IPRO HQIC
Quality Improvement 101 Course

Content Class 1

'Plan' Phase of the Plan-Do-Study-Act (PDSA) Model

Please note this webinar is being recorded.

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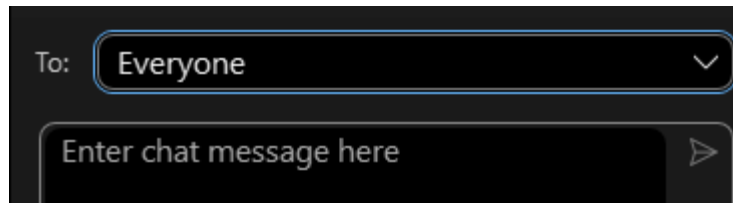- Superior Health Quality Alliance

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How to Use & Send a Message in Chat Box

Open **Chat** Panel

Scroll down and **select** **'Everyone'**

Please Share in Chat Your:
- Name
- Role
- Organization
- State

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Overview of Six-week Course

Six-week Format		Date	Registration
Week 1	**Content Class 1** - Plan Phase of PDSA	February 22, 3–5 p.m. ET	[**Register Here**](#)
Week 2	**Coaching Call** – on Class 1 Topics	March 1, 3-4 p.m. ET	Link will be sent
Week 3	**Content Class 2** - Do Phase of PDSA	March 8, 3-5 p.m. ET	[**Register Here**](#)
Week 4	**Coaching Call** – Class 2 Topics	March 15, 3-4 p.m. ET	Link will be sent
Week 5	**Content Class 3** - Study & Act Phases of PDSA	March 22, 3-5 p.m. ET	[**Register Here**](#)
Week 6	**Coaching Call –** Class 3 Topics **Course Wrap-up**	March 29, 3-4 p.m. ET	Link will be sent

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Course Objectives

The course is designed to help you:

- Engage in a project-based and hands-on learning and coaching experience

- Describe quality and process improvement methods

- Select and use key QI tools applicable to project scope and/or problem being addressed

- Learn how to collect, analyze and use data for improvement

- Achieve results by applying learnings and skills to a project at your organization

- Present a project deliverable to your leadership team upon course completion

Today's Agenda and Speakers

- Set the Stage - Why QI is Important
- Discuss Core Elements of an Organizational QI Program & Plan
- Review Plan-Do-Study-Act Model – Focus on 'Plan' Phase
- Describe Effective QI Teams & Member Roles
- Discuss Barriers & Resistance to Change
- Review Evidence-based Tools & How to Use During 'Plan' Phase
- Questions & Answers
- Wrap-up & Next Steps

Today's Speakers

Lynda Martin MPA BSN RN CPHQ
Senior Director Patient Safety
Qlarant
IPRO HQIC

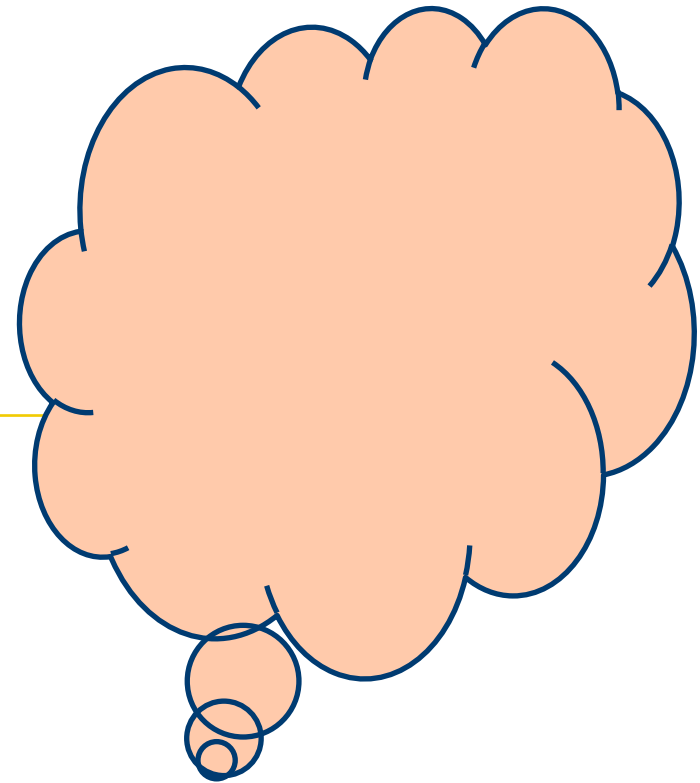**CarlaLisa Rovere-Kistner, LCSW, CPHQ, CCM**
HQIC QI Specialist
IPRO HQIC

Polling Question

What is your experience
level with QI?

Level Setting...

- **Quality Management** – strategic, integrated management system involving all managers and employees and uses quantitative methods to continuously improve an organization's processes to meet and exceed customer needs, wants and expectations.

- **Healthcare Quality –** degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

- **Quality Improvement (QI)** – systematic approach guided by data to improve the quality and safety of care, standardize processes and structure to reduce variation, achieve predictable results and improve outcomes for patients, healthcare systems, and organizations.

- **Performance Improvement (PI)** - continuous study and adaptation of the functions and processes of a healthcare organization to increase the probability of achieving desired outcomes and to better meet the needs of patients. (e.g., *What* is done and *how well* it is done)

- **Process** – goal-directed, interrelated series of actions, activities, events or steps related to a function of care or service that transforms inputs into outputs or outcomes

- **Process Improvement** – makes improvements to a process using QI methods

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Why Quality Improvement (QI) Is Important

- Aligns and supports achieving:
  - Organizational strategic priorities & goals
  - Regulatory/Accrediting/Certification standards compliance
- Uses problem solving methods for specific and prioritized needs
- Implements evidence-based practices and data-informed decision-making
- Engages providers and patients/families as partners
- Improves quality, performance and outcomes while safely reducing costs:
  - Care delivery experience
  - Systems and processes
  - Communication
  - Care coordination
- Promotes delivering safe, effective, person-centered, timely, efficient and equitable care for all involved

Aims of Healthcare Improvement

- **Safe -** prevent patient harm from care
- **Effective** – match care to science
- **Person-centered** – honor the individual and respect choice
- **Timely** – reduce waiting for both patients and providers of care
- **Efficient** – reduce waste and costs
- **Equitable** – close race, ethnicity, age, language, gender, disability and social determinants of health (SDoH) gaps

Leadership Fosters a Culture of Quality

Leadership sets the tone, leads the way and empowers others

- Use systems-thinking to design and nurture a culture committed to quality
  - Inspire shared sense of purpose and data-driven decision-making
  - Instill "board to bedside" accountability framework inclusive of structure, capacity, transparency, time and resources
  - Promote an agile, team-based, learning and 'just' organizational culture and a psychologically safe environment to improve care, safety and equity without fear of retribution

- Organizational infrastructure supports quality is everyone's responsibility
  - Standardize systems, processes and communications
  - Engage clinical, operational and financial teams, include patients/families and community
  - Provide ongoing quality, safety and cultural competency education and training
  - Recognize and reward QI behaviors and outcomes

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Organizational Quality Improvement (QI) Plan

- **Overarching Plan for Organizational QI and Performance Improvement (PI)**
  - Integrates quality, patient safety, health equity and PI principles
  - Systems-thinking supports delivering on strategic plan, vision and mission

- **Uses Systematic, Data-driven and Proactive approach**
  - Continuously improves quality, equity, experience and outcomes of care delivery for all patients and providers while safely reducing costs

- **Defines Who, What, When, Where, Why and How**
  - How includes - how to *do*, how **well** and how *often*

- **Garners Buy-in and Engagement at All Levels Across the Care Continuum**
  - Governing body, leaders, physicians, clinical and non-clinical staff, patients/families, community agencies, key partners and external providers

Communicate With Intention

Buy-in and accountability at all levels crucial for project/initiative success

- **Keys to successful buy-in** - engaged frontline staff, visible C-suite commitment and active physician support
  - Give them representation on the team – C-suite sponsor, physician/provider champion, team member
- **"What's-In-It-For-Me"** (WIIFM) approach – know and appeal to your audience based on what motivates them
  - C-suite - financial, satisfaction, employee retention, patient safety, etc.
  - Frontline staff - optimized workflow, simpler processes, improved patient outcomes, etc.
  - Physicians/providers – evidence-based practices, value-added processes, improved patient outcomes, etc.
- **Align change** to organization's strategic goals
- **Use data and stories** - leverage and involve patients/families or PFACs

https://www.forbes.com/sites/karleneagard/2019/01/25/wiifm-answer-this-crucial-question-if-you-want-to-deliver-real-change/?sh=207ca3e85707
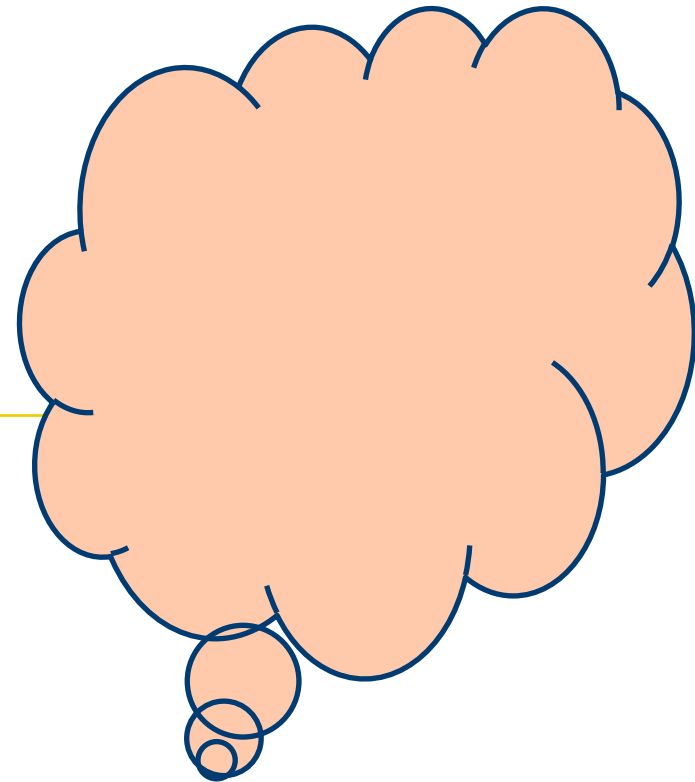
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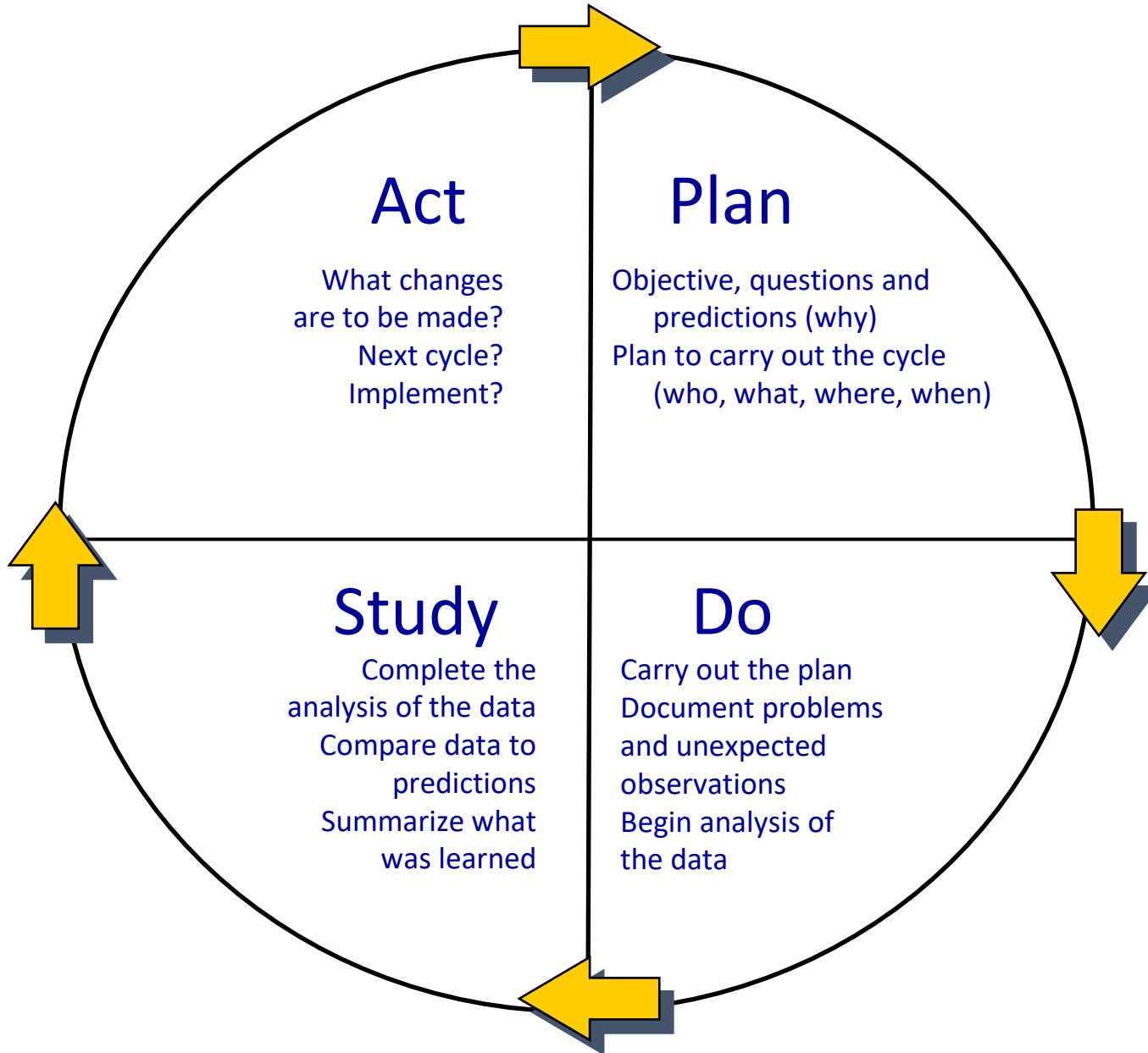iQUALITY IMPROVEMENT & INNOVATION GROUP

Patient and Family Engagement (PFE)

Meaningfully bring patient and family perspective into QI efforts

- **How** - invite, prepare and include patient or family representative on Committees or project(s)
- **Value** - helps build relationships with patients/families and with local community
- **Criteria**
  - Hospital - commitment to PFE and include as partners
  - Patient/family - lived experience and contribute unique insight
- **Why** – amplifies and integrates patient/caregiver voice to ensure delivery of high-quality, safe, effective, person-centered, timely, efficient and equitable care and services designed to meet their needs

Why Have a Systematic Method for Improvement?

- Evidence-based way to improve

- Provides roadmap for "How-to" change

- Gets people on the same page

- Instills accountability

- Reduces the variation in care & services

- Links quality & equity

- Identifies opportunities, addresses root causes, closes gaps, drives progress & leads to sustained improvement

If you can't describe what you are doing as a process, you don't know what you're doing.

William Edwards Deming
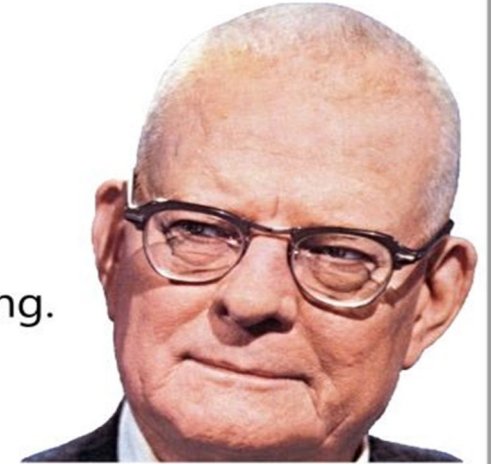
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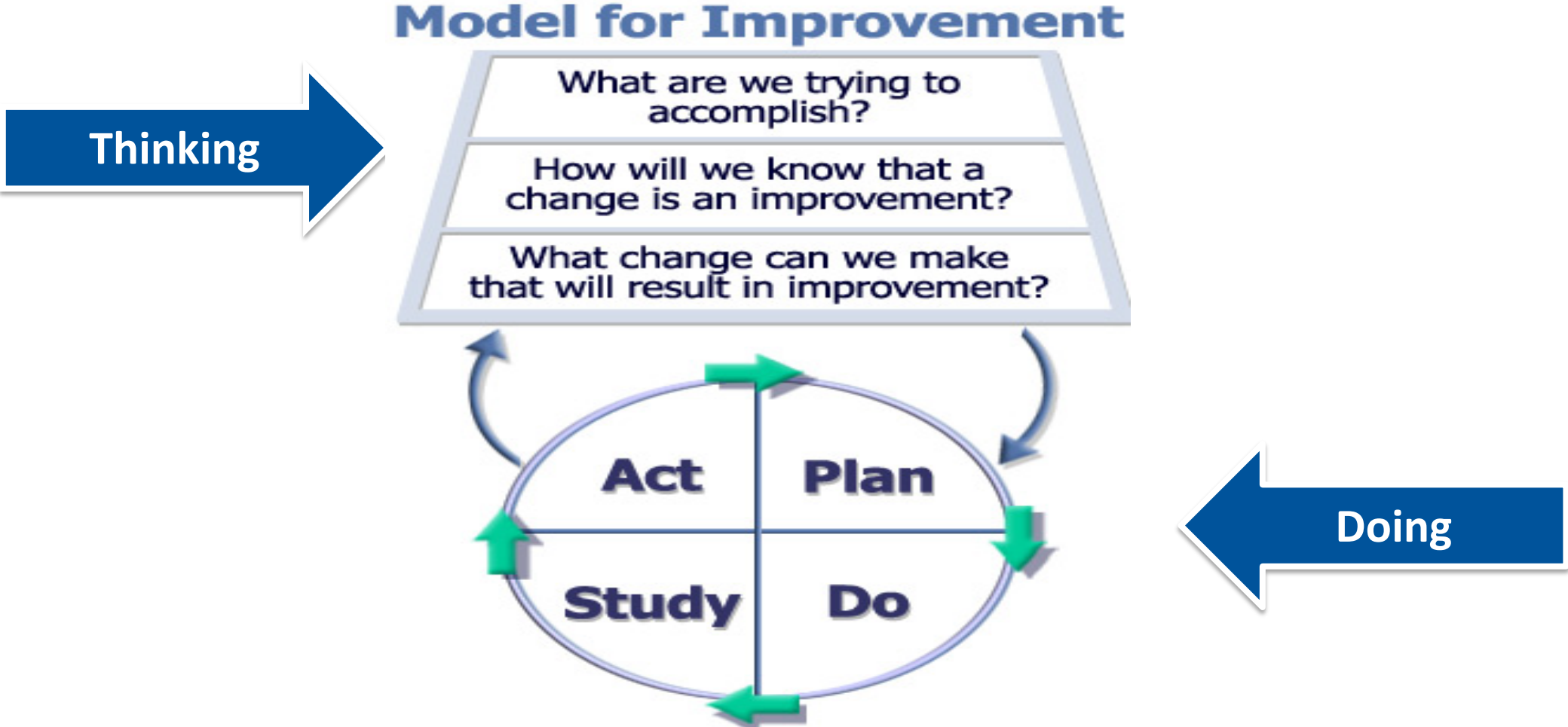*iQUALITY IMPROVEMENT & INNOVATION GROUP*

Improvement Models

Why Use a Quality Improvement Model?

- Help guide projects and provide feedback on progress

- No "One-size Fits All" – may use more than one

- Common Models
  - Plan-Do-Study-Act (PDSA) Cycle
  - IHI Model for Improvement
  - Six Sigma
  - Lean

- Similar design concepts

Polling Question

Do you currently use the PDSA process with your QI efforts?

Act
What changes are to be made? Next cycle? Implement?

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

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

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

PDSA Model

Method of Putting Ideas into Action to Drive Learning & Improvement

Institute for Healthcare Improvement (IHI)
3 questions + PDSA Cycle = Model for Improvement

W. Edwards Deming
The Improvement Guide, API, 1996

Project Initiation:
Develop Project Charter

- **Project Charter** - clearly establishes goals, scope, timeline, milestones, team roles and responsibilities

- **Living document** - Helps teams stay focused on what trying to accomplish

- **Answers key questions**
  - What is the problem and where is it occurring?
  - Who is the customer?
  - How does the problem impact the customer?
  - What's being measured?
  - What's in and out of scope?
  - What are the timelines for the project phases?

Project Charter Worksheet

PROJECT OVERVIEW	
Name of Project:	
Problem to be solved:	
Background leading up to the need for this project:	
• *Tip:* Reference specific background documents, as needed.	
The goal(s) for this project:	
• *Tip:* Use SMART goal; See Goal Setting Worksheet	
Scope—the boundary that tells where the project begins and ends.	
The project scope includes:	

Project Approach

Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Champion	Helps influence and obtain consensus from peers	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Project Leader	Initiates project and leads the team	
Project Facilitator	Assist the process and help with QI content	
Topic SMEs	Provide knowledge, skills and expertise	
Team Members	Directly involved with day-to-day process	

Material Resources Required for the Project (e.g., equipment, software, supplies):

Barriers

What Could Get in the Way of Success?	What Could You Do About This?

Project Approval

TITLE	NAME	SIGNATURE	DATE
Administrator			
Project Sponsor			
Project Champion			
Project Manager*			

Pause for Questions

Forming Your Project Team

Stakeholder Engagement

Create a Stakeholder Engagement Plan

- Roadmap for who, how and when you will engage and collaborate with stakeholders
- Consider the following questions to help identify key stakeholders:
  - Does the stakeholder have a fundamental impact on your program or project's successful performance?
  - Can you clearly identify what you want from the stakeholder?
  - At what phase of the project will you engage them?

Stakeholder Identification and Engagement Plan Worksheet

All Stakeholder Identification	Who? (Name or role)	How? (How will this stakeholder be affected?)	When? (Planning, Implementation, Ongoing or Evaluation Phase?)
Who is or may be affected by the project?			
Who is involved in the program or project operations?			
Who will benefit from the program/project?			

Selecting the QI Project Team

Quality improvement is a "team sport"

- Select team members closest to the process

- Create high performing teams
  - Engage the right people in the right role early and often
  - Use constructive communication
  - Conduct effective meetings

- Include multiple perspectives and a diverse group of team members from multiple disciplines or specialties

- Recruit patient and family advisors

What Makes an Improvement Team Different?

- Single focus

- Time limited
  - Should not be permanent
  - Efficient teams should not have a lot of "meeting time"

- Assigned team roles – may be different than regular role

- Members are there representing others, not just themselves

- Ideally all voices are equal

Establish Team Clarity

Things to clarify when assembling project team:

- What is the task? What is the goal and purpose?

- Is this a "first-time" project or a re-visit?

- What will your role be? Can you clearly define roles of others?

- Do you have key stakeholder directive and buy-in?

- What resources will you need?

- Is the culture ready?

- What is the expected/projected timeline?

Project Facilitation and Leadership

- Improvement teams
  - Assembling, guiding and coaching

- Understanding group dynamics
  - How a group matures
  - Conformity vs deviance
  - The power of "No" and getting to "Yes"

- The project life cycle

- Leadership and accountability

Team Roles

Project Leader _____ (name)	• Someone with operational authority to ensure success • Convenes stakeholders and team • Keeps the project on track • Keeps senior leaders informed • Ensures project aims are met • _____ • _____
Senior Leader _____ (name)	• Holds Project Leader accountable • Has authority to allocate resources (capital and human) • Asks for routine progress reports • Attends meetings, but only as needed • _____ • _____
Physician Champion _____ (name)	• Helps obtain consensus on issues that require physician practice changes • Tests ideas in their own practice • Finds other testers • Communicates changes to medical staff • Holds physicians accountable, if needed • _____ • _____

Team Roles - continued

Project Facilitator _____ (name)	• Be prepared • Set a relaxed and open tone • Establish clear ground rules • Identify the goal and purpose • Assist the process • Help the group grapple with content • Use questions to make the discussion more productive • Keep the time: reserve adequate time for closure • _____

Quality Leader
 	
_____
(name)
	• Improvement Model Coach
	• Is a resource to the team:
	  – use of data to drive project success
	  – provide advice to team leader if the project becomes stalled
	• Is NOT the team leader
	• _____

Team Member Role

Be a Good Team Member

- Full participation
- Contribute
- Share information
- Ask questions
- Stay on task
- Complete assignments
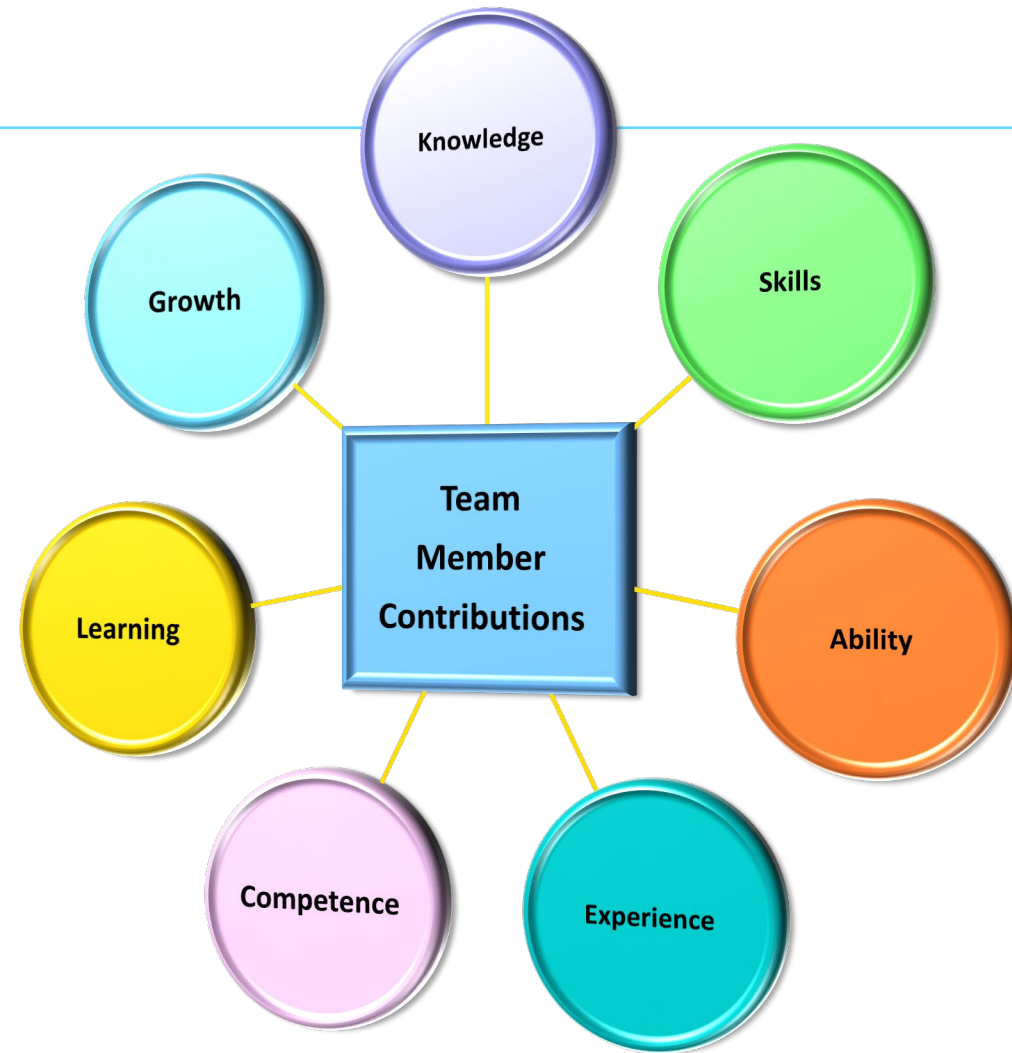
Other Types of Stakeholders and Roles

- Advisory (oversight, resources and insight)
  - Senior leaders
  - QI/Safety committee
  - Medical staff
  - Patient advisors
- Process Owner (subject matter expert)
- Implementation teams (expertise)
  - Multidisciplinary
- Unit-based (do the work, know the best)
  - Front line
  - Point of care

Advisory Level Stakeholders

- To get maximum engagement and resources for the project to be successful:
  - Provide clear and concise information about the project: "Our hospital's patient fall rate is higher than others, and we have a couple of ideas…"
  - Provide clear goals for the project
  - Provide context: "This is important because…"
  - Clearly request what you need: "We would like…"
  - Articulate the stakeholder's commitment: "If you come to the first meeting, then we will update you periodically on our progress…"

Process Owner

Subject matter expert and is someone who:

- Capable of process thinking

- Knows when the process is not functioning well

- Has the most to gain from process improvement

- Can positively influence the quality improvement team

- Can monitor the process for improvements

https://www.isixsigma.com/implementation/change-management-implementation/process-ownership-vital-role-six-sigma-success

Point-of-Care Staff

- To get maximum engagement and resources from this group:
  - Provide clear information about the project and assure authority from senior level stakeholders
  - Involve them in meetings only as needed, but create a mechanism for their feedback as the project progresses

Patients and Families

- Invite a patient to be a team member

- If your hospital has a Patient and Family Advisory Council, tap them for information and advice

- Do you know any patient stories that can help make the case?

- To get the information you need from patient advisors:
  - Provide clear and concise information about the project: "Our hospital's patient fall rate is higher than others, and we have a couple of ideas…"
  - Provide clear goals for the project
  - Provide context: "This is important because…"

Key Elements of Successful Teams

- **Leadership support**
  - Support the change
  - Assist in engaging key stakeholders
  - Remove barriers/resistance
  - Align project with strategic goals
  - Promote staff accountability for sustaining gains
- **Project documents** - charter, plans and roadmaps
- **Standard work processes and templates**
- **Transparency**

Teamwork

- The most effective teams work collaboratively
- They readily share information with one another and help their colleagues
- This takes a person who is selfless
- Team members have pride in their work and integrity

TeamWork

Collaboration

Ways to promote effective collaboration:

- Create a clear and compelling cause of why project is important
  - Use patient stories – like Faces of Sepsis
    https://www.sepsis.org/education/patients-family/faces-of-sepsis/

- Communicate frequently - key to success and includes expectations and project progress

- Discover and leverage team members strengths

- Create cohesion

- Promote growth – knowledge and skills
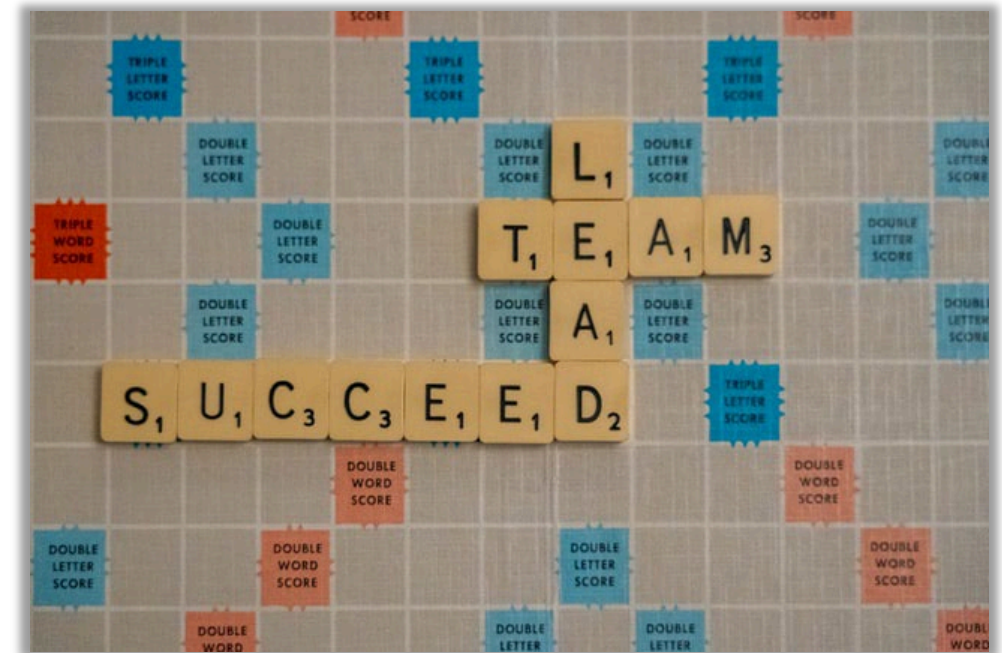
Solicit Support and Engagement

- Executive leader champion or peer champion

- Share the message – make it personal

- Promotional materials to make the change easier – badge buddies, posters or screen savers

- Rewards for adopters of the change

- "People change what they do less because they are given analysis that shifts their thinking, than because they are shown a truth that influences their feelings."

    - John Kotter, The Heart of Change

Conflict Management Minute

- Navigating conflict is learned and refined through practice!
- Where is this on the scale of skepticism to hostility?
- Overt vs covert conflict
- The power and value of CAVE Person
- Develop and access resources
- Know your limits

failure to navigate conflict

Celebrate Success

- Recognize
- Reward
- Celebrate collaborative behavior

Questions to Ponder

- Do you have an idea of who you should ask to participate on your team?

- Do you have an engaged Senior Leader that would be willing to act as your team's sponsor?

- Who is going to facilitate your team meetings?

Participation Question

- Why might your colleagues dislike coming to meetings either in person or virtually?

- Place your answers in the chat box

Meetings

Meeting Preparation

- Invitation
- Agenda
- Meeting Space
- Supplies – Equipment
- Snacks?

Date | Time | Location

Meeting Purpose:

Agenda:

TIME	TOPIC	Owner

Follow Up Items

Action Item (What)	Owner(s) (Who)	Deadline (When)	Status

Team Ground Rules:

- Electronics/phones on vibrate - Stay on task; stay on time
- Be candid; be respectful - All questions welcome
- One person to speak at a time; use queue to manage discussion as necessary

Team Expectations: Full participation; engage in discussion

During the Meeting

- Ground Rules
- Roles
- Focus on the task
- Consensus
- Assignments, Accountability

The Six Types of Team Decisions

- Individual
- Minority (key individuals)
- Majority (voting)
- Consensus
- Unanimous Consent
- "Plop"

Jesse Lyn Stoner
www.SeapointCenter.com

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General Meeting Information

- Common rules
  - Start and end on time
  - Use agenda
  - No sidebar conversations
  - No cell phones
  - All ideas considered
- Team charter
  - Living document
  - Update to keep team on track
- Meeting minutes and follow-up

Project Planning

Project Plans and Documents

QI project teams use assessments, plans and other relevant tools and documents to guide their activities and efforts in addressing a specific priority, topic or problem.

These include:

- Project charter
- Overarching project plan and relevant documents
  - Project planning form
  - Driver diagrams
  - SMART goals/Aim statements
  - Action plans
  - Data management plan
  - Communication plan

Project Planning Form

Project Initiation & Ongoing Updates

- Helps teams think systematically

- At a glance full project picture

  - Includes drivers, process measures & goals

- Tracks all tests of change, PDSA cycles, person responsible & timeline for each phase of work

Template: Project Planning Form

Driver Diagram

Driver diagram - visual display of what "drives" to achieving the project aim:

- Shows **relationship** between overall **aim** of the project, **primary drivers** that contribute directly to achieving the aim, the **secondary drivers** that are components of the primary drivers & **specific change ideas to test** for each secondary driver

- Need to identify a way to measure each driver

Example: Driver Diagram
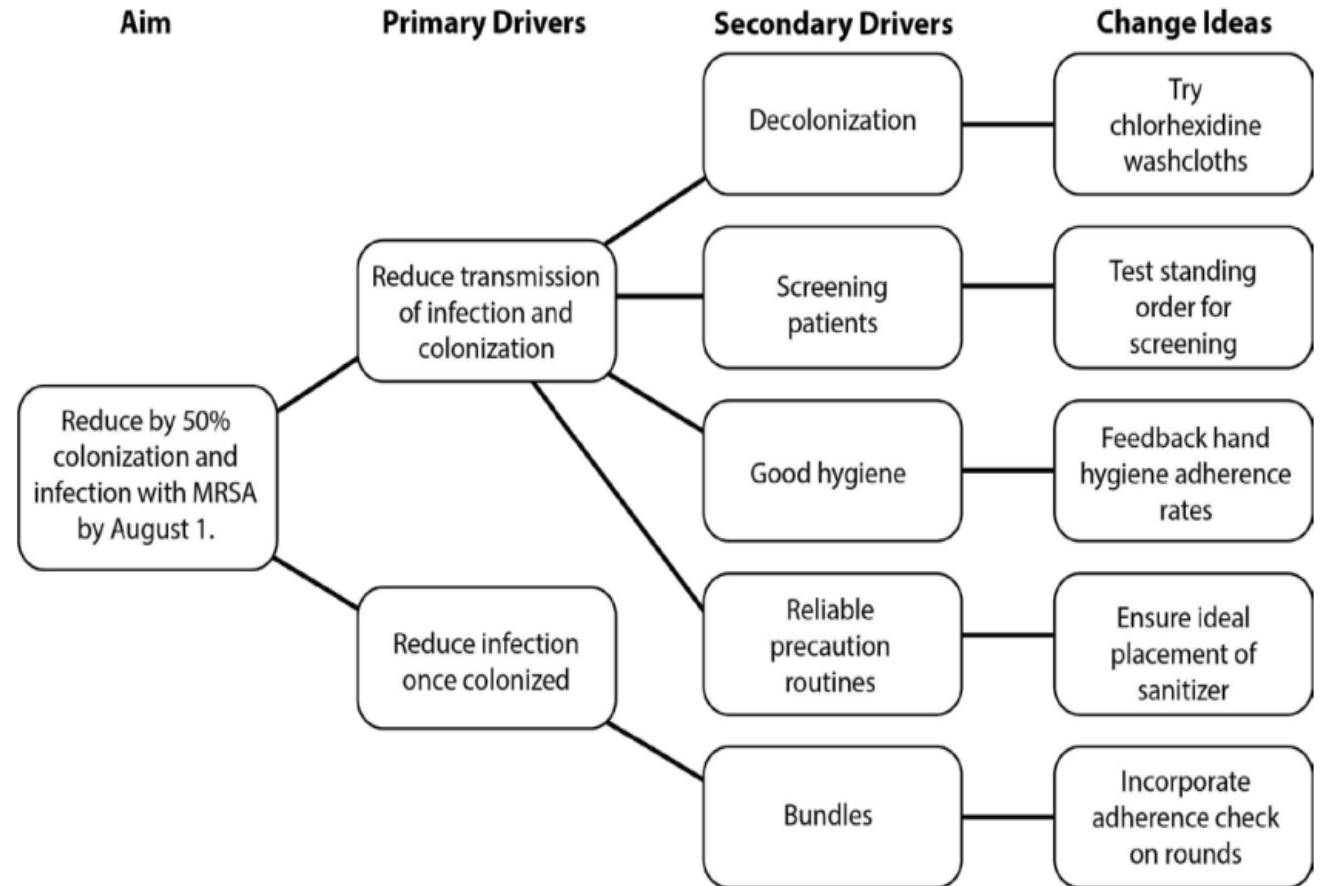
Establish SMART Goals

Goals serve as the team's vision of what it wants to accomplish

Create SMART goals to provide context, direction and purpose

- **Specific** – describe what you want to accomplish, who will be involved/affected and where it will take place
- **Measurable** – describe how you will know if goal reached
  - Measure to be used and current data for it (e.g., count, % or rate)
  - State if want to increase or decrease the number
- **Attainable** – state rationale for setting the goal measure (e.g., based on a best practice, average score or benchmark
- **Relevant** – describe how goal addresses the problem
- **Time-based** – define timeline and target date for achieving the goal

S • Specific
M • Measurable
A • Attainable
R • Relevant
T • Time-based
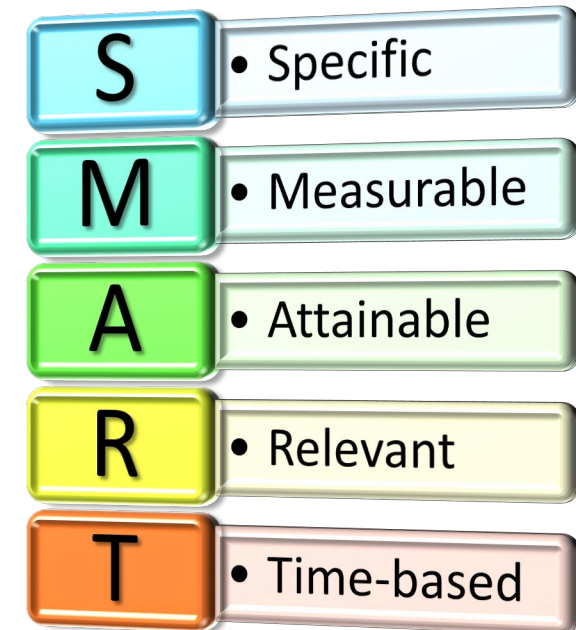
Sample goal: Improve staff hand hygiene compliance on 4 West from 80% to 100% within 3 months

Integrate Health Equity and Disparities

Integrate health equity and disparities reduction as a cross-cutting strategy in all QI efforts:

- Apply an equity lens to design initiatives and improve delivery of culturally sensitive and linguistically appropriate care and services

- Use a systematic data-driven approach
    - Include multiple perspectives
    - Internal and external sources of quantitative and qualitative data
    - Stratify data by REaL and SDoH to identify health disparities and priority population(s)

Data Management Plan

Types of measures
- Structural
- Process
- Outcome
- Balancing

Overarching plan for how to collect and use meaningful data to:

- Serve as a baseline, identify problems and root causes, measure progress and monitor sustainability

- Provide details - who, what, when, where and how of each measure used to support a QI project

- Keys to success
  - Identify existing and available data to decrease burden
  - Use metrics reflective of and tied to project activities, interventions and outcome you are trying to achieve

Types of Measures

Structural Measures	**Assesses the context or framework in which care is delivered.** Does your hospital use e-prescribing for controlled substances?
Process Measures	**Accesses a step in the care of a patient.** Percentage of patients prescribed opioids at discharge through e-prescribing.
Outcome Measures	**Assesses the effectiveness of care or the result of care.** Rate of opioid-related adverse drug events.
Balance Measures	**Assesses for unintentional outcome(s).** Decreased opioid prescribing results in an increase in patient pain rates.

Data Management Plan

Measure Name(s)	Name of parameter or condition
Measure Type(s)	Outcome, process, structure or balancing
Type(s) of data	Attribute or measured
Operational definitions	Clear and concise
Specifications	Target values
Targets	Desired result
Stratification	Consider geographic, REaL and SDoH
Data collection forms	Standard form or format
Sampling	Yes or no
Baseline	Results prior to project start
Data source(s)	Internal and external sources
Responsible person(s) for reporting and analysis	Who responsible and method to use and how often updated

What is a Project Communication Plan?

Communication plan outlines strategic dissemination of information to key stakeholders:

- Tailored to audience
- Data-driven and data displays
- Bi-directional and multi-modal
- Serves as a platform for transparency
- Promotes ongoing buy-in, alignment and engagement

Project Communication Plan

Project Name and Description:		
Project Owner/Lead:		Communications Lead:
Project Aim/SMART Goal:		

Who (Audience)	What (Message)	When (Date/Frequency)	Where (Location)	Why (Goal)	How (Mechanism)

Overcoming Barriers and Resistance

Change is Hard

Mark Twain –

"The only person that likes change is a wet baby!"

Resistance To Change

For many people, change is uncomfortable

All change is a new beginning

Every beginning is the end of something else

Endings are unsettling

People may react out of fear, anxiety, or self-preservation

Overcoming Barriers

Types of barriers:
- Physical
- Relationship
- Financial
- Political
- Policy
- Cultural
- Resource

Ways to overcome:
- Change narrative from negative to positive
- Identify barriers specific to your QI project
  - Prioritize if more than one barrier
- Knowledge is half the battle – once barriers recognized, problem solving can begin

Overcoming Resistance

- **Innovators**
- **Early Adopters**
- **Early Majority**
- **Late Majority**
- **Laggards/Resistors**

Innovation Diffusion Theory

- 2.5% Innovators
- early adopters 13.5 %
- Early Majority 34%
- Late Majority 34%
- Laggards 16%

Everett Rogers, 1961

Citation: Rogers, E.M. (2003). Diffusion of innovations (5th ed.). New York: Free Press
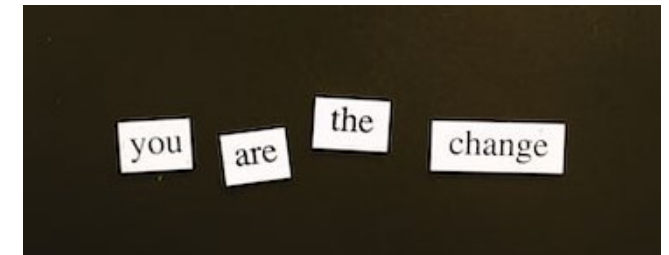
Readiness For Change

- Change is purposeful
  - Implementation science
  - Change models
- Assess organizational readiness before you begin a project
  - Cultural readiness
  - Commitment readiness
  - Capacity readiness
- Address gaps before you begin a project
- Typically, change is not an all-or-nothing, but a continuum
- Ensure your change team represents key influencers
- Communicate your vision

Optimize Testing Ideas

How can teams make it easy to do the right thing?

- **Cannot destroy productivity**
  - Changes *must maintain, enhance or balance* workplace efficiency
  - Devote *equal attention* to *blending changes* into clinical care workflow as you do to the *evidence-based guideline*
    - Important variables to consider:
      - Staffing, training, supplies, physical layout, information flow & educational materials

- **Remember** - not every solution or change will lead to improvement, however improvement cannot happen without change

Questions

Problem-solving

Core Steps in Problem-solving
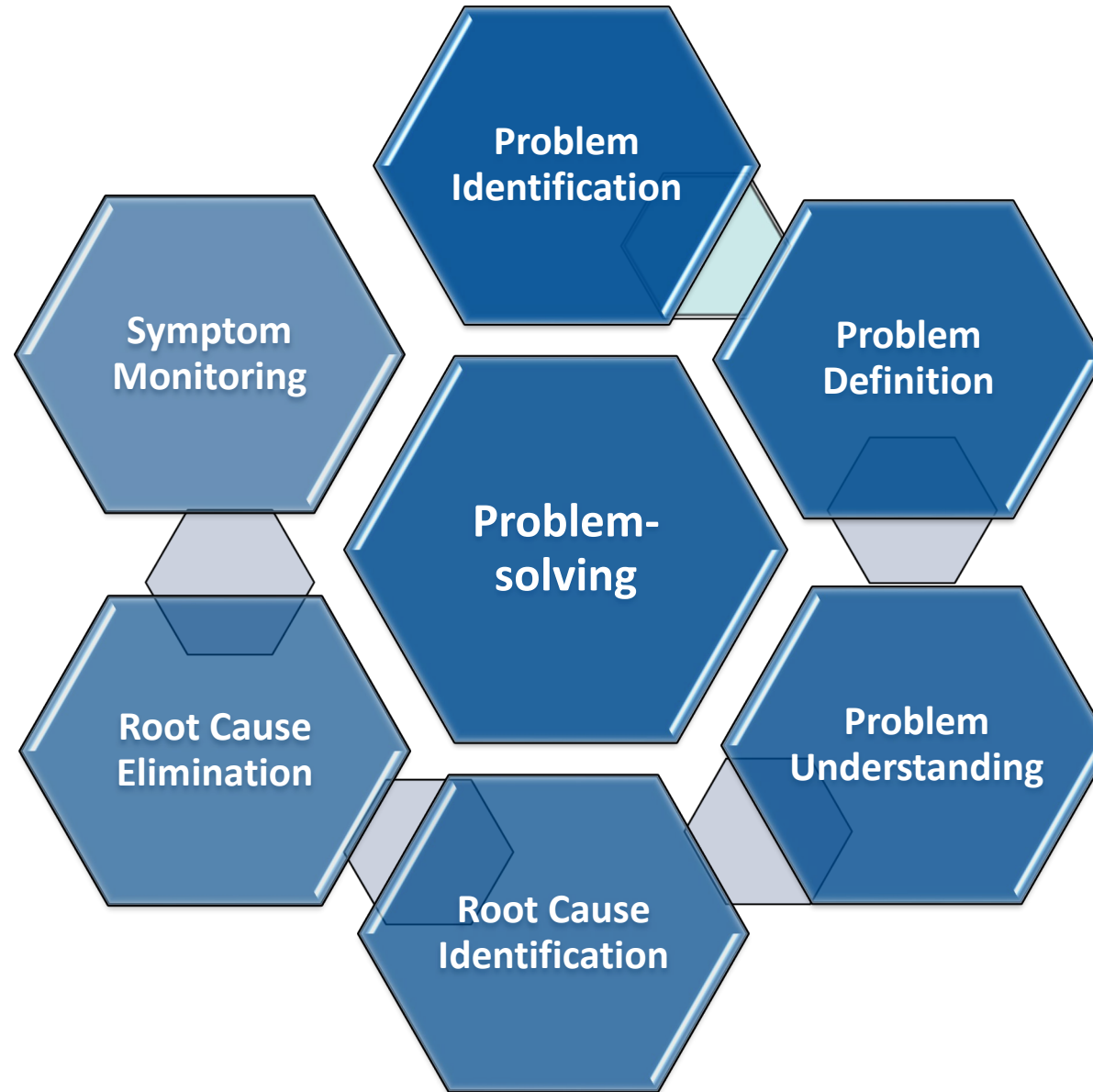
Problem Identification

Problem Definition

Symptom Monitoring

Problem-solving

Problem Understanding

Root Cause Elimination

Root Cause Identification

What is the 5 Why's Tool?

- Problem-solving tool used in performance improvement and as part of 'plan' phase of PDSA

- Explores cause-and-effect relationships
  - Team approach to drill down to root cause of an event
  - Non-punitive process – part of 'just culture'

- Uses iterative questioning technique
  - Constructed so each answer forms foundation of the next question

How to Use the 5 Whys

- Convene a team
  - Involve those with most knowledge of the event
- Define the specific problem and scope
- Ask the 5 Whys question
  - Driven by facts – not emotions
  - Requires non-punitive, safety culture, no blaming or excuses
  - Guided by data, policies and procedures
  - If more than 1 why then prioritize and solve for each why
- Team reaches consensus – root cause identified
- Support with data and continue with PDSA cycle

The 5 Whys Format

Begin by identifying a specific problem

"Why did this happen?" → Reason # 1

"Why did this happen?" → Reason # 2

"Why did this happen?" → Reason # 3

"Why did this happen?" → Reason # 4

"Why did this happen?" → Reason # 5
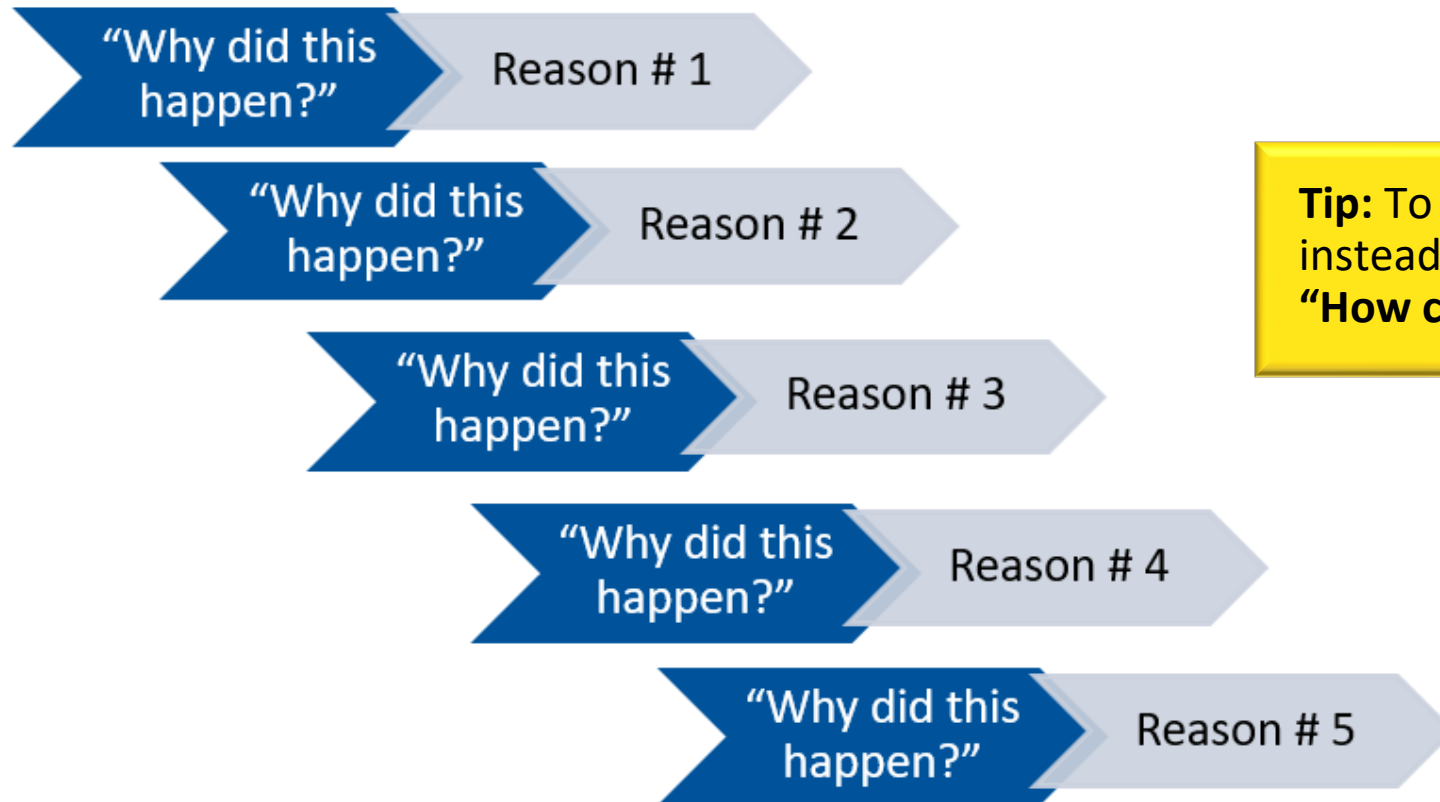
Tip: To support non-punitive process, instead of asking **"why?"** consider asking **"How could this have happened?"**

5 Whys Example
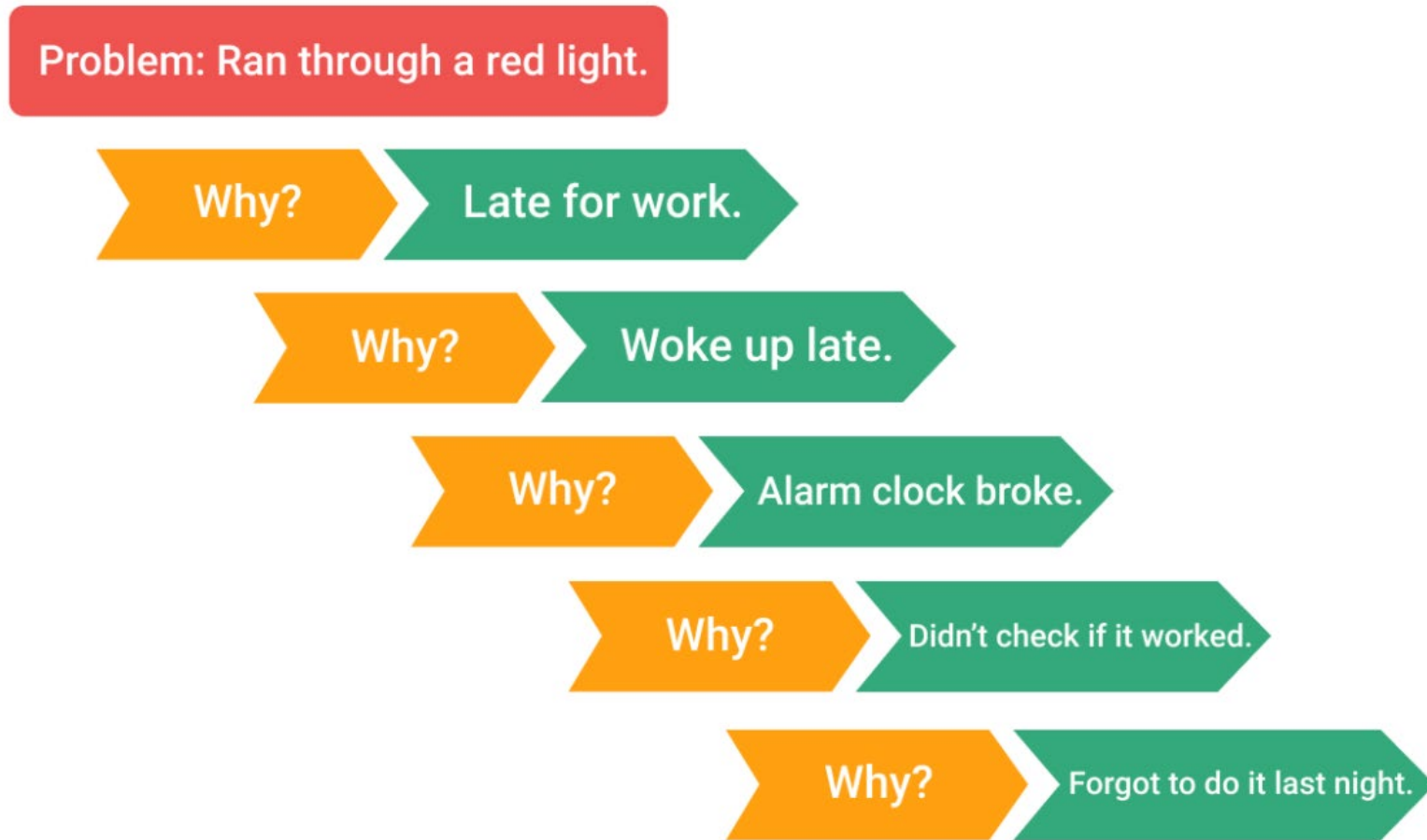
Let's Practice

Problem: No coffee in the breakroom

"Why did this happen?" → Reason # 1

"Why did this happen?" → Reason # 2

"Why did this happen?" → Reason # 3

"Why did this happen?" → Reason # 4

"Why did this happen?" → Reason # 5
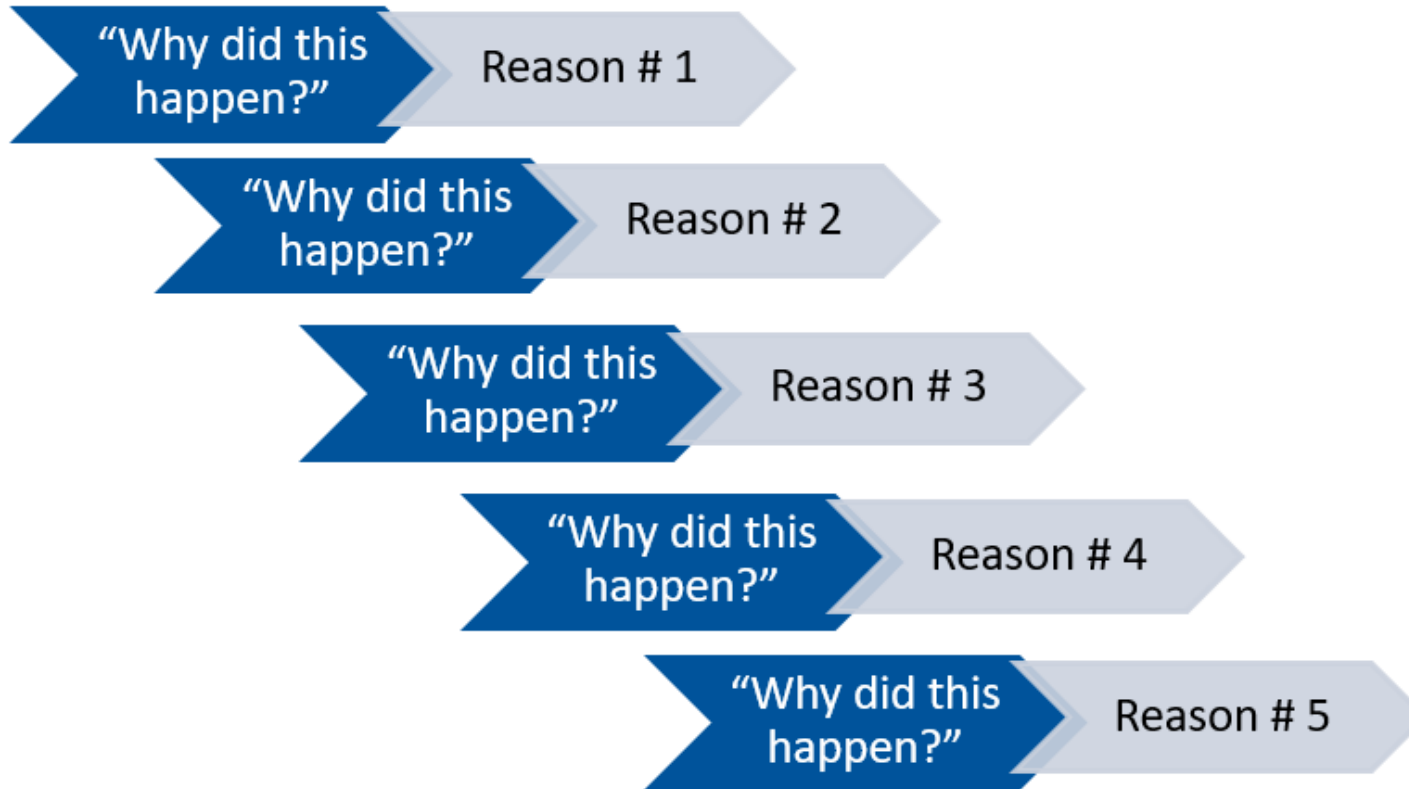
Tip: Consider asking **"How could this have happened?"**

Process Discovery Tools for Gap Analysis

Topics
- CAUTI
- CLABSI
- C-diff
- Sepsis
- HAPI

-Complete the spreadsheet for your last five HAIs
-Type responses in boxes without dropdown list
-For the remaining boxes, choose your answer from the dropdown list
    The box will populate with red, yellow, or green, based on choice selected
        Red: Not best practice and should try to implement change,
        Yellow: Neutral, but may need to consider practice change,
        Green: Best practice

A	B
	CLABSI #1
Demographics and Line Information	
MRN #	12345
DOE	1/25/2021
Cx results	E coli
What is the clinical indication for the line?	chemo
Pt diagnosis/factors that increase infection risk (immune status, obesity, etc)	leukemia
Mechanical problems with the line?	No
Did the line require repair before the onset of infection?	No
Did someone other than unit nursing staff access the line? (OR, sedation, IR, cath lab, etc)	Yes

Process Discovery Tools - continued

Insertion	
Date line inserted	1/10/2021
Where/who put line in?	IV team, procedure rm
Aseptic technique was used for insertion	Yes
Person inserting line wore sterile gown, cap, mask, and sterile gloves	Yes
Patient was covered in full body sterile drape during line insertion	Yes
Site for line was subclavian, IJ, or umbilical (neonates)	IJ
Site was prepped with 2% CHG (30 sec or 2 min scrub); if patient was allergic to CHG then 10% povidone-iodine or 70% alcohol solution used	Unknown

Investigation	
Patient/family educated on hand hygiene	Yes
Patient family returned demonstration	No
Hand hygiene products are readily available (for patient) at the bedside and working	Yes
Hand hygiene product is readily available and functioning in the room	Yes
Dressing clean, dry, intact	Yes
Dressing dated and not past due to be changed	No
Transparent dressing changed at least every 7 days	Unknown

Roadmaps for all Harm Areas from the MHA

Other Things to Consider

Leverage lessons learned:

- COVID (proned patients with central lines)
- Decreased staffing to conduct audits, leadership or patient safety rounds
- Contingency planning for patient safety
- Social Determinants of Health
- Voice of the Customer
- Voice of the Business

Questions

Brainstorming

Freewheeling

Team members call out and scribe records answers

Successful Methods for **BRAINSTORMING**

No Limits
Think of as many ideas as you can.

Don't Filter
All ideas are ok.
Even the wild ones!

Be Visual
Doodle your ideas and you just might find something useful.

Use a Mindmap
Develop ideas that work off of one another.

Take it Outside
Sometimes the best ideas come when you are out for a walk.

Round Robin

- Divide into smaller groups if necessary
- Pose the problem
- Each person in each group offers a solution
- Someone is designated to record solutions
- Set time limit for the discussion
- Choose someone from the group to present solutions to the larger group

Anonymous

Gallery Walk

- Flip Charts, Tape, Markers and Post-its

- Facilitator posts different problems on each flip chart paper

- Divide into small groups in front of each problem

- Each participant places as many solutions to the problem as possible in a given time frame

- Designate someone to synthesize or group the solutions

Brainstorming Practice

Where should we go for dinner tonight?

Put your answers in the chat box.

Team Decision from Brainstorming Results

The Six Types of Team Decisions
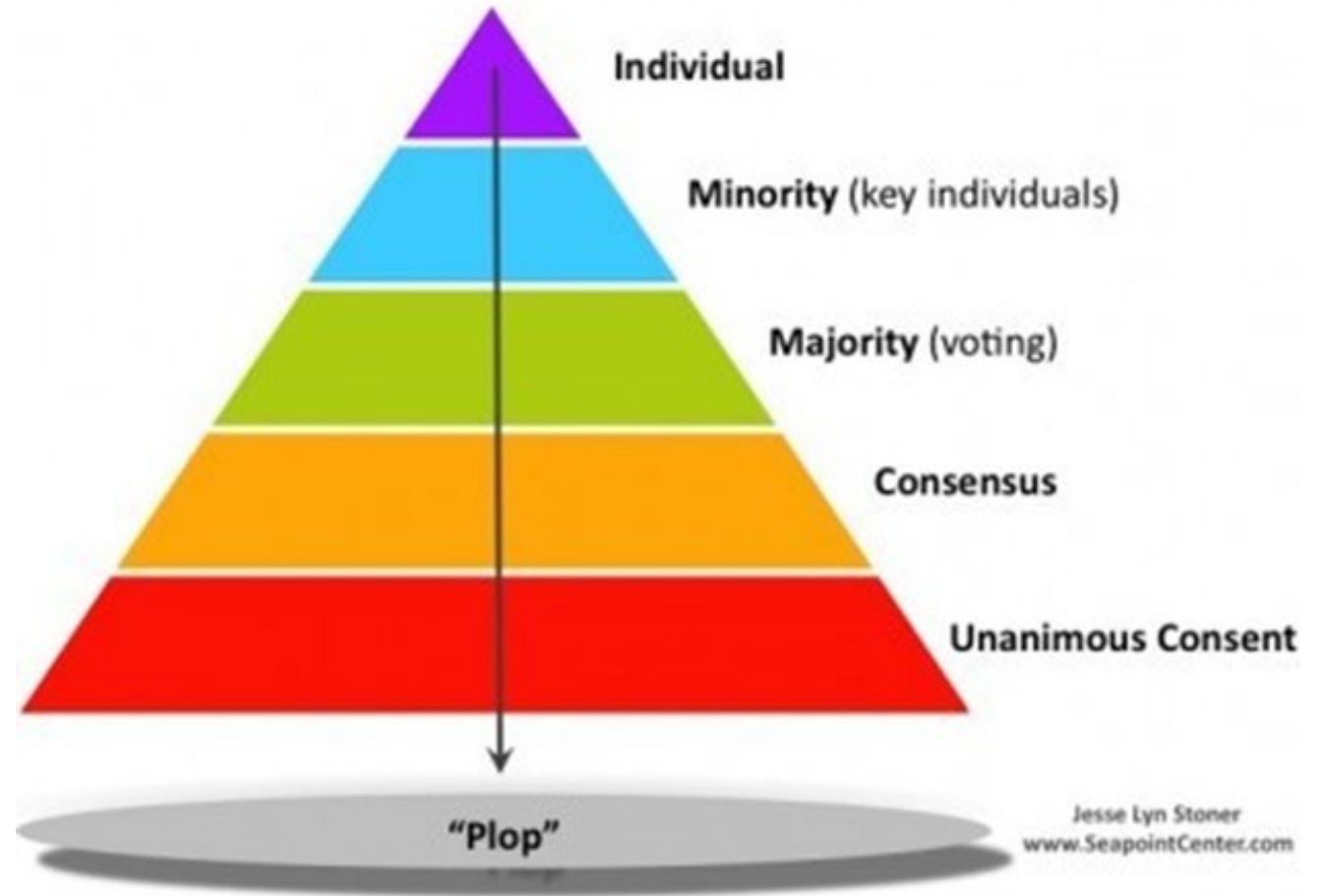
- Individual
- Minority (key individuals)
- Majority (voting)
- Consensus
- Unanimous Consent

"Plop"

Jesse Lyn Stoner
www.SeapointCenter.com

Problem Solving – PD Tool Results

	CLABSI #1
Demographics and Line Information	
MRN #	12345
DOE	1/25/2021
Cx results	E coli
What is the clinical indication for the line?	chemo
Pt diagnosis/factors that increase infection risk (immune status, obesity, etc)	leukemia
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Dressing dated and not past due to be changed	No
Transparent dressing changed at least every 7 days	Unknown

Root Cause Analysis

Example: Cause and Effect Diagram

Problem Solving Process Discovery Tool Results

		Impact		
Urgency		High	Mid	Low
	High			
	Mid			
	Low			

Problem Solving Process Discovery Tool Results

		Impact		
		High	Mid	Low
Urgency	High	Site Prep		
	Mid	Dressing Change	Who can access lines?	
	Low			Family Hand Hygiene Return Demo

Priority Matrix

	Do Now	Do Later
Crucial	Do right now!	Important – do soon
Not Crucial	Wait until later	Not necessary - eliminate

Guide to Prioritization (2020)

Priority Matrix – Let's Practice

	Do Now	Do Later
Crucial		
Not Crucial		

Guide to Prioritization (2020)

Priority Matrix – Identify Areas to Address First

- Identifies opportunities most important to address first
- Rank items by:
- level of impact and difficulty of implementation
- Rank each item using group-think or brainstorming
- Focus first on quick wins of high impact/low effort
- Eliminate or delay time consuming low impact/high effort
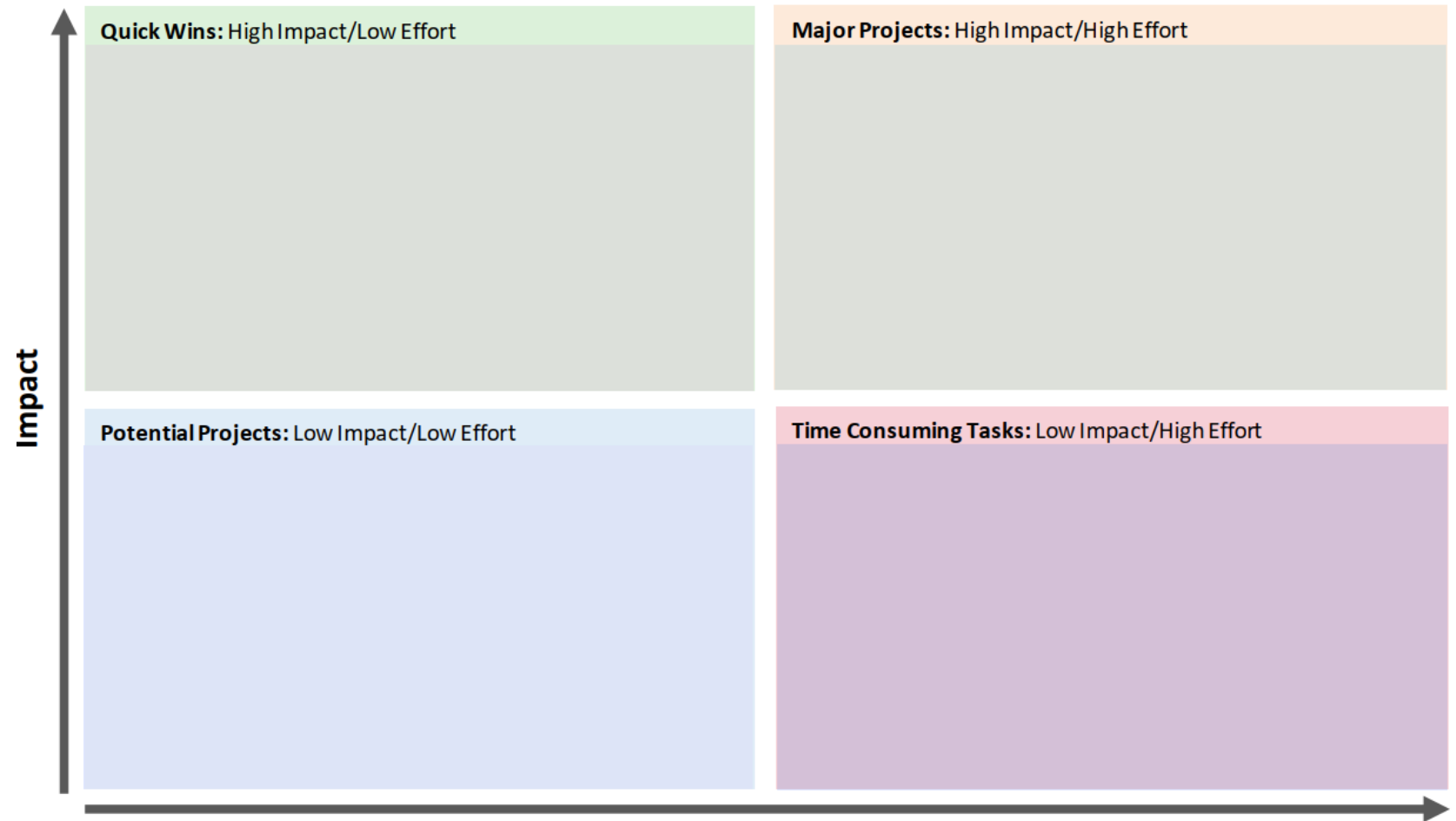
Impact

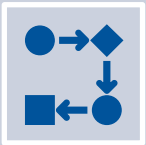|	
Quick Wins: High Impact/Low Effort	**Major Projects:** High Impact/High Effort
Potential Projects: Low Impact/Low Effort	**Time Consuming Tasks:** Low Impact/High Effort

Effort

Questions

Gap Analysis - AHRQ

Compare the best practices with the processes currently in place in your organization.

Determine the "gaps" between your organization's practices and the identified best practices.

Select the best practices you will implement in your organization.

AHRQ – Gap analysis https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/qitoolkit/d5-gapanalysis.pdf

Gap Analysis – AHRQ Template

Gap Analysis Tool

AHRQ Quality Indicators Toolkit

Project: _____   Best Practice: _____

Individual Completing This Form: _____

| Column 1	Column 2	Column 3	Column 4	Column 5
Best Practice	**Best Practice Strategies**	**How Your Practices Differ From Best Practice**	**Barriers to Best Practice Implementation**	**Will Implement Best Practice (Yes/No; why not?)**

Healthcentric Advisors ■ Qlarant
Kentucky Hospital Association
Q3 Health Innovation Partners
Superior Health Quality Alliance

HQIC
Hospital Quality Improvement Contractors
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Gemba – Go See!

- Japanese term meaning "the real place."

- Objective of the Gemba is to observe, engage and improve – always be respectful
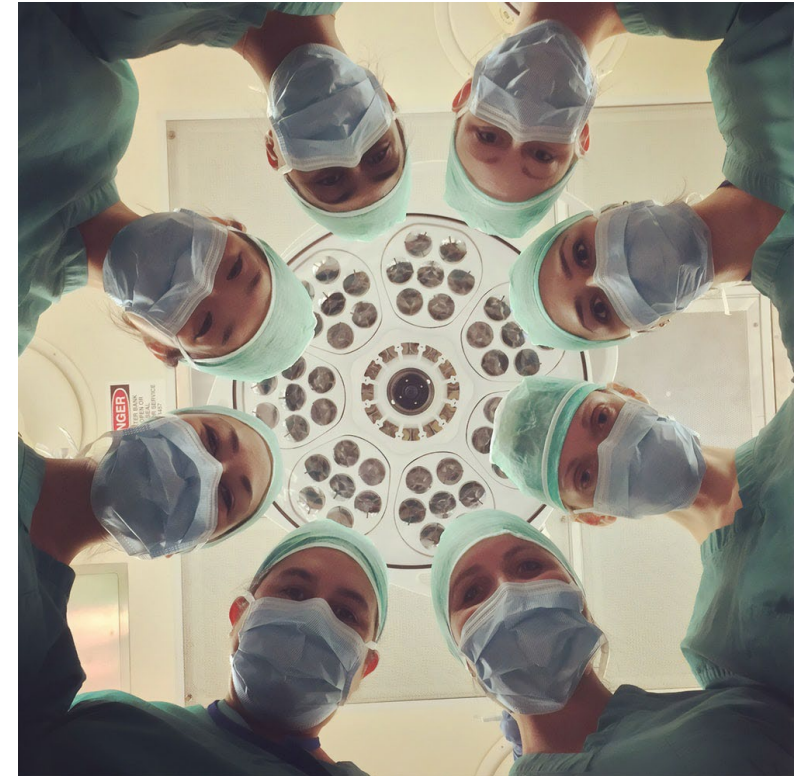
Participation Question

What processes or procedures in your workspace or unit could you Gemba to see what is really happening?

Put your answers in chat box.

Leadership Rounding - Gemba

Rounding process - leaders go to meet and hear firsthand from staff and patients about what is going well and what needs addressed regarding care and services provided

Consider before rounding:
- Which leader(s) will conduct rounds?
- How frequently will rounds take place?
- What questions do you want to ask?
- What do you want to learn? (See sample questions below.)
- What barriers/issues have already been identified that employees should be asked about in order to gather input on solutions?

Rounding:
- Build relationships by taking time to listen and respond to staff and patient needs
- Ask questions and document key points
- Follow up on prior issues or requests —share with staff how the issues were addressed or resolved

To do after rounding:
- Identify and prioritize frequently noted issues/ themes
- Conduct follow-up to show responsiveness to issues raised
- Acknowledge outstanding employee/unit efforts (e.g., thank you notes etc.)
- Identify training or coaching opportunities for employees/units.
- Plan next rounding session

IPRO HQIC

- Healthcentric Advisors ■ Qlarant
- Kentucky Hospital Association
- Q3 Health Innovation Partners
- Superior Health Quality Alliance

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Leadership Rounding – continued

Complete prior to rounding:

TOPIC

___Specific QI project(s):
___

___Specific aspect of care (e.g., bathing, medication reconciliation)
___

___Specific work place or workflow issue
___

___Other
___

Background information:
What are you trying to achieve?
How will improvement be
recognized?
Current data or description of performance:
Improvements made to-date:

BARRIERS/ISSUES ALREADY KNOWN: *(share & solicit input on solutions)*

PRIOR BARRIERS/ISSUES THAT HAVE BEEN ADDRESSED BY LEADERSHIP:

**Questions to consider for rounding:**

- What things are going well around this initiative or this aspect of care or service?
- What evidence do you see of success?
- What is frustrating you with the work around this initiative or this aspect of care or service?
- What barriers/issues do you see threatening this initiative or aspect of care or service?
- How should they be addressed?
- What additional resources/tools/equipment are needed?
- Are there any colleagues who deserve special recognition for their efforts on this initiative or this aspect of care or service?

https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPILeadershipRoundingTool.pdf.

What is a Flowchart?

- **Diagram** - uses shapes to represent sequence of steps or activities in a process
- **Helps teams:**
  - Understand sequence of activities and processes that make up a task
  - Look at relationships between activities and decisions
  - Identify opportunities to fix bottlenecks, add missing steps, clarify unclear steps or responsibility and eliminate unnecessary work

Symbol	Definition/Meaning
●	Start and end points in the process
▭	Activity or step
◆	Decision to be made - needs to contains a YES/NO question with two arrows coming out—one if answer is YES and one if answer is NO
→	Direction of flow between steps
☁	A step that is currently uncertain; this can be used in place of a box or coming out of it to indicate a problem

Example of a flowchart
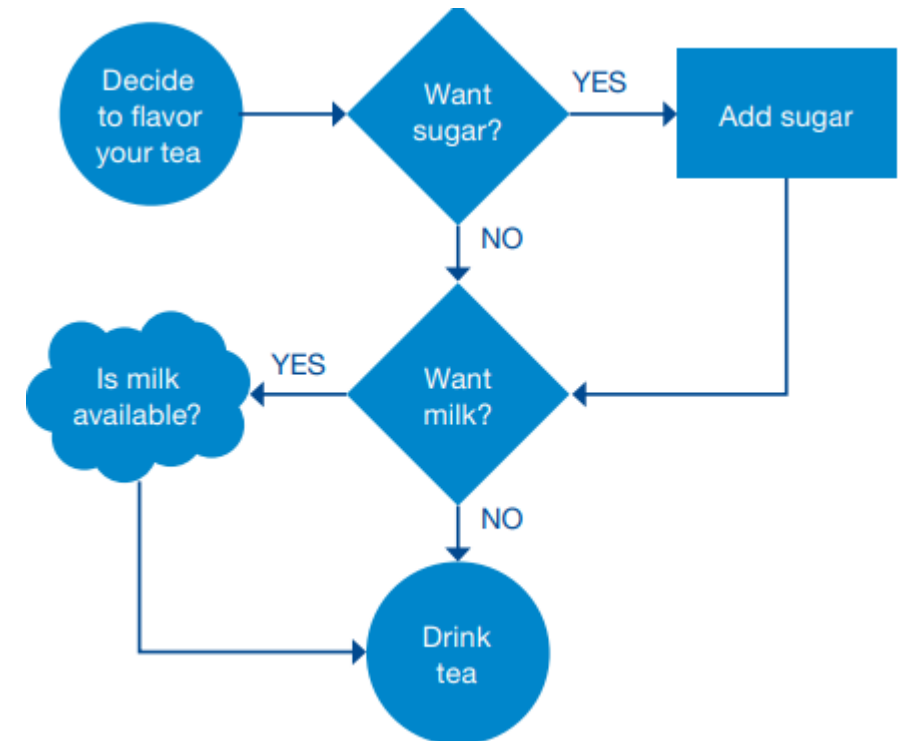
Review and Analyze Flowcharts

Questions to consider:

- Do you see any areas where the staff are doing double work?

- Do you see any areas where there is opportunity for more efficiency?

- What parts of the process might patients be unhappy with?

- What steps or clouds might need to have their own flowchart to understand the process within that step or further areas for root cause analysis?

- Which problem(s) would you want to address in your improvement work and why?

Process Map Definitions

- Begin or End a Process

- Process Step

- Decision Point

- Data

- Delay
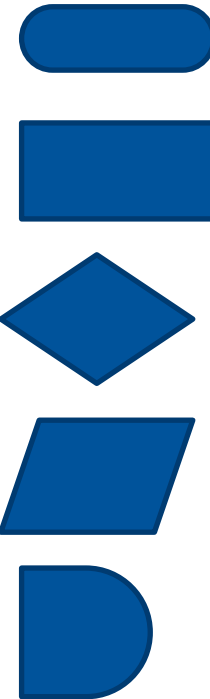
What are the steps in getting to work in the morning?

Process/Value Stream Mapping
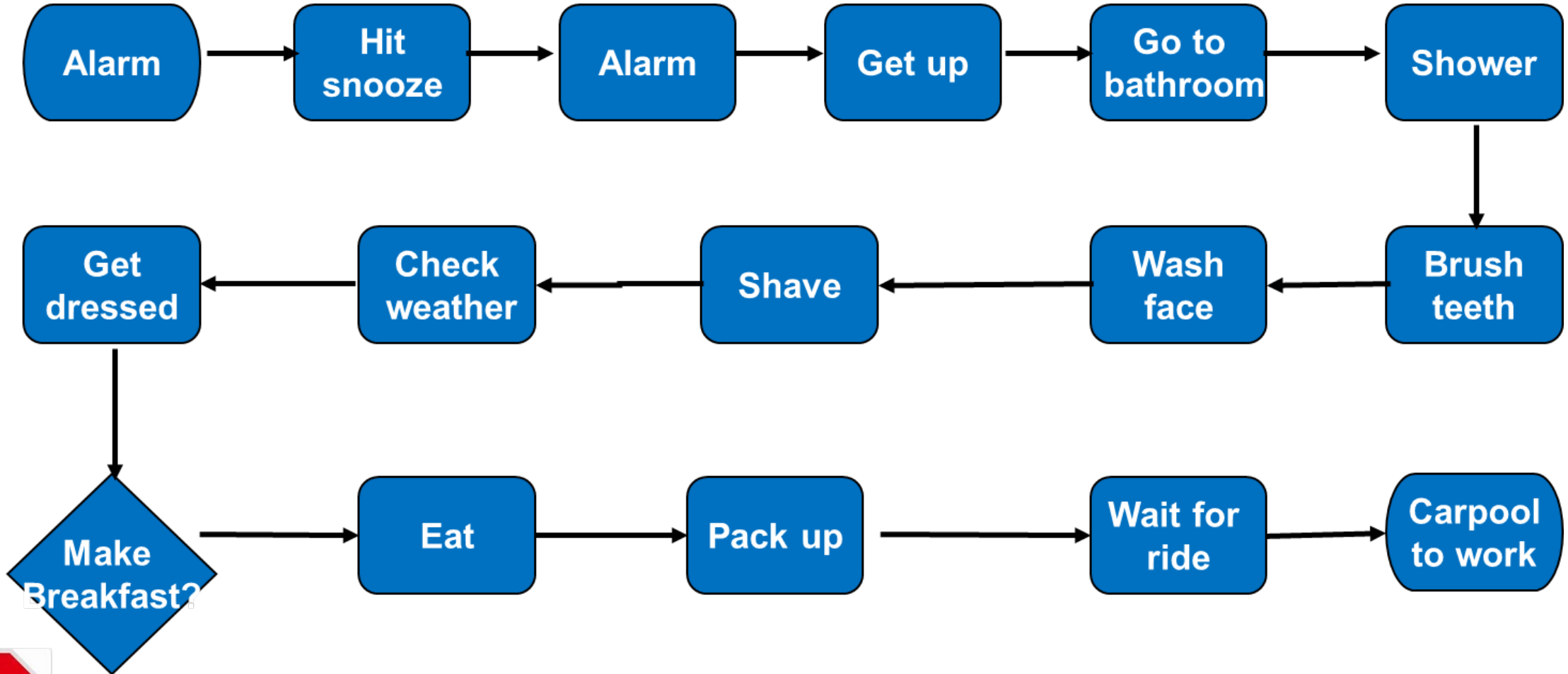
Seeing Waste in the Process
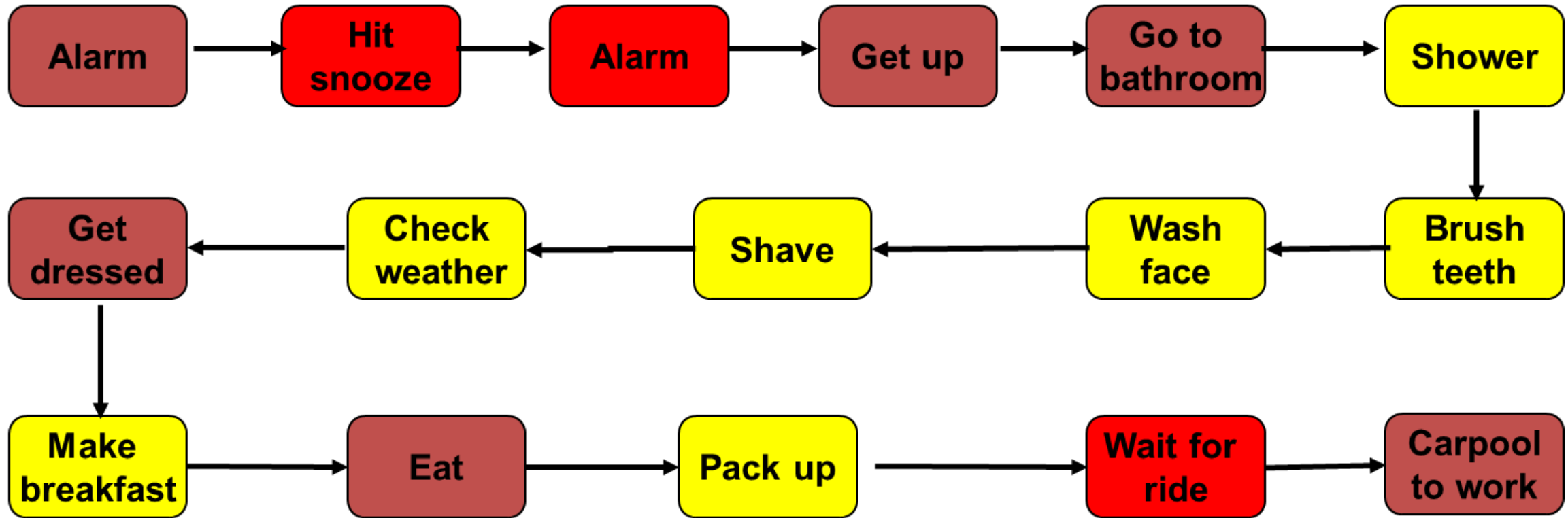
Color coding:

Yellow = necessary

Red = waste

Maroon = non-value added but necessary

Let's Try a Process Map Together and Make Toast

Process Map for Making Toast
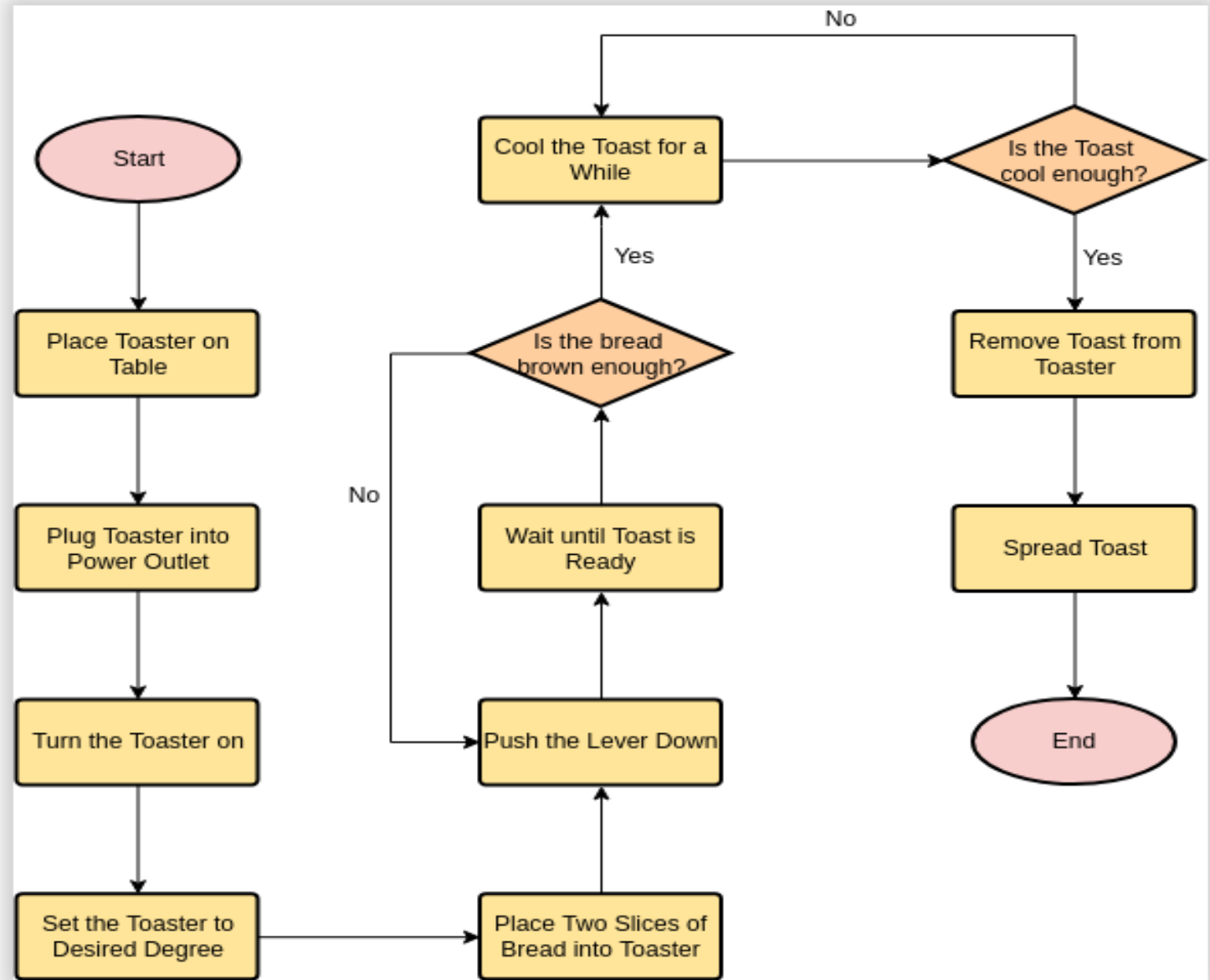
Data to Drive Change
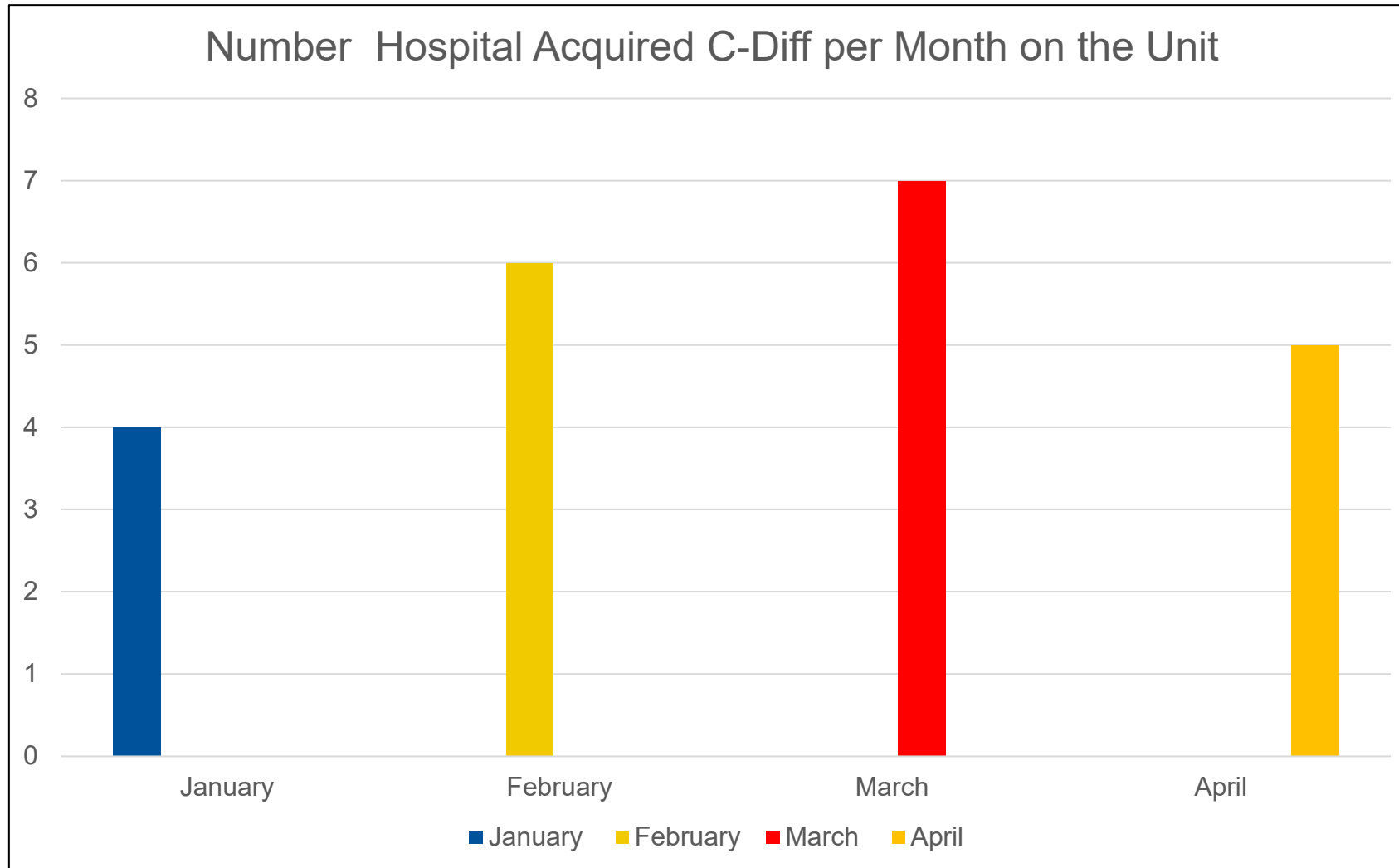
Number Hospital Acquired C-Diff per Month on the Unit

Legend: January, February, March, April

Questions

Voluntary Assignment – for practice and learning

Complete the stakeholder tool and Communication Plan Tool

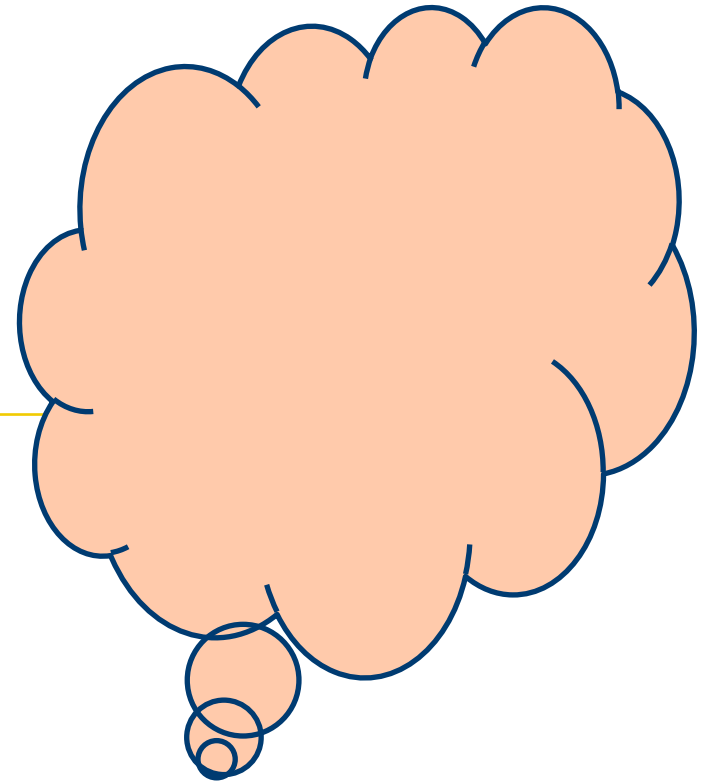Choose a Root Cause Analysis tool or method for your project

Schedule first team meeting if you are working on a project with your QI Team

Meet with your coach next week

Polling Question

Did information presented today meet your learning needs?

References

- The Blueprint (2020). A small business guide to the prioritization matrix. Available at: https://www.fool.com/the-blueprint/prioritization-matrix/

- Kleino, G. (2021) How to Create a Successful Team.

- Campbell, S. (2017). 10 Simple ways to build a collaborative, successful work environment. Retrieved from: https://www.entrepreneur.com/article/302126

- Institute for Healthcare Improvement. QI Toolkits. http://www.ihi.org/resources/Pages/Tools/default.aspx

- LSIXSIGMA. (2022). Process Ownership Defined. Retrieved from:

  https://www.isixsigma.com/implementation/change-management-implementation/process-ownership-vital-role-six-sigma-success

- PatientCare: Why Quality Improvement in Healthcare is important? https://ipatientcare.com/blog/why-quality-improvement-in-healthcare-is-important/

References

- Pictures from Unsplash and Canva.

- Minnesota Hospital Association CLABSI Roadmap. (2021).

- Stoner, J. L. (2021) Situational Team Decision-Making : Collaboration does not require consensus. Retrieved from: https://seapointcenter.com/situational-team-decision-making/

- CMS QAPI Rounding Tool. Retrieved from: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/Downloads/QAPILeadershipRoundingTool.pdf.

References

- Corie L. Seelbach; Grace D. Brannan, Quality Management, Last Update: March 9, 2022. https://www.ncbi.nlm.nih.gov/books/NBK557505/#_ncbi_dlg_citbx_NBK557505

- Dixon-Woods M, McNicol S, Martin GTen challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature. *BMJ Quality & Safety* 2012;21:876-884.