BIG AIM PRIMARY DRIVERS SECONDARY DRIVERS P1 Reduce Harm and 1. Conduct regular review of safety and adverse events to identify opportunities **Safety Events** 2. Identify bold goals for organization-wide strategic focus areas to reduce harm P2 Reduce Non-Value-1. Create a culture of focus on the relentless pursuit of operational waste Added Operational 2. Improve operational efficiency through redesign **Workplace Waste** 3. Link to organizational focus on creating joy in work P3 Reduce Non-Value-1. Engage clinicians in activities to reduce unwarranted clinical variation Added Clinical **Systematically** 2. Build linkages to the electronic health record for real-time "smart alerts" **Variation Waste** and proactively 1. Equip and train frontline staff to use key tools (e.g., Lean, visual management identify and **P4 Actively Solicit Staff** system, waste reduction) eliminate 50% and Clinician Ideas of non-value 2. Engage frontline staff in waste reduction idea generation (e.g., huddles, "fresh added waste in eves" teams) the US health 1. Involve patients in co-design to identify value-added vs. non-value-added steps in P5 Involve Patients in care system by the care process **Identifying What** 2025 **Matters to Them** 2. Solicit ideas from patients and families on waste reduction opportunities P6 Redesign Care to 1. Engage in care redesign across transitions of care **Achieve the Triple** 2. Build in focus on waste reduction to tests of change on the Triple Aim (better Aim care, better health, lower costs) P7 Engage Leadership 1. Incorporate waste reduction priorities in system-wide and cascaded strategic plans to Provide Ongoing **Sponsorship** 2. Create an organization-wide visual management system to monitor efforts and outcomes

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TESTS OF CHANGE, KEY ACTIVITIES PRIMARY DRIVERS SECONDARY DRIVERS P1 Reduce Harm A. Quarterly review of all reported safety and adverse events or near misses 1. Conduct regular review of safety and B. Summary report to quarterly Quality Close review to identify trends and action plans and Safety adverse events to identify opportunities C. Review Sentinel Event/Root Cause gap analyses for sharable prevention strategies **Events** D. Annual goal-setting to reduce Harm-Across-the-Board (HAB) by 90%, expanded definition 2. Identify bold goals for organization-wide E. Identify Bold Goals for reduction of key Harm categories strategic focus areas to reduce harm F. Report to Quality Close to review progress made in last quarter, plan next mitigation activities P2 Reduce Non-A. Create / continue activation of specific strategic focus on waste reduction (link to P7) Create a culture of focus on the relentless B. Hardwire Visibility Boards with Management for Daily Improvement (MDI) rounds pursuit of operational waste Value- Added Operational Workplace 2. Improve operational efficiency through C. Leverage Lean mindset, methods and management system model Waste D. Create swimlane approach to reducing waste at each entity and through key departments redesign E. Enact Advance Team oversight plans, each entity. Host Lean Close to share successes/plans. 3. Link to organizational focus on creating joy F. Scope each Lean event and then turn the decision-making over to team members! G. Assemble Lean teams with an eye to inclusion of as many staff as feasible participating in work H. Ensure Friday Report Outs well attended with leaders and colleagues to celebrate team ideas P3 Reduce Non-A. Leverage physician portal data as "data for learning, not for judgement" to ID opportunities Engage clinicians in activities to reduce B. Assign each clinical/best practice team a goal to identify and reduce a specific variation Value- Added unwarranted clinical variation C. Advance focus on Overdiagnosis and Overtreatment (NNTH/NNTB/POEMs), Diagnostic Error Clinical Variation Deploy expanded "wisely Choosing Wisely" alerts for inclusion as in-line alerts in the EHR/EMR 2. Build linkages to the electronic health E. Build other "smart alerts" or order sets to reduce unwarranted variation (e.g. blood use) Waste record for real-time "smart alerts" Equip and train frontline staff to use key A. Conduct system-wide training in Lean thinking (modular) **P4 Actively** tools (e.g., Lean, visual management B. Rollout Visibility Board toolkit v4.0 with "Build-a-Board" classes, rounds/huddles **Solicit Staff** C. Link Leadership Walk-Rounds to Visibility Board review, "what we'll see next" system, waste reduction) and Clinician Ideas 2. Engage frontline staff in waste reduction Focus on each department/team/unit use of Visibility Board huddles at appropriate frequency E. Evaluate use of tools for idea generation (e.g. IHI Waste Reduction Tool) idea generation (e.g., huddles, "fresh eyes" F. Populate teams with multi-disciplinary representatives, harness "fresh eyes" ideas teams)

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PRIMARY DRIVERS SECONDARY DRIVERS **TESTS OF CHANGE, KEY ACTIVITIES** P5 Involve A. Ensure patient inclusion in every Lean team/event that impacts patient care/experience Involve patients in co-design to identify B. Standing agenda topic on each entities Patient & Family Advisory Committee value-added vs. non-value-added steps in Patients in Identifying the care process **What Matters** C. Redesign on-the-spot idea collection using Simply Better idea & recognition cards 2. Solicit ideas from patients and families on D. Review all patient and family feedback comments for opportunities (surveys, Yelp, other) to Them waste reduction opportunities P6 Redesign Care Continue care redesign for Alternative Payment model tests (ACOs, Bundles) **Engage in care redesign across transitions** Activate strategic partnerships with post-acute care providers in each market to Achieve the of care C. Leverage data warehouse/analytics to identify further opportunities for waste reduction **Triple Aim** D. Partner with HHS in Long Beach on Social Determinants focus; activate Deep Dive plans Build in focus on waste reduction to tests E. Pursue key "filling in the Cracks" tests (e.g. flipped discharge, Lean innovation) of change on the Triple Aim (better care, F. Activate strategic focus on behavioral health support across the continuum – clinic, virtual better health, lower costs) A. Create and activate waste reduction focus into system-wide and cascaded Strategic Plans P7 Engage Incorporate waste reduction priorities in B. Assign sponsorship for each key initiative and reporting mechanism Leadership to system-wide and cascaded strategic plans **Provide** Ongoing 2. Create an organization-wide visual Update executive Visibility Board "tiles" with key metrics and outcomes for Wall Walks **Sponsorship** D. Share Visibility Board with Boards, CEO and COO/CFO/CNO teams management system to monitor efforts and E. Encourage idea sharing outcomes

| PRIMARY DRIVERS | SECONDARY DRIVERS | TESTS OF CHANGE, KEY ACTIVITIES |
|---|--|---------------------------------|
| P1 Reduce Harm and Safety Events | Conduct regular review of safety and adverse events to identify opportunities | |
| | 2. Identify bold goals for organization-wide strategic focus areas to reduce harm | |
| P2 Reduce Non- Value- Added Operational Workplace Waste | Create a culture of focus on the relentless pursuit of operational waste | |
| | 2. Improve operational efficiency through redesign | |
| | 3. Link to organizational focus on creating joy in work | |
| P3 Reduce Non- Value- Added Clinical Variation Waste | 1. Engage clinicians in activities to reduce | |
| | unwarranted clinical variation | |
| | 2. Build linkages to the electronic health record for real-time "smart alerts" | |
| 1. Equip and train frontline staff to use key | | |
| P4 Actively Solicit Staff and Clinician Ideas | tools (e.g., Lean, visual management system, waste reduction) | |
| | 2. Engage frontline staff in waste reduction idea generation (e.g., huddles, "fresh eyes" teams) | |

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