Is quality a strategy or an operation?

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Abstract

Traditional healthcare management needs an overhaul. Medical errors have become a norm and costs continue to escalate. A new management philosophy is emerging at a few NHS Trusts. Recent research has shown that operational excellence, the management approach described in this article, leads to improved patient cost and quality outcomes. However, it requires healthcare leaders to behave and act differently. The approach is anchored by a standardised set of management practices that all managers and leaders need to follow. The authors will describe changes leaders have made and what impact these changes have on staff, patient, and organisational outcomes.

Key words: ■ Lean ■ Standard work ■ Strategy

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INTRODUCTION

There is conflicting advice regarding quality improvement journeys. First, that 'quality improvement is not a substitute for a strategy,' and latterly, that 'quality improvement is strategy.' So, which is it? As Deming (1982: 19) said, 'you do not install quality, you begin to work at it'.

As well as answering the above question, this article will describe one quality improvement method, operational excellence, which many hospitals around the world have used to accelerate improvement.

Historically, senior leaders have been encouraged and promoted on their ability to focus on a task, problem solving all while ensuring that systems perform within budget. Leaders who can deliver measurable results are held up as examples of high performers. Therein lies the problem, individual leaders design processes to achieve results, but there are no underlying standards that transcend the individual leader. If the leader leaves the process, the results can often leave too.

Healthcare needs a different management philosophy that transcends individuals by creating a standard work for management that delivers better patient outcomes. One of the authors (EM), has been on a 6-year journey to build a different management system at NHS Highland. This management system enables staff to understand and improve the cost of care for each person. In a ward setting, every week, members of the team report back during stand-up huddles with colleagues, sharing what they have tested, what they have learnt, and what they plan to improve next. The system has empowered the charge nurse to deeply understand the way care is delivered, which allows them to continually coach other frontline staff to understand and solve problems. Engagement of these teams in improvement has been life changing for many frontline staff, reinvigorating them and bringing joy back to the workplace.

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This approach is manifested in staff moving from having a passive interest in work, to working together on engaged, respectful, and motivated teams, completely focused on patient outcomes (Benders et al, 2016).

Enagement soars, when leaders and managers create standard management systems, which support frontline workers to change their work for the better. The goal is for improvement to become the work, not some add on to an already overburdened team. Managers provide support and encouragement by facilitating the actions of frontline teams. This daily management system involves activities such as team huddles, during which problems are identified. Status sheets guide managers to ask open-ended questions of frontline workers to help them understand where problems may arise that day, and to proactively address issues before they turn into problems. These and other activities encompass the standard work for management that underpins the improvement culture (Barnas, 2011). By handing over decision-making to the frontline, staff co-create the most astonishing and sometimes obvious solutions that they implement immediately. They can never unlearn what they have learnt together, but the most effective teams are those where the leadership has learned to change along with team members. The leaders' role is to go and see, ask questions, and celebrate the work staff has done to improve patient care. A leader's genuine interest in the frontline staff's work sends out a strong message that that the leader cares.

The average length of stay at NHS Highland has dropped from 282 days to 31 days in a community hospital. These results have been maintained for over a year. There were no elective colorectal surgical site infections for 8 months, no catheter acquired infections for over 1 month, in any ward, in a district general hospital, and a 19% reduction in catheter day rates per 1000 patient days in 4 acute hospitals. There was also a 100% customer satisfaction in a catering department that is now open to the public.

A recent study of American hospitals showed that 69% of the hospitals responding to the survey identified a single transformative performance improvement approach: operational excellence (sometimes referred to as lean), operational excellence plus six sigma, or robust process improvement using plan-do-study-act improvement cycles (Shortell et al, 2018a).

Research that is soon to be published has shown that hospitals using operational excellence as the primary approach to improvement had statistically significant higher performance on patient quality, financial performance, and patient satisfaction (Shortell et al, 2018b). Operational excellence has been the strategy at NHS Highland and in a number of American hospitals and it is working.

THE INS AND OUTS OF OPERATIONAL EXCELLENCE

At the same time that frontline workers are solving problems, the senior executives need to be learning how to support them. This means engaging teams by developing a clear line of sight from the organisational objectives established by the executive team to the care delivery work at the frontline.

Strategy deployment is the system that helps explain to staff why a certain strategic initiative is important and how their work is connected to the strategy. NHS Highland determined that operational excellence was an important strategy to pursue. It takes time and resources to build a culture of continuous improvement; however, leaders opined that operational excellence alone would not deliver better patient quality.

NHS Highland leaders were constantly measuring performance and saw a significant strategic opportunity to reduce patient falls in 2016. Falls were chosen based on

data indicating poor performance, patient feedback and conversations with frontline caregivers. The leaders used a process of catchball (Hunter, 2018) to determine if the strategy was directionally correct. Catchball is a conversation that engages the whole organisation, the purpose of which is to genuinely seek views about how the strategic initiatives could work, or if the initiatives are off base. This is done by asking staff, face-to-face, what they think about the initiatives. Do they believe these are the right things to commit energy and time to? The conversation can be both invaluable and humbling. Staff tell managers what they think based on their patient relationships. Healthcare leaders require input from those on the frontline. The power of fully using the thinking all the staff in an organisation cannot be underestimated. But to unlock this power takes time, patience and a change in approach focused on a system to garner patient and staff feedback and incorporate it into the strategy.

The falls reduction strategy involved a pareto analysis to prioritise the ward areas with the highest number of falls. Dedicated quality improvement resources were mobilised to support and coach frontline teams. Staff were involved in numerous plan-do-study-act cycles designing, testing, and refining new standard work. Team communication using a safety brief, huddle board, and executive rounding kept the strategy front and centre for everyone. Visual boards were hung in wards informing patients, staff and families of the results. The senior nursing team established a goal of a 25% reduction in falls and a 25% reduction in falls causing harm. Since 2016, there has been an 18% reduction in falls and a 32% reduction in falls with harm. As staff are given the opportunity to have their ideas incorporated into strategy, they will begin to feel ownership for strategies. Therefore, they are more likely to be engaged with assuring success.

MANAGEMENT'S ROLE

Middle management plays a key role in this system. These managers, who are often under pressure, are trying to cope with upward reporting and crisis management and struggle to see how staff solving problems could possibly work to achieve their goals. But as the system is created and the environment changes and unleashes both the creativity and thinking of the frontline, middle management can change. They realise that they must be the facilitators and not necessarily the problem solvers. The manager plays a very different role, supporting staff at all levels, helping them to identify opportunities for improvement, and creating the environment that encourages staff to solve their own problems. But first, it requires personal change.

Organisations do not change until managers and leaders do. Five behavioural dimensions have been identified as critical for this change (Toussaint and Ehrlich, 2017). This includes willingness to change, humility, curiosity, perseverance, and self-discipline. Each dimension is associated with observable behaviours that are measurable. For willingness, the observable behaviour is self-reflection. Does the leader have a process to understand how he/she is performing? For example, asking the simple question 'what in my behaviour this week unleashed the creativity of my team' or 'what in my behaviour this week shut my team down.' Organisations with humble leaders deliver better performance (Toussaint and Ehrlich, 2017; Ou et al, 2018). The observable behaviour is go and see, ask questions, and show respect. This is the way leaders learn how their staff are managing the complex daily activities of patient care and what support the staff may need. Curiosity is key to the cultural change. The observable behaviours include asking open-ended questions and listening in an empathetic manner, for example trying to understand

what frontline staff are telling you. Perseverance is required because every day on this journey may not go well. The leader needs to establish a buddy. The role of a buddy is to give the leader open and honest feedback on how they are doing. In addition, the leader needs a coach. Someone who can help the into the new behaviours and tell you when you are lapsing into old ones. Finally, the leader must practice self-discipline. The observable behaviour is leader standard work. This is manifested by having clear intentions for what the leader does. One example is a standard diary. Has the leader scheduled time to go to the ward and observe, ask questions and learn? This should happen at least once a week.

CONCLUSION

Operational excellence has been briefly described as a management approach that builds a culture of quality improvement. In this case, the authors believe that quality improvement is both a substitute for strategy as well as a strategy. A transformational quality improvement method is not a substitute for an effective patient-focused strategy. However, it can be argued that without a transformational quality improvement method, leaders cannot deploy strategy successfully. Sadly, the traditional performance-management method, through top-down management by objectives and big sticks, is not disappearing in the NHS and healthcare leaders are not embracing transformation quality improvement methods.

NHS Improvement has recently undertaken a pilot programme to engage leaders in the approach we have outlined. We applaud this, but caution that the transformational quality improvement method is not a set of projects. It is a programme in which leaders create systems that teach staff, from all levels, to see problems through the eyes of their patients, and it allows the frontline teams to solve the problems in real time. The leaders' new role is to support frontline teams to work together to make changes that will be successful and sustained, because the teams are creating new processes that are far better than anything the leaders could come up with on their own.

REFERENCES

Barnas K. ThedaCare's business performance system: sustaining continuous daily improvement through hospital management in a lean environment. Jt Comm J Qual Patient Saf. 2011;37(9):387–399. https://doi.org/10.1016/S1553-7250(11)37049-3

Benders J, Bleijerveld H, Schouteten R. Continuous improvement, burnout and job engagement: a study in a Dutch nursing department. Int J Health Plann Manage. 2016;32(4):481–491. https://doi.org/10.1002/hpm.2355

Deming E. Out of the Crisis. London, England: MIT Press Cambridge Massachusetts; 1982.

Hunter J. Patient-centered strategy. Appleton (WI): Catalysis Press; 2018.

Ou AY, Waldman DA, Peterson SJ. Do humble CEOs matter? An examination of CEO humility and firm outcomes. J Manage. 2018;44(3):1147–1173.

Shortell SM, Blodgett JC, Rundall TG, Kralovec P. Use of lean and related transformational performance improvement systems in hospitals in the United States: results from a national survey. Jt Comm J Qual Patient Saf. 2018a;44(10):574–582. https://doi.org/10.1016/j.jcjq.2018.03.002

Shortell S, Rundall T, Blodgett J. Adoption and implementation of lean philosophy, practices and tools in U.S. hospitals. Presented at Lean Healthcare Research Symposium, Chicago, 13 June 2018b.

Toussaint J, Ehrlich S. Five changes great leaders make to develop an improvement culture. Waltham (MA): NEJM Catalyst; 2017.