AimiHub

Improvement Professional *Development Workshop*

"Learn from all that I observe"

PRE-WORK PACKET

Offered By: AimiHub

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1 Learning Objectives & Background

The journey to making improvement a focus for the organization usually requires the development of internal resources to integrate the efforts to improve with the overall purpose and strategies of the organization. The Improvement Professional's primary objectives include:

- Create a successful outcome on the selected improvement project(s)
- Acquire the theory, skills, methods, and tools needed to successfully perform the role of Improvement Leader and Internal Improvement Consultant
- Become a contributor to the organization through successful improvement results and be able to help with future projects.
- Become a contributor and Coach who can define complex projects and nest charters for accelerated improvement results
- Manage the coordination and implementation of projects.

Background

Who Should Attend?

Professionals who want to deepen their knowledge and enhance their effectiveness and are currently a source of improvement expertise for key improvement efforts are excellent candidates for this workshop. Often these individuals will hold titles such as Blackbelt, Quality Facilitator, Quality Coordinator, Quality Improvement Advisor, Quality Improvement Leader, or Quality Coach. Candidates will be expected to utilize the Deming's System of Profound Knowledge (system theory, psychology, theory of knowledge, and variation theory) as they apply, and test theories using The Model for Improvement and demonstrate that they understand under what circumstances certain tools and methods are to be employed using a project with an unknown solution.

Applicants should:

- Understand the need for continuous improvement
- Have participated in one or more improvement projects as a team member or team leader
- Be comfortable working with all levels of the organization, including top management
- Be comfortable with data analysis
- Be comfortable with giving presentations, speeches, and teaching (both inside and outside their organizations)
- Be comfortable as a change agent

Duration/ Time Commitment: This six-month professional development program includes:

- eLearning Pre-work and support for team members/Sponsor
- On-Site Workshops supported by Monthly Calls
- Individualized support for participants (as needed through calls and email support)

Participants are expected to:

- Attend all sessions - NO SUBSTITUTIONS
- Actively participate and collaborate in the spirit of *All Teach-All Learn*
- Have time between sessions for team meetings and working on the improvement project
- Participate in conference calls for collaborative learning.
- Share project recommendations with senior leaders/sponsors/mentors bi-weekly
- Share the organization's feedback with faculty for learning purposes

Equipment: Participants must bring their own laptops to on-site workshops.

Key Dates for Sessions:

Pre-work Sessions with Faculty

- Three Sessions (2 Hours Each)

Level One On-Site Workshops:

- Session 1 – Profound Knowledge & Testing & Making Improvements, Creativity (5 Days)

- Session 2 – Creativity (cont.) & Introduction to Variation/Basic Tools (5 Days)

Level Two On-Site Workshops:

- Session 3 – SDI Qualification (2 Days) & Systems Thinking

Level Three On-Site Workshops:

- Session 4 – Design of Experiments-Enumerative vs. Analytic Studies (5 days)

- Session 5 – Project Updates – Final Session (Virtual Session – 2 Hours)

Certification:

Certification is based on the successful completion of an approved project through implementation, including verifying structure is in place to sustain the improvement. The level of certification is dependent on the completion of the number of sessions outlined above.

2 IP Workshop & Call Schedule

Date	Time (CST)	Topic	Session Type	Meeting Location
		- Pre-work, - eLearning and - Learning Management System	Meeting & Call	
		- Sponsor Call - Role in Supporting the Improvement Project	Meeting & Call	
		- Review Charters - Three Volunteers		
		Session 1 – Profound Knowledge, Model for Improvement & Creativity (Part 1) 5 Days	Workshop	
		Review Project PDSA Cycles	Call	
		Chartrunner Orientation	Call	
		Session 2 – Creativity (Part 2) Introduction to Variation/Basic Tools 5 Days	Workshop	
		- Sharing Project PDSA Cycles, Use of Data, Methods and Tools - Difficult Conversations/Crucial Conversations & Working with Teams	Call	
		Session 3 – SDI Qualification (2 Days); Systems Workshop 3 Days	Workshop	
		- Sharing Project PDSA Cycles, Use of Data, Methods and Tools - Use of Creativity Methods	Call	
		- Sharing Project PDSA Cycles, Use of Data, Methods and Tools - Use of Creativity Methods	Call	
		Session 4 - Design of Experiments-Enumerative vs. Analytic Studies (5 days)	Workshop	
		Implementation	Call	
		Session 5 - Project Review & Graduation - Final Session	Call	

3 Selecting the Improvement Project

To help ensure the proper transfer of the learning experience from the workshop to the organization, a project that is driven by the needs of the organization is a key to the successful development of the Improvement Professional. The proposed project should meet the following criteria:

1. The project should be connected to the formal business plans of the organization.
2. The results of the project are expected to be significant for the organization, and the project is important to the leadership of your organization for one or more of the following reasons:
    a. Patients are experiencing problems with safety, service, or outcomes.
    b. There is a need to reduce costs while maintaining or improving quality.
    c. There is a need to go beyond customer expectations with attractive products and services.
3. The project will have a "team" working on it, as opposed to an individual person.
4. It is important that the project is scoped so it can reasonably be completed in six months or less. If your work is focused on a large project, you should work with your sponsor to find another project, scale down the effort, or organize the large project into phases such that it can be accomplished in six months.
5. Key measures of success that connect directly to the goals for the project have been identified. It is desirable for baseline data for the measures to be available.
6. The systems, processes, products, or organizations where the anticipated changes must be made are within the control or influence of the project sponsor.
7. The project is one for which the project sponsor agrees to actively provide guidance, routinely monitor project progress, and aggressively remove barriers.
8. Projects focusing on patient-centeredness in healthcare are particularly appropriate for the Improvement Professional Workshop. Note: Include customers and suppliers in improvement projects to enable them to better

understand our needs and better understand their needs to find win-win situations that will allow all parties to prosper.

Good examples of useful projects for the Workshop:

1. Improve a process that produces good results most of the time but occasionally results in errors or problems (e.g., testing new protocols for reducing errors and improving reliability).
2. Develop a new process, product, or service because the previous product, process, or service was plagued with problems to the point they were not worth fixing and the process needed to be discontinued all together and replaced with a new process. (for example: develop and test new patient discharge process).
3. Identify a service that better matches and meets a patient or family need, even if patients or family have not expressly asked for it. (For example: test a process to better obtain information on patient medications used at home).
4. Identify and improve processes, products, and services by making fundamental changes even though the output is currently not considered a problem, to deliver even better outcomes in the future.
5. Improve a product, process, or service today which will put us in a better competitive position (for example, patient assessment on admission is as good as our fellow hospitals but you work with a team to test a variety of technology-based changes so that patient assessment is always done upon admission).

Projects which are NOT useful for the Workshop:

1. Developing a measurement system -- such things as Dashboards, Balanced Score Cards, surveys, a better measurement system, etc.
2. Large scoped ("solving world hunger") projects. Strategic issues, while worthy of work by their very nature, will require more than six months
3. Projects to institute a Quality Program or to develop or mentor quality advisors.
4. Any project where you cannot answer the question "How do you know a change is an improvement?" within the timeframe of the project.

5. A project without senior leadership support. Ami™ projects should be important enough to leadership that some time is devoted to providing resources, removing roadblocks, and checking on the status. Generally, a senior leader in the organization must understand and support the project or it may fail.

6. A project designed to fix a recent problem and put the process back (restore) to the level it had performed in the past.

7. A project to implement various types of inspection or reviews to prevent errors from reaching/affecting a customer.

8. A problem or critical situation in which the primary goal is to demonstrate management commitment and assure patient, public, payer, or regulator that we are aware and watching to catch problems before they reach our patients.

9. Politically charged issues are not a wise choice of projects for the Improvement Professional Workshop. They can easily get mired in conflict. For the Improvement Professional Workshop project, the Improvement Profession should be able to demonstrate skills and have a good chance to achieve success.

10. Projects aimed at improving employee compensation or rewards.

Ethical Considerations for Healthcare Improvement Projects

Ethical issues in quality improvement can arise for several reasons:

- Certain patients may benefit in different ways during the conduct of the project.
- The project may use scarce resources that could be used for patient care.
- Aspects of the project could be viewed as a type of medical research involving human subjects.

A recent special report from the Hastings Center funded by AHRQ addresses these issues (Special Report: *The Ethics of Using QI Methods to Improve Health Care Quality and Safety*, Mary Ann Baily, Melissa Bottrell, Joanne Lynn, Bruce Jennings, July-August 2006, www.thehastingscenter.org). From this report, Table 5 below summarizes the ethical requirements for the protection of human subjects in quality improvement projects.

Please review this table as you formulate the charter for your improvement project. If there are any questions, discuss these issues with your sponsor and review the other guidelines in the Hastings Report.

5. Ethical Requirements for the Protection of Human Participants in QI Activities

Social or scientific value
    The gains from a QI activity should justify the resources spent and the risks imposed on participants.

Scientific validity
    A QI activity should be methodologically sound—properly structured to achieve its goals.

Fair subject selection
    Participants should be selected to achieve a fair distribution of the burdens and benefits of QI.

Favorable risk/benefit ratio
    A QI activity should be designed to minimize risks and maximize potential benefits, and to ensure that risks to an individual human participant are proportionate to benefits to the participant and to society.

Respect for participants
    A QI activity should be designed to protect the privacy of participants through confidentiality.
    Participants in a QI activity should receive information about findings from the activity that are clinically relevant for their own care.
    All patients and workers in a care delivery setting should receive basic information about the program of QI activities.
    QI results should be freely shared with others in the health care system, with participant confidentiality protected by putting results into nonidentifiable form or obtaining specific consent to sharing.

Informed consent
    Patients should give background consent to inclusion in minimal risk QI activities as part of consent to receive treatment.
    Patients should be asked for informed consent to be included in a specific QI activity if the activity imposes more than minimal risk.
    The risk-harm ratio for patients is measured relative to the risk associated with receiving standard health care.
    Workers (employees or nonemployee professionals who provide care within an organization) are expected to participate in minimal risk QI activities as part of their job responsibilities.
    Workers should be asked for their informed consent to inclusion in a QI activity that imposes more than minimal risk.
    The risk to workers is measured relative to the risk associated with the usual work situation and does not include any risk to economic security that might result if a QI activity reveals that the worker is incompetent or that the organization can provide quality care with fewer workers.

Independent review
    Accountability for the ethical conduct of QI should be integrated into the system of accountability for clinical care. Each QI activity should receive the kind of ethical review and supervision that is appropriate to its level of potential risk and project worth.

4 Workshop Expectations

The Ami™ Development Workshop is based on the following learning principles and expectations:

Results

We focus on the Improvement Professional's learning to assist them and their teams in getting results on their projects. At the end of the first workshop, each project will reach a 4 or higher on the 0 to 12 project progress assessment scale used by the participants and the sponsors to evaluate success of the project.

Sponsor Resources

Sponsors are pivotal to the project and team's success. The Improvement Professional will review their progress with the Sponsor(s) every two weeks. **We ask that your sponsor participate in the Pre-Work call** to make certain they can ask questions and obtain additional information about the Workshop. The Sponsor call will take place on MM/DD/YY.

"All Teach, All Learn"

The workshop is based on a collaborative learning model and the expectation is for active participation in and support of one another throughout the workshop, conference calls and learning sessions, etc. The spirit of "All Teach, All Learn'' is a central driver for this workshop.

Full Attendance & Participation

API and their faculty expect full attendance and participation for the entire duration of the workshop to include:

- o **The Improvement Professional Workshop will require between 10 – 20 percent of their work time depending upon the role and complexity of the project.** Attendance and participation in the 3-days of workshops over the course of the twelve-week workshop without substitutions. **Please note that most workshop days are at least 9 hours long with assignments in the evening.**

- o Full attendance on all call sessions is also a requirement as these are an integral part of the curriculum. Absence due to hospitalization or a family emergency may occur. Scheduling conflicts should be avoided since dates are provided for the entire support period. Please work with your supervisor as necessary to make certain you can participate in all learning calls. If necessary, involve your Project Sponsor to eliminate other job requirement conflicts

- o Full commitment to assigned coursework and numerous exercises between workshops are required.

Improvement Project

- Each Improvement Professional will participate as a team member on a project that will provide an opportunity to apply the theory and methods learned in the workshop. This project should be strategically important to the organization and scoped so it can be completed within the twelve-week workshop. If the project runs longer this should be coordinated with the EPIC faculty.

- Each participant will devote considerable time to working on their improvement project in their organization. Participants will run many tests of change and implement some of these changes for system and process improvements in their organization.

- Each Improvement Professional will post project-specific data related to their project measures on their Learning Management Site (LMS) home page and present project-specific data during the course of the Workshop. Data are not shared outside of the Workshop and LMS site (Note: the LMS is accessible only to Improvement Professionals and EPIC Workshop Faculty).
- Each participant will present on their IP project at each of the three workshops. Presentation topics will be:
    - Session 1 – Charter for project
    - Session 2 – Plan, Do, Study, Act Cycles for project & Use of data, control charts or run charts, and other tools in your project
    - Session 3 – Focus is on Creativity and application to their projects.

Share project recommendations with senior leaders, particularly your Project Sponsor and sharing senior leaders' feedback with IP faculty.

Monthly and Additional Reporting Requirement

- Required monthly reporting is part of the Improvement Professional Workshop. Each participant is required to report project status ratings, and measures and provide an updated leadership report of their project at least monthly via the PKP Learning Management Site (LMS). In addition, participants are expected to post their tests of change and implementation work to their LMS homepage on a regular basis.
- It is expected that IP projects rated 4.0 or higher will be reported on a predetermined call to share learning.
- Become familiar with the Model for Improvement before the first workshop. There are resources on the Ami™ e Learning Web Site.

5 **Workshop Preparation**

Defining the Improvement Project

To prepare for the Improvement Professional Workshop, the candidate will begin preparation on two documents to define the project, the Driver Diagram and the Ami™ Charter. During the workshop, the Driver Diagram and Ami™ Charter will be completed in detail. Additional help will be provided during the workshop and supported by the call schedule. The principal aim is to start the thinking process relative to the project and define a project that will lead to consequential results and success for the Improvement Professional. See Appendix for a blank Driver Diagram, Ami™ Charter, and Criteria to Assess the Charter.

Prior to the first workshop, there will be a meeting in which we will ask several of you to share your charters. Those unable to attend will be connected virtually. Our objective for this meeting will be for all Improvement professionals to begin to learn how to define useful improvement project charters. Those not presenting their charters during this meeting will present at the first workshop.

The ability to develop and use these approaches is a key skill for the Improvement Professional to develop. Each document has a specific purpose and some shared purposes:

1. Improvement Project Description – What are we trying to accomplish? Objectives of the improvement – How will we know a change is an improvement?
2. Core Team – Subject matter experts on the processes/services which will be designed or redesigned who will meet weekly to complete the project in 12 weeks
3. Sponsor Name – The person(s) who are giving the Core Team the authority to test and implement proven changes. The Improvement Professional will report every two to four weeks back to the Sponsor(s) starting the first week after the

workshop to keep them apprised of the direction, learning, barriers, and accomplishments of the improvement effort.

During the workshop the Driver Diagram and Ami™ Charter will be completed in detail. Additional help will be provided during the workshop and supported by the call schedule. The principal aim is to start the thinking process relative to the project and define a project that will lead to consequential results and success for the Improvement Professional. See Appendix for a blank Driver Diagram, Ami™ Charter, Team Progress Rating and the Criteria to Assess an Improvement Charter.

1. **Driver Diagram**: This diagram is focused on how we normally think about improvement and the overall result. The diagram typically starts with the outcome wanted and identifies "drivers", positive and negative, and their drivers which presently influence the outcome. These may be regulations, policies, procedures, physical restrictions, etc. The driver diagram helps to us to identify potential targets that can be tested early to accelerate the rate of improvement for the project.

2. **Accelerated Model for Improvement (Ami™) Charter**: The Ami™ Charter guides the improvement practitioner using the three questions from the Model for Improvement. The one-page charter helps to think systematically about each aspect of the improvement project, what is going to be designed or redesigned, boundaries, team selection, sponsor, objectives, measures, ideas for improvement (change concepts) and multiple PDSA cycles designed for learning and improvement.

Driver Diagram

What is a Driver Diagram? A Driver Diagram is an improvement tool used to help organize our theories and ideas in an improvement effort. It displays, visually, our theory about why things are the way they are and potential areas we can leverage to change the status quo.

Why do it? The Driver Diagram can assist an Improvement Professional to think critically with a team of people about what issues will have the greatest impact on the desired outcome, continuing to identify which things will most influence those "primary drivers".

How do we construct a Driver Diagram? A Driver Diagram is a common tool used to organize information. This is done by developing a picture very similar to a tree diagram (Ami Diagram). See below for a basic example from The Improvement Guide, p. 119:
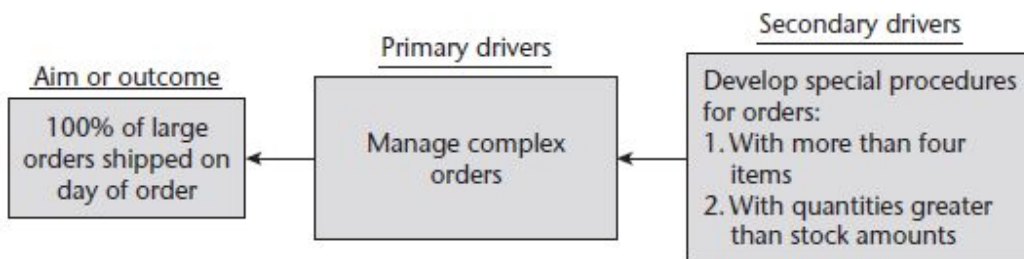
Driver Diagram – Adapted from p. 429-430; The Improvement Guide, 2nd Edition.
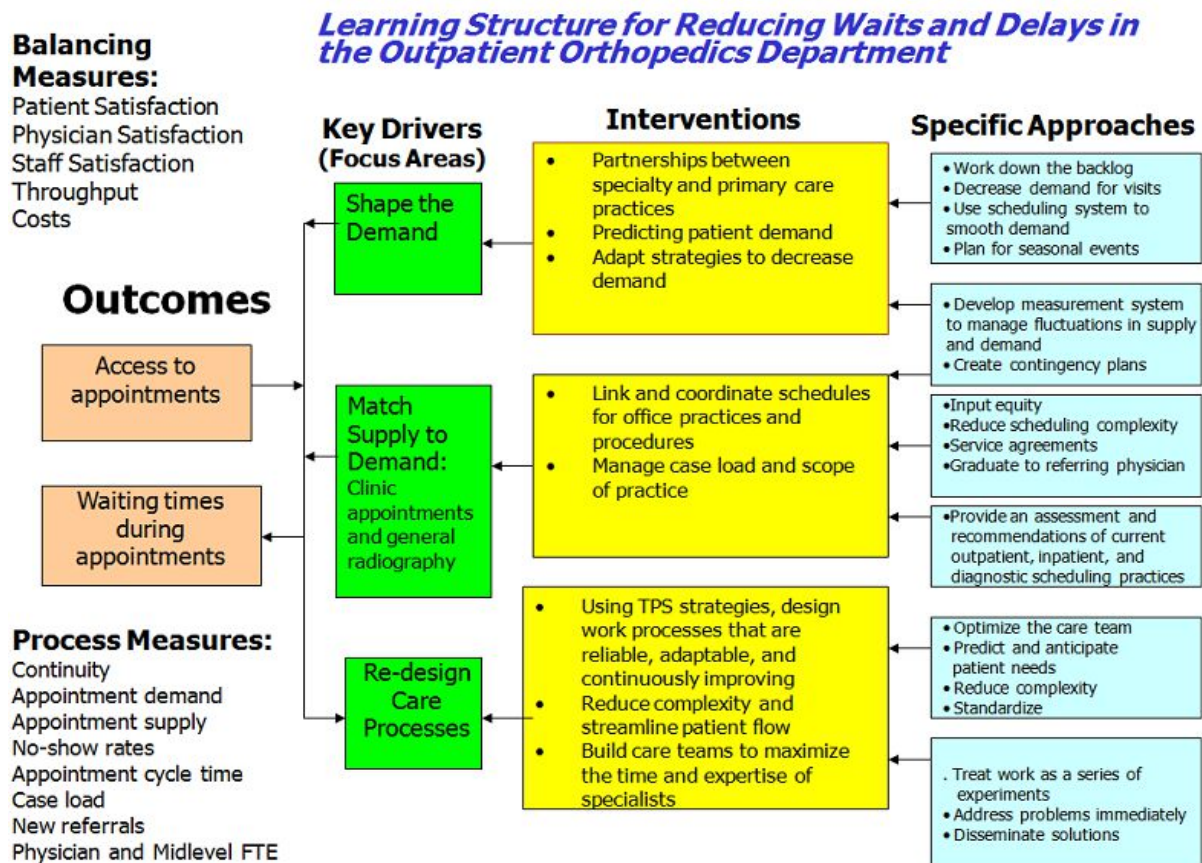
Create an Ami™ Charter

What is the Accelerated Model for Improvement (Ami™) Charter: The Ami™ Charter is a one-page document which facilitates communication while focusing the team on creating concurrent learning opportunities to achieve the aim of the improvement effort. As the charter is developed systematically and logically, it is less likely that essential items will be omitted. Ami™ provides the opportunity for dialogue and agreement among group members and sponsors as to how the project should be scoped and addressed. Once it is agreed to the scope of the project, objectives, measures and initial PDSA cycles, the team is ready for learning and achieving results.

Why use Ami™:

- Based on the **Model for Improvement**

- Helps define the **scope** of the improvement project

- Integrates the **Four Ways to Improve** into the **Project Description**

- Plans Multiple Cycles Quickly by:

    - Generating Questions to be Answered

    - Identifying <u>Known</u> Changes to Test

    - Identifying Change Concepts to Generate <u>New</u> Creative Changes to Test

- Quickly Communicates the Project Objective and Direction to Others

How is the Ami™ Charter constructed? The Ami™ charter is a logical tool used to organize information. This is done by answering the three questions in the Model for Improvement in the following way:

What are we trying to accomplish?	*How will we know a change is an improvement?*	*What specific changes can we make which will result in improvement?*	
		What changes concepts apply?	*What questions need answering?*

Describe Project:
(check one) (**How** portion)
___ Redesign existing product, process or service
___ Design new product, process or service
___ Improve system as a whole (drivers, mainstay, support)
___ Collaborate and share an existing working improvement to spread the innovation
Brief Description: What/How
(include above- limit 2 sentences)

Objective:Allow prepayment of training II
Measure(s):

Objective:
Measure(s):

Objective:
Measure(s):

Objective:
Measure(s):

Sponsor:
Core Team Members:

Draft Ami™ Charter Example

1. What are we trying to accomplish?	2. How will we know a change is an improvement?	Change Concepts	3. What Changes Will Result in Improvement?
Describe Project: Redesign patient interaction process within the Coral Street Clinic using the knowledge from the TCQ Watsonville Health Center project in order to positively impact the health status of Coral Street Clinic patients with diabetes. Boundaries: Stay within budget	**Objective 1:** Increase the amount of HbA1c testing among patients with diabetes. **Measure:** Percent of diabetics who have had an HbA1c test within the past six months (target 75%).		Objective: Learning Questions:
	Objective 2: Increase the number of patients with diabetes with a controlled HbA1c test result. **Measure:** Percent of diabetics who have an HbA1c test result < 8 in the past 12 months (target 70%).		Objective: Learning Questions:
Team Members: Renee Robison (Team Leader) Sharon Polak (HIP) Holly Bailey Paul Gendreau Alejandra Bermudez Andi Wass (ad hoc) **Sponsor:** Christine Sippl	**Objective 3:** Increase the number of patients with diabetes who have been screened for depression. **Measure:** Percent of diabetics over 18 years old who have been screened for depression (target 25%).		Objective: Learning Questions: Objective: Learning Questions:

Draft Charter Instructions

A draft charter will answer the following:

1. What are we trying to accomplish? (First Column)

    a. State a short concise statement that describes what will be done. Write in column A, **Brief Description**.

        i. Format: Redesign the process of _____ in order to _____ (state overall result wanted, NOT specific measures)

b. Identify **Boundaries** of the effort… what is off-limits, what is included

c. Identify Key Stakeholders for the Team (Reference Table 1: Team Selection Grid):

<p align="center">**Table 1: Team Selection Grid™**</p>

i. Identify the **Sponsor** – this is the individual who is giving authority of the team to test changes, report results and barriers and implement improvements. In some cases, more than one Sponsor is needed when different parts of the system will have tests conducted

ii. Identify the **Core Team** – this is a small group of individuals with detailed knowledge of the product, process or service under study as a worker in the process and/or supervisor. They will attend every meeting and will own the project.

iii. Use Ad Hoc Team members for testing, gathering subject matter information which is not available in the Core Team. These members only attend the meetings where they have information to contribute. Otherwise they contribute through their testing of changes and suggestions. The Core Team is encouraged to document all contributors to the project on their PDSA's for recognition at the end of their project.

2. How will we know a change is an improvement? (Second Column)

a. List Objectives for the effort

i. Use words such as Increase, Decrease, Reduce, Maintain

        ii. Avoid: Improve

   b. For each objective, identify at least one measure

        i. Example: Objective: Increase the percentage of diabetic patients with depression screening. Measurement: Percent of diabetic patients with depression screening.

Role of the Sponsor

The Project Sponsor is the senior leader responsible and accountable for achievement of the specific project that the Ami™ workshop participant will be working on during the development workshop. This is the leader the workshop participant will report project progress. We expect that:

- Your Sponsor is senior in the organization and views your Ami™ project as strategically important.

- Your Sponsor actively supports the project throughout its entire lifecycle by understanding what is being accomplished, providing appropriate resources, maintaining the priority of the project in the face of competing events, removing barriers to testing and implementation of changes, and communicating the project story to multiple levels of the organization.

- The Sponsor will:

  - Work with the Improvement Professional (IP) to gain consensus on the intent of the project.

  - Provide resources (time, people, funding)

  - Stay connected with the team to facilitate decision making, remove barriers, and learn what the team is learning

  - Stay abreast of progress and help communicate status

  - Assist with the change management and implementation

In developing your team's charter, be sure to involve the senior leader(s) who are responsible for the project. This includes your Project Sponsor as defined below. To

help guide the establishment of an appropriate charter, your organization's leadership must help align the charter of this improvement initiative with the strategic goals of the organization, base the charter on existing data and organizational needs, and examine the relevant data within the organization applicable to the project.

Project Reporting Requirements

Participants in the Improvement Professional Workshop **are required at least monthly to update the following on the PKP LMS** (see description below):

- Improvement "Project Progress" measure (using a 0-12 assessment scale provided).

- Your Weekly Leadership Report posted to your LMS team homepage to include graphs for each of your project measures updated with current data. This monthly report will use the following one-page format:

Core Team

Sherri Provolt, Site Administrator
Amy Riese, M.D.
David Villasenor, M.D.
Sandra Colivas, Office Manager
Jeff Archer, RN
Viviana Hernandez, MA

What are we trying to accomplish?

Redesign the scheduling process to increase access for patients referred to the psychiatry program while meeting organizational productivity goals and improving the workflow.

How will we know it is an improvement?

Each provider will meet productivity goal of 1550 visits per year per 1.0 FTE.

Target nine (9) kept appointments per full clinic day to meet productivity goal of 135 per month

Create three (3) 20 minute follow up appointment slots during one hour of clinic in the morning and during one hour of clinic in the afternoon.
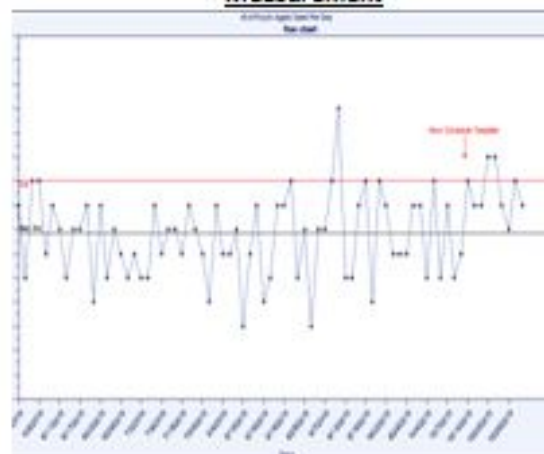
Improvements and Savings

Sustainability of Psychiatry Services for Open Door Community Health Centers
Assess capacity for psychiatry services at Eureka Community Health Services.
Increase psychiatry services to Del Norte Community Health Clinic (sister clinic) through use of tele-psychiatry capabilities

Team Progress Rating

6 = Modest Improvement; Successful tests of changes have been completed. Some small scale implementation has been done. Anecdotal evidence of improvement exists. Expected results and goals are 25% complete.

Measurement

Quality Enhancements and Savings

Coordination between PCP and Psychiatry for delivery of care.
Improved relationship with sister clinics
Improved understanding regarding patient motivation and/or non-motivation for psychiatry services.

Barriers:

Increase transcription and documentation without additional administrative time.
Limited ability within the schedule for walk-in / urgent care needs.

Lessons Learned

Definitions needed for what is considered a no-show verses a late cancellation.
Time spent on redesigning intake form was useful to determine that we are not ready to separate the intake into two parts: medical history and social history.
Twenty minutes appointments only work for patients who do not come in with additional crisis.

Recommendations/Next Steps

Visit Shasta Community Clinic to learn how they have successfully integrated BH with Psychiatry.
Define quality measures.

9-2

Pre-Work Assignments

Use resources on the Aimi Improvement Professional eLearning Web Site.

- Each Improvement Professional must bring a laptop to Workshops one and two and four.

- Become familiar with the Model for Improvement before the first workshop. There are resources on the Aimi Academy Web Site.

- Go to the PKP Web Site: http://www.pkpinc.com/

#1: Complete eLearning

Complete the following courses in the Aimi Academy at https://my.aimihub.com/

How to Use AimiHub for Improvement

AimiHub Demo Webinar

Guide to Accelerated Innovation and Model for Improvement

Science of Improvement

Aimi Charter

Using Data Analysis Tools

Using Change Concepts

Leadership

#2: Strengths Deployment Inventory 2.0 (Before Workshop 1)

As part of the pre-work for Day I, complete the Strength Deployment Inventory (SDI) On-Line. You will receive a notification by email. Click on the link provided and follow the instructions. Print out the following in <u>color</u> and bring to the workshop:

1. Name Tent
2. SDI Graphic
3. Portrait of Personal Strengths (POPS)
4. Portrait of Overdone Strengths (PODS)
5. Interpretation
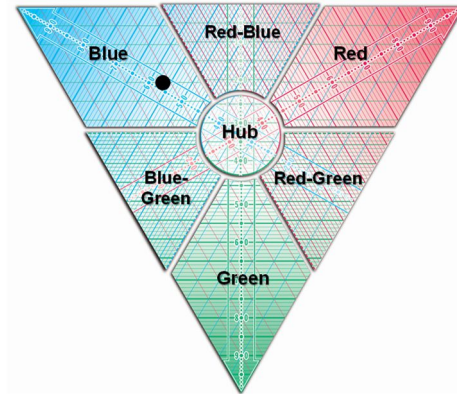
Personal Computer:

Please ensure that there are no Administrator blocks on the laptop you bring to the workshop. You must be able to load applications and work from your C-drive during these workshops. There is no internet access in the workshop meeting space.

6 Workshop Agendas

Workshop I, Monday, March 21 – Friday, March 25, 2011

Workshop agendas are customized to the needs of each wave of Improvement Professional IPs. Adjustments to time allocated to topics and topic flow will be altered as needed to meet the needs of participants in each wave.

Time	Monday Mar. 21, 2011 Day 1	Tuesday Mar 22 Day 2	Wed Mar 23 Day 3	Thur. Mar 24 Day 4	Fri Mar 25 Day 5
7:30 AM	Registration & Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast
8:30 AM	Introductions, Overview of IP Professional Development Program	Overview of Six Skills Needed to Support Improvement Work	Present Tools for Gathering and Organizing Information	Review PDSA Testing Application to Projects	Idea Selection Methods – Narrowing Down Fans for Selection
	What do we mean by improvement? Model for Improvement	Application of the Six Skills	Decision Making	Implementation PDSA Cycles and Sperad	Running Concept Fans in Virtual Teams
		Teamwork			Random Entry
	Using PDSA Cycles	Working with People and SDI	Review PDSA Cycles for Learning	Ami/Charter Presentations (breakouts)	Provocation (start)
	Theory of Profound Knowledge		Developing Changes: Getting Great Ideas		
12:00 PM	Lunch	Lunch	Lunch	Lunch	Lunch
	Building a System of Profound Knowledge: Psychology	Data and Measures	Ami/Charter Presentations (breakouts)	The Need for Creativity in Process Improvement	Provocation (continued)
	Theory of Knowledge		Developing Changes: Change Concepts	Pattern Recognition and The Need for Creative Thinking Tools – Theory Behind The Tools	Further Development of Individual Overnight Concept Fan Homework
	ApprecIPtion of a System	Ami/Charter Presentations (breakouts)	PDSA Cycles for Testing Changes - 246	Alternatives: Identification of Concepts Behind Ideas and Approaches Behind Concepts	Application Points for Lateral Thinking In Projects
	Understanding VarIPtion				
	Using the System of Profound Knowledge as a Lens	Plan and Develop Presentation for Data Gathering and Organizing Tools	Application of PDSA Test Cycle to the Project	Building and Utilizing Concept Fans In Idea Generation Efforts	Presentation of Concept Fans (in progress) and Anticipated Future Applications
	Working with People: Strength Deployment Inventory		Implementation PDSA Cycles		
	Project/ Assignment Work Time	Project/ Assignment Work Time	Project/ Assignment Work Time	Project/ Assignment Work	Assignments
6:00 PM	Adjourn	Reception for IPs and IHI Staff	Adjourn	Adjourn	Adjourn

Workshop Session II, Monday, June 6 – Friday, June 10, 2011

	Monday Jun 6 Day 6	Tuesday Jun 7 Day 7	Wednesday Jun 8: Day 8	Thursday Jun 9: Day 9	Friday Jun 10 Day 10
8:00	Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast
8:30	Welcome, Review of Workshop 1.1 and overview of 1.2	Presentations of Improvement Team Sequences Developed Overnight		I Lingering Questions, Reflection, share homework from night before	Lingering Questions, Reflection, Use of SPC in your Org.
	Review Projects – Application and Learning Involving Application of Lateral Thinking	Individual and Virtual Applications of the Hats Framework – Practical Tips	Variation	Shewhart Charts for Continuous (Variables) Data- X bar and S chart -Refresh Histogram	Application of Shewhart Charts to IA Projects
		Application Points In Improvement Teams (The Model and Documents)	Run Charts	Process Capability for I and S bar and S Charts	Intro: Visual Display of Data
		Linking Parallel and Lateral Thinking	Run Chart software practice	Use of Shewhart Charts and Rational Subgrouping	Visual Display of Data Process
				Case Study 2: Shewhart Charts for Continuous Data: X bar S chart	
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
	Introduction to The Need For Parallel Thinking – Theory Behind The Framework	Linking Parallel and Lateral Thinking Continued	Participant Presentations on PDSA Cycles (Break out)	Shewhart Charts for Classification and Count Data (Attribute Data) Practice Capability for attribute data Shewhart charts	Participant Presentations on PDSA Cycles (Break out)
	The Hats Framework – High Level		Introduction to Shewhart Control Charts	Refresh Pareto Case Study 3 and Software Practice	
	Practice Application of The Hats Framework – In Teams		Shewhart Charts for Continuous (Variables) Data- I chart Refresh Scatter	Practice Capability for attribute data Shewhart charts	
	Building Thinking Sequences - Theory		SPC Case Study 1: Continuous Data	Charts for Rare Events	Case Studies – IP Consulting on Projects
	Building Thinking Sequences Practice Remote Issues	Questions and Assignments	Selection and Design of Shewhart Charts Questions and Assignments	Questions and Assignments for Action Period (	
6:00	Adjourn	Adjourn	Adjourn	Adjourn	Adjourn

Workshop Session III, Tuesday, July 19 – Thursday, July 21, 2011

	Tuesday July 19: SDI Certification Day 11	Wednesday July 20: SDI Certification Day 12	Thursday July 21: Systems Thinking Day 13
8:00	Continental Breakfast	Continental Breakfast	Continental Breakfast
8:30	SDI Level 1 Certification Overview, Introductions & Expectations	SDI Level 1 Facilitation Practice with "Teach back" in small groups	Review
9:15	Relationship Awareness Theory		Overview of Systems
			System Simulation
	SDI Administration, Motivational Value System (MVS) Activities with break	Conflict Prevention Activity with break	
12:30	Lunch	Lunch	Lunch
	Facilitated Activities continued	The Portrait of Personal Strengths and activities	Building a System of Improvement- The IP Role
	Conflict and facilitated activities with break	The Portrait of Overdone Strengths and activities with break	Linkage of Processes – Application to IP Projects
			Consulting Exercises
	Reading and homework assignment to prepare for Day 2 "Teach back" in small groups	Action Planning and course conclusion	Adjourn
		Questions and Assignments	
6:00	Application to Project or Assignment Work time.	Project or Assignment Work time.	
6:00	Adjourn	Adjourn	

Session IV - Level Three Certification:
## Monday-Friday, September 12-16, 2011

Time	Day 14	Day 15	Day 16	Day 17	Day 18
8:00	Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast	Continental Breakfast
8:30	Introduction & Overview	Review	Review	Review	Review Case
	Review of PE language from last call and application to projects	Presentations on Project Progress: Use of Shewhart Charts and Other Tools for Project Data	Presentations on Project Progress: Use of Shewhart Charts and Other Tools for Project Data	Introduction to 2-day workshop	Analysis of Variance Workshop: Set up analysis for project data
	Introduce MidState Simulation and form MidState teams	MidState PDSA #2 Continued – One-factor Experiment	MidState Cycle #4 and Report out	Enumerative vs. Analytic Studies – Review of Chapter 3 from PE Book Workshop: review projects – are analytic or enumerative studies appropriate?	
	PDSA #1 MidState Cycle to Evaluate Baseline-	MidState PDSA #2 Report out	Experiments with more than two levels – PE Chapter 8	Using Statistics to Summarize Data Workshop: Use Excel, Minitab and/or JMP	Transformation of Data Workshop
		Applications of one-factor designs to projects			
		Experiments with a Multiple Factors (PE Chapter 5)	MidState PDSA #5 – run Experiment with more than 3 levels		
12:00	Lunch	Lunch	Lunch	Lunch	Lunch
12:45	PDSA #1 Report out	MidState Cycle #3 and Report out.	MidState Cycle 6 – Complete experiments and run confirmation	Standard Distributions used to Model Data Workshop	Regression and Correlation Workshop
	MidState Simulation: How it Relates to HIP Projects				
	Principles for Designing Experiments (PE Chapter 3)	Screening Studies for Multiple Factors (PE Chapter 6)	Presentation of Team Journey with MidState	Statistical Tests and Drawing Inferences Workshop	Model Building Workshop
	One Factor Experiments (PE Chapter 4)			Begin Work on Project Data or Case	QI and Research
	MidState PDSA #2 – One-factor Experiment (Start it)	Plans for MidState Cycle #4			
6:00	Assignments and Project Consulting. Adjourn	Assignments and Project Consulting. Adjourn	Assignments and Project Consulting. Adjourn		Assignments Adjourn

7 Faculty & Contact Information

Clifford L. Norman
Associates in Process Improvement (API):

Clifford L. Norman is a consultant with Associates in Process Improvement (API). API develops methods and provides consulting, education and training to help organizations improve the value of their products and services.

With more than 20 years of experience in manufacturing and quality, Cliff began his career at Norris Industries and McDonnell Douglas Corporation. From 1979 – 1986, he facilitated the effort to implement quality improvement throughout Otis Engineering, a division of Halliburton. While at Otis, he served as a manager in manufacturing and held several positions in the quality organization. In 1986, Cliff joined Philip Crosby Associates, where he led the effort to introduce SPC and Statistical Thinking to their educational offering. In 1988, Cliff joined API and moved to Austin, Texas.
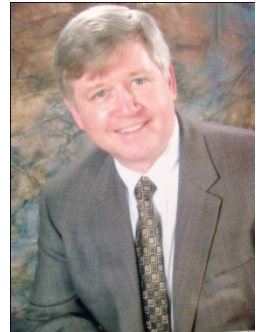
Born in Zanesville, Ohio and raised in South Gate, California, he earned a Bachelor of Science degree from California State University at Los Angeles and a Master's degree in Behavioral Science from California State University at Dominguez Hills. He is a member of the American Society for Quality, and is a Certified Quality Engineer (CQE). He has also been active in Junior Achievement as an advisor and corporate administrator. Married to Jane Norman, they have five daughters (ages 22-32) and live near Austin, Texas. His hobbies are the study of the American Civil War, stamp collecting, reading and travel (especially to Civil War battlefield sites). Cliff is a co-author of the book, *The Improvement Guide – A Practical Approach to Enhancing Organizational Performance.*

C. Jane Norman
Profound Knowledge Products, Inc. (PKP):

C. Jane Norman is the President of Profound Knowledge Products, Inc. (PKP), established in 2001. PKP collaborates with Associates in Process Improvement (API) to develop eLearning courses from private and public published written materials of API. The Learning Management Site can be found at www.pkplearn.com. Using API methods & materials, Jane provides consulting, education and training world-wide to help organizations improve the value of their products and services.

With 30 years of experience in Quality Improvement (manufacturing, food, distribution, computers and healthcare), Jane has been an apprentice and practitioner of API methods since 1989. She began her career at Caterpillar Tractor Inc., a $36 B construction company, with a Natural Science degree from St. Ambrose University in Davenport, Iowa. Starting as a Machinist Apprentice, she held several jobs in Quality Control and later became the Quality Coordinator and Training Manager for two plants. The Davenport Plant won the Worldwide Corporate Quality Award in 1985, 1986 & 1987. In 1987, Jane joined Philip Crosby Associates consulting company and later became the Director of Statistical Methods. In 1990, Jane received her MBA from Rollins College, Orlando, FL and joined ConAgra, Inc. a $38 B food conglomerate in Arkansas, as Director of Statistical Process Control. Jane left ConAgra in 1995 as the Vice President of Quality Management and moved to Texas to join the Conrad Company, a $27 M distributor of DuPont Solid Surfaces, as the Vice President of Operations. Born in Salem, Oregon, Jane grew up in the Midwest as the daughter of teachers/ administrators, attending schools in Missouri, Kentucky, Iowa and Florida. She has been a chapter officer for the American Society for Quality, and was certified as a Quality Engineer (CQE). She was also an advisor to Junior Achievement. Married to Cliff Norman, they have five daughters (ages 22-32) and four grandchildren. They currently reside near Austin, Texas. She is a member of New England Women, Daughters of the American Revolution, and Daughters of the Confederacy. Her hobbies are the study of history, performing music, and her grandchildren.
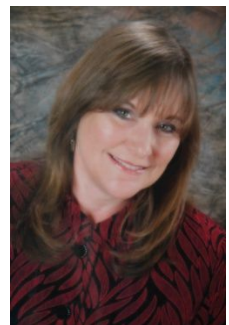
For more information about the Enhancing Performance, Improving Care (Improvement Professional) Development Workshop and to apply, please contact:

Profound Knowledge Products (PKP)

Jane Norman   email: janen@pkpinc.com

Profound Knowledge Products (PKP)

512-864-9246 Office /512-789-1209 Cell

Scoring	Team Progress Operational Definitions
0	Non-Starter. Project has been identified, but the charter has not been defined or assigned.
1	Draft Charter Complete. • Charter description including process(es), product or service identified • Project boundaries and objectives have been identified • Some measures have been identified • Sponsor identified
2	Draft Charter Prioritized and Assigned. • Draft charter has been prioritized against other improvement efforts • Draft charter has been reviewed with Sponsor • Core Team has been selected and assigned • No work has been accomplished
3	Ami Charter Defined OR Team has STOPPED meeting and working on the project. • Core Team has been trained. • Ami Charter has been completed • Applicable Change Concepts have been identified • Influencing and support processes for this effort have been identified • Initial Cycles have been defined, including at least one test • OR improvement cycles have STOPPED after work has been done.
4	Initial PDSA cycle(s) for learning and testing have been prioritized with first 2 cycles defined. • Useful questions have been determined and documented in the Plan • Useful predictions have been documented in the Plan • A test plan has been defined, including how the data will be collected BEFORE and during the test. • A data collection plan has been defined, including how observations will be collected and how the data will be analyzed • Cycles are reasonably small in scope with a wide range of conditions. • Responsibilities have been assigned with execution dates determined.
5	At least 2 PDSA cycles for learning are in the DO stage. • Data is being collected BEFORE and AFTER the change • Revisions to the data collection plan or questions may have occurred • Analysis is in process • Observations have been documented
6	At least 2 PDSA cycles for learning have completed the ACT stage. • Analysis is complete and has been studied with dialogue by the team • All Questions have been answered with the Results compared to the Predictions have been documented on the PDSA • New Issues have been identified and documented • A summary of what was learned has been documented • New questions have been determined, documented and prioritized for Action • Ad Hoc members have been documented

Scoring	Team Progress Operational Definitions
7	Additional PDSA cycles for learning have defined and are in various stages of completion. • All PDSA cycles have up-to-date documentation
8	At least one PDSA test cycle change has resulted in improvement • Ad Hoc team members have asked for the change to become permanent • The change and improvement has been documented • The change and improvement is supported by the Sponsor • No adverse effects of the change on the System have been verified • Permanent measures have been identified to sustain the change
9	At least one small change has been formalized and implemented • A formal Implementation Plan has been defined using the Implementation Checklist. • The formal Implementation Plan has been completed • The change is not longer temporary • Permanent measures are in place to sustain the change & detect changes
10	Significant Results toward the achievement of at least 50% of the Objectives have been demonstrated from changes tested. • Documented changes have been identified where process measures show statistical evidence of improvement • Documented changes can be implemented • The changes are supported by the Sponsor • No adverse effects of the change on the System have been verified • Permanent measures have been identified to sustain the change
11	The Objectives have been attained or exceeded to the satisfaction of the management team. • Documented changes have been identified where process measures show statistical evidence of improvement • Documented changes can be implemented • The changes are supported by Management • No adverse effects of the change on the System have been verified • Permanent measures have been identified to sustain the change
12	All changes have been formalized and implemented. • A formal Implementation Plan was defined using the Implementation Checklist. • The formal Implementation Plan is complete • The changes are sustainable • Permanent measures are in place to sustain the change & detect changes • Measures after the implementation reflect the improvements and achievement of project objectives • No adverse effects of the change on the System have been verified

Reference: QBS Chapter 11 Leadership of Improvement, Page 11-25

Improvement Project Charter Evaluation

WHAT ARE WE TRYING TO ACCOMPLISH?

Description

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	1. Charter relates to organization's strategic plans/objectives.				
	2. Charter description clearly states NEED for improvement.				
	3. Expected impact to the organization is clear. (cost, cycle time, etc.)				
	4. Improvement clearly points to process, product or service improvement.				
	5. External "customer" will notice this improvement.				

Expected Results

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	6. Expected results are clear and the team will know when it has completed the project.				
	7. Numeric goals are supported by benchmark or historical data.				

Boundaries

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	8. Project constraints are defined. (Resources, financial limitations, existing guidelines/ procedures to be adhered to, software considerations, what is NOT to be addressed, etc.)				
	9. The objectives clearly state the team can develop, test and implement changes.				
	10. Project is tied to specific processes. Clear start and end points are delineated.				
	11. Estimates the frequency and duration of team meetings.				
	12. Ensures baseline data is established before changes are made. (May be listed as first cycle in Initial Cycles section of Charter.)				
	13. Team updates to management have been defined.				

HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

Measures

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	14. Measures identified are directly related to the project description and objectives.				
	15. Historical data exist on performance of the process or product to be improved.				
	16. Global and/or intermediate measures are identified.				
	17. Measures can be collected at intervals frequent enough to support timely analysis of the impact of small-scale tests and implemented changes.				
	18. Improvement in the project measures can reasonably be expected within six months.				
	19. Financial impact is easily calculated and supported by the organization's financial group.				

WHAT CHANGES CAN WE MAKE WHICH WILL RESULT IN IMPROVEMENT?

Initial Cycles

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	20. Specifies issues to investigate and/or alternatives to consider are listed.				

PARTICIPATION

Team Membership

Rating (1-5)	1: Not at all	2: To a small extent	3: Somewhat	4: To a large extent	5: To a very great extent
	21. Process owner (authority to make changes) is represented or Sponsor of team.				
	22. People with detailed knowledge of the improvement target are on the team.				
	23. Customers or Suppliers are on the team.				
	24. A certified (or in training) improvement project resource has been assigned to the team.				

0	**Total Evaluation Rating**

> 96	**Good Project charter definition**
72-96	**Project charter needs modification and/or clarity (see low scores)**
< 72	**Re-evaluate the need for this improvement charter**

NOTE: Any single item with a 2 or less rating should be reconsidered and/or redefined.