Leadership

Thomas McIlraith, MD, SFHM, CLHM

Team engagement and motivation critical to QI success

By Sharon Worcester
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Thomas McIlraith, MD, SFHM, CLHM, never imagined he would be leading hospitalists and launching quality improvement (QI) initiatives, but only 1 year out of residency, he was doing just that.

In 2000, Dr. McIlraith had spent a year working as a hospitalist at South Sacramento (Calif.) Kaiser Permanente when he was tapped for the QI program director role.

"Obviously I didn't have a lot of preparation," he said of that first job as director. "All of a sudden I found myself in charge of 15 hospitalists, ... and I really didn't know what I was getting myself into."

But a passion for quality improvement – for striving to always find ways to do better – put Dr. McIlraith on that path and kept him on it through two terms as chair of the hospital medicine department of Mercy Medical Group in Sacramento, where he was hired in 2004. He completed his second term in June 2016 (the department quintupled in size during his tenure), and then chose to return to the ranks as a hospitalist focusing on patient care – and on spending time with his kids before they finished high school.

But quality improvement is in his blood, and he can see himself returning to it someday, Dr. McIlraith said.

"For me it was never about rising up in the ranks of leadership. It was really about making the world I exist in better," he said.

In recounting some of the lessons he learned over the last 17 years, Dr. McIlraith recalled his first and all-time favorite quality initiative: Central Coordination. It was a concept he implemented around 2002 at Kaiser Permanante that fundamentally changed the way patients were admitted from the emergency department.

The previous system had separate admitting and rounding physicians, which lead to too many patient hand-offs, increased risk of mistakes, poor efficiency, and low patient satisfaction, he said.

"We actually took the job of distributing patients out of physicians' hands altogether," Dr. McIlraith explained.

Under Central Coordination, patient assignments were coordinated by a clerical staffer who distributed them evenly among a team of six doctors.

"The most amazing thing was that after this was implemented we went back and looked at ER responsiveness, and our ability to respond to the needs of the ER improved dramatically," he said. "That wasn't even an outcome I intended to impact, or look at, but the data were unequivocal. It ended up being really enduring and substantial on many fronts."

Mercy Medical Group still uses Central Coordination systemwide, and the results of Dr. McIlraith's initiative were eventually published.

"At the same time, due to my lack of experience in 2002, I definitely made some mistakes," he said of the undertaking. Among them was failing to recognize just how resistant people can be to change. "I thought [the plan] was so brilliant that everyone would see that and get in line behind me," he said. "Then I had a rude awakening that not everyone sees things the same way I do."

Even though the existing system left a lot to be desired, the doctors were comfortable with it, Dr. McIlraith explained, stressing that implementing change requires the buy-in of team members.

If he could do it over again, he would follow the eight-step "Road Map for Change" as outlined by Jeffrey Glasheen, MD, SFHM, during the Society of Hospital Medicine's Leadership Academy, Dr. McIlraith said.

Dr. Glasheen's road map emphasizes team engagement and motivation, as well as the importance of creating a "burning platform" (the imperative for change).

"You need to be systematic about it to get people to change behaviors," Dr. McIlraith said, noting that behavioral change is one of the greatest challenges and one of the leading causes of failure to attain sustained QI results.

In fact, the main reason for the enduring success of Central Coordination was that it took the focus off of behavioral change and put it on the process. "We took the behavior aspect out of the equation and put form over function," Dr. McIlraith said.

One recent QI initiative involved increasing the percentage of discharge orders delivered before 11 a.m. Dr. McIlraith put the lessons he learned to work by creating an "excellence team" that met regularly to identify key problems and to create "SMART (Specific, Measurable, Attainable, Relevant, and Timely) goals," which are necessary for success.

Because the team not only bought into the plan to meet the target but also helped create the plan, it wasn't necessary to force behavioral change, Dr. McIlraith said. Instead the team lead the initiative, set the targets and goals, and ended up surpassing the initial goal of reaching 30% of discharge orders in by 11 a.m. (in fact, they hit 40%).

Dr. McIlraith's advice for QI success is to know the problem you are trying to solve so that you can tell if the solution you implement is having the desired impact and also to measure the impact of that solution using the SMART goals.

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