



# Building a Quality Improvement Culture

## From PDSAs and Projects to a Learning Organization Focused on Performance

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# Introductions

- Your name
- Your organization and who you serve
- Organization's Goldilocks level with QI
  - Too Cold = Think we are behind other clinics
  - Just Right = Doing it, going well, key to success
  - Too Hot = Did it/doing it, not going well for us



# Model for Improvement

What are we trying to accomplish?

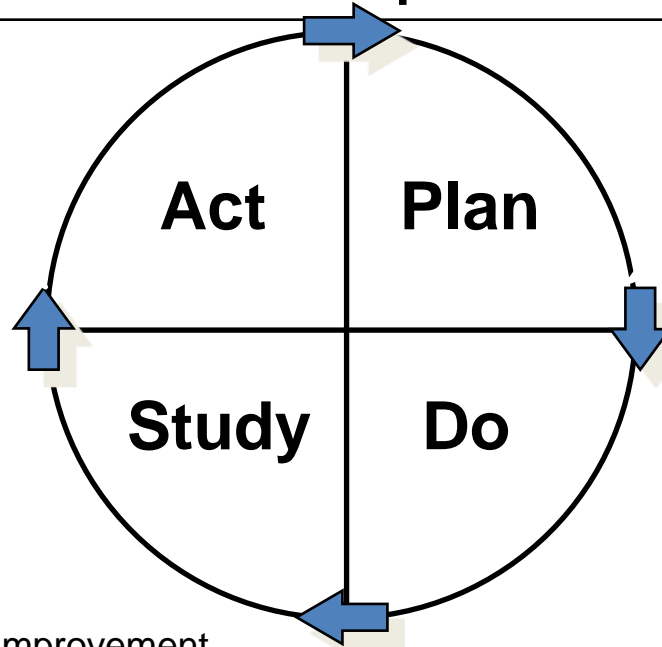
**AIM**

How will we know that a change is an improvement?

**MEASURES**

What changes can we make that will result in improvement?

**CHANGES**



**RAPID  
TEST  
OF  
CHANGES**

From Associates in Process Improvement.



**Change is  
necessary.**

**Change  
is hard.**

**YOU  
ARE  
HERE.**

**Health  
care is  
complex.**

**People are  
complicated.**

# Discussion

**What do we take from the Model for Improvement to everyday work?**

**Where QI projects have had lasting impact, what actions or systems allowed that to happen?**

# QI project ↔ Culture of quality

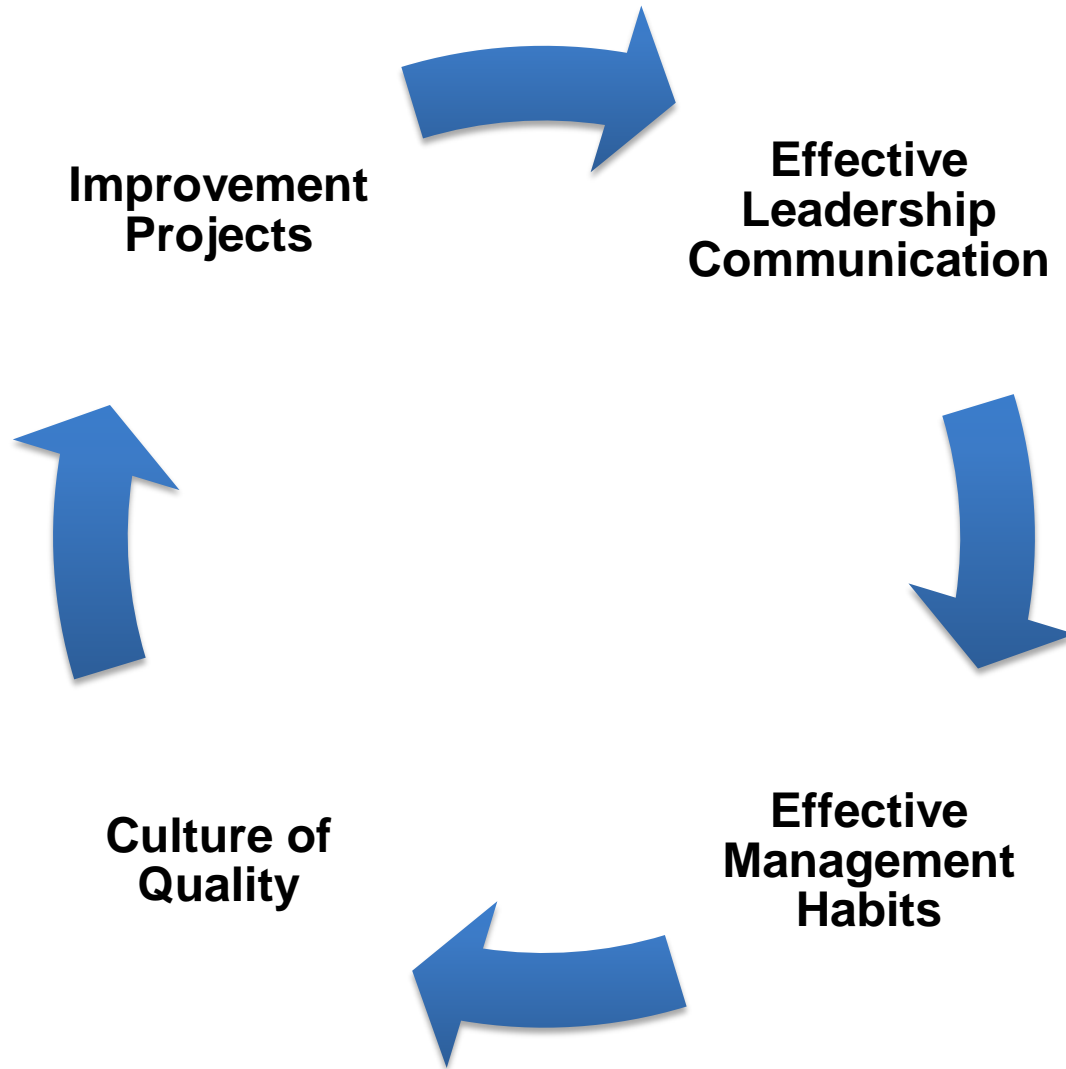
- Start small.
- Create successes. Seeing is believing.
- Motivational management expedites everyone.
- Create a clear path.
- Listening leaders: input from everyone, decide as group. Everyone gets to be smart.
- Move forward together.
- Be systematic. Standardize what works.
- Build a learning organization.

# What NOT to do

- Limit people to their task list.
- Manage by fear and finger-pointing.
- Allow conflict to get/stay personal.
- Defer creativity, waste people's brain power.
- Have boring meetings.
- Wish for a whole different group of patients.



# The virtuous cycle





# Culture of quality and the virtuous cycle

## Four ways to get there

1. Teaming
2. Walk the walk: Improvement is personal
3. Make it safe to change: Project planning
4. Plan communication: Elephants & Riders
5. After the project: Sustain and Spread



# Teaming (as a verb)

**Active process to create interdependent teams who ...**

- **Form and reform quickly,**
- **Rely on each others' expertise,**
- **Get smarter over time,**
- **Provide the engine of organizational learning.**

# How to do Teaming

- Create psychological safety
- Focus on the problem and allow for new solutions to arise from staff
- Get out their way (no siloes by role, e.g.)
- Expect people to recreate their work
- Hold people accountable as teams



**Walk the walk.**

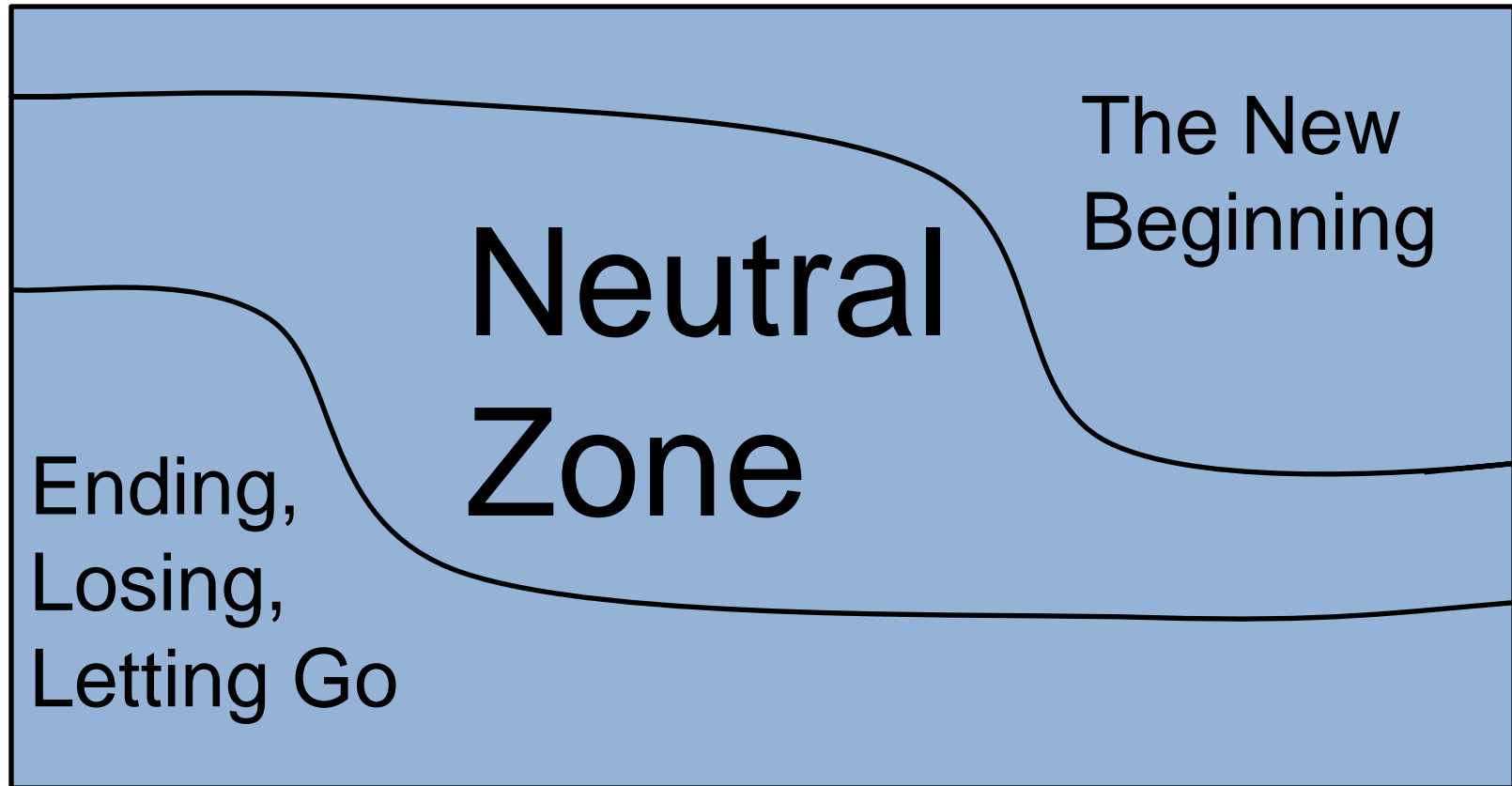
**Be obviously imperfect.**

**Improve yourself in public.**

# Hunter's scorecard

Goal	Measure	Score/Week					
		2-23	3-2	3-9	3-16	3-23	3-30
Meet all deadlines	Look back each Friday	Yes	No, - 1				
Class development	3 hours/week on 1 or more modules	0/3	x/3	x/3	x/3	x/3	x/3
Exercise	Yoga or Run 4x/week	2/4					
Healthy eating	2 pieces fresh fruit per day.	6/7					
Fiction Writing	5 hrs/week	2/5	2/5 as of Thurs				

# Transitions have 3 Stages



# Make it safe to change, with right team, clear expectations

- Pick the right team members
- Use a **project charter** to set expectations
- Hold regular meetings, even just 20 min
- Have difficult conversations as needed
- Use a standard agenda for project meetings
- Post measures publicly
- Celebrate successes



**Plan your communication  
to engage partners in change.**

**Commitment = Clarity + Buy-in**

**Speak to Elephants and Riders.**





**Rider**

**Elephant**

**Path**





# Make the Path for the Elephant

- Direct the Rider.
  - Find the bright spots.
  - Point to the destination.
- Motivate the Elephant.
  - Find the feeling (+/-).
  - Build identity.
  - Shrink the change.
  - Build a growth mindset.
- Shape the Path.





Make the Path for the Elephant

**Clarity dissolves resistance.**

**Commitment = Clarity + Buy-in**



## 4. After the project ...

**Sustain**

**Spread**

# Sustain project gains

- Get clear on key changes
- Hardwire most important measures
- Monitor these metrics, set minimum threshold
- Hardwire the key changes
  - P&P, job descriptions, supervision, perf. reviews
  - Communication for culture of quality

**Goal: New normal (not just successful project)**

Big Ideas	Change Theory, Thinker
Elephants and riders	<i>Switch: How to Change Things when Change is Hard</i> ; Dan and Chip Heath (from Jonathan Haidt)
Establish the gap.	Motivational Interviewing; Miller and Rollnick
Improve yourself in public.	<i>Quality is Personal</i> ; Harry Roberts
Be specific about the changes.	Spread of better practice; Sarah Fraser
It's the transition.	<i>Transitions and Managing Transitions</i> ; William Bridges
Help everyone change when it's right for them.	Adoption Curve; Everett Rogers
Set loose the mad scientists.	Model for Improvement; Lloyd, Moen, et al.



# What is Quality Improvement?





# What is Quality Improvement?

- **Change at system (team/org) level**
  - Work at the frontline level
  - By multi-disciplinary staff teams
- Regular, ongoing assessment and measurement
- Reduction of variability
- **Process** focus, not individual as good/bad

Examples: improve health of people with diabetes, increase % women breastfeeding, decrease injuries

**How do we do things better?**



# What is Quality Assurance?

“The planned and systematic activities put in place to ensure that (quality) requirements for a product or service will be fulfilled.”

- Ensure that requirements, guidelines, regulations met
- Uses inspection (vs. regular measurement)
- Also known as quality control
- Examples:
  - Health code for restaurants
  - Licensing of providers
  - Audits of clinical facilities

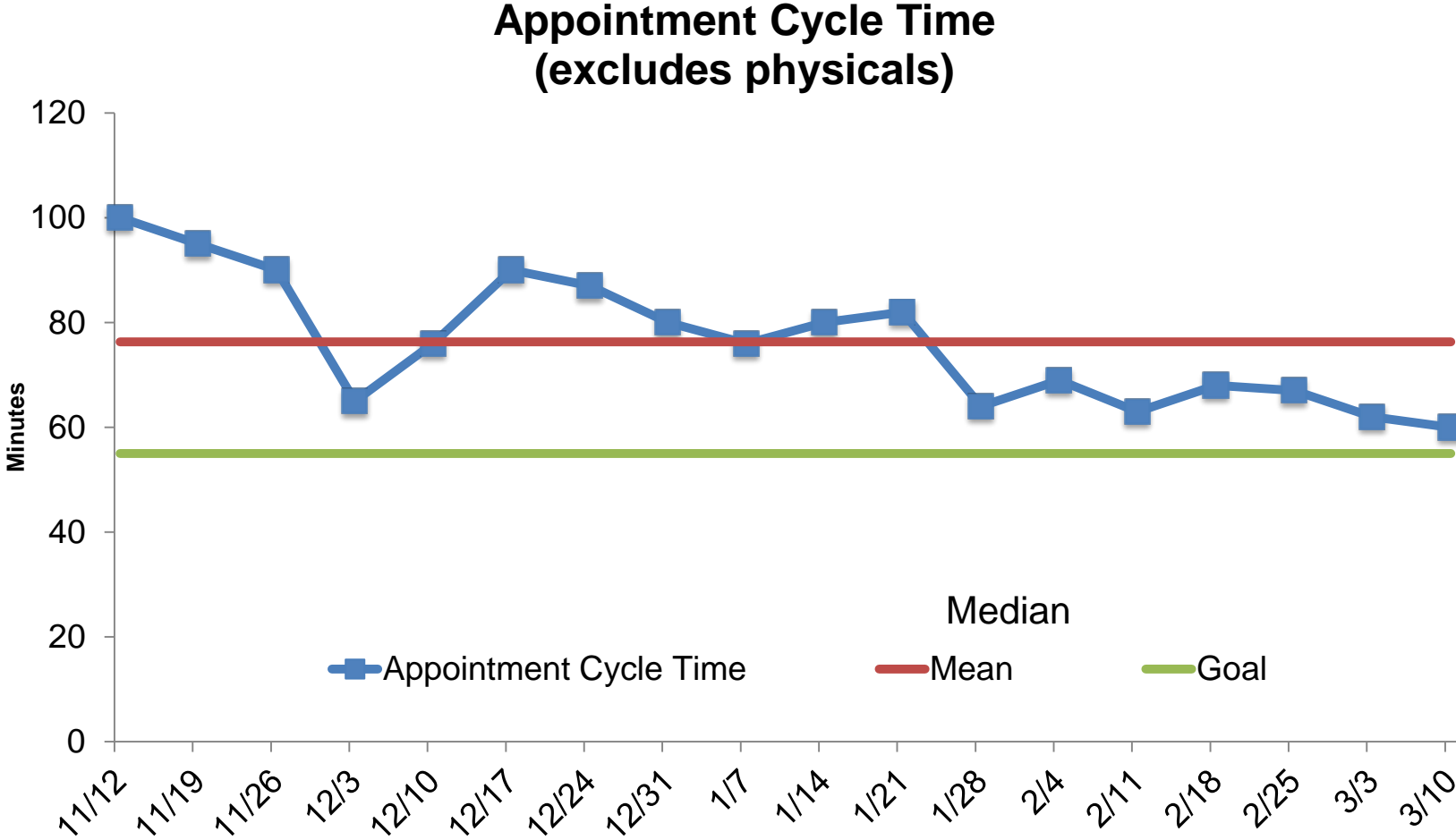
**Are we (you) doing things right?**

**Every system  
is perfectly designed  
to give the results that it gets.**

# Aim Statement Formula

By {When}, Increase/ decrease  
{What} for {Whom} from  
{What it is now} to {What you  
want it to be}.

# Why measure frequently? To monitor your process



# Run Charts

- **Display ordered sequence of data and provide running record over time**
- **Can be used for any data that are sequenced over time (trending)**
- **Require no statistics**
- **Visually illustrate progress toward goal**

Adapted from, *NHS Scotland Tutorial Guide on Statistical Process Control.*

<http://www.indicators.scot.nhs.uk/SPC/SPC.html>



# Understanding Variation

- **All sets of data demonstrate variation.**
- **Two types of variation**
  - Random/common cause (*NOT special; regular*)
  - Special cause (*something going on*)

Adapted from, *NHS Scotland Tutorial Guide on Statistical Process Control*.  
<http://www.indicators.scot.nhs.uk/SPC/SPC.html>

# Example of PDSA

**Aim:** Increase childhood health literacy in new parents.  
**Change being tested:** Raffle to improve class attendance

**Plan:** Shiloh will text moms with news of 2 \$50 Safeway cards being given away at class #2 in three days. We predict that more moms will come to class #2 than came to #1.

**Do:** Shiloh has mobile numbers for 8 of 10 moms. She sends text. One reply said “who is this?” Two others responded with excitement. No other replies. At Class #2, 7 of 10 moms came, including one who didn’t get text.

**Study:** 7 of 10 was better than 5 of 10 at first class. One mom said she didn’t want class eating up her data plan.

**Act:** Do another PDSA with texting simple reminder, no raffle prize for attendance.

Not PDSA, but new practice: Ask all moms to confirm their cell # at each class.





# Final note about experts

**“He who reads 100 poets  
sounds like 100 poets.**

**He who reads 1000 poets  
sounds like himself.”**

**- Aphorism from China**



# Reading list

- Leading change
- Quality improvement, Model for Improvement
- Productivity and time management
- Management skills for supervisors

# Keep the conversation going.

Get contact info from others here  
(make a date, start a peer group)

and

[hunter@signalkey.com](mailto:hunter@signalkey.com)



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