AGENDA

1. About Julie Kliger
2. Overview of Integrated Nurse Leadership Program—Sepsis
3. Change: A Leadership Imperative
4. Culture: The ‘Thing’ That Drives Change
5. Action: Focus on Goal-Directed Strategic Communications
6. Questions to Consider
7. Appendix
About Julie Kliger
Julie A. Kliger

Managing Director: Healthcare Industry Group

Julie Kliger is a Managing Director with Alvarez & Marsal Healthcare Industry Group in San Francisco, CA, with over 25 years leading transformational improvement in hospitals, health systems and philanthropic foundations. She has also worked extensively with biotech firms to translate healthcare practices for application to technologic solutions. She focuses on and the development of strategic business alliances in the health insurance industry.

Ms. Kliger specializes in large-impact care model redesign, strategic conversions, affiliation restructuring, corporate governance, and change management implementation. Her expertise includes partnering with physician groups, healthcare delivery systems (traditional and new entrants), biotech, foundations and industry to define, optimize and evaluate models for growth and sustainable impact.

With more than 30 years of professional experience, Mr. Vance has maintained a continuous focus on creating value through the development of more efficient operating environments. Additionally, she has provided strategic expansion advice for early stage companies.

Past professional positions include the University of California Office of the President in the Division of Clinical Services, Associate Director of Quality, Subject Matter Expert for the California Association of Public Hospitals, Consultant for the Universities of California at San Francisco, San Diego and Los Angeles, Hill Physicians Medical Group, Sutter Health, Stanford University Medical Center, Institute for Healthcare Improvement (IHI), 3M, Wolters Kluwer Health, Robert Wood Johnson Foundation (RWJF) among other for-profit and not-for-profit organizations. She holds past positions as Associate Volunteer Faculty at University at California, San Francisco and Stanford University.

Ms. Kliger completed her Master’s in Public Administration at Harvard University’s Kennedy School of Government where she focused on patient safety, organizational change and leadership. She holds a Bachelor’s of Science in Nursing from Columbia University in New York City and a Bachelor’s of Arts from UC Berkeley. She is a Fellow of the California Health Care Foundation’s (CHCF) Executive Healthcare Leadership Program. In 2015, 2016 & 2017 she was honored to be named “Top HealthCare Voice” by LinkedIn.


Ms. Kliger serves on the Board of Directors for Sepsis Alliance and serves on the Hospital Board of El Camino Health System.

jkliger@alvarezandmarsal.com
Nine-Hospital Collaborative Uses Patient Screening Criteria, Fast-Track Diagnosis, and Treatment Protocols To Reduce Sepsis Mortality by Approximately 50 Percent

Julie Kliger, RN, BSN, MA, USA, Julie Kliger, RN, BSN, MA, USA, USA, Karen Cox, RN, PhD, FNP-BC, Hoffman, M.D.

Methods, Tools, and Strategies

Using the Integrated Nurse Leadership Program to Reduce Sepsis Mortality

Julie Kliger, RN, BSN, MA, USA, Karen Cox, RN, PhD, FNP-BC, Hoffman, M.D.

The Integrated Nurse Leadership Program (INLP) is a collaborative improvement model focused on achieving the practice of leadership skills of nurses and other frontline providers. The INLP promotes effective leadership skills of nurses and other frontline providers. The INLP provides a framework for developing leadership skills of nurses and other frontline providers.

Background: The Integrated Nurse Leadership Program (INLP) is a collaborative improvement model focused on achieving the practice of leadership skills of nurses and other frontline providers. The INLP promotes effective leadership skills of nurses and other frontline providers.

METHODS: INLP is a collaborative improvement model focused on achieving the practice of leadership skills of nurses and other frontline providers. The INLP promotes effective leadership skills of nurses and other frontline providers.

RESULTS: The INLP promotes effective leadership skills of nurses and other frontline providers. The INLP promotes effective leadership skills of nurses and other frontline providers.

CONCLUSION: The INLP promotes effective leadership skills of nurses and other frontline providers.

At the Intersection of Health, Health Care and Policy

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Involving Front-Line Clinicians in Reducing Medical Errors

Health Affairs, 30, 7 (2011): 1391


Quick Fix Versus Transformation: Nurses’ Role in Leading Real Improvement

Julie Kliger, MBA, BSN, RN

$400,000 in 2016. The process of providing a new medication to a hospital patient is complex. 50-100 steps occur from the
The Integrated Nurse Leadership Program (INLP) *

*A Change Model
Overview on INLP: Multi-Hospital Collaborative

✓ A Frontline Leadership Clinical Improvement Model to drive improvements

✓ Emphasizes developing individual and organization’s capacity to ‘learn how to learn’

✓ Used in over 20 hospitals throughout California (And Alabama)

✓ Improved **Sepsis Mortality** by 16% absolute (28% relative), improvement sustained over time* in all 75 hospital units across 9 hospitals

✓ Improved **Medication Errors** by 89% (procedural and outcomes), sustained over time* in all 75 hospital units across 9 hospitals

*Data collected at 12, 18, 24 months post-project. Gains were sustained within this measurement period.
There is a gap between today’s scientific advances and their application: between what we know and what is actually being done.

Dr J.W. Lee
WHO Director-General
2004 & 2005
Role of the Leaders are to set the **pace and tone** of change

**INLP became synonymous with ‘improvement model’ and medication error reduction was first success with 9 hospitals**
Model for Change

1. **Individual**-change only occurs by understanding one self. Working with and through others to promote team work, motivate others and create strategic vision.

2. **Team**-learning tools and skills to work collaboratively towards a shared and purposeful goal.

3. **Culture**-developing skills to understand how an organization functions. Understanding formal, informal influence and how to work within and around structure is essential to drive change.

1. **Small Tests/Process**-fundamental understanding of model for improvement, reliability and cognition sciences, using data to drive thinking and actions.
Change: A Leadership Imperative
The Issue is “Change”

The issue isn’t [insert topic here],

the real issue is... change.
“Change is persuading massive numbers of people to stop what they have been doing and start doing something that they probably don’t want to do.”

- David Nadler, Champions of Change
Model for Change, cont’d

Diagram showing interactions between Environment, Vision, Teams, Culture, and Alignment.
Change Happens When…

P x V x A > Perceived Cost of Change

P = pain of status quo
V = vision of a different world
A = action plan

Adapted from: Richard Beckhard; David Gleicher
I always wanted to be somebody, but now I realize I should have been more specific

—Lily Tomlin
What does a vision do?

✓ Provides the heart to go against the status quo
✓ Explains the world differently
✓ Combines emotion and reason
✓ Informs workers, partners and customers
✓ Affirms values
✓ Creates context for further work
Culture
Needed reforms are often at odds with the culture

- Culture comprises the norms and values that shape behavior in organizations.
- Organizational culture is the backdrop for all change processes.
- It is so pervasive that it is by and large unnoticed, so it is rarely valued for its sheer raw power to advance or destroy a change.
Culture & Change Are Linked

Understanding your culture is a requirement to leading change

➢ A replacement of the old with the new
➢ Shifts to new types of behavior
➢ Shifts to new ways of thinking and interacting

*and it is also*.....

➢ Extension of the old into the future
➢ Continuity and preservation
➢ Preservation of things most important to us
**Action:** Focus on Goal-Directed Strategic Communications
To connect at the core, appeal to the audience’s highest core concern, and recognize the importance of emotion.

The battle for hearts and minds starts with the hearts.
Communications is a Tool to Move Culture

Unlike ‘routine’ communication, which is highly transactional, Goal-Directed communication is highly targeted.

1. Always Goal-based, Never random
2. Reaches people “where they are”
3. Integrated/Coordinated/Systematic/Programmatic
4. Non-judgmental & non-punitive
# Examples

## Why is This Program Necessary?

**Distractors & Allies** (e.g., pharmacists, MDs, patient safety directors, unit managers, need safety committee, etc.)

**It's a shared responsibility**

We all play a role in the care of the sepsis patient. So we all share responsibility to follow best practices in the interest of the patient.

- Delayed detection of sepsis and poor response to treatment is a reputational risk for other clinicians besides nurses.
- We have the knowledge and evidence to detect and treat sepsis early. Failure to do this is unacceptable.
- High mortality from and poor management of sepsis reflects badly on the entire hospital and system.

**Message: Why work with nursing?** (Not just INLP)

We rely on your work to do our work - you can help us be better at bedside.

## Why Work with INLP?

### Executives

**Significant potential liability**

- Reputational – bad publicity affects all relationships: donors and funders; staff morale (recruitment & retention); patient traffic.
- Financial – lawsuits, regulatory penalties, capital plans.
- Operational – regulators can force unwieldy stop-gap fixes in the wake of errors.

**Proven turnkey process can be implemented**

The solution is already proven and can move straight to.

### CNOs

**You own it** - i.e., nurses are your sphere of control.

You need better information about practice standards throughout the hospital.

**Relieves you of the burden of doing it alone**

- You can rely on the INLP process to fill in any gaps in knowledge about who’s doing what.
- Can help relieve anxiety and worries, and focus energy on constructive solutions.

**InLP will teach teams to understand and implement the latest in evidence-based practice**

**Turn-key structure provides an effective management tool**

- You cannot stay stuck; the whole purpose of the program is CHANGE... identifying gaps and propose, test, and roll out solutions: i.e., keeping change moving.

### ACCUdEnCes (Hospital wide)

**Sepsis is a serious and often fatal condition**

As many sepsis deaths each year as from acute MI: 215,000 combined.

- Kills more than breast, colon, pancreatic and prostate cancer combined.

**Brings proven processes to your clinicians and the bedside**

75% improvement in medication administration errors using this same program at 7 Bay area hospitals.

**Grassroots + cutting edge**

Latest management techniques.

- Skills brought to and developed by national experts on sepsis and authors of IHI Surviving Sepsis guidelines.
- “Best practice” innovation at the bedside.

**Cultural and practical benefits to the institution**

Operationally smoother for everyone if communication and collaboration are enhanced throughout the institution.

- Minimizes conflict and miscommunication.
- Re-focuses all professionals on the idea that the central focus of all problem solving should be enhanced patient care.
In Closing: Questions to Consider
Questions to consider

1. Do you have a clear and well communicated vision? (Not just with sepsis mortality reduction but also with improved staff engagement)

2. Does your improvement strategy include tactics to address norms and values (therefore trying to change culture)?

3. Are all the stakeholders (physicians, staff, administrators) aligned through incentives, goals, rewards to improve clinical care?

4. Does your Leadership Team/BOD have a defined ‘minimum threshold’ which trigger automatic review and correction plan?
Changing Culture: *It’s Harder Than You Think*

“The single biggest problem in communication is the illusion that it has taken place.”

George Bernard Shaw
Appendix
The INLP Change Model was mapped to curricular models which were developed to drive towards increasing the clinician’s leadership abilities.

**Individual**
- Communication
- Personal Leadership
- Professional Efficacy
- Professionalism
- Self Awareness

**Team**
- Teambuilding
- Project Management
- Team work
- Leveraging the team

**Culture**
- Organizational Savvy
- Influence and Persuasion
- Change Management
- Learning Agility

**Process**
- Process Improvement methodologies
- Reliability Science
- Data Management
- Strategic Communication

**Outcomes**
- Clinical Care
- Team Competencies
- Professional Efficacy
- Organizational Savvy
- Change Management
<table>
<thead>
<tr>
<th>Skill</th>
<th>Success</th>
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<tbody>
<tr>
<td>Problem Solving</td>
<td>83.9%</td>
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<tr>
<td>Team Building</td>
<td>83.9%</td>
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<tr>
<td>Planning</td>
<td>83.3%</td>
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<tr>
<td>Goal-Setting</td>
<td>82.1%</td>
</tr>
<tr>
<td>Making recommendations based on data and logic</td>
<td>81.1%</td>
</tr>
<tr>
<td>Acting with confidence</td>
<td>79.6%</td>
</tr>
</tbody>
</table>
Change Results

![Percent Sepsis Mortality](#)
Example: Goal-Directed Communication

“I spoke to one of the pharmacists and explained what we have been doing in the ICU unit and asked him what might cause any barrier to getting the antibiotics in the time frame that we needed... “There were two things that he brought up that might delay the process: getting the patients’ allergies and their correct weight quickly, without that information they will not deliver the antibiotics.”
About Alvarez and Marsal Consulting (A&M)
A&M Approach

CLIENTS TRUST A&M TO HELP SOLVE THEIR MOST IMPORTANT BUSINESS PROBLEMS. WE HAVE EARNED THIS TRUST BY:

• Giving every problem senior-level attention
• Getting to the facts before drawing conclusions
• Demonstrating that leadership makes all the difference when managing change

WHETHER SERVING AS BUSINESS ADVISERS OR IN MANAGEMENT ROLES, A&M PROFESSIONALS BRING A HANDS-ON APPROACH GUIDED BY OUR RESTRUCTURING HERITAGE – WITH A BIAS TOWARD ACTION AND RESULTS.

• A&M combines operating, consulting and industry leadership in compact teams for pragmatic, execution-ready results
• ~2800 employees worldwide
• 425 MDs worldwide
• More than half of all A&M MDs have held one or more C-Suite and / or interim management roles
For more than 30 years, A&M’s seasoned professionals have worked with clients to improve performance – efficiently, economically and without disruption – of ongoing operations.

Our Healthcare Industry Group is comprised of 150+ professionals based in 20+ offices across the country and the continuum of care.
Representative A&M Healthcare Industry Group Clients