SETMA Provider Training February 18, 2014

Institute for Healthcare Improvement

High-Impact Leadership

Improve Care, Improve the Health of Populations and Reduce Cost

2013

IHI Executive Summary

- Leadership Engagement & focus drives improvement in health care quality and reduces patient harm.

- Focusing leadership & achieving Triple Aim: shifting from volume to value.

- Demands leadership at all levels of care delivery improve the experience and outcome of care, reducing the cost of care

IHI Executive Summary

Dimensions of High Impact Leadership:

1. New mental models

2. High Impact leadership behaviors

3. IHI High-impact Leadership framework

IHI Executive Summary

Mental Models – how leaders think and view the world.
High Impact Leadership requires four new mental models:

1. Individuals and families are partners in their care

2. Compete on value with continuous reduction in operating cost

3. Reorganize services to align with new payment systems

4. Everyone is an improver

Senge: *The Fifth Discipline*

Slides 6-39 are an insertion from Peter Senge's book, The Fifth Discipline. "Mental Models" are one of five "component technologies" converging to innovate learning organizations.

On SETMA's website, at the following link you can review a 159-slide presentation entitled , "Peter Senge, The Fifth Discipline and Electronic Patient Records," made to the School of Rural Public Health at Texas A&M Health Science Center on January 27, 2011.

http://www.jameslhollymd.com/Presentations/The-Fifth-Discipline-and-Electronic-Patient-Records

- Slides 23-41 address the "personal mastery" which is required for High Impact Leadership.

- Slides 42-76 address the "learning disabilities" which impede organizational progress and learning.

- Slides 77ff address "systems thinking and electronic patient management as opposed to electronic patient records."

Senge: *The Fifth Discipline*

Learning Disabilities Which Impede Electronic Patient Management

1. I Am My Position
2. The Enemy Is Out There
3. The Illusion of Taking Charge
4. The Fixation of Events
5. The Parable of the Boiled Frog
6. The Delusion of Learning From Experience
7. The Myth of the Management Team

Senge: *Personal Mastery*

People with a high level of personal mastery share several basic characteristics. To the degree that you achieve personal mastery you will strength your team and you will contribute to the transformation of healthcare. Those who have personal mastery:

1. have a special sense of purpose that lies behind their vision and goals. For such a person, a vision is a calling rather than simply a good idea.

2. see current reality as an ally, not an enemy.

3. have learned how to perceive and work with forces of change rather than resist those forces.

4. are deeply inquisitive, committed to continually seeing reality more and more accurately.

Senge: *Personal Mastery*

5. feel connected to others and to life itself. Yet, they sacrifice none of their uniqueness.

6. feel as if they are part of a larger creative process, which they can influence but cannot unilaterally control.

7. live in a continual learning mode.

8. never ARRIVE!

9. are acutely aware of their ignorance, their incompetence; their growth areas.

10. are deeply self-confident!

Senge: *The Fifth Discipline*

Five "component technologies" converging to innovate learning organizations:

1. Systems Thinking
2. Personal Mastery
3. Mental Models
4. Building Shared Vision
5. Team Learning

Senge: *The Fifth Discipline*

Systems Thinking

Endeavors bound by invisible fabrics of interrelated actions, which often take years to fully play out their effects on each other. Systems thinking: a conceptual framework, a body of knowledge and tools that has been developed over the past fifty years, to make the full patterns clearer, and to help us see how to change them effectively. (pp. 6-7)

Senge: *The Fifth Discipline*

Personal Mastery

The discipline of continually clarifying and deepening our personal vision, of focusing our energies, of developing patience, and of seeing reality objectively – the learning organization's spiritual foundation. (pp. 7-8)

Senge: *The Fifth Discipline*

Mental Models

Deeply ingrained assumptions, generalizations, or even pictures or images that influence how we understand the world and how we take action. (This) starts with turning the mirror inward; learning to unearth our internal pictures of the world, to bring them to the surface and hold them rigorously to scrutiny. It also includes the ability to carry on 'learningful' conversations that balance inquiry and advocacy, where people expose their own thinking effectively and make that thinking open to the influence of others. (pp. 8-9)

Senge: *The Fifth Discipline*

Building Shared Vision

When there is a genuine vision (as opposed to the all-too-familiar 'vision statement'), people excel and learn, not because they are told to, but because they want to…Given a choice most people opt for pursuing a lofty goal, not only in times of crisis but at all times. What has been lacking is a discipline for translating individual vision into shared vision – not a 'cookbook' but a set of principles and guiding practices. The practice of shared vision involves the skills of unearthing shared 'pictures of the future' that foster genuine commitment and enrollment rather than compliance. (p. 9)

Senge: *The Fifth Discipline*

Team Learning

How can a team of committed managers with individual IQs above 120 have a collective IQ of 63? The discipline of team learning starts with 'dialogue,' the capacity of members of a team to suspend assumptions and enter into a genuine 'thinking together.' The discipline of dialogue also involves learning how to recognize the patterns of interaction in teams that undermine learning. The patterns of defensiveness are often deeply engrained in how a team operates.

Senge: *The Fifth Discipline*

System Thinking – The Fifth Discipline

- It integrates the disciplines, fusing them into a coherent body of theory and practice.

- Vision without systems thinking ends up painting lovely pictures of the future with no deep understanding of the forces that must be mastered to move from here to there.

- Systems thinking makes understandable the subtlest aspect of the learning organization – the new way individuals perceive themselves and their world. (p. 12)

Senge: *The Fifth Discipline*

At the heart of the learning organization is a shift of mind:

1. From seeing ourselves as separate from the world to connected to the world

2. From seeing problems as caused by someone or something 'out there' to seeing how our own actions create the problems we experience.

3. Where people are continually discovering how they create their reality. And how they can change it. (pp.12-13)

Senge: *The Fifth Discipline*

***METANOIA* – A Shift of Mind**

The most accurate word in Western culture to describe what happens in a learning organization is one that hasn't had much currency for the past several hundred years...The word is 'metanoia' and it means s shift of mind...

Senge: *The Fifth Discipline*

To grasp the meaning of 'metanoia' is to grasp the deeper meaning of 'learning,' for learning also involves a fundamental shift or movement of mind...Learning has come to be synonymous with 'taking in information. '...Yet, taking in information is only distantly related to real learning. (p. 13)

Senge: *The Fifth Discipline*

This then is the basic meaning of a learning organization…continually expanding its capacity to create its future. For such an organization, it is not enough merely to survive. 'Survival learning' or what is more often termed 'adaptive learning' is important – indeed it is necessary. But for a learning organization, 'adaptive learning' must be joined by **'generative learning,' learning that enhances our capacity to create.** (p. 14)

Senge: *The Fifth Discipline*

Systems thinking is:

1. A discipline of seeing wholes

2. It is a framework for seeing interrelationships rather than things

3. For seeing patterns of change rather than static 'snapshots.'

4. It is a set of general principles – distilled over the course of the twentieth century, spanning fields as divers as the physical and social sciences, engineering, and management.

5. It is also a set of specific tools and techniques, originating in two threads:

   a. In 'feedback' concepts of cybernetics

   b. And in 'servo-mechanism' engineering theory dating back to the nineteenth century. (p. 68)

Senge: *The Fifth Discipline*

System thinking is needed more than ever because for the first time in history, humankind has the:

1. Capacity to create far more information than anyone can absorb,

2. To foster far greater interdependency than anyone can manage

3. To accelerate change far faster than anyone's ability to keep pace. (p. 69)

Complexity can easily undermine confidence and responsibility…Systems thinking is the antidote to this sense of helplessness that many feel as we enter the 'age of interdependence.' (p. 69)

Senge: *The Fifth Discipline*

Detail Complexity – there are many variables

Dynamic Complexity – where cause and effect are subtle, and where the effects over time of interventions are not obvious.

1. When the same action has dramatically different effects in the short run and the long run, there is dynamic complexity.

2. When an action has one set of consequences locally and a very different set of consequences in another part of the system, there is dynamic complexity.

3. When obvious interventions produce non-obvious consequences, there is dynamic complexity. (p. 71)

Senge: *The Fifth Discipline*

The real leverage in most management situations lies in understanding dynamic complexity, not detail complexity.

- Balancing market growth and capacity expansion is a dynamic problem.

- Developing a profitable mix of price, product (or service) quality, design, and availability that make a strong market position is a dynamic problem.

- Improving quality, lowering total costs, and satisfying customers in a sustainable manner is a dynamic problem. (p. 72)

The Nature of Knowledge

- "**Information**" is inherently static while "**learning**" is dynamic and generative (creative). In The Fifth Discipline, Peter Senge, said: "Learning is only distantly related to taking in more information…"

- Classically, taking in more information has been the foundation of medical education. Traditional CME has perpetuated the idea that "learning" is simply accomplished by "learning more facts."

Knowledge Can Transform

Knowledge only has power to transform when it is held in the mind of persons who have **"Personal Mastery."**

Transformation Distinguishes Two Groups

- Forward thinkers transform; day dreamers wish for change but seldom see it. Senge said:

- "The juxtaposition of vision (what we want) and a clear picture of current reality (where we are) generates…'**creative tension**,' (which is) a force to bring vision and reality together, through the natural tendency of tension to seek resolution."

Analytics Transform Knowledge

- Analytics transform knowledge into an agent for change. In reality, without analytics, we will neither know where we are, where we are going, or how to sustain the effort to get there.

- For transformation to take place through knowledge, we must be prepared to ask the right questions, courageously accept the answers and to require ourselves to change.

Knowing Limitations

- The safest person is not the one who knows everything, which is impossible, but the safest person is the one who knows what she/he does not know.

- You will never be held accountable for what you don't know; you will be held account-able for what you don't know that you don't know.

Healthcare Transformation

- Healthcare transformation, which will produce continuous performance improvement, results from internalized ideals, which create vision and passion, both of which produce and sustain "creative tension" and "generative thinking."

- Transformation is not the result of pressure and it is not frustrated by obstacles. In fact, the more difficult a problem is, the more power is created by the process of transformation in order to overcome the problem.

Analytics and Transformation

- The greatest frustration to transformation is the unwillingness or the inability to face current reality. Often, the first time healthcare provides see audits of their performance, they say, "That can't be right!"

- Through analytics – tracking data, auditing performance, statistical analysis of results – we learn the truth. For that truth to impact our performance, we must believe it.

Analytics and Transformation

Through acknowledging truth, privately and publicly, we empower sustainable change, making analytics a critical aspect of healthcare transformation.

Technology Alone Is Not The Answer

- While **an Electronic Health Record** (EHR) has tremendous capacity to capture data, that is only part of the solution. The ultimate goal must be to improve patient care and patient health, and to decrease cost, not just to capture and store information!

- *Electronic Patient Management* employs the power of electronics to track, audit, analyze and display performance and outcomes, thus powering transformation.

Continuous Performance Improvement

- SETMA's philosophy of health care delivery is that every patient encounter ought to be evaluation-al and educational for the patient and provider.

- CPI is not an academic exercise; it is the dynamic of healthcare transformation. The patient and the provider must be learning, if the patient's delivered healthcare and the provider's healthcare delivery are to be continuously improving.

Continuous Performance Improvement

- Addressing the foundation of Continuous Performance Improvement, IOM produced a report entitled: "Redesigning Continuing Education in the Health Professions" (Institute of Medicine of National Academies, December 2009). The title page of that report declares:

"Knowing is not enough; we must apply. Willing is not enough; we must do."

- Goethe

Senge: *The Fifth Discipline*

Core of Systems Thinking -- Shift of mind which is fundamental to learning more even than memorizing new information:

- Requires focusing upon the slow processes which cause deterioration in biological systems

- Requires willingness to subject personal experience to critique of evidenced-based care.

Senge: The Fifth Discipline

Medical Records are Snapshots

- Historically, medical records have been snapshots of a patient's condition without connection between the past and the future.

- EMR has the potential of providing a longitudinal, granular portrait of the patient where patterns and directions of change can be viewed.

Senge: *The Fifth Discipline*

Design of tools for change

The medical application of these concepts provides a framework for the design of tools:

1. To change the behavior of patients and healthcare providers

2. To shift from information and experience to evidenced-based outcomes and

3. To employ data analysis over time.

Senge: *The Fifth Discipline*

The concept of "Dynamic Complexity" guides the design of an EMR which will:

- Facilitate active learning

- Avoid learning disabilities

- Result in dynamic data management

- Change physician and patient behavior

Senge: *The Fifth Discipline*

Point of Leverage

- Most healthcare analysis focuses upon multiple variables and a plethora of data. This is **"detail complexity."**

- The greatest opportunity for effecting change in an organization or an organism is in **"dynamic complexity."**

IHI Executive Summary

High-Impact Leadership Behaviors

Five critical behaviors are a starting point:

1. Person-centeredness: be consistently person-centered in word and deed
2. Front Line Engagement: be a regular, authentic presence at the front line and a visible champion of improvement
3. Relentless Focus: Remain Focused on the vision and strategy.
4. Transparency: require transparency about results, progress, aims and defects
5. Boundarilessness: Encourage and practice systems thinking and collaboration across boundaries.

IHI Executive Summary

Person-centeredness: be consistently person centered in word and deed

- A leader who demonstrates person-centeredness by engaging patients and community members in key planning or improvement meetings, or by starting each meeting with a patient story will reinforce a vision and build, will, shape the culture, and foster a person- and community centered organization.

IHI Executive Summary

The IHI High-Impact Leadership Framework

Six Domains of High Impact leadership Framework represent critical areas in which leaders at all levels must four efforts to drive improvement and innovation and achieve Triple Aim results:

1. Driven by Persons and Community

2. Create Vision and Build Will

3. Develop Capability

4. Deliver Results

5. Shape Culture

6. Engage Across Boundaries.

IHI Executive Summary

Conclusion

High-Impact Leadership is not just for senior leaders but is required at every level of leadership in care delivery organizations in order to delivery 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, new leadership behaviors and new leadership frameworks.

High Impact Leadership & *Kaizen*

- Chapter Seven in Joint Commission's "Standards and Requirements for Medical Home Accreditation" is "Leadership". Element LD.03.01.01 is "Leaders create and maintain a culture of safety and quality in SETMA."

- Leadership in SETMA is more than members of the Governance Board and of the Executive Management staff. Based on teamwork, SETMA's leadership is diverse and organized and it has created a culture which continually purses quality and safety.

High Impact Leadership & *Kaizen*

- "July 27, 2013, Richard Cohen, YAI in NYC, said, "**I believe you (Dr. Holly) have 'Kaizen' and you are not a for-profit, multinational corporation, but a doctor working in Texas who's sharing of Kaizen has far reaching systemic impact!.**"

http://www.jameslhollymd.com/Letters/Response-to-Tolbert-and-Comment-About-SETMA-by-Richard-Cohen-PhD

High Impact Leadership & *Kaizen*

- "Kaizen" is a Japanese word meaning, "a system of continuous improvement in quality, technology, processes, company culture, productivity, safety and leadership. Kaizen was created in Japan following World War II." The word Kaizen means "continuous improvement".

High Impact Leadership & *Kaizen*

- Kaizen comes from the Japanese words ("kai") which means "change" or "to correct" and ("zen") which means "good". Kaizen is a system that involves every employee - from upper management to the cleaning crew. Everyone is encouraged to come up with small improvement suggestions on a regular basis. This is not a once a month or once a year activity. It is continuous. Japanese companies, such as Toyota and Canon, a total of 60 to 70 suggestions per employee per year are written down, shared and implemented.

High Impact Leadership & *Kaizen*

- SETMA cannot be understood without knowing the impact that Dr. Peter Senge's The Fifth Discipline had upon SETMA's development, upon the design of our Model of Care and upon the deployment of our EMR. Electronic medical records (EMR) provides the means for Senge's required "shift of mind," but does not necessarily dictate that such a shift will take place.

- Often, EMR is only used as a glorified transcription tool as a patient encounter is documented electronically, without providing significant advantages in processing of information, and without the patient's care profiting from sound science.

High Impact Leadership & *Kaizen*

- Change is not easy. It often creates anxiety and insecurity, even, and maybe especially, among healthcare providers. However, to create excellence in healthcare, providers must continually be "learning" which will require a change in the understanding of the nature of learning and will also require the elimination of barriers to learning. SETMA's PC-MH externship will help the student, at whatever level of training, understand the sustainability of excellence through morphing from the pursuit of EMR to the pursuit of electronic patient management.

IHI - High Impacted Leadership

Three interdependent Dimensions of High-Impact Leadership

1. New Mental Models – How leaders think about challenges and solutions

2. High-Impact Leadership Behaviors – What leaders to make a difference

3. IHI High Impact leadership Framework – Where leaders need to focus efforts.

Mental Models

- The transition from volume to value requires a substantial shift in leadership thinking, behaviors and actions at all levels of care delivery organizations

- The mental model of "Individuals and families are partners in their care," requires leaders to think beyond patient satisfaction and engagement, i.e., from "what's the matter," to "What matters to you?"

Mental Models

- Competing on value requires simultaneously improvement in outcomes, patient safety and service with a relentless focus on elimination of waste and reduction in operating cost..

- Everyone is an improver redefines how improvement work is organized and how resources are deployed. Accelerating the pace of improvement and bolstering innovation requires that everyone in the organization sees themselves as having two jobs: to do their work and to improve their work.

Mental Models
Transition from Volume to Value

Volume	Value
Patient Satisfaction	Persons as Partners in their care
Increase Top-Line Revenue	Continuously Decrease Per Unit cost and waste
Complex All-Purpose hospitals and Facilities	Lower Cost, Focused Care Delivery Sites
Quality Departments and Experts	Quality Improvement in Daily work for All staff

Leadership Behaviors – What Leaders Do

1. Person-centeredness – Be consistently person-centered in word and deed

2. Front Line Engagement – Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus – Remain focused on the vision and strategy

4. Transparency – Require transparency about results, progress,, aims and defects.

5. Boundarilessness – Encourage and practice systems thinking and collaboration across boundaries.

Leadership Behaviors – What Leaders Do

1. **Person-centered in word & deed**

Sine qua non of professionalism. Leader demonstrate this behavior by:

1. Routinely participating in rounds in the organization

2. Inviting and supporting patient & family participation in board, leadership and improvement team meetings.

3. Discussing results in terms of persons and communities not only disease and dollars.

4. Declaring harm prevention a personal and organization priority.

Exemplar of Person-centeredness

- Jed Wiessberg, MD, Kaiser Permanente – Communicating Unanticipated Outcomes Policy following a medical error (empathy, skill, support)

- J. Michael Henderson, MD Cleveland Clinic – provide safer care and improve outcomes, ensure patient centered, listen to patient, patient first.

Leadership Behaviors – What Leaders Do

2. Front Line Engagement – Presence at Front Line & visible champion of improvement

- Build trust and acquire understanding by meeting with colleagues who deliver care: asking questions, sharing concerns, engaging in problem sharing and improvement projects, transparently discussing results.

Exemplar of Front Line Engagement

- Derek Feely, Chief Executive of Scotland's NHS – 2011 reports that one Scotland heath care delivery systems had manipulated access data. Feeley Articulated personal values, stressing importance for accessibility, authenticity and openness. Active engagement and listening and adopted four-shared values: **care and compassion; dignity and respect; openness and honesty; and quality and teamwork.**

Leadership Behaviors – What Leaders Do

3. Remain Focused on vision and strategy

- Talk about vision every day – articulating the measurable and unambiguous improvement aims, "remember, right now we are focused on three key safety initiatives.

- Align leaders' schedules with high-priority initiatives

- Designate resources to high-priority efforts and do not divert.

- Review the results of the most critical initiatives weekly and remove barriers to progress.

- Appoint the most effective leaders to high-priority initiative and identify high-potential leaders in training.

Exemplars of Relentless Focus

- Baylor Heath Care System in Dallas Communicates quality focus with STEEP (calls for care that is Safe, Timely, Effective, Efficient, Equitable and Patient Centered.) Unwavering commitment to quality performance transparency, and use of robust, data-driven evacuations of initiative to determine effectiveness and cost implications.

Leadership Behaviors – What Leaders Do

4. Transparency: About Results, Progress, Aims and Defects

- 1905, Dr. Ernest Codman proposed transparently shared results of care with the public.

- Heresy a century ago, today it is seen a the   beginning of quality and person-centeredness.

- Transparency is a powerful catalyst for   organizational change and learning.

Transparency: About Results, Progress, Aims and Defects

- Deliberate use of transparency for transformation enables accountability and trust to develop and promotes self-study and learning.

- Active transparency begets humility, and humility begets trust, the currency of leadership.

- The most successful health care organizations and leaders collect the most meaningful data on the most important patient care features and then relentlessly work to improve them.

Transparency Helps To

- Build the will to improve care
- Shape the culture into one of openness, with attention to eliminating defects
- Raise improvement capability through access to real-time data
- Track the progress to results such that mid-course corrections are possible
- Engage partners and empower teams across boundaries
- Provide patients and community members with opportunities to participate in improvement and motive change.

Exemplar of Transparency

- CEO Bill Rupp, MD, CEO Mayo Clinic of Florida.

- At first two all staff meetings was asked about infection rates. He knew the exact numbers by memory which sent a strong message that the leader cared about patient harm. He said, "If you display important results for everyone to see, you catalyze meaningful actions. Patient results engage medical professionals, financial results do not."   He used transparency bolstered by relentless focus on process improvement as keys to success.

Leadership Behaviors – What Leaders Do

5. Boundarilessness: Encourage systems thinking and collaboration across boundaries

This concept bridges two closely connected leadership behaviors.

- The genuine, action-generating receptivity and openness to ideas or mental boundarilessness

- The willingness to cross traditional boundaries, both internal and external, in pursuit of Triple Aim results.

Boundarilessness

How do leaders demonstrate boundarilessness?

- They ask open questions.
- They visit improvement teams, work units and other organizations.
- They harvest ideas from within the organization and from other leaders and organizations.
- They seek shared aims and advocate for win-win scenarios with physician practices and other community service providers.
- They are generous with attention and connections.
- They share resources.
- They utilize systems thinking to frame problems and challenges for those they lead.

Leadership Framework: Where Leaders Focus Efforts

The IHI High-Impact Leadership Framework is the natural evolution of four major IHI works:

- Leadership Guide to Patient Safety

- Seven leadership Leverage Points for Organizational-Level Improvement in Health Care

- Execution of Strategic Improvement initiatives to Produce System-Level Results

- Pursuing the Triple Aim: Seven Innovators Show the Way to Better Care, Better health and Lower Costs.

Leadership Framework: Where Leaders Focus Efforts

- The IHI High-Impact Leadership Framework explicitly addresses three new required leadership efforts and actions; driven by persons and community; shape desired organizational culture, and engage across traditional boundaries of healthcare systems.

Leadership Framework:
Where Leaders Focus Efforts

In the IHI paper, nested circles in a Venn diagram are used to show the interdependence of the three core leadership domains:

1. Create Vision and Will

2. Develop Capability

3. Deliver Results

with "person and community" at the center as The driver.

Leadership Framework: Where Leaders Focus Efforts

- The six domains of the framework collectively represent the critical areas in which leaders at all levels of health care delivery systems must engage and focus their actions, behaviors and efforts and provider resources in order to drive improvement and innovation.

Leadership Framework with Examples

Driven by Persons and Community

- Include patients on improvement teams
- Start meeting with patient stories and experience data
- Use leadership rounds to model engagement with patients and families

Develop Capability

- Teach basic improvement at all levels
- Invest in needed infrastructure and resources
- Integrate improvement with daily work at all levels

Leadership Framework with Examples

Shape Culture

- Communicate and model desired behaviors
- Target Leadership systems and organization policies with desired culture
- Take swift and consistent actions against undesired behaviors

Create Vision and Build Will

- Boards adopt and review system - level aims, measures, and results
- Channel leadership attention to priority efforts
- Transparently discuss measures and results

Leadership Framework with Examples

Delivery Results

- Use proven methods and tools
- Frequently and systematically reviewed efforts and results
- Devote resources and skilled leaders to high-priority initiatives

Engage Across Boundaries

- Model and encourage systems thinking
- Partner with other providers and community organizations in the redesign of care
- Develop cross-setting care review and coordination processes

Leadership Framework:
Where Leaders Focus Efforts

Driven by Persons and Community

- Deliberately placed at the center to underscore leaders' duty to truly embrace person-and community-centered care.

- Nothing should be designed, developed, or improved for patients and community members without their being part of the process

Leadership Framework: Where Leaders Focus Efforts

Create Vision and Build Will

- Lack of clarity creates fear, misalignment of efforts and barriers to change. One leader might say, "We want to be the best delivery system in our market." Contrast that with a leader who might say, "We want to be an organization in which every patient and family says that their wishes were respected. Respected patient heal faster, they partner in their care, they recommend us to others and this helps us reduce harm and thrive in the community."

Leadership Framework:
Where Leaders Focus Efforts

Create Vision and Build Will

1. Board engagement and adoption of system-wide aims for reducing harm will build organizational- wide will.

2. Internal and external transparency builds will

3. Providing access to performance data to patient, families and the community demonstrates a commitment to excellence.

4. Building will involves connecting emotionally with staff.

Leadership Framework: Where Leaders Focus Efforts

Develop Capability

- Developing improvement capability through gives a strategic advantage when it comes to accelerating and sustain system-level improvement.

- Fostering diversity is another strategy for creating capability.

- Successful leaders continually plan and develop the tales of their successors.

- Having the right talent in the right job is another critical factor for developing capability.

Leadership Framework: Where Leaders Focus Efforts

Deliver Results

Health care organizations cannot achieve optimal performance by merely trying harder, studying harder or working harder.

Four steps fundamental for delivering results:

1. Setting breakthrough performance goals
2. Developing a portfolio of high-priority projects to support the goals
3. Deploying resources to the projects that are appropriate for the aims
4. Establishing an oversight and learning system to increase the chance of producing the intended results.

Leadership Framework: Where Leaders Focus Efforts

Shape Culture

- Organization culture is the active reflection of the leaders' vision, behaviors, structure and systems.

- Culture is a reflection of how values are "lived" through actions, as determined by the behaviors of everyone, particularly leaders.

- "It is the way we do things around here."

Leadership Framework:
Where Leaders Focus Efforts

Shape Culture

Leadership actions that help shape culture include:

- Set a vision for how the organization behaves (e.g. "We listen carefully and respond to what is most important for our patients and their families").

- Identify the most important actions that exemplify the culture (e.g., "staff must notify a supervisor and get help if hey have any doubt that they cannot safely take care of a patient.)

- Create the infrastructure that makes it possible for staff to follow these actins, including training, coaching, supervision and tracking results

- Adopt the most important behaviors themselves and track their own progress.

Leadership Framework: Where Leaders Focus Efforts

Shape Culture

Other leadership actions that shape the culture:

- Encouraging new ideas and methods
- Transparent discussion of concerns
- Demonstrating flexibility and problem solving
- Role-modeling improvement in daily work
- Genuine patient, family and community engagement

A culture of improvement and innovation will be poised for success and long-term sustainability.

Leadership Framework: Where Leaders Focus Efforts

Engage Across Boundaries

- Engage others – families, other providers, community resources – beygond the wall of their organizations in the work of redesigning care o be more efficient and effective.

- Social capital is fundamental to successfully working across boundaries.

- Social capita t is the good-will, trust and interconnectedness between colleagues and organizations that accrue from the capacity f leaders and employees to work together to a common purpose.