

Leadership for Quality: Actions Required

Participant training objectives:

- To understand the roles and responsibilities of quality leaders
- To consider how to demonstrate quality leadership on-the-job

Target audience:

QI committee members, senior leaders, and other staff involved in planning quality initiatives and facilitating quality improvement projects

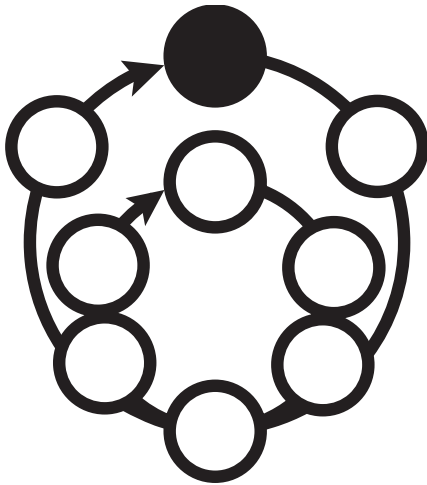
Type of exercise:

Quiz; individual and group exercise, 60 minutes

Key concepts:

To build a quality care organization, leadership is necessary for:

- Strategic planning
- Establishing a common culture
- Facilitating innovation and change



The Big Picture:

In the HIVQUAL model, leadership figures most prominently at the program level where strategic planning and project oversight take place. Leadership is broadly defined as the ability of one individual to influence others in achieving goals. In a quality organization, leaders are required to provide vision and direction and to inspire staff to work together with a common purpose.

SESSION AT-A-GLANCE	WHO	HOW LONG
1. Welcome, Learning Objectives, Agenda	Facilitator	5 minutes
2. Group Exercise: Case Study	Facilitator	30 minutes
3. QI Background: Program Evaluation Overview	Participants	10 minutes
4. Learning Transfer: Worksheet	Participants	10 minutes
5. Wrap-up	All	5 minutes
		60 minutes

Materials

For this group learning session, you will need the following materials:

- Participant handouts:
 - Quiz
 - Learning Transfer Worksheet
 - Copy of slide presentation
- Overhead projector/LCD panel (optional)
- Wipeboard/chalkboard (optional)

Photocopy the Quiz, Learning Transfer Worksheet, and slide presentation for each participant.

Prepare your presentation slides for display:

- Photocopy the slides, or write the slide content on transparencies or on flipchart paper.
- For display using an LCD panel, enter the content into a computer file.

Preparation

To prepare for the group learning session, complete the following tasks:

Familiarize yourself with the session’s structure and content:

- Read through the Group Exercise notes in their entirety, including the exercise answer key, presentation slides, and participant handouts.
- Practice the presentation outlined in the Group Exercise notes.

Prepare the training room:

- Arrange the tables and chairs in a circle or square shape, if possible.
- Set up and test equipment (e.g. overhead projector), if applicable.
- Make sure you have enough chalk or wipeboard markers, if applicable.

Notes

Leadership for Quality: Group Exercise

Welcome and Introductions

To begin the group learning session, welcome participants and thank them for their participation. If necessary, ask individuals to introduce themselves to the group.



Learning Objectives

Tell participants that by the end of the session they will:

- Understand the roles and responsibilities of quality leaders
- Have at least one idea for how to demonstrate quality leadership on-the-job

Agenda

Provide a brief description of the session's primary components:

- Group exercise on leadership opportunities in an HIV care facility
- Presentation on the three major functions of quality leadership
- Learning Transfer Worksheet to help generate practical ideas for becoming a better on-the-job quality leader

Getting Started

Divide the participants into teams of roughly equal size, 4-6 people per group. You can assign participants to teams yourself or ask them to count off by a given number and form teams with other participants who have the same number.



Quiz

Group Exercise

Distribute the Quiz face down to each participant and provide directions for completing the quiz:

- Complete the quiz individually. (10 minutes)
- Review the quiz as a team and reach consensus on each answer. (10 minutes)

Call time after the first 10-minute interval and remain available to answer questions and facilitate the process. Assist teams who have problems getting started or become stuck on a particular point.

Reporting Back

Call time after the second 10-minute interval. Read each question out loud and alternate between teams for a response. If a team's response differs from yours, ask for the members' rationale. Then provide the rationale given in the answer key, keeping in mind that the ultimate goal is to discuss leadership, not to defend any particular response.

Use the questions to engage participants in a discussion. Be aware that more than one answer could be right, reflecting the gray realities of daily life.

Distribute a copy of the slides to each participant for note taking and/or future reference.

Quality Improvement Background

Introduce the three major leadership functions:

- Strategic planning
- Establishing a common culture
- Facilitating innovation and change

Strategic planning. Explain that through strategic planning, quality leaders are able to:

- Prioritize quality goals and projects so that the most critical areas are addressed first and are consistent with the HIV program's broader strategic goals
- Allocate resources, such as staff time or special equipment, to help ensure that goals are reached

Establishing a common culture. Explain that your facility's work culture consists of staff members' shared habits and beliefs. When a culture values quality, its leaders promote:

- Frequent opportunities to learn about quality
- Staff involvement
- Open communication
- Systems of reward and recognition

Facilitating innovation and change. State that quality leaders facilitate innovation and change by:

- Interacting with quality improvement teams to monitor progress and provide encouragement
- Removing barriers to change such as resource mismanagement or organizational "red tape"



Learning Transfer

Getting Started

Distribute the Learning Transfer Worksheet and give participants 5 minutes to complete it.

Debrief

If time permits, ask participants to individually share one area in which they are doing well and one area in which they could improve.

Finally, ask participants to select one area that requires improvement and to write down one or more things they could do in the next month to become a better quality leader.



Wrap-up

Ask participants to provide feedback on whether or not they have achieved the objectives introduced at the beginning of the group learning session:

- To understand the roles and responsibilities of quality leaders
- To have at least one idea for how to demonstrating quality leadership on-the-job

Schedule an informal follow-up session with any participant(s) who has not reached the objectives.

Leadership for Quality: Quiz

Instructions:

Circle the answer that represents the most appropriate response for a quality leader in your facility.

- 1) It is Monday morning and you see on your schedule that two meetings are scheduled at the same time. You have to make a decision between a meeting with the hospital CEO for a routine meeting, and the quality committee to set annual goals for the HIV quality program. You decide to attend the quality committee meeting because
 - a) you have not attended the quality committee in a while.
 - b) you need more time to prepare for the meeting with the CEO.
 - c) the quality committee sets strategic goals for the next year.

- 2) You receive the report from the HIV program's quality committee about recent HIVQUAL results: PPD 95%, GYN 85%, and Substance Use 55%. You decide to continue to measure
 - a) only Substance Use.
 - b) GYN and Substance Use.
 - c) all three indicators.

- 3) You visit a QI team that is charged with improving the PPD score. You sit in the background and listen to the members who discuss several solutions but they do not seem to reach a consensus even after 30 minutes of discussion. What do you do?
 - a) step in and make a decision for the group.
 - b) leave them alone and give them more time to sort things out.
 - c) get actively involved and take over the role of the team's leader.

- 4) For the upcoming 10-year anniversary of the clinic, you and the CEO of the hospital will talk in front of all staff. In an e-mail to the CEO you mention that the importance of quality should be emphasized. Who should talk about quality?
 - a) CEO.
 - b) you.
 - c) both.

- 5) A serious case of a medication error has occurred. You have asked the quality committee to investigate the incident. After two weeks you have not heard back from the committee. Another incident occurs. You decide to
 - a) ask the committee to speed up the investigation.
 - b) participate in the team process.
 - c) take over this issue and investigate the medication errors with the Medical Director.

- 6) In the elevator you listen to new staff members who are complaining that they have to participate in a Quality Improvement (QI) team and that nobody has ever explained to them what QI really is. The same day you
- reprimand the new staff members.
 - reprimand the clinic manager who provided the orientation for new staff.
 - schedule a two-hour training about quality improvement for all staff for the next month.
- 7) A new quality team has been formed to address the issue of GYN exams. After several meetings the team reports back to you with the following requests to increase the rate of GYN exams: create two new full-time positions, expand the clinic, and buy an electronic medical record system to track the GYN rate. In cooperation with the team you decide to
- start negotiations with the team about the three solutions.
 - dissolve the team entirely.
 - refocus the team and re-define constraints.
- 8) You are the leader of a project team formed to devise a system for monitoring patient complaints. Currently, when patients complain, it is usually handled at the front desk. No notes are taken and typically nobody remembers what the issue was. Your team implements a pilot for written documentation of all complaints at the front desk. Who should review these complaints?
- front staff.
 - clinic manager.
 - you.
- 9) Who should be in charge of developing a QI workplan consisting of key, quantifiable milestones that must be reached for success?
- senior leaders.
 - medical director.
 - clinic manager.
- 10) A facility leader meets biweekly with the representative of a QI project team to discuss the members' progress. Particularly, the leader devotes time to
- reminding the team about their constraints.
 - discussing obstacles that have come up.
 - encouraging the team to do more work.

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- 11) Your clinic receives several quality journals. In order to spread innovative ideas, you
- a) send out reminders whenever the journals come in.
 - b) put the journals in the lunch area for everybody to read.
 - c) make copies of appropriate articles and send them to all staff members.
- 12) A group of doctors, nurses, and case managers was asked to provide solutions for improving patient adherence to HIV medications. Data and research materials were provided and discussed. After several weeks the group gives you the following recommendations: 'We need more basic research in the field of adherence to start a QI initiative.' You decide to
- a) allocate resources to conduct a broad science project about adherence.
 - b) refocus the group and ask 'What can we do tomorrow to improve the adherence in our clinic?'
 - c) dismiss the idea and drop the issue.

Leadership for Quality: Learning Transfer Worksheet

Instructions:

Assess your actions as leader in your facility's HIV program. Using the information from today's session, complete the grid below and briefly describe your strengths and weaknesses.

	DOING WELL	NEED TO DO BETTER
STRATEGIC PLANNING <ul style="list-style-type: none">• Prioritization• Resource allocation		
ESTABLISHING A COMMON CULTURE <ul style="list-style-type: none">• Education• Staff involvement• Communication• Recognition		
FACILITATING INNOVATION AND CHANGE <ul style="list-style-type: none">• Interaction with teams• Removal of barriers		

Leadership for Quality: Answers

Instructions:

Circle the answer that represents the most appropriate response for a quality leader in your facility.

- 1) It is Monday morning and you see on your schedule that two meetings are scheduled at the same time. You have to make a decision between a meeting with the hospital CEO for a routine meeting, and the quality committee to set annual goals for the HIV quality program. You decide to attend the quality committee meeting because
- a) you have not attended the quality committee in a while.
 - b) you need more time to prepare for the meeting with the CEO.
 - ✓ c) the quality committee sets strategic goals for the next year.

Rationale:

Since strategic planning is a major function of quality leadership, it is important for the leader to actively participate in establishing the facility's annual quality goals.

- 2) You receive the report from the HIV program's quality committee about recent HIVQUAL results: PPD 95%, GYN 85%, and Substance Use 55%. You decide to continue to measure
- a) only Substance Use.
 - b) GYN and Substance Use.
 - ✓ c) all three indicators.

Rationale:

Quality leaders should continue to monitor all indicators to be aware of changes and trends but should focus frequent measurement efforts on indicators that show greatest need for improvement (Substance Use and GYN.)

- 3) You visit a QI team that is charged with improving the PPD score. You sit in the background and listen to the members who discuss several solutions but they do not seem to reach a consensus even after 30 minutes of discussion. What do you do?
- a) step in and make a decision for the group.
 - ✓ b) leave them alone and give them more time to sort things out.
 - c) get actively involved and take over the role of the team's leader.

Rationale:

Part of being a good leader is not stifling the team process, particularly the sometimes lengthy process of finding solutions to a problem.

- 4) For the upcoming 10-year anniversary of the clinic, you and the CEO of the hospital will talk in front of all staff. In an e-mail to the CEO you mention that the importance of quality should be emphasized. Who should talk about quality?
- a) CEO.
 - b) you.
 - ✓ c) both.

Rationale:

All leaders involved in a quality project should also be involved in communicating its importance.

- 5) A serious case of a medication error has occurred. You have asked the quality committee to investigate the incident. After two weeks you have not heard back from the committee. Another incident occurs. You decide to
- a) ask the committee to speed up the investigation.
 - b) participate in the team process.
 - ✓ c) take over this issue and investigate the medication errors with the Medical Director.

Rationale:

Part of being a good leader is knowing when to step in and take control of a situation. A medication error always warrants immediate intervention to prevent further harm to patients.

- 6) In the elevator you listen to new staff members who are complaining that they have to participate in a Quality Improvement (QI) team and that nobody has ever explained to them what QI really is. The same day you
- a) reprimand the new staff members.
 - b) reprimand the clinic manager who provided the orientation for new staff.
 - ✓ c) schedule a two-hour training about quality improvement for all staff for the next month.

Rationale:

A primary function of quality leadership is to provide frequent opportunities for staff to learn about quality. And, more generally, QI leaders should address system issues and not necessarily target individual cases for reprimand.

- 7) A new quality team has been formed to address the issue of GYN exams. After several meetings the team reports back to you with the following requests to increase the rate of GYN exams: create two new full-time positions, expand the clinic, and buy an electronic medical record system to track the GYN rate. In cooperation with the team you decide to
- a) start negotiations with the team about the three solutions.
 - b) dissolve the team entirely.
 - ✓ c) refocus the team and re-define constraints.

Rationale:

Since the quality team is only in the early stages of addressing GYN care, it is most appropriate for the leader to step in and provide perspective on the project's resource limitations before continuing.

- 8) You are the leader of a project team formed to devise a system for monitoring patient complaints. Currently, when patients complain, it is usually handled at the front desk. No notes are taken and typically nobody remembers what the issue was. Your team implements a pilot for written documentation of all complaints at the front desk. Who should review these complaints?
- a) front staff.
 - b) clinic manager.
 - ✓ c) you.

Rationale:

A quality leader who implements a particular project should continue to own the project until its goals are met and/or new responsibilities are transferred to staff. Also, a quality leader will use this system to hear directly from patients.

- 9) Who should be in charge of developing a QI workplan consisting of key, quantifiable milestones that must be reached for success?

- ✓ a) senior leaders.
- b) medical director.
- c) clinic manager.

Rationale:

During strategic planning, senior leaders—who typically include the medical director and clinic manager—should identify measurable events against to monitor progress.

- 10) A facility leader meets biweekly with the representative of a QI project team to discuss the members' progress. Particularly, the leader devotes time to
- a) reminding the team about their constraints.
 - ✓ b) discussing obstacles that have come up.
 - c) encouraging the team to do more work.

Rationale:

Quality leaders facilitate innovation and change by helping to remove barriers to change.

- 11) Your clinic receives several quality journals. In order to spread innovative ideas, you
- a) send out reminders whenever the journals come in.
 - b) put the journals in the lunch area for everybody to read.
 - ✓ c) make copies of appropriate articles and send them to all staff members.

Rationale:

Part of leaders' responsibility to educate staff about quality is to make the learning process as efficient and convenient as possible.

- 12) A group of doctors, nurses, and case managers was asked to provide solutions for improving patient adherence to HIV medications. Data and research materials were provided and discussed. After several weeks the group gives you the following recommendations: 'We need more basic research in the field of adherence to start a QI initiative.' You decide to
- a) allocate resources to conduct a broad science project about adherence.
 - ✓ b) refocus the group and ask 'What can we do tomorrow to improve the adherence in our clinic?'
 - c) dismiss the idea and drop the issue.

Rationale:

Most QI projects are short-term observational studies designed to improve one aspect of a clinic's quality, as opposed to research studies, which are usually long-term and require more resources.