**Questions-and-Answers from "Best Practices: Engaging Executive Leadership" Webinar**
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**Q: How have you all overcome some of the barriers and challenges that you face with implementation of the Mississippi Healthcare Alliance?**
**A:** What we have found is that the hard work is mainly keeping the ball bouncing. You just don't let people stop doing what we all know is the right thing to do. With that in mind, it was really easy to keep on moving forward. We did the right thing to improve the health of the state and the hospitals, everyone participated, and it was amazingly easier than I thought it was going to be.

**Q: Can you share some of the greatest barriers that your team faced with engaging your executive leadership to enhance your culture and how did you address them?**
**A:** Our group has had tremendous leadership all the way from the middle to the top of the organization. But it hasn't always been like that; it used to be more challenging. There were periods when the recognition of the challenges to the current state and the necessity of achieving an improvement in culture and performance weren't recognized at the top of the institution. This can be very challenging and frustrating. The advice that I would give is to be persistent, never give up, and keep working on the areas that you can. The single most important thing is persistence and maintaining optimism whenever possible.

**Q: What are the possible ways to decrease the fears that come from people in front line positions who want to help with culture change within an organization?**
**A:** The practical changes are for supervisors to promote reporting of safety and quality issues and to have an open mind and a non-blaming attitude so that the problems can be recognized and people can begin to fix them. In summary, number 1 is to allow and promote reporting and number 2 is to support process improvement around that.

Here is an example of the work that we did on our Culture and Safety Steering Committee as we were developing our culture and safety position statement. A lot of the issues that people have in terms of gaining the energy to move forward has to do with fear of failure. I used a nursing analogy from Florence Nightingale when she talked about planting a mustard seed. It's small and you put it in the Earth, then you nurture and grow it. This relates to the work that we were doing because it would not necessarily finish during our time, but if we didn't start it, then it wouldn't have a chance to grow. I think trying to deal with some of the fear that people have about failing to initiate and implement the kind of change you're talking about really is important. The other thing that I think is important is that I considered this to be legacy work and was committed to having a success.

**Q: Does anyone have a standardized mortality review form that they are willing to share?**
**A:** It is important to have a standardized mortality review form, and often times you can get it from whatever organization you belong to, i.e. Premier, VHA, or UHC. Almost all hospitals have chosen a patient safety organization and they probably have a form. Across the institution from a peer review perspective, all of your departments should have a standardized peer review function and that should include a monthly mortality review across all departments for all in-hospital deaths using a standardized form to collect that information. I would look to peer organizations to find a form that makes sense to you.

**Q: Do you think cardiologists today are ready for cultural change?**
**A:** Absolutely, people are ready for change, especially if it's a culture of better health. In our case, we had healthcare altruism to try to get all of this done. But now with the federal government having the value based purchasing program, there is the potential for billions of dollars for our hospitals. When you think of it that way, they are ready to be part of the change because that change is definitely coming.

From a non-cardiologist point of view, the ACC and the state chapters of the ACC have been at the forefront of interest in performance improvement and real tangible engagement. This initiative is an example of that. If you look across specialties, you won't find too many other specialties that are as engaged, partly because the things you deal with are pretty discreet (i.e. MIs) and the measurements are pretty good. State by state you see the chapters standing up and you've got really good altruistic folks who are calling out the high ground and using their ACC chapters to really drive that. I know historically that there are cardiologists that I absolutely avoid because if you send someone to them, it doesn't matter what they have but they get a cath. Those people are less and less, partly because they are getting pressure from their own colleagues and I think that ACC and the state chapters have been a part of that.

Almost all cardiologists are dedicated to doing the right thing and if you can create energy around changes to promote improvement of patient care and outcomes, create energy around these programs, and if you can make them not terribly painful and less onerous, then you will find lots of engagement from cardiologists.

**Q: How do you manage varied levels of risk tolerance from the organization? In other words, if there are folks who are uncomfortable speaking up in fear of retribution, how is that handled?**
**A:** If the leaders can figure out the characteristics of each person there, then they can build on whatever strengths they see within that person to handle these sorts of things.

From a structural perspective, we need methods and also very intentional structures for performance improvement that many organizations don't really have in place yet. We are using lean daily management systems on all of our nursing units and clinics. Part of that process is a daily huddle and the explicit intention is to raise issues and to celebrate when people raise problems. Even if you get that infrastructure in place, it still takes a lot of work to give people the courage and safety of the environment to raise issues.

We must remember that in healthcare organizations, the majority of the issues are not people problems, but system problems. Retribution for system problems doesn't solve the issue, it only covers up the real problems because people hesitate to report them. Helping your executive team to recognize that what we're looking at is systemic nature of the issues that are causing the next bad thing to happen to patients is absolutely key. It's also about expectations and accountability relative to the issues we see

in safety and quality. We can only change our outcomes when we all recognize the idea that we are in it together to make a difference.

Last, don't be discouraged if your organization doesn't have all of these factors coming together and/or doesn't have an executive culture of people feeling comfortable to speak up. Work to improve things in the area that you're in now, and ultimately work to percolate that up to the executive level.