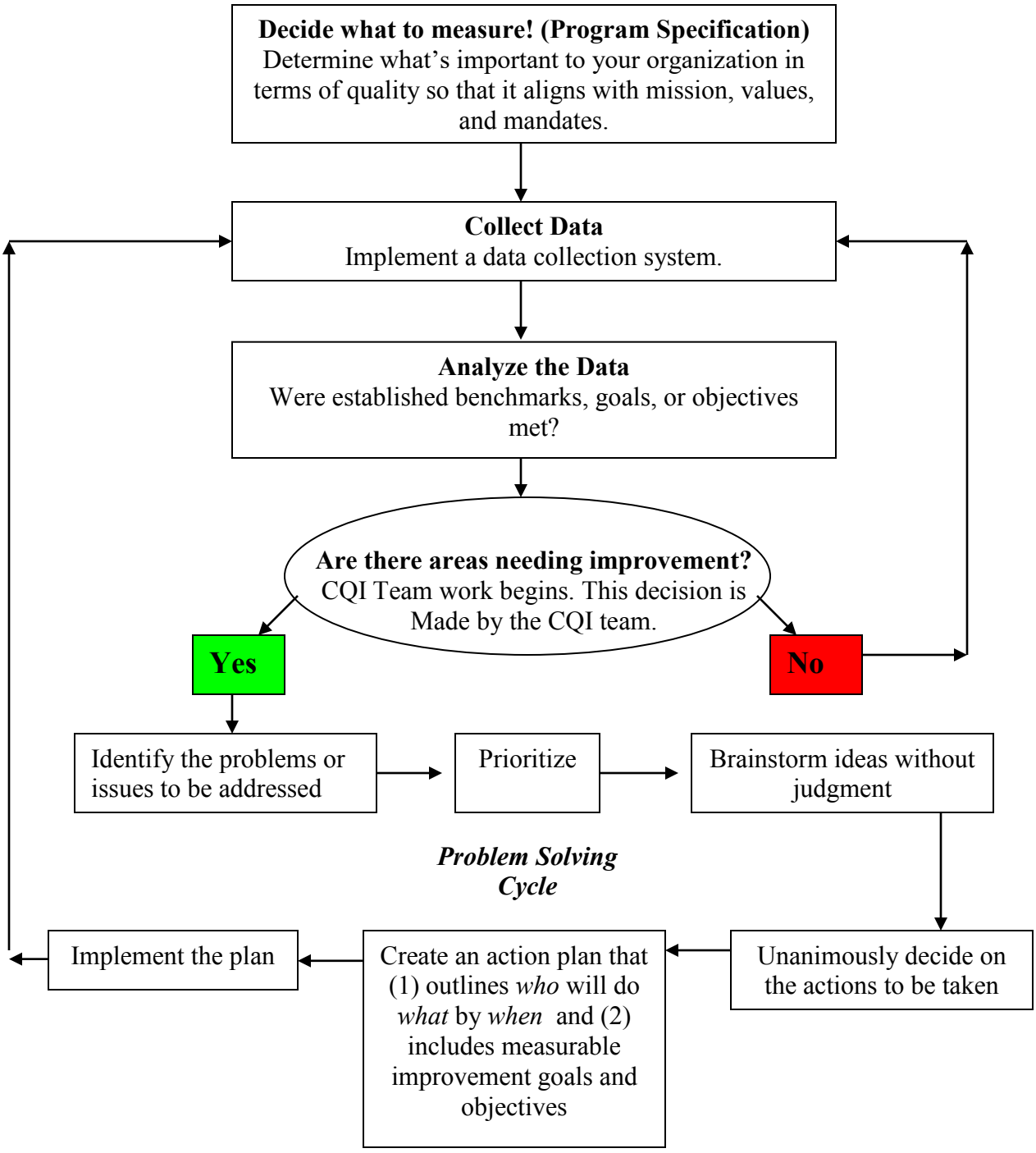
Jewish Child & Family Services

JVS CHICAGO

Jewish Child and Family Services/ Jewish Vocational Service
Continuous Quality Improvement (CQI) Process



CQI Team Members Are Responsible For…

- ✓ Attending quarterly meetings
- ✓ Reviewing reports prior to the meeting and coming prepared to discuss areas needing improvement
- ✓ Completing assigned tasks in a timely fashion
- ✓ Sharing CQI findings with the general team and bringing issues from the team to CQI
- ✓ Serving on the CQI team for no more than 3 years, unless otherwise approved

Jewish Child & Family Service

Jewish Child and Family Services
Continuous Quality Improvement
Expectations for Program Team Chairs

Program Team Meetings

- Recruit and orient members to the CQI process. All levels of staff and disciplines should be represented, including management, supervisors, direct and indirect staff, as appropriate. Members are encouraged to rotate off the CQI team after three years, but there are no set requirements for length of participation.
- Schedule team meetings, minimum one hour every three months. The length of meetings may vary program to program and depending on the time of year (e.g. end of fiscal year meetings are longer). Consider scheduling meetings for the year in advance.
- Review CQI reports prior to each meeting and distribute to appropriate team members. Make copies of the reports for the meeting for everyone to share.
- Assign team members the responsibility of being the key person for presenting the information for each report during the meeting. This helps to increase competency reading the reports and heighten engagement in the CQI process.
- Designate a note taker responsible for recording minutes and follow up items (To Do List)
- Prepare the agenda in advance of the meeting. The agenda for each meeting should include a review and discussion of Evaluation, Health and Safety, Personnel, Treatment Issues, and Utilization Review. Additional topics should be added as appropriate (e.g. diversity, team building). These discussions should include reports provided by the CQI Department but may be expanded to include any issues relevant to the program (e.g. clinical training). Consider setting time parameters on each agenda item.
- Begin each meeting by reviewing action items from the previous meeting. Track every Action Item until completed.
- Form Ad Hoc Committees to address action items as appropriate
- Conclude meetings by asking members if there are any new items for consideration and confirming the date and time for the next meeting.
- Email a copy of the minutes to your CQI representative (Julie Gold, Sabrina Townsend, Melissa Villegas)

Pan-Agency Meetings

Program Team Chairs should come prepared to report on anything <u>exceptional</u> that has taken place during the quarter, including:

- Pervasive positive or negative trends (e.g. consistent 100% documentation compliance, consistent poor outcome achievement below benchmarks)
- Effective solutions for any problems, problems that have been corrected
- New issues or concerns (e.g. policy change, funding)
- Improvement goals
- Significant updates (e.g. change in population served, staff turnover)
- Areas where assistance or agency support is needed

Chairs of the Operational Issues Committees will provide brief reports followed by an open discussion. Program Team Chairs are encouraged to share relevant information during this discussion with the goal of (a) identifying issues that are present across programs and (b) possible solutions across programs.

c

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Performance and Quality Improvement (PQI) Program

Performance and Quality Improvement

- The agency's **Performance and Quality Improvement (PQI) Program** uses an agency-wide, team-based approach that measures, evaluates and analyzes data on program operations and outcomes to ensure that we are providing high quality and appropriate services to the children, youth, and families in our care.
- A **Continuous Quality Improvement (CQI) model** is used to evaluate and analyze data on processes, outputs and outcomes to advance effective service delivery and the achievement of strategic and program goals.

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Steps in the Performance and Quality Improvement Cycle

Planning
Strategic Plan
Logic Models

What data and why?

Data is Collected
outcomes, practice, compliance and risk mgmt performance measures; stakeholder satisfaction; case record review

Data is Aggregated and Analyzed
PQI Teams

Broader Discussion of Results
PQI Executive and Risk Management Committees

Findings and Conclusions
Identify service gaps, needs, and continuity

Recommendations and Strategies for Change

Recommendations Implemented and Monitored
Improvement Plans

Highlight Achievements, Impacts, and Progress

Results Shared
PQI Intranet Site
PQI Annual Report

- Reports to State / Funders / Partners
- Staff
- Community
- Board of Trustees
- Persons and Families Served

PQI Activities Include…

- Tracking Agency Performance Data including Client Outcomes and Outputs, and Best Practice Indicators
- Risk Management
- Satisfaction Surveys
- Case Record Reviews
- Improvement Planning
- Data Reports and Dashboards
- Compliance with External Bodies (COA, Medicaid, DCFS)

What is the PQI structure at LH?

- We use task-oriented teams made up of staff from all levels.
- All programs and departments are involved in the PQI process.
- PQI committees meet regularly to review, plan and discuss agency performance activities and to plan for further PQI activities.

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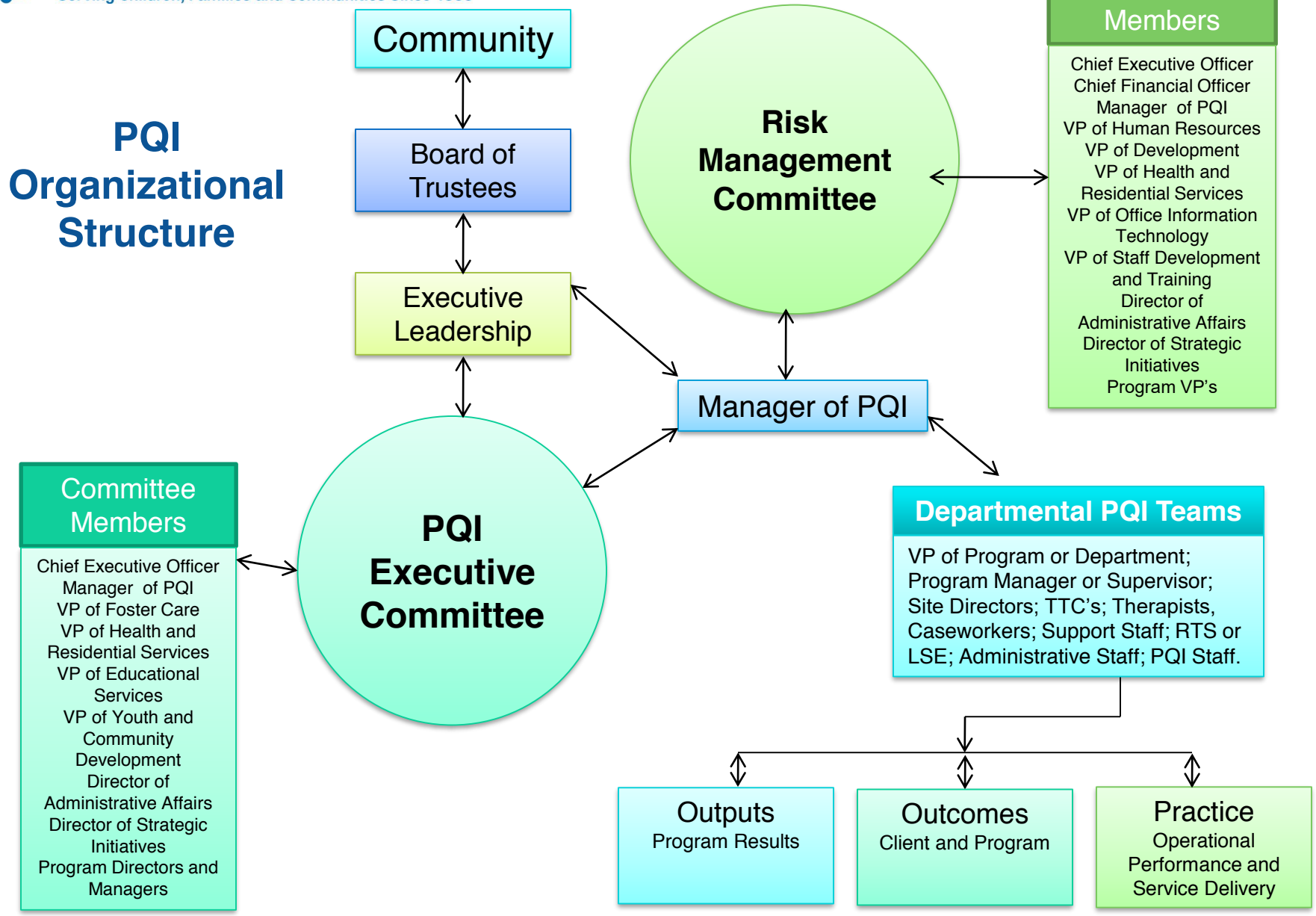
PQI Organizational Structure



The Departmental PQI Teams

- Departmental PQI Teams include the following programs and departments:
- Program: Foster Care, Older Adolescent Program, Residential Services, Therapeutic Day School, Project Work and Specialized Services
- Administrative Support: Business Office, Human Resources, Facilities/Maintenance, Information Systems, and Development.

PQI Executive Committee

- Serving on the committee: Manager of PQI, VP of Health and Residential, VP of Foster Care, VP of Youth and Community Development, VP of Education, Dir. of Strategic Initiatives, and Program Supervisors and Managers.
- Meets every quarter to review, plan and discuss agency performance activities as related to youth and family outcomes: Safety, Stability, Physical Well-Being, Social and Emotional Well-Being, Education, Life Skills, Workforce Development, Family Engagement.
- Promotes a culture that promotes excellence and continual improvement.

Risk Management Committee

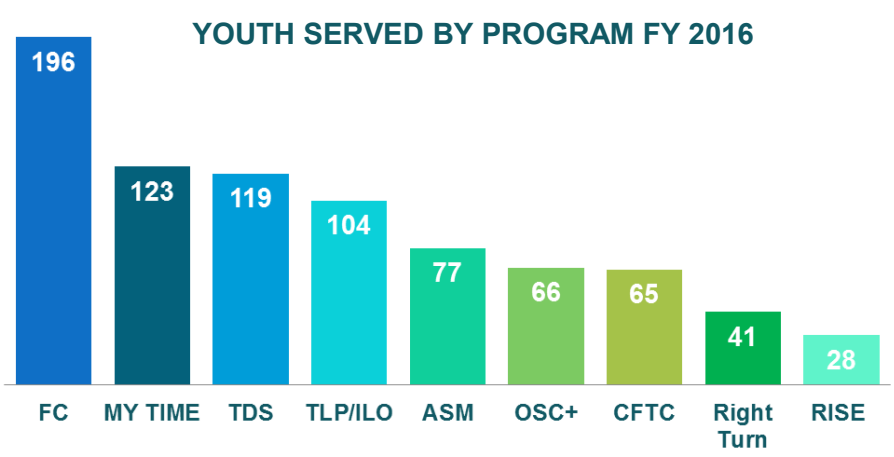
- Serving on the committee: CFO, Manager of PQI, VP of HR, VP of Training and Staff Development, VP of Information Systems, VP of Development, Dir. of Strategic Initiatives, Program VP's and the CEO.
- Meets quarterly to review, plan, and discuss agency risk and safety issues.
- Supervises the management and coordination of risk mgmt activities throughout the agency.

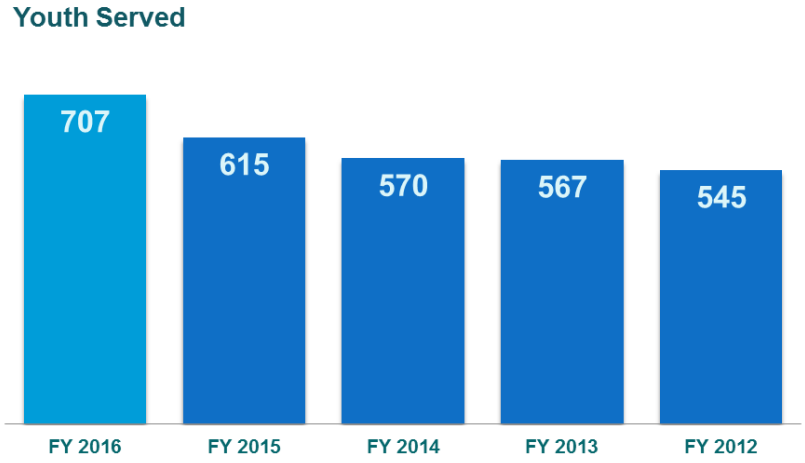
Executive Leadership Team

- Made up of the CEO, CFO, and Vice Presidents.
- Promotes a culture of quality.
- Oversee agency performance improvement activities.
- Evaluates the overall effectiveness of the quality improvement program.

The Role of the Manager of Performance and Quality Improvement

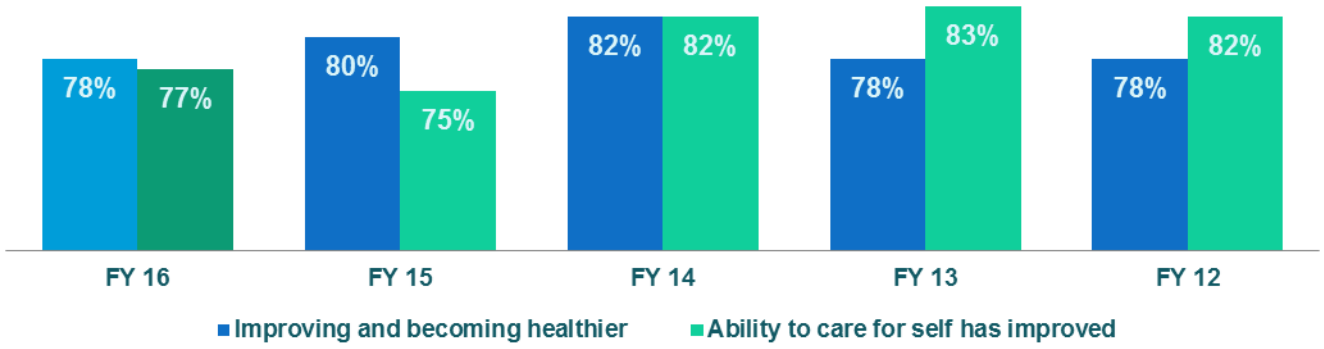
- Works closely with all quality improvement committees to provide leadership, technical assistance, facilitation, highly responsible support for quality improvement activities, and to plan for further PQI activities.
- Ensure that the PQI activities and documentation are completed accurately, in a timely manner, and are of the highest quality.
- Ensure that the PQI program and each department conform to standards and regulations set by licensing and accrediting bodies.
- Research current practices in the field to ensure the agency is up to date.
- Implement new PQI programs or procedures and ensure that staff are trained properly on them.





YOUTH PERCEPTION OF WELL-BEING

78% of our youth believe that as a result of being at Lawrence Hall, they are improving and becoming healthier and **77%** of our youth believe that their ability to care for themselves has improved. (n=45)

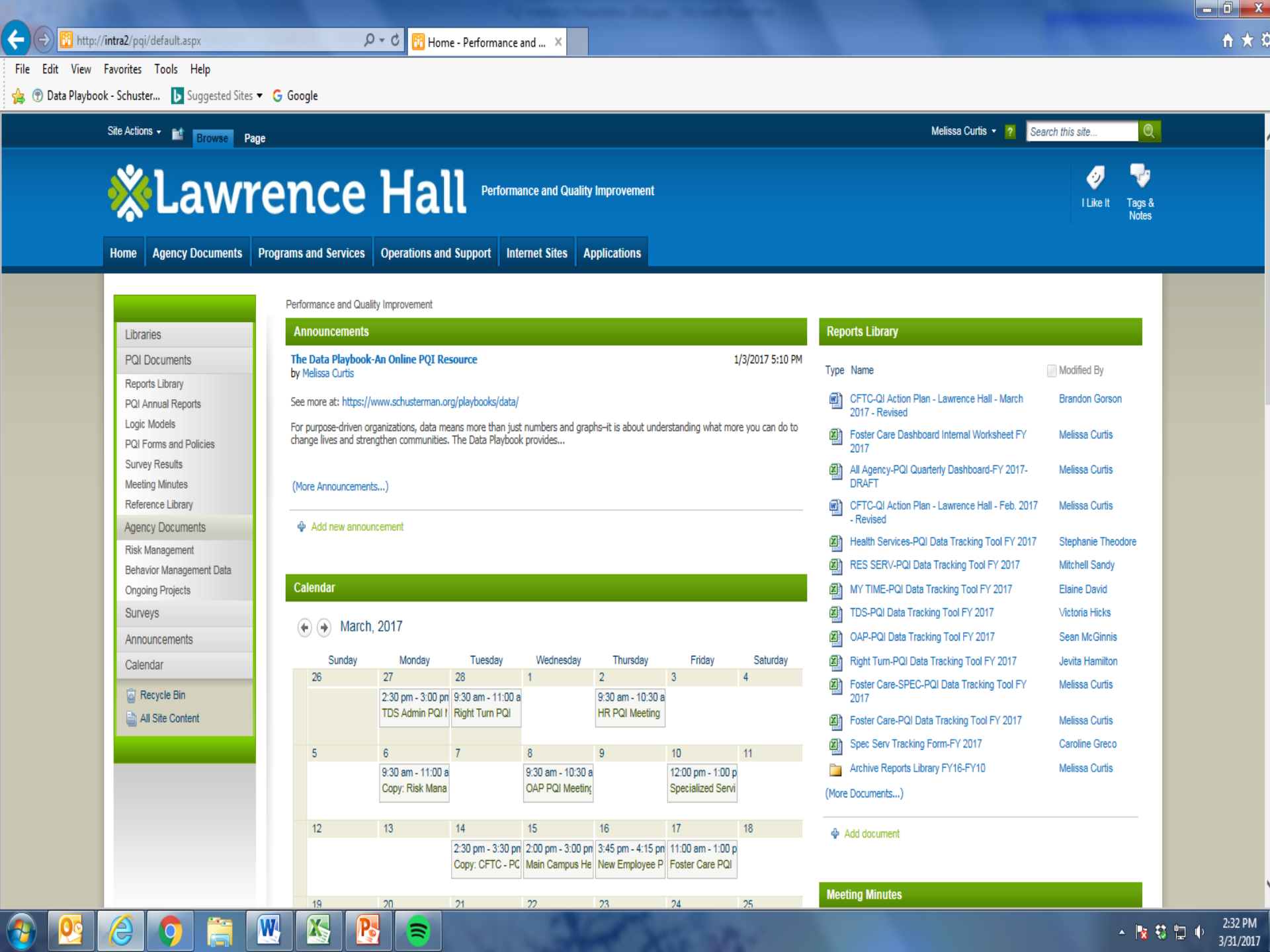


What is your role in Performance and Quality Improvement?

- Demonstrating a commitment to performance and quality improvement in all aspects of your position
- Participating in the development and implementation of performance and quality improvement activities (as assigned)

Main Points to Remember About the PQI Program

- That Lawrence Hall has an active Performance and Quality Improvement program (not just in theory, but in practice).
- That staff from all levels, programs and departments are involved in the process.
- That the agency is committed to making sure our youth and families continuously receive the best possible services we can provide them with.


http://intra2/pqi/default.aspx
Home - Performance and ...
File Edit View Favorites Tools Help
Data Playbook - Schuster...
Suggested Sites
Google
Site Actions
Browse
Page
Melissa Curtis
Search this site...
Lawrence Hall
Performance and Quality Improvement
I Like It
Tags & Notes
Home
Agency Documents
Programs and Services
Operations and Support
Internet Sites
Applications
Libraries
PQI Documents
Reports Library
PQI Annual Reports
Logic Models
PQI Forms and Policies
Survey Results
Meeting Minutes
Reference Library
Agency Documents
Risk Management
Behavior Management Data
Ongoing Projects
Surveys
Announcements
Calendar
Recycle Bin
All Site Content
Performance and Quality Improvement
Announcements
The Data Playbook-An Online PQI Resource
1/3/2017 5:10 PM
by Melissa Curtis
See more at: https://www.schusterman.org/playbooks/data/
For purpose-driven organizations, data means more than just numbers and graphs–it is about understanding what more you can do to change lives and strengthen communities. The Data Playbook provides...
(More Announcements...)
Add new announcement
Calendar
March, 2017
Sunday Monday Tuesday Wednesday Thursday Friday Saturday
26 27 28 1 2 3 4
2:30 pm - 3:00 pn TDS Admin PQI M
9:30 am - 11:00 a Right Turn PQI
9:30 am - 10:30 a HR PQI Meeting
5 6 7 8 9 10 11
9:30 am - 11:00 a Copy: Risk Mana
9:30 am - 10:30 a OAP PQI Meetin
12:00 pm - 1:00 p Specialized Servi
12 13 14 15 16 17 18
2:30 pm - 3:30 pn Copy: CFTC - PC
2:00 pm - 3:00 pn Main Campus He
3:45 pm - 4:15 pn New Employee P
11:00 am - 1:00 p Foster Care PQI
19 20 21 22 23 24 25
Reports Library
Type Name Modified By
CFTC-QI Action Plan - Lawrence Hall - March 2017 - Revised Brandon Gorson
Foster Care Dashboard Internal Worksheet FY 2017 Melissa Curtis
All Agency-PQI Quarterly Dashboard-FY 2017-DRAFT Melissa Curtis
CFTC-QI Action Plan - Lawrence Hall - Feb. 2017 - Revised Melissa Curtis
Health Services-PQI Data Tracking Tool FY 2017 Stephanie Theodore
RES SERV-PQI Data Tracking Tool FY 2017 Mitchell Sandy
MY TIME-PQI Data Tracking Tool FY 2017 Elaine David
TDS-PQI Data Tracking Tool FY 2017 Victoria Hicks
OAP-PQI Data Tracking Tool FY 2017 Sean McGinnis
Right Turn-PQI Data Tracking Tool FY 2017 Jevita Hamilton
Foster Care-SPEC-PQI Data Tracking Tool FY 2017 Melissa Curtis
Foster Care-PQI Data Tracking Tool FY 2017 Melissa Curtis
Spec Serv Tracking Form-FY 2017 Caroline Greco
Archive Reports Library FY16-FY10 Melissa Curtis
(More Documents...)
Add document
Meeting Minutes
2:32 PM
3/31/2017

Questions

Contact Me

Melissa Curtis

Manager of Performance and Quality Improvement

Lawrence Hall

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Email: mcurtis@lawrencehall.org

Web Site: www.lawrencehall.org

THANK YOU!

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Promoting A Quality Improvement Culture

Organization leadership:

- Set forth quality expectations and broad goals that merit ongoing monitoring
- Promote a culture of quality using short-term/annual plans that support long-term strategic goals
- Set expectations for use of quality and performance improvement results to change policy and practice
- Encourage service delivery processes that have been shown to contribute to good outcomes
- Focus on consumer satisfaction and outcomes
- Recognize staff contributions to performance and quality improvement
- Regularly review and discuss QI reports to identify areas of needed improvement, set improvement activity priorities, and manage their operations and programs
- Set forth performance and outcome expectations in a supportive manner and allay concerns about possible repercussions of identifying areas needing improvement
- Regularly communicate with staff and stakeholders about achievements related to desired outcomes, indicators, and targets
- Support the testing and implementation of recommended improvements throughout the organization
- Include QI in their work plans and keep QI on the agenda of staff meetings

Performance and Quality Improvement (PQI) Survey

The Performance and Quality Improvement (PQI) department wants to better understand how effectively it serves Lawrence Hall and the children, youth and families it serves. Please help by answering the following questions:

PQI

1. Please tell me how you are connected to the Performance and Quality Improvement (PQI) process at Lawrence Hall. 3 answer choices: PQI Leader, have served on a PQI team, or have never served in PQI.

Knowledge

Scale: High, Average, Low

2. How would you rate your knowledge of the Performance and Quality Improvement process?
3. How would you rate your understanding about how the PQI department supports the lager goals of the agency?

Effectiveness

Scale: Yes, No, I Don't Know

4. To your knowledge does PQI support the larger goals of your program or department?
5. To your knowledge, is PQI effective in improving best practice?
6. To your knowledge, does PQI influence positive change throughout the agency?
7. Does PQI help LH achieve positive outcomes for the children, youth, and families it serves?
8. Please list some of the benefits you have seen (to clients, staff, or the agency) as a result of using the PQI process at LH. Open-ended

Communication

Scale: High, Average, Low

8. How would you rate the PQI Annual Outcomes Report (attached to email) (i.e. the information included, ease of understanding the data, the report design)?
9. How would you rate that your supervisor reviewed the FY 2015 PQI Annual Outcomes report with you and your team?
10. How would you rate that your supervisor informs you of PQI updates, outcome data and improvement plans on a monthly basis?
11. How would you rate that you regularly utilize the PQI Intranet Site to find PQI forms, reports and action plans?
12. Please include suggestions on how to improve the PQI Annual Outcomes Report, the intranet site, and other communications from the PQI department. Open-ended
13. Please let the PQI department know what kind of reports you would like to see from them in the future and how you would like to receive them (email, hard copy, intranet). Open-ended

Training

12. How would you rate PQI training (orientation, group or 1:1, formal or informal) that you have received during your time at LH? High, Average, Low
13. Please check the trainings that you would you like to see the PQI Department offer in the future: Options: Continuous Quality Improvement 101: Definition and Components of a CQI System, Theory of Change/Logic Models, Building Effective PQI Teams, Establishing Key Performance Indicators, Data Collection and Management, Aggregating and Analyzing Data, Data Driven Decision Making, Data Visualization and Communication. Choose all that apply.

14. Please include suggestions for how we can improve orientation and training in PQI. Open-ended

Satisfaction

16. Overall, how satisfied are you with PQI process at LH? 3 point scale: High Satisfaction, Average Satisfaction, Low Satisfaction
17. What is the one area where you would like to see the PQI process improved? Open-ended
18. What is the one area where you believe the PQI process is most successful? Open-ended
19. If you would like a more active role in the PQI process at LH, please add your name and department here. (OPTIONAL) Open-ended

GENERAL QI TERMINOLOGY

Quality Improvement - Process through which the level of quality desired is pursued or achieved; the institution of formal mechanisms for detecting and correcting factors hindering optimal services; includes developing and implementing actions with periodic reassessment of actions' impact on the problems identified.

Types of Process Indicators:

- **High risk** - Aspects of service that place clients or the agency at risk of serious consequences if not provided correctly or not provided when indicated.

- **High volume** - Aspects of service that affect large numbers of clients or occur frequently.

- **Problem-Prone** - Aspects of service that consistently produce problems for clients or staff.

Outcome - Elements for evaluating end results in terms of improvement and satisfaction. They provide the evidence of whether services have been good, bad or indifferent.

Process - Elements for evaluating the activities of professional staff in the management of clients.

Evaluation - Assessment/determination of the worth of or to appraise based on some objective criteria or a rationale.

Follow-up - Deliberate action taken to ensure the continuing resolution of a problem.

Responsibility - The condition assumed by a person or group to accomplish a given obligation, task, duty, mandate.

Performance Measure - A standard of care or indicator used to assess the performance of a function or process of an organization.

Indicator - A defined, measurable dimension of the quality or appropriateness of an important aspect of care or service. Indicators specify the client service activities, events, occurrences, or outcomes that are to be monitored or evaluated in order to determine whether those aspects of service conform to current standards.

Monitoring and Evaluation of the Quality and Appropriateness of Client Services (Peer Review):

- Routine evaluation of client services based on documentation for the purpose of detecting strengths and weaknesses in client services and developing and implementing methods of improving noted weaknesses.

- Examination of a client (his/her chart, environment, condition and care) to measure the quality of his/her services and the degree and kind of change in his/her status.

Outcome Measurement – The regular, systematic measuring of progress toward intended outcomes in order to increase the effectiveness of programs and services, and communicate the value of those programs and services.

Input – A resource dedicated to or consumed by the program.

Activity – Type of service the program provides to fulfill its mission. What the program does with the inputs and how it is transforming them into products.

Output – The direct product of a program operation.

Outcome – Benefit to participants during or after participating in program. Outcomes relate to knowledge, skills, attitudes, values, behavior, condition, or status.

Initial Outcomes – The first benefits or changes participants experience, the ones most closely related to and influenced by the program's outputs.

Intermediate Outcomes –Changes in behaviors that result from participants' new knowledge, attitudes, or skills.

Long-term outcomes – The ultimate outcomes a program desires to achieve for its participants. They represent meaningful changes for participants, often in condition or status.

Outcome Indicator – Identifies what is being measured to track the program's success on an outcome. An indicator is observable and measurable.

Outcome Target – The desired level of achievement of a program on its outcome indicators.

Program Logic Model – A description of how the program theoretically works to achieve benefits for participants.

Data Source – Where data comes from for outcome indicators.

Data Collection Method – How data is gathered for each outcome indicator.

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What happened to the clients the Wizard of Oz provided services to?

Scarecrow	Tin Man
The Scarecrow had some trouble with his grades (he was behind from having no brain at all), but once he was referred to Special Education, he caught up with the other scarecrows and graduated with honors. He quit scaring crows and is now working in the Quality Improvement Department at ECYS where he uses his brain all the time to come up with new ideas to improve services!	**The Tin Man** had trouble warming up to others when he was placed in a new forest, but was provided with counseling and therapy where he learned how to form healthy relationships. He is working on his MSW at Emerald City University so he can give back to the community and keep his heart warm all year round!
Lion	**Dorothy**
The Lion went back to the forest with his new found courage and took over the role of King. If he experiences any fear (which he sometimes does), he just calls his mentor at ECYS. He helps the other animals with fear issues and has also eased the tensions between species. He truly is the King of the Enchanted Forest!	When Dorothy went home to Kansas, it was more difficult to follow up on her progress. But the staff at Emerald City Youth Services didn't give up so easily…They sent a letter to Kansas Family Services the next time a tornado came and found out Dorothy started volunteering at a runaway hotline when she got home as part of her service plan. Her therapy dog, Toto, also helped her with her trauma. She eventually opened up a foster care agency called "The Ruby Slipper" and serves as CEO!

Detailed Flight Itinerary

8:45 am **Arrive at Airport.** You are entering the world of aviation where you will pass through security and obtain travel information. Don't forget to grab some coffee, water, or juice plus some breakfast before boarding!

9:00 am **Boarding.** Welcome to Operational Excellence Airline's Passport to Excellence jetliner. Don't forget to silence all electronic devices.

9:15 am **Take-Off!** To ensure a successful take-off, you will be utilizing teamwork, brainstorming and strategic planning.

10:45 am **Beverage Cart.** We will be serving a light snack with coffee, juice, and water this morning.

11:00 am **Plane Social.** Get out of your seats, stretch your legs, and get to know the other passengers by telling them how your flight has been so far.

12:00 pm **Included Meal.** Everyone will return to their seats for an enjoyable lunch of pizza and pop.

1:00 pm **In-Flight Movie.** As you journey through the sky, learn tools that can be used to increase creativity and assist in the problem solving process.

2:30 pm **Refueling.** We pause for much needed fuel during our long journey. Grab a drink and a snack to get you through the rest of the flight.

2:45 pm **Turbulence.** Hold on tight and find your original travel companions so you can set short-term goals to get you through the bumps!

3:15 pm **Travel Stories.** Share your travel experiences with the other passengers.

3:45 pm **Landing.** Thank you for flying Operational Excellence Airlines. Find out the next steps for making your flight experience last.

QI Program Meeting Agenda and Minutes Template

Committee/Group:

Date:

Chaired by:

Members present:

Agenda Items	**Time**
1. Review Task Completion	15 min
2. Safety and Health	15 min
3. Utilization Review	30 min
4. Treatment Issues	30 min
5. Personnel	15 min
6. Evaluation	NA

To Do	**Who will do it?**	**By when?**

Carry-over agenda items for next meeting

Minutes:

(For each agenda item list the main points of the discussion, whether corrective action is recommended, and if so, the specific points of the corrective action. For example, who will be responsible for communication, specific tasks, and a time line for completion that includes follow-up at the next meeting.)

Task Completion:

Evaluation:

Safety and Health:

Utilization Review:

Treatment Issues:

Personnel:

Evaluation:

Next meeting is scheduled for [Date, time, location]

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Performance and Quality Improvement
Departmental PQI Team Meeting Notes

Team _____ **Start Time** _____

Date _____ **End Time** _____

Present _____

Absent _____

DISCUSSION:

ACTION ITEMS:

ADDITIONAL NOTES:

PQI activities for discussion: Indicator Performance, Outputs, Satisfactions Surveys and Results, Action Plans, External Reviews, Case Record Reviews

Five Whys Tool for Root Cause Analysis

Overview: Root cause analysis is a structured team process that assists in identifying underlying factors or causes of an event, such as an adverse event or near –miss. Understanding the contributing factors or causes of a system failure can help develop actions that sustain corrections.

The Five Whys is a simple problem-solving technique that helps to get to the root of a problem quickly. The Five Whys strategy involves looking at any problem and drilling down by asking: "Why?" or "What caused this problem?" While you want clear and concise answers, you want to avoid answers that are too simple and overlook important details. Typically, the answer to the first "why" should prompt another "why" and the answer to the second "why" will prompt another and so on; hence the name Five Whys. This technique can help you to quickly determine the root cause of a problem. It's simple, and easy to learn and apply.

Directions: The team conducting this root cause analysis does the following:

- Develops the problem statement. (See Step 1 of Guidance for RCA for additional information on problem statements.) Be clear and specific.
- The team facilitator asks why the problem happened and records the team response. To determine if the response is the root cause of the problem, the facilitator asks the team to consider “If the most recent response were corrected, is it likely the problem would recur?” If the answer is yes, it is likely this is a contributing factor, not a root cause.
- If the answer provided is a contributing factor to the problem, the team keeps asking “Why?” until there is agreement from the team that the root cause has been identified.
- It often takes three to five whys, but it can take more than five! So keep going until the team agrees the root cause has been identified.

Tips:

- Include people with personal knowledge of the processes and systems involved in the problem being discussed.
- Note that the Five Whys technique may not always help you to identify the root cause. Another technique you might consider is the fishbone diagram. The fishbone diagram forces you to think broadly across various categories that could be causing or contributing to the problem (See How to Use the Fishbone Tool for Root Cause Analysis tool).

Problem statement	One sentence description of event or problem
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Why? ⇨	
Root Cause(s)	1. 2. 3. To validate root causes, ask the following: If you removed this root cause, would this event or problem have been prevented?

Example:
Here is an everyday example of using the Five Whys to determine a root cause:
Problem statement – your car gets a flat tire on your way to work.

1. Why did you get a flat tire?
    - You ran over nails in your garage
2. Why were there nails on the garage floor?
    - The box of nails on the shelf was wet; the box fell apart and nails fell from the box onto the floor.*
3. Why was the box of nails wet?
    - There was a leak in the roof and it rained hard last night. (Root cause=leak in the roof)

*IF YOU STOPPED HERE AND "SOLVED" THE PROBLEM BY SWEEPING UP THE NAILS, YOU WOULD HAVE MISSED THE ROOT CAUSE OF THE PROBLEM.

M

TrueSimple

Plan – Do – Study – Act

An Interactive Exercise to Teach Rapid Cycle PDSA Testing, Measurement, and Collaboration.

Facilitator's Guide

Version 2 - 2014

www.truesimple.com

Mr. Potato Head[1] PDSA Exercise

SESSION AT-A-GLANCE	WHO?	HOW LONG?
Preparation	Facilitator, Support	20 minutes
Introduction	Facilitator	5 minutes
The Game	Facilitator, Participants	60 minutes
Debrief and Discussion	Facilitator, Participants	15 minutes

Why Use This Exercise

- To teach rapid cycle Plan, Do, Study, Act (PDSA) testing.
- To emphasize the importance of prediction and measurement.
- To show the ease of rapid cycle testing and measurement for learning.
- To demonstrate the value of collaborative learning.

Target Audience

This exercise is ideal for people on the frontline- managers and leaders of organizations or programs. This exercise can be adapted to all levels of people involved in improvement efforts. It is very useful to those engaged in testing or facilitating testing of change ideas.

Type of Exercise

This is an experiential exercise involving participation of all team members and can be facilitated with small to large groups.

Key Concepts:

- Rapid, small scale PDSA testing builds profound knowledge quickly.
- Planning a test, including prediction and measurement, increases learning.
- Planning and measurement are easy to do efficiently and routinely.
- Collaboration aids knowledge building and speeds learning for improvement.
- Testing creates knowledge faster than discussion and planning.

Sources, History, & Resources for More Information

David M. Williams, Ph.D., an improvement advisor at TrueSimple, developed this exercise in 2011. The PDSA exercise is designed to simulate the Model for Improvement[1] and the IHI Breakthrough Series Collaborative Model[2].

The exercise is adapted from another exercise facilitated by Eric W. Dickson, MD, President of UMASS Memorial Medical Group. Dickson's exercise shows the value of standardized work and lean thinking.

These instructions are adapted from the format found in the National Quality Center's *The game guide: Interactive exercises for trainers to teach quality improvement in HIV care*.[3]

Materials

For this exercise, you will need:

- A room with round tables of 4-8 participants.
- A Mr. Potato Head for each table. Each Potato Head should be stored in the same way (see Figure 1). Important note: Mr. Potato Head comes in many versions. It's important to have a full size version, and the same version should be used across participants.
- A picture of how a properly assembled Mr. Potato Head looks displayed for all to see.
- Flip chart paper or a slide visible to all participants displaying the accuracy score operational definition:
  - 3 – All pieces are on & positioned correctly
  - 2 – All pieces are on, but one or more is out of place
  - 1 – One or more pieces are not on.
- Each participant receives a printed PDSA tracker and two run charts (see Figures 2 and 3).
- A timepiece able to capture minutes and seconds at each table.

[1] Langley GJ, Moen RD, Nolan KM, et al. The Improvement Guide: A Practical Approach To Enhancing Organizational Performance. San Francisco, CA: Jossey-Bass, 2009.
[2] Institute for Healthcare Improvement. The Breakthrough Series IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)
[3] National Quality Center. The game guide: Interactive exercises for trainers to teach quality improvement in HIV care. New York: New York Department of Health AIDS Institute.

Figure 1. Mr. Potato Head Version Example and Storage

	Plan			Do	Study		Act	
PDSA Cycle #	What change will you test?	What questions are you trying to answer?	What do you predict will happen (1 per question)? Predict Time & Accuracy Score	What did you discover while testing? What did you note that was expected/unexpected?	Go back to your measures and questions in your plan. What are the results of your test for each?	What did you learn in this test cycle?	Adapt (how?), Adopt, Abandon?	Was anything uncovered that could be an alternative change to test?
Example	*Organize parts before assembling.*	*(1) Will organization make it easier to assemble? (2) Will it reduce time to assemble?*	*Assembly will be easier. Time 125 sec, Accuracy Score: 2*	*Fumbled with parts. Originally sorted by type, but not where they were needed for assembly.*	*Assembly was easier, but still awkward. Time: 115 sec, Accuracy score 3*	*Sorting parts where they need to be to aid assembly may reduce delay.*	*Adapt - sort by type and location for assembly.*	*Order of assembly may matter.*

Figure 2. PDSA Tracker Example

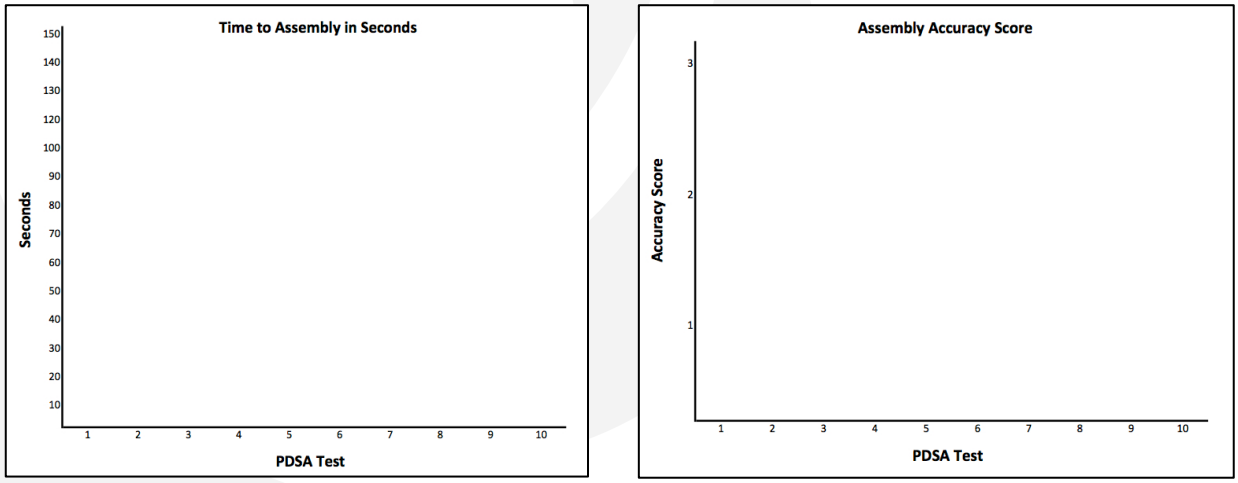

Figure 3. Run Charts for Measurement Tracking

Preparation

To prepare for the session:

- Familiarize yourself with the session's structure and content.
    - Read through the exercise instructions and key teaching points in their entirety.
    - Practice the exercise itself.
    - Practice presenting the key teaching points.
    - Sketch out the timing and key points for reference.
- Prepare the room.
    - Preferably rounds distributed in the space so there is room for the facilitator and participants to move but also be close to other tables
    - Distribute three handouts per participant: 1) PDSA Tracker form, 2) Run chart – Time, 3) Run chart –assembly score.
    - Mr. Potato Heads should be held out of sight by the facilitator or support staff.

Facilitating the Mr. Potato Head Exercise

Welcome and Introduction
To begin the exercise, welcome participants and thank them for their participation. Ask each table to select four (4) team members to fill the roles of: tester, documenter, time tracker, and accuracy score inspector.

Learning Objectives
Tell participants that by the end of the session they will:

- Understand rapid cycle PDSA testing
- Understand how theory and prediction aid learning
- See how to collect real-time measurement
- Appreciate the opportunity for collaborative learning

Agenda
Provide a brief description of the session's primary components:

1. Background and source of the exercise
2. The exercise itself
3. Debrief and discussion on the participant's learning and how this applies to our work
4. Feedback & close

Background of the Game

Facilitator's note
Dr. Williams developed the exercise after years of trying to teach PDSA testing, measurement, and collaborative learning. He tested various methods including lecture and exercises (e.g., 2-4-6, paper airplane), but most worked for teaching only one objective and not all. No single exercise was accessible for all audiences. After seeing a demonstration using Mr. Potato Head to teach standardized work, Dr. Williams adapted it to teach PDSA testing. He has tested and refined the exercise over several years and in multiple industries and countries. This draft represents the updated 2013 version. Improvements are welcome.

Dr. W. Edwards Deming points out that without theory and prediction it is difficult to create profound learning. In addition, measurement supports our learning and helps us understand variation and the impact of our changes. The IHI Breakthrough Series Collaborative Model is aimed at bringing improvement teams together to share discoveries, learn what works, and enable transformational improvements.

Key points to explain to your audience:

- Knowledge is gained through testing (versus planning or brainstorming).
- Tests should be small, rapid, and sequential.
- Developing a theory and prediction before each test and reviewing them in comparison to the test results afterwards is essential.
- Learning from other teams can accelerate learning and understanding.
- Measurement does not have to be hard and aids learning.

The Exercise Itself

Instructions for the exercise:

1. Hand out a Mr. Potato Head to each table in front of the designated tester. Request that no one touch the toy until instructed.
2. Instruct the teams to consider what they believe may support rapid and accurate assembly and to identify one theory they would like to test. Ask them to write their change idea down in the plan section of their PDSA tracker along with what questions they are trying to answer with the test.
3. Instruct the teams to make a prediction of the time and accuracy score they expect to achieve.
4. Once the plan section is complete, allow the teams to conduct their test. Advise them that they should stop after their test and not do any more tests.
5. During the test, capture observations in the do section of the PDSA tracker form.
6. After the completion of the test, document the time and accuracy score on the run charts.

7. Teams will stop after each test to study results by comparing their actual time and accuracy score with their predictions. Additionally, discuss any observations.
8. Finally, based on your test, should you adapt the change idea for another test, adopt it, or abandon it.
9. Debrief with the facilitator and peers.
10. Repeat steps 2 through 9 for at least 4 tests.

Optional Data Collection

The exercise is a unique opportunity to develop understanding and learning about the benefits of collaboration and the role individual segments of a system play in the improvement of the whole system. To include this discussion, add an additional role for data entry.

At the conclusion of each round, instruct the tables to write their table number, time, and accuracy score on a slip of paper and hand it in to the facilitator. The slips of paper will be inputted into the summary table on the faculty only tab. This will produce aggregate run charts for the exercise and small multiples representing run charts for each table.

During the closing debrief, display this data via projector.

Debrief and Discussion

A brief debrief will occur after each round. Time should be allowed at the end of the session for a deeper debrief.

The following are examples of observations to facilitate with the participants between PDSAs

- Find the best time and score in the room. Ask the table what their theory was and invite the other teams to test it. This is an example of best practice.
- Note that sometimes teams show signs of competition and are resistant to sharing even when the exercise did not introduce it as a competition.
- Note the positive energy level and engagement as team members are all involved in planning, testing, and results review.
- Note that each test may provide various ideas for testing and each one can be tested to learn. This is especially relevant when two team members have competing ideas; instead of debating which idea to test, test both.
- Note how a change may improve one measure but not another. For example, speed improves but accuracy declines. This highlights the importance of having a family of measures including process and balancing measures.
- Note the ease of data collection and measurement display in real-time.
- Optional: Note teams that continue to return the parts to the same starting point as they were distributed (i.e., inside the body). There may be an assumption that

there is a rule, and they are anchoring to a false requirement. For example, the parts could be laid out on the table.

- Inquire why participants are not visiting other teams to learn from them and bring the learning back to their team. Highlight this is the key value of a collaborative and a commonly missed opportunity in a collaborative. Have them try it.

Required Forms

Download templates for the required forms using the links below:

- PDSA Tracker Form: [Insert URL]
- Run Chart – Time to Assembly in Seconds: [Insert URL]
- Run Chart – Accuracy Score: [Insert URL]

TrueSimple

Handout M: Mr Potato Head Exercise Tracker Form

	Plan			Do	Study		Act	
PDSA Cycle #	What change will you test?	What questions are you trying to answer?	What do you predict will happen (1 per question)? Predict Time & Accuracy Score	What did you discover while testing? What did you note that was expected/unexpected?	Go back to your measures and questions in your plan. What are the results of your test for each?	What did you learn in this test cycle?	Adapt (how?), Adopt, Abandon?	Was anything uncovered that could be an alternative change to test?
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2								
3								
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5								
6								

LAWRENCE HALL

FY 2019

Department:

Lead Coordinators:

Date Initiated:

Goal	Action Plan (Objectives, Measures)	Persons Responsible	Target Date	Result