Engaging Hearts and Minds

Frank Mazza, MD
February 14th, 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
\[ D \times V \times F_s > C_p \]

- \( D \) = Dissatisfaction with the present situation
- \( V \) = Vision of a better future
- \( F_s \) = Clarity of the first steps
- \( C_p \) = Perceived cost of change

*last revision 12/1/10*
Diffusion of Innovation Curve

Video Illustration
Change Curve for Individuals

- Unawareness/Confusion
- Lack of Interest
- Decision not to support change
- Abandon
- Grudging Compliance
- Acceptance
- Ownership

Level of Commitment

Time

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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)*

<table>
<thead>
<tr>
<th>Key Stakeholder</th>
<th>Degree of Support(^1)</th>
<th>Ability in Influence Outcome (power)(^2)</th>
<th>Who they influence</th>
<th>Who influences them</th>
<th>Steps we need to take</th>
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</thead>
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\(^1\) Degree of Support: ++ strongly support; + support; n neutral; - oppose; -- strongly oppose

\(^2\) 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

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

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

<table>
<thead>
<tr>
<th>Purpose or Problem Statement</th>
<th>• Why is this project being launched? What is the problem or gap in performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope/Boundaries</td>
<td>• In-scope&lt;br&gt;• What is within the scope of this project?&lt;br&gt;• Out-of-scope&lt;br&gt;• List anything that definitely is outside the scope. This helps limit “scope creep.”</td>
</tr>
<tr>
<td>Goal/AIM</td>
<td>• What is the desired outcome of this project? Example: Signed Advanced Directives will be in every inpatient’s medical record.</td>
</tr>
<tr>
<td>Metrics, and Measurement of Success</td>
<td>• What are the metrics and the measurements that will determine success?&lt;br&gt;• Example:&lt;br&gt;• 100% of inpatients will have signed Advanced Directives in their medical records within 48 hours of admission.</td>
</tr>
<tr>
<td>Clients and their requirements</td>
<td>• Who are the Clients – who will benefit from the outcome of this Project? What do they identify as their needs, requirements, expectations?</td>
</tr>
</tbody>
</table>
# Project Charter, cont.

<table>
<thead>
<tr>
<th><strong>Primary Stakeholders</strong> (complete a Stakeholder Analysis)</th>
<th>• 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Responsibilities</strong> (attach an R Chart)</td>
<td>• Complete and attach a Responsibility Chart that reflects approval authorities</td>
</tr>
<tr>
<td><strong>Budget</strong></td>
<td>• What is the budget for this project? Who is the decision-maker about potential changes in the budget?</td>
</tr>
<tr>
<td><strong>Resources Needed/Available</strong></td>
<td>• 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......</td>
</tr>
</tbody>
</table>
| **Members of Project Team, and the Stakeholder groups they represent** | • Names of the Team Members and the stakeholder groups they represent.  
• 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, |
| **Systems and/or Processes impacted by this project**      | • 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. |
| **Describe alignment of this project with Mission, Vision, and/or Goals** | • Clearly link this project with Seton Mission, Vision, and/or fiscal year Goal.                                                                                                             |
| **Deliverables/Major Milestones (and dates, if determined)** | • What are the deliverables of this project, and within what timeframes.                                                                                                                      |
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

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How Humans Operate

![Diagram showing the relationship between performance, learning stage, behavioral level, time, practice, and experience. The diagram includes lines for poor and good performance, declarative knowledge, procedural rules, and automaticity.](Image)

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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...
Behavior Accountability
Behavior Expectations
Knowledge & Skills – Error Prevention
Reinforce & Build Accountability

Integrated With

Process Design
Evidence-Based Best Practices
Technology Enablers
Tactical interventions
Others…

Optimized Outcomes
Thank you! Questions?

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- VP/Chief Patient Safety Officer/Associate CMO
- Seton Healthcare Family
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