

Removing the Fear of Change:

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Strategies for Developing a Continuous Improvement Culture



Presenter Disclosure

The following individuals have responded that they have nothing to disclose:

- **Katherine Cox, MSW**, Project Director, Citizens Health Initiative at the Institute for Health Policy and Practice at the University of New Hampshire
- **Delitha Watts, AS, LSSBB**, Practice Facilitator, Citizens Health Initiative at the Institute for Health Policy and Practice at the University of New Hampshire
- **Jennifer Lesieur, MS, LCMHC**, Director of Quality Improvement and Corporate Compliance, Center for Life Management

LEARNING OBJECTIVES

FOLLOWING THIS PRESENTATION,
PARTICIPANTS WILL BE ABLE TO:

- Identify barriers to change,
- Utilize continuous improvement approaches,
- And foster a new culture of change.

Organizational Cultures

Shared beliefs
and values

Appropriate
and
inappropriate
behaviors

Examples of Cultures



HONDA



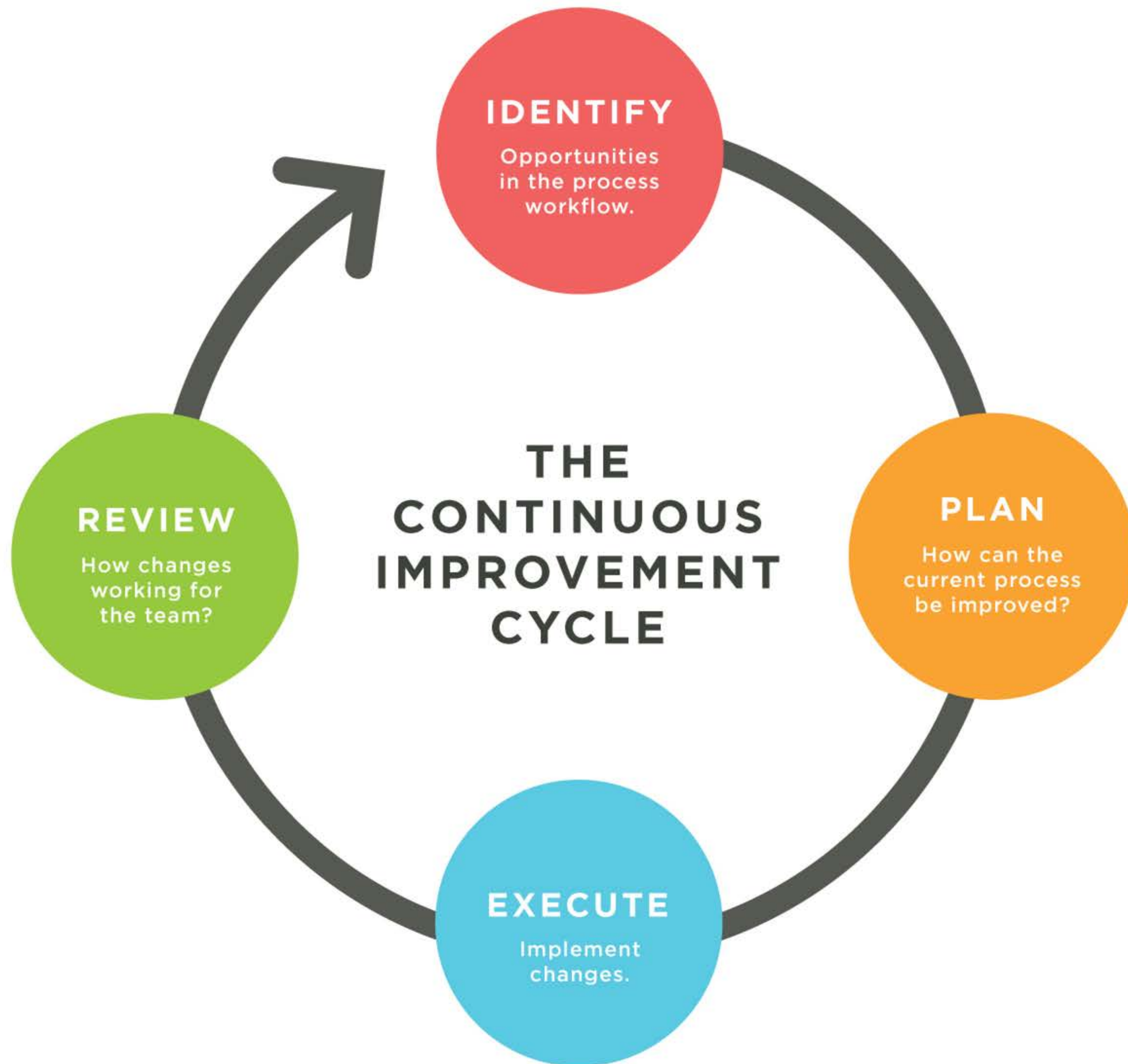
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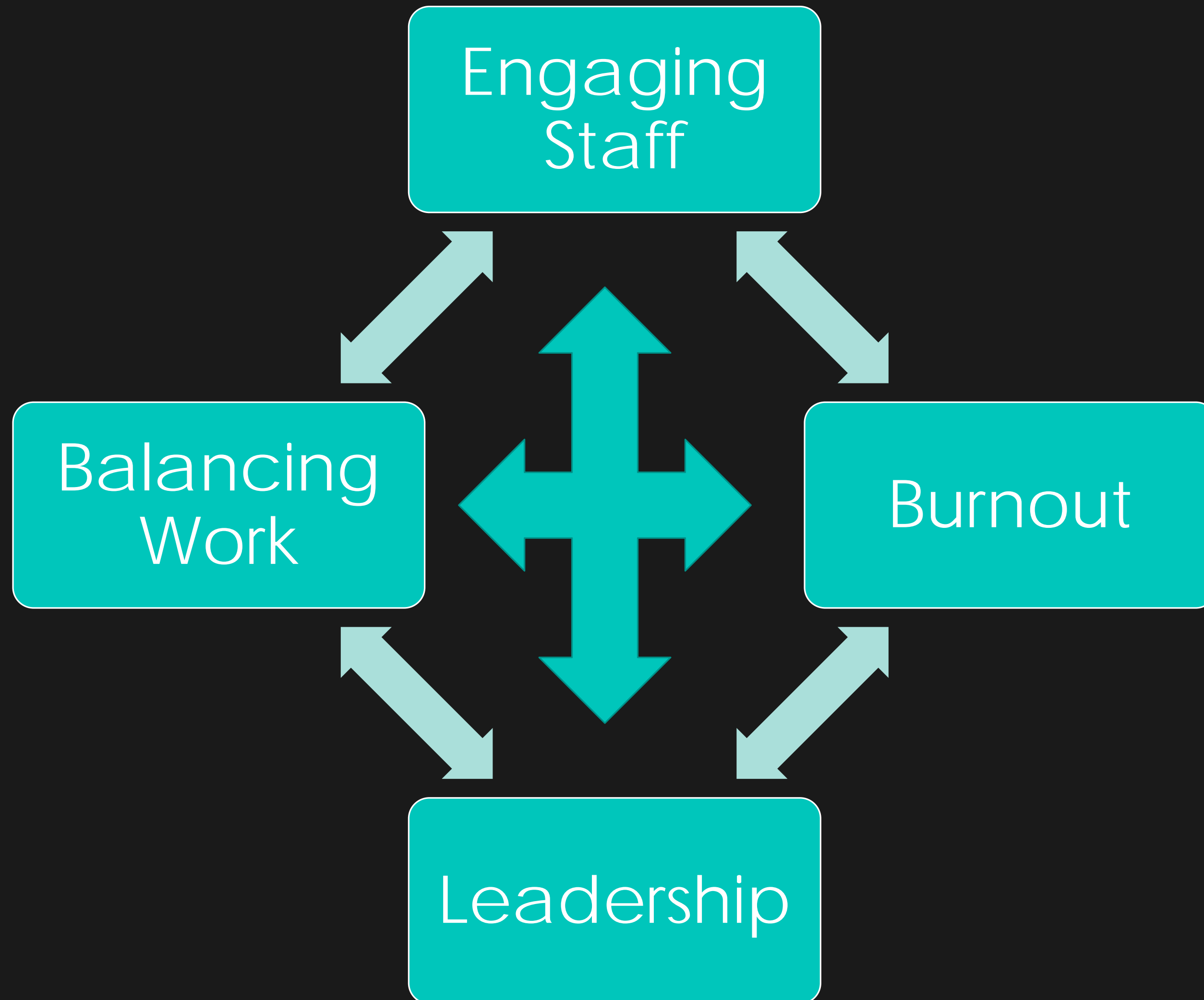




Continuous Improvement Barriers



Practice Challenges



Continuous Improvement Tools

Project Documentation
(PDSAs, 5Ps)

Agenda Templates and
Communication Schedules

Risk Analysis

Root Cause Analysis

Process and Value Stream
Mapping

Templates and Communication Schedules



Project/ Practice Name

Purpose:

Goal:

Meeting Guidelines (optional): See instructions

Roles: (optional): See instructions

Date:	
Location:	
Facility:	
Phone/Zoom link:	
Leader:	
Recorder:	
Time Keeper:	
Facilitator:	

Team Members	Attendance
	Present
	Absent
	Present
	Present
	Present
	Present
	Present

Time	Agenda Item	Notes	
Action Items	Responsible	Support	Due Date
Parking Lot Items:			
Next Meeting:			

CLM Evidenced Based Practice Collaborative Meeting

Date: 9/4/2019

Jenn L	X	Peter K	X		
Steve A		Carol E			
Jmy I	X	Valerie O	X		
Catherine S	X	Zach P			
Peter R		David J			



Aim of our Collaborative Meeting:		
Time	Agenda Item	Notes
9:00 am (5 min)	Check-in	<ul style="list-style-type: none"> - SE fidelity QIP completed and approved - ACT fidelity QIP completed and approved
9:05 am (5 min)	<ul style="list-style-type: none"> - Ground Rules Leader: Jenn Recorder: Jenn Timekeeper: Val Facilitator: Peter	<ul style="list-style-type: none"> ➤ See collaborative ground rules listed below - David Just going to formalized peer support training in March.
9:10 am (10 min)	EBP Meeting Format; PDSA Worksheet Review	<ul style="list-style-type: none"> - Collaborative has determined to keep meeting minutes in a QI binder and to keep PDSA worksheets in a central location (binder) for each EBP separately.
9:30 am (20 min)	EBP PDSA Proposals; <ul style="list-style-type: none"> - Identify area needing improvement - Create new change proposal - Adopt change & Start new proposal OR Abandon change and reassess/reevaluate 	<ul style="list-style-type: none"> - UPDATE Adult ACT - GLOBAL AIM: Meet requirements of ACT fidelity staffing - SPECIFIC AIM: Increase staff numbers to meet requirement - PLAN: Offer hiring bonus. - DO: Hired FT Clinician on 6/17/19 and FT Outreach. Fidelity Review complete and went from partial to full implementation. - PLAN: Target .25 FTE Nurse for the ACT Team- Kristen hired as Dr. Pabo's nurse. Kristin is attending team meetings occasionally to become exposed to the team dynamics. - STUDY: Pete to formalize job task descriptions and review Kristin's attendance at team meetings with Dr. Brown



9:50 am (7 min)	Review of Next Steps	<ul style="list-style-type: none"> - Remaining thoughtful and intentional within change - Slowing down how fast we expect change to happen - HELPING EACH OTHER WITHIN EBP PROGRAMS 		
9:57 am (3 min)	Evaluation of Meeting (1-5)	<ul style="list-style-type: none"> - 4, 3.5, 3.5, 3.5, 3.5 "we're missing people", "we feel stuck on accomplishing tasks", "we got a good amount done"		
Action Items		Responsible	Support	Due Date
REVIEW MEETING MINUTES		All EBP program staff		10/2/2019
Future Agenda Items (Parking Lot)				
Next Meeting		10-2-19 at 9am.	EBP collaborative will continue to be scheduled the 1st Wednesday of each month from 9-10 am in the Training Room.	

Ground Rules:

- Avoid talking over others
- No ideas are bad ideas; Open sharing
- Avoid rabbit holes
- Remaining solution focused
- No complaining



Agenda Examples

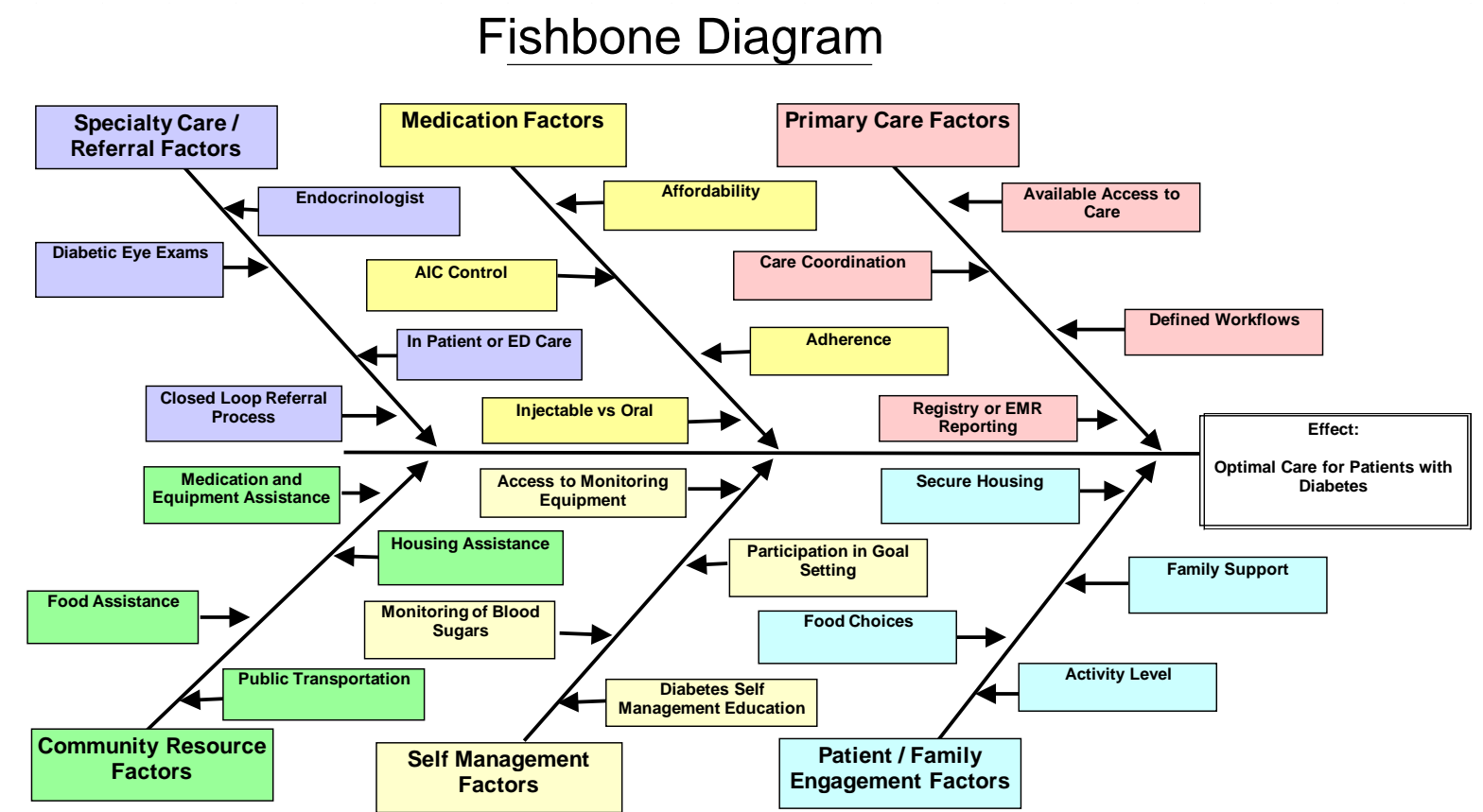
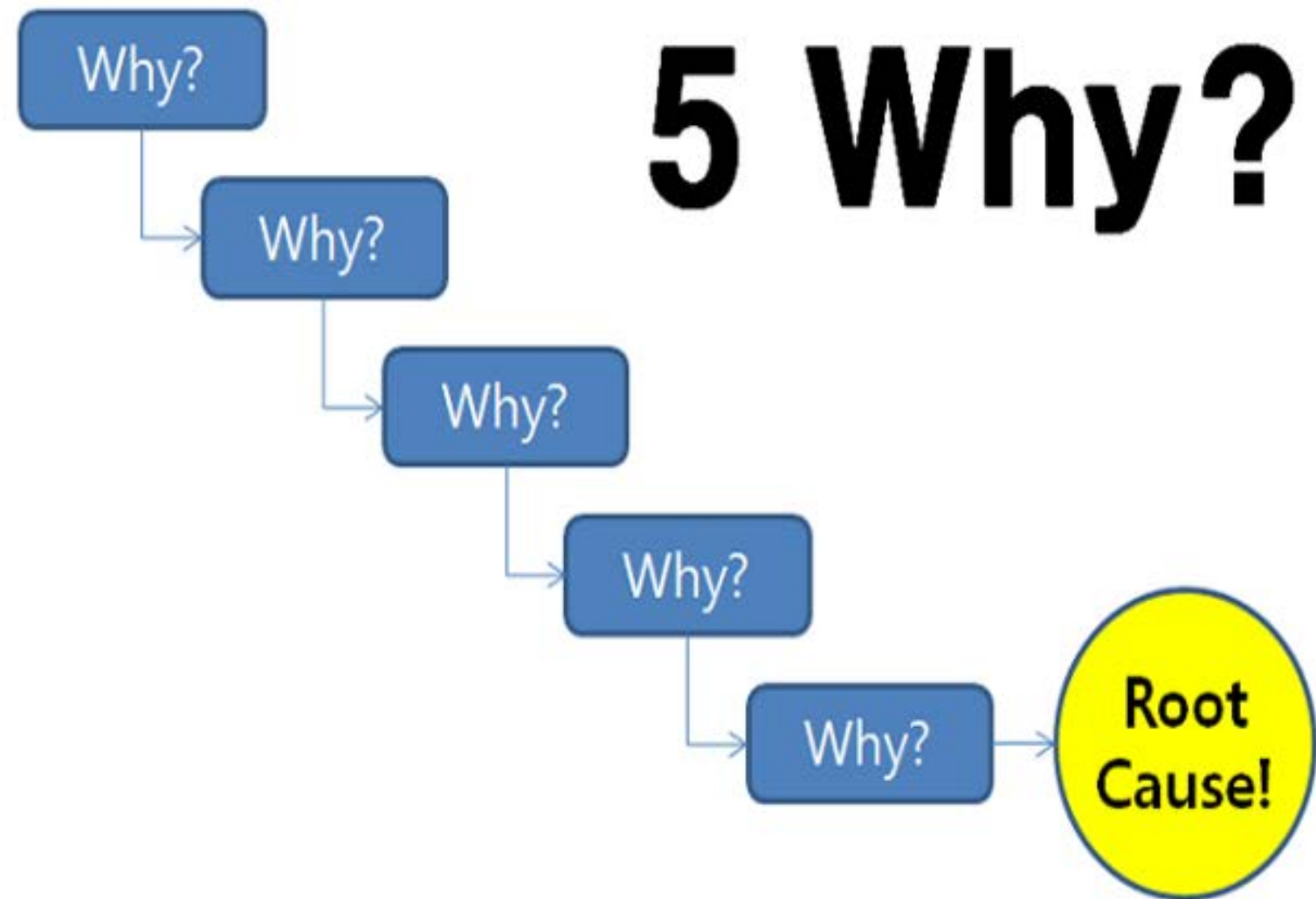
Risk Analysis Tool

FMEA
(Failure Mode & Effects Analysis)

Category	Likelihood of occurrence 1-10	Impact on project 1-10	Difficulty of detection 1-10	Risk Priority Number 3-30
Example (Staff Turnover)	9	5	1	15
Content				
				0
				0
				0
Resources				
				0
				0
				0
Data				
				0
				0
				0
Training				
				0
				0
				0
Communication				
				0
				0
				0
Conflicting Projects				
				0
				0
				0
Recruitment/Engagement				
				0
				0
				0

Category	Likelihood of occurrence 1-10	Impact on project 1-10	Difficulty of detection 1-10	Risk Priority Number 3-30
Resources				
Staff turnover	9	5	1	15
No provider champion	1	5	1	7
No leadership support	3	8	5	16
Data				
Not able to pull data	8	6	1	15
No one to write reports	4	3	1	8
No confidence in accuracy	7	3	8	18
Training				
No time for training	5	9	4	18
No one available to train	2	9	1	12
No training location	1	3	1	5
Communication				
No time for meetings	7	9	4	20
Not reading emails	7	6	8	21
No meeting documentation	5	8	1	14
Conflicting Projects				
IDN Project	8	3	1	12
TCM Project	9	1	1	11
Recruitment/Engagement				
Not enough waived providers	9	10	6	25
No BH provider	9	10	1	20

Risk Analysis Example



Root Cause Analysis

First Step - What is the problem?

Patients are upset that messages not returned in a timely manner.

Why #1 - Why is that happening?(not staff)

Messages are not retrieved frequently enough.

Why #2 - Why is that happening?

Secretaries are too busy.

Why #3 - Why is that happening?

Easy to forget to check messages when not busy.

Why #4 - Why is that happening?

Shared responsibility and no one knows when it is their turn.

Why #5 - Why is that happening?

Final Step – Corrective Action (not training)

Implement a posted schedule where someone is assigned to retrieve messages every ½ hour

Confirmed/How?

Yes – messages manually tracked and data showed average message left on machine for 2 hours

No – observations show that not everyone is busy at the same time

Yes – messages manually tracked and data showed messages on machine even during slow periods

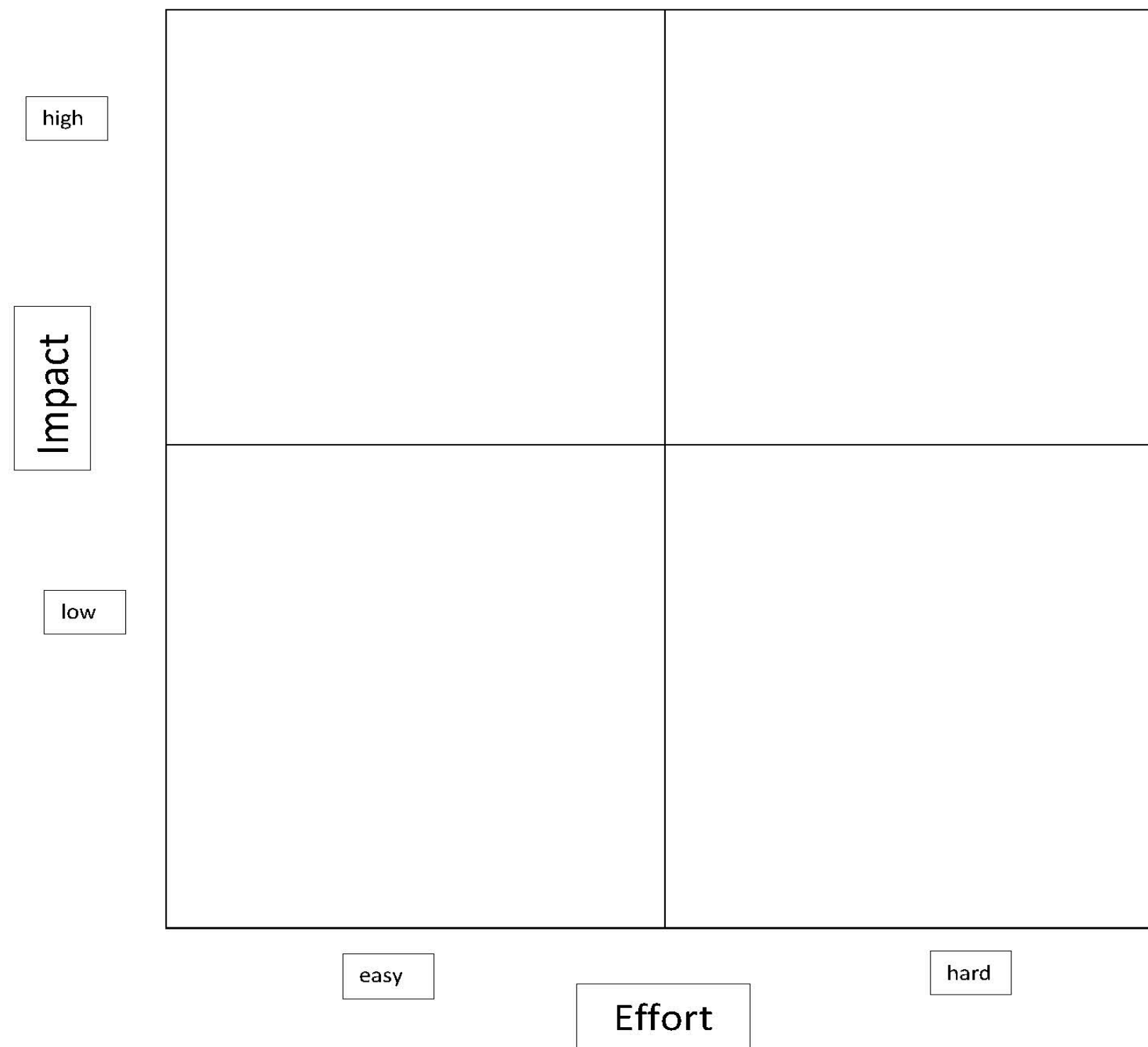
Yes – no visual cues or schedule in place

Example of 5 Why's

Brainstorming

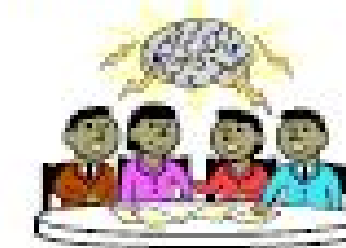
Project Prioritization and Timeline

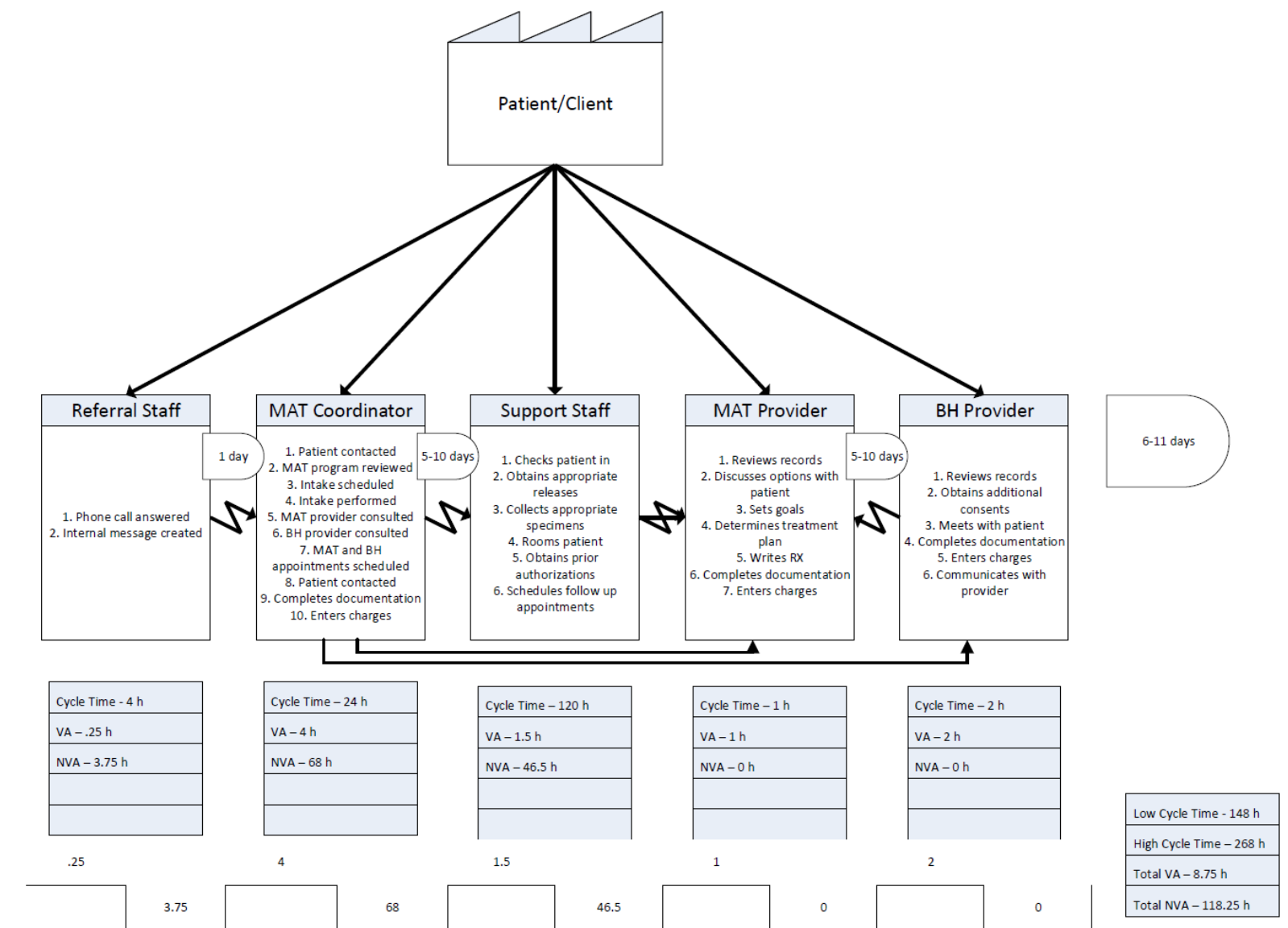
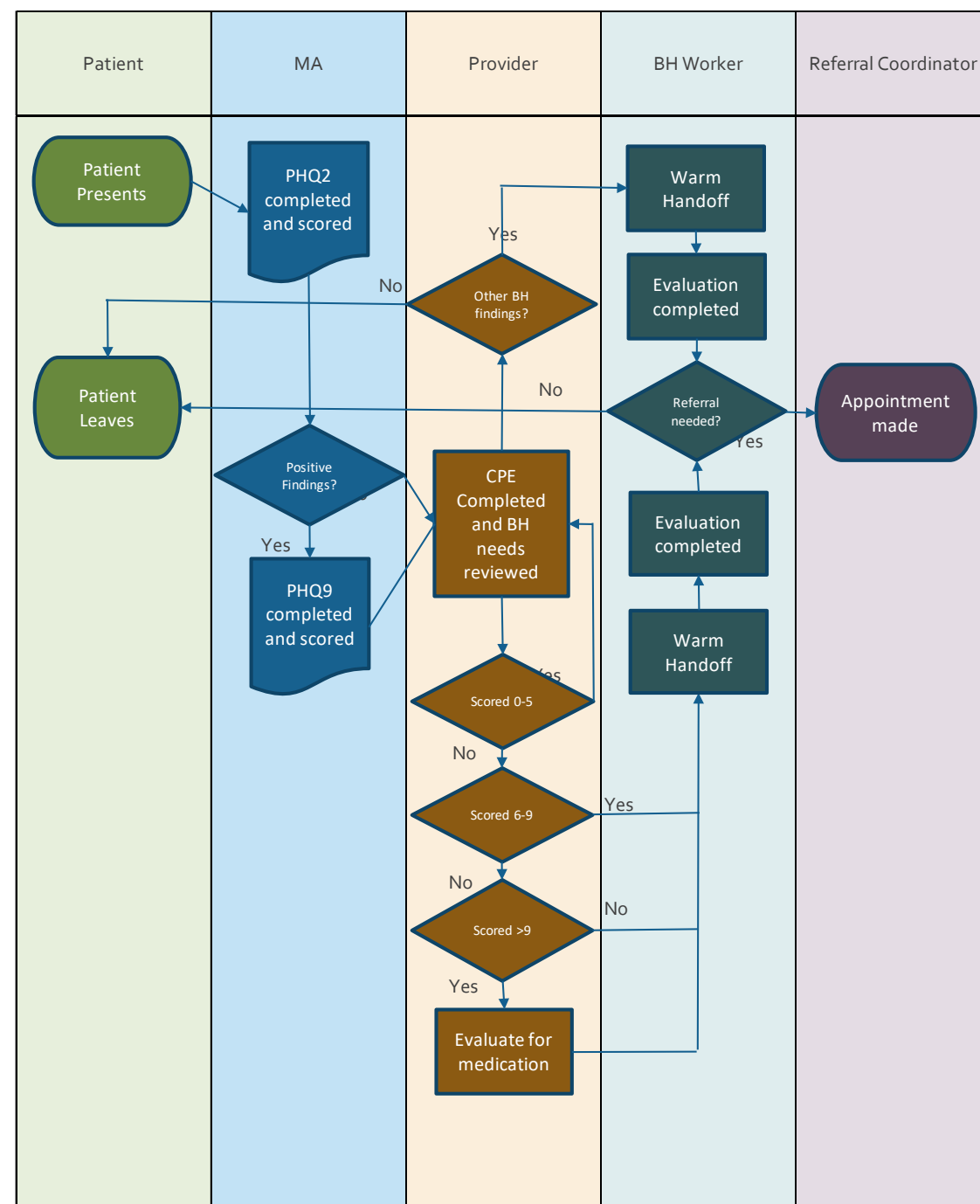
A tool used to sort and rate projects by effort and impact. Helpful in identifying “low hanging fruit”.



Brainstorming

- Clarify topic to be brainstormed
- Quietly think of ideas
- Each person provides idea without any discussion or reaction from the group
- Build off each other's ideas





Process Mapping



What next?

How do you invite others to the party?

How Can You Foster a Continuous Improvement Culture?

Appreciate diversity

Commit to communication


Role modeling

Reward proactive ideas and solutions

Develop robust onboarding and training

Create a sense of urgency

Write new stories



YOU CAN'T STOP
THE WAVES,
BUT YOU CAN
LEARN TO SURF.

- JON KABAT-ZINN -
f SYMPHONY OF LOVE
PHOTO BY RORY MACLEOD

Discussion/Facilitated Activity

- Where do you think you can utilize these tools in your practice?
- What steps can you take to foster a continuous improvement culture?



Contact Us!

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