

# Leadership: A Driver for Success

## Everyone is a Leader

When collaborating on the Alberta Screening and Prevention (ASaP) Initiative, everyone will have a chance to be a leader and work with other leaders both within your primary care organization and outside your organization. Leaders can be both formal and informal. As you begin your role as an ASaP Improvement Facilitator, take some time to think about how to build leadership into your role as an ASaP Champion.

## What is Leadership?

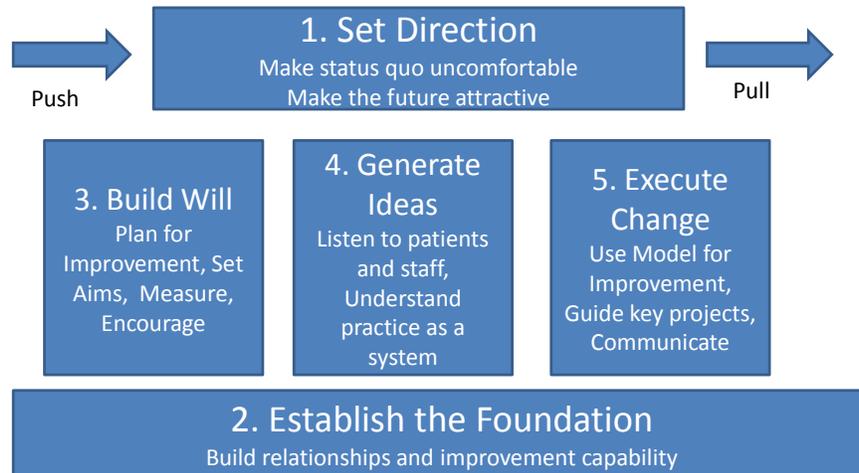
Leadership isn't a position of authority, it is an action. It can be about unlocking and channeling the existing motivations of colleagues to helping a group establish a workable level of unity. There is not a one-size-fits-all approach to leadership. You must find the approach that works best for you. First examine the Institute for Healthcare Improvement's Leadership Improvement Framework.

## Leadership for Improvement Framework

The Leadership for Improvement Framework<sup>4</sup> (below) is adapted from the Institute of Healthcare Improvement's (IHI) Seven Leadership Leverage points, and guides primary care leaders as they embark on projects to improve the effective delivery of team based care and the quality of care.

# Leadership for Improvement

Adapted from IHI's Seven Leadership Leverage Points



## Actions leaders can take in a quality improvement project:

1. Set Direction
  - Make team members uncomfortable with the current state of doing things
  - Make future possibilities appealing compared to current processes
2. Establish the Foundation
  - Ensure that the senior leaders on the team are aligned in their direction
  - Foster expertise in the team for improvement
  - Reframe operating values of the organization
  - Prepare personally to change
  - Build relationships amongst stakeholders
3. Build Will
  - Plan for the improvement activities
  - Set goals and allocate resources toward them
  - Measure how the current process is performing; measure change
  - Provide encouragement to team members
  - Make financial linkages
  - Build subject competency/expertise
4. Generate Ideas
  - Learn from within and outside the organization
  - Listen to patients, staff and other providers

- Understand the practice as a system
  - Manage knowledge
5. Execute Change
- Use the Model for Improvement
  - Review and guide key initiatives
  - Spread ideas
  - Share and communicate results
  - Sustain improvement levels of performance

## Develop and Establish Your Own Approach

As an ASaP Improvement Facilitator, find an approach that works for you. With respect to this project, early leadership actions can be about:

- Sharing and communicating vision and goals of ASaP; this project is about improving the offers for screening. Potential outcomes include saving lives.
- Determining how the initiative aligns with the goals of your primary care organization and communicating the alignment
- Working with stakeholders within the organization to foster alignment. Assess if the messages from the organizational leaders are filtering down to those expected to do the hands on work for the project. If the messages are not filtering down the organization leaders need to be informed.
- Acknowledging work that is currently occurring that will be a positive contribution when the initiative work begins.

## Working with Physician Leaders

“Simply stated, leaders are not likely to achieve system-level improvement without the enthusiasm, knowledge, cultural clout, and personal leadership of physicians”<sup>4</sup>

Physician advice <sup>2</sup> for other physician leaders involves:

- 1) Establish a direction – achieve a shared understanding of goals and strategy; engage in setting the direction and clearly articulate the goals
  - Leave no staff member behind in the preparatory discussion <sup>3</sup>
- 2) Align people – Individuals and teams need to be clear on their roles and the roles of others; “connect the dots” and move ahead in a coordinated, focused manner<sup>2</sup>
  - Empower your Improvement Facilitators, give these champions clearly-articulated authority to problem-solve and the support of their peers<sup>3</sup>
  - Identify the pessimists and engage them positively by asking them questions and demonstrating that you’ve heard their concerns
- 3) Build commitment – Suggest roles for others in an environment of trust, transparency and mutual respect

## Being the Champion

“A strong champion can make a critical difference in many clinical projects.”<sup>5</sup> Effective champions will have the courage to speak up when the initiative is about to be paralyzed by one physician’s objections and the social skills to be able to use one’s voice effectively.<sup>5</sup>

### Leadership in Quality Improvement:

“Quality and safety improvement initiatives may stem from senior managers, or they may emerge from the front lines. Physician leaders may set the expectations for quality improvements, and then allow clinicians to seek the solutions and initiate the changes. In other cases, physician leaders may take a more active role in the actual quality improvement work. Regardless, physician leaders must be visible to encourage healthcare providers to engage in and support change.”<sup>6</sup>

The role of the physician leader working with the other leaders in the primary care network and clinic organization is crucial to a successful improvement project. The way the physician and non-physician leaders interact with the quality improvement facilitator and other team members will contribute to outcomes of the initiative. Leadership and improvement team empowerment are linked.

In *Developing and Running a Primary Care Practice Facilitation Program: A How-to Guide*<sup>8</sup>, the authors identify engaged leadership as one of the key drivers in the model from the Safety Net Medical Home Initiative. Engaged leadership in this model:

- Provides visible and sustained leadership to lead overall culture change as well as specific strategies to improve quality, spread and sustain change.
- Establishes and supports a QI team that meets regularly and guides the effort.
- Ensures that providers and other care team members have protected time to conduct activities beyond direct patient care, consistent with the medical home model.
- Builds into staff hiring and training processes the practice’s values for creating a medical home for patients.

In the guide<sup>8</sup>, the authors also site the level of practice leadership as an important consideration for readiness for change. It is recommended to assess the practice leadership for their readiness to:

- Invest in the practice,
- Willingness to set aside time for themselves and staff to participate,
- Identify an active champion
- Offer a presence to the project

The guide also recommends that organization “executives” receive coaching for practice leadership.

# Leadership 101: Applying Lessons Learned from IHI Open School to ASaP

## Lesson 1: Taking the Leadership Stance

- You can lead even without a position of power — but first you have to take a **leadership stance**.
- No matter your position, here are seven good strategies any leader can use:
  1. Form a clearer picture of the real situation — by gathering data, not just listening to opinions. Ask, how big a problem is this, really?
    - “Ok, let’s look in the EMR to see how many patients potentially are not coming in who belong to a physician, are at risk for certain conditions and should be screened”.
  2. Reframe the problem so that it broadens the issue beyond the “unfair blame” issue.
    - “Change can be challenging and this is not about giving you more work, it’s about finding a workable process for screening patients. Isn’t the real issue that there are patients out there who are at risk for some serious medical conditions and they aren’t aware that they should be screened?”
  3. Connect the problem of the powerless to the strategic and business concerns of the powerful.
    - “Chronic disease management and disease prevention are two high priority items for this primary care organization. If we can show that this organization is redesigning its processes and improving its screening rate, it will help the organization to meet its goals. Results could potentially impact funding our organization.
  4. Connect the problem of the powerless to the hearts of those in power.
    - “We all remember the patient in the practice with the big smile who was diagnosed late for colorectal cancer? He was such a sweet gentleman and his outcome was tragic. It is improving our screening offers that will prevent more cases like his.”
  5. Seek out a powerful ally.
    - “Dr X thinks screening is very important. I could ask him to speak to Dr Y and share his success in improving his outreach screening.”
  6. Start looking for strong ideas about how to solve the problem.
    - “Let’s start by identifying what has worked well in other organizations where we have worked.”
  7. Put it together in an action plan.

## Lesson 2: The Leadership Stance Is Not a Pose

- What do leaders do when faced with a new problem or challenge?

1. Leaders take the stance — a “get it done” sort of attitude — so that they are ready for action.
2. A good early action by leaders is to get a grasp of the real situation — not just by hearing everyone’s opinion about the problem, but by gathering objective **data**.
3. Once they have gathered data, they use the power of that information to move forward to solve the problem.
4. In moving toward action, leaders find a way to create a workable level of unity.
  - For the ASaP initiative, the data is going to be very important. Measurements, whether they are derived from chart audits or EMR searches/reports, will be the foundation on which to base the screening process redesign.

### Lesson 3: Influence, Persuasion, and Leadership

- What influences people to make a change? There are three different types of people:
  1. Some people are logical (or “rational”): They will be moved by **data**, evidence, and carefully crafted logical reasoning — and nothing else.
  2. Others are more formal (or “physical”) in their approach to any problem, and will be looking for signs that those with power and authority agree. They will be watching the political signs in the room, and will not get on board until the change is formally endorsed as a policy or they see something in writing.
  3. But the majority of people tend to be influenced most powerfully not by logic or formal authority. For these **emotional** people, the connection needs to be made to their hearts.

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