Running Successful Collaboratives

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Disclosures

- Kelly McCutcheon Adams works as an employee for the Institute for Healthcare Improvement
- Sandy Murray works as a contractor with the Institute for Healthcare Improvement
Session Objectives

- Apply established design principles for successful Breakthrough Series (BTS) Collaboratives
- Diagnose and address the common challenges in using the BTS method

The IHI Breakthrough Series: How It Began

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
- Goethe
The IHI Breakthrough Series (BTS)

An improvement method that relies on spread and adaptation of existing knowledge to multiple settings to accomplish a common aim.

The IHI Breakthrough Series Is Not:

- Research for new clinical knowledge
- Single-setting (single team) focus
- Small changes to existing systems
- A benchmarking project
- A consulting engagement
IHI Breakthrough Series
(6 to 18 Months Time Frame)

Select Topic (Develop Mission)

Expert Meeting

Prework

Develop Framework & Changes

Planning Group

Participants (10-100 Teams)

LS 1

LS 2

AP1

AP2

LS 3

AP3*

Dissemination
Publications, Congress, etc.

Holding the Gains

Supports

Email

Phone Conferences

Extranet

Visits

Assessments

Sponsors

Monthly Team Reports

"AP3 – continue reporting data as needed to document success

Overview of the BTS

From Participants’ Perspective

| Prework | Start with good Senior Leader support. Form a pilot team and develop an aim statement and focus for team’s work. Begin useful data collection. Prepare story board for LS1 |
| Learning Session 1 | Get ideas for improvement. Refine aim and measures. Develop plans for tests of changes for AP1. Begin to collaborate. |
| Action Period 1 | Test changes and get feedback from results. Establish monthly reporting. Get support from the Collaborative. |
| Learning Session 2 | More ideas for change. Deeper understanding of testing and implementation. Overcoming barriers. More collaboration. |
| Action Period 2 | Test changes in all areas of change package. Collaborate with colleagues. “Become faculty.” Begin discussing plans beyond pilot project. |
| Learning Session 3 | Celebrate results. Plan for holding gains and spread. Get more ideas for change. Develop detailed plans for team’s role in spread. |
| Action Period 3 | Continue testing and implementation of rest of change package. Monitor measures to hold the gains made. Participate in spread. |
IHI Experience: Factors that Contribute to Success in Collaborative Set-up

- Ripe topic with at least moderate degree of belief that theory will lead to improvement

Topic Selection for IHI BTS

- A ripe topic:
  - Gap between science and practice
  - Examples of better performance exist
  - A good “business case” exists for the topic

Examples of “The Gap”

<table>
<thead>
<tr>
<th>Disease/Issue</th>
<th>Parameter</th>
<th>Typical [or other end of the spectrum if location specified]</th>
<th>Best</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>HbA1c</td>
<td>30% &lt; 8</td>
<td>70% &lt; 8</td>
</tr>
<tr>
<td>Infant mortality (CIA data)</td>
<td>Deaths per 1000</td>
<td>117.2 Afghanistan</td>
<td>1.8 Monaco</td>
</tr>
<tr>
<td>CHF</td>
<td>Hospital readmits per month</td>
<td>&gt;10%</td>
<td>&lt;3%</td>
</tr>
<tr>
<td>Depression</td>
<td>Follow-up</td>
<td>&lt;50%</td>
<td>&gt;80%</td>
</tr>
<tr>
<td>Smoking by US State (Gallup)</td>
<td>% of population</td>
<td>Utah: 12.2%</td>
<td>Kentucky: 30.2%</td>
</tr>
</tbody>
</table>

When Are We Ready To Run a BTS Collaborative?

- **Prototype**
  - Get at least 1 or 2 examples

- **Pilot**
  - Get at least 8 or 10 examples

- **Adapt & Spread**
  - BTS Style Collaborative

Start a Collaborative when degree of belief is moderate to high.
IHI Experience: Factors that Contribute to Success in Collaborative Set-up

- Ripe topic with at least moderate degree of belief that theory will lead to improvement
- Teams have will and resources
- Sponsors involved
- Change ideas with a pedigree (Change Package developed from ideas supplied by experts in the topic)
- Use of clear Charter for recruiting teams
  - Clear purpose with numeric breakthrough goals
  - Clear expectations

Collaborative Charter

- A document to describe and to launch the collaborative, establishing a common vision for the work, including:
  - Problem statement, gap, mission statement with business case for the improvement
  - Specific goals: improve outcomes, reduce costs
  - Expectations of organizers and participants
Reducing Readmissions Charter – Statement of Need (Excerpts)

- Starts with a compelling patient story.....
- Poorly executed transitions in care – like the one described above - negatively affect patients’ health, well-being, and family resources, and unnecessarily increase the costs incurred by the health care system and the patients, families, and communities they serve.
- Maintaining continuity in patients' medical care is especially critical following discharge from the hospital, and for older patients with multiple chronic conditions, this “handoff” period takes on even greater importance. Research shows that one-quarter to one-third of these patients have to return to the hospital due to complications that could have been prevented.

http://www.ihi.org/explore/Readmissions/Pages/default.aspx

Reducing Readmissions Charter – Mission (Excerpts)

- The mission of this Collaborative is to bring together patients, cross-continuum care providers, and other stakeholders from participating organizations to reduce readmissions and to increase patient and family satisfaction with transitions in and coordination of care....
- The Collaborative will focus initially on creating an ideal transition out of the hospital. Medical surgical units from participating hospitals nursing will work on improving processes in four areas: 1) enhanced assessment of post-discharge needs 2) enhanced teaching/learning 3) enhanced communication at discharge and 4) timely post-acute follow up....
Reducing Readmissions Charter – Goals (Excerpts)

- The overall aim of the Collaborative is for participating hospitals to achieve a breakthrough in the transitions in care for their patients by September 2010. The specific goals are:
  - Decrease all cause 30-day readmissions in participating hospitals by 50 percent
  - Ninety-five percent or more of patients in participating hospitals report that hospital staff talked with them about help needed when they left the hospital; and
  - Ninety-five percent or more of patients in participating hospitals report they got information in writing about symptoms or health problems to look for after leaving the hospitals.

Reducing Readmissions – Methods (Excerpts)

- The Collaborative involves 15 to 60 organizations working together intensely to achieve significant improvements. Over 12 months, teams participate in one face-to-face Learning Session, several one day Virtual Learning Sessions, and maintain continual contact with each other and faculty members through conference calls, listserv discussions, email, and monthly progress reports.
Reducing Readmissions – Expectations (Excerpts)

- The Institute for Healthcare Improvement and the Collaborative faculty will:
  - Provide a designated IHI Director and Project Manager, in addition to faculty who have expertise in the subject matter and in improvement methods
  - Provide information on subject matter, application of that subject matter, and methods for process improvement, both during and between Learning Sessions
  - Offer guidance and feedback to teams
  - Provide communication strategies to keep teams connected to the Collaborative faculty and colleagues

Reducing Readmissions – Expectations (Excerpts)

- Participating organizations will...
  - Connect the goals of the Collaborative to a strategic initiative...
  - Designate a senior leader to serve as Sponsor for the team
  - Convene a Cross-continuum Improvement Project Team
  - Select two medical or surgical units for the front-line improvement work and a Day-to-Day Leader to drive the work of the front-line teams….
    - Conduct tests…implement…
    - Participate on Collaborative calls….
    - Submit monthly report…
  - Provide resources for front-line team….
IHI Experience: Factors that Contribute to Success in Collaborative Set-up

- Ripe topic with at least moderate degree of belief that theory will lead to improvement
- Use of clear Charter for recruiting teams
- Teams have will and resources
  - Aim is customized and aligns with org. strategy
  - Team composition is appropriate
  - Team resources appropriate
  - Day-to-day team leader with adequate time
- Sponsors involved
- Change ideas with a pedigree (Change Package developed from ideas supplied by experts in the topic)
IHI Experience: Factors that Contribute to Success in Collaborative Set-up

- Ripe topic with at least moderate degree of belief that theory will lead to improvement
- Teams have will and resources
- Sponsors involved
- Use of clear Charter for recruiting teams
- Change ideas with a pedigree (Change Package developed from ideas supplied by experts in the topic)
  - Ideas most powerful
  - Ideas sequenced

Change Package

- The key content for the Collaborative
- A listing of the essential changes needed to get results
- Ideas with “a pedigree”—either evidence in the literature or from credible expert opinion
- Organized
  - From broader change concepts to specific changes to examples of first tests to try
  - Often use driver diagram format
  - Sequenced: what to work on first, etc.

This is the heart of the Collaborative and is needed for Learning Session #1
Change Package for Unplanned Readmissions (Excerpts)

1. **Enhanced Admission Assessment for Post-Discharge Needs**
   - Include family caregivers and community providers (e.g., home health nurses, primary care physicians, HF clinic nurses, etc.) as full partners in standardized assessment, discharge planning, and predicting home-going needs.
   - Reconcile medications upon admission.
   - Initiate a standard plan of care based on the results of the assessment.

2. **Enhanced Teaching and Learning**
   - Identify the learner(s) on admission (i.e., the patient and family caregivers).
   - Redesign the patient education process to improve patient and family caregiver understanding of self-care.
   - Use Teach Back daily in the hospital and during follow-up calls to assess the patient’s and family caregivers’ understanding of discharge instructions and ability to do self-care.

Exercise: Fiascos from the Field

**A. The topic no one cares about**
- Organizations told to send a team
- Topic may/may not be strategically important to the organization

**B. A poorly thought out change package**
- Long (20+ pages)
- Contains strong ideas to test but also many relatively weak ones
- Ideas to test are not sequenced (test this first, this second, etc.)

- Think for two minutes with the person next to you:
- Impact on Teams participating in Collaborative
- Impact on Collaborative Results
- Impact on the Organization who sent a team to the Collaborative
IHI Experience: Factors that Contribute to Success in Collaborative Execution

- Action Oriented: Use of Model for Improvement - lots of testing
- Measurement system that connects testing to tracking progress
  - Each team has goals with measures to match
  - Required monthly reporting with measurement tracked monthly
- Great Learning sessions
- Robust Action Periods
  - Good communication system (listserv/extranet/great calls)
- Oversight
  - Tracking progress, participation, connecting teams, fostering shared learning
- A culture is established with specific values:
  - Everybody learns, everybody teaches
  - A sense of “family” and support
  - Urgency - need results now!

The Model for Improvement

When you combine the 3 questions with the... PDSA cycle, you get...
The PDSA Cycle for Learning and Improvement

**Act**
- What changes are to be made?
- Next cycle?

**Plan**
- Objective, questions and predictions (why)
- Plan to carry out the cycle (who, what, where, when)

**Study**
- Complete the analysis of the data
- Compare data to predictions
- Summarize what was learned

**Do**
- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data

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Measurement System

- The key measures that will be used to track improvement in the Collaborative
- Definitions of data elements
- Data collection strategies

*Used for prework and for Learning Session 1*
Building a Measurement System

- Attributes
  - Small number (<8) of key measures that refer to the Collaborative goals
  - Together describe a great system of care
    - Include Outcome, Process and Balancing measures
  - Ideally – clearly defined for common data collection and reporting (but not necessary)
  - Each on a graph and all graphs on same page

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Statistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day All-Cause Readmissions</td>
<td>Percent of discharges with readmission for any cause within 30 days</td>
</tr>
<tr>
<td>HCAHPS Discharge Question 19</td>
<td>Percent of patients surveyed in the month who answered, “yes” to: “Did hospital staff talk with you about whether you would have the help you needed when you left the hospital?”</td>
</tr>
<tr>
<td>HCAHPS Discharge Question 20</td>
<td>Percent of patients surveyed in the month who answered, “yes” to: “Did you get information in writing about what symptoms or health problems to look out for after you left the hospital?”</td>
</tr>
<tr>
<td>Teach Back Communication</td>
<td>Percent of discharges where patient/family understanding of Teach Back is documented in the electronic medical record</td>
</tr>
</tbody>
</table>
All-Cause Readmissions (St. Luke’s Hospital)

Measurement System

‘And this is the period when the cat was away.’

And this is the period when the cat was away...
IHI Experience: Factors that Contribute to Success in Collaborative Execution

- Action Oriented: Use of Model for Improvement-lots of testing
- Measurement system that connects testing to tracking progress
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Learning Session Objectives

Learning Session 1
Get Ideas
Get Methods
Get Started

Learning Session 2
Get More Ideas
Get Better at Methods
Get a “Stride”

Learning Session 3
Celebrate Successes
Get ready to Sustain and Spread
Learning Session Video from Denmark

- “In Safe Hands” Collaborative (Danish Society for Patient Safety) regarding nursing home, home care, and social psychiatry home (mental health group home) safety: skin integrity, medication safety, falls.

- https://vimeo.com/113497057

IHI Experience: Factors that Contribute to Success in Collaborative Execution

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  - Urgency-need results now!
Action Period Goals

- This is the time of maximal learning
- Goals:
  - Support teams in their improvement work
  - Build collaboration and shared learning
  - Assess collaboration and progress

Action Period Tools (Infrastructure)

- First Tests
- Conference calls
- Interactive communication system (e.g., Listserv)
- Online reporting, document repository and one-way communication system (e.g., Extranet)
- Monthly Senior Leader progress reports
Exercise: Fiascos from the Field

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Think with partner: 2 min

- Impact on Teams participating in Collaborative or...
- Impact on Collaborative Results or...
- Impact on the Organization who sent a team to the Collaborative

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Exercise: Fiascos from the Field

A. Teams don’t get into testing changes for several months
   - No change package provided and/or teams asked to go on long “diagnostic journey”
   - No requirement for first test of change to be posted/shared with all “by Tuesday”

B. Dull Action Periods
   - Calls are not aimed at needs of teams
   - Listserv doesn’t exist—or isn’t managed/stimulated
   - No one is in charge of managing Action Period activities

C. Teams don’t report monthly to collaborative leadership
   - Not required to report monthly (clear expectation set, reporting tracked and teams “nudged”)
   - Teams not given “easy” template for monthly reporting
   - Reporting lacks key requirement to graph data each month
IHI Experience: Factors that Contribute to Success in Collaborative Execution

- Action Oriented: Use of Model for Improvement-lots of testing
- Measurement system that connects testing to tracking progress
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- A culture is established with specific values:
  - Everybody learns, everybody teaches
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  - Urgency-need results now!

Assessing Progress on a BTS: Family of Measures
**IHI Breakthrough Series**  
(6 to 18 Months Time Frame)

- **Select Topic** (Develop Mission)
- **Expert Meeting**
- **Participants (10-100 Teams)**
  - **Prework**
  - **Develop Framework & Changes**
  - **Planning Group**
  - **LS 1**
  - **AP1**
  - **LS 2**
  - **AP2**
  - **LS 3**
  - **AP3***
- **Dissemination**
  - Publications, Congress, etc.
  - **Holding the Gains**

**LS** – Learning Session  
**AP** – Action Period

**Supports**

- Email
- Phone Conferences
- Extranet
- Visits
- Assessments
- Sponsors
- Monthly Team Reports

*AP3 – continue reporting data as needed to document success

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**Common Variations**

- **Roles** – director, improvement advisor, faculty  
  - Tip: Ensure roles are clear
- **Time Period** – length of collaborative  
  - Tip: Avoid “never ending” collaboratives or those with “rolling enrollments”
- **Learning Sessions** – number and length  
  - Tip: track progress, momentum, and vibrancy
- **Action Periods** – number and length  
  - Tip: watch for robust testing, results, and level of shared learning
- **Virtual**
- **International**
### Virtual Collaboratives: Lessons Learned

<table>
<thead>
<tr>
<th>PROS</th>
<th>CONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost effective</td>
<td>Clinical needs/demands at the sites</td>
</tr>
<tr>
<td>Productivity at participating sites is maximized</td>
<td>Not being able to see reactions from the participants</td>
</tr>
<tr>
<td>More people from each site can participate</td>
<td>Easy for participants to get distracted with e-mails, etc.</td>
</tr>
<tr>
<td>Leadership, patients and community members can more easily attend</td>
<td>Need to be very proactive with the agenda and materials for participants</td>
</tr>
<tr>
<td>Organizations like the idea of not having to travel</td>
<td>Faculty training is needed on new methods to facilitate discussion</td>
</tr>
<tr>
<td>You have greater access to and willingness of outside speakers to participate</td>
<td></td>
</tr>
</tbody>
</table>

Source: IHI/Indian Health Service Innovations in Planned Care Initiative

### International Context

- May be used as part of larger national strategy, i.e., from pilot, to small collaborative for testing what’s needed for bringing to scale, to larger collaborative or other spread method
- Importance of national and regional leadership and local community will building
- Part of building capability for improvement
- Resource constraints dictate creative solutions, e.g., change agents in response to lack of internet connectivity
For Additional Information


http://www.ihi.org/knowledge/Pages/IHIWhitePapers/TheBreakthroughSeriesIHICollaborativeModelforAchievingBreakthroughImprovement.aspx

IHI’s Breakthrough Series College – intensive three day program offered semi-annually

http://www.ihi.org/education/InPersonTraining/BreakthroughSeriesCollege/March2016BTSCollege/Pages/default.aspx

References


References (continued)


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Resources (see slides that follow)

- BTS Planning Timeline
- Scale for Assessing BTS team progress
<table>
<thead>
<tr>
<th>Task</th>
<th>To Be Completed: (before meeting)</th>
<th>Date</th>
<th>Person Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify topic, conduct research, and select Expert Group</td>
<td>16 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convene Expert Group</td>
<td>Select Director and Planning Group</td>
<td>16 weeks</td>
<td></td>
</tr>
<tr>
<td>Identify selection criteria/begin scheduling teams</td>
<td>15 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select Director and Planning Group</td>
<td>Convene Planning Group</td>
<td>15 weeks</td>
<td></td>
</tr>
<tr>
<td>Sponsor Learning Session data</td>
<td>14 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor hotel contract</td>
<td>14 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor collaborative charter</td>
<td>14 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Distribute marketing materials</td>
<td>14 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Convene Training Group (meeting or call)</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft Learning Session agenda</td>
<td>8 weeks</td>
<td></td>
<td></td>
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<tr>
<td>Draft change package and measurement strategy</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft pre-conference handbook</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hold pre-Learning Session calls with participants (individual or small groups of fewer than 4)</td>
<td>As soon as applications are received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finalize Learning Session agenda</td>
<td>6-8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan for Action Post Call Activities (e.g., reporting, calls)</td>
<td>On-going</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coach faculty on presentations and breakout session</td>
<td>8 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate logistics with faculty</td>
<td>On-going</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Register attendees for all teams</td>
<td>On-going</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate with site directors, AV needs, catering, warning lists, assign sessions to rooms</td>
<td>On-going</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning session materials needed for copying</td>
<td>2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create evaluation forms, on-site forms</td>
<td>1 week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Create working agenda, train staff</td>
<td>1 week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Learning Session 1

- Finalize Learning Session data
- Convene Planning Group
- Identify selection criteria
- Begin scheduling teams
- Convene Expert Group
- Identify topic

### Learning Session 1

- Sponsor Learning Session data
- Draft Learning Session agenda
- Draft change package and measurement strategy
- Draft pre-conference handbook
- Hold pre-Learning Session calls with participants
- Finalize Learning Session agenda
- Plan for Action Post Call Activities
- Coach faculty on presentations and breakout session
- Communicate logistics with faculty
- Register attendees for all teams
- Communicate with site directors, AV needs, catering, warning lists, assign sessions to rooms
- Learning session materials needed for copying
- Create evaluation forms, on-site forms
- Create working agenda, train staff
- Learning Session 2

### Learning Session 2

- Finalize Learning Session data
- Convene Planning Group
- Identify selection criteria
- Begin scheduling teams
- Convene Expert Group
- Identify topic

### Learning Session 3

- Finalize Learning Session data
- Convene Planning Group
- Identify selection criteria
- Begin scheduling teams
- Convene Expert Group
- Identify topic
Project Progress Assessment Scale

0.5 - Intent to Participate
1.0 - Charter and team established
1.5 - Planning for the project has begun
2.0 - Activity, but no changes
2.5 - Changes tested, but no improvement
3.0 - Modest improvement
3.5 - Improvement
4.0 - Significant improvement
4.5 - Sustainable improvement
5.0 - Outstanding sustainable results

Operational Definitions of Project Assessment Scale

0.5 - Intent to Participate: Project has been identified, but the charter has not been completed nor team formed

1.0 - Charter and team established: A charter has been completed and reviewed. Individuals or teams have been assigned, but no work has been accomplished

1.5 - Planning for the project has begun: Organization of project structure has begun (such as: what resources or other support will likely be needed, where will focus first, tools/materials needed gathered, meeting schedule developed)

2.0 - Activity, but no changes: Initial cycles for team learning have begun (project planning, measurement, data collection, obtaining baseline data, study of processes, surveys, etc.)

2.5 - Changes tested, but no improvement: Initial cycles for testing changes have begun. Most project goals have a measure established to track progress. Measures are is graphically displayed with targets included
Operational Definitions of Project Assessment Scale (Cont.)

3.0 - Modest improvement: Successful tests of changes have been completed for some components of the change package related to the team’s charter. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results are 20% complete *

3.5 - Improvement: Testing and implementation continues and additional improvement in project measures towards goals is seen

4.0 - Significant improvement: Expected results achieved for major subsystems. Implementation (training, communication, etc.) has begun for the project. Project goals are 50% or more complete**

4.5 - Sustainable improvement: Data on key measures begin to indicate sustainability of impact of changes implemented in system

5.0 - Outstanding sustainable results: Implementation cycles have been completed and all project goals and expected results have been accomplished. Organizational changes have been made to accommodate improvements and to make the project changes permanent

*This may mean either that a) 20% of project numeric goals have been met or b) each measure is showing 20% improvement towards goal.

**This may mean either that a) 50% of your numeric goals have been met or b) each measure is showing 50% improvement towards target.