Objectives

- Describe key principles for more effectively managing improvement projects
- Identify a few tools, including aspects of coaching, that will help you better manage your improvement projects
- Apply these strategies and tools to strengthen your own improvement work
# Our time together

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 AM</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>9:40 AM</td>
<td>Frontload the Work</td>
</tr>
<tr>
<td>9:52 AM</td>
<td>Build the Team</td>
</tr>
<tr>
<td>10:04 AM</td>
<td>Create and Keep Pace</td>
</tr>
<tr>
<td>10:16 AM</td>
<td>Make it Easy, Focus on Learning</td>
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<tr>
<td>10:28 AM</td>
<td>Start with the End in Mind</td>
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<tr>
<td>10:40 AM</td>
<td>Q&amp;A and Conclusion</td>
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<tr>
<td>10:45 AM</td>
<td>Adjourn</td>
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<tr>
<td>Time</td>
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</tr>
<tr>
<td>11:15 AM</td>
<td>Welcome and Introductions</td>
</tr>
<tr>
<td>11:25 AM</td>
<td>Frontload the Work</td>
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<tr>
<td>11:37 AM</td>
<td>Build the Team</td>
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<tr>
<td>11:49 AM</td>
<td>Create and Keep Pace</td>
</tr>
<tr>
<td>12:01 PM</td>
<td>Make it Easy, Focus on Learning</td>
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<tr>
<td>12:13 PM</td>
<td>Start with the End in Mind</td>
</tr>
<tr>
<td>12:25 PM</td>
<td>Q&amp;A and Conclusion</td>
</tr>
<tr>
<td>12:30 PM</td>
<td>Adjourn</td>
</tr>
</tbody>
</table>
What this session is not

- Not the fundamentals of improvement (e.g., basic improvement methods and tools)
  - This is about methods and tools from the discipline of project management that can enhance improvement efforts
- Not about coaching or leading improvement projects
  - Though helpful to improvement coaches or team leaders to enhance improvement efforts
- Not measurement for improvement

For these topics, please see:
- Workshop C7: *What we measure when we measure quality*
- Workshop D4/E4: *QI 101: Improvement Science Fundamentals*
Welcome and Introductions
Jeanine Govek, PMP, is the Director of the Enterprise-wide Project Management Office (PMO) at Bellin Health. In this role, she is responsible for strategic alignment and execution of all enterprise-wide projects. Ms. Govek has over 20 years of experience in project management, program management, and portfolio management in various industries in Northeast Wisconsin. She has successfully implemented a PMO in four organizations. Ms. Govek is focused on “right sizing” the PMO and PPM process, tools, and deliverables to meet the needs of each organization. She has her Project Management Professional (PMP) certification and is currently pursuing her Executive MBA through the University of Wisconsin–Oshkosh.
Julianna Spranger is a Clinical Quality Manager at SSM Health in Madison, Wisconsin. Prior to joining SSM Health, she worked as a Quality Improvement Specialist at UW Health in Madison, Wisconsin. In this role, she worked closely with frontline staff and organizational leaders to teach quality improvement methods and tools. During her time at UW Health, Ms. Spranger increased improvement capacity through the Improvement Champion program, an internal coaching program that focused on transferring process improvement skills to staff throughout the organization. Ms. Spranger holds a bachelor’s degree from the University of Wisconsin-Madison, and will graduate with her master’s degree in Health Care Innovation from Arizona State University in 2018. She is a certified Institute for Healthcare Improvement Improvement Coach.
Karen Baldoza, MSW, Executive Director, Institute for Healthcare Improvement (IHI), is co-lead of IHI’s Improvement Science and Methods Portfolio and teaches in IHI’s programs aimed at building individual and organizational capability for improvement. As a trained Improvement Advisor (IA) and Lean Facilitator, she also leads and coaches staff in improvement within IHI, and serves as an improvement advisor in IHI’s results-oriented initiatives such as The John A. Hartford Foundation-funded Creating Age-Friendly Health Systems. Previously, Ms. Baldoza was the Continuum of Care Portfolio Operations Director, overseeing IHI’s work in addressing the patient journey in health and chronic disease care outside of acute care settings. She also managed relationships with strategic partners and several large strategic initiatives, such as The Robert Wood Johnson Foundation-funded Pursuing Perfection initiative. Prior to joining IHI in 2000, Ms. Baldoza worked for the Commonwealth of Massachusetts as an assistant director in the Executive Office of Elder Affairs, and in public health prevention and policy efforts.
Lauren H. Macy, an Improvement Advisor at the Institute for Healthcare Improvement (IHI), serves on IHI’s Improvement Science and Methods Portfolio and teaches in IHI programs across a variety of settings and topic areas. Ms. Macy first started practicing improvement science with IHI in Ghana as a part of the Project Fives Alive! initiative, a seven-year project funded by the Bill & Melinda Gates Foundation striving to accelerate the reduction of mortality in children under five years old in Ghana using QI methods. After seeing the impact of improvement science on strengthening a health system at a high level and all the way down to the daily lives of mothers and children, she grew inspired to teach and coach others to improve. Ms. Macy currently serves as faculty for IHI’s Improvement Coach Professional Development Program, leads the curriculum development and teaching of the Health Research & Educational Trust (HRET) Hospital Improvement Innovation Network’s (HIIN) nine-month Accelerating Improvement QI Fellowship, serves as Improvement Advisor for The Conversation Ready Massachusetts Collaborative, and supports IHI’s internal improvement efforts on Joy in Work and Equity.
Managing Improvement
**TOPIC AND GOAL**

**MANAGING IMPROVEMENT PROJECTS**
- **IMPROVEMENT**: Methods to develop, test, measure, and implement change in local context (effectiveness)
- **PROJECT MANAGEMENT**: Focused, rigorous execution of projects on time and on budget (efficiency)
Value of project management

- Complete projects on time, within budget
- Be more predictable- PMs manage expectation, risk, issues, scope, quality
- Resolve problems more quickly
- Improved work environment – team ownership, pro-active communication

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
... and managing improvement projects is different

<table>
<thead>
<tr>
<th>Difference</th>
<th>Implication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement project is rarely a full-time job for team leader or team</td>
<td>• Link improvement to day-to-day work</td>
</tr>
<tr>
<td></td>
<td>• Build into existing work and meetings</td>
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<td></td>
<td>• Keep improvement front and center</td>
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<tr>
<td></td>
<td>• Team may not be formally trained in methods</td>
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<tr>
<td></td>
<td>• Create and keep the pace</td>
</tr>
<tr>
<td>How is known, but what (i.e., actions) depend on learning</td>
<td>• Deliverable is a completed charter and progress towards your aim, rather</td>
</tr>
<tr>
<td></td>
<td>than a concrete document or product</td>
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<tr>
<td></td>
<td>• Need frequent touch points to assess learning and map work</td>
</tr>
<tr>
<td>Progress is harder to see due to delays between activity and movement in</td>
<td>• Create ways to see progress before data reflects it</td>
</tr>
<tr>
<td>your data</td>
<td>• Manage team to keep energy high</td>
</tr>
<tr>
<td></td>
<td>• Document process of learning</td>
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<tr>
<td></td>
<td>• Requires a sound theory for change</td>
</tr>
<tr>
<td>Encourage failure, not mitigate against it</td>
<td>• Celebrate early failures</td>
</tr>
<tr>
<td></td>
<td>• Encourage honest reflection and unexpected outcomes</td>
</tr>
<tr>
<td></td>
<td>• Step-down to learn quickly</td>
</tr>
<tr>
<td></td>
<td>• Test at the scale appropriate to the risk</td>
</tr>
<tr>
<td>Everything is a moving target and a learning process</td>
<td>• Everything is in pencil</td>
</tr>
<tr>
<td></td>
<td>• Keep theory front and center AND don’t be afraid to change it</td>
</tr>
<tr>
<td></td>
<td>• Perfect is the enemy of the good</td>
</tr>
<tr>
<td>Project is never actually done (always more to improve or sustain) and</td>
<td>• Frontload the work</td>
</tr>
<tr>
<td>pace is faster</td>
<td>• Select an end point (vs. end point being a deliverable)</td>
</tr>
<tr>
<td></td>
<td>• Focus on sustainability at the outset</td>
</tr>
</tbody>
</table>
Managing improvement is only one piece of the puzzle

- Organization QI capability
- Individual QI skills
- Organizational learning and management system
- Selection of improvement opportunities
- Identification of improvement opportunities
- Management and monitoring

Capability

Quality planning and prioritization
Five practical strategies for managing improvement projects

1. Frontload the Work
2. Build the Team
3. Create and Keep Pace
4. Make It Easy
5. Start with the End in Mind
Principles are applicable at many levels with a little work

- **Micro-system**: An improvement project
- **Meso-system**: Unit or area improvement
- **Macro-system**: Organizational improvement work
- **Geographic or Community-wide**

**EXAMPLE: Create & keep pace**
- Set an end date for your project
- Identify a constraint for the max. number of improvement projects that can run at any time
- Create a pace for the start and end of improvement projects (e.g., quarterly)
- Use community-wide events for improvement teams to report out on progress (successes AND failures)
Five practical strategies for managing improvement projects

Frontload the Work

Build the Team

Create and Keep Pace

Make It Easy

Start with the End in Mind
Frontload the work: Ideal state

- Our team spends dedicated and thoughtful time at the beginning of a project to set it up:
  - Understand the problem or system
  - Gather baseline data & information
  - Develop a measurement plan
  - Organizing the team

- We scope and communicate projects in a way that creates clarity of expectations

- We help people see progress before the data moves

- When we get stuck, we come back to the frontloading work to get unstuck
Frontload the work
“If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem [opportunity] and 5 minutes thinking about solutions.”

- Albert Einstein
Understanding the system

Check-in

1. Forget to give patient form
2. Forget to collect form from patient
3. Form is too long and patient doesn’t have time to complete

Process forms

1. Forms not processed until after patient leaves
2. Form takes too long to process and is not done before visit
3. Miss suicidality in forms

Room patient

1. Form output not added to patient chart
2. Risk of suicidality not noted in chart

Take vitals

Conduct visit

1. Behavioral health results not available to provider
2. Provider forgets to look at screening
3. Provider not able to address results (time) health needs

Next steps and check-out

1. Patient forgets to mention referral at check-out
2. No one available for warm hand-off
3. Patient not comfortable making appointment
4. No BH appointments
Understanding the system

Reception – patient experience

Reception – staff experience

The Point of Care Foundation
Scoping the work

In improvement work, it is best to narrow project boundaries to focus on a manageable slice—typically 2-4 blocks. To narrow boundaries, it can be useful to:

1. List where barriers to flow or problems happen
2. Assign to various process segments
3. If barriers tend to locate in some small number of segments, consider narrowing boundaries to those segments

Source: John S. Dowd, Courses in Continual Improvement,
Example checklist to “see” progress

Aim
- Understand performance of current system
- Draft aim
- Create numeric theory for reaching aim

Measures
- Develop initial measures
- Test measurement strategy
- Collect baseline
  - Finalize baseline data for each of the 5 pilot programs
- Finalize measurement strategy (by 11/6)
  - Outline draft measurement by 11/13
- Create data collection plan by 11/13 (NEEDS ATTENTION)
- Begin collecting data by 11/13 (NEEDS ATTENTION)
- Data on run charts by 11/20
- Chart at least two data points (Jan)
- Chart at least 5 points (Feb)

Changes
- Understand how the current system works
- Conduct internal/external information gathering
- Develop driver diagram
  - Hold team meeting to draft
  - Finalize v1 by 10/23
- Identify high-leverage ramps by 10/23
- Develop a set of change ideas to begin testing by 10/23

Testing
- Run initial PDSAs
- Identify next PDSAs by 10/23 and continuing
- Run at least 4 PDSAs (multiple ramps) by 11/20
- Run at least 8 PDSAs
- Run at least 15 PDSAs

Other
- Schedule retreat
- Set-up team meetings
- Set-up meetings with executive sponsor
- Develop system to track and record information
Avoid analysis paralysis

I've been overthinking about overthinking again.

your ecards
someecards.com
It’s never too late to frontload the work

- Revisit any of the set-up activities that need attention
- Ask the team to do observation or interviews to get a team unstuck
- Set-up standing meetings or check-ins, time with sponsors
Define the work

**Project Charter:** defines the project scope, schedule and cost
Project Charter

- Project Overview
- Project Scope
  - In Scope
  - Out of Scope
- Project Assumptions
- Project Dependencies
- Project Risks
- Other Considerations: Safety, Quality, Security, and Confidentiality
- Key Milestones – Project Timeline
- Project Team Members
- Measures of Success

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
Name of Project: IHI Staff Joy in Work

**Project Team:**
- Derek Feely (Senior Sponsor)
- Jess Perlo (Project Lead)
- Christina G-M (IA)
- Dorian Burks (link to RISE)
- Others TBD

**Background (why?):**
IHI aims to be the best place to work for our staff. IHI has historically had low turnover & high willingness to recommend. However, as we examine the organization, we have identified several opportunities where our current performance does not match our aspirations. We believe the joy of our staff is a key driver to IHI’s success (as represented on the IHI dashboard).

**Aim Statement:**
In service of our staff, we intend to improve the staff agreement that IHI is an excellent place to work among all permanent employees from 75% to 95% by December 31, 2018. In the process, we should reduce the gap between white staff and staff of color.

**Guidance or Constraints:**
- This project should link to the current work on internal equity and should attempt to close the experience gap between white staff and staff of color. Dorian will serve as a link between the two teams.
- Staff should be heavily involved in generating solutions, leading subteams, and be invited to be leaders in the process of improving joy in work.
- We should consider other possible outcome measures as the work progresses.

**Measures:**
- Outcome: % agree or strongly agree IHI is an excellent place to work (stratified by race)
- Process: TBD
- Balancing: Cost to run improvement, staff PTO

**Change Ideas or Theory of Change:**

**Areas of focus:**
- Meaning & purpose
- Autonomy & choice
- Camaraderie & teamwork
- Leadership

**Key Questions:**
- Does the outcome measure represent the system we’re trying to improve?
- How do we track in real-time whether the changes are increasing or decreasing disparities?
Title: What you are talking about

Background

Why you are talking about it.
- What is the business reason for choosing this issue?

Current Conditions

Where things stand today.
- What's the problem with that, with where we stand?
- What is the actual symptom that the business feels that requires action?
Show visually – pareto charts, graphs, drawings, maps, etc.

Target/Goal(s)

The specific outcome required for the business.
- What is the specific change you want to accomplish now.?
- How will you measure success?

Analysis

The root cause(s) of the problem.
- Why are we experiencing the symptom?
- What constraints prevent us from the goal?
Choose the simplest problem-solving tool for this issue:
- Five whys
- Fishbone
- QC Tools
- SPC, Six Sigma, Shainen, Kepner Traegro, others...

Proposed Countermeasure(s)

Your proposal to reach the future state, the target condition.
- What alternatives could be considered?
- How will you choose among the options? What decision criteria?
How your recommended countermeasures will impact the root cause to change the current situation and achieve the target.

Plan

A Gantt chart or facsimile that shows actions/outcomes, timeline and responsibilities. May include details on the specific means of implementation.
- Who will do what, when and how?
Indicators of performance, of progress.
- How will we know if the actions have the impact needed?
- What are the critical few, visual, most natural measures?

Follow-up

Remaining issues that can be anticipated.
- Any failure modes to watch out for? Any unintended consequences?
Ensure ongoing P-D-C-A. Yokoten as needed.
Define the communication

Communication Plan: document indicating who, needs to know what, by when, and why to ensure a successful project implementation

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
Communication Plan

The purpose of this Communication Plan is to provide an overall framework for managing and coordinating the various levels of communication that will be used. It addresses events, communicators, audiences, communication channels and timing.

1. Project Status Communication

This section contains a description of the various levels of communication required to ensure that all project team members understand project status.

<table>
<thead>
<tr>
<th>Event</th>
<th>Communicator</th>
<th>Audience</th>
<th>Channel</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Updates on individual progress, issues, etc</td>
<td>Project Team</td>
<td>Project Lead</td>
<td>In person/via email</td>
<td>On-Going</td>
</tr>
<tr>
<td>Project Status meeting—review work for upcoming week, issues, risks, etc.</td>
<td>Project Lead</td>
<td>Project Team</td>
<td>Meeting</td>
<td>Weekly</td>
</tr>
<tr>
<td>Project Status Report</td>
<td>Project Lead</td>
<td>Project Team</td>
<td>eMail</td>
<td>Weekly</td>
</tr>
</tbody>
</table>

2. Organizational Change Communication

This section contains the communication events that will occur to ensure that the organization is ready to accept the changes that need to occur in conjunction with the project. Tell the story with additional detail as the project progresses.

<table>
<thead>
<tr>
<th>Event/Purpose</th>
<th>Communicator</th>
<th>Audience</th>
<th>Channel</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Kick-off — assemble team, make introductions, inform team that project has been approved, tell the high level story, share timeline, and address concerns.</td>
<td>Project Lead</td>
<td>Project Team</td>
<td>Meeting</td>
<td>At Kick-off</td>
</tr>
<tr>
<td>&lt;additional detail as the project progresses&gt;</td>
<td>Typically Operational Lead</td>
<td>Affected Stakeholders</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Communication related to the Project Go-Live (Training Plan, Go Live Date, Support Plan, etc.)</td>
<td>Typically Operational Lead</td>
<td>Affected Stakeholders</td>
<td>TBD</td>
<td>TBD</td>
</tr>
<tr>
<td>Project Closure – overview of final project outcome, lessons learned and future steps</td>
<td>Project Lead</td>
<td>Project Team</td>
<td>Meeting</td>
<td>2-4 weeks after go-live</td>
</tr>
</tbody>
</table>
Five practical strategies for managing improvement projects

1. Create and Keep Pace
2. Frontload the Work
3. Build the Team
4. Make It Easy
5. Start with the End in Mind
Build the team: Ideal state

- We identify the right stakeholders to be part of our improvement efforts:
  - Core team
  - Stakeholders
  - Adopters
  - Scalers (mores soon!)

- Our core team has the following attributes:
  - Right team/size
  - Right roles
  - Right culture (e.g., psychological safety)

- We identify ways to engage and intrigue others outside the core team
- We identify ways to keep team members engaged
Build the Team

X Doers: “I’m actively driving the improvement efforts.”

2X Stakeholders: “I’m engaged in the improvement effort.”

3X Adopters: “I’m willing to adopt improvements.”

4X Scalers: “I’m open to learning from your improvement.”

Coming soon!
## Example stakeholder analysis

<table>
<thead>
<tr>
<th>Group Name</th>
<th>Stop?</th>
<th>Let?</th>
<th>Help?</th>
<th>Make?</th>
<th>What Matters to Them related to Quiet at Night?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse (day)</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>N/A. Do not see themselves having a role in this work.</td>
</tr>
<tr>
<td>Nurse (night)</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Patients’ safety and ensuring they are able to quickly spot &amp; address deterioration</td>
</tr>
<tr>
<td>Residents</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>Contributing to helping patients heal through restful sleep; excited to engage and publish quality improvement work</td>
</tr>
<tr>
<td>Hospitalists</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td>N/A. Do not see themselves having a role in this work.</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td>Streamlining workflow to avoid any medication dispensing delays</td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td>Smoothing laboratory requests to ensure fast, accurate test results</td>
</tr>
<tr>
<td>Patient</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Returning home</td>
</tr>
<tr>
<td>Family Members</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>Returning family member to optimal health</td>
</tr>
</tbody>
</table>
Build Your Core Team

- Right work (covered in Frontload the Work)
- Right people/size
- Right roles
- Right Culture
# Team member matrix

<table>
<thead>
<tr>
<th></th>
<th>Senior Leadership</th>
<th>Process Expert</th>
<th>Content Expert</th>
<th>PI Expertise</th>
<th>“Patient” Staff Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Tebbetts (HR VP)</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lauren Newton (HR Dir)</td>
<td></td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Jesse McCall (Regional and IA)</td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Lauren Magoun (Regional)</td>
<td>X</td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Audrey Lampert (HR and outside eyes)</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Cat Ternes (Junior staff)</td>
<td>X</td>
<td></td>
<td></td>
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<td>X</td>
</tr>
</tbody>
</table>

## Example Process:

1. Identify Need
2. Make Request
3. Triage Request
4. Scenario Plan to fill Role
5. Identify Candidate
6. Outreach and Assign
# Team member matrix

<table>
<thead>
<tr>
<th>Skills, Knowledge Function, Role</th>
<th>Bob</th>
<th>Sam</th>
<th>Pat</th>
<th>Tom</th>
<th>Sue</th>
<th>Bob</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Process Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>➢ QI Skills</td>
<td></td>
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<tr>
<td>➢ Owner</td>
<td></td>
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<tr>
<td>➢ Technical Expertise</td>
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<td></td>
<td></td>
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<tr>
<td>➢ Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>➢ Supplier ?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>➢ Customer ?</td>
<td></td>
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<tr>
<td>➢ Front Line/Point of Service</td>
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<tr>
<td>➢ etc...</td>
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</tbody>
</table>

Source: Phyllis M. Virgil
Determining the team size

Use the fewest people necessary to make the most meaningful and sustainable change

Right people/size

- Consider who touches the process; look for those that might be not typically be included in improvement
  - Patients and families
  - Transport
  - Maintenance
  - Administrative support
  - Outside eyes

- Keep the core team small:
  - Use individuals as “consultants”
  - Ask individuals to wear more than one hat
  - Make a “connector” or “communicator” role explicit
  - Use those outside the team for PDSAs

- Look for hidden stars, not just bottlenecks
Build Your Core Team

- Right work (covered in Frontload the Work)
- Right people/size
- Right roles
- Right Culture
Build the team

RACI Definitions

**R = Responsible**
- Those who do the work to achieve the task. There is at least one role with a participation type of responsible, although others can be delegated to assist in the work required. Owns the task/assignment

**A = to whom the 'R' is Accountable (also approver or final approving authority)**
- The one ultimately answerable for the correct and thorough completion of the deliverable or task, and the one who delegates the work to those responsible. In other words, an accountable must sign off (approve) work that responsible provides. There must be only one accountable specified for each task or deliverable.

**C = to be Consulted**
- Those whose opinions are sought, typically subject matter experts; and with whom there is two-way communication. Has information and/or capability necessary to complete the work.

**I = to be Informed**
- Those who are kept up-to-date on progress, often only on completion of the task or deliverable; and with whom there is just one-way communication. Do not need to be consulted.

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
## RACI Example

### IT Project RACI

<table>
<thead>
<tr>
<th>Planning</th>
<th>Sponsor</th>
<th>Project Manager</th>
<th>Resource Manager(s) - IT/Inf</th>
<th>Product Owner - Operational Owner</th>
<th>SME</th>
<th>Super User</th>
<th>Lead Analyst</th>
<th>Project Lead (Epic or Technical)</th>
<th>Analyst - Epic or Technical</th>
<th>Training Lead</th>
<th>Testing Lead</th>
<th>Communication/Mgmt</th>
<th>Change Mgmt/Lead</th>
<th>Decision Support</th>
<th>Physician Champion</th>
<th>IT Support</th>
<th>Technical Lead</th>
<th>Patient Advisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and detail out scope</td>
<td>R</td>
<td>A</td>
<td>R</td>
<td>C</td>
<td>R</td>
<td>C</td>
<td>R</td>
<td>C</td>
<td>R</td>
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<td>C</td>
<td>R</td>
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</tr>
<tr>
<td>Approve Scope</td>
<td>A</td>
<td>R</td>
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</tr>
<tr>
<td>Create detailed plan with resources - compare to original estimate - update eclipse and maintain over life or project</td>
<td>A</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>R</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>R</td>
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</tr>
<tr>
<td>Review and discuss all project resources - strengths and weaknesses as well as a plan to support weaknesses</td>
<td>A</td>
<td>R</td>
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<tr>
<td>Complete Project Change Control Package Document</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AR</td>
<td>C</td>
<td>C</td>
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<tr>
<td>Kick Off Meeting</td>
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<tr>
<td>Create detailed project plan - tasks and assignments - maintain over life of project</td>
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</tr>
<tr>
<td>Planning Phase Tollgate - approve charter which includes scope, updated estimate, resources and timeline</td>
<td>R</td>
<td>A</td>
<td>C</td>
<td>I</td>
<td>I</td>
<td>I</td>
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</tr>
</tbody>
</table>
Build Your Core Team

- Right work (covered in Frontload the Work)
- Right people/size
- Right roles
- Right Culture
The perfect team - Google's “Project Aristotle”

After looking at 180 groups for more than a year to find the anatomy of the perfect team, Google’s researchers found:

- Success was NOT related to “personality type, skills, talent, or background, etc.” The “who” did not matter...

- Instead they found understanding and influencing group norms were the keys to team success.

- Specifically, successful teams had norms that allowed members to:

  Be Heard / Be Understood / Be Known / Be Safe

Source: What Google Learned From Its Quest to Build the Perfect Team, New York Times Magazine February 25, 2016, as presented by Phyllis M. Virgil
## Team Norms

<table>
<thead>
<tr>
<th>Be present</th>
<th>Work collaboratively</th>
<th>Share ideas</th>
<th>Be on time</th>
<th>Stay positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Gift" /></td>
<td><img src="image" alt="People" /></td>
<td><img src="image" alt="Ideas" /></td>
<td><img src="image" alt="Clock" /></td>
<td><img src="image" alt="Heart" /></td>
</tr>
<tr>
<td><strong>Encourage wild ideas</strong></td>
<td><strong>Communicate</strong></td>
<td><strong>Maintain a safe and brave space</strong></td>
<td><strong>“Yes, and...”</strong></td>
<td><strong>Honor all contributions</strong></td>
</tr>
<tr>
<td><img src="image" alt="Roar" /></td>
<td><img src="image" alt="Speech Bubbles" /></td>
<td><img src="image" alt="Safe Space" /></td>
<td><img src="image" alt="Speech Bubbles" /></td>
<td><img src="image" alt="Medal" /></td>
</tr>
</tbody>
</table>

Source: Manuelito Biag, Carnegie Foundation for the Advancement of Teaching, April 6, 2017
### Norms as actionable behaviors

<table>
<thead>
<tr>
<th>From generic</th>
<th>…To (actionable behaviors)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Respect</strong></td>
<td>• Demonstrate curiosity for differing points of view</td>
</tr>
<tr>
<td></td>
<td>• Assume good intent of others</td>
</tr>
<tr>
<td><strong>Be present</strong></td>
<td>• Be present and not do other work or emails</td>
</tr>
<tr>
<td></td>
<td>• We will not bring electronics to meetings except to look at meeting documents, take notes,</td>
</tr>
<tr>
<td></td>
<td>or be available to our loved ones</td>
</tr>
<tr>
<td><strong>Timeliness</strong></td>
<td>• Come to meetings on time and prepared with any updates or action times</td>
</tr>
<tr>
<td></td>
<td>• Remind ourselves and others to use the parking lot when there are related, but not</td>
</tr>
<tr>
<td></td>
<td>relevant discussions</td>
</tr>
<tr>
<td><strong>Participate</strong></td>
<td>• Encourage those that have not participated to do so through meeting structures and quiet</td>
</tr>
<tr>
<td></td>
<td>space</td>
</tr>
<tr>
<td></td>
<td>• Monitor our own participation so we do not dominate the conversation</td>
</tr>
</tbody>
</table>
Ice breakers, warm-ups, check-ins, energizers,

Effective Team Building Exercises
Relevant to the group or topic
Engaging and/or fun
Have an element of self disclosure

Source: Phyllis M. Virgil
Photo Credits: Communication4Health, Pixabay, Flickr, everly and Pack, Wiki Education Foundation
Orient your team from the start

Ensure everyone—new and existing—is clear on:

- Aim, charter, roadmap
- Model for Improvement and basic tools
- Team structure, process, and tools

Each other:

- Roles and daily responsibilities
- Why this work is important (story of self)
- Fun fact or something others may not know about them
- It drives me crazy when…
- I thrive in teams when…
Build the team

X Doers: “I’m actively driving the improvement efforts.”

2X Stakeholders: “I’m engaged in the improvement effort.”

3X Adopters: “I’m willing to adopt improvements.

4X Scalers: “I’m open to learning from your improvement.”

Coming soon!
Role of the senior sponsor

- Build will for the improvement initiative
- Reach agreement on the aim for the team’s work
- Assist the team leader in connecting the team’s work to organizational priorities
- Help select team members
- Work with the team to get the resources it needs
- Remove barriers to improvement
- Keep abreast of the progress of the team
- Communicate the team’s progress to the management team
- Develop a strategy to spread the work of the improvement team
Run charts on doors

PDSA cycles on the fridge
Keep team members engaged

- Help people see line of sight
- Value each person’s contribution (You are here because…)
- Leverage the recognition economy
- Make the work useful:
  - Personal
  - Team
  - Organizational
  - Societal
- Use periodic 1:1 check-ins
- Use time as a constraint:
  - Meetings
  - In-between
  - No more than…
- Don’t short change personal connections
Embedded Quality Improvement Champions

UW Health Improvement Champions – Spring 2016
An embedded Quality Improvement Champion model

• Optimize patient experience and improve care delivery by involving point of service staff in QI projects
  • Build teams of front line staff to try new QI tools and build capability
  • Carve out time for them to meet, coordinate schedules, start small
  • Let the frontline define the issues and design the small tests of change, to feel empowered to and ultimately OWN the improvement process (and ease implementation and sustainability)
• Engage everyone in building the best patient experience and highest quality of care possible – start small, and build momentum as you go
The importance of putting sponsors to work

- Make full use of sponsors – give operational meaning to their role
  - Consider both operational and physician dyad team
- Sponsors - the face of the work
  - Lead Sharing Sessions and Remove Barriers to Work
  - Communicate updates across the department
  - Establish feedback loops; align everyone together
  - Communicate the WHY and help others understand the why
  - Remove barriers
  - Attend meetings to facilitate cooperation,
  - Offline discussions with key team members as needed
Five practical strategies for managing improvement projects

- Frontload the Work
- Build the Team
- Create and Keep Pace
- Make It Easy
- Start with the End in Mind
Create and keep pace: Ideal state

- We have a prediction and plan for the pace of our work, including:
  - An end date
  - Milestones and expected trajectory
  - Reflection and celebration points

- We assess, reflect on, learn from, adjust, and celebrate our progress (and set backs) and learning

- We use huddles and visuals to aid communication and speed

- We question whether we are using our time well and keep our eye on the end goal
Predict, create, and keep pace

- Set a start and end date
- Use work planning to help identify the pace of improvement
- Assess where you are against predicted milestones
Improvement project roadmap

Project planning
• Tests, tasks, events together in one visual
• Used and revised at team huddles
## Project progress assessment

<table>
<thead>
<tr>
<th>Level Description</th>
<th>Predicted Date</th>
<th>Description of Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Program Defined</td>
<td>January 23. 2015</td>
<td>Work plan with deliverables and expected outcomes defined for phase I and phase II</td>
</tr>
<tr>
<td>2 – Activity but no changes in practice</td>
<td>May 1, 2015</td>
<td>In phase I pilot sites, teams have co-designed Always Events and run at least three PDSA cycles</td>
</tr>
<tr>
<td></td>
<td>June 30, 2015</td>
<td>In phase II pilot sites, pilot sites selected and completed pre-work</td>
</tr>
<tr>
<td>3 – Modest Improvement</td>
<td>September 30, 2015</td>
<td>All three pilot sites will have designed a reliable process with 85% process reliability and baseline data on patient experience</td>
</tr>
<tr>
<td></td>
<td></td>
<td>50% of participants in the Always Events® Learning Community will have tested and co-designed an Always Event® and have begun to improve reliability of implementation</td>
</tr>
<tr>
<td>4 – Significant Progress</td>
<td>December 31, 2015</td>
<td>80% of participants in the Always Events® Learning Community will have reliably implemented Always Events® on specified pilot units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10% improvement in patient experience in both pilot sites and 10 additional teams</td>
</tr>
<tr>
<td>5 – Outstanding Success</td>
<td>March 31, 2016</td>
<td>50% of participants in the Always Events® Learning Community will have tested, implemented and sustained strategies for 5x scale-up</td>
</tr>
<tr>
<td></td>
<td></td>
<td>25% improvement in patient experience in both pilot sites and 10 additional teams</td>
</tr>
</tbody>
</table>
Predict, create, and keep pace through…

- Work plans to share anticipated timelines with sponsors and during standing meetings
  - Make invisible work “visible”
- Communication plan to establish feedback loops
  - Coordinate your effort
- Huddles with staff to keep a pulse on the work
  - Visual management that provide understanding "at a glance"
- Tapping into The Collective Energy of Your Team
- Always question whether you are spending time in the right way – never lose sight of the goal
Create and keep pace

Project Management Task List

Documents tasks, resources, due dates, time estimates

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
Task list

- Project Name & Sponsor
- Problem/Opportunity Statement
- Strategic Alignment
- Action Plan

<table>
<thead>
<tr>
<th>Projects / Tasks to Complete</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Document Spread plan
- Create Quality Control plan

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
### Project management status report: Periodic updates on project progress, issues, and risks

#### Status Report

**<Determine the level of detail and frequency required for this report with your project team upfront. The goal is to have enough detail for the team to be aligned to the project activities and current status.>**

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Green</th>
</tr>
</thead>
<tbody>
<tr>
<td>As of: &lt;mm/dd/yyyy&gt;</td>
<td></td>
</tr>
<tr>
<td>Distribution:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Milestone/Phase</th>
<th>Status Update</th>
<th>Status</th>
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</thead>
<tbody>
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<td>Green</td>
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</tbody>
</table>

#### Last Period Accomplishments

- [ ]
- [ ]
- [ ]

#### Next Period Plans

- [ ]
- [ ]
- [ ]

#### Scope Changes

- [ ]
- [ ]
- [ ]

#### Issues (Top 3 High)

<table>
<thead>
<tr>
<th>#</th>
<th>Issue Description</th>
<th>Owner</th>
<th>Status/Action Being Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
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<td>3</td>
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</tbody>
</table>

#### Risks (Top 3)

<table>
<thead>
<tr>
<th>#</th>
<th>Risk Description</th>
<th>Probability</th>
<th>Impact</th>
<th>Mitigation/Contingency</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>2</td>
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</tbody>
</table>
## Setting the pace

### Sample Work Plan Template, Improvement Team

<table>
<thead>
<tr>
<th>Team</th>
<th>MD</th>
<th>Members</th>
<th>Coach &amp; Improvement Champion (if one)</th>
<th>15 Min. Meet &amp; Greet</th>
<th>Comm Plan</th>
<th>Ground Rules</th>
<th>Action Items Log</th>
<th>Current State Process Map, Observations, Operational Definition</th>
<th>Data Collection</th>
<th>Run Chart</th>
<th>Fishbone</th>
<th>Benchmarking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Wait Times</td>
<td></td>
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<td>Cycle Time, to begin 3/9, specifically focusing on return Visual Field Patients, from time pt checks in to time MD leaves the room</td>
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</tr>
</tbody>
</table>

- **Y** indicates Yes
- **N** indicates No
Huddles

Key Questions to Ask:
- What do our PDSA cycles tell us?
- What makes sense to keep, what should we stop?
- Are we putting our resources where they should be?
- Do we need to pause?

Think of huddles as “7 Minutes of Sense Making” to prepare for and anticipate next steps
Visual management boards

Useful for:

• Sharing QI work updates
• Keeping everyone in the loop
• Reinforcing one consistent message
• Supporting implementation and sustainability - post project work

U. Station Clinic VMB - Kick off RIE Week (2/28/17)

Small tests of change for today:

1. Clean Rm - turn lights on bright
2. Visual to show pt. that Rm is clean
   Verbal: "Please know that your Rm was cleaned prior to your arrival."
3. Testing "Blue Dot" at East Clinic
4. Testing "Face Sheet" at all locations
5. Bring pt. to exam Rm - Introduce self in waiting Rm, Walk pt. to exam Rm, Get in, Open fl, Verify pt.
6. All have some Visit Navigator Structure.
Use storyboards to keep track and celebrate!

➢ Accomplishments and decisions captured onto one piece of paper
➢ Share at retreats, department meetings
  ➢ Aim of storyboards isn’t a pretty poster – they are to document the work of the team and support team building
➢ Keeps the work visible and momentum up!
➢ Encourages team reflection throughout the project
Take time to tap into the collective capacity of the group, including time for reflection and “presencing.”

Presencing signifies a heightened state of attention that allows individuals and groups to shift the inner place from which they function. When that shift happens, people begin to operate from a future space of possibility...
Five practical strategies for managing improvement projects

1. Frontload the Work
2. Build the Team
3. Create and Keep Pace
4. Make It Easy
5. Start with the End in Mind
Make it easy and focus on learning:

**Ideal state**

- We have a rhythm to our work and use meeting time efficiently and well.
- We leverage existing structures and integrate improvement work (e.g., testing, data collection and analysis) as much as possible into existing work.
- We keep everything in one place.
- We make the work fun and meaningful to each team member.
- We keep a learning mindset and continuously look to pick up the pace of learning.
Make it easy

Doing the improvement work > Managing the improvement work
Example team meeting agenda

Agenda Items:
A. How easy was this task for you in the last week? (2 mins)
   • Very easy, easy, difficult
B. Report out on any tests (5 mins)
   • Anyone save a PDSA or data in Dropbox?
C. Review outcome data/measures (10 mins)
D. Project Assessment Tracker (5 mins)
E. Next steps? (5 mins)

27 minutes total
(includes building PDSAs and collecting measures)
<table>
<thead>
<tr>
<th>Min.</th>
<th>Topic</th>
<th>Min.</th>
<th>Topic</th>
<th>Min.</th>
<th>Topic</th>
<th>Min.</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Tests:</td>
<td>15</td>
<td>Review bigger picture: Are we making progress against our ultimate goal?</td>
<td>10</td>
<td>Tests:</td>
<td>10</td>
<td>Review regulated metrics: Are there any dollars at risk? Are we making enough progress to hit our short-term goals?</td>
</tr>
<tr>
<td></td>
<td>• Report out on any previous tests (prediction, PDSA data, next PDSA)</td>
<td></td>
<td>• Review data set:</td>
<td></td>
<td>• Report out on any previous tests (prediction, PDSA data, next PDSA)</td>
<td></td>
<td>• Adjust plan to meet metrics: If meeting metrics, what would we continue? Continue to progress? If not, what's our plan to adjust work to meet goals?</td>
</tr>
<tr>
<td></td>
<td>• Identify tests to run this week, including expanding scope of previous tests</td>
<td></td>
<td>• Metrics that matter</td>
<td></td>
<td>• Identify tests to run this week, including expanding scope of previous tests</td>
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</tr>
<tr>
<td></td>
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<td></td>
<td>• Outcome, process, &amp; balancing measure</td>
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<td></td>
<td>• Regulated measures</td>
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<td>• Stratify to look for any changes in disparities</td>
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</tr>
<tr>
<td>10</td>
<td>Review data:</td>
<td>10</td>
<td>Identify next steps and owners</td>
<td>5</td>
<td>Identify next steps and owners</td>
<td>5</td>
<td>Identify next steps and owners</td>
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<td>• PDSA measures</td>
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<td>• Improvement measures</td>
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<td></td>
<td>• Stories</td>
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<tr>
<td>5</td>
<td>Identify next steps and owners</td>
<td>20</td>
<td>Revisit change ideas:</td>
<td>5</td>
<td>Identify next steps and owners</td>
<td>5</td>
<td>Identify next steps and owners</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Are our ideas sufficient to move the aim?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Do we need to generate or try new ideas?</td>
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<td></td>
<td>• What are the handful of ideas that we want to make progress on?</td>
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</tr>
<tr>
<td>Pre-work:</td>
<td>• Team leader to make sure improvement measures are updated.</td>
<td>Pre-work:</td>
<td>• Team leader to make sure measure are available for the team.</td>
<td>Pre-work:</td>
<td>• Team leader to make sure regulated measures are updated, including whether any dollars are at risk.</td>
<td>Pre-work:</td>
<td>• Team leader to make sure improvement measures are updated.</td>
</tr>
<tr>
<td></td>
<td>• Team members to come with results of PDSAs and proposal to either adapt, adopt, or abandon change.</td>
<td></td>
<td>• Team leader to bring ideas (brainstormed, tried, interested in trying)</td>
<td></td>
<td>• Team members to come with results of PDSAs and proposal to either adapt, adopt, or abandon change.</td>
<td></td>
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</tr>
<tr>
<td>Days</td>
<td>Activities (assumes ongoing testing)</td>
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</tr>
<tr>
<td>1 – 40</td>
<td>• Observe the current process or conduct interviews (users, staff)</td>
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<tr>
<td></td>
<td>• Develop a theory for the work through a process map, driver diagram, or fishbone diagram</td>
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<tr>
<td></td>
<td>• Finalize the charter</td>
<td></td>
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<tr>
<td></td>
<td>• Define the aim</td>
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<tr>
<td></td>
<td>• Identify measures</td>
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<tr>
<td></td>
<td>• Identify change ideas</td>
<td></td>
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<tr>
<td></td>
<td>• Collect baseline data</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>• Schedule future meetings:</td>
<td></td>
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<tr>
<td></td>
<td>• Sponsor</td>
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<tr>
<td></td>
<td>• Team</td>
<td></td>
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<td></td>
<td>• All report out</td>
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<tr>
<td>41 – 80</td>
<td>• Develop roadmap for improvement work</td>
<td></td>
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<tr>
<td></td>
<td>• Develop PDSA ramps</td>
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<tr>
<td></td>
<td>• Plot measures on run charts (including baseline)</td>
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<tr>
<td></td>
<td>• Hold team meeting to refine charter (aim, measures, theory)</td>
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<td></td>
<td>• Update your sponsor and identify barriers to expected progress</td>
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<tr>
<td>81 - 120</td>
<td>• Meet with sponsor to share progress and recommendations</td>
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<tr>
<td></td>
<td>• Communicate work to key stakeholders</td>
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<tr>
<td></td>
<td>• Develop recommendations for next wave of work: improvement, sustainability, scale-up or spread</td>
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<tr>
<td></td>
<td>• Hold team meeting to refine charter (aim, measures, theory)</td>
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</tbody>
</table>
Make it easy

- Use good meeting hygiene
  - Meeting roles
  - Standard meeting process and agenda
- Make time
  - Use existing structures and meetings
  - Swap time for meetings and improvement work
- Keep everything in one place
- Acknowledge, praise, encourage the team
### Seven-step agenda form example

1. Clarify Objective:
2. Review Roles: Leader: Facilitator: Recorder: Timekeeper:
3. Review Agenda
4. Work through agenda
5. Review Meeting Record
6. Plan Next Steps
7. Evaluate

<table>
<thead>
<tr>
<th>Topic (What/Why)</th>
<th>Tool or Method (How/Who)</th>
<th>Time (min.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Source: The Seven-Step Meeting Process by Executive Learning Inc., Nashville, TN.
Adapted, presented and used with permission by Phyllis M. Virgil, PMV Consulting LLC
# Meeting Agenda and Notes

## <Project Name/Topic>

<table>
<thead>
<tr>
<th>Date:</th>
<th>&lt;add date of meeting&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>&lt;add time of meeting&gt;</td>
</tr>
<tr>
<td>Location:</td>
<td>&lt;add room location&gt;</td>
</tr>
</tbody>
</table>

### Attendees: (✓, Ex)

<table>
<thead>
<tr>
<th>Standing Members:</th>
<th>Guests:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### Meeting Norms:
- Send out agenda prior to meeting
- Take notes and follow up on action items
- Be punctual and “Be Present” (avoid electronic distractions)
- Be prepared to present assigned work or follow-up
- If unable to attend:
  - Delegate to ensure full representation
  - Prepare delegate to present follow-up, if needed
  - Follow-up with your delegate and/or read meeting notes

### Agenda Item

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Agenda Leader</th>
<th>Est Time</th>
<th>Notes/Action Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction/Purpose</td>
<td>&lt;Project Lead&gt;</td>
<td>2 min</td>
<td>•</td>
</tr>
<tr>
<td>&lt;topic&gt;</td>
<td>&lt;name&gt;</td>
<td></td>
<td>•</td>
</tr>
<tr>
<td>&lt;topic&gt;</td>
<td>&lt;name&gt;</td>
<td></td>
<td>•</td>
</tr>
<tr>
<td>Review new action items / next steps</td>
<td>&lt;Project Lead&gt;</td>
<td>5 min</td>
<td>•</td>
</tr>
<tr>
<td>Discuss items for next meeting agenda</td>
<td>&lt;Project Lead&gt;</td>
<td>5 min</td>
<td>•</td>
</tr>
</tbody>
</table>
Make it fun!

- Have a goal to make it the best part of your team’s day
- Share stories about how the work is meaningfully impacting customers’ or patients’ lives
- Make it applicable to their work – share stories about how it is impacting their work lives
- Have fun activities, music
- Start with “one good thing”
Focus on Learning Not Perfection
“The best time to answer the three questions in the Model for Improvement is at the end of the project.”

- Kevin Little, PhD
Don’t let perfect be the enemy of good

Everything in pencil

“Step-down” to learn quickly

Yearly
Monthly
Weekly
Daily

“Good enough” data to drive improvement

It could be better, but it’s good enough.
Sleep measurement for improvement

August: Numbers of Hours Sleep (2NA & 2NB)

% Patients Reporting 6 or More Hours

% Patients Reporting 4 or More Hours

# Responses (80% Red)
Our measurement plan

Process Measure

My knowledge of what others in LLS are doing out in districts is:
- Unchanged from last week
- Higher than last week

Courtesy of Todd Langager, San Diego County Office of Education
Internal clarity measure

Listen to one recording here

Leigh.m4a
“Good enough” data collected today beats “equisitely precise” (or official) data that cost a lot and delays your need to test and act.

Kevin Little, PhD, inspired by Brian Joiner
Focus on learning

• Complete tools in pen and paper, including run charts!
• Hang work on visual management boards and/or in staff common areas to encourage additional participation
  • Keeps pace up, too!
• Make the work "visible" ….encourage practice!
• Emphasize good enough data to just get started
Pen and paper work perfectly

Root Cause Analysis Ophtho Project Team

Rapid Improvement Event Action Items February 2017
Make it visible and fun!

Practicing New Scheduling Workflows  Spring 2016

Reinforcing New Standards on VMB's Fall 2016

Same Day Surgery Scheduling

Today:
Dr. Nehls + Dr. Momont

Let's do this!

Today
Tics and tallies work just fine!

Apply the concept of "good enough" data when starting your data collection plans.
Focus on learning, not perfection

Excerpt Email from Improvement Champion to Team Members

Team Learning Lead to Department Wide Teaching on PDCA

What did we learn?

- **Our work is not done in isolation**, when our testing crosses defined roles of other staff outside our testing team; we need to include/inform them of the change to understand how the change idea will affect the overall workflow of all staff.
- We should have a defined communication plan in place to vet our questions and/or concerns.
- Each PDCA cycle is a step forward to our goal
- **A cycle doesn’t fail, it points us to a better path**
- **We take everything we have learned and plan a new cycle**

Sometimes it’s okay to **Abandon it!**
If a test shows negative feedback from the customer, some or all aspect of change should be stopped.

Sometimes it’s okay to **Adapt it!**
The test shows improvement, but things need to be tweaked in test round #2.

Sometimes we’re ready to **Adopt!**
The test shows the process or tool is stable and is ready for use.
Five practical strategies for managing improvement projects

- Frontload the Work
- Build the Team
- Create and Keep Pace
- Make It Easy
- Start with the End in Mind
Start with the end in mind: Ideal state

- We plan for sustainability from the start:
  - The person that will own the change leads or is part of the improvement team.
  - We focus on second order changes that are likely to be sustained.
  - We test in ways that hardwire the changes.
  - We assess the impact of our tests on workload.

- We make sure our projects are set-up for sustainability:
  - We identify the measures that we will continue to collect, who and how often we’ll look at them, and what we’ll do if they we notice they are out of control.
  - We develop communication plans.
  - We train staff in a way that meets the intervention.

- We plan for scale/spread from the start:
  - We engage others that will adopt the change early.
  - We create changes in such a way that they are more likely to be adapted by others.
Creating a new system

Old way: Sequential Approach

- Improvement
- Sustain Gains
- Results at Scale

New way: Parallel Approach

- Improvement
- Sustain Gains
- Design for Scale
- Get Results at Scale
Creating a new system

Old way: Sequential Approach
- Improvement
- Sustain Gains
- Results at Scale

New way: Parallel Approach
- Improvement
- Sustain Gains
- Design for Scale
- Get Results at Scale
Figure 1. The Relationship of Quality Improvement and Quality Control

http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx
Sustainability principles

- Measurement
- Ownership
- Communication and Training
- Hardwiring and Standardization
- Assessment of Workload
Measurement: Quality control

SC Costs with Control Limits

Do we have the data (process and outcome)?
Do we look at it?
Do we know what to do?

Not holding gain;
Things getting worse
Act to correct

Old system

New system
## Ownership

**Figure 2. Architecture of a High-Performance Management System**

### Quality Control (Operations)

<table>
<thead>
<tr>
<th>Key Tasks</th>
<th>Data for Control</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Define core values</td>
<td>&quot;Big Do&quot; system metrics, process and outcomes metrics</td>
<td>Coaching (all tiers) in workplace, Monitor T3 standard work</td>
</tr>
<tr>
<td>Articulate principles</td>
<td>Interdepartmental coordination</td>
<td>&quot;Big Do&quot; system metrics, process and outcomes metrics, Reports to external stakeholders</td>
</tr>
<tr>
<td>Obtain and deploy resources</td>
<td>Obtain and deploy resources</td>
<td>Coaching (all tiers) in workplace</td>
</tr>
<tr>
<td>Monitor “Big Do”</td>
<td>Obtain and deploy resources</td>
<td>Monitor T3 standard work</td>
</tr>
<tr>
<td>Frequent frontline observation</td>
<td>Obtain and deploy resources</td>
<td>Monitor T3 standard work</td>
</tr>
</tbody>
</table>

### Quality Improvement (System Change)

<table>
<thead>
<tr>
<th>Key Tasks</th>
<th>Data for Improvement</th>
<th>Aims Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor environment, anticipate change</td>
<td>Aggregated system process and outcomes metrics</td>
<td>Negotiate T2 strategic goals</td>
</tr>
<tr>
<td>Quality planning</td>
<td>Commission and drive system-wide initiatives</td>
<td>Launch, prioritize system QI initiatives</td>
</tr>
<tr>
<td>Set strategic direction</td>
<td>Consistent messaging</td>
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<tr>
<td>Tier 3 Executive, VP</td>
<td>Celebrate improvement</td>
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</tr>
<tr>
<td>Tier 2 Dept. Manager, Director</td>
<td>Conduct root cause analysis</td>
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</tr>
<tr>
<td>Monitor staff, process capability</td>
<td>Lead interdepartmental projects</td>
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</tr>
<tr>
<td>Monitor T1 standard work</td>
<td>Lead T1 QI projects</td>
<td></td>
</tr>
<tr>
<td>Tier 1 Unit Manager</td>
<td>Lead root cause analysis</td>
<td></td>
</tr>
<tr>
<td>Coordinate with improvement specialists, surface problems, best practices</td>
<td>Lead daily POSA</td>
<td></td>
</tr>
<tr>
<td>Tier 1 QI projects</td>
<td>Unit project status and metrics</td>
<td></td>
</tr>
<tr>
<td>Lead root cause analysis</td>
<td>Problems for escalation to T2 projects</td>
<td></td>
</tr>
<tr>
<td>Lead daily POSA</td>
<td>Tier 1 QI projects</td>
<td></td>
</tr>
<tr>
<td>Charge Nurse, Frontline Staff</td>
<td>Tier 1 QI projects</td>
<td></td>
</tr>
<tr>
<td>Undertake simple process fixes (&quot;See-Solve&quot;)</td>
<td>PDSA results</td>
<td></td>
</tr>
<tr>
<td>Identify ideas for change</td>
<td>Negotiate T1 goals</td>
<td></td>
</tr>
<tr>
<td>Engage in POSA</td>
<td>Launch, prioritize, monitor T2 projects</td>
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</tr>
<tr>
<td>Identify problems for escalation to T2 projects</td>
<td>Negotiate unit goals</td>
<td></td>
</tr>
<tr>
<td>Ideas for improvements</td>
<td>Launch, prioritize, monitor unit-level QI projects</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Care Interface

<table>
<thead>
<tr>
<th>PATIENTS and FAMILIES</th>
<th>QI team participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>QI team participation</td>
<td>Identify process problems, offer suggestions, share best practices</td>
</tr>
<tr>
<td>Patients and families shape aims for improvement</td>
<td></td>
</tr>
<tr>
<td>Identifying process problems, offering suggestions, sharing best practices</td>
<td></td>
</tr>
</tbody>
</table>

**http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx**
Communication and training

- Awareness to decision (communication)
- Decision to action:
  - Peer-to-peer
  - “At the elbow” or mentoring
  - Ongoing technical support or hotline
  - Learning + Action
  - Address mindsets + technicalities
- Consider training for existing and new employees (e.g., onboarding)
Training: How matters

What do adults retain after three months?

- Lecture-based training (e.g., presentations, videos, demonstrations, discussions) = 10%
- Learn by doing (e.g., role plays, simulations, case studies) = 65%
- Practice what was learned in the workplace = ~100%

IBM research; Whitmore, “Coaching for Performance.”
Hardwiring the change

- Make it easy to do the right thing and hard to do the wrong thing
- Sample methods:
  - Standardization and accountability for following standard work
  - Documentation
  - Remove “old way”
  - Reduce reliance on human memory (affordances, defaults)
  - Tend to resources: forms, equipment, etc.
Hardwiring the change

New patient?

- Yes: Pre-visit planning form & EHR prompt
  - PA asks if there is anything they are worried or concerned about
  - DEFECTS:
    - Forget to ask
    - Run out of time
    - Asks in a cursory way

- No: Pre-visit planning form & linked to allergies/med question
  - PA asks for any changes to what you are worried about
  - DEFECTS:
    - Forget to ask
    - Asks again
    - Run out of time
    - Asks in a cursory way
    - Previous recording was not in patient words

PA records or updates in EHR

- Audit to identify defects and support with at-the-elbow coaching
  -DEFECTS:
    - Forgets to record
    - Note doesn’t capture rich conversation
    - Note written in clinician words
    - Records in the wrong place
    - System down

- Admissions nurse accesses note
  - DEFECTS:
    - Unable to access
    - Forgets to look
    - Does not know where note is stored

Pre-visit planning form & linked to allergies/med question

Audit to identify defects and support with at-the-elbow coaching

Standardized input and “one page” overview
Assessment of workload

Project 1
Project 2
Project 3
## Worksheet: Considerations on Sustainability

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Notes or Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Measurement</strong></td>
<td></td>
</tr>
<tr>
<td>What would we continue to measure? What would we stop measuring? What is our plan if we see special cause variation?</td>
<td></td>
</tr>
<tr>
<td><strong>Ownership</strong></td>
<td></td>
</tr>
<tr>
<td>Who will own the new standard work? Are they engaged and onboard with our improvement work?</td>
<td></td>
</tr>
<tr>
<td><strong>Communication and Training</strong></td>
<td></td>
</tr>
<tr>
<td>How will we communicate about this work? Who will be the messengers? How will we support individuals in the “new right way”? What type of training will we use?</td>
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</tr>
<tr>
<td><strong>Hardwiring the Change</strong></td>
<td></td>
</tr>
<tr>
<td>How will we make it hard to do the wrong thing and easy to do the right thing? How will we reduce reliance on human memory?</td>
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</tr>
<tr>
<td><strong>Assessment of Workload</strong></td>
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<tr>
<td>Are our changes increasing the overall workload to the system? If so, how can we decrease the workload? If not, how will we communicate about what is changing and not changing?</td>
<td></td>
</tr>
</tbody>
</table>
# WORKSHEET: Redesign of Support Processes for Implementation of Change

Change Implemented: ___________________________________ Date: _____________

<table>
<thead>
<tr>
<th>Cycle No.</th>
<th>Change Tested or Implemented</th>
<th>Lead</th>
<th>June 24 25</th>
<th>July 1 8 15 22 29</th>
<th>August 5 12 19</th>
<th>September 2 9 16 23 30</th>
<th>October 7 14 21 28</th>
<th>November 28 4 11 18</th>
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<tbody>
<tr>
<td>Policies</td>
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<tr>
<td>Documentation</td>
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<td>Hiring Procedures</td>
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<tr>
<td>Staff education/training</td>
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<tr>
<td>Job descriptions</td>
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<td>Information Flow</td>
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<td>Equipment Purchases</td>
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</table>

Implementation and sustainability require project management
Use a Gantt chart or similar tool to help set your timeframe
Stop, Start, Continue List - Purpose

- “Shrink” the change for staff so they understand what is changing and what is not changing.
  - Help to make changes manageable.
  - Reduce fear and improve adoption.
- The list will not have everything they need to know about the new process or tool, as that will come in training.
- The list has more to do with what will change in the major components of their work.

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health


# “STOP” “START” “CONTINUE” LIST

## Role: Emergency Department Nurse

Assumptions:
- The “Stop” “Start” “Continue” Lists are a way to “shrink” the change for your specific role that is impacted by the new Epic Software Implementation.
- The “Stop” “Start” “Continue” Lists are based on the changes from the past workflows to the new workflows.
- This is a high-level review and not an exhaustive list of every single change.
- Detailed software changes will be reviewed in the Epic Software Training and they will not appear on this list.
- The “Stop” “Start” “Continue” list has more to do with the major components of your work.

<table>
<thead>
<tr>
<th>Topic</th>
<th>STOP</th>
<th>START</th>
<th>CONTINUE</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRIAGE</td>
<td>-Looking into another system to find pt history/meds/info</td>
<td>-Triage history, meds, allergies will be pre-populated if Bellin patient.</td>
<td>-Verify present information, asking rest of questions to fill in blanks.</td>
<td></td>
</tr>
<tr>
<td>CHARTING and ASSESSMENTS</td>
<td>-Documenting normal findings.</td>
<td>-Charting by exception.</td>
<td>-Documenting abnormal findings.</td>
<td></td>
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<tr>
<td></td>
<td>-Needing to lock chart to share documentation with outside depts.</td>
<td>-Using “Within Defined Limits”/WDL.</td>
<td>-Documenting Code Blue on paper</td>
<td></td>
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<tr>
<td></td>
<td>-Needing to print nurses notes for other depts in Bellin</td>
<td>-Basic/Focused Assessments</td>
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<td></td>
<td></td>
<td>-Documenting sedation, blood admin on Epic</td>
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<tr>
<td></td>
<td></td>
<td>-“Quick Check” button on trackboard to easily document 30 min rounding, vitals, comments, without opening chart.</td>
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</tbody>
</table>
Creating a new system

Old way: Sequential Approach

- Improvement
- Sustain Gains
- Results at Scale

New way: Parallel Approach

- Improvement
- Sustain Gains
- Design for Scale
- Get Results at Scale
## Spread and scale-up roles

<table>
<thead>
<tr>
<th>Improvement Team</th>
<th>Leadership and Spread Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contribute to spread process</td>
<td>Manage spread process</td>
</tr>
<tr>
<td>Contribute to identifying other site types where change may be relevant</td>
<td>Identify and understand “full scale”</td>
</tr>
<tr>
<td>Identify infrastructure issues</td>
<td>Log spread ideas and prioritize efforts</td>
</tr>
<tr>
<td>Oversee improvement</td>
<td>Oversee and manage spread (project management and spread plan)</td>
</tr>
<tr>
<td>Tell their story</td>
<td>Communication and decision plan</td>
</tr>
<tr>
<td>Help with training (super users)</td>
<td>Manage training</td>
</tr>
<tr>
<td>Speak to staff concerns</td>
<td>Develop plan and mechanism to manage and overcome resistance</td>
</tr>
</tbody>
</table>
Scalers: Engagement strategies

Morgan, manager of next unit to scale change
Attributes of an idea that facilitate adoption

- Relative Advantage
- Simple
- Trialable
- Compatible
- Observable

Most influential in rate of spread

- Relative Advantage
- Simple
- Trialable
- Compatible
- Observable

Exercise: Assess the readiness of ideas for rapid expansion

1. Select an improvement or promising intervention

2. Use a 1-5 scale to rate each of the five attributes from the viewpoint of the target audience. Record your assessment in the table below:
   - 1 - Change is very weak relative to this attribute
   - 3 - Change is okay relative to this attribute
   - 5 - Change is very strong relative to this attribute

3. Based on the assessment, discuss with your colleagues the steps you would take to accelerate the uptake of the change
## Worksheet: Assess the Readiness of an Idea for Rapid Spread

**Change/Improvement/Intervention:** _______________________________________

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Score (1 – 5)</th>
<th>Actions to Take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative advantage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., how strong is the evidence that the change is better than the old way)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compatibility with current system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., how well does it fit the current structure, values, and practices)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Simplicity of the change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., how easy is the change to adopt)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Testability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., can people try it)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Observability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., can people see it before trying it)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hard core, soft periphery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i.e., to what extent can individuals customize to their context)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
100,000 Homes: “Simple Rules”

- Housing First
- Know Everyone by Name
- Track Your Progress (by Name)
- Housing Systems are Simple and Easy to Navigate

Your Conversation Starter Kit
When it comes to end-of-life care, talking matters.

AIM
50% of patients get at least 4 hours of uninterrupted sleep each night

Measures
Outcome
- Hours sleep
- Quality of Night Sleep
- HCAPPS scores

Process
- Number of interruptions
- Staff satisfaction
- Pressure ulcers
- Use of sleep meds

Identify sleep as a shared goal

Implement “quiet your mind” strategies

Develop personalized nighttime routines

Improve workflow

Address environmental concerns

Talk to patients/families about sleep goals
Build self-engagement among staff
Develop individualized sleep goals as part of care plans
Explain realistic expectations to patients/families
Address all patient/family worries and concerns
Provide access to real-time information
Access to mindfulness tools, e.g., meditation, journals, etc.
Respond to call lights during day

Utilize a standard protocol for nighttime (with individualized exceptions based on preferences)
Understand patient/family preferences for nighttime routine

Keep patients awake/stimulated during day
Develop medication workflow that aligns with sleep goals
Use bedside shift reports before nighttime
Reduce unnecessary interruptions

Limit the amount of light/changes of light in patients room
Reduce noises from equipment and facilities
Change location of nurses station
Implement quiet hours
## Hard core, soft periphery

<table>
<thead>
<tr>
<th>Rapid Response Systems</th>
<th>Large, academic medical center</th>
<th>Small, rural hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical Specifications</strong></td>
<td>Anyone can easily sound an alarm if they see a deteriorating patient</td>
<td>Number to call</td>
</tr>
<tr>
<td></td>
<td>Team of individuals can respond very rapidly</td>
<td>Physician, nurse, respiratory therapist available and on call</td>
</tr>
<tr>
<td></td>
<td>Individuals have the training and skills to evaluate and stabilize the patient</td>
<td>Team goes through extensive training and simulations quarterly</td>
</tr>
<tr>
<td></td>
<td>Necessary supplies are available immediately, at the point of care</td>
<td>Rapid response system “pack” ready to go</td>
</tr>
</tbody>
</table>
From small-scale testing to implementation

<table>
<thead>
<tr>
<th>Feature</th>
<th>Testing</th>
<th>Implementing</th>
</tr>
</thead>
<tbody>
<tr>
<td>View of Failure</td>
<td>Good! failure=learning</td>
<td>Bad! failure=setback</td>
</tr>
<tr>
<td>Support Infrastructure</td>
<td>Informal, on the fly</td>
<td>Formal and systematic</td>
</tr>
<tr>
<td>Social Resistance</td>
<td>Low(er), no big deal short term, local</td>
<td>High(er), changing behavior of all</td>
</tr>
<tr>
<td>People</td>
<td>Volunteers, enthusiasts, work unit &quot;laboratory&quot;</td>
<td>Everybody, with a range of reactions</td>
</tr>
<tr>
<td>Duration</td>
<td>Temporary</td>
<td>Permanent, until next upgrade</td>
</tr>
<tr>
<td>Speed</td>
<td>Fast(er)</td>
<td>Slow(er)</td>
</tr>
</tbody>
</table>

Spread plan

- Project Name & Sponsor
- Problem/Opportunity Statement
- Strategic Alignment
- Action Plan

<table>
<thead>
<tr>
<th>Projects / Tasks to Complete</th>
<th>Owner</th>
<th>Due Date</th>
<th>Status</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- Spread Plan
- Quality Control Plan

From Jeanine Govek, PMP, Director of Enterprise-wide Project Management Office, Bellin Health
Implementation checklist – Adopted from Improvement Guide – 2nd Edition

### Implementation Checklist - Ophthalmology Rooming Workflow

**Date:** Baseline Data Collection: Baseline data collection monitored by team weeks of 3/14/16 and 3/21/16  
**Process:** Use of standard Surgery Scheduling .phrase and utilizing cc charts when making a surgery request in Health Link  
**Implementation (Pilot) goal dates:** 4/1/2016-6/15/2016  
**Implementation (Pilot) sites:** 2 Glaucoma MD’s, 2 Comprehensive MD’s, 1 Optom Provider, 1 Cornea MD  
**Predicted impact of change on key measures:**

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Process Measures (Rooming)</th>
<th>Current state performance</th>
<th>Prediction after change (Comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Completion of appropriate Med Reconciliation*</td>
<td>Baseline to be gathered weeks of 3/14 and 3/21 for participating pilot MD’s + sites</td>
<td>100%</td>
</tr>
<tr>
<td>2</td>
<td>Use of .phrase</td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Outcome Measures</th>
<th>Current state performance</th>
<th>Prediction after change (Comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase reliability of rooming processes</td>
<td>Baseline to be gathered weeks of 3/14 and 3/21 for participating pilot MD’s + sites</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pilot</th>
<th>Balance Measures</th>
<th>Current state performance</th>
<th>Prediction after change (Comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff/Provider Satisfaction metrics gathered through Survey Monkey</td>
<td>Pilot conducted</td>
<td></td>
</tr>
</tbody>
</table>

**Comments - Will be documented throughout pilot**

**Equipment/materials/job description considerations:**

**Training considerations:**

# Visual management board tools

## Observation Cards for Process Measure Sustainability

### Core Rooming Workflow March 2017 Training Schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>8:00 AM</td>
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<td>8:30 AM</td>
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<tr>
<td>9:00 AM</td>
<td>Example: Tanya</td>
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<tr>
<td>9:30 AM</td>
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<td>10:00 AM</td>
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<td>11:00 AM</td>
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<td>11:30 AM</td>
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<td>12:00 PM</td>
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<td>12:30 PM</td>
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<td>1:00 PM</td>
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<tr>
<td>1:30 PM</td>
<td>Example: Tanya</td>
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<td>2:00 PM</td>
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<td>3:00 PM</td>
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<td>3:30 PM</td>
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<tr>
<td>4:00 PM</td>
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<tr>
<td>4:30 PM</td>
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</tbody>
</table>

### Process Observation Card

- **Process:**
- **Location:**

**Example:**
- Bob
- Tanya
Questions?