THE MOST DANGEROUS PHASE: Beyond Problem Solving to Creating What Our Patients and Organizations Really Need

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RURAL HEALTH CARE LEADERSHIP CONFERENCE

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Overview

- Providing context
- No theory, no learning
- Riding the bike
- Q & A
Providing Context

- This presentation assumes that:
  - Culture is a real thing
    - The way in which we individually and collectively think about our work impacts the way in which we do that work.
MY BOSS TOLD ME TO CHANGE THE STUPID SIGN SO I DID
Providing Context

- This presentation assumes that:
  - Culture is a real thing
    - The way in which we collectively think about our work impacts the way in which we do that work.
  - That culture matters
    - An organization’s strategic plan is unlikely to be implemented, much less sustained, unless there is an appropriate organizational culture in place to support the strategy.
  - That we can do something about it
A few caveats

“For every problem there is one solution that is simple, neat, and wrong.”

H. L. Menken
Who's responsible for making changes around here?
The Problem With Problem Identification

• Leadership sees the metrics and recognizes that something isn’t working as it should

• Leadership assumes what the problem is
  ○ Metrics are the symptoms or the result of the real problem

• Leadership makes assumptions and tells staff what to do
  ○ Leadership knows what’s supposed to happen, not what is really happening
  ○ Everything changes and yet nothing changes
  ○ When there is management turnover the new manager always has his/her ideas about what to fix and how to fix it AND there are expectations that this occurs across the hierarchy
A Few Caveats

- **No silver bullet**
  - There isn’t one thing you can do to ensure success
  - There isn’t one “right” answer to what your culture should be or how to achieve it (although there are common attributes)
  - Looking for AN answer, not THE answer
  - Focus on fixing problems rather than creating solutions

- **No theory, no learning**
  - There aren’t plug-and-play solutions
  - It’s not about implementing best practices from other organizations

- **Having the tools in place isn’t the solution...how PI integrates the tools with cultural transformation is where the power/leverage rests**
Mindful Management—growing organizational capacity while addressing the operational issues
Creating Organizational Coherence

Planning (the what)

Mission
Vision
Objectives
Indicators
Means and Methods

ACTIVE SUPPORT OF LEADERSHIP

Understanding/knowledge of system and individual’s place in it
Common Agreements of Belonging
Shared Mental Models

Structures in place to create opportunities for learning

Culture and organizational resources (the how)

Organizational Development Process and Strategy Execution

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Questions?
No Theory, No learning
**Events, patterns, structure**

- **Events**
  - Observable data in the immediate present.
    - What is happening now?

- **Patterns of behavior/trends**
  - Data over a significant time horizon.
    - How has this played out over time?

- **Structures**
  - The underlying causal drivers of behaviors over time. This includes the flows of people, resources, information, habits and agreements.
    - What are the drivers?
    - How are they related?

- **Mental Models**

- **Values/Beliefs**

**Increasing Leverage**

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**INsight Strategies**
The Critical Backdrop For Success: Integration of PI and Cultural Transformation

- **Leadership Orientation/Commitment**
  - Explicit and deep support of delegated authority
  - Explicit articulation of context and a sense of urgency for change
  - Intentionality about organizational culture

- **Assumptions**
  - There is a shared Vision
  - Team members are “volunteers”
  - Those closest to the work know it best
  - Focusing on interrelationships/empowering relationships, rather than individuals
  - Focusing on essential *principles*, not specific problems in process improvement
  - Engagement can’t be mandated from the top
At the core...the integration and optimization of:

- Clinical Quality and Service Quality
  (The Optimal Patient and Family experience)
- Quality of Work Life
  (The Optimal Staff experience)
- Business and Operational Performance
  (Organizational Sustainability)
The overall patient and family experience is shaped by both our technical performance (access, accuracy, competence) and the relationships we build and the service experiences we provide.

The optimal patient and family experience is principally judged by our patients on the service quality side...others (JCAHO, insurers, government) likely provide the technical scorecard on the clinical quality side.

- Meaning and Purpose drive work
- Shared Leadership...active participation in defining the work environment
- Respect
- Collaboration

- Sustainability of the Mission
- Improved quality will drive improved financial performance
- Stewardship of organizational resources
Skills for working together
  • Conversation as a core business process
    • Dialogue
    • Ladder of inference
    • Left hand column
    • Advocacy and inquiry
    • Conflict resolution
  • Understanding personal styles
  • Conflict resolution
  • Agreements of Belonging

The way in which we approach work
  • Thinking systemically
  • Understanding mental models
  • Subsidiarity, Accountability, Collaboration

Skills for effective interaction

Thought Framework

Clinical & Service Quality

Structures to facilitate desired behaviors

Tools for optimizing Patient and Staff experience

Tools we use for improving the Patient and Staff experience
  • CQI
  • LEAN
  • Rapid redesign
  • Change Management

The way in which we organize to work most effectively together
  • High Performing Teams
  • Interdisciplinary participation
  • Incentives
  • Metrics
  • Sharing information across boundaries
  • Meetings/agendas

INSIGHT STRATEGY
Leadership Orientation/Commitment:
• Explicit and deep support of delegated authority
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These are the drivers and, ultimately, the enablers of engagement.
### Ensuring a Successful Patient-Centered Culture of Quality

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- Robust culture of quality and engagement
- Departmental or Professional centricity
- “Blame Game”
  - Rework on relationships
- Incremental change
  - Working at the margins. Status Quo
- Skills atrophy
  - Reverting back to old habits
- Frustration
  - Heading for the street?
Focus on Principles Not Problems
From Guiding Principles to Daily Activities

- Senior Management Team
  Guiding Principles

- Ideal Patient Experience Detailed

- Processes
  Developed/Redesigned

- Staff’s Daily Activities
Overarching Guiding Principles

- Conversation is a core business process.
- Those closest to the work know it the best.
- Aspiration before avoidance (hopes).
- Engage people around “real” work.
- The importance of perspective.
- Think systemically.
- Culture is a strategic imperative.
Five Principles for Improving Patient Safety

- Safety is made and broken in systems, not by individuals. Adverse events result from the way work is designed and the interaction of the components of the system.
- Progress on safety begins with understanding technical work. Our current understanding of real work is naïve and incomplete, leading to the development of performance rules that are impossible to apply in a complex, heterogeneous, and rapidly changing world. Progress in safety depends on understanding how technical and organizational factors play out in real work.
- Productive discussions of safety avoid confounding failure with error. Failure results from a breakdown in systems, whereas error is usually assigned to humans and relates to a social process for attributing cause.
- Safety is dynamic and not static; it is constantly renegotiated. Complex, ever-changing systems require that people change and adapt constantly. However, adaptation is often based on inadequate information and only partly successful. Understanding this dynamic is the foundation for understanding safety. Increasing complexity makes safety harder to achieve.
- Trade-offs are at the core of safety. Complex work environments will always be characterized by uncertainty, discontinuities, and missing information. Understanding how people cope with these challenges will increase understanding of safety.
ED Redesign Guiding Principles (example)

- Patients come to ED for only one reason—to see a physician
- Treat the sickest patient first *and* manage the balance of the patients effectively
- Not every patient needs a bed and not every patient needs to own a bed
  - Patients should be where they belong clinically every minute they’re in the ED
- Greatest risk to patients and hospital is a full lobby
OR Redesign Guiding Principles (example)

- There are two primary customers—the patient and the surgeon, including the surgeon’s office
- All processes are built around the patient
  - Right patient, right place, right time, right info.
- Engage patients in their care (a two-way exchange)
- An integrated “Front End” process should focus on “activating” the patient efficiently and as early as possible without sacrificing vital clinical and demographic information
  - Activated includes:
    - Demographics up to date
    - Clinical readiness
    - Registered and copays completed
The discharge planning process centers around the patient and the patient’s chosen support system. It facilitates care.

Discharge is an integral element of the overall care process. Discharge process and care delivery model are integrated.

Discharge planning begins on admission.

The discharge process should utilize the entire 24 hours to facilitate the practical hours during the day when discharge occurs. (The admission of patients occurs 24/7, but discharge practically occurs between 8am and 8pm. The other 12 hours must be used efficiently and effectively to maximize the discharge potential of the day shift.)
Key elements of a sustainable improvement process...

- Building capacity in people to make better decisions
- Conversation as a supporting core business process
- Critical Core/Critical Mass of “Believers”
- The “Container” as a safe environment for challenging the status quo
- Discovery
Discovery of. . .

- The system the team operates in and its role in that system
- Customer focus in process design
- Key principles core to the design
- Variation in our current process, and resulting impact on performance
- Process improvement is as much about execution as it is design
- Process improvement is as much about how we think about our work as it is about design
Questions?
Riding the Bike
Sound familiar?

- “We’ve tried every best practice we can find but we can’t seem to get any real traction.”
- “We’ve gone through the process and now the docs don’t want to do it.”
- “We had great results but they only lasted a short time.”
- “The staff *was* involved...now they’re saying they didn’t have input.”
- “Look at our successes: We’ve had savings from each event but we can’t see it in the budget. Are the savings real?”
- “We seem to be making progress but our patient experience scores aren’t getting any better.”
- “*(Insert your favorite regulatory agency)* says we have to do it this way.”
In Summary
The ability of your organization to be competitive and survive lies not so much in the solutions themselves, but in the capability of the people in your organization to understand a situation and develop solutions.

Mike Rother
Why do Lean/Six Sigma Efforts Fail?

- Lack of understanding
  - Focusing on the wrong things...Lean is not only about reducing cost and increasing productivity
  - Improvement efforts are fragmented...not systemic
  - Lean/Six Sigma typically is taught/approached as a technical exercise, leaving out fully engaging front line staff/understanding the power of culture

- Lack of commitment
  - Active commitment on the part of Senior Leadership and Medical Staff leadership
  - Not trusting those at the front line who know what’s really going on at the point of service (Deming’s Profound Knowledge)

- Lack of proper execution
  - Not knowing the destination
  - Not recognizing it’s an ongoing, long-term effort/not a quick fix
Learning and Energy Investment Curves

Effectiveness

Time

Learning Curve

Investment Energy
"Well, thank God we all made it out in time. ... 'Course, now we’re equally screwed."
Collaborating Across Boundaries For System Change

- Get the system in the room (convening)
- Seeing reality through each others’ eyes (suspending)
- Putting our purposes together (committing)

- It’s about improving the quality of thinking and interactions between the different parts of the system
Changing How We Change

- It’s easier to ACT your way into a new way of thinking than THINK your way into a new way of acting.
The team as a group, and every member of the team individually, MUST develop the habits it wants to reinforce/encourage in the culture in order for the organization to be successful and act consistently to that end.

You can’t talk your way out of something you behave yourself into.
It is not the strongest that survive, 
nor the most intelligent, 
but the ones most responsive to change.

Charles Darwin
Questions?