Certificate Training Program Session 2

Welcome!: Before We Start

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

Institute for Healthcare Quality, Safety and Efficiency
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Oasis

Ground Rules

To make this the most productive environment for collaboration and growth, we should . . .

- Commit to being present
- Support each other
- Be engaged
- Be selfish – protect the oasis
- No electronics except for course notes, urgent needs
- Step out as needed
- Be vulnerable
- Respectfully challenge each other
- Make room for multiple voices
- Be transparent
- OK to share themes, lessons – not details
- Start on time, end on time
- Use microphones
- Celebrate each other
- Give ourselves grace
- Have fun


GARDEN
STATION
UNDERGROUND
COVENT

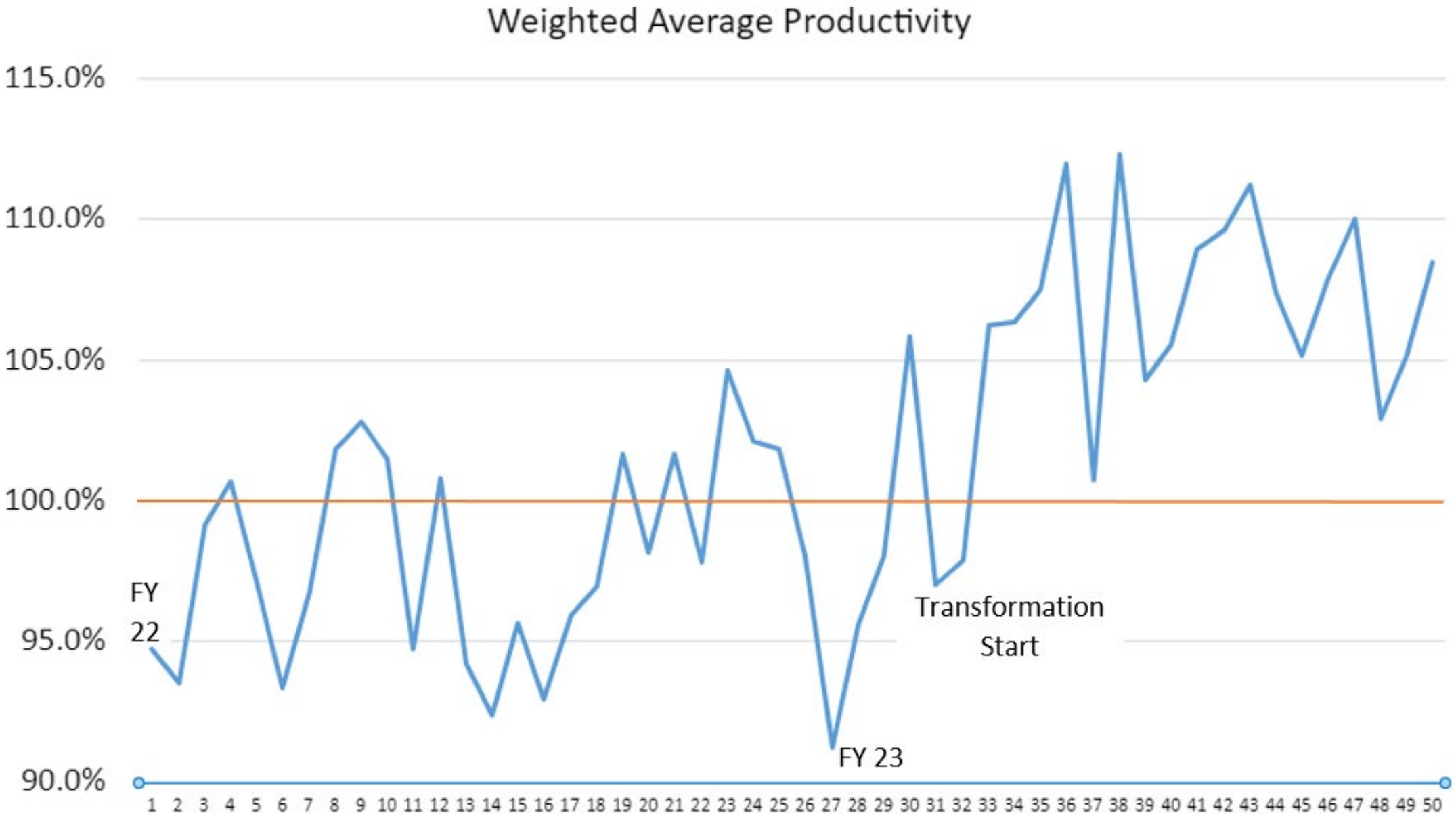
Leadership Framework: Kotter

Leadership = **V**ision + **T**asks + **R**elationships

L = V + T + R

How Clinicians and Leaders Differ

Clinicians	Clinician Leaders and Executives
Doers	Planners and designers
Deciders	Delegators
Value autonomy	Value collaboration
1:1 interaction	1:N interaction
Patient advocate	Population, organization advocate


Weighted Average Productivity
115.0%
110.0%
105.0%
100.0%
95.0%
90.0%
FY 22
Transformation Start
FY 23
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

Curriculum Overview

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

8/20	#1	Welcome	Beginning with the End in Mind	Objectives & Introductions	Overview	Leadership Defined	Team Norms	Understand Process
8/27	#2	UCH Sleep	Thriving as a Leadership Imperative	Value Defined	Introduction to Quality Improvement	IHQSE Model of Change	Coaching	Understand Process
9/3		Coaching						
9/10	#3	CHCO Secure Chat	Investigate the Problem	Problem Statement	Voice of the Customer	Process Mapping	Stakeholder Analysis	EMR Process & Data	Baseline data
9/17		Coaching						
9/24	#4	UCH Multidisciplinary Pain Clinic	Investigate the Problem	Understanding Root Causes	Baseline Data	Business Case	Coaching		Baseline data
10/1		Coaching						
10/8	#5	UCH Neurosciences	QI vs. Research	Leading Change					Baseline data
10/15		Coaching						
10/22	#6	DHA Antimicrobial Stewardship	Data Collection Plan	Myers Briggs					Process Optimization
10/28		Coaching						
11/12	#7	CU Medicine Dermatology	Leading Change: Vision	Understanding Business Drivers	Negotiating for what You Need	This Place Called Academia			Process Optimization
11/19	#8	UCH Nursery	Leading Change: Sense of Urgency	DEI in QI	Wellness				Finalize Need
11/26		Coaching						
12/3	#9	UCH Infectious Diseases	Hone the Intervention	Identifying Your Intervention	Design Thinking	Positive Deviance	Leading Change Guiding Coalition		Finalize Need
12/10	#10	DHA Clinical Informatics	Leadership Journey: Tom Gronow	Aim Statement	Optimizing EMR Requests	Storytelling	Team Logo		Submit Ticket
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		EMR Decision
1/21		Coaching						

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

Session	Topic	Key Question(s)	Assignment	Due
#1 Aug. 20	Beginning with the End in Mind: Alumni Presentation	What does successful participation in the program produce?	❑ **Group Ground Rules** *Review in coaching* ❑ **Complete Leadership Defined Self-assessment** *Review in coaching*	
	Ground Rules & Course Objectives	How will we interact? What do we hope to achieve?		
	Overview	How will the program work?		
	CTP Team Norms	How do we develop a cadence for successful work?		
	Leadership Defined	What does it mean to be a leader?		
#2 Aug. 27	Team Check-in: UCH Sleep	Who are my colleagues?		
	A New Leadership Imperative: Systems Improvement & Workforce Well-being	How can leaders and systems improvement work improve well-being?		
	Value Defined	How is healthcare value defined?		
	Introduction to Quality Improvement	What are the common methods for improvement work?		
	IHQSE Model of Change	What is the IHQSE framework for change?		
Coaching				
#3 Sept. 10	Team Check-in: CHCO Secure Chat	Who are my colleagues?	❑ **Complete Voice of Customer, Meet with Dr. Moksha Patel, Build Stakeholder Analysis, Complete Process Map** *Due Oct. 22* ❑ **Develop Problem Statement** *Due Nov. 12*	
	Investigate the Problem	How do I understand the problem I'm trying to solve?		
	Problem Statement	How do I quantify and scope the problem to solve?		
	Voice of the Customer	What does your customer/business want?		
	Process Mapping	How do I understand the steps in my current process?		
	EMR Process and Data	How does the EMR enable data attainment? What EMR changes do I need to make to complete my project?		
	Stakeholder Analysis	Who are the key people who will be impacted/impact my project?		
Coaching	**Voice of the customer, process map, problem statement**			

Today's Objectives

1. Learn more about your fellow teams
2. Understand drivers of value and how your work impacts them
3. Understand different frameworks for driving process improvement and change
4. Recognize how successful leaders support well-being

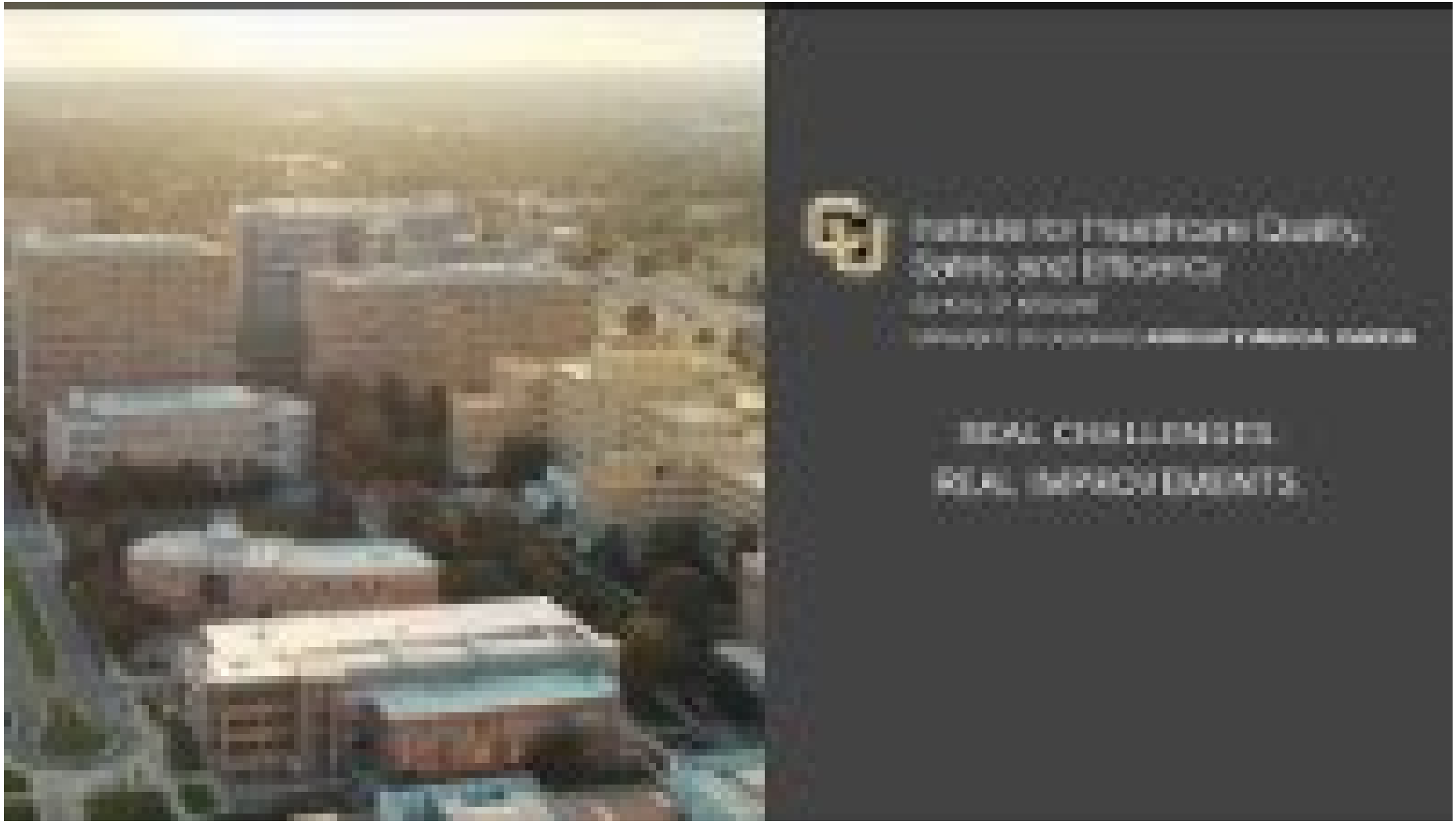
Team Check-in: UCH Sleep

Katherine Green, MS, MD

Ashley Kipping, BSN

Melyssa Ly, CNP

Desirae Ortega



https://youtu.be/lULdxZuBSPA

Follow us:

Value in Healthcare

Emily Gottenborg, MD

Institute for Healthcare Quality, Safety and Efficiency
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UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Tina, Jim, Sarah, Rory, Florence

Internationally ranked, **37th**

100,000 preventable deaths, *each year*

>50% of nurses, providers feel burnt out

~10% of patients don't have health insurance

66% of bankruptcies related to medical issues

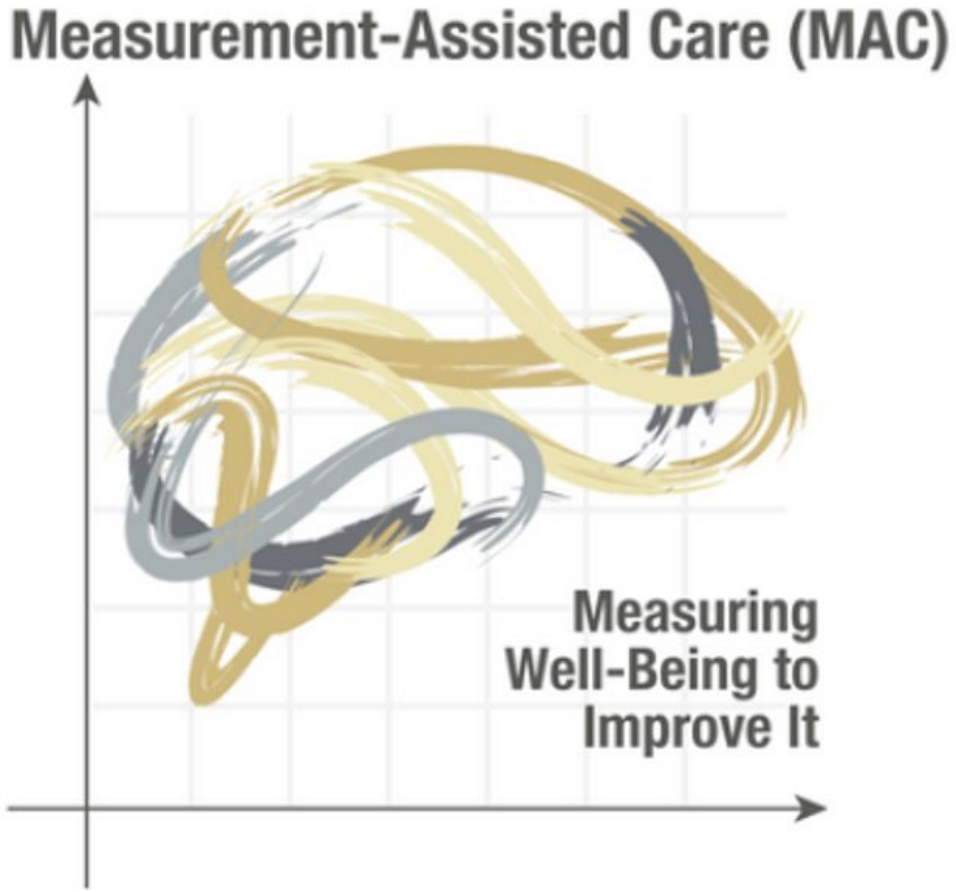
>1 trillion dollars, *wasted*


CONVERSE
ALL STAR


Quality
Safety
Experience
Equity
VALUE =
Cost

A Story of Quality

Three Components of MAC

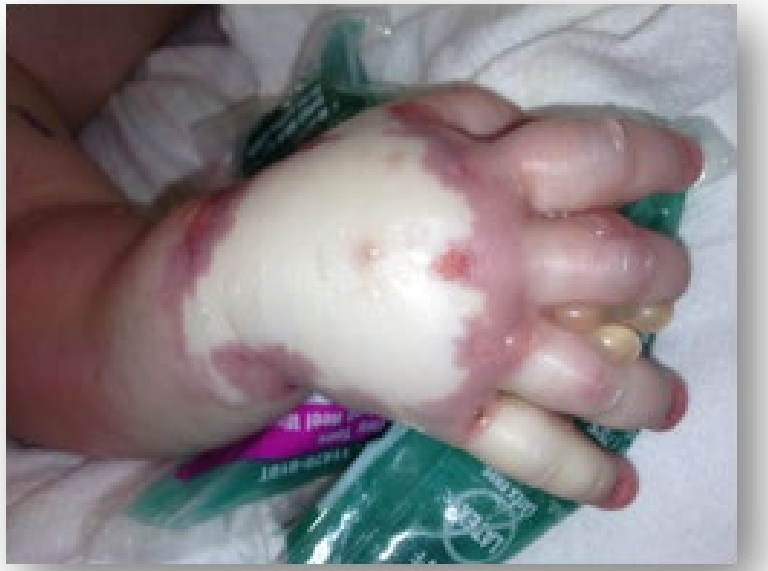


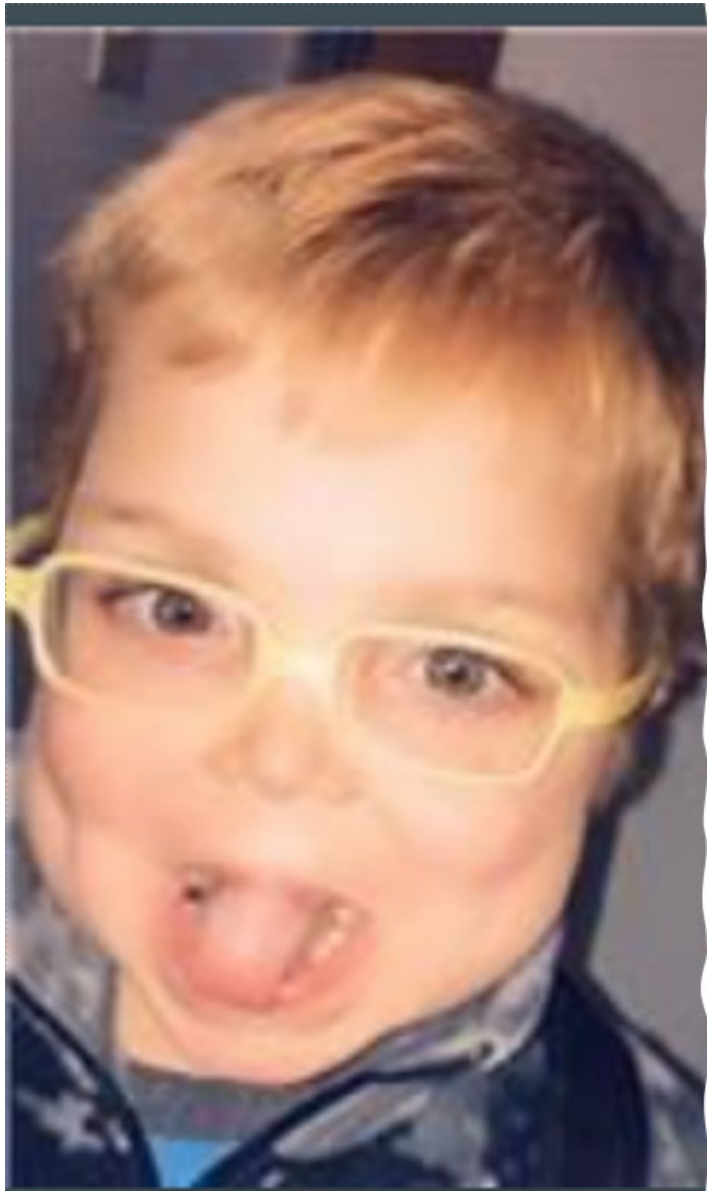
01 **Collect**

02 **Share**

03 **Act**

A Story of Safety



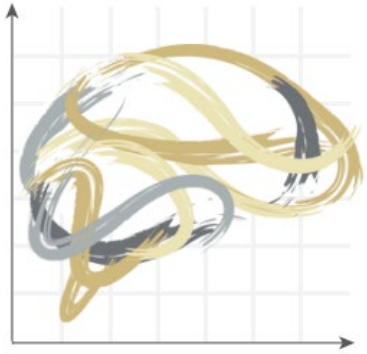


A Story of Experience

A Story of Equity

KIDS IN CARE SETTINGS

A Story of (reducing) Waste



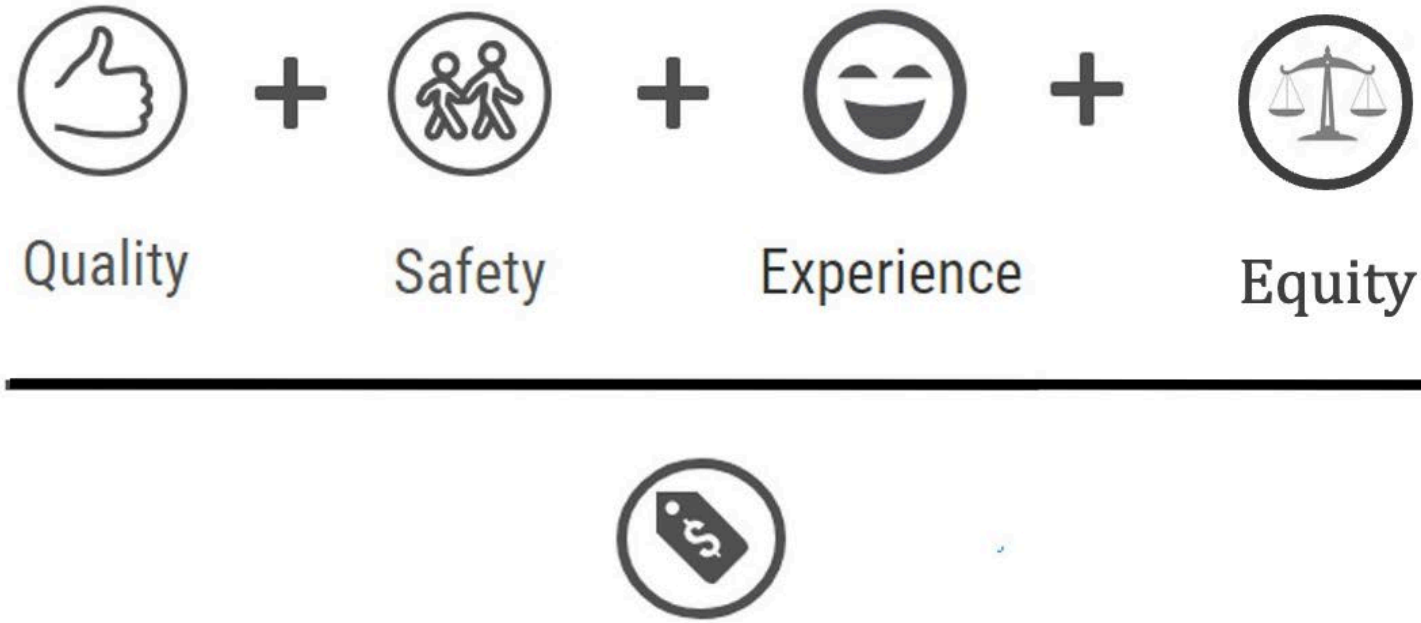

SAVE the VEIN


PT
OT
SLP


kics


University of Colorado Anschutz Medical Campus
Mobile Health Services

$$\text{VALUE} = \frac{\text{Quality} + \text{Safety} + \text{Experience} + \text{Equity}}{\text{Cost}}$$



Coaching: Identify Opportunities to Enhance Value

Identify opportunities where Value could be enhanced in your clinical unit.

Address each component of the Value equation.

These areas of opportunity will drive your project work.

Guiding Questions

Quality – Do you have any metrics or dashboards?

Safety – Do you track patient safety events?

Experience – Do you have access to satisfaction survey data?

Equity – Is access and outcomes similar across patient populations?

Cost / Waste – Where do you see inefficiencies?

Introduction to Improvement

Quality, Process…Value and the IHQSE Model

Tyler Anstett, DO

Institute for Healthcare Quality, Safety and Efficiency
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Learning Objectives

1. Define Quality Improvement
2. Understand the various models for QI
3. List and explain the steps of the IHQSE Model for Change
4. Recognize the importance of understanding the problem first

QI = Quality Improvement

Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Value

QI = ~~Quality~~ Improvement

Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.

Models of Quality Improvement

PDSA/Model for Improvement

Six sigma

Lean

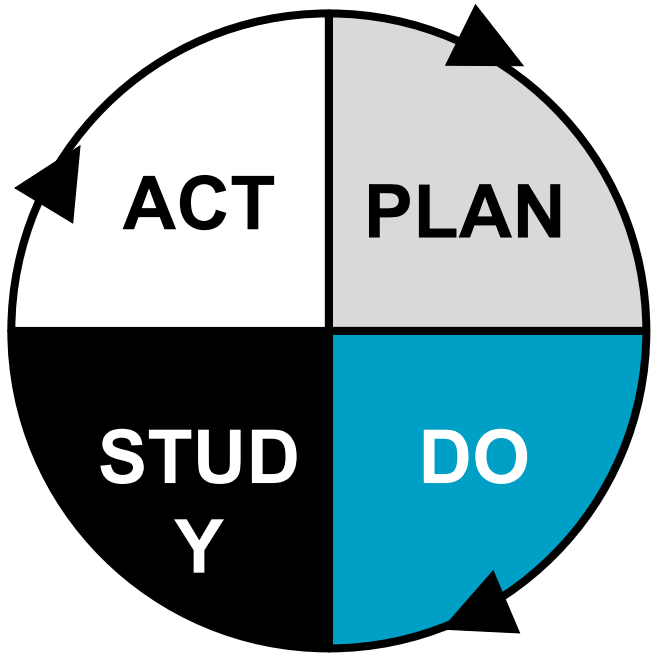
Institute *for* Healthcare Improvement

Model for Improvement

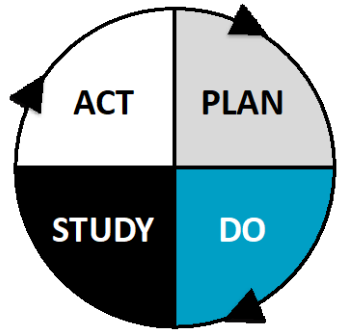
What are we trying to accomplish?

How will we know that change is an improvement?

What changes can we make that will result in an improvement?



Institute for Healthcare Improvement



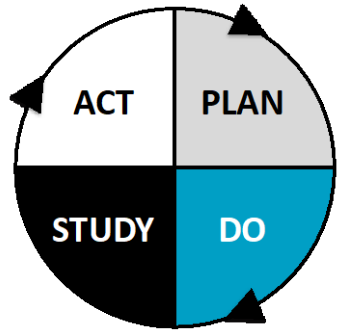
Plan: identify your problem, analyze contributing factors, and determine an intervention

Do: implement the intervention

Study: evaluate the results of the intervention

Act: determine what to do next to sustain or improve

Institute for Healthcare Improvement



Plan: identify your problem, analyze contributing factors, and determine an intervention

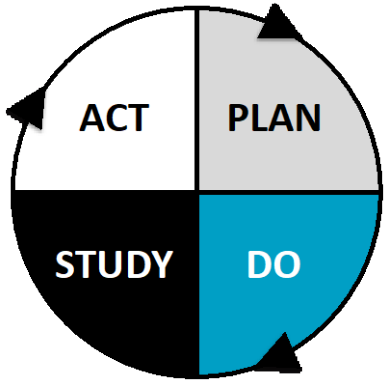
UNDERSTAND YOUR PROBLEM FIRST !!!

Six Sigma

"six" standard deviations from mean
(error rate of one per 3.4 per million)

DMAIC (*də-MAY-ick*)

Define, Measure, Analyze, Improve, Control



Six Sigma

"six" standard deviations from mean
(error rate of one per 3.4 per million)

UNDERSTAND YOUR PROBLEM FIRST !!!

Lean

Maximize value while *through* minimizing waste.

改善

Kaizen

'improvement' or 'change for better' (from 改 kai - change, revision; and 善 zen - virtue, goodness) with the inherent meaning of either 'continuous' or 'philosophy'

改善

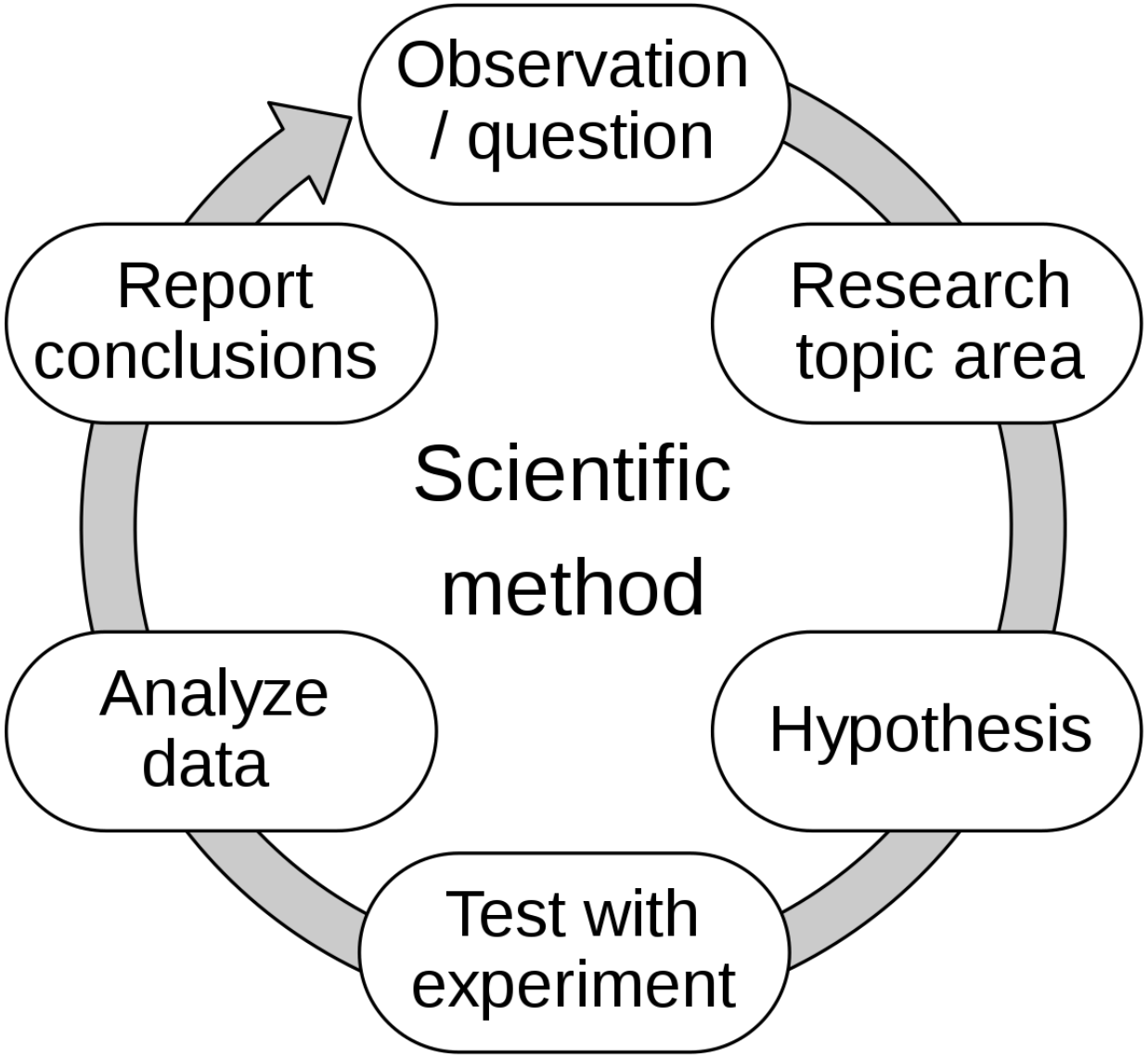
Eight Forms of Waste in Healthcare

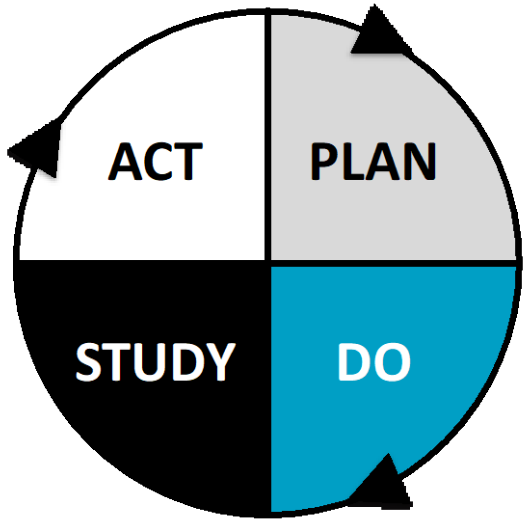
Photo Credit: *A3 Solutions • What We Do*. (2018). *A3 Healthcare Solutions*. Retrieved 7 April 2018, from http://www.a3healthcare.com/training-and-certification

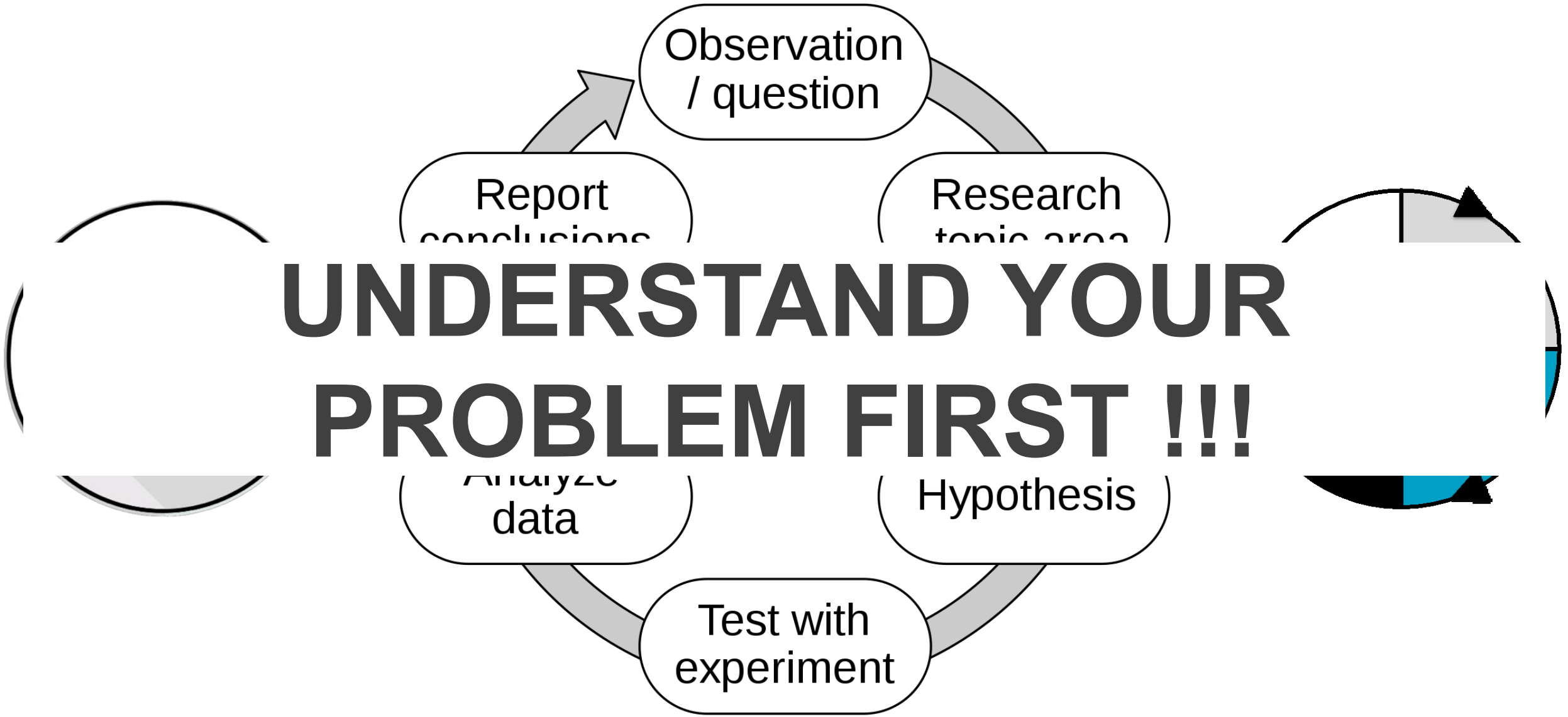
6σ + 改善 =

Six Sigma Lean

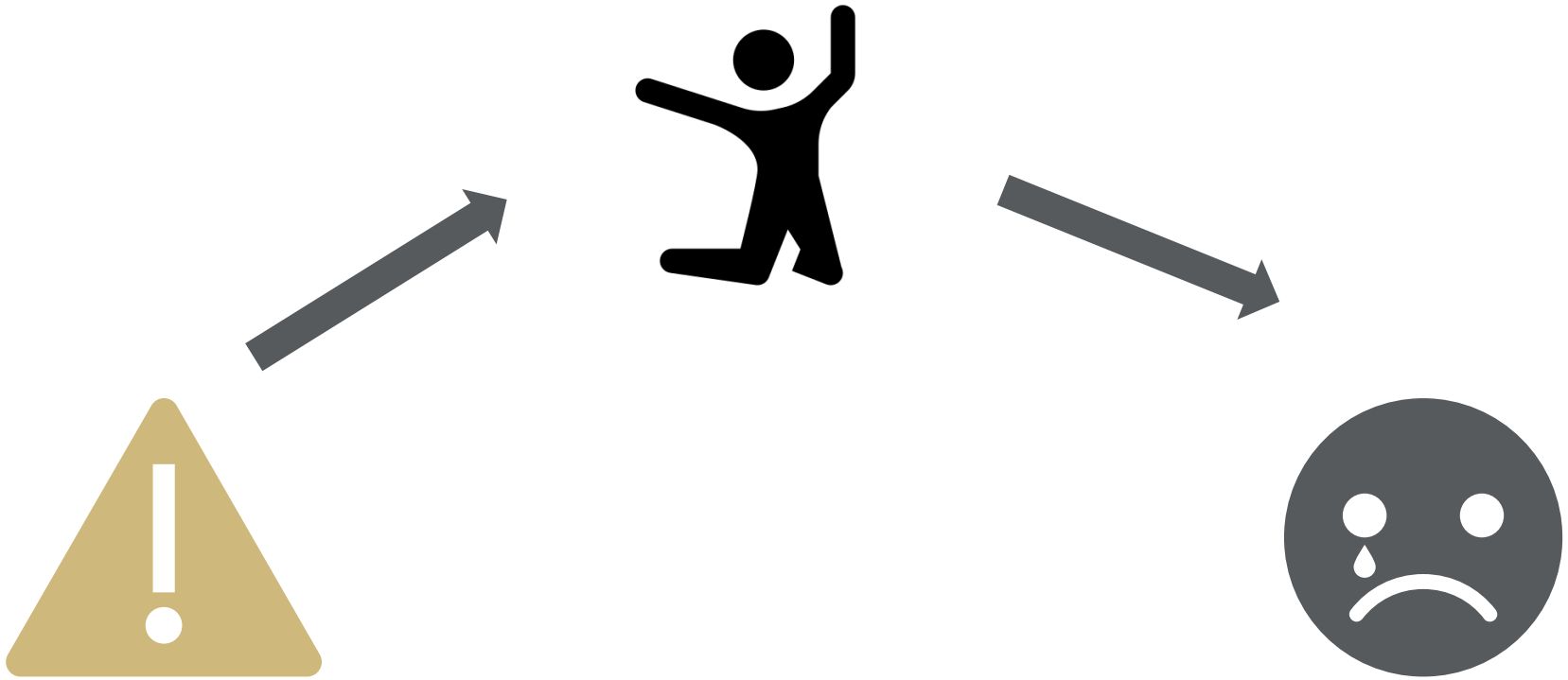

lean


Observation / question
Research topic area
Hypothesis
Test with experiment
Analyze data
Report conclusions
Scientific method


ACT
PLAN
STUDY
DO

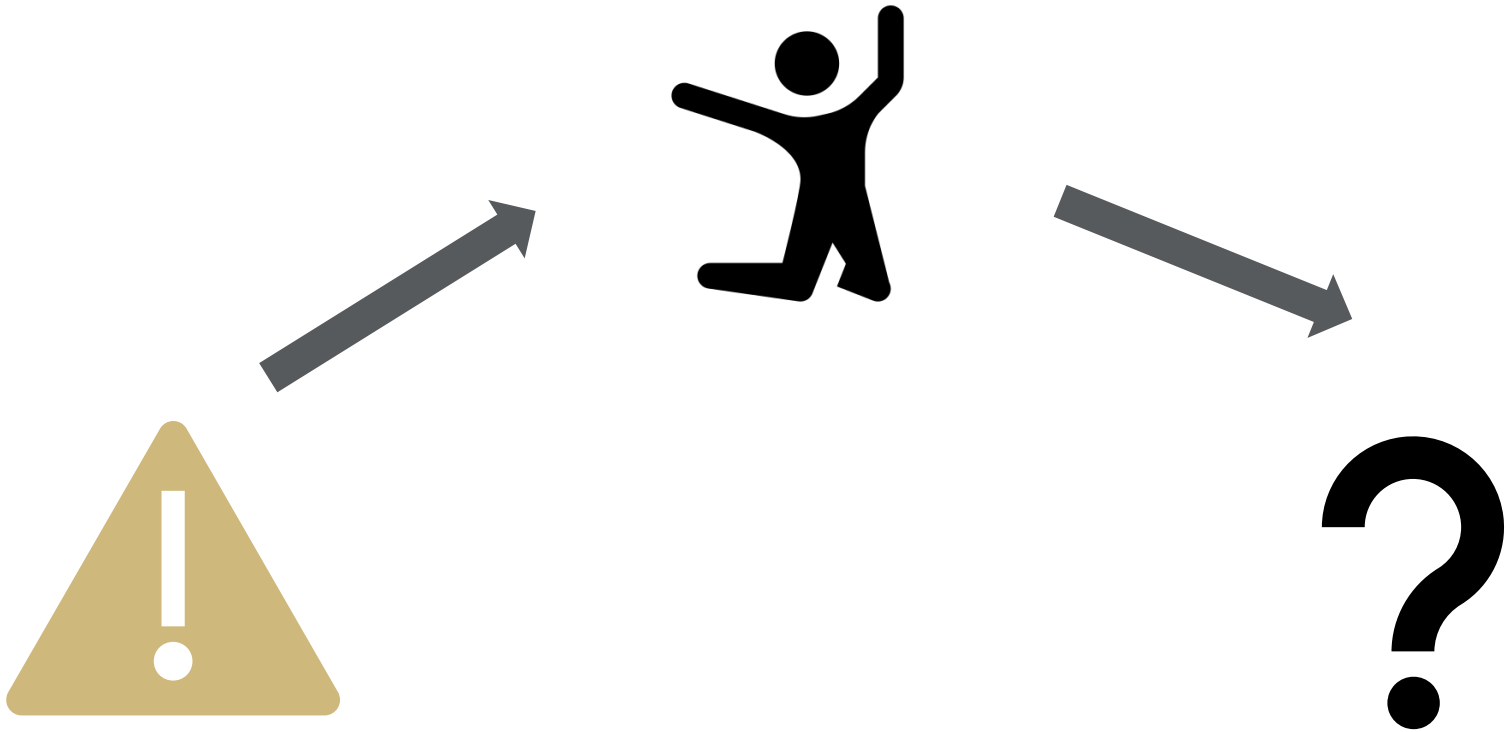


UNDERSTAND YOUR PROBLEM FIRST !!!



Sense a problem

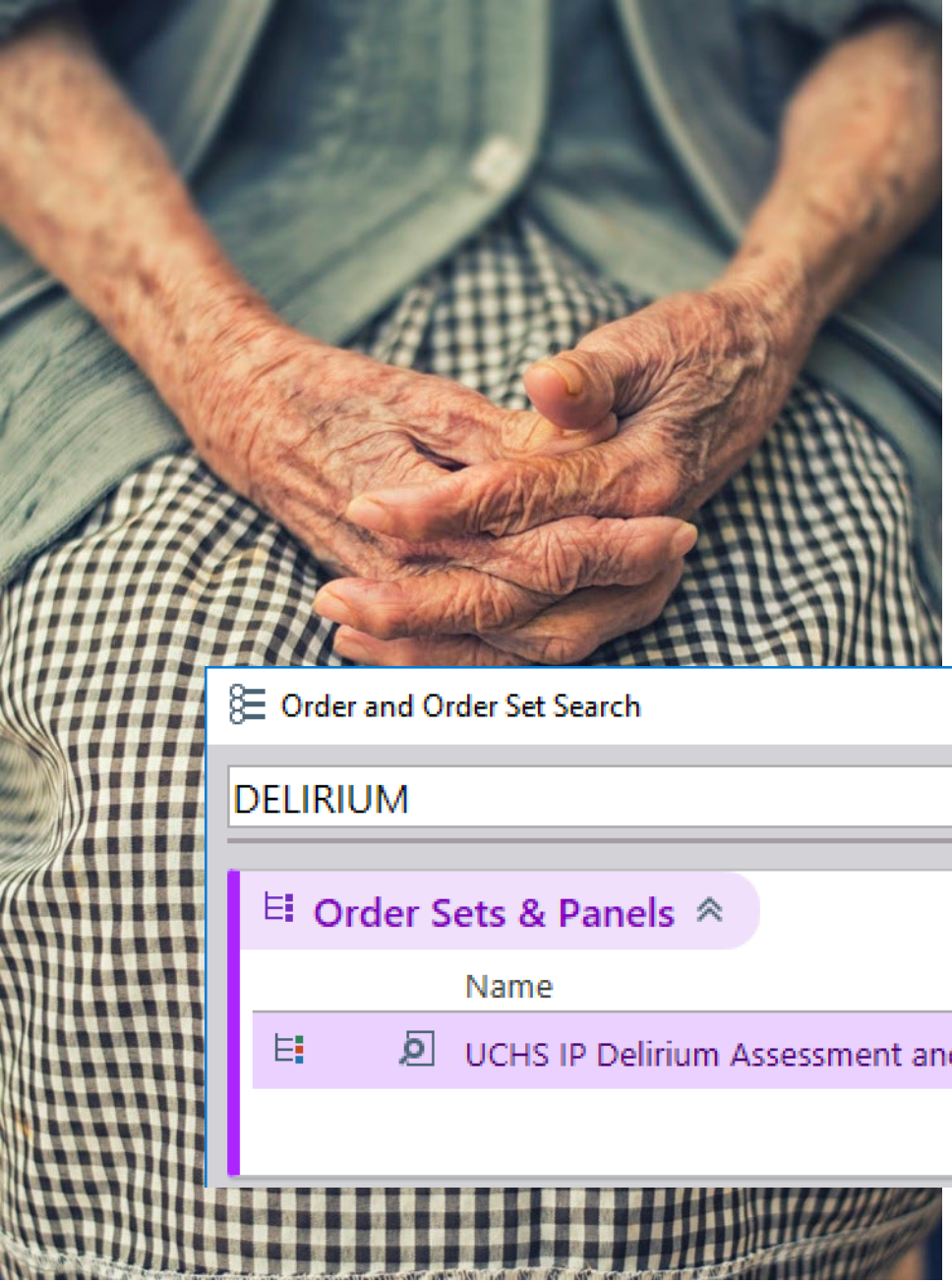
No improvement



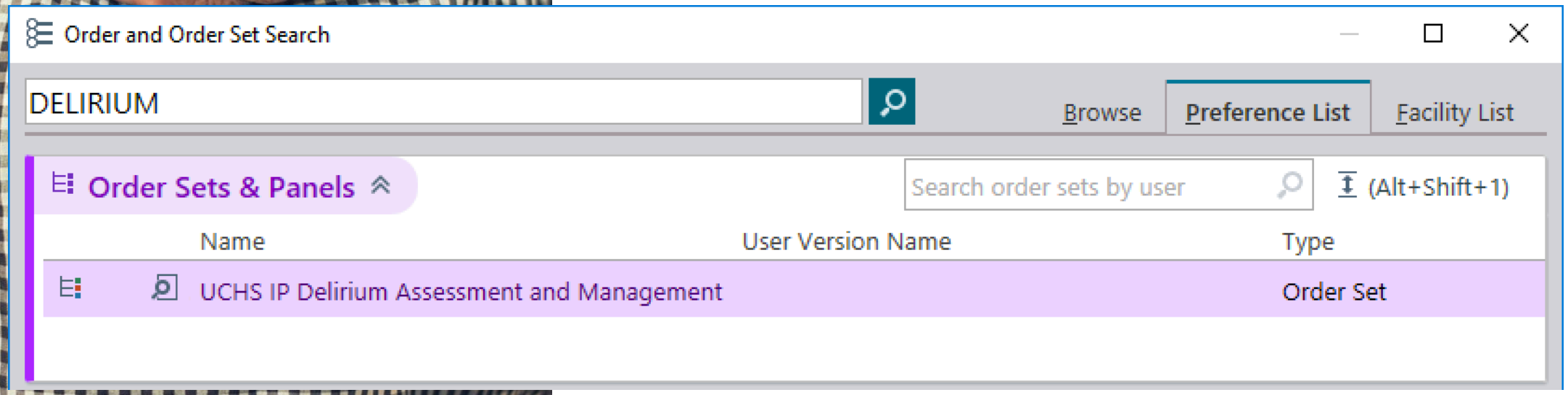
Sense a problem

Sense a problem

Sustained improvement



Agency for Healthcare Research and Quality



Journal of Hospital Medicine

Outcomes Following Implementation of a Hospital-Wide, Multicomponent Delirium Care Pathway

TABLE 3. **Unadjusted and Adjusted Clinical Outcomes for All Patients Combined and Medicine Unit Patients**

Clinical outcome	Unadjusted model result (95% CI)	*P* value	Adjusted model result (95% CI)	*P* value
All patients				
Length of stay proportional change[a]	1.00 (0.97-1.05)	.65	0.98 (0.92-0.99)	.0087
Total direct cost proportional change[a]	0.98 (0.96-1.00)	.17	0.99 (0.97-1.01)	.12
30-Day hospital readmission odds ratio	0.93 (0.86-1.00)	.039	0.86 (0.80-0.93)	.0002
Restraint rate ratio	0.83 (0.76-0.91)	<.0001	0.91 (0.71-1.16)	.45
Safety attendant rate ratio	0.51 (0.48-0.54)	<.0001	0.63 (0.41-0.97)	.034

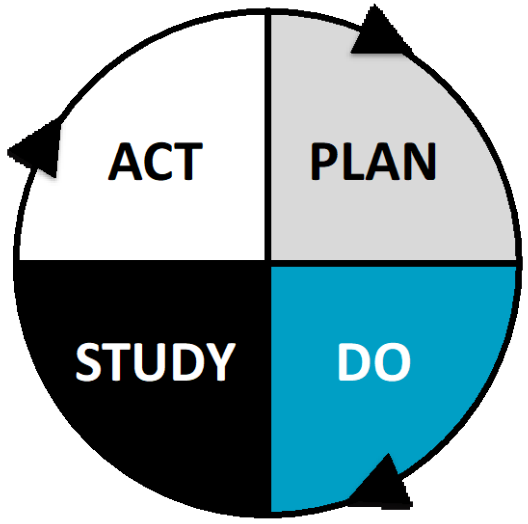
LaHue, et al. Outcomes Following Implementation of a Hospital-Wide, Multicomponent Delirium Care Pathway. J. Hosp. Med 2021;7;397-403. Published Online First June 8, 2021. doi:10.12788/jhm.3604

10 minutes

Coaching Breakout:

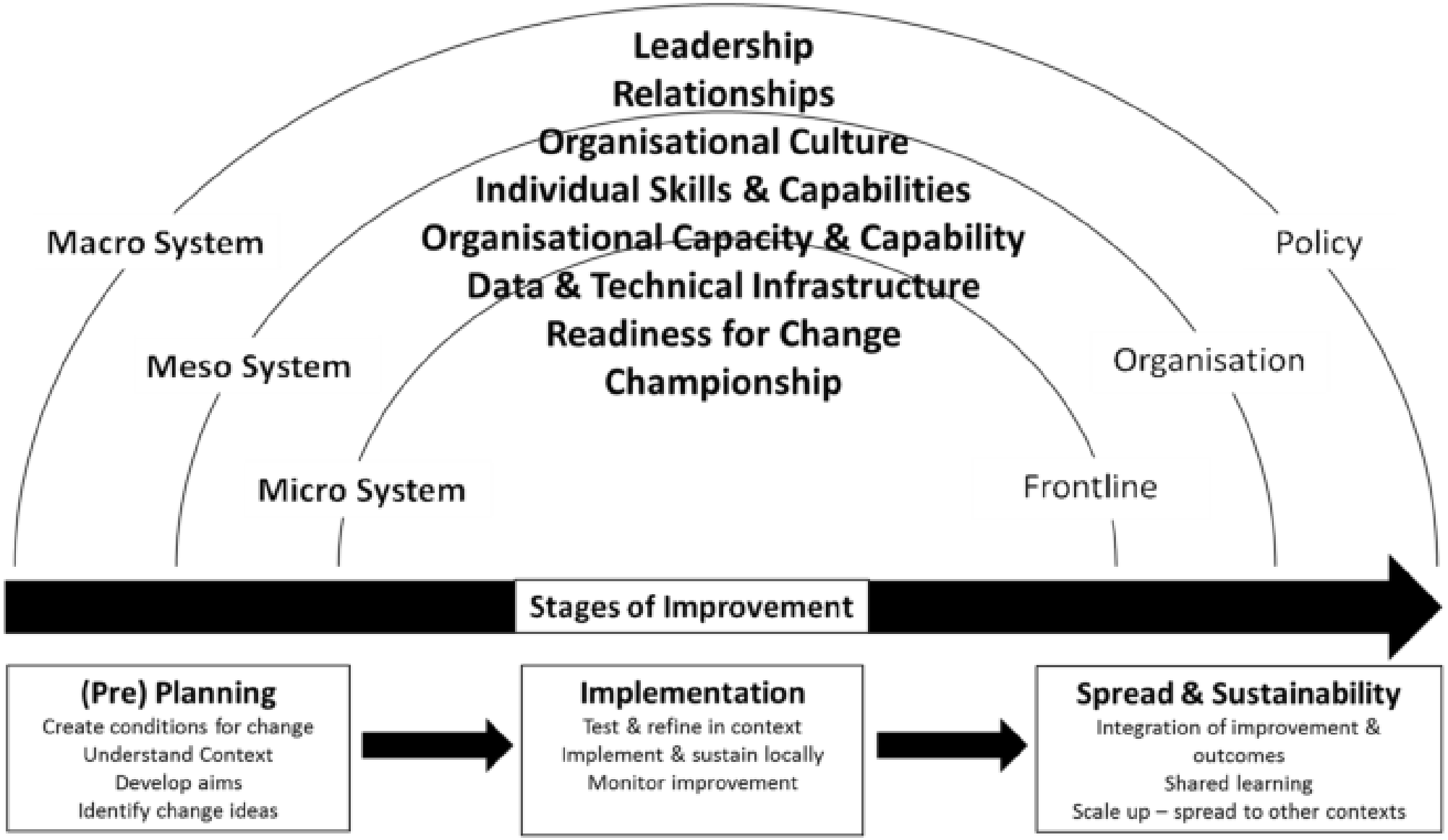
- What problem are you trying to solve?
- How do you KNOW it's a problem?
- What do you need to demonstrate that it's a problem?


Houston,
we have
a problem.
- Jim Lovell



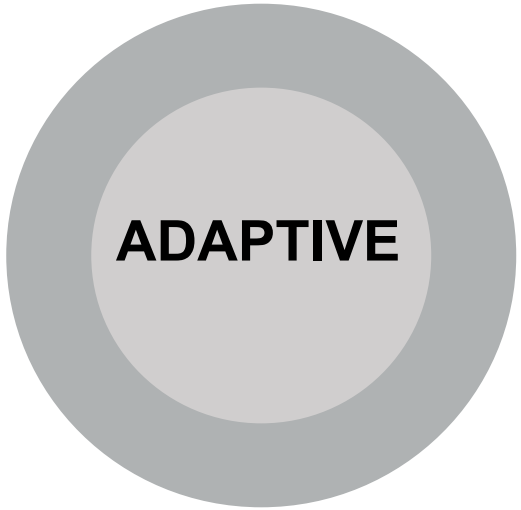
QI results are often mixed, unpredictable or demonstrate limited impact.

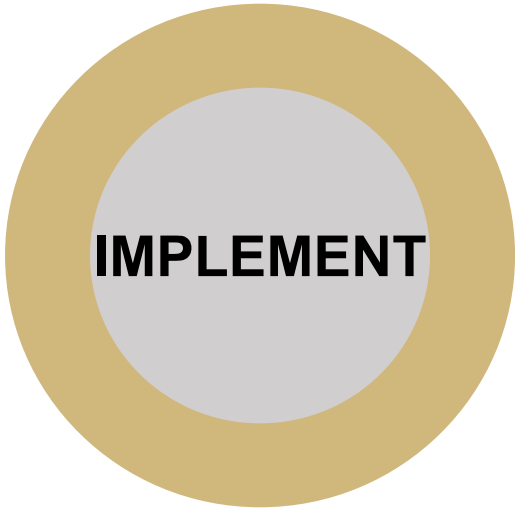
Health Foundation. Overcoming challenges to improving quality. Lessons from the Health Foundation's improvement programme evaluations and relevant literature. London: Health Foundation; 2012.



Coles, E., Anderson, J., Maxwell, M. *et al.* The influence of contextual factors on healthcare quality improvement initiatives: a realist review. *Syst Rev* **9**, 94 (2020).

I H Q S E



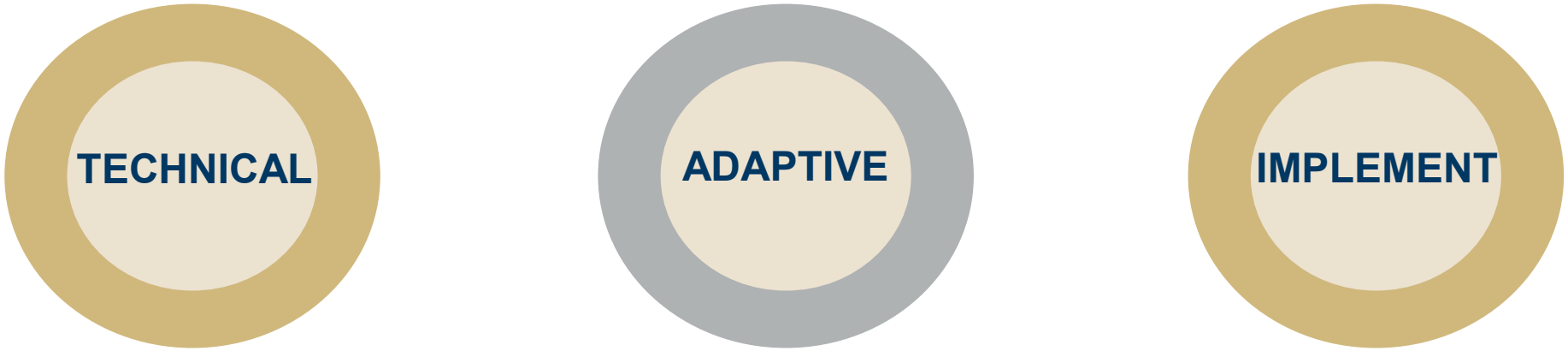


Process Improvement

Change Management

Coaching

I H Q S E

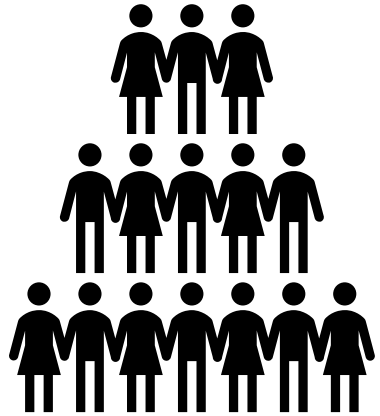


Investigate	Hone	eQuip	Start	Embed
❑ Complete Literature Search ❑ Acquire Baseline Data ❑ Complete Voice of Customer ❑ Complete Voice of Business ❑ Create Problem Statement ❑ Perform Stakeholder Analysis ❑ Complete Process Map ❑ Create Affinity Diagram ❑ Identify Key Metrics – outcome, process, structural, balancing ❑ Build a Business Case ❑ Create Aim Statement	❑ Apply Pareto Principle to Prioritize Factors to Target ❑ Determine Research or QI ❑ Assess Positive Deviants ❑ Consider Hierarchy of Interventions ❑ Perform Design Thinking ❑ Identify 2 - 3 interventions ❑ Create Effort/Impact matrix to prioritize interventions ❑ Complete Equity Analysis ❑ Complete Well-Being Analysis ❑ Create Data Plan ❑ Complete Pre-mortem ❑ Finalize Implementation Plan	❑ Create Sense of Urgency ❑ Align with the Vision ❑ Build Motivation Plan ❑ Create Diffusion of Innovation Plan ❑ Identify and Remove Barriers ❑ Address Sources of Resistance ❑ Create Awareness Campaign ❑ Create Logo ❑ Create Short-term Wins	❑ Implement Awareness Campaign ❑ Launch intervention ❑ Apply Motivation & Diffusion principles ❑ Track Data Refine ❑ Perform resistance analysis ❑ Celebrate Short-term Wins	❑ Track data w/ Run Charts, SPC ❑ Remove New Barriers ❑ Celebrate More Wins ❑ Reconcile the Business Case ❑ Present to Stakeholders ❑ Disseminate Project Work ❑ Create sustainment plan – handoff

Investigate

Sense a problem

Describe in detail



Understand stakeholders

Define Scope

Investigate

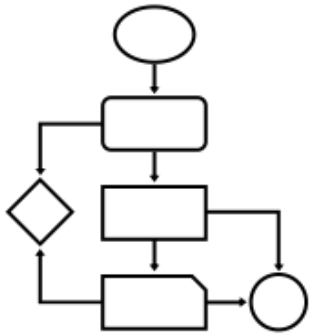
“In God we trust. All others must bring data.”

- W. Edwards Deming

“The goal is to turn data into information, and information into insight.”

- Carly Fiorina, former executive, president, and chair of Hewlett-Packard Co.

Investigate



Process Map

vizient.

Epic

EHR

現場

Gemba (Walk)

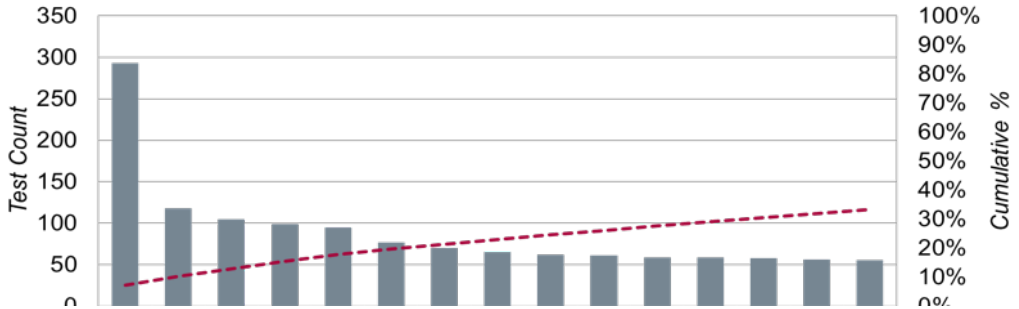
BEST HOSPITALS U.S.News & WORLD REPORT RANKINGS

Voice of the patient

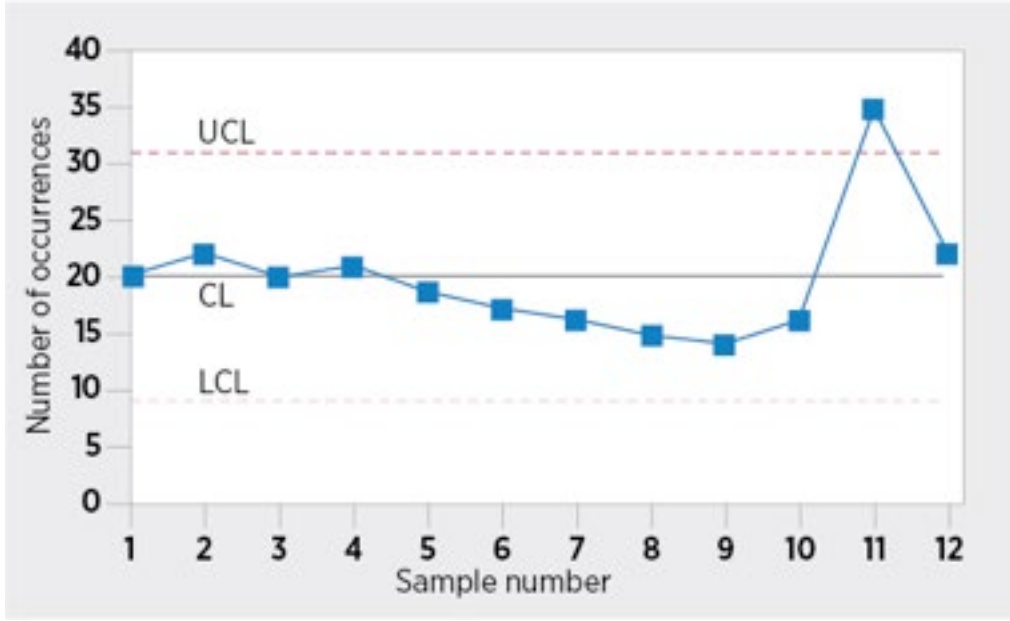
ACS NSQIP®

Ratings/Rankings

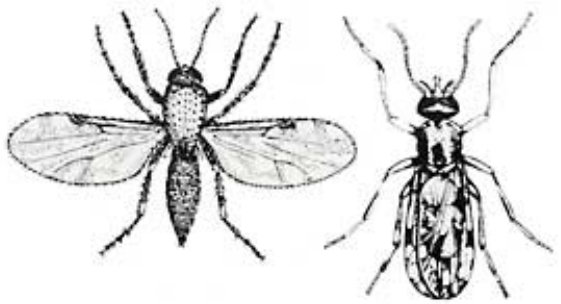
Investigate



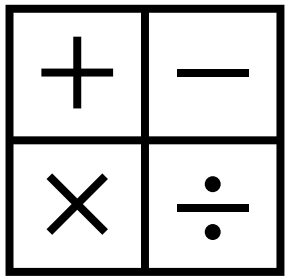
Pareto Chart



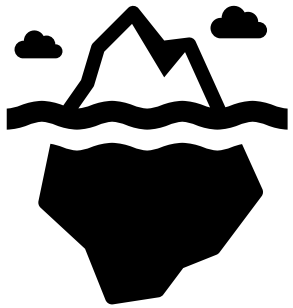
SPC Charts



5-Why's

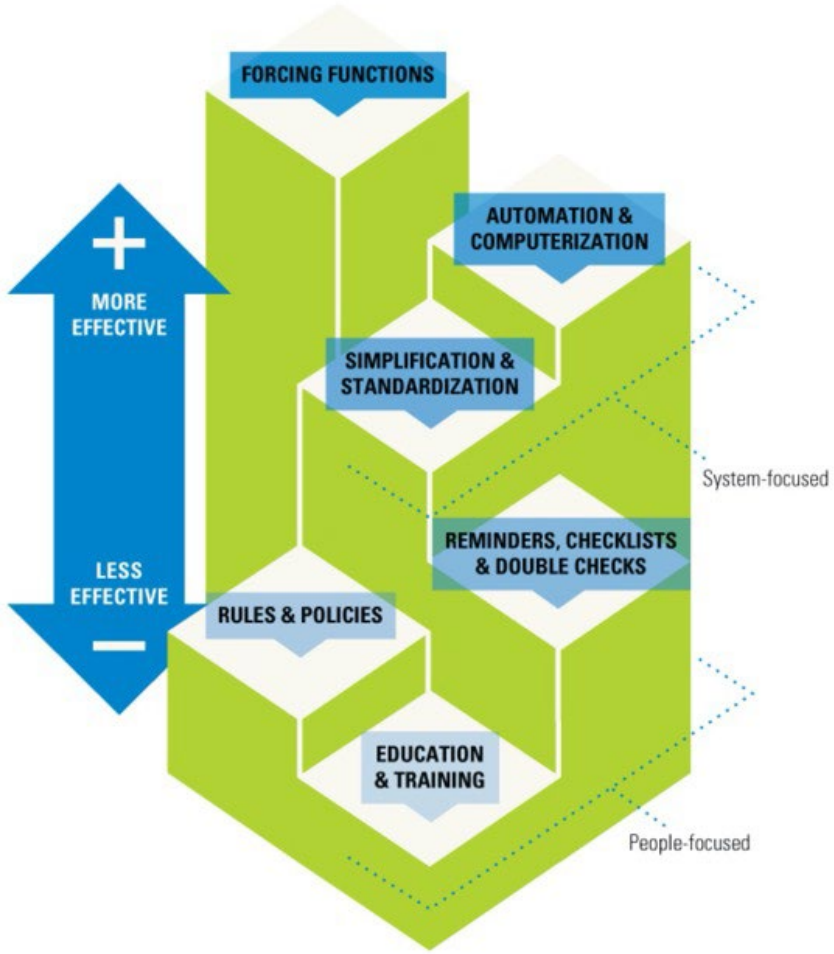


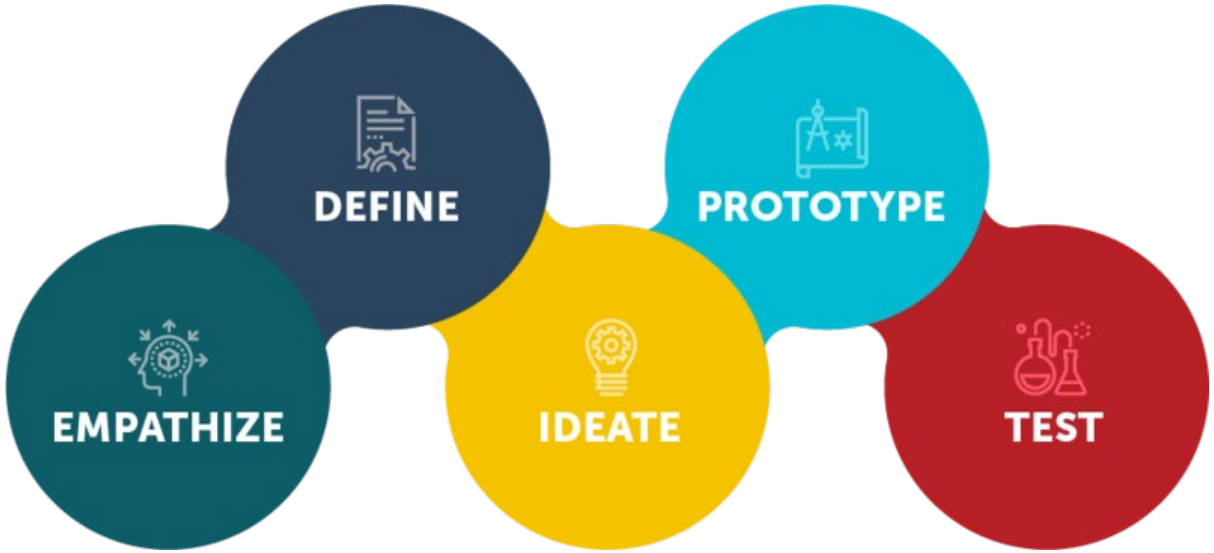
Descriptive Statistics

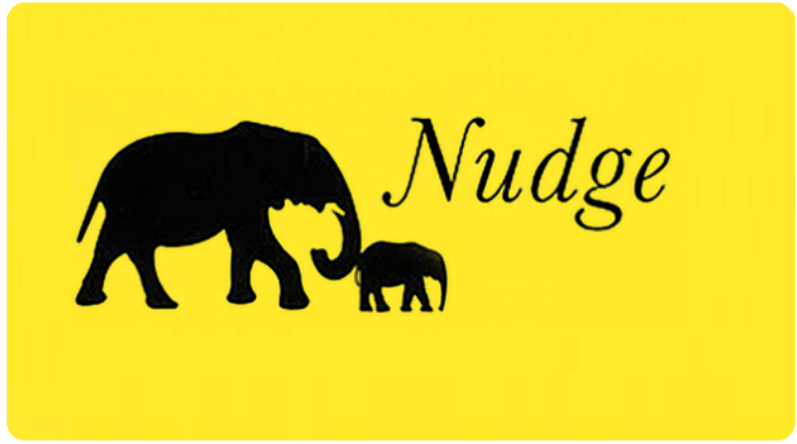


Root Cause Analysis

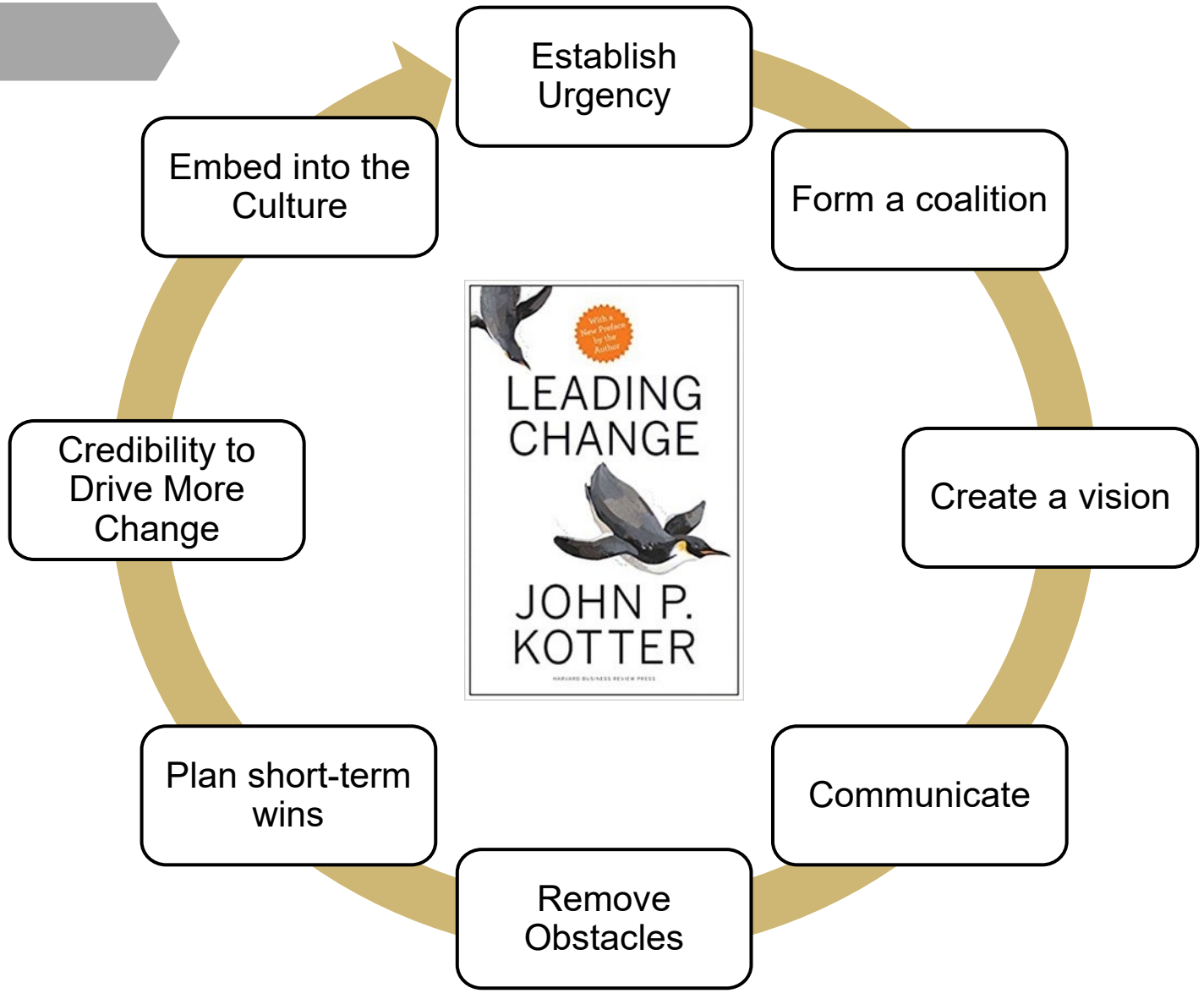
Hone


The Hierarchy of Intervention Effectiveness
FORCING FUNCTIONS
AUTOMATION & COMPUTERIZATION
SIMPLIFICATION & STANDARDIZATION
REMINDERS, CHECKLISTS & DOUBLE CHECKS
RULES & POLICIES
EDUCATION & TRAINING
MORE EFFECTIVE
LESS EFFECTIVE
System-focused
People-focused


DEFINE
PROTOTYPE
EMPATHIZE
IDEATE
TEST


Nudge

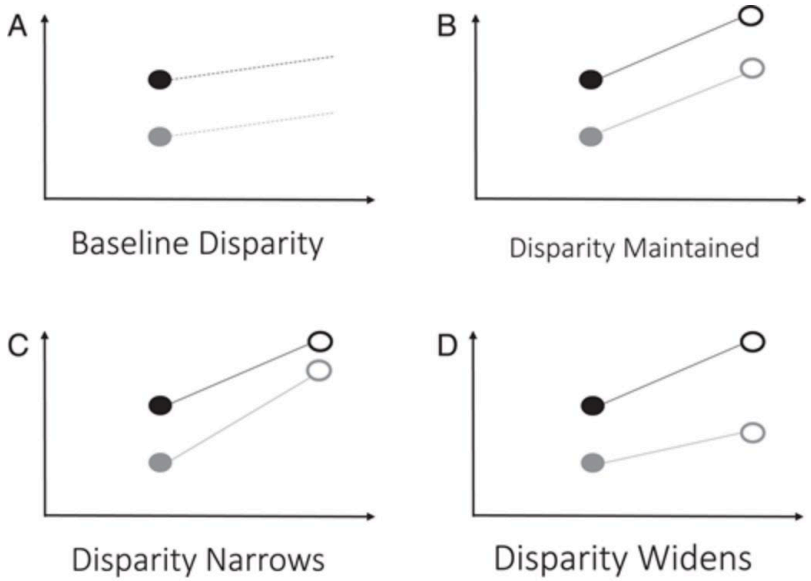
eQuip


Establish Urgency
Form a coalition
Create a vision
Communicate
Remove Obstacles
Plan short-term wins
Credibility to Drive More Change
Embed into the Culture
LEADING CHANGE
JOHN P. KOTTER

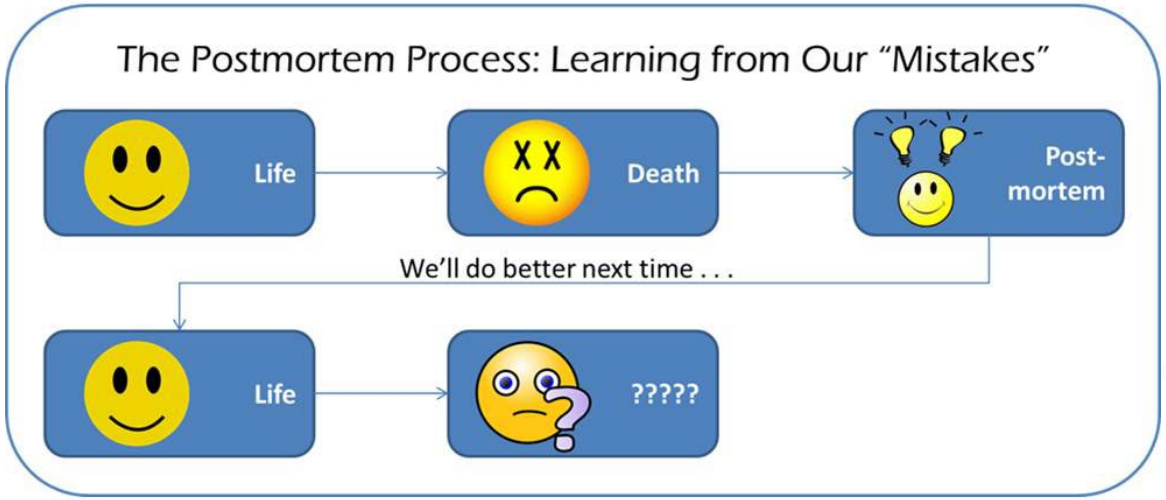
Start

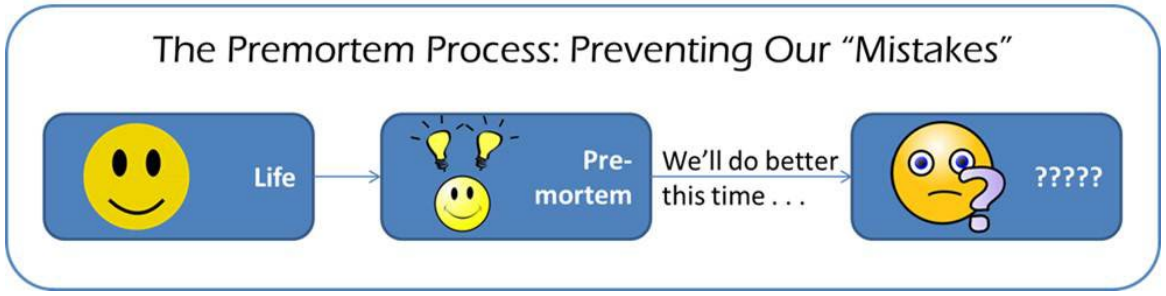
Are some groups affected differently than others?

FIGURE 1

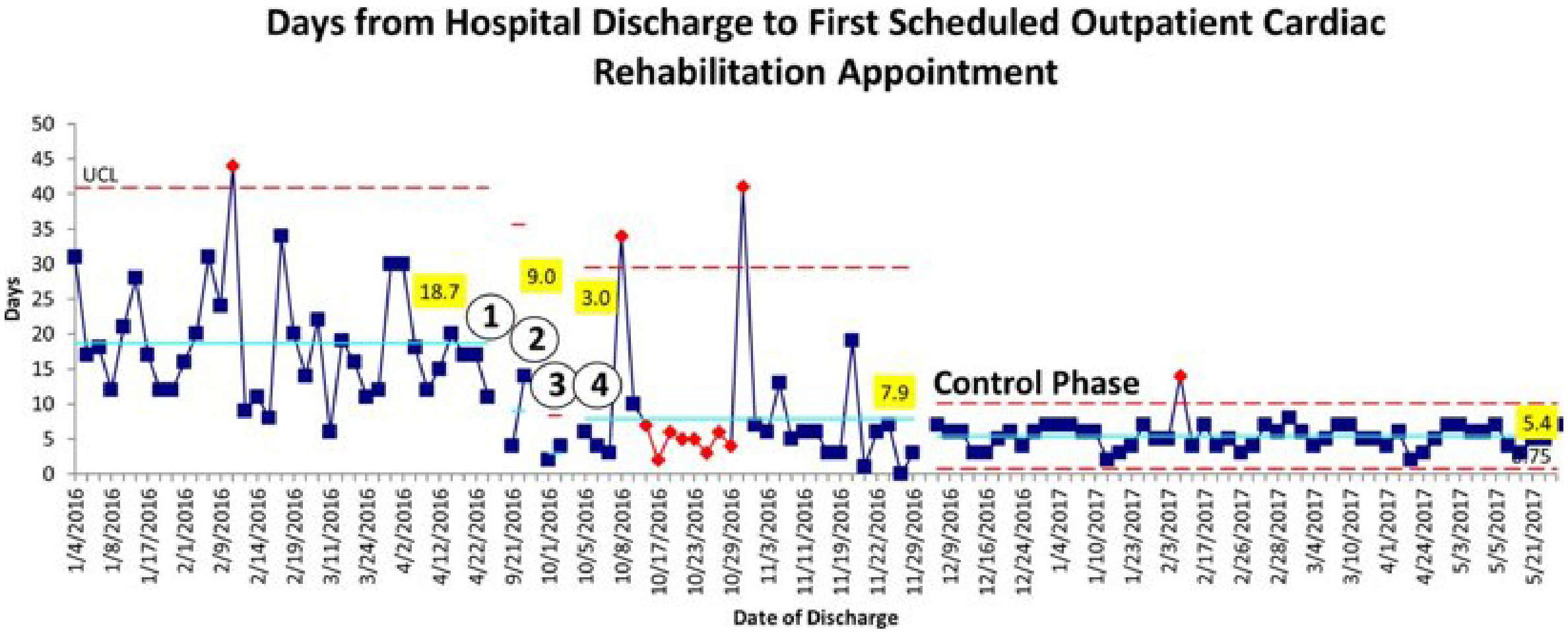


Which Would You Prefer???





Embed


Days from Hospital Discharge to First Scheduled Outpatient Cardiac Rehabilitation Appointment
Days
UCL
18.7
9.0
3.0
7.9
5.4
1
2
3
4
Control Phase
Date of Discharge
1/4/2016
1/8/2016
1/17/2016
2/1/2016
2/9/2016
2/14/2016
2/19/2016
3/11/2016
3/24/2016
4/2/2016
4/12/2016
4/22/2016
9/21/2016
10/1/2016
10/5/2016
10/8/2016
10/17/2016
10/23/2016
10/29/2016
11/3/2016
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11/22/2016
11/29/2016
12/9/2016
12/16/2016
12/24/2016
1/4/2017
1/10/2017
1/23/2017
2/3/2017
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2/26/2017
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3/4/2017
3/10/2017
4/1/2017
4/24/2017
5/3/2017
5/5/2017
5/21/2017

A New Leadership Imperative: Systems Improvement and Workforce Well-being

Read G. Pierce, MD

Chief Quality, Safety, & Transformation Officer, Denver Health

Visiting Professor of Medicine, University of Colorado School of Medicine

Institute for Healthcare Quality, Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Objectives

1. Discuss how burnout impacts capacity for change
2. Explore hidden leverage for addressing burnout
3. Identify leadership behaviors that reduce burnout, enhance engagement, and spur sustainable change and innovation

Reflection on Leading Change

What motivational techniques have you seen leaders use to try to get buy-in to new ideas?

Reflection on Leading Change

How do these approaches impact our people (morale and performance)?

How is Change Capacity Right Now?

Showing Up to Work in Healthcare Today . . .

Innovation & Change Matter More than Ever . . .

Complexity, Chaos, & Burnout Feel Overwhelming

Evolution of Burnout: Theoretical Model

Bohman, Dyrbye, Sinsky, American Medical Association
(2000s-now)

- Personal Resilience, ***also***
- ***Culture Of Wellness***
- ***Efficiency of System/Work***

I'm Thriving

Christina Maslach
('80s-now)

- Emotional Exhaustion
- Depersonalization
- Personal Accomplishment

Fredrickson, Sexton, National Taskforce for Humanity in Healthcare
(2010s-now)

- Emotional Thriving
- Emotional Recovery

I'm Burned Out

Evolution of Burnout: Theoretical Model

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- Personal Resilience
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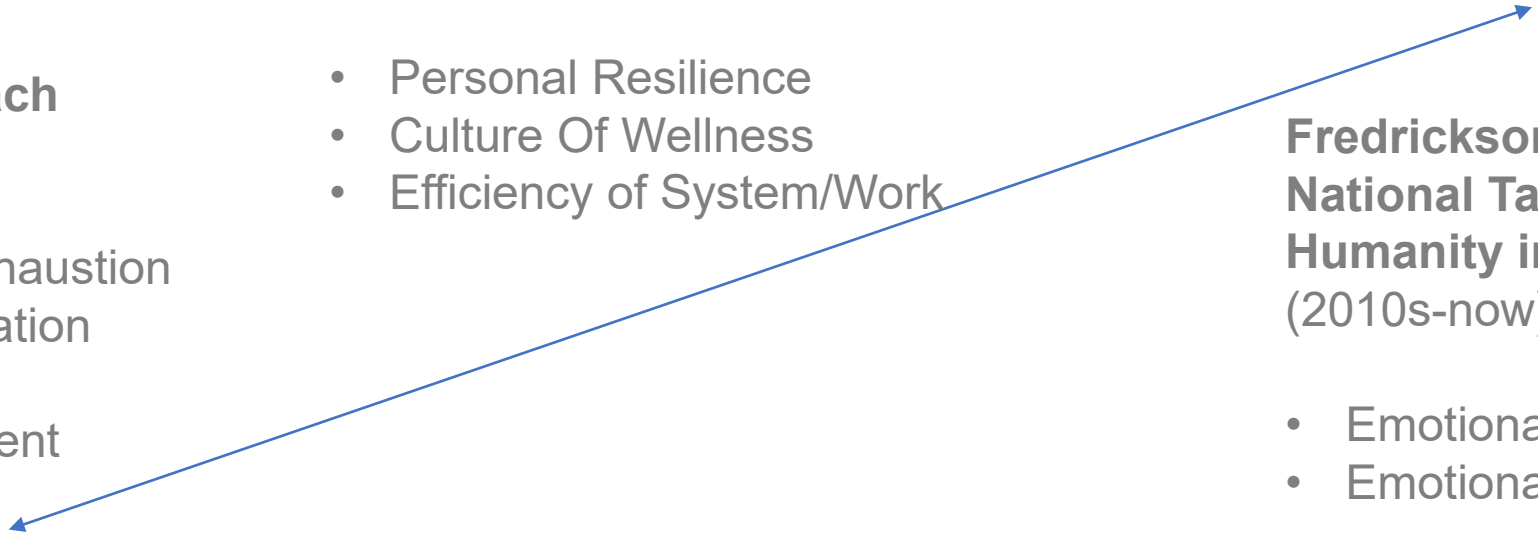


I'm Thriving

Fredrickson, Sexton, National Taskforce for Humanity in Healthcare
(2010s-now)

- Emotional Thriving
- Emotional Recovery

I'm Burned Out

Burnout, at its core, is the impaired ability to routinely experience positive emotion.

Thriving, at its core, is the regular cultivation + experience of positive emotion.

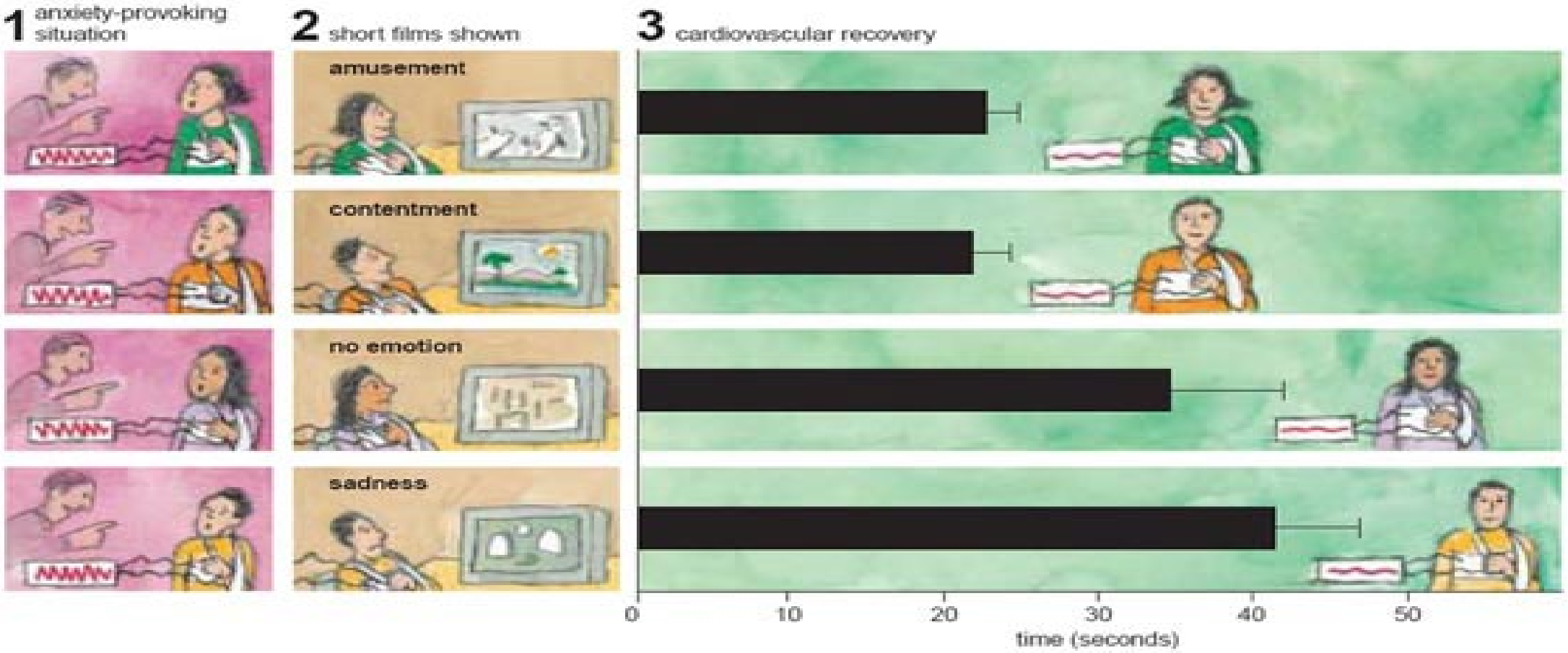
What Emotions Are We Talking About?

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect

Impact of Emotions on Stress & Recovery



Fredrickson BL, Levenson RW. Positive Emotions Speed Recovery from the Cardiovascular Sequelae of Negative Emotions. *Cogn Emot*. 1998;12(2):191-220. doi:10.1080/026999398379718

Burnout Degrades Quality of Interpersonal Interactions and Workplace Culture, Causing:

Diagnostic accuracy and procedural performance to decline[1]

Surgical complications to increase[2]

Patient satisfaction + commitment to plan of care to decline[3]

Morale, retention, and "best performance" from our team members to worsen[3]

1. Riskin A, et al. “The Impact of Rudeness on Medical Team Performance: A Randomized Trial.” Pediatrics, September 2015, VOLUME 136 / ISSUE 3.
2. Cooper W, et al "Association of coworker reports about unprofessional behavior by surgeons with surgical complications in their patients" JAMA Surg 2019.
3. Edmonson C, Zelonka C. “Our Own Worst Enemy.” Nursing Administration Quarterly: July/September 2019 - Volume 43 - Issue 3 - p 274–279.

Burnout & emotional state associated with:

Lower Patient Satisfaction

Aiken et al. BMJ 2012;344: e1717 Vahey, Aiken et al. Med Care. 2004 February; 42(2 Suppl): II57–II66.

Cost and (Re)Admissions

Nørøxe et al. BMJ Quality & Safety. 2019;**28:**997-1006.

Infections

Cimiotti, Aiken, Sloane and Wu. Am J Infect Control. 2012 Aug;40(6):486–90.

Medication Errors

Fahrenkopf et al. BMJ. 2008 Mar 1;336(7642):488–91.

Higher Standardized Mortality Ratios

Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.

Length of Stay

Mohr et al. Am J Crit Care November 2021; 30 (6): 435–442.

Bigger Secular Trends

npr CPR News SIGN IN NPR SHOP DONATE

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

NATIONAL

What is 'quiet quitting,' and misnomer for setting bound

August 19, 2022 · 5:30 AM ET

AMINA KILPATRICK

Closing your laptop at 5 p.m. Doing only your assigned tasks. Spending more time with family. These are just some of the common examples used to define the latest workplace trend of "quiet quitting."

Quiet quitting doesn't actually involve quitting. Instead, it has been deemed a response to hustle culture and burnout; employees are "quitting" going above and beyond and declining to do tasks they are not being paid for.

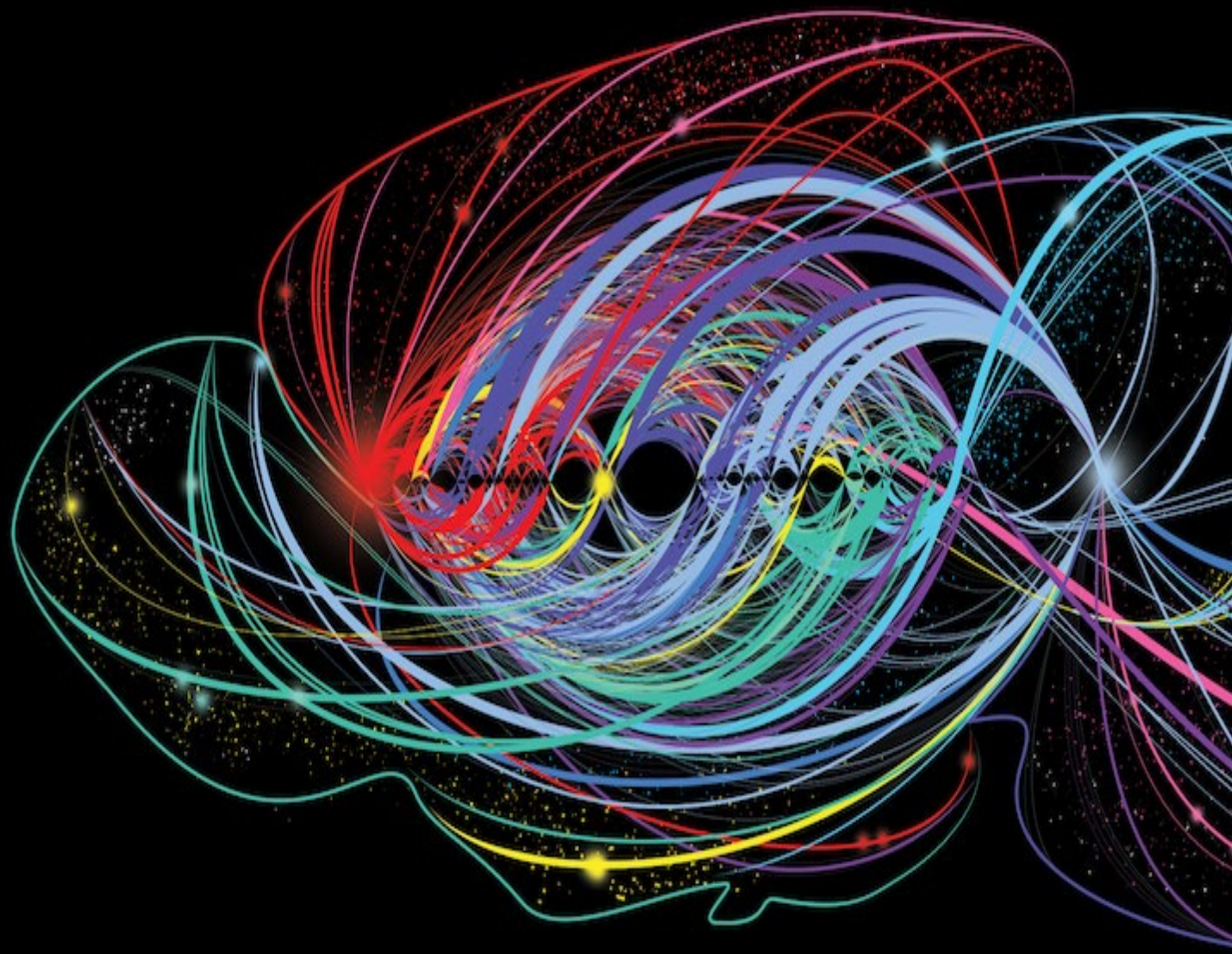
How Do We Motivate and Engage?

(When so many are leaning out?)


What Type of Leadership Drives Systems Improvement
. . . And Reduces Burnout
. . . at the Same Time?

Leadership for Change & Innovation

Leadership that addresses burnout



3 Actions that Generate Human Connection and + Emotion . . . Inside Our Daily Work

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect

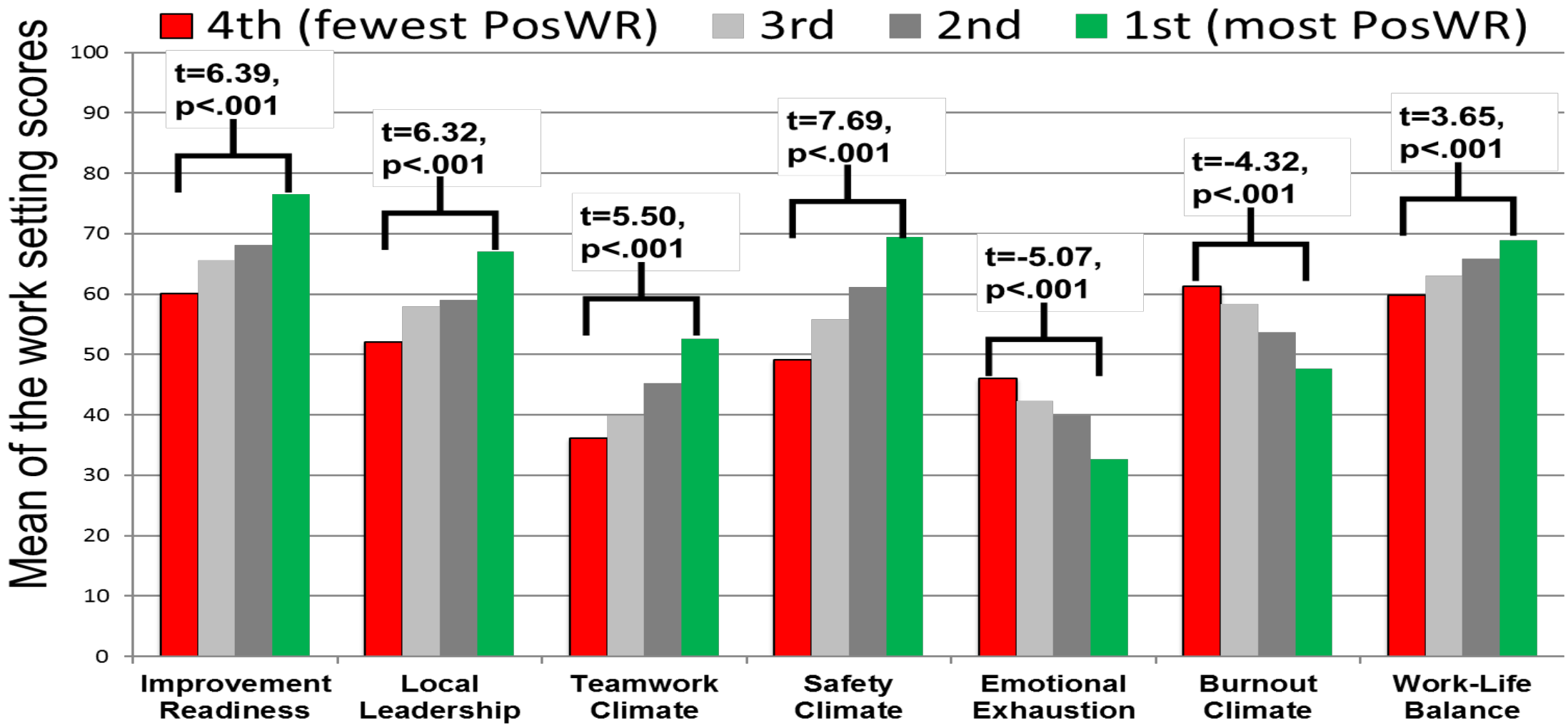
1) The Power of Leaders Using *Better Questions*

Typical Leader Check-in Frame: "What issues do we need to fix? What is going to harm the next patient?"

Alternative, Positive Check-in Frame: "What are three things that are going well around here, and one thing that could be better?"

Study question:
Did leaders ask for information about *what is going well* in this work setting (e.g., people who deserve special recognition for going above and beyond, celebration of successes, etc.)?: Yes / No / Not Sure

Impact of Positive Question from Leadership



Sexton, et al. “Safety Culture and Workforce Well-Being Associations with Positive Leadership WalkRounds.” Jt Comm J Qual Patient Saf. 2021 Jul; 47(7): 403–411. doi: 10.1016/j.jcjq.2021.04.001

2) Key Leader Behaviors: Wellbeing + Performance

Mayo Leadership Index

1. *Inclusion (treating everyone with respect)*
2. *Keeping people informed*
3. *Soliciting Input*
4. *Empowering Team Members*
5. *Nurturing Professional Development*
6. *Providing Feedback & Recognition*

Scale of These Behaviors
(5 points per item)

1 Point increase on that scale
(followers say “my leader does this”)

= 3% drop in burnout in physicians working with that leader (7-10% for non-physicians)!!

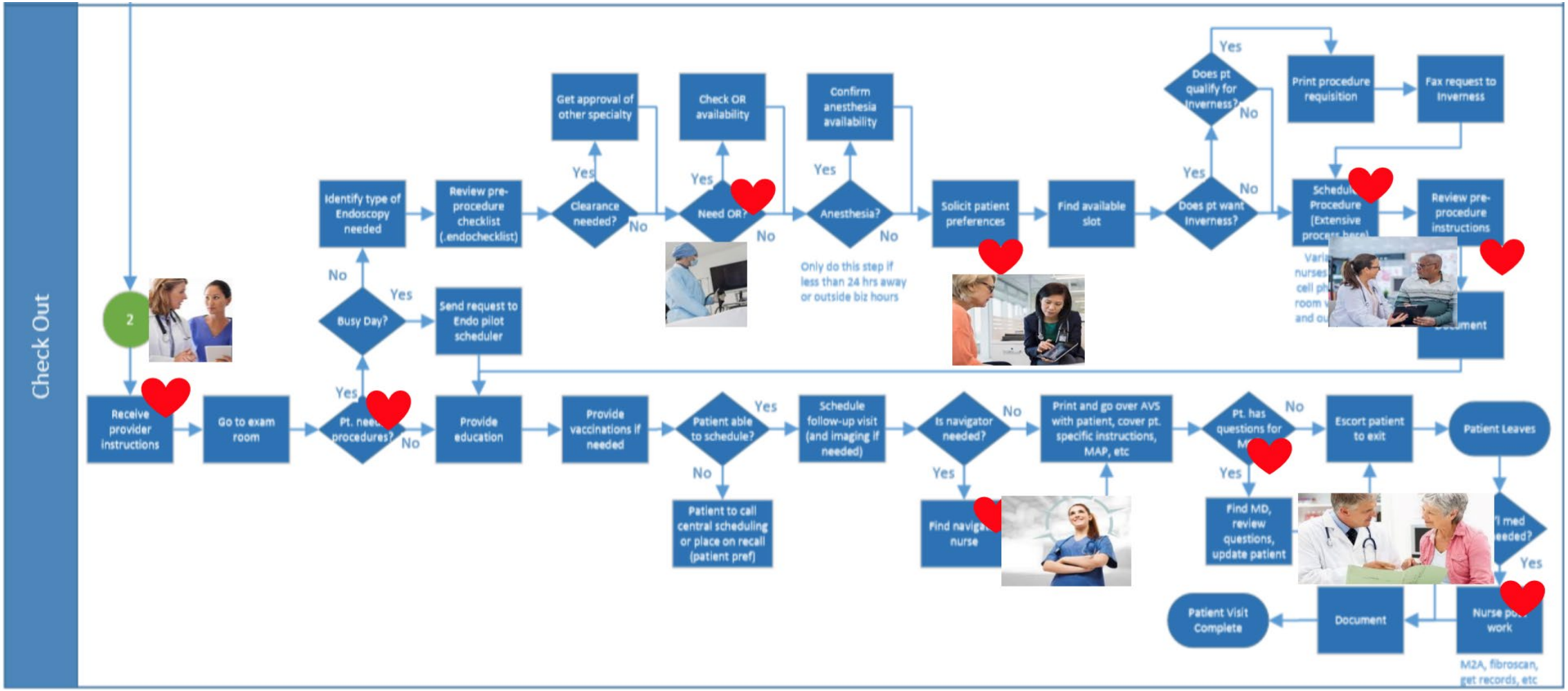
JAMA Network | Open

Original Investigation | Health Policy

Association of Burnout, Professional Fulfillment, and Self-care Practices of Physician Leaders With Their Independently Rated Leadership Effectiveness

Tait D. Shanafelt, MD; Maryam S. Makowski, PhD; Hanhan Wang, MPS; Bryan Bohman, MD; Mary Leonard, MD; Robert A. Harrington, MD; Lloyd Minor, MD; Mickey Trockel, MD, PhD

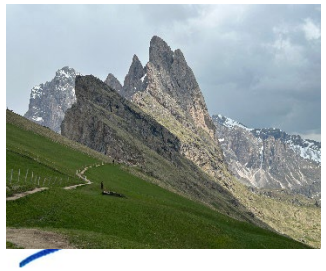
3) Reimagined Process Improvement: *Connection (Love) + Efficiency*

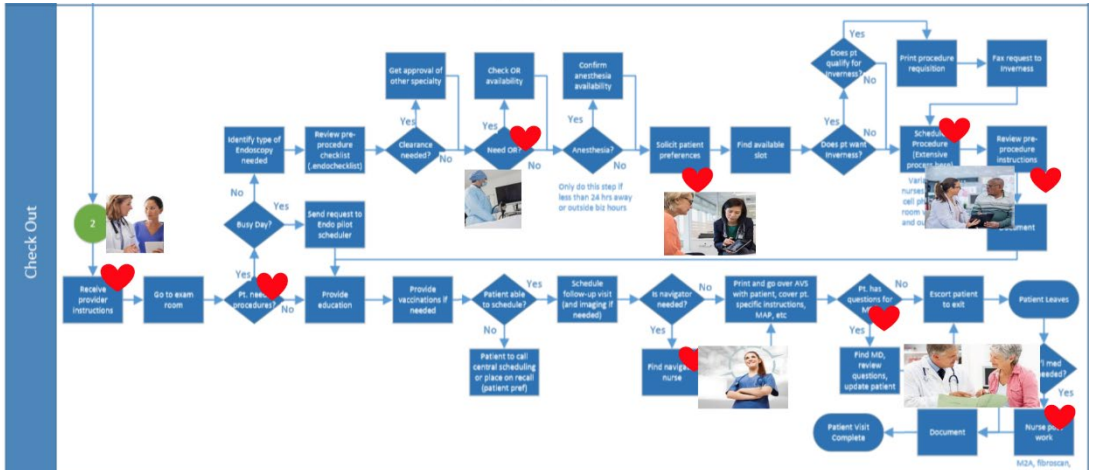


Secret Sauce: Acts for Individuals, Teams, and Leaders that Promote Well-being + Performance inside Daily Work

Tiny Engines

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love





Mayo Leadership Index

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2. *Keeping people informed*
3. *Soliciting Input*
4. *Empowering Team Members*
5. *Nurturing Professional Development*
6. *Providing Feedback & Recognition*

Next Steps

- Share your Leadership Defined worksheet with coach
- Finalize coaching sessions dates/times with team

Next Steps

Date Assigned	Assignment	Due Date
#1 – Aug. 20, 2024	• Develop group ground rules • Complete Leadership Defined Self-assessment	Review in coaching
#2 – Aug. 27, 2024	• No new assignments	
#3 – Sept. 10, 2024	• Complete voice of customer • Build stakeholder analysis • Complete process map • Meet with Dr. Moksha Patel	#6 – Oct. 22, 2024
	• Develop problem statement	#7 – Nov. 12, 2024
#4 – Sept. 24, 2024	• Reading: Kotter, John. *Leading Change: Why Transformation Efforts Fail*	#5 – Oct. 8, 2024
	• Complete affinity diagram	#7 – Nov. 12, 2024
	• Draft business case	#8 – Nov. 19, 2024
#5 – Oct. 8, 2024	• Complete Myers-Briggs Assessment	Friday, Oct. 18, 2024
	• Complete literature review • Complete Program Evaluation/QI/Research Tool	#8 – Nov. 19
#6 – Oct. 22, 2024	• Complete data collection plan	#9 – Dec. 3, 2024
#7 – Nov. 12, 2024	• Develop/utilize current vision tying to project	#8 – Nov. 19, 2024
#8 – Nov. 19, 2024	• Finalize sense of urgency	#9 – Dec. 3, 2024
	• DEI Scan	#12 – Jan. 28, 2025
#9 – Dec. 3, 2024	• Complete Positive Deviance Exercise • Complete Design Thinking Exercise • Develop list of potential interventions • Finalize guiding coalition	#12 – Jan. 28, 2025
#10 – Dec. 10, 2024	• Complete aim statement	#11 – Jan. 14, 2025
	• Finalize logo	#13 – Feb. 11, 2025
#11 – Jan. 14, 2025	• Draft mid-year report out	#12 – Jan. 28, 2025
	• Complete pre-mortem assessment • Create and implement a communication plan	#13 – Feb. 11, 2025
#12 – Jan. 28, 2025	• Finalize mid-year report out	#13 / #14 – Feb. 11 or 25, 2025