

Certificate Training Program Session 10

Welcome! Before We Begin:

Sign-in at the back
Pick up an agenda
Sit with your CTP team at your assigned table



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Curriculum Overview

KEY
Team Check-in
Inspiration
Background
Process Improvement
Leadership
Quality/Safety
Coaching
EMR

10/22	#6	DHA Antimicrobial Stewardship	Data Collection Plan				Myers Briggs	
10/28		Coaching						
11/12	#7	CU Medicine Dermatology	Leading Change: Vision		DEI in QI		Positive Deviance	
11/19	#8	UCH Infectious Disease	Leading Change: Sense of Urgency	Understanding Business Drivers	Negotiating for what You Need	This Place Called Academia		
11/26		Coaching						
12/3	#9	UCH Nursery	Hone the Intervention	Identifying Your Intervention	Design Thinking	Wellness	Leading Change Guiding Coalition	
12/10	#10	DHA Clinical Informatics	Leadership Journey: Tom Gronow	Aim Statement	Optimizing EMR Requests	Storytelling	Team Logo	
12/17		Coaching						
1/14	#11	CHCO ICU Delirium	Alumni Presentation	Leadership Journey: Jena Hausmann	Pre-mortem Analysis	Leading Change: Awareness Campaign	Mid-year Report Overview	
1/21		Coaching						
1/28	#12	UCH Sleep	Overcoming Resistance	Feedback to Improve Performance		Mid-year Report Practice Session		
2/4		Coaching						
2/11	#13	Report Outs				Running Effective Meetings		
2/18		Coaching						
2/25	#14	Report Outs				Leading Change: Removing Barriers		
3/4		Coaching						
3/11	#15	UCH Neurosciences	Using AI for QI			Second Victim		
3/18		Coaching						

KEY	Team Check-in	Inspiration	Background	Process Improvement	Leadership	Quality/Safety	Coaching
Session	Topic		Key Question(s)		Assignment	Due	
Coaching	Sense of urgency, DEI Scan, create communication plan						
#9 Dec. 3	Team Check-in: UCH Nursery		Who are my colleagues?		<input type="checkbox"/> Develop list of potential interventions, Finalize Guiding Coalition, Complete Design Thinking Exercise <i>Due Jan. 28</i>	<input checked="" type="checkbox"/> Sense of Urgency, Data Collection Plan	
	Hone the Intervention		How do I develop an intervention?				
	Design Thinking		How do I develop a process for redesigning care?				
	Identifying Your Intervention		How do I create an action plan for my intervention?				
	Wellness		How do we ensure that our work enhances, not worsens wellness?				
	Leading Change: Guiding Coalition		Who do I need to <u>involved</u> my project team?				
Coaching	Brainstorm intervention, positive deviance, design thinking, guiding coalition, communication plan						
#10 Dec. 10	Team Check-in: DHA Clinical Informatics		Who are my colleagues?		<input type="checkbox"/> Complete Aim Statement <i>Due Jan. 14</i> <input type="checkbox"/> Finalize Logo <i>Due Feb. 11</i>		
	Leadership Journey: Tom Gronow		What does it take to succeed in progressive leadership positions?				
	Aim Statement		How to I describe the goals of my project?				
	Optimizing EMR Requests		How does the EMR enable data attainment? What EMR changes do I need to make to complete my project?				
	Storytelling		How do we use stories to inspire and motivate others?				
	Team Logo		How do I create a logo that exemplifies my team and our work?				
Coaching	Guiding coalition, aim statement, logo						
#11 Jan. 14	Team Check-in: CHCO ICU Delirium		Who are my colleagues?		<input type="checkbox"/> Draft Mid-year Report <i>Due Jan. 28</i> <input type="checkbox"/> Complete Pre-mortem Assessment <i>Due Feb. 11</i> <input type="checkbox"/> Complete and implement a communication plan <i>Due Mar. 25</i>	<input checked="" type="checkbox"/> Aim Statement	
	Alumni Presentation		What does successful participation in the program produce?				
	Leadership Journey: Jena Hausmann		What does it take to succeed in progressive leadership positions?				
	Leading Change: Awareness Campaign		How do I build a high-performing culture?				
	Pre-mortem Analysis		How can I predict where my intervention may fail?				
	Mid-year Report Overview		What should my mid-year report out look like?				

Today's Learning Objectives

- 1 Use stories to inspire and motivate others
- 2 See an example of the leadership journey from a healthcare executive
- 3 Begin to create an aim statement for your project
- 4 Understand how to optimize requests for EMR changes
- 5 Create a team logo



Storytelling

Ethan Cumbler, MD



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PRESENTING TO INFLUENCE

Ethan Cumbler MD, FHM, FACP

Professor of Medicine

Director of Quality UCO Department of Surgery

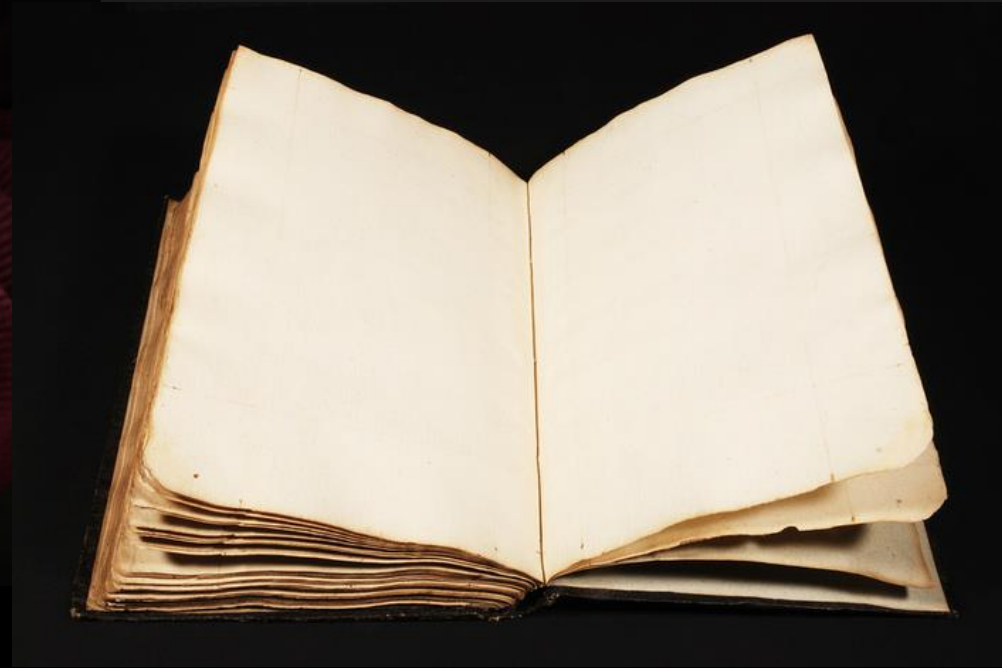
Director UCH Acute Care for the Elderly Services

Institute for Healthcare Quality Safety and Efficiency

Anschutz Medical Campus



**Understanding
your Audience**



**Making your Message
Memorable**

NORMAN MACLEAN
YOUNG MEN AND FIRE

NATIONAL
BOOK CRITICS
CIRCLE
AWARD WINNER



"A magnificent drama of writing . . . a classic."
—*The New York Times Book Review* Editor's Choice,
Best Books of the Year

THE NATIONAL BESTSELLER by the author of *A RIVER RUNS THROUGH IT*





Pulaski Axe

**Mann Gulch
1949**









DON WALKER
1900 - 1994
WALKER
1900 - 1994

RONALD J. HOLBY
1915 - 1994
HOLBY
1915 - 1994

MANN GULCH FIRE

National Register of Historic Places

On August 5th, 1949, a lightning caused wildfire entrapped a smokejumper crew in this steep canyon. Before it was controlled it took the lives of 13 men and burned nearly 5,000 acres.

The lessons learned from this tragic event continue to influence wildland fire fighting.



Helena National Forest





ESCAPE FIRE

Stories



How engaged in this presentation are you right now?

- A. Completely engaged
 - B. Moderately engaged
 - C. Mildly engaged
 - D. Minimally engaged
 - E. Just made new high score on angry birds
-

Your presentation will need to show “Value”

The Value Equation in Healthcare

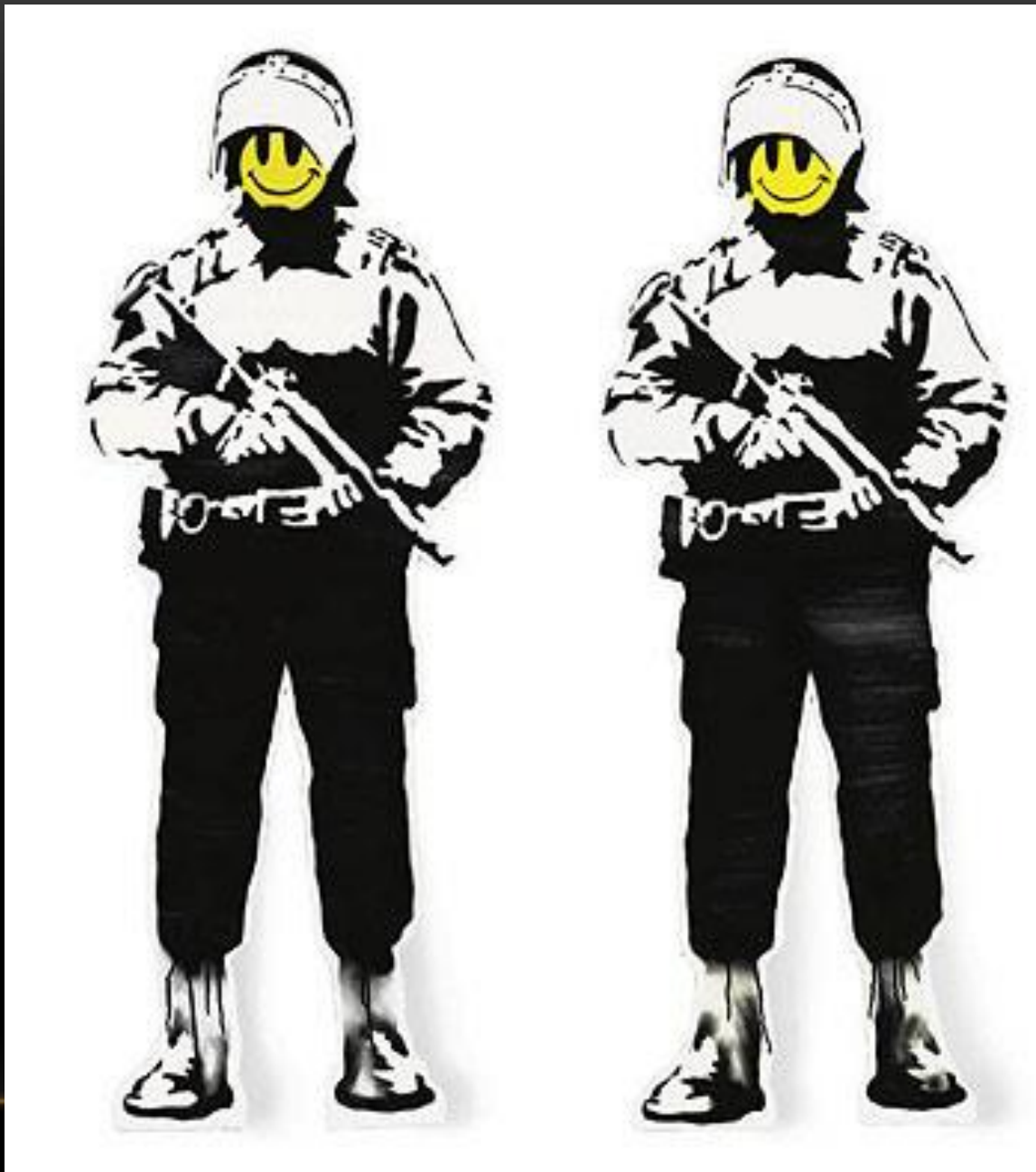
$$\text{Value} = \frac{\text{Quality}}{\text{Cost}}$$











Happy Coppers
\$286,217



Insane Clown
\$481,165



Game Changer
\$20,000,000



1:00 pm

© YouTube/Banksy NY

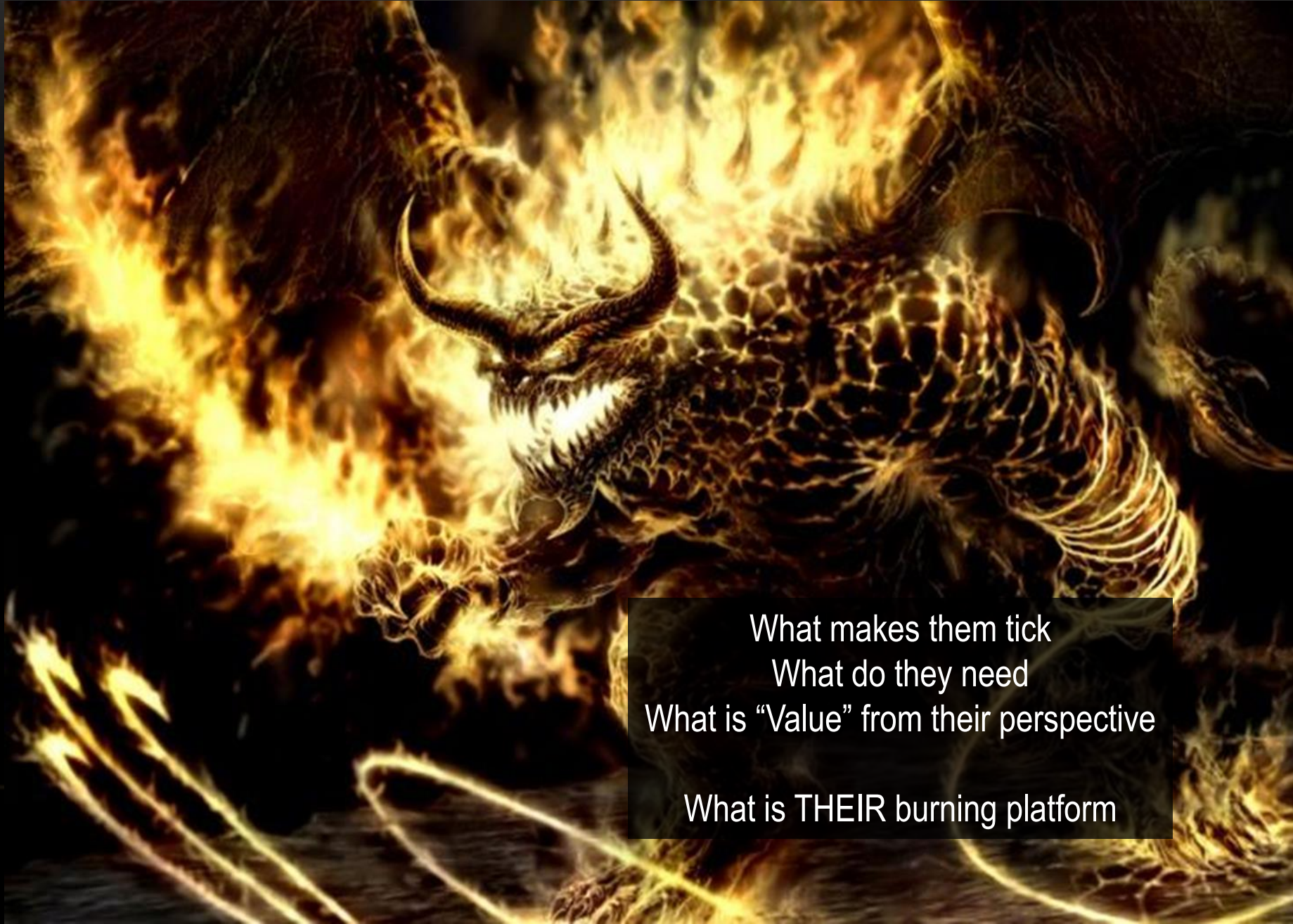
- <https://www.youtube.com/watch?v=zX54DIpacNE>

VALUE EXISTS ONLY TO THE EXTENT THAT IT
HAS VALUE TO THE BEHOLDER

THE FIRST QUESTION THAT MUST BE ASKED IS
TO WHOM ARE WE DEMONSTRATING VALUE?

THE SECOND QUESTION IS WHAT IS VALUE
FROM THEIR PERSPECTIVE?

EMPATHIZE WITH YOUR AUDIENCE



What makes them tick
What do they need
What is "Value" from their perspective

What is THEIR burning platform

Content



ORGANIZATION



How much of the content of the average presentation do you think you retain?



Only 10%







Types of Presentations to Executives

The Elevator Pitch

- **1. Know what's motivating your audience.**

- **2. Incorporate social proof by sharing a brief story that illustrates a transformation**



- **3. Craft a story that gets your audience on your team.**

- **4. Anticipate and answer key questions.**

THE “HOOK”



AMATEUR MISTAKES

- Using font smaller than 24
 - Having long sentences which run on and on and on and wrap around to multiple lines. It is important to recognize that a power-point bullet is a point and not a conversation.
 - Irritating animation
-

Too much Data!

Type of help sought and perceived need	Individuals with lifetime alcohol abuse (N=7,062)								Individuals with lifetime alcohol dependence (N=4,781)							
	Total		Male		Female		χ^{2b}	Total		Male		Female		χ^{2b}		
	N	%	N	%	N	%		N	%	N	%	N	%			
Type of help sought																
Any help	585	7.5	424	8.5	161	5.5	15.99***	1,254	24.7	867	26.9	387	20.3	18.91***		
Alcoholics Anonymous or 12-step meetings	417	5.3	303	6.0	114	3.9	9.75**	982	19.0	679	20.8	303	15.5	16.56***		
Family services	108	1.3	81	1.5	27	1.1	1.91	302	5.9	192	6.1	110	5.3	1.12		
Detoxification clinic or ward	140	1.7	97	2.0	43	1.2	5.36*	491	9.4	340	10.2	151	7.6	8.50**		
Inpatient ward	93	1.1	63	1.3	30	.8	2.22	364	6.8	236	7.1	128	6.3	.90		
Rehabilitation program	201	2.6	152	3.1	49	1.5	13.57***	631	12.4	453	13.8	178	9.6	15.75***		
Outpatient	110	1.4	70	1.5	40	1.2	.60	427	8.1	299	9.1	128	6.1	12.63***		
Emergency department	95	1.2	67	1.4	28	.9	2.79	385	7.5	269	8.2	116	6.2	5.36*		
Halfway house	43	.5	28	.5	15	.5	.01	114	2.3	77	2.5	37	1.8	1.74		
Crisis center	13	.1	8	.1	5	.1	.15	72	1.1	42	1.1	30	1.2	.31		
Employee assistance program	30	.5	23	.5	7	.3	1.63	108	2.1	76	2.4	32	1.4	4.32*		
Clergy, priest, or rabbi	45	.5	30	.4	15	.5	.22	225	4.6	155	4.9	70	4.1	1.45		
Physician, psychiatrist, or psychologist	130	1.6	86	1.7	44	1.6	.03	556	11.2	357	11.2	199	11.1	.02		
Other agency or professional	55	.8	43	1.0	12	.3	8.54**	166	3.3	126	4.0	40	2.0	13.10***		
Perceived need for help ^c	195	2.6	131	2.7	64	2.3	.88	858	18.0	550	18.4	308	17.3	.52		
Either perceived a need for help or sought it	697	9.1	499	10.0	198	7.1	14.31***	1,611	32.8	1,081	34.6	530	29.1	8.96**		

^a All Ns are unweighted; all percentages are weighted.

^b df=1

^c Individuals who perceived a need for help but did not seek help

*p<.05

**p<.01

***p<.001



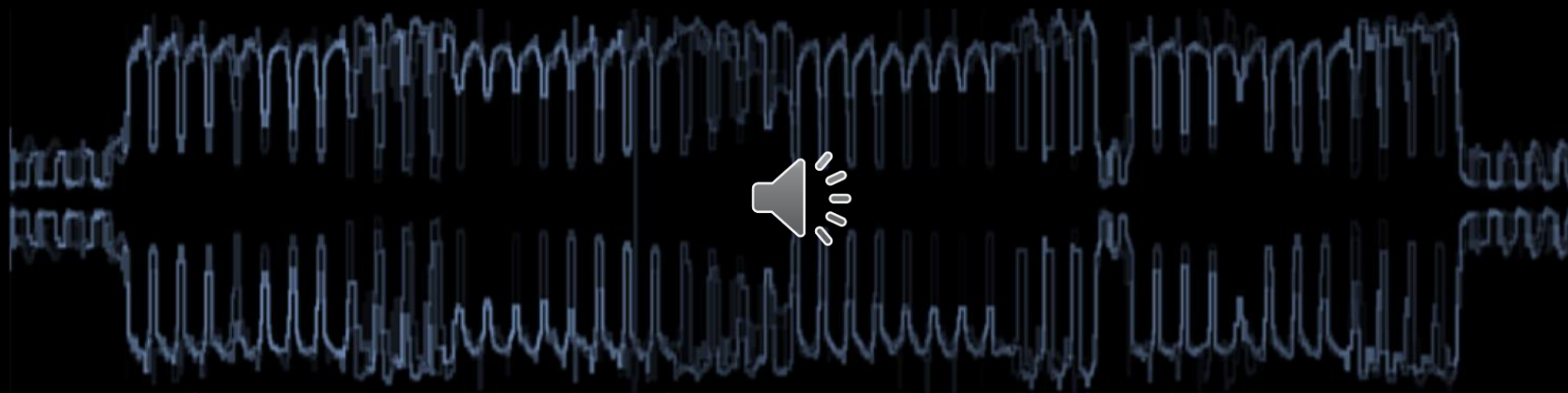
AVOID BAD VISUALS

- Low definition photos
- A bunch of small photos



VISUALS

TIMING



BODY LANGUAGE



ROOM CONTROL

PRACTICE



**The Story is
a Method**

**It makes
your work
memorable**

**A story
alone can
not make
your case**

TAKE AWAY POINTS

- Memorable presentations contain a story or hook
- Empathize with your audience
- Your audience will remember little...
 - Make what's important stick



KEEP YOUR COINS,
I WANT
CHANGE

The Art of a Good Pitch

Exercise:

In 90 seconds pitch the idea of your improvement initiative to your colleagues

ADDITIONAL
READING

presentationzen



Garr Adam Reynolds

New
Riders

VOICES THAT MATTER™

Leadership Journey

Tom Gronow, EdD, MHA



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Relational Leadership (Uhl-Bien, 2006)

“A **social influence process** through which

- **emergent coordination** (e.g. evolving social order) and
- **change** (e.g. new approaches, values, attitudes, behaviors, ideologies)

are constructed and produced” (p. 654)

Complex Leadership

Simple: sense → categorize → respond

- CT scan for discharge

Complicated: sense → analyze → respond

- EVS staffing for discharges

Complex: probe (learn, understand) → sense → respond

- Discharge planning

Chaotic: (re)act → sense → respond

- High census

Order



Disorder

Source: Snowden and Boone (2007)

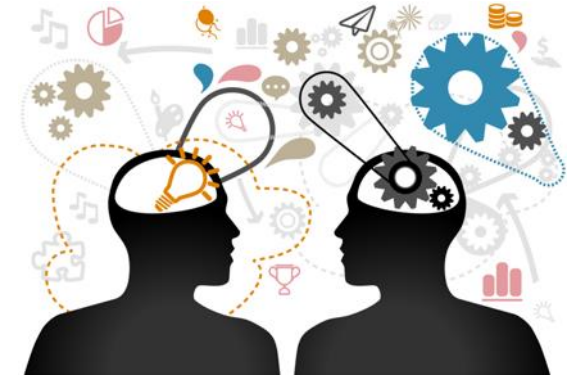
A Path to a Highly Reliable Organization

- Preoccupation with failure
- Reluctance to simplify
- Sensitivity to operations
- Commitment to resilience
- Deference to expertise



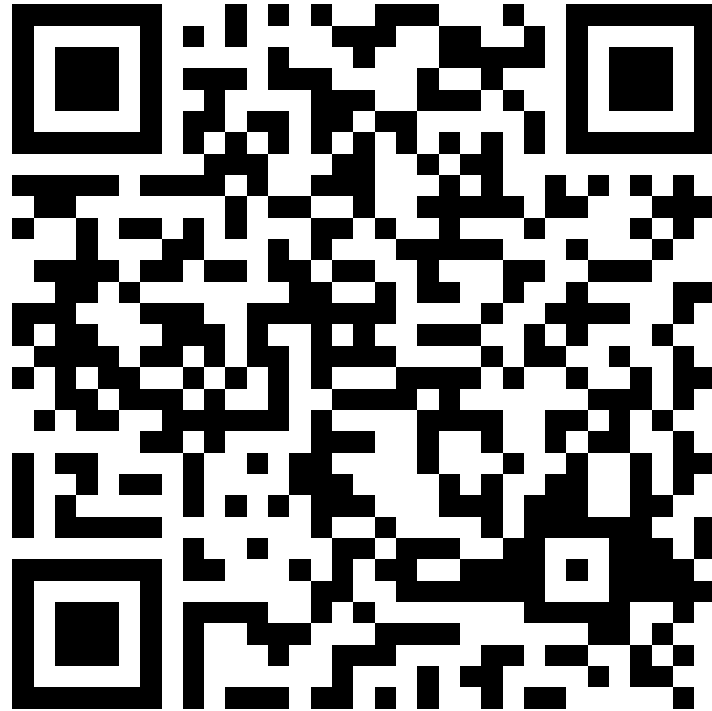
Sensemaking

- We bring our individual identities to the table
- It is retrospective
- We enact our own environment; people create and find what they expect to find
- It is a social process (team-based)
- It is ongoing
- Signals and cues help us put the puzzle together; keep your mind open
- It is driven by plausibility rather than accuracy—you need a good story



Source: Weick (1995)

Evaluation



Aim Statement

Emily Gottenborg, MD



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Distance Traveled

Deeply Understand your problem – **Problem Statement**

Learned from your People – **Voice of the Customer, Process Map**

Applied tools to understand WHY it happens – **Affinity Diagram**

Understand your starting point – **Baseline Data**

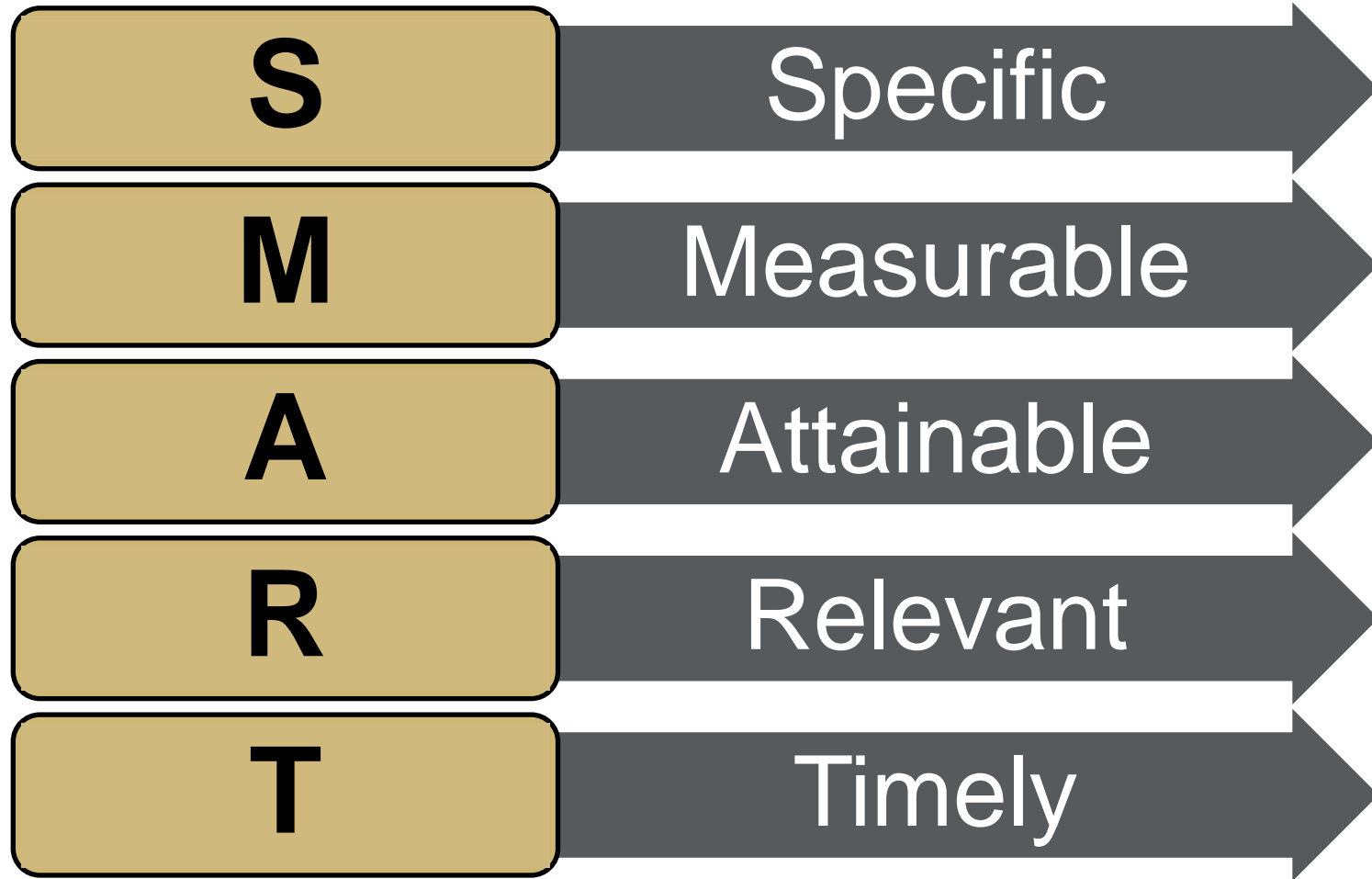
Now What?!



State your goal.



AIM Statement



The SPARK



Sense a problem

Inpatient rehabilitation therapists (PT, OT) aren't satisfied with their day- to - day work, reporting rising rates of burn out.





37% of Physical Therapy Consults are inappropriate, leading to **10,000 hours** of wasted therapist time per year.



Global AIM:

Improve experience of therapists, reduce waste
(outcome)

SMART AIM:

Our AIM is to reduce inappropriate consults to Physical Therapy for medicine inpatients from **37%** to **10%** by May, 2021.



The SPARK



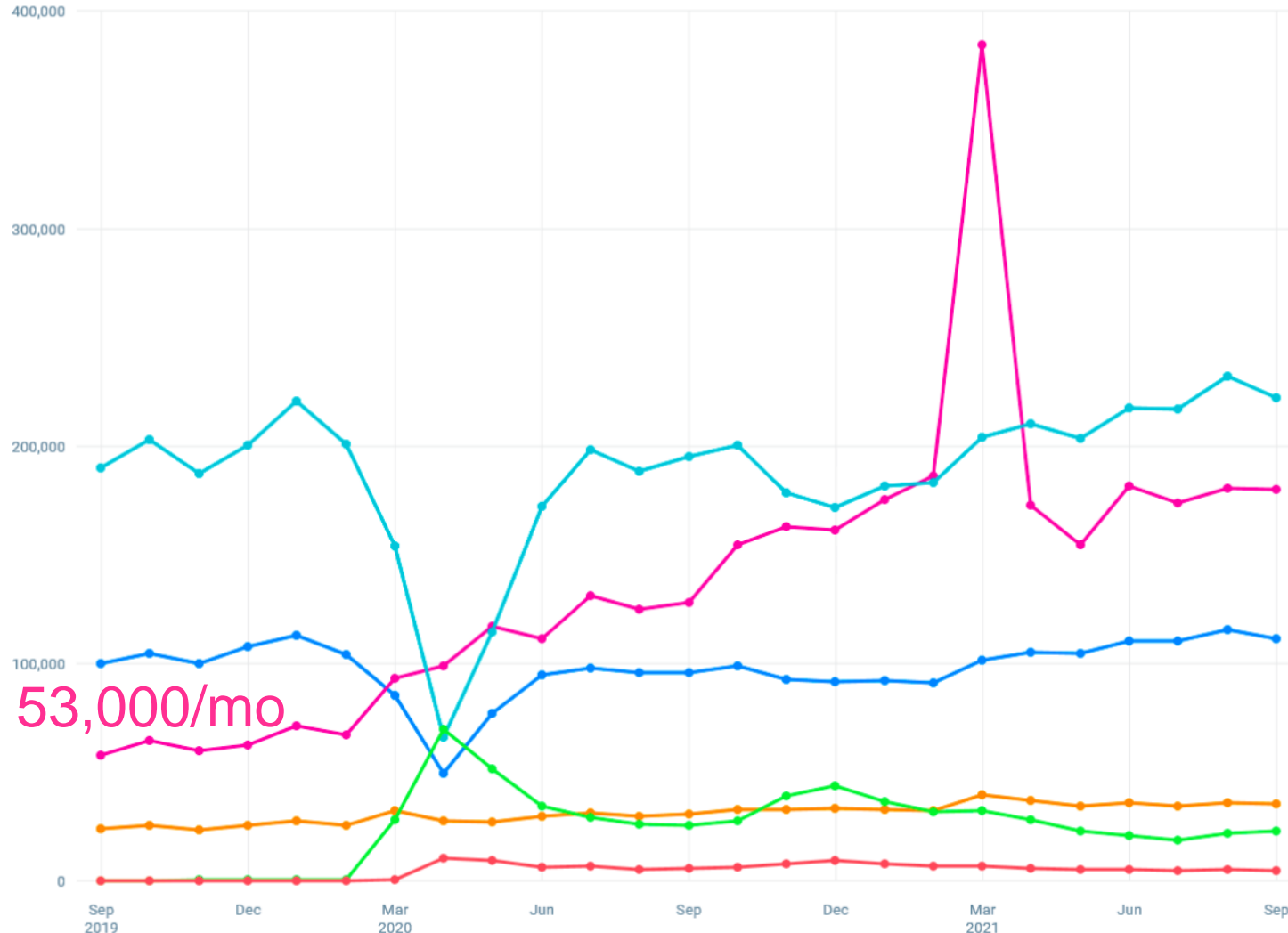
Sense a problem

Outpatient providers have a high turnover rate,
difficult to hire for empty positions.



Patient Messages increased from **59k** to **183k / month** over the last 2 years for same number of providers.

Encounters from 9/2019 to 9/2021
Between 9/1/2019 and 9/30/2021 by month



My Chart Messages
183,000/mo

Global AIM:

Reduce provider turnover and improve their experience
(outcome)

SMART AIM:

Our AIM is to reduce patient messages to providers by
30% **(from 183k/month to <130k)** by August, 2023.



The SPARK



Sense a problem

There are too many surgical nurse travelers.





Sense a problem

We have a high rate of RN turnover, with **41%** of surgical nurses report plan to leave their position within 2 years due to physical pain, specifically shoulder and back pain.



Global AIM:

Reduce physical pain in our surgical nursing team (outcome)

SMART AIM:

Our AIM is to reduce the number of inappropriate bends and reaches by **40%** by September, 2024.



Tips & Tricks

You may have a global AIM, followed by a specific AIM.

The global AIM may represent an outcome metric, while your SMART AIM usually represents a process metric.

You may have multiple SMART AIMs.

Your goals may feel arbitrary – that's ok. Balance attainability and impact.



Investigate: **WHAT** is your problem

- Create Problem Statement
- Perform Stakeholder Analysis
- Complete Voice of Customer
- Complete Process Map
- Complete Literature Search
- Acquire Baseline Data
- Create Affinity Diagram
- Identify Key Metrics – outcome, process, structural, balancing
- Build a Business Case

Create Aim Statement

Coaching Breakout



Restate your problem statement.

What is your global AIM?

Discuss potential SMART AIM Statements with your team.

Ensure your AIM connects back to your Problem Statement.



Optimizing EMR Requests

Moksha Patel, MD



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Where Are We Going?

Objectives

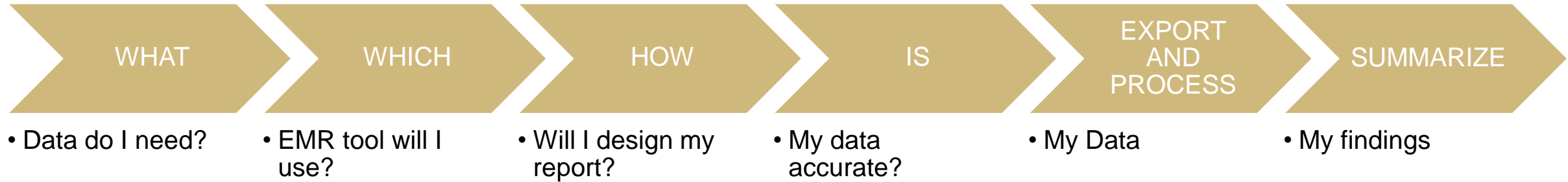
- Review best practices for ongoing data collection
- Review best practices and practical tips for EMR based interventions

Outline

- Ongoing Data Collection Tips and Tricks
- Epic Optimization (Change) Request Indications
- Lessons from Prior Projects
- Steps for a (more) successful EMR Change request



Ongoing Data Collection: Tips and Tricks



Epic Optimization Requests Indications:

Is an Epic Change right for your project?

- Epic has hundreds of tools that are easy to get enamored with:
 - Smartforms
 - Smartphrases
 - Smartlinks
 - Smarttext
 - Reports
 - Flowsheets
 - Ordersets
 - Best practice Advisories
 - Synopsis
 - Navigators
 - Dashboards
 - Registries
 - Etc etc etc



Lessons Learned From Previous Projects

Limiting Inpatient MRIs



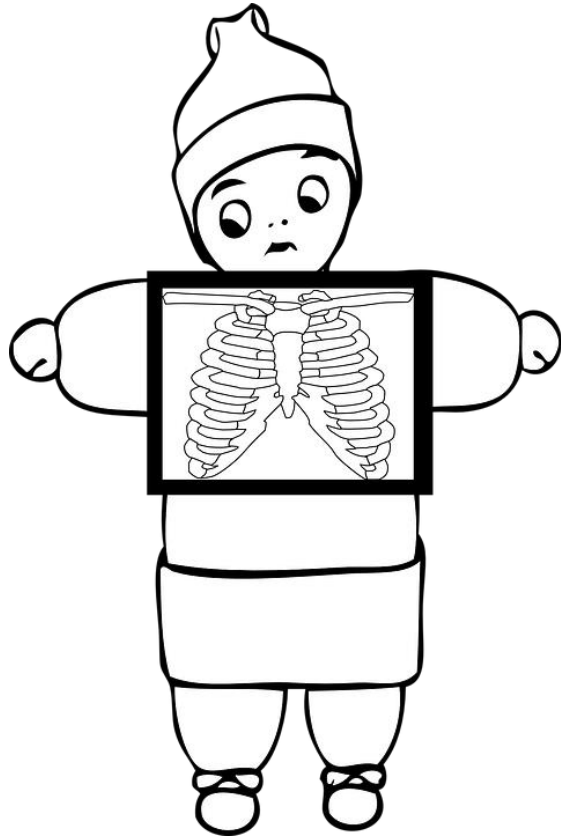
- Wanted a modification to inpatient Epic MRI orders
 - “Could this be ordered outpatient”
- EMR change did NOT move forward:
 - No data to support providers were ordering inappropriate inpatient MRIs
 - The EMR change provided no Clinical Decision Support, rather asking providers to double check a decision they already made with no further guidance

Outpatient Surgery Scheduling



- Wanted to change the way surgical requests are placed in Epic
- EMR change did NOT move forward:
 - Stakeholders
 - Project was already being worked on by a larger, system wide group, that was operating on a timeline of many years

Stop Daily Chest Radiographs



- Wanted to eliminate option for automated daily chest xrays in Epic
- EMR change **WAS APPROVED**
 - Got stakeholders on board (CMO, ACMOs, UCH Radiology Steering Committee)
 - Decreasing orders of daily chest xrays was based on guidelines
 - Intervention was a **NUDGE**
 - Providers could still manually order daily chest xrays if they so desired

Inappropriate PT Consults:

PT eval and treat Accept Cancel

Priority: Routine Routine STAT

Frequency: **ONCE**

At
9/28/2022 Today Tomorrow 1319

AMPAC Basic Mobility Score
24

! Is Basic Mobility Score < 23
Yes No

Reason for PT?

Comments: [+ Add Comments](#)

! Next Required Link Order Accept Cancel



Steps For a Successful EMR Change Request

1. Ensure an EMR Change is the right intervention
2. Develop justification for the EMR intervention
3. Meet with the IHQSE Lead Physician Informaticist
4. Create a Prototype of the Requested Change
5. Test the Prototype with End Users
6. Incorporate Feedback from End Users
7. Reach Out to the IT stakeholders
8. Access the portal for Information Technology Service Request (will vary by hospital)
9. Complete The Electronic Request



Questions???

Team Logo

Jeff Glasheen, MD



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Team Logo

- What:
 - Expression of your team and your work
- Why:
 - Gives you a sense of unity
 - Helps galvanize your group
 - Recognizable symbol to help you lead change → one of your 100s of ways you'll communicate your change
- How:
 - Can be team- or project-based
 - Can be fun or serious
 - Can be left (analytical) or right (creative) brain



CHCO Antimicrobial Stewardship Team

Project-based
Fun
Right brain



Wise Use Today Preserves Cure Tomorrow



CHCO PICU Team

Project-based
Fun
Right brain



Wean sedation for better outcomes!



UCH Oncology Team

Project-based
Serious
Right brain



UCH Esophageal Team

Team-based
Fun
Right brain



UCH Women and Infants Team

Team-based
Serious
Right brain



UCH NICU Team

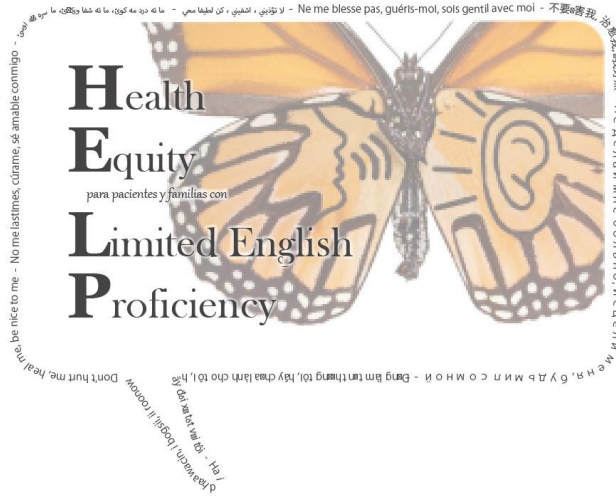
Team-based
Serious
Right brain



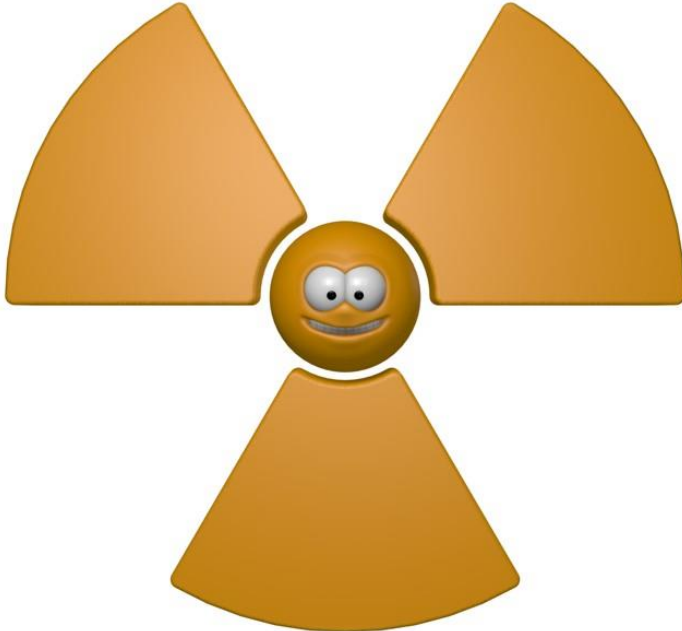
CHCO PICU Medication Safety – “Med Wreck”



CHCO Health Equity



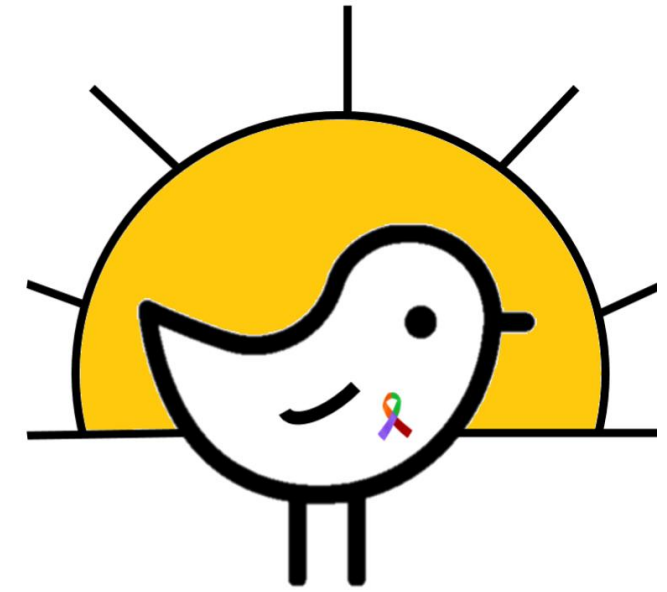
CHCO Radiology



UCH Infectious Disease Group Practice



UCH BMT



CU Sports Medicine



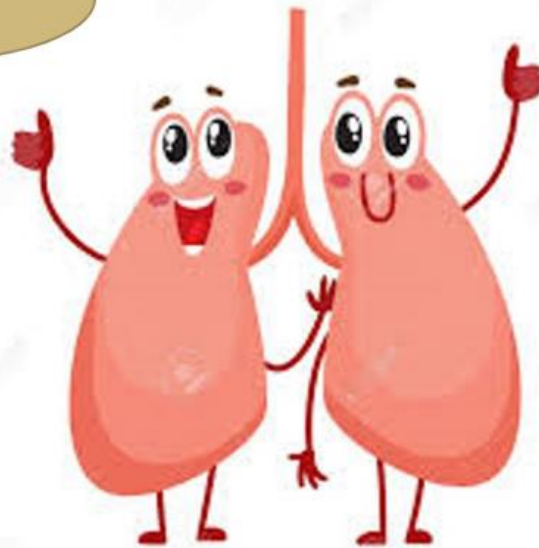
VA General Surgery



UCH Respiratory Therapy



Cyanara!



UCH Radiology



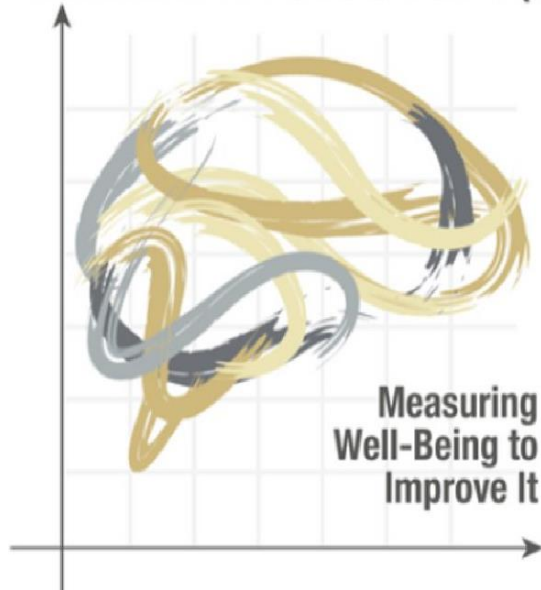


CHCO Pediatric Call Center



CHCO Save the Vein

Measurement-Assisted Care (MAC)

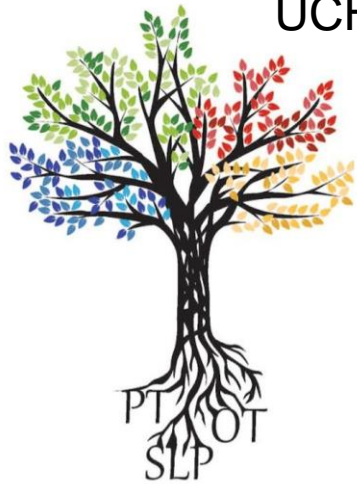


UCH Psychiatry



UCH Cancer Center

UCH Inpatient Rehab



UCH OB/GYN



CHCO Surgical Co-management (aka SHARe team, aka Pink team)



CHCO Kids in Care Settings

Team Logo

- Create a logo that represents your team/project
 - Why:
 - Gives you a sense of unity
 - Helps galvanize your group
 - Recognizable symbol to help you lead change → one of your 100s of ways you'll communicate your change
 - How:
 - Can be team- or project-based
 - Can be fun or serious
 - Can be left (analytical) or right (creative) brain
- Debut with your mid-year report outs in February



Appreciative Debrief

Share with the group one thing you found most intriguing from this session



Next Steps

Due – Session 11, Jan. 14, 2025

- Complete Aim Statement

Due – Session 12, Jan. 28, 2025

- Complete DEI Scan
- Complete Positive Deviance Exercise
- Complete Design Thinking Exercise
- Develop list of potential interventions
- Finalize guiding coalition

Due – Session 13, Feb. 11, 2025

- Finalize logo

Happy Holidays!

Date Assigned	Assignment	Due Date
#1 – Aug. 20, 2024	<ul style="list-style-type: none"> • Develop group ground rules • Complete Leadership Defined Self-assessment 	Review in coaching
#2 – Aug. 27, 2024	<ul style="list-style-type: none"> • No new assignments 	
#3 – Sept. 10, 2024	<ul style="list-style-type: none"> • Complete voice of customer • Build stakeholder analysis • Develop a problem statement • Meet with Dr. Moksha Patel 	#6 – Oct. 22, 2024
	<ul style="list-style-type: none"> • Complete a process map 	#7 – Nov. 12, 2024
#4 – Sept. 24, 2024	<ul style="list-style-type: none"> • Reading: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> 	#5 – Oct. 8, 2024
	<ul style="list-style-type: none"> • Draft business case 	#8 – Nov. 19, 2024
	<ul style="list-style-type: none"> • Complete affinity diagram 	#9 – Dec. 3, 2024
#5 – Oct. 8, 2024	<ul style="list-style-type: none"> • Complete Myers-Briggs Assessment 	Friday, Oct. 18, 2024
	<ul style="list-style-type: none"> • Complete literature review • Complete Program Evaluation/QI/Research Tool 	#8 – Nov. 19
	<ul style="list-style-type: none"> • Complete data collection plan 	#9 – Dec. 3, 2024
#6 – Oct. 22, 2024	<ul style="list-style-type: none"> • Develop/utilize current vision tying to project 	#8 – Nov. 19, 2024
	<ul style="list-style-type: none"> • DEI Scan 	#12 – Jan. 28, 2025
	<ul style="list-style-type: none"> • Complete Positive Deviance Exercise 	
#7 – Nov. 12, 2024	<ul style="list-style-type: none"> • Finalize sense of urgency 	#9 – Dec. 3, 2024
#8 – Nov. 19, 2024	<ul style="list-style-type: none"> • Complete Design Thinking Exercise • Develop list of potential interventions • Finalize guiding coalition 	#12 – Jan. 28, 2025
	<ul style="list-style-type: none"> • Complete aim statement 	
	<ul style="list-style-type: none"> • Finalize logo 	
#9 – Dec. 3, 2024	<ul style="list-style-type: none"> • Draft mid-year report out 	#12 – Jan. 28, 2025
#10 – Dec. 10, 2024	<ul style="list-style-type: none"> • Complete pre-mortem assessment • Create and implement a communication plan 	#13 – Feb. 11, 2025
	<ul style="list-style-type: none"> • Finalize mid-year report out 	#13 / #14 – Feb. 11 or 25, 2025

We are hiring!

- Marketing and Communications Program Manager
- New role within the IHQSE leadership team
- Focus on building a program, team, and presence that will support the growth of the IHQSE at a campus and national level
- Please share! We will include link to job posting in follow-up email



Evaluation



