



# Engaging Hearts and Minds

Frank Mazza, MD  
February 14<sup>th</sup>, 2013

# The Road to Quality Improvement

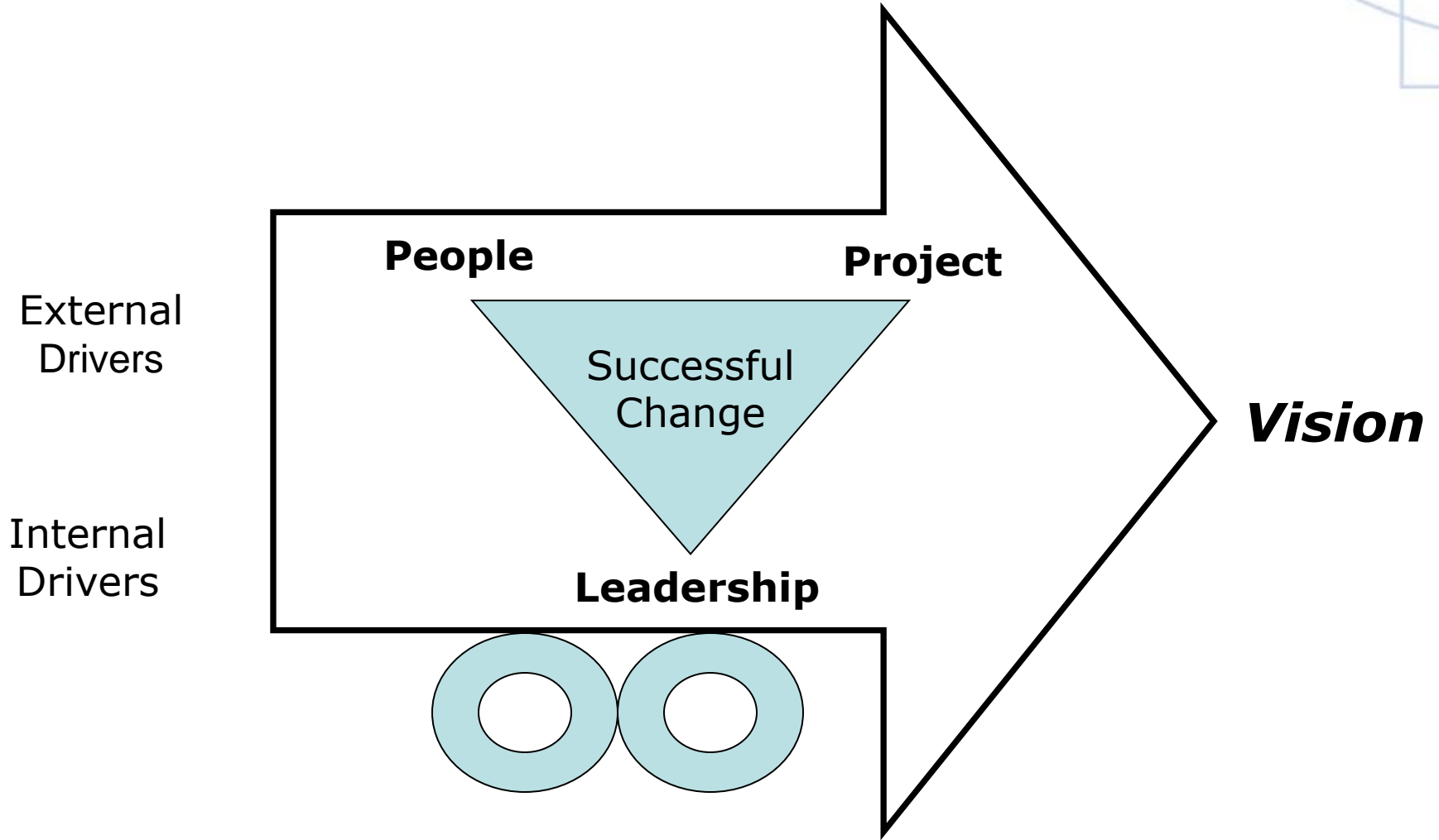


# Why Should We Care About Quality Improvement?



- It allows us to benchmark our efforts so that we can get better at what we do (more effective = better outcomes)
- We can become more efficient in what we do (more \$\$\$\$)
- Improvement is inherently consistent with our bioethical obligations as healthcare workers.
- It appeals to our sense of accomplishment and intellectual drive

# Model for Change





$$D * V * F_s > C_p$$

D = Dissatisfaction with the present situation

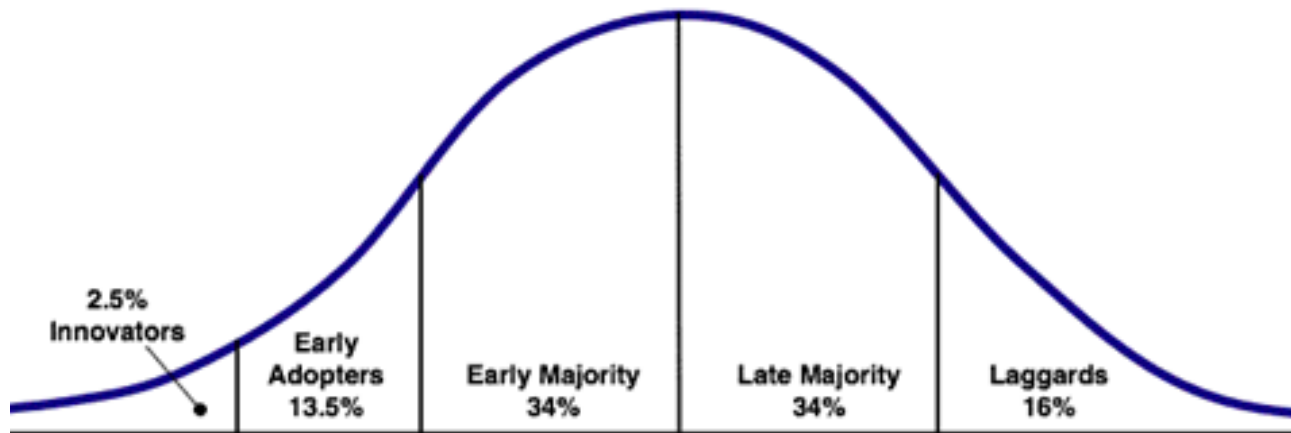
V = Vision of a better future

F<sub>s</sub> = Clarity of the first steps

C<sub>p</sub> = Perceived cost of change

*last revision 12/1/10*

# Diffusion of Innovation Curve



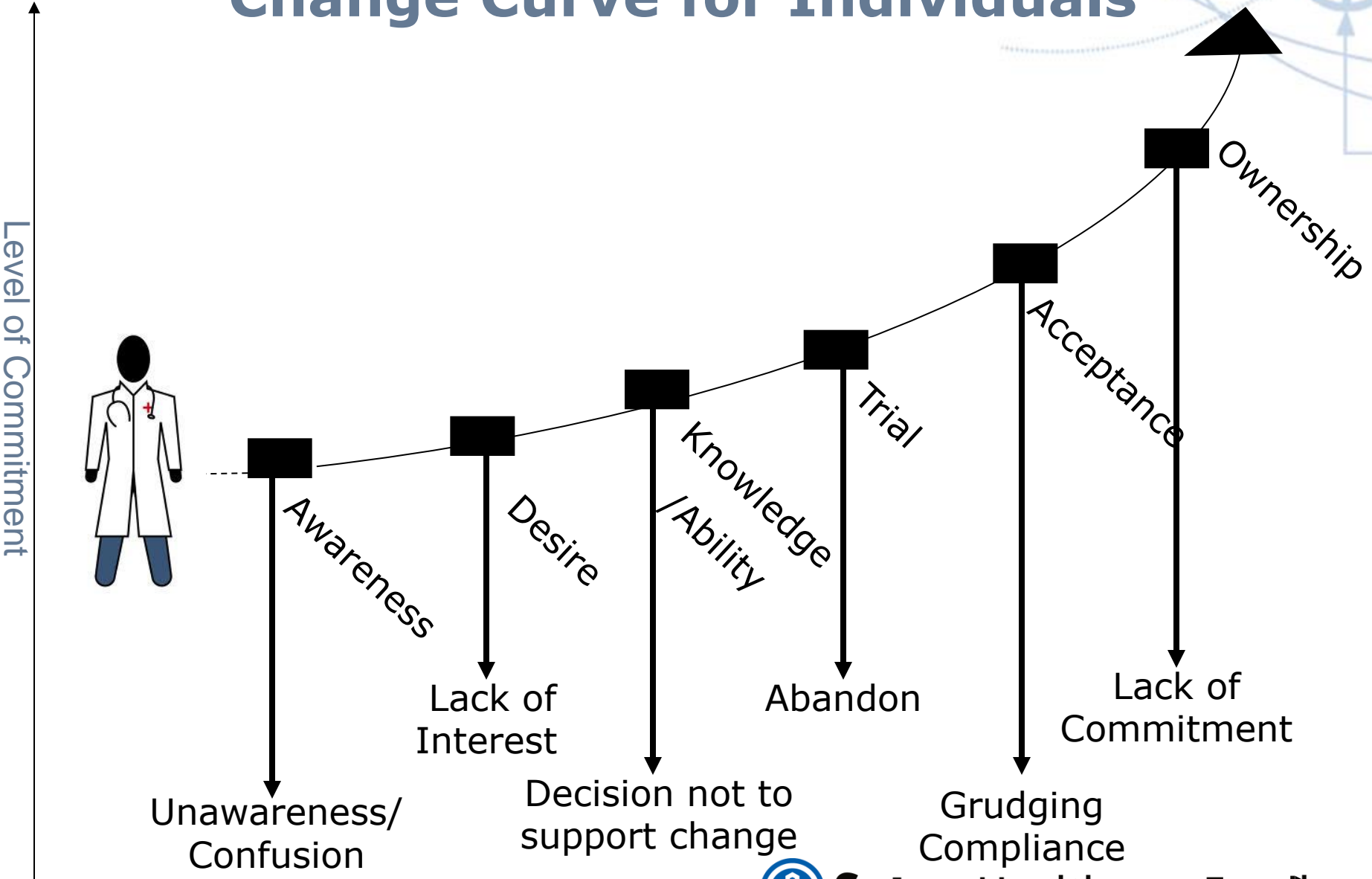
Source: Everett Rogers, Diffusion of Innovations model

[Video Illustration](#)

0/2011last revision

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# Change Curve for Individuals



# Change in Action





# Leadership – Part 1



- Starts at the top (CEO)
- “This is the way we do things here”
- Vision
- Visibility
- Infrastructure
- Accountability
- Physician Leaders

# Leadership, Part 2

John Wayne or Jack Welch?



# Leadership – Part 2

- The problem of psychological safety
- Healthcare Interpersonal Climate
  - (Not) speaking up
  - (Not) asking questions
  - (Not) celebrating failure
- MD concept of teamwork
- RN concept of teamwork
- “Leadership Agility”

Amy Edmondson, Qual. Saf Health Care 2004; **13** (suppl II); ii3-ii9

# People



- Stakeholders are important; Stakeholder management is critical
- What is the case for change?

# Stakeholder Analysis



Change Initiative  
(title and/or brief description)

Key Stakeholder	Degree of Support <sup>1</sup>	Ability in Influence Outcome (power) <sup>2</sup>	Who they influence	Who influences them	Steps we need to take

<sup>1</sup> Degree of Support: ++ strongly support; + support; n neutral; - oppose; -- strongly oppose

<sup>2</sup>Ability to Influence: pp very powerful; p powerful; n not powerful

Produced by Seton Organizational Development/Talent Management, and adapted from Meetings WORK, A Guide to Participative Systems, 1999 by CFAR.



# Case for Change

<b>What problem are you trying to solve (or issue to fix)?</b>	<i>What is the need for the change effort? Why is action needed?</i>
<b>How do you know the problem exists? for example: Patient/staff experience</b>	<i>What evidence exists? What anecdotal stories describe the problem?</i>
<b>Why does it need to be addressed now?</b>	<i>Is this a problem that needs to be address now? Are there other priorities that may be more important?</i>
<b>What outcomes and results do you need to achieve? How do you define "success" for this change? What could "wild success" look like?</b>	<i>How will success be measured? Accomplished? Or the effort is successful completed?</i>
<b>What will be changing? What will stay the same (not change)?</b>	<i>Where are the connections with other change efforts? Other Processes?</i>
<b>Who do you need to involve at the front end?</b>	<i>Who will be directly impacted? Who could enable/block the effort?</i>
<b>Why will this change be important to them? (WIIFM)</b>	<i>What will the affected groups win/lose?</i>
<b>Who else will need to be involved?</b>	<i>Who are your other stakeholders?</i>
<b>To what degree do your stakeholders understand and buy into this change? If low, how will you help them get it?</b>	<i>What barriers are known? How will you address them?</i>
<b>Other</b>	

# Project



## Essentials – Resources and Project Management

# Project Charter



<b>Project Title</b>		<p><b>Date initiated:</b> <i>Date of original Charter, or date the project was stated without a charter.</i></p> <p><b>Version:</b> <i>There are usually multiple iterations of the Charter. Include the date of the last version here.</i></p>	
<b>Working Owner</b>	<p><i>Type/print name here.</i></p> <p><i>Every project must have either a Working Owner or a Project Coordinator/manager</i></p>	<b>Signature</b>	
<b>Phone</b>		<b>Email</b>	
<b>Executive Owner</b>	<p><i>Every project must have an Executive Owner</i></p>	<b>Signature</b>	
<b>Phone</b>		<b>E-mail</b>	
<b>Project Coordinator/ Manager</b> (if assigned)	<p><i>The Working Owner can function in the Project Coordinator/Manager role.</i></p>	<b>Signature</b>	
<b>Phone</b>		<b>E-mail</b>	



# Project Charter, cont.



<b>Purpose or Problem Statement</b>	<ul style="list-style-type: none"> <li>• <i>Why is this project being launched? What is the problem or gap in performance?</i></li> </ul>	
<b>Scope/ Boundaries</b>	<ul style="list-style-type: none"> <li>• <b>In-scope</b></li> <li>• <i>What is within the scope of this project?</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Out-of-scope</b></li> <li>• <i>List anything that definitely is outside the scope. This helps limit “scope creep.”</i></li> </ul>
<b>Goal/AIM</b>	<ul style="list-style-type: none"> <li>• <i>What is the desired outcome of this project? Example: Signed Advanced Directives will be in every inpatient’s medical record.</i></li> </ul>	
<b>Metrics, and Measurement of Success</b>	<ul style="list-style-type: none"> <li>• <i>What are the metrics and the measurements that will determine success?</i></li> <li>• <i>Example:</i></li> <li>• <i>100% of inpatients will have signed Advanced Directives in their medical records within 48 hours of admission.</i></li> </ul>	
<b>Clients and their requirements</b>	<ul style="list-style-type: none"> <li>• <i>Who are the Clients – who will benefit from the outcome of this Project? What do they identify as their needs, requirements, expectations?</i></li> </ul>	

# Project Charter, cont.



Primary Stakeholders (complete a Stakeholder Analysis)	<ul style="list-style-type: none"> <li>• <i>Who are the Stakeholders? Who will be impacted by this Project? Who should make a contribution to this project? This may be groups or individuals.</i></li> </ul>
Responsibilities (attach an R Chart)	<ul style="list-style-type: none"> <li>• <i>Complete and attach a Responsibility Chart that reflects approval authorities</i></li> </ul>
Budget	<ul style="list-style-type: none"> <li>• <i>What is the budget for this project? Who is the decision-maker about potential changes in the budget?</i></li> </ul>
Resources Needed/ Available	<ul style="list-style-type: none"> <li>• <i>What resources are needed for this Project to be successful within the timeframe established? What resources are available? This may be financial, people, space, equipment, time, supplies, etc.....</i></li> </ul>
Members of Project Team, and the Stakeholder groups they represent	<ul style="list-style-type: none"> <li>• <i>Names of the Team Members and the stakeholder groups they represent.</i></li> <li>• <i>Be clear about why each specific team member is on this team, the constituencies that member represents, and whether member can communicate effectively with all the constituencies,</i></li> </ul>
Systems and/or Processes impacted by this project	<ul style="list-style-type: none"> <li>• <i>What processes and/or systems do you predict may be impacted (either positively or negatively) by this project – e.g., staffing, equipment purchasing, patient admission, etc.</i></li> </ul>
Describe alignment of this project with Mission, Vision, and/or Goals	<ul style="list-style-type: none"> <li>• <i>Clearly link this project with Seton Mission, Vision, and/or fiscal year Goal.</i></li> </ul>
Deliverables/Major Milestones (and dates, if determined)	<ul style="list-style-type: none"> <li>• <i>What are the deliverables of this project, and within what timeframes.</i></li> </ul>

# Communication and Accountability



- Communication is **essential at all phases of change**, and within all three essential components (Leadership, People, Project Management)
- **Everyone** involved in an improvement initiative **is accountable** for their own choices, participation, behaviors.

Best Practice Benchmark study from Change Management Learning Center - Prosci Research  
The Concerns-Based Adoption Model: A Model for Change in Individuals; National Academy of Sciences  
Project Management Institute (Body of Knowledge)  
Juran Quality Handbook; Juran Institute  
I-Six Sigma  
Institute for Healthcare Improvement  
Learn Enterprise Institute  
And materials from internationally recognized change leaders -- Daryl R. Conner, John P. Kotter, Robert J. Marshak, William Bridges

# Designing for Human Performance

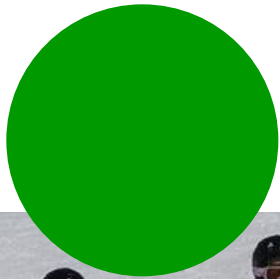


- Error Types (Stages of Cognition):
  - Skill-based errors
  - Rule-based errors
  - Knowledge-based errors

# Not Everyone is an Expert...



## 1. Figuring it Out



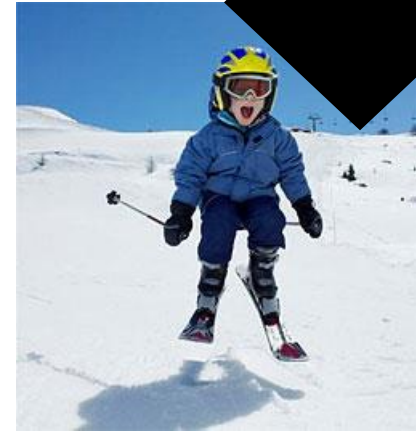
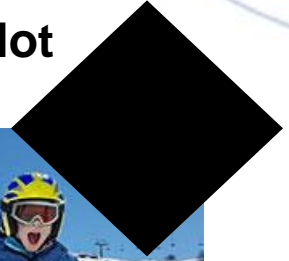
30-60 errors in 100 acts  
15% of healthcare errors

## 2. By the Rules



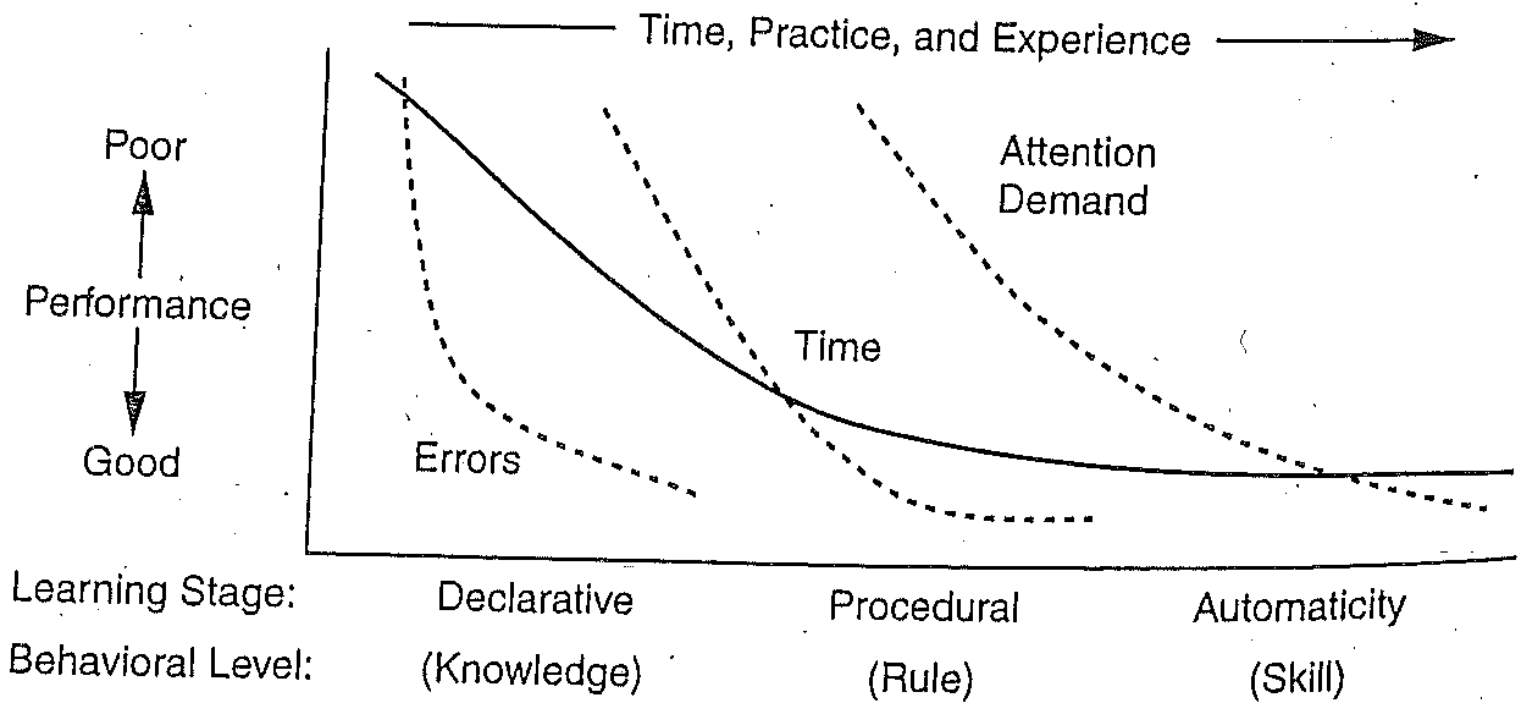
1 errors in 100 acts  
60% of healthcare errors

## 3. Auto-Pilot



3 errors in 1,000 acts  
25% of healthcare errors

# How Humans Operate



# Not Everyone is an Expert...



... and everyone is not an expert at one time or other

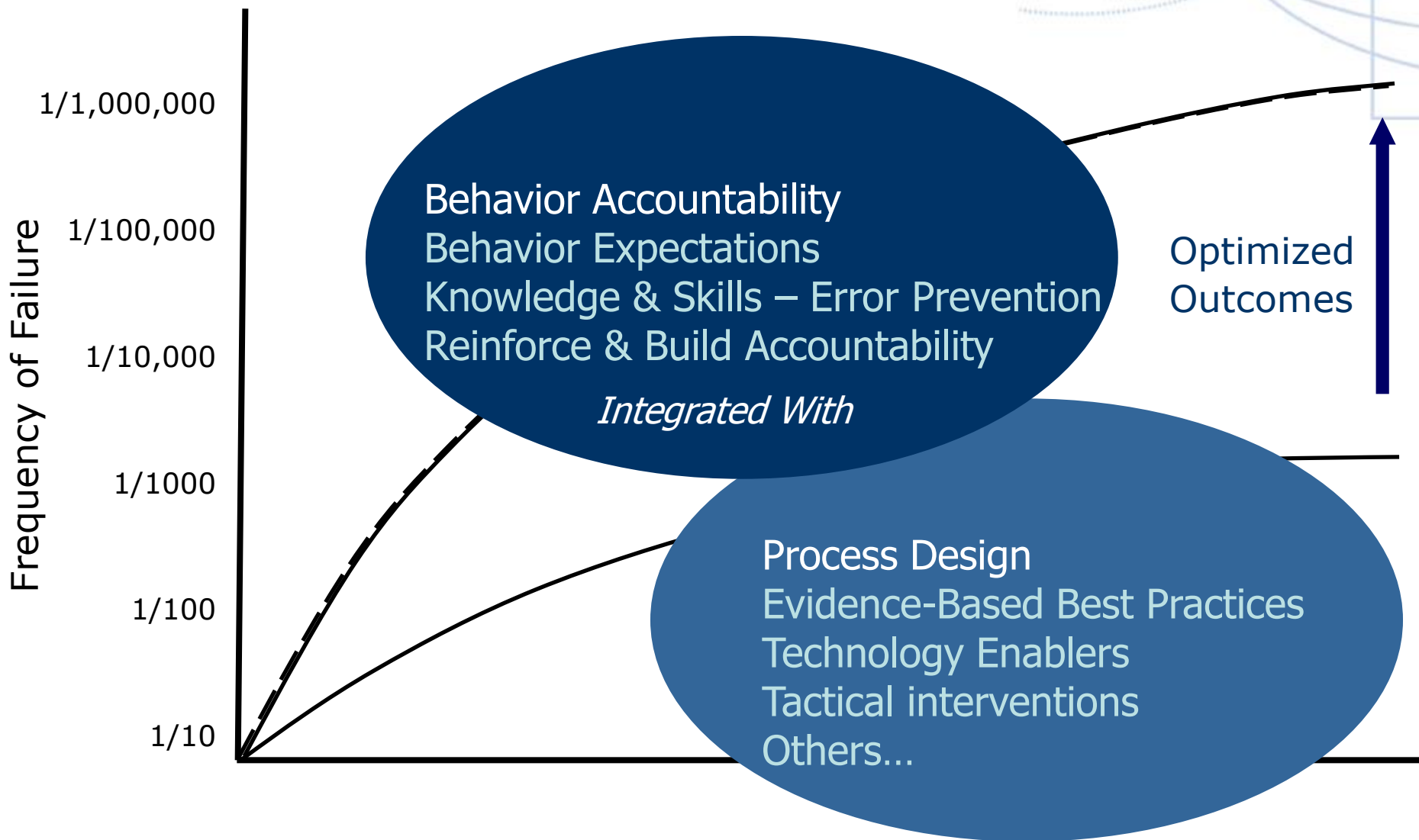
**It is not (so much) about Process...**



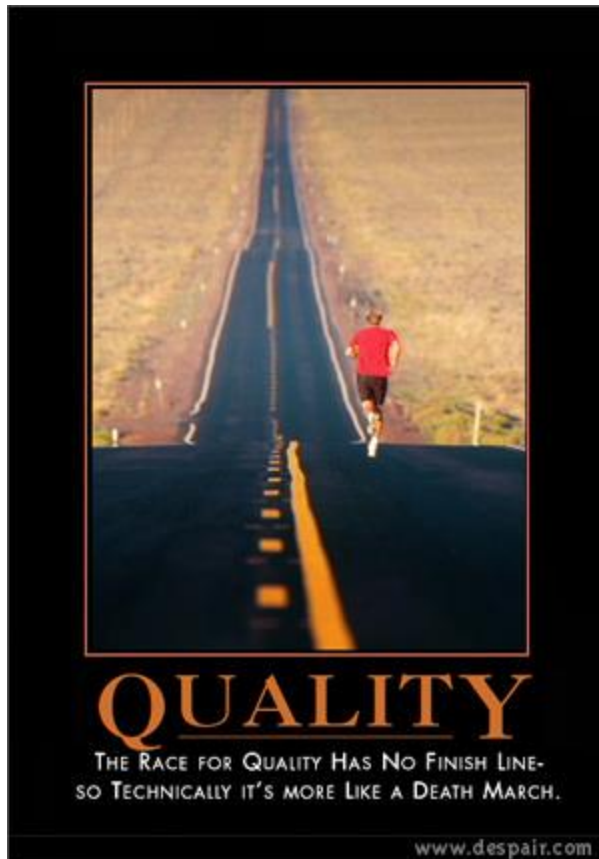


**It is not** (so much) **about Process...**

It's about behavior...



# Thank you! Questions?



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