



DEPLOYING EFFECTIVE MANAGEMENT AND LEADERSHIP STRATEGIES TO DRIVE TRANSFORMATION

LESSONS FROM CHART HOSPITALS

HEALTH POLICY COMMISSION

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ABOUT HPC

Established through the Commonwealth of Massachusetts' landmark cost containment law, Chapter 224 of the Acts of 2012, the Health Policy Commission (HPC) is an independent state agency governed by an 11-member board with diverse experience in health care. The HPC is leading efforts to advance Chapter 224's ambitious goal of health care cost containment. The agency works to stimulate informed dialogue, develop evidence-based policy, and encourage innovative delivery and payment models to accelerate transformation in the Massachusetts health care system.

The HPC's various policy committees engage in health care market research through publication of the Annual Cost Trends Reports; market monitoring through Notices of Material Change and Cost and Market Impact Reviews; analysis of structure of the delivery system through the creation of criteria for Accountable Care Organizations and the Registration of Provider Organizations Program; and investment through the CHART and Innovation Investment Programs. Through these and other policy initiatives, the HPC strives to promote and incentivize the development of a high-value health care system in the Commonwealth.

CHART INVESTMENT PROGRAM

Established by Chapter 224, the Community Hospital Acceleration, Revitalization, and Transformation (CHART) Investment Program is a \$120 million reinvestment program funded by an assessment on large health systems and commercial insurers that will make phased investments for certain Massachusetts community hospitals to enhance their delivery of efficient, effective care. CHART hospitals share the common characteristics of being non-profit, non-teaching, and having relatively lower prices than many other hospitals. The goal of the program is to promote care coordination, integration, and delivery transformations; advance electronic health records adoption and information exchange among providers; increase alternative payment methods and accountable care organizations; and enhance patient safety, access to behavioral health services, and coordination between hospitals and community-based providers and organizations. In October 2013, the HPC solicited responses from eligible community hospitals to participate in CHART Phase 1 funding. A total of \$10 million was distributed to 28 community hospitals to support short term, high-need expenditures. The HPC awarded a total of \$60 million in CHART Phase 2 funding in October 2014.

CHART CASE STUDY SERIES

Through CHART-funded Phase 1 initiatives, the HPC built a foundation for system transformation by assessing the capability and capacity of participating institutions to lead and implement delivery system change, providing technical assistance to awardees, and fostering engagement and learning among CHART-eligible hospitals. In turn, participating awardees designed and implemented capacity building programs and marshaled internal leadership and resources to design initiatives. The following case study is part of a series focusing on promising practices among CHART hospitals toward successful implementation of improvement initiatives and achievement of results. The HPC, together with CHART hospitals, intends for the experiences and lessons exhibited in this series to assist other providers, the public, and policy makers in designing and promoting similar short-term, high-impact improvement initiatives in their communities and organizations.

INTRODUCTION

Nationally and in Massachusetts, the environment in which health care is delivered is changing rapidly. Trends in payment are moving away from traditional fee-for-service payment that rewards volume and toward approaches that incentivize performance and quality, such as bundled payments, readmissions penalties, and accountable care contracting arrangements. These alternative payment methodologies seek to contain health care costs and promote improved population health. For hospitals, responding to the new incentives and pressures requires transforming care delivery practices, workflows, organizational culture, and relationships with clinicians and community organizations. Through the CHART program, the HPC provides support to community hospitals to accelerate such transformational initiatives. The HPC and participating hospitals have found that strong project management and executive leadership engagement are key ingredients for successful project implementation. These findings reinforce the experience of many industries, including recent evidence from the health care sector, that implementation of strong management practices can yield improved performance.¹

Role of Project Management and Leadership in Hospital Transformation

Strong project management and executive leadership play major roles in planning and implementing successful change management initiatives across a variety of industries. A 2005 analysis published in the *Harvard Business Review* looked at 225 companies and 1,000 change management initiatives from a number of industries and found consistent correlation between the success of change management programs and critical factors such as visible support and commitment from top-level leaders, the dedication of effective project team members, and implementation of key project management activities including scheduling milestones, assessing impacts, identifying gaps, and spotting new risks.² There is a growing body of evidence that these factors are equally important for effective implementation of change initiatives in hospitals and health systems.^{3,4} These emerging themes suggest the need for further research on best-practice management strategies as well as the optimal training and expertise for project managers tasked with driving transformation projects in health care settings.

Project Management Skills and Strategies

The practice of project management has developed into a robust discipline of concepts, skills, and capabilities that describe and support the activity of planning and organizing resources to achieve a specific goal. In this framework, a *project* is defined as a temporary process with a beginning and an end, and the role of project manager is viewed as having overall responsibility for the initiation, planning, execution, monitoring, controlling, and closure of the project.⁵ The growth of project management as a profession has led to the development of specialized training and methodologies across many sectors. For example, lean project management, which developed from the Toyota Production System, focuses on continuous improvement through small, incremental changes in processes and eliminating waste in the system to improve efficiency and quality. Project management tools, such as Gantt charts, project plans, and dashboards, have been developed to facilitate resource planning, monitor tasks and milestones, redesign workflows, and collect, analyze, and share project-related metrics. Professionalization of project

1 Dorgan S, Layton D, Bloom N, Homkes R, Sadun R. Management in Healthcare: Why Good Practice Really Matters. Centre for Economic Performance. McKinsey & Company and the Centre for Economic Performance at the London School of Economics. 2010. Available from: http://www.leadingssystemsnetwork.com/pdf/Management_Matters.pdf

2 Referred to as the DICE framework, the four “hard” factors correlated with change program success are: project duration, particularly the time between project reviews; integrity of performance, or the capabilities of project teams; the level of commitment of senior executives and staff; and the additional effort required of employees directly affected by the change. See: Sirkin HL, Keenan P, Jackson A. The Hard Side of Change Management. *Harvard Business Review*. 2005 Oct 01. Available from: <https://hbr.org/2005/10/the-hard-side-of-change-management>

3 Garman A, Lemak CH. Developing Healthcare Leaders: What We Have Learned, and What is Next. National Center for Health Leadership. 2011. Available from: http://www.nchl.org/Documents/Ctrl_Hyperlink/doccopy5523_uid6102014456192.pdf

4 Nolan TW. Execution of Strategic Improvement Initiatives to Produce System-Level Results. Institute for Healthcare Improvement. 2007. Available from: <http://www.ihi.org/resources/Pages/IHIWhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.aspx>

5 Project Management Institute. What is Project Management? Available from: <http://www.pmi.org/About-Us/About-Us-What-is-Project-Management.aspx>

management is evidenced by the proliferation of colleges, career centers, and private organizations that offer courses on project management tools and strategies. Individuals can also pursue project management certification by meeting credentialing requirements through various project management associations.

Despite the growth and increasing sophistication of project management tools and methodologies, the health care industry has lagged in adopting them and in deploying individuals with project management experience and specialized training as project leaders. Health care organizations have more often relied on clinical or technical staff to manage projects, typically without management training or tools, and often resulting in unmet goals and poor outcomes. Indeed, in their international research on management practices across industries, Nicholas Bloom, Raffaella Sadun, and John Van Reenen found that overall, hospitals are more poorly managed than manufacturing companies.⁶ However, the researchers note that change among hospitals is occurring. They point to the classic example of Virginia Mason Medical Center in Seattle where, in 2002, the introduction of extensive performance monitoring and weekly team meetings, inspired by the Toyota model, led to improved patient care. As a result, in their breast clinic the average elapsed time between a patient's first call and a diagnosis dropped from three weeks to three days.⁷ Similarly, application of lean process improvement in CHART Phase 1 led to such improvements as reducing length of stay for orthopedic patients from 3.24 days to 2.98 days.

These examples demonstrate that developing talent around project management is critical for the health care industry. Effective project management works to eliminate waste and ensure that targeted rapid cycle improvement leads to shared benefit for both the hospital and the patient. However, for systematic improvement to be effective, leadership of the organization must be invested in making improvement a priority for their organization. This depends on every employee from the front line staff to the executive team to feel empowered to implement changes if they recognize a broken or wasteful process. Project managers who have the capabilities necessary for leading this improvement work, coupled with enabling senior leadership, are pivotal to the success of this work.

Executive Leadership and Supports

Optimal execution of individual initiatives and institution-wide culture change and transformation depend on senior-level support. A growing body of literature emphasizes the role of hospital executive leadership in communicating the mandate for change and taking an active role in implementation.^{8,9} A series of Institute for Healthcare Improvement (IHI) white papers highlighted the critical role of top management in effecting change. One IHI white paper on strategic improvement initiatives in healthcare organizations emphasizes that "...achieving results at the system or organizational level requires will at all levels, but especially the will of top management to make a new way of working attractive and the status quo uncomfortable."¹⁰ Moreover, an article by Joint Commission executives Mark Chassin and Jerod Loeb on high reliability health care states, "[a]ll the constituencies of leadership, both formal and informal, must share the same singular vision of eventually eliminating harms to patients. This is an essential initial requirement, because the success of all the other changes depends on it."¹¹

For a variety of reasons, effective executive leadership in health systems is challenging compared with many other sectors. Hospitals and health systems typically have a decentralized management structure in which medical, nursing, and allied health staff work in one or more units across inpatient medical or surgical areas, outpatient clinics, and the hospital's emergency department. Similarly, administrative and operational staff also support one or more clinical units and are frequently located in administrative areas or at off-campus locations. As such, individuals working to support the functions of a particular unit often report to different supervisors and separate lines of authority, resulting in a complex organizational matrix. Moreover, health system leaders seeking

6 Bloom N, Sadun R, Van Reenen J. Does Management Really Work? Harvard Business Review. 2012 Nov. Reprint available from: <http://worldmanagementsurvey.org/wp-content/images/2012/11/Does-Management-Really-Work-Bloom-Sadun-and-Van-Reenen.pdf>

7 Bloom N, Sadun R, Van Reenen J. p. 6.

8 Chassin MR, Loeb JM. High Reliability Health Care: Getting There from Here. *Milbank Quarterly*, 2013;91(3): 459–490. Available from: http://www.jointcommission.org/assets/1/6/Chassin_and_Loeb_0913_final.pdf

9 Jha A, Epstein A. Hospital Governance and the Quality of Care. *HealthAff.* 2010; 29(1): 182-187.

10 Nolan TW. p. 1

11 Chassin MR, Loeb JM. p. 468.

to implement changes need to account for a wide array of operational and financial incentives that can influence and align the interests and activities of employed and contracted medical staff, labor unions, community provider groups, and clinically affiliated health systems. Hospital leaders also have to respond to the external environment including public and private payers, regulators, and community stakeholders.

Transformation initiatives often rely on teamwork and engagement across multiple units, but capacity and awareness of the vision for change may vary widely across units in a given hospital.¹² Preliminary results of the World Management Survey of a subset of CHART hospitals in 2014, an initiative supported by the HPC, measured perceptions of management performance at the hospital unit level. Domains explored in the survey included operations management, performance monitoring, goal-setting, leadership management, and talent management. Survey results showed more variation in management scores within hospitals than across hospitals, suggesting that hospitals are similarly challenged to provide consistent support and clear strategic direction across all units. The data reveal a large degree of heterogeneity in management practices even within the same hospital. Variability across functions and departments, with staff following different managerial processes, is more common than variation across hospitals.

Figure 1: Key Findings from CHART Respondents: Variation in CHART Cohort Management Practices



Source: Measuring Managerial Alignment in Healthcare: Preliminary Results – the World Management Survey in select CHART Hospitals, Olivia Jung and Raffaella Sadun, Harvard Business School, 2014

This finding raises important implications regarding the success of transformation initiatives, but also of reliable delivery of patient care. Consistent with prior research on manufacturing industries, a recent international study of management practices and outcomes in hospitals found a strong relationship between specific hospital management practice scores and hospital health outcomes.¹³ To help address these challenges, CHART initiatives require active, ongoing involvement from the senior leadership of the organizations, as well as provision of resources, tools, and authority that empower project managers and teams to act effectively. Drawing lessons from early experiences in leadership engagement at CHART hospitals, CHART Phase 2 requires 10 percent minimum participation of a clinical leader and an operational leader from each hospital, time which is funded as an essential component of CHART initiatives.

Goal of this Case Study

The goal of this case study is to illustrate how three CHART hospitals have launched transformation initiatives through selection of skilled, experienced project managers and supportive executive leadership. The examples and lessons presented below may provide guidance to other hospitals as they select and train project managers and set priorities for executive and senior staff.

The three hospitals highlighted here were selected based on discussions with HPC staff and expert consultants who have worked with and monitored the activities of CHART hospitals. These organizations represent just a few examples of hospitals with notably strong initiatives that emphasize project management and/or strong executive leadership to drive improvement during CHART Phase 1. The hospitals are: HealthAlliance Hospital, Addison Gilbert Hospital, and Signature Healthcare Brockton Hospital.¹⁴ The information presented is based on reviews of the hospitals' CHART reports and proposals, discussions with HPC staff and expert consultants, and semi-structured interviews with key respondents at the hospitals.

¹² Frankel A, Leonard M. Perspective: Update on Safety Culture. Web M&M. Agency for Healthcare Research and Quality. 2013 Jul/Aug.

¹³ Dorgan, et. al. 2010.

¹⁴ The selection of CHART hospitals in this case study does not confer a competitive advantage for future CHART investment opportunities. While many hospitals could have been highlighted in this study, the choice of these three hospitals is intended to offer insight into promising practices.



CHART HOSPITAL INITIATIVES WITH STRONG PROJECT MANAGEMENT

During Phase 1 of the CHART Investment Program, several awardees recruited full-time project managers who were assigned day-to-day responsibility for implementing the hospitals' CHART projects in collaboration with other clinical, administrative, and operational staff. The HPC identified two hospitals, in particular, who reported early satisfaction with this model:

- **HealthAlliance Hospital – Emergency Department Case Management Services:**

HealthAlliance Hospital received CHART Phase 1 funding to implement case management services in its emergency department (ED) for high-utilizer patients with behavioral health needs. Working closely with two community partners, the project involved embedding a behavioral health nurse navigator in the hospital's ED to integrate patients back into the community, home, or incarceration stabilization unit (if applicable), and to connect patients with primary care providers. The nurse navigator worked with case managers to develop individual care plans that were shared across community providers. HealthAlliance Hospital contracted with an individual to serve as the initiative's dedicated project manager.

- **Addison Gilbert Hospital – High Risk Intervention Team:**

Addison Gilbert Hospital received CHART Phase 1 funding to implement a High Risk Intervention Team (HRIT) pilot to provide patient education, medication management, and enhanced discharge planning to patients admitted with certain complex chronic illnesses. The HRIT developed new procedures, established new relationships within and outside the hospital, and collected new types of data. In the early months of planning, the hospital hired a project manager to manage this initiative.

HealthAlliance Hospital

HealthAlliance Hospital is an 86-bed not-for-profit, full service, acute care hospital located in Leominster, MA. The hospital serves the communities in North Central Massachusetts and Southern New Hampshire. As a member of UMass Memorial Health Care, HealthAlliance Hospital offers direct access to advanced medical technology and specialty services.

Addison Gilbert Hospital

Addison Gilbert Hospital is a full-service, 58-bed medical/surgical acute care facility located in Gloucester, MA. The hospital provides inpatient and outpatient care to residents of the Cape Ann community in specialties such as cancer care, surgical day care, critical care and emergency medicine. Addison Gilbert Hospital is part of Lahey Health System.

These two CHART hospitals were similar in that they recruited full-time individuals who possessed specialized project management skills and experience. As further described below, these factors helped address and solve challenges that arose during project implementation.

Fully-dedicated Project Management Role

At both HealthAlliance and Addison Gilbert hospitals, creating the position of a full-time project manager responsible for advancing the hospitals' respective CHART project was critical to implementation. The project managers were able to devote their full attention to the project without competing demands or priorities. At HealthAlliance Hospital, this full-time dedication gave the project manager the flexibility to work around others' schedules, which was particularly helpful given the 24-hour nature of ED operations.

The CHART project managers at both hospitals had a wide range of operational and managerial responsibilities, including: overseeing daily project activities; supervising team members; establishing and maintaining relationships with internal and external partners; creating workflows, processes, and data measures; overseeing budgets; and monitoring results. The HealthAlliance Hospital project manager, for example, worked closely with two community partners, as well as hospital ED and inpatient staff, met with all hospital departments, conducted a current state assessment, arranged and facilitated meetings and working sessions to create workflow changes and new processes, produced deliverables, and reported to senior leadership.

“It has to be one or the other. You are either doing clinical work, or you are managing the process. You can’t remain objective to outcomes and processes if you are in the weeds of doing the day-to-day work.”

*- Jean Alden-St. Pierre, Project Manager,
High Risk Intervention Team, Addison
Gilbert Hospital*

In their final Phase 1 reports to the HPC, some CHART hospitals without a dedicated project manager relayed that the lack of strong, dedicated project management was a barrier when implementing their initiatives. One hospital noted that they “found that using current staff to manage the large scope of this project was a challenge due to the time commitment and conflicting priorities.” Another CHART hospital reported that “significant transformative initiatives tax the resources of already lean operations at CHART hospitals, which by definition receive lower payments for the services they provide. Funding of project management support with expertise in performance improvement would greatly facilitate execution of future similar HPC CHART work.” Underlining the value of dedicated project management, one CHART hospital acknowledged the importance of building in time for identifying a qualified project manager, recommending that “hospitals intending to create new positions as part of a similar project [should] develop a strategic plan for recruiting and begin searching for candidates (though not yet interviewing) during the proposal development period.”

Skills and Experience of Project Managers

Data management, analytics, planning, organizing, and problem-solving proved to be skills that were most valuable to CHART project managers at HealthAlliance and Addison Gilbert hospitals. Communication and facilitation skills were also valuable in creating and embedding new teams and team members within and across existing hospital units. Both projects required the project manager to effectively reinforce the purpose and expectations of the project and obtain cooperation and participation from existing staff.

The project managers also demonstrated core competencies that were valuable to the CHART initiatives, drawing upon training and many years of relevant experience. HealthAlliance Hospital’s project manager came with lean and project management training, and experience with information systems and analytics which contributed to an ability to synthesize information and conceptualize workflows and solutions for the project. She explains, “I love understanding what end users need, understanding the big picture and how to move the parts.” Similarly, valuable project manager competencies observed in Addison Gilbert Hospital’s project manager also included lean capability and change management. In this project manager’s case, she leveraged prior experience managing high-volume, deadline-driven units, and cross-departmental process improvement projects that required staff buy-in and focused on lean principles, such as reduction in overall “touch time,” and streamlined workflows.

Notably, neither project manager came into the role with clinical experience or training. This fact was observed by staff at Addison Gilbert Hospital who had expected the HRIT project manager to have a clinical background. In that case, the project manager found her MBA and project-based experience to be more valuable, noting that clinicians and project managers play distinct roles in implementation: “It has to be one or the other. You are either doing clinical work, or you are managing the process. You can’t remain objective to outcomes and processes if you are in the weeds of doing the day-to-day work.”

At both hospitals, the CHART project manager was hired from outside of the organization and had to learn the nuances of their respective hospital's systems and processes. Hospital and project leaders indicated that this did not pose a significant barrier. In contrast, leaders remarked about the benefits of having a project manager who came to the project with an unbiased, fresh perspective and without pre-established alliances. For example, the Addison Gilbert Hospital project manager found that her "outsider" perspective helped her think outside of pre-existing workflows on the inpatient floor, allowing her to introduce and "embed" a new team into the clinical process, and develop new relationships to achieve buy in both from hospital and community stakeholders.

Building Relationships and Networks and Gaining Buy-In

In the cases of both project managers, their analytic capabilities and technical expertise were supported by strong interpersonal skills and use of communication strategies that helped enable project implementation. The project managers also benefitted from certain entrepreneurial qualities that support change management, such as persistence, a willingness to take chances, and an ability to address resistance and avoidance. Specifically, they noted that the following techniques proved helpful in building trust and gaining buy-in from project stakeholders:

- Reinforce the importance of quality improvement as the forefront of the project.
- Take the time and energy to build relationships and trust among individuals at all levels inside and outside the organization.
- Be transparent and communicate with those "down in the trenches" as well as with high-level executives.
- Elicit suggestions and listen to the people who are doing the work.

Addison Gilbert Hospital's project manager, for example, was willing to compromise and be open to suggestions, which is essential when working with an array of individuals with different perspectives and priorities, while also remaining focused on the project's objectives. She emphasized the importance of building a supportive network by engaging colleagues throughout the hospital system, sharing information to get them excited about the CHART project, and eliciting their feedback. She built trust with her colleagues by reinforcing the project's goal of keeping patients healthy and out of the hospital, and working closely with key project participants such as the inpatient and ED nurse managers, the performance improvement team, and the manager of patient financial services. She also found it helpful to use some basic relationship-building strategies such as sending written thank you messages or baked goods to individuals who met with the team or contributed to the program.

Like Addison Gilbert Hospital's HRIT project manager, the HealthAlliance Hospital project manager spent a lot of time observing and working hand-in-hand with staff to build relationships and trust. She said that an effective project manager must demonstrate that they understand staff concerns and can help them fix issues by continually communicating; a central first step of this relationship-building process at HealthAlliance Hospital involved the use of a tool to assess the "current state" of the hospital. The project manager adapted traditional project management methods to systematically document the current environment. She used the assessment process to introduce herself to hospital staff and to assess the people and business operations involved in the project. By identifying and addressing the needs and circumstances of the staff affected by the project, the project manager established lasting relationships while gathering meaningful baseline data to inform the project's design.

Project Management Processes and Tools

Project management methodologies often focus on the use of tools, such as project plans, workflow diagrams, and data-gathering templates, to support project reporting and performance. At Addison Gilbert Hospital and HealthAlliance Hospital, data and communication tools were created by and for the project managers and their project teams. HealthAlliance Hospital's CHART project management activities involved collecting, assessing, and sharing data and metrics frequently to develop a quality improvement feedback loop and show people the value of their efforts. The project team included individuals authorized to make decisions about workflow changes

rapidly. During regular team meetings, the group worked on deliverables together—establishing and documenting policies, creating and modifying common forms, and gathering data on processes as needed. The project team also used Tableau, a software application, to visualize existing ED patient flow and facilitate redesign to meet CHART objectives. These tools also helped the team communicate proposed and executed changes to administrators and staff at the hospital and at community partner organizations. (See Appendix A: HealthAlliance Hospital Metrics Scorecard.)

Similarly, the project manager at Addison Gilbert Hospital collected, analyzed and shared HRIT-related data on a weekly basis, working in collaboration with the performance improvement team, quality improvement colleagues, the pharmacy department, the emergency department nurse manager and inpatient floor staff. Sharing these dashboards helped build the case for modifying existing practices and provided evidence that the new HRIT efforts were beginning to be effective. Each meeting with external and internal partners or stakeholders began with introductions and a verbal overview of the program, along with a written copy of the goals of the team. The project manager shared a snapshot of demographics on the patient population and results to date. She organized a large amount of data and details into concise presentations that conveyed objectives, status, and next steps.¹⁵

The Addison Gilbert Hospital project team primarily tracked their own data; the small size of the hospital allowed them to communicate directly with the clinical team on a patient-by-patient basis. They met with the Performance Improvement group on a monthly basis to compare results and discuss findings. The HRIT project director also reached out to the Pharmacy, Emergency and other departments to compare HRIT findings with hospital system-wide data. This facilitated ongoing conversations to elicit suggestions for tracking, measuring, and comparing data that did not neatly align.

Though some team members noted that more sophisticated software would have been preferable, HealthAlliance and Addison Gilbert Hospital project teams used Microsoft Excel and Word programs to create tracking tools and dashboards. For example, a very simple patient “touch point” tracking tool allowed HRIT members to note and monitor every interaction with a patient. (Figure 2 provides a representation of the tool.) The simplicity and accessibility of these programs enabled the team to make changes as the project developed and without involving resources external to the project participants. The result was customized tools that were purpose-built by and for the project team and were adaptable as the project evolved. However, the often manual data collection involved some double data entry, which could result in errors or omissions. The manually generated data set was also cumbersome to calculate. This experience identified the need for a system that can easily capture data and run reports while also serving as a platform that can be used by other groups to facilitate sharing data and care plans with other teams.

Figure 2: Addison Gilbert High Risk Intervention Team: Touch Point Tracking Tool (April 2, 2014)

Patient Name	Patient Number	Rounds	Making a Note	In person (patient)	In person (patient & family)	In person (Social Worker)	In person (RN)	In person (patient & PCA)	Phone call. To?
Redacted	Redacted	X	✓	✓					✓Son ✓Golden Living
Redacted	Redacted	X	✓	✓	✓				✓✓✓Blueberry Hill
Redacted	Redacted							✓	
Redacted	Redacted	X	✓	✓	✓		✓		✓Golden Living
Redacted	Redacted	X							✓✓email
Redacted	Redacted								

15 Massachusetts Health Policy Commission. Use of Locally Derived Data to Design, Develop, and Implement Population Health Management Interventions: Lessons from CHART Hospitals. 2015. Available from: <http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/chart/phase-2/chart-case-study-011615.pdf>

Both hospitals anticipate integrating the tools they have developed into broader hospital platforms over time. Addison Gilbert Hospital is contemplating a transition from a paper-based system to an integrated workflow management system as part of CHART Phase 2. HealthAlliance expects to continue progress toward electronic data exchanges between partner organizations. The original tools, developed as a result of effective and flexible project management approaches, served the short-term project needs well. The tools will also help define the functional business requirements necessary to transition the new processes into more integrated systems.

CHART HOSPITAL INITIATIVES WITH ENGAGED LEADERSHIP

The experiences of CHART Phase 1 hospitals illustrate the important role that executive leadership plays in transformation projects, particularly in terms of sponsorship and support of project teams and leaders. As described below, despite the differences in projects and scopes, leadership support was essential to the successful implementation of CHART initiatives at three hospitals: HealthAlliance Hospital and Addison Gilbert Hospital as well as Signature Healthcare Brockton Hospital, introduced below.

- **Signature Healthcare Brockton Hospital – Process Improvement Initiatives:** The hospital received CHART Phase 1 funding for a three-part initiative to: 1) implement an evidence-based IT tool to monitor patient condition that flags patient deterioration early in decline to expedite deployment of rapid response;¹⁶ 2) integrate software that enables the hospital to process claims data on utilization and cost, and conduct predictive modeling to identify patients with high likelihood of superutilization;¹⁷ and 3) initiate a five-year plan for deploying lean process improvement strategies, conduct a safety assessment, and develop an intervention plan to reduce serious adverse events.¹⁸ The ability of Signature Healthcare Brockton Hospital to plan and initiate the changes for its CHART Phase 1 project were driven by a CEO with both vision and a hands-on approach, as well as a senior executive team who championed the project.

Signature Healthcare Brockton Hospital

Signature Healthcare Brockton Hospital is a 245-bed community-based, non-profit teaching hospital in Brockton, MA. Part of the Signature Healthcare system, the hospital provides a full range of inpatient and outpatient clinical services, and maintains a major teaching affiliation with Beth Israel Deaconess Medical Center.

Executive Vision, Mission, and Passion

When the president and CEO of Signature Healthcare Brockton Hospital took his position in 2010, he knew that the trend from fee-for-service to managed care and population-health-based payment required a transformation in culture and processes at the hospital. He began introducing goals and outcomes metrics as a core component of his management strategy.¹⁹ When he read the 2013 article by Chassin and Loeb about high reliability hospitals, he embraced its framework calling for “a series of incremental changes that... involve the leadership’s commitment to achieving zero patient harm, a fully functional culture of safety throughout the organization, and the widespread deployment of highly effective process improvement tools.”²⁰ The CHART program offered the opportunity to

16 Signature Healthcare Brockton Hospital integrated PeraTrend software into its MediTech electronic medical record (EMR) to use on one medical/surgical ward. PeraTrend software uses the Rothman Index, a measure of individual patient condition, to complement information on the EMRs. It facilitated communication among clinicians and decisions about care transitions. Signature Healthcare plans to expand use of the tool across the hospital in 2015.

17 Signature Healthcare Brockton Hospital integrated Verisk Health software with its data warehouse, and uploaded two years of claims data for 75,500 patients in Signature Medical Group’s primary care practices. The predictive modeling tool allows for generating data on utilization and cost, and the statistical algorithm and predictive modeling components provide statistical predictions of risk of hospitalization and future costs, ability to stratify populations by disease burden, utilization, and cost through predictive modeling, providing a data-driven system for effective population management.

18 Signature Healthcare Brockton Hospital contracted with a consulting firm to complete a five-year master plan for deployment of Lean management strategies across the integrated healthcare system, and also contracted with another healthcare performance improvement consulting firm to conduct a safety assessment and develop an integration plan to reduce serious adverse events in Brockton Hospital by 50-80 percent in two years. These are integral parts of Signature Healthcare Brockton Hospital’s five-year strategic plan to become a high reliability organization through operational excellence, efficient systems, and quality patient care.

19 Nygren Consulting. From the CEO’s Perspective. 2010 Nov. Available from: <http://nygrenconsulting.com/assets/From-the-CEOs-Perspective-November-2010.pdf>

20 Chassin MR, Loeb JM. p. 459-460.

operationalize this framework and accelerate Signature Healthcare Brockton Hospital's early improvement efforts. (See Appendix B: Signature Healthcare Brockton Hospital Improvement Plan.)

The CEO's enthusiasm and active discussion of high reliability healthcare were the impetus to bring the rest of the executive team on board. "We used the article to talk about a culture of safety and get to the next level of work," he said. The CEO fully engaged and empowered his senior team, which created a unified front to drive change down the operational ladder.

Hospital-Wide Engagement

Signature Healthcare's CEO held an executive team meeting, where all of his vice presidents brainstormed themes and ideas for specific projects for CHART. They selected and took ownership of the three initiatives comprising the CHART award. The chief of medicine, the chief nursing officer and the nurse manager provided hands-on support and coaching for all staff on the hospital unit adopting the PeraTrend tool as part of routine work to assess patient condition. The vice president of Signature Medical Group was instrumental in informing providers about the advent of predictive modeling to guide population health and helping them understand its practical use. The

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- Dr. Mitchell Selinger, Vice President of Managed Care, Signature Medical Group

Chief Nursing Officer summed up Signature Healthcare Brockton Hospital's approach: "The role of the C-suite is to make change happen!"

The executive team also brought in experts and consultants to train leadership and staff on new tools and the use of root cause analysis to identify and then fix underlying problems, and to create and guide a detailed plan for lean deployment, including executive coaching and leadership development.

One key to Signature Healthcare's CHART implementation was vice president-level facilitation, goal-setting, scheduling, and discipline around meetings. According to Signature Medical Group's vice president of managed care, "Sticking to a schedule really made the difference; it was on the calendar, it made it real. It was not only a call to action but a *schedule to action*. This [was

necessary because change] is extra work, not part of our routine."

For each of the three CHART project components, Signature Healthcare created a project team responsible for further development and implementation. Most importantly, they identified and deployed physician and front-line champions who engaged with and achieved buy-in from their colleagues and floor staff. This level of engagement continues to be crucial for adoption of the new tools, programs, and routines—whether limited to one unit, or system-wide.

Similarly, at Addison Gilbert Hospital, a vice president helped initiate the CHART HRIT project because, as a trained pharmacist, she was particularly attuned to the high level of medication mismanagement among patients after discharge, especially those with complex conditions. This senior executive had the vision for the project and communicated directly with executive leadership about the HRIT team and its goals. She and the HRIT project manager also presented team results at monthly health system leadership meetings, which included executives from three member hospitals. The vice president also helped to build support for the project and promote relationships across groups by inviting case management, nursing, and quality improvement staff to join the HRIT at an Institute for Healthcare Improvement conference focused on reducing readmissions.

Executive Sponsorship of Project Teams

At Addison Gilbert Hospital, CHART Phase 1 initiatives combined effective project management strategies with supportive executive leadership. The vice president at Addison Gilbert Hospital who helped initiate the CHART

project initially had a hands-on, operational role in planning the HRIT pilot. After hiring a project manager to take on day-to-day responsibilities, the vice president continued to play a vital role as executive sponsor of the project. She introduced the project manager to the important stakeholders inside and outside the hospital and acted as liaison between the project team and executive team. During the pilot, she met with the project manager weekly to stay abreast of activities, authorize fast approvals when needed, and help eliminate roadblocks as they arose. For example, when the health system's accountable care organization (ACO) had some initial concerns about overlap with the HRIT, the vice president personally participated in meetings with ACO leadership. This helped alleviate concerns and define the working relationship. Overall, she continues to play a critical role in supporting and enabling the project manager, who described the vice president as "available and accessible throughout this project."

In contrast to Addison Gilbert and Signature Healthcare Brockton hospitals, senior management at HealthAlliance Hospital took a less hands-on role in CHART activities; however, they took efforts to hire a strong project manager and empower her to use her skills to lead effectively. At HealthAlliance Hospital, the CHART project manager reported directly to the vice president of clinical operations and chief nursing officer, who provided guidance and described his role as needing "to remove barriers, not to micromanage... I got out of her way." In addition, the project involved two partner organizations, and executive leadership from the project partners was also critical. All project team participants received a clear message from their respective leadership that the project was a high priority, and that they had authority to adapt existing processes to make the project work. At HealthAlliance Hospital, authority from leadership to make changes combined with regular project management meetings fostered collaboration among the partnering organizations and helped meet the project's ambitious timeframe.



LESSONS LEARNED

Both the literature and the CHART Phase 1 experiences of the three hospitals highlighted in this report underscore the value of effective project management and suggest that certain project management skills, tools, as well as the commitment and empowerment by senior leadership are important components of effective implementation of change initiatives. Following are lessons gleaned from these hospitals.

1. There is substantial variation within and across hospitals in project management capacities; success often relies on skilled and dedicated individuals and development of effective systems.

Hospitals vary significantly in their capacity to effectively manage transformation projects. Even within hospitals, project management capability differs across departments. Bringing in an experienced, skilled project manager who is dedicated to the initiative can help convey the purpose and progress of the project to all staff and improve likelihood of successful implementation.

The project managers at Health Alliance and Addison Gilbert hospitals were recruited and dedicated fully to the CHART transformation project. With no competing demands, they had flexibility to work around others' schedules. In those cases, the project managers came from outside their respective hospitals, but the important element they brought was an ability to think beyond existing workflows and practices.

Skillful project management promotes collaboration and flexibility not just in the planning of the project, but also in the development of systems and business processes that operationalize the initiative. The hospital can facilitate effective project management by providing tools for data collection, analysis, information sharing, and documentation of workflows. Project teams working on transformation projects should have support from performance/quality improvement departments, information systems personnel, and other hospital resources as needed. At the same time, project teams should have the flexibility to develop practical tools that work for team members. Both Addison Gilbert Hospital and Health Alliance Hospital CHART project teams developed new and fairly simple data gathering and tracking mechanisms that supported the projects' goals. CHART hospitals without project managers expressed that having one would have been helpful in implementing their projects. One noted that having a project manager would have helped complete deliverables on time while another suggested funding a project manager with expertise in performance improvement would help with execution. Over the long-term, hospitals will need to develop standardized tools that integrate with other IT infrastructure and workflow platforms; however, for short-term projects like CHART Phase 1, flexibility, collaboration, and support from hospital leadership are critical.

2. Project managers must have experience, credibility, and the technical expertise required for change management in a clinical setting.

The project managers at Addison Gilbert Hospital and HealthAlliance Hospital did not have clinical backgrounds, but they both brought decades of relevant experience and common strengths that make them effective project managers. Their examples suggest that hospitals should seek individuals to manage transformation initiatives with training and experience with process improvement methodologies and expertise in change management in complex settings.

Personal and project credibility are also essential. Personal credibility can be built through relationship-building and networking, which are critical skills for project managers. Project credibility refers to the overall credibility of a transformation initiative and the buy-in it receives from staff. Project managers can enhance the credibility of a project through effective management; however, the overall credibility of a transformational project begins with strong executive sponsorship and communication of priorities to staff.

Lastly, CHART project managers need technical expertise in the development of tools and processes to collect and interpret data, document systems and workflows, and monitor progress throughout a project. Health care environments can be high-stress and organizational complexities present special barriers to change.

3. Many organizations are challenged to provide effective models for development of middle management, which has impacts on culture and performance

A consistent theme throughout the CHART Phase 1 program has been the importance of developing culture and capacities that support transformation initiatives, which require engagement at the unit or middle management level of hospitals. As noted above, the World Management Survey of CHART hospitals showed more variation in management scores within hospitals than across hospitals. Projects to reform care delivery rarely involve just one unit, so hospitals need to approach CHART program work with a clear understanding of the strengths and weaknesses of their managers across the organization. The survey results underscore that unit level managers need support, skills, and consistent strategic direction.²¹ Participants at the 2014 CHART Leadership Summit acknowledged that middle managers face the most pressures with the fewest resources, and “need training on creating ‘aim statements,’ driving change, communicating in ways that are psychologically safe, and being able to set clear expectations.”²²

The CHART Phase 1 hospital projects highlighted in this case study provide examples of how hospitals can simultaneously plan and execute transformation initiatives while making progress to address the important need to cultivate middle management and develop capacity for cultural change. Transformation projects provide an opportunity for hospital leaders to communicate a clear vision for the institution and to define what staff are expected to do to support transformation. Effective project management should educate staff about the purpose of the project and their role in its success. Well-performed CHART work involves project management and executive sponsorship that enables teamwork and staff engagement. As the work highlighted in this case study demonstrates, success in implementing transformation initiatives and developing middle management capabilities relies on clearly defined goals that make transformation a concrete and measurable activity.

4. Sustained, organization-wide change requires leadership with both long term strategic vision and a hands-on approach, including executive sponsors who enable, support, and empower project teams and middle-management

Hospital chief executives and senior teams are instrumental in setting priorities and achieving buy-in from hospital staff, both of which are necessary factors for changing behaviors and practices to improve patient care and outcomes. Signature Healthcare’s CEO and executive team exemplify top-down leadership, a passion for improvement, and day-to-day involvement in change initiatives. Even in the absence of a charismatic CEO, other senior leaders can step up and champion new initiatives. Signature Healthcare’s vice presidents promoted change through structured meetings, setting achievable goals, and requiring deliverables to keep everyone focused and to ensure progress. They also looked to enable front-line leaders to take ownership and get buy-in from colleagues and staff.

Hospital leadership must also support and empower project managers and teams. The hospitals profiled here learned that it was important for the project manager to have frequent access to an executive sponsor who connects the project manager to the right people, establishes the project as an organizational priority, provides guidance and supervision, makes decisions quickly, removes or addresses barriers (such as time-consuming bureaucracies or resistant employees), and helps integrate the project into the organization. Further, hospital leaders must empower the project manager and team to make certain decisions and changes without lengthy approvals or processes, which is essential to maintaining momentum and meeting tight timelines.

Finally, CHART hospitals need to adopt a culture of improvement that extends across units and supports middle management. Transformation projects can help define specific goals for middle managers. If done collaboratively, the process of project implementation can also help train and guide internal leaders and staff.

²¹ Massachusetts Health Policy Commission. CHART Leadership Summit: Proceedings Report. 2014 Sept. Available from: <http://www.mass.gov/anf/docs/hpc/chart-leadership-summit.pdf>

²² CHART Leadership Summit: Proceedings Report. p. 18.

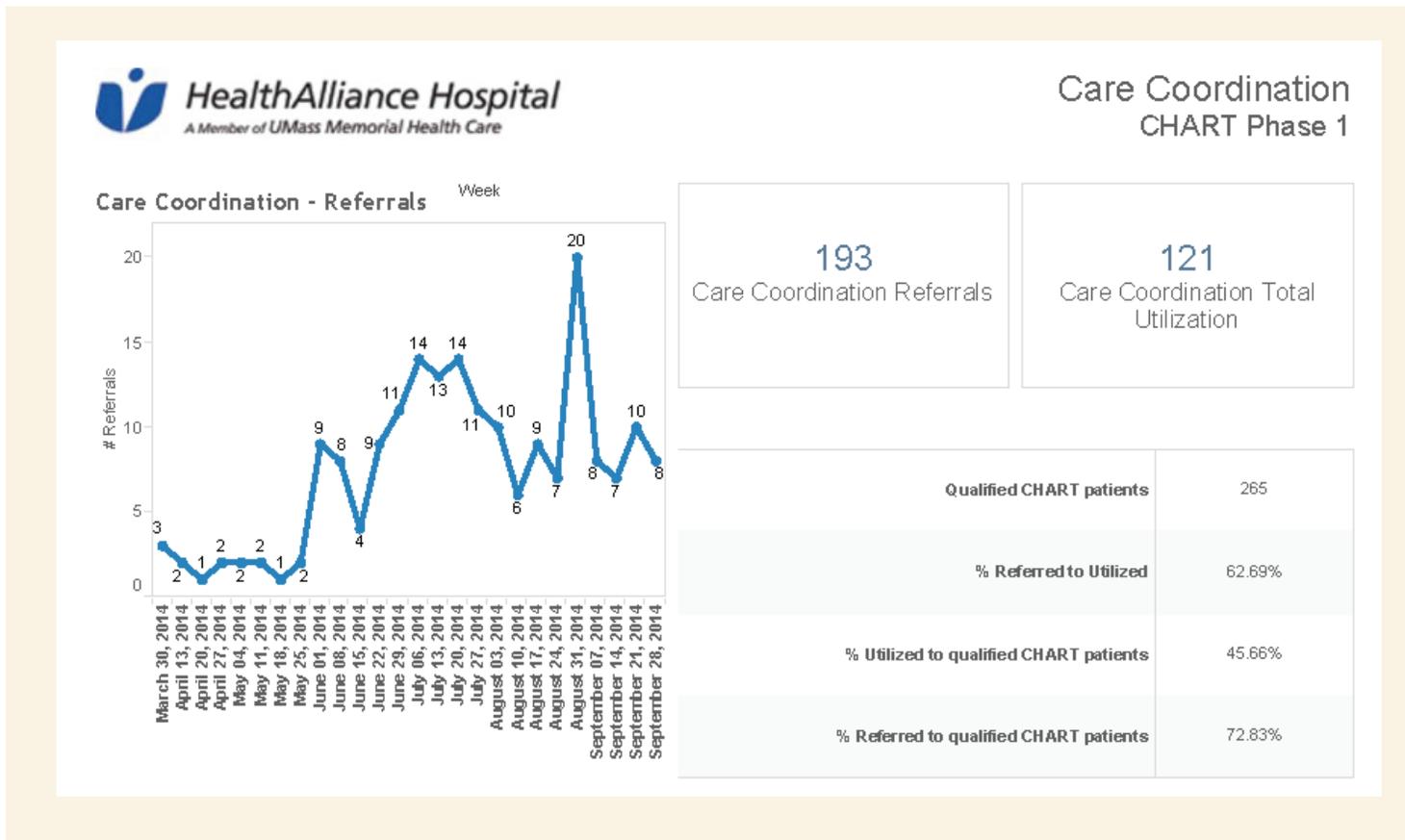


CONCLUSION

As the CHART-funded hospitals continue into Phase 2, and as other hospitals engage in transformation initiatives, they may benefit from the examples and lessons presented here. Overall, the combination of strong project management and senior leadership support, tools and empowerment appears to be a recipe for effective implementation. Moving to the next phase of the CHART Investment Program, the HPC strongly encourages hospitals to assign trained and experienced project managers who do not have competing demands. Project managers should have the ability to engage staff and stakeholders and to communicate effectively to both executive and front-line staff. Executive sponsors must empower the project team to make decisions and address barriers by providing flexibility to make changes. Moreover, hospitals should support transformational initiatives through engaged and committed leadership at the top, middle, and front-line levels. Efforts to transform care delivery in CHART hospitals will be most effective when sophisticated project management is combined with strong and effective executive leadership that makes the transformation an institution-wide priority. Improvement, let alone organizational transformation of the kind the CHART is designed to support, is a complex and resource-intensive process.

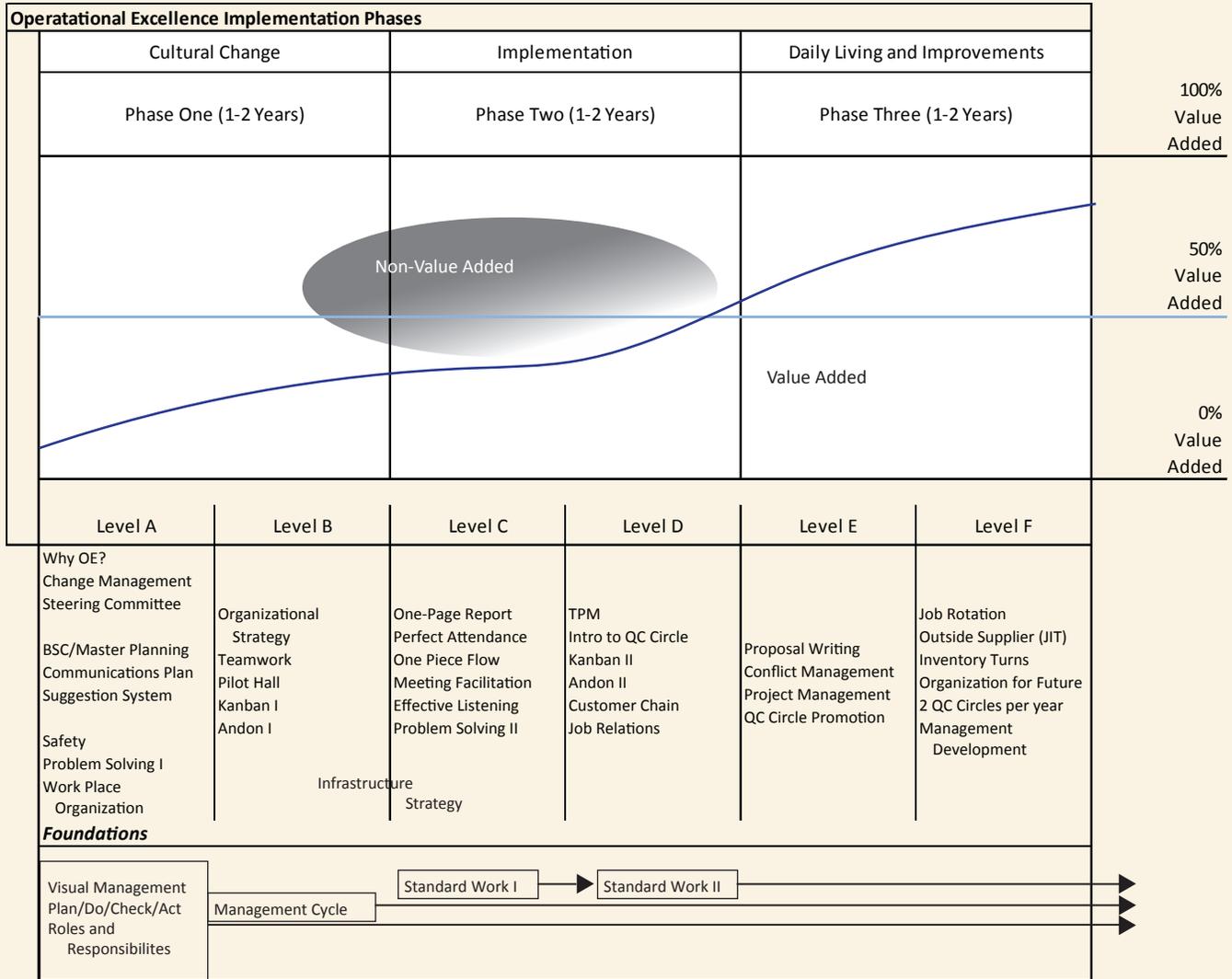
APPENDIX A: HEALTHALLIANCE HOSPITAL METRICS SCORECARD

The graphics below are selected components of HealthAlliance Hospital's dashboard to monitor its Emergency Department Case Management Services. The data show care coordination referrals by week as well as care coordination utilization as a percent of patients referred and as a percentage of qualified CHART patients.



APPENDIX B: SIGNATURE HEALTHCARE BROCKTON HOSPITAL IMPROVEMENT PLAN

The graphic below illustrates Signature Healthcare Brockton Hospital's three-phase plan for implementing operational excellence.



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