

Dartmouth Coach-The-Coach

Dartmouth Microsystem Improvement Curriculum

Wednesday, January 11, 2006

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www.clinicalmicrosystem.org



WELCOME!

DHMC Heart Failure Team

DHMC Intermediate Cardiac Care Unit

Agenda

January 10, 9:00-3:30pm

- | | | |
|--------------|---|---------------|
| 9:00 | Review Big Picture/Muddy Points/Preview Today | Margie |
| 9:15 | Meeting Skills/Timed Agenda/Roles/Ground Rules | Margie |
| 9:30 | Exercise 3: Ground Rules | Margie |
| 10:00 | Report Outs | |
| 10:15 | Break | |
| 10:30 | Overall Improvement: Themes & Aims | Gene |
| 10:45 | Exercise 4: Global Aim | Gene |
| 11:15 | Report Outs | Gene |
| 11:30 | Lunch | |

Agenda

January 10, 9:00-3:30pm

- | | | |
|--------------|---|---------------|
| 12:00 | Process Mapping: Flowcharts | Margie |
| 12:15 | Exercise 5: Create Flowchart on Global Aim | Margie |
| 12:45 | Report Outs | Margie |
| 1:00 | Specific Aims | Gene |
| 1:15 | Exercise 6: Create Specific Aim | |
| 1:45 | Break | |
| 2:00 | Cause & Effect Diagrams: Fishbones | Gene |
| 2:20 | Exercise 7: Create a Fishbone | Margie |
| 3:00 | Report Outs | Gene |
| 3:15 | Review/Preview of Day | Margie |
| 3:20 | Wrap Up and Evaluations | Gene |

Wednesday Team Aim

**At the end of the session,
participants will be able to:**

- **Conduct productive meetings using effective meeting skills and roles**
- **Create process mapping using flowcharts**
- **Determine global and specific aims for improvement using effective meeting skills**
- **Explore cause and effect using a fishbone diagram**

Welcome and Reflection

Review Big Picture

9:00-9:15 Margie

Welcome and Reflection

Any “Muddy Points?”

Coach Feedback

Review of Yesterday

- **Meet One Another**
- **Microsystem Introduction**
- **Assessing Your Microsystem**
- **Themes for Improvement**
- **Introduction to Improvement Model**

Why are we here?

To develop people

- Head
- Hand
- Heart



To improve care &
respond to new
pressures for quality

To grow your
microsystem from
the inside out

Starting with people who have chronic disease

Why are we here?

- **Learn about our practice**
- **Improve our practice**
- **Improve our work life**
- **Participate in “studio course”**
 - **Learning in action**
 - **Action in learning**

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)**

Your Practice IS a Microsystem

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

- Your practice is a small system**
- A complex adaptive system**
- A clinical microsystem**
 - Emerging change**

Meeting Skills part 1

- **When you think about “meetings”
what words come to mind???**

9:15-9:30 Margie

Meeting Skills

- **Roles**
- **Processes**
- **Aimed & Timed Agendas**

Roles

- **Leader**
 - Prepares agenda, moves agenda, elicits participation
- **Recorder**
 - Visual record for group, next actions list
- **Timekeeper**
 - Verbally announces amount of time remaining and when time is up
- **Facilitator**
 - Helps to manage group process, to balance participation, to keep group focused on objectives

(See Detailed Handout)

Phases & Processes

- **Pre-meeting plan**
- **In meeting**
 - **focusing on aims**
 - **working on aims**
 - **setting up next actions**
- **Post-meeting follow through**
- **Making decisions**
- **Managing time**
- **Sharing leadership**
- **Listening**
- **Managing conflict**
- **Giving feedback**
- **Learning**
- **Having fun**

7 Step Meeting Process/Agenda

- 1. Clarify aims: what we will get done**
- 2. Review roles: leader, recorder, timekeeper, facilitator**
- 3. Review agenda and determine time for each item**
- 4. Work through agenda items**
- 5. Review meeting record: review flipchart record, make changes/additions, decide what to keep for meeting record**
- 6. Plan next actions & next agenda: who will do what off line & aims for next meeting**
- 7. Evaluate the meeting: went well, could improve**

Sample Agenda

Meeting Agenda		
Date	Team	
Time	Place	
Time	Method	Content
		1. Clarify Objectives A. B.
		2. Review Roles Leader: Recorder: Timekeeper: Facilitator/Advisor:
		3. Review Agenda
		4. Work Through Agenda Items A. B. C. D.
		5. Review the Meeting Record
		6. Plan Next Agenda
		7. Evaluate Meeting

Ground Rules

- Practice not interrupting each other
- Work to include other's ideas
- Do unto others as you wish them to do to you
- Try not to repeat the same points-even if you didn't get the emphasis you hoped for the first time you said it
- Practice not defending previously held viewpoints-by suspending them for a while, you might learn something new
- Try not to be too nice at the expense of rigor-help the group progress in it's thinking
- Practice forgiveness for new ideas and ways of learning that don't seem to work as well as they might eventually
- Laugh a little

Tom and Nabil's Meeting Rules

- **Participate in the meeting and not in the hall**
- **Speak to the agenda item being discussed**
- **Plan your words to conserve time**
- **Clearly state, opinion or fact. If it is a fact, give the references**
- **For opinions, use only “I” statements, unless you have permission to speak for the “we”**
- **If you oppose, you must propose**

Time to Exercise!

Exercise Process:

1. Review agenda and set roles: leader, recorder, timer, facilitator (1 min)
2. Set times for agenda
3. Focus on the Challenge

9:30-10:00



Your Ground Rules

- **Create your ground rules for holding meetings and to work by**
- **Start with a draft**
- **Ensure ALL staff members participate and review drafts and final version**

Exercise

- **Using the meeting agenda format and roles for the next 20 minutes to**
 - **Discuss ideas for possible ground rules**
 - **Explore possible regular meeting day/time**
 - **Determine next steps to hold first meeting and review draft ground rules**
 - **How will you ensure everyone is involved in ground rules?**

Report Outs

- **Feedback on using meeting agenda/roles**
- **Ideas for ground rules**
- **Next steps**

10:00-10:15

Break

10:15-10:30

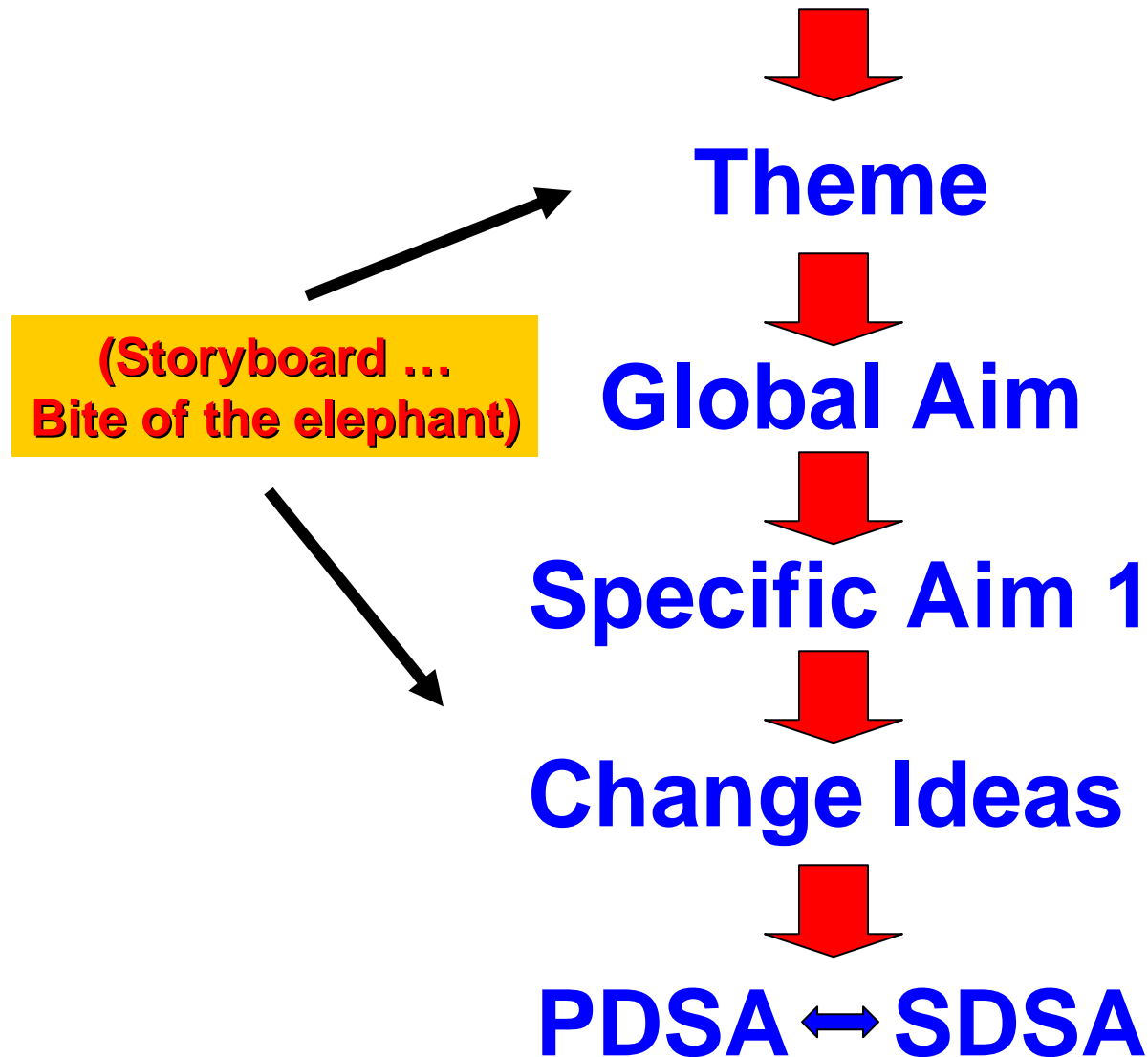
Create your Global Aim based on your major theme for microsystem improvement

- **A major theme is an essential process that is critical to patients and staff**
- **Most of the process is inside your “blue picket fence” - i.e., your practice can control (most of) the process and thus impact outcomes**
- **Write first draft of a global aim statement for the theme that you have selected**

10:30-10:45 Gene

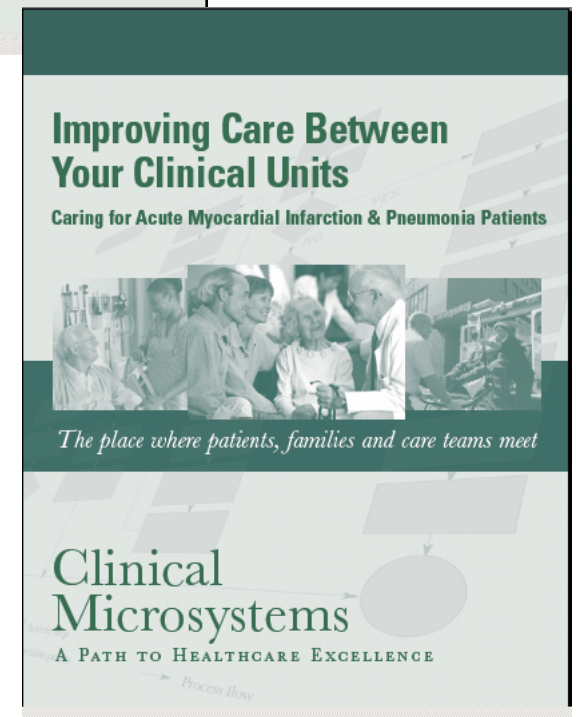
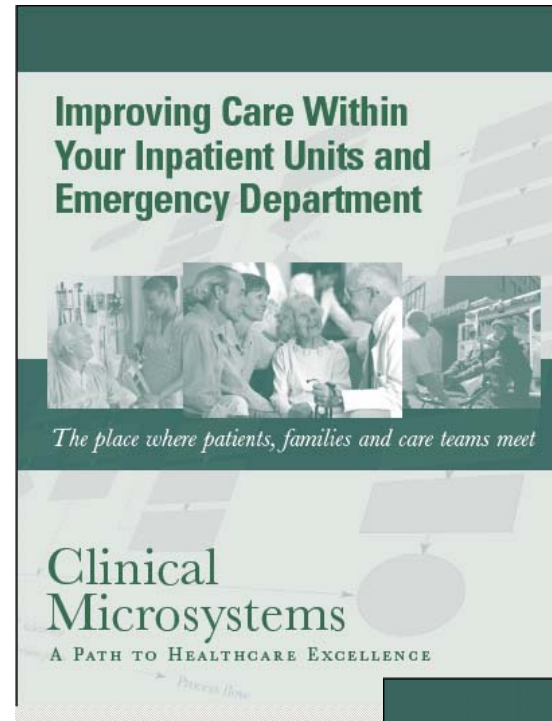
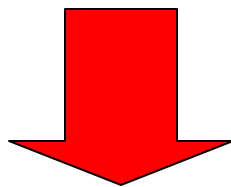
Aim Statements and Measures

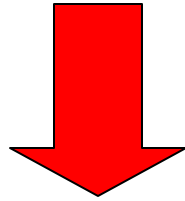
Assessing Your Practice Clinical Microsystem Workbook 5 Ps



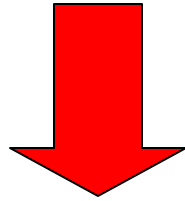
Assessing Your Practice

Clinical Microsystem Improvement Workbook

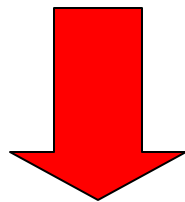




Theme



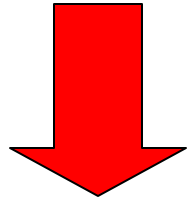
Global Aim



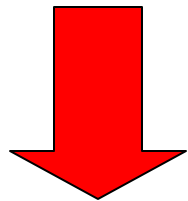
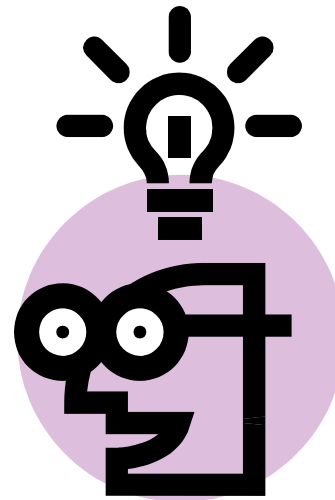
Specific Aim

IOM Aims

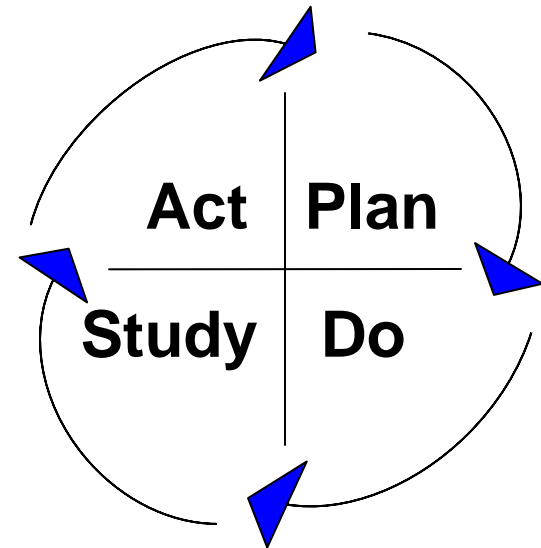
- **Safety**
- **Effectiveness**
- **Patient-centeredness**
- **Timeliness**
- **Efficiency**
- **Equity**



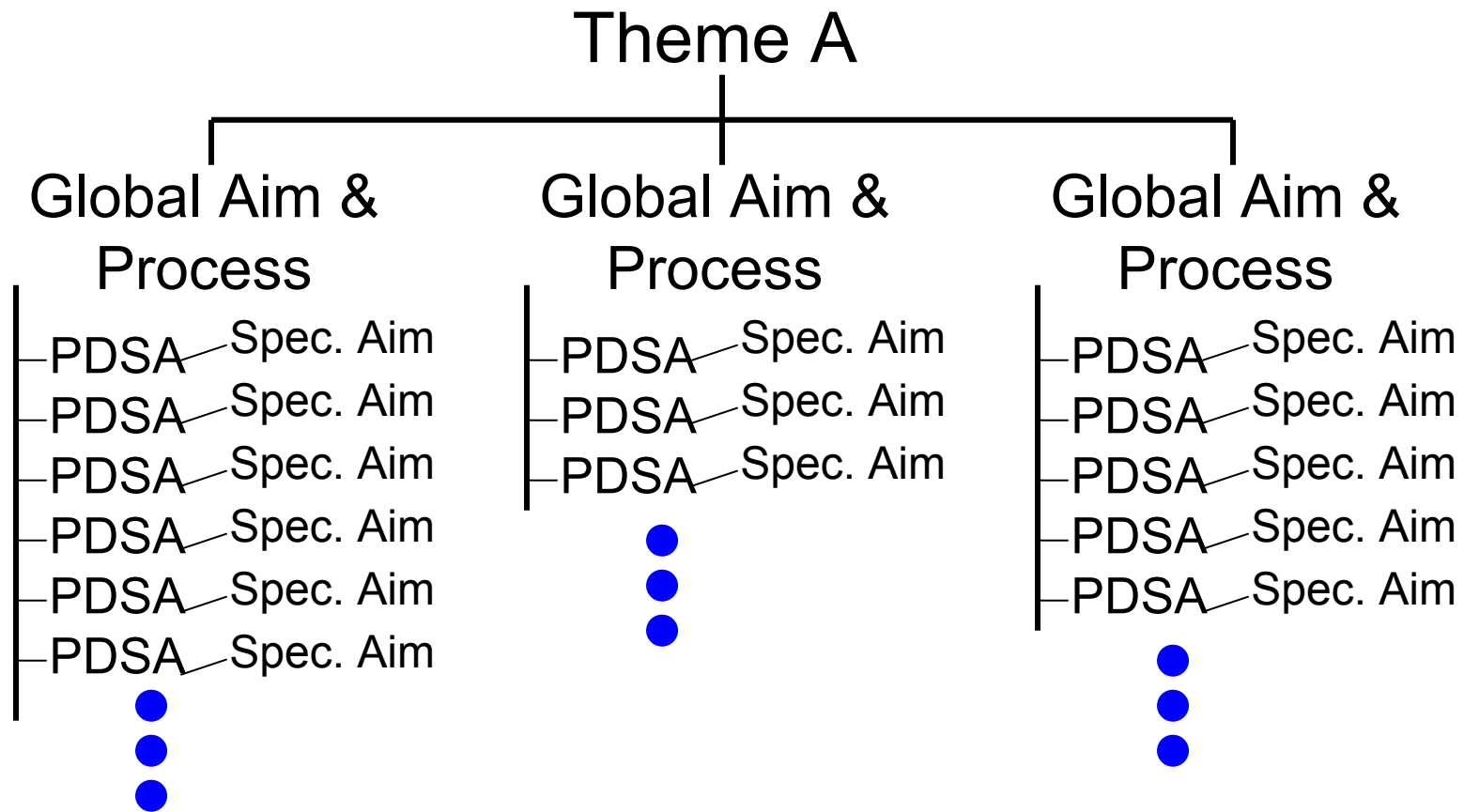
Change Idea



PDSA ↔ SDSA



Themes, Processes, Aims, and PDSA Cycles



Aim Statements

- **Global** aim statement ... a great place to start
- **Specific** aim statement ... a great place to get to

Principles of an Effective Aim Statement

- **State aim Clearly**
- **Use numerical goals**
- **Set stretch goals**
- **Avoid aim drift**
- **Be prepared to fully shift aim if necessary**

Global Aim Template

- We aim to (*insert name of process*) in (*insert clinical location in which process is embedded*)
- The process begins with (*start point*)
- The process ends with (*end point*)
- By working on the process we expect (*list benefits*)
- It is important to work on this now because (*list imperatives*)

Example of a Global Aim

- **We aim to improve the process of medication administration in selected inpatient units in Greenwood Hospital**
- **The process starts with the need to write a medication order for a patient in the clinical unit**
- **The process ends with the medication being administered to the patient**
- **By working on the process we hope to decrease the potential for adverse events and improve the timeliness, efficiency, and safety of the process**
- **It is important to work on this now because there have been several “near misses,” it is a source of risk exposure, and external accrediting agencies are demanding improvement**

Exercise

- **Select Roles**
- **Create timed agenda**
- **Draft your global aim statement based on the theme you have selected**
- **Prepare a brief report out**
- **Evaluate your meeting**

Report Outs

- **What is your theme and what is your global aim statement?**

LUNCH

11:30-12:00

Process Mapping

12:00-12:15 Margie

Using Improvement Science to Improve Healthcare

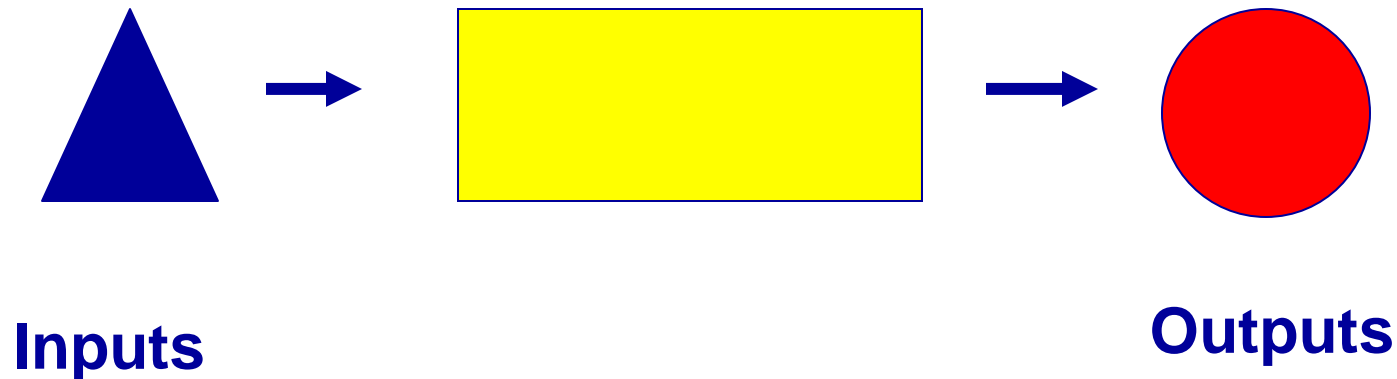
*“Seeing with New Eyes”
Process Mapping*

Process Mapping

- **Flowchart**
- **Simple Deployment Chart with Roles**
- **KQCs (Key Quality Characteristics)**
- **Data and Information Flow**
- **Value Stream Mapping**

Definition of a Process:

A series of work activities which transform inputs into outputs for the benefit of someone.

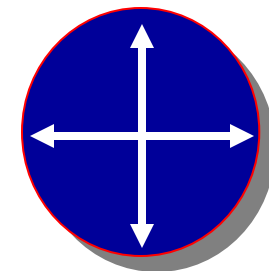
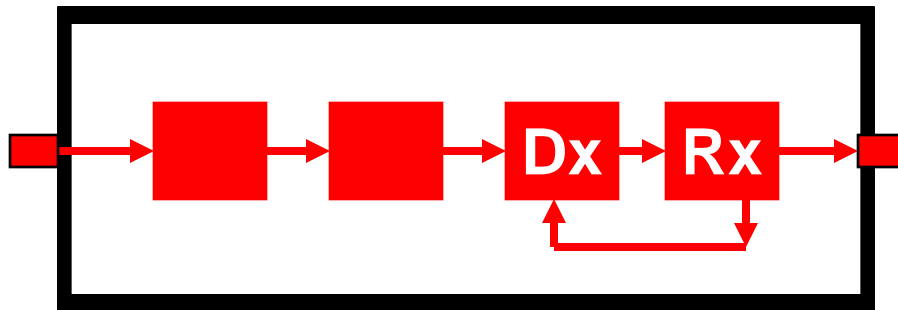
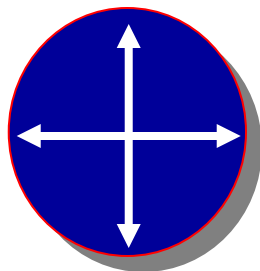


A Way to Think About Aims, Activities, Participants and Outcomes in Health Care

Needs

Processes

Outcomes



Initial Burden
of Illness

Healthcare

New Burden
of Illness

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

- Paul B. Batalden, MD

LUCY

**To do things differently, we
must see things differently.**

**When we see things we
haven't noticed before, we can
ask questions we didn't know
to ask before.**

John Kelsch, Xerox

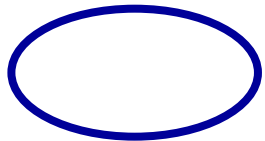
Flowcharts

- **A flowchart is a picture of the sequence of steps in a process**
- **Different steps or actions are represented by boxes or other symbols**
- **These step-by-step pictures can be used to plan a project, describe a process, or to document a standard method for doing a job**

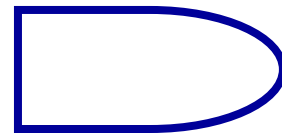
Flowcharts

- **Flowcharts can help team members understand what is happening now in a process**
- **It is important to flowchart the CURRENT process, not the desired process**

Symbol Key



**Process beginning
or end**



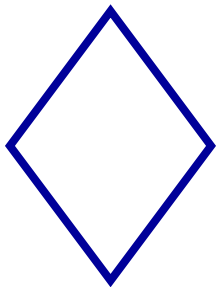
**Waits and
Delays**



Activity step



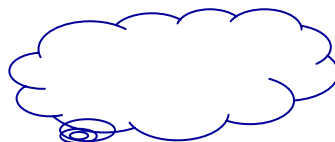
**Process flow
direction**



Decision Points

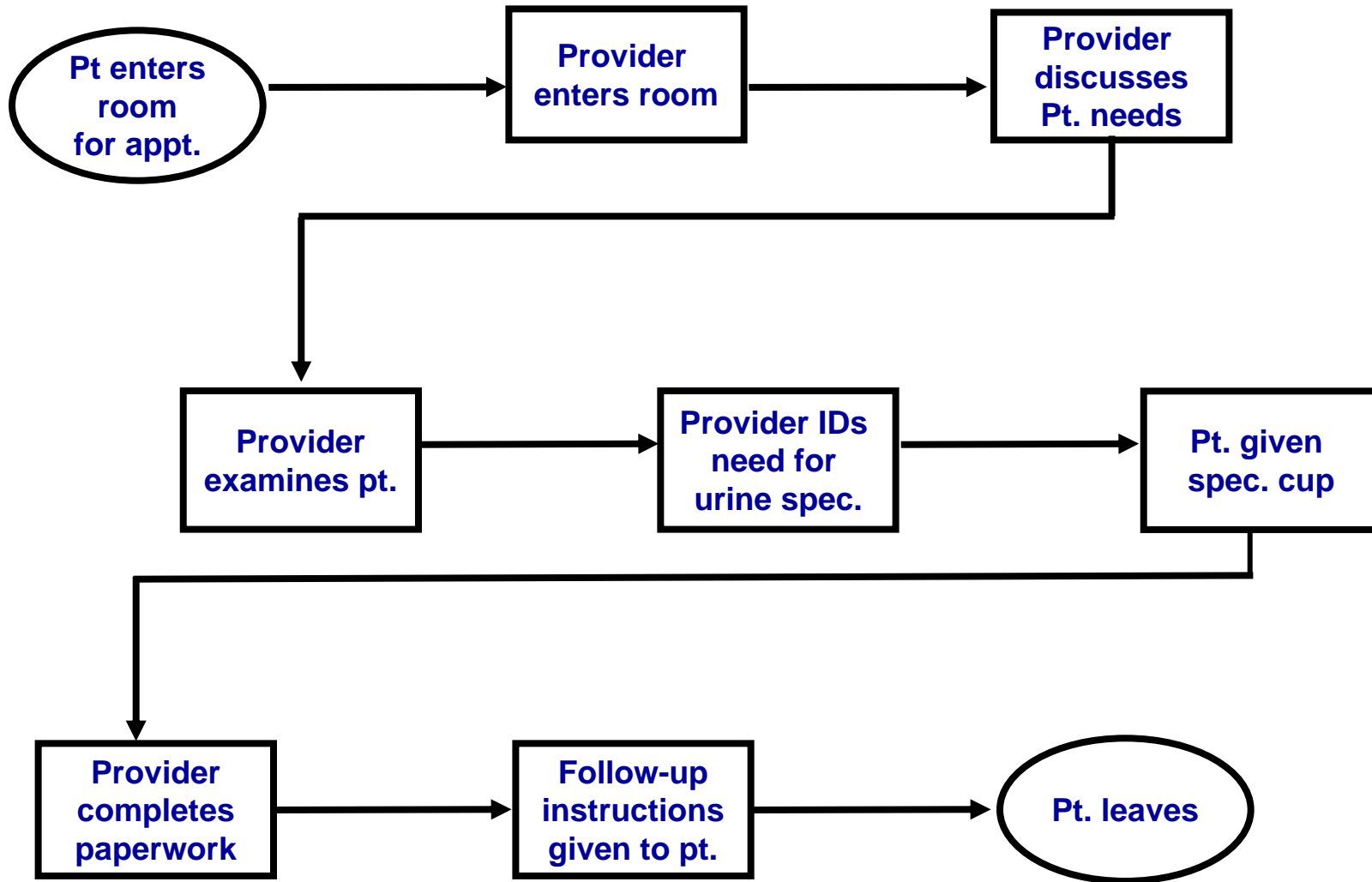


**Connector
e.g. off page**



“Don't Know”

High Level Flowchart



Hints on Building 1st Time Flowchart

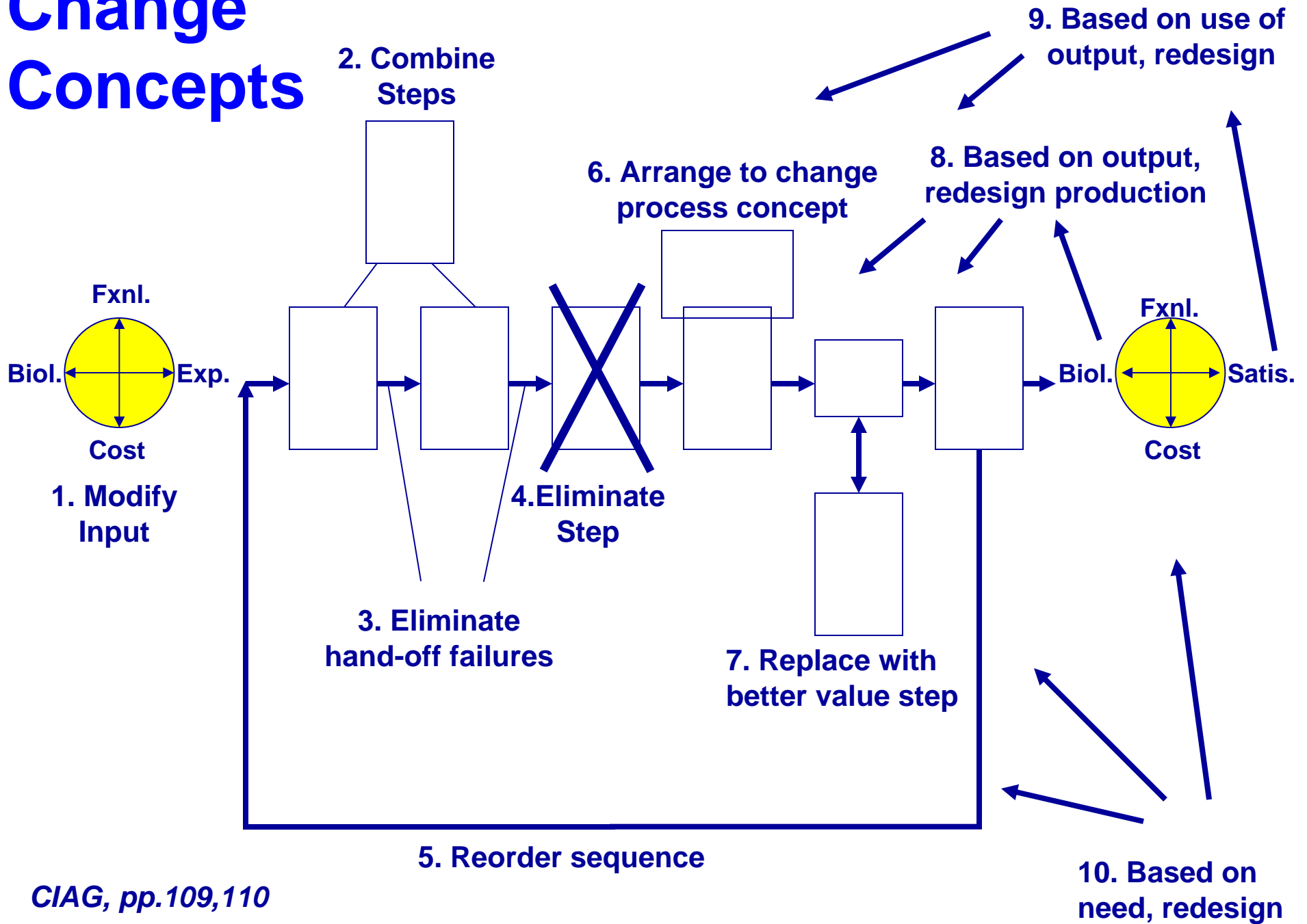
- **Select process, start & end point**
 - **The Process Begins:**
 - **The Process Ends:**
- **Make list of steps—from start to finish—by asking what happens first, then what happens, then what happens (keep it simple)**
- **Turn listing of actions from start to finish into a flowchart using basic symbols**

Flowchart Hints

- **Use Post-It© Notes**
- **Hang your flowchart in your clinical area to invite engagement of other staff to contribute to the knowledge of the flowchart**

How Flowcharts Can Lead to Improvements

Change Concepts



Exercise: Flowcharts

- 1. Select Roles**
- 2. Review Agenda**
- 3. Based on global aim...create a high-level simple flowchart of the CURRENT process**
- 4. Evaluate your meeting**

12:15-12:45

Report Outs

12:45-1:00

Specific Aims

1:00-1:15 Gene

Specific Aim Statement

- **Specific** aim statement ... a great place to get to

Principles of an Effective Specific Aim Statement

- **State aim clearly**
- **Use numerical goals**
- **Set stretch goals**
- **Avoid aim drift-but be prepared to shift aim if you discover this is wrong focus**
- **Don't need permission to improve**
- **Can work on NOW**

Examples of IHI Collaborative **Specific Aims re: Reducing Adverse Drug Events**

- **Aim: Reduce to zero potential adverse drug events in the ordering, dispensing and administration of chemotherapy and insulin on Patient Care Units A and B**
- **Measure: The number of PADEs per order or per patient**

Specific Aims - CF

- **100 percent of children with inadequate nutritional status will undergo comprehensive assessment**
- **100 percent of children with inadequate nutritional status will have a comprehensive management plan in place with clearly identified goals**
- **Drop by 50 percent the number of children with inadequate nutritional status**

NICHQ CF collaborative (16 US CF Centers)

Overall Aim: Improvement of CF outcome by improving delivery of care of core associations of poor outcome – poor nutrition and passive smoking. Seek to attain benchmark outcomes by adopting care practices of Centers with best outcomes and modifying CF management at UNC

Specific Aims:

- 1. Improve nutrition of CF population (decrease “nutritional failure” to <10%)**
- 2. Reduce passive smoke exposure of CF patients to < 5% and 50% smoking parents give up smoking by end of project**

Exercise

- 1. Set up your agenda**
- 2. Determine Roles**
- 3. Review your data and OVERALL Theme of improvement, Global AIM statement**
- 4. Write Specific AIM statement using the Aim template**
(process begins/ends)
Be ready to make brief report

1:15-1:45

Report Outs

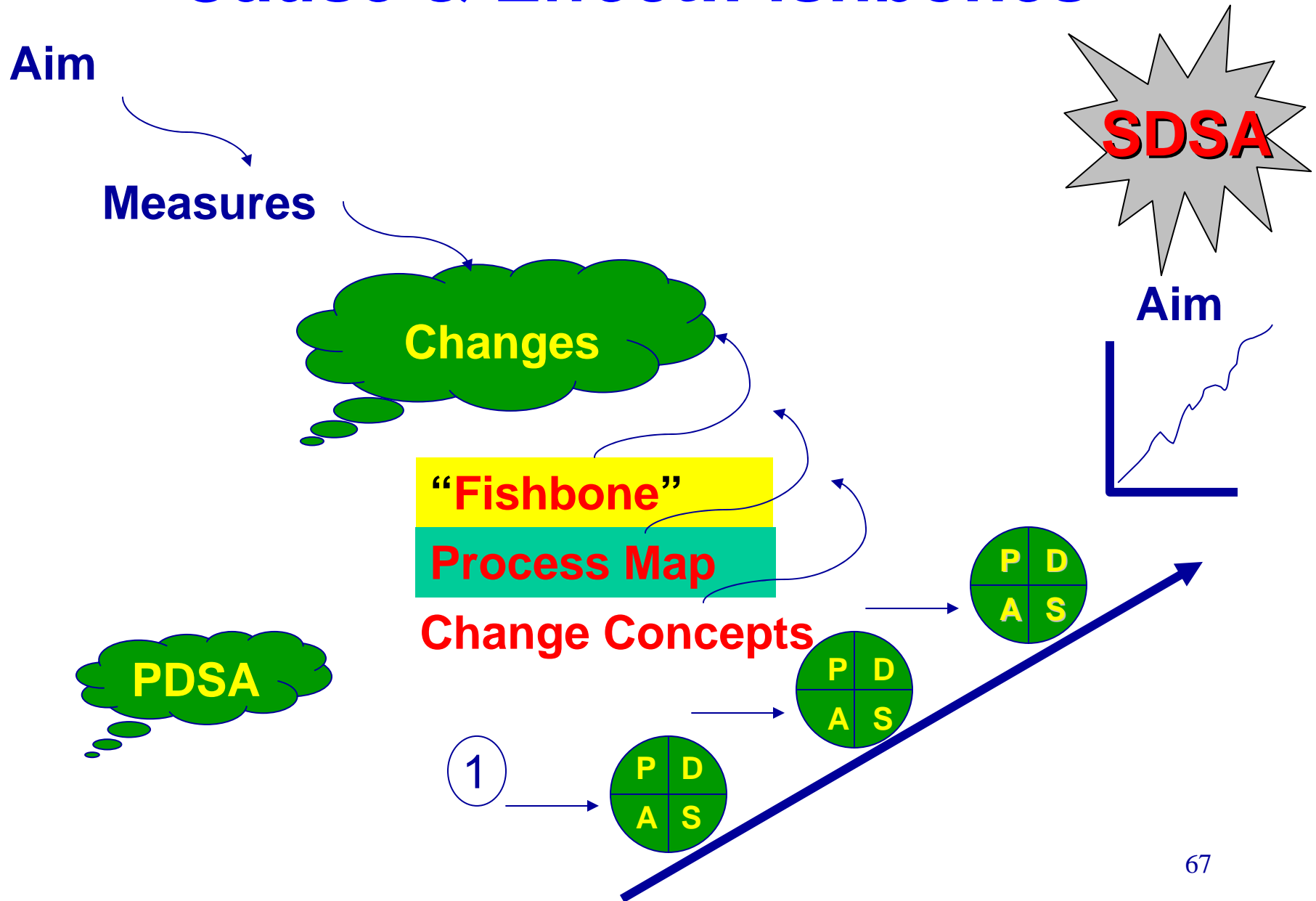
Break

1:45-2:00

Cause & Effect Fishbones

- **Science is about understanding cause & effect and influencing cause and effect.**
- **Fishbone is a “scientific tool”**
 - **A → B**
 - **Causes & effects**
 - **Web of causation**

Cause & Effect: Fishbones



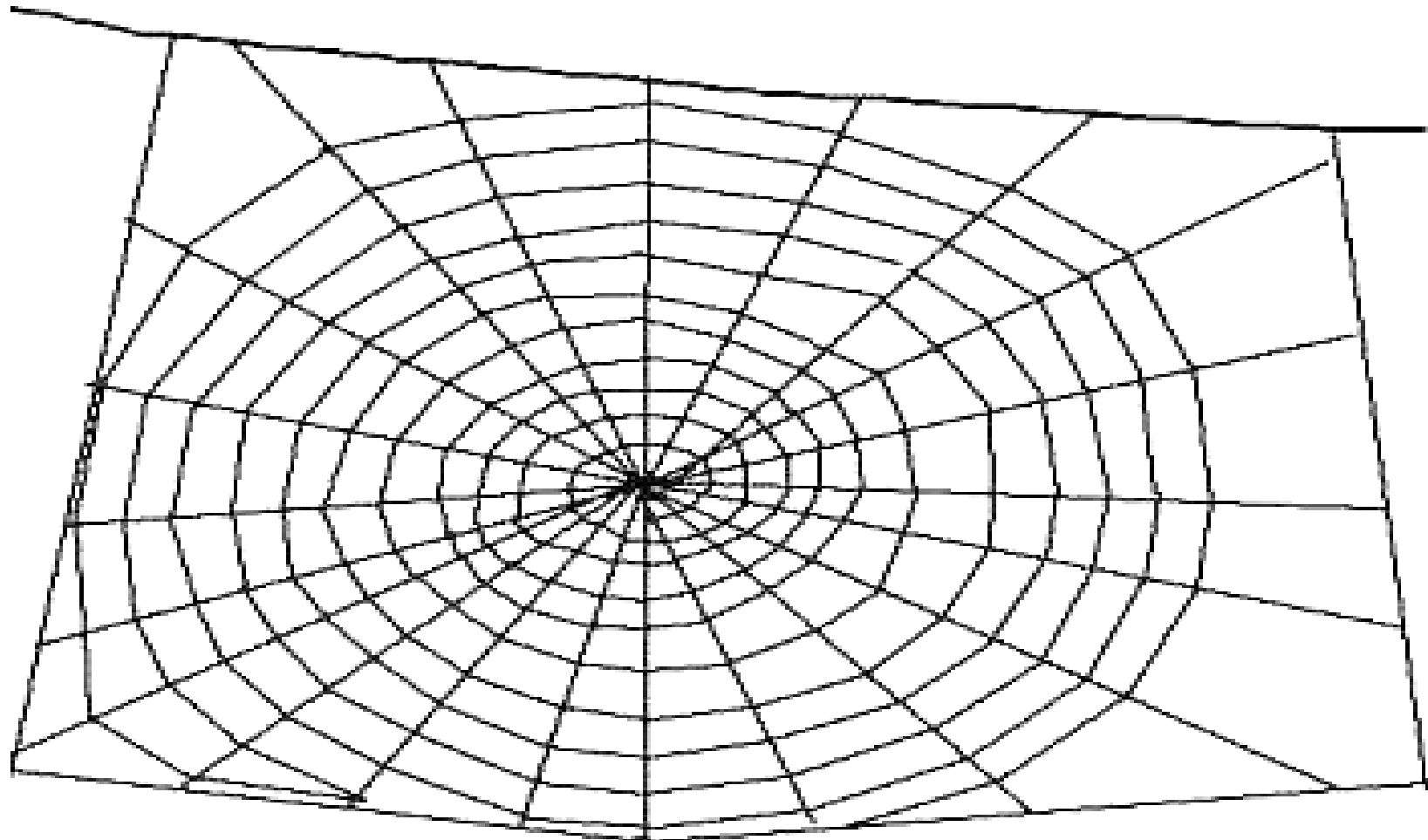
Community of Scientists

- **Goal**
- **Hypothesis**
 - **Cause and effect**
 - **Causes and effects**
- **Test**
- **Learn**

Brian McMahon

“Web of Causation”

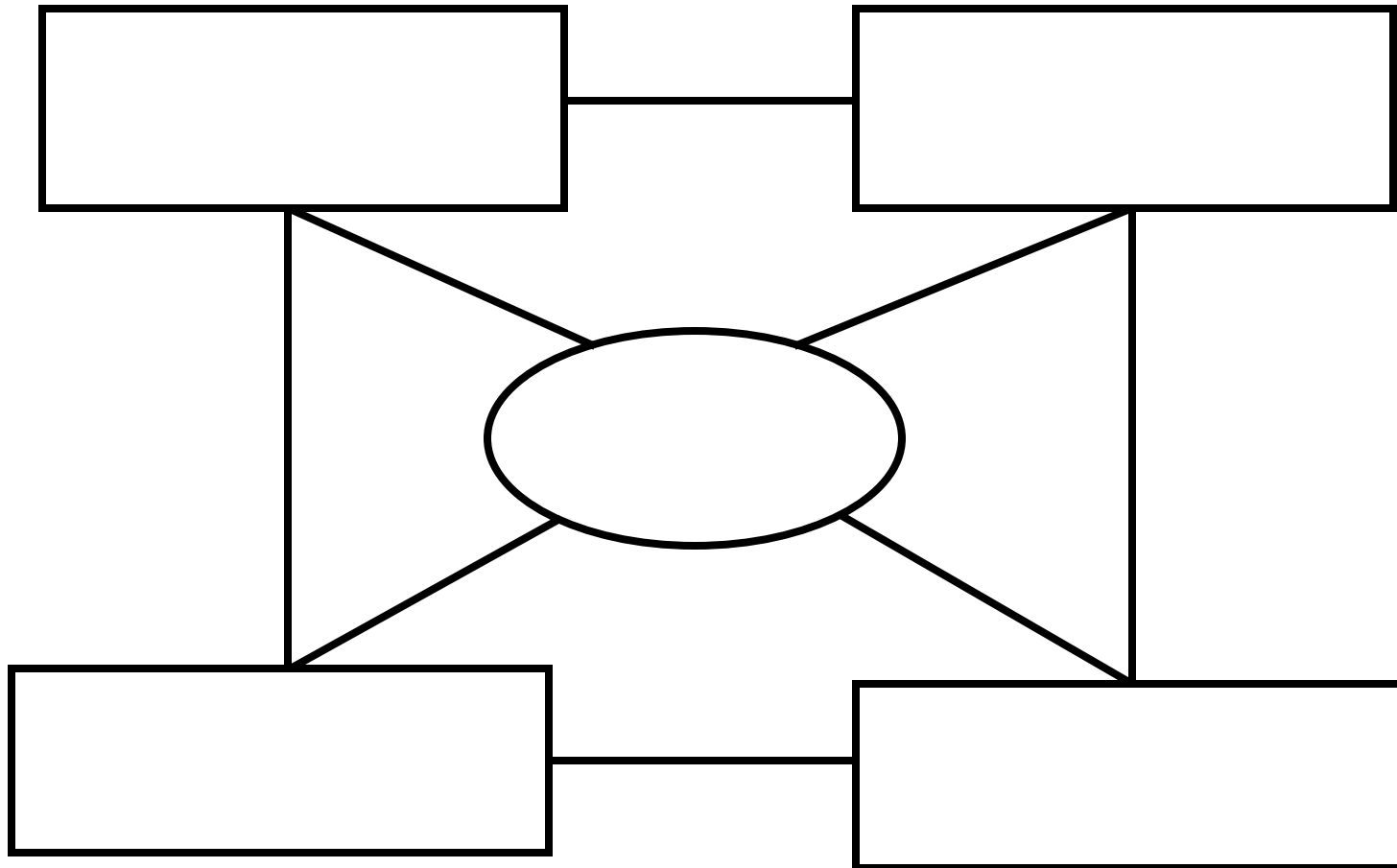
“Web of Causation”



It's really very simple.

- **Patient outcomes need to be improved & optimized.**
- **Outcomes are the product of a web of causation (an interacting system of causes that includes patient characteristics, processes & outcomes).**
- **Clinical improvement scientists (that's us) gain knowledge of outcomes and the web of causation by observation, measurement & reflection.**
- **They use the science of clinical practice to test improvements using the scientific method ... PDSA.**
- **When better ways are tested and “proven” by measured results & observation, they standardize the process to reproduce the current best practices ... SDSA.**
- **Improvement ideas and work should be “open source” and thereby enable all members of the clinical system (professionals, support staff, patients, families) to participate in improvement and innovation ... engage all members of ICN and families in never ending effort to improve outcomes.**

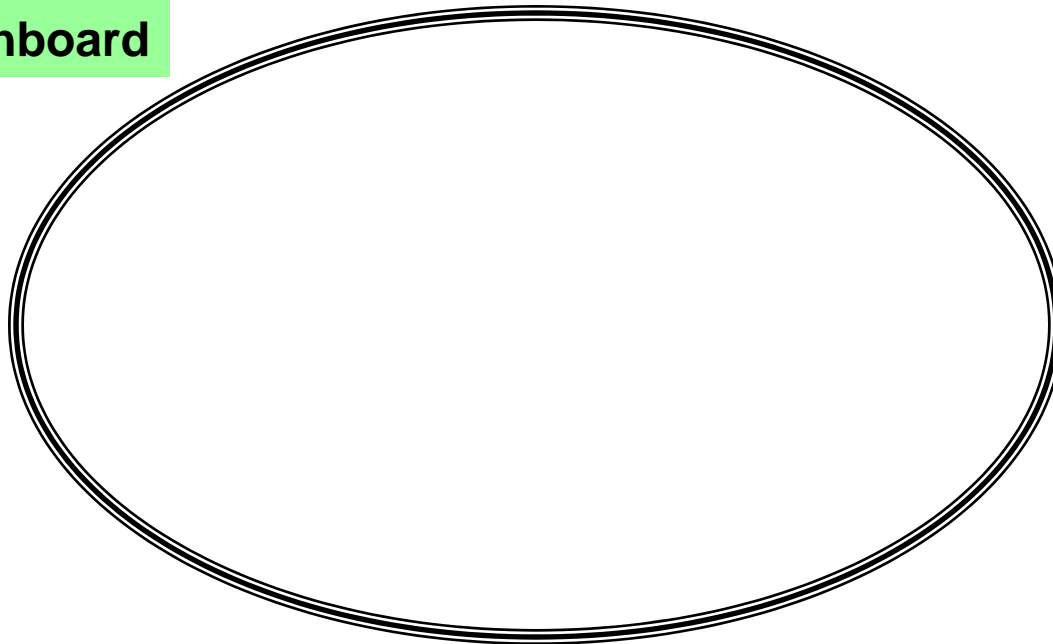
Web of Causes



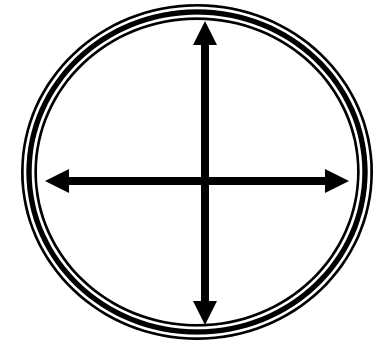
Value Compass Thinking

Baby/family with need → **Process of Care** → **VC Outcomes**

**Process
Dashboard**



**Compass
Outcomes**



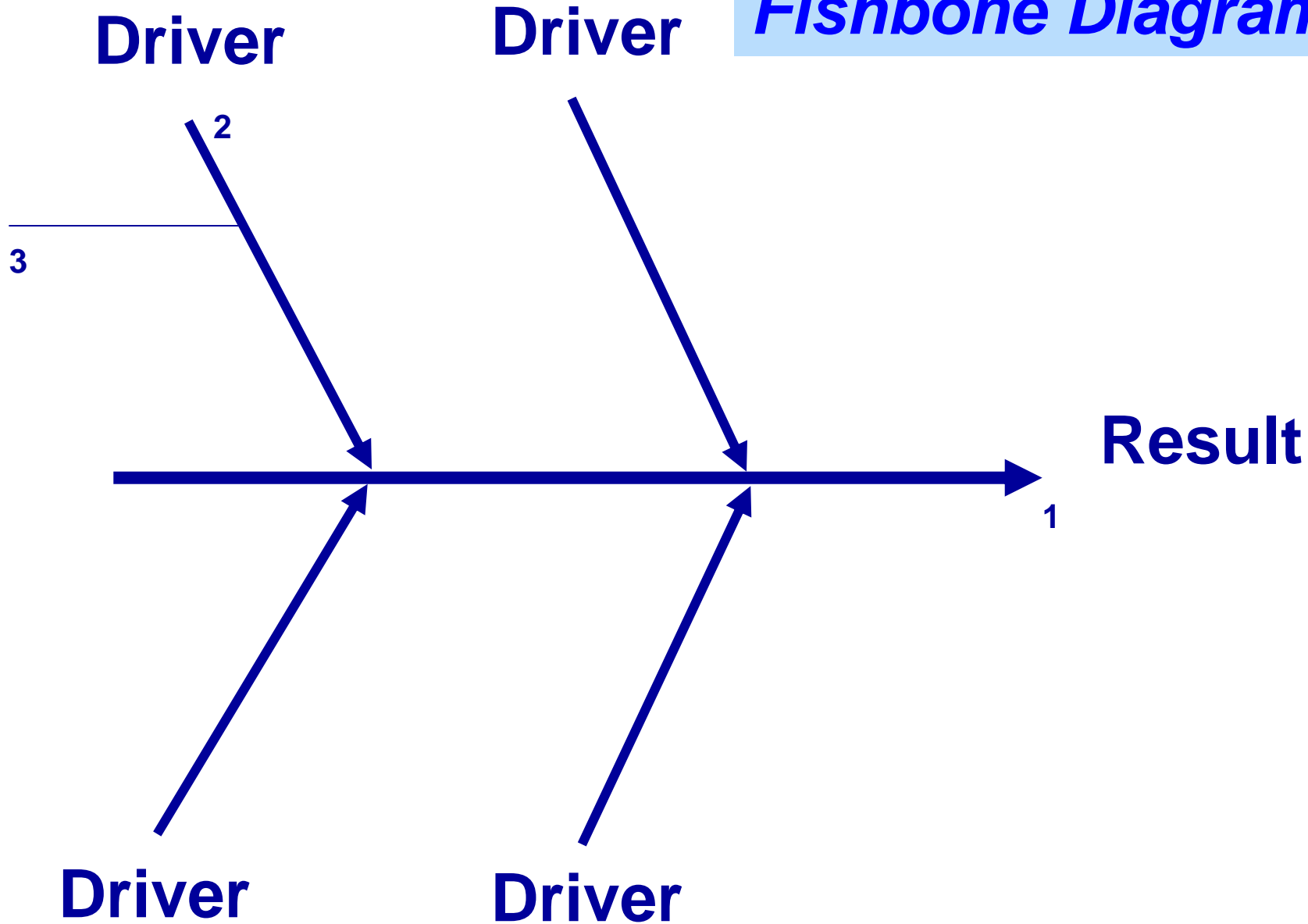
**Aim: Clarify system of causes and effect and metrics for your “process”
Dashboard and your “outcomes” Compass**

Fishbone Diagram or Cause and Effect Diagram *

- **Why**
 - Improvement model is **scientific thinking** ... science is about causes and effects
 - Use fishbone diagram as 1 way to build a theory about potential causes and effects
- **What**
 - A picture of the factors **thought** to produce a result
 - Big arrow points to “result” & branches off big arrow shows major contributing factors producing result
- **How**
 - Put result at end of arrow and brainstorm major categories of contributing factors and subcategories
 - Major categories: e.g., equipment, people, process, environment, materials

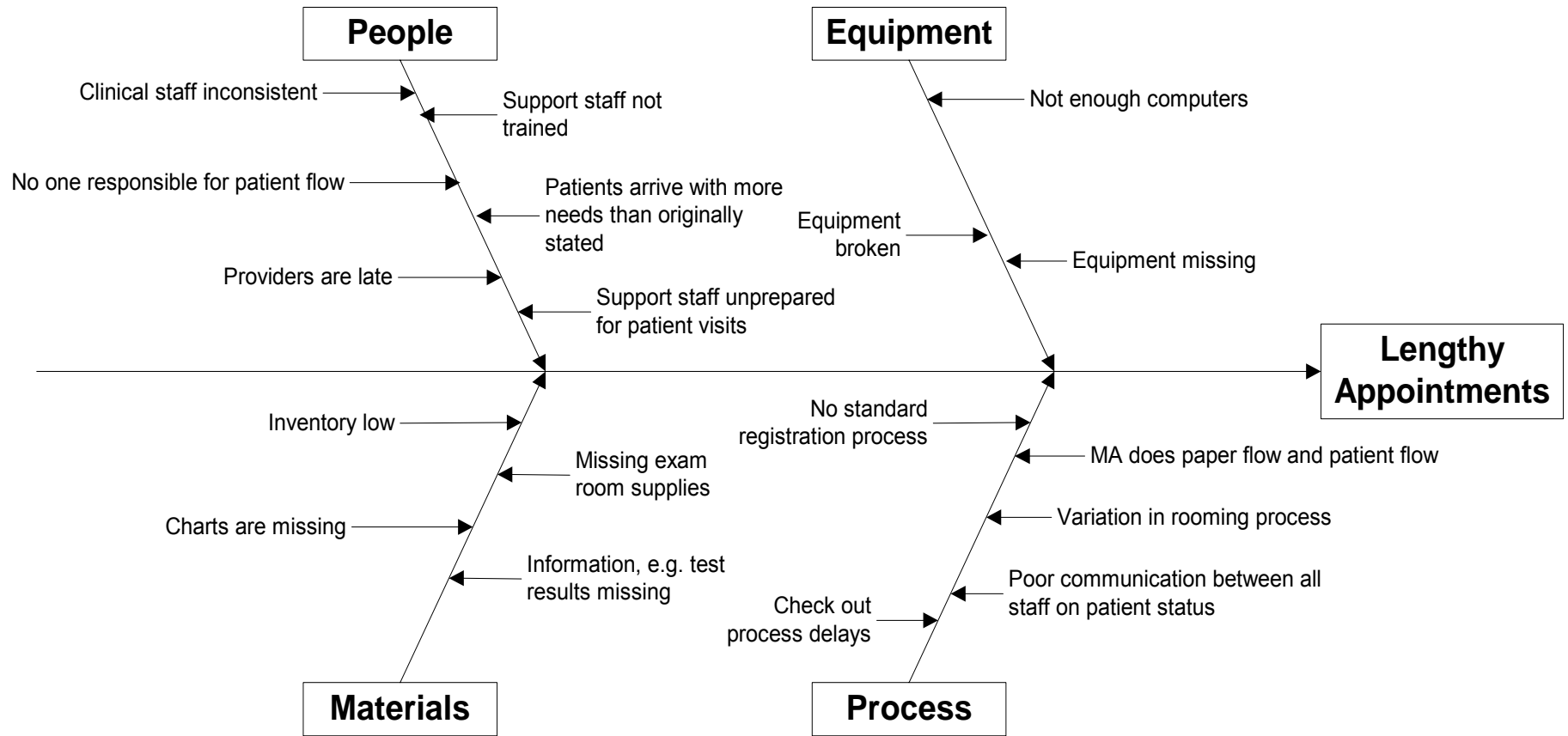
* See Team Handbook, 2-24 and 2-25

Fishbone Diagram



1. Desired Result, 2. Major categories of potential “drivers”, 3. Specific potential “drivers”

Fishbone (Cause and Effect) of Lengthy Appointments



Exercise: Making a Fishbone Diagram

- **Select roles and timed agenda**
- **Review your specific aim**
 - Place at top of “fishbone”
- **Select a desired measured result **relevant to your aim** (e.g., cycle time, phone access, etc)**
 - Place at end of “fishbone”
- **Generate ideas of things that may “drive” result**
 - Major categories of drivers and specific types of drivers
- **Build a fishbone diagram to display your team’s sense of causes and effect -- i.e., drivers & result**

2:20-3:00 Gene

DTD: Demo Then Do

Report Outs

3:00-3:15 Gene

Overview of Wednesday

- **Meeting Skills/Timed Agenda & Roles/Ground Rules**
- **Global and Specific Aim Statements**
- **Theme/Global Worksheet**
- **Process Mapping: Flowcharts**
- **Cause and Effect Diagrams: Fishbones**

3:15-3:30 Margie

Preview of Thursday

- **Change Concepts**
- **Meeting Skills: Brainstorming/Multi-Voting**
- **Improvement Model PDSA ↔ SDSA**
- **Value Stream Mapping**
- **Measuring and Monitoring: Clinical Value Compass**
- **Gantt Chart/Action Plan**

Evaluate Today

Note: Thursday Change of Location
Daniel Webster Dining Room