

INSTITUTE FOR
HEALTHCARE
IMPROVEMENT

Leadership Challenges

Improving, Spreading, and Sustaining New Performance Levels

Danish Society for Patient Safety

Patient Safety Conference 2007

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Sustainability

- Continuous Improvement
- Supportive Management
- Structures to Foolproof Change
- Robust, Transparent Feedback System
- Shared Sense of System
- Culture of Improvement
- Formal Capacity-Building Programs

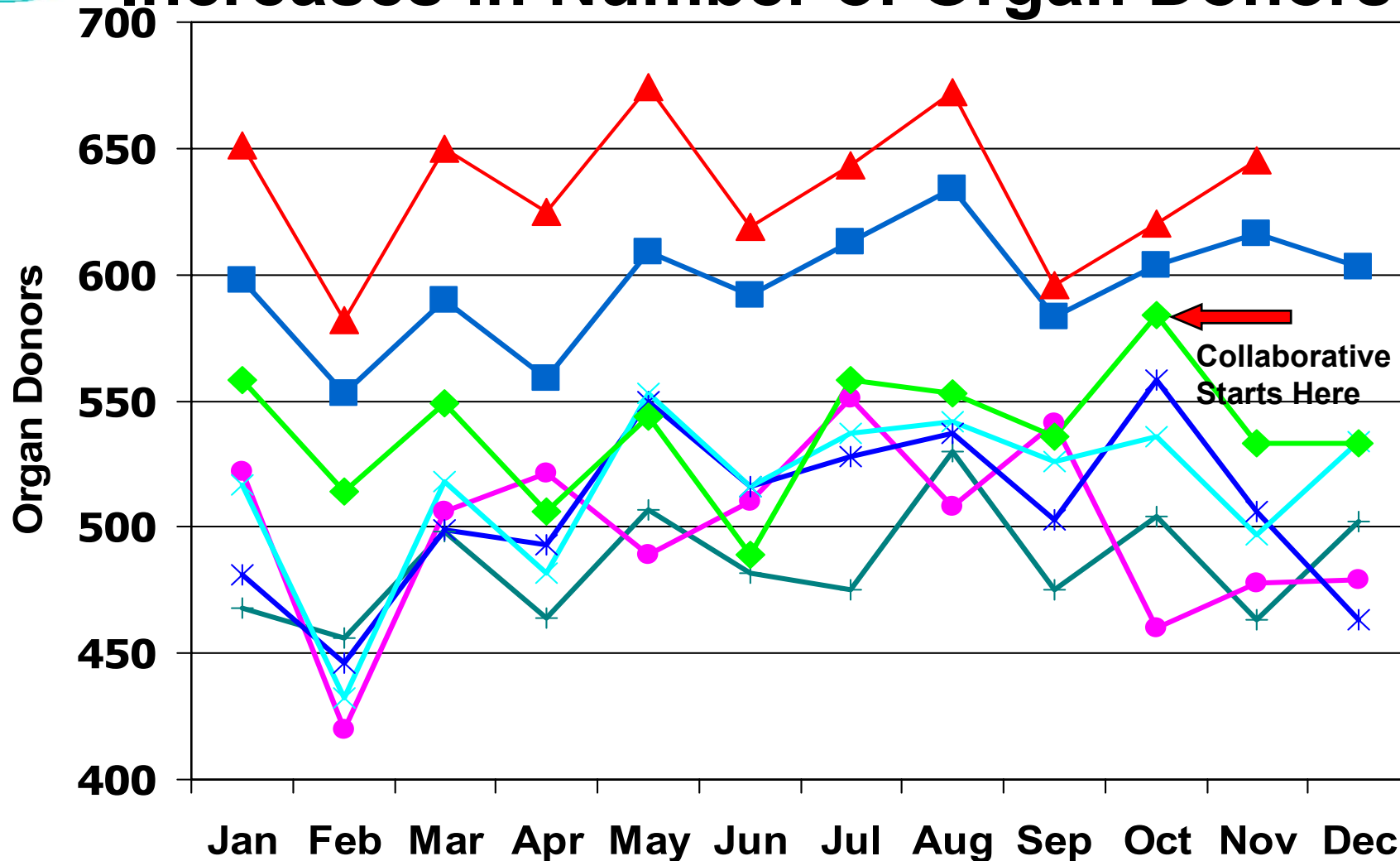
Key source: *Improvement leader's guide to sustainability and spread*. NHS Modernisation Agency. Ipswich, England: Ancient House Printing Group; 2002.

Continuous Improvement

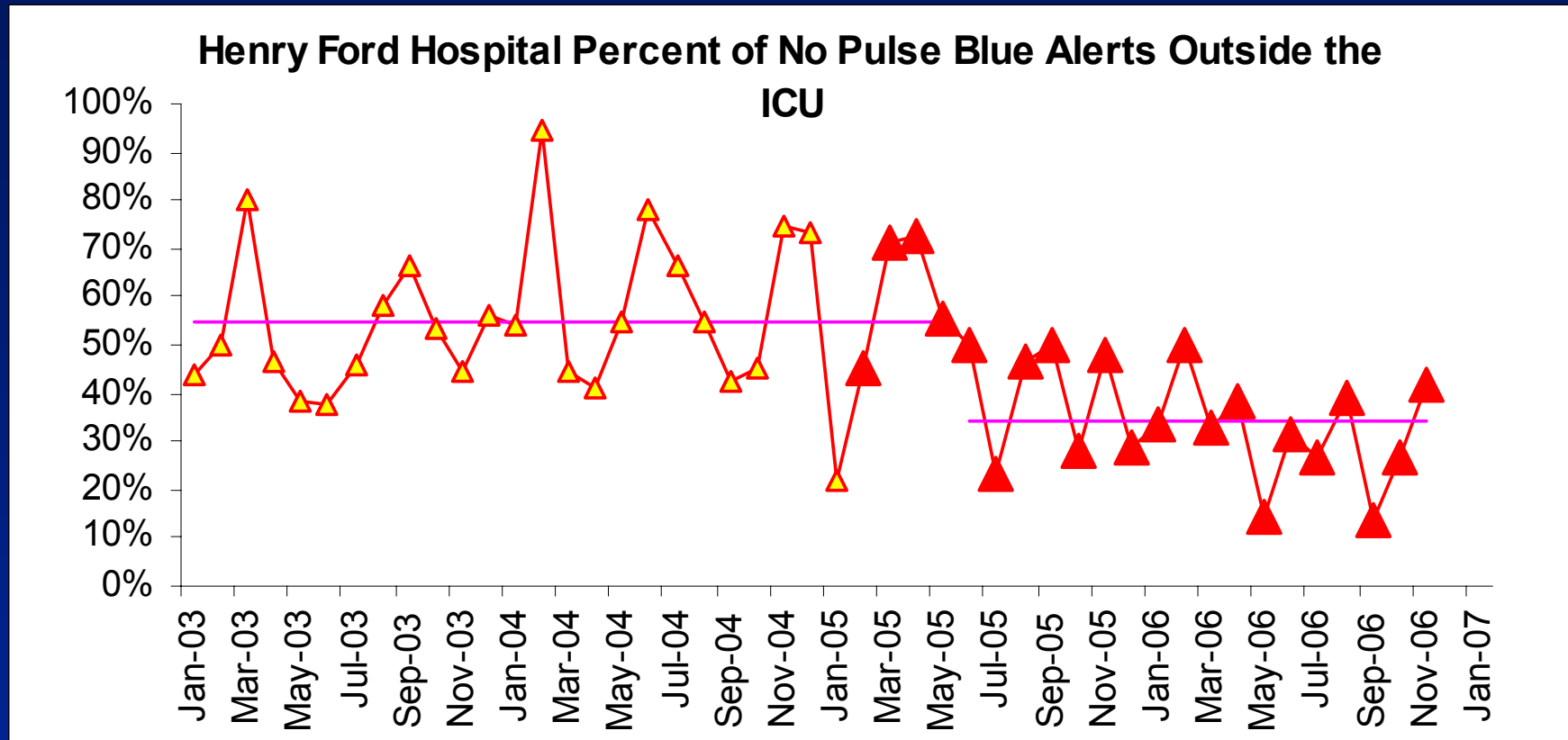
- Holding the gains starts during piloting
 - Test the changes under a wide range of conditions (robust design)
 - Use technology where appropriate
- Keep on improving



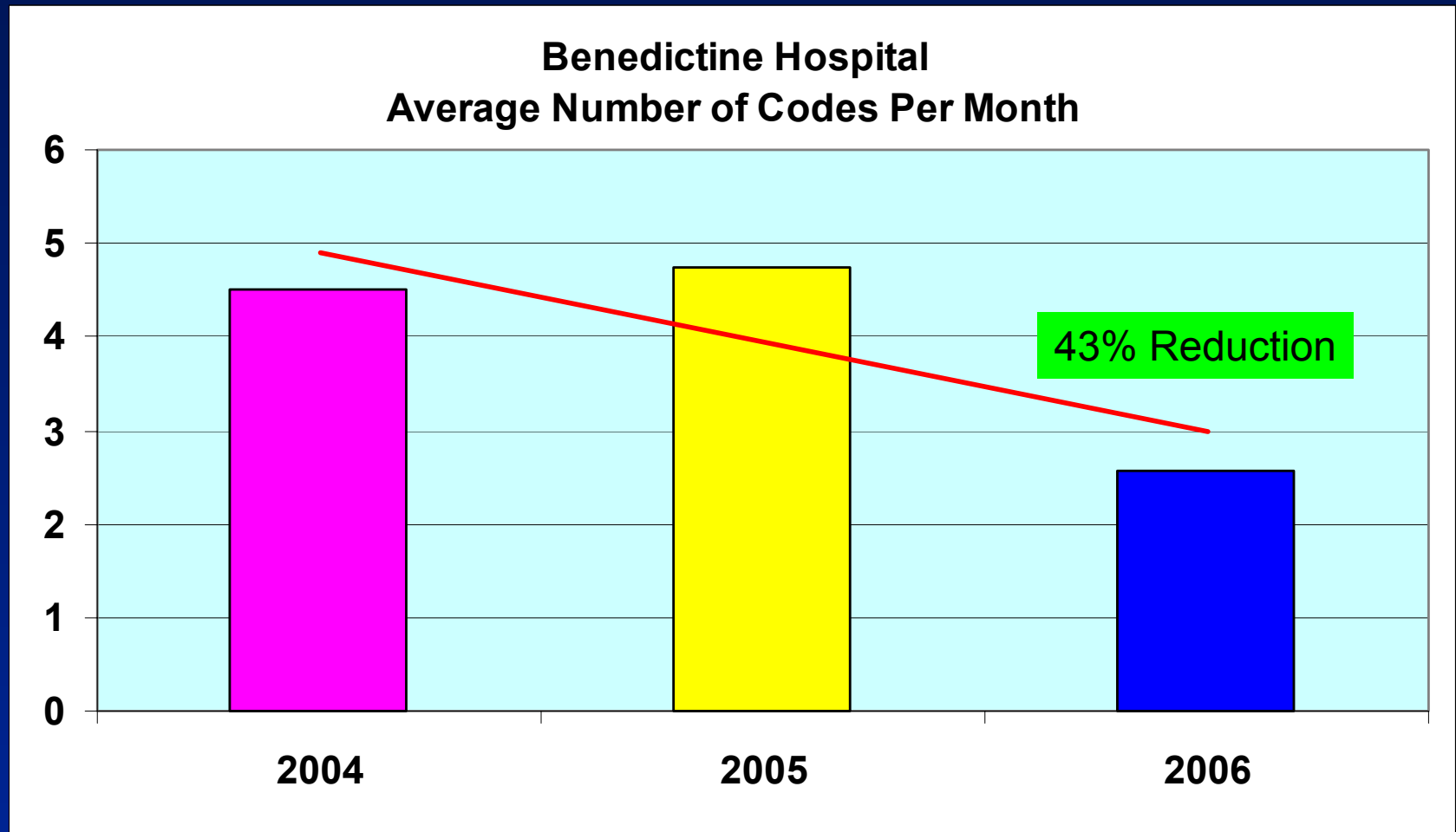
Unprecedented Month-by Month Increases in Number of Organ Donors

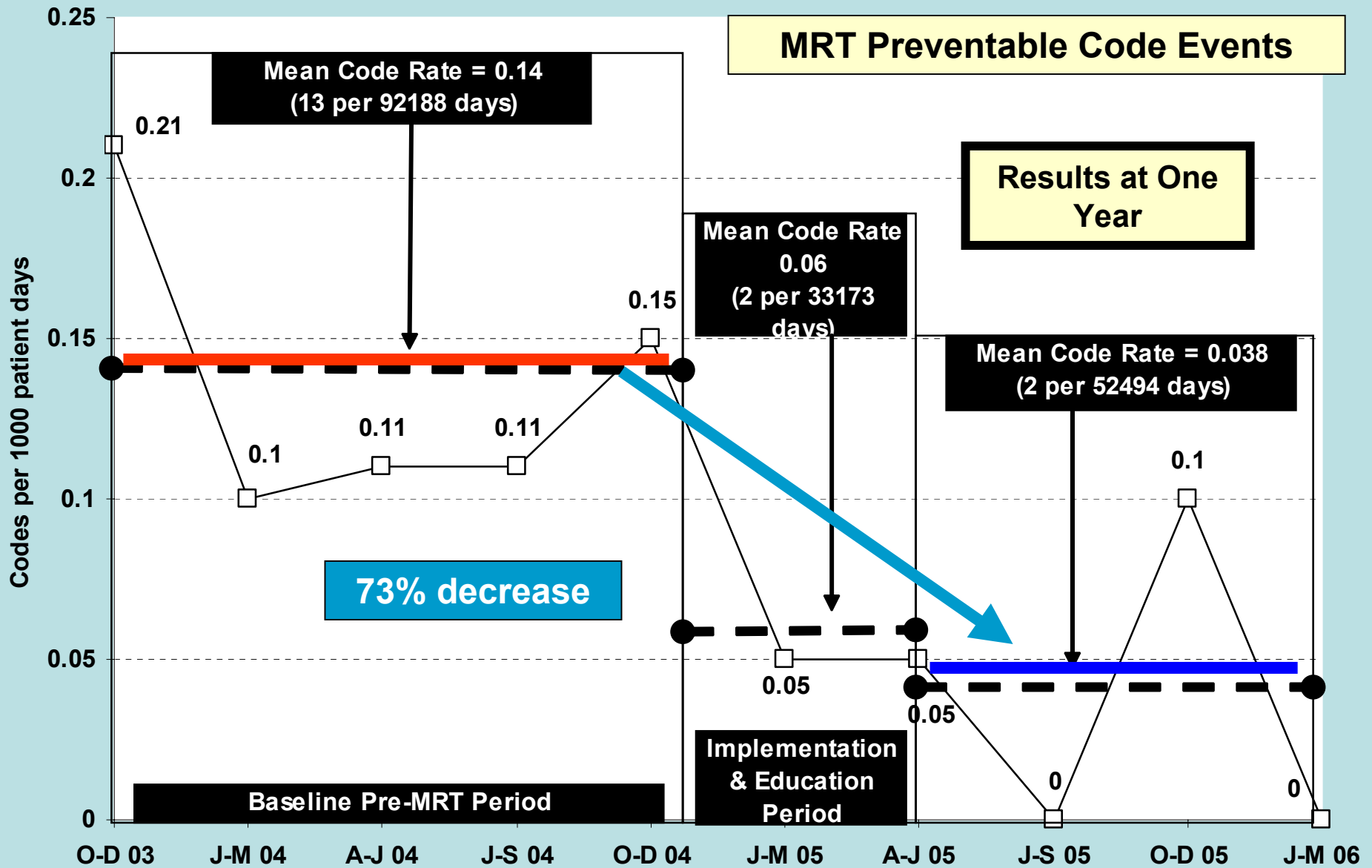


Rapid Response Results: Henry Ford Hospital



Rapid Response Results: Benedictine Hospital

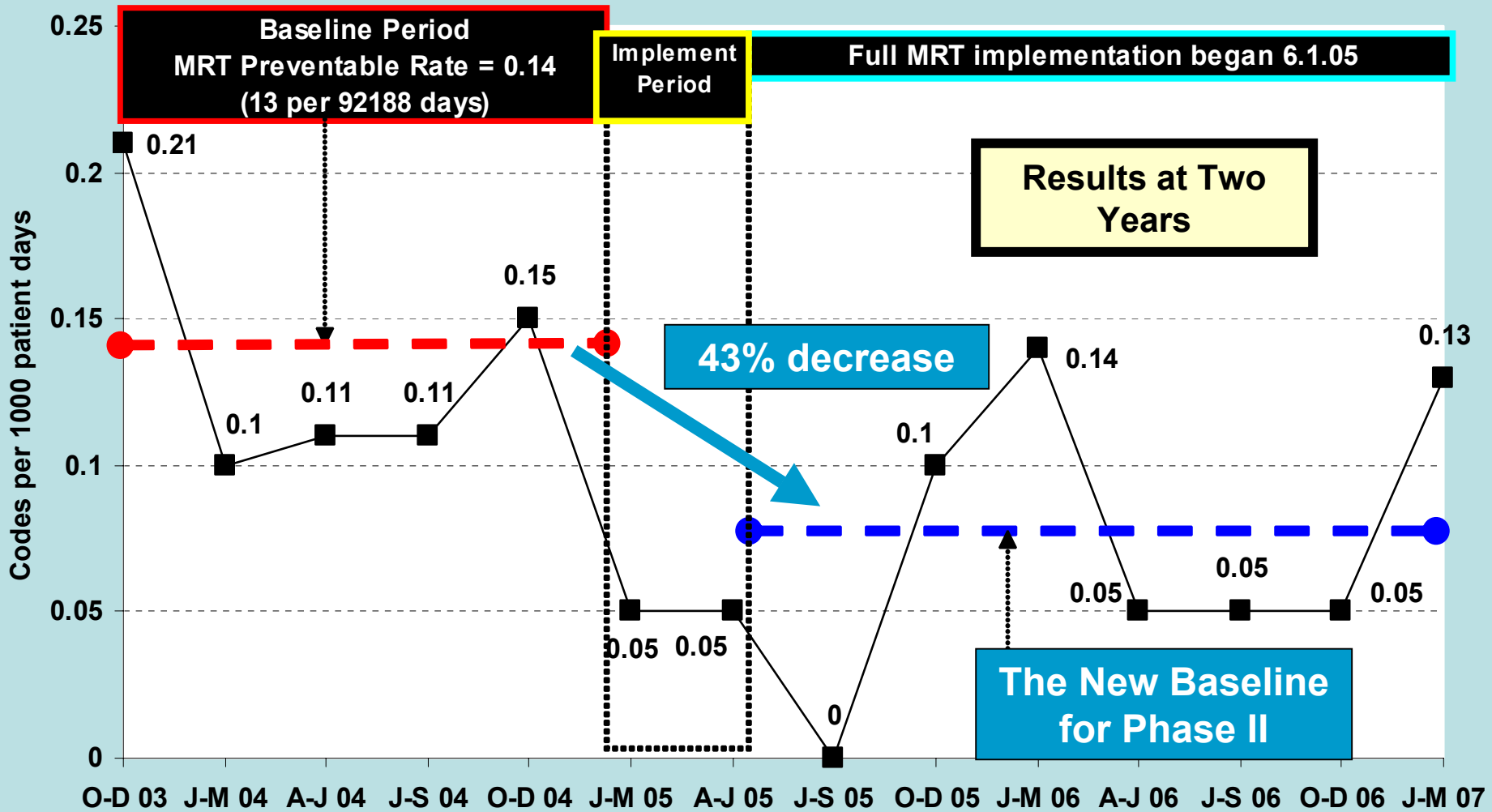




Rapid Response Results: Cincinnati Children's Hospital and University of Cincinnati

MRT Preventable Code Rates - Outside Critical Care Areas 2.1.07

■ MRT Preventable Codes Outside Critical Care w BVMV or CC or Both / 1000 Pt Days



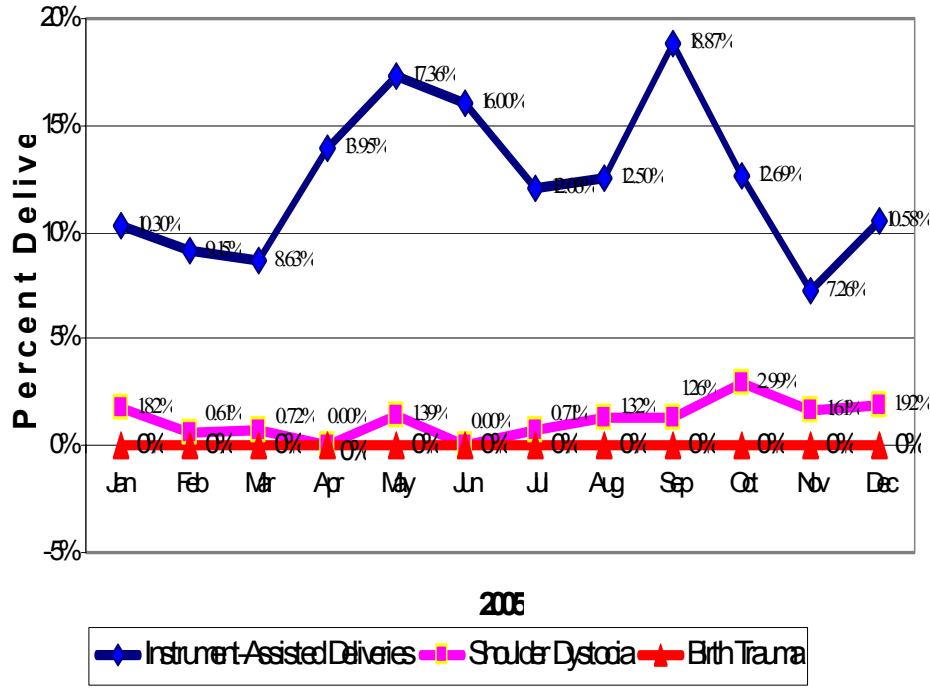
Rapid Response Results: Cincinnati Children's Hospital and University of Cincinnati

Birth Trauma in Ascension Health

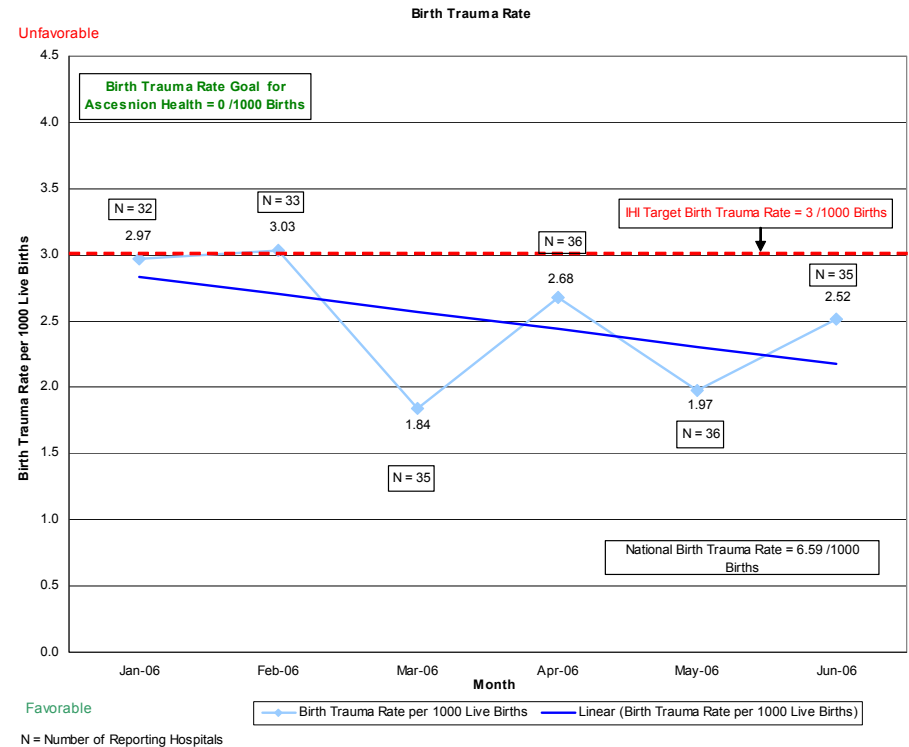
Seton Medical Center – Austin, TX
St. Mary's Medical Center – Evansville, IN

Alpha Spread

St. Mary's Birth Traumas - CY2005



Ascension Health System



Supportive Management

- Board and executive team creates accountability systems.
- Board and executive team effectively communicates measurable improvement aims.
- Executive team celebrates successful attainment of improvement aims.

Structures to Foolproof Change

- Managers of improvement activities document successful processes in guidelines and training materials.
- Managers of improvement activity develop tools (e.g., checklists, pre-packaged “kits” of materials used in applying the intervention) and technology to support sustained implementation.

Examples of fool-proofing the new process/procedure

- Decrease the likelihood that a needed item is left off the Central Line Kit by prepackaging supplies
- Make it impossible to attach the vacuum line to an oxygen outlet by installing different sizes or shapes for vacuum and oxygen connectors
- Differentiate look alikes
- Use of colors or shapes

Examples of fool-proofing the new process/procedure (technology)

- Computer to edit and cross-check entries
- Bar coding
- Alarms
- Control charts to monitor patients in “real time”

Robust, Transparent Feedback System

- The hospital has in place a measurement system that regularly generates data on performance.
- The hospital publicly displays improvement data on all improvement interventions.

Shared Sense of System

- Managers of improvement activity use tools to map the process that has been improved (e.g., flow charts), allowing for shared analysis of systems as sustainability work proceeds.

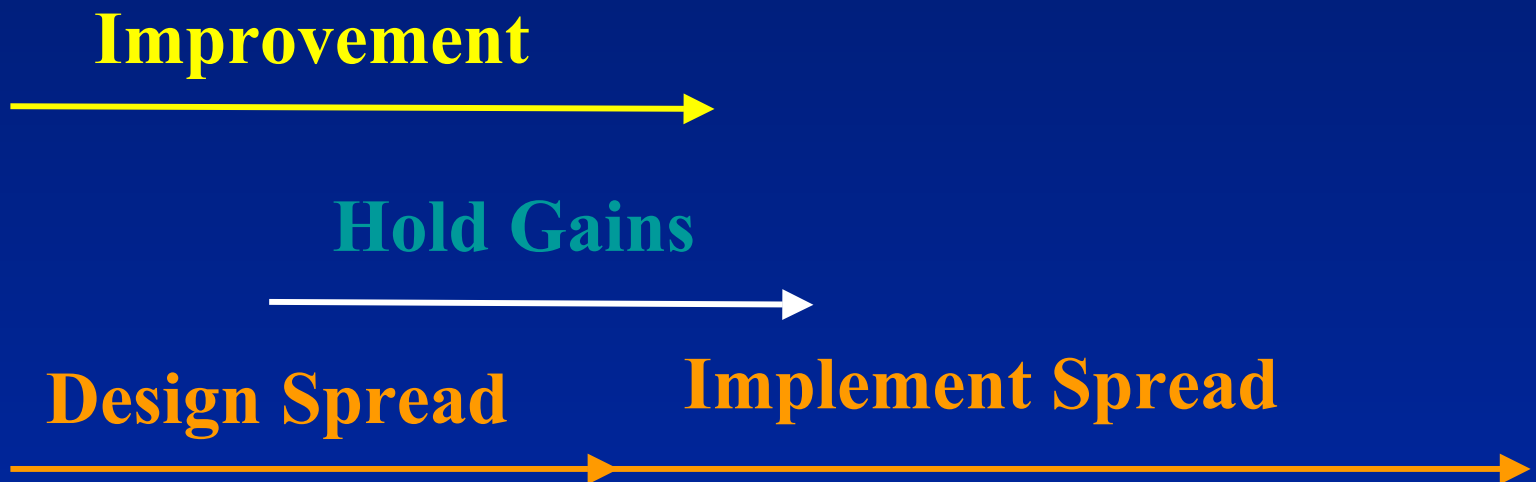
Culture of Improvement

- Everyone in the organization is clear on major performance improvement activity and can explain their role in it.
- Staff view quality improvement work as part of their job.
- Managers of improvement activity write job descriptions to reflect improvement responsibilities.
- Managers of improvement activity create opportunities for all stakeholders in improvement to share ideas and express concerns.

Formal Capacity-Building Programs

- Managers of improvement activity closely consider the composition and skill base of participating teams, working to enhance confidence and core competencies.
- Every stakeholder in the organization is introduced to the content of any new improvement intervention and provided ongoing training in quality improvement methods.

When Do We Work on Spread and Sustainability?



Success Factors

- Inspiring goal and clear deadline
- Optimism/volunteerism
- *Proactive spirit*
- *Focus on joy and personal motivations for providing care (“heart”)*
- Practical direction (assists leadership)
- Useful tools
- Vibrant, distributed national learning network
- Fulfilled pre-requisites

Lessons on Large-Scale Change

- Large scale is a challenge and a blessing.
- There is a trade-off between sufficient feedback and data submission burden for hospitals.
- Simple messages are necessary.
- Simple interventions are necessary.
- The size of the audience limits ability to teach the *what* and *how* of improvement.
- Hospitals value alignment.
- Wherever possible, demonstrate the relationship between cost and quality.

Lessons (cont)

- There is value to a multiplicity of ideas and types of organizations (“every node is a laboratory”).
- An all-at-once approach requires graduated involvement and some segmentation.
- Devolve control and trust local adaptation (ecosystem).
- Balance partnership and independence (clear operating values).
- Sustain focus on the field operation and infrastructure development (creating learning opportunities for participants).
- *Logistics, logistics, logistics.*

Thanks again!

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