

IC 5: Improving Continence Care in Complex Continuing Care

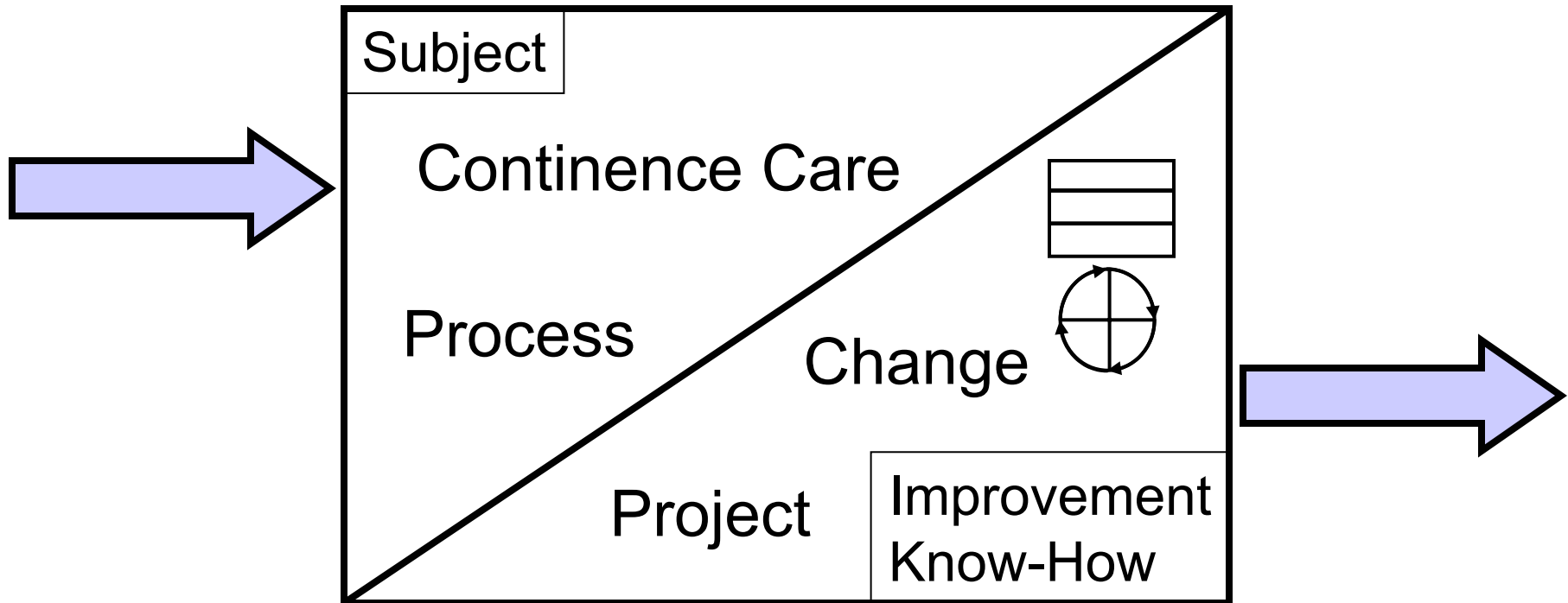


Unit 1:
IC 5 Collaborative
Overview

Collaborative Improvement Project

- Teams working in parallel under a common improvement aim
- **CHANGES:** Study, test, and implement changes to produce rapid improvements
- Provide: technical, clinical and social support
- Include: expert guidance, learning sessions, action periods; ongoing communication and consultation

Knowledge for Improvement



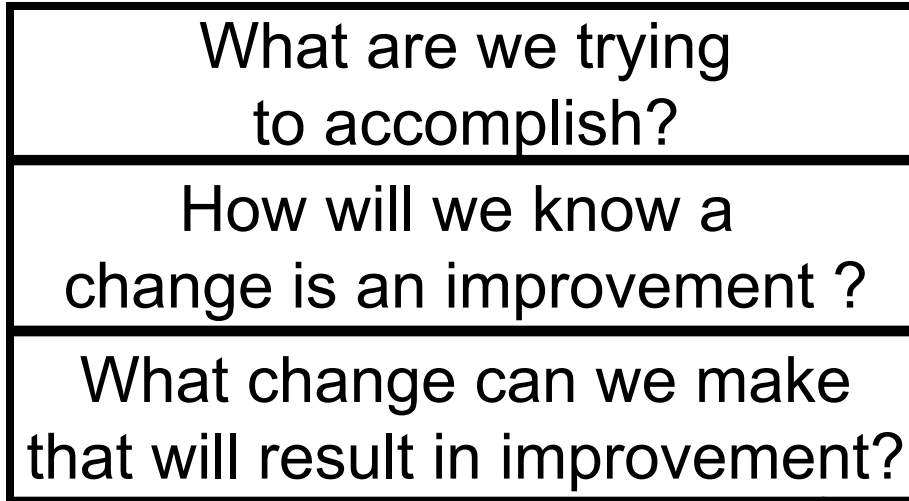
Improvement Wisdom

- Every process or system is perfectly designed to get the results it gets
- All improvement requires change but not all change is improvement
- Every change involves technical (or clinical) aspects and social aspects
- Technically sound changes can fail if the social aspects of the change are not handled well

Building Better Habits

- Change as Improvement
- Collaborative Learning
- Evidence and Potentially Better Practices
- Practice as Process, Systems Thinking

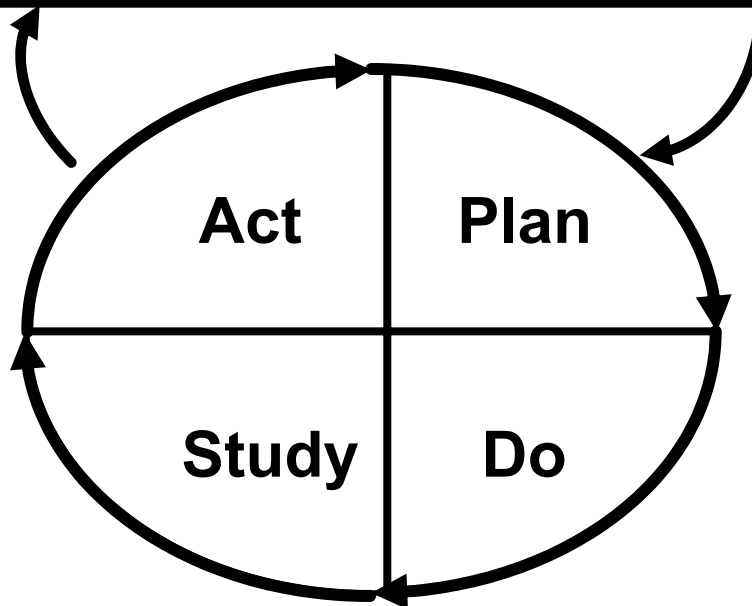
The Model for Improvement



Aim

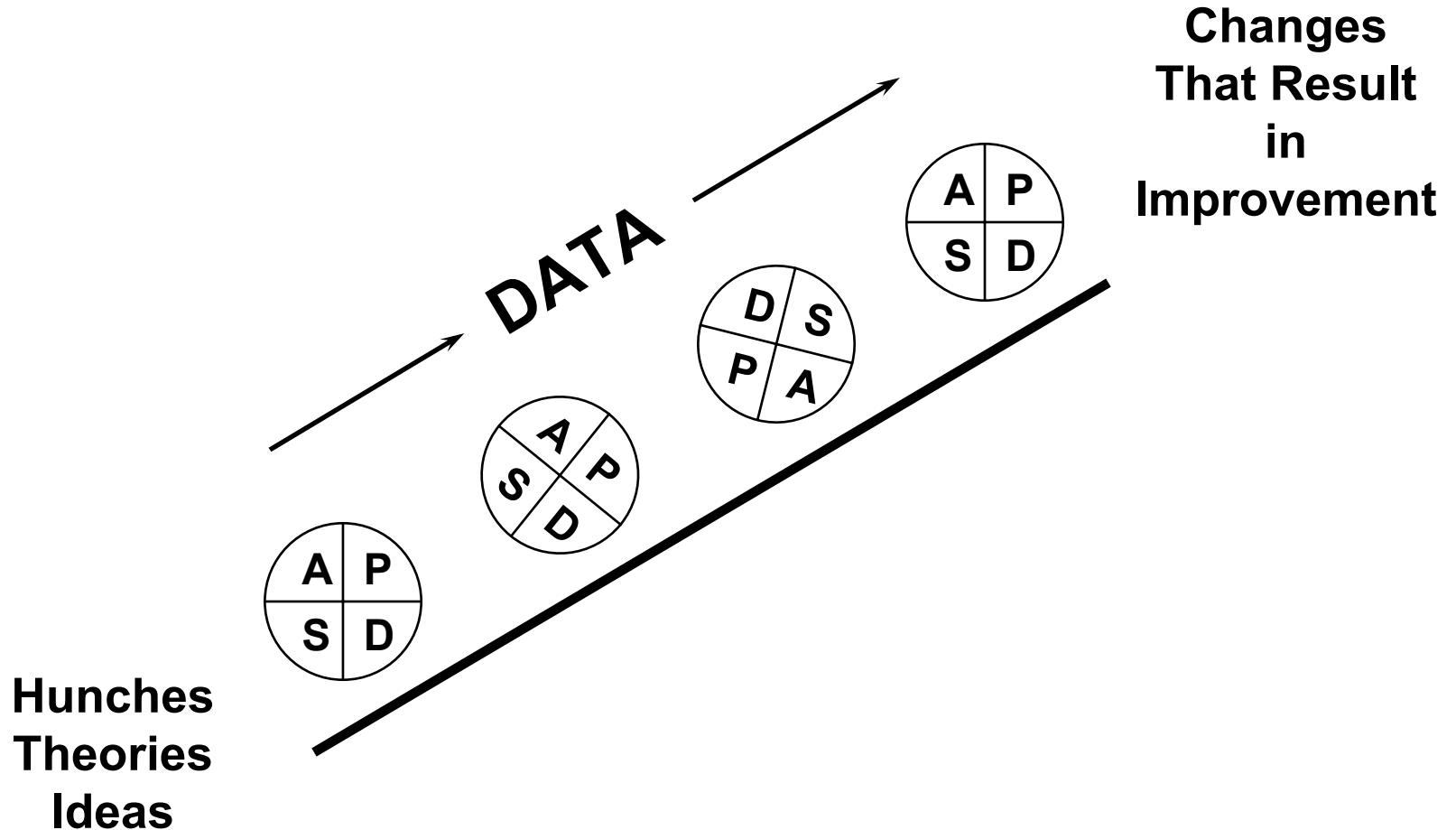
Measures

Change



CYCLES for
Testing and
Implementing Change

Repeated Use of the Cycle



Collaborative Approach

- Spread and adaptation of existing knowledge to multiple settings
- A common aim: *To improve continence care.*
- Shared commitment to making significant & rapid changes that produce breakthrough results

Collaborative Learning

- Learn from other teams with similar aims
 - What is working for them?
 - How have they adapted change ideas successfully?
 - What ideas could we test with our process?
- Open spirit of sharing, listening, supporting each other.
- Opportunity to direct system-wide improvements

Evidence and *Potentially Better Practice*

- Evidence-based continence care practices
- Use existing clinical knowledge plus existing tools (e.g. RNAO Best Practice Guideline)
- Potentially Better Practice - test and refine for each hospital's specific situation

Practice as Process

- Process focus for improvement
- Change must go beyond simply educating and exhorting compliance
- Common process improvement concepts have proven value
- Specific process requirements for continence care

Goals of Collaborative

Primary (and Overall Project AIM)

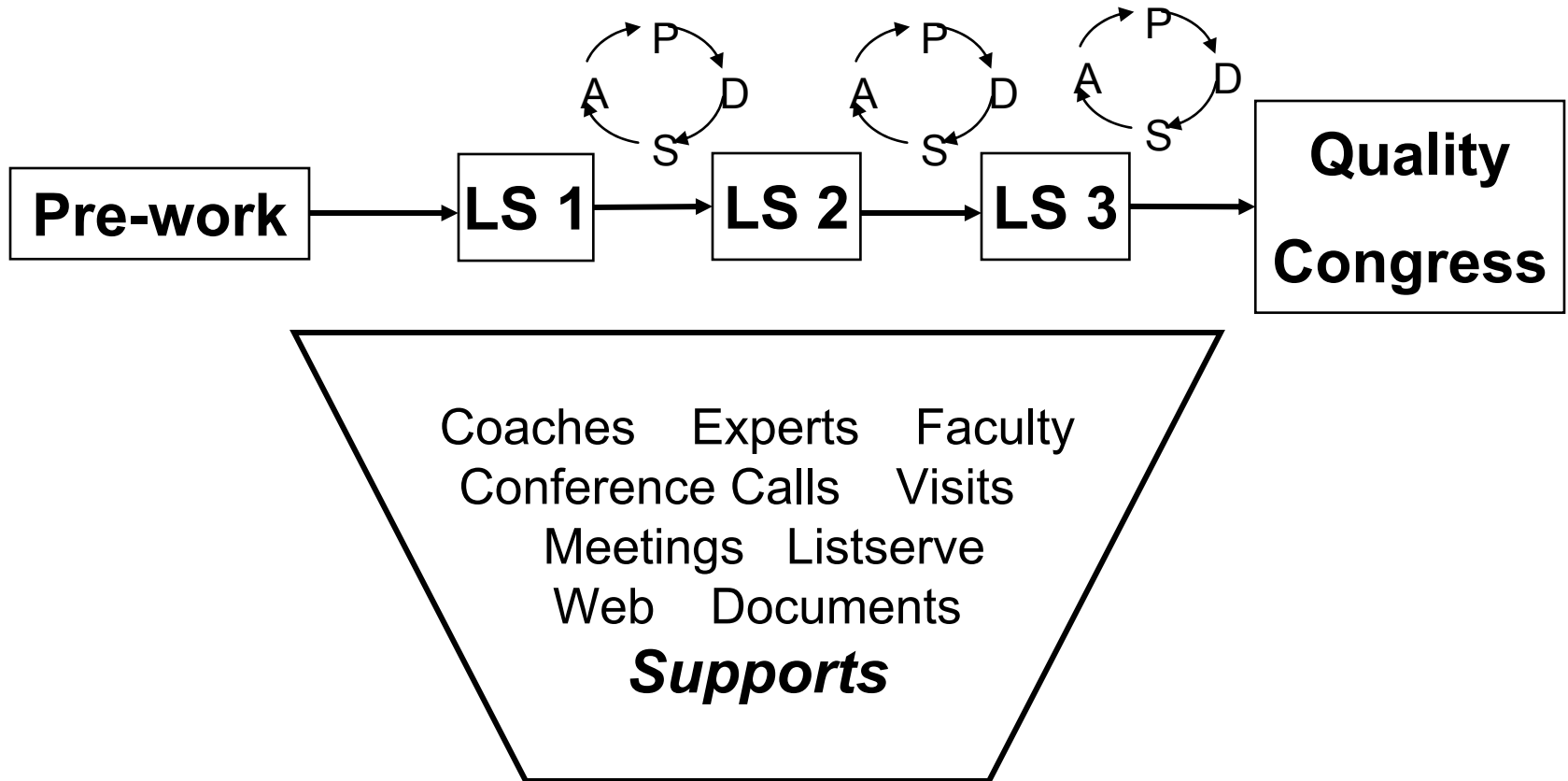
- To improve Continence Care as measured by _____.

Coincident

- To develop knowledge and skills for making improvement.
- To study the effectiveness of a multi-centre collaborative improvement project.

IC 5 Project

Action Periods



Key Elements of the Collaborative

- Pre-work
- 3 learning sessions
- Action periods with support
- Focus:
 - change using the improvement model
 - collaborative learning
 - sharing progress on common improvement challenges

Collaborative Timeline

Pre-work: Early Sept - Early Nov

Learning Session 1: November 29, 30 2004

Action Period 1

Learning Session 2: March, 2005

Action Period 2

Learning Session 3: June, 2005

Action Period 3

Quality Congress: September, 2005

Focus of Learning Sessions

- Better practices in U.I. management
- Summaries of literature and change concepts
- Improvement knowledge - how to
- Model for Improvement
- Project planning
- Identification of resources
- Progress reporting and collaboration

Action Periods

- Apply learning
- Develop and test change ideas
- Share progress and difficulties
- Use meetings, conference calls and email
- Share change cycles
- Coaching and consultation provided

Questions?

Research Plan

Evaluation of IC 5

- Primary Aim of IC 5:
 - Improve Continence Care in CCC
- Coincident Aims:
 - Develop knowledge and skills for improvement among CCC staff
 - Understand the effectiveness of this kind of collaborative improvement approach

Measurement in IC 5

- “Those who cannot remember the past are condemned to repeat it”

George Santayana

- Measurement NOT optional – necessary to change for improvement
- Don't panic!
 - We're NOT talking RCTs, sophisticated IT systems, heavy duty number crunching

Measurement in IC 5

- Measurement as part of improvement
 - Aim: How will we know we have improved?
 - PDSA: Did the planned change happen? What helped? What hindered? What occurred that was unexpected
- Example:
 - Design, testing and improvement of UI Knowledge and Beliefs Survey for IC 5

Measurement for Evaluation of IC 5 Effectiveness

Organizational Context

Patient mix, Type of hospital
Staff UI Knowledge/Beliefs

Care Systems

Practice guidelines
Assessment tools
Documentation
Expertise
Reminder systems
Education

Care Process

Assessment
Products
Toileting

Care Outcomes

Patient goal attainment
Improved continence
Appropriate catheter use

Evaluation Measurement

<p>Organizational Context</p>	<p>Hospital financial data MDS Staff UI Knowledge and Beliefs Survey* Team and Organization Questionnaire*</p>
<p>Care Systems</p>	<p>SIC survey Post-IC5 continence systems survey</p>
<p>Care Processes</p>	<p>Chart abstraction (pre/early and post) Voiding trial records*</p>
<p>Care Outcomes</p>	<p>MDS data Family Sat. Survey (pre and post) Chart abstraction (pre/early and post) Voiding trial records*</p>
<p>Costs</p>	<p>Tracking form* Interviews*</p>

Measurement in IC 5

- **It's vital...**
 - To know where you've come from... to inform where you're going with improvements
 - To know whether IC 5 'worked'... should we do a collaborative again for another issue in CCC? What have we learned?
- **But it's not the main event...**
 - Don't get 'hung up' on it...you need "good enough" measures to inform your improvements
 - We have designed the measurement for the evaluation to minimize burden on IC 5 Teams

UI Knowledge, Attitudes and Beliefs

Survey Instrument

Unit 3:
Teamwork and
Collaborative Learning

Outline

- Ingredients for effective improvement teams
- Effective teams in your organization
- Stages of team development

Ingredients for Effective Improvement Teams

- Clarity of shared aims
- A method or process for making improvement
- Clearly defined roles
- Clear communications within and outside the team
- Beneficial behaviors
- Well-defined decision process
- Balanced participation
- Established ground rules
- Awareness and open reflection on group process

What does an effective team look like?

- What are some of the most effective teams you have been associated with *in this organization*?
- What did you do?
- What were the keys to your success?
- What does it look like when you have a really successful team?

Stages of Team Development

- Forming
- Storming
- Norming
- Performing

Forming

- Coming together... *and me fitting into team*
- Characterized by uneasiness, with excitement
- What's going through individual's mind...
 - Why was I asked to be on this team?
 - What am I expected to contribute?
 - Will I be able to do this?
 - How does this fit with my other work?

Team Ground rules

Potential Areas to Discuss

- Rules of conduct
- Attendance priority
- Promptness
- Conversational courtesies
- Participation
- Assignments
- Interruptions
- Rotation of routine chores
- Agendas, minutes, and records

Storming

- Occurs when team hits its first major disagreement or conflict
- Can be discouraging
- Don't panic! It's normal
- How the team handles this stage of development says a lot about the team's potential for success

Norming

- The patterns that result from our Forming and Storming
- Become “the way we do things on this team”
- Can be positive or negative; it’s up to you!
- Update your groundrules and discuss your evolving norms openly and honestly
- Consider a Norm of a quick group process evaluation at the end of every meeting
 - See IC 5 Team Meeting Evaluation *Worksheet*

Performing

- This is when the work gets done
- Feels great! We're in the "flow"! We're really clicking and working together
- If only it would last...
 - It is perfectly normal for teams to move through the other phases... this is OK but be aware and work to get back to Performing
 - New members... new issues... new challenges all bring the possibility of moving through the phases all over again

Finding Time to Improve

- Priorities, compelling aims
- Use of huddles
- A 12-minute meeting, with no chairs
- Finding other ways to communicate or make decisions
- Spread the responsibility around
- What do you do when someone is ill? What are they doing while you are here? So... pretend!

Linking to people outside the team

- You should begin to publicize the project as soon as possible.
- Find a way to keep people in the organization informed about progress
 - Use usual processes and media, invent your own
- Use a storyboard on which you post your aim, sub-aims, measures and PDSA cycles.
- This does not have to be elaborate BUT it is important!

Remember... this is important!

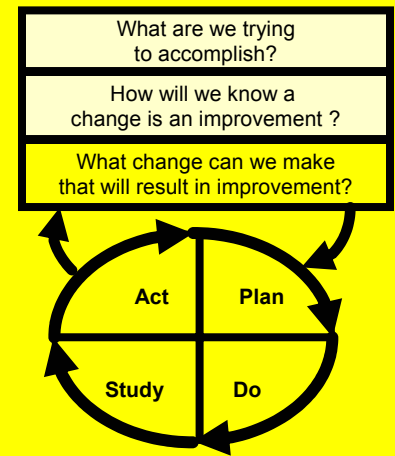
Improvement Wisdom

- Every process or system is perfectly designed to get the results it gets
- All improvement requires change but not all change is improvement
- Every change involves technical (or clinical) aspects and social aspects
- Technically sound changes can fail if the social aspects of the change are not handled well
- **TEAM PERFORMANCE IS ONE OF THE SOCIAL ASPECTS**

End of Day One (November 29, 2004)

DAY TWO

Unit 4: The Model for Improvement and Project Work Sessions



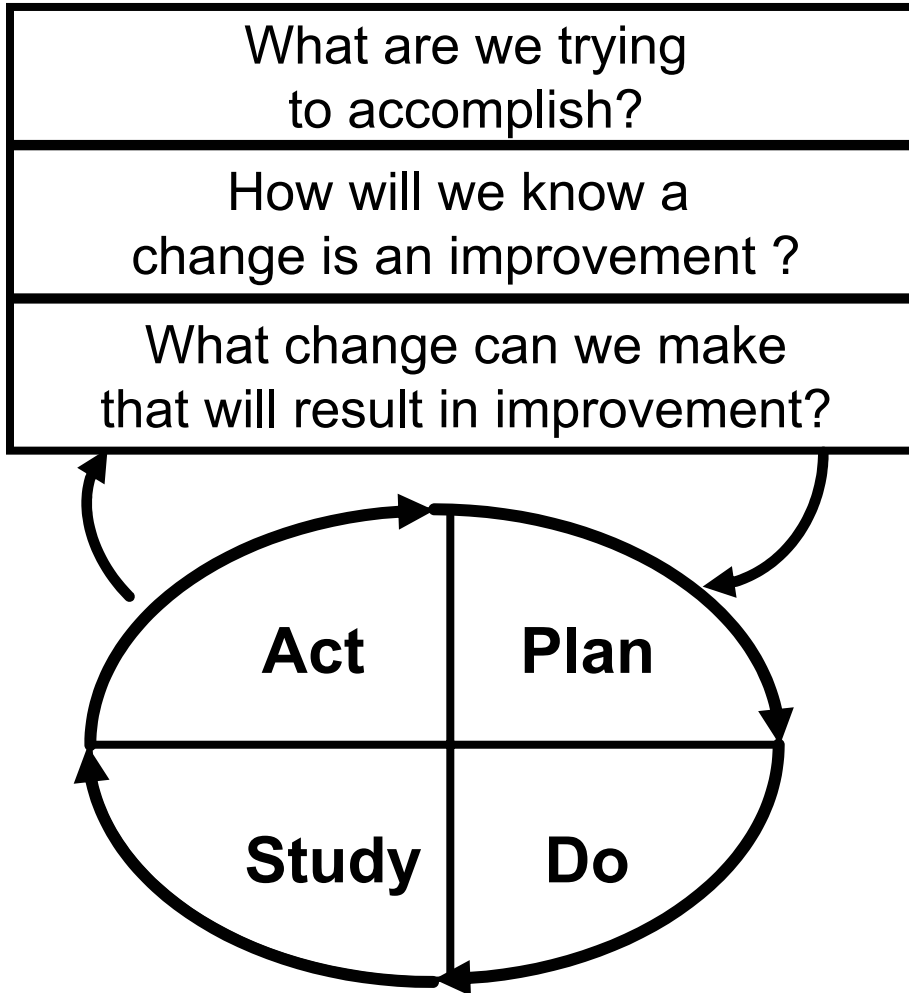
Using the Model for Improvement Aim

Outline

At the end of this session you will:

- Understand how the Model for Improvement guides your improvement
- Be able to develop the aim statement for your project

The Model for Improvement



Aim

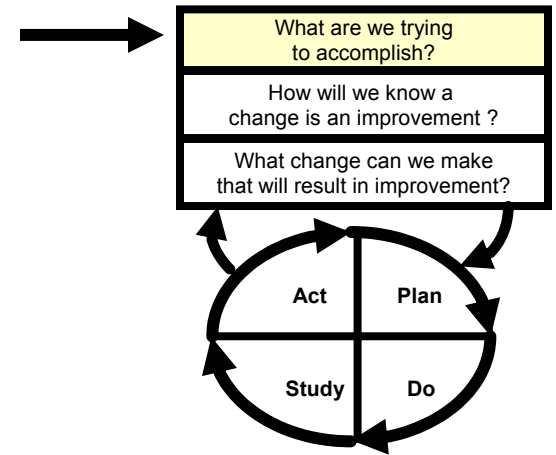
Measures

Change

CYCLES for
Testing and
Implementing Change

Langley, Nolan, Nolan, Norman, Provost;
Improvement Guide, 1996

Aims for Improvement



- Clear, specific and measurable
- Set 'stretch' goals
- Focus - not every patient, all types of continence, all at once
- The aim should provide constancy of purpose
- Helpful to think about a 'hierarchy of aims'
- Include a time frame for the improvement

Example Aim Statement

4SW patients will have their pain assessed and documented 80% of the time they are hospitalized and assessments will be used to manage their pain.

- A description of pain is obtained and documented on a daily basis.
- Patient's level of pain (score) is determined and documented at least every four hours.
- Patients level of pain is re-evaluated and documented approximately one hour after all interventions.
- Pain control processes are established and followed to minimise pain according to pain score.

What makes this specific?

What makes this measurable?

Is there STRETCH??

How is it focused??

What's missing?

4SW patients will have their pain assessed and documented 80% of the time they are hospitalized and assessments will be used to manage their pain.

- A description of pain is obtained and documented on a daily basis.
- Patient's level of pain (score) is determined and documented at least every four hours.
- Patients level of pain is re-evaluated and documented approximately one hour after all interventions.
- Pain control processes are established and followed to minimise pain according to pain score.

Hierarchy of Aims

Overall measurable aim

4SW patients will have their pain assessed and documented 80% of the time they are hospitalized and assessments will be used to manage their pain.

↑ WHY?
HOW? ↓

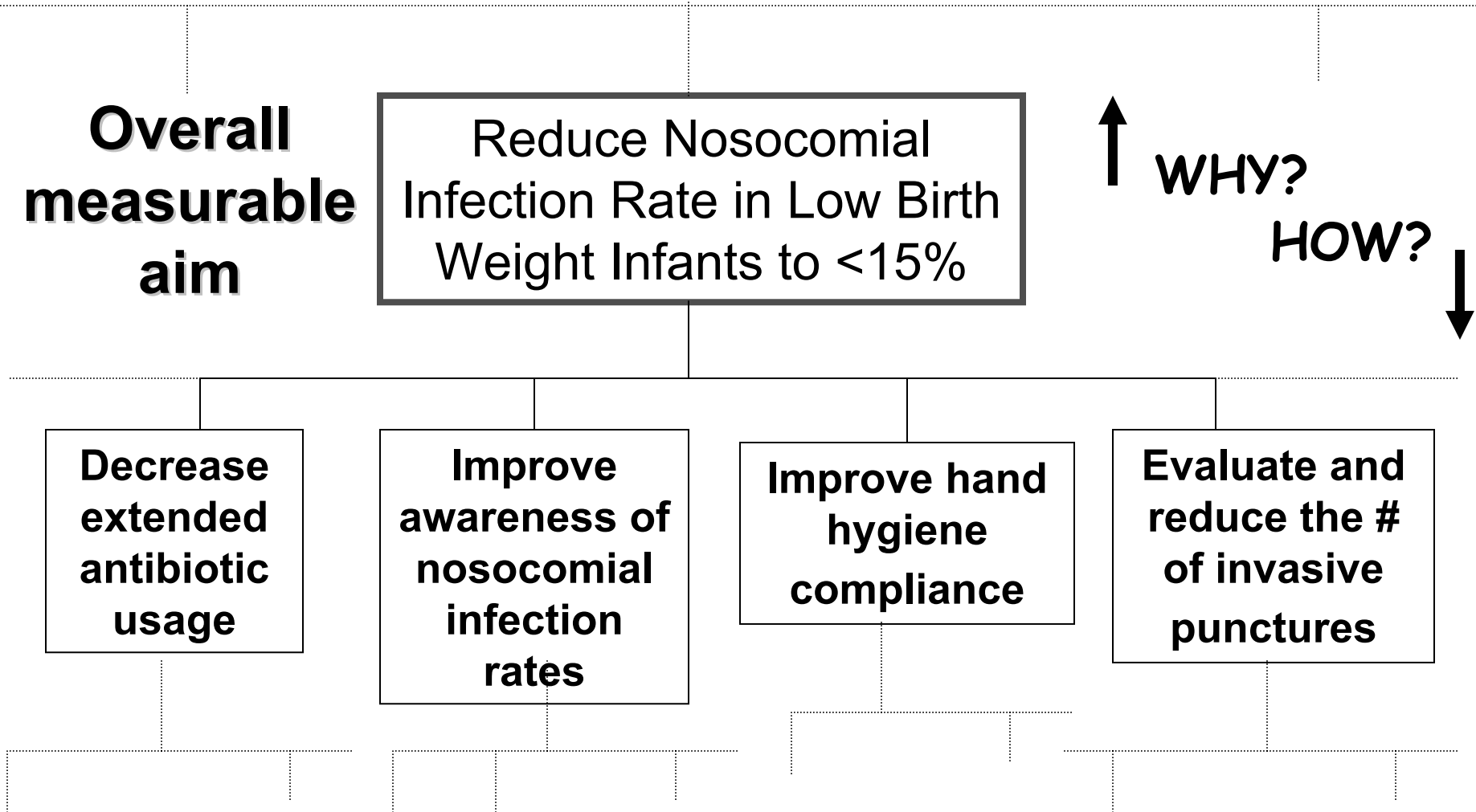
A **description** of pain is obtained and documented on a daily basis.

Patient's **level of pain** is determined and documented at least **every four hours**.

Patients level of pain is **re-evaluated** and documented approximately one hour **after all interventions**.

Pain control processes are established and followed to minimise pain according to pain score.

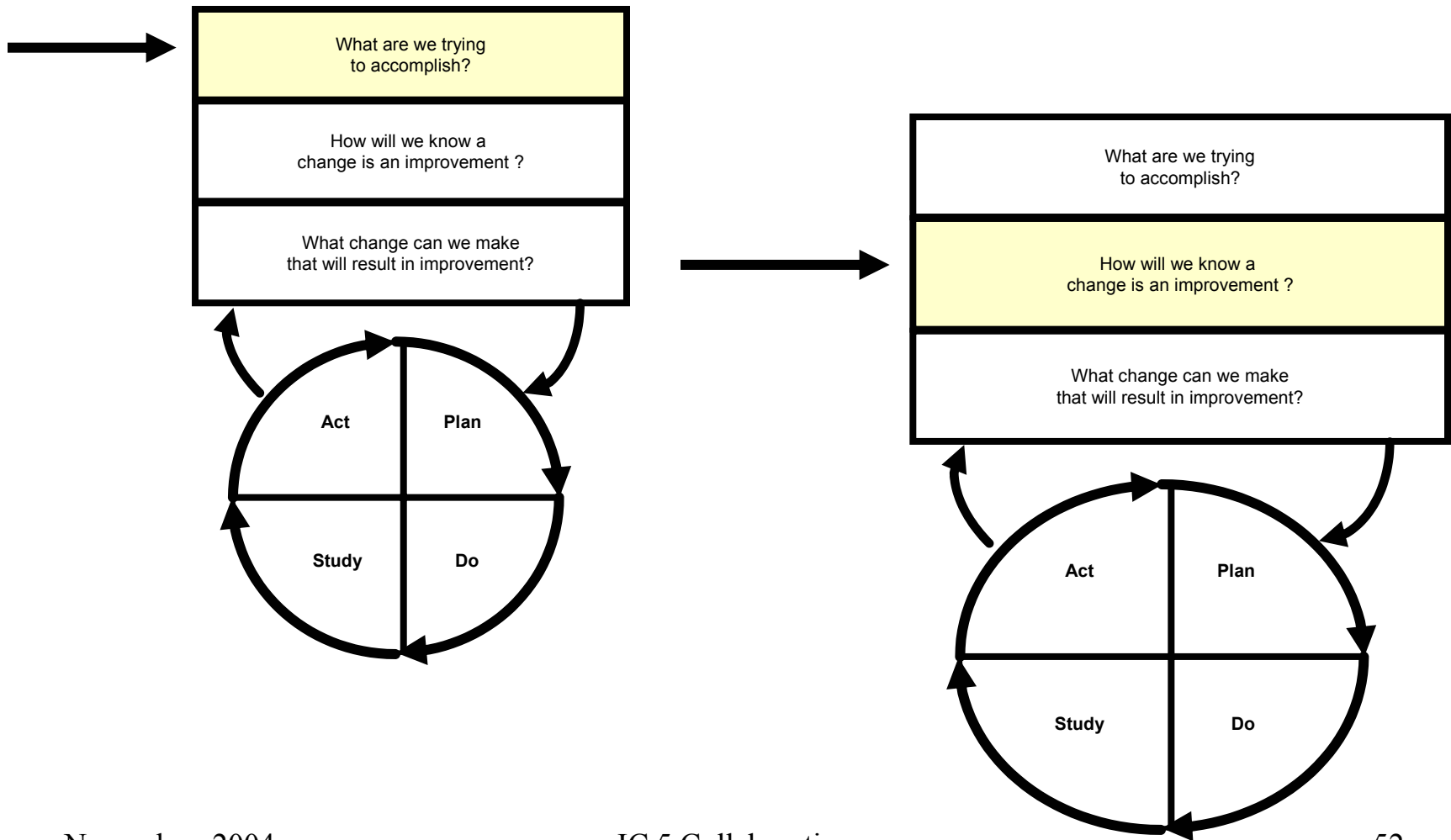
Hierarchy of Aims - Infection Reduction Example



Team Breakout

- For your project... draft an aim statement
- Option: include 'sub-aims' in a hierarchy
- Use the worksheet to guide your thinking

Aim Statement and Measurement



What are we doing?

- While we are doing small tests of change, we monitor the **PROCESS** to see if it is being done; and we monitor what is happening when we try changes.
- But we also keep monitoring **OUTCOME** measures to see if the interventions actually improve the care we provide.

How do you know what to measure?

- Identify the group you want to measure.
- What is your AIM with this group?
- How is that “operationalized”?
- What type of change do you expect?
- Find a measure that captures that change?
 - Chart review, clinical tests, interviews, behavioral change, questionnaire, phone calls.

Further Thinking about Measurement

- If we are successful in achieving the aim, what would we observe?
- Might be easier in the negative sense... What would we expect to see if we are not successful?
- What information is already gathered in the process that we might use as a measure?
- What could go wrong while we are improving this?

Balanced Measurement

- There are many ways to categorize measures.
- There are Process measures & Outcome measures
- Think also about process and outcome measures of
 - cost or resources
 - functional outcomes, including Quality of Life
 - clinical outcomes
 - satisfaction outcomes
- No one measure is sufficient!

Examples of Outcome Measures

- Outcome measures answer the questions: “Are we improving our care?” & “Are we giving exemplary care?”
- for example,
 - MDS measures
 - Consumables used (cost)
 - Resident or family satisfaction or QOL
 - Infections (clinical quality)

Examples of Process Measures

- Process measures answer the question: “Are we doing the things we think will lead to the outcomes we want?”
- Percentage of staff trained in assessment protocol, percentage of patients assessed, percentage of tx plans carried out, percentage of tx plans communicated, percentage patients toileted on time.

Relationship to Evaluation

- The evaluation team also wants to answer the question, “Are we improving care as a result of the collaborative?”
- There may be overlap in measures
- However, you will probably want to measure and see your results much more frequently than the evaluation team does

Relationship to PDSA Measures

- Process-type measures may also be used in specific tests of change in the PDSA cycles.
- However, PROCESS measures associated with the Aim Statement are more enduring; they are related to activities & steps that should be done regardless of the cycle being tested.
- Sometimes, PDSA Cycle measures are only used for 1 cycle.

Long Term...

- Consider Aim measures that would be useful for long-term measurement
- That is, the kind of things that might go into a performance measurement system
- Valuable for monitoring, to see if we are “holding the gains”

Some Principles for Designing a Data Collection Process

- Develop clear definitions of how observations are to be translated into measurements
- Ensure that the method of data collection results in obtaining the intended information
- Ensure that the data collection methods to be used are clear, simple, and minimize on-the-spot decision making

Tips for Measurements

- Seek usefulness, not perfection.
- Use sampling - e.g. 5-10 charts per week.
- Reports percentages and rates if you have variable numbers of observations
- Take outcome measures at least 1 X/month.
- Take process measures at least 2 X/month.
- Obtain PDSA measures as needed.

Suggestions

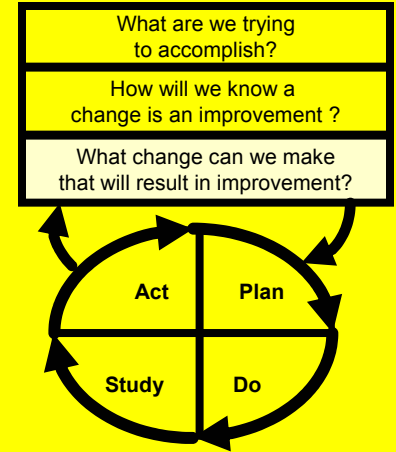
- Do not wait for Health Data Records or Information Systems for your data
- Collect data and plot them over time
- Collect small, frequent samples of data
- Use run charts, or control charts
- Do NOT rely on summary, descriptive measures, like averages

Remember.....

- We want to improve care for patients.
- Outcome measurement lets us know if we are achieving this.
- Process measurement guides our improvement efforts

Team Breakout

- Review your Aim Statement
- Identify “several” Process & Outcome measures related to your Aim
 - Start by asking,
 - What would be ideal?
 - What would be “proof positive” of improvement?
 - Continue with
 - What do you currently measure?
 - What data might you get easily?
 - Think of some balancing measures



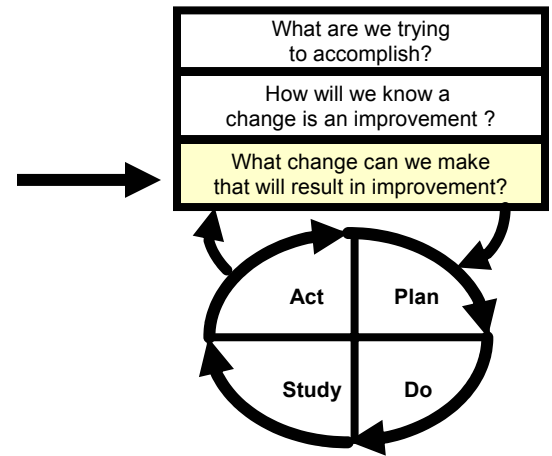
Using the Model for Improvement Change

Goal of Session

At the end of this session you will:

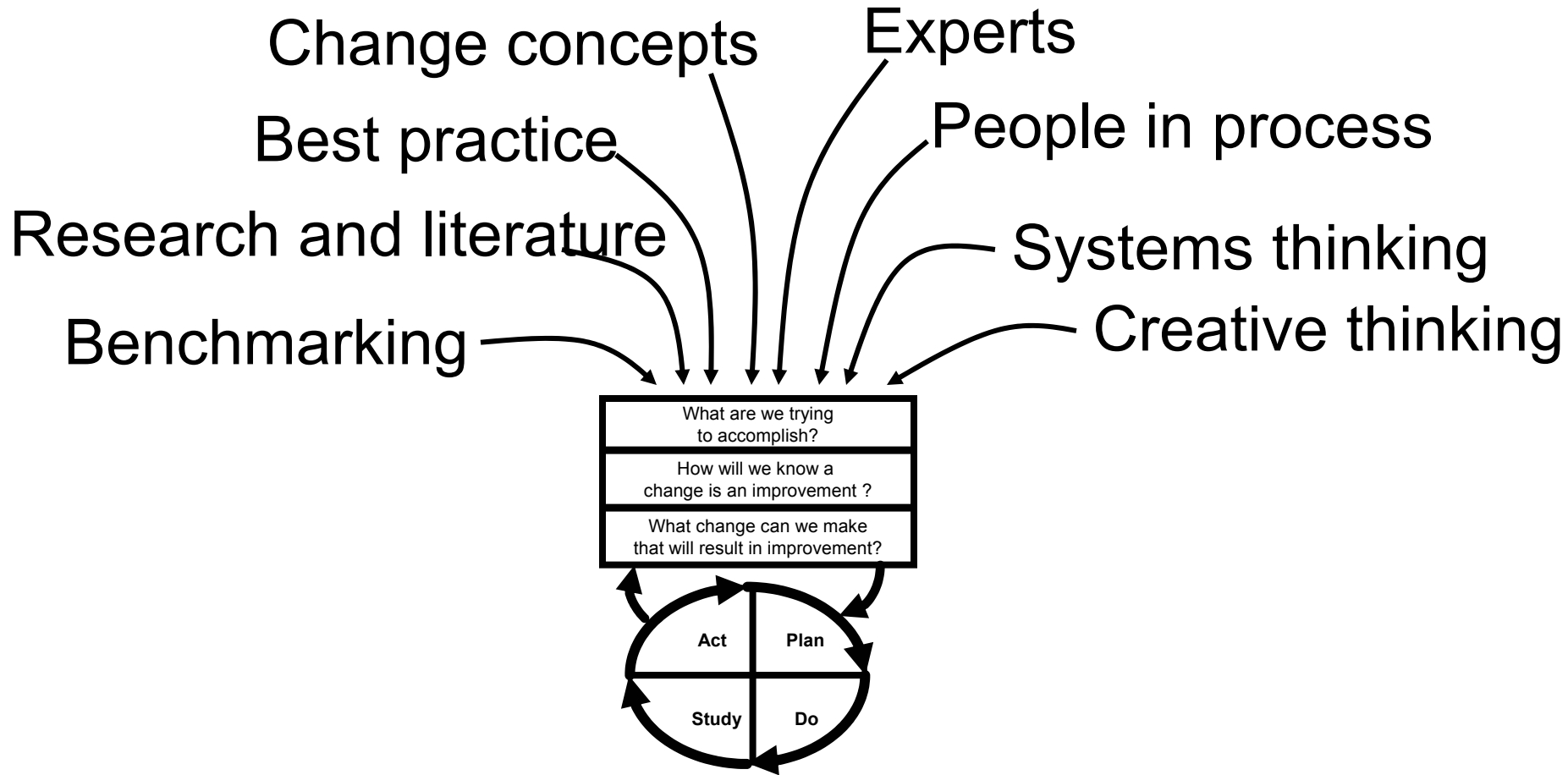
- Recognize the sources for change ideas to improve continence care
- Be familiar with change concepts and specific sources of change ideas for continence care
- Have developed an outline of your first change ideas

Change!



- Start with changes that are likely to provide early successes
 - high interest level
 - visible
 - feasible

Change Sources



Habit for Systems Thinking

- Complex systems can be described as...
 - Structure (e.g. roles, physical attributes, environment...)
 - Process (sequence of steps, flow)
 - Pattern (relationships, behaviors, beliefs...)

Key point: Consider need for change in all three of these areas

*Eg. We have an infection-producing system.
What do we need to change?*

Complex Systems

Structure

(roles, physical attributes, environment)

Process

(sequence of steps, flow of material or information)

Pattern

(relationships, behaviors, beliefs, knowledge)

Decrease Nosocomial Infection Rate by 25%

Structure

Eliminate environmental contaminants

Process

Minimize vascular line entry, aseptic process

Pattern

Improve awareness of infection rates, change belief of what is achievable

Structure, Process, Pattern

- Teams often make structural changes without corresponding process and pattern changes
- Teams can make process changes and overlook the need for structural supports
- We often shy away from addressing underlying patterns in beliefs, relationships and roles; this can undermine everything

Team activity:

Identify one example under each system component that may need to be changed in order for you to achieve your AIM.

Change Concept

- All improvement involves change, but not all changes are improvements
- A change concept is a general, scientifically grounded idea for change.
- Use change concepts to develop specific process changes in a local context.
- Example:
 - Change Concept: Use emergency response for pain
 - Process Change: All call bell requests are screened to identify pain emergencies - one nurse assigned for emergency pain response - notified by beeper.

How to use Change Concepts

1. Identify successful change concepts with sound evidence. (See Clinical Model)

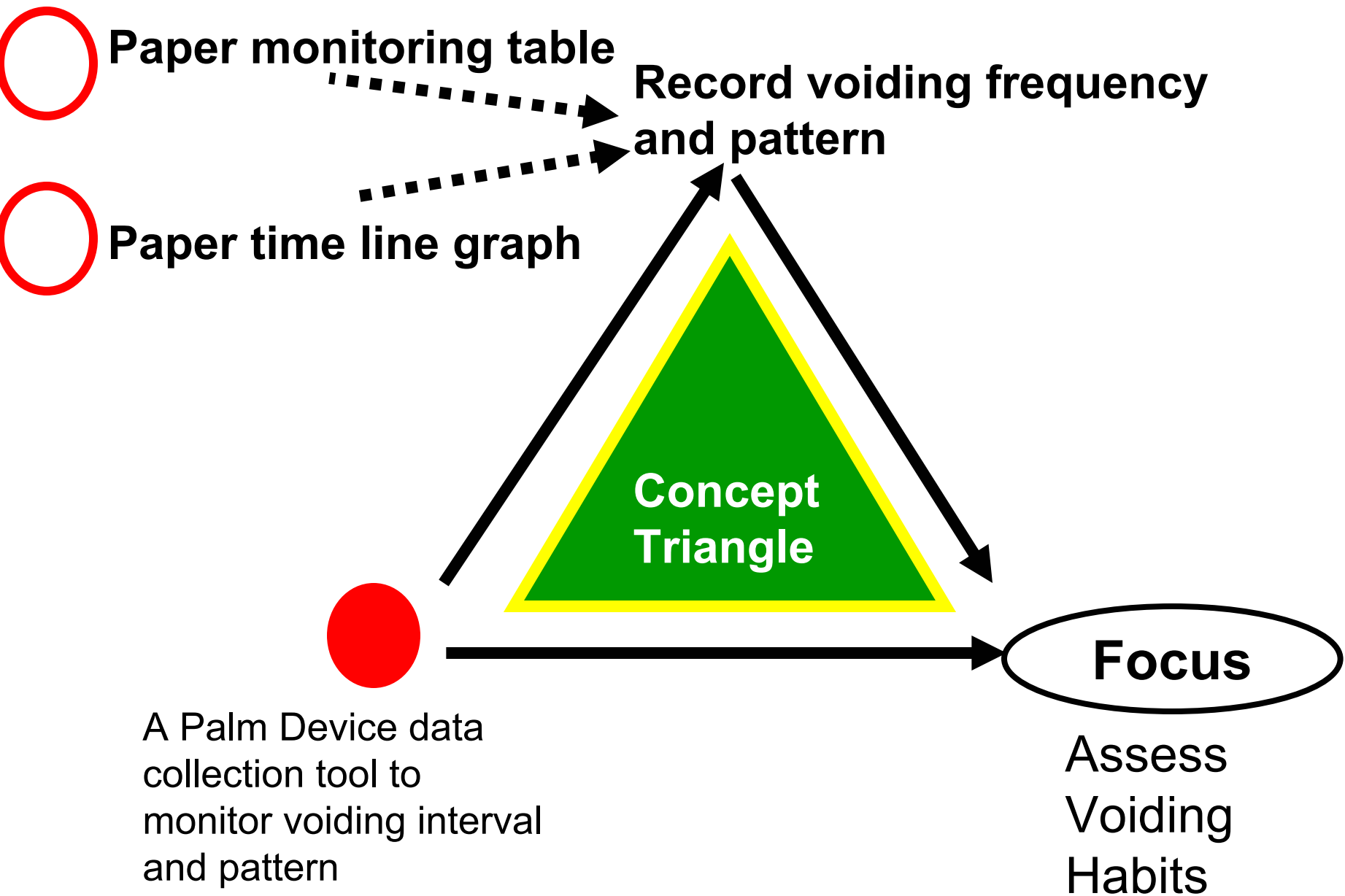
Then develop your own specific ideas on how to implement a change in your system.

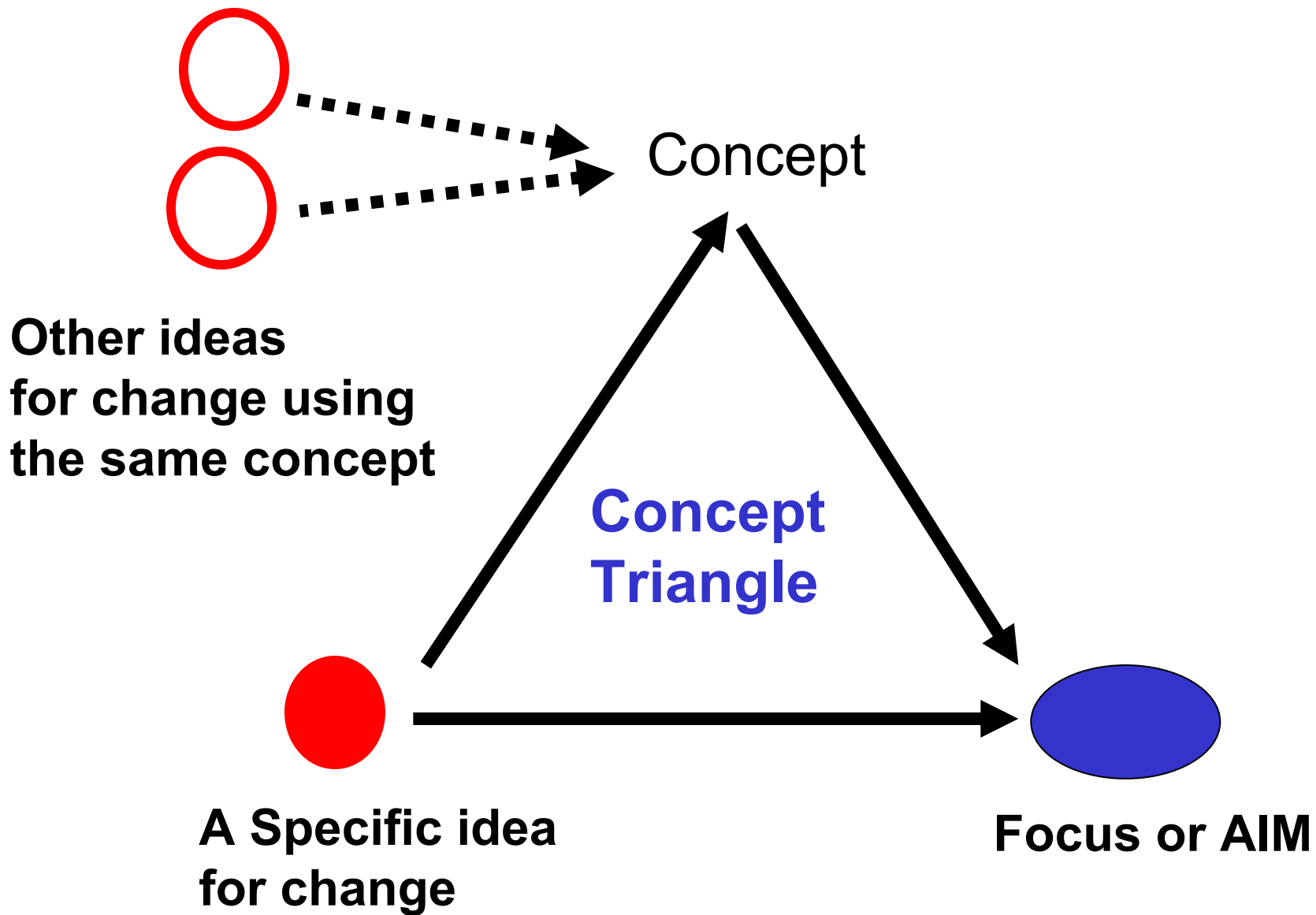
2. Learn about specific changes that have worked for others.

IF you cannot use the idea exactly, generalize the change to a concept and apply the concept in a way that will work for your system.

Change Concepts from the Clinical Model

- Conduct initial continence assessments for all new patients
- Conduct periodic assessments for U.I.
- Identify and manage U.I. contributing factors
- Start with conservative U.I. Management
- Determine type of U.I.
- Manage specific U.I. Type with specific actions
- Use specialists wisely





Concept Questions to grow ideas.

Identify the purpose of a specific idea, how it works or the value it provides.

Purpose Concepts

What are we trying to do?

What is the purpose of the action or operation?

Mechanism Concepts

How does it work?

How is the purpose achieved?

What is the operating mechanism?

What is happening?

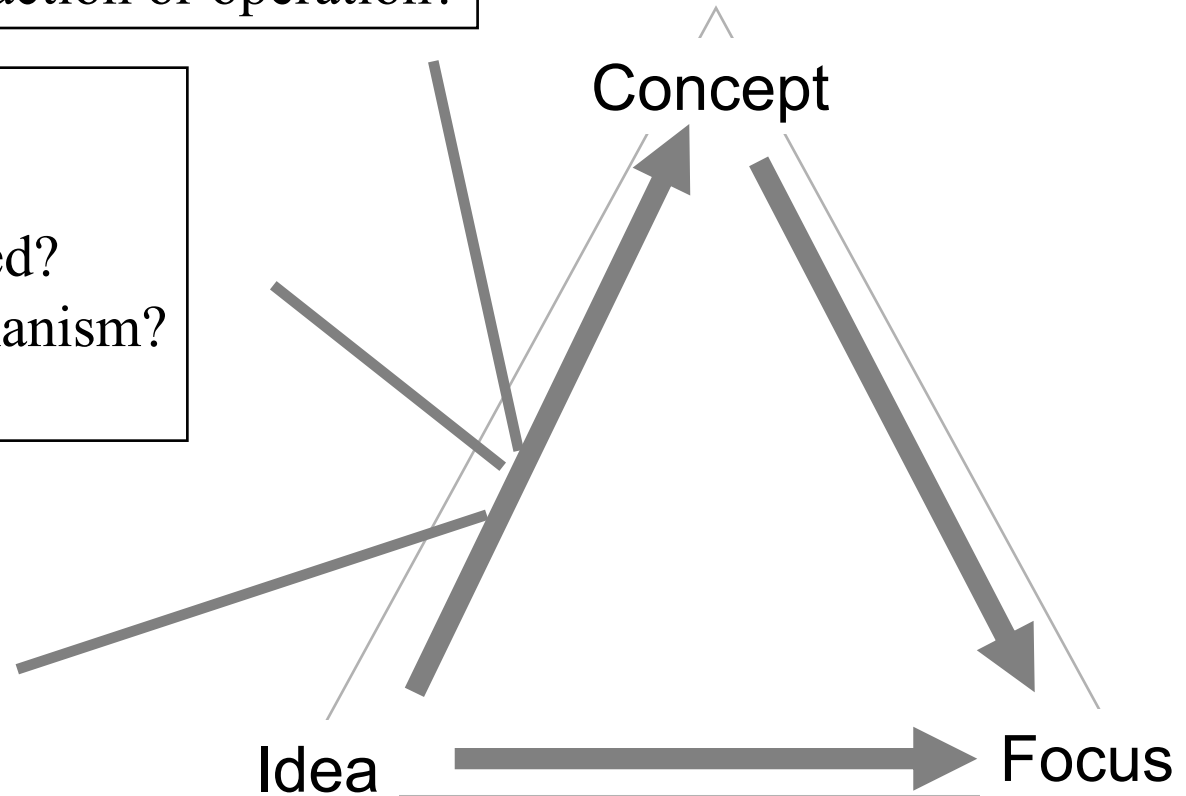
Value Concepts

Why is it useful?

What does it provide?

Where is its value?

Why is this worthwhile?



Change Concept Triangle

- Starting with the specific idea that you have in mind or have seen work in another center and ask...
 - What's the main idea here?
 - What is the key point behind what will make this work or not work?
 - What is really non-negotiable when you get right down to it?
- Seek a more general statement of the essence of the change
- Find a different, specific change that might work for you

Why are change concepts useful?

- Need to match specific local conditions
- People have a need to 're-invent' (E. Rogers)
- Allows the creation and testing of alternatives - good concepts are often rejected because the specific way they have been tested did not work.

Using Change Concepts

Application:

Process innovation

Stimulate ideas

Ideal process design

Accelerate improvement

To use them effectively:

Know your process

Know purpose of change... WHY

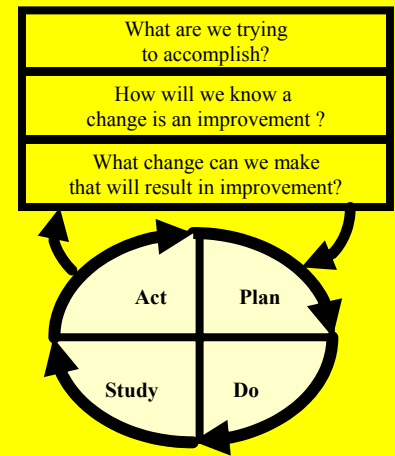
Team Breakout

For our project what are the most relevant change concepts? List any specific ideas you have on how to apply these concepts.

What about ideas you came to the session with? Are they testable now? Have you modified them?

The Clinical Model - what change ideas or concepts did you learn that are relevant to your aim?

Do you need more information OR could you test something on a small scale?



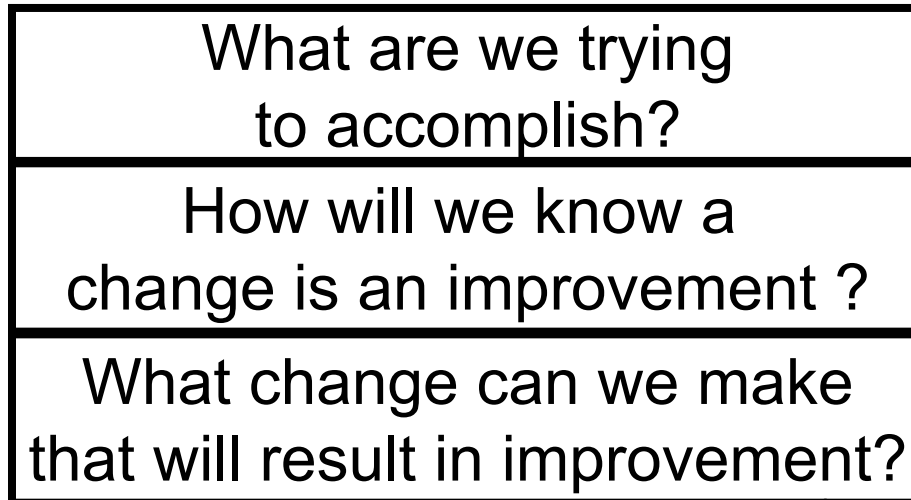
Using the Model for Improvement Plan-Do-Study-Act Cycle

Goal of Session

At the end of this session you will:

- Understand the purpose of doing PDSA cycles
- Be able to plan PDSA cycles
- Have experience with a “cycle worksheet”

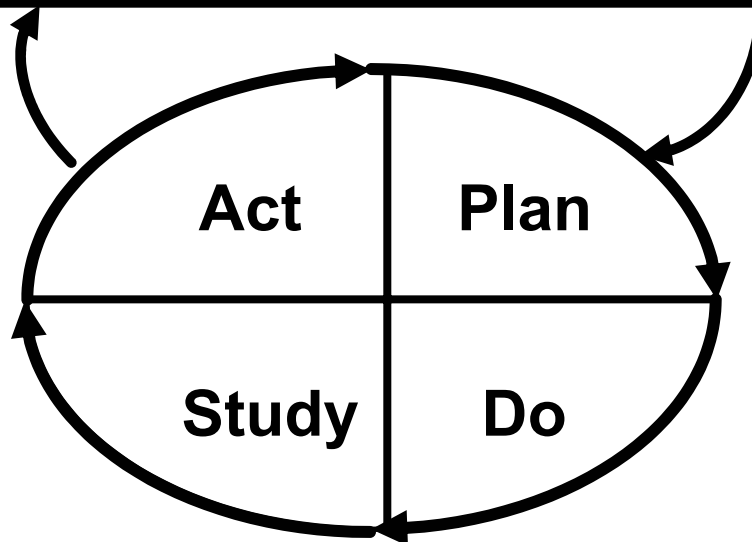
The Model for Improvement



Aim

Measures

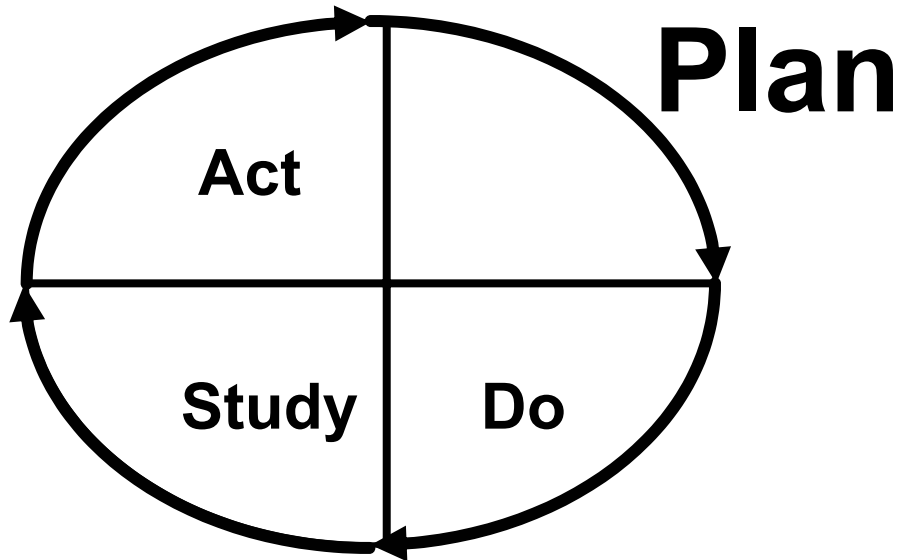
Change



CYCLES for
Testing and
Implementing Change

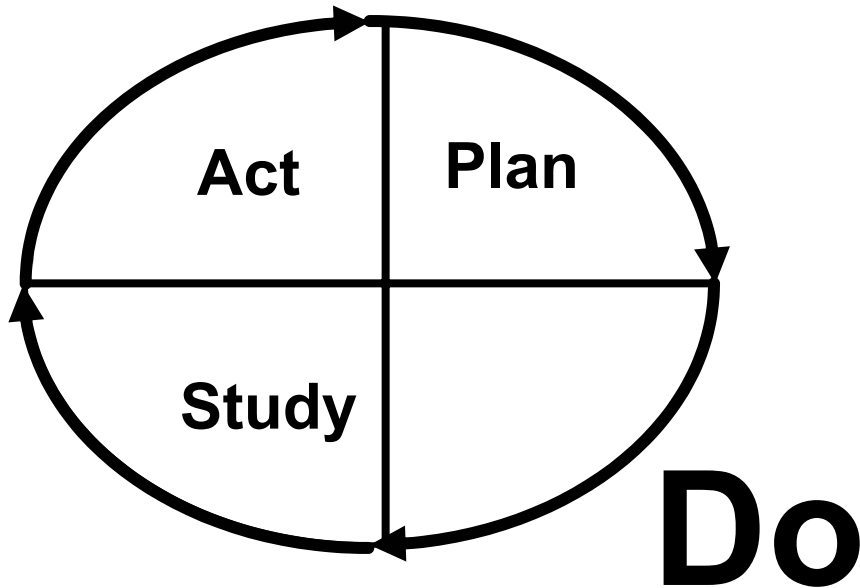
Langley, Nolan, Nolan, Norman, Provost;
Improvement Guide, 1996

PDSA Cycle: Plan



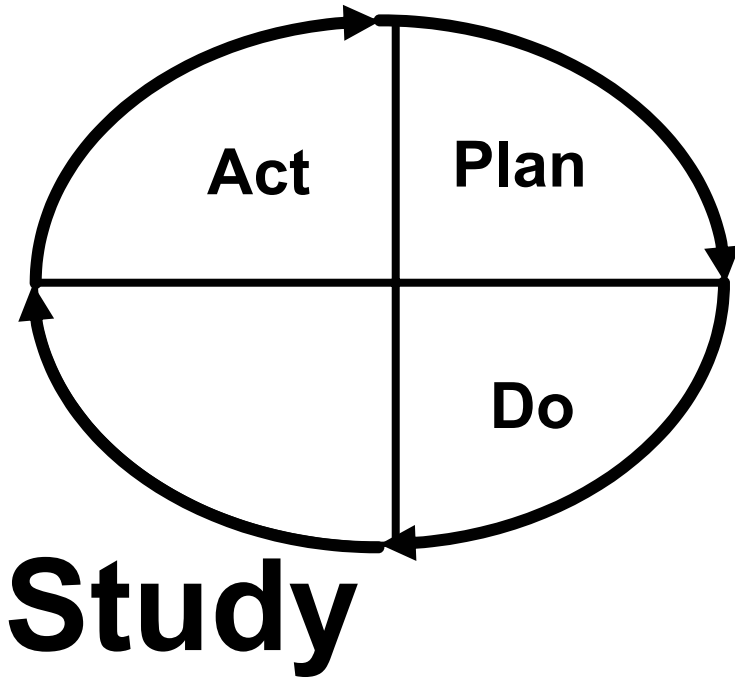
- Objective
- Theory and prediction
- Plan to carry out
 - 📄 Who?
 - 📄 What?
 - 📄 When?
 - 📄 Where?
 - 📄 How?

PDSA Cycle: Do



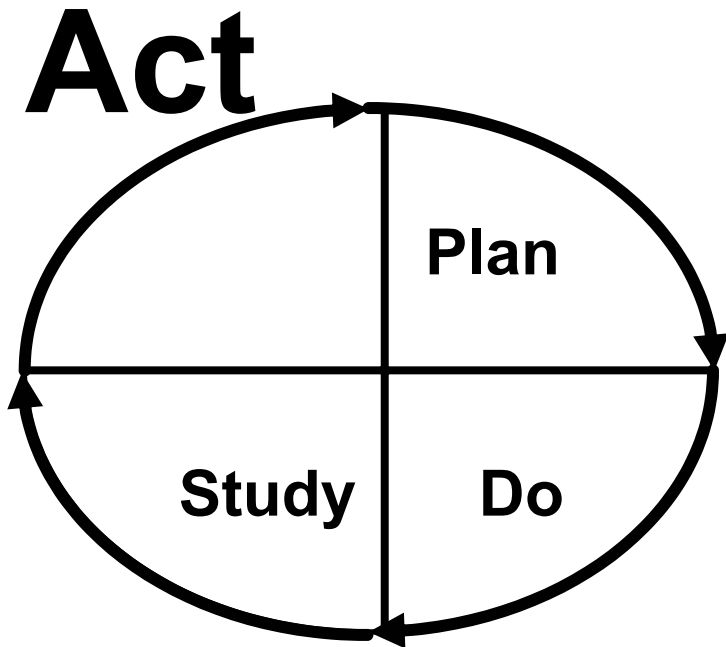
- Carry out plan
- Document what happened
 - Expected
 - Unexpected
 - Observations
- Begin analysis

PDSA Cycle: Study



- Analysis of the data
- Comparison to theory and prediction
- Summarize lessons learned

PDSA Cycle: Act



- Continue, modify, or re-direct efforts?
- What next?
- New theories and ideas?

Plan:

We will test a new fluid intake monitoring sheet with two patients over the next week. We will use a sheet modified slightly from one used successfully in another hospital.

Do:

The sheet is used by one of the nurses on the team with two patients that she selects because they are willing to help.

Study:

The nurse will track how easy the sheet is to use, if all the terminology is understandable and whether it provides the kind of information needed to assist in management of UI. The team will also actively seek open feedback on the use of such a sheet and the process of monitoring.

Act:

The feedback from the test with two patients will contribute to revisions to the worksheet and the process for using it. A second test will be carried out with other patients for whom the process may be more challenging.

Why test using PDSA?

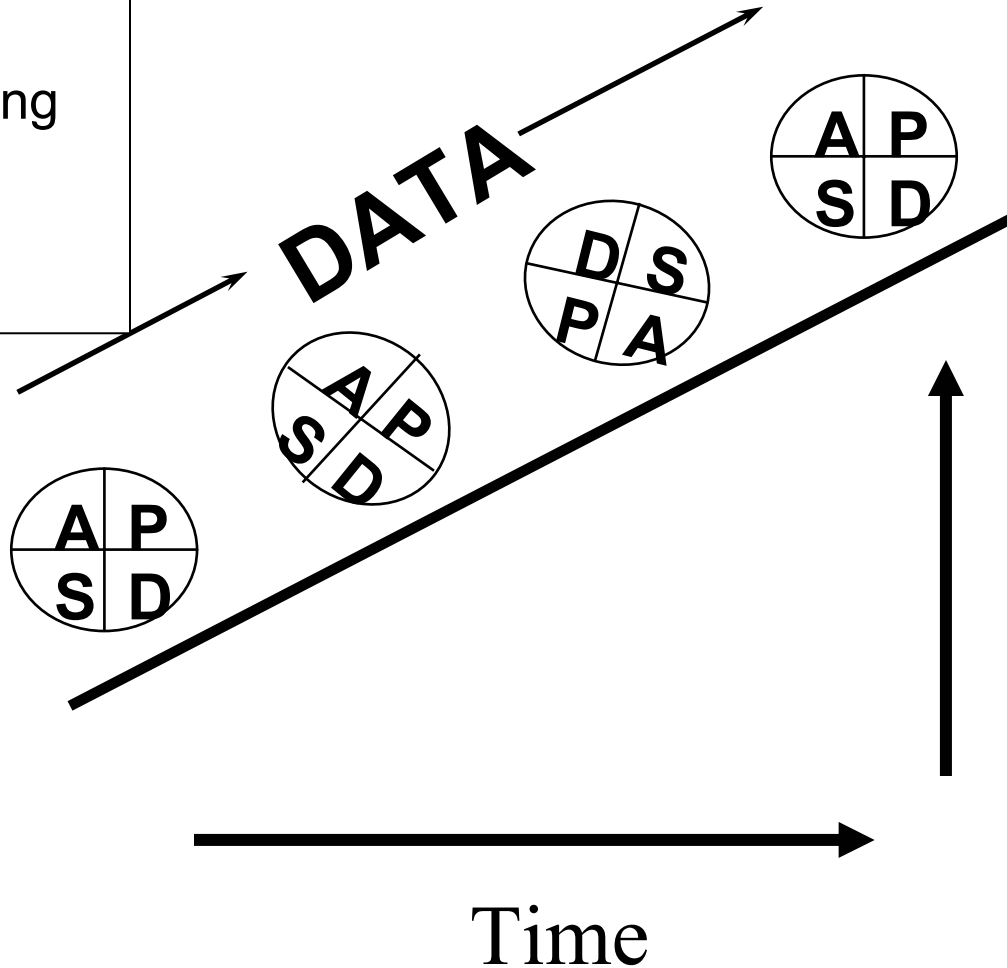
- Increase the belief that the change will result in improvement in your environment
- Predict how much improvement can be expected from the change
- Learn how to adapt the change to conditions in the local environment
- Evaluate costs and side-effects of the change
- Minimize resistance upon implementation

"RAMP"

A series of PDSA cycles that follow in a progression of testing, refining and implementing changes that result in improvement.

Series of Cycles

Changes That Result in Improvement

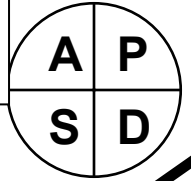


Increasing ---
complexity
number of people
different situations

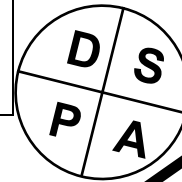
Evidence
Hunches
Theories
Ideas

Sequential PDSA Cycles on a Ramp

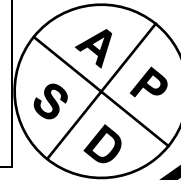
Sheet and process instructions assembled in a kit , brief meetings held with all nurses on XYZ unit. Process tested unit-wide.



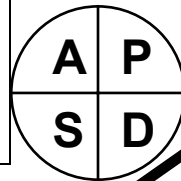
Instructional material prepared to guide use of the sheet – tested with 5 nurses on 2nd unit – feedback provided to improve



Adjusted sheet based on feedback and changed process to enable ease of use; tested with 5 patients and three nurses



Modified continence monitoring sheet and tested with two patients.



Before PDSA

Start with an answer to this question:

How can we pilot test an improvement idea using the Plan-Do-Study-Act method?

Or answer this question:

What is the largest thing we can do to test our change NEXT TUESDAY?

Then: Use the Cycle Worksheet to guide your planning for this test.

Use of Data

- Track progress over the entire length of the collaborative (measures related to your AIM) - usually outcome measures
- Assess the success of individual PDSA cycles (tests) - usually process measures
- Monitor and hold gains

What are we PLANNING for the change?

- Objective
 - Objective
 - Questions to answer
 - Predictions
- Plan for Change
 - Are you ready for small test of change?
 - What change do you intend to make?
 - Can your plan be made any simpler and more effective?
 - What cycles will help you move closer to having a permanent change in the system?

What are we PLANNING for data collection?

- Plan for Data Collection
 - How will you know that the specific change you've made happened?
 - How will you know it has some positive effect on important measures?
 - Can you build data collection into daily work processes?
 - Can you use existing sources of information or will you gather new information?

PDSA Data Collection Checklist

- What is the aim of this data collection?
- What data are you going to collect?
- How much data will be collected?
- When will data collection start and stop?
- Who will collect the data and where?
- What instruction is needed for data collection?

What are we DOING?

- WHILE we are doing the test of change we monitor the PROCESS to see if the change is being done; AND we monitor what is happening.

What are we STUDYING?

- Study the pilot results
 - Plot data over time or *at least* before / after
 - Did process improve?
 - Did outcomes improve?
 - How did or didn't the results of this cycle agree with previous predictions?

How are we ACTING?

- Act on results
 - Is this change worth continuing with?
 - Do we need to modify or enhance it? How?
 - How should we continue testing?
 - What's the next cycle up the improvement ramp?

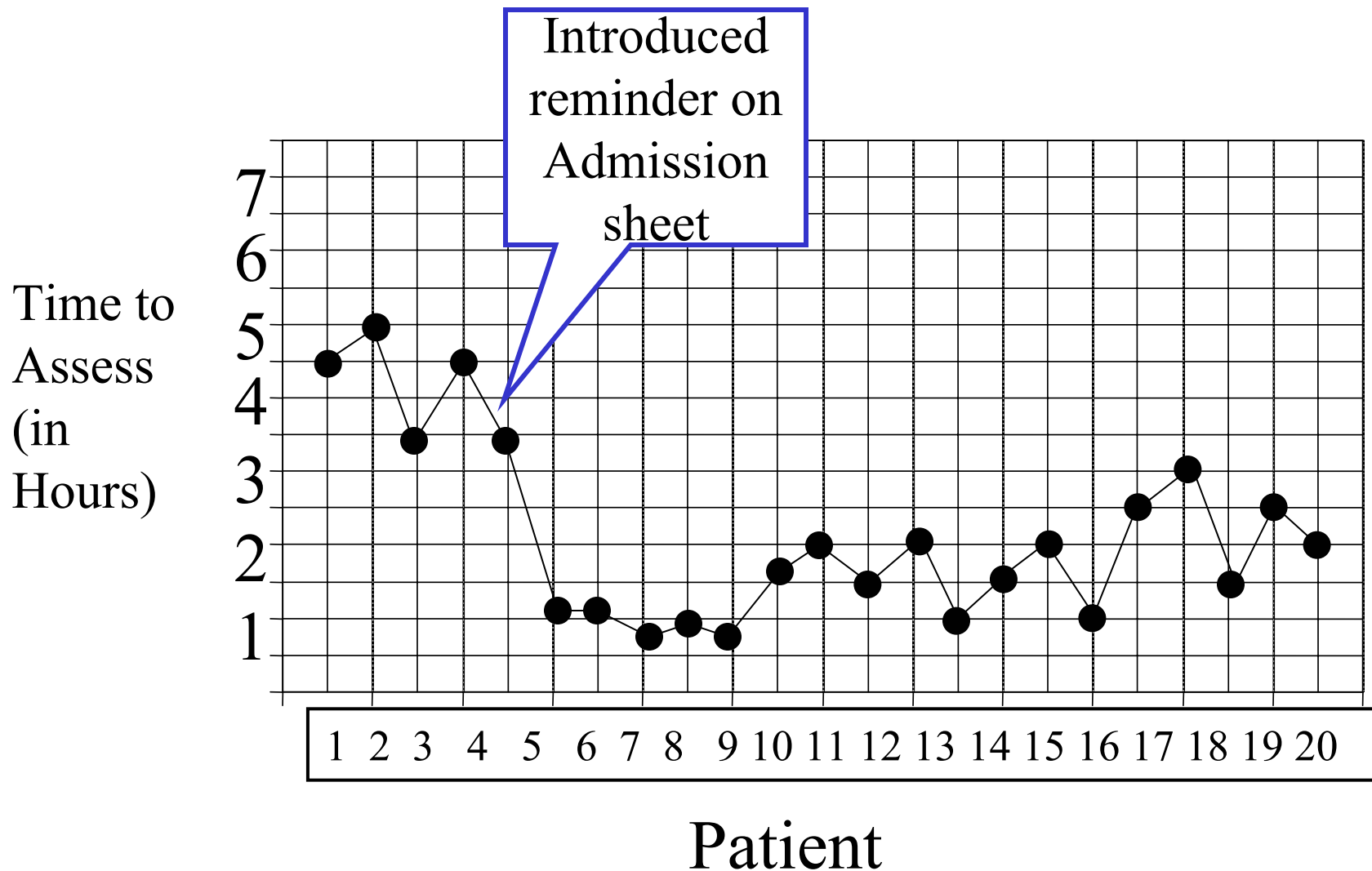
A "Pain" example

- Baseline data collection
 - Admissions from previous week examined and time from admission to pain assessment noted for 10 patients.
- Observed that most patients waited several hours to receive assessment.
- No patients received assessment within 30 minute "benchmark" time

Change: Assessments done routinely and timely

- PDSA cycle
 - A reminder note will be added to admission sheet.
 - A pain scoring sheet will be added to admission kit.
 - Kits available and provided to admitting nurse on unit as part of admission documents.
 - Test with two nurses for the next 5 admissions

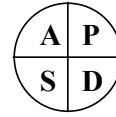
Annotated Time Series Graphs



Testing on a Small Scale

- Try out new ideas before implementing them.
- Break-down new changes into a series of small tests - that you will study and modify if needed.
- No important change will “fit” your system perfectly.
- You want to “work out the bugs” in the new change before you implement it.

Team: _____
Cycle: _____



Cycle Worksheet

Plan

Objective for this cycle:

Question(s) we want to answer:

Predictions: (What do we expect to happen?)

Plan for change or test: (Who, what, when, where)

Plan for data collection: (Who, what, when, where)

Do

How was the test or change carried out? Was there any difference from what was planned?

Study

Complete analysis of data collected and summarize what was learned.

Act

Are we ready to continue with this change? Plan for the next cycle.

Team Breakout

- Work in your teams and draft a PLAN for the first cycle of one of your change ideas
- Consider:
 - the “intervention plan” what change will we try?
 - the “data collection plan”... how will we know this change is an improvement?
 - *If you finish this plan completely, consider what future cycles might look like.*

A Pain Example

Aim: Improve pain management process

Specific Test Cycles

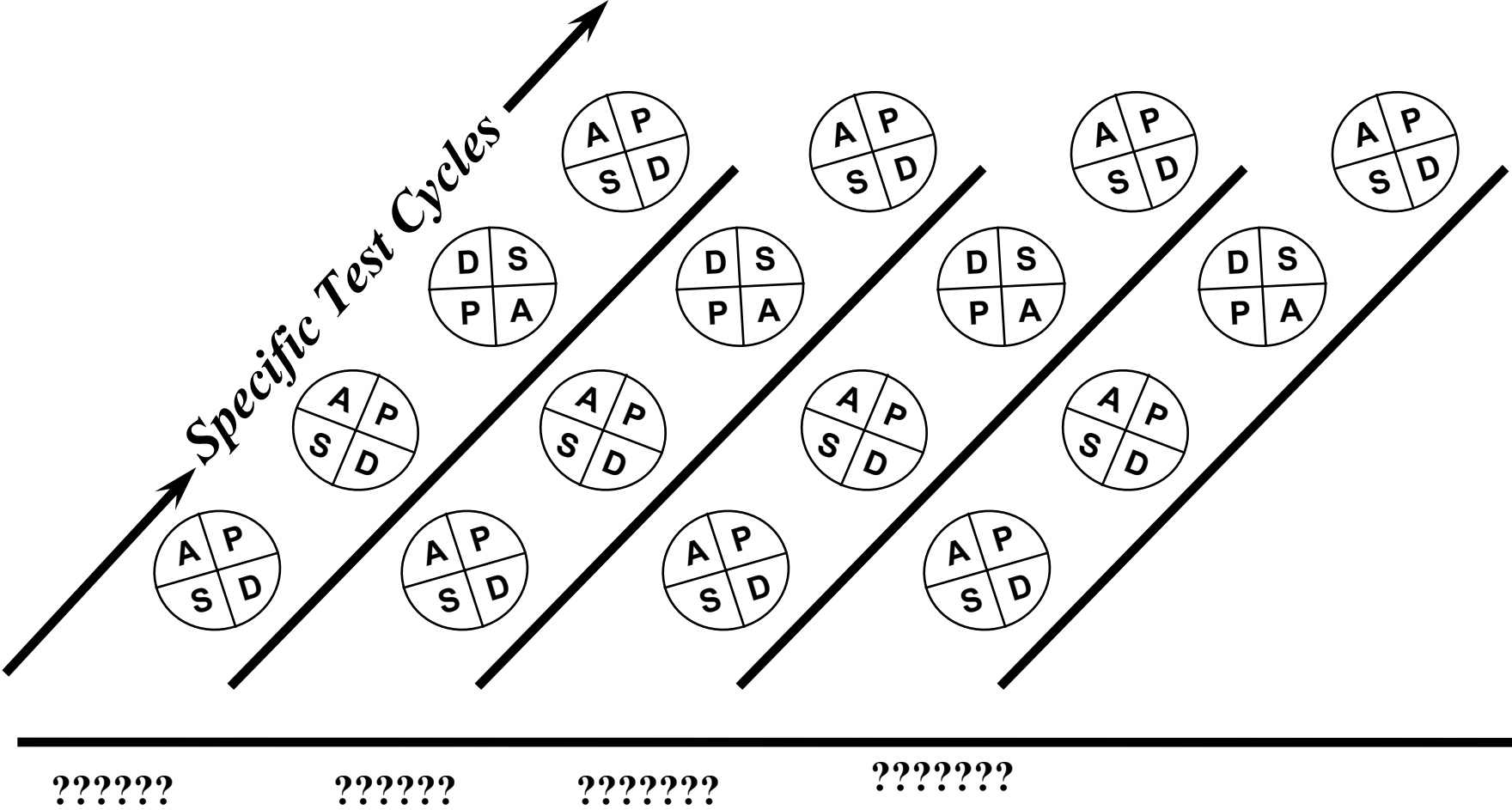
**Assessments
done routinely
and timely**

**Establish
protocols for
analgesic use**

**Use standards
to trigger
response time
to pain**

**Staff are
knowledgeable
about pain**

Overall Aim: OUR AIM



What might our ramps be?????

Tips for Successful Tests of Change

- Stay a cycle ahead.
- Scale down the scope of tests.
- Pick willing volunteers.
- Pick changes that don't require a lengthy approval process.
- Don't reinvent the wheel.
- Reflect on the results of every change.
- Pick easy changes to try.
- Be prepared to end a test of change.

Successful Cycles to Test and Adapt the Changes

- Scale down size of test (# of patients, location)
- Do not try to get buy-in, consensus from everyone first.
- Collect useful data during each test
- Plan multiple small cycles to test and adapt changes

Potential Roadblocks

- Studying a problem too long
 - ...*Collect just enough data*
- Getting everyone's agreement first
 - ...*Start with a small group*
- Educating without changing structures
 - ...*Choose powerful changes*
- Tackling everything at once
 - ...*Focus, start small*
- Failing to build support for replication
 - ...*Involve senior leaders*
- Assuming the status quo is OK
 - ...*Envision the ideal system*

The Action Period

Planning the Project

Outline

At the end of this session you will:

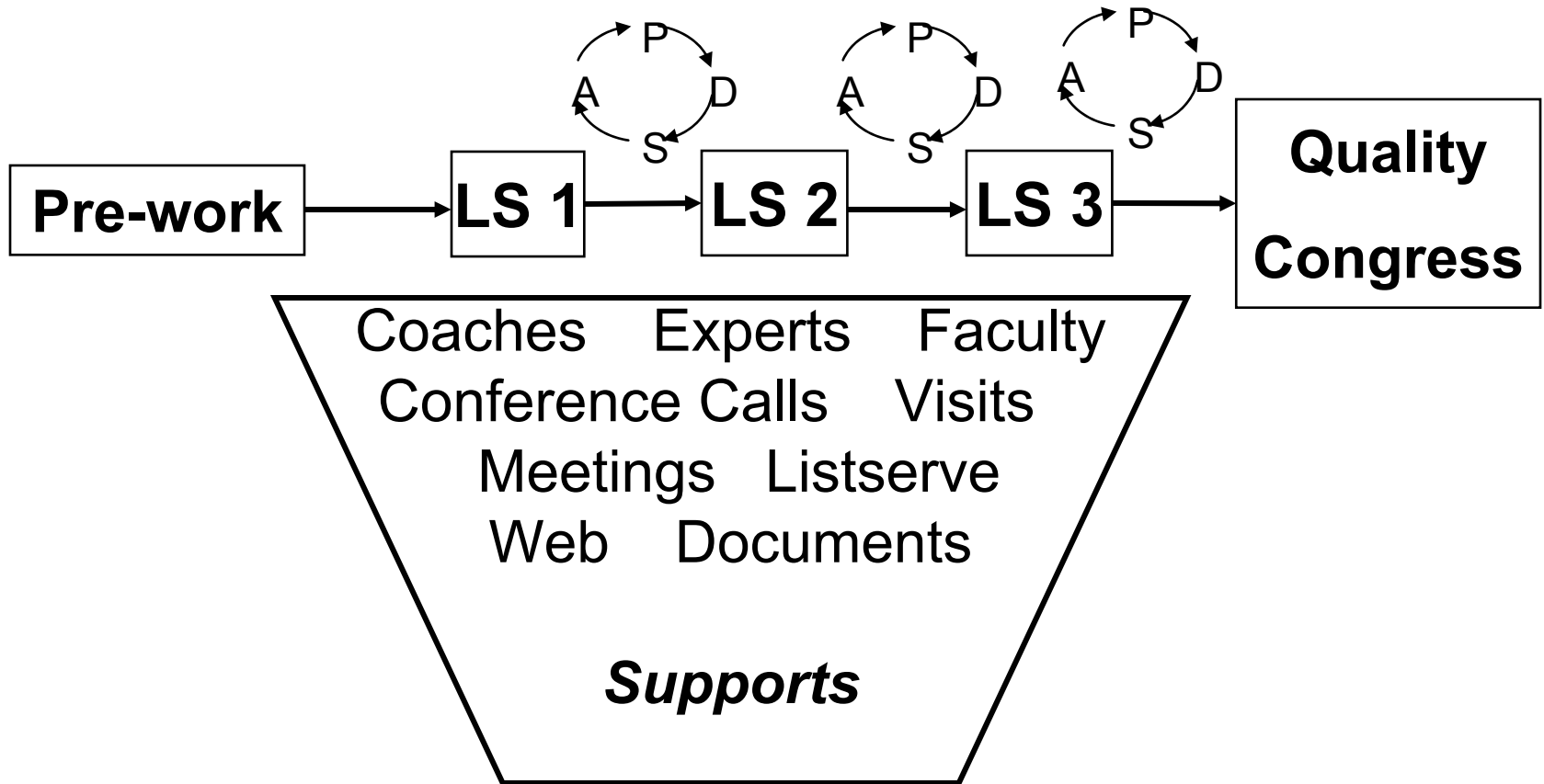
- Understand the design of the collaborative:
 - Framework, roles, support, expectations, timelines
- Be prepared to plan the next phase of the project: the action period
- Have formulated a preliminary plan for your project: the next steps

Action Periods

- Apply learning
- Develop and test change ideas
- Share progress and difficulties
- Use meetings, conference calls, web and email
- Report change cycles
- Coaching and consultation provided

IC 5 Project

Action Periods



Role of Team Members

- Participate in Learning Sessions
- Contribute to project work, analysis, testing and evaluating change
- Communicate (and advocate) outside the team

Team Leader / Key Contact

- Lead the project team
- Oversee and support tests of change and data collection
- Provide communication to project sponsor and Project Manager / Faculty

Role of the Project Sponsor (senior leader)

- A Champion for the improvement
- Sponsor the project
- Provide resources
- Address barriers to change

Role of Team Coaches

- Support the team during pre-work, learning sessions, and action period work.
- Serve as a liaison with others on faculty re: team progress, needs, barriers, etc.
- Track team's improvement work and respond to assistance or coaching needs.

Role of the Collaborative Faculty

- Contingence expert advice
- Lead sessions to share progress, ideas, learning
- Provision of tools, resources
- Feedback, special advice and consultation
- Evaluation

Next Learning Sessions

- Session 2: March 2005
- Session 3: June 2005
- Quality Congress: September 2005

Team Breakout

Project Planning

Review the results of today's exercises.

Summarize your decisions and any actions identified.

Summarize first cycle(s). Ramps for change?

Action Period Plan

Logistics... When is our next meeting? What next?

How will we begin to publicise the project?