

Cultivating Roots of Quality Improvement

Session 5: The Leader Mindset
June 29, 2022

Your Guides

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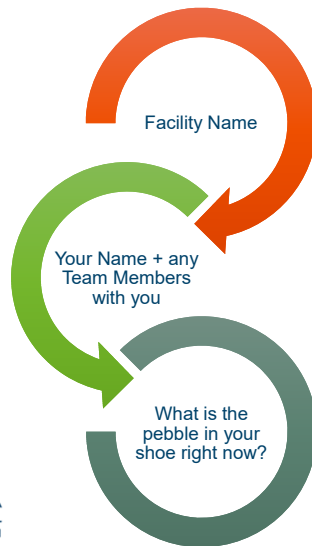
A rural Long Island, NY girl who grew up surrounded by corn and potato fields. Moved to San Francisco in the early days of the AIDS epidemic (1982) and has lived there ever since. Barb's joy is supporting infection prevention, patient safety and quality improvement in urban and rural settings especially in Montana.



Jennifer Wagner, CPHQ
Rural Hospital Improvement
Coordinator
MT Flex & HQIC Programs

A rural Montana girl from birth with fifteen years of learning from and building relationships with rural healthcare providers has instilled a drive and passion in Jen to help fill foundational needs in quality improvement concepts and integration.

Chat Box Roll Call



Bitterroot Health – Daly Hospital
Cabinet Peaks Medical Center
Central Montana Medical Center
Community Hospital Of Anaconda
Fallon Medical Complex
Frances Mahon Deaconess Hospital
Garfield County Health Center
Holy Rosary Health Care
Missouri River Medical Center
Pioneer Medical Center
Phillips County Hospital
St. Luke Community Hospital
Wheatland Memorial Healthcare

Reminders

Project Expectations

- Attend live sessions or view the recording.
- Complete assigned Practical Applications that will help support your learning.
- Engage in and contribute to group discussions.

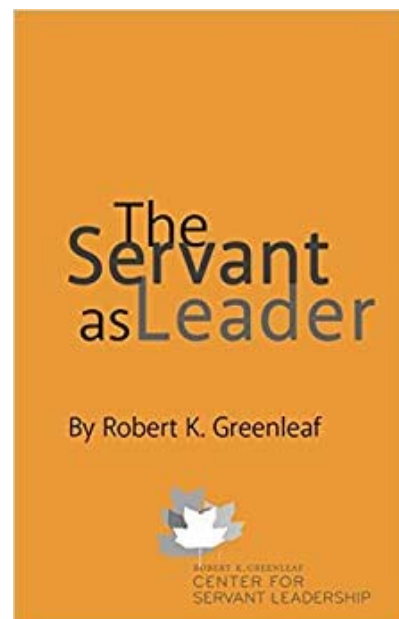
Education Session Expectations

- Please turn your camera on if you are able. Its really hard for facilitators and attendees to connect with black boxes.
- Speaking up is preferred over the chat for clarity and efficiency.
- Use the Raise Hand feature to speak up. We will watch and then 'call on' you.





Key Reference



Which comes first and why?

Servant

Leader

What is the difference?

Servant:

- Innate or
- A product of lifetime work

Leader:

- Something bestowed upon you
- Can be granted or taken away

What does a Servant Leader do differently?

Sets big goals and shows the way

Determines the 'what', not the 'how'



What else?

- Accepts and empathizes but never rejects people
 - Will reject an effort that is not 'good enough'
- Is ok with imperfection
- Recognizes that most people are capable of great dedication and heroism if led wisely
- Finds way to 'lift people up'
- Builds trust and teamwork

How is trust acquired?

- Must have values the followers can embrace
- Must 'walk the talk'
- Must be competent
- Must have a sustaining spirit



Communities move at the speed of trust

- Credit: Gilbert Salinas, MPA
- Chief Equity Officer, Contra Costa County
- Dept of Health Services



10 Key Servant Leader Principles

Listening

Empathy

Self-awareness

Healing

Conceptualization

Persuasion

Stewardship

Foresight

Building
community

Committed to
growth of others

Listening



How a servant leader listens



How a servant leader communicates

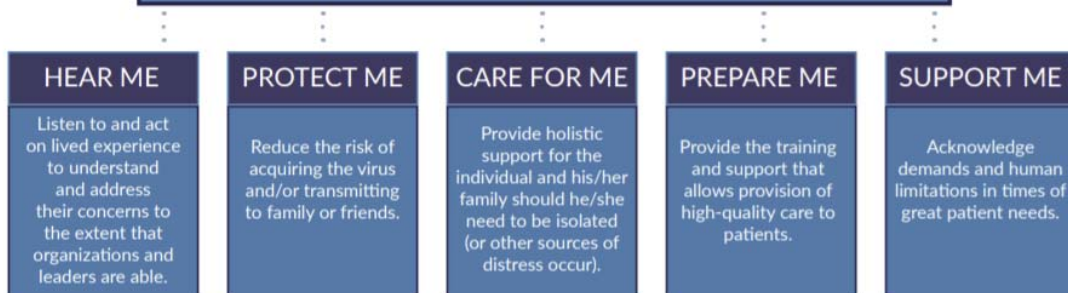
- Words
- Tone of voice
- Body language

Resolve conflicts



'ME' Tools created by Cynosure HQIC Affinity Group

Requests from Health Care Professionals to Their Organizations



Implementation Guide for Leaders
(rounding!)



How to HEAR Me

Conduct frequent and brief WELL-BEING huddles/rounds to learn about current and pressing issues.

- What are you most worried about right now?
- What concerns do you have for patients, yourself, your family, or the team?
- What can we do right now?
- How can we work together to make a positive change?
- What can we stop doing that would

Promote psychological safety

- Promote Employee Assistance Program (EAP) - not just for crises; rotational presence on-site (all shifts) as well as available off-site for privacy (scheduled)
- "Never worry alone," to promote peer-to-peer support
- Create a psychologically safe place to share feelings

Encourage sharing positive stories

- Dedicated bulletin board or webpage for staff members, patients, families and the community to post and share positive stories
- Ask "What is the best thing that happened today?"

SMALL BITES

IMPACT OF LEADER ROUNDING/LISTENING

HONOR HEALTH, AZ

Ingredients

- Leader(s) willing to listen
- Clinical and non-clinical departments comfortable and willing to speak with leadership
- Notepad and pen to take notes
- Questions: What are you able to enjoy outside of work?
- Listening skills

Method

As a result of COVID-19, leaders at Honor Health made it point to round and listen to staff in the clinical and non-clinical departments. They checked in on staff well-being with questions such as, "What are you able to enjoy outside of work?" Leaders went from only being seen in pictures or in the hallways to integral partners to frontline staff.



Empathy



- Getting to know your team
 - What makes them tick
 - Strengths and weaknesses
 - Turn weaknesses into strengths
-



Self- awareness



How does one
become more self-
aware?



Healing



Thriving "I got this."	Surviving "Something isn't right."	Struggling "I can't keep this up."	In Crisis "I can't survive this."
<p>Calm and steady with minor mood fluctuations</p> <p>Able to take things in stride</p> <p>Consistent performance</p> <p>Able to take feedback and to adjust to changes of plans</p> <p>Able to focus</p> <p>Able to communicate effectively</p> <p>Normal sleep patterns and appetite</p>	<p>Nervousness, sadness, increased mood fluctuations</p> <p>Inconsistent performance</p> <p>More easily overwhelmed or irritated</p> <p>Increased need for control and difficulty adjusting to changes</p> <p>Trouble sleeping or eating</p> <p>Activities and relationships you used to enjoy seem less interesting or even stressful</p> <p>Muscle tension, low energy, headaches</p>	<p>Persistent fear, panic, anxiety, anger, pervasive sadness, hopelessness</p> <p>Exhaustion</p> <p>Poor performance and difficulty making decisions or concentrating</p> <p>Avoiding interaction with coworkers, family, and friends</p> <p>Fatigue, aches and pains</p> <p>Restless, disturbed sleep</p> <p>Self-medicating with substances, food, or other numbing activities</p>	<p>Disabling distress and loss of function</p> <p>Panic attacks</p> <p>Nightmares or flashbacks</p> <p>Unable to fall or stay asleep</p> <p>Intrusive thoughts</p> <p>Thoughts of self-harm or suicide</p> <p>Easily enraged or aggressive</p> <p>Careless mistakes and inability to focus</p> <p>Feeling numb, lost, or out of control</p> <p>Withdrawal from relationships</p> <p>Dependence on substances, food, or other numbing activities to cope</p>



How to CARE for Me

Food/meals

Transportation

Lodging

Mental health
support

Childcare,
elder care, pet
care



How to SUPPORT Me

Use statements to connect to the caregiver's individual values and sense of purpose

- Provide reassurance and support
- Link individual values to the organization's mission
- Convey meaningful feedback

Provide emotional and psychological support

- Create a Hope tree - where staff members can hang a tag that lists a hope, dream, or fear
- Use a tool or app to provide short, quick messages and links to tools/strategies to promote well-being
- Soul café - bring a cart with snacks and beverages to the unit/department, play upbeat music
 - Promote EAP - not just for crisis; rotational presence on-site (all shifts) as well as available off-site for privacy (scheduled)
- "Snuggles" - provide blankets and pillows for staff to use with animals

Express gratitude; promote and praise teamwork

- Curate and create videos from patients, families, patient-family advisors, community members expressing gratitude for staff members (share with staff members via email, hospital intranet/website or display in departments)
- Include a daily message of gratitude in daily reports, huddles, leader rounding

Conceptualization



The Big Picture



Medical Surgical Unit
Stoplight Progress Report for 1st Quarter 2021 – Updated June 2021

Completed	In Progress	Not at this time, here's why
Patient phones – some not working or missing; new ones in place thanks to Krystal F. ☺ Looking at longer term solution to phone cords.	Telemetry – new telemetry monitoring system is slated to go live Mid-July. Training will take place July 12-14	Booster seats for commodes/commode risers – worked with maintenance and purchasing. Trialed two different options that fit on top of the toilet, but they were not successful. Will stick with our current over the toilet risers for now.
Cheese or protein for diabetic patients – Dietary has added cups of cheese cubes to the par for patient snacks on Med-Surg	Recruiting for full time CNA and temporary part time CNA, peer interview 6/16	
Be able to feed patients admitted after 7pm – worked with dietary to enhance the items available in the kitchenette after hours (sandwiches, soups, fruit cups, etc)	Insulin – exploring with Pharmacy the option of insulin pens	
Proper timing of medications for patients admitted from ED to MS (ex: q8hour med given in ED at 0000, then timed again for 0200 on MS) – collecting specific data and working with Pharmacy team to address. Proper timing of meds and review by pharmacist will happen when ED physicians enter orders to "pend" status, and then Med-Surg nursing "release" the orders upon admission. See email for additional details.		
Purchased 4 additional TABS alarms and 2 chair pad alarms		
Bigger bedside commode – 2 additional larger bedside commodes (but lightweight) were purchased and are in use		
Hired 4 Nurse Externs ☺		

Persuasive



Stewardship



Team consensus and buy-in



Foresight



Learn from the past



Community building



COVID-19 Hospitalizations

Helen Keller Hospital
Aug. 17, 2021

47 Patients Hospitalized
2 Vaccinated
45 Unvaccinated



26 Patients in ICU
0 Vaccinated
26 Unvaccinated



5 On Ventilators
0 Vaccinated
5 Unvaccinated



 Helen Keller
Hospital

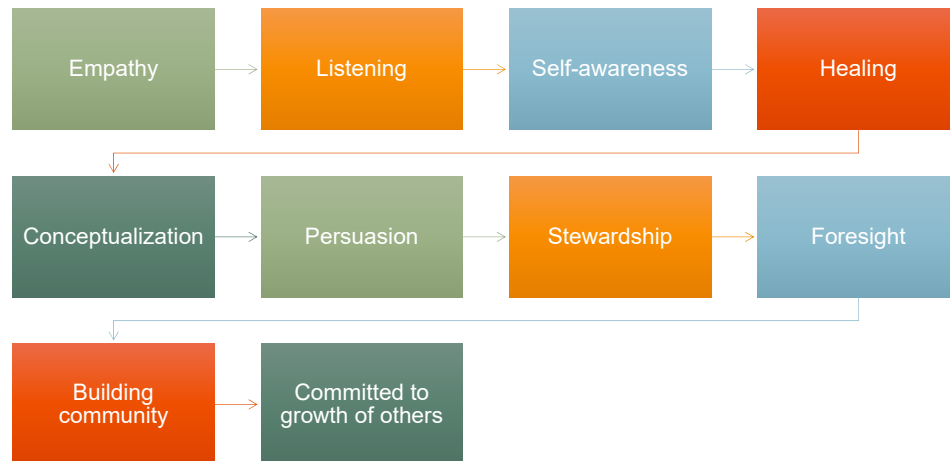
Committed
to growth of
others



Career
path



Who comes to mind?



Why do we need
servant leaders more
now than ever?

Practical Applications

- ☐ Continue cycles as needed. Log cycle results in Project Summary if you'd like.
- ☐ **Study** your results – Interpret and Analyze.
- ☐ **Act:** What's next?
- ☐ Start on Poster Presentation Template. This will need to be completed for sharing at the August 3 Session.

START CYCLE #1			
CYCLE SUMMARIES (OPTIONAL)			
CYCLE NUMBER	GOAL	GOAL MET?	ADAPT/ADOPT/ABANDON
1			

COMPARE TO PREDICTIONS: Did you achieve what you wanted? How did actual results compare to predictions?

Cycle Summaries
This is completely optional! If you'd like to have an at-a-glance look at the status/progression of your cycles, you can play with completing this section!

INTERPRET YOUR DATA: What does the data show? Did the change lead to improvement? Are there implications or unintended consequences?

ACT		
ADAPT, ADOPT, ABANDON - "X" ONE		
ADAPT		We will modify the plan and <i>repeat PDSA cycle</i> on same scale with changes.
ADOPT		We will implement and spread the change strategy across our program. <i>Final PDSA cycle</i> after plans have been tested under wide test conditions.
ABANDON		We will stop testing and move to a new change strategy. <i>Start fresh.</i>
ADAPT or ADOPT? Copy "Cycle Template" tab and rename to next cycle number. Repeat the same process.		

Schedule

Date	Topic	Practical Application (assigned)
April 20	Getting Started: The Model for Improvement & How to Choose a Change	Tool: 3 Questions
May 4	Heart of the Matter: Tools to Determine the Problem	Tool: Project Summary
May 18	What Tells the Story? How to Identify and Use Data	Tool: PDSA Cycle 1 – Plan
June 1	Just Do It...and Do It Again! Small Tests of Change and the Do-Study-Act of the PDSA Cycle	Tool: PDSA Cycle 1 – Do
June 29	The Leader Mindset	Tool: PDSA Cycle 2 +
July 13	No Blame No Shame: Addressing Patient Safety and Adverse Events *Don't forget your coaching hours!*	Poster development
July 27	Changing the Perspective Changes the Experience: Involving Patients and Family Advisors in Quality Improvement	
August 3	Celebration & Sharing	

Contact

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Thank You For Your Time

See you soon...