HRET HIIN Virtual Event
Accelerating Improvement Fellowship

Sustainability: Making your Improvements Stick

Wednesday, October 18, 2017

12:30 – 1:30 p.m. CT

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Welcome and Introductions

Mallory Bender, Program Manager, HRET

American Hospital Association

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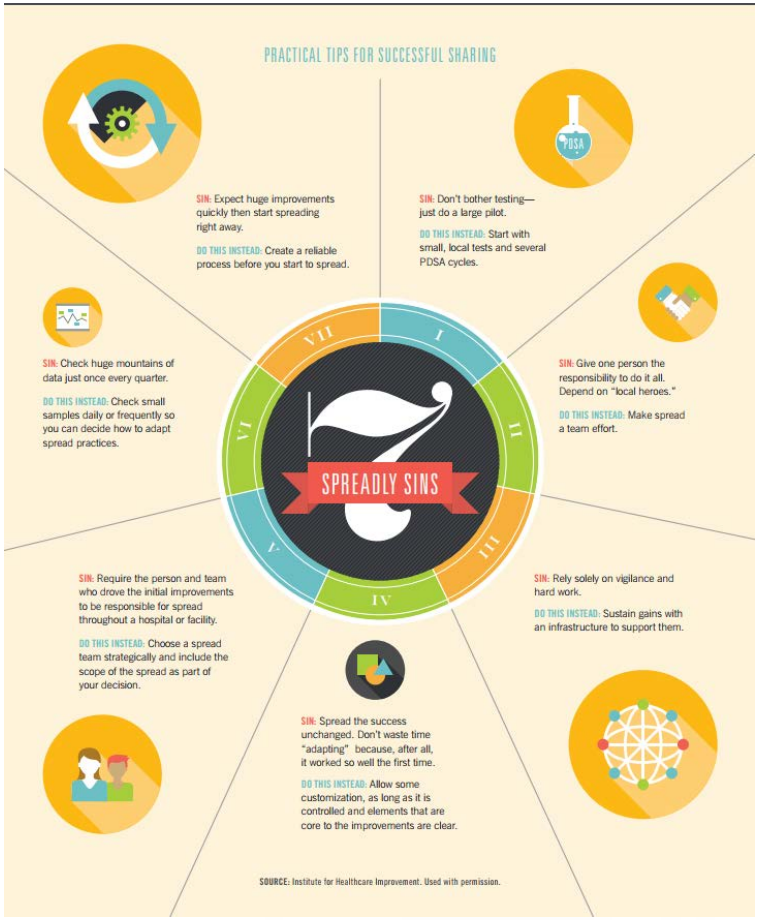
Agenda

12:30-12:35	Welcome and Introduction	Mallory Bender, HRET
12:35-12:45	Action Period Discussion • Watch: Is There a Secret to Sustaining Improvements? • Read: IHI's Sustaining Improvement White Paper • Review: Seven Spreadly Sins	Lauren Macy, IHI
12:45-1:15	Sustainability: Making Your Improvements Stick • Describe the study of sustainability and the Sustainability Model • Discuss standard high-performance management practices • Drive activities that support implementing, sustaining, and spreading changes • Assure recommended strategies for a high-performance management system	Lauren Macy, IHI
1:15-1:25	Action Period Assignment • **Complete** Self Assessment • **Complete and email** your project summary report to HIIN@aha.org before Friday (10/20) • **Invite** your manager to join us for the Nov. 8th Celebration call • **Invite** any colleagues that you may know of that would benefit from the QI fellowships beginning in January 2018	Lauren Macy, IHI
1:25-1:30	Bring It Home	Mallory Bender, HRET

Fellowship Curriculum Checkpoint

- ✓ January 18 – Why do Improvement Projects Fail?
- ✓ February 1 – Engaging Stakeholders in Improvement
- ✓ February 15 – Generating Ideas for Change
- ✓ March 15 – Getting Improvement Work Done!
- ✓ April 12 – Diving Deep into Data and Measurement
- ✓ May 10 – How to Design Reliable Processes in Health Care
- ✓ June 14 – Coaching Core Leaders in Quality
- ✓ July 12 – A Comprehensive Framework for Patient Safety, Reliability and Clinical Excellence
- ✓ August 9 – Moving from Testing to Implementation
- ✓ September 13 – Spreading and Scaling Up Improvements
- October 11 – Sustainability: Making Your Improvements Stick
- November 8 – Celebration!

Action Period Assignments



		Seven Spreadly Sins
Improvement-Related	#1	Don't bother testing, do one big pilot *Start with small local tests and several PDSAs*
	#4	Spread the success unchanged without taking the time to adapt *Allow some customization, as long as it is controlled and elements that are core to the improvements are clear*
	#6	Check huge mountains of data just once every quarter *Check small samples daily or frequently so you can decide how to adapt spread practices*
	#7	Expect huge improvements quickly then start spreading right away *Create a reliable process before you start to spread*
People-related	#2	Give one person the responsibility to do it all
	#3	Rely solely on vigilance and hard work
	#5	Require the person and team who drove the initial improvement to lead the spread

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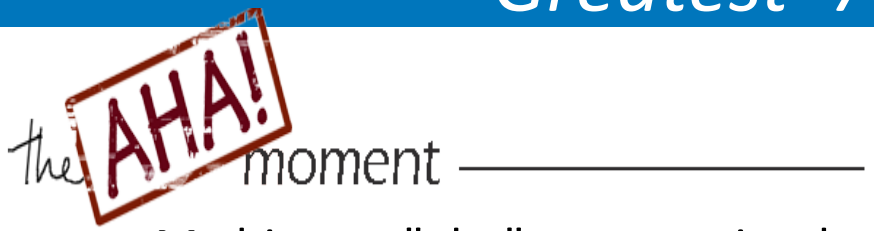
From the Discussion Group: *What Has Been Your Greatest "Aha" Moment?*

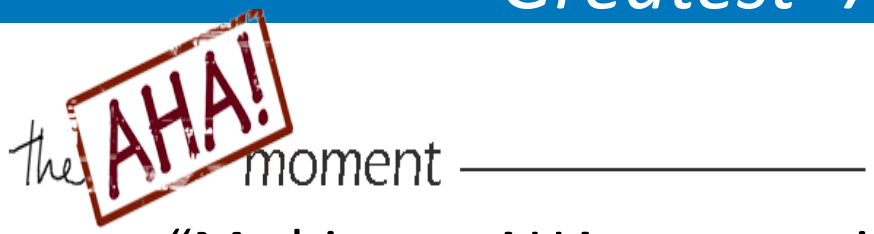


- My biggest "aha" moment is when I realized that **I do not need to reinvent the wheel**. My project is readmissions, I was going to create tools, request report from other department, basically start from scratch. I realized that I do not have to do all this, because I can access the most accurate readmission report. All I had to do was request an access and learn how to use it.

Take-Aways:

- **Take the time to explore what exists in the "current system"**
- **Leverage existing resources**
- **Use current data systems when you can**
- **Bring in those experts as needed**

From the Discussion Group: *What Has Been Your Greatest "Aha" Moment?*



- "My biggest AHA moment is the mini tests of change. It is amazing to see how these little things make such a difference and how you can try something out and then get all the bugs out before rolling it out house-wide."

Take-Aways:

- **Think small!**
- **Cut a test or data collection down by two**
- **Build your degree of belief that the change will bring improvement by testing lots before implementation (see next slide)**

Conditions for Implementing a Change

Current Situation		No Commitment	Some Commitment	Strong Commitment
Low degree of belief that the change idea will lead to Improvement	Cost of failure large	**Very Small Scale Test**	**Very Small Scale Test**	**Very Small Scale Test**
	Cost of failure small	**Very Small Scale Test**	**Very Small Scale Test**	Small Scale Test
High degree of belief that the change idea will lead to Improvement	Cost of failure large	**Very Small Scale Test**	Small Scale Test	Large Scale Test
	Cost of failure small	Small Scale Test	Large Scale Test	***Implement***

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Langley J, Moen R, Nolan T, Norman C, Provost L. *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*. Second Edition. San Francisco, CA: Jossey-Bass; 2009.

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From the Discussion Group: What is one area you would like more information about?

"One area I need more clarity on is making my project concise. With driver diagrams and various parts of the project, coming upon one conclusion is hard for me."

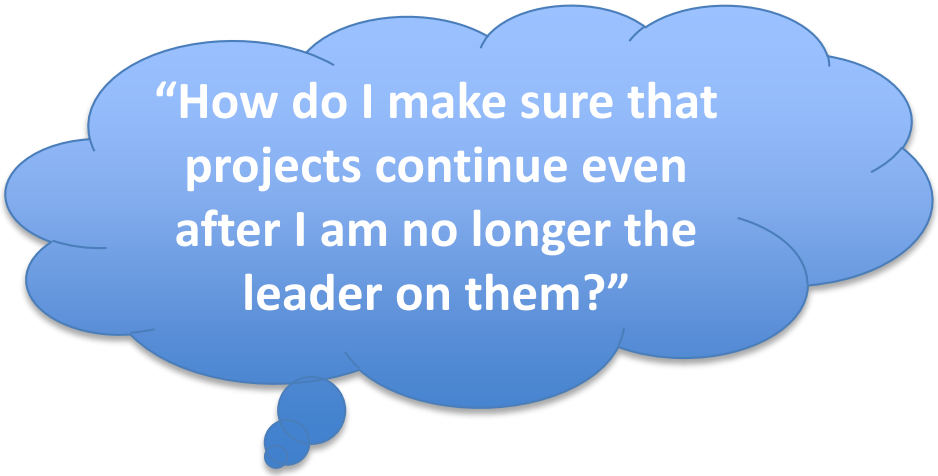
- The Project Summary is a great tool for organizing your project
  - Only allow one slide for each section (that's short!):
    - Aim/Background
    - Driver Diagram
    - Changes
    - Measures
    - Data
- You may flex what you include for different audiences/time
- There isn't one conclusion– you should be constantly learning and building on that learning– however, there should be one core message around what you are trying to achieve and where you are in that journey

From the Discussion Group: What is one area you would like more information about?

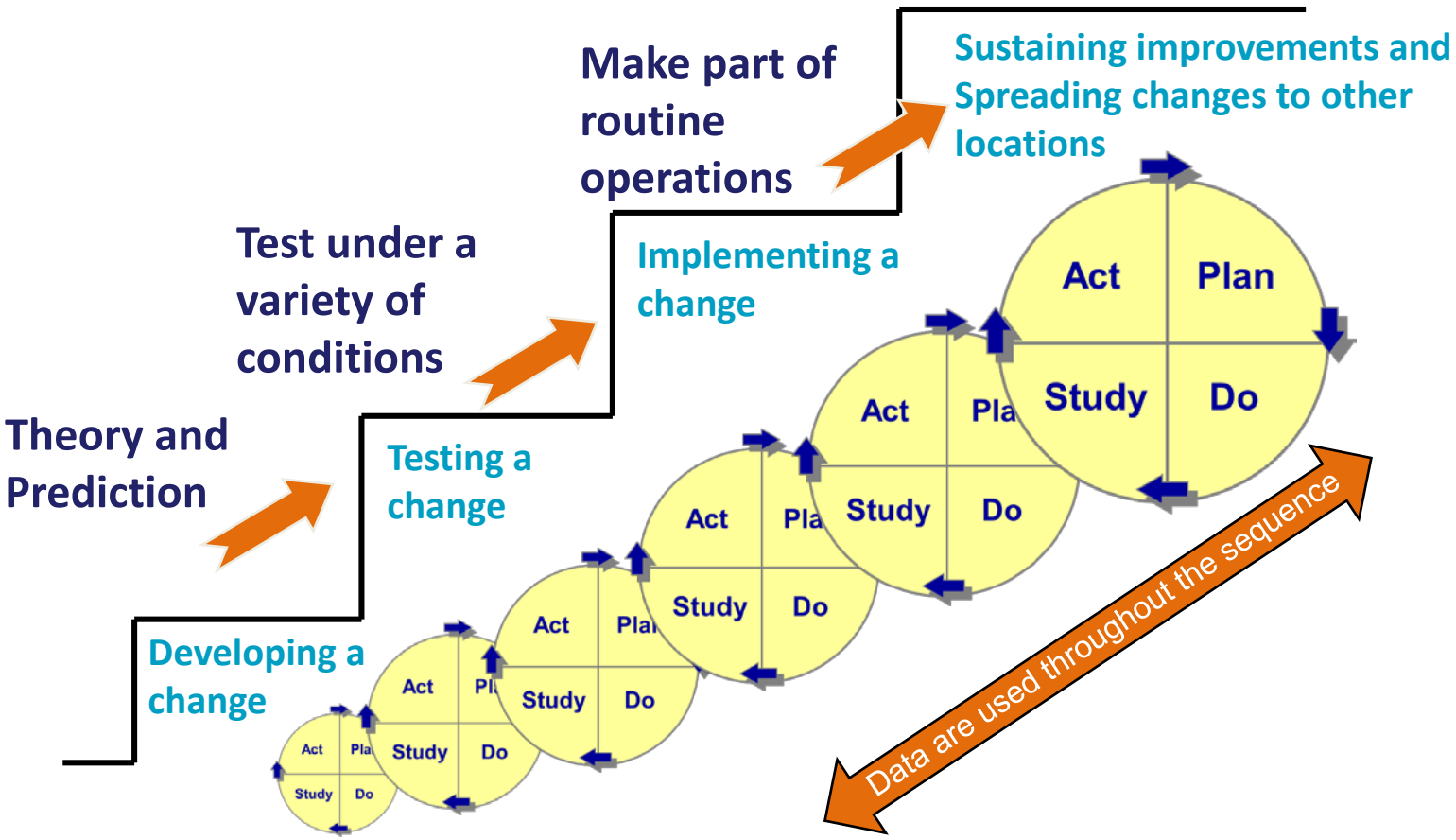
"With transition of team members, new people brought in, you may feel like you are constantly retraining."

- Spreading ownership will help motivate and energize
- Think about your team size– you may need to strengthen your bench
- Celebrate all (any!) "wins"
- Clarify roles and needs, so new people can step into something
- Keep up the momentum of testing, data collection, and meetings

Sustainability: Making Your Improvements Stick



The sequence of improvement



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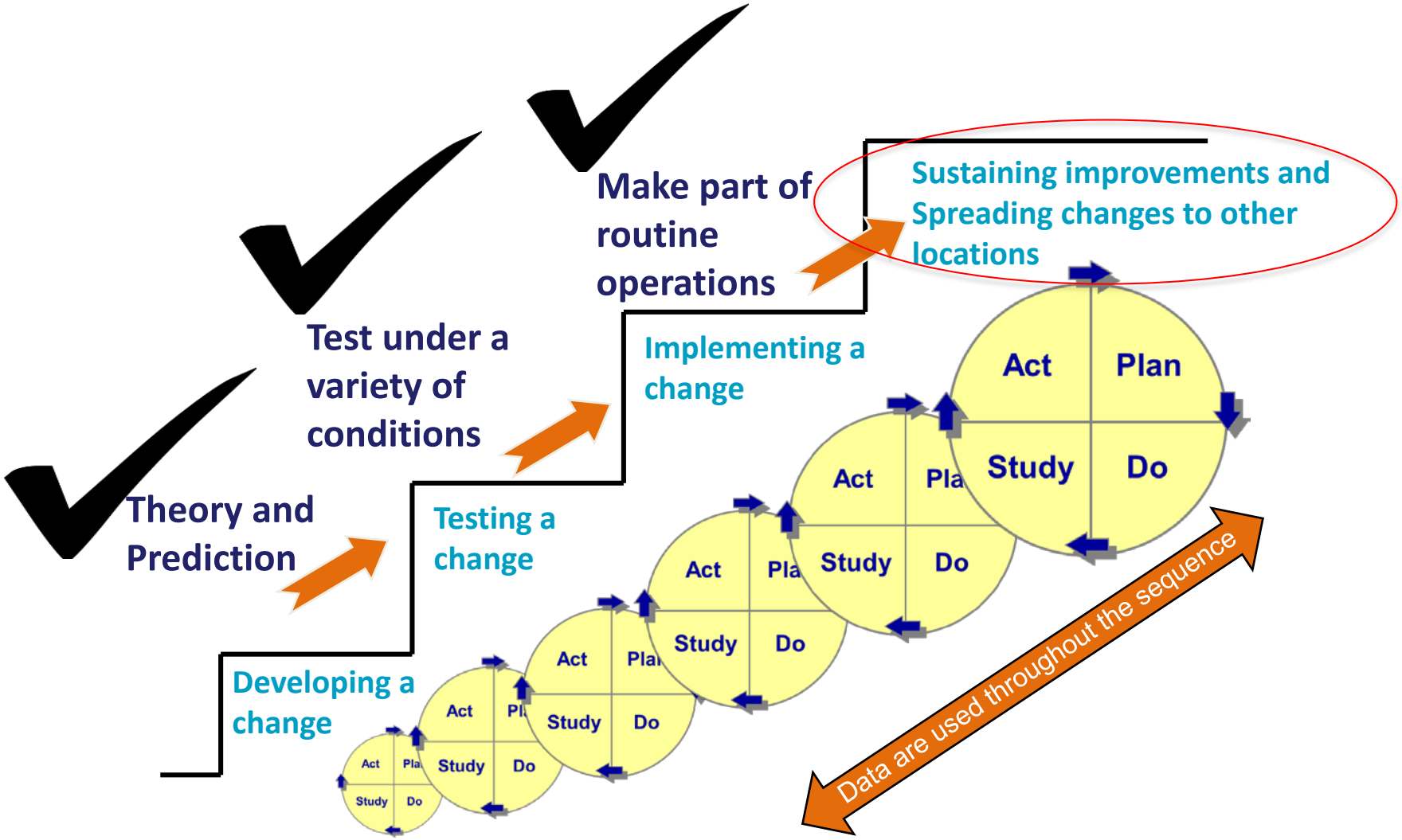
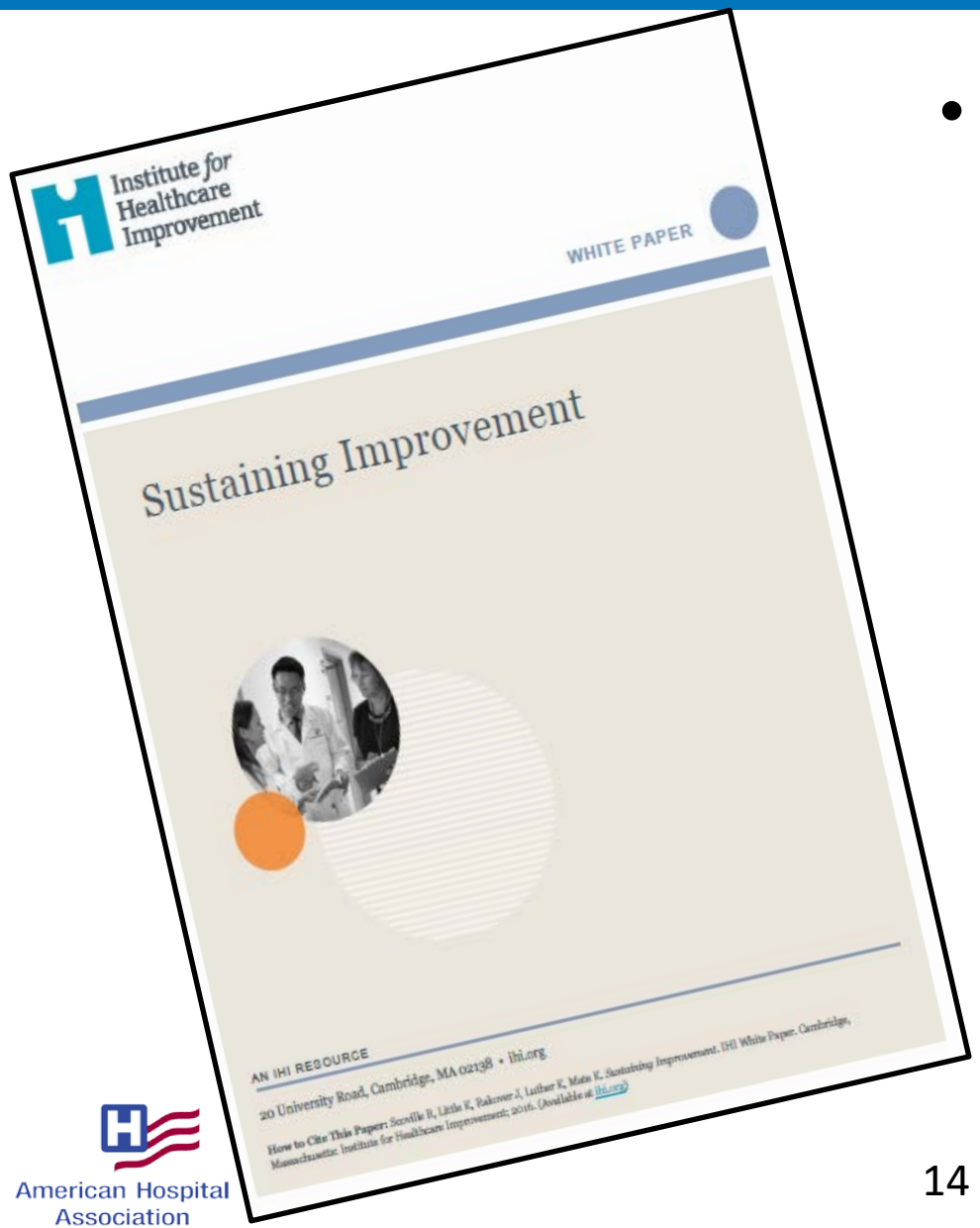
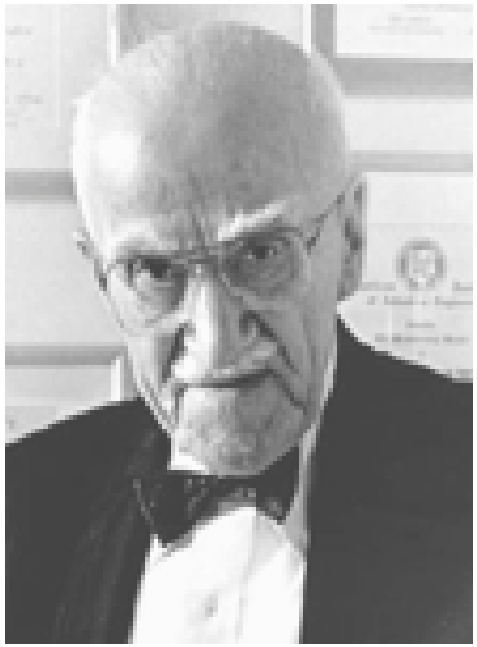


How do leading organizations sustain changes?



- Studied 10 high performing health systems; they had:
  - Shared a common focus on **the frontline management** (ie. daily work for unit leaders)
  - A "**management system architecture**" that supported and reinforced improvements

Juran's thinking posed as a "Trilogy"



Joseph Juran

(1904 - 2008)

- Quality Assurance/Control
- Quality Improvement
- Quality Planning/Strategy

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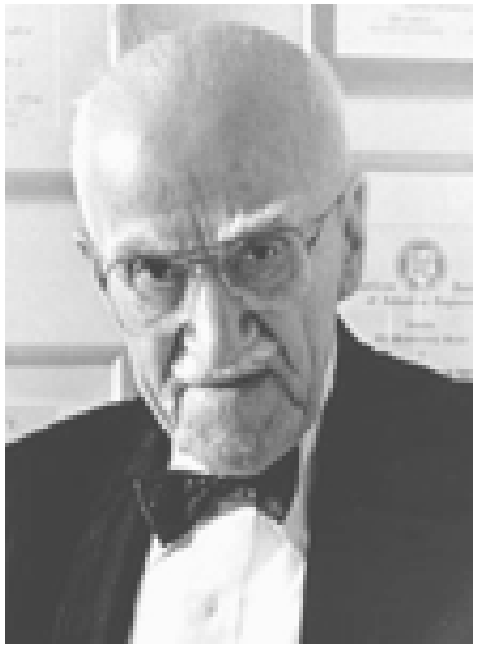
Juran's thinking posed as a "Trilogy"



Joseph Juran

(1904 - 2008)

- Quality Assurance/Control
  - Manage the work
- Quality Improvement
  - Improve the work
- Quality Planning/Strategy
  - Understanding the needs of the customer

Juran Trilogy

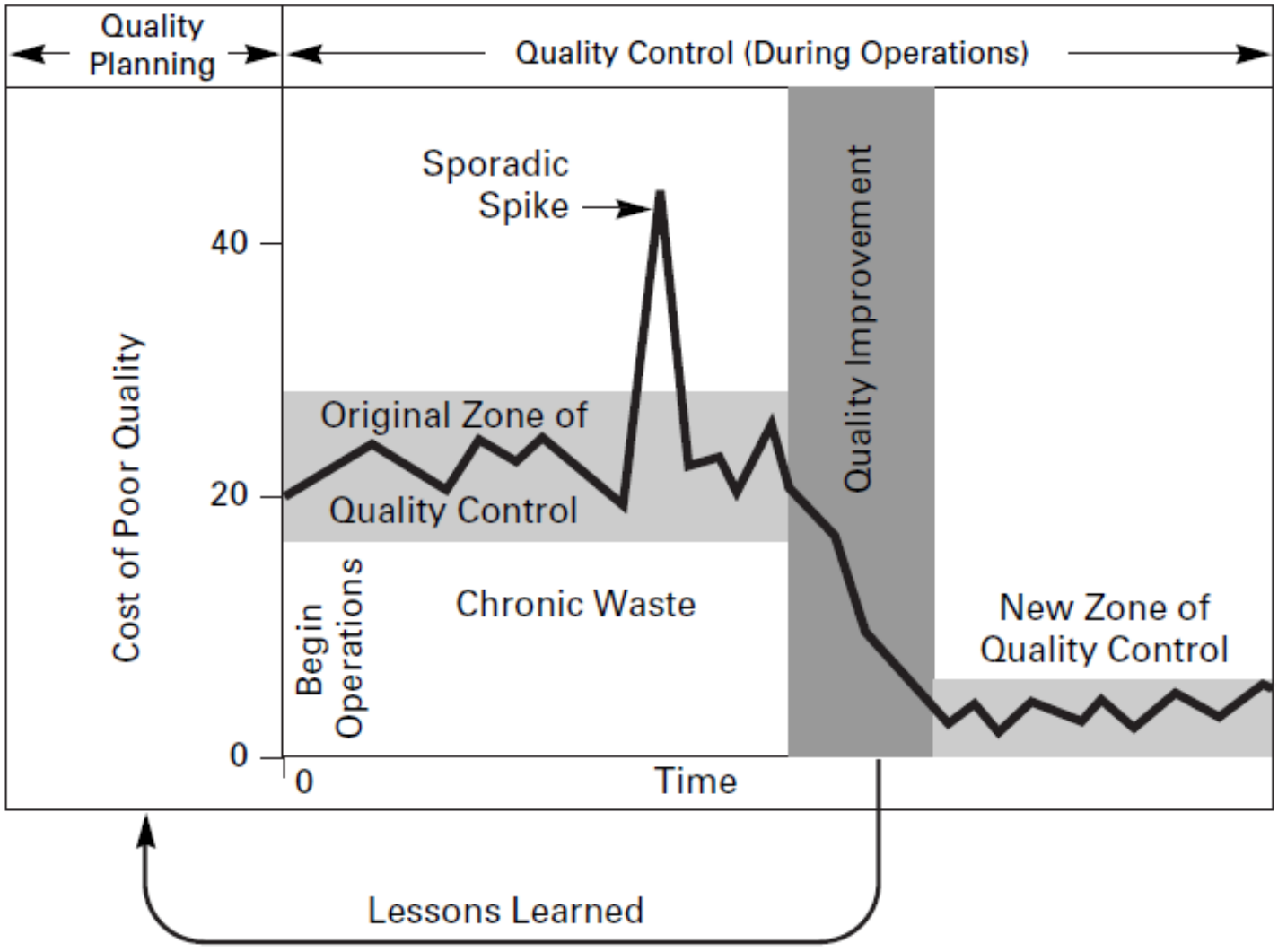


FIGURE 4.1 The Juran trilogy diagram. (*Juran Institute, Inc., Wilton, CT.*)

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Juran Trilogy

This Fellowship

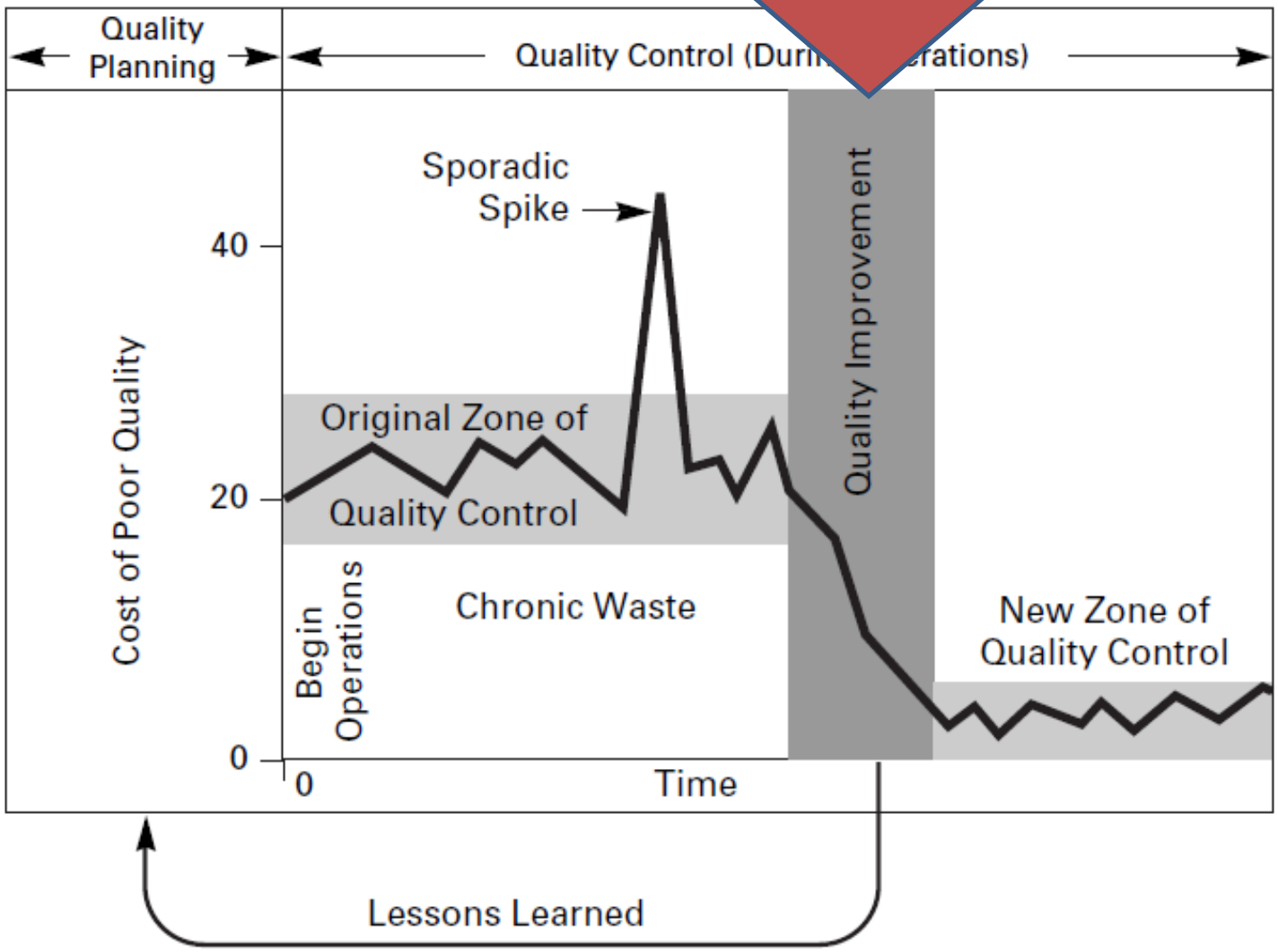
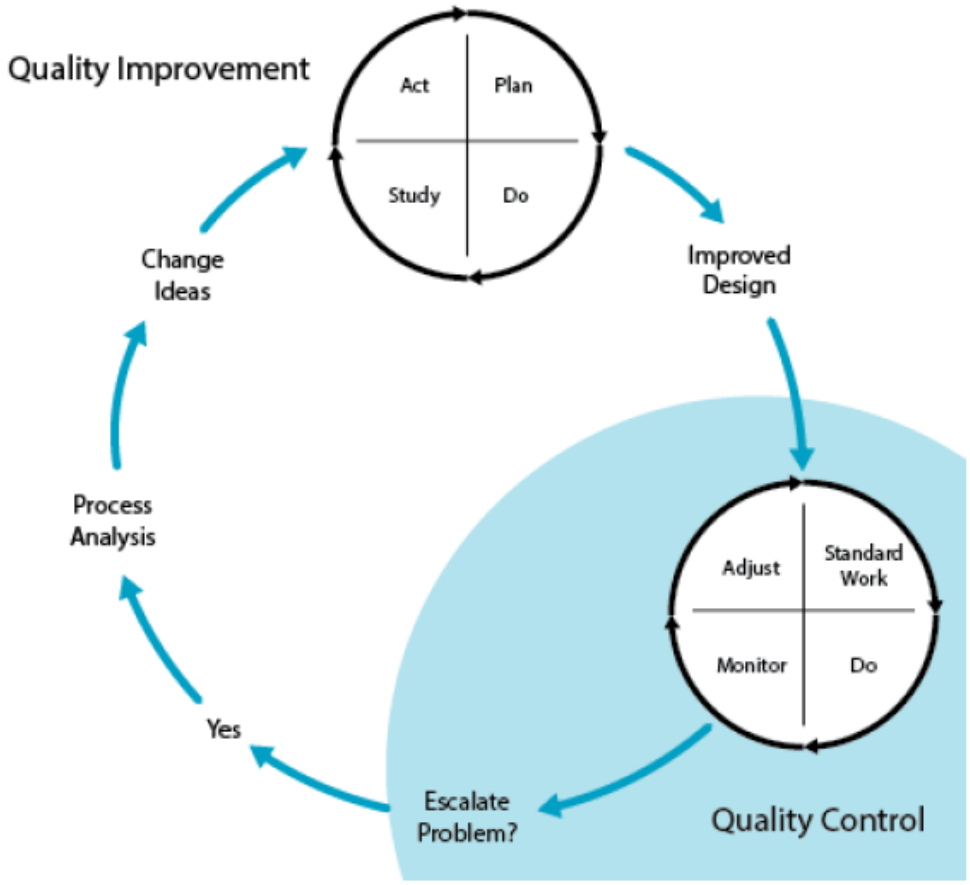


FIGURE 4.1 The Juran trilogy diagram. (*Juran Institute, Inc., Wilton, CT.*)

The relationship between QI and QC

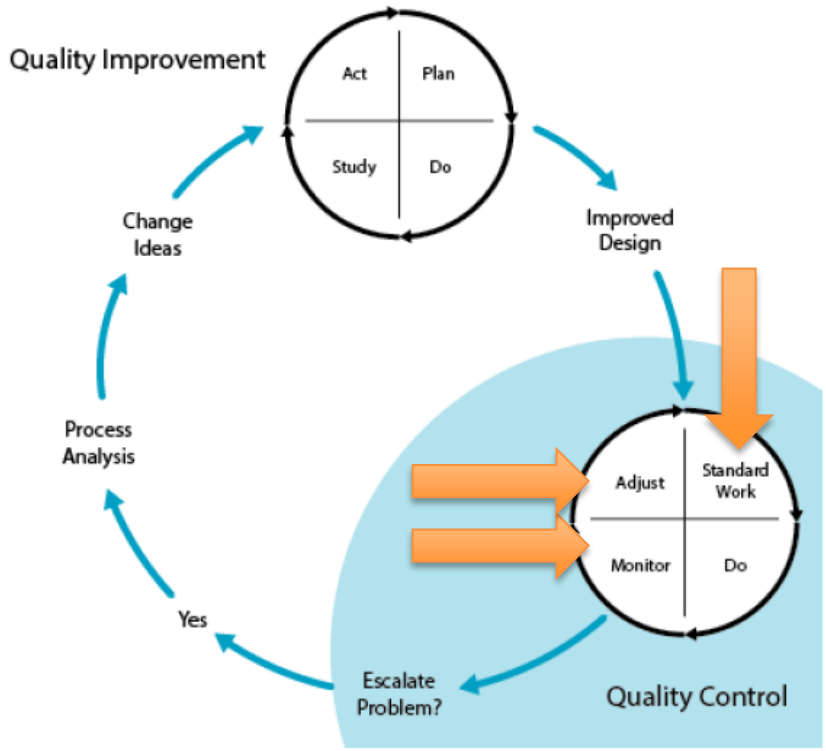
Figure 1. The Relationship of Quality Improvement and Quality Control



Source: Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

What happens in quality control?

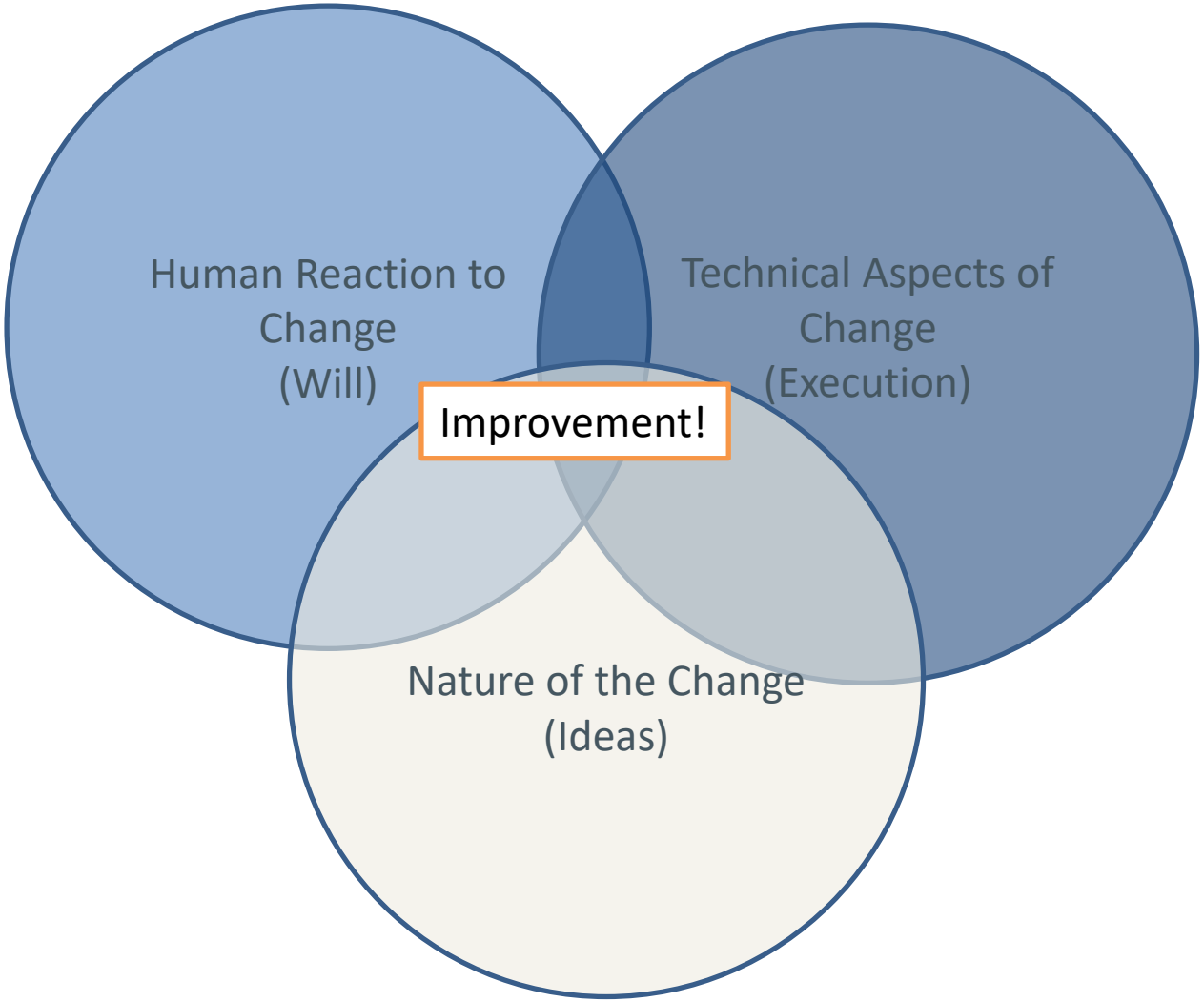
Figure 1. The Relationship of Quality Improvement and Quality Control



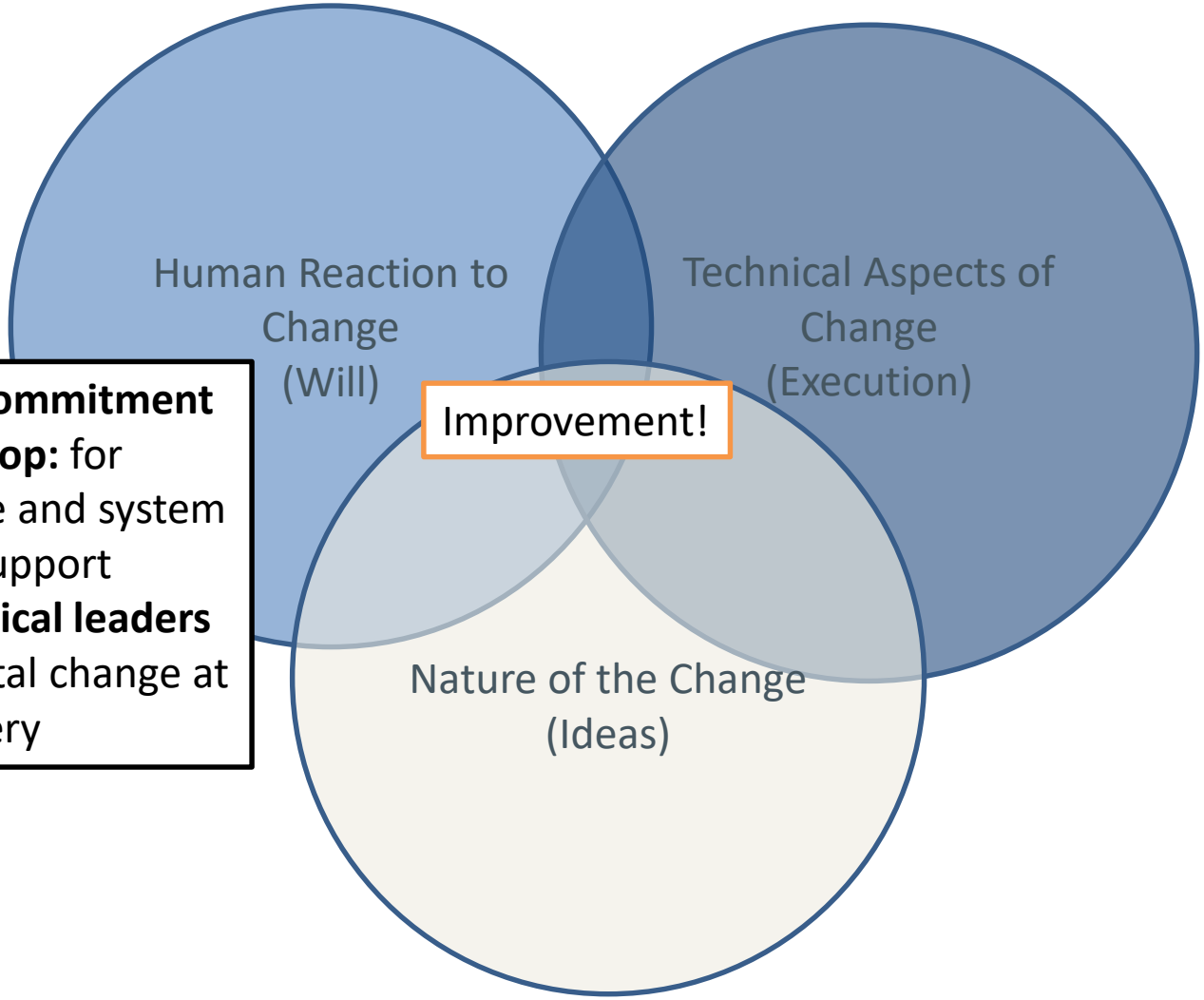
- View of management as disciplined + integrated standard work
  - Frequent communications
  - Looking at data visually
- Allows special causes to be seen and acted on by escalating into improvement when needed
- Must focus on (and develop a culture of) problem analysis, not personal blame

Source: Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

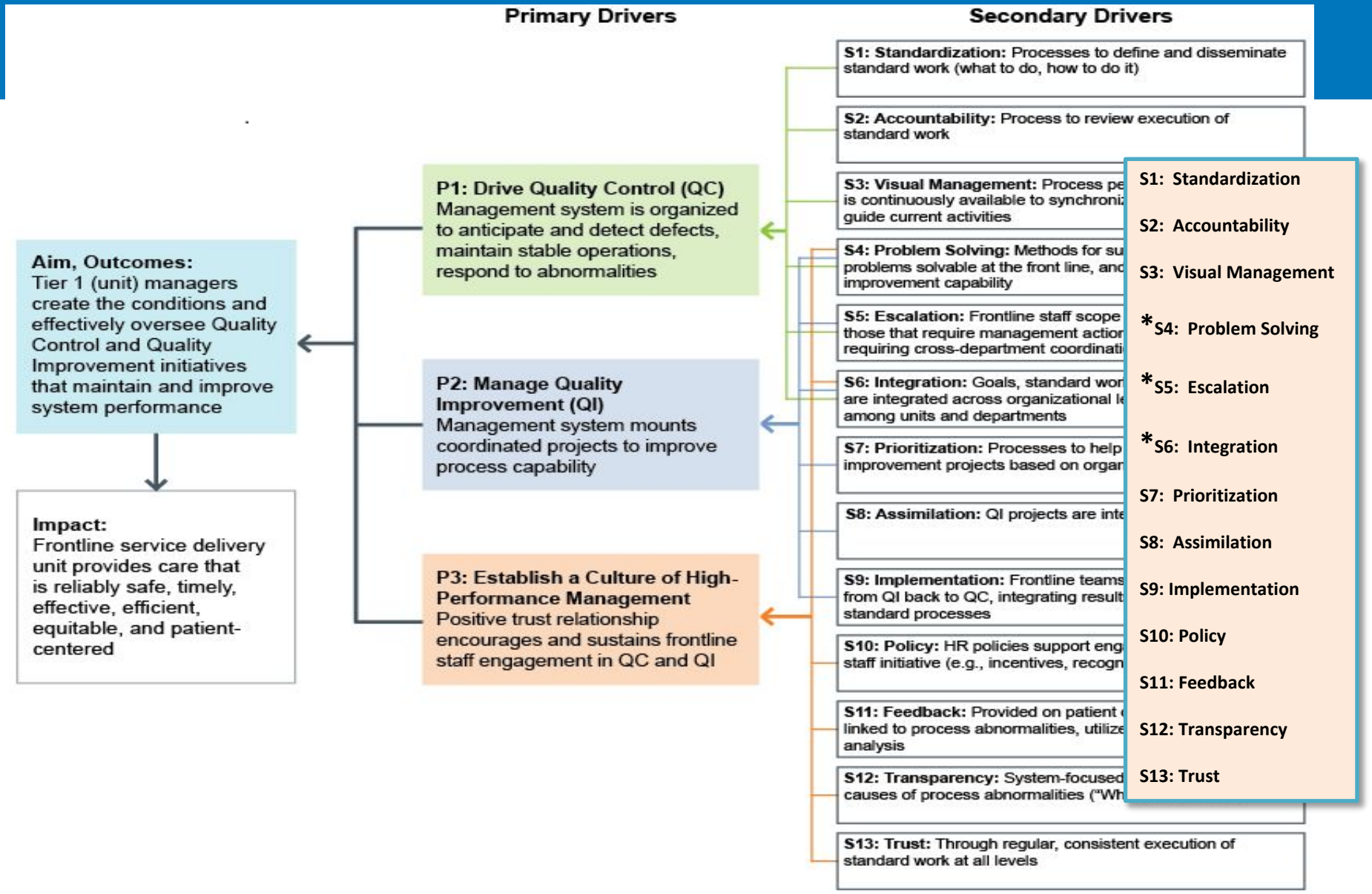
Improving Long-Term Impact



Improving Long-Term Impact



- **Leadership commitment at the tippy top:** for infrastructure and system integration support
- **Frontline clinical leaders** for incremental change at service delivery



Source: Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

Problem Solving

- **Objective**: to surface and address problems that are solvable at the frontline
- **Methods**: Lean (A3); Model for Improvement
- **Tools**: identifying problems, diagnosing problems, testing changes

Be curious!

Category	Method or Tool	Typical Use of Method or Tool	Q1 Aim & Assessment	Q2 Measures O/P/B	Q3 Understanding & Change Ideas	PDSA
Viewing Systems & Processes	Block Diagram	Simplest picture of process/system.	★	★	★	
	Flow Diagram	Develop a picture of a process. Communicate and standardize processes.	★	★	★	
	SIPOC	Develop a picture of a system/process components.	★	★	★	
Gathering Information	Data Collection Methods	Plan and organize a data collection forms & effort. Recording data to ID patterns.	★	★	★	★
	Surveys	Obtain information from people.	★	★	★	★
	Benchmarking	Obtain information on approaches from other organizations (beware of copying).	★	★	★	
	Creativity Methods	Develop new ideas and fresh thinking. (Includes Brainstorming and NGT).			★	
	Affinity Diagram	Organize and summarize qualitative information.	★		★	
Organizing Information	Force Field Analysis	Summarize forces supporting and hindering change.	★		★	
	Cause and Effect Diagram	Collect and organize knowledge about potential causes of problems or variation	★	★	★	
	5 Why	Used to uncover understanding of reasons behind intractable problems.	★		★	
	Matrix Diagram	Arrange information to understand relationships and make decisions.	★		★	
	Tree Diagram	Visualize the structure of a problem, plan, or any other opportunity of interest.	★	★	★	
	Radar Chart	Evaluate Alternatives or compare against targets with 3 or more variables.			★	
	FMEA	Used by process designers to identify and address potential failures.			★	
Understanding Variation	Run Chart	Study variation in data over time; understand the impact of changes on measures.	★	★	★	★
	Control Chart	Distinguish between special and common causes of variation to understand correct.	★	★	★	★
	Pareto Chart	Focus on areas of improvement with greatest impact in stable process.	★		★	★
	Frequency Plot	Understand location, spread, shape, and patterns of data. Also called Histogram		★	★	★
Understanding Relationships	Scatter Plot	Analyze the associations or relationship between two variables.	★	★	★	
	Two-Way Table	Understand cause/effect relationships for two categorical variables in planned exp.		★	★	
	Planned Experimentation	Design studies to evaluate relationships and test changes.		★	★	
Team Decision Making	Brainstorming	Used to generate a large number of alternative ideas.	★	★	★	
	Nominal Group	Generate large number of ideas, gives silent time to list ideas, often uses sticky notes.	★	★	★	
	Multi-Vote	Reduce large list of ideas to a list of 10 or less.	★	★	★	
	Rank Order	Use to reduce a list of 10 or less, to the vital few ideas for further discussion.	★	★	★	
	Structured Discussion	Used to discuss the vital few ideas to arrive at a consensus decision.	★	★	★	★
Planning	PDSA Forms	Used to plan, organize and keep track of testing, implementation and spread cycles.				★
	Team Member Matrix	Identify range of talent, knowledge and skill needed for improvement team.	★			
	Communications Plan	Identify key stakeholders and communications needs for each.	★	★	★	★
	Seven Step Agenda	Use to plan and run effective meetings.	★	★	★	★

Adapted from The Improvement Guide, pages 411-413. for the IHI Improvement Coach Professional Development Program, April 2016

Escalation

- **Objective:** frontline staff to scope/identify issues and escalate those needing management action to resolve
- **When?**: Whenever the current process is incapable of delivering acceptable results
  - When it's beyond the frontline staff and unit managers
  - When there is new clinical evidence/protocols
  - When there are system changes
- **How do you know?**
  - The management system has clear criteria
  - Triggered by the data
- **Outcome?** An improvement project!

Have you seen a problem escalated into an improvement effort? If not, how would you go about escalating something to management?

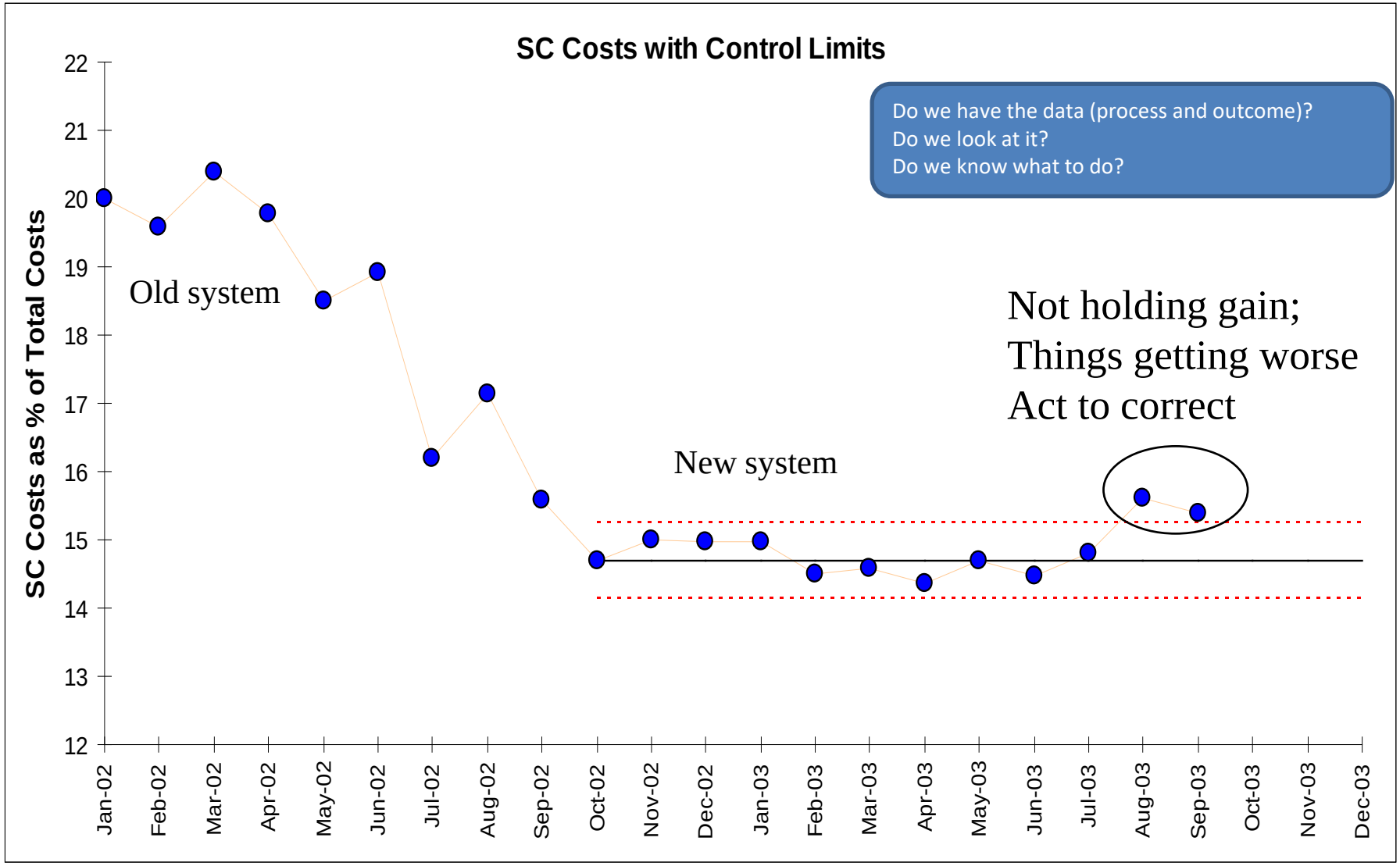
Integration

- **Objective**: Goals, standard work, and QI project aims are integrated and coordinated
- Vertical and horizontal alignment (leadership + across units)
- Standard work at frontline ensures care is consistent with best practices, goals, and strategy
- Our systems are messy

Technical Aspects of Sustainability

- Measurement
- Ownership
- Communication and Training
- Hardwiring and Standardization
- Assessment of Workload

Measurement: Quality control



Ownership

Figure 2. Architecture of a High-Performance Management System

Quality Control (Operations)				Quality Improvement (System Change)		
Key Tasks	**Data for Control**	**Guidance**		**Key Tasks**	**Data for Improvement**	**Aims Alignment**
• Define core values • Articulate principles • Obtain and deploy resources • Monitor "Big Dots" • Frequent frontline observation	• "Big Dot" system metrics, process and outcomes metrics • Reports to external stakeholders	• Coaching (all tiers) in workplace • Monitor T2 standard work	**Tier 3 Executive, VP**	• Monitor environment, anticipate change • Quality planning: ◦ Set strategic direction ◦ Commission and drive system-wide initiatives • Consistent messaging • Celebrate improvement	• Aggregated system process and outcomes metrics • T2, system QI project status and metrics • Population, organization impact	• Negotiate T2 strategic goals • Launch, prioritize system QI initiatives
• Interdepartmental coordination • Obtain and deploy resources • Define department metrics • Monitor department operations, planning	• T2 summary of daily operational issues • Standard department operational metrics	• Coaching T1 on standard work • Monitor staff, process capability • Monitor T1 standard work	**Tier 2 Dept. Manager, Director**	• Conduct root cause analysis • Quality planning: Commission T1 projects • Lead interdepartmental projects	• Aggregated unit process and outcomes metrics • T1 project status and metrics • Staff QI capacity	• Negotiate T1 goals • Launch, prioritize, monitor T2 projects
• Monitor unit operational status • Define unit standard work, metrics • Manage shift staffing, shift patient priorities, etc. • Incident response, escalation	• Summary of daily operational issues • Standard unit operational metrics • Incident reports	• Coaching "what to do and how" • Coaching on problem detection and response • Monitor frontline standard work	**Tier 1 Unit Manager**	• Coordinate with improvement specialist to surface problems, best practices • Lead T1 QI projects • Lead root cause analysis • Lead daily PDSA	• Unit project status and metrics • Problems for escalation to T2 projects • PDSA results	• Negotiate unit goals • Launch, prioritize, monitor unit-level QI projects
• Situational awareness, prioritize care tasks • Define frontline standard work • Adjust to usual process variation, patient needs • Respond to atypical process variation	• Observations of care process and environment • Patient feedback and observations • Clinical data, tallies of process operation	• Clear communication to support patient and family decisions and expectations	**Charge Nurse, Frontline Staff**	• Undertake simple process fixes ("See-Solve") • Identify ideas for change • Engage in PDSA	• Identify problems for escalation to T1 • Ideas for improvements	• Participation in QI teams for aligned improvement • Engage patients in improvement
Patient Care Interface				**Patient Care Interface**		
• Trigger acute system responses • Report on current symptoms, situation, emerging needs, etc.	• Presentation • Stories and observations • "What matters to me?"	• Candid talk, transparent dialogue • Post quality data (online)	**PATIENTS and FAMILIES**	• QI team participation	• Identify process problems, offer suggestions • Stories and observations	• Patients and families shape aims for improvement

http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx

Communication and training

- Awareness to decision (communication)
- Decision to action:
  - Peer-to-peer
  - "At the elbow" or mentoring
  - Ongoing technical support or hotline
  - Learning + Action
  - Address mindsets + technicalities
- Consider training for existing and new employees (e.g., onboarding)

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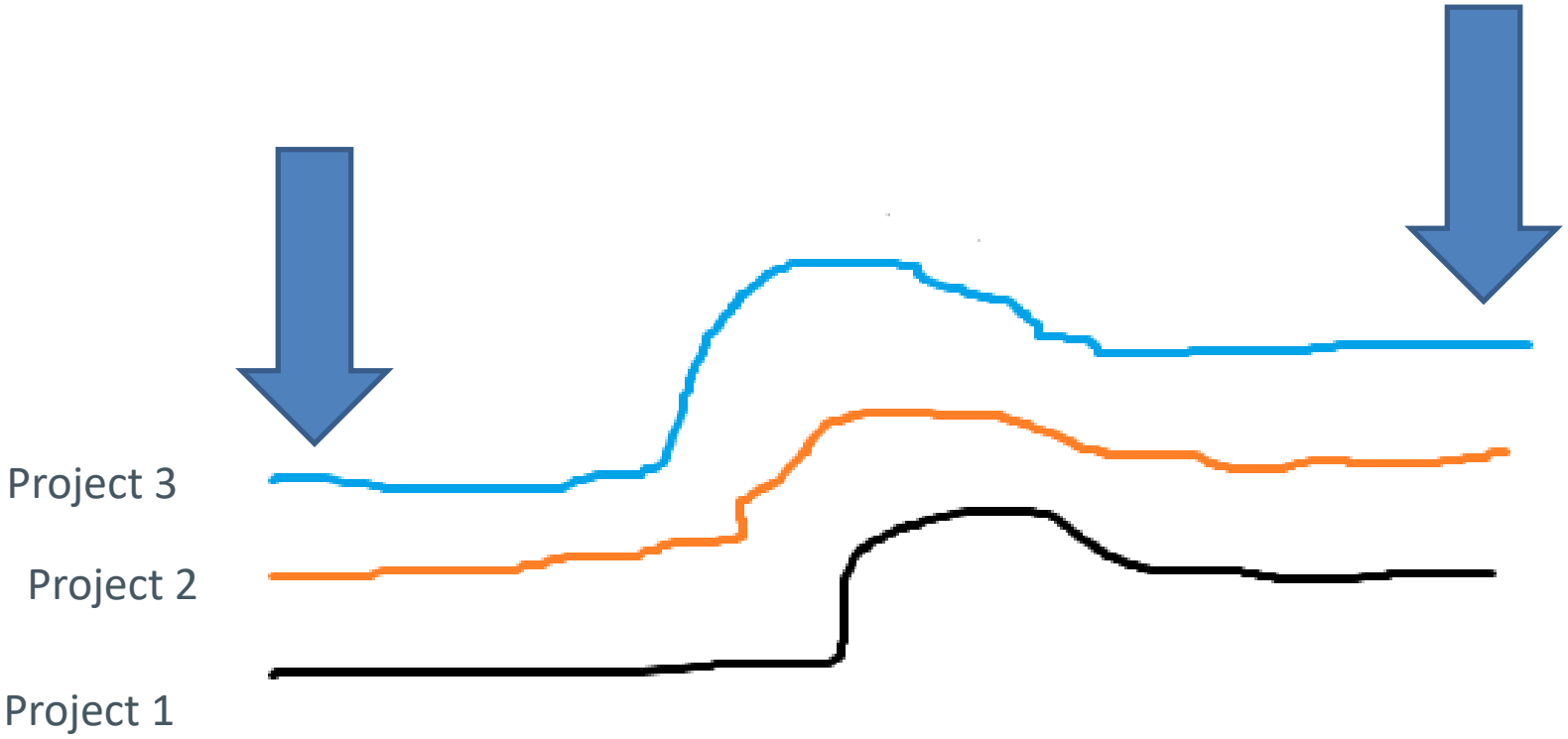
Consider adult learning– in what ways have you made trainings successful at your organization?

Hardwiring the change

- Make it easy to do the right thing and hard to do the wrong thing
- Sample methods:
  - Standardization and accountability for following standard work
  - Documentation
  - Remove “old way”
  - Reduce reliance on human memory (affordances, defaults)
  - Tend to resources: forms, equipment, etc.

Assessment of Workload



Your role in your project

As the leader, consider how you will: Transfer knowledge and skill to achieve self-sufficiency

Graphic Source: Executive Learning , Team Training Materials

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

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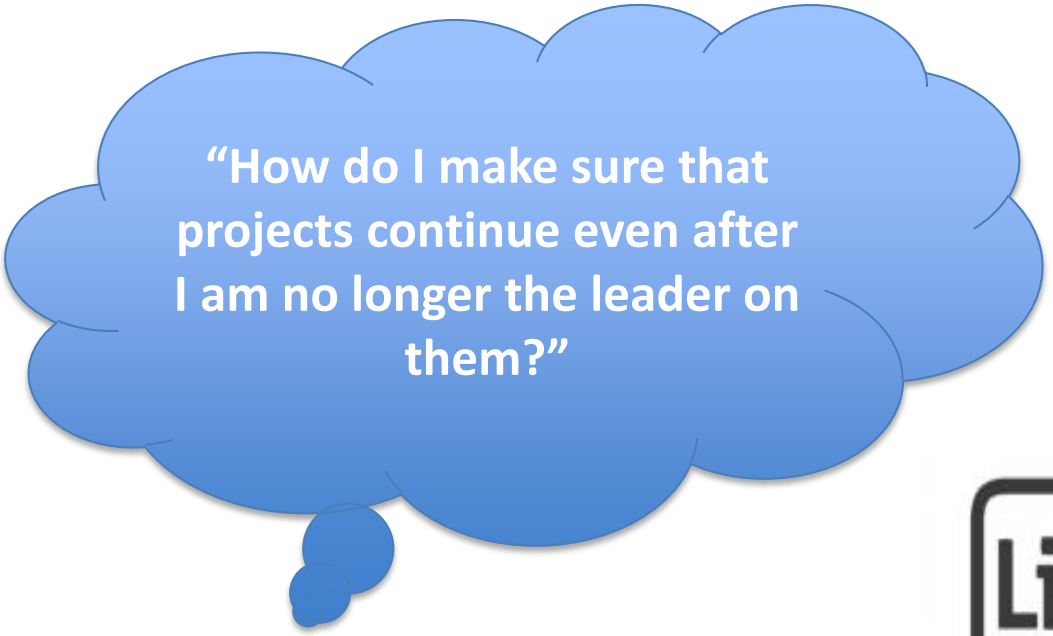
How would you answer this fellow's question now?



Action Period Assignment

- **Complete** Self Assessment
- **Complete and email** your project summary report to HIIN@aha.org before Friday (10/20)!
- **Invite** your manager to join us for the Nov. 8th Celebration call
- **Refer** any colleagues that you may know of that would benefit from the QI fellowships to join us in 2018!

Project Summaries!

Bring It Home

Mallory Bender, Program Manager, HRET

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Submission and Other Items

- Please send your final project to hiin@aha.org by October 20, COB.
- TELL YOUR FRIENDS! We'll start again in January.
- We will be sending out a final survey in the next week or so, so keep your eyes peeled!

THANK YOU!

Next call: Wednesday, November 8, 2017

12:30 – 1:30 pm CT