Quality Leadership

How Leaders Can Build and Sustain High-Performance
Teams (HPTs) Across the Enterprise

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Introduction

Quality is something that should *always* happen. It sounds relatively easy, but despite our best efforts as leaders, quality evades us. *Always* means every single time. *Always* is achieving perfection. *Always* is challenging to achieve. And that can be overwhelming! It takes hard work, never giving up, and sometimes designing a new process. We tend to fix something and move on, all the while assuming things are working well until a problem resurfaces. Achieving *always* requires leaders to set priorities, measure, and follow up. Quality also requires that we provide effective, safe, patient-centered, timely, equitable, integrated, and efficient services--and that is a tall order when we have competing priorities.

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Always is achieving perfection.
Always is challenging to achieve.

We owe it to the community we serve. Providing quality care and service helps healthcare organizations ensure desired outcomes for patients and their families. Quality of care and service also builds trust, which will ultimately lead to loyalty. And let's not forget, we have well-intentioned people working for us who want to do the right thing. Providing quality of care and service also lets our payers see how we perform, leading to receiving the proper reimbursement we need to continue providing quality of care and service.

Identify opportunities for improvement
Opportunities for improvement are gifts. These gifts may come from our payers, complaints, accreditation, and regulatory bodies or those who directly provide the care and service. Conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis each year to help prioritize your opportunities.

Measure what matters
Measuring what matters helps leaders focus on high-risk, high-volume, and problem-prone areas. Measuring what matters gives leaders a chance to prioritize and focus their efforts.

Set a target or goal
Setting a target/goal is a robust process to motivate you and your team to turn a vision into a reality. Setting targets/goals helps guide our focus and leads to more outstanding performance and success. Targets/goals let us know when we have achieved success and when we can move onto the next challenge.

Compare your performance to the best performers Once you have identified what you want to measure, look for measures with percentile rankings. Percentile rankings will help you identify the top-performing score and who are the top performers. Percentile rankings set a bar higher than average and signal to the community that we want to be the best.

Display your results
Dashboards and graphics are a great way to display your results, and they provide at a glance and at your fingertip results. You know the old saying, a picture is worth a thousand words; using a dashboard or a graph allows a user to see the results without requiring an explanation.

Celebrate your successes
By celebrating our successes, we reinforce the motivation that will keep us going through the next opportunity. One thing that is easy to lose sight of when you are in the thick of things is a celebration. While we may have an end target or goal in mind, celebrate incremental success. Take time to recognize those who are making a difference! Make celebration innovative and fun. And always celebrate when you and your team have achieved your overall target/goal results. The celebration does not have to be expensive. It does, however, have to be genuine and authentic.

Finding A Better Way

Finding A Better Way (ABW) is SOMC's continuous performance improvement model where leaders identify a problem, make a change, and document the impact of a solution. Finding ABW requires a leader to know that an opportunity for improvement exists. Finding ABW takes focus, and leaders have competing priorities. Finding ABW requires leaders to search for problems, and if there are problems, look for a solution. Leaders may be hesitant to find problems/opportunities because it can take time to involve staff and even more time to implement a solution. Finding ABW may take many attempts to make a change. And it does not stop there. Leaders must follow up to ensure the improved process is stable over time.

Successful leaders commit to always looking for ABW for those we serve. Successful leaders also document their process improvements using the ABW template and share the results with other leaders experiencing a similar issue.

Follow the seven steps below to find ABW using the SOMC ABW template located on the SOMC shared drive:

Baseline performance measurement - know your results before you begin your improvement efforts. Baseline performance measurement allows you to tell if your ABW efforts made a difference.

Specific goal description - your goals should be SMART: Specific, Measurable, Achievable, Relevant, and Time-based.

Process Mapping - a technique using flowcharts to document the details of a process.

Brainstorming - a team activity where the team lists ideas that lead to problem-solving.

Multi voting - a voting technique used by a group to decrease an extensive list of items into a manageable list.

Leading indicator identification - the processes that lead to an outcome.

Lagging indicator identification - the outcome of a process(es).

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Measures that Matter

There are thousands of measures or indicators available that measure healthcare processes and outcomes. The overabundance of measures makes it challenging to know where to focus. Many of these measures distract leaders from what is important. It isn't easy to balance regulatory requirements, payer expectations, and strategic values. This multitude of indicators may have a limited impact on what patients want and need.

Measures that matter to our patients should be our primary focus. When leaders understand that focusing on our patients is our fundamental purpose, it becomes clear where we should focus our efforts. Collecting quality data (measures that matter) inspire improvements in the care we provide. Understanding measures that matter helps us determine how often what we do is always done.

Distinguish between the three types of measures: structural, process, and outcome.

Structural measures are an indicator of organizational capacity systems and processes to deliver high-quality care.

Process measures reflect the steps needed to maintain or improve care (leading indicators).

Outcome measures indicate the impact of a process (lagging indicators).

Understand your department's purpose or core business which sets up the framework for your measures and helps leaders know where to begin.

Know what measures regulatory bodies require to be able to prioritize what you are measuring.

Identify what your payers expect to be able to get reimbursed for the care we provide.

Be knowledgeable about what your patients expect by reviewing patient satisfaction survey content and selecting measures that matter to your patients.

Inspect what you expect by setting clear expectations, measuring what you expect and holding others accountable for meeting those expectations.

Compare to the best by selecting measures with percentile ranking results.

Setting Goals

Goal setting requires us to step outside our comfort zone. Goal setting requires us to focus on the future. When establishing goals, we also have to change beliefs, behaviors, and feelings when trying to achieve a goal, and change is hard. We also want to continue to do the things we have always done. And, if we are honest, the fear of failure may keep us from setting our sights too high or even setting a goal at all. We are also hesitant because we do not want to disappoint our team members if we do not attain our desired outcomes.

SOMC's vision is to **Be the Best**, and goals help us evaluate our progress toward **Being the Best**. When improving a process, clear goals are required, so all team members know what they are striving for and allow leaders to track the progress of a specific improvement project. Goal achievement will enable leaders the opportunity to recognize and celebrate or take action when a goal is not achieved.

When setting goals:
Know the strategic objectives of your organization.
Find out what it takes to be the best
and establish that as your goal.
Write SMART goals – SMART is an acronym that outlines a strategy for writing and reaching a goal.

- **S**pecific – the goal should be clear-cut with little room for misinterpretation
- **M**easurable – the goal should be meaningful, motivating, and easy to track progress
- **A**chievable – the goal should be attainable
- **R**ealistic – the goal should apply to the improvement
- **T**ime Frame – the goal should have an established time for completion

Apply the SMART goal process to your **A Better Way** project and let the improvement begin!

Forming a Team to Find **A Better Way**
Leading an improvement team takes time and energy. We allow our priorities or perceived priorities to get in the way. It can also be challenging to get the right people at the right time to form a team. And, sometimes, we think it is easier just to do it ourselves.

As much as we like to believe it is easier to do it ourselves, more heads are better than one when finding **A Better Way**. To find **A Better Way**, we must tap into a wide range of people's knowledge, skills, experiences, and perspectives. An improvement team is a group of people who work together to combine their expertise and efforts to achieve a common goal, **A Better Way**. An improvement team requires a selection of healthcare professionals with complementary skills and knowledge to improve a process or a patient care outcome. Team members share in the decision-making process and generate ideas for an improvement that ultimately affects the patients, the staff, and the organization. Not only will you find **A Better Way**, but maybe an innovative way.

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When selecting team members, consider seeking out staff who have the following attributes:
- Eager to serve
- Respected by a broad range of staff
- Passionate about the improvement opportunity
- Creative and willing to offer solutions
- Problem solvers
- Team players
- Flexible, willing to change, and accept new technologies
- Knowledgeable, competent, and skilled in the improvement opportunity
- Ready for change
- Good communicators
- Excellent listeners
- Inclined to speak up
- Willing to learn from other team members
- Patient-centered
- Agreeable to assume individual responsibility that promotes the team's success

Tools for Process Improvement

Healthcare is complex, and leaders often do not know where to start when deciding on what process improvement tools are needed when working on *A Better Way* project. Or maybe previous attempts at finding *A Better Way* failed, and the task at hand seems overwhelming.

The use of improvement tools helps guide problem-solving by allowing team members to see the steps in a process, visualize data, determine causes, and focus on a specific area of improvement. And the more you use the tools, the more knowledge you gain for the next improvement opportunity. Now that you have found measures that matter, an opportunity for improvement, and organized your team, you may want to learn some tools of the quality improvement trade. Here are some quality improvement tools to help you as you continue your journey to *A Better Way*:

- **Brainstorming**: a process for generating ideas on opportunities for improvement.
- **Cause-and-effect diagram (also called Ishikawa or fishbone diagrams)**: Identifies many possible causes for an effect or problem and sorts ideas into functional categories.
- **Flowchart**: an easy-to-understand visualization of a process.
- **Check sheet**: A structured, prepared form for collecting and analyzing data.
- **Control chart**: Graph used to study how a process changes over time. Comparing current data to historical control limits leads to conclusions about whether the process variation is consistent (in control) or is unpredictable (out of control, affected by special causes of variation).
- **Histogram**: The most commonly used graph for showing frequency distributions, or how often each different value in a set of data occurs.
- **Pareto chart**: A bar graph that shows which factors are more significant.
- **Scatter diagram**: Graphs pairs of numerical data, one variable on each axis, to look for a relationship.
- **Stratification**: A technique that separates data gathered from various sources to observe multiple patterns.
- **Ask for help**: There are varying levels of experience in an organization. Find an experienced colleague who can guide you and serve as a mentor.

Make it Easy to Do the Right Thing, Always

Health care is complex and involves many complex problems. We work hard to do what is best and always provide the right care or follow a process. Unfortunately, our hard work doesn't always produce the results we hoped to achieve. Sometimes, we get stuck in a rut and become comfortable doing what we have always done, even if there are multiple complex steps. And, it can take time and energy to simplify the process we have always done.

Doing the right thing in health care can be exceptionally complicated. At times, those we serve are given the wrong care in the wrong way at the wrong time. We have limited attention spans, we perform work when we are tired, and we simply forget sometimes because we are human and we make mistakes. Just asking someone to try harder or to be more careful does not stop errors. We owe it to those who use our health care services to do the right thing – **always**.

How can you do it?

- **Find A Better Way (ABW)** – Utilize SOMC's performance improvement process (ABW) and document how you found *A Better Way*.
- **Utilize technology** – Technology can provide reminders. It can give us alerts, and it can streamline documentation. Technology can also automate some processes.
- **Standardize care** – Doing so helps minimize errors, improve the patient experience, and increase the likelihood of safe and quality care.
- **Use checklists** – Checklists help us remember to do all of the steps in a process. The physical act of checking something off reinforces that we did it right!

Follow Checklists

Leaders are hesitant to expect the use of a checklist because we think they will undermine the expertise we have learned during our careers. Our tasks become routine once we learn them; we get bored, lose interest, and sometimes become sloppy in our work. And we are human, and humans make mistakes. We think we will remember all of the steps in critical tasks because we do them often. Also, we have attained a high level of knowledge and are highly skilled and hard-working for the most part. Yet, the best intentions do not help us achieve perfection.

Checklists ensure that we follow evidence-based practices. Checklists help us prevent failures and from achieving always. And those failures persist despite our best efforts. We continue to make mistakes in healthcare that lead to poor quality outcomes. We skip steps and take shortcuts. And with all of the education and training we provide to our team members, health care organizations continue to experience wrong-site surgeries, patients get injured when they fall, and caregivers leave out steps that ensure that patients receive appropriate sepsis care.

Checklists help us prevent failures and from achieving always.

Follow checklists for critical processes. Checklists should be simple and easy to follow, and checklists should provide reminders of essential steps, not necessarily a comprehensive list of an entire process.

A checklist should be:
- Precise
- Practical
- Efficient
- To the point
- Easy to use in the most challenging situations
- Always used regardless of our expertise or years of experience

Embrace Your Failures

Failures are inevitable when we try to improve, and most of us want to escape them. Healthcare is complex, and many times we think if we fail, we are unsuccessful. From an early age, we learn failure is terrible, and we worry we have to take the blame when something does not improve or goes wrong. Sometimes the fear of failure may cause us to become paralyzed and not take further action.

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Failure is a motivation to make improvements. Failure does not need to be avoided but embraced. For many of us, failure is the opposite of success when it actually is a necessary part of success. By embracing our failures, it opens us up for learning. Failure can be an incentive to try harder or to find *A Better Way*. High-performing organizations support reporting, sharing, and learning from failures.

Understand that it is ok to fail. Then learn from the failure.
Keep a record of your failures. Write your failures in a journal and use them to help others.
Do not wait until something is perfect to launch it.
Create an environment where we ask what happened rather than who did it.
Report failures consistently, analyze them, and search for innovative ways to improve.
Learn from those who had failed before and use that failure to launch successfully and improve.
Conduct a rapid cycle test before a broad launch to learn what needs to be tweaked or redone.
Smile when you fail and try again!

Use Dashboards to Display and Improve Performance

Dashboards take a substantial amount of time to create, maintain, and review. Leaders have a lot on their plates, and it is easy to lose sight of our priorities and allow the dashboard to become outdated and just one more dreaded task to complete.

We have all heard the old saying, "no margin, no mission." In this day and age of pay for performance and the move to value-based care, the phrase "no outcome, no income" may be our future. It is a leader's job to produce results, and if we do not have those results at our fingertips, it can be challenging to know the outcomes of our efforts. Dashboards facilitate the management of key indicators and assist with the prioritization of opportunities in need of improvement. Dashboards provide a comprehensive high-level snapshot of overall performance and enhance organizational alignment with the strategic values. Dashboards are a method to communicate results at a glance to see how we are performing and if our actions are making improvements. Dashboards make quality data easily accessible and easy to understand.

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Determine your key performance indicators. By doing so, you can focus on the measures that matter on a dashboard.
Display your dashboards. Displaying the dashboard gives all team members the ability to see if their actions produce the expected outcomes. Use bulletin boards and color-coding to make it clear if the results are improving or declining.
Keep your results up-to-date. Leaders have to know their current results to drive change or celebrate success.
Make reviewing your dashboard(s) a priority, especially if you are responsible for multiple departments. Consider making time at monthly meetings to check dashboards with responsible leaders and focus on actions taken.

The Joint Commission

Historically, The Joint Commission (TJC) are the three most dreaded words for healthcare leaders, and it has been a longstanding fright passed down through the years. Leaders perceive The Joint Commission as punitive rather than an organization that offers expertise and education to help us continuously improve the safety and quality of the patients we serve. The Joint Commission accreditation requires preparation, continuous readiness, inspecting what we expect, and follow-up when we fail to meet the standards. And, the survey process is unannounced, which can be overwhelming.

> **The Joint Commission holds us accountable for being successful providers of safe and effective care, which is of the highest quality and value.**

The Joint Commission is the eyes and ears for the patients who receive the care we provide. They hold us accountable for being successful providers of safe and effective care, which is of the highest quality and value. The Joint Commission is also one of the deeming authorities for the Centers for Medicare and Medicaid, and a successful survey means we will continue to get paid. The Joint Commission accreditation process is voluntary and is a commitment to those we serve.

The Joint Commission is coming. What now?
Stay calm. TJC wants you to do well because that means patients are being cared for well.
Understand The Joint Commission is here to help us be a better organization, the best organization. They will educate and look for opportunities to improve during a survey.
Stay prepared and ready by practicing doing what we say we will do. The Joint Commission Checklists for Success are available on the SOMC intranet site to help you.
Be friendly. Thank the surveyors for sharing tips, and act engaged and interested in the process.
Listen and do not argue. Some of what the surveyors say is personal opinion based on their own healthcare experiences. Work with your team to counter if they begin discussions of findings.
Get help if you do not know the answer to a question. Acknowledge that you need to refer to a specific policy or procedure to answer accurately. Do not take a wild stab at it.

Celebrate Your Success

Healthcare is hard work, and achieving near perfection results is even more challenging. Knowing when to celebrate that hard work and the associated results can be confusing. Do we celebrate small wins or wait until we reach the finish line and become the best? We worry that we may celebrate too soon, and complacency will set in.

Incremental celebrations for small improvements along the way give the team a reason to keep going.

You have identified an opportunity to find A Better Way, pulled together a team, found a solution, and improved the results. A celebration keeps the team motivated to reach higher and carry us over through the next accomplishment, and celebration aligns behavior with the results we desire. Incremental celebrations for small improvements along the way give the team a reason to keep going. Let's face it; a celebration is fun! And by calling attention to the team's success, the team is likely to want to continue to find better ways to improve processes.

- Set incremental goals with the team to allow for small celebrations on your journey to finding **A Better Way**.
- Make sure the team knows the final destination so that they can keep their eyes on the target.
- Be genuine and do not just go through the motions.
- Celebrate both the incremental wins and the goal achievements immediately.
- Be specific about what you are celebrating, why the accomplishment is essential, and what it means to the organization.
- Write thank-you notes to individual team members and identify their specific contribution to finding **A Better Way**.
- Publish the teams' success where other team members in the organization can see it.

Some Additional Learning Resources

Agency for Healthcare Research and Quality

Hardwiring Excellence

How to Succeed with Continuous Improvement

If You Have To Fail -- And You Do -- Fail Forward

Improvement Teams

Leaders Need Dashboards

The Checklist Manifesto

The Joint Commission

The Quality Playbook

The Seven Basic Quality Tools for Process Improvement

Why Should Leaders Celebrate Success?

Valerie DeCamp is the Vice President of Clinical Integration and Chief Quality Officer of Southern Ohio Medical Center. Valerie is also a nurse practitioner specializing in adult and geriatric care.

Valerie was born and raised in Wheelersburg, Ohio. She attended Shawnee State University in Portsmouth, Ohio, where she achieved an associate degree in nursing. She then attended Bellarmine University in Louisville, Kentucky, for her BSN, then Wilkes University in Wilkes-Barre, Pennsylvania, for her MSN and DNP. Valerie is also a certified nurse executive. She is a lifelong resident of Wheelersburg, Ohio