Using A3 Thinking to Collaborate and Share Improvement Work

3rd Annual Wisconsin Health Improvement & Research Partnerships Forum

September 12, 2013

UWHealth

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.

Agenda

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?

11 x 17"

1	Simple and systematic approach, standard framework
2	
3	

Communication tool

Guide to focus efforts and eliminate short-cuts

Shows "big picture" improvement plan

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
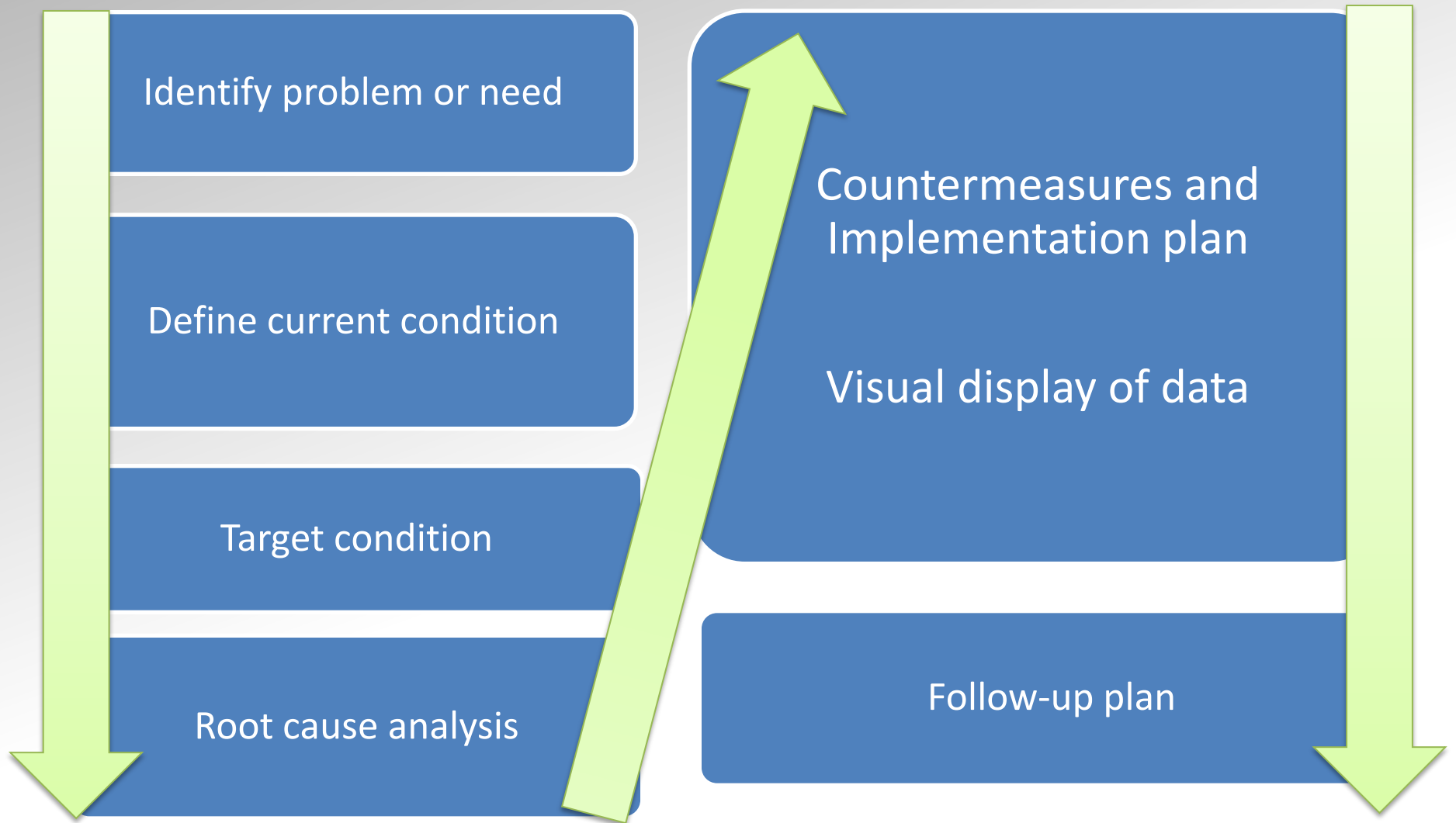
Basic A3 Structure

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

Color Scale	
1	Brown
2	Light Brown
3	Yellow
4	Light Green
5	Dark Green

Lawn Color by Week
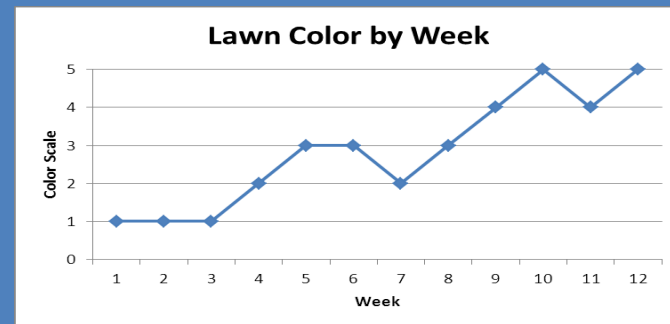
- Prevent recurrence next year by fertilizing in Fall and Spring
- Communicate plan to family members to participate
- Notify neighbors to help keep accountable

UW Health's A3 Approach

TEAM:
DATE INITIATED:

FOCUS

UW Health

1. **FIND** a Process to Improve

2. **ORGANIZE** a Team

3. **CLARIFY** Current Knowledge

4. **UNDERSTAND** Root Causes

5. **SELECT** the Improvement

Act · **Plan** · **Check** · **Do**

F – IND a Process to Improve *(Background Information, Data, Value Stream Map)*

Identify problem or need

O – RGANIZE a Team *(List of Team & Ad-hoc Members and Roles)*

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

Define current condition

Define target condition

SPECIFIC AIM STATEMENT: *We will [improve, increase, decrease] the [number, amount, percent] of [the process] from [baseline measure] to [goal measure] by [date].*

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

Root cause analysis

S – ELECT the Improvement *(Brainstorming)*

#	ROOT CAUSE(S)	CHANGE IDEA(S)
	Countermeasures	

P – LAN the Improvement *(Future State Process Map)*
D – O the Improvement *(Improvement Action Items Plan, Data Collection Plan, Forms)*

#	CHANGE IDEA(S)	MEASURE(S)/OUTCOME(S)

Implementation Plan

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

Visual display of data

A – CT and Determine Next Steps *(Action Items, Lessons Learned, Sustainability Plan)*

Follow-up plan

F
O
C
U
S

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F – IND a Process to Improve *(Background Information, Data, Value Stream Map)*

15% of patients have activated their electronic medical record account (MyChart)

O – RGANIZE a Team *(List of Team & Ad-hoc Members and Roles)*

Jen Smith, MD, Mary Jay, RN, John Johnson, X-Ray, Carol Brady, Reception, Marcia Thomas, MA, Jim Peters, Clinic Manager

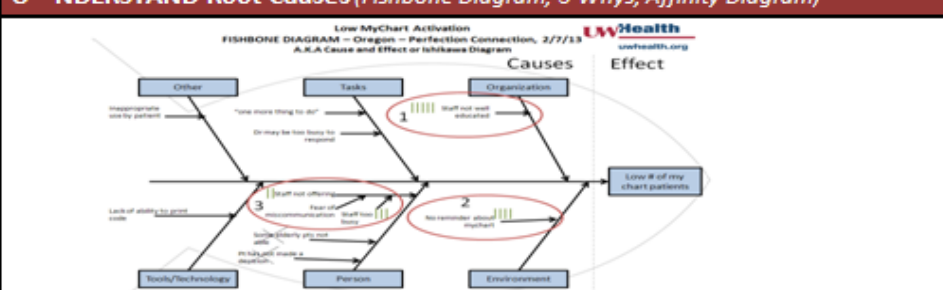## C – LARIFY Current Knowledge *(Process Maps, Observations, Data, Specific Aim Statement)*

CURRENT STATE PROCESS MAP – UWHealth
Patients Activated MyChart – 2/7/12   uwhealth.org

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.

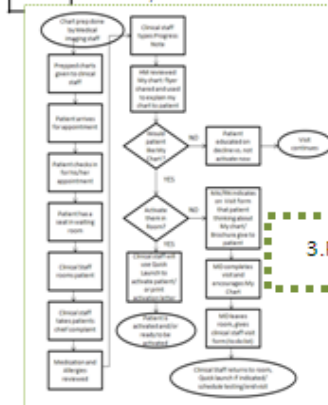## U – NDERSTAND Root Causes *(Fishbone Diagram, 5 Whys, Affinity Diagram)*

Low MyChart Activation
FISHBONE DIAGRAM – Oregon – Perfection Connection, 2/7/13   UWHealth
A.K.A Cause and Effect or Ishikawa Diagram   uwhealth.org

S – ELECT the Improvement *(Brainstorming)*

| #	ROOT CAUSE(S)	CHANGE IDEA(S)
1	Staff members not well educated in MyChart	All staff members enroll, All staff members review the patient guide to MyChart
2	No reminder to pts about MyChart	Place posters in the exam & waiting rm, Keep brochures visible
3	Staff are not offering MyChart to pts	Proactive about MyChart during Rooming (Use the "Quick Launch" Process -UW Health)

P – LAN the Improvement *(Future State Process Map)*
D – O the Improvement *(Improvement Action Items Plan, Forms)*

#	CHANGE IDEA(S)	MEASURE(S)/OUTCOME(S)
1	All staff members enroll, All staff members review the patient guide to MyChart	Checklist
2	Place posters in the exam & waiting rm, Keep brochures visible	Completed – Yes, No
3	Proactive about MyChart during Rooming (Use the "Quick Launch" Process – specific to UW Health)	

Wk of:	# pts	YES	DECLINED	YES, AFTER VISIT	NO, BUT DID NOT DECLINE	ACTIVATION LETTER	ALREADY ACTIVE/DECLINED PRIOR TO VISIT
19-Feb	20	7	0	0	4	1	0
25-Feb	41	6	0	0	1	1	3
4-Mar	39	2	3	0	2	8	9
11-Mar	23	3	1	0	1	2	?
18-Mar	45	8	0	0	8	1	2

3.Proactive Future State Process Map - **Rooming**

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

Number of Activated MyChart Patients, Dr. Doetch Patients
As of 6/16/13
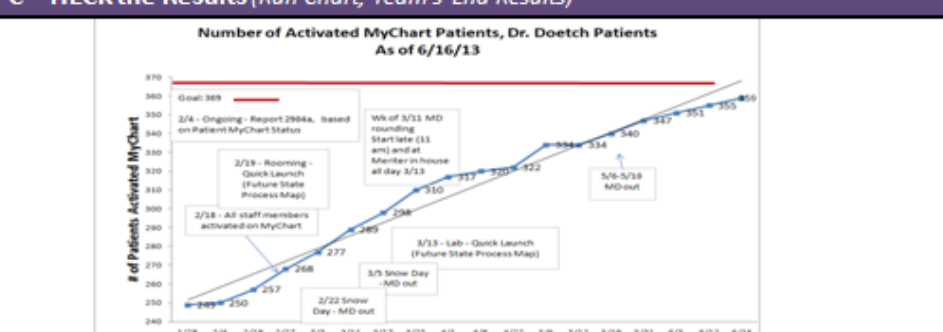
A – CT and Determine Next Steps *(Action Items, Lessons Learned, Sustainability Plan)*

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

UW Health
Quality, Safety and Innovation
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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...
MULITPLE IMPROVEMENT METHODS, NO STANDARD IMPROVEMENT CURRICULUM, VARIATION IN IMPROVEMENT KNOWLEDGE – OH MY!!

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 Prajapati – *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 14,000 Employees
- Too many processes to count, causing breakdowns, bottlenecks, adverse events, and miscommunication
- Lack of alignment leads to isolated successes and a 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
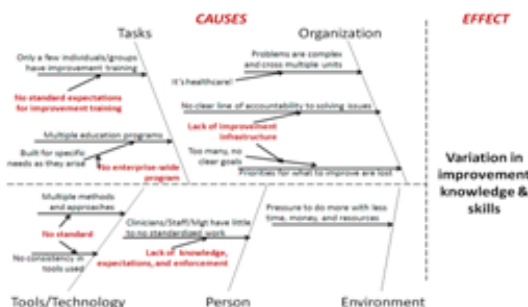
SELECT the Improvement

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 (UWHIN):

How are we working to achieve our desired future state?

Develop Guiding Principles → Implement an Education Program → Adapt a Standardized Improvement Framework → Improved Outcomes

- Patient- and Family-Centered Care
- Everyone is responsible for quality & safety
- Data & evidence drive improvement
- Value is optimized through continuous improvement
- Priorities are advanced through good stewardship of resources

- FIND a Process to Improve
- ORGANIZE a Team
- CLARIFY Current Knowledge
- UNDERSTAND Root Causes
- SELECT the Improvement

Better Care
Better Health
Lower Costs

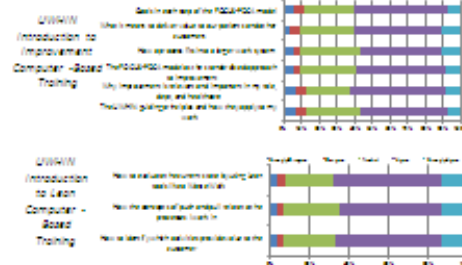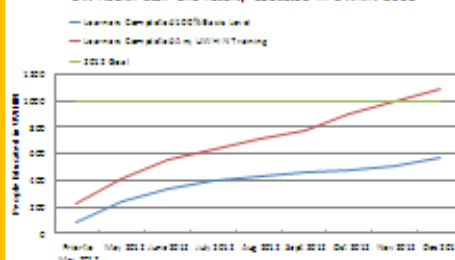Content standardized between all education programs

CHECK the Results

UW Health Staff and Faculty Educated in UWHIN 2012

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)
- Implement requirements for departments to complete an improvement using A3
- Utilizing the Logic Model for program evaluation, deliberately link improvement results to long-term, strategic organizational goals

Activity

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

Hang-Up	Remedy
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

- **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

UW Health A3 Sharing

Area	Theme	Measure	Documents	Wave	Contact
Breast Center Clinic	Room Utilization	% of time that the actual room time matches the scheduled room time	5.2.13_Breast Center_A3.pptx	2	Kristi Klein, Radiology Supervisor
Academic Affairs	Communication	% of Acedemic Affairs staff knowledge of co-workers names and functions	5.16.13 Academic Affairs A3.pptx	2	Lynne Cleeland, Assistant Dean, Administratio
Human Resources	Hiring	Time it takes to update 5 position numbers that have an incumbent with a different job title level than the new hire	5.13.13 Human Resources A3.pptx	2	Katrina Ruppert, HR Service Center Manager
		cle time of ost-op 90 clinic	5.17.13 Clinic		
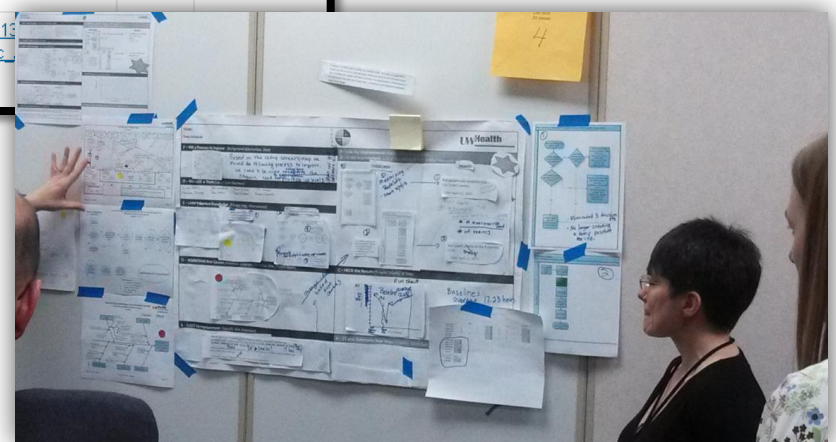
Lessons Learned

- 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

Contact Us

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