Welcome to the Improvement Academy!

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

Institute for Healthcare Quality, Safety, Efficiency

Transformation, Not Just Education

At IHQSE our overarching goal is to fundamentally improve the care provided to patients by developing people, improving care processes and building higher-achieving organizations.

In other words, our goal is to transform:

to transform

INDIVIDUALS

We develop the capacity of frontline clinicians to drive change.

to transform

PROCESSES

We drive improvements in clinical care processes, leading to better outcomes.

to transform

ORGANIZATIONS

We help build higher-performing systems through sustained changes.

Institute for Healthcare Quality, Safety, Efficiency

Results that Matter

Our formula for transformation combines expert training, intensive, tailored coaching, a deep catalog of successful projects to tap into, and a relentless drive for outcomes.

500+
SUCCESSFUL QI/PS PROJECTS COMPLETED

$100+ MILLION
SAVED IN REDUCED INEFFICIENCIES

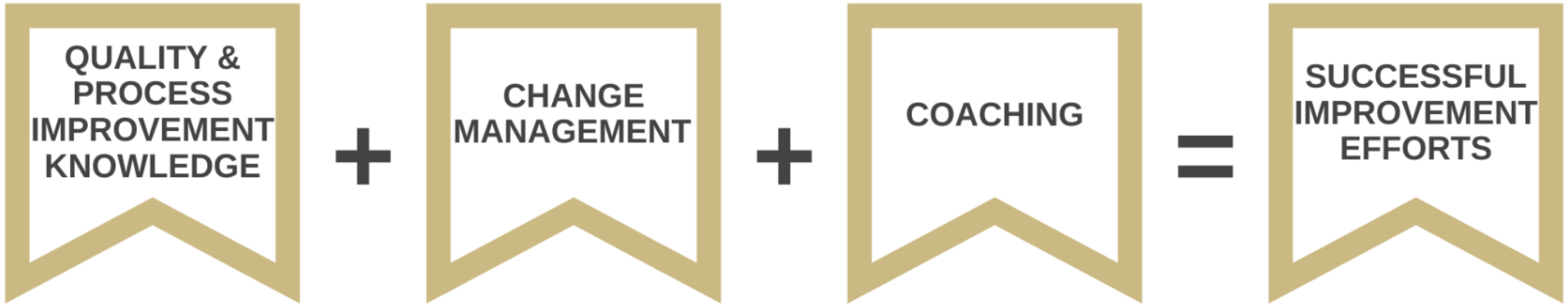
100+ THOUSAND
PATIENTS POSITIVELY IMPACTED

50+
GRADUATES IN QUALITY OR HEALTH SYSTEM LEADERSHIP POSITIONS

2→4
IMPROVEMENT IN CMS STAR RATING*

Overview of the Improvement Academy

Course Overview



Who are you?

University Hospital

Childrens Hospital

North & South Regions

Providers, Administrators, Nurses in the UExcel Program

Agenda

1. Team Introductions
2. Introduction to QI: Why?
3. The 6 Steps of QI
4. The Business Case
5. Creating your Action Plan

Introductions

Who are you?
Why are you here?
What improvement project are you working on?
What do you do to relieve stress?

Why are we here?

765 – 50 – 4

QI = Quality Improvement

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

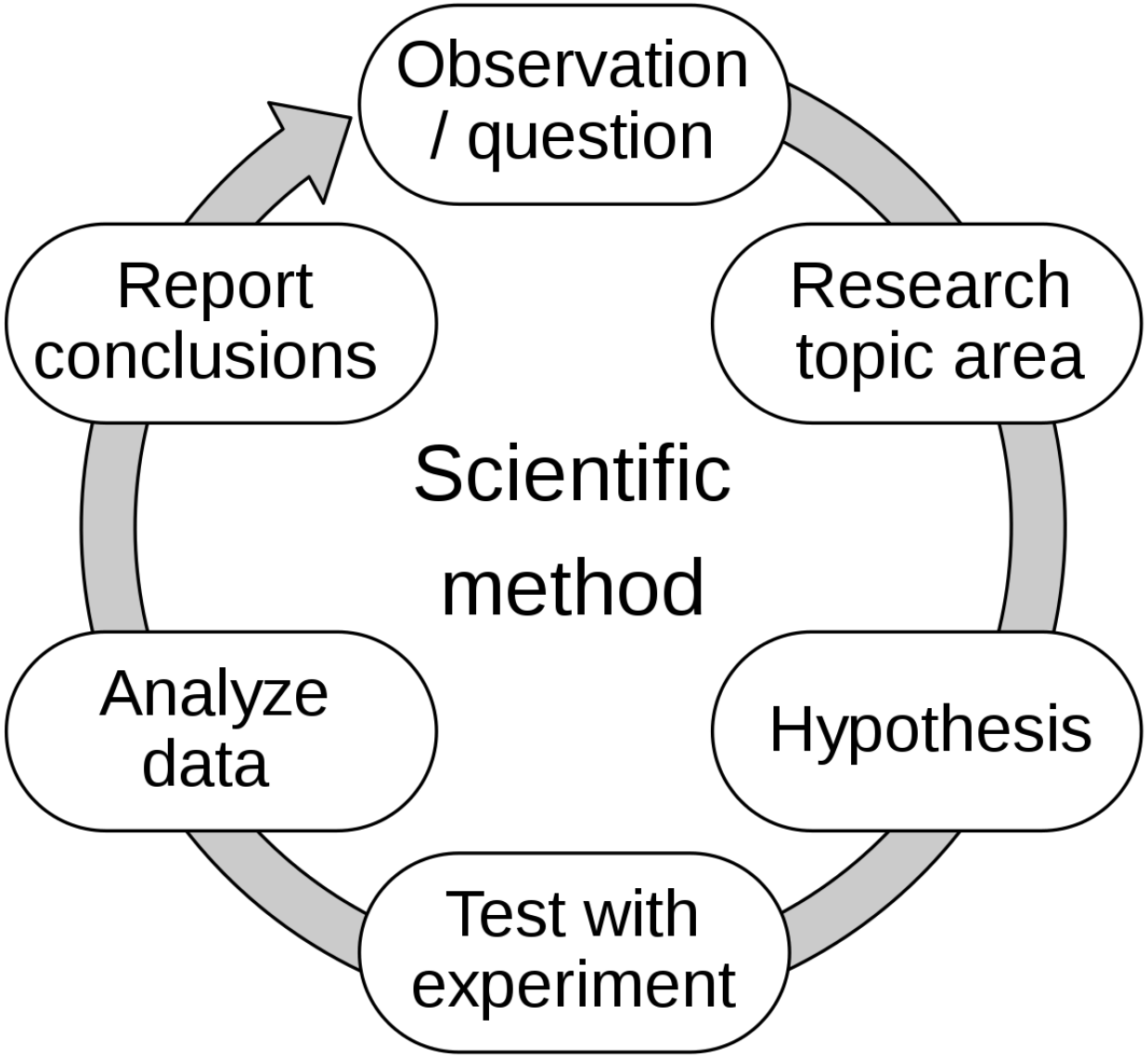
Value

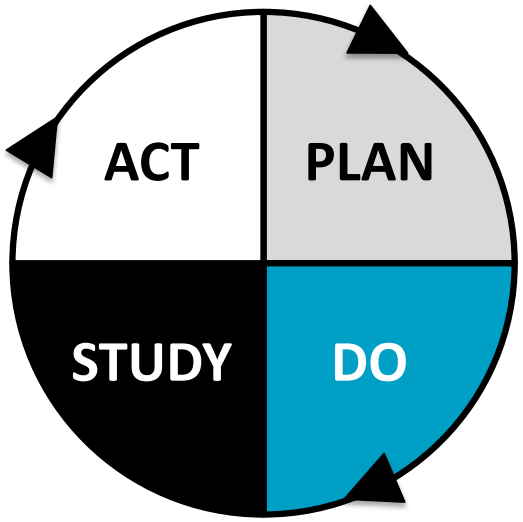
QI = ~~Quality~~ Improvement

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


Quality
+
Safety
+
Experience
+
Equity
VALUE =
Cost


CONVERSE
ALL STAR





D – M – A – I – C

Institute *for* Healthcare Improvement

UNDERSTAND YOUR PROBLEM FIRST !!!

Model of Quality Improvement

DMAIC

Define, Measure, Analyze, Improve, Control

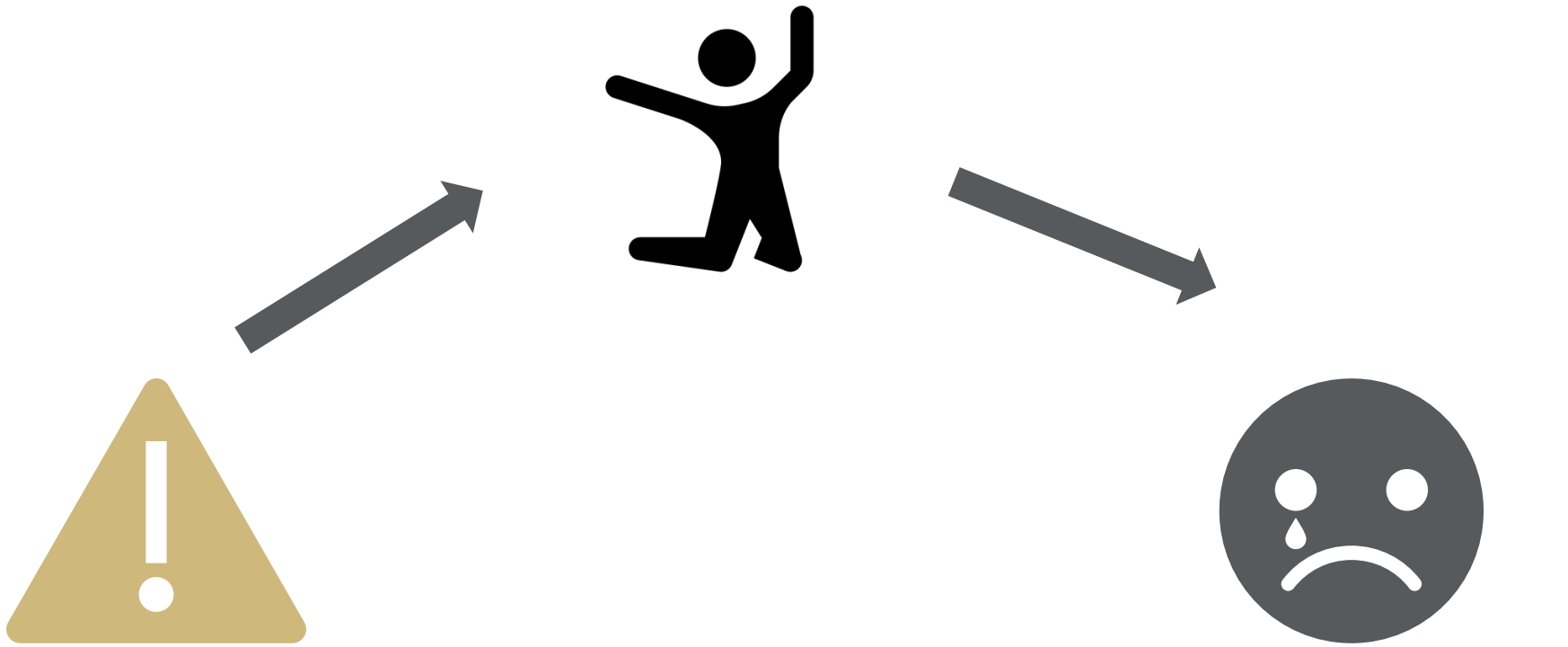
6σ

Six Sigma

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

DMAIC

Define, Measure, Analyze, Improve, Control



Sense a problem

No improvement

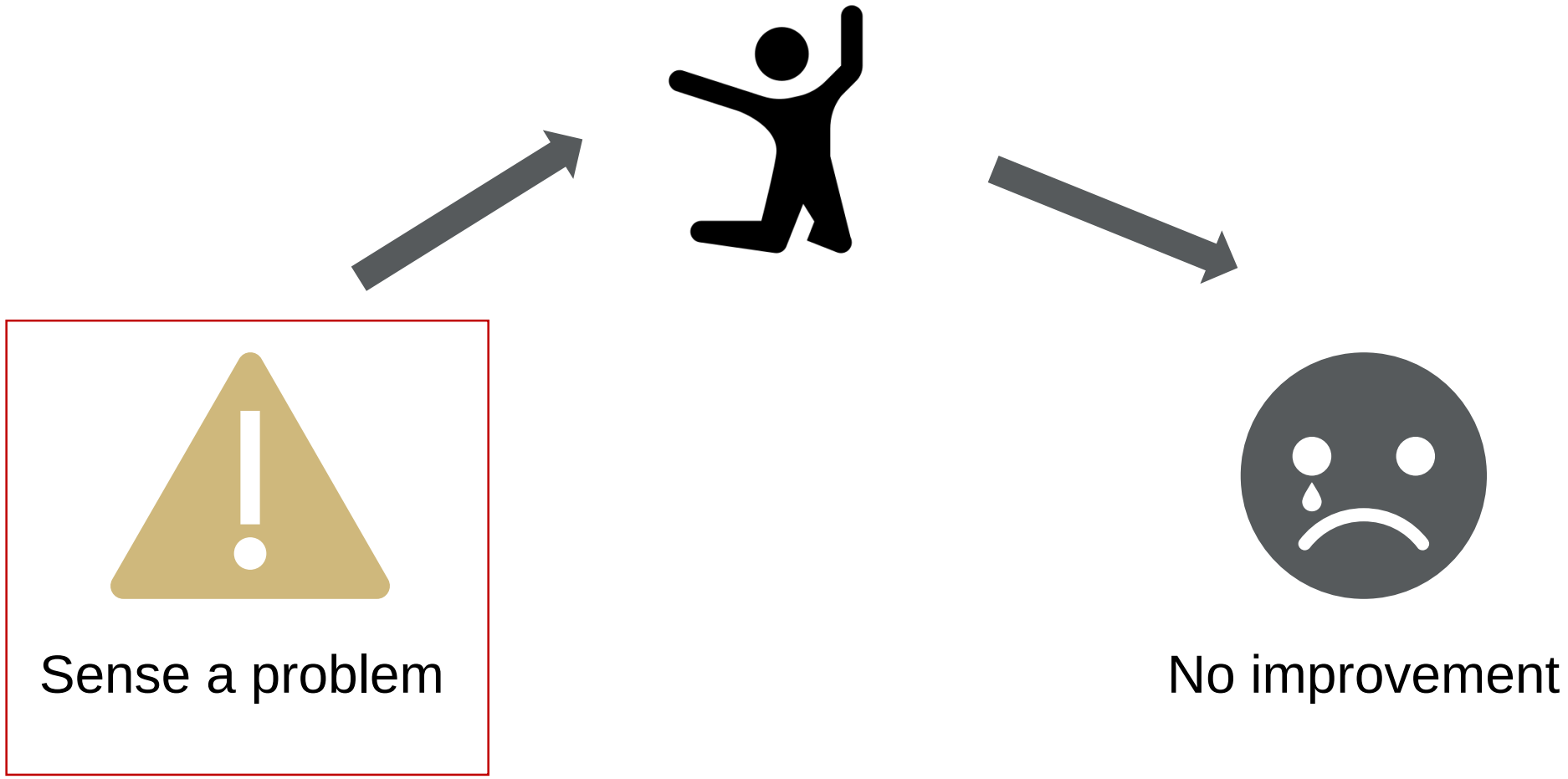
DMAIC (*də-MAY-ick*)

Define, Measure, Analyze, Improve, Control

Sense a problem

Sustained improvement

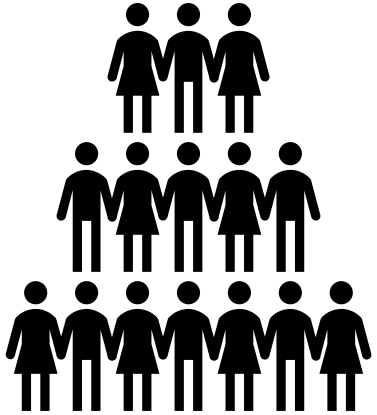
Part 1: Defining the Problem


Sense a problem
No improvement

Define: So WHAT?

Sense a problem

Describe in detail



Understand stakeholders – Voice of Customer

Define Scope

Tool 1: The Problem Statement

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What is your Scope?

What are you fixing?

ER Triage Problem

Patients are not happy with their experience in the ED.

The ER Triage Problem

There have been several complaints regarding ER Triage

Data review shows excessive wait times at triage

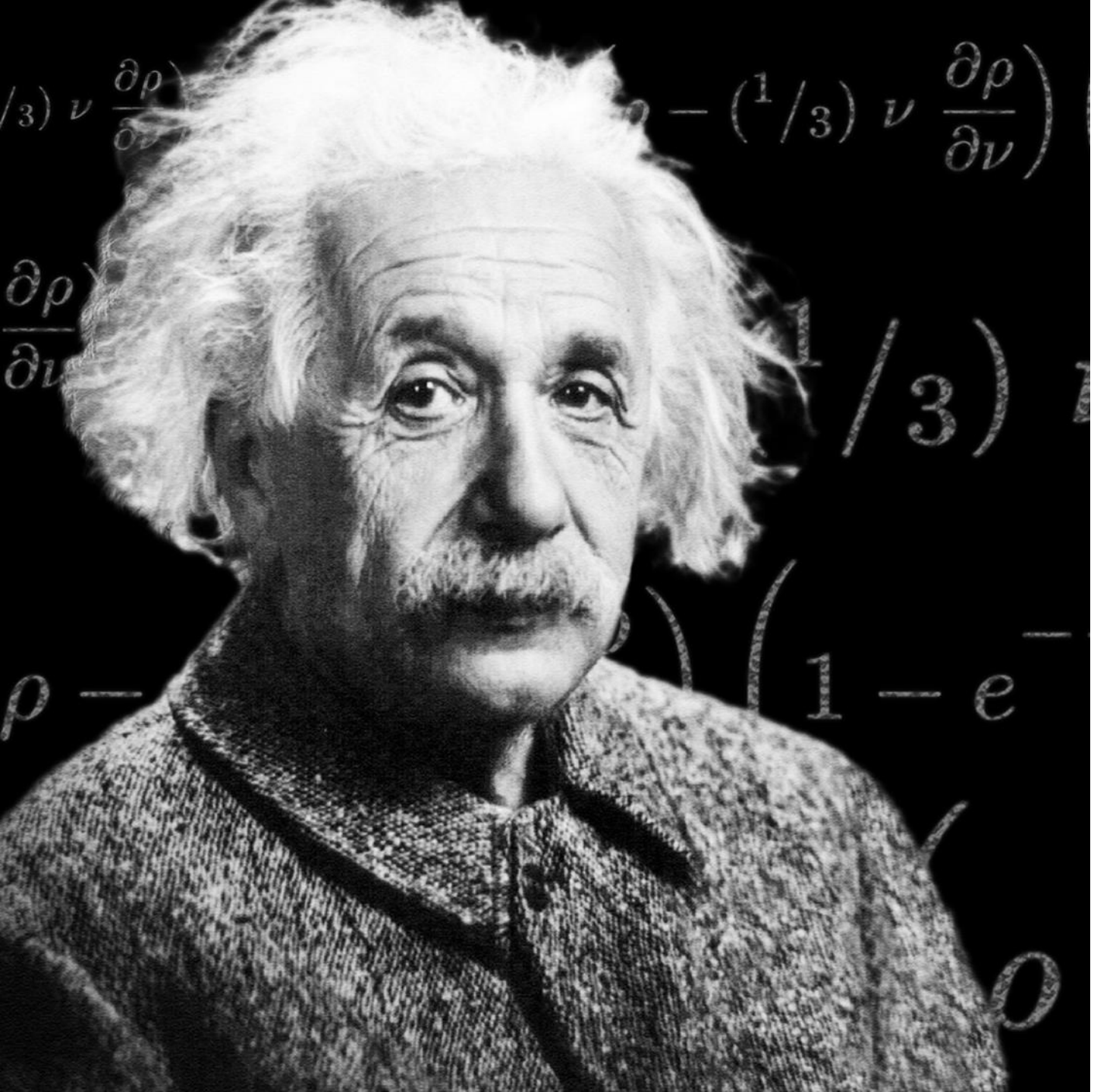
ER patient satisfaction in the 25th percentile

Excessive 'Left Without Being Seen' is leading to loss of patients and patient safety concerns

Door to Doctor time was nearly 80 minutes

Problem Statement

Our patients wait too long in the Emergency Room before they see a provider (an average of 80 minutes), as evidenced by recent complaints on HCAPHS surveys, poor satisfaction scores, excessive wait times and long Door to Doctor times, ultimately resulting in patients leaving the ER without being evaluated.



“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

How do you know it's a problem?

Who is affected?

By how much?

Are there guidelines / best practices to refer to?

Breakout 1:
Problem Statement Workshop

- Work with your team
- Discuss your problem (come back to Value equation if needed)
- Write down a problem statement
- Identify missing information
- Report Out

Return in 20 minutes

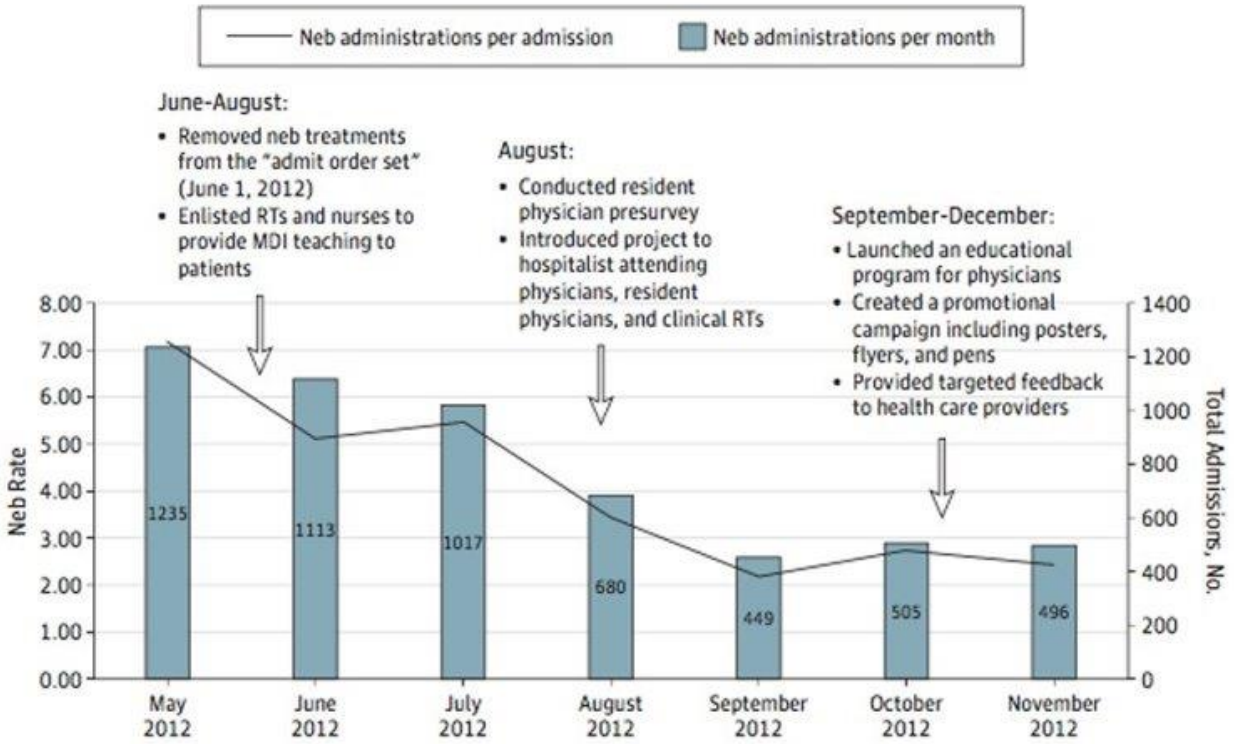
BREAK-TIME

Tool 2: Voice of the Customers

20% of patients with COPD readmitted within 30 days

A Story

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



Decreased labor cost

Less resource use

Happier RTs

Fewer readmissions

A Story

Who are your customers?

Voice of the Patient

Who are the patients?

What are their needs?

What are their perceptions of current state process?

Voice of the Provider & Staff

Who are the staff & providers?

What are their needs?

What are their perceptions of current state process?

The ER Triage Problem

There have been several complaints regarding ER Triage

Data review shows excessive wait times at triage

ER patient satisfaction in the 25th percentile

Excessive 'Left Without Being Seen' is leading to loss of patients and patient safety concerns

Door to Doctor time was nearly 80 minutes

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.

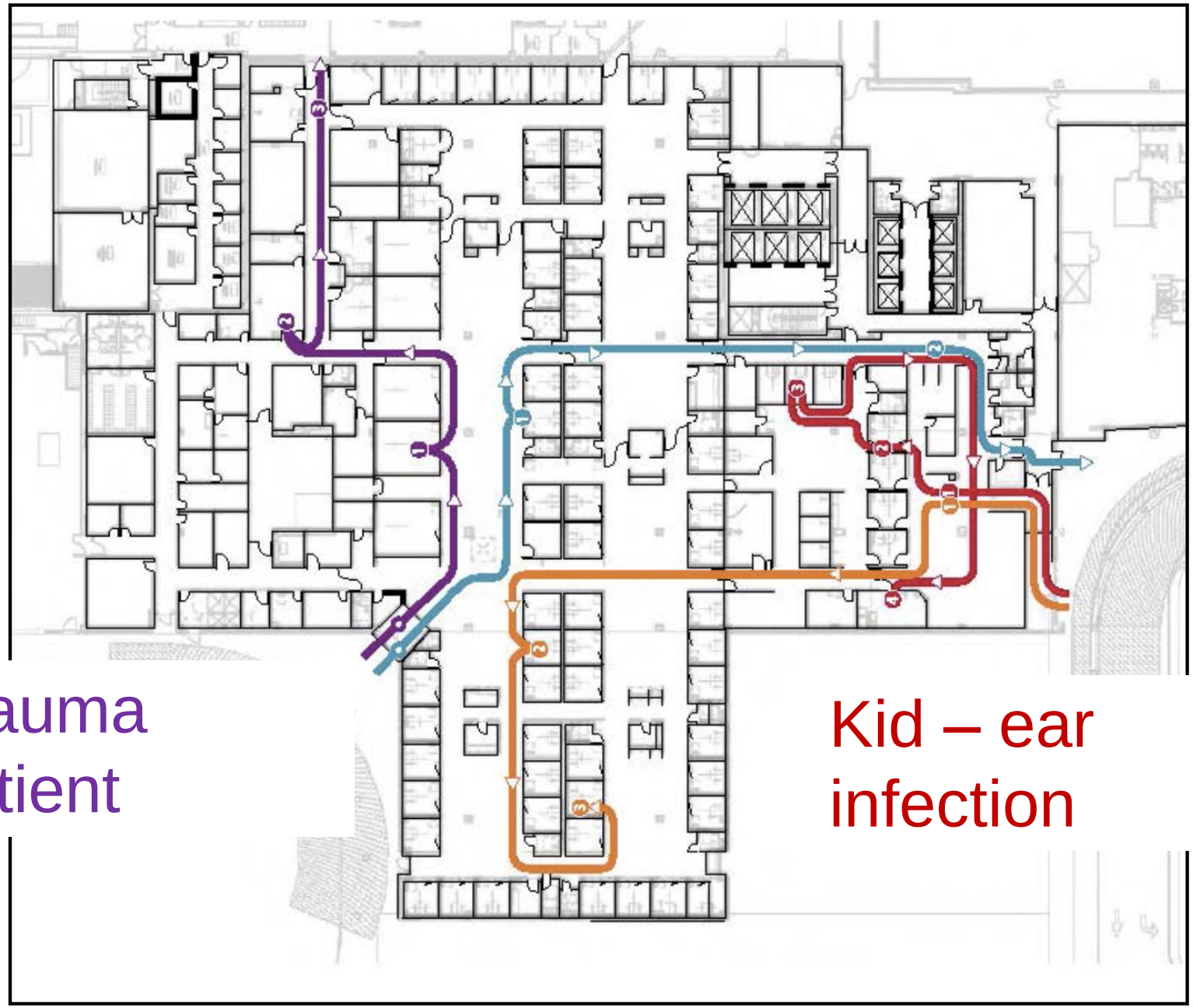
I just wanted some reassurance that I was OK – after 2 hours of waiting, I assumed I was and left.

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!

Redesign



Trauma patient

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, techs

Providers

Breakout 2:
Voice of the Customers

Identify your Customers (Patients, Providers, Staff, Business)

Discuss how to facilitate a VOC for your project

Document your plan

Report Out

15 minutes

Voice of the Business

Who represents the business?

What do they care about?

What are the financial implications?

The Business – Hospital Leadership

Other hospitals are marketing shorter wait times!

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

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

We won't achieve Level 1 Trauma accreditation.

Business Case

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

A Story

The oncology infusion center was struggling with poor patient experience scores related to the duration of their visits.

They wanted support in the form of a QI specialist to help address this problem.

How do they make the case for more support?

The Business Case

Why?

Gets you resources

Shows executives what you're going to do (in their language)

Triages *your* improvement work to the top of the list

How?

Step 1: What are you planning to do?

Step 2: What is the benefit?

Step 3: How do I show the benefit?

Step 4: What data do I need?

A Story: Infusion Center

1. What are you trying to do? (process measure)

Reduce time from check-in to completed drug infusion by 72 minutes

2. What is the benefit? (outcome measure)

Patient's happier
Staff happier - less down time
Timely Access - open more chair time for other patients
More patients for same amount of staff

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)

❹ 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 save you $700k next year.

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

Your ROI will be $680k.

Thanks!

A Personal Story

I want to go on vacation...

Eleuthera, Bahamas

1. What am I trying to do? Vacation

2. What is the benefit? Happier, More Productive Emily

3. How will I convey benefit?

- due to relief of burnout – ability to work extra moonlighting shifts (1k per month)
- due to increased productivity – take kids to soccer practice
- allows husband to have more productive workdays (4 hours / week, $100/hour)
- 1k + (16 hours x $100 / hour) x 6 months = $15,600

Eleuthera < $15,000

Pic of emily in eleuthera

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?

Break-out to Discuss

Complete in Coaching Session

Part 2:
Understanding your Problem

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DMAIC

Define, **Measure, Analyze,** Improve, Control

Sense a problem

Sustained improvement

37% of Physical Therapy Consults Are Inappropriate

10,000 hours of work (wasted) per year

Measure

現場

Gemba (the Actual Place, Walk)

WHAT is the problem

Process Map

Epic

Gemba 現場

Why do we order PT?

Reason for PT?	???????
Comments:	✚ Add Comments

Tool 3: Process Map

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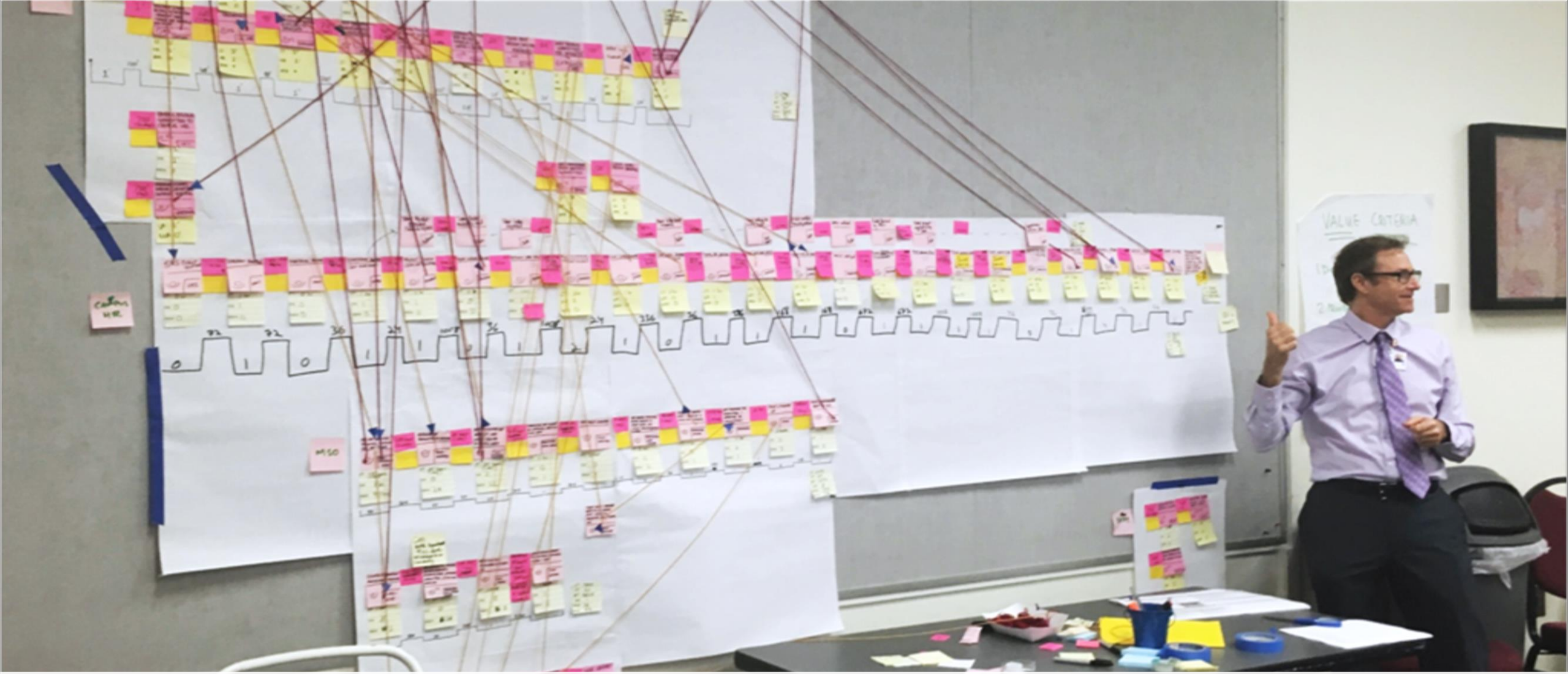
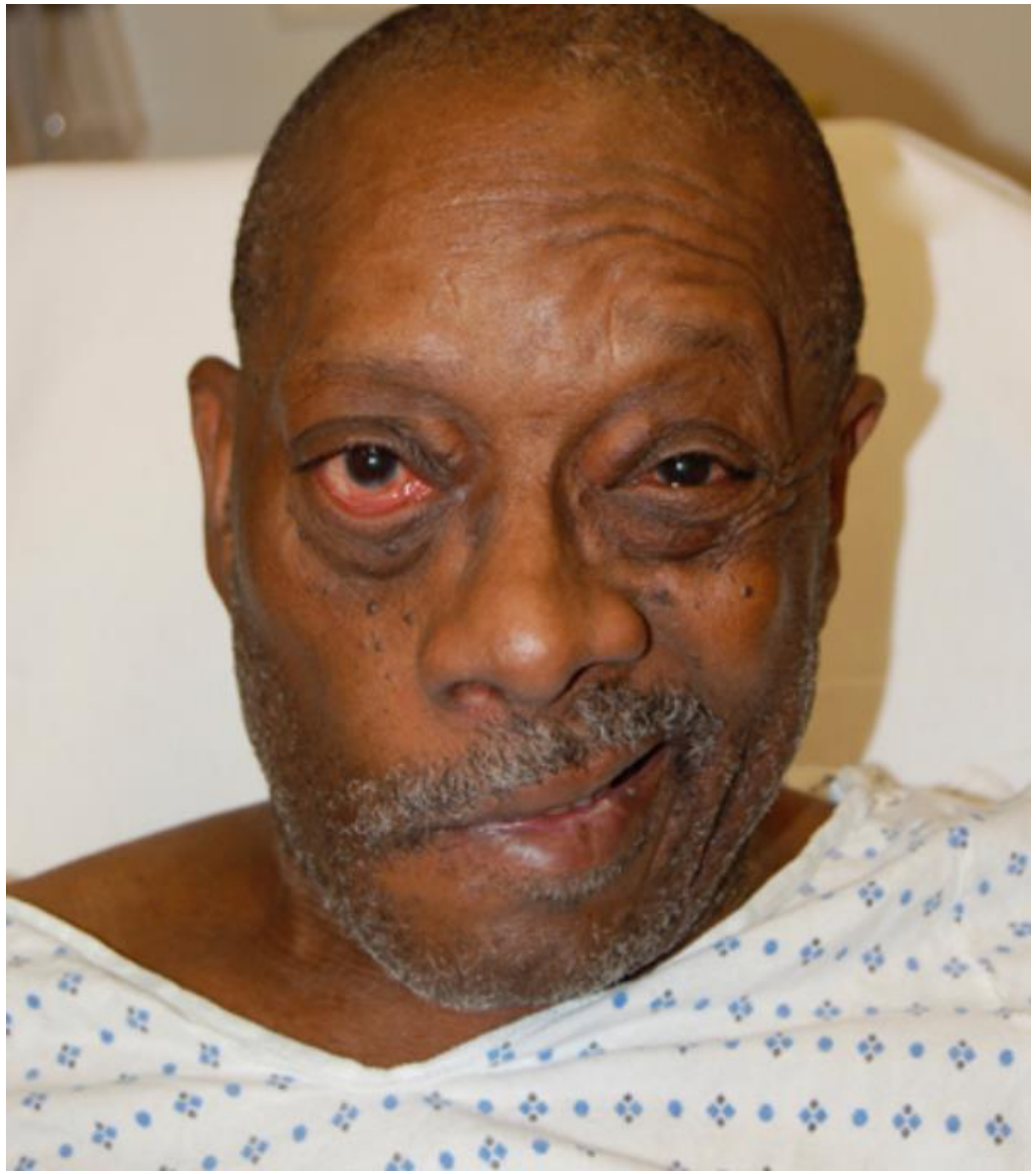


Process Mapping: Making the Invisible, Visible

Physical therapy example process map

Code Stroke: Satellite COVID Hospital



Step 1: Defining your Process

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

CODE STROKE ACTIVATION AND DECISION-MAKING

Focal deficit recognized

Neurology Decision Made

Step 2: Determine your ‘Entity’

HUMAN

INANIMATE OBJECT

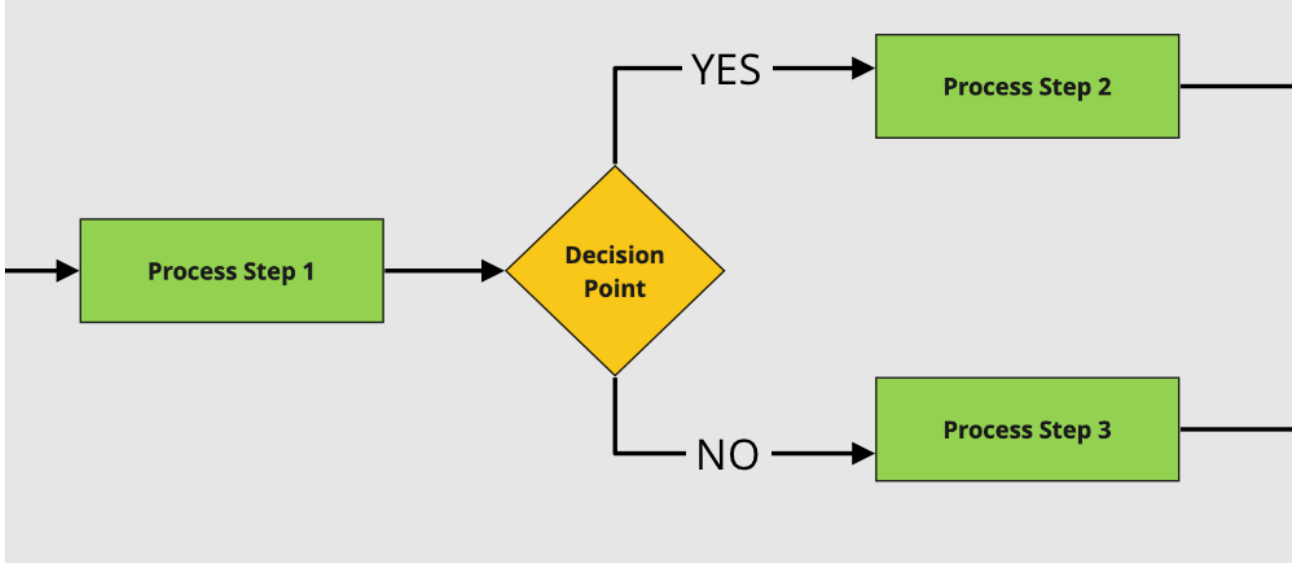
INFORMATION

Step 3: Add Process Steps

- Steps, Tasks, Operations
- Verb / Noun
- Granularity may vary

Step 3: Include Decision Points

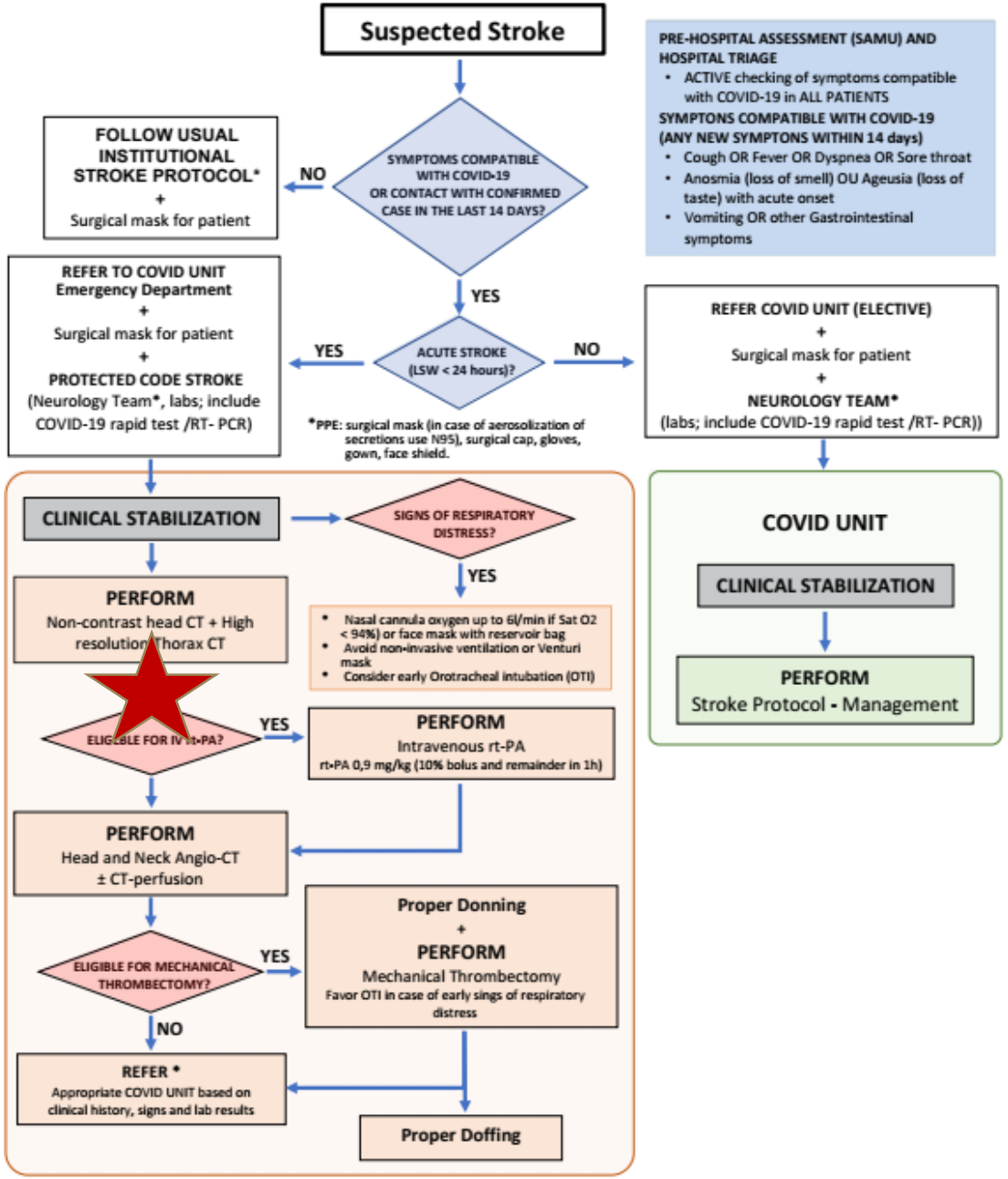
- A decision separates branches in the process flow map
- Label decisions as questions
- Each arrow is labeled as an answer to the question



Step 4: Identify Pain Points

- Confusion, variability
- Opportunities for improvement
- Waste, Inefficiency
  - Defects
  - Waiting times
  - Extra Motion
  - Over Processing
  - Underutilized talent
  - Transportation
  - Over production
  - Excess Inventory

Process Map


Suspected Stroke
PRE-HOSPITAL ASSESSMENT (SAMU) AND HOSPITAL TRIAGE
• ACTIVE checking of symptoms compatible with COVID-19 in ALL PATIENTS
SYMPTONS COMPATIBLE WITH COVID-19 (ANY NEW SYMPTONS WITHIN 14 days)
• Cough OR Fever OR Dyspnea OR Sore throat
• Anosmia (loss of smell) OU Ageusia (loss of taste) with acute onset
• Vomiting OR other Gastrointestinal symptoms
SYMPTOMS COMPATIBLE WITH COVID-19 OR CONTACT WITH CONFIRMED CASE IN THE LAST 14 DAYS?
NO
FOLLOW USUAL INSTITUTIONAL STROKE PROTOCOL* + Surgical mask for patient
YES
ACUTE STROKE (LSW < 24 hours)?
YES
REFER TO COVID UNIT Emergency Department + Surgical mask for patient + PROTECTED CODE STROKE (Neurology Team*, labs; include COVID-19 rapid test /RT- PCR)
NO
REFER COVID UNIT (ELECTIVE) + Surgical mask for patient + NEUROLOGY TEAM* (labs; include COVID-19 rapid test /RT- PCR))
*PPE: surgical mask (in case of aerosolization of secretions use N95), surgical cap, gloves, gown, face shield.
CLINICAL STABILIZATION
SIGNS OF RESPIRATORY DISTRESS?
YES
• Nasal cannula oxygen up to 6l/min if Sat O2 < 94%) or face mask with reservoir bag
• Avoid non-invasive ventilation or Venturi mask
• Consider early Orotracheal intubation (OTI)
PERFORM Non-contrast head CT + High resolution Thorax CT
ELIGIBLE FOR IV rt-PA?
YES
PERFORM Intravenous rt-PA rt-PA 0,9 mg/kg (10% bolus and remainder in 1h)
PERFORM Head and Neck Angio-CT ± CT-perfusion
ELIGIBLE FOR MECHANICAL THROMBECTOMY?
YES
Proper Donning + PERFORM Mechanical Thrombectomy Favor OTI in case of early sings of respiratory distress
NO
REFER * Appropriate COVID UNIT based on clinical history, signs and lab results
Proper Doffing
COVID UNIT
CLINICAL STABILIZATION
PERFORM Stroke Protocol - Management

Show swim lane

highlight

- Team sport
- Do with your group
- Stickies
- Current first
- Maybe future / optimal

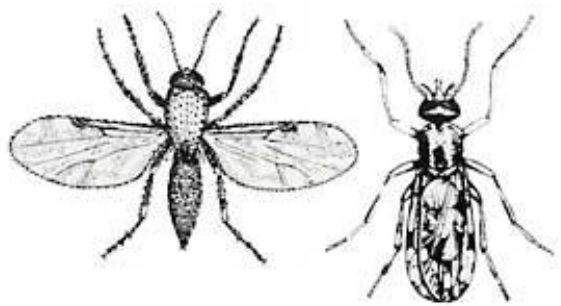
Break-out 3: Process Map

Name the process you want to map, identify start / stop
Name the entity you are following
Identify individuals you want engaged in this process – plan event
Begin to develop process map

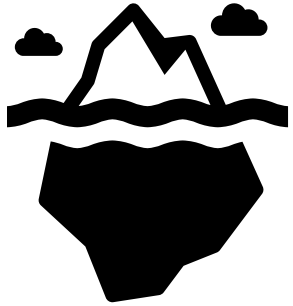
10 minutes

BREAK-TIME

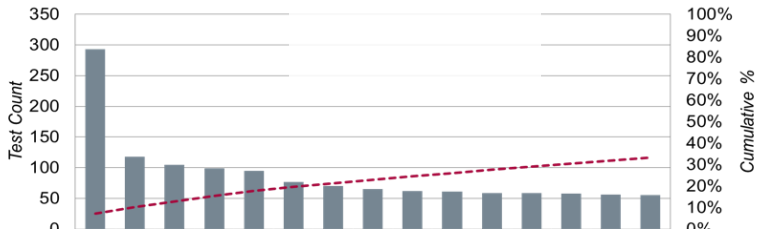
Analyze: WHY?



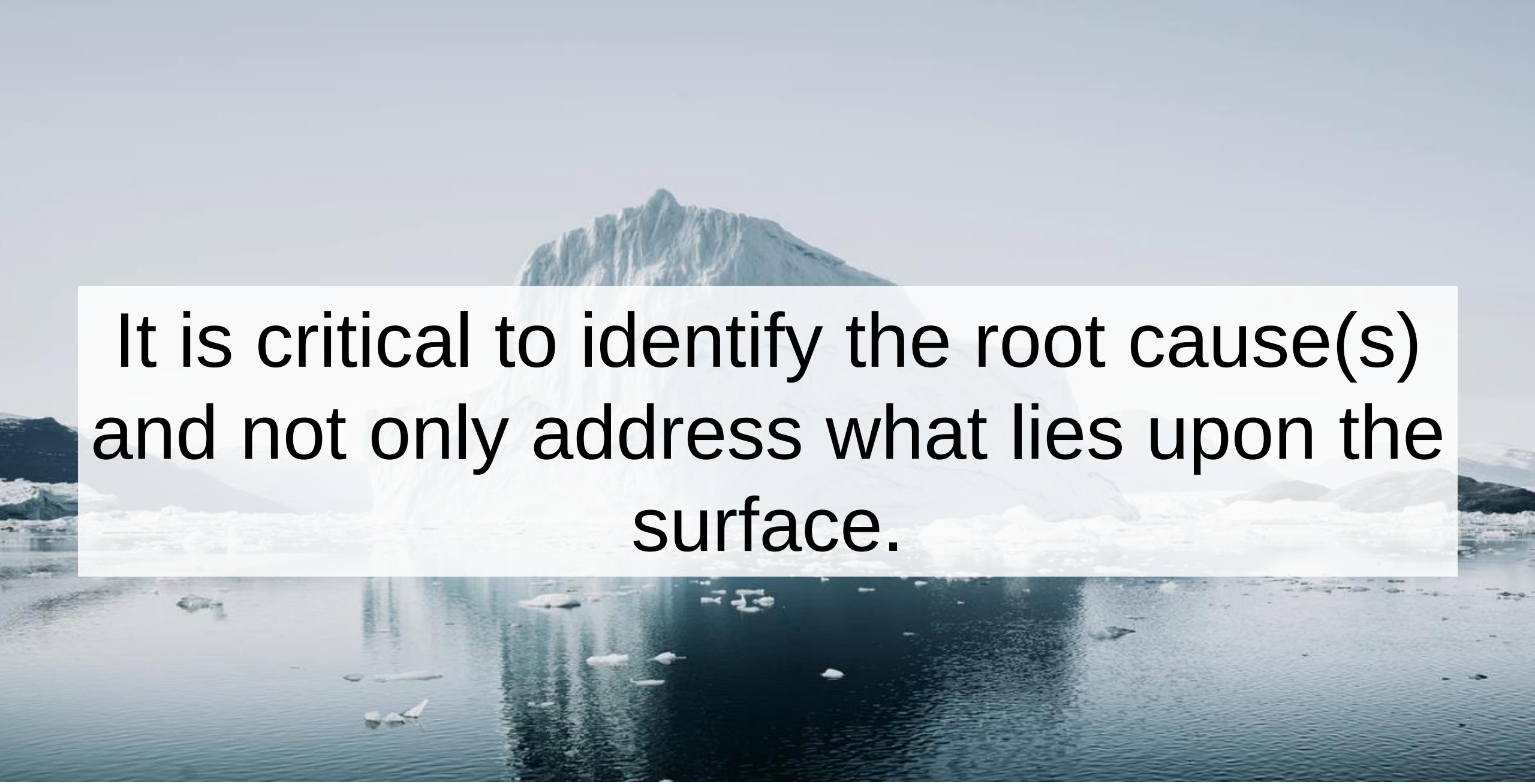
5-Why’s



Root Cause Analysis
Affinity Diagram



Pareto Chart



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

Tool 4: Understanding Root Causes

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Voice of the customer

Epic

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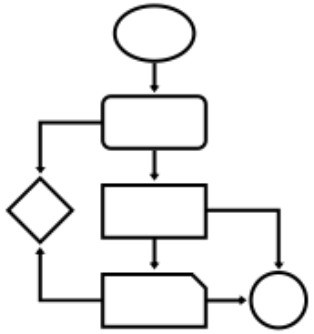
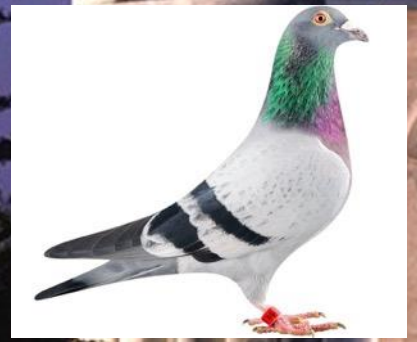
Gemba (Walk)

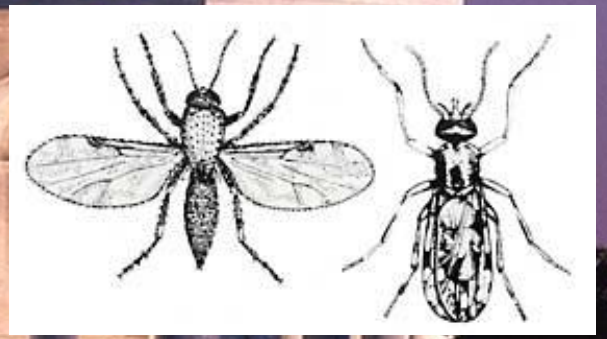


Process Map

Step 1: Brainstorm

Five Why's





5 WHYs?

Why don't providers order PT appropriately?
They don't know what is appropriate

Why don't they know the indications?
It is part of the nursing assessment. Epic doesn't guide them.

Why don't we understand the nursing assessment?
It's a different language and training than providers use.

Why doesn't Epic guide them?
No list of indications.

Why don't nurses place the PT orders?

Step 2: Sort by Themes

Communication
Environment
Materials
Processes
EHR
Policies

Step 3: Create Affinity Diagram

EHR	Communication	Process	Materials Environment	Knowledge
No Indications	RN/MD/PT Different language	not discussed in discharge rounds	Busy	Don't know indications for PT
RN assessment not included			x Geographic cohorting	
No feedback loop				

Step 4: Vote on Importance

EHR	Communication	Process	Materials Environment	Knowledge
No Indications	RN/MD/PT Different language	not discussed in discharge rounds	Busy	Don't know indications for PT
RN assessment not included	6	2	x Geographic cohorting	2
No feedback loop			1	
7				

Breakout 4:
Contributing Factors

Consider WHY you have a problem

Brainstorm as many causes of this problem as possible.

Put each on 1 sticky note.

Report Out

15 minutes

BREAK-TIME LUNCH

Analyze

Aim statement

S	Specific
M	Measurable
A	Attainable
R	Relevant
T	Timely

Matter to Patients

OUTCOME

- Patient Satisfaction
- LOS
- Readmission Rate
- Throughput
- Adverse Events

Can act as proxy for outcomes

PROCESS

- Use of checklists
- Patient Centered Rounds
- Lab orders

STRUCTURE

- Order Sets
- Regionalized
- Nurse:Patient ratio
- Discharge navigators

INTERVENTIONS

BALANCE

Inpatient DVT Prophylaxis

OUTCOME

DVT rates
PE rates
Mortality

PROCESS

Use of Rx prophylaxis

Risk scoring

STRUCTURE

Anti-coagulants stock
RNs to administer

INTERVENTIONS

BALANCE

Bleeding Rate

OUTCOME

PROCESS

STRUCTURE

The thing you want to affect = PROJECT GOAL

10,000 hours of PT work (wasted) per year

The things you think contribute to the outcome
= AIM STATEMENT

Inappropriate orders (37% of consults)
+/- Order Set Creation

Focus on the process, not the results. Take one step at a time. You don’t climb a mountain by simply looking at the top.

By the end of Measure & Analyze....

SMART AIM:

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

A note on data...

"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.

Data Collection Plan

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

Breakout 5:
Create an AIM Statement, Data Plan

Identify your process, outcome measures

Create or Refine a SMART AIM Statement

Data Collection Plan

Report Out

10 minutes

Part 3: Making Improvements

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DMAIC (*də-MAY-ick*)

Define, Measure, Analyze, Improve, Control

Sense a problem

Sustained improvement

Define, Measure, Analyze, Improve, Control

Understand your problem

Fix it

Sustain

1. **Target the root causes**
2. Design the right solutions
3. Choose the most impactful
4. Trouble Shoot

Tool: The Pareto Principle

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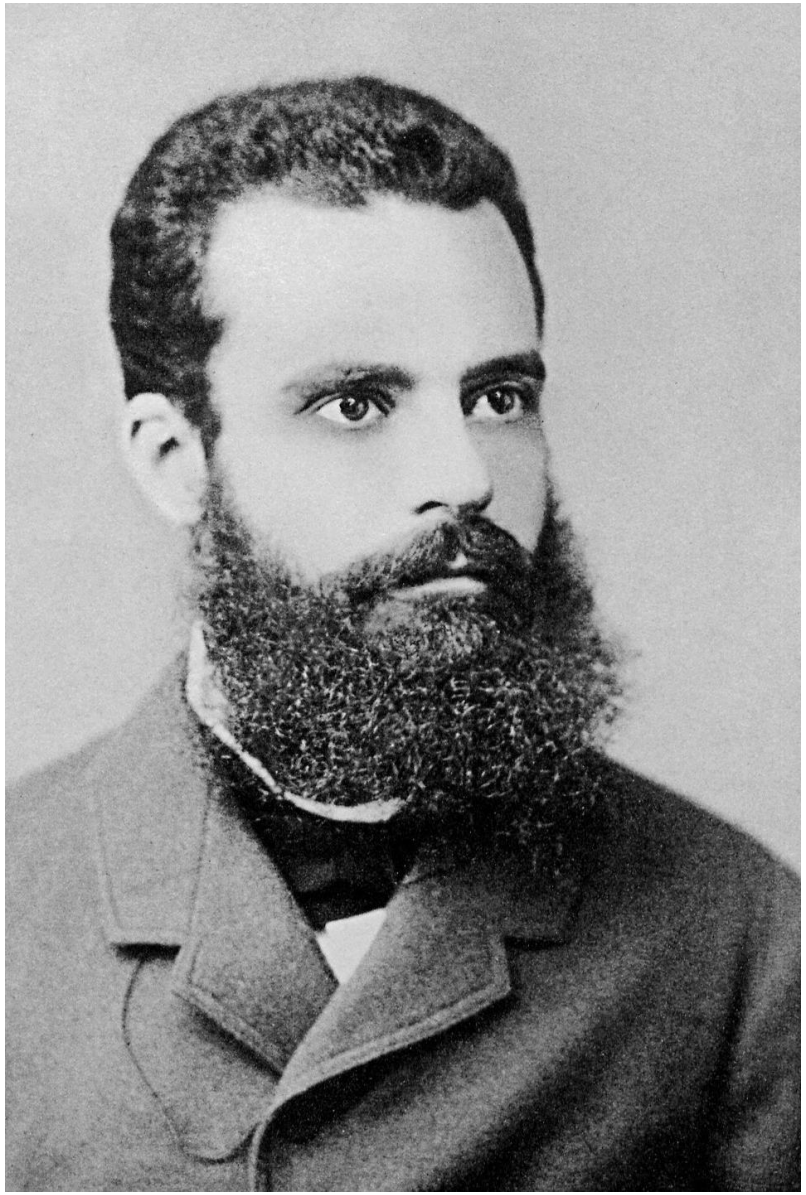
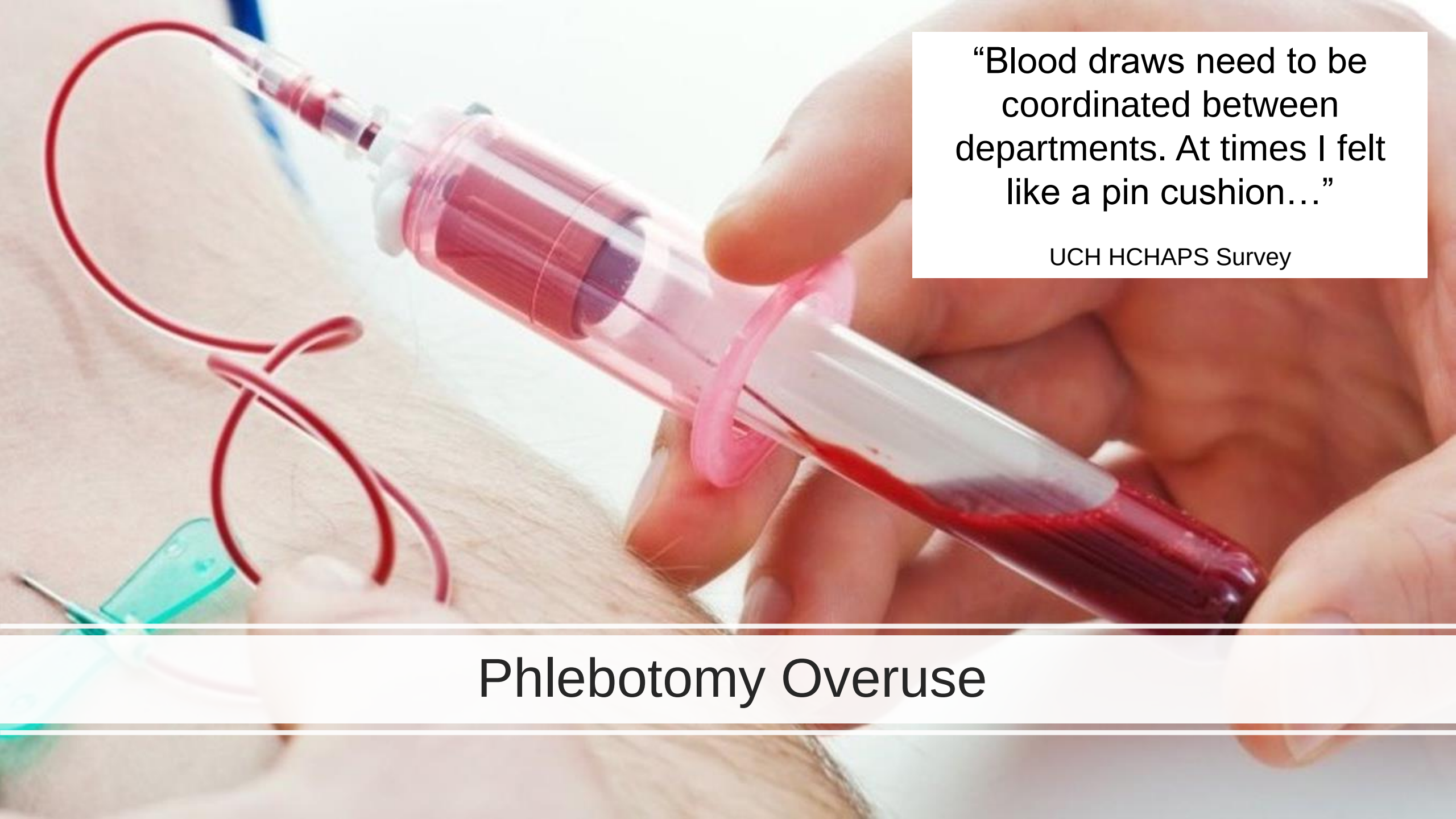


Pareto Rule

80/20

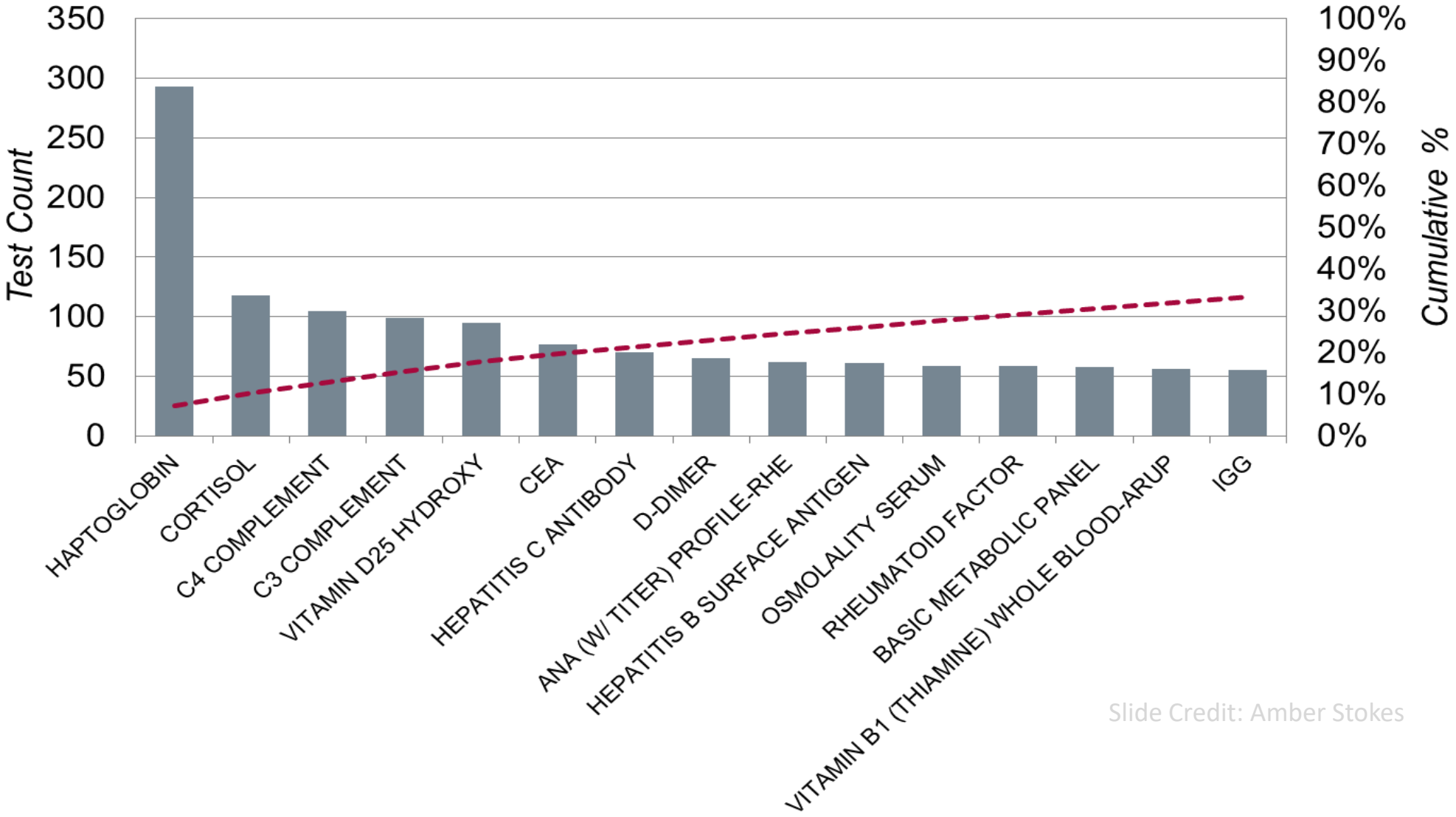


"Blood draws need to be coordinated between departments. At times I felt like a pin cushion…"

UCH HCHAPS Survey

Phlebotomy Overuse

Top 15 Add-On Failures: UCH Inpatient January – August 2017

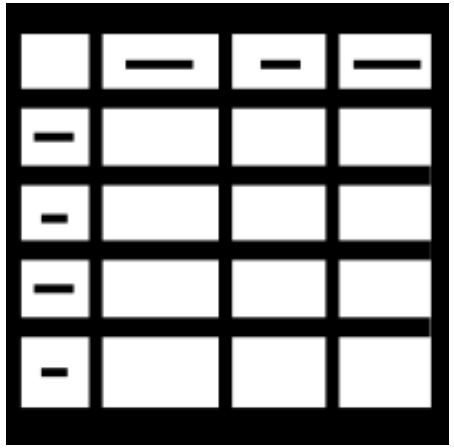


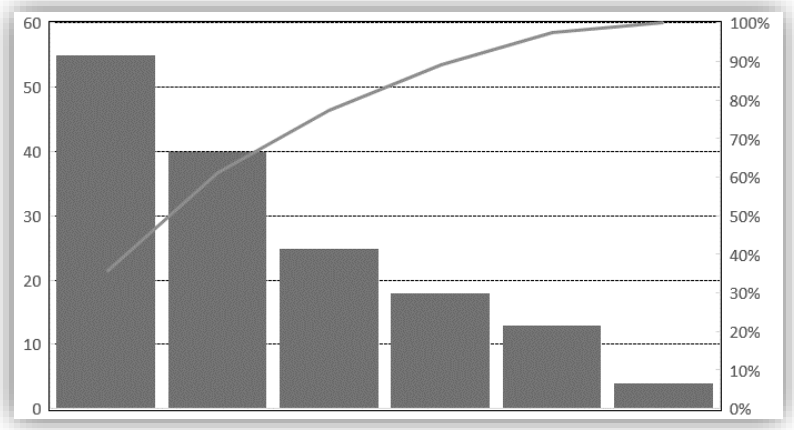
Slide Credit: Amber Stokes

Using a Pareto Chart

List of Reasons for Problem or areas where problems is occurring

Gather data on these reasons → **Create** Pareto Chart → Use to **Target** Interventions

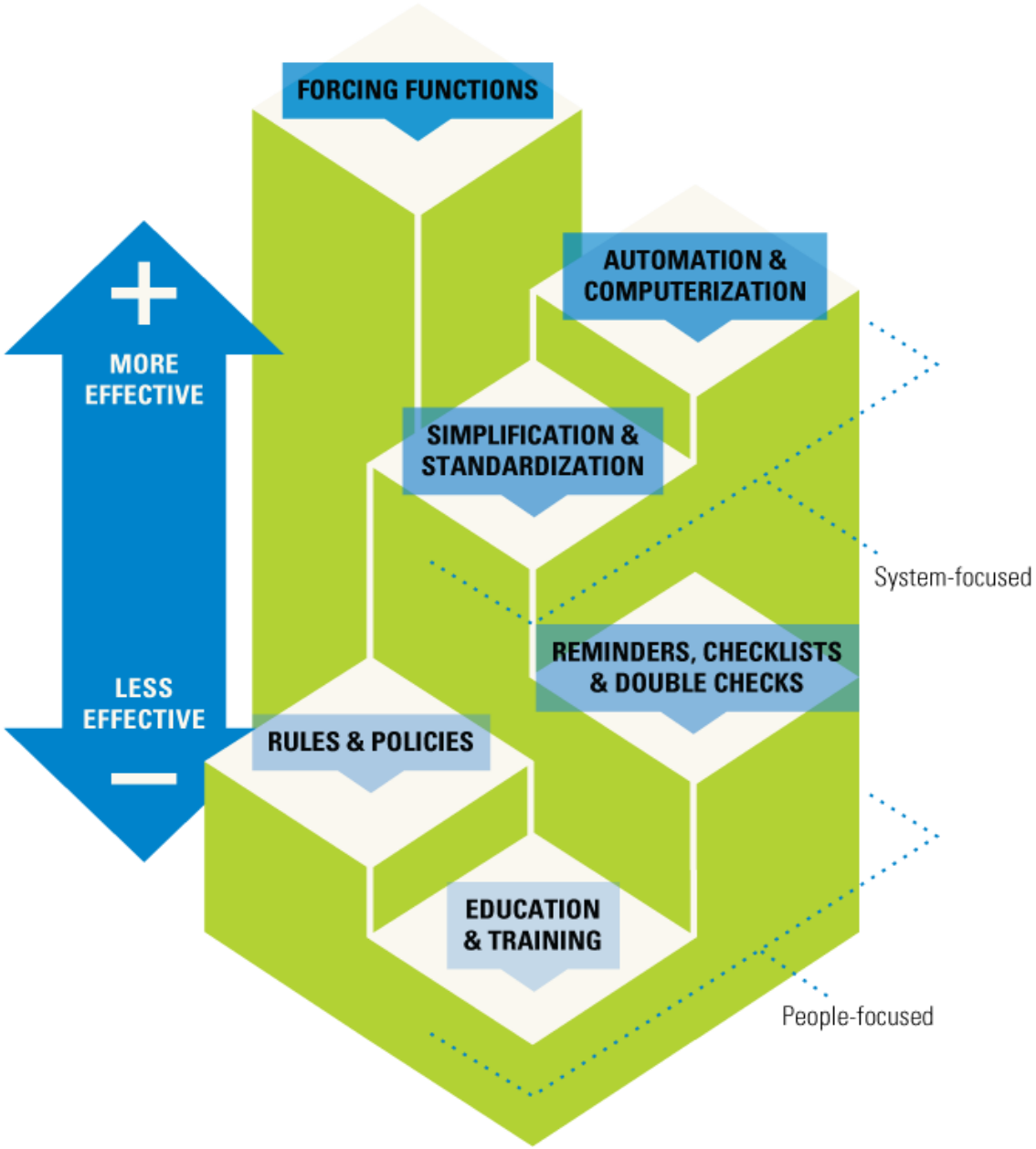


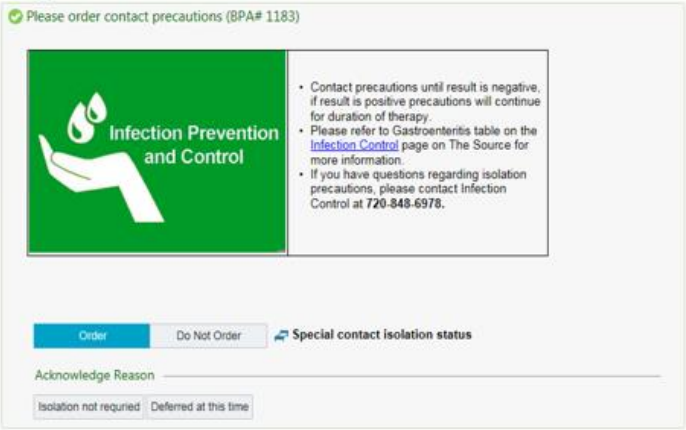


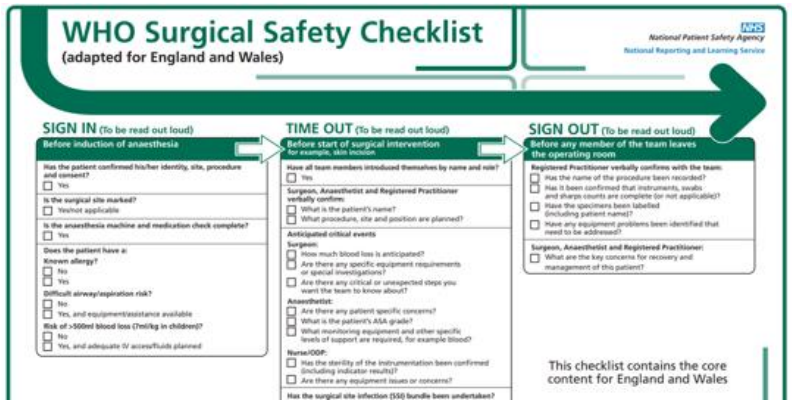
1. Target the root causes
2. **Design the right solutions**
3. Choose the most impactful
4. Trouble Shoot

Improve

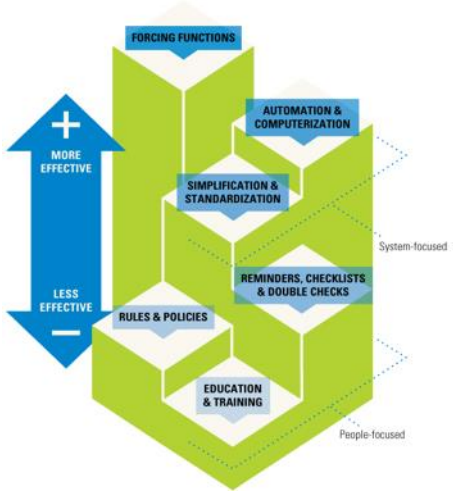
1. Hierarchy of Interventions
2. Double Diamond – Design Thinking
3. Positive Deviance


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


Please order contact precautions (BPA# 1183)
Infection Prevention and Control
Contact precautions until result is negative, if result is positive precautions will continue for duration of therapy.
Please refer to Gastroenteritis table on the Infection Control page on The Source for more information.
If you have questions regarding isolation precautions, please contact Infection Control at 720-848-6978.
Order
Do Not Order
Special contact isolation status
Acknowledge Reason
Isolation not required
Deferred at this time


WHO Surgical Safety Checklist
(adapted for England and Wales)
SIGN IN (To be read out loud)
TIME OUT (To be read out loud)
SIGN OUT (To be read out loud)
This checklist contains the core content for England and Wales


Body Planes
MDpocket.com


FORCING FUNCTIONS
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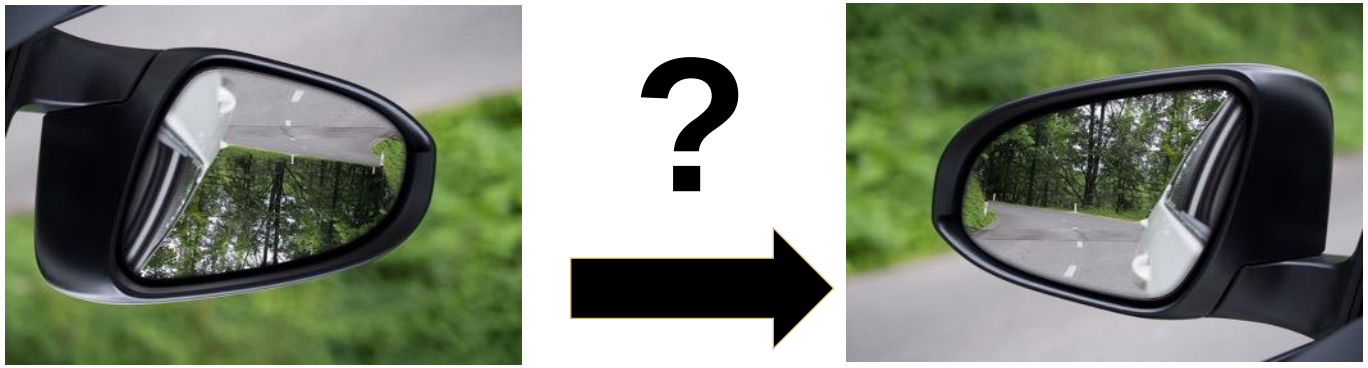
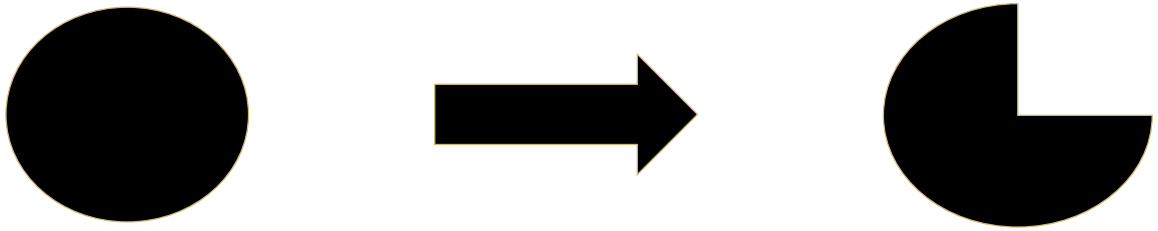
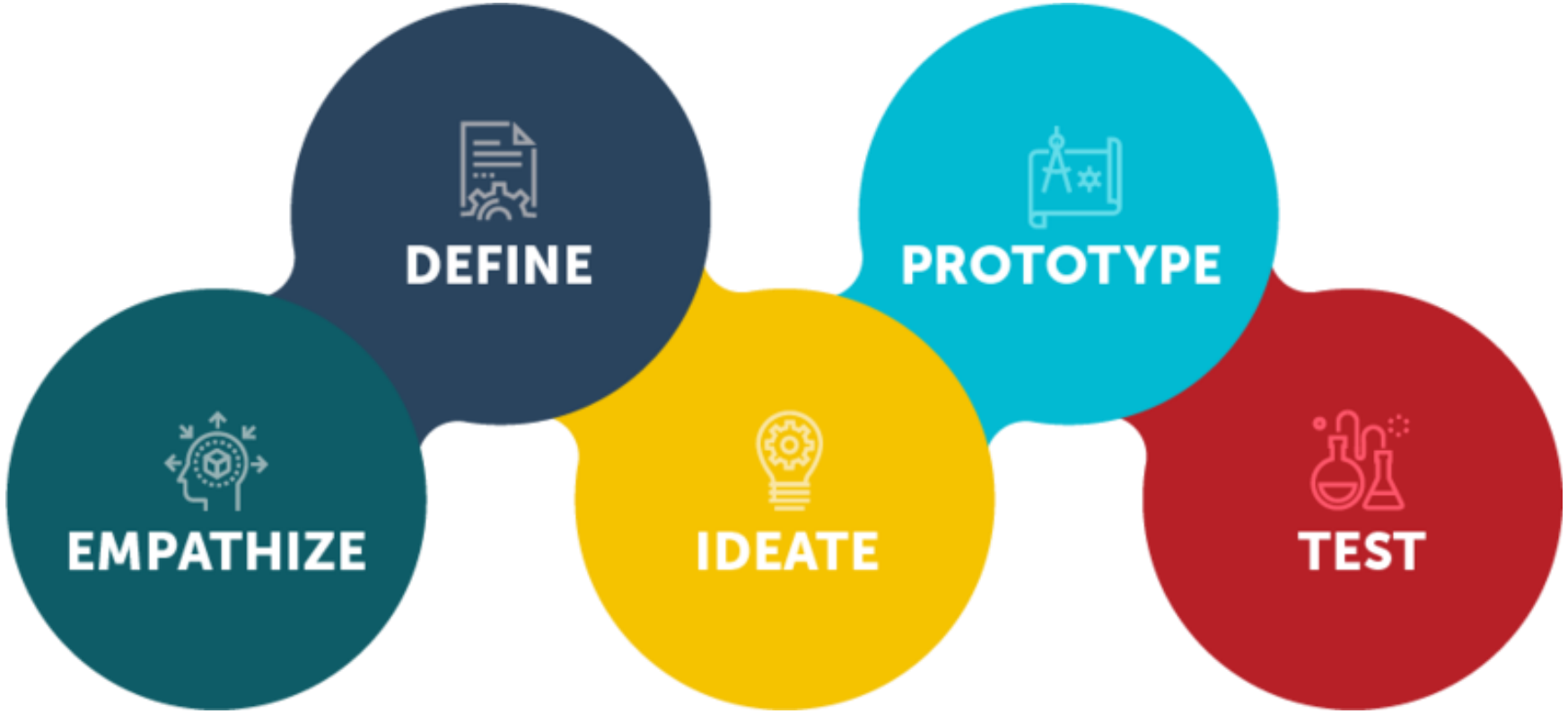

?



Improve: Design Thinking



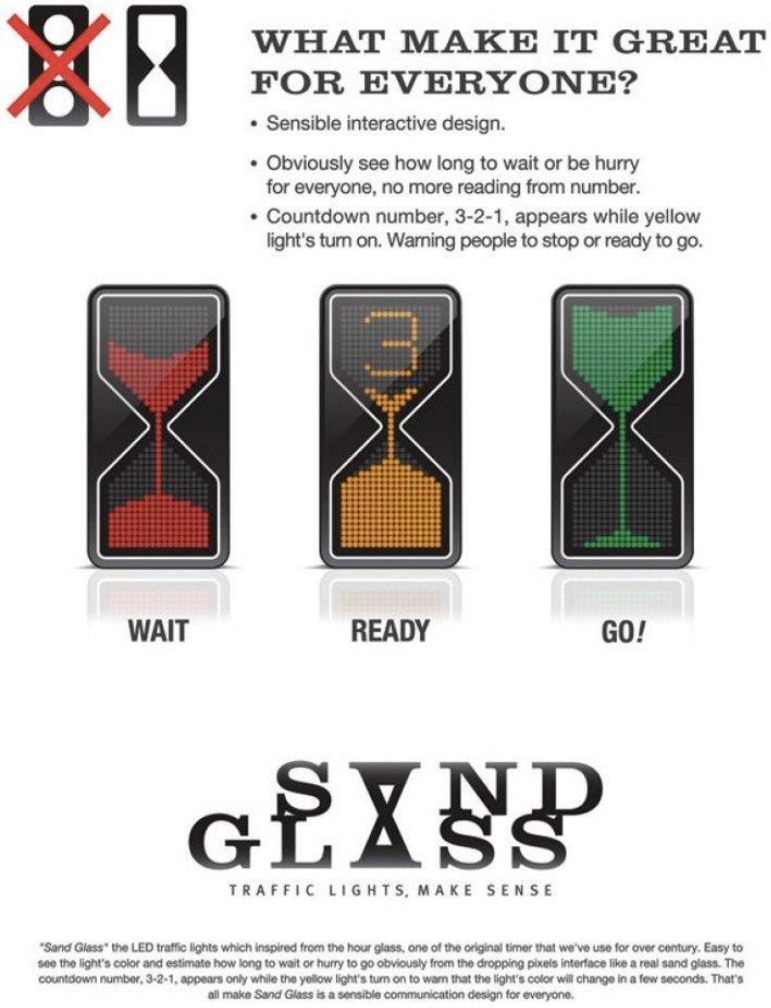
Let's Practice:

Empathize & Define:

"Impatient."
"Bored."

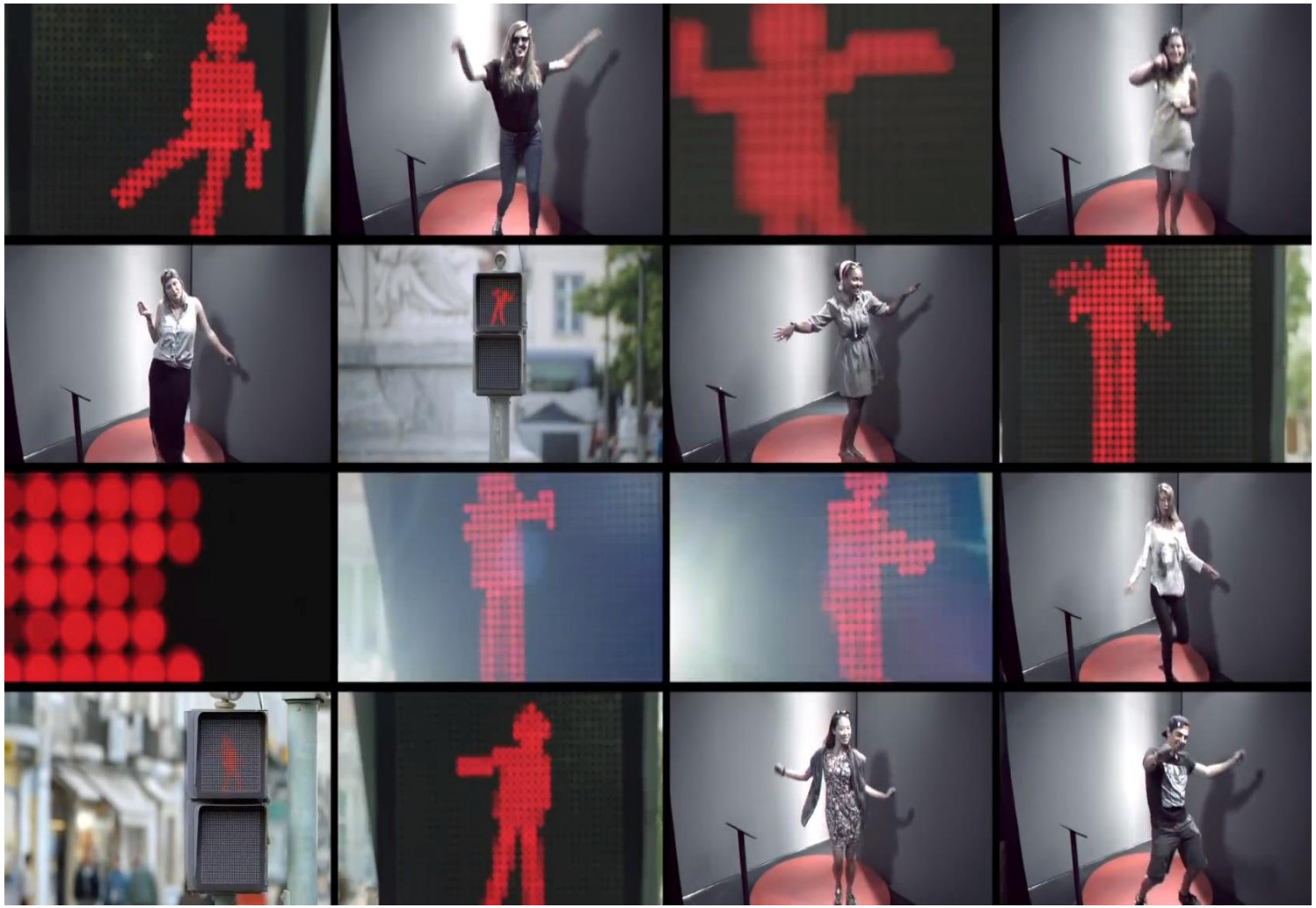
We need to design a better stoplight to keep people entertained so they stay safe at intersections.

Ideate:


WHAT MAKE IT GREAT FOR EVERYONE?
• Sensible interactive design.
• Obviously see how long to wait or be hurry for everyone, no more reading from number.
• Countdown number, 3-2-1, appears while yellow light's turn on. Warning people to stop or ready to go.
WAIT
READY
GO!
SAND GLASS
TRAFFIC LIGHTS, MAKE SENSE
"Sand Glass" the LED traffic lights which inspired from the hour glass, one of the original timer that we've use for over century. Easy to see the light's color and estimate how long to wait or hurry to go obviously from the dropping pixels interface like a real sand glass. The countdown number, 3-2-1, appears only while the yellow light's turn on to warn that the light's color will change in a few seconds. That's all make Sand Glass is a sensible communication design for everyone.

Prototype: The Dancing Stoplight

Test: Reduction in traffic deaths by 81%.



Design thinking application to Improvement

The power of empathizing with the experience of your user

Importance of prototyping - iterative process, open to feedback

Collaborative

Improve: Positive Deviance

Positive Deviance is applied in settings where certain groups or individuals solve problems better than others given the same resources.

Assumes that there is an answer out there but not widely known

What if I could draw blood without poking the patient?

How do you correctly identify positive outliers?

Reputational Scores (USNWR, Award Winners)

Snowball methodology

Outcome Metrics

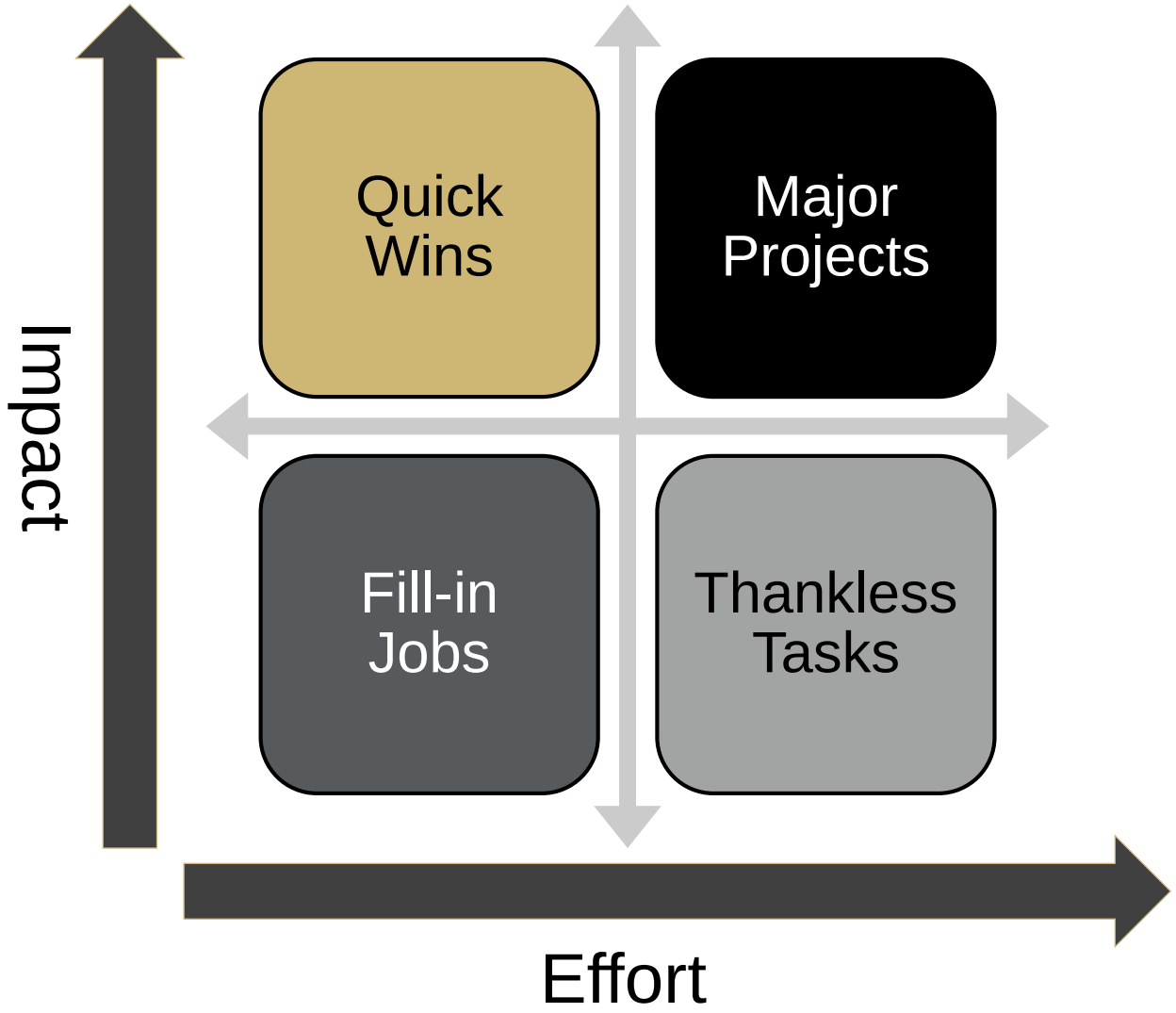
”What would this look like if it were easy?”

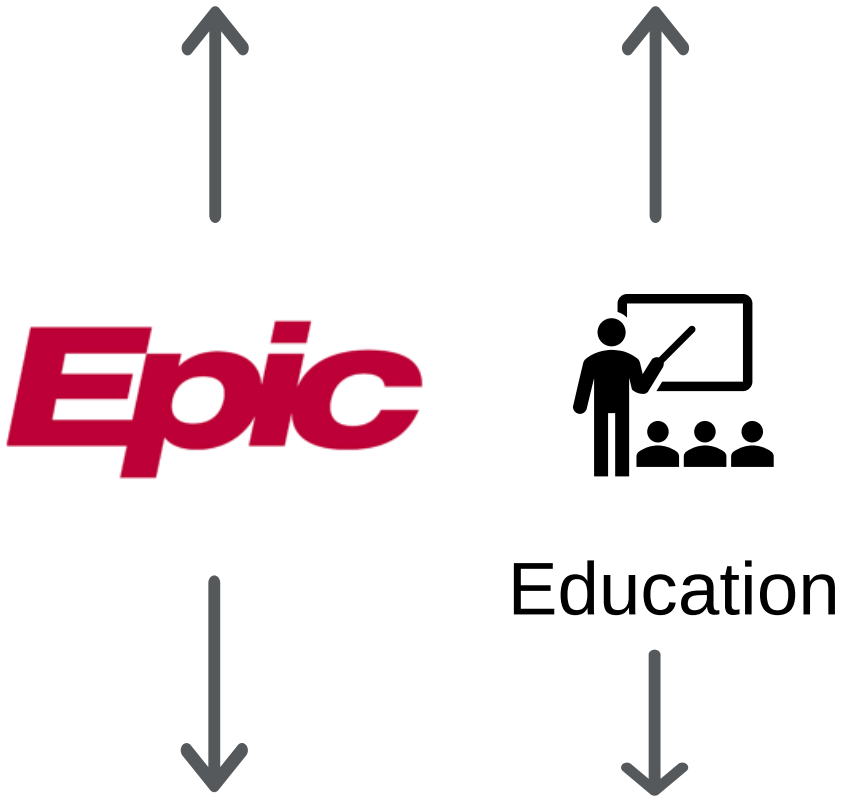
- Tim Ferris

“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

1. Target the root causes
2. Design the right solutions
3. **Choose the most impactful**
4. Trouble Shoot


Impact
Quick Wins
Major Projects
Fill-in Jobs
Thankless Tasks
Effort


Epic
Education

You now understand your problem and its' root causes through your ***D-M-A*** work.

You know which root causes you will target using ***Pareto Principle.***

You've designed multiple solutions using the ***Hierarchy of Interventions***, ***Design Thinking*** and ***Positive Deviance***.

You've used your ***Effort/Impact*** to decide which intervention to roll out first.

1. Target the root causes
2. Design the right solutions
3. Choose the most impactful
4. **Trouble Shoot**

Improve: Brainwriting Pre - Mortem

The Program has been running for 1 year.

It has failed miserably.

What went wrong?

Breakout 6: Intervention Pre - Work

-Consider who / what group / unit / hospital has already solved this problem – your positive deviant
-What could you learn from them?
-How will you contact them?

20 minutes

BREAK-TIME

Part 4: Sustaining Improvements

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

Define, Measure, Analyze, Improve, Control

Understand your problem

Fix it

Sustain

Define
- Problem Statement
- Voice of Customer

Measure
- Gemba
- Process Map
- Identify Process, Outcome, Balancing

Analyze
- Affinity Diagram – ID Root Causes
- Pareto – Rank Root Causes

D, M, A - SMART AIM

Improve

- Identify Key Targets for Intervention from Pareto Chart
- Design Interventions using Positive Deviance, Pre-Mortem

Control

- Sustainability Plan

The Charter

Project Charter

Project Title:

Team Members

Responsible for accomplishing actions that drive the project to completion. These will be individuals who are closest to the process and like have a direct stake in it.

Executive Sponsor

Responsible for supporting the team through resources, budget, communication, and championing.

Project Coach

A coach serves as a resource to facilitate your success and provide guidance. They work with you to assist your personal and project development.

SCOPE OF PROJECT

Process Start:

Process Stop:

DEFINE

BACKGROUND

Summarize the background information as to what originally caused your project to be initiated which someone who is unaware of the process/department may be able to read and quickly understand the general information. Mention information and details back to the earliest relevant time.

PROBLEM STATEMENT

Explain the "What" and "Why" of your project. Think of this as a "So What" explanation, why is your project important. The "What" should include a concise description of the issues that need to be addressed by a problem solving team. The "Why" should define the problem and help you scope your project.

VOICE OF THE CUSTOMER/BUSINESS

MEASURE

PROCESS MAP

List 3-5 key findings from your process map.

KEY MEASURE	DESCRIPTION	BASELINE
Outcome		
Process		
Balancing		
Structural/ Financial		

ANALYZE

AFFINITY DIAGRAM

List the 3-5 key findings from your Affinity Diagram.

AIM STATEMENT

The Aim Statement should be a SMART (Specific, Measurable, Attainable, Relevant, and Time Bound) goal. It should explain what you are trying to achieve and include the outcome metric you are striving to improve and an estimated completion date.

IMPROVE

INTERVENTION TARGET	INTERVENTION IDEA	IMPLEMENTATION PLAN *(brief)*
#1		
#2		
#3		
#4		
#5		

CONTROL

CONTROL PLAN

What is your plan to put your project into the control phase?

Screenshot

Define, Measure, Analyze,

Understand your problem

Next Steps

<u>Second session November</u>
- How to Make People Follow
- Presenting to Influence
- Approach to Data
- Overcoming Resistance

Biweekly coaching meetings – set up now!
Review timeline for success
Miro…
Deliverables: Presentation to stakeholders

Final message

This is hard work

We know it feels overwhelming

This will occur over next 6 months, don't need to do this all this week.

More than 40 hours of UExcel time...

But, if you want to achieve success, this is the path.

Action Plan

1. Communication plan (set biweekly meetings with team & coach)

2. Building your team (who else needs to be engaged)

3. Where are you in DMAIC (look at project charter together)

4. Create agenda for first meeting

5. Discuss data collection plan

Session Evaluation

Anschutz

IHQSE