Coaching Effective Quality Improvement



Ethan Cumbler MD, FHM, FACP

Professor of Medicine Department of Medicine and Surgery

Faculty Institute for Healthcare Quality Safety and Efficiency

Director of Quality for University of Colorado Department of Surgery

Medical Director UCH ACE Unit

President of the Medical Staff University of Colorado Hospital

Think of terrible coaches you have had



Now think of exceptional coaches you have had...



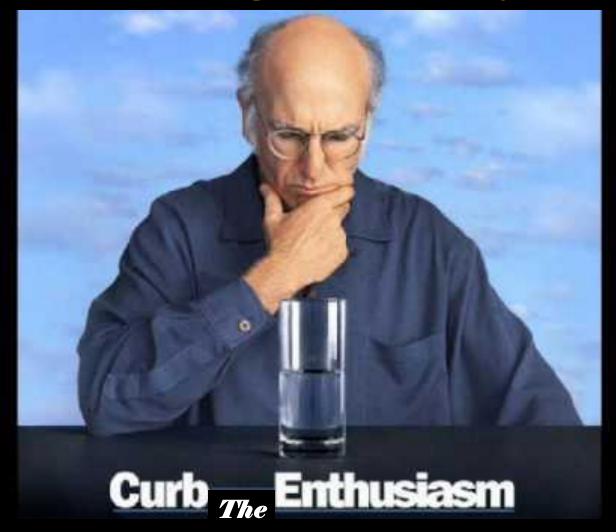
Project Selection

The single most important thing a QI coach can help with is helping the team to understand what problem to work on.

Get this wrong and you guarantee yourself and your team frustration and failure...

Before you even start

Guiding effectively



People will come to you with great energy for problematic plans Lets review some examples

In this environment,

is this the right problem

for this team to work on?

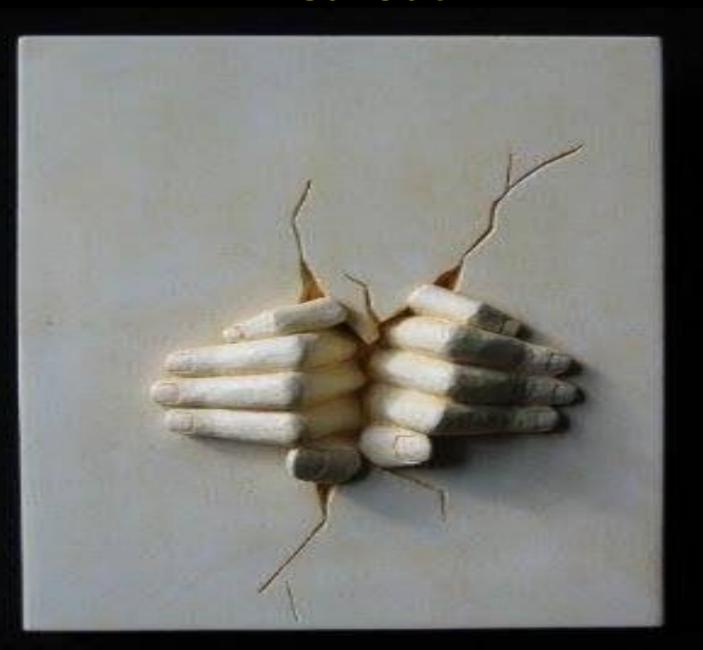
Breakout

Case #1

This idea fits into the category of waste reduction.

How do you think the hospital will perceive the juice-to-squeeze ratio of this initiative?

How would you coach this enthusiastic learner to understand that his initiative to reduce waste of oxygen may not be the best use of his enthusiasm, time, and energy?



Case #2

This idea fits into the category of high value care.

What barriers can you anticipate and what do you think of this resident's chance of finding success with the initiative?

How would you coach this learner?

Scope

Project insignificant
Even success is a failure

Project too large to accomplish with resources and time
Attempting to boil the ocean

Control

Project critically depends on one factor outside of project teams control

Clinical Environment

Resource Constraints

Project requires BUDGET

No path for funding

Project dependent on data that does not exist and can not be obtained during project time

Unstable Personnel
Project requires buy-in from a
workforce where turnover is high
(>40%)

Physical Infrastructure
Project cannot proceed until physical relocation (of lab, clinic, etc.) occurs

Stakeholder Environment

Project not aligned with institutional priorities

Will fail to get support or momentum

Project team lacks influence/credibility with key stakeholders.

Intractable conflict between essential stakeholders
Team has no viable path to consensus about project focus or
interventions

Project Team Constraints

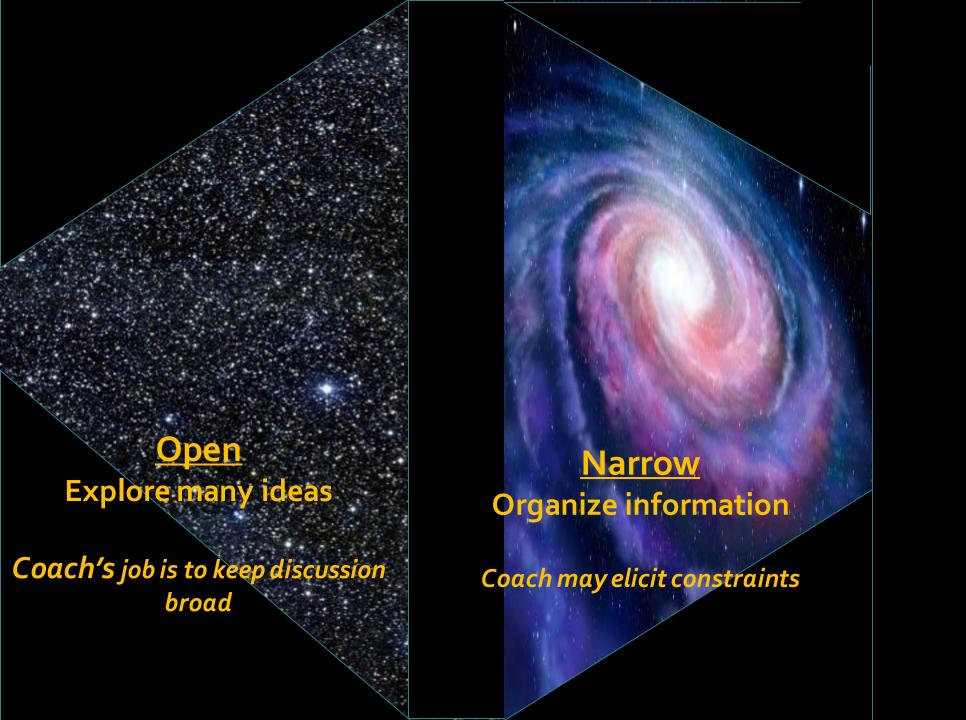
Project team lacks bandwidth for intensity of intervention

Project team lacks necessary expertise Team is outside their wheelhouse.

As A Coach How Do You Provide Positive Guidance?



By expanding the universe of possibilities





Close

Adaptive

"Yes that is an interesting problem and..."

 Work to develop at least three problems before picking one to work on.

 Have the team compare advantages and disadvantages of each.



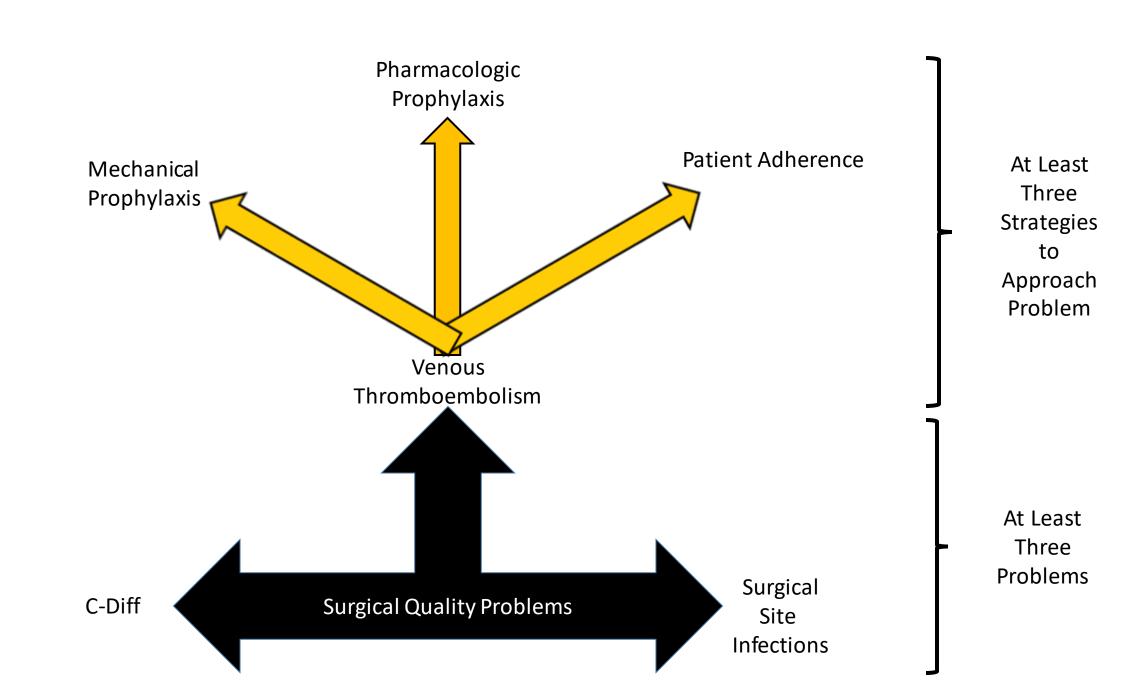
Flexibility

 Once the BEST problem has been selected

 Be able to identify at least three different strategies

(not necessarily specific interventions)

to create an improvement.



Take 10 minutes to develop as many other problems within lab testing as you can and then rapidly come to a consensus on two additional problems that would be as important, or more important than unnecessary phlebotomy.



Take an additional 10 minutes to use the problem of "excess blood loss" and come up with at least two other compelling strategies that could be pursued to address the underlying problem. When you are done we will bring your table's best ideas back to the larger group.

Meetings



Framework for Coaching Projects



Tools

Project Charter Tool



QI versus Research Tool

Project Leader: Project: Coach: Background: Key Brief description of current state and background which prompted the change initiative. This section Metrics Baseline Goal should be able to succinctly make the case for the "sense of urgency" for why the status quo needs to Measures change which would resonate with key stakeholders. Metrics designed to measure if intervention is being Process implemented faithfully **Guiding Coalition** Names of members of your core leadership team. Members of project design and implementation team, essential champions, and executive sponsor for your project. Metrics designed to assure that the intervention is not Balancing having untoward effect on some other important Vision Describe your vision for what your change could accomplish. Often this is described in terms of a lignment with mission and values of the stakeholders or institution. The vision should inspire others to strive to attain your proposed change. Communicate this vision relentlessly. Metric which demonstrates ultimate impact of project Outcome A good and focused objective is consistent with SMART principles. Remove barriers and empower for action: Specific on patients, providers, or institution. Measurable Calculate financial impact of project including both **Estimated** Attainable estimated cost to implement change and estimated Relevant ROI benefit if outcome goal is reached Time Bound **Key Stakeholders** Plan to recognize and celebrate short term wins Who will be touched by your project OR could influence it's success. Include end users, groups "hoopla" essential to roll-out, and individuals with the power/influence to prevent your project's success Implementation Plan/Empower Action **Project Timeline** Specific tactics you will use to a chieve the project initiative. Steps to determine what specific Don't let up! interventions will be used and how change will be implemented How will progress be translated into sustainable change? **Communication Plan** Details of both Vision and Methods (in-person, email, phone calls, group meetings, newsletters) and

frequency for communication to your key stakeholders.

*Modified from Colorado Institute for Quality Project Charter and John Kotter's Steps of Leading Change.