CAH Quality Leadership Summit: State Perspective

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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?

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