



# Three Tips on How to Flourish and Grow as a Quality Leader

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**D**o you ever feel isolated or misunderstood as you scramble to champion safe, quality patient care in the face of hospital-acquired conditions, decreasing reimbursement, regulatory breaches, monetary fines and potential adverse publicity for your organization? Do you worry about the safety and welfare of your patients? Discovering your area is in the line of fire when something goes wrong, while numerous remarkable achievements go unnoticed and unappreciated? If so, you are certainly not alone.

We live in an age when unrelenting change is coming at us so quickly that it's challenging just to figure out what it all means, let alone ensure that our organizations are in compliance with multiple and sometimes conflicting demands. We design, initiate and begin to hardwire new processes, only to see requirements change again. Shrinking dollars not only mean that our urgent requests for additional, essential resources are denied; we are often confronted with budget reductions and even staff layoffs in the face of expanding workloads and expectations.

I am convinced that we are one another's most valuable resource and support in the challenging world of healthcare quality in which we live and breathe every day. We speak the same language. We understand the challenges as well as the critical importance of what we're all working so hard to accomplish, and we're all cheering for our individual and collective success. By sharing best practices we learn from one another and make our lives somewhat easier by offering useful concepts, approaches and practical, ready-made tools that may stretch one another's thinking and be just what's needed in a colleague's organization. Within this spirit of supporting, mentoring, and perhaps even inspiring one another along our respective journeys, this article offers three tips I hope will be of interest to you. Then you will be invited to share some tips of your own.

The framework through which we plan to provide structure and context for tips is the Healthcare Quality Professional Leadership Development Model developed by the National Association for Healthcare Quality (NAHQ). At a Strategic Planning Retreat held earlier this year, your CAHQ Board, under the capable and enthusiastic leadership of Cheri Graham-Clark, President, identified the use of this excellent model as a priority for training purposes and professional development for our membership. Presented below, the model describes and progresses from an entry-level base up through advanced-level performance competencies, and is ideal for use in developing your own and your staff members' career development and progression as quality professionals.



## **I. PROFESSIONALISM AND PROFESSIONAL VALUES**

- A. Consumer advocacy – views self as an agent acting on behalf of the best interests of the healthcare consumer; works to address special needs (e.g., disparities in care, health literacy, patient safety), values and works to understand

patient experiences and perspectives; values and supports transparency

- B. Future focus
- C. Professional ethics

## II. PERFORMANCE IMPROVEMENT

- A. Data management
- B. Analytic thinking and knowledge-based decision making — effectively breaks problems down into parts or steps; recognizes multiple layers of cause and effect; collects appropriate information to make decisions informed by available evidenced competencies
- C. Development of a knowledge-rich environment

## III. COMMUNICATION

- A. Verbal communication skills
- B. Written communication skills
- C. Ability to listen to and receive feedback
- D. Emphasis on educating

## IV. SELF-DEVELOPMENT AND SELF-MANAGEMENT

- A. Management of personal limits
- B. Resilience and self-restraint
- C. Lifelong learning

## V. ORGANIZATIONAL AWARENESS

- A. Strategic planning
- B. Strategic thinking and alignment — regularly views his or her work in the broader context; aligns goals and priorities with current and future organizational needs; effectively “manages upward” to advocate for quality; is aware of the importance of systems thinking
- C. Financial acumen
- D. Systems thinking

## VI. FOSTERING OF POSITIVE CHANGE

- A. Ability to advocate for and adapt to change
- B. Engagement in partnerships for change
- C. Cultivation of a quality-supportive climate
- D. Drive for results

Each tip described below includes a reference indicating where it fits into the Leadership Development Model, and complete descriptions of the corresponding three elements have been included above. Descriptions of all 21 elements can be found on the [www.nahq.org](http://www.nahq.org) website, or simply google NAHQ Leadership Development Model.

### **Tip #1: Select entry-level quality staff who are driven by consumer advocacy.**

*(Entry: I. Professionalism & Professional Values; A. Consumer advocacy)* A compelling case can be made that in the long run, hiring staff is any manager’s most important responsibility. As we all know, finding the ideal fit, i.e. the right person in the right position, means the difference between the smooth, efficient accomplishment of work assignments, versus long hours putting out fires and grappling with job performance issues. The staff selection process can be particularly challenging when recruiting for an entry-level position, which requires identifying attributes rich with the promise of future effectiveness in the quality arena, as opposed to a track record of performance directly in the field. Candidates for such positions usually have varying combinations of applicable exposure to quality in previous positions, and perhaps some degree of related education or training.

Of the three key items identified in the NAHQ Leadership Development Model under Professionalism and Professional Values (consumer advocacy, future focus, and professional ethics), I have chosen to focus on consumer advocacy, because over the years I have found such strong linkage between the presence of this core value in new quality professionals, and their ultimate effectiveness in the field.

In truth, my most valuable and enduring learning resulted from a poor selection I made some years ago. I remember the candidate quite vividly, a very bright, high-energy, skilled nurse clinician who had researched the field and had all the right answers as to why she wanted to pursue a career in quality. She had provided leadership for her unit on our Survey Readiness Team, and after receiving close scrutiny during a Joint Commission triennial survey, her area not only received absolutely no adverse findings, but also received a number of compliments from surveyors. Although I spoke with this candidate’s supervisor, who provided a glowing recommendation, I needed to fill this position so urgently and felt so certain that she would be a

quick learner and a perfect fit, that I did not take the time to include peer staff in the interview process. I did not assess her commitment to consumer advocacy, but relied on the criteria of intelligence, energy level and clinical skill.

What I discovered after the fact was that this individual's motivation was driven by following the rules to such an extent that the importance of ensuring patient welfare as well as regulatory compliance in process design as well as policies and procedures was clearly not a priority in her black and white thought process. Playing the "Gotcha" game with staff, on the other hand, was a favorite approach due to the importance she placed on always being right. Not surprisingly, staff's reaction was avoidance or active resistance, and after numerous unsuccessful attempts to course correct, the two of us agreed that a professional career in healthcare quality was not the best fit for her after all.

In retrospect, had I probed more deeply during the interview process to identify the professional value of consumer advocacy, I may have avoided this mistake. In addition, had I identified peer staff to interview finalist candidates, and had we all been prepared in advance knowing the NAHQ Leadership Development Model entry-level foundational attributes, we undoubtedly would have found a candidate much better suited for this position. The extra time required for a more robust interview process would have paid off many times over. Granted, the current NAHQ Leadership Development Model did not exist at the time I made this selection, and the attributes this candidate exhibited were certainly very positive ones. But now thanks to this tool, when we interview entry-level candidates, we know to probe for several key characteristics that we might otherwise overlook, key predictors that optimize their chances to become successful in our field.

For readers considering a career in healthcare quality, and for those of you currently working in the field at the entry level, I highly recommend that you read the descriptions in the NAHQ Leadership Development Model regarding future focus and professional ethics as well as consumer advocacy. All three listed under I. Professionalism and Professional Values. Thoughtful introspection and candid input from family, friends and colleagues you trust may help you determine if healthcare quality is the field you choose to pursue.

**Tip #2: Identify, prioritize and address cross-cutting themes** (CPHQ: II. Performance Improvement; B. Analytic thinking and knowledge-based decision making)

One of the reasons I love working in the field of healthcare quality so much is the wide variety of projects and initiatives we get to undertake, and the numerous wonderful people with whom we get to partner. No two days are alike, we never run out of things to do, we never know what lies just around the corner, and we never stop learning. And even more importantly, our work has the potential of making a critical difference in the lives of others. So within this context, how do we ensure that we're making the best use of our time, addressing the issues that need our attention the most?

It's easy and usual for us to tackle each of our multiple quality projects separately, completing the analysis, conclusions and action plans in "siloes" fashion, however this approach may hinder our ability to identify the vital few top priorities that emerge when results of all relevant sources of input are analyzed in concert. If outcomes for projects conducted by different departments are not systematically disseminated, no central entity has the opportunity to synthesize and analyze disparate pieces of information. Recognizing that effective performance improvement is dependent on analytic thinking and knowledge-based decision making inclusive of complete and accurate data and information, how do we solve this problem?

Many excellent approaches are in practice, however the one I want to share with you involves a simple matrix tool. Called the Integrated Risk and Hazards Assessment Tool, it was developed by the CHOC Risk Management Department in response to an excellent four-part question found in the Leapfrog Hospital Survey (Section 6: 2012 Leapfrog Safe Practices Score Practice #4, (4.1d, page 52). This Survey Section is based on eight of the 34 practices espoused by the National Quality Forum in its Safe Practices for Better Healthcare: A Consensus Report 2010 update.

Question 4.1 reads in part as follows: Within the last 12 months our organization has done the following: (a) assessed risks and hazards to patients by reviewing retrospective sources (nine examples are listed, including event reporting, root cause analyses, accreditation survey results, complaints, and so forth); (b) assessed risks and hazards to patients using prospective identification

tools (Failure Modes and Effects Analysis (FMEA) and/or Probabilistic Risk Assessment), and has documented recommendations for improvement; (c) defined their risk mitigation efforts based on their own risk profile, and has documented recommendations for improvement; and (d) integrated results from the three assessments noted in (a), (b), and (c) above.

So in short, responding affirmatively to all elements of question 4.1 requires a comparison of findings from both retrospective and prospective risks and hazards to patients assessments, the documentation of risk mitigation recommendations, and the integration of results. To ensure the accomplishment and documentation of these requirements, CHOC created the simple matrix displayed below. For purposes of this article, sample rather than actual information has been created to populate the template and illustrate how it can be used. Feel free to adapt the matrix to identify, prioritize and address cross-cutting themes in your own organization.

Integrated Risks and Hazards Assessment

Fiscal Year 2012										
Cross-Cutting Themes	Root Cause Analyses	Patient Safety Incident Reports	Accreditation Surveys and Regulatory Findings	Risk Management / Root Cause	Complaints / Patient Satisfaction Surveys	Failure Mode and Effects Analyses	Hazard Vulnerability Assessments	Interim Life Safety Risk Assessments	Safety Culture Survey	Mitigation of Risks and Hazards
1. Delay in Service and Treatment	X	X	X	X	X	X				<ul style="list-style-type: none"> <li>Initiate Lean Teams for Ambulatory Care Processes and Pharmacy work flow</li> <li>Migrate Electronic Medical Record to Ambulatory Care Clinics</li> <li>Incorporate topic into rounding questions for inpatients and outpatients</li> <li>Increase dedicated transporter staffing</li> <li>Conduct common cause analysis on delays</li> <li>Re-educate clinical staff and residents on the established lab draw times</li> <li>Initiate shift safety huddles in each clinical and clinical support department</li> <li>Initiate household telephone call in every eight hours, three times a day, to inform organization on current issues and predict where delays may occur</li> </ul>
2. Communication Hand-Offs	X	X	X				X	X		<ul style="list-style-type: none"> <li>Charter PI team to address hand-off communication</li> <li>Develop and adopt standardized communication hand-off tool</li> <li>Initiate PI team to enhance communication with referring physicians</li> <li>Increase emphasis in ongoing Joint Commission Tracers</li> </ul>
3. Communication with Patients and Families		X	X	X	X	X				<ul style="list-style-type: none"> <li>Initiate new module for New Leader Orientation</li> <li>Focus Bereavement Team on improving communication with families after a patient death</li> <li>Invite family members to join PI teams and/or root cause analyses</li> <li>Involve families in daily rounds with medical staff team</li> <li>Conduct training on using key words at key times</li> <li>Increase discharge calls</li> <li>Involve Family Advisory Council on questions families want to know and are afraid to ask and train staff on how best to communicate a full response</li> <li>Train staff in small groups with real-life scenarios</li> </ul>

As part of an Executive Summary, this tool provides a risks and hazards organizational overview that is easily visualized and understood by administrative and medical staff leaders, as well as by Governing Board lay members. More detailed drill-down data and information can be added in appendix format or can be made available as requested. The matrix serves as a prioritization tool, in that the risks

and hazards listed are the top three of all those that surfaced, based upon the frequency with which they were identified across the variety of assessments conducted. A weighting system can be incorporated if desired, to place greater emphasis on selected assessments. The matrix also serves as a high-level tracking tool for follow-up action plans and communication.

The identification and analysis of cross-cutting themes provides information essential to a systems-level perspective. Effective analytic thinking and knowledge-based decision making, as described in the NAHQ Leadership Development Model (II.B.), is dependent upon information-sharing and collaboration across traditional departmental boundaries. By engaging key stakeholders regardless of where they may reside within the organization's structure, quality professionals providing leadership in performance improvement can harness the power of aligned and integrated approaches to achieve progress toward best practice levels.

**Tip #3: Align talking points with your organization's priorities** (Advanced: V. Organizational Awareness; B. Strategic thinking and alignment)

How well do you know your organization's Mission, Vision, Values and Strategic Priorities? Do you routinely articulate the relationship between your priorities and those of the organization? If we assume everyone understands why quality and patient safety are so central to the organization's purpose and fail to connect the dots, others may miss what we believe to be obvious. Do you have talking points ready to go whenever the opportunity presents itself?

As quality professionals, we have the privilege of performing work that goes to the heart of the organization, its reason for existence as expressed through its Mission. Making this alignment explicit by integrating it into our routine communication heightens awareness, educating others regarding the importance of our work, while demonstrating our ability to conceptualize and provide leadership at a strategic level. And ultimately, conveying this broader and deeper organizational understanding may lead to a larger role for quality across the organization. This expanded role can take on many different forms. The one I've chosen to describe here is the adoption of a key quality goal as a top-tier organizational priority.

Our Children's Hospital of California (CHOC) quality team advocated for the inclusion of quality and patient safety goals as formal, top-priority Organizational Goals. Categorized into five Building Blocks (People, Excellence, Growth, Financial Stewardship, and Infrastructure), performance on these goals, as measured by clearly-defined targets and achievement dates, is tied to leadership team annual incentive compensation. Of CHOC's seven current Governing Board-approved Organizational Goals, we are pleased that two are in the Excellence Building Block, one being a classic patient satisfaction goal, and the other related to serious patient harm: Reduce serious patient harm per 1,000 patient days from X to Y by (date). Key drivers are identified through analysis of our safety reporting system events data, and goals related to them are cascaded throughout the management team and beyond. External comparative data identifying top quartile/decile and best practice levels for peer children's hospitals are used whenever possible in the goal-setting process, along with internal historical performance trends. Every event that reaches a patient is coded as to degree of harm per the standardized Institute for Safe Medication Practices (ISMP) National Coordinating Council for Medication Error Reporting and Prevention (NCC MERP) scale. It has been gratifying to see key drivers shift as opportunities for improvement are addressed through performance improvement initiatives that drive better outcomes.

Whereas leaders with overarching responsibility for patient safety select the Organizational Goal that encompasses all key drivers, goal templates are created to facilitate the selection of specific segmented key drivers. For example, one of CHOC's key drivers is unplanned extubations (UPEs). A goal to reduce UPEs organization-wide may be selected by the leadership in Respiratory Therapy, while clinical leaders on the Neonatal Intensive Care Unit (NICU) may select the goal template with targets that address the rate of UPEs on their particular unit. In this manner, Organizational Goals are aligned and cascaded throughout CHOC leadership. In fact each of the seven Organizational Goals has an Executive Management Team Champion who audits a matrix of leaders and goals, to ensure that goals are deployed to the right leaders and are assigned weights with percentages based on the leader's

degree of influence to impact results. A truly top priority goal for a leader positioned to exert a high degree of influence on performance levels is assigned a weight of at least 30% or higher. Vertical alignment extends to non-management personnel via annual merit evaluation performance goals.

The sense of urgency around reducing serious patient harm increased significantly when this goal was elevated to one of seven organization-wide priorities linked to incentive compensation. The realization that our Governing Board placed such emphasis on patient safety sent a powerful message that their approach to governance was value-based, embracing patient and family-centered care, not just financial performance. The alignment of quality and patient safety with our Mission and Vision became clear.

Quality professionals skilled in strategic thinking and alignment (as described in the NAHQ Leadership Development Model under V.B), who thoughtfully connect the dots between quality, their organization's strategic priorities, and their position in the marketplace, usually find themselves being consulted on an increasingly frequent basis, and are sometimes given a seat at the executive table because of the key leadership value they add. They help guide their organizations toward increasing transparency, courageously holding themselves out for comparison with the very best, through programs such as Baldrige, Magnet, Leapfrog, *U.S News and World Report* and others, actively soliciting feedback for use in accelerating performance to even higher levels. They are truly positioned to advance quality and patient safety not only within their organizations, but throughout the professional practice of healthcare quality.

## **CONTINUING THE DIALOGUE**

This article is the beginning of a dialogue I would like to continue between quality professionals who are continuing to strive for excellence, even in the face of challenges or setbacks. I have passed along three tips that I discovered in my search for ways to flourish and grow as a quality leader, and I hope you have found some of them helpful. Now I would like to invite each of you to add to these three by sharing tips that you have learned along the way. What has proven effective for you that might benefit your colleagues in the field?

It's not easy to find time to reach out to one another in the busy, demanding world of health-care quality. My hope is that by providing a vehicle and a process, CAHQ can make it easier to share our stories and our wisdom. We would like to include many of your gems in future CAHQ Journal articles, as professional tips are truly gifts that we can offer to one another. It would be wonderful to collect at least one useful tip for each element in the Leadership Development Model.

### **STEPS FOR SUBMITTING TIPS**

1. Identify linkage between an element in the NAHQ Leadership Development Model and a tip you have to share. Descriptions for all 21 model elements can be found on the [www.nahq.org](http://www.nahq.org) website, or simply google NAHQ Leadership Development Model.
2. Write up your tip, either approximately the same length as the tips in this article, or shorter. Tips can be about something that has worked well or something that has not, from which you learned valuable lessons. They can be stories, recommended resources, or tools you have discovered or developed that others might adopt. Or they may be words of wisdom and encouragement, tips about what keeps you going.
3. Please send your tip along with your name and contact information to Beth Rowett via [Presidelec@cahq.org](mailto:Presidelec@cahq.org). We look forward to hearing from you.

## Healthcare Quality Professional Leadership Development Model



## Integrated Risks and Hazards Assessment

Fiscal Year 2012									
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