

Certificate Training Program Session 3

Welcome!: Before We Start

Sign-in at the back
Pick up handout packet
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

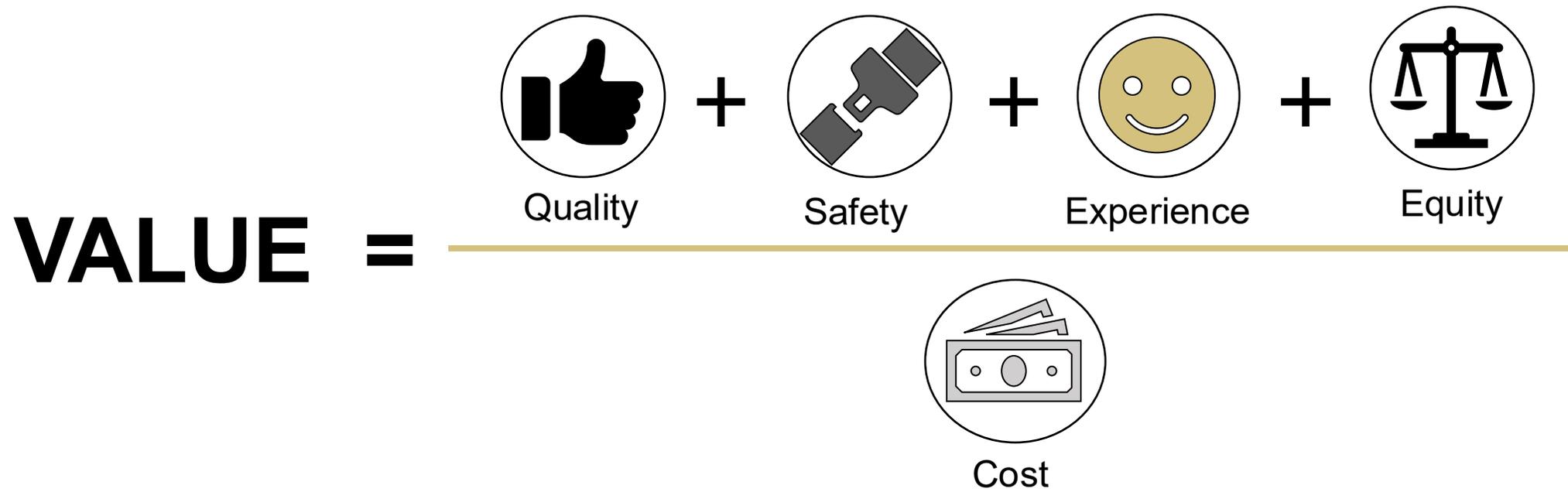


Curriculum Overview

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 Whole Blood Program	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	



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

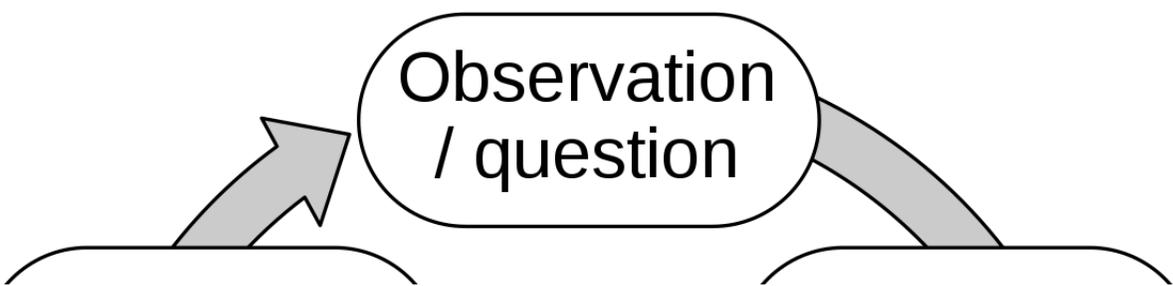


Value

QI = ~~Quality~~ Improvement

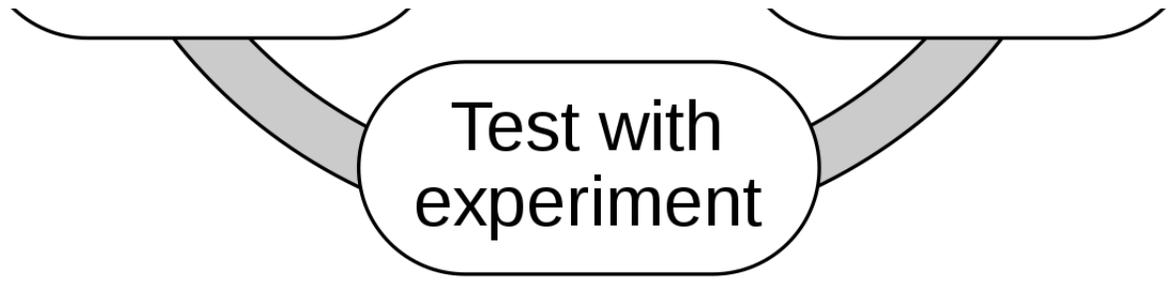
Systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups.





Observation
/ question

UNDERSTAND YOUR PROBLEM FIRST !!!



Test with
experiment



I**H****Q****S****E****Investigate****Hone****eQuip****Start****Embed****TECHNICAL****ADAPTIVE****IMPLEMENT**

- 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



What Emotions Are We Talking About?

Joy
Hope
Gratitude
Inspiration
Awe
Interest
Amusement
Pride
Serenity
Love

Tiny Engines



Undoing Effect



Today's Objectives

- Create an understanding of and scope of a problem
- Understand what your customers wants
- Recognize the people who will impact and be impacted by your project work
- Define the key steps in your current process



Syllabus

#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?	<input type="checkbox"/> Complete Voice of Customer, Build Stakeholder analysis, and Develop a problem statement <i>Due Oct. 28</i> <input type="checkbox"/> Complete a Process Map <i>Due Nov. 4</i>
	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 and Stakeholder Analysis	What does your customer/business want?	
	Stakeholder Analysis	Who are the key people who will be impacted/impact my project?	
	Process mapping	How do I understand the steps in my current process?	
Coaching			
Coaching	Voice of the customer, process map, problem statement		
#4 Sept. 23	Team Check-in: UCH Rheumatology Clinic	Who are my colleagues?	<input type="checkbox"/> Complete Affinity Diagram <i>Due Dec.9</i> <input type="checkbox"/> Reading for next session: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> <input type="checkbox"/> Meet with Dr. Moksha Patel <i>Due Nov. 4</i> <input type="checkbox"/> Draft Business Case <i>Due Nov. 18</i>
	Baseline Data	How do I identify key metrics?	
	Investigate the Problem	How do I understand the problem I'm trying to solve?	
	EMR and Process Data	How does the EMR enable data attainment? What EMR changes do I need to make to complete my project?	
	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	Baseline data, root causes, business case		



UCH Whole Blood Program

- 1) Introduce your team
- 2) Tell us about your program
- 3) What is the problem you think you will focus on?
 - *E.g., What are the pain points for you, your staff and customers?*
 - *E.g., Do you have any data to understand your problem?*



The University of Colorado Hospital Whole Blood Program

CU Institute for Health Care Quality, Safety and Efficiency

School of Medicine

University of Colorado Anschutz Medical Campus

The Team

Stephanie Bates, MD

Transfusion Service Associate Medical Director
Assistant Professor, Department of Pathology

Angela Wright, MD

Medical Director of EMS and Pre-Hospital Care
Associate Professor, Department of Emergency
Medicine

Desi Harris, NRP

EMS Clinical Quality Manager

Regina Krell, MS, BSN, RN

Sr. Director of Trauma and Burn Services



The Problem

WHOLE BLOOD IS BETTER FOR HEMORRHAGE
BUT...NOT USED IN ALL HEMORRHAGING
PATIENTS

Currently only used in Trauma Patients



The Solution

WHOLE BLOOD IS USED IN ALL HEMORRHAGING
PATIENTS

Whole blood is a better value overall

- Quality
- Safety
- Experience
- Equity
- Cost



Investigate your Problem

Part I



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Investigate the Problem

WHAT is your problem?

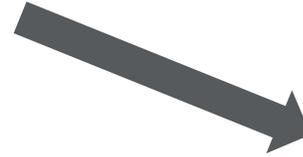
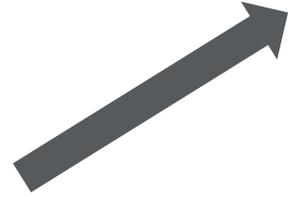
Investigate: **WHAT** is your problem

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

Patients are not happy with their experience in the ED.



Sense a problem



No improvement

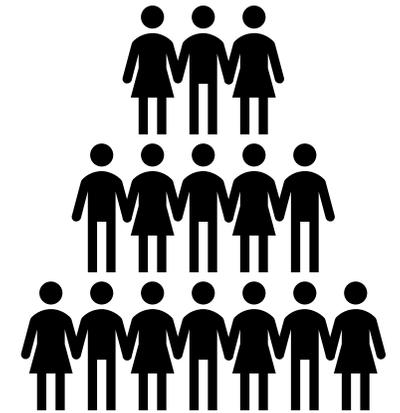
Investigate - WHAT



Sense a problem



Describe in detail -
Problem Statement



Understand
stakeholders –
**Voice of
Customer**

**Stakeholder
Analysis**



VALUE = _____



Cost

Tool: The Problem Statement



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

The SPARK



Sense a problem

Patients are not happy with their experience in the ED.



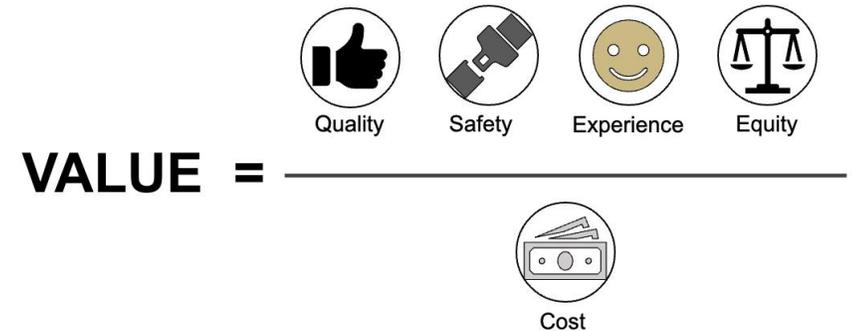
What are you addressing?

What is your scope?



The SPARK – A Deeper Dive

ER patient satisfaction in the 25th percentile
There have been several complaints regarding ER Triage
Data review shows excessive wait times at triage
Door to Doctor time was nearly 80 minutes
Longer wait times for Non – English Speaking
Excessive 'Left Without Being Seen' is leading to loss of patients and patient safety concerns



Problem Statement

Our patients wait too long in the Emergency Room before they see a provider (an average of 80 minutes), resulting in patients leaving the ER without being evaluated.

The SPARK



Sense a problem

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



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

The SPARK

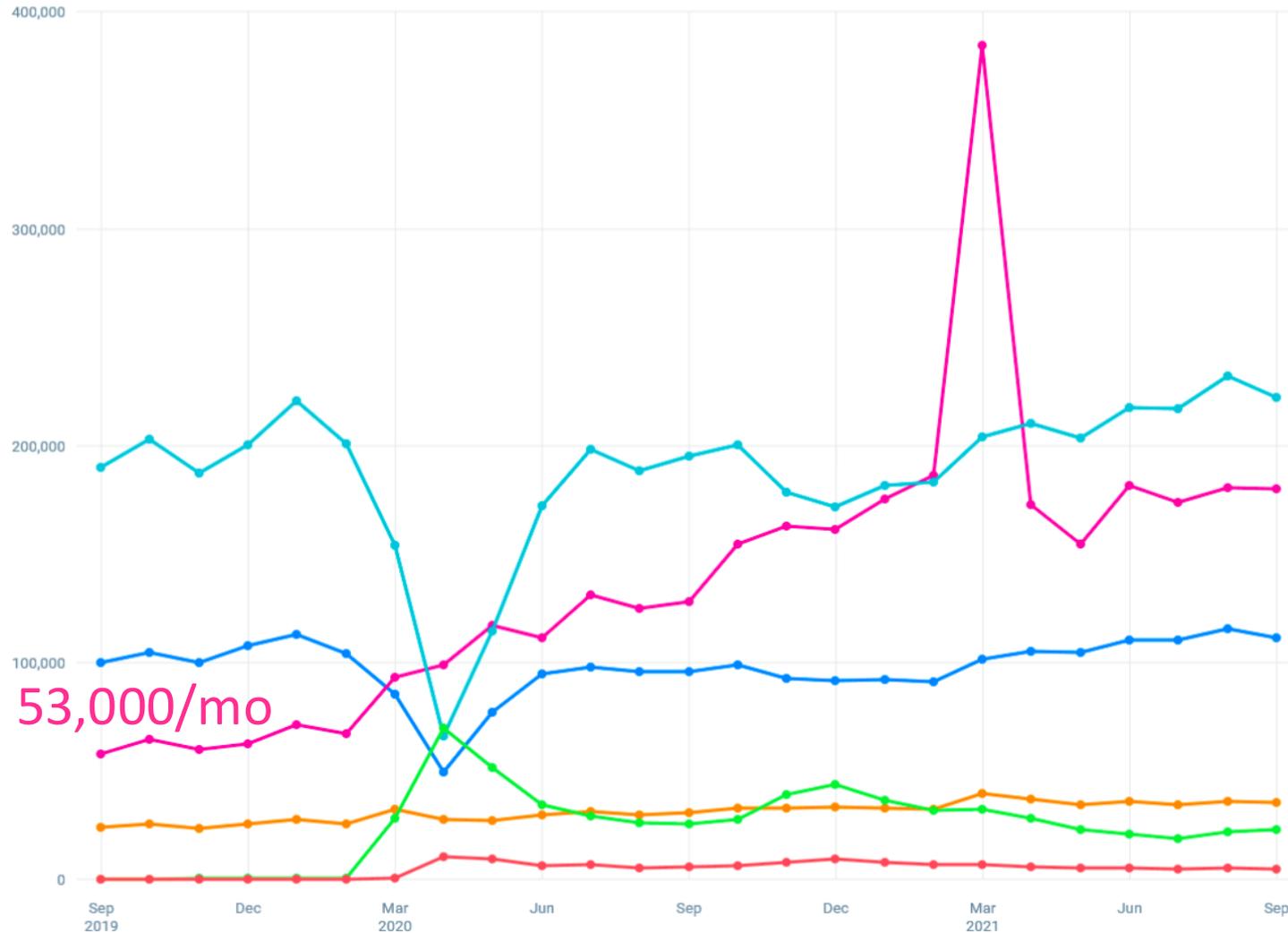


Sense a problem

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

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

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



My Chart Messages
183,000/mo

The SPARK



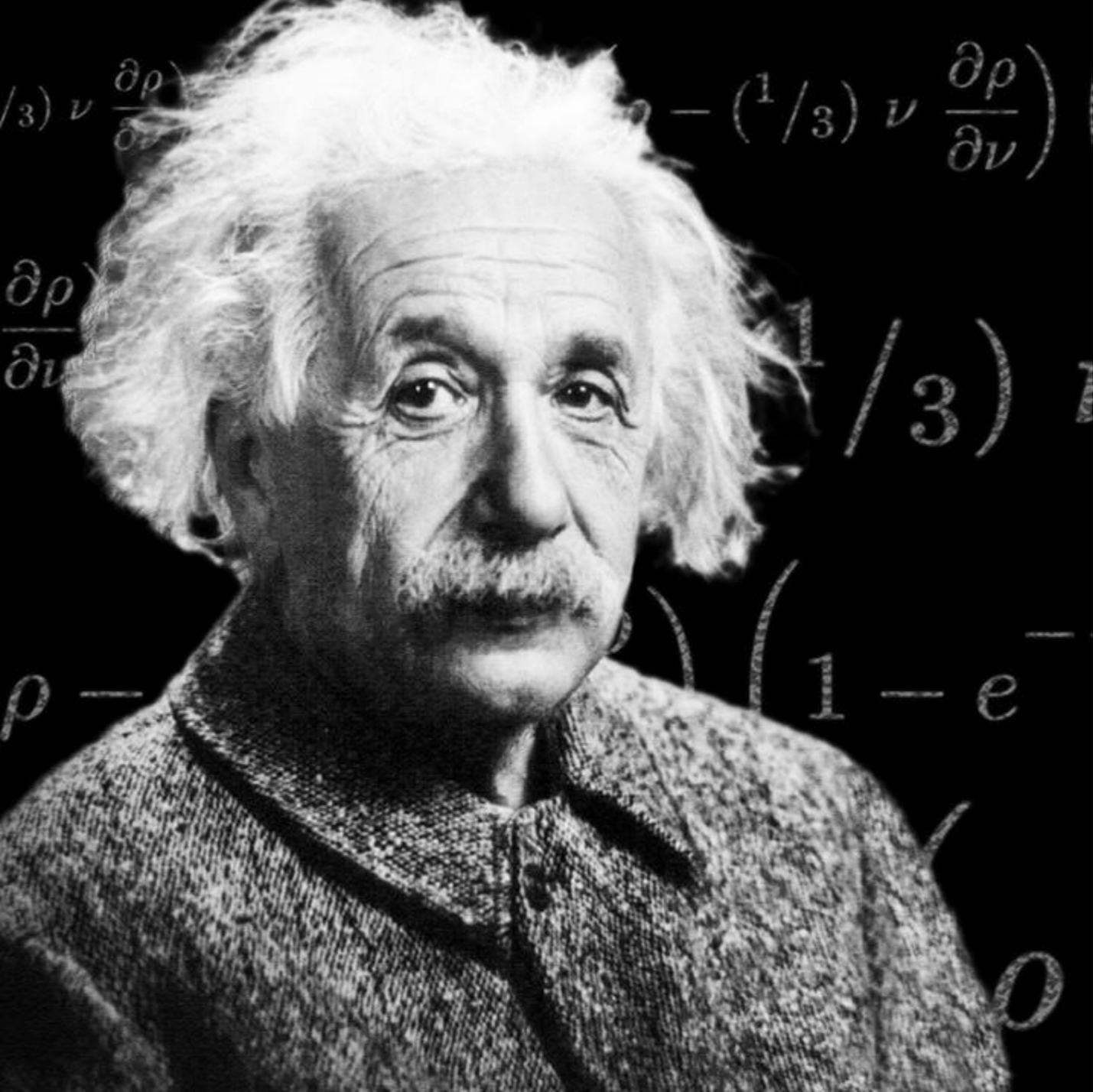
Sense a problem

There are too many surgical nurse travelers.



Sense a problem

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



“If I had an hour to solve a problem, I'd spend 55 minutes thinking about the problem and five minutes thinking about solutions.”

Define the problem

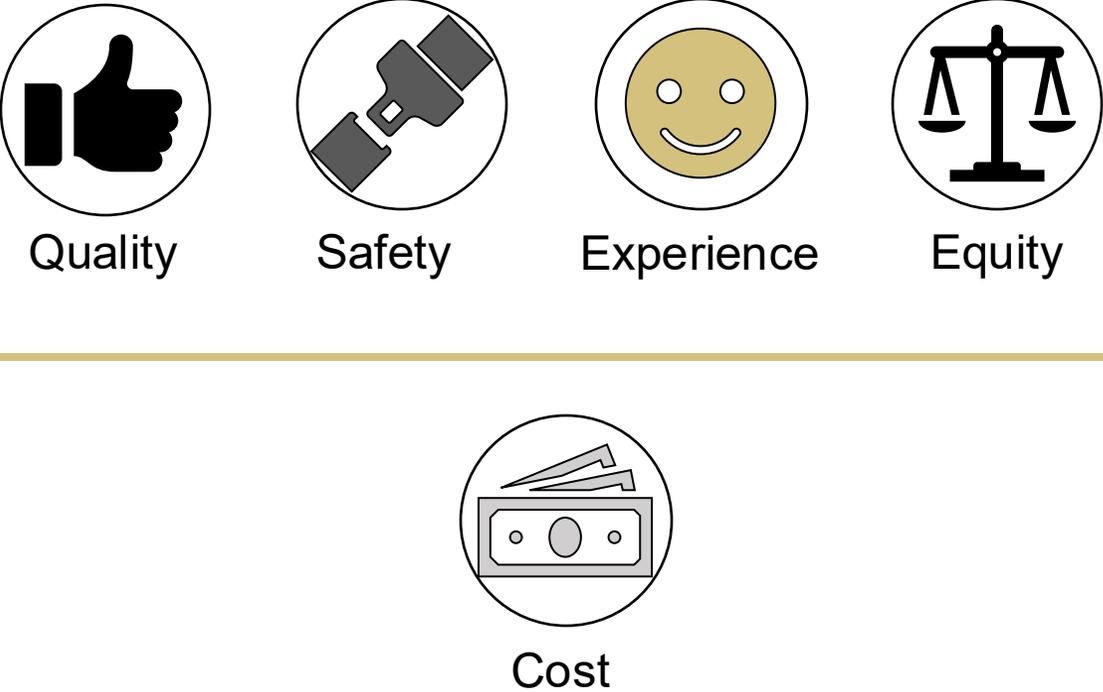
Is it a problem?

PROVE IT.

How do you know?

Who is affected?

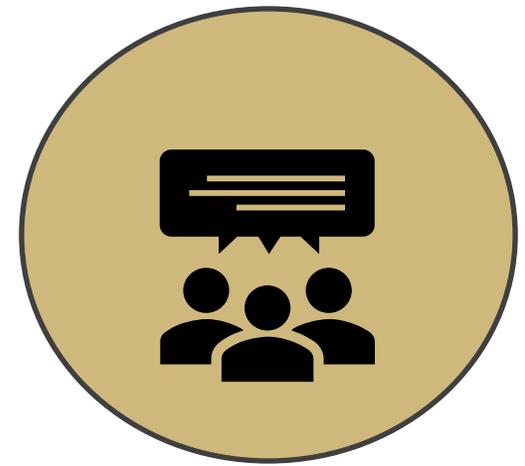
By how much?

VALUE = 

Quality Safety Experience Equity

Cost

Coaching / Breakout:



Problem Statement Workshop

- Discuss your problem – consider the Value equation
- What do you know that proves you have a problem?
- Identify missing information and how you may acquire it
- Move from Value assessment to Problem Statement.
- **Assignment:** Problem Statement due – October 28th.

25 minutes

A top-down photograph of two white coffee cups on saucers. The cup on the left contains a latte with a thick layer of foam, and a hand is holding its handle. The cup on the right contains a dark coffee, possibly espresso, and a hand is holding its handle. A silver spoon rests on each saucer. A black and white checkered cloth is partially visible in the upper left. A semi-transparent white rectangular box is centered over the image, containing the text 'BREAK-TIME' and 'Return 2:10'.

BREAK-TIME
Return 2:10

Tool: Voice of the Customers



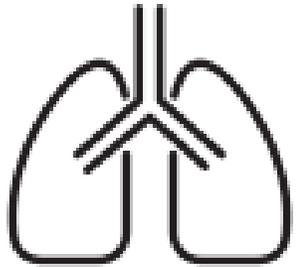
Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

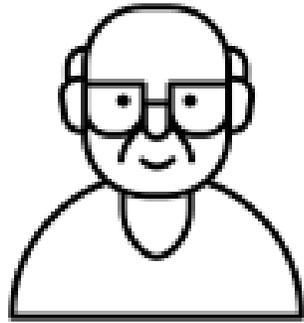
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**



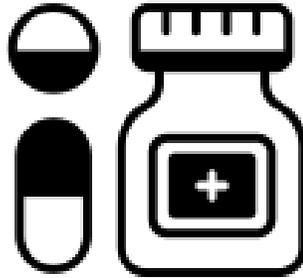
A Story



Waste of time



Why can't you
give me an
inhaler?



Inhalers =
Nebulizers



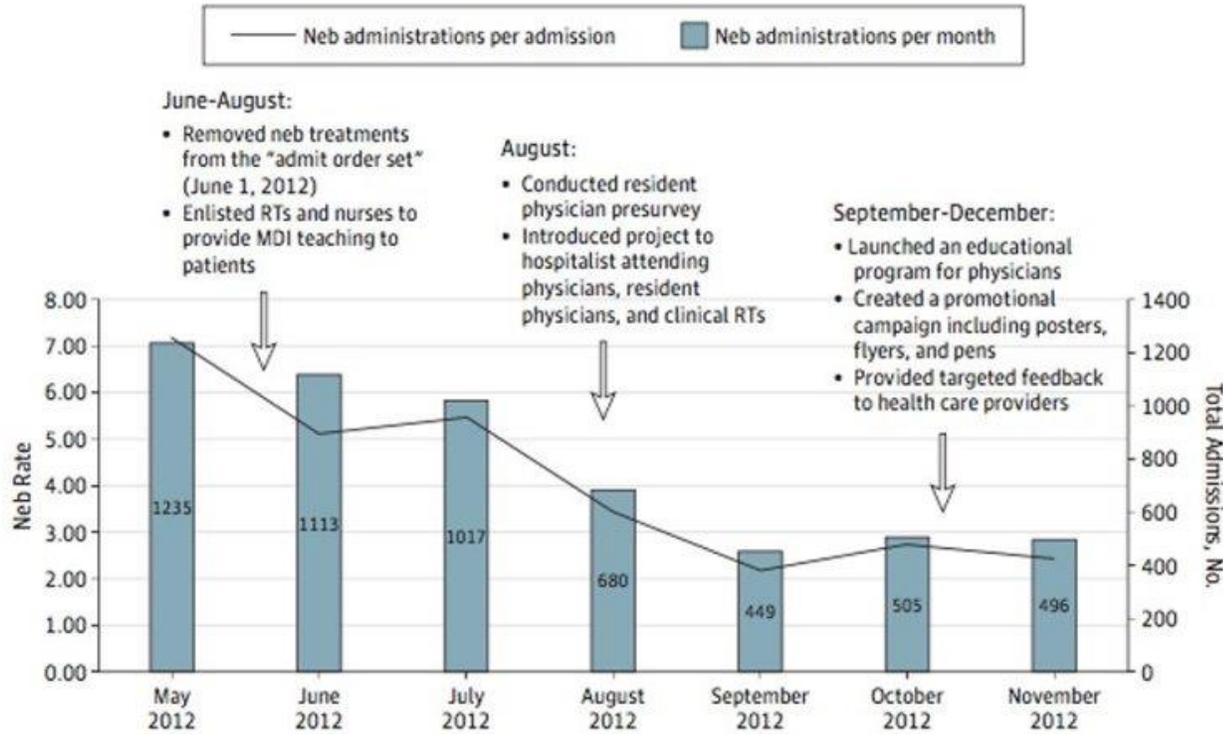
20%
readmission
rate within 30
days



One
Million
Dollars



Figure. Multifaceted Intervention and Nebulizer Rates on a High-Acuity Medical Ward



Decreased labor cost

Less resource use

Happier RTs

Fewer readmissions

A Story

Voice of the Customer



Who are your customers?
What are their needs, perspectives?

Patients

Staff

Providers

Business

The ER Triage Problem

Patients, Providers & Nurses

I get **more worried** the longer I wait to see a doctor – the reason I came here is to see a doc.

I just wanted some **reassurance** that I was OK – after 2 hours of waiting, I assumed I was and left.

It is **so stressful** to know that patients are waiting - and may be having heart attacks, strokes, or other life-threatening illnesses.

It's hard to be **in pain**, and in a noisy, crowded waiting room until help arrives.

I could easily **triage** within 5 minutes how sick my patients are!

The Business – Hospital Leadership

Other hospitals are **marketing** shorter wait times!

If we require EMS to go on divert, we will **lose patients.**

We get dinged for high rates of 'left without being seen'

We won't achieve **Level 1 Trauma** accreditation.

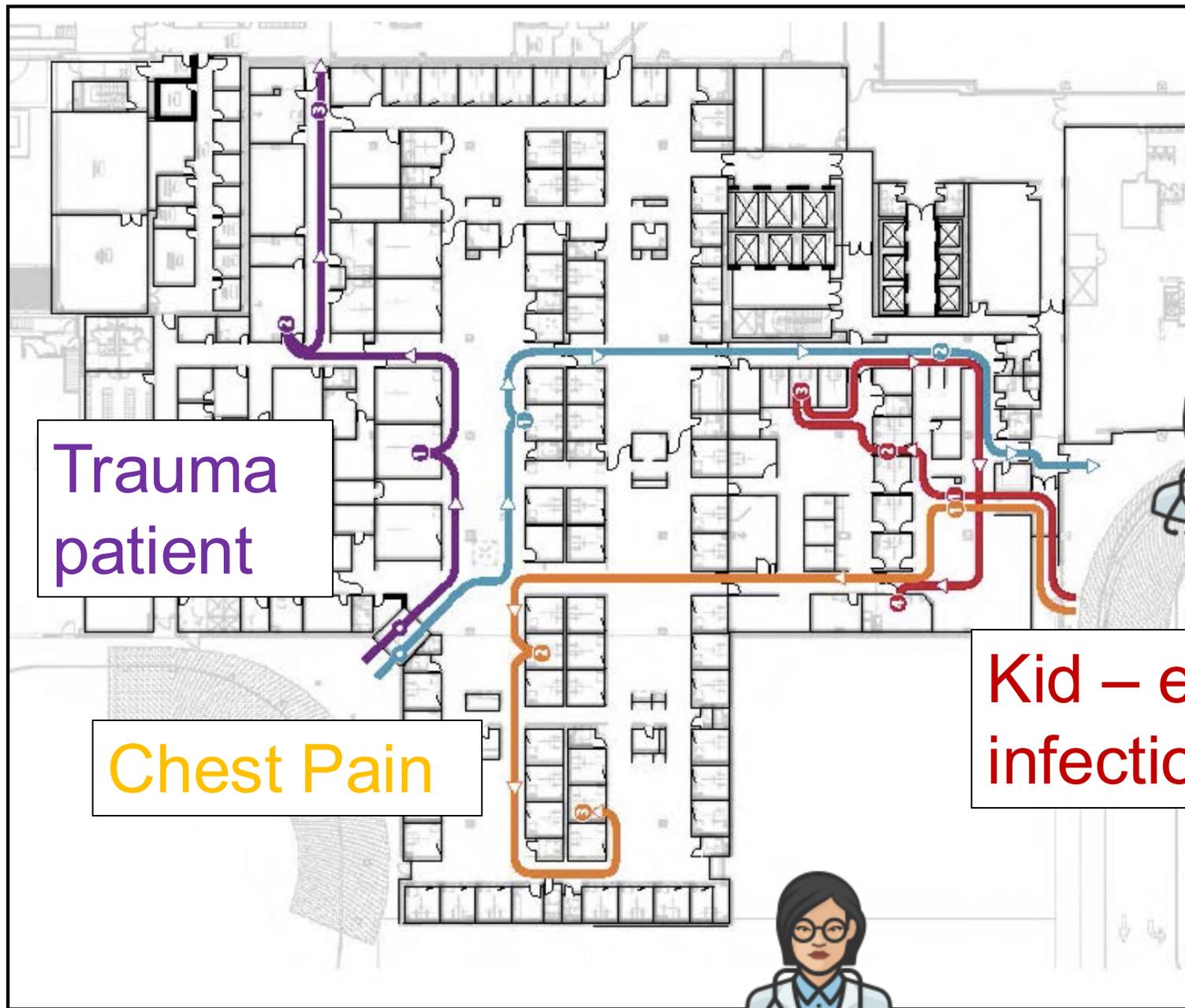
Redesign



Trauma
patient

Chest Pain

Kid – ear
infection



The Outcome

Patients

Care for non-urgent patients under 30 minutes

Business

Door to provider time less than 7 minutes

Developed a supertrack team – RN, APP - to assess patients immediately

Providers

Capturing your Voices

Step 1: Who are your people?

Step 2: What do you want to learn more about from them?

Step 3: How will you engage with them?

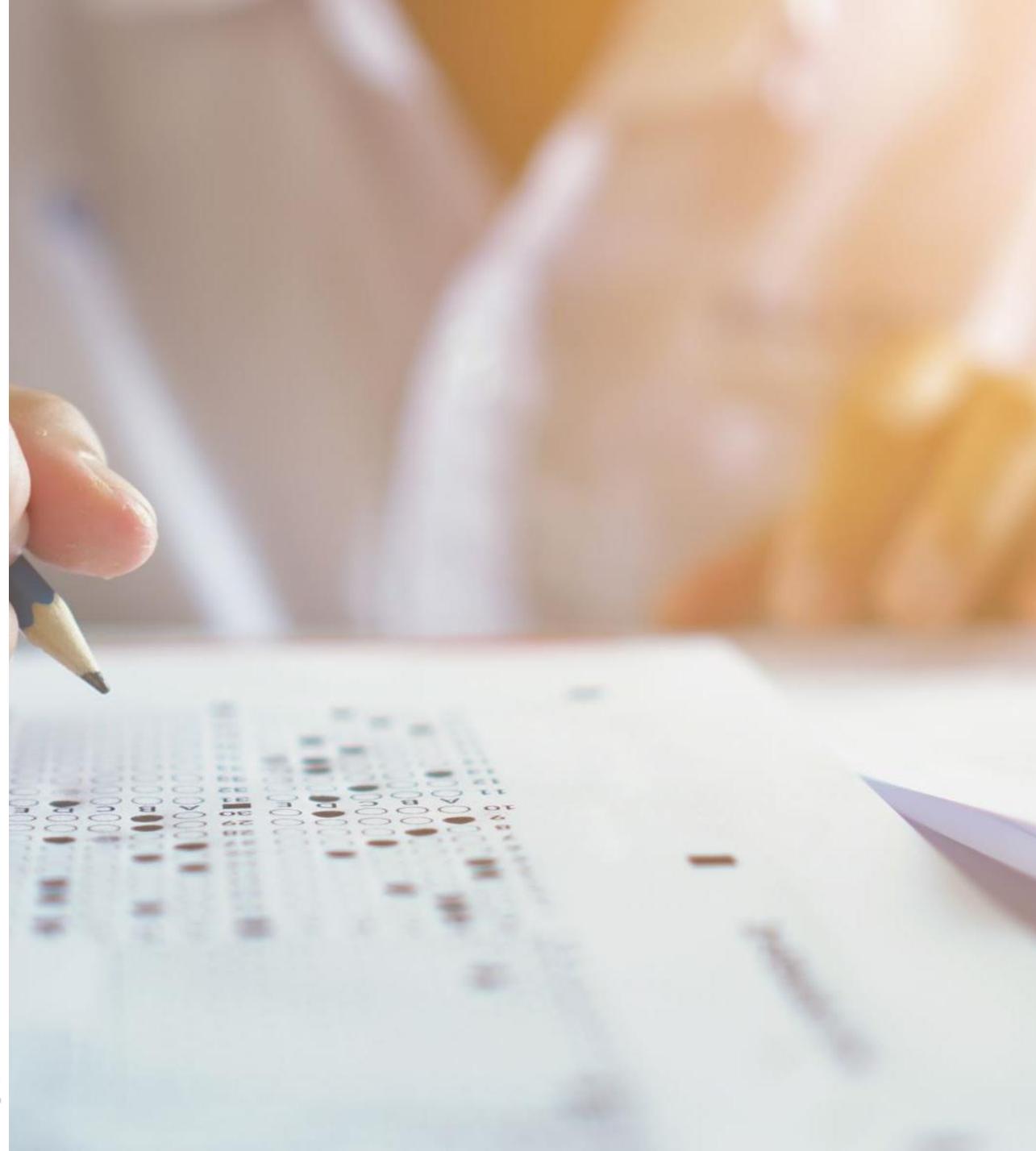
Step 4: How will you feedback what you learned?

VOC in Action



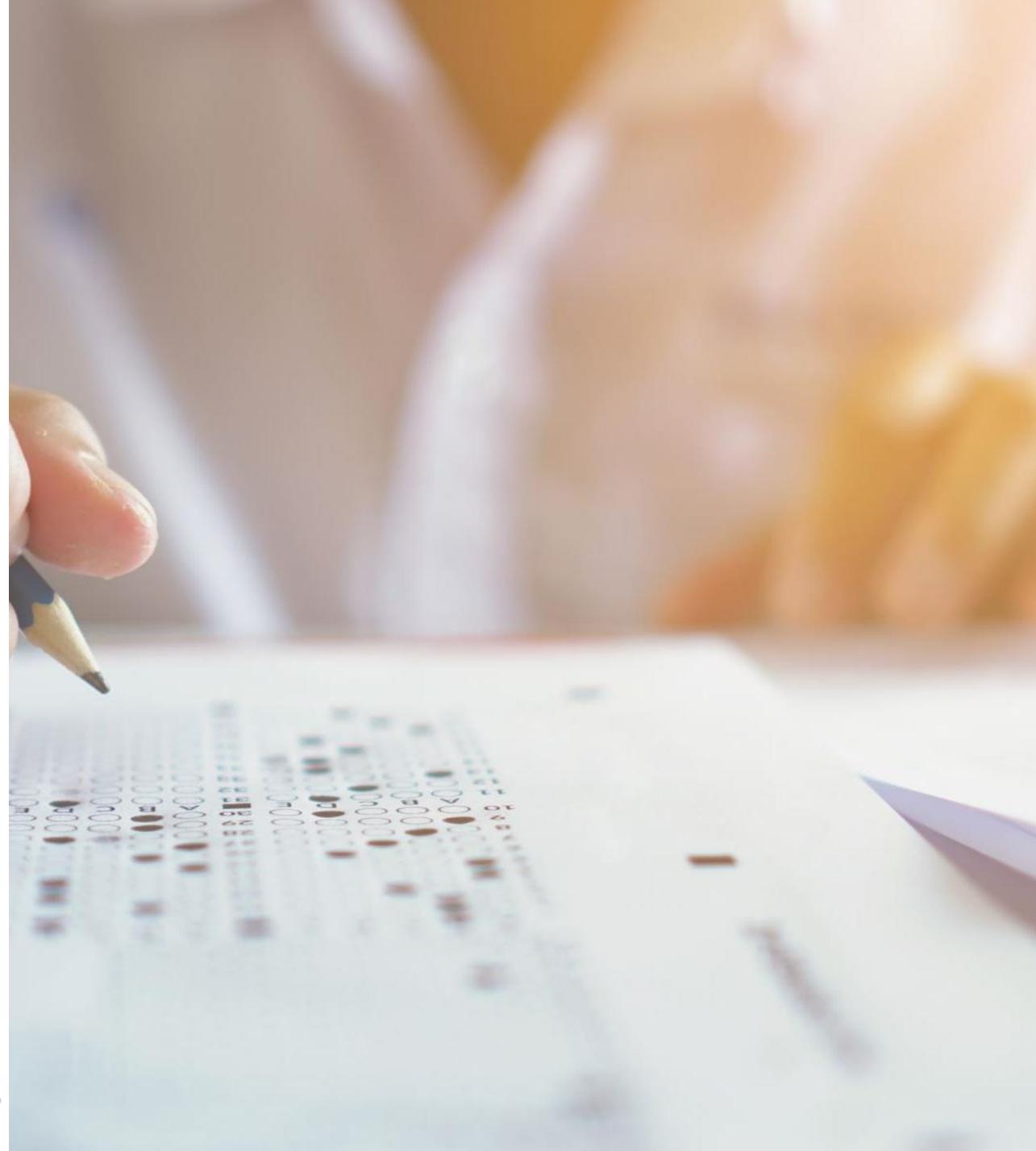
Problem - Surgery Admin Team

It's hard to schedule surgeons based on late vacation requests, late cancellations, and variability amongst providers!



Problem Statement

It can take over **30** minutes and cost **> \$1000** to reschedule a single case, and we reschedule ~500 cases per year, accounting for **250 hours** of wasted time and half a million bucks!



Voice of the Provider

Current state

- Variable
- Inequitable

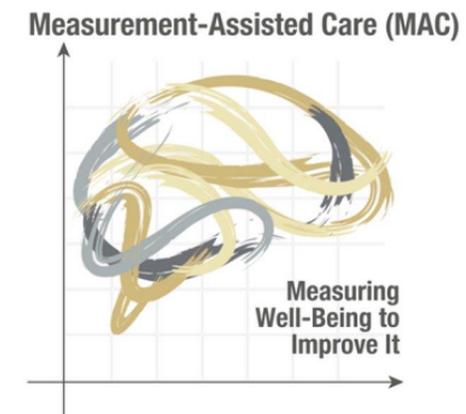
Ideal State

- Requests 6 months in advance
- Schedule release 2 months

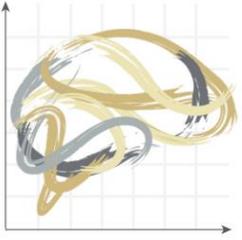
"Currently, it is not very equitable or transparent – there should be set rules on how the schedule is made that we are all aware of."

"What if we asked for schedule requests 6 months in advance, and released the final schedule 2 months in advance?"

Measurement Assisted Care



Voice of the Provider - Measurement Assisted Care



20%



MAC in past month

An identified symptom measure completed in EPIC flowsheet in past 1 month

5%



MAC at each visit

Proportion of all encounters with EPIC flowsheet completed for identified measure

91%



Importance

Perceive that gathering measures of patient outcomes is important or very important

78%



Workflows

Perceive that establishing efficient workflows is the best way to support implementation of MBC

What do all these things have in common?

Join us in a listening session to learn more!





SEDATION OFF AWAKE REHABILITATE

Perils of Deep Sedation



Death

11 to 24% increase in mortality¹



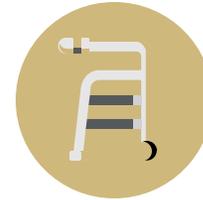
Delirium

50% increase²



Psych Disturbance

Anxiety, Depression, PTSD³



Immobility-Acquired Weakness

48-96% experience myopathy up to 2 years following discharge³

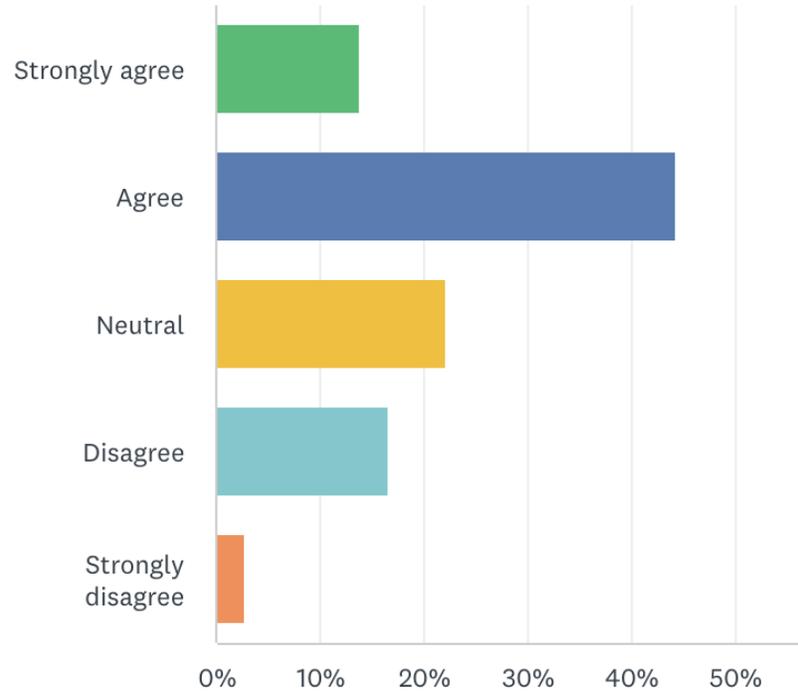


Cognitive Impairment*

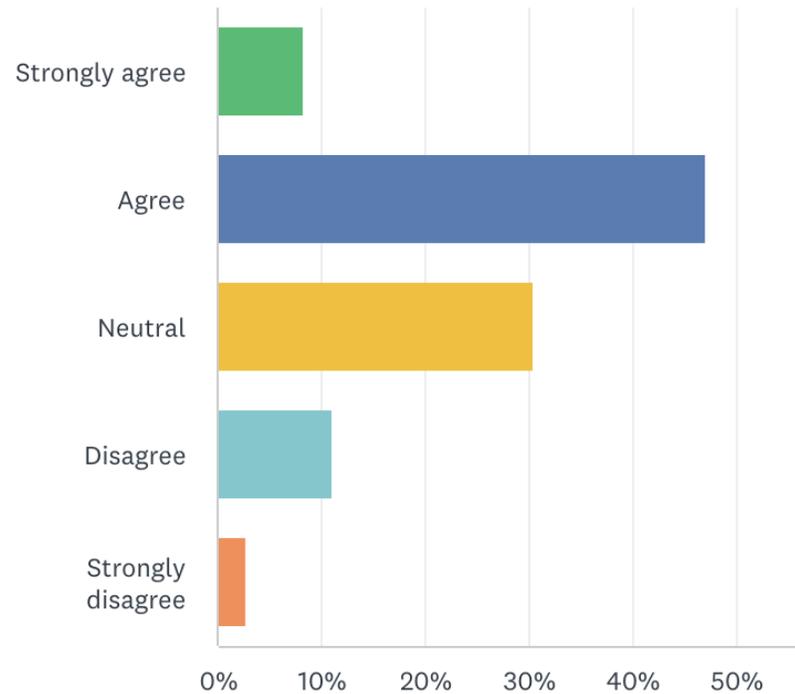
78% at hospital discharge
46% 1 year after discharge
25% 6 years after discharge⁴

Survey on Sedation Practices – RN, CNA

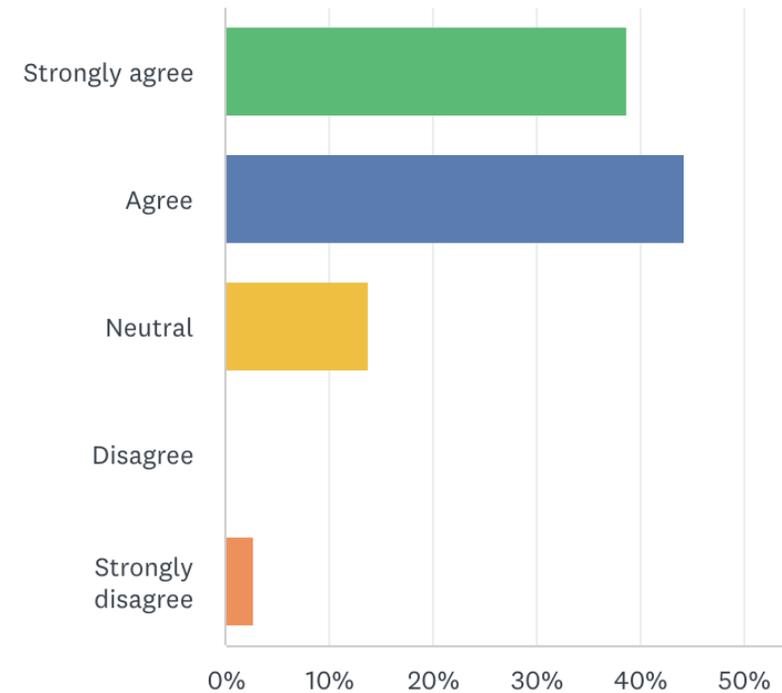
Q1. Sedating mechanically ventilated patients is **necessary** for patient comfort.



Q5. Being awake and alert on the ventilator is **uncomfortable** for patients.



Q7. I would **prefer to be sedated** if I were mechanically ventilated.



Interviews and Focus Groups

SUMMARY KEYWORDS

Sedation, patient, ventilator, people, precedents, practice, nurses, day, ICU, wean, bedside, unit, educating, opportunity, fentanyl, add, mentioned, shift, PT, OT, trauma surgeons

SPEAKERS

Mikita Fuchita, Intensivist A

Mikita Fuchita 00:00

Cool. So the purpose of this interview is just to try to understand what we do for sedation management and patients on the ventilator. Because what we noticed is that, especially someone who's needs to be intubated for longer than the initial post op period, they tend to be on some sort of sedation sometimes have issues, we need sedation, and eventually have delirium. And that makes it even harder for us to wean sedation. So the first question is like to ask you, how you consider our sedation practices like that. That's kind of describing what we do for each patient. And how you make decisions on which patients might require sedation. Or from a physiologic standpoint, versus someone that you think are more appropriate to be on less sedation or off sedation?

Intensivist A 01:02

Like my individual practice, or like our practices,

Mikita Fuchita 01:05

the both Yeah, yeah.

Intensivist A 01:07

I didn't get as a unit. I feel like we're probably somewhere in the middle of the bell curve. I don't I don't know if there's numbers to back that up or not. But I feel like we're probably pretty down the middle in terms of sedation, I don't think at least I think as a group, we tend to practice pretty similarly to from each other, which is good. Because it kind of keeps things consistent week in week out. So that would be my sense, without looking at objective data is that we're somewhere in the middle, you tend to use



Prompts to Consider

Tell me more about

What does a bad day look like, with respect to

What does a perfect day look like, with respect to ...

If you had a magic wand, how would you make it better...

Connecting with your people . . .

Relies on empathy at its core

Allow you to capture key insights, pain points

Allows for the big ideas (ie interventions)

Ta Da – The Power of VOC



Coaching / Breakout: Voice of the Customers



- Identify your Customers (Patients, Providers, Staff, Business)
- What do you want to learn from them?
- Discuss how to facilitate a VOC event for your project
- Format - Huddle? Meetings? Survey? Qualitative interviews?
- Consider what tools you may use, how you will document
- **Assignment:** VOC Due October 28th

25 minutes

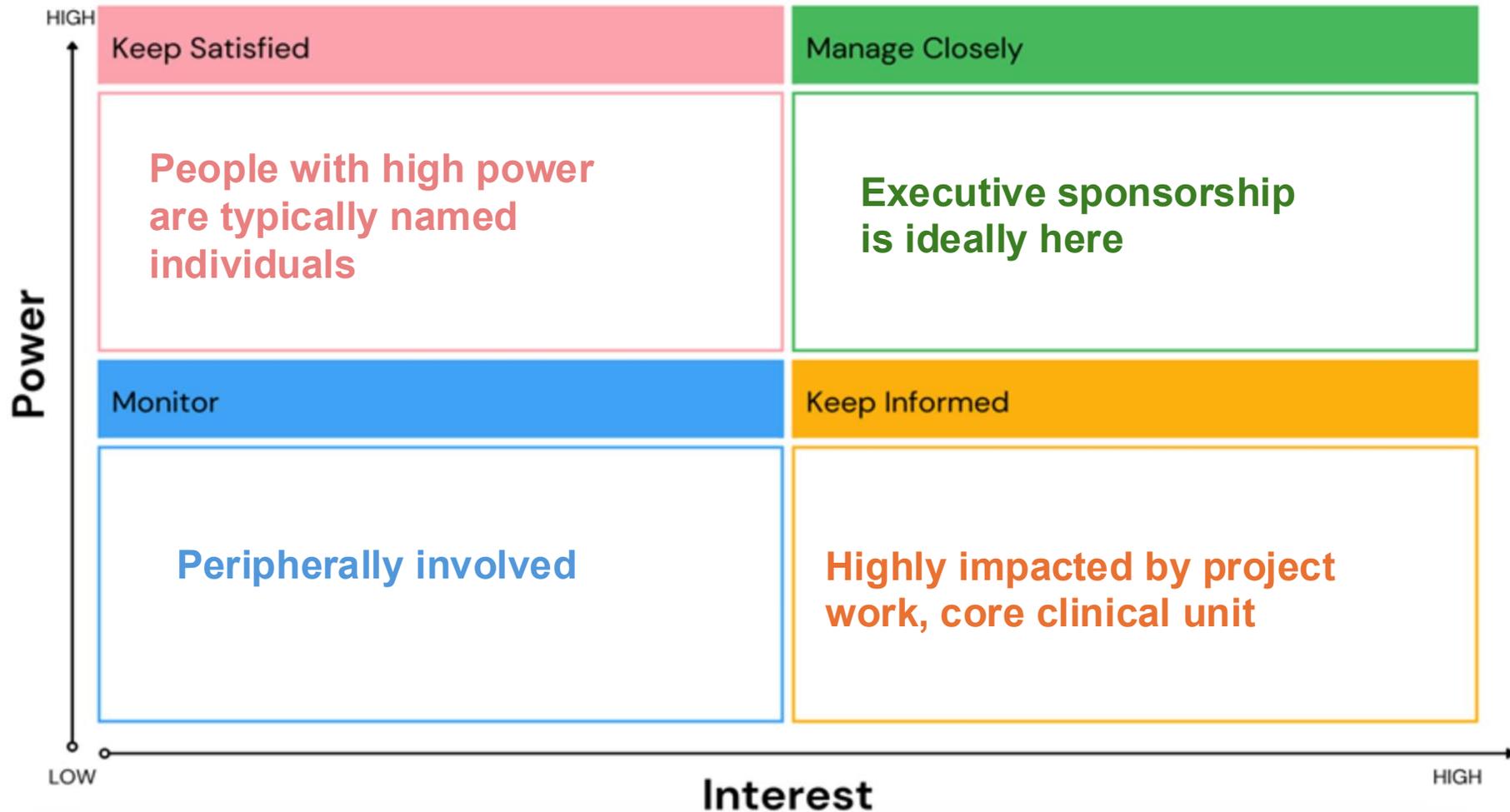
A top-down photograph of two white coffee cups on saucers. The cup on the left contains a latte with a thick layer of foam, and a hand is holding its handle. The cup on the right contains a dark coffee, possibly espresso, and a hand is also holding its handle. A silver spoon rests on each saucer. A black and white checkered cloth is partially visible in the upper left. A semi-transparent white rectangular box is centered over the image, containing the text 'BREAK-TIME' and 'Return 2:45'.

BREAK-TIME
Return 2:45

Stakeholder Map

- Plot of people who may influence your work or be impacted by it
- Stratified by degree of power and interest
- Guides your degree of engagement with various stakeholders
- **Hint** – everyone you talk to in VOC will be on your stakeholder map!

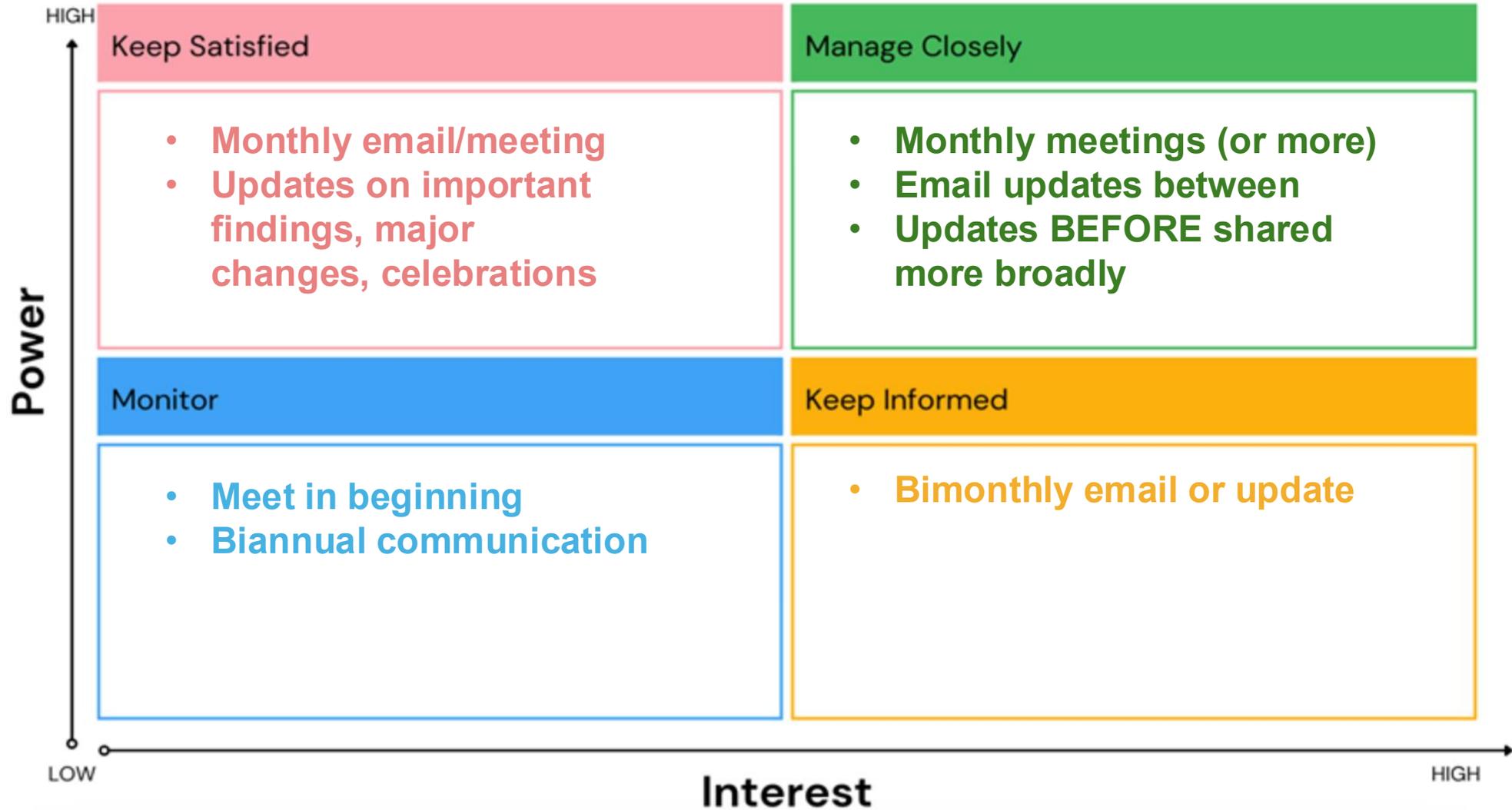
Stakeholder Map



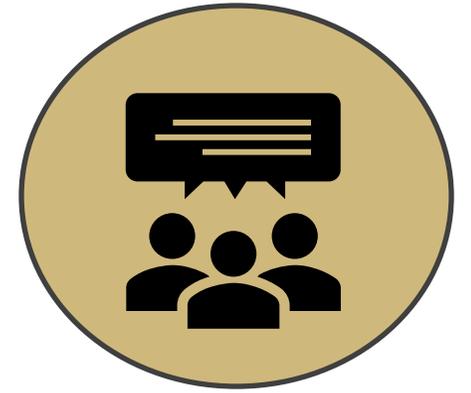
If in doubt, don't leave them out...



Stakeholder Map



Coaching: Build a Stakeholder Map



- Step 1: List all relevant stakeholders
- Step 2: Classify them based on power and interest
- Step 3: Develop a plan for engaging each group

Assignment Due: October 28

Investigate your Problem

Part 2



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Investigate

WHAT is your problem?

WHY is it happening?



Investigate – WHY

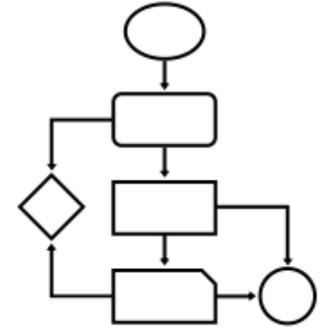


Problem Statement



現場

Gemba – The Place,
The Walk



Process Map



Process Mapping

Tyler Anstett, DO



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

Process Mapping

Definition

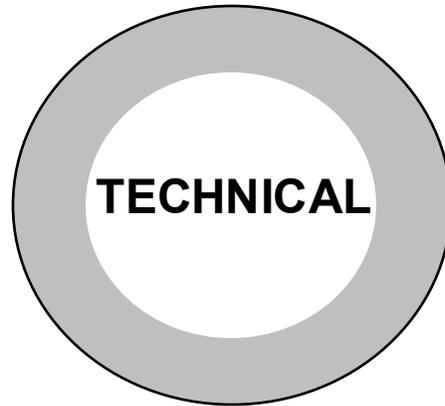
Technique for **creating a visual representation of a workflow from start to finish**. A process map uses standardized symbols to outline tasks, decisions, and the flow of work across people or systems.

Purpose

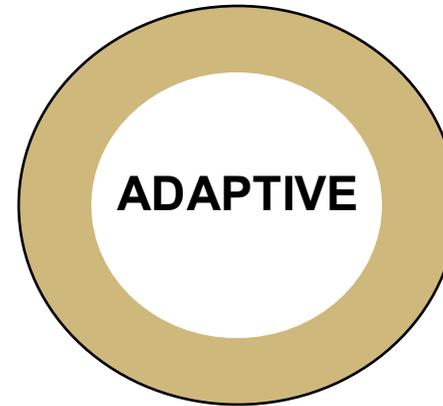
- **Communicate** how a process works in a simple, clear way.
- **Investigate** what is working and what is not
 - Bottlenecks & Redundancies
 - Discover ways to optimize the entire process
- **Build** a common understanding



Process Mapping



Process Improvement



Change Management

Process Mapping

Step 1: Define your process & determine your entity

Step 2: List the steps involved – in sequence

Step 3: Create a flow chart

Step 4: Vet with others

Step 5: Identify pain points, positive points, and data points



Step 1: Define your process & determine your entity

1. What is the name of this process?
2. What starts the process?
3. What ends the process?



Step 1: Define your process & determine your entity

Entity = the *thing* moving through the process



HUMAN

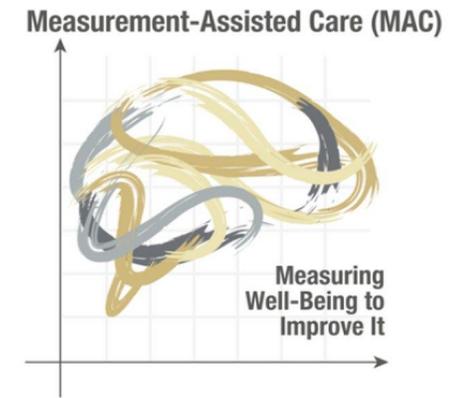


**INANIMATE
OBJECT**

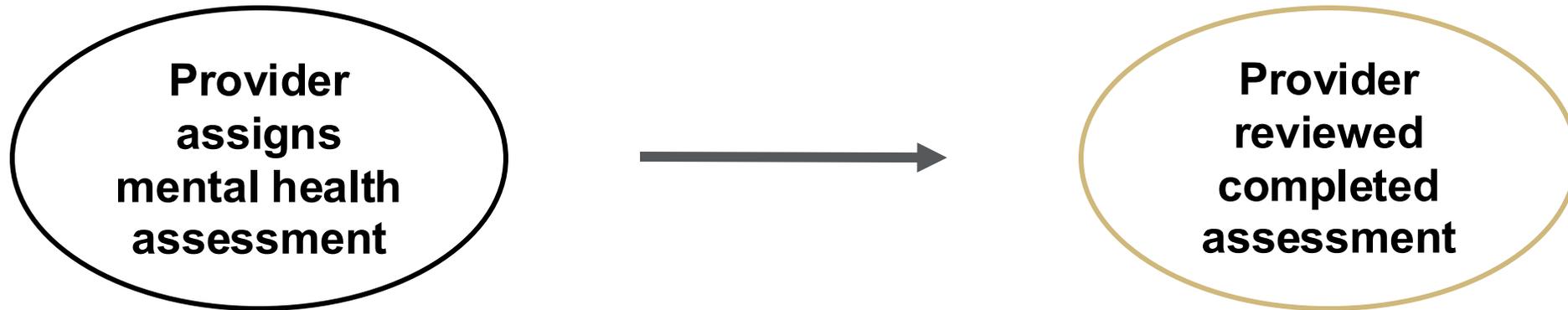


INFORMATION

Example: Measurement-Assisted Care (MAC)



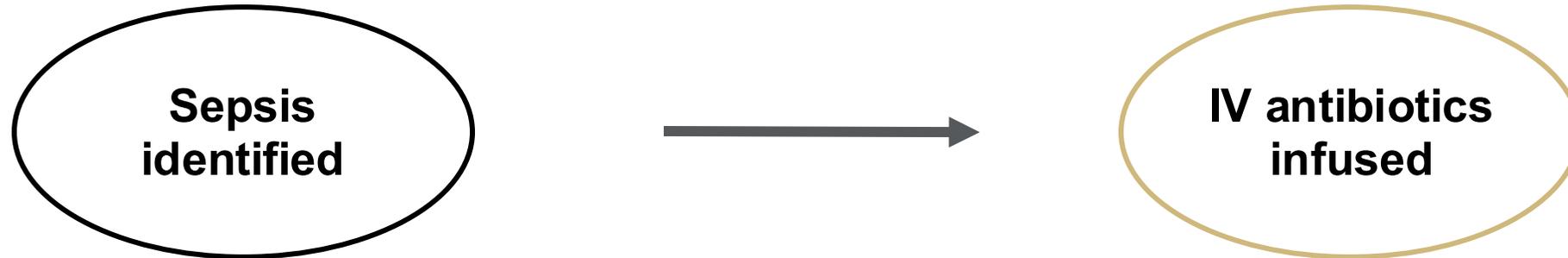
Process = standardized patient completed mental health assessments



Entity = information

Example: Antibiotics for Sepsis

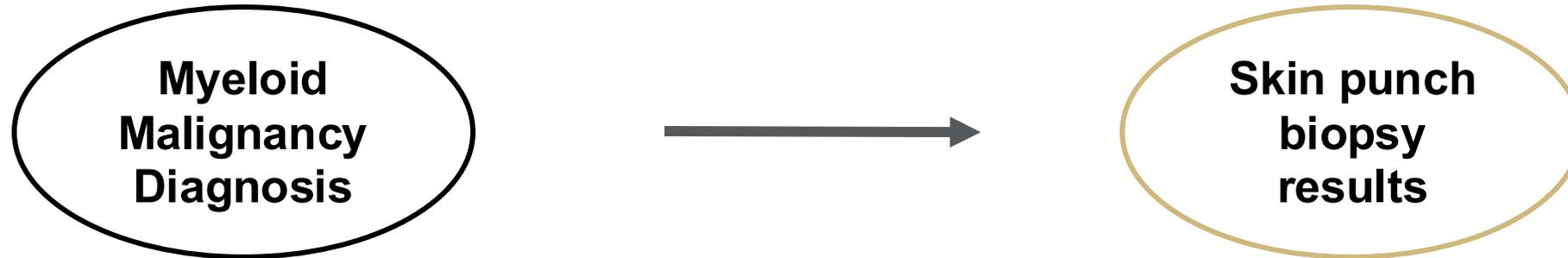
Process = antibiotics for inpatient sepsis



Entity = information + medication

Example: Universal germline testing

Process = skin punch sample collection



Entity = human + skin sample

Step 2: List the steps involved...in sequence

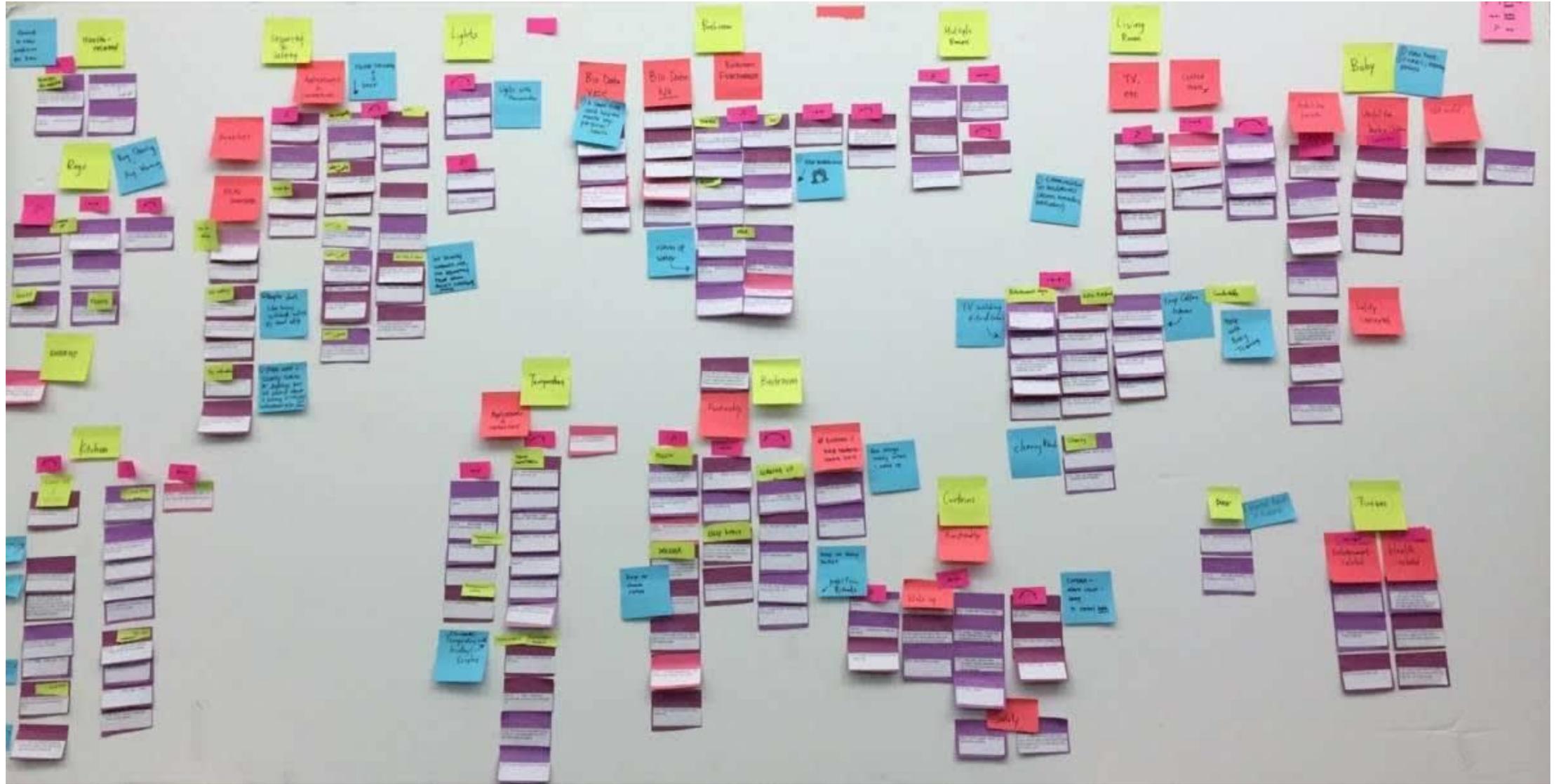


First, brain dump all of the steps involved

Then, start putting them in chronological order

Consider, is this the same at all times, in all conditions

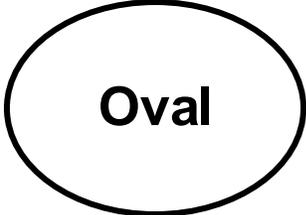
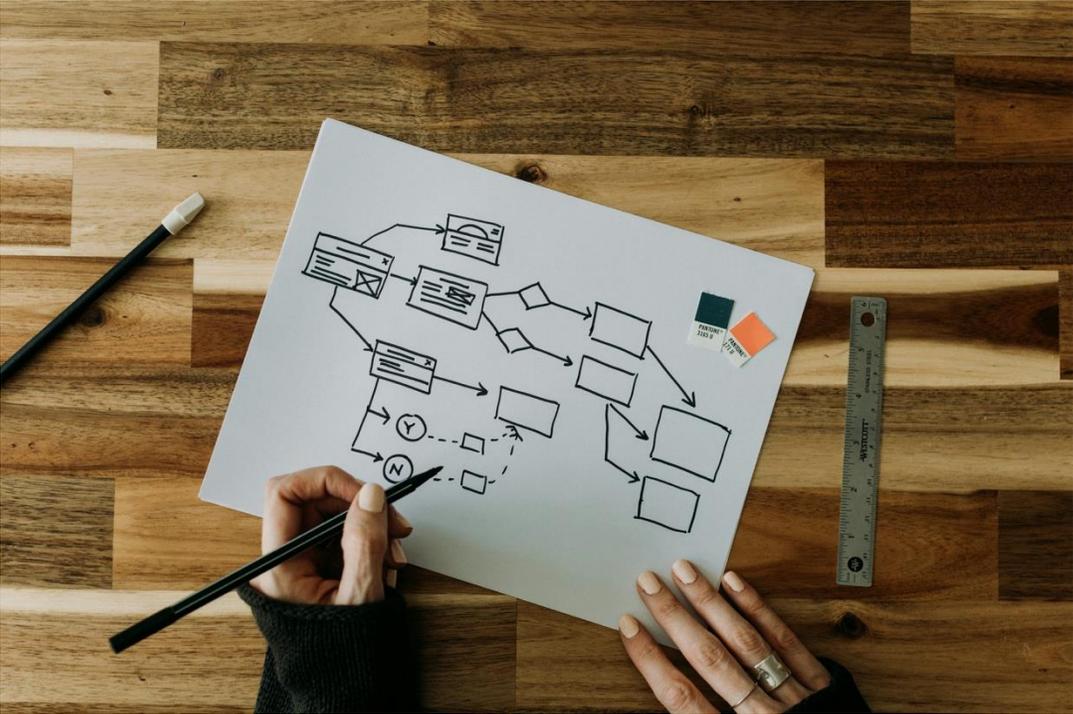




Gemba 現場

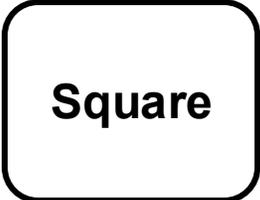


Step 3: Create a flow chart



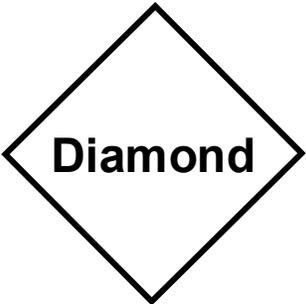
Oval

= process START / END



Square

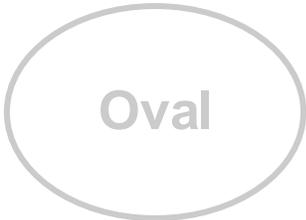
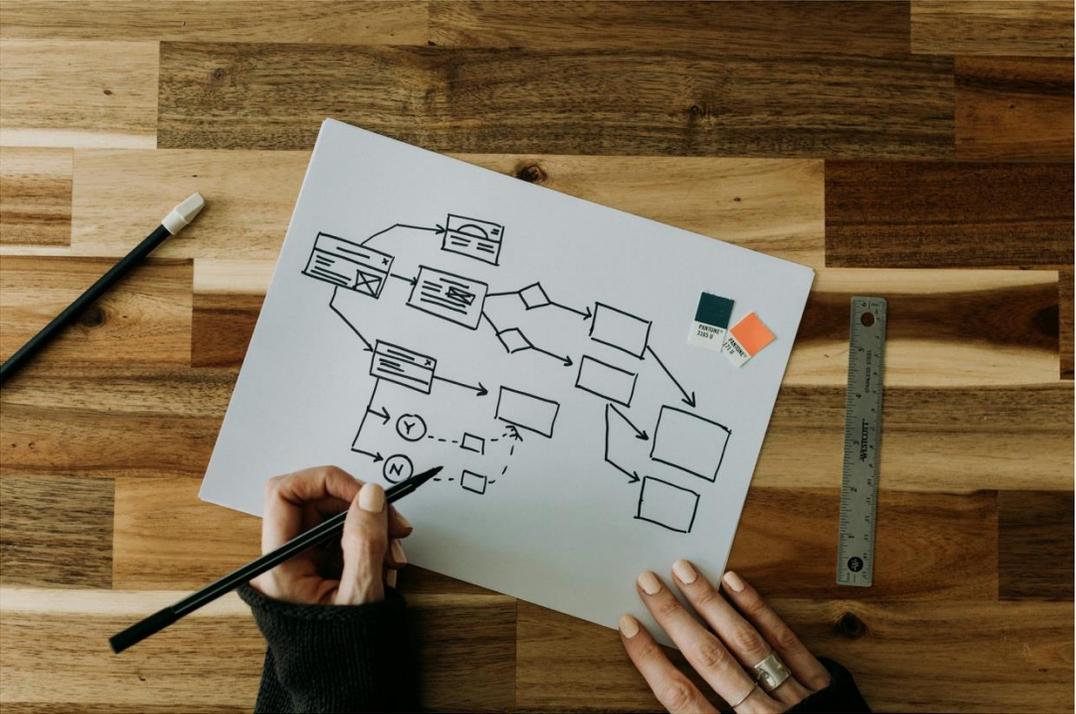
= step along the way



Diamond

= decision point

Step 3: Create a flow chart



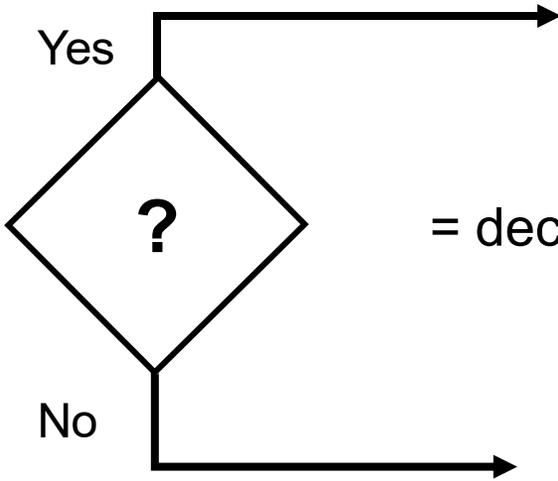
Oval

= process START / END



Square

= step along the way



Yes

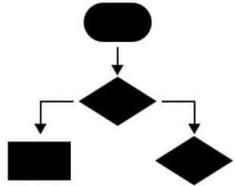
?

= decision point

No

6 TYPES OF PROCESS MAPS

01 FLOWCHART

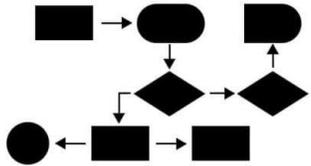


02 HIGH-LEVEL MAP

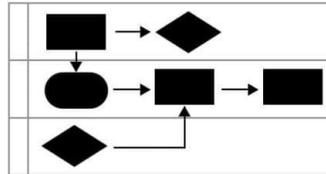


You will DEFINITELY use these

03 DETAILED PROCESS MAP



04 SWIMLANE MAP

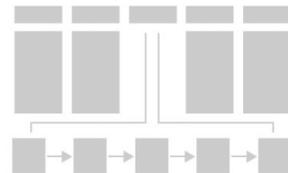


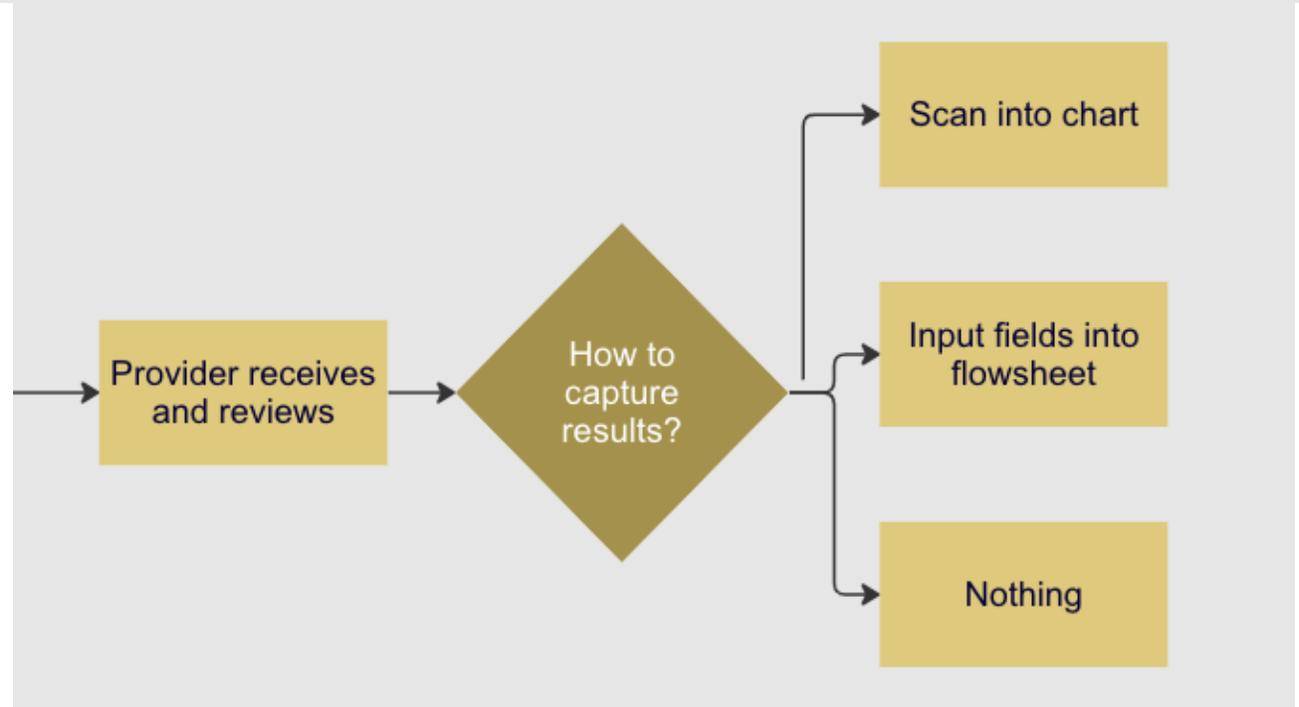
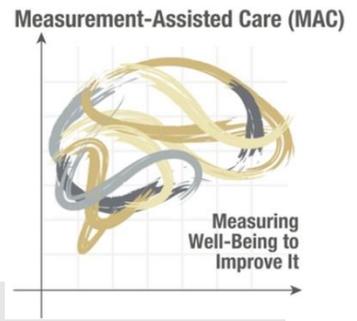
You MIGHT use these

05 VALUE STREAM MAP

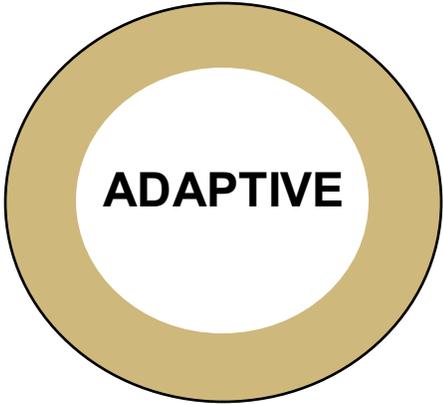


06 SIPOC DIAGRAM
(SUPPLIERS, INPUTS, PROCESSES, OUTPUTS AND CUSTOMERS)





Step 4: Vet with others



Change Management

Step 5: Identify pain, positive, and data points



Pain Points

1. Confusion, variability
2. Waste, Inefficiency
3. Opportunities for improvement



Positive Points

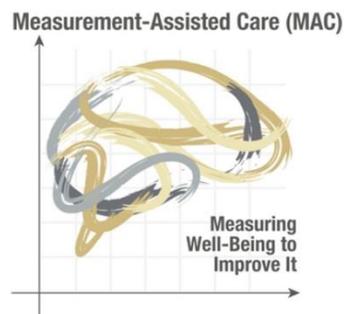
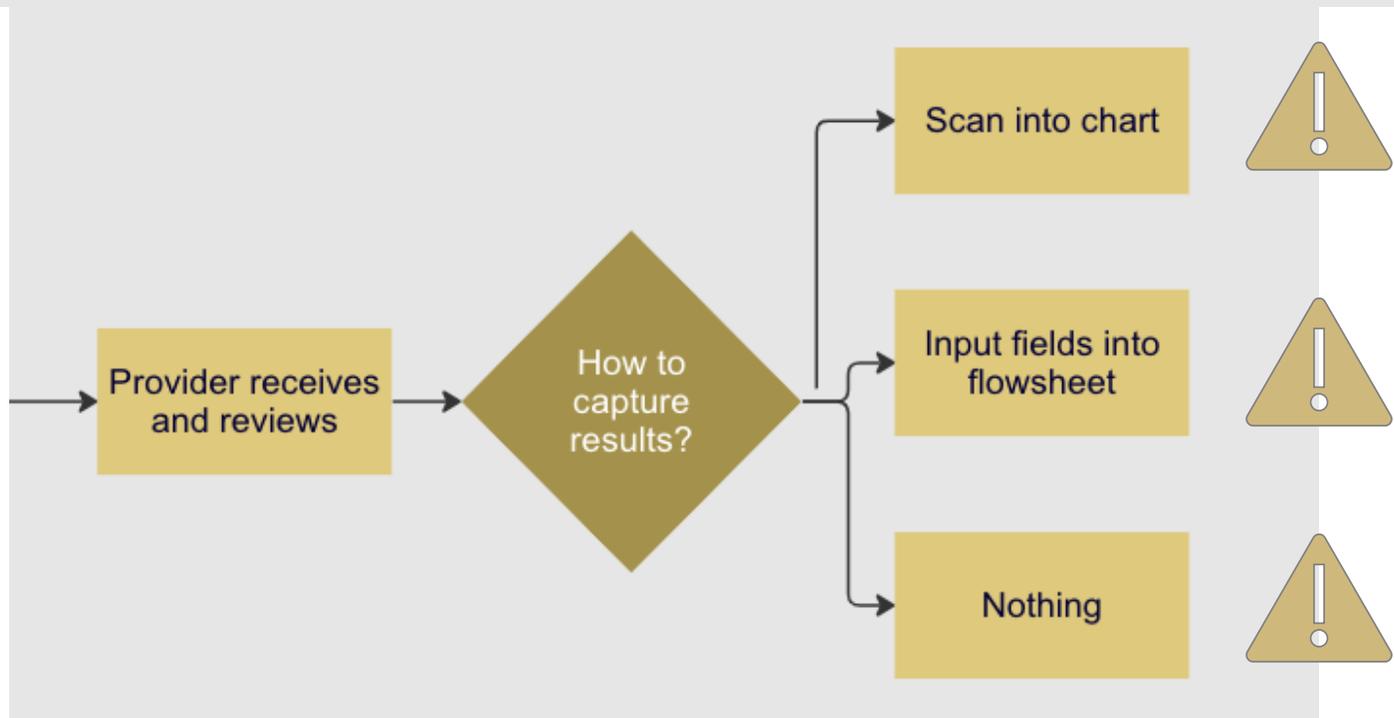
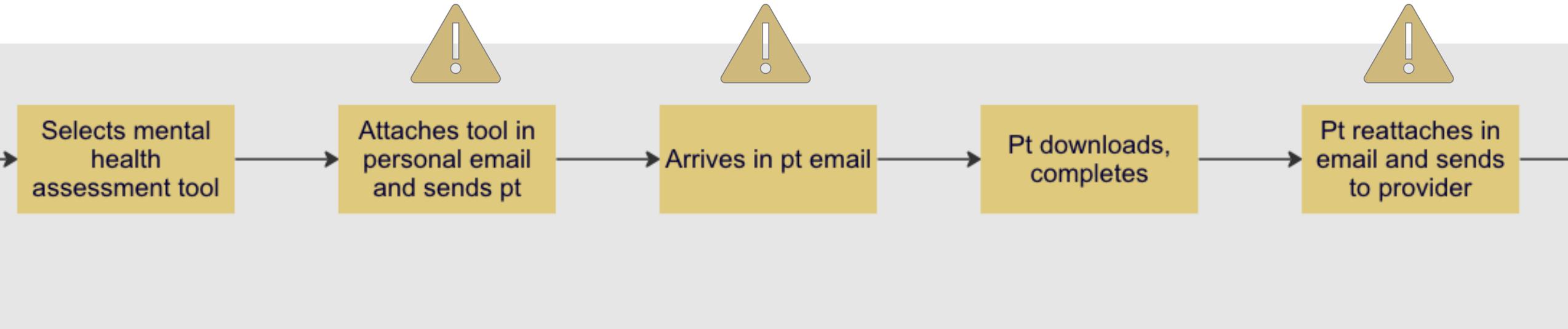
1. Bring Joy
2. Enhance Connection
3. Add Value

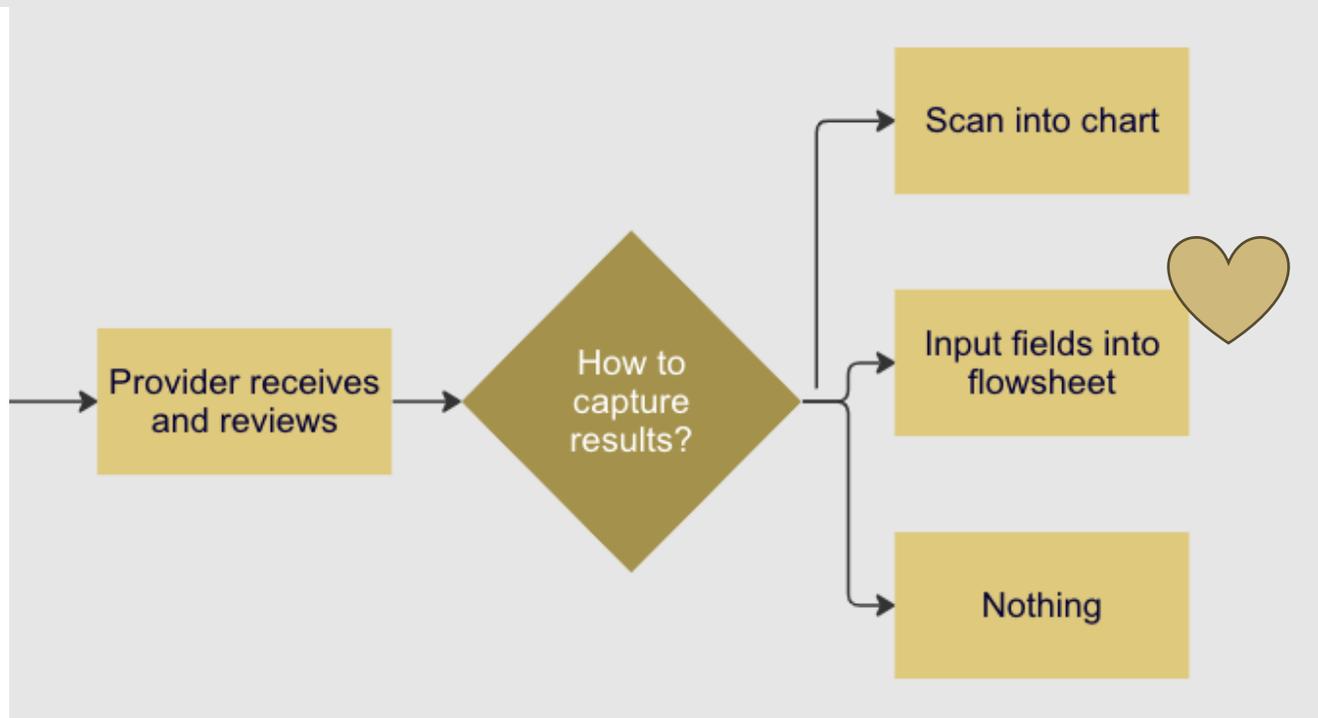
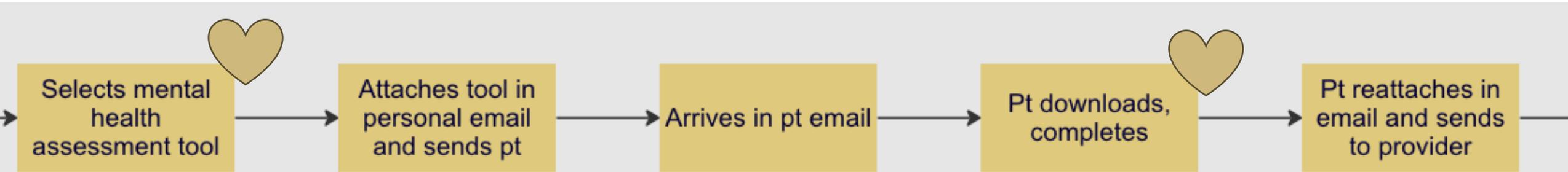


Data Points

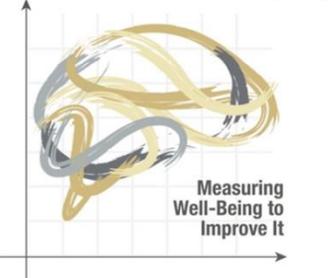
1. Happening
2. Working
3. Duration

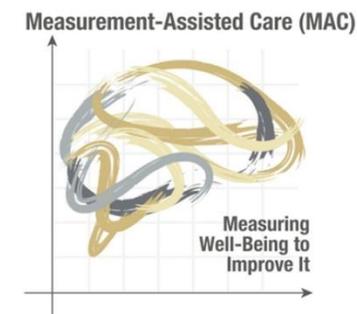
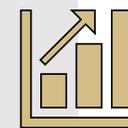
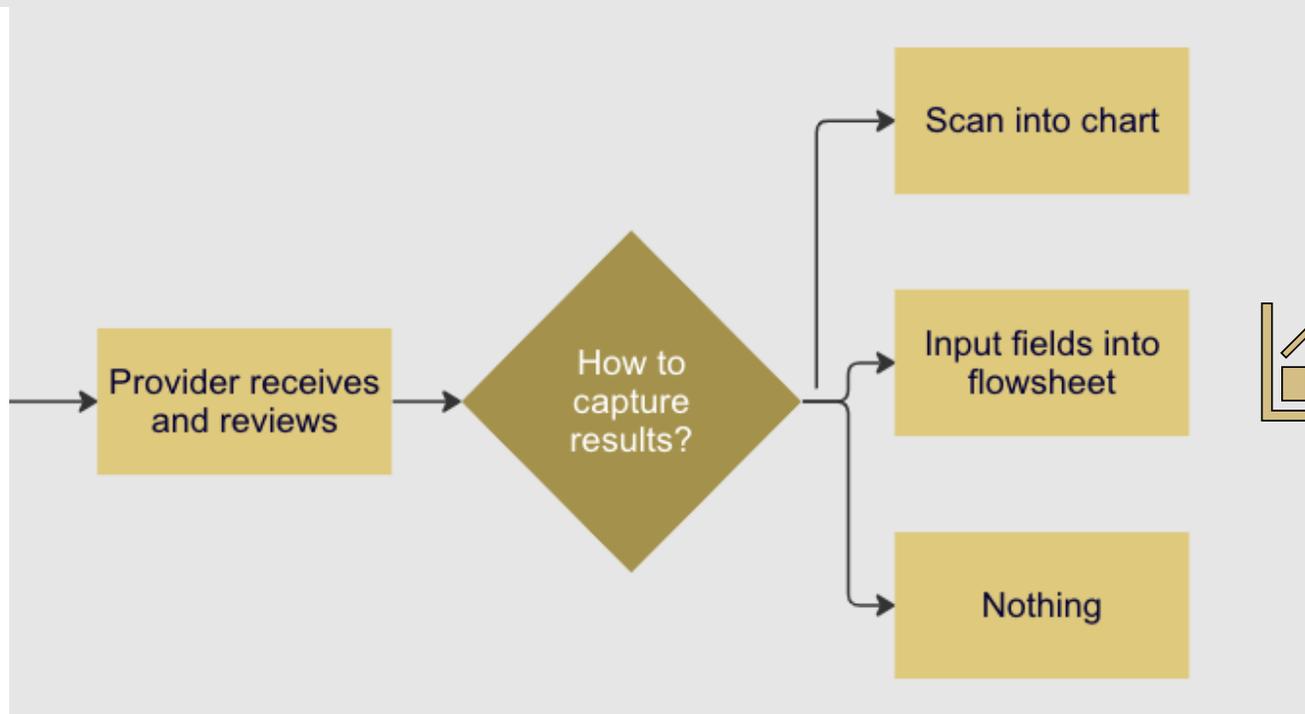
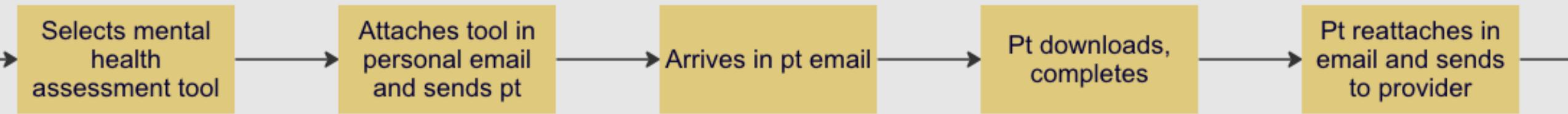






Measurement-Assisted Care (MAC)





Principles of Process Mapping

- Process Mapping is a *Team Activity*
- Create a safe space – what are people *actually doing*?
- Stickies are helpful / required!
- Current state should always come first
- Consider whether creating a future / optimal state is helpful





“What would this look like if it were easy?”

- Tim Ferris

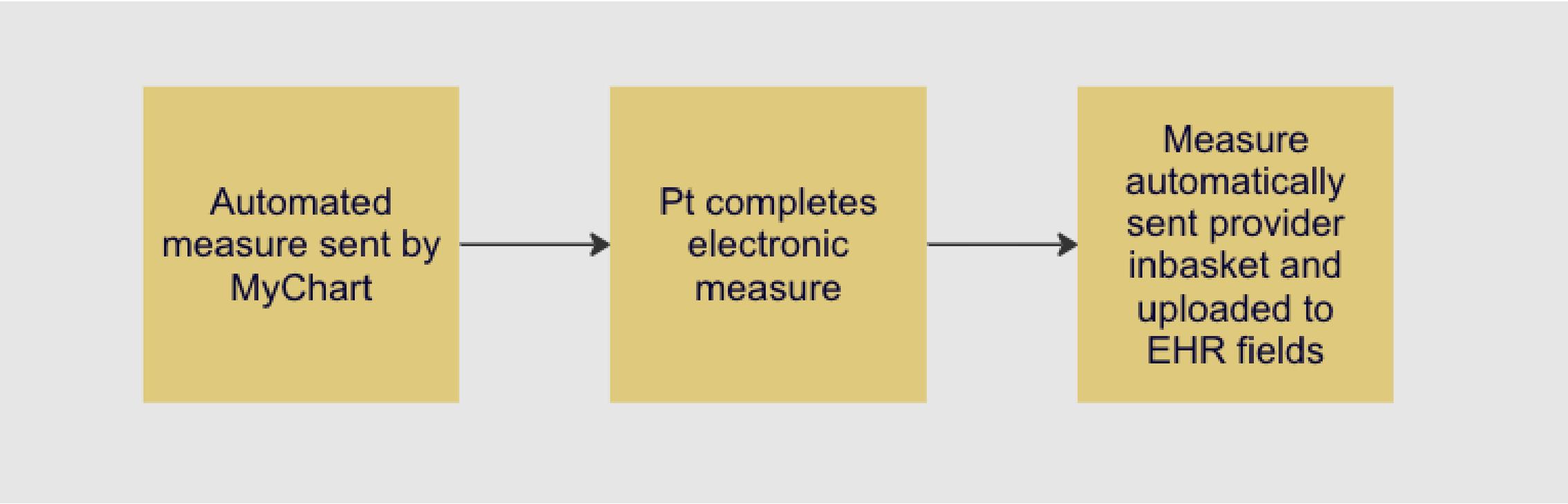
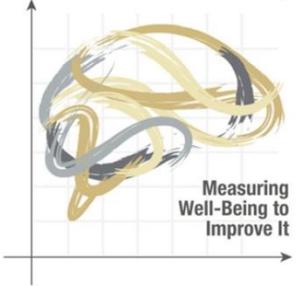


“Perfection is achieved, not when there is nothing more to add, but when there is nothing left to take away.”

- Antoine de Saint-Exupéry, French pioneering aviator, poet, aristocrat



Measurement-Assisted Care (MAC)



Coaching: Process Map



20 min



Step 1: Define your process & determine your entity

Step 2: List the steps involved – in sequence

Step 3: Create a flow chart

Step 4: Vet with others

Step 5: Identify pain points, positive points, and data points

NOTES for PB&J

1. Group consensus
2. Identify your customer – IE: who are you making this for?
3. Make decisions!



Appreciative Debrief

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

Next Steps

Due – Session 6: October 28, 2025

- Complete Voice of the Customer
- Build Stakeholder Analysis
- Develop a Problem Statement

Due – Session 7: Nov. 4, 2025

- Complete a process map

Date Assigned	Assignment	Due Date
#1 – Aug. 19, 2025	<ul style="list-style-type: none"> • Develop group ground rules • Complete Leadership Defined Self-assessment 	#3 – Sept. 9, 2025
#2 – Aug. 26, 2025	<ul style="list-style-type: none"> • No new assignments 	
#3 – Sept. 9, 2025	<ul style="list-style-type: none"> • Complete voice of customer • Build stakeholder analysis • Develop a problem statement 	#6 – Oct. 28, 2025
	<ul style="list-style-type: none"> • Complete a process map 	#7 – Nov. 4, 2025
#4 – Sept. 23, 2025	<ul style="list-style-type: none"> • Reading: Kotter, John. <i>Leading Change: Why Transformation Efforts Fail</i> 	#5 – Oct. 7, 2025
	<ul style="list-style-type: none"> • Meet with Dr. Moksha Patel 	#7 – Nov. 4, 2025
	<ul style="list-style-type: none"> • Draft business case 	#8 – Nov. 18, 2025
	<ul style="list-style-type: none"> • Complete affinity diagram 	#9 – Dec. 9, 2025
#5 – Oct. 7, 2025	<ul style="list-style-type: none"> • Complete Myers-Briggs Assessment 	Friday, Oct. 24, 2025
	<ul style="list-style-type: none"> • Complete literature review • Complete Program Evaluation/QI/Research Tool 	#8 – Nov. 18, 2025
#6 – Oct. 28, 2025	<ul style="list-style-type: none"> • Well-being Analysis • Health Equity Analysis • Develop/utilize current vision tying to project 	#9 – Dec. 9, 2025
#7 – Nov. 4, 2025	<ul style="list-style-type: none"> • Complete data collection plan 	#10 - Dec. 16, 2025
#8 – Nov. 18, 2025	No new assignments	
#9 – Dec. 9, 2025	<ul style="list-style-type: none"> • Finalize sense of urgency 	#11 – Jan. 13, 2026
	<ul style="list-style-type: none"> • Complete Design Thinking Exercise • Complete Positive Deviance Exercise • Develop list of potential interventions 	#12 – Jan. 27, 2026
#10 – Dec. 16, 2025	<ul style="list-style-type: none"> • Complete aim statement • Finalize guiding coalition 	#11 – Jan. 13, 2026
	<ul style="list-style-type: none"> • Finalize logo 	#13 – Feb. 10, 2026
#11 – Jan. 13, 2026	<ul style="list-style-type: none"> • Draft mid-year report out 	#12 – Jan. 27, 2026
	<ul style="list-style-type: none"> • Create and implement a communication plan 	#14 – Feb. 24, 2026

Evaluation





Anschutz

IHQSE

Follow us:

