CAH Quality Leadership Summit: State Perspective

Carol Bischoff, Montana
What do we know about the relationship between CAH leadership and sustainable quality excellence?

• quality programs are stronger when leadership is engaged and committed to the cause
• leadership needs to communicate the quality program broadly and frequently
• leadership needs to understand the importance of assigning quality program responsibility and accountability within the organization and put that understanding into practice
• it is important (but difficult) to quantify the investment in quality programs
• plan for turnover; develop and put good PI processes into practice
What are the elements of excellent CAH leadership?

- Resourcefulness, willingness and ability to enable staff, patience, understanding, **versatility**, thinking outside the box, **ability to act quickly** (actually an attribute)
How can we create a hospital culture that consistently produces outstanding quality and patient safety outcomes?

- quality programs thrive when using a team approach
- providers and administrators are important team members
- delegate and enable someone in the facility to manage and coordinate the quality program; make sure that person has or has access to the skills and tools necessary to do their job
- understand that cultural transformation is a slow, deliberate and strategic process that requires sustained leadership
- formalize systems and processes
What have we learned about successful leadership consultation that leads to outstanding quality outcomes?

• provide education in PI processes and methods
• sometimes the bigger picture is just too hard for CAH staff to see; successful leadership consultation can help adjust the focus
What have we learned about CAH quality reporting and research?

- Small numbers will always make this difficult; most national quality reporting is meaningless to the small CAH.
- CAHs will be engaged in quality reporting and research if they find meaning and value in what they are collecting and reporting.
- That CAHs deliver great quality of care...many times better than their larger counterparts.
- That CAHs can implement QI changes quickly and see results quicker than their larger counterparts.
What do we know about state and network approaches to quality and leadership development?

- must be flexible in program structure and services
- must provide continuous support and frequent communication to membership
- must work to involve all relevant staff, preferably as a team
- provide a platform for comparison
- provide special assistance with the ACT part of PDSA; this is frequently the most difficult part for CAHs to execute
- provide a venue for sharing among members
- understand that CAHs have limited human resources; QI Coordinators typically wear many, many hats!
- orient new CAH staff to the network quickly to develop a comfort zone with their peers
How have we used education and business tools to support CAH quality outcomes?

• **training on how to turn data into information and move to action is needed**

• what gets measured gets managed; the need to know what you’re dealing with drives how you’re going to deal with it

• **market success!**

• education on the PI process itself is necessary to support those new to their position and/or new to PI

• education on the STUDY part of PDSA; applies to group PI projects
Questions?

Carol Bischoff

carol@mtha.org
406-457-8016