HRET HIIN Virtual Event
Foundations for Change Fellowship

Wednesday, March 28 Call #6
11:00-12:00 p.m. CT
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>11:00-11:05</td>
<td>Welcome and Introduction</td>
<td>Mallory Bender, HRET</td>
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<tr>
<td>11:05-11:15</td>
<td><strong>Action Period Discussion</strong></td>
<td>Kathy Duncan, IHI</td>
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<td></td>
<td>• Develop your measures and your tests in the discussion group or send to <a href="mailto:Kduncan@ihi.org">Kduncan@ihi.org</a></td>
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<td></td>
<td>Additional Resources:</td>
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<td></td>
<td>• Review the “IHI Patient Safety Framework”</td>
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<td></td>
<td>• Watch “What’s the secret to change implementation”</td>
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<tr>
<td>11:15-11:45</td>
<td><strong>Practical Strategies</strong></td>
<td>Kathy Duncan, IHI</td>
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<td></td>
<td>• Demonstrate how to link department-level improvement activities to the organization’s goals and overall strategic plan</td>
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<td></td>
<td>• List at least three ways you can be successful in partnering with front-line staff in quality improvement activities</td>
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<td></td>
<td>• Manage teams for appropriate delegation and distribution of improvement activity</td>
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<tr>
<td>11:45-11:55</td>
<td><strong>Next Steps</strong></td>
<td>Kathy Duncan, IHI</td>
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<td>Suggested Tasks</td>
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<td></td>
<td>• Develop a project plan</td>
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<td>Additional Resources:</td>
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<td></td>
<td>• 7 Minute Meeting- example with an improvement project</td>
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<td>Videos:</td>
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<td>• Watch this Video: What are the Seven Ways to Engage Physicians in QI?</td>
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<td>Assignment for Call #7</td>
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<td></td>
<td>• QI Lesson 2 – Testing and measuring changes with PDSA</td>
<td></td>
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<tr>
<td>11:55-12:00</td>
<td><strong>Bring It Home</strong></td>
<td>Mallory Bender, HRET</td>
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Introductions

Kathy D. Duncan, RN, is a Director for the Institute for Healthcare Improvement (IHI) where she oversees the development and execution of multiple areas of safety and quality improvement related content.

Lauren H. Macy is an Improvement Advisor for the Institute for Healthcare Improvement (IHI) supporting Collaboratives aiming to reduce parental stress in NYC (Early Years Collaborative) and improving end of life conversations across 20 health care organizations in Massachusetts. Additionally, she is director for IHI’s Improvement Coach Professional Development Program—teaching both the science of improvement methodology and coaching techniques.
<table>
<thead>
<tr>
<th>January 17 – Set Up for Success</th>
<th>March 28 – Practical Strategies</th>
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<tbody>
<tr>
<td>January 31 - What are you trying to accomplish?</td>
<td>April 11 - Implementation</td>
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<tr>
<td>February 14 – What changes can we make that will result in improvement?</td>
<td>May 9 - Transitioning to Adoption</td>
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<tr>
<td>February 28 – How will we know that a change is an improvement?</td>
<td>June 6 - Essential Tool Kit</td>
</tr>
<tr>
<td>March 14 - Testing Vs. Implementation</td>
<td>July 11 - Celebration and Wrap up</td>
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**Wednesdays 11:00- 12:00 PM CT**
Objectives

• Demonstrate how to link department-level improvement activities to the organization’s goals and overall strategic plan
• List at least three ways you can be successful in partnering with front-line staff in quality improvement activities
• Manage teams for appropriate delegation and distribution of improvement activity
AIM Project

TEAM DRIVER DIAGRAM

MEASURES

Testing

Project Submitted
Assignment for call #6:

• QI 105: Lesson 2 Change Psychology and the Human Side of Quality Improvement

Additional Resources:

• Review the “IHI Patient Safety Framework”
• Watch “What’s the secret to change implementation”

Suggested Tasks:

• Develop your measures and your tests in the discussion group or email to kduncan@ihi.org
Piloting Results to Take to Scale

Developing a change

Testing a change

Implementing a change

Taking the Change to Full Scale

Make part of routine operations

Test under a variety of conditions

Theory and Prediction
Who and Where to Test?
“Mise En Place”

What is it and Why should we care?
Mise En Place

“Everything in its place”
Practical Strategies

Model for Improvement

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Act
Plan
Study
Do
This self-assessment is divided into seven skill categories, which have been adapted from Chapter 2 of *The Improvement Guide* (Langley et al., 2009). These skills are referred to as the “Skills to Support Improvement” and serve as the foundation for the quality journey. Each of the skill areas is listed below with key concepts and tools that demonstrate knowledge of and ability to apply the concepts. For each concept or tool select the one response from the list below that best describes your current level of knowledge or skill. The response options are:

A. I have no knowledge of this concept/tool.
B. I have heard of this concept/tool but cannot explain or apply it.
C. I have a working knowledge of this concept/tool and can at least explain what it is.
D. 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.
E. I have a solid working knowledge of this concept/tool and can apply it to daily work.
F. I am confident and comfortable in explaining, applying, and teaching this concept/tool to individuals and groups.

<table>
<thead>
<tr>
<th>Skills to Support Improvement</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Setting Up for Success</strong></td>
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<td>• Establish a QI team with roles defined</td>
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<td>• Create a burning platform for building will and engaging stakeholders in improvement</td>
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</table>
1. Did you complete the self assessment? Y/N

2. Did you find it helpful? Y/N

3. (chat) Why or why not?
Observations from Self-Assessments

February 2018
Level 2: “I have heard of this concept/tool but cannot explain or apply it.”

• Create a burning platform for building will and engaging stakeholders in improvement
• 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 3: “I have a working knowledge of this concept/tool and can at least explain what it is.”

• Establish a QI team with roles defined
• 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 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)
Level 3: “I have a working knowledge of this concept/tool and can at least explain what it is.” (2)

- 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 descriptions, or new equipment)
- 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
Establish a QI team with roles defined
Create a burning platform for building will and engaging stakeholders in improvement
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 break a system down into the numerous processes that define how work gets done
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...)
Distinguish clearly how testing, implementing, and spreading a change are all different steps in the sequence of... 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
Reduce sepsis mortality at ABC 40% by 12/2018

Early Identification
- Point of Entry: ED
  - Adapt Triage Sheet
  - Develop Priority Process
- Point of Entry: ICU
  - Develop Daily screening tool
  - Develop Communication Process
  - Develop VS Flags re: SIRS
  - Develop Script for staff to notify provider
  - Provide 2 High volume MDS with Sepsis Protocol
  - Adapt one protocol
  - Ask 2 Providers to Test
  - Present for approval

Prompt Treatment
- Develop Sepsis Treatment Protocol
- Adapt one protocol
- Ask 2 Providers to Test
- Present for approval
Driver Diagram Poll Questions

1. Have you developed a Driver Diagram? Y/N
2. Have you used a driver diagram in your work?
3. Did you find it helpful? Y/N
4. Why or why not? (Chat)
## Example PDSA Form

### Worksheet for Testing Change

#### Aim:

*Every goal will require multiple smaller tests of change*

<table>
<thead>
<tr>
<th>Describe your first (or next) test of change:</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

#### Plan

<table>
<thead>
<tr>
<th>List the tasks needed to set up this test of change</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
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<tr>
<th>What questions are you trying to answer? Predict what will happen when the test is carried out.</th>
<th>Measures to determine if prediction succeeds</th>
</tr>
</thead>
<tbody>
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</table>

#### Do

<table>
<thead>
<tr>
<th>Describe what actually happened when you ran the test</th>
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</table>

#### Study

<table>
<thead>
<tr>
<th>Describe the measured results and how they compared to the predictions</th>
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#### Act

<table>
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<tr>
<th>Describe what modifications to the plan will be made for the next cycle from what you learned</th>
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Institute for Healthcare Improvement

American Hospital Association
**Aim:** Reduce sepsis mortality at ABC 40% by 12/2018

Every goal will require multiple smaller tests of change

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Will a visual cue on patients screening positive for sepsis notify provider of an immediate medical screen?</strong></td>
<td>Lauren</td>
<td>3/2 shift</td>
<td>ED</td>
</tr>
</tbody>
</table>

**Plan**

<table>
<thead>
<tr>
<th>List the tasks needed to be set up for this test of change</th>
<th>Person responsible</th>
<th>When to be done</th>
<th>Where to be done</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Place Red sheet of paper on MR when patient with positive sepsis screen is taken to the back.</strong></td>
<td>Lauren</td>
<td>3/2</td>
<td>ED</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>What questions are you trying to answer? Predict what will happen when the test is carried out.</th>
<th>Measures to determine if prediction succeeds</th>
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<tbody>
<tr>
<td><strong>Will a bright paper be an immediate cue to prioritize this patient? Will the Sepsis treatment protocol get started earlier? (Avg. now-25 minutes)</strong></td>
<td><strong>Time from door to treatment will decrease.</strong></td>
</tr>
</tbody>
</table>
Do

Describe what actually happened when you ran the test

On 3/2. Lauren spoke with each of the ED MDs and the charge nurse at 7a and described the test. Hoping to see if a visual cue would get the patient treated earlier. Lauren added a red sheet of paper on top of 3 charts that were screened positive for sepsis at triage and placed them in the rack as usual. One patient was examined and treated in 25 minutes, two at 30 minutes. Discussed with Lauren and the charge nurse at the end of the shift and they suggested we try again tomorrow.

3/3 Lauren discussed with providers and charge nurse the test. 4 patients screened positive for sepsis. Red sheet placed on chart, in rack. One patient was examined at 24 minutes, one at 20, and two at 30.

Study

Describe the measured results and how they compared to the predictions

The visual cue did not seem to be enough of a ‘red flag’. Patients screened positive for sepsis did not seem to get treated any quicker than before. We need to test a more forceful cue-prioritization mechanism.
Example PDSA Form

**Act**
From what you learned, describe what modifications to the plan will be made for the next cycle.

Need another flag for prioritization of patients screening positive for sepsis. Could we test a face to face handoff? What would that look like?

**Describe your next test**
Describe what you will test. Complete a new PDSA form for the next cycle of testing.

Lauren (triage) will walk any patient screening positive for sepsis to the back and introduce him to a provider, any provider, physically handing off the priority patient to a provider.
PDSA Worksheet Poll Question

1. Have you used a PDSA Worksheet? Y/N
2. Did you find it helpful? Y/N
3. Why or why not? (Chat)
# Measurement Strategy

Project Topic: ___________________________  Date: ________________

<table>
<thead>
<tr>
<th>Primary Driver (Which primary driver does this measure fall into?)</th>
<th>Type of Measure (Outcome, Process, or Balancing)</th>
<th>Measure Name (What are you measuring? Each should start with No. of, percent, rate, etc.)</th>
<th>Operational Definition (Clarify the measure according to your team’s definition so there is no ambiguity. Additionally, include the numerator and denominator)</th>
<th>Data Collection Plan (Who will collect the data? How will it be collected? How often? For how long will you collect data on this measure?)</th>
<th>Data Source (EMR, register, patient record etc.)</th>
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Build A Team

• Common Goal/Purpose
• Defined Roles to Play
• Agreed Upon Rules of Engagement
• Performance Measures
• Learn Together
Sustain A Team

- Common Goal/Purpose
- Defined Roles to Play
- Agreed Upon Rules of Engagement
- Performance Measures
- Learn Together
- **Update Goals**
- **Recognize and Celebrate!**
Empower and Engage

Enlist a Team
• a number of persons forming one of the sides in a game or contest
• a number of persons associated in some joint action

Engage
• Involve somebody in an activity, or become involved or take part in an activity

Empower
• To give somebody power or authority
• To give somebody a greater sense of confidence or self-esteem


Enlist a team
- Enlist – to enter into some cause, enterprise
Enlist a Team

• Effective teams include members representing different kinds of expertise:
  – System/clinical leadership – someone with enough authority in the organization to test, implement and deal with issues that may come up
  – Technical expertise
  – Day-to-day leadership
  – Project sponsor

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFor mingtheTeam.aspx
Effective teams include members representing different kinds of expertise:

– System/clinical leadership

– **Technical expertise** – *someone who knows the subject intimately, understands processes.*
  *Improvement methods expert will help (measures, design, data collection)*

– Day-to-day leadership

– Project sponsor

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFor mingtheTeam.aspx
• Effective teams include members representing different kinds of expertise:
  – System/clinical leadership
  – Technical expertise
  – Day-to-day leadership – the driver of the project. Assures that tests are done, data is collected
  – Project sponsor

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFormingtheTeam.aspx
Enlist a Team

• Effective teams include members representing different kinds of expertise:
  – System/clinical leadership
  – Technical expertise
  – Day-to-day leadership
  – **Project sponsor** – *not a day to day participant in meetings and testing, but is kept in the loop and may help with system barriers*

http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementFor mingtheTeam.aspx
Enlist a Team

Nursing Rehab unit will reach 90% compliance with documenting patient turns every 2 hours in EPIC by March 1, 2017.

Angie Evans, Parkview Randallia Hospital

Who might you suggest to be on a small improvement team?
Enlist a Team

Nursing Rehab unit will reach 90% compliance with documenting patient turns every 2 hours in EPIC by March 1, 2017. Angie Evans, Parkview Randallia Hospital

• **System/Clinical leadership** – Director of nursing
• **Technical Expertise** – 2 nurses on rehab unit, 1 quality staff
• **Day-to-day leadership** – Head nurse of rehab unit
• **Project Sponsor** –

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American Hospital Association
Engage a team

- Engage - to involve somebody in an activity, or become involved or take part in an activity.

Enlist a team
Engage A Team

• Common goal/purpose-
  — Choose staff that want to ‘play ball’ with you
  — Relate stated concerns to this opportunity
  — “Innovation comes from people who find joy in work”
    - Deming

• Defined roles to play

• Agreed upon rules of engagement

• Performance measures

• Learn together
Engage A Team

• Common goal/purpose

• Defined roles to play
  – Team members include clinical leads from areas who share work in the improvement area; front line staff who will run tests of change
    – Leader
    – Timekeeper/Recorder
    – Improvement Advisor/Facilitator

• Agreed upon rules of engagement
• Performance measures
• Learn together
Engage A Team

• Common goal/purpose
• Defined roles to play
• Agreed upon rules of engagement
  – Culture of safety
  – Open and honest communication
• Performance measures
• Learn together
Engage A Team

• Common goal/purpose
• Defined roles to play
• Agreed upon rules of engagement

• Performance measures
  – How will we know our change is an improvement
  – Improvement of care, flow, turn around time, etc.

• Learn together
Engage A Team

• Common goal/purpose
• Defined roles to play
• Agreed upon rules of engagement
• Performance measures

• Learn together
  – Data is for learning, not for judgement
  – Learning from failed PDSA’s
Engage A Team

Decrease inpatient CLABSI rates by 50% from 2016 by December 31, 2017. Katie Davis, Wise Health System

- Common goal/purpose –
- Defined roles to play
- Agreed upon rules of engagement
- Performance measures

LiveChat
Engage A Team

Decrease inpatient CLABSI rates by 50% from 2016 by December 31, 2017. Katie Davis, Wise Health System

- **Common goal/purpose** – decrease CLABSI rates
- **Defined roles to play** – leader, timekeeper/recorder, improvement advisor/facilitator, “staff who can test”
- **Agreed upon rules of engagement** – weekly check-ins, 15 minutes, start on time, notes each meeting, etc.
- **Performance measures** – Leader gathers outcome measures, testers gather process measures
What can I do to keep staff members engaged?

- Common. goal/purpose-
- Define roles
- Agreed upon rules of engagement
- Performance measures
- Learn together
- Encourage in-the-moment feedback
- Share the big picture
- Present new challenges and opportunities
- Respect boundaries
What can I do to keep staff members engaged?

• **Common goal/purpose** - I need to ‘parrot’ the Aim, Say it and write it everywhere. It is why we are here

• **Define roles** - I must reinforce the team roles Clarifying and encouraging as needed (Leader, Improvement Coach, testers, administrative support, etc.)

• **Agreed upon rules of engagement** – I must be there. I assure we meet often, keep it short, everyone speaks, test small, stay in touch

• **Performance measures** – I will measure and post data weekly, update department and administrator monthly

• **Learn together** – I will verbalize learning from specific tests, and lead adaptation, adoption or abandoning
What can I do to keep staff members engaged?

• **Encourage in-the-moment feedback** - I can praise often, take time to talk individually, coaching in the moment, I can encourage testing

• **Share the big picture** I will ask how will this help patients? How will this help the process? How will help them do their work?

• **Present new challenges and opportunities** – I need to stay a PDSA cycle ahead, understand what others have done

• **Respect boundaries** – I need to stay sensitive to boundaries, (department, shift, etc.) and build allies for improvement
Empower a team

- Empower - To give someone power or authority

Engage a team

Enlist a team

http://www.dictionary.com/browse/empower
Six ways to empower your team

1. Encourage in-the-moment feedback
2. Share the big picture
3. Present new challenges and opportunities
4. Respect boundaries
5. Give flexibility
6. Don’t babysit
Six ways to empower your team

1. Encourage in-the-moment feedback
   – Instant, on-the-spot, just in time
   – Best if you are face to face
   – Ground rules may be helpful
     • Must be constructive
     • Must be respectful
   – Goal: “Team will trust you and each other to deliver honest and helpful praise and criticism”

Six Ways to Empower Your Employees with Transformational Leadership, Forbes, December 27, 2014
Six ways to empower your team

2. Share the big picture
   – Articulate the large events within your scope of work
   – Verbalize the main goals
   – Give them a rundown of how other departments are performing
Six ways to empower your team

3. Present new challenges and opportunities
   – Encouragement
   – Challenge to take one step out of their comfort zone
   – State values, then let them test
   – Seek out others’ interests and abilities

4. Respect boundaries
   – Delicate balance between challenging others and respecting their boundaries
   – If you are unsure, “ask them!”

Six Ways to Empower Your Employees with Transformational Leadership, Forbes, December 27, 2014
5. Give flexibility
   – Inspire creativity
     • How? “must have” vs. “nice to have”
     • People doing the work, design the work (i.e., Quality needs vs. Nursing habits)
   – Review regulatory boundaries

6. Don’t Babysit
   – Trust them
   – Give them space
By April 1, 2017, the Florida Hospital Flagler will improve its hand hygiene compliance rate to at least 95%.

Kahina Trawick
Florida Hospital Flagler

How might you empower an improvement team?

1. Encourage in-the-moment feedback
2. Share the big picture
3. Present new challenges and opportunities
4. Respect boundaries
5. Give flexibility
6. Don’t babysit
By April 1, 2017, the Florida Hospital Flagler will improve its hand hygiene compliance rate to at least 95%.

How might you empower the improvement team?

– Verbally encourage the change ideas (visual cues, door tape, sanitizer placement, patient and family involvement)

– Report, post facility improvement

– Inspire unit independent projects, allow creativity

– Creative data collection – (tickets, random drawing of secret shopper per shift, small bonus’ when caught)
By July 31, 2017, Winston Medical Center’s use of urinary catheters in inpatients will decrease by 20%.

Karen Trosper, Winston Medical Center
By June 1, 201, the ABC hospital will have in place a process for M/S MDR rounding on all patients with a catheter.

How might you empower the improvement team?

1. Encourage In-The-Moment Feedback
2. Share the big picture
3. Present New Challenges and Opportunities
4. Respect Boundaries
5. Give Flexibility
6. Don’t Babysit
Empowerment
Action Items for Action Period

Suggested Tasks
Develop a project plan

Additional Resources:
• 7 Minute Meeting- example with a improvement project
• Check on measures Videos:
• Video: Work style inventory
• Watch this Video: What are the Seven Ways to Engage Physicians in QI?

Assignment for Call #7
• QI 103 – Lesson 2 – Testing and Measuring changes with PDSA

Additional Office Hour Call – April 7 – Testing, Testing, Testing
THANK YOU!