

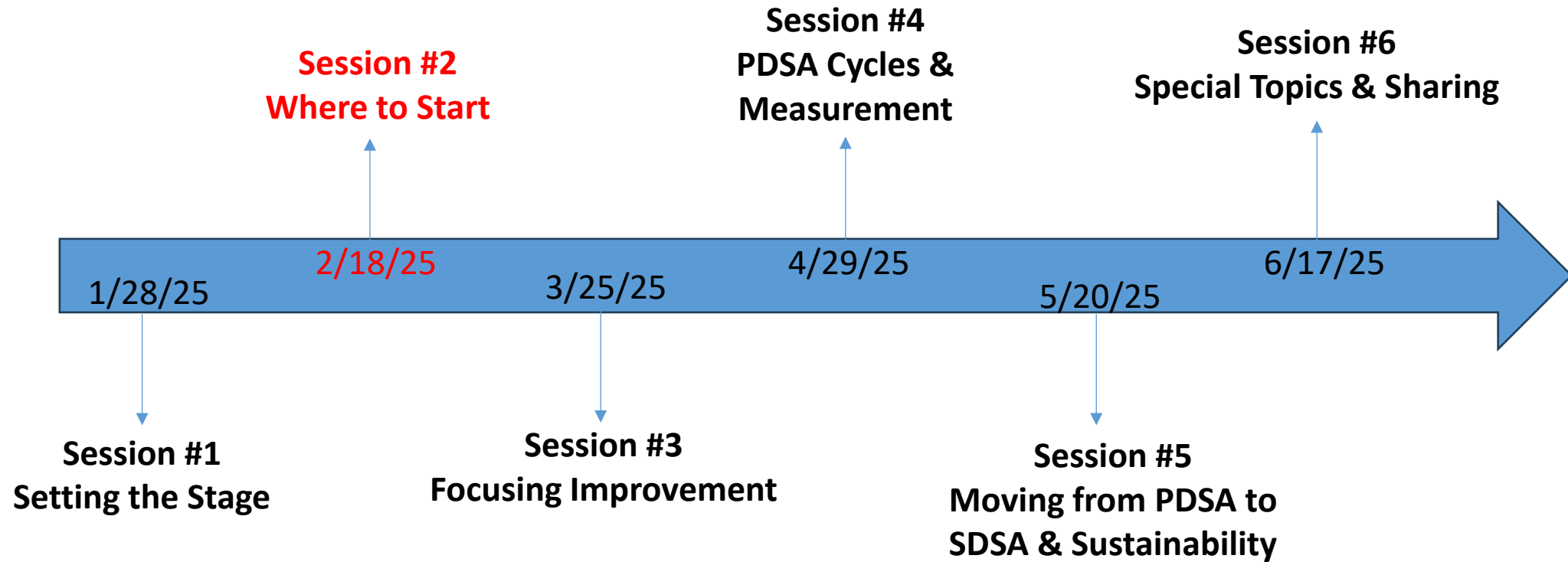
VPQHC  
Quality Improvement Training  
Session 2

Where To Start  
February 18, 2025  
12:00 to 1:30 PM

# Session 2 Agenda

1. Session Agenda Review- 10 min
2. QI Training Workbook Overview- 10 min
3. Team based QI- 20 min
4. Defining/Understanding the problem- 20 min
5. Assessing Current State with “problem in view.”- 15 min

# Welcome and Program Summary



## Suggested Texts/Reference

- *Quality by Design 1<sup>st</sup> Edition*- Nelson, Batalden, Godfrey
- *Quality by Design 2<sup>nd</sup> Edition*- Godfrey, Foster, Johnson
- *The Health Care Data Guide*- Provost and Murray
- *Practical Measurement For Health Care Improvement*- Oliver, Ogrinc
- *The Team Handbook*-Scholtes, Joiner, Streibel
- *Helping*- Edgar Schein
- *Humble Inquiry*- Edgar Schein
- *Listening Well*- William R. Miller

All Available on Amazon.com

# Session 2 Learning Objectives

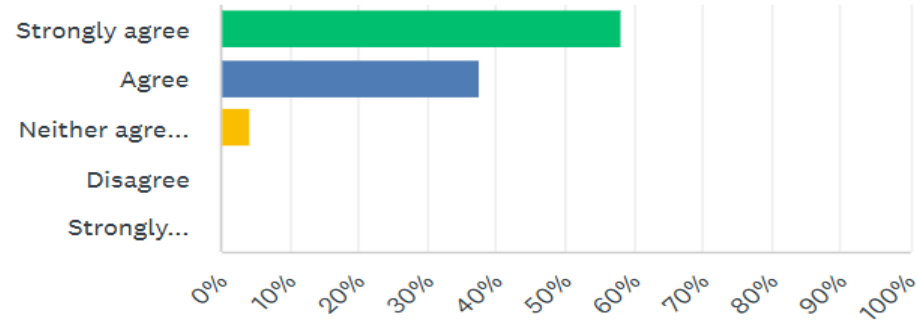
1. Understand Team-Based QI: Explain the importance of team-based QI, identify key team members, and moving from buy-in to ownership (continued from session 1).
2. Facilitate Effective Team Meetings: Demonstrate how to structure team meetings using an agenda template, define roles, and manage time effectively.
3. Define and Assess the Problem: Differentiate between symptoms and problems, identify current state, and baseline data, and evaluate data within context.
4. Assess the Current State: Apply tools such as Process Flow Maps to identify where in the process the problem occurred.
5. Introduce the QI Worksheet Template.

# Session 1 Satisfaction Survey Results

## The program structure and requirement...

...

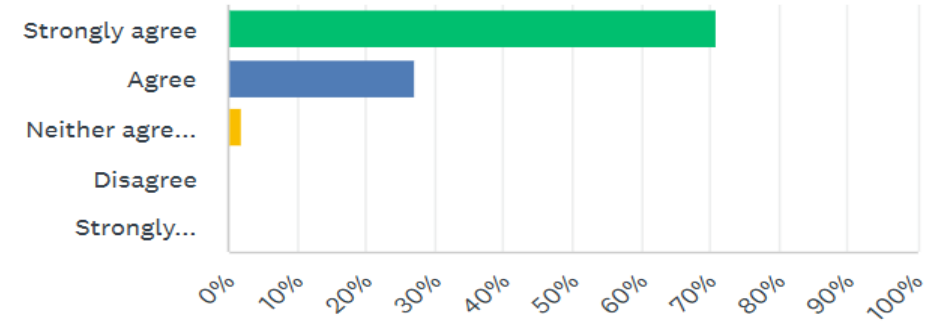
Answered: 48 Skipped: 0



## The differentiation of QA and QI was cle...

...

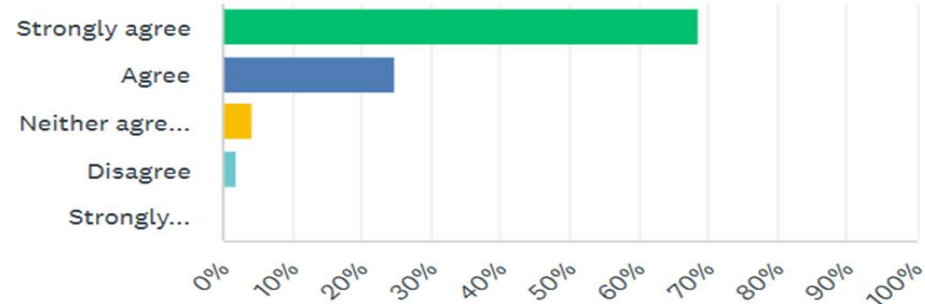
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## The difference between "buy-in" and "o...

...

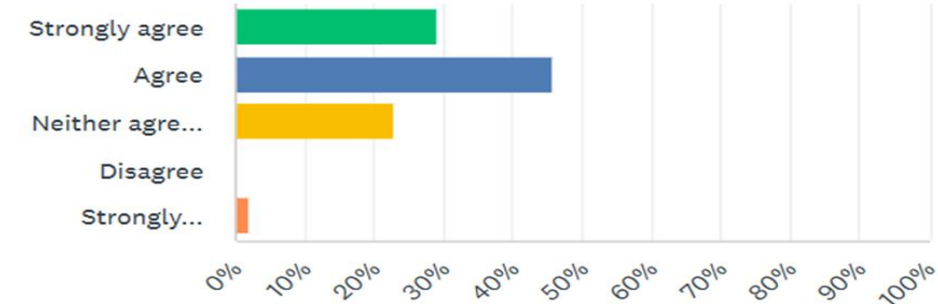
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## The discussion on the Donabedian Fram...

...

Answered: 48 Skipped: 0

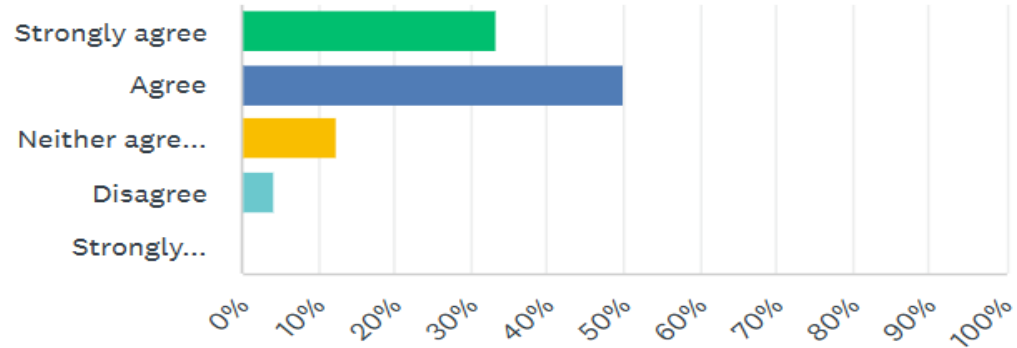


# Session 1 Satisfaction Survey Results

## The discussion on selected improvemen...

...

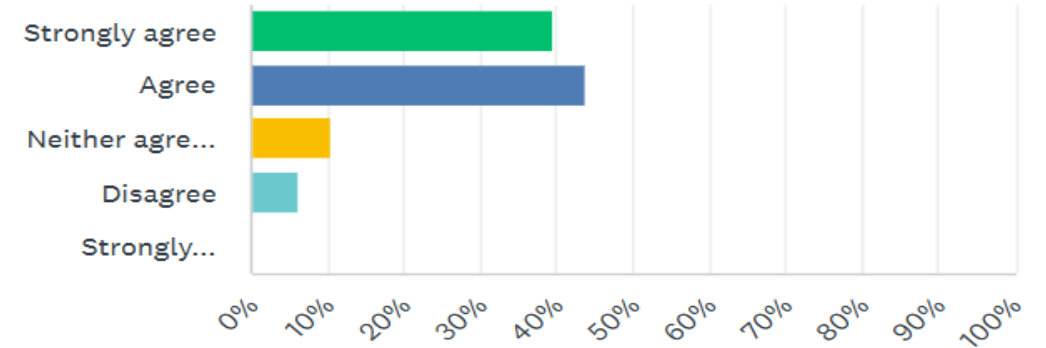
Answered: 48 Skipped: 0



## I will be able to utilize what I learned in ...

...

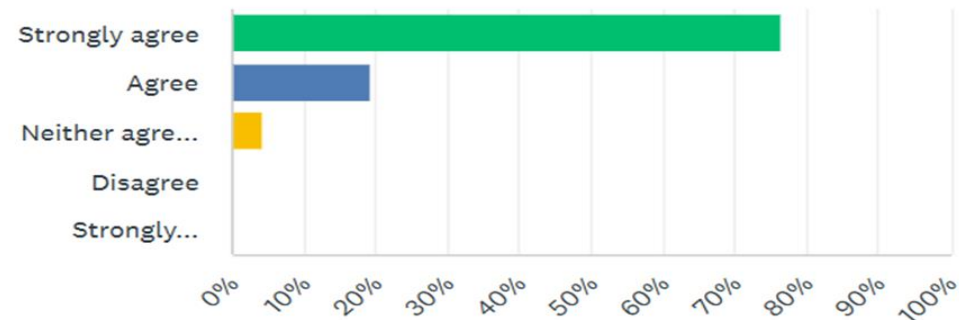
Answered: 48 Skipped: 0



## The session instructor was clear and ea...

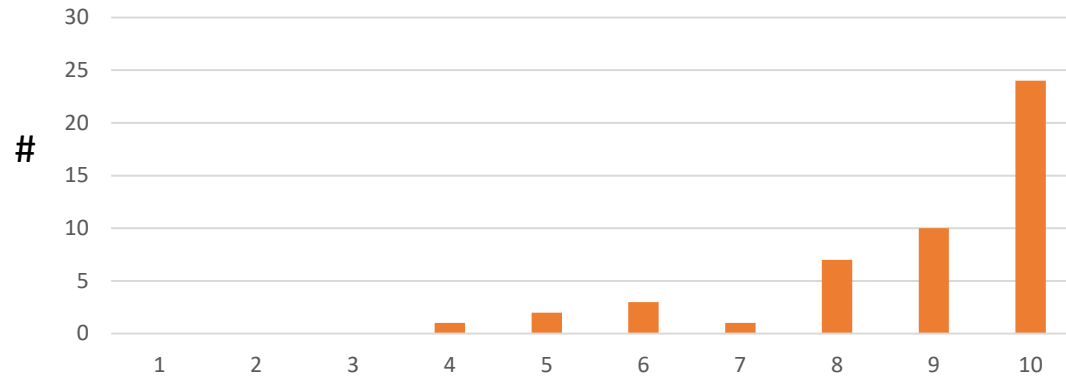
...

Answered: 47 Skipped: 1



# Session 1 Satisfaction Survey Results

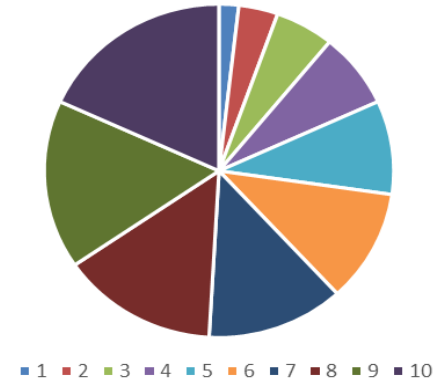
**Session 1 Evaluation**  
**Scale 1 to 10 (N=48)**



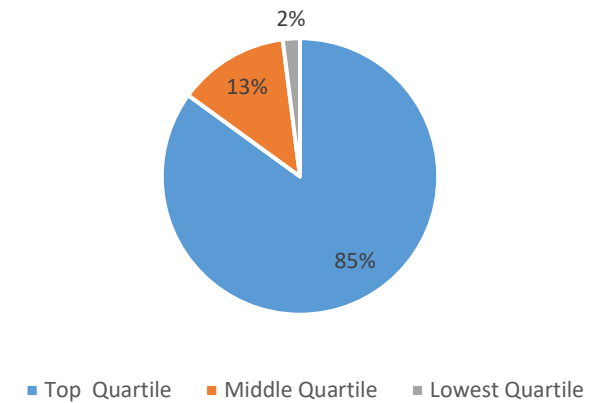
Scale from 1 to

Mean= 8.9  
Median= 9.5  
Mode= 10

Session 1 Satisfaction % Responses



Satisfaction Quartiles





# Session 1 Satisfaction Positive Comments

I appreciate the discussion of the distinction and the intersection

This was such a helpful part of the training. Thank you.

I have spent a lot of hours spinning to get buy in. I get more traction when leadership backs ownership

This is already important to me, and I am so grateful this is your approach!

I just saw "buy-in" mentioned in one of my programmatic activities - will have to fix that!

This really resonated with me. I am new to leadership, and I am grateful to have to have clarity about these distinctions !

This was a really helpful distinction for me to learn!

I feel like this would have been a valuable addition to my Social Work clinical education.

These tools are all new to me and I know I will need to do some independent study to further expand my understanding and application.

Absolutely, especially helping leaders and team to understand The difference between "buy-in" and "ownership" related to QI

I'm having a conversation with a team tomorrow, and I'm going to be sure that I emphasize respect for the system as it is and recognition of the team's expertise and hard work that got us to this point before I move into a discussion about the improvements that I feel are needed to that system. I'm also going to use some of the language shared today to avoid shame/blame and focus on understanding the team's needs and limitations to get both buy-in (a shared agreement that we want safer medication administration practices) and ownership (working together to create new systems that are hopefully realistic, helpful, and sustainable to get to consistent and safe medication administration practices).

I look forward to applying my learning at my organization.

# Session 1 Satisfaction Positive Comments

Great session!

This was great! Thanks so much, Randy.

I appreciate the array of topics covered and reframing verbiage around QI.

This is so helpful! I'm grateful to be able to attend these trainings and love Randy's training style. Thanks VPQHC.

off to a great start thank you!

Well done, looking forward to the next session!

Randy, you make it look so easy!

I am really looking forward to the future sessions. I like the format and "easy-to-understand" presentation of the information. The discussions were helpful as well. Thanks Randy and great job!

Randy is a very engaging presenter.

This was an informative session that will support our teams in developing a structure and processes to produce outcomes.

Appreciate you taking the time to break things down in simple and digestible portions to be sure that everyone can keep up, learn, integrate and provide input

This session was designed well, however I'm unsure why my management asked me to attend. My role is not in QI and a lot of methods you discussed assumed knowledge of certain QI programs that I have no familiarity with.

looking forward to next session!

# Session 1 Satisfaction Constructive Comments

I missed that part

I would need further instruction on them, I think.

I would like to see that XL table formatted as a stand-alone PDF in the resources section of the training website.

more time on this section, such as examples where the different types of tools could be helpful

I am new to this and never heard of the tools before. It felt like just a lot of names and acronyms to me

Still wrapping my head around this one!

I'm not sure how I would use it at this point. Interested to see if that changes in future sessions.

I do not know enough about QI to understand much of what was discussed. I am not familiar with the tools.

I don't have a QI role

Unfortunately, I was late joining the meeting so missed some content

I am so new to QI that much of this was over my head. I am not familiar with the tools or methods discussed. I thought this was for folks like me who are just getting into QI so expected more of an overview.

I would like to see the item the link in the chat box goes to.

# Where to Start?

## QI Initiative Worksheet

### QI Intervention Expectations

Starting your QI Initiative

- Establish an inter-professional improvement team (ideally including a patient or family member.)
- Meet weekly or at least bi-weekly (every two weeks) during the intervention.
- Follow the steps in the QI Intervention process workbook.
- Participate in each of the assessments in a timely manner.

### Step 1- Form Inter-professional Team

The first step of any improvement effort is the formation of an interprofessional team. The team should have representation from each component of the care team that cares for these patients. This includes administrative staff such as schedulers, unit clerks and front desk staff. The team members will be responsible for sharing information and getting feedback from their peers. It is also recommended that you consider adding a patient partner to the team. The patient partner can provide much insight into the QI work.

Team Members Name	Role	Team Members Name	Role

### Step 2- Determine Time and Location for Weekly QI Meeting

Establishing a consistent date, time, and location to meet is important to establish a rhythm of improvement. It also makes it easier for busy staff to have a consistent meeting that can be worked into their routine schedule. To ensure that those who are not able to join in person can still participate, it is important to identify a conference line or a meeting platform (GoTo Meeting, Zoom, [etc.](#)) so, those who are not present can still be an active member of the improvement team.

Day/Frequency	Location	Time	Platform

### Step 3 Baseline Data- What matters to you and the people you care for?

Before starting any improvement effort, you need to first understand the current environment in which you are going to do the work and where the problem was identified. This process can help to identify potential areas in need of improvement and provide a baseline for your work. The chart below breaks the data down into three categories: Clinical, Operational and Financial. The Clinical bucket includes any patient clinical/biological or functional measures relevant to the system and or patient population of interest... Operational examples could include patient mix and demographics, staff and patient satisfaction, staffing levels, patient wait times, process cycle times, referral patterns, etc. Financial data could include insurance mix, medication/supply cost, hospitalization rates, length of stay, staff cost, emergency, and urgent care visits, etc.

The first step is to identify the location of the data and its availability. Some data will be available through your EMR, a registry, organizational data warehouse, and state or federal databases. You may need to collect some data yourself to ensure that you have all the information you need to proceed with your improvement. This short cycle sampling can be very helpful to verify data from other sources, engage others in the work and to put the data in context.

Clinical		Operational		Financial	
Topic	Data	Topic	Data	Topic	Data

# Assessing Current State

## Step 4- Assess Current Process flows (insert here)

Part of understanding the current system context is to have a clear understanding of the various processes and systems of care. You can do this by creating processes flows. When creating the process flows you may find confusion on steps in the processes or find that there is no standard process at all. The list below is noted as examples only. You should choose processes that are relevant to your area.

**Clinic/Unit Flow**

**Phone and Triage Flow**

**Patient Electronic Communication Flow**

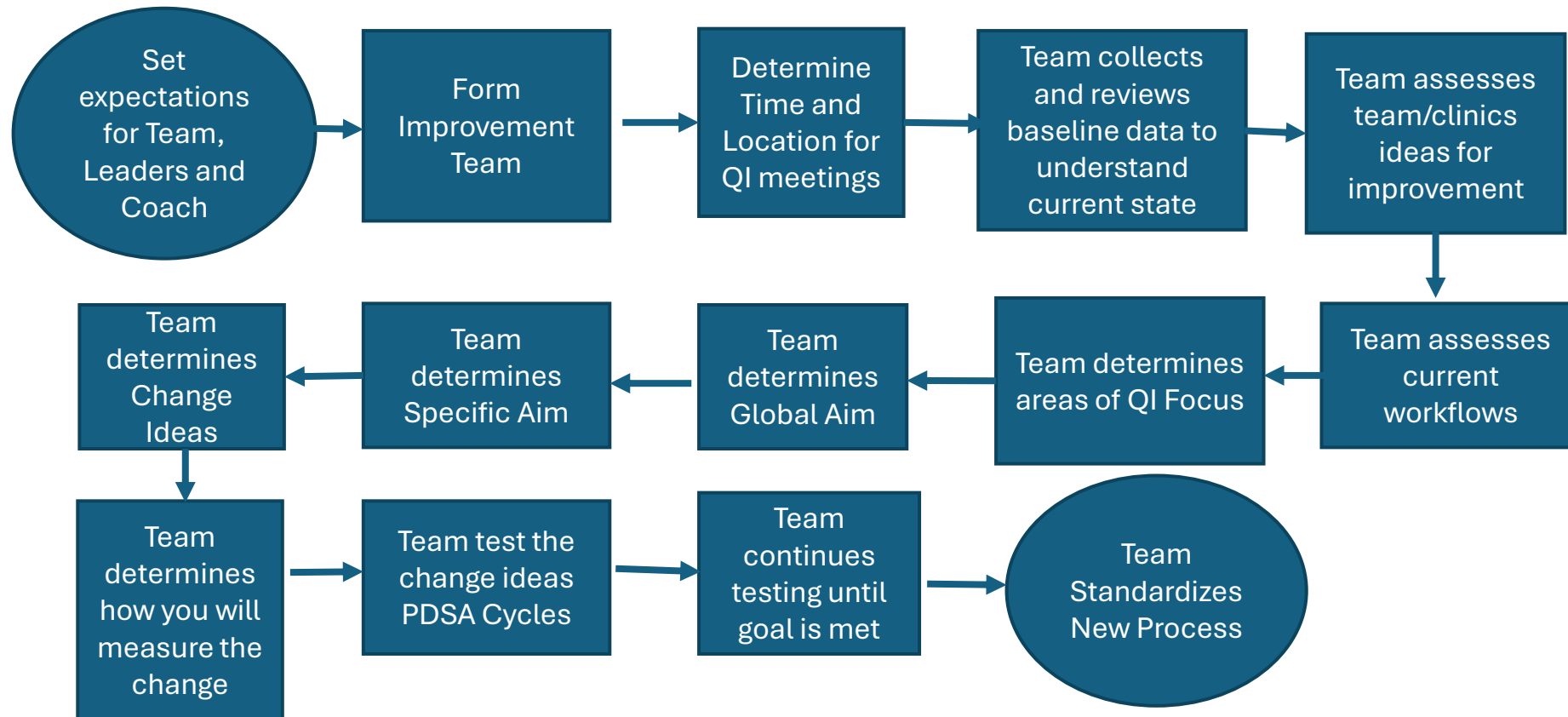
**Patient Notification (lab, radiology, referrals,)**

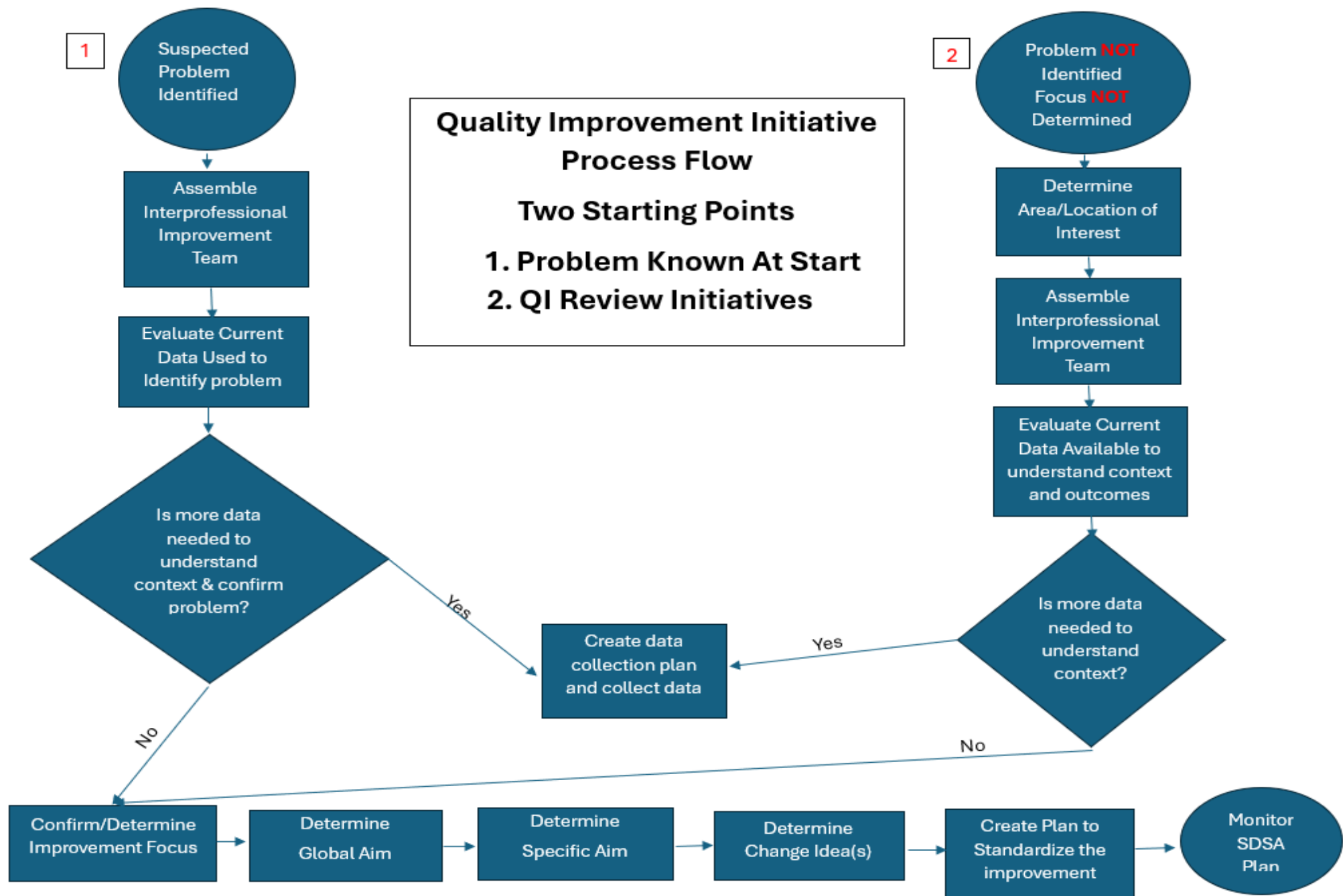
**Discharge planning**

**Unit scheduling**

**Other Process flows that matter to you and your patients.**

# QI Took Kit Process Outline





# Ownership vs. Buy-In Discussion

- After reading Ownership vs. Buy-In what insights do you have?
- What would you need to do to move from a culture of Buy-In to one of Ownership?

**Ownership**- “Is when you own or share the ownership of an idea, a decision, or an action plan; it means that you have participated in its development, that you chose on your own accord to endorse it. It means that you understand it and believe in it. It means that you are both willing and ready to implement it.”

**Buy-In**- “Someone else or some group of people has done the development, the thinking, the cooking and now they have to convince you to come along and implement their ideas/plans.”



# Why Team Based QI

- Keeps the QI momentum going
- Cultivates a spirit of QI within your organization/practice/unit/division that encourages everyone to improve the quality of services and programs continuously.
- Uses your own staff as internal experts. (You hired intelligent professionals.... Use them!)
- Develops staff members QI skills including QI tools data collection and analysis.
- All of this can lead to increased “Ownership” of the work.

As a LEADER providing strong support and endorsement helps to ensure success and continued ownership of the work!

# Who To Include on Improvement Team

- Consider the process and the area/location of where your improvement efforts are focused.
- Include all staff involved in the process not just clinical staff or administrators.
- Resist the urge to “only include” Nurses (because the issue involved a nursing process) or any other single role.
- Where possible include a patient or family member. No matter what we think, we are not able to provide the patients perspective.

## Step 1- Form Inter-professional Team

The first step of any improvement effort is the formation of an interprofessional team. The team should have representation from each component of the care team that cares for these patients. This includes administrative staff such as schedulers, unit clerks and front desk staff. The team members will be responsible for sharing information and getting feedback from their peers. It is also recommended that you consider adding a patient partner to the team. The patient partner can provide much insight into the QI work.

Team Members Name	Role	Team Members Name	Role

# The Meeting Process

(Remember Structure-Process-Outcome)

Meeting Name  
Agenda/Minutes  
Meeting Location/Link: XXXXXXXX

DATE: xx/xx/xxxx; XX AM to XX AM

Leader: Recorder:  
Facilitator: Timekeeper:

PARTICIPANTS:

AGENDA ITEM/Time	DISCUSSION	ACTION	RESPONSIBLE	TIME FRAME
Check-in- 1 min	<ul style="list-style-type: none"><li>Check In</li></ul>			
Assign Roles- 1 min	Leader: Recorder: Time Keeper: Facilitator:			
Assign Times- 2 min	Assign Times for each agenda item if not already done.			
Agenda Item 1- Time				
Agenda Item 2- Time				
Agenda Item 3- Time				
Meeting Summary and Next meeting Agenda- Time	<ul style="list-style-type: none"><li>Summarize Meeting discussion, next steps, clarify responsibilities.</li><li>Determine next meeting's agenda.</li></ul>			
Evaluate Meeting- Time	<ul style="list-style-type: none"><li>On a scale from 1 to 10 where 1 is a bad meeting and 10 is a good meeting. (Focusing on meeting process.)</li></ul>			

NOTES SUBMITTED BY:

- Meeting Roles- Engagement and Ownership of meeting.
- Timed Agenda- Helps ensure you stay on task
- Meeting Summary- Ensures everyone has the same understanding of next steps.
- Next Agenda- Full team sets next agenda (ownership)
- Evaluate Meeting Process- Scale 1 to 10 (ownership)
- Meeting Notes are done at the end of the meeting (no wasted time in completing meeting minutes.)

## Step 2- Determine Time and Location for Weekly QI Meeting

Establishing a consistent date, time, and location to meet is important to establish a rhythm of improvement. It also makes it easier for busy staff to have a consistent meeting that can be worked into their routine schedule. To ensure that those who are not able to join in person can still participate, it is important to identify a conference line or a meeting platform (GoTo Meeting, Zoom, [etc.](#)) so, those who are not present can still be an active member of the improvement team.

Day/Frequency	Location	Time	Platform

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# Meeting Roles

Leader: Responsible for leading the team through the agenda



Recorder: Takes meeting “*notes*” using the meeting template



Facilitator: Ensures that everyone participates



Timekeeper: Ensures team stays on time



# Brief Outline of Case Study

- The Good Health Primary Clinic wants to move away from a focus on individual patient care to population health. Their goal is to identify patients most in need of care and to provide high-quality care in collaboration with patients and their families in a timely and efficient manner.
- This is critical because the latest clinical quality report from the Accountable Care Organization (ACO) showed that the clinic needs to improve the care it provides to patients with chronic condition.
- The report indicated that in the past 12 months more than 30% of clinic patients with diabetes had a hemoglobin A1C greater than 10.0% (lower A1C is better). A1C in individuals without diabetes is < 5.5%; ideal blood sugar control in a patient with diabetes is < 7.0%. The clinic's rate of 30% was well above the ACO goal of only 15% and above the other ACO primary care clinics' overall average of 21%.
- The team wanted to focus on this high-risk population of patients with diabetes first and, if successful, spread its improvement to the other patients with diabetes in their clinic.

# Good Health PC QI Team Agenda

## Good Health Primary Care Diabetes Initiative

### Agenda/Minutes

M203 Conference

<https://us06web.zoom.us/j/87134365985?pwd=xFx2P0FxDiUw9XcJ23bmVzhUx72rKE.1>

**DATE:** 02/18/2025; 12 PM to 1 PM

**Leader:** Recorder:

**Facilitator:** Timekeeper:

**PARTICIPANTS:** Bill, Felicia, Jabeen, Randy, Cindy, Deana

AGENDA ITEM/Time	DISCUSSION	ACTION	RESPONSIBLE	TIME FRAME
Check-in- 1 min	<ul style="list-style-type: none"><li>Check In – Brief Check in from each person.</li></ul>			
Assign Roles- 1 min	Leader: Felicia Recorder: Bill Timekeeper: Jabeen Facilitator: Deana			
Assign Times- 2 min	<ul style="list-style-type: none"><li>Assign Times for each agenda item if not already done.</li></ul>			
Review of Current data- 10 min	<ul style="list-style-type: none"><li>We will review the current clinic and ACO data for our patients with diabetes.</li></ul>			
Process Flow Map- 10 min	<ul style="list-style-type: none"><li>Create a process flow map on an office visit for a person with diabetes.</li></ul>			
Begin Discussion on Global Aim- Time- 5 min	<ul style="list-style-type: none"><li>Using the Global Aim Template to begin the discussion on the process we will focus our improvement.</li></ul>			
Meeting Summary and Next meeting Agenda- 2 min	<ul style="list-style-type: none"><li>Summarize Meeting discussion, next steps, clarify responsibilities.</li><li>Determine next meeting's agenda.</li></ul>			
Evaluate Meeting- 2 min	<ul style="list-style-type: none"><li>On a scale from 1 to 10 where 1 is a bad meeting and 10 is a good meeting. (Focusing on meeting process.)</li></ul>			

Team Members Name	Role
Bob	Medical Assistant
Felicia	Front Desk Clerk
Jabeen	RN
Randy	Dietician
Deana	Social Worker
Cindy	Nurse Practitioner

NOTES SUBMITTED BY:

VPQHC

Vermont Program for Quality in Health Care, Inc.

# What data is Available?

## Step 3 Baseline Data- What matters to you and the people you care for?

Before starting any improvement effort, you need to first understand the current environment in which you are going to do the work and where the problem was identified. This process can help to identify potential areas in need of improvement and provide a baseline for your work. The chart below breaks the data down into three categories: Clinical, Operational and Financial. The Clinical bucket includes any patient clinical/biological or functional measures relevant to the system and or patient population of interest. Operational examples could include patient mix and demographics, staff and patient satisfaction, staffing levels, patient wait times, process cycle times, referral patterns, etc. Financial data could include insurance mix, medication/supply cost, hospitalization rates, length of stay, staff cost, emergency, and urgent care visits, etc.

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Clinical		Operational		Financial	
Topic	Data	Topic	Data	Topic	Data

1. What information “Data” do you have related to the problem or the location of interest.
2. Is more data available?
  - a. Where is it located
  - b. Who controls/manages this data
  - c. Can you access the data?
3. If no data available, do you need to **short** cycle data capture process.

**Remember- Many Times Data helps us  
ASK the next question and is NOT the  
END POINT!**

# Data Currently Available to QI Team

Clinical		Operational		Financial	
Topic	Data	Topic	Data	Topic	Data
% A1C >10	30%	#/% With A1C every 3 months	22/48%	ACO payment?	
# People w Diabetes	152	#/% with A1C>10 with visit with dietitian	15/33%	TBD	
# A1C>10	46 (30%)				



# Assessing Current State

## Step 4- Assess Current Process flows (insert here)

Part of understanding the current system context is to have a clear understanding of the various processes and systems of care. You can do this by creating processes flows. When creating the process flows you may find confusion on steps in the processes or find that there is no standard process at all. The list below is noted as examples only. You should choose processes that are relevant to your area.

**Clinic/Unit Flow**

**Phone and Triage Flow**

**Patient Electronic Communication Flow**

**Patient Notification (lab, radiology, referrals,)**

**Discharge planning**

**Unit scheduling**

**Other Process flows that matter to you and your patients.**

1. Review Current Data
2. Core Process Survey
3. Process Flow Maps

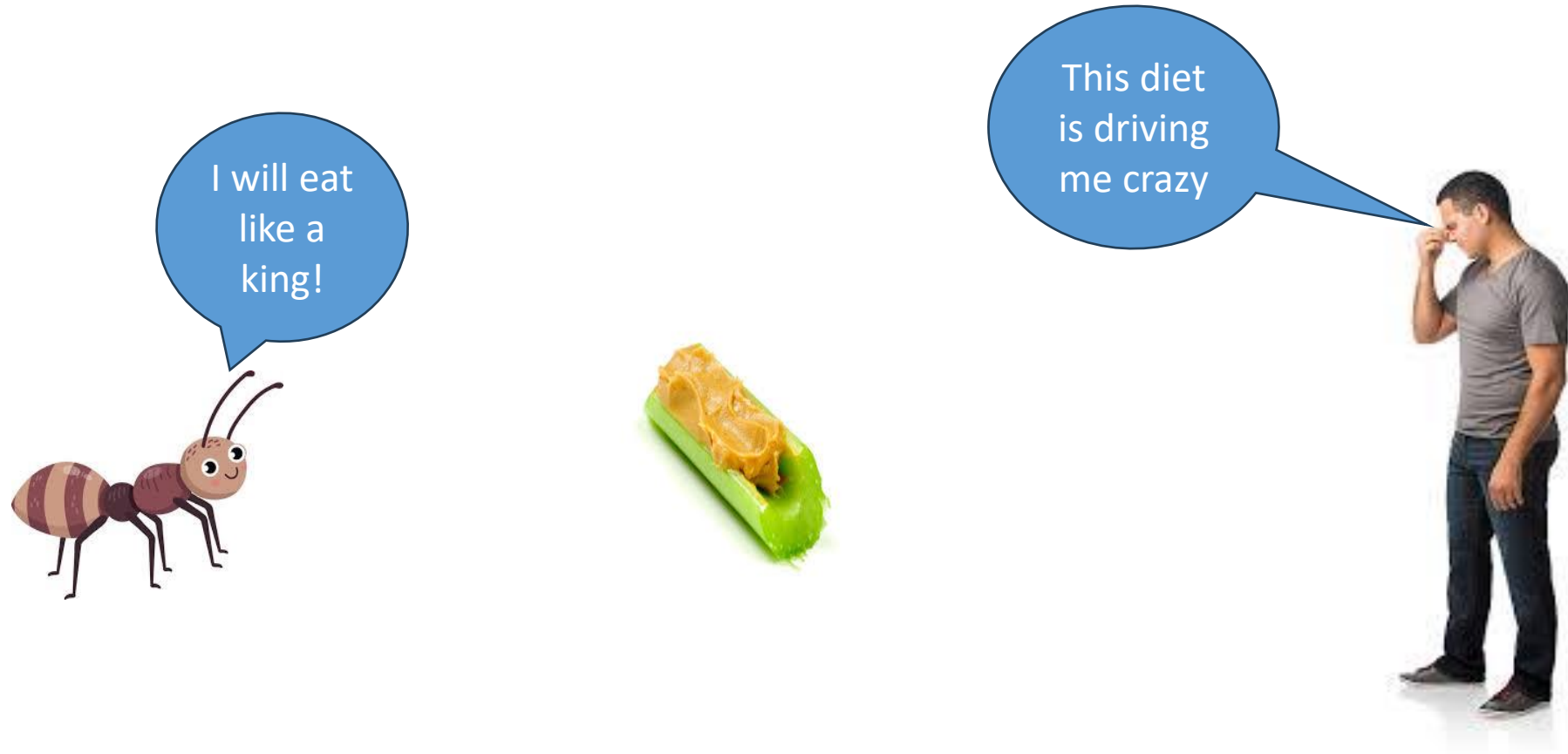
Core and Supporting Processes Survey (Check the box that best reflects your thoughts on each topic)							
Processes	Works Well	Small Problem	Real Problem	Totally Broken	Cannot Rate	We're Working On It	Source of Patient Complaint
Answering Phones							
Appointment System							
Messaging							
Scheduling Procedures							
Order Diagnostic Testing							
Reporting Diagnostic Test Results							
Prescription Renewal							
Making Referrals							
Pre-authorization for Services							
EMR Documentation							
Billing/Coding							
Phone Advice/Triage							
Assignment of Patients to care provider.							
New Patient intake process							
Orientation of Patients to Your Practice							
Follow up care							
Education for Patients/Families							
Prevention Assessment/Therapies							
Care Coordination							
Internal Communication							
Community Outreach							
ADD Your Own Idea							

[The Microsystem Academy - The Microsystem Academy](#)

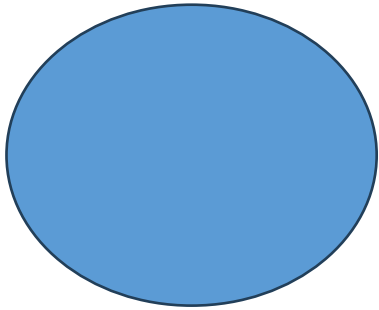
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# Need to Understand Context of Issue



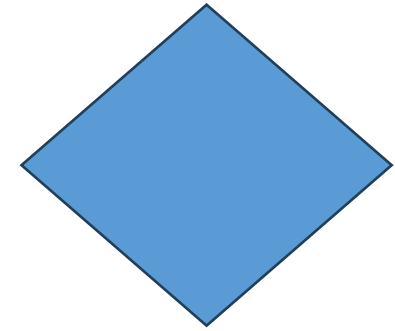
# Process Flow Mapping Standard Shapes



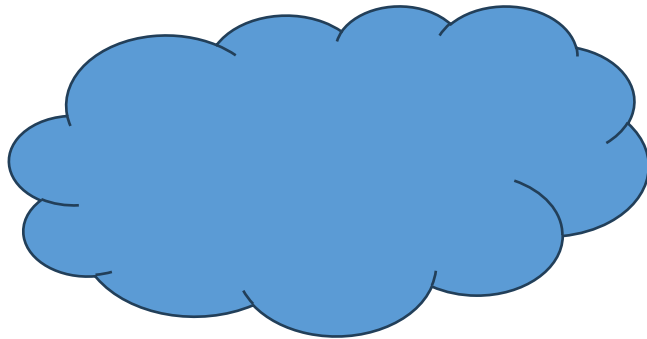
Start and End of Process



Process Step



Decision Point



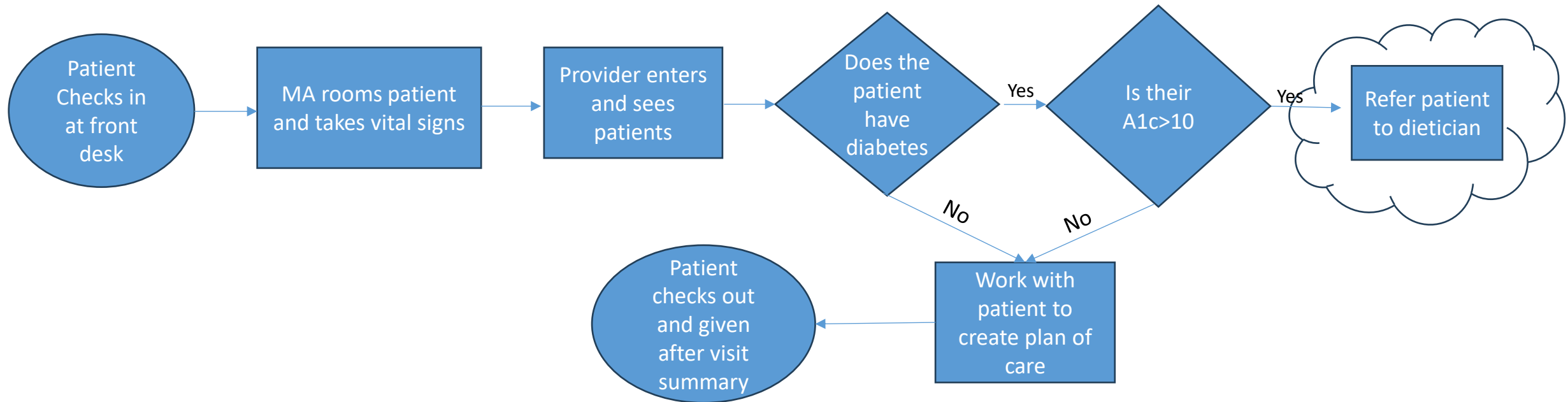
Not Sure



Direction of Process

# Current Patient Visit Process

## High Level Process Flow



# Session 2 Summary

- Transparency in data is critical.
- Always review data with a critical eye.
- Moving from “Buy-in” to “Ownership” requires us to change our Structure and Process. Team-based QI can help us get the Outcome of “Ownership”.
- Use the process experts you already have with team-based QI.
- Use existing meetings/times and be consistent and intentional.
- A time meeting agenda with roles, helps to keep you on time and create ownership.
- Understand what data is available to you, where it is located, how you get access and if you need more to help to understand the “current state” or to clarify data around the possible identified “problem”.
- Process flow maps are easy simple tools to help understand the “current” process.
- Regardless of approach or Tool never forget the basics of the improvement work. There are no short cuts to sustained quality.

# Next Session

Session 3 will be March 25th at Noon

## Session 3 Learning Objectives

1. Develop a Global Aim Statement: Review work to date, (data and process flow map) create a Global Aim Statement, and map out the process we identified in the Global Aim.
2. Formulate Specific Aim Statements: Narrow down the focus to specific aims linked to the Global Aim.
3. Generate Change Ideas: Utilize Fishbone Diagrams, brainstorming, and multivoting techniques to develop and prioritize change ideas.



## **CREATING A CULTURE OF QUALITY THROUGH EDUCATION, MEASUREMENT AND COLLABORATION**

Leveraging its expertise in facilitating productive change and quality improvement, VPQHC bridges the gap from the start of needed health care reform to organized processes, enhanced methods, and state-of-the-art tools that result in better health care experiences and outcomes for all Vermonters.

Randy Messier MT, MSA, PCMH CCE, Certification in Value Based Care  
Quality Consultant Vermont Program for Quality In Health Care  
RandallM@VPQHC.org

Session Satisfaction Survey  
<https://www.surveymonkey.com/r/WJGNBZK>

[www.vpqhc.org/qi2025](http://www.vpqhc.org/qi2025)  
pw: qi