



## Leadership's Role in Execution

*Change must happen organizationwide to be successful.*

Will. Ideas. Execution. These three fundamentals form a simple framework for achieving system-level results from strategic improvement projects. Our work at the Institute for Healthcare Improvement (IHI) during the last two decades has taught us that these three elements are crucial to bringing about the kind of change that improves care for patients.

In my meetings with senior teams and boards in healthcare organizations around the world, I often start with a brief survey and ask each participant, "Are your performance problems in healthcare a result of a deficit of will, too few or flawed ideas or a failure in execution?"

More than 90 percent believe their performance problems can be traced to failed execution strategies. They cite leadership problems, such as short attention span, inadequate resourcing, too little executive oversight and monitoring, and the failure to address "political" problems among professional groups. Leaders also sometimes pinpoint inadequate strategy or systemness in the design of their improvement portfolios.

Yet we also see tremendous improvement in some hospitals

and healthcare practices. At Missouri Baptist Medical Center in St. Louis, the raw mortality rate dropped 22 percent between 2002 and 2006. During a similar time frame, the percentage of patients suffering adverse events fell 25 percent. Leadership rounds at Methodist Le Bonheur Healthcare in Memphis produced more than 45 significant and effective improvements in less than one year. My experience leaves me with no doubt that healthcare leaders in every organization, no matter the size or composition, can achieve this level of change. Doing so,

*"Quality is everyone's responsibility."*

-W. Edwards Deming

however, is never easy and always requires engagement of staff at every level. One of leadership's charges is to unite the organization around carefully chosen goals. Successful execution of strategic quality improvement goals depends on a genuine sense of shared responsibility.

IHI's experience during the last several years strengthens the theory

that execution needs our attention. The commitment of more than 3,700 hospitals and health systems to the 12 initiatives contained in IHI's 100,000 Lives Campaign and 5 Million Lives Campaign has demonstrated that leaders across the country are willing to engage in hard work to improve care. Similarly, innovative ideas about how to improve quality and safety emerge all the time. In November 2007, the 5 Million Lives Campaign conducted a Fall Harvest to collect and share ideas and improvement stories from hospitals and systems in every state. Ideas also come from outside of healthcare.

Industries of every kind and from all over the world are producing innovations that can be translated to healthcare. We are thrilled with the display of ideas, and we are now turning our attention to the difficulties organizations face in executing their chosen portfolio of improvement projects. Execution appears to be the weak link in the framework for improvement, and we have been working hard to develop a strategy that will help healthcare leaders achieve system-level results for their organizations.

**Core Elements for Process Improvement**

Recent research and development conducted by IHI and Associates in Process Improvement has produced a new theory for successful execution of strategic aims. The theory is summarized in the following framework:



The three core elements of this theory, featured in the figure above, are:

1. Achievement of strategic goals that are aligned with organizational priorities and with associated human and capital costs.
2. A plan for daily management of local improvement projects to support or sustain breakthrough aims and to manage daily operations.
3. Continual development of employees who are capable of leading initiatives to produce system-level results, and managers and supervisors who are capable of managing improvement in their local areas.

The Fall Harvest provided us with an ideal opportunity to test the theory of successful execution and identify common themes among the organizations that were most successful at improving quality and safety. We found that, in the most

successful organizations, the following seven things usually occur:

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- *Leaders set ambitious, system-level aims for improvement and closely track progress against these aims.* Boards, executives and clinician leaders proactively set goals for system-level transformation and regularly studied their progress. They took time to identify new opportunities for improvement, remove barriers and celebrate success. Most importantly, they studied the entire system of care and linked a portfolio of projects strategically to ensure that teams across the organization simultaneously were contributing to a change that had a direct impact on patients.

- *Medical staff takes responsibility for clinical improvement.* Physicians were actively engaged in data review and the selection of improvement projects. Making the chief medical officer responsible for quality was especially effective in creating a sense of ownership among medical staff.
- *The organization gives itself permission to prioritize.* With finite resources, organizations need to carefully select the projects that make up their improvement portfolio. Sometimes less is more. A smaller portfolio of projects often led to greater successes at the system level. With transparent sequencing and a fast-paced tempo for improvement projects, the entire staff could see the effects of change, which builds momentum for improvement.
- *The organization regularly and transparently reviews its performance data.* Frequent and open assessment of data by all involved enhanced agility and built joint accountability for progress.
- *The organization keeps its focus on the patient (inside and outside of the hospital).* By viewing themselves as part of a larger comprehensive system of care—which includes other hospitals, outpatient settings and the patient’s home—organizations improved outcomes and provided greater comfort to patients and their families. The stronger the

patient's voice is in the analysis of data and the design of solutions, the faster the pace of change.

- *The organization invests in human capital and continuous learning, building capacity at all levels.* The most successful organizations invested significant resources in the development of staff to improve their capacity to execute safety and quality initiatives. Developing and empowering middle managers was particularly effective. Leadership teams with trained patient safety officers, expert improvement advisors and boards educated about their role in quality improvement made for

faster change. Many executive teams found that quality improvement leadership education resulted in more effective teams and better outcomes.

- *The entire organization is aligned around a core strategy and ensures that staff members embrace it.* Though a variety of strategies were used, uniting the entire organization around the chosen strategy was crucial to getting the desired results.

Several of these themes map directly to the framework for execution and all of them demonstrate the need for systemwide engagement for all staff to improve quality. It is leadership's

job to build the will for change among busy professionals, implement systems to capture new ideas and spread them to the right people within the organization, and design and implement an effective execution strategy. This kind of strong leadership for change will provide the results our patients need and deserve. ▲

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