Coaching Session In-progress

Please come in and find your table but **keep noise to a minimum.** Thanks!

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Pre-CTP Coaching: Background/Problem

UCH Bloodbank Team

For the CTP team check-in be prepared to succinctly share 3 items:

1) Introduce each team member (1 minute)

2) Tell us about your program (2 minutes)

3) What is the problem you think you will focus on? (3-5 minutes)
   - *E.g., What are the pain points for you, your staff and customers?*
   - *E.g., Do you have any data to understand your problem?*

- *Generally, you should not need ppt slides. If you do, limit it to a few slides.*

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

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Objectives for the Course

- Learn a repeatable process for dealing with project work; success in project
- Create something that improves efficiency and access for patients
- Build strong team
- Sustain success
- Disseminate/spread our success
- Learn more about finance; how the money flow?
- How do we message what we need
- How do we get resources to do the things we want
- How do you prove the value of the work you are doing
- Leading change
- Get people to behave the way you want them to behave
- Overcoming resistance
- Working through complexity
- Address burnout
- Be more strategic, especially when things get really tactical
- Learn to say “no” and prioritize

Ground Rules

- Active listening
- Attend 80% of classes
- Do the assignments and show up prepared
- Psychological safety – be willing to share, even if uncomfortable
- We can share themes but not anything identifiable outside this room
- Open to respectful disagreement
- Share a bit beyond your comfort zone
- Interact, speak up
- Have snacks
- Be open and tell us what you need
- Begin and end on time
- No electronics when in the room (unless its for the course), step out if you need to use
- Have fun

Oasis


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

Curriculum Overview

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

8/19	#1	Welcome	Beginning with the End in Mind	Objectives & Introductions	Overview	Leadership Defined	Team Norms		Understand Process
8/26	#2	CHCO Inpatient Pediatric Rehab	Thriving as a Leadership Imperative	Value Defined	Introduction to Quality Improvement	IHQSE Model of Change	Coaching		Understand Process
		Coaching							
9/9	#3	UCH Blood Bank	Investigate the Problem	Problem Statement	Voice of the Customer	Process Mapping	Stakeholder Analysis	Coaching	Baseline data
		Coaching							
9/23	#4	UCH Rheumatology Clinic	Investigate the Problem	Understanding Root Causes	Baseline Data	EMR Process & Data	Business Case		Baseline data
		Coaching							
10/7	#5	CHCO Digestive Health	QI vs. Research	Leading Change					Baseline data
		Coaching							
10/28	#6	UCH Pre-Procedure Services	Leading Change: Vision	QI and Health Equity			Wellness		Process Optimization
11/4	#7	DHH OB/GYN Clinics	Data Collection Plan	Myers Briggs					Process Optimization
		Coaching							
11/18	#8	UCH ED & Radiology	Hone the Intervention	This Place Called Academia	Understanding Business Drivers	Negotiating for what You Need			Finalize Need
		Coaching							
12/9	#9	CHCO Health Clinic & Dev. Peds.	Design Thinking	Positive Deviance		Leading Change: Sense of Urgency	Coaching		Finalize Need
12/16	#10	UCH Antimicrobial Stewardship	Leading Change: Guiding Coalition	Aim Statement	Optimizing EMR Requests	Overcoming Resistance	Team Logo		Submit Ticket
		Coaching							
1/13	#11	CHCO Inpatient Pediatric Rehab	Storytelling	Alumni Presentation		Leading Change: Awareness Campaign	Mid-year Report Overview		EMR Decision

Session	Topic	Key Question(s)	Assignment	Due
#1 Aug. 19	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. 26	Team Check-in: CHCO Inpatient Pediatric Rehab	Who are my colleagues?		
	Thriving as a Leadership Imperative	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			
Coaching	**Ground rules, Leadership defined, Value defined**			
#3 Sept. 9	Team Check-in: UCH Blood Bank	Who are my colleagues?	❑ **Complete Voice of Customer, Build Stakeholder analysis, and Develop a problem statement** *Due Oct. 28* ❑ **Complete a Process Map** *Due Nov. 4*	
	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?		
	Stakeholder Analysis	Who are the key people who will be impacted/impact my project?		
	Coaching			
Coaching	**Voice of the customer, process map, problem statement**			

Today's Objectives

- Learn more about your fellow teams
- Recognize the drivers of value; position your project to provide value
- Understand frameworks for driving process improvement and change
- Learn how successful leaders support well-being

Team Check-in: CHCO - Inpatient Pediatric Rehab Consults

Kilby Mann, MD

Sarah Tlustos Carter, PsyD

Caroline Freer, MA, CCC-SLP

Amanda Chestnut, MS, OTR/L, BCP

Amanda Appel, MD, MPH

Katerine Delinger, PT, DPT

Value in Healthcare

Emily Gottenborg, MD

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Tina, Jim, Sarah, Rory, Florence

Internationally ranked, **37th**

100,000 preventable deaths, *each year*

>50% of nurses, providers feel burnt out

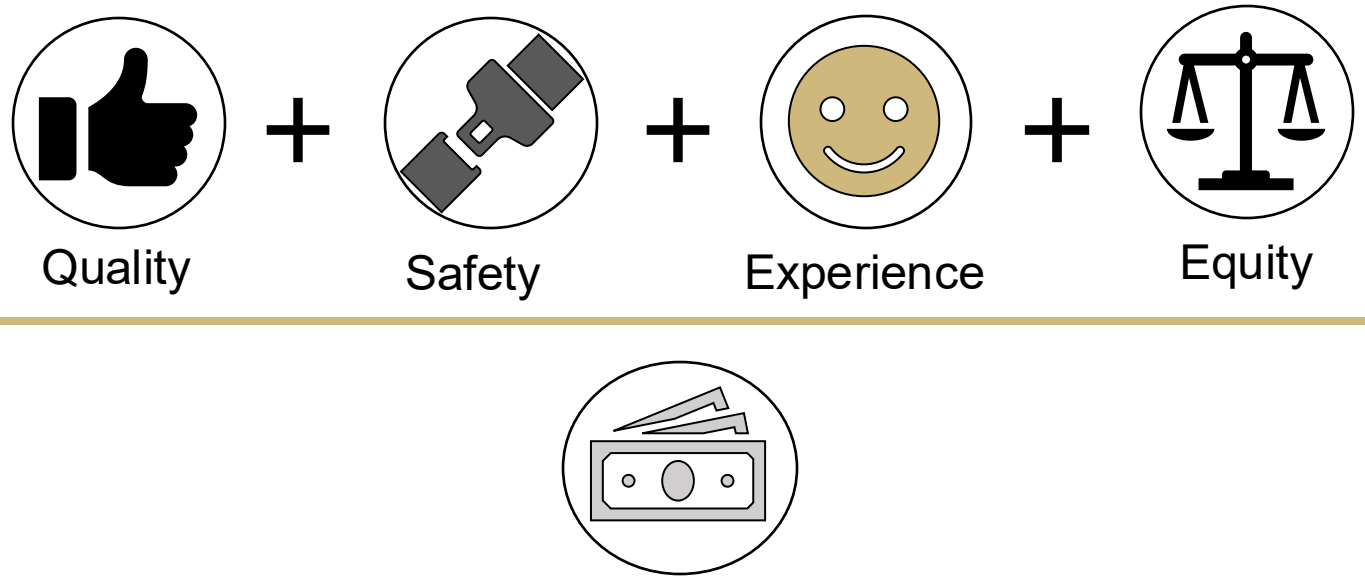
~10% of patients don't have health insurance

66% of bankruptcies related to medical issues

>1 trillion dollars, *wasted*

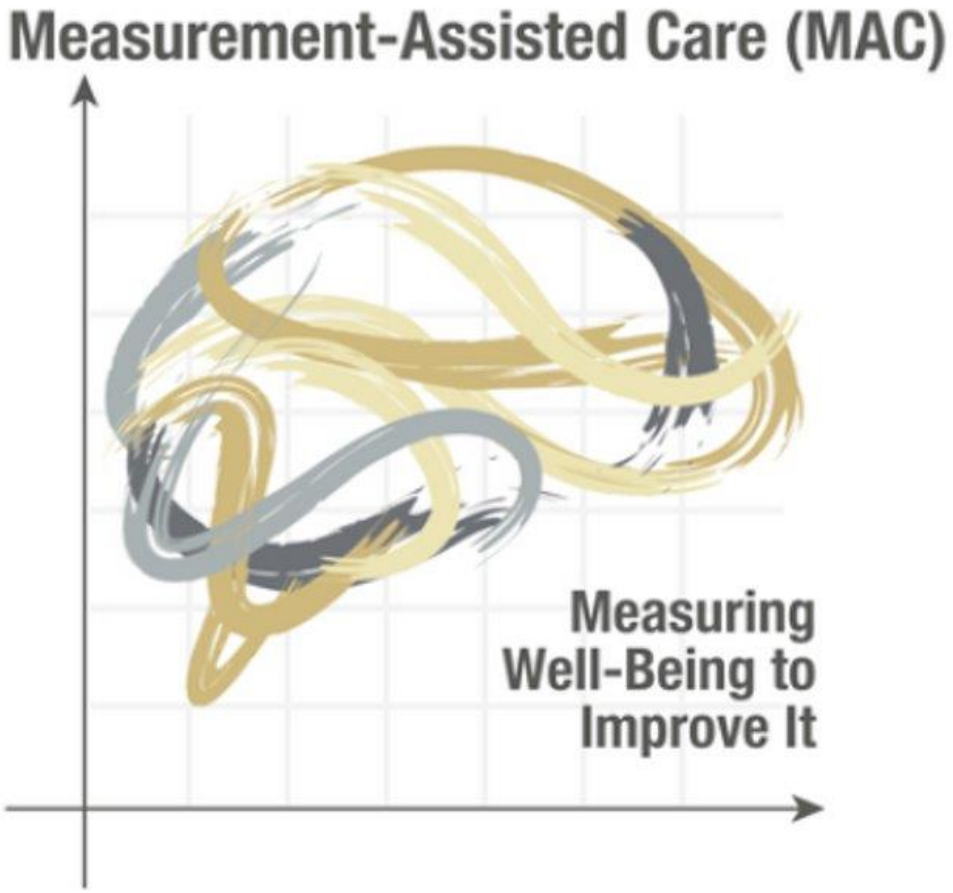

CONVERSE
ALL STAR

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



A Story of Quality - Maria

Three Components of MAC



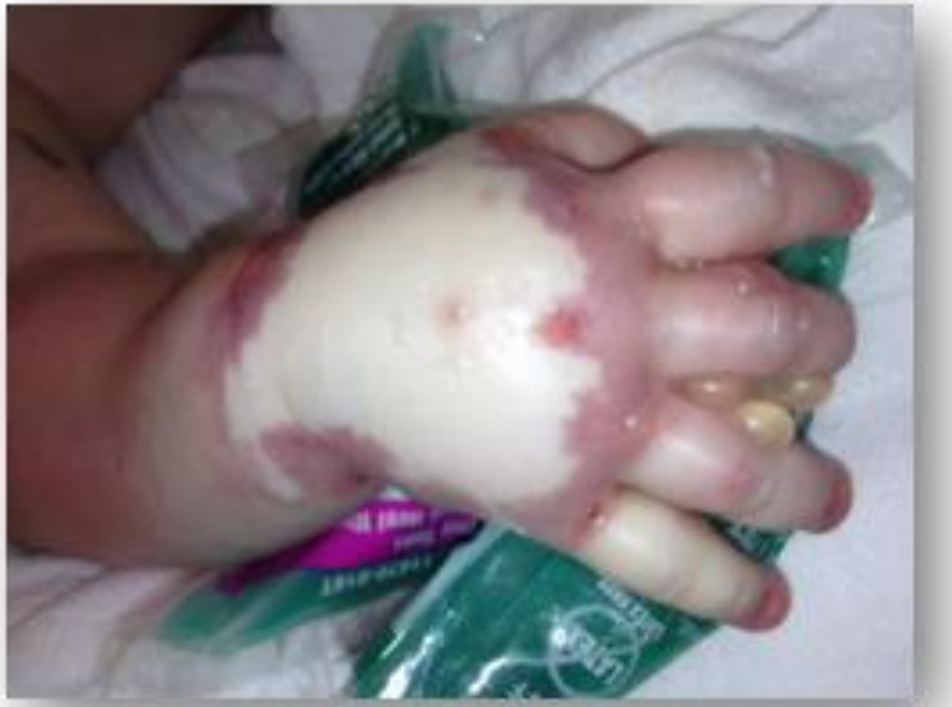
01 **Collect**

02 **Share**

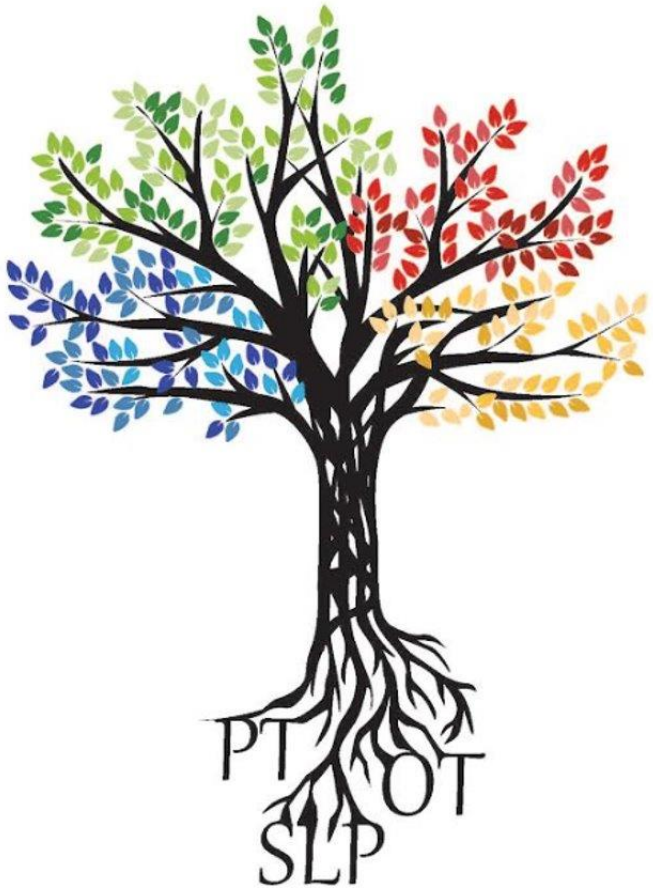
03 **Act**

A Story of Safety – Baby Tom

PIVIE =
Peripheral IV Infiltration
and Extravasation



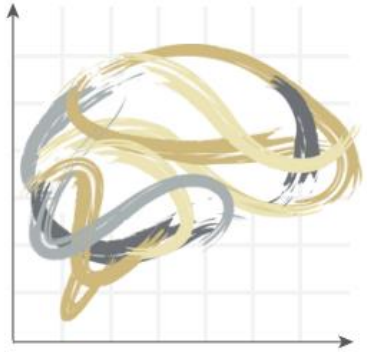
A Story of Experience – Inpatient Rehab

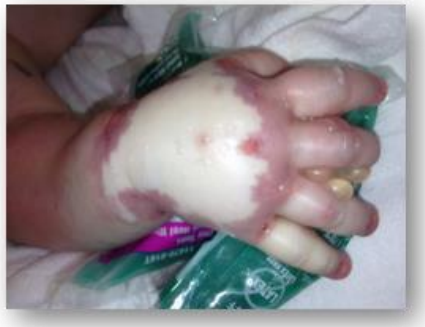


A Story of Equity

KIDS IN CARE SETTINGS

A Story of (reducing) Waste – Mobile Unit

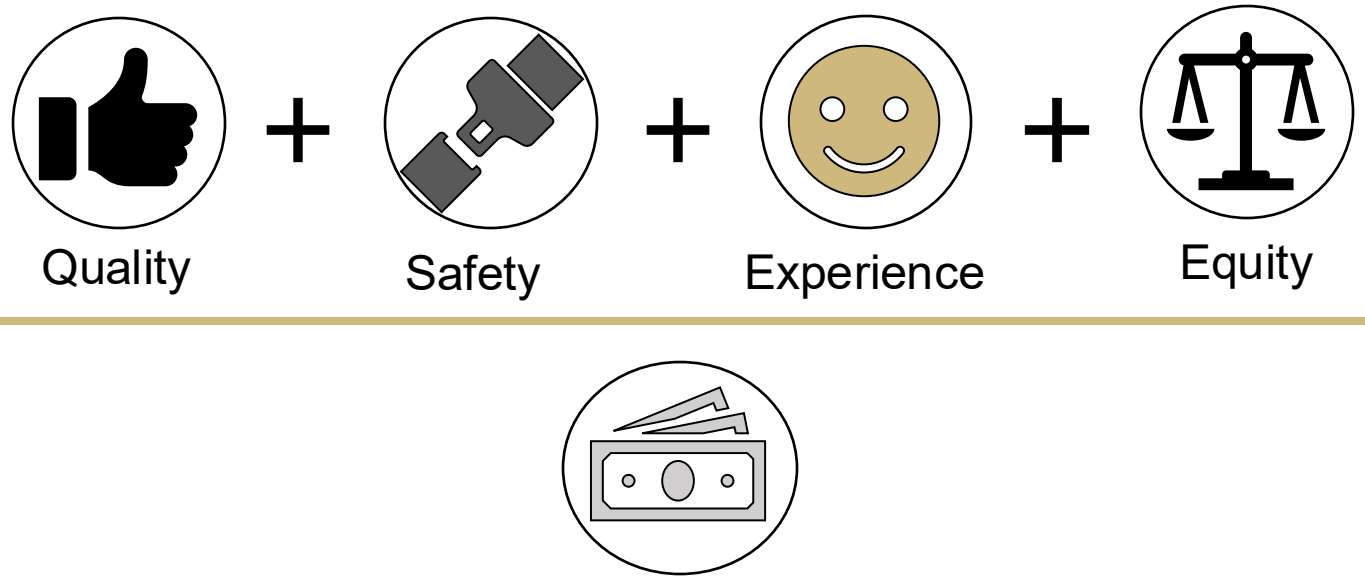




PT OT SLP

kics

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



Coaching:
Identify Value Opportunities

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?

Evaluation


BREAK-TIME
Come back at 2:10!

Introduction to Improvement

Tyler Anstett, DO

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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

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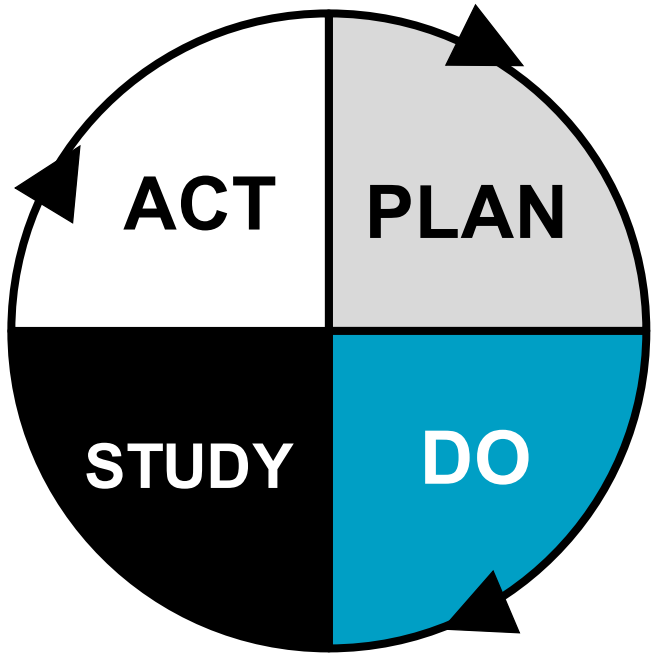
Institute *for* Healthcare Improvement

Model for Improvement

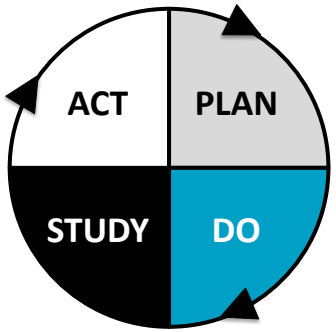
What are we trying to accomplish?

How will we know that change is an improvement?

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



Institute *for* Healthcare Improvement



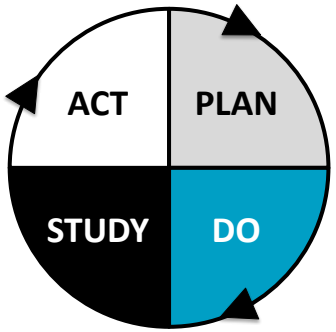
Plan: identify your problem, analyze contributing factors, and determine an intervention

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

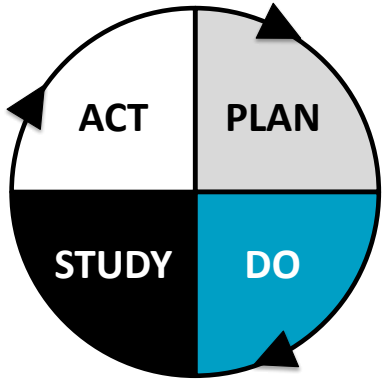
UNDERSTAND YOUR PROBLEM FIRST !!!

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

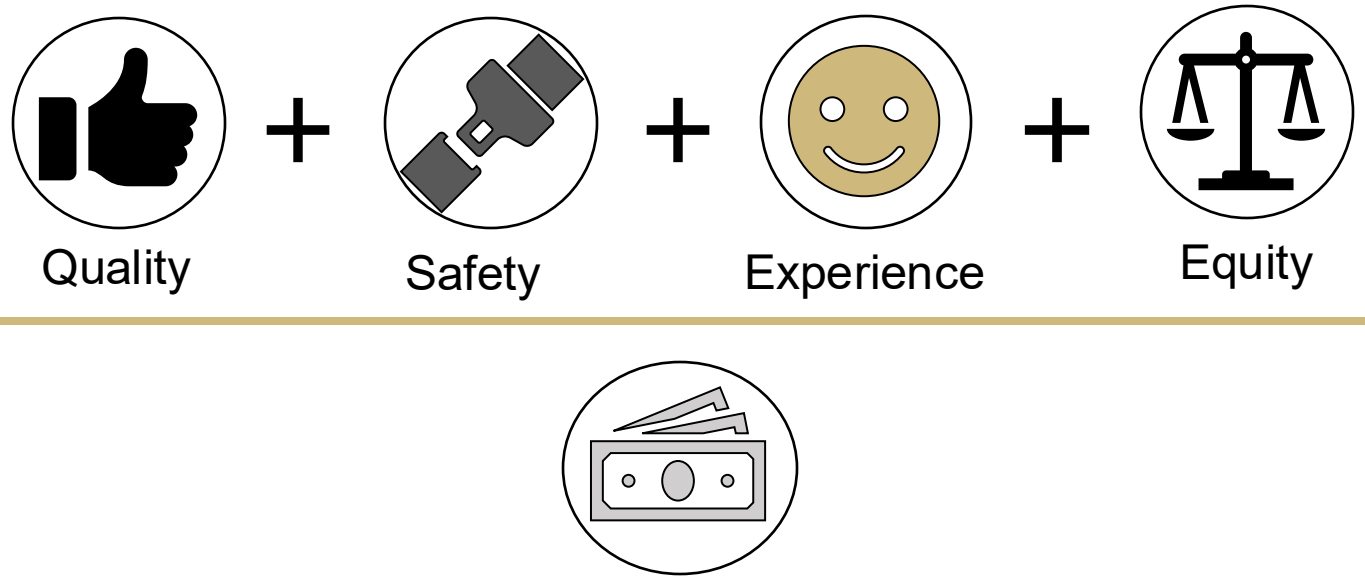
Maximize value while *through* minimizing waste.

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'

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



改善

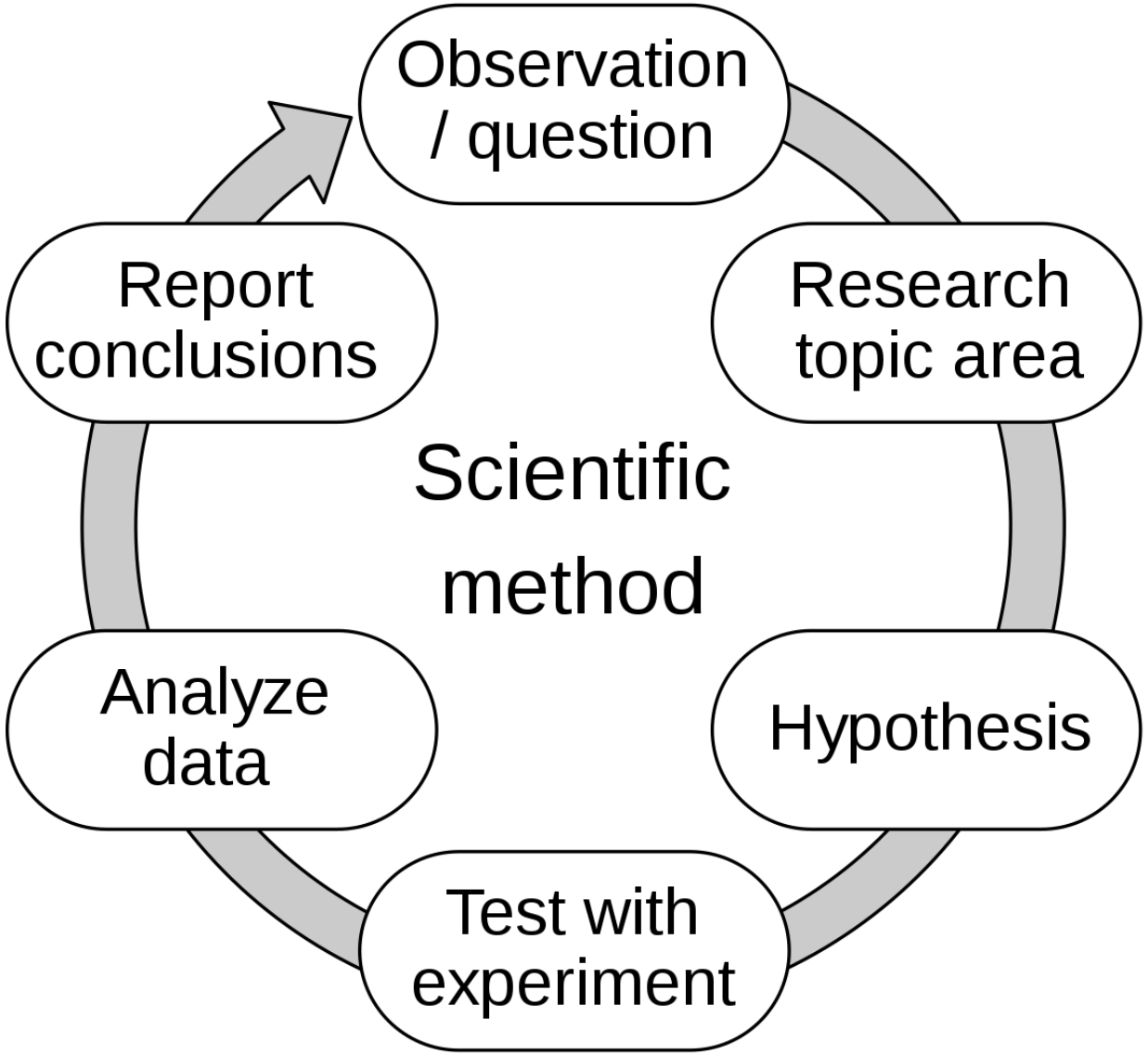
Eight Forms of Waste in Healthcare

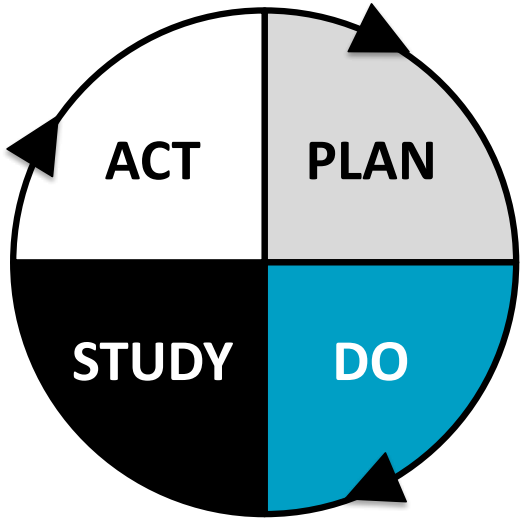
Photo Credit: *A3 Solutions • What We Do*. (2018). *A3 Healthcare Solutions*. Retrieved 7 April 2018, from http://www.a3healthcare.com/training-and-certification

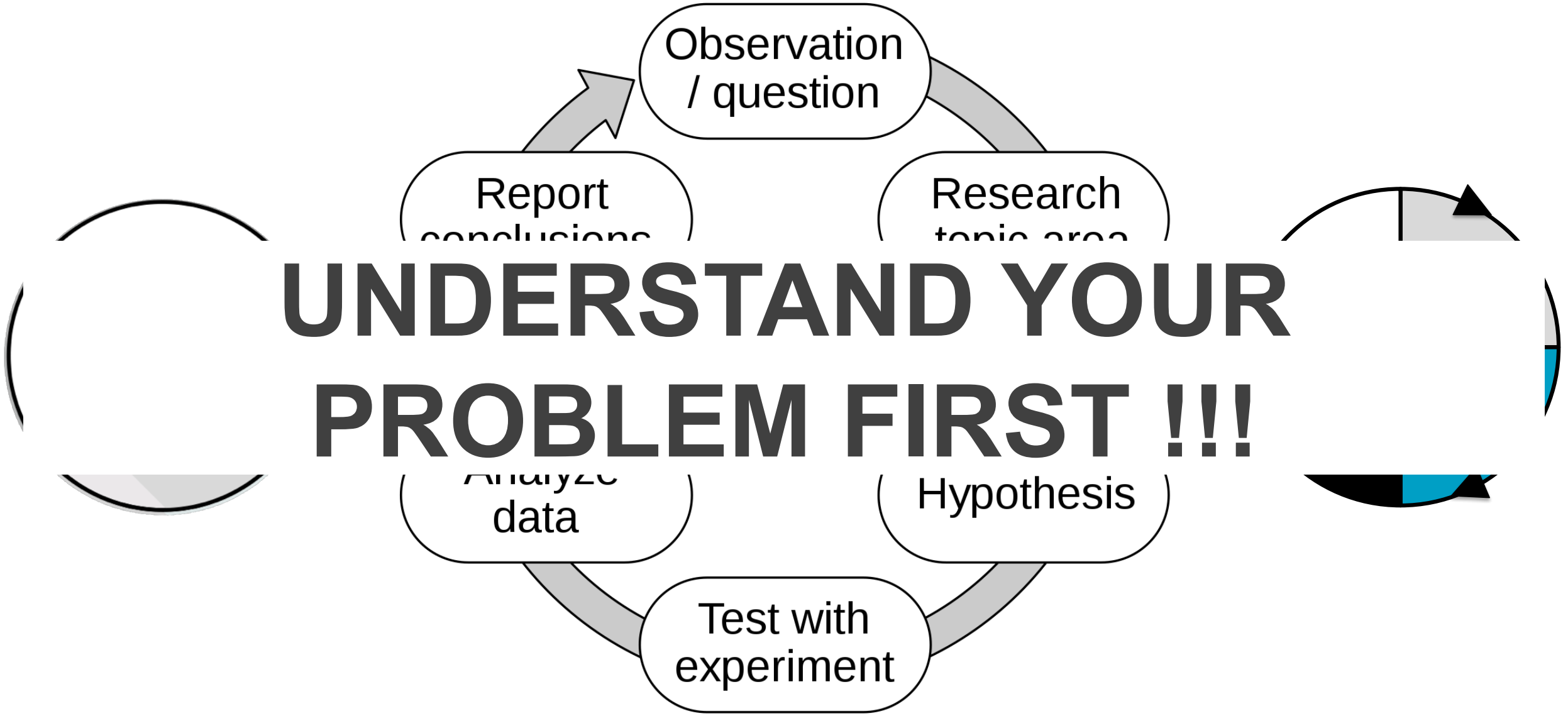
6σ + 改善 =

Six Sigma Lean

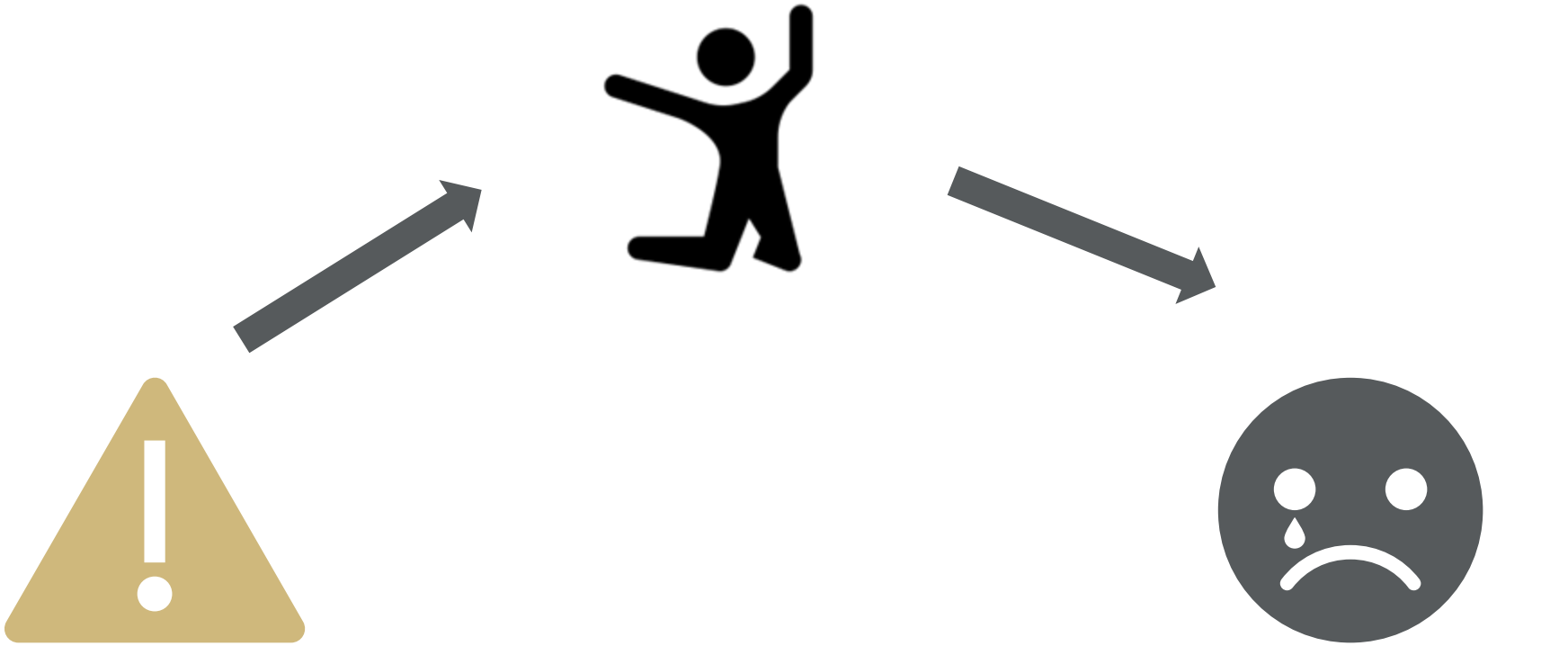

lean


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


ACT
PLAN
STUDY
DO

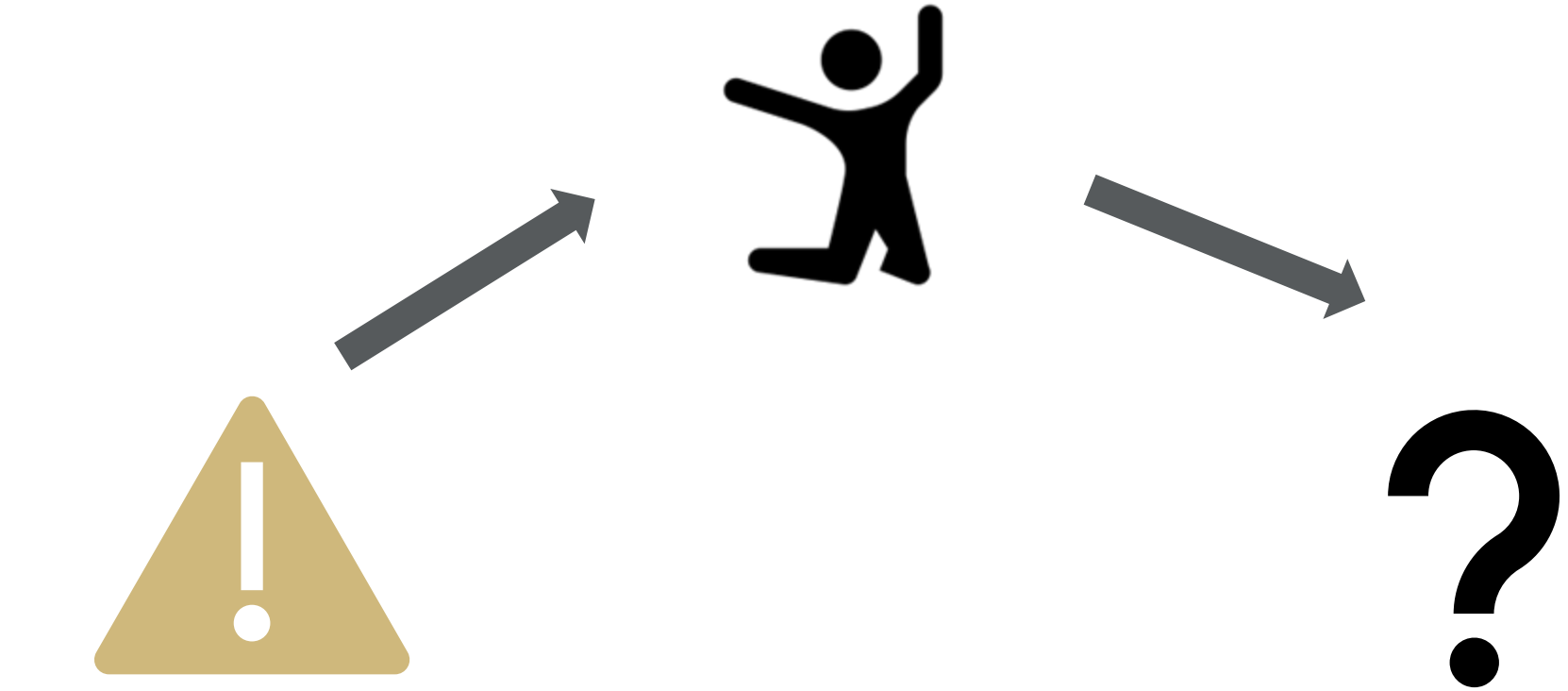


UNDERSTAND YOUR PROBLEM FIRST !!!



Sense a problem

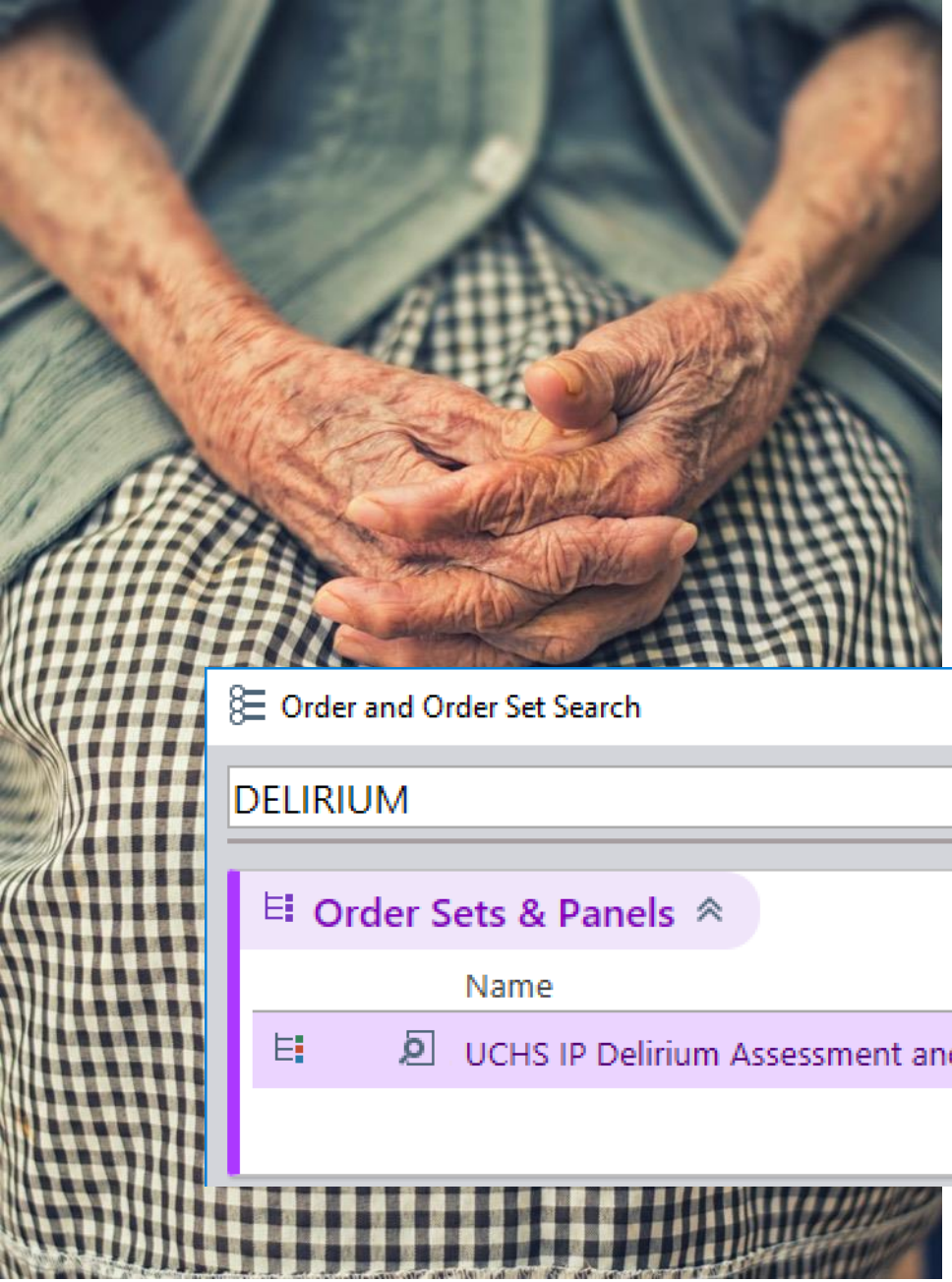
No improvement



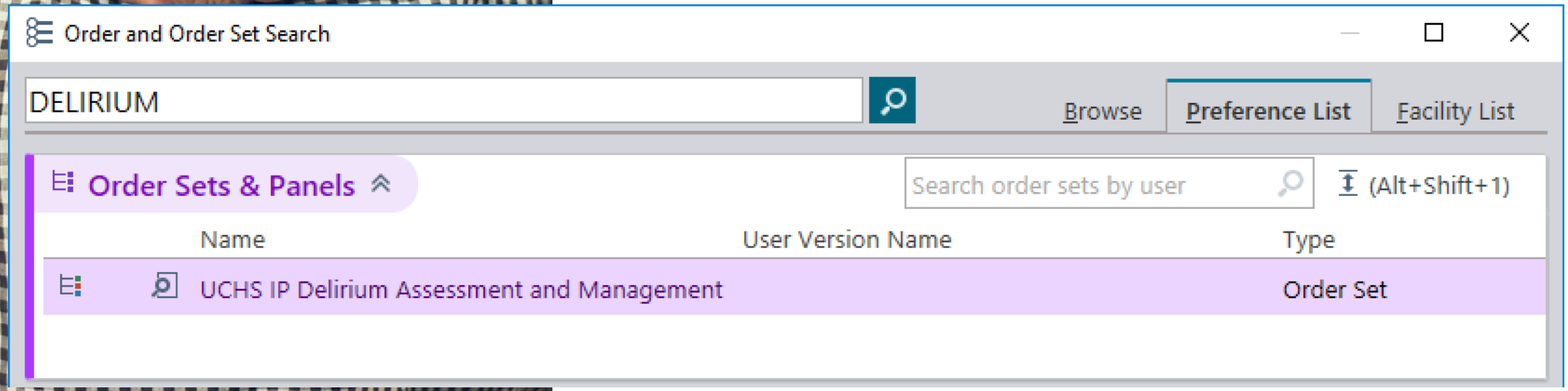
Sense a problem

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

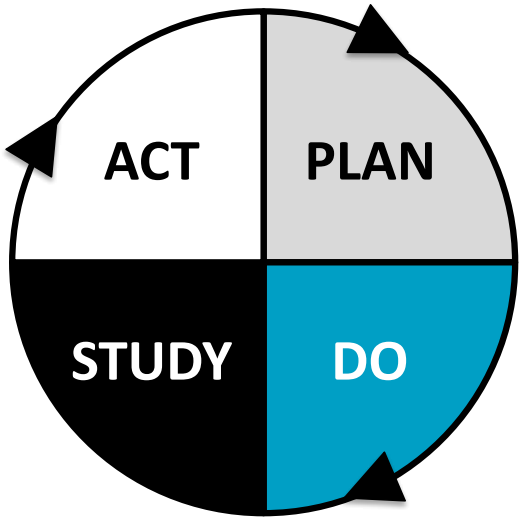
LaHue, et al. Outcomes Following Implementation of a Hospital-Wide, Multicomponent Delirium Care Pathway. J. Hosp. Med 2021;7;397-403. Published Online First June 8, 2021. doi:10.12788/jhm.3604

10 minutes

Coaching Breakout:

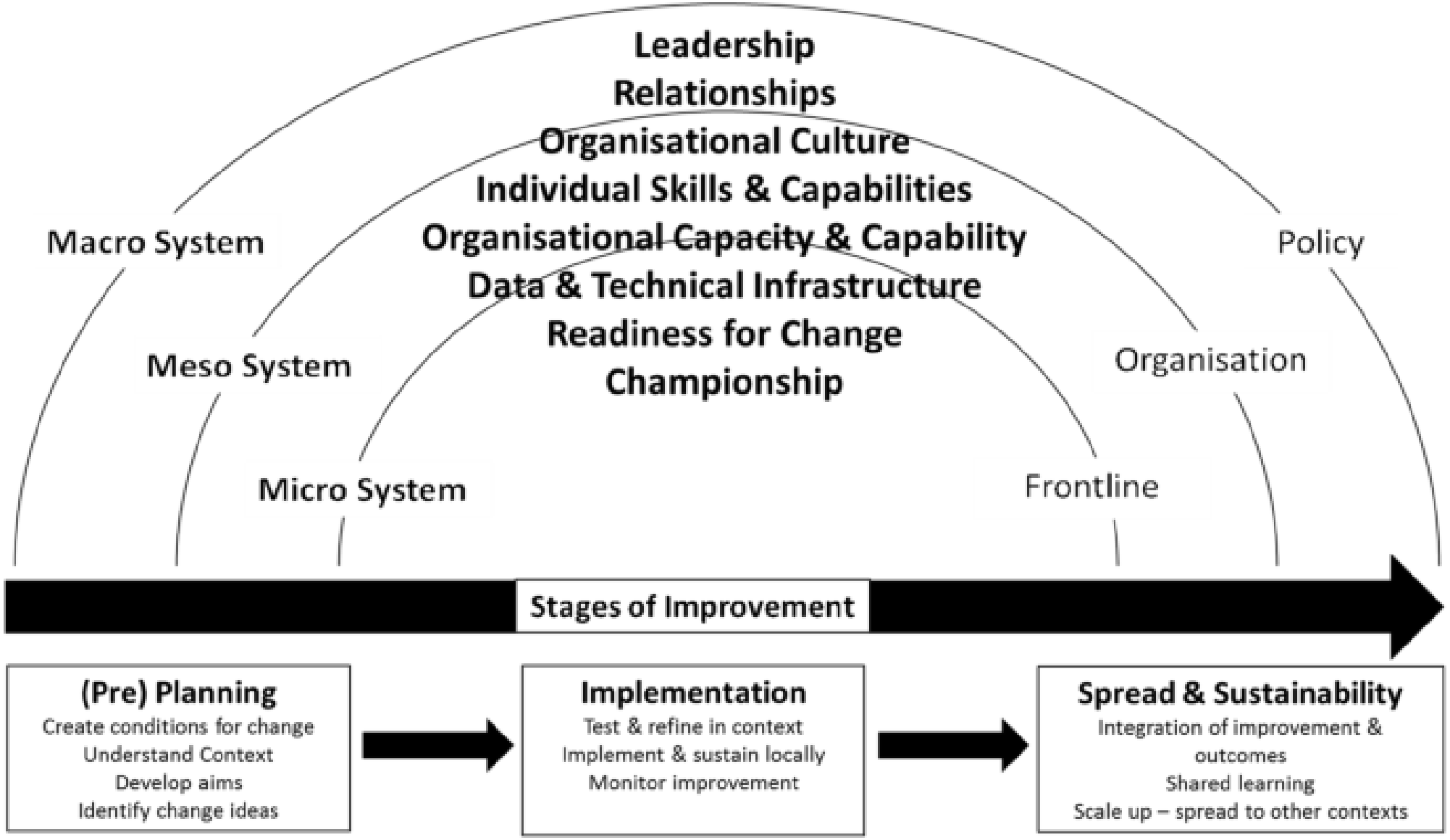
- What problem are you trying to solve?
- How do you KNOW it's a problem?
- What do you need to demonstrate that it's a problem?


Houston,
we have
a problem.
- Jim Lovell



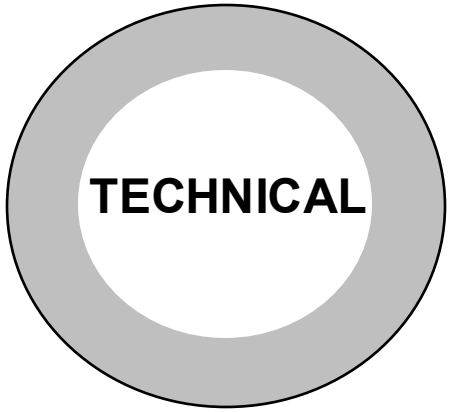
QI results are often mixed, unpredictable or demonstrate limited impact.

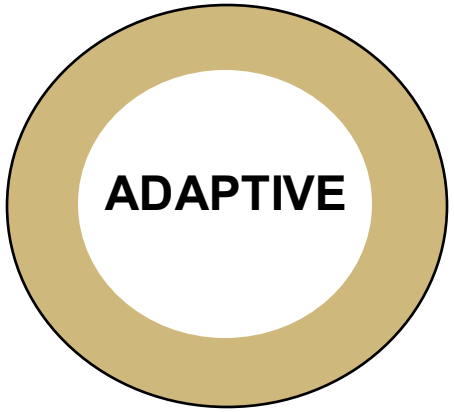
Health Foundation. Overcoming challenges to improving quality. Lessons from the Health Foundation's improvement programme evaluations and relevant literature. London: Health Foundation; 2012.

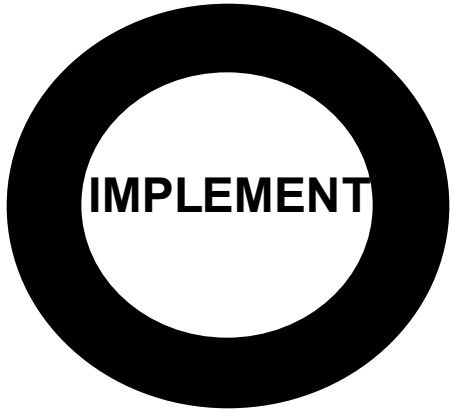


Coles, E., Anderson, J., Maxwell, M. *et al.* The influence of contextual factors on healthcare quality improvement initiatives: a realist review. *Syst Rev* **9**, 94 (2020).

I H Q S E





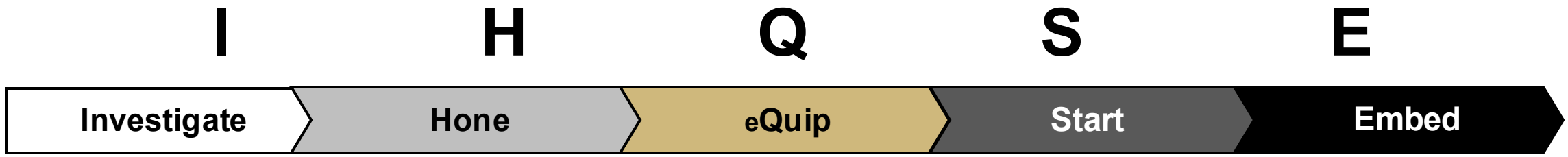


Process Improvement

Change Management

Coaching

"Model for Change"



UNDERSTAND YOUR PROBLEM FIRST !!!

Process Improvement **Change Management** **Coaching**

“Model for Change”

I H Q S E

Investigate	Hone	eQuip	Start	Embed
❑ Search literature ❑ Acquire Baseline Data ❑ Capture Voice of Customer ❑ Capture Voice of Business ❑ Create Problem Statement ❑ Analyze stakeholders ❑ Complete Process Map ❑ Create Affinity Diagram ❑ Identify Key Metrics ❑ Build a Business Case ❑ Create Aim Statement	❑ Apply Pareto Principle ❑ Assess Positive Deviants ❑ Use Hierarchy of Interventions ❑ Perform Design Thinking ❑ Identify 2 - 3 interventions ❑ Determine Research or QI ❑ Create Effort/Impact matrix ❑ Complete Equity Analysis ❑ Craft Well-Being Analysis ❑ Create Data Plan ❑ Complete Pre-mortem ❑ Finalize Implementation Plan	❑ Create Sense of Urgency ❑ Align with the Vision ❑ Build Motivation Plan ❑ Apply Diffusion of Innovation ❑ Identify & Remove Barriers ❑ Address Resistance ❑ Craft Awareness Campaign ❑ Create Logo ❑ Create Short-term Wins	❑ Pilot Intervention ❑ Ignite Awareness ❑ Launch Intervention ❑ Apply Motivation & Diffusion ❑ Track Data and Refine ❑ Recognize New Resistance ❑ Celebrate Short-term Wins ❑ Credibility for More Change	❑ Track Run Charts, SPC ❑ Remove New Barriers ❑ Celebrate More Wins ❑ Reconcile Business Case ❑ Present to Stakeholders ❑ Disseminate Project Work ❑ Create sustainment plan

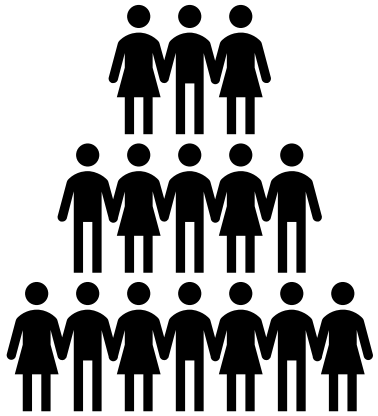
I H Q S E

Investigate	Hone	eQuip	Start	Embed
❑ Search literature ❑ Acquire Baseline Data ❑ Capture Voice of Customer ❑ Capture Voice of Business ❑ Create Problem Statement ❑ Analyze stakeholders ❑ Complete Process Map ❑ Create Affinity Diagram ❑ Identify Key Metrics ❑ Build a Business Case ❑ Create Aim Statement	❑ Apply Pareto Principle ❑ Assess Positive Deviants ❑ Use Hierarchy of Interventions ❑ Perform Design Thinking ❑ Identify 2 - 3 interventions ❑ Determine Research or QI ❑ Create Effort/Impact matrix ❑ Complete Equity Analysis ❑ Craft Well-Being Analysis ❑ Create Data Plan ❑ Complete Pre-mortem ❑ Finalize Implementation Plan	❑ Create Sense of Urgency ❑ Align with the Vision ❑ Build Motivation Plan ❑ Apply Diffusion of Innovation ❑ Identify & Remove Barriers ❑ Address Resistance ❑ Craft Awareness Campaign ❑ Create Logo ❑ Create Short-term Wins	❑ Pilot Intervention ❑ Ignite Awareness ❑ Launch Intervention ❑ Apply Motivation & Diffusion ❑ Track Data and Refine ❑ Recognize New Resistance ❑ Celebrate Short-term Wins ❑ Credibility for More Change	❑ Track Run Charts, SPC ❑ Remove New Barriers ❑ Celebrate More Wins ❑ Reconcile Business Case ❑ Present to Stakeholders ❑ Disseminate Project Work ❑ Create sustainment plan

Investigate

Sense a problem

Describe in detail



Understand stakeholders

Define Scope

Investigate

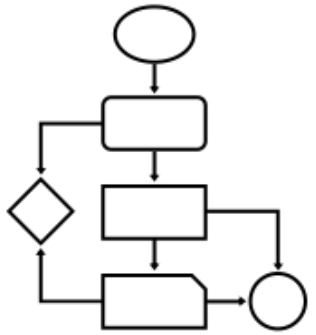
“In God we trust. All others must bring data.”

- 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)

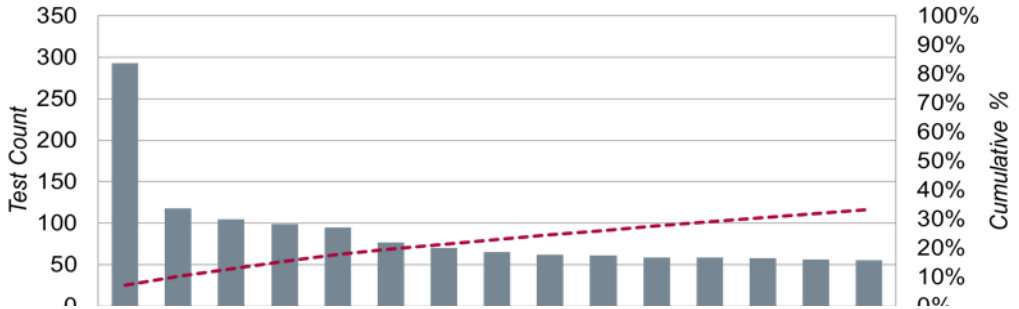
BEST HOSPITALS U.S.News & WORLD REPORT RANKINGS

Voice of the patient

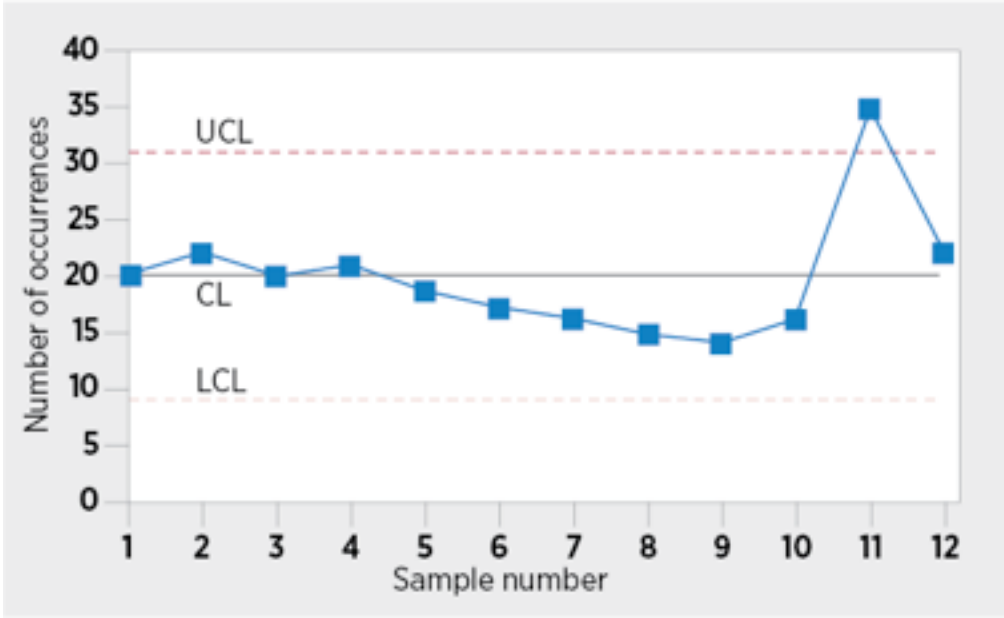
ACS NSQIP®

Ratings/Rankings

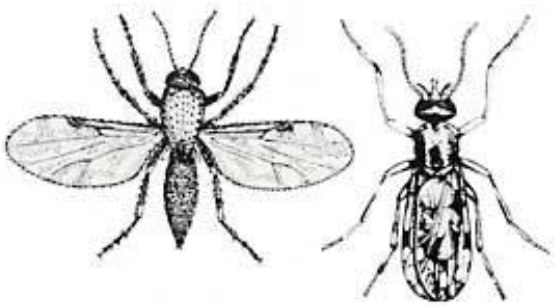
Investigate



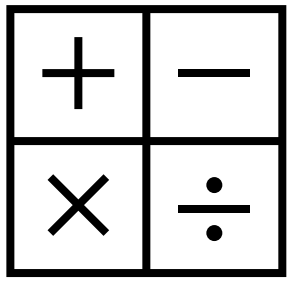
Pareto Chart



SPC Charts



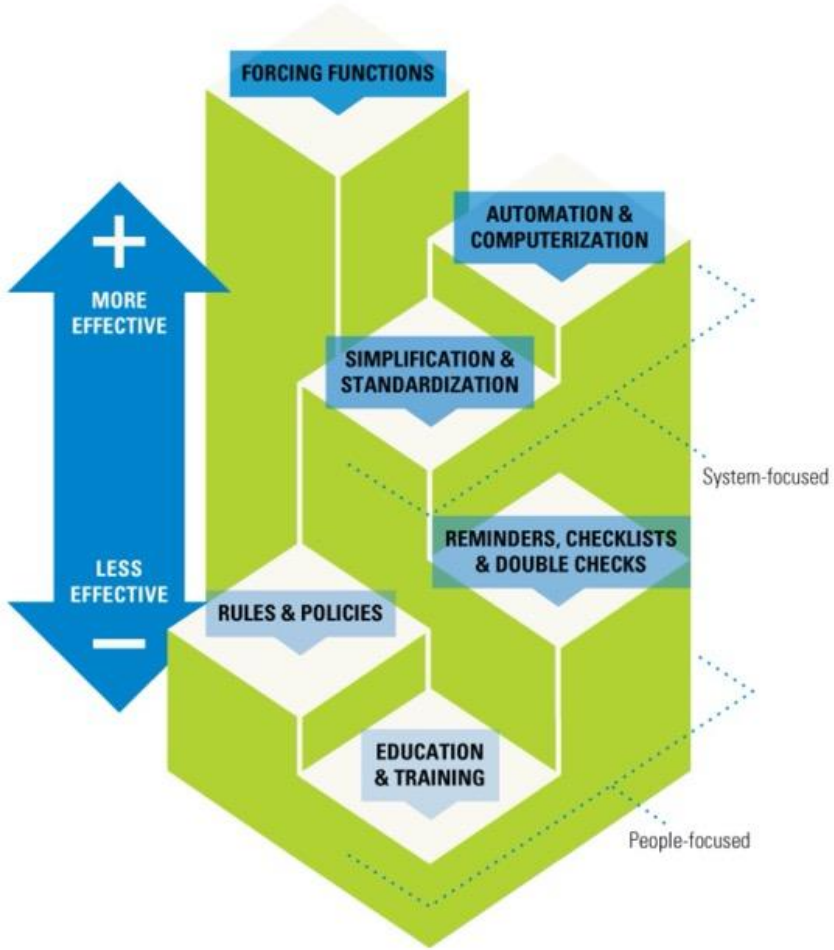
5-Why's

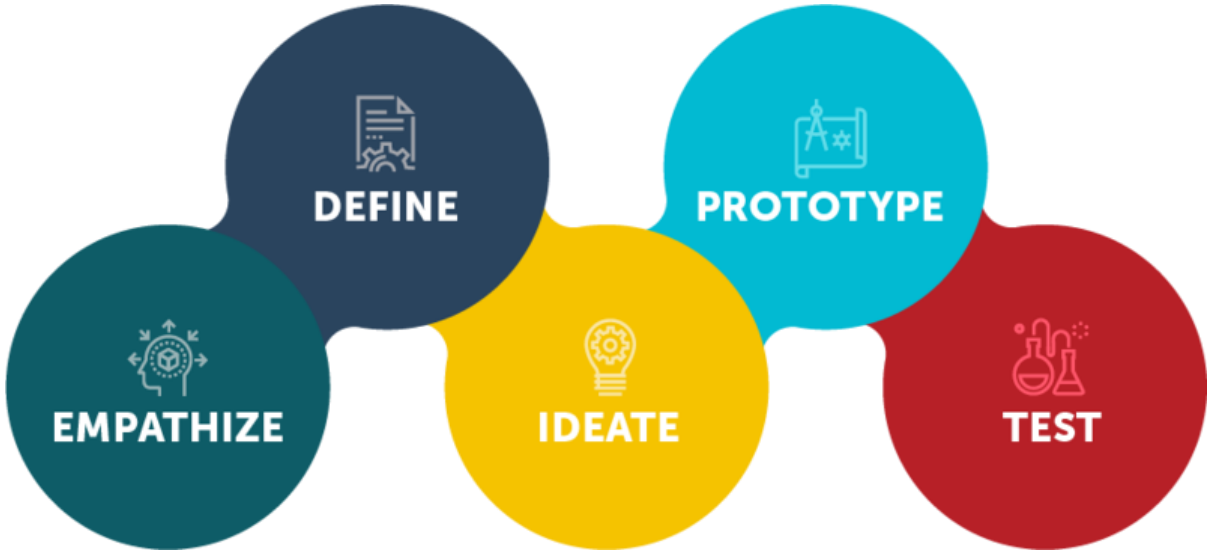


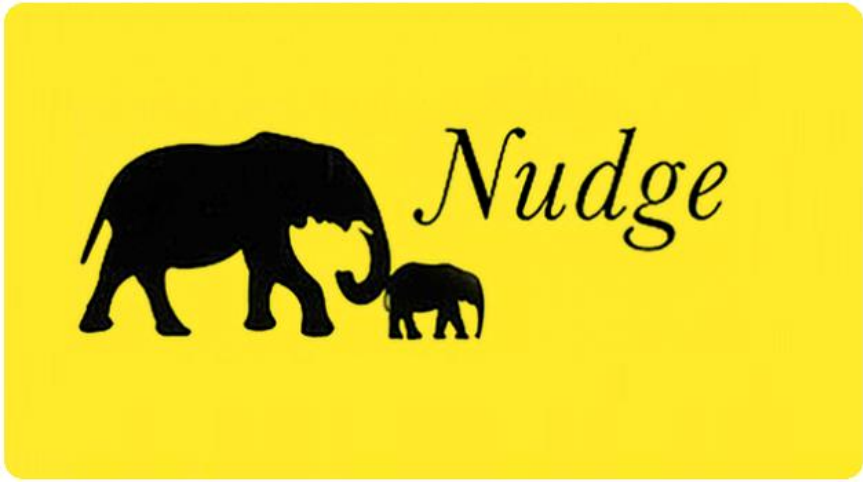
Descriptive Statistics

Root Cause Analysis

Hone

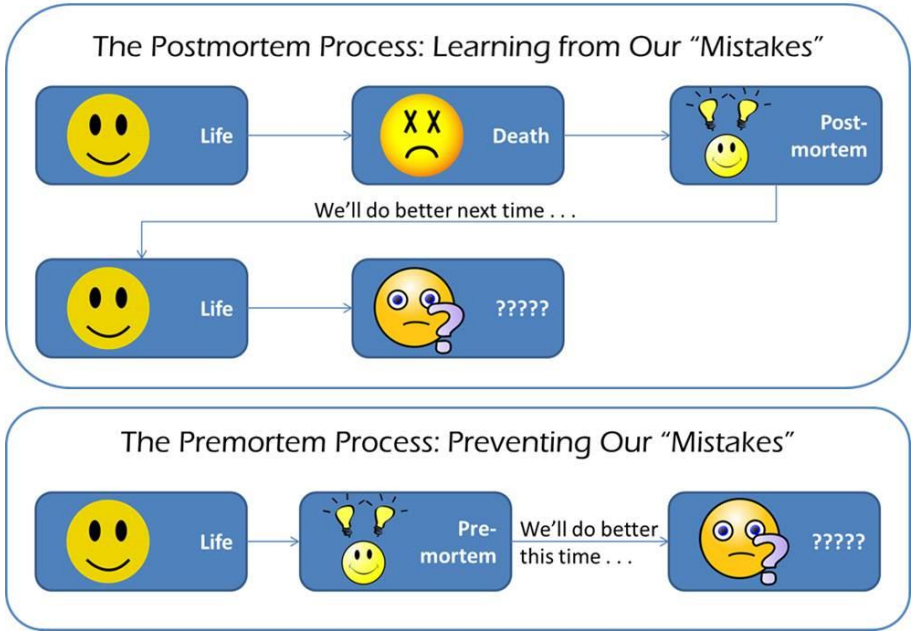

The Hierarchy of Intervention Effectiveness
FORCING FUNCTIONS
AUTOMATION & COMPUTERIZATION
SIMPLIFICATION & STANDARDIZATION
REMINDERS, CHECKLISTS & DOUBLE CHECKS
RULES & POLICIES
EDUCATION & TRAINING
MORE EFFECTIVE
LESS EFFECTIVE
System-focused
People-focused

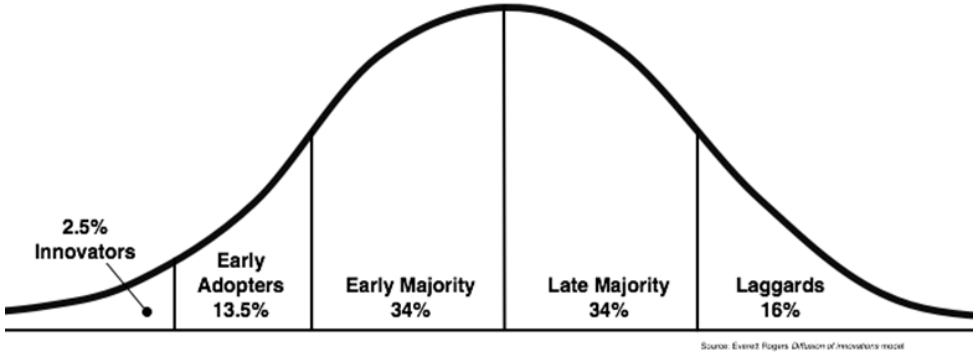

DEFINE
PROTOTYPE
EMPATHIZE
IDEATE
TEST

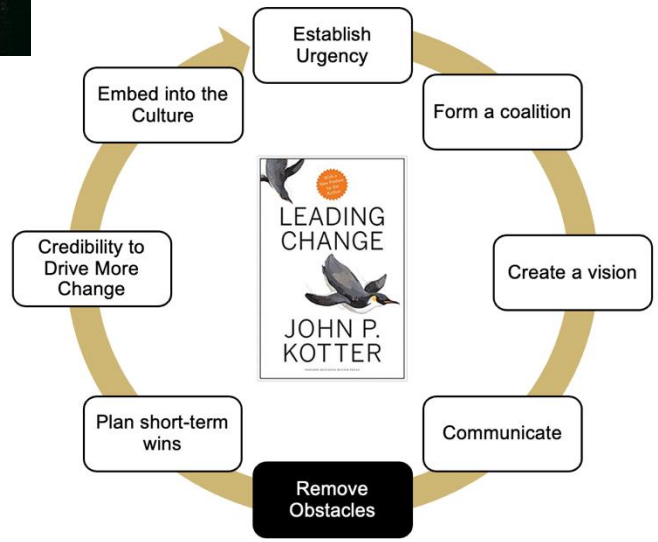

Nudge

eQuip

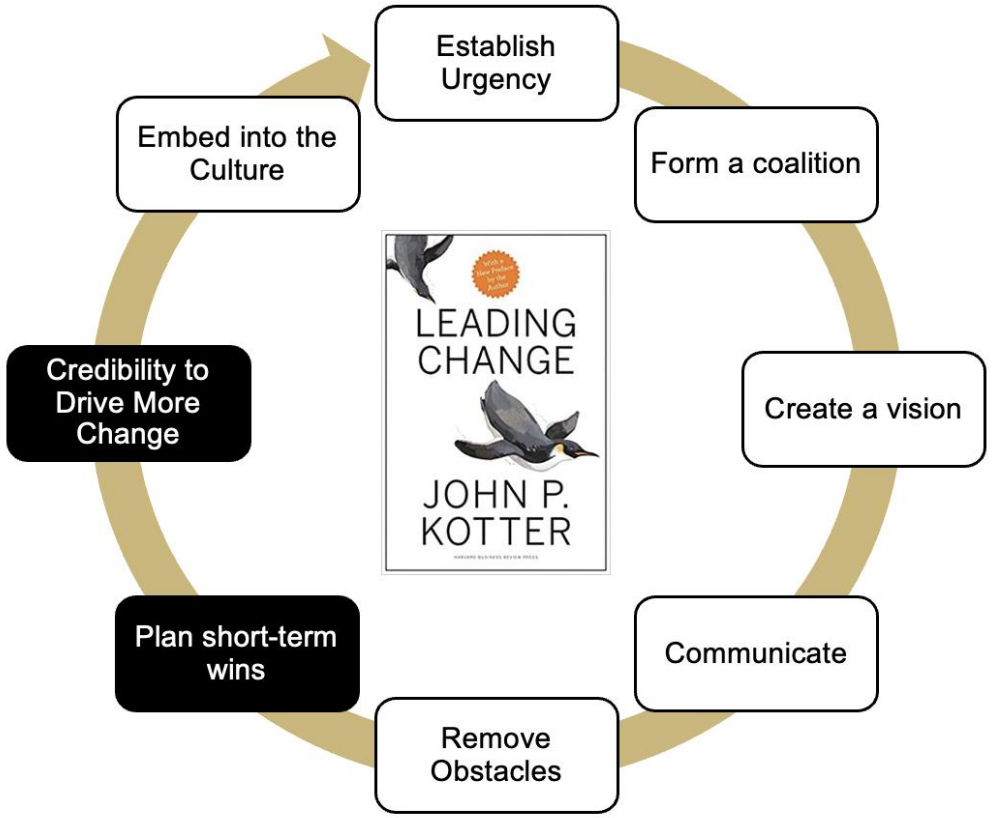
Which Would You Prefer???





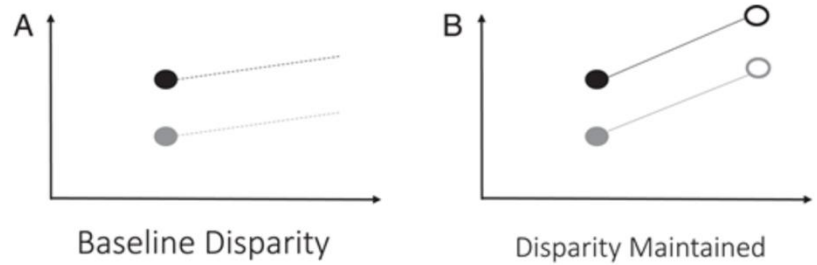


Start

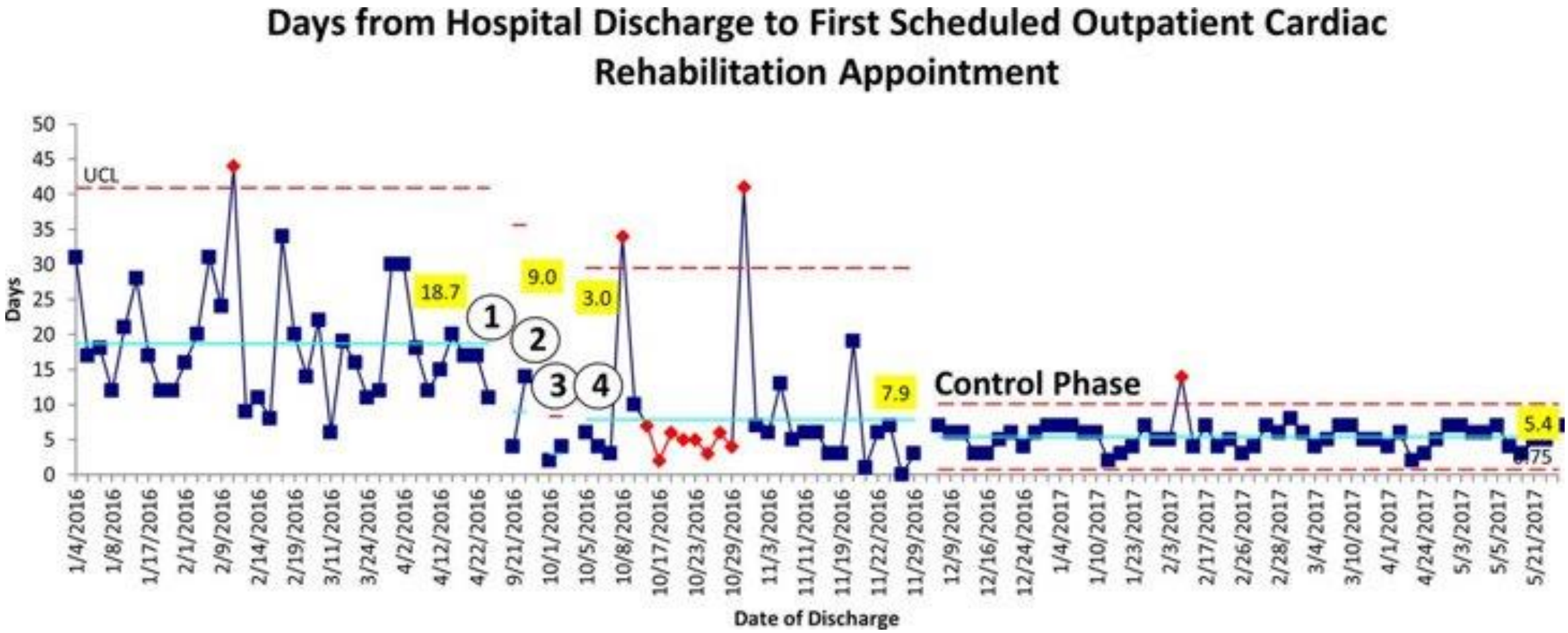


Are some groups affected differently than others?

FIGURE 1



Embed


Days from Hospital Discharge to First Scheduled Outpatient Cardiac Rehabilitation Appointment
Days
Date of Discharge
UCL
18.7
9.0
3.0
7.9
Control Phase
5.4
1
2
3
4


BREAK-TIME
Come back at 3:20!

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

Read G. Pierce, MD

Chief Medical Officer,
Denver Health

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

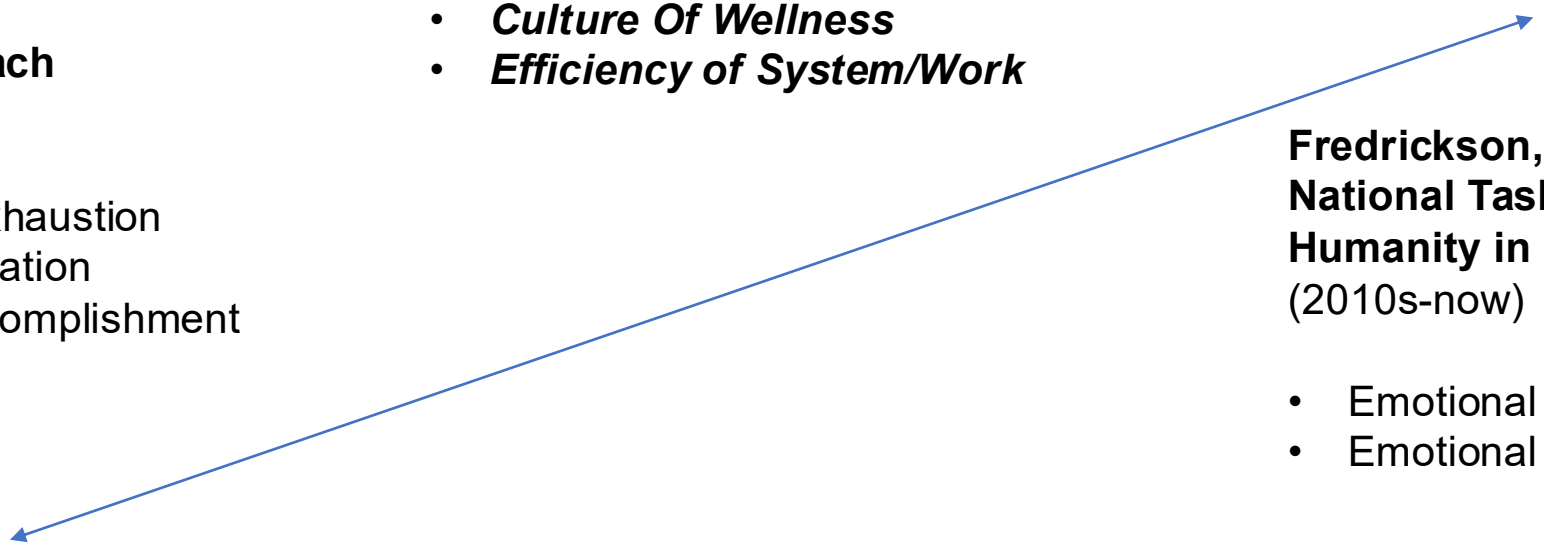
Bohman, Dyrbye, Sinsky, American Medical Association
(2000s-now)

- 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

Bohman, Dyrbye, Sinsky, American Medical Association
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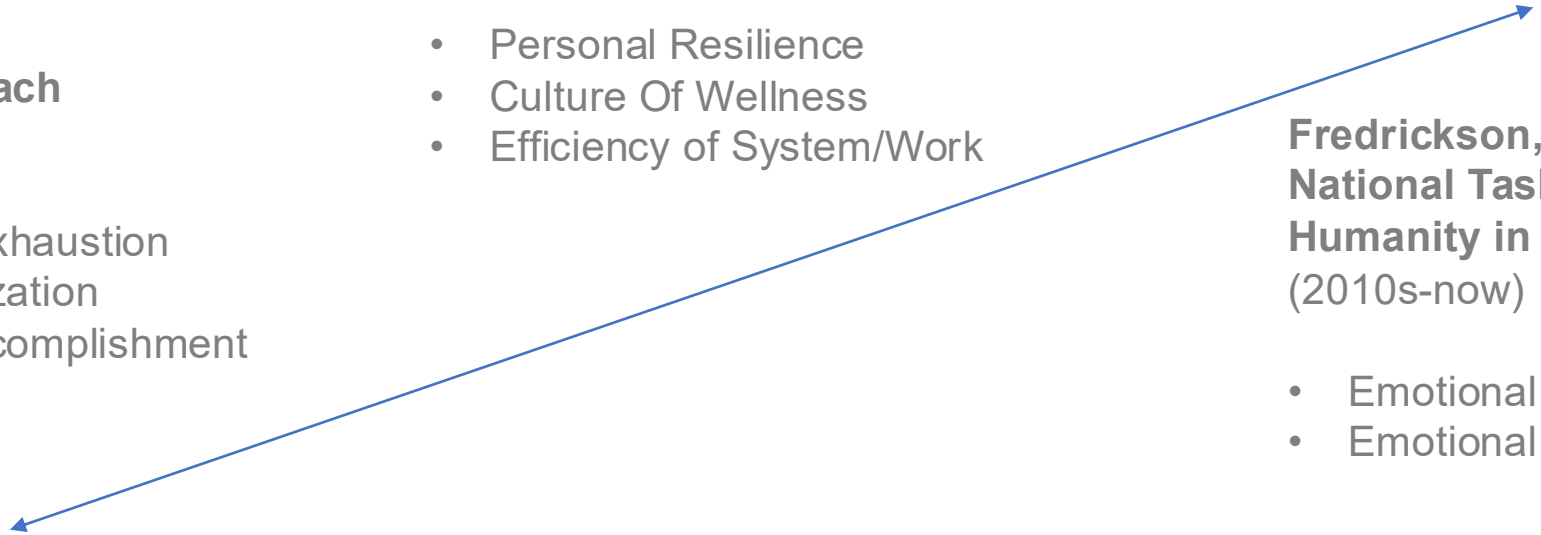


Fredrickson, Sexton, National Taskforce for Humanity in Healthcare
(2010s-now)

- Emotional Thriving
- Emotional Recovery

I'm Burned Out

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

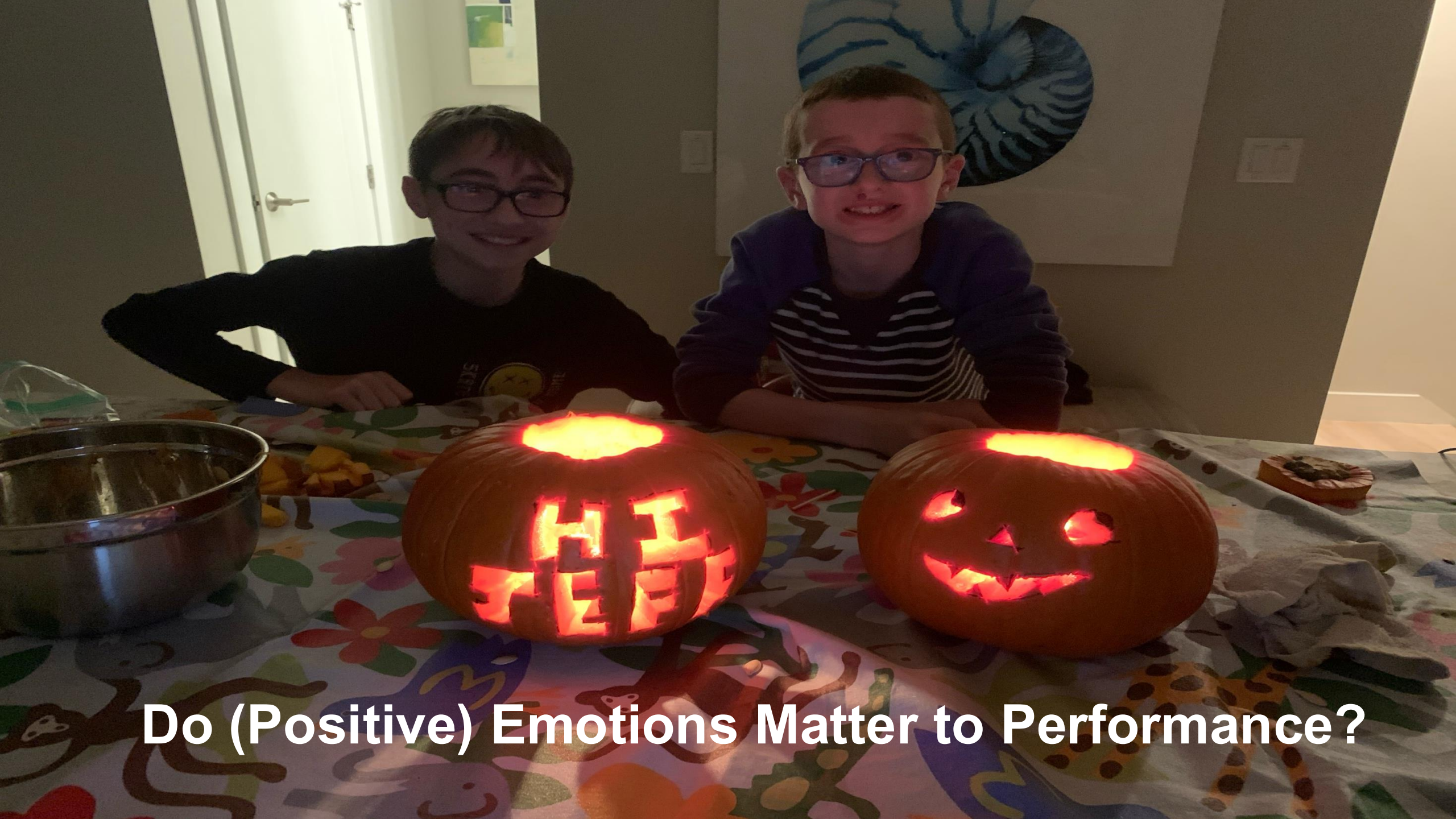
Thriving, at its core, is the regular cultivation + experience of positive emotion.

What Emotions Are We Talking About?

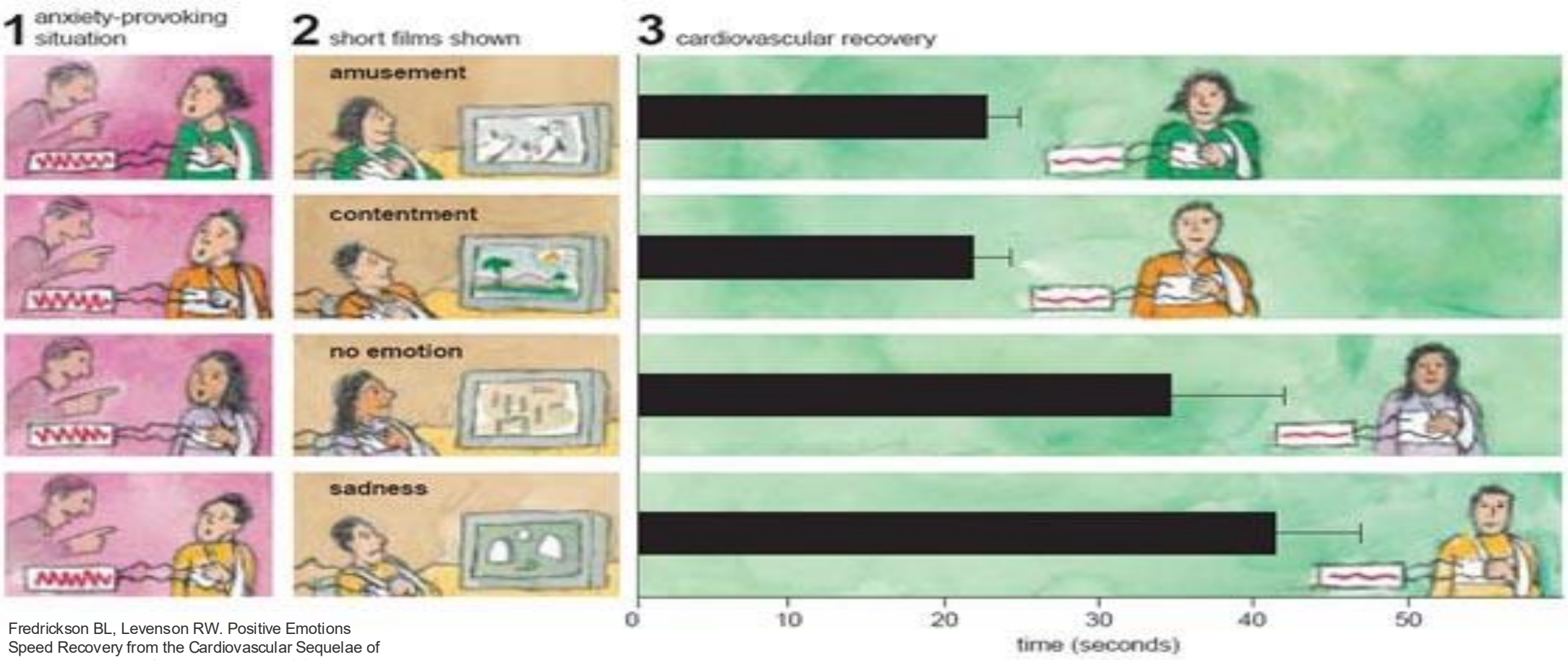
Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines

Undoing Effect


Do (Positive) Emotions Matter to Performance?

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 bounc

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.

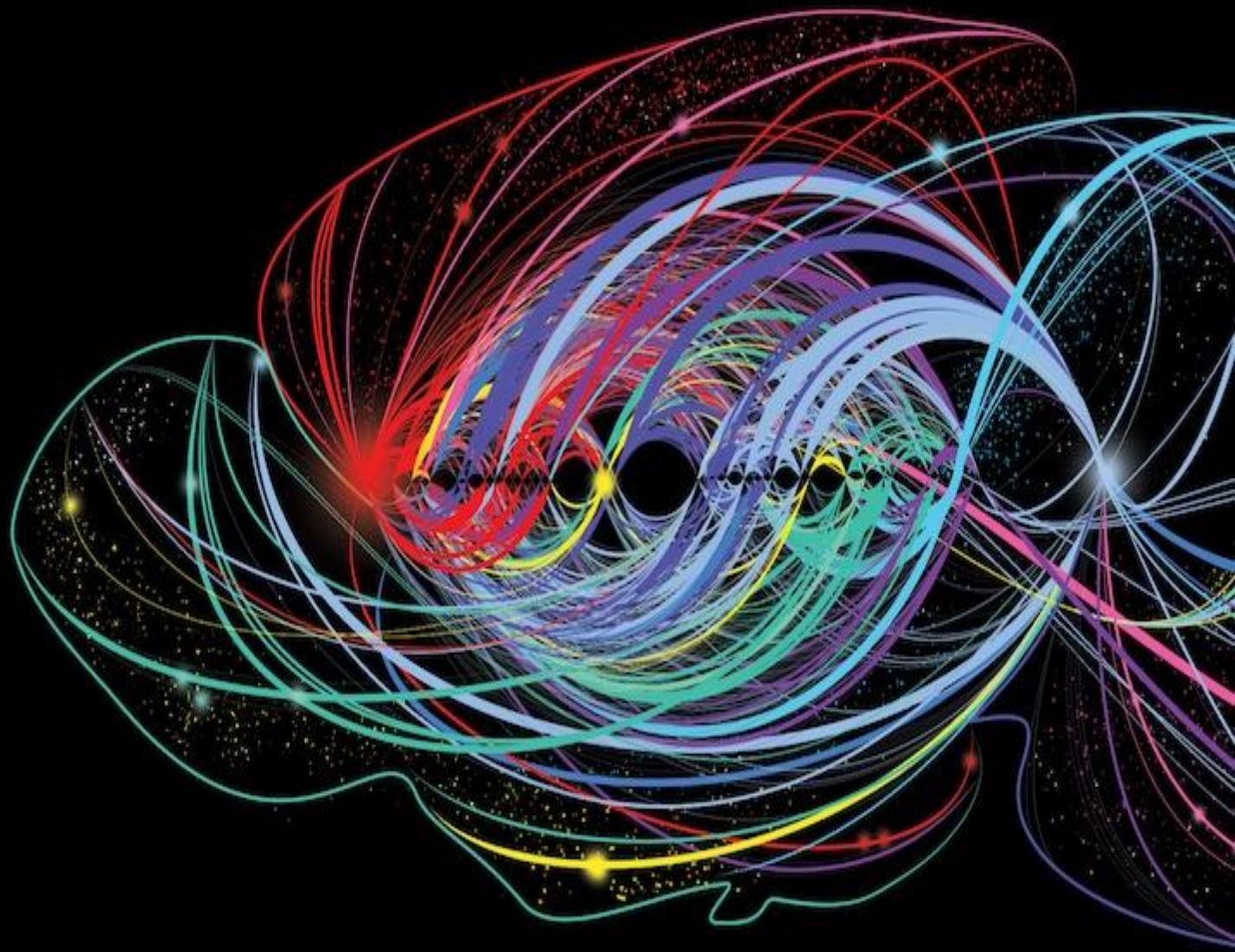
How Do We Motivate and Engage?

(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

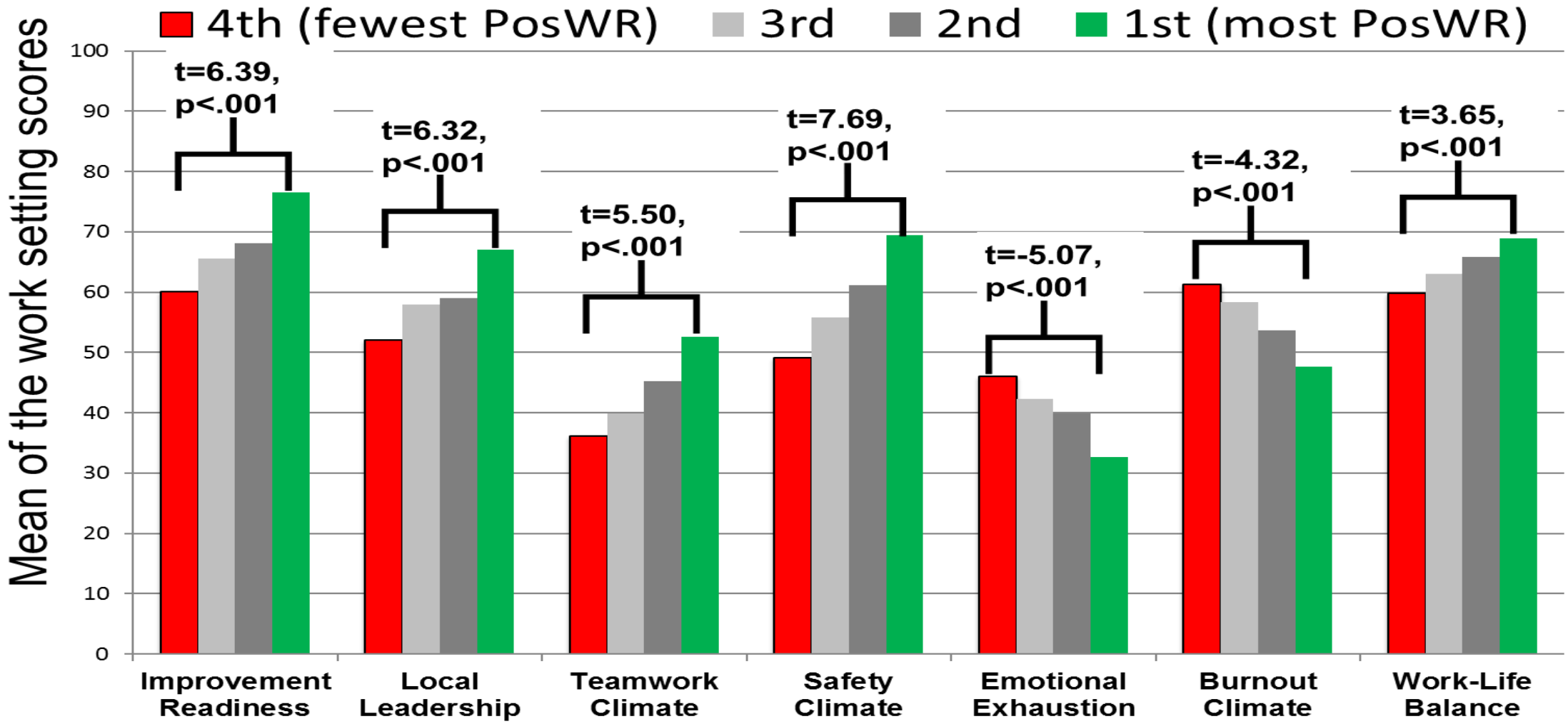
1) The Power of Leaders Using *Better Questions*

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. "Providing feedback following Leadership WalkRounds is associated with better patient safety culture, higher employee engagement and lower burnout. BMJ Qual Saf, 2018.

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)!!

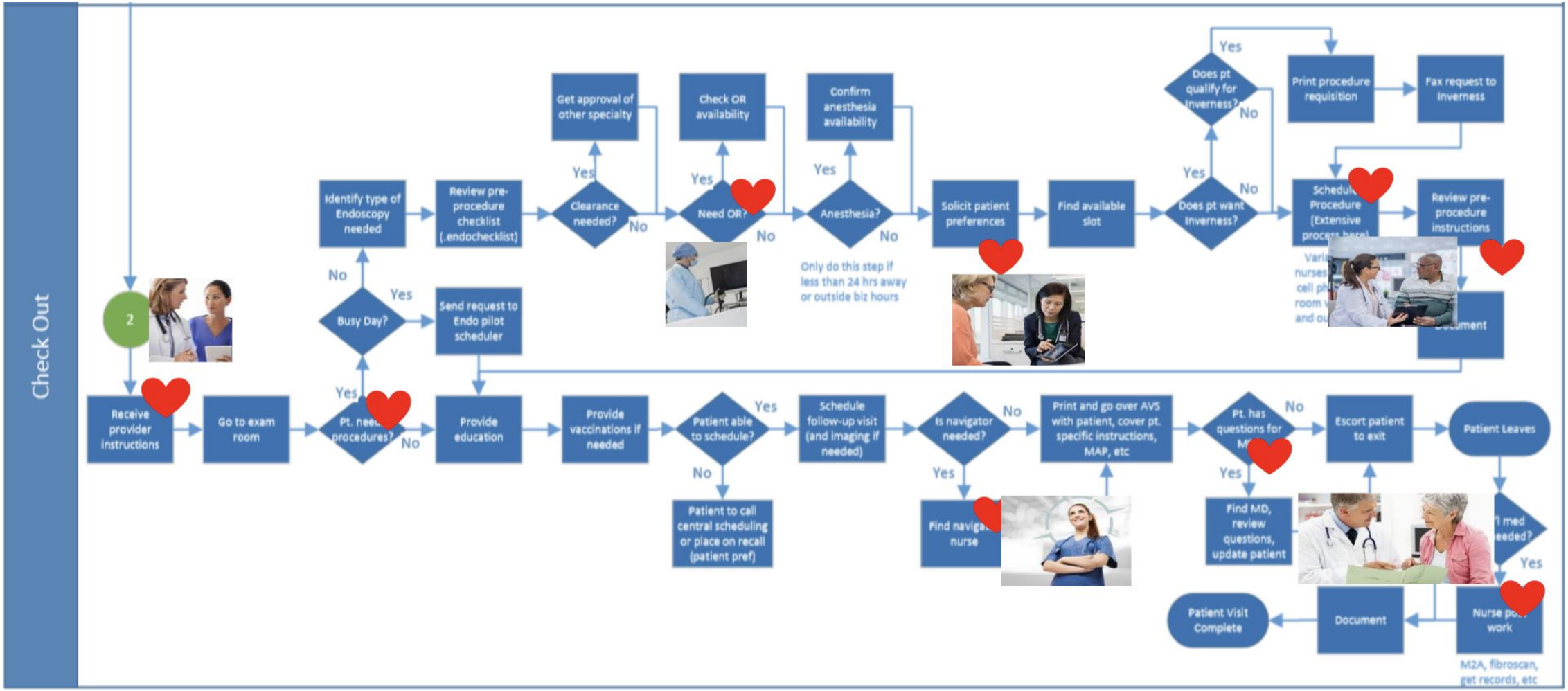
JAMA Network | Open

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

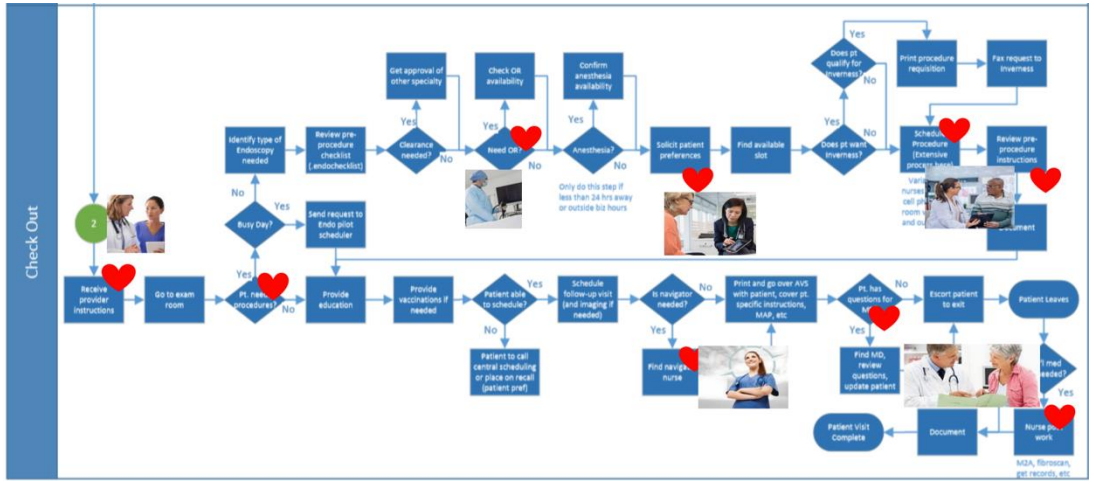
3) Reimagined Process Improvement: *Connection (Love) + Efficiency*



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*
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4. *Empowering Team Members*
5. *Nurturing Professional Development*
6. *Providing Feedback & Recognition*

Questions + Dialogue

Appreciative Debrief

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

Next Steps

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

Date Assigned	Assignment	Due Date
#1 – Aug. 19, 2025	• Develop group ground rules • Complete Leadership Defined Self-assessment	#3 – Sept. 9, 2025
#2 – Aug. 26, 2025	• No new assignments	
#3 – Sept. 9, 2025	• Complete voice of customer • Build stakeholder analysis • Develop a problem statement	#6 – Oct. 28, 2025
	• Complete a process map	#7 – Nov. 4, 2025
#4 – Sept. 23, 2025	• Reading: Kotter, John. *Leading Change: Why Transformation Efforts Fail*	#5 – Oct. 7, 2025
	• Meet with Dr. Moksha Patel	# 7 – Nov. 4, 2025
	• Draft business case	#8 – Nov. 18, 2025
	• Complete affinity diagram	#9 – Dec. 9, 2025
#5 – Oct. 7, 2025	• Complete Myers-Briggs Assessment	Friday, Oct. 24, 2025
	• Complete literature review • Complete Program Evaluation/QI/Research Tool	#8 – Nov. 18, 2025
#6 – Oct. 28, 2025	• Well-being Analysis • Health Equity Analysis • Develop/utilize current vision tying to project	#9 – Dec. 9, 2025
#7 – Nov. 4, 2025	• Complete data collection plan	#10 - Dec. 16, 2025
#8 – Nov. 18, 2025	No new assignments	
#9 – Dec. 9, 2025	• Finalize sense of urgency	#11 – Jan. 13, 2026
	• Complete Design Thinking Exercise • Complete Positive Deviance Exercise • Develop list of potential interventions	#12 – Jan. 27, 2026
#10 – Dec. 16, 2025	• Complete aim statement • Finalize guiding coalition	#11 – Jan. 13, 2026
	• Finalize logo	#13 – Feb. 10, 2026
#11 – Jan. 13, 2026	• Draft mid-year report out	#12 – Jan. 27, 2026
	• Create and implement a communication plan	#14 – Feb. 24, 2026

Evaluation

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In Session Coaching

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