

Healthcare Leaders' Dialogue Conference

Accountability Design

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CEO, NYGH



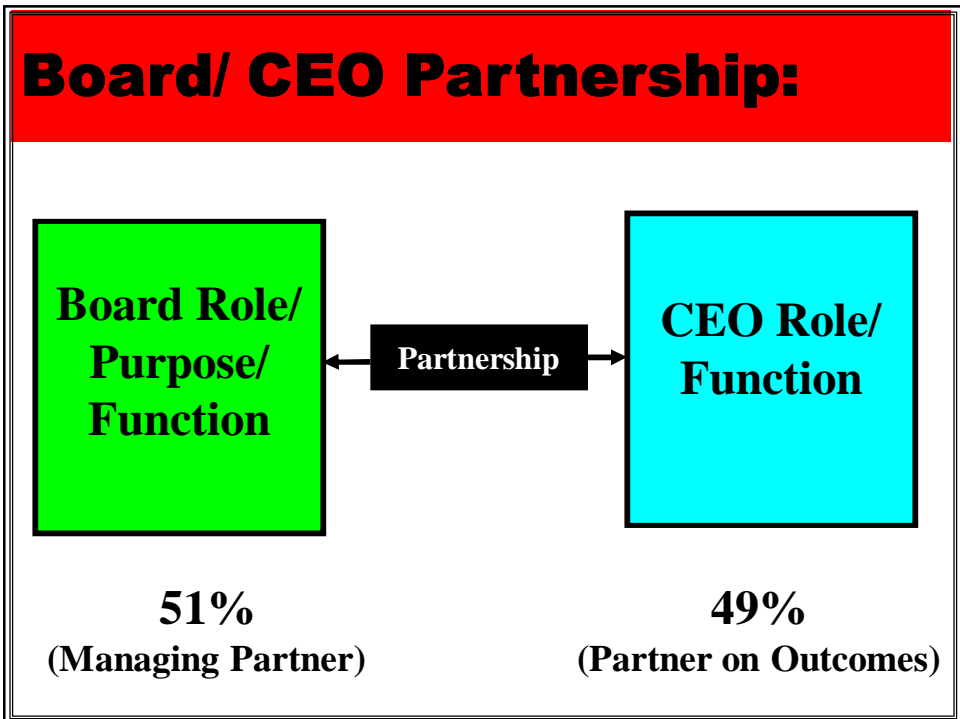

Overview Of The *Made-In-Ontario Model*

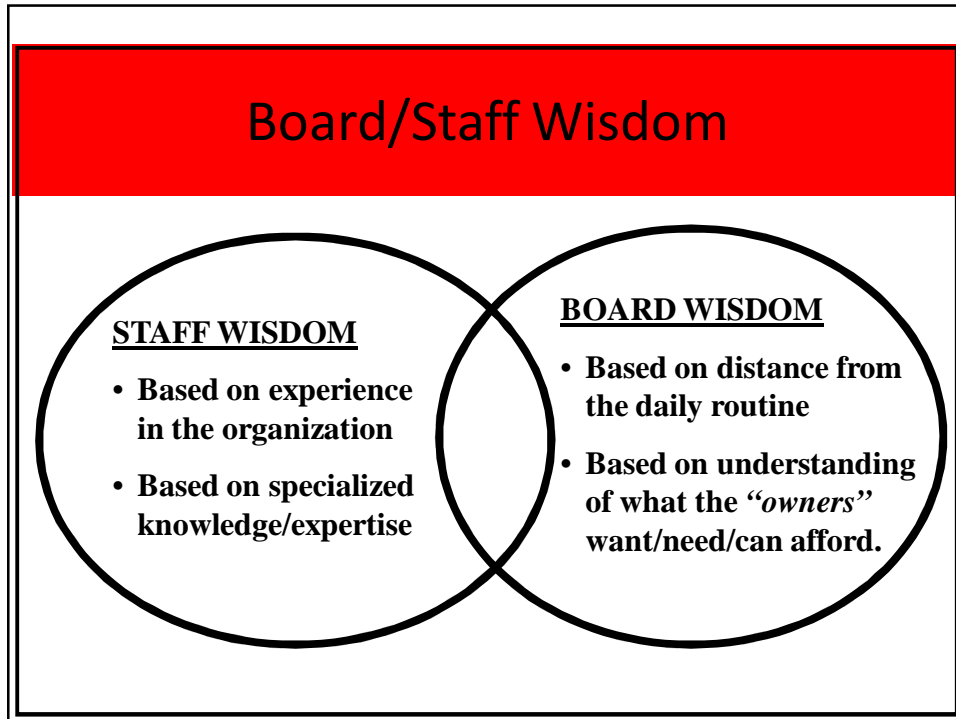


Board/Staff Partnership On Outcomes/Results

“Trustee wisdom comes from its broad focus. While staff must pay attention to the trees, board members can look at the whole forest”.

- Ronald Heifetz
Adaptive Leadership





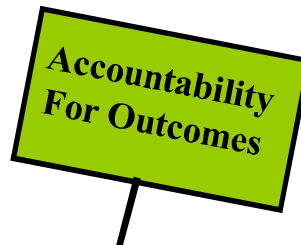
Linking Accountabilities

Based on the *Service Accountability Agreement* with the LHIN; on the organization’s strategic directions & goals; the Board collaborates with management to create *Accountability Agreements* with their two employees:

- The CEO
- The Chief-of-Staff (or CMAC)

Results-Driven:

- Accountability is for outcomes, results – not process.



Accountability for Outcomes

“Holding people accountable should only be done in the context of clearly defined outcomes. Outcomes must be understood, and adjusted regularly to reflect new realities. Not only must everyone understand what is expected of them and why, they must also have the necessary resources and skills to achieve the outcomes for which they are accountable.”

– Marilyn Paul

Accountability Agreement Architecture:

1. Board *Accountability Agreements* with the CEO and Chief-of-Staff.
2. CEO agreements with senior/middle managers (120 + people).
3. *Scoping Statement* for Core & Process Design Teams. (Is/Is Not Accountable).

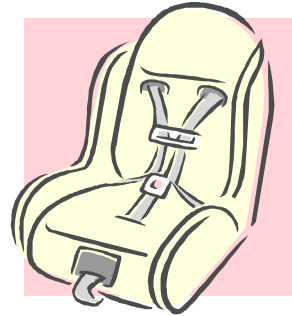
Accountability Agreements

- ***Accountability*** is a statement of **personal promise** to achieve specific results – within the shared vision and the overall strategic outcomes and targets set in a **Balanced Scorecard**.



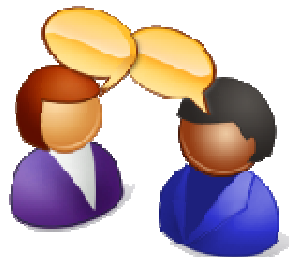
Supports Required

- *“You can’t be held accountable for outcomes that you have no control over.”*
- **So what supports/resources/skills/systems does each person need in order to accomplish each of the outcomes/targets they agree to be accountable for?**



Accountability Process

- **An accountability process is most effective when individuals develop their own *Accountability Agreement* in ongoing dialogues with the person to whom they report. This ensures that the agreement reflects the ever-changing circumstances of our hospital.**



Blame vs. Accountability

“Where there is blame, open minds close, inquiring tends to cease, and the desire to understand the whole diminishes.”

- Marilyn Paul

Six Principles For Accountability Agreements:

- 1. You can't be accountable for anything over which you have no control.**
- 2. “Accountability for outcomes” means that activities/efforts/ processes are not enough.**
- 3. Accountability for results requires real empowerment and room for personal discretion and judgment.**

Six Principles For Accountability Agreements:

- 4. Accountability must be dynamic: outcomes and targets change as circumstances change.**
- 5. Accountability and stewardship for the organization belongs to every employee.**
- 6. Accountability is meaningless without fair and appropriate consequences.**

(Harber/ Ball)

Consequences:

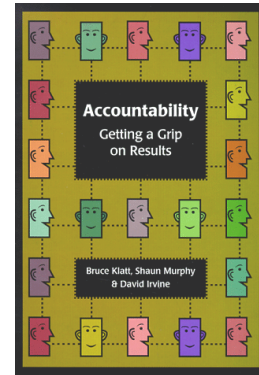
“Consequences in Accountability Agreements may be positive or negative, but either way they need to be fair. They are not punishing or under-handed. Finding out what went wrong in a situation is useful for preventing the recurrence of problems.”

- Klatt, Murphy, Irvine
Accountability: Getting A Grip On Results

Consequences:

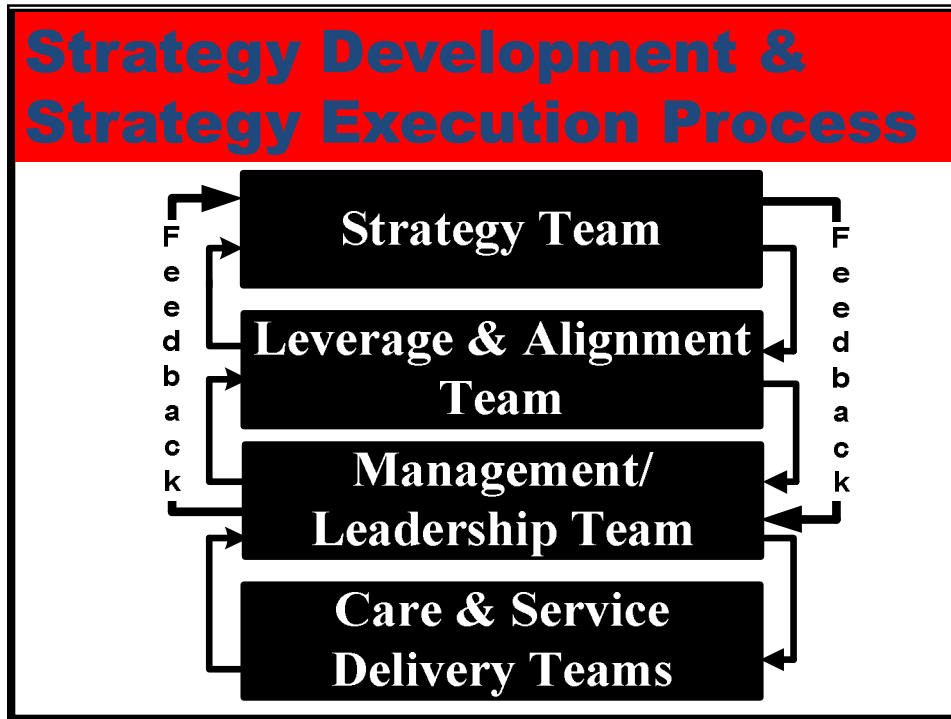
“Accountability is not about assigning after-the-fact blame. Rather, it’s about providing before the fact incentive for success, and room for decision making, risk taking and growth.”

- Klatt, Murphy, Irvine
Accountability: Getting A Grip On Results



Capacity-Building for Transformational Leadership:

- 120 Directors/Managers are now determining how they can deliver on the Board’s Strategic Directions.
- They are building the organization’s *Balanced Scorecard*.
- They are getting aligned/committed to their strategy and learning how to execute their strategy.





Our Evolving Vision


Community of Success: Serving with Kindness

Our vision led us to embrace the following five principles:

- Each role is essential.
- A well designed, safe workplace makes it easy to do the right things right.
- System relationships achieve improved care for populations, patients and their families.
- Everyone is a leader in achieving quality outcomes and in leveraging resources.
- People celebrate with others the joy and success of their work.




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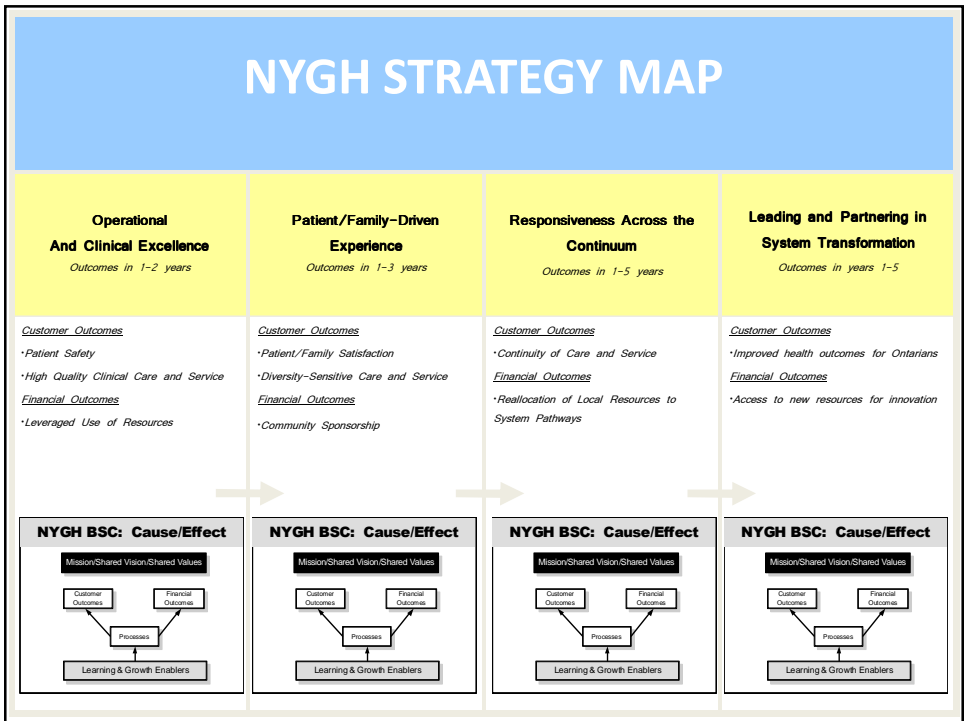
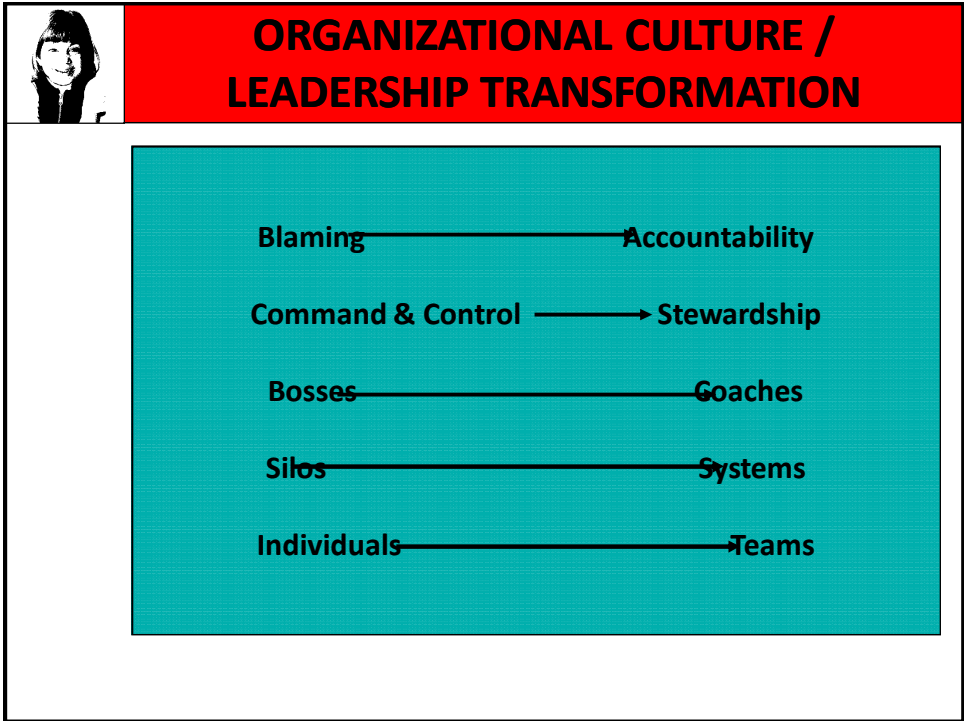
Learning Organization

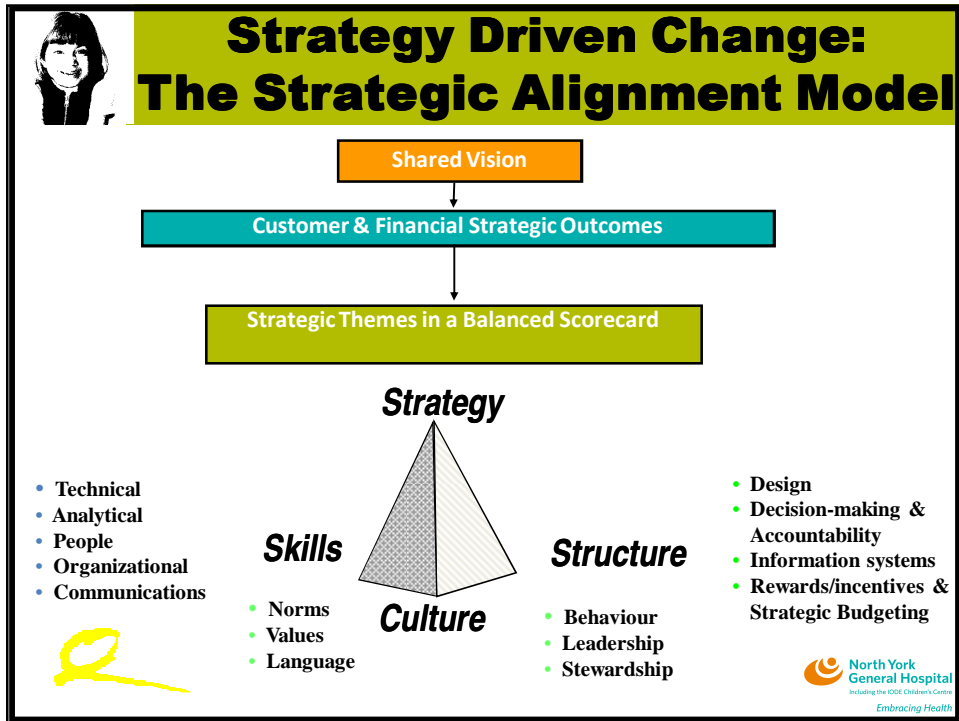
“Organizations where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning to see the whole together.”

Peter Senge



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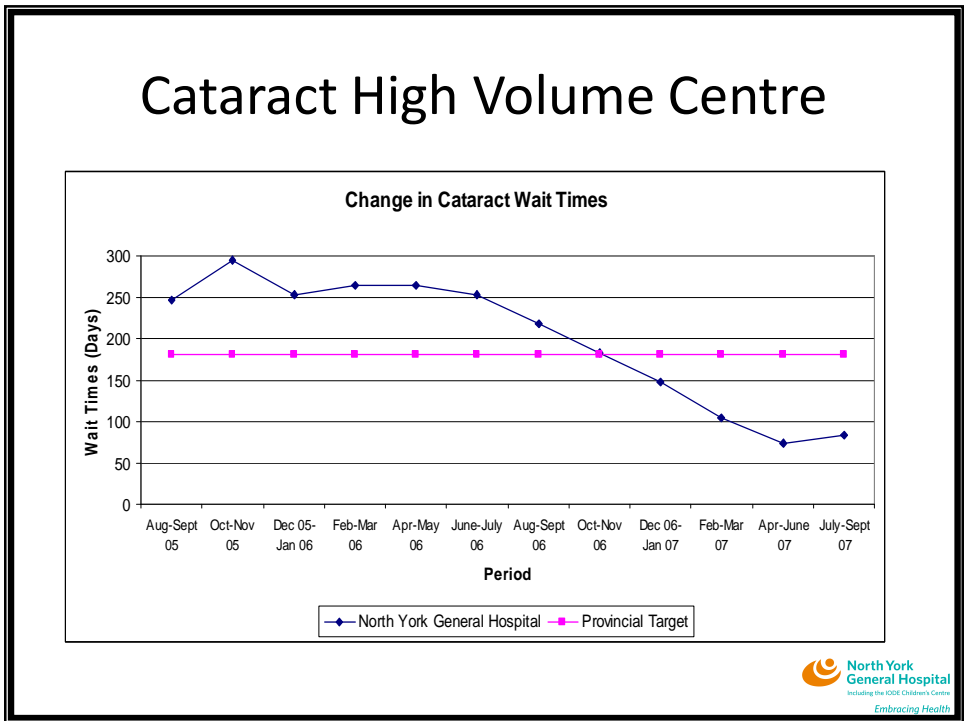
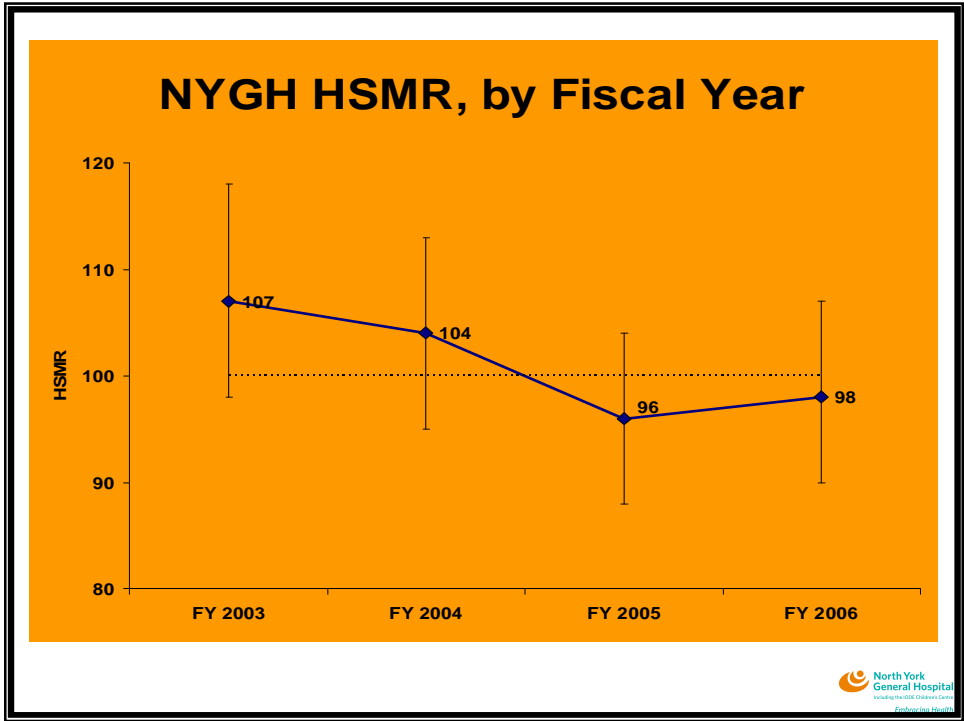


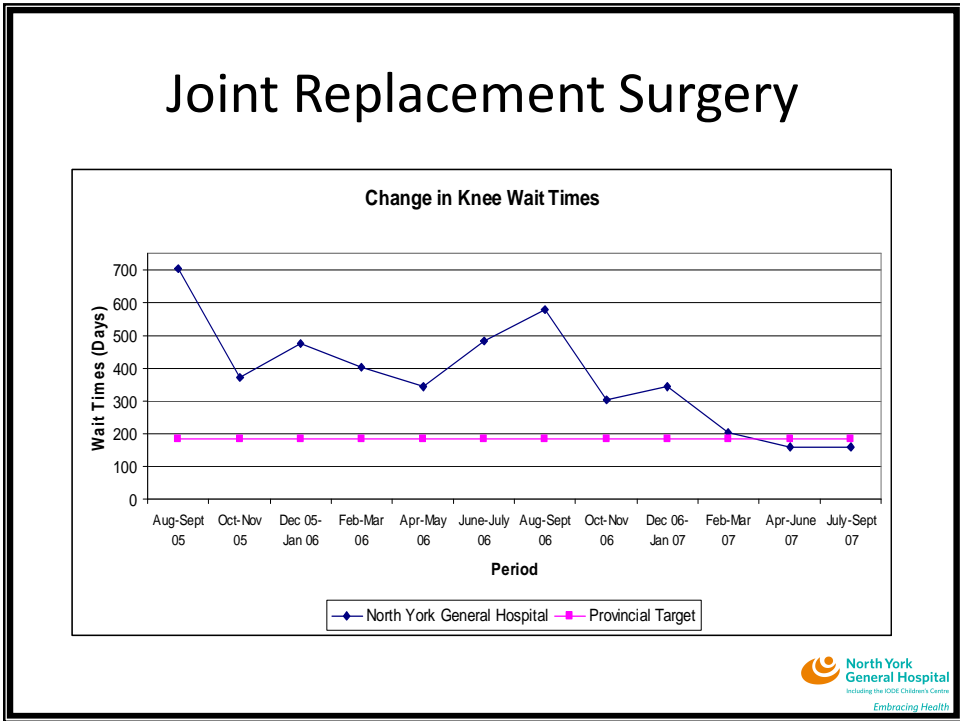
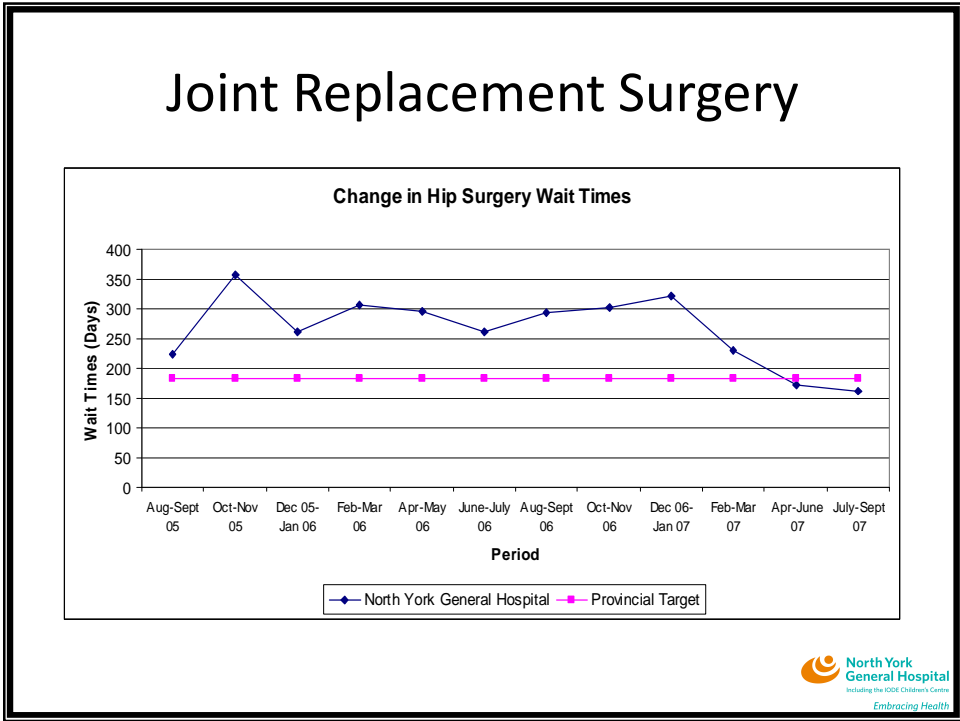



Human Capital Outcomes:

- **Progress on 8 Human Capital outcomes have been dramatic.**
- **People @ NYGH think differently.**

The icon shows a blue brain on the left and a blue silhouette of a person's head in profile on the right, both enclosed in a green frame with a dotted red line connecting them, symbolizing the connection between cognitive skills and human capital.









ED/GIM Kaizen Events

Medicine	Emergency Department
Hospitalist Utilization	Standardizing the ED Ambulatory Pathway
Hospitalist Standard Work Guidelines	Access to CT Scan
Standardizing Discharge Process	Standardizing and Optimizing the Sub Acute Pathway
Improving Discharge Bed Cleaning	Transfer of Admitted Patients to Inpatient Beds
Standardizing Bed Assignment	Standard Work for Unit Secretaries
Improving Communication Using SBAR	



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Collaborative ED / GIM Results

Discharge Confirmed to Patient in Bed (hrs)

Before Kaizens


2.4	2.6	1.6	2.1	2.8
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11.5 hours

After Kaizens


.4	2.3	.8	.4	.7
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4.6 hours

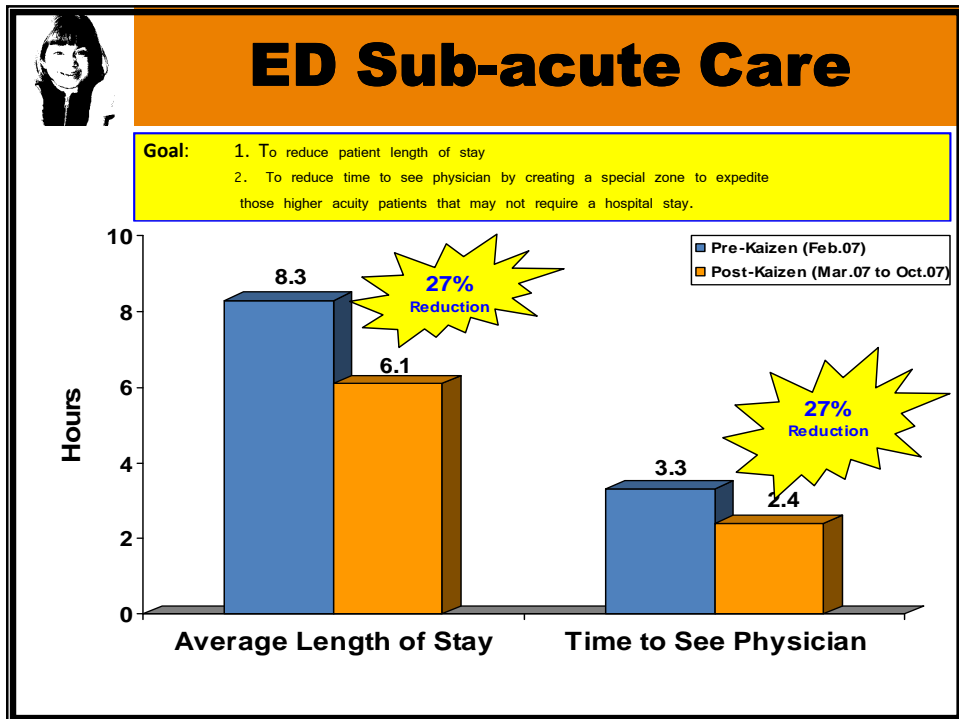
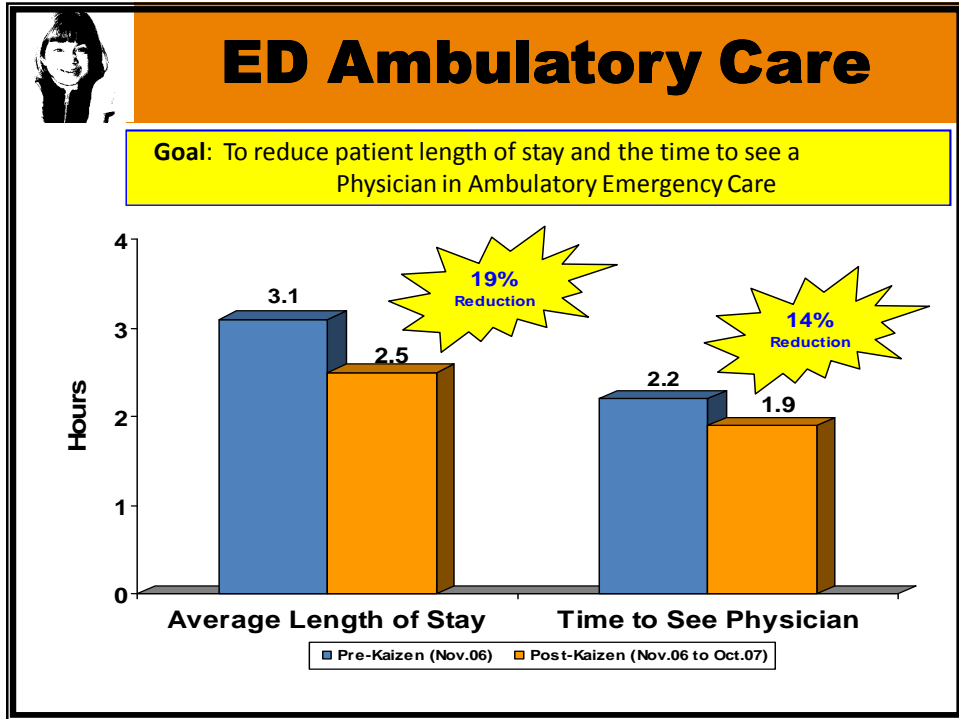


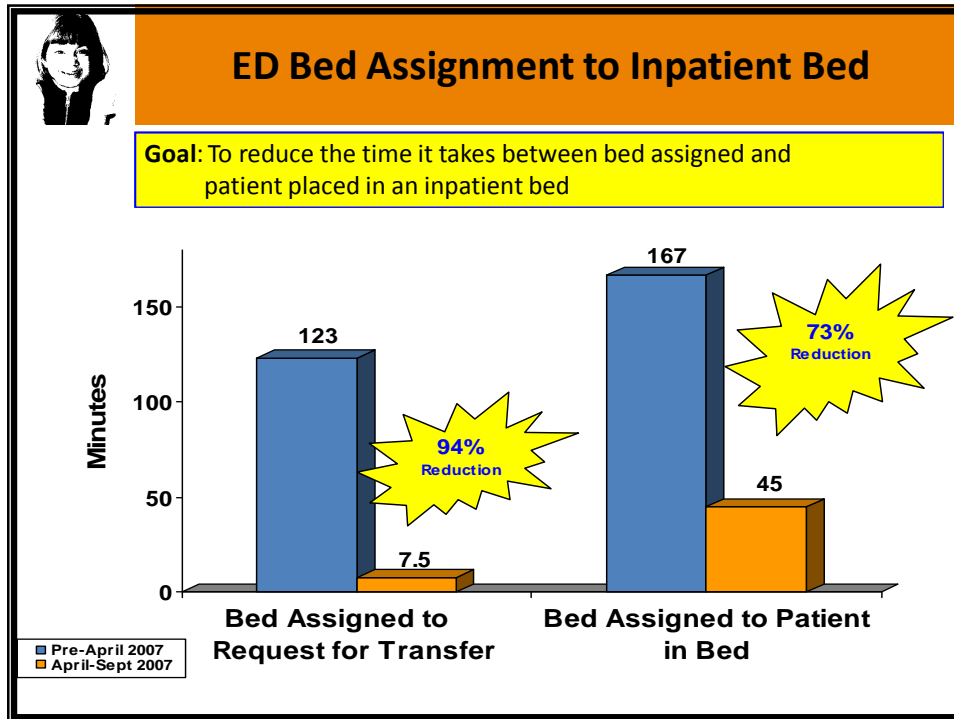
60% Reduction

- Discharged Confirmed to Order Written
- Order Written to Bed Empty
- Bed Empty to Cleaning in Progress
- Cleaning in Progress to ED Notification
- ED Notification to Patient in Bed



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Collective Wisdom

"We achieved an awful lot. The outcomes are a result of people who understand the business committing to work together to make the process work better"

Source: Team Participant

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Empowerment

“We are so used to having decisions made for us and having to implement them. It was nice to actually make decisions ourselves and actually see them implemented.”

Source: Staff RN



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Mindfulness

“I never saw the big picture, it wasn't important. I focused just on my floor. I've learned that everyone's role is important – for the patient's satisfaction, we have to work together.”


Source: Member, Standardizing Bed Assignment Kaizen Event



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Current Conditions



- **138 handoffs** currently required to get one patient discharged to an alternative care setting
- Over **45 distinct functions** are required to successfully manage the flow of one patient when things go right the first time



NYGH Before Kaizens





The diagram illustrates a process flow for NYGH after Kaizens. It features a central staircase-like arrangement of seven steps, each represented by a photograph of a goose in flight. The steps are labeled as follows:

- Discharge process
- Hospitalists
- Bed cleaning
- Bed assignment
- Patient transfer
- ED triage
- CT test results

In the top left corner, there is a small portrait of a woman. The title "NYGH After Kaizens" is displayed in large, bold, black letters on an orange background. The North York General Hospital logo is located in the bottom left corner of the diagram.

Exercise #5:

- Do a PMI (Pluses, Minuses, Interesting on the NYGH case story).

Pluses	Minuses	Interesting