

# Building Capacity Block by Block: Leadership

## How are grantees improving leadership?

### Identifying champions to advance work

- Cultivating champions who can drive work forward
- Having regular meetings with champions to provide further education, space to problem-solve, and celebrate success
- Using cross-site peer group meetings to socialize new ideas and cultivate champions across sites
- Involving director-level leaders in monitoring specific areas of focus, such as pilots of self-monitoring BP

### Engaging leaders with performance data & quality improvement processes

- Sharing data with executive leaders and connecting it to organizational goals, such as improvement in clinical quality measures

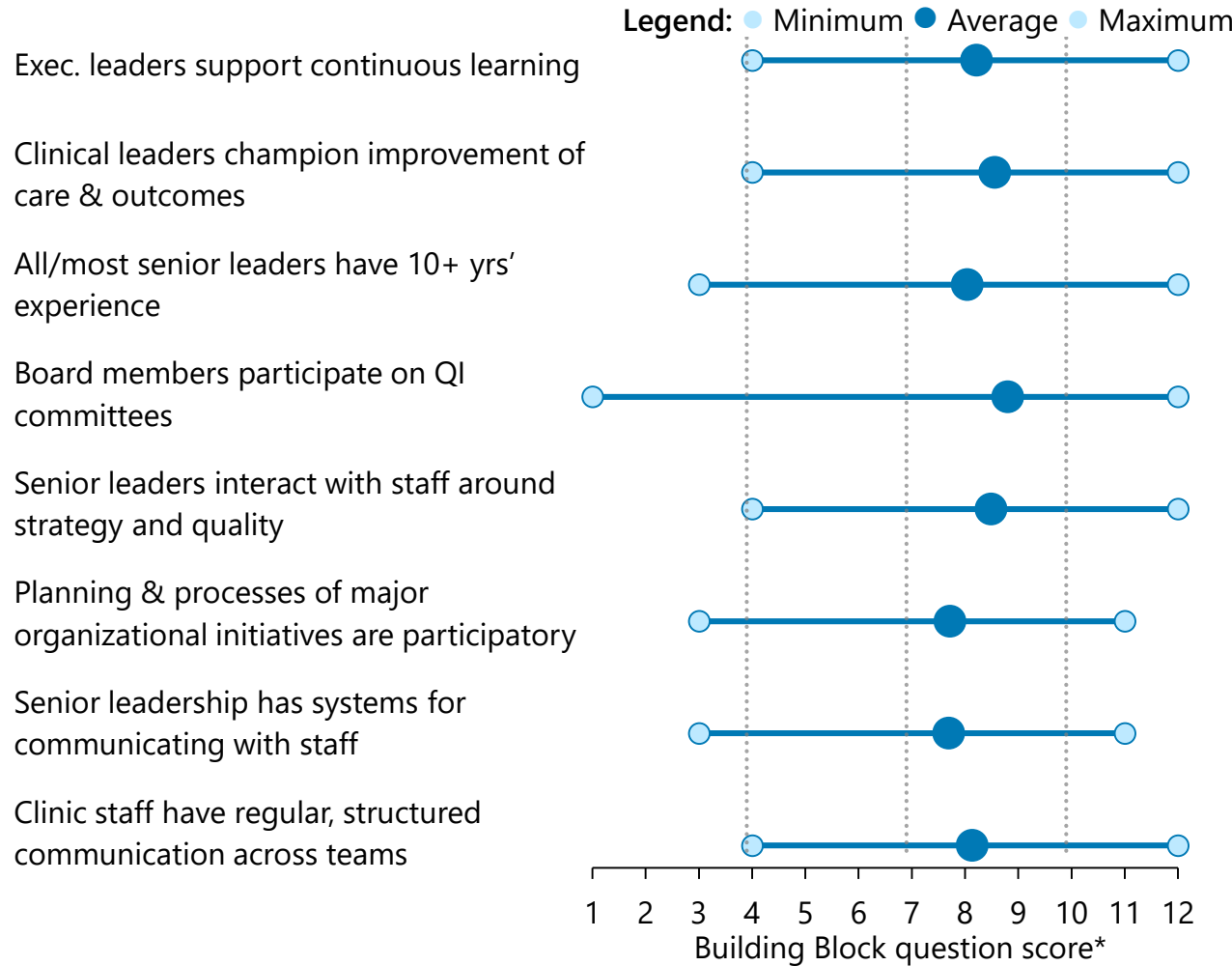
### Developing vision, goals, and infrastructure to support the work

- Creating cross-disciplinary, cross-site teams to address organizational priorities (e.g., data integrity and care team transformation)
- Communicating alignment between initiatives and broader organizational strategy (e.g., linking to a "North Star")
- Using data scorecards in clinic meetings to prioritize and set goals aligned with the broader organization's goals

## What is the range of leadership scores by question?

At mid-initiative (May 2018), there was a wide variety of capacity across health centers and clinics (N=62 health center organizations and hospital sites).

See reverse side for full wording of the eight questions in this domain.

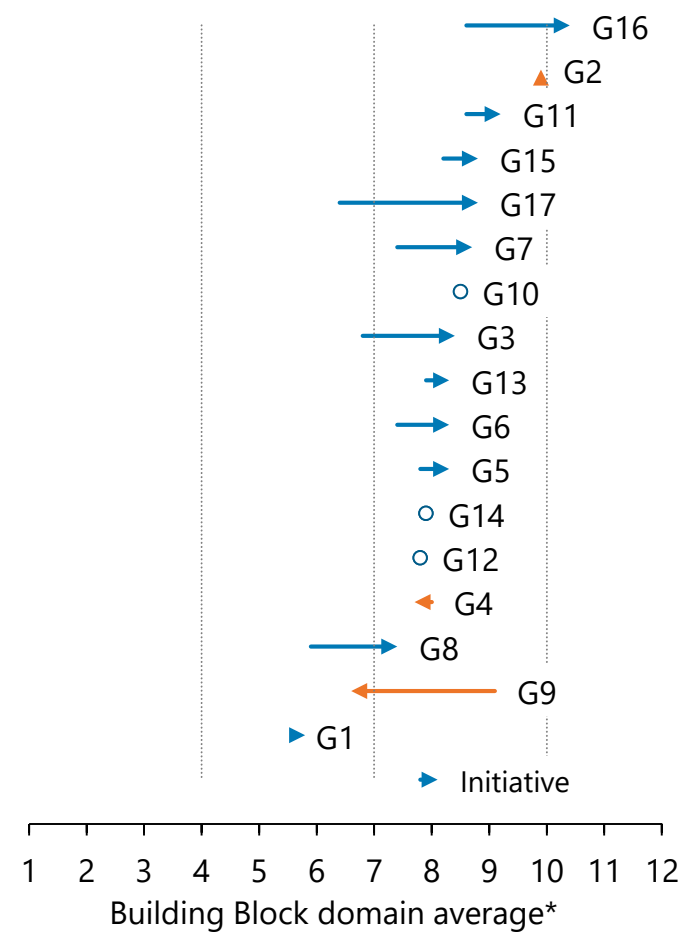


## How have leadership domain averages changed over time?

13 of 17 grantees (G1-G17) reported improved scores at mid-initiative since baseline.

Legend: ◀ Decrease ○ No change ▶ Increase

Length of arrow = amount of change over time



Level of capacity	*Score (scale 1-12)
A (highest)	10-12
B	7-9
C	4-6
D (lowest)	1-3

# PHASE Building Blocks Assessment: Leadership

	Level D			Level C			Level B			Level A		
<b>1. Executive leaders</b>	...are focused on short-term business priorities.			...visibly support and create an infrastructure for quality improvement, but do not commit resources.			...allocate resources and actively reward quality improvement initiatives.			...support continuous learning throughout the organization, review and act upon quality data, and have a long-term strategy and funding commitment to explore, implement and spread quality improvement initiatives.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>2. Clinical leaders</b>	...intermittently focus on improving quality.			...have developed a vision for quality improvement, but no consistent process for getting there.			...are committed to a quality improvement process, and sometimes engage teams in implementation and problem solving.			...consistently champion and engage clinical teams in improving patient experience of care and clinical outcomes.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>3. All/most senior leaders</b>	...have less than 3 years of experience their current positions and little to no previous clinical leadership experience.			...have less than 3 years in current position but have had substantial previous clinical leadership experience.			...have at least 3 years in current position but less than 10 years total clinic leadership experience.			...have at least 3 years in current position and more 10 years total clinic leadership experience.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>4. Board members</b>	... receive no regular reports on organizational QI activities.			... receive annual report on organizational QI activities.			... meet with organization's QI team at least twice a year.			... participate on Board QI committee that meets at least 3 times a year.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>5. Senior leaders (engagement)</b>	...mainly work in their own offices and rarely interact with clinic staff around issues of strategy, quality, and patient satisfaction.			...intermittently focus on improving quality and occasionally interact with clinic staff on substantive issues but their time is usually taken up by administrative meetings.			... interact with front line staff around issues of strategy, quality, and patient satisfaction; however, leaders don't have a strong sense of what's working well at the clinic or recent challenges.			...frequently interact with front line staff around issues of strategy, quality, and patient satisfaction. Leaders have a strong sense of both what's working well at the clinic as well as recent challenges or issues.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>6. Major organizational initiatives</b>	... include top-management only (often relying heavily on external consultants); clinic staff are rarely involved in these initiatives.			... planning and execution processes include representatives from most key players or departments; but clinic staff are often not involved.			... planning and execution processes are participatory and include key players or departments; clinic staff interests are valued & staff are sometimes involved.			... planning and execution processes are participatory, include all departments and are team-oriented. Teams work together to align both clinical and administrative interests.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>7. Senior leadership (communication)</b>	... often fails to have timely communication with managers, providers, and staff.			...discuss major issues with senior leaders and managers, but do not regularly present to providers and staff.			...discuss major issues with senior leaders and managers and then frequently present to providers and staff in an intentional way.			...has systematic ways of communicating & engaging with managers, providers, staff, and the community in an ongoing way.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12
<b>8. Clinic staff</b>	... tend to operate in silos with care teams, sites, and/or departments rarely communicating with each other.			... occasionally communicate across care teams, sites, and departments, but do not have a structured way for the communication to occur.			... have regular, structured communication across care teams, sites, and departments but <u>do not</u> regularly communicate ideas upward to managers and senior leaders.			...have regular, structured communication across care teams, sites, departments, and senior leaders. Staff has a good rapport with each other and feels open to voicing and <u>do voice</u> concerns and improvement ideas upward to managers and senior leaders.		
<b>Score</b>	1	2	3	4	5	6	7	8	9	10	11	12

Adapted by the Center for Community Health and Evaluation for Kaiser Permanente's PHASE initiative with permission from Center for Excellence in Primary Care (CEPC) and Building Clinic Capacity for Quality (BCCQ) Program, October 2016.  
 Scale: Level D: score of 1-3 (lowest capacity) ||| Level C: score of 4-6 ||| Level B: score of 7-9 ||| Level A: score of 10-12 (highest capacity)