

LEAN LEADERSHIP TO ADVANCE STRATEGIC GOALS

Indiana University Health

Lean Action Research Learning Collaborative (LARLC)

Table of Contents

BACKGROUND	4
1. PRACTICES USED BY LEADERS TO ENGAGE STAFF.....	5
General Engagement.....	5
<i>Barriers to engaging staff</i>	5
<i>Solutions for overcoming barriers</i>	5
2. HUMBLE INQUIRY	5
How Leaders Use Humble Inquiry.....	5
<i>How humble inquiry helps solve problems</i>	6
<i>Challenges to using humble inquiry</i>	6
3. PDSA (PLAN-DO-STUDY-ACT)	6
How Leaders Use PDSA to Model a Problem-Solving Mindset.....	6
<i>Using metrics in PDSAs</i>	7
4. HOW LEADERS SUPPORT ORGANIZATIONAL GOALS	7
General Strategic Goals	7
<i>Hurdles to supporting goals</i>	7
<i>Solutions to overcoming hurdles and facilitators to supporting goals</i>	7
5. PERFORMANCE VISIBILITY	8
Visibility of Performance on Strategic Goals.....	8
6. VERTICAL CATCHBALL (CROSS-LEVEL COLLABORATION)	8
Catchball on General Issues.....	8
<i>Challenges and opportunities for vertical catchball</i>	9
7. ACCOUNTABILITY	9
Accountability as a Leader Competency.....	9

<i>Supporting and strengthening accountability</i>	9
APPENDIX - METHODS.....	10

BACKGROUND

Indiana University Health (IU Health) is a member of the Lean Action Research Learning Collaborative (LARLC) organized by the Center for Lean Engagement and Research (CLEAR) at UC Berkeley. As part of the Collaborative, LARLC members requested an assessment of lean practices used by leaders to advance strategic goals in their organizations. A current priority for several LARLC members is to advance health equity and workforce diversity, equity & inclusion (DEI) as an important organizational goal.

This report summarizes an interview conducted with a key IU Health leader. In total, we spoke with 67 such leaders across five LARLC member health systems. We used qualitative, in-depth interviews to gather information on the following topics:

- Types of lean-based tools or practices that leaders regularly use to engage staff
- Leader behaviors and practice of ‘humble inquiry’
- Modeling a problem-solving mindset via PDSA rapid cycle improvement
- How leaders support organizational goals
- Performance visibility, i.e., how leaders demonstrate progress on goals
- Vertical catchball among leaders across the organizational hierarchy
- Accountability as a leader competency.

All interview topics include follow-up questions on experienced challenges/barriers as well as potential solutions for overcoming such barriers, perceived facilitators, and recommendations for success. The information provided by all interviews offers unique insights that can be leveraged for organizational action and continuous improvement.

As is customary in qualitative research, direct quotes from interviews appear throughout the report to support thematic findings. A description of research methods and interview questions can be found in the Appendix.

1. PRACTICES USED BY LEADERS TO ENGAGE STAFF

General Engagement

To get a sense for methods of engagement at IU Health, we asked about the practices or tools used to foster daily engagement of the staff.

A3 and other problem-solving methodologies. Problem-solving was identified as the most commonly used tool in IU Health. Even though terminology around problem-solving methods is variable across the organization, the focus is on defining the problem and understanding the current state.

“Whatever you want to call it, it’s getting clarity on what problem we’re really talking about, what you’re trying to solve and do we understand current state at all.”

Other tools for fostering daily engagement in IU Health include for example PDSA, control charts or pareto charts, and visualization. Increasing the use of catchball methodology up and down the leadership hierarchy is a future target at IU health with the aim of empowering the frontline staff and giving them voice.

Barriers to Engaging Staff

Limited use of problem-solving methodologies. Even though problem-solving is the most commonly used tool for engaging staff in IU Health, there is still room for improvement:

“We don’t have nearly enough of that going on in our organization across the board. I suppose a lot of folks are like that, they always want to see more problem solvers, right?”

Solutions for Overcoming Barriers

Conversations and engaging people in learning. Having conversations around understanding the problem and engaging people to learn more about what is going on and what problem they are trying to solve is one approach used at IU Health to promote staff engagement.

“Can you help me understand what that looks like? Can you show me?”

Having these conversations can also serve as a starting point for discussions about humble inquiry.

2. HUMBLE INQUIRY

How Leaders Use Humble Inquiry

Understand and solve problems. Humble inquiry is a method that refers to “the general art of asking, instead of telling.” At IU Health, humble inquiry is most practically used when leaders are approached by staff with problems that need to be solved or concerns addressed. The practice of humble inquiry starts with the leader and is characterized by showing curiosity, respect, and through asking open-ended questions aimed at coaching team members to solve problems.

Mutual learning. The practice of humble inquiry can facilitate mutual learning:

“And I’m like hey thanks for all that... but I don’t really know. I don’t understand what problem you’re trying to solve. And oftentimes, as they begin to talk you through that, you realize they don’t know either. And they’re kind of searching and trying to sort that out. And I think that’s OK. I think that’s actually really healthy for an organization. And that type of gaining understanding together is super helpful too for the learning process. And it’s helped solve the problem too, right? Because if we don’t know what the problem is, we are throwing darts trying to solve it.”

How Humble Inquiry Helps Solve Problems

Clarity and focus. Humble inquiry helps leaders and their teams gain clarity and focus. Working together to understand the problem and the current state may lead to the realization that there are multiple contributing factors. As a leader describes:

“Then we can begin the conversation: look, we can’t boil the ocean, which one of these can we solve? Which one should we solve first because it’s making the most impact?”

Challenges to Using Humble Inquiry

Approach and people skills. Having the right attitude and a gentle approach is quintessential for the successful use of humble inquiry. Furthermore, the implementation of humble inquiry really matters:

“Maybe you could have the same conversation with an entry level environmental services person, or a senior level leader in the organization. If you do that, that same approach adapted to maybe their language, right? Then I rarely see that fail. However, if somebody comes along and if they could use essentially the same technique but have no people skills, you’ll see a lot of problems.”

3. PDSA (PLAN-DO-STUDY-ACT)

How Leaders Use PDSA to Model a Problem-Solving Mindset

Frequency of use. Taking another angle on the topic of problem solving, we asked about the use of PDSA (or equivalent) rapid cycle approach at IU Health. The frequency of use varies across the organization from very active to hardly at all. Furthermore, terminology around the method varies, but PDSA is still seen as a part of the DNA at IU Health:

“They don’t know those terms but they’re like: OK, we tried this. It didn’t work or it did. What do we learn from that? Do we need to adjust anything? What should we do? And they’re absolutely right going through that.”

PDSA cycles. The PDSA cycles may vary from two weeks to several months or even years depending on the project. As one leader described:

“It’s very common for us to take a pause at certain points in the project or certainly at the end and do a post mortem right? What do we learn? What happened? Anything we should or shouldn’t do next time around... some of the cycles are just much longer than others.”

Using Metrics in PDSAs

Measuring workload. The need to have a better understanding of nurse allocation has been tackled with a PDSA approach in IU Health. A leader describes the problem:

“They said: Look, McDonald’s knows who’s on fries and when they’re cooking fries. We don’t really know who’s on fries.”

Instead of using existing acuity tools, data on physician orders with the frequency and time required to complete the task were used to calculate a transparent real-time metric for the nurse’s workload.

“Acuity [tools] are trying to approximate work. We just went right directly to what is the work. We don’t care how sick you think the patient is. What’s the actual work? Because in some cases the patient can have a diagnosis that is pretty severe, but the workloads are not really that bad.”

4. HOW LEADERS SUPPORT ORGANIZATIONAL GOALS

General Strategic Goals

Visualization and alignment. Using simple box and line drawings can help visualize the strategic priorities, long-term objectives, and key initiatives to make sure they are aligned. A leader describes:

“And so what I do is put together, where does the organization think we’re going? And then literally draw pictures and boxes and lines...This is what the organization said. I don’t make it up here. Number one priority for the year. OK. And then do we have a box with the people’s names and what’s supporting that. And do we have metrics assigned so that we know we are making progress.”

Hurdles to Supporting Goals

Lack of resources. The biggest hurdle to supporting the organization’s strategic goals is limited resources.

“We don’t have any extra resources. And by that, I mean we don’t have any extra time, any extra people or any extra money. So we can do only what matters the most.”

Solutions for Overcoming Hurdles and Facilitators to Supporting Goals

Focus and flexibility. A solution to overcome the hurdle of limited resources is to focus improvement efforts, but still maintaining the ability to be flexible and to adapt. A leader describes:

“Well, then that means we have to be working on those projects on that list and all others will have to get in line and wait. For the most part. And so that’s the way we approach it. And that doesn’t necessarily stay static for a year or two years or three years, as some of those things change on the fly, and we as an organization have to be flexible enough to adapt to that.”

Standard work and tools. Using standard work to hold people accountable and utilizing tools such as control charts and pareto charts can facilitate reaching the organization’s strategic goals by setting clear expectations and improving mutual understanding:

“We have a normal cycle that we go through. We meet every Monday morning and certain people report out on week one, week 2, week 3 and week 4. And when your turn’s up then you got to show us how you’re moving the metric and what we expect to see is control charts if that’s appropriate, or most of the time it is some kind of a Pareto chart is super helpful to understand. Hey, there’s 10 problems, we are working on this one.”

5. PERFORMANCE VISIBILITY

Visibility of Performance on Strategic Goals

System scorecard. We asked leaders how they demonstrate their team’s performance on strategic goals and how this is made visible to the organization. Like many other organizations, IU Health uses a system scorecard. A leader describes this:

“We do have what we call a system scorecard...And so what we think is, and I’m not always sure, we always have the metrics right. But we think we can’t measure everything there. We have as a learning organization like 35,000 people. There are lots of people measuring lots of things. But as a system we can’t put two or three hundred metrics up there on the scoreboard, right? So we have four that we think are key and that they sort of drive or drag along lots of other things.”

In addition to the scorecard metrics, project level metrics are monitored at IU Health to drive improvements in quality and safety, team member engagement, financials etc.

6. VERTICAL CATCHBALL (CROSS-LEVEL COLLABORATION)

Catchball on General Issues

We asked about the extent of leader involvement in “vertical catchball” where ideas for improvement are shared and/or or goals are set by leaders up and down the organizational hierarchy. At IU Health, the benefits of vertical catchball are recognized:

"[Vertical catchball is] not [used] nearly as much as we need to and so I would say that on one hand, I would say that we are better at that than we used to be. As we've gone through the years, there has been more and more recognition that that has to be or otherwise you end up with literally a CEO-level PowerPoint that goes nowhere, right? There's no way to execute it."

Challenges and Opportunities for Vertical Catchball

Workload and labor challenges. We asked about challenges and opportunities for more cross-level collaboration among leaders. One challenge is finding the time and space for implementing new practices such as vertical catchball with current issues with workload and labor.

Strategy deployment using vertical catchball. IU Health has started incorporating vertical catchball in strategy deployment by having the executives draft the scoping documents and then assigning cross functional frontline teams to clarify and define the problem. Even though the workload challenges prevented a full implementation of this method, the experiences were positive. A director elaborates on this sentiment:

"...it not only creates alignment, but I think it's a really good people development tool. People have a voice from lower in the organization and they learn, OK, there's a little back and forth here and hey learned that, Oh, what I thought my was the biggest one in the world but when I talked to this executive, I realized they got 10 problems that size, 3 times or so..."

7. ACCOUNTABILITY

Accountability as a Leader Competency

Room for improvement. We asked the participants to describe their own interpretation of accountability as a "leader competency". A leader identified that there is room for improvement on this topic at IU Health and added that while leaders talk about and understand the definition of accountability, executing it at a large scale is much more difficult.

Supporting and Strengthening Accountability

Clarity of expectations and joint understanding. When we asked how accountability is supported or encouraged by the organization, clarity of expectations and joint understanding were seen as two key elements:

"...that is really less about being demanding and holding accountable, and thou shalt do this. But it's more about , hey, wait a minute, are we clear? What problem are we trying to solve? And have I given you the resources? You need to go do this, and hey by the way, I need this done by this certain date. So let's work on that."

APPENDIX – Methods

Depth Interviews

We conducted a qualitative depth interview with one senior leader participating on behalf of IU Health. The interview was conducted via telephone using a semi-structured interview guide (below). The interview were recorded with consent, transcribed, and reviewed for accuracy. The CLEAR team coded the interview deductively based on major themes outlined in the interview guide. In some cases, we identified new codes and refined the codebook accordingly. All codes were aggregated across interviews and summarized to identify major themes on lean practices and tools used by leaders to advance strategic goals at IU Health.

Interview Guide

1. What types of tools or standard work processes do you and other leaders use to foster daily engagement with staff at IU Health?
 - a. How would you describe your approach to these activities? For example, your underlying values or goals in using these practices, or your method to achieve results.
 - What barriers or facilitators have you encountered along the way?
 - How might these barriers be addressed, or facilitators better supported?
2. What does “humble inquiry” mean to you as a leader or manager? What does this look like practically in your work?
 - a. How does humble inquiry help you specifically in solving problems with your staff? What are some examples of this?
 - b. Have you experienced challenges to the ‘humble inquiry’ approach to problem solving, and how might these challenges be overcome if at all?
3. Do you conduct PDSAs with your staff, and if so, how often does this occur?
 - a. Can you describe specific examples of problems that required you to engage in a PDSA with your staff?
 - b. How are business analytics data & metrics being used, if at all, in PDSAs?
4. What are examples of how you, as a leader, support your organization’s strategic goals?

- a. What specific tools or standard work processes do you use to support these goals?
 - b. What hurdles or obstacles have you encountered in supporting organizational goals, and what might be done to remove this / those obstacle(s)?
5. How do you typically see and demonstrate progress on work that rolls up to you?
 - a. What system(s) do you use to demonstrate performance, if any?
 - b. Is there anything that could help make progress on work that rolls-up to you more visible?
6. Are there instances of “vertical catchball,” meaning that ideas for improvement are shared and goals set, by leaders up & down the organizational hierarchy?
 - a. *[If yes]* What are some examples of how leaders engage in this process? If relevant, please comment on “What/How Conversations” or other tools.
 - b. *[If no]* Do you see opportunities for more cross-level collaboration among leaders, and if so, how might that be realized?
 - c. Are there initiatives that you are currently monitoring or measuring in collaboration with other leaders across the organizational hierarchy? If yes, could you please describe this?
7. What is your understanding of accountability as a leader competency?
 - a. How has accountability been encouraged among leaders in your organization and supported as an area of development?
 - In what ways might this competency be strengthened for you as a leader or among leaders across your organization?