



The Technical and Human Sides of Problem Identification

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Heads Up!



To Mute and Unmute



Press: *6

Let's Interact!



Learning Objectives

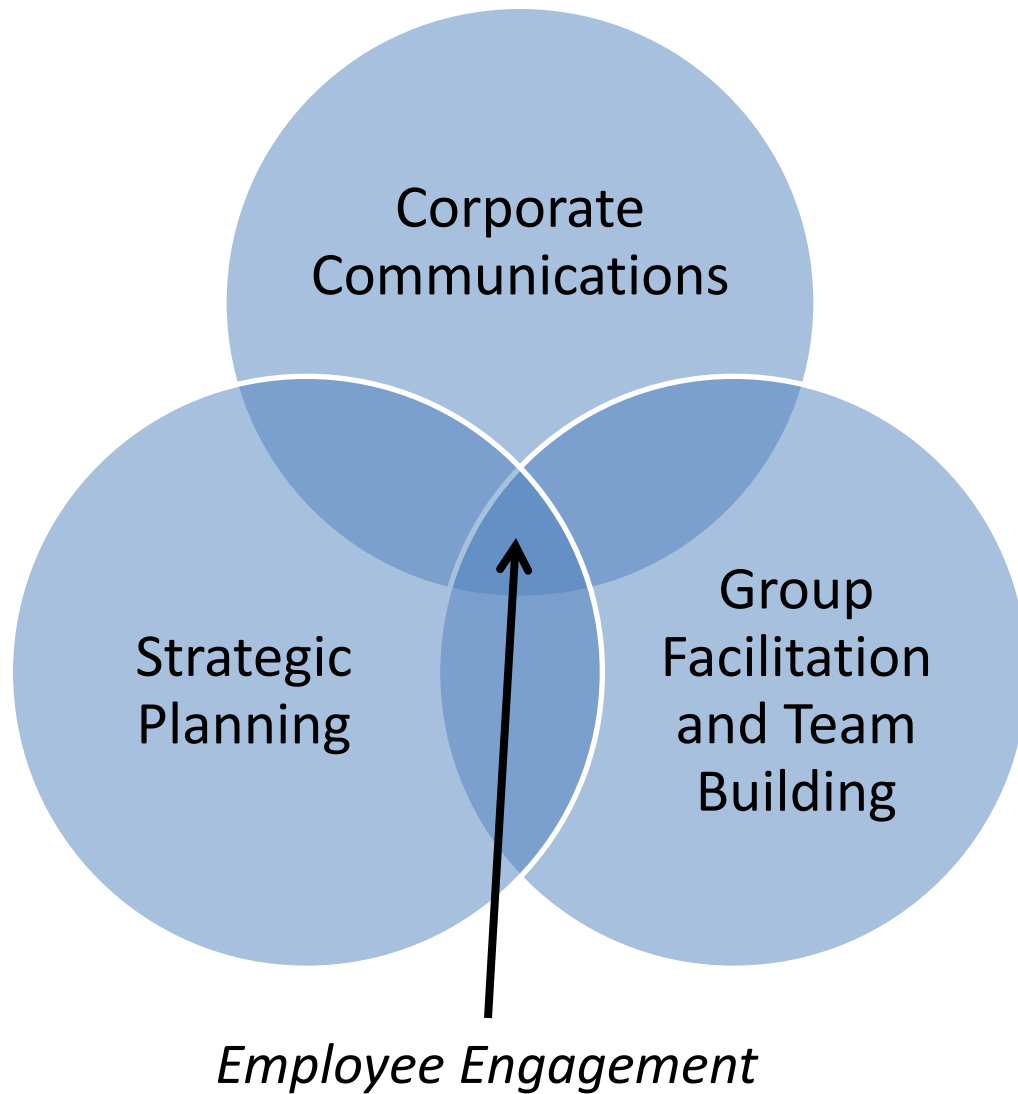
By the end of this session, participants will be able to:

- 1) Explain why it is critical to engage clinicians, staff and leaders in problem identification
- 2) Choose the most appropriate problem identification tool for engaging specific stakeholders

Learning Objectives 2.0

By the end of this session, participants will be able to:

- 1) Recognize the relationship between employee engagement and quality improvement;
- 2) Understand the importance of timing when it comes to involving staff, clinicians and leaders in the QI process;
- 3) Explain why problem identification is the most critical step of the QI process.



What is employee engagement?

A workplace approach resulting in the right conditions for all members of an organization to **give of their best** each day, committed to their organization's goals and values, **motivated to contribute** to organizational success, with an **enhanced sense of their own well-being**.

engageforsuccess.org/what-is-employee-engagement

Engagement is a **two-way phenomenon**, with an onus on the organisation to **establish conditions encouraging engagement** and the opportunities for it to be manifest.

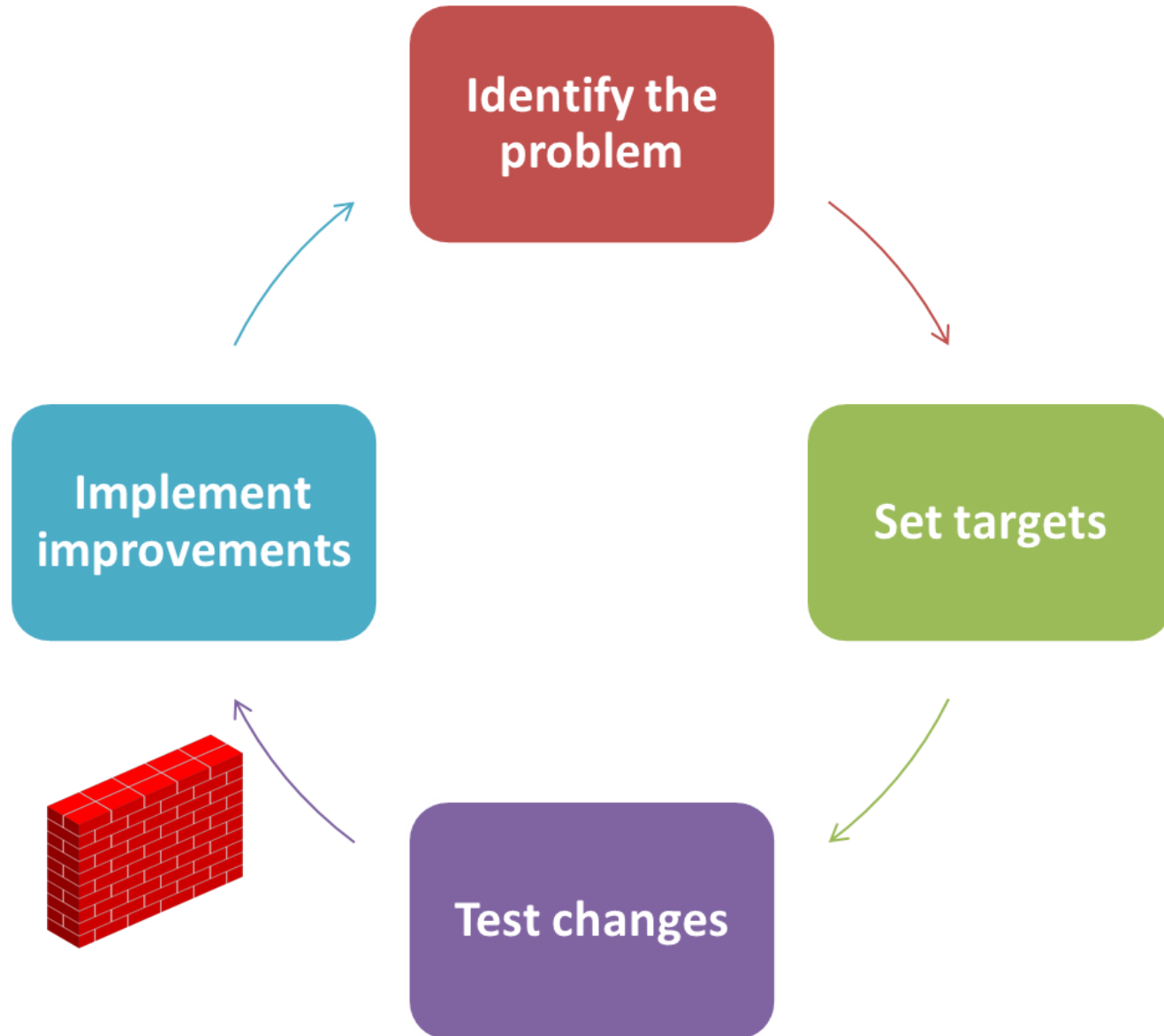
Pannick S, Sevdalis N, Athanasiou T. *BMJ Qual Saf*

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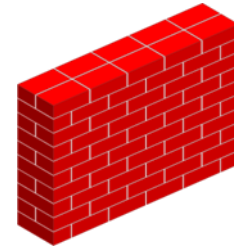
A perspective view of a long, narrow wooden suspension bridge crossing a river. The bridge is made of weathered wood and has a simple railing. The sun is shining from the right, casting long, dark shadows of the bridge's structure onto the wooden planks of the deck. The background is filled with dense green trees, suggesting a forested area. The overall mood is contemplative and serene.

Are we building
a bridge or
a barrier?

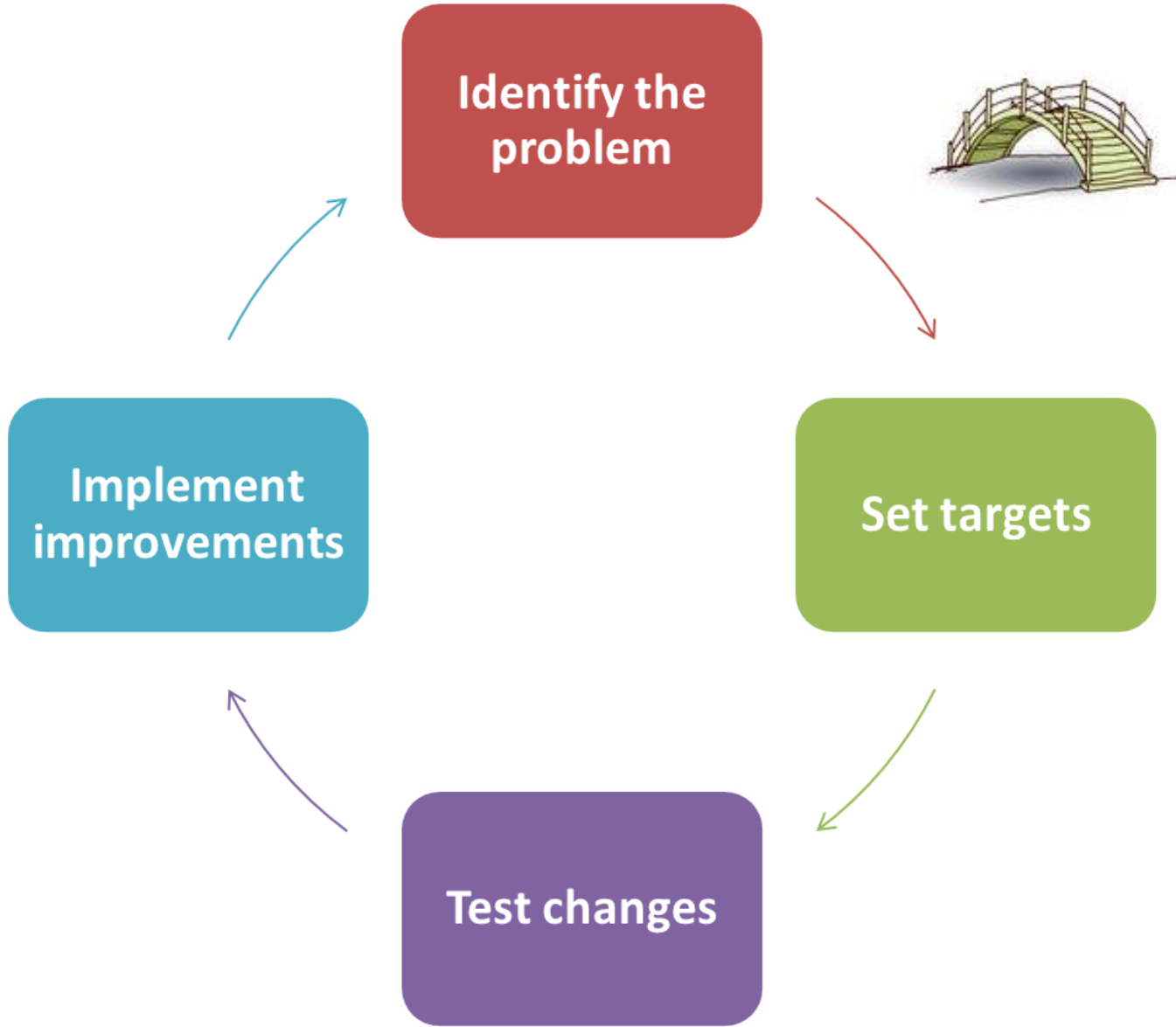
When and how we involve employees, clinicians, and leaders in the improvement process will determine whether employee engagement is a bridge or a barrier to quality improvement.



Building a Barrier



- QI as ‘extra work’ – asking me about a problem that doesn’t matter to me
- Active disengagement – they aren’t asking me about the important stuff
- Changes have disrupted my work without me having a say
- Earthquake effect – a change elsewhere has shaken the foundation of my work... and I don’t know why



‘Problem identification’ is the best time to demonstrate **respect for people** and **set the right conditions** for employee engagement throughout the improvement process.

Building a Bridge



- Beyond token-ism
- Two-way, honest and open communication
- Understand what the problem means to all – eliminate assumptions
- Not only data-driven – human side to this

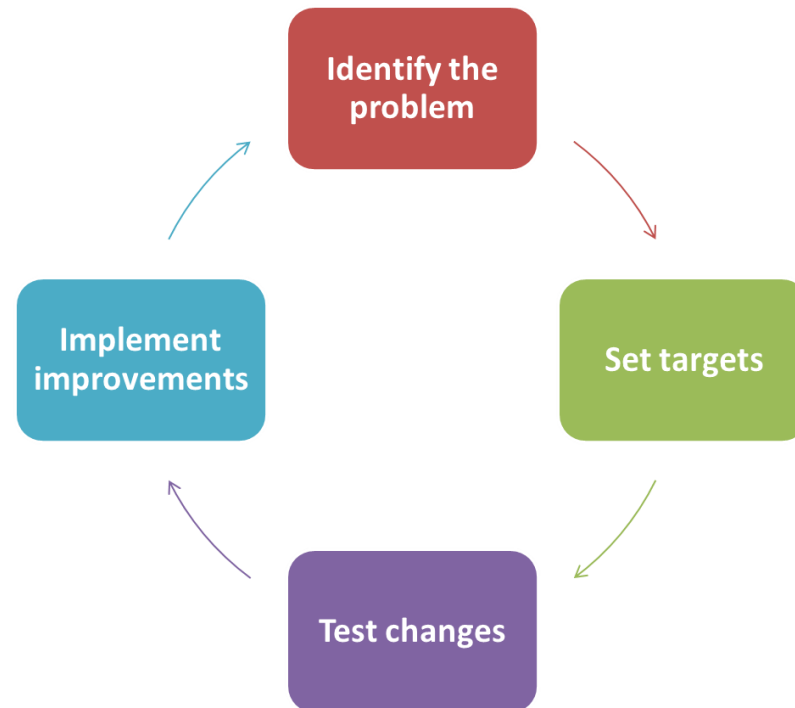
If you address change with openness and without hidden agendas, aiming to collectively seek solutions, and you are ready to work with emerging ideas rather than top-down prescriptions, you will establish the trust necessary for sustainable change, and your staff will help you drive it. With full involvement, they change it, they own it.

Who are stakeholders?

- Use your root-cause analysis process to identify all the groups (and subgroups!) of people we need to hear from.
- Go to where they are
- Ask each stakeholder group: who else should we talk to? Who may see this problem differently than you do?
- What about middle managers?
- Patients?

Two examples

- Blood work requisition
- Interdisciplinary Bedside Rounds



Blood work requisition

- Identify problem: Too many tests being ordered by physicians
- Set target: By October 31, 2016, inappropriate orders as identified by lab staff will be reduced by 50%.
- Test changes: Lab requisition form is redesigned, removing most over-ordered tests as a standard option and forcing physicians to write those tests out.

Blood work requisition

- Physicians are consulted after the first redesign of the req for their feedback.
- What do you think the physician response and engagement level will be?
- How could involving physicians in the problem identification have changed the scenario?

Interdisciplinary Bedside Rounds

- Identify problem: Skipped this step, because the target has been given to us
- Set target: IDBR will be fully implemented in Saskatchewan acute care facilities by August 30, 2016.
- Test changes: Adjust standard work as required for each facility

Interdisciplinary Bedside Rounds

- Even though we know that IDBR are the right thing to do, what are the dangers of skipping the 'identify problem' stage?
- Who are the various stakeholders who may have differing takes on the 'problem' that is being solved by IDBR?
- How could implementation be improved by identifying the problem for each facility?

Think and Act as One

- Involving many stakeholders at the problem identification stage also ensures alignment of QI priorities and initiatives

Recommended Reading – BMJ Quality & Safety

- [Beyond clinical engagement: a pragmatic model for QI interventions, aligning clinical and managerial priorities](#)
- [What happens when healthcare innovations collide?](#)
(Alberta Health Services example)

Technical AND Human Sides

Human side:

- Leadership Beliefs -> Behaviours -> Competencies
 - **Believe** that the experiences of employees on the gemba are valid, worth understanding, and important to success
 - **Behave** in a way that demonstrates this; always make time for problem identification from a point of genuine curiosity
 - Become **competent** in using tools to do this

(On my to-read list: [*Moving Forward Faster: The Mental Evolution from Fake Lean to REAL Lean*](#), Bob Emiliani, 2011)

Moving on to the how...

Human side:

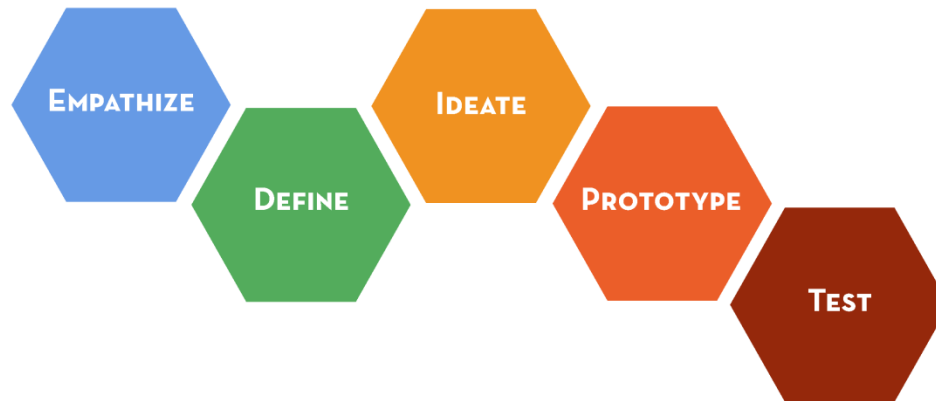
- [Crucial Conversations](#) – start the problem identification process by being honest about your (or the project team's) intentions. Are we ready to hear what people have to say?
- Can we go beyond hard data?
“Where soft intelligence challenges the dominant picture, this should be valued as an opportunity rather than dismissed as an anomaly.”

[- Beyond metrics? Utilizing 'soft intelligence' for healthcare quality and safety](#)

Moving on to the how...

Bridging the Human and Technical:

- [Design Thinking](#) starts with empathy, then moves to defining the problem



- [Experience-based design](#) – how does a patient feel at each step of a process. Can we co-design a better way?

Moving on to the how...

Technical side:

- Value-stream mapping
- Root cause analysis
- Fishbone Diagram
- Driver diagram
- A3

BUT need to *socialize* these outputs widely in order to fully use them for problem identification

Socializing vs. communicating

- Two-way street
- “It’s far better to have difficult conversations and gain (leadership) commitment to the activity up front...” – *Value Stream Mapping: How to visualize work and align leadership for organizational transformation, Karen Martin and Mike Osterling*

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- Does this resonate with you?
- Any experiences to share that support or challenge this hypothesis?
- How might we measure or further study the impact of involving staff in problem identification on employee engagement scores?
- Any recommended reading?
- Other thoughts?