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# The Leader’s Role in Optimal Systems of Care

*Successful care operating systems share common elements.*

The importance of leadership and culture to improve patient care is cited and emphasized so routinely, it might seem cliché, but it’s nonetheless true: Failures to improve care experience and outcomes are almost always traceable to the top. Despite having this essential knowledge, many efforts to improve care falter. This is so even when leaders articulate and communicate a compelling vision for transformed care, and clearly identify and encourage behaviors needed to transform culture. Why?

*For leaders implementing care operating systems, that vision is of a seamless, fully integrated, technology-enabled operating model that—by design—generates continuous learning and improvement.*

The answer, of course, is systems. Those working to improve care and health have long known that changing outcomes requires changing systems. Yet, the approaches to improving and building better systems are as numerous and varied as the health systems that need them. Some find success, but too many fail

to deliver the desired results. A small but growing number of health systems have designed and implemented the kind of systems that reliably deliver better and safer care for patients, and better, more efficient, and more equitable experiences for patients and the workforce.

Though these approaches aren’t identical, they share common elements that, collectively, are called “care operating systems.” The six common elements of successful care operating systems are described below.

### 1. **Valuing People**

Leadership in care operating systems requires a demonstrated understanding that the people in the systems are, by far, the most important resource. Every aspect of the operating model design is in service of supporting the people who work in it. The key question for any change or redesign of the system should be, “How does this help our people do their jobs better and more easily?” A key component of valuing people is setting aside time and space to celebrate staff contributions, not only for delivering excellent care but also for identifying system failures and helping to correct them.

### 2. **Appreciating Complexity**

Healthcare grows more complex every day. Clinicians treat more patients with complex conditions, and the complexity of care delivery itself is increasing, drawing on disparate disciplines and emerging evidence. This degree of complexity requires system resilience, led with a clear and bold vision for the organization. It also calls for leaders to heed the lesson learned in other complex industries, as articulated by James Clear in his book *Atomic Habits*: “You do not rise to the level of your goals. You fall to the level of your systems.”

### 3. **Integrating All Dimensions of Quality**

High-functioning care operating systems treat all dimensions of quality equally and as one integrated set. Safety, timeliness, effectiveness, efficiency, equity and patient-centeredness are all managed and measured collectively. Through use of existing technologies, clinicians, leaders and operational support teams understand the organization’s performance priorities, see how their daily work affects those priorities and predict where gaps may occur.

#### 4. ***Deploying the Quality Team Differently***

Effective care operating systems redefine the role of quality teams and leaders as indispensable support for clinicians, rather than being seen as the people who evaluate performance or track errors. Quality teams are operators, problem solvers and change agents who facilitate both daily and large-scale improvement. They spend each day learning about the system issues that clinicians experience and leverage the right teams and the right skills to engineer the issues out of the system.

#### 5. ***Communicating in Clinical Language***

A hallmark of care operating systems is that they use the language of improvement science and engineering within quality teams and with systems engineers. When convening with clinicians to discuss improvements, however, they use clinical language to ensure that the clinical staff is fully engaged and clearly understands the implications of any change.

#### 6. ***Establishing and Maintaining True Transparency***

The evidence is clear: Real transparency is better for everyone, as existing technologies can enable real-time process and outcomes data that matter to both patients and the workforce. In effective care operating systems, this data is always visible, shared and reliably acted on.

### **Success Starts With Leadership**

As ever, successfully implementing such systems starts with leaders, whose

responsibility is to create a compelling vision for the care their organization will deliver. For leaders implementing care operating systems, that vision is of a seamless, fully integrated, technology-enabled operating model that—by design—generates continuous learning and improvement.

Within such a vision, listening is perhaps the most important responsibility. Once the vision is communicated, the shift from telling to listening is paramount because it is a core responsibility that's reliably practiced at every level of leadership in the organization.

Leaders who make time and maintain open communication channels to listen to and seek feedback from clinicians at the point of care will get their indispensable perspective on what is and is not working and identify aspects of the system that need improvement. With that knowledge, a leader's role in a successful care operating system is to make it easier for clinicians to do their best work, removing barriers to the changes sought by care teams and allocating resources to rapidly improve system performance. Clinicians shouldn't have to enter "tickets" or go to committees to facilitate the change; the operating system facilitates the necessary improvement.

Enabling clinicians to do their best work through improved care operating systems leads to better care and outcomes, and, just as important, reduces the burdens on the workforce. It's been more than four years since COVID-19 created an existential crisis in healthcare, and our systems have not yet fully recovered. Faced with the self-reinforcing challenges of

burnout, turnover and a shrinking pool of experienced, well-trained health professionals, the need for systems of care that support and empower the workforce has never been greater. Care operating systems are exactly the kinds of systems that can make everyone's lives better: patients and their families and the workforce and their families, too.

### **What About Culture?**

Leadership and culture remain crucial ingredients in any effort to improve patient care. As previously described, leaders have an essential role in helping to create and support effective care operating systems. But what about culture? If culture is the sum of how everyone in a system behaves, then how can leaders influence these behaviors? The answer again is systems. Leaders can certainly encourage their teams to behave differently, but it's more important to create, maintain and support systems that drive behavior. Care operating systems are deliberately designed to make the right choice the default choice, thereby facilitating the results we seek.

IHI is now partnering with health systems that are building and deploying care operating systems, and we hope many more will join this effort. Together, we will co-design systems that produce the outcomes we want and need and empower clinicians to fulfill their calling. ▲

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