Learning Objectives

- Describe IHI’s High Impact Leadership Framework and its three major components
- Explain how High Impact Leadership can enable leaders to achieve the Triple Aim – better health, better care, lower costs
- Define strategies for applying the High Impact Leadership Framework to your department, organization, and community
What You Know

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Two Questions

- Why did you get into healthcare?
- Why have you stayed?

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Think of a Leader

<table>
<thead>
<tr>
<th>A leader who influenced</th>
<th>How you describe them</th>
</tr>
</thead>
<tbody>
<tr>
<td>- A leader who made a positive difference</td>
<td></td>
</tr>
<tr>
<td>- One you learned great positive lessons from</td>
<td></td>
</tr>
<tr>
<td>- A leader who helped you grow</td>
<td></td>
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<tr>
<td>- Think of a phrase or a few words that describes them</td>
<td></td>
</tr>
</tbody>
</table>
**Triple Aim**

- Care better than we’ve ever seen, health better than we’ve ever known, at a cost we can all afford

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**Leading Improvement and Innovation**

*“Every system is perfectly designed to produce the results it gets.”*

Dr. Paul Batalden

As leaders you own the results

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**IHI High-Impact Leadership for Improvement and Innovation**

- An update on IHI thinking
  - What is required for improvement and innovation today
- Guide
  - For leaders at all levels to achieve Triple Aim results for the populations that they serve
  - IHI White Paper
Leading Improvement

- There is no cookie cutter (or magic carpet) approach
  - Framework is designed to help identify where leaders should focus efforts, resources and tactics
  - Agnostic to popular personal leadership theories
  - Leaders have to adapt to their specific organizational culture, capabilities, and challenges

A useful definition...

Leadership is a process of social influence, which maximizes the efforts of others, towards the achievement of a goal

Kevin Kruse

High-Impact Leadership:
Care better than we've ever seen, health better than we've ever known, at a cost we can afford

- New Mental Models
  - Focus on solutions, not problems

- High-Impact Leadership Behaviors
  - Adaptability
  - Make things happen

- IHI High-Impact Leadership Framework
  - Identify leaders, lead by example
Mental Models

Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.

Winnie-The-Pooh, A.A. Milne
Mental Models

How leaders think shapes behavior
- Beliefs, theories and assumptions provide a "lens" through which leaders view and filter challenges and define the universe of potential solutions and actions

Mental Models Evolve Over Time

- Leadership issues evolve over time with leadership change.

Mental Models Evolve Over Time – Case Managers

- Leadership issues evolve over time with leadership change.
Systemic Transformation

IHI High-Impact Leadership Framework
Where Leaders Focus Efforts

IHI High-Impact Leadership Framework
Where Leaders Focus Efforts

Executive Quality Academy


IHI High-Impact Leadership Framework
Where Leaders Focus Efforts


Institute for Healthcare Improvement
**Leadership Behaviors**

**Driven by Persons and Community**

- Communicate that we are always people
  - “patient” is a temporary condition
- **Nothing about me without me**
  - What if nothing was designed or improved for patients and community members without their being part of the process?
- Communicate why and model partnerships
- Spend time learning about health and healthcare from community members
  - Social service agencies, community health, education, public safety, law enforcement
- Assure health literacy and shared decision making

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**Leadership Behaviors**

**Driven by Persons and Community**

How leaders think about challenges and solutions

- Who leaders talk and think with – how define partners
- Where leaders get their ideas and who view as experts
- How leaders understand the lived experience of patients and community members
- What data leaders use for decisions and its source
- The boundaries leaders eliminate to improve the health of the community
- How leaders describe their work – their accountabilities

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**When We are at Our Best . . .**

- This is how we demonstrate Driven by Person and Community:
Current State

- Large barrier to “Driven by Person and Community”
  - We already think we are!
- Deeply embedded belief (hubris?) that we – within healthcare – are the experts vs. merged expertise:
  - People are experts in their own health and lived experience
  - Healthcare professionals as experts in content
- Pervasive systems that reinforce those beliefs
  - Dismissive treatment of patients
  - Systemic disrespect – waiting; wasteful systems for everyone*

What Patients and Families Want

- Dignity and respect
- Information sharing
- Participation
- Collaboration

Partnerships - Words Matter

- Not ‘engagement’ – they already are
- Experience is the whole deal – safety, quality, respect
- To – For – With → Co-design
  - “Nothing about me without me”
    - Co-design care, systems, policies
  - Change the balance of power*
**Personal Characteristics**

<table>
<thead>
<tr>
<th>Passion for Patient Care is a Personal Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I do not know if others know of my commitment to patient care</td>
</tr>
<tr>
<td>5. Many know of my commitment but not everyone; I lack consistency in words/actions about patient care as a personal value</td>
</tr>
<tr>
<td>10. My passion for patient care shows up in everything I do; my colleagues would say my actions demonstrate it</td>
</tr>
</tbody>
</table>

**Leadership Behaviors**

**Disciplined Action**

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Questions – How many times?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Team</td>
<td></td>
</tr>
<tr>
<td>Sample Questions</td>
<td>“How does this strategy/tactic improve patient care?”</td>
</tr>
<tr>
<td></td>
<td>“How does this reduce variation in care?”</td>
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<tr>
<td></td>
<td>“What patients developed complications in the past 24 hours? What have we learned from that?”</td>
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<tr>
<td></td>
<td>“What patients or community members have we asked about this?”</td>
</tr>
<tr>
<td></td>
<td>“What value does this add to patient care and patient experience?”</td>
</tr>
<tr>
<td></td>
<td>“What patient/family members or community members do we have on teams?”</td>
</tr>
<tr>
<td></td>
<td>“What other organizations are helping us with this strategy?”</td>
</tr>
</tbody>
</table>

**IHI High-Impact Leadership Framework**
**Culture**

What is it?
- The total learned, shared, taken-for-granted assumptions that a group has learned throughout its history; base of daily behavior
- Deep, broad, stable
  - Mintz, Corporate Culture & Shared Values, 1999
- Seen in behavior
- Changed over time by working on behaviors that eventually shift mental models

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**How Culture is Embedded**

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What leaders do, pay attention to, measure and reward on a regular basis</td>
<td>• Organizational design and structure</td>
</tr>
<tr>
<td>• How leaders react to critical incidents and organizational crises</td>
<td>• Organizational systems and procedures</td>
</tr>
<tr>
<td>• Deliberate role modeling, teaching and coaching</td>
<td>• Organizational rites and rituals</td>
</tr>
<tr>
<td>• Observed criteria by which leaders allocate rewards and status</td>
<td>• Design of physical space and buildings</td>
</tr>
<tr>
<td>• Observed criteria by which leaders recruit, select, promote, and terminate organizational members</td>
<td>• Stories, legends and myths about people and events</td>
</tr>
<tr>
<td></td>
<td>• Formal statements of organizational philosophy, values and creed</td>
</tr>
</tbody>
</table>

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This? Or This?

![Image](attachment:image.png)
Culture - What is it?

Finish the statement:

- This is an organization where . . .

What Culture do You Want?

Current State  GAP  Desired State

Where are you in the Journey?
Doing To – When:
- We say – you do: schedules; visiting hours
- We waste your time – come to the clinic & wait
- We assume we know what the community needs
- Information is not shared or understandable
- Health sciences students lack skills to partner with patients
- Participation in research studies is not equitable
- We determine if you are compliant
- There is helplessness – when the patient/family say:
  - I don’t know what is the plan of care or what happens next
  - I don’t know who is in charge of my care
  - I don’t feel like you know me

Doing For – When:
- We keep the patient or community member in mind when designing or improving programs, research studies – then ask
- We design the teams to help you – without you
- We manage your expectations about waiting, what healthcare can do, or what the community needs
- Early use of health literacy
- We teach you – lots & lots & lots
- We are beginning to get it about cross-continuum but don’t know much about the white spaces
- We assume we know everything about health and healthcare

Doing For – Service Design

What Matters to You?
“We are really good about caring what you think about us. We are not good about caring what you think.”

— Catherine Lee, VP Service Excellence, McLeod Regional Medical Center

Doing With – When:
- Patient/family and community member advisors are essential team members to design or improve programs that follow the patient journey, to design research or evaluation outcomes
- All key decisions are mutual – including who is on my team
- All staff are viewed as caregivers and are skilled in respectful communication and teamwork
- Health Literacy is everywhere in patient care
- Senior leaders model that patient’s safety and community well-being guide all decisions
- Staff, providers, leaders are recruited for values and talent

Doing With – Mental Health Design
Where are you in doing to-for-with?

To-For-With Assessment

1. Individually – Complete 1-2 examples in each category
2. Review as a group at your table
3. What do your lists tell you? What gets in the way of doing with?

<table>
<thead>
<tr>
<th>Doing To – Patients, Families, Community Members</th>
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IHI High-Impact Leadership Framework
**Boundarilessness Thinking**

- Understand care and health from partners' view – their journey and needs
- Move knowledge not people*
- Focus on what determines health: Work with community
  - “I was standing in the river looking for water”
  - Education
  - Social and Community Context
  - Health and Healthcare
  - Neighborhood and Built Environment
  - Economic Stability

*Don Berwick, Change from the Inside Out; JAMA 2015

**Leading Across Boundaries**

- Establish a shared purpose – don’t assume
- Communicate a shared vision
- Ask questions and listen to responses
- Build consensus
- Show respect for the partner's strengths, business models, and constraints
- Adopt a collaborative approach and demonstrate patience
- Volunteer resources when needed
- Ensure that the right people are in the room

**Outcome**

- Complexity of problem
  - Maternal and Neonatal Mortality
  - Due to Faulty Referral Processes

**Primary Drivers**

- Individual & Family Barriers
  - Socioeconomic
  - Transportation & Communication Barriers
  - Inadequate Clinical Skills & Management
  - Governance & Accountability

**Secondary Drivers**

- Delay in decision to seek skilled care
- Inadequate awareness & management of clients/natural complications
- Referrals for home/HIV deliveries and self-medication due to fear of AIDS
- Negative perceptions about health facilities
  - Women not given time to prepare
  - Inadequate knowledge for transport
  - Ease of acceptance of skilled delivery
  - Unavailability of local transportation
  - Inadequate ambulance services
  - Unavailable telemedicine services
- Long distances, poor roads/bridges
- Inadequate identification of high-risk clients
- Lack of database client follow-up
- Lack of readiness of existing facility
- Poor hand-over management processes
- Poor documentation of indications for referral & interventions to date
- Delay in providing care

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High-Impact Behaviors

- **Person-centeredness**: Be consistently person-centered in word and deed.
- **Frontline Engagement**: Be a regular, authentic presence at the frontline and a visible champion of improvement.
- **Relentless Focus**: Remain focused on the vision and strategy.
- **Transparency**: Require transparency about results, progress, aims, and defects.
- **Boundarilessness**: Encourage and practice system-thinking and collaboration across boundaries.

Team Engagement

- Can each person answer yes each day?
  - Am I treated with dignity and respect by everyone?
  - Do I have what I need so I can make a contribution that gives meaning to my life?
  - Am I recognized and thanked for what I do?

Another View – Engaging Others

- Purpose
- Choice/Respect
- Mastery

What are Vital Few Behaviors?

- Those few behaviors that:
  - Move rapidly toward the desired outcome
  - Are teachable, coachable, observable
- Often in evidence already:
  - E.g. To help low achieving children read: more praise than punishment; constantly alternate teaching and questioning


Heart of Leadership
What We Learned from Transformational Leaders

Transformational Results through a Single-Brain Organization
**Personal Characteristics**

- The patient matters most to her
- He is unwavering about the mission; he has a constancy of purpose
- She has a strong sense of integrity of what’s right for patients—and she lives and breathes it

**Organizational Characteristics**

- She is not distracted by the crisis of the day; she doesn’t jump around or vacillate
- Our strategic plan is alive and well: What is best for the patient? What will make a perfect experience for the patient?

**Enough**

- I pray you enough sun to keep your attitude bright no matter how gray the day may appear
- I pray you enough rain to appreciate the sun even more
- I pray you enough happiness to keep your spirit alive and everlasting
- I pray you enough gain to satisfy your wanting
- I pray you enough challenges to think outrageously big!
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Resources

New Rules for Radical Redesign in Health Care

- Change the balance of power by co-producing health and well-being in partnership with patients, families and communities.
- Standardize what makes sense to reduce unnecessary variation and increase the time available for individualized care.
- Customize to the individual’s needs, values and preferences, guided by the understanding of what matters to the person, in addition to the typical “What’s the matter?”
- Promote well-being and focus on outcomes that matter most to people, appreciating that their health and happiness may not require health care.
- Create joy in work by cultivating and mobilizing the pride and happiness of the health care workforce.
- Make it easy, continuously reducing waste and all non-value-added requirements and activities for patients, families and decisions.
- Move knowledge, not people, exploiting all helpful capacities of modern digital care and continually substituting better alternatives for visits and institutional stays.
- Collaborate and cooperate, recognizing that the health care system is embedded in a network that extends beyond traditional walls.
- Assume abundance by using all the assets that can help to optimize the social, economic and physical environment, especially those brought by patients, families and communities.
- Return the money from health care savings to other public and private purposes.


New Rules for Radical Redesign in Health Care
Four Personal Characteristics

<table>
<thead>
<tr>
<th>Words and Actions Match; Authenticity; Transparency</th>
<th>Others can count on what I say. Others at all levels say I build trust. I do not consider myself superior to anyone.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passion for Care as a Personal Value</td>
<td>Patient care is my North Star. My actions show commitment to that North Star.</td>
</tr>
<tr>
<td>Intelligent; Hungry for Learning; Reflective</td>
<td>I am comfortable not knowing. I am hungry to learn from anyone and anything. I regularly step back from everyday pressures.</td>
</tr>
<tr>
<td>Care about and Trust Others</td>
<td>I genuinely care about the welfare of others. I trust others unless given good reason not to.</td>
</tr>
</tbody>
</table>

Five Organizational Characteristics

| Patient Care Constancy; Disciplined Action      | • I have an unrelenting and primary focus on the safety and quality of care. • I am known for developing disciplined processes. |
| Positive Future Orientation; Aims High; Challenges Status Quo | • I have a bold aspiration not easily attained. • I am always challenging others to reach for “the next best” |
| Engage Everyone                                 | • I make sure everyone in our organization has a voice. • I reach out regularly to engage others at all levels. |
| Part of the Team and the Solution               | • I don’t make significant decisions alone. • I seek diverse views to reach the best solutions. |
| Grow Others                                    | • I often see talents in others before they do. Helping others realize their potential is thrilling for me. |
Organizational Characteristics

Patient Care Constancy of Focus - Disciplined Action

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our Performance Improvement (PI) system</td>
<td>...</td>
</tr>
<tr>
<td>The expectations of all leaders to demonstrate PI competency</td>
<td>...</td>
</tr>
<tr>
<td>Percent of leaders who can successfully guide complex PI activities</td>
<td>...</td>
</tr>
<tr>
<td>How do I demonstrate PI skills in my work?</td>
<td>...</td>
</tr>
</tbody>
</table>

Transformational Results through a Single-Brain Organization

Personal Characteristics

- There’s a “thereness” when she’s with others. She will swivel her chair, move in, and doesn’t look at her computer while listening
- He has a desire to be with and around people to hear what is important to them, what they need

Genuinely Care About and Trust Others
Personal Characteristics

Genuinely Care About & Trust Others

Describe when you have experienced this from another leader?

What do you do daily to demonstrate this?

Encourage the Heart

Foster high expectations about what people are capable of accomplishing.

Help people feel like they can accomplish what others feel is impossible.

I get to know, at a personal level, the people I work with.

Organizational Characteristics

She finds out what is good in people, exposes it, grows it, and helps you master it in pursuit of the group goal.

She hired me with no hospital operations experience... She said she was looking for leadership skills and that operations could be taught.

Grow Others

The people I am currently mentoring:

I am clear on the successor(s) for my position:

Yes:

No:

Why:

Why them:

I am growing this person's skills to move into the position – list:

An example of when I hired non-traditional people when filling positions is ...