



Leadership Competencies Framework on Patient Safety and Quality of Care (DRAFT)

Why focus on the Leadership Competencies Framework?

Leadership is essential for making safe and effective health care a reality. It is also necessary for improving the quality and safety in health-care service delivery and aligning systems for improvements to occur. Management is essential for implementing plans and strategies to stay on that path. In health-care organizations and facilities leadership and management functions are frequently done by the same individual. Successful leaders are those who know how to create a workplace culture in which the safe and high quality care of patients is a priority – a culture that promotes inter-professional teamwork, sets strategic goals for patient safety, supports efforts within the organization to achieve improvement goals, provides resources for strengthening systems, removes obstacles for clinicians and health-care staff that interfere with safe care, and requires and maintains high performance of health-care providers. These changes occur within a wider health service delivery framework.

Despite the documented importance of leadership in safety and quality improvement, there are currently limited resources available for the training of health-care leaders on a global level. WHO plans to address this need by developing a Leaders Guide on Patient Safety, Quality of Care in Service Delivery, targeting health facility CEOs, directors, managers and senior administrators from ministries of health and health-care institutions, associations and educators teaching this subject.

This Framework has been developed by WHO, Patient Safety Education team to be discussed at the First Global Experts' Consultation, March 2014. Recommended citation: A. Leotsakos, K. Petsanis, H. Zhao, R. Moss, N. Monina, © World Health Organization, 2014, Leadership Competencies Framework on Patient Safety and Quality of Care (DRAFT), WHO, Geneva, Switzerland

What is this Framework?

The Framework identifies the competencies required by leaders of health-care organizations in relation to demonstrating excellence in the delivery of safe and quality health services. It builds on a review of literature on competencies important for leadership, and information derived from national leadership and organizational competency models or frameworks. ^{1 2 3 4 5 6 7 8 9}

FRAMEWORK: BUILDING HEALTH-CARE LEADERSHIP COMPETENCIES



How is this Framework structured?

The Framework identifies the competencies and areas necessary for organizational leadership and management of health services, acknowledging there should be a balance between three domains:

- Personal attributes;
- Core functions of leadership: competencies relating to a leader's ability to set direction and know how to prepare an organization for safe and effective service delivery;
- Ability to 'Execute' /Mise-en-place: competencies relating to a leader's ability to create enabling environments, systems, processes and mechanisms, and to empower people for delivering patient-centered, quality and safe services.

There are three *Learning Domains*, each of which is subdivided into *Learning Categories*. There are overall ten *Learning Categories* The diagram below shows how these learning categories are grouped and how the domains work together.

Competencies Framework for Leaders (Patient Safety and Quality of Care)

Process of Framework development

Step 1: Review of knowledge to develop framework and framework outline: an eight-month literature search (2013, 2014) has been/is being conducted to collect the body of knowledge relating to leadership, patient safety and quality improvement (about 500 peer-reviewed articles were identified). The search strategy included several electronic databases – Medline, PubMed, PsycINFO, Cochrane, and website-related search. These were searched for peer-reviewed primary and review articles in English, French and Spanish, from the last 10 years (2004 - January 2014), and reviewed to identify major organizational activities associated with patient safety and quality improvement. Duplicates, editorials and commentaries were excluded. Additionally, specialized evidence-based WHO publications and documents from other organizations, some including existing leaders' competencies, as well as relevant book chapters and frameworks concerning leadership and patient safety were included.

MeSH terms were used as terms or keywords: the concept of patient safety (“patient safety” or “safety management” or “medical errors” or “quality of health care” or “quality improvement”) in combination with leadership (“leadership” or “clinical governance” or “health facility administration” “innovation” or “improvement” or “organizational culture” or “governing board”). Reviewers screened the titles and abstracts of each article, and full texts were retrieved for those which seemed to meet the eligibility criteria. Reference lists of these full texts were also scanned for potentially relevant articles. (Annex 1 for search strategies). The identified activities were grouped into nine learning categories. Each learning category was analysed and further broken down knowledge components and performance features.

Step 2: Each learning category formed the basis for a more extensive search to identify activities corresponding to leaders’ competencies in patient safety and quality improvement. Once the activities for each learning category were classified, they were then translated into a knowledge and performance-based format.

Step 3: An informal meeting of experts took place in May 2013, followed by an extensive consultation of experts of the WHO Leaders’ Guide Expert Working Group in March 2014 to validate and endorse the Framework. This will be used to focus the development of the Leaders’ Guide.

The process of developing the Leadership Framework was based on the process of developing the Australian National Patient Safety Educational Framework.¹

Structure of the Framework

There are ten learning categories and in each the following can be found:

- Learning category (e.g. communicate effectively)
- Learning objective (e.g. establish goals, policies and strategies for service improvement)
- Knowledge components to be understood before demonstrating relevant performance (e.g. articulate clearly and put into practice policies and management plans for improving patient safety and quality of services provided)
- Performance features (e.g. delegating as appropriate, empowering staff to communicate openly, inspiring)

The table below only presents learning domains, categories and objectives.

A. Learning domain: Personal attributes

The personal characteristics and values of a leader needed to oversee complex, organization-wide and long-term improvements.

Learning category 1. Exhibits leadership style, awareness and adaptability

Learning objectives

- a) Demonstrates an appropriate leadership style
- b) Is aware and self-aware: knows how to determine one's own strengths and weaknesses
- c) Identifies and understands the motivation behind behaviour (critical to building a culture of safety)
- d) Adapts to changing environments and trends
- e) Demonstrates an empathic attitude

Learning category 2. Is a leader in professional conduct

Learning objectives

- a) Is culturally knowledgeable (inclusion activity- equality)
- b) Demonstrates equity and non-discrimination (inclusion leadership)
- c) Adheres to and promotes good governance principles

Learning category 3. Is a learner as a leader

Learning objectives

- a) Learns from other organizations and industries /HROs; incorporates and use knowledge and expertise from HROs and from one's own organization
- b) Is a workplace learner

B. Learning domain: Core functions of leadership

Leaders' knowledge and skills to perform leadership functions which they are accountable for, such as, setting a vision for improving quality and safety in service delivery, establishing /aligning systems for safety and quality improvements to occur.

Learning category 4. Sets the direction

Learning objectives

- a) Thinks strategically and is innovative
- b) Has organizational awareness
- c) Translates evidence and prioritizes the development of organizational **policies** to address risk /patient harm, improved environments and safe cultures
- d) Puts in place **mechanisms** for addressing **legal** requirements related to patients' rights
- e) Puts in place policies and **mechanisms** for addressing **ethical** requirements for patients/ 'respectful care' ;
- f) Understands and manages the issue of patients' rights
- g) Obliges to organizational transparency, accountability (performance, resourcing, political, ethical and community), practice standards of staff professional conduct and ethical behaviour

Learning category 5. Communicates effectively and sets the scene

Learning objectives

- a) Is a good communicator/advocates for safety and quality improvements
- b) Defines goals for establishing policies and strategies for service improvement

- c) Connects with providers/ employees and transfer ideas and intentions
- d) Understands/ engages with patients /their families in order to respond to the patients' voice
- e) Engages and manages external stakeholders (health authorities, politicians, intl, national health assoc., experts) and responds appropriately
- f) Demonstrates being an effective workplace mentor/ teacher advocates for patient safety

Learning category 6. Leads positive transformation to build and sustain a climate of safety

Learning objectives

- a) Brings together collaborations
- b) Creates external and internal partnerships in order to implement successfully strategies and plans
- c) Motivates, inspires and empowers individuals and teams to implement change
- d) Empowers staff to speak up and openly challenge; cultivates staff commitment; uses incentives
- e) Cultivates the notion of compassionate care
- f) Board/ Trustees links and development
- g) Understands the importance of human factors in improving health service delivery
- h) Understands the complexity of health service delivery and health systems; structure effectively a continuum of care

C. Learning domain: Ability to 'execute' (or 'putting in place' or 'making operational' or 'mise-en-place')

Leader's motivation to establish evidence-based policies, systems, mechanisms and processes to improve safety and quality in their organization or facility. The leaders would draw on their knowledge and understanding of the health, political and social care context. They would apply evidence and information for policy-making to improve quality and safety within the wider issues of health service delivery (e.g. financing and performance) in their organization or facility.

Learning category 7. Delivers competently and effectively

Learning objectives

- a) Brings about quality and safety improvements
- b) Change management (for safety and quality improvement)
- c) Demonstrates ability to manage human resources in order to ensure appropriate mix of employees' competencies to achieve the safety and quality goals
- d) Facilitates development of effective teams (IPE/ training etc)
- e) Prioritizes the development of improvement plans/mechanisms for delivering safe and quality services; oversees their implementation
- f) Demonstrates ability to manage financial resources for quality and safety improvements

Learning category 8. Has political and social astuteness

Learning objectives

- a) Responds to changing individual and community expectations; demonstrates responsiveness, participation and inclusiveness

- b) Facilitates alignment with national health reforms
- c) Responds to global trends
- e) Interacts effectively with the media and engages with them where appropriate

Learning category 9: Establishes crises systems and mechanisms for safe health service delivery

Learning objectives

- a) Financial preparedness
- b) Develops contingency plans to respond to breakdowns of structures, communication and increased volume and needs of patients during disasters
- c)) Develops contingency plans to respond to epidemics and outbreaks

Learning category 10. Uses evidence and information for policy and health service improvements

Learning objectives

- a) Understands the importance of measuring, reporting, assessing risk, reporting hazards for continuous learning and improvement
- b) Encourages research on quality and safety activities designed to improve health services
- c) Leads the application of IT to enhance performance, quality and safety
- d) Use of www.information
- e)) Is aware of the evidence-based practices and solutions for quality and safety of services (HH, Safe surg., Med. Safety, Blood safety, handovers, safety of medical equipment etc)
- f) Balances evidence and innovation (local solutions

ANNEX 1: Search Strategies

Medline via Ovid SP

(exp Patient Safety/ or (safety management/ and (patients/ or Hospital Administrators/)) or exp patient harm/ or exp medical errors/ or Quality of Health Care/og or Quality Improvement/og or Quality Assurance, Health Care/ or patient safety.ab,ti.)

AND

(exp leadership/ or exp clinical governance/ or exp health facility administration/ or health facility administrators/ or hospital administration/ or organisational culture/ or exp governing board/)

PsycINFO via OvidSP

(exp Safety/ or exp Health Care Services/ or exp "Quality of Care"/)

AND

exp patients/

AND

(exp Leadership Qualities/ or exp Leadership/ or exp Transformational Leadership/ or exp Leadership Style/)

CINAHL

((MH "Management Styles") OR (MM "Leadership") OR (MH "Leaders+") OR (MH "Organizational Culture") OR (MH "Health Facility Administrators")) AND ((MH "Patient Safety") OR (MH "Adverse Health Care Event+") OR (MH "Pharmacovigilance") OR (MH "Quality of Health Care")) ABI/INFOM,

ERIC

Leadership OR Governance OR Board OR Management

AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

Embase

Leadership OR Governance OR Board OR Management

AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

Cochrane

Leadership OR Governance OR Board OR Management AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

Academic Search Premier

Leadership OR Governance OR Board OR Management
AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

Healthcare Business Fulltext Elite (supported by the same platform)

Leadership OR Governance OR Board OR Management
AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

HMIC

Leadership OR Governance OR Board OR Management
AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

JSTOR

Leadership OR Governance OR Board OR Management
AND

- Healthcare
- Patient safety
- Quality of Care
- Clinical Risk Management

References (this document only)

¹ Developing a national patient safety education framework for Australia, Merrilyn M Walton, Tim Shaw, Stewart Barnet, and Jackie Ross, Qual Saf HealthCare. 2006 December; 15(6): 437–442.

² NHS Leadership Qualities Framework, NHS Institute for Innovation and Improvement, 2006,

³ National Centre for Healthcare Leadership, Health Leadership Competency Framework, <http://www.nchl.org/static.asp?path=2852.3238>

⁴ The Canadian Framework on ‘The Safety Competencies — Enhancing patient safety across the health professions’,
<http://www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Pages/default.aspx>

⁵ Effective Governance for Quality and Patient Safety, Canada

<http://www.patientsafetyinstitute.ca/English/toolsResources/GovernancePatientSafety/Pages/default.aspx>

⁶ AHRQ *TeamSTEPPS*, <http://teamstepps.ahrq.gov/abouttoolsmaterials.htm>

⁷ Towards a New Model of Leadership for the NHS, The Open Business School, 2013

⁸ UCLA MPH Program in Health Policy and Management: Competency Model

⁹ WHO Patient Safety Research: A guide for developing training programmes, 2012,

http://www.who.int/patientsafety/research/strengthening_capacity/guide_developing-training-programmes/en/