Basic Knowledge of Clinical Microsystems

Success Characteristics of Great Clinical Microsystems

Developing Microsystems

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13:15-14:30

11th International Clinical Microsystem Festival
Jönköping, Sweden
February 25th, 2014

Topics

1. Health care systems & Microsystems (13.15)
2. Success characteristics of Microsystems (13.25)
3. Developing Microsystems to sustain high performance: An example! (13.50)
4. Resources to improve your Microsystems (14.20)
1. Health Care Systems & Microsystems

• Every day, everywhere around the world, patients and families enter or activate health care systems.

• The results?

Variations in practice and spending
*The Dartmouth Atlas: Medicare per-capita spending*
Percent of Diabetic Medicare Enrollees Receiving Annual HbA1c Testing
“Every system is perfectly designed to get the results it gets.”

Paul B. Batalden, MD

We all have health care experience stories

What if we deeply immersed ourselves in the clinical Microsystems of care?
Complexity of Care Delivery

Within, Between and Across Clinical Microsystems
(Fragmented and Lack of Continuity a risk)

The “True” Structure Of The Delivery System?

- As experienced by the patient ….
  - People working together (or against each other)
  - In front line clinical teams (or tangles)
  - Often embedded in larger organizations (or Byzantine bureaucracies)
  - That are more or less loosely connected (or totally disjointed)
  - And provide more or less perfect (or deadly dreadful) care
Health Care System: The “Must Do’s”

1. Better patient outcomes … including costs & value of care
2. Better system performance … including professional development
3. Better professional development … including new learners and lifelong learning
Science-based Improvement

“Generalizable Scientific evidence” + “Particular Context” → “Measured Performance Improvement”

I
- control for context
- generalize across contexts
- sample design

II
- understand system “particularities”
- learn structures, processes, patterns

III
- balanced outcome measures

IV
- certainty of cause & effect, shared importance
- loose-tight coupling
- simple-complicated-complex

V
- strategy
- operations
- people

Microsystem Assumptions

- Many have heard of the idea and have various notions of what it means
- We all have more experience living in, working in, and using them; than we have studying, changing, and leading them
- They exist now…
How can we see the “clinical microsystem?”

- A small population of patients
- Small group of doctors, nurses, other clinicians
- Interdependent for a common aim, purpose
- Some administrative support
- Some information and information technology
Clinical Microsystem

- *Clinical* reflects the essential priorities of health and care giving
- *Micro* reflects the smallest replicable unit of health care delivery
- *System* reflects that this frontline unit has an aim and is composed of people, processes, technologies, and patterns of information that interact and dynamically transform one another
- The clinical microsystem is the place where patients, families, and caregivers meet
- It is the locus of value creation in health care
- It is the building block of health care

Building Block of Health Care

- The place where each patient is in direct contact with interdisciplinary health care professionals, is the fundamental building block that remains the foundation of all health care systems is the Clinical Microsystem.
- This building block is the powerful “energy cell” of an organization
Microsystems Are The Building Blocks That Come Together To Form Macro-organizations

The health system can be no better than the small systems ...

30,000 Foot View: A Large Health System

System Levels

- Macrosystem
- Mesosystem
- Microsystem

Example

- Dept of Nursing
- Inpatient Divisions
- Frontline Patient Care Units
Some of you have a card on your chair
Read out in turn
Hands up - Is this a Microsystem?

A Picture of a Clinical Microsystem
The Anatomy
Continual Imp. of Health Care 2/28/2014

Session #2

Microsystem

The Physiology
A “Generic” Clinical Microsystem Model

Beneficiary knowledge, including knowledge of life while not in direct contact with the health care system

Supporting Microsystems

People with Healthcare Needs

Prevention → Acute → Chronic → Palliative

People with Healthcare Needs Met

Other Care Locations

Other Locations

Enrollment & Assignment
Initial & Continuous
Access & Plan Care

Functional
Biological
Expectations
Costs
Satisfaction

Functional
Biological
Goals
Satisfaction

Entry, Assignment → Orientation → Initial Work-up, Plan for care →...
Supporting Microsystems
Have Many Roles: *Within* their own microsystem and as *members of other* microsystems
At The End of the Day…

• Patient care is only as good as the care that is delivered by frontline staff.

• The “front line staff” are in places where patients, families and care teams meet which we call Clinical Microsystems

Microsystem ≠ Team

1. Providers + beneficiaries
2. People + Information Technology
3. People, Work in a setting
4. Purpose
2. Success Characteristics of High Performing Microsystems

- Quinn & world’s best service organizations
- Dartmouth study of North America’s best microsystems
At Same Time, Brian Quinn Was Asking:

“Why are some service organizations enjoying explosive growth and margins?”

He found that the “big” focus on the “smallest replicable units” AKA “microsystems”

- Front office fixated on front line perfection
- Quality, efficiency, timeliness, service excellence designed into front line
- Value and loyalty created at customer-provider interface

High Performing Clinical Microsystems

- Leadership
  - Leadership
  - Organizational support
- Staff
  - Staff focus
  - Education & Training
  - Interdependence of care team
- Information & Information Technology
- Performance
  - Performance results
  - Process improvement
- Patients
  - Patient Focus
  - Community & Market Focus

A Special Blend
3. Developing Microsystems

“Microsystems are the vital component in any execution strategy”

Uma Kotagal, MD
Cincinnati Children’s Hospital Medical Center

Front Line Development

To develop people
- Head
- Hand
- Heart

To improve care & respond to new pressures for quality

To grow your microsystem from the inside out
Clinical Microsystems Create the Conditions for Reflection

- Organized, disciplined method for the reflection
- Patient and family focus
- Systems thinking
  - Move from only thinking about assignments and shifts
  - Subpopulation focus and study
  - Process evaluation
- Learning to work in interdisciplinary teams

Reflective Practitioner

- Move from task orientation only
- Reflect on processes and outcomes
  - Notice patterns
  - System perspective
  - Population perspective
- Learn to work with other professionals with a focus on the patient and family

(I go to work to do my job versus I collaborate with patients, families and my interprofessional colleagues-together we customize care using standardized processes)
Interdisciplinary Teams

- Find ways to do better at meeting each patient’s needs
- Make the work experience for every staff person meaningful & joyous
- Increase each staff person’s ability to improve his/her own work & contribute to betterment of system

Video - Interactive Group Exercise

- Watch video (5 mins)
- Groups of 6 (5 mins) to discuss
  - Your reactions to the video, your thoughts and feelings?
  - What relevance does this video have for your role as a coach or lead for quality improvement?
- Report back one or two key thoughts to the whole group (1-2 mins each group)
Team Coaching Model

Pre-Phase
 Getting Ready
"Meeting them where they are"

*Context
- Review of past improvement efforts and lessons learned
- Preliminary system review
  Micro/Meso/Macro
*Site Visit
- Resources (Data)
- Logistics (Time)
*Expectations
  Clarity of aim
  Leadership & Team discussions about roles and logistics

Action Phase
 Art & Science of Coaching

*Relationships
  - Helping
  - Keep on track

*Communication
  - Virtual
  - Face-to-Face
  - Available & accessible
  - Timely

*Encouragement
*Clarifying
  - Improvement Knowledge
  - Expectations

*Feedback
*Reframing
  - Different perspectives
  - Possibility
  - Group dynamics-new skills

*Improvement Technical Skills
  - Teaching

Transition Phase
 Reflection, Celebration & Renew

Reflection on improvement journey
- What to keep doing or not do again
- Review measured results and gains
- Assess team capability and coaching needs & create coaching transition plan
Celebration!
Renew and re-energize for next improvement focus
Evaluate coaching

Godfrey, MM et al. (2013)

A JOURNEY UP THE DARTMOUTH MICROSYSTEM IMPROVEMENT RAMP

Cystic Fibrosis Outpatients
Northern General Hospital
Sheffield Teaching Hospitals NHS Foundation Trust

Godfrey, MM et al. (2013)
Context

- Cystic Fibrosis in Sheffield has 150 patients in their system
- Based at the Northern General Hospital
- Outpatients – 2 main clinics staffed by doctors, nurses, dieticians, physio, respiratory physiologists and other healthcare professionals

Cystic Fibrosis Outpatients

- Microsystems Improvement approach first tested in Falls clinic early 2011 (Project Evie)
- Consultant from CF contacted SI team, suggested by Service Manager
- Pressing Issue – Capacity & Demand
Pre Phase – The Work Before the Work

• March 2011
• Met clinical leaders – ‘challenging’ team dynamics
• Lots of time invested in discussing the approach with the Doctors, manager and senior nurses
• Sought support from Clinical Director
• Agreed expectations, set a regular weekly meeting, communication plan, who would be involved, Patient representation
• Coach – visited unit

Initial Meeting - April 2011

• Introduced what quality improvement is
• Introduced effective meeting skills and roles
• Set up the ground rules
The Dartmouth Microsystem Improvement Ramp

Cause & Effect

Change Ideas

Specific Aim

Global Aim

Theme

5P Assessment

Effective Meeting Skills

Patients - Hello to Brandon

- He is 25 & from Lincolnshire
- Living with his girlfriend & dog
- Electrical sales assistant
- Relies on family for transport
- Lung function FEV1 62%
- BMI 19 has drink supplements
- Colonised with pseudomonas
- He has pancreatic insufficiency, osteopenia, Diabetes, fertility issues
- He has a portcath
- Physio - exercises occasionally, home nebs when poorly
- He has regular antibiotics, 3 home nebulised IVs per year
- He has never been an inpatient

Let’s introduce Brandon...

What does Brandon want (and need) from the CF service?
During the workshop the team came up with the following:
- He wants to feel in control of his life
- He wants a service to fit around his life, job, social and family
- He wants a service which is efficient, with no waiting or duplication or unnecessary appointments
- He wants joined up service, he doesn’t want to come for multiple separate appointments
- He wants minimal repetition at the appointments he attends
- He wants phone, email, internet access for immediate advice
- He wants to be honest about his adherence to treatment, even if it is poor
- He wants confidentiality and consistency with the team
- He wants to be well at a minimum effort
- He wants pharmacy to be quick so he can get back home at the end of an appointment
- He wants to feel empowered, in equal partnership with the team
- He wants local access to an outreach team for home visits
- He wants appointments to be flexible & available on weekends or evenings
- He wants familiarity, support and trust from the team
- He wants a nice environment when he visits clinic with some entertainment
- He wants reassurance of segregation and rigorous infection control
- He would like to talk with other CF patients when he needs advice & support when ill
5Ps Data Collection April May 2011

- Took place over several weeks – pieced together
- Staff & patient survey
- High level process map
- Patients timed clinic
- National Benchmarking reviewed
- Data from hospital systems
- Capacity and demand forecasting

The 5Ps develop.....
**Purpose**

- What is the purpose of the microsystem?
- Lots of debate!

‘To enable people with CF to live as normal a life as possible’

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**5Ps review – May 2011**

- Meeting dedicated to reviewing the 5Ps
- Team stuck post its – where they saw something to improve for Brandon
- Grouped these to form ‘Themes’
The Dartmouth Microsystem Improvement Ramp

CF improvement Themes

- Capacity & Demand
- Clinic Process & Flow
- Adherence
The Dartmouth Microsystem Improvement Ramp

5P Assessment
Themes
Global Aim
Change Ideas
Specific Aim
Measures
Flowchart

Effectiveness Meeting Skills

CF Clinic Global Aim

- We aim to improve the efficiency and quality of the service of the CF outpatient clinic for staff and patients. The process begins with first contact with the patient and ends with them arriving back to their home after the visit. By working on the process we expect; the DNA rate to improve, for there to be less waiting for patients, improved efficiency for patients and staff and to achieve a greater standard of our quality markers. It is important to work on this to improve the clinic experience for patients, meet CF trust standards, and to provide an area of clinical excellence.
The Dartmouth Microsystem Improvement Ramp

- **Global Aim**
- **Change Ideas**
- **Specific Aim**
- **Measures**

**Cause & Effect**

**Flowchart**

- **A detailed process map**

- Took three sessions
- Everybody understood the process by the end!
- Generated lots of change ideas – Car Park
Specific Aim – June 2011

- After reviewing the 5Ps and the Flowchart the team chose to reduce Patient waiting as their first Specific Aim

  We aim to reduce average total patient waiting time within the 2 CF outpatient clinics by 50% from our baseline measure of 40 minutes by the end of October 2011’
The Dartmouth Microsystem Improvement Ramp

**Cause & Effect**

**Change Ideas**

**Specific Aim**

**Global Aim**

**Themes**

Effective Meeting Skills

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**Communication**

- Fax machine doesn’t work properly
- Dictation delays clinic, always get out of sync
- Lots of paperwork delays the clinic

**Late & early arrivals**

- Culture – it’s accepted
- See early patients early (sometimes)
- See patients even if late
- Patients don’t have own transport
- Hospital transport is late
- Reliant on others for lifts

**Scheduling**

- Mismatch of arrivals and resources
- Don’t know how long things take – cycle times
- Non standardised – variation in content
- Waiting for other professionals to finish

**CF Clinic**

Why are Patients waiting in the CF clinic?

- Trials
- PEG changes, not planned into timings
- Going to find nebuliser from the ward
- Notes
- Scales
- X ray
- Going to the Pharmacy if patient too unwell
- Pharmacy
- Taking patient off for a ward tour
- Answering the doorbell
- Telephone Calls
- Calls from the ward

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**Treatments**

**Finding Things**

**Interruptions**
Why are Patients waiting in the CF clinic?

- Late & early arrivals
- Communication
- Treatments
- Finding Things
- Scheduling
- Interruptions
- CF Clinic
  - Why are Patients waiting in the CF clinic?
  - Fax machine doesn’t work properly
  - Dictation delays clinic, always gets out of sync
  - Lots of paperwork - delays the clinic
  - Culture – it’s accepted – see patients early (sometimes)
  - Patients don’t have early (sometimes)
  - Hospital transport is late
  - Reliant on others for lifts
  - Don’t know how long things take - cycle times
  - Non standardised – variation in content
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  - Treatments
  - Finding Things
  - Scheduling
  - Interruptions
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The Dartmouth Microsystem Improvement Ramp

- Cause & Effect
- Change Ideas
- Measures
- Specific Aim
- Global Aim
- Themes
- Effective Meeting Skills
Change Ideas

- Review of Fishbone and Process map
- Brainstormed ideas to reduce waiting – top 4

Interactive Group Exercise - Video

- Watch video (5 mins)
- Groups of 4/5 (7 mins) to discuss
  - Your reactions to the video, your thoughts and feelings?
  - What relevance does this video have for microsystem quality improvement?
- Report back one or two key reflections to the whole group (1-2 mins each group)
The Dartmouth Microsystem Improvement Ramp

Value Compass

We aim to reduce average total patient waiting time within the 2 CF outpatient clinics by 50% from our baseline measure of 40 minutes by the end of October 2011.

Time Spent Waiting in Clinic per patient

Stakeholder perspective

DNA rate

Attendances to CF Clinic

Number of staff in CF clinic

Quality/Cost = Value
The Dartmouth Microsystem Improvement Ramp

Effective Meeting Skills

PDSA

- Used PDSA worksheet to Plan changes
- Used timing data to reschedule clinic and devise a new Gantt
- New whiteboard introduced
- Standard Clinic Proforma devised
- Clinic rooms standardised – numbered, scales, BMI calculators
- Measures – Ongoing measurement
PDSA - Plan

<table>
<thead>
<tr>
<th>Task to be completed</th>
<th>Who</th>
<th>When</th>
<th>Tools / Training needed</th>
<th>Measures</th>
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<tbody>
<tr>
<td>Arrange for installation of clinic whiteboard</td>
<td>Claire W</td>
<td>Start Aug 2011</td>
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<td>None</td>
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<tr>
<td>Clearly number all Clinic rooms</td>
<td>Claire W</td>
<td>Next week</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Set up excel sheet to capture patient journey data</td>
<td>Sally C</td>
<td>Next week</td>
<td>Excel</td>
<td>None</td>
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<tr>
<td>Ensure all patients complete a cycle time form</td>
<td>Yasmeen</td>
<td>Next week</td>
<td>Weekly - Cycle</td>
<td>None</td>
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<tr>
<td>Create new ideal clinic template based on cycle times</td>
<td>Yasmeen</td>
<td>Next week</td>
<td>Weekly - Cycle</td>
<td>None</td>
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PDSA – Do & Study

CF Clinic Cycle Time

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<th>End</th>
<th>M</th>
<th>S.D.</th>
<th>Median</th>
<th>Min</th>
<th>Max</th>
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<td>55</td>
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<td>2.5</td>
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</table>

Consecutive Patients

<table>
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<th>Week</th>
<th>Patients</th>
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</thead>
<tbody>
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<td>1</td>
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<tr>
<td>2</td>
<td>105</td>
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<td>3</td>
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<td>8</td>
<td>135</td>
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<tr>
<td>9</td>
<td>140</td>
</tr>
<tr>
<td>10</td>
<td>145</td>
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</tbody>
</table>

72
The Dartmouth Microsystem Improvement Ramp

Global Aim

Specific Aim 1
Increase nurse led activity

Specific Aim 2
Reduce Variation in follow up frequency

Capacity & Demand

Clinic Process & Flow

Global Aim

Specific Aim 1
Reduce Waiting

Specific Aim 2
Reduce DNA

Adherence

Stakeholder perspective

Improvement – multiple ‘ramps’

5Ps

Themes

Effective Meeting Skills

5Ps

Change Ideas

Specific Aim

Measures

Cause & Effect

The Dartmouth Microsystem Improvement Ramp

Effective Meeting Skills

Improvement – multiple ‘ramps’

5Ps

Themes

Effective Meeting Skills
Finally – Some staff reflections

We now have better, smoother, unhurried clinics, shorter waiting times, happier patients, happier staff - more efficient.

The team ethos has changed with the patient more firmly at the central point. The OP processes have been streamlined and are much better. Patient adherence has been accepted by all the team as important and a workstream is developing this. Previously some people gave this lip service.

Has been really inspiring. For the first time I have felt that I've been able to implement changes to help the service run more efficiently for patients and staff.

4. Resources for Improving Microsystems

• What resources can you use to learn, adapt, improve and innovate?

Start with www.clinicalmicrosystem.org
The Microsystem Academy

- Resides in The Dartmouth Institute for Health Policy and Clinical Practice (TDI)
- Actively researching, coaching, and leading clinical microsystem development since the early 1980s.
- Through the integration of professional experience, empirical and cutting-edge research methodologies and information, “Coach the Coach” offers an exciting, and rigorous curriculum of experiential learning in the art and science of interdisciplinary microsystems coaching. (Web based & Face-to-Face)
Greenbook “Discoveries”

February 2011

VALUE BY DESIGN
Developing Clinical Microsystems to Achieve Organizational Excellence
EUGENE C. NELSON • PAUL B. BATALDEN
MARJORIE M. GODFREY • JOEL S. LAZAR
EDITORS

2007

QUALITY BY DESIGN
A Clinical Microsystems Approach
Eugene E. Nelson
Paul B. Batalden
Marjorie M. Godfrey
On Line Non-Degree Programs

Coaching Health Care Improvement

"...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."
**Team Coaching Model**

<table>
<thead>
<tr>
<th>Pre-Phase</th>
<th>Action Phase</th>
<th>Transition Phase</th>
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</thead>
<tbody>
<tr>
<td>Getting Ready</td>
<td>Art &amp; Science of Coaching</td>
<td>Reflection, Celebration &amp; Renew</td>
</tr>
</tbody>
</table>

*Context*
- Review of past improvement efforts and lessons learned
- Preliminary system review
  - Micro/Meso/Macro
*Site Visit*
- Resources
- Logistics
*Expectations*
  - Clarity of aim
  - Leadership & Team discussions about roles and logistics

*Relationships*
- Helping
- Keep on track

*Communication*
- Virtual
- Face-to-Face
- Available & accessible
- Timely

*Encouragement*
- Improvement Knowledge
- Expectations

*Clarifying*
- Different perspectives
- Possibility
  - Group dynamics - new skills

*Feedback*

*Reframing*

*Improvement Technical Skills*
- Teaching

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**Godfrey, MM (2012) In Press**
Aim: Assess and develop a CF Care Center that provides seamless care from the time of diagnosis through advanced care. Patient centered integrated team care, smooth transitions, warm hand-offs, transfers and mesosystem improvement will be central to our improvement efforts.

- Emerging Adults (16-25)
- Young Adults (26+)
- Adults
- Emergency Department
- Primary Care
- Endocrine, OB/GYN, Transplant, Palliative Care
- Psychiatry/Psychology
- Pediatrics (with parents)
- Advanced Care
- Screening

Depending on Individual unit needs assessments

**OneCF Center (draft)**
Mesosystems Form Around People with CF in a Coherent and/or Chaotic Way

*Psychology/Psychiatry
GI
Endo
OB/GYN
Palliative Care

Value Stream Map
The Lifespan of Care
Microsystem Improvement and Team Coaching:
An Emerging International Movement

1. TDIMA: What actions in what context help interprofessional improvement teams make desired improvements? How can we learn what mechanisms *cultivate the conditions? What are the measures to know if the Team Coaching Model is effective in what context?*

2. CF USA: How can team coaching develop staff capability to provide and improve care to *improve outcomes for people with CF including integrated systems of care?*

3. CF Canada: How can team coaching develop staff capability to provide and improve care to *improve outcomes for people with CF?*

4. CHC, Inc: How can team *coaching cultivate local improvement and system goals?*

5. Sheffield, UK Microsystem Coaching Academy: How can we *develop team coaching skills* and how can *we execute a team coaching improvement strategy in one organization?*

6. Dublin, Ireland: How can we improve the quality of value of ED care and develop ED managers to *coach* improvement

7. Jönköping, Sweden: Team coaching targeted at *populations & Esther Coaching- What don’t we know?*

8. Stockholm, Sweden: How can team coaching *improve outcomes for registry specific populations of patients?*

9. Doha, Qatar: What can we learn about the Team Coaching Model in a highly...
Staying Connected Can Contribute to the Field of Knowledge about Health Care Improvement and Team Coaching

• We have the opportunity to learn who is doing what in what context and to study the effects

• The Team Coaching Model seems to be an attractive alternative to “fly by the seat of your pants” coaching

• Microsystem Festival and The Dartmouth Institute Microsystem Academy Fall Retreat can be where we share and learn together to advance the field of knowledge (October 1st and 2nd 2014)

• Showcase venues with evaluative measures and reflections are “popping” up to openly share lessons learned: Sheffield Showcase April 1, 2014, Stockholm QRC/Coaching Day February 6, 2014, Microsystem Festival Coaching Session February 25, 2014

• CHC, Inc holds Project ECHO video coaching learning and support

• The Dartmouth Institute MA & Sheffield MCA websites

• The Dartmouth Institute Microsystem Academy International Coaching Website opens April 4, 2014 to provide a virtual sharing and learning space for the “emerging international coaching movement.”

Final Points

• Learn about and then activate the “energy cells” of your organization

• Lots of help available virtually and through international resources

• The microsystem has at the center of it’s work the patient and family who partner with interprofessionals, technology, shared aims and systems.

• What questions do you have? How will you start?
Transformation

Fixing Health Care on the Front Lines
by Richard M.J. Bohmer

The only realistic hope for substantially improving care delivery is for the old guard to launch a revolution from within.

Existing players must redesign themselves. What does “redesign” mean? Revamping core clinical processes.

It’s time for a revolution — led from within.

Moving beyond projects

“No single initiative or set of unaligned projects will likely be enough to produce system-level results. Even aligned projects alone will not be sufficient.

It will be necessary to have a pervasive understanding of work as a collection of processes.

The responsibility of managers and supervisors includes continual improvement of work processes under their control.”
Developing Microsystems:
The Strategic Advantage

“Organizations that have intentionally developed pervasive improvement capability in their Microsystems have a strategic advantage when it comes to accelerating and sustaining system-level improvement. These organizations have an efficient and effective means of getting everyone involved to accomplish their strategic campaign.”


Begin Your Journey and Join the Emerging International Movement!
We look forward to working with you!

www.clinicalmicrosystem.org  www.sheffieldmca.org.uk