

Building Momentum for Improvement

What **NOT** to do

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Will to do what it takes to change the system



Ideas on which to base the design of a new system



Execution - carrying out the plan and getting results on the project/initiative

How to stall improvement efforts	Is this happening, even a little?	Things to consider	Your next steps
We think system improvement is someone else's problem		People doing the work are in the best position to know how to improve it.	
We have no power to make things better		Find out what is within your realm of control and start small.	
My only job is to worry about the patient in front of me		Sometimes the clients who need us most are the ones who don't show up.	
We celebrate individual heroism more than team system improvement		A system that relies on individual heroism is fragile and causes burnout.	
We punish or ostracize those who challenge the status quo		Frustration with the status quo is better than disengagement.	
We spend no time talking about quality or our shared purpose		Shaping and recapping this frequently can be motivating.	
We don't refer back to the aim of what we are trying to improve		Framing meetings with this can help prevent tangents/rabbit holes.	
We come to QI meetings filled with skepticism, doubt, and pessimism		"If you oppose, you must propose" is a great ground rule.	
We go it alone, with no leadership support, sponsors, champions, QI coaches, or team		Fully supported team-based QI has much more potential.	
We make our first steps big ones, with a plan that is large in scale and scope		Start small, with rapid PDSA cycles that allow you to learn and adapt.	
We don't involve patients or families in our QI work		They hold a different perspective and can add meaning to the work.	
We don't talk about how the work could improve care for patients and families		Do support staff not on the frontlines understand your QI plans?	
Our leaders spend little to no time talking about Quality		Ask your leaders to support your QI efforts and share them	
Our leaders don't value, promote, or fund QI supports for frontline staff		Increased demand from frontline staff for this may help.	
We skip chances for collaboration with other teams doing similar work		Benchmarking is a key part of QI - see what others have tried, share	
		successes.	

How to use this handout: With your QI team, review the list of statements in the left column. Are these applicable to your team? Are you seeing these show up, even a little bit? If so, make a note of how this is happening in the second column. Review "Things to consider", and then brainstorm with your team on actions you could take to mitigate the stalling effects these issues can have. Write down your nexts steps in the column on the right. Have your QI coach work with you during this exercise, or review it with them after for further brainstorming.

We don't refer back to our Theory of	This ensures that changes being tested
Change (driver diagram)	are relevant to your aim.
We don't start by developing our Theory	Use a driver diagram, and remember it
of Change	can be updated and refined as you learn.
We jump to implementation, and don't	Testing before implementing allows us
use PDSA cycles	to build degree of belief in the change.
We avoid "big ideas", now is not the time	Small scale testing doesn't mean we
for creative thinking	can't have big new ideas in mind.
We spend a long time planning, ensuring	The best way to learn in a complex
perfection before we start	system is by doing.
We pause QI efforts when times get tough	QI approaches are especially useful
	for solving challenges as they arise.
We fill our schedules to the brim, with no	We need to "expect the unexpected"
slack or redundancy	and have capacity to manage it.
We do QI off the sides of our desks (no	The whirlwind of day-to-day work
dedicated protected time to do it)	will almost certainly get in the way.
We rely on managers and leaders to	The QI approach relies on frontline
determine how we will improve	workers' expertise and drive.
We wait for every possible stakeholder's	Find the "safe to try" test that you can
approval before starting	do to get started before this.
We don't need a leader for our QI project	Diffusion of responsibility stalls
A	progress for leaderless teams.
We don't need to document our PDSA	Documenting clarifies thinking, keeps
cycles, we just remember them	you on track, and helps tell your story
We have our QI meetings in the middle of	When is the team least likely to be
the day or at end of the day if there is time	interrupted?
The changes we are testing will all add to	The best changes are the ones that
our workload	improve quality + reduce workload.
Our meetings are conversations with no	Use effective meetings with leaders,
pre-set agendas or roles	facilitators, recorders, and timekeepers.
We don't have someone tasked with	Ideally assign one person to do this.
project setup and management	
We don't update training and orientation	Sharing with the broader team can
materials or share with our broader team	also help to motivate the QI team.
We have passive didactic CME sessions and	Education is low on the hierarchy of
expect this to be applied to practice	effectiveness.
We don't regularly track data to understand our system and see if we improve	Measuring will tell you if your
our system and see if we improve	changes are resulting in improvement.
We interrupt our QI work and cancel	Only cancel meetings at last resort.
meetings if everyone can't attend	Document for follow who are absent

More Resources



<u>Highly Adoptable Improvement</u> the best changes increase quality, decrease workload MUSIQ and MUSIQ 2.0 a tool for assessing contextual factors that lead to QI success PSP Peer Mentoring, Facilitation Cycles local resource for supporting your QI efforts

IHI the most well-known QI organization in healthcare

Effective Meetings framework for improving how your team meets

Antifragile "Things that gain from disorder", by Nassim Nicholas T

POI program for B.C. Physician QI training and project funding Checklist for ideal PDSAs paper with Table of criteria for running the best PDSAs Antifragile "Things that gain from disorder", by Nassim Nicholas Taleb