

IHI Leadership Alliance Waste Workgroup. “A Driver Diagram to Systematically and Proactively Identify and Eliminate Non-Value-Added Waste in the US Health Care System by 2025.” Boston: Institute for Healthcare Improvement; 2019. (Available at www.ihl.org)



PRIMARY DRIVERS

SECONDARY DRIVERS

TESTS OF CHANGE, KEY ACTIVITIES

P1 Reduce Harm and Safety Events

- 1. Conduct regular review of safety and adverse events to identify opportunities
- 2. Identify bold goals for organization-wide strategic focus areas to reduce harm

- A. Quarterly review of all reported safety and adverse events or near misses
- B. Summary report to quarterly Quality Close review to identify trends and action plans
- C. Review Sentinel Event/Root Cause gap analyses for sharable prevention strategies
- D. Annual goal-setting to reduce Harm-Across-the-Board (HAB) by 90%, expanded definition
- E. Identify Bold Goals for reduction of key Harm categories
- F. Report to Quality Close to review progress made in last quarter, plan next mitigation activities

P2 Reduce Non-Value- Added Operational Workplace Waste

- 1. 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

- A. Create / continue activation of specific strategic focus on waste reduction (link to P7)
- B. Hardwire Visibility Boards with Management for Daily Improvement (MDI) rounds
- C. Leverage Lean mindset, methods and management system model
- D. Create swimlane approach to reducing waste at each entity and through key departments
- E. Enact Advance Team oversight plans, each entity. Host Lean Close to share successes/plans.
- 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
- H. Ensure Friday Report Outs well attended with leaders and colleagues to celebrate team ideas

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”

- A. Leverage physician portal data as “data for learning, not for judgement” to ID opportunities
- B. Assign each clinical/best practice team a goal to identify and reduce a specific variation
- C. Advance focus on Overdiagnosis and Overtreatment (NNTH/NNTB/POEMs), Diagnostic Error
- D. Deploy expanded “wisely Choosing Wisely” alerts for inclusion as in-line alerts in the EHR/EMR
- E. Build other “smart alerts” or order sets to reduce unwarranted variation (e.g. blood use)

P4 Actively Solicit Staff and Clinician Ideas

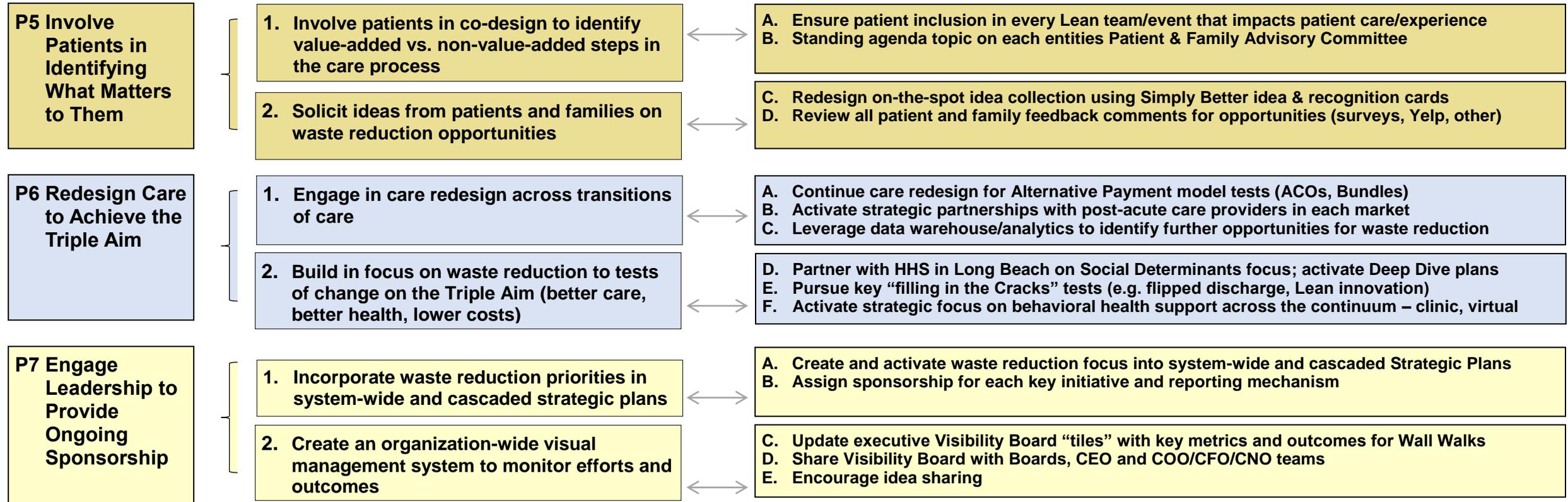
- 1. Equip and train frontline staff to use key tools (e.g., Lean, visual management system, waste reduction)
- 2. Engage frontline staff in waste reduction idea generation (e.g., huddles, “fresh eyes” teams)

- A. Conduct system-wide training in Lean thinking (modular)
- B. Rollout Visibility Board toolkit v4.0 with “Build-a-Board” classes, rounds/huddles
- C. Link Leadership Walk-Rounds to Visibility Board review, “what we’ll see next”
- D. 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)
- F. Populate teams with multi-disciplinary representatives, harness “fresh eyes” ideas

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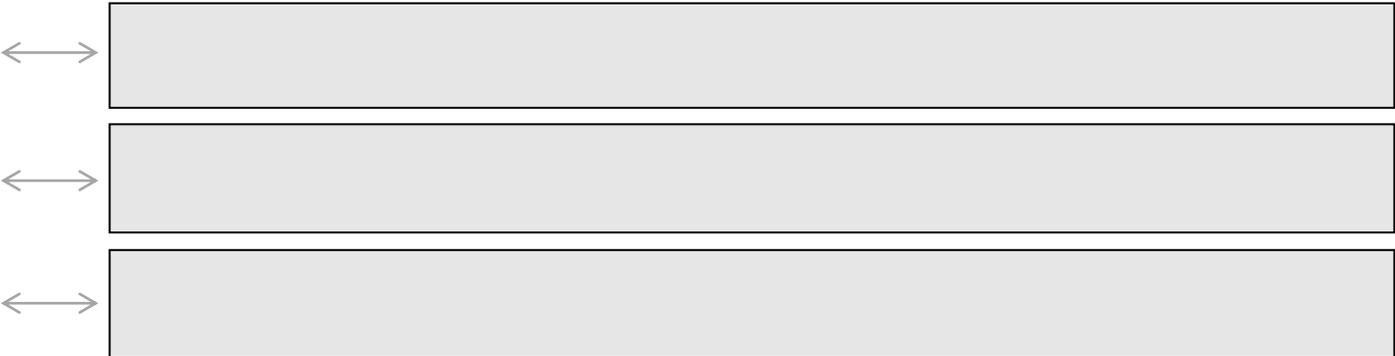
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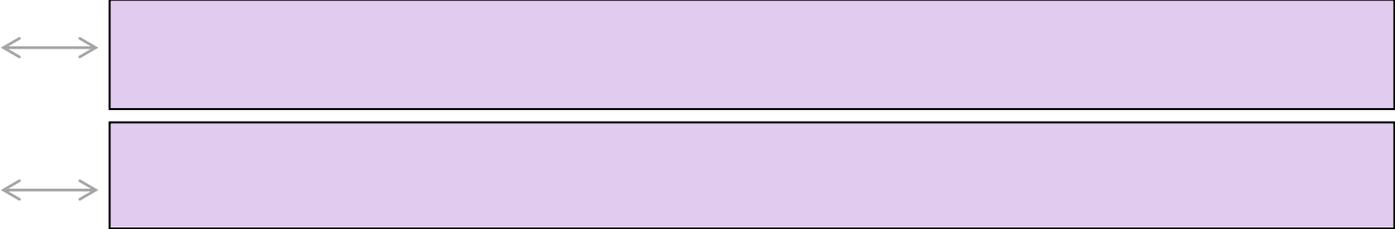
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