Colorado ALTO Project

Quality Improvement Training Materials

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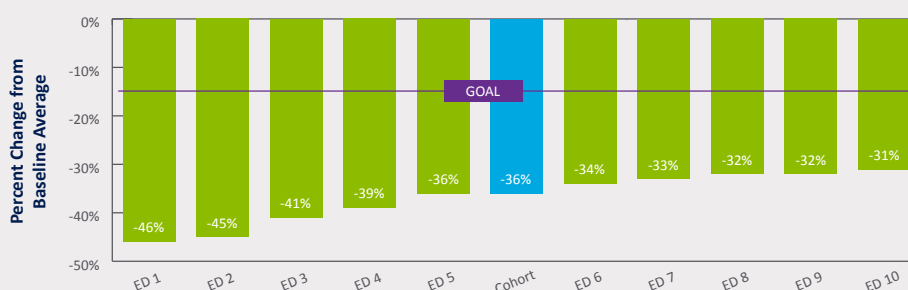Telligen

Colorado ALTO Project

In 2017, Colorado Hospital Association (CHA) partnered with 10 hospital emergency departments (EDs) on a six-month pilot program with the goal of reducing the administration of opioids in the ED by 15 percent. This would be achieved by changing prescribing guidelines and using new protocols for alternatives to opioids (ALTOs) as first-line treatments for pain management, administering opioids sparingly or only as rescue medications.

The Colorado Opioid Safety Pilot demonstrated the feasibility and effectiveness of using an ALTO approach as a first-line treatment for acute pain in the ED before turning to opioids. Based on this success, CHA will roll out this program statewide in 2018 through the Colorado ALTO Project.

CHA partnered with key stakeholders to develop and roll out the pilot program:

COLORADO CONSORTIUM for Prescription Drug Abuse Prevention

ENA EMERGENCY NURSES ASSOCIATION
Colorado State Council

COLORADO CHAPTER
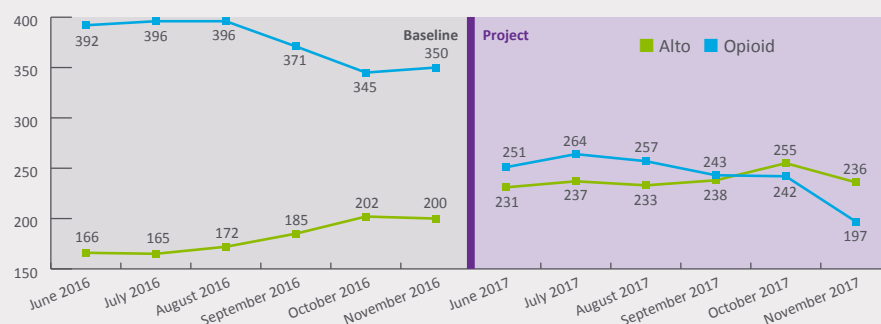**American College of Emergency Physicians**
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All 10 EDs successfully completed the opioid pilot, achieving a reduction in opioid administration rates of more than double the 15 percent goal on average.

ED-Specific Percent Change in Opioid MEU (2016 vs 2017)

Percent Change from Baseline in MEUs per 1,000 ED Visits

ED	Percent Change
ED 1	-46%
ED 2	-45%
ED 3	-41%
ED 4	-39%
ED 5	-36%
Cohort (GOAL)	-36%
ED 6	-34%
ED 7	-33%
ED 8	-32%
ED 9	-32%
ED 10	-31%

In addition, the 10 EDs increased their use of ALTOs by more than 31 percent, with ALTO administration surpassing opioid administration near the end of the six-month pilot.

Number of Treated Pain Visits per 1,000 ED Visits

Baseline — Opioid: June 2016: 392, July 2016: 396, August 2016: 396, September 2016: 371, October 2016: 345, November 2016: 350

Baseline — Alto: June 2016: 166, July 2016: 165, August 2016: 172, September 2016: 185, October 2016: 202, November 2016: 200

Project — Alto: June 2017: 231, July 2017: 237, August 2017: 233, September 2017: 238, October 2017: 242, November 2017: 236

Project — Opioid: June 2017: 251, July 2017: 264, August 2017: 257, September 2017: 243, October 2017: 255, November 2017: 197

To learn more about the Colorado ALTO Project visit www.cha.com/ALTO.

c|a Colorado Hospital Association

Introduction:
Colorado ALTO Project | Quality Improvement Toolkit

Course Overview

Thank you for participating in the Colorado ALTO Project. The Colorado ALTO Project Quality Improvement (QI) Toolkit provides information and resources to assist in the education and integration of the ALTO work into your organization. This toolkit offers resources in the following areas:

- ☐ Institutes for Health Care Improvement (IHI) model for improvement
- ☐ Plan, Do, Study, Act (PDSA) improvement cycle
- ☐ Rapid test of change
- ☐ Standard work
- ☐ QI huddle structure
- ☐ Cultural change
- ☐ Leadership development
- ☐ Team development
- ☐ Barriers to change
- ☐ Sustainability

Quality Improvement ALTO Training Curriculum

The QI ALTO training curriculum has the tools and templates, articles and handouts needed to launch and manage the Colorado ALTO Project as a cultural change initiative.

Quality Improvement ALTO Training Sessions

The QI ALTO training session is presented in a PowerPoint presentation by your organization's identified trainer or a recorded webinar.

Handouts

The QI ALTO training kit includes multiple sample handouts:

- ☐ Sample IHI PDSA toolkit and instructions
- ☐ Sample PDSA template
- ☐ Sample rapid cycle test of change and instructions
- ☐ Personal Change Readiness Assessment

Article and Webinar

huddle-up-why-daily-meetings-are-vital-to-sustaining-quality-improvement.html

daily-team-huddles-developing-culture-continuous-improvement-engaging-staff-planning-improving-work-affects-webinar/

For more information on the Colorado ALTO Quality Improvement Training toolkit, contact Diane Rossi MacKay at Diane.RossiMacKay@cha.com.

QI Essentials Toolkit: PDSA Worksheet

The Plan-Do-Study-Act (PDSA) cycle is a useful tool for documenting a test of change. Running a PDSA cycle is another way of saying testing a change — you develop a plan to test the change (Plan), carry out the test (Do), observe, analyze, and learn from the test (Study) and determine what modifications, if any, to make for the next cycle (Act).

Fill out one PDSA worksheet for each change you test. In most improvement projects, teams will test several different changes, and each change may go through several PDSA cycles as you continue to learn. Keep a file (either electronic or hard copy) of all PDSA cycles for all the changes your team tests.

Instructions

PLAN: Plan the test, including a plan for collecting data.
- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.

DO: Run the test on a small scale.
- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyze the data.

STUDY: Analyze the results and compare them to your predictions.
- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.

ACT: Based on what you learned from the test, make a plan for your next step.
- Adapt (make modifications and run another test), adopt (test the change on a larger scale) or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.

Example: PDSA Worksheet

Objective: Test using the ALTO communication model, in which the recipient (patient/family member) of the information understands the alternative to opioid approach to pain management.

1. **PLAN:**
   Plan the test, including a plan for collecting data.

   QUESTIONS AND PREDICTIONS:
   - How much more time will it take to communicate with a patient/family member about the alternative to opioid approach using the ALTO communication model? *It will take more time at first (5-7 minutes per patient/family member), but we will start to learn better communication skills and get more efficient.*
   - Will it be worthwhile? *The extra time will be worthwhile. Potential to reduce the risk of exposure to dangerous addictive drugs due to increased understanding of successful pain management options and to improve overall pain management.*
   - What will we do if the ALTO communication model does not successfully help a patient understand their alternative to opioid options for pain management? *If the patient does not understand the options for pain management, we will look to communicate with a family member or have one of the ALTO care team members (e.g., pharmacist, clinician, nurse) speak with the patient.*

   WHO, WHAT, WHERE, WHEN:
   We will launch the ALTO communication model with:
   - One nurse on day shift for that nurse's patients coming to the emergency department eligible for an alternative to opioid treatment.
   - One nurse on night shift for that nurse's patients coming to the emergency department eligible for an alternative to opioid treatment.

   PLAN FOR COLLECTING DATA:
   Both nurses will document each patient's reaction using the following criteria:
   - Condition being treated.
   - Pain level upon arrival.
   - Prior history/risk factor for abuse/misuse of opioids.
   - Initial reaction to use if ALTO medication.
   - ALTO use successful.
   - ALTO scripting method results.

2. **DO:**
   Run the test on a small scale.

   DESCRIBE WHAT HAPPENED. WHAT DATA DID YOU COLLECT? WHAT OBSERVATIONS DID YOU MAKE?
   - Both nurses collected all six data points for each patient encounter.
   - Some patients were open to trying an ALTO medication. Some patients did not understand what an ALTO was, perhaps because of their pain. Language was a barrier. Family members were often a challenge because they wanted their loved one out of pain immediately.
   - Both nurses implemented the ALTO communication model for the full 12-hour shift.

QI Essentials Toolkit: PDSA Example Worksheet continued

3. STUDY:

Analyze the results and compare them to your predictions.

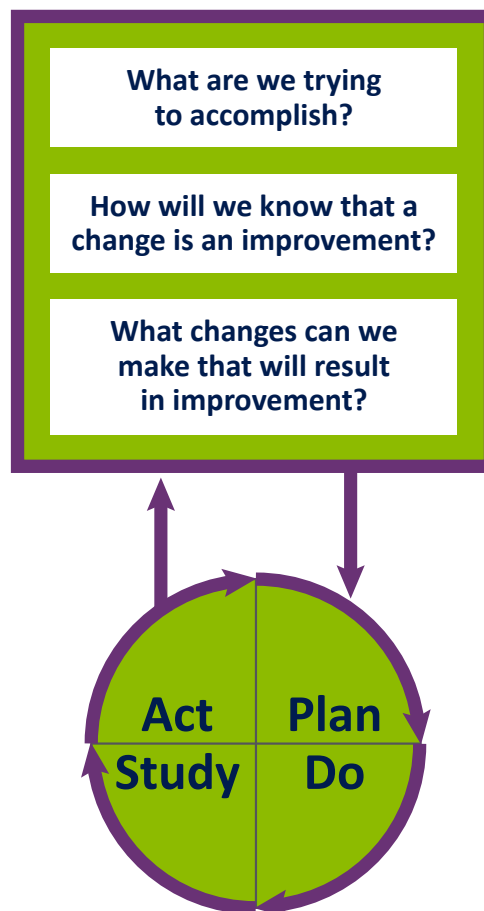**SUMMARIZE AND REFLECT ON WHAT YOU LEARNED:**

- Prediction: It will take more time at first (5-7 minutes per patient/family member), but we will start to learn better communication skills and get more efficient. *Result: The ALTO communication model took longer than seven minutes for patients who had an expectation to receive an opioid immediately upon arrival. Communication took less than four minutes for patients who came in with severe pain and had no expectations.*
- Prediction: The extra time will be worthwhile. *Result: Both the nurses felt the time invested in the ALTO communication model was an added benefit to increase the patients understanding of the different options for pain management.*
- Prediction: If the patient does not understand the options for pain management, we will look to communicate with a family member or have one of the ALTO care team members (e.g., pharmacist, clinician, nurse) speak with the patient. *Result: After engaging the pharmacist with patients who had additional questions on medications or spending extra time addressing concerns, most patients understood the alterative to opioid treatment options available for pain management.*

In addition to confirming all three predictions, the ALTO care team realized it would be helpful to add a one-sheet alternative to opioids handout explaining the emergency departments alternative to opioid initiative, what an ALTO is, how they work and quick tips and facts about the Colorado opioid crisis.

4. ACT:

Based on what you learned from the test, develop a plan for your next step.

DETERMINE WHAT MODIFICATIONS YOU SHOULD MAKE — ADAPT, ADOPT, OR ABANDON:

1. Train all nurses on ALTO communications model.
2. The ALTO care team will pull together a group to work on developing a bilingual one-sheet ALTO communication tip sheet.
3. Nurses will role play the ALTO communication model during staff meetings to become comfortable with having challenging conversations with pain patients.
4. Measure baseline of overall patient interaction time at the beginning of launch, again at one month after the launch and quarterly thereafter.
5. Use HCAHPS scores as a balancing measure to the effectiveness of communication and satisfaction.

Template: PDSA Worksheet

Objective: _____
_____
_____
_____

1. **PLAN:**
    Plan the test, including a plan for collecting data.

    QUESTIONS AND PREDICTIONS:

    - _____
      _____
      _____
    - _____
      _____
      _____
      _____

    WHO, WHAT, WHERE, WHEN:

    _____
    _____
    _____

    PLAN FOR COLLECTING DATA:

    _____
    _____
    _____

2. **DO:**
    Run the test on a small scale.

    DESCRIBE WHAT HAPPENED. WHAT DATA DID YOU COLLECT? WHAT OBSERVATIONS DID YOU MAKE?

    _____
    _____
    _____

3. STUDY:

Analyze the results and compare them to your predictions.

SUMMARIZE AND REFLECT ON WHAT YOU LEARNED:

_____
_____
_____

4. ACT:

Based on what you learned from the test, make a plan for your next step.

DETERMINE WHAT MODIFICATIONS YOU SHOULD MAKE — ADAPT, ADOPT, OR ABANDON:

_____
_____
_____

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

Act | Plan

Study | Do

An Exercise for Designing Small Tests of Change

Background:

We know from organizational studies of people adapting to change that not everyone changes at the same rate or engages at the same time. We also know, from experience, that many staff will not respond favorably to being told to change without a method for buying in. The image below, created by theorist Everett Rogers, illustrates this delay in adapting to change.

2.5% Innovators

Early Adopters 13.5%

Early Majority 34%

Late Majority 34%

Laggards 16%
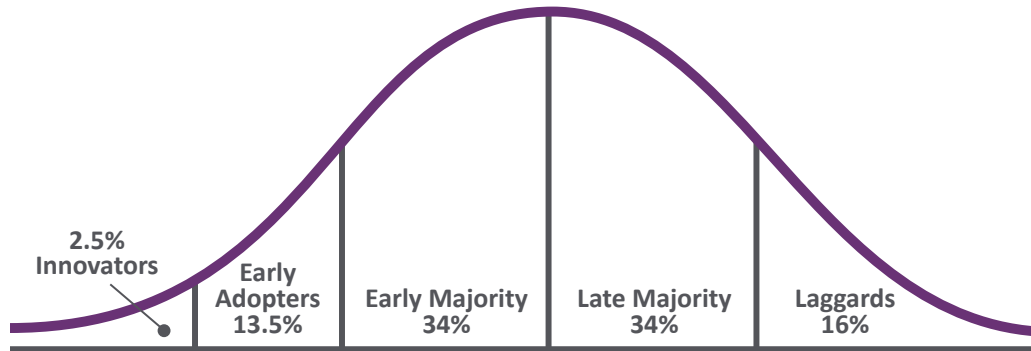
Conducting small tests of change with front-line staff involved, or leading, is at the heart of overcoming these challenges. This exercise will provide one method of implementing a series of small tests.

Briefly, these are the steps to design an effective method of testing a change with front-line staff:

Step 1: Determine what to test.

Step 2: Determine who will be subject to the change.

Step 3: Assess the willingness to change (The Tipping Point).

Step 4: Determine the details of the test – when, where, how.

Step 5: Conduct repeated cycles of testing. Continue the process until the change is adopted.

SOURCE: Wisconsin Hospital Association

An Exercise for Designing Small Tests of Change

Step 1: Determine what to test

It is a good idea to break a process down to simple steps for the purpose of testing a change. This will also be easier to describe and teach to others who are unfamiliar with the new way. This also means that if the "ask" of staff is small, it doesn't take a lot of time and is low risk.

For example, rather than "Do hourly rounding starting on Monday," the key elements of hourly rounding could be broken down and evaluated:

What is the initiative?	What is the process that must change?	What are key steps?	What could be tested?
Reduce patient falls	Staff should visit patients hourly for fall prevention	RN's note when rounding is done – 4 P's are done each time	Using a magnet on the door and manager rounds asking patient for feedback

Try this exercise

Can you think of a few active initiatives in the hospital? Define something to test:

What is the initiative?	What is the process that must change?	What are key steps?	What could be tested?

Next we identify which roles will need to change their behavior or adopt a new process.

An Exercise for Designing Small Tests of Change continued

Step 2: Determine who will be subject to the change

Before engaging front-line staff, it is important to have clarity about which staff will be subject to the new process once it is adopted. Or, the small test of change process can be utilized to assess which roles are better suited to do the process. You cannot start too small!

For example, in the case of an improved discharge process on a pediatric unit, who is involved?
⇨ Patient, family member, physician, nurse, pharmacist, assistant and HUC

For a specific part of the process that will be tested, who must be part of that process? Also what is the smallest unit of change?
⇨ For home instructions: the family member, patient and nurse

So one group of these three people is the smallest unit for testing. The success of a test cycle is much easier to determine if fewer, rather than more, staff are involved.

This is the Rule of Ones – the very basic place to start a series of small tests.
⇨ One nurse will test the new d/c teaching form on one family member each day for one week.

The number of staff involved should gradually expand, the duration of the test should gradually get longer and the conditions for the test should become gradually more complicated (e.g., nights vs. days, weekends, high census, involve others).

Try this exercise
You use an internal process change example to practice determining the smallest unit of change:

Process Step	Who is Involved	What is the smallest unit of change?

An Exercise for Designing Small Tests of Change continued

Step 3: Assess the willingness to change (The Tipping Point)

We know not everyone is a fan of change. Some people are first in line; others will go along to get along and others will dig in their heels and hope it blows over. There is wisdom and science behind the social network theory that once a group has a key number of participants doing something differently, the rest of the group will change to catch up. This is called "The Tipping Point" and was popularized by the writer Malcolm Gladwell. There are ways to determine the tipping point through measurement, but we can also use what we know about our organizations to estimate a group's tipping point.

Here are a few examples:

⇨ A Rehab Services department has 15 staff that will be asked to do a new process. This group is open to change and have many improvement projects under their belt. Their team is comfortable with 5 or 6 team members participating in a trial and recommending to others the practice be adopted.

⇨ An Admitting department has 40 staff people and have not been involved in improvement – now they must adopt a new process to directly ask patients their race, ethnicity and preferred language. It may take nearly all the 40 staff to trial the form before a process could be agreed upon and adopted.

The second example will be more of a challenge to implement and create sustainability. Understand the barriers before you begin a change. Considering a group's openness to change will go a long way toward successful PDSA cycles.

Try this exercise

Think of a few departments or groups and their "adaptability" to change. See if you can translate previous experiences into a "tipping point" estimate by figuring the appropriate percent of staff to involve in PDSA cycles.

Department/Group	Number of Staff	Experience with Adopting Change	Number of staff to test
		☐ None (80%) ☐ A Little (65%) ☐ Some (40%) ☐ A Lot (20%)	
		☐ None (80%) ☐ A Little (65%) ☐ Some (40%) ☐ A Lot (20%)	
		☐ None (80%) ☐ A Little (65%) ☐ Some (40%) ☐ A Lot (20%)	

An Exercise for Designing Small Tests of Change continued

Step 4: Determine the details of the test – when, where, how

This step is when transparency is your friend. Announcing the tests, when they will happen, who is involved and how the testing will proceed serves three functions:

1. Everyone knows what is happening and why
2. Demonstrates that staff feedback is being considered
3. Real-world demonstration of PDSA in action

It is a good idea to publicly post the PDSA form as well as each small test of change design form. This is an example of that form:

What and Where

<div style="background:#6d2f6d; color:white; padding:4px;">

DESIGN PLAN FOR SMALL TESTS OF CHANGE

</div>

Initiative: _____Readmissions Reduction_____   Intervention: __Redesign of Med Rec Process – Implement Pharm Rev__

Smallest Change: __1 patient, 1 RN, 1 Pharmacist__   Scope: __All RNs and Pharmacists__   Total # of Staff Impacted: __40 RNs/2 RPh__

Planned Testing Timeframe: _____Month of July 2018_____   Total # of Staff to Test: __12 RNs and 1 RPh__

Who?

How long?

What is the tipping point?

Using a current PDSA cycle in your facility, try completing the top section of the design form as you would if that team was about to involve their co-workers in a series of tests.

Try this exercise:

Initiative: _____   Intervention: _____

Smallest Change: _____   Scope: _____   Total # of Staff Impacted: _____

Planned Testing Timeframe: _____   Total # of Staff to Test: _____

This form is also useful for recruiting volunteers to participate in the test cycles. Engage the engaged, as the saying goes. Once it is evident colleagues are participating, others will follow. Managers should also openly recognize the volunteers.

An Exercise for Designing Small Tests of Change continued

Step 5: Conduct repeated cycles of testing and learn from the testers

Next, you should move to designing how the volunteer staff will be instructed to conduct the test. Record who will be participating. Try to plan about three cycles of testing in advance. This will keep the test process from stalling.

The tests should be very specific and small in scope. It is vitally important that all test participants understand the goal of the test, the method and their role. Check for their understanding before beginning.

Below is an example of two planned tests. Note: The remainder of the form is based on the testers' feedback after each round.

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1	Test new process for RPh bedside consult with patients on high-risk meds.	On Friday, 2 nurses will monitor all patients for high-risk meds and contact RPhs for med rec consult.	Jill – RN Jon – RN Jane – RPh		☐ Adapt ☐ Adopt ☐ Abandon	
2	Continue testing new process for RPh bedside consult with patients on high-risk meds.	Mon-Wed 2 nurses will monitor all patients for high-risk meds and contact RPhs for med rec consult.	Jill – RN Jon – RN Jane – RPh		☐ Adapt ☐ Adopt ☐ Abandon	

After each test cycle, feedback is gathered from the participants. You will be more efficient and improve quicker if you do not rely on scheduled meetings. Having a quick, "real time" method for collecting feedback will improve the pace of testing. Waiting to meet will slow progress, and your testers may forget what they learned. Here are some options for gathering feedback:

- E-mail
- Quick "standing" huddles
- Quick Surveys
- 5-minute phone calls
- Scheduled huddles
- White board / sticky notes

Case Study: PDSA and Small Tests of Change at Sunny Valley Hospital

Now let's apply these new skills.
You are the QI Manager at Sunny Valley Hospital You have been working with the 4th floor Med-Surg unit on strategies to reduce readmissions. One of the gaps the team discovered is variation in the process for follow-up calls. They are done inconsistently, and there is no standard method for conducting the call – which raised questions about the quality of the interaction.

The Med-Surg unit has a staff of 62, working in 12-hour shifts. The shifts begin and end at 12:00 and 24:00. On each shift, there are approximately 18 RNs and 8 Nursing Assistants. Each assistant works with 2-3 RNs. Staff on this unit have been involved in one successful process redesign project in the past 3 years. So far, the team has done a nice job researching examples of follow-up call scripts. They have a draft call script and are in the process of getting bedside staff feedback on the tool.

As for the call process, a new approach is needed. The team has decided that the RN who discharged the patient should conduct the follow-up call. This idea came from another hospital that is successful with this process. The call will be documented on the script form and turned into the team leader during the testing phase. The nurse is to document the day and time of the call and who they spoke to.

The team PDSA form is posted on their unit.

They are ready to move forward with testing the proposed changes.

Your challenge:

You are coaching this improvement team based on the above scenario. Your job is to assist this team with the following:
1. What is the overall goal?
   ⇨ Design a new process for the discharge nurse to conduct the post-discharge follow-up calls.

2. How will the team decide what approach is the best?
   ⇨ Develop a plan to implement a series of small tests to pilot a process that involves only the discharge nurse who makes the follow-up calls.

Hint: Use the small test of change design tool.

DESIGN PLAN FOR SMALL TESTS OF CHANGE

AIM Statement: *What are we trying to accomplish?*
Reduce Med-Surg 4 readmissions of the patients who are discharged to home by 25% over current baseline by March 1, 2019.

Measures:
How will we know that a change is an improvement?   *How much?*   *By When?*

1. A consistent phone script will be used for 100% of calls.	Goal: At least 90% of follow-up calls made between Dec. 1 and Jan. 1 will have a documentation of a script being followed.	Jan. 1, 2019
2. Each patient discharged to home will receive follow-up call within 72 hours of discharge. Track % of calls made within 72 hours.	Goal: 90% of patients discharged to home will have received a call from the discharging RN.	Feb. 1, 2019

Tests of Change: *What change can we make that will result in improvement?*

PLAN What changes are to be made?	DO What do we predict? Plan?	STUDY Document observations:	ACT What is next?
1. Develop new phone script.	Staff feedback is needed for new script. Pilot script on the unit and gather feedback.	Currently at 65% of RNs using the script.	Continue expanding staff trialing the script – goal is 80% by end of month.
2. Adopt new follow-up call process conducted by discharge RN.	Trial the process for a discharging RN to complete the follow-up phone call.		
3.			

DESIGN PLAN FOR SMALL TESTS OF CHANGE

Initiative: _____   Intervention: _____

Smallest Change: _____   Scope: _____   Total # of Staff Impacted: _____

Planned Testing Timeframe: _____   Total # of Staff to Test: _____

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1					☐ Adapt ☐ Adopt ☐ Abandon	
2					☐ Adapt ☐ Adopt ☐ Abandon	
3					☐ Adapt ☐ Adopt ☐ Abandon	
4					☐ Adapt ☐ Adopt ☐ Abandon	
5					☐ Adapt ☐ Adopt ☐ Abandon	

Your Task:

Complete the first three cycles of small tests by writing down the "Test Description," "Test Plan" and names of "Testers."

Next Steps

The basic evaluation after each cycle is to **adapt, adopt** or **abandon** the change being tested.

Adapt – the test shows improvement is needed OR the tipping point has not been reached yet

Adopt – the test show the process or tool is stable and is ready for use

Abandon – the test is a failure OR some aspect of change should be abandoned

Here are some recommendations for expanding staff involvement and the scope of the tests:

A. Begin with the smallest unit of change possible – you may need to go back if the tests aren't going well.
   ☐ Remember the "Rule of Ones:" One care team, one patient, one nurse, one day, etc.

B. Plan for *easy* and *efficient* collection of feedback from your volunteer "testers" – and post the feedback for others to see. Quickly decide if a change is needed prior to the next round.

C. Spread systematically:
   ☐ 1 day ⇨ 2 days ⇨ 4 days *and/or*
   ☐ 2 days/1 patient ⇨ 2 teams/4 patients ⇨ 4 days/8 patients
   ☐ Pair an experienced tester with someone new and don't forget other shifts and census changes.

D. Know when to report progress and to whom.

Personal Change Readiness Survey

1. For each of the following statements circle the one number that best represents you at work.
   - 1 means the statement is not at all like you.
   - 6 means the statement is exactly how you feel/think most of the time.

2. After you have completed the survey, follow the instructions on the "Personal Change Readiness Survey Results Form."
   - For most accurate results, do not look at the Survey Results Form until after completing the survey.

3. Be thoughtful and honest in your reflection in order to get an accurate assessment.

	Statement	No Way ⟶ So Me!					
1.	I prefer the familiar to the unknown.	1	2	3	4	5	6
2.	I rarely second guess myself.	1	2	3	4	5	6
3.	I'm unlikely to change plans once they're set.	1	2	3	4	5	6
4.	I can't wait for the day to get started.	1	2	3	4	5	6
5.	I believe in not getting your hopes up too high.	1	2	3	4	5	6
6.	If something's broken, I'll find a way to fix it.	1	2	3	4	5	6
7.	I get impatient when there are no clear answers.	1	2	3	4	5	6
8.	I'm inclined to establish routines and stay with them.	1	2	3	4	5	6
9.	I can make any situation work for me.	1	2	3	4	5	6
10.	When something important doesn't work out, it takes me time to adjust.	1	2	3	4	5	6
11.	I have a hard time relaxing and doing nothing.	1	2	3	4	5	6
12.	If something can go wrong, it will.	1	2	3	4	5	6
13.	When I get stuck I'm inclined to improvise solutions.	1	2	3	4	5	6
14.	I get frustrated when I can't get a grip on something.	1	2	3	4	5	6
15.	I prefer work that is familiar and within my comfort zone.	1	2	3	4	5	6
16.	I can handle anything that comes my way.	1	2	3	4	5	6
17.	Once I've made up my mind, I don't easily change it.	1	2	3	4	5	6
18.	I push myself to the max.	1	2	3	4	5	6
19.	My tendency is to focus on what can go wrong.	1	2	3	4	5	6
20.	When people need solutions, they come to me.	1	2	3	4	5	6
21.	When an issue is unclear, my impulse is to clarify right away.	1	2	3	4	5	6
22.	It pays to stay with the tried and true.	1	2	3	4	5	6
23.	I focus on my strengths not my weaknesses.	1	2	3	4	5	6
24.	I find it hard to give up on something even if it's not working out.	1	2	3	4	5	6
25.	I'm restless and full of energy.	1	2	3	4	5	6
26.	Things rarely work out the way you want them to.	1	2	3	4	5	6
27.	My strength is to find ways around obstacles.	1	2	3	4	5	6
28.	I can't stand to leave things undone.	1	2	3	4	5	6
29.	I prefer the main highway to the back road.	1	2	3	4	5	6
30.	My faith in my abilities is unshakable.	1	2	3	4	5	6
31.	When in Rome, do as the Romans do.	1	2	3	4	5	6
32.	I'm a vigorous and passionate person.	1	2	3	4	5	6
33.	I'm more likely to see problems than opportunities.	1	2	3	4	5	6
34.	I look in unusual places to find solutions.	1	2	3	4	5	6
35.	I don't perform well when there are vague expectations and goals.	1	2	3	4	5	6

SOURCE: Robert Kriegel and David Brandt, *Sacred Cows Make the Best Burgers*

Personal Change Readiness Survey Results Form

This survey measures the following seven traits of change readiness:

1. **Passion:**
   Excitement, willingness to give 100 percent all the time, anxious to get going
2. **Resourcefulness:**
   Excellent problem solving skills
3. **Optimism:**
   Good cheerleaders, great during the storming phase of team development

4. **Adventurousness:**
   Great starters, risk takers
5. **Adaptability:**
   Flexible, willing to look at unique, new ideas
6. **Confidence:**
   Helps keep the team on track
7. **Tolerance for Ambiguity:**
   Good at understanding various viewpoints

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Instructions:

1. **Passion:** Add questions 4, 11, 18, 25, 32 for the total **Passion** score.
2. **Resourcefulness:** Add questions 6, 13, 20, 27, 34 for the total **Resourcefulness** score.
3. **Optimism:** Add questions 5, 12, 19, 26, 33; subtract this total from 35 for the **Optimism** score.
4. **Adventurousness:** Add questions 1, 8, 15, 22, 29; subtract this total from 35 for the **Adventurousness** score.
5. **Adaptability:** Add questions 3, 10, 17, 24, 31; subtract this score from 35 for the **Adaptability** score.
6. **Confidence:** Add questions 2, 9, 16, 23, 30 for the total **Confidence** score.
7. **Tolerance for Ambiguity:** Add questions 7, 14, 21, 28, 35; subtract this total from 35 for the **Tolerance for Ambiguity** score.

Optimal range for all seven (7) traits is 22-26 points.

Personal Scores	Less than 22 Points	22-26 Points	Over 26 Points
Passion			
Resourcefulness			
Optimism			
Adventurousness			
Adaptability			
Confidence			
Tolerance for Ambiguity			

Stages of Team Growth

	Forming	Storming	Norming	Performing	Transforming
Behaviors	• Politeness • Tentative joining • Unstable membership • Orienting personally and professionally • Gathering impressions • Hidden agendas • Cliques may form • Need for safety and approval	• Struggles over purpose/goals • Vying for leadership • Differences in points of view and personal style become evident • Lack of role clarity • Reliance on voting, arbitration, leader-made decisions • Team organizing itself and work	• Cohesion, harmony • Balanced influence • Open-minded • Trust builds • Comfortable with relationships • Cliques dissolved • Focus and energy on tasks • Planning how to work as a team • Confidence and creativity high	• Team fully functional • Roles clear • Interdependent • Team able to organize itself • Flexible • Members function well individually, in subgroups, or as a team • Empathy for one another	• Internal or external forces bring about renewal, change or dissolution • Momentum slows down • Activities mark the ending or renewal of team efforts • Team transforms its goals
Team Identity	• Individual identity prevails	• Individual identity still strong; team identity begins to build	• Team identity emerges	• Team identity strong	• Team identity dissolves or renews
Leader's Role	<u>Visionary and Director</u> • Provide structure and clear task direction • Allow get-acquainted time • Create atmosphere of confidence, optimism • Active involvement	<u>Facilitator and Teacher</u> • Acknowledge conflict • Guide toward consensus • Get members to assume more task responsibility • Teach conflict resolution methods • Offer support and praise • Active involvement	<u>Coach and Sponsor</u> • Give feedback and support • Plan celebrations • Allow for less structure • Continue to focus on building strong relationships • Less involvement	<u>Consultant and Sponsor</u> • Give positive reinforcement and support • Offer consultation • Keep channels of communication open • Share new information • Allow team to organize itself and to test new procedures	<u>Facilitator and Visionary</u> • Help team develop options for renewing or disbanding • Guide the process • Help team design its "rituals" for renewal or ending • Offer sincere appreciation for team's accomplishments
Team Members' Role	• Ask questions to get clear about team's initial tasks • Avoid cliques • Get to know each member • Have patience with the process • Listen • Suspend judgment	• Consider all views • Initiate ideas • Aim for synergy • Help team reach consensus on goals, purpose, roles • Build solutions from everyone's needs • Accept conflict as natural • Respect diversity of team members	• Take responsibility to influence how team works • Keep a realistic outlook • Avoid harmony for sake of harmony • Be flexible • Support efforts to build "team spirit" • Initiate and consider new ideas	• Keep goals in mind • Maintain flexibility • Continue consensus process • Complete action items • Provide information to team • Support and verify team norms • Keep momentum going	• Accept need for team to "move on" • Participate fully in efforts to end or renew team • Help evaluate team's success • Carry forth learning to next team effort

Stages of Team Growth

	Forming	Storming	Norming	Performing	Transforming
Pitfalls (Ways to get stuck in this stage)	• Staying too polite • Lack of clear direction	• Lack of conflict resolution skills • No one to facilitate conflict resolution • Individuals stuck on own agendas • "Turf wars" and "tree hugging"	• "Groupthink" • Comfort • Focus too much on relationships, ignore tasks • Unwilling to take risk • External change which may alter team's purpose	• "Burnout" • Team not evaluating and/or correcting itself • Lack of training • OK to stay here if productive	• Failing to renew when it's time • Renewing too soon • Unwilling to disband team when its work is done • Not honoring the process of transforming
Bridge to Next Stage	• Adequate comfort level	• Collective "win"	• Confidence, risk-taking	• Reflection, evaluation	• A definite ending, change or renewal
Conflict	• Low	• High	• Low	• Healthy conflict • Team has learned ways to resolve differences	• Low
Output	• Low	• Low	• Low-Medium	• High	• Temporarily tapers off or ends

* SOURCE: Based on Bruce Tuckman's classifications of the stages of group development (1965). *Psychological Bulletin,* Vol.63, pp.384-399

Rapid Improvement Event Report – 30/60/90 Days

EVENT					
OBJECTIVES					
IMPROVEMENTS					
ROAD BLOCKS					
KEY MEASURES *Attach graphs/tables*	**Baseline**	**30 Day**	**60 Day**	**90 Day**	**Goal**
Metric					
Metric					
Metric					
Metric					
REMAINING ACTION ITEMS					

Submitted by:
Date: