

## Assessment Tool for a Problem-Solving (Proposal) A3

**A3 Title:** (Ex. 3) Decreasing Congestion in Ob/Gyn Triage

**Author:** XXXXX

**Reviewer:** XXXXX

**Date:** XXXXX

Items (based on A3 Template) and Rating Scale	Rating
<b>Background</b> <i>Why is the problem important?</i>	
<b>1. Negative consequences</b> (e.g., harm, frustration, waste): how specific is the clearest statement of a negative consequence of the problem?	
0. Not addressed      1. Unclear      2. General (eg, "harm," "difficulties," "waste")      3. Specific type of consequence	1
<p><u>Rating.</u> 1. Unclear</p> <p><u>Explanation.</u> The Background refers to a problem of "congestion" but the negative consequences of congestion are not clear. While the Background states that "visits may take over 2 hours," it is unclear if this is the usual expected visit time and whether congestion has a negative consequence of lengthening visit time.</p> <p>Would be "2. General" if negative consequences were at least stated in general terms, e.g., problems with patient care due to congestion or long visit wait times.</p> <p>Would be "3. Specific type of consequence" if a specific consequence of congestion were listed such as longer visit time, clinically significant delay in diagnosis, patients leaving without being seen, lower patient satisfaction with care, providers experiencing increased work stress.</p>	
<b>2. Individuals/groups impacted by the negative consequences</b> (e.g., harm, frustration, waste): how specific is the clearest statement identifying an impacted individual, group/unit, or organization?	
0. Not addressed      1. Unclear      2. General (eg, "staff," or "patients," but not which)      3. Specific individual, group, or organizational unit	1
<p><u>Rating.</u> 1. Unclear</p> <p><u>Explanation.</u> The unclear statement of negative consequences makes it difficult to understand who is impacted by the negative consequences. The Background notes that congestion occurs in the "OB/GYN triage" unit, but does not indicate that congestion is resulting in negative consequences for that unit.</p> <p>Would be "2. General" if a more general wording were used to describe who is impacted, e.g., "affects everyone."</p> <p>Would be "3. Specific individual, group, or organizational unit" if negative impacts and who is impacted by them were specified, e.g., patients who have longer visit times, OB/GYN triage area staff who are stressed.</p>	
<b>3. Severity of the negative consequences</b> (e.g., harm, frustration, waste): how specific is the clearest statement of the severity (e.g., extent/amount) of at least one negative consequence?	
0. Not addressed      1. Unclear      2. General (eg, significant harm)      3. Specific extent/amount	0
<p><u>Rating.</u> 0. Not addressed</p> <p><u>Explanation.</u> The Background does not address severity of negative consequences of the OB/GYN triage congestion.</p> <p>Would be "1. Unclear" if a statement were made about negative consequences of congestion, but their severity is unclear, e.g., "causes problems" with no indication of the nature of the harm or its impacts.</p> <p>Would be "2. General (e.g., significant harm)" if the severity/extent impact were described in general terms, e.g., "congestion may result in lower quality care and increased dissatisfaction," but the extent of negative impact on relevant individuals is only generally communicated as negative.</p> <p>Would be "3. Specific extent/amount of at least 1 consequence" if the extent of impact were communicated: e.g., ob-gyn triage congestion problems result longer visit times that can lead "to delay in emergent diagnoses with increased clinical complications" and "to staff dissatisfaction and turnover."</p>	
<b>4. Frequency of the negative consequences</b> (e.g., harm, frustration, waste): how specific is clearest statement of the frequency (# events/unit of time) of at least one negative consequence?	
0. Not addressed      1. Unclear      2. General (eg, rare, often)      3. Specific frequency (eg, events per unit of time)	0
<p><u>Rating.</u> 0. Not addressed</p>	

Explanation. The Background does not address how often that congestion leads to negative consequences in the OB-GYN triage area. While the Background does indicate that the problem of congestion occurs frequently, congestion may not always result in negative consequences such as longer visit times or inefficiency (downstream effects of congestion).

Would be “1. Unclear” if the background included a statement about negative consequences, but their frequency is not clear, e.g., lengthened visit times may occur.

Would be “2. General (e.g., rare, often)” if only a relative sense of frequency of the resulting harm were stated, e.g., “usually results in longer visits,” “occasionally results in critical delay of emergent diagnosis,” “sometimes affects staff morale.”

Would be “3. Specific frequency (events per unit of time)” if the background specifies the frequency of one or more negative consequences: e.g., “clinically significant delay in diagnosis occurs on average 4x/month”, “on average, each week 20 patients leave without being seen due to frustration with the triage delays”, or “the last 5 staff members who transferred to other areas cited work stress due to congestion as one of the reasons for leaving.”

➤ Extent to which important negative consequences (e.g., harm, frustration, waste) are identified?

None                      Inadequate                      Adequate                      Thorough                      Cannot assess

Cannot assess

*Background – reviewer comments:*

**Current Situation** *What is actually happening?*

5. Current level of performance

0. Not addressed                      1. General words, but no data                      2. Some data                      3. Thorough and robust data

2

Rating. 2. Some data

Explanation. In Background, there are statements of how many patients do not call (40%), and how many are non-emergent and could stay home (50%). Also, a bar graph illustrates the average visit length in ob-gyn triage per day of week.

Would be “1. General words, but no data” if the bar graph were not shown and a general comment were made about long visit length.

Would be “3. Thorough and robust data” if more granular data were given, e.g., the length of time waiting before being assessed and the actual number of patients involved.

6. How is work done (process/workflow)?

0. Not addressed                      1. Addressed, but unclear                      2. Illustration/ description somewhat clear                      3. Illustration/ description very clear

2

Rating. 2. Illustration/description somewhat clear

Explanation. In Current State: The process map shows the general process steps, their sequence, and who carries out each step. However, problems are not highlighted and delays in the process are neither identified nor quantified.

Would be “1. Addressed, but unclear” if the process steps or other description were difficult to understand.

Would be “3. Illustration/description very clear” if the process map showed the process steps, identifying the points with problems.

7. Clear identification of who is involved in performing the work?

0. Not addressed                      1. Unclear                      2. Somewhat clear                      3. Very clear

3

Rating. 3. Very clear

Explanation. The process map in Current State includes who is involved in performing each step of the work (e.g., nurse, CNM).

Would be “2. Somewhat clear” if individuals (e.g., nurses, CNM) involved in performing the work were indicated for some parts of the work, but not for other parts of the work.

8. Performance problem/gap?

0. Not addressed                      1. Unclear                      2. Partially specified                      3. Clearly specified/quantified

1

Rating. 1. Unclear

Explanation. The problem statement (“Congestion is a problem in ob/gyn triage”) does not communicate a clear problem. For example, the performance gap may be the time patients wait in the triage area.

Would be “2. Partially specified: if the performance problem/gap were written with some general language (e.g., “...average time from check-in to provider evaluation is increasing each year”).

Would be “3. Clearly specified/quantified” if the performance gap was clear, e.g., “OB patient emergencies cannot be managed safely or efficiently given that the average time to be seen from check-in to completed provider evaluation is currently 2.5 hours.”

➤ Extent to which the A3 author demonstrates direct observation of the work process?

Not observed      A little      Some      All      Cannot assess

Cannot assess

➤ Extent of demonstration of learning from the people involved in the process?

None      A little      Some      All      Cannot assess

Cannot assess

*Current Situation – reviewer comments:*

**Goal** *What target condition or specific performance is desired? By when?*

9. How specific is the goal?

0. Not addressed      1. Vague      2. Somewhat specific      3. Very specific

3

Rating. 3. Very Specific

Explanation. In Goal: “Decrease non-emergent visits by increasing the percentage of patients calling ahead for triage from 60% to 80% by the end of week 5 of plan implementation.”

Would be “2. Somewhat specific” if the goal were stated qualitatively in relative terms (e.g., “decrease non-emergent visits”) without specifying a target.

10. Is the goal measurable?

0. Not addressed      1. Not measurable      2. May be measurable      3. Clearly measurable

3

Rating. 3. Clearly measurable

Explanation. In Goal the measure is: “. . . increase the % of patients calling ahead from 60 to 80%. Since the authors of this A3 previously measured the number of patients who did not call ahead (see Current Situation: 40% of patients do not call ahead), this goal is clearly measurable.

Would be a “2. May be measurable” if use of the measure were not demonstrated in the Current Condition, the measure were not commonly used, and the reader is uncertain whether measurement could be performed.

➤ How achievable is the goal?

Not achievable      Unlikely      Possibly      Probably      Cannot assess

Cannot assess

11. How relevant is the goal to addressing the problem?

0. Not addressed      1. Not relevant      2. Somewhat relevant      3. Very relevant

3

Rating. 3. Very relevant

Explanation. The Goal states “increase the % of patients calling ahead from 60% to 80%” which would result in some patients being advised to stay home and therefore directly relates to the stated problem of decreasing the “congestion in OB/GYN triage” (see Problem Statement.)

Would be “2. Somewhat relevant” if the goal were only generally related to the problem statement (e.g., goal discussed improving some aspect of patient experience when the problem statement focused on “managing OB patient emergencies efficiently.”)

12. How time-bound (clear timeframe for accomplishment) is the goal?

0. Not addressed      1. Unclear      2. Somewhat clear (eg, relative timeframe)      3. Very clear (eg, date specified)

2

Rating. 2. Somewhat clearExplanation. The Goal: states "...by end of Week 5 of plan implementation." This sets a somewhat clear deadline.

Would be "3. Very Clear" if an exact date were added (e.g., "...by the end of week 5 of plan implementation, i.e. April 5, 2020)

*Goal – reviewer comments:***Analysis** *What is contributing to the problem? What are its root causes?*13. Is the display of method(s) for analyzing root causes easy to understand? (e.g., fishbone diagram, "5-whys"/root cause tree diagram, Pareto chart)

0. Not displayed      1. Not understandable      2. Partially understandable      3. Easy to understand

2

Rating. 2. Partially UnderstandableExplanation. At the left side of the root cause tree diagram is capital "C" with the word "congestion" jumbled inside of it. Reading this word is somewhat difficult and therefore the display is rated "partially understandable."

Would be "3. Easy to understand" if the beginning of the root cause tree diagram said "Too many non-emergent visits in Ob-Gyn triage."

14. How clear are the identified root causes?

0. Not addressed      1. Unclear      2. Somewhat clear      3. Very clear

3

Rating. 3. Very clearExplanation. In the Analysis section is a root cause tree diagram that identifies 3 major contributing factors (unnecessary visits, nurses who are multi-tasking, and patients coming in waves to the triage area). The root cause tree further identifies the underlying causes of these three major contributing factors by asking at least 2 more "whys" to get to the underlying root causes.

Would be "2. Somewhat clear" if from the written statements and visuals you could understand some of the indicated root causes, but not others. For example, if the root cause tree only listed the 3 major contributing factors and did not illustrate the underlying reasons for the unnecessary visits, multi-tasking nurses, and patients coming in waves.

➤ Extent to which important root causes are identified?

- None      Inadequate      Adequate      Thorough      Cannot assess

Cannot assess

*Analysis – reviewer comments:***Countermeasures** *What options/alternatives were considered? What countermeasures/strategies are proposed?*15. How many options for countermeasures were considered?

0. None      1. One      2. Two      3. Three or more

3

Rating. 3. Three or moreExplanation. In Recommendations: 4 recommendations are listed, labeled A-D.

Would be "2. Two" if the author had included only two countermeasures.

## 16. Identify the strongest countermeasure considered. How strong is it?

- |                        |   |   |   |
|------------------------|---|---|---|
| 0. No counter-measures | 1. Weak (eg, policy change, education and training) | 2. Intermediate (eg, standard work/roles, just-in-time reminders, or visual/cognitive aids) | 3. Strong (eg, “forcing function” that ensures work done right way) |
|------------------------|---|---|---|

2

**Rating.** 2. Intermediate (eg, standard work/roles, just-in-time reminders, or visual/cognitive aids)

**Explanation.** In Recommendations: Standard protocols, changes in workflow and leveling of workflow are included as recommendations A, B, and C

Would be “1. Weak” if only educational interventions were proposed, or if redecorating the triage area was the only countermeasure proposed

Would be “3. Strong (e.g., ‘forcing function’ that ensures work is done the right way)” if it were hypothetically possible to error proof the process by requiring patients to call in before coming to triage, and to only see patients who had been first triaged as appropriate. Not likely to be feasible in this context.

*Note: Although strong countermeasures are not always feasible, combining two or more weak or intermediate countermeasures may be sufficient.*

## 17. How many of the proposed countermeasures are linked to identified root causes? (Review each countermeasure and see if it addresses a root cause identified in the Analysis Section.)

- |                          |                              |                              |                         |
|--------------------------|------------------------------|------------------------------|-------------------------|
| 0. None linked to causes | 1. Minority linked to causes | 2. Majority linked to causes | 3. All linked to causes |
|--------------------------|------------------------------|------------------------------|-------------------------|

2

**Rating.** 2. Majority linked to causes

**Explanation.** In Recommendations: Items A-C are clearly and visually linked to identified causes. Recommendation D, Redecorate the waiting area, is not clearly linked. Since 3 out of 4 recommendations are linked, the “majority are linked to causes.”

Would be “3. All Linked” if either all 4 proposed countermeasures were explicitly linked to a root cause, or if only the three linked countermeasures had been proposed.

## ➤ To what extent are countermeasures feasible to carry out?

Not feasible	Unlikely	Possibly	Highly likely	Cannot assess
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Cannot assess

## ➤ How likely will countermeasures result in achieving the goal?

Not possible	Unlikely	Possibly	Highly likely	Cannot assess
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Cannot assess

Countermeasures – reviewer comments:

**Action Plan** To pilot & implement the selected countermeasures: what, who, when?

## 18. For the action plan on the A3, how clearly are activities described (i.e. “what” is to be done)?

- |                  |            |                   |               |
|------------------|------------|-------------------|---------------|
| 0. Not addressed | 1. Unclear | 2. Somewhat clear | 3. Very clear |
|------------------|------------|-------------------|---------------|

2

**Rating.** 2. Somewhat clear

**Explanation.** The Plan lists 5 activities (left column of the GANTT chart). However, the description of some tasks is only somewhat clear to the reader. For example, “will get nurses and CNMs on board” does not communicate what “on board” means, for example, simply agreeing or actively engaged with the subsequent tasks. Further, Recommendation D (Redecorate the waiting area) has no associated task(s).

Would be “1. Unclear” if the statements of what is to be done were vague and non-specific, e.g., “will engage others.”

Would be “3. Very clear” if all of the recommendations described tasks with sufficient clarity that the reader understood what was to be accomplished.

## 19. Are individuals identified to be responsible for each action item to be carried out (i.e. “who”)?

- |                  |                     |                     |            |
|------------------|---------------------|---------------------|------------|
| 0. Not addressed | 1. For the minority | 2. For the majority | 3. For all |
|------------------|---------------------|---------------------|------------|

1

**Rating.** 1. For the minority

**Explanation.** For the 5 actions listed in the Plan, only 2 actions have responsible individuals (e.g., “YY and MH will...” identified.

Would be: “0. Not addressed” If none of the action steps had an identified owner.

Would be “2. For the majority” if at least 3 out of 5 action steps had an identified owner.

20. Are estimated completion dates identified for each action item (i.e. “when”)?

0. Not addressed      1. For the minority      2. For the majority      3. For all

3

**Rating.** 3. For all

**Explanation.** In Plan: the header of the GANTT chart lays out a 5-week timeframe for the action starting from whenever the actions are to begin. For each action (row) in the chart, the estimated beginning and ending weeks are indicated.

*Note: If the implementation time frame were known, inserting the specific dates would be clearer than the relative dates from an as yet undetermined start date.*

Would be “2. For the majority of action items” if the author had listed multiple action plan activities and estimated time frames were identified for the majority (but not all) of the listed activities (e.g., 3 of the 5 activities).

21. How clear is the plan for monitoring the implementation of actions in 18-20 above (what will be monitored, by whom, when)?

0. Not addressed      1. Plan unclear (no or minority of actions monitored – what, who, when)      2. Plan partially clear (majority of actions monitored – what, who, when)      3. Plan clear (all actions monitored – what, who, when)

3

**Rating.** 3. Plan clear

**Explanation.** The Plan states that YY (who) will be monitoring progress of plan actions (what) and will report weekly (when).

Would be “2. Partially clear” if only 2 of the 3 “what, who, when” elements were specified. For example, if “weekly” were not stated (no “when”), and only who and what were specified.

➤ How adequate is the action plan?

Not adequate      Possibly      Probably      Very likely      Cannot assess

Cannot assess

*Action plan – reviewer comments:*

**Follow-up Plans** *Checking whether desired goal(s) was achieved?*

22. Is follow-up planned to measure achievement of the desired goal(s) (what will be measured, by whom, when)?

0. Not addressed      1. Plan unclear (no more than one of “what, who, when”)      2. Plan partially clear (two of “what, who, when”)      3. Plan clear (“what, who, when”)

3

**Rating.** 3. Plan clear

**Explanation.** Follow up: It states that MJG (who) will be tracking 4 metrics (what), and will report weekly (when).

Would be “1. Plan unclear”, if only one of the “what, who, when” elements were addressed, or if what was being measured did not correspond to the purpose of the initiative.

Would be “2. Partially clear”, if only 2 of the 3 “what, who, when” elements were specified.

**Across A3 Sections**

23. How clearly does the title identify the problem to be addressed?

0. No title

1. Unclear

2. Somewhat clear

3. Very clear

2

Rating. 2. Somewhat clearExplanation. The title identifies a somewhat vague problem (congestion) and where it is occurring (OB/GYN triage area). However, why “congestion” is a problem is not clear to the reader.

Would be “1. Unclear” if less information were in the title, e.g., no statement of where the problem is occurring.

Would be “3. Very clear”, if the title identified a clear problem, for example, a clearer title could be “Decreasing Congestion in Ob/Gyn Triage to Reduce Delays in Assessing OB Patient Emergencies.”

➤ How often does the logic flow clearly from one section of the A3 to the next section?

Not at all

Occasionally

Majority

Always

Cannot assess

Cannot assess

➤ In general, how informative are the visual illustrations?None used or not  
informativeNot very  
informativeSomewhat  
informativeVery  
informative

Cannot assess

Cannot assess

*Across A3 Sections – reviewer comments:***OVERALL RATING** (items 1 – 23)

Total points (max = 69)

47

Mean (divide total by 23 items)

*Note: check that all 23 numbered items have been answered. Missing answers are coded “0.”*

2.0