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## The Role of Leadership in Quality Improvement Efforts

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### Speaker

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### Carla Zema

The Agency for Healthcare Research and Quality's CAHPS User Network welcomes you to the CAHPS podcast series on improving patients' experiences with care. I'm Carla Zema from St. Vincent College and consultant to the CAHPS User Network. I'm here today with Dr. Gregg Meyer, Senior Vice President of the Massachusetts General Hospital and Physicians Organization as well as Director of the Edward P. Lawrence Center for Quality and Safety. Gregg provides leadership for quality and patient safety at Mass General and measuring patient experience is essential to those efforts.

Our initial podcast in this quality improvement or QI podcast series looked at the value of measuring and improving the patient's experience. Patrick Jordan joined us on our previous podcast in the series to talk about developing an organizational culture to support improvement. Like culture, leadership is another important aspect in any improvement effort, not just with patient experience. Gregg is here with us today to discuss the role of leadership in improvement efforts. So Gregg, how important is leadership in quality improvement efforts?

### Gregg Meyer

Effective leadership really makes all the difference. In the end, we want our quality improvement efforts to be driven from the ground up. We love to have the folks who are on the front line of clinical care leading our improvement efforts. But at the end of the day, they're going to be looking upward. They're going to say, "What are the leaders telling us that we ought to pay attention to?" In many ways, the leader sets the tone that is going to either facilitate or mitigate the organization's response to quality challenges. And you really need to have a leader effectively engaged in that process.



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**Carla Zema**

That's great. I know in quality improvement methodologies, we do often talk about how a lot of the efforts are really driven by the front line and those that are doing the work. So how best can leaders support those efforts of the front line?

**Gregg Meyer**

There are a few important ways that they can make a difference. First and foremost is they set the priorities for the organization. In the end, those in the front line are going to very quickly realize whether or not their efforts are taking place in a vacuum or whether they're having direct impact on the organization. Whether or not they have an impact is determined by the leader's priorities. At the end of the day, that priority setting exercise is one of the key functions of leadership over the course and time.

In addition to that though, there is the important interaction between service and leadership. And in the ideal, you'll find leaders who not only set a general tone and set priorities for improvement, but also are actively engaged in them in some level. That can be everything from directing them at a high level in terms of putting resources into the quality improvement efforts and standing back and getting out of the way. But it's also most effective when the leader actually goes in and gets their hands dirty sometimes and participates directly in those processes.

**Carla Zema**

So it's important and it's very helpful when the leader does engage and kind of gets their hands dirty. But can you tell us what the difference is between actually directing that effort and supporting and engaging in the effort?

**Gregg Meyer**

Supporting and engaging in that effort is really being part of the team. And in that way, this is a wonderful opportunity for a leader to really participate in that servant role, to be a part of the group. So I find, for example, that when I participate on a quality improvement team, not in my role as a senior vice president, but in my role as a practicing general internist that that gets noticed, that's something that sends a very important signal to others that I work with.

In addition to that though at the higher level, the leader has to support and direct these by making sure that everybody involved is treated with dignity and respect, that the work they put into the quality improvement is valued and gets recognition and visibility and that they're given the resources to do quality improvement work that really makes a difference not only in the lives of their patients, but in their lives as well.

**Carla Zema**

That's great. As I mentioned, Patrick Jordan was with us on our previous podcast talking about organizational culture and you mentioned treating people with respect and valuing what they do. Can you talk a little bit about how leadership and culture are related?

**Gregg Meyer**

One of the most important things we all do in leadership positions is we not only conform to, but in many ways, we get a chance to help influence the culture of an organization. At the end of the day, our ability to recognize safety challenges and quality challenges and respond to them is only going to be as good as the culture allows us to, for example, share them openly, to do a thorough analysis that is not afraid of who might be involved or what might be involved or what systems need to be improved and to put the resources behind it to make a difference.

When I try to engage folks in quality improvement efforts, they take a look, and they say, “Wow, if I do this, am I going to be supported?” and “If I do find something that needs changing, is that change going to happen?” One of the most important things a leader can do is the follow through, is when the front line does the work and says, “Here’s where we need to make a change in the organization”; they’re watching. And if you put that on the back of the file cabinet or you do it when you can get around to it, they notice. But if you make a change 24 hours later, that spreads like wildfire. That sets the culture of an organization.

### Carla Zema

That’s great. So a lot of times we hear from leaders that they really do want to be supportive and they really want to engage and they just don’t know how. You’ve given us some examples of how you participate as a practicing physician and some follow up. Are there other examples or advice that you can give to leaders that really do want to show their support and engage in improvement activities, but just don’t know how?

### Gregg Meyer

One of the most powerful tools that leaders have at their beck is the bully pulpit. And at the end of the day, a leader can provide an opportunity for folks to communicate the great work that they’ve done and also to share openly the challenges that they’re facing. And in that respect, having a leader who carves time out to ensure that the organization is going to communicate openly about these quality improvement efforts can make a huge difference. Setting aside time with the board every month to ensure that they’re hearing about the quality improvement work that you do is just as important as sharing the results of your latest financials with them.

That kind of openness to communication and prioritizing is a very powerful way the leader can engage in these and provide supports to the folks doing the work day to day and at the same time, make sure that it meshes with the responsibilities of the organization. The leader is one of the folks who needs to translate that external environment and the internal reality and between those two, mesh together a great quality improvement program that’s going to improve the organization in a way that it meets the needs of their patients and also the folks who work in that organization.

### Carla Zema

That’s great. So Gregg, you and I go back, I’ve had the privilege of working with you when you were at the Agency for Healthcare Research and Quality, so I can personally attest to what a great leader you are. What advice would you give to health care professionals who may not work with leaders as enlightened as you are, but still really want to do improvement efforts and want to engage? How can they help their leaders to engage?

### Gregg Meyer

First, thank you for your kind words. But I would have to admit that we’re all learning this, we’re all learning together. And I think that for those who are looking to try to get their leaders engaged, I think the key role that they can do is they can be those essential connectors. They can take what they’re experiencing, what they’re working in the front line and see what the leader is facing in terms of their day, what are their priorities and trying to see how the work that you’re doing on the front line in quality improvement can actually help that leader meet their own goals.

And so first and foremost, what I would say is understand what’s on the leader’s agenda. And there are two opportunities once you have that understanding. The first is to say “how can my work in quality improvement further that leader’s agenda,” “how does it meet the needs of their existing agenda,” or “how can I use my efforts to influence the agenda itself” because maybe what I’m working on isn’t showing up as a top priority for the leader that is part of my organization, but I need to get that in front of them and make them realize how important this really is.

At the end of the day, the best way to do that is to draw it back to patients. For example, we had some work that was going on in our organization here in Boston that was focused in on trying to improve infection control and hand hygiene. That was terrifically important for us, but the reality was that it did not translate easily into “okay, what is it that that effort is going to do to fix the priorities that are in front of our leaders at that time?” We want to, for example, decrease MRSA rates. So when the hand hygiene folks brought the data forward and said “here’s how we’re doing on hand hygiene and here’s how it’s directly related to our MRSA rates,” all on a single graphic, they drove home the message that this has an impact on things that are important to you as a leader.

Another terrific example in the patient experience world is that we all look at our CAHPS data. But going beyond looking at the statistics, the most valuable thing that I find in leadership and in influencing the agenda is reading the comments that often go with it. And so it’s having both the data and also the stories, because at the end of the day, the data is something that we should pay attention to, but the stories are what capture our imagination.

And so if you’re having trouble getting your issue on to the leader’s agenda, pulling together not just the data, but also pulling together the stories of how whatever the issue is that you’re working on directly impacted a patient and the experience of their care and the quality of the care for them and their family, that’s something that captures a leader’s attention.

### Carla Zema

You’re right, Gregg, the patient perspective is so very important. That reminds me that over a decade ago, [J.L.] Reinertsen wrote “the best physician leaders always behave as if they have a patient at their elbow and bring the patient’s perspective into every conversation”. So what would you say to physician leaders that don’t value the having the patient’s perspective or measuring the patient’s perspective?

### Gregg Meyer

Let me start by saying I really hope that they don’t exist, because the truth of the matter is I think it’s unfathomable to think that you can be a true physician leader and not have the patient’s perspective first and foremost in your mind. I agree completely with what Reinertsen said. At the end of the day, we have to deal with issues as mundane as “do we make this next investment in our information system,” “do I hire that extra cadre of pharmacists,” “am I able to make sure that we can provide a clean environment and hire the right staffing to do that?”

Those are very mundane operational decisions. But what we need to do as leaders is we need to constantly bring it back to the impact on patients. Many of us remember that impactful story about LBJ walking through the Kennedy Space Center when they were considering whether or not to cut the space program where he allegedly stopped someone pushing a broom and said, “What are you doing?” And that person looked up and said, “I’m putting a man on the moon, sir.”

Well, that apparently made a big impact on LBJ. And the truth of the matter is, is that if we have physician leaders who can constantly say well, you know, we’re going to hire these extra folks, we’re going to put together this program. And, yeah, there’s a lot of good financials behind it, maybe there’s even a return on investment or it’s going to improve our scores on CAHPS, that’s all terrific. But they can bring it back to a patient -- here’s how this is going to make it different for our next patient by constantly reminding everybody of that, it makes all the difference.

And the most effective physician leaders are ones who blend together their role as compassionate caregivers with their leadership roles and trying to guide very complex organizations forward. You've got to pull the two of those pieces together.

**Carla Zema**

Thanks so much Gregg for sharing your expertise with us today. We really value hearing from Mass General. You guys are doing incredible work up there and you provide leadership not only within the system, but also to many of our users nationwide, so we always look forward to hearing what's going on in your system.

The next podcast in our series will continue to look at aspects that are important to any QI initiative, not just those that focus on patient experience. Wendy Leebov will be joining us next to talk about how HR policies and principles can support improvement. Our series will conclude with some specific strategies to address topic areas measured from the patient's perspective.

You can download all the podcasts in this series at the CAHPS User Network Web site at [www.cahps.ahrq.gov](http://www.cahps.ahrq.gov). That's [www.c-a-h-p-s-a-h-r-q.gov](http://www.c-a-h-p-s-a-h-r-q.gov) [[www.cahps.ahrq.gov](http://www.cahps.ahrq.gov)]. For more information on other aspects that can influence QI initiatives, check out the CAHPS Improvement Guide on the Web site. This guide has a lot of useful information from planning a QI initiative through strategies that you can use for improvement. You can also access other QI resources such as case studies detailing the use of CAHPS survey results for QI.

Remember that the CAHPS User Network also offers free technical assistance and can be reached by calling the CAHPS Help Line at 1-800-492-9261 or via email at [cahps1@ahrq.gov](mailto:cahps1@ahrq.gov). That's CAHPS, the number 1, at [[@](mailto:cahps1@ahrq.gov)] [a-h-r-q.gov](mailto:cahps1@ahrq.gov) [[cahps1@ahrq.gov](mailto:cahps1@ahrq.gov)]. We thank you for joining us and we look forward to bringing you more stories and experiences from users of CAHPS surveys.

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