

Optimizing the Workforce and The Workplace in Clinical Office Practices

IHI 5th Annual International Summit on
Redesigning the Clinical Office Practice
San Francisco
March 28, 2004

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www.clinicalmicrosystem.org
www.howsyourhealth.org
www.improveyourmedicalcare.org
www.ihl.org

Objectives for Today

- Describe Clinical Microsystem thinking and framework.
- Describe a proven methodology to improve the workplace, workforce morale, and outcomes for patients.
- Discuss the success characteristics of high performing clinical microsystems based in qualitative research.
- Review a diagnostic data wall for a clinical practice, design change ideas, and measure outcomes.

Have some fun.....

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- Every clinical unit is actually a clinical microsystem. International research has shown those organizations that focus on the design and improvement of the front-line teams can enjoy the most success. This workshop will teach and provide a space to practice clinical microsystem improvement and methodologies along with showcasing examples from around the world.

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Agenda for the day (1)

9:00-9:30	Welcome and introductions	All
9:30-10:30	<i>Common Language</i>	
	Clinical Office redesign overview	John
	Levels of Health care systems including the community	John/UK film
	Introduction of materials/Action Plan	Margie
	What are clinical microsystems and success characteristics?	Margie
	EXERCISE: MAT	Margie
10:30-10:45	Break	
10:45-12:00	<i>The Basics "Assessment"/Decision Support-Helpful Tools</i>	
	Assessing Your Practice: The Green Book and the 4 Ps	Margie
	Workforce survey	Margie
	Howsyourhealth	John
	Your Data wall	John
	EXERCISE: Review your data wall as a group.	
	What is your overall assessment of your microsystem?	
	What can you learn about your 4 Ps?	
	What further questions do you have?	
	What actions will you take with this new knowledge?	
	Start your action plan	

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Agenda for the day (2)

12:00-12:30	Report out on findings	All
12:30-1:15	LUNCH	
1:15-2:30	<i>Office Redesign: Taking Action "Treatment" (Care based on need)</i>	
	Themes for improvement (IDCOP)	Margie
	Access	Margie
	Interaction/Chronic care	John
	Reliability	John
	Vitality (Workforce/Leadership)	Margie/Goran
	Improvement model:Aim/PDSA	Goran
	Choosing something to improve	Goran
	EXERCISE:	
	Based on your data wall, what test of change will you try?	
	Write your PDSA-who will do what when?	
2:30-3:00	Report outs (break)	

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Agenda for the day (3)

3:00-3:45	<i>Measuring & Monitoring (Evaluation/Feedback)</i>	
	Tracking data over time	Goran
	Instrument Panels/data walls	Goran
	EXERCISE:	
	What will you do to create and maintain a data wall? Who will do what? How will you make the data wall come to life in your clinical microsystem?	
3:45-4:15	<i>Infrastructure Considerations</i>	
	3 thread approach; Improve care, improve workplace, build individual knowledge	Margie
	Time/Space/Meetings	Margie
	Who should be involved? –Interdisciplinary-Focus on Staff	Margie
	Action Learning-Building knowledge	Margie
	Awareness and Development document	Margie
	Example of steps process	John
	Developmental journey (video)	Goran
	EXERCISE:	
	Based on "infrastructure" discuss and complete your Action Plan to consider in your own setting	
	Workforce survey	
4:15-4:30	Wrap up	All

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WELCOME

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Introductions!

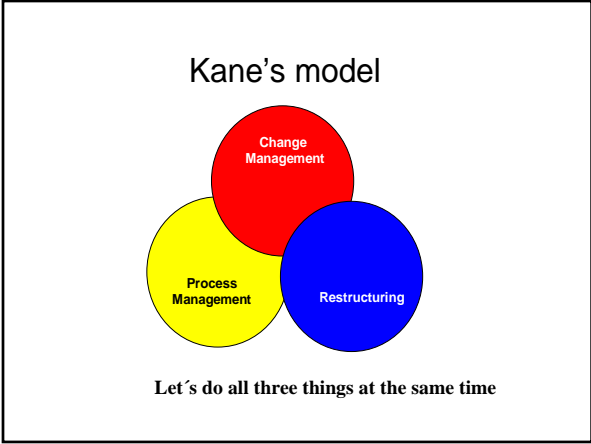
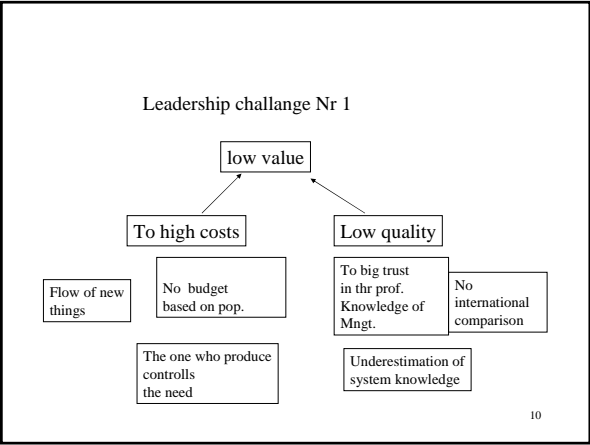
- At each table, **introduce yourself:** Name, role, organization
- **As a table** who is about to become a clinical microsystem, determine the name of your clinical microsystem
- **As a table** discuss and determine 1-2 outcomes of today... “What I hope to get from today.”

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COMMON LANGUAGE

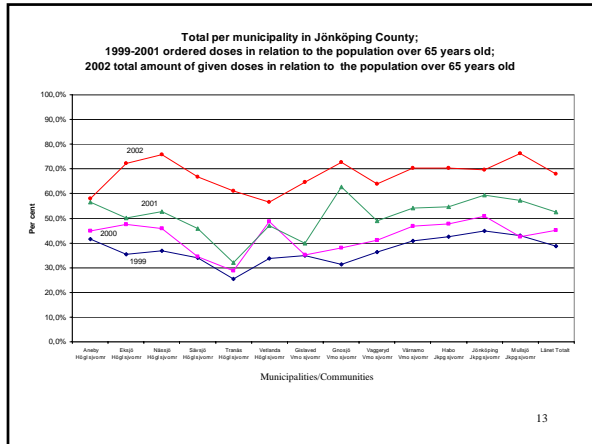
- Let’s agree to learn and share a common language around health care improvement, redesign, and clinical microsystems.

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Starting Points for Our Work

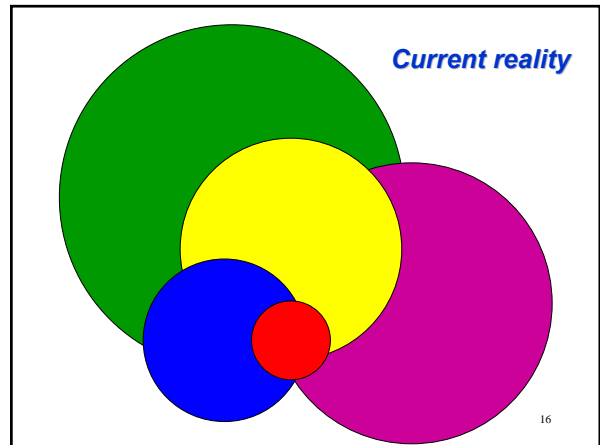
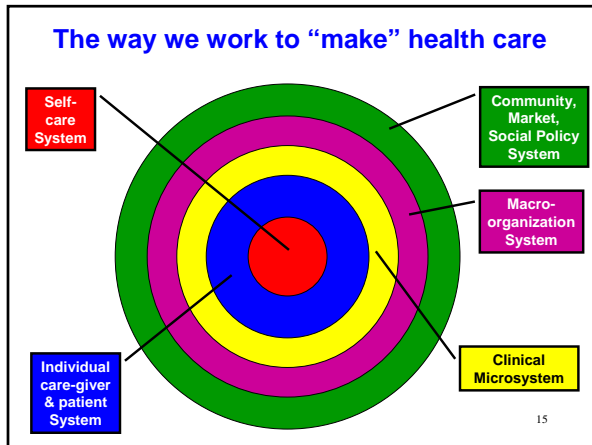
- The near and local leadership has the best possibilities to create a positive working climate
- The ability to take care of everyone’s good sides and “the best” competence is in the work done close to the workplace
- Good care is developed through a successful distribution of roles
- To create confidence and safety, participation and independence for the staff members increases self-esteem and the possibilities to do a good job
- We all have two kind of work - Do the work we are employed for and to develop it
- Create regular meeting places where everyone can join



Levels of Health Care Systems

- Health care consists of multiple system levels...
- Health care resides in small private offices, group medical practices, and large academic settings. What are the unique considerations of these settings when starting improvement and redesign? Where is your health care practice?

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When we connect things that don't match...

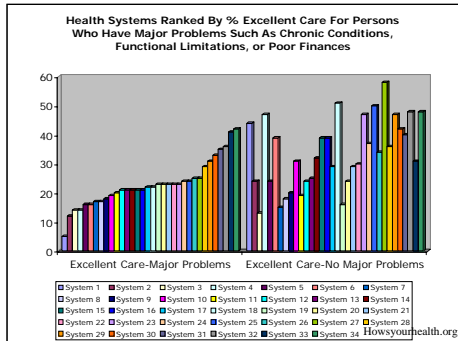
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The Economist

Considerations for Community Focus and Action

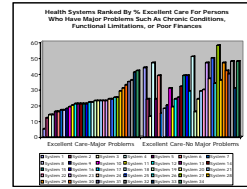
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United States Care Quality Patient-focused Assessment



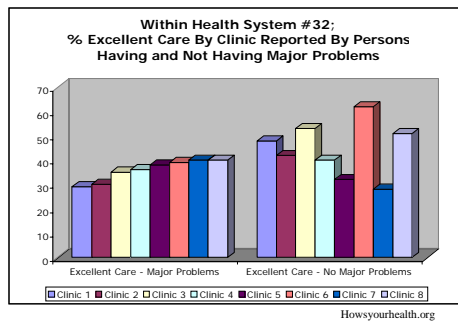
Where There is a Patient-Centered Assessment of Quality



- Variation in quality for both patient groupings
- Performance for one grouping of patients is not necessarily reflected in performance for the other grouping of patients
- “System-specific” but all fall short

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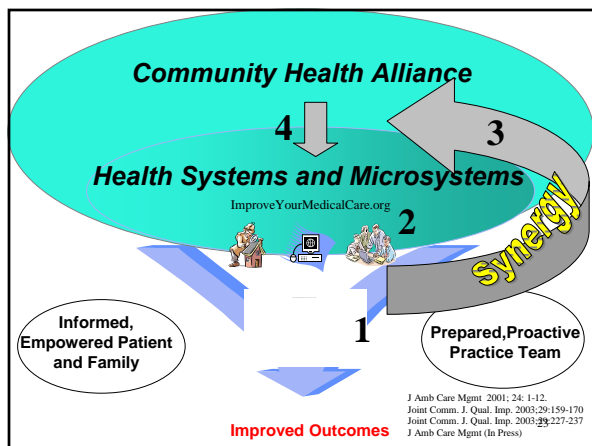
Also Front-Office (Microsystem) Specific



Microsystems: Big and Small

- The range of microsystems and macro-organizations
- Rural, urban, academic, private
- Resources are different

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Healthy Communities Video


- Linking with the community in England.
- Be thinking how you could build from the ideas in this video.
 - What might work within your context?

Overview of Materials

- Packet of Tools and Information
 - Microsystem Assessment Tool
 - Assessing Your Practice Workbook
 - External mapping Tool
 - Workforce Development Survey and case study
 - CARE Vital Sign Tool
 - PDSA worksheet
 - Awareness and Development
 - Action Plan worksheet
- Data Wall

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IOM 2: The Chassis is Broken

“The current care systems cannot do the job. Trying Harder will not work. Changing Systems of care will.”

National evidence

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The Chain of Effect in Improving Health Care Quality

I Patient

↕

II **Microsystem of care delivery**

↕

III Macro-organization

↕

IV Environmental Context

The framework

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The “True” Structure of the Delivery System?

- As experienced by the patient
 - People working together (or against each other)
 - In front line clinical teams (or tangles)
 - Often embedded in larger organizations (or Byzantine bureaucracies)
 - That are more or less loosely connected (or totally disjointed)
 - And provide more or less perfect (or deadly dreadful) care

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Improving Office Practice

Think Microsystems

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Levels of Care
Systems are embedded within systems



A great practice.

“They give me exactly what I want (and need) exactly when I want (and need) it . . .

. . . While maintaining and improving a joyful work environment and a financially viable organization.”

- Don Berwick, MD
President, CEO
Institute for Healthcare Improvement (IHI)

Focus on Microsystems

“Every system is perfectly designed to get the results it gets.”

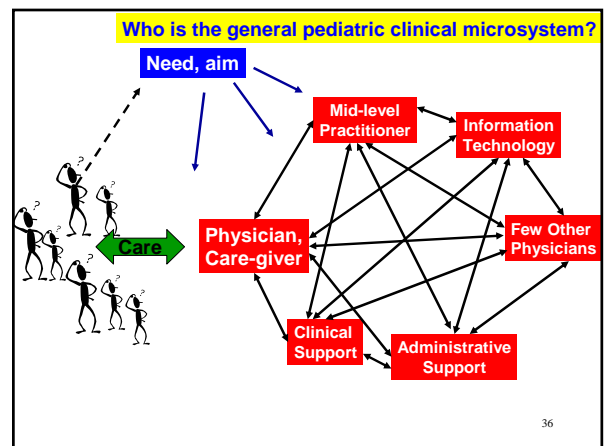
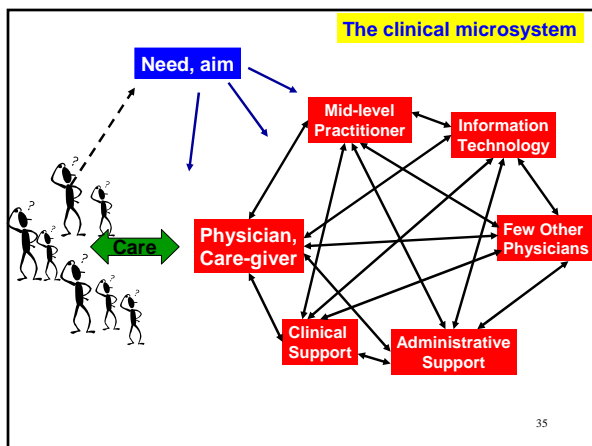
Paul Batalden, MD

What is a “clinical microsystem?”

- Small group of doctors, nurses, other clinicians
- Some administrative support
- Some information, information technology
- A small population of patients
- Interdependent for a common aim, purpose

Isn't “clinical microsystem” just a different name for what others have called, the health care “team”?

- No, the clinical microsystem includes the small population of patients as part of the same system as the providers.
- No, it includes information & information technology as a “full” participant.





Children

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Parent

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Jodi, MD, Pediatrician

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Holly, Receptionist, Scheduler

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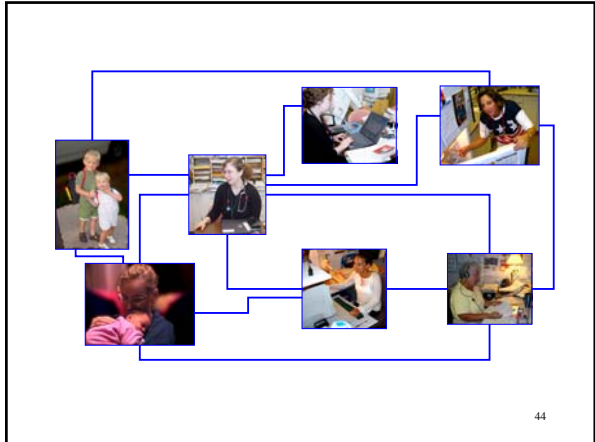
Electronic and paper information

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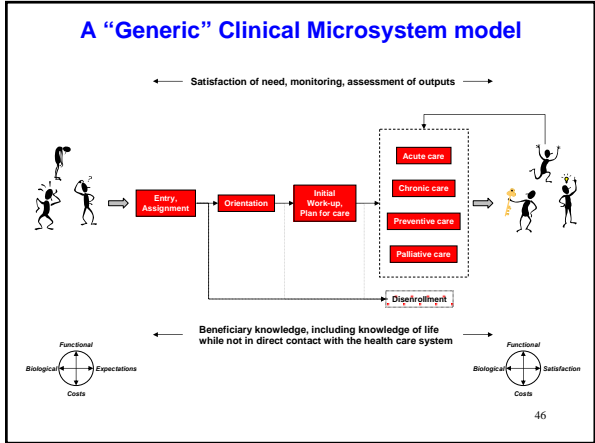
Kathleen, Nurse

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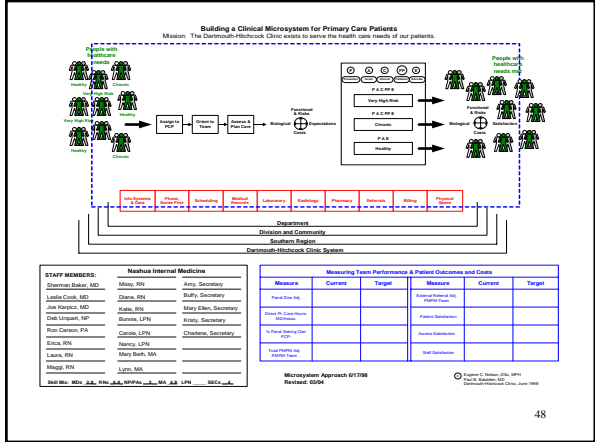
A Picture of a Microsystem

The Physiology



A Picture of a Microsystem

The Anatomy



Microsystem Definition

A microsystem in health care delivery can be defined as a **small group** of people who work together on a regular basis to provide care to discrete subpopulations of **patients**. It has clinical and business **aims**, linked **processes**, shared **information** environment and produces performance **outcomes**. They evolve over time and are (often) **embedded** in larger organizations.

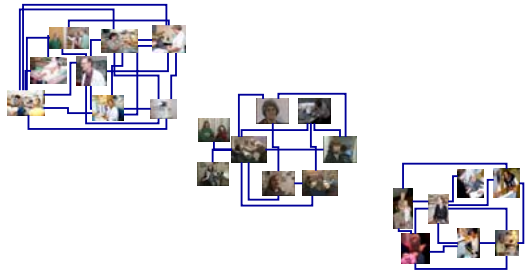
As a type of complex adaptive system, they must: (1) do the work, (2) meet staff needs, (3) maintain themselves as a clinical unit.

Why this focus?

- Basic building block of health care.
- Unit of clinical policy-in-use (vs. "espoused".)
- Good value & safe care "made" here.
- Patient satisfaction variables largely controlled here.
- Work practice "dissatisfiers" are controlled here and "genuine motivators" are present here— making real joy, pride in health professional work possible.
- Setting for life-long professional "formation."
- Living adaptive health care system "laboratory" with structure, pattern & process.

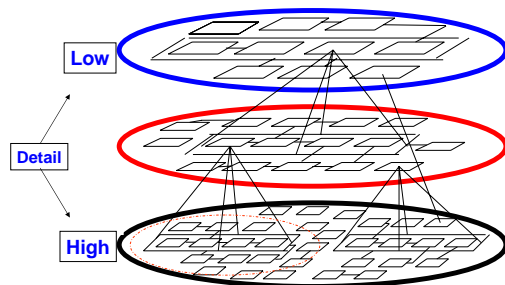
From our work with ~120 clinical microsystems in six countries ⁵⁰

Microsystems are the **building blocks** that come together to form **Macro-organizations**



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An example from Jönköping, Sweden



Mats Bojestig, Anette Petersson

Research on High Performing
Microsystems.

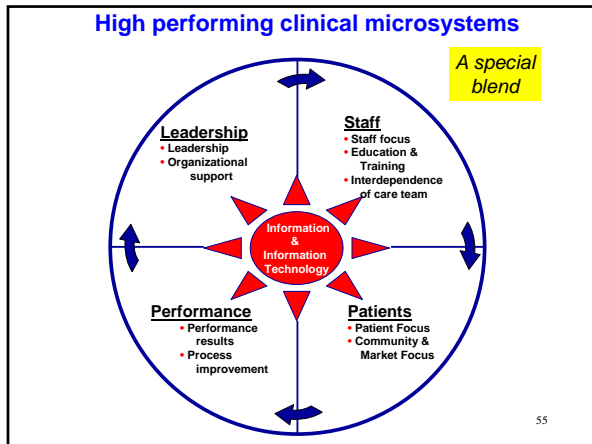
What makes the best the best

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Evolution of "Clinical Microsystems"



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Clinical Microsystem Assessment Tool

Instructions: Each of the "success" characteristics (e.g., leadership) is followed by a series of three descriptions. For each characteristic, please check the description that **best describes** your current microsystem and the one it **desires**. **DO** rate a microsystem you are **ASPIRING** toward.

Characteristic and Definition	Description 1	Description 2	Rating
1. Leadership: The role of leaders is to balance setting and meeting collective goals, and to engender individual autonomy and accountability through building knowledge, respectful actions, reviewing and reflecting.	D Leaders struggle to find the right balance between meeting performance goals and respecting and empowering the staff.	D Leaders maintain consistency of purpose, establish clear goals and expectations, and foster a respectful culture. Leadership takes time to build knowledge, review actions, and take action about microsystems and the larger organization.	Can't Rate
2. Organizational Support: The larger organization looks for ways to support the work of the microsystem and coordinate the hand-offs between microsystems.	D The larger organization isn't responsive to a view that provides resources, information, and incentives to enhance any work.	D The larger organization is responsive and supportive in providing the resources, information, and resources needed to enhance any work.	Can't Rate
3. Staff Focus: There is selective hiring of the right kind of people. The orientation process is designed to fully engage new staff into culture and work roles. Expectations of staff are high regarding performance, continuing education, professional growth, and mentoring.	D I am not made to feel like a valued member of the microsystem. My orientation was incomplete. My continuing education and professional growth needs are not being met.	D I feel that I am a valued member of the microsystem, but I don't think the microsystem is doing all that it could to engage, educate, and mentor of staff, workload, and professional growth.	Can't Rate
4. Education and Training: All clinical microsystems have responsibility for the ongoing education and training of staff and for aligning daily work roles with training competencies. Academic/clinical microsystems have the additional responsibility of training patients.	D Training is accomplished in traditional ways (e.g., lecture with notes, physician trainees, etc.). The educational efforts are not aligned with the flow of patient care, so that education becomes an "add-on" to the work.	D We recognize that our training could be different to reflect the needs of our microsystem, but we haven't made any changes yet. Some continuing education is available to everyone.	Can't Rate
5. Interdependence: The interaction of staff is characterized by trust, collaboration, willingness to help each other, appreciation of complementary roles, respect and recognition that all contribute individually to a shared purpose.	D I work independently and I am responsible for my own part of the work. There is a lack of collaboration and a lack of appreciation for the importance of complementary roles.	D The care approach is interdisciplinary, but we are not always able to work together as an effective team.	Can't Rate
6. Patient Focus: The primary concern is to meet all patient needs — caring, listening, educating, and responding to patient requests. Responding to meet patient needs, and smooth service flow.	D Most of us, including our patients, would agree that we do not always provide patient centered care. We are not always clear about what patients want and need.	D We are actively working to provide patient centered care and we are making progress toward meeting the needs of our patients. Learning about and meeting research service flow.	Can't Rate

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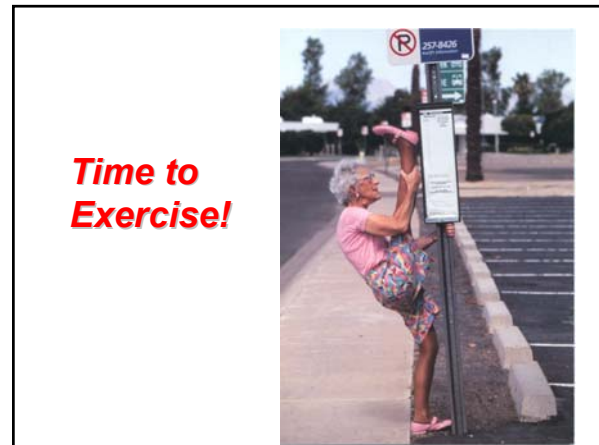
Side A

Please continue on Side B

Credit for making CMAT ... Dr. Julie Mohr

Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Exercise

- Microsystem Assessment Tool (MAT)
- Complete the MAT for the microsystem that you know best
- Discuss your results with a neighbor

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BREAK

“The Anatomy” Microsystems include ...

- Patients
- People
- Processes
- Patterns
 - Cultural patterns
 - Information flow patterns
 - Results patterns

Put on your Microsystem Glasses.....

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PRACTICE PROFILE

Primary Care Practice Profile

Age of Our Clinical Microsystem

A. Know Your Patients: How many patients do you practice under a high level of patient population? How many patients do you practice under a low level of patient population? How many patients do you practice under a medium level of patient population?

B. Know Your People: How many people do you practice with? How many people do you practice with? How many people do you practice with?

C. Know Your Processes: How many processes do you practice with? How many processes do you practice with? How many processes do you practice with?

D. Know Your Patterns: How many patterns do you practice with? How many patterns do you practice with? How many patterns do you practice with?

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Example: General Internal Medicine Gold Team Know Your Patients

Age Distribution

Age in Years	Percentage
15-19	0.32%
20-44	31%
45-64	54.83%
65-85	13.85%

Your Data Wall Overview



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USE MEETING SKILLS...

EXERCISE

- Review your data wall as your clinical microsystem
- You will find elements of the 4 Ps
- What is your overall assessment of your clinical microsystem?
- What further information or questions do you have?
- Complete your Action Plan for when you go home.

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REPORT TO THE GROUP

- What did you learn?
- What else do you need to know?
- How was the process?

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LUNCH

WELCOME BACK!

- Any thoughts or questions to follow up on?

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Sources of Power for Leaders

- Authority of position
- Personality
- Knowledge



Leadership Defined

- The *relationship* between constituents and the leader is important to any definition.
- Leaders mobilize others to *want* to act because of the credibility they have.
- Leaders sustain the requisite credibility by their actions; by challenging, inspiring, enabling, modeling, and encouraging.



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Leadership Inspiring a Shared Vision



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Leadership Inspiring a Shared Vision



- Envision an uplifting and ennobling future.
- Enlist others in a common vision by appealing to their values, interests, hopes, and dreams.

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Taking Action or "treating" your office practice

- Based on your assessment of your microsystem, now move toward taking action.....

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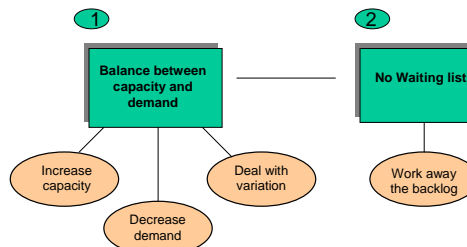
Key Themes and Components of Ideal Practices

"They give me exactly the help I want (and need) exactly when I want (and need) it."

ACCESS	INTERACTION	RELIABILITY	VITALITY
Open Access	Customized Communication	Knowledge Management	Research and Development
Continuous Flow	Interaction Technology	Population Management	Staff Development
Alternatives to 1:1 Visits			
Optimized Care Team/Master Schedule			
Leadership/Measurement Systems/Financial Management			

Basic strategies for changes

Improved access by:



5/3/2004

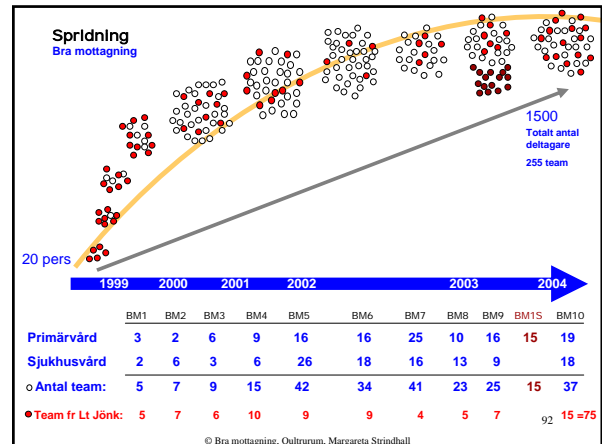
Margareta Strindhall

© Strindhall,Andersson
Pettersson Qulturam

Major Access Processes

- Based on years of practice, knowledge development and leadership from Mark Murray and Catherine Tantau.
- Advanced access scheduling
- Non-visit care models
- Self-care models
- Group visits
- Methods to improve office efficiency and team work such as continuous flow and “huddles”

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Theme #2: Interaction

They give me exactly *the help I want* (and need) exactly when *I want* (and need) it.

- Health care is interaction.
- Interaction is not the vehicle for care, it is care.
- Idealized care is idealized interaction.

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A False Image of Care

Visit-Based
All Paths Lead to Doctor
“Demand” is Patient Driven

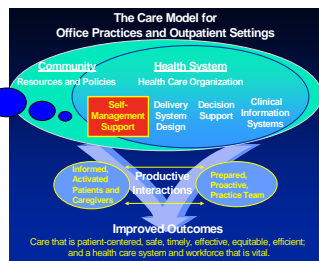


Interaction is Constrained by this Image

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Self-Management

Collaborative goal-setting?
Emphasis on patient's
role?
Incentives & supports
for self-management?
Group visits?



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Self-Management Tasks

- To take care of the illness
- To carry out normal activities
- To manage emotional changes

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A Diagnosis is Not the Only Thing: Adult Diabetic Patients' Needs

Additional Diagnoses*	45%
Functional Limits**	50%
> 2 Symptoms***	35%
Not Good Health Habits	30%

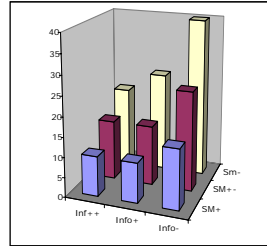
* Arthritis (34%), obesity (28%), hypertension (23%), cardiovascular (20%), respiratory 17%

** Physical (31%), pain (28%), emotional (16%), daily activities (16%)

*** Eating/weight (39%), joint pain (32%), sleep (25%), dizzy/fatigue(23%), foot (21%), backache (20%)

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Use of ED/Hospital by Level of Self-Management (SM) and Information Received (Info)

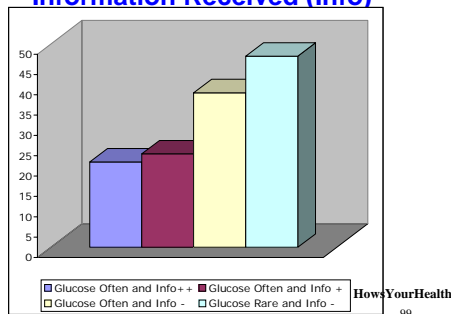


Patients with chronic diseases report the degree of confidence they have with self-management and the quality of information they have been given by the health care system

(Howyourhealth)

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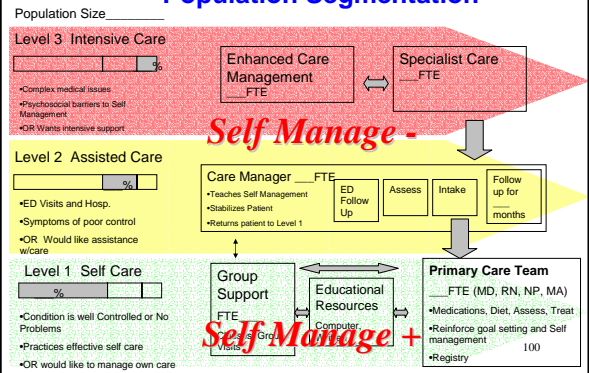
Diabetic Use of ED/Hospital by Glucose Monitoring and Information Received (Info)



HowYourHealth

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Population Segmentation



Lambeth & Southwar Patients wanted more availability & flexibility

	Mild	Moderate	Severe
HIGH self management CRDQ 120-140	<ul style="list-style-type: none"> Leisure Card Smoking Cessation COPD Booklet/Disc Breathe Easy Group 		<ul style="list-style-type: none"> 5/52 PR in Hospital Breathe Easy Group Self HelpMx Course Smoking Cessation COPD Booklet/Disc Referred to Buddy Pt
MEDIUM self management CRDQ 80-120			
LOW self management CRDQ <80	<ul style="list-style-type: none"> 5/52 PR in Leisure Centre Breathe Easy Group Self HelpMx Course Smoking Cessation COPD Booklet/Disc Referred to Buddy Patient 		<ul style="list-style-type: none"> 7/52 PR in Hospital + 5/52 PR in Leisure Centre Breathe Easy Group Crisis Management Smoking Cessation COPD Booklet/Disc Referred to Buddy Pt

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From a Patient Perspective Does Your Office CARE?

- Who routinely **C**hecks on what matters?
- Who routinely **A**ctivates them for better self-management?
- Who routinely **R**einforces what they do over time?
- How is it **E**ngineered so that CARE happens without variation for 80% of all patients.

If you are doing this, you are "on the same page" with your patients and you will maximally impact their ability to become self-managers.

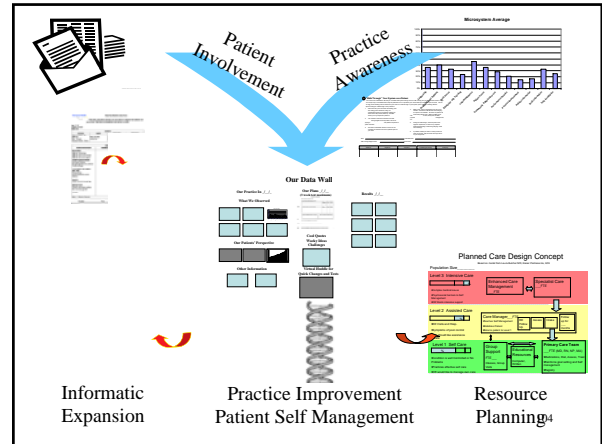
102

C.A.R.E. Vital Signs (For Adults Aged 19+)

Provider Copy: Complete on new patients or if not completed in past year

Patient Name: Clay, James Date: 1/1/02 ID #: 0997967
 What does patient want to discuss or expect to be done at this visit:
Wants to deal (finally) with the feeling that have been upsetting her for a long

Measure or Question Check	Clinical Flag Activation (Circle when noted)	Planned Care Standing Orders Reinforced Web-Based*	Engineering Practice-Based**
Height <u>5-5</u>	BMI 25-30 →	HYH: Screen/Setting Evaluation	E
Weight <u>130</u> C	BMI 30+ → A	HYH: Common Medical	
BP <u>130/70</u>	>140/90 →		
	<100/60 →		
Pulse <u>78</u>	<50, >100, irregular		
RR <u>14</u>	short of breath		
Any of the following: <input type="checkbox"/> Hypertension <input type="checkbox"/> Cardiac/Vascular Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Lung Problems/Asthma <input type="checkbox"/> Other	Any concerns: _____ _____ _____	For condition management use www.howsyourhealth.com HYH: Common Medical	
Pain Score (rate reverse) <u>5</u>	4 or 5 →	HYH: Feelings/Emotion Evaluation	Phone follow-up for patient Feelings/Emotion
Pain Score (rate reverse) <u>4</u>	4 or 5 →	HYH: Pain Evaluation	Phone follow-up for patients with Pain
Are you making you ill? (Yes, no, maybe) <u>no</u>	Yes or Maybe	HYH: Common Medical	
Not Good Health (rate reverse) <u>no</u>	Yes or Maybe	HYH: Health Status	
How confident are you that you can control and manage most of your health problems? (rate reverse) <u>no</u>	Somewhat or Not	HYH: Self-Management Module	



LET PATIENTS BUILD A REGISTRY

- HIPPA secure DOCSite Registry is available for import of HowsYourHealth information when your patient agrees to send it.
- Rather than wasting time entering data, staff time is better spent using patient-centered information to plan care.

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INTERACTIVE PROBLEM SOLVING

- Based on positive results of controlled trials and extensive literature for improvement of patient self-management.
- Enables clinical staff to efficiently help patients generate strategies for behavior change and better self-management.

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Although there is probably no one best way to Clinical Office Practice Improvement and Better Patient Self-Management, this 9 Step Approach requires minimal staff time and financial resources. The 9 Step Approach is currently the subject of controlled trials funded by the Robert Wood Johnson Foundation and the Agency for Health Care Quality and Research.

The diagram shows a central 'Our Data Wall' surrounded by five key components: 'Patient Involvement', 'Practice Awareness', 'Informatic Expansion', 'Practice Improvement Patient Self Management', and 'Resource Planning'. A 'Planned Care Design Concept' is also integrated into the system. The diagram is supported by text boxes explaining the approach and its benefits.

Technology enables the spread of self-management and the betterment of health-care from the practice and patient to the population and community. HowsYourHealth? Long Beach, Mobile, Chicago, Milwaukee, New Jersey, Rochester, Montana, Manchester, Plymouth, etc? Supported by the Commonwealth Fund

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Reliability

gh

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Fallprevention Kristinedals äldreboende

- 10 permanent beds and 10 short time beds for persons with dementia (ward 2)
- 20 short time beds (ward 3)
- 20 permanent beds (ward 4)

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Team members

Rose-Marie Johansson - team leader, method instructor and reg nurse
Lena Estlund - team leader and occupational therapist
Inger Wetter - assistant nurse
Anki Axen - assistant nurse
Marie Gustavsson - assistant nurse
Johanna Rydbäck - assistant nurse
Margareta - assistant nurse
Magnus Adèrn - general practitioner
Siv Lindén - unit manager
Ingvor Karlsson - unit manager
Kennet Björklund - reg nurse
Marie Kemi - physio therapist
John Eskilsson - physio therapist

Fall - a definition

”An action where a person unintentional get down on the floor or the ground irrespective of physical injury came up or not and irrespective of cause”.

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Facts

30 % of persons aged 65 or older fall down in their ordinary staying

60% of persons living in “particularly housings” (run by the municipalities) falls

40 % of those who fall get a minor or moderate injury

10 % of those who fall get a severe injury

1-2 % get a hip joint fracture

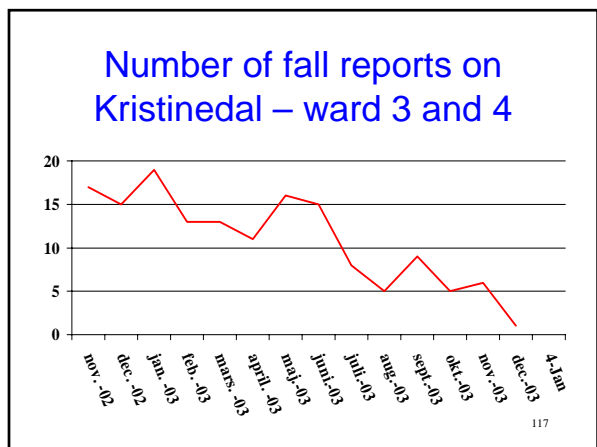
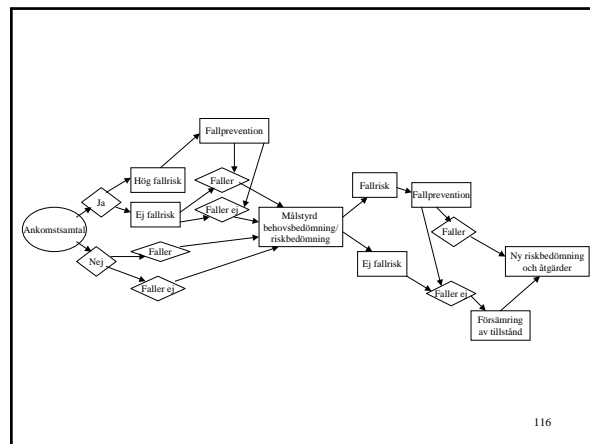
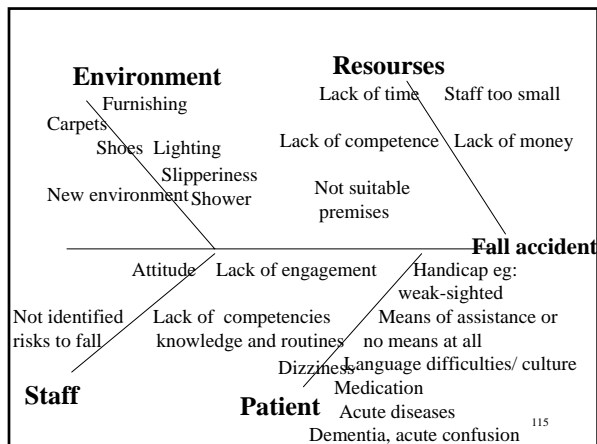
112

- Nearly everyone who falls are afraid they will fall again.....
- This can lead to inactivity and isolation

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Aim for ward 3 and 4
Reduce number of falls with 10 % until May 2003
with 25 % until May 2004

Aim for ward 2
Reduce number of falls with % to ? 2004



- ### Action plan for Kristinedal
- Education
 - Assessment of risks (Down Town Fall index)
 - Fall prevention – culture., medicine, services and facilities
 - Survey of risks and falls that happened - is to be done at team meetings; appropriate actions to prevent new falls
 - Training
 - Document number of falls every month
 - Let patients/ relatives and staff members follow the project on special boards
 - Evaluation of the project in May 2004
 - Spread of ways to work and results

- ### Improvements done
- Education to reg. nurses and assistant nurses
 - Risk judgment of risks (falling) for all when they arrive here or after fall
 - Team meetings – Falling risks and fallings lead to actions for the individual
 - Systematic medication going-over for all staying here (“patients”) concerning risks

- ### Improvements done
- Information about risk factors and preventative actions to all staying here /relatives
 - Developing training program
 - Guiding principles for using hip-trousers
 - When needed cleaning-up of environment
 - Documented number of falls
 - Boards for information
 - More alarm carpets purchased

Long term planning

Risk assessment and fall prevention is a natural part of the daily work

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Vitality of an Office Practice

- Workforce development

mg

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Workforce Development

First Break All the Rules Climbing to the Summit



Buckingham M, Coffman C (1999): *First Break All The Rules*. New York, NY: Simon & Schuster.

Workplace Environment How do you know?

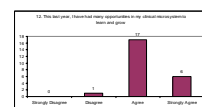
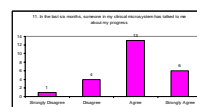
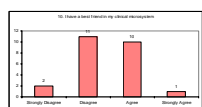
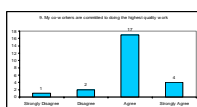
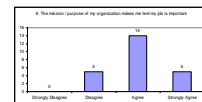
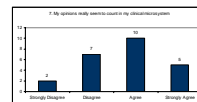
- Workforce Development Survey
 - Baseline
 - Use results to diagnose your strengths & weaknesses
 - Action Plan
 - Based on measures, design strategy plan
 - Train managers
 - Engage staff
 - Re-measure

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FBATR 12-Item Survey

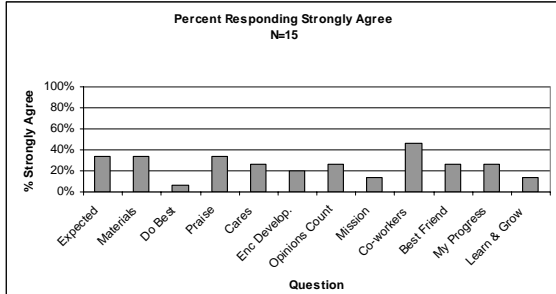
- I know what is expected
- I have the materials I need to accomplish my role
- I have the opportunity to do what I do best
- I have received recognition or praise for good work
- Someone truly cares about me as a person
- Someone always encourages my development
- My opinions count
- Mission/purpose of my organization makes me feel my job is important
- Co-workers are committed to doing highest quality work
- I have a best friend
- Someone has talked to me about my progress
- I have had opportunities to learn and grow

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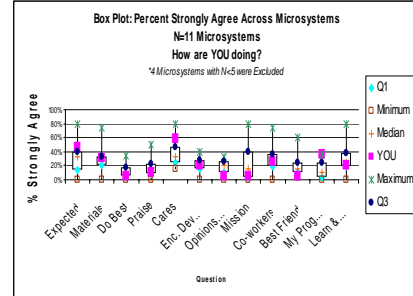


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How are We Doing?

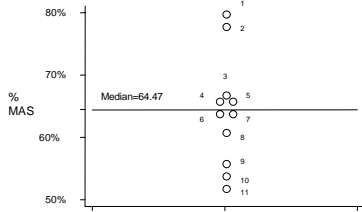


How are We Doing - Compared to Others?



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How Close are My Staff's Perceptions of Our Workplace to the Maximum Achievable Score (MAS) Compared to Other Microsystems? N=11 Microsystems



% Maximum Achievable Score is a composite score for each microsystem representing Overall Performance on the FBATR Workforce Survey
Scores are based on a scale of 0 - 100%, with 100% equal to All respondents answering Strongly Agree for all questions.

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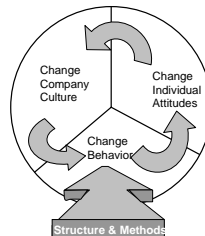
Vitality of an Office Practice

- Leadership

gh

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To make the transformation happen



131

When the Map changes Reality

- Human competence at work, Jörgen Sandberg
- "Competens is not a set of knowledges and skills as we have seen it before. Instead Sandbergs studies showed that the human beeing's knowledges and skills are predeces of and based on her understanding of her work. Within the frame of her understanding the human beeing develops the knowledges and skills that she uses in practicing or doing her work. Thereby competence development in the end will become a question of changing existing understanding of the work to one that is qualitative better."
- This affects leadershssip very deep... Competens development becomes something else... it becomes a thing of every days work... where the leader influences the competence that is developed within the organization.

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When the Map changes Reality

- Leaders have a difficulty understanding what they should understand... and they do not know how to influence other's understanding
- Leaders have often not understood that there has been a shift from detail leading to idea based leading
- Understanding is a key factor
- Leading has gone from detailed rules and instructions to increased freedom and responsibility

Normann 2002 133

Leading has gone from detailed rules and instructions to increased freedom and responsibility

- Economic changes
- New technology
- More knowledge intensive and stiffening competition...
- Have been given increasing grades of freedom
- A lot of research has also shown that understanding is the fundament for peoples actions in organizations

Ellström,Koch

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A shift of doctrine in leadership

- Technical changes... demand for flexibility... does often not concern handling but instead it is about bringing the users to use their potential to get higher productivity or higher value for the patient
- More advanced competens
- Monopolies are torn apart and new alternatives are growing up
- Information technology
- Changed values

Ellström,Koch 2003

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The increasing independence leads to new Questions

- The demand for competence is increasing in the daily work
- The organizations are becoming dependent on that the employees really understand their tasks
- The leaders possibilities to develop are completely dependent on the employees' possibilities to develop their understanding

People act from their own understanding of reality!

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To lead Organizational learning

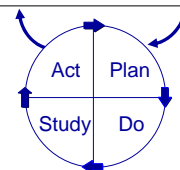
Aim	Focus	Competence development	Leadership	Pedagogy	Org.idea
...to do right and well	on ones own working task	occupationally-oriented	"Master"	Pedagogue of mediation/agency	Hierarchy and professional grouping
...to do better	Changing between work task and the process	Specialists/experts in co-operation	"Coach"	Cognitive pedagogy	Project
Development: ...to do better things	Continuity in the organization in relation to the outside world	Generalization Specialization Reflection	"Pedagogue"	Dialogue in many dimensions	Network
To do best as possible	Simple rules and the Shaping system	Develop capability	"Successful leaders"	Culture for Complex System	Systemic

(Siv Their/somewhat interpreted by G Henrik)

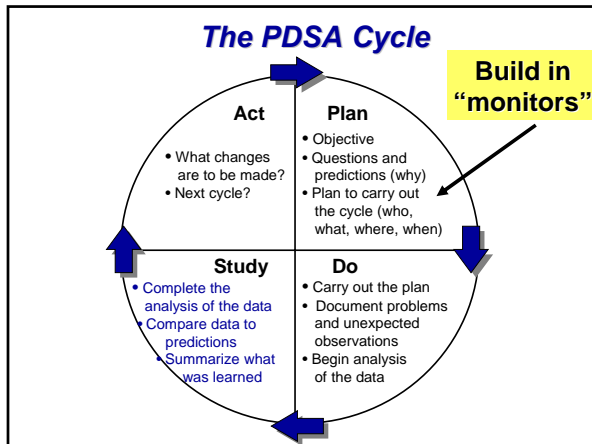
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Model for Improvement

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



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USE MEETING SKILLS

EXERCISE

- Based on your data wall and the ideas we have shared with you...
- What change ideas do you have?
- What information do you still need?
- Complete your PDSA form planning one test of change to execute
- Continue to complete your Action Plan for Home

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Exercise

- Let's make a list of principles/simple rules for microsystems to accomplish their goals for microsystems and macro organizations while the components are fiscal responsible

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REPORT OUTS

- What did you discover?
- What tests of change are you planning?
- Break time.....

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Measuring and Monitoring

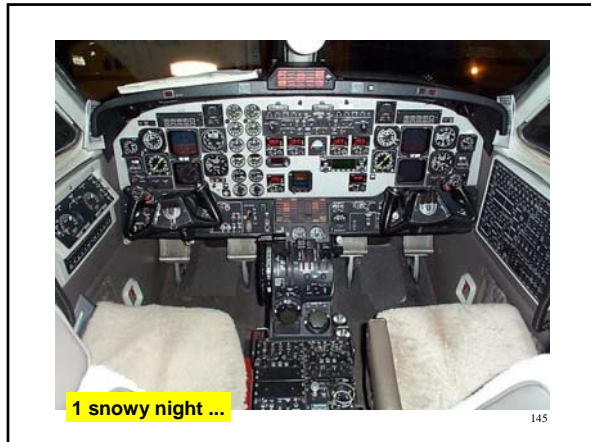
- How will we evaluate our decisions and action taken?
- What will our feedback be?

gh

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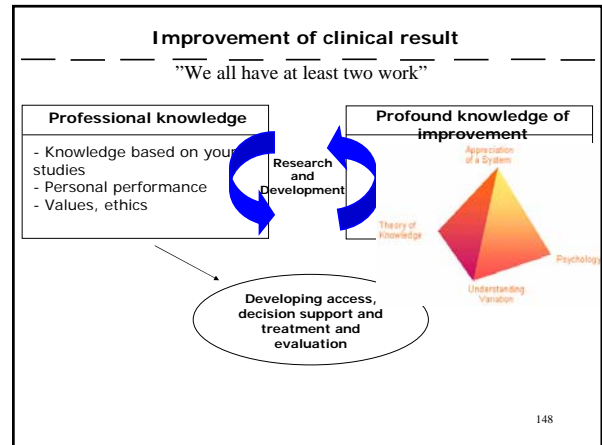
Data Wall and Measures from Sweden

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Considerations for Learning Organization Infrastructure

mg



Developing Microsystems for Ever Better Performance.

Creating the Conditions for Rapid Growth

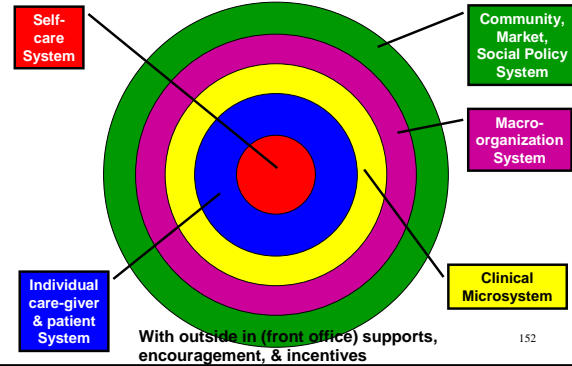
- Remember that every clinical microsystem must**
- **Do the job**
 - meet patient's needs
 - **Meet staff needs**
 - for respect, challenge, growth, joy, & earnings
 - **Maintain self as an organization**
 - mission, values, finances, image

Making it the best

- Develop good “habits” -- measuring & improving processes/outcomes, using evidence-base, scientific method, interdisciplinary approach, & collaboration
- Build your own capacity to improve -- quality of care and quality of worklife -- from the **inside out** at the frontline of care
- Strive to deliver perfect care and to make perfect handoffs (Service agreements)

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Main Idea ... Build Capacity from Inside Out



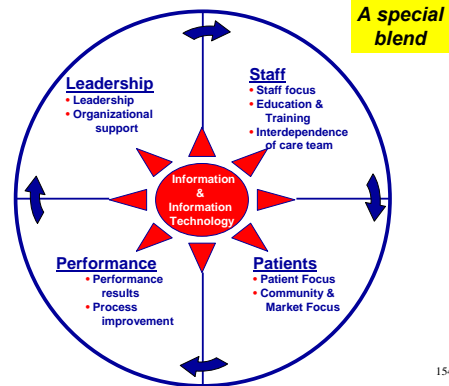
152

“Evolutionary” (or “Transformation”) Principles

- Begin with the intention to excel
- Involve all the players-meet regularly or fall apart
- Focus on values that matter
- Keep both discipline and rhythm
- Use measurement and feedback
- Create a learning system
- Align macro-organization (mission, vision, values, strategy, operations, accountability) with each and every clinical microsystem

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High performing clinical microsystems



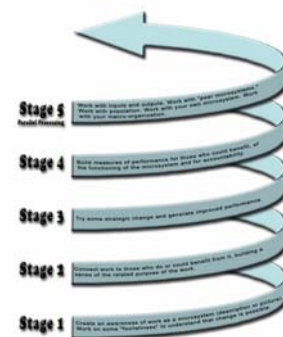
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Microsystem’s Developmental Journey: The Stages

1. Create awareness of clinical unit as interdependent group of people with capacity to make changes
2. Connect our routine daily work to the high purpose of benefiting patients: see ourselves as a system
3. Respond successfully to a strategic challenge
4. Measure the performance of our system as a system
5. Successfully juggle multiple improvements while taking care of patients ... and continue to develop sense of ourselves as a system

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Microsystem’s Developmental Journey



Building Reflective Practice

- Studio course metaphor
- Microsystem “green belt” curriculum

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Greenbelt Curriculum Overview

Green Belt® Model Curriculum

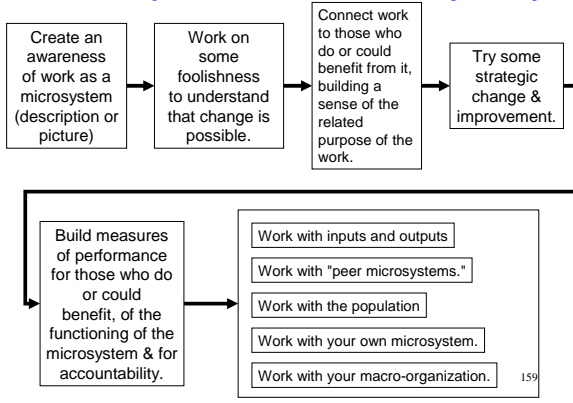
Session 1:	Introduction to Microsystem Thinking Meeting Skills Diagnosing Your Microsystem Selecting Theme for Improvement Improvement Model: PDCA and Critical Improvement Worksheet (CIW)
Session 2:	PDCA Tools: Planning and Fishbone Introduction to Idealized Design of Clinical Office Practices (IDCOP) Meeting Skills: Smart Idea Generation and Multi-voting Quality & Personal
Session 3:	Developing Smart Changes Measuring for Improvement: Run Charts PDCA Tool: Deployment Flowcharts
Session 4:	Workforce and Workplace Development PDCA Tool: Pareto Charts Measuring for Improvement: Control Charts Access to Care
Session 5:	Value Stream Mapping PDCA Tool: Customer-Supplier Relationships Measuring for Improvement: Clinical Value Compass Thinking
Session 6:	Generative Bar Relationships Leading Change Change Concepts
Optional:	Mental Models Leader of Inference Left Hand Column External Environment Others

*Martial arts have long used a progressive education system to denote levels of knowledge and practice. The green belt is the most important level, indicating the half way mark to the master level. "Green is the color of growth, of grass, and of forests and symbolizes that the student has begun to absorb the light. Skills and spirit have begun to bloom."

1. Boudyka, Ken. Okinawa Karate Academy's Seibokan Karate Student Handbook, March 1992.

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A microsystem's self-awareness journey



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Wrap Up



160

The Last Word

Great microsystems come from great leaders and great staff.

They give patients & families what they need and enable staff to be proud of their work.

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“Start where you are,
Use what you have,
Do what you can.”

Arthur Ashe

If you want to learn more . . .

www.clinicalmicrosystem.org

www.howsyourhealth.org

www.ihl.org

www.howsyourmedicalcare.org

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If you want to learn more . . .

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If you want to learn more . . .

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If you want to learn more . . .

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