

LEAN LEADERSHIP TO ADVANCE STRATEGIC AND HEALTH EQUITY GOALS

Legacy Health

Lean Action Research Learning Collaborative

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BACKGROUND

Legacy 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 organization. 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 13 Legacy Health leaders, ranging from site directors to enterprise-level directors, vice presidents and senior executives. In total, we spoke with 67 such leaders across 5 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 PDCA 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 a key priority, 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 work. 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 workforce DEI, 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 in this individualized report for Legacy Health as provided by all ranks of leadership 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 the practices or tools they use to engage staff on a regular basis. The vast majority report using team huddles on a daily, weekly or monthly cadence. These huddles have different purposes and may involve different groups of people. Various types of huddles are described below:

Daily huddles are cited by leaders as being used to assess the risk of the day, bring forth new incidents, check on employees' physical or mental health, provide support and advice to staff, and discuss any barriers faced by team members. Legacy leaders point to daily huddles as the primary method they use to engage staff.

Weekly huddles are described as longer meetings used to share information with more senior leaders, review strategies, coach through or navigate problems in the organization, and conduct larger scale problem solving.

Monthly huddles function more as a regular "check in" to make sure processes are working, to touch base with other leaders, and bring together an entire division or unit.

According to leaders, these huddles are critical tools as they provide opportunities to stay caught up with new information and connect with staff at a more personal level. They also provide a chance for leaders to answer questions and help team members solve problems that may arise.

Tiered huddles, referring to the meetings that occur across multiple levels or "tiers" of leadership and staff, are cited by leaders as a particularly important way to quickly communicate and cascade information across the system. To provide a sense for how these meetings are conducted, one executive describes the typical format of a tiered huddle:

"Some of the structure is pretty standard. So there'll be an introduction, reviewing of the agenda, there may be a Round Table discussion or report-out, a discussion topic that we're going to dive really deeply into, an update on business policy updates, or just something that I think everybody needs to be aware of."

Beyond disseminating information, many leaders describe the role of huddles in enabling them to personally relate to and engage with staff. As one director summarizes:

"In terms of connecting with the team each day, most of my personal connection is through the Tier 1 huddle that we do."

Outside of the huddle, other engagement tools leaders describe using include: one-on-one meetings such as those focused on individual coaching and regular check-ins; MS Teams to share information and discuss issues in real time; standard work to review items such as credentialing or safety issues; and humble inquiry (described below in section 2).

Barriers to Engaging Staff

COVID-19. According to leaders we spoke with, the most prominent barriers to engaging staff involve the continued effects of the pandemic. Many huddles and other meetings are held remotely for convenience and with staff being in different locations. Even with a tight-knit team, according to some leaders, remote meetings are challenging as there is less opportunity to spontaneously connect and discuss issues. Leaders also mention finding it more difficult for members to pay attention and stay engaged. An administrative director shares about the challenges of huddling remotely:

“Different people have different tolerances for it [remote huddles]...some want to get right to work and some really want to talk. And so I manage the amount of time we spend in that [limited] space, but always making sure there is some space there.”

Burnout. Besides remote work, another challenge to staff engagement at Legacy is the increased burnout experienced by many healthcare workers. One medical executive describes barriers that are a function of both the pandemic and pre-pandemic issues in healthcare that have been aggravated in recent years:

“[Barriers to] engagement in general is the fact that we're virtual; that everything's virtual instead of in-person has definitely been an issue. The fact that healthcare has been under plague the last few years, and everybody's completely burned out and fried, is a barrier to engagement.”

Facilitators / Solutions for Overcoming Barriers

Remote workarounds. Simple methods that leaders use to counteract disengagement with remote meetings include encouraging staff to keep their camera on to minimize distractions and multi-tasking. Leaders also suggest recording meetings so members who could not join can still attend asynchronously and stay connected.

Staff check-ins. Other methods that leaders use to help overcome post-pandemic challenges include more regularly checking in with team members on their emotional health, day-to-day work experience, and level of psychological safety. For example, one manager systematically monitors staff emotions and perceptions of work:

“We do a kind of individual check-in; we use a color code to say we're red, yellow, or green. And we talk about and define that in terms of both emotional, you know, how you're feeling about work, as well as how much work you have or how things are going.”

Many leaders echoed this value of checking in often with their team members. Especially if meetings are not held in person, leaders find this helps provide staff with extra support.

Establishing personal safety. Several leaders describe having weekly meetings with conversations focused on coaching. One director starts by first establishing a sense of personal safety for staff, before moving on to problem solving and understanding what members are encountering at work each day:

“There are 30-minute sessions that I have with every one of my coaches, and we start off by establishing safety. We want every interaction, whether we have with each other or with others in the organization, that everybody feels they have physical safety, psychological safety, and professional safety. So we first establish safety in each of those interactions.”

A large part of fostering safety is creating a structure that permits time and space for members to share their thoughts. According to those we spoke with, giving a voice to staff helps counteract burnout and disengagement as members are able to share what is meaningful and a priority to them, as well as the needs or experiences they feel are important to be heard by their leaders.

1B. Engagement in Diversity, Equity & Inclusion (DEI)

Diverse input. We asked how Legacy leaders foster equity and inclusion while engaging staff, including the practices or tools they use specifically to engage members in DEI work. Most describe their personal efforts to seek representation and a wider range of perspectives when interacting with their team. As one enterprise-level director describes:

“We don't have an equity tool per se, but I definitely feel like I'm guiding the work with equity questions like, ‘Who's supposed to be at the table? Who's not here?’ Those sorts of things... It has to be something that you're fostering consistently within your practice.”

Similarly, to gather diverse input, a director at the site level is mindful to reach beyond local management and engage frontline staff in historically diverse areas of the organization:

“Bringing as many people together as possible, not just relying on the management leadership team of that department. I actually go a bit further and interact with the different staff... They will be called, quote-unquote, the ‘Support Services Division.’ EVS, Imaging, would be classified as support services. Historically throughout our organization, that's where a lot of our diverse employees rest. So I'm pretty mindful and thoughtful about that, making sure I'm really engaging all the different team members to get a holistic view of challenges and barriers that the departments are facing day-to-day.”

Standards for inclusion. Leaders create and model standards for including staff in group discussions. For example, they may ask members to present on a topic and ensure that everyone has a voice at the table. According to one executive:

“One way I ensure equity is, during the discussion and depending on what the topic is, I ask individuals who are members of the committee to present on the topic. I make sure everybody has speaking roles, that there's just basic standards and sometimes I model it, but there's a certain communication etiquette where everybody's voice is welcome and given airtime.”

One manager echoes the importance of standard processes that are reliable, consistent, and that staff can come to expect. This helps create a sense of inclusion, which is a prerequisite for psychological safety whether in individual meetings or group interactions:

“The one-on-ones are structured in such a way that everybody's experience is the same, and with our team huddles, we create mechanisms where everybody has a way to contribute in some manner. The foundation of that is really establishing inclusion as one of the first stages of psychological safety. We really try to make people feel welcome as part of the social group. Having the processes in place to ensure this similar experience is being delivered helps create that inclusion feeling for the team.”

Individual tailoring. Although there are standard processes for engaging staff, leaders may tailor certain protocols to better fit individual needs. A senior executive describes this adaptability in the context of staff meetings:

“I would say my weekly meetings are different with each of my direct reports. ...One thing that's been clear from the beginning is, [they] all have different needs and their communication styles are different. So while we have a standard part of the agenda, we try to start most of our conversations more generally with how things are going...[though] I would say not all my leaders are looking for that. I have a couple leaders who are like, ‘Can I just have my list of questions and move on?’ I think it's just creating that space for peoples' different styles and what they need.”

Hiring practices. A common theme among leaders is ensuring that hiring practices are fair and equitable when reviewing candidates. The outcome of this may differ based on the context, but a universal theme involves the important role of HR in making decisions that involve DEI issues. For example, in one region with a high Hispanic population, one leader cites noteworthy advancement of DEI when HR approved an increase in pay for internal candidates with bilingual certification who could assist with translation services.

In a different example, another leader describes how HR does not request demographic information when reviewing board certification. Therefore, physicians who lack this credential are not hired regardless of considerations of race concordance with patients from the surrounding community. This is generally accepted as standard practice, though questions about DEI may still arise among medical staff. One medical director explains:

“We have things that we do, whether intentional or not intentional. For example, when we're doing credentials, it's essentially blind in the sense that we don't know who that person is in certain ways. We don't know their age, we don't know their ethnicity. [There are] HR concerns and also just the serendipity of, ‘We don't need that information, therefore we don't ask.’ I don't know that it was ever intentional that we sat down and said, ‘We really don't need to know the races of people who are coming in with credentials.’ Though I will say in standard work, I have seen us pause specifically in the MedStaff world and ask the question of whether or not we're considering equity and inclusion.”

Team formation. In the context of forming teams with existing employees, another director discusses what they are seeking from a wider set of criteria that includes DEI. This ranges from professional experience to other aspects that might bring diversity to the team:

“We started out with having a clear mindset of how many people we wanted on the team to have clinical experience; how many did we want, or at least a target condition of what we want, in terms of their experience and background, specific parts of the business they're

coming from, external versus internal. So we created quite a few, I'll call them for lack of a better word, "vertices" for us to connect with to make up the team dynamic. That was our plan and approach going into forming the team. Then obviously we use that along with other tools to identify candidates that we feel are going to meet what we're looking for in terms of diversity."

Barriers to DEI Engagement

Recruiting and hiring. We asked leaders about barriers to diversity, equity and inclusion, including challenges to engaging diverse staff. In general, a major barrier cited by leaders is the recruitment of diverse employees. Leaders describe inherent difficulties and misalignment between certain job criteria and candidate experiences, resulting in a hired workforce that does not reflect the patient population. A director speaks to this issue:

"The first barrier is, if you're forming a diverse team against experience, depending on the criteria you're looking for, it's going to create difficulties and barriers in recruiting. For example, there's very few African American lean practitioners. There's just not a lot, male or female. And then obviously there's not a lot of females in that space...nowhere near where it should be particularly if you think about health care and who's getting health care. If you want to be reflective of your population, we have difficulty recruiting to reflect our community."

A manager discusses another challenge in hiring practices, which is the selection of candidates based on personal similarities rather than seeking out differences:

"Hiring seems to be a big area where we start to see some breakdowns. Things to overcome [are], people look for similarities to themselves and that can create barriers to inclusion."

Market forces. Related to recruitment, more systemic challenges include the surrounding demographics and culture of a geographic region, as well as the presence of implicit bias and racism. A site director reflects on this:

"[Name] is a small town. We're in a small area. We're very rural, we're agricultural. I'm going to say, rather flatly, that we're also going to experience some cultural barriers and just outright racism when it comes to diversity and equity and inclusion. The market has implicit bias within it. ... Market [is king and] a bad measure, because if it includes bias, then we justify doing something that is biased. The other thing, [Name] in general is just not a very diverse city, so you really have to be intentional."

Common language and training. Another leader cites a lack of shared language and training on DEI issues. This director recommends creating the conditions, including standard educational tools, to facilitate mutual understanding:

"Lack of common language, lack of training; you have to teach and really lay the foundation for something [in the] dominant culture. We need to make sure we're looking at this from this lens. I don't think we've taken the time to create the conditions to talk in different ways and show up. ...If you don't create standard things, like a slide deck or cards, then you're just not going to have that opportunity; you don't get that [training] at a staff meeting."

Staff shortages, burnout. A frequently cited challenge is the limited amount of time and space for upholding or even considering engaging in DEI efforts. In particular, staffing shortages and the need to fill spots creates barriers to hiring diverse employees. An executive explains this:

“I think on the front line, people have had to be more nimble. When you have a huge shortage of clinical staff, or even clinical managers, across the city and there is so much demand for talent, I think waiting for a diverse pool of employees to apply to a role or even do a wide range of interviews, sometimes speed is getting in the way of being thoughtful...because a competitor is going to make an offer and take them, so I think that's been the biggest [challenge]: urgency to recruit, especially for clinical roles.”

Besides short staffing and an urgency to hire, other leaders cite a lack of bandwidth to promote DEI as many healthcare professionals are burnt out and reluctant to take on the additional work required. As one medical director describes:

[There are] momentum barriers and bandwidth barriers. Like I'm imagining putting standard work in place: the barriers I'm going to get are, 'Why now? I'm already overburdened. I don't have any time for this,' kind of post-COVID mentality of, 'Don't ask me to do anything else. We just don't have the bandwidth. I'm barely keeping my head above the water so don't ask me to do another thing.’

Facilitators of DEI Engagement

Leadership and coaching. When asked what would be helpful for moving DEI forward at Legacy Health, participants highlight the role of leadership and the need to continue coaching on this topic. A director speaks to the importance of leadership in setting an example:

“It starts with leadership. Our senior leaders on the strategic side and the operational side are deeply committed to this work. What we have to get is saturation around this, belief to all our areas of the organization. Then we've got to coach instances where we see diminishing behavior, where leaders diminish the behavior of their staff, and we've got to step in and coach it. Not in a reprimanding way, but really in a way to try to understand and help both parties learn.”

Participants also recommend hiring and developing diverse leaders. One executive elaborates on the importance of taking a DEI lens while evaluating a candidate's past experience, then further developing skills with the support of other leaders:

“It's easy to always say, 'I'm going to hire people for what they've done. But the problem is that you don't give opportunities to other people. So I look for people based on what they could do so we could represent the community. ... But in the past, they'd be looked over because, 'Oh, they're coming from a really small, 25-bed community hospital and now they're coming to a 300 bed; can they really do it?' And you know, the skills scale if you have the right leadership to help you.”

Standards for behavior. In interviews, leaders often discuss the idea of standards for interacting to promote equity and inclusion. For example, one director suggests having “ground rules” for how members engage and interact with each other:

“One example could be to have ground rules: how do we want to engage with each other? And I think sometimes we have them in a loose way, but I think it's different when it's really in the fabric of your work...like this is how we're going to interact with each other. Sometimes you might set the meeting again, review those, share the space, you know, step up, step back... little things.

When you bring in different backgrounds, cultures, races, you've got a whole other thing and sometimes you just need to slow down and create shared agreements about how you want to interact with each other before you do the work. And I think that's something I would love to see in our organization a little bit more: a standard.”

Similarly, a manager suggests routinizing processes to reduce variation in equity, with equity referring both to DEI as well as uniformity. Lean standardization is highlighted as an approach to facilitating both due to its focus on consistently bringing value to all customers:

“The outcome of standard[ization] works because it eliminates variation; it certainly creates some equity in that process. And then inclusion, I think of in terms of people feeling welcomed as if they belong to part of a social group. I think everybody feels included when they know that others in their workspace are having the same experience.

I have a bias with lean because lean tries to eliminate variation. I think it creates more equity for people. Just by the fact that we view customers as defining value and having a consistent system to function in...that does certainly influence equity and inclusion.”

Safe spaces. A key approach many leaders use to promote DEI is based on open communication and assurance of psychological safety. This also helps overcome hurdles in speaking up. As one director shares:

“What we try to do is to create space, so that anybody in our team can bring up those issues. ...Sometimes it's really about encouraging certain team members to actually speak up because they have historically not been the content providers in their previous spaces. So sometimes it's really about, for lack of a better phrase, taking the shackles off and telling people, ‘Hey, you know what? We actually value your opinion. We need to hear what you're thinking.’”

Leaders also assert that establishing safety is essential for facilitating more productive, effective interactions. According to a manager:

“In terms of facilitators...I think it goes back to safety. But I think also in that psychological safety, we need to give people the space to be honest and transparent and respond in a way that is grateful versus being defensive; I think the response is just as equally important as what is being shared.”

Open communication is fostered by Legacy leaders, so much that alternative viewpoints are encouraged and welcomed. A director and an executive, respectively, describe this in the context of staff meetings:

“Once we get into the meeting with the team, we first call out the purpose. We also call out that this is a safe place in a safe space. ... The other piece [is that] we actually invite dissension. So, the ability to be able to challenge an idea. And we try to challenge process; that's our goal. We challenge process, we don't challenge people. We try to challenge the thinking, not the individual that created the thought. And so that's where our focus is usually in those meetings.”

“In fact, I encourage debate and I encourage different points of views.”

Building trust. Another common facilitator of DEI is building and earning trust among staff members. According to leaders, one way to build trust is through spending more time with the team and visiting gemba on a regular basis. Listening to members as a simple way of showing care in relationships is cited as a key way to remove obstacles. A medical director shares:

“Trust is something not acknowledged in totality. You've got to earn that trust. You need to spend time with these teams and really model and build that trust. I'm pretty thoughtful and sensitive about making sure I go [to gemba] as frequently as I can, because I know sometimes there will be information that may not be pleasant that I might have to deliver to these teams. But I want them to know I [also] come around when it's not unpleasant news. I'm just present and there to advocate and support them as much as I can.

That's what I've found to be most meaningful and impactful when you're dealing with diverse teams: just trying to build those relationships to let them see you really care about them as people. And I think that goes a long way.”

Policy review. Since DEI is a current priority for Legacy Health, many if not all organizational policies are now being proactively reviewed through a DEI lens. Employee groups are also invited to review policies to identify any biases. As two executives share:

“I have great pride in the work we're doing, in particular, on our policy reviews. We now review all of our workforce policies through the DEI lens. We do that both on cycle and off cycle. We don't wait for a policy to come up for renewal before we review it...and we have a lot more work to do. This is like any lean or safety work. The more you learn to see the harm, the more harm you see.”

“We pulled a multi-disciplinary group together and included some of our ERGs, which are employee resource groups. We have a black employee resource group, we have one that's for our LGBTQ community, we have one for our veterans. And so we had multiple eyes take a look at the policy to pick up all these implicit and sometimes explicit biases that were in the policy.”

2. HUMBLE INQUIRY

2A. How Leaders Practice Humble Inquiry

Creating a safe environment. Humble inquiry is a method that refers to “the general art of asking, instead of telling.” We asked Legacy leaders what humble inquiry means to them and how they practice it. Similar to responses we heard about staff engagement, many leaders report using humble inquiry to create a safe space and environment for members to share concerns.

Understand and solve problems. As a next step further, other leaders report using humble inquiry when they are approached by staff with problems that need to be solved or when they need to address ongoing issues. One medical director describes how they use humble inquiry as a particularly helpful method for problem solving with physicians:

“I use humble inquiry when we're identifying a problem, to really try and understand that problem. Largely because as a leader of physicians, when somebody brings a problem to me, they have a solution, they know the answer already, and they want that answer.... So a lot of times I'm using humble inquiry myself, but also trying to coach them into a place of, ‘How do we know that's the answer? What other answers can we consider?’”

Mutual learning. Similarly, a manager and administrative director emphasize the importance of humble inquiry in facilitating individual and organizational learning:

“If you approach your interactions from a place of being humble and not being an expert, there's an opportunity to learn from everybody.”

“It's the core of organizational development work and learning. In my opinion, if you only had one tool, that would be the one you'd need.”

How Humble Inquiry Facilitates Problem Solving

Allows for new perspectives. Expanding on the use of humble inquiry for problem solving, leaders point to its value in helping them and their teams think in novel ways. Practical examples of this include asking why some categories are being excluded, asking for other solutions, and understanding how leaders can better support the underlying process of finding solutions. One administrator describes this:

“It's about helping people find their own answers by helping them explore and think through either a concept [as if] they're learning something new; helping people to apply something new. Or in problem solving, helping people think about what all the alternative solutions might be.”

Facilitates deeper understanding. Legacy leaders report using humble inquiry in many different contexts, but a universal theme involves asking open-ended questions for the purpose of better understanding situations and coaching team members. According to a senior leader:

“The way [humble inquiry] showed up for me was on a go-and-see, just talking to staff and

asking, 'What did you try? What did you learn? Are there opportunities for improvement? How can we help strengthen this experiment for you... what resources do you need?'"

Challenges to Humble Inquiry

Urgency, Time. Leaders also comment on challenges experienced with the practice of humble inquiry. One mentions that as healthcare workers are burnt out and face many daily challenges, this management method is not the best way to address urgent or frequently occurring issues. When asked about barriers to humble inquiry, one executive states:

"The amount of firefighting we are facing doesn't really create conditions that make [humble inquiry] an easy skill to practice and get good at."

Another executive speaks to time as a barrier particularly during the pandemic:

"There was less time for humble inquiry is what I would say. We're trying to get out of that crisis mode now so we can get back to some of the practices we want to have more routinely."

Power dynamics. Another leader alludes to existing patterns of behavior between leaders and staff as being counterproductive to humble inquiry, which is inherently a question-based approach to problem solving. In unintended ways, these patterns combined with the nature of the method itself may reinforce perceptions that leaders are using humble inquiry to solve the problem for staff, rather than to coach members in solving the problem themselves. One site director reflects on such pitfalls of leadership:

"As leaders, we've always been culturally expected to know the answer and solve the problem. If I as a leader am brought a problem, I'm expected to solve it. So [humble inquiry] is a shift. You got to convince people that learning, drawing out others is important and valuable. It's okay to not just say, 'I know the answer and let's put it in place.'"

This sentiment is echoed by a senior leader:

"Sometimes the cultural piece that we have of leaders jumping in and being the savior for the day gets in the way of humble inquiry, and I think it's everywhere with leaders."

Lack of awareness. Another challenge is when staff lack self-awareness, so it is critical to first ensure members recognize any gaps before beginning the conversation. This will optimize the effectiveness of humble inquiry. One executive describes using data to supplement the practice:

"There are times humble inquiry isn't super effective if you have people who lack self-awareness or can't recognize a gap. Asking them to recognize it when they can't, doesn't get you anywhere. Sometimes you need to surface issues more directly rather than ask. ...Typically, I like to get data for some perspective. So, interviews or surveys [of] the team so I have a summary of what the data says, the data being people's opinions. To be able to say, 'Well, I understand you may not feel that, but here: 6 out of 10 people said something that can help. And then that conversation comes back to humble inquiry: Can you understand how, where this might be showing up? Why? What do you think is causing this? What do

you think you might do about it? But sometimes it takes not humble inquiry alone; it takes data to bring forward a problem.”

2B. How Leaders Practice Humble Inquiry to Advance DEI

Seek diverse perspectives, representation. We asked leaders how they support equity and inclusion when using humble inquiry. The most common response is ensuring that everyone has a voice and feels comfortable bringing a different perspective to the table. One strategy is for leaders to ask themselves whose perspective and representation could help inform the discussion. As summarized by one director:

“I try to ask, “Does anybody else have any questions? Are there any other perspectives that we should bring into this discussion?” And I think it's continuing to make sure that everybody has a voice. Everybody has a perspective. Everybody can bring a different lens...”

Moreover, having team members and decision makers who represent a diverse population is particularly helpful for the practice of humble inquiry. A leader who is a member of the LGBTQ community shares this:

“I often bring a different perspective because of that. ... I do think there's a different perspective to get when you work with a lot of people who are disadvantaged and diverse, as well as being in that community yourself.”

Understand the context. Humble inquiry is also used to gain understanding of a situation and the people involved, particularly if issues are of a sensitive nature. This method is always practiced with compassion and respect. As one director explains:

“[Humble inquiry] is all about understanding the environment and the players within the environment. Sometimes it's getting briefed in kind of a ‘lay of the land,’ having a conversation with a unit manager to understand, ‘Hey, was this a traumatic event? Are people on edge? Do we need to take a time out before we start investigating this problem?’ Sometimes the emotions of the event, particularly violence in the workplace issues, you have to meet people where they are. Humble inquiry always starts with that. It's the respect for the person you're talking with and who you are trying to get information from.”

Gathering evidence. Another use of humble inquiry in the context of DEI involves a felt need to defend one's position or decisions in the workplace. In this case, humble inquiry helps leaders gain a deeper understanding of team activities in order to provide explanations to the rest of the organization. One director shares this perspective:

“I encourage my team to really be comfortable with asking questions. I tell my team all the time, ‘I'm a [person] of color, one of the only black leaders in the organization and I oversee [area]. The rules are different for me and everything that we do has to be defensible.’ So I'm going to ask questions like, ‘Well, tell me why?...Why did we choose these [criteria]? What does that look like with your practice?’...Because I can't go places and just say, ‘Well, they did it like that before.’ I can't play that hand. I have to be able to tell ‘Why’ so I do ask

questions in a way to get information. But I've had to be a bit more skillful to ask questions just very honestly."

Tool for cultural humility. Leaders note the appropriateness of humble inquiry when addressing issues of diversity, equity and inclusion. They acknowledge their own lack of understanding at times regarding how to communicate with others who may interpret situations differently. Leaders describe this posture of humility as a requirement for addressing issues when personal knowledge and experience are lacking.

"I've integrated [humble inquiry] holistically all the way through, because just through my experience of meeting people from diverse cultures, it made me aware you have to constantly refine your communication skillsets and tools. You may want to communicate something in the most appropriate way, but it may not be received that way. So you always have to be looking for ways and verifying the information you're trying to convey to whomever it is, that they interpret it the same way you're meaning to convey it."

Cultural humility is described by one executive who is mindful to ask for more information about certain populations before drawing conclusions. This form of humble inquiry is particularly relevant in the area of population health:

"In DEI, there's a companion to [humble inquiry]; we call it cultural humility. ... When you find a problem, rather than going into the organization, the employee resource group, the community with your metrics and saying, 'Okay, I think I know why you guys are obese,' or whatever it is, the notion is to ask questions or to say, 'This is the data that we have but we know it's incomplete. It's insufficient. Please tell us more.' So we do have our own version of humble inquiry."

Using Humble Inquiry for DEI Problems

Revision of dress code. We asked leaders how humble inquiry helps address DEI-related issues. One executive describes the revision of Legacy Health's dress code policy to be more inclusive:

"It became very obvious there was a DEI issue here. I wouldn't have even thought about it in terms of dress code. I would have thought about it as 'preference' for clothing and would not have really had that 'aha' of there's actually differences based on diversity, equity and inclusion. If you put that lens on, then that dress code just felt inappropriate and not right to women, people of color, people of different sizes, people of different gender or even ethnic backgrounds. It just did not seem right. Humble inquiry across the organization helped us learn a lot about DEI and the dress code policy we had. We just rolled out an inclusive policy that has been very well received by the organization, that creates room for DEI... It created that listening and responding that wouldn't have happened without humble inquiry."

Installation of metal detectors. Another leader recounts a decision of whether metal detectors should be installed in a Legacy Health care facility. This manager describes the DEI issues involved and use of a humble inquiry approach to understand employee concerns:

"We have seen, like many other healthcare [organizations], increasing crime and violence in the workplace. And we were noticing more weapons being brought into our facilities. ... In

thinking through the [installation of a] metal detector, somebody felt comfortable to say, 'I don't know if that experience is the same for all people.' They brought the perspective that for some people, this might make them feel less safe instead of more safe. ... We still move[d] forward with the metal detectors but we really tested our process to ensure it was treating everybody equally. We [got] input from a wide, diverse population to see, really, how did that make them feel as they entered into our care facility."

Challenges / Solutions to Humble Inquiry for DEI

Defensiveness. Leaders describe many challenges faced when using humble inquiry for DEI-related problems. A common theme is a need to create safe conditions, whether individually or on the part of the organization, to ask questions as the humble inquiry method can be met with defensiveness. One leader gave an example of a staff member who was accustomed to being questioned solely when something was done incorrectly or gone awry. As this executive shares:

"I had one minority female ask me, 'Why are you asking me all these questions?' ... So [my] approach the next day was, 'I'm really sorry. Let me explain to you what was going on. Here's what I was asking: It's not because I think you did anything wrong. I think you did everything correct. Let me explain how it looks from my perspective and what I was trying to drive at.' So having a little bit of cultural sensitivity...[and] understanding of all the facets of everybody is helpful, but I think it also requires some vulnerability and training."

From another angle, a director describes their own reservations about using humble inquiry particularly as a person of color:

"I don't feel as comfortable asking questions all the time because in some instances you're met with defensiveness. I think the organization has to create the conditions to be able to ask questions and not be met with opposition and defensiveness about the questions, because you're not going to ask again. ... You're also a person of color, and so, I know I've had to be really creative about how I bring that question forward."

Language gaps. Another more basic challenge is simply ensuring staff members understand what is being said, as language gaps can lead to miscommunications. One site director proposes the solution of focusing more on listening while having conversations to validate team members:

"[Humble inquiry] doesn't always work because we all comprehend at different levels. We all interpret things differently. ... So that's why I'm always repeating back things that I say to people and always validating...maybe even bringing in interpreters or identifying people who may be native speakers of the same individuals to communicate to certain people within the team, to make sure everyone has the same understanding. Because it's not fair to champion diversity and not allow people to have the same understanding that everybody else has. That's been a lesson for me: to go that extra step and make sure we are doing our best to let the communication be known to everyone despite the languages they speak."

Lived experiences. Other challenges to using humble inquiry for DEI issues include detecting or navigating differences in lived experiences and responding appropriately as a leader. One site director shares:

“It’s a challenge for individuals who may not be comfortable having those conversations with people, because there can be difficult conversations if not navigated correctly. We all bring forward a lot of trauma with us, things we have experienced in the past. We carry those forward with us so I’m always cognizant of that when I’m talking to people about sensitive topics in the workplace. And validating those individual’s feelings, to not be dismissive. Because I think, unintentionally, leaders can dismiss those lived experiences of people and that can cause more trauma and hurt. So it’s about being thoughtful and considerate when you’re having those conversations. Doing more listening than talking is something I would recommend.

Oftentimes those particular team members are not looking for you to solve their lifelong problems; they just want to feel valued and validate their feelings. If it is something in your position of authority or power that you can address, they expect you to address it and there’s no way around that. They don’t want to hear anything less than that.

Another leader speaks to barriers that are not visible and cannot be assumed. This director encourages thoughtfulness in better understanding people and their environments, which helps to identify and remove barriers before engaging in humble inquiry:

“Sometimes you don’t know what the barriers are. We use our eyes to see, but sometimes diversity is not visual. People can have different experiences, both positive and adverse, that lend to their thinking. They can have different capabilities. None of those are viewable by the eye. So it’s about trying to understand what’s behind what you see and sense-making to understand where people are coming from, where the barriers are when you can’t make an assumption.

You assume that everybody has a specific experience when there may be one or two people in the room that don’t have that experience. So how do you include them as part of the group? And this is where I see more of us that are ‘others,’ different, whether it’s gender-based or lifestyle, or race or ethnicity-based, where the ‘others’ don’t necessarily get an open invitation to be part of the team. So you’ve got to understand where people are, the culture of that environment. And sometimes it’s really about removing barriers first, before you have the conversation.”

3. PDCA (PLAN-DO-CHECK-ACT)

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

Level of familiarity. We asked leaders about their use of PDCA or equivalent method for rapid cycle improvement at Legacy Health. There are varying degrees of familiarity with some leaders expressing a need for formal training or standard work to aid its use. One leader describes PDCA as more of a mindset than an event. However, most indicate using it regularly, which could be daily or weekly depending on the project. According to these leaders, PDCA is ingrained as their main approach to problem solving. As one manager states:

“We’re doing them often. It’s a little more often when a problem occurs...we gotta go problem solve, we gotta try something and it’s just hardwired for us to do PDCA once we see a problem.”

Types of use. PDCA has been used in various ways at Legacy Health. Leaders describe using it in conjunction with A3s as well as in the context of humble inquiry. For example, there may be several PDCA experiments running within each A3 to improve a current condition. PDCA is also used with humble inquiry to understand what is or is not working, what teams have learned, and what next steps are being attempted. Examples of initiatives that have integrated PDCA with A3s and humble inquiry include addressing barriers to staff engagement and reviewing company policies such as the dress code.

PDCA challenges. The final step of PDCA, “Act” (sometimes referred to by Legacy leaders as “Adjust”), is most challenging to implement. Opinions about “Check” are also variable. While one manager expresses diligence in being sure to complete the PDCA cycle, other leaders report difficulty with this when conducting their experiments. According to a senior executive:

“We do a lot of ‘PD.’ I think we’re getting good at the ‘Check.’ I don’t know how good we have gotten at the ‘A’ of the PDCA yet. I’ll be totally honest and say that...it’s been a journey. We’re good at PD, getting really good at C. A is still sort of a work in process.”

A site director echoes this sentiment:

“Legacy is really good at ‘P’ and ‘D,’ and kind of sucks at ‘C’ and ‘A’. It does take a lot of calling out and controlling to remember we’re going to get back to this and when. ... I’ve asked to have a process and a plan, and we’ve got a measurement; now tell me how long it’s going to be that we measure it, and when are we going to meet again to evaluate that measurement, to know we’re doing the right thing and then change or do it again? Those are the harder parts I’ve found within Legacy. So we do it and everybody’s very excited about PDCA. It tends to fizzle out [with] the ‘C’ and the ‘A’ unless somebody’s there saying, ‘It needs to keep going.’”

Using Metrics in PDCA

Patient safety. When asked how metrics are integrated with PDCA experiments, two leaders cite measurement of harm events (e.g., bloodstream infections, falls). They describe a PDCA process of learning to discover what could be done to get better results.

Employee engagement. Another metric discussed is employee engagement scores and how survey results may report on engagement levels, but do not necessarily reveal root causes. Therefore, PDCA has been employed at Legacy as a tool to discover barriers to staff engagement. A director describes this use case:

“We took the measure...and then started talking through the drivers: What are the gaps and barriers related to our employee engagement for that particular year? And then started to identify countermeasures and experiments that we could use to be able to close those gaps. ...We learned a ton in that process [and] about our own engagement; things that actually didn't show up on the Press Ganey survey. ... So that was a good example of using PDCA thinking to be able to drive towards better results.”

Challenges and recommendations. One leader shares that measurement is challenging for local PDCA experiments as it may be difficult to gather appropriate data. According to this director:

“We're learning to try to measure better. We have difficulty just gathering and understanding the data that we have. Our systems are challenging to pull data out of.... But we have a lot of data that we've haven't used effectively, I would say, that we first need to understand.”

At the same time, the organization is working to improve its broader culture around metrics, systems, and feedback. An executive describes use of PDCA to work on institution-wide goals:

“All our hospitals and clinics have metrics that they're trying to close gaps on. They have a monthly accountability review meeting where they practice the same thing with our leaders, our operational leadership, the executive team. [They are] actually going to the sites, looking at their visual management and doing PDCA on, ‘What did they plan to do? What did they do? What did they learn, and what's next?’ So, we do that with all our quality metrics, our finance metrics.”

3B. PDCA to Address DEI Issues

Leadership opportunities, advancement. We asked how PDCA is used specifically to address DEI at Legacy Health. One site director gave an example of how a department’s leadership team was not representative of the frontline staff and affected career advancement opportunities. This leader describes using a rapid cycle approach to recognize gaps in diversity and create opportunities to ensure a fair and equitable path to advancement:

“That was something I was very thoughtful and sensitive about, making sure we were communicating these opportunities for growth and leadership to everybody, making sure everybody had the same level playing field to be trained. ... That was a new process for a lot

of people on the team when I took over, but I think overall they saw the results. ... That [is] one example of identifying gaps and things we can do better: instead of talking about it, let's actually do something about and implement it in a fair, equitable way so that people can have aspirations to potentially move into these positions one day when, if trained, they have the same resources and benefits provided to them."

Nurse hiring practices. Another leader describes an organizational policy to only hire nurses with a four-year vs. two-year nursing degree. This policy unintentionally created a less diverse pool of eligible candidates. The issue was eventually addressed by a new chief nursing executive who applied PDCA methodology to address the problem. As a director recounts:

"She immediately identified this was a barrier towards getting candidates of different ethnicities because the support needed to be able to pursue a two year, versus four year [degree], is completely different. And we found we had less candidates of color when we were looking for four-year degree candidates. What she was able to do is to call out the pre and the post—when you add two years, this is how many nurses of color you get into your pipeline versus when you were at four years—and to be able to reverse that policy."

Growth area. A remaining challenge when conducting PDCA for DEI problem solving at Legacy is to regularly ask whose opinions or which stakeholders have not yet been included in the process. A manager reflects on this and the current state of PDCA:

"I'm not sure if we completely have reached the consistency of which we ask those questions, or how we apply diversity to those questions. So we have gaps there; it's not consistently built into the practice yet."

DEI Data and Metrics

Meaningful measures, infrastructure. Multiple leaders report gaps in the availability of DEI-related data. One leader recounts asking HR for DEI stats on department personnel, but this was not available. In particular, information on workforce DEI appears to be lacking at local levels. There is also lack of clarity on how to define equity measures. One manager comments:

"It's hard to communicate [metrics] when you haven't figured out how to measure them. We can say we want to be an anti-racist organization. But how do you determine if you are, or if you are not? And so we need to figure out what is going to be the measurement that we can say we've achieved it. We haven't figured how to do that yet."

Several leaders discuss lack of data infrastructure resulting in an absence of metrics for what teams are trying to achieve, given the inability to collect baseline measures on where they are. According to one manager:

"We still have gaps in just collecting metrics, and so we don't have set metrics on what we're trying to achieve. I know we have some health disparity [measures]. We're trying to get information to identify patients who don't have English as a first language, and how do we connect them with resources so they can have more health equity? But we're having a really hard time getting the data to understand where we are, so that we can set an appropriate target and work towards it. So we have a gap there for sure."

This is echoed by a site director:

“Hopefully in another year or two we will be dialed in to be able to have these thoughtful and meaningful conversations about the communities we serve, both internally and externally, using data to improve things in a meaningful way. ...We can talk about want[ing] to increase diversity in XYZ, and that's normally where it starts and ends. There's no meaningful metrics like, ‘This where we were last year, here's where we're at now. Our goal is to reach X number here.’ I don't think we have those infrastructures quite built out at this moment in time.”

Leader profiles, screening rates. Despite challenges, there are known areas where DEI-related data exist and are most often used. Examples include leadership candidate profiles (e.g., gender, race/ethnicity) and screening rates in outpatient care. According to a medical executive:

“One of the goals for our clinically integrated network is they've created a disparity index looking at race, ethnicity, and gender when appropriate, and comparing the rates of mammogram screenings, colonoscopy screens, those preventive measures, in our diverse population compared to our white population. ...There's a bunch of initiatives on how we do targeted outreach, how do we pull in perspectives to do that. So I'd say on the outpatient side, they're probably a bit further than on the inpatient side.”

Ongoing initiatives, future suggestions. There are also initiatives to understand how to better use data to address DEI issues. One example is stratification of harm metrics by race/ethnicity to ensure there are no biases hidden among overall population rates:

“One of the things we're looking at is how do we look at our data in a way that's addressing equity and diversity? So how do we get more granular [with] our harm metrics or other things to make sure there's not some bias there even if our numbers overall look pretty good? ...We did some preliminary work to pull that data and break it out by race/ethnicity and gender. Now we're looking at, ‘How do we use it?’”

One leader mentions a DEI metric to measure leader turnover among underrepresented groups. This executive also provides suggestions for clinical units to develop metrics related to social determinants of health in patient populations:

“Something else on our DEI metric we're working on is turnover related to our historically underrepresented groups. That's a very specific piece of data we don't even have. In fact, we just reviewed it yesterday as a senior team. We're just pulling that data apart right now so I can't even begin to imagine how that would express itself within a clinical unit. If I were dreaming up clinical unit metrics, it would probably be more around social determinants of health, or who the patient population is there, and who would be at higher risk.”

Another leader suggests it could be beneficial to have a DEI score for each department to assess how it ranks compared with other units of the same size. This site director also urges the organization to support its public presence and mission with data:

“Maybe if you had a DEI score for every department to let you know where you're at internally within the organization, and maybe outward facing to see how you rank amongst other healthcare units [of the] same size, similar complexities, those kind of things. I don't know if that exists. But being more thoughtful and clear-eyed about what it is we want to do. If this is something we are passionate about and we are broadcasting it to the public that we're this type of organization, we need to be able to point our finger at data that supports, ‘Hey, we mean what we say and we say what we mean.’”

4. HOW LEADERS SUPPORT ORGANIZATIONAL GOALS

4A. General Strategic Goals

A3 thinking. We asked leaders how they support Legacy Health’s strategic goals. One leader who is responsible for goal creation cites use of A3 thinking to support these efforts. As described by this executive:

“We start with, ‘How did we do? These last six months, what did we learn? What are our goals for the rest of the six months...?’ And I would say we're learning to use A3 thinking very consistently with some of those goals that we are developing for the organization. Once we align on what those goals are, what's the gap that we want to solve, we generally have leaders on different A3s related to that and then do some thinking around, ‘What are we seeing? What are we learning about the problem? How could we close the gap?...’”

Aligning local goals. Related to this, several leaders mention their efforts to connect local goals to the broader strategic goals of the organization. This is mentioned in many areas throughout the enterprise ranging from community benefit to clinical care. One example given is the nursing leadership team working on a strategic plan for nurses that aligns with Legacy’s overall strategic plan. Another example given by a site medical director is the daily work of connecting frontline patient care to system goals:

“As a frontline worker who's seeing patients and doing primary care and leading a clinic, I have a lot of knowledge about how that strategic goal might impact a primary care clinic...For example, we have a goal for our patient satisfaction score. I can see that at the hospital level and the site level, I can see it regionally with those leaders and how they want to take that goal and apply it to a more local realm, and how that goal then trickles down into the clinic as, ‘What are you in the clinic going to be doing to advance that goal?’”

Coaching. Several leaders describe their role in coaching others around Legacy goals, whether this is done formally or informally. One team works directly with senior leadership to plan cycles for implementing Legacy goals and other strategic initiatives. This manager describes how the team coaches and brings in the Legacy (Lean) operating system to support efforts:

“We have what we call cadence coaching sessions, which are scheduled times with leaders throughout the organization. And the purpose of those sessions is for us to meet with the leaders and to help them first identify what organizational priority they're working on. Then our work is to help them use the Legacy Operating System to solve that problem.”

Hurdles to Supporting Strategic Goals

Multiple priorities. Leaders describe the obstacles they face in supporting goals at Legacy Health. A major hurdle is that leaders always have more priorities than they can work toward, which leads to bottlenecks and inefficiencies. They struggle with narrowing priorities down to a few key targets. As an administrator and senior executive, respectively, describe:

“Historically, we always bite off more than we can chew. We always have more priorities, more than anybody can do. ...One of the driving forces of getting better at this is to prioritize the work and not overburden people, and make sure we're doing the right things at the right time.”

“One thing we still struggle with, which I hear from all my colleagues, is prioritization. There's almost too much to do and too many priorities. We haven't still gotten very good at narrowing it down to a few most important goals.”

Assessing performance. In supporting Legacy goals, leaders cite difficulty understanding how organizational objectives translate to measurable outcomes. Clarity in defining this and standardizing across the organization may be needed, according to one director:

“These are your indicators, and the strategy [is] supposed to demonstrate this. Early on, I was trying to figure out, how is the organization planning? How are we using terminology for measurement? And very honestly, I think it's a little different across the organization.”

Solutions for Overcoming Hurdles

Strategy alignment. The ability of leaders to support Legacy goals is facilitated by several factors, including having key executives who can align strategies from the top so that local goals are appropriately set. One manager describes a recent effort to accomplish this:

“We [formed] mechanisms of: How do we connect leaders? How do we begin sharing and talking to each other more? But prior to that, everybody had their own strategy, very few things were aligned, goals were not appropriately set for the people in the type of work that they did. So, we're just trying to get more organizational alignment which has made a huge difference.”

Prioritization, resourcing. Similarly, an administrative director mentions high-level efforts and structures designed to prioritize goals and improve effectiveness:

“So not getting results and having overburden...to mitigate that, the work has been around prioritizing at the top and having a structure which we call the Collaborative Council. And it's mostly senior leaders [that decide on] projects and their value to the organization, and tries to do some prioritization at that level.”

A natural next step after prioritization is requesting resources to support key goals. The importance of resourcing is mentioned by multiple leaders and there is a separate governance structure dedicated to this. According to one executive:

“Oftentimes the Collaborative Council would say, ‘We need to understand the resource ask better. So that request would go to this Resource Management Council who would weigh in... to say what resources we think would be needed based on what we know of the project.’”

Another executive also describes efforts to resource activities within their area of responsibility:

“For all intents and purposes, I'm most accountable for that work so that expresses itself within my own priorities. That means I have to figure out how to resource network, how to help the leaders of that work resource that work. How to make sure we have the right priorities in place relative to whatever the key strategies are.”

Tools to facilitate alignment and progress. Lean-based tools, such as the X-matrix for strategy deployment and visual management, help leaders track progress and execute on strategic goals. As an executive explains:

“We're cascading X-matrices between the senior team on what we are deploying to the operating units [to] be able to say, ‘Here's what's being deployed to me, what's on my business plan that I'm trying to close the gap on.’ That cascades down to the supporting units of the organization... As part of that X-matrix we have visual management at different levels of the organization, so that we're tracking progress on the most important goals of the organization.”

Accountability. Another leader mentions using accountability as a way to support Legacy goals as each person is accountable for their own work and priorities. This is described further in section 7 on Accountability.

4B. Supporting DEI Goals

Examples of DEI work. We asked leaders to describe how they support DEI work at Legacy Health. One executive describes the DEI strategic goal as consisting of two components: patient-facing and employee-facing goals. DEI work for patients includes use of a diversity index to identify differences between populations on various measures (e.g., diet/wellness, diabetes, mammography, hospital readmission). DEI work for employees includes tracking recruitment and turnover rates among diverse staff and leaders.

One administrative director uses a virtual educational speaker series to inform staff on various topics such as poverty, transgender issues, and awareness of diversity celebration months. A site medical executive's clinical practice works to create a respectful and welcoming space for patients who are LGBTQ (lesbian, gay, bisexual, transgender, queer). Examples include addressing patients using appropriate pronouns, converting to non-gender bathrooms, and educating team members on important issues in the LGBTQ community.

Representing diversity. As a leadership team, support for DEI entails being representative of the patient population and elevating issues of concern. A site director describes this in detail:

“As a leader in the work I do, especially my work in the BERG (Black Employee Resource Group)...we go out in front and make statements about how we want to be an anti-racist organization, and how we want to promote DEI. I've had the chance to sit with our senior leaders and elevate issues we're hearing from the Black African American employee groups and concerns they have: ... ‘Here's what the staff is saying about the organization they're working for,’ and ‘What are we doing to help increase diversity in our director levels and above?’

"I have seen some meaningful change after we elevated those issues, that we have moved to much more transparent and equitable hiring practices and those kind of things. But we need to keep focusing on these things and making sure our leaders reflect the communities we serve, because that's extremely important. We're not just a hospital that takes care of one ethnicity, one race; we need to have leaders and different professions [to] reflect that. I think that's important to our patients that we serve."

Presence of DEI in all goals. Another leader cites their effort to highlight the prevalence of DEI issues and how they are embedded in all major strategic goals at Legacy Health. According to this executive:

"One way I've been able to help the organization [is to help leaders] understand that, actually, all 4 of the strategic priorities have DEI outcomes. ...If they don't understand the DEI implications of their strategy, they will fail. It's a demographic problem."

Hurdles to Supporting DEI Goals

We also asked leaders about hurdles they encounter in supporting DEI efforts. Multiple leaders mention a need for clearer definition, alignment, tools/processes, and standard measurement of progress on DEI work. These topics are described below.

Lack of clarity. One hurdle many leaders face is the lack of clarity on how DEI is defined, why it is important to the organization, and what it would look like operationally. According to one senior executive:

"We have variable understandings about the importance of DEI or even what it is, how it manifests itself. ...[We] lack some of the basic baseline education, particularly for our leaders. So I would say we're in a nascent phase of [DEI] living in the DNA of the organization."

Consistent with this, there is perceived ambiguity in operationalizing DEI goals and knowing how to achieve them. Speaking about DEI as a goal at Legacy, one enterprise-level director asks:

"What does [DEI] mean operationally, in practice, for my team? What are we doing consistently to address that? Education, I'm assuming, is one of them. But it's not like, 'These are the set of readings we would like everybody to do.' ... So we did have [DEI] goals, but what that means down to my team, I don't know. ... Lack of clarity might be a big barrier to achieving that goal."

Alignment, communication. Another hurdle is the cascading of DEI goals from executive levels to other leaders in the organization. This is likely a function of the relative newness of DEI as a strategic priority at Legacy Health. One manager describes this, echoing previous comments about the beginning stages of DEI at Legacy:

"We've not been aligned on [DEI] goals or strategies so this is really our first run of that. ... We are certainly in that vein of diversity and equity; there is an organizational goal, but we don't really know what our target is. We haven't been able to cascade anything down yet beyond a senior vice president level."

Similarly, a site medical director describes communication gaps between executive levels and leaders across the organization:

“The thing I’m seeing...is the lack of translation from, ‘We will be diverse and equitable and inclusive as an organization’ into ‘What does that mean?’ As leaders, we don’t know where to go with that goal... we don’t know what it means, we don’t know what to change, where’s our gap? If I don’t know what my gap is, I can’t accurately [close] that, other than to say occasionally, ‘You should think about DEI.’”

Tools and resources. In interviews, leaders describe a need for standard tools and processes to guide leaders when conducting DEI work. An enterprise-level director shares:

“Around the equity piece, we don’t have a standard way to address things that we are preventing, like an equity tool for the organization. And I’ve seen it sprinkled in different ways, but it’s not like, ‘These are equity questions that we should be using’... We don’t have a tool to be able to ask those questions.”

A site director also expresses a desire for tools or reference materials to support DEI efforts. Later in the interview, this director gives examples such as tiered huddles and real-time problem solving spreadsheets that would help evaluate DEI progress and actions taken to address issues:

“That would be helpful, if we had some type of document or tool that we can always refer to, like, ‘Where [are we] at in the process? Where are we with this particular issue for Employee X?’ ... I think we would just have to adopt a process and structure.”

Measurement. According to leaders, there needs to be a standard way to measure and track progress on DEI work. As alluded to previously, this depends on clear definitions and alignment on goals. One manager describes this along with how their team provides support to leaders:

“We know [DEI] is a priority, but it is really hard to measure something if it’s not clearly defined... We are trying to figure out how we can measure where we really are, so we can truly cascade down goals to the organization. It’s really high level at this point in terms of organizational priorities. But [I work] with the leaders to say, ‘Okay, what problem are you working on and solving that’s an organizational metric?’ And we help them think through how they want to begin to solve that problem.

I think it’s hard to communicate [DEI goals] when you haven’t figured out how to measure them. We can say we want to be anti-racist organization. But how do you determine if you are [or] if you are not? We need to figure out what is going to be the measurement that we can [use to] say, ‘We’ve achieved it.’ We haven’t figured how to do that yet.”

Facilitators of Leader Support for DEI Goals

Education. Leaders offer several solutions to mitigate hurdles hindering their ability to support DEI goals. One suggestion is to provide more education for the senior leadership team to engage in DEI efforts. Senior leaders have the ability to create robust plans to help move DEI forward in the organization, so it is important to involve them as stakeholders and champions.

“Educating the senior leadership team is crucial...We offer education on a variety of topics to managers, but we just assume senior leaders are educated, and I think that's unwise. Having the senior leadership team engage in their own education is actually the lynch pin for the rest of the experience of the organization. But we've not resourced DEI education the way I think we should; we do not have a DEI education plan that is robust. Now on the other hand, you can get into the [system's] atmospheric or performative nature of work. Just because we're educating people tells me we're moving the needle. I'm very proud of the system work.”

Lean principles, methods. Leaders also mention the Legacy (Lean) Operating System with its emphasis on respect for people as a strategic facilitator of DEI work. According to a director:

“We actually have our lean and DEI work paired together. We see a lot of synergies between lean and DEI from the principle standpoint, the respect for people. We see it as a social-technological solution as opposed to just a mathematical equation.”

Similarly, an executive recommends lean methods (e.g., root cause analysis, 5 why's) to help clarify and improve on DEI-related problems:

“This is an opportunity for us to adopt a lot more lean methodology, where we can make sure we're solving the root [of] a lot of these things if possible. It's always difficult to solve the root for some things because the issue can be very complex, and you don't know if it's a system-wide issue or a local issue. Those are things I think we got room for improvement on.”

Diversity in leadership. An important facilitator of leader support for DEI goals at Legacy is having a representative leadership team. Speaking to the geographical make-up of the area and need to ensure diversity within the organization, a director shares:

“Legacy is reflective of what Portland looks like. It has some of the same attitudes that Portland has around race and ethnicity and so you really have to break through those barriers. And again, that starts with having leaders that have diverse backgrounds in leadership roles. They have to be sitting in the seats to help form policy, to help drive mindset change and to model behaviors.”

Similarly, an executive describes hiring decisions that have impacted culture at Legacy and facilitated achievement of DEI goals:

“I think it's one of those things when they see me being equitable to everybody, then that becomes the culture and the expectation. Versus previously, my predecessor was white. All the directors were white males. It was tough and we didn't represent the community right. So I think by actually going out and showing respect to people and showing that I'm hiring other minorities at the senior level, they're like, ‘Okay, we need to change.’”

Policy reviews. A related facilitator includes having dedicated leaders and personnel to review Legacy policies with an equity lens. As described by a medical executive:

“Besides a Chief Diversity Officer, [we have] hired a couple other people to really look at things. We're going through all our policies with an equity lens and our processes in multiple areas with an equity lens to make sure...there's not some inherent or implicit bias there.”

Governing board. Finally, another facilitator is the role of the Legacy governing board in regularly discussing and monitoring DEI as a priority. According to a senior executive:

“Diversity, equity and inclusion for Legacy is a standard topic on our board agenda every two months. They want to know, what is the organization doing related to DEI and what is the progress that they're making? So I think there's interest and commitment at different levels of the organization for that DEI metric and goal.”

5. PERFORMANCE VISIBILITY

5A. Visibility of Performance on Strategic Goals

Huddles. We asked leaders how they demonstrate their team’s performance on strategic goals and how this is made visible to the organization. Many report using huddles to discuss team accomplishments related to metrics and goal achievement. As one director describes:

“How do I see and demonstrate progress on work that rolls up to me?...Some of it is transparency through the huddle. We use the huddle to talk about what we've done as a team, what we've accomplished. The metrics that we're using within our department since I came have been really helpful to see if we've met [the goals] or if we haven't.”

Status reports. Others mention the use of status reports discussed by everyone on the team. One example given is a monthly report on safety progress for employees and patients. According to a manager and director, respectively:

“So we check and adjust the status reports on various projects. And then everybody on the team, if they have a deliverable, we check-in on where they're at with that deliverable, including me.”

“I do a monthly report-out on our progress related to our safety work. That's typically me providing the status report to just say how are we performing.”

Metrics and accountability. Leaders cite the use of metrics to demonstrate progress and make performance visible. One way this can occur is through accountability reviews at the highest level. According to one executive:

“We have monthly accountability reviews. Every month, when our financial books close, we do a monthly accountability review and we have excellence metrics that are along our pillars of finance, quality, patient safety, patient engagement. Everyone has a visibility room, and in that visibility room is: What is your target? What is your actual, and what's the gap?”

In response to our question, a medical director also cites the monthly accountability review as a potential solution for tightening connections between organizational metrics and individual performance:

“The progress demonstration is usually a metric. For example, using patient experience, there's a number based off surveys and that's the metric. So I demonstrate progress by showing the number improved. The 'how it gets to me' is variable. They're trying different things. ... recently we're doing monthly accountability reviews at the President level, and that breaks down into smaller pieces.”

5B. Visibility of Performance on DEI Goals

Recognizing, measuring daily work. We also asked leaders to describe how they demonstrate performance on DEI goals and how DEI work that rolls up to them is made visible. Leaders cite many challenges. One challenge is there are few mechanisms to recognize and classify or elevate issues as DEI issues. Speaking to this challenge, one site director states:

"I don't think we have a system by which we classify something as a DEI issue. ... I mean obviously DEI issues exist, period. Whether or not they get labeled as that is a question of whether or not somebody up above labels it as such."

Other challenges are the invisibility of smaller day-to-day DEI work relative to larger initiatives such as policy changes (e.g., personal appearance dress code) previously described by leaders. There is also a lack of data to measure these daily efforts and absence of project specificity to address DEI issues. An executive describes this:

"A large part of what we've had to do has been large sweeping changes. And so, the milestones for those kind of decisions we see at a regular report-out cadence. I think the visibility of the smaller work has been a challenge. ...From a DEI [standpoint], we're lacking data. It's mainly project focused and it doesn't really have a DEI lens."

Awareness of DEI as a priority. We asked leaders to indicate their awareness of how DEI is being prioritized at Legacy Health. Leaders mention that the organization has implemented anti-racist policies and educational sessions for leaders to create psychological safety among their teams. One leader revamped their complaint process with a DEI lens in recognition of the connection between DEI and other more traditional quality measures such as safety.

However, several leaders express a desire for more active, explicit prioritization of DEI as an organizational goal at all levels of leadership. According to an enterprise-level director, site administrative director, and site medical director, respectively:

"I know that our equity officer is do[ing] some work with the leaders. I want to see something come down to our level....I really want to see a deeper requirement for education from the organization, for all of us. It doesn't have to be the same; there's all sorts of learnings that different groups have, but it's got to be something."

"I think we say we are prioritizing it; I don't have complete, holistic visibility to the entire organization. I can only speak to the things I'm involved in day to day. I think it's a priority for us, but it's a competing priority along with a list of other things. So for me, I would like to know: Are we priority five? Six? We can say things are a priority, but I think no one acts to clarify questions like, 'Am I our top three priority? Top five?' That I don't know."

"We have done some things to let the overall staff know that is a priority. But some regular reporting-out on, just, 'Hey, how are we doing? What are we doing? Where are there still gaps that we need to address?' would be helpful for the organization to send something out like that. I don't know the frequency of it, but I think that would be helpful for people just to let them know, 'We haven't forgotten about this work. This work is extremely important.'"

“Understanding what [DEI] means, what do I need to do? Considering DEI to mean diverse, equitable, and inclusive, which is so broad; no one really knows what that means. Instead, give me a sense of where we want to go: What is our goal? What's my North Star? That gives me a gap I can start to try and close.”

Communicating goals, building trust. Visibility of DEI goals may be clearest at the highest levels of leadership at Legacy Health. According to a senior leader, DEI is one of the top 4 strategic goals, though there are varying degrees of awareness of this at other levels of the organization:

“It's one of the four top strategic goals and it's something we're all talking about and working on and it's very tangible, I think to most of the organization, maybe not all of the organization. But [senior] leadership for sure is very aware of the work that's going on around it. ...In the past couple of years we've gotten better at the strategy and communicating our strategy and DEI has been one of the top priorities for several years. People know that, I believe. I just don't think that they we've been able to be clear enough about what the targets are.”

One clinical vice president emphasizes a need to build trust through frequent communication. This individual emphasizes the importance that information is regularly shared by the highest levels of Legacy leadership for the sake of building mutual trust especially around DEI issues. As this leader describes:

“I think the biggest thing is communication. I mean it really is. Trust and communication. ... It's small actions, it's regular actions that build a level of trust, and the thing we need to build in the workplace is communication. So that communication needs to be in one of 2 forms: either regular updates from my superiors, or I'm invited to the table and I hear it firsthand. Now with 16-18 Vice Presidents, you can't have that [many] around the senior leadership table. There's one president plus 6-7 Senior Vice Presidents. So my expectation is that my boss says, 'Here are the things we're talking about...at this level.' I think that's the bigger issue that needs to be overcome in the workplace: is understanding there's information sharing, even if it's not relevant, just so people know you're building those small accountabilities. You form those small deposits of trust in the bank.”

6. VERTICAL CATCHBALL (CROSS-LEVEL COLLABORATION)

6A. Catchball on General Issues

Determining goals, metrics. We asked about the extent of leader involvement in vertical catchball where ideas for improvement are shared and/or goals are set by leaders up and down the organizational hierarchy. Executive leaders cite the use of vertical catchball in decisions about which goals and metrics to prioritize as an organization. An example given is a time when enterprise-level executives and site-level operational leaders jointly determined which goals of quality, patient satisfaction, or finance to maintain versus actively target for improvement. Other examples include ongoing decisions about which projects to work on, which always involves resourcing considerations. A senior vice president describes this:

“The way we've been using catchball is when we determine the goals of the organization, you have A3s developed of what we could try to close on some of the metric gaps. ... So as those A3s get developed, there is some catchball with the enterprise Resource Management Council [to] inform the resource commitments that we need to get this work done. It also allows the support services to say, ‘I need more people,’ or ‘I have too much on my plate right now; what do you not want me to do if you want me to work on this?’ That happens routinely with my project managers, where there's always more demand than supply ...That's the two-way conversation.”

Similarly, a medical executive describes vertical catchball among operational leaders, medical leaders, and the senior leadership team in determining quality goals:

“Let's go back to the quality work; every year we have goals set for the rates of infections that we want to achieve, and [those] goals are proposed by the quality team. But then catchball is done with the operational leadership as well as the medical leadership of the sites, and then rolls up to the senior team, and they disagree, then rolls back down and we do some more catchball.”

Legacy Operating System. Another area where vertical catchball occurs is with the implementation of the Legacy (Lean) Operating System. There has been improvement in collaborative work between executive-level and site leaders, according to one manager:

“There's a lot of catchball and I'm seeing it more between the COO and site leadership now as well. Before they were very disconnected; they didn't have it. Our meetings would be, ‘Here's information.’ But it wasn't a place where people were sharing and collaborating and solving problems together. It was more of a hierarchical reporting structure.”

This is reinforced by a medical executive:

“As we are implementing lean right now, I would say another catchball is there's a lot going on there. We're looking at how do we assess what's been rolled out and where we're at, and how fast to roll out some of the items. There is specific catchball happening between our senior leadership and operations on, ‘Where are you at?’ And then, ‘Okay, so what do you

think you could do next and how fast?’ So there's a fair amount of catchball happening there too.”

Huddles. One site director reports using vertical catchball in the context of huddles as a starting place to proactively address issues in real time. Pressing issues may then escalate to higher levels of leadership:

“We do [catchball] at all our huddles... Oftentimes the managers experiment on different ideas and suggestions that come up. The ones that require heavier lifting are elevated up to directors and then if the directors feel it's appropriate, [they] elevate those to the hospital president for what we call “crossover” with other senior leaders... I feel like we do a great job of that, to solve issues in real time and not be reactive.”

Challenges and Opportunities for Vertical Catchball

Cross-level collaboration. Despite the above responses, several leaders perceive gaps in the practice of vertical catchball. Growth opportunities range from more flexibility in conversations about resourcing, to building processes that will facilitate more regular opportunities for catchball across levels. According to a site director and enterprise level director, respectively:

“Honest answer? The discussion goes something along the lines of leadership from above saying, ‘I want you to do this.’ Down below saying, ‘Okay, I can get that done but I need these resources in this amount of time.’ And leadership, saying, ‘No, you can't have any of those resources. Do it anyway, figure it out.’ Catchball requires two people catching and throwing. I do not feel like we have the skills to do that. ... I think of catch ball as a two-way street, and this is very one way. We don't have that scale yet.”

One enterprise director believes that catchball may occur more at certain levels of leadership due to a need for clearer processes at lower levels of the organization:

“I think we're not very sophisticated about it. We talked about it and we tried to do it and it's mostly happening probably at the top of the organization, between Senior Vice Presidents and VPs more often than anywhere else. I think once it gets lower into the organization, it's less clear as the process is less clear.”

Standard work. Following this thought, another director discusses the importance of standard work to support clear processes at any level of leadership:

“[Vertical catchball] is definitely a gap. ...This will be the first year we are actually building in the time and the standard work for doing vertical and horizontal catchball. To be quite frank, the horizontal catchball is probably more important in our organization, just to make sure that between SVPs we're all aligned on the strategic initiatives and how they integrate and connect with one another. But that's been a gap for the last two or three years in particular. ... We've done it but it's been a light touch. And it's not nearly as robust as what we need.”

We really had a lot of conversation around, ‘How do we get on the same page, how do we build a process that ensures...us being on the same page next year isn't compromised?’ And

so that's what we're starting to build into the calendar and develop standard work around. And again, we're really teaching leaders how to catch ball."

Time and space. In the context of patient care at the site level, a medical director describes difficulties in finding time and space for leaders to meet and share ideas:

"It's really challenging to think strategically after coming out of these last couple of years. We've been very focused on [being] understaffed, taking care of patients. There hasn't been the space. Just finding the space and time for people to share ideas, even meet, has been hard. So while we have groups of leadership at different levels who have regular meetings, there's usually not very much time to really dig into issues and ideas. It's not that it's not happening or that we don't want it to happen. It's just that there's no capacity for it right now."

Work in progress. Finally, while goal prioritization is an area where vertical catchball is most frequently used, there is recognition by some executives that improvements can still be made:

"Everything feels equally important most times, so while we try to have that two-way conversation, the catchball, we still haven't perfected how we get to some prioritization and choosing the few things that are most important for the organization."

6B. Catchball on DEI Issues

Tyranny of the urgent. We asked how vertical catchball or various forms of cross-level collaboration take place to support DEI at Legacy Health. According to leaders, opportunities to discuss this topic during meetings are often taken over by more urgent issues in patient care, such as staffing. As one director describes:

"We have virtual meetings with leaders across the system regularly. And frankly, we always have the chat filled up with: Tell me how to fill my shift. Like, there's not an interest right now in strategy. Don't talk to me about catchball. DEI is recognized as valuable, but there are some people who are like, 'I can't. I'm a manager and I'm working my staff shift this weekend.' So it's a bit of food, water, shelter. It's a bit of Maslow's hierarchy right now."

Challenges to diverse perspectives. When asked how diverse perspectives are incorporated into decision making processes, responses include challenges reaching out to diverse frontline employees for their input. As one manager describes:

"Specific to diversity and equity, we want different behaviors by the leaders and the people in the organization. But we haven't been able to connect to the people who do the work to have their input into how we change the work and change the design of the systems, so that they can do things in a way that fosters equity and inclusion."

There is also difficulty hiring and retaining individuals with diverse backgrounds in decision-making roles. Both a medical executive and director, respectively, speak to this issue:

"Diverse perspectives are incorporated in the amount of diversity and the people involved. We're not the most diverse organization, yet obviously we're working on that. ... So there has been a concern to get more diverse people in roles where we're making decisions."

“What we're finding is, usually our diverse [leaders] leave within the first 18 months of their tenure. If they stay for 18 months, beyond that 18-month mark, usually what happens is they're staying, but they're not being promoted. They're not being tapped for stretch assignments. They're not being tapped for other additional opportunities. Even if they're asking for it, they're not getting selected. So those are the things we're really trying to offset: How do you create a fair, bias free process? How do you look at these termination and retention numbers that are strictly focused on diversity and inclusion, and then how do you close the gaps.”

7. ACCOUNTABILITY

7A. Accountability As a Leader Competency

Range of perspectives. We asked interview participants to describe their own understanding of accountability as a leader competency. There were varied responses to this. One director finds that it looks different depending on one's supervisor and that expectations may be inconsistent. Others describe accountability in terms of having ownership of projects, timelines, and ultimately the project's success or failure. One medical director qualifies that such type of accountability must be appropriate for the amount of power a leader has to effect change.

An executive defines accountability as personal integrity in doing things right without anyone's notice and letting results speak for themselves. Accountability is also defined by other leaders as making sure goals are transparent and reaching agreement that goals are fair. One senior vice president feels accountable not only for such goals and metrics, but also for creating an environment where people feel supported and joy in their daily work:

"When I think about accountability, I'm very metrics driven. So to me, it's always accountability to the goals of the organization and the metrics of the organization, right? So my head always goes to that. But as a leader, I also see accountability to my teams and creating an inclusive workplace for them, creating joy in the workplace to some extent."

Another executive speaks of adhering to commitments and treating each other with respect:

"Accountability for me is our promises we've made, and I feel that way around everyone in the organization. When we break those promises, then we are accountable to that... When we think about the word "respect" being one of our core values, if we're not treating each other with respect then we're in violation of a promise that we've made."

This respect extends to a leader's direct reports and being responsible for their work. As one executive puts it:

"At the end of the day, I'm accountable for the work my team is doing and the work they're doing to close the gap, and I should be able to speak about it intelligently enough. Never as much as my team would be able to, but I need to know the work enough to be able to speak to it and describe what we are doing as an organization."

Particularly among senior leaders, there is accountability to the Legacy Health governing board. According to a senior vice president:

"A board's role of course is not to create the plan. Their role is to approve our goals and provide any guidance and support that we need. So they hold all accountable because they're accountable for our compensation, and they're accountable for the organizational goals. If we meet our performance goals, our compensation is tied to it. ... That's true for hospital presidents and for senior vice presidents. It is not true for any other level in the organization just based on the design of our compensation plan. But that's one piece relevant to accountability."

Challenges to Accountability

Defining expectations and goals. Leaders describe a lack of clear definition that creates uncertainty of what leaders are accountable for and what they should do to meet expectations. According to one medical director:

“We don't do a great job of that. If you were to survey, you know, not even a broad subset of leaders, I don't think it's clearly defined for leaders on where [or] what their accountability is in general. To be honest, I think that's something kind of left in the ether. It's like, I think I'm accountable for this. I think I'm supposed to do this. But...how do we know our leaders are modeling that every day?”

Another site director echoes this perspective:

“I don't think there is any clear cut, like, this is the expectation for our leaders to model and follow and if you don't model these, here are the ramifications and potential things that could be coming your way if you don't live up to those things. We do a great job outlining that for our staff that's reporting to us, but not so great [with] the leaders.”

Lack of clearly defined goals can also lead to challenges maintaining accountability. According to a manager:

“If you don't have alignment and clearly articulated goals, it's really hard for people to be accountable, or know what to be accountable to. ...I think a lot of leaders in our organization, myself included, we're very committed to our teams and being accountable to our teams and supporting our people. But if you don't know the bigger picture that you need to be accountable for, it's hard.”

Strengthening Accountability

Monthly accountability reviews. We asked what is being done or could be done to strengthen accountability at Legacy. Several leaders reference a monthly accountability review to discuss gaps and potential solutions. As one director summarizes:

“We're using this monthly accountability framework to start to help leaders understand: what does it mean to manage your business and how do you manage the business in a way that approaches standardization? So that at each site, it may not be 100% the same but at least 80% of how the business is run is the same. So that's where we're really focused on accountability as a whole.”

Principles and measurement. Leaders also cite the importance of guiding principles with corresponding measurement. One director describes work on Legacy's leader competency model and the need to measure performance in order to manage it:

“It's a competency that [is] not a strength in our organization. We actually are in the process of refreshing our leader competency model. And it's one of those areas that we need some more work on. It's tied closely to the fact that I don't think we're good at measuring and I

don't think we have a good performance management system. So how can you have accountability if you can't measure, plan, and then check?"

This is reinforced by a manager who shares:

"I have to know if I'm seeing it or not...what are the key drivers or the guiding principles? I have to be able to envision what it looks like so I know if I'm hitting it or not. So, how do we articulate how [accountability] shows up every day in the workplace, and with our people?"

There are also cultural issues and a need to overcome the idea that accountability is punitive or random. This can be done through measurement and feedback systems to guide behavior:

"In the past, I think our culture has been very relationship-oriented and accountability seemed harsh or scary. We have some culture issues to overcome around that. I think it was because we weren't doing a good job of measuring. How can you be objective and fair unless you have some clear measures? So then, accountability feels punitive, or it feels random. It doesn't [have to be]. If it's not well understood, what you're trying to measure, and why you're being held accountable to a thing, that doesn't feel good. Our culture has gotten in the way of us building that muscle, getting better at metrics, getting better at having systems and feedback that will help us."

7B. Accountability to DEI Issues

Leader training, communication. We asked how accountability to DEI specifically has been encouraged among Legacy leaders and supported as an area of growth. Leaders describe intense DEI training, team building, and ongoing conversations. According to a senior executive:

"What Legacy has done and what we continue to do is we have a lot of teaching and coaching around awareness. So we are heavily invested in diversity and equity training as a leadership team. We spend probably 8 hours a month on team building and doing things around DEI, having real conversations, sharing stories, because we feel we need to lead by that example so we can better support our teams. And that's where the anti-racism comes in. So we are doing some very intentional work, and really it starts with us. There's some cascading in that work when issues happen in the organization; we're accountable to having conversations with the leaders around that."

Such conversations have also been enabled through Legacy's hiring of a dedicated leader who creates organizational accountability to DEI. According to a clinical executive:

"There's definitely been a communication from the senior leadership that we want to be an anti-racist organization. We recently hired a Chief Diversity Officer and she reports directly to our CEO. Any issues that do come up, we're able to address with her and she has a direct line to the President that way...That's how we've created some of that accountability, is having communication meetings."

Strategy and performance reviews. Speaking about DEI accountabilities, the executive with oversight of DEI at Legacy describes creating a strategic plan so leaders and staff can be held accountable within their scope of work:

"I created a short- and long-term strategic plan for diversity goals, equity goals, inclusion goals, and anti-racism goals that are all healthcare specific, and all aligned with Legacy operations and mission. And it's a really good list. We went from very abstract, philosophical and moral, to concrete with leaders' names on it. And so they all know they can be held accountable for these things because it's within their scope of work...That way when everyone, every frontline manager, every individual contributor is being reviewed for performance, they will be asked about the DEI goal, and it cannot be one they make up. They will have a short list of what is a DEI goal that is organization-specific."

Recruitment Expectations. Hiring diverse employees is an area where there is accountability to DEI at Legacy Health. A medical executive describes such expectations and the metrics used to monitor this activity:

"So there's definitely our HR recruiting area. All have specific metrics that they track around diversity of both candidates and hires in a workforce. And part of my accountability is [that] as I am recruiting and hiring, I need to show that I'm walking the walk of diversity, of living up to our diversity goals."

Challenges to DEI Accountability

Diversity and belonging. Some leaders believe it is a short-sighted goal to hire diverse candidates in order to have diversity on the team, only to find this does not automatically create a sense of belonging for such candidates. Therefore, recruiting diverse candidates must be accompanied by equally important efforts to create an inclusive team environment. From one director's perspective:

"I think managers felt they did their jobs if they checked the box, if they hired somebody diverse. But what did the entire culture of the team look like? That wasn't going a step further to...create a sense of belonging on those teams. They'll be like, 'Oh well, I did my job. I hired a diverse candidate and we have diversity on the team.' It was just a very short-sighted goal. That's not the fix. You've got to create an environment to have somebody come in and flourish and know they're a part of their team."

Need for clarity. Communication about DEI as a priority must be accompanied by clear accountability and action in response to undesirable behavior. A senior executive describes this:

"I don't know if...we have clear accountability systems. I think as a leadership team, we've been talking a lot about consistent response to issues that come up related to DEI. And what are our guardrails? A bar of, 'This shall not happen within the organization'...I think that's something we are still trying to align on, what that looks like. You need that clarity before you can hold people accountable. ... I don't know if we have clear accountability on DEI and action when something not OK happens within the organization. It's a work in process."

This need for clarity is echoed by another leader who frames it this way:

“If you ask 10 leaders here, ‘Tell me about DEI and what you’re accountable for relative to advancing the DEI priority?’ I think you’d get 10 answers. If you said, ‘Can you tell me a story where one of your implicit biases played out?’ I think you would get 3 people who knew how to answer that question. ...Because of that, we have very variable outcomes relative to our DEI work and journey.”

Local measurement. While there is clear communication about DEI as a priority, albeit need for greater clarity about concrete accountabilities, there is also need for measurement particularly at the local level. From one manager’s perspective:

“Because we sit in HR, I know that it’s a goal that’s been articulated by our Senior Vice President of People and Culture. I know that we want to be an anti-racist organization. We hired the Chief Diversity Officer, so I think we put people into place. But in terms of it being measured at the local level, it doesn’t exist.”

A senior executive also makes this recommendation:

“What we measure generally drives accountability. While we are measuring things like, ‘Are you recruiting, are you retaining?’ I don’t know if there any other clear measures for accountability. And many of those measures are [at] the system-level for the organization, rather than the leader level. So at the system level, they’re tracking performance, but as a leader I would say I don’t have any specific goals I’m being held accountable to on DEI. I know what we don’t have tolerance for as an organization, which is good, but I don’t think there are any specific goals I’m personally being held accountable to. So that feels like something we could do a better job of.”

Strengthening DEI Accountability

Diversity in hiring. When asked what could be done to strengthen accountability to DEI work, a suggestion is to ensure leaders understand the underlying reasons and importance of diversity when hiring rather than simply performing to a set goal. According to a site director:

“I think just understanding how important diversity is. ... It’s going to be a slow mind shift to get everyone to come along; it’s definitely not going to be an easy fix. But I’m hopeful that we have the right people in our organization now that are going to continue to hold people accountable and challenge them to evolve. And really be thoughtful about DEI. It’s important [and] not just hiring somebody that checks the ethnic box.”

Furthermore, expertise to consult with on DEI questions may be helpful. As one director shares:

“I look at the relationship with our HR partners. We have them as a consultant basis, so we reach out to them when we have things to run by. If we had [a similar] type of position that if you had any DEI issue, you can consult with [them]...as a thought partner because they’re the experts—they’ve done this for a long period of time and they’ve worked at different organizations, and they know what best practices are—I think as an organization that would be super beneficial.”

Support systems. Another suggestion for strengthening DEI accountability at Legacy is to clearly define and implement systems to support the work. According to a manager:

“There's a way to define [DEI accountability] behaviorally, but I don't think we as an organization defined it. What do those behaviors look like? And maybe we know, but haven't gotten to the place where we've designed our systems to allow people to be successful in demonstrating those behaviors. ...So even though I can say I want, and want my team, to be completely unbiased, I'm not putting something in front of them that eliminates the chance for them to be biased. It's hard to build in the accountability without it being really well-defined, and then having a system in place to ensure we can do that work every day.”

7C. Accountability to Continuous Improvement

Continuous improvement (CI) is a critical part of a leader's job to enhance the organization and make necessary improvements. As there is not typically a formal accountability metric for this, we asked leaders for their ideas on ways to continually improve both in general and with respect to DEI issues.

Integrate with standard work. Several leaders view CI as part of their standard work and actively build it into their daily activities. This involves reserving times in the calendar or clinical schedule specifically for continuous improvement. As one director explains:

“It's embedded in my calendar. I have my standard meetings, and in all of my A3s that I have or that I'm leading, [I] have to dedicate the time to it. You have to create the time for it. It's got to be blocked on my calendar.”

Similarly, a medical director substitutes improvement time for clinical time as needed:

“I block out patient time for improvement time. Today I'm going to the clinic because I blocked out some time to work on our controlled medication process because it's broken. I want to improve it and I think it's something that's important and I'm going to take the time to do it. But I and the other provider who's going to be working with me, [we] are both just blocking out patient time.”

Foster relationships. Leaders also emphasize the importance of relationships in continuous improvement. This includes creating regular “top-down time,” which refers to time devoted to listening to staff and understanding how to support changes. As one executive describes:

“We need top-down time...One of the things I've done for my team is say, ‘I don't want meetings on Fridays, with the intent being that you need to be out with your staff. When you're out with your staff, you can listen. When you listen, you can hear. When you hear, you can do something about their problems.’...Productivity happens when relationships are built. And I think without those relationships, it really gets hard to make any change in an organization.”

Another leader works with a coach to identify blind spots and receives trusted input from others to continuously improve. According to this manager:

“Even though I’m a coach, I still sometimes need somebody to help me see any blind spots that I might have. So I have a relationship with my own coach. And then I get input from leaders, input from my team. I take that information to identify, ‘Okay, where are my opportunities to improve as a leader? So that’s my own continuous improvement.”

Have an improvement mindset. Similarly, one manager describes personal efforts to continuously improve by planning and reflecting on behaviors:

“For me personally, every week I do my own reflection and planning. So, I plan my week and I identify, for example, what meetings am I in, what key behaviors do I need to demonstrate in that meeting? What’s the purpose, what’s the outcome? ... So before I go into the meeting, I remember this is how [I] need to show up today. And so, keeping those things in the front of my mind to try and reinforce the behaviors is how I work to continuously improve.”

Lean and respect for people. One director highlights Legacy’s lean operating system as an effective vehicle to support continuous improvement specifically in the area of DEI:

“I will say that the operating system is going at a faster rate. You know when you start talking about DEI work, it challenges individual thinking, individual behavior, it forces reflection. We think that by pushing out lean first, it actually creates pathways for DEI to travel on. Because once you talk about respect for all people...if you approach that right off the bat from a DEI lens, that’s going to challenge people, conventions, how they were raised, how they’ve been thinking; that’s a harder nut to crack. Starting out with lean and talking about the respect development of people—of all people—it kind of opens the door.”

APPENDIX – Methods

Depth Interviews

We conducted qualitative depth interviews using a purposive sample of Legacy leaders, including senior executives, enterprise clinical and operational directors, site directors, and managers. We conducted interviews via Zoom conference call, where a primary interviewer asked participants questions drawn from a semi-structured interview guide (shown 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 Legacy 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?