

ACHE Congress Poster Submission:

1. Title: HRO Leader **Coaching and Champions: A Case Study in Reducing High-Risk Patients using Continuous Process Improvement**
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3. Objective of program:

Most high reliability organization (HRO) leadership coaching is top-driven and provided at the medical center director level. This is the story of a VA Health Care System who used HRO leadership coaching from the bottom-up using a virtual grassroots grounded theory methodology to affect data-driven organizational change. The intervention was an HRO-facilitated multidisciplinary group in which both clinical and non-clinical staff utilized Lean methodology for process improvement, while allowing for large percentage of meeting time to build teamwork in addition to accomplishing objectives. While the primary outcome was metric focused, there were also cultural changes that resulted as part of this intervention. Focused advice and input by the HRO Leader Coach and transparent communication modeled by HRO Physician Champions within the group led to observable change in team dynamics, increased leadership commitment and mitigation of long-standing cultural barriers. As time progressed, group meetings became more objective focused, and the group made empiric progress in several clinic operational measures. This model acts as a proof of concept and may be applied to other sites as they start to embrace HRO. Two HRO Physician Champions ("HRO MDs") and their HRO Leader Coach share lessons learned from the field that can impact all health care systems struggling with organizational change and adoption of high reliability principles especially during a time of COVID and crisis.

Learning Objectives:

- Medical Leaders, Clinicians and Group Practice Managers learn to apply HRO principles to Continuous Process Improvement Efforts
 - Clinicians learn to apply HRO principles to data management and systems re-design.
 - Leaders Learn that small change management efforts can be generalized to the entire health care system.
 - Clinicians learn to apply leadership principles to the services they run.
4. Planning/research methods: The problem: High risk echocardiogram patients were not being scheduled when departing their screening appointment. Access to care, double-booking, process inefficiencies, and poor communications were putting the high-risk echo patients at increased risk for harm or death. An HRO continuous process improvement process work group was established. The methodology of this study was a qualitative, grounded theory investigation used to explore hospital access to care for high-risk echo patients. A study by Hodges (2013)

illustrated how raw data could be organized and comprehensively reviewed, grouped into themes or patterns. This methodology can be applied to the present study to use the data to interrelate and interpret the findings to mitigate access vulnerabilities in hospitals against patient morbidity and mortality. There is a paucity of codified risk assessment procedures for hospitals of this kind (Fischbacher-Smith & Fischbacher-Smith, 2013).

5. Implementation methods. Purposive sampling was used for 80 cases. Purposive sampling refers to **a group of non-probability sampling techniques in which units are selected because they have characteristics that we need in this sample.**
6. Results (e.g., cost savings, increased productivity, improved quality of care). As a result of using high reliability principles the continuous process improvement working group saw a reduction of unscheduled echocardiograms by 87.5 percent over a 5-month period. Access to care increased significantly, access standards were met, facility cancellations decreased by 66%, and no-shows decreased as well because of the sharp reduction in duplicate appointments sent out during COVID-19. The organization matured as a high reliability organization as the cardiology team became part of VAMC's integrated delivery system.

Implications: By using HRO-informed cultural practices aimed at safety and organizational change, interorganizational forces, which focus on how individual organizations relate to, partner with, and compete with one another play a potentially powerful role in HRO adoption decisions. Our intention is to demonstrate effectiveness and observe significant outcomes to the VHA and ACHE. The interorganizational networks created by way of HRO leader coaching in this way represent synergies created by informal communication and consistent and intentional structured communication patterns that arise in a dynamic environment observed in VAMCs. It is the impact of semi-structured (formal and informal) informed models of intervention that make our methodology unique and effective in maturing our assigned VAMCS and allow clear communication between our organization and the government.