LEAN LEADERSHIP TO ADVANCE STRATEGIC AND HEALTH EQUITY GOALS

John Muir Health

Lean Action Research Learning Collaborative (LARLC)

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BACKGROUND

John Muir Health (JMH) 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 interviews conducted with nine JMH leaders, ranging from senior executive leaders to directors and managers. 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.

For LARLC members with health equity and workforce diversity as an organizational goal, in addition to the topics listed above, we asked a series of targeted questions focusing specifically on DEI. For example, after assessing the types of tools that leaders use to engage staff more generally, we asked about those used specifically to engage staff in DEI initiatives. We also asked leaders about practices they use to encourage diverse viewpoints from their teams. Similarly, in addition to querying leaders on the presence of accountability structures in general, we asked about specific mechanisms for holding leaders accountable to DEI work.

All interview topics, whether general or focused specifically on health equity and diversity, 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 ranks of leadership in this individualized report for JMH 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. All identities are anonymized; only generic categories of

job roles accompany each quote for context that may assist with interpretation of the data. A description of research methods and interview questions can be found in the Appendix.

1. PRACTICES USED BY LEADERS TO ENGAGE STAFF

1A. General Engagement

Huddles. We asked leaders about general practices or tools they use to engage staff. Leaders report a wide variety of practices, including True North rounding, kaizens, and weekly one-on-one/divisional meetings. Huddles, or more specifically daily safety huddles, are the most frequently mentioned tool used to engage staff. These are also referred to as the frontline safety huddle or frontline problem-solving huddle. As one clinical leader commented:

> *"We rolled out the frontline problem-solving huddle, which is all about engagement, creating a safe environment for our team… [this] has been rolled out at a couple of our ambulatory practices. So we're starting small and expanding. And that's all about getting your teams together, helping to create a safe environment. In order to do that, we're creating a standard process that they know and are familiar with, they can trust. It should be something like memorizing the alphabet. If you've got the alphabet down, you feel safe. And that is about engaging our team, getting feedback from them. …We bring the whole team together, we ask for recognition—so recognizing fun stuff, that's the positive—any important information is shared to the team. And then it's really all about asking for feedback."*

According to leaders we interviewed, there are other huddles that play an important role as well. One executive describes a system performance huddle at the VP level:

> *"Daily we have a Performance Huddle [for] the VPs from every single department. We have a rotation where they report-out on their dashboards and their metrics, and it rotates. So we hear and participate every day, and it's a different group reporting out."*

Leader rounds. Another common tool used to engage staff is leader rounds, which is part of leader standard work at John Muir Health. An executive and a department leader, respectively, describe their experiences with this:

> *"So we have rounding that we have leaders schedule. We have a systematic way of going through each unit [with] leaders paired up and scheduled to round at every single unit over the entire month across 3 campuses."*

> *Whatever campus I'm at, I'm rounding. I'm constantly rounding and engaging the staff, finding out what's wrong."*

Barriers to Engaging Staff

Burnout, staffing. Leaders describe two related challenges most relevant to personnel, which involve burnout and proper staffing. As one director explains:

> *"We're seeing burnout manifest in a higher number of leaves of absence. And we hear from our employees through these increased feedback sessions that whenever somebody takes a leave of absence, the way we have dealt with how to replace that person has not been effective enough. One person goes out because they're on leave because they're burned out, and all the other people that are left behind start getting more burned out, because we're not able to replace those shifts as needed. We end up having people multitasking and taking on more responsibilities and then they get burned out. It's certainly not a virtuous cycle."*

> *"Our key challenge is staffing. So if you name the topic and ask where the challenges are, somebody is going to say staffing. …It's challenging finding the right people, finding enough of them. I was just on the phone doing some feedback sessions with some employees and that was their number one thing. They said they were never fully staffed. There's just always some sort of rotation or somebody on leave. Or people just leaving for various reasons to go to other areas. So staffing is ongoing and it's kind of a constant disruption that we experience."*

That same director also describes communication as an area with room for improvement:

> *"We're really focused on improving our communication, especially the tiered communications from executive and senior leadership to our departmental leadership and all the way down to our frontline. Our frontline employees have told us they feel that there are gaps in communicating where we're headed, what our priorities are, timely communications about new initiatives. So we're really working on tiered communications via huddles and standard meetings. We're working on making sure we streamline that process.*
>
> *For instance, one of the natural ways we've always tried to distribute information was via e-mail. And when we really look at it, when you look at our workforce, we have a huge chunk of people that don't ever touch e-mail during their shift. So that's not a conducive way. I mean it's important, an e-mail is a channel that we're not going to get rid of, but we have to find a way to get the leaders to be ready to deliver information more directly to our employees."*

Facilitators / Solutions for Overcoming Barriers

Recovery Engagement Initiative. When we asked what leaders find helpful for engaging staff, the vast majority cite the Recovery Engagement Initiative and associated Recovery Engagement Committee. These efforts are helpful for communicating with employees and making their concerns heard through focus groups. One clinical leader describes this:

> *"Recovery Engagement is an initiative that we started…because the senior leadership really recognized how much staff had been going through with the pandemic. Like how they were operating on the front lines while being short-staffed because people went on COVID leave. We had to not just provide COVID care for the community and our patients, but COVID care for our staff. Our staff is our community…so the senior leadership team pulled together an initiative where we had focus groups and surveys to get an understanding of what the highest need is for our staff."*

Psychological safety. Another leader expanded on the unexpected benefits of these focus groups, which included creating a positive and psychologically safe environment for leaders and staff:

> *"What we realized in this last meeting that we had with our focus group is that the focus group itself is becoming a liaison between our staff and senior leaders. We give the senior leaders information that we hear from staff, and we also give staff the message that senior leaders are people too. Sometimes they might feel a little intimidated going into your work area if they're not certain they're going to be well received. So we want to make sure it's a psychologically safe space for everyone. Senior leaders included."*

Visual boards. When discussing facilitators, one director focused on the huddle board that aims to encourage staff engagement through more visual, non-verbal forms. Huddle boards also provide more opportunities for staff to impact their work environment. According to one leader:

> *"Our huddle board is … for those who aren't comfortable speaking up. We have a form that they write their idea on and stick it on the board so somebody like me can pull it off and say, 'Oh, this was submitted by…' and talk about it without that person having to be on the soapbox, if you will. That really helps getting folks with those ideas to share, who otherwise wouldn't say anything.*
>
> *The staff really like the idea that their voice is being heard and it's their idea, and they get to actually see it through. On that board, there's also a place for us to track when we implement those ideas. So we can put a number to it and say, you know, in this month we've implemented five new ideas that came directly from the staff team, which is really impactful to that question*

> *about engagement that we have on all of our surveys, which is, 'Do I have a voice and a say in the things that affect my work?''"*

Leader Approaches to Engaging Staff

Personal connection. Based on interviews, the most common leadership style or approach to engaging staff at John Muir Health involves personal connection. This might occur through positive framing and appreciation of staff, having an open door policy for staff to come and discuss problems, or active facilitation to reach common understanding. One leader explains:

> *"Some of the things we have done was embrace the staff. I start my day off with positive reinforcements, thanking everybody saying, 'Hey, I thank you for doing this.'' …So we start off with saying, 'This is what went well,' and then we go through with daily announcements."*

An executive describes their effort to personally support staff:

> *"Every other week I hold debriefing sessions for our staff. Essentially, it's open office hours that I have where staff can come to me and the managers are present also so we can listen to how they're doing. Sometimes we have a lot of very challenging cases, you know, very traumatic. They come to these sessions and get peer support; get a little bit of time where they know their managers are just opening their doors, opening their ears and listening, and then can give some feedback. We can't promise anything's going to change operationally, but just that we have open ears and want to provide support to our teams."*

A facilitative leadership style, which focuses on working with staff to understand, identify, and solve problems, is also mentioned by several leaders as a way to empower staff. As one executive describes:

> *"Based on my training and background, it's really that facilitative leadership and coming out of a place of interest. Instead of saying, 'Why did you do this?' saying, 'Oh, I see that you made an error, but what was your thought process? Walk me through the process and let's work together to understand where the issue was, so we can come to a resolution.'"*

1B. Diversity, Equity, and Inclusion (DEI) Engagement

Varying levels of DEI activity. We asked leaders how they foster equity and inclusion while engaging staff, and what practices or tools they use specifically to promote DEI initiatives. Leaders gave varying responses to this. Some leaders reported little to no focus on DEI work, while others

incorporate it in daily huddles:

> *"I don't think I've ever actually done DEI, like explicitly called that out."*

> *"I can't name a specific tool that I use necessarily. Other than as an all-comers opportunity in my areas. So if I have 10 applicants for a position…there's no specific guideline of who to include and who not to include. So I include everybody who has a right and meets the qualifications to be involved. That's part of our process when we look at hiring."*

> *"For the daily safety huddle, we always end with an inspirational quote and the majority of time that inspirational quote has to do with belonging and equity."*

Employee resource groups, DEI workshops. Other leaders are more explicitly involved in DEI efforts. They describe enterprise-level initiatives such as employee resource groups, listening sessions, "Lunch & Learn" discussions, workshops, and trainings. An executive describes creation of new structures and processes to advance DEI:

> *"We created an Office of Belonging and Equity. Previously, any DEI initiatives just came under HR in general, but we didn't have a concerted effort. Based on feedback we had, we had a couple different task forces that were focused on DEI, but they really didn't have a level of authority or accountability. So after years of lobbying, we finally established an Office of Belonging and Equity and brought in an experienced executive director to lead the charge. And under her, we've expanded our employee resource groups tremendously. We have representation across several different groups: Black, Latino, LGBTQ, Asian American/Pacific Islanders.*
>
> *We worked with an industry expert to design something that's specifically tailored for JMH but based on solid principles that have been beneficial for others. We have a three-workshop pilot… it will be a requirement for all leaders to participate and go through this workshop. Right now, we're saying probably every two years as well. All new leaders will go through it hopefully within their first 90 days."*

Barriers to Fostering DEI Among Staff

Lack of trust. One primary concern voiced among leaders is a lack of trust at times, specifically between staff and other members of the healthcare team. Certain types of communication, or lack thereof, seem to be the source of these trust-related issues. As described by an executive and clinical leader, respectively:

> *"When the staff feel they've brought forth concerns and have in the past not been listened to, that's a huge barrier. If we have not been able to establish our trust… and that means [not] making assumptions about people based on even physical appearance, if you are making assumptions about people based on past performance or based on other kind of ideas that you might have, you've lost the trust of your team and you're not going to get the same equity across everyone else. Dismantling that is the only way you're going to be successful."*

> *"Some of the [trust issues] were with the CNAs, the nursing, and not so much the doctors. The staff felt like [leaders] were talking down to them. When changes happened on their units, they didn't feel like they were a part of it."*

Other leaders report difficulties getting staff members to engage with all members of the team, as described by one clinical leader:

> *"Spanish people stick with Spanish people. You have to try to break that…and get everybody to mingle and just understand we're one John Muir Health, we're one department. And you wanna try to move people from that, from perceptions, because sometimes perceptions rule a workplace."*

Facilitators / Solutions for Overcoming DEI Barriers

Tracking activities. Many leaders have their own unique way of building trust and fostering communication among staff and leadership. One executive details their effort to "close the loop":

> *"There are several initiatives for building trust. [Regarding] the frontline problem-solving model… it is published how many initiatives we are tackling. Whether it's one we've been unsuccessful at, or meeting the goals of 1 or 10 or 12, over time you want your staff to be able to see they're not just falling on deaf ears, that we are trying to take action by tracking [problems] and by closing the loop."*

Soliciting feedback, rounding. Another clinical leader describes their approach to developing better communication and a sense of belonging for staff members:

> *"Some of the dynamics I try to foster is to get the staff involved. As I walk through the units I say, 'Hey, if something is going on, can you grab me, can you notify me and my team what's going on?' And as that communication gets fostered, I noticed that my staff feel they are part of the unit. I notice that the team or personnel feels more involved."*

Similarly, several interviewees mention rounding as a way to increase leader visibility and interactions with staff. Speaking specifically about executives at JMH, one clinical leader shares:

> *"They make rounds, like any moment right now. If my door's open, you'll see them round in the hospital. You see them talking to the nurses."*

Dedicated leaders to support DEI work. A facilitator often mentioned in interviews is the existence of certain dedicated leaders, such as the Executive Director of Equity and Belonging. These leaders facilitate regular meetings, events, foster educational efforts, and build community. One clinical lead describes several of such activities:

> *"[Name of leader] was a catalyst to help us go down that journey pathway… and has really been instrumental in helping us. On a monthly basis, we have a belonging and equity meeting to discuss where we're going and what opportunities we have.*
>
> *We have numerous caucuses: Latino caucus, African American caucus, Asian Pacific caucus, many different caucuses. When it comes to certain heritage months, we are also celebrating those heritage months, learning more about it. Learning more about where there have been inequities in the past.*
>
> *And then how are we drawing the learnings that we have into our workflows? For example, when it comes to my area of oversight: Is there a project we could do [to improve] the outcomes of patients who have access to healthcare vs. those who might not have access to healthcare. Is there a difference in the outcomes of those patients? So we're starting to look at different studies that we can do when it comes to belonging and equity, and how we can integrate that into our workflows as well."*

2. HUMBLE INQUIRY

How Leaders Practice Humble Inquiry

Forming personal relationships. We asked leaders about their personal understanding and use of humble inquiry as a management tool. Leaders gave varying responses to this question. Some leaders view forming personal relationships with staff as necessary for humble inquiry. According to one executive:

> *"We get so busy with our day-to-day lives that the simple knowing your staff, for example, who has kids on the soccer team? If you can gather the personal behind the medical receptionist: 'Who is that person? It's Sally, right? And Sally has been with the organization for 17 years.' You have to take a very active approach to getting to know your team, which seems very logical. …How can I solicit feedback if I don't know who this person is, what their background is, how long they've been with the system? …You have to be able to know who's on your team, really know their name, know how long they've been here, know their background. And that takes a lot of time."*

Creating safe teams. Others frame their understanding of humble inquiry in the context of teamwork and creating a positive, collaborative environment for staff. As this executive shares:

> *"As far as humble inquiry goes, I made sure my team understands I will never come at you in a negative tone or approach, and that I'm more curious in understanding the thought process behind your decision and seeing how we can partner together, making sure we have the same vision. 'Cause you can't just say, 'Oh it's humble inquiry.' You've got to really provide a safe environment for people to speak up and say what they're thinking. So early on, I established that with my team members in every position I've ever been. That's the first thing I go to is, 'Look, you're in a safe place. We can be open and honest… Titles don't mean anything to me, so we're equal. Let's work together. Let's problem solve.'"*

How Humble Inquiry Helps with Problem Solving

Improves understanding. Leaders cite a broadened perspective of problems as a crucial benefit of humble inquiry. As one leader describes:

> *"My role is as a director. I've never been a medical assistant. I've never been an RN and I've never been a physician. So, unless I can solicit the feedback of the key players in our organization that have been the physicians, that have been the medical receptionists, that have been the RN, I'm only going to look*

> *at it from my singular perspective. Humble inquiry creates a much larger perspective. Better ideas are going to come if you can pull in real, genuine responses from people. They know better, and that is a genuine statement. Most people know better than I do, so if I can get those ideas and can get the trust of my team, I'm going to be more successful as a leader because I'm only looking at things in 2D."*

A clinical leader gives an example of how humble inquiry can serve to solve specific areas of concern that may be experienced differently by different types of personnel:

> *"It's a constant thing as I look at throughput. Working with "How do I engage a group of physicians who might not be interested in changing their workflow?" And maybe that workflow was designed perfectly for them. So for example, we have a button that says the patient will be discharged in the next 24 hours. Well, I know that button is not pushed enough because the data show me how often that button is pushed. …So humbly inquiring, 'Why didn't we develop that? What happens after you press that button? Who gets notified? Does our EHR system get pinged? Certain people? If there's an order that still hasn't been processed, does that get flagged or notified to someone that there's still something that needs to be done, and we have a discharge order?' Asking those questions so that I can delve in deeper and understand better the process."*

Challenges to Humble Inquiry

Unionization, lack of trust. One frequently mentioned challenge of humble inquiry is lack of trust stemming from politicized work environments. As one leader describes:

> *"We were also in a very sensitive environment coming through the pandemic. Our behavioral health and other areas have looked into unionizing. Some of the staff petitioned to be in a union. Some things backfired, and I'm just going to put it plainly here, there were a lot of misunderstandings that were happening…"*

An executive leader describes a similar experience:

> *"Challenges come into play with a lack of trust and we've kind of hit on that a little bit already. But if I cannot dive in and cannot make myself a trusted person, then that's a huge barrier. So I'm not going to win everyone over and I'm not going to get honest responses. You have to work at that and that takes time."*

2B. How Leaders Practice Humble Inquiry to Advance DEI

DEI education. Leaders cite recent DEI work at JMH to be particularly helpful to develop their understanding of relevant issues. This ultimately improves their use of humble inquiry as it relates to DEI. One leader describes their experience with facilitated discussions:

> *"At John Muir Health we have been doing a lot of work with belonging and equity …I've attended discussions where they've provided us with readings or short video clips and talked about things in history that I honestly had not been exposed to. I've always believed, and I think everyone does, that we're all very neutral and everything's fair. But the idea of bias that's subconscious and below the level is something I've had my eyes opened to. I think I'm very cognitively aware that I have to think about those things. But I had my eyes opened to the idea that sometimes we have a picture in our head about what something is even when we're not trying to. I think having the opportunity to participate in those things has been really, really helpful."*

Leader training. Another leader described how specific components of leadership training broadens their perspective and enables them to practice humble inquiry more effectively:

> *"As part of the inclusive leadership training, we are specifically saying, 'Look, we've all had our own experiences growing up, life experiences. And that doesn't inform us about every culture and every cultural component that's out there. So it's OK to admit ignorance, and in fact, if you admit ignorance up front before you ask a question, you're creating a safer space in which to engage with somebody.*
>
> *But we're also telling people to pay attention and if you recognize that you may have said something that made [another] person uncomfortable unintentionally, then speak up and immediately apologize. Say, 'I am sorry it looks like I may have made you uncomfortable or said something you didn't agree with.' And to open up, once again being humble [with] the fact that you don't know everything, and allow the other person to be able to speak up."*

Using Humble Inquiry for DEI Issues

Conflict management. One leader described a time when humble inquiry was crucial to addressing a conflict between two staff members:

> *"One staff was offended by another staff because she overheard the other saying, 'I think that patient needs to start learning English.' Something to that effect. And the staff let me know that not only is English not her family's*

> *first language, but that she was the person in her family to bridge the translation and language barrier.*
>
> *It escalated to me, I worked with the other person's manager, and we didn't use a punitive approach. We used more of a humble inquiry approach: 'Can you help me understand what happened that day, maybe where you were coming from?' And where it ended up unfolding is the staff who said it, she also mentioned English is not [her] first language and she meant no harm.*
>
> *So we were able to provide education around that, get some information, and give information around sometimes what we do and say, even if we don't have the intention, could come across as not very inclusive or not acknowledging the diversity that we have here. And essentially putting up boundaries, barriers to people who we should be connecting with, our patients and our staff."*

Challenges to Using Humble Inquiry for DEI

Group think. One leader mentions a challenge to using humble inquiry for DEI-specific situations is that of group think. As this leader describes:

> *"I've been attacked as someone who was not being diverse and favoring a white male when I hired him. Despite within that past three to six months, I also hired two Hispanic females and a black male in a position. But when I hired him, I had staff telling me that I was not being diverse and inclusive.*
>
> *I didn't feel like it was a psychologically safe space for me at the time to ask a humble inquiry [question] to the group. …There was this kind of group think approach that painted a picture. I just personally had challenges using the humble inquiry approach. Cause it wasn't a safe space for me to ask it."*

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

3A. How Leaders Use PDSA to Model a Problem-Solving Mindset

A3 thinking. We asked leaders about their use of rapid cycle PDSA to model a problem-solving mindset. Leaders report varying levels of familiarity with this in their own work, though many note increased efforts at the organization level to provide training. One clinical leader reflects on this:

> *"We're trying to establish that more. We just had some training because we're changing…how we look at our goals and objectives. And then how are we reporting out our quality. One of the questions is, 'Are we going to use an A3 format?' [REDACTED] did a great presentation, not on A3 format, but on A3 thinking. Because what we wanted to capture: It's not the format, it's the process. That's the most important. And built into every A3 is a PDSA cycle. So that's something we are trying to emphasize."*

Huddles. A minority of leaders described frequent use of PDSA cycles, most often in the context of problem-solving huddles. In response to the question of how often leaders use PDSA, one individual responds:

> *"All the time and at least three days a week. And I'll tell you why… because we have our problem-solving huddles that we do with our staff, and we schedule them three days a week. There are ideas that they want to implement. As a work in progress, we are constantly PDSA-ing it so it can be something we use on a more regular, more permanent basis."*

Using Metrics with PDSA

Daily huddles. When we asked how metrics are incorporated into PDSAs and other improvement projects, most leaders point to the daily huddles as an example of how metrics are displayed to leadership and staff members:

> *"It's part of our daily huddle that we want to put our metrics up there, so that people understand and see where we are and where we need to go."*

Reports. Other leaders, such as the following executive, describe receiving regular reports that contain key metrics in the realms of patient care and staff satisfaction:

> *"When it comes to care outcomes, we have quality reports that we review that are pushed to us. And those quality reports are various things that we measure when it comes to patient care, like hospital acquired infections, adverse events, readmission rates. Patient satisfaction is something else*

> *that's also pushed to us. So we get quarterly reports on patient experience. When it comes to staff engagement and satisfaction, there is a routine cadence to measure our staff satisfaction through formal surveys."*

3B. PDSA to Address DEI Issues

Patient experience. We asked how PDSA is used specifically to accomplish DEI work at JMH. Leaders gave several examples of how this approach supports DEI when conducting broader organizational initiatives. One clinical leader describes how a PDSA mindset was eventually adopted to include underrepresented groups in an initiative to improve patient experience:

> *"I do conduct PDSAs with my staff, specifically around DEI. We're working on an initiative to improve our consumer experience for new members. What the team did is they assumed that a certain race and gender were the right people to pick [for interviews on patient experience]. But then I asked, 'What's the percentage of all the other race ethnicities that we have and their ages and educational backgrounds?' We found out they missed about 25% of the patient population. So I challenge the group and it goes like this, 'This is why we need to take a step back. I know there's deadlines, I know there's costs, but we need to start thinking with a DEI lens.'*
>
> *I challenged the group to bring in more people that identify as Hispanic and Latino for the interviews which they were able to. It still yielded the similar results, but I'm trying to change people's mindsets in the sense that we need to think outside our historical assumptions and really move more with a DEI lens. So the PDSA specifically was, 'Let's conduct interviews with the multiracial or Hispanic Latino population on their experience.' It was nice to see that those individuals were able to participate in that study. It was just an eye opener that we're a little bit behind our times when it comes to understanding our community."*

Patient names/pronouns. Another leader describes how PDSA cycles helped improve the visibility of patient preferred names and pronouns:

> *"We were trying to identify a better way to ensure that staff had understood a patient preferred name and pronoun. We had to include a group representing our electronic health records, our admissions database, and our registration folks, but also those people at the bedside as well. We actually had to create different versions of how to do this. It sounds so easy just to get that information on a patient armband, but it goes through so many different iterations… because there's a registration issue and the registration information has to match insurance and insurance goes to billing and all that,*

so we eventually got that information on an arm band. But it did take different versions and a lot of buy-in and input and approvals to ensure that we were following regulatory requirements as well."

Leading improvement work. In more subtle ways, leaders describe how PDSAs and opportunities to lead change have supported diversity and inclusion among personnel. One executive describes how problem solving allowed more diverse staff members to take leadership roles, which had subsequent additional benefits:

> *"For instance, in my group there's a young lady. Her name is [Latino name redacted]…she'd been wanting to be a lead. Since we rolled out the huddle board and we're going through all the problems that the EVS [Environmental Services] people have been going through, she's been taking a point to come up with solutions… After that, it was just this amazing thing happened now that we got her into a lead role. I used to have about 30-40% resistance when I setup personnel and staff. Now, because [name redacted] is on our side and believes in it and helping to solve the problem, the 30 or 40% of those employees have dropped down to 20%, 10% of resistance. And that's because we got [name redacted] to be engaged and see things from the lens of leadership. She's been involved in a lot of changes in that department."*

Adjusting to socioeconomic differences. A director highlighted the need to understand socioeconomic differences across geographic regions, and how continuous improvement can be used to optimize workflows in each area:

> *"I have clinics in San Ramon, Blackhawk, Danville, Alamo, all the way to San Pablo and Berkeley and all in betweens. The socioeconomics vary greatly between those locations, and the numbers show there are differences there. For example, Berkeley is much higher in our no shows, much higher. They can be between 10 and 11%, sometimes 13%. Blackhawk, you're going to see no shows at 3, 4, 5%. And 5% is really bad for Blackhawk. So [we are] having to shift and make some differences in our day-to-day operations to accommodate the differences in those two climates. It's not that Berkeley just has less responsible patients, it's that Berkeley is surrounded by people that utilize public transportation, the freeways can kind of be disastrous, and how can we make accommodations for that clinic in the different environment. So I, as the director over these sites, can communicate the same workflows and the same processes, but they have to pivot a bit and we have to make adjustments depending on the clinics and our patient's needs."*

DEI Data and Metrics

Early in development. We asked leaders how DEI-related data and metrics might be used to

support PDSAs. Most leaders have a general, but not very specific, understanding of how such metrics are currently utilized in improvement work. One executive thought the Belonging and Equity Committee with its various task forces might be collecting data for their initiatives:

> *"I don't know quite yet how metrics are being used from a staff perspective, except for the Belonging Equity Committees having various task forces that support so many minority and vulnerable populations. I'm not sure if they're collecting any metrics, but the Belonging and Equity Committee [has] the Black caucus, Latino caucus, Asian, AAPI, mental health, elderly geriatrics, LGBT... So there's a lot of different scopes within Belonging and Equity, and I don't know if we have any stats or metrics from them."*

Data requirements. This executive also describes regulations to collect race/ethnicity data. These data may be used within clinical units to understand and target interventions where needed:

> *Patient care-wise, we ask for race and ethnicity. It's a Joint Commission requirement that we're asking this. We have tried to track and trend a bit with what that has looked like when it comes to treatment. So which populations are getting which types of treatment,…what kind of engagement are those patients receiving? One inquiry that we had, which I think we're starting to track and trend, is in inpatient psychiatry. We've had to use seclusion and restraints for patients who become violent and unsafe. We're trying to track and trend a bit more on which races and ethnicities experience that."*

4. HOW LEADERS SUPPORT ORGANIZATIONAL GOALS

4A. General Strategic Goals

Aligning goals. When asked how leaders support enterprise-wide strategic goals, the most common response is alignment of department, unit, or team goals with overarching JMH goals. Such goals include True North pillars or strategic priorities set at the executive level. As one clinical leader describes:

> *"It comes down from the C-Suite. These are the goals and then at each level we look at what that goal means in our department. …So I'll give you an example: hospital acquired infections. We'll have a goal for having less than X infections, but that's only applicable in the hospital division. It's not applicable in the ambulatory setting. As primary care physicians, that goal is not going to mean anything to them, but they will have other quality goals."*

Creating visual tools. The same individual describes how leaders create visual representations of strategic goals for staff and other members of the healthcare team to see:

> *"How do I support my organization's strategic goals?...An example is that [for our] annual goals, one year every single month, I printed out a large story board. I do a lot of visual deliverables, whether it's on PowerPoint, or if it's printing on super large print and then posting it throughout the hospital. We post what our goals are and what the strategies are, and how we're progressing against those metrics on a quarterly basis."*

Communicating feedback, build bridges. One leader describes their personal activity of sharing information from senior executive meetings with staff members to get important feedback at the ground level:

> *"I'm fortunate enough to participate in the senior executive huddles, Recovery Engagement [Committee], and some other meetings. What I do is bring what I learn from there to my team so they can start thinking, even if it's not necessarily "approved." And the rationale behind that is I know in time we would then have to get their feedback. And the reason I share all that is because as we move towards our True North metrics and pillars, it's really eye opening how people are thinking at the ground level. How they are translating terms to how [they are] doing their work.*
>
> *An example would be affordability. Some staff ask, 'What is affordability? We need to be affordable? What does that mean?' So I say, 'Well, it's not just affordability. Think of your finances; think of financial sustainability.' Maybe*

> *the term does not necessarily align with our front-end staff, but higher up it makes sense. So it's really building that bridge. And giving feedback to the system leaders as far as what we're observing and thinking. My job in supporting their organizational objectives is making sure our teams are well informed and communicated to and supported in identifying opportunities for improvement—whether it be access, patient experience, staff experience, financials—and building expectations and standards as well."*

Hurdles to Supporting Strategic Goals

Organizational culture. Leaders cite a need to build a stronger institutional culture to support JMH's True North pillars:

> *"We've got really great pockets of excellence…that have come as a result of a [local] provider and practice manager really partnering up well. But it's not because we institutionally created that kind of culture. So that's an area we really want to improve on because we feel we're just leaving a lot on the table in terms of productivity, efficiencies, better engagement with our staff, and creating the patient experience."*

Continued alignment. Ongoing work is needed to clarify staff understandings about how various initiatives, pillars, and goals at JMH align with one another. Presentations or discussions from top leadership illustrating how these different pieces match up are particularly helpful. According to a clinical leader:

> *"I was talking to my CNA and he mentioned that [Name redacted] gave an amazing presentation aligning [JMH's] three top initiatives to our True North framework, and showed exactly how it is completely in alignment and not separate whatsoever. That's where some light bulbs lit up for some individuals."*

Facilitators of Leader Support for Strategic Goals

Leadership Academy. A structure that facilitates leader support for JMH goals is the Leadership Academy. One director describes measurement of individual leader activities and gathering of feedback on workshops or other programs designed to support leadership:

> *"To speak just for the Leadership Academy, we have basic metrics at levels of participation of what I would call 'active' leaders. And that gives us an idea of who's volunteering to jump into these things vs. only the compliance events. We [also] have strong feedback surveys with all the experiences that we have in the Leadership Academy. And then I also do a follow-up with some focus groups after we have rolled out a new workshop. I will do focus groups to get*

> *qualitative feedback that I'll blend with whatever data we have that comes through on satisfaction with it."*

Data guidance. Another leader describes a need for identifying the most critical pieces of data to guide and measure progress towards goals. This is an area that has both room for improvement and great potential to benefit the organization:

> *"At the more corporate level, we are partnered with [Vendor name] and they have provided an informatics component that provides a slew of data for us. We're not for want of data. It's really more about what are the critical pieces of this data that are our leading indicators, you know, versus just historical or lagging indicators.*
>
> *The senior performance team are looking at that and as we look at each of those pillars I mentioned, we're trying to bring it to a singular as possible metric that we're focused on at the top line. It's interesting, it's been a real challenge. Because in the past we have been guilty of, I'll call it '1000 priorities is none' kind of thinking where it's like, 'We need to measure this and this and this and this,' and we have so much data that we just get mired in it… I know there's an admitted challenge to this process and lots of different opinions about which data point is more important."*

4B. Supporting DEI Goals

Attention to disparities, current events. We asked leaders to describe ways in which they support DEI work at John Muir Health. Leaders report greater attention to potential disparities in delivering care. One result of this heightened realization was the deployment of mobile health clinics to underserved areas during the pandemic. A leader cited COVID-19 as bringing a new focus to vulnerable populations, including identifying populations that are not receiving vaccinations and potential impacts on hospital admissions. One director also describes a shift in DEI culture at JMH following events that have occurred outside the health system:

> *"With the George Floyd incident, there was a call from our teams to establish an opinion from our leaders to share and be involved in this conversation that was happening outside of healthcare, outside of work, recognizing disparities. Bringing that conversation into John Muir Health has not been very long. It's been a couple of years where those conversations are happening. I think our staff and our patients kind of demanded to have those conversations."*

Hiring practices. Also in response to our question of how leaders support DEI goals at JMH, an executive speaks to the importance of hiring diverse staff to improve patient care:

> *"Are we aligning with the demand to have our staff reflect our patient population? Because as studies show, you get better health and quality outcomes if the staff member can relate to the patient. So there are strategies when it comes to a system perspective, looking into those type of numbers and data."*

Hurdles to Supporting DEI Goals

Diversity in leadership. We asked leaders about hurdles they encounter in supporting DEI as an organizational goal. One director cites the need for growth in diversity among leadership:

> *"I feel there needs to be improvement in representation of people of color at the leadership level. We don't have that diversity at the leadership level and I feel that's kind of where it needs to start."*

Another leader shares that although DEI is discussed within the organization, is it not being routinely captured in metrics or weekly status reports. An executive also describes a common misconception that DEI activity is somewhat politically motivated to enhance public perceptions:

> *"Where we tend to lose people is, 'Oh, we're just doing it because it's a race [issue], it's DEI.' It's like, 'No we need to take a step back. It's not just because of the DEI.' I think that would be one of the challenges. It's people thinking we're doing it because we want to say we're doing DEI. It's like, 'No, we do need to think differently.'"*

Solutions / Facilitators of Leader Support for DEI Goals

Pipeline for diverse leadership. A suggestion to remove hurdles is to create a leadership growth pipeline for people of color within the organization. One leader in particular mentions how seeing a reflection of themselves in a leadership role helps bring equity and is important to many at John Muir Health.

Personal appearance. Another participant affirms this sentiment with the example of a non-judgmental environment regarding tattoos or other aspects of physical appearance, where members are solely judged on their skill set. A manager mentions the importance of not being evaluated based on appearance or other identification aspects:

> *"I think it also helps that I can wear my hair in a man bun and just be based on my performance. Or I can wear my hair in a dred or I can be part of the LGBT community. I can come here and work, and they just appreciate me for the job that I do and nobody is judging me."*

Special events, initiatives. Another leader mentions a 21-day challenge that allowed members to gain a better understanding of DEI and equity-related initiatives. According to an executive, this challenge served to highlight knowledge gaps and areas for learning:

> *"The thing that's eye opening was during a 21-day challenge around belonging and equity, we discovered we still have some work to do within the organization. There's a lot of people interested; they want to better themselves. They want to learn more, like, 'What is equity? What does that mean in the organization? What are we doing about it?"*

5. PERFORMANCE VISIBILITY

5A. Visibility of Performance on Strategic Goals

Reports, dashboards. We asked leaders how they demonstrate their team's performance on strategic goals and how this is made visible to the organization. Leaders describe the use of financial reports and Epic® dashboard to assess performance. Multiple leaders have task sets to complete projects and goals that help them gauge progress. One director describes:

> *"I pull from a bunch of different dashboards. I would look at information from Epic; what we utilize is Click View. Click View is a dashboard that brings together a tremendous amount of statistics…So I use a lot of technology to evaluate different objectives, different trends that we're seeing in our inventory."*

Presentations. Some leaders describe using presentations to make their work visible in a variety of forums. As one executive shares:

> *"A lot of PowerPoints, a lot of presentations and communications, regular work group meetings and discussions. When I look to see if something is working, I like to have trend data. So I like to see where we were and where we need to go."*

5B. Visibility of Performance on DEI Goals

Need for DEI-specific data. We also asked leaders how they demonstrate performance on DEI goals, including how DEI work that rolls up to them is made visible. One leader mentions that they participate in weekly meetings with the C-suite where DEI goals are being prioritized. However, there is a general lack of awareness of specific data to track progress on DEI initiatives:

> *"I know we have a goal to prioritize equity and a group that's working on that. It's sort of at the educational and awareness level. I am not aware of any specific data target that says, 'This is where we were then, and this is where we are now.' It may exist outside of what I'm part of, but I'm not aware of what it is."*

Communicating DEI goals. We also asked how DEI goals might be better communicated across the organization. One leader suggests reporting on such goals during important meetings. Another director mentions there is currently no specific equity goal that trickles down to the frontline:

> *"I feel it needs to be identified as a goal from the top and that's how it'd work its way down to all the levels of leadership, all the way down to the staff. We don't have that currently, so that's a really great perspective, because we don't have a specific equity goal that trickles down all the way to the front line."*

6. VERTICAL CATCHBALL (CROSS-LEVEL COLLABORATION)

6A. Catchball on General Issues

Rounding, huddles, and room for development. We asked about involvement in "vertical catchball" where ideas for improvement are shared and/or goals are set by leaders up and down the organizational hierarchy. There was a range of responses to this question. Some leaders report using True North rounding as a way to actively participate with teams in frontline problem solving. A few leaders use huddles to share information and escalate issues that need to be addressed.

Several leaders describe vertical catchball as being in its infancy at John Muir Health. One leader could not recall instances of this happening, and others felt there could be more opportunities to collaborate across the organizational hierarchy. As one executive describes:

> *"That's one of our ambitions is to get an opportunity where we have that direct contact with our one ups. As a leader, I feel very comfortable and open with my one up to communicate and speak and ask, do a catchball exercise, and just try to establish our goals and our vision for the next 30, 60, 90 days. I do the same thing with my team members, which I then expect my team members to do with their teams."*

Opportunities for Vertical Catchball

Executive Committee, Leadership Academy. Leaders suggest specific opportunities for more cross-level collaboration. One opportunity is providing frontline workers such as nurses a voice at executive committee meetings, which enhances upward mobility and representative advocacy. Similarly, another leader mentions the JMH Leadership Academy as an opportunity to collaborate as well as providing internal pathways for career development.

Kaizen, rounding. Kaizen and gemba rounding are mentioned by leaders as tools that can facilitate catchball. However, these must be better supported and sustained in practice as one clinical director shares:

> *"Just like any kaizen, any gemba, I think if we have more of that happening…[the] hospital environment would be better. I've been in organizations where we stopped this. It's like a fad. I think once [we] make the organization realize this is not a fad, we're going to come up with solutions to take care of our patients, I think [catchball] will happen."*

6B. Catchball and Diversity, Equity & Inclusion

Influence of senior leadership. We asked leaders how diverse perspectives are incorporated when sharing ideas or making decisions across the organizational hierarchy. One director

describes how DEI has been used as a filter for decision making before action is taken to understand how plans impact diversity, and how considering DEI has made JMH leaders and staff more aware of the issues. Additionally, having senior leaders who believe DEI is important is a key impetus for the organization's activity in this area. According to a director:

> *"I'm certainly seeing a mind shift. We have some new senior leaders that are having a tremendous influence and are keenly aware of DEI because of the organizations they came from. And then as I mentioned, the CEO. So we've got somebody that also clearly sees this as an important aspect of how we think and how we act."*

DEI Initiatives

Patient data, Belonging/Equity challenge. When asked how DEI initiatives are being monitored or measured with other leaders across the organizational hierarchy, participants describe data collection on patient ethnicity and demographic backgrounds to avoid confusion, misidentification, and stereotypes. Another director describes JMH as having a culture of belonging and equity, and believes they are on a good track to establish themselves as an organization that champions DEI.

Along these lines, one director provides an example of fostering an engagement environment regarding technology accessibility among employees to ensure they are included in communications that are transmitted virtually. Another leader provides an example of a special initiative focusing on equity:

> *"We did a 21-day belonging equity challenge where there were reading materials around intersectionality. There were podcasts, we had presenters. I just feel as a culture, we're really in a good place and a lot of opportunities ahead of us to really establish ourselves as a DEI organization, so to speak."*

7. ACCOUNTABILITY

7A. Accountability as a Leader Competency

We asked interview participants to describe their understanding of accountability as a leader competency. There were various responses to this question. One leader describes accountability as using a code of conduct as a baseline for standards and fairness regarding treatment of patients. Another describes using key performance indicators to align with True North pillars and employing metrics and benchmarks to fulfill duties. Leaders most often mention the importance of coming to work with a positive attitude to ensure they make the best decisions and provide the utmost support to the team and the organization. According to this director's definition of accountability:

> *"It's being able to accomplish things that are expected both in a timely, efficient manner and in a quality outcomes type of manner. And being able to ask for help or support when there are barriers that prevent you from being able to do so."*

Challenges and Suggestions for Strengthening Accountability

Staffing, Finances. When asked about challenges to being accountable as a leader, one participant shares the difficulty of relying solely on full-time positions to accomplish tasks. While opening part-time positions has helped, other leaders cite the financial challenges associated with hiring part-time staff such as contracted laborers. One executive suggests being accountable to developing new talents and continuing to grow within the organization. This would help financially and as a workforce:

> *"The rates went up so high that it really had an adverse effect financially on many organizations. But I think we are in a much better place right now. And we need to continue to drive to make sure we are growing our own within our system, as well as developing new talents so we don't have to rely on contract labor."*

Delegation, setting expectations. Another leader describes their foundation as having over 250 projects, which is difficult to monitor and maintain. In this case, weekly meetings with each division has helped prioritize and address issues. One leader states that in order to accomplish goals, it is imperative to be specific about who is responsible for the process and for specific tasks, making delegation a necessary activity to support leader accountability. Other suggestions for strengthening this leader competency include setting realistic expectations.

7B. Accountability to DEI Issues

We asked how accountability to DEI specifically has been encouraged among JMH leaders and supported as an area of growth. One individual cites using a diversity lens in decision making to ensure outcomes are unbiased. Another mentions being honest and transparent with their team. Others emphasize the importance of considering patient demographics, and one director explains the importance of leaders modeling appropriate behaviors:

> *"As part of this inclusive leadership training, we're getting into some of these uncomfortable conversations where we're saying to people, 'Look, if you see something, you need to call it out.' As a leader, you can't let a joke go by and think that it's going to be OK. You need to jump on that immediately and make sure the person that was involved understands what our expectations are, and that others realize you're going to stand up for DEI and what we want to be as a workforce. So we're getting a lot stronger in our messaging and in setting expectations for all of our leaders."*

Support for Accountability to DEI Issues

Training leaders, changing culture. We asked how accountability to DEI specifically has been encouraged among JMH leaders and supported as an area of growth. One leader describes how setting new standards and expectations across the organization helps to change the culture and align goals. Another describes learning opportunities to further develop JMH leaders, enabling them to lead by example when they are trained and possess better understanding of historical and current DEI issues. A director and executive, respectively, share about accountability to DEI issues:

> *"There's been a lot of focus and investment in belonging and equity... We have someone leading our belonging and equity group and providing us with new insights and keeping that top of mind."*

> *"We're running a new time now where we have people that have a lot of experience around DEI, are passionate about DEI. I don't feel like it's an issue as far as accountability typically goes; it's really just changing the culture, really aligning our goals and values with one another."*

Strengthening DEI Accountability

Concrete DEI goals, tools/data, updates. When asked what could be done to strengthen accountability to DEI work, multiple leaders believe having more concrete and specific DEI goals would be a good starting point to improve in this area. Another suggestion is for the organization to provide more tools and data to be able to identify inequities and ensure leaders are incorporating DEI into their work. One director suggests strengthening awareness via regular updates:

> *"I think there's opportunity to just keep presenting whatever the initiatives are, how we're doing, and marking that over time so that as leaders, we're all aware*

> *of what's happening. I know there's a lot of work happening in Belonging and Equity that I'm not privy to on a regular basis and I'm sure my peer group isn't either. So it would be great if that was something [shared] on a regular cadence and we could always know we are going to be updated on a certain timeline."*

7C. Accountability to Continuous Improvement

Continuous improvement is a critical part of a leader's job to enhance the organization and make necessary improvements. Because there is not typically a formal metric to track this, we asked leaders for their ideas on ways to ensure continuous improvement in general and with respect to DEI issues.

Huddles, problem solving. Leaders were asked how they make time for continuous improvement and ways to support this time. Many leaders mention using huddles and problem solving. One leader describes the daily safety huddle to report, address, and track safety issues. A director also explains how the frontline problem-solving model is beneficial for continuous improvement:

> *"The daily frontline problem-solving model is very much all about bringing issues to light and continuously improving. We are identifying 3 issues at a time that we are working on actively to improve. So that's an example I can think of off the top of my head where the sole objective is to continuously improve."*

Rounding, self-reflection. Leaders describe their formal rounding activity, which takes time each day to review progress and seek improvements to work. Multiple leaders also use self-reflection as a tool to regularly debrief and reflect on meetings they had, writing down any future improvements that need to be made. One manager describes this process of self-reflection:

> *"When I come in the morning, I write down things that I debriefed from home to the office. And I say, 'OK, these are the improvements I need to make today. These are the people that need to follow-up. These are the misunderstandings that I have to rectify. Once I get my clarity then I can improve within the organization."*

Granting autonomy, active participation. When asked about continuous improvement of DEI work in specific, one suggestion is delegating more responsibilities and giving employees more autonomy, which is important for building trust and fostering equity among staff. Another recommendation is to actively participate in Belonging and Equity events and other seminars that are offered to employees. One director highlights such events:

> *"I take every chance I get to participate in the Belonging and Equity events and educational seminars. I belong to professional organizations where [members] are provided educational opportunities, again, in this area. It's just a lot of self-initiation with these opportunities to learn more and participate."*

APPENDIX – Methods

Depth Interviews

We conducted qualitative depth interviews using a purposive sample of JMH leaders, including senior executive leaders, directors, and managers. We conducted interviews via Zoom conference call, where a primary interviewer asked participants questions drawn from a semi-structured interview guide (below). A secondary interviewer wrote notes on the main points made by participants. All interviews were recorded, transcribed, and reviewed for accuracy. The CLEAR team coded interviews 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 John Muir Health. These goals include health equity and workforce diversity, equity and inclusion (DEI).

Interview Guide

1. What types of tools or standard work processes do you use to foster daily engagement with your staff?
    a. How do you foster equity and inclusion when engaging staff in the ways you described?
        – 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?
        – In what ways have you learned from or integrated diverse perspectives into the humble inquiry style of problem solving?
    b. Have there been any challenges to the humble inquiry approach, particularly when involving a DEI-related issue?
3. Do you conduct PDSAs with your staff, and if so, how often does this occur?

   a. Can you describe specific equity or diversity problems that required you to engage in a PDSA with your staff? What were the results of those efforts?

   b. How are DEI data or 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. Now thinking specifically about your organization's DEI goals:
      What tools or standard work do you use specifically to advance equity?

   b. What hurdles or obstacles have you encountered in advancing equity, if any, and what might be done to address this?

5. How do you typically see and demonstrate progress on work that rolls up to you?

   a. Are you aware of how DEI is, or is not, being prioritized as a strategic goal in your organization?
      - *[If Yes]* Could you provide examples of how equity is prioritized and how that work is made visible?
      - *[If No]* How would you recommend that equity goals be better communicated to you and other managers or leaders?

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 examples of how leaders engage in this process, particularly regarding equity goals or initiatives?
      - Are diverse perspectives typically incorporated into this process, and if so, how does that usually happen?

   b. *[If No]* How might opportunities for more cross-level collaboration among leaders be realized?

   c. Are there equity initiatives that you are currently monitoring or measuring with other leaders? If yes, could you please describe this?

7. What is your understanding of accountability as a leader competency?

   a. How has accountability on issues of equity and diversity been encouraged among leaders and supported as an area of development?

      - In what ways might accountability in this area be strengthened for you as a leader or among other leaders across your organization?

b. Last, in the absence of a clear “accountability metric” for this:

  – How do you make time for continuous improvement?
  – What would be helpful to support your time, particularly for improvement on equity issues?