Step One: Identify and Prioritize Opportunities

Step Two: Develop an AIM Statement

Step Three: Describe the current process

Step Four: Collect Data on the Current Process

Step Five: Identify all Possible Causes

Step Six: Identify Potential Improvements
IDENTIFYING AND PRIORITIZING SOLUTIONS
Plan

1. Identify and Prioritize Opportunities
2. Develop AIM Statement
3. Describe the Current Process
4. Collect Data on Current Process
5. Identify All Possible Causes
6. Identify Potential Improvements

Check/Study

1. Reflect on the Analysis
2. Document Problems, Observation, and Lessons learned

Act

1. Implement the Improvement
2. Collect and Document The data
3. Document Problems, Observations, and Lessons Learned

Do

7. Develop Improvement Theory
8. Develop Action Plan

Adopt Standardize
Adapt Do
Abandon Plan

The ABC’s of PDCA, G. Gorenflo and J. Moran
Step Four: Identify Potential Solutions

- Identify all potential solutions
- May review best practices to help identify potential improvements
- Pick the best solution(s)—the one most likely to accomplish your Aim statement
SOLUTION AND EFFECT DIAGRAM

- Similar to the Cause and Effect Diagram
- Identifies changes and recommendations
- Effect is now made into a positive statement:
  - “What are the causes of childhood obesity”
  - “How do we prevent childhood obesity”
SOLUTION AND EFFECT DIAGRAMS – CONSTRUCTION

- Place the Solution and Effect Diagram opposite the Cause and Effect Diagram

- Write the issue as a positive statement on the left hand side of the page and draw a box around it with an arrow running to it.

- This issue is now the effect
SOLUTION AND EFFECT DIAGRAMS – CONSTRUCTION

- Generate ideas as to what are the main Solutions of the effect
- Label these as the main branch headers
SOLUTION AND EFFECT DIAGRAMS – CONSTRUCTION

- For each main Solution category brainstorm ideas as to what are the related sub-solutions that might effect our issue
- Use the 5 How techniques when a solution is identified
- Keep repeating the question until no other solutions can be identified
- List the sub-solutions using arrows
SOLUTION AND EFFECT DIAGRAM

Solution

Effect

Effect

Cause

Cause

S = Solution Category

C = Cause Category
Less Obese Children

Pre Natal Practices

Early Feeding Practices

Life Style

Genetics

Environment

Polices

More Mobility

Less TV

Community

Recreational Areas

Sidewalks

Safe Housing
5 How’s Technique

Solution (Effect)

How?

How?

How?

How?
5 How’s of More Vigorous Exercise

- Less TV and Video Games
  - How?
- More Community Sponsored Recreation Programs
  - How?
- More Family Recreational Activities
  - How?
- Safe Play Areas
  - How?
- Additional Resources
  - How?
EXAMPLE

**Machinery/Equipment**
- Unreliable cars
  - Low Pay
  - Kids own junk
- Ovens too small

**People**
- Drivers get lost
  - Don't know town
  - Rushed
- No teamwork
  - No training
- People don't show up
- Low pay
- High turnover

**Materials**
- Many new streets

**Methods**
- High turnover
  - Lack of experience
- Poor dispatching
- Inaccurate ordering

**Late pizza deliveries on Fri & Sat nights**
- Run out of ingredients
  - Low Pay
- Don't know town

- High turnover
SOLUTION AND EFFECT--EXAMPLE

Personnel

Provide incentives for personnel who stay at least 6 months

Provide training to new staff, including team building

Provide drivers with GPS/company cars that reliable

Provide drivers with GPS

Enhance training for dispatchers

Improve Dispatching

Friday & Saturday pizza deliveries on time
SOLUTION AND EFFECT DIAGRAMS

Cautions:
- Do not jump to quickly to Solution and Effect
- Use after a detailed analysis of “Cause”
- If you are still listing Causes – not enough detail on the Cause and Effect Diagram
- Ask if the proposed solution(s) will improve the effect or cause more problems
SELECTING ITEMS TO INVESTIGATE

When the Solution and Effect Diagram is finished it is time to decide what few areas should be focused on to develop solutions to solve the effect.
**Solution Selection Matrix**

- A solution selection matrix is a cluster of factors that help the team to illustrate the relationship between the problem, root causes and solutions.
**Solution Selection Matrix**

- **Why is it used?**
  - To ensure the solutions selected address the significant main causes
  - To guide the team in determining the effectiveness and feasibility of their solutions
  - To help the team evaluate which solutions should be implemented
Solution Selection Matrix--Constructing

- Generate possible solutions which address each of the root causes
- In the box labeled “practical methods” specific tasks are listed to detail the implementation of the solution
- Rate each of the solutions on a 1 – 5 scale for effectiveness and feasibility. Higher ratings are for solutions that are more effective and feasible.
- Multiply ratings and rank solutions.
- To determine how many solutions need to implement consider resources and targets. In last column indicate if the solution will be implemented.
Solution Selection Matrix for Root Cause:
"Co-existing Disease Undiscovered at Initial Work-up"

<table>
<thead>
<tr>
<th>Problem</th>
<th>Solutions</th>
<th>Practical Methods</th>
<th>Solution Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR Cancellation Due to Incomplete Work Up</td>
<td>Pre-Op Screen Questionnaire at Initial Visit</td>
<td>Pt Fills Out Questionnaire at Initial Visit</td>
<td>Effectiveness X Feasibility = Overall Action</td>
</tr>
<tr>
<td>Root Cause</td>
<td>Pre-Surgical Work-up Facility: Seen at least 48 hrs before surgery</td>
<td>* Location * Staffing * Equipment * Hours of Operation</td>
<td>Effectiveness X Feasibility = Overall Action</td>
</tr>
<tr>
<td>Co-existing disease undiscovered at initial work-up</td>
<td>Procedure Based Care Maps</td>
<td>* Assemble Teams * Prepare Maps.</td>
<td>Effectiveness X Feasibility = Overall Action</td>
</tr>
<tr>
<td></td>
<td>In-Clinic Comprehensive H&amp;P on Surg. Decision</td>
<td>Resident (Fam. Prac., Anes., Surg.) Nurse Practitioner</td>
<td>Effectiveness X Feasibility = Overall Action</td>
</tr>
<tr>
<td></td>
<td>PROS Physician Review of Systems</td>
<td>Phys.-based chklst must be completed on decision for surgery</td>
<td>Effectiveness X Feasibility = Overall Action</td>
</tr>
</tbody>
</table>
**Problem:** Poor dispatching

**Root Cause:** Unfamiliar with town

### Solution

- **Provide training to dispatchers**
- **Provide computers to dispatchers to track deliveries**
- **Provide drivers with GPS**

### Practical Methods

- **Decide on dispatch tracking software**
- **Purchase GPS System to “check out” to drivers**
- **Develop tracking system**
- **Develop materials**
- **Decide on format**

### Solution Evaluation

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>Feasibility</th>
<th>Overall</th>
<th>Action</th>
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<tbody>
<tr>
<td>3</td>
<td>4</td>
<td>12</td>
<td>Y</td>
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<tr>
<td>4</td>
<td>2</td>
<td>8</td>
<td>N</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>16</td>
<td>Y</td>
</tr>
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</table>
QUADRANT APPROACH

Why use it?
- To visually show in one graphic the anticipated impact and difficulty of implementation of your proposed solutions. Helps prioritize solutions.
High Impact - High Difficulty

High Impact - Low Difficulty

Low Impact - High Difficulty

Low Impact - Low Difficulty

S1

S2

S3

S4

S5

S6
QUESTIONS?
PRACTICE
Step One: Identify and Prioritize Opportunities

Step Two: Develop an AIM Statement

Step Three: Describe the current process

Step Four: Collect Data on the Current Process

Step Five: Identify all Possible Causes

Step Six: Identify Potential Improvements

Step Seven: Develop an Improvement Theory

Step Eight: Develop an Action Plan
Gantt Charts

Region 6
Gantt Charts

- Intro & Terms
- History
- Evolution
- How to Create
- Examples of Basic, Multiple Milestones, & Daily
- Examples of Summary, Earned Value, & Stoplight
Gantt Charts
Plan out your process

- Understand the need to pave the way for change
- Create a detailed implementation plan to help your change be successful
- Develop a Gantt Chart to display your implementation plan
Change is inevitable

- Would the Neanderthal Man have survived if he had not been willing to change???
- What will happen to us if we aren’t willing to accept change?
Planning for Implementation
Reasons to use

- A great deal of time, resources, energy, emotion spent on identifying solutions
- Assures a smoother execution
- Details steps, predecessors, and timeline
- Determination of who needs to be involved
- Builds in accountability
## The Basics

### Basic Gantt Chart

<table>
<thead>
<tr>
<th>Project Tasks</th>
<th>1918</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project &quot;XYZ&quot;</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>Research</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>Development</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>Prototype Production</td>
<td>J F M A M J J A S O N D</td>
</tr>
</tbody>
</table>
### Basic Gantt Chart

<table>
<thead>
<tr>
<th>Project Tasks</th>
<th>1918</th>
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<tbody>
<tr>
<td></td>
<td>J</td>
</tr>
<tr>
<td>Project &quot;XYZ&quot;</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Prototype Production</td>
<td></td>
</tr>
</tbody>
</table>

### Basic Gantt Chart

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<th>Project Tasks</th>
<th>1918</th>
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<tbody>
<tr>
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<tr>
<td>Project &quot;XYZ&quot;</td>
<td></td>
</tr>
<tr>
<td>Research</td>
<td></td>
</tr>
<tr>
<td>Development</td>
<td></td>
</tr>
<tr>
<td>Prototype Production</td>
<td></td>
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</table>
# Combination Chart

## Remodeling Project

<table>
<thead>
<tr>
<th>Remodeling Project Job No.: 980045.05</th>
<th>Jul'02</th>
<th>Aug'02</th>
<th>Sep'02</th>
<th>Oct'02</th>
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<tbody>
<tr>
<td></td>
<td>15</td>
<td>22</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>Project Summary</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Soft Demo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sawcut &amp; Demo-Structural</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structural Steel-Fab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Framing-Rough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skylights</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roofing Curbs &amp; Patch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electrical-Rough/Finish</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Overhead Doors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inspection-Structural Rebar</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structural Concrete-Pour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service/Repair Elevator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plumbing Rough</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data/Phone Cabling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structural Steel-Install</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>T-bar Grid Repair</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Inspection-Walls</td>
<td></td>
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<tr>
<td>Inspection-Drywall Screw</td>
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<td></td>
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<tr>
<td>Mud &amp; Tape</td>
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</tr>
<tr>
<td>Mezzanine Demo</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

QI Team Region 6
How to Create Gantt Charts

A Gantt Chart is a Matrix

Consists of:
- Horizontal Axis
- Vertical Axis
- Graph Area
The Gantt chart is constructed with a horizontal axis representing the total time span of the project, broken down into increments (days, weeks, or months).
The Gantt chart is constructed with a vertical axis representing the tasks that make up the project.
The Gantt chart is constructed with a graph area which contains horizontal bars for each task connecting the period start and period ending symbols.
Gantt Charts Have Variants

- Milestones
- Resources
- Status
- Dependencies
Milestones

Milestones are important checkpoints or interim goals for a project.
Resources

For team projects, it often helps to have an additional column containing numbers or initials which identify who on the team is responsible for the task.

<table>
<thead>
<tr>
<th>TASK</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read grant application</td>
<td>Tiffany, JaNan, Amy</td>
</tr>
<tr>
<td>Brainstorm for ideas for action plans</td>
<td>Tiffany, JaNan, Amy</td>
</tr>
<tr>
<td>Write application</td>
<td>Tiffany</td>
</tr>
<tr>
<td>Review application</td>
<td>JaNan, Amy, Ed</td>
</tr>
<tr>
<td>Submit application</td>
<td>Tiffany</td>
</tr>
</tbody>
</table>

PROJECT: GRANT APPLICATION

<table>
<thead>
<tr>
<th></th>
<th>JANUARY</th>
<th></th>
<th>FEBRUARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Read grant application</td>
<td>4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brainstorm for ideas for action plans</td>
<td>7 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Write application</td>
<td>13</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Review application</td>
<td>3 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Submit application</td>
<td>17</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The chart is updated by filling in the task's bar to a length proportional to the amount of work that has been finished.
Dependencies

An essential concept that some activities are dependent on other activities being completed first.
# Gantt Chart – Microsoft Project

<table>
<thead>
<tr>
<th>ID</th>
<th>Task Mode</th>
<th>Task Name</th>
<th>Duration</th>
<th>Start</th>
<th>4th Quarter</th>
<th>1st Quarter</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>9.2.2.3.1: Write Policy &amp; Procedure on Electronic Storage of Policies and Procedures</td>
<td>21 days</td>
<td>Fri 10/1/10</td>
<td></td>
<td></td>
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<tr>
<td>2</td>
<td></td>
<td>9.2.2.3.2: Get approval from Management Team on Policy</td>
<td>11 days</td>
<td>Mon 11/1/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>9.2.2.3.3: Get Board of Health approval on Policy</td>
<td>8 days</td>
<td>Mon 11/15/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>9.2.5.3.1: Write Job Description for new Finance Director</td>
<td>44 days</td>
<td>Tue 3/1/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>9.2.5.3.2: Get AFSCME approval for job</td>
<td>22 days</td>
<td>Mon 5/2/11</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
<td>9.2.5.3.3: Hire Finance Manager</td>
<td>43 days</td>
<td>Wed 6/1/11</td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td></td>
<td>9.2.1.1.1: Determine cost of position</td>
<td>11 days</td>
<td>Fri 10/1/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>9.2.1.1.2: Determine grant funding to support position</td>
<td>11 days</td>
<td>Fri 10/15/10</td>
<td></td>
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<tr>
<td>9</td>
<td></td>
<td>9.2.1.1.3: Determine if any tax funding can be applied to position</td>
<td>11 days</td>
<td>Mon 11/1/10</td>
<td></td>
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<tr>
<td>10</td>
<td></td>
<td>9.2.1.1.4: Secure funding for any unfunded portion</td>
<td>13 days</td>
<td>Mon 11/15/10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>9.1.1.1.1: Attend other branch meetings or invite other branches to attend our monthly staff meeting</td>
<td>456 days</td>
<td>Fri 10/1/10</td>
<td></td>
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<tr>
<td>12</td>
<td></td>
<td>9.1.4.1.1: Investigate survey methods</td>
<td>66 days</td>
<td>Fri 7/1/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>9.1.4.1.2: Determine and implement which survey to use for internal customers</td>
<td>88 days</td>
<td>Fri 9/30/11</td>
<td></td>
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<tr>
<td>14</td>
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<td>9.1.4.1.3: Determine and implement which survey to use for external customers</td>
<td>88 days</td>
<td>Fri 9/30/11</td>
<td></td>
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</tbody>
</table>

**Project: Strategic Plan.mpp**

**Date: Wed 12/29/10**
<table>
<thead>
<tr>
<th>Project/Project Lead</th>
<th>Project</th>
<th>2002</th>
<th>Status</th>
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<tbody>
<tr>
<td>TCL, Inc.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>January</td>
<td>February</td>
</tr>
<tr>
<td>J. Vannie</td>
<td>Audit</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>S. Simmons</td>
<td>Audit Review</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>B. Barrett</td>
<td>Business Proposal</td>
<td>17</td>
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<tr>
<td>Fisher &amp; Sons, Inc.</td>
<td></td>
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<tr>
<td>M. Rhodes</td>
<td>Audit</td>
<td>18</td>
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<td>S. Simmons</td>
<td>Audit Review</td>
<td>4</td>
<td>26</td>
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<tr>
<td>J. Paoli</td>
<td>Business Proposal</td>
<td>11</td>
<td>16</td>
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</tbody>
</table>
Questions?
Step One: Identify and Prioritize Opportunities
Step Two: Develop an AIM Statement
Step Three: Describe the current process
Step Four: Collect Data on the Current Process
Step Five: Identify all Possible Causes
Step Six: Identify Potential Improvements
Step Seven: Develop an Improvement Theory
Step Eight: Develop an Action Plan
SIPOC+CM
SIPOC + CM

- Suppliers
- Inputs
- Process
- Outputs
- Customers
- Constraints
- Measures
**ENDS WITH**
- 1st step of the process
- This is where you will identify the goal you wish to reach within the examining process

**BEGINS WITH**
- 2nd step
- Identify the “mission”
- Clearly identify the process and begin identifying steps
**MH ENDS WITH**
- Improved childbirth outcomes

**MH BEGINS WITH**
- Local implementation of Iowa's Title V Maternal Health program
MEASURES
• Measures being used or to be used
• Quantify the outputs based on the activities
• Depends on the goal/ends with
• Could be process or outcome measures
• Indicators if you are meeting goals

OUTPUTS
• What the process produces as products, services, or technology
• The planned results - what is planned
• Should correspond to the measures
• May be similar to initial outcome or initial measure
• Determine what is planned for the activities involved

• The goal to reach within the process we are examining
• Quantify the outputs based on the activities
• Depend on the goal/ends with
**MH MEASURES**
- Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
- Percent of women served who report a medical home
- Other: Rate of birth to 15-17 year olds; Percent of mothers who breast feed infants at 6 mo.; Percent of women who smoke in last 3 mo of pregnancy; Percent of women counseled about reproductive life plan; Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy.

**MH OUTPUTS**
- Infrastructure building services: Protocol development, developing community linkages, outreach, marketing, linkage with medical/dental providers, linkage with local boards of health, quality assurance initiatives,
- Population-based services: Public education, health promotion, mass screenings
- Enabling services: Presumptive eligibility, care coordination
- Direct care services: Pregnancy testing, antepartum prenatal care, immunizations, nutrition counseling, nursing assessment, home visit for nursing, social work home visit, evaluation and management, local transportation to medical/dental care, interpretation
**PROCESS/ACTIVITIES**

- Describes the process and specific activities (who, what, when, where, how)
- Identifies how the "process" is performed
- Identifies constructive steps (how services are provided/how an initiative is implemented)
- May specify the order of the activities being performed
- May also assist in determining inputs, suppliers, customers, and constraints
**Process/Activities**

**MH PROCESS/ACTIVITIES**

- Social work staff will promote access and early entry into prenatal care by assisting clients with presumptive Medicaid eligibility determination through a regional maternal health service delivery system.

- Maternal health staff will provide education on maternal health services and develop an effective referral process with community partners and private practitioners in all proposed counties who provide pregnancy testing to encourage entry into prenatal care during the first trimester.

- Nurse educator will provide health promotion and education on the importance of early prenatal care on an African American radio station to increase the awareness of the importance of early prenatal care.

- Nurse educator will present information on preconception care at Stork’s Nest to increase the awareness of the importance of early prenatal care.
MH PROCESS/ACTIVITIES (continued)

• Maternal health staff will promote the importance of early prenatal care on agency website.

• Maternal health staff will work with area crisis pregnancy centers to provide education on maternal health services to assure pregnant women receive enhanced services and consistent prenatal care through a medical home.

• Maternal health staff will work with OB/GYN providers to strengthen maternal health care coordination activities between locations to strengthen the referral process and to increase the number of women who receive enhanced services and consistent prenatal care through a medical home.
<table>
<thead>
<tr>
<th>CUSTOMERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify who are the main users of the process's output</td>
</tr>
<tr>
<td>• From your goal, identify who is your target audience</td>
</tr>
<tr>
<td>• Customers can also be suppliers/inputs depending on activity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INPUTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• List the materials/resources or information needed for the process</td>
</tr>
<tr>
<td>• Brainstorm all possible players</td>
</tr>
<tr>
<td>• Often includes suppliers and customers</td>
</tr>
<tr>
<td>• Identify what you need to put into the process in order to make it work</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>SUPPLIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Identify who or what (internal or external) provides the inputs to the process</td>
</tr>
<tr>
<td>• Identify who performs the process</td>
</tr>
<tr>
<td>• Suppliers can also be customers dependent on activity</td>
</tr>
<tr>
<td>• Suppliers can also have more than one role – partners/originators and are usually inputs</td>
</tr>
</tbody>
</table>

| Inputs |
| Suppliers |
| Customers |
**MH INPUTS**
- Staff, Facility, Supplies, Community Partners
- Funding: Title V MH funds, IDPH fee-for-service reimbursements, Medicaid fee-for-service reimbursements; in-kind, other grants, donations
- Program guidelines/federal guidelines/Iowa Code/MCH Administrative Manual

**MH CUSTOMERS**
- Pregnant women - typically low income (Medicaid enrolled or uninsured/under-insured)

**MH SUPPLIERS**
- Staff: MCH Project Director, Project coordinator, physician, nurse, social worker, dietician, office staff, data entry staff

- Community Partners: Local Board of Health, WIC, local public health, Empowerment (ECI), medical and dental providers, family planning providers, local birthing hospitals, local maternal health professionals
CONSTRAINTS

• What is preventing/challenging the process from reaching the goal
• Might be inputs/customers/suppliers, etc depending on how they impact the activities performed
• May be helpful to identify before identifying outputs/measures
• Constraints facing the system or process
MH CONSTRAINTS

• Limited funding
• Staff turnover
• Difficulty identifying MH population
• Difficult to access first trimester OB care
• Politics
• Diverse population
SIPOC+CM
TITLE V MH

CONSTRANTS
Limited funding, Staff turnover, Difficulty identifying MH population, Difficult to access first trimester OB care, Politics, Diverse population, Funding

ENDS WITH
Improved childbirth outcomes

BEGINNS WITH
Local implementation of Iowa’s Title V Maternal Health Program.

PROCESS/ACTIVITIES
- Social work staff will promote access and early entry into prenatal care by assisting clients with presumptive Medicaid eligibility determination through a regional maternal health service delivery system.
- Maternal health staff will provide education on maternal health services and develop an effective referral process with community partners and private practitioners in all proposed counties who provide pregnancy testing to encourage entry into prenatal care during the first trimester.
- Nurse educator will provide health promotion and education on the importance of early prenatal care on an African American radio station to increase the awareness of the importance of early prenatal care.
- Nurse educator will present information on preconception care at Stark’s Nest to increase the awareness of the importance of early prenatal care.
- Maternal health staff will promote the importance of early prenatal care on agency website.
- Maternal health staff will work with area crisis pregnancy centers to provide education on maternal health services to assure pregnant women receive enhanced services and consistent prenatal care through a medical home.
- Maternal health staff will work with OB/GYN providers to strengthen maternal health care coordination activities between locations to strengthen the referral process and to increase the number of women who receive enhanced services and consistent prenatal care through a medical home.

MEASURES
- Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
- Percent of women served who report a medical home
- Other: Rate of birth to 15-17 year olds; Percent of mothers who breast feed infants at 6 mo.; Percent of women who smoke in last 3 mo of pregnancy; Percent of women counseled about reproductive life plan; Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy

INPUTS
Staff, Facility, Supplies, Community Partners
Funding: Title V MH funds, IDPH fee-for-service reimbursements, Medicaid fee-for-service reimbursements: in-kind, other grants, donations, Program guidelines/federal guidelines/Iowa Code/MCH Administrative Manual

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Staff: MCH Project Director, Project coordinator, physician, nurse, social worker, dietitian, office staff, data entry staff
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OUTPUTS
Infrastructure building services: Protocol development, developing community linkages, outreach, marketing, linkage with medical/dental providers, linkage with local boards of health, quality assurance initiatives.

Population-based services: Public education, health promotion, mass screenings

Enabling services: Presumptive eligibility, care coordination

Direct care services: Pregnancy testing, antepartum prenatal care, immunizations, nutrition counselling, nursing assessment, home visit for nursing, social work/home visit, evaluation and management, local transportation to medical/dental care, interpretation

CUSTOMERS
Pregnant women - typically low income (Medicaid enrolled or uninsured/under-insured)
Stages of Team Development
Why Teaming

“I not only use all the brains that I have, but all that I can borrow.”

Woodrow Wilson
Stages Of Team Development

Stage 1: Forming
Stage 2: Storming
Stage 3: Norming
Stage 4: Performing
Stage 5: Adjourning
Stages Of Team Development

- Forming
- Performing
- Norming
- Storming
- Adjourning

Source: Public Health Foundation
Each stage has two components that compete with each other:

- Task Focus
- Team Behavior
Stages Of Team Development

Stage 1: Forming

- **Types of Behavior:**
  - Driven by a desire to be accepted
  - Avoid controversy or conflict
  - Serious issues and feelings are avoided
  - People focus on being busy with routines
  - Individuals are also gathering information and impressions
  - Trying to determine what is appropriate

- **Task Focus:**
  - Orientation to scope of the team’s task
  - Understand what is expected

Source: Public Health Foundation
Stage 2: Storming

**Types of Behavior:**

- Different ideas compete for consideration; team members open up to each other and confront each other’s ideas and perspectives.

- Some team members will focus on minutiae to evade real issues.

- In some cases *storming* can be resolved quickly, in other cases, the team never leaves this stage. The maturity of some team members usually determines whether the team will ever move out of this stage.

**Task Focus:**

- Team addresses issues such as what problems they are really supposed to solve, how they will function independently and together and what leadership model they will accept.
Stage 3: Norming

**Types of Behavior:**

- Team members adjust their behavior to each other as they develop work habits that make teamwork seem more natural and fluid – cohesion.

- Agree on rules, values, professional behavior, shared methods, working tools and even taboos.

- Team members begin to trust each other and feel good about being part of the team.

**Task Focus:**

- Data flow between members.

- Ideas are free flowing and they solicit and give each other feedback on actions related to the task.

Source: Public Health Foundation
Stage 4: Performing

**Types of Behavior:**

- Function as a unit as they find ways to get the job done smoothly and effectively without inappropriate conflict or the need for external supervision.
- Team members have become interdependent, motivated and knowledgeable.
- Team members are now competent, autonomous and able to handle the decision-making process without supervision.
- Dissent is expected and allowed as long as it is channeled through means acceptable to the team.

**Task Focus:**

- Team will make most of the necessary decisions and is totally focused on the problem.

Source: Public Health Foundation
Stage 5: Adjourning

- Termination
- Concluding the team
- Emotional sometimes – relief sometimes
- Later a feeling of loss - "Deforming and Mourning"
- Celebration

Source: Public Health Foundation
QI Team Building

The following material is from the text “Growing Teams” by G. Fetteroll, G. Hoffherr, and J. Moran, Goal/QPC, 1993

Source: Public Health Foundation
16 Guidelines For Teams To Work Effectively

1. Establish goals and objectives all team members accept
2. Let each team define its own standards of performance
3. Allow members to disagree in a constructive way to resolve problems
4. Review past actions when making plans for the future
5. Make decisions by consensus
6. Remain cohesive and maintain a sense of unity
7. Strive for synergy
8. Develop a comfortable working atmosphere
9. Use physical space that is conducive to the team process

Source: Public Health Foundation
16 Guidelines For Teams To Work Effectively

10. Listen to each other and provide useful feedback

11. Use constructive criticism to facilitate group interaction

12. Allow members to express their ideas fully and frankly

13. Recognize individuals for the contribution they make within the team

14. Assist members when it ensures successful completion of team goals

15. Highly value creative approaches to problems

16. Incorporate flexibility in the team’s thoughts and action

Source: Public Health Foundation
Essential Team Characteristics

- Organization goals understood
- Priorities in place
- Clear team goals

- Team roles defined
- Individual roles understood
- Shared leadership
- Risk, empowerment, and innovation encouraged

- Mutual respect
- Shared information
- Interdependency
- Trust and support

- Commitment to continuous learning
- Flexible and adaptive
- Ongoing objective assessments
- Continual improvement

- Outstanding team results
- Synergy
- Optimized skills, talents, and resources
- Satisfaction and commitment
- Team culture

- Common purpose
- Growth
- Results
- Processes and procedures
- Trust

- Well-defined team methods of operation
- Outstanding team problem solving techniques
- Clear measurements of team success

Source: Public Health Foundation
- Commitment to continuous learning
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Source: Public Health Foundation
Roles and Responsibilities

Sponsor:

- Set improvement project goal
- Select the team leader
- Participate with the team leader to select team members
- Remove barriers
- Empower
- Monitor
- Review progress
- Help implement final improvement

Source: Public Health Foundation
Roles and Responsibilities

**Facilitator:**

- Keeps the team on track
- Trains if needed
- Assists the team leader
- Helps overcome negative behaviors
- Serves as an impartial observer – give the team constructive feedback

Source: Public Health Foundation
 Roles and Responsibilities

Team Leader

- Conducts the meetings
- Prepares agendas
- Participates actively in the team meetings
- Represents the team to management
- Follows up on action items between meetings
- Secures needed resources for the team

Source: Public Health Foundation
Facilitator or Team Leader Behaviors

- **Initiating** – proposing tasks, goals, process, etc.
- **Seeking** – information, opinions, data about team concerns
- **Giving** – information, opinions, suggestions, data about team concerns or behavior
- **Clarifying and Elaborating** – clear up confusion
- **Summarizing** – pulling it together, restating discussions, or offering a conclusion
- **Consensus Testing** – send up a trial balloon and test how much agreement is present

Source: Public Health Foundation
Harmonizing – reconcile disagreements and reduce tensions

Gatekeeping – keep communication channels open and encourage participation

Encouraging – keep the team motivated

Compromising – help modify opinions with data/observations

Mediating – noticing and surfacing differences

Standard Setting – evaluate the team’s progress and check their satisfaction level

Source: Public Health Foundation
Roles and Responsibilities

Team Members:

- Gives their undivided attention
- Takes responsibility for comprehending
- Listens to understand rather than to refute
- Controls their emotions
- Listens for the main ideas, not the details
- Puts their minds to work

Source: Public Health Foundation
Some Cautions

- Even the most high-performing teams will revert to earlier stages in certain circumstances.

- Many long-standing teams will go through these cycles many times as they react to changing circumstances.
  
  * For example, a change in leadership may cause the team to revert to storming as the new people challenge the existing norms and dynamics of the team.

- Team leader role changes from supervisor to participant.

- Facilitator needs to be directive at times pointing out destructive behaviors.

Source: Public Health Foundation
Types of Destructive Behavior

- Aggression – attacking the group or individuals
- Blocking – opposing beyond reason – hidden agenda
- Dominating – trying to manipulate
- Avoidance – stay off the task
- Non-verbal – physical movements – indirect expressions of disapproval
- Self-seeking – drawing attention to self
- Dysfunctional humor – excessive clowning

Source: Public Health Foundation
Every Team has at least one member of the Tate Family:

- **Dick** – runs everything
- **Devas** – disruptive
- **Ro** – change everything
- **The Twins** – Agi and Iri - Trouble
- **The Other Twins** – Hesi and Vegi – pour cold water on everything
- **Facili** – pulls it together

Source: Public Health Foundation
The Five Dysfunctions of a Team

Inattention to... Results
Avoidance of... Accountability
Lack of... Commitment
Fear of... Conflict
Absence of... Trust

The Role of the Coach
- Confront Difficult Issues
- Focus on Collective Outcomes
- Force Clarity and Closure
- Demand Debate
- Be Vulnerable

Source: Public Health Foundation

P. Lencioni 2005
The purpose of coaching QI Teams is to:

- **Build a partnership between the coach, team leader, and team members**
- **Help the team move to a higher level of achievement**
- **Help the team overcome obstacles**
- **Help the team navigate a politically sensitive situation**
- **Provide training or problem solving assistance**
Building a partnership between the coach, team leader, and team members is effective when there are:

- Agreed upon ground rules
- Clear expectations
- Specific time frames
- Established goals and measures of success

Source: Public Health Foundation
First Rule of Coaching

Start where your client “is” and not where you think he should be or where you are.

Source: Public Health Foundation
Second Rule of Coaching

Confirm readiness:

★ Is the client receptive to coaching?
★ Do they want to be coached?
★ Have they requested coaching or been told to get it?
★ What do they expect to get from coaching?

Source: Public Health Foundation
Third Rule of Coaching

Set Expectations:

- Establish goals
- Intent is to help not run the team
- Build trust – who do you have to report your results to – make it clear
- Establish when and where coaching will take place

Source: Public Health Foundation
Fourth Rule of Coaching

Observe The Team:

- Identify destructive behaviors
- Document specific incidences
- Document their strengths and weaknesses
- Understand what they think is blocking or hindering their progress

Source: Public Health Foundation
Fifth Rule of Coaching

Develop an Improvement Plan:

- Describe observed team behaviors and the impacts; both good and bad
- Review causes that lead to bad outcomes for the team
- Set realistic change expectations
- Build the plan around their strengths
- Describe specific corrective actions to overcome weaknesses
- Indicate any training that may be required and how they can obtain it.

Source: Public Health Foundation
Sixth Rule of Coaching

Confidentiality:

- What you observe, recommend, or help the Team with stays in “Vegas”

- If you must report your finding to someone higher in the organization let the team know at the outset
Seventh Rule of Coaching

Follow-Up:

- Set a time to follow-up with the team to see if progress has been made
- Ask them to send you brief updates on a regular basis – what is and is not working

Source: Public Health Foundation
A good coach is an outstanding listener and effective communicator.
DILBERT

HOW'S THE CPG PROJECT COMING ALONG?

HOW WOULD I KNOW?

YOU'RE LEADING THAT PROJECT.

I AM? SINCE WHEN?

I TOLD EVERYONE ON THE TEAM TWO MONTHS AGO.

I'M NOT ON THE TEAM. YOU NEVER TOLD ME.

WHATEVER, GO TELL THE TEAM YOU'VE BEEN IN CHARGE FOR THE PAST TWO MONTHS AND SEE WHAT THEY'VE ACCOMPLISHED.

WHO IS ON THE TEAM?

I FORGET. I THINK ONE HAD DARK HAIR, AND ANOTHER ONE WAS SAD.

DON'T TELL THEM THERE'S A DUPLICATE PROJECT IN ANOTHER DIVISION.

YOU'LL BE OKAY. JUST RELEASE THE CARING. LET IT GO.

Source: Public Health Foundation
Team Survey Questionnaire

- Completed individually by team members
- A consensus score for each question is developed
- Scores for each question are transferred to the answer key
- Current team status is determined and why

Source: Public Health Foundation
Analyzing Results

What are the current blocks/behaviors that are holding us back as a team?

- Which ones can we change?
- Which ones can we influence?
- How can we change them? (Action Plan)
- How soon can we change them? (Timeline)