Using A3 Thinking to Collaborate and Share Improvement Work

3rd Annual Wisconsin Health Improvement & Research Partnerships Forum

September 12, 2013
Objectives

• Understand how following FOCUS-PDCA using an A3 tool establishes a common language and approach to improvement.
• Learn how an A3 is used to collaborate and share improvement work.
• Learn how following the A3 structure facilitates effective problem-solving.
1. What is A3 thinking? (10 min)
2. UW Health’s Experience with A3 (15 min)
3. Group Activity (20 min)
4. Application of the A3 (15 min)
Discussion

Write down a problem you had to solve in the last 6 months

- Did you get off track?
- Did you have the right team members?
- Did you bite off more than you could chew?
- Did you jump to a solution that turned out to be ineffective at solving the real problem?
“A” What?

1. Simple and systematic approach, standard framework
2. Communication tool
3. Shows “big picture” improvement plan

Guide to focus efforts and eliminate short-cuts

Promotes systems thinking and team work
Basic A3 Structure

- Identify problem or need
- Define current condition
- Target condition
- Root cause analysis
- Countermeasures and implementation plan
- Visual display of data
- Follow-up plan
Basic A3 Structure

Lawn is dying

Current Condition:
- Grass is dry (brown)
- No rainfall in the last 20 days
- Average high temperature for the month is 90°F

Target Condition:
Green, lush lawn

Root Causes:
- No time to water lawn
- Watering lawn takes up resources
- Dry spell
- Didn’t fertilize in spring
- Tree died and isn’t providing shade

Countermeasures:
- Buy rain barrels to water lawn with rainwater during dry spells
- Ensure lawn is watered once per week
- Prevent recurrence next year by fertilizing in Fall and Spring
- Communicate plan to family members to participate
- Notify neighbors to help keep accountable
UW Health’s A3 Approach

1. **Find** a Process to Improve
2. **Organize** a Team
3. **Clarify** Current Knowledge
4. **Understand** Root Causes
5. **Select** the Improvement

- **Identify problem or need**
- **Define current condition**
- **Define target condition**
- **Root cause analysis**
- **Countermeasures**
- **Implementation Plan**
- **Visual display of data**
- **Follow-up plan**
F - IND a Process to Improve (Background Information, Data, Value Stream Map)
15% of patients have activated their electronic medical record account (MyChart).

D - O the Improvement (Improvement Action Items Plan, Forms)

<table>
<thead>
<tr>
<th>#</th>
<th>CHANGE IDEA(S)</th>
<th>MEASURE(S)/OUTCOME(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All staff members enroll, All staff members review the patient guide to MyChart</td>
<td>Checklist</td>
</tr>
<tr>
<td>2</td>
<td>Place posters in the exam &amp; waiting rm, Keep brochures visible</td>
<td>Completed – Yes, No</td>
</tr>
<tr>
<td>3</td>
<td>Proactive about MyChart during Rooming (Use the “Quick Launch” Process - specific to UW Health)</td>
<td></td>
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P - LAN the Improvement (Future State Process Map)

C - LARIFY Current Knowledge (Process Maps, Observations, Data, Specific Aim Statement)

Observations
- Pts need to inquire about MyChart in order to be given instructions.
- Pt is required to go the front desk to ask for an activation code.
- Staff report feeling unsure about the MyChart process.

SPECIFIC AIM STATEMENT: We will increase the number of patients with activated MyChart accounts from 249 to 369 by April 30, 2013.

U - NDERSTAND Root Causes (Fishbone Diagram, 5 Whys, Affinity Diagram)

S - ELECT the Improvement (Brainstorming)

<table>
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<tr>
<th>#</th>
<th>ROOT CAUSE(S)</th>
<th>CHANGE IDEA(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Staff members not well educated in MyChart</td>
<td>All staff members enroll, All staff members review the patient guide to MyChart</td>
</tr>
<tr>
<td>2</td>
<td>No reminder to pts about MyChart</td>
<td>Place posters in the exam &amp; waiting rm, Keep brochures visible</td>
</tr>
<tr>
<td>3</td>
<td>Staff are not offering MyChart to pts</td>
<td>Proactive about MyChart during Rooming (Use the “Quick Launch” Process - UW Health)</td>
</tr>
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</table>

C - HECK the Results (Run Chart, Team's End Results)

A - CT and Determine NextSteps (Action Items, Lessons Learned, Sustainability Plan)

Team did not reach their goal by April 30. They averaged 10 activations per week + there were snow days. Continue to monitor activation Complete playbook of the standardized process.
BUILD A CULTURE OF CONTINUOUS IMPROVEMENT IN ORDER TO ACHIEVE:
Better Care, Better Health & Lower Costs

FIND a Process to Improve

UW Health has many opportunities for improvement in quality, safety, efficiency, and service, with many faculty and staff ready and waiting to improve and make a change.

BUT...

MULTIPLE IMPROVEMENT METHODS, NO STANDARD IMPROVEMENT CURRICULUM, VARIATION IN IMPROVEMENT KNOWLEDGE

SO...

WE SHOULD BUILD A COMMON LANGUAGE & STANDARDIZED APPROACH TO IMPROVEMENT WORK, RESULTING IN BETTER CARE, BETTER HEALTH & LOWER COSTS!

ORGANIZE a Team

Sally Kraft, MD, MPH - Physician Lead; Susan Rees, MS, RN, CPHQ, CENP - Executive Lead; Pratik Pragjati - Project Manager; Anne Gravel Sullivan, PhD - Graduate Medical Education; Celeste Demitrios, NP - Program Manager; Heidi Menaker, HSE - Project Manager

CLARIFY Current Knowledge

State of the Organization:
- Approx 40,000 employees
- Too many processes to count, causing breakdowns, bottlenecks, adverse events, and miscommunication
- Lack of alignment leads to isolated successes and failure to achieve rapid improvement at a system level

State of Improvement Work:
- Multiple education programs, multiple methodologies
- Improvement work done in silos across the organization
- Requests to Quality, Safety, & Innovation are ad hoc, without organizational tracking or alignment
- Failure to coordinate and align improvement work to strategic organizational goals

By Dec 31, 2012, 1,000 learners will have completed the UW Health basic standardized improvement education series, in support of our goal of increasing organizational capacity for improvement and achieving strategic goals.

UNDERSTAND the Root Causes

SELECT the Improvement

No standard, infrastructure, or consistent program for improvement

Develop and implement a standard framework for improvement for UW Health

PLAN & DO the Improvement

Develop & Implement our Standardized Framework to Performance Improvement, the UW Health Improvement Network (UWHN):

How are we working to achieve our desired future state?

Improved Outcomes

Better Care
Better Health
Lower Costs

CHECK the Results

ACT and Determine Next Steps

Create expectations for clinical departments to participate in and share improvement work in support of organizational goals and using standard tools and documents

Implement quarterly in-person learning sessions for improvement teams

Devise a comprehensive marketing plan

Link improvement work to Graduate Medical Education (GME), Continuing Medical Education (CME), and Maintenance of Certification (MOC)

Improve requirements for departments to complete an improvement using all

Utilizing the Logic Model for program evaluation, deliberately link improvement results to long-term, strategic organizational goals
How would you use A3 thinking to solve the problem you stated earlier?

(15 mins, 5 min report out)

Report Out:
How did the A3 help you through the process? Would your results have been any different?
# Common Hang-Ups

<table>
<thead>
<tr>
<th>Hang-Up</th>
<th>Remedy</th>
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</table>
| Attempt to solve too large of a problem     | 1. Do not move past the “current condition” until there is a **very clear understanding of the issue at hand**, defined by data if possible.  
2. Utilize the “root causes” step to **dig deep** into the true underlying conditions. Make this an iterative process if needed.  
3. Narrow your focus through a well defined **specific aim statement**. |
| Change ideas are too large to implement     | 1. Choose only **one or two root causes** to address.  
2. Choose improvements that can be tested and measured on a **small scale**, within a few weeks. |
| Improvement does not achieve the target condition | 1. Investigate the **root causes** of the poor impact.  
2. Revisit the **original root cause analysis** to determine if the correct root cause was chosen.  
3. Test a **different countermeasure** to the root cause. |
Remember the A3 is a…

- Working document
  - Revisions are okay!
  - Not always a linear process
  - Not just a form filled in after the fact
- Collaborative tool
  - Interdisciplinary teams
- Communication tool
  - Visible location
Steps for Using the A3

• **Before Using the A3:**
  – Identify the initial team to work on the improvements
  – Provide initial introductory process improvement education
  – Print a large copy of the A3 and designate a visible place to keep the tool
Steps for Using the A3

• During the Improvement Process:
  – Consistently use the A3 tool to keep the team on track
  – Don’t jump to solutions
  – Stay focused on your team’s aim
  – Align improvement ideas with your root causes
  – Focus on small tests of change
  – Keep the A3 visible
Steps for Using the A3

- **After the Improvement Project:**
  - Standardize the improved process
  - Monitor data until the new process has become "business as usual"
  - Use the A3 to communicate and spread findings
  - Keep an electronic version for reference/training
Communicating with an A3

MAKE IT CLEAR

In 3 minutes or less...
- Big picture overview
- Goals/Measures
- Who was involved
- Problem/needs analysis
- Objective/data
- Changes implemented
- Outcome assessment
- Next Steps

MAKE THEM CARE

- Images > Words
- Highlight key points
  - Simple
  - Concrete
  - Credible
  - Stories
<table>
<thead>
<tr>
<th>Area</th>
<th>Theme</th>
<th>Measure</th>
<th>Documents</th>
<th>Wave</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Center Clinic</td>
<td>Room Utilization</td>
<td>% of time that the actual room time matches the scheduled room time</td>
<td>5.2.13_Breast Center_A3.pptx</td>
<td>2</td>
<td>Kristi Klein, Radiology Supervisor</td>
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<tr>
<td>Academic Affairs</td>
<td>Communication</td>
<td>% of Academic Affairs staff knowledge of co-workers names and functions</td>
<td>5.16.13_Academic Affairs_A3.pptx</td>
<td>2</td>
<td>Lynne Cleveland, Assistant Dean, Administrat</td>
</tr>
<tr>
<td>Human Resources</td>
<td>Hiring</td>
<td>Time it takes to update 5 position numbers that have an incumbent with a different job title level than the new hire</td>
<td>5.13.13_Human Resources_A3.pptx</td>
<td>2</td>
<td>Katrina Rupert, HR Service Center Manager</td>
</tr>
</tbody>
</table>

**Example Image:**

- Picture of a group of people in a meeting room with papers and a flip chart.
- Picture of a flip chart with a diagram and notes.
- Picture of a group of people standing around a flip chart, appearing to be discussing or presenting information.

**UW Health A3 Sharing**
Lessons Learned

• Keep the A3 visible
• A3 format changes – user friendliness
• Beauty vs. functionality – electronic formatting
• Valuable reference tool to help inform future projects
• Needs to be searchable and accessible after completion
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