

Quality and Leadership: What is Needed to Support Hospitalist Quality Initiatives ?

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Quality and Leadership: What is Needed to Support Hospitalist Quality Initiatives ?

- What does a struggling hospitalist or hospitalist medical director **do** to accomplish the changes they think are needed?
- What are the 'nuts and bolts' of moving into a leadership position?
- Can you get resources without crossing to the other side and becoming a 'suit'?
- What if you want to become a suit?

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Which Describes You Best?

- I am starting a QI Project or in the middle of my first QI Project
- I have been involved in several QI Projects and am getting tired of volunteer work between the hours of 10pm and 2am!!!
- I have a formal title in Quality or Safety but still learning the ropes in the Administrative world, ie politics, behaviors, leadership
- I am a Hospitalist Director seeking resources and better infrastructures to support Quality and Safety

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### Our message

- You occupy an important role in your institution-
- You can leverage that role into the acquisition of resources
- If you are willing to accept accountability for managing resources
- And produce results!
- You'll need some skills- we can help you think about which ones...

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### Quality Improvement needs accountable leadership

- We cannot move the most important measures of system wide quality performance without strong capable physician leadership willing to be accountable for aligning resources with improvement activities.

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### Start with a story

- My journey from whining and dis-ease to accountability and leadership
  - And still occasional whining....but with self awareness

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## Victor Frankel



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## Victor Frankel

- **“ev erything can be taken from a man but one thing: the last of the human freedoms—to choose one’s attitude in any given set of circumstances, to choose one’s own way.”**
- It makes a difference-
  - personally
    - [I am the one who makes choices here]
  - and as a leader
    - It’s all about us and the choices we make; we can’t point to the environ ment

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What’s important about leadership for hospitalists in quality improvement?

- **Alignment of resources to accomplish:**
  - Performance improvement
  - Harm reduction
  - Achieve reliable processes
  - Reduce waste
- **It’s being willing to be held *accountable* for the resources and being willing to take *advantage* of the resources**

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## Hospitalists are uniquely positioned for this work

- We are at the core of most of these processes
- The inefficiency and waste of hospital processes are inefficiency and waste in our personal work
- We interact with most clinical services within a hospital, and serve as the bridge between inpatient and outpatient care

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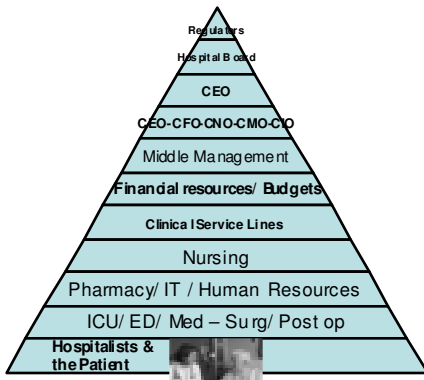
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Here's how most think about the hierarchy of health care:




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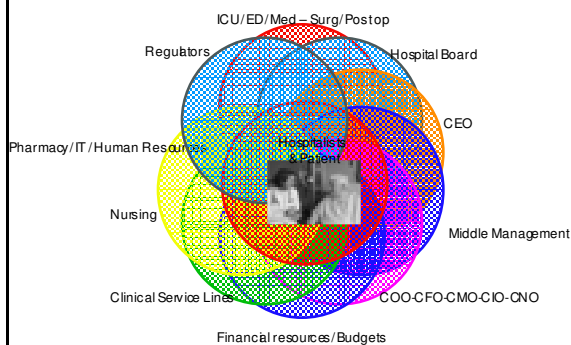
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Isn't it really more like this?




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There is a science to leadership for improvement, and effective management of resources

- The first step is knowing who/ how/ or when to ask for resources
- The next step is the courage to be accountable for the resources
- Then the skills can be learned

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We assume here that you understand your middle management role and how you can leverage it

- Remember your central role with the patient and all those intersecting elements of the hospital- you can improve almost anything!
- You have very specific relationships with formal hospital middle managers- seek out and develop these relationships...
  - Nursing managers
  - Risk management
  - Quality department staff
  - Pharmacists
- Figure out a way to add a patient to your task force- it will change the process

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Find out if this is a match

- Start small to test the waters
  - Find something you are passionate about
  - Volunteer to lead a task force
  - Be sure you understand the resources
  - Pick a measurable goal and time frame
  - Get the training you need to understand how to set an aim; measure, and improve
- Seek out a mentor
- Encourage your leadership to do good succession plans and mentoring

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The scope affects the resources  
- you don't need to become a suit,  
but you can.

- Task force of 6 months
- Project for one year
- Medical directorship- new
- Positioning yourself in the succession plan for existing leadership roles

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### Positions to think about

- Medical Director of Quality
- Medical Director of ICU; respiratory services; diabetes care (or any other service line)
- Hospitalist Program Medical Director
- Chief Medical Safety Officer
- Patient Safety Officer
- Medical Director of Information Services
- Chief Medical Officer
- Chief of Learning and Innovation

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### Learn to think like the administrators

- How will this save money?
  - Cost of poor quality
    - Hospital acquired infections CMS no longer pays for
    - Wasted time of clinicians – this is probably 30% across the board
    - Opportunity to reduce staffing (don't be shy here!)
    - Opportunity to improve patient satisfaction
- How will this improve quality?
  - Remember it needs to be a quality issue that matters in the C suite- the bigger the better
  - What regulatory issues or external measures are they under the gun about?

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## Now the hard part...

- Don't agree to do it without the right resources
- Negotiate!
  - Get some help to do this if you're new
- Pay
  - If you're really courageous- connect some to results!
- Title
- Job description
- Administrative support-
  - 10 hours a week of this specific administrative assistant
  - Access to a specific person in finance or IS dept who can run reports for me on X,Y,Z
  - Copier X
  - Laptop computer
- Travel and education expenses

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## So what is the science of leadership for Improvement?

- Leadership is not charisma
- It is not static
- Leadership is contextual- it changes based on the circumstances
  - You know this in the clinical arena- you behave very differently
    - when suggesting a better way to treat this case of CHF
    - At a code

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## Leadership

American College of Physician Executives:

leadership is the ability to have people engage in behaviors that take care of what's important to you by taking care of what's important to them

A more eloquent and broader view by George Bernard Shaw:

"this is the true joy in life, the being used for a purpose recognized by yourself as a mighty one...the being a force of nature instead of a feverish selfish clod of ailments and grievances complaining that the world will not devote itself to making you happy."

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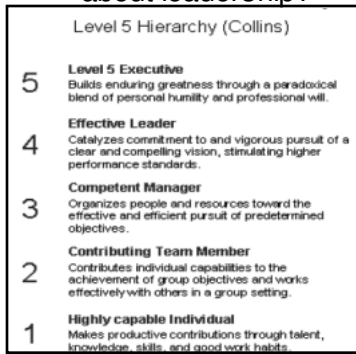
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## What does the business world teach us about leadership?




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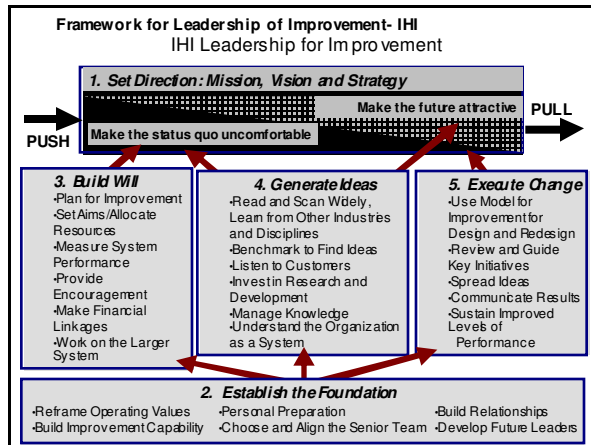
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## You'll need to learn new concepts and terms

- 4 dimensions of assets
- physical
- customer
- financial
- employee

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### Be able to be articulate at the finance committee

- Balance sheet
  - Income statement
  - Accrual accounting
  - days cash on hand
  - Contractual allowances
  - Pro forma
- To learn this stuff you need a couple days at a finance course at ACPE; an online course; and/or sometime with someone in your finance department...

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### resources to help you on this journey

- Get the training you need- we don't come with this stuff loaded on our mental hard drive
  - It's not quite like the evidence for the treatment of hypertension...but some folks have sorted thru the literature for you
- SHM
    - Leadership Academy 1 and 2
    - This quality course
  - IHI
  - ACPE
  - Harty Springer

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### Top 10 do's and don'ts

#### DO

- 1) Use your clinical knowledge to bring forward system problems
- 2) Acquire the performance improvement skills to do this work
- 3) Find partners who will work with you and support the goal
  - Nursing leaders
  - CMO; COO; CEO
  - Other medical directors- ED; ICU; Perioperative services
  - Other clinical chiefs
  - Case managers

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DO

4) **Use the politics of your organization to help you**

'politics' is not a dirty word - it's just the reality of the **true** organizational chart - who is influential; whether or not they hold a title; who needs to speak up in support of your idea at which meeting- go ask them before the meeting!

5) **Get someone from finance on board with the project**

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DO

6) **Get someone from quality/safety to help you design the project**

7) **Be self aware!** [Harvard Business Review says this is the single most important leadership trait]

8) **Listen actively.**

9) **Learn to run a meeting really well**

read the Team Handbook

use time well

always close the loop on open items

10) **Find a mentor**

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DON'T

1) **Whine about the status quo** (unless you've got a great plan for fixing it!....even then, don't whine...

2) **Agree to take on a job or project without agreement on the resources, job description, time frame, and deliverables**

3) **Stay stuck on your personal pet project when there's a system goal you agree with that could get you way more resources and success**

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## Don't

- 4) Take a problem to management without a plan to resolve it
- 5) Accept a project without a management partner to create action plans, follow up on them, keep everyone on task
- 6) Try to do this without some training (so make that part of the job)
- 7) Do all the work between 10PM and 2AM
- 8) Do all the work yourself- teams have more knowledge than individuals; system change requires you to involve the system!

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## DON'T

- 9) Ignore the front line worker knowledge  
-you are close to the front line; but don't be arrogant- we cannot know the process without asking the process workers- "what is the process of nursing medication reconciliation at discharge?"
- 10) Take credit for a successful project  
-good leaders consistently credit the team and downplay their role. It's the truth and it gets you more success in the future.

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## Management/Leadership- template of progressive change and understanding- a brief story

-at the start  
what do you do?

- task oriented, focused on division/project
- respond to incoming missiles
- create and impose structure on chaos- make action lists and follow-up on them
- invent solutions and 'explain them ' to others

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**how does it feel?**

- Pressured, and fast-paced
- only feel successful when the "to do list" is done
- rapidly becomes impossible, sinking feeling
- role "dis-ease" being viewed as a "suit"
- devalued (reduced connection with core values) when not actually seeing patients
- I am out of control; I can't control anything; it's all incoming missiles

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**transitioning**

what do you do?

- listen, ask for input
- plan for the distant future
- acknowledge chaos, don't have all the answers
- accept that management role is not one doctors will or should understand- they can't; it's OK
- understand that your job is to keep the big picture
- provide direction in the allocation of resources that will ALWAYS have limits

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**transitioning**

how does it feel?

- a bit less tense
- still confusing –  
is this really work? how do I change things? what makes a difference?
- a bit more fun- wow, I took a risk , planned something - and now look at it- it's there!
- people begin noticing you have a part in effecting change
- I start getting many more opportunities to get involved than I could ever accomplish
- I feel needed and respected...but still overwhelmed

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## reaching steady state

what do you do?

- leadership more than management
- trust your instincts and core values
- do what's right even when you get lots of flak
- chief job is planning, the further out the better
- how you behave has enormous impact
- negotiation and emotional intelligence matter far more than specific knowledge

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## Reaching steady state

how do you feel?

- it gets easier, more comfortable (even in the flak!)
- it feels less and less like work
- it feels more and more like fun/creativity
- tolerance for angst/confusion/scarcity improves
- it's exciting and satisfying to know I actually am in control of my own life
- I can choose what I want to do, and it's really OK
- I also must choose the whole of my existence-
- I am the only one who knows and can decide for myself
- I am more humble and yet more respected

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## Time for the panel

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