This program will enhance the ability of executives in health care to achieve measured quality improvement at the level of the whole system.
WHY PARTICIPATE?

As a senior executive, ask yourself the following questions:

• Do you feel frustrated about your organization’s ability to spread improvements across the entire organization?

• The current business model rewards volume. Do you know how to frame your quality strategy to succeed under a value-driven business model?

• Do you find that you implement successful improvements for a while, but when you revisit the department a few months later, there’s no apparent evidence that any of the changes have been embedded into standard work practices?

• To have a chance of reducing preventable harm (e.g. readmissions) we will need to develop and apply quality standards for physician office practices, not just for inpatient care. Do you know how to do that?

• Are you faced with achieving measured quality aims that you have no idea how to reach?

• Are you confident that your executive team has the right skills to achieve your stated quality aims, including measured performance on items such as the Centers for Medicare & Medicaid Services Core Measures?

• To succeed in reducing costs for a population, we will need to reduce excess capacity and overused services. Right now, whole margins are dependent on these services — so how do you make the transition to a “value-based” business model without going bankrupt?

If any of these questions give you pause, this is the program for your executive team.

"The ability to spend three days together with a group of senior leadership just focusing on quality is a gift."

Norman E. Dascher, Jr., FACHE
Chief Executive Officer, Patient Care Division
Executive Vice President
Northeast Health
**PROGRAM FORMAT**

The content, prepared in modules, includes the following:

**Prework:** Each attending team will be asked to submit its current strategic or quality plan, including any specific quality aims embedded in that plan and any measures of quality performance that they are tracking as a team against that plan. Prework will be sent out 4-6 weeks in advance to allow teams to complete the three question case study template.

**Aims and Measures:** Each team will present its current quality aims and its plan for achieving those aims. By the end of the three days, teams will have a “first-cut” improved set of aims, along with relevant measures they can track on a monthly basis (or even more frequently), informed by feedback from the expert faculty and fellow attendees.

**Get Patients and Families on Your Team, Engage the CFO, and Engage Physicians:**
Teams will analyze presented case studies relative to senior team capabilities, understanding and using the business case, and approaches to physician engagement.

**Build Improvement Capability, Channel Attention:** The core of this section will focus on the personal work of senior leaders — what they do with their time, how they know what to do with respect to technical improvement issues — as well as leadership concerns such as scale and spread, flow management, waste reduction, and reliability. Critical technical skills that senior leaders must have will be identified and teams will create plans to develop, improve, and use those skills.

**Theory of the Strategy:** Each team, including the CEO, will focus on developing a theory of the strategy for achieving its own quality aims using a variety of tools and methods.

**PROGRAM FEES**

**Regular Rate:** $2,950 per participant

**Groups of three or more:** $2,500 per participant
The responsibilities of senior executives in health care are changing. For example, hospital CEOs once could argue that their role was to get the finances, facilities, and capital investments right, and that it was the job of the doctors and nurses to deliver quality care.

In the era of “accountable care,” leaders are under pressure to produce both high quality and high value. While it’s important to improve quality in one condition, or reduce costs in one department, the new health care environment demands system-level measures of quality performance for whole organizations, and even for whole populations. It’s especially difficult when achievement of system-level results requires leaders to clinically integrate the work of hospitals, medical groups, and independent practitioners across a community.

Reports such as *To Err Is Human*, along with public report cards such as those from HealthGrades, have created powerful public pressure for quality improvement in health care.

This pressure, when combined with early versions of “pay-for-performance” initiatives such as Bridges to Excellence and the Centers for Medicare & Medicaid Services/Premier, Inc.’s Hospital Quality Incentive Demonstration Project, has made clinical quality performance a strategic imperative — and no longer just a regulatory requirement, or the “right thing to do.” In other words, clinical quality performance is no longer delegable to “the quality people.”

Responsibility for measured performance in clinical quality and safety rests squarely on the shoulders of each member of the senior executive team, regardless of whether or not they have a clinical background.

So the question is not whether CEOs and other senior executives must take responsibility for measured system-level quality performance. The question is how to do this new job while still doing all the components of the old job. That is the core question that the Executive Quality Academy answers.
By what methods are CEOs, COOs, CFOs, CMOs, CNOs, and other members of the senior executive group prepared for these new responsibilities?

Executive leaders who have had any direct involvement in quality in the past have largely experienced it as a series of projects — efforts to improve quality and reduce defects in one disease, or department, or unit. Their new responsibility is to achieve measured performance improvement at the level of the whole system — in measures such as:

- Adverse drug events per 1,000 doses of medication across the entire system, not just for one ICU
- Wound infection rates for all surgical services, not just for orthopedics
- Mortality rates for the whole hospital, not just for acute myocardial infarction

The methods that work at the project level are not adequate to achieve the scale, spread, cultural change, and sustainability required for system-level performance improvement.

HOW DOES THE ACADEMY WORK?

This is an intensive learning and action planning session attended by three to five members of the senior executive team, including the CEO. We strongly encourage attendance by your CEO to fully maximize the value of the program. Teams who attend without their CEO find it more difficult to implement revised plans upon returning to their organization. We also encourage the attendance of one or more key board members, such as the incoming or current Board Chair, or the Chair of the Board’s Quality Committee.

The principal output of this three-day program will be a detailed plan for each organization to achieve one or more “how good, by when” system-level quality aims, integrated into the strategic plan of that organization. The framing of each plan will be around the following

Seven Leadership Leverage Points for Organization-Level Improvement in Health Care

1. Set specific system-level aims and oversee their achievement at the highest levels of governance
2. Build an executable strategy to achieve the aims, and oversee the execution at the highest levels of administration
3. Channel attention to system-level aims and measures
4. Get patients and families on your team
5. Engage the CFO in achieving the aims
6. Engage physicians in achieving the aims
7. Build the improvement capability necessary to achieve the aims
**FACULTY**

**Robert Colones, MBA**, is President and CEO of McLeod Health System and McLeod Regional Medical Center. Prior to his current role, he served as Executive Vice President and COO and was charged with the leadership and daily operations of four hospitals and affiliates of the McLeod Health System. Mr. Colones is a member of the Quality Committee of South Carolina Quality Forum Advisory Committee. In 2004, he began serving on the South Carolina Governor's Committee on Health Care Access.

**James Conway, MS, FACHE**, is an adjunct faculty member of the Harvard School of Public Health and Faculty for the Institute for Healthcare Improvement (IHI), where he previously served as a Senior Vice President. Prior to joining IHI, he was Executive Vice President and COO of Dana-Farber Cancer Institute for ten years and he had a 27-year career at Children's Hospital, Boston, in radiology administration, finance, and as assistant hospital director. His areas of expertise and interest include governance and executive leadership, patient safety, change management, and patient- and family-centered care. Mr. Conway serves on several boards and is a Distinguished Advisor to the Lucian Leape Institute for the National Patient Safety Foundation. He is a member of the Commonwealth of Massachusetts Quality and Cost Council, and of the Clinical Issues Advisory Council of the Massachusetts Hospital Association. He has received several awards in recognition of his work to improve patient safety and patient-centered care.

**James Reinertsen, MD**, President, The Reinertsen Group, is also Senior Fellow at IHI, leading IHI’s The Role of the Board in Safety and Quality, and Engaging Physicians programs, among other projects. Dr. Reinertsen has 15 years of experience as a CEO and 20 years as a practicing physician. His leadership work has focused on quality improvement, leadership development, and innovative market design. Among other roles, he has been CEO of Park Nicollet Health Services, CEO of CareGroup, Chairman of the Institute for Clinical Systems Improvement, a member of the Institute of Medicine Committees that produced *To Err Is Human* and *Crossing the Quality Chasm*, and a member of the American Board of Internal Medicine.
CONTINUING EDUCATION

In support of improving patient care, the Institute for Healthcare Improvement is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.

Please visit www.IHI.org/EQA for the number of credit hours IHI designates for this continuing education activity.

CHANGING HEALTH CARE TOGETHER

The Institute for Healthcare Improvement is an independent not-for-profit organization that works with health care providers and leaders throughout the world to achieve safe and effective health care. IHI focuses on motivating and building the will for change, identifying and testing new models of care in partnership with both patients and health care professionals, and ensuring the broadest possible adoption of best practices and effective innovations. Based in Cambridge, Massachusetts, IHI mobilizes teams, organizations, and increasingly nations, through its staff of more than 100 people and partnerships with hundreds of faculty around the world.

IHI offers a wide variety of programs and activities for health care professionals to learn from expert faculty and collaborate with experienced colleagues around the world. This particular professional development program is part of a family of programs designed for leaders who seek to gain a particular set of skills that are required for an organization to succeed in its improvement agenda. Additional learning opportunities include world-class conferences and seminars, web-based programs, and professional development programs exploring other critical leadership roles.

Questions? Contact us at
617-301-4800 or info@IHI.org

For more information or to enroll
visit www.IHI.org/EQA
Participating in the Executive Quality Academy (EQA) provided our leadership team with a focused deep dive into quality and safety. It was very hard work, but time very well spent. The entire way that we focus on quality and safety changed as a result of participating in the EQA. It was excellent! I can't say enough about how excellent this conference was.

Mary Ann Vincent, RN, MBA
Vice President, Performance Improvement
St. Joseph Health System