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Wednesday's Words of Quality

Intersection of Lean Management and the IOM's Prescription for Best Care at Lower Cost

This past September 2012 the Institute of Medicine (IOM) published a long overdue prescription to cure the ills of the American healthcare delivery system. It is entitled Best Care at Lower Cost: The Path to Continuously Learning Health Care in America.

From my read, it is an enthusiastic endorsement of our Henry Ford culture of continuous improvement. Many of chapters call for behaviors that derive from and are directly supported by management systems such as ours that promote employee engagement with blameless identification of errors, evidence-based and data-driven continuous improvements, monitors and measures of consistency and reliability of work systems and their outcomes.

One of the more insightful observations describes the leadership and management behaviors and expectations that enable and foster such a culture, that in turn produces continuous learning and improvements by those working in the system. The following excerpt taken directly from Chapter 4, entitled *CREATING A NEW CULTURE OF CARE*, is most pertinent to our Henry Ford Production System Lean leaders and managers.

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An organization's leadership sets the tone for the entire system. Leaders' visibility makes them uniquely positioned to define the organization's quality goals, communicate these goals and gain acceptance from staff, make learning a priority, and marshal the resources necessary for the vision to become reality. Furthermore, leadership has the ability to align activities to ensure that individuals have the necessary resources, time, and energy to accomplish the organization's goals. By defining and visibly emphasizing a vision that encourages and rewards learning and improvement, leadership at all levels of the organization prompt its disparate elements to work together toward a common end.

Leadership at All Levels

If the aim is to build an organization that maximizes effectiveness and efficiency through continuous learning, an effective leader is one that defines continuous learning and improvement as central to the organization's overall mission. Leaders at all levels of the organization, from the chief executive officer (CEO) and the board to middle managers and front-line staff, have a role to play in translating the organization's learning aim to practice. Beyond orienting the organization's staff toward a common goal, a leader's definition and communication of this mission can have a positive impact on the quality of care delivered. A survey of hospital leaders found that those hospitals whose leader was heavily engaged in quality improvement efforts tended to provide higher-quality care. Another study showed that hospitals with better outcomes from their heart attack care tended to have senior management involvement.

At the helm of the organization, effective CEOs disseminate their vision so that all employees can see their role in the overall mission. Executive leadership can align internal policies with this mission and marshal the resources necessary to drive continuous improvement efforts. Other strategies employed by successful CEOs include establishing compacts that outline what clinicians and the organization can expect of one another, embodying a sense of realistic optimism that encourages the organization to pursue its aim at the highest level while

acknowledging the likely challenges, harnessing “creative tension” to highlight the difference between their vision and the current state of the organization, directing the organization away from the status quo, and directing the organization toward learning by making the benefits of a learning system attractive.

As highly visible members of the organization’s leadership team, CEOs and other executives are uniquely positioned to serve as role models who embody the organization’s aim. Executives’ high visibility has even led to the development of formal methods of “rounding to influence,” where leaders are seen engaging with staff and asking specific questions to monitor and evaluate the implementation of specific patient safety initiatives. Executives also can mentor internal networks of the front-line leaders who are the key changemakers in the organization and provide the resources, support, and incentives these leaders need to drive change. In this way, senior leaders can acknowledge that their role is to set the stage for continuous learning and step back while other organizational leaders—clinical leaders and other front-line providers—work in teams to accomplish the organization’s goals.

Thus while senior leadership is responsible for setting and advancing the aim of the organization, a continuously learning organization also requires leadership on the part of the managers and front-line workers who translate that aim into practice. Middle managers play a crucial role in on-the-ground, day-to-day management of a hospital’s departments and services— the units that, collectively, make up the organization. These managers form the critical bridge between senior leaders and front-line staff and bear primary responsibility for translating executives’ vision into action by aligning department goals with the strategic goals of the organization. Unit leaders therefore must challenge the prevailing mental models—deep-seated assumptions and ways of thinking about problems—and refocus attention on the barriers to learning and improvement. To this end, middle managers must be able to set priorities for improvement efforts, establish and implement continuous learning cycles, and generate enthusiasm for continuous learning among staff by fostering a culture of respect that empowers staff to undertake improvements.

Accomplishing these goals often requires understanding continuous improvement methods, the design of learning cycles, and improvement metrics and measurement. Leaders at all levels need to practice evidence-based management, which calls for demanding data from continuous learning cycles, logically interpreting these data to effect changes, and encouraging experimentation. Finally, leaders must be adept at coaching and empowering staff to take on continuous improvement projects successfully. Furthermore, these changes require both technical and adaptive leadership styles to manage the different types of challenges facing health care organizations. To ensure that clinical leaders have the tools needed to support large-scale improvement, additional opportunities are needed to educate health care workers about organizational management, systematic problem-solving techniques, and process improvement. Initiatives such as the Institute for Healthcare Improvement (IHI) Open School have been developed to address these needs, and the Accreditation Council for Graduate Medical Education (ACGME) recently announced a shift to an outcomes-based accreditation system encompassing core competencies that include practice-based learning and improvement and systems-based practice.