

A1: Embedding equity into leadership and practice management



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



Adapting to a changing world: equity, sustainability  
and wellbeing for all



 @QualityForum #Quality2023

 Institute for  
Healthcare  
Improvement

**BMJ**

# Embedding Equity into Leadership & Practice Management

Wendy Korthuis-Smith, EdD

Alice Forsythe, MBA

16 May 2023



# Declaration of Interest

*No relevant relationships: None of the planners, presenters, or staff for this educational activity have relevant financial relationship(s) to disclose (i.e., with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients).*

- Alice Forsythe is an Executive Partner for Virginia Mason Institute
- Wendy Korthuis-Smith is the Executive Director of Virginia Mason Institute

# Today's Presenters



**Wendy Korthuis-Smith, EdD**  
Executive Director  
Virginia Mason Institute



**Alice Forsythe, MBA**  
Executive Partner  
Virginia Mason Institute



# Virginia Mason Franciscan Health



- Integrated health care system
- 501(c)3 not-for-profit
- 11 hospitals, 300 sites of care
- 5000 consultants
- 18,000 employees
- Graduate Medical Education
- Bailey-Boushay House
- Benaroya Research Institute
- **Virginia Mason Institute**

# Session Objectives

After attending this session, attendees will be able to:

- **Apply an equity lens** to all facets of running and improving a clinical or support services department
- Engage team members and consultants in **psychologically safe conversations** about workplace equity
- **Identify potential inequities** in current care delivery and generate solutions to eliminate them

# VMFH Strategic Plan

**We will be the most trusted destination for health.**

- Patient Safety
- Patient Quality
- Consumer & Patient Experience
- Building "One VMFH" Culture
- Diversity, Equity, Inclusion & Belonging
- Single Management System
- Future Workplace
- Growth & Expansion
- Innovative Care Models
- Operational Excellence
- Recruitment, Development & Retention
- Research & Education

## OUR PURPOSE

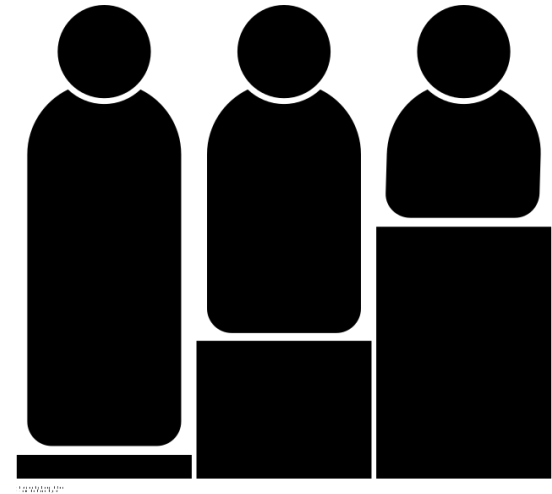
The Purpose of Virginia Mason Franciscan Health is to improve the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.





# Why embed an equity lens in leadership and management practices?

- Improves quality and safety outcomes
- Centres work on equitable experience for patients and their carers
- Enhances staff experience and teamwork
- Strengthens leaders' skills and feelings of self-efficacy



# Virginia Mason Production System®

## Respect for People

*Safe and Respectful Environment*

### Patients as Partners

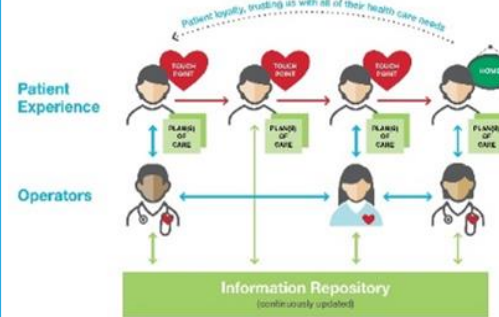
- Patient/family partners
- Experience Based Design
- Co-design

### Engage Individuals and Teams

- organisational compacts
- Personal growth & recognition
- Leader competencies



## Improving the Flows of Health Care



## Continuous Improvement

*Increase Reliability and Effectiveness*

### Quality Leader

$$Q = A * \frac{(O+S)}{W}$$

Q: Quality  
A: Appropriateness  
O: Outcomes  
S: Service  
W: Waste

- Patient Safety Alert & Response System

### Accelerate the Impact

- Speed and agility
- Innovation
- Plan-Do-Study-Act (continuously evaluate and improve)



## BUILD A STRONG FOUNDATION

### World Class Management

Management by Policy, Cross Functional Management, Daily Management

### VMPS® Principles, Tools and Methods

5S, Standard Work, Visual Control, PDSA, Innovation, Just in Time, Mistake Proof (Jidoka), Leveled Production (Heijunka)

# Quality Equation

$$Q = A \times \frac{(O + S)}{W}$$

- Q:** Quality
- A:** Appropriateness
- O:** Outcomes
- S:** Service
- W:** Waste

## Mini Case Study:

# Leadership Challenges of New Leaders



- Isabella (RN) is the new manager of the 30-physician Hospitalist team.
- Her dyad partner, Ellen (MD), is a hospitalist who is also new to her leadership role.



A **safety alert** shows that one of the hospitalists **is not using a medically-qualified interpreter**—instead, the provider is relying on their own intermediate-level Spanish skills.



**Nurses do not have the opportunity to speak during multi-disciplinary rounds** to alert others of care issues, because a few hospitalists are not including RNs in the discussion.



The leaders received **significantly lower staff engagement survey results** on the item, “*When I speak up, my opinion is valued,*” compared to last year.

# VMFH's Key Actions to Embed an Equity Lens in Leadership

## Action 1

Prepare all staff, including consultants, to have conversations about equity and continuous improvement as part of **new employee induction**

## Action 2

Encourage executives and consultants to **role model** equity-centred discussions and decision-making

## Action 3

Offer leaders opportunities to **practice leading equity conversations** during new leader training

## Action 4

Use **equity learning tools** to promote equity-focused dialogue about care, teamwork, and process improvement



# Action 1

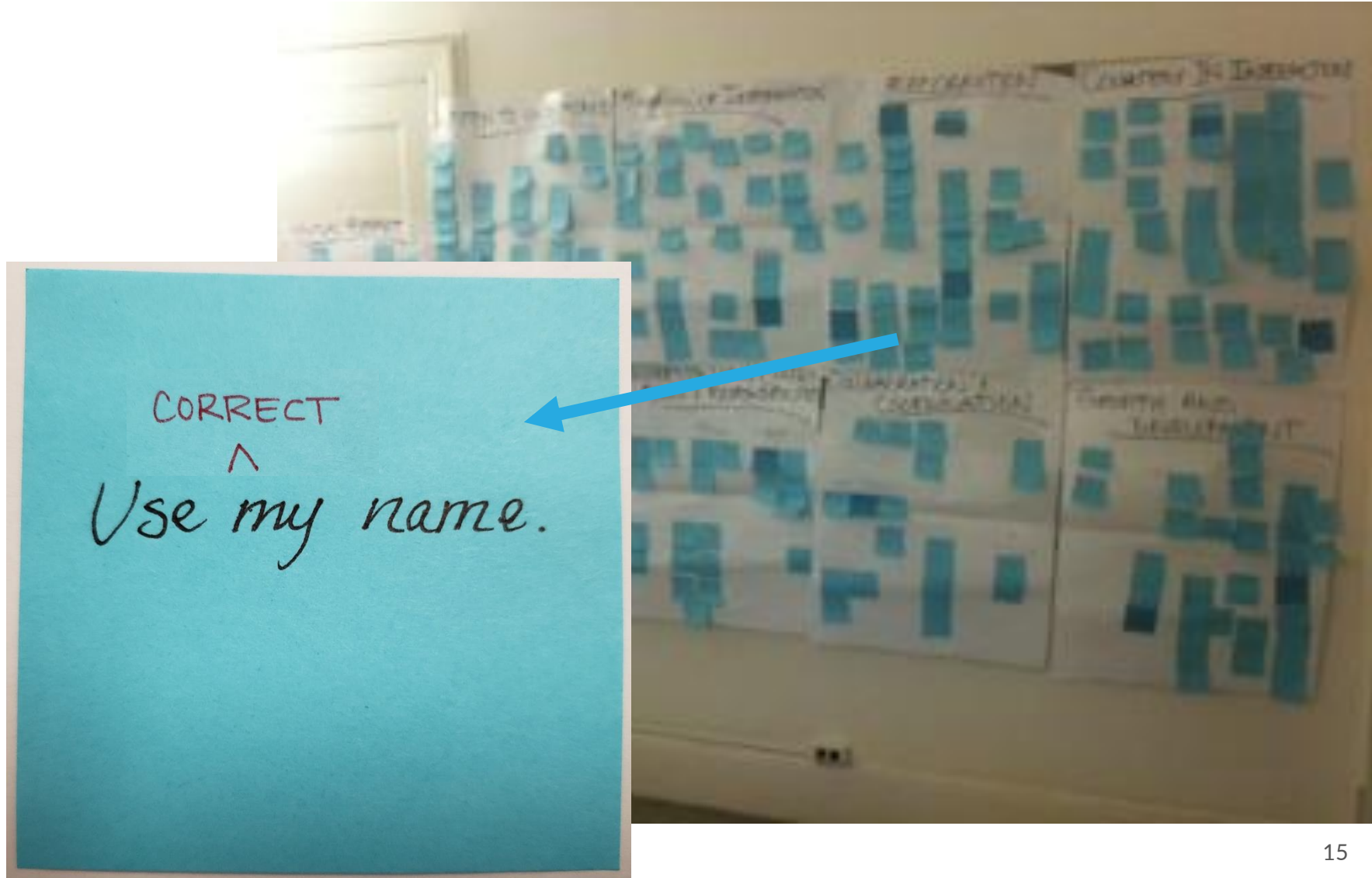
## Train All Staff on Foundational Behaviours and Equity Tools during Induction

# Define Foundational Behaviours

## Needs Assessment

- Listening Sessions
- Feedback Gathering

## Visioning



# Our Respect for People Vision

“We believe in a culture where everyone experiences respect.”





# Respect *for* People

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

## Our Foundational Behaviors



1 | Be a team player



2 | Listen to understand



3 | Share information



4 | Keep your promises



5 | Speak up



6 | Connect with others



7 | Walk in their shoes



8 | Be encouraging



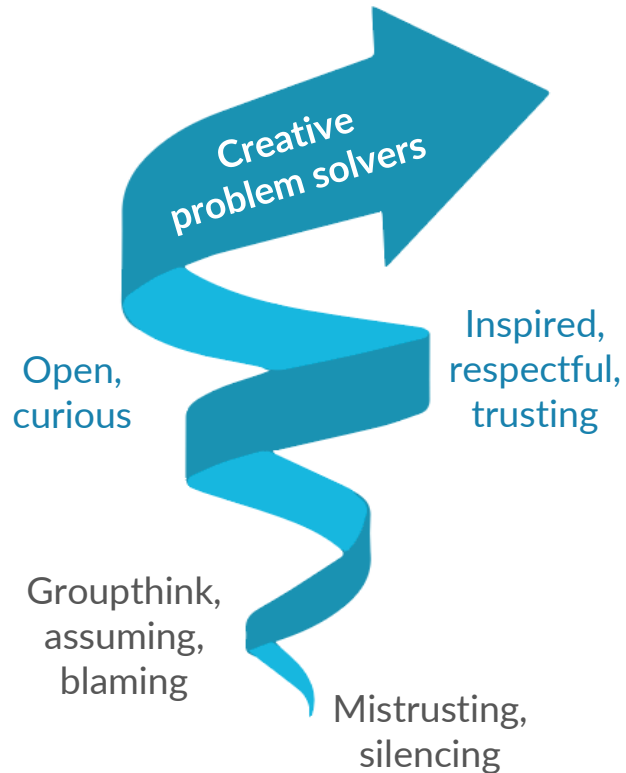
9 | Express gratitude



10 | Grow and develop



High psychological  
safety



Low psychological  
safety

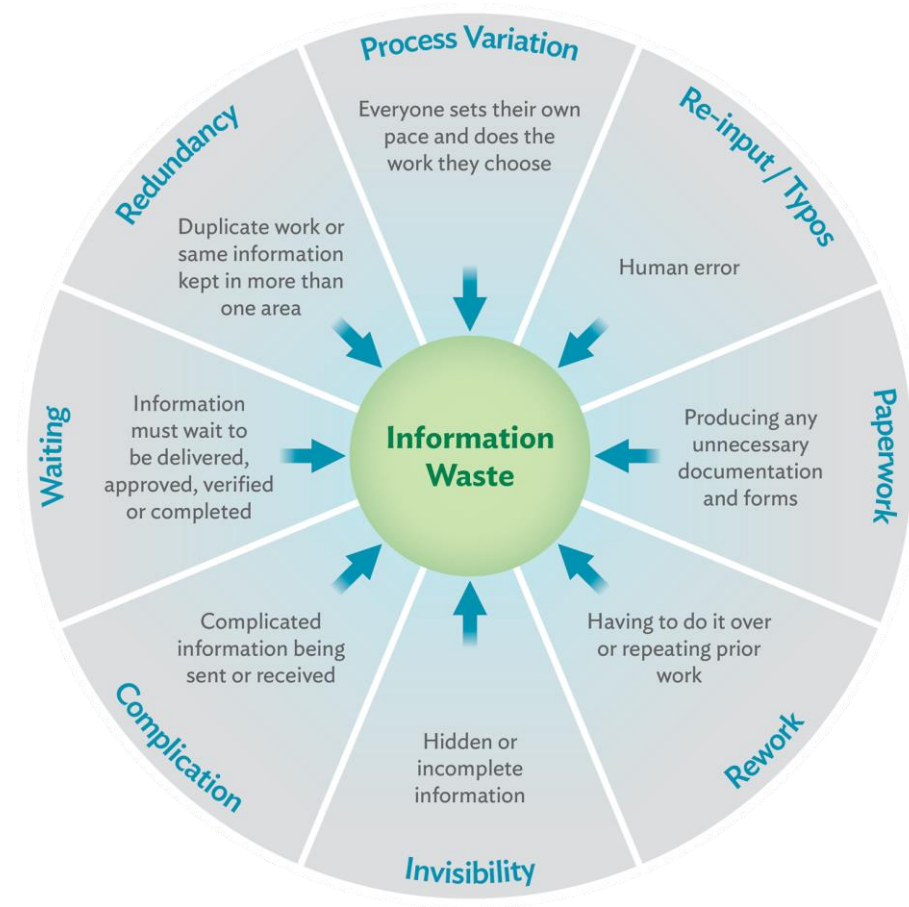
# Foster Psychological Safety among Staff

Starting at induction, share why this is important – a psychologically safe climate means people can:

- Speak up freely to teammates, leaders, and clinicians
- Admit errors and identify solutions
- Be their authentic selves at work without fear of judgment



# Waste Wheels Introduced during Induction



# Inequity Areas in Newest Waste Wheel



- **Violet** inequities may be experienced by people without power and privilege
- **Blue** inequities may be displayed by people with power and privilege, often unintentionally
- Use this tool to study a process, program, or policy to identify inequities

# A Journey Developing a Culture of Respect



Virginia Mason Medical Center  
Seattle, Washington, United States

## Beginning the Journey



Surveys highlighted deficiencies in communication, teamwork, and respect

## Developing a Foundation



10 “foundational behaviours of respect” developed

## Improvement through Training

|                  |           |
|------------------|-----------|
| Adjusting Speech | 84% → 87% |
| Sharing Feedback | 45% → 63% |
| Saying Thanks    | 79% → 90% |

(Results from 2018-2019 training)

Sustained multi-year effort culminated in mandatory orientation training workshops

## Refreshing the Commitment



Refreshing and reinforcing with targeted improvement and introduction of new concepts

# Pair Discussion – 5 min.

Which wastes of inequity could be occurring in the case study?



# Action 2

Encourage Executives and  
Consultants to Role Model Leading  
with an Equity Lens



# Using Equity Impact Analysis Questions in Decision-Making



1. Identify and Engage Stakeholders
2. Specify Inequities
3. Consider Root Causes
4. Clarify the Intention
5. Consider Adverse Effects

6. Advance toward Equity
7. Identify Alternatives and Improvements
8. Determine Success Factors
9. Ensure Feasibility, Sustainability and Accountability

# What is an equity pause?

An intentional opportunity to:



- Reflect and share our learning related to equity
- Remind ourselves of our shared goals/practices
- Identify what we might do better to support health equity, inclusion, diversity, belonging, psychological safety, and more

# Equity Pause Examples

Consider using an Equity Pause anytime you are discussing processes that affect patients or staff

## Planned Equity Pause

“How can we increase equity in this process?”

## Spontaneous Equity Pause

“Let’s take a few minutes and discuss this further to be sure we’re considering equity.”

# Equity Pauses and Equity Impact Discussions Modeled by Leaders & Consultants at VMFH

- Executive Leadership Team discussions
- All-leader monthly meetings
- Consultant and advanced practice provider monthly meetings
- All-employee Town Halls
- Process improvement events



# Action 3

## Reinforce Equity Pauses and Psychological Safety during New Leader Training



# Equity Pauses in Leader Training

Helps prepare leaders for issues that an equity pause may raise:

- Healthcare inequities
- Need to include more voices in the care plan
- Lack of psychological safety for patients or staff

*"Go Slow to Go Fast"*



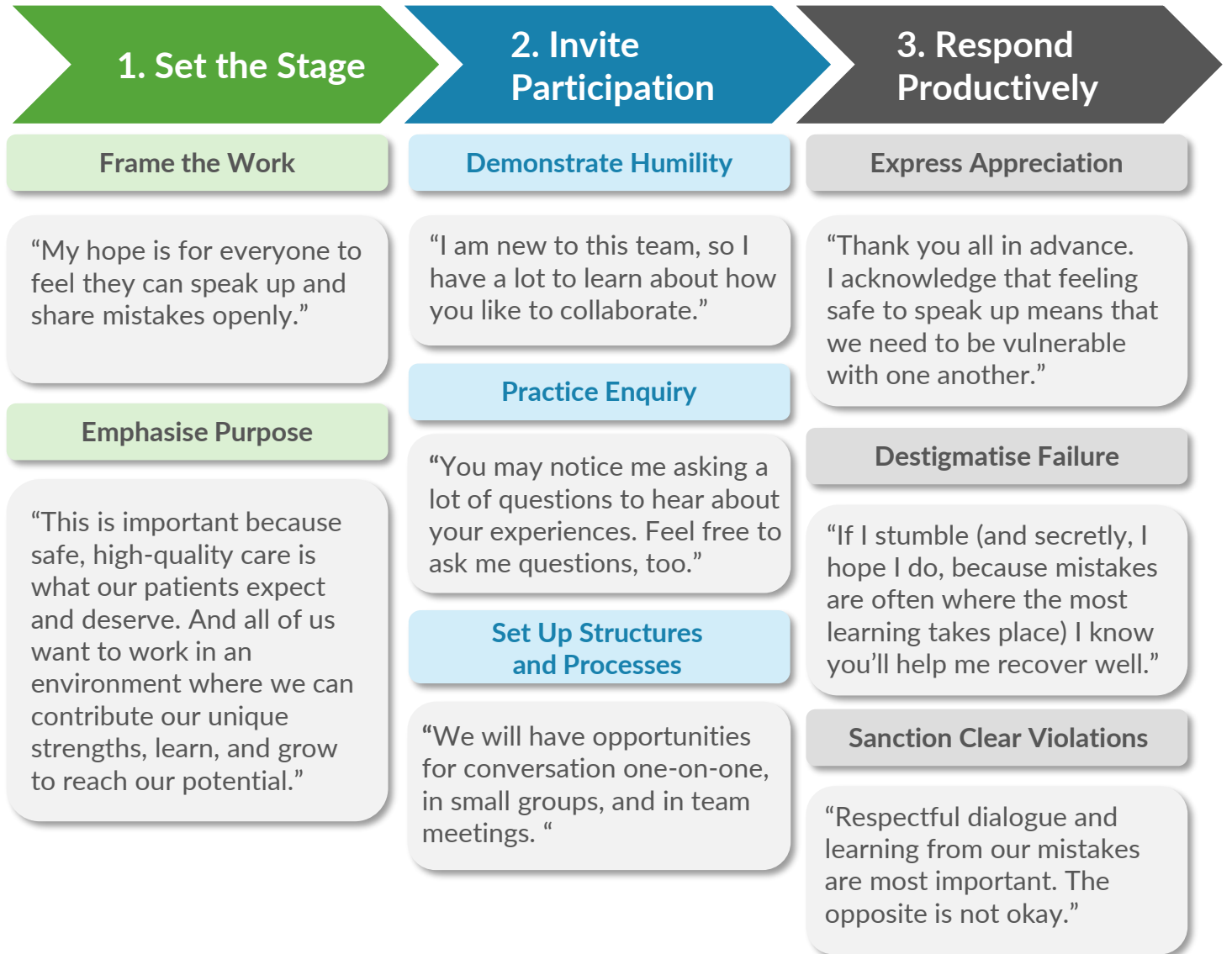
# Psychological Safety: Leader Behaviours



| 1. Set the Stage   | 2. Invite Participation   | 3. Respond Productively  |
|--|---|--|
| <b>Frame the Work</b><br>Set expectations  | <b>Demonstrate Humility</b><br>Acknowledge gaps                                     | <b>Express Appreciation</b><br>Listen, acknowledge, thank        |
| <b>Emphasise Purpose</b><br>Express the WHY  | <b>Practice Enquiry</b><br>Ask good questions and listen                            | <b>Destigmatise Failure</b><br>Find the learning, offer support  |
| <b>Try out this worksheet to foster psychological safety with your team</b><br><br><small>Source: Edmondson (2018). <i>The Fearless Organisation</i></small> | <b>Set Up Structures/Processes</b><br>Create forums for input then guide discussion | <b>Sanction Clear Violations</b><br>Specify what's OK and not OK |

**Example:**


# Fostering Psychological Safety



# Using 6S to Measure Psychological Safety & Equity

- Sort
- Simplify
- Sweep
- Standardise
- Self-Discipline
- **Safety**
  - Equity
  - Psychological Safety
  - Physical Safety

**6S Achievement Grid**



|   | <b>Safety</b>  | <b>Sorting</b>  | <b>Simplifying</b>  | <b>Sweeping</b>   | <b>Standardizing</b>  | <b>Self-Discipline</b>   |
|---|--|---|---|---|---|--|
| <b>Level V</b><br>Continuously Improve  | Pick and choose one of the following three safety topics to paste into this column | Issues with needed information flow are identified, and strategies to prevent issues is in place  | Entire information flow is routinely updated to match current usage, needs, routings, schedule operators, technology, etc.                                  | Potential issues with information flow are documented, with countermeasures put in place  | Standards are spread to other information flows   | Root causes are eliminated and improvement actions focus on developing preventive methods  |
| <b>Level IV</b><br>Focus on Reliability | Pick and choose one of the following three safety topics to paste into this column | Operators document standards on information: usage, needs, routing, schedule, sender, receiver, technology etc.                           | Needed information is updated per agreed upon schedule  | All updates are done in accordance to schedule  | Standards are adhered to by all identified operators  | Sources and frequency of problems are documented as part of routine work, root cause of noncompliance are identified and corrective action plans are developed |
| <b>Level III</b><br>Make it Visible     | Pick and choose one of the following three safety topics to paste into this column | Sequencing of needed information, with operators, are developed   | Needed information is easily accessible to all operators  | Updates to information and flow are documented  | Standards are easily accessible to operators, and are current   | Operators routinely update information flow agreements, and updates are communicated   |
| <b>Level II</b><br>Focus on Basics      | Pick and choose one of the following three safety topics to paste into this column | Needed and not needed information are sorted, and not needed information is removed. It is understood who needs what information and when | Needed information is stored in agreed upon location. All operators who need information are known, have access. Timing of information needed is understood | Agreements on updating information usage, needs, routing, schedule, sender, receiver, technology, frequency of updates documented | Operators have and understand the documented standards for updating information usage, needs, routing, schedule, sender, receiver, technology, frequency of updates | Documentation of information flow agreements is visible and part of new-hire training  |
| <b>Level I</b><br>Just Beginning        | Pick and choose one of the following three safety topics to paste into this column | Necessary and unnecessary information is mixed together. Unclear who needs it   | Necessary information is stored in multiple locations   | No one knows 'source of truth'  | Standards for needed information and information flow are not followed or documented  | Information flow checks are not done, and there is no visual management of information   |

# Pair Discussion – 6 min.



Which of the tools and techniques we've discussed so far could Isabella and Ellen use with their team to help them:

- Feel **safe to speak up** about inequities that patients or they may be experiencing?
- Feel their **opinions are valued**?

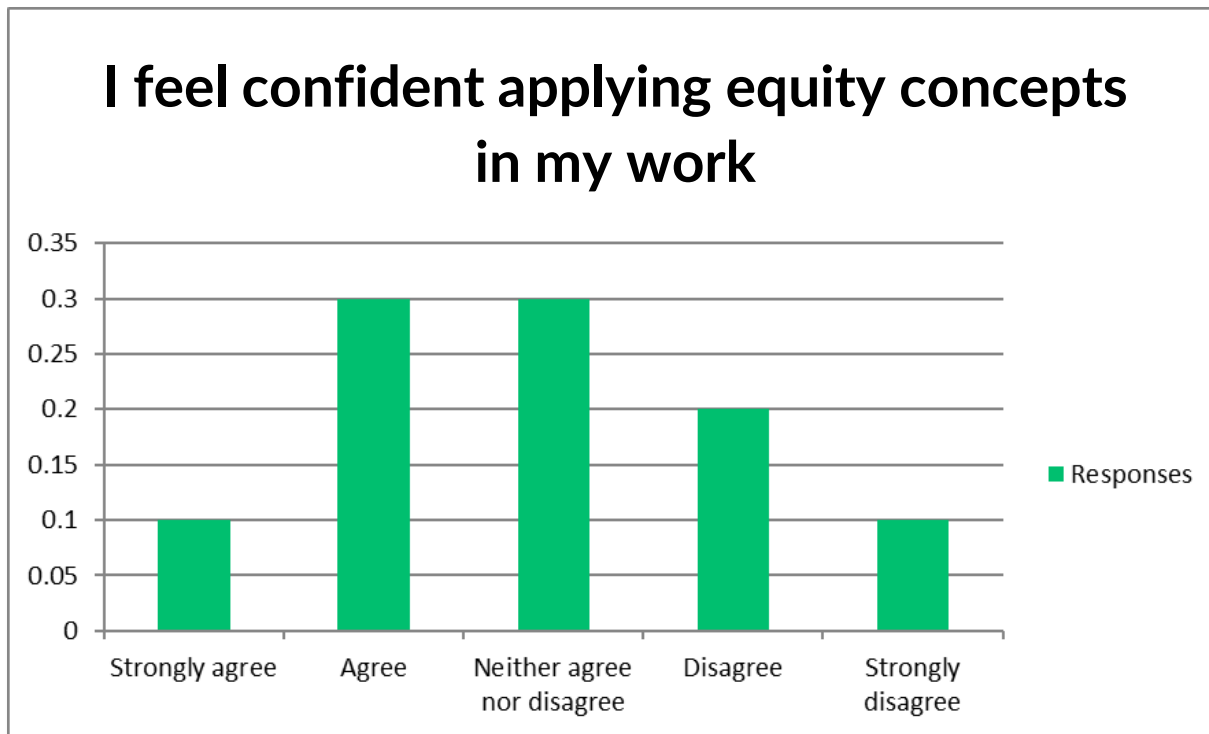




# Action 4

## Use Equity Learning Tools to Build Leader & Staff Confidence

# Our Initial Pulse Survey Results: More Confidence Needed to Apply Equity Lens

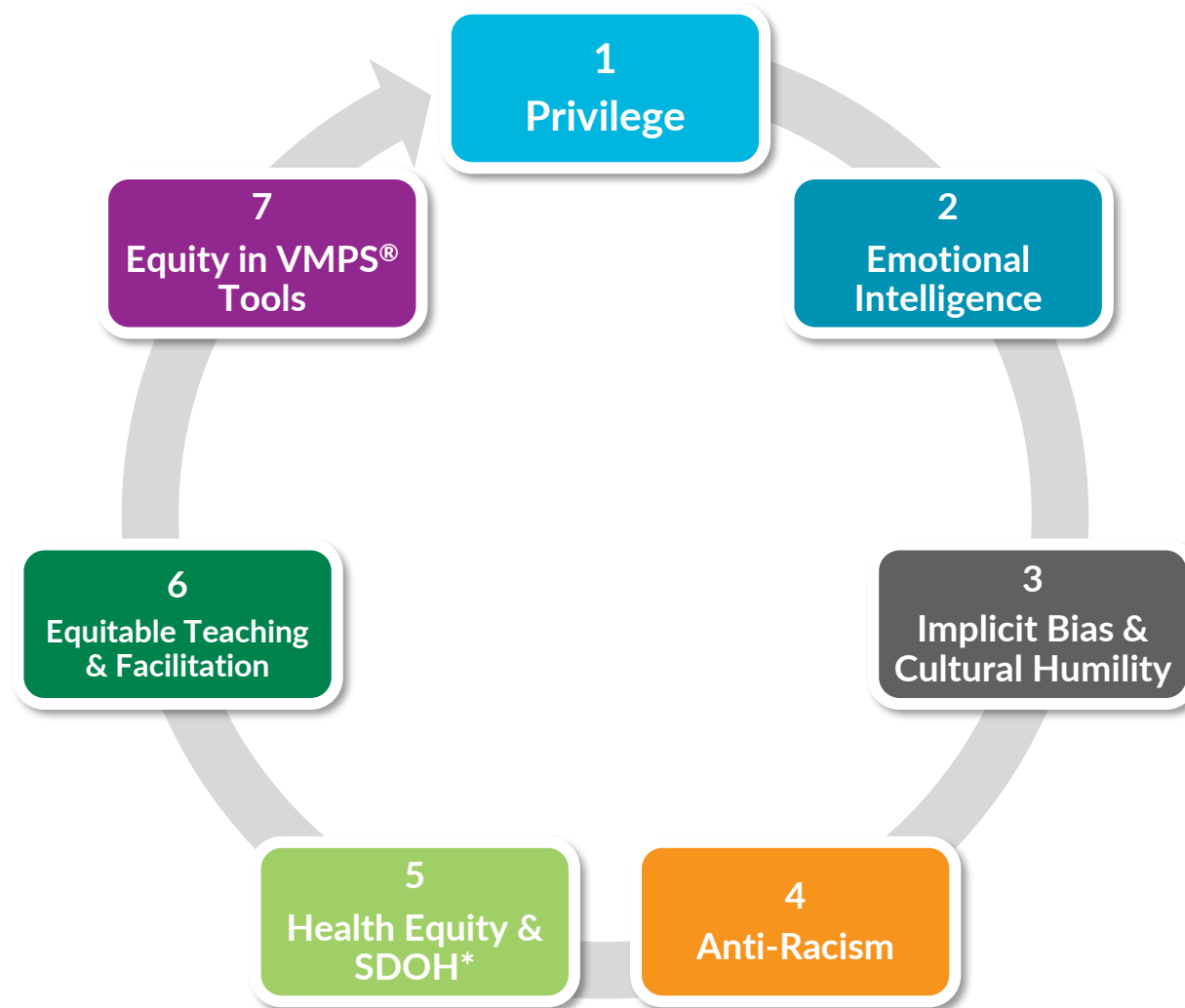


**Implemented to  
Strengthen  
Confidence:**

**Equity Learning  
Pathway**

**Equity Huddle Cards**

# Equity Learning Pathway



**Self-directed  
learning**

**Progress  
sequentially  
through  
Menus 1 to 7**

# Equity Huddle Cards Build Awareness & Intention



## Psychological Safety

**Psychological Safety** is a shared belief held by members of a team that the team is safe for interpersonal risk taking such as speaking up, offering ideas, and asking questions.

### Discussion Questions

- What are we doing well right now when it comes to providing a psychologically safe work environment?
- What should we do more - or less - to ensure team members feel safe to speak up?



## Implicit Bias

**Implicit Biases** are attitudes or preconceived notions towards people without one's conscious awareness or knowledge

### Discussion Questions

- What types of unconscious bias have you observed when people interact, either at Virginia Mason or elsewhere?
- How can we draw attention to our own implicit biases and how they influence our work?
- How do we disrupt or unlearn these biases?



## Power and Privilege

**Power** is the social, political, and economic strength that provides access to resources and decision-makers and the ability to influence others to accomplish what you want done.

**Privilege** is unearned advantages given to those in the dominant group. Privileges are bestowed unintentionally, unconsciously, and automatically. Privileges are often invisible to dominant groups

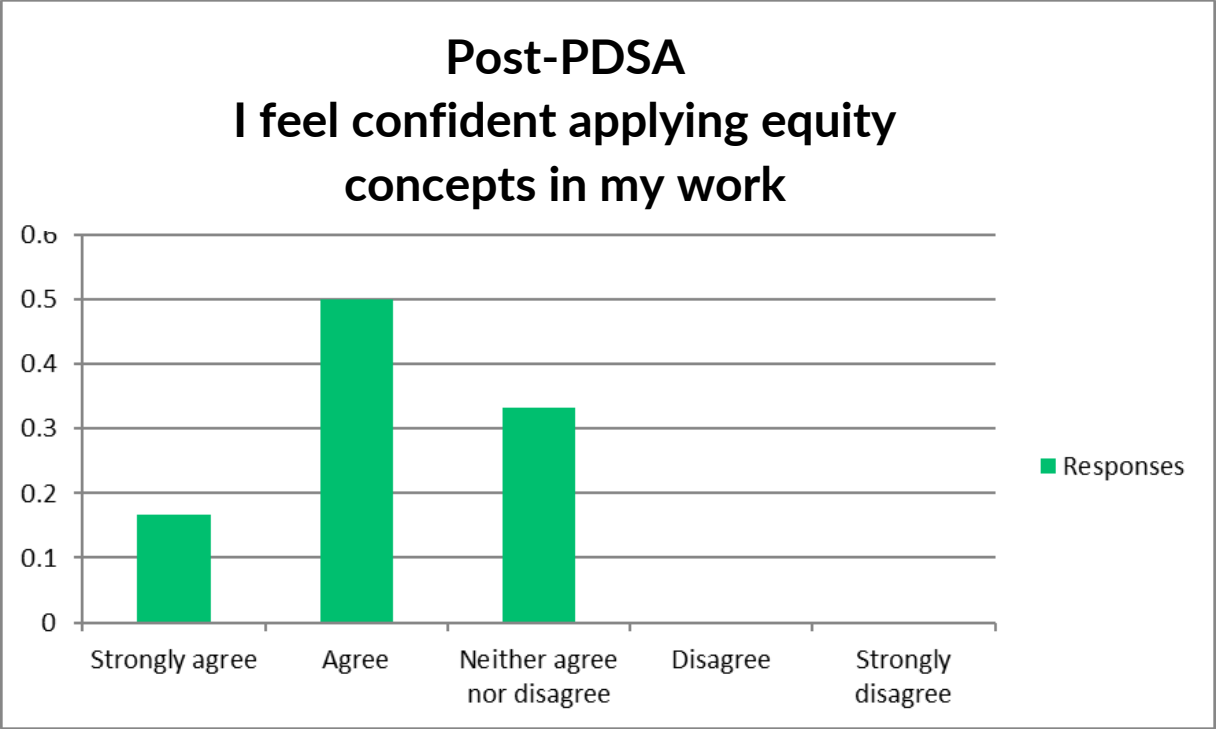
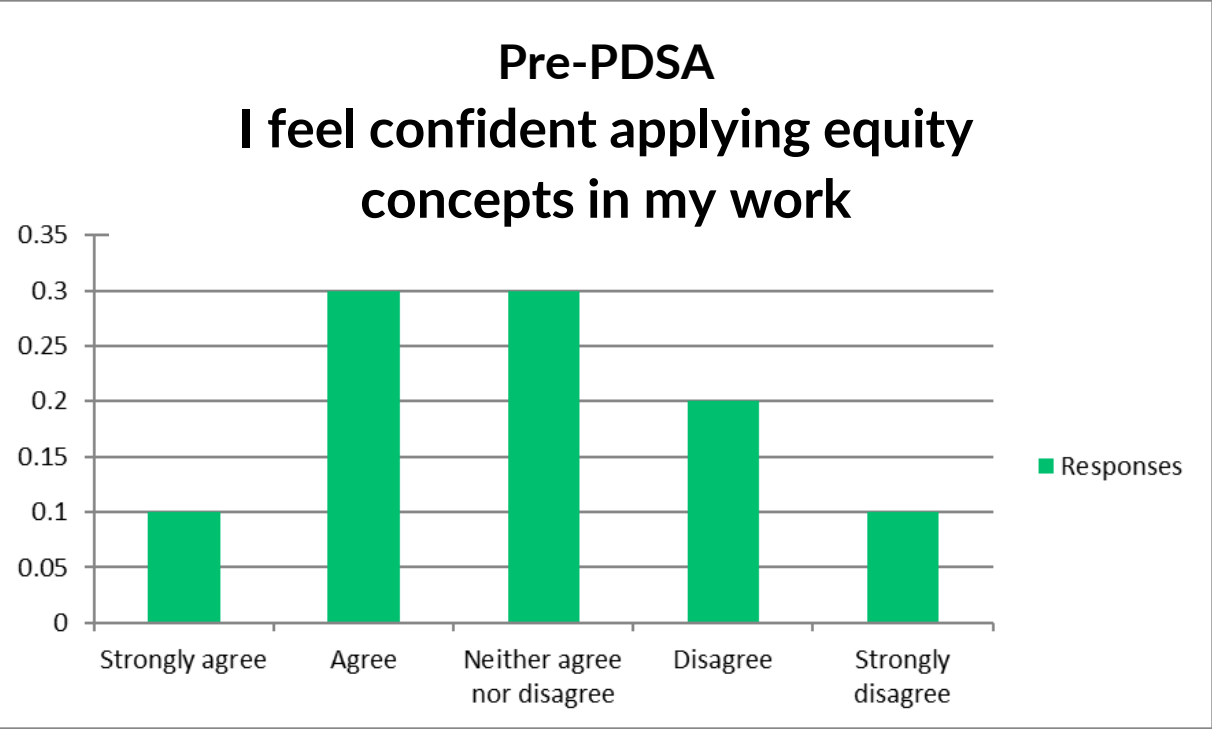
### Discussion Questions

- Have you seen power and/or privilege or lack of play out in the workplace and/or clinical setting?
- How can we disrupt power and/or privilege when it occurs?



14

# Confidence Increased Post-Intervention



# Summary of Key Actions

## Action 1

Prepare all staff and consultants to know and use foundational behaviours

## Action 2

Encourage executives and consultants to role model equity-centred leadership

## Action 3

Enable new leaders to practice using equity-centred tools and techniques at new leader training

## Action 4

Use equity learning tools to promote equity-focused dialogue about care and teamwork

Embed tools in process improvement & share success stories & lessons learnt

# Action Plan Discussion – 5'

- What is **one tool or technique** that you learned about today that you would like to begin using when you return to your organisation?
- What is the **first step** you could take to implement that tool or technique?



# Questions & Answers

**Thank you.**