

STRATEGIC DEPLOYMENT A3

DRAFT

Plan

"Managers who don't know how to measure what they want settle for wanting what they can measure."
- Dr. Russell Ackoff

Do

1 PERFORMANCE, GAPS, CHALLENGE - IMPACT


- What is the **GAP** that must be closed between the Current Condition and the Challenge?
 - What is the one result metric (lagging metric) that defines the **GAP**? Make it measurable by \$, %, #. Is the metric deployable? If possible, show past 3-5 year history.
 - "What is Actually Happening (WAH)" versus "What Should be Happening (WSH)" is what defines the **GAP**.
 - Be consistent and avoid confusion. For example, if the **GAP** is stated as dollars, try to use dollars to describe "What is Actually Happening (WAH)" versus "What Should be Happening (WSH)." Sometimes people will jump from dollars to time or some other metric. So be consistent as you progress throughout the A3.
 - Can you **SHOW** visually using charts, graphs, maps, etc.?
- What is the **IMPACT**? Provide an impact statement describing the impact to the Patient, Hospital, Clinic and Employee.

Challenge
(a strategic imperative)
or What Should be Happening

GAP

Current Condition
or What is Actually Happening

This section will guide, inform, and influence ALL remaining sections. You are trying to get sponsorship in this area.

Catch Ball 


2 REFLECTION ON RECENT ACTIVITIES AFFECTING THE GAP

- The purpose of this section is to determine if activities last year had an impact; yes or no. Therefore, should we do more of that activity or something different?
- Rate each previous year activity either Green (G) or Red (R) based on target vs. actual results. Avoid using yellow.
- Get stakeholders and potential stakeholders together.
- What did you expect from the activity? What actually happened? What did you learn?
- In addition to wins and losses we can reflect on and list resource constraints.
- If you are stating obstacles avoid being vague and be specific.
- If this is an entirely new activity then state that as the case.

"Simplicity is the ultimate sophistication"
- Leonardo da Vinci

Example:

ACTIVITY	RATING	KEY RESULTS/OBSTACLES
Engaged admissions staff identified and created countermeasures for loss revenue	●	Target = \$1 M, Actual = \$2 M, Saved = \$1 M


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3 HYPOTHESES (IF/THEN) FOR THIS YEAR'S ACTIVITIES

- The hypothesis is worded in a "If/Then" statement.
- Both number and prioritize your hypotheses.
- Ideally, the sum of these hypotheses should equal your **GAP**. If not, address what you know.
- Ideally, build the hypotheses so it is 20% over your **GAP**.
- You are addressing big obstacles.
- Predict the portion that each hypothesis statement will contribute to closing the **GAP**.

Example: If we reduce overtime by 20% then we can deliver \$200K to the bottom line (200K).

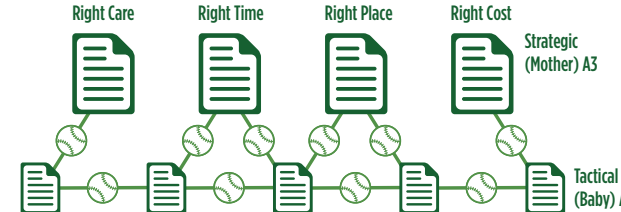
Quantify the hypothesis and then you enable the Leader Standard Work.

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4 THIS YEAR'S ACTION PLAN (ROLL-UP OF SUBORDINATE PLANS)

- The hypothesis should be the heading of your Goal section. So if one has five hypothesis statements then they should have five goals.
- Need to determine how much each action will contribute to the Goal. No more than five activities.
- Both number and prioritize your Goal section. This is similar to the Hypotheses section.
- We are pulling versus pushing by way of Catch Ball the activities from the Tactical (Baby) A3's.
- The "activities" are the main pieces of the supporting Tactical (Baby) A3's.
- Ensure time schedule is layered out logically so one can see cause and effect.

Right Care Right Time Right Place Right Cost



Strategic (Mother) A3

Tactical (Baby) A3

If one is developing a Tactical (Baby) A3 that is supporting a Strategic (Mother) A3, it will be similar in format.

A Tactical (Baby) A3 may be addressing goals in more than one Strategic (Mother) A3.


"Simplicity is the result of much hard work."
- Anonymous

Example:

GOAL	ACTIVITIES	WHO	SCHEDULE													
			O	N	D	J	F	M	A	M	J	J	A	S		
Reduce Falls from 50 to 25 incidents.	1. Visual ID High Risk patient's room + individual (-10)	John D.	●	▲												
	2. Use bed alarms on patients ≥ 65 between the hours of 21:00 – 07:00 (-10)	Jane S.	●	▲	ONGOING											
	3. One-on-one education of each patient at the bedside regarding falls & prevention (-5)	Rick F.	●	▲	ONGOING											

5 HOW YOU WILL FOLLOW-UP

- What are you going to do to ensure success? What might go wrong and how will you address it?
- At what cadence will you meet with the owner's of the Tactical (Baby) A3's that are contributing to this Strategic (Mother) A3?
- When reviewing the status of activities from the Tactical (Baby) A3's some possible questions are as follows:
 - Is the new process in place as designed? Is it on schedule? Is it looking capable? Is it trending towards the intended results? If not, why not? What is working well? What obstacles are getting in the way? Avoid being vague and be specific.
 - What was your last step? What did you expect? What actually happened?
 - What did you learn? What is your next step? What do you expect?

Catch Ball 

STUDY, ADJUST

OVERVIEW	TARGET	ACTUAL	COMMENTS
This is a general overview of the strategy being reviewed. This is the GAP that is being closed. You are describing the overall approach and results. This area relates back to the top left box plus the hypotheses on the Strategic (Mother) A3. What is the overall story?		This is based on year to date	This is the connection between what was planned, what was expected, what actually happened, and what we are learning. This helps put everything below in context.

GOAL	ACTIVITIES	PROCESS METRIC	YTD RESULTS		COMMENTS	NEXT STEPS
			TARGET	ACTUAL		
<p>Should be taken from right side of A3.</p> <p>If you are in the 1st quarter and only 3 of the 5 goals are addressed in this quarter then only those 3 should be on this Status A3, not all 5.</p>	<p>Should be taken from right side of A3.</p> <p>For Strategic A3 you may only have the "Activities" column. This section should provide evidence of rounding with subordinate groups and playing Catch Ball.</p>	<p>Is the process in place as designed? Is it on schedule? Is it looking capable?</p>	<p>Is it trending towards the intended results?</p>		<p>If not, why not? What is working well? What is getting in the way? What are you learning?</p> <p>This area will also be used to communicate the relationship between plan and results that lead to next steps.</p>	<p>If results are being achieved, what can be done to hardwire process? If not, what needs to be adjusted?</p>
<p><i>Example:</i></p> <p>Reduce Falls from 50 to 25 incidents.</p>	<p>1. Visual ID High Risk patient's room + individual (-10)</p>	Audit Tools; K-card review	(-5)	(-6) ●	1. We are concerned with visual fatigue of the visual aids.	?
	<p>2. Use bed alarms on patients ≥ 65 between the hours of 21:00 – 07:00 (-10)</p>	% of bed alarms	(-5)	(-4) ●	2. Initially the trial group only included surgery patients which did not have a high number of falls.	Include all patients.
	<p>3. One-on-one education of each patient at the bedside regarding falls & prevention (-5)</p>	% of patients educated	(-3)	(0) ●	3. Initially the family is being educated but then various members change and new family members were not educated.	?

WHAT IS CATCH BALL?

Catch Ball refers to the give and take required between management levels and staff during the planning and implementation process. By using Catch Ball:

- Strategies and tactics cascade throughout the organization.
- The vision and the daily activities of the front-line team members are linked together.
- We validate, align and cascade our way of thinking.

The logic of playing Catch Ball between management levels and staff is as follows:

- We can't just tell people what to do because:**
 - It would become our plan and we would need to police it.
 - When you tell people what to do, their minds close. You lose their experience, knowledge, and creativity. The more you tell them what to do, the more their minds close.
 - If we tell our teams what to do, then according to neuroscience, we're actually teaching them to do nothing until/unless told what to do.
 - We can, however, tell people what **GAP** we are trying to close.

2. **We need to develop the plan:**

- Engage people thereby harnessing their experience, knowledge, and creativity.
- Make each area responsible for developing strategic imperatives to support the plan and give authority to carry out plans.
- Leaders rely on knowledge and ability of team members but provide follow-up and support for success.

3. **Process requires different leadership and mutual trust:**

- Team trusts leader's judgment in picking focus area and goal, but is encouraged to push back with facts.
- Leaders trust team member's knowledge and ability. Catch Ball ensures that we are all on the same page.

We are deploying based on analysis of the Current Condition at each level. This entails frank, reality-based discussions between and within levels of management. It requires a different kind of leadership and a foundation of mutual respect. Catch Ball is not a one time activity but part of both the development and life of the A3. Catch Ball is a scrubbing process that helps management and employees understand what's real.