You Want Me to Manage My Ward AND Do Quality?

David M. Williams, Ph.D.
Executive Director
Institute for Healthcare Improvement

David Munch M.D.
Faculty IHI
Chief Clinical Officer
Healthcare Performance Partners

December 8th, 2015
IHI National Forum

Who

Dave Munch, MD
Faculty IHI
Chief Clinical Officer, Healthcare Performance Partners

David M. Williams, Ph.D.
Executive Director
Institute for Healthcare Improvement
What

• Managing Improvement at the Frontline
  – Understanding and managing time
  – Coaching for Development
  – Improvement Methods
  – Rapid learning through doing
  – Measurement Approaches
Why

How
What’s your aim?

• What are you trying to accomplish?
• How would you know if you achieved this today?

Big Rocks

Stephen Covey – First Things First
Operational Definitions

- **Planned vs. Unplanned**: Planned activities are reasonably clear and are activities you planned to do as part of your daily work at a scheduled time or during the course of your workday. Unplanned are activities that presented themselves to you during your workday, but you did not predict or plan for them in advance.

- **Work’s Value**: Use the following operational definitions to determine if the work activity is value-added, incidental, or wasteful.
  - **Value-Added**: Something the customer is willing to pay for. Transform the product or service in some way. Done correctly the first time
  - **Incidental**: No-value added, but necessary
  - **Waste**: No-value added, but NOT necessary
Activity Tracking PreWork

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Activity</th>
<th>Planned or Unplanned</th>
<th>Value-Added/Incidental/ Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30</td>
<td>8:42</td>
<td>Read and write email</td>
<td>P</td>
<td>Incidental</td>
</tr>
<tr>
<td>8:42</td>
<td>9:00</td>
<td>Develop A3 for improvement project</td>
<td>P</td>
<td>Value-added</td>
</tr>
<tr>
<td>9:00</td>
<td>9:15</td>
<td>Help staff to find medical equipment needed for care</td>
<td>U</td>
<td>Waste</td>
</tr>
</tbody>
</table>

Planned vs. Unplanned Time

- **UP**: Planned Time
- **P**: Time
% Planned vs Unplanned

Average Time per Type of Task
% Value-Added, Incidental, Waste

Tools

- Inbox Zero
- Daily/Weekly Review
- Monkey Management – Managing the “next move”
- Meeting Management
Inbox Zero

Delete
Delegate
Respond
Defer
Do
Capture To Do Items

• Electronic
• Paper-based
• Sticky Notes

Weekly/Daily Review

• Get Clear
• Get Current
• Get Creative

• Source: The Weekly Review Booklet by Augusto Pinaud
Other Resources

• Thomas, M. (2012). Personal Productivity Secrets

Root Cause Problem Solving

• How do you get to the root cause of a problem?
  – You must first deeply understand the problem that you actually have, not the one you think you have.
• What do you need to do to deeply understand the problem that you have?
  – Direct Observation, interviews, baseline measurements, mapping.
• Once I understand the problem, how do I determine the cause of the problem?
  – RCA, 5 Whys, Fishbone diagram
• Now, I’m ready to determine the solution that will work!
A3 Thinking

A3 Process Follows Scientific Method

Problem Cause Solution Action Measurement

Similar To Healthcare Familiar PDCA

Final Comments

• There is no “perfect” A3. The goal is communicate, solve problems, get results
• Each time you do one, you will find ways to improve your content and format
• Be open to feedback
• Reflect and learn
• Use A3 as an opportunity to share successes
Round 2 - Some Questions to Discuss

• What’s our current method for executing on improvement work?
• What are the common challenges and barriers you encounter?
• How many of your improvement efforts produce measurable and sustainable results you can share and spread?

The PDSA Cycle for Learning and Improvement

Plan
• Objective
• Questions & predictions
• Plan to carry out: Who? When? How? Where?

Act
• Ready to implement?
• Try something else?
• Next cycle

Study
• Complete data analysis
• Compare to predictions
• Summarize

Do
• Carry out plan
• Document problems
• Begin data analysis

What will happen if we try something different?

What’s next?

Did it work?

Let’s try it!
# Think About Scope & Size

<table>
<thead>
<tr>
<th>Current Situation</th>
<th>Resistant</th>
<th>Indifferent</th>
<th>Ready</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Confidence that current change idea will lead to</td>
<td>Very Small Scale Test</td>
<td>Very Small Scale Test</td>
<td>Very Small Scale Test</td>
</tr>
<tr>
<td>Improvement</td>
<td>Cost of failure large</td>
<td>Cost of failure small</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Small Scale Test</td>
</tr>
<tr>
<td>High Confidence that current change idea will</td>
<td>Very Small Scale Test</td>
<td>Small Scale Test</td>
<td>Large Scale Test</td>
</tr>
<tr>
<td>lead to</td>
<td>Cost of failure large</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement</td>
<td>Cost of failure small</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Small Scale Test</td>
<td>Large Scale Test</td>
<td>Implement</td>
</tr>
</tbody>
</table>


© 2009 R C Lloyd and IHI

# Repeated Use of the PDSA Cycle

Changes That Result in Improvement

Implementation of Change

Wide-Scale Tests of Change

Sequential building of knowledge under a wide range of conditions

Hunches Theories Ideas

Very Small Scale Test

Follow-up Tests

DATA
"I HAVE NOT FAILED. I’VE JUST FOUND 10,000 WAYS THAT WON’T WORK."

- THOMAS EDISON

Fail often so you can succeed sooner.

TOM KELLEY
GENERAL MANAGER, IDEO
How will you **See** your problems

- “At a Glance” Status (Huddle) Boards
  - What is my performance: historically and currently?
    - Data over Time
  - What does it tell me about the opportunities for improvement?
    - Gaps to Target, defects, events, etc.
  - What are the most important problems to work on?
    - Use the Pareto Principle: What 20% of activity can give me 80% of my improvement?
  - What am I doing about it?
    - MFI & PDSA’s
  - What do I need to know and do **today** to improve patient safety?

### Performance Board

<table>
<thead>
<tr>
<th>Quality/Safety</th>
<th>Patient Experience</th>
<th>Cost of Care</th>
<th>People and Partners</th>
<th>Financial Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Patient Experience</td>
<td>Cost of Care</td>
<td>People and Partners</td>
<td>Financial Sustainability</td>
</tr>
<tr>
<td>Performance Over Time “How will we know that a change is an improvement?”</td>
<td>Example: Run Chart</td>
<td>Example: Run Chart</td>
<td>Example: Run Chart</td>
<td>Example: Run Chart</td>
</tr>
<tr>
<td>Pareto Key Drivers of Performance “What changes can we make that will result in improvement?”</td>
<td>Example: Pareto Chart</td>
<td>Example: Pareto Chart</td>
<td>Example: Pareto Chart</td>
<td>Example: Pareto Chart</td>
</tr>
<tr>
<td>PDSA &amp; Problem Solving</td>
<td>Example: Daily data</td>
<td>Example: Daily data</td>
<td>Example: Daily data</td>
<td>Example: Daily data</td>
</tr>
</tbody>
</table>

---

*Example: Pareto Chart*
Coaching

• “Coaching in its truest sense is giving the responsibility to the learner to help them come up with their own answers.”
  — Vince Lombardi

Coaching: The Development of People
The Five Elements to Coaching (Slide 1)

1. Presence: Know yourself, know your people, be in the work
   1. Observe directly to know specifically what people are doing
2. Objective - Every coach has a playbook
   1. Build your Playbook: Strategic to tactical including the basics
   2. If there are too many: develop rotating weekly (or monthly) schedule
   3. Be specific about the coachee’s role: GRRATE
      1. Goals, Roles, Responsibilities, Accountabilities, Timeframe, Empowerment
3. Timeliness: Immediate intervention is the most effective
   1. John Shook - “Know normal from abnormal, and know it right now.”

The Five Elements to Coaching (slide 2)

4. Interaction: Active Inquiry
   1. It is **not** about the right answer, it is about The Right Question
      1. To Understand where they are and why they are there
      2. To listen for stuck points, blind spots and build other alternatives
      3. To stimulate learning, create new insights and come to agreement
5. The Action: Advancing Performance and Development
   1. What is your role in supporting and empowering the coachee: address barriers, etc.
   2. Reflect & Discuss Follow up
Coaching vs Commanding

Where We Are

Routine ← Urgent ← Emergent

Coaching

Where we need to be

The Healthcare Sweet Spot

THE FOUR LEADERSHIP STYLES

S1: Directing
- High Directive and Low Supportive Behavior
- Low Supportive and Low Directive Behavior

S2: Coaching
- High Directive and High Supportive Behavior
- High Directive and Low Supportive Behavior

S3: Supporting
- High Supportive and Low Directive Behavior
- Low Supportive and Low Directive Behavior

S4: Delegating
- Low Supportive and Low Directive Behavior
- Low Supportive and Low Directive Behavior

DEVELOPMENT LEVEL OF FOLLOWER(S)

Blanchard et al. Leadership & the One Minute Manager
Levels of Development

• D1 - Low Competence, High Commitment “Enthusiastic Beginner”

• D2 - Some Competence, Low Commitment “Disillusioned Learner”

• D3 - Moderate to High Competence, Variable Commitment “Reluctant Contributor”

• D4 - High Competence, High Commitment “Peak Performer”

The 4 Disciplines of Execution

• Focus on the Wildly Important
• Act on the Lead Measures
• Keep a Compelling Scorcard
• Create a Cadence of Accountability
Systems: processes and interactions at all levels

Drivers
- Staff
- Management
- Leadership
- Governance

Mainstay
- Entry
- Evaluation
- Therapies
- Transition

Support
- Revenue Cycle
- HR
- I.T.
- Facilities
- Supply Chain

The Art of Managing Up:
Wayne Turk

- Communicate
- No surprises
- Provide solutions, not problems
- Be honest, trustworthy, loyal and committed
- Understand your bosses perspectives and agenda
- Understand your bosses preferences
- Use your bosses strengths, compensate for your bosses weaknesses
- Be aware of your bosses hot buttons
- Request feedback
- Don’t go over your bosses head
- Understand your own management style and take responsibility for its effect on others
The System of Continuous Improvement
Interlocking Responsibilities

Executive Leadership
“True North”
Strategy Deployment
Developing Manager
Capability (Coaching)
Provide the Systems & Structures
Taking Away Barriers
Hardwire with Standard Work

Middle & Front Line Management
Front Line Staff
Execute the work
Drive Improvement
Visual Management
Developing Team Members (Coaching)
Hardwire with Standard Work (Manager)

Standard Work aligned to Strategy
Surfacing & Solving Problems
Participate in Improvement

Continuous Improvement
and Operational Excellence

Initiatives
Core Work

Improve Process & Performance while Developing People: “Learn by Doing”

Turn to your neighbors

• List 3 things you will do when you go back to strengthen your ability to drive improvement?
Practical Improvement Science in Healthcare: A Roadmap for Getting Results

• IHI and HarvardX have created a free, 6-week MOOC that starts on January 20, 2016
• Expert faculty: Don Goldmann, Dave Williams, Don Berwick, Karen Baldoza, and Amy Reid
• Learners have the option to earn 6 CEUs for $99 upon course completion

www.ihi.org/ph556x

Who

Dave Munch, MD
Faculty IHI
Chief Clinical Officer, Healthcare Performance Partners
dmunch@hpp.bz

David M. Williams, Ph.D.
Executive Director
Institute for Healthcare Improvement
dwilliams@IHI.org