and sustain without strong leadership support.

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The Obvious Power of the CEO to Improve Patient Care

- The CEO's authority provides the opportunity to allocate resources and remove certain barriers (necessary but not sufficient).
 - What kind of resources?
 - What kind of barriers?

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Common CEO Misconceptions

- Enough people with the right knowledge can make it so.
 - If I get a smart enough, good enough director in the QI department then I'll have a good program that will be effective in my hospital.
 - If I get a good C-Suite champion in there and an effective QI director, I will have a good quality program.

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Commitment to Quality Improvement vs. Commitment to Quality

- Above and beyond
- Hope is not a plan



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Twelve HLQAT Domains

- Knowledge seeking
- Established goals and priorities
- Effective communication
- Collaboration
- Clear roles
- Collaborative, supportive culture

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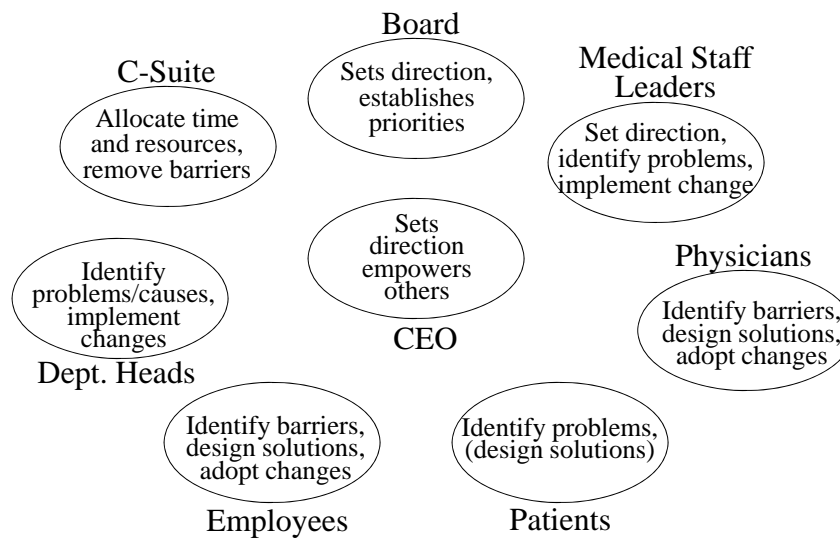
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Twelve HLQAT Domains (cont'd)

- Public reporting
- Process improvement tools and techniques
- Adequate resource allocation
- QI education
- Monitoring and evaluation
- Rewards/recognition

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All Together, Now



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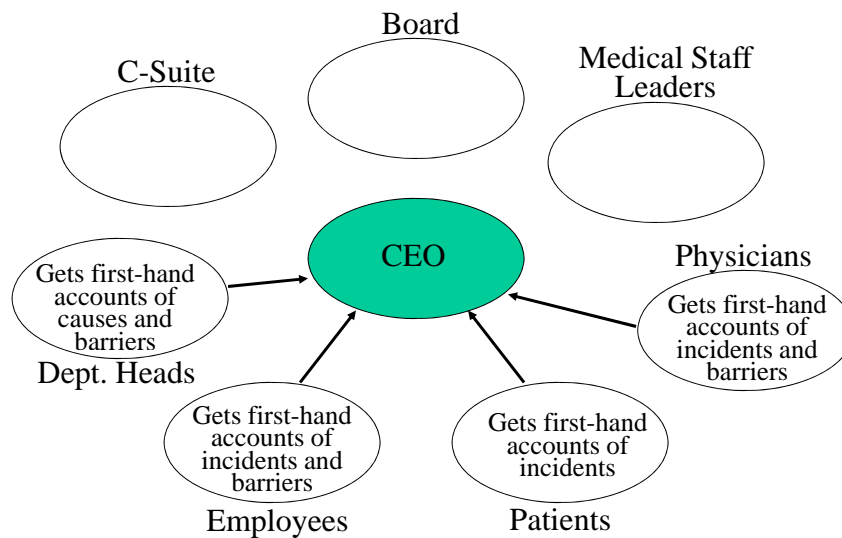
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The Unrecognized Reality

- As CEOs . . . They have the power to EMPOWER!
- Without exercising that power effectively:
 - It's not going to happen as well.
 - It's not going to happen as easily.

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A Culture of Collaboration



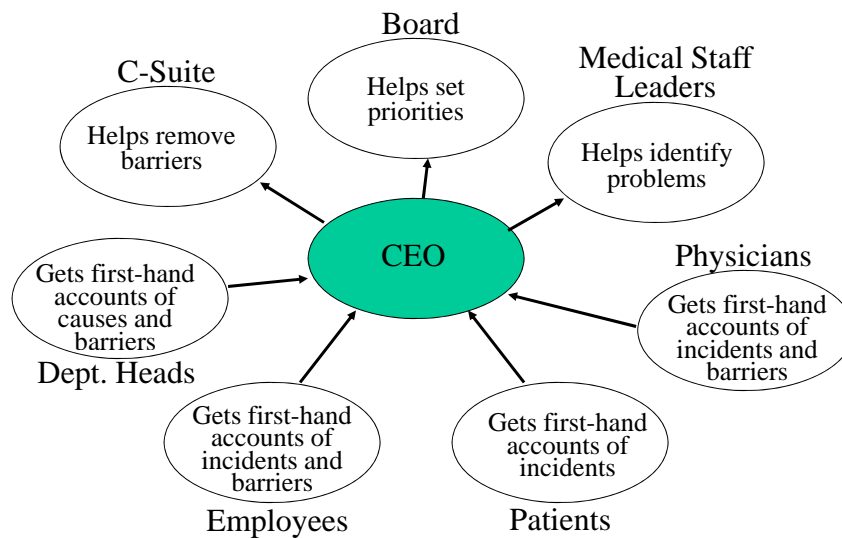
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The Power of First-Hand Information

- The CEO actually begins to understand what is going on without filters.
- The “facts” become first-hand stories about real people. This creates a greater urgency for change.

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A Culture of Collaboration

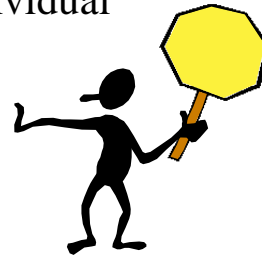


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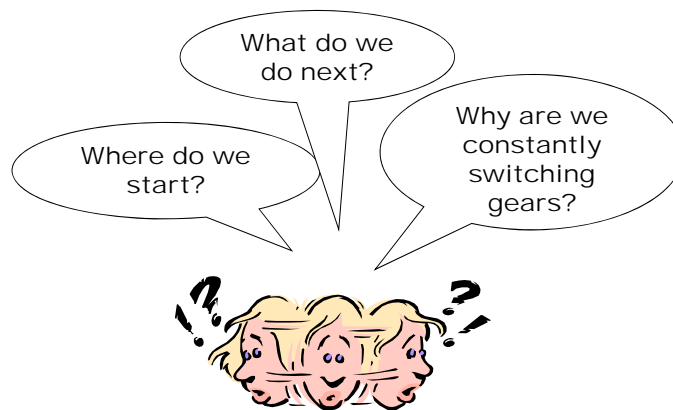
Caution

- Be sure that the power is in the position, regardless of the person who is in the position.
- It's the role . . . not the individual



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The Power of Clarifying Priorities



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Using the CEO's Power to Empower Others

- The power of clearly delineating executive expectations
- Express how commitment to quality improvement can be established in your organization's infrastructure

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The Power of Speaking the QI Language

- Process mapping
- PDSA, small-cycle changes
- Reducing variation (the system is exactly designed to produce the results it gets)
- High-reliability organizations

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The Power of Pursuing Excellence

- Set absolute (100%) rather than relative performance goals
- The leaders consistently speak of being an excellent organization, don't settle for meeting the benchmarks
- Better able to sustain gains if always focusing on excellence

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www.hlqat.org

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HLQAT Hospital Leadership and Quality Assessment Tool

RLI by Domain

Domain 1 - Knowledge Seeking Organization
Leadership frequently seeks input about quality and issues from employees, patients, and the community at large. Such an institution also possesses leaders who regularly review clinical quality data in pursuit of organizational goals.

Domain 2 - Established Quality Goals and Priorities
Leaders solicit input when setting quality improvement goals and promote clear statements, policies, and procedures in order to achieve these goals. Leaders also establish and publicly report measures that evaluate progress in meeting quality improvement goals.

Domain 3 - Effective Communication Processes
The hospital supports executive, physician, and clinical leaders who frequently discuss hospital quality data with their staffs. Clinical leaders at the departmental level also review external benchmarking data and quality improvement goals with staff reporting to them.

Domain 4 - Collaboration Across Functions and Levels
The board and the top medical staff leader work well together on issues of clinical quality improvement. The board also collaborates with the medical staff in general. Physician leadership works well with senior executives and with the nursing leadership.

Domain 5 - Clearly Defined QI Leadership Roles
The hospital engages all its constituencies and outlines their roles and responsibilities in clinical quality improvement processes. New board members are oriented to clearly defined responsibilities. Physician leaders and staff champion clinical quality improvement, and senior executives have the responsibility and authority for quality.

Upcoming Event
HLQAT Learn the 21st Annual Forum on Quality Improvement Care
Sunday, Dec 6, 2009
Key Presenter: Balk from [H] / session, participate learn how HLC link to perform: Whole System and how HLQ pinpoints the leadership too improving clinical performance.

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Leadership and Quality Assessment Tool

Domain 1 - Knowledge Seeking Organization

Leadership frequently seeks input about quality and issues from employees, patients, and the community at large. Such an institution also possesses leaders who regularly review clinical quality data in pursuit of organizational goals. Senior executive leaders participate in executive walk rounds.

[Hospital Consumer Assessment of Healthcare Providers and Systems \(HCAHPS\) Survey](#)
[HCAHPS Hospital Survey Fact Sheet](#)
[Partnering with Patients to Create Safe Care—Institute for Healthcare Improvement Workshop presentation materials](#)
[Hospital Compare website](#)
[Strategies for Leadership: Patient- and Family-Centered Care—American Hospital Association](#)
[Get Boards on Board—Institute for Healthcare Improvement website](#)
[Patient Safety Leadership WalkRounds™ Article](#)
[Patient Safety Leadership WalkRounds™—Institute for Healthcare Improvement Database](#)
[Patient- and Family-Centered Care: A Hospital Self-Assessment Inventory—Institute for Family-Centered Care](#)
[Hospital Survey on Patient Safety, Culture—Agency for Healthcare Research and Quality Toolkit](#)
[Why Not the Best?—The Commonwealth Fund Tools for Improvement](#)

[<< Return to 12 Domains](#)

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Participating in the HLQAT Project Can:

- ***Provide leaders with insight and ideas*** to establish a more collaborative, data-driven, evidence-based, approach
- ***Help leaders identify where to focus resources*** to have the greatest impact
- ***Provide evidence-based materials*** that are matched with specific needs of hospital staff and medical staff
- ***Provide reports that compare your hospital's performance*** on a continuum of leadership attributes with hospitals across the United States

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Thank You

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- Bradley, Elizabeth H., and Holmboe, Eric S. “A Qualitative Study of Increasing Beta-Blocker Use After Myocardial Infarction,” Yale University School of Medicine/in cooperation with AHRQ, *JAMA* 285(20) pp 2604–2611, May 23/30, 2001.

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- “Hospital Boards and Quality Dashboards,” E. Kroch, T. Vaughn, M. Koepke, S. Roman, D. Foster, S. Sinha, and S. Levey, *Journal of Patient Safety*, March, 2006, pp. 10–19.
- “Leaders Need Dashboards, Dashboards Need Leaders,” C. Denham, *Journal of Patient Safety*, March, 2006, pp. 45–53.

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- “Quality Improvement Efforts in U.S. Hospitals: A Strategic Overview.” The Vanderbilt Center for Evidenced Based Medicine. Vanderbilt University Medical Center, Nashville, TN, 37232-2104.
- “The Impact of Hospital Leadership on Quality: Notes from the Field.” Samuel Levey, PhD

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Sources

- The experience(s) of the thirteen health care organizations that are participating in the Pursuing Perfection project
- *Crossing the Quality Chasm* report from the Institute of Medicine; the distilled experience of transformational change in other industries (e.g., Toyota’s work over decades with W. Edwards Deming and others), and Reinertsen’s personal experience over 15 years as the CEO of two health care systems, Park Nicollet in Minneapolis and CareGroup in Boston, plus Bisognano’s and Pugh’s experiences in the healthcare field.

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Sources

- The CMS ‘Hospitals High Performers Special Study,’ Health Services Advisory Group, Phoenix, Arizona
- “Crossing the Quality Chasm Via Transformational Change: Case Studies of Six Transforming Hospitals,” Mathematica, Del Marva
- “The Value of Clinical Transformation,” Kevin Fickenscher, MD, Perot Systems, Plano, Tx.

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Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

To find out how to prevent medication errors, go to <http://www.hsag.com/drugsafety/>.



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