Health Care Leadership & Improvement Practices

Similarities & Differences from Other Business Segments

C. Jane Norman

My Learning Journey - Highlights

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Industry Experience

- Worldwide (5 continents) Industry Focus (Manufacturing, Food, Distribution, Computer Industry) since 1979
- Introduction Healthcare in 2001 via Institute for Healthcare Improvement (IHI-Boston)
  - Jonkoping, Sweden;
  - Canada (4 Provinces);
  - NHS (England, Scotland, Ireland);
  - US and
  - Singapore

Why Health Care?

Silas
Theories & Methods

Ideas that Resonate

In Healthcare

Adult Learning Theory

<table>
<thead>
<tr>
<th>TRAINING MODE</th>
<th>UNDERSTANDING OF MATERIAL (KNOWLEDGE)</th>
<th>ABILITY TO DEMONSTRATE NEW TOOLS &amp; CONCEPTS (SKILL)</th>
<th>ABILITY TO APPLY TO NEW SITUATIONS (APPLICATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lecture/Information Transfer</td>
<td>80%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Demonstration/Modeling</td>
<td>100%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td>Practice/Exercises</td>
<td>100%</td>
<td>70%</td>
<td>20%</td>
</tr>
<tr>
<td>Exercises in Application Area</td>
<td>100%</td>
<td>90%</td>
<td>50%</td>
</tr>
<tr>
<td>Coaching/Review/Reinforcement</td>
<td>100%</td>
<td>100%</td>
<td>80%</td>
</tr>
</tbody>
</table>

Note: Percentage in table is the percentage of students demonstrating competence in the three effectiveness categories.

Source: University of Oregon, Dr. Joyce and Dr. Showers. (Student Achievement Through Staff Development: Fundamentals of School Renewal by Bruce R. Joyce and Beverly Showers, Longman Publishing Group; 2nd edition (February 1995))
Deming’s Profound Knowledge

[Diagram]

Leading a Learning Organization

- System for Obtaining Information
  - (Customer Focus)

- Idealized Vision of the Organization
  1. Purpose
  2. People
  3. Practical Values
  4. Processes
  5. Products & Services

- Leadership Philosophy & Profound Knowledge

- Strategic Planning
  1. Foresight
  2. Strategic Objectives
  3. Improvement Efforts
  4. Resources

- Three Basic Questions
  - Act
  - Plan
  - Study
  - Do

- Managing Improvement Efforts

Transforming Healthcare Leadership – (2013);
Leadership Philosophy & Profound Knowledge

Foresight

Visioning

Idealized Design of the Future: Purpose, People, Practical Values, Processes and Products & Services

Motivating

- Influencing
- Persuading
- Inspiring

Partnering

- Team
- Customers
- Suppliers

Transforming Healthcare Leadership – A Systems Guide to Improve Care, Reduce Costs & Improve Population Health, Maccoby, Norman, Norman, Margolies (2013); Ch. 5, p. 62

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Partnering Continuum

Value

Commodity Supplier

- Based on Specs & RFP

Preferred Supplier

- Distinctive Competency
- Traditional Contractual Relationship

Alliance

- Joint Projects
- Sharing of Knowledge
- Begins at start of project

Strategic Partnership

Trust


Transforming Healthcare Leadership – (2013)

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Five R’s of Motivation

Transforming Healthcare Leadership – A Systems Guide to Improve Care, Reduce Costs & Improve Population Health, Maccoby, Norman, Norman, Margolies (2013); Ch. 5, p. 62

System Thinking

Transforming Healthcare Leadership – (2013)
Personality Intelligence

Three Stages of Conflict

Stage 1  Focus on self, problem and other
Stage 2  Focus on self and problem
Stage 3  Focus on self
Ladder of Inference

Observable Data & Experiences

I select data from What I observe

I add meanings (cultural & personal)

I make assumptions Based on the meanings I added

I draw Conclusions

I adopt Beliefs About the world

I take Actions based On my beliefs

Source: Fifth Discipline Field Book, p. 243

Big 5 Genetic Personality Traits

1. Openness - Curiosity
2. Agreeableness
3. Emotional Stability - Resilience
4. Conscientiousness
5. Extraversion/Introversion

Transforming Healthcare Leadership – A Systems Guide to Improve Care, Reduce Costs & Improve Population Health, Maccoby, Norman, Norman, Margolis (2013); Ch. 5, p. 62
Edward Debono’s 6 Thinking Hats

Value of Control Charts
Learning Using Six Skills

1. Support change with data
2. Develop useful changes
3. Test change efficiently/effectively
4. Implement sustainable change
5. Spread improvements
6. Understand and harness the psychology of change

Plan-Do-Study-Act (PDSA)

Building Knowledge Using the Scientific Method (with the addition of Act!)
## Health Care System Issues

General Observations for the Non-Health Care Improvement Professional

<table>
<thead>
<tr>
<th>U. S. Issues</th>
<th>My Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (to care)</td>
<td>Immediate/No issue</td>
</tr>
<tr>
<td>Price Transparency</td>
<td>Dental/Vision Only</td>
</tr>
</tbody>
</table>
| Price                           | Referred to as COST  
Set by Chartmaster & Insurance Co  
Total Price Unknown by the Consumer |
| Care Improvements               | Important (Driven by Feds & Awards)                         |
| Cost of a Procedure             | Generally Unknown                                           |
| ROI                             | Not the focus                                               |
| Automation                      | Behind 10+ years/Forced                                      |
| Money for Training & Improvement| Tight Budgets controlled by Corporate Grant Focus           |
| Improvement Savings             | Seldom passed on to the patient/consumer                    |
| Health Savings Accounts         | Restricted/Tied to Insurance Type  
Non-transferable                                               |
<p>| Focus                           | Sick Care/ Insurance Companies                                |</p>
<table>
<thead>
<tr>
<th>Singapore Only</th>
<th>My Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (to care)</td>
<td>Reasonable</td>
</tr>
<tr>
<td>Price Transparency</td>
<td>Posted on Internet</td>
</tr>
<tr>
<td>Price</td>
<td>Posted on Internet</td>
</tr>
<tr>
<td>Care Improvements</td>
<td>Competitive Obsession</td>
</tr>
<tr>
<td>Cost of a Procedure</td>
<td>Known</td>
</tr>
<tr>
<td>ROI</td>
<td>Very Important</td>
</tr>
<tr>
<td>Automation</td>
<td>Adding Voluntarily</td>
</tr>
<tr>
<td>Money for Training &amp; Improvement</td>
<td>Required Budgets controlled Internally</td>
</tr>
<tr>
<td>Improvement Savings</td>
<td>Always passed on to the patient/consumer</td>
</tr>
<tr>
<td>Health Savings Accounts</td>
<td>All citizens/transferable</td>
</tr>
<tr>
<td>Focus</td>
<td>Healthy Citizens</td>
</tr>
</tbody>
</table>
Chronically Slow to Act!
Dialogue Model

Approach each conflict with the assumption that everyone is correct...
Mary Parker Follett

Pool of Shared Meaning

Safety

Non Productive Behaviors

Withdrawing
Avoiding
Masking

Labeling
Attacking

Learning Norms
1. Share your ideas and thoughts.
2. Provide data, facts, or reasons for your ideas.
3. Be willing to explain why your data, facts or reasons support your conclusions and beliefs.
4. Invite questions and be open to other data, experiences and explanations.

Measurements Focused on Judgement & Comparisons to Goals NOT Learning

Rate of Unplanned Returns to ED

Infection Rate per 1000 Patient Days–Total

Healthcare Data Guide & Transforming Health Care Leadership

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Data for Judgment vs. Improvement

- Measures come from the design of the system.... Which impact 96% of results

All work is a process.
• Medical Schools do not routinely teach analytic methods nor their other tools for improvement
• Common & Special causes are not understood.
• Leadership and Business knowledge is not included
References

The Improvement Guide: A Practical Approach to Enhancing Organizational Performance

Lloyd P. Provost
Sandra K. Murray

The Health Care Data Guide: Learning from Data for Improvement

Lloyd P. Provost

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Jane Norman
Richard Margolies

Catastrophic Care: Why Everything We Think We Know About Health Care Is Wrong

David Goldhill

http://www.theatlantic.com/author/david-goldhill
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Paper

Helping Individuals and Organizations Deal with Change
By Clifford L. Norman and C. Jane Norman

PersonalStrengths.com