HRO Coaching and Champions: A Grassroots Model for HRO Cultural Change

Dr. Cecilia Jojola, MD, HRO Physician Champion
Dr. Kara Schmidt, MD, HRO Physician Champion
VA Northern California Health Care System

COL (Ret) Jeffrey S. Yarvis, Ph.D., HRO Executive Leader Coach
VHA High Reliability Organization Support Team

Most high reliability organization (HRO) leadership coaching is top-driven and provided at the medical center director level. This is the story of a VA Health Care System who used HRO leadership coaching from the bottom-up using a virtual grassroots methodology to affect data-driven organizational change. The intervention was an HRO-facilitated multidisciplinary group in which both clinical and non-clinical staff utilized Lean methodology for process improvement, while allowing for large percentage of meeting time to build teamwork in addition to accomplishing objectives. While the primary outcome was metric focused, there were also cultural changes that resulted as part of this intervention. Focused advice and input by the HRO Leader Coach and transparent communication modeled by HRO Physician Champions within the group led to observable change in team dynamics, increased leadership commitment and mitigation of long-standing cultural barriers. As time progressed, group meetings became more objective focused, and the group made empiric progress in several clinic operational measures. This model acts as a proof of concept, and may be applied to other sites as they start to embrace HRO. Two HRO Physician Champions and their HRO Leader Coach share lessons learned from the field that can impact all health care systems struggling with organizational change and adoption of high reliability principles especially during a time of COVID and crisis.

Typically coaching focuses on executive leaders

VA NorCal used a different approach

Integrate HRO into Process Improvement
• Sought out the opinions from team members in one-in-one interviews
• Asked supervisors for inclusion of the front line staff in the discussions
• Galvanized the group around the data to drive the project
• Utilized proven improvement methods, A3 Lean

HRO in Action: Group Facilitation
• Foundation of psychological safety
• Transparent and kind communication
• Making time for crucial conversations despite unmet agenda items

Operational metric: Scheduling consults
Cardiology Average Days File Entry to First Scheduled

Operational metric: Number of unscheduled echocardiograms
Absolute Number of Unscheduled ECHOs

Faced with COVID challenges, VA NorCal responded to the needs of the patient population by assessing and improving processes, as evidenced by the decrease in unscheduled echocardiograms from 27 per week to 7 per week.

Group lessons learned

Figure 1: A Model for Operational Improvement

References:
3. VA Northern California Health Care System Strategic Plan 2019-2022