

RATIONALE FOR A NEW APPROACH

It is not uncommon for improvement efforts to take months, or even years, only to not fully realize the desired outcomes from the effort. Nothing is more frustrating or diminishing to a culture and good will among colleagues than a change effort that fails. The barriers to a successful implementation of change may be structural, cultural, or even interpersonal. How we can more efficiently adopt an improvement and realize the outcomes we seek? It is a vexing problem that could use a new approach incorporating time-tested methods.

Shifts in Mindset

To successfully adopt a new approach the following challenges might be in play:

- The application of an improvement model is inconsistent at best
- Leaders of change efforts struggle with finding an effective change management strategy
- A primary reason for failure is a deficit in “hard-wiring” process and practices at the front-line
- Meeting time is often spent by focusing on “Who” and “What” resulting in little time for “How”
- Planning and discussion are considered an improvement effort

To address these challenges two significant shifts in mindset are required:

- 1) Making an improvement cannot occur in a meeting, but only in the clinical/operational areas
- 2) Not making progress on action items between meetings is unacceptable.

In summary the goal of this approach is to identify and work through issues rapidly to progress toward implementation using 6 structured one-hour meetings. The emphasis is the timely completion of tasks between the meetings.

Meeting Series

The series of one-hour pre-scheduled meeting is as follows:

- 1) Stakeholder Meeting
- 2) Action Planning Meeting
- 3) Small Test of Change Design Meeting
- 4) Progress Check Meeting
- 5) Implementation Planning Meeting
- 6) Implementation Follow-up Meeting

ESTABLISHING THE MEETING SERIES

To begin, two elements must be known in advance:

- What the gaps are, and what data supports that conclusion
- Whom the key stakeholders are, and their commitment to support the change.

Establish Two Key Roles

Before the meetings can be put on calendars, it is vital to assign two key roles:

Senior Leader – This person should have decision-making authority in the organization and is able to commit to working with the meeting Facilitator and other key stakeholders in an oversight capacity. They are involved to champion the importance of the effort, to support the Facilitator, to witness key discussions and to assist in the problem solving and removing barriers as needed by the team. The title of this person isn't important as long as they can meet these requirements.

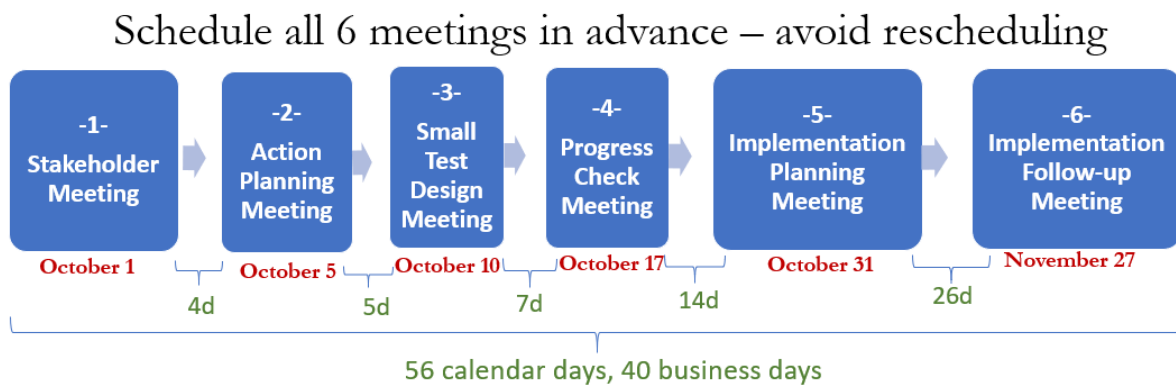
Meeting Facilitator – This person should be somewhat familiar with the topic, have the time and ability to organize the meetings, and be committed to serving the team. They may or may not have a managerial role in the organization. They must have the support of the clinical or operational managers of functions impacted by change resulting from this effort.

Schedule the Meetings

Precious time is lost when putting a meeting on calendars is delayed by lack of availability, space, or a cultural tendency to easily cancel meetings. In the Six Meetings or Less method, scheduled well in advance.

- The time between meetings is variable and depends on the complexity and scope of the issue.
- The more quickly the group can work through major steps and complete the work between meetings, the more efficient the process
- The emphasis is on completion of work between meetings.

Example Meeting Structure



The length of time between meetings should vary to allow for task completion

USING OUTCOME-BASED AGENDAS

The design of meeting agendas in this method is intentional. An Outcome-Based Agenda format better utilizes the expertise in the room by clearly defining HOW those attending will engage in the work. This type of agenda cannot be pulled together at the last minute, so we build a framework for each meeting in advance.

The test of a good agenda are these two questions:

- 1) By looking at the agenda can you understand easily what will be addressed and accomplished?
- 2) Next, do you have a clear idea how to be prepared to participate in the meeting?

By using a format where each topic has a specific outcome accompanied by a set of process steps to achieve that outcome, we can ensure these two questions are answered. For example:

AGENDA TOPICS					
Start Time	Topic (Lead)	Outcome	Process	Notes	
11:00 am (5 min)	Welcome (Jane)	Introduce our guest	Participants introduce themselves round the table, including role		
11:05 am (10 min)	Brief Action Item Review (Kerri)	Record current statuses of action items	Action item owners will report out as called. Record changed statuses.		
11:15 am (30 min)	Referral Process – Gap Analysis Results (Tanisha)	Identify major concerns from the assessment	<ol style="list-style-type: none"> List findings All dot vote on top 5 concerns Vote on final list 		
11:45 am (20 min)	Hear Questions from IT on Modifications (Brian)	Document Key Questions	<ol style="list-style-type: none"> Write Key Questions on White Board Determine who will follow-up for next meeting 		
12:05 pm (15 min)	Priorities for Next Month (Jane)	Ensure the team is clear on upcoming priorities	<ol style="list-style-type: none"> Present slides Inquiry: What might we need to modify? Revise task owners if needed 		
12:20 pm (5 min)	Assign Action Items (Adam)	Clarify work to be done before next meeting	Action item owners will report out as called. Update statuses.		
12:25 pm	Adjourn				

Documenting Action Items

The Outcome Based Agenda ensures that Action Items are captured at the end of each meeting and reviewed at the beginning of the next meeting. This is the discipline required to make progress on the work.

ACTION ITEMS			
ITEM	OWNER	TARGET DATE	STATUS
Analyze Gap Analysis and prepare for prioritization	Tanisha Thompson	7/6/2020	In process
Contact Brian Braun to attend next meeting	Kerri Kettle	6/29/2020	Complete
Gather information from other clinics about referral process	Adam Able	7/6/2020	In process

USING A STANDARD IMPROVEMENT METHOD

The Improve Anything in 6 Meetings or Less method relies upon a standard approach to improvement. Which standard approach applied is not at all important. The method works well with PDCA, PDSA, FOCUS-PDCA, Model for Improvement or DMAIC.

One key is that the Facilitator and Leader are not new to the method used. Key Stakeholders should also be familiar with the method used. Participants and Front-Line staff may have little exposure to the improvement process to start. With consistent involvement they will become familiar with the process.

LEVERAGING SMALL TESTS OF CHANGE

A familiar concept, Small Tests of Change are a component of most improvement approaches. Seemingly simple, the execution of small tests is often where change efforts fall apart. The “DO” component of a change model is not intended to be one step, but a series of carefully designed mini “experiments” done in a manner that starts very small and increases in scope and involvement with each successful trial.

An important change in mindset is that a failure of a test does not end the implementation. It is merely a step in the learning process. At the end of each planned test a decision is made: Adopt the change, Adapt it, or Abandon it.

A Design Plan for Small Tests of Change tool will be used to intentionally involve people outside of the meetings, and in the clinic/operations to test the changes prior to implementation.

DESIGN PLAN FOR SMALL TESTS OF CHANGE						
Initiative: <i>Improve intake information from residential care</i>			Intervention: <i>Test shared intake form</i>			
Smallest Unit of Change: <i>1 patient, 1 RN</i>		Scope: <i>RN with transfer from residential care</i>		Total # of Staff Impacted: <i>36 RNs in ED</i>		
Planned Testing Timeframe: <i>4 Weeks: August 20 – September 25</i>				Est. # of Staff in Testing: <i>12 RNs in ED</i>		
	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	Conduct two phone tests by contacting care facility and asking for intake form by e-mail – check for completeness	<u>2-night</u> RNs to do phone contact test of process either Mon or Tues	Julie K Marc C		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
2	Confirm red folders are in hand; next <u>3-night</u> admissions to “Red Folder” intake form. Notify night staff in huddle.	Night RNs Wed – Sat should receive Red Folder intake with admissions	Julie K, Marc C, Jon F, Keisha M		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
3	Implement on Days including PMs, next admissions to receive Red Folder; document SBAR with information	Tues – Friday – any ED admission form care facility; all shifts	Keisha M, Sue P, Marlys Z, Joe J, Jack B		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
4					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

TOOLS AND TEMPLATES

To review, Improve Anything in 6 Meetings or Less method has four primary components:

- Schedule Meetings in Advance
- Use Outcome Based Agenda formats
- Apply Improvement tools
- Design Small Tests of Change

There are two tools provided for each meeting. These are intended to be customized to the topic and context and

- 1) Meeting Checklist
- 2) Meeting Agenda Template

By following the checklist steps and implementing the content in the agenda formats, a group can proceed through the change process and implementation of changes efficiently.

Before meeting with other stakeholders, the Facilitator and Senior Leader have a few tasks to complete:

Facilitator Pre-Work:

- Gather evidence about the topic: Standard Practice or Policies, any Gap Analysis, any Process or Outcome data
- Meet with the Senior Leader
- Summarize and document any known work done on this topic to-date; send in advance
- Schedule the 6 meetings at pre-determined intervals
- Determine, by consensus, who will be included at the first meeting

Senior Leader Pre-Work:

- Assign an accountable clinical or operational leader for the effort
- Assist with identifying a physician champion, if useful to the effort
- Meet with the Facilitator
- Ensure there is a clear, measurable goal for the effort
- Endorse the effort by communicating the goal and importance of success to key managers
- Plan to attend the first meeting

Now the process can begin.

MEETING 1 – STAKEHOLDERS MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 1

- Identify who will be impacted by the change
- Invite them to a 1-hour meeting
- Provide any evidence, data, or background material in advance
- Send the agenda
- _____

Senior Leader Checklist for Meeting 1

- Attend this meeting and listen to the discussion
- Ensure the team has identified any barriers to success
- Reinforce the importance of closing the gaps and achieving better outcomes
- _____

Meeting 1 – Stakeholder Meeting – Agenda Components

- Brief introductions (if needed) and review agenda
- Review purpose of the meeting
- Identify gaps in practices – use an existing checklist/assessment, or brainstorm
- Determine any issues that cannot be easily resolved: “Why aren’t we doing _____?”
- Set Action Items, Owners and Dates for follow-up

Stakeholder Action Items from Meeting 1

- Discuss gaps in practice with other stakeholders – even outside of the group
- Get feedback about barriers or opportunities for improvement
- Determine readiness for change through dialogue with others

MEETING 2 – ACTION PLANNING MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 2

- Revise list of attendees, if indicated (add anyone missing)
- Invite all to a 1-hour Action Planning Meeting
- Purpose is to identify next steps to take, or barriers to remove
- Send the agenda
- _____

Senior Leader Checklist for Meeting 2

- Check-in with the Facilitator once this meeting has occurred
- Ask to see draft PDSA, A3 or other documentation resulting from this meeting
- Ensure managers of the involved departments support the effort
- _____

Meeting 2 – Action Planning Meeting – Agenda Components

- Introduce any new attendees and review agenda
- Round Robin Style, report out on discussions anyone had with other stakeholders (use a 2-minute egg timer)
- Make two lists
 - Low Hanging Fruit – Identify any quick fixes and who is accountable for the changes
 - Pilots or Small Tests of Change – Identify changes that will need planning
- Determine who will be included in a change planning meeting
- Review Action Items for follow-up and set Owners and Dates for follow-up

Stakeholder Action Items from Meeting 2

- One person drafts a PDSA, A3, or similar to document root causes and next steps
- Discuss with others who to involve in planning additional steps
- Start discussing the need for volunteers for the trials/tests of change in involved areas

MEETING 3 – SMALL TEST DESIGN MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 3

- Identify the planning group (which should include representatives for anyone doing the work)
- Invite them to the 1-hour Small Test Design Meeting
- Send the agenda
- _____

Senior Leader Checklist for Meeting 3

- Confirm with the Facilitator meetings are happening and have good attendance
- Round on team members and see if they can describe the planned change to test with staff
- Does the team need help removing any barriers?
- Are the involved staff getting direct manager support for their participation?
- _____

Meeting 3 – Small Test Design Meeting – Agenda Components

- Introduce any new attendees and review agenda
- Describe the specific need for testing and what will be tested
- Work through the Small Test of Change Design tool and document steps
- Confirm individual assignments before adjourning
- Review Action Items for follow-up and set Owners and Dates for follow-up

Stakeholder Action Items from Meeting 3

- Engage others according to the Small Test Design Plan
- Arrange for frequent and informal feedback gathering
- Continue spreading the test and growing the involvement of others

MEETING 4 – PROGRESS CHECK MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 4

- Invite the Change Planning attendees to the meeting
- Remind attendees to bring documentation of their work (small test planning document)
- Send the agenda
- _____

Senior Leader Checklist for Meeting 4

- Attend the meeting -or- After the meeting, ask to see evidence of the work
- Can the Facilitator articulate what is working well and where the barriers are?
- If needed, attend the Progress Check meeting, or convene conversations and lead an accountability discussion
- _____

Meeting 4 – Progress Check Meeting – Agenda Components

- Review Agenda
- Provide a brief overview of the planned work
- Report from stakeholders involved in the pilot/testing
- Consensus Decision:
 - Continue testing cycles?
 - Move to implementation?
 - Reconvene stakeholder group?
- Set Action Items, Owners and Dates for follow-up

If there is no significant progress, or barriers emerge putting the effort at risk – Reconvene the Stakeholder Group for an accountability discussion. Revisit the Action Planning step if needed.

Stakeholder Action Items from Meeting 4

- According to the group decision – continue cycles of testing and refinements, OR
- Stakeholders gather information about incorporating the changes in existing infrastructure and processes: training, policies, work instructions, audits, measurement and reporting, OR
- Stakeholders meet to discuss barriers to progress

MEETING 5 – IMPLEMENTATION PLANNING MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 5

- Determine who should attend the Implementation Planning Meeting
- Be sure key stakeholders are included: department leaders and staff, education, HR, finance, providers – this is context dependent.
- Provide documentation to any new stakeholders
- Send the agenda
- _____

Senior Leader Checklist for Meeting 5

- Is the work on pace
- Round on stakeholders – Can they describe what is needed for implementation?
- Send a recognition or affirmation of the work, if progress is on pace
- _____

Meeting 5 – Implementation Planning Meeting – Agenda Components

- Introduce any new attendees, and review agenda
- Discuss the steps for implementation – including audit, oversight, measurement a sustainability.
- Ensure each step of the implementation has ownership
- Set Action Items, Owners and Dates for follow-up

Stakeholder Action Items from Meeting 5

- Carry out the Implementation tasks
- Document accordingly
- Ensure the next meeting provides enough time to do this work

MEETING 6 – IMPLEMENTATION FOLLOW-UP MEETING**Meeting Date:****Meeting Time:****Meeting Location:** In person Virtual**Facilitators Pre-Meeting Task List 6**

- Gather any updated data, such as process measures
- Develop a method to review the 'current state' of the implementation with stakeholders
- Send the agenda
- _____

Senior Leader Checklist for Meeting 6

- Attend this meeting and listen to the discussion
- Ensure the team has identified any barriers to success
- Reinforce the importance of closing the gaps and achieving better outcomes
- _____

Meeting 6 – Implementation Follow-up Meeting – Agenda Components

- Brief introductions (if needed) and review agenda
- Each stakeholder reports out on each element of the implementation and provide status
- Develop action plans for any gaps and assign accountabilities.
- Confirm the sustaining process owner or department accountable for monitoring 'drift' and indicators to revisit as needed (generally this is the clinical/operational area with the most front-line staff involved in the work)
- Plan to acknowledge participants

Stakeholder Action Items from Meeting 6

- Document the accountable stakeholders in the primary department to monitor for decline in performance or measures
- Put processes in place
- Schedule a review of the process at least annually

SMALL TESTS & SUSTAINABILITY

DESIGN PLAN FOR SMALL TESTS OF CHANGE						
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1	Conduct two phone tests by contacting care facility and asking for intake form by e-mail – check for completeness	<i>2_night</i> RNs to do phone contact test of process either Mon or Tues Julie K Marc C	Process <u>worked</u> , facility RN liked the form; easy to use. Need more in contact section	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Make change to contact person section	
2	Confirm red folders are in hand; next <u>3_night</u> admissions to "Red Folder" intake form. Notify night staff in huddle.	Night RNs Wed – Sat should receive Red Folder intake with admissions Julie K, Marc C, Jon F, Keisha M	3 admissions, two had completed form. 1 missing – was a Saturday admission.	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Conf call with facility to discuss training materials they may need to cover all shifts	
3	Implement on Days including PMs, next admissions to receive Red Folder; document SBAR with information	Tues – Friday – any ED admission form care facility; all shifts Keisha M, Sue P, Marlys Z, Joe J, Jack B	2 admissions, both had form, SBAR to provider was more complete. 1 form was "lost" temporarily.	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Continue testing plan – involve ED Techs	
4	Continue to receive Red Folder, involve all shifts, train ED Techs to look for form	Sun – Friday all shifts any admission Joe J, Marc C, Pam P, Jose A, Ann R, Aimee F, Alex H	5 admissions, form present; all had complete information.	<input type="checkbox"/> Adapt <input checked="" type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Proceed with developing work instructions, training and incorporate into on-boarding packet	
Operational Transition Plan:				Start Date:		
Owner(s) of New Process: <i>Emergency Department Supervisors</i>				Accountable Leader: <i>Sam Simon</i>		
Process Measure(s) to Monitor: <i>Admits from CWC w. Red Folder</i>			Oversight Group: <i>ED/Acute Care Council</i>			
Method of Data Collection: <i>10 CWC admission audit and safety incident reports</i>				Frequency of Data Collection: <i>Monthly</i>		
Value to Trigger Process Review: <i>No Less than 80% CWC Admissions have Red Folder x 3 months</i>						

ACKNOWLEDGEMENTS

The Improve Anything in 6 Meetings or Less approach was synthesized (over many years) from a number of practices sourced from the following works:

Outcome Based Agendas: Facilitators Guide to Participatory Decision-Making by Sam Kaner, et al

Model for Improvement: The Improvement Guide by Lloyd Provost, et al

Small Tests of Change: Institute for Healthcare Improvement –Transforming Care at the Bedside

Change: Overcoming Organizational Defenses, Chris Argyris and Diffusion of Innovation, Everett Rogers

**Meeting Name Here
AGENDA**

Date:
Time:
Location/WebEx:
Conference Line:
Meeting Leader:
Recorder:

Next Meeting Information

Date:
Time:
Location:

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Guest:			Guest:			Guest:		

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
10:00 am (5 min)	1. Welcome and Review Action Items			
10:05 am (5 min)	2.			
10:10 am (10 min)	3.			
10:20 am (35 min)	4.			
10:55 am (5 min)	5. Assign Action Items			

ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS

PARKING LOT

ITEM & OWNER	DATE ADDED	ACTION

DESIGN PLAN FOR SMALL TESTS OF CHANGE

Initiative:			Intervention:			
Smallest Unit of Change:		Scope:		Total # of Staff Impacted:		
Planned Testing Timeframe:				Est. # of Staff in Testing:		
	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
2					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
3					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
4					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
5					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
6					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
7					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
8					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
9					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
10					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
11					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
12					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

Operational Transition Plan:			Start Date:		
Owner(s) of New Process:			Accountable Leader:		
Process Measure(s) to Monitor:		Oversight Group:			
Method of Data Collection:			Frequency of Data Collection:		
Value to Trigger Process Review:					

How to Improve Anything in Six Meetings or Less

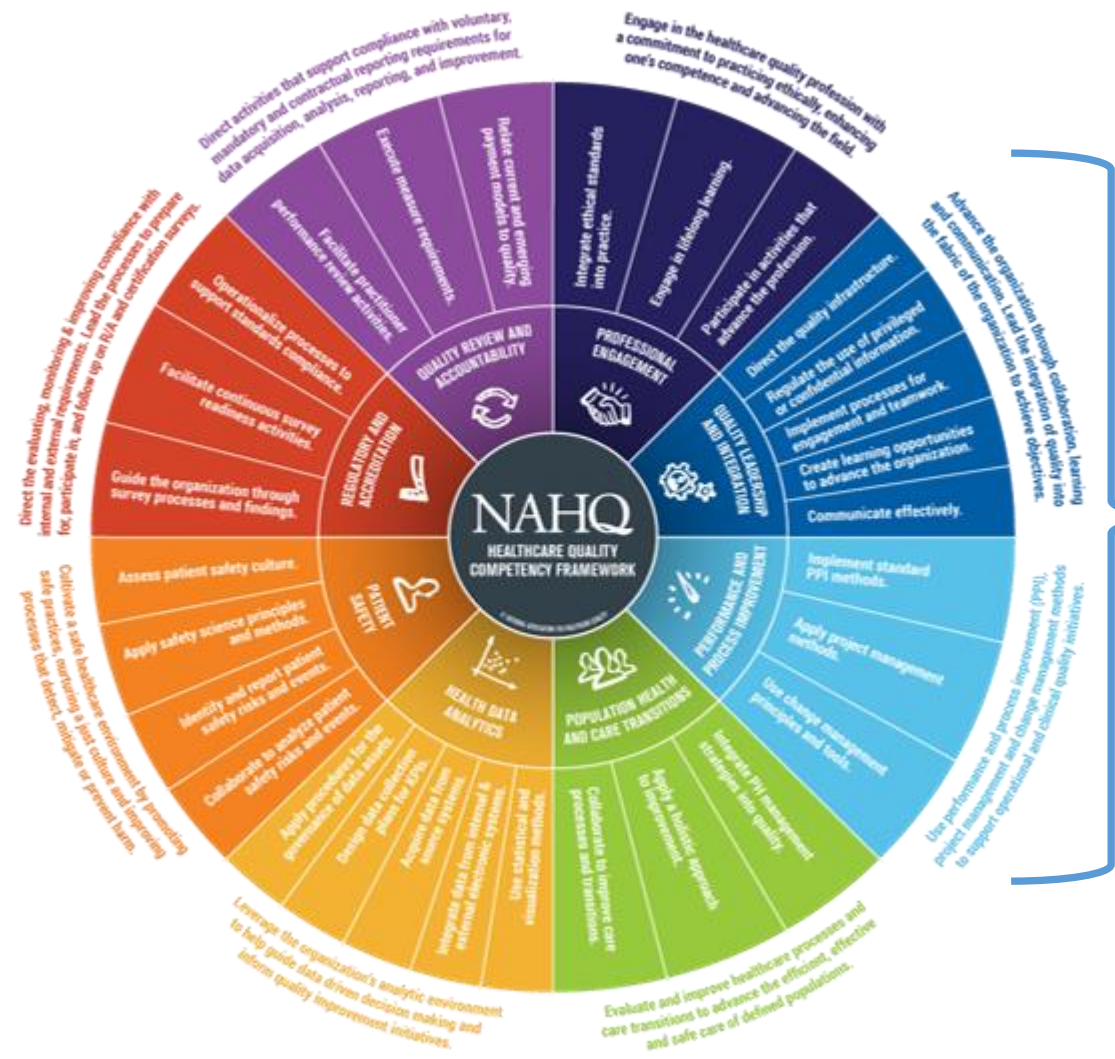
Stephanie Sobczak, MS, MBA

NAHQnext

The Leading Conference for the Healthcare Quality Profession

I have no Conflict of Interest to disclose.

Healthcare Quality Competency Framework



COMPETENCIES

Implement processes for engagement and teamwork

Communicate effectively

Implement standard PPI methods

Apply project management and change management methods

Learning Outcomes

1. Adopt a standardized approach to rapidly improve with a focus on accountability and efficiency.
2. Select from tools, designed to accelerate the improvement process, that can be adapted to the local context.
3. Use outcome-based meeting management skills that produce results and move the work forward.
4. Develop an approach that might be adopted in your organization.

Six Meetings or Less!?! How?

- Grounded in the standardized approach to improvement in your organization
- Willingness to use pre-defined agendas for each meeting
- Stakeholders committed to doing work between meetings
- Discipline to document and manage “Action Items”
- Plan, in detail, small tests of change to apply in operational areas
- Structured follow-up to emphasize sustainability

Common Missteps Slow Improvement

Loose adherence to a defined Improvement Process

Just-in-time scheduling of meetings; frequent rescheduling

Meeting time spent discussing personalities vs. processes

Being OK with improvements taking 9, 12, 18+ months to implementation

Willingness to accept dropping the ball on tasks; people are “too busy”

Failure to connect the improvement to the front-line; early and often!

Improvement doesn't happen here...



Improvement happens here!



The Method

- Base framework is 6 one-hour meetings with defined deliverables from each
- The goal is to work through problem definition, root cause identification and solution selection quickly
- Participants must commit to completing Action Items on-time
- The heart & soul of this method is engaging those who do the work, in the place where they work (a.k.a. our experts!)

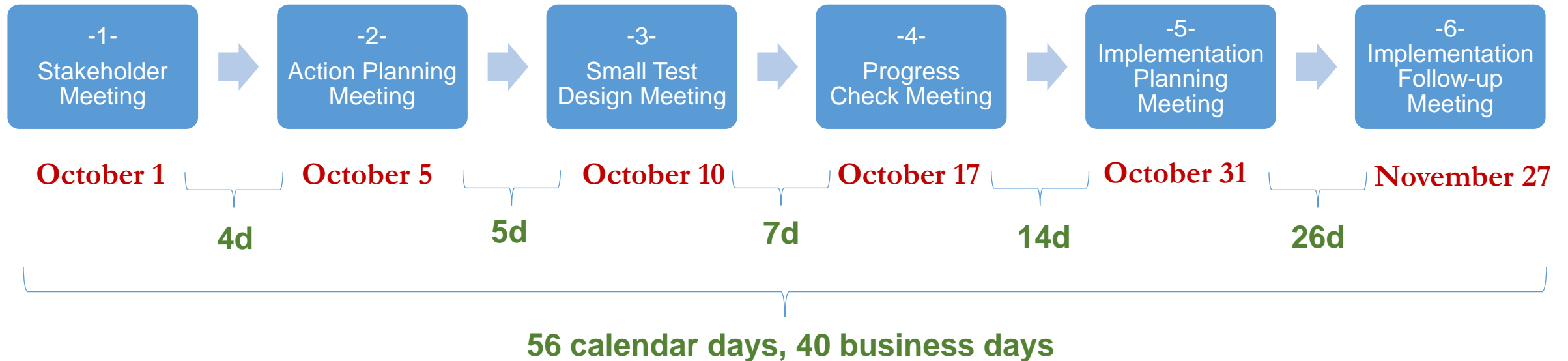
The Application

A few examples how this approach has been used in a variety of acute care settings:

- ✓ Implementing clinical bundle elements: CAUTI, SSI, CLABSI etc.
 - ✓ Cross-functional coordination: Discharge checklist, Med Reconciliation
 - ✓ Process challenges: Ordering wound vacs, Gaps in supply stocking
 - ✓ Closing hand-off issues: ED to Inpatient admissions, Cardiology clinic triage
- Any need for improvement that has a defined scope

The Structure

Schedule all 6 meetings in advance – avoid rescheduling



Vary the time needed between meetings to allow for task completion

Use the 6 meetings wisely

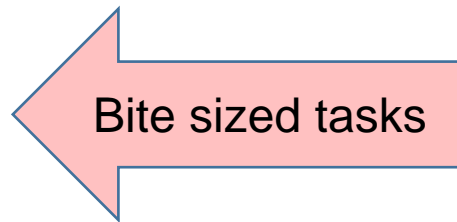
AGENDA

1) Stakeholder Meeting

- Brief Intros
- Overview of Purpose: Share data, safety reports, etc.
- Identify specific Gaps/Root Causes
- Determine “Just do its”
- Set Action Items

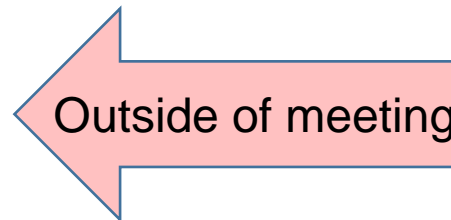
TASKS

1. Confirm gaps w/others
2. Gather input on OFI's
3. Assess readiness to change



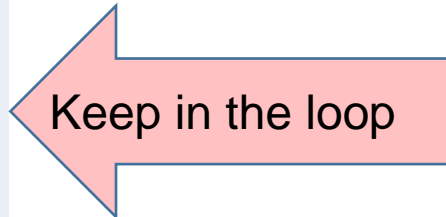
Integrate Improvement Methods

	1) Stakeholder Meeting	2) Action Planning Meeting
AGENDA	<ul style="list-style-type: none"> Brief Intros Overview of Purpose: Share data, safety reports, etc. Identify specific Gaps/Root Causes Determine “Just do its” Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Round robin report out Two lists: Low Hanging Fruit, Tests of Change Identify invitees to change planning Set Action Items
TASKS	<ol style="list-style-type: none"> Confirm gaps w/others Gather input on OFI’s Assess readiness to change 	<ol style="list-style-type: none"> Draft A3 or PDSA Discuss planning ideas with others Identify testing volunteers



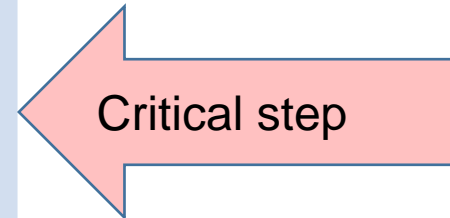
Engage Staff in Tests of Change

	1) Stakeholder Meeting	2) Action Planning Meeting	3) Small Test of Change Design
AGENDA	<ul style="list-style-type: none"> Brief Intros Overview of Purpose: Share data, safety reports, etc. Identify specific Gaps/Root Causes Determine “Just do its” Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Round robin report out Two lists: Low Hanging Fruit, Tests of Change Identify invitees to change planning Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Confirm what change(s) will be tested Design testing phases Confirm Action Items & assignments
TASKS	<ol style="list-style-type: none"> Confirm gaps w/others Gather input on OFI’s Assess readiness to change 	<ol style="list-style-type: none"> Draft A3 or PDSA Discuss planning ideas with others Identify testing volunteers 	<ol style="list-style-type: none"> Engage staff testing changes Use frequent informal feedback Grow the testing pool



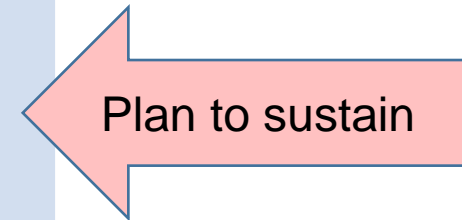
Disciplined Progress Expectation

	1) Stakeholder Meeting	2) Action Planning Meeting	3) Small Test of Change Design	4) Progress Check Meeting
AGENDA	<ul style="list-style-type: none"> Brief Intros Overview of Purpose: Share data, safety reports, etc. Identify specific Gaps/Root Causes Determine “Just do its” Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Round robin report out Two lists: Low Hanging Fruit, Tests of Change Identify invitees to change planning Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Confirm what change(s) will be tested Design testing phases Confirm Action Items & assignments 	<ul style="list-style-type: none"> Overview of planned tests Report from testers Consensus decision: continue testing, move to implementation, convene leaders? Confirm assignments
TASKS	<ol style="list-style-type: none"> Confirm gaps w/others Gather input on OFI’s Assess readiness to change 	<ol style="list-style-type: none"> Draft A3 or PDSA Discuss planning ideas with others Identify testing volunteers 	<ol style="list-style-type: none"> Engage those testing changes Use frequent informal feedback Grow the testing pool 	<ol style="list-style-type: none"> Continue testing or discuss incorporating the change into existing infrastructure Discuss barriers



Plan the Implementation

	1) Stakeholder Meeting	2) Action Planning Meeting	3) Small Test of Change Design	4) Progress Check Meeting	5) Implementation Planning
AGENDA	<ul style="list-style-type: none"> Brief Intros Overview of Purpose: Share data, safety reports, etc. Identify specific Gaps/Root Causes Determine “Just do its” Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Round robin report out Two lists: Low Hanging Fruit, Tests of Change Identify invitees to change planning Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Confirm what change(s) will be tested Design testing phases Confirm Action Items & assignments 	<ul style="list-style-type: none"> Overview of planned tests Report from testers Consensus decision: continue testing, move to implementation, convene leaders? Confirm assignments 	<ul style="list-style-type: none"> Introduce anyone new Discuss implementation steps: measurement, audit, oversight Assign accountabilities Confirm assignments
TASKS	<ol style="list-style-type: none"> Confirm gaps w/others Gather input on OFI's Assess readiness to change 	<ol style="list-style-type: none"> Draft A3 or PDSA Discuss planning ideas with others Identify testing volunteers 	<ol style="list-style-type: none"> Engage those testing changes Use frequent informal feedback Grow the testing pool 	<ol style="list-style-type: none"> Continue testing or discuss incorporating the change into existing infrastructure Discuss barriers 	<ol style="list-style-type: none"> Carry out implementation tasks according to plan Share the work with others



Accountability & Sustained Results

	1) Stakeholder Meeting	2) Action Planning Meeting	3) Small Test of Change Design	4) Progress Check Meeting	5) Implementation Planning	6) Implementation Follow-up
AGENDA	<ul style="list-style-type: none"> Brief Intros Overview of Purpose: Share data, safety reports, etc. Identify specific Gaps/Root Causes Determine “Just do its” Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Round robin report out Two lists: Low Hanging Fruit, Tests of Change Identify invitees to change planning Set Action Items 	<ul style="list-style-type: none"> Introduce anyone new Confirm what change(s) will be tested Design testing phases Confirm Action Items & assignments 	<ul style="list-style-type: none"> Overview of planned tests Report from testers Consensus decision: continue testing, move to implementation, convene leaders? Confirm assignments 	<ul style="list-style-type: none"> Introduce anyone new Discuss implementation steps: measurement, audit, oversight Assign accountabilities Confirm assignments 	<ul style="list-style-type: none"> Introduce anyone new Report out on Implementation tasks Develop plan to close gaps Confirm ownership and assign tasks
TASKS	<ol style="list-style-type: none"> Confirm gaps w/others Gather input on OFI’s Assess readiness to change 	<ol style="list-style-type: none"> Draft A3 or PDSA Discuss planning ideas with others Identify testing volunteers 	<ol style="list-style-type: none"> Engage those testing changes Use frequent informal feedback Grow the testing pool 	<ol style="list-style-type: none"> Continue testing or discuss incorporating the change into existing infrastructure Discuss barriers 	<ol style="list-style-type: none"> Carry out implementation tasks according to plan Share the work with others 	<ol style="list-style-type: none"> Accountable owners monitor outcomes Identify timeframe to revisit – annually?

Key Tools

1. Six Meetings or Less Implementation Guide w/ Checklists – shared with you
2. Use an Outcome-based Agenda Format – shared with you
3. Use an A3 to document the work
4. Root Cause Analysis Tool: Cause & Effect, 5 Whys, etc.
5. Small Test of Change Design/Planning Tool – shared with you
6. Manage change tolerance: “Engage the engaged”

Six Meetings or Less Implementation Guide

How to Improve Anything in 6 Meetings or Less

Stephanie Sobczak, MS, MBA

ESTABLISHING THE MEETING SERIES

To begin, two elements must be known in advance:

- What the gaps are, and what data supports that conclusion
- Whom the key stakeholders are, and their commitment to support desired outcomes

Establish Two Key Roles

Before the meetings can be put on calendars, it is vital to assign two key roles:

Senior Leader – This person should have decision-making authority in the organization and is able to commit to working with the meeting Facilitator and other key stakeholders in an oversight capacity. They are involved to champion the importance of the effort, to support the Facilitator, to witness key discussions and to assist in the problem solving and removing barriers as needed by the team. The title of this person isn't important as long as they can meet these requirements.

Meeting Facilitator – This person should be somewhat familiar with the topic, have the time and ability to organize the meetings, and be committed to serving the team. They may or may not have a managerial role in the organization. They must have the support of the clinical or operational managers of functions impacted by change resulting from this effort.

Schedule the Meetings

Precious time is lost when putting a meeting on calendars is delayed by lack of availability, space, or a cultural tendency to easily cancel meetings. In the Six Meetings or Less method, scheduled well in advance.

- The time between meetings is variable and depends on the complexity and scope of the issue.
- The more quickly the group can work through major steps and complete the work between meetings, the more efficient the process
- The emphasis is on completion of work between meetings.

Example Meeting Structure

Schedule all 6 meetings in advance – avoid rescheduling



The length of time between meetings should vary to allow for task completion

How to Improve Anything in 6 Meetings or Less

Stephanie Sobczak, MS, MBA

MEETING 1 – STAKEHOLDERS MEETING

Meeting Date:

Meeting Time:

Meeting Location:

In person

Virtual

Facilitators Pre-Meeting Task List 1

- Identify who will be impacted by the change
- Invite them to a 1-hour meeting
- Provide any evidence, data, or background material in advance
- Send the agenda
- _____

Senior Leader Checklist for Meeting 1

- Attend this meeting and listen to the discussion
- Ensure the team has identified any barriers to success
- Reinforce the importance of closing the gaps and achieving better outcomes
- _____

Meeting 1 – Stakeholder Meeting – Agenda Components

- Brief introductions (if needed) and review agenda
- Review purpose of the meeting
- Identify gaps in practices – use an existing checklist/assessment, or brainstorm
- Determine any issues that cannot be easily resolved: “Why aren’t we doing _____?”
- Set Action Items, Owners and Dates for follow-up

Stakeholder Action Items from Meeting 1

- Discuss gaps in practice with other stakeholders – even outside of the group
- Get feedback about barriers or opportunities for improvement
- Determine readiness for change through dialogue with others

Use Outcome Based Agendas

AGENDA TOPICS				
Start Time	Topic (Lead)	Outcome	Process	Notes
11:00 am (5 min)	1. Welcome (Jane)	Introduce our guest	Individuals introduce themselves and robin, including role	
11:05 pm (10 min)	2. Action Item Review (Kerri)	Record current status of action items	Action item owners will report out as called. Record changed statuses.	
11:15 am (20 min)	3. Prioritize Items from Gap Analysis (Tanisha)	Identify major concerns from the assessment	1. List findings 2. All dot vote on top 5 concerns 3. Vote on final list	
11:35 am (30 min)	4. Draft Referral Process (Mary)	Start drafting a process flow diagram	Identify major steps Add in minor steps under each	
12:05 pm (15 min)	5. Questions from IT (Brian)	Understand the needs of IT for the project	Brian will ask questions of the group. Record answers.	
12:20 pm (10 min)	6. Assign Action Items (Jane)	Ask for any new action items discussed today	Record action item and owner; record target date	
12:30 pm	Adjourn	Reminder to review action items after the meeting		

Note start time and how much time will be used.

Check for a variety of participants as leads

OUTCOME: Why the topic is on the agenda AND What is needed as a result

TOPIC: Ensure detail is included - enough so all understand

PROCESS: Describe How the topic will be approached to achieve the outcome AND let people know what they will be asked to do in the meeting.

Ensure there is a clear owner for each Action Item assignment

Documenting Progress – A3

Title: _____ Logo here

Date: _____

F – IND a Process to Improve **P – LAN/ D – O the Improvement**

O – RGANIZE a Team

C – LARIFY Current Knowledge

SPECIFIC AIM

C – HECK the Results of the specific aim

U – NDERSTAND Root Causes

S – ELECT the Improvement **A – CT and Determine Next Steps**

#	ROOT CAUSE(S)	BEST PRACTICE(S)	CHANGE IDEA(S)

This can be any similar tool; any format

Case Study

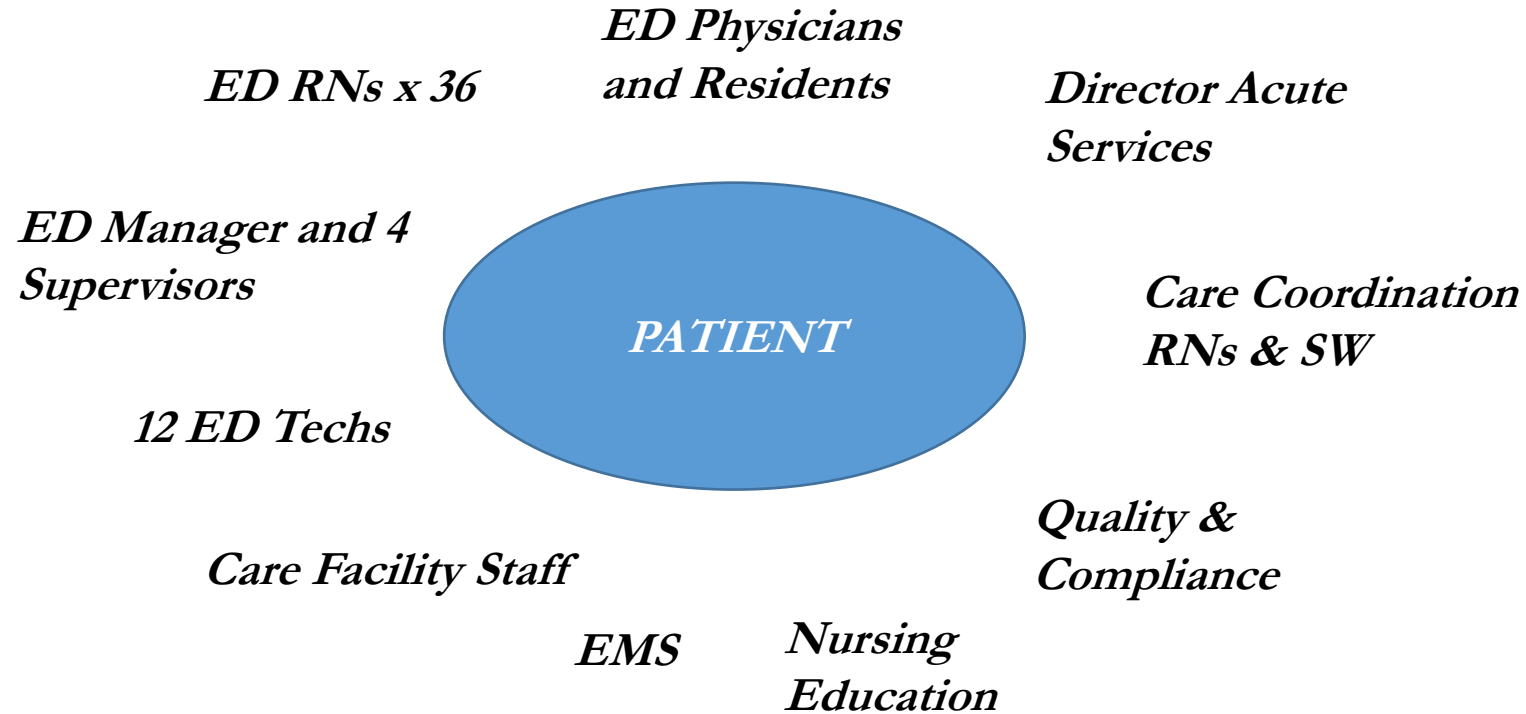
Care coordination issue with external facility

There were problems with hand-offs between a residential care facility for persons with intellectual disability, EMS and hospital ED.

- These patients were typically non-communicative
- Caregiver presence and knowledge about the patient varied
- Near miss safety events were documented x 2 in one month
- A “Blue Folder” one-page intake form, brought with the patient, is used with area skilled nursing facilities
- A “Red Folder” might be a solution, but the team discovers the “Blue folder” compliance has declined after implementation

The team is exploring options for closing these gaps.

Key Stakeholders



A visual depiction of all stakeholders can be helpful

Meeting #1

Date: August 9

Time: 8:00 AM – 9:00 AM

Location: RM 2512

Meeting Leaders: Kelly Karter

Recorder: Stephanie Sobczak

Next Meeting Information

Date: August 13

Time: 8:00 AM

Location: RM 2512

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care/Improvement Champion	Y	Stephanie Sobczak	Project Manager	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Tenisha Thomas	Coordinated Care/CM	Y
Joanna Jenkins	Nursing Education Specialist	Y	Lee Leverage	Coordinated Care/CM	N
Michele Marshall	Inpatient & ED/ Director	Y	Quint Quincy	Coordinated Care/SW	Y
Rebecca Right	Emergency Department/RN	Y	Guest:		

SUMMARY OF DISCUSSION

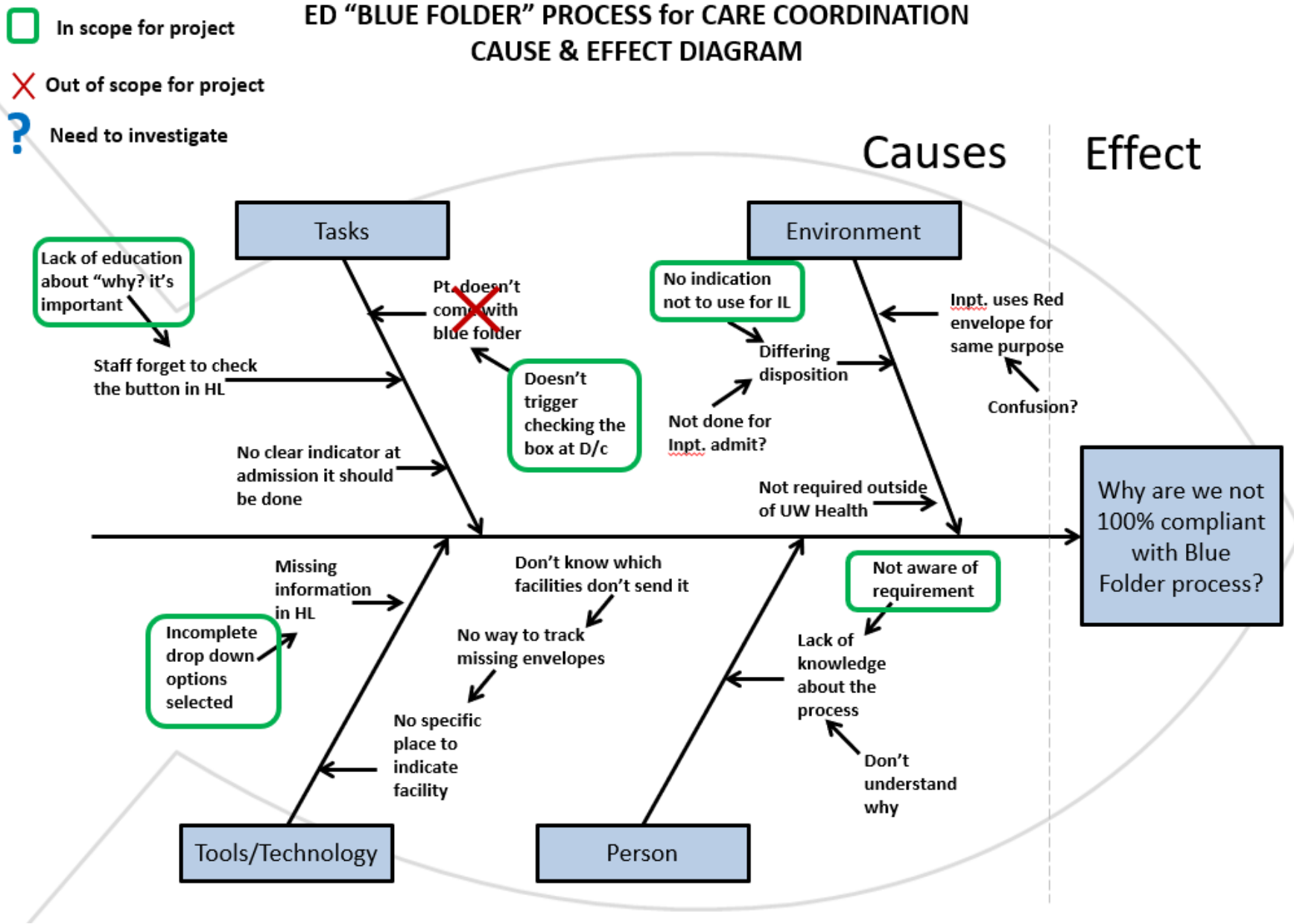
Start Time	Topic (Lead)	Outcome	Process	Notes
8:00 am (5 min)	1. Welcome to the Stakeholder Meeting (Kelly)	Learn who is part of this team	1. Introduce yourself 2. Summer vacation stories?	
8:05 am (10 min)	2. Introduction to the Issue (Kelly)	Understand the issue and the impact	1. Brief presentation 2. Share problem statement	
8:15 am (15 min)	3. Review of Known Data (Sam, Joanna)	What is the current state?	1. Share Data 2. Diagram current process as a swim lane flow diagram	Reviewed Data Handouts. Tanisha to provide draft description of current process.
8:30 am (20 min)	4. Discuss Gaps (Kelly and All)	Identify possible causes	1. Build Cause & Effect Diagram 2. Confirm root causes	Possible Gaps includes: documentation, lack of paperwork/information provided from facility at time of admission, how are statistics gathered
8:50 am (10 min)	5. Document/Assign Action Items (Stephanie)	Identify what we need to know or complete before the next meeting	Action item owners report out and state target dates	See Below

ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS
Request more information about data and how it is collected; send answer via e-mail	Sam	8/11	NEW
Request more information about process of information coming <i>from</i> facilities	Quint	8/13	NEW
Create list of Residential Facility contacts – primary and weekend/off hours	Kelly/SW Student	8/18	NEW
Whiteboard with ED staff to confirm root causes and identify any other possible causes	Rebecca	8/13	NEW
Shadow at least 2 ED staff to learn observe current process	Tanisha, Lee, Quint	8/13	NEW
Draft Cause & Effect diagram in standard format	Tanisha	8/13	NEW

SUPER IMPORTANT

Work Product
from Meeting
#1



CARE COORDINATION – ACTION PLANNING - MEETING 2
AGENDA and MEETING SUMMARY

Date: August 13th
Time: 8:00 AM to 9 AM
Location: RM 2512
Meeting Leaders: Kelly Karter
Recorder: Stephanie Sobczak

Next Meeting Information

Date: August 8
Time: 1 PM to 2PM
Location: RM 2512

Meeting #2

4 days later

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care/Improvement Champion	Y	Stephanie Sobczak	Project Manager	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Tenisha Thomas	Coordinated Care/CM	Y
Joanna Jenkins	Nursing Education Specialist	Vac.	Lee Leverage	Coordinated Care/CM	Y
Michele Marshall	Inpatient & ED/ Director (optional)	N	Quint Quincy	Coordinated Care/SW	Y
Rebecca Right	Emergency Department/RN	Y	Guest:		

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
8:00 am (5 min)	1. Welcome to the Action Planning Meeting (Kelly)	Clarify purpose of today's meeting	1. Review Agenda 2. Invite questions	
8:05 am (10 min)	2. Confirm Root Issues Identified (Tanisha)	Complete Cause & Effect Diagram	1. Review Cause & Effect 2. Cross out what can't be changed 3. Identify what can be impacted	
8:15 am (15 min)	3. Review of Data (Sam)	Understand what the data is telling us about	1. Come to agreement on conclusions 2. Document gaps or questions	
8:30 am (20 min)	4. Discuss Gaps (Kelly)	Learn of potential issues that could impede progress	1. Record Gaps 2. Prioritize - Low Hanging Fruit - Small Tests of Change	
8:50 am (10 min)	3. Document/Assign Action Items (Stephanie)	Identify what we need to know, or do before the next meeting	Action item owners report out and state target dates	

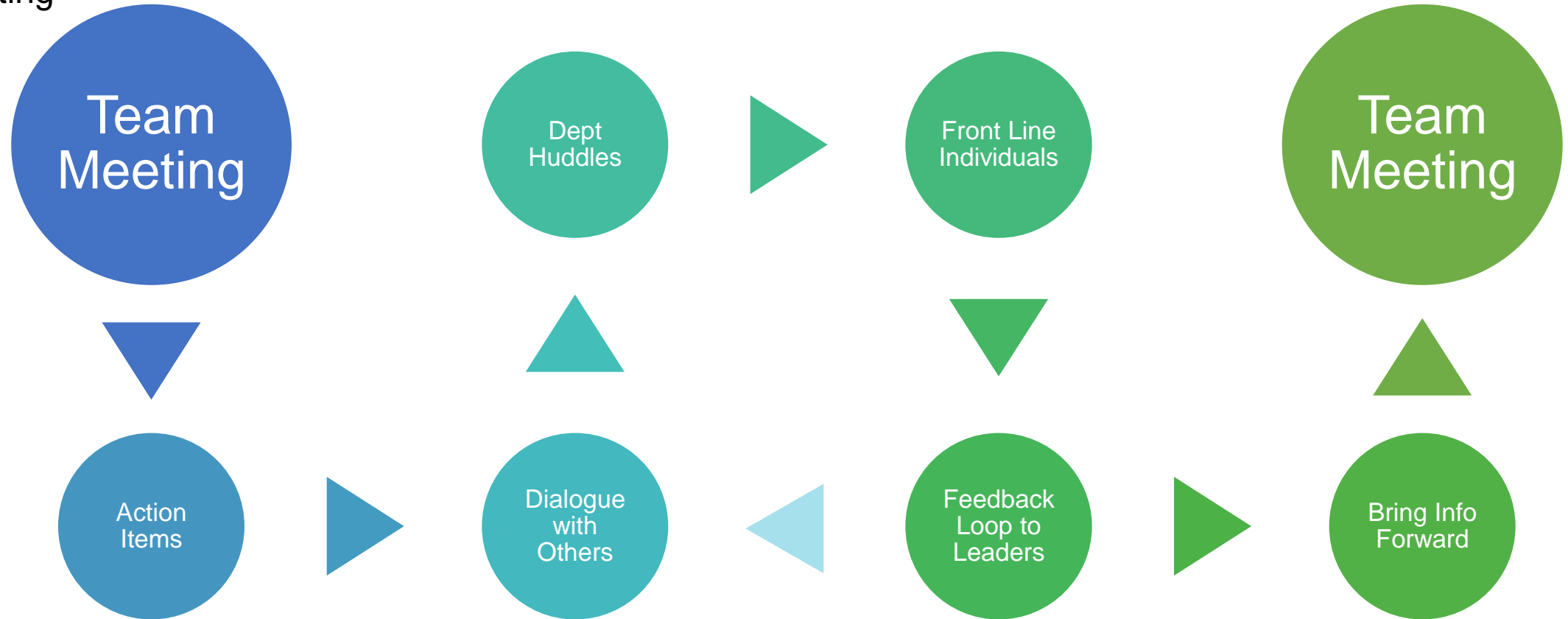
ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS
Share gaps with ED and Coordinated Care staff in Huddles	Kelly	8/18	NEW
Request information from Facilities	Quint	8/18	In process
Can we hard code the Coordinated Care drop down in EMR – questions for IT	Lee	9/11	NEW

Completed action items come off the list

Information Flow between Meetings

Work Product
from Meeting
#2



Meeting #3

5 days later

Date: August 18
Time: 8:00 AM to 9 AM
Location: RM 2512
Meeting Leaders: Kelly Karter
Recorder: Stephanie Sobczak

Next Meeting Information

Date: August 25
Time: 9:30 AM to 10:30 AM
Location: RM 1009

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care	Y	Stephanie Sobczak	Project Manager	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Tenisha Thomas	Coordinated Care/CM	Y
Michele Marshall	Inpatient & ED/ Director (optional)	N	Quint Quincy	Coordinated Care/SW	Y
Rebecca Right	Emergency Department/RN	Y			
Guest: Marc Cain	ED Supervisor	Y	Guest: Julie Kromer	ED Supervisor	Y

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
1:00 pm (5 min)	1. Welcome to the Small Test Design Meeting (Kelly)	Clarify purpose of today's meeting	Review Agenda Invite questions	
1:05 pm (5 min)	2. Brief Review of Action Items (Kelly)	Update reflecting work completed	Owners report on changed statuses	Can hard code dropdown in EMR
1:10 pm (10 min)	3. Confirm Process changes to test (Sam)	Come to agreement on what changes may impact the problem	1. Discuss understanding of test scope 2. Check for consensus agreement	
1:20 pm (30 min)	4. Complete the Small Test of Change Plan (All)	Documented what, who, and when with target dates	1. Determine what will be tested 2. Determine who is involved 3. Determine when and how the test will occur	
1:50 pm	5. Document/Assign Action Items (Stephanie)	Identify what we need to know, or do before the next meeting	Action item owners report out and state target dates	

ACTION ITEMS

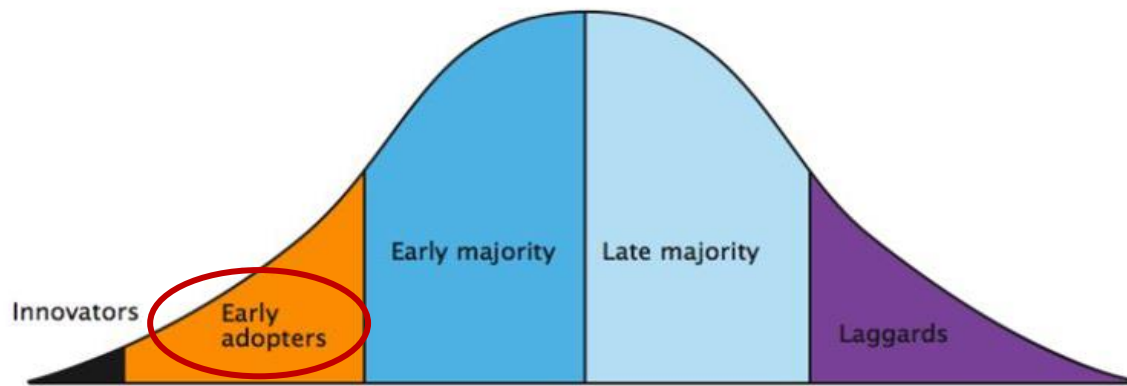
ITEM	OWNER	TARGET DATE	STATUS
Coach staff according to Small Tests of Change plan document; post results in real time; share at huddles	Marc & Julie	8/25	NEW
Draft A3 document; share via e-mail	Quint	8/23	NEW

Work Product
from Meeting
#3

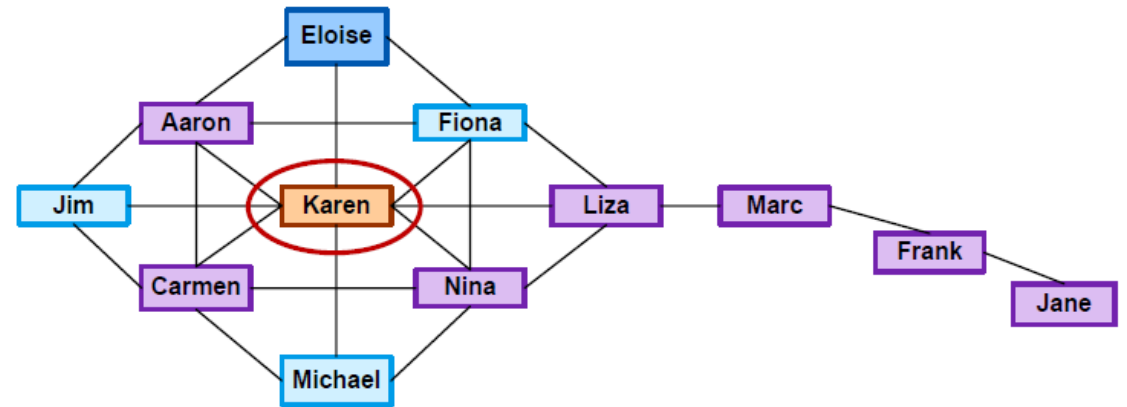
DESIGN PLAN FOR SMALL TESTS OF CHANGE						
Initiative: <i>Improve intake information from residential care</i>			Intervention: <i>Test shared intake form</i>			
Smallest Unit of Change: <i>1 patient, 1 RN</i>		Scope: <i>RN with transfer from residential care</i>		Total # of Staff Impacted: <i>36 RNs in ED</i>		
Planned Testing Timeframe: <i>4 Weeks: August 20 – September 25</i>				Est. # of Staff in Testing: <i>12 RNs in ED</i>		
	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	Conduct two phone tests by contacting care facility and asking for intake form by e-mail – check for completeness	<u>2 night</u> RNs to do phone contact test of process either Mon or Tues	Julie K Marc C		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
2	Confirm red folders are in hand; next <u>3 night</u> admissions to "Red Folder" intake form. Notify night staff in huddle.	Night RNs Wed – Sat should receive Red Folder intake with admissions	Julie K, Marc C, Jon F, Keisha M		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
3	Implement on Days including PMs, next admissions to receive Red Folder; document SBAR with information	Tues – Friday – any ED admission form care facility; all shifts	Keisha M, Sue P, Marlys Z, Joe J, Jack B		<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
4					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
5					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
6					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

Engage the Engaged!

Identify the early adopters



Leverage the social network



Understanding this is important for successful change adoption

**CARE COORDINATION – PROGRESS CHECK - MEETING 4
AGENDA and MEETING SUMMARY**

Meeting #4

7 days later

Date: August 25
Time: 1:00 PM to 2:00 PM
Location: Room 1007
Conference Line:
Meeting Leaders: Kelly Karter
Recorder: Stephanie Sobczak

Next Meeting Information

Date: September 12
Time: 8:00 AM to 9:00 AM
Location: RM 1500

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care/Improvement Champion	Y	Stephanie Sobczak	Project Manager	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Tenisha Thomas	Coordinated Care/CM	Y
Michele Marshall	Inpatient & ED/ Director (optional)	N	Quint Quincy	Coordinated Care/SW	Y
Rebecca Right	Emergency Department/RN	Y			
Marc Cain	ED Supervisor		Julie Kromer	ED Supervisor	

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
1:00 pm (5 min)	1. Welcome to the Progress Check Meeting (Kelly)	Clarify purpose of today's meeting	Review Agenda Invite Questions	
1:05 pm (10min)	2. Quick Review of Action Items (Kelly)	Update reflecting work completed	Owners report on changed statuses	
1:15 pm (20 min)	3. Report out on Test Cycles (Marc & Julie)	Understand learnings from test cycles	1. Presentation 2. Q & A	
1:35 pm (15 min)	4. Decide on next steps (All)	Reach consensus on Adapt, Adopt or Abandon	1. Revise Small Test of Change Plan accordingly	
1:50 pm (5 min)	5. Document/Assign Action Items (Stephanie)	Identify what we need to know, or do before the next meeting	Action item owners report out and state target dates	

ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS
Continue with test cycles according to plan	Marc & Julie	9/12	In process
Update A3	Rebecca	9/12	Ongoing
Submit change request to IT	Kelly	9/12	NEW

DESIGN PLAN FOR SMALL TESTS OF CHANGE

Initiative: <i>Improve intake information from residential care</i>		Intervention: <i>Test shared intake form</i>	
Smallest Unit of Change: <i>1 patient, 1 RN</i>	Scope: <i>RN with transfer from residential care</i>	Total # of Staff Impacted: <i>36 RNs in ED</i>	
Planned Testing Timeframe: <i>4 Weeks: August 20 – September 25</i>		Est. # of Staff in Testing: <i>12 RNs in ED</i>	

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	Conduct two phone tests by contacting care facility and asking for intake form by e-mail – check for completeness	2 <u>night</u> RNs to do phone contact test of process either Mon or Tues	Julie K Marc C	Process <u>worked</u> , facility RN liked the form; easy to use. Need more in contact section	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Make change to contact person section
2	Confirm red folders are in hand; next 3 <u>night</u> admissions to "Red Folder" intake form. Notify night staff in huddle.	Night RNs Wed – Sat should receive Red Folder intake with admissions	Julie K, Marc C, Jon F, Keisha M	3 admissions, two had completed form. 1 missing – was a Saturday admission.	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Conf call with facility to discuss training materials they may need to cover all shifts
3	Implement on Days including PMs, next admissions to receive Red Folder, document SBAR with information	Tues – Friday – any ED admission form care facility; all shifts	Keisha M, Sue P, Marlys Z, Joe J, Jack B	2 admissions, both had form, SBAR to provider was more complete. 1 form was "lost" temporarily.	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Continue testing plan – involve ED Techs
4	Continue to receive Red Folder, involve all shifts, train ED Techs to look for form	Sun – Friday all shifts any admission	Joe J, Marc C, Pam P, Jose A, Ann R, Aimee F, Alex H	5 admissions, form present; all had complete information.	<input type="checkbox"/> Adapt <input checked="" type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Proceed with developing work instructions, training and incorporate into on-boarding packet
5					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

Work Product
from Meeting
#4

Date: September 12
Time: 8:00 AM to 9 AM
Location: RM 2512
Meeting Leaders: Kelly Karter
Recorder: Stephanie Sobczak

Next Meeting Information

Date: 10/25/19
Time: 8:00 AM to 9 AM
Location: RM 2512

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care	Y	Rebecca Right	Emergency Department/RN	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Stephanie Sobczak	Project Manager	OOO
Joanna Jenkins	Nursing Education Specialist	Y	Tenisha Thomas	Coordinated Care/CM	Y
Michele Marshall	Inpatient & ED/ Director	Y	Quint Quincy	Coordinated Care/SW	N
Guest:			Guest:		

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
8:00am (5 min)	1. Welcome to the Implementation Planning Meeting (Kelly)	Clarify purpose of today's meeting	Review Agenda Invite questions	
8:05 am (10 min)	2. Brief Review of Action Items (Kelly)	Update reflecting work completed	Owners report on changed statuses	
8:15 am (25 min)	3. Review & Draft Implementation Checklist (Sam)	Have a plan for implementing the process changes	1. Use Checklist tool 2. Discussion 3. Test for Agreement	
8:40 am (5 min)	4. Nursing Council presentation (Joanna)	Determine who will present implementation plan/A3	Discussion	
8:45 am	5. Document/Assign Action Items (name)	Identify what we need to know, or do before the next meeting	Action item owners report out and state target dates	

ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS
Develop staff education plan; share at ED huddles for feedback	Joanna	9/19	
Present to Nursing Council	Kelly & Tanisha	9/21	
Train ED staff in "Red Folder" Intake process	Joanna	10/1	

Meeting #5

15 days later

Ready to Implement?

Work Product
from Meeting
#5

Implementation Checklist:

- The tested process is stable and can be documented
- Process is immune to census/staffing
- Ready to train others; plan for how
- Ensure policy, procedure, work instructions, etc. are accounted for
- Leadership supports formal adoption
- Defined accountability for sustaining results

CARE COORDINATION – IMPLEMENTATION FOLLOW-UP - MEETING 6
AGENDA and MEETING SUMMARY

Meeting #6

43 days later

Date: October 25
Time: 8:00 AM to 9 AM
Location: RM 1500
Meeting Leaders: Kelly Karter
Recorder: Stephanie Sobczak

Next Meeting Information

Date: TBD – in 6 months
Time:
Location: Teleconference

ATTENDANCE

NAME	DEPARTMENT/ROLE	Present?	NAME	DEPARTMENT/ROLE	Present?
Kelly Karter	Coordinated Care	Y	Michele Marshall	Inpatient & ED/ Director	Y
Sam Simon	Emergency Department/Nurse Manager	Y	Tenisha Thomas	Coordinated Care RN	Y
Rebecca Right	Emergency Department RN	Y	Stephanie Sobczak	Project Manager	Y
Guest:			Guest:		

SUMMARY OF DISCUSSION

Start Time	Topic (Lead)	Outcome	Process	Notes
8:00am (5 min)	1. Welcome Implementation Follow-up Meeting (Kelly)	Clarify purpose of today's meeting	Review Agenda Invite questions	
8:05 am (20 min)	2. Summarize post-implementation data	Document degree of improvement	1. Review Data 2. Review A3 documentation 3. Edit, if needed	
8:25 am (15 min)	3. Identify steps needed to sustain the results	Confirm owners and audit steps	1. Approve audit plan 2. Plan for test	
8:40 am (10 min)	4. Confirm process measure thresholds	Determine key metric and trigger value	1. Document thresholds in A3	
8:50 am	5. Document/Assign Action Items (Kelly)	Identify what we need to know, or do before the next meeting	Action item owners report out and state target dates	

ACTION ITEMS

ITEM	OWNER	TARGET DATE	STATUS
Test Audit Report process	Sam S	10/27	NEW
Schedule touch base teleconference in April	Stephanie	April 1	NEW
Submit Audit reports monthly to Quality & Compliance	Sam S	Nov. 1, ongoing	In process

Transition Plan

Work Product
from Meeting
#6

This is included as part of the Small Test of Change Design document

Operational Transition Plan:		Start Date:
Owner(s) of New Process: <i>Emergency Department Supervisors</i>		Accountable Leader: <i>Sam Simon</i>
Process Measure(s) to Monitor: <i>Admits from CWC w. Red Folder</i>	Oversight Group: <i>ED/Acute Care Council</i>	
Method of Data Collection: <i>10 CWC admission audit and Safety Incident Reports</i>		Frequency of Data Collection: <i>Monthly</i>
Value to Trigger Process Review: <i>No Less than 80% CWC Admissions have Red Folder x 3 months</i>		

ED "Red Folder" for Care Coordination

DATE INITIATED: June 2020



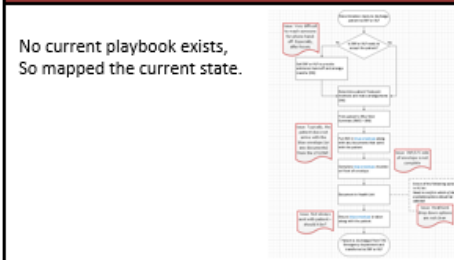
F – IND a Process to Improve (Background Information, Data, Value Stream Map)

The Blue Envelop Transfer Process is already in place in the ED; however, benchmarks are not being consistently met. Current goal is 90% compliance. Since implementation in 2018, the compliance has ranged from avg of 19% to 95%. Within the past year (July 2019-June 2020), compliance ranged from 61.5% to 51%. This project aims to understand barriers and refine the process to ensure consistent improvement and compliance at 90% and greater with Blue Folders and implement a similar process with a Red Folder for CWC patients.

O – RGANIZE a Team (List of Team & Ad-hoc Members and Roles)

Kelly Karter, Coordinated Care & Facilitator,; Sam Simon, ED Mgr.; Michele Marshall, Inpt and ED Director; Rebecca Right, ED RN; Tanisha Thomas CC RN; Quint Quincy CC SW; Marc Cain RN, ED Supervisor; Julie Kromer RN, ED Supervisor and many ED staff.

C – LARIFY Current Knowledge (Process Maps, Observations, Data, Specific Aim Statement)

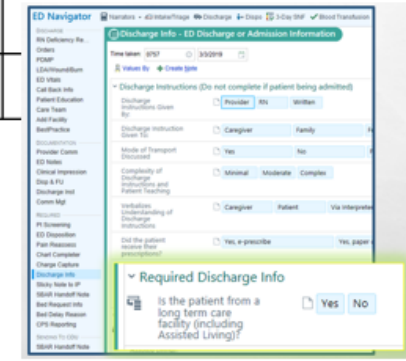


SPECIFIC AIM STATEMENT: We will improve the percent of completed blue envelopes as indicated from EMR data from 61.5% to 100% by Nov 2020.

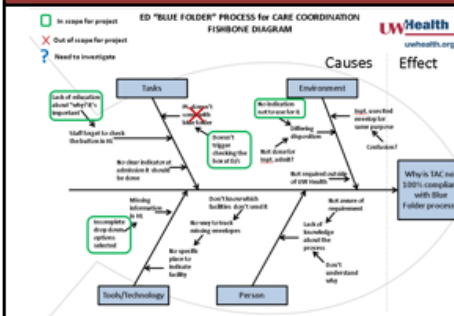
P – LAN the Improvement (Future State Process Map)

D – O the Improvement (Improvement Action Items Plan, Data Collection Plan, Forms)

#	CHANGE IDEA(S)	MEASURE(S)/OUTCOME(S)
1	Education: CBT, Weekly Update, etc.	All ED staff educated by in person presentation at huddles and available CBT on use of the "Red Folder" intake
2	Modify Wording in EMR D/C for SNF	
3	Ensure a hard stop in "Required D/C Info"	

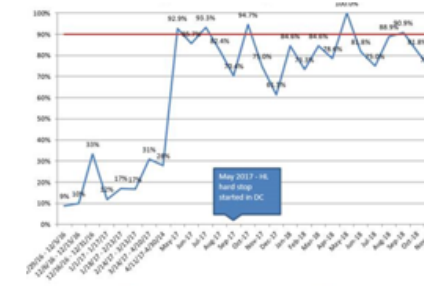


U – NDERSTAND Root Causes (Fishbone Diagram, 5 Whys, Affinity Diagram)



Need to re-establish accountability for Blue Folder process

C – HECK the Results (Run Chart, Team's End Results)



Achieved an average of 83.5%

S – ELECT the Improvement (Benchmarking/Best Practices – External and/or Internal)

#	ROOT CAUSE(S)	CHANGE IDEA(S)
1	Education Lacking – why important	Education: CBT, Weekly Update, etc.
2	EMR wording is unclear	Modify Wording in EMR Admit SNF, CWC
3	Very easy to miss checking the box	Ensure a hard stop in "Required D/C Info"

A – CT and Determine Next Steps (Action Items, Lessons Learned, Sustainability Plan)

Will continue to monitor through monthly audit reports for any drop below 80%. A drop will trigger a re-education effort. If no improvement over 3 months, the team will be reconvened. This process will be revisited twice annually.

Documented outcome

Process map

Education plan

Work instructions

Audit plan

Clear accountability

Why does this approach work?

Shifting Paradigms!

- Group membership is flexible based on need in the meeting (This isn't a club)
- Easier to recruit participants from operations for a defined length of time
- Actively discuss with others the work of the improvement team in real time
- Less focus on filling out the “right” document: A3 or PDSA or DMAIC – and taking meeting time to do it. Pro tip: this can be done on the side
- Progress is steady so people do not lose interest
- The front-line is “in the loop” from the beginning – results in less resistance later
- Crystal clear expectations for accountability and consistent leader involvement as an antidote to cultural “sludge”

Recommendations

- Start with something lower risk and smaller in scope, conduct 2-3 projects
- Make the defined deliverables an expectation
- Works well with a ‘train the trainer’ model of spread
 - Front-line staff have led projects with this method
- Engage the leader
 - Keep apprised of the progress of the improvement
 - *Also* - Highlight the “Meta” improvements that result from the method

#1 Takeaway

**YOU WILL NEVER CHANGE ANYTHING THAT
YOU ARE WILLING TO TOLERATE.**

- MYLES MUNROE -

Questions



Special Thanks

All the dedicated Improvers at **UWHealth** in Madison, WI



Contact Information

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