



ED PIP: Preparation Phase

Overview

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Prepare Phase Overview

Purpose

- To establish the necessary conditions for the success of the improvement initiative.

Objectives

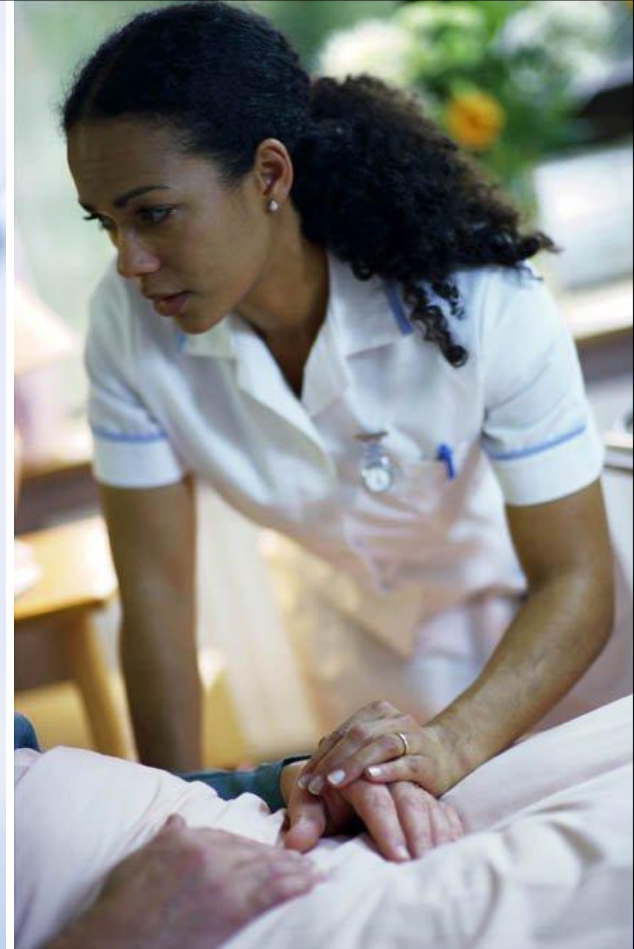
- Gain alignment on the mandate
- Alignment on project deliverables
- Key metrics selection
- Team selection
- Organization readiness assessment

Key activities

- Chartering
- Stakeholder analysis
- Project team members selection
- Team roles and responsibilities
- Development of work plans
- Initial information gathering

Outcomes and deliverables

- Confirmed mandate and deliverables
- Confirmed steering committee members
- Confirmed project team members
- Change risks mitigated



ED PIP: Preparation Phase

Workplan

Prepare: Outcomes and Timing

	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Operating System	<ul style="list-style-type: none"> Preparation meeting with senior leaders and physicians to discuss program 	<ul style="list-style-type: none"> Conduct Site Visit Understand existing initiatives that may overlap or leave gaps 	<ul style="list-style-type: none"> Draft team charter outlining proposed scope, team, and objectives (draft in appendix) Share and validate with sponsors 	<ul style="list-style-type: none"> Project deliverables identified Draft process flow diagram
Performance Management	<ul style="list-style-type: none"> Align on improvement targets for core operating metrics (e.g., ED ALOS, IP ALOS, ED LWBS) with LHIN (or appropriate body of authority) 	<ul style="list-style-type: none"> Assign lead and establish metrics tracking tool that provides 'real time' results for core set of operational metrics 3 month baseline collected 	<ul style="list-style-type: none"> Initial data request placed Understand existing targets, metrics, performance 	<ul style="list-style-type: none"> Review initial data set
Culture & Capabilities	<ul style="list-style-type: none"> Ensure project is aligned with strategic objectives 	<ul style="list-style-type: none"> Senior leaders and physicians engaged to support program Understanding of barriers to change from initial discussions 	<ul style="list-style-type: none"> Focus on building skills in areas that are gaps amongst the team 	<ul style="list-style-type: none"> Team leader training Team sponsor training Stakeholder map
Communications	<ul style="list-style-type: none"> Project introduced to top team Project introduced to leaders on participating units 	<ul style="list-style-type: none"> Project introduced to hospital by CEO or senior executive who will have full ownership 	<ul style="list-style-type: none"> Communication plan finalized 	<ul style="list-style-type: none"> Share leader's goals for project with hospital (broad communication)
Team Management	<ul style="list-style-type: none"> Experienced and credible team leaders recruited (teams: ED, Admissions and IP unit) Recruit multi-disciplinary team of front line leaders (2 part time members per team) 	<ul style="list-style-type: none"> Ensure appropriate backfills are in place for team members and team leaders (e.g., vacations, training) 	<ul style="list-style-type: none"> Secure appropriate physical and IT infrastructure (e.g., team room, phone and PC access) 	<ul style="list-style-type: none"> Confirm all logistics for kick-off training and first 2 weeks



ED PIP: Preparation Phase

Tools

During the prepare phase, teams should focus on laying the groundwork required for projects to be successful

Three tools have been selected to support you in achieving the goal of this phase, which fundamentally is to ensure you are set up for success through your improvement journey



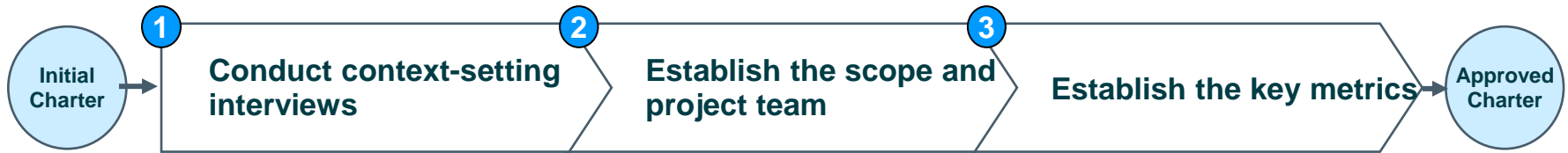
	Tool	Description
1	Project Charter	The project charter is a statement of the scope, objectives and participants in a project
2	Work Plans	A summary plan that details the activities that need to be performed over time
3	Stakeholder Maps	A visual tool to layout who the stakeholders are and their biases and influences

Charter – Overview

The project charter is a cornerstone project management deliverable. This section will not substitute the need to build strong project management capabilities within your hospital. Below, you'll find a basic overview of the project charter as a tool.


Outcome	<ul style="list-style-type: none"> ■ Project scoped with initial hypothesis and outcomes developed in sufficient detail to be accepted by the sponsor
Definition: 'What is it?'	<ul style="list-style-type: none"> ■ The project charter is a statement of the scope, objectives and participants in a project. It provides a preliminary delineation of roles and responsibilities, outlines the project objectives, identifies the main stakeholders, and defines governance structures. It serves as a reference of authority for the future of the project.
Objectives: 'What is it used for?'	<ul style="list-style-type: none"> ■ The Charter is an approval document that indicates the sponsor acceptance of the project ■ Ensures clarity of scope, resource requirements, outcomes, performance measures and targets and identifies the project team
Benefits:	<ul style="list-style-type: none"> ■ When the charter is signed off, it binds various parties to certain accountabilities, and deliverables ■ It serves as a project reference document to provide structure to the entire project
When to use	<ul style="list-style-type: none"> ■ At the Prepare phase of each project with progressive iterations throughout the project.

Building a charter



Complete Project Charter with iterative interviews

- Meet with project sponsor and key stakeholders to gain an alignment on the purpose and objectives of the project
- Make the scope as specific as possible
- Ensure scope is sufficiently defined so that project can be completed within allocated time frame
- Ensure that a specific end-to-end process is selected, based on its potential for high impact.
- Identify Project Team leader and team members based on the scope of the project
- Identify relevant key metrics (discuss these during iterative interview process)
- The key metrics should reflect what is important to the patients and the hospital

 • This stage should be iterative (to ensure that the Project Scope/Charter accurately reflects the intended outcome of the project)

Example initiative charter

Mission statement and scope

- GIM-Discharge – move patient through the care process more efficiently with reductions in wasted time and effort in the process
- Scope: GIM patients from arrival on floor to discharge

Priority objectives

1. Increase patients discharged before 11 am and 2 pm
2. Maintain or decrease ALOS
3. Improve accuracy of planned vs. actual discharges

Metric	Baseline
<u>Quality</u>	
• Planned discharges vs. actual discharges (%)	TBD
<u>Time</u>	
• Patients discharged before 11 am (%)	TBD
• Patients discharged before 2 pm (%)	TBD
• Average length of stay (days)	TBD

Areas affected

Area	Contact/Linkage
• Portering	TBD
• Voyageur Patient Transport	TBD
• Information Management	TBD
• PSA's	TBD
• Nursing Practices	TBD

Role	Assigned	Commitment
Sponsor:	TBD – executive	20%
Process leader:	TBD	100%
Change agent:	TBD	50%
Team members:	TBD	30%
	TBD	30%
	TBD	30%
	TBD	30%

Logistics (meeting rooms, meeting times, etc)

- TBD

Other notes

- TBD

Charter Template

Mission statement and scope

- ..

Priority objectives

1. ..

Metric	Baseline
<u>Quality</u>	
• ...	TBD
<u>Time</u>	
• ...)	TBD
	TBD
	TBD

Areas affected

Area	Contact/Linkage
• ...	TBD
	TBD
	TBD
	TBD
	TBD

Role	Assigned	Commitment
Sponsor:	TBD – executive	20%
Process leader:	TBD	100%
Change agent:	TBD	50%
Team members:	TBD	30%
	TBD	30%
	TBD	30%
	TBD	30%

Logistics (meeting rooms, meeting times, etc)

- TBD

Other notes

- TBD

Overall Work Plans Plan – Overview

There are so many ways to organize and plan for the work being done. Below, is a high level overview of work plans in general and subsequently, a couple examples are provided, but should be customized to meet your needs as well as fit within your organization's planning expectations.

Outcome	<ul style="list-style-type: none"> ■ Team Leader and Team members are aligned and understand the required deliverables for each phase
Definition: 'What is it?'	<ul style="list-style-type: none"> ■ A summary plan that details the activities that need to be performed, by week, to deliver the outcomes specified ■ It contains the expected start and end times for key activities
Objectives: 'What is it used for?'	<ul style="list-style-type: none"> ■ To provide structure for the delivery of activities: <ul style="list-style-type: none"> • Progress status • What by when • Align interdependencies
Benefits:	<ul style="list-style-type: none"> ■ Key milestones are delivered on time ■ Activity interdependencies are aligned
When to use	<ul style="list-style-type: none"> ■ Use the work plan format at the start of the Prepare phase, then iterate at the start of each subsequent phase ■ Use the work plan to monitor achieving desired tactical steps and project milestones

The following is a sample work plan used during the diagnostic phase

DIAGNOSTIC PHASE WORKPLAN				
	Weeks 1-2	Weeks 3-4	Weeks 5-6	Weeks 7-8
Operating system	<ul style="list-style-type: none"> SIPOC Value Stream Map Go & See Diagnostic interviews with select leaders 	<ul style="list-style-type: none"> Issue tree / hypothesis tree Analysis (e.g., Pareto) and observation (e.g., Go & See) to prove / disprove hypothesis Initial description of opportunities 	<ul style="list-style-type: none"> Initial sizing of opportunities Root cause (e.g., 5 why) problem solving for each opportunity Profile of each opportunity area 	<ul style="list-style-type: none"> Opportunity set prioritized by expected impact on metrics (e.g., LOS) Root cause for issues and opportunities understood
Performance Management	<ul style="list-style-type: none"> Targets confirmed Metrics reviewed on DART Additional data request placed (as required) 	<ul style="list-style-type: none"> Data collection plan 	<ul style="list-style-type: none"> Performance management diagnostic interviews with leaders 	<ul style="list-style-type: none"> DART training
Culture & capabilities	<ul style="list-style-type: none"> Team norms session Team learning session Capability assessment Skills learning 	<ul style="list-style-type: none"> Stakeholder management plan Existing patient sats assessed Functional learning 	<ul style="list-style-type: none"> Organization culture assessed via interviews and focus groups Skills learning 	<ul style="list-style-type: none"> Organizational cultural themes (strengths and barriers) identified Functional learning
Communications	<ul style="list-style-type: none"> Project and team introduced to unit 	<ul style="list-style-type: none"> Communications plan Engage physicians and staff Update sponsors 	<ul style="list-style-type: none"> Share VSM with unit staff & physicians and validate hypothesis Prep Steering Committee #1 	<ul style="list-style-type: none"> Steering Committee Align on 10-15 opportunities to pursue Hospital wide update
Team Management	<ul style="list-style-type: none"> Project logistics established Team tour of unit Team calendar established 	<ul style="list-style-type: none"> Team event 	<ul style="list-style-type: none"> Site visit / guest speaker 	<ul style="list-style-type: none"> Team event

There are items listed as “skills or functional learning”. This refers mainly to the focused training for information and tools found within this toolkit.

Stakeholder Maps – Overview

It's often underestimated how complicated the management of your project stakeholders can be. The stakeholder map is a great tool to proactively address and strategize how you want to manage the interests of various stakeholders

Outcome	<ul style="list-style-type: none"> After using this tool, you will have identified people who have a stake (major or minor, inside and outside the organization) in the change process, as well as their motivations and drivers for why they would want to change or continue in the status quo.
Definition: 'What is it?'	<ul style="list-style-type: none"> A stakeholder map is a graphic that represents all the human constituents who have a stake in the change idea. It includes the area of interest (e.g. strategic, financial, operational) for each stakeholder, as well as the motivations and drivers for supporting (or not) the change idea.
Objectives: 'What is it used for?'	<ul style="list-style-type: none"> The stakeholder map is used by managers preparing to propose a change idea in the workplace. It is used to identify all people (staff, patients, etc) who have a stake and suggest why they may or may not currently want to carry out the change idea. These insights allow managers to get to the issues of stakeholders in order to position their pitch for the change idea to best meet the issues at hand, rather than pitching based on a single position. (e.g., negotiate based on issues and not position)
Benefits:	<ul style="list-style-type: none"> The map will help to identify the varying levels of support for the initiative which can help you plan strategies to gain support of your initiative.
When to use	<ul style="list-style-type: none"> Stakeholder maps are most useful prior to communication of the change idea, which is usually <i>a week or two</i> before the implementation phase. Stakeholder maps should be done once the change idea is well-defined, because that strongly affects who is or isn't a stakeholder.

Stakeholder Maps - Instructions For Use (1/3)



1. **Stakeholder management and communications are strategies to address organizational barriers and to promote support to achieve the project objectives**
2. **Overcoming organizational barriers requires the answers to three questions:**
 - Which stakeholders will be impacted by the change ideas, both within and outside the hospital?
 - Which of those stakeholders warrant active management by the project?
 - Where can the project best focus its efforts to influence these key stakeholders?
3. **Create a list of all stakeholders. Some examples might include:**
 - Customers
 - Functions (finance, operations, sales)
 - Employees
 - Managers and executives
 - Suppliers



- Analyze stakeholders at the level at which you propose to manage them (e.g. you would probably analyze each member of a leadership team individually, a head nurse individually, but might treat the remaining nurses in a department as a group).
- Over the course of a change initiative, the attitudes of stakeholders will change. At the start, many stakeholders often adopt a positive attitude. As the initiative progresses and becomes “real” to each participant, their attitudes may polarize, with some expressing support while others resist the initiative.

Stakeholder Maps - Instructions For Use (2/3)



1. Understand how the stakeholder grid works

- The top row includes the people who are most able to influence a change idea
- The right-most column includes the people who most strongly support the change idea

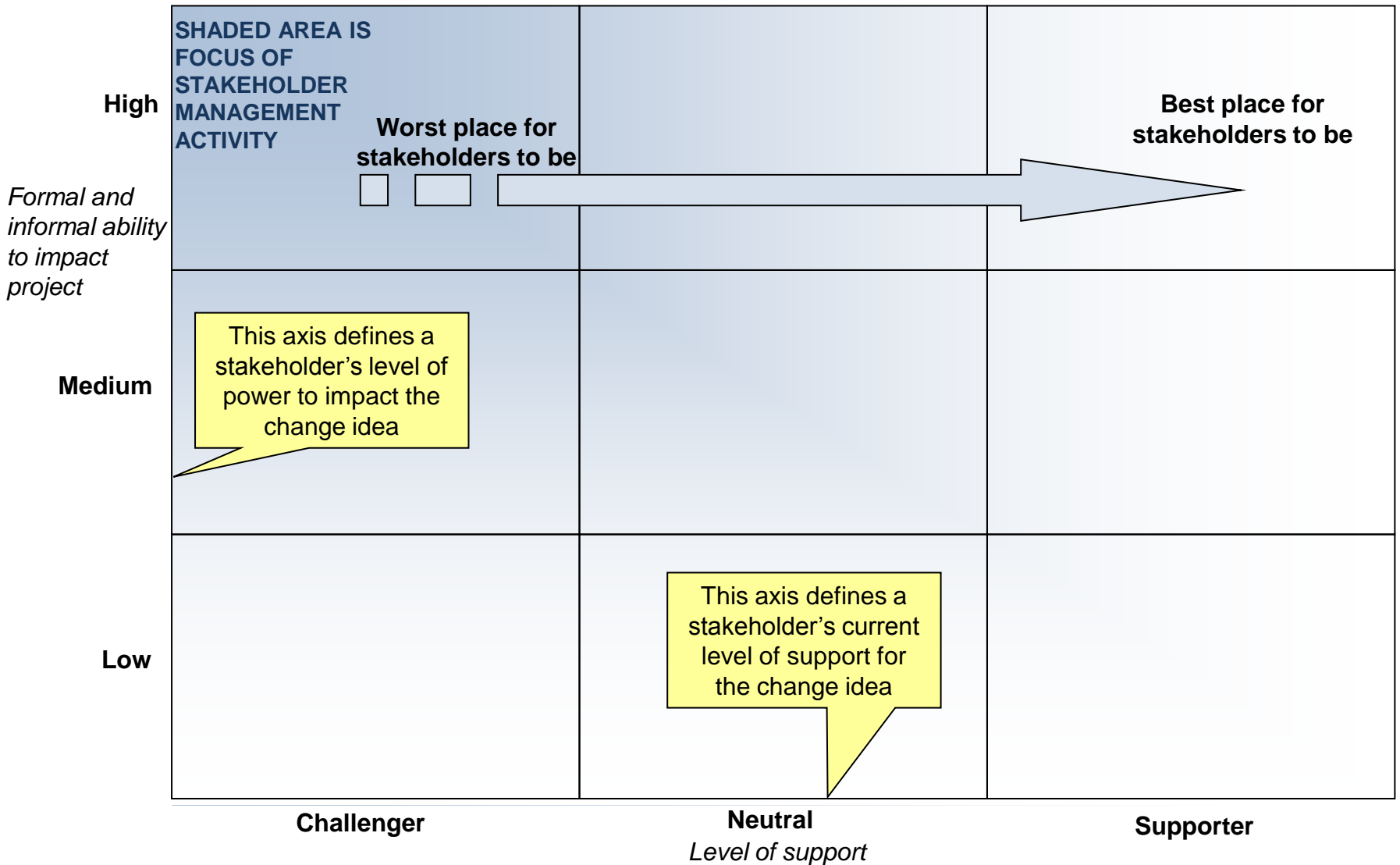
2. Place stakeholders on the grid:

- Include individual people wherever possible (especially those with a high ability to influence success), or else create groups where appropriate (e.g., CTAS 1-3 patients, CTAS 4-5 patients, porters, etc)



- If any stakeholders are found in the top left corner of the grid, create an action plan to move them towards the right (stronger support for the change idea)

Understanding the Stakeholder Grid



Understanding the Stakeholder Grid

Ability to Impact Success

High:

Stakeholder support is critical to success; without required support, the initiative will be unable to deliver its objectives

Medium:

Stakeholder support is important; absence of support will have a strong impact on some objectives and may inhibit achieving others

Low:

Stakeholder support will impact some of the objectives, reducing the overall effectiveness of the initiative

Level of Support

Supporter:

Stakeholder has or will undergo change in mindset and behaviour required by the initiative. Will “say good things” about the initiative. Those further to the right in the supporter column are willing to actively advocate for the initiative

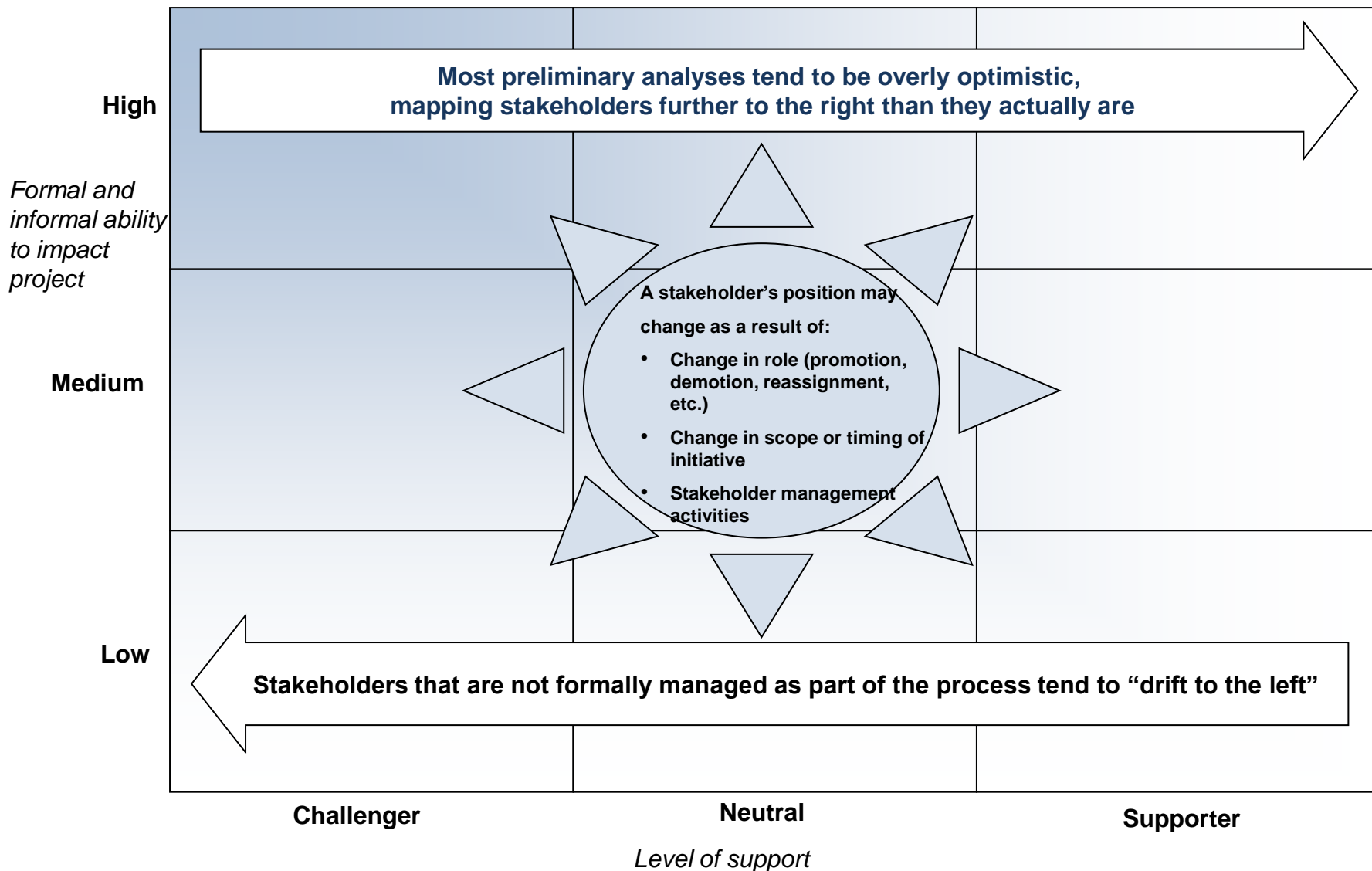
Neutral:

Stakeholder is either unsure about the change (either because they do not know enough or because they are “waiting to see”) or they are ambivalent because there are some positive aspects resulting from the initiative, but there are also some elements they would like to see changed

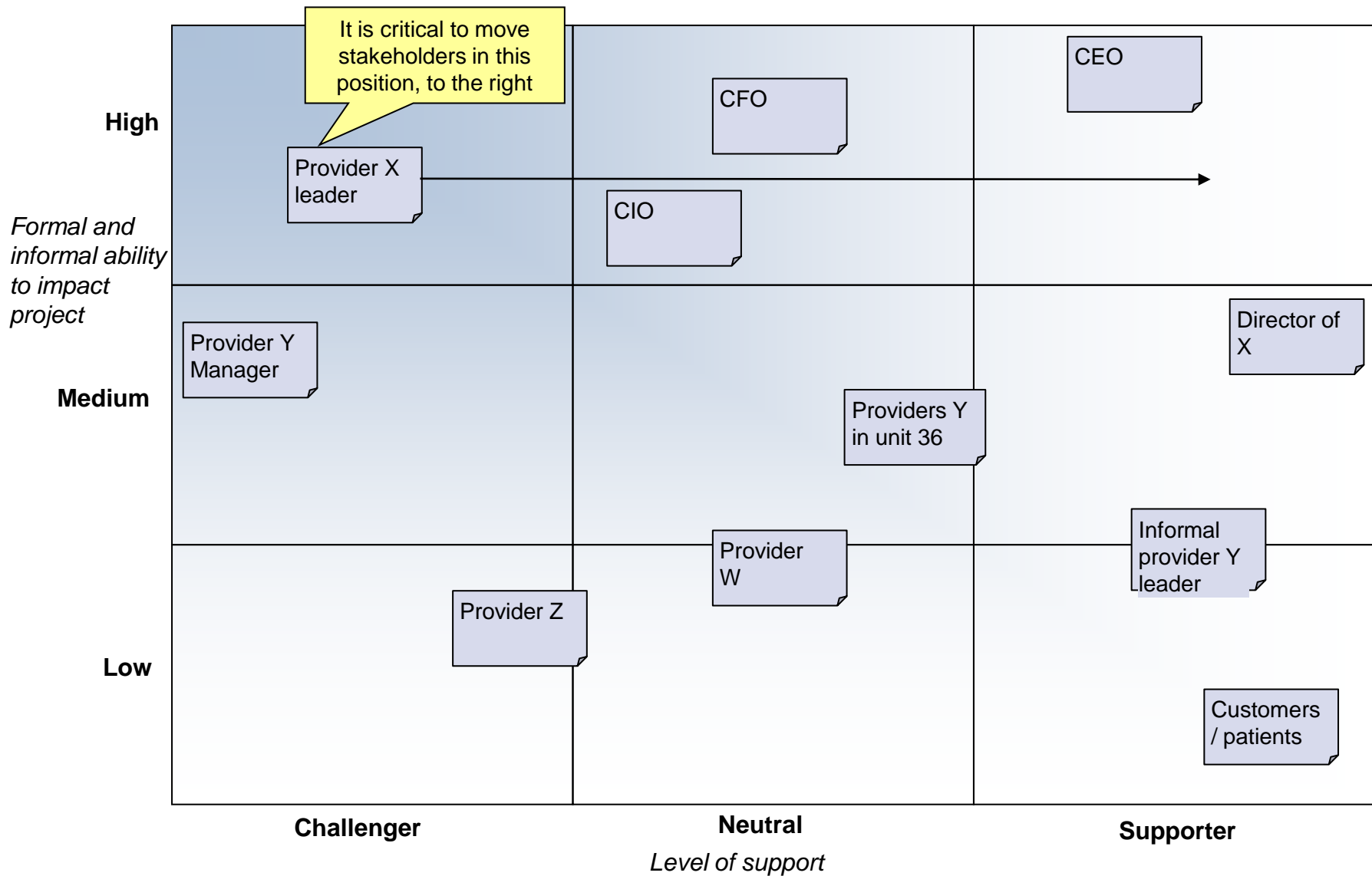
Opponent:

Stakeholder will not undergo change in mindset and behaviour required by the initiative. Those further to the left in the opponent column are likely to actively undermine the initiative and seek to persuade others to do likewise

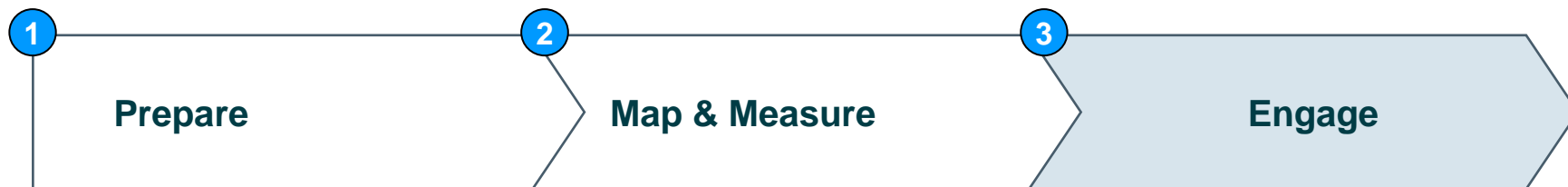
Understanding the Stakeholder Grid



Placing Stakeholders on the Grid (illustrative example only)



Stakeholder Maps - Instructions For Use (3/3)



1. **The closer a stakeholder is to the top left of the grid, the more crucial it is to have a plan to engage them in supporting the change idea.**
 - Determine their interests and attitudes about various aspects of the change idea
2. **Create a plan to engage and keep the stakeholder engaged**
 - Define a “lead” on the improvement team to keep the stakeholder updated
 - For example, set up 30 minute meetings every second week with the stakeholder



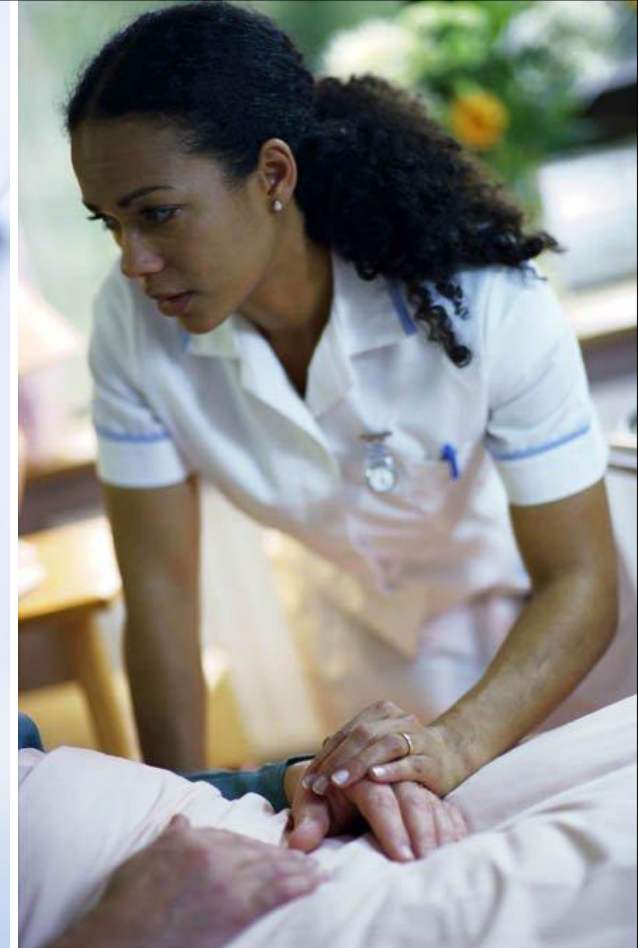
- Various aspects about the change idea may include financial, strategic, patient flow, safety – and the stakeholder’s perception of how the change idea may affect each
- Don’t forget about informal leaders! These are the key people in non-lead positions who have the ability to strongly influence their peers and co-workers

Tips and Tricks for Stakeholder Maps

- Be sure to proactively work at engaging those stakeholders in the neutral position. For those “sitting on the fence”, all it can take is one conversation with an idea challenger to sway them to being negative towards the change idea
- Over time, circumstances can change that affect the position of stakeholders. Be aware of this and continually update the stakeholder map and the stakeholder engagement list
- Find out who the “informal leaders” are; these are informal leaders who have the ability to sway the opinions of their co-workers, and are not necessarily managers or supervisors.



- Treat the stakeholder map like a confidential document; do not circulate it around the organization, as the material is sensitive and may be offensive to someone who inadvertently finds it.



ED PIP: Preparation Phase

Guides

During the prepare phase, teams should focus on laying the groundwork required for projects to be successful

Two topics are highlighted through the prepare phase guide to support you in achieving the goal of this phase, which fundamentally is to ensure you are set up for success through your improvement journey

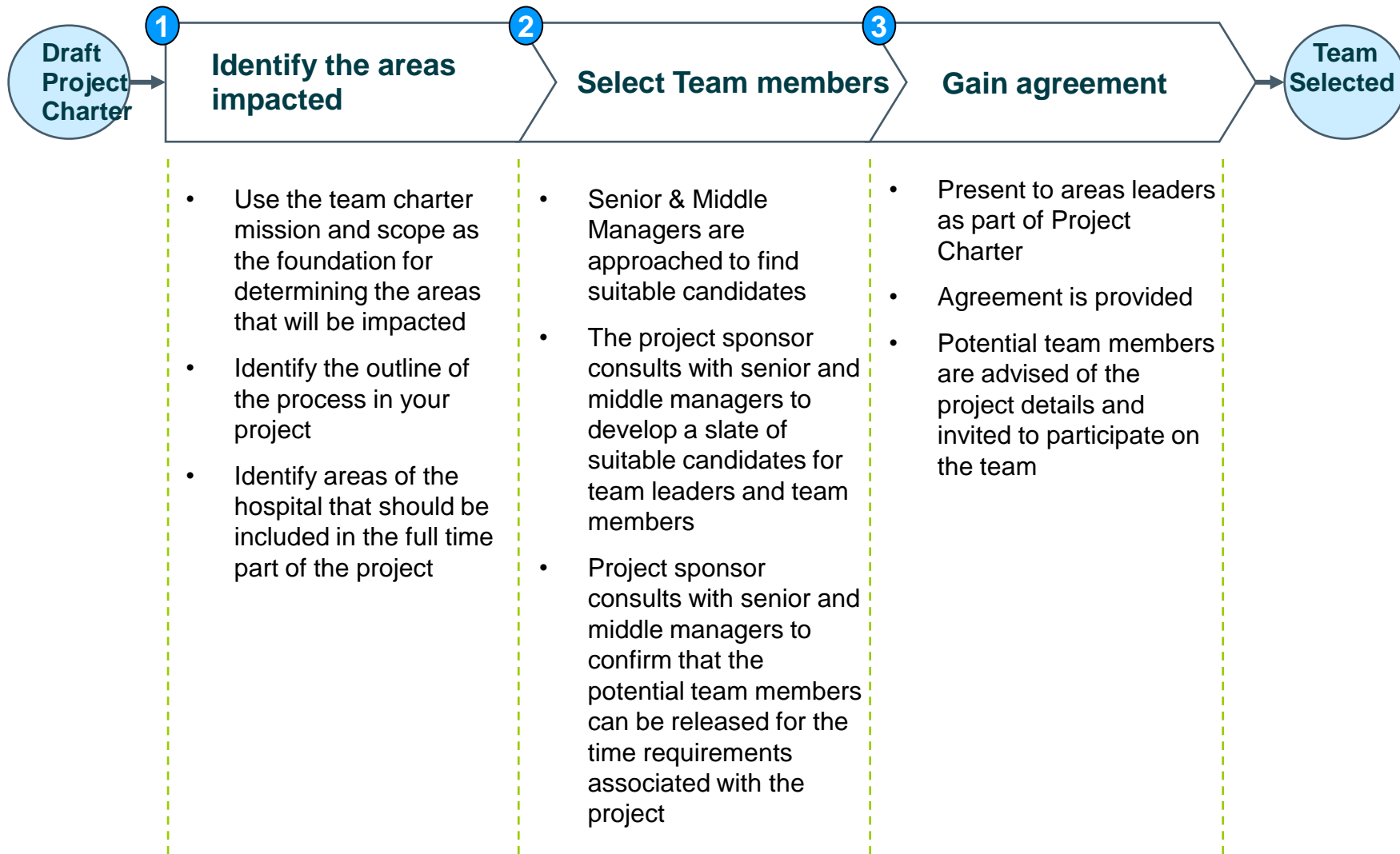


	Topic	Description
1	Team Selection	This section will help identify the key people you need to make your improvement journey a success.
2	Daily Reporting	This section highlights the daily reporting strategy used for Ontario's ED Process Improvement Program

Team selection and responsibilities

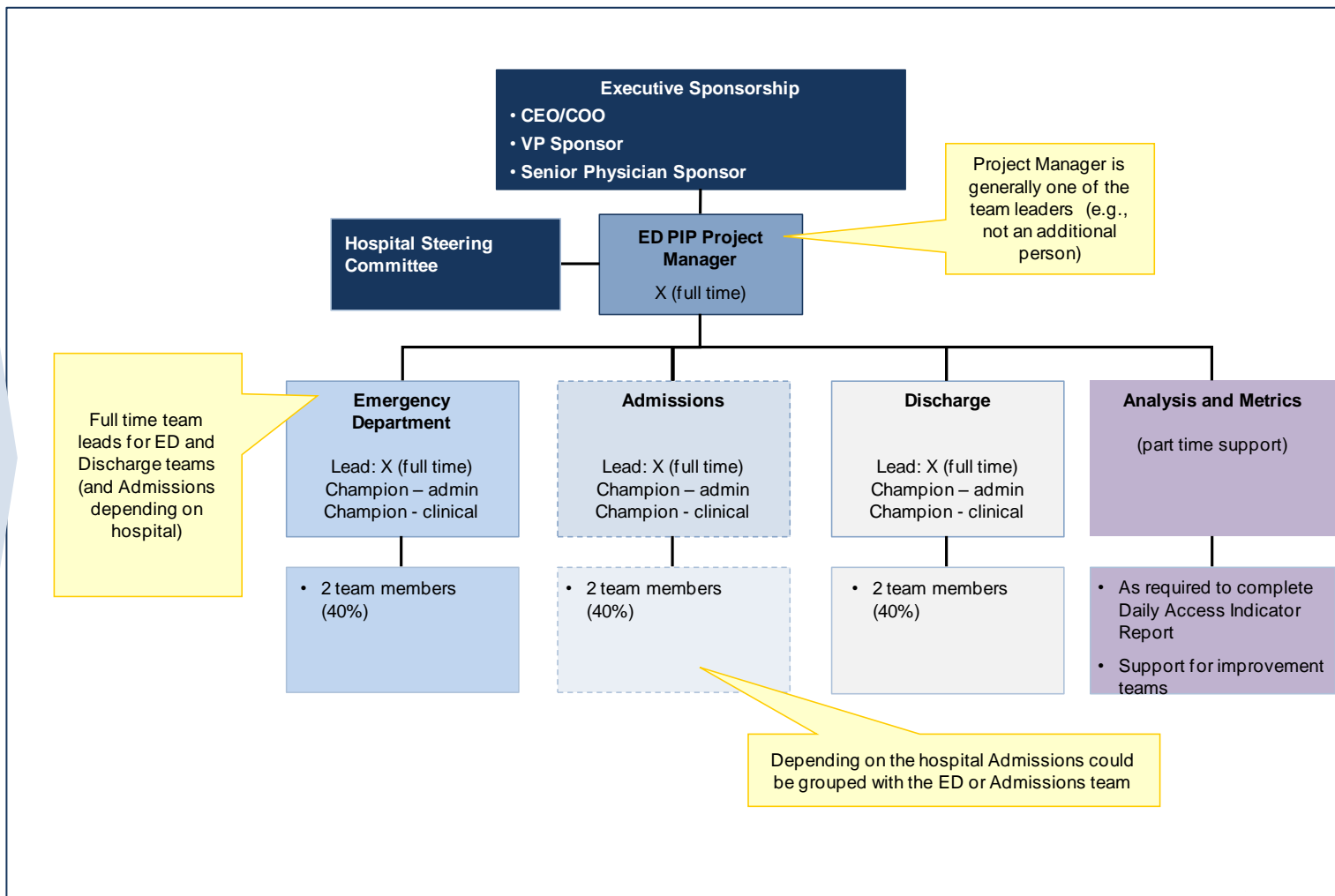
Outcome	<ul style="list-style-type: none">■ Project teams selected with the best possible people■ Roles & responsibilities clear & agreed upon■ Team Behaviours agreed upon
Definition: 'What is it?'	<ul style="list-style-type: none">■ Method and people specification for selecting team members■ Roles and responsibility definitions
Objectives: 'What is it used for?'	<ul style="list-style-type: none">■ To agree upon roles and responsibilities with project leader, project team leader and project team members■ To agree upon behaviours and the way that people will work together within the project
Benefits:	<ul style="list-style-type: none">■ A team is in place with the skills required for successful implementation■ A strong internal project team is well positioned to ensure sustainability and spread
When to use	<ul style="list-style-type: none">■ For all new projects as part of the set up

When selecting the right team, consider how you will align the required skills to meet your project goals and objectives



Building a strong team means that you have considered the leadership and governance structure as well as the specific subject matter expertise required for success

This was the team structure applied to ED PIP specifically and may be a good example. However, the overall governance structure should always be tailored to meet your hospital's needs



A strong team will be made up of individuals who share a passion for improvement and bring a breadth of experience

Role	What do they do?	What characteristics do they have?	How much of their time?
Project Manager (1 person)	<ul style="list-style-type: none"> • Communication contact between ED PIP on-site team and coaches 	<ul style="list-style-type: none"> • ED PIP on-site Team Leader • Excellent Communicator • Results oriented • Can manage risk • Can monitor project timing/scope 	<ul style="list-style-type: none"> • ~ 5 % (Included in Team Lead Role)
Team lead (2-3 people)	<ul style="list-style-type: none"> • Design and form the team • Lead team through each phase of project • Work with project sponsors to share findings and remove barriers 	<ul style="list-style-type: none"> • Credible with the front line, physicians and senior leaders • Comfortable taking action in an uncertain environment (e.g., Just Try It mindset) • Understands the unit's people and systems • Will be the leader who 'owns' many of processes that are being improved 	<ul style="list-style-type: none"> • 75% to 100%
Team member (4-6 people)	<ul style="list-style-type: none"> • Complete day-to-day project work (e.g., problem solving) 	<ul style="list-style-type: none"> • Bring content and contacts • Representative of front line (e.g., PSA, nurses, clerks) • Influential with front line • Willing and able to learn • Potential to lead future initiative 	<ul style="list-style-type: none"> • 20% to 80% (aim to have a mix)
Sponsors and Senior leaders <ul style="list-style-type: none"> • Administration • Physician 	<ul style="list-style-type: none"> • Advocate and thought partner for the working team 	<ul style="list-style-type: none"> • Visible leader for the in-scope area • Person who CEO/COO will ultimately hold responsible for performance improvement • Able to make decisions / remove barriers 	<ul style="list-style-type: none"> • ~5%

Daily Access Reporting Tool (DART) – Overview

This tool was customized for Ontario PIP hospitals, however, even if you are not using this particular tool, the concept of using some tool to track and monitor key information daily is recommended practice. As such, the following pages, use DART to provide a case study example of daily reporting

Outcome	<ul style="list-style-type: none"> ■ Provides timely access to data related to patient flow metrics in order to support root cause problem solving
Definition: 'What is it?'	<ul style="list-style-type: none"> ■ The DART contains a core set of mandatory metrics that all hospitals participating in ED PIP are required to capture as well as optional metrics that reflect hospital organizational and accountability structures ■ The previous day's ED, Admit, and Discharge data are presented in an Excel spreadsheet ■ The previous 7 and 30 day results are aggregated and also presented
Objectives: 'What is it used for?'	<ul style="list-style-type: none"> ■ Traffic light colours show variances from targets (targets were set based on discussions with hospital senior management and your LHIN)
Benefits:	<ul style="list-style-type: none"> ■ By providing improvement team members with data daily it allows them to work in “real-time” to understand root causes and adapt and refine processes through daily feedback ■ Visual triggers quickly identify which metrics are meeting targets and short-term patterns are identified
When to use	<ul style="list-style-type: none"> ■ Updated data should be circulated and reviewed first thing in the morning. ■ Access to the daily patient flow metrics contained in the DART tool can be used to: <ul style="list-style-type: none"> - Identify variances from targets - Predict fluctuations in patient flow - Understand daily staffing requirements by department - Identify process improvement opportunities

The DART distinguishes between a core data set to meet provincial objectives and an optional data set to meet hospital specific needs

Core Metrics

- Collection and reporting of these metrics is mandatory for organizations participating in ED PIP
- For ED PIP participating hospitals, it was recommended definitions for the core measures not be modified as doing so would prevent information sharing or benchmarking
- Where possible, these measures have been aligned with other Ministry of Health and Long Term Care initiatives such as the Pay-For-Results Program and the Emergency Department Reporting System (EDRS)

Optional Metrics

- Optional metrics are preceded with the italicized word “OPTIONAL” in the DART tool
- With the optional metrics, the DART can be customized to include data at the right level of detail to match the hospital’s physical, organizational and accountability structures
- Consider collecting data on other optional metrics if they add value to your daily analysis and if the hospital has the data to support them
- However, it is important to avoid the temptation to measure everything right from the start
- Hospitals that have been most successful in implementing DART tools have focused on a small core set of metrics for launching their tool and enhanced later on

Through Ontario's ED Process Improvement Program, the following 37 metrics are inputted and reviewed daily

A. Emergency Department

1. Total ED visits (#)
2. ED visits CTAS I (%)
3. ED visits CTAS II (%)
4. ED visits CTAS III (%)
5. ED visits CTAS IV (%)
6. ED visits CTAS V (%)
7. Left Without Being Seen (%)
8. ED visits admitted (%)
9. ED ALOS - all dispositions (hrs)
10. ED ALOS for non-admitted patients (hrs)
11. CTAS I-II non-admitted patients with LOS \leq 8 hrs (%)
12. CTAS III non-admitted patients with LOS \leq 8 hrs (%)
13. CTAS IV-V non-admitted patients with LOS \leq 4 hrs (%)
14. ED ALOS for admitted patients (hrs)
15. CTAS I-II admitted patients with LOS \leq 8 hrs (%)
16. CTAS III admitted patients with LOS \leq 8 hrs (%)
17. CTAS IV-V admitted patients with LOS \leq 8 hrs (%)
18. Admitted patients in ED - no IP bed at 06:00 (#)

C. P4R

32. Admitted patients with LOS \leq 8hrs (%)
33. Non-admitted CTAS I-III \leq 8hrs (%)
34. Non-admitted CTAS IV-V within LOS target \leq 4hrs (%)
35. Time to Physician Initial Assessment (hours)
(90th percentile of time to physician initial assessment)

B. Admit and Discharge

(a). Whole Hospital

19. IP ALOS (excl. ALC) (days)
20. IP Discharges by 11:00 (%)
21. IP Discharges by 14:00 (%)
22. IP Discharges (#)
23. ALC patients (#)

(b). Unit Level*

24. IP ALOS (excl. ALC) of patients in Unit 1 (days)
25. IP Discharges by 11:00 Unit 1 (%)
26. IP Discharges by 14:00 Unit 1 (%)
27. ALC patients Unit 1 (#)
28. IP ALOS (excl. ALC) of patients in Unit 2 (days)
29. IP Discharges by 11:00 Unit 2 (%)
30. IP Discharges by 14:00 Unit 2 (%)
31. ALC patients Unit 2 (#)

D. Public Wait Time

36. Patients with complex conditions (hrs)
(90th percentile of ED_LOS for admitted and non-admitted CTAS I, II and III patients AND admitted CTAS IV, V patients)
37. Patients with minor or uncomplicated conditions (hrs)
(90th percentile of ED_LOS for non-admitted CTAS IV and V patients)

Metrics are tracked daily and colour coded to provide triggers for managers and other leaders to know where to direct their attention

Click to Choose Reference Date →		1-Dec-08			
#	Metric (units) (definitions)	Reference Date	Previous 7 Days	Previous 30 Days	Target
1	Ambulance Offload Time (min)	49	44.7	44.3	40
2	Total ED visits (#)	54	79.4	75.0	83
3	ED visits CTAS I (#)	6	8.7	10.3	
4	ED visits CTAS II (#)	10	12.4	12.6	
5	ED visits CTAS III (#)	12	19.0	16.5	
6	ED visits CTAS IV (#)	22	23.1	20.2	
7	ED visits CTAS V (#)	12	23.4	22.2	
8	Total Admitted from ED (#)	5	7.3	7.5	10
9	OPTIONAL: Admitted to Department 1 (#)	0	0.0	0.0	
10	OPTIONAL: Admitted to Department 2 (#)	0	0.0	0.0	
11	OPTIONAL: Admitted to Department 3 (#)	0	0.0	0.0	
12	OPTIONAL: Admitted to Department 4 (#)	0	0.0	0.0	
13	ED ALOS – all dispositions (hrs)	15.0	11.5	10.9	8.5
14	OPTIONAL: ED ALOS for Department 1 Admits (hrs)	0.0	0.0	0.0	
15	OPTIONAL: ED ALOS for Department 2 Admits (hrs)	0.0	0.0	0.0	
16	OPTIONAL: ED ALOS for Department 3 Admits (hrs)	0.0	0.0	0.0	
17	OPTIONAL: ED ALOS for Department 4 Admits (hrs)	0.0	0.0	0.0	
18	ED ALOS for admitted patients (hrs)	20.0	16.4	15.9	14
19	ED LOS at 90th percentile (hrs)	18.0	13.4	12.1	12
20	ED ALOS for discharged patients (hrs)	7.0	4.6	4.6	6.5
21	Left Without Being Seen (%)	6%	5%	4%	4%
22	OPTIONAL: Left Without Being Treated (%)	0.0%	0.0%	0.0%	
23	OPTIONAL: Left Against Medical Advice (%)	0.0%	0.0%	0.0%	
24	CTAS I-II discharged patients with LOS <= 8 hrs (%)	29.0%	49.0%	47.0%	90%
25	CTAS III discharged patients with LOS <= 8 hrs (%)	34.3%	48.7%	55.8%	90%
26	CTAS IV-V discharged patients with LOS <= 4 hrs (%)	95.3%	86.2%	56.6%	90%
27	CTAS I-II admitted patients with LOS <= 8 hrs (%)	3.0%	39.8%	47.7%	90%
28	CTAS III admitted patients with LOS <= 8 hrs (%)	87.8%	43.5%	48.6%	90%
29	CTAS IV-V admitted patients with LOS <= 4 hrs (%)	3.1%	43.7%	53.2%	90%
30	IP ALOS (excluding ALC) of discharged patients (days)	11.0	19.8	26.7	15
31	OPTIONAL: Department 1 IP ALOS excluding ALC (days)	0.0	0.0	0.0	
32	OPTIONAL: Department 2 IP ALOS excluding ALC (days)	0.0	0.0	0.0	
33	OPTIONAL: Department 3 IP ALOS excluding ALC (days)	0.0	0.0	0.0	
34	OPTIONAL: Department 4 IP ALOS excluding ALC (days)	0.0	0.0	0.0	
35	Discharges by 14:00 (%)	47.9%	44.9%	53.2%	
36	OPTIONAL: Department 1 Discharges by 14:00 (%)	0.0%	0.0%	0.0%	
37	OPTIONAL: Department 2 Discharges by 14:00 (%)	0.0%	0.0%	0.0%	
38	OPTIONAL: Department 3 Discharges by 14:00 (%)	0.0%	0.0%	0.0%	
39	OPTIONAL: Department 4 Discharges by 14:00 (%)	0.0%	0.0%	0.0%	
40	OPTIONAL: Discharges by 11:00 (%)	0.0%	0.0%	0.0%	
41	ALC patients (#)	62	57	54	
42	OPTIONAL: Time to Physician Initial Assessment (hrs)	0.0	0.0	0.0	
43	OPTIONAL: Time to Disposition Decision (hrs)	0.0	0.0	0.0	
44	OPTIONAL: Closed Beds (#)	0	0.0	0.0	
45	OPTIONAL: Planned Procedure / Surgery Cancellations (#)	0	0.0	0.0	
46	OPTIONAL: Discharge Orders Written vs. Act. Discharge (%)	0.0%	0.0%	0.0%	
47	OPTIONAL: Admitted Patients in ED by 14:00 (#)	0	0.0	0.0	
48	OPTIONAL: Over Capacity Protocol Involved (#)	0	0.0	0.0	
	Metric underperforming target by more than 25%				
	Metric within 25% of target				
	Metric equal or outperforming target				
	Error = not enough data to make calculation				

Red

- Metric is underperforming by more than 25%

Yellow

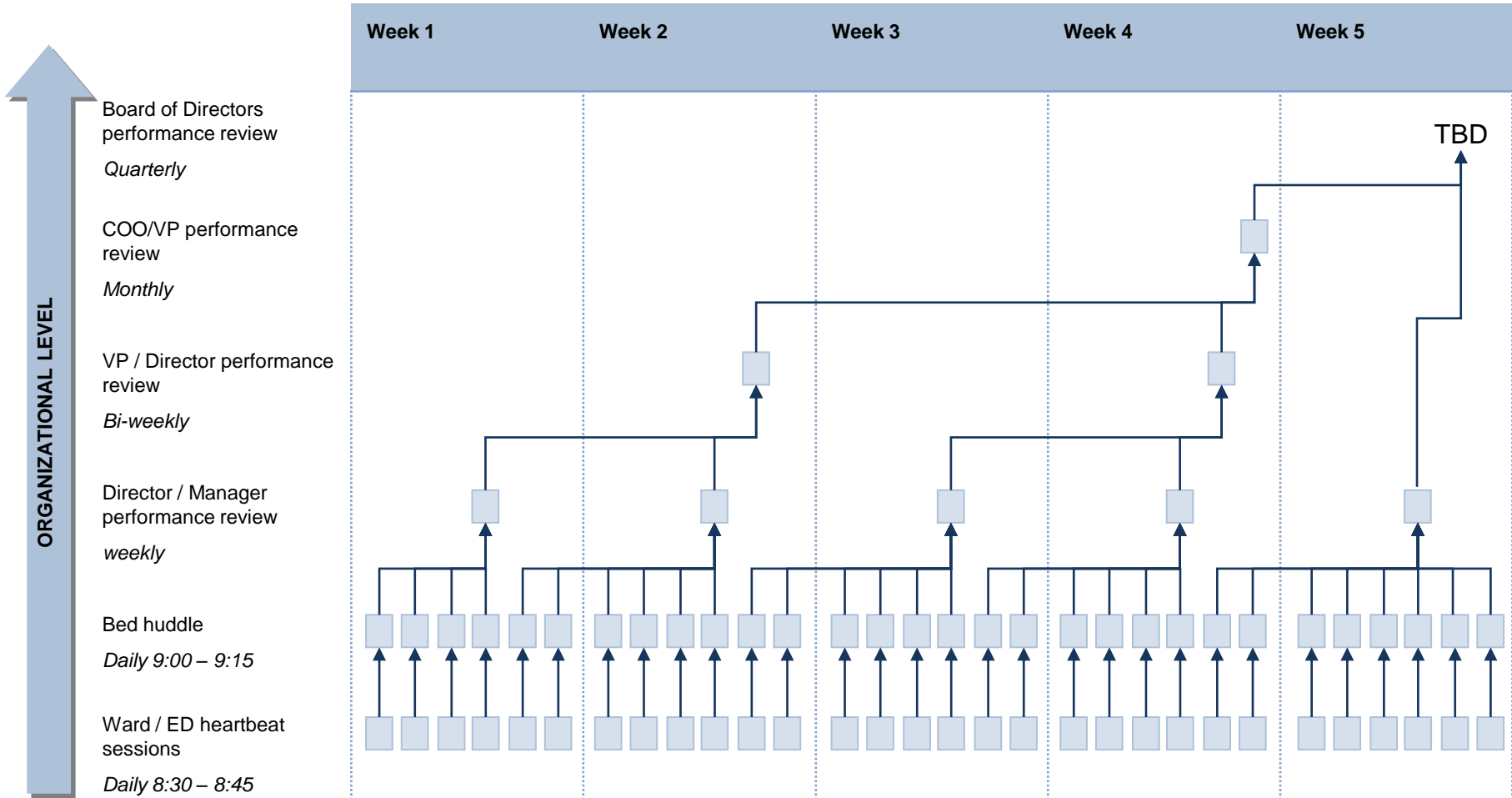
- Metric is within 25% of target

Green

- Metric is equal to or outperforming target

Daily information flow and regular performance huddles at every level is critical for sustainability

This model illustrates the relative frequency around communicating performance data by level within the hospital. This continuous communication reinforces everyone's common objective and makes sure that everyone is rallying around the same objective information.



The daily use of information from DART creates a collaborative problem solving environment

What is happening?

- What are the gaps to target?
- Are any trends causing concern?

Why?

- What has happened to cause the performance gap?
- Do we understand the true root causes?
- Do we have to investigate further to really understand the problem?
- Are there any concerns with the quality/reliability of the data?

What needs to be done?

- Do we have to take any short-term containment action?
- What should be done to correct the problem and prevent this from happening again?
- Will these actions completely resolve the problem or must we do any additional things to close the gap?

Who is going to do it?

- Who will take responsibility for completing the action?
- Does the owner need support from any of the other team members?

When is it going to be done?

- Is it a priority action?
- What is the deadline for completion?
- When are the intermediate milestones?

How is progress to be tracked?

- Will it be solved immediately or is it necessary to formally track progress (e.g., Unit Council)?

As leaders, it's critical to drive and support the development of a Performance Driven Culture through Daily Use

1 Monitor tool daily and identify unusual performance

- We don't appear to be discharging any patients before 11am on Unit X

2 Ask probing questions

- Was there a specific reason why discharges before 11am have not increased?
- What help does the team need?

3 Reward and institutionalize good performance and problem solve poor performance

- Ask the five why's to get to the root cause of the behaviour

- Why did so many more of our patients leave after 11am?
- Why...?
- Why...?
- How can we make this our standard procedure?

- Why did far fewer of our patients leave before 2pm?
- Why...?
- Why...?
- What are we doing to prevent this from happening again?

There are several immediate steps to initiating daily reporting that can be started relatively quickly.

Obtain Senior Management support for the DART

- Senior Management commits staff and resources to support DART implementation
- Senior management identifies a DART Champion or “point person” to coordinate your DART
- Senior Management ensures participation and ownership of the DART from the ED, GIM, Admissions and Discharge departments
- Senior management includes DART in routine performance monitoring

Obtain support for the core DART metrics

- Discuss any mandatory metrics and obtain agreement on the operational definitions

Review optional DART metrics

- Consider whether there are any other measures that would add value to your daily analysis

Agree on targets

- These should typically be discussed and agreed to by the hospital and the LHIN/body of authority

Determine who owns each metric

- Providing clear ownership within a department or team for monitoring and problem solving around certain metrics will ensure a greater level of accountability for the improvements and quality of the data

It's critical to market daily reporting as a core part of the improvement journey

- Communicate the launch of the DART through existing channels (e.g., town hall meetings, staff intranet or bulletins, clinical and administrative leadership meetings etc.)
- Make the DART available at 7am each day, including weekends and holidays, via email and encourage discussion to congratulate and celebrate strong performance and ask probing questions when weak performance is identified
- Make the DART a regular part of your hospital's performance conversations by reviewing results through existing channels and across multiple levels
 - i. Clinical leadership meetings
 - ii. Department meetings (clinical and non-clinical)
 - iii. Daily performance dialogues at the unit level (e.g., run by nurse managers at shift change)
- Contribute to visual management by posting the daily DART results in the ED and on each clinical unit (encourage nurse managers to first highlight strong or weak performance before posting)
- Celebrate your successes – identify groups who are innovative in streamlining processes

There are different ways for organizations to internalize daily reporting, however, there are some core themes recommended to enhance overall success in your improvement journey

- Create a regular rhythm of reviews that spans across all organizational levels
- Roll out use across the organization
- Create an expectation that all staff review the tool each day – “Make metrics the language of your performance review conversations”
- Due to the variety of IT environments in participating ED PIP hospitals, it is not possible to describe the best course of action for any specific hospital. Although several possibilities for sharing results are presented below, the best option should be identified and tested by local IT staff and will depend on your specific environment, security needs and the number of users. There are several methods to share DART results:
 - i. Create an email group and attach the Excel DART file to an email
 - ii. Upload as read-only file or HTML file to a collaborative space or web portal then send a daily email with a link to the results
 - iii. Install Excel Services on MS SharePoint 2007 if richer functionality for end users is desired
 - iv. Identify what areas of the sheet need to be protected, hidden or locked
 - v. Consider staff requirements to view the DART on mobile devices such as smart phones or Blackberries via an attachment service

Prepare phase checklist

Before moving on to the diagnostic phase, we recommend revisiting the key tasks/deliverables from the prepare phase as a checklist to ensure you are set up to succeed in future phases. The following represents a sample checklist for the activities related to the Prepare phase.

Preparation

Diagnostic

Solution Design

Pilot & Implementation

Roll Out

- Draft Charter completed
- Improvement targets identified and agreed upon
- DART tool populated
- Improvement teams selected
- Senior leaders and physicians engaged to support the initiative
- Team members' roles clarified