

How to build a holistic management system to create reliability and inspire innovation

20 June 2022



International Forum on
QUALITY & SAFETY
in **HEALTHCARE**
GOTHENBURG

Welcome and Introductions



**Gary Kaplan, MD, FACP,
FACMPE, FACPE**

Senior Vice President, CommonSpirit
Health, Immediate Past CEO Virginia
Mason Franciscan Health



Wendy Korthuis-Smith, Ed.D.,
Executive Director, Virginia Mason
Institute



Dr. Amar Shah,
Chief Quality Officer
East London NHS Foundation Trust

Disclosures

We have no conflict of interest to disclose with regards to this presentation.

Plan for today's session

- The story of two organizational journeys
- Three focused discussions on
 - Leadership
 - Business case for quality
 - Staff well-being
- Coffee/Tea Break at 2:45 pm – 3:15pm



East London
NHS Foundation Trust

The East London NHS Foundation Trust story

Dr. Amar Shah,
East London NHS Foundation Trust

2010

Trust Board Scorecard Q4 2009/10

KEY MONITOR, NATIONAL, PARTNER AND LOCAL TARGETS	2009/10 Target	2008/09 Actual	2009/10 Q3	2009/10 Q4	Trend Q3-Q4	Comment
Monitor Targets						
Annual number of MRSA bloodstream infections reported	0	0	0	0	→	
Reduction in C. Diff	0	0	0	0	→	
CPA inpatient discharges followed up within 7 days (face to face and telephone)	95.0%	99.5%	99.0%	99.1%	→	
Patients occupying beds with delayed transfer of care	7.5%	3.5%	1.8%	1.8%	→	CQC Indicator definition covers only April-Aug 2009
Admissions made via Crisis Resolution Teams (end of period)	90.0%	98.3%	99.0%	96.7%	↓	
Number of Crisis Resolution Teams	7.1	7.3	7.3	7.3	→	
Other National/CQC Targets						
Completeness of Ethnicity Coding – PART ONE. Inpatient in MHMDS (Year to date)	85%	98.1%	97.3%	97.3%	→	Local target 95%.
Completeness of Mental Health Minimum data set – PART ONE (As per 2008/9)	99%	97.6% Underachieved	99.4%	99.4%	→	Target assumed 99% as per CQC threshold 2008/9. MONITOR have confirmed 99% threshold for 2010/11 for this indicator.
Completeness of Mental Health Minimum data set – PART TWO (New – confirmed 22/12/2009)	TBA	Not Used	45.0%	45.0%	→	No threshold set by CQC or MONITOR for 2009/10 therefore cannot assess compliance.
Patterns of Care – assignment of Care Co-ordinator within Mental Health Minimum data set	80%	99.6%	93.2%	93.2%	→	
CAMHS - National Priorities - Six targets graded 1 (lowest) to 4 (best)	24	22	22	24	↑	Maximum Score 24
Annual Staff Survey (Job Satisfaction)	Benchmarked	Satisfactory	N/A	TBC		Survey based - Annual, threshold not available yet
Patient Survey	Benchmarked	Below Average	N/A	TBC		As above
Drug Misusers in effective Treatment	90.0%	95.5%	92.9%	92.9%	→	
Access to healthcare for people with a learning disability – report compliance to CQC	Yes	Not Used	N/A	Yes		
Best practice in mental health services for people with a learning disability – Green Light Toolkit Score	48	40/48 Underachieved	42	46	↑	Max Score 48
Maximum waiting time of four hours in A&E from arrival to admission, transfer or discharge	98.0%	97.5%	98.3%	98.3%	→	Partner target for acute trusts. This will be excluded from future reports.
PCT Contract and Mandatory Targets						
Number of Early Intervention Services Teams	3	3	3	3	→	
Early Intervention Services Caseload	511	569	534	544	↑	
Newly diagnosed cases of first episode psychosis receiving Early Intervention Services	176	243	199	248	↑	
Number of patients receiving Adult Crisis Resolution Services (Episodes for Year to date)	2280	2,346	1874	2552	↑	
Specialist Addictions – % of discharges retained 12 weeks or more	85.0%	96.1%	92.9%	92.9%	→	
Specialist Addictions - Number of drug misusers in treatment (snapshot at period end)	678	710	780	776	↓	
CAMHS Service protocols	12	12	12	12	→	Maximum Score 12
Mixed Sex accommodation breaches	0	0	0	1	↑	Reported as required to PCTs, no penalties or compliance issues.
Patient Experience - Community						
Assessment within 28 days of referral	95%	Not Used	88.2%	92.8%	↑	Local target of 95%
CPA patients - care plans in date	95%	93.1%	93.3%	94.2%	→	
Patient Experience - Inpatients						
Adult Acute Inpatient Bed Occupancy Year to Date (excluding home leave)	95%	95.3%	98.3%	97.3%	↓	See graphs overleaf for more detail.
Information Governance/Assurance						
Information Governance Toolkit score	90.0%	87.0%	87.0%	90.9%	↑	Next assessment expected October 2010



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Mental health

Three patients die on psychiatric ward

Three patients have died within 12 months on the same ward following warnings from unions about budget cuts

Mark Gould

Tuesday 12 April 2011
13.10 BST



This article is 4 years old

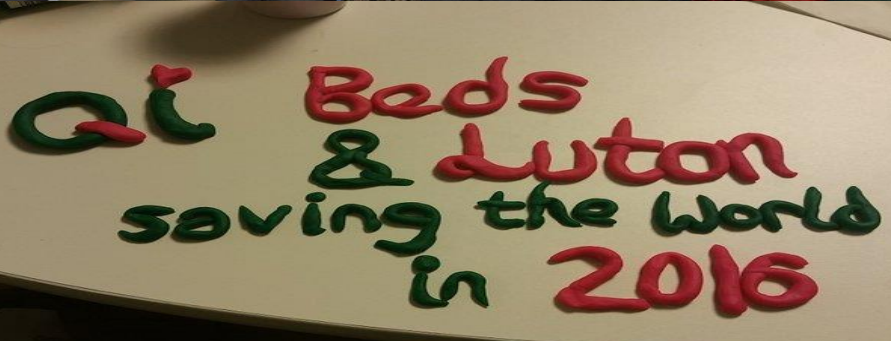


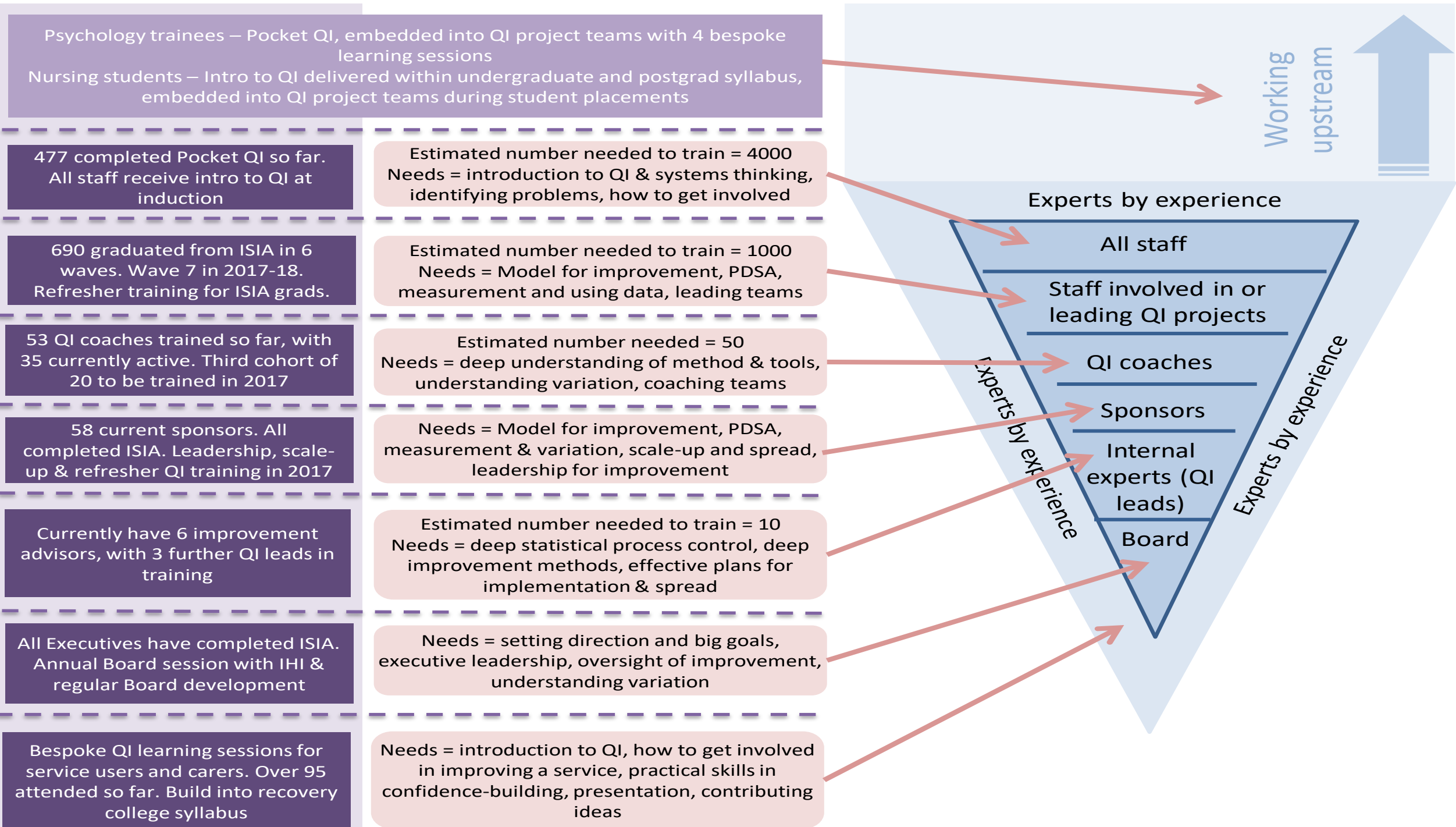
Save for later



Spike in mental health patient deaths shows NHS 'struggling to cope'

2014





Support around every team

Project Sponsor



QI Coach



QI Team

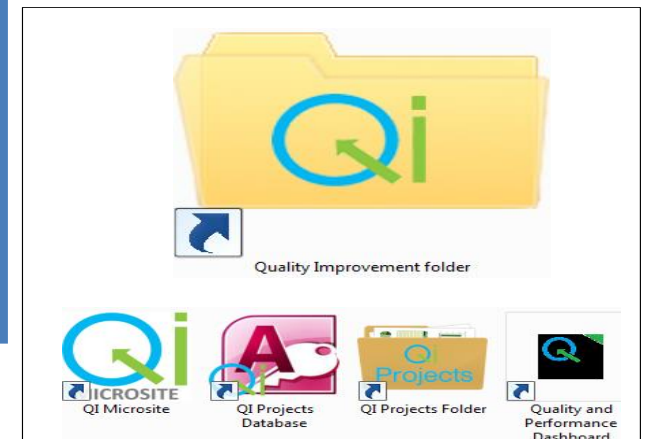


QI Forums



Service User Input

QI Resources



Use of data to
guide decision-
making

Stop solving
problems at the top

Give people time
and space to
solve complex
problems

“Go see”
“Gemba”
Executive
WalkRounds



Paying
personal
attention

Manage the
expectations

**ROLE
MODELLING**



The ELFT quality management system

Quality planning

Identify the needs of the customer & population
Develop service models to meet the need
Put in place structures & process to manage the service

Quality improvement

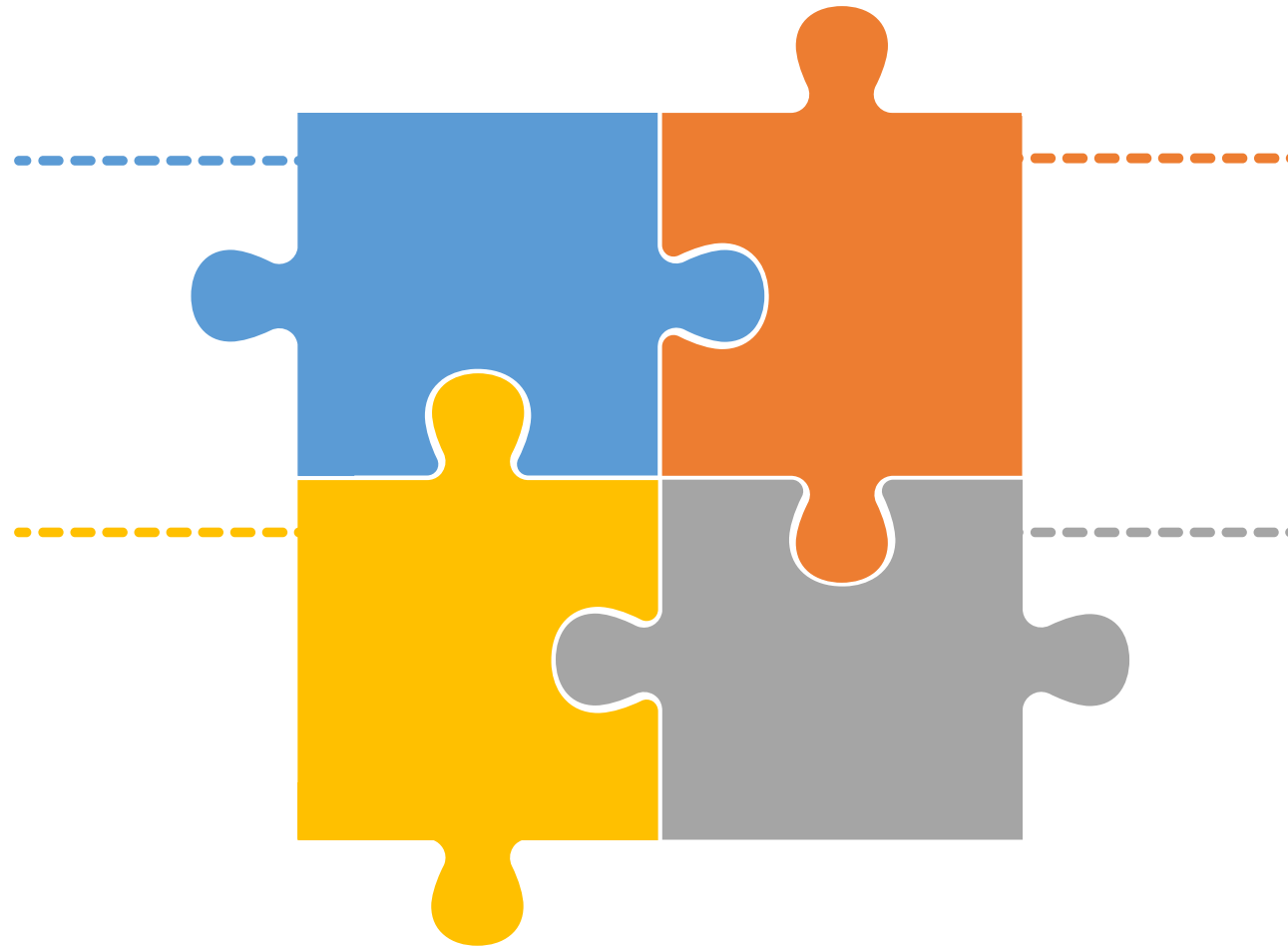
Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and scale up

Quality control

Identify clear measures of quality for the service and monitor these over time.
Take corrective action when appropriate.
Internal vigilance to hold gains made through improvement

Quality assurance

Periodic checks to ensure the service is meeting the needs of the customer & population
Actions to address gaps identified



IMPACT

2017

Mission

WHAT IS OUR ROLE
IN SOCIETY?

Vision

WHAT DOES OUR CORE
PURPOSE NEED TO BE?

Strategic outcomes

WHAT ARE THE BIGGEST FACTORS THAT WILL
HELP US ACHIEVE OUR MISSION?

Specific outcomes

WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR
STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

To improve
the quality
of life for all
we serve

By 2022 we will
build on our
success and lead
on the delivery of
integrated care.

ELFT will do
this by working
purposefully in
collaboration with
our communities
and our partners,
always striving
towards continuous
improvement in
everything we do.

Improved population
health outcomes



We will:

- Tackle with our partners and service users the wider determinants of health
- Help people lead healthier lifestyles and improve prevention of ill health
- Reduce health inequalities
- Deliver more integrated health and social care services

Improved
experience of care



We will:

- Improve access to services
- Improve service user experience and the outcome of their care , addressing inequities
- Increase the numbers of people positively participating in their care and in service improvement
- Improve service user safety and reduce harm
- Support more service users to meet their recovery goals

Improved
staff experience



We will:

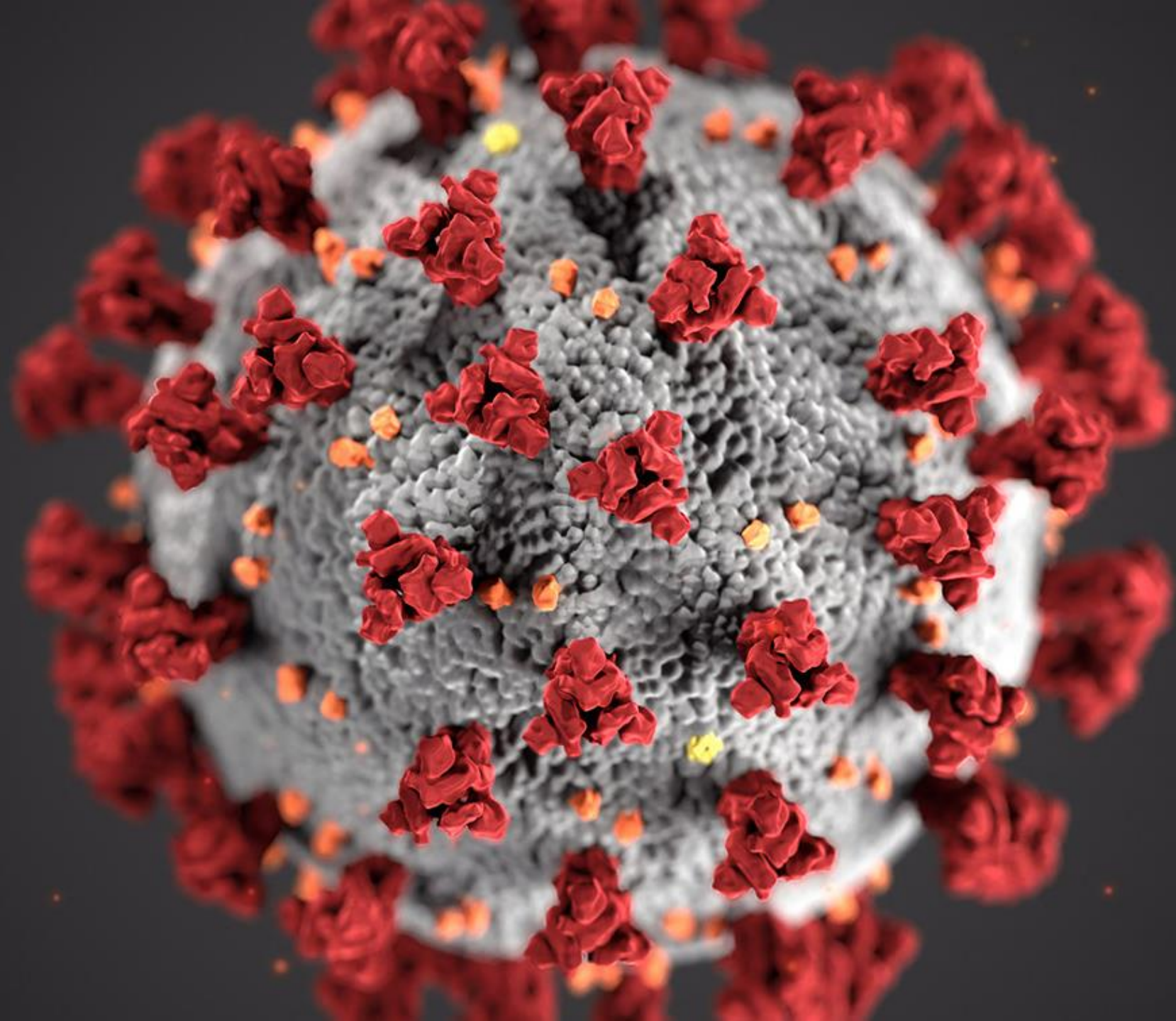
- Improve fulfilment at work
- Develop the skills of our staff to deliver integrated care
- Improve leadership and management practice
- Improve how we listen to staff and support them to continuously develop

Improved value



We will:

- Increase productivity while maintaining quality
- Reduce waste
- Reduce variation in clinical practice



Mission

What is our role in society

Strategic Outcomes

What are the biggest factors that will help us achieve our mission?

Specific Objectives

What do we need to work on, for each of our strategic outcomes, to achieve our mission?

To improve the quality of life for all we serve

Improved population health

- Prioritise children and young people's emotional, physical, social and learning development
- Support service users, carers and the communities we serve to develop skills & to access meaningful activity and good quality employment
- Support service users, carers and the communities we serve to achieve a healthy standard of living
- Contribute to the creation of healthy and sustainable places, including taking action on climate change
- Champion social justice, and fully commit to tackling racism and other forms of prejudice
- Prioritise prevention and early detection of illness in disadvantaged groups

Improved experience of care

- Address inequalities in experience, access and outcomes in our services
- Deliver on our commitment to integrated care, including multidisciplinary teams working around neighbourhoods
- Get the basics right through reducing waiting times and increasing access to services, meeting existing and new demand
- Continue to build our approach to coproduction, people participation and programmes such as peer support and befriending
- Build on the innovation that we saw during the pandemic to transform and improve our clinical delivery, strengthening our ability to adapt and remain flexible and resilient to future challenges and opportunities

Improved staff experience

- Develop and embed trauma-informed approaches into clinical practice and in our work with communities and partners
- Prioritise quality of care and develop our patient safety approach, applying quality improvement to all that we do
- Enhance our digital and data infrastructure so it works effectively in service of our teams
- Get the basics right through supporting our staff and teams to thrive and be happy and healthy, including work-life balance
- Develop and grow our workforce, offering lifelong learning, professional development and creating new and exciting opportunities for staff, service users, carers and local communities

Improved value

- Extend the financial viability programme, engaging all in reducing waste, improving financial and environmental sustainability
- Work collaboratively across the system with our partners to improve value and reduce waste



Creating a learning organization: Developing leaders to create reliability and inspire Innovation

Gary Kaplan, MD
Wendy Korthuis-Smith, Ed.D.

Objectives

- Identify the key competencies and behaviors of leaders required to create a learning organization
- Design daily leadership activities that support learning, innovation, and reliability
- Summarize key leadership development approaches that can be scaled to support large, complex systems

Virginia Mason Franciscan Health



An Integrated Health System

H Hospitals: 11

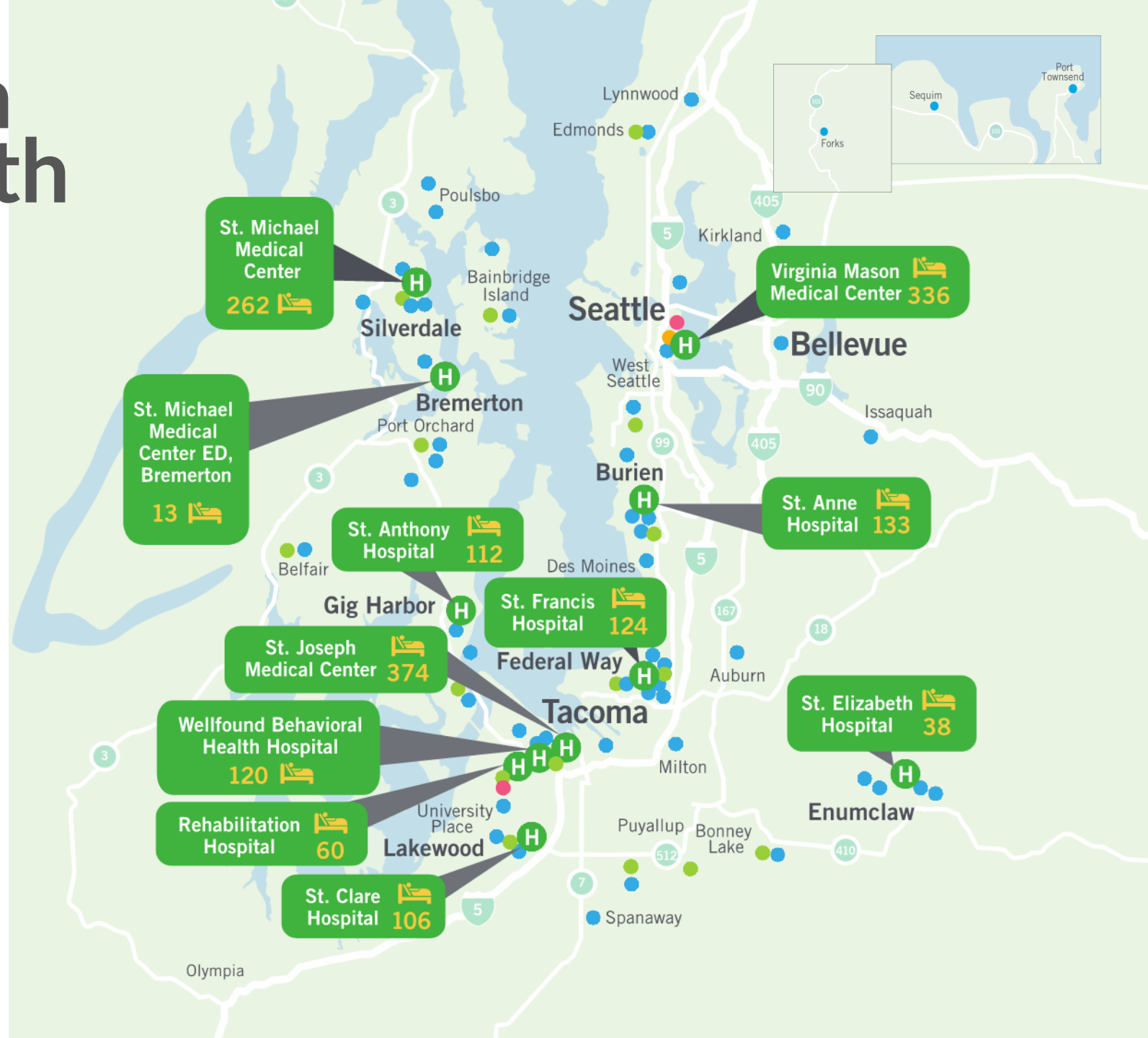
Bed Count: 1,678

Outpatient Centers: 223

Urgent & Prompt Care Clinics: 15

Franciscan Hospice House,
Bailey-Boushay House

Benaroya Research Institute



Virginia Mason's Journey

Executives to Japan



2002

2004

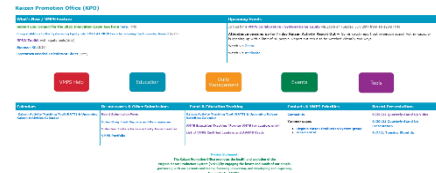
Mrs. McClinton



Kaizen Fellowship Program



KPO Established




Virginia Mason INSTITUTE
Healthgrades Distinguished Hospital Award



2006

Virginia Mason Institute Formed

2008

Leapfrog Top Hospital of the Decade

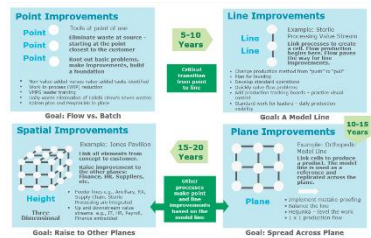


2010



Super-flow RPIWs

Model Line Standards Formed




Respect for People
THE VIRGINIA MASON EXPERIENCE: PATIENTS & FAMILIES, TEAM MEMBERS, COMMUNITY

Respect for People Training

2012

Daily Kaizen introduced



2014



Patients as Partners with our improvements

Experience Based Design training

Can You Tell Us About Your Experience with Heart Surgery?									
How did you feel when you learned you needed heart surgery?	At ease	Worried	Scared	Depressed	Satisfied	Hopeless	Confident		
How did you feel about the information you received prior to surgery?	Satisfied	Frustrated	At ease	Depressed	Confident	Hopeless			
How did you feel about the care you received?	Satisfied	Frustrated	At ease	Depressed	Confident	Hopeless			
How did you feel about the information you received during your hospital stay?	Satisfied	Frustrated	At ease	Depressed	Confident	Hopeless			
How did you feel about leaving the hospital?	Satisfied	Frustrated	At ease	Depressed	Confident	Hopeless			
How do you feel about your recovery at home?	Satisfied	Frustrated	At ease	Depressed	Confident	Hopeless			


Virginia Mason Franciscan Health™

Virginia Mason and Franciscan Health merger

First Advanced VMPS Cohort

2016

Partnered with Amazon on COVID 19 SuperVax

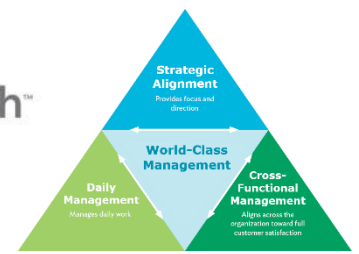


Healthgrades America's 50 Best Hospitals Award



Exploring scaling VMPS across CommonSpirit





VMFH declares VMPS as Management System

2020

2022

Evolution of VMPS[®] as our Management System



WHERE WE HAVE BEEN

2002-2020

VMPS[®] as the Management System



WHERE WE ARE TODAY

2021-Current

VMPS[®] becoming the shared Management System for the new organization



WHERE WE COULD GO

Future

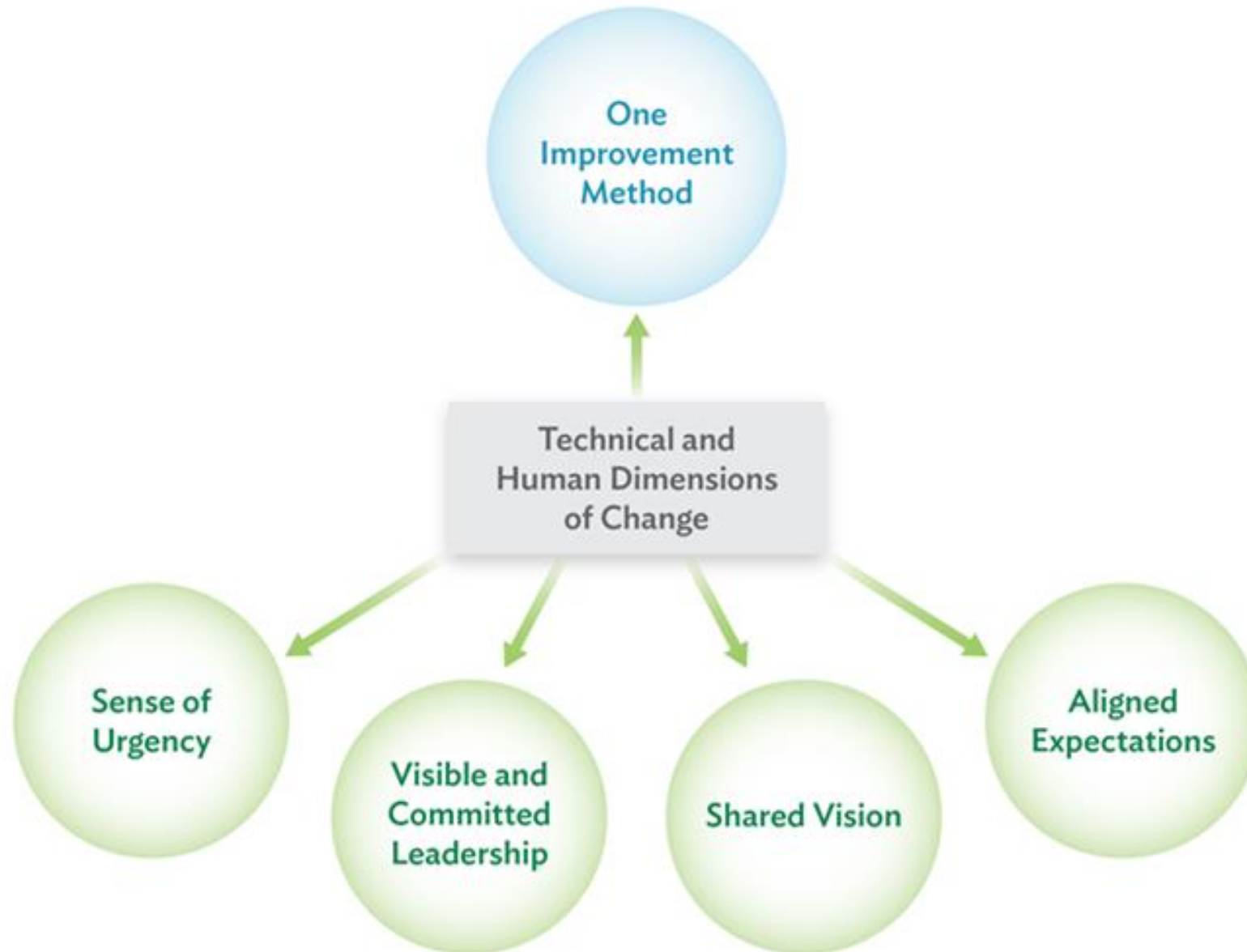
Exploring the value of VMPS[®] across the system



“Embracing change as opportunity and making continuous improvement a priority are essential to remaining relevant in a changing world.”

Gary Kaplan

Technical and Social Aspects of Change



See Feel Change: Elements of World-Class Management

Leaders have two jobs:

**Run your
business**

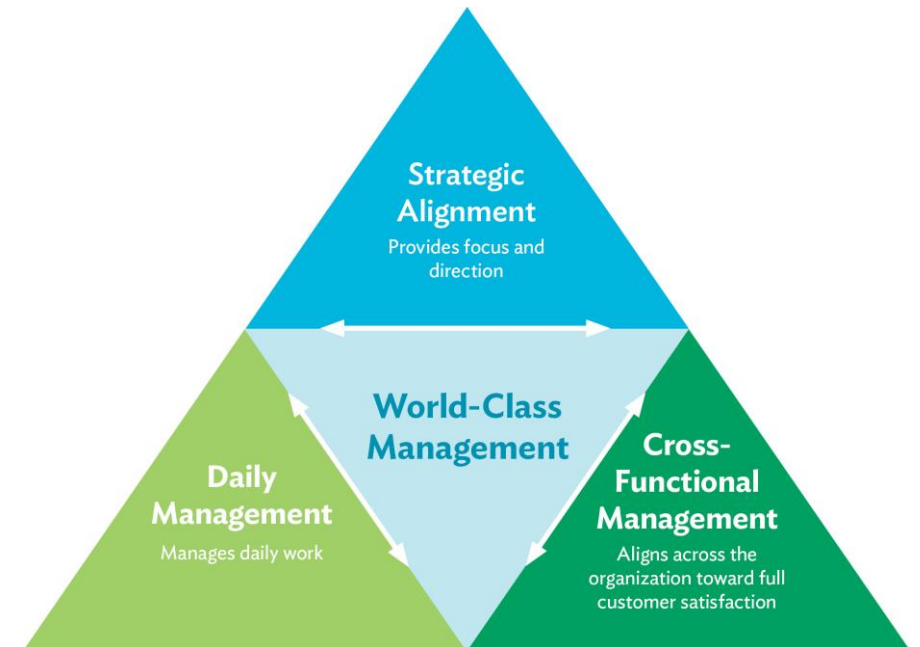
Creating stability and reliability

Leaders engage in daily activities and behaviors to identify abnormal conditions and ensure customer demand is met

**Improve your
business**

Leading improvement and innovation

Leaders create kaizen plans, lead improvement and innovation events and activities, and coach everyday lean ideas



The **world-class management system** is a leadership system that provides focus, direction, alignment and a method of management for daily work.

Long-Term Vision



Annual Goals

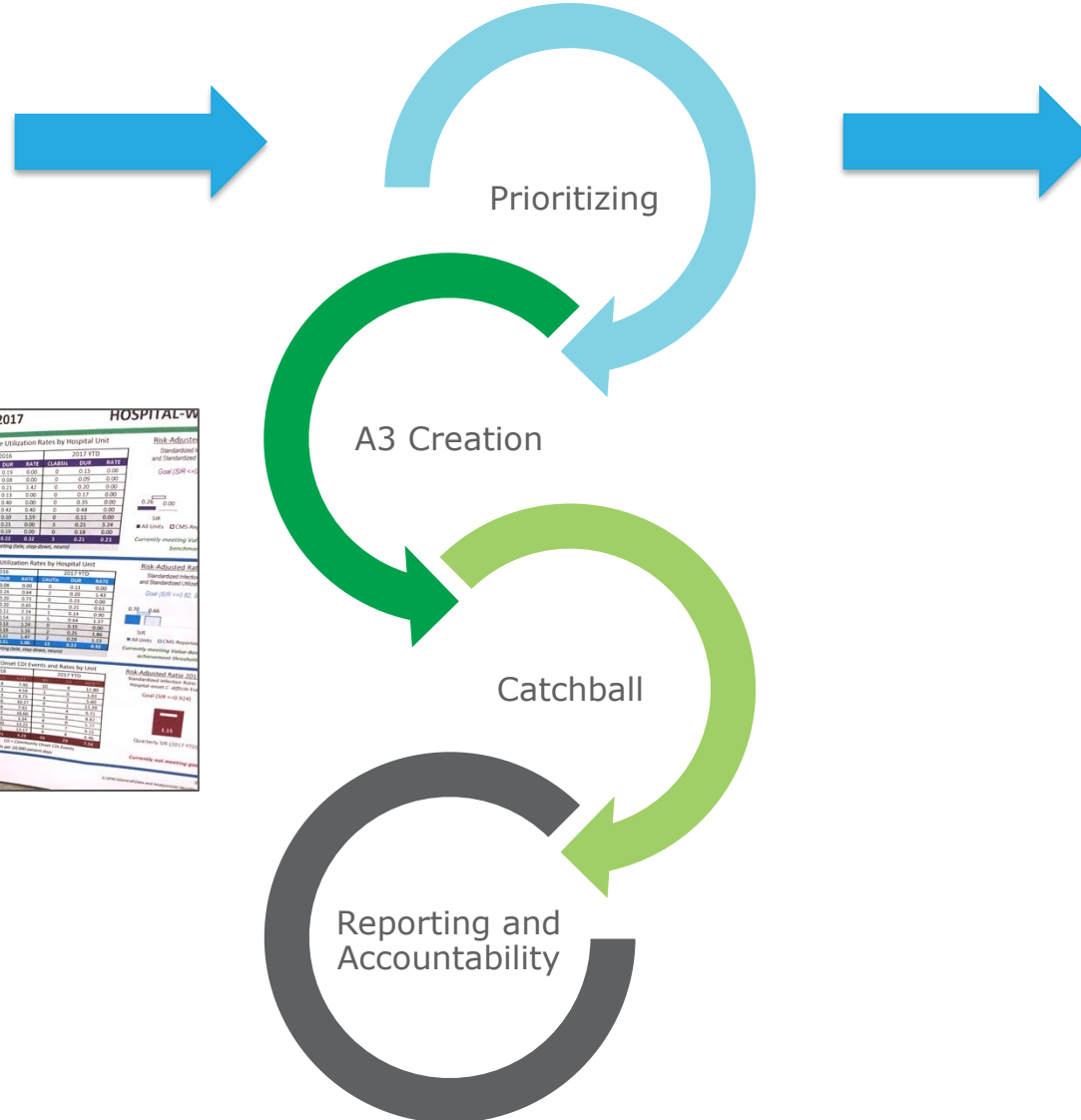
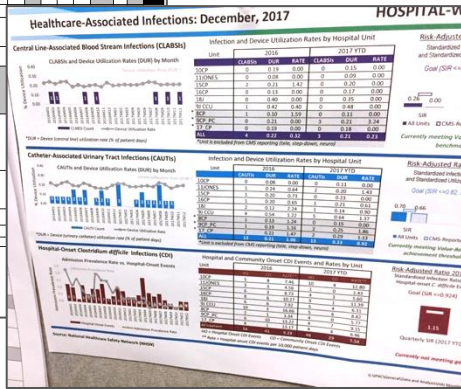
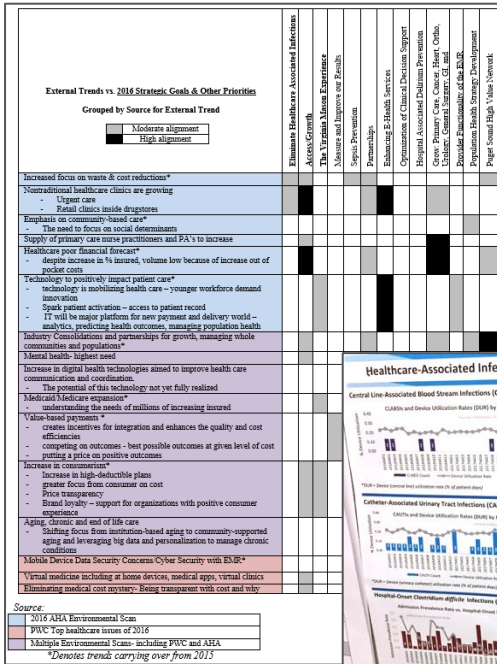


Individual Goals

Daily Management

27

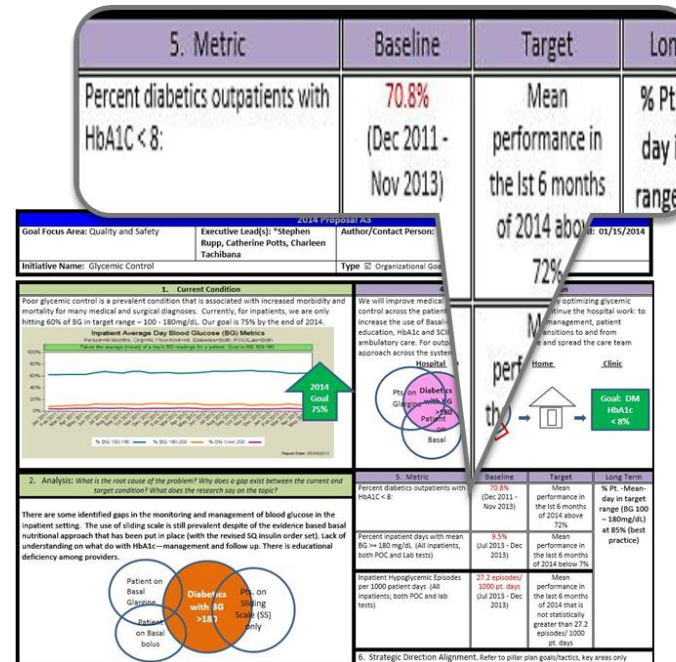
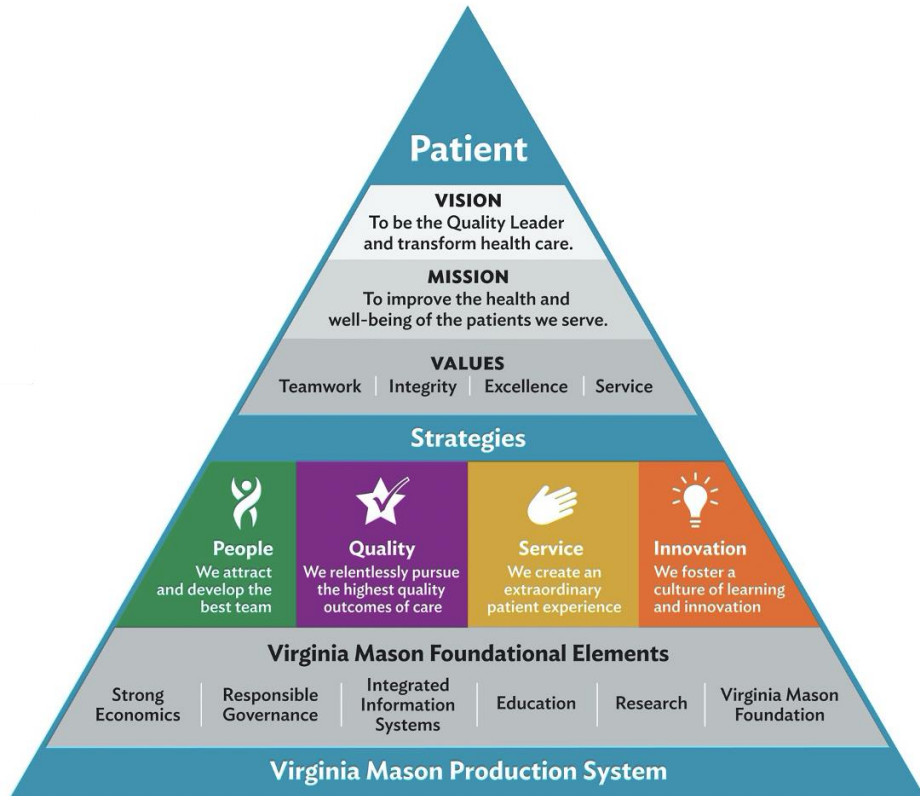
Strategic Alignment: What we work on



The Vital Few Things:

- Access
- Quality
- Patient Experience
- Financials

Strategic Alignment: Metrics and Resources



3. Reflection on last year's activities		7. Organizational Resources	
3-5 Top Activities	Key Results & Learning	Total Cost Estimate	Who
<ul style="list-style-type: none"> Increased use of the GC widget Implemented Utah IV Insulin protocol (Successful PDSA in CCU) Kaizen events to guide the work (IV insulin, mistake proof the timing of BG POC testing, meal delivery and insulin administration) Developed and implemented Peri-op work: upstream ordering of HbA1c, pt. education in PAAC, identification of diabetic pts. and setting up insulin management intra-op and immediate post op 	<ul style="list-style-type: none"> It takes more than revising order set to affect change. Continuous education and monitoring are key. 		Leadership 1-2 hrs. / month Type of support: leadership, consultation, operational support, etc.
			Management Role CDS 2-3 hrs. - CDS analyst data/reports 16 hours / month - data extraction Clinical Practice and Professional Development Project Management, equipment/supplies
8. Unresolved Issues & Linkages		9. Team Membership	
Process of HbA1c ordering in the ambulatory surgery clinics Linkages: <ul style="list-style-type: none"> Optimizing patient Care Integration of the Patient Experience Patient Education Patient Centered Coordinated Primary Care 		Initiative Lead: Potts, Charleen Tachibana Operational Lead: Lee, Therese Franco, Dana Nelson Team Members: Gerbino, Kim Pittenger, Ingrid Have you... Team members listed? <input checked="" type="checkbox"/>	

I.S.	IT staff	10-15 hours/6 months	Consultation; Cerner enhancement requests
Data Analysis:	CDS	2-3 hrs. - CDS analyst data/reports 16 hours / month -	Data collection and posting reports

Cross-Functional Management

Creating accountability across a value stream



Throughout the patient's experience we will improve

Home → Access to Clinic → Clinic Day of Visit → ED Length of Stay → Acute Length of Stay → Home

Quality of Care

- Surgical variability (smoothing patient flow)
 - Falls with injury
 - Readmissions
- Hospital-induced delirium
 - Glycemic control
 - Sepsis
 - Hypertension

Supply Chain

- The right supplies are available when and where they are needed – just-in-time (JIT).

Daily Management

- The system we use to perform daily activities – standardize operations and identify and eliminate waste with root-cause analysis. Our system uses data to ensure we are continuously improving our business.

Daily Management:

Creating real-time accountability through tier reporting

Tier 1 Reporting:

Senior executive leadership reports updates on key metrics to the board of directors



***"Stand Up"* Tier 2 Reporting:**

Vice presidents, KPO and administrative directors report updates on key metrics to the chief executive officer



PeopleLink Tier 3 Reporting:

Managers report to department staff and administrative directors

Growing Leaders to Transform Health Care



Develop Respectful,
Productive People and
Process Coaches at All
Levels of Leadership



Focus on Executive and
Leader Capabilities that
Drive High Engagement,
Quality and Safety



Continually Have Ready-
Now Leaders in Our
Pipeline



Talent Review

Guiding Principles

Talent is an **organizational** resource

Please listen with a **growth mindset**

Assessment is **broad-based** and supported with **specific** behavioral examples

Executive leadership is responsible for ensuring we have a pipeline of **“ready-now”** candidates

Talent Review Session



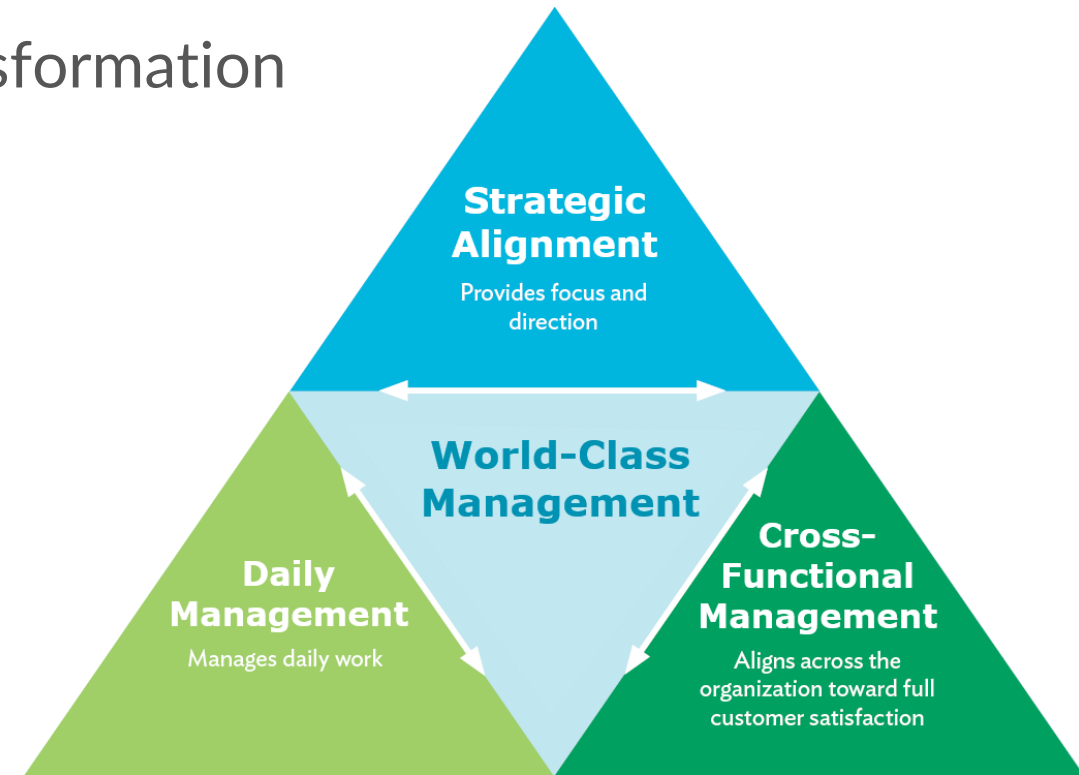
Talent Review Cycle



World Class Management Leadership Requirements

Leadership requirements needed to sustain transformation

1. Set priorities that align with the vision
2. Use VMPS tools & methods
3. Lead change across value streams
4. Allocate resources to VMPS
5. Require accountability
6. Implement standard work for leaders



Traditional Leadership

A focus on only
optimizing your area
of responsibility

Overburdened with
meetings, emails,
projects

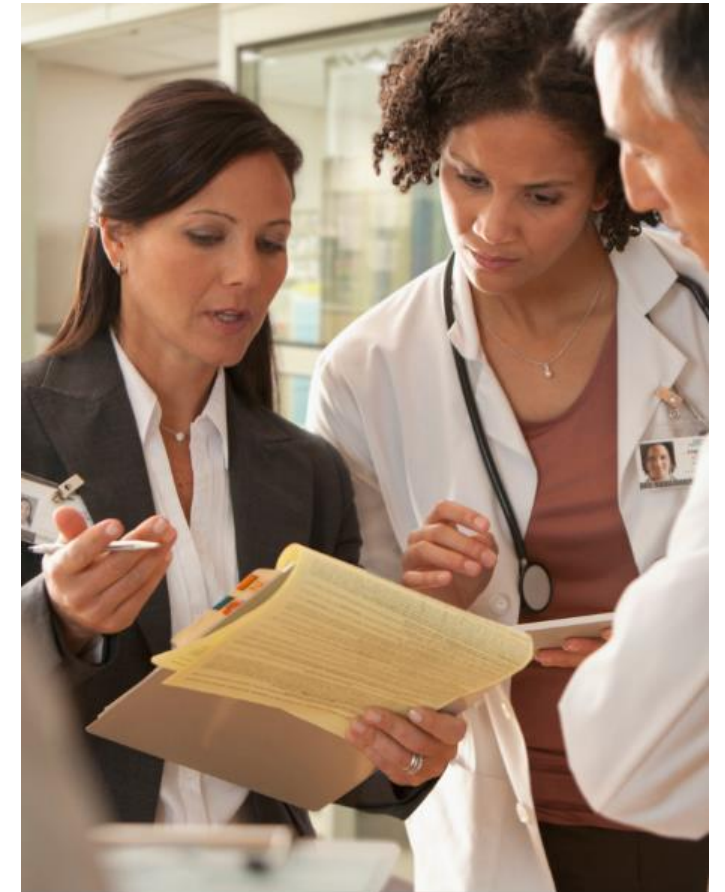
Feeling like you need
to have the solution
to the challenges of
the team

Advocacy leadership



Too many priorities

In charge and in control



What Does Effective Leadership Look Like?

Behaviors that get in the way

Fear of failure
and discussing
failures

Lack of presence

Not listening to
what is impacting
the front line

Weak or no
accountability

Not being
transparency

Setting too many
priorities



Behaviors for effective leaders

System
thinker

“Go and see”

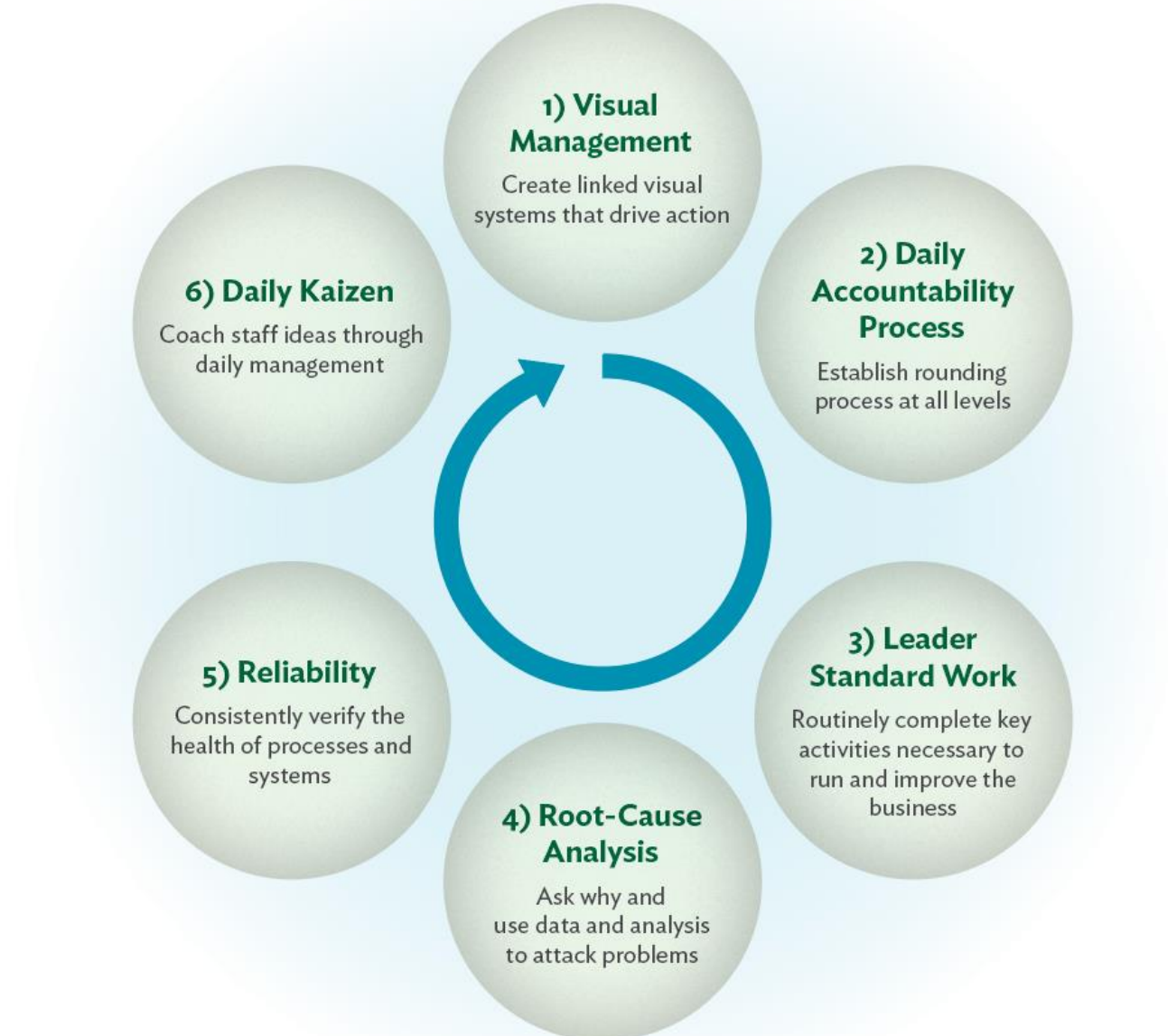
Coach

Ensures
accountability

Problem
framer

Inspires
alignment

Elements of Daily Leadership Activities



*“In times of change, learners inherit the earth,
while the learned find themselves beautifully
equipped to deal with a world that no longer
exists”*

Eric Hoffer

Traditional Leadership

A focus on only optimizing your area of responsibility

Overburdened with meetings, emails, projects

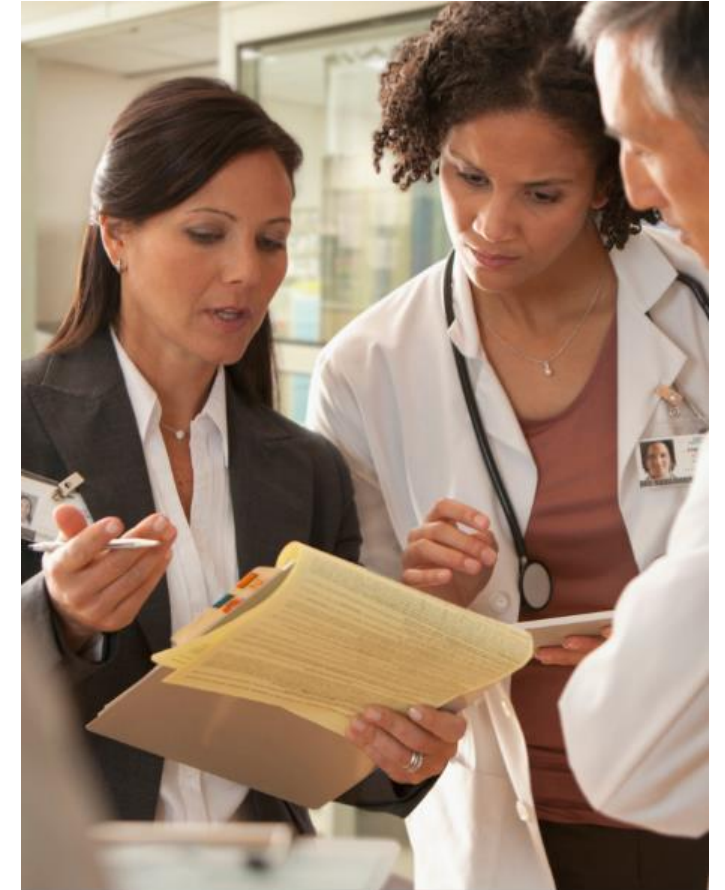
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priorities

Behaviors for effective leaders

System
thinker

“Go and see”

Coach

Ensures
accountability

Problem
framer

Inspires
alignment

Questions for table discussion...

- How do you create the conditions for compassionate leadership to flourish?
- How do you and your leadership team create focus and alignment when there are so many competing challenges?
- What can you do to model the behaviors you want to see in your organization?



Coffee/Tea Break
2:45pm – 3:15pm

Building the business case for quality

What's the degree of
belief?

The ELFT quality management system

Quality planning

Identify the needs of the customer & population
Develop service models to meet the need
Put in place structures & process to manage the service

Quality improvement

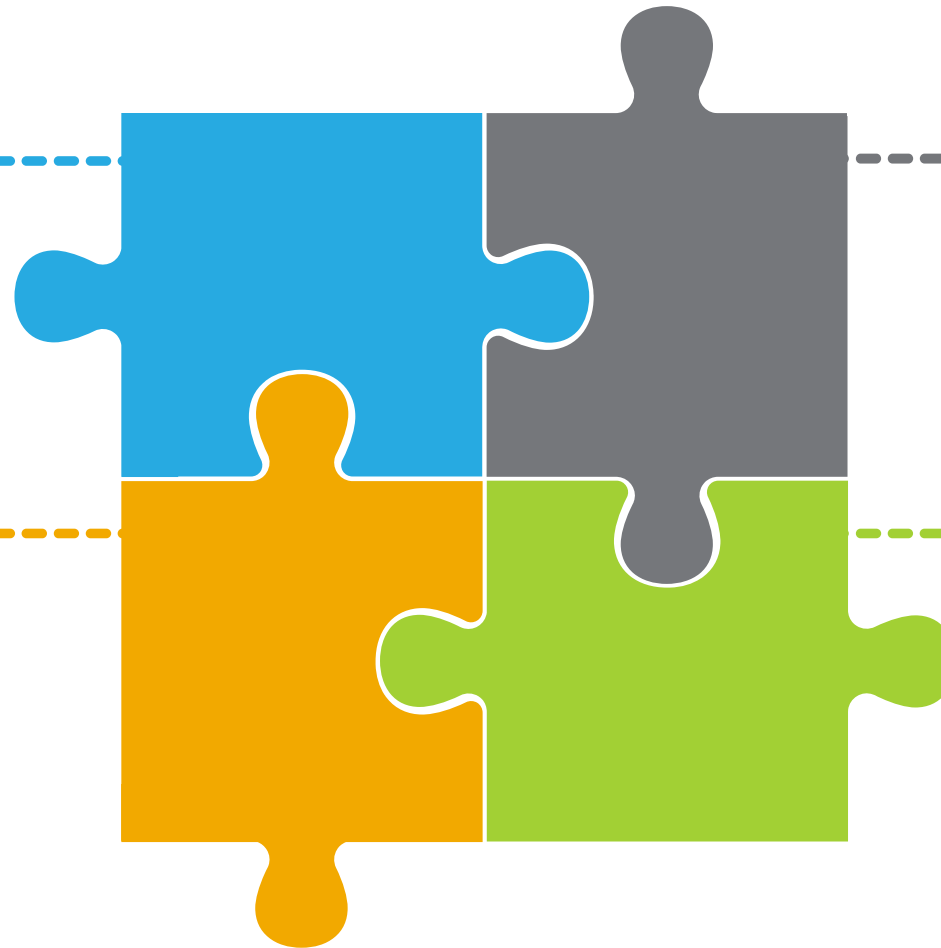
Identify what matters most
Design project and bring together a diverse team
Discover solutions through involving those closest to the work, test ideas, implement and scale up

Quality control

Identify clear measures of quality for the service and monitor these over time.
Take corrective action when appropriate.
Internal vigilance to hold gains made through improvement

Quality assurance

Periodic checks to ensure the service is meeting the needs of the customer & population
Actions to address gaps identified



EVIDENCE

STORYTELLING

INFRASTRUCTURE

INFLUENCING YOUR BOARD

The return on investment from QI

Revenue

Cost reduction

Cost avoidance

Productivity & efficiency

Staff experience

Patient, carer and family experience
and outcomes

Shah, A. & Course, S. (2018) Building the business case for quality improvement: a framework for evaluating return on investment. Future Healthcare Journal 2018;5(2):132-7



NHS

East London
NHS Foundation Trust

Questions for table discussion...

- How far are you towards having a single, holistic management system for quality?
- What does your infrastructure for quality management look like, and what would you need?
- How could you influence your Board to invest in this?



The Challenge

- **Staff burnout** is a bigger threat than ever to organizational performance and team well-being.
- Leadership must commit to making it a **strategic imperative for improvements** to be made.
- This requires **deliberate focus and sustained action**.



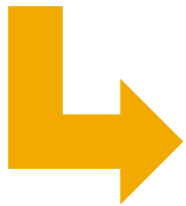
Causes, Risks, and Impacts

Root Cause Factors

- Lack of fairness and mutual respect
- Unmanageable workloads
- Lack of role clarity
- Poor communication or support from your manager
- Unreasonable time pressures and poor workflows
- Lack of meaningful connections

Added Covid Stressors

- Growing backlogs
- Expectation to work outside areas of expertise
- Emotional toll



Risks to
quality and
safety



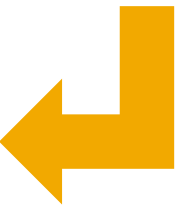
Productivity
and
turnover



Ripple
effects
across teams

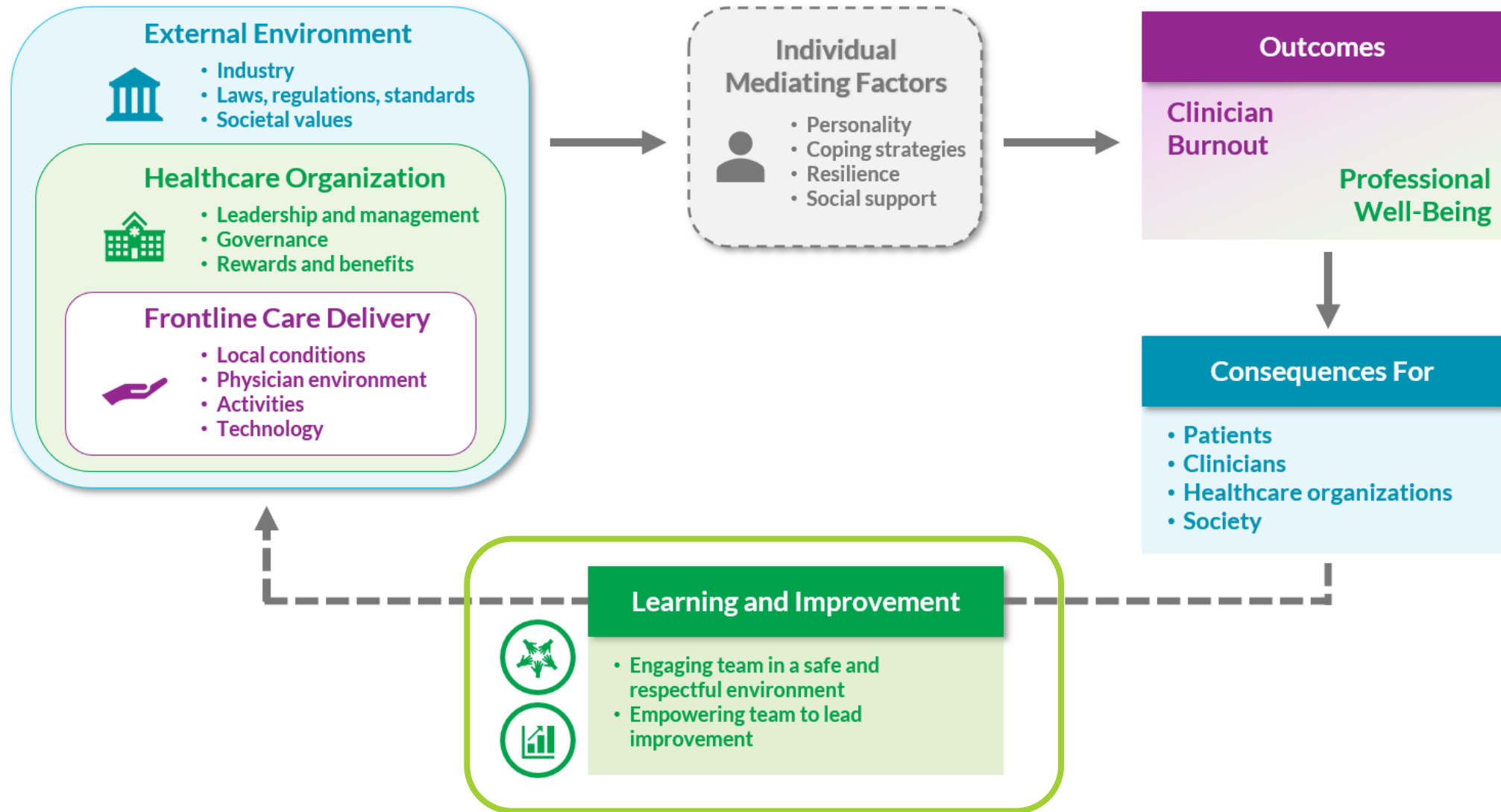


Financial,
operational
impact



A Systems Approach

3 Levels of Work System Factors



Questions for table discussion...

- How do we make a meaningful impact during what the media is calling 'the great resignation'?
- What does 'putting my own oxygen mask on first' look like so I can look after the welfare of my team ?



Thank you.