

Hospital Leadership:
Activities of the Collaborative Workgroup:

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Leadership Collaborative Work Group

CMS

- Strategic direction and project coordination

Oklahoma Foundation for Medical Quality/HI QIOSC

- Collaboration in development and deployment process for assessment instrument and possibly other tools

University of Iowa / CareScience

- Development of assessment instrument and sampling strategies. Analysis of feedback and data following testing. Refinement of tool.

Broad Objectives of the Workgroup

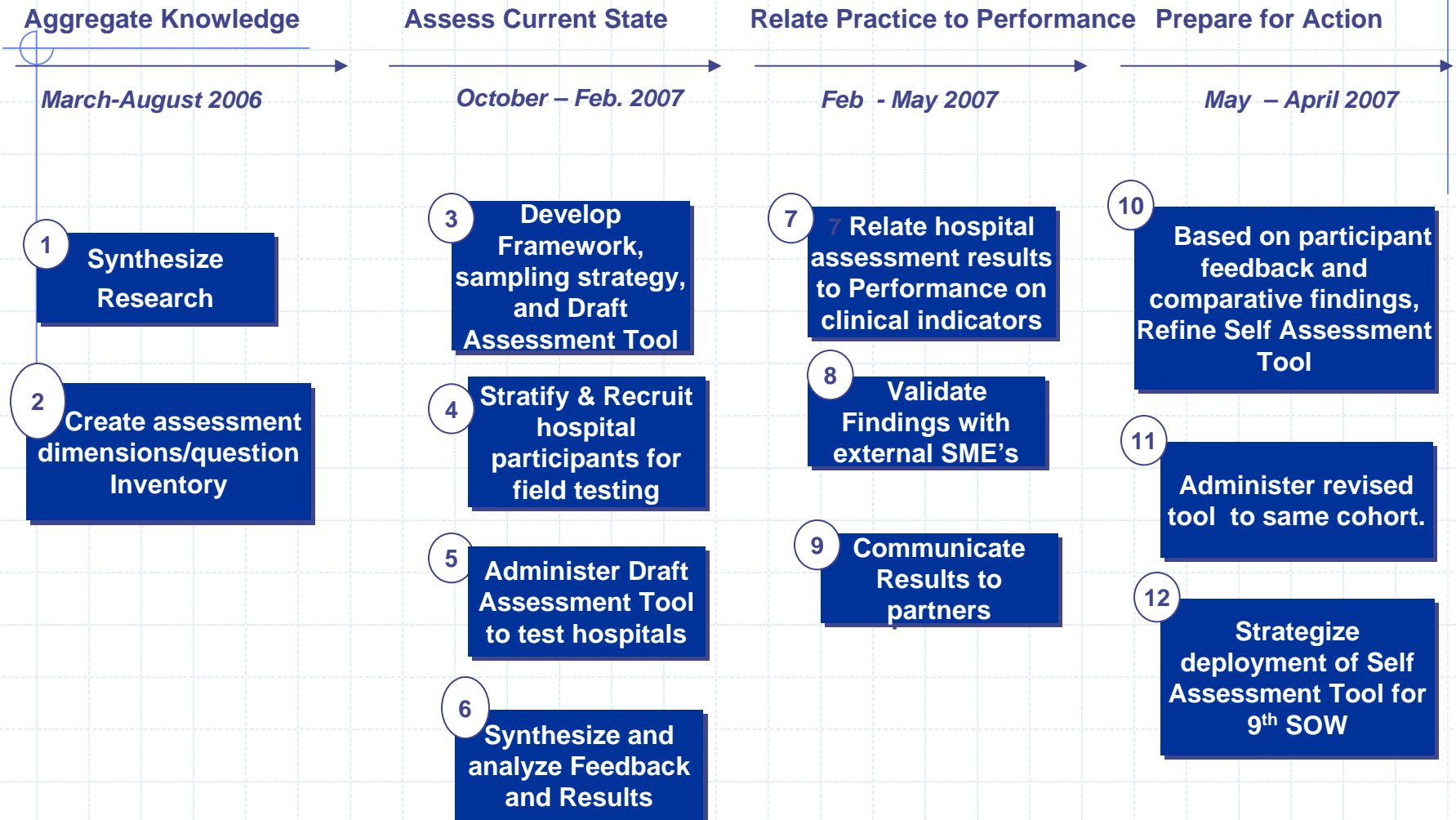
- ◆ To identify specific structures and administrative processes related to leadership engagement in QI that are most closely correlated to high performance in clinical quality .
- ◆ Compile leadership and organizational attributes, functions, and processes shown to be associated with high-reliability organizations into an organizational self-assessment tool.
- ◆ Share findings and tool with CMS, the QIO community and the hospital industry at large in order to facilitate transformational improvements in quality.

Workgroup Project Plan

- ◆ Development of a standardized hospital assessment tool based on a systematic investigation of the relationship between key organizational attributes and performance in clinical quality.
- ◆ Field testing of the tool with voluntary hospital participants to get input for maximum value to user.
- ◆ Deployment of a CMS-endorsed assessment to QIO's, hospitals and other stakeholders.

Proposed Approach – Summary View

CMS/CareScience/HI QIOSC



Twelve common findings

A. Leadership

1. CEO dedication to quality as job 1
2. Direct board involvement
3. Leadership both understands and articulates the business case for quality
4. Support for a culture of quality
5. Support for EBM beyond mere lip service

Twelve common findings (cont'd)

B. Structure & Process

6. Medical and nursing leadership engagement at all levels
7. Attraction and retention of the right people
8. Development of effective in-house processes
9. Monitoring and use of benchmarks
10. Exploitation of the power of IT

Twelve common findings (cont'd)

C. External Resources

11. Engagement with consumers
12. Access to external support and assistance from peers

Dimension: CEO Dedication to Quality as Job 1

Action: CEO demonstrates commitment to quality.

1. CEO doesn't participate in PI activities, adequate funds are not allocated for necessary PI activities.
2. CEO addresses PI and patient safety in staff meetings, but doesn't allocate sufficient resources to support quality initiatives, improvement efforts, and necessary FTE's to achieve PI goals.
3. CEO speaks enthusiastically to board, management and staff about PI activities, but doesn't allocate adequate resources. Not perceived as main driver within organization.
4. CEO ensures adequate resources for PI are made available, but doesn't personally champion activities.
5. CEO demonstrates knowledge of, passion for, and financial commitment to securing adequate resources for PI. Is perceived by all levels of organization as the main driver for quality improvement and patient safety.

CEO Dedication to Quality is Job 1

	Critical	Below average	Average	Above Average	Exemplary
<p>Action Measure: CEO demonstrates commitment to quality</p>	<p>1. CEO doesn't participate in PI activities, adequate funds are not allocated for necessary PI activities.</p>	<p>2. CEO addresses PI and patient safety in staff meetings, but doesn't allocate sufficient resources to support quality initiatives, improvement efforts, and necessary FTE's to achieve PI goals</p>	<p>3. CEO speaks enthusiastically to board, management and staff about PI activities, but doesn't allocate adequate resources. Not perceived as main driver within organization.</p>	<p>4. CEO ensures adequate resources for PI are made available, but doesn't personally champion activities.</p>	<p>5. CEO demonstrates knowledge of, passion for, and financial commitment to securing adequate resources for PI. Is perceived by all levels of organization as the main driver for quality improvement and patient safety.</p>

Benchmarks are used to set quality Improvement goals for organization

	Critical	Below average	Average	Above Average	Exemplary
Action Measure: Benchmarks are used as comparative data	1. Organization benchmarks its quality improvement indicators solely against its own performance during same quarter in the previous year. Sets incremental annual goals for improvement that doesn't challenge organization's infrastructure or resources.	2. Organization benchmarks solely against its own performance the previous quarter and sets incremental annual goals for improvement that is based on data.	3. Organization benchmarks against its own performance using annual, quarterly, and monthly data. Sets annual stretch goals using data.	4. In addition to using internal benchmarks, organization uses at least one external source for benchmarking activities and sets annual stretch goals using combination of external and internal data.	5. Organization uses internal comparative data, external comparative data, and nationally - based achievable benchmarks of care to evaluate the effectiveness of their PI activities and set absolute goals for clinical improvement initiatives.




Central Plan for Leadership Collaborative Activities

- Development of organizational self-assessment tool
- Testing the tool
- Refining the assessment
- Deploying the assessment

Future activities

- ◆ Extending the research
- ◆ Creation of additional tools and resources



They always say time changes things,
but you actually have to change them
yourself.

ANDY WARHOL

The future ain't what it used to be.

YOGI BERRA

