Today’s Host

**Manny Cruz**, Project Assistant, Institute for Healthcare Improvement.
Audio Broadcast

You will see a box in the top left hand corner labeled “Audio broadcast.” If you are able to listen to the program using the speakers on your computer, you have connected successfully.

Phone Connection (Preferred)

To join by phone:

1) Click the button on the right hand side of the screen.
2) A pop-up box will appear with call in information.
3) Please dial the phone number, the event number and your attendee ID to connect correctly.
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- If you are using the audio broadcast (through your computer) you will not be able to speak during the WebEx to ask questions. All questions will need to come through the chat.

- If you are using the phone connection (through your telephone) you will be able to raise your hand, be unmuted, and ask questions during the session.

- Phone connection is preferred if you have access to a phone.

WebEx Quick Reference

- Welcome to today’s session!
- Please use chat to “All Participants” for questions
- For technology issues only, please chat to “Host”
- WebEx Technical Support: 866-569-3239
- Dial-in Info: Communicate / Join Teleconference (in menu)
When Chatting…

Please send your message to

All Participants

Chat Time!

What is your goal for participating in this Expedition?
Join Passport to:

- Get unlimited access to Expeditions, two- to four-month, interactive, web-based programs designed to help front-line teams make rapid improvements.
- Train your middle managers to effectively lead quality improvement initiatives.

. . . and much, much more for $5,000 per year!

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To enroll, call 617-301-4800 or email improvementmap@ihi.org.

IHI Open School Courses

- More than 20 online courses developed by world-renowned experts in the following topics
  - Improvement Capability
  - Patient Safety
  - Person- and Family-Centered Care
  - Triple Aim for Populations
  - Quality, Cost, and Value
  - Leadership
- More than 26 continuing education contact hours for nurses, physicians, and pharmacists. NAHQ has also approved the courses for CPHQ CE credit.
- Basic Certificate of Completion available upon completion of 16 foundational course.
- Mobile App for iPhone and iPad
- 20% Discount on organizational subscription for Passport Members
- www.ihi.org/qualityskills
What is an Expedition?

ex•pe•di•tion (noun)
1. an excursion, journey, or voyage made for some specific purpose
2. the group of persons engaged in such an activity
3. promptness or speed in accomplishing something

Expedition Support

- All sessions are recorded
- Materials are sent one day in advance
- Listserv address for session communications: PhysicianPartnerships@ls.ihi.org
  - To add colleagues, email us at info@ihi.org.
Expedition Director

Jill Duncan, RN, MS, MPH, Director, Institute for Healthcare Improvement (IHI). Jill’s current roles include strategic development and programming leadership for IHI’s cost, quality and value work; program coordination and faculty leadership for IHI’s Leading Quality Improvement: Essentials for Managers, and program development and facilitation intended for many of IHI’s Expeditions, Web & Actions, and other workforce development initiatives. Past responsibilities include daily operations and strategic planning for IHI’s Open School for Health Professions followed by development and leadership of Impacting Cost + Quality, a two-year prototyping collaborative. Jill joined IHI in 2008. With nearly twenty years of health care experience, Jill draws from her learning as a Clinical Nurse Specialist, pediatric nurse educator and frontline nurse. Her clinical interests have developed through experiences in a variety of settings including Neonatal ICU, pediatric ER, clinical research, public health activism, and Early Head Start health programming. Ms. Duncan has contributed to a variety of collaborative publications in The Journal of Pediatrics and she is co-author of Pediatric High-Alert Medications: Evidence-Based Safe Practices for Nursing Professionals and Stressed Out About Your Nursing Career.
Today’s Agenda

Ground Rules & Introductions

Physician Engagement in Performance Improvement: What, How and Why?

IHI’s Model for Improvement

Homework for next session

Ground Rules

We learn from one another – “All teach, all learn”

Why reinvent the wheel? - Steal shamelessly

This is a transparent learning environment

All ideas/feedback are welcome and encouraged!
Overall Program Aim

Physician engagement is a key component to successful quality improvement (QI) projects that cross multiple systems and disciplines. While growing numbers of physicians are assuming leadership roles in improvement efforts over the last few years, there is still a gap between where healthcare organizations are and where they need to be. While many doctors are increasingly engaged in and participants in quality work, the next step is to truly partner with physician leaders to leverage the influence and expertise they have in improving the success and spread of QI projects.

Chat

What does physician engagement in quality and safety mean to you?
Physicians in Improvement

Innovators
Champions
Medical Leadership
Team Players
End Users

Chat

What are common barriers to physician engagement in your organization?
Expedition Objectives

1. Describe the challenges and opportunities for multi-disciplinary teams and leaders from other disciplines when it comes to engaging physicians in quality improvement.
2. Describe one approach multi-disciplinary teams can utilize in supporting the development of physician quality leaders.
3. Describe opportunities for engaging medical students and residents in multi-disciplinary improvement opportunities.
4. Apply tools and methodologies grounded in the Science of Improvement to efforts to engage physicians in multi-disciplinary improvement initiatives.
5. Test at least two unique approaches to engaging physicians in quality improvement work across complex multi-disciplinary systems.

Schedule of Calls

Session 1 – IHI’s Framework for Physician Engagement
Date: Tuesday, April 1st 3:00 PM – 4:30 PM ET

Session 2 – The ROI for Physician Leadership Development
Date: Tuesday, April 15th 3:00 PM – 4:00 PM ET

Session 3 – Assessment & Coaching: Building Physician Capability to Lead Improvement
Date: Tuesday, April 29th 3:00 PM – 4:00 PM ET

Session 4 – Professional Satisfaction & Engaging the Next Generation
Date: Tuesday, May 13th 3:00 PM – 4:00 PM ET

Session 5 – Using the Model for Improvement to Engage a Multidisciplinary Team
Date: Tuesday, May 27th 3:00 PM – 4:00 PM ET

Faculty: Session 1

Anthony M. DiGioia III, MD, Medical Director of the Bone and Joint Center, Magee-Womens Hospital of UPMC, is also Medical Director of the PFCC Innovation Center of UPMC. He is board certified in orthopaedic surgery and an engineer by training. A Fellow of the American Academy of Orthopaedic Surgeons and the American College of Surgeons, he is also faculty for the Institute for Healthcare Improvement (IHI). In 2006, he developed the Patient and Family Centered Care Methodology and Practice (PFCC M/P), which is based on the “third” science for health care called the Design Sciences and builds on traditional clinical research and process improvement efforts. The PFCC M/P delivers ideal care experiences while improving outcomes, quality and safety, and reduces cost. Dr. DiGioia collaborates with caregivers and health care leaders to implement the PFCC M/P for any care experience and in any organization, and he is helping to develop a national PFCC Community of Practice. The PFCC M/P is spreading nationally and internationally and has been recognized by The Picker Institute, The Joint Commission, and IHI.

Physician Engagement in Performance Improvement: What, How and Why?
Faculty: Session 2

Jill Duncan, RN, MS, MPH. Director, Institute for Healthcare Improvement (IHI). Jill’s current roles include strategic development and programming leadership for IHI’s cost, quality and value work; program coordination and faculty leadership for IHI’s Leading Quality Improvement: Essentials for Managers, and program development and facilitation intended for many of IHI’s Expeditions, Web & Actions, and other work force development initiatives. Past responsibilities include daily operations and strategic planning for IHI’s Open School for Health Professions followed by development and leadership of Impacting Cost + Quality, a two-year prototyping collaborative. Jill joined IHI in 2008. With nearly twenty years of health care experience, Jill draws from her learning as a Clinical Nurse Specialist, pediatric nurse educator and front line nurse. Her clinical interests have developed through experiences in a variety of settings including Neonatal ICU, pediatric ER, clinical research, public health activism, and Early Head Start health programming. Ms. Duncan has contributed to a variety of collaborative publications in The Journal of Pediatrics and she is co-author of Pediatric High Alert Medications: Evidence-Based Safe Practices for Nursing Professionals and Stressed Out About Your Nursing Career.

The ROI for Physician Leadership Development

Faculty: Session 3

Greg Ogrinc, MD, MS is a general internist at the White River Junction VA Hospital in White River Junction, VT. He is the Associate Chief of Staff for Educations and the Senior Scholar for the White River Junction VA Quality Scholars Fellowship. At the Geisel School of Medicine at Dartmouth, he is the Director of the Office of Health Systems and Clinical Improvement (OHSCI), and an Associate Professor of Community and Family Medicine and of Medicine. Dr. Ogrinc graduated from Case Western Reserve University School of Medicine in 1997 and completed his residency in internal medicine at MetroHealth Medical Center in Cleveland. He also completed the VA National Quality Scholars Program at the White River Junction VA and his Masters of Science in Clinical Evaluative Sciences from Geisel in 2002. Dr. Ogrinc is the Director of the Quality Literature Program at Dartmouth which developed the Standards for Quality Improvement Reporting Excellence (SQUIRE) guidelines, a standard structure for sharing improvement work through published literature.

Assessment & Coaching: Building Physician Capability to Lead Improvement
Faculty: Session 4

Wendy S. Madigosky MD MSPH is an Associate Professor of Family Medicine, Director of the Foundations of Doctoring Curriculum, and Assistant Director of Interprofessional Education at the University of Colorado School of Medicine on the Anschutz Medical Campus. She received her fellowship training in medical education through the University of Missouri-Columbia’s Department of Family and Community Medicine. During her fellowship, her research assessed the effects of a patient safety and medical fallibility curriculum on medical student knowledge, skills and attitudes, using a pre/post and 1 year follow-up survey design. She is involved in the on-going development of patient safety/quality improvement curriculum for the interprofessional Anschutz Medical Campus. Dr. Madigosky is an inaugural member of the University of Colorado’s Academy of Medical Educators and a 2012-2014 Josiah Macy Jr. Foundation Faculty Scholar. She is the Faculty and Network Advisor for the Institute for Healthcare Improvement (IHI) Open School and advises her local University of Colorado chapter.

Faculty: Session 5

Jay Bishoff, MD, FACS, is currently Director of the Intermountain Urological Institute. His post doctoral fellowship was in laparoscopic oncology and kidney stone disease. His expertise and areas of research are in the latest minimally invasive oncology techniques including robotics, laparoscopy, cryotherapy and radio frequency ablation. He is the editor of four different minimally invasive surgery text books, as well as has authored numerous book chapters and peer review articles. He is a graduate of the Uniformed Services University of The Health Sciences – Bethesda, Maryland and a war veteran from Operation Iraqi Freedom. He completed his general surgery internship and residency in urology at Wilford Hall USAF Medical Center – Lackland AFB and his Endourology fellowship at Johns Hopkins Medical Center.
Physician Engagement in Performance Improvement: What, How and Why?

Anthony M. DiGioia, MD
April 1st, 2014
Tony@pfcusa.org
www.pfcc.org/IHIExpedition

Themes to Remember

• View all care through the eyes of Patients and Families
• PFCC is the only tool you need for process and performance improvement
• PFCC provides the “how to” build new care teams and engage physicians
• Clinical + Costs = MD Partnership
Why Change?

Just Ask Our Patients and Families

• We are not delivering the basics in a very complex system and not for a full cycle of care
• No industry has survived without focusing on the needs and wants of their end users

The New Delivery Systems and Payment Platforms:
  • Bundling
  • Referenced Pricing

The biggest hurdle is the lack of the “How to…”
What’s In It For Physicians?

- Physicians must lead the way in building new kinds of care teams
- It’s all about performance = people
- Learn to deliver value for patients and families while improving outcomes and reducing costs
- Clinical performance directly linked to financial performance

Leaders and Catalysts

TED
Ideas worth spreading

4/1/2014
PFCC is the “How To” Design for Value and Engage MD’s

Singular Focus
One Tool
One Team

www.PFCC.org

Key #1

View All Care Through the Eyes of Patients and Families and as an Experience
Value = Experience

• Through the eyes of patients and families includes everything that impacts their journey to wellness.
• Includes outcomes, transitions in care, safety, costs, and everyone that impacts their care.

Key #2: Co-Design

Experience-Based Co-Design
Consulting and Advising
Listening and Responding
Giving Information
Complaining

Engagement-Partnership-Activation
Key #3: Implementation

- Methodology
- Overcome Hurdles

Ideal Experience

Current State

Build Unique Care Teams

**Care Giver**
Any person within a care setting whose work directly or indirectly touches a patient’s or family’s experience (i.e.—It’s a team effort)

**Touchpoints**
Key moments and places in any care setting where patient and family care experiences are affected by any Care Giver
Reality TV for Care Givers

Camera #1

Camera #2


This is Your Care Team!

Contacts/Patient: 86/Day and 260/Hospital Stay

ie Opportunities to Impact a Patient and Family Experience
The PFCC Methodology and Practice Provides the Steps to Success

Ideal Experience

1. Define Care Experience
2. Guiding Council
3. Shadow, Current State, Urgency
4. Working Group thru Touchpoints
5. Shared Vision of the Ideal
6. PFCC Project Teams Close the Gap

Current State

Achieve the PFCC Trifecta

- Starts with Great Care Experiences
- Better Outcomes
- Reduced Cost
To Achieve Value Based Care

• Care pathways, process improvement, safety initiatives, disease management and other overlays to the current structure are beneficial, but not sufficient

• Fundamental restructuring is required for significant improvement

Confederation of Silos
PFCC is a Silo Buster

Care Delivery

PFCC is the Only Tool You Will Need

• One goal to provide **ideal care experiences** for patients/families
• Re-focus **existing resources**...does not require new ones
• **You** - with the help of patients and families will identify, solve and implement the solutions
The Value Proposition

Patients and Families are the only way for us to understand and deliver value...

Value for Patients and Families Results in Value for Physicians and Organizations

Value = Health Outcomes
(Important to Patients)

Value = Cost
True Costs = TDABC
Time Driven Activity Based Costing

Identifies true cost to deliver care:
• Personnel
• Space
• Equipment
• Consumables

The Link for MD’s: Patients

Outcomes

Shadowing

True Costs

Robert S. Kaplan and Michael E. Porter
“How to Solve the Cost Crisis in Health Care,” HBR 2011
Shadowing = Catalyst

Shadowing is repeated real-time and independent observation of patients and families as they move through each step of their healthcare journey.

Eye Opening

We watch what people do (and do not do) and listen to what they say (and do not say). The easiest thing about the search for insight – in contrast to the search for hard data – is that it’s everywhere and it’s free...

...This enlightened perception reveals the experience, not just the process.

Change by Design, Tim Brown
Overcoming Hurdles

“We started Shadowing a year ago... Our challenge was cold calling patients over the phone to ask them about Shadowing but once we got over that, we found Shadowing to be extremely powerful and got so much feedback.”

Cynthia Rasmussen, MD
Harvard Vanguard Medical Associates

Teams, Silo’s and Bundling

*Follow the Patient
GoShadow

- Determine Your Current State and Processes Accurately and Efficiently
- Continuously Engages Patients, Families and Care Givers in Real Time: Co-Design

<table>
<thead>
<tr>
<th>Costs</th>
<th>Personnel</th>
<th>Consumables</th>
<th>Space</th>
<th>Equipment</th>
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<tr>
<td>THR</td>
<td>44%</td>
<td>52%</td>
<td>3%</td>
<td>1%</td>
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<tr>
<td>TKR</td>
<td>52%</td>
<td>43%</td>
<td>3%</td>
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<tr>
<th>Time (hrs)</th>
<th>Total Care Experience</th>
<th>Actual Patient Time</th>
<th>Patient Contact</th>
<th>Patient Unproductive Time</th>
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<tr>
<td>THR</td>
<td>103</td>
<td>94</td>
<td>91</td>
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<td>TKR</td>
<td>114</td>
<td>104</td>
<td>101</td>
<td>3</td>
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<td>Map #</td>
<td>Description</td>
<td>THR Total</td>
<td>TKR Total</td>
<td></td>
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<td>--------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
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<td>1</td>
<td>New Patient Scheduling Visit</td>
<td>0.1%</td>
<td>0.2%</td>
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<td>1a</td>
<td>Pre-Surgical Office Visit</td>
<td>0.8%</td>
<td>0.9%</td>
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<tr>
<td>1b</td>
<td>Renaissance Billing</td>
<td>0.3%</td>
<td>0.3%</td>
<td></td>
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<tr>
<td>1c</td>
<td>Pre-Op Testing</td>
<td>0.8%</td>
<td>0.9%</td>
<td></td>
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<tr>
<td>2</td>
<td>Pre-Op Administrative Support</td>
<td>6.1%</td>
<td>7.2%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Day of Surgery</td>
<td>2.7%</td>
<td>3.0%</td>
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<td>3a</td>
<td>Operating Room</td>
<td>59.0%</td>
<td>51.0%</td>
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<tr>
<td>3b</td>
<td>Central Sterile</td>
<td>0.6%</td>
<td>0.7%</td>
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<td>PACU</td>
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<td>2.3%</td>
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<td>5a</td>
<td>Inpatient Post-Op Day 0</td>
<td>3.6%</td>
<td>4.2%</td>
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<td>5b</td>
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<td>5.4%</td>
<td>6.3%</td>
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<td>5c</td>
<td>Inpatient Post-Op Day 2</td>
<td>4.7%</td>
<td>5.5%</td>
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<td>5d</td>
<td>Inpatient Post-Op Day 3</td>
<td>5.6%</td>
<td>6.1%</td>
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<td>6</td>
<td>Home Therapy</td>
<td>2.2%</td>
<td>2.5%</td>
<td></td>
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<tr>
<td>7a</td>
<td>4 Week Follow-Up</td>
<td>1.4%</td>
<td>1.6%</td>
<td></td>
</tr>
<tr>
<td>7b</td>
<td>3 Month Follow-Up (90 days Post-Op)</td>
<td>1.0%</td>
<td>1.0%</td>
<td></td>
</tr>
<tr>
<td>7c</td>
<td>Post-Op Administrative Support</td>
<td>3.7%</td>
<td>4.3%</td>
<td></td>
</tr>
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</table>

### OR COSTS

<table>
<thead>
<tr>
<th>Category</th>
<th>THR % of cost</th>
<th>TKR % of cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
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<td>26%</td>
</tr>
<tr>
<td>Space</td>
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<td>1%</td>
</tr>
<tr>
<td>Equipment</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Consumables</td>
<td>78%</td>
<td>72%</td>
</tr>
<tr>
<td>Implant Cost in a Bundle</td>
<td>37%</td>
<td>24%</td>
</tr>
</tbody>
</table>
PFCC        Shadowing        TDABC
Clinical and Financial Performance
Generates collaboration between physicians, administration, and financial leaders

Institute for Healthcare Improvement
Joint Replacement Learning Community

LEARN
• 12 Month Collaborative
• 31 Organizations
• Determine Current State

SHARE
• Measure Costs with TDABC
• Enable Process Improvement

IMPROVE
• Improve Outcomes, Experience and Reduce Cost
“Process improvement approaches are necessary but not sufficient to transform healthcare”
• Important place for PFCC in organizations already using Lean, TPS or other process improvement tools
• Together achieve quickening in the pace of improvement
• Goal: The value stream is the patient and family experience

PFCC is a Universal Tool with a Singular Focus

Clinical Outcomes, Quality and Safety

Patient and Family at the Center

Patient Reported Outcomes and SDM

Care Experiences

True $ Cost $
Who is UPMC?

- $10 billion integrated global health system
- Pittsburgh’s largest employer: 55k employees
- 20+ academic, community, & specialty hospitals
- 400 outpatient sites
- 3,200+ physicians
- Rehab, retirement & long-term care

Welcome to the Magee Bone and Joint Center

Delivering Value with Volume TJR Focused Care Center
Our Journey

• 1,689 surgeries CY13, only 2 OR’s/day
• 88% of all patients are discharged to home and with lowest length of stay
• Best outcomes by readmission rates, transfusion rates, infection rates and SCIP compliance and functional outcomes
• Lowest cost per case (now real costs)

PFCC Trifecta:
Real World Examples

• Great Care Experiences
• Better Outcomes
• Reduced Cost

Go To www.PFCC.org
Blood Conservation Project
(TXA, Efficient Surgery, Fluid Expansion)

- Only one blood draw Pronto 7
- No transfusion
- Reduce anxiety

TKA 1%, THA 0%, overall 0.8%
- Decreased LOS
- Reduced complications

- No AutoVac savings $50,100/yr
- No T/C $350,000/year ($340/pt)
- No T/S $210,000/year ($200/pt)

Falls Prevention

Total Falls at Magee-Womens Hospital

Ortho Unit:

- 0 Falls in Nov 2013
  (First time in 18 months)

- 67% decrease in 1 year
But what about an unexpected care experience?

Cervical Spine Clearance

- Patient comfort
  - Satisfaction scores increased 14% in one FY

- Improved Outcomes
  - 50% reduced time in collar
  - Safety

- Decrease Cost
  - Decreased LOS
Why Participate?

PFCC @ UPMC Hospitals and Offices

Outpatient
- Home Health Exp
- ENT Experience
- Dental
- ER Registration
- Life After Wt Loss
- Mental Health
- Imaging

Inpatient
- TJR
- Level I Trauma
- Women’s Cancer
- Antepartum
- Transplant
- Med/Surg ICU
- Hand Washing

www.PFCC.org/Annual-Reports
<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Rapid Admission Process</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Condensed 3 appointments to 1</td>
</tr>
<tr>
<td></td>
<td>Condensed phone tree</td>
</tr>
<tr>
<td></td>
<td>Improved transit system to and from appointment</td>
</tr>
<tr>
<td>Better Experiences</td>
<td>Rapid implementation of plan of care</td>
</tr>
<tr>
<td>Improved Outcomes</td>
<td>Condensed appointments savings $11,648/patient</td>
</tr>
<tr>
<td>Decrease Costs</td>
<td></td>
</tr>
</tbody>
</table>

Here’s what Physicians are saying...
“PFCC Encourages out of the box thinking. Most people don’t have the opportunity to make these sorts of changes; having the opportunity is a gift. It also lets you network and get to know other people in the hospital—you start to establish a really great community that wants to collaborate and make something happen.”

Dr. Vicki March, PCP
Clinical Champion PFCC Bariatrics

What Advice Do You Have?
So what’s in it for Physicians?

• You and your team will deliver exceptional care experiences while also improving outcomes, quality and reduce waste/costs
• Efficient office and OR
• Patients and families become evangelists

PFCC is the Only Tool That You Will Need

• Simple, customized for healthcare
• Provides the focus that is also our mission – taking care of patients and their families
• Builds great care teams
• Generates urgency
• Breaks down silos
• Drives transformational change
The PFCC Community of Practice

Takeaways

• GoShadow
• Determine your current state and develop urgency to drive change
• Couple clinical with financial performance
• Build Shadowing into curriculums for all healthcare professionals in training
It’s All About Our Patients

Has been dreading this appointment.

Upcoming Free Webinars:

GoShadow
May 7th at 1pm
PFCC Preview
May 22nd at 1pm

GoShadow.org
www.PFCC.org

Questions?
Questions?

Raise your hand

Use the Chat

“Everyone in healthcare really has two jobs when they come to work every day: to do their work and to improve it”

Paul Batalden, MD
Senior IHI Fellow
Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?


Plan
- Compose aim
- Pose questions/predictions
- Create action plan to carry out cycle (who, what, when, where)
- Plan for data collection

Study
- Complete data analysis
- Compare to predictions
- Summarize learning

Act
- Decide changes to make
- Arrange next cycle

Do
- Carry out the test and collect data
- Document what occurred
- Begin analysis of data
Principles & Guidelines for Testing

- A test of change should answer a specific question
- A test of change requires a theory and prediction
- Test on a small scale
- Collect data over time
- Build knowledge sequentially with multiple PDSA cycles for each change idea
- Include a wide range of conditions in the sequence of tests
Repeated Use of the PDSA Cycle

Sequential building of knowledge under a wide range of conditions

Changes That Result in Improvement

Spread

Implementation of Change

Wide-Scale Tests of Change

Follow-up Tests

Very Small Scale Test

Hunches Theories Ideas

Aim:
Implement Rapid Response Team on non-ICU unit

Cycle 6: Expand rounds to one unit for one shift seven days a week

Cycle 5: Have Nurse Practitioner respond to calls in addition to RT and RN

Cycle 4: Expand coverage of RRT on unit to one unit for one shift for five days

Cycle 3: Have Respiratory Therapist attend rapid response calls with ICU Nurse

Cycle 2: Repeat cycle 1 for three days

Cycle 1: ICU nurse responds to rapid response team calls on one unit, one shift for one day

If you want to go FAST, go SMALL
Learn quickly and go BIG, FASTER

94
Questions?

- Raise your hand
- Use the Chat

Action Period Assignment

**GO SHADOW**

Shadow at least one patient through his or her care experience between today and our next session.

Prepare to share 1 example of how a physician leader participated in or contributed to the shadowing experience.
Expedition Communications

- Listserv for session communications: PhysicianPartnerships@ls.ihi.org.
- To add colleagues, email us at info@ihi.org
- Pose questions, share resources, discuss barriers or successes

Next Session

**Tuesday, April 15th, 3:00 PM – 4:00 PM ET**
Session 2 – The ROI for Physician Leadership Development
Thank You!

Please let us know if you have any questions or feedback following today’s Expedition webinar

Jill Duncan
jduncan@ihi.org

Manny Cruz
mcruz@ihi.org