

# A&M Health Care Industry Group: Ohio Hospital Association

Leadership at the Front Lines and in the Executive Suite: *Managing Through Change*

Julie Kliger, MPA, BSN  
Managing Director  
Alvarez and Marsal (A&M)



# AGENDA

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- 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

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# 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 is a published author on the topics of developing best-in-class clinical programs, organizational change management, outcomes' research, and workforce engagement. Her publications can be found at The Agency for Healthcare Research Quality (AHRQ) (2010, 2011, 2015), *Archives of Internal Medicine* (2010), Joint Commission's *Journal on Quality and Patient Safety* (2009, 2012, 2015), *Journal of Nursing Administration* (2010), *Health Affairs*, among other notable publications.
- Ms. Kliger serves on the Board of Directors for Sepsis Alliance and serves on the Hospital Board of El Camino Health System.



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# Julie Kliger: SME in Organizational Improvement

AHRQ HEALTH CARE INNOVATIONS EXCHANGE  
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**Service Delivery Innovation Profile**

**Nine-Hospital Collaborative Uses Patient Screening Criteria, Fast-Track Diagnosis, and Treatment Protocols To Reduce Sepsis Mortality by Approximately 50 Percent**

Innovation

What They Did | Did It Work? | How They Did It | Adoption Considerations

**Snapshot**

**Summary**

The University of California, San Francisco's Integrated Nurse Leadership Program ran a 22-month collaborative involving nine hospitals, participants generally adopted four common sepsis screening of all patients, a fast-track workup to reduce deaths from sepsis. Although implementation initiatives to promote adherence to protocols that call for

*The Joint Commission Journal on Quality and Patient Safety*

**Methods, Tools, and Strategies**

**Using the Integrated Nurse Leadership Program to Reduce Sepsis Mortality**

Julie Kliger, RN, BSN, MPA; Sara J. Singer, MBA, PhD; Frank H. Hoffman, MA

**Article-at-a-Glance**

**Background:** The Integrated Nurse Leadership Program (INLP) is a collaborative improvement model focused on developing practical leadership skills of nurses and other frontline clinicians to lead quality improvement efforts. Sepsis is a major challenge to treat because it arises unpredictably and can progress rapidly. Nine San Francisco Bay Area hospitals participated in a 22-month INLP Sepsis Mortality Reduction Project to improve sepsis detection and management.

**Methods:** The INLP focused on developing leadership and process improvement skills of nurses and other frontline clinicians. Teams of trained clinicians then implemented three strategies to improve early identification and timely treatment.

THE JOURNAL OF NURSING ADMINISTRATION

**Nurse-Driven Programs to Improve Patient Outcomes**

*Transforming Care at the Bedside, Integrated Nurse Leadership Program, and the Clinical Scene Investigator Academy*

Julie Kliger, MPA, BSN, RN | Karen S. Cox, RN, PhD, FAAN

Abstract

*Jt Comm J Qual Patient Saf.* 2012 Feb;38(2):51-60.

**Spreading a medication administration intervention organizationwide in six hospitals.**

Kliger J<sup>1</sup>, Singer S, Hoffman F, O'Neil E.

**Author information**

**Abstract**

**BACKGROUND:** Six hospitals from the San Francisco Bay Area participated in a 12-month quality improvement project conducted by the Integrated Nurse Leadership Program (INLP). A quality improvement intervention that focused on improving medication administration accuracy was spread from two pilot units to all inpatient units in the hospitals.

**METHODS:** INLP developed a 12-month curriculum, presented in a combination of off-site training sessions and hospital-based training and consultant-led meetings, to as unit teams to administration re after administrati

**RESULTS:** From to 98.0% in the s also continued to

**CONCLUSION:** Knowledge of im workers in proble

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**INVITED COMMENTARY**

**Giving Medication Administration the Respect It Is Due**

Over the past decade, the health care industry has directed an increasing amount of attention to the problem of patient safety errors. A major area of focus has been medication errors, which are among the most common and costly of clinical errors in US hospitals. Conservatively, 450 000 medication errors occur every year, and annual hospital costs due to errors are estimated at \$3.5 to \$20 billion.<sup>1,6</sup>

The process of providing a new medication to a hospital patient is complex; 50 to 100 steps occur from the

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**Sustaining and Spreading Quality Improvement**

By the Innovations Exchange Team, based on a conversation with Julie Kliger, MPA, BSN, Director, Integrated Nurse Leadership Program, University of California San Francisco

**Innovations Exchange: Please describe the Integrated Nurse Leadership Program (INLP) model.**

**Julie Kliger:** The model gives frontline clinicians the tools, skills, and resources to create sustainable system-wide change. The goal is to foster a universal set of problem-solving skills rather than fix a particular problem through a stand-alone initiative. The model recognizes the value of linkages across staff and departments in sustaining and spreading innovations.

Technical "know-how" related to quality improvement science is insufficient. Attention to "soft" issues such as leadership development and change management are necessary to promote sustainability and spread. To that end, the INLP model is based on supporting each of four

## HealthAffairs

At the Intersection of Health, Health Care and Policy

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**Quick Fix Versus Transformation:  
Nurses' Role in Leading Real Improvement**

Julie Kliger, MPA, BSN, RN

**& MARSAL**

# The Integrated Nurse Leadership Program (INLP) \*

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\*A Change Model

# Overview on INLP: Multi-Hospital Collaborative

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- ✓ 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.

# The Importance between “Know-What” versus “Know-Do”

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“ *There is a gap between today’s scientific advances and their application: between what we know and what is actually being done.* ”



WHO Knowledge Management Strategy  
*"Bridging the know-do gap in global health"*

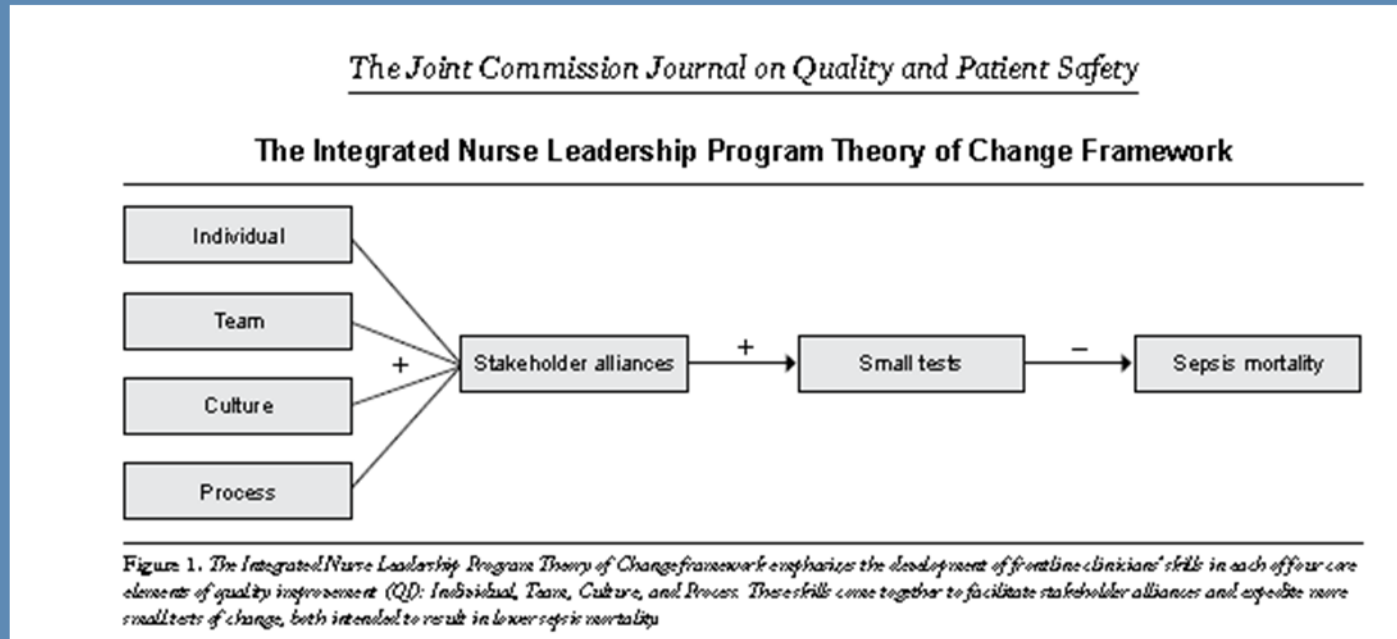


**Dr J.W. Lee**  
**WHO Director-General**  
**2004 & 2005**



# Model for Change: “Learning how to ‘Do’”

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

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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.
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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

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# The Issue is “Change”

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The issue isn't **[insert topic here]**,

the real issue is...**change.**

# Change is Challenging

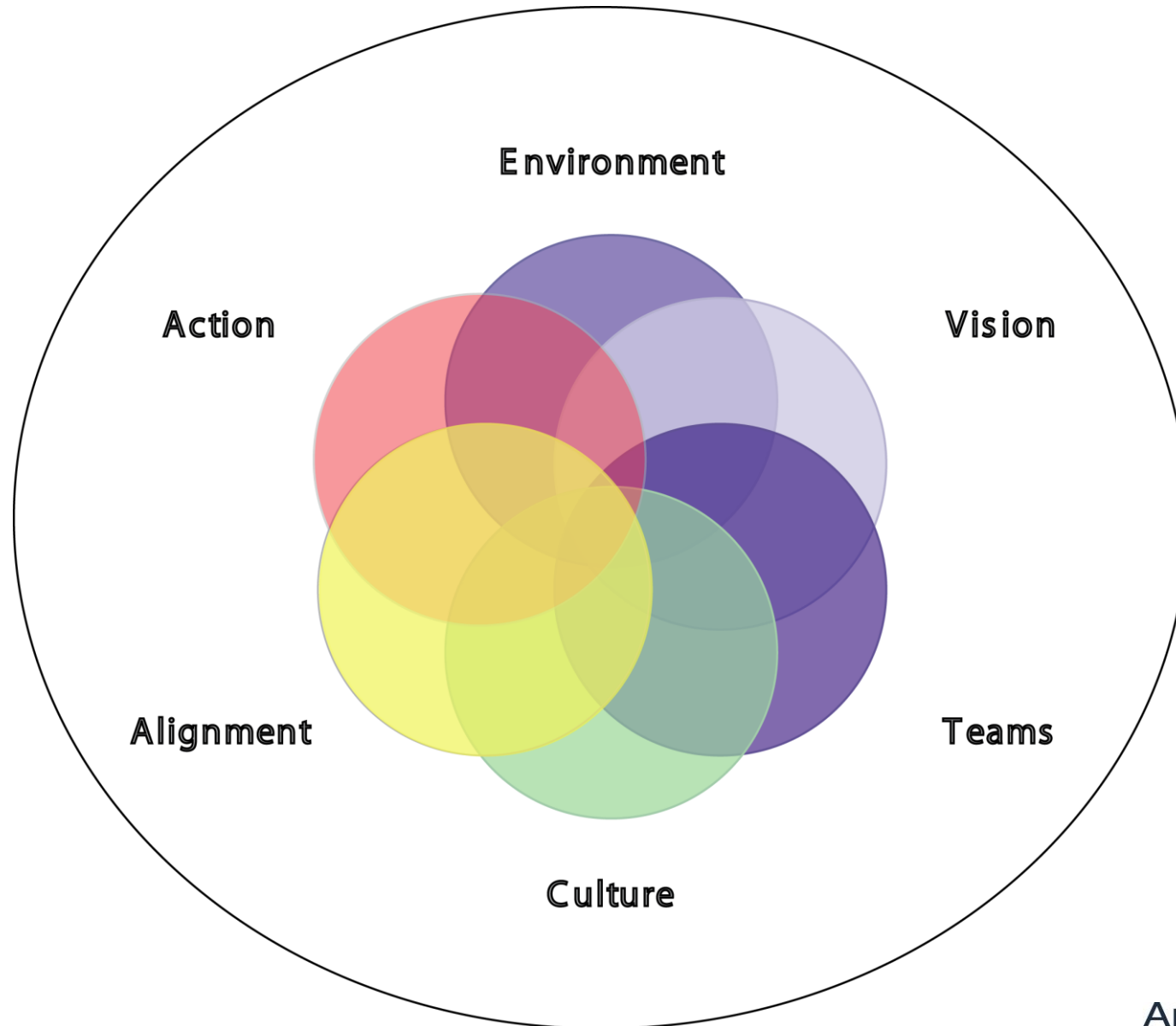
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“Change is persuading massive numbers of people to stop what they have been doing and start doing something that they probably don’t want to do.”

- *David Nadler, Champions of Change*



# Model for Change, cont'd



# Change Happens When...

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**$P \times V \times A > \text{Perceived Cost of Change}$**

P = pain of status quo

V = vision of a different world

A = action plan

# Vision Statements-Why Bother?

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I always wanted to be somebody, but now I realize I should have been more specific

—*Lily Tomlin*



# What does a vision do?

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- ✓ 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

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**Culture**

# Culture, cont'd

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*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

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*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

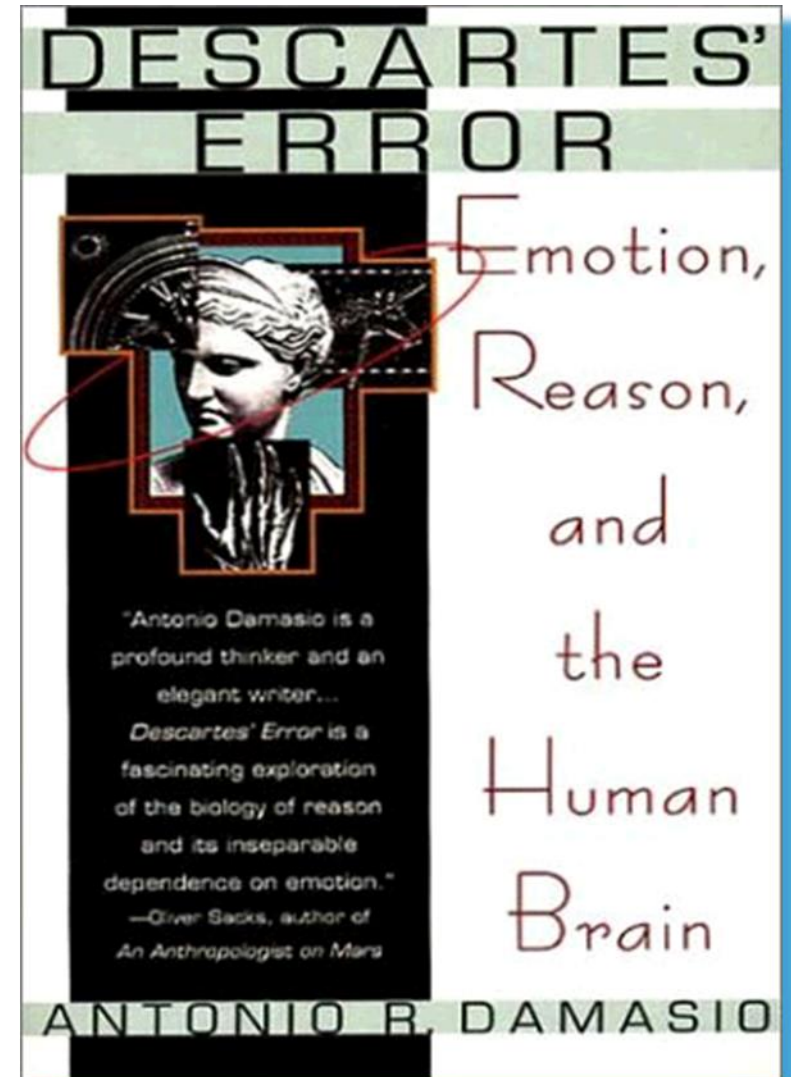
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## Competition for Mind-Share

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*

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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

<b>DISTRACTOR &amp; ALLIES (e.g., pharmacy, MDs, patient safety directors, unit managers, med safety committee, etc.)</b>		
WHY IS THIS PROGRAM NECESSARY?	It's a shared responsibility	<p>We all play a role in care of the septic patient; so we all share responsibility to follow best practices in the interest of the patient</p> <p>Delayed detection of sepsis and poor response to treatment is a reputational risk for other clinicians besides nurses</p> <p>We have the knowledge and evidence to detect and treat sepsis early. Failure to do this is inexcusable.</p> <p>High mortality from and poor management of sepsis reflects badly on the entire hospital and system.</p>
WHY WORK WITH INLP?	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.
<b>EXECUTIVES</b>		
WHY IS THIS PROGRAM NECESSARY?	Significant potential liability	<p>Reputational -- bad publicity affects all relationships: donors and funders; staff morale (recruitment &amp; retention); patient traffic</p> <p>Financial -- lawsuits, regulatory penalties, capital plans</p> <p>Operational -- regulators can force unwieldy stop-gap fixes in the wake of errors</p>
WHY WORK WITH INLP?	Proven turnkey process can be implemented	Not disruptive -- already proven and can move straight to
<b>CNOs</b>		
WHY IS THIS PROGRAM NECESSARY?	YOU OWN IT... i.e., nurses are your sphere of control	<p>You have to explain gaps to management and you are responsible for designing and implementing fixes -- <b>we can help</b></p> <p>You can reply on the INLP process to fill in any gaps in knowledge about who's doing what</p> <p>Can help relieve anxiety and worries, and focus energy on constructive solutions</p> <p>INLP will teach teams to understand and implement the latest in evidence-based practice</p>
WHY WORK WITH INLP?	Relieves you of the burden of doing it alone	<p>Allows you to harness the knowledge of your entire staff to develop and refine "best practices" using the latest in evidence-based medicine</p> <p>Allows you to solicit the help of other departments (e.g., MD, Pharmacy) who play a role in the problem, but don't necessarily acknowledge their role, or participate in the solution</p>
HOW DOES IT WORK?	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
WHAT ARE THE BENEFITS?		
HOW DOES IT WORK?		
<b>ALL AUDIENCES (Hospital wide)</b>		
WHY IS THIS PROGRAM NECESSARY?	Sepsis is a serious and often fatal condition	<p>As many sepsis deaths each year as from acute MI: 215,000</p> <p>Kills more than breast, colon, pancreatic and prostate cancer combined</p>
WHY WORK WITH CARE?	Brings proven processes to your clinicians and the bedside	78% improvement in medication administration errors using this same program at 7 Bay area hospitals.
HOW DOES IT WORK?	Grassroots + cutting edge	<p>Latest management techniques</p> <p>Skills brought to and developed by national experts on sepsis and authors of IHI Surviving Sepsis guidelines</p> <p>"Best practice" innovation at the bedside</p>
WHAT ARE THE BENEFITS?	Cultural and practical benefits to the institution	<p>Operationally smoother for everyone if communication and collaboration are enhanced throughout the institution</p> <p>Minimizes conflict and miscommunication</p> <p>Re-focuses all professionals on the idea that the central focus of all problem solving should be enhanced patient care</p>



# Survival



# In Closing: Questions to Consider

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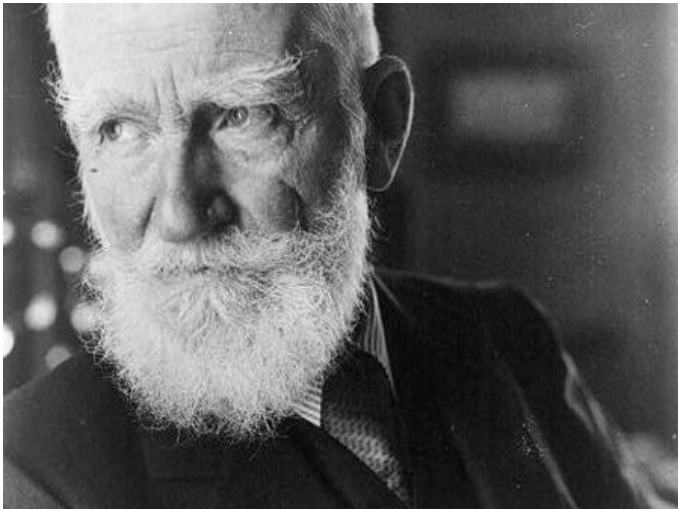
## Questions to consider

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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*

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

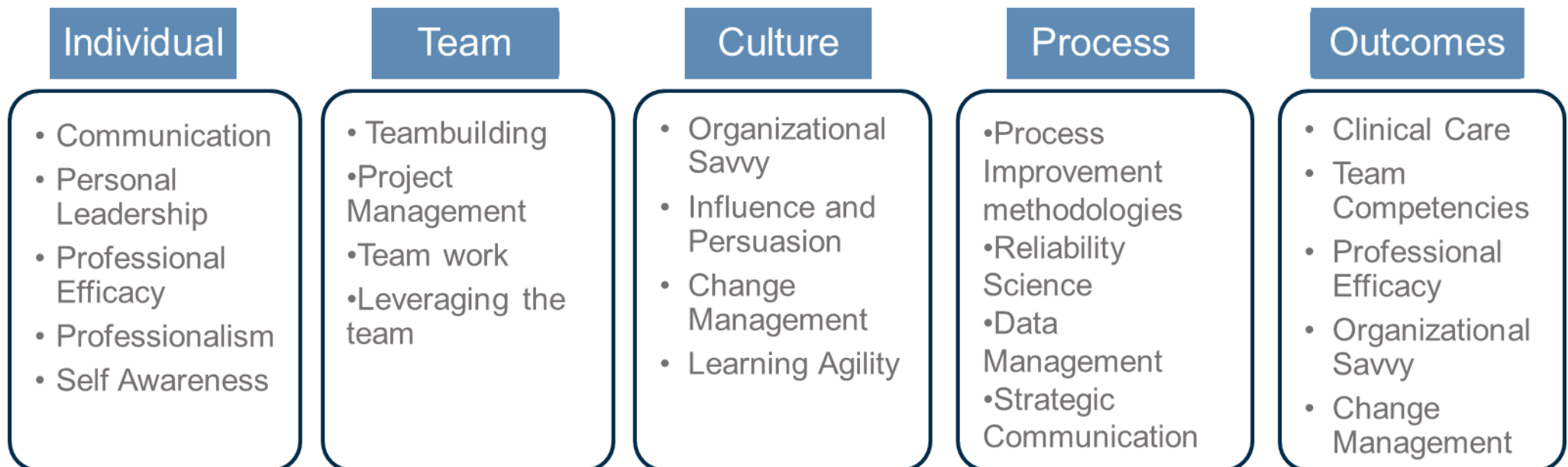
*George Bernard Shaw*

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# Appendix

# From Theory to Action: Curricular Framework

*The INLP Change Model was mapped to curricular models which were developed to drive towards increasing the clinician's leadership abilities*

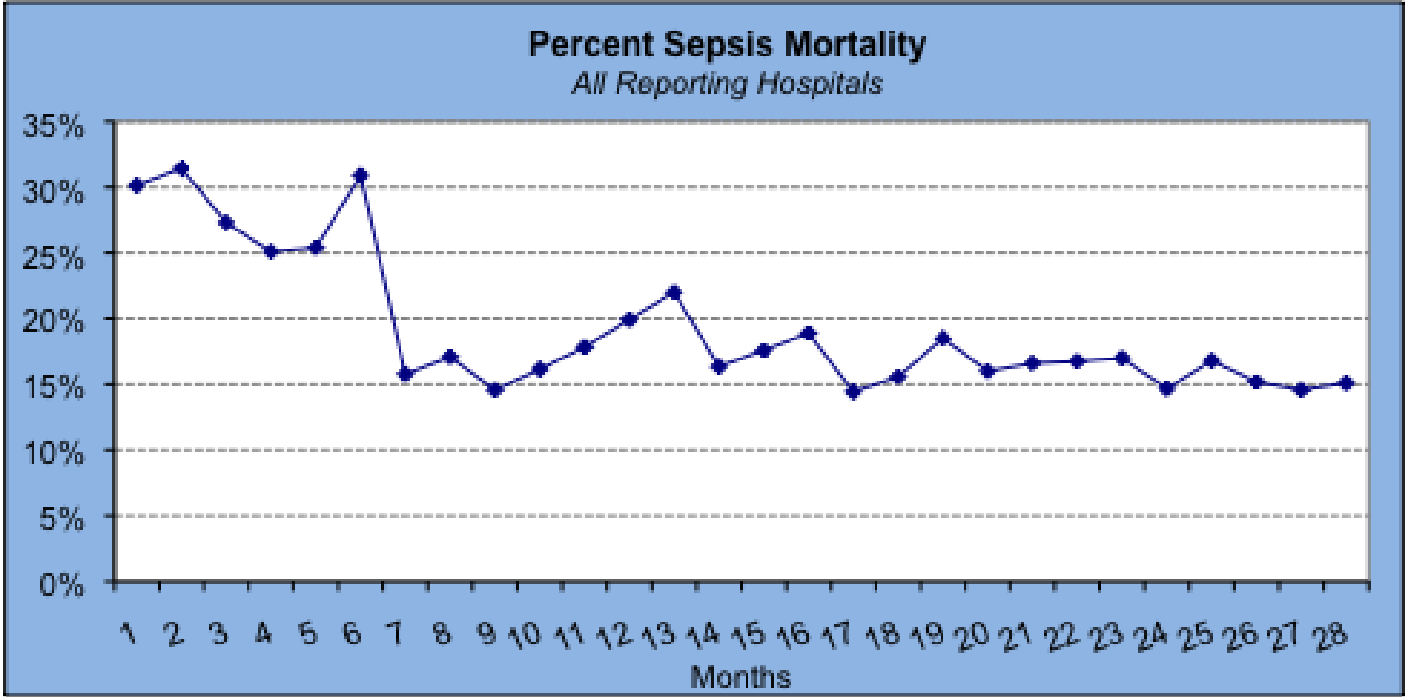


# Leadership Survey Results

Percentage of participants reporting gaining these leadership skills from INLP

Skill	Success
Problem Solving	83.9%
Team Building	83.9%
Planning	83.3%
Goal-Setting	82.1%
Making recommendations based on data and logic	81.1%
Acting with confidence	79.6%

# Change Results





## Example: Goal-Directed Communication

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*“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.”*

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# About Alvarez and Marsal Consulting (A&M)

# A&M Approach

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## **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

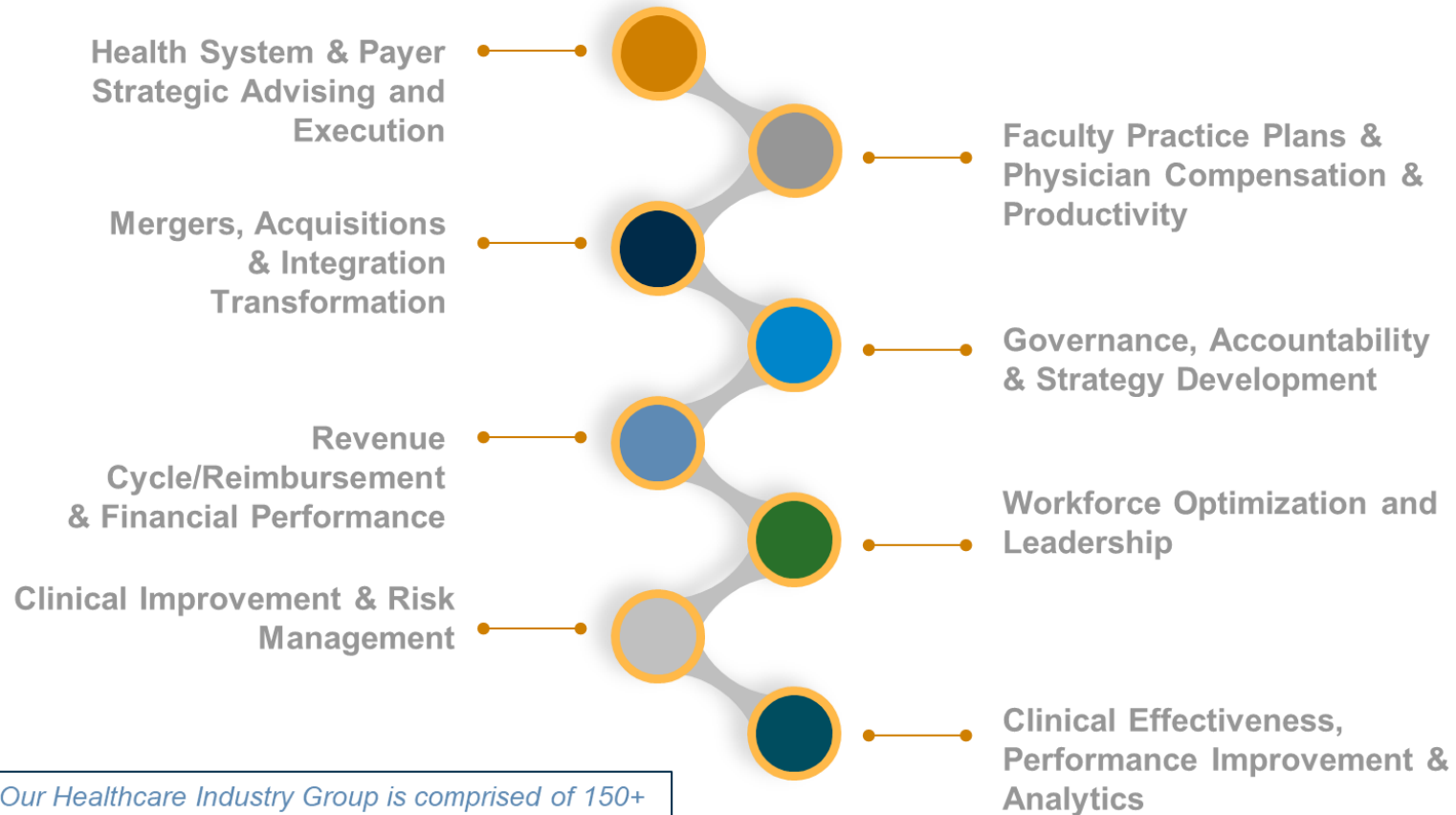
**WHETHER SERVING AS BUSINESS ADVISERS OR IN MANAGEMENT ROLES, A&M PROFESSIONALS BRING A HANDS-ON APPROACH GUIDED BY OUR RESTRUCTURING HERITAGE – WITH A BIAS TOWARD ACTION AND RESULTS.**



- 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

# About Alvarez and Marsal (A&M)

*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

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Faculty Practice Plans, Compensation & Productivity				
Mergers, Acquisitions & Integration Transformation				
Governance & Policy Development				
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Population Health & Service Line Development, Care Model Redesign				
Clinical Improvement & Risk Management				
Clinical Effectiveness, Performance Improvement & Analytics				

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