WELCOME TO THE LEADERSHIP SAVES LIVES RESOURCE KIT!

What is Leadership Saves Lives (LSL)?

Hospital organizational culture is associated with patient outcomes, including AMI mortality. But can culture be changed to improve hospital performance? LSL was a 2 year, team-based leadership intervention in 10 U.S. hospitals to: (1) promote uptake of evidence-based strategies associated with better 30-day risk standardized mortality rates (RSMR) for patients with AMI, (2) drive improvements in 5 domains of organizational culture and (3) reduce RSMR.

As part of the LSL program, each hospital was asked to appoint a guiding coalition of approximately 15 multidisciplinary staff involved in the care of patients with AMI. Guiding coalition members engaged in 3 annual forums, 4 on-site workshops, and a web-based platform for resource sharing. To assess impact, we analyzed data from a validated survey of hospital staff and in-depth interviews, both administered at 3 points during the intervention.

Experts have cautioned that culture change can be difficult and take up to a decade. Our findings suggest that, despite these concerns, organizational culture can be modified through development and support of a leadership group that engages physicians and non-physicians in a learning environment, establishes a shared goal with senior management, and uses data effectively to drive change.

What is the LSL Resource Kit?

The LSL study, a deep dive into the transformational efforts of 10 hospitals, has produced extensive empirical data, as well as numerous practical tools developed by participating hospitals. With the support of The Patrick and Catherine Weldon Donaghue Medical Research Foundation, and in collaboration with the American College of Cardiology and The Mayo Clinic Care Network, we have packaged the lessons learned from LSL into this resource kit. The kit brings together leading-edge scientific evidence and practical, hospital-driven innovations developed through the intervention. Note the kit is not intended to replicate the LSL intervention per se, but rather to provide resources to be used flexibly by hospitals to meet unique needs and context. Resources are designed for clinicians, executives, quality improvement professionals, and other hospital staff seeking to make meaningful improvements in outcomes for patients with AMI.

What does the LSL Resource Kit include? The LSL resource kit includes the following materials:

Evidence briefs that summarize empirical qualitative and quantitative data about *how* culture change happens in hospitals, and tools for measuring change, including:

> **LSL Results Evidence Brief.** This bundle includes a document that briefly describes the LSL intervention, reports main findings and summarizes implications for hospitals seeking to improve care and outcomes for patients with AMI. Materials also include a link to the article published in a peer-reviewed scientific journal and a brief PPT deck to be used for presentations.

Measuring Organizational Culture Evidence Brief. This bundle includes tools for practical and meaningful hospital self-diagnosis of organizational culture, including a validated survey on organizational culture and associated reporting tools and templates.

Essential Tasks of Guiding Coalitions Evidence Brief. This bundle includes a document that briefly describes the LSL guiding coalitions, reports main findings and summarizes implications, with a link to the article published in a peer-reviewed scientific journal. Additional resources address three topics: *Engaging Diverse Disciplines, Fostering Authentic Participation*, and *Managing Conflict and Fatigue*. Resources include one-pagers for sharing with diverse audiences, descriptive documents, facilitation materials and exercise notes, and PPT decks.

Practice briefs that describe specific hospital innovations grounded in the implementation experience of LSL, including processes, practices, tools, and implementation supports.

Early Identification and In-house Follow Up Practice Brief. This bundle includes a document that briefly summarizes barriers to early identification of patients with AMI, including NSTEMI, and why creative problem solving was needed to address the issue, and an introduction to 3 case illustrations: *AMI Risk Stratification, NSTEMI Process of Care* and *ACS Patient in Distress.* For each case, materials include descriptive documents, hospital-developed tools, and PPT decks.

Integration of Pharmacy Expertise Practice Brief. This bundle includes a document that briefly summarizes barriers to integration of pharmacy expertise in care of patients with AMI, and an introduction to 3 case illustrations: *Information Technology Solutions, Proactively Engaging Multidisciplinary Care,* and *Patient Education.* For each case, materials include descriptive documents, hospital-developed tools, and PPT decks.

Innovation in Use of Data to Improve Care Practice Brief. This bundle includes a document that briefly summarizes barriers to strategic use of data for improvement, and an introduction to 2 case illustrations: *Holistic Mortality Review* and *Case Feedback to the Full Care Team.* For each case, materials include a descriptive PPT deck and samples of the hospital-developed tools.