



The Hospital Leadership and Quality Assessment Tool (HLQAT): Leadership Tools for Improving Clinical Practice

Barbara Balik, RN, EdD, Senior Faculty, IHI
Principal, Common Fire Healthcare
Consulting
August 2010



At this session you will ---

- Describe how HLQAT identifies leadership activities that have opportunity for improvement and for closing quality gaps
- Explore how a work group of hospitals have linked their HLQAT results with performance
- Identify how leaders can use the HLQAT as a tool for improvement



- Your Needs –
 - What questions do you have?
 - What opportunities and issues have you encountered?
 - What other work with leaders have you done?
 - Where do you go from here?

ACHE Annual Top 3 Survey Top Issues Confronting Hospital CEOs

| Issue | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 |
|----------------------|------|------|------|------|------|------|
| Financial challenges | 73% | 71% | 67% | 72% | 70% | 77% |
| Pt Safety & Quality | -- | -- | -- | -- | -- | 43% |
| Care— uninsured | 26% | 36% | 35% | 37% | 38% | 41% |
| MD/hosp. relations | 26% | 32% | 33% | 40% | 35% | 32% |
| Quality | 17% | 18% | 23% | 29% | 33% | -- |
| Pers. Shortages | 58% | 33% | 36% | 30% | 30% | 30% |
| Patient safety | 9% | 16% | 20% | 27% | 29% | -- |
| Gov. mandates | 18% | 19% | 16% | 23% | 22% | 26% |
| Patient satisfaction | 7% | 13% | 18% | 16% | 17% | 22% |
| Capacity | 28% | 16% | 17% | 11% | 11% | 16% |
| Malpractice ins. | 24% | 25% | 11% | 3% | 2% | 2% |

Notes: QI and Safety combined in 2008, Others below 10% in 2008 included technology, NFP status, and disaster preparedness. Barbara Balik Barbara@TheCommonFire.com



HLQAT Basics

HLQAT Background

What is it?
Why does it work?
Who developed it?
How was it validated?

5

Barbara Balik Barbara@TheCommonFire.com



What Is HLQAT?

- A tool to help hospitals identify and improve those structures, processes, and leadership activities that are associated with high performance in clinical quality
- Completed by a mix of executives, board members, and clinical leadership at both the senior and middle levels of the organization
- Identifies leadership actions in twelve domains

6

Barbara Balik Barbara@TheCommonFire.com



HLQAT Domains

1. Knowledge seeking
2. Established goals and priorities
3. Effective communication
4. Collaboration
5. Clear roles
6. Supportive culture
7. Public reporting
8. Process improvement tools and techniques
9. Adequate resource allocation
10. QI education
11. Monitoring and evaluation
12. Rewards/recognition

7

Barbara Balik Barbara@TheCommonFire.com



What Is HLQAT?

- Why does it work?
 - Highlights strengths and gaps in leadership activities
 - Provides perspectives from key stakeholders
 - Offers interventions targeted at identified gaps
 - Offers the potential to shorten the time to get started on improvement

8

Barbara Balik Barbara@TheCommonFire.com



HLQAT Survey Component

The Hospital Leadership and Quality Assessment Tool (HLQAT)

Version - July 2009

Description of the HLQAT Survey

The Hospital Leadership and Quality Assessment Tool (HLQAT) is designed to assess the perceptions of hospital board members, executives, and managers about important areas of leadership engagement in clinical quality improvement activities within their organization. The survey was developed by the University of Iowa Department of Health Management and Policy, Health Services Advisory Group, PremierCare Science and the Oklahoma Foundation for Medical Quality, with input from Westat. Earlier versions of the survey were pretested with participants representing various roles from different levels of hospital leadership. The current HLQAT survey is the result of rigorous analysis of results from previous testing and subsequent improvements to the tool.

Titles/Roles of Hospital Staff Who Should Complete the HLQAT

This gap assessment tool is designed to provide your hospital with information as to how your leadership staff perceive your organization's level of commitment and engagement in activities supporting quality improvement. In addition, it can point to areas where there are differences in perception between roles and titles designated below. Alignment of goals and priorities throughout an organization is clearly demonstrated to be associated with high performing organizations. In order for your hospital to receive the best and most valuable data around these issues, it is imperative that you have ALL members of each category of respondent complete their portion of the survey.

■ **Description of the HLQAT Survey**

Please re-enter the Hospital Code that you have been provided:

■ **Titles/Roles of Hospital Staff Who Should Complete the HLQAT**

Please select **Senior Leadership Survey** for your position in the hospital. (You may choose only one. (You will either see "Senior Leadership Survey" or "Clinical Management Survey" in the survey.) It is required that you make a selection from the list below.)

Senior Leadership Survey

■ **Clinical Management Survey**

- A. Hospital Board of Directors/Trustees/Governing Board
 Board members of the hospital (Board members at the health/hospital system level should only complete the survey if an individual hospital does not have its own board)
- B. Executive
 The CEO (Chief Executive Officer), President, or highest ranking executive administrator in the hospital
- C. Senior Administration/Management—Specific Individuals
 CMO (Chief Medical Officer)/VP of Medical Services or top physician executive



HLQAT Senior Leadership Survey

SECTION A: Your Board

1. The term Board refers to your hospital's Governing Board or Board of Trustees. If your hospital operates under only a systemwide Board, or if you are more familiar with the systemwide Board, please answer about your systemwide Board. For questions that specifically refer to Board activities, indicate which Board you will be thinking about in the survey.

- Hospital Board
 Systemwide Board

SECTION B: Knowledge Seeking Organization

1. During the past 12 months, how often did hospital leadership seek input about quality and patient safety issues by doing the following activities?

| | Not in the past 12 months | Once or twice in the past 12 months | Several times in the past 12 months | Monthly | More than once a month | Does Not Apply or Don't Know |
|---|---------------------------|-------------------------------------|-------------------------------------|-----------------------|------------------------|------------------------------|
| a. Conducting community focus groups | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Reviewing patient satisfaction data/complaints | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Encouraging the sharing of patients' stories about their experiences in the hospital (in-person stories, letters, or both) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Surveying employees about clinical quality improvement and/or patient safety | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Other (Please specify): | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

10

Barbara Balik Barbara@TheCommonFire.com



Domain 9 – QI Resources

SECTION H: Adequate Resource Allocation to Quality Improvement

How much do you agree or disagree with the following statements?

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | Does Not Apply or Don't Know |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|------------------------------|
| 1. Sufficient staff are available to provide care that meets the organization's expectations for quality | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. This hospital's annual operating budget includes specific funding for clinical quality improvement activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Leaders of clinical quality improvement initiatives receive sufficient funds for their improvement activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Adequate time is dedicated/allocated to quality improvement activities in this hospital | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. This hospital has all the experts it needs to support clinical quality improvement | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. How much do you agree or disagree that this hospital devotes adequate resources to quality improvement? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11

Barbara Balik Barbara@TheCommonFire.com



Who Developed the HLQAT? The Project Team

- **University of Iowa:** Dr. Barry Greene, Dr. Samuel Levey, Dr. Tom Vaughn
- **OFMQ:** Dr. Dale Bratzler, Shannon Archer
- **Premier|CareScience:** Dr. Eugene Kroch
- **Brandeis University:** Dr. Chris Tompkins
- **Dot.Comments:** Chris Hatcher
- **IFMC:** Mark Koepke
- **ActiveStrategy:** Tim Mueller
- **HSAG:** Andrea Silvey

Oversight

- **IHI** – Jim Conway (via IHI IMPACT Network, Boards on Board)
- **AHA** – Steve Mayfield, AHA, VP of Center for Excellence

12

Barbara Balik Barbara@TheCommonFire.com



A Brief History

- **October '05** – Core Research Team is formed around conducting a “Short Leadership Survey” (next slide) – *precursor to HLQAT*
- **March '06** - Initial study on board quality dashboards and hospital executive engagement published
- **September '06** – Oklahoma Foundation for Medical Quality (OFMQ) assumes leadership role
- **Summer/Fall '07** – 13 regional “HLQAT Dialog Sessions” held; Web-based version of HLQAT created
- **Winter '07** – Commonwealth Fund grant process underway; grant effective May '08
- **April – June '08** – Pilot testing within 58 hospitals; analysis and survey revised
- **August - December '08** – Development of HLQAT Resources for Leadership Interventions (RLIs)
- **Jan – June '09** – Testing of in selected hospitals; link to [HLQAT Improvement Map](#)

13

Barbara Balik Barbara@TheCommonFire.com



Descriptive Findings from Short Survey & other studies

- **24%** of boards interact with the medical staff “a great amount” in setting hospital quality strategy.
- **27%** of boards spend more than one fourth of their time on quality issues.
- **66%** of hospitals base some type of executive compensation on measurable Quality Improvement.
- **BUT** only **13%** of hospitals tie quality improvement to executive base compensation packages
- **80%** of responding hospitals use a formal quality performance measurement “dashboard” for reporting to their boards.
- Lake Wobegon: Board members of low performing hospitals all thought their performance was at or above average

14

Barbara Balik Barbara@TheCommonFire.com



Linking Leadership Survey to CareScience Quality Index (Qx)

- Measures the risk-adjusted overall rate of adverse outcomes
 - Mortality
 - Morbidity
 - Complications
- Uses the Corporate Hospital Rating Project* utility weights to construct an index (Qx)
- Responses were matched to Qx derived from H.A. “all-patient” data and MedPAR 2004 data

*Pauly MV, Brailer DJ, and Kroch EA. Measuring Hospital Outcomes from a Buyer's Perspective (1996). *American Journal of Medical Quality*, 11 (3): 112-122.

Barbara Balik Barbara@TheCommonFire.com

15



Findings

Better outcomes found in hospitals where...

1. The board spends >25% of time on quality issues ($p = 0.009$)
2. The board receives a formal quality performance measurement report ($p=0.005$)
3. There is a high level of interaction between the board and the medical staff on quality strategy ($p=0.021$)
4. The senior executives' compensation is based in part on QI performance ($p=0.008$)
5. The CEO is identified as the person with the greatest impact on QI ($p=0.01$), especially when so identified by the QI executive ($p<0.001$)

Vaughn et al., "Engagement of Leadership in quality Improvement Initiatives: Results from the Executive Quality Improvement Survey," *J Pat Safety*, 2006.

*Kroch et al., "Hospital Boards and Quality Dashboards," *J Pat Safety*, 2006.

Barbara Balik Barbara@TheCommonFire.com

16



Transitioning to HLQAT

The Short Survey provided good insights, but it highlighted:

- Needs for a more comprehensive survey tool

AND

- Need for improved ability to correlate findings to comparative quality data

17

Barbara Balik Barbara@TheCommonFire.com



How was it validated?

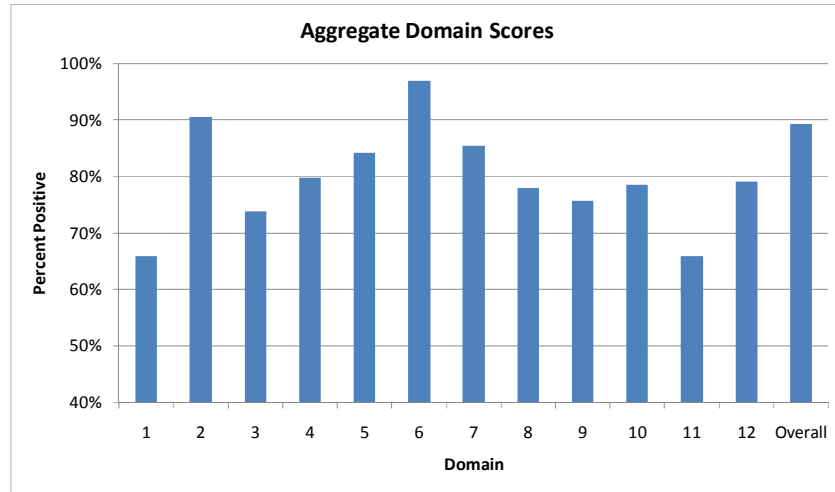
- Testing summer of 2008 with 58 hospitals and 939 respondents.
- Item, reliability, and factor analyses resulted in questions being dropped.
- Associations were found between HLQAT scores and certain quality scores.
- Most correlations are positive and small

18

Barbara Balik Barbara@TheCommonFire.com



Variation across Domains

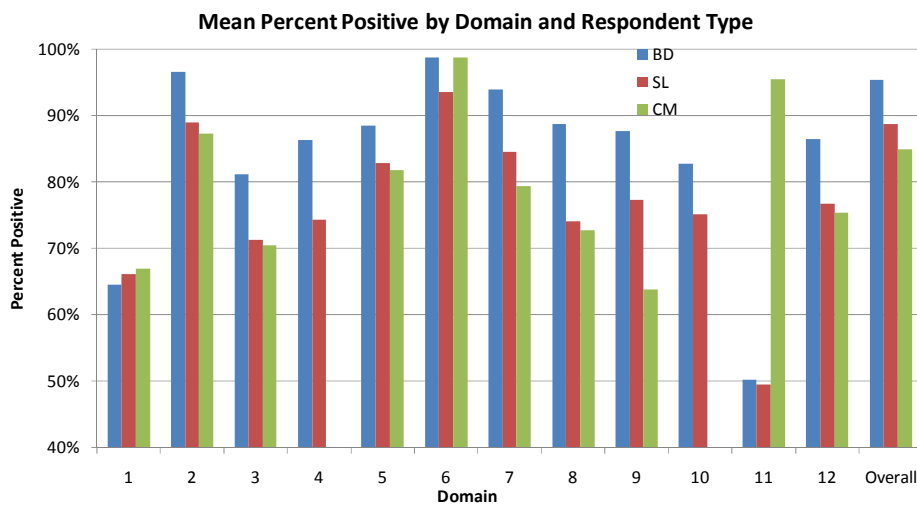


19

Barbara Balik Barbara@TheCommonFire.com



Respondent Variation by Domain



20



Ongoing Validation

- HLQAT Testing – 12/08 – 5/09
 - IHI IMPACT Network Workgroup
 - Test HLQAT and link to Improvement Map actions
 - Test correlations with Whole System Measures
 - HSMR
 - CS Quality Index (for adverse outcomes)
 - HCAHPS
 - Identify resources for interventions – existing or new
- Your work

21

Barbara Balik Barbara@TheCommonFire.com



IMPACT Workgroup

- HLQAT Workgroup
 - Members: Volunteers from IMPACT Network
 - January – May 2009 with follow-up October 2009
- Commit to:
 - Administering the survey to key stakeholders in leadership roles; a mix of executives, board members, and clinical leadership
 - Data transparency for workgroup learning
 - Participate in 6-7 calls over 90 days to share assessments, planned actions, and ongoing learning
 - Contribute to June 09 IMPACT Leadership session regarding shared learning

22

Barbara Balik Barbara@TheCommonFire.com



IMPACT Workgroup

- HLQAT Workgroup Members:
 - UH Case Medical Center
 - Henry Ford Health System
 - Winchester Hospital
 - Gundersen Lutheran
 - Carondelet Health
 - Via Christi
 - University of Kansas Hospital
 - Iowa Health System
 - Florida Hospital Flagler
 - HealthEast
 - CAMC Health System

23

Barbara Balik Barbara@TheCommonFire.com



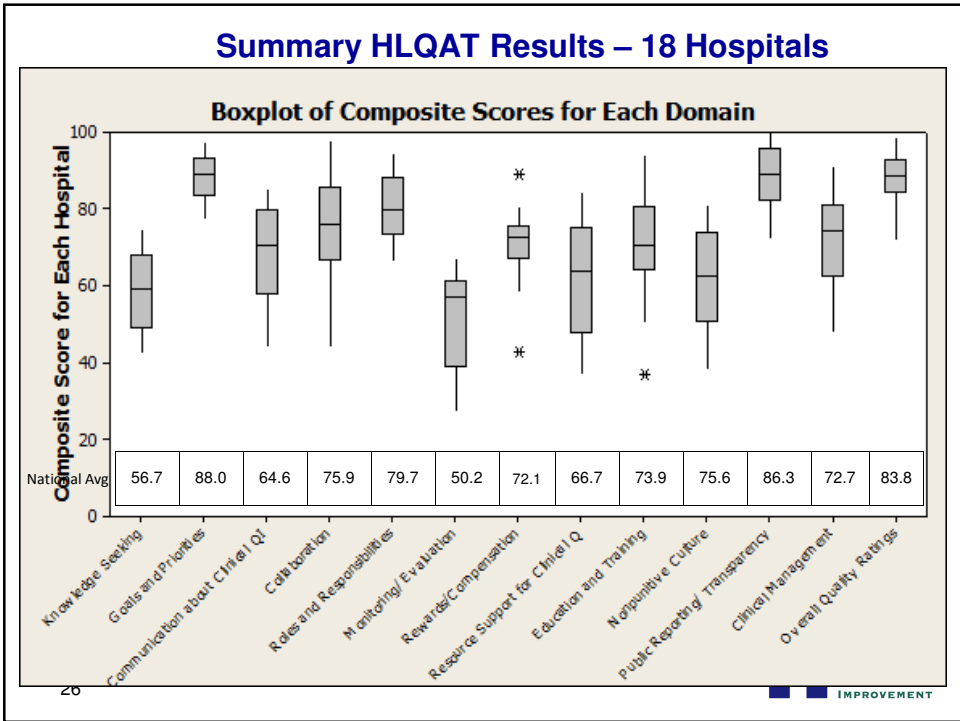
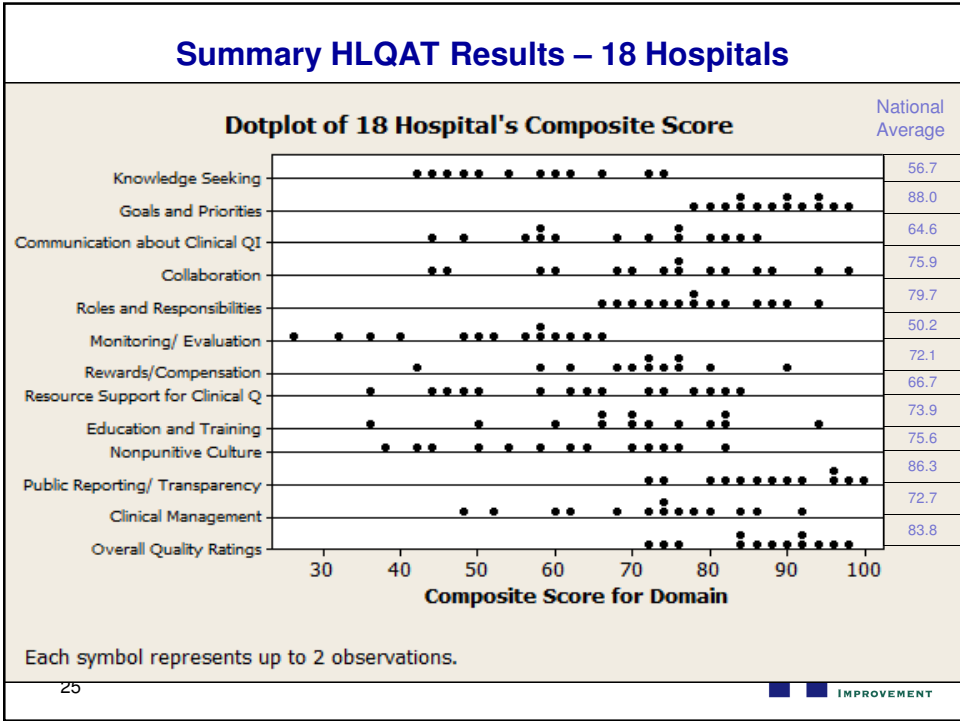
HLQAT Workgroup Purpose

- Provide IMPACT members an opportunity to test a new tool to gain insight into leadership strengths and opportunities for improvement
- Accelerate results based on HLQAT use
 - Identify actions to close gaps
 - Useful tools/resources to accelerate improvement
- Identify links from the HLQAT to the Whole System Measures
- Contribute to the IHI Improvement Map through survey results and identified actions
- Share learnings from the workgroup with the IMPACT Leadership Community for improved leadership for quality

24

Barbara Balik Barbara@TheCommonFire.com





What We Know Right Now

- Not a direct test of the value of HLQAT in guiding hospital performance improvement
- Not correlated with Whole System Measures
- So...Can HLQAT and resources to improve lead to improvement in hospital leadership and clinical quality scores?

27

Barbara Balik Barbara@TheCommonFire.com



How Used

- Board, senior management, and middle management presentations
- Stimulated conversations and different perspectives on what was in place, effective, or useful
- A learning tool with the three different perspectives – board, senior leaders, and middle managers

28

Barbara Balik Barbara@TheCommonFire.com

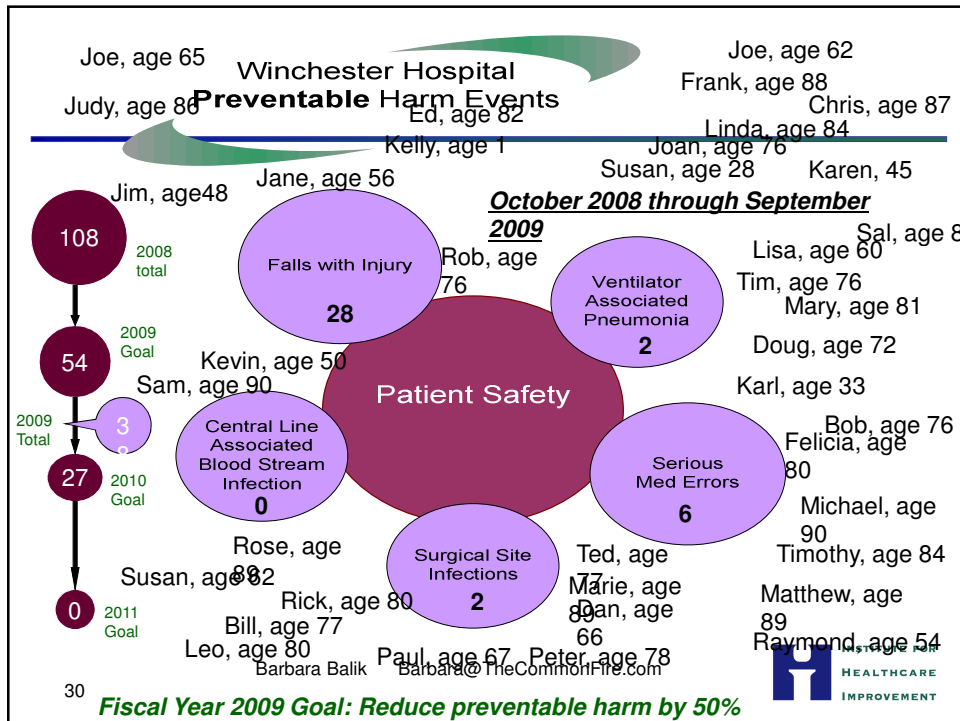


How Used

- Putting a face to the numbers
 - The concepts in action
 - What does it look like

29

Barbara Balik Barbara@TheCommonFire.com



Tales from the Trenches

- What we learned or re-learned
 - Survey preparation takes time and is essential
 - Why are we doing it and how will we use the results?
 - Survey fatigue?
 - Who is accountable for the survey and results?
 - The conversations were as important (perhaps more important) than the results
 - A workgroup of eager learners contributed to everyone's gain
 - Boards embraced it

31

Barbara Balik Barbara@TheCommonFire.com



Tales from the Trenches (cont)

- What we learned or re-learned
 - Leaders are eager to figure out 'how are we doing?'
 - It affirmed concerns or focus – reinforced strategy
 - Linked to Safety Culture and Engagement Surveys
 - Ongoing concern about Senior Leaders' attention

32

Barbara Balik Barbara@TheCommonFire.com



Insights

- This work helped participants to think broadly about how the definition of leadership for quality and all the different aspects that go into it
- We believe we are doing good work but this challenged us to say “how do we know?”
- Do not worry if it is not perfect – that’s part of the learning

33

Barbara Balik Barbara@TheCommonFire.com



Insights

- More information like this is needed – more evidence-based leadership information to test the theories out there
- This helped to understand the key factors that influence quality in the organization
- Improvement Map Gap Analysis and Resources can provide useful tools

34

Barbara Balik Barbara@TheCommonFire.com



Programs

- Improvement Map
- Campaign
- Conferences & Seminars
- IHI Open School
- IMPACT Leadership
- Collaboratives
- Professional Development
- Audio & Web Programs
- Strategic Initiatives
- Past Programs

Topics

Community

Workspace

Results

Products

About Us

Extranet

Intranet

Console

IHI Improvement Map • from here to excellence

RELIABLE ROUTES TO EXCEPTIONAL HOSPITAL CARE

Home Overview Materials Schedule FAQs

The Improvement Map

During the 100,000 Lives and 5 Million Lives Campaigns, health care providers told IHI they wanted help making sense of the many complex and competing demands hospitals face. In response, we have launched the **IHI Improvement Map**, an online tool that distills the best knowledge available on the key process improvements that will lead to better outcomes for patients.

IHI is deeply indebted to many [individuals and organizations who generously helped to develop the Improvement Map](#).

Take Action

Join a free series of web conferences to **introduce your entire organization to the Improvement Map tool** (including quality managers, front line staff, and hospital leaders) on **Thursday, September 24, 2009**. See the [Schedule](#) tab for details.

Read the [Silverlight Guide](#) to learn about downloading the web application necessary for using the Improvement Map.

IHI IMPROVEMENT MAP

- What is the Improvement Map?
- Access the Map

IHI has also designed a portfolio of programs to help hospitals make the most of the Improvement Map:

email this page

print this page

35

Barbara Balik Barbara@TheCommonFire.com

IHI INSTITUTE FOR HEALTHCARE IMPROVEMENT

IHI Improvement Map

EXPLORE THE MAP

Your destination is a customized collection of processes. These processes will be the ideal fit for your aims and circumstances.

- BY DOMAIN**
Explore by the type of processes, including patient care processes, support care processes, and leadership and management processes
- BY AIM** ▶
Explore by alignment with the six Institute of Medicine (IOM) dimensions of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity
- BROWSE ALL PROCESSES**
View all processes on the Improvement Map or search by typing a keyword in the box below
- SEARCH**
 Find

36

Barbara Balik Barbara@TheCommonFire.com

IHI INSTITUTE FOR HEALTHCARE IMPROVEMENT

Where Are You Now? Gap Analysis

*Hospitals that show the greatest improvement are those that know **where they are** and **where they are going**. The Improvement Map can help you to understand both.*

- Go to <http://www.ihi.org/ImprovementMap> and click on the Gap Analysis link in the gray "Take Action" box
- Identify the number of processes you have in place, and the number of processes you have started
- Share your learning by completing the Survey

37

Barbara Balik Barbara@TheCommonFire.com



Gap Analysis Results


| | No. of Processes in Place | No. of Processes Started | % in this Domain |
|-------------------------------------|---------------------------|--------------------------|------------------|
| Patient Care Processes | | | |
| Support Care Processes | | | |
| Leadership and Management Processes | | | |
| Percent Total Processes | | | |

38

Barbara Balik Barbara@TheCommonFire.com




Improvement Map Resources



The Improvement Map is IHI's way to help hospitals improve patient care by focusing on an essential set of processes needed to achieve the highest levels of performance in areas that matter most to patients.

| Leadership Processes | | Support Care Processes | | | Patient Care Processes | | | | |
|---|--|--|---------------------------------|-------------------------------------|---|--|--|---|--|
| Set Direction: Aims | Set Direction: Alignment and Coordination | Patient Flow for Efficiency and Safety | Transportation Services | Communication and Teamwork | Surgical Complications Core Processes (SCCP) | Pre-Operative Patient Assessment | Acute Myocardial Infarction (AMI) Core Processes | Heart Failure Core Processes | |
| WIC: Measure, Discuss, and Communicate Transparency | WIC: Connect Leaders to the Front Line | Multi-Disciplinary Rounding | Daily Goal-Setting and Planning | Transitioning Out of the Hospital | Community Acquired Pneumonia (CAP) Core Processes | Sepsis Detection and Management | Stroke Management | Cancer Care for Common Conditions | |
| WIC: Patients and Families | WIC: Scanning | Laboratory Testing and Reporting | Radiology Testing and Reporting | Pharmacy Safety and Reliability | Management of Common Co-Morbid Conditions | Pericardaneous Coronary Intervention (PCI) | High Alert Medication Safety | Rapid Response Systems | |
| WIC: Innovation and Knowledge Management | WIC: Inhibit Processes | Dietary and Nutrition Services | Early Warning Systems | Surgical Checklist | Pressure Ulcer Prevention and Treatment | Acute Delirium Prevention and Treatment | Catheter-Associated Urinary Tract Infection (CAUTI) Prevention | Glycemic Control in Critical Care | |
| Execution: Portfolio of Projects | Foundation: Build Capability for Execution and Improvement | Infection Prevention | Emergency Department Timeliness | Simulation for High-Risk Situations | Pain Management | Postnatal Labor Augmentation Safety | Perinatal Elective Induction Safety | Well Newborn Care | |
| Foundation: Operating Values | Foundation: Governance and Impact | Medication Reconciliation at Transitions | Medication Ordering | Medication Administration | Neonatal Intensive-Care Unit Standard Care | Central Line Bundle | Ventilator Bundle | Acute Respiratory Distress Syndrome Prevention and Management | |
| | | Falls Prevention | Critical Results Reporting | Hand Hygiene | Pediatric Asthma Acute Care | Common Pediatric Hospital Diagnoses and Management | Emergency Department Reliable Care | Advanced Care Planning | |
| | | Standard Precautions | Antibiotic Stewardship | Patient Transitions and Handoffs | Pediatric Patient Experience | Shared Decision Making | Communication with Patients and Families after Adverse Events | Venous Thromboembolism (VTE) Prevention and Treatment | |



36

Evaluation

- Please evaluate this presentation at:
<http://www.surveymonkey.com/s/BarbaraBalik>
- For questions:
 - Contact Barbara@TheCommonFire.com
 - Thank you!

40

Barbara Balik Barbara@TheCommonFire.com

