RADIOLOGY® LEADERSHIP INSTITUTE
AMERICAN COLLEGE OF RADIOLOGY

RLI
Power Hour

August 23, 2023

Scaling Quality Improvement Within and Across Institutions

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Outline

- Developing a Local Structured Performance Improvement Program

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- Developing a Local Structured Performance Improvement Program

- Participating in a National Quality Improvement Collaborative

Developing a Local Structured Performance Improvement Program

- **Structure**

Project Charter

The project charter is a document that officially starts a project. It formally authorizes the existence of the project and provides a reference source for the future. The charter gives a direction and a sense of purpose to the management from start to end.

Project Title	**Improving the completion of recommended Follow-up for Incidental Pulmonary Nodules at ……**
Global Aim	**To improve early detection of lung cancer for incidentally detected pulmonary nodules.**
Collaborative Measure	Collaborative defined measure

1. Description of the Problem

Problem Statement	Your understanding of what is problematic about the current state. What/where/when is the problem? What is happening that shouldn't be? Example: The Recommended follow-up for patients identified as having an incidental lung nondual is not being adequately completed within the identified time frame putting them at risk for delayed diagnosis.
Goal:	How will you know your project succeeded? Example: Improve the adequacy and timely follow-up of incidental lung nodules.
Scope	Briefly describe elements that are in scope and out of scope of the project. What are the boundaries?

2. Project Team

Project Sponsor(s)	Who is the person with organizational authority supporting this project with resources and staff?
Physician Leader	This is a physician leader to support clinical decision making and implementation
Project Leader	This is a leader or individual with leadership potential who will be responsible for managing the project and team as well as being a team member.
Other Team Members	List all team members for the project. Projects generally should have between 4-6 team members. Each member should be selected for technical expertise, authority, or other meaningful way in which they will contribute to the project
QI Coach	One assigned to each team
Process Owners	People who have authority or responsibility over what you are doing? Should be kept updated and consulted throughout the project.
End users	Who is effected by the improved/developed processes

3. Project and Team Management

Date and time of weekly team meetings	
Team communication and document storage	Where will your team be sharing documents? What platform will they be using for communication?
Create meeting agendas and note taking	Team member
A3 updates	Team member
Run chart creation and updates	Team member

The Project Team

Project Sponsor:
The person with organizational authority who provides resources and are highly committed to achieving the goals; typically, manager or director

QI Coach:
A quality improvement professional to provide just-in-time teaching and project support every step of the way

Team Leader

Has the responsibilities of a team member as well as team management and regular communication with the coach and sponsor

Physician Leader

Helps to lead team and clinical decision making at your organization as well as across the collaborative

Team Member

They represent the process and are liaisons for their role in the department

2-4 experts in the process

Additional Team Member Roles*:

Data Lead: A person to mine data and create graphs and dashboards

IT Specialist: A person who can speak to the ability of and make changes to the electronic systems

*Project roles are determined by the scope and focus of your project

Developing a Local Structured Performance Improvement Program

- Structure
- **Standardized Process**

The Model for Improvement (A3 Model)

Project Title - What are we improving?

Sponsor(s):
Leader(s):
Other Team Members:

Last Updated: X/XX/20XX
Coach:

Problem Statement

What is the problem you are trying to solve?
State "what", not "why". Do not include goal or implied solution.

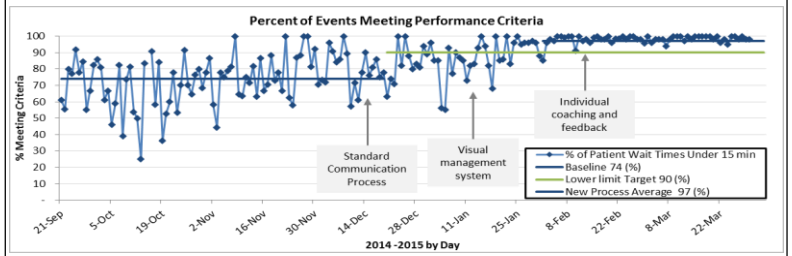
Global Aim

What is the high-level objective or mission this project supports?
Examples: Saving lives through early detection, eliminating nosocomial infections, efficient use of resources.

Target State: SMART Goal

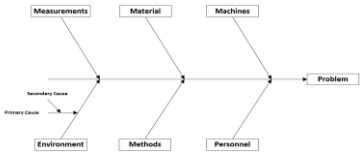
SMART goals are **S**pecific, **M**easureable, **A**chievable, **R**elevant, and **T**ime-bound.
Example: By October 1st, we will increase the percent of events that meet all performance criteria in the specified work area from a mean of 54% to 90%.

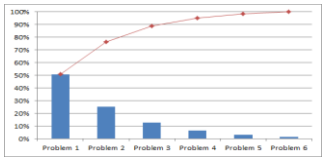
Current State: Identify Target / Actual / Gap



Start → Step 1 → Step 2 → Step 3 → Step 4 → Step 5 → Step 6 → End

Analysis





What are the root causes of the gap? May include visuals such as cause/effect diagram, Pareto chart or process maps.

Key Drivers

- 4-6 things that must happen consistently …
- … or structures that should be in place …
- … for us to reach our goal.
- These are not specific interventions.

Interventions / Countermeasures

- These are changes we are making to our processes, systems, job duties, organization, etc. … (1) **Bob**
- … that will result in our key drivers … (3) **John**
- … occurring on a consistent basis. (3) **Mary**
- Each intervention should be tied to at least one key driver. (2) **Bob**
- Teams should consider multiple interventions that could accomplish each key driver (2) **Bob**
- Interventions should specify reliability level … (1) **Jane**
- … and the maturity of the intervention, indicating how thoroughly the intervention has been tested and validated. (1) **Jane**
- Each intervention should also name an owner. (2) **Mary**

Process Owners

Name	Role	Department	Last Check-in

Reliability Level:
(1) Individuals: Feedback, checklists, training, basic standards
(2) Procedures: Embedded standard work, reminders, constraints
(3) Systems: Process design, fail safes, physical layout, built-in feedback, automated systems, concentration of responsibility

Maturity Bars:
0: Untested idea
1: Early tests / PDCA
2: Multiple PDCAs
3: Early implementation
4: Working well in operation

Progress

Barrier

Abandoned

The Model for Improvement (A3 Model)

Title

Sponsor(s):
Leader(s):
Other Team Members:

Last Updated: X/XX/20XX
Coach:

Problem Statement

Global Aim

Target State: SMART Goal

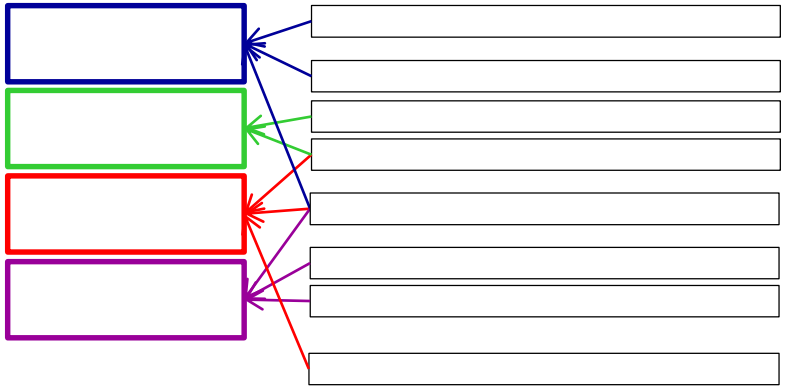
Current State: Identify Target / Actual / Gap

Start → Step 1 → Step 2 → Step 3 → Step 4 → Step 5 → Step 6 → End

Analysis

Key Drivers

Interventions / Countermeasures



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Sustain Plan

The sustain plan is an outline of how new processes or programs will be supported after the end of the improvement program.

Project Title	
Closing meeting date and time:	

Closing Meeting Attendees

Project Sponsor(s)	
Physician Leader	
Project Leader	
Other Team Members	
Coach	
Process Owners	

Interventions to sustain as is (Well validated and accepted)c	Owner	Roles and responsibilities defined	Personnel training and ongoing supervision	Plan for ongoing optimization	Plan for performance monitoring
		❑	❑	❑	❑
		❑	❑	❑	❑
		❑	❑	❑	❑
		❑	❑	❑	❑
		❑	❑	❑	❑
		❑	❑	❑	❑

Interventions that need continued work (Need further development, testing or refinement)	Owner	Sponsor	Individuals involved	Meeting cadence	Forum for report-out	End date

Developing a Local Structured Performance Improvement Program

- Structure
- Standardized Process
- **Skill Development**

The Model for Improvement (A3 Model)

Realizing Improvement through Team Empowerment (RITE): A Team-based, Project-based Multi-disciplinary Improvement Program[1]

David B. Larson, MD, MBA
L. Jake Mickelsen, BS
Kandice Garcia, RN, MS

Abbreviations: ANOVA = analysis of variance, FTE = full-time equivalent, RITE = Realizing Improvement through Team Empowerment, SMART = specific, measurable, achievable, relevant, and time-bound

RadioGraphics 2016; 36:2170–2183

Performance improvement in a complex health care environment depends on the cooperation of diverse individuals and groups, allocation of time and resources, and use of effective improvement methods. To address this challenge, we developed an 18-week multidisciplinary training program that would also provide a vehicle for effecting needed improvements, by using a team- and project-based model. The program began in the radiology department and subsequently expanded to include projects from throughout the medical center. Participants were taught a specific method for team-based

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The Model for Improvement (A3 Model)

Stanford Rite Tutorial Videos

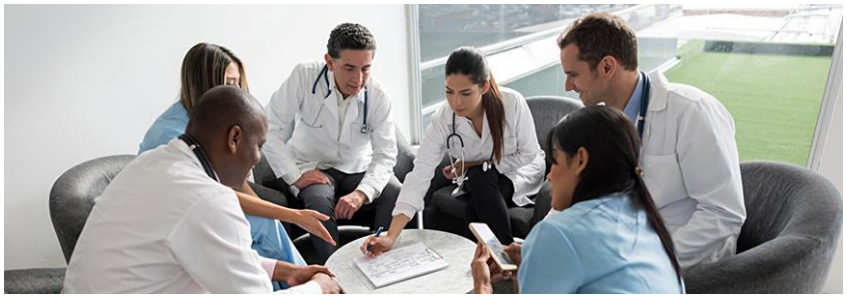
https://www.youtube.com/playlist?list=PLLLzu3xBKm68M55slQHtX1wdGtIwGTfi3

Developing a Local Structured Performance Improvement Program

- Structure
- Standardized Process
- Skill Development
- **Support**

QI Team Support

- Work with administration to identify projects they support
- Assist in team building
- Mentor team leaders
- Help with data visualization
- Identify barriers
- Ensure accountability
- Celebrate success
- Share results



Outline

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- **Participating in a National Quality Improvement Collaborative**

The Learning Network Concept

What is a learning network?

- A deliberate organizational structure to facilitate meaningful improvement across multiple organizations

Three key components:

1. Local organizations who have the **capabilities, desire, and values** to self-organize around a common goal
2. **Protocols, processes, and infrastructure** that enable multi-actor collaboration
3. **Commons** where the actors accumulate and share knowledge and tools

https://www.oha.com/learning/product/Governance-Professionals-Peer-Learning-Network-1178141110411

What is the ACR Learning Network?

The ACR Learning Network is a program supporting 4 improvement collaboratives, each of which is made up of local sites aiming to solve common problems, develop and validate solutions locally, learn from each other and develop global approaches for lasting change

GORDON AND BETTY MOORE FOUNDATION

Intent of the Learning Network

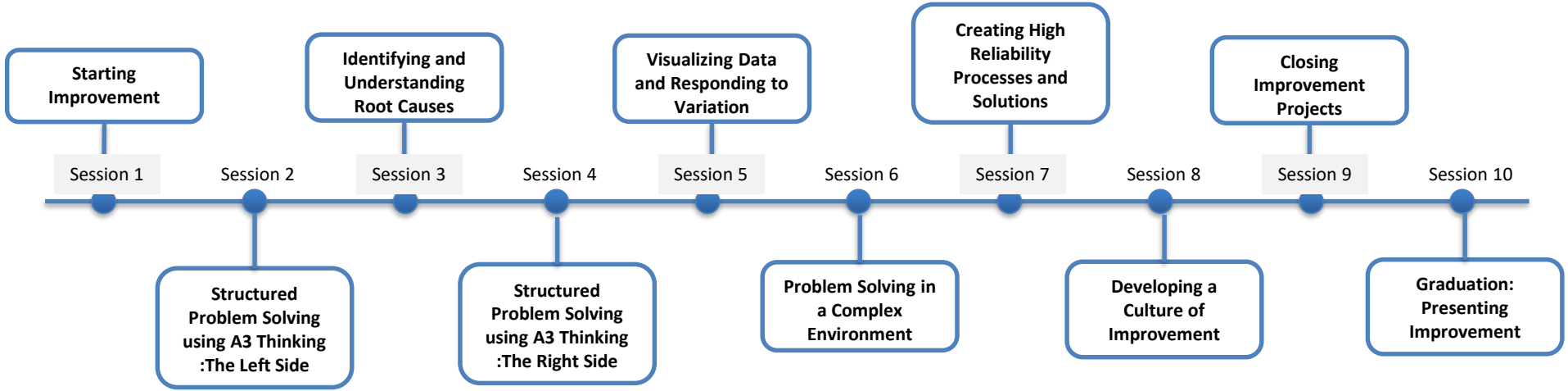
- Teach a structured process for improvement
- Get projects done
- Develop measures
- Collaborate across sites

ACR LEARNING NETWORK

ImPower
IMPROVING PERFORMANCE TOGETHER

Intent-

- Structured process for improvement
- Theory and tools
- Collaboration
  - Time to discuss concepts
  - Collaborative specific concepts
  - Access to content experts



Measure Development

- ❑ Gain consensus on the measure
- ❑ Train people to collect data
- ❑ Validate data collection
- ❑ Train people to use the run chart
- ❑ Build community

ACR LEARNING NETWORK

Walk the Wall

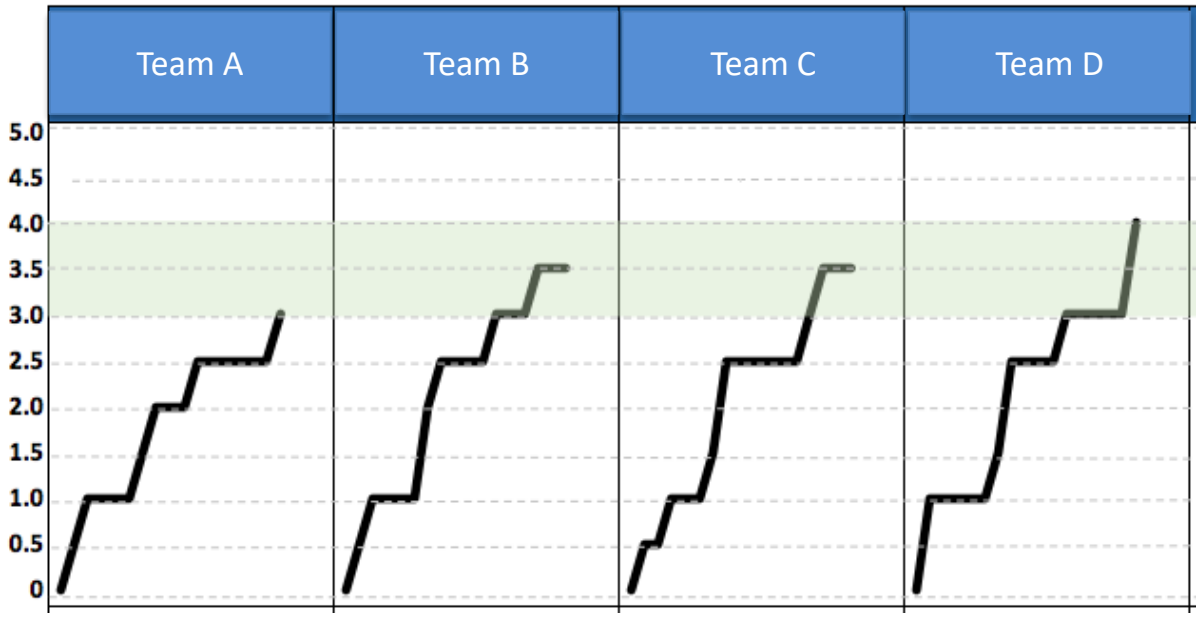
- Project report outs
    - QI Coach or Team Leader presents project update
    - QI Director and Collaborative Leader

ACR LEARNING NETWORK

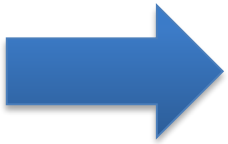
Intent-

- Identify barriers
- Follow process for improvement
- Validate data collection and visualization
- Share best practices
- Rate project on the project progress scale

Project Progress Scale



Score Legend		
5.0	Sustained world class performance	
4.5	Sustained results achieving an ambitious goal	
4.0	Measures meeting goal, with data meeting SPC criteria	
3.5	Data meeting SPC criteria for improvement, not yet at goal	
3.0	Initial test cycles begun with evidence of modest improvement	
2.5	Changes tested, but no measurable improvement	
2.0	Key drivers and possible interventions identified	
1.5	Current state assessed and root causes identified and prioritized	
1.0	Measure collection in place and SMART goal articulated	
0.5	Team formed, charter complete, project handoff to the team	



Improvement Project Support and Training

- Improve performance locally
- Use QI methodology
  - Define the problem
  - Measure performance
  - Deeply understand the current state
  - Develop, test, refine, and implement interventions
  - Ensure sustainability

The Learning Community

- Deepen expertise
- Develop world class performance
- Visit and learn from one another
- Share ideas with each other
- Deepen relationships
- Welcome new members
- Publish learnings to the outside world

ACR LEARNING NETWORK

IMPOWER
IMPROVING PERFORMANCE TOGETHER

Applicant keys to success

- Department leaders who are supportive of and willing to manage change
- The ability to commit to a six-month training program
- A team of engaged front-line staff, including a physician leader, to participate in the program and do project work
- Organizational Sponsor to provide time and resources for the project
- An improvement coach with QI experience
- A desire to join a community of improvers collaborating to create the best experience for staff and patients