

HRO Coaching and Champions: A Grassroots Model for HRO Cultural Change

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Typically coaching focuses on executive leaders



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 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 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.

HRO in Action: Group Facilitation

- Foundation of psychological safety
- Transparent and kind communication
- Making time for crucial conversations despite unmet agenda items

HRO and Cultural Change

- The "feel" of the meeting
- Voices heard, opinions expressed
- More group discussion, less soliloquy
- Effective use of process improvement tools
- Operational metric improvements

VA NorCal used a different approach

Integrate HRO into Process Improvement

- Sought out the opinions from team members in one-in-one interviews **DEFERENCE TO EXPERTISE**
- Asked supervisors for inclusion of the front line staff in the discussions **DEFERENCE TO EXPERTISE + FOCUS ON THE FRONTLINE**
- Galvanized the group around the data to drive the project
- Utilized proven improvement methods, A3 Lean **GET TO THE ROOT CAUSE**

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Group lessons learned

Figure 1: A Model for Operational Improvement

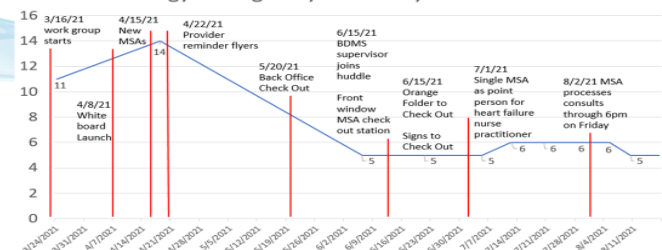


Regular Meetings

- Focus on specific clinics
- Work on only 1-3 aims at a time
- Use data for that clinic
- Spread great ideas to other clinics
- Share your results with clinic staff and leadership

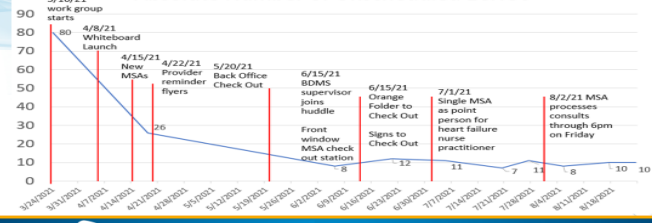
Operational metric: Scheduling consults

Cardiology Average Days File Entry to First Scheduled



Operational metric: Number of unscheduled echocardiograms

Absolute Number of Unscheduled ECHOs



References:

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- VA Northern California Health Care System Strategic Plan 2019-2022