

Certificate Training Program Session 4

Welcome!: Before We Start

Sign-in at the back
Pick up handout packet
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

8/20	#1	Welcome	Beginning with the End in Mind	Objectives & Introductions	Overview	Leadership Defined		Team Norms
8/27	#2	UCH Sleep	Thriving as a Leadership Imperative	Value Defined	Introduction to Quality Improvement		IHQSE Model of Change	Coaching
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
9/17		Coaching						
9/24	#4	UCH Multidisciplinary Pain Clinic	Investigate the Problem	Understanding Root Causes	Baseline Data	Business Case		Coaching
10/1		Coaching						
10/8	#5	UCH Neurosciences	QI vs. Research		Leading Change			
10/15		Coaching						
10/22	#6	DHA Antimicrobial Stewardship	Data Collection Plan			Myers Briggs		
10/28		Coaching						
11/12	#7	CU Medicine Dermatology	Leading Change: Vision		Understanding Business Drivers	Negotiating for what You Need		This Place Called Academia
11/19	#8	UCH Nursery	Leading Change: Sense of Urgency	DEI in QI		Positive Deviance		
11/26		Coaching						
12/3	#9	UCH Infectious Diseases	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						

KEY	Team Check-in	Inspiration	Background	Process Improvement	Leadership	Quality/Safety	Coaching
#3 Sept. 10	Team Check-in: CHCO Secure Chat		Who are my colleagues?		<input type="checkbox"/> Complete Voice of Customer, <u>Meet</u> with Dr. Moksha Patel, Build Stakeholder Analysis, Develop a problem statement Due Oct. 22 <input type="checkbox"/> Complete a Process Map 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						
#4 Sept. 24	Team Check-in: UCH Multidisciplinary Pain Clinic		Who are my colleagues?		<input type="checkbox"/> Complete Affinity Diagram Due Dec. 3 <input type="checkbox"/> Reading for next session: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> <input type="checkbox"/> Complete Business Case Due Nov. 19		
	Baseline Data		How do I identify key metrics?				
	Investigate the Problem		How do I understand the problem I'm trying to solve?				
	Understanding Root Causes		What tools can I use to organize information about my process?				
	Business Case		How do I make the financial case for my improvement work?				
	Coaching						
Coaching	Baseline data, root causes, business case						
#5 Oct. 8	Team Check-in: UCH Neurosciences		Who are my colleagues?		<input type="checkbox"/> Complete Myers-Briggs Assessment Due Oct. 18 <input type="checkbox"/> Complete literature review Due Nov. 19 <input type="checkbox"/> Complete Program Eval/QI/Research Tool Due Nov. 19	<input checked="" type="checkbox"/> Reading for next session: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i>	
	Leading Change		What are the components of successful change?				
	QI vs. Research		How do I determine if my QI work is a research project?				
Coaching	Literature search, QI/Research tool, voice of the customer, stakeholder analysis, process map						

Today's Objectives

- Create an understanding of and scope a problem
- Understand tools for organizing information about your current process
- Understand the financial impact of your work
- Recognize the importance of data in QI
- List sources for obtaining data
- List the tips for getting better data, more efficiently



Team Check-in: Multidisciplinary Clinic

Background & Problem

- Introductions
- Tell us about your program
- What is the problem you think you will focus on?
- Members:
 - **Liz Fleagle**, PsyD
 - **Devin Gilhuly**, MD, MS



Complex Cancer Pain Multi-Disciplinary Clinic

- **Elizabeth Fleagle PsyD**
 - Assistant Professor
 - Clinical Health Psychologist
 - Medical Oncology
- **Devin Gilhuly MD**
 - Assistant Professor
 - Department of Medicine
 - Palliative Medicine



Background

Pain is frequently reported during cancer disease – poorly controlled in 40% of patients

Palliative Care

Interventional Pain

Interventional
Radiology

Physical Medicine &
Rehabilitation

Oncology
Counseling



Separate referral & coordination system = coordination of comprehensive pain management is rare

Creating a Multidisciplinary Clinic for Complex Cancer Pain



- **Goals**

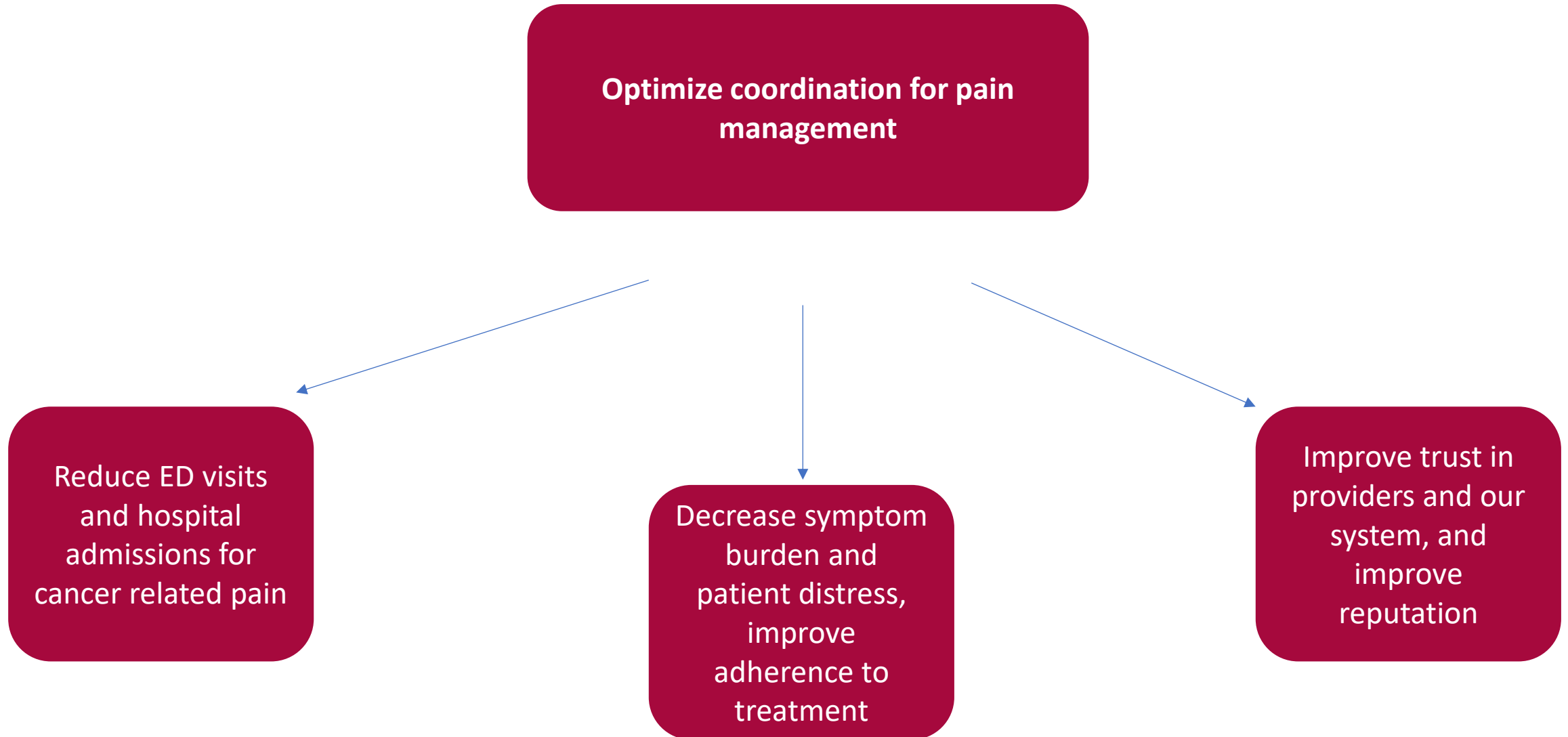
- Improve patient experience & adherence to treatment
- Improve patient retention
- Reduce acute care utilization
- Reduce opiate morbidity
- Increase referrer satisfaction

Intervention



- Referrals for patients with active solid or liquid tumors and complex pain
- Initially start with one half-day clinic biweekly
- Multispecialty team including dedicated nurse navigator and lead APP review 4-6 cases per session and implement comprehensive pain management strategy
 - Strategy might include counseling, medications, interventions, devices

Potential Impact



Investigate the Problem

Emily Gottenborg, MD



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Investigate

WHAT is your problem?

WHY is it happening?



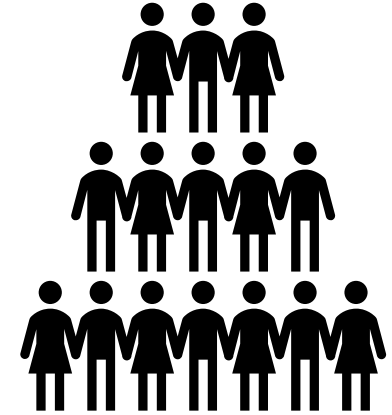
Investigate - WHAT



Sense a problem



Describe
in detail -
Problem Statement



Understand
stakeholders –
Voice of Customer



Investigate - WHAT

Problem Statement

Sense a problem

Describe
in detail -
Problem Statement

Understand
stakeholders –
Voice of Customer



Investigate – WHY

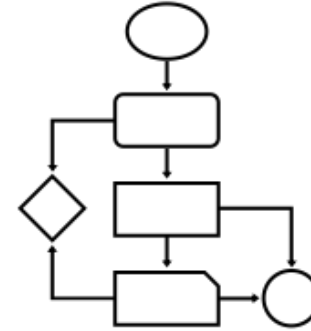


Problem Statement



現場

Gemba – The Place,
The Walk



Process Map



Affinity Diagram



Investigate: **WHY** do you have a problem

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

Tool: Affinity Diagram

Understanding Root Causes



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It is critical to identify the root cause(s) and not only address what lies upon the surface.



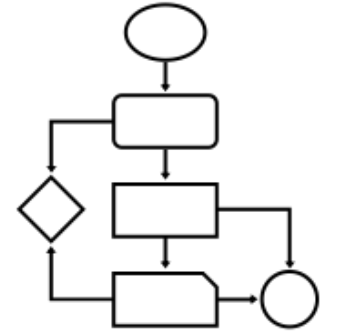


Voice of the customer



現場

Gemba (Walk)



Process Map



Step 1: Brainstorm

Why is your problem happening?

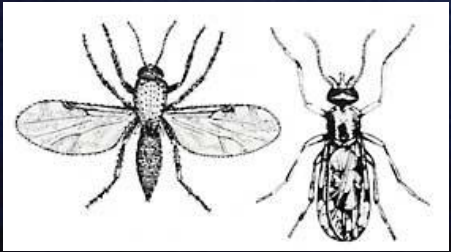
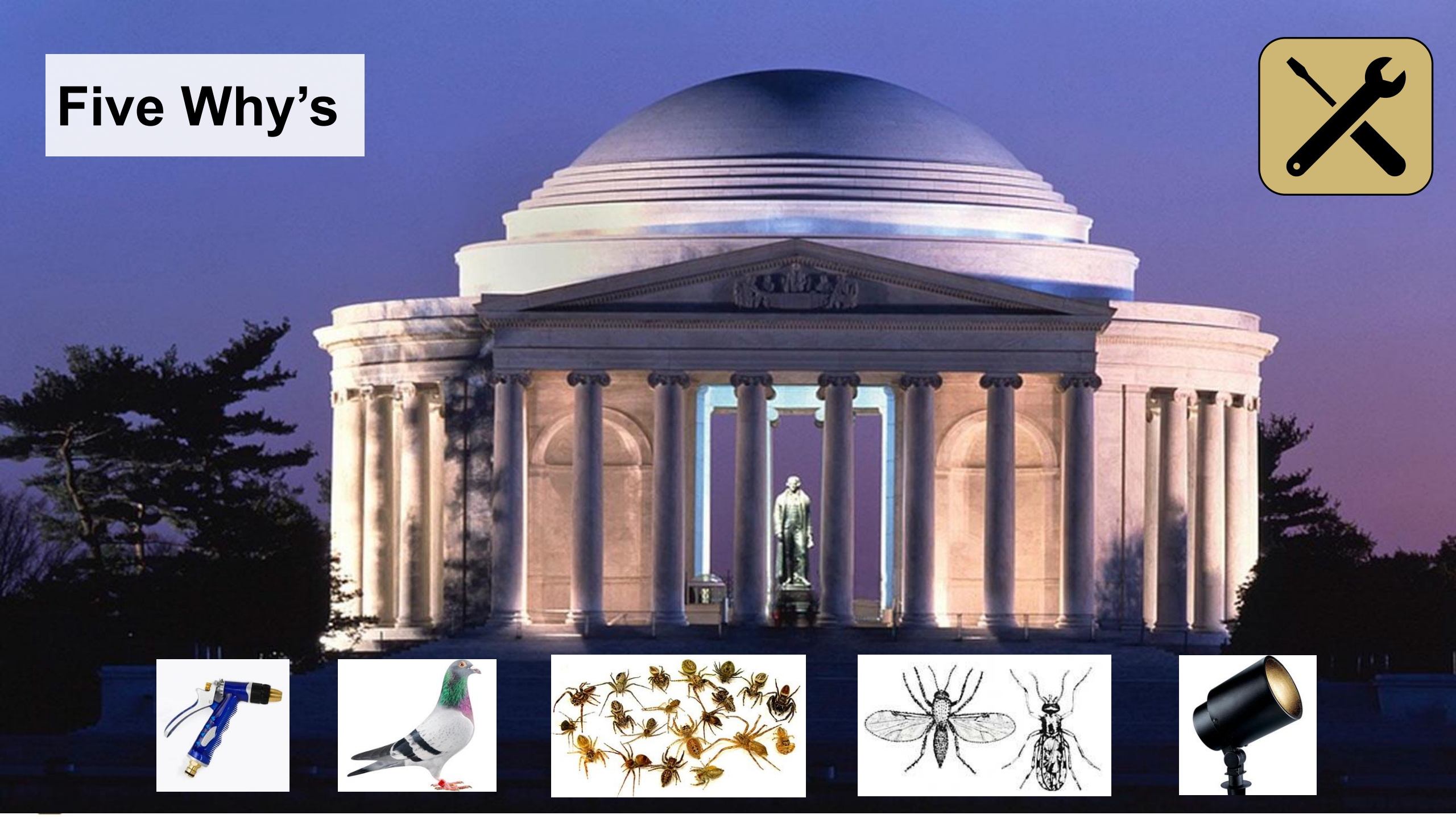


Step 1: Brainstorm

Step 2: Ask Why



Five Why's





37% of Physical
Therapy Consults Are
Inappropriate

10,000 hours of work
(wasted) per year



Why do we order PT?

Reason for PT?

???????

Comments:

 [Add Comments](#)



5 WHYs

Why don't providers order PT appropriately?

- *They don't know what is appropriate.*

Why don't they know what's appropriate?

- *No list of indications within the order.*
- *Mobility is part of the nursing assessment.*

Why don't we understand the nursing assessment?

- *Different language than providers use (AMPAC).*

If nurses do the assessment, and document it... why don't they order PT?

.....

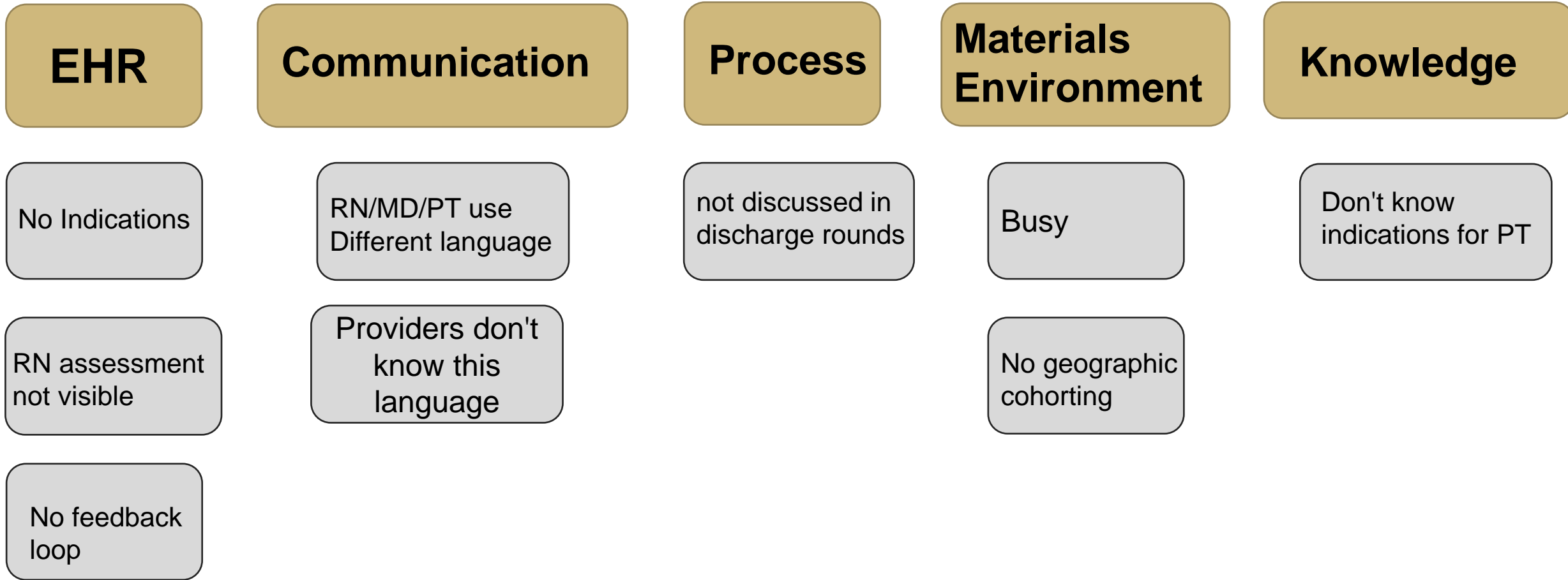


Step 3: Sort by Themes

Communication
Environment
Materials
Processes
EHR
Policies



Step 4: Vote on Top Contributors



Step 5: Affinity Diagram



EHR

No Indications

RN assessment
not visible

No feedback
loop

Communication

RN/MD/PT use
Different language

Providers don't
know this
language

7

6

Process

not discussed in
discharge rounds

2

**Materials
Environment**

Busy

No geographic
cohorting

1

Knowledge

Don't know
indications for PT

2



Next Steps...

Change the Epic Order Set; Optimize Roles to Enhance Communication!



Coaching Breakout: Contributing Factors



Consider WHY you have a problem.

Brainstorm as many causes of this problem as possible.

Put each on 1 sticky note. Ask Why.

Sort into themes / domains.

You will continue work on this as you complete prior steps in the Investigate phase (VOC, gemba, process map)



Data: Uses in QI & Finding It

Tyler Anstett, DO



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data noun

da·ta

'dā-tə

'da-

also

'dä-

factual information (such as measurements or statistics) used as a basis for reasoning, discussion, or calculation





“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.



Uses for Data

- Problem identification/demonstrate need or buy-in
- Understand WHY
- Reveal solutions
- Track interventions
- Visualize change



Uses for Data

- Problem identification/demonstrate need or buy-in
- Understand WHY

TODAY

- REALLY understand WHY
- Reveal solutions
- Track interventions
- Visualize change

**FUTURE
SESSIONS**



Define the problem

Is it a problem?

How do you know?

Who is affected?

By how much?

Are there best practices to refer to?

PROVE IT.

(ahem, with data 😊)





Red Blood Cell (pRBC) Transfusion Recommendations

pRBCs are most likely APPROPRIATE in the following clinical scenarios:

- Hgb < 7 g/dL OR Hgb < 8 with CV disease AND symptoms
- Hemodynamically unstable patient with an acute bleed
- Perioperative acute blood loss anemia with expected Hgb < 7
- Cytotoxic chemotherapy with expected Hgb < 7
- Anemia with symptoms that are intolerable without transfusion

Transfuse 1 unit at a time unless Hgb <6.0 or bleeding out



COST = ~\$700
Per Unit

50% of non-OR, non-MTP, inpatient transfusions **DO NOT** meet guidelines





1783 units transfused outside guidelines x **\$700/unit = \$1,248,100.00**



New Orders

Haptoglobin Serum


 Add to specimen collected 2d ago?

 Routine, ONCE, First occurrence today at 1924

New collection

Haptoglobin Serum

 Accept

 Cancel

Add-on:

New Collection

Use Existing Specimen

Specimen collected 2d ago on 2/1/21 1626 (Tests: KAP:LAM LC, SPEP, IFE

S)

Priority:

Routine

Routine

STAT

Routine-Nurse Release

Timed

Frequency:

ONCE

Once

AM Draw

QAM DRAW

Starting:

2/3/2021

Today

Tomorrow

At:

1924


First Occurrence: **Today 1924**

Scheduled Times 

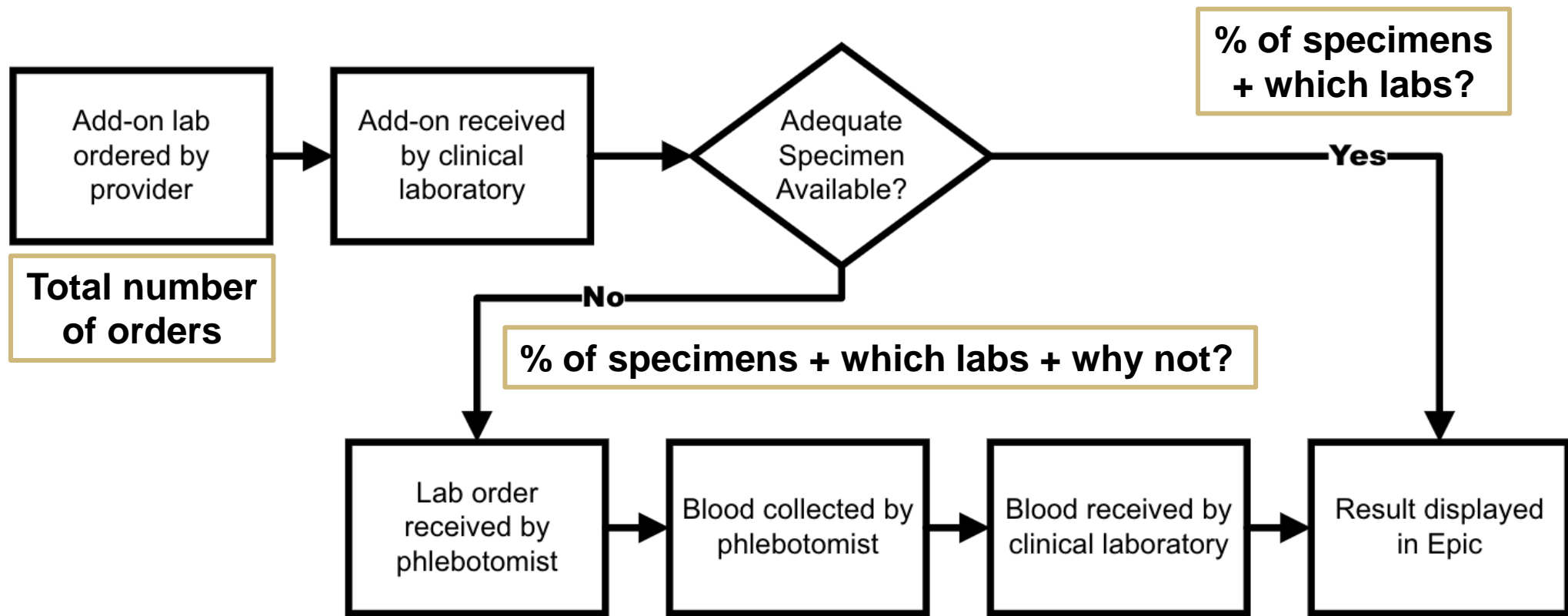
 Next Required

Link Order

 Accept

 Cancel





Outcome of Add-On Requests

from 1/1/2018 to 9/18/2019





“Every system is
perfectly designed to get
the results it gets”

Paul Batalden, MD

IHI Senior Fellow

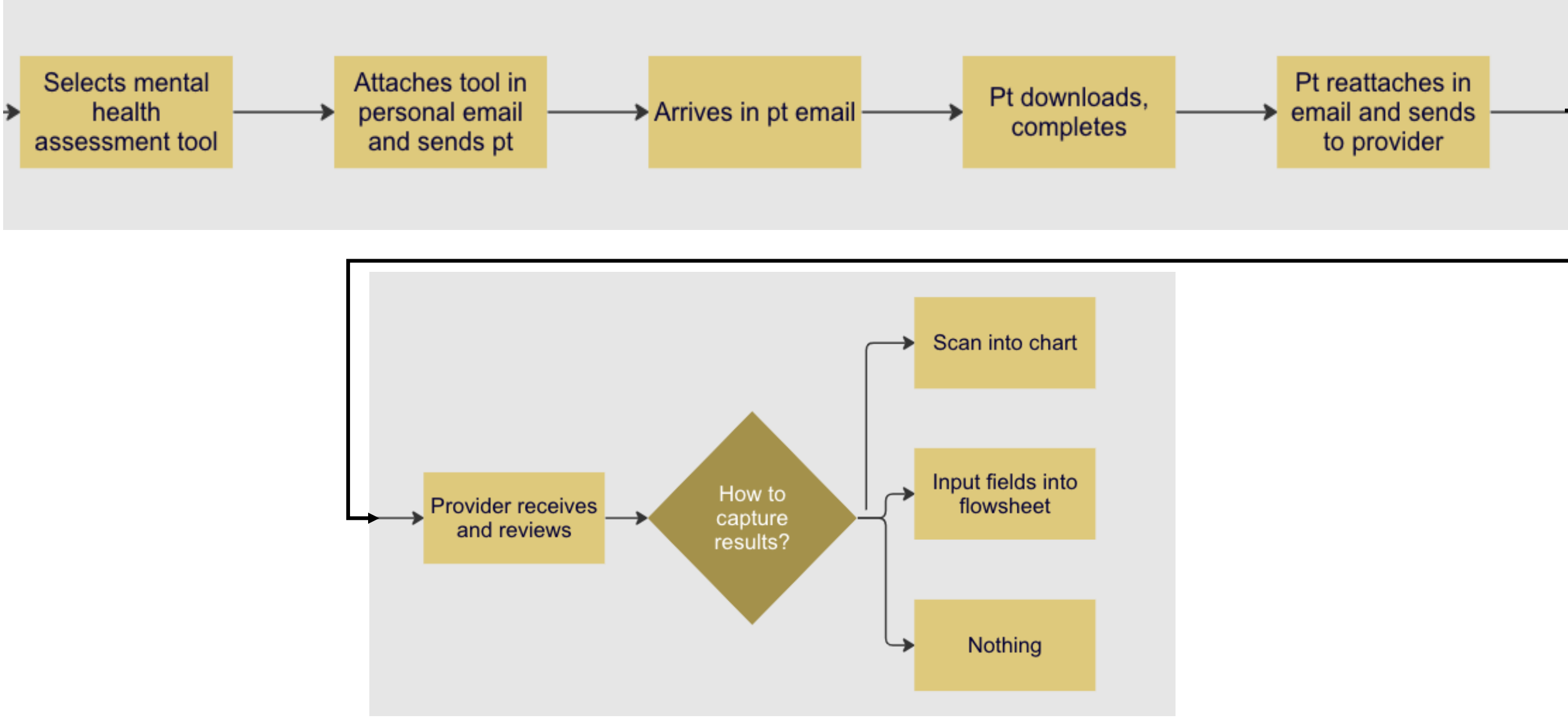
*Professor Emeritus of Pediatrics, Community and Family
Medicine and The Dartmouth Institute for Health Policy and
Clinical Practice*



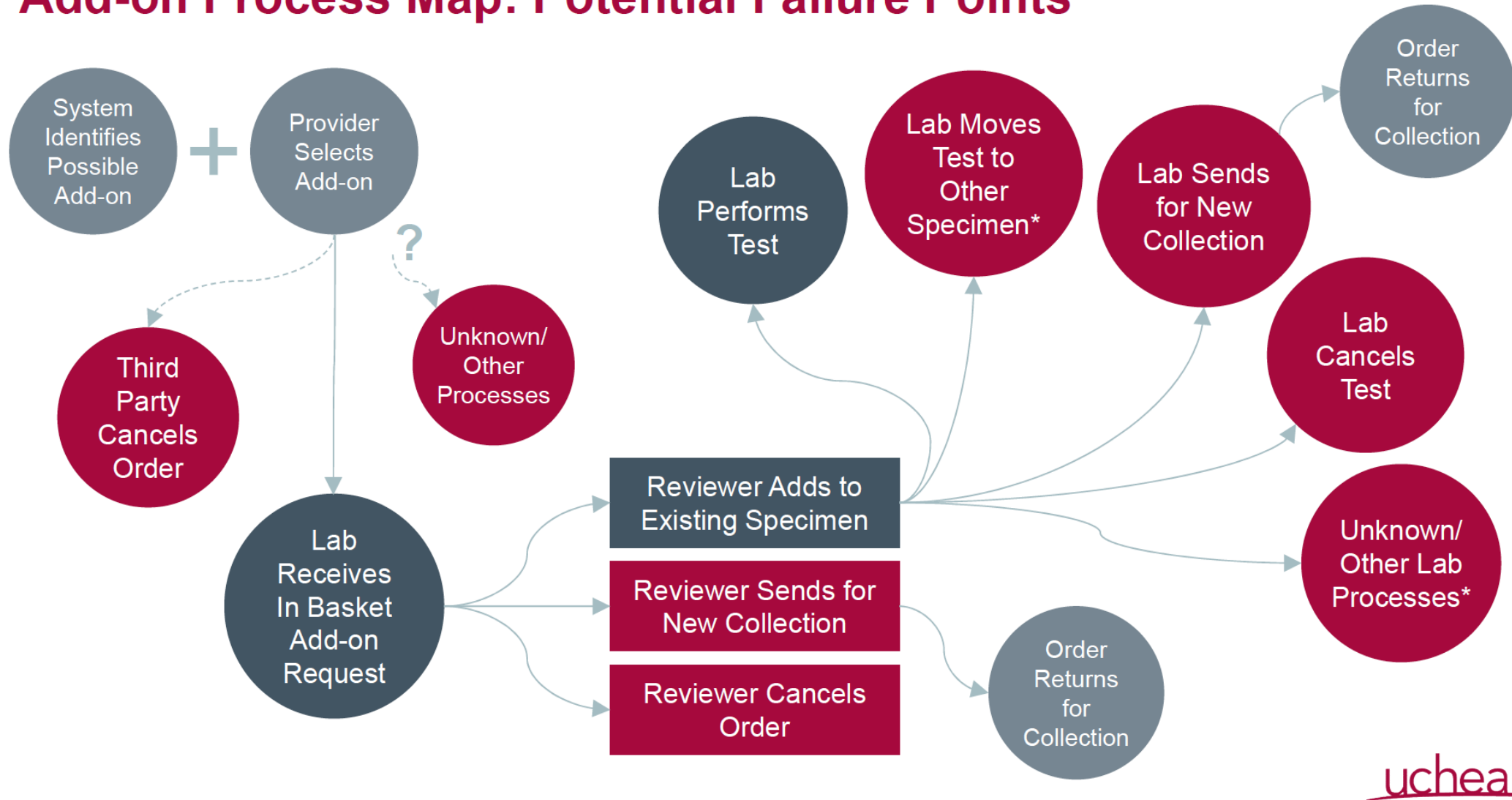
How is your system currently “*designed*”?

(AKA: how are your current processes leading to your observed outcomes?)





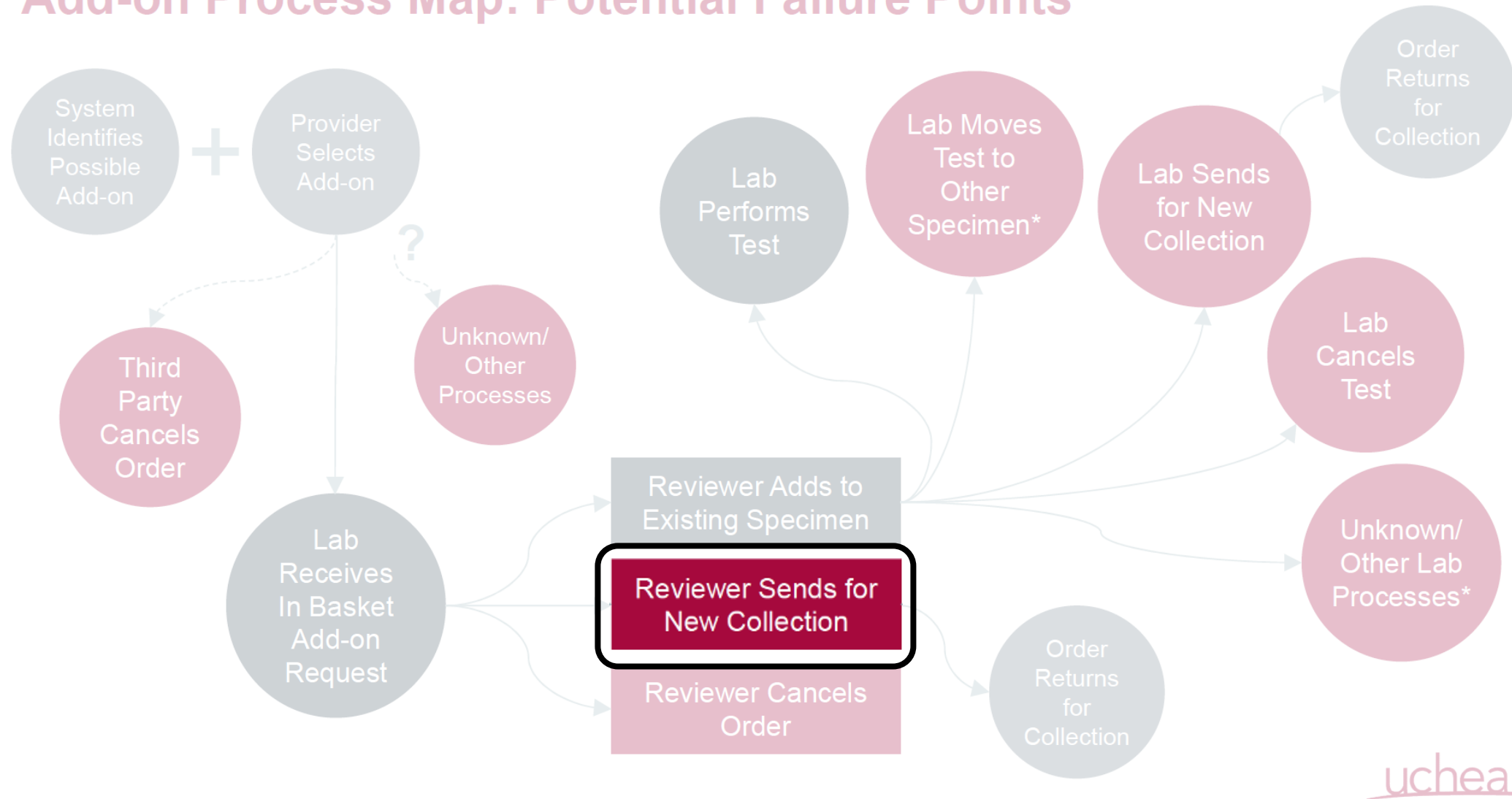
Add-on Process Map: Potential Failure Points



uchealth



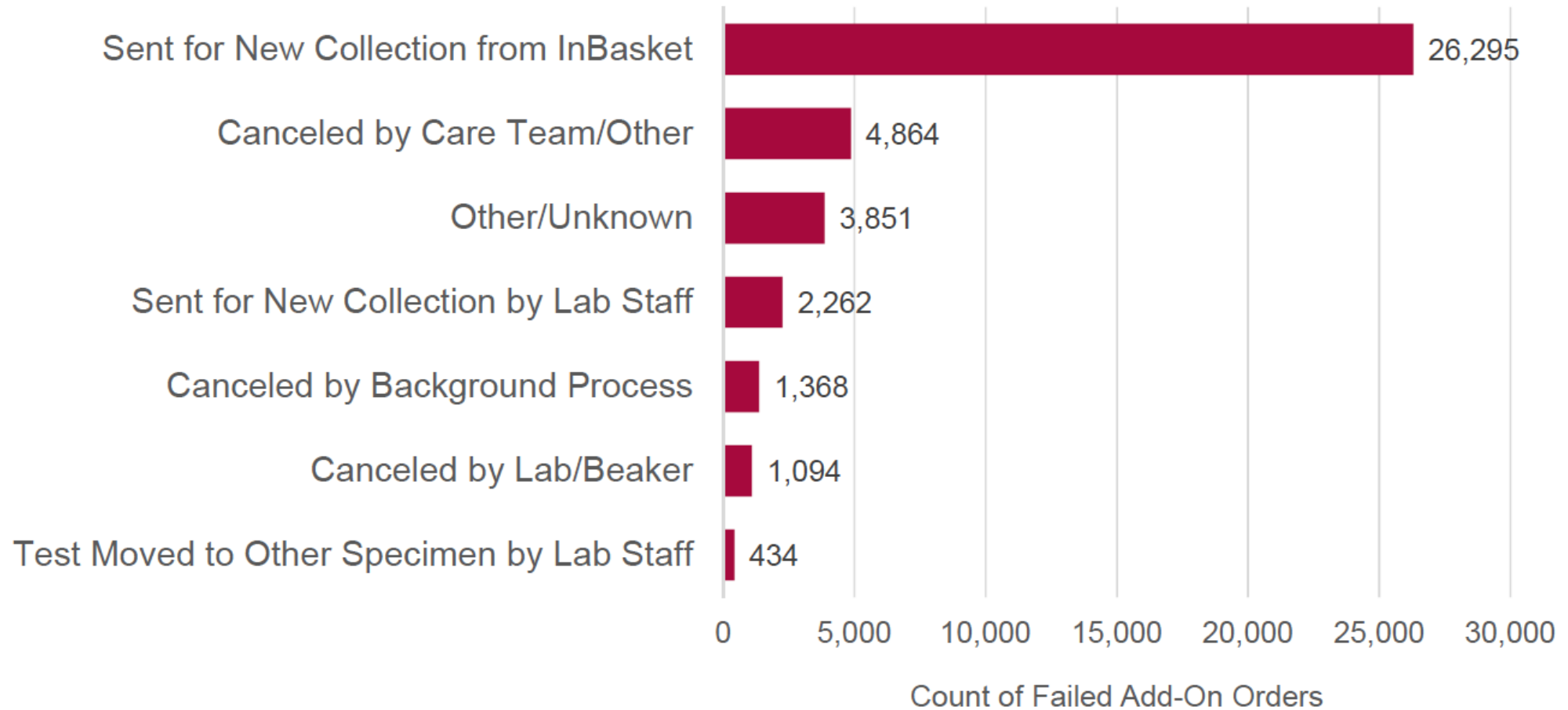
Add-on Process Map: Potential Failure Points



uchealth

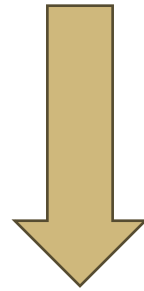


Add-On Failures by Overall Category



How is your system currently “*designed*”?

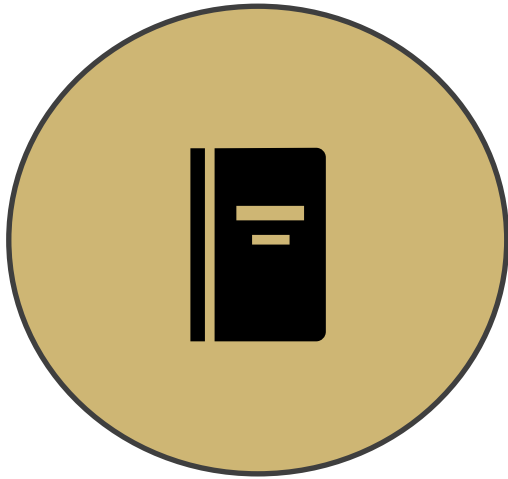
(AKA: how are your current processes leading to your observed outcomes?)



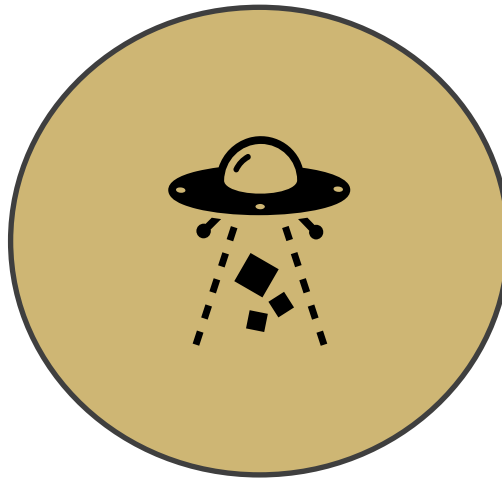
This is your baseline data



Where to find, how to find, and how to collect data.



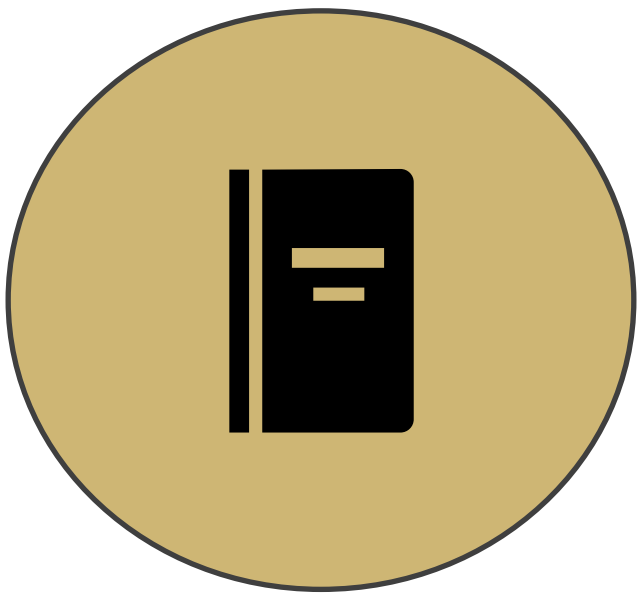
Data
Sources



Data
Collection



Data from
Epic



Data Sources



Get it yourself	Manual Chart Review EHR reports
Division/Unit	EHR Reports Data experts National registries
Department	EHR Reports Data experts National registries
Institution	EHR Reports Data experts National rankings
State-Wide	State-death registry All-payer claims database

Get it yourself



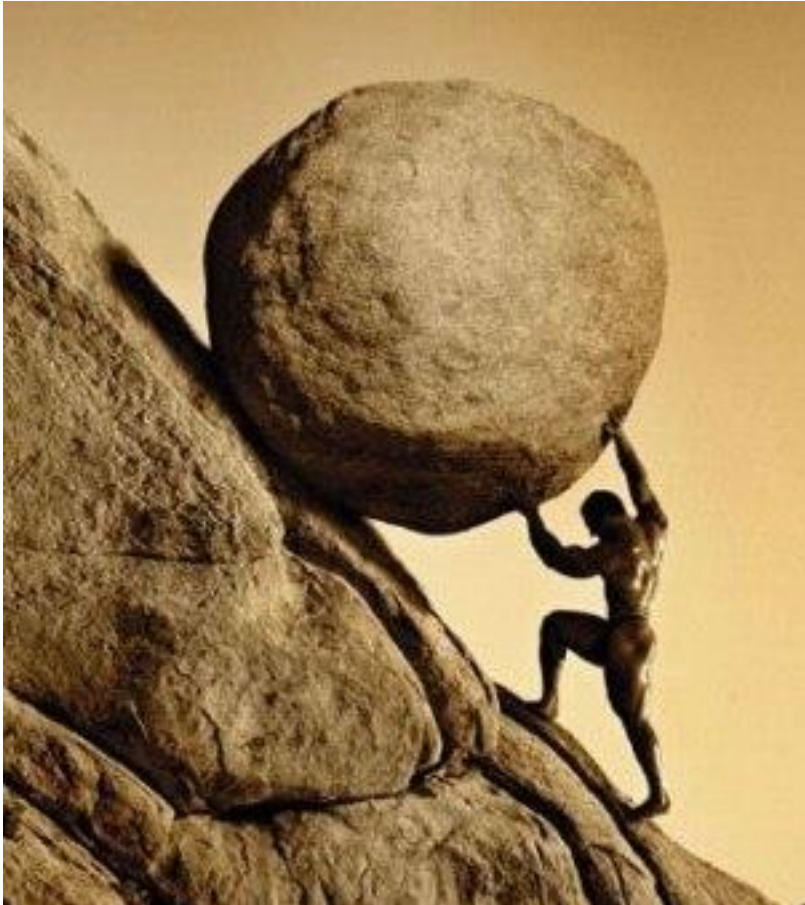
現場 Gemba



NOTE: your data may not presently exist!



Get it yourself



**Manual chart review is
ONLY for identifying data
sources and validation.**



Division/Unit

Department



STS/ACC TVT Registry™



Institution

vizient®

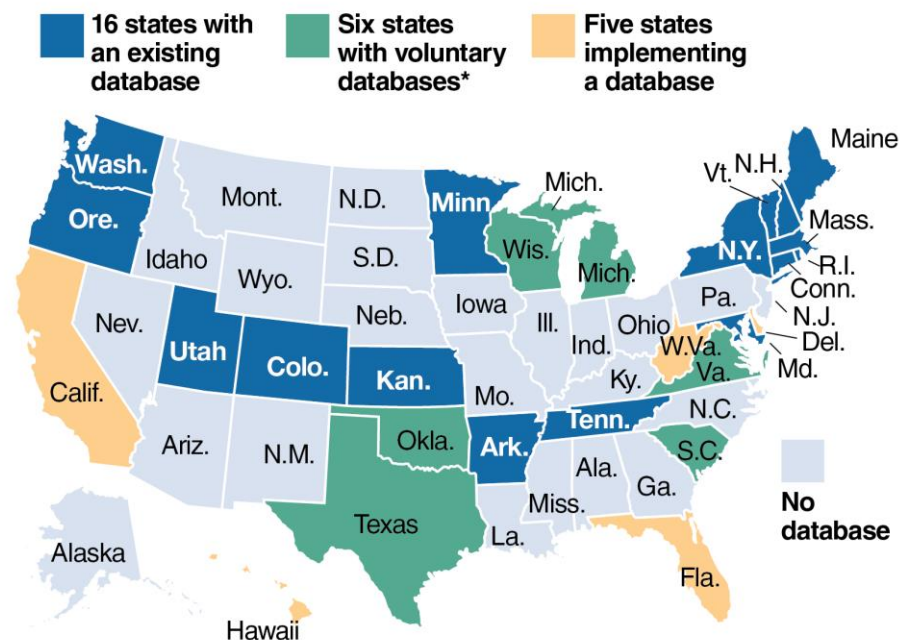


State-Wide

State-death registry
All-payer claims database

State of databases

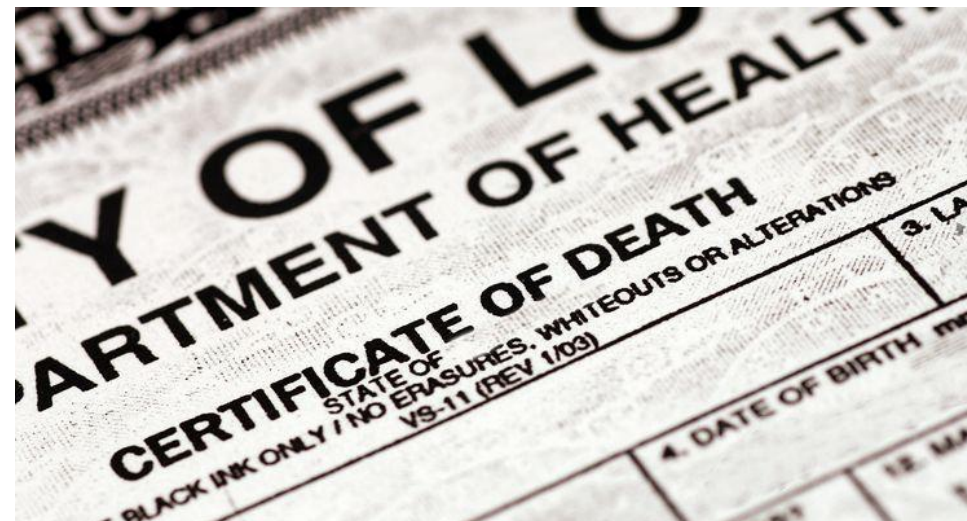
All-payer claims databases have yet to catch on at the state level



Notes: California also has a voluntary database. West Virginia's implementation is currently on hold.

* States where submissions are voluntary or the database is maintained through voluntary effort

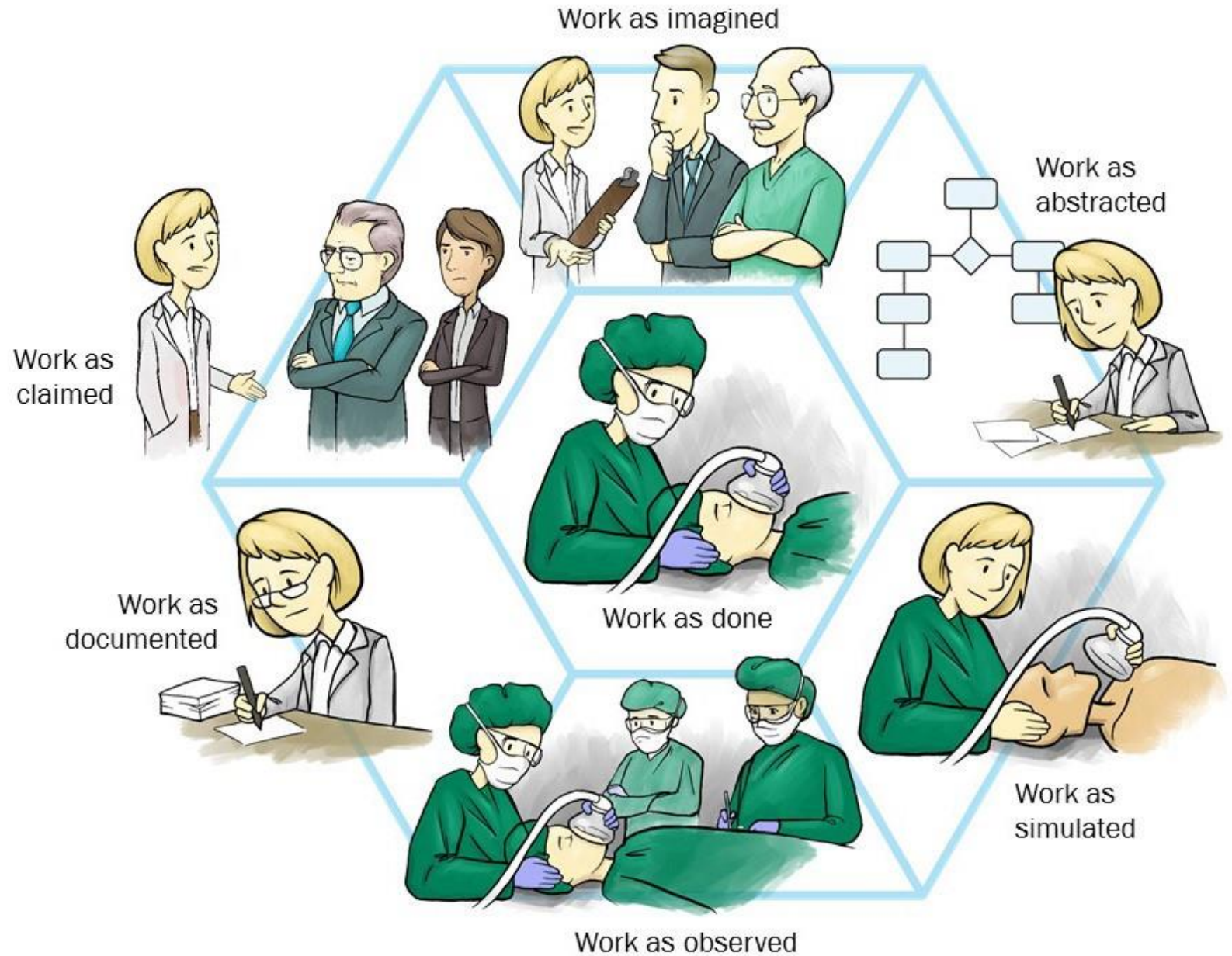
Source: APCD Council interactive state report map

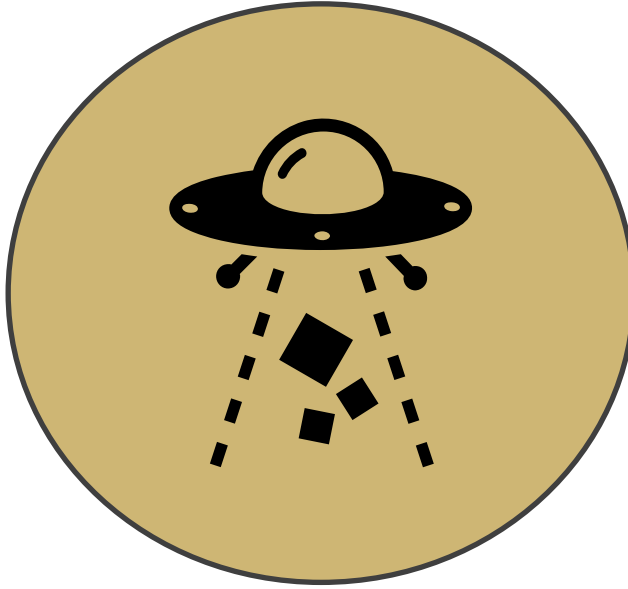


HEALTH DATA
Compass



Be clear about what you are measuring!





Data
Collection



Conceptual vs Operational definitions

- Conceptual is *what* you are going to measure
- Operational is *how*

**Average time to
appointment**

**Date/Time appointment
occurred**

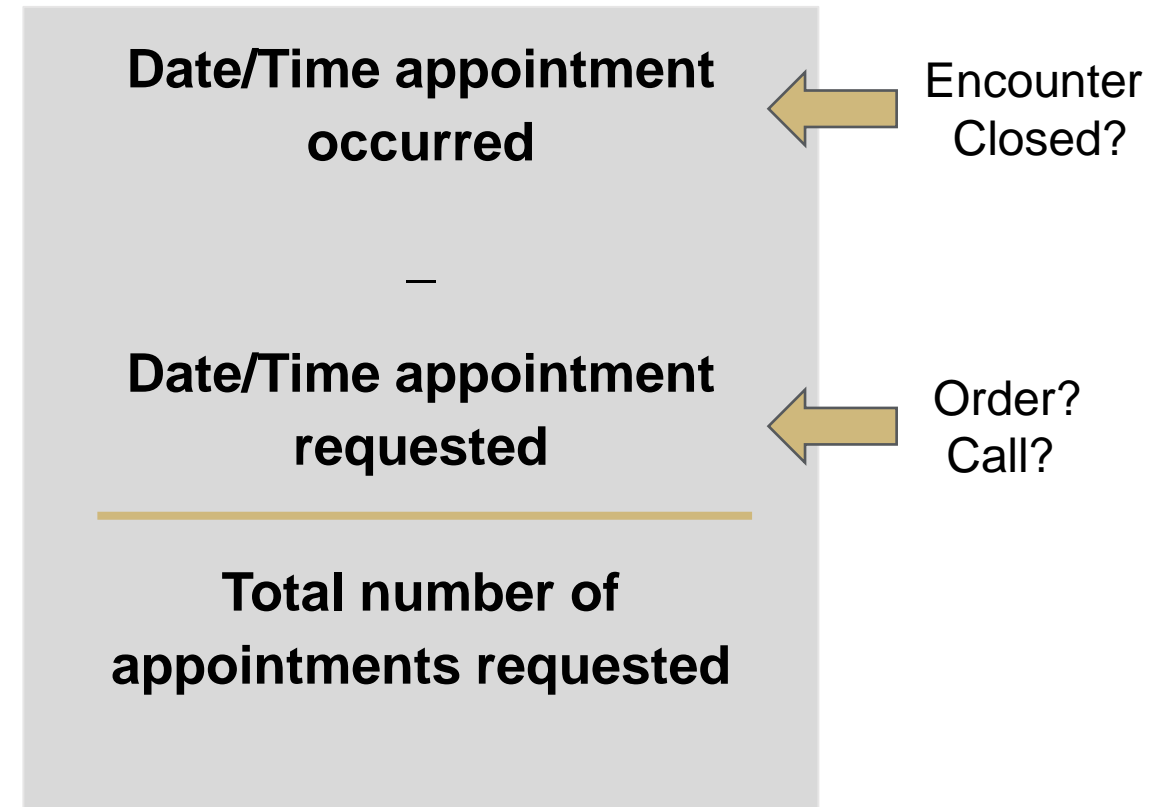
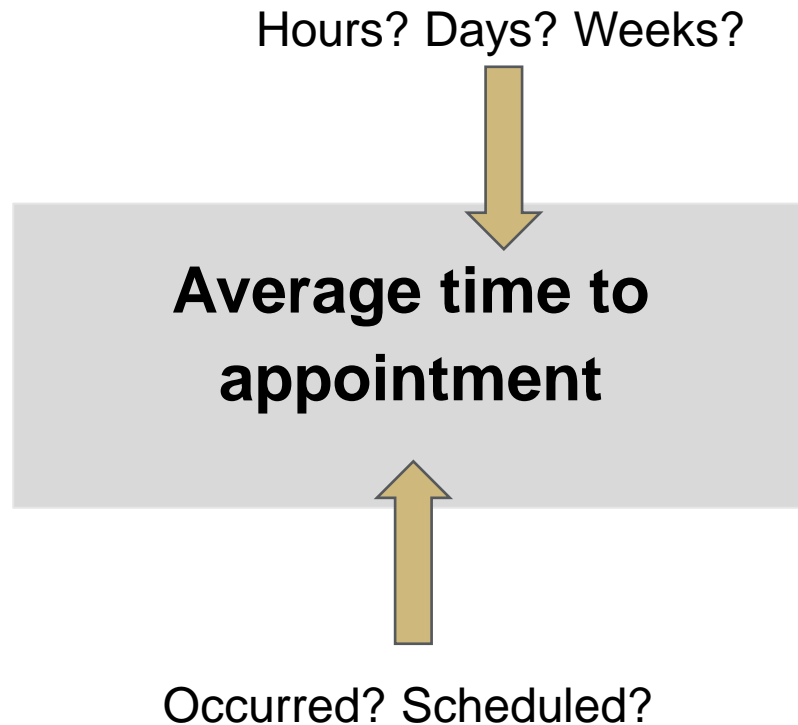
—

**Date/Time appointment
requested**

**Total number of
appointments requested**



Conceptual vs Operational definitions



Conceptual vs Operational definitions

**Daily order of CBCs and
BMPs on inpatients
ordered by day team
residents**

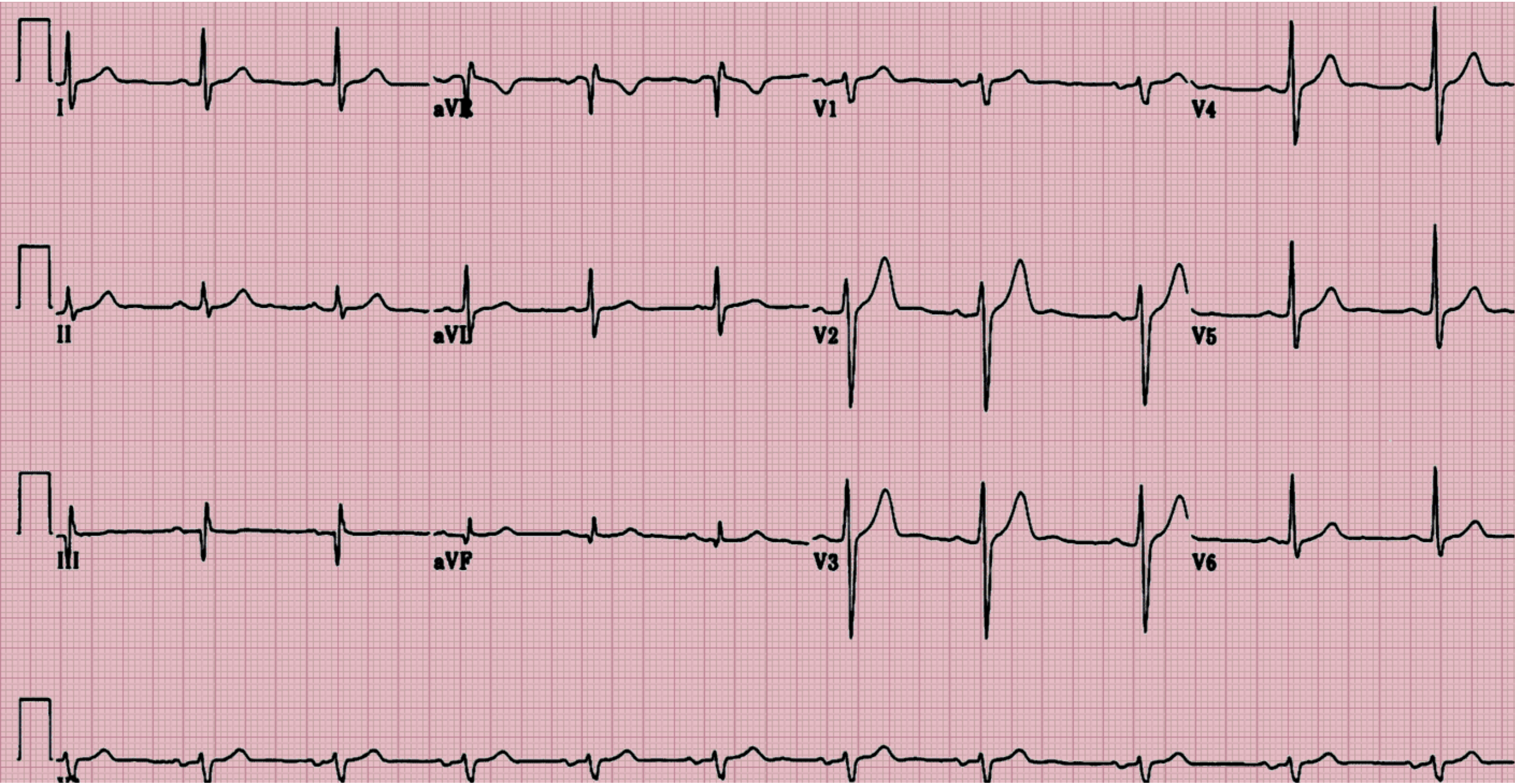
Number of CBCs

+

**Number BMPs on inpatients
ordered by day team
residents between 1200am –
1159pm**

**Total medicine team census
per day**





ECG (Electrocardiogram) 12 Lead (Order 397966448)

ECG

Date and Time: 5/10/2018 2:09 PM Department: UHealth Heart and Vascular Care - Anschutz Medical Campus

Ordering User/Authorizing: Benton, Emily M, NP (auto-released)

Ordered On 5/10/2018 2:09 PM

Ordering Provider	Authorizing Provider	Ordering User	Ordering Department
Benton, Emily M, NP 📞 720-848-5300 📠 303-266-4610	Benton, Emily M, NP 📞 720-848-5300 📠 303-266-4610	Benton, Emily M, NP	AMC CARD PROGCARE UNIT

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
05/10/18 02:09 PM	05/10/18 02:09 PM	05/10/18 02:10 PM	05/10/18 02:10 PM

Order Details

Frequency	Duration	Priority	Order Class
ONCE	1 occurrence	STAT	Hospital Performed

Order Questions

Question	Answer	Comment
Indication for test:	Tachycardia	



“Happiness is there when expectations meet the reality.”

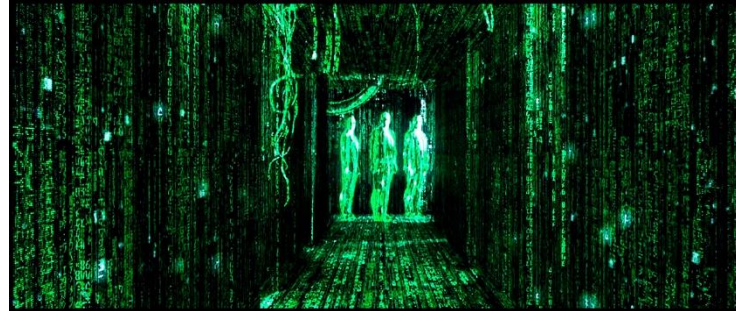
Dr. Debasish Mridha, MD







Data Collection



Data Analysis



Data Interpretation

These are different steps and often done by different people.
Know the role and capabilities of the person you are speaking with.

Create a data dictionary

- Repository of all your data points
- Provides a detailed description of each data point including:
 - Definition
 - Source
 - Other notes
- Built over-time as you get more data
- Especially helpful for EHR data



Key Question	Data Element Name	Operational Definition	Parameters	Source	Who	Frequency
What is the length of stay?	Length of stay (LOS)	LOS = Admit time to Discharge time	• Date range: 1/1/2020 - 12/31/2020 • One listed for every patient by CSN • Format: time in hours	EHR -- ADT	Which team member is in charge of collecting?	Monthly data pull, 1st of month



Data Organization



	A	B	C	D	E	F
1	Date	Item	Sales Rep	Quantity	Price	Commission
2	01-07-2018	Projector	Bob	13	150	11%
3	01-07-2018	White Board	Mark	8	40	9%
4	02-07-2018	White Board	Stacey	7	40	7%
5	03-07-2018	White Board	Mark	18	40	8%
6	05-07-2018	Office Chair	Stacey	19	230	6%
7	05-07-2018	Projector	John	4	150	10%
8	08-07-2018	Printer	Bob	9	80	6%
9	10-07-2018	Printer	Laura	16	80	2%
10	10-07-2018	Office Chair	Mark	15	230	9%
11	10-07-2018	Diary	Bob	15	16	1%
12	10-07-2018	Office Chair	John	7	230	2%
13	13-07-2018	Diary	Laura	23	16	11%
14	17-07-2018	White Board	Bob	20	40	5%
15	17-07-2018	Office Chair	Mark	9	230	3%
16	20-07-2018	White Board	Stacey	23	40	6%
17	20-07-2018	White Board	Stacey	4	40	5%

1. ORGANIZE by columns
2. DON'T use color coding
3. Set up BEFORE you start collecting data



Build out shells for your data BEFORE you collect AND analyze it.

Characteristic	UCH	Non-UCH Metro	North	South	All sites Combined
Transfusion order date/time					
Pre-transfusion order Hgb level					
Number of units ordered to be transfused					
Indication for transfusion selected					

	Non-Alert	Alert	
Characteristic	Arm 1	Arm 2 (non-interruptive)	Arm 3 (interruptive)
Age_in_Years			
Sex			
Female			
Male			
missing			
Race			
American Indian or Alaska Native			
Asian			
Black or African American			
Native Hawaiian and Other Pacific Islander			
White or Caucasian			
Other			
More than one race			
Ethnicity			
Hispanic, Latino/a, or Spanish Origin			
Non-Hispanic			
missing			
Language			
English			
Spanish			
Other			
Financial_Classification			
Commercial			
Indigent Care			
Medicaid			
Medicare			
Other			
Self-Pay			



“Doveryai, no proveryai.” (Trust, but verify)

Ronald Reagan, United States President 1981 – 1989





**“A minimum put to good use is
enough for anything.”**

Jules Verne, *Around the World in Eighty Days*



Coaching Breakout: *Baseline Data*



What data do you...

- Have?
- Need?
- Want?

10 min

Where will you get it?



Business Case

How to Show Your Value
(and get what you need)

Jeff Glasheen, MD



Institute for Healthcare Quality,
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What?



Justifies resources—all work requires resources; why here?



Provides the 'why' to your project charter's 'what/how'



Aim for financial return on investment (ROI)

Why?



State the value of the work
Data needed to show value



Allows for prioritization vs.
other initiatives



Creates implicit 'IOU' and
accountability

How?

$$\text{VALUE} = \frac{\text{Quality} + \text{Safety} + \text{Experience} + \text{Equity}}{\text{Cost}}$$
The diagram illustrates the components of Value. The numerator consists of four positive factors: Quality (thumbs up icon), Safety (two people icon), Experience (smiling face icon), and Equity (scales of justice icon), each preceded by a plus sign. The denominator is Cost (dollar sign with slash icon). The word 'VALUE' is on the left, followed by an equals sign and a horizontal line separating the numerator from the denominator.

Step 1: What are you trying to do?

Step 2: What is the benefit?

Step 3: How do I show the benefit?

Step 4: What data do I need?



Step 1: What are you trying to do?

What are you trying to do?

- Short
- Or, very short
- No, really, it needs to be short
- Like, 1 line. Maybe 2 if you have 2 goals.

Examples

- Reduce hospital length of stay by 0.5 days
- Reduce time from check-in to drug by 72 minutes
- Reduce the rate of harm by 15%
- Increase patient volume by 10%

Similar to AIM statement



Step 2: What is the benefit?

Now that you know what you are doing

Why are you doing it?

Why would anyone care?

Example: Reduce LOS by 0.5 days

- Improves flow through hospital; opens beds
- Reduces costs for a fixed DRG payment
- Allows for new patients to be placed in beds
- Patients go home earlier (most view positively!)
- Lower risk of iatrogenesis

Similar to VOC/VOB



Coaching Breakout:



What are you trying to do?

- Start with your problem
- Distill to one short statement
- Discuss and Refine
- Be specific...and short

What are the benefits?

- List as many as you can
- Be specific
 - What is the benefit?
 - Who does it benefit?

15 minutes



Step 3: How would I show the benefit?

$$\text{LOS Reduction Benefit} = [(B+C) \times D] \times A$$

A = Reduction in LOS

- Baseline LOS – goal LOS = reduction in LOS

B = Cost savings

- Each day saved results in less cost/DRG
- How much? ~\$500-1000 cost savings/day

C = Revenue generated

- Each day saved results in another open bed
- New pt averages ~\$500-1000 revenue/day

D = Number of patients seen per year

$$\text{Benefit} = [(\$750 + \$750) \times 1291] \times 0.5 = \$968,250$$



Step 4: What data do I need?

What you'll need to understand opportunity and measure success:

- LOS
 - Baseline
 - Goal
 - Current (after commence)
- Cost/day of your patient
- Revenue/day of 'average' patient
- Number of patients you see annually



Coaching Breakout:



How would I convey the benefit?

- Warning! Requires math
- More about methodology than accuracy
 - Just get the equations down
 - Estimate as needed
- Simple enough to convey the point

What data do I need?

- Financial, operational, workflow, harm
- You need to be very specific on your need and where it exists
- If it doesn't exist (or is hard to get) the PI/DA/EMR cannot get it

15 minutes



\$10K



Example: Batting Cage

- 1 What are you trying to do?
 - Install batting cage in yard by September 1, 2023

- 2 What is the benefit?

Mom filled with pride when do well
Mom can send videos to grandparents
Dad able to reduce chance of injuries
Scholarship reduces cost of college

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




3 How will you convey benefit?

- Cost of Stanford education per year \$74,570
- Years of college 4
- Total benefit of scholarship \$298,280

- Cost of batting cage \$4,800
- Cost of installation \$2,500
- Cost of pitching machine \$2,700
- Total cost of project \$10,000

- ROI = $\frac{\text{Benefit} - \text{Cost}}{\text{Cost}}$ $\frac{\$298,280 - \$10,000}{\$10,000} = 28.8$



4 What data points would you need?

- Annual cost of tuition at Stanford
- Cost of batting cage
- Installation cost
- Cost of pitching machine



Example: Infusion Center

- 1 What are you trying to do?
 - Reduce time from check-in to completed drug by 72 minutes

- 2 What is the benefit?

Patient's happier

Staff happier—less down time

Timely access—open more chair time

More patients for same amount of staff

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




3 How will you convey benefit?

Number of patients per month: **107**

Current time needed per patient: **272** minutes

Goal time needed per patient: **200** minutes

Average Reimbursement for patient: **\$1585**

Baseline # of mins of patient care / month = **29,104 mins** (107 x 272 mins)



3 How will you convey benefit?

Goal # of mins of patient care / month = **21,400** minutes (107 x 200 mins)

Goal minutes saved / month = **7,704** minutes (29,104-21,400 mins)

Potential new encounters / month = **38** (7,704 mins saved/200 mins/pt)

Potential increase in reimbursement = **\$60,230** (38 pts/mo x \$1585)

Potential increase in reimbursement per year = **\$722,760** (\$60,230/mo x 12)



4 What data points would you need?

- Baseline time from check in to completion
- Current time from check in to completion
- Goal time from check in to completion
- Baseline number of patients per month
- Contribution margin per case

Data
Collection Plan



Next Steps

Dear Executive Stakeholder,

I plan to make you \$700k next year.

To do this, I will need 20% of support from a QI specialist, roughly \$30K.

Your ROI will be 23:1.

Thanks!



Future Action Item: Create a Business Case



Step 1: What are you trying to do?

Step 2: What is the benefit?

Step 3: How will you show this benefit?

Step 4: What data points do you need?

Complete in Coaching Session



Appreciative Debrief

Share with the group 1 thing you found most intriguing from this session

Next Steps

Due – Session 5 Oct. 8, 2024

- Read: Kotter, John. Leading Change: Why Transformation Efforts Fail

Due – Session 6 Oct. 22, 2024

- VoC, Stakeholder Analysis, Problem Statement, Meet with Moksha (if needed)

Due – Session 7 Nov.12, 2024

- Process Map

Due – Session 8 Nov. 19, 2024

- Draft Business Case

Due – Session 9 Dec. 3, 2024

- Complete affinity diagram

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
#6 – Oct. 22, 2024	<ul style="list-style-type: none"> • Complete data collection plan 	#9 – Dec. 3, 2024
#7 – Nov. 12, 2024	<ul style="list-style-type: none"> • Develop/utilize current vision tying to project 	#8 – Nov. 19, 2024
#8 – Nov. 19, 2024	<ul style="list-style-type: none"> • Finalize sense of urgency 	#9 – Dec. 3, 2024
	<ul style="list-style-type: none"> • DEI Scan • Complete Positive Deviance Exercise 	#12 – Jan. 28, 2025
#9 – Dec. 3, 2024	<ul style="list-style-type: none"> • Complete Design Thinking Exercise • Develop list of potential interventions • Finalize guiding coalition 	#12 – Jan. 28, 2025
#10 – Dec. 10, 2024	<ul style="list-style-type: none"> • Complete aim statement 	#11 – Jan. 14, 2025
	<ul style="list-style-type: none"> • Finalize logo 	#13 – Feb. 11, 2025
#11 – Jan. 14, 2025	<ul style="list-style-type: none"> • Draft mid-year report out 	#12 – Jan. 28, 2025
	<ul style="list-style-type: none"> • Complete pre-mortem assessment 	#13 – Feb. 11, 2025
	<ul style="list-style-type: none"> • Create and implement a communication plan 	

