Clinical Microsystem Assessment Diagnostic

Instructions: This document was designed to help you improve your performance in the 10 success characteristics of high performing microsystems. At the top of each page you will find a definition of each of the ten success characteristics associated with high performing Microsystems. The MS Assessment questions you completed during the first meeting follow. Two types of questions come next. The leadership diagnostic survey questions ask you to rate various aspects of that category, please work together to complete the questions. Finally, the open-ended questions should be reviewed and discussed as a leadership group. We will be asking these types of questions during our on-site meeting with you. Begin answering the questions starting with your lowest scores from the microsystem assessment and work your way up to your higher performance areas. There are references at the bottom of every page for you to review. They are specific to each category and you will find helpful tools and reading materials to improve each of the categories.

We suggest reading the Joint Commission Journal Articles as an introduction to Microsystems. Start with the first article that provides an overview of the work: Part 1: Learning from High-Performing Front-line Clinical Units. The Joint Commission Journal on Quality Improvement. Volume 28 (9): 472-493, 2002. © Nelson EC, Batalden PB, Huber TP, Mohr, JJ, Godfrey MM, Headrick, LA, Wasson, JH. This article and nine others can be found at http://www.clinicalmicrosystem.org/publications.htm, as well as other related publications. The ninth article on Microsystems is focused on an Intensive Care Nursery at DHMC and we encourage you to review it as well: Part 9: Developing Small Clinical Units to Attain Peak Performance. The Joint Commission Journal on Quality and Safety. Volume 29 (11):575-585. © Batalden PB, Nelson EC, Edwards WH, Godfrey MM, Mohr JJ: Microsystems in Health Care.

We look forward to continuing our work with you on improving your units performance and reducing nosocomial infections in your units. If you have any questions with regard to this document please feel free to contact me at Thomaspatrick@mac.com, or (415) 350 2288.

Kind Regards,

Thomas Huber, MS ECS

¹ The initial microsystem assessment tool was developed by Julie Mohr. The microsystem concept was developed by a group of researchers at Dartmouth Medical School headed by Paul Batalden and Gene Nelson. The team has been researching and improving Microsystems for more than 10 years. John Wasson and Margie Godfrey and others have worked to improve Microsystems throughout the United States and Northern Europe. I am grateful to be part of the microsystem work and continue my interest in healthcare improvement with this concept. This document builds on the prior work and research and was developed to help microsystems improve their performance in the 10 success characteristics.

1	2 3	4 5
As a leader I often tell need to tell staff how to do their job and leave little room for innovation and autonomy. Overall, I don't always foster a positive culture.	We struggle to find the right balance between reaching performance goals and supporting and empowering the staff.	We maintain constancy of purpose, establish clear goals and expectations, and foster a respectful positive culture. We take time to build knowledge, review and reflect, and take positive action in the
		Microsystem and the larger
		organization

1. **Leadership:** The role of leaders is to balance setting and reaching collective goals, and to empower individual autonomy and accountability, through building knowledge, respectful action, reviewing and

Leadership Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.

a. We have a clear constancy of purpose and we establish clear aims for the unit.

1 2 3 4

- b. We balance setting and reaching collective goals with individual autonomy and accountability.
- c. We continually work on fostering a positive work culture and respect between our professional disciplines.

1 2 3 4 5

d. We are successful advocates for the microsystem in the larger organization.

1 2 3 4 5

e. We continually build knowledge, review and reflect on how to improve the unit.

Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.

- f. Does your Admin/Physician/Nurse leadership team meet on a regular basis to discuss aims and goals for the unit?
- g. How are changes in the unit, i.e., new goals, communicated to the rest of the staff members?
- h. How frequently does your leadership team meet with staff members? How frequently do your individual disciplines meet?
- i. Do you engage staff in building a positive culture in the unit and respect between the individual professional disciplines?
- j. How often does your leadership team engage in conversations about unit improvement? What kinds of topics for improvement do you discuss?

Reference Materials:

reflecting.

- 1. Part 5: How Leaders are Leading. The Joint Commission Journal on Quality and Safety. Volume 29 (6):297-308. © Batalden PB, Nelson EC, Mohr JJ,Godfrey MM, Huber TP, Kosnik L. Ashling K.
- 2. Microsystem Action Guide: Pgs. 7 9: Microsystem Self-Awareness Journey, Pgs. 103,104: The Model for Improvement, Pgs, 106-108: Tools for Facilitating, Pgs, 141-143: System & Change, Innovation.

2. Organizational Support: The larger organization looks for ways to support the work of the Microsystem and coordinate the hand-offs between Microsystems.							
	1	2	3	2	4	5	
support recogni	The larger organization isn't supportive in a way that provides recognition, information, and resources to enhance my work.		The larger organization is inconsistent and unpredictable in providing the recognition, information, and resources needed to enhance my work.		The larger organization provides recognition, information, and resources that enhance my work and makes it easier for me to meet the needs of the patients.		
	zational Support Diagnos es are very important to imp				te the questio	ns below your	
a.	The larger organization comicrosystem.	onstantly loo	ks for ways to	connect to	and facilitate	the work of the	
1	± .	2	3		4	5	
b.	The larger organization fa Microsystems in the hospi	ital.	coordination a	ind nand-of	is between ou	ir unit and other	
	1	2	3		4	5	
c.	The larger organization re on successes, i.e., we get i						
d.	The larger organization prigood communication with				+ echnology up 5	dates and provides	
e.	The larger organization pr care of patients.		ith resources a	and financia	l support so t	hat we can take better	
	1 2	3		4	5		
	Ended Questions: Please re l ask these kinds of question				them during	a leadership meeting.	
f.	In what ways does the larg	ger organiza	tion currently	support the	work of your	unit?	
g.	How are changes that imporganization?	eact the unit,	i.e., new goal	s or changes	s, communica	ated by the larger	
h.	How often do you as leade	ers interact v	with the larger	organizatio	on, what is the	e format?	
i.	In what ways could the lan	rger organiza	ation show mo	ore support f	for the work of	of the unit?	
j.	How do you as leaders int what is the format?	teract with of	ther leadership	staff in va	rious units thi	roughout the hospital,	
Refere	nce Materials:						
1.	Part 7: The Microsystem Joint Commission Journal Permission. © Kosnik LK	on Quality	and Safety. V	olume 29 (9):452-459. Re		
2.	Microsystem Action Guid	le					

a. Pgs. 82-89: Linking Microsystems

3. Staff Focus: There is selective hiring of the right kind of people. The orientation process is designed to fully integrate new staff into culture and work roles. Expectations of staff are high regarding performance, continuing education, professional growth, and networking.									
	1	2	3	4	5				
feel as val Microsyste formal ori There is a education	regularly make staff ued members of the em. We don't have a entation for new staff. lack of continued and professional eds are not being met.	members of the Microsy that it could and training	aff feel as valued f the Microsystem, ystem is not doing I to support educat g of staff, workload ional growth.	but membral what ion evided, educa	nake staff feel as valued bers of the Microsystem a they say matters. This is nt through staffing, ation and training, worklo rofessional growth.				
Staff Focus Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.									
a.	a. Our hiring process is highly selective and potential staff are interviewed by our current staff to make sure the cultural fit is right.								
	1 2	3	4		5				
b.	Our orientation procest roles.	ss is designed to	o fully integrate ne	w staff into o	our unit culture and work				
	1 2	3	4		5				
c.	c. We meet regularly to evaluate staff performance and set high standards with regard to								

Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.

d. Staff members feel as valued members of the unit and their input is very important to our way of

f. What is your hiring process? Please describe the hiring process.

continuing education and professional growth.

doing the work.

g. How are new staff members oriented to the unit? Please describe the orientation process.

We carefully align professional competencies with the work of the unit.

- h. How are staff members evaluated on their performance? How often is staff member performance reviewed? During the evaluation is continued education and professional growth considered? If so how?
- i. How do you incorporate staff input and ideas into the functioning of the unit? Please give one example of this.
- j. How do you align professional competency and work roles in your unit?

Reference Materials:

- 1. Part 8: Developing People and Improving Worklife: What Front-Line Staff Told Us. The Joint Commission Journal on Quality and Safety. Volume 29 (10):512-522. Reprinted with Permission. © Huber TP, Godfrey MM, Nelson EC, Mohr JJ, Campbell C, Batalden PB. Microsystems in Health Care.
- 2. Microsystem Action Guide: Pg. 102: Health Professional Education

4. Education and Training: All clinical Microsystem staff members have the responsibility for ongoing education and training of staff and for aligning daily work roles with training competencies. Academic clinical Microsystems have the additional responsibility of training students.									
1	2	3	4	5					
Training is accomplished in disciplinary silos, e.g., nurses train nurses, physicians train residents, etc. The educational efforts are not aligned with the flow of patient care, so that education becomes an add-on.	needs (haven'	cognize that our training one different to reflect the of our Microsystem, but we t made many changes yet. Continuing education is olle to everyone.	training, w staff, nurs Education integrated Continuin	team approach to whether we are tra- es or students. and patient care into the flow of y g education for al zed as vital to our success.	are work.				
Education and Training Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.									
a. We are very satisfied wi	1011 Out Curi	rent training and teaching in	our unit. Λ	5					
b. We have a team approace levels of the unit.	ch to know	3 ledge building. Training is i	interdisciplin	ary and occurs at	all				
1	2	2	4	_					

Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.

Continuing education and education is part of the ongoing work of the microsystem.

Resources are available to all staff members for ongoing education and training.

1 2 3 4 5

Our educational efforts are tied to the flow of patient care. Our training occurs in real-time and at

- f. How is the current training and education in your unit accomplished?
- g. Is training accomplished by disciplinary silos, or do you have a team approach to knowledge building? Please describe.
- h. Are your educational efforts tied to the flow of patient care? Please describe.
- i. How is continuing education made part of the work of the microsystem?
- j. Are resources available to all staff members for ongoing education and training? Please describe.

Reference Materials:

the bedside.

- 1. Part 8: Developing People and Improving Worklife: What Front-Line Staff Told Us. The Joint Commission Journal on Quality and Safety. Volume 29 (10):512-522. Reprinted with Permission. © Huber TP, Godfrey MM, Nelson EC, Mohr JJ, Campbell C, Batalden PB. Microsystems in Health Care.
 - 2. Microsystem Action Guide: Pg. 102: Health Professional Education

5. Interdependence: The interaction of staff is characterized by trust, collaboration, willingness to help each other, appreciation of complementary roles, respect and recognition that all contribute individually to a shared purpose. 5 1 2 3 Care is provided by an Staff members work The care approach is independently and are responsible interdisciplinary, but we are not interdisciplinary team for their own part of the work. always able to work together as characterized by trust, There is a lack of collaboration an effective team. collaboration, appreciation of complementary roles, and a and a lack of appreciation for the importance of complementary recognition that all contribute individually to a shared purpose. roles.

Interdependence of Care Team Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.

a.	The care approach in our unit is characterized by collaboration and an appreciation for
	complementary roles.

There is a great respect and recognition that all staff members contribute to a shared purpose.

3 Our unit functions in multidisciplinary teams. Teamwork characterizes our way of doing our work.

d. Although individuals in our unit are held accountable for their contribution to our work, there is a strong willingness to help each other.

We have very good trust and respect among our various professional disciplines.

Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.

Tell us about your teamwork in the unit. How do your disciplines work together to deliver care?

To what degree is there collaboration in the unit and an appreciation for complementary roles?

h. Does everyone in your unit share a common purpose and goal? Are staff members aware of how they contribute to the mission of the unit?

Give us an example of how your staff members exhibit a willingness to help each other.

To what degree is there respect and trust between the professional disciplines in your unit?

Reference Materials:

1. Microsystem Action Guide

a. Pgs. 104-112: Meeting Skills

b. Pgs. 126-128: Ladder of Inference

c. Pgs. 129-131: Left Hand Column Exercise

	ent Focus: The primary ding to special requests,						g, and
	1	2	3		4	5	
and fan do not a centere	f us, including our patien nilies would agree that w always provide patient d care. We are not alway yout what patients want ed.	e provid we are s more e learnin	e actively working patient centered making progress effectively and cong about and met needs.	ed care and ss toward onsistently	and me needs - educati	effective in lea eting patient an - caring, listenin ng, and respond requests and sn flow.	d family g, ling to
	Focus Diagnostic Surv aportant to improving you			olete the ques	stions bel	ow your respons	ses are
a.	The primary concern o	f the unit is 2	to meet all patie	ent needs.	4	5	
b.	The unit can respond to sure we meet the needs			tients, we are	e constan		o make
c.	1 The service flow and p	2 atient care j	process is center	red around ou	4 ir patient		
d.	1 Most of our resources a great care to our patien	ts.	3	r patients. W	4	5	
e.	We collect data around of care for our patients		atered care and k	anow now we		doing in terms	of quality
	Ended Questions: Please l ask these kinds of ques				s them du	iring a leadershi	p meeting.
f.	How do you go about a	ssessing yo	our unit in terms	of patient ce	ntered ca	re delivery?	
g.	Is your unit able to han needs of patients?	dle the indi	vidual needs of	patients? Ho	w flexibl	e is your unit to	special
h.	h. How does your unit deliver patient focused care, what steps have you taken to design patient centered care?						atient
i.	How well do your avai	lable resour	rces meet the de	mands of del	ivering p	atient care?	
j.	Do you currently collect	et data on p	atient focused ca	are, can you	give us a	n example?	
1. Part (4):159-	nce Materials: 3: Planning Patient-Cent 170. Reprinted with Permis stems in Health Care.						olume 29
(5):227-	4: Planning Patient-Cent 237. Reprinted with Permis stems in Health Care.						me 29

3. Microsystem Action Guide: Pgs. 59-70: Customer Knowledge

	nity and Market For the Microsystem; th					
	1	2	3		4	5
come to our implemente programs in Patients and make their o	n the patients who r unit. We haven't d any outreach our community. I their families often own connections to nity resources they	program success us to go or activ commu	re tried a few our ns and have had, but it is not the out into the coely connect pat nity resources the to them.	I some e norm for mmunity ients to the	to understand We actively e help us work y community. V community ar	Ve add to the and we draw on the community to
	y and Market Focus re very important to it				complete the q	uestions below your
a. We	e have developed seven	eral ways of	f connecting to 3	our commun	ity, i.e., outreac 4	ch programs.
b. Ou	r unit is a resource fo	or our comm	nunity, and the o	community is	s a resource for	_
c W	I e constantly strive to	2 find innova	ive wave of co	nnecting witl	4 2 our larger org	5 anization
C. W (1	2.	3	iniccting with	4	5
d. We	e collect data on our o	community :	and have measu	ires that tell i	us how well we	are doing.
	e larger organization ke better care of patio		with adequate	resources an	d financial supp	oort so that we can
	1	2	3	4	5	
	ed Questions: Please these kinds of questi				them during a	leadership meeting.
	ll us about some of you	our outreach	n programs, hov	v are you cui	rently connecti	ng with your
g. Wl	nat kinds of services a	are you offe	ring to the com	munity?		
h. Ho	w often do you curre	ntly connec	t with your com	nmunity?		
i. Wl	hat kinds of data do y	ou collect o	n your commu	nity outreach	programs.	
j. Ho	w does your commu	nity support	the work of the	e unit?		
Reference 1	Materials:					
1. Part 7:	The Microsystem as	a Platform	for Merging S	Strategic Pla	nning and Op	erations. The Joint
	n Journal on Quality a inosa JA. Microsyste	•	` ´	452-459. Rej	printed with Pe	rmission. © Kosnik

	1	2		3	•	4	5	
	't routinely collec			ect data on t			es (clinical, satisfa	
	process or outcome			the care we p			, technical, safety	
are we	provide.	an	d on some	process of ca	are.		measured, we fe	
							taff, and we make based on the data	
						Changes	based on the data	١.
Perform	nance Results Di	agnostic Surv	zev Onestic	ons• Please o	complete t	he anestio	ns below your re	snonse
	important to imp				ompiete t	ne questio	ns ociow your res	эронэс
10 (01)	important to imp	roving your u	int periorin	arree.				
a.	We routinely me	asure outcom	es on patier	nt care and a	voidable	costs to str	eamline delivery	
	processes.		•				-	
	1	2		3		4	5	
b.	We routinely use	e data to impro	ove the wor	k of our uni	t across a	variety of	cost and quality r	metrics
	1	2		3		4	5	
c.	We use a dashbo	ard of metrics	to assess t	he work of t	he unit, in	cluding cl	inical, satisfaction	n,
	financial, technic	cal, and safety	measures.					
	1	2		3		4	5	
d.	We utilize perform	rmance metric	s in our co	nversations	with staff	members a	about how are uni	it is
	doing.							
	1	2	3		4	5		
e.					s with the	larger orga	anization to repor	t back
	how the unit is o	perating, i.e.,	cost and qu	iality data.	4	5		
	1	2	3		4	3		
)nen F	Ended Questions:	Please review	the anesti	ons below a	nd discuss	them duri	ng a leadershin n	neeting
	ask these kinds o					them dun	ng a leadership n	icctiff
, c , , , , ,	usk these kinds o	r questions au	ining our on	i bite vibit w	itii you.			
c	What kinds of ne	erformance da	ta do vou c	urrently coll	lect on the	functioning	ng of your unit, i.	e.,
f.	TITUL MINUS OF DE							

- g. How do you utilize any data that your gather on the functioning of the unit?
- h. Do you share performance metrics with you staff? If yes, how so.
- i. Do you share performance metrics with your larger organization? If yes, how so.
- j. What kind of additional measures would you like in terms of improving your unit performance assessment?

Reference Materials:

- 1. Part 7: The Microsystem as a Platform for Merging Strategic Planning and Operations. The Joint Commission Journal on Quality and Safety. Volume 29 (9):452-459. Reprinted with Permission. © Kosnik LK and Espinosa JA. Microsystems in Health Care.
- 2. Part 9: Developing Small Clinical Units to Attain Peak Performance. The Joint Commission Journal on Quality and Safety. Volume 29 (11):575-585. Reprinted with Permission. © Batalden PB, Nelson EC, Edwards WH, Godfrey MM, Mohr JJ: Microsystems in Health Care.
- 3. Microsystem Action Guide: Pgs. 70 82: Measurement and Monitoring, Feed Forward and Feedback, Balanced Scorecard/Instrument Panels, Clinical Value Compass_Pgs. 132-140: Performance Measure

	1	2	3	4	5					
form of training and financial support, and time) are rarely available to support improvement available to support improvement could. Change ideas are support improvement work, but we don't use them as often as we improve				here are ample resources to apport continual improvement ork. Studying measuring and approving care in a scientific we essential parts of our daily ork.						
respons	Process Improvement Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.									
a.	Studying, measuring, an	ad improving ca	are are essential p	arts of our	daily work.					
b.	We have an atmosphere of benchmarking, and fi		d redesign suppor	ted by con	tinuous monitoring of care, us	se				
	1	2	3	4	5					
c.	Our staff members are e	empowered to i	_	ove our ca	_					
d.			3 e processes and ha	4 ive shared	5 key process measures with ou	ır				
	staff to improve the wor	rk in our unit.	3	4	5					
e.	We often use quality im fishbone diagrams, PDS				e our unit performance, i.e.,					
	1	2	3	4	5					
We will	Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.									
f.	How do you currently use quality improvement techniques and tools to improve your unit's performance?									
g.	Have you ever flowcharted key clinical processes? If yes, tell us about how you utilized this approach to improve care.									
h.	Do you currently train y	our staff in qu	ality improvement	t? How is t	the training done?					
i.	Tell us about your redes (PDSA)?	sign work in yo	ur unit. How do y	ou use ber	nchmarking and tests of chang	;e				

9. Process Improvement: An atmosphere for learning and redesign is supported by the continuous monitoring of care, use of benchmarking, frequent tests of change, and a staff that has been empowered to

Reference Materials:

innovate.

1. Part 1: Learning from High-Performing Front-line Clinical Units. The Joint Commission Journal on Quality Improvement. Volume 28 (9): 472-493, 2002. Reprinted with Permission. © Nelson EC, Batalden PB, Huber TP, Mohr, JJ, Godfrey MM, Headrick, LA, Wasson, JH: Microsystems in Health Care. 2. Microsystem Action Guide: Pgs. 20-24: Building your own microsystem diagram. Pgs. 24-59: Understanding core processes of clinical Microsystems, Pgs 116-122: Flowcharting (Process Mapping)

How are staff members empowered to innovate and make ongoing changes in the unit?

10. Information and Information Technology: *Information is the connector – staff to patients, staff to staff. Technology facilitates effective communication and multiple formal and informal channels are used to keep everyone informed all the time, listen to everyone's ideas, and ensure that everyone is connected on important topics.*

Given the complexity of information and the use of technology in the Microsystem, assess your Microsystem on the following three characteristics (1) integration of information with patients, (2) integration of information with providers and staff, and (3) integration of information with technology.

1	2 3	4 5
Patients/Family have access to some standard information that is available to all patients and family.	Patients/Family have access to standard information that is available to all patients/Family. We've started to think about how to improve the information they are given to better meet patient needs.	Patients/Family have a variety of ways to get the information they need and it can be customized to meet their individual learning styles. We routinely ask patients/family members for feedback about how to improve the information given to them.
1	2 3	4 5
I am always tracking down the information I need to do my work.	Most of the time I have the information I need, but sometimes essential information is missing and I have to track it down.	The information I need to do my work is available when I need it.
1	2 3	4 5
The technology I need to facilitate and enhance my work is either not available to me, or it is available but not effective. The technology we currently have does not make my job easier.	I have access to technology that will enhance my work, but it is not easy to use and seems to be cumbersome and time consuming.	Technology facilitates a smooth linkage between information and patent care by providing timely, effective access to a rich information environment. The information environment has been designed to support the work of the clinical unit.

Information and Information Technology Diagnostic Survey Questions: Please complete the questions below your responses are very important to improving your unit performance.

a.	We have the right information available at the right time to treat patients. Our information technology gives us the right information at the right time.							
	1	2	3	4	5			
b.	We have the right i	nformation availal	ble at the right time	between our sta	ff members.			
	Communication h environment.	appens in real-tim	e and staff members	are informed in	n a rich information			
	1	2	3	4	5			
c.	The information environment has been set-up to support the functioning of the unit, we have the right information at the right time to do our work.							
	1	2	3	4	5			

d.	 The larger organization provides us with the right information technology updates and provid 									
	good communication with us about changes that come up.									
	1	2	3	4	5					
e.	There is effective cor	nmunicatio	on and inform	ation patterns with m	ultiple formal an	d informal				
	information channel	S.								
	1	2	3	4	5					

Open Ended Questions: Please review the questions below and discuss them during a leadership meeting. We will ask these kinds of questions during our on-site visit with you.

- f. In what ways does the information environment (communication and information technology) support the functioning of the unit?
- g. Does the larger organization provide you with an information environment that allows you to take great care of patients?
- h. What are your primary means of communicating changes and news with the rest of your staff?
- i. Do you have the right information available at the right time to take care of patients?
- j. What changes are you currently thinking about in terms of the information environment. If you don't have current plans, what kinds of changes would you consider?

Reference Materials:

1. Part 2: Creating a Rich Information Environment. The Joint Commission Journal on Quality and Safety. Volume 29 (1): 5-15, 2003. Reprinted with Permission. © Nelson EC, Batalden PB, Homa K, Godfrey MM, Campbell C, Headrick LA, Huber TP, Mohr JJ, Wasson JH: Microsystems in Health Care.