Leadership Webcast

Nursing and the Executive Team: Leadership for Quality and Patient Safety

April 16, 2010
Today’s Discussion

- Discuss the current healthcare trends
  - *Marie Sinioris*

- Review findings from the NCHL Phase I Nursing-Executive Team Leadership Demonstration Project
  - *Pamela Davidson, PhD*
    - UCLA Clinical and Translational Science Institute & School of Public Health, Department of Health Services

- Report the current progress and observations from Phase II

- Discuss transformational leadership
  - *Marie Sinioris*

- Discuss nurse executive’s role in safety & quality and best practices in nursing leadership development and talent management
  - *Gay Landstrom, MS, RN*
    - SVP Patient Care Services & CNO, Trinity Health
Current Healthcare Trends
The Public Perception of Healthcare

How American Health Care Killed My Father

THE NEW YORKER

ANNALS OF MEDICINE

THE COST CONUNDRUM
What a Texas town can teach us about health care.
by Atul Gawande
What Shaped the Health Reform

“The healthcare sector is far and away the most inefficient economic driver in the US” – Peter Orszag, Director of the Office of Management and Budget

Healthcare accounted for 17.3% of the nation’s economy in 2009, an unprecedented 1.1% increase from prior year – Health Affairs

CMS projected that in 2012 public spending on healthcare will reach more than 50% of total health expenditures, expected to be $2.9 trillion that year

30% of what we spend adds no clinical value (5% of GDP) – Institute of Medicine

Nearly 4.4 million hospital admissions totaling $30.8 billion in hospital costs could have been prevented – AHRQ

Geographic disparities are stunning


Source: Modern Healthcare February 8, 2010; James Orlikoff’s presentation at the AHA Center for Healthcare Governance meeting, January 2010
The Moment it All Changed
## Reform Rollout – Affecting Hospitals Starting This Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
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<tbody>
<tr>
<td>2010</td>
<td><strong>Payment reductions</strong> to hospitals, other providers kick in</td>
</tr>
<tr>
<td>2012</td>
<td>Initiatives to <strong>improve value, quality</strong> are introduced</td>
</tr>
<tr>
<td>2013</td>
<td><strong>Penalty for high hospital readmission rates</strong> takes effect</td>
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<tr>
<td>2014</td>
<td>• Medicaid coverage expansions begin</td>
</tr>
<tr>
<td></td>
<td>• States begin establishing <strong>health insurance exchanges</strong></td>
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<tr>
<td></td>
<td>• A new independent <strong>payment advisory commission</strong> starts making recommendations</td>
</tr>
<tr>
<td></td>
<td>• Disproportionate-share hospital <strong>payment cuts</strong> take effect</td>
</tr>
<tr>
<td>2015</td>
<td><strong>Penalty for hospital-acquired infections</strong> takes effect</td>
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Source: Modern Healthcare
Delivery System Reform Is Here to Stay

EHRs will become a necessary component for a delivery system that can provide coordinated, cost-effective care.

With advances in performance measurement, organizations will need to be transparent and accountable.

Federal funding will promote the development of patient-centered medical homes as a reform strategy.

Accountable care organizations will develop in response to real and anticipated reimbursement changes—global payments.

Evidence-based medicine will be the gold standard.

Physicians as partners at risk with hospitals.

Source: Futurescan, presented at the AHA Center for Healthcare Governance meeting, January 2010
Nursing Leadership Imperative

61% CNOs reported that they anticipate making a job change in less than five years

75 percent of managers and leaders are not given enough time – usually 3 to 5 years – to make the transition to a leadership position

NCHL research showed very little succession planning for nursing leaders

Source: Journal of Healthcare Management, 2008; NCHL benchmarking research
NCHL Leadership Questionnaire – 2007 Results

Succession Planning and Talent Management

- Talent Management a Multiple Levels
- Candidates Rigorously Assessed
- Development Plans Reflect Future Requirements
- Identification of Candidates is Forward Looking
- Board & CEO Discuss Succession Planning

Benchmark Organizations
Hospitals/Health Systems

(1 Not at All to 7 A Great Deal)
NCHL Leadership Questionnaire – 2007 Results

Talent Management by Leadership Group
'Received a Great Deal'

<table>
<thead>
<tr>
<th></th>
<th>Administrators</th>
<th>Nursing</th>
<th>Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>17%</td>
<td>9%</td>
<td>6%</td>
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NCHL Leadership Questionnaire – 2007 Results

360-Degree Feedback by Leadership Group
'Used a Great Deal of the Time'

- Administrators: 14%
- Nursing: 8%
- Medical: 7%
NCHL Phase I Nursing-Executive Team Leadership Demonstration Project – Findings
NCHL Phase I Nursing-Executive Team Leadership Demonstration Project

NCHL Nurse Team Leadership Project Phases

Performance Criteria Used to Select Sample

Data Collection, Analysis & Intervention Planning

Phase I Findings
Nurse-Team Leadership Project Phases

**Phase 1. Qualitative Research**
Funded by the Robert Wood Johnson Foundation (RWJF)
Investigate the influence of leadership on improving the rate and scope of adoption of quality and patient safety (Q/PS) initiatives in hospitals and health systems
Conduct executive team interviews in 8 hospitals
Complete site feedback reports and cross-site analysis
Use research findings to inform intervention design and initiate site planning

**Phase 2. Validate Phase I Results**
Obtain feedback from intervention hospitals on Phase I results to design the intervention model

**Phase 3. Design and Test Intervention Model**
Design and implement leadership and performance improvement program to advance quality and patient safety
Performance Criteria Used to Select Sample

<table>
<thead>
<tr>
<th>Hospital</th>
<th>LENS + Solucient</th>
<th>National Baldrige</th>
<th>Magnet</th>
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<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
<td>X</td>
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<tr>
<td>2-A</td>
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<td>4-B</td>
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<tr>
<td>5</td>
<td></td>
<td>X</td>
<td>X</td>
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</tbody>
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“A” Hospitals received higher Solucient score in 2004.
ANCC Nursing Magnet Facilities in 2006.

Health Systems/Hospitals
Ascension  Trinity
Kaiser      St. Luke’s
NSLJ
Phase I Data Collection

Collected a comprehensive qualitative database

- Hospital contextual data
- Individual, team and organizational assessments

Qualitative database includes interviews conducted in 8 hospitals representing 5 health systems operating in 6 states (California, Iowa, Michigan, Missouri, Texas, and New York)

173 respondents from multiple stakeholder groups spanning board to bedside (CNO, board, executive team, physicians, nurse directors, nurse managers, and staff nurses)
Data Collection, Analysis & Intervention Planning

Uniform protocol for collecting interview data at each hospital

Interviews conducted with
  – Senior exec team including CNO
  – Nurse directors, unit managers, and supervisors/ staff nurses in 3 departments
  – Gen Med, Gen Surgery, Cardio

Data organized into qualitative database

Lead investigator and site visit team prepared Hospital Feedback Report to CNO; CNO reviews and corrects errors of fact

Team conducts cross-site analysis and prepares summary of findings and implications for designing NCHL improvement program

NCHL Advisory Task Force reviews report and suggests improvements

Report is used to design NCHL improvement program in Phase 2
NCHL Nurse Executive Team Demonstration Project Phase I Findings

Wide variance in levels of sophistication and extent of hospital structure to execute Q/PS initiatives

Committed senior administrative leadership to Q/PS initiatives but variable physician engagement

Nursing staff actively engaged in numerous Q/PS initiatives to the extent that some were concerned the process detracted from patient care

Personal and organizational characteristics that fostered team effectiveness and accomplishment of Q/PS goals at some hospitals

> Stability of team leadership over a period of years
> Collaborative relationship among team members
> Strong CEO leadership, clarity and focus on Q/PS priorities, and
> Sufficient institutional resources to support Q/PS efforts.
Additionally we learned:

Quality and patient safety movement is *physician centered* (with the exception of a few nurse-sensitive indicators, nursing is largely invisible in the “trade” literature)

Strategies for quality/patient safety tend to be supplemental and initiative-based rather than transformative, grounded in behavior modification rather than organic change in the structure of the organization to accommodate

Strategies and activities that typify the quality/patient safety movement seldom include new care models for protecting and *strengthening the nurse-patient relationship* as the core of quality/patient safety

Nurse executives are critical in the assurance of quality/patient safety but frequently are *not well positioned organizationally* to make this happen

Under-investment in leadership and team development

Employee engagement varied
NCHL Phase II Nursing-Executive Team Leadership Demonstration Project – Progress
Nursing-Executive Team Leadership Demonstration Project Phase II – Site Interview Protocol

Meeting with CEO (60 minutes)
Meeting with Executive Team (60-90 minutes)

<table>
<thead>
<tr>
<th>HOSPITALS INTERVIEWED:</th>
<th>HOSPITALS TO BE DISCUSSED/SCHEDULED:</th>
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<tbody>
<tr>
<td>• Jordan Hospital</td>
<td>• UMass</td>
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<tr>
<td>• Cambridge Health Alliance</td>
<td>• Baystate Medical Center</td>
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<tr>
<td>• Winchester Hospital</td>
<td>• Beth Israel Deaconess Medical Center</td>
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<td></td>
<td>• Dana Farber &amp; Brigham Woman’s</td>
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<td>• Mt. Auburn Hospital</td>
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Common Themes from Phase II

Good progress with QPS improvement - Involved in IHI
Need for more physician alignment and integration
Need for more capacity to think longer term
MD time horizons are bound by their careers
IT infrastructure not integrated
Need to prioritize, select, align meaningful data
Difficulty in giving peer feedback
Strong interest in Baldrige as framework for performance and model for integration/alignment

**Need for common culture among physician groups and hospital**

Need to inform medical groups and hospitals about ‘accountable health organizations’
Issues of deployment in middle management leadership need to be addressed
Challenged to sustain change and improvements
Unions create unique barriers to change
Sites are interested in participating in intervention phase
Transformational Leadership
How Ready Are We?

Leadership Trends for 2010
Bloomberg BusinessWeek and Hay Group Best Companies for Leadership Survey

> Positioning for the future
  – Seizing opportunities as the recovery begins to gather momentum

> Innovating new strategies, tactics, and execution

> “Strategic thinking” as the most valued quality (as opposed to “execution” from last year)

> Finding value in being inclusive, socially responsible, and globally aware in their outlook

> Highly committed to developing leaders from within their ranks – having seasoned managers ready to lead new opportunities that accompany a recovery

Source: BusinessWeek, February 2010
The Creation of A New Paradigm

- Bending the cost curve
- Assuring consistent high quality and safety
- Closing the disparity gap
- Advancing innovation to create new care models and relationships
Magnet Recognition Program New Model

Source: ANCC
Align Talent Management to Drive Innovation and Transformation

- Design learning experiences that drive innovative thinking and behaviors
- Align performance management and rewards for innovative behaviors

Capability to create something new from something old*
Bring about fundamental changes in the organization’s basic political and cultural systems*

Dramatically change the structure, process, and culture of an organization
Culture of Innovation

Examples include:
- Medical Homes
- EHRs
- Accountable care
- Genomics – individualized care
- Optimize integration

- Financials
- Quality of care
- Health status

* Transformational Leadership. Tichy and Ulrich.
** Major changes in payment systems assumed.

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Identify the Necessary Competencies to Transform

**NCHL Health Leadership Competency Model™**

The NCHL model provides breakthrough research and a comprehensive database for defining the competencies required for outstanding healthcare leadership for the future.

**TRANSFORMATION**
- Achievement Orientation
- Analytical Thinking
- Community Orientation
- Financial Skills
- Information Seeking
- Innovative Thinking
- Strategic Orientation

**EXECUTION**
- Accountability
- Change Leadership
- Collaboration
- Communication Skills
- Impact and Influence
- Information Technology Management
- Initiative
- Organizational Awareness
- Performance Measurement
- Process Management / Organizational Design
- Project Management

**HEALTH LEADERSHIP**

**PEOPLE**
- Human Resources Management
- Interpersonal Understanding
- Professionalism
- Relationship Building
- Self Confidence
- Self Development
- Talent Development
- Team Leadership

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The Nurse Executive’s Role in Safety & Quality – The Trinity Health Experience

Gay Landstrom, MS, RN
SVP Patient Care Services & CNO
Trinity Health
April 16, 2010
Objectives

• Outline Trinity Health’s Clinical Leadership structure
• Discuss development of CNOs
• Discuss CNO role in reduction of defects in care work
Trinity Health –
48 acute care hospitals in 10 states
Clinical Decision-Making Model

• Discipline-specific councils when practice affected (e.g. system-level nursing practice council, physician advisory council)

• Equal partnership of CNOs, CMOs, and Pharmacy leaders in strategic, policy and priority decisions affecting safety and quality – Clinical Leadership Council
Need for strong CNO leadership in order to be a strong partner

Efforts to retain and develop CNO talent

• CNO Mentoring Program for new CNOs – specific training for expert CNOs

• Development of skills in how CNOs must “show up” as a member of the C-Suite in order to advocate for patients, caregivers, safety and quality

• Succession planning for future CNOs – reduction of temporal gaps in leadership
Reduction and Elimination of “Defects in Care”

• Evidence-based practice – adopting “The Iowa Model of EBP” in each hospital

• Using Keystone (Michigan Health and Hospital Association) model for practice collaboratives

• CAUTI, Falls and Pressure Ulcers as the first collaboratives, led by the CNOs of each hospital

• Results have demonstrated the power of nursing to impact the quality outcomes for patients as well as the revenue for the organization
Trinity Health’s Modified Practice Collaborative Model

- **Engage** – direct care staff involved in driving the change; CNO as the “Accountable Executive”
- **Educate** – Experts present the evidence for change in practice
- **Execute** – Intensive implementation of selected practices with frequent coaching and accountability calls
- **Evaluate** – Metrics to measure and ensure sustaining of patient outcomes
Results of Practice Collaborative

• Implemented 6 CAUTI practice changes
• Used EMR to hard-wire selected processes
• All hospitals implemented together
• 55% reduction in CAUTI in first 6 months post-implementation
• 80% reduction in excess days
Summary

• Trinity Health’s leadership recognize that having strong nursing leadership at the table and driving change is critical to the outcomes for the system.

• Planning for and development of CNO leadership, as well as solid strategies for implementation of change are vital.
Call to Action

✓ Invest time and resources in nursing leadership and talent management
  – Succession planning
  – Competency-based leadership development
  – Performance management
  – Strategic alignment

✓ Focus on your own development
  – Leadership portfolios
  – Fellowship

✓ Serve as a mentor/teacher/practitioner

✓ Be a national advocate for competency-based leadership development in health professions
NCHL Updates
Leadership Case Study Series

Best Practices in Talent Management and Succession Planning: A Focus on Nursing Leadership – Moses Cone Health System

Advanced copies available to the Leadership Excellence Networks
Next Leadership Webcast

The Quest for Excellence – AtlantiCare, 2009 Malcolm Baldrige National Quality Award Winner

Presenters: Co-chairs of the AtlantiCare’s Baldrige efforts
Roseann Kobialka, Corporate Director of Organizational Development
Joan Brennan, Vice President of Quality and Performance Excellence

Date: Friday, May 21
Time: 1:00-2:00 pm ET, 12:00-1:00 pm CT, 10:00-11:00 am PT

Have specific questions for our presenters to address?
Submit them to Catherine Maji at cmaji@nchl.org
Upcoming Learning Lab: Leading Clinical Innovation and Excellence

Host
Lucile Packard Children’s Hospital at Stanford University, Palo Alto, California

Date
August 26 – 27, 2010

Presentation/Discussion Focus
August 26: Building Pre-eminent Clinical Services
August 27: Infrastructure and Leadership

Who should attend
Clinical leaders – CMOs, CNOs, etc.
Operation leaders – COOs, quality leaders, etc.
Leadership development executives – CHROs, CLOs, etc.