

Improvement Academy



Institute for Healthcare Quality,
Safety and Efficiency

SCHOOL OF MEDICINE

UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

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Agenda

- 1 Team Updates
 - 2 Return to DMAIC
 - 3 An Approach to Data in QI
 - 4 Change Management
-
- LUNCH
-
- 5 Change Management & SCARF Model
 - 6 Creating a Great Presentation



Team Updates - Key Realizations

What have you learned about
your problem since the last
session?



Return to DMAIC



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 – Identify Root Causes
- Pareto – Rank Root Causes



D, M, A - SMART AIM

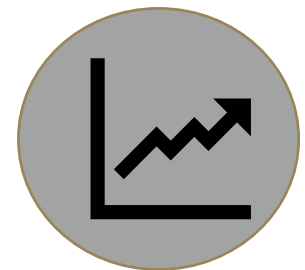


Improve

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

Control

- Sustainability Plan



Define, Measure, Analyze,

Understand your
problem



The Problem Statement

DO you have a problem?

What is your problem?

What is the scope?



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.



Define the problem



Please write down your problem statement and reflect on your status in Measure / Analyze phase.

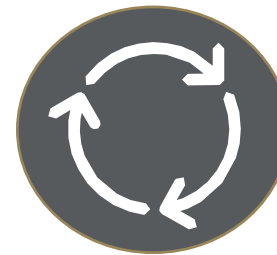


Define, Measure, Analyze, Improve, Control

Understand your
problem



Fix it



Sustain



An Approach to Data in QI





“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.



Matter to Patients
(or stakeholders)

OUTCOME

- Patient Satisfaction
- LOS
- Readmission Rate
- Adverse Events

Can act as proxy for
outcomes

PROCESS

- Use of checklists
- Lab orders

STRUCTURE

- Order Sets
- Medications
- Hand sanitizer

I
N
T
E
R
V
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T
I
O
N
S

BALANCE





Outcome Measure - “Set it...and forget it!”



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.



How do you know your intervention is
happening?
ie process measures



#squadgoals

- AIM: By 6/1/22, we aim to increase percentage of BMT chemotherapy admissions by 1200, from 4.2% to 60%.
- How: transform chemotherapy admission process
- Vision: Cancer sucks and chemo is scary. We owe it to our patients to try to make the process of receiving treatment as reliable, efficient, and pleasant as possible.



Breakout:



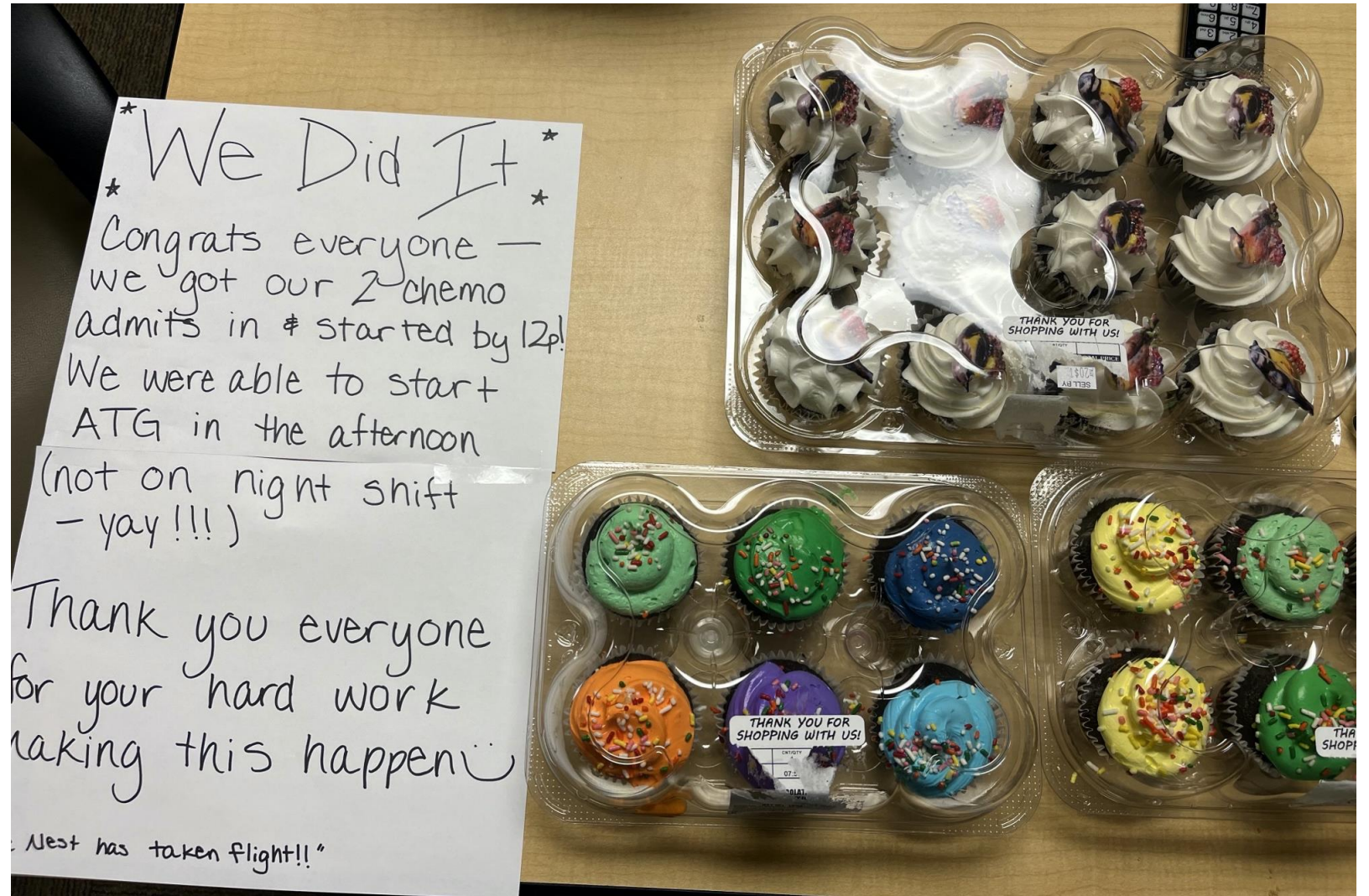
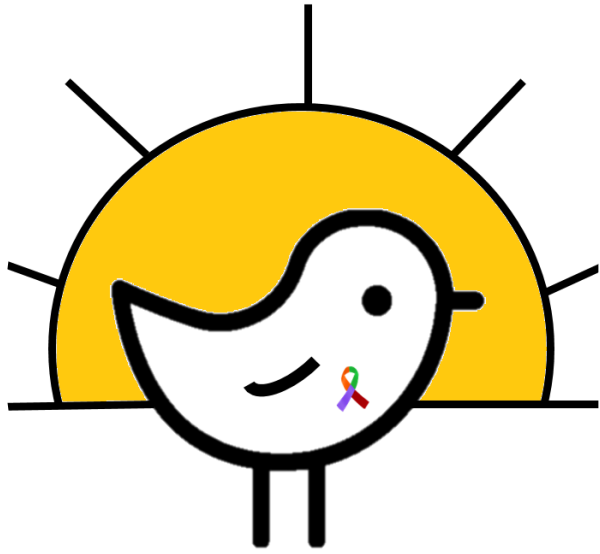
What are your process or structural metrics?

15 minutes



How do you know your intervention is
working?
ie outcome measures





Breakout:

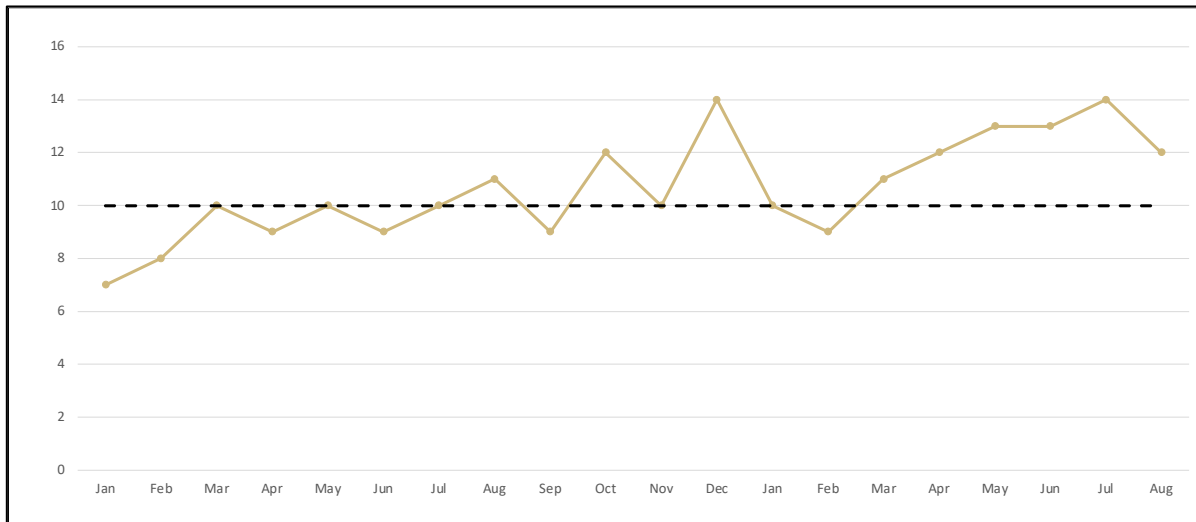


What are your outcome metrics?

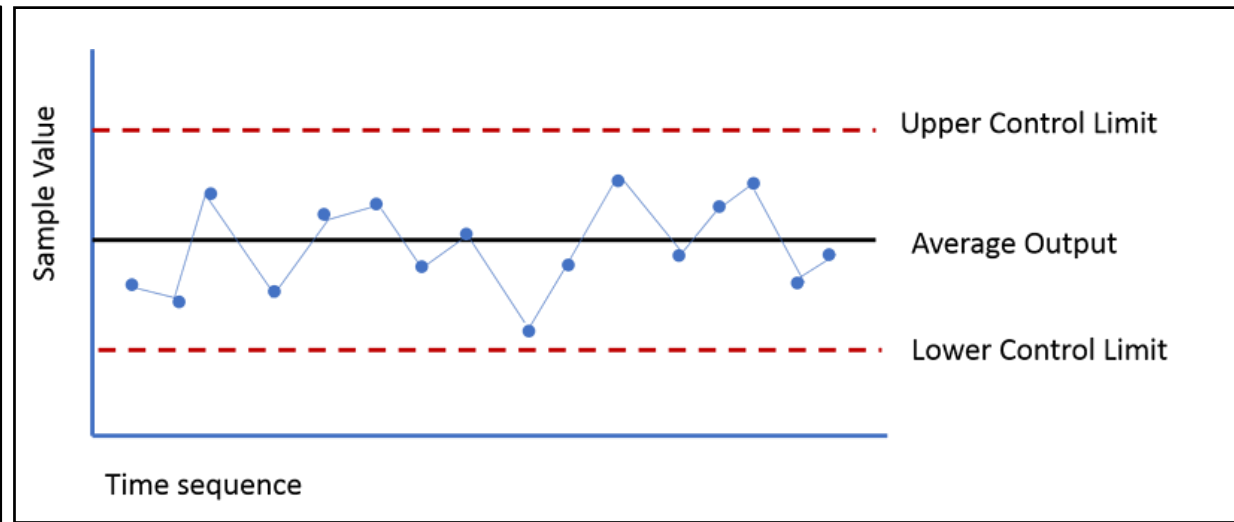
15 minutes



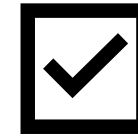
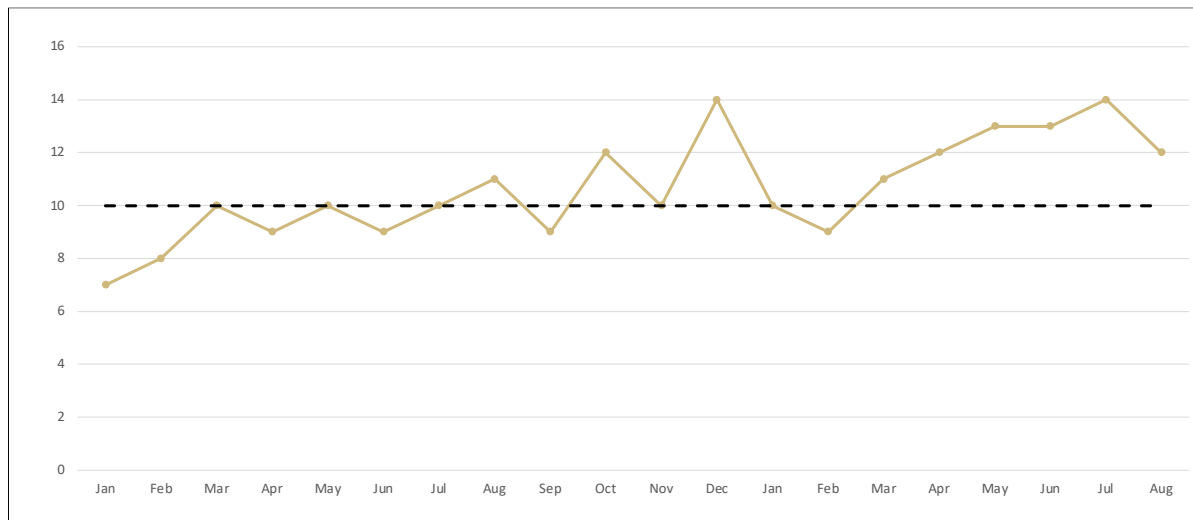
Run Chart



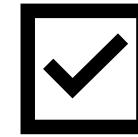
SPC Chart



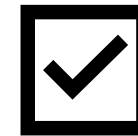
Run Chart



Easy to construct



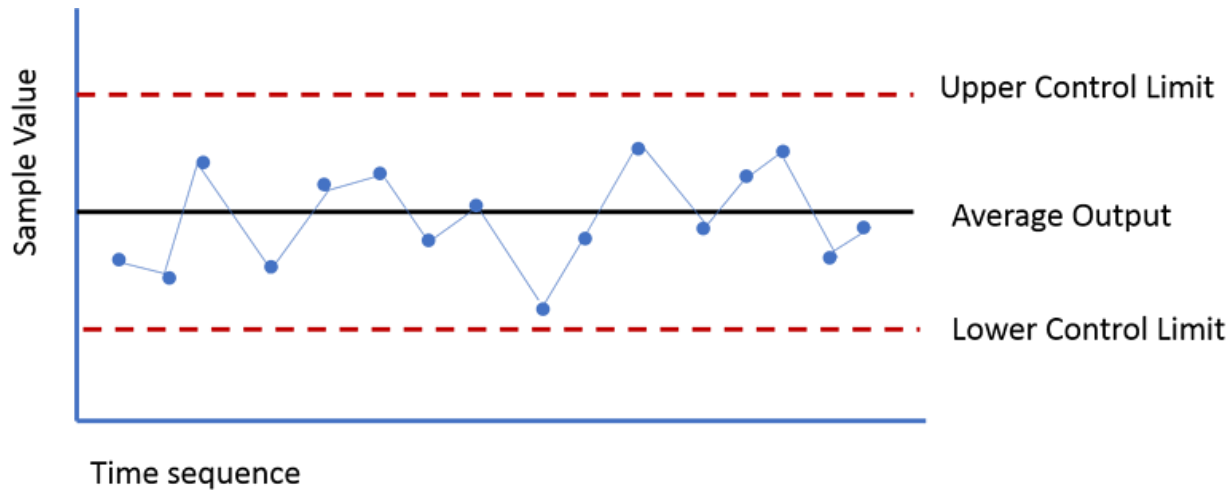
Easy to interpret
(no advanced stats required)



Assess the impact of
process changes
(AKA something
happened)



Statistical Process Control (SPC) Chart



Make informed decisions about which processes to leave alone and which to subject to an improvement cycle.



Predict future performance if the system is stable and in control.



Easy to construct





Data Collection Tips

Conceptual vs Operational definitions

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

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

Number of CBCs

+

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

**Total medicine team census
per day**



Variable name label	Data type	Definition/ purpose	Possible values	Restrictions/ checks
Patient information				
Gender	Categorical	Male or female	M or F	Must be M or F
Age	Numerical	Age in years to nearest year	1–110 years	Must be a whole number
Height	Numerical	Height in centimetres	0–300cm	Measure to one decimal point
Weight	Numerical	Weight in kilograms	0–250kg	Measure to one decimal point
Operation				
Operation	Description	Name of operation	Text (refer checklist)	Must be from checklist
Surgeon	Description	Surname and first initial	Text (refer checklist)	Must be from checklist
Duration	Numerical	Duration of operation from full anaesthesia in hours and minutes	Hours	To one decimal point
Antibiotics administered				
Antibiotic	Description	Full generic name of antibiotic	Text (refer checklist)	Must be from checklist
Dose	Numerical	Dose of antibiotic in milligrams	Any	Must be a whole number
Number of doses	Numerical	Number of doses of antibiotic given	0–10	Must be a whole number
Frequency	Numerical	Number of doses ordered per 24-hour period	0–6	Must be a whole number
Qualitative data				
Barriers to change	Description	Barriers identified in interviews	Text	Up to 100 characters

DATA DICTIONARY

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



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

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

What is Data?

Epic

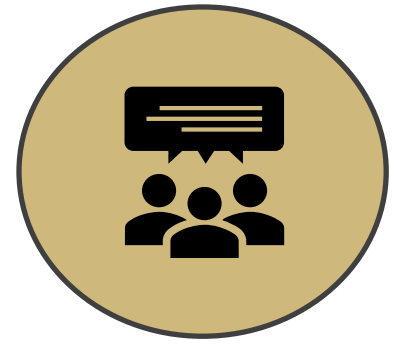


Data Collection Plan (Miro template)

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: Create a Data Plan



Discuss your Data Collection Plan with your team.
What information are you missing?
Are data collection roles assigned?

15 minutes



Change Management

How to Get People to Follow You



You've designed the PERFECT Intervention.

What next?





Make Others Jump (Change).

Change Lessons

1. People (generally) dislike change.
2. Change is hard.
3. “Good enough” is the enemy of great.



Change Lesson 1

People (generally) dislike change.



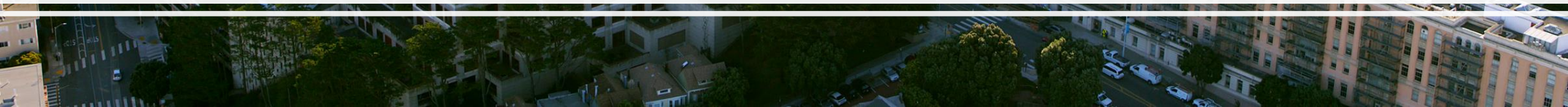
Change Lesson 2

Change is hard.



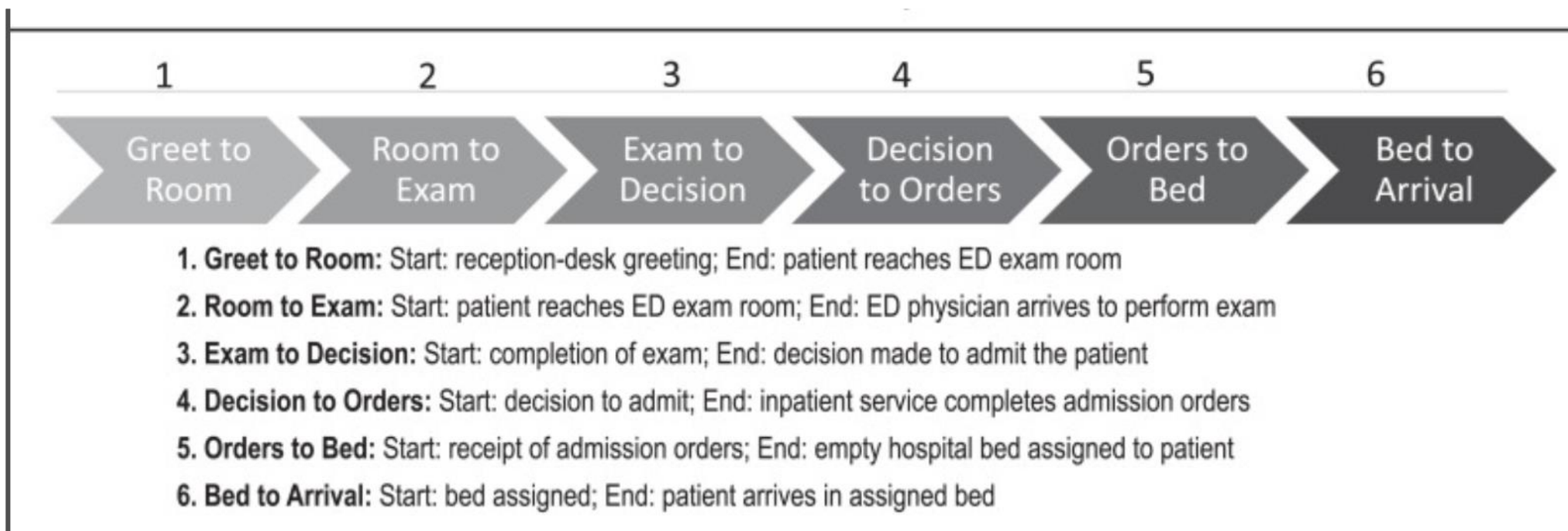


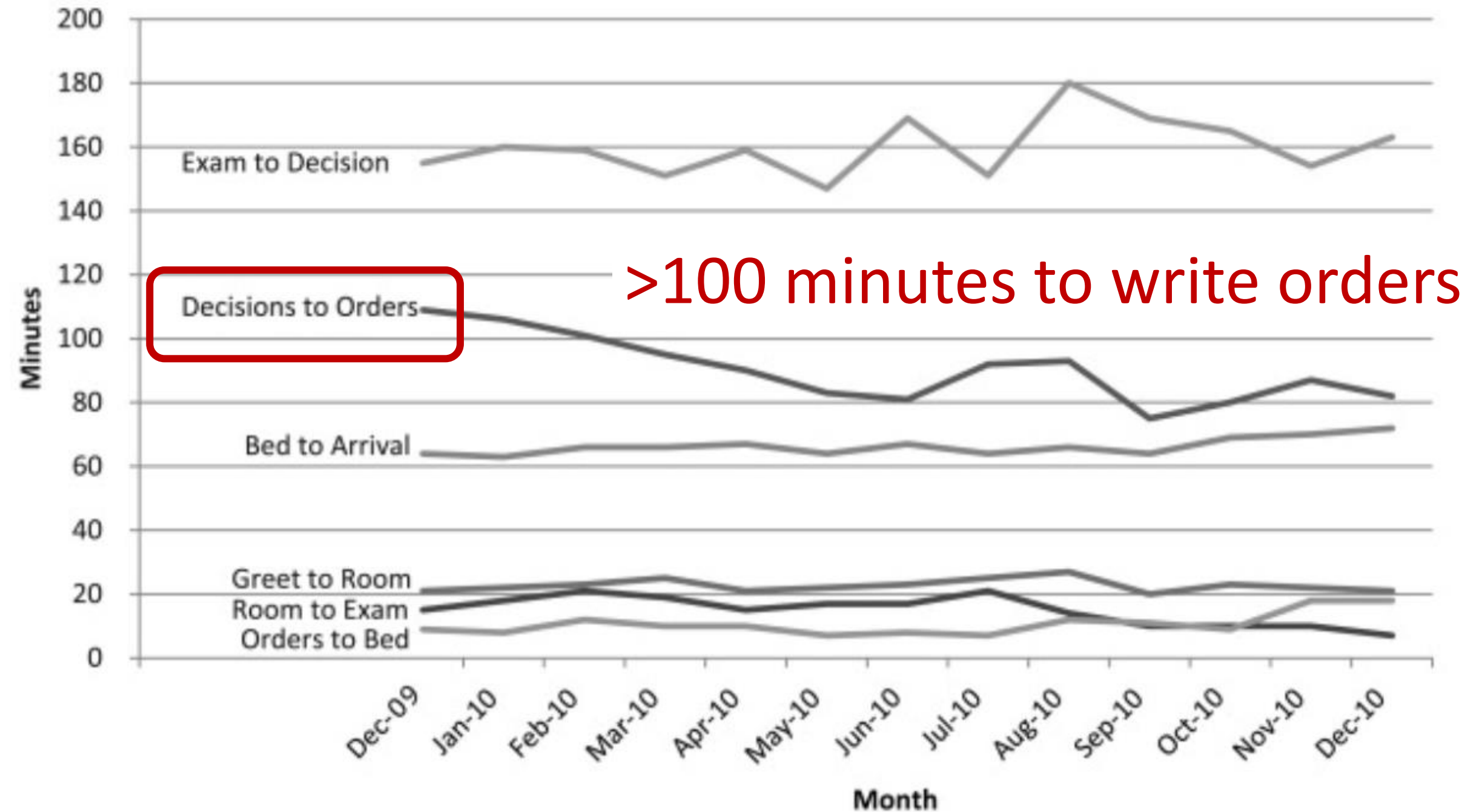
Door – to – Floor



Door – to – Floor

The Problem: **> 400 minutes** to get a hospital bed





The Intervention

Dear Providers,

As you know, patients stay for a long time while they are waiting for a hospital bed per patient!

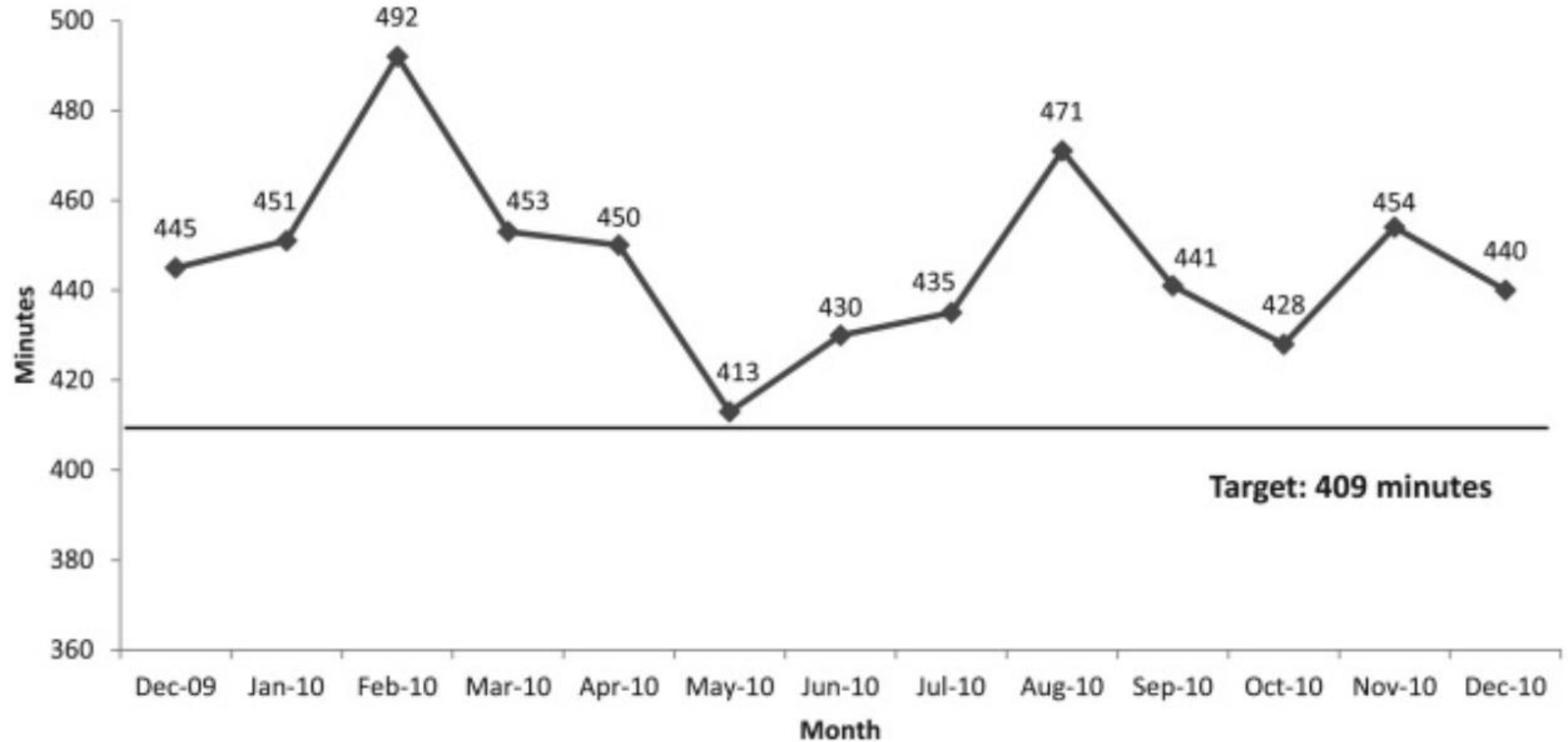
We know that most of the waitlist are orders. As a result, we are so sorry to address this! We appreciate your improvement project!

Please see the attached version of the order set, which you can print out and use for all future admissions.

☆	➤	Google Calendar	Reminder: Email d2f @ Mon Apr 28, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Apr 21, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Apr 14, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Mar 31, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Mar 24, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Feb 17, 2014 3pm - 4pm
☆	➤	Google Calendar	Reminder: Email d2f @ Mon Feb 10, 2014 3pm - 4pm



Result: NO CHANGE





Why didn't the providers change their behavior?

What was wrong with this approach to leading change?



Why didn't providers change their behavior?

“Why should I do two order sets when I can do one?”

"It didn't make sense to go back to my email to print the order set each time."

"I thought it would be better for patients to stay in the ER until the treatment plan started working, so they were more stable when they arrived on the floor."



Change Lesson 2

Change is hard.



Change Lesson 3

“Good enough” is the enemy of great.





SEARS



Apple Inc. Stock Price

+156.47 (223,521.43%) ↑ all time

Apr 27, 3:41 PM EDT • Disclaimer

1D | 5D | 1M | 6M | YTD | 1Y | 5Y



Sears Holding Corp. Stock Price

-10.14 (-99.22%) ↓ past 5 years

Apr 27, 2:42 PM EDT • Disclaimer



Change Lesson 3

“Good enough” is the enemy of great.

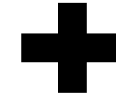
Human preference for complacency over transformation



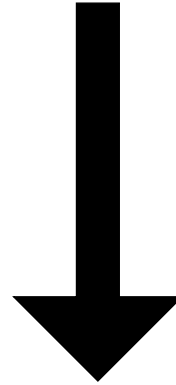
People dislike
change.



Change is
hard

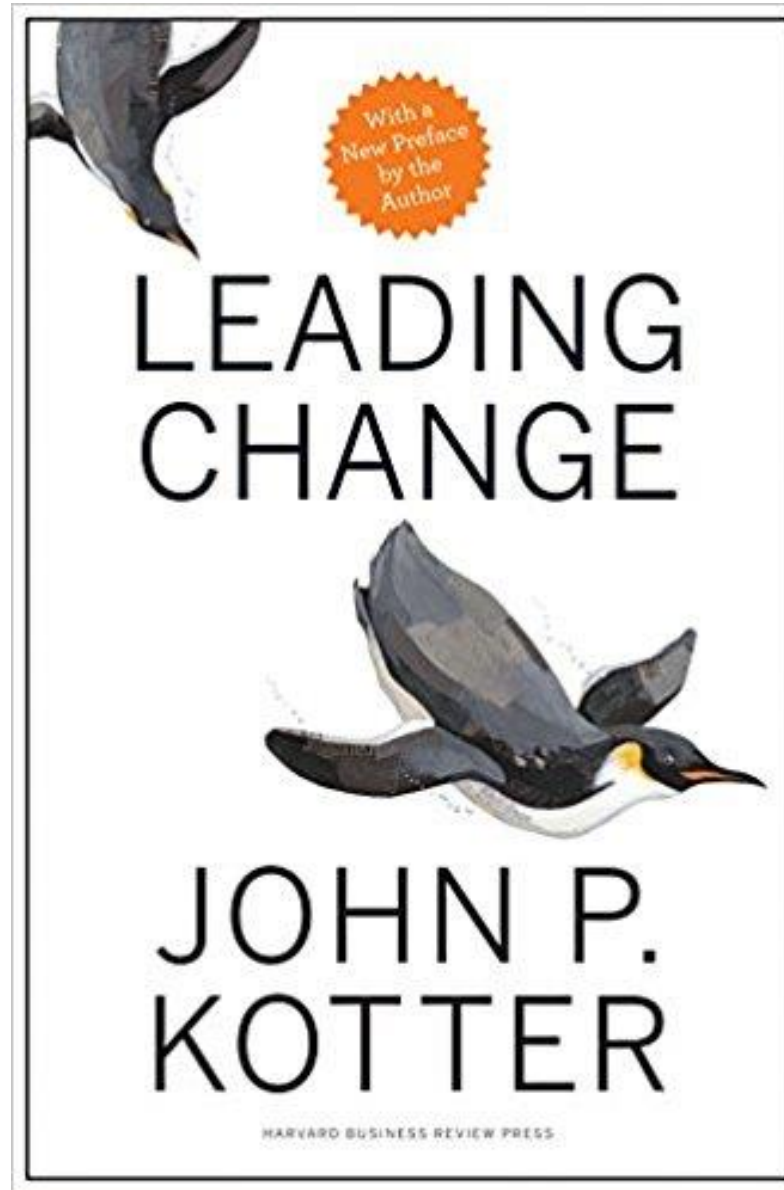


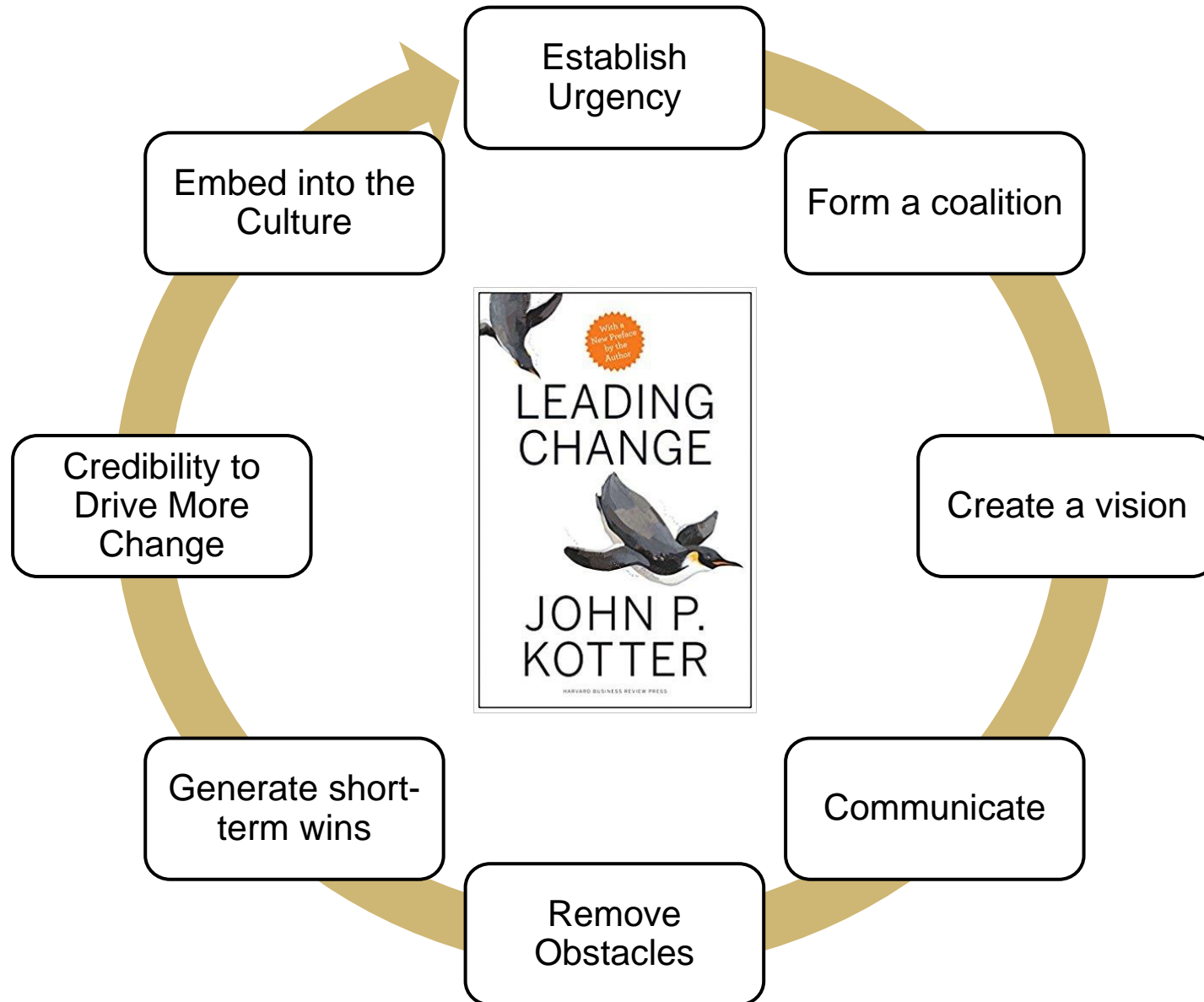
Good Enough



NO
CHANGE







Establish Urgency



Establish Urgency



Establish Urgency



1.0 - Survival

2.0 - Extrinsic Motivation: reward, punishment

3.0 - Intrinsic Motivation: autonomy, mastery, purpose

Burning Aspiration



Establish
Urgency

NEW YORK TIMES BESTSELLER

"Provocative and fascinating." —MALCOLM GLADWELL

Daniel H. Pink

author of *A Whole New Mind*

DRIVE

The Surprising Truth
About What Motivates Us

AUTONOMY

MASTERY

PURPOSE



Breakout:



What is your burning platform / aspiration for project work?

10 minutes



Form a Guiding Coalition





Footloose, 1984



Who - Anyone impacted by your work

- Various levels of organization
- Interprofessional
- Patients

Why - Gathering crucial input

- Gaining more resources
- Building Trust
- Planning ahead



Breakout:



Who is your guiding coalition?

Consider anyone impacted, all professions and levels of leadership



Create a Vision



Create a
Vision



**Earth's most customer
centric company.**



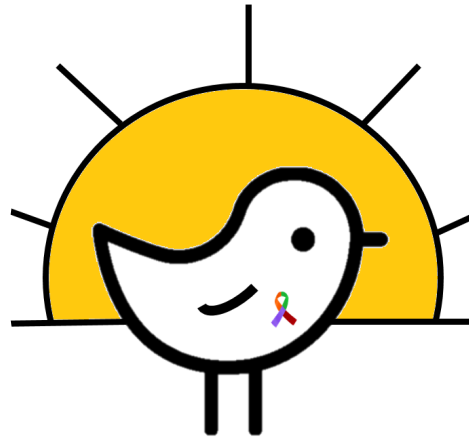
**A world without
Alzheimer's disease.**



**Eliminate all
preventable harm.**



Cancer sucks and chemo is scary. We owe it to our patients to try to make the process of receiving treatment as reliable, efficient, and pleasant as possible.



Breakout:



What is your vision?

What does the future look like if you achieve success?



Communicate



Communicate

CHANGE
WE CAN BELIEVE IN



University of Colo

How much?

7 x 7

Hundreds..

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☆	➤	Google Calendar	Reminder: Email d2f @ Mon Feb 10, 2014 3pm - 4pm



Remove Obstacles



Remove
Obstacles



ED Provider: 'Admit to Medicine'



Generate Short-Term Wins



The image features four cupcakes in a row on a pink surface. Each cupcake has a light blue swirl of frosting and is topped with a ring of multi-colored sprinkles. The background is a solid light blue. A white rounded rectangle with a black border is positioned over the first cupcake, containing the text 'Short Term Wins'.

Short Term Wins

Celebrating our Wins



Use Credibility to
Drive More Change



MEET THE TEAM



EMILY GOTTENBORG, MD

IHQSE Faculty
University of Colorado,
Division of Hospital Medicine

The Joint Commission Journal on Quality and Patient Safety

Operations Management

“Not So Fast!” The Complexity of Attempting to Decrease
Door-to-Floor Time for Emergency Department Admissions



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University of Colorado **Anschutz Medical Campus**

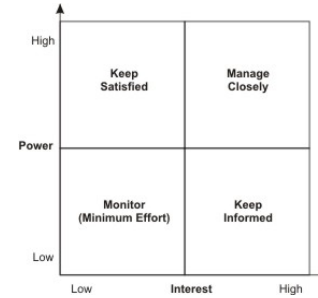
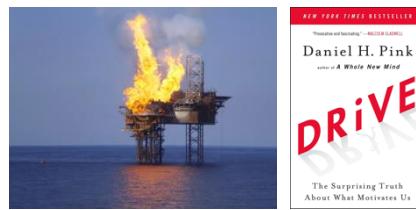
IHQSE

Embed it in the Culture



Culture Change





Establish Urgency

Form a coalition

Create a vision

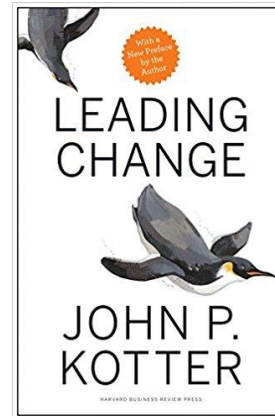
Communicate

Remove Obstacles

Generate short-term wins

Credibility to Drive More Change

Embed into the Culture



MEET THE TEAM



EMILY GOTTENBORG, MD
IHQSE Faculty
University of Colorado,
Division of Hospital Medicine

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



When you are struggling...

Ensure you have an urgency (Step 1)

Return to the 8 steps of change to see where you are failing

Consult your Change Management Playbook to make a plan



“Change is not mandatory. But neither is survival.”



W. Edwards Deming



Managing Resistance

SCARF Model of Social Behavior



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Resistance Reflection

Recall a time when you asked people to make a change and encountered resistance OR, when you feel yourself resisting.

How did this manifest?

How did it feel?

What drove that resistance?



A woman with long, dark, straight hair is shown from the chest up. Her eyes are closed, and her expression is serene but firm. Her right hand is raised, palm facing forward, in a universal gesture for 'stop' or 'halt'. She is wearing a light-colored, possibly white, top. The background is a solid, muted green color. A white horizontal bar is positioned across the lower third of the image, containing the text 'Negative & Disruptive Behaviors' in a black, sans-serif font.

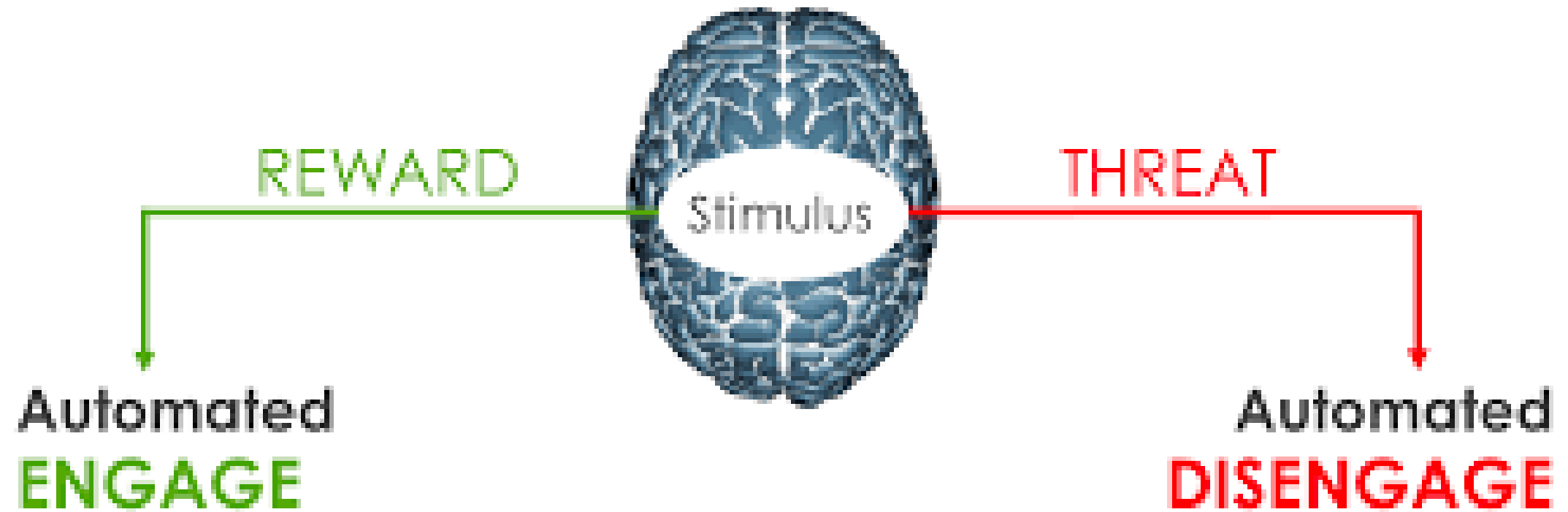
Negative & Disruptive Behaviors

Embrace Resistance

If I viewed resistance as feedback,
what could I learn about how to refine
the change effort?

What may be driving the resistance?





SCARF Model: Reaction to rewards and threats

Status

Certainty

Autonomy

Relatedness

Fairness



Status

- Early stakeholder engagement
- Celebrate aspects of past
- Overinvest in competency building



By Frits Ahlefeldt



Certainty

- Smaller chunks: Steps, timetables
- Consistent communication





Resistance Identification and Action

What resistance (are you / will you) encounter in your project work?
Consider Status and Certainty

How may you manage the SCARF threat?
Name it.
Address it.



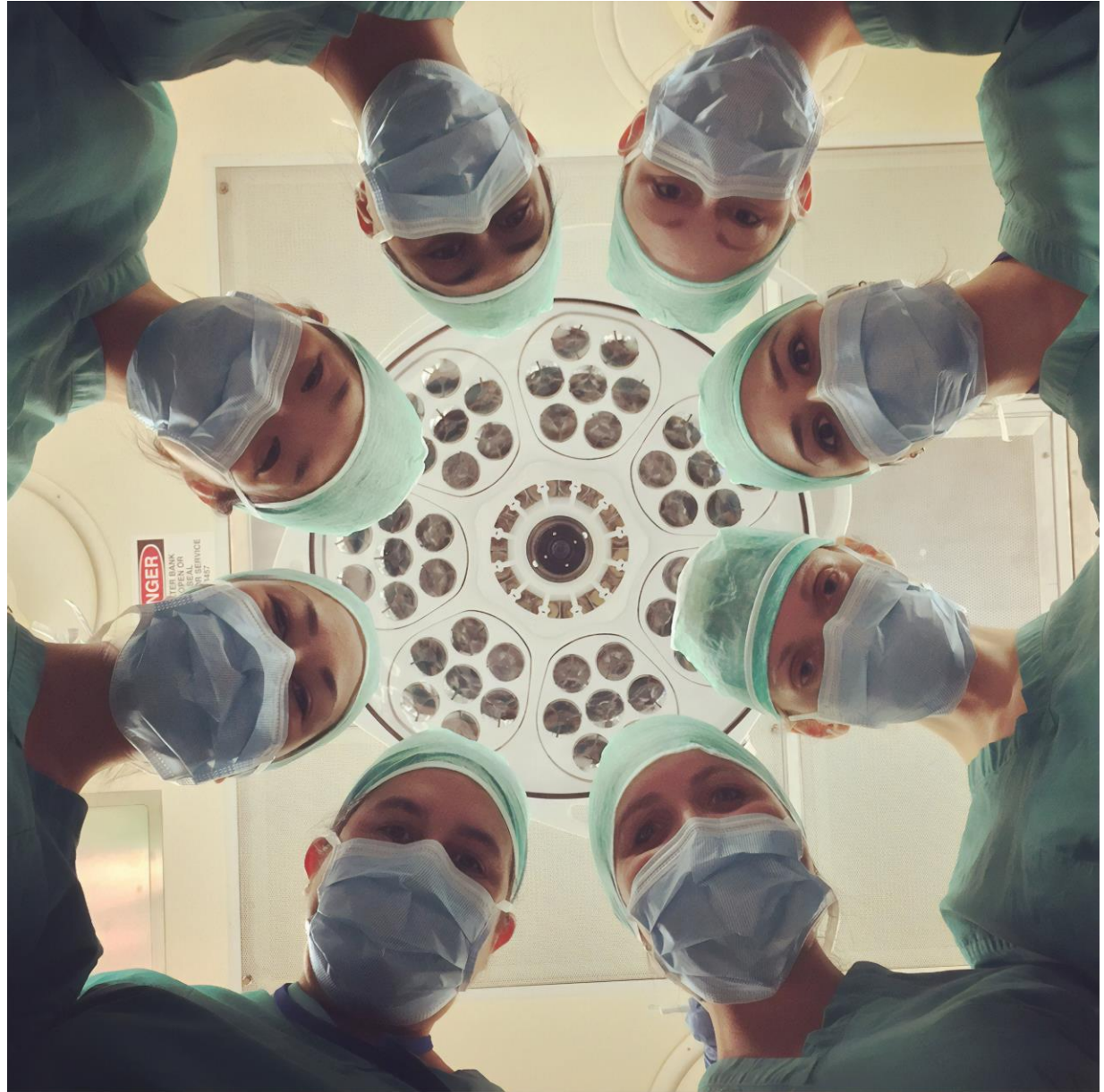
Autonomy

- Provide choices or options



Relatedness

- Shared goal creation
- Avoiding 'Us' versus 'Them' mentality



Fairness

- Transparency



The Power of SCARF

1. Recognize resistance is happening.
2. Name the source of resistance.
3. Address it.

OR

4. Pivot – provide SCARF reward



SCARF in Action

Colleague writing emails, disrupting meetings around new admitting schedule.

“I hear that you’re worried your day will become less predictable (uncertainty).”

“Let’s make a plan to ensure you sign out to cross-cover at 4PM.”

Or.. “This new role will help build your visibility as a leader.”

Resistance!

Uncertainty

Address Uncertainty

Pivot - Address Status





Resistance Identification and Action

What resistance (are you / will you) encounter in your project work?
Consider Autonomy, Relatedness, Fairness

How may you manage the SCARF threat?
Name it.

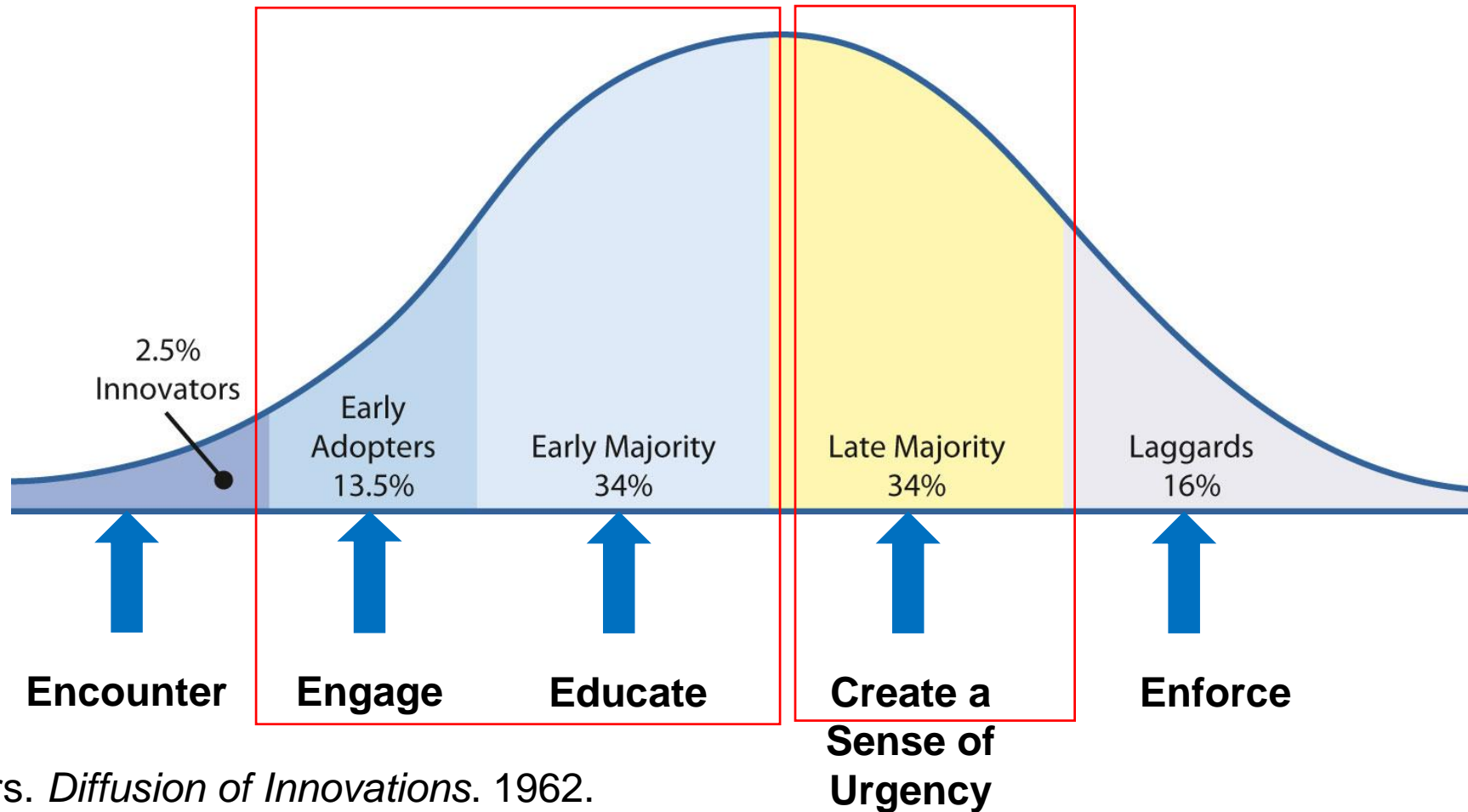
Address it.

Or, Pivot.



Spreading Change

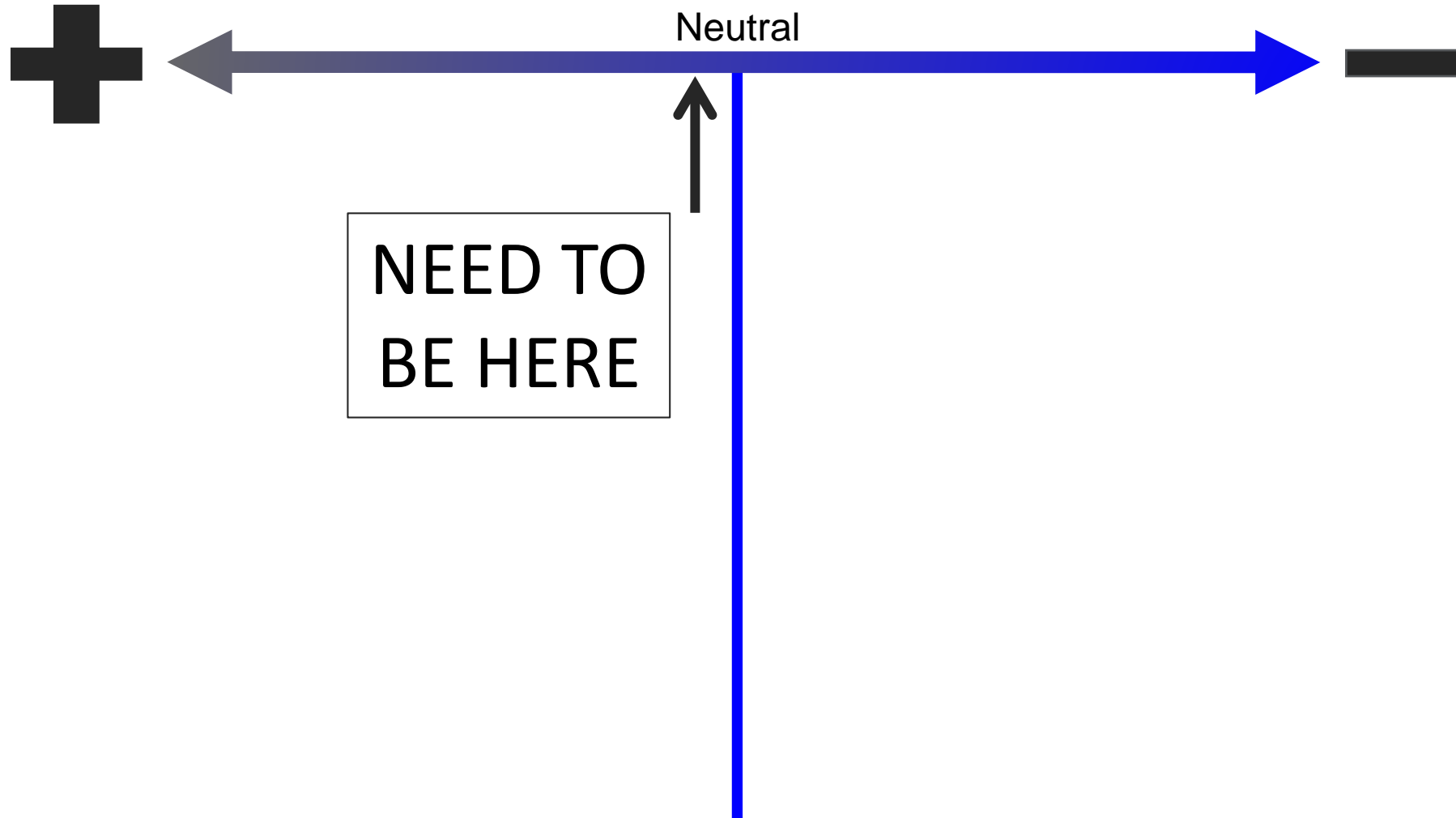
Recognizing Diverse Needs & Responses



Everett Rogers. *Diffusion of Innovations*. 1962.



When Your Feel/Hear Skepticism . . .





Summary

Understand Diffusion of Innovation theory
Identify why resistance occurs: SCARF Model
Apply strategies to manage SCARF resistance





Resistance Action Plan

What resistance (are you / will you) encounter in your project work?

Name it.

Address it.

Or, Pivot.



How to Create a Great Presentation







Clear message



Strong Start



Visuals support
message



Strong closing





Clear message



Strong Start

Click to add text



Visuals support
message



Strong closing

WHAT IS YOUR "ASK"?



START

HOW GREAT LEADERS INSPIRE
EVERYONE TO TAKE ACTION

WITH

SIMON SINEK

New York Times bestselling author of *Leaders Eat Last* and *Together Is Better*

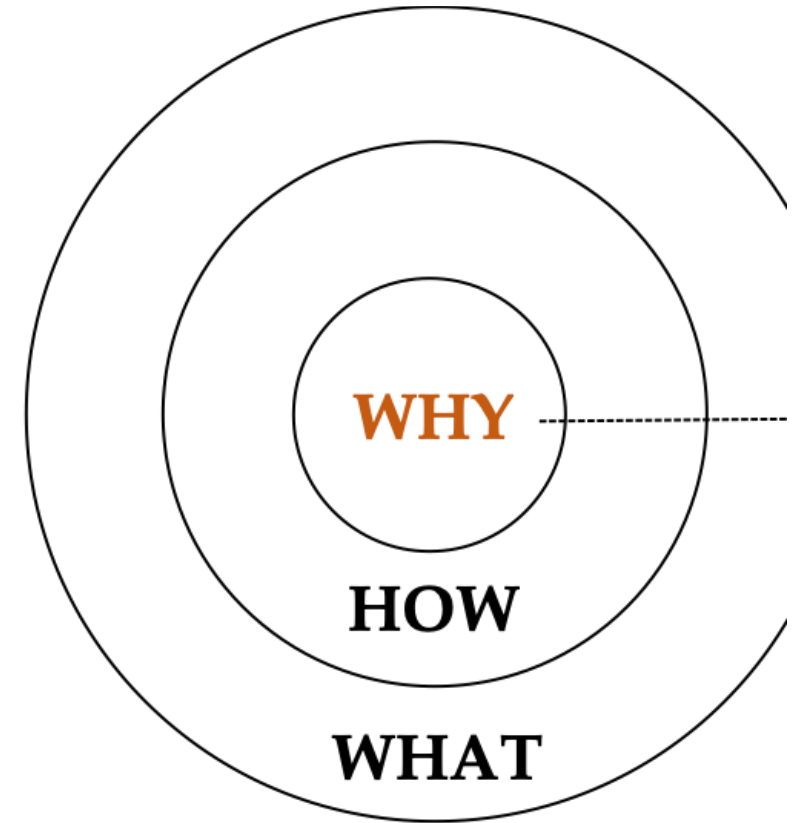
WHY

MORE THAN
ONE MILLION
COPIES SOLD

WHY: The purpose,
cause or belief behind
what you are doing.

HOW: The actions taken
to realize the WHY

WHAT: The product,
service or job function.
Provides tangible proof
of your purpose.









Clear message



Strong Start



Visuals support
message



Strong closing

TELL A STORY!





- Engages the listener.
- Actively puts them in a position to be empathetic.
- Improves retention.



Why We Need More Nurses

- The Case of Mr. Smith
- 80 year old caucasian male with COVID
- History
- One day was not doing so well clinically and was recognized by a nurse
- Survived to leave the hospital after >200 days







A background image showing a person's arm and hand, possibly a healthcare worker, in a clinical setting. The image is slightly blurred and serves as a backdrop for the text.

72%

Of patients **didn't know** they were being discharged that day.

“The Slap”

- Statistics
- Humor/sarcasm.
- NOTE: be authentic

FORBES: CONSUMER TECH: 2016

Most Of Your Facebook Friends Are Not Your Real Friends, Says Study
Amit Chowdhry

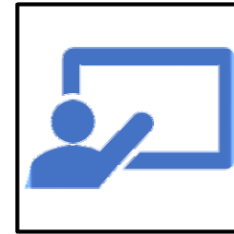




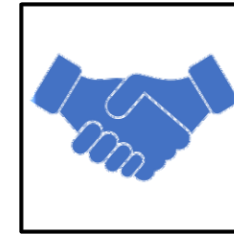
Clear message



Strong Start

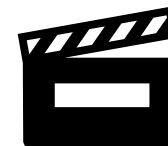


Visuals support
message



Strong closing

Follow multi-media design principles

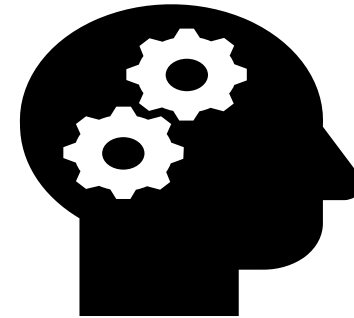


Avoid Brain Burnup



Avoid Brain Burnup

- Keep it simple
- Use a photo
- What words could you replace?



Bullet Points

1-7-7



In 2009, the AME started with

People



1 **Leader**

19 **Members**

Programs



Faculty Development Sessions



In 2014, the AME has

55

members



across

22
departments



1

Director of AME

5

Program Directors or
Assistant Directors

2

Administrative
Assistants

1

Research Assistant





High Resolution



Low Resolution



Very Low Resolution





**Mortality
rate soars
in town of
Bayton!**





Clear message



Strong Start



Visuals support
message



Strong closing

**Synthesize and....
Make your ask again**





IN SUMMARY



Clear message



Strong Start

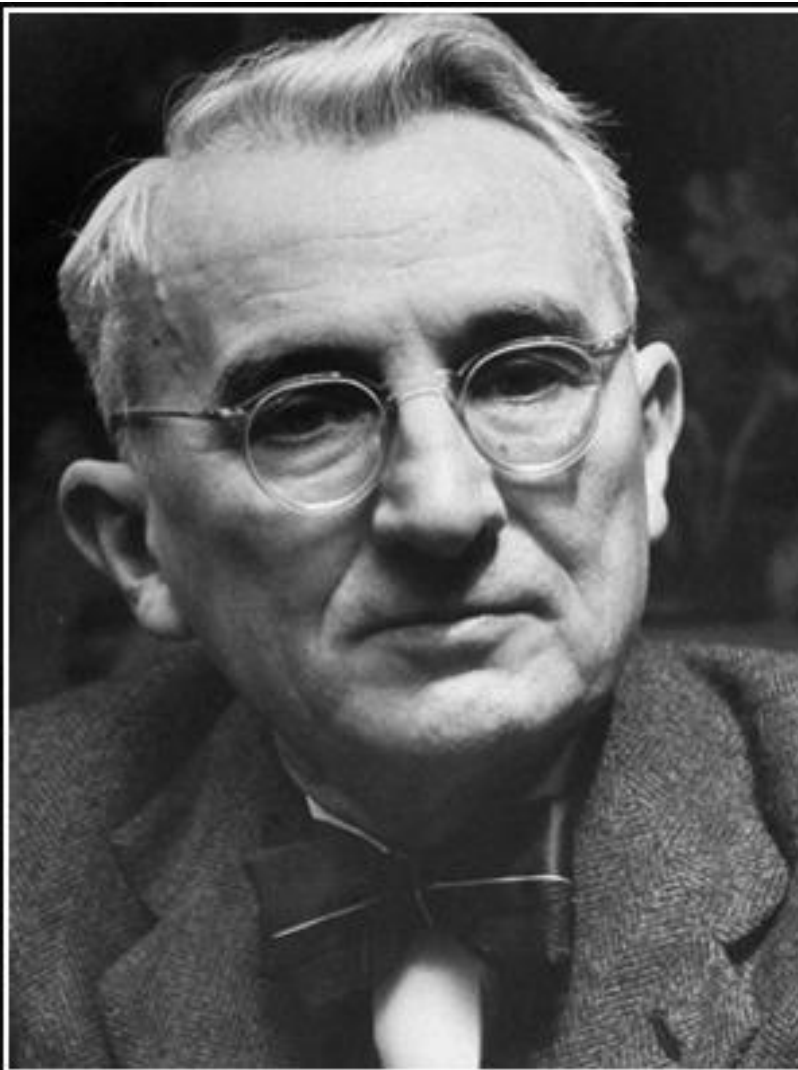


Visuals support
message



Strong closing





Tell the audience what you're going
to say, say it; then tell them what
you've said.

— Dale Carnegie —

AZ QUOTES



Example Presentation



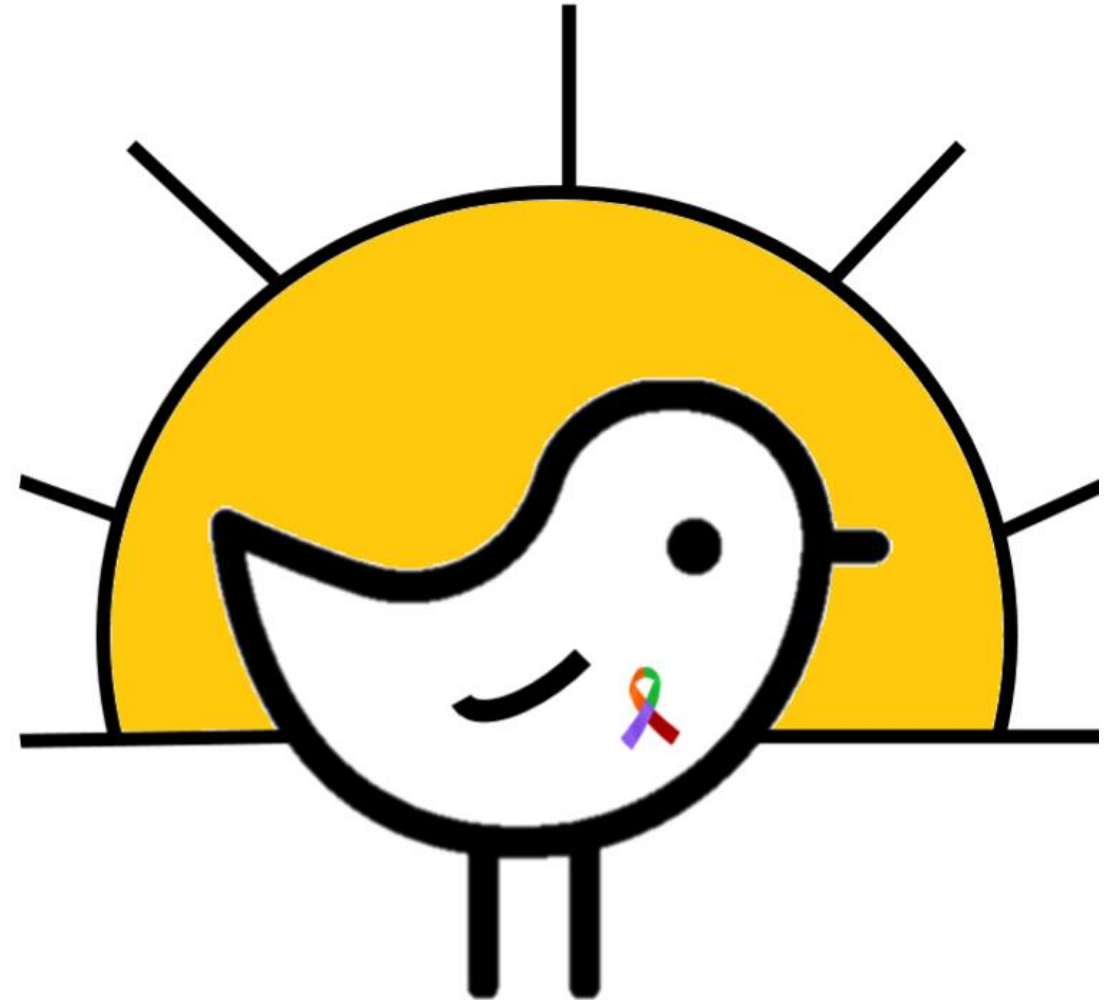
BMT Early Bird Admissions

Director of Nursing: Kyle Hammond, RN, MSN, OCN

BMT Inpatient Medical Director: Peter Forsberg, MD

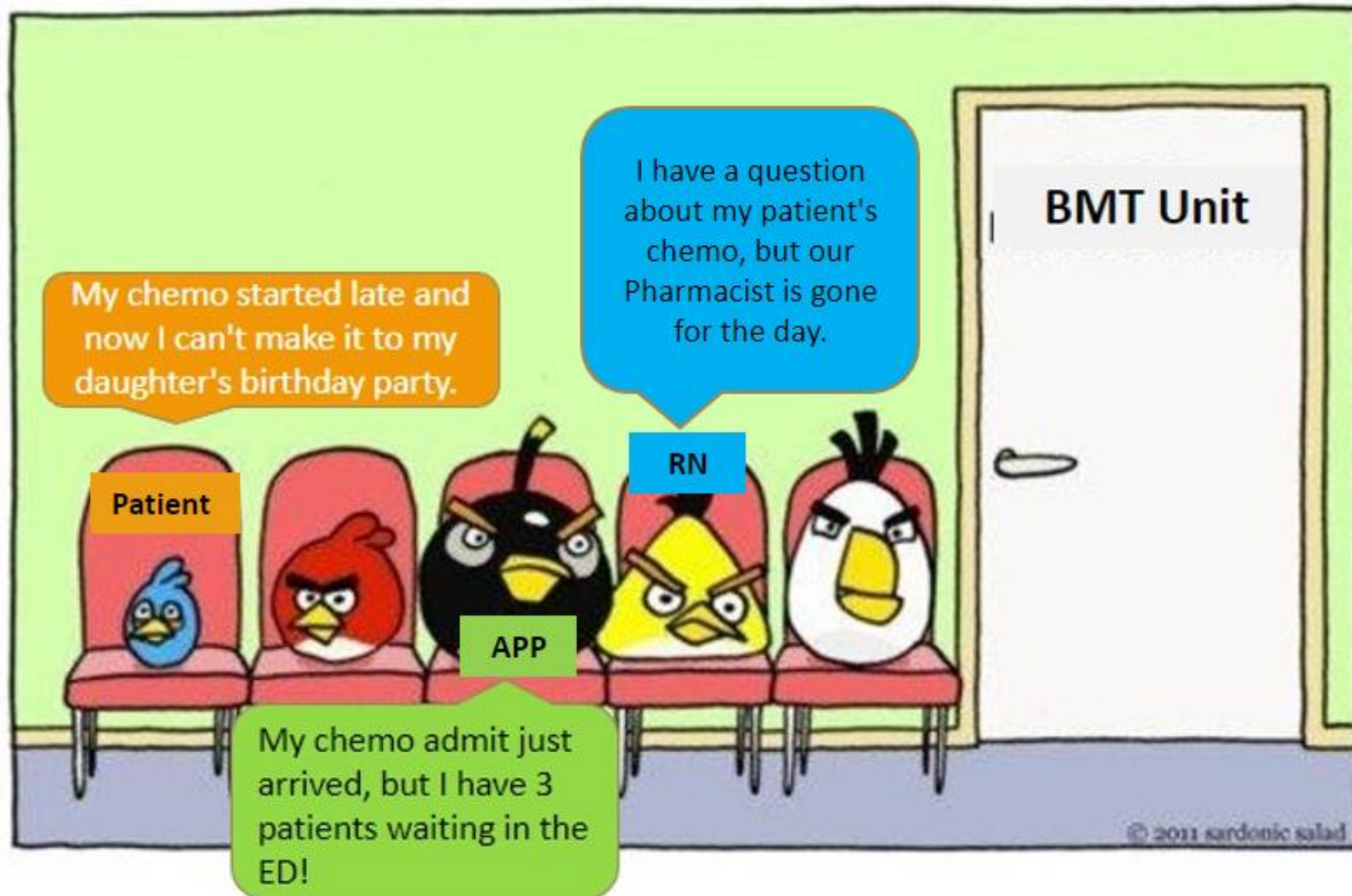
BMT Nurse Manager: Sydney Redland, RN, BSN

BMT APP Director: Meredith Beaton, RN, MSN, AG-ACNP





Angry Birds



Project Aim

Problem: Late day admissions contribute to continued capacity challenges, leading to inefficient unit flow, patient and provider dissatisfaction, potential increased risk for adverse events, and lost revenue.

AIM Statement: By 6/1/22 we aim to increase the percentage of BMT chemotherapy admits by 1200 from 4.2% to 60%

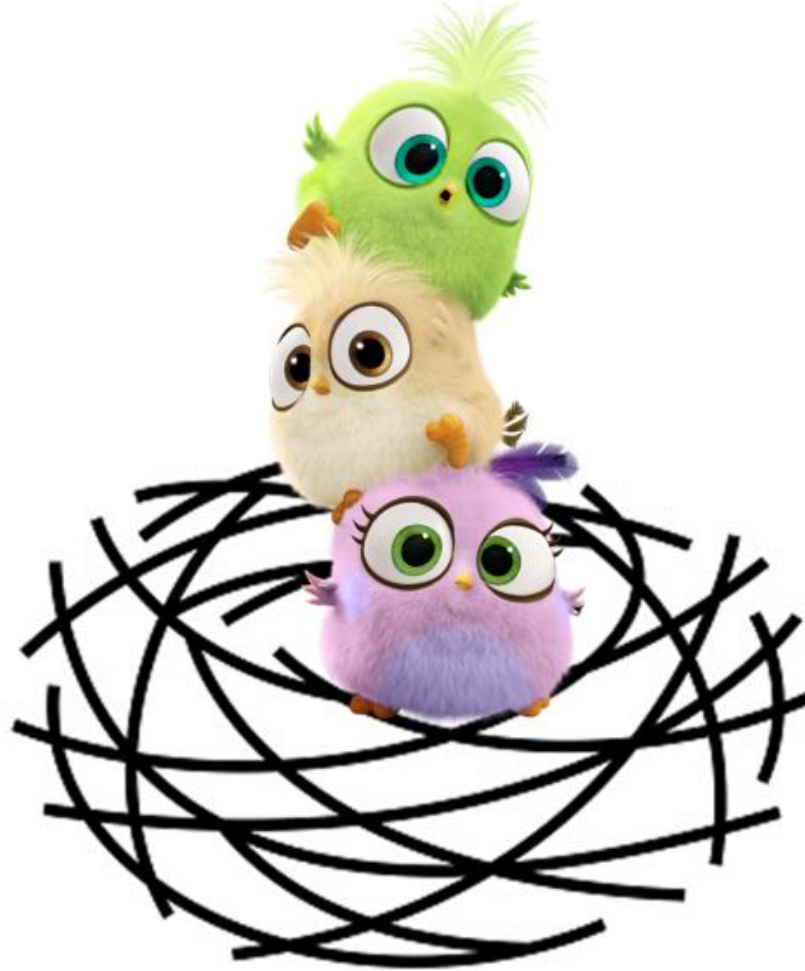
Vision: Cancer sucks and chemo is scary. We owe it to our patients to try to make the process of receiving treatment as reliable, efficient, and pleasant as possible.



Building the Nest

Transform the current BMT conference room

- Create three patient bays
- Dedicated equipment for admissions
- RN workstation

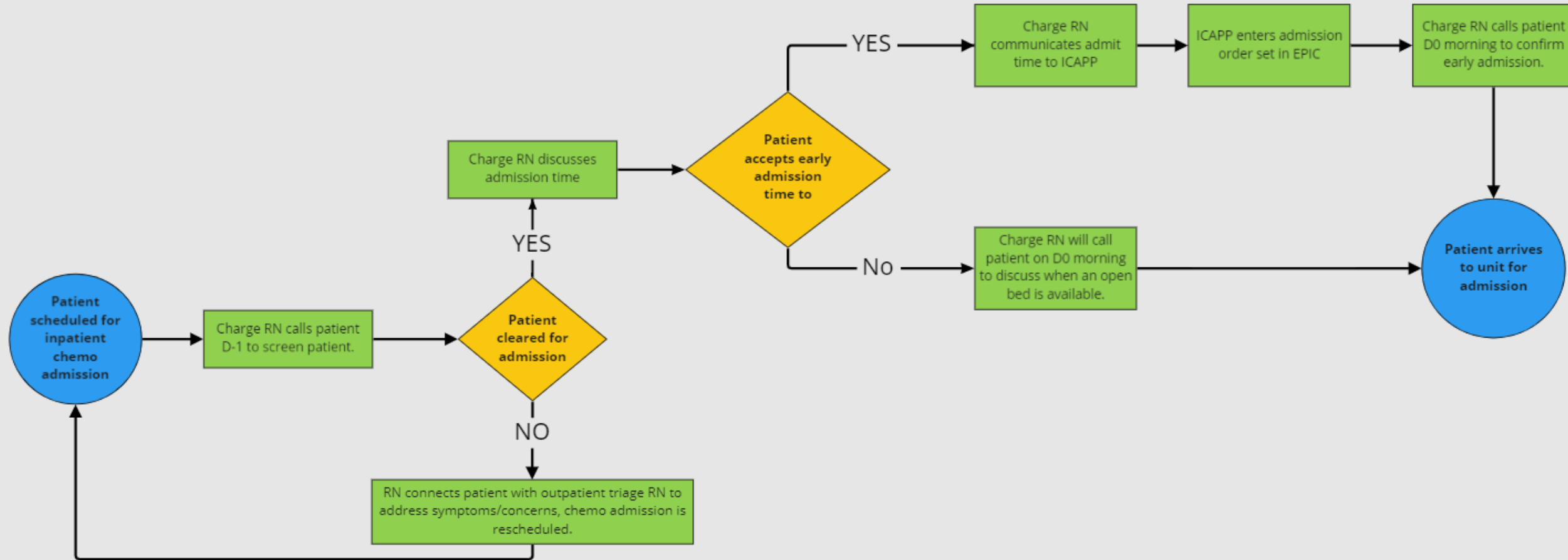


Optimize efficiencies, patient safety and flow

- Streamline early admission process
- Maximize optimal staffing
- Eliminate same day clinic appointments



Nest Process Map



Nest Financing

Non-Financial Benefits/Indirect Financial Benefits:

- Capacity (inpatient and outpatient)
- Patient satisfaction
- Staff satisfaction
- Patient safety

Financial Benefits:

- Intention: Increase early chemotherapy admissions to improve efficiencies and decrease LOS by 0.2 days (4.8 hours)
- One hospital day for chemotherapy admission = \$4523
- $\$4523 \times 0.2 \times 280$ scheduled chemo admits/year = \$253,000 savings/year



Measurement Plan

Key Measures	Definitions	Baseline (3/2021-3/2022)	Goal
Outcome	<ul style="list-style-type: none"> Primary outcome: Scheduled chemotherapy patients admitted by 1200. Secondary outcomes: LOS Secondary outcome: Decrease unnecessary outpatient visits 	<ul style="list-style-type: none"> 4.2% (early admits) 4.9 days (LOS) 0 (avoided outpt visits) 	<ul style="list-style-type: none"> 60% (early admits) 4.61 days (LOS) 1/week (avoided outpt visits)
Process	<ul style="list-style-type: none"> Number of eligible patients called day prior to admission Percent of patients declining early admission 	<ul style="list-style-type: none"> 0 called 0 declining 	<ul style="list-style-type: none"> 5-10/week 1/week
Balancing	Cancelled Admissions	<ul style="list-style-type: none"> 2% 	<ul style="list-style-type: none"> < 10%



Interventions

- Implement new workflow for chemo admissions
 - Started 12/14/21, ongoing
 - Charge RNs, ICAPPs
- Eliminate pre-admit outpatient visits
 - Started 1/11/22, ongoing
 - BMT clinic RNs and Lymphoma Attending Physicians and Lymphoma APPs
- Designate protected spaces for scheduled chemo admissions
 - Started 3/14/22, ongoing
 - Patient Placement, Hospital Managers, Charge RNs



Celebrating our Wins



Opening a Can of Worms

- Space
 - Capacity challenges
 - Construction is slow!
- Staff expectations
 - RN staffing challenges
 - Multidisciplinary team resistance for conference room relocation
- Patient Expectations
 - Re-setting expectations for admission time
 - Challenging patient resources
- Data

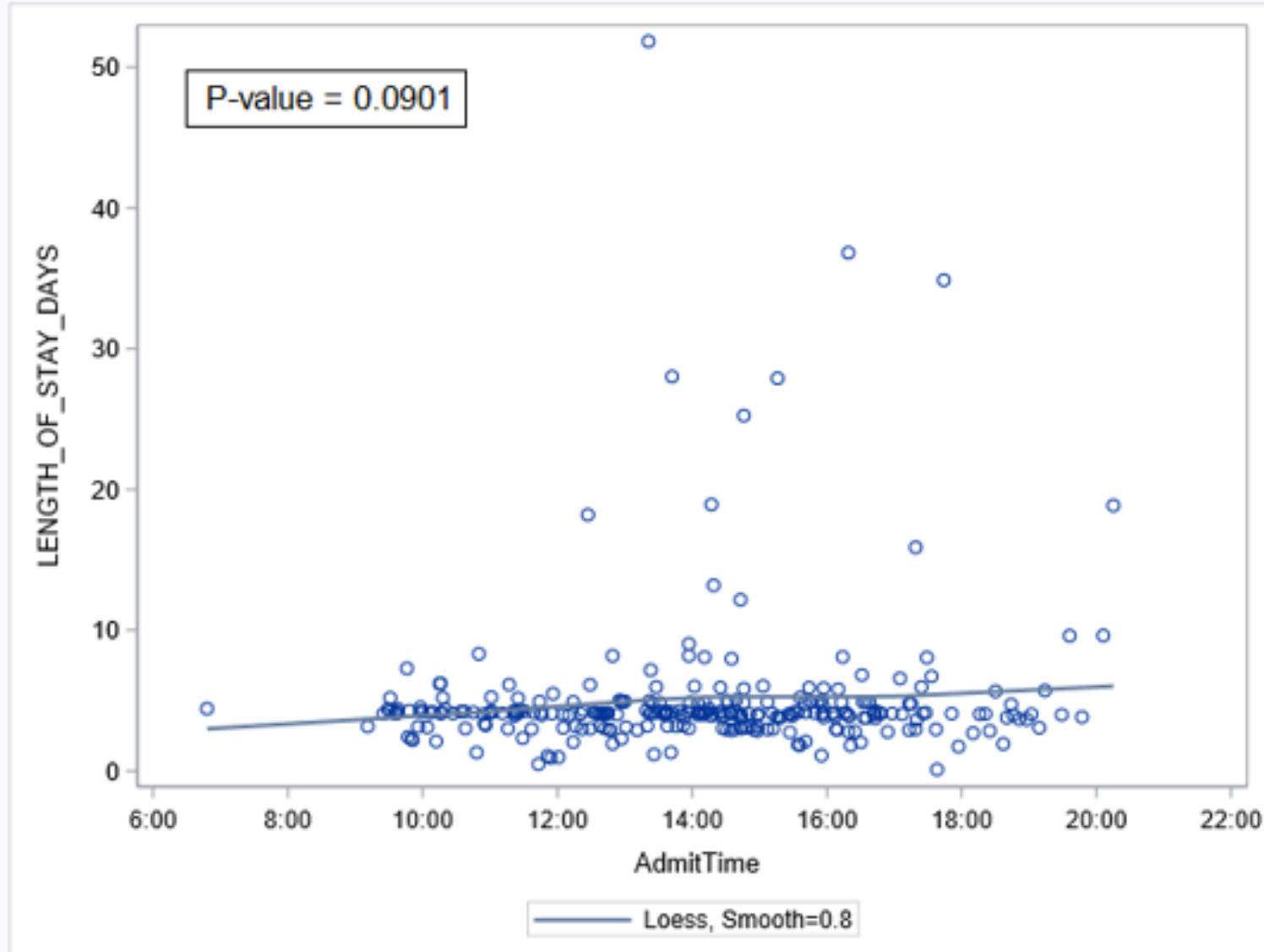


Outcomes

Key Measures	Definitions	Baseline (3/2021-3/2022)	Goal	Pilot Data (3/15/22-5/31/22)
Outcome	<ul style="list-style-type: none"> Scheduled chemotherapy patients admitted by 1200 Length of Stay (LOS) Percent of pre-admit outpatient appointments 	<ul style="list-style-type: none"> 4.2% (early admits) 4.9 days (LOS) 32% of admissions (outpt appts) 	<ul style="list-style-type: none"> 60% (early admits) 4.61 days (LOS) Eliminate for lymphoma pts 	<ul style="list-style-type: none"> 75% (early admits) 4.3 days (LOS) 13% of admits (outpt appts)
Process	<ul style="list-style-type: none"> Percent of eligible patients called day prior Percent of patients declining early admission 	<ul style="list-style-type: none"> 0% called 0% declining 	<ul style="list-style-type: none"> 80% called <20% declining 	<ul style="list-style-type: none"> 53% called 6% declined
Balancing	Cancelled Admissions	<ul style="list-style-type: none"> 2% 	<ul style="list-style-type: none"> < 10% 	<ul style="list-style-type: none"> 3%

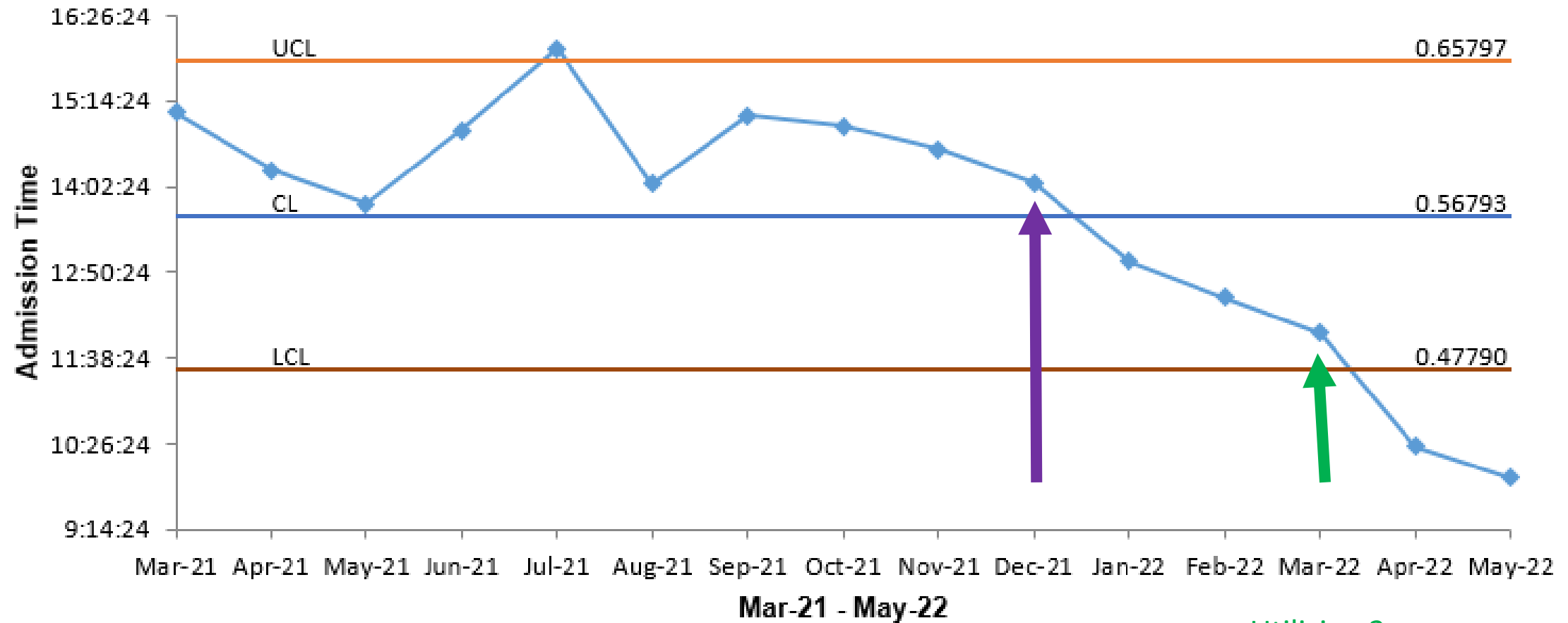


length of stay by patient admission time



All scheduled
chemo
admissions
3/2021-
5/2022

Admission Time - X Chart

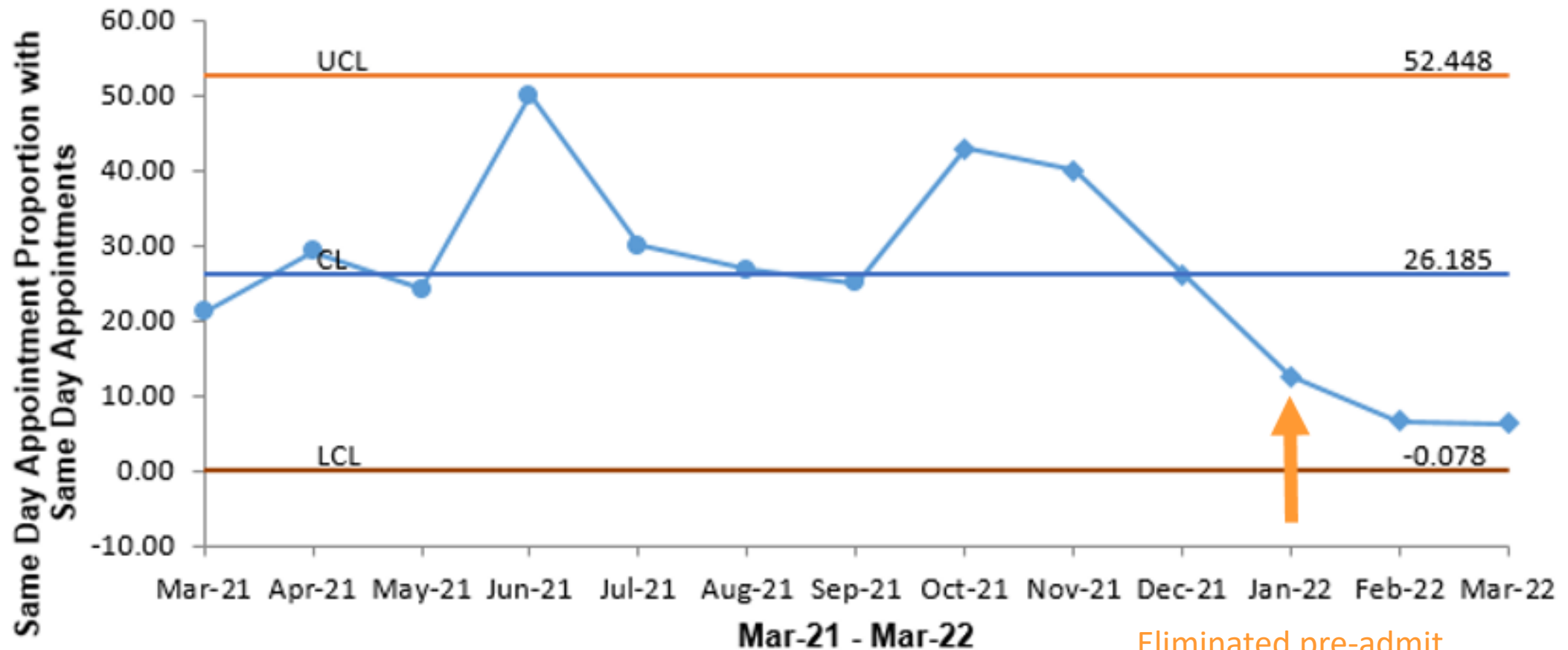


Utilizing 1
protected
space/day

Utilizing 2
protected
spaces/day



Same Day Appointment Proportion with Same Day Appointments - X Chart



Eliminated pre-admit
outpatient appts for
Lymphoma
population



Making Change Stick

Step 1: Celebrate New Conference Room (with bagels and coffee)

Step 2: Launch the Nest (with ribbon cutting ceremony, stickers, T-shirts)

Step 3: Celebrate again (with cake)



Patient Story



<https://beautiful.ai/> Nice for ideas for slide designs, a little clunky for actually making slides

<https://venngage.com> Great for infographics

<https://unsplash.com/> Free photos that you do not need permission to use

<https://thenounproject.com/> Decent place for finding icons. Free downloads are typically black only, but this can be modified in

PowerPoint



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Action Plan

1. Biweekly Meetings
2. Building your team (who else needs to be engaged)
3. Where are you in DMAIC?
 - Ensure Problem Statement, Sense of Urgency
4. Timeline for Success
5. Presentation to Stakeholders - December





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