



Continuously Improving the Way We

Write



PDSA Rev 2.0



 **BAPTIST**[®]

Get Better.

Obstacles are the **HEART** of the Matter



THE FIVE COACHING Daily Routines/ Kata Questions

- 1 What is the **Target Condition**?
- 2 In your **Current Condition**, what is your **Actual Condition** now?

TURN CARD OVER

- 3 What **Obstacles** do you think are **now** preventing you from reaching the target condition?

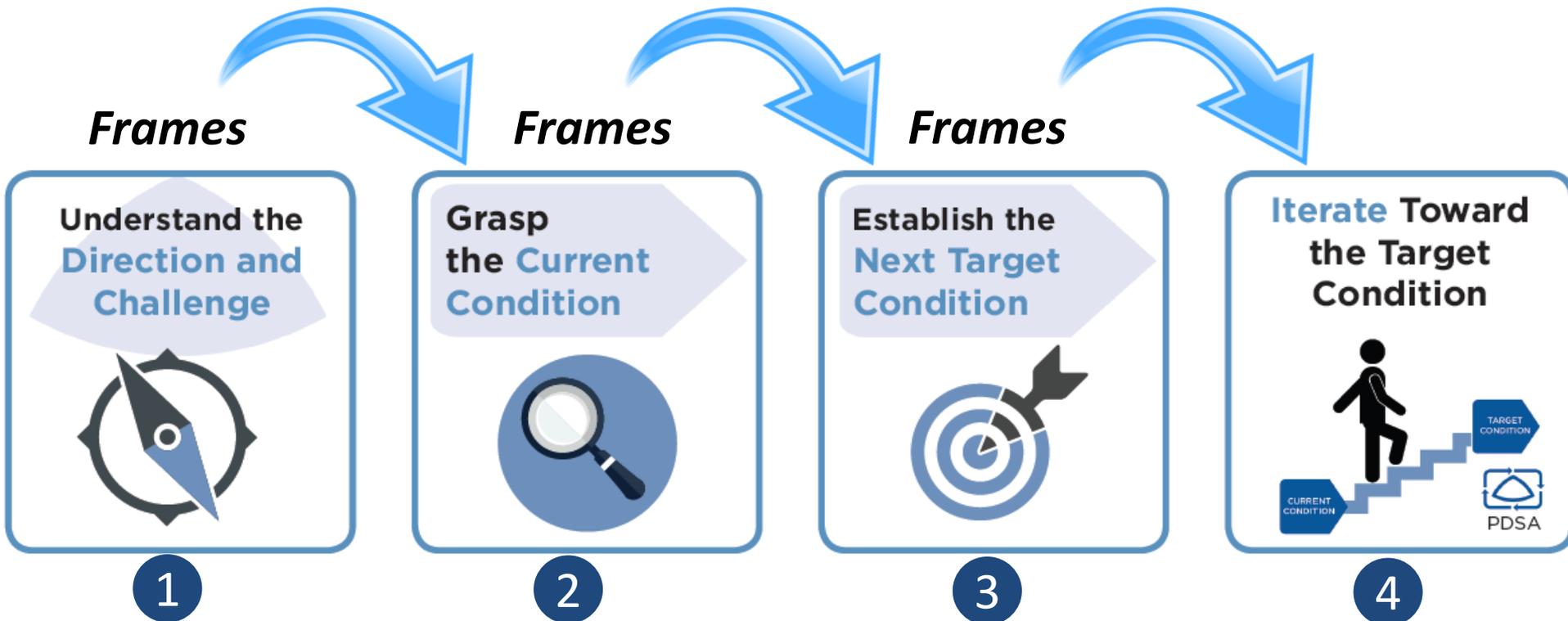
*Which **one** (obstacle) are you addressing **now**?

- 4 What is your **Next Step**? (next PDSA/ experiment) What do you expect?
- 5 When can we go and see what we **Have Learned** from taking that step?

*You'll often work on the same obstacle for several PDSA cycles.

The Steps of the Improvement Kata Frame and build upon one another

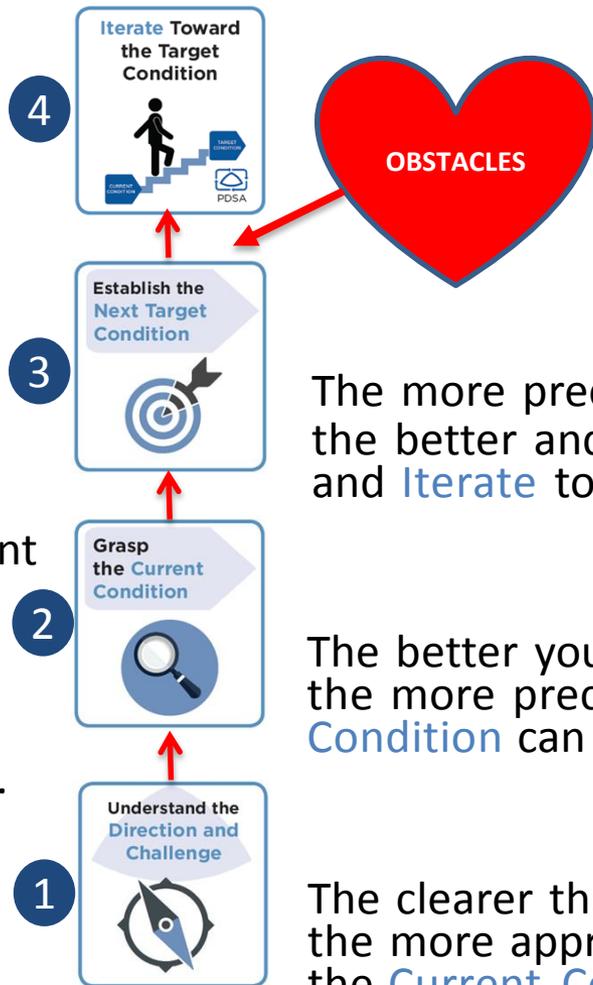
Each step of the Improvement Kata pattern operates within the context of the previous step. This framing effect is an integral part of effective problem solving.



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Each Step of Clarity Improves Experimentation

Clearly writing **obstacles** will help you write better and more effective **PDSAs**... ultimately impacting the process/outcome metrics



The more precisely you define the **Target Condition**, the better and more quickly you can recognize obstacles and **Iterate** toward it with rapid experiments .

The better your analysis of the **Current Condition**, the more precise your definition of the **Target Condition** can be.

The clearer the definition of the **Challenge**, the more appropriate will be your analysis of the **Current Condition**.

What you do in one step frames the next step

The more clarity you can build into each of the Improvement Kata steps, the better you can experiment.

Objective of a Good Coach – Move Mindsets

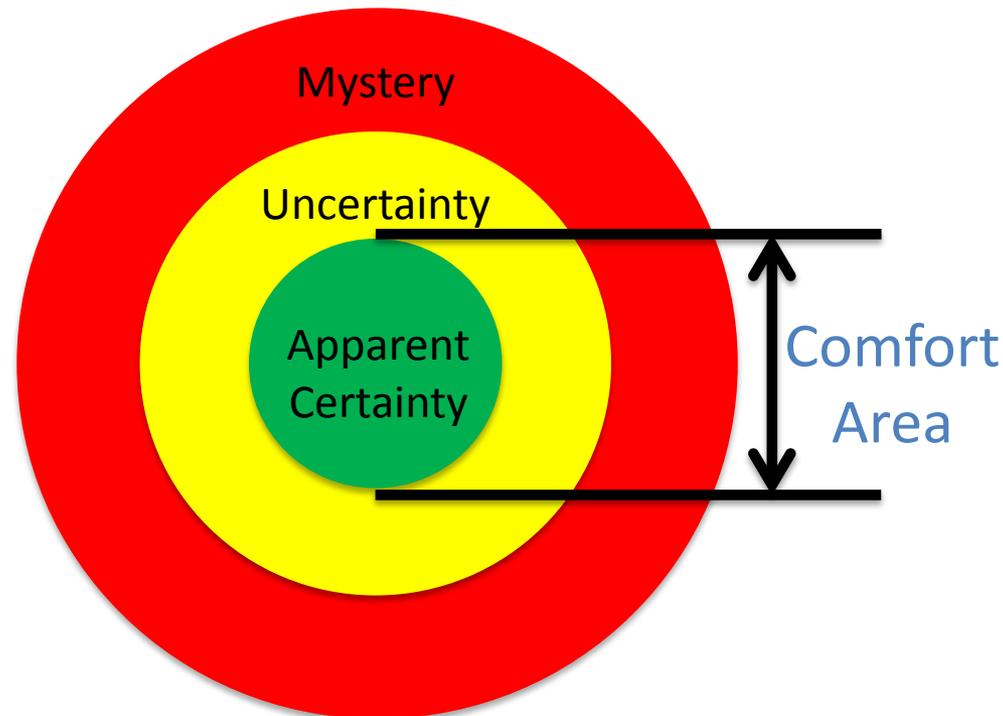
Mindset 1: A Fixed Mindset*

We derive a lot of our sense of security and confidence from **certainty**, and tend to seek it.

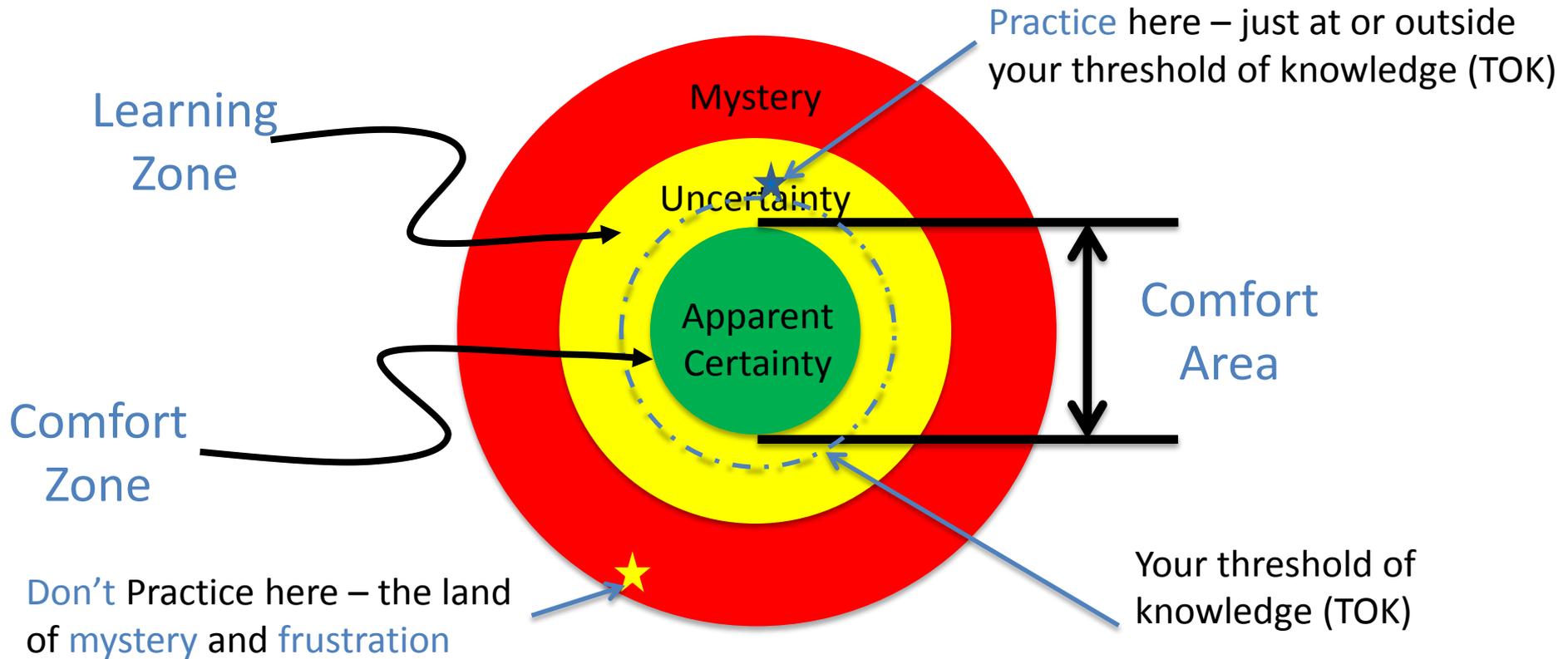
The way the adult brain functions, we naturally strive to operate in what I call a **Zone of Apparent Certainty**, where things are as **expected**, rational, calculable, logical, **familiar**, risk free & certain.

With this **mindset**:

1. We expect that things will go as planned
2. We feel we have control and can predict



Objective of a Good Coach – Move Mindsets



The Threshold of Knowledge is the point at which you have no facts and data and start guessing. The Threshold of Knowledge is difficult to spot because we don't realize that our brain is automatically filling in our knowledge gaps.

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* Terminology by Carol Dweck, Mindset (Random House, 2006)

Objective of a Good Coach – Move Mindsets

Mindset 2: An Adaptive Mindset*

With this mindset you learn to operate in two zones simultaneously:

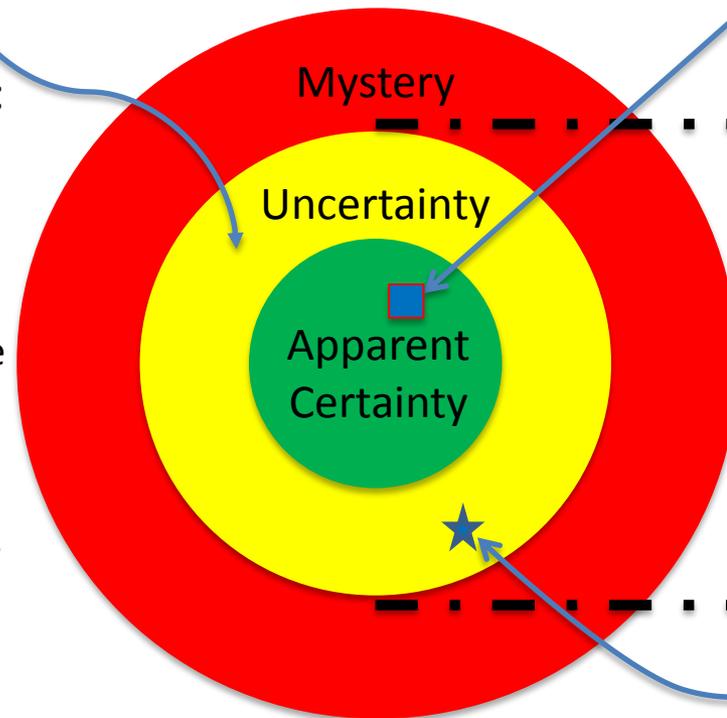
The **Zone of Apparent Certainty** + the **Zone of Uncertainty**

Learning ZONE; Ingenuity, Discovery, Creativity

Inside your current threshold of knowledge (TOK) = Too many “Go and Sees”

Expanded Comfort Area

Outside your current threshold of knowledge (TOK) = Many more Exploratory Experiments



In the Zone of **Uncertainty**:

- There is a **dilemma**: We want to make the best possible plan, **but** the optimum path will only be known in hindsight
- There are unanticipated **obstacles**
- You acquire/increase your **knowledge** as you go

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Get Better.

* Terminology by Carol Dweck, Mindset (Random House, 2006)

Obstacles are the **HEART** of the Matter

5. How quickly can we go and see what we have learned from taking that step?
- d) What did you Learn?

Prediction

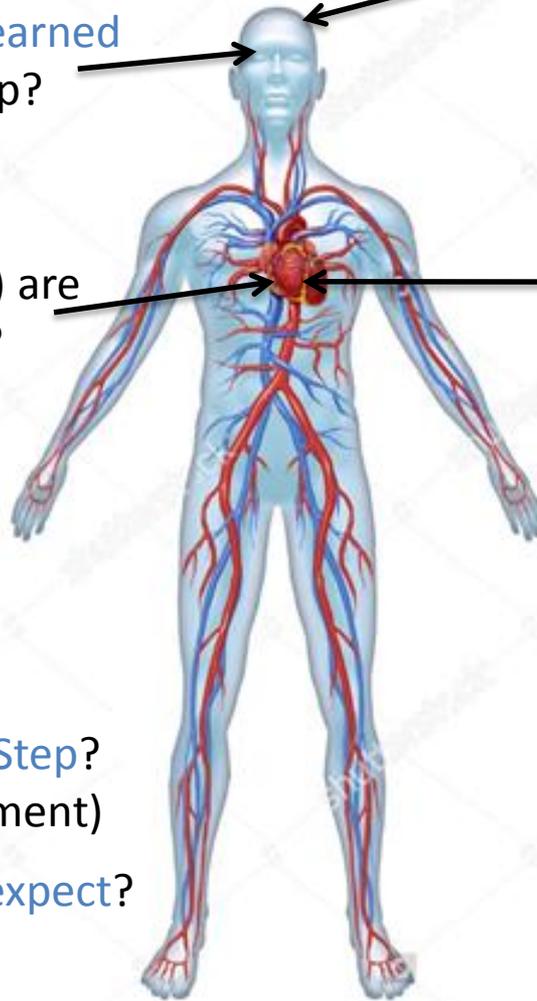
Reflection

- 3a. Which one (obstacle) are you addressing now?

3. What Obstacles do you think are now preventing you from reaching the target condition?

1. What is the Target Condition?
2. In your Current Condition, what is your Actual Condition now?
4. What is your Next Step? (next PDSA/experiment)
- 4a. What do you expect?

2. In your Current Condition, what is your Actual Condition now?
- a) What was your Last Step?
- b) What did you Expect?
- c) What Actually Happened?



THE FIVE COACHING
Daily Routines/ Kata Questions

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TURN CARD OVER →

- 3 What Obstacles do you think are now preventing you from reaching the target condition?
- 4 Which one (obstacle) are you addressing now?
- 4 What is your Next Step? (next PDSA/experiment) What do you expect?
- 5 When can we go and see what we Have Learned from taking that step?

*You'll often work on the same obstacle for several PDSA cycles.

REFLECT ON THE LAST STEP TAKEN

Because you don't actually know what the result of a step will be!

- 1 What was your Last Step?
- 2 What did you Expect?
- 3 What Actually Happened?
- 4 What did you Learn?

← **RETURN**

BAPTIST
MANAGEMENT SYSTEM

Remember we PDSA against Obstacles

*“We **don’t** PDSA to achieve the Target Condition.
We PDSA **against** obstacles.”*

“When you are vague about everything then you are always happy with whatever you get”



Coach

Learner

We must be specific when writing obstacles. We must avoid being vague. Common vague obstacles are the following:

- a. Training
- b. The Doctor
- c. The Nurses
- d. A statement that simply says we aren't operating the way the target says
- e. Etc.

Remember we PDSA against Obstacles

*“We **don’t** PDSA to achieve the Target Condition.
We PDSA **against** obstacles.”*



Coach

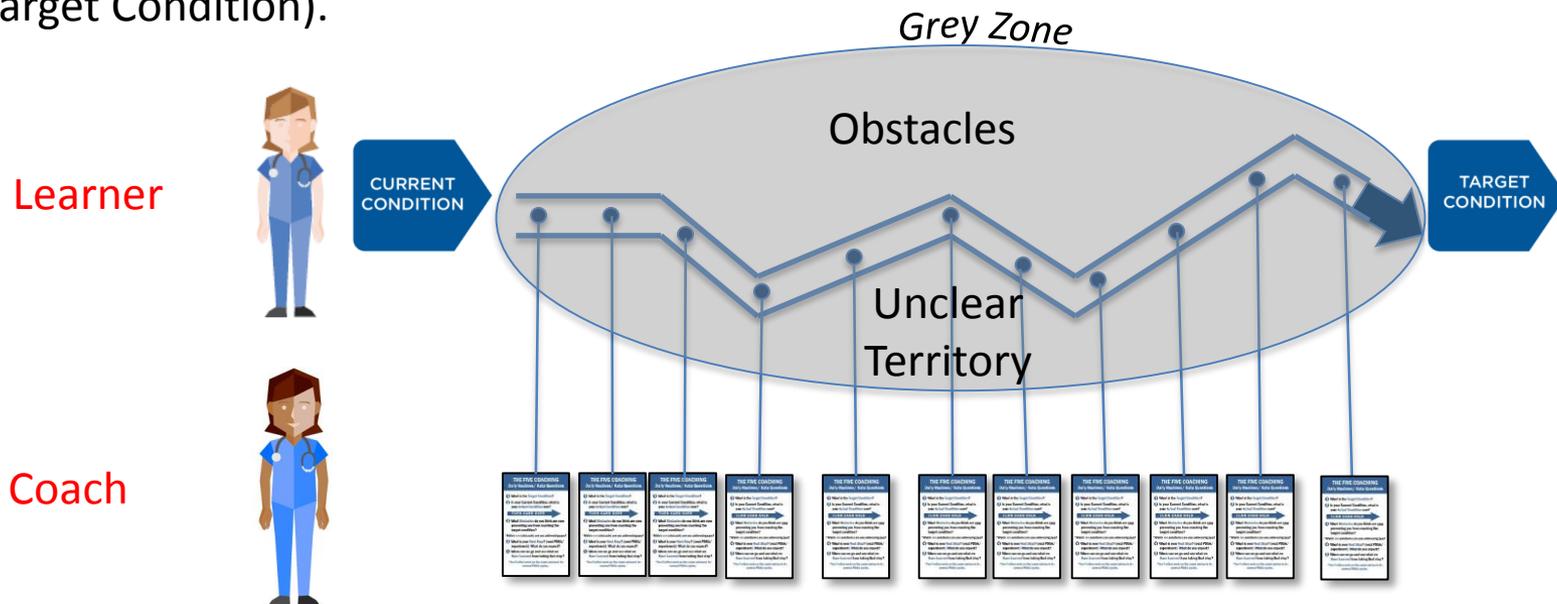
Learner

We must **not** embed possible solutions in our obstacles.

Remember we PDSA against Obstacles

3. What Obstacles do you think are now preventing you from reaching the target condition? Which one (obstacle) are you addressing now?

When the coach asks the question, s/he is curious about what the learner/improver believes are the unresolved issues, sources of variation, problems, etc. that are preventing the process from operating routinely the way it should (as defined by the Target Condition).



Be more **Specific** in writing **Obstacles**

But How?



*Let's look at a **few** approaches?*

Remember we PDSA against Obstacles

*“We **don’t** PDSA to achieve the Target Condition.
We PDSA against obstacles.”*

3. What **Obstacles** do you **think** are now preventing you from reaching the target condition?
- 3a. Which one (**obstacle**) are you addressing now?



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Daily Routines/ Kata Questions

- 1 What is the Target Condition?
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- 4 What is your Next Step? (next PDSA/experiment) What do you expect?
- 5 When can we go and see what we Have Learned from taking that step?
*You'll often work on the same obstacle for several PDSA cycles.

Here is a test; complete this sentence:

“We can’t (describe the target process) because _____.”

Following the word “**because**,” *read the obstacle verbatim*. Read *exactly* what it says on the obstacle parking lot. Word for word.

If that does not make a grammatically coherent statement that makes sense, then the obstacle probably needs to be more specific.

Example from a Well Know Class Exercise



Example from a Well Know Class Exercise

*Many times we want to write a **noun** or an **occurrence** as an **obstacle**:*

- i. Vague
- ii. Hard to define a good PDSA Step
- iii. Can't measure this

Better with Facts and Data

We think we are there with more description of the occurrence

A. We get

- i. More description of the issue
- ii. Difficult to define a good PDSA Step
- iii. Still can't measure this

TIOR

Let's try **Facts, Data, and a Negative Result**

or

Writing the **Obstacle** in the form of a **question** about the **Facts & Data** that we **don't know**. This is so we can learn more about the Obstacle to the Target Condition (this promotes *Go & See* experiments).

Let's try Facts, Data, and a Negative Result

or

A Question needing Answers for achieving the Target

Fact + Data

Obstacle

1. When we start on the “branched” area of the pattern, two workers interfere with the work pattern and we topple before completion

How will you measure that?

Topple %, and audit of standard work pattern 100%

Question needing answered

Negative result

2. We don't know a way to prevent bumping the table and have toppled too soon twice in each of the last 2 attempts

We call out aloud “bump” and count how many times we bump the table.

3. We don't know a way to prevent dominos from scattering and at least 5 dominos will fall on the floor.

Fact + Data

Count the number of dominos that fall on the floor each time we dump.

Obstacles are NOT Action Items

Writing an obstacle using verbs like “need”, “make”, or “training” are dead giveaways that the Learner is resorting to ingrained habits of **action item lists** resulting from episodic improvement events.

Limit verbs in Obstacle Parking Lots

Training is an **embedded solution** for a PDSA step. However, lack of knowledge or skill is an obstacle.

Obstacle Parking Lot

- ~~do not have graph of IV placement vs time~~
- ~~do not have graph of RN documentation vs time~~
- ~~can RN's free text IV documentation for other~~ — YES
- ~~difficult to reach RN~~
- need for education for RN to specify location
- need for education on importance of timely documentati
- make list of ED zones
- CTc IV pts - (need room) / waiting room
-
-
-

Obstacles are NOT “Blames”

Blaming the operation's current constraints, facts and required practices or job functions are *non productive exercises* and not obstacle identification which is the Kata way of *thinking*. As a Kata Coach evaluate your Learner's *Threshold of Knowledge (TOK)*, coach the Learner to explore innovation, and learn to spot problem lists that cannot be immediately experimented on, so you can coach Learners through obstacle identification.

Obstacle Parking Lot

- # of PCA's on floor
- Nurse pt. ratio
- HUC communication to PCA/Nurse effective/clean.
- PCA/Nurse communication back to HUC clean/effective if can't respond.
- cancel call light failure ~~every/after~~
- length of time of automated call back - 10 minutes
- Lunch time availability
- shift A
- patient meal times
- sitter breaks
- reading supplies
- Hillrom time incorrect
- too many calls

Obstacle Parking Lot

- Nurses on split halls
- Nurses getting meds out of Omniscene
- tasks that only RN can complete
- retaining staff

Obstacles are NOT just Statements & Phrases

How can we *measure* these *statements* and *phrases*?

Statements of fact without the negative results, trends, or the affect on process metrics which are causing a gap between Current Condition and the Target Condition are not obstacles.

Coach your Learners to identify the gap between Current Condition and Target Condition first, then give the facts + data, followed by what the impact on the process metrics, these facts are causing.

Obstacle Parking Lot

- Process not hardwired for all techs
- Staffing - 2 techs training 1 tech FMLA Histo tech FMLA
- Instrument flags
- Techs getting burned out with challenge don't feel like it matters anymore
- Teamwork issues on night shift
- Abnormal patients (dilutions, lipemia)
- Obstacles we haven't learned about yet

This statement could be infinite.....

Obstacles written correctly, with a *method* of measurement

Here we have **Fact+Data+Negative result** or as a question needing answered to increase our Threshold of Knowledge (TOK)

Facts and Data along with the **Negative outcome** or a question causing the gap between Current Condition and Target Condition or the negative outcome/result. **Don't write solutions**, however write the **negative outcome causing the gap** – But the true obstacle is what about the method used by the nurses is causing fallout > 30 min

6-22-16 IV documentation

Obstacle Parking Lot

- IV placement > 45 m causes ↑ TAT (0-B)
- we do not know ED zones - relationship in EPIC pts waiting
rm cannot have
IV - causes ↑ TAT
- difficult to reach RN - lack of phones, RN busy with
- pts - ↑ TAT for IV documentation
- no TWI job instruction for correct IV documentation for new hires / current RN's which causes
- fallouts > 30m 19/81 = 24% is current fallout

The Data indicates how we can measure this obstacle

Coaching for improved obstacle definition

Obstacle **Before** Coaching

Obstacle **After** Coaching

How will you measure that?

Not entering patients into Tele-tracking decreases the % of patients by Transport staff



Example 1

RN Staff not following the target condition discharge process decreases the likelihood that the discharge process will be followed correctly. Therefore the percent of patients presented to transport staff is decreases and the bed status will not automatically change from to “Dirty” which signals EVS to clean.

The percent that is presented to transport staff and the percentage of walk outs & d/c by nursing staff

IV placement documentation increases Order: Begin time



Example 2

We don't know the time frame given to RN'S regarding IV placement and documentation time; therefore we cannot determine if the MD orders the IV for CTs first, or if the MD enters all orders in a “batch” which could delay the time the RN is given to place the IV, ultimately delaying Order : Begin time.

Manually compare patient by patient the percentage that were “batch” MD orders vs single orders using the Order : Begin report.

Coaching for improved obstacle definition

Obstacle **Before** Coaching

Obstacle **After** Coaching

How will you measure that?

All ED staff are unaware of the standard operations procedure of the pivot role in the ED



Example 3

5 out of 18 RNs understand the standard operations procedure of the pivot nurse in the ED; this results in delays in connecting the pivot nurse and the Med-Surge RNs and this delays getting reports called to proper unit

ED related fallouts.
Record and track Bed Assigned : Ready less than 15 min

Inpatient staff concerns with nurse calling reports that are unfamiliar with patient



Example 4

Inpatient RNs concerns with ED nurse calling about patient reports that the Inpatient RN are unfamiliar with. Therefore pivot RN can't answer Inpatient RN questions which increases time to give report and ultimately the Bed Assigned : Ready process metric.

Document and track communication between ED/IP managers/Directors on issues at the time of the event

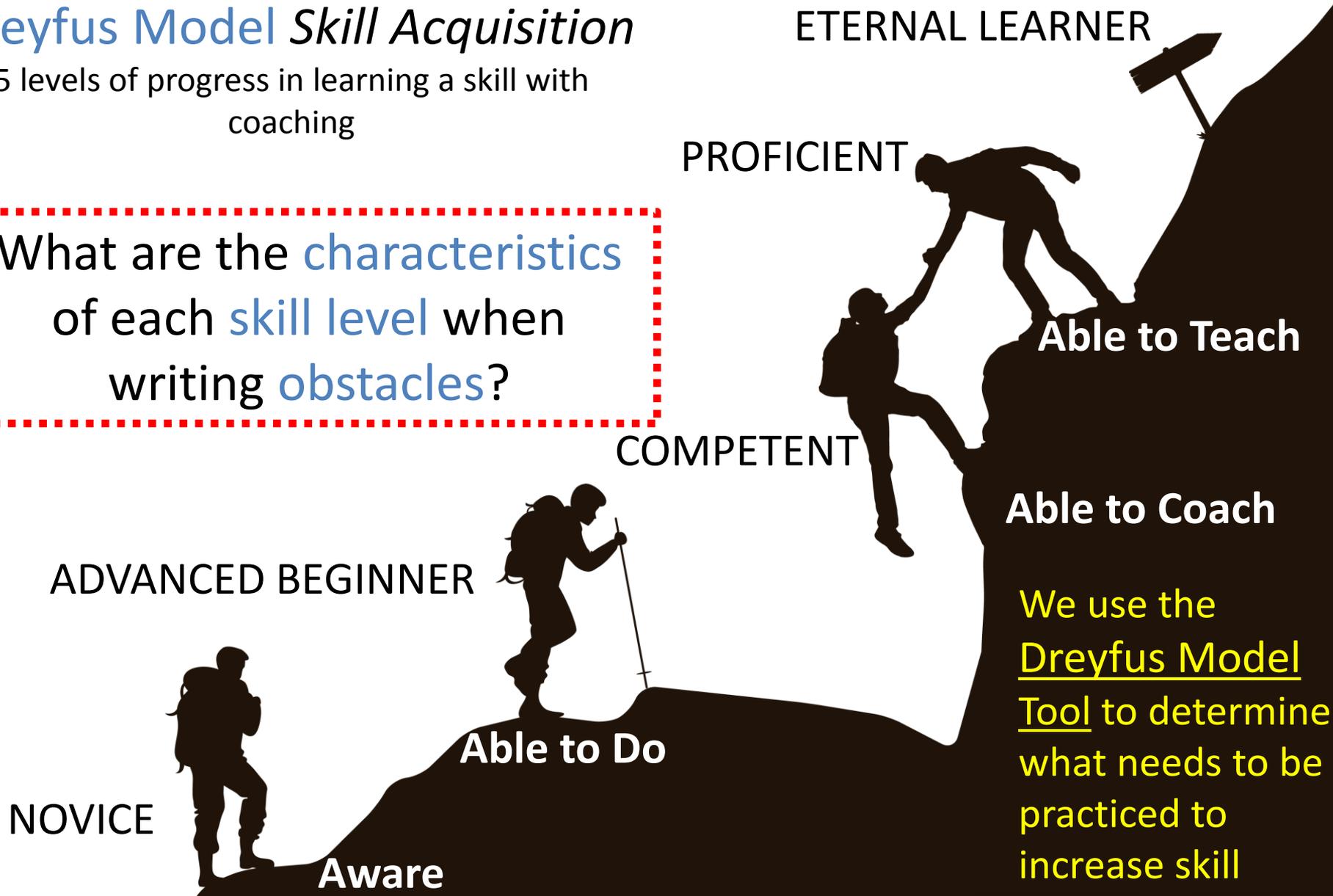
Coaching for improved obstacle definition

Obstacle Before Coaching	Obstacle After Coaching	How will you measure that?
<p>RN's difficult to find or reach</p> <p></p> <p>Example 5</p>	<p>Radiology does not know who in ED to notify for patient location and readiness which increases the Order : Begin time</p>	<p>Track the number of times Radiology calls and cannot get an RN on the phone</p>
<p>Why does it take so long to get an HCG</p> <p></p> <p>Example 6</p>	<p>Is the process for determining HCG and orders with contrast causing the delay or is it delayed because an order has never placed by the MD until after Radiology asks for HGC? This increases the Order : Begin time.</p>	<p>We will review times manually from Order : Begin reports filtered for HGC orders</p>
<p>Unsure why we are inconsistent with CHG baths/Peri care.</p> <p></p> <p>Example 7</p>	<p>We are unsure why we are inconsistent with CHG baths; some patients have been documented as getting 2 baths in a day while others have none which results in poor quality of patient care. We are not in 100% compliance with policy and this increases our risk of CAUTI.</p>	<p>Daily CHG bath % compliance with policy via a daily run chart</p>

Dreyfus Model Skill Acquisition

5 levels of progress in learning a skill with coaching

What are the characteristics of each skill level when writing obstacles?



We use the Dreyfus Model Tool to determine what needs to be practiced to increase skill

Characteristics of a Novice: Obstacles

Dreyfus Model *Skill Acquisition*

5 levels of progress in learning a skill with coaching

- a. Identifying Obstacles: The **obstacles identified** are actually **actions/solutions** instead of a true obstacle.
- b. Articulating Obstacles: They are articulated as **vague obstacles** that cannot be experiment against.
- c. Documenting Obstacles: The learner forgets to update the **obstacle list** as PDSAs progress. They **do not** identify clearly **which obstacle** is being addressed.
- d. Relationship Between Obstacle and Target Condition: Obstacles **do not** link to the Target Condition and PDSA.

NOVICE



We use the Dreyfus Model
Tool to determine what needs to be practiced to
increase skill

Characteristics of a **Adv. Beginner**: Obstacles

Dreyfus Model *Skill Acquisition*

5 levels of progress in learning a skill with coaching

- a. Identifying Obstacles: Obstacles are **observed** instead of 'word of mouth'
- b. Articulating Obstacles: Obstacles are becoming more specific, but may not articulate how they can be **measured**. Not written with facts, data and the negative outcome or metric it is affecting - or not written in the form of a question needing a "Go and See" of the pattern of work.
- c. Documenting Obstacles: Obstacle Parking Lot is updated as PDCAs progress sometimes with the "nudge" from a coach
- d. Relationship Between Obstacle and Target Condition: Specific and crisp obstacles that are **clearly linked** to the Target Condition

ADVANCED BEGINNER



Characteristics of a **Competent**: Obstacles

Dreyfus Model *Skill Acquisition*

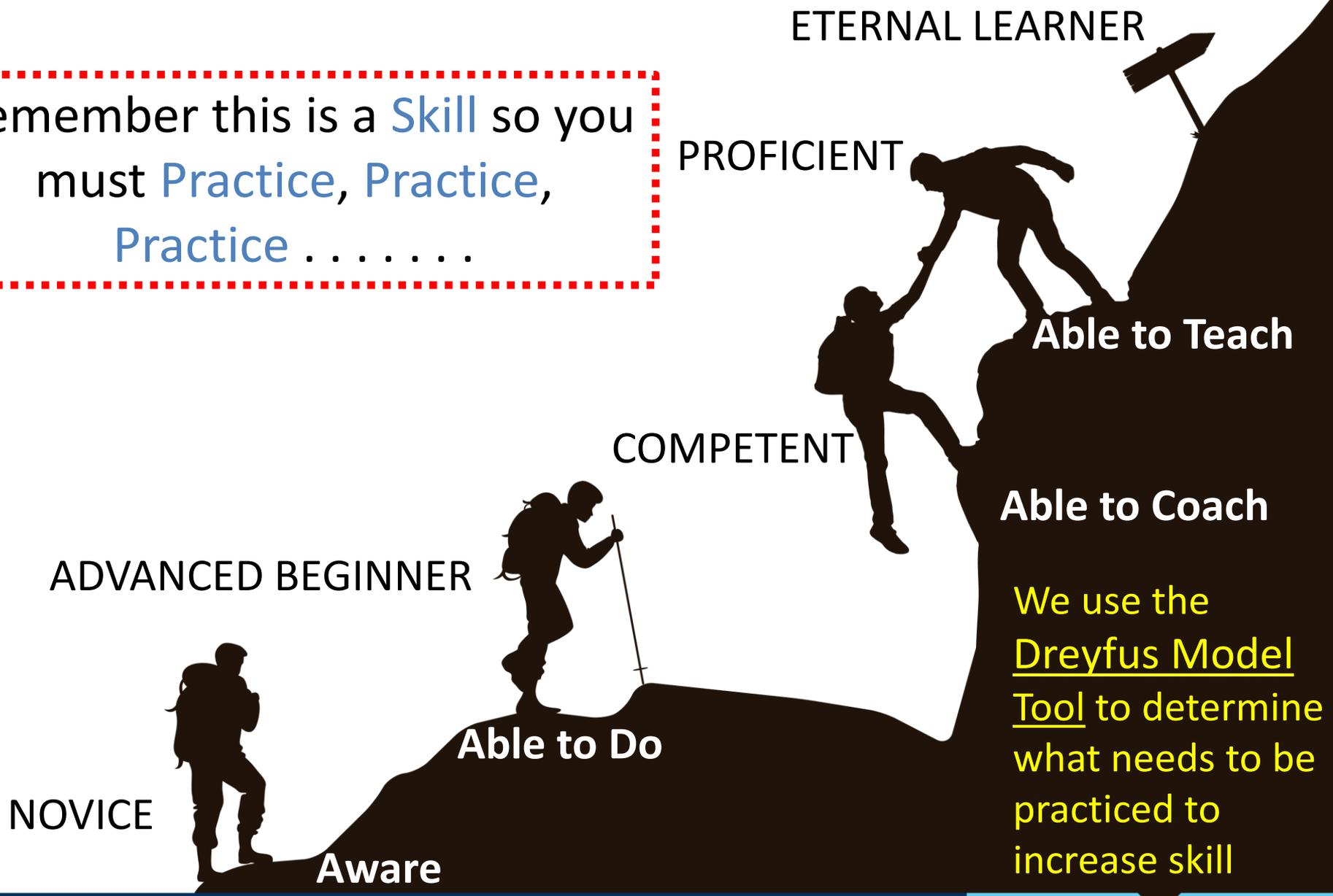
5 levels of progress in learning a skill with coaching

- a. Identifying Obstacles: Obstacles are **observed** and **discovered** during PDCA's
- b. Articulating Obstacles: **Very specific**, can be articulated and can be measured if eliminated. Well written with facts, data and the negative outcome or metric it is affecting - or written in the form of a question needing a "Go and See" of the pattern of work.
- c. Documenting Obstacles: **Actively** looking for obstacles during the observation of their PDCA cycle and learning reflection
- d. Relationship Between Obstacle and Target Condition: Obstacles are **strongly** connected to the Target Condition and PDCA - elimination of the obstacle ties directly to results

COMPETENT



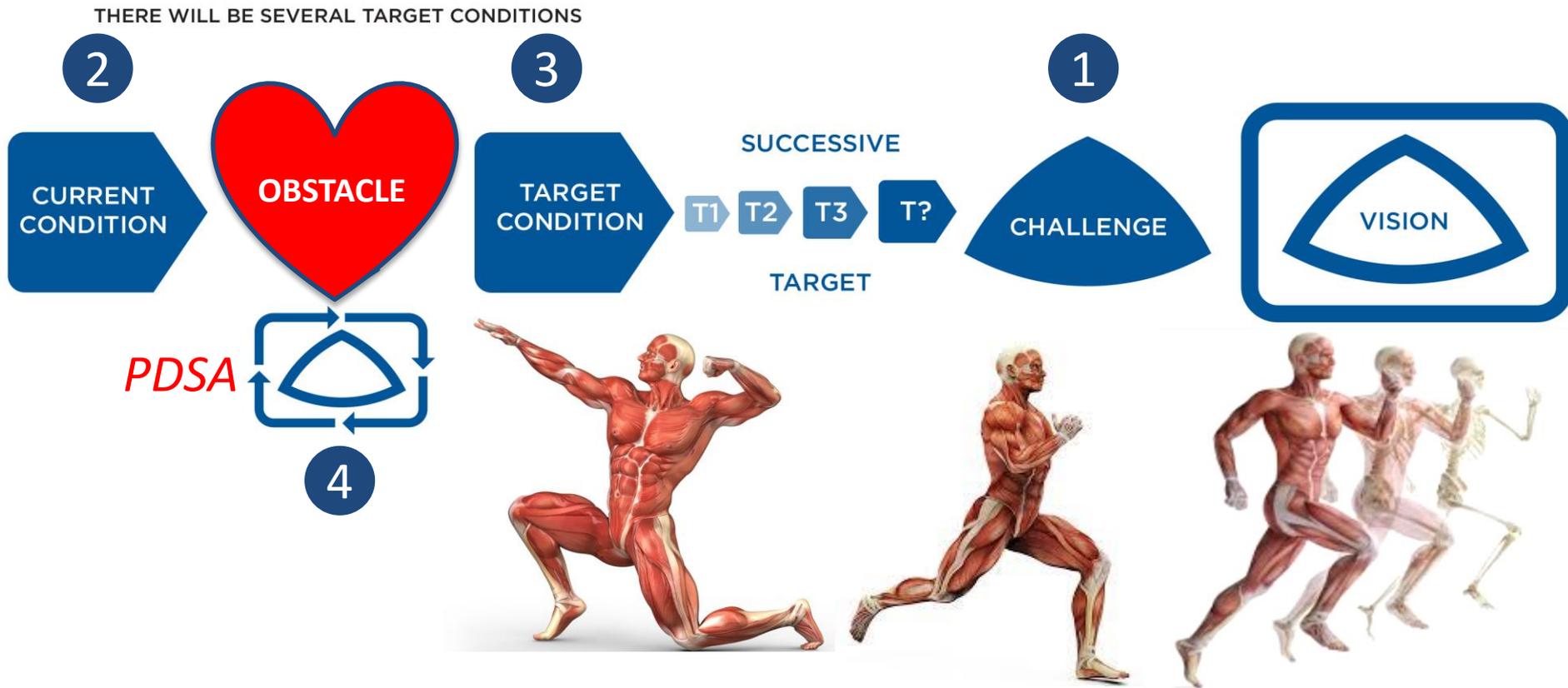
Remember this is a Skill so you must Practice, Practice, Practice



We use the Dreyfus Model Tool to determine what needs to be practiced to increase skill

Obstacles are the **HEART** of the Matter

Kata is an iterative process!

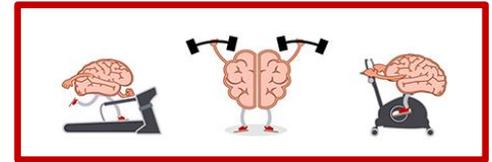


THANK YOU for the Gift of your Time!

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Focus on the **PEOPLE**, and the numbers will **COME**. Focus on
the **NUMBERS** and the people will **GO!**TM