

**INSTITUTE FOR HEALTHCARE IMPROVEMENT
SUMMARY REPORT: 90-DAY PROJECT**

**A Review of Leadership Teaching and Support
Wave 53: October – December 2019**

I. Research and Development Team:

- Karen Baldoza
- John Whittington
- Kush Badshah
- Alex Anderson

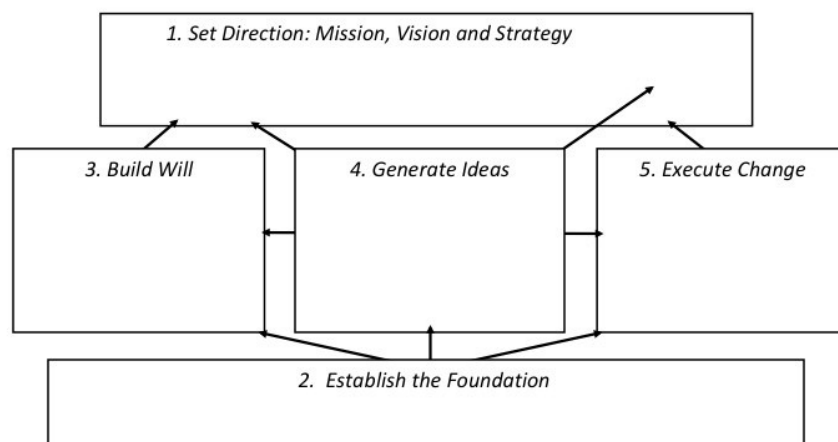
II. Intent:

The intent of this project is to help IHI engage, teach, and support health care leaders who see the strategic importance of quality for their organizations. This is the same intent as Wave 52 for this project. During this cycle of activity, we built on the work of Wave 52 in which we identified a basic leadership framework, a draft of a learning system, considerations for operations, and basic design principles for products.

III. Background:

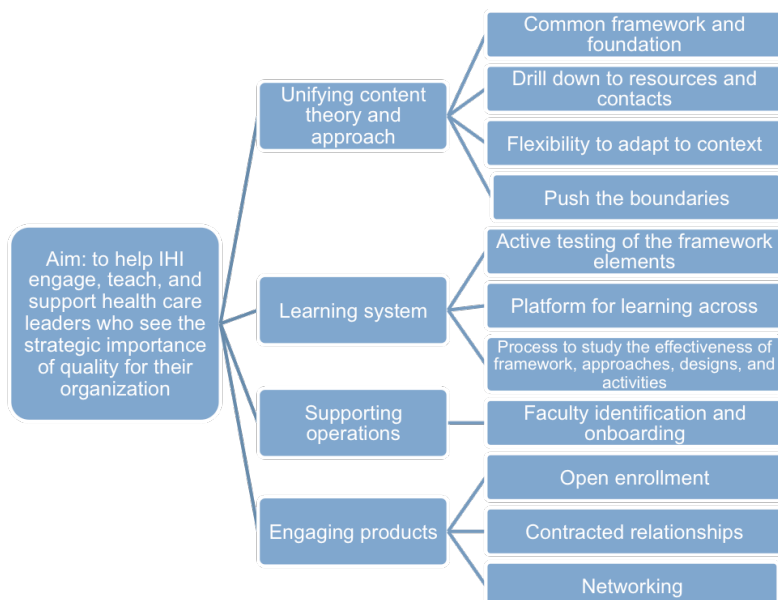
This is the second cycle of research activity on leadership for quality. In the past IHI has had variability in our support of leaders and on the topic of leadership for quality based on internal interviews and feedback from customers. Because of this variability in approach, we have no way to compare models, learn, and improve a specific model running the risk of confusing customers at best and not optimizing impact and results at worst. IHI personnel wanted a framework that was simple and usable at many levels within an organization. We identified the following shell of previous IHI leadership framework that still resonates. In this wave we will update and complete this high-level framework with more detail.

Figure 3. Leadership Framework for Quality



We also identified the need to build out a learning system for our leadership content, supporting operations, and products. Some progress was made during Wave 52 but more was needed. More detail on all these items can be found in the IHI Innovation series paper, *A Review of Leadership Teaching and Support*, Wave 52, September 30, 2019, and is summarized in Figure 1.

Figure 1: Driver Diagram for IHI support of leadership



IV. Description of Work to Date:

In support of the following six deliverables:

- 1) Complete our leadership model and begin testing it with internal IHI staff/faculty,
- 2) Revise the set of measures for our learning system, learning system design.
- 3) Revise our “assessment” questions to help understand the level of leadership commitment from our potential customers/partners with new business and the diagnostics “team.”
- 4) Analyze all our present and potential future programs to understand how we can integrate our leadership framework into those programs with PDT/product development and internal IHI staff/faculty.
- 5) Gain market insight and consider the development of new products involving leadership and quality with PDT/market insights/product development.
- 6) Develop a roadmap based on our present products for organizations and individuals who want to work on leadership and quality with us. Understand the people we could reach and what products we might want to create with PDT/product development/market insights.

We interviewed the following people who touch various aspects of our leadership content, teaching, support, relationships, coaching, and programming, past and present, to get a wide perspective in this phase:

Internal to IHI

- Derek Feeley
- Amy Reid
- Jessica Perlo
- Jennifer Lenoci-Edwards

- Valerie Spalding
- Dave Williams
- Don Goldmann
- Pierre Barker
- Bhargavi Sampath
- Kedar Mate
- Patricia McGaffigan
- Trina Lorch
- Jeff Mayes
- Kate Boucher
- Don Berwick
- Maureen Bisognano
- Gareth Parry

External to IHI

- Stephen E. Muething, MD
Co-Director, James M. Anderson
Center for Health Systems
Excellence, Professor of Pediatrics,
Michael & Suzette Fisher Family
Chair for Safety
Cincinnati Children's Hospital
Medical Center
- James D. Leo, MD, FACP, FCCP
Chief Medical Officer
MemorialCare
- Alisha Fehrenbacher, FACHE
Chief Executive Officer
Elevate Health
- William Scharf MD
Director of Patient Safety
Advent Health
- Karthik Sivashanker MD, MPH
Medical Director for Quality, Safety,
and Equity, IHI Clinical Scholar
Brigham and Women's
- Steppe Mette MD
Interim Vice Chancellor for Clinical
Programs and Chief Executive
Officer
University of Arkansas for Medical
Sciences UAMS Medical Center

V. Results of the 90-Day Scan:

During Wave 53, the IHI Innovation Team presented the findings from Wave 52 to and interviewed a variety of stakeholders within IHI and several external partners. The purpose of these interviews was to build out the core concepts of the high-level, five-item framework and understand the relevance and applicability of the evolution of this framework to IHI's leadership work. A summary of the findings and feedback on each of the deliverables is included below.

1) Deliverable: Complete our leadership model and begin testing it with internal IHI staff/faculty

The IHI Innovation Team conducted over 20 interviews to inform the leadership framework. Through internal and external reviews of the framework and its five components (set direction, establish the foundation, build will, generate ideas, and execute change), the Innovation Team developed a revised version of the framework to be more thoroughly tested with stakeholders currently responsible for delivering IHI's leadership content. A summary of key insights from these interviews is provided here.

Overall Feedback

Overall, there was consistent support for the high-level, five-item framework, an appreciation for the simplicity of its design and how it has generally endured over time, and some acknowledgement of the interconnectedness between the items.

1. Set Direction: Mission, Vision, and Strategy

Leaders need to have a mission and vision that guides them, and constancy of purpose for continuous improvement toward their mission and vision. Based on this mission and vision, leaders need to then focus on a few specific goals, understanding how big and urgent the changes are. Strategy planning should follow a structured approach that is repeatable and reliable, that understands the scope of the issue, and can execute the plan within a few years versus a 10-year plan that would be obsolete in just a few years. This approach should be based on a set of explicit values that are lived throughout the organization, especially by leaders, and challenged when actions do not match the values. A work environment that takes specific actions to increase equity and fairness is necessary so people can work towards their professional potential. There is a space for peers to resolve conflict safely.

2. Establish the Foundation

Leadership needs to demonstrate commitment to quality by developing the necessary infrastructure to support quality and continuous quality improvement. This consists of leaders, staff, resources (e.g., protected time and dedicated financial support), training and mentoring, data, and analytical ability both at a central location and distributed throughout the organization. Leaders, teams, and individuals need to have the time, capability, a learning system, and cultural insight to allow quality to thrive. Staff needs to be supported and developed to continuously improve quality. Some staff needs to be at a central location and others distributed. We also need to support point-of-care workers, which should include physicians along with many others. Concern was expressed about having the necessary data platform, tools, and analysis to support change and implementation. Finally, we should consider supporting outside partners to build their capability when it comes to managing quality.

3. Build Will

Building will can be elusive, but it is a fundamental aspect of leadership, and leaders will not be able to execute change without it. This starts by living the mission, vision, and values. A leader needs to connect change to intrinsic motivation of employees and

physicians throughout the organization, seeking common ground among various stakeholders: patients, providers, and other stakeholders. They also need to help others see the need for change, perhaps to go as far as helping others see that change is a constant. Sometimes external forces can influence change, for example, the need to comply with regulatory bodies. Finally, an organization can only make several major changes per year.

4. Generate Ideas

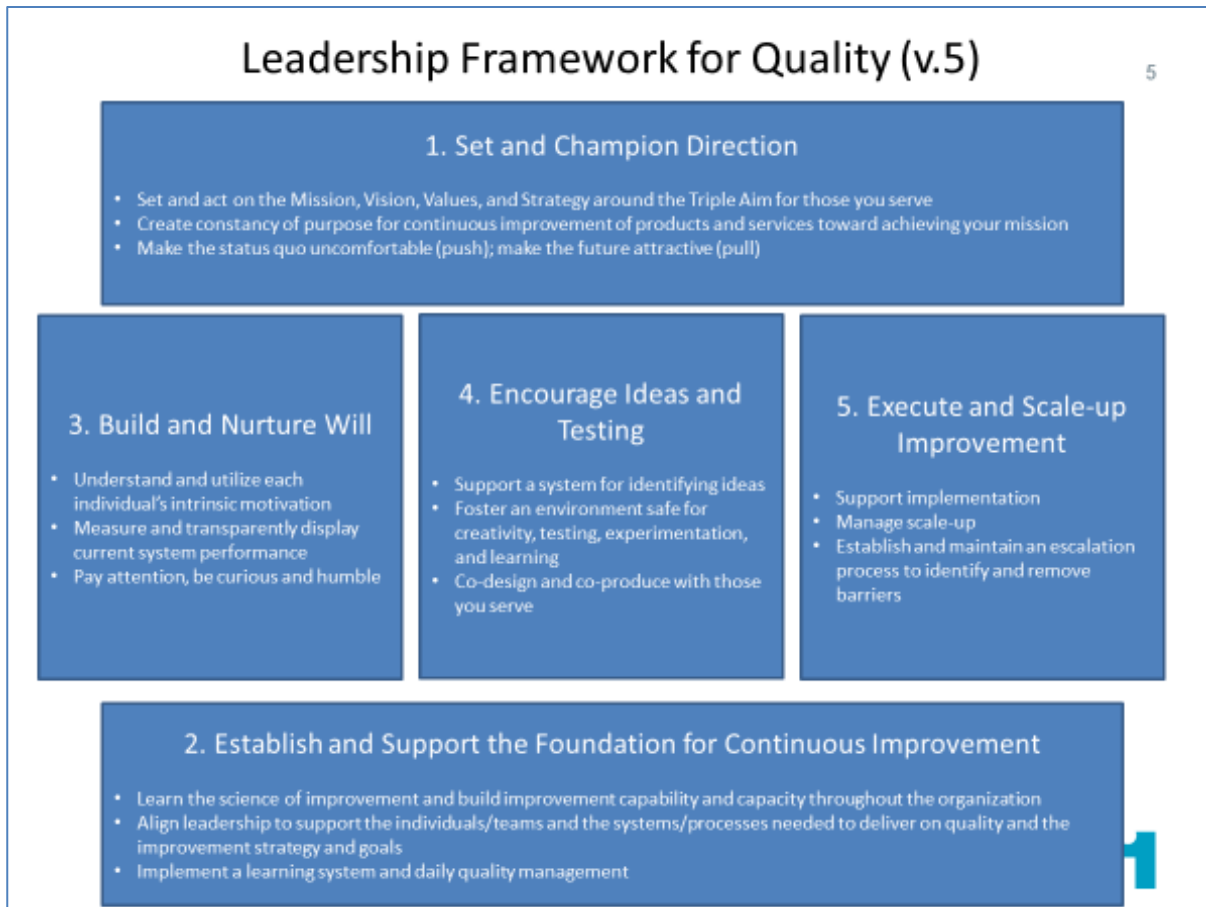
Leaders should create a space for employee's creativity and innovation. This space – and the entire workplace – must be psychologically safe meaning employees should feel safe to experiment and try new things without fear that they will be chastised or reprimanded for making good-faith efforts at improvement. This should involve some failure as well as success. They must work at seeking new ideas from all parts of the organization along with active searching outside the organization. When developing a workforce, leaders should recruit personnel who can bring new ideas to the organization and not just focus on hiring individuals whose abilities are limited to the existing systems and operations of the organization. The voice of the customer is important and should be included throughout the process, and, it is important to recognize the limitations of customers' and staff voices. It is common for customers and staff to view ideas and tests of improvement and change as threatening or off putting as a result of innate resistance to change. Encouraging ideas and testing requires working with this normal and natural resistance in pursuit of continuous improvement.

One leader interviewed has a meeting once a week just to share new ideas among the executives. He emphasizes the need to create an opportunity for ideas to be shared regularly and to be agnostic to where ideas come from. It needs to be a safe space to propose new thoughts. Sharing of ideas does not happen by accident.

5. Execute Change

There seems to be some overlap on this topic with the other four ideas. If leaders don't implement change, nothing is accomplished. A leader needs a team that is accountable with a focused approach, along with necessary data and feedback from all parts of the organization. They need to recognize and remove barriers to execution. Capability and skill will play a role in implementation along with the culture of the organization. There was some concern that there was not enough thinking about scale to implement the changes we want.

Based on our interviews, we revised the framework as follows.



Though still a draft, there are two key changes from the original framework to note. The framework on which this is based was called a “Framework for Leadership for Improvement.” We thought it was important in this next iteration to focus on the overall goal of quality inclusive of planning for quality and improvement, testing and implementing changes that result in improvement, and managing and maintaining quality and learning over time. Though these concepts were included in the original, we wanted to make them more explicit in this next iteration.

Secondly, as a leadership framework, we adapted the “generate ideas” box to “encourage ideas and testing” to shift the leader’s role to supporting an environment where new ideas and experimentation are welcome. Similarly, we adapted the “execute change” box to “execute and scale-up improvement” to better represent and emphasize the leaders whole in implementation and sustainability of changes that result in improvement as in the original framework.

1. Set and Champion Direction

- Set and act on the Mission, Vision, Values, and Strategy around the Triple Aim for those you serve.
 - The organization’s mission, vision, values, and strategy should align with what matters those you serve. One definition of quality is “the degree to which the work you do - and the results of that work - match the needs you intend to meet.” You must understand the need and how you will address it. We suggest using the IHI Triple Aim as a starting point and setting specific aims at the appropriate level (e.g., for organizational/system wide improvement, for focused clinical delivery improvement). It is vital that all, especially leaders, understand and behave in accordance with the mission, vision, values, and strategy set by the organization. Behaviors that are not aligned with these elements should be addressed immediately and equitably. Leaders should establish and use a structured and reliable planning process to set a small number of specific and critical short- and mid-term goals and establish a plan for improvement to achieve those goals (i.e., the strategy).
- Create constancy of purpose for continuous improvement of products and services toward achieving your mission.
 - Constancy of purpose requires dedication to continuous improvement in order to meet the needs of today and the future so that organizations stay in business to continue to serve patients and families, customers, employees, and communities. Establishing constancy of purpose means “taking the long view” and investing in long-term planning, innovation, research, education, and continuous improvement of product and service design.
- Make the status quo uncomfortable (push); make the future attractive (pull).
 - Leaders should be wary of the status quo. To encourage change, people need to be unhappy with the current state. Demonstrate why the status quo is no longer desirable through data and stories. At the same time, make the future attractive by relentless communication about why change is necessary, your dedication to it, and how it aligns with and moves you closer achieving your mission, vision, values, and strategy.

2. Establish and Support the Foundation for Continuous Improvement

- Learn the science of improvement and build improvement capability and capacity throughout the organization.
 - The culture of an organization is a direct reflection of the leaders’ behaviors including where they spend their time and attention. In order to lead for quality, leaders should know and use the science of improvement themselves, establish a method for continuous learning and improvement, and provide clear expectations for the improvement skills and capabilities that staff at all levels need to have to

succeed as an organization. To build improvement capability and capacity, staff require protected time to create space to develop these skills. Training opportunities should be provided paired with direct application of the skills, mentoring, and coaching.

- Align leadership to support the individuals and teams and the systems and processes needed to deliver on quality and the improvement strategy and goals.
 - Aligning the people and the processes for quality and continuous improvement requires systems thinking. Leaders ensure they are aligned within and across their areas of responsibility to the quality and improvement goals. Resources are allocated and aligned with improvement aims including time, appropriate budgeting and funding, training and capability building, data and information systems, data analysis, and human resources. Improvement work should be closely linked with finances.
 - Authentic relationships based on trust and a deep respect for all people are essential to achieve this level of alignment. Identify power structures and equity implications that create barriers to quality. Facilitate conversations for understanding of power differentials and inequities in the system to remove these barriers.
- Implement a learning system and daily quality management
 - Create an oversight system to track progress and results that includes periodic review of measures and informative cases, along with testable theories that build sequential learning into the work. Describe clear expectations around what to do when results are not met. This system of accountability should be focused on learning and adapting over time. (See IHI's Sustaining Improvement White Paper.) A key here is for leaders to understand variation in data and how to act (or not) accordingly. Build continuous improvement into daily management.

3. Build and Nurture Will

- Understand and utilize each individual's intrinsic motivation
 - People have different reasons or motivations for doing the work they do and generally come to work to do a good job. According to Deming, the most important act a leader can take is to understand what is important to each individual. By understanding "what matters" to each person in our organizations, our teams, and our community, we can then align their motivations with those of the organization. IHI's Framework for Improving Joy in Work and Psychology of Change White Papers provide additional guidance.
- Measure and transparently display current system performance
 - Measuring current system performance on things that matter to those you serve, staff, and your community, transparently displaying it, and using it for learning aids making the status quo uncomfortable and in building will for change.

Understanding variation and using data for learning and improvement to inform actions (which could be no action), highlighting successes, identifying challenges that can be addressed, focusing on the processes and not the people, and celebrating the learning that results builds a culture of learning and trust.

- Pay attention, be curious and humble
 - As leaders look where you are spending your time. Are you out observing, understanding deeply, and supporting the work? And when you are out observing and supporting, are you leading with curiosity and practicing humility? As leaders, it is vital to be curious – listen deeply and more than you talk, ask questions (what and how, not who and why), be a student and always a learner. Also, be humble – give other people credit, admit when you are wrong, go last, ask for advice, praise others. Be mindful and self-aware of how you “show up,” and at the same time have a deep awareness of how things work and how they should work (i.e., know the current state and have perspective of ideal) so you can support the team.

4. Encourage Ideas and Testing

- Support a system for identifying ideas
 - Every system is perfectly designed to get the results it gets. To get a different result, we must change the system. In order to change the system, we need new ideas. Leaders must support a system for identifying ideas that are an alternative to the status quo and capable of moving the system to a new level. Establish scanning and harvesting capabilities to find ideas internally and externally from, for example, the literature, evidence, and other industries and disciplines. Invest in research and development. Benchmark performance to peer organizations and aspirational organizations. Have mechanisms to listen deeply to patients, families, and other customers.
- Foster an environment safe for creativity, testing, experimentation, and learning
 - In improvement leaders need to be relentlessly focused on learning and not searching for fault or blame. Seek to understand and support teams in failure as well as success. Understand and coach testing and learning using iterative trial-and-learning methods such as Plan-Do-Study-Act cycles.
- Co-design and co-produce change with those you serve
 - As stated in the IHI Psychology of Change Framework, “those most affected by change have the greatest interest in designing it in ways that are meaningful and workable for them” and more likely to be sustained over time. Design ways for genuine involvement of those closest to the work including patients, families, and other customers.

5. Execute and Scale-up Improvement

- Support implementation
 - When teams discover changes that result in improvement, leaders must support the implementation of those changes. This often involves the resources and support of other organizational functions such as information technology to update the electronic health record; human resources to test and support effective training on the new process or change, and to consider possible implications for hiring procedures and job descriptions; and resources to support equipment or supply purchases and maintenance. Leaders must require the use of the new process or change and establish ongoing ownership and monitoring processes to sustain the improvement.
- Manage scale-up
 - If the changes that resulted in improvement need to be scale-up to other parts of the organization, leaders must establish the aim for scale-up, dedicate resources to support it, create urgency and communicate about it, and oversee and manage this process. Leaders manage the change process and have the courage to stay the course even in the face of distractions.
- Establish and maintain an escalation process to identify and remove barriers
 - Challenges will inevitably arise during the improvement and change process. Often those who are working on the improvement effort will be able to address those challenges. But for those challenges that they cannot address themselves, there must be a process to escalate barriers to the proper level of leadership to be addressed and removed.

2) Deliverable: Revise the set of measures for our learning system, learning system design

As described in the final report for Wave 52, a learning system will be necessary to advance standard teaching and application of the new leadership framework and continue to learn about and improve its effectiveness. IHI leadership is committed to supporting the evolution of the leadership framework as well as the supporting the necessary work to implement the new leadership framework across IHI's faculty and other stakeholders.

In order to do this effectively, several phases of a learning system will be necessary as outlined below.

Conduct an initial test with a cohort of IHI stakeholders to provide feedback on the leadership framework described in this report. This cohort must balance a manageable number of individuals who also represent a meaningful proportion of IHI's leadership content in the field. The purpose of this cohort is to conduct the initial review by individuals who may or may not have been involved in Wave 52 and Wave 53's research effort and who's expertise and contribution will help refine the content theory and provide guidance on

application and roll out. This also provides an opportunity to increase buy-in amongst an important cohort of end users through co-design of the remaining portions of the framework before it is finalized and ready for dissemination. Measures for consideration in this phase:

- Representation of the cohort participating in this phase with consideration for: professional diversity; race, ethnicity, and gender diversity; history and tenure with IHI
- Proportion of IHI's programming (i.e., what percentage of IHI's leadership programs are represented in the cohort); Proportion of IHI's customer based covered by stakeholders (i.e., what percentage of IHI's leadership program customer base does the cohort connect with)
- Qualitative feedback measuring the perceived comfort with communicating the model by each stakeholder

After the initial testing cohort participates to co-design the framework, a larger effort to solicit feedback from the wider stakeholder network should be undertaken. The purpose of this effort is to reach the full network of IHI faculty and stakeholders who advance IHI's leadership content and inform them of the evolution of the framework while also soliciting feedback. This feedback is primarily focused on creating opportunities for folks to share their thoughts on how the content might be delivered, and not on any major structural changes to the framework itself. Measures for consideration in this phase:

- Representation of the cohort participating in this phase with consideration for: professional diversity; race, ethnicity, and gender diversity; history and tenure with IHI
- Proportion of IHI's programming (i.e., what percentage of IHI's leadership programs are represented in the cohort); Proportion of IHI's customer based covered by stakeholders (i.e., what percentage of IHI's leadership program customer base does the cohort connect with). The targets for these measures would be closer to 100% compared to the initial phase.
- Qualitative feedback measuring the perceived value of the framework and comfort with communicating the model by each stakeholder. Qualitative feedback on the degree of belief that each stakeholder can and will use the updated framework in program and projects with IHI going forward.

At this point, the IHI Team should have a high degree of confidence in the finality of the framework and will develop a plan for rolling out the content. This requires replacing previous leadership models and approaches in programs and projects. A roll-out plan will need to be developed and tracked to ensure consistent use of the new framework. Measures for consideration in this phase:

- Proportion of faculty and stakeholders informed of the changes
- Proportion of faculty and stakeholders participating in training and re-training of the framework
- Qualitative feedback of understanding and ease of use of the new framework

- Number of organizations using the framework
- Number of views of this framework on IHI.org

As the framework is applied in IHI programs and projects, IHI faculty and project directors should establish specific aims for a given project and the appropriate measures to track those aims. An ongoing community of those using the framework in IHI projects and programs will need to be established in order to continuously test and review the framework, our theory, and update it based on learning in the field and impact on results. Measures for consideration in this phase:

- Qualitative feedback from participants in open enrollment programs
- Quantitative feedback on engagement (i.e., frequency of application of the framework and concepts; use of related frameworks like Whole Systems Measures, etc.)
- Results achieved in programs/projects using the framework

3) Deliverable: Revise our “assessment” questions to help understand the level of leadership commitment from our potential customers/partners with new business and the diagnostics “team.”

During the first cycle of work, A Review of Leadership Teaching and Support Wave 52, we created a set of potential questions to use with potential IHI customers to evaluate leadership commitment and support of quality. During this cycle, Wave 53, we interviewed several individuals at IHI to refine these questions. See Appendix A: Questions to use in conversation with potential IHI customers. Our desire now is to see these questions tested by personnel at IHI when they are in early conversation with potential customers.

4) Deliverable: Analyze all our present and potential future programs to understand how we can integrate our leadership framework into those programs with PDT/product development and internal IHI staff/faculty.

As the leadership framework and content moves from Innovation to the Improvement Science and Methods portfolio, more programming analysis will take place. As a first pass during Wave 53, we did ask those interviewed if they could integrate this framework into their current work and teaching and if so, how. All those asked did respond positively that they would find this framework useful and be able to integrate it.

5) Deliverable: Gain market insight and consider the development of new products involving leadership and quality with PDT/market insights/product development.

The focus of this wave relative to programming was to better understand existing programs that have heavy leadership content. This exploration (detailed in the next deliverable) allowed us to better understand current state, a helpful first step in understanding gaps that are not being met for customers. An “initial concept screener” customer research survey was also conducted by our market insights function during this time and we will review and incorporate the findings when available.

6) Deliverable: Develop a roadmap based on our present products for organizations and individuals who want to work on leadership and quality with us. Understand the people we could reach and what products we might want to create with PDT/product development/market insights.

Members of the Innovation Team connected at a regular cadence with PDT colleagues who have expertise in market intelligence and product development to gain a better understanding of existing IHI programs that include leadership content. See Appendix B: Existing IHI Programming with Leadership Content for an overview of the programs, their target audience, structure, pricing, and region. We will continue these connections to develop a roadmap and understand the market as we move into the next phase of this work.

VII. Conclusions and Recommendations:

Over the course of two innovation waves, IHI’s leadership framework has been evaluated by a cohort of IHI stakeholders that represents those most closely tied to IHI’s leadership content and project and program delivery. Based on this evaluation and feedback provided, an updated Leadership Framework for Quality has been developed. The Innovation Team believes this framework is ready for external review and co-design, and field testing by IHI leaders and external faculty to gain feedback on the effectiveness and applicability in our projects, programs, and customers. To aid in this evaluation, the Innovation Team developed an assessment tool (Appendix A), that should be tested to measure effectiveness as well. IHI’s leadership work is an important contributor to the success of our programs and projects. Advancing our thinking and teaching with a revised framework will help move IHI’s content into the modern era of health and health care leadership.

Understanding the contributions IHI’s work has on the field will require dedicated testing and evaluation as described in this report. The next phases of this work will be taken on by IHI’s Improvement Science and Methods portfolio under the direction of Karen Baldoza and Kush Badshah. The draft framework will be shared with internal and external faculty – likely by convening an in-person expert meeting – to co-design the final framework and develop an actionable plan for testing.

Ultimately, the team believes this leadership framework can serve as a foundational document for leaders at every level of an organization to inform the strategy for advancing quality and improvement within their organization. Ideas and practices from IHI's more focused frameworks (ie. Whole System Quality, Joy in Work, Psychology of Change, etc.) informed the development of the leadership framework and provide a natural follow-up for customers when applying the work in their given context. When customers want to engage with IHI on improving health and health care, the leadership framework provides a starting place to understand the necessary conditions for advancing their work. And, depending on their specific goals, IHI's operational frameworks like Whole System Quality can be used.

The Innovation team recommends that the Improvement Science and Methods portfolio take the results of Wave 52 and Wave 53 to begin the testing process described in this report.

VII: Appendices:

Appendix A: Questions to use in conversation with potential IHI customers

These questions are intended to help us (IHI) consider a potential customer's leadership commitment to quality and transformative change. These questions are not intended to supplant other questions that deal with business processes. The best way to understand a potential customer is to have a conversation in which both parties have the opportunity to learn from each other. We have attempted to phrase the questions to stimulate discussion about leadership. We have listed the question in five different categories so that you can understand the attributes that we are exploring. After each question is a comment about what we are trying to learn.

1. Quality planning/strategy – current

How does the organization decide what its quality priorities are?

Listen to understand how leadership does quality planning, who is involved, what infrastructure they have to support quality, what problems they have solved, and what challenges remain.

2. Experience/track record to date

Think back to a strategic project within the last five years. How well were those results sustained and what do you think explains that? Was there a project in the last five years that was a challenge to sustain and what did you learn from this?

People should enjoy talking about any project that was successful. It may be harder to share something that did not go as well, but we often learn more from negative experiences. Listen for a learning culture and growth mentality, and how leaders spend their time and support quality.

3. Future vision/aspirations

Where do you look for sources of innovation and inspiration? Are there any exemplar organizations that you pay attention to?

In this question you are trying to see if they look both internally and externally for ideas.

4. Understanding of the regional macro-environment

How does the leadership team work to understand the region they serve with regards to social, financial, and political concerns?

You are trying to understand the dynamics of the leadership team when it comes to their role in the region.

5. Internal Political Issues and Stability

Are there any issues going on in the organization that provide opportunity or challenge to the work that we are discussing?

What you are trying to do is get a sense of any internal issues or politics that could help or hurt the work.

Following the conversation, the IHI team should reflect on what you have heard and ask: Is the leadership team engaged with quality in a way that fits with the services that we are offering? Were there any concerns in the conversation that we should follow-up on? Are there any gaps or challenges in leadership that might hinder IHI's ability to help the customer get results?

Appendix B: Existing IHI Programming with Leadership Content

Existing IHI Leadership Offerings								
Offering	Offering Type	Target Audience	Description	Duration	Structure	Region	Price	
Leading and Organizing for Change	Education	Core leaders (OS students primarily)	How to manage cultural aspects to drive change	3 months	Virtual	United States	\$549	Per Person
LQI: Essential for Managers	Education	Core leaders	How to turn high-level objectives from executive leaders into action at the point-of-care	3 months	Virtual	United States	\$995	Per Person
Chief Quality Officer Development Program	Education	Executive leaders	How to develop infrastructure and create a culture to lead quality at a system-level	6 months	Virtual (monthly); In-person (2 sessions)	United States	\$10,550	Per Person
Patient Safety Executive Development Program	Education	Executive leaders; core leaders	How to develop a patient safety program and develop a strategic plan for patient safety	1 week	In-person	United States; United Kingdom	\$10,750	Per Person
Health Improvement Alliance Europe	Membership/ Network	Executive leaders; core leaders	Contribute to improve work processes, create new delivery models, and achieve best health and care at affordable cost in the face of changing demographics, increasing chronic illness, and economic challenges	1 year	Virtual (monthly); In-person (3 sessions)	Europe; Canada	\$12,000	Per Organization
Fellowship Program	Membership/ Network	Executive leaders; core leaders	How to take strategic, operational, and thought leadership skills to the next level	10 months	Virtual (monthly); In-person (3 sessions)	Global, hosted in United States	\$28,000	Per Person
Leadership Alliance	Membership/ Network	Executive leaders; core leaders	Contribute to changing the dialogue about health care from one that focuses on reimbursement and regulation to one that makes the pursuit of health and healing paramount	1 year	Virtual (monthly); In-person (2 sessions)	United States	\$24,000 - \$40,000	Per Organization
Customized On-Site Leadership Workshop	Education	Executive leaders; core leaders	How to build trust, align around efforts, and understand basic improvement methodology to sponsor and advocate for QI initiatives	2-4 days	In-person	Global	\$120,000 - \$150,000	Per Organization
Diagnostics	Consulting	Executive leaders	Learn about your organization's specific opportunities to drive change in service of achieving the best possible patient care while creating an environment in which the workforce can truly thrive	2-3 days	In-person	Global	\$140,000 - \$180,000	Per Organization
Deep Engagement: Whole System Quality	Consulting; results-generating	Executive leaders; core leaders; point-of-care staff	Achieve tangible results by working in a prioritized, systemic way to drive organizational drive change in service of achieving the best possible patient care while creating an environment in which the workforce can truly thrive; build staff capability along the way	18 months	Virtual (frequent); In-person (4-5 sessions)	Global	\$750,000	Per Organization (Plus Added Training)