HRET HIIN Virtual Event
Accelerating Improvement Fellowship:

Practical Strategies for Managing Improvement Projects

Wednesday, March 28 | Call #6 | 12:30- 1:30 p.m., CT
Welcome and Introductions

Mallory Bender, Program Manager, HRET
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>12:30-12:35</td>
<td>Welcome and Introduction</td>
<td>Mallory Bender, HRET</td>
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<tr>
<td>12:35-12:45</td>
<td>Action Period Discussion</td>
<td>Lauren Macy, IHI</td>
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<td></td>
<td>• Review of Project Journey</td>
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<td></td>
<td>• Self Assessment Analysis</td>
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<td>• Critical elements of Run Charts</td>
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<tr>
<td>12:45-1:15</td>
<td>Practical Strategies for Managing Improvement Projects</td>
<td>Lauren Macy, IHI</td>
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<td></td>
<td>• Describe the principles of more effectively managing improvement projects</td>
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<td>• Identify a few tools, including aspects of coaching, that will help you better manage your improvement projects</td>
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<td></td>
<td>• Learn to apply these principles and tools to strengthen your own improvement work</td>
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<tr>
<td>1:15-1:25</td>
<td>Assignments, Suggested Tasks &amp; Additional Materials</td>
<td>Lauren Macy, IHI</td>
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<tr>
<td>1:25-1:30</td>
<td>Bring It Home</td>
<td>Mallory Bender, HRET</td>
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Objectives for Today

• Describe the principles of more effectively managing improvement projects

• Identify a few tools, including aspects of coaching, that will help you better manage your improvement projects

• Learn to apply these principles and tools to strengthen your own improvement work
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>January 17th</td>
<td>The Model for Improvement &amp; Setting Up Your Team</td>
</tr>
<tr>
<td>January 31st</td>
<td>Setting Aims &amp; Developing Your Theory</td>
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<tr>
<td>February 14th</td>
<td>Developing Change Ideas &amp; Testing with PDSA</td>
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<td>February 28th</td>
<td>Measuring Changes: How will we know a change is an improvement?</td>
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<tr>
<td>March 14th</td>
<td>Using and Analyzing Run Charts</td>
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<tr>
<td>March 28th</td>
<td>Practical Strategies for Managing Improvement Projects</td>
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<tr>
<td>April 11th</td>
<td>Testing vs. Implementation</td>
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<tr>
<td>May 9th</td>
<td>Scale Up &amp; Spreading Successful Changes</td>
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<tr>
<td>June 6th</td>
<td>Sustainability: Making Your Improvements Stick</td>
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<tr>
<td>July 11th</td>
<td>Celebration!</td>
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</table>
Reminders!

• **Discussion Group**: Post the “Plan” of a PDSA!

• **Office Hours**: April 4\textsuperscript{th}, 11AM CT

• **Bonus Call on Patient Safety**:
  – April 6\textsuperscript{th}, 12PM CT
  – Jennifer Lenoci-Edwards, Executive Director, IHI
Poll: At which point is your project?

A. Team formed
B. Team formed + aim statement
C. Team formed + aim statement + driver diagram
D. Team formed + aim statement + driver diagram + change ideas identified
E. Team formed + aim statement + driver diagram + change ideas identified + testing
Self-Assessments

February 2018
Level 3: “I have a working knowledge of this concept/tool and can at least explain what it is.”

- Use **driver diagrams** to define the system of interest and theories about how the system works
- Use the **High-Performance Management System** at the frontline
Level 4: “I have a working knowledge of this concept/tool and can apply it if there is someone with deeper knowledge in the room to support me” (1)

- Establish a **QI team with roles defined**
- Create a burning platform for **building will** and engaging stakeholders in improvement
- Develop a **family of measures**
- Build clear and unambiguous **operational definitions**
- Construct and interpret a **run chart**
- Use **flowcharting** techniques to break a system down into the numerous processes that define how work gets done
- Use **creativity methods** and tools to generate new ideas
- **Run tests on a small scale** initially and then increase the scale and scope of testing as learning occurs
Level 4: “I have a working knowledge of this concept/tool and can apply it if there is someone with deeper knowledge in the room to support me” (2)

- Explain why **implementing a change** is fundamentally different from testing a change
- Develop **new structures and procedures to support an implemented change**
- Distinguish clearly how **testing, implementing, and spreading a change** are all different steps in the sequence of improvement
- Create the structures and processes needed to promote successful **spread**
- **Identify the units or entities where spread will occur**
- Develop **organizational infrastructure** to support improvements
Level 5: “I have a solid working knowledge of this concept/tool and can apply it to daily work.”

- Create an **aim statement** to guide your improvement effort
- Design, set up, and **run PDSA cycles** (i.e., tests of change)
### Establish a QI team with roles defined

- Create a burning platform for building will and engaging stakeholders in improvement efforts.
- Create an aim statement to guide your improvement effort.
- Develop a family of measures (i.e., process, outcome, and balancing measures).
- Build clear and unambiguous operational definitions for measures.
- Construct and interpret a run chart.
- Use driver diagrams to define the system of interest and theories about how the system works.
- Use flowcharting techniques to break a system down into the numerous processes that define how work gets done.
- Use creativity methods and tools to generate new ideas.
- Design, set up, and run PDSA cycles (i.e., tests of change).
- Run tests on a small scale initially and then increase the scale and scope of testing as learning occurs.
- Explain why implementing a change is fundamentally different from testing a change.
- Develop new structures and procedures to support an implemented change (e.g., training, new policies and procedures, job changes).
- Distinguish clearly how testing, implementing, and spreading a change are all different steps in the sequence of improvement.
- Create the structures and processes needed to promote successful spread.
- Identify the units or entities where spread will occur.

### Use the High-Performance Management System at the frontline

- Develop organizational infrastructure to support improvements.
Run Chart Review
Run Chart Review

• What makes a line graph a run chart?
  – The median line

• Why do we look at the data over time vs. before/after?
  – To be able to see normal and special cause variation
  – To see if our changes led to the improvement

• How many data points do we suggest before plotting your data as a run chart?
  – 10-12
The centerline (CL) on a Run Chart is the Median

One measure at a time, could be a percent, count, time, length, weight, etc.

so ... half of the data points are above/below the median

The Y Axis is the unit of measure

The measure is plotted over time displayed on the X Axis

... let’s talk about the unit of time used on the x axis

Time (X axis)

Quality Improvement Fundamentals LLC
Aim: Increase Sepsis Reliability Rate by 10% (to 33.16%) by 12/21/18 at Cambridge Hospital

What are all the great things about this graph?

What could be improved?

3/17/2017 - Lactate (Lactic Acid x 2) for Sepsis order set put into production
7/10/2017 - Lactic Acid rule (if > 2 mmol/L, repeat is automatically ordered) put into production
Run Chart Rules Review!

- **Rule #1**: A shift in the process: 6 or more consecutive points above or below the median

- **Rule #2**: A trend in the process: 5 or more consecutive points all increasing or decreasing

- **Rule #3**: An “astronomical” data point
PRACTICAL STRATEGIES FOR MANAGING IMPROVEMENT PROJECTS
Managing improvement is only one piece of the puzzle

- Organization QI capability
- Individual QI skills
- Organizational learning and management system
- Identification of improvement opportunities
- Selection of improvement opportunities
- Quality planning and prioritization
- Managing improvement
- Capability
- Management and monitoring
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
# 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
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

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**Source:** John S. Dowd, Courses in Continual Improvement,
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

<table>
<thead>
<tr>
<th>Background</th>
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<tbody>
<tr>
<td>Why you are talking about it.</td>
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<tr>
<td>- What is the business reason for choosing this issue?</td>
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<table>
<thead>
<tr>
<th>Current Conditions</th>
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<tr>
<td>Where things stand today.</td>
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<tr>
<td>- What’s the problem with that, with where we stand?</td>
</tr>
<tr>
<td>- What is the actual symptom that the business feels that requires action?</td>
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<tr>
<td>Show visually – pareto charts, graphs, drawings, maps, etc.</td>
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</table>

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<thead>
<tr>
<th>Target/Goal(s)</th>
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<tbody>
<tr>
<td>The specific outcome required for the business.</td>
</tr>
<tr>
<td>- What is the specific change you want to accomplish now.?</td>
</tr>
<tr>
<td>- How will you measure success?</td>
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<table>
<thead>
<tr>
<th>Analysis</th>
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<tbody>
<tr>
<td>The root cause(s) of the problem.</td>
</tr>
<tr>
<td>- Why are we experiencing the symptom?</td>
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<tr>
<td>- What constraints prevent us from the goal?</td>
</tr>
<tr>
<td>Choose the simplest problem-solving tool for this issue:</td>
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<tr>
<td>- Five whys</td>
</tr>
<tr>
<td>- Fishbone</td>
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<tr>
<td>- 5C Tools</td>
</tr>
<tr>
<td>- SPC, Six Sigma, Shainen, Kepner Traego, others…</td>
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<thead>
<tr>
<th>Proposed Countermeasure(s)</th>
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<tbody>
<tr>
<td>Your proposal to reach the future state, the target condition.</td>
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<tr>
<td>- What alternatives could be considered?</td>
</tr>
<tr>
<td>- How will you choose among the options? What decision criteria?</td>
</tr>
<tr>
<td>How your recommended countermeasures will impact the root cause to change the current situation and achieve the target.</td>
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</table>

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<tr>
<th>Plan</th>
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<tbody>
<tr>
<td>A Gantt chart or facsimile that shows actions/outcomes, timeline and responsibilities. May include details on the specific means of implementation.</td>
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<tr>
<td>- Who will do what, when and how?</td>
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<tr>
<td>Indicators of performance, of progress.</td>
</tr>
<tr>
<td>- How will we know if the actions have the impact needed?</td>
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<tr>
<td>- What are the critical few, visual, most natural measures?</td>
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<tr>
<th>Follow-up</th>
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<tr>
<td>Remaining issues that can be anticipated.</td>
</tr>
<tr>
<td>- Any failure modes to watch out for? Any unintended consequences?</td>
</tr>
<tr>
<td>Ensure ongoing P-D-C-A. Yokoten as needed.</td>
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Define the communication

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

1. Project Status Communication

<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>
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2. Organizational Change Communication

<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>
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</table>
Five practical strategies for managing improvement projects

1. **Frontload the Work**
   - Image of a graph showing the curve of work over time.

2. **Build the Team**
   - Image of a group of people working together.

3. **Create and Keep Pace**
   - Image of a whiteboard with notes.

4. **Make It Easy**
   - Image of people working on a project.

5. **Start with the End in Mind**
   - Image of a table with data.
Build Your Core Team

- Right work (covered in Frontload the Work)
- Right people/size
- Right roles
- Right Culture
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.”
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
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
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
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
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>
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<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>
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<td>June 30, 2015</td>
<td>In phase II pilot sites, pilot sites selected and completed pre-work</td>
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<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>
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<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>
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<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>
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<td>10% improvement in patient experience in both pilot sites and 10 additional teams</td>
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<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>
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<td>25% improvement in patient experience in both pilot sites and 10 additional teams</td>
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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: tell pt. that Rm is clean. Verbal: "Please know that your room 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 th, 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
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
Doing the improvement work

> Managing the improvement work

MAKE IT EASY
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
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)
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<th>Min.</th>
<th>Topic</th>
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<tr>
<td>10</td>
<td>Tests:</td>
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<td></td>
<td>• Report out on any previous tests (prediction, PDSA data, next PDSA)</td>
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<td>• Identify tests to run this week, including expanding scope of previous tests</td>
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<td>15</td>
<td>Review bigger picture: Are we making progress against our ultimate goal?</td>
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<td>10</td>
<td>Tests:</td>
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<td>10</td>
<td>Review regulated metrics:</td>
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<td>• Are there any dollars at risk?</td>
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<td>• Are we making enough progress to hit our short-term goals?</td>
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<td>• Metrics that matter</td>
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<td>• Outcome, process, &amp; balancing measure</td>
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<td>• Stratify to look for any changes in disparities</td>
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<td>Adjust plan to meet metrics:</td>
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<td>• If meeting metrics, what would we continue? Continue to progress?</td>
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<td>• If not, what’s our plan to adjust work to meet goals?</td>
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<td>Revisit change ideas:</td>
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<td>• Are our ideas sufficient to move the aim?</td>
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<td>• Do we need to generate or try new ideas?</td>
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<td>• What are the handful of ideas that we want to make progress on?</td>
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Pre-work:  
• Team leader to make sure improvement measures are updated.  
• Team members to come with results of PDSAs and proposal to either adapt, adopt, or abandon change.  

Pre-work:  
• Team leader to make sure improvement measures are available for the team.  
• Team leader to bring ideas (brainstormed, tried, interested in trying)  

Pre-work:  
• Team leader to make sure regulated measures are updated, including whether any dollars are at risk.
Seven-step agenda form example

1. Clarify Objective:
2. Review Roles: Leader: Facilitator: Recorder: Timekeeper:
3. Review Agenda
4. Work through agenda

<table>
<thead>
<tr>
<th>Topic (What/Why)</th>
<th>Tool or Method (How/Who)</th>
<th>Time (min.)</th>
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</thead>
<tbody>
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5. Review Meeting Record
6. Plan Next Steps
7. Evaluate

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.
Focus on the learning, not perfection:
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.
**Pen and paper work**

Root Cause Analysis Ophtho Project Team

---

<table>
<thead>
<tr>
<th>Person Responsible</th>
<th>Due Date</th>
<th>Status</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Cheryl</td>
<td>2/7/17</td>
<td></td>
<td>Support small test #2</td>
</tr>
<tr>
<td>MSR</td>
<td>later on in week</td>
<td></td>
<td>Support small test #2</td>
</tr>
<tr>
<td>Cori</td>
<td></td>
<td></td>
<td>Scheduled by 3/1/17</td>
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<tr>
<td>Chad</td>
<td></td>
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<td>Thurs PM Blue Dot test @ 427AM</td>
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<td>Shane</td>
<td>2/18/17</td>
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<td>Further clarify test #4</td>
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</tbody>
</table>

*Please note: The date format is MM/DD/YY.*

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**Rapid Improvement Event Action Items February 2017**

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- Tutorial: Visit Navigator - Slide bar Julie
- Create workflow for testing purposes
Process Measure

My knowledge of what others in LLS are doing out in districts is:
- Unchanged from last week
- Higher than last week
Internal clarity measure
“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
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
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.
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
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
Action Items for Action Period

• Assignments:
  – Create your project plan

• Suggested Tasks:
  – Create a Visual Management Board
  – Run a PDSA around your team meetings

• Additional Materials:
  – QI Essentials Toolkit
Reminders!

• **Discussion Group:** Post the “Plan” of a PDSA!
• **Office Hours:** April 4\(^{th}\), 11AM CT
• **Bonus Call on Patient Safety:**
  – April 6\(^{th}\), 12PM CT
  – Jennifer Lenoci-Edwards, Executive Director, IHI
Bring it Home

Mallory Bender, Program Manager, HRET
THANK YOU!