



A2-Team Coaching Can Make a Difference in Achieving Improvement Goals



Marjorie Godfrey & Randy Messier

13:15-16:45

February 26, 2020



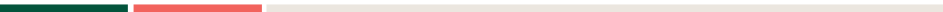
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Welcome!

Brief introductions

Do you coach improvement now?



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Agenda for Today's Session

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1:15 Welcome and check in (do you coach now?)

1:30 Background and introduction to team coaching improvement

1:45 Coaching Improvement science and the team coaching model 80/20

2:00 Coaching autobiography (Randy) -think of a coaching experience you have had that was the best -
What did the coach do? - What did YOU do? (set up flipcharts in advance)

2:20 Fika

2:40 The Art of team coaching-team dynamics..conflict in the workplace
The art of active listening---pairs exercise
Pearls/empathic communication

3:40 Exercise

3:50 Ladder of inference

4:00 Exercise

4:10 Measuring improvement - Fundamentals(DMIC and the pyramid) - Clean room -
conceptual/operational definitions/case studies

4:30 Summary of the art and science of team coaching -What matters to you for coaching - Technical
improvement - People/dynamics/Communication - How do you know change is an
improvement? -Final Questions

4:45 Adjourn

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“Every system is perfectly designed to get the results it gets.”



Paul B. Batalden, MD

***Founding Director, Healthcare Improvement Leadership
Development***

The Dartmouth Institute for Health Policy and Clinical Practice

Co-Founder Institute for Healthcare Improvement

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What is Coaching Healthcare Improvement?

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- Healthcare Improvement
- “Everyone” to Attain
 - Better Population Health
 - Better Systems Performance
 - Better Health Professional Development
- Science Based Improvement
- Coaching

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Quality Improvement

The combined and unceasing efforts of everyone – healthcare professionals, patients and their families, researchers, payers, planners, educators – to ***make changes*** that will lead to ***better patient outcome, better system performance, and better professional development.***

“What is “quality improvement” and how can it transform healthcare?” Qual Saf Health Care. 2007 February; 16(1): 2–3
Paul B Batalden and Frank Davidoff

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Team Coaching Model

Coaching

”Evoking Excellence in Others”

Flaherty

”The only way to coach effectively is to enter into a reciprocal relationship where ‘coach’ and ‘coachee’ engage in a dance of mutual influence and growth”


Peter Senge,
MIT and Society for Organizational Learning

***... is not telling people what to do;
it is giving them a chance to examine what they are doing in the
light of their intentions.***

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The Discipline of Coaching




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“...Building ***relationships*** among people who are continuously learning about the changing environments in which they live and work, intervening in and moving to ***set aside ineffective and counter-productive habits***, and ***building new*** skills, practices, habits, and platforms for collaborating in this ever changing world.”

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Hackman & Wageman



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Team Coaching

“...direct interaction with a team intended to ***help*** members make coordinated and task-appropriate use of their collective resources in accomplishing the team’s work.”

-A Theory of Team Coaching
Academy of Management Review
 2005

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Coaching Interprofessional Teams in Healthcare Improvement

the Coachee, the Coach and the Leader Perspectives

The question:
*What team coaching actions are perceived to support healthcare
improvement activities from the three perspectives?*

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Supportive Coaching Experience

Category	Subcategories
Context	Local context
	Site visit
Relationship	Communication
	Expectations
	Interpersonal skills
Helping	Encouragement
	Clarifying
	Feedback
	Enable
	On track
	Intensity/momentum and pace
	Teach
Technical Support	Improvement, measurement and meeting skills
	Resources
	To do lists/taskbooks

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Team Coaching Model

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Pre-Phase <i>Getting Ready</i> <i>"Meeting them where they are"</i>	Action Phase <i>Art and Science of Coaching</i>	Transition Phase <i>Reflection, Celebration, and Renew</i>
<ul style="list-style-type: none"> ◆ Establish leader relationship ◆ Expectations <ul style="list-style-type: none"> ❖ Clarity of aim ❖ Leadership and Team discussions about roles and logistics ◆ Context <ul style="list-style-type: none"> ❖ Review of past improvement efforts and lessons learned – tools used ❖ Preliminary system review – Micro/Meso/Macro ◆ Site Visit ◆ Resources (data) ◆ Logistics (time) 	<ul style="list-style-type: none"> ◆ Relationships <ul style="list-style-type: none"> ❖ Helping ❖ Keep on track ◆ Communication <ul style="list-style-type: none"> ❖ Virtual ❖ Face-to-Face ❖ Available and accessible ❖ Timely ◆ Encouragement ◆ Clarifying <ul style="list-style-type: none"> ❖ Improvement Knowledge ❖ Expectations ◆ Feedback ◆ Reframing <ul style="list-style-type: none"> ❖ Different perspectives ❖ Possibility ❖ Group dynamics – new skills ◆ Improvement Technical Skills <ul style="list-style-type: none"> ❖ Teaching 	<ul style="list-style-type: none"> ◆ Reflection on improvement journey <ul style="list-style-type: none"> ❖ What to keep doing or not do again ❖ Review measured results and gains ❖ Plan how to sustain improvement ❖ Assess team capability and coaching needs, and create coaching transition plan ◆ Celebration! ◆ Renew and re-energize for next improvement focus ◆ Evaluate coaching

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Best Coaching Experience

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Recall a “best ever” Coaching experience you have had.....



- Explore your experience as a learner and interpret in terms of it's meaning **and application to your personal coaching development**
- Your Personal Coaching Autobiography

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Coaching: *What Happened?*

By yourself (1 minute)

- **What** happened to make this the best coaching experience?
- **What** did the coach do? What **actions** did you observe?

Small group 2-3 people: (3 minutes)

- Share individual perspectives and create a list of coach actions

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What Did You Do As a Result of the Coach Actions?

Individually: (1 minute)

- Based on “What” the coach did what did YOU do?

Small group-2-3 people: (3 minutes)

- Share individual perspectives and create a list significant actions

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Now What?

Individually: (1 minute)

- **What** actions make sense when coaching and being coached?
- **What** do you recommend for those who are coaching and those who are being coached?

Small group 2-3 people: (3 minutes)

- Share individual perspectives and create a list of team coaching actions

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Summarize Themes

How might these insights inform your personal development of Team Coaching for Healthcare Improvement?

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The Imbalance of Art & Science

Socio-Cultural
Personal Experiences
“Humanistic”



Mechanistic/Technocratic Focus

MMG

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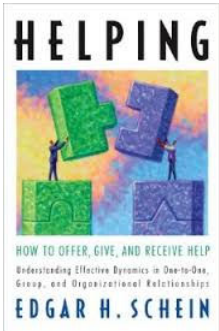
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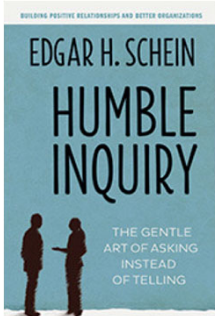
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Helping and Humble Inquiry



Central concern of helper is to improve the ability of the one or ones being “helped” to **increase their own ability to help themselves**

“**Telling** makes people feel inferior and reduces communication and organizational effectiveness suffers.”



“We live in a culture of Doing and Telling.”

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Help, Helper, Helping

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- Consciously trying to **help** someone else to accomplish something
- Understanding is needed for the **helper** to know when to offer help and what would be helpful if asked for help.
- Dynamics of **helping** relationships
 - Trust
 - What helper must do to ensure that help is provided
 - What any recipient must do to facilitate the process
- Helping
 - Process that underlies cooperation, collaboration and many forms of altruistic behavior.

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Schein

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- The helping relationship begins to build ***because of the interest the helper*** conveys through humble inquiry.
- ***Equilibrate the relationship*** and not be “one up”
- ***“Save face”*** with respectful communications
- ***“If you can find the place where the others are and begin there, then you can perhaps have the good fortune of leading them to the place where you are”***

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Edgar Schein



“Humble inquiry is based on interest and curiosity and wanting to be caring.

It is an attitude”

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Inquiry Types

- **Pure**
 - Involve them in the discovery
 - “Tell me what’s going on, tell me more”*
 - “Can you give me some of the details?”*
- **Diagnostic**
 - Deliberate focus on information given
 - “What have you tried so far?”*
 - “Why do you think this is happening?”*
- **Confrontation**
 - Make suggestions or offer options not discussed
 - “Does that make you upset?”*
- **Process-oriented**
 - Shift to the conversation process
 - “Are the questions I’m asking helping you?”*

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Coaching

"Coaching puts the center of its attention on the question ***how a person can help*** other people develop new capabilities, new horizons, and new world of opportunity for *themselves* and those around them."

You will gain confidence in your own capacity to be an effective coach with practice.

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Team Coaching Program Aim

Improve value and quality of health care through development of the ***art and science of team coaching*** to help and coach frontline interdisciplinary ***clinical and supporting microsystems*** with knowledge, processes and tools including the ***Dartmouth Microsystem Improvement Curriculum.***

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Specific Aims

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1. Structured organized process for team coaching health care improvement
 1. Pre Phase
 2. Action Phase
 3. Transition Phase
2. Microsystem knowledge and understanding
3. Personal learning/development of coaching with journals, subgroups and reports

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Team Coaching Subject Matter

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1. Clinical Microsystem Theory
2. Improvement Knowledge, skills, discipline
3. Improvement Measurement
4. Team dynamics/communication
5. Organizational context

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Team Coaching Program

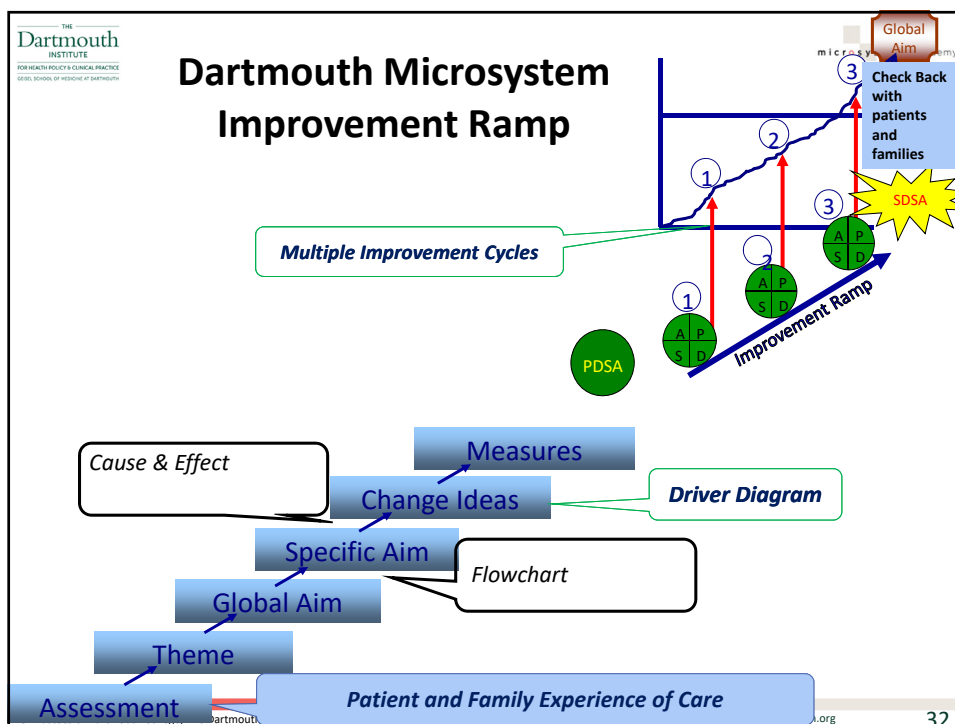
Clinical Microsystem Theory Knowledge, Processes & Tools


Improvement Sciences Knowledge

Team Coaching Program
 ZOOM Sessions
 Face-to-Face
 Assigned Faculty
 Select Books and Publications
 Canvas
www.clinicalmicrosystem.org

“Team Coaching Model”
 The Art & Science of Coaching
 Knowledge, Skills & Abilities


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Team Coaching Model



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Pre-Phase <i>Getting Ready</i> <i>"Meeting them where they are"</i>	Action Phase <i>Art and Science of Coaching</i>	Transition Phase <i>Reflection, Celebration, and Renew</i>
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Pre Phase

"Getting Ready"
"Meeting Them Where They Are"



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- ◆ Establish Leader relationship
- ◆ Set expectations
 - ❖ Leader of Coach
 - ❖ Coach of Leader
 - ❖ Coach & Leader of Team
- ◆ Leadership Discussions/Coaching Readiness
- ◆ Clarity of Aim
- ◆ Prior Improvement Experience
- ◆ Preliminary System Review: Micro/Meso/Macro Systems
- ◆ Logistics (Time)
- ◆ Resources (Data)
- ◆ Site Visit?

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Coaching *and* Leadership

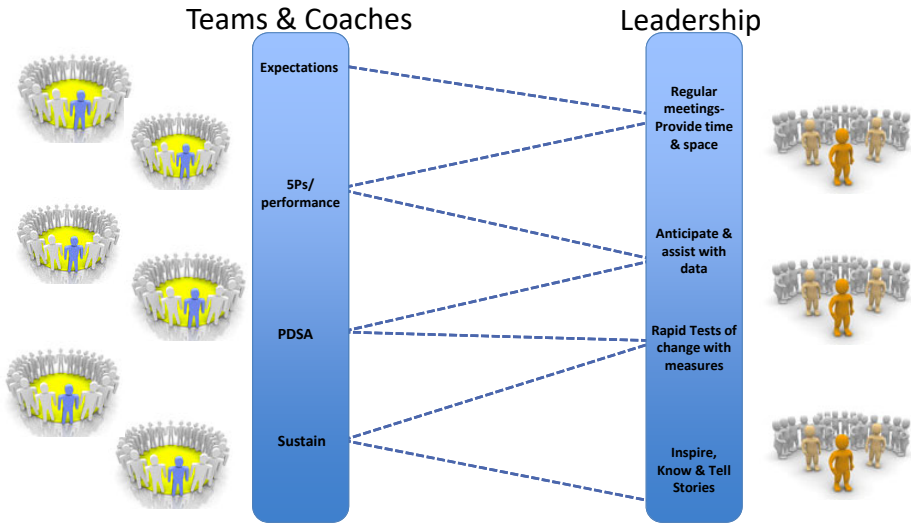


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Connecting Teams, Coaching and Leadership



Teams & Coaches

- Expectations
- 5Ps/performance
- PDSA
- Sustain

Leadership

- Regular meetings-Provide time & space
- Anticipate & assist with data
- Rapid Tests of change with measures
- Inspire, Know & Tell Stories

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Leadership

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- Original microsystem research identified that the microsystem leaders were also coaching
- Research showed front line leaders:
 - Did not have improvement knowledge
 - Appreciated the relationship with the team coach to bridge to daily work and improvement
 - Learned how to lead differently by observing the team coach
 - Felt less of the improvement burden when collaborating with the team coach
 - Recognized the benefit of offering praise, encouragement and consistency of expectations
 - Benefited from insights of the team coach and took actions as a result of the coach observations – lead differently
 - More directed – felt more “under control”

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Leaders Can Help by...

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- ***Helping cultivate improvement capability*** by designing structures, processes and outcomes of their organizational systems to support healthcare improvement activities
- ***Developing the improvement knowledge of every staff member*** in the microsystem to know their operational processes and system to promote action learning in their daily work
- ***Setting clear improvement expectations*** of all staff
- ***Providing TIME*** to learn and practice improvement
- Supporting improvement actions and learning using a ***Team Coaching Model***

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Getting Started with an Interdisciplinary Team

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- Meet with microsystem leadership
- Determine interdisciplinary team membership
- Convene lead improvement team for first meeting to determine:
 - regular day, time and place to meet
 - ground rules
 - decision making plan
 - communication strategy using effective meeting skills
 - use effective meeting skills at first meeting

Review the Pre Phase Actions List

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Expectation Agreement

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Coaching Expectation Agreement

Aim: In the Pre-phase of Coaching, explore and agree on expectations of each role. For example include regular meeting times, space, communication, deliverables.

Date:

Leader:

Coach:

Leader Expectations

Coach Expectations

Leader and Coach Expectations of Interdisciplinary Group

Coaching & Leader Expectation Agreement Geoffrey 10/2/20

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Pre-Phase Actions List

Team Coaching Model
Pre-Phase Actions
"Meeting them where they're at"

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Actions	Current Status	Next Action
1. Meet with microsystem leader (listen & set expectations) What do they worry about? What is on their mind for improvement?		
2. Discuss overview of the team coaching intervention and plan of improvement		
3. Review past improvement experiences – what went well, what was difficult. Any lessons learned? Any improvement still occurring?		
4. Discuss regular time for leader to meet with you (brief huddle weekly, telephone call, email) How and when does the leader wish to stay connected with the improvement progress? (Your expectation of the leader. What is the leader expectation of you doing team coaching?)		
5. Review systems within systems: Microsystem, mesosystem, macrosystem (Org charts, people connections and relationships)		

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Team Coaching Readiness

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Team coaching readiness factors for positive influences:


- openness
- partnership
- engagement
- agenda setting

Consider the following when you have your initial conversation with the leader and team.

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Team Coaching Readiness




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1. What is your understanding of the focus and process of team coaching?
2. Have you had any experiences working with a team coach?
3. What are you looking for help with through the team coaching?
4. What goals should we work on together?
5. What do you consider to be your strengths and improvement opportunities?

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Team Coaching Readiness



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6. What would others (colleagues, patients, families) say your strengths and improvement opportunities are in relation to change?
7. How important is it to you to achieve your goals through working together?
8. What are your expectations of me as a team coach?
9. How will I know when I have challenged you too much or too strongly?
10. What support do you have for the improvement work you are setting out to do?

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7-Step Meeting Process/Agenda

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1. **Clarify Aims:** what we will get done
2. **Review Roles:** leader, recorder, timekeeper, facilitator
3. **Review Agenda** and determine time for each item
4. **Work through Agenda Items**
5. **Review Meeting Record:** review flipchart record, make changes/additions, decide what to keep for meeting record
6. **Plan Next Actions & Next Agenda:** who will do what off line & aims for next meeting
7. **Evaluate the Meeting:** went well, could improve

Keys to a productive meeting:
Ground Rules
Assigned Roles
Timed Agenda
Stated Aim
Action Items
Evaluation

Effective Meeting Skills in Action Video
<https://vimeo.com/117271706>

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Tom and Nabil's Ground Rules


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- Participate in the meeting and not in the hall
- Speak to the agenda item being discussed
- Plan your words to conserve time
- Clearly state, opinion or fact. If it is a fact, give the references
- For opinions, use only “I” statements, unless you have permission to speak for the “we”
- If you oppose, you must propose

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Communication Strategy

“within & outside” the microsystem




- How will you communicate in a way that invites “everyone to get in the game?”
- Determine process and stick to it!
- Creative options
 - Newsletter
 - Emails
 - Intranet
 - All Staff monthly “town hall” meetings
 - “Buddy system”
 - Screen Savers
- Managing up in your organization

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Action Phase

Art and Science of Coaching



<ul style="list-style-type: none"> ♦ Relationships <ul style="list-style-type: none"> ❖ Helping, Keeping Focus and Staying on Track ❖ Interpersonal Skills ♦ Communication <ul style="list-style-type: none"> ❖ Virtual, Face-to-Face, Available & Accessible ❖ Timely ♦ Encouragement ♦ Clarifying & Technical <ul style="list-style-type: none"> ❖ Teaching Improvement Knowledge & Providing To Dos and Checklists 	<ul style="list-style-type: none"> ♦ Reframing <ul style="list-style-type: none"> ❖ Different Perspectives ❖ Possibilities ♦ “Knowing When” ♦ Focus on Process and Tasks Initially to Help Group Process ♦ Calibration of Hierarchical Roles and Positions ♦ Not Assuming “One Up” Position
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Transition Phase

Reflection, Celebration & Renewal

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- ♦ Reflection on improvement journey
 - ❖ What to keep doing
 - ❖ What to be sure and not do again
- ♦ Review measured results and gains
- ♦ Assess team improvement skills capability and group dynamics to match coaching needs to create coaching transition plan
- ♦ Celebration!
- ♦ Renew and re-energize for next improvement focus (new members)
- ♦ Onboarding/Orientation
- ♦ Evaluate Team Coaching

- ♦ Transition Assessment Tools (Individual & Team)
 - ❖ Improvement Skills
 - ❖ Meeting Skills & Tools of Improvement
 - ❖ Group Dynamics
- Create Transition Coaching Plan
- Assess Coaching Experience

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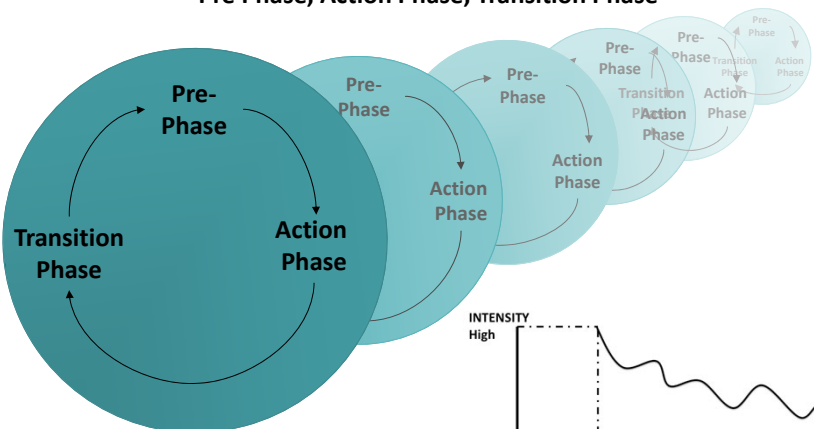
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Team Coaching Model

Intensity Over Time

Pre Phase, Action Phase, Transition Phase

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INTENSITY

High



Low

3 6 9 12 18 24

MONTHS


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The Art and Science of Coaching Health Care Improvement

- Helping
- The Art
- The Science




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The *Art* Of Coaching

1. Knowing When
2. Reframing
3. Effective Communication Skills




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Finding the Balance

- Ideal combination of encouragement and challenge that facilitates optimal performance
- Important to “adjust” the external environment to support and enhance flow




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1. Knowing When

The Art of Coaching



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The Art of Coaching

- Push vs. Pull
- Ask vs. Tell
- On stage vs. Back Stage
- Observe vs. Show
- Listen vs. Talk

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2. Reframing Conversations

The Action Phase

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Reframing

- By reframing a situation or context, another meaning or another sense is assigned
- Seeing a situation in another frame.
- A frame can refer to a belief (what limits our view of the world)
- If we *let this limiting belief go*, new conceptions and interpretation possibilities can develop.
- We usually take mind sets for granted and don't consciously explore

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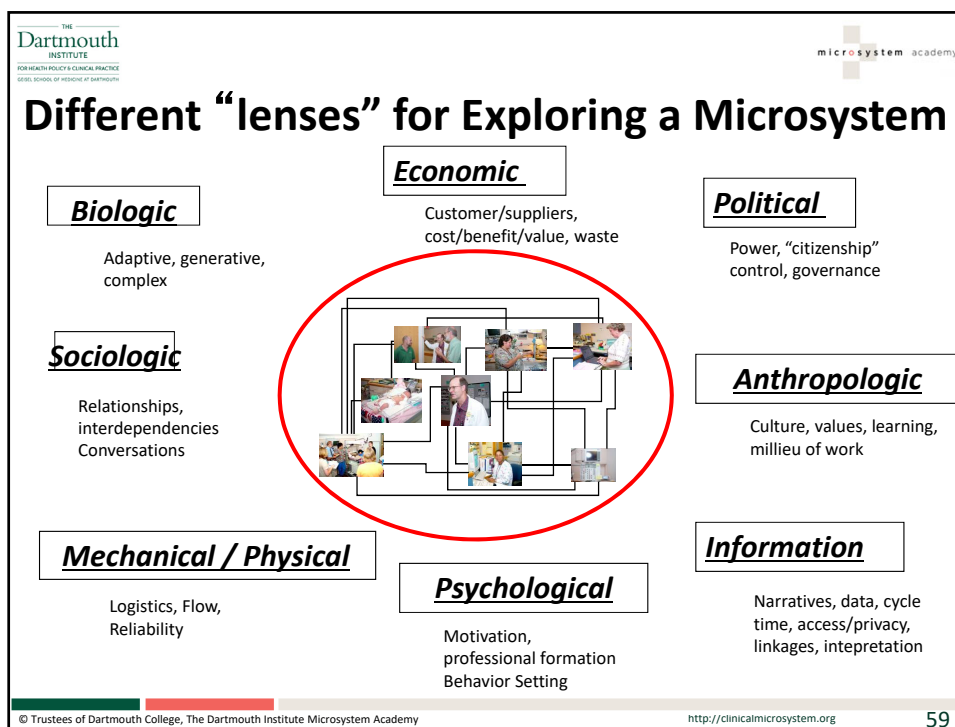
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Reframing Strategies

- **Metaphors:** *What images come to mind when you think about your experience? If you were to make a map of your journey, where would your next step be?*
- **Analogies:** *That sounds like...I experienced a situation that may relate*
- **Role Play:** *Let's have the conversation you need to have with the team member.*
- **Envision the future:** *If you could achieve this goal, how would you imagine feeling?*

- **Multiple perspectives:** *Who have gone before you and done well?/What is another way you could look at this issue?/Put yourself in the other person's position on this issue.*
- **Reflection:** *Think of a time when you used that skill and it worked well.*
- **Time Stretching:** *What would it look like five years from now?/If you fast-forward to six months from now, how will things have changed?*

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Reframing

- Facts alone don't always persuade people to change their behavior. The facts don't always engage the head, heart and hand of health care professionals.
 - How might we reframe in a way that catches their eyes, heads, hearts and hands?
 - Show different perspectives?
 - Help see “what's this mean for me?”
- The overwhelming and impossible situations actually may be based on one's own assumptions.

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Reframing Example

Researchers from Johns Hopkins studied how to persuade teens to drink less soda.
 They used signs outside corner shops to test three different approaches...

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1. One asked if they knew that the average soda contained 250 calories

Sales dropped by over a third (40%)
2. Second sign asked if they knew it was equivalent to ten per cent of their recommended daily intake.
3. This was the most effective, reducing soft drink sales by half (50%)

Most effective, reducing soft drink sales by half (50%)

How that takes about 50 minutes of running?

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3. Effective Communication

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Harvard Business Review
The Price of Incivility
By Christine Porath and Christine Pearson
Published January 2018



Rudeness at work is rampant, and it's on the rise. Over the past 14 years we've polled thousands of workers about how they're treated on the job, and 90% have reported experiencing uncivil behavior. In 2013 half said they were treated rudely at least once a week—up from a quarter in 1998.

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Communication & Relationships

Poll of 800 managers and employees in 17 industries.. 48% intentionally **decrease their work effort**
 47% intentionally **decrease the time spent at work**
 38% intentionally **decreased the quality of their work**
 80% **lost work time** worrying about the incident
 63% **lost work time** avoiding the offender
 66% said their **performance declined**
 78% said that their **commitment to the organization declined**
 12% said that they **left their job** because of the uncivil treatment
 25% admitted to **taking their frustrations out on customers.**

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A New Approach to Conflict in the Workplace

- **Empathy:** Build Relationship
- **Curiosity:** Develop a Common Understanding
- **Respect:** Negotiate Toward a Win-Win

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Costs of Conflict

- Increased medical errors
- Poor quality of care
- Decreased safety
- Communication breakdowns
- Disruptive behaviors
- Increased stress, increased alcohol/drug abuse
- Higher turnover in healthcare



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Relational Conflict



- The physiological response to conflict is *"fight or flight"*
- **Goal:** to avoid accusations, emotional reactivity and defensiveness

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Potential Pitfalls in Communication

"The single biggest problem in communication is the illusion that it has taken place."
George Bernard Shaw

What you mean to say

What you say

What is heard

What is understood

Reflective Response

Adapted from Health Behavior Change by Stephen Rollnick

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Skills for Building Relationships

I give you my...

Ask with skilled inquiry

- Open-ended inquiry
- Active listening
- Reflections
- Summarize

Active listening is a whole body experience and does not involve your mouth

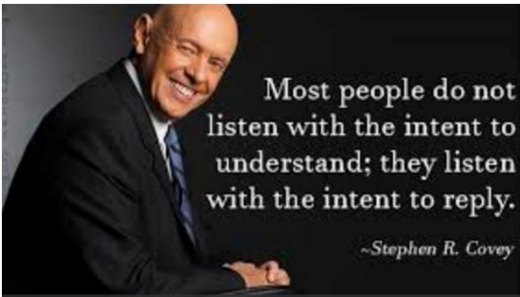
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Develop Common Understanding Active Listening

- Help a speaker feel heard or understood
- Encourage further exploration at a deeper level
- Strengthen the relationship
- Show respect



Most people do not listen with the intent to understand; they listen with the intent to reply.
~Stephen R. Covey


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Goals of Active Listening

- Help a speaker feel heard or understood
- Encourage further exploration at a deeper level
- Strengthen the relationship
- Show respect



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Active Listening Exercise

Practice in Pairs

- Use silence (Listen for 2 minutes)
- Respond with non verbal encouragement
- Summarize back what you hear
- Repeat

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Empathy, Curiosity & Respect Elicit the Other's Perspective

- Start with open-ended inquiry (*seek to understand*)


"Help me understand how you see this..."
- Don't interrupt
- Explore others perspective or ideas:

"How would that work? Tell me more about that."
- Reflect, rephrase what you hear

"Sounds like it is important to you..."
- Beware of your assumptions

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Reflection


- Goals: confirm your understanding
- Qualities of a good reflection
 - clear, concise
 - accurately identifies the meaning underlying your colleague's words
 - followed by pause

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Multiple Ways to Reflect

- Repeating or rephrasing – mirror the speaker's words
- Paraphrasing –infer meaning from what speaker said
- Reflect feeling underlying the words –emphasize emotional aspects of communication

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Goals of Dialogue

1. To evoke people's genuine voices
2. To listen deeply
3. To hold space for and respect as legitimate other's views
4. To broaden awareness and perspective – use energy of your differences to enhance the collective wisdom

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Empathic Communication Skills



PEARLS	
Partnership	<i>"I really want to work with you on this."</i>
Emotion	<i>"It looks like you're feeling pretty upset.."</i>
Empathy	<i>"I can see that you have been struggling with this."</i>
Appreciation	<i>"I really appreciate all the work you have done!"</i>
Apology	<i>"I'm sorry ..."</i>
Respect	<i>"I respect how you have dealt with..."</i>
Legitimation	<i>"Anyone in your position would feel similarly."</i>
Support	<i>"I want to support you in any way I can"</i>

Randy

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Ladder of Inference

How Assumptions Can Contribute to Miscommunication and Conflict

The Ladder of Inference

A project by Cheryl Williams for VCC's PIDP 3420

<https://www.youtube.com/watch?v=XA94chykm-c>

Margie

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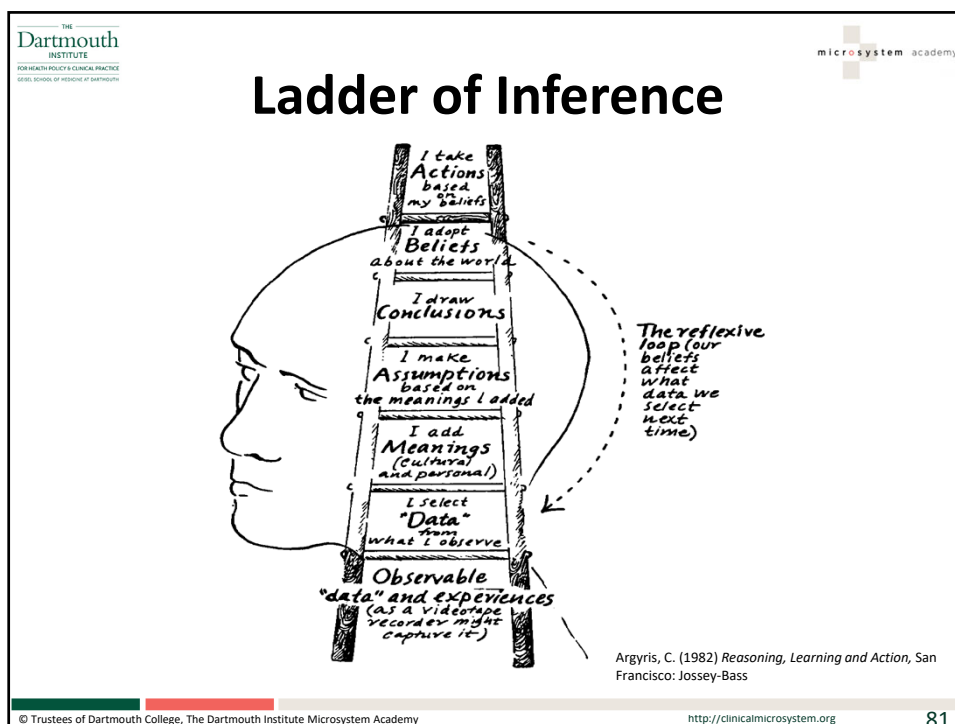
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Who is right?



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Ladder of Inference example

- You and Mary are working on a project – you need her help + data
- You email her – no response.
- You leave her a voice mail or two, or three.
- You remember last time you worked together
- She is avoiding you... As the days roll by, you convince yourself that she is even trying to sabotage you.
- In fact, she never liked you.
- If she needs something from you, forget it - you won't share it!
- You can't stand her either and start to complain to others about her
- Next time you see Mary, you give her a dirty look and other team members notice the communication breakdown

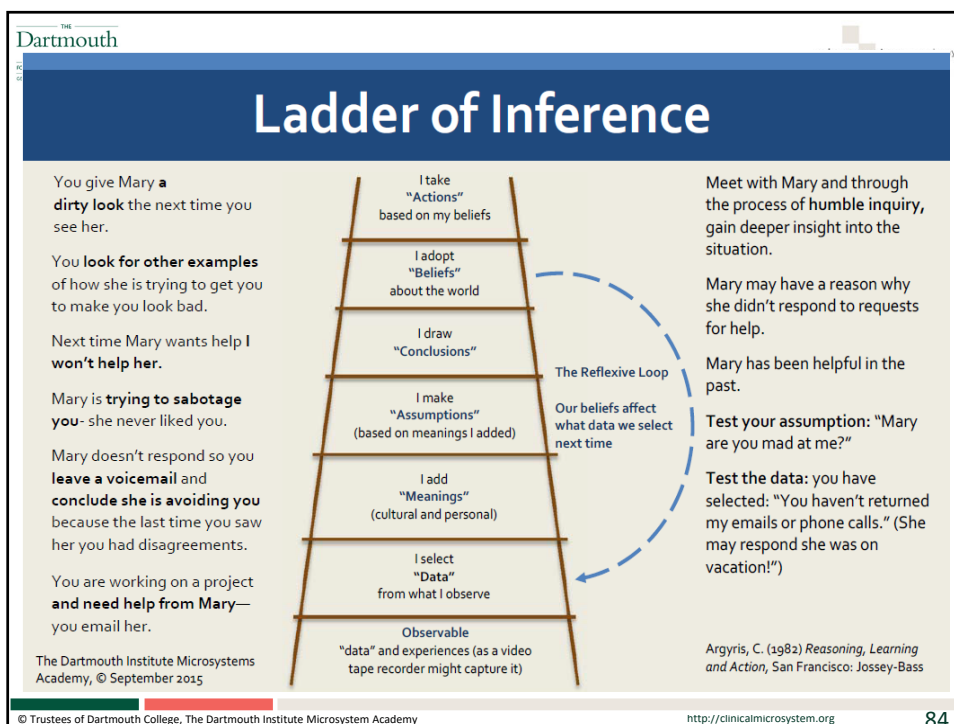
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Ladder of Inference	
My View	Mary's View
Conclusion	
I can't stand her!	I hope to catch up soon.
Reasoning	
My colleague can't stand me	She knows that I'm overwhelmed.
Assumptions	
When people don't respond, they don't like you	When you don't respond, people understand that something must be going on.
Directly Observable Data	
Mary didn't answer my email or my messages	I've been so distracted since my Mom got hospitalized – I can't keep up at work

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CONFLICT ESCALATION

DISAGREEMENT
"We just don't want the same"

PERSONIFICATION
"It's your fault"

THE PROBLEM EXPANDS
"Always so much trouble with them"

DIALOGUE STOPS
"... and gossip starts"

ENEMY IMAGES
"He's no good"

OPEN HOSTILITY
"It's them or us"

POLARIZATION
"Let's get away"

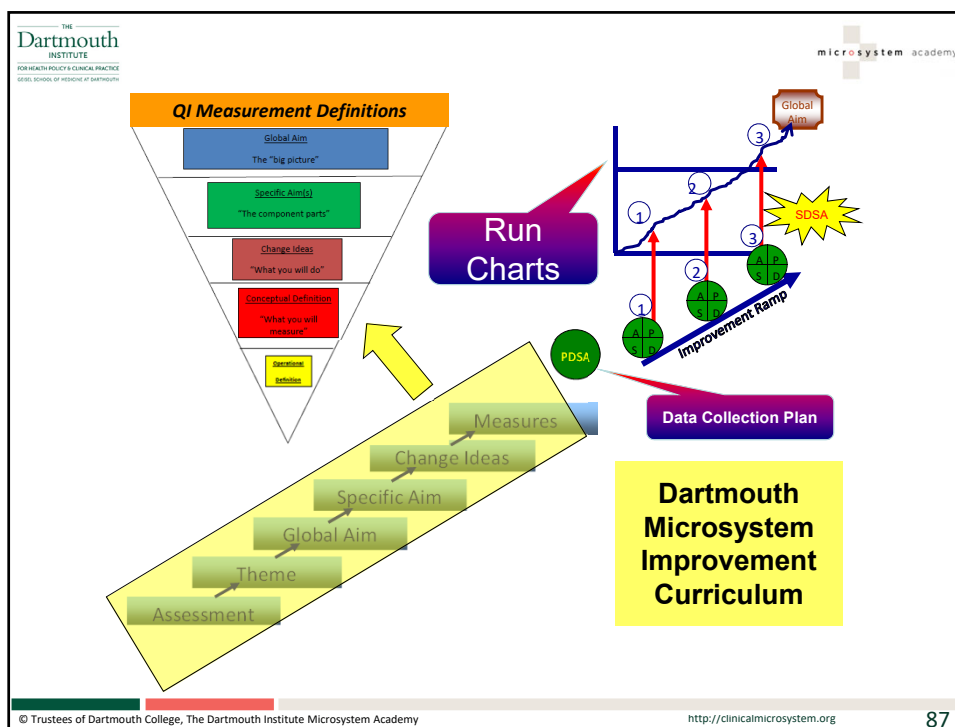
In conflict, how much do our assumptions contribute?

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Let's Put the New Knowledge to Practice!

In Pairs describe a situation when you were at the top of your ladder...

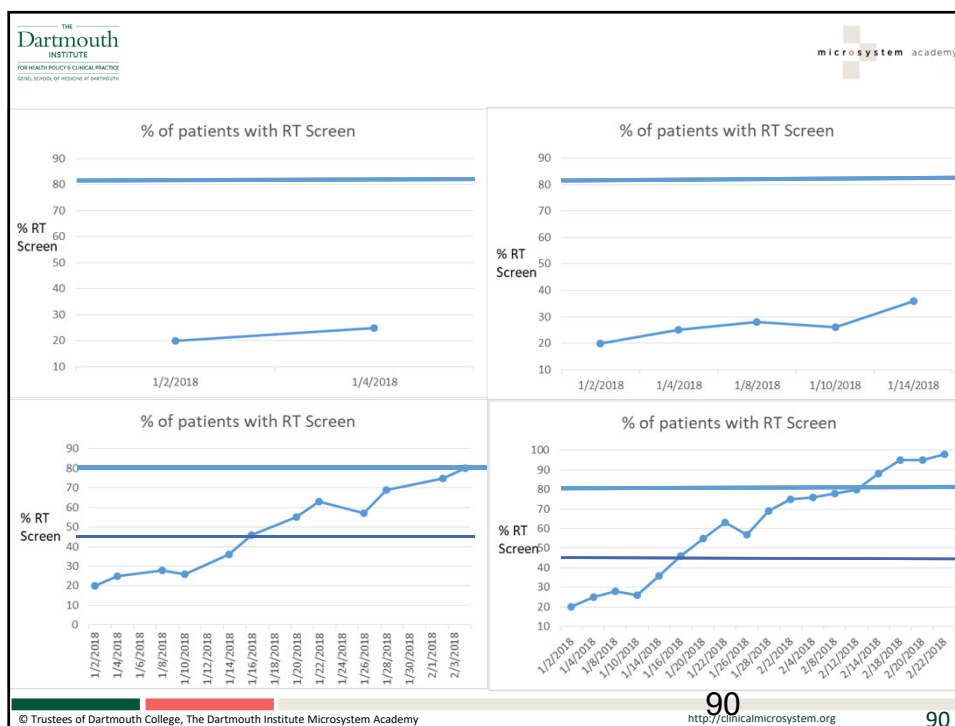
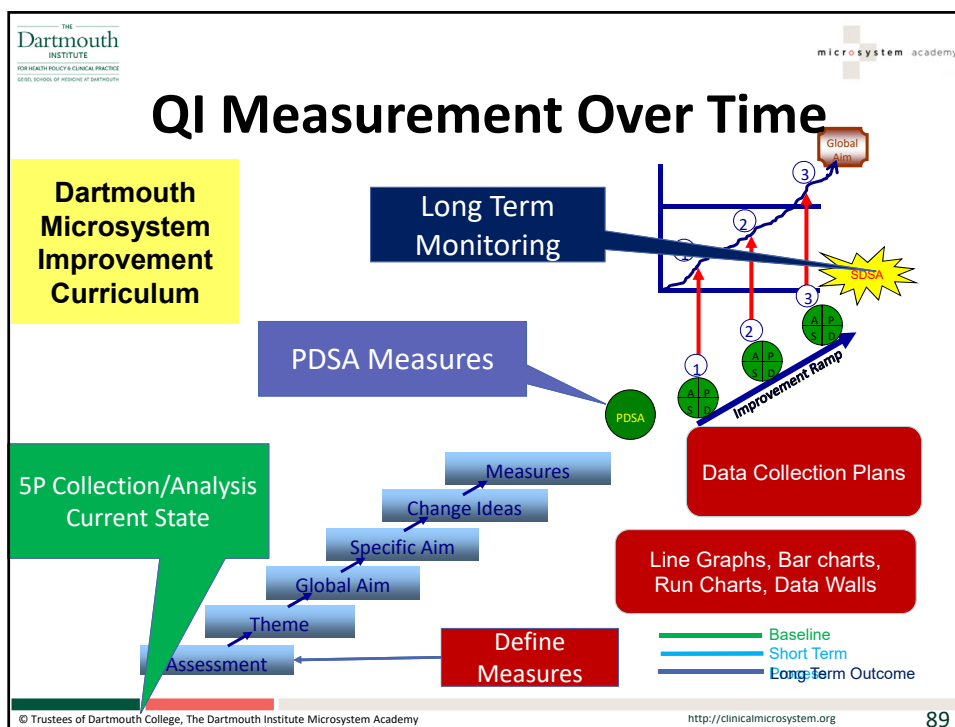
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Linking Measures to Improvement

- Ensure measures and improvements are linked from Global Aim to Change idea.
- Clearly defined measures are critical.
- A clear and tested data collection plan is important to ensure we collect accurate and consistent data.

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Defining Measures

Conceptual Definition
Tells **what** will be measured



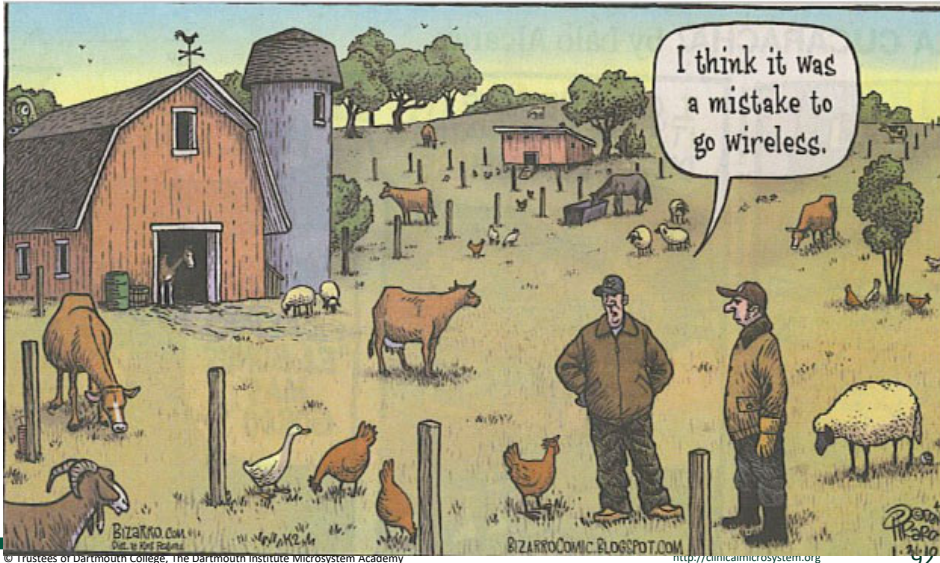
Operational Definition
Tells **how** it will be measured

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Why Data Definitions Matter



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Operational Definitions Exercise

Conceptual Definition = “Clean Room”


Operationally define “Clean Room” in these contexts:



Teenager's Bedroom



Operating Room



Four Star Hotel

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Let's Practice Measurement Definitions

Exercise:

- a. Conceptual and Operational Definitions
- b. Debrief

Discuss each statement at your table and write your answers on the flipcharts.

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QI Measurement Summary

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- Data develops over time
- Ensure the measures are linked to your improvements/PDSAs
 - Examples of measures that are “nice” but not connected to the desired improvement!
- Make sure you have adequate balanced process and outcome measures to evaluate HOW and What changes worked to improve the patient systems of care and patient outcomes.
 - Example
- Develop your PDSA Plans and Measurement Plans. Test them before you roll out the PDSA

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Summary


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- Improvement Science Team Coaching
- Humanize improvement experience and work
 - Helping, humble inquiry, compassion!
- Link to the organization
- Learn and practice new empathic communication
- Always answer the question
 - Is the change an improvement?

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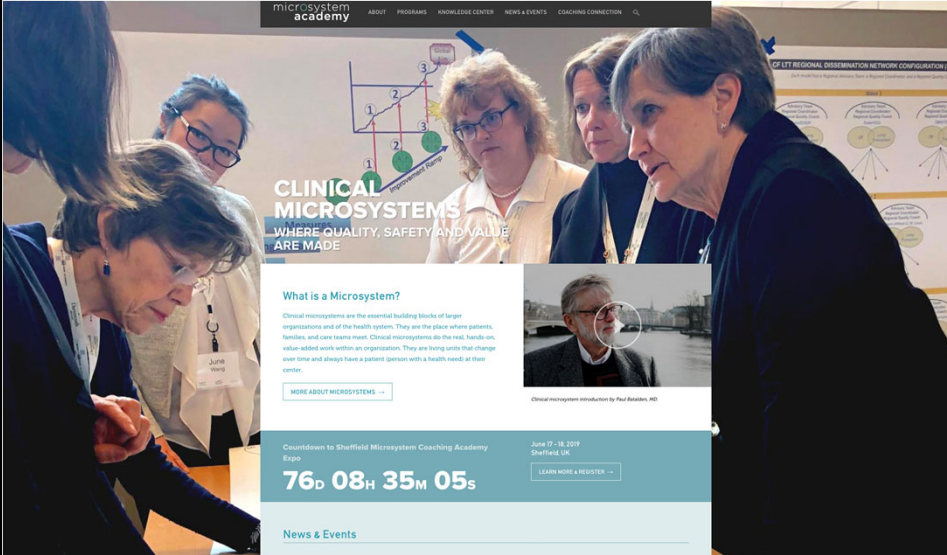
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Thank you Learning With Us!








CLINICAL MICROSYSTEMS

WHERE QUALITY, SAFETY AND VALUE ARE MADE

What is a Microsystem?

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[MORE ABOUT MICROSYSTEMS](#)



Clinical microsystem introduction by Paul Beardsley, MD

Countdown to Sheffield Microsystem Coaching Academy
Eggs

76D 08H 35M 05S

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