

Quality Data Training

**November 11-14, 2025
Iloilo City, Iloilo, Philippines**

Day 3

Community Garden



Sample Block Diagrams

**Case
Management
Encounter**

**Client
Arrives**

**Client
Assessment**

**Client Care
Planning**

**Education
& Referral**

**Client
Leaves**

**Primary HIV
Care Visit**

**Patient
Checks-In**

**Patient
Screenings**

**Provider
Encounter**

**Care Plan &
Referrals**

**Patient
Checks-Out**

**HIV Testing
Encounter**

**Client
Arrives**

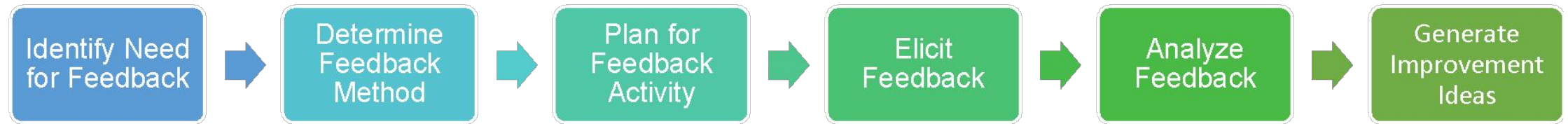
**Pre-Test
Counseling**

**HIV
Screening**

**Post-Test
Counseling**

**Client
Leaves**

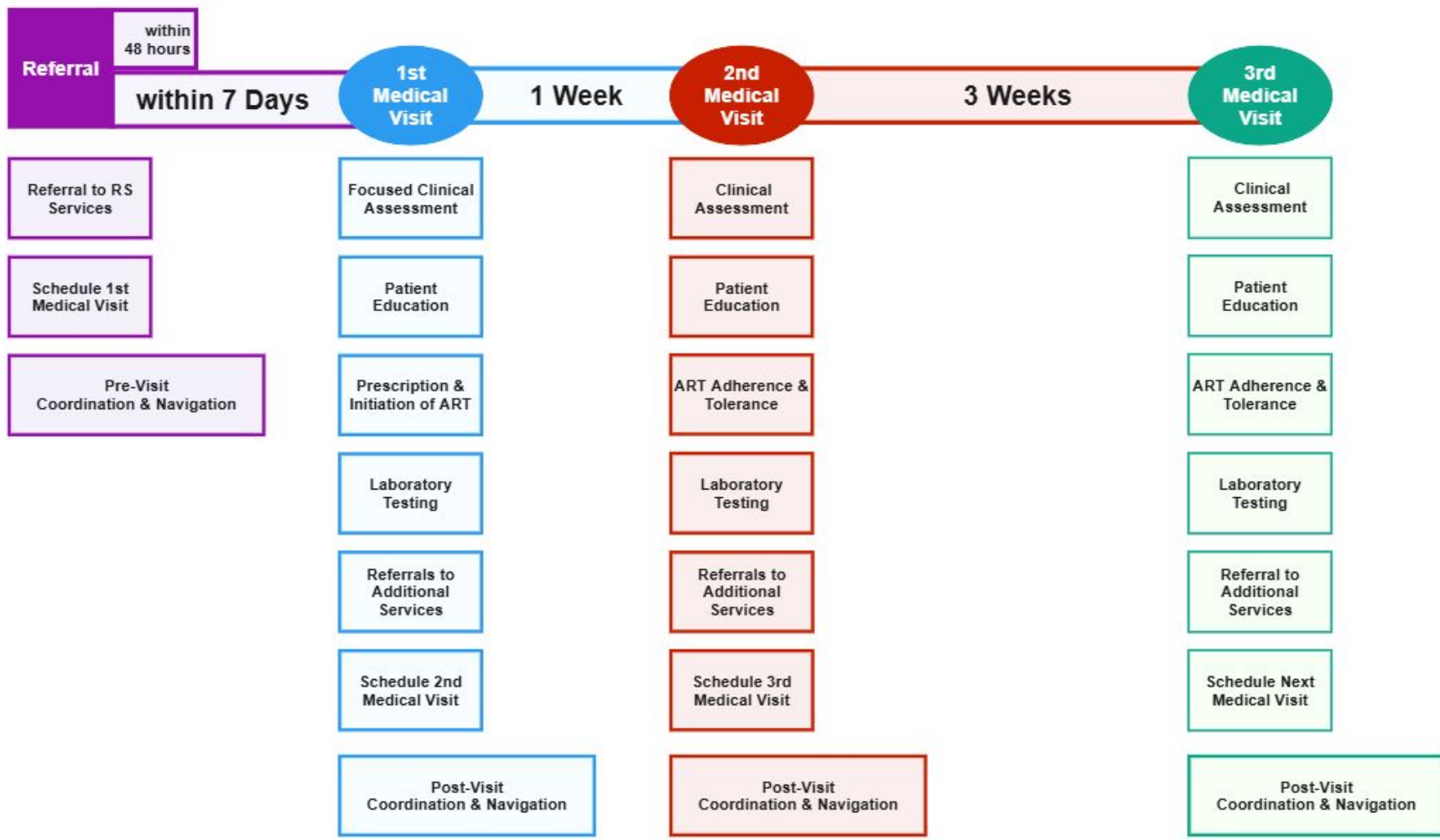
Block Diagram – Client Feedback



Jump Start Program Block Diagram



4-5 Week Rapid Start Intervention Period



Community Agreement

- Be Present
- Actively Participate
- Ask Questions (Be Courageous)
- Step Up & Step Back
- Maintain a Growth Mindset
- Manage Your Technology (cellular phones, tablets, laptops)

Agenda

Drilling Down the Data & Data Drill Down Activity

Break

The Pareto Principle & Generating Pareto Charts Activity

Lunch

Plan-Do-Study-Act (PDSA Cycles)

The Marshmallow Challenge

The 5 Dysfunctions Team & Team Assessment

Managing Resistance to Change

Closing and Evaluation

Improvement Action Plans

Reminder

Teams will develop an action plans to better use data to make improvements and improve communicate with stakeholders.

The plans might involve better understanding and addressing any of the following:

- Data quality and analysis challenges
- Data collection and reporting challenges
- Health care systems barriers
- Patient & population barriers
- QI Teams and activities
- Communications with stakeholders

Data Quality & Analysis

Data Collection & Reporting

Health Care Systems

Patients & Populations

QI Team & Activities

Stakeholder Communication

Drilling Down the Data

Lecture



**Low Performance
on Key Indicator**



**Investigate to
Understand and
Address Issue**



What is Drilling Down Data?

Drilling Down Data is a process of ...
analyzing your clients care data ...
in increasing detail ...
to understand who is getting the expected
outcome and who is not.

Steps to Drilling Down Data

1

Identify clients who do not meet the measure criteria

2

Assess reasons each client does not meet the criteria

3

Make a table and tally the reasons to identify the common issues

4

Develop plans to the address the most common issues

Identify Patients

Step 1

- Select a measurable outcome of interest
 - Example: Viral Load Suppression
- Run the measure to identify those patients who are not in the numerator of the report (i.e., those patients who are not getting the expected outcome)
 - These are the patients that are likely experiencing barriers

Identify Reasons

Step 2

- Identify reasons each patient does not meet the criteria.
- Use all available patient data as needed to identify any barriers such as:
 - Patient demographics & characteristics data (e.g., age, gender, location, etc.)
 - Patient assessment data
 - Patient healthcare utilization data
 - Patient-reported and clinical outcomes data
 - Patient experience data

Develop Targeted Plans

Step 4



Now that the team knows which barriers are having the most impact, they can begin to address each barrier with a targeted plan to:

- (1) address those currently experiencing the barrier
- (2) prevent others from experiencing it in the future**

**Let's
Practice**

Data Drill Down Activity Instructions

Review the aggregate outcome data and patient characteristics for Medication Pick-Up

Compare client characteristics to identify common characteristics or demographics for those patients **who do not pick up** their medication.

Determine whether the data suggest that there are **subgroups** (a percentage) of patients who did not pick up their medication who have a similar set of characteristics?

Aggregate Outcome Data

PATIENT	Pick-Up	Housing	Age	Gender	Substance Use	Mental Health
PATIENT 1	YES	HOUSED	50	FEMALE	NONE	NONE
PATIENT 2	NO	HOMELESS	20	FEMALE	IDU	DEPRESSION
PATIENT 3	NO	HOMELESS	25	FEMALE	IDU	DEPRESSION & PTSD
PATIENT 4	NO	HOMELESS	22	MALE	NONE	DEPRESSION & ANXIETY
PATIENT 5	YES	HOUSED	18	FEMALE	IDU	NONE
PATIENT 6	YES	HOMELESS	28	MALE	NONE	NONE
PATIENT 7	NO	HOUSED	41	MALE	COCAINE	DEPRESSION & PTSD
PATIENT 8	YES	HOUSED	48	MALE	NONE	NONE
PATIENT 9	NO	HOMELESS	24	MALE	IDU	NONE

Trends

PATIENT	Pick-Up	Housing	Age	Gender	Substance Use	Mental Health
PATIENT 2	NO	HOMELESS	20	FEMALE	IDU	DEPRESSION
PATIENT 3	NO	HOMELESS	25	FEMALE	IDU	DEPRESSION & PTSD
PATIENT 4	NO	HOMELESS	22	MALE	NONE	DEPRESSION & ANXIETY
PATIENT 7	NO	HOUSED	41	MALE	COCAINE	DEPRESSION & PTSD
PATIENT 9	NO	HOMELESS	24	MALE	IDU	NONE

Housing	Age	Gender	Substance Use	Mental Health
4/5 (80%) Homeless	4/5 (80%) Ages 20-30	3/5 (60%) Male	3/5 (60%) Alcohol	4/5 (80%) Depression (+)
1/5 (20%) Housed	1/5 (20%) Ages 40-50	2/5 (40%) Female	1/5 (20%) Cocaine	1/5 (20%) None

Drill-Down In Action

Identify Patients

Step 1

1125

Total
Patients



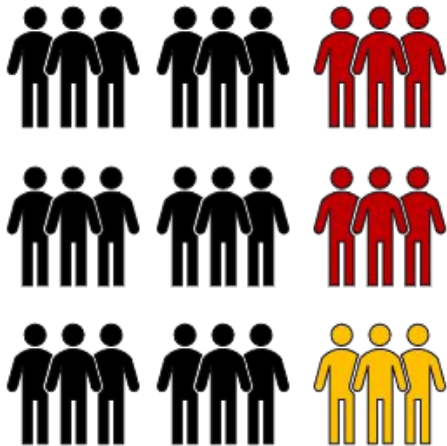
189

Not
Suppressed



16

Excluded



173

Unsuppressed
Clients



Identify Reasons

Step 2

Preparations

- Staff prepared a case review tool which included a mix of client data (demographic, clinical, service utilization, psychosocial)
- Staff were assigned to present the client to the team
- The team asked questions and documented identified barriers and potential strategies

Multidisciplinary Team

- Physician
- Nurse Care Manager
- Medical Case Manager
- Patient Navigator
- Linkage Specialist
- Client (Person with HIV)

Identify Reasons

Step 2

Document important data

Next Medical Visit

Most Recent Viral Load

Track Identified Barriers

Document discussions for follow-up

GARDEN STATE INFECTIOUS DISEASES ASSOCIATES
VIRAL SUPPRESSION PLAN TRACKER

Date	
Patient	
Physician	
Case Manager	
Next Visit	

ASSESSMENT

- Insurance Barriers
- Substance Use
- Mental Health
- Multi-Drug Resistant Virus
- Long Term Non-Progressor/Elite Controller
- Declined Treatment
- Suppressed
- Lost to Care

REFERRAL

- Refer to Patient Navigation
- Refer to Case Management
- Refer to Nursing
- Refer to Physician

ACTION

- Schedule Medical Visit
- Order Current Labs
- Other (See Notes)

Notes:

Referred to: _____
Date: _____

Outcome:

GSIDA Staff: _____ Date: _____

Identify the Reasons

Step 2

Using a prepared template with common barriers can increase Drill Down Session efficiency and save time aggregating the data.

As teams discover new barriers, revise the template to include the new categories.

- Untreated Mental Health Disorder
- Active Substance Use
- Unstably Housed
- Un-/Underinsured
- Transportation
- No Next Medical Visit Scheduled
- No Laboratory Test Ordered
- Multi-Drug Resistant Virus

Tally the Reasons

Step 3

Barrier	Number
No Scheduled Medical Visit	39
Untreated Mental Health Disorder	12
Insurance (un/under-insured)	9
Lost to Care & Follow-up	8
Active Substance Use Disorder	7
Multi-Drug Resistant Virus	2
Long-Term Non-Progressor	1
Declined Treatment	1

Develop Targeted Plans

Step 4

FIX

- Create “not-in-numerator” report of clients with no next medical visit
- Refer clients to Linkage to Care Coordinator (LTCC)
- LTCC schedules visits for clients
- LTCC supports or refers as appropriate

PREVENT

- Create “Cue to Action” for client and provider
- Physician Cue
 - Use Appointment Cards
 - Give clients verbal and physical cue
- Client Cue
 - Appointment Card from Physician
 - Reminder Sign at Exit
- Quality Team will review Not-in-Numerator Report bi-monthly

53%



Questions



Data Drill Down Activity

Activity

Activity Instructions

Using the sample dataset or one of your own, conduct a drill-down to identify subgroups of patients.

If you are choosing to use your own dataset, please consult with faculty to ensure the available data are appropriate for a drill-down.

For the drill-down, complete steps 1-3:

1. Identify the patients who do not meet the numerator criteria
2. Assess the reasons the patients are not getting the expected outcome
3. Tally the reasons

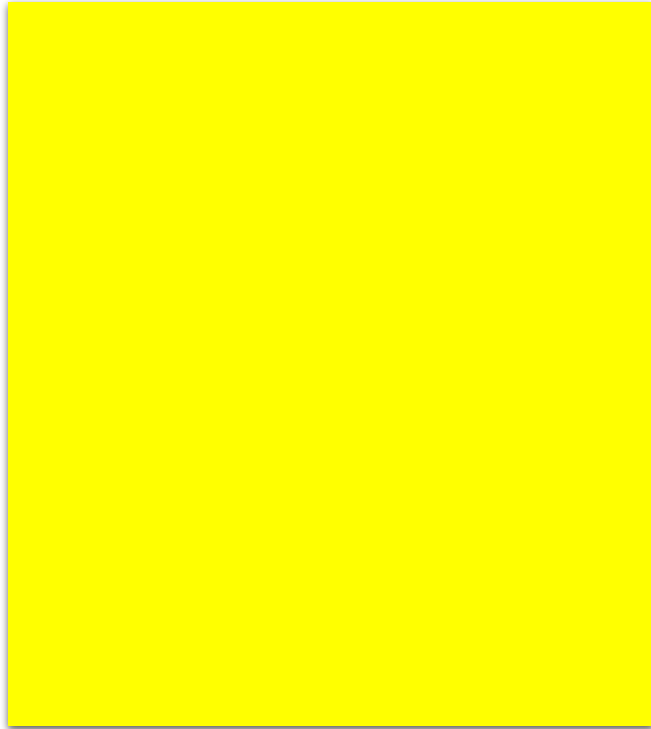
Debrief

PATIENT	Pick-Up	Housing	Age	Gender	Substance Use	Mental Health
PATIENT 2	NO	HOMELESS	20	FEMALE	IDU	DEPRESSION
PATIENT 3	NO	HOMELESS	25	FEMALE	IDU	DEPRESSION & PTSD
PATIENT 4	NO	HOMELESS	22	MALE	NONE	DEPRESSION & ANXIETY
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PATIENT 9	NO	HOMELESS	24	MALE	IDU	NONE

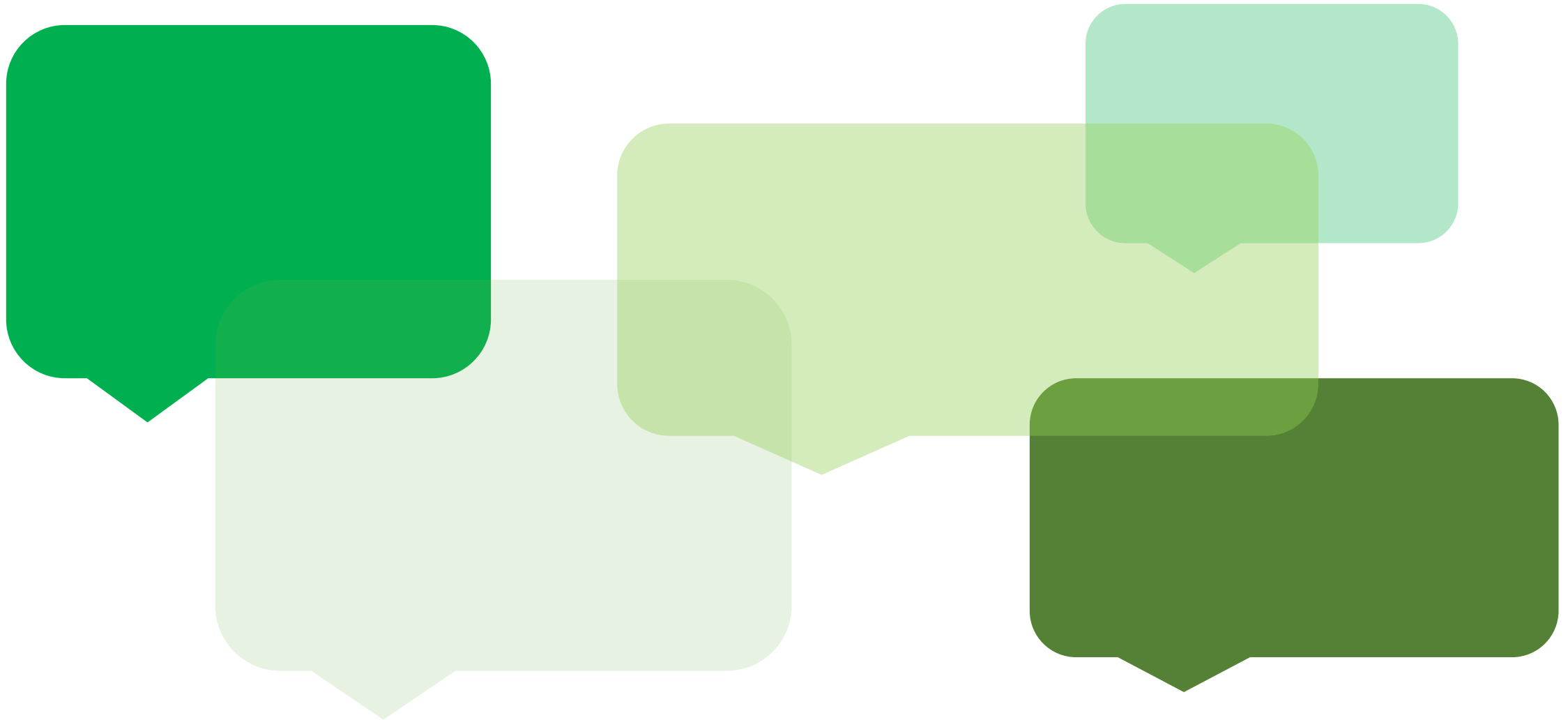
Housing	Age	Gender	Substance Use	Mental Health
4/5 (80%) Homeless	4/5 (80%) Ages 20-25	3/5 (60%) Female	3/5 (60%) Alcohol	4/5 (80%) Depression (+)
1/5 (20%) Housed	1/5 (20%) Age 41	1/5 (20%) Male	1/5 (20%) Cocaine	1/5 (20%) None



Check-In



Questions



BREAK

20 Minutes

The Pareto Principle

Lecture



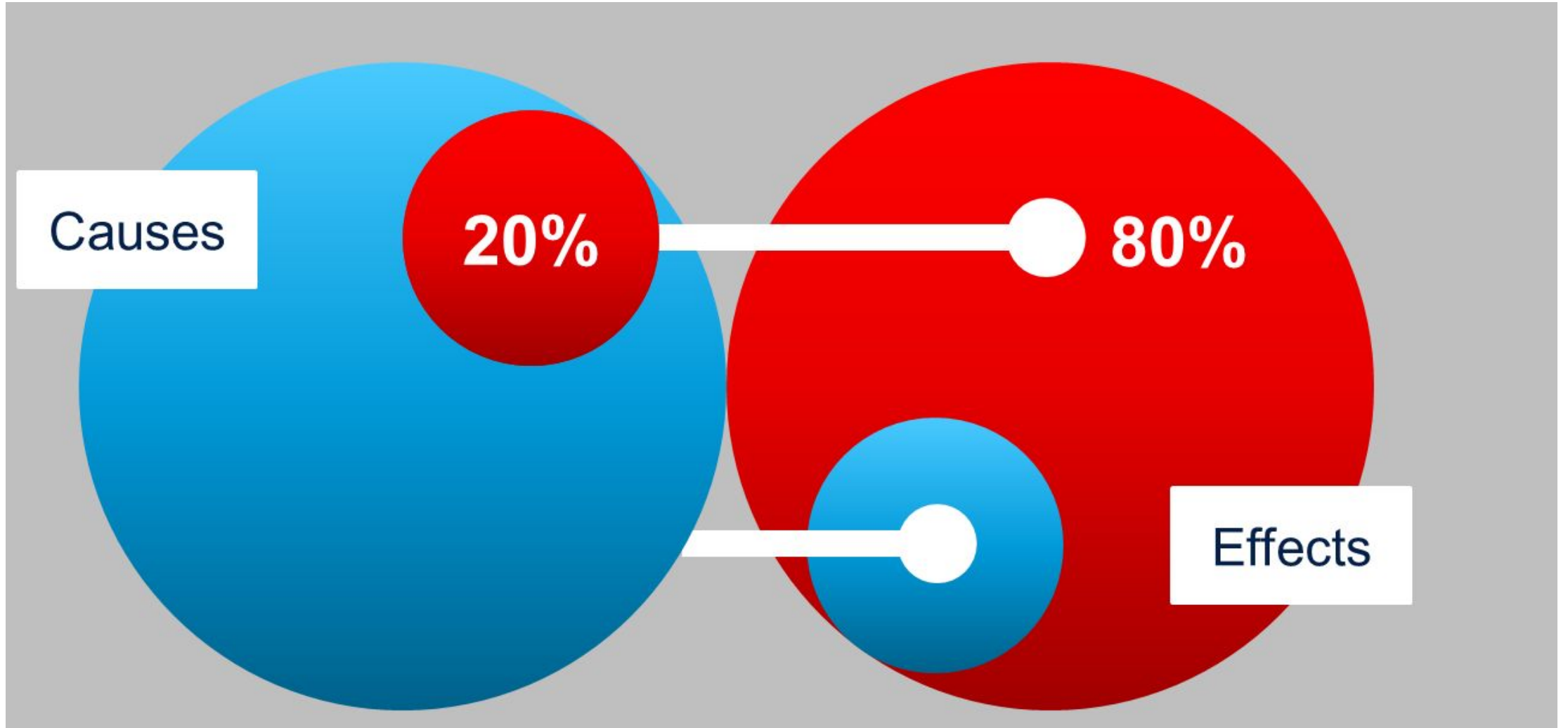
**Low Performance
on Key Indicator**



**Investigate to
Understand and
Address Issue**



The Pareto Principle





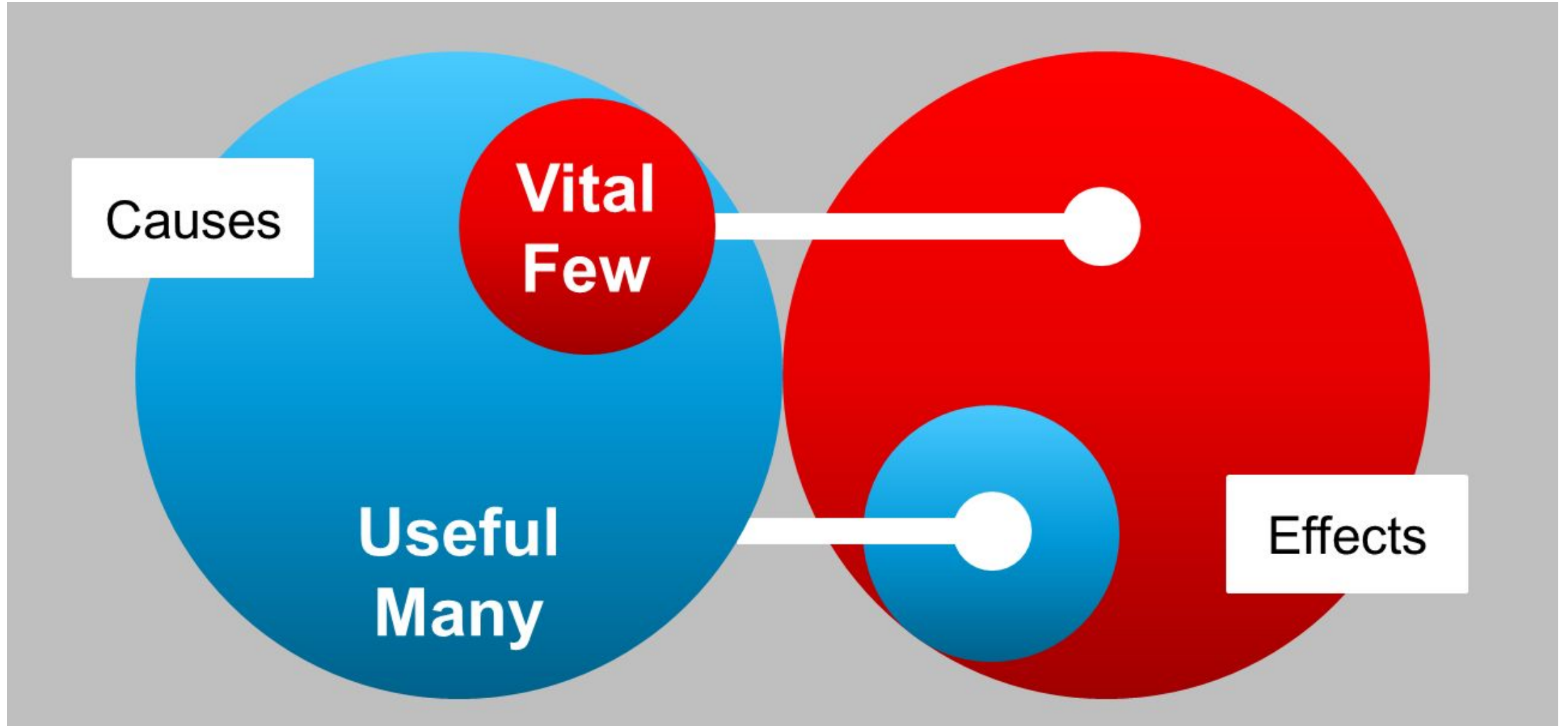
The Pareto Principle states that roughly 80% of consequences come from 20% of causes

- The 20% of causes are known as the "vital few"
- The remaining 80% are known as the "useful many"

The "**vital few**" causes are important to address at the systems-level because they are having such an effect (80%)

The "**useful many**" still describe barriers to care and should be addressed but they are not likely caused by the system

The Pareto Principle

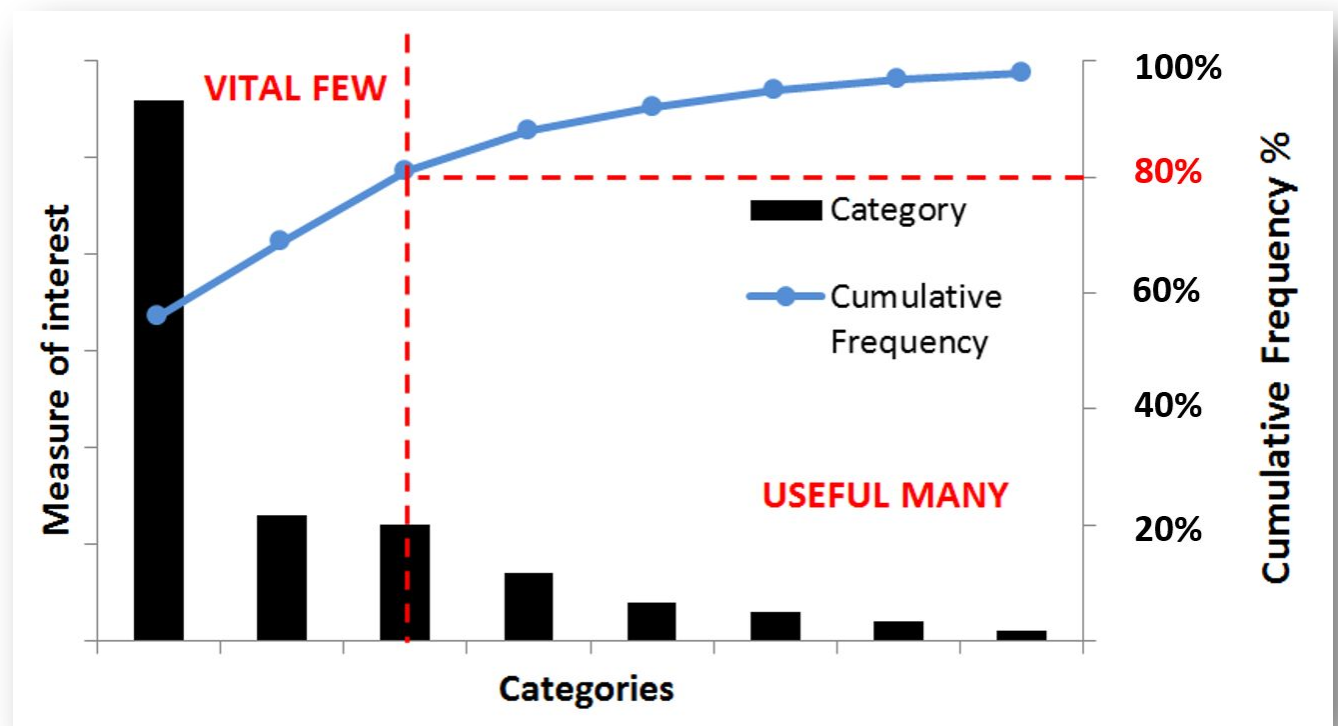


The Pareto Chart

A pareto chart is a specialized bar graph with a run chart.

The bars indicate the frequency of an event.

The run line represents the cumulative total.



The Pareto Chart

The purpose of a pareto chart is to help distinguish between those causes that are **affecting a lot of patients** and those which might only be **affecting a few patients**

Causes affecting a lot of patients indicate potential **systems issues**

Causes affecting a few patients might represent **intersectional barriers unique to the patient's experience** which are best mitigated through **tailored care and treatment**

Table of Barriers

Barrier	Number	Percentage
No Scheduled Medical Visit	39	49%
Untreated Mental Health Disorder	12	15%
Insurance (un/under-insured)	9	11%
Lost to Care & Follow-up	8	10%
Active Substance Use Disorder	7	9%
Multi-Drug Resistant Virus	2	3%
Long-Term Non-Progressor	1	1%
Declined Treatment	1	1%
Total	79	100%

<u>Barrier</u>	<u>Frequency</u>	<u>Percentage</u>
No Medical Visit	39	49%
UnMH	12	15%
Insurance	9	11%
Lost to Care	8	10%
SUD	7	9%
MDR	2	3%
LTNP	1	1%
Declined		1%



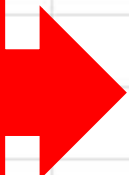
Input Data into Excel

	<u>Barrier</u>	<u>Frequency</u>	<u>Percentage</u>
4			
5			
	No Medical Visit	39	49%
	Mental Health	12	15%
	Insurance	9	11%
9	Lost to Care	8	10%
10	Substance Use	7	9%
11	MDR Virus	2	3%
12	LTNP	1	1%
13	Declined	1	1%
14			
15			

List of barriers



Number of times the barrier was listed



Percent of all the barriers it represents



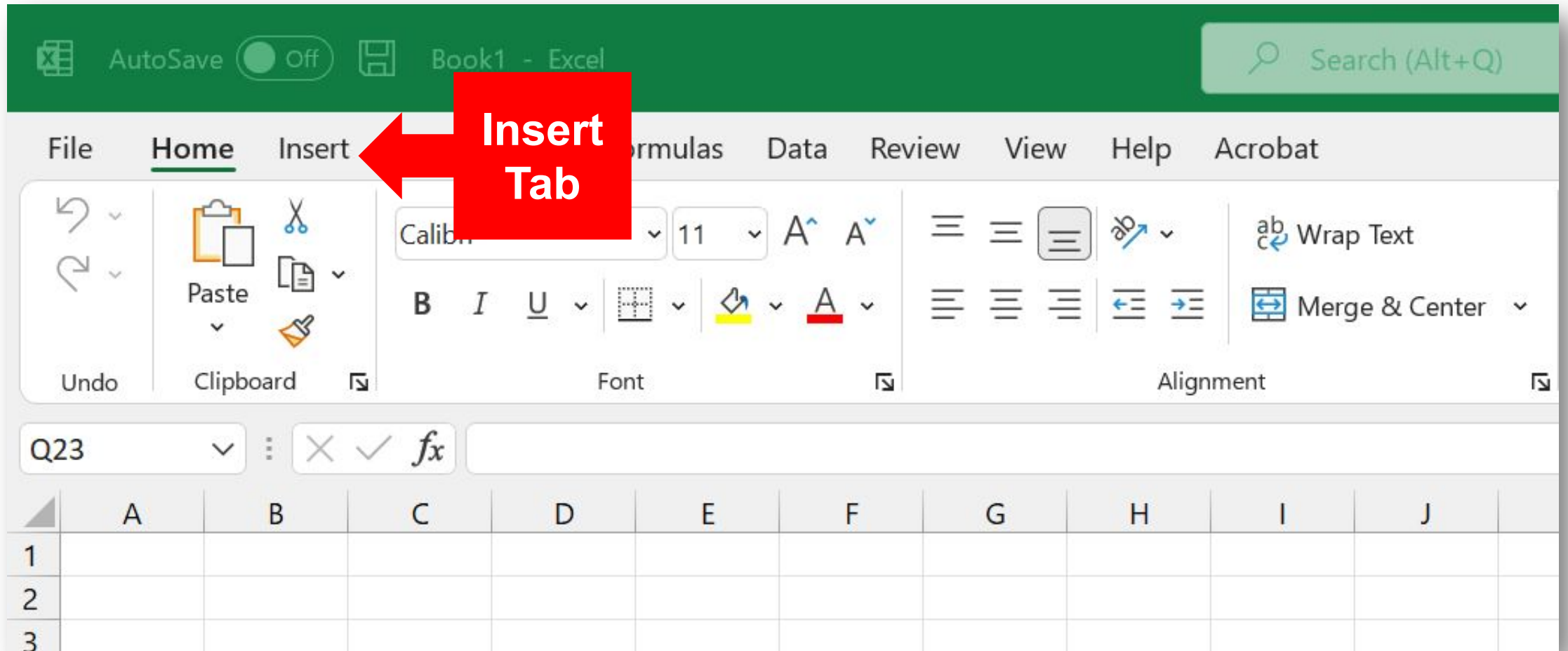
Highlight the Data in Excel

The screenshot shows the Microsoft Excel interface with the 'Insert' tab selected. A data table is visible in the worksheet, with a red callout box pointing to it that says 'Highlight the Data'. The table contains the following data:

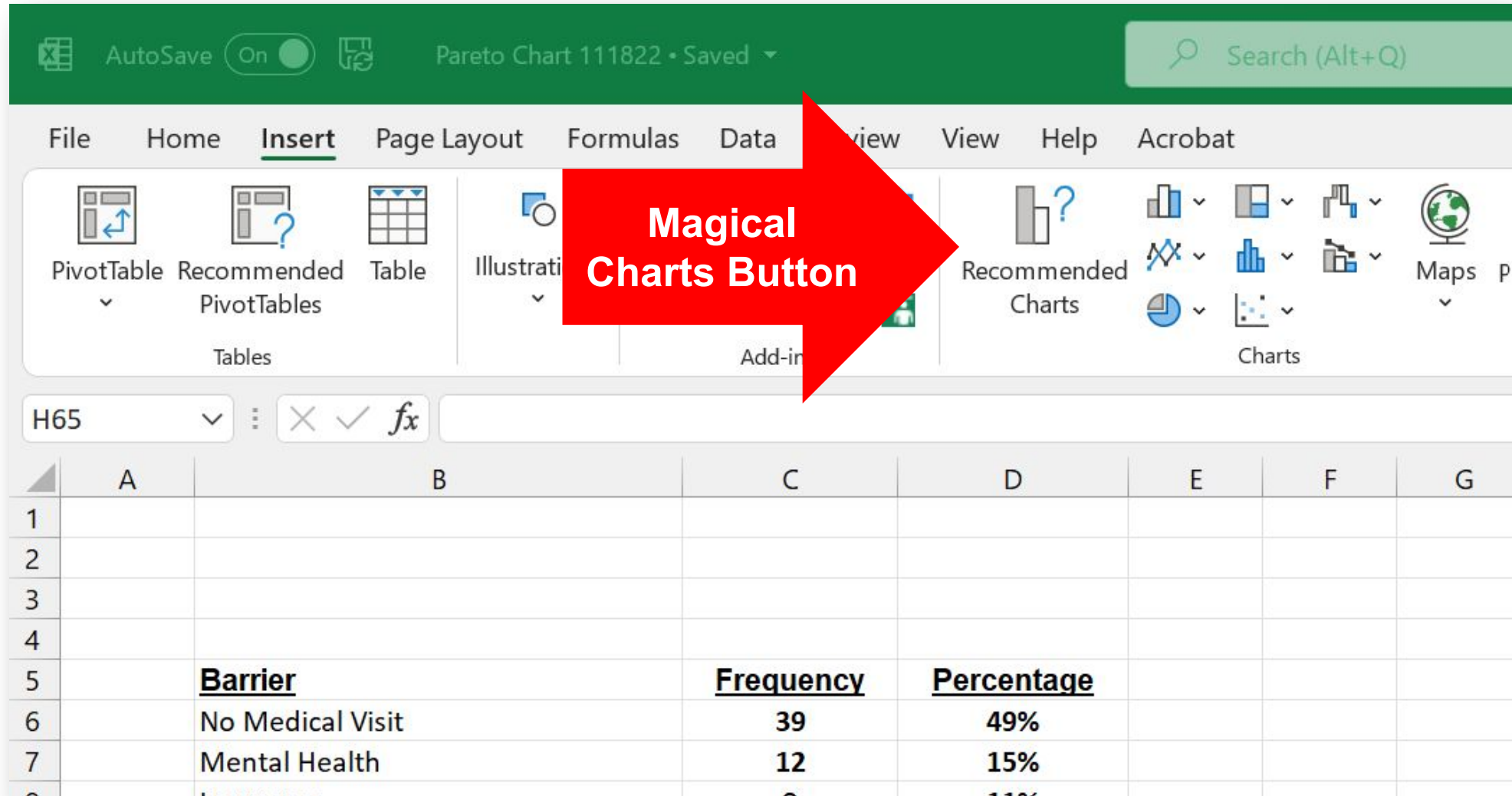
Barrier	Frequency	Percentage
No Medical Visit	39	49%
Mental Health	12	15%
Insurance	9	11%
Lost to Care	8	10%
Substance Use	7	9%
MDR Virus	2	3%
LTNP	1	1%
Declined	1	1%
Total	79	100%

The status bar at the bottom indicates 'Average: 5', 'Count: 27', 'Sum: 80', and '100%'.

Select the Insert Tab from the Toolbar



Click on “Recommended Charts”



The screenshot shows the Microsoft Excel interface. The top ribbon is green and contains the text 'AutoSave On', 'Pareto Chart 111822 • Saved', and a search bar 'Search (Alt+Q)'. Below this is the ribbon menu with 'Insert' selected. The 'Insert' ribbon has several groups of icons. A red arrow points to the 'Recommended Charts' icon, which is a bar chart with a question mark. The text 'Magical Charts Button' is written in white on the red arrow. Below the ribbon is the formula bar showing 'H65' and a formula icon. The main area is a spreadsheet with columns A through G and rows 1 through 8. The data in the spreadsheet is as follows:

	A	B	C	D	E	F	G
1							
2							
3							
4							
5		Barrier	Frequency	Percentage			
6		No Medical Visit	39	49%			
7		Mental Health	12	15%			
8							

Select Pareto Chart

Barrier	Frequency
No Medical Visit	39
Mental Health	12
Insurance	9
Lost to Care	8
Substance Use	7
MDR Virus	2
LTNP	1
Declined	1

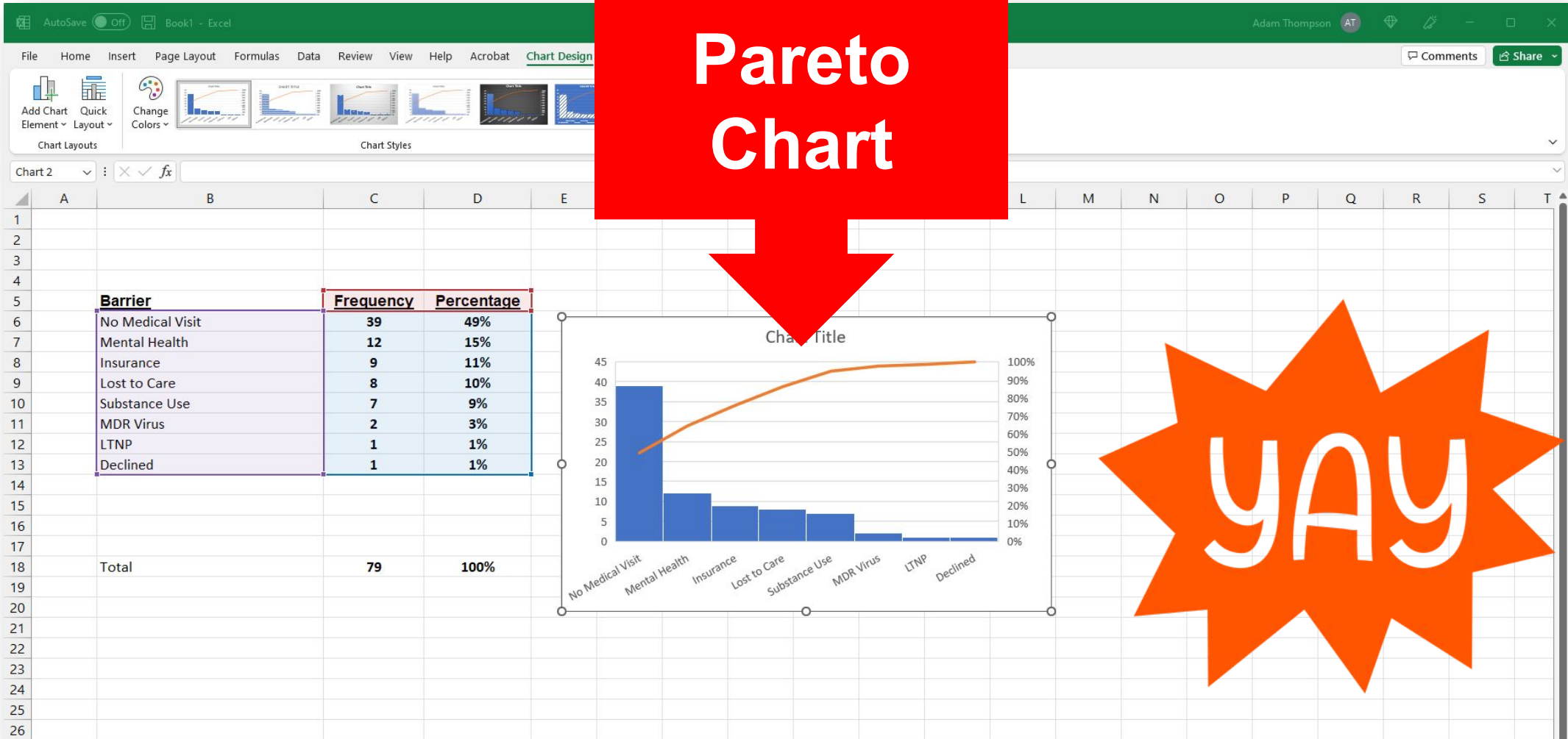
Chart Type: Pareto

Scroll down the list of charts and select the Pareto Chart

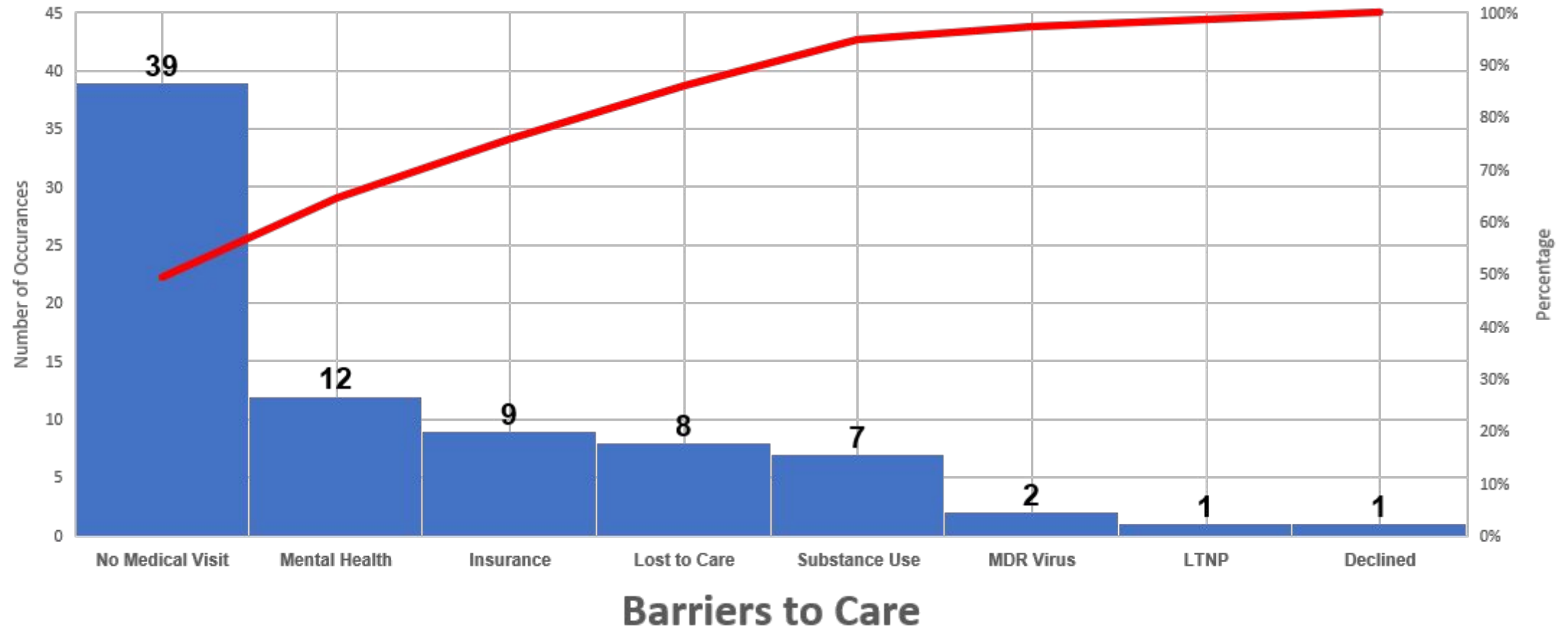
Click OK

A Pareto chart plots the distribution of the data in descending order of frequency, with a cumulative line on a secondary axis as a percentage of the total.

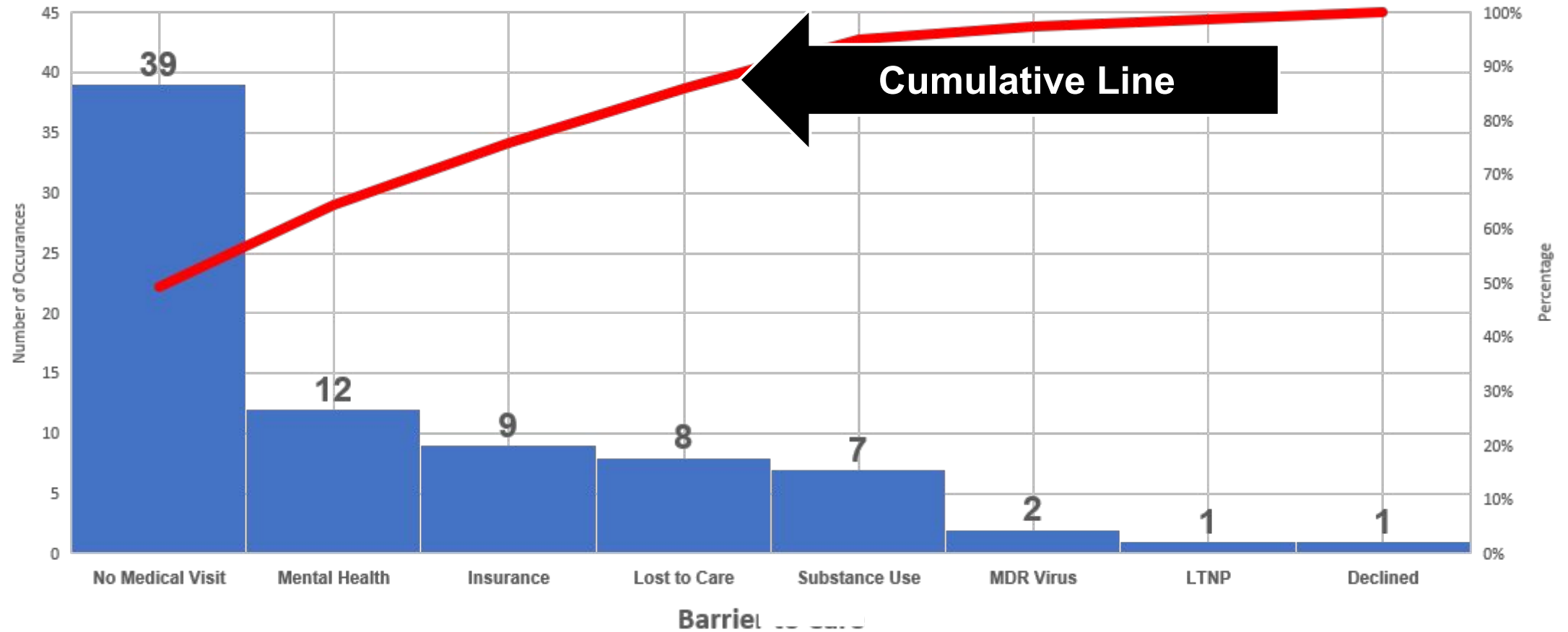
Magical Charts Button



Pareto Chart



Interpreting Pareto Charts



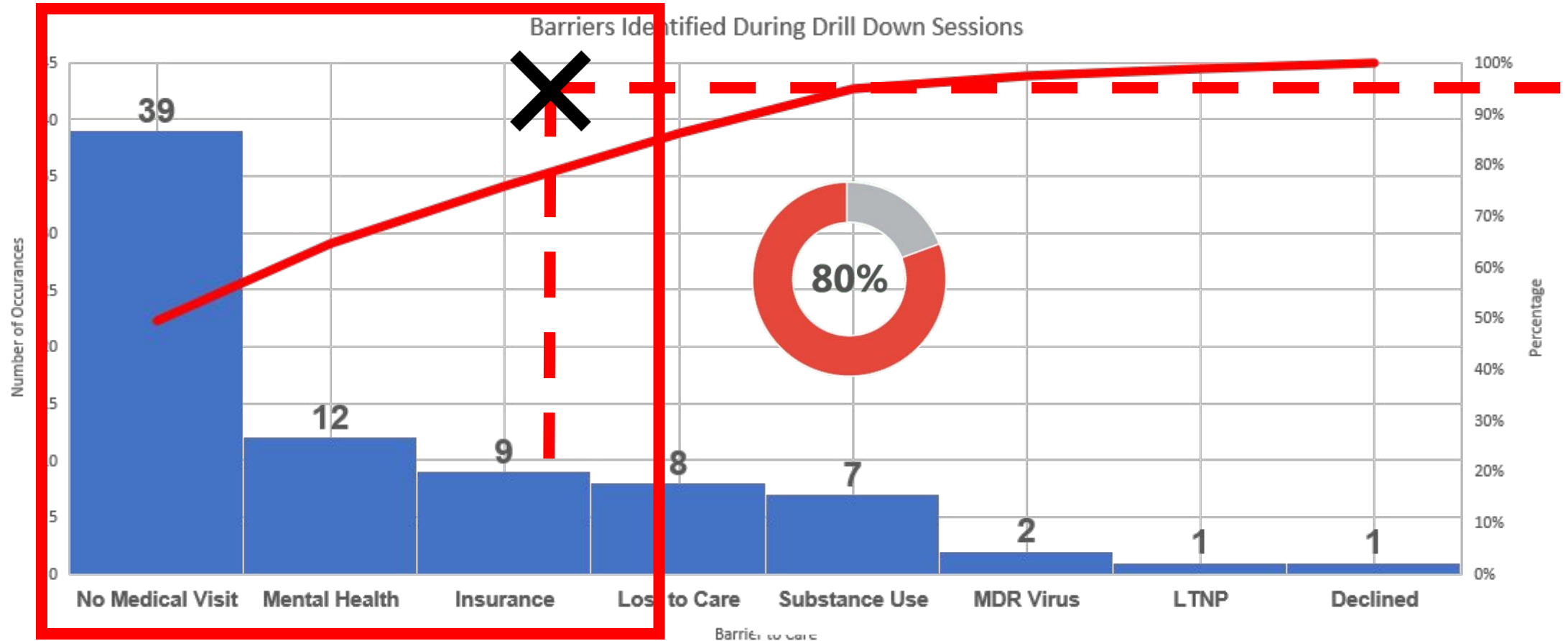
The Cumulative Line

If the cumulative line is steep, with a lot of arch to it, this shows that the first few problem areas rapidly add to a high percentage of the total problems.

If the cumulative line is straight, it is telling us that the contribution from each successive bar (after the first) is about even.

This says that no problems stand out as being more bothersome than the rest, which does not help much for problem solving.

Interpreting Pareto Charts



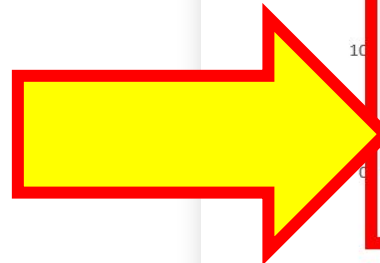
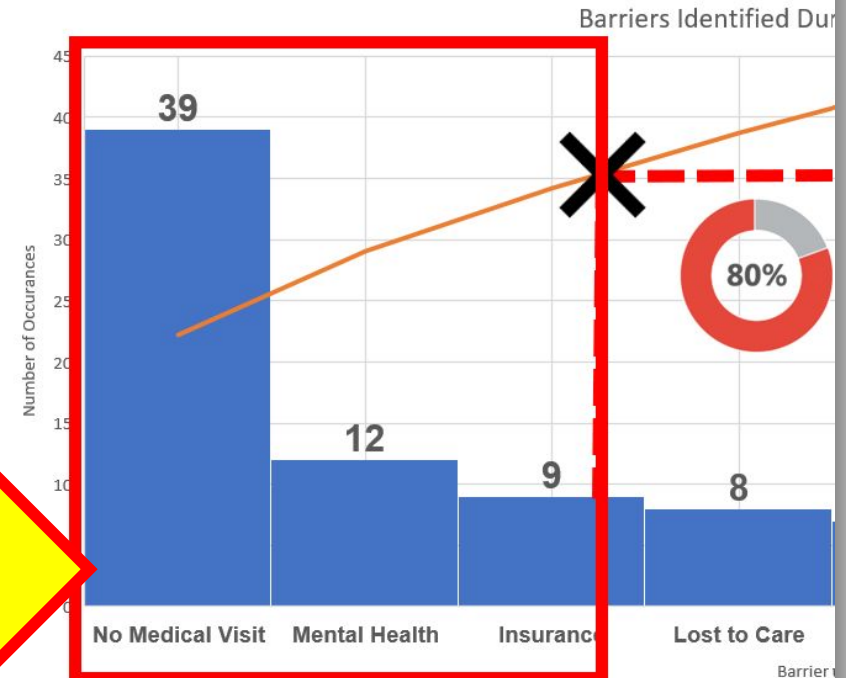
Interpreting a Pareto Chart

The pareto chart is telling us that if we address:

- (1) No Medical Visit
- (2) Mental Health
- (3) Insurance

that **we will address 80% of our problem.**

Interpreting Pareto C



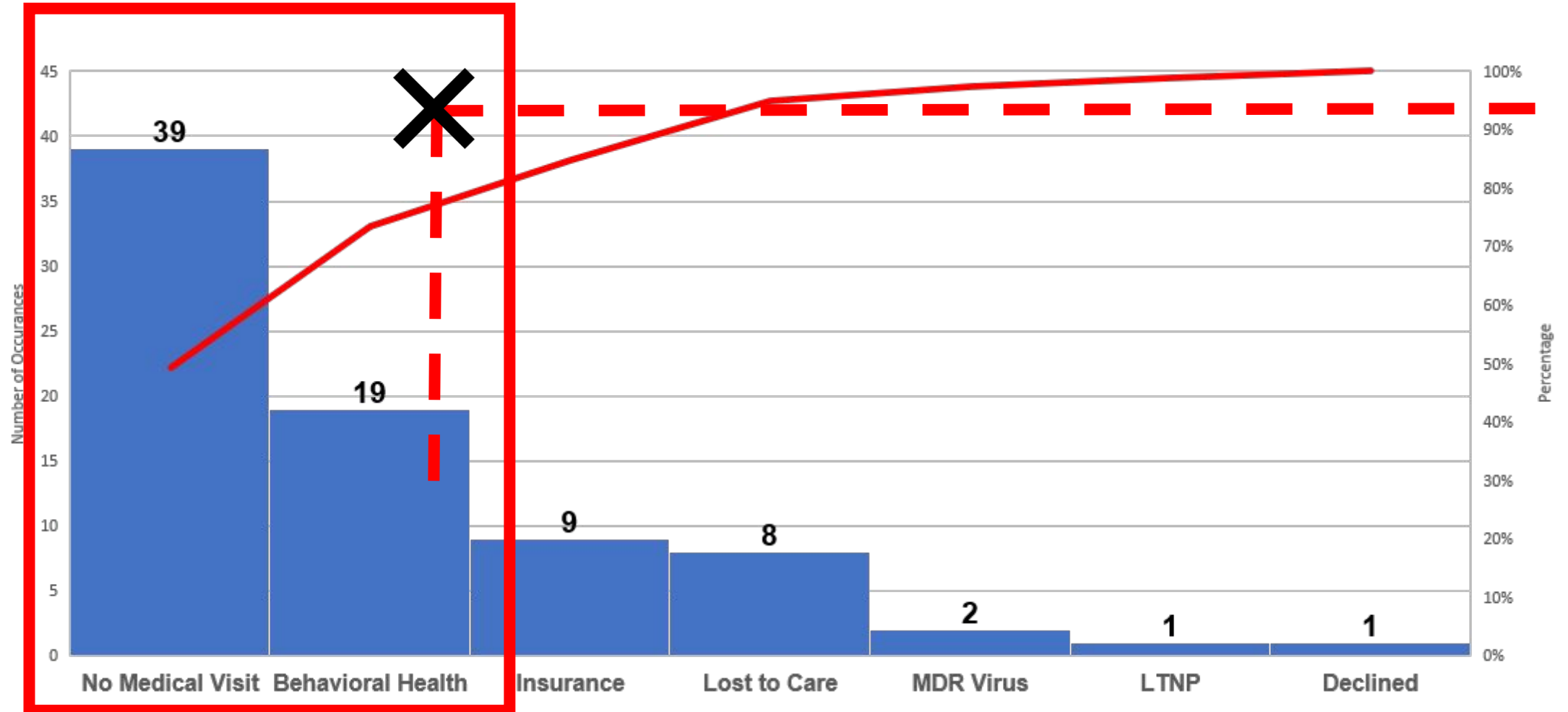
Categorize Thoughtfully

Barrier	Number	%
No Scheduled Medical Visit	5	6%
Behavioral Health Disorders	11	14%
Insurance (un/under-insured)	8	10%
	2	3%
	1	1%
	1	1%
Total	79	100%

Mental Health & Substance Use Disorder Recategorized as Behavioral Health

How barriers are categorized affects the results.

New Pareto Chart



Acting on Pareto Chart Findings

For those causes which affected a lot of patients address through traditional quality improvement efforts

- The most prevalent causes of an outcome are the “vital few” causes that when addressed should improve system performance

For those causes which affected only a few patients address through tailored plans designed to address the specific barriers of the patient.

- These less prevalent causes from a systems perspective are the “useful many” because solutions to these problems are likely not systems-level issues but are useful in addressing individual client barriers

Questions



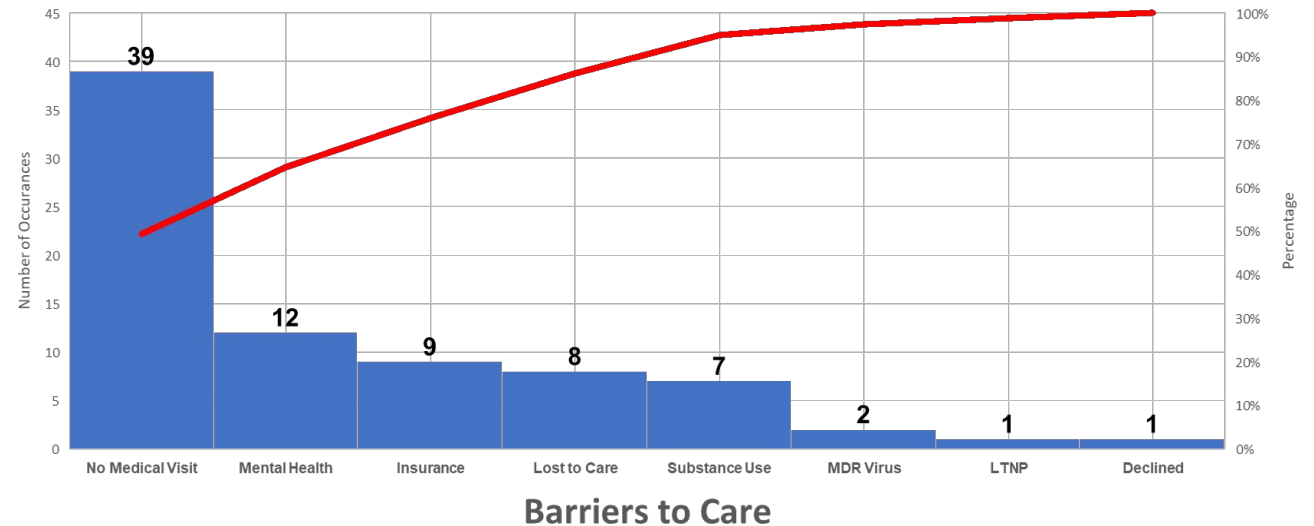
Pareto Chart Activity

Activity

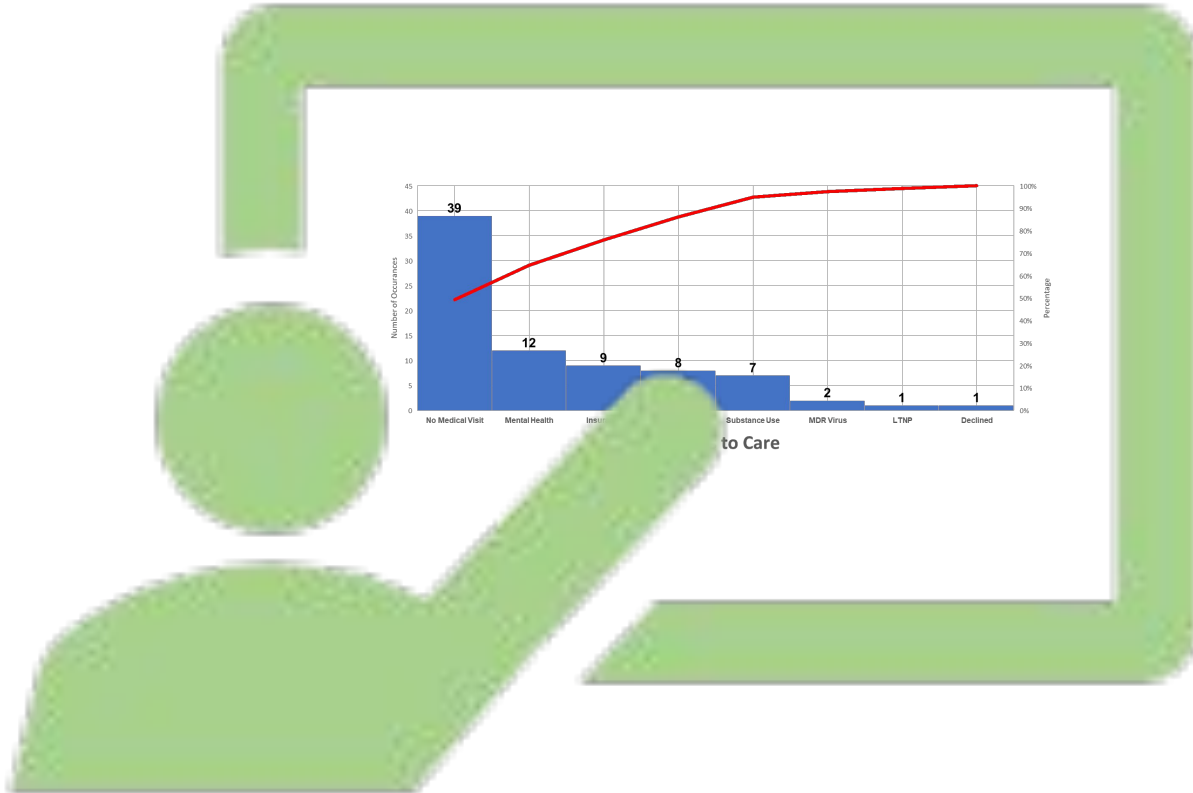
Activity Instructions

Using the results from your drill-down activity, develop a pareto chart to identify the “vital few” for intervention.

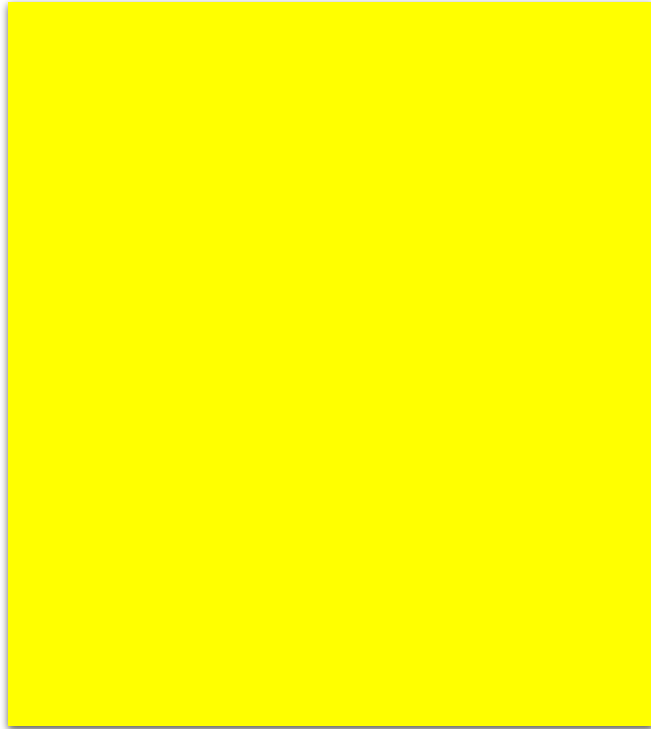
You can use Excel or develop the chart on newsprint.



Debrief



Check-In



Questions



LUNCH

60 Minutes

Plan-Do-Study-Act Cycles

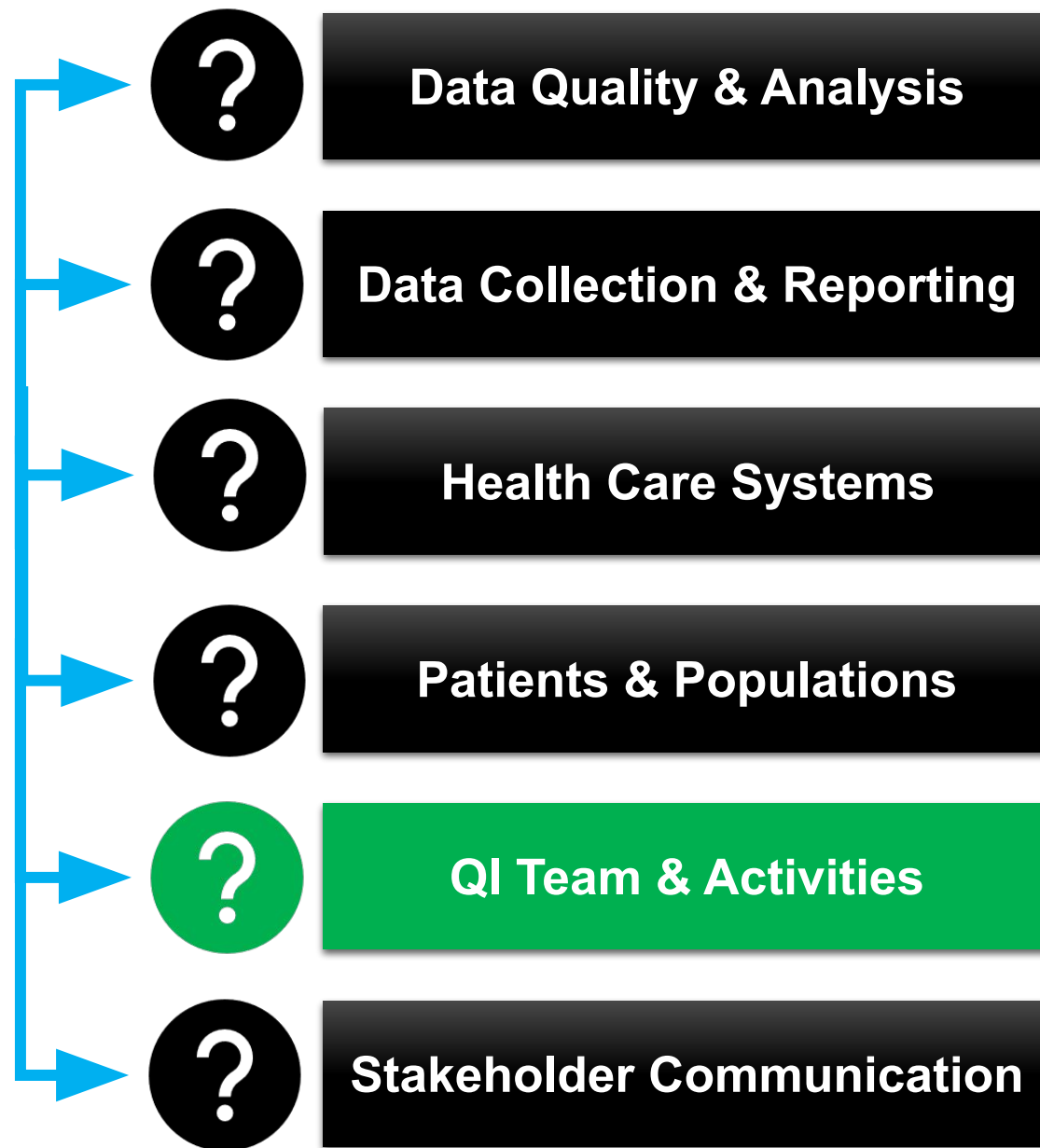
Lecture



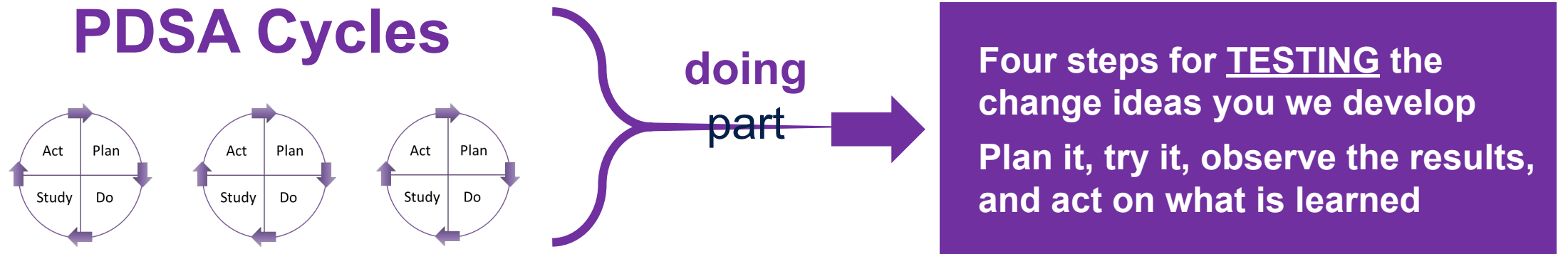
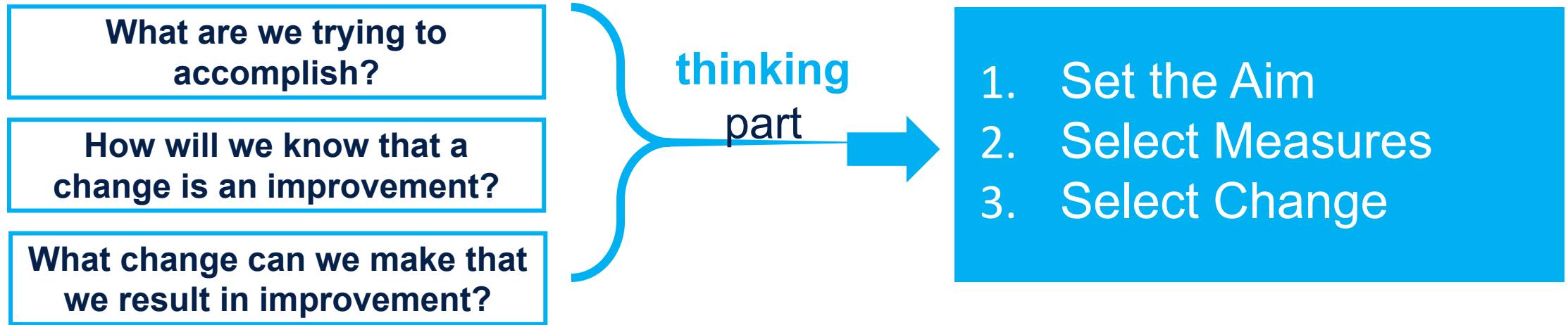
**Low Performance
on Key Indicator**



**Investigate to
Understand and
Address Issue**



The Model for Improvement



The “Doing” Part



The “**doing**” part of the Model for Improvement uses of **Plan-Do-Study-Act** or **PDSA Cycles** to test changes prior to implementation.

PDSA Cycles are the engine that drives ongoing learning as an intervention is adapted for use in a specific clinic.

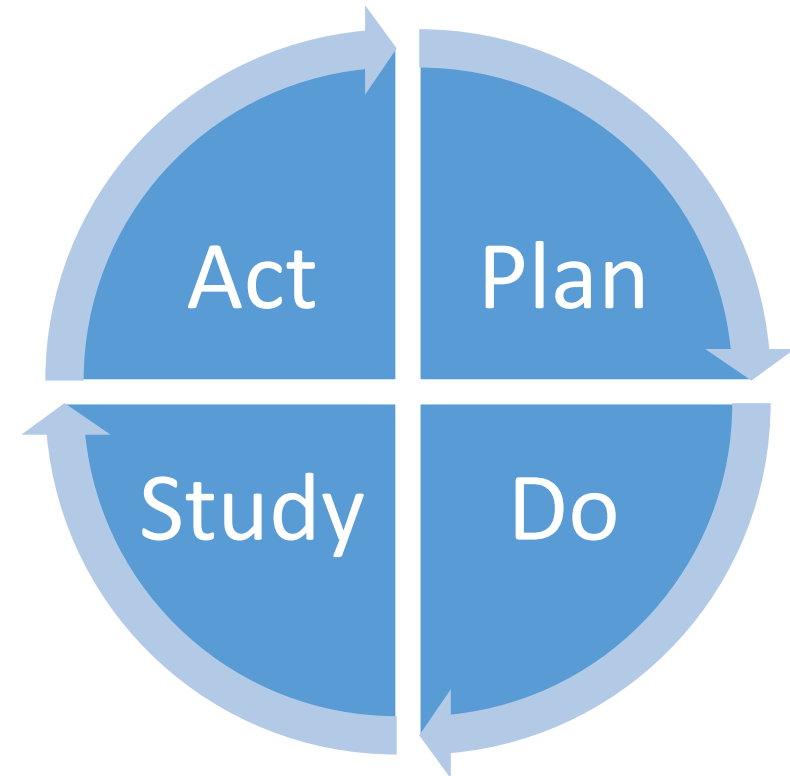
Plan-Do-Study-Act Cycle

The PDSA Cycle is a structured method for learning by testing changes prior to implementation.

It is also known as the Shewhart Cycle, Deming Cycle, or Plan-Do-Control-Act (PDCA) Cycle

The four stages of the PDSA Cycle mirror the scientific experimental method of:

- (1) formulating a hypothesis (a hunch),
- (2) collecting data to test the hypothesis,
- (3) analyzing and interpreting the results, and
- (4) determining whether to adopt, adapt, or abandon the hypothesis.



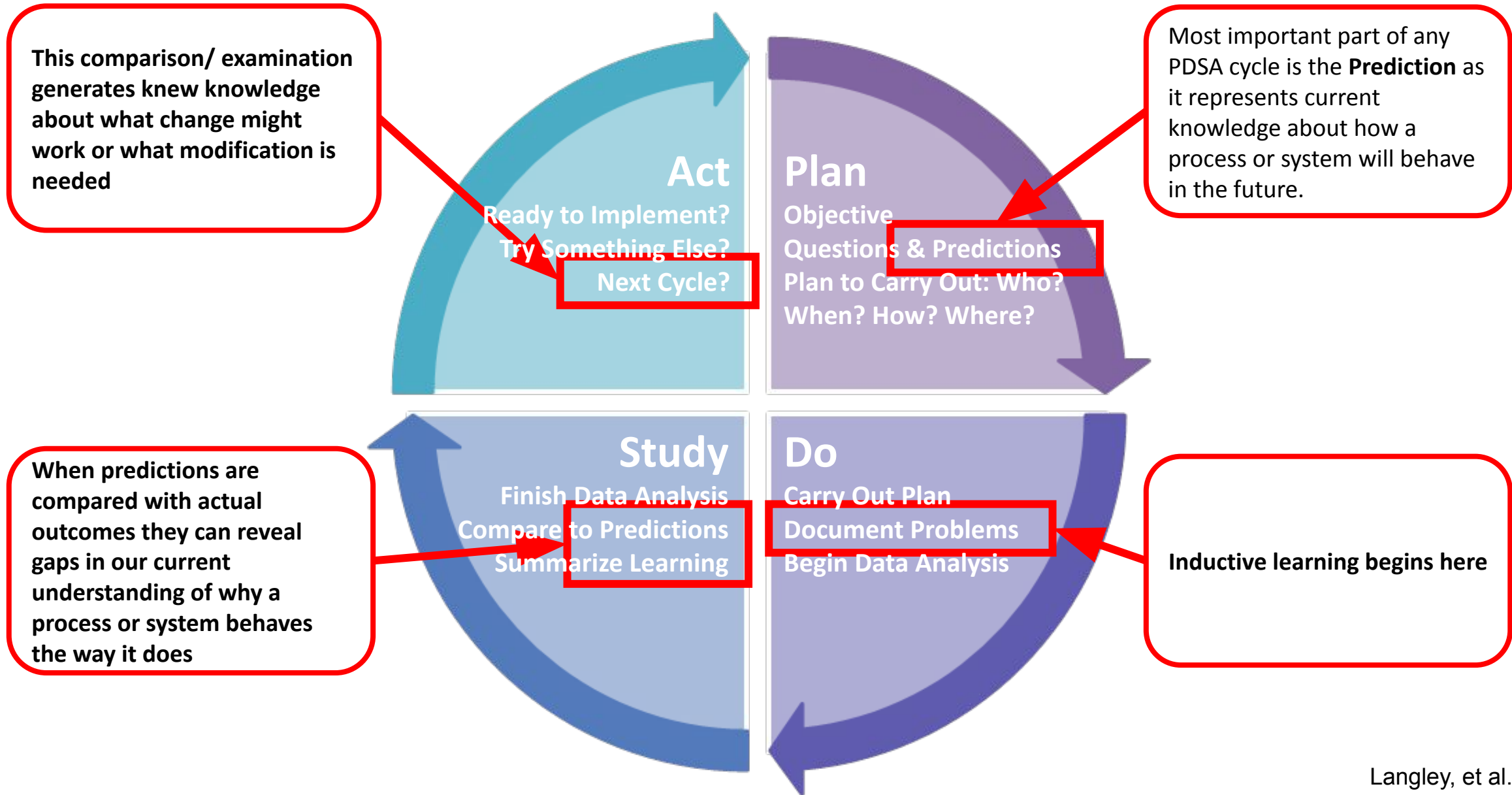
Why use PDSA Cycles?

The purpose of the PDSA method lies in (1) **learning as quickly as possible** whether an intervention works in a **particular setting** and (2) to making adjustments accordingly to **increase the chance of delivering and sustaining the desired improvement**.

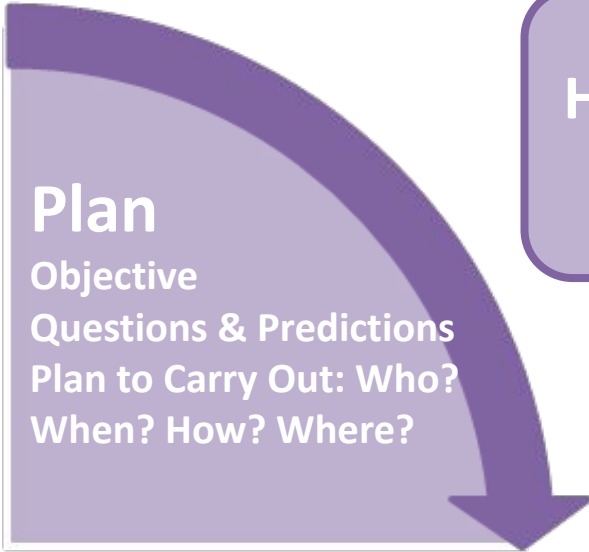
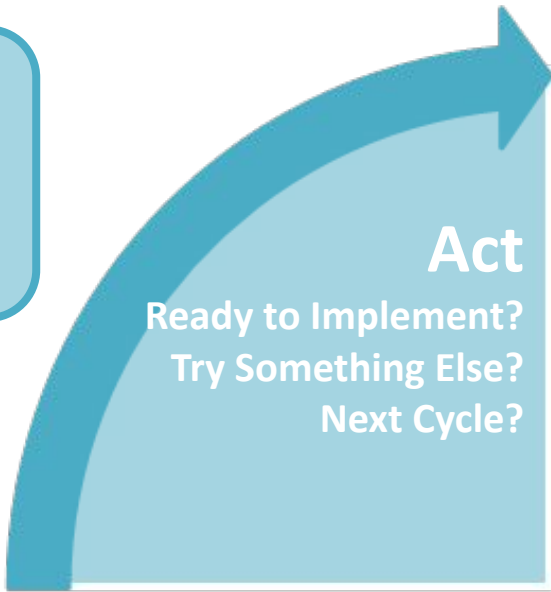
PDSA Cycles allow teams to reach their QI goals more efficiently and thoroughly

PDSA Cycles can save wasted effort by **revealing QI goals that cannot be achieved under realistic constraints** or if it identified **new problems to tackle** instead of the originally identified issue.

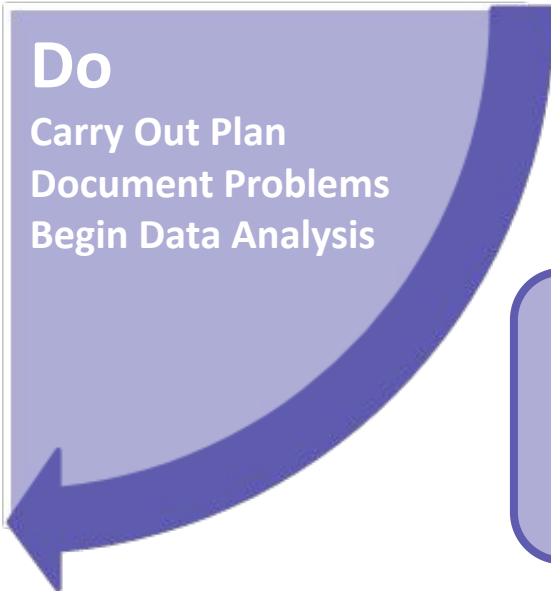
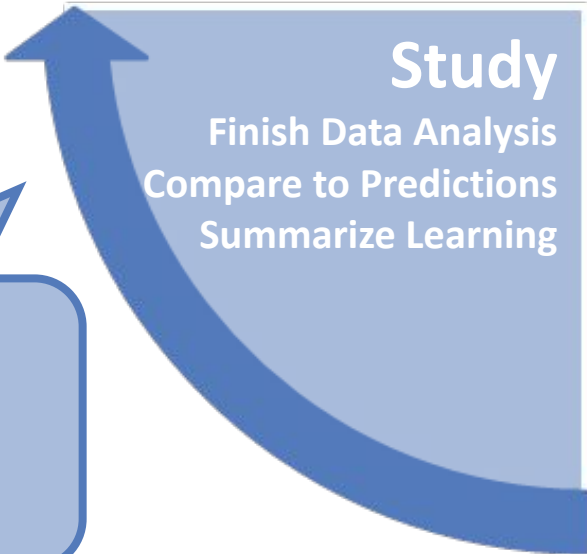
A well conducted PDSA cycle **promises learning**; a successful PDSA cycle does equal a successful QI Project



What's Next?



How will we decide if this works?



Let's try it!

Did It Work?

Why test before implementing?

- Increase your **degree of belief** that the change will result in improvement
- Opportunity for learning from “**failures**” without impacting performance
- Document **how much** improvement can be expected from the change
- Learn how to **adapt** the change to conditions in the local environment
- Evaluate **costs and side-effects** of the change
- Minimize **resistance** upon implementation



PDSA Example – Patient Satisfaction Survey

Questions



The Marshmallow Challenge

Activity

Instructions

1. Form teams of 6-8 persons
2. Review your Marshmallow Challenge Toolkit
3. Build the tallest, free-standing tower.
4. Debrief with large group

Marshmallow Challenge

Toolkit

**20 Sticks of
Spaghetti**

**1 Yard of
Masking Tape**

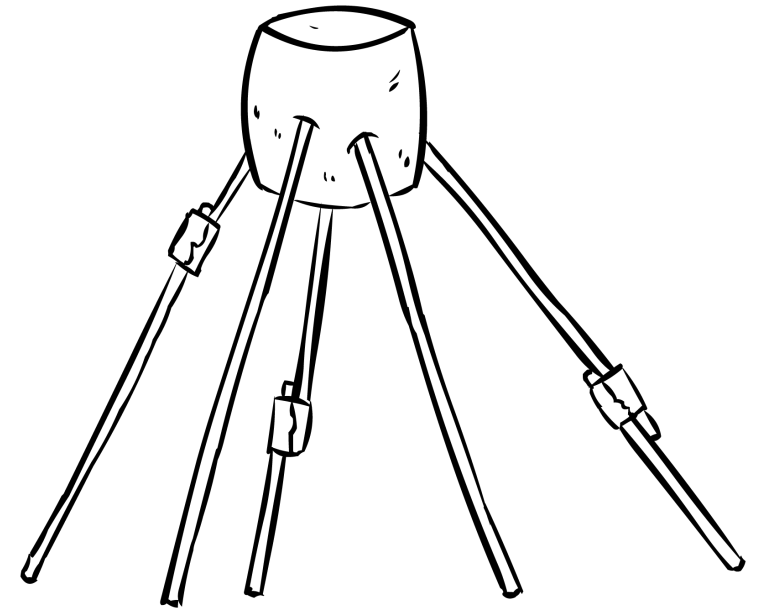
1 Yard of String

1 Marshmallow

The Marshmallow Challenge

Build the **tallest**, freestanding structure (measured from the surface of the table to the top of the marshmallow)

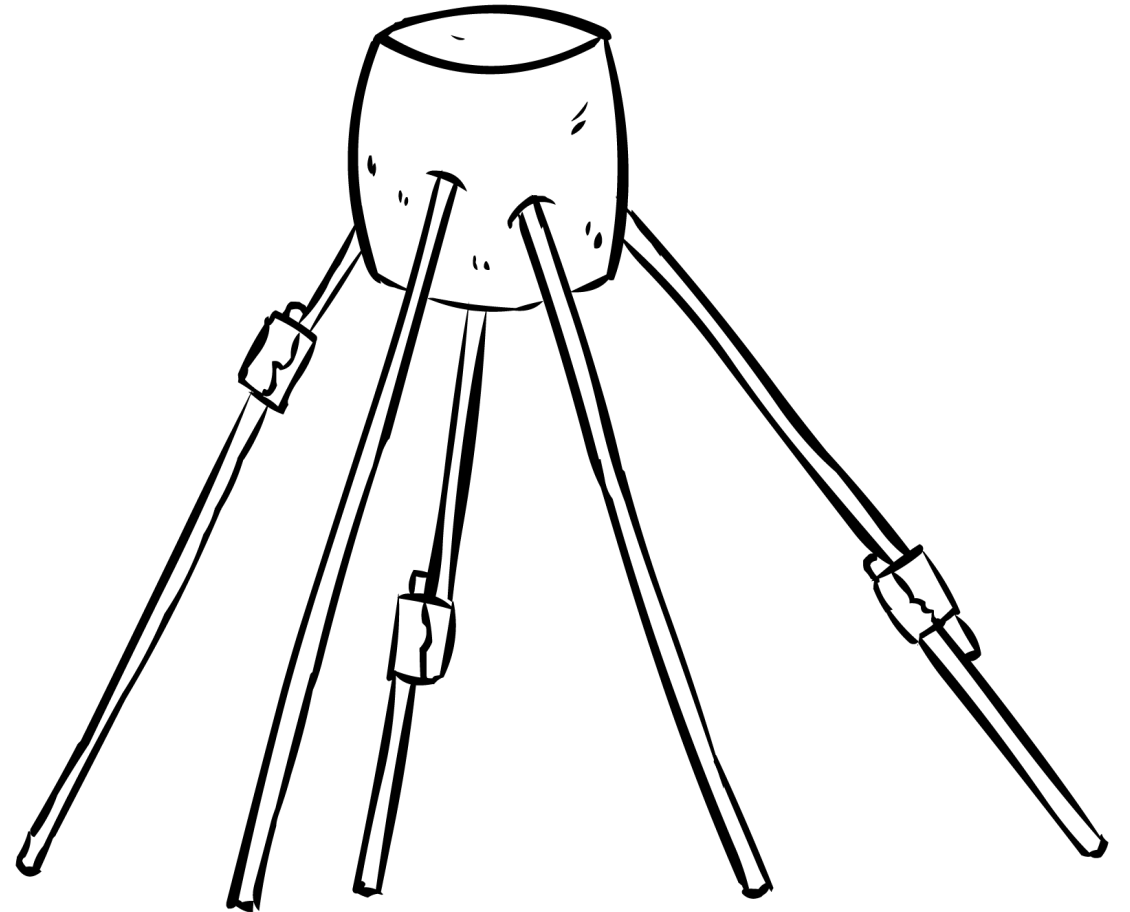
- The entire marshmallow must be on top
- Use as much or as little of the it - no other items are allowed
- You have 18 minutes to build your tower – you cannot be touching your structure when it is measured!



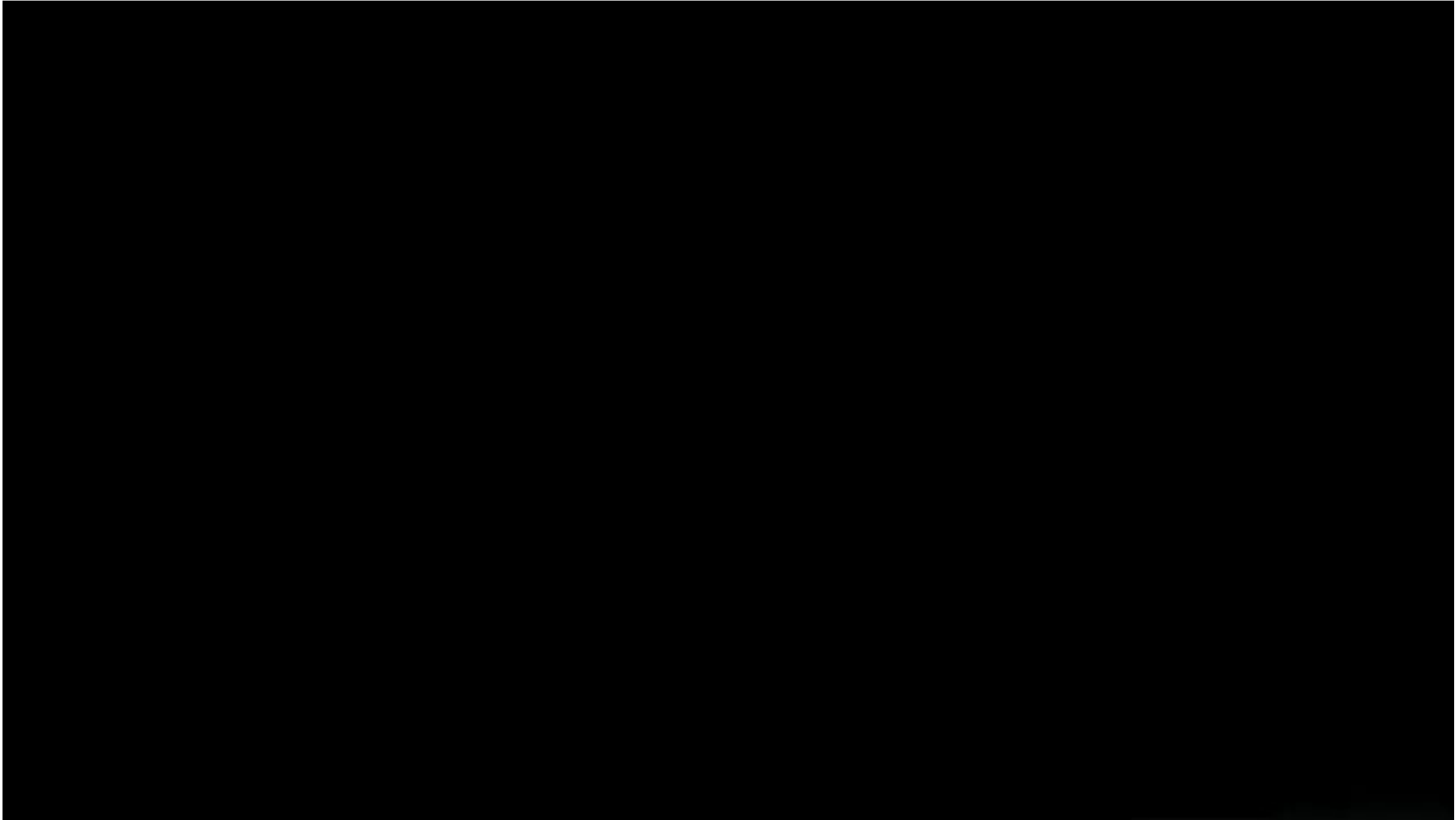
Ready?

18

Minutes







Marshmallow Challenge

1. What were the obstacles you faced?
2. How did the team solve conflicts in the design of your tower?
3. In retrospect, what would you have done differently?
4. For teams that built a standing tower, what worked well?



Questions



The 5 Dysfunctions of a Team

Lecture



**Low Performance
on Key Indicator**



**Investigate to
Understand and
Address Issue**



Discussion

Tell us about a time you were on a dysfunctional team

What impact did this have on your work?

What impact did this have on your customers?

How did you know it was dysfunctional?

Why discuss how QI Teams function?

1. Teamwork remains the ultimate competitive advantage, both because it is so powerful and **so rare**.
2. Cohesive teams achieve great things.
3. Building a cohesive team is remarkably simple but **painfully difficult**.

The Five Dysfunctions of a Team

- 5** **Inattention to Results**
- 4** **Avoidance of Accountability**
- 3** **Lack of Commitment**
- 2** **Fear of Conflict**
- 1** **Absence of Trust**



Members of teams with an absence of trust

...

- Conceal their weaknesses and mistakes from one another
- Hesitate to ask for help or provide constructive feedback
- Hesitate to offer help outside their own areas of responsibility
- Jump to conclusions about the intentions and aptitudes of others without attempting to clarify them
- Fail to recognize and tap into one another's skills and experiences
- Waste time and energy managing their behaviors for effect
- Hold grudges
- Dread meetings and find reasons to avoid spending time together

Teams that fear conflict ...

- Have boring meetings
- Create environments where back-channel politics and personal attacks thrive
- Ignore controversial topics that are critical to team success
- Fail to tap into all the opinions and perspectives of team members
- Waste time and energy with posturing and interpersonal risk management



A team that fails to commit ...

- Creates ambiguity among the team about direction and priorities
- Watches windows of opportunity close due to excessive analysis and unnecessary delay
- Breed lack of confidence and fear of failure
- Revisits discussions and decisions again and again
- Encourages second-guessing among team members



A team that avoids accountability ...

- Creates resentment among team members who have different standards of performance
- Encourages mediocrity
- Misses deadlines and key deliverables
- Places and undue burden on the team leader as the sole source of discipline



A team that is not focused on results

- Stagnates/fails to grow
- Rarely defeats competitors
- Loses achievement-oriented employees
- Encourages team members to focus on their own careers and individual goals
- Is easily distracted



Discussion

**Tell us about
a time you
were on a
cohesive
team**

What attributes or qualities did this team have that made it cohesive?

How did you know it was a cohesive team?

Members of trusting teams ...

- Admit weaknesses and mistakes
- Ask for help
- Accept questions & input about their areas of responsibility
- Give one another the benefit of the doubt before arriving at a negative conclusion
- Take risk in offering feedback and assistance
- Appreciate and tap into one another's skills and experiences
- Focus time and energy on important issues, not politics
- Offer and accept apologies without hesitation

Trust is the confidence among team members that their peers' intentions are good and that there is **no reason to be protective or careful around the group.**

Overcoming an Absence of Trust

Personal Histories Exercise

Low-risk exercise where team members answer a short list of questions about themselves.

Team Effectiveness Exercise

Medium-risk exercise where team members identify the single most important contribution that each of their peers makes to the team and one area that they must either improve on or eliminate for the good of the team.

Personality & Behavioral Preferences Profiles

Use of tools that provide practical and scientifically valid behavioral descriptions of various team members according to the diverse ways that they think, speak, and act.

360° Feedback

Assessment tool used separately from any formal performance evaluation or compensation process focused on identifying strengths and weaknesses without repercussions



Teams that engage in conflict ...

Have lively, interesting meetings

Extract and exploit the ideas of all team members

Solve real problems quickly

Minimize politics

Put critical topics on the table for discussion

It is important to distinguish between **productive ideological conflict** and **destructive fighting & interpersonal politics**.

Overcoming Fear of Conflict

Mining

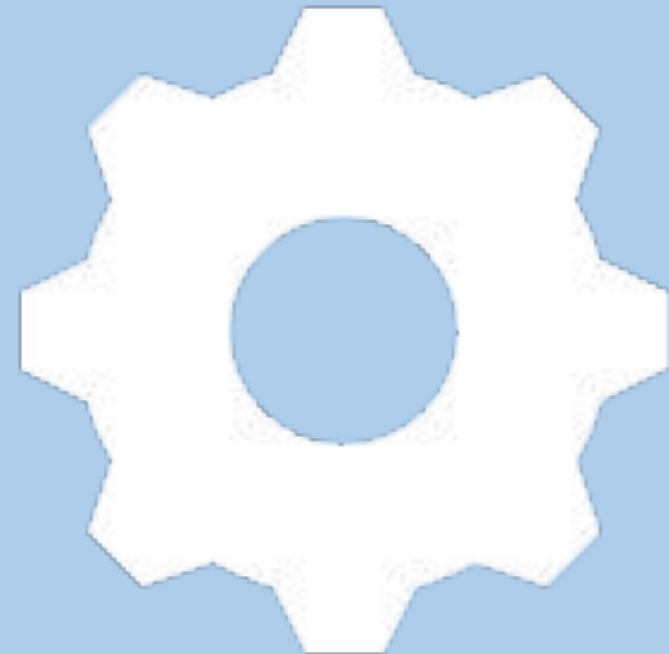
Adopting a “miner of conflict” whose role is to extract buried disagreements within the team and shed the light of day on them; required objectivity during meetings and a commitment to staying in the conflict until it is resolved.

Real-Time Permission

Recognize when people engaged in conflict are becoming uncomfortable with the level of discord, and then interrupting to remind them that what they are doing is necessary – and at the close of the conversation, reminding the team they just did something good by engaging and resolving the conflict.

Thomas-Kilmann Conflict Mode Instrument

A tool used to help team members understand natural inclinations around conflict so they can make more strategic choices about which approaches are most appropriate in different situations.



A team that commits ...

- Creates clarity around direction and priorities
- Aligns the entire team around common objectives
- Develops an ability to learn from mistakes
- Takes advantage of opportunities before competitors do
- Moves forward without hesitation
- Changes direction without hesitation or guilt

The two greatest causes of the lack of commitment are the **desire for consensus** and the **need for certainty**

Overcoming Lack of Commitment

Cascading Messaging

A team explicitly reviews the key decisions made during a meeting and agree on what needs to be communicated to employees or other stakeholders about those decisions.

Deadlines

Teams develop clear deadlines for when decisions will be made; setting deadlines for intermediate decisions and milestones as well as final deadlines.

Contingency & Worst-Case Scenario Analysis

Teams envision the “worst-case” scenario to better understand the potential impact of their decision to potentially illuminate that the incorrect decision is survivable and far less damaging than imagined.

Low-Risk Exposure Therapy

Use low-risk decisions to demonstrate decisiveness by forcing themselves to decide with the information they have at hand and without lengthy debates.



A team that holds one another accountable

...

- Ensures poor performers feel pressure to improve
- Identified potential problems quickly by questioning one another's approaches without hesitation
- Establishes respect among team members who are held to the same high standards
- Avoids excessive bureaucracy around performance management and corrective action

The most effective and efficient means of maintaining high standards of performance on a team is peer pressure.

Overcoming Avoidance of Accountability

Publication of Goals and Strategies

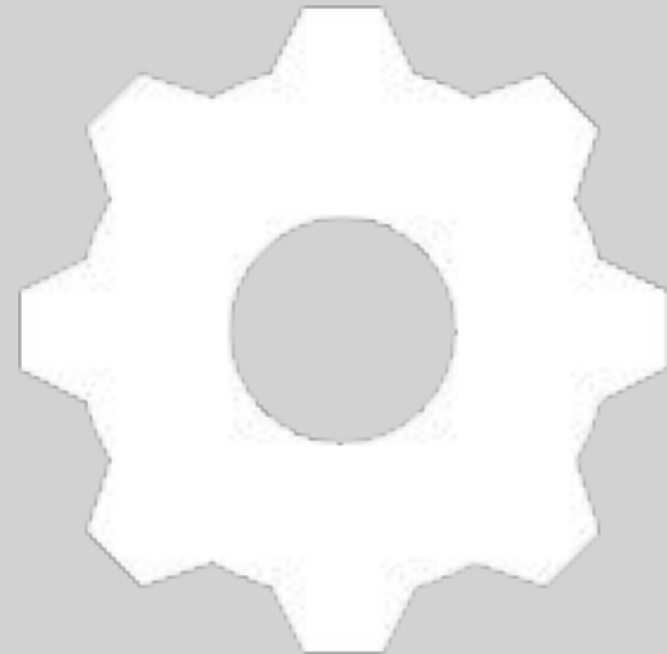
Clarify publicly exactly what the team needs to achieve, who needs to deliver what, and how everyone must behave in order to succeed; the enemy of accountability is *ambiguity*.

Simple and Regular Process Reviews

Team members regularly communicate with one another, either verbally or in written form, about how they feel their teammates are doing against stated objectives and standards.

Team Rewards

Shift rewards away from individual performance to team achievement; the team creates the culture of accountability. A team is unlikely to stand by quietly and fail because a peer is not pulling their weight.



A team that focuses on collective results ...

- Retains achievement-oriented employees
- Minimizes individualistic behavior
- Enjoys successes and suffers failure acutely
- Benefits from individuals who subjugate their own goals/interests for the good of the team
- Avoids distractions

Make results clear and reward only those behaviors and action that contribute to those results.

Overcoming Inattention to results

Public Declaration of Results

Teams that are willing to commit publicly to specific results are more likely to work with a passionate, even desperate desire to achieve those results; teams that say, “we’ll do our best” are subtly, if not purposefully, preparing themselves for failure.

Results-Based Rewards

Organizations and teams tie rewards to the achievement of specific team outcomes; providing rewards even in the absence of results sends a message that achieving the outcome might not be terribly important after all.



Behaviors of Cohesive Teams

They **trust** one another.

They **engage in unfiltered conflict** around ideas.

They **commit to decisions** and plans of actions.

They **hold one another accountable** for delivering against those plans.

They focus on the **achievement of collective** results.

The Role of the Leader

Domain	Role of the Leader
Trust	A leader must demonstrate vulnerability first and create an environment that doesn't punish it. A leader does not "stage" or feign vulnerabilities to manipulate the emotions of the team.
Engaging in Conflict	A leader must demonstrate restraint when their people engage in conflict, and allow resolution to occur naturally, <u>as messy as it can get sometimes</u> ; role model appropriate conflict behavior.
Commitment	A leader must be comfortable with the prospect of making a decision that ultimately turns out to be wrong.
Accountability	A leader encourages and allows the team to serve as the first and primary accountability mechanism; later serving as the ultimate arbitrator if the team fails.
Attention to Results	A leader must set the tone for a focus on results; must be selfless and objective, and reserve rewards & recognition for those who make real contributions to the achievement of group goals.

At the heart of it all, at the foundation of being a team, lies the most precious of all virtues and the antidote for all sin, which is humility.

Questions



BREAK

20 Minutes

Team Assessment

Activity

Assessment Instructions

1. Think about your current improvement team (if you are not currently on a QI team, you can use another team from your work environment).
2. Complete the self-assessment tool by reading each statement and indicating whether this statement is usually, sometimes, or rarely true for your team.

Team Assessment

Instructions: Use the scale below to indicate how each statement applies to your team. It is important to evaluate the statements honestly and without over-thinking your answers.

3 = Usually 2 = Sometimes 1 = Rarely

1. Team members are passionate and unguarded in their discussion of issues.
2. Team members call out one another's deficiencies or unproductive behaviors.
3. Team members know what their peers are working on and how they contribute to the collective good of the team.
4. Team members quickly and genuinely apologize to one another when they say or do something inappropriate or possibly damaging to the team.
5. Team members willingly make sacrifices (such as budget, turf, head count) in their departments or areas of expertise for the good of the team.
6. Team members openly admit their weaknesses and mistakes.
7. Team meetings are compelling, and not boring.
8. Team members leave meetings confident that their peers are completely committed to the decisions that were agreed on, even if there was initial disagreement.
9. Morale is significantly affected by the failure to achieve team goals.
10. During team meetings, the most important—and difficult—issues are put on the table to be resolved.
11. Team members are deeply concerned about the prospect of letting down their peers.
12. Team members know about one another's personal lives and are comfortable discussing them.
13. Team members end discussions with clear and specific resolutions and calls to action.
14. Team members challenge one another about their plans and approaches.
15. Team members are slow to seek credit for their own contributions, but quick to point out those of others.

Scoring Instructions

1. Place the score from your self-assessment in the corresponding box on the score sheet.
2. Add up each column to determine the likelihood this dysfunction might be affecting the team's performance.

Scoring

Combine your scores for the preceding statements as indicated below:

Dysfunction 1	Dysfunction 2	Dysfunction 3	Dysfunction 4	Dysfunction 5
Absence of Trust	Fear of Conflict	Lack of Commitment	Avoidance of Accountability	Inattention to Results
Statement 4: ____	Statement 1: ____	Statement 3: ____	Statement 2: ____	Statement 5: ____
Statement 6: ____	Statement 7: ____	Statement 8: ____	Statement 11: ____	Statement 9: ____
Statement 12: ____	Statement 10: ____	Statement 13: ____	Statement 14: ____	Statement 15: ____
Total: ____	Total: ____	Total: ____	Total: ____	Total: ____

A score of 8 or 9 is a probable indication that the dysfunction is not a problem for your team.

A score of 6 or 7 indicates that the dysfunction could be a problem.

A score of 3 to 5 is probably an indication that the dysfunction needs to be addressed.

Regardless of your scores, it is important to keep in mind that every team needs constant work, because without it, even the best ones deviate towards dysfunction.

Source: Lencioni, P. M. (2002). *The five dysfunctions of a team*. Jossey-Bass.

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Team Assessment Debrief

1. What areas of the self-assessment did your team score high (meaning this was not a dysfunction for the team)?
2. What areas of the self-assessment did your team score low (meaning this was likely a dysfunction of the team)?
3. How might you address the areas where your team scored lower, what strategies would you use?

A score of 8 or 9 is a probable indication that the dysfunction is not a problem for your team.

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Questions



Managing Resistance to Change

Lecture



**Low Performance
on Key Indicator**



**Investigate to
Understand and
Address Issue**



What does resistance look like?



What is resistance?

Resistance is the push-back one experiences when trying to change or improve a process or system.....

Expressions of Resistance

Refusal

- Passive:
 - “we didn’t have enough time to meet/test/measure”
 - excuses
- Active:
 - “absolutely not”
 - “not in my job description”
 - “you can’t tell me what to do” – “you’re not my supervisor”

Expressions of Resistance

“My patients are sicker...”

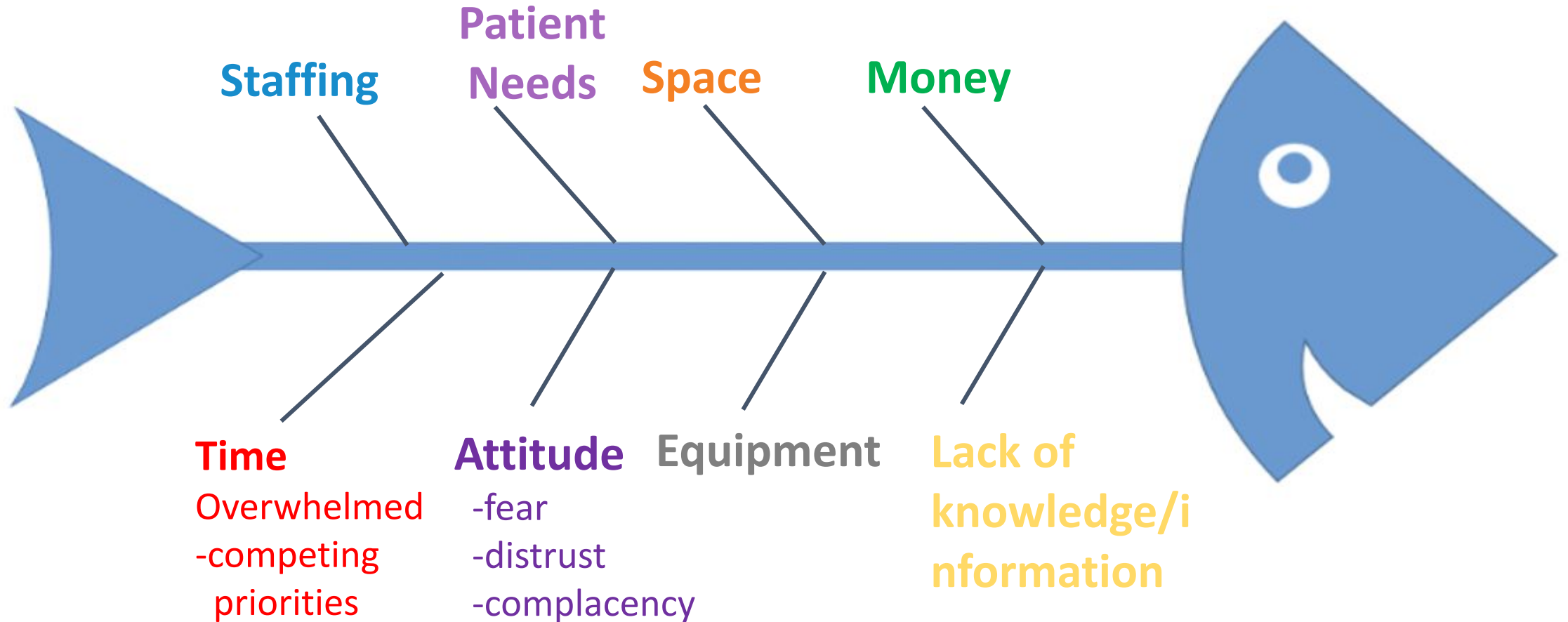
“That’s fine for them, but it won’t work here – we’re different”

We don’t have the

Other? (what have you heard or seen?)

**Why do people
resist?**

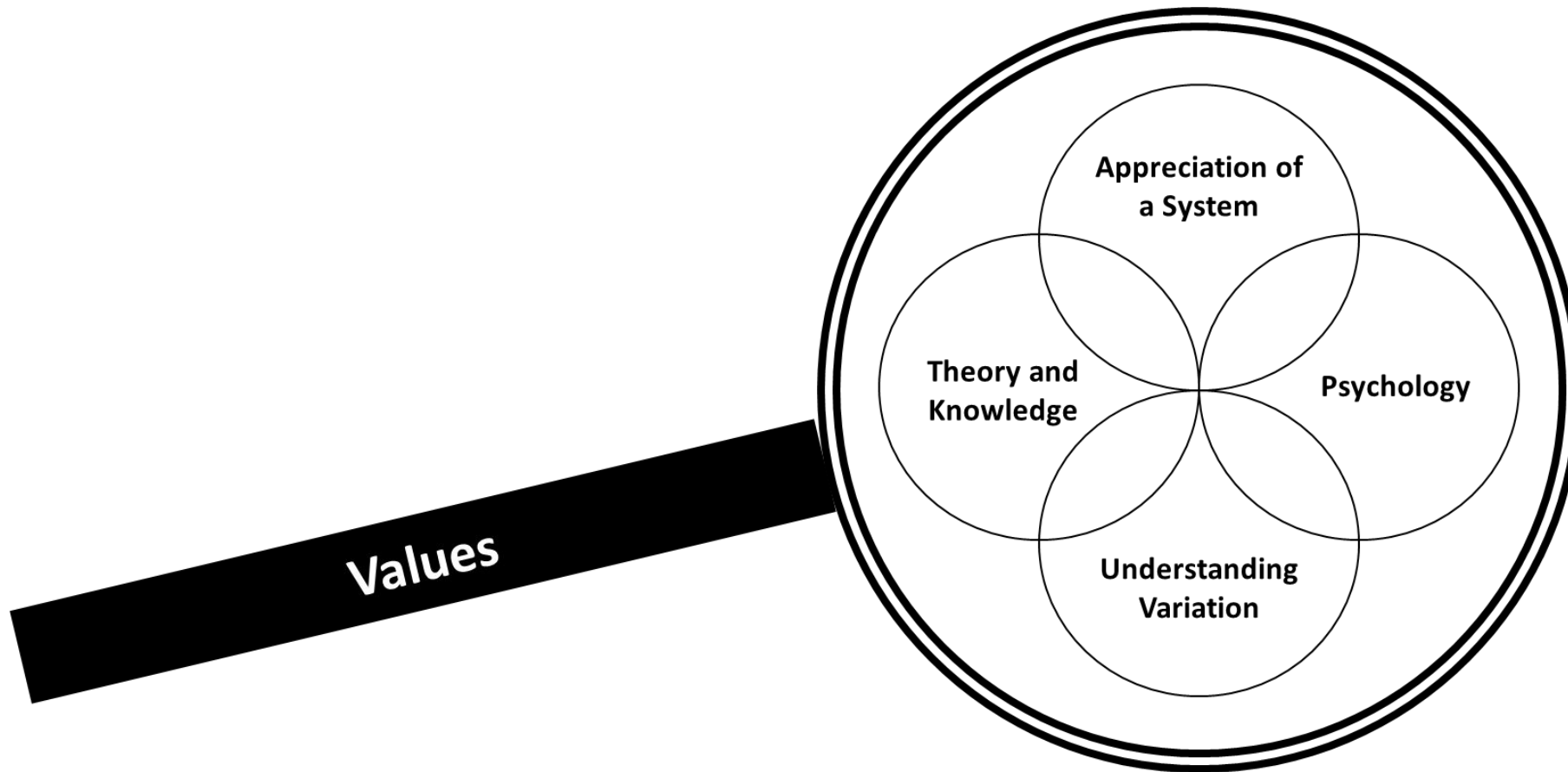
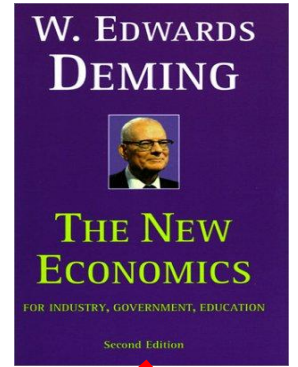
Why do people resist?



**What can we do
about it?**

Revisiting the initial theory of CQI

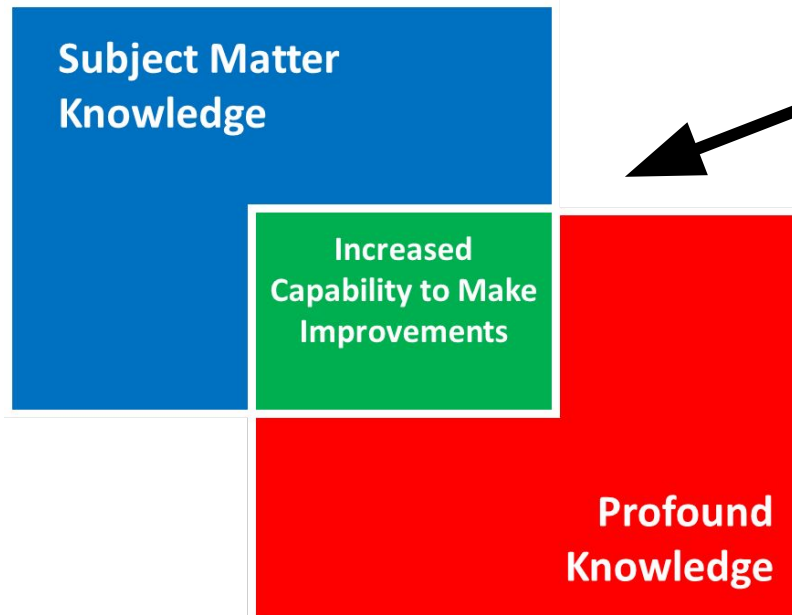
Deming's Theory of Profound Knowledge



Courtesy: Lloyd Provost

Subject Matter and Profound Knowledge

"One need not be eminent in any part of profound knowledge in order to understand it and to apply it. The various segments of the system of profound knowledge cannot be separated. They interact with each other. For example knowledge about psychology is incomplete without knowledge of variation."



Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.

A framework for managing change and resistance

Strategies for not making progress

- Confusion
- Anxiety
- Gradual Change
- Frustration
- False Starts

Strategies for making progress

- Vision
- Skills
- Incentives
- Resources
- Action Plan

Managing Complex Change

Vision	Skills	Incentives	Resources	Action Plan	Change

Managing Complex Change

Vision	Skills	Incentives	Resources	Action Plan	Change
	Skills	Incentives	Resources	Action Plan	Confusion
Vision	Skills	Incentives	Resources	Action Plan	
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Managing Complex Change

Vision	Skills	Incentives	Resources	Action Plan	Change
	Skills	Incentives	Resources	Action Plan	Confusion
Vision		Incentives	Resources	Action Plan	<u>Anxiety</u>
Vision	Skills	Incentives	Resources	Action Plan	
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Managing Complex Change

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Vision		Incentives	Resources	Action Plan	Anxiety
Vision	Skills		Resources	Action Plan	<u>Gradual Change</u>
Vision	Skills	Incentives	Resources	Action Plan	
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Managing Complex Change

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Vision		Incentives	Resources	Action Plan	Anxiety
Vision	Skills		Resources	Action Plan	Gradual Change
Vision	Skills	Incentives		Action Plan	<u>Frustration</u>
Vision	Skills	Incentives	Resources	Action Plan	

Managing Complex Change

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Vision	Skills	Incentives		Action Plan	Frustration
Vision	Skills	Incentives	Resources		<u>False Starts</u>

Managing Complex Change

Change	Vision	Skills	Incentives	Resources	Action Plan
Confusion					
Anxiety					
Gradual Change					
Frustration					
False Starts					

Managing Complex Change

Change	Vision	Skills	Incentives	Resources	Action Plan
Confusion		Skills	Incentives	Resources	Action Plan

Managing Complex Change

Change	Vision	Skills	Incentives	Resources	Action Plan
Confusion	Vision	Skills	Incentives	Resources	Action Plan
Anxiety	Vision		Incentives	Resources	Action Plan

Managing Complex Change

Change	Vision	Skills	Incentives	Resources	Action Plan
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Anxiety	Vision	Skills	Incentives	Resources	Action Plan
Gradual Change	Vision	Skills		Resources	Action Plan

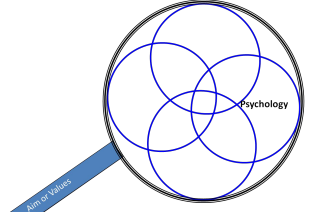
Managing Complex Change

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Confusion	Vision	Skills	Incentives	Resources	Action Plan
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Frustration	Vision	Skills	Incentives		Action Plan

Managing Complex Change

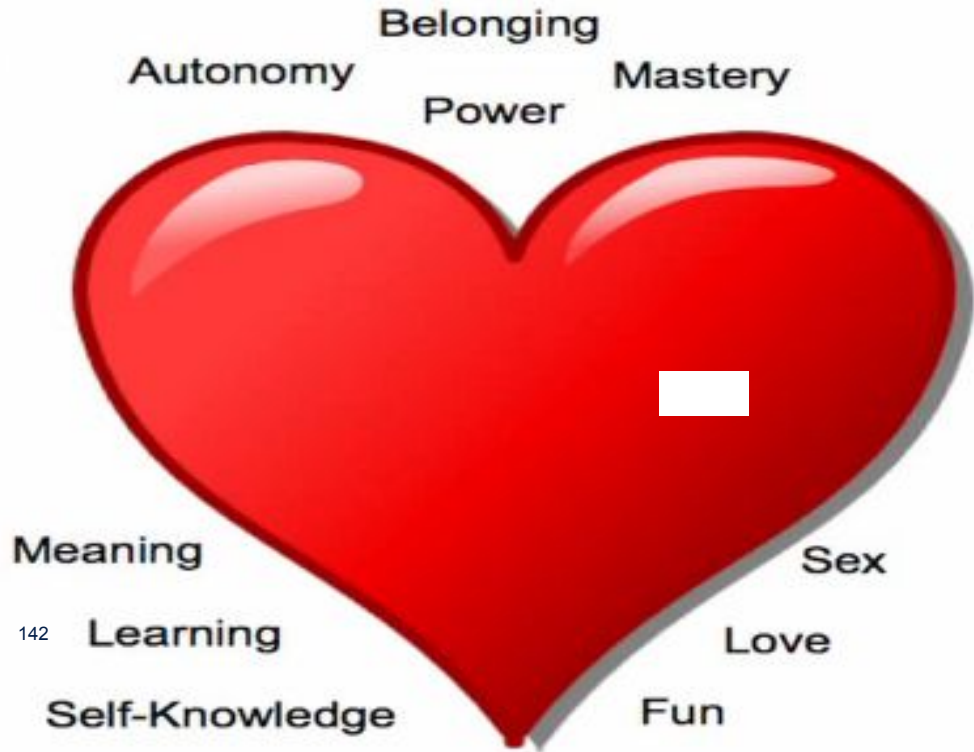
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Frustration	Vision	Skills	Incentives	Resources	Action Plan
False Starts	Vision	Skills	Incentives	Resources	

Managing change: intrinsic versus extrinsic motivation



Psychology
The Human Side of
the Science of
Improvement

Intrinsic value > Extrinsic Rewards



Strategies to achieve change: the heart and the head

See-Feel-Change

- Help people see
 - Dramatic, compelling stories
- Hit emotions
 - Hit at a deeper level
- Emotionally charged ideas change behavior

Analysis-Think-Change

- Give people analysis
 - Information from reports
- Data and analysis influences how we think
 - Information changes thinking
- New thoughts change behavior

Ideas to manage
resistance

Ideas to Manage Resistance

Communicate

- Train/educate about the process, strategies
- Provide information about the need for change
- Change the message
- Change the messenger

Listen

- Individually and in groups
- Active listening
- Discuss hopes and fears
- Provide opportunities to vent

Managing the resistance: revel in the pushback!

- Confront the resistance
- Respect the resistor
- Don't label them negatively
- Embrace and use their knowledge

How to manage resistance: be strategic!

- Use tests
- Use data
- Allow reinvention
- Create tension for change
- Show benefits/provide incentives



Acknowledgements

Barbara Boushon

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Lloyd Provost

Questions



Closing and Evaluation

Reflection

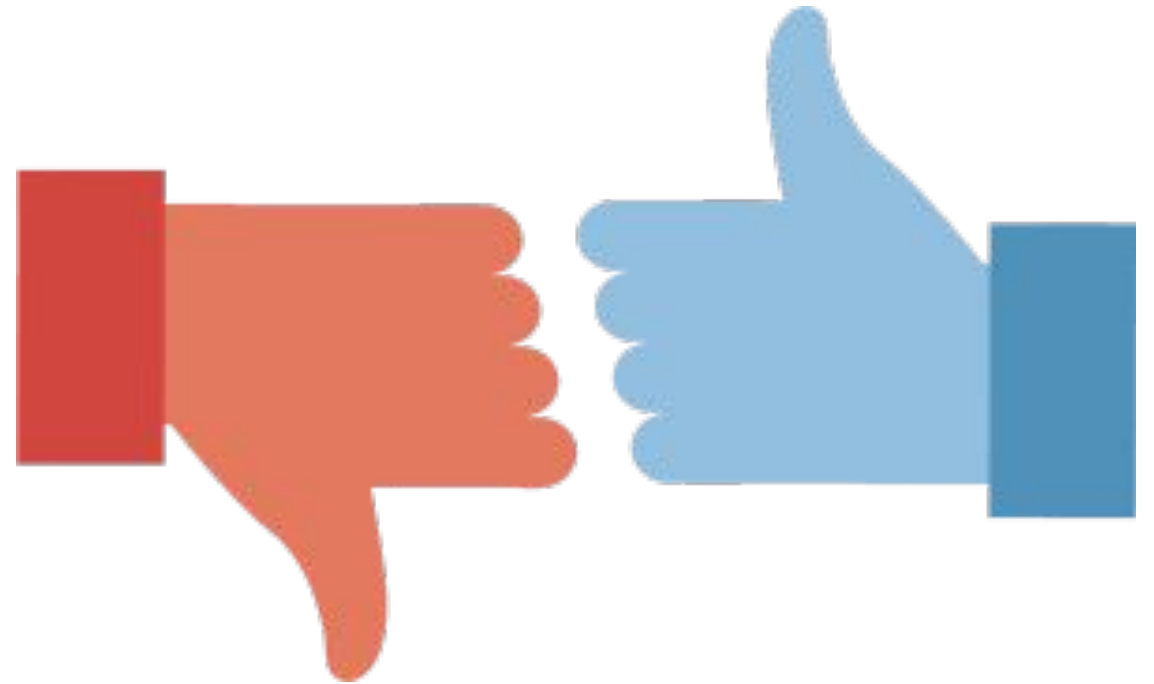
Post-Training Survey

- **[hold for QR Code]**

Keep or Change

Thinking about today's training, is there anything you would recommend we **keep** doing for tomorrow?

Is there anything you would recommend that we **change** for tomorrow?



What I will apply ...

What is 1 thing you learned today that you will apply in your work when you return from the training?



Questions



Salamat!