SPECIALIST SERVICES COMMITTEE

SURGICAL PATIENT OPTIMIZATION COLLABORATIVE

(SPOC)

SQAN 2019

SPECIALIST SERVICES COMMITTEE

Kelly Mayson
Tom Wallace
Geoff Schierbeck

(SPOC)

•Disclosures:

- Kelly
  - Advisory committee for Edwards Lifesciences Canada
  - Funding received to work on this project
  - Physician Lead Quality Improvement PLQI at VCH
  - Facility Engagement at VGH/UBC/GFS
  - Specialist Services Committee (SSC) with SPOC

- Tom

All you need to know…

Surgical Patient Optimization Collaborative

(SPOC)

SSC
SPECIALIST SERVICES COMMITTEE

GPSC
General Practice Services Committee

SharedCare
Partners for Patients

“Surgical patient optimization is a multi-disciplinary, structured, personalized prehabilitation program designed to support patients to achieve an improved outcome after surgery.”

PATIENT **ACTIVATION**

PRIMARY DRIVER

Activate patients in their care

SECONDARY DRIVERS **3**

CLINICAL **COMPONENTS**

PRIMARY DRIVER

Implement a multimodal approach of pre-surgical patient preparation

SECONDARY DRIVERS **13**

PROCESS **IMPROVEMENT**

PRIMARY DRIVER

Introduce a refined process to allow for pre-surgical optimization

SECONDARY DRIVERS **1**

TEAMWORK & **COMMUNICATION**

PRIMARY DRIVER

Improve teamwork and communication

SECONDARY DRIVERS **6**

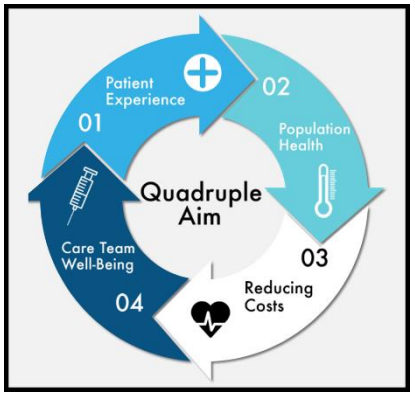
Principles of optimization

- Optimization will not be the responsibility of solely one care provider
- Communities will identify and leverage available community resources
-
- Optimization activities will structure themselves to promote the concept of patient activation

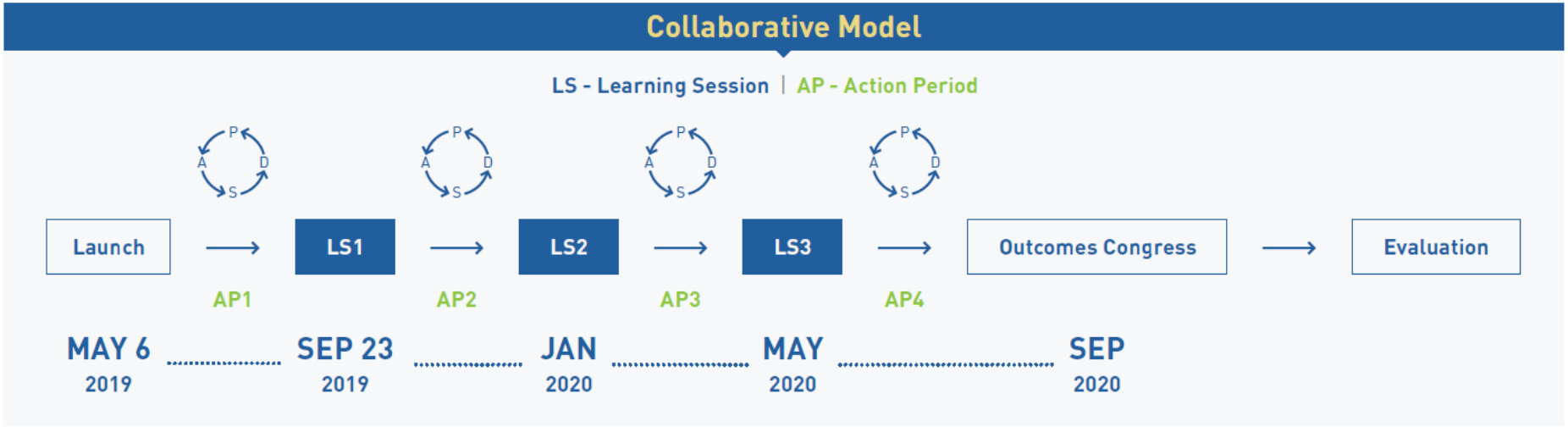
Principles of optimization

- Collaborative teams will work with new and existing Primary Care Networks and work to a sustainable program.

- Collaborative teams should work towards the IHI Quadruple Aim.

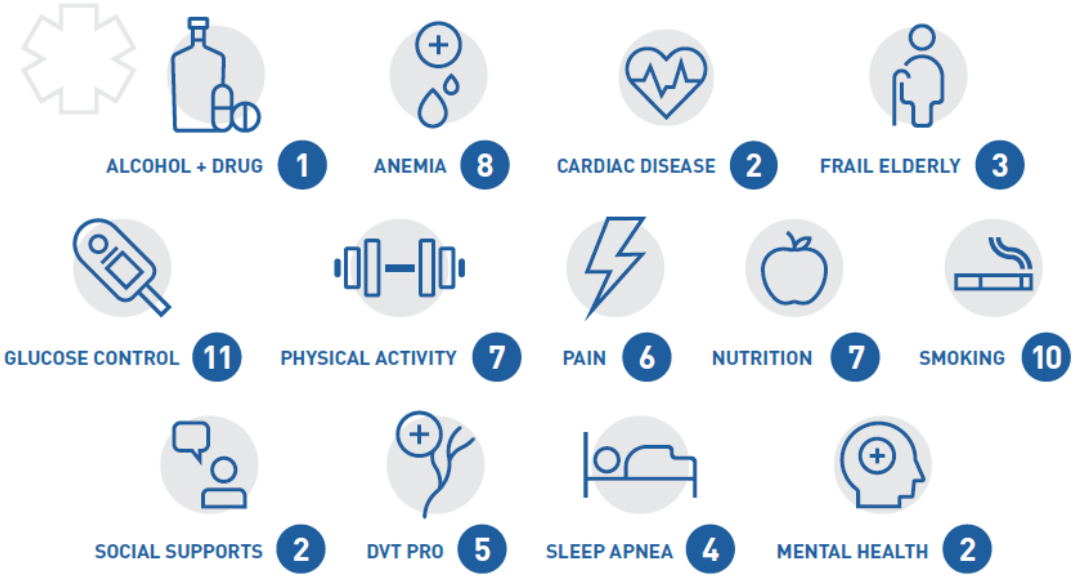


The Collaborative Timeline



SPOC Faculty

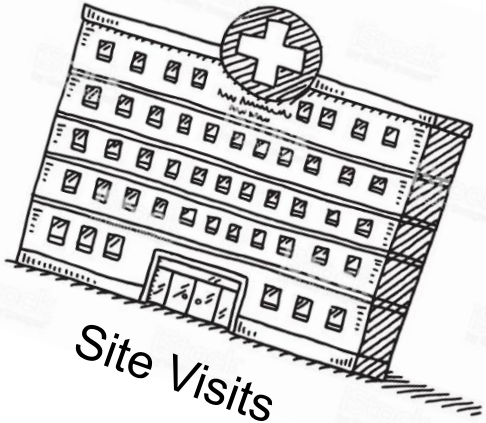
Clinical components



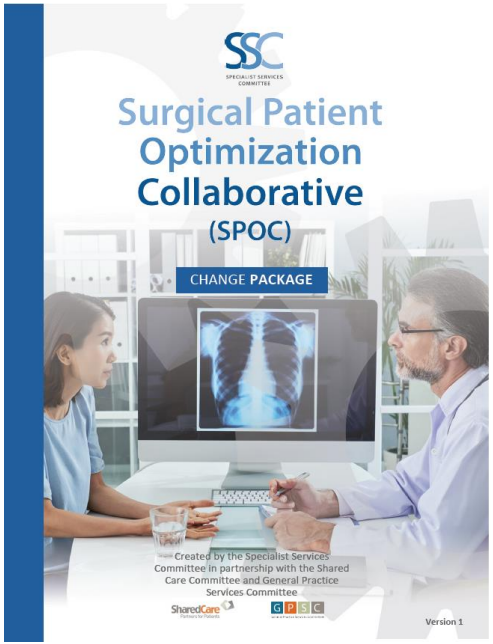
What we offer…

Monthly Webinars

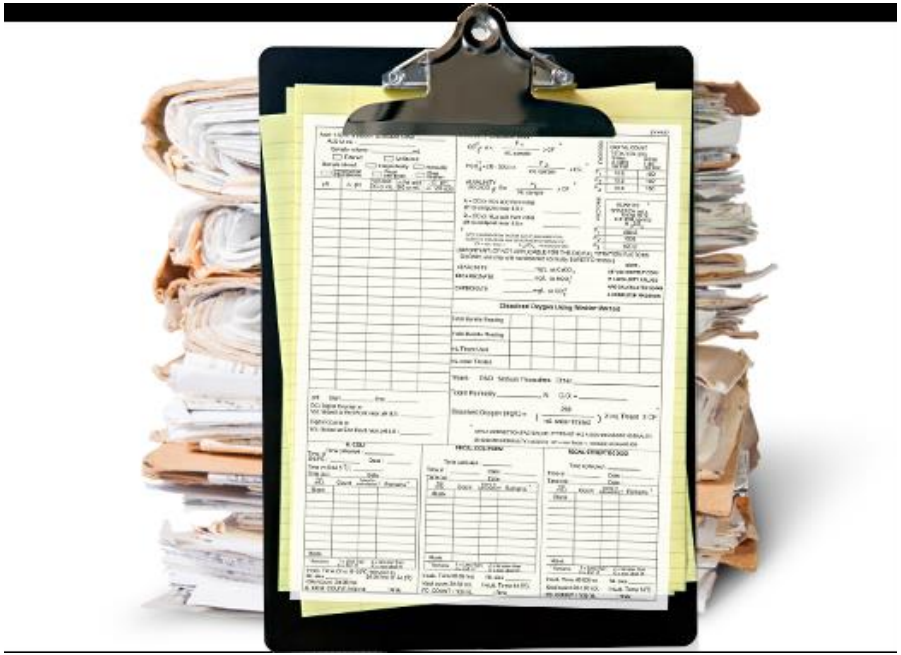
QI Coaching Support



Site Visits

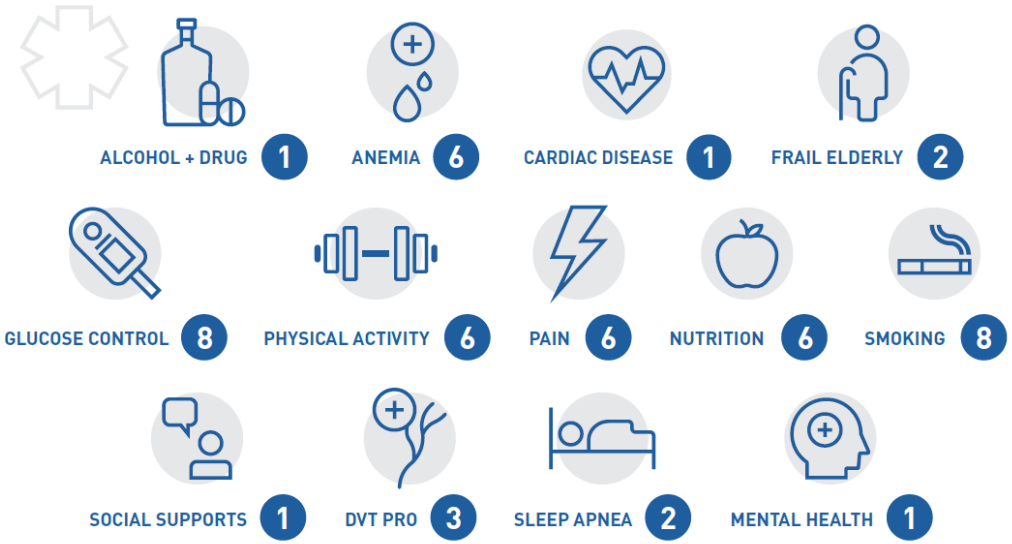


Change Package



Minimum Data Set

Minimum data set



Surgical Patient Optimization Collaborative

Please submit on the first week of each month.

Team Name	
Month/Year	
Team Aim	

1. **Changes tested this month:**

2. **What we learned this month:**

3. **Challenges:**

4. **Successes:**

5. **Topic or question to discuss on monthly call with us:**

Surgical Patient Optimization Collaborative
Monthly Submission Package

Team Self-Assessment:

Place an X on the score that best represents your team's progress in achieving its aims:

☐	☐	☐	☐	☐	☐	☐	☐	☐
1 Forming Team	**1.5** Project Planning	**2.0** Initial Activity	**2.5** Changes Tested	**3.0** Modest Improvement	**3.5** Improvement	**4.0** Significant Improvement	**4.5** Sustainable Improvement	**5.0** Outstanding Sustainable Results
Legend: *Team has been formed and aim determined.*	*Planning for the participation has begun.* *Team is meeting and discussion is occurring.*	*Activity has begun, but no changes tested yet.* *Team is actively engaged in development of change ideas and measures.* *Baseline measurement has begun.*	*No evidence of improvement yet.* *Team can articulate what they've learned from PDSA's.* *Key measures have been identified and data collection has begun.*	*Several test cycles have been completed.* *Evidence of improvement is seen in at least one process measure.*	*Process measures continue to improve.* *Evidence of improvement in at least one outcome measure.* *PDSA test cycles on various change ideas.* *Team can articulate what they have learned from PDSA's and what changes they plan to implement.*	*Changes have been implemented and there is evidence of improvement in outcome and process measures.*	*Evidence of sustained improvement in outcome measures.* *Plans for spreading the improvement are in place (if applicable).*	*Rate of antipsychotics without a diagnosis of psychosis is consistently below national average (21.8%).* *Plans are in place for continuous monitoring.*

“Be at Your Best” Optimization Prior to Major Abdominal Oncology surgery at VGH

Kelly Mayson

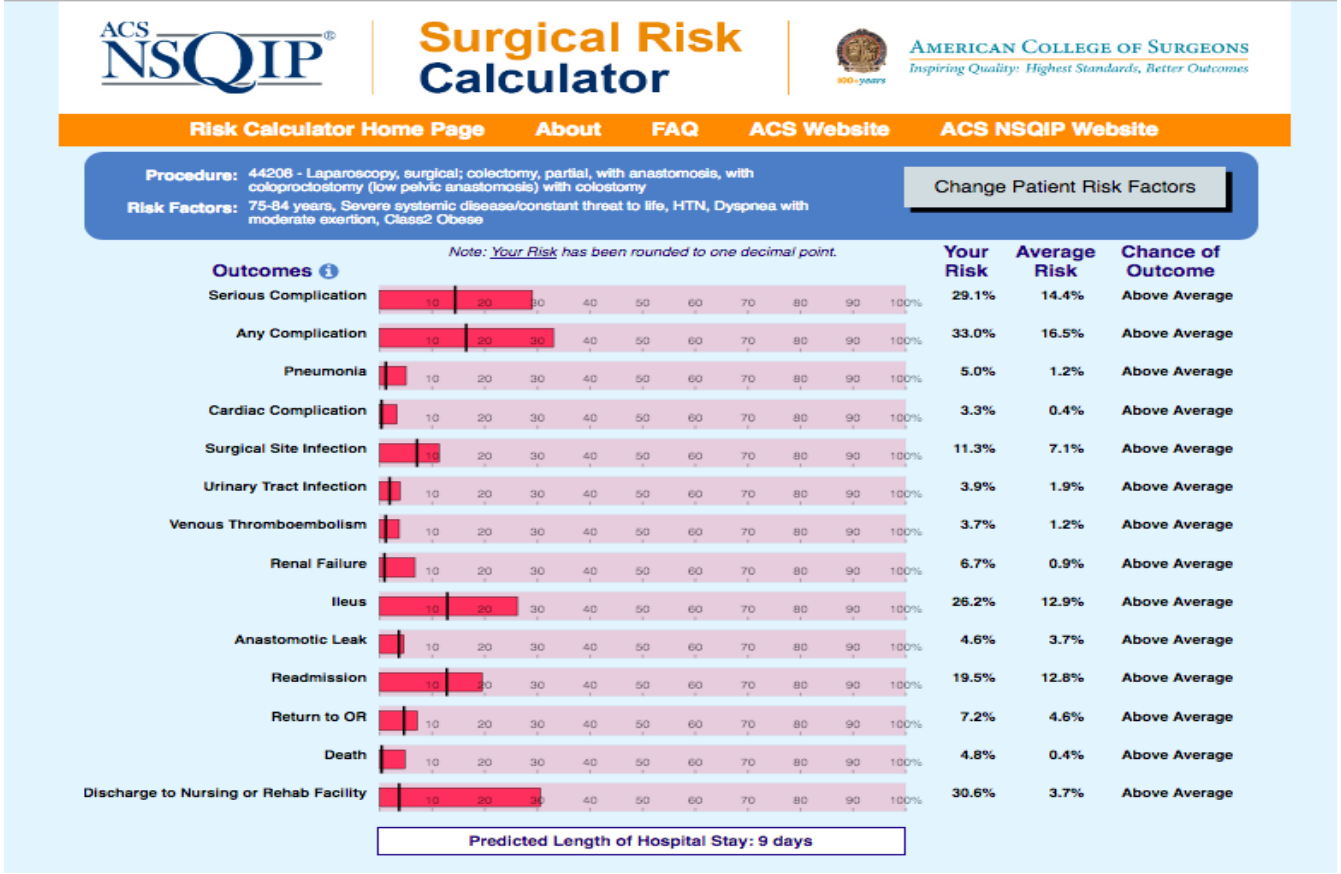
VGH SPOC TEAM

Oct 7th, 2019

Case 1 Presentation

- 81 year male booked for MIS anterior resection and possible stoma creation
- Prior colonic ca—MIS hemicolectomy in 2014
- CAD, CABG 2007
- Chronic Kidney disease Cr 423 GFR 11
- Atrial fibrillation on ASA, Hypertensive
- BNP 200
- ***Jehovah's Witness Hb 86***

Providence HEALTH CARE How you want to be treated. | Vancouver CoastalHealth Promoting wellness. Ensuring care. | SSC SPECIALIST SERVICES COMMITTEE



Average risk serious complication 29.1% vs 14.4%

Discharge to nursing or rehab facility 30.9% vs 3.7%

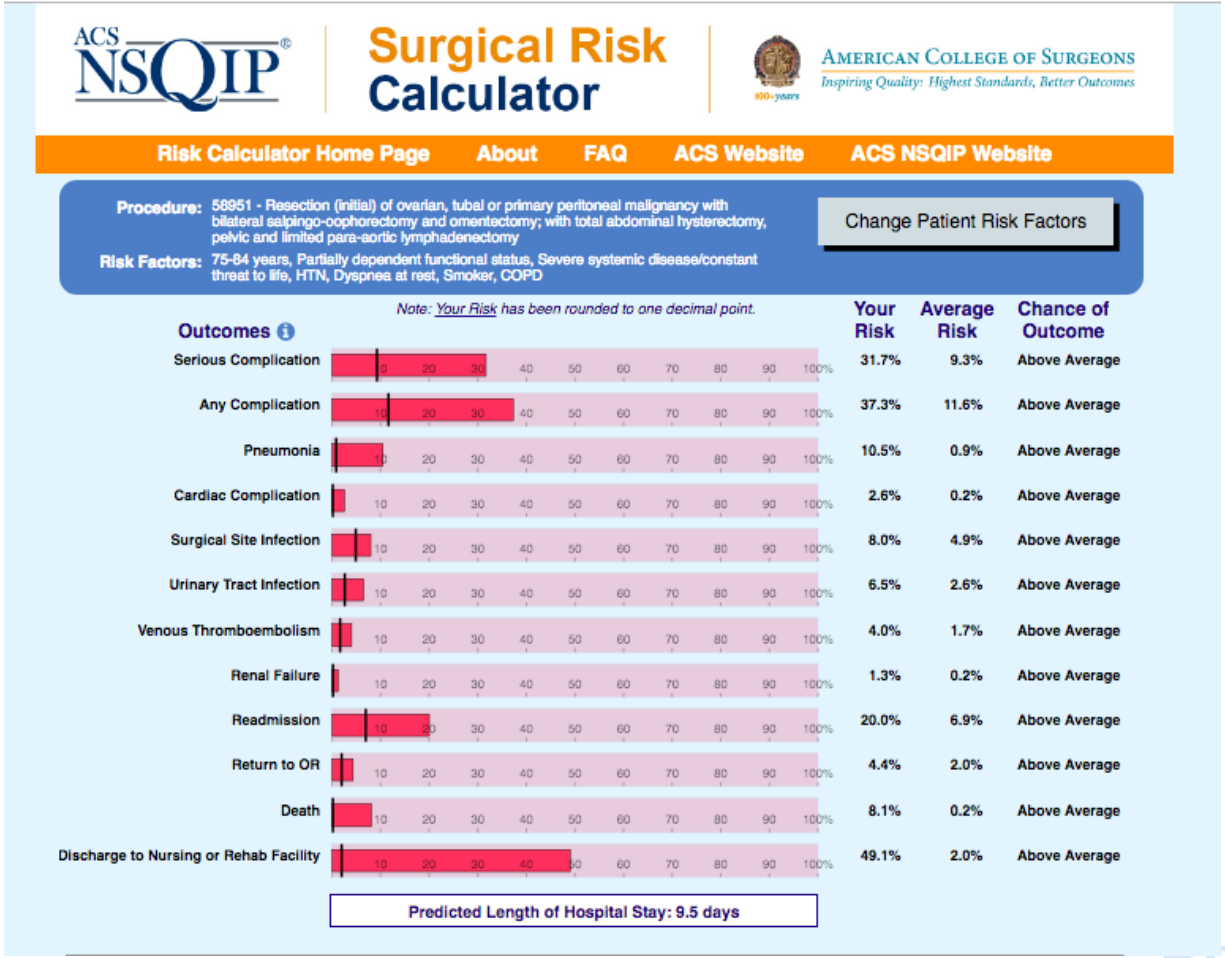
BJS 2014;101:1774-83

Surgeon: " I reviewed the operation with the potential risk of surgery and expected recovery with the patient"

Case 2

- 80 year female with an enlarging adnexal mass.— booked for laparotomy, BSO, staging and omentectomy
- ***Severe COPD***, HT, PVD, query prior MI or CVA
- MIBI EF 55% no reversible ischemia, echo mild-moderate tricuspid regurgitation
- ***Decreased cognitive function*** on donepezil
  - Previously living on own, however, last 6 weeks family has moved her to their house
- ***BMI 19.7***, Hb 136,, ***FEV 38%, DLCO 20%.***

Physician-led QI



3X

31.7%

50%

Physician-led QI

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How you want to be treated.

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SSC
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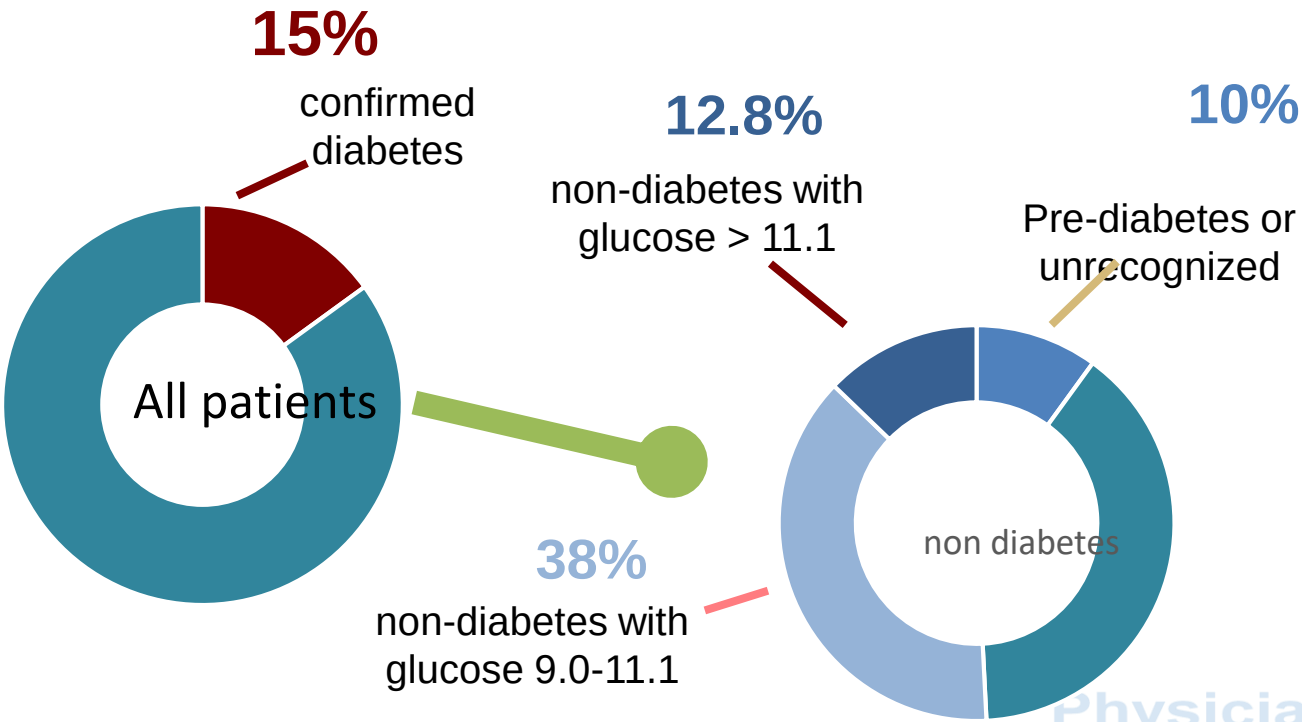
SORT Mortality risk within 30 days 6.18%

Problem statement: Significant number of patients who would benefit from optimization

	Colorectal (n=626)	Radical Cystectomy (n=222)	Gynecology Oncology (n=239)
Smoker	10%	15%	12.5%
Anemia	20.8%	37.8%	43.9%
Transfusion Rate	12.9%	26.6%	14.23%
Transfusion Rate in Anemic Patients	38.5%	38.1%	33.3%
Low BMI <18.5 or <20 in pts> 65 yrs	5.43%	2.3%	2.4%
Weight loss>10%	2.9%	1.4%	3.4%

Significant incidence of diabetes and hyperglycemia



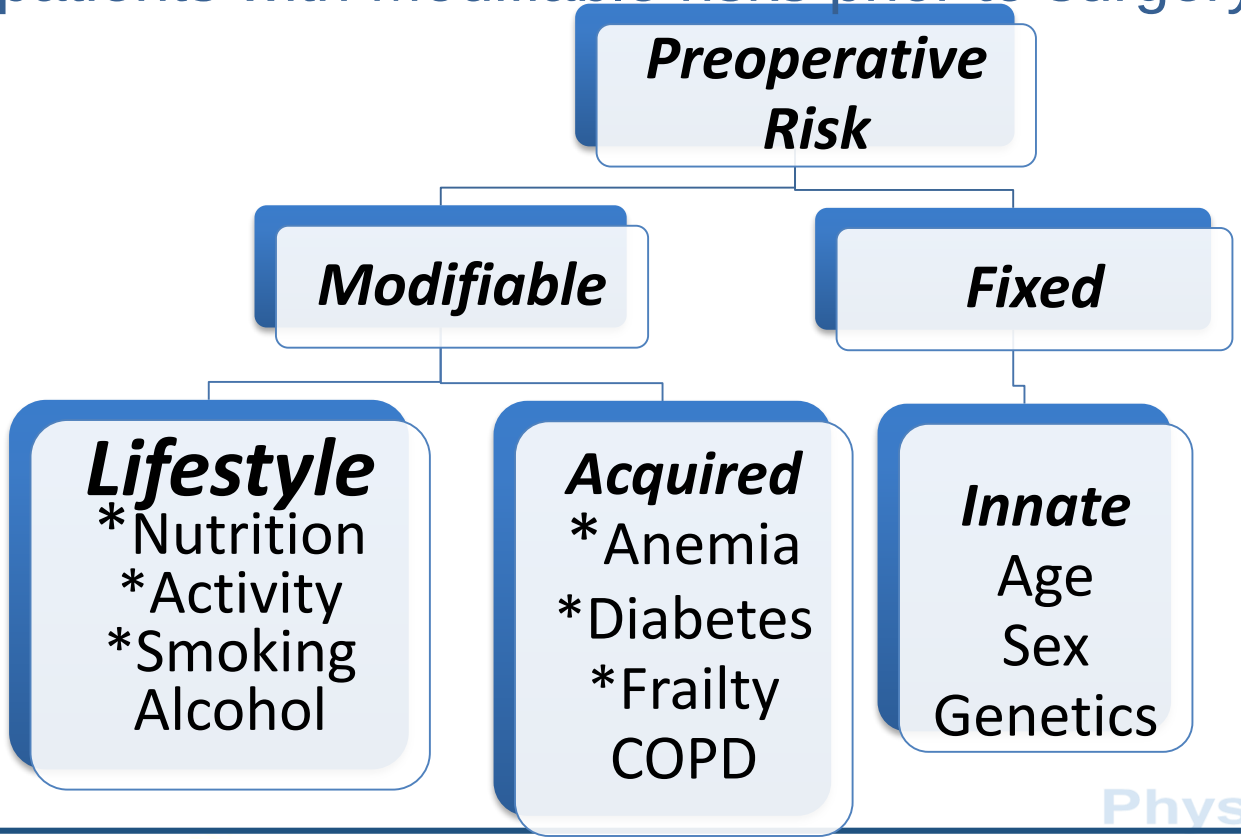
Prevalence of pre-operative frailty

Elective abdominal surgery population at the Vancouver General Hospital above the age of 60 years*, Fried frailty phenotype

	Prevalence
Normal aging	74.5%
Pre-frail	15.5%
Frail	10%

*elective colorectal resections, hysterectomy, cystectomy, pancreatectomy

AIM: Goal is Identify Patients and Triage patients with Modifiable risks prior to surgery



Additional Aims

- Identify patients who would benefit from social work referral to help with discharge planning
- To improve patient education materials so as to engage and activate patients in their care prior to surgery

Interventions

- Multidisciplinary group discussions including patient representatives –7 over 16 months
  - Process mapping
  - Increasing awareness
  - Change ideas from other programs
- Multiple PDSA cycles on where to capture the at risk patients
- Screening questionnaires—V 10
- Creating standard operating procedures on how to triage the patients
- Patient surveys on our current educational tools pre and post project

FACILITY ENGAGEMENT
An SSC Initiative

Physician-led QI

To decrease the incidence of anemia by increasing the referrals to the Perioperative Blood Management Program by 75%

Results: Gynecology Oncology– 1 year summary

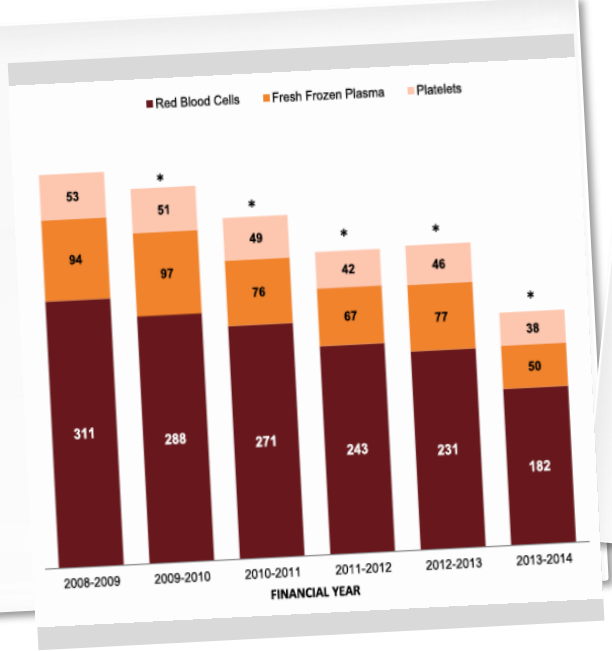
	ERAS 0ct16-Aug17	Prehab/Optimization Oct17-Oct 18
No. of case	276	327
Mean age MIS/OPEN cases	60.15 23.2 % / 76.8	61.66 34.86% / 65.14
Mean Hct Appropriate referral to PMBP	***38.0*** ***53%***	***39.0*** ***73.0%***
% Anemic	***36.6%***	***26.9%****
% Transfused	***14.5%***	***10.7%***
Transfused 1U	6.2%	4.89%
2U	5.8%	3.36%
3U	1.8%	1.83%

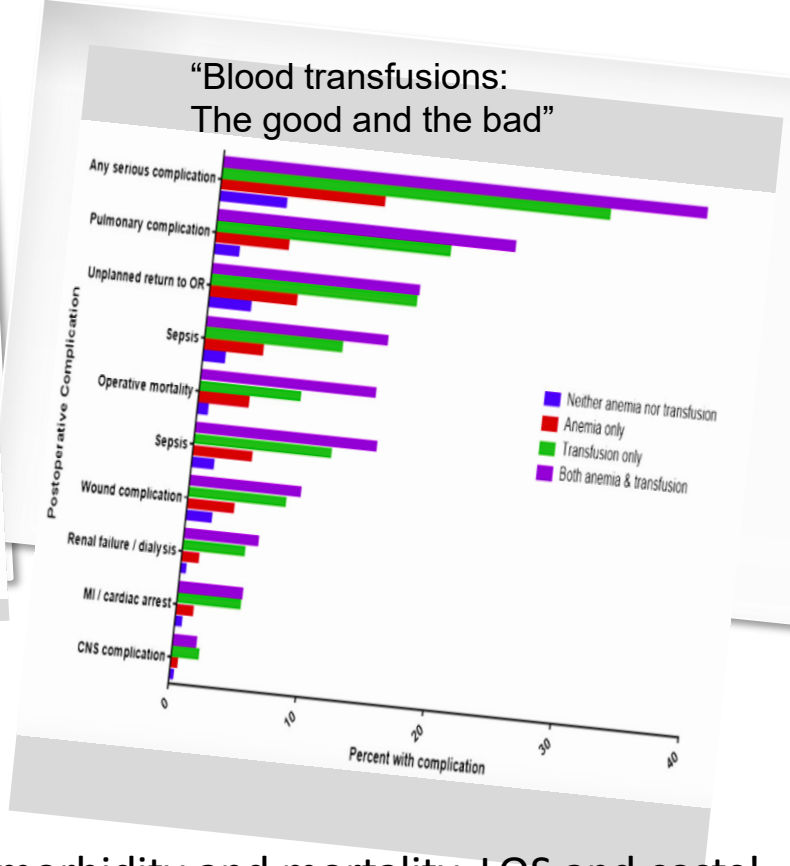
P=0.02

Results: Radical Cystectomy –1 year summary

	ERAS Oct14- Mar17	Prehab/Optimization Oct 17- Oct 18
No. of cases	222	94
Male/female ratio	82.7/17.3	77.66 / 22.3
Mean age	62.8	71.69
Anemic at the time of surgery	***39.6%***	***26.5% **** P=0.02
Appropriate referral to PMBP	***41%***	***79.4%***
Median Hct M:F	39.2: ***36.5***	***41.0 /39.0***
Transfusion Rate	29.3%	29.8%
Tranfused 1 U	6.02%	9.57%
2 U	11.24%	5.32%
3 U	4.82	6.6%
> 3 U	7.23	6.6%

led QI





Decrease transfusion: decreased morbidity and mortality, LOS and costs!

"Liquid" transplant

AIM: To identify and optimize diabetic and pre-diabetic prior to surgery and “improve” glycemic control and decrease 30 day morbidity

- Screen patients—HbA1c within 90 days of surgery
- Triage patients prior to surgery—activate patients and their GPs
- Standard glucometer testing
- Standard pre-printed sliding scale insulin orders as part of postoperative order sets

Providence HEALTH CARE How you want to be treated.
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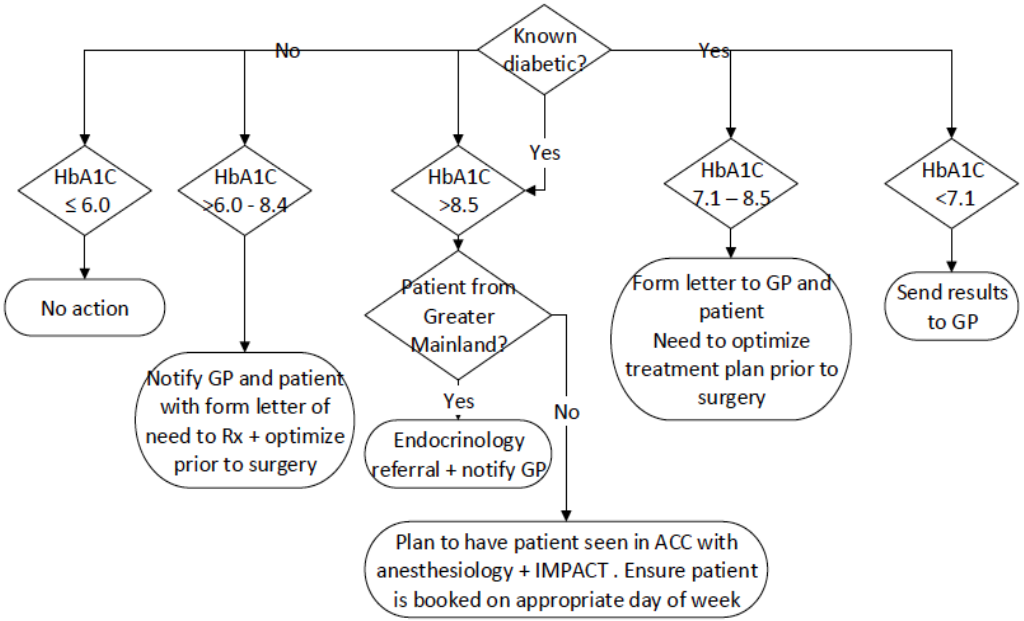
Aim 2: Glycemic Control--Preop HbA1c



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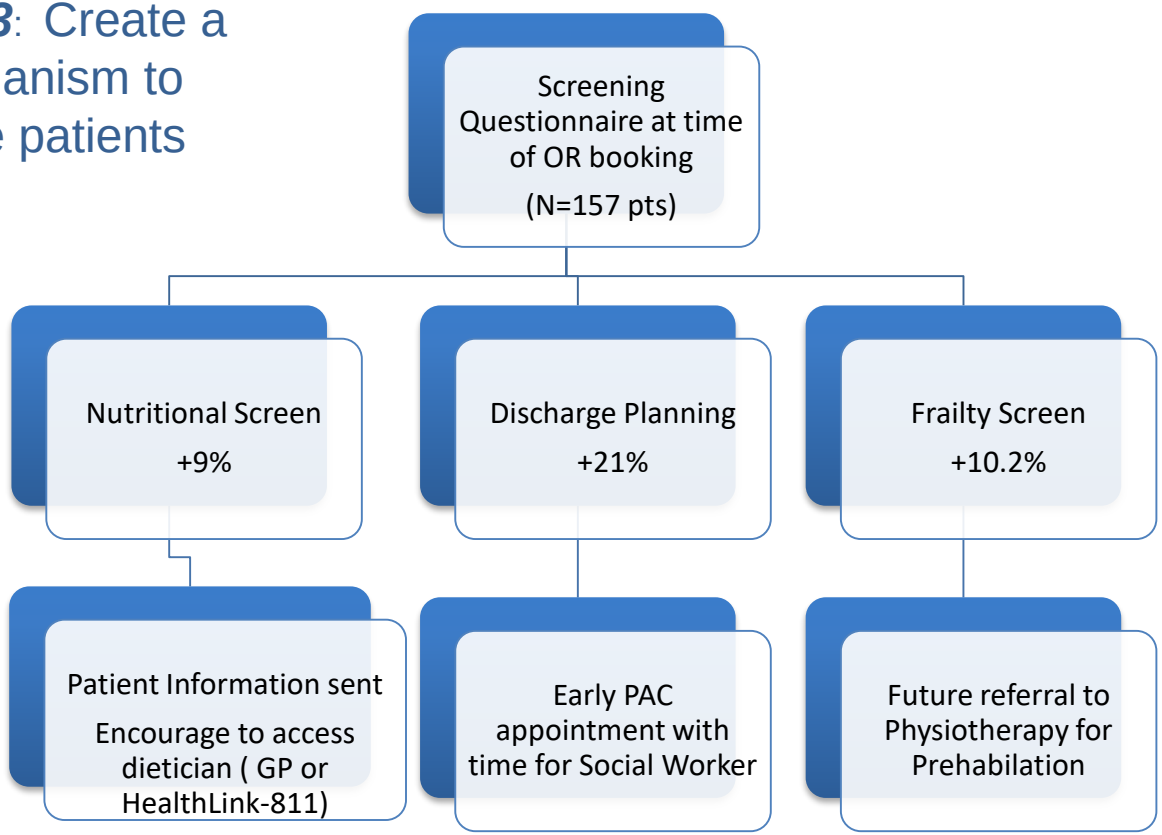
Diabetic Measures of Improvement

Gynecological Oncology patients

75% of all patients had HbA1c performed	Decrease Incidence of Complications in GO Diabetic Pts	Decrease in GO patients with perioperative hyperglycemia > 10

• 1/3 of patient had abnormal results
  • 15% identified as diabetic
  • 11% pre-diabetic
  • 5.1% unrecognized diabetic pts
	• SSI decreased from 14% to 11%
	• Overall complications (30 day morbidity) decreased 19% to 11%
		• Non-diabetic decreased from 18% to 13%
		• Diabetic patients from 68% to 53%

AIM 3: Create a mechanism to triage patients



Aim 3: Nutritional Screen

Have you lost weight in the past 6 months without trying to lose weight

Have you been eating less than usual for more than a week

If have BMI < 18.5

or for pts > 65 years of age BMI , 20

5 Tips for Healthy Eating

Dietitians of Canada
Les diététistes du Canada

Healthy eating is an important part of a healthy lifestyle. It will help keep you looking good and feeling great!

Follow these simple guidelines to help you eat well.

1. Go for Whole Grains

Make at least half your grain choices whole grains. Examples of whole grains are whole grain wheat, whole oats or oatmeal, pot barley and bulgur. Whole grains are higher in vitamins, minerals and phytonutrients (natural plant compounds) than refined grains. Research shows that a diet rich in whole grains is heart healthy.

Quick Tips:

- Start your day with a bowl of whole grain cereal
- Make sandwiches with whole grain bread or rolls
- Add barley, lentils, kidney beans or brown rice to soups and stews
- Substitute whole-wheat flour for all or part of the white flour when baking
- Choose whole-grain crackers
- Use whole grain pasta

When choosing grain products, pay attention to your serving sizes.

A serving is:

- 1 slice of bread
- ½ bagel, pita or tortilla
- 175 mL (¾ cup) hot cereal
- 30 grams cold cereal
- 125 mL (½ cup) rice or pasta

2. Load Up on Vegetables and Fruit

Vegetables and fruit are packed with nutrients and fibre, so enjoy a wide variety of them. Try to include at least one dark green and one orange veggie daily.

Quick Tips:

- Try a new vegetable or fruit each week
- Sprinkle some berries over whole grain cereal at breakfast
- Pack a couple pieces of fruit and some raw veggies with your lunch
- Start dinner with a salad of dark greens like spinach or romaine lettuce
- Fill half your plate with vegetables at dinner
- Add a handful of spinach or kale to a fruit smoothie

Trusted advice from dietitians. *www.dietitians.ca*

Physician-led QI

Discharge planning/Social work referral

Do you have concerns with current living situation ***	☐ Alone ☐ With a care giver ☐ With family ☐ In a nursing home ☐ group home ☐ shared care ☐ mental health housing ☐ no fixed address
Do you currently use any of the following services? Please select all that apply.	☐ Community nurse ☐ Day care/therapy unit ☐ Personal care assistance ☐ Home help ☐ Meals on wheels ☐ Other, please describe: _____
On discharge, with which of the following do you think you will have problems? Select all that apply.	☐ Bathing/showering ☐ Toileting ☐ Dressing ☐ Cleaning ☐ Cooking ☐ Shopping ☐ Business matters ☐ Family matters

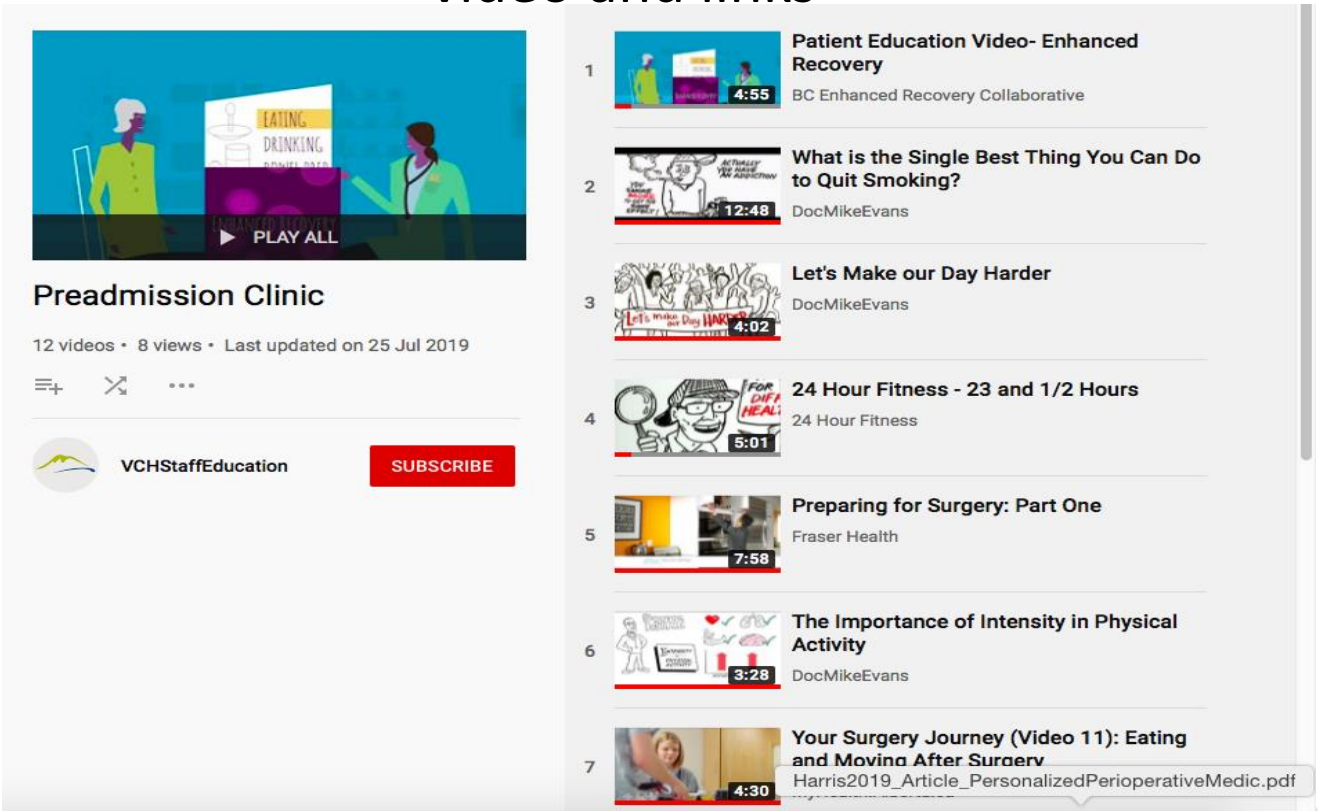
On discharge, do you think you will require help at home that cannot be provided by your current support network?	☐ Yes ☐ No If yes, please describe: _____ _____
Do you care for another person on a regular basis?	☐ Yes ☐ No If yes, please ensure you have made arrangements for this person while in hospital.
Do you have problems with your sight impacting your activities of daily living?	☐ Yes ☐ No If you answered "yes" to this question, bring your glasses to your surgery, or consider having your vision evaluated before surgery
Do you have problems with your hearing impacting your activities of daily living?	☐ Yes ☐ No Do you have a hearing aid? ☐ Yes ☐ No If you answered "yes" to this question, bring your hearing aid to hospital, or consider having your hearing evaluated before surgery

AIM 3: SCREENING QUESTIONNAIRE

FRAILTY—SARC-F QUESTIONS	
How much difficulty do you have moving across a room?	None =0 Some =1 A lot/use an aid or unable = 2
How much difficultly do you have climbing one flilght of stairs(10 stairs)	None =0 Some=1 A lot or unable = 2
How many times have you fallen in the last year?	None = 0 1-3 = 1 ≥ 4 = 2
How much difficulty do you have lifting or carrying 10 lbs (4.5kg)	None = 0 Some = 1 A lot or unable = 2
How much difficult do you have transferring from a chair to bed	None = 0 Some = 1 A lot/ unable without help = 2

Score ≥ 4 referral to physiotherapy—need 3-6 weeks

Aim 4: Education and Activate PatientPatient video and links



https://www.youtube.com/playlist?list=PLC2cab2Ys-YtWgKOj5nNT6w7ZKBgaN7UJ

Case 1

- 80 yr JW with rectal mass and Hb 86
- Discussion with patient, surgeon, and PBMP delay surgery by 3 weeks, IV iron Rx and EPO. Hb 101 just prior to admission
- MIS/robotic-anterior resection with stoma
- Renal followed, POD 1--K 5.8 pts no need for dialysis, Cr stable
- Discharged home on POD 8, Hb 87, Cr 382 to Kitimat
- Unfortunately: POD 14, admitted to his local hospital with dehydration/ worsening renal function Cr 643 /GFR 6 & K 7.7. Then transferred to UHNBC, 1 month after surgery ? dialysis. Elected for medical management, returned to Kitimat 3 weeks later, and died at home 7 weeks after his surgery

Case 2

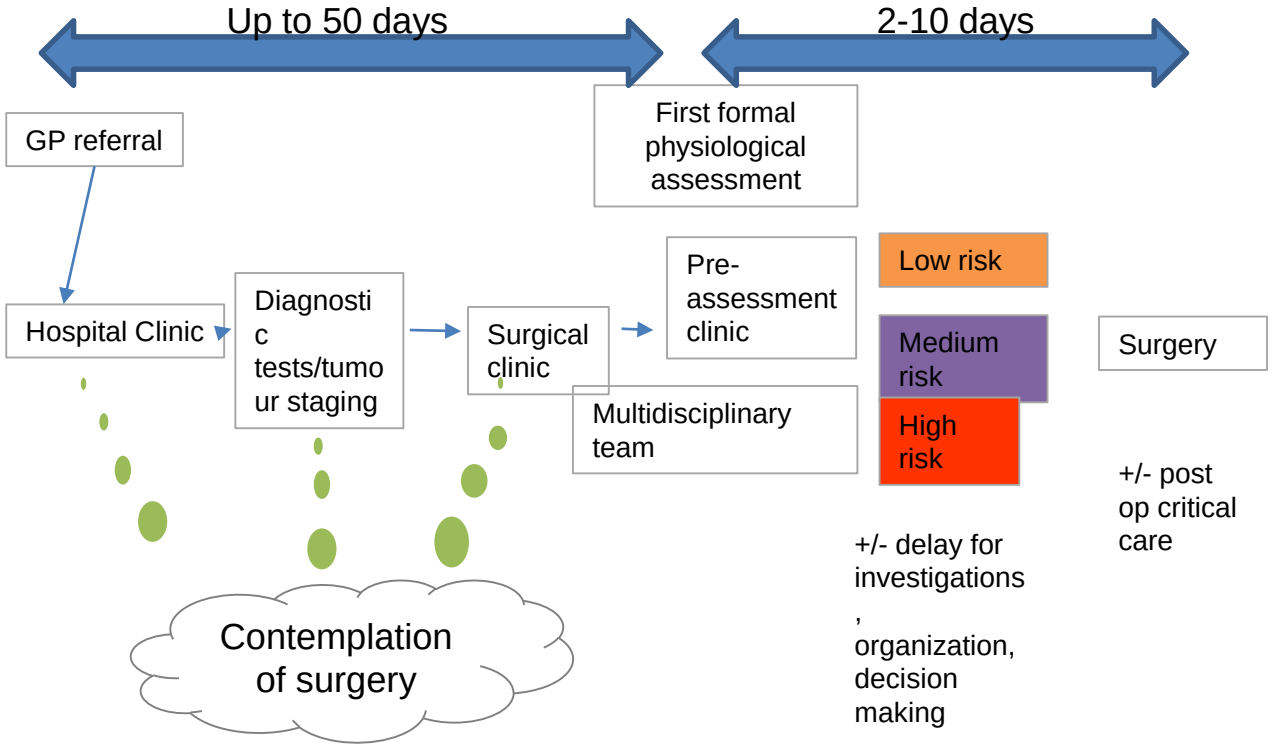
- Frail 80 year cognitive decline, COPD, and low BMI
- Team discussion, and with family
- 1st case, open procedure pfannenstiel incision
- Delerium POD 1, seen by Geriatric medicine, started on Quetapine qhs X 14 days, discharged POD 2 with follow up with GP, 6 weeks with BCCA, no 30 day complication

Lesson Learnt: "The Team" is essential!

- ERAS coordinators: Tracey Hong/ Julie Nakahara/Amy Myring
- NSQIP & Patient Safety: Julie Bedford/Markus Zurberg/Elinor Orsini
- PLQI Team—Allison Chiu, Enrique Fernandez , Phil Lang, Data support: Sheldon Wang and Chenyu Zhang
- Andrea Bisaillon Director of Perioperative Servieces
- CEAN: Survey support—Belinda Boyd and patient representative—Arlene Yoshikawa
- Dietician: Theresa Cividin
- Physiotherapy: Philip Sweeney, Maureen Duggan, Sonia Martins,

- Pre-admission Clinic (Anesthesia): Andrew Meikle
- Perioperative Blood Management Program (Anesthesia): Jacqueline Trudeau
- Surgeons: Mark Heywood/Lily Proctor, Garth Warnock/Jack Chiu, Andrzej Buczkowski, Peter Black
- Endocrinology: Breay Paty
- GP's: Sophia Chong & Lesley Wood
- Residents: Nicole Mak, Vanessa Giesbrecht
- Medical Student: Kamal SIdhu

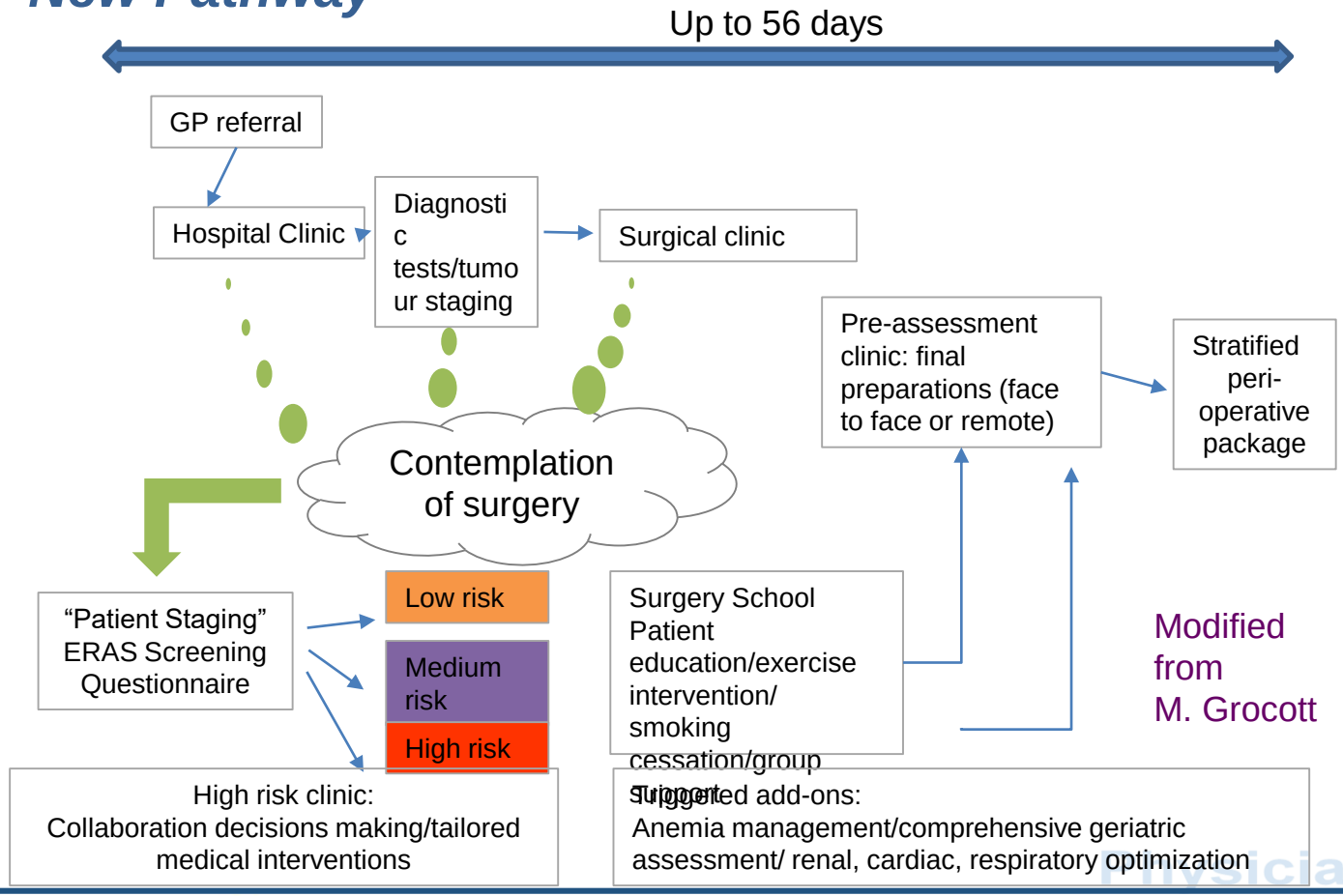
Lessons Learnt: Need to shake up the traditional pathway



Traditional Pathway

Modified from M Grocott

New Pathway


Up to 56 days
GP referral
Hospital Clinic
Diagnostic tests/tumour staging
Surgical clinic
Contemplation of surgery
Pre-assessment clinic: final preparations (face to face or remote)
Stratified peri-operative package
"Patient Staging" ERAS Screening Questionnaire
Low risk
Medium risk
High risk
Surgery School Patient education/exercise intervention/ smoking cessation/group support
Modified from M. Grocott
High risk clinic: Collaboration decisions making/tailored medical interventions
Triggered add-ons: Anemia management/comprehensive geriatric assessment/ renal, cardiac, respiratory optimization

Lessons Learnt

- We need to activate and engage patients in their care. Improve teamwork and communication between patients, their family physicians, surgeons and anesthesiologist
- We need to introduce a refined process to allow for pre-surgical optimization.
- We need to identify frail patient and ensure that patients collaborative in their care management plans and understand risks.
- We need to integrate existing data bases

Sustainment and Next Steps

- SPOC
- Expanding Team at VCH
  - Partnered with Change Pain Clinic
    - Incorporate pain questions into questionnaire
    - Community linkage with prehab and rehab at CHANGEPain clinic—Dr Brenda Lau, Lindsey Rite
  - Expanded our surgical patient population to include spine instrumentation Dr John Street
  - OSA screening, Cardiac/BNP screening perioperative care pathways—Dr Don Young
    - Internal Medicine/IMPCT Dr Erin Sloan

Next VCH PDSA

- New Screening Questionnaire for all surgical pts. Booking packages to be review as soon as they are received.
- Standard operating procedure for abnormal results and positive responses to questions to then result in appropriate triaging.
- Launch October 7th
- Goal packages to be reviewed within 40 days of surgery and seen by anesthesia within 30 days

Surgical Patient Optimization Collaborative (SPOC)

SPOC PASSPORT

Patient Passport

Surgical Patient

Optimization Clinic

Welcome!

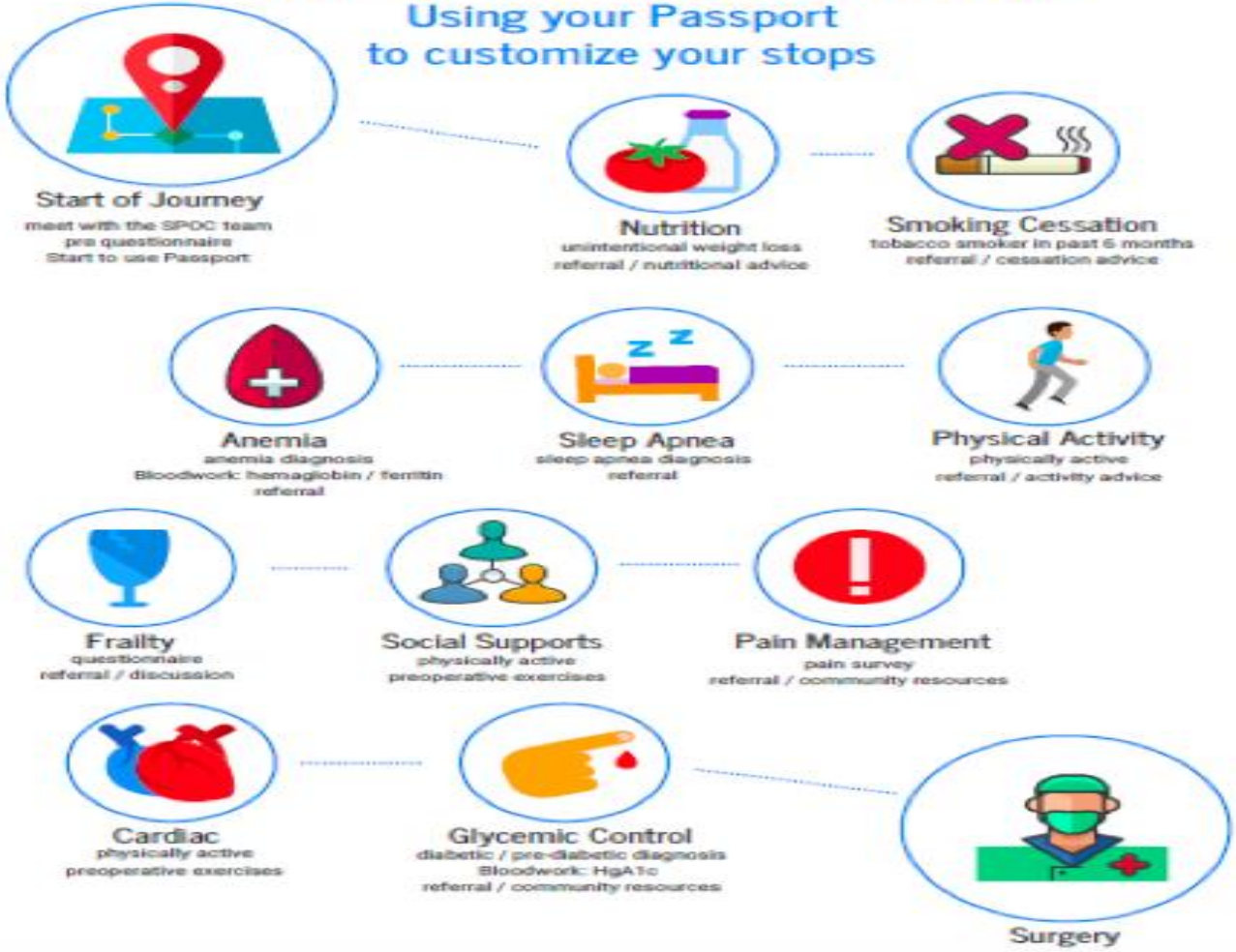
You have been selected to participate in the Surgical Patient Optimization Clinic (SPOC) at VGH, prior to your upcoming surgery.

By optimizing or improving your health prior to surgery, you reduce your risk of post-operative complications. Changes in the areas identified by you Preoperative Questionnaire can improve you overall health, not only before and after surgery, but in the long run.

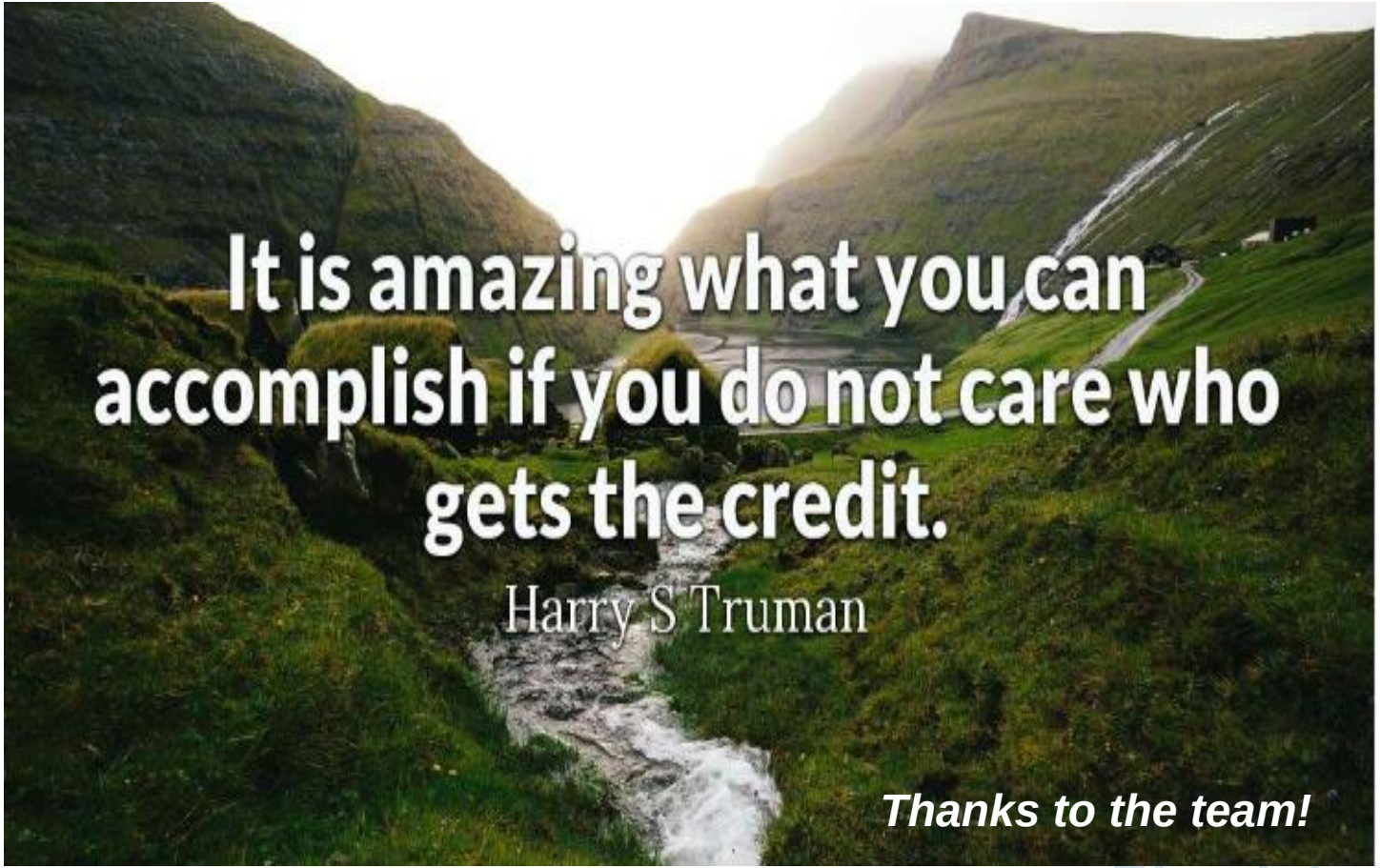
The attachments included with this email are your Passport. The Passport is your guide to optimize your health prior to surgery. Please read your Passport carefully for important information specific to you and how you can best prepare for your surgery.

Patient Journey Map

Using your Passport to customize your stops



led QI


It is amazing what you can accomplish if you do not care who gets the credit.
Harry S Truman
Thanks to the team!

Patient Activation

Process Improvement

Teamwork and Communication

Objective

- Understand Key Components of Implementation Strategy
  - Patient Activation
  - Process Improvement
  - Teamwork and Communication

PATIENT **ACTIVATION**

Activate patients in their care

CLINICAL **COMPONENTS**

Implement a multimodal approach of pre-surgical patient preparation

PROCESS **IMPROVEMENT**

Introduce a refined process to allow for pre-surgical optimization

TEAMWORK & **COMMUNICATION**

Improve teamwork and communication

Patients as Partners in Surgical Optimization

Claire Snyman

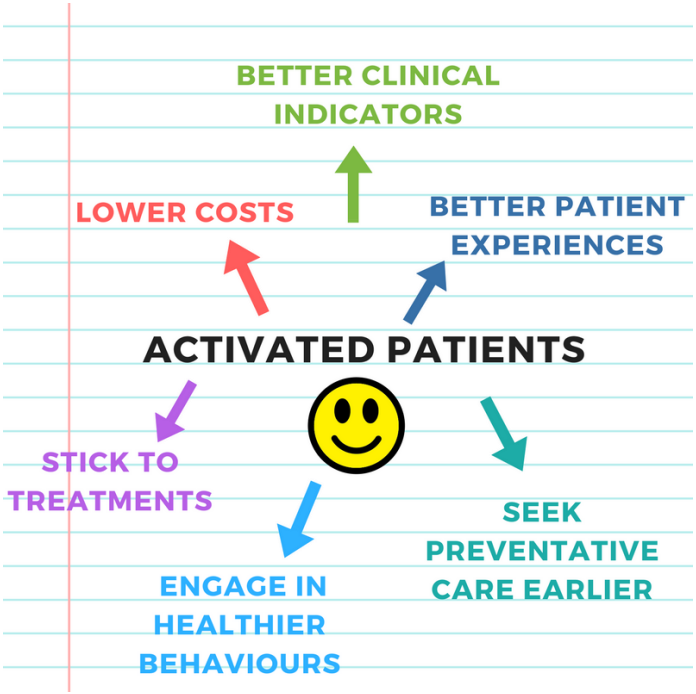
- September 23rd, 2019

BRITISH COLUMBIA
doctors of bc
British Columbia Medical Association

Patient Activation

- **Patient Activation (PA)** - “An individual's knowledge, skills and confidence to manage their health and health care” Hibbard, JH & Gilburt H (2014)

Activated Patients have better outcomes



Hibbard, JH & Greene J (2013)

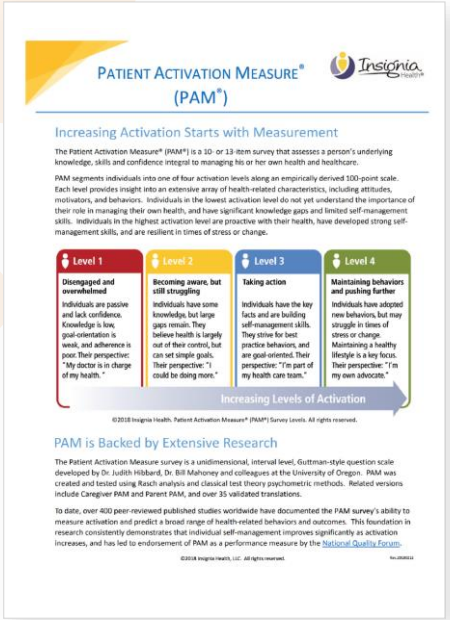
Activate patients in their care

SECONDARY DRIVER

Assess patients' level of activation

APPENDIX B

Patient Activation Measure



PATIENT ACTIVATION MEASURE® (PAM®)

Increasing Activation Starts with Measurement

The Patient Activation Measure® (PAM®) is a 10- or 13-item survey that assesses a person's underlying knowledge, skills and confidence integral to managing his or her own health and healthcare.

PAM segments individuals into one of four activation levels along an empirically derived 100-point scale. Each level provides insight into an extensive array of health-related characteristics, including attitudes, motivators, and behaviors. Individuals in the lowest activation level do not yet understand the importance of their role in managing their own health, and have significant knowledge gaps and limited self-management skills. Individuals in the highest activation level are proactive with their health, have developed strong self-management skills, and are resilient in times of stress or change.

Level 1	Level 2	Level 3	Level 4
Disengaged and overwhelmed	**Becoming aware, but still struggling**	**Taking action**	**Maintaining behaviors and pushing further**
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: "My doctor is in charge of my health."	Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: "I could be doing more."	Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: "I'm part of my health care team."	Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: "I'm my own advocate."

Increasing Levels of Activation

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PAM is Backed by Extensive Research

The Patient Activation Measure survey is a unidimensional, interval level, Guttman-style question scale developed by Dr. Judith Hibbard, Dr. Bill Mahoney and colleagues at the University of Oregon. PAM was created and tested using Rasch analysis and classical test theory psychometric methods. Related versions include Caregiver PAM and Parent PAM, and over 35 validated translations.

To date, over 400 peer-reviewed published studies worldwide have documented the PAM survey's ability to measure activation and predict a broad range of health-related behaviors and outcomes. This foundation in research consistently demonstrates that individual self-management improves significantly as activation increases, and has led to endorsement of PAM as a performance measure by the National Quality Forum.

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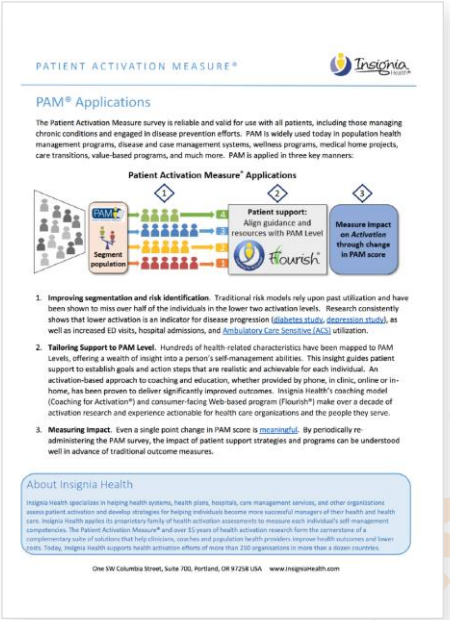

PATIENT ACTIVATION MEASURE®

PAM® Applications

The Patient Activation Measure survey is reliable and valid for use with all patients, including those managing chronic conditions and engaged in disease prevention efforts. PAM is widely used today in population health management programs, disease and case management systems, wellness programs, medical home projects, care transitions, value-based programs, and much more. PAM is applied in three key manners:

Patient Activation Measure® Applications

1. **Improving segmentation and risk identification.** Traditional risk models rely upon past utilization and have been shown to miss over half of the individuals in the lower two activation levels. Research consistently shows that lower activation is an indicator for disease progression (diabetes study, depression study), as well as increased ED visits, hospital admissions, and Ambulatory Care Sensitive (ACS) utilization.
2. **Tailoring Support to PAM Level.** Hundreds of health-related characteristics have been mapped to PAM Levels, offering a wealth of insight into a person's self-management abilities. This insight guides patient support to establish goals and action steps that are realistic and achievable for each individual. An activation-based approach to coaching and education, whether provided by phone, in clinic, online or in-home, has been proven to deliver significantly improved outcomes. Insignia Health's coaching model (Coaching for Activation®) and consumer-facing Web-based program (Flourish®) make over a decade of activation research and experience actionable for health care organizations and the people they serve.
3. **Measuring Impact.** Even a single point change in PAM score is meaningful. By periodically re-administering the PAM survey, the impact of patient support strategies and programs can be understood well in advance of traditional outcome measures.

About Insignia Health

Insignia Health specializes in helping health systems, health plans, hospitals, care management services, and other organizations assess patient activation and develop strategies for helping individuals become more successful managers of their health and health care. Insignia Health applies its proprietary family of health activation assessments to measure each individual's self-management competencies. The Patient Activation Measure® and over 15 years of health activation research form the cornerstone of a complementary suite of solutions that help clinicians, coaches and population health providers improve health outcomes and lower costs. Today, Insignia Health supports health activation efforts of more than 250 organizations in more than a dozen countries.

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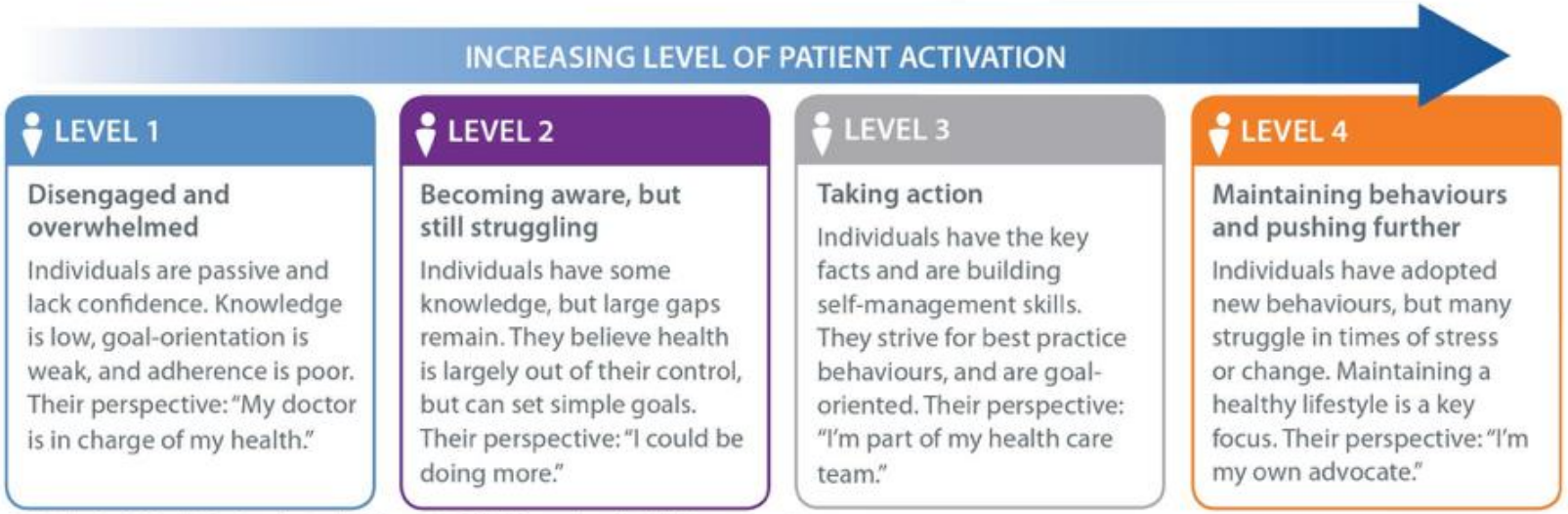
Patient Activation Measure (PAM)



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15-20% individuals

20-25% individuals

30-35% individuals

20-25% individuals

Activate patients in their care

SECONDARY DRIVER

Assist patients to self manage and engage in actions supporting their health and health care

APPENDIX C

Shared Approach Model

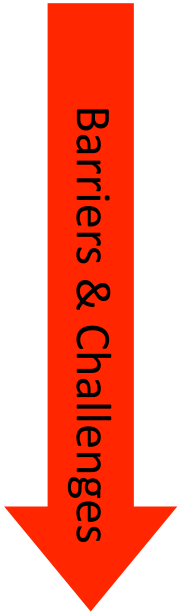
Moving the needle on Activation

Use of interventions that **include**: [1]

- Skill development, problem solving and/or peer support
- Change the environment
- Tailor support to the individual's level of activation
- Have supportive clinician & health care team behavior
- Individualized education vs. one-size-fits-all
- Community-level engagement

For the Patient

Language barriers
Low health literacy
Lack of desire to take responsibility for own health
Lack of information
Geography
Community supports (lack of)
Lack of social supports/family
Financial costs of follow through (medications, physio, time off)
Patients fear ~ Intimidated by doctors & surgeons



1. Hibbard, JH From Health Behavior Change in Populations (Johns Hopkins University Press) 2014

	Level 1
Dialog	*"My doctor is in charge of my health"*
Characteristics	• Lack the belief they have an important role in their health
Ways to Support & Engage	- Focus on a behavior that is highest priority to individual

	Level 4
Dialog	*"I'm my own advocate"*
Characteristics	• Proactive • Seek workable partnerships with providers
Ways to Support & Engage	- Look at how to manage health under stressful conditions and change in environment

PROCESS **IMPROVEMENT**

Introduce a refined process to allow for pre-surgical optimization

SECONDARY DRIVER

Adapt/modify existing processes to allow for patient optimization to take place

CHANGE IDEAS

- Process map current and future state
- Analysis of existing documentation
- Facilitated discovery workshops
- Individual staff or small group interviews
- Direct work observation
- Business analysis design

Improve teamwork and communication

SECONDARY DRIVER

Engage People

CHANGE IDEAS

- Think about which terms will resonate with your colleagues when talking about culture
- Analysis of existing documentation
- Facilitated discovery workshops

Improve teamwork and communication

SECONDARY DRIVER

Assess the Current State

CHANGE IDEAS

> Determine the best strategy to identify the culture in your team

Improve teamwork and communication

SECONDARY DRIVER

Identify & Analyze Current Opportunities

CHANGE IDEAS

> Present the results and make a plan

Improve teamwork and communication

SECONDARY DRIVER

Choose Tools

CHANGE IDEAS

> Test and apply tools to improve teamwork and communication