

Improvement Initiative Assessment Tool

A tool to calculate a “Sustainability Score” and to understand why an improvement project succeeds or fails



How to use this Tool



1. Understand how this tool is arranged:

- This assessment is based on the 4 critical components to sustainable performance improvement:
 - **Process** – the rigor and consistency with which the healthcare team employs user-built processes of care
 - **Accountability** – the creation and support of a culture with a sense of psychological safety where it is both safe and expected that team members will speak up and hold each other accountable to use the processes of care they have agreed to use
 - **Measurement** – transparently sharing the metrics that document the success of the performance improvement initiative in such a way that from 10 feet away and within 3 seconds, the team can tell if they are better than they were in the last reporting period
 - **Leadership Action** – the specific change-management actions that leaders take to ensure the success of the first three components of change

2. Assess recent performance improvement initiatives against the items in this tool.

- Using the performance markers for each of the 4 components described above, interview key leaders for the initiative being assessed and determine whether or not each performance marker was accomplished. If the marker was accomplished, place a check mark in the appropriate box in the appropriate column. If the marker was not accomplished, leave the box blank.

3. Calculate the “Sustainability Score.”

- When all assessment items have been completed, add up the total number of check marks and divide that sum by 32 (the total number of assessment items)
 - Example: 18 checkmarks divided by 32 assessment items yields a sustainability Score of 56.2%.

4. Determine what actions must be taken to improve the sustainability of the recent initiative.

- Analyze the performance markers without a checkmark. Rank order those markers in terms of greatest impact on sustainability. Use the result of this analysis to create a list of action steps.



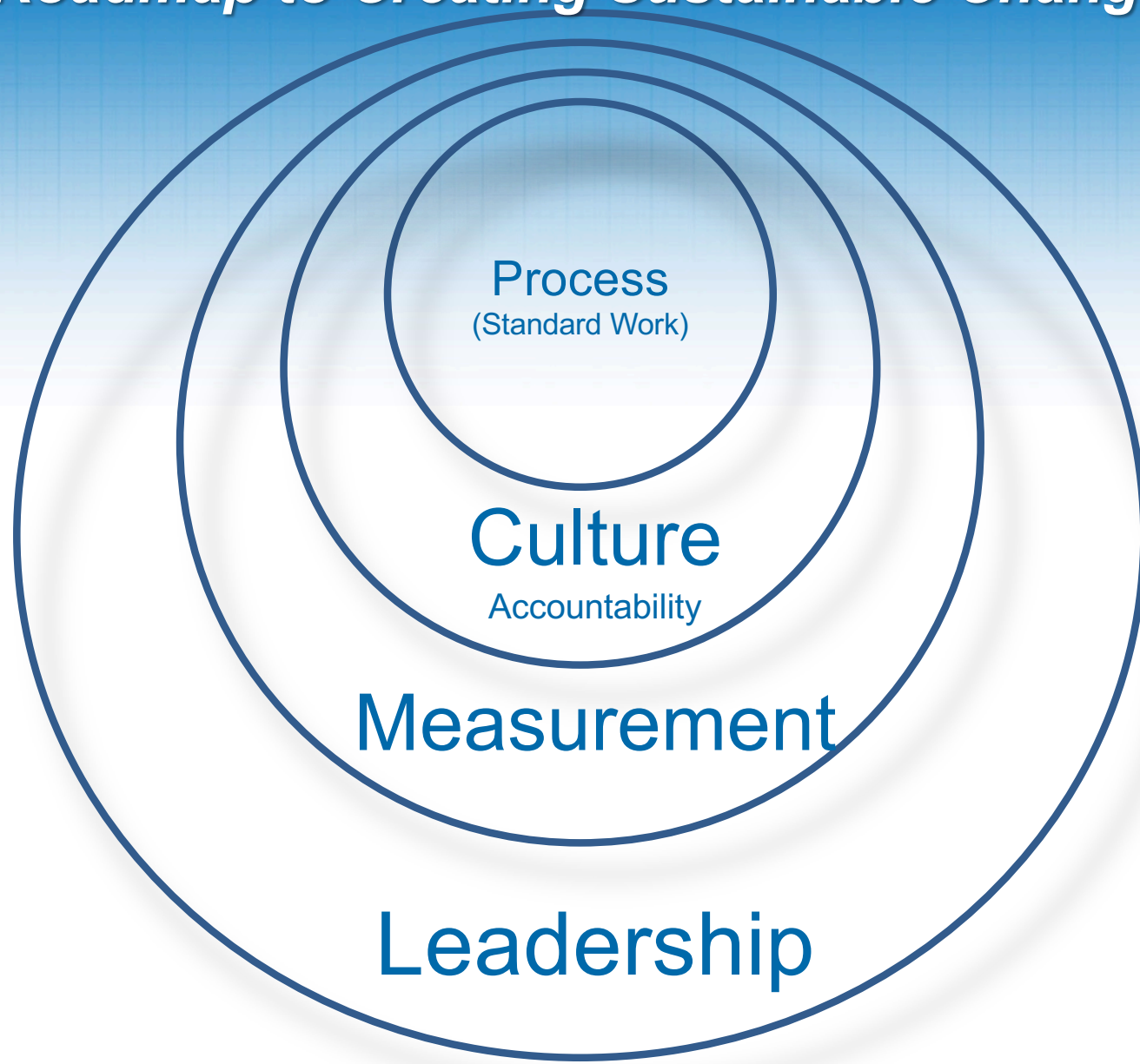
Executive Summary



1. Name of unit or service line assessed:
2. Name of performance improvement initiative:
3. Purpose/goal/desired result of the initiative:
4. Name(s) of unit leader(s) responsible for the initiative that were interviewed with this assessment:
5. Sustainability Score:



Roadmap to Creating Sustainable Change



Leadership Actions



Item	Action	N/A	Accomplished
1	Identified desired Key Results and quantified them (Answered, "How do we know we won?")		
2	Created an interdisciplinary leadership change team of key stakeholders		
3	Recruited and effectively created engagement and alignment with key physician champions		
4	Identified likely barriers and developed a plan to overcome them		
5	Revised appropriate Policies & Procedures mandating the use of new processes (Codifying our work)		
6	Determined the culture needed to support our change and in the process of prescriptively creating that culture with Results Accelerator/Table of Experiences		
7*	Coached low performers (if needed) & imposed consequences where needed		
8*	Created & followed a systematic communications plan explaining the "why" and "how"		
9*	Created & followed a systematic leadership rounding program to support the change		
10*	Revised annual performance reviews & job descriptions to support use of new processes		



Measurement

Item	Action	N/A	Accomplished
1	Selected change initiative metrics that are consistent with hospital strategic goals		
2	Selected key results that energize and motivate front line staff & physicians		
3	Created and implemented a data collection and analysis system to measure results		
4	Collected and analyzed “leading” data (e.g. behaviors) to predict success on “lagging” data (e.g. results)		
5	Transparently shared leading and lagging data with the frontlines		
6	Posted data (scorecards) that comply with the “10 feet - 3 seconds” rule		
7	Systematically and frequently updated the transparently shared data (scorecards)		



Culture of Accountability



Item	Action	N/A	Accomplished
1	Provided teamwork and communications training to support the change initiative		
2	Provided experiential, interdisciplinary training on cross-checking & speaking up when a problem with patient care is perceived		
3	Implemented (or have already) a 'No-retribution" policy		
4	Implemented (or have already) an "Escalation Policy"		
5	Implemented (or have already) & systematically used a Recognition & Reward Program		
6	Implemented (or have already) and systematically used a Good Catch Program		
7	Revised appropriate Policies & Procedures with verbiage supporting/requiring cross-checking and speaking up when a problem with patient care is perceived		
8	Created a system to train new hires on cross-checking and speaking up		



Process



Item	Action	N/A	Accomplished
1	Used scientific process improvement tools (A3, VSM, PDCA, etc.) to create new processes		
2	Used frontline staff to create & implement new processes		
3	Used frontline physicians, where appropriate, to create & implement new processes		
4	Codified new process(es) with standard work chart, Job Instruction Breakdown Sheet*, Checklist, or Algorithm, etc.		
5	Provided training and education to all team members on the use of new processes		
6*	Implemented Leader Standard Work to support ongoing improvements and refinements of new processes		
7	Assigned a specific owner of each new process so staff know who to approach with suggested improvements		

Add up the number of checkmarks in the “Accomplished” column and divide by 32 (minus the number of checkmarks in the “N/A” column). The resulting percentage represents your “Sustainability Score.”



Notes /Recommended Action Steps (if any)

