Pursuing Perfection: A Realistic Goal

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Pursuing Perfection: Raising the Bar for Health Care Performance is a three-year, $20.9 million initiative of the Robert Wood Johnson Foundation intended to help physician organizations and hospitals dramatically improve patient outcomes by pursuing perfection in all of their major care processes. Seven sites throughout the country are currently implementing plans to pursue perfection in health care across their organizations. HSR&D's Management Decision and Research Center (MDRC), together with its academic affiliate, Boston University Schools of Public Health and Management, have been selected to evaluate the Pursuing Perfection program sites. As project evaluators in close contact with all of the sites, we will report on each site's level of success in achieving its goals, as well as factors contributing to the organizations' successes and failures. In future issues of *Transition Watch*, we will provide highlights from the innovative projects at each of the Pursuing Perfection sites, report on the ongoing work of the MDRC in evaluating this exciting program, and provide examples that may be beneficial to VA.

Background

In 1998, the Institute of Medicine (IOM) appointed the Committee on the Quality of Health Care in America to identify strategies for achieving a substantial improvement in the quality of health care delivered to Americans. The Committee's first report, *To Err is Human: Building a Safer Health System,* focused on the specific quality concern of patient safety and provided a strong impetus for change throughout the health care system. Their second report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* focused broadly on how the health care delivery system could be designed to innovate and improve care, and proposed six aims for health care improvement - care should be: safe, effective, patient-centered, timely, efficient, and equitable.

Based on the IOM's work, the Pursuing Perfection program has defined ideal quality as:
- Always delivering the right care,
- Never providing care that has no potential to help a patient, and
- Never harming patients in the course of providing care.

Both IOM reports continue to inform the work of Pursuing Perfection, which has as its purpose showing that system-wide efforts for change are possible, and that through such efforts, new benchmarks for health care quality and safety can be set.

Pursuing Perfection

In 2001, the National Program Office for Pursuing Perfection was established at the Institute for Healthcare Improvement (IHI) in Boston. Out of 226 applicants, 12 organizations were awarded grants in the first phase of the program. These grants provided funding and technical assistance to help organizations develop comprehensive plans designed to pursue perfect health care within their organization in two specific project areas (e.g. care for patients with a specific disease such as depression, diabetes, asthma; or a system such as medication delivery). Plans were required to address strategies for diffusion within the organization and partnership-building outside the organization, as well as leadership and infrastructure-building strategies.

Based on the strength of their plans, seven of the twelve Phase I organizations were awarded Phase II grants (see Table 1 for sites and areas of focus). Each of these $1.9 million, two-year grants are designed to help the organizations implement their plans. These Phase II plans must include pursuing perfect health care in at least five care areas in addition to the two initial areas of focus, followed by expansion that emphasizes the importance of diffusing innovations from pilot projects throughout the entire organization.

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Program Evaluation

For many years the MDRC has conducted large-scale research studies and evaluations of organizational structure and change in VA. Through its academic affiliate, Boston University, staff have conducted similar projects in the private sector. Based upon this experience, we were selected to conduct the Pursuing Perfection evaluation. Beginning with this issue of *Transition Watch*, we will report on findings and information from the evaluation that may be important and useful for VA managers and policy makers.

The focus of the Pursuing Perfection program evaluation is to:
• Determine the extent to which an organization succeeds in achieving the improvement goals articulated in its plan, and
• Identify factors that contribute to each organization's successes and/or failures.

The organizational change sought by Pursuing Perfection in each site may be thought of in two stages: the initial interventions in the first two and then five additional specific projects, followed in the second stage by the diffusion of change throughout the rest of the organization. Sites may be successful in individual projects, but still be unable to achieve a total organizational transformation that supports and stimulates the Pursuing Perfection values. Such organizational transformation represents a major challenge beyond success in individual projects.

In Stage 1, we will focus on the two initial projects identified by the sites for focused quality improvement efforts, and then on five additional project areas chosen by each site. We will assess how the Pursuing Perfection intervention leads to (or does not lead to) dramatically improved quality in these clinical areas. We expect to find that the following will contribute to successful projects:
• Use of data for rapid cycle improvement,
• Level of coordination of staff in delivering care,
• Effective working relationships between the staff in the designated project areas and staff in support departments,
• Senior management support and involvement, and
• Characteristics of the current organizational culture.

In Stage 2, after initial successes should have been achieved in the sites' projects, we will shift our focus to examine diffusion of change throughout the organizations. We will address whether a critical level of forces

Table 1. Pursuing Perfection Phase II Grantees	
Site	*Initial Areas of Focus*
Tallahassee Memorial HealthCare Tallahassee, FL	• Medication system redesign • Delivery of cardiovascular care
St. Joseph Hospital/PeaceHealth Bellingham, WA	• Diabetes • Congestive heart failure
McLeod Regional Medical Center Florence, SC	• Prevention of adverse drug events • Coronary heart disease
HealthPartners Medical Group and Clinics Minneapolis, MN	• Depression • Diabetes • Heart disease
Hackensack University Medical Center Hackensack, NJ	• Congestive heart failure • Medication management for patients with blood clots
Children's Hospital Medical Center Cincinnati, OH	• Children with chronic conditions • Children with acute illness
Cambridge Health Alliance Cambridge, MA	• Pediatric asthma • Adult diabetes

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for change has been achieved to "tip" the organization into an entirely new way of functioning. In addition, we will address whether individuals are aware of the new philosophies, values, and practices; whether they adopt them into their own clinical and managerial practices; and whether they diffuse them to others.

Throughout our evaluation, we will measure the IOM's six key aims for health care improvement, and, finally, examine the context of the organizations, including how characteristics such as organizational structure, rewards, and information systems either support or discourage the desired changes.

In conducting this evaluation, project staff will visit each site every four months, meeting with staff at all levels in the organizations. In working with these organizations, we have the opportunity to see staff operating at the cutting edge of innovation. We will observe what works and what does not work for them, including very practical actions that we and/or they identify as making a difference in their implementation of change.

VA has been a leader in quality improvement and patient safety. We hope that our experience with Pursuing Perfection can further enhance VA's efforts in these areas and stimulate other innovations.

Transition Watch is a quarterly publication of the Management Decision & Research Center, a program within VA's Office of Research and Development, Health Services Research and Development Service. Its goal is to provide timely, accessible health care change information and resources to aid VHA managers in their planning and decision making. Summaries and analysis of ongoing survey and management studies within VHA will be included, as well as organizational change resources from within and outside VA. For more information or to provide us with your questions or suggestions, please contact:

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VISN 23: An Update on Integration

Since our update in the May 2002 issue of *Transition Watch*, the integration of VISNs 13 and 14 to form the new VISN 23 has moved ahead, though not as quickly as expected.

- Dr. Robert A. Petzel, MD, was appointed Network Director for VISN 23 in October 2002.
- The Network produced an integrated strategic plan and an integrated budget for FY 2003.
- An interim Executive Leadership Council (ELC), composed of senior VISN staff, service line leaders, and facility leaders from both former Networks meets monthly. To support their focus on strategy and policy, the interim ELC has established three councils to carry out operational, performance, and process management functions focused on both patients and employees: the Coordinating Council, the Workforce Development Council, and the Organizational Improvement Council.
- The Integration Council (IC), composed of key leaders from both former VISNs, has continued to meet regularly to deliberate organizational models for the new Network. On behalf of the IC, the two VISN 23 COOs and the two CMOs sought broad input from employees in April and May by traveling to every facility in the new VISN to hold employee forums, medical staff briefings, and focus groups. The IC also sought input from ELC members and other VISN 23 staff. By October, IC deliberations focused on alternative service line models, building on Network service lines already in place in the former VISNs 13 and 14.
- The IC is also reviewing proposals for structuring allied support services in the Network. Workgroups, with representation across the Network, have been developing plans for integrating a wide range of services such as Information Management, Human Resources, Finance, Emergency Management, Pharmacy, Pathology, and Quality Management. Workgroup plans are submitted to the IC for review, and then forwarded to the interim ELC for final approval.

The Integration Council has strived to balance the need to move ahead quickly with the need to delay decisions to wait for input from the permanent Director. Consequently, final decisions have been slower than expected due to the delay in finalizing the permanent Network Director. Now that Dr. Petzel has been appointed, it is expected that the momentum toward integration will resume.

News You Can Use: Resources on Organizational Culture and Microsystems

In the lead article of this issue of *Transition Watch* we describe the Pursuing Perfection program. Funded by the Robert Wood Johnson Foundation, Pursuing Perfection involves seven health care organizations working toward perfecting their care and processes to ultimately achieve the highest quality, safest care, and best patient outcomes. Of the several important organizational concepts involved in the Pursuing Perfection program, microsystems and organizational culture are two that are central. To enhance or support understanding of these two central concepts, we have selected a few key readings and provide summaries and citations below.

Microsystems in Health Care: Part 1. Learning from High-Performing Front-Line Clinical Units

In the first of a series of articles that will report and discuss the results of a study of 20 high-performing microsystems, the authors provide an introduction to the concept of the clinical microsystem and emphasize the importance of focusing health system improvement on these units. The intention of the article series is "to provide useful ideas and methods that can be used in diverse clinical settings...to create the conditions for sustained improvement in clinical quality and value...." This article provides definitions and descriptions of clinical microsystems, and identifies nine success characteristics used to provide both high-quality and cost-efficient care in the systems studied. Several charts and figures included in the article help to illustrate the interdependent, dynamic qualities of these nine characteristics and provide a sampling of best practices associated with high performance. The authors suggest, "Health system redesign can succeed only with leaders who take action to transform these [microsystems] to optimize performance..."
Nelson EC, Batalden PB, Huber TP, Mohr JJ, Godfrey MM, et al. *Microsystems in health care: part 1. Learning from high-performing front-line clinical units.* Joint Commission Journal on Quality Improvement 2002 Sep;28(9):472-497.

A User's Manual for the IOM's *'Quality Chasm'* Report

In this article Donald Berwick, CEO of the Institute for Healthcare Improvement (IHI) in Boston, provides a four-level framework for understanding the *Quality Chasm* report and the health care changes the report recommends at each level. The four levels include patients' experiences; the functioning of microsystems; the functioning of organizations that house and support microsystems; and the environment of policy, payment, regulation, and accreditation that shapes organizations' behavior, interests, and opportunities. Through this model, Berwick indicates that the strengths of the *Quality Chasm* report lie in its systems view, which is "rooted in the experiences of patients as the fundamental source of the definition of quality..."
Berwick DM. *A user's manual for the IOM's 'Quality Chasm' report.* Health Affairs 2002;21(3):80-90.

Leading Organisational Learning in Health Care

This article discusses the importance of leadership to organizational learning in health care. In working to improve safety and quality in health care, leadership at all levels must recognize and value learning and work to create a culture that supports a learning environment. One of the article's key messages is, "Effective organisational learning is supported by cultural values of openness and excellence [and] learning mechanisms that encourage information flow, challenge assumptions, and aid systems thinking..." Brief practical examples, such as "learning as a team process" and "empowering local leadership" are provided as well as a model for understanding how health care organizations can learn. Characteristics of organizations committed to learning are also discussed.
Carroll JS, Edmondson AC. *Leading organisational learning in health care.* Quality and Safety in Health Care 2002;11(1):51-56.

Taking Charge of Change in a Volatile Healthcare Marketplace

This article discusses a case study of a community hospital that created an organizational culture change as part of restructuring patient care delivery. Although written for human resources managers, the article is relevant for anyone seeking information about the importance of organizational culture to change implementation. According to the author, "Significant, meaningful change at the organizational level cannot be accomplished without a corresponding cultural shift...the correlation between hospital culture and financial performance is clear and strong..."
Anson BR. *Taking charge of change in a volatile healthcare marketplace.* Human Resource Planning 2000;21-33.