

Prescriptions for Excellence in HEALTH CARE

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Improving Clinical Performance in Hospitals: A Difficult Challenge for Leaders

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The Challenge Facing Hospital Leaders

Over the next decade, hospitals will need to make significant improvements in clinical performance—the safety, effectiveness, and efficiency of medical care—in order to satisfy the demands of patients, regulators, and insurers. Hospital governance boards and administrators will need to lead changes in systems, work processes, organizational culture, infrastructures, and the collective behaviors of physicians and other staff in order to spur the high levels of performance that will be required.

Under any circumstances, leading large-scale organizational change is difficult. It requires a clear and compelling vision, a sense of urgency, an actively managed change process, and substantial resources and energy. Moreover, leading change in hospitals with the goal of improving clinical performance poses 3 unique challenges. First, the science of clinical performance improvement in health care is in its infancy. There are few evidence-based strategies that significantly improve clinical performance, and we still know very little about how to successfully implement evidence-based practices in hospitals.

Second, hospital leaders have the unenviable responsibility of directing clinical professionals over whom they have little or no authority. The physicians, nurses, pharmacists, and other professionals who provide clinical care resist being followers. They have specialized knowledge and skills that are highly sought after and they often are leaders in their own right.

Moreover, they frequently have loyalties to groups and organizations other than the hospital. Persuading these professionals to work together toward common goals requires well-honed leadership competencies.

The third challenge for hospital leaders is that patient care is delivered in clinical microsystems. A clinical microsystem is a self-directed team of people who work together on a regular basis to provide care to a specific population of patients. Examples of clinical microsystems include a cardiac surgery team, a renal dialysis unit, a primary care practice, or a critical care unit. Although a hospital's clinical performance is measured by how well the organization performs as a whole, care is actually delivered by different teams of professionals – each of

which has its own culture, beliefs, and distinctive metrics of success.

What Do Leaders Do?

In a hospital, the leader's primary job is to assure that clinical performance is continually and materially improved. The work of a leader can be broken down into 3 broad functions across 9 tasks (Table 1).

A leader creates a clear and compelling vision for clinical performance improvement. He or she assures that other people in the organization understand the goals for clinical performance and the expectations for behavior and results. The professionals who provide the care should actively participate in defining the goals and expectations as well as in identifying problems and creating solutions to improve care. Leaders reinforce the importance of clinical performance by making patient well-being the highest priority when allocating resources and rewarding behavior.

A leader assures that the organization achieves results. Leaders hold themselves and others accountable for improvements. To be successful, a leader must motivate and engage the professionals who provide the care

by having them actively participate in identifying opportunities for improvement and crafting solutions.

Leaders build organizational capabilities.

Organizations must continually enhance their capacity to improve performance. This goal is accomplished by hiring and retaining top talent and training staff to work in high-performing teams.

Leadership Structure

Medical centers have 3 levels of leadership that are crucial to improving clinical performance. At the top of the organization is the governing board (ie, board of trustees or board of directors), which plays a vital role in improving clinical performance. The board's responsibility is to hold the chief executive officer (CEO), senior management team, and medical staff accountable for achieving clinical performance goals. To do so, the board must regularly review key measures of clinical performance, demand explanations for variances from goals, and continually monitor clinical performance to assure that improvements are made.

An important role of the governing board is hiring and evaluating the CEO of the medical center. Effective boards will assure that the CEO has the essential competencies to drive organizational change and achieve the desired goals.

The CEO directs the second layer of leadership and has a unique role in guiding the changes that improve clinical performance. He or she must communicate a clear vision of improvement and a sense of urgency for change. He or she must engage other executives, medical staff officers, and clinical department chiefs in the

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Table 1. The Work of Hospital Leaders in Improving Clinical Performance

Construct and Communicate the Vision for Quality and Safety

1. *Create Clear Goals and Objectives:* Build a clear, compelling, and quantifiable vision of improved safety and quality, with the active participation of other professionals who provide the care.
2. *Effectively Communicate the Importance of Improving Clinical Performance:* Communicate the goals, objectives, and a sense of urgency about improving clinical quality. Actively listen to and understand the interests and needs of the professionals with whom the leader works.
3. *Use Principle-Based Decision Making:* Make decisions about priorities and resource allocation with the well-being of patients as the highest priority.

Improve Performance

4. *Motivate and Engage Constituents:* Build support for safe and effective care among medical staff, nurses, and other professionals. Exploit the knowledge of these professionals in identifying problems and creating solutions.
5. *Assure Accountability:* Relentlessly pursue and achieve improvements in safety and quality; hold self and others accountable for results with time lines and precise measures of success.
6. *Deal Constructively with Failure:* Be willing to recognize failure, to change course, and to actively search for new solutions to difficult quality problems. Show patience and persistence in seeking solutions.

Build Organizational Capability

7. *Manage Talent:* Hire and develop people with relevant competencies and values.
8. *Build teams:* Integrate highly-skilled, autonomous professionals into teams to promote patient safety and quality.
9. *Broaden expertise:* Continually assure that the organization has expertise and skills in safety science and performance improvement.

vision and assure that organizational resources are aligned toward improving clinical performance.

The third layer of leadership is comprised of the clinical and operational leaders of the clinical microsystems. A clinical microsystem often has at least 2 leaders - a physician and a manager, who is often a nurse. The ability of these leaders to work as a dyad is an important determinant of their effectiveness.

All patient care is provided in the microsystems, and the effectiveness of the microsystem leaders is a key driver of clinical performance. The clinical microsystem leaders have 4 critical functions.

1. They serve as models for the highest level of professionalism and demand the same from clinical providers.

2. They mold the clinical providers and support staff into high-performing teams. These teams are characterized by a commitment to excellence in patient care, mutual respect, and effective and open communication.
3. They relentlessly pursue improvement in process and performance.
4. They assure communication and interaction with other microsystems in the organization.

In conclusion, hospital governance boards and administrators must be prepared to lead the way in making extensive and meaningful improvements in the effectiveness, safety, and efficiency of medical care within their institutions. To be successful, hospital leaders must

be aware of the unique challenges involved and understand the key components of their role in managing the necessary changes.

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Reference Materials

1. Auerbach AD, Landefeld, S, Shojania KG. The tension between needing to improve care and knowing how to do it. *New Eng J Med.* 2007;357:608-613.
2. Botwinick L, Bisognano M, Haraden C. *Leadership Guide to Patient Safety*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2006. (Available on www.IHI.org)
3. Mohr JJ, Batalden P, Barach P. Integrating patient safety into the clinical microsystem. *Qual Saf Health Care.* 2004;13(suppl II):ii34-ii38.
4. Salacuse JW. *Leading Leaders: How to Manage Smart, Talented, Rich and Powerful People*. New York: Amacom; 2006.