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To sum up, all units pick the measures in which they aren’t hitting goals and focus in on those. Everyone focuses in on the crucial behaviors proven to move these goals as well as the why behind them. Validation occurs and feedback is given to those not practicing the behaviors. It all takes place in a cyclical way until the outcomes move.

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You may have to coach heavily at first as you validate, but that is a small and short-lived part of the process. Eventually you’ll need to check in only for refreshers and course corrections. By using EBL principles to get people engaged and keep them engaged, you’ve set them up for success with minimal coaching long term (except, perhaps, in a few very rare instances).

One of the great things about taking a cultural approach to quality is that people want to get better and better. In fact, they’re passionate about it. A deeply held belief in doing what’s right is what energizes a leader to lead and inspires others to follow no matter what obstacles they may encounter.

The knowledge that you’re creating better conditions for the patient is what keeps people pushing forward. It’s always there in front of them, deeply held belief in doing what’s right is what energizes a leader to lead and inspires others to follow no matter what obstacles they may encounter.

To get all of these outcomes right, every time, requires getting the culture right. And any organization’s culture is inextricably tied to its leadership. Since leaders are responsible for direction, example, and execution, quality improvement begins at the top.

That said, leader dedication is rarely the issue. In my experience, most leaders are passionate and committed. It’s just that leaders are often focused on their own area and not aware of the organization’s overall goals. They feel they are working hard and doing the right things, but in reality they may not be doing the best things to consistently meet the needs of the organization as a whole.

In other words, implementation, not motivation, is where most organizations fall short. The right culture—one where everyone is well trained, laser-focused on quality, and held accountable for achieving it—doesn’t happen on its own. Leaders need a “map” to follow, one that aligns goals, behaviors, and processes. This framework, along with a focus that consistently acknowledges the overarching why behind the work they ask people to do, supports the culture and keeps it strong over time.

Studer Group’s Evidence-Based Leadership® (EBL) framework provides that map. We find that EBL and culture go hand in hand. As an organization begins to implement this framework, the culture of accountability needed to create consistent, sustainable results naturally evolves, strengthens, and grows. It happens simultaneously and organically.

About the Author:

Barry Graham (BG) Porter is CEO of Studer Group®. Overseeing operations and serving partners, he ensures that systems are in place to allow each client to receive quality service and Studer Group to continuously pursue its mission and vision. He spends time every month as a coach, with an emphasis on board and top management role in implementing Studer Group’s methodology, Evidence-Based Leadership®.

BG has an undergraduate degree from Stanford University and an MBA from Harvard.

About Studer Group®:

Studer Group® works with over 850 healthcare organizations in the U.S. and beyond, teaching them how to achieve, sustain, and accelerate exceptional clinical, operational, and financial outcomes. As the metrics the industry publicly reports get expanded—and as reimbursement is increasingly tied to these results—organizations are forced to get progressively better at providing top-quality care with fewer dollars. Studer Group helps partners install an execution framework called Evidence-Based Leadership® (EBL) that aligns their goals, actions, and processes. This commitment to helping organizations accelerate their ability to execute led to Studer Group’s receiving the 2010 Malcolm Baldrige National Quality Award. To learn more about Studer Group, please visit www.studergroup.com.

Every healthcare organization wants to be high performing. The desire to provide high-quality care to every patient in every department every day in every interaction is woven into our very DNA. And of course, in a Pay for Performance environment, our ability to do so consistently determines our likelihood of survival.

Before we can hold any meaningful conversation, we need to define our terms. What is quality? At Studer Group® we define quality as the cumulative impact of all that happens to a patient while in an organization’s care. This includes the care provided as well as the outcomes achieved. Patient perception of care results, safety metrics, and the presence of hospital-acquired conditions (HACs) and preventable readmissions are measures that help define quality of care.

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The EBL framework serves two purposes: It provides the structure for hardwiring behaviors, and it aligns the culture with the "accountability" mindset.

To achieve and sustain the quality outcomes it takes to thrive in the Pay for Performance environment, every individual needs to execute properly, every time. They need to consistently perform the right behavior in the right way. The EBL framework drives consistency in any behavior—in experience of care as well as in processes of care, flow, and safety.

We all know it's possible to "force" new behaviors on employees. But it's only when people choose those behaviors of their own free will—because they know that it's the right thing to do for the patient—that you'll see lasting results. It's then that people will choose to practice the behaviors when no one is looking, and it's then that they'll hold others accountable too.

As EBL is practiced—as the tools and tactics are taught, reinforced, and measured—we see the engagement and passion that empower them to do this begin to manifest. When we see that people won't tolerate others not doing a proven prescribed behavior, we know that a cultural shift has taken place. The mindset and the behavior are both hardwired. It's the culture of accountability that creates the "it's not okay if the behavior doesn't happen" mindset.

Of course, building this culture takes time—and as the EBL framework is followed with a very strong focus on the why, it happens organically.

EBL in Action: How (and Why) It Works

Here's how many organizations do it: As they seek to improve quality, they may implement a new process. They may paste it onto their old way of doing things. For example, they might not address leadership issues that are holding departments back. Or they may neglect to explain the why behind the changes they're asking people to make.

It's great to set a goal for, say, reducing falls and ask people to practice a new tactic that's proven to accomplish it. But if you don't connect the dots on why it matters that people execute the new behavior, or train them how to do it, or put in place a system for validating it, the changes won't happen—at least not for long.

Starting with the EBL framework changes that reality. Here are some of the reasons why:

• It ensures that everyone is aligned with the goals that drive the organization's mission.
• It requires that the right leaders are paired with the right goals and are held accountable for meeting them.
• It ensures that everyone is well-trained in the processes and behaviors they're being asked to implement.
• It ensures that the why is communicated over and over, at many levels and in many different forms—during team meetings, during rounding, at employee forums, in newsletters and emails.
• It ensures that everyone knows how success is measured, that behavior is validated, and that gaps in performance are addressed.

Let's say an organization's chief nursing officer (CNO) and the chief quality officer (CQO) want to address performance gaps regarding patient falls. The organization has implemented the eight behaviors of Hourly Rounding®. In addition, it has put in place a falls prevention program that includes posting fall risk signage on the patient's door and using colored non-slip booties and colored arm bands to identify and protect patients identified at risk for falls.

The CNO and the CQO round on the unit's staff and patients and find that staff members are not always practicing these behaviors. Furthermore, they discover that none of the patients know the purpose of their colored arm band.

The CNO and CQO must now go back and "close the loop." They may hold a meeting in which they explain to staff that behaviors are not being practiced consistently. During this meeting they will reinforce the why behind the tactics. They may solidify their point by reminding staff members of the evidence that shows these tactics get results (evidence that was first shared when the tactics were introduced).

Usually, this validation process needs to be repeated only a couple times before the staff "gets it." They aren't being retrained. They're simply being reminded and held accountable.

It works! When we help organizations go through this validation process, we find most people will practice the new behavior right away. A small percentage will need one coaching conversation in order for the new behavior to reach "hardwired" status. Of this small percentage, the majority will respond positively and begin practicing the desired behavior.

The Benefits of Hourly Rounding

In a study by Studer Group's research subsidiary, the Alliance for Health Care Research, nurses who rounded hourly on telemetry, surgical, and medical-surgical patients reduced call lights by 4,901 in a four-week period. This study, published in September 2006 in the American Journal of Nursing, showed that Hourly Rounding will:

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A Practical Application: EBL and Handwashing

Let's say that you want to decrease infections. You know that one behavior that will help you achieve this goal is handwashing. Here's how you would use the principles of EBL to implement and reinforce this tactic:

1. Your organization sets a very specific target metric and monitors it monthly.
2. Hold the staff accountable for performance on this goal by including the handwashing metric on their evaluations and giving it the proper "weight" so that it becomes their priority.
3. Train leaders on the proper handwashing technique and on how to cascade this technique to the staff members they lead.
4. As you train, convey the why. It's important that people understand how handwashing impacts patients and even saves lives—so they will feel sufficiently motivated to address those not practicing the behavior.
5. Validate! It's critical to make sure staff members are doing what you've asked them to do, doing it correctly (following every step), and doing it every time. (Even when people say, "Yes, we're all washing our hands," they may not be. Perception isn't always reality.) Here are two ways to validate:

   • Nurse Leader Rounding: In general, leader rounding on patients allows leaders to reinforce desirable behaviors and to "close the loop" with feedback when they discover that a staff member is not practicing them. As nurse leaders round on patients and family members, they might ask, "Are all staff washing their hands every time they come into your room?"

   • Rounding on Staff: This is the other type of rounding leaders do, and it provides a built-in opportunity to connect with employees on how their efforts are going. It's a chance to ask, "What is going well with the handwashing initiative? Is there anything I can do to help you with this?" It's also a good opportunity for leaders to pass along any words of recognition or praise on the person's good performance in this area.

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Of course, hospital-acquired infections are only a small part of the picture. The Pay for Performance environment demands that
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As EBL is practiced—as the tools and tactics are taught, reinforced, and simulated—we see the engagement and passion that empower them to do this begin to manifest.

When we see that people won’t tolerate others not doing a proven prescribed behavior, we know that a cultural shift has taken place. The mindset and the behavior are both hardwired. It’s the culture of accountability that creates the “it’s not okay if the behavior doesn’t happen” mindset.

Of course, building this culture takes time—and as the EBL framework is followed with a very strong focus on the why, it happens organically.

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Here’s how many organizations do it: As they seek to improve quality, they may implement a new process. They may paste it onto their old way of doing things. For example, they might not address leadership issues that are holding departments back. Or they may neglect to explain the why behind the changes they’re asking people to make.

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- **It requires that the right leaders are paired with the right goals and are held accountable for meeting them.**
- **It ensures that everyone is well-trained in the processes and behaviors they’re being asked to implement.**
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Once an organization has addressed performance gaps and arrived at a place where inconsistencies in practicing the behavior aren’t tolerated, the behavior becomes truly standardized. At that point it can innovate to move outcomes faster.

What’s more, when the EBL framework has been established and the organization is focused on the mission and knows the why, any improvement can be achieved. Regardless of the initiative, the process is the same.

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(Objective, weighted leader evaluations—rather than the subjective ones many organizations use—are a critical piece of the equation.)

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<tr>
<td>Ask, “Is there anything else I can do for you/your go [I have time]</td>
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