



**TAKING ACTION**  
ON OVERUSE

# Value Champions

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## WORKBOOK

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# Workbook Orientation

## What is the purpose of this workbook?

This project workbook is meant to serve as a guide for you to track your overuse reduction project, to help you think about the project beyond the tyranny of the urgent, and to provide you with a few essential tools to manage your project and move it forward. We hope that it will allow you to visualize the work and help you see where you have been, where you might head next, and then execute those next steps. As you work your way through the Learning Modules in the Syllabus, think of this as your notebook for the lab course that is associated with the classroom course, a place where you keep track of each step of your laboratory activities and plan your next steps.

## How is this workbook organized?

The workbook is designed to be as flexible as possible, but it does provide some structure that reflects the phases of the work that our Value Champion Fellows experienced during their

projects. Consider these as the broad strokes of an outline that you will fill in, along with some critical tools of a typical project. Think of it as checking your GPS to find out where you've been, what is your next turn, who you've interacted with, and then use it to check on where you are on the project timeline you created.

## How should I use the “Journal Reflections” sections of this workbook? Why is journaling important?

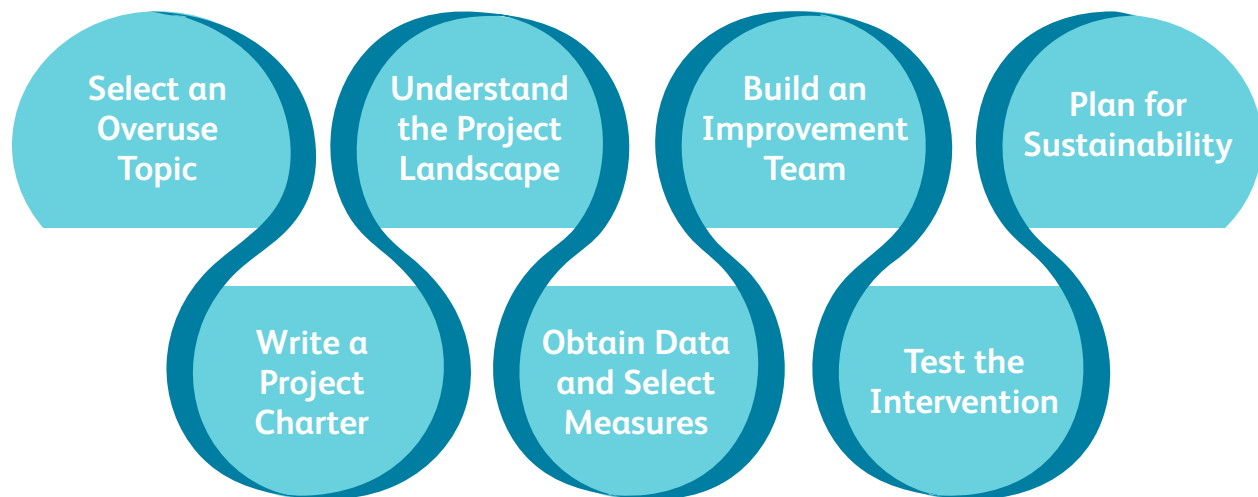
We strongly encourage you to make this workbook your own by writing in the “Journal Reflections” sections of the workbook at least weekly. The prompts or questions in each section of the journal are intended to help you zoom out and think about longer term lessons learned and the strategies you will use next in your overuse reduction project. At the end, your journal entries will serve as a historical record of what you've done, a collection of lessons learned, and an inventory of skills you will take forward into your next project.

## Are different formats of this workbook available?

You can use this workbook in its electronic format or print it out. The electronic format allows for a more flexible experience, but some may find that the physical form is preferable and more interactive for them. You may choose to use some parts of the workbook electronically and print others out.

Most importantly, make this Project Workbook your own, use it as a tool, a resource, and as a way to learn what works and what does not work during your efforts as a Value Champion to address services for which the potential for harm is greater than benefit. Have Fun!

## Workbook Organization



This workbook is broken into sections based on phases of the work, with tools and journal reflections throughout and in their own sections at the end. While the phases are presented and numbered in a linear fashion, in reality

you may need to work on multiple phases at one time or go back to phases previously addressed. The phases of the work are presented in this workbook as follows:

## Phases of the work: W1-W7

### 1. SELECT AN OVERUSE TOPIC:

This section of the workbook is designed to help you with the selection of a topic that will set you up for success. It is important to select a specific area or topic of overuse. In this section, you will consider if a topic is consistent with the priorities and strategic plan of your organization, the level of leadership buy-in, and your ability to obtain the resources and support you need, including the data needed to measure this area of overuse.

### 2. WRITE A PROJECT CHARTER:

The quality improvement project charter provides a rationale and roadmap for your effort to de-implement an overused service. It can be used to clarify your thinking about what needs to be done and why. It can facilitate leadership engagement and is a useful document to reference when checking in with leaders. Charters are also used to communicate about the project with others who are not directly involved in the work.

### 3. UNDERSTAND THE PROJECT

**LANDSCAPE:** During this phase, you will explore existing systems, roles, and workflows related to your overuse topic. As quality improvement experts say, “every system is perfectly designed to get the result it gets.” You know that the current state is creating overuse. Your job is to understand how the current system works and how key stakeholders are impacted. You will also need to think about what changes are feasible from a budgetary perspective and how to leverage existing resources.

### 4. OBTAIN DATA AND SELECT

**MEASURES:** One of the key tasks in your project is to demonstrate how your de-implementation effort will impact existing systems. In this section, you will work to quantify the overuse that is occurring and identify metrics that will guide the change process. You also need to consider unintended consequences (including health equity concerns) and develop a plan to monitor for them.

### 5. BUILD AN IMPROVEMENT TEAM:

Assembling a team of individuals with different perspectives is key to the success of your efforts to reduce the

use of a service for which the potential of harm is greater than benefit. This section will help you consider how to engage a multi-disciplinary team including the frequency of meetings and division of labor.

**6. DESIGN AND IMPLEMENT:** This section will help you think through the pilot phase of your work including what strategies to use, what groups to start with, and whether your efforts need to be staggered. This section also addresses how to adjust or shift course as needed if your qualitative and quantitative measures aren't moving in the right direction.

**7. PLAN FOR SUSTAINABILITY:** This section will help you consider factors you need to consider early in your project to ensure that any observed reductions in use are sustained.

## Organization within each phase A-F

For each phase of the work, you will find:

**A. Overview:** An overview of the phase of the work including relevant learning modules, tips, and quotes. For each

phase, there are tips about improving health equity (called out with a megaphone symbol) and information about how de-implementation differs from traditional quality improvement (called out with a triangle symbol).

**B. Case Study:** Stories from real-life de-implementation projects with learnings about that phase of the work. Look for Voice of Experience tips that capture pertinent reflections from our Value Champion fellows and faculty.

**C. Milestones:** Milestones to consider to help you gauge the progress you are making on your project.

**D. To Do List:** A place to list tasks that need to be completed for each section and some suggested to do items.

**E. Journal Reflections:** Space to reflect and journal prompts specific to that phase of the work.

**F. Recommended Tools & Resources:** Links to tools and resources that might help with each phase of the work including linked resources and embedded tools that can be filled out directly in the workbook.

## Symbols key



A star indicates that this story, prompt or tip is focused on helping you incorporate the patient voice.



A megaphone indicates a story, prompt or tip is focused on helping you incorporate health equity.



A triangle indicates a tip about how de-implementation differs from standard quality improvement work.



An open book indicates a connection to the curriculum.

## Tools & Resources

Tools and resources are referenced within each section and can be found in the Tools & Resources section towards the end of this workbook.

## Journaling

As part of your overuse reduction project, we highly recommend you keep a record of the process as part of the evaluation of what you are doing. To help you do that, we have provided a journaling prompts within each phase of the work and at the end of this workbook. The “Journal Reflections” section within each phase has prompts related to that phase. The “Journal

Reflections” section at the end of the workbook includes:

- Weekly prompts for short term tasks and actions such as who you spoke to or weekly wins;
- Monthly prompts for longer term tasks such as progress on measurement or changes in the environment or culture; and
- Phase specific prompts which will help you work through each phase. These are the same prompts which are included in the “Journal Reflections” section of each phase. Fill out the journal sections however it works best for you!

## Project Management: Introduction and Tips




In many ways, this toolkit guides you through high-level project management by helping you consider the phases of work, the people involved, and the goals and evaluation. However, project management also includes task management, organization, and budgeting. There are many tools available to help with project management and make the administrative side easier. Your institution may have tools you can use for free or support staff that can help. If you are in a smaller or less-resourced organization, there are many tools available for free, and we have included some [project management tools](#) in this workbook. Here are a few things to consider when thinking about task management:

- Create a virtual paper trail. This project may take significant time and creating a system to organize and store documents and emails will help you keep track of who you have spoken to and topics you have covered.
- Plan and schedule work on the project. Many tools will help you

create a Gantt chart. Creating a Gantt chart allows you to think through what tasks are needed to complete your goals, when the tasks need to be completed, and who might help with the tasks.

- Monitor Progress. When working with a team, you'll want a central place for team members to see what tasks have been completed, what phase of the project you are in, and what progress is being made to reach your goals.
- Resources are always limited. Whether you manage time or money, it is essential to understand the project's cost to evaluate sustainability or similar new projects.
- Perfect is the enemy of good. Project management is meant to help make projects more manageable. It's essential to invest some time upfront to create workable systems. But, make your systems simple, so they are easy to maintain while doing the busy, important work of quality improvement.



Project Timeline	Workbook Phases*	Learning Modules*	Tools*	Track Your Progress
<p><b>Lay the Foundation</b></p> <p>Tasks: Identify an overuse problem that is a strategic priority and feasible. Understand your context and available resources.</p> <p>Deliverable: Completed stakeholder assessment, and first draft of project charter.</p>	 <p>W1 Select an Overuse Topic W2 Understand the Project Landscape</p>	 <p>LM1: High Value Care and Health Equity LM2: Engaging Leadership LM3: Choosing a Topic LM4: Stakeholder Assessment</p>	 <ul style="list-style-type: none"> <li>• <a href="#">Vetting Topics Tool</a></li> <li>• <a href="#">Go-No Go Exercise</a></li> <li>• <a href="#">IRB Decision Aid</a></li> <li>• <a href="#">Stakeholder Assessment and Engagement Tool</a></li> <li>• <a href="#">Advancing Health Equity Toolkit</a></li> <li>• <a href="#">Getting Feedback from Members</a></li> </ul>	<p><u><a href="#">Journal Questions</a></u></p>
<p><b>Prepare to Launch</b></p> <p>Tasks: Identify data sources/measures, build a team, develop your intervention strategies, finalize your Charter</p> <p>Deliverable: Report on rates of overuse, final project charter, and project timeline.</p>	<p>W3 Obtain Data and Select Measures W4 Write a Project Charter W5: Build an Improvement Team</p>	<p>LM5: Patient perspectives LM6: Data, measures &amp; trust LM7: TAO Change Package</p>	<ul style="list-style-type: none"> <li>• <a href="#">Measurement Plan</a></li> <li>• <a href="#">Run Charts and Control Charts</a></li> <li>• <a href="#">Project Charter Templates</a></li> <li>• <a href="#">Team Formation and Composition Tools</a></li> <li>• <a href="#">Tips for Running Effective Meetings</a></li> </ul>	
<p><b>Intervene &amp; Sustain</b></p> <p>Tasks: Launch your initiative, assess and adapt interventions, and preparing to spread your efforts.</p> <p>Deliverable(s): Monthly/quarterly reports on rates overuse, adapting interventions, summary report with lessons learned.</p>	<p>W6 Design and Implement W7 Plan for Sustainability</p>	<p>LM8: Strategies by Champions LM9: Choice Architecture LM10: Plan to Sustain</p>	<ul style="list-style-type: none"> <li>• <a href="#">Taking Action on Overuse Action-Planning Framework and Change Package</a></li> <li>• <a href="#">Sustainability Planning Worksheet</a></li> <li>• <a href="#">Clinical Sustainability Assessment Tool</a></li> </ul>	

# W1 Select an Overuse Topic

## W1.A Overview

Selecting a specific area or topic of overuse to address is critical to the success of your project. There is a lot to consider when selecting a topic. For example, is the topic area consistent with the priorities and strategic plan of your organization? This will impact leadership buy-in and your ability to obtain the resources and support you need. Or, is data to measure this area of overuse readily available? Or, will front line clinicians and staff be willing to engage with your project? This section of the workbook is designed to help you select a topic that will set you up for success.

*“Have literature to back up what you are doing... I had five articles about the evidence around my topic.” (Lauren Demosthenes, RWJF Clinical Value Champion Fellow)*

*“Many folks get involved when they have a particular [overuse] idea in mind, however, some ideas are great and some are bad. It good to discuss alignment with larger institutional goals.” (George Hoke, , RWJF Clinical Value Champion Fellow)*

*“Choosing the project is key. Make sure it’s aligned with your system and your community; I chose opioids because that is the epidemic that is happening now.” (Roberto Diaz del Carpio, , RWJF Clinical Value Champion Fellow)*

*“Quality improvement, overuse, things of that nature are not high on the priority list with my organization, or at least they weren’t when I started this. And I wanted to change that, but I also wanted to choose something that was very black and white.” (Elizabeth Vossenkemper, RWJF Clinical Value Champion Fellow)*

## Relevant Learning Modules

**Learning Module 2:** “Engaging Leadership” A key aspect of engaging leadership is to check and adjust to ensure that your overuse topic has their support.

**Learning Module 3:** “So Many to Consider: Choosing an Area of Overuse” This Module is focused on what to consider when choosing an overuse topic.

**Learning Module 4:** “How to Conduct a Stakeholder Assessment and Why It is Important.” There is a process of iterative feedback between the selection of your topic and the feedback you get from stakeholders who might have an interest in your topic.

## Tips



### Health Equity Tip

- Maximize stakeholder buy-in and your own inherent interest by choosing a topic that also has an equity component. Many potential overuse topics or areas have relevant and important disparities associated

with them. For example, there are several obstetrics-related overuse topics on the Choosing Wisely website that may be closely related to the significant racial/ethnic disparities in maternal morbidity and mortality.

- It is also possible that aggregated data may indicate that there is not an overuse problem in your topic area. However, disaggregated data may show a significant overuse problem for one or more subpopulations of patients. It’s important to look at data in different ways to understand what is happening with different populations.

### De-Implementation Tip

- Relinquishing something without a replacement is very difficult for all of us. When considering what area of overuse you will tackle, ask yourself if there is a replacement service to offer in place of the one you are suggesting they reduce, even if it is just a script a provider can use when explaining the rationale to a patient.

## **W1.B Case Study: Leslie Dunlap, RWJF Clinical Value Champion Fellow**

As a newer clinician and one completely new to research, Leslie attended the Value Champions initial meeting brimming with ideas on improving patient care at her institution. However, she learned shortly after returning to New Mexico that picking a topic was a more difficult task than she originally anticipated.

Leslie works in the limb salvage department and was worried about the post-operative use of opioids, particularly in her neuropathy patients. After digging into the data, Leslie found that while opioids might be an issue nationally, there wasn't a local problem for patients with neuropathy. Another topic she had been considering was MRIs for osteomyelitis, particularly in patients who had already had simple radiographs. After a quick review of data, MRI's seemed to be an area for potential improvement.

Leslie had begun to reach out to stakeholders who could help her implement an overuse project, and one was a newly appointed Director of High Value Care. When she discussed the MRI idea with her colleague, she learned a lot about the organizational culture. Certain sections of the radiology department were less supportive of quality improvement initiatives aimed at reducing imaging. Her colleague counseled that taking on a project which might meet with a lot of resistance might not be the best place to start. She also told Leslie about an institutional priority to reduce C-difficile testing orders.

Leslie decided to switch directions and focus on decreasing antibiotic use for diabetic foot wounds by eliminating antibiotics when not warranted and tailoring antibiotic use for mild or moderate infections. This project aligned with the system's prioritization of C-difficile prevention and allowed Leslie to approach natural allies in the organization working on antibiotic and pharmacy stewardship.

W1.C Milestones	Date Completed
1. Identify potential low value care topic(s) for your setting.	
2. Confirm evidence of overuse in your own setting using data that confirms the extent of overuse.	
3. Evaluate the ability to readily capture data about this topic, including data about potential disparities across populations served and variation in use across providers or settings.	
4. Map your desired topic to the strategic priorities of your organization.	
5. Curate literature that provides outside evidence of overuse and potential harm for the low value care topic(s) you identified.	
6. Ensure your leadership is supportive of a de-implementation project for your proposed topic.	
7. Informally assess opinion leaders about their willingness to engage around your proposed topic.	
8. Evaluate the need for an IRB and initiate as needed ( <a href="#">see the IRB decision aid in Tools &amp; Resources</a> ).	

## W1.D To Do List

## W1.E Journal Reflections

1. What additional information do I need to finalize my topic? (e.g. severity of problem, extent of variation, indication that improvement can be accomplished, importance to organization)
2. What are barriers to finalizing my area of overuse to address? What are enablers or facilitators?
3. Does this area of overuse meet all of the criteria for “low-hanging fruit” as defined the article by Newman-Toker? Why or why not? (Newman-Toker DE. Where Is the “Low-Hanging Fruit” in Diagnostic Quality and Safety?. Qual Manag Health Care. 2018;27(4):234-236)
4. What prior work has been done on this area of overuse in my setting, and what was the result?

## W1.F Recommended Tools & Resources

[Vetting Topics Tool](#)

[Go-No No Exercise](#)

[IRB Decision Aid](#)



## W2 Understand the Project Landscape

### W2.A Overview

You've picked your topic. What more do you need to explore? Before beginning, you'll need to learn about the landscape your project will take place in. This is a deeper dive into the processes, roles, responsibilities, and culture of your work setting. At the heart of this phase of work is a Stakeholder Assessment. For this phase, you will want to check your assumptions about how systems work. Understanding the project landscape may necessitate changes to your charter and is likely to add clarity and detail to your plan.

Here are some things to think through for this phase:

#### **What is the Current State?**

Describe how systems work now. Include process maps, key staff, data – anything that helps you understand how the systems that lead to overuse work now. Information on the current state can be used in meetings with stakeholders or leadership to help describe the project.

#### **What will need to change?**

Now that you know about the current systems and who does what, it is time to think about opportunities to make changes. Think about what you learned from your stakeholder assessment. Also use this examination to identify key performance indicators that can help monitor the project progress. These could be process measure and/or outcomes measures.

#### **How much will it cost to make the changes?**

Consider what resources you will need such as time and effort to obtain data and lost revenue from staff training costs as well as any expected changes in revenue and which stakeholders might be impacted by the changes. This can sometimes be done through collaboration with your organizations budget or finance group.

*“Pockets of interest and support might exist [in other departments] and can be discovered and leveraged through relationship building.” (George Hoke, , RWJF Clinical Value Champion Fellow)*

*“If you can anticipate who might object and what those objections might be, you can position your project from the beginning to address those concerns.” (Roberto Diaz del Carpio, , RWJF Clinical Value Champion Fellow)*

*“I just had a very productive meeting with my provider group. We had a really good dialogue about overuse and came up with many anecdotes and personal stories of overuse.” (Elizabeth Vossenkemper, , RWJF Clinical Value Champion Fellow)*

## Relevant Learning Modules

**Learning Module 2:** “Engaging Leadership” Here you will find six practical tips for engaging your leadership to support your project.

**Learning Module 4:** “How to Conduct a Stakeholder Assessment and Why It is Important.” How will you identify, assess and then engage stakeholders,

those who will either support or oppose your efforts? Read here to learn more.

**Learning Module 7:** “Incorporating the Patient’s Perspective” The patient’s voice and perspective can be critical to the success of your project for many reasons. Read here to learn more about how to gain and then leverage what you learn from patients.

## Tips

### Health Equity Tip

- Engage patients from different demographic groups to learn about their perspective when you are gathering information and feedback about your overuse topic and approach to reducing its use. Patients are key stakeholders. Examples include women, men, genderqueer or transgender-identified individuals, people of various races and ethnicities, older people, adolescents/young adults, patients living in rural and urban areas, and people of various income and education levels.



- Use the Advancing Health Equity Toolkit (see Tools & Resources) to consider how your efforts to address your overused topic/service might differentially impact various patient groups. Consider possible unintended consequences as well.
- Consider whether or not certain patient sub-populations may not only experience overuse of low-value care in your interest area, but also underuse of high value care. Read Helfrich CD, Hartmann CW, et al. Promoting Health Equity Through De-Implementation Research. Ethn Dis. 2019;29(Suppl 1): 93-96 for more information on this topic.

### De-Implementation Tip



- When exploring of your local environment, don't forget to take stock of where there might be opportunities to engage in a conversation with others about how the potential for harm outweighs benefit: morning report, clinic huddles, monthly case conferences, newsletters, etc. Also look for and elicit stories about patients who were harmed by overuse that you can point to.

After hearing patient stories, a fellow commented: "I think people really could feel that and taste the harm and could really identify similar circumstances where they might have been the culprit of the harm."

—Josh

## W2.B Case Study: Lauren Demosthenes, MD, RWJF Clinical Value Champion Fellow

- As an OB/GYN, Lauren knew that from her patients that in-person office visits to follow-up on elevated blood pressure during labor and delivery can result in unnecessary stress on new mothers and their newborns, and that transportation costs can create economic hardship for some. She had also read about new technology that allowed new mothers to monitor blood pressure remotely and vastly improve the care experience.

- While there was data supporting remote blood pressure monitoring for new mothers, many of her colleagues thought that the women wanted to come in for an appointment. She started changing the minds of her colleagues with a story she had heard on NPR. The woman featured talked about how transportation was difficult because she and her husband were trying to get by on one car. The woman had a young child at home, and to get a simple blood pressure check, she would need to find and pay for child care. The story was powerful in opening some eyes to the disruption that this simple visit could cause in a new mother's life.
- To show this was also an issue at her institution, Lauren recruited a few students, created a short survey, and asked about 16 women about their preferences for a remote versus in-person appointment after the birth. Fifteen of the 16 women preferred the remote option and shared barriers to coming in person.
- The stories and survey helped make real the potential harms of the in-person visit and made a compelling case for trying the new technology. Additionally, conducting the survey and implementing this change empowered the patients to voice their preferences and invited them to participate in their care. Finally, having the patient stories and seeing the change in her colleagues when they heard the stories and saw the data helped give Lauren the confidence in her conviction when she encounters naysayers.





W2.C Milestones	Date Completed
1. Map the systems, workflows, and staff roles that will be touched by your overuse project.	
2. Complete your stakeholder analysis to include others that you want to engage in the project. These should include staff that currently do the work, leaders, and patients and their families. Stakeholders may also include other departments or the community.	
3. Identify the key decision points within processes that will facilitate change.	
4. Estimate what resources (financial support, materials, political, etc.) you will need and secure approval from leaders.	
5. Establish linkages with existing resources in your organization. Information technology and quality improvement teams are often helpful.	
6. Describe a set of potential unintended adverse consequences of changing current systems, including on different population segments, and build in processes to ensure that health disparities are addressed.	

## W2.D To Do List

### Suggested To Do Items

Use the Advancing Health Equities Toolkit

Complete a Stakeholder Analysis

## W2.E Journal Reflections

1. Consider the financial implications of the project. Who will be affected, positively or negatively, by my project and why? Think about patients, the clinic/hospital, radiology, lab, insurer, other providers, other departments, etc.
2. Are there any projects I can build on? Are there projects I can align with or complement that are already happening and are funded/supported?
3. What are the budget requirements for this project, and where could the money come from for it?
4. Will there be significant impact on staffing needs or roles and responsibilities? What about changes in routines? How can I navigate those changes?

5. What QI expertise exists in my organization, and how can I access it for this project?



6. How have I included diverse patient voices/perspectives? How have they informed my plans?



## W2.F Recommended Tools & Resources

[Stakeholder Assessment and Engagement Tool](#)

[Advancing Health Equity Toolkit](#)

[Getting Feedback from Members](#)

## W3 Obtain Data and Select Measures

### W3.A Overview

You are planning to make a change. How will you know that the changes you make lead to the outcome you want. First, you will want to confirm that significant overuse is occurring. Then, consider what data would demonstrate that you are making progress toward reducing overuse. You should also consider potential unintended consequences and use data to monitor for them. However, don't underestimate the challenge of obtaining data. You may need to consider unconventional sources of data, different ways of measuring your area of overuse, or even collecting your own data.

The scope of the change also should be considered at this stage. Some projects include an entire organization while others are focused one site or department and others may start with just one provider champion. When determining your scope, you will need to assess the changes you want to make and the resources needed to make those changes. When in doubt, start smaller.

Finally, design a process to systematically collect, report and manage the data. Data analysis will be integral to your change process and help you make sure you are on the right path. We recommend you make plans for periodic data collection, data analysis, progress check-ins, and data discussions with your team.

*“While you wait for EHR data it’s good to go straight to chart abstraction with the services in question as well as patients with the condition to get an early sense of both the prevalence and nature of the problem.” (John Mafi, RWJF Clinical Value Champion Faculty)*

*“Collecting qualitative data is just as important as quantitative data. It speaks to the clinician and patient experience, as well as the drivers of overuse. Once we had our baseline data we started to add data discussions to all of our meetings, and began to add stories from patients as well.” (Elizabeth Vossenkemper, RWJF Clinical Value Champion Fellow)*



## Relevant Learning Modules

**Learning Module 7: “Data and Measures”** Here you will find examples of how to be flexible in your approach to obtaining data and measures, and what you need to consider when developing data and measures.

## Tips

### Health Equity Tip



- If possible, stratify your overuse measure(s) by key patient demographics including: race, ethnicity, sexual orientation, gender identity, age, payer status/ socio-economic status, sex, and/or other key demographics to identify inequities in your overuse data.
- Consider balancing measures and stratify them by key patient demographics. Balancing measures are measures that might be unintentionally impacted by efforts to de-implement a service.

## De-Implementation Tip

- Data on overused services can be hard to find. Rather than spending weeks or months waiting for data reports from your EHR or health IT department, start your project with a series of chart audits (perhaps just 10 random charts per week or per month) to document the overuse and the circumstances behind it. Not only will you gain some remarkable insights but presenting this data monthly to your colleagues can stimulate the types of conversations you want to have happen.

## W3.B Case Study: Joshua Moskovitz, , RWJF Clinical Value Champion Fellow

As medical director of an inner-city emergency department, Josh was acutely aware of the impact of obtaining unnecessary x-rays for patients with acute and chronic low back pain not associated with trauma. It often created significant delays in completing the patient assessment which had an effect on how long other patients waited to be seen.

Initially, he planned to just count the volume of x-rays ordered for low back pain each week. However, from his stakeholder assessment, he was aware that some clinicians were concerned that his data and measures include some indicator of ‘appropriateness’ of the radiograph. With the help of his residents, he identified a set of criteria developed by his specialty society that would assess appropriateness.

Initial efforts to pull data from their health IT system on all imaging tests ordered from his emergency department did not provide enough information to assess appropriateness. In addition, their hospital was migrating to a new electronic medical record system during this time period.

One of the residents working with him on the project suggested the new radiology software allowed separation of location of films captured as well as type of imaging. This log included the medical record number, which allowed backtracking for medical indication for the test, along with reviews that could be done to assess appropriateness using the previously identified evidence-based criteria. This radiology database became their primary source of data and they developed measures of both the total number of radiographs ordered for low-back pain as well as the proportion of those tests that met appropriateness criteria.

W3.C Milestones	Date Completed
1. Identify process, outcome, and balancing measures for your specific project.	
2. Decide on the scope of the work (and whether it will be a pilot) – individual, team, site/clinic, or organization.	
3. Engage with Quality Departments or Teams to align your work with existing efforts.	
4. Create a data collection plan (methodology and schedule) for each measure you will track.	
5. Discuss your data collection plan with people who will be involved and amend the plan as needed.	
6. Agree on a data collection schedule and the logistics of who should receive data and how often.	
7. Establish a methodology for key stakeholders (including IRB as applicable) to review the data at the appropriate intervals.	
8. Link measures reporting to communication strategies with key stakeholders as desired.	

## W3.D To Do List

## W3.E Journal Reflections

1. What measures could I use? Are they available and timely?
2. What programming or data help do I need and who could provide it?
3. How often do I need to measure/collect data?
4. Should I do chart abstractions to validate/support my measures? Why or why not?
5. If my project needs Institutional Review Board review, what are my steps and timeline to accomplish this?

## W3.F Recommended Tools & Resources

[Measurement Plan](#)

[Run Charts and Control Charts](#)



## W4 Write a Project Charter

### W4.A Overview

The quality improvement project charter provides a rationale and roadmap for your effort to de-implement an overused service. A charter describes the problem you want to address, the aims you will strive to achieve, how you will measure progress, and other anticipated impacts of your project. A charter should also include a description of your theory of change, which is a map of the system changes that are needed to stop the overuse. Charters are drafted and then shared with the team and key stakeholders for refinement. The process of writing the charter helps to align thinking from multiple perspectives about the work and helps create buy-in for the project. Project charters can be used to share what the project is focused on and why it is important.

*“I used a project charter as a tool throughout the project. It was a living document. It was really a communication device. It was used to*

*quickly and effectively communicate what was happening with people, just being able to hand it out at the beginning of a meeting or presentation about this project. I was also able to organize my thoughts better using my Charter. Anything that I was working on, I’d refer back to that Charter and be OK, does this all align with what we’re trying to measure at the end?.”*  
*(Elizabeth Vossenkemper, RWJF Clinical Value Champion Fellow)*

### Relevant Learning Modules

**Learning Module 2:** “Engaging Leadership” Examples of how a charter is used to get initial buy-in and sustain leadership engagement can be found here.

**Learning Module 4:** “What Is a Stakeholder Assessment and Why Should I do One?” The development and ongoing refinement of a project charter is often informed by the results of your stakeholder assessment.

## Tips

### Health Equity Tip



- Your charter should include goals to assess for the differential impact of your de-implementation program on various patient sub-populations (e.g., look for differences by race, ethnicity, SOGI, age, payer status/SES and sex).

### De-Implementation Tip

- Most quality improvement charters address improving or increasing the use of a service such as colon cancer screening or intensifying treatment of high blood pressure. When developing a charter to decrease the use of a service consider who, besides yourself, is the intended audience for your charter, and what language/messages will resonate with that person about what you plan to do and WHY you plan to do it.

## W4.B Case Study: Elizabeth Vossenkemper, , RWJF Clinical Value Champion Fellow

Liz had been thinking about her project for over a year. She had many ideas swirling in her head yet figuring out how to get from theory to implementation was challenging. Using the template of a charter, Liz was able to structure and clarify her thinking. The charter gave her ideas a logical flow and helped focus on the key components including the problem to be addressed, what changes might be helpful, who in the organization could support the changes and how progress could be monitored.

Creating a charter was helpful in multiple ways. First, it served as a well-conceived description of the project and expected impact that could be shared. She used it to engage her CEO and get his backing for the project. She used it to introduce her peers to the project so that everyone heard the same message. When she needed to engage the pharmacy to understand the impact of decreased sales of cough medicines and antihistamines, she started with the charter. The person

leading focus groups with families in the community could use the charter to provide context for those meetings.

The public relations department understood what she was trying to accomplish and gave their support to brand the URI kit with the clinic name and she was able to secure support to include all of the languages

represented by the practice because it was clear how important it was to convey instructions to the families they served. Finally, having a charter shined a light on the project. When the project was successful, the staff could celebrate understanding that what they started out to do had been accomplished.

W4.C Milestones	Date Completed
1. Draft a project charter for documenting what problem your project will address, some ideas about what changes you think will be needed, how you will measure progress, and what impact your project will have.	
2. Share your draft charter with opinion leaders as desired to refine your draft.	
3. Share your charter with leadership and make amendments as needed to gain their approval.	
4. Share the leadership supported charter with key stakeholders to get their buy-in and involvement in your project.	

## W4.D To Do List

### Suggested To Do Items

- Look up example charters from projects similar to mine
- Determine larger phases
- Draft charter
- Meet with stakeholders

## W4.E Journal Reflections

1. What are the implications of my stakeholder analysis? How do my plans incorporate what I've learned?
2. Who do I still need to win over? What do they care about, and how might I persuade them to support this work?
3. What is left to do to finalize my project charter?

## W4.F Recommended Tools & Resources

### [Project Charter Templates](#)

## W5 Build an Improvement Team

### W5.A Overview

Needless to say, you cannot do this project on your own. Who do you need to meet with regularly to keep your project momentum going? Who else is passionate about overuse and your topic who you can delegate tasks to or call on for help? It is important to have team members who are actively engaged in the work and see the topic from a variety of perspectives. Representation of key roles is often important. Having individuals that are analytical and detail oriented mixed with people who are tuned in to the culture of the work is also helpful. If you are not familiar with effective meeting structures, it is worth your time to learn. Alternatively, others on the team may take on facilitation responsibilities so that meetings are efficient, a valuable use of time, and incorporate everyone's voices.

*"I met with my three residents and formed a coalition. They are super*

*excited. They brought up a novel way to find CT scans actually." (Joshua Moskovitz, RWJF Clinical Value Champion)*

*"These projects can be exceptionally overwhelming, especially when it's kind of just you. I wasn't on a team in the beginning. Of course, I created a team but in the beginning - I've got to do so many things and the only way to not feel overwhelmed just to get that down so that you have a clear kind of map almost. (Elizabeth Vossenkemper, RWJF Clinical Value Champion)*

### Relevant Learning Module:

Learning Module 5: "Engaging Others: The Taking Action on Overuse Change Package" In this module you will find key changes you can make and activities to make those changes. As you consider those activities, who needs to be on your team and how can they help you execute them?

## Tips

### Health Equity Tip



- Do not forget to include patients and community organizations on your overuse team, including those living with inequities related to the overuse topic. They may be particularly motivated and passionate about the topic.

### De-Implementation Tip

- Reducing a service may not immediately be seen as a positive by all colleagues. It is important to think broadly about all areas which may be affected by your change and include people who may be impacted.

## W5.B Case Study: George Hoke, RWJF Clinical Value Champion Fellow

Unnecessary use of peripherally inserted central catheters (PICC lines) for prolonged antibiotic infusions can lead to catheter-associated deep vein thrombosis (DVT). Decreasing unnecessary use of these catheters

could help reduce complications, increase opportunities for improvement in antibiotic stewardship, and decrease financial burdens for patients.

George had seen these complications in his patients, and he wanted to help solve this overuse problem at his institution. As he was thinking about it, an opportunity presented itself. He was in a room with colleagues and it emerged that a lot of the in-hospital DVTs were caused by PICC lines. One of the institution's top leadership was in the room, and George volunteered on the spot to tackle the issue.

However, not everyone was on his side. Nurses found it easier to draw blood through the line and patients appreciated having their blood drawn without an additional poke. Initially, George had not considered patients an influential stakeholder group in his project, but he did want to educate patients as to why they might not want a PICC line. Once George determined that engaging patients was critical, he worked with them to create messages about safety. Nurses also responded positively to the messaging about patient safety.



He also had to get interventional radiologists, who inserted the PICC lines, on his side. The department was anticipating some heat for the DVTs, and George was able to offer to help. Initially, he recommended putting in smaller PICC lines and eventually moved to reduce PICC line insertion.

Throughout the team building, George learned that he had to change his perspective on different stakeholders and that he had to be broad in his engagement.



W5.C Milestones	Date Completed
1. Consider adding a patient to your team.	
2. Plan a team kick-off meeting and create a regular schedule for meeting including an agreed upon method of communication.	
3. Set ground rules for your interactions including a group decision making process.	
4. Decide on roles and responsibilities for the team members.	
5. Establish an evaluation method of group processes and use it to develop effective meetings.	
6. View your team from an equity lens and add members that represent not just the area of medicine you would like to address but the population most impacted.	





## W5.D To Do List

## W5.E Journal Reflections

1. Who needs to be on my team for the project to succeed?
2. What are roles and responsibilities of different team members?
3. What is our internal communications plan?
4. How can I engage opinion leaders among front line staff?

## W5.F Recommended Tools & Resources

[Stakeholder Assessment and Engagement Tool](#)

[Team Formation and Composition Tools](#)

[Tips for Running Effective Meetings](#)

## W6 Design and Implement

### W6.A Overview

You have selected your topic, done work to understand the project landscape, conducted a stakeholder analysis, assembled a team, and identified data sources and measures. What practical strategies can you use to change behaviors and culture to reduce the use of your targeted service?

Sometimes, changes are not specific to the topic. Changes that work are often changes in workflow, like making it easy to do the right thing or harder to continue patterns of overuse. Helpful strategies may include changing standard EHR order sets, designing patient education materials about the change, regularly sharing data about the problem, or educating staff members about overuse.

Even changes that are well-intentioned and thoughtfully researched will not be accepted in the same way by different stakeholders. Be sure to make changes with staff involvement. Successful

implementation requires checking in with key stakeholders often to make sure that unexpected complications or challenges have not crept into new processes. To maintain buy-in and energy, be sure your stakeholders understand why your project is important. This message, tailored to the audience, cannot be repeated too often!

*“Changing utilization is usually multifaceted. So there is not going to be a single solution or silver bullet . . . It is a heavier lift, and you will encounter probably resistance on multiple different fronts . . . You have to have a known or well-described or evidence-based kind of approach that you can learn and then use. You can’t wing it.” (John Mafi, RWJF Clinical Value Champion Faculty)*

*“I opened my project by presenting a compelling narrative about potential patient harm, both physical and financial, and that seemed to resonate.” (Joshua Moskovitz, RWJF Clinical Value Champion)*

*“The Taking Action on Overuse framework was pivotal in organizing strategies for my intervention. Focusing on partnerships has allowed this project to expand in multiple directions where this project on antibiotic overuse fits into a larger holistic concept of appropriate diabetic management.”*  
(Leslie Dunlap, RWJF Clinical Value Champion)

*“It really helped to figure out what motivates clinicians to make a change. It’s not the same for everyone,— do you really care about patient finances; do you really care about following the evidence; do you really care about your time; do you really care about how long you have to spend in each room; things like that.”* (Elizabeth Vossenkemper, RWJF Clinical Value Champion Fellow)

## Relevant Learning Modules



**Learning Module 5:** “Engaging Others: The Taking Action on Overuse Change Package” In this module you will find key changes you can make and suggested activities to make those changes.

**Learning Module 8:** “Key Strategies used by Value Champions to Engage

Clinicians, Staff and Patients” Here you will find activities used by other value champions to engage providers, staff, and patients in changing their behaviors, how and why they sequenced these activities, and examples of tailoring to different stakeholders and settings.

### **Learning Module 10:** “Choice Architecture and Overuse Reduction”

An understanding of concepts from behavioral science that help explain how patients and clinicians make decisions can help you: (a) design an intervention, (b) anticipate potential resistance or challenges to that intervention, and (c) increase the likelihood that the intervention leads to behavior change.

## Tips

### Health Equity Tip

- Remember that patients may be making key choices related to your overuse topic and how it plays out in your organization, and not all patients will make the same choices. Use the Advancing Health Equity Toolkit (see Tools & Resources) to consider how your intervention



may be differentially received by, or differentially impact, various patient sub-populations.

### **De-Implementation Tip**

- Asking people to stop doing things is one of the most difficult behavioral changes to make. Research shows interventions are most effective when they are multi-model and include both an education element and a systematic element which makes the right thing to do the easy thing.

### **W6.B Case Study: Roberto Diaz del Carpio, RWJF Clinical Value Champion Fellow**

Roberto selected over-prescribing of long-term opioids for patients with chronic pain as his overuse topic. As a medical director and teacher in an internal medicine residency program, he frequently heard from his residents that they didn't feel prepared to manage these patients. And the staff at Roberto's clinic were having to answer 5-6 calls every day with patients saying, "I need my opioids." Roberto had empathy for his colleagues

because he was experiencing the same frustrations. He started by asking questions at team meetings, "What do you think is happening? What can we do about it?" He met with individuals and asked them what they needed and what information would work best for them.

Roberto and his team decided that clinical reminders would help everyone know what to do in different situations. These reminders would be tailored for different locations and job roles (i.e. MA, scheduler, nurse, resident, or physician). Members from each department helped create the content for their reminder. For example, the schedulers created reminders about how to respond when a patient called for a refill of opioid medications. For the medical assistant, there were reminders about how to decide if a patient needed a urine drug test. Roberto and his team printed the reminders on colored cards, laminated them, and put them next to computer stations. They also added reminders to the electronic health record system.

End-users were able to give feedback on Roberto's project. They could

correct information or say that the reminder was more relevant to a different role. Because staff members were involved at the beginning, they had bought-in to the project. They knew in advance when the go-live date was, so they were prepared when the intervention was rolled out.

Roberto had an effective intervention because he listened to his co-workers and made it clear that he wanted to make their jobs easier. His colleagues were involved at every step of the project and knew what to expect.



W6.C Milestones	Date Completed
1. Start small and learn from tests of changes before making major changes. Discuss intended changes and rationale with staff and listen carefully to their feedback.	
2. Document new processes including problems, successes, and areas that need adjustment.	
3. Evaluate the data to ensure the changes are helping you progress to your aims. Watch for unintended consequences with a focus on patient safety and equity.	
4. Meet with the team to see if the project conducted in your local setting had the expected outcome and decide how to implement on a larger scale. Collect lessons learned from the full team.	
5. Communicate progress and impact. Recognize the work of staff to adapt and change.	

## W6.D To Do List

## W6.E Journal Reflections

1. What strategies to engage others in reducing overuse will you use and why? Is there a sequence to them? (see Learning Modules 5 & 8 for ideas)
2. Are the strategies working? Why or why not?
3. How am I keeping leaders and colleagues engaged? How is it paying off?
4. How are leaders and colleagues reacting to the project? What does this tell me about the work ahead?
5. How am I engaging providers in conversations about measures of overuse? What could I do differently in those conversations?



6. Given my current progress, how might I adjust team composition?
  
  
  
  
  
  
  
  
  
  
  
7. Of the strategies I am using:
  1. What's worth keeping?
  
  
  
  
  
  
  
  
  
  
  
  2. What should be modified?
  
  
  
  
  
  
  
  
  
  
  
  3. What should be dropped?
  
  
  
  
  
  
  
  
  
  
  
8. What unexpected project champions or naysayers have emerged? How can I engage them going forward?

9. Note any changes required to the project charter or timeline, and the reasons for those changes.

10. If I ceased to be involved in the project, what would happen?

11. Action item: “Re-review your charter and timeline and make any necessary edits”

## **W6.F Recommended Tools & Resources**

[Taking Action on Overuse Action-Planning Framework and Change Package](#)

[Run Charts and Control Charts](#)

# W7 Plan for Sustainability

## W7.A Overview

Planning for sustainability should start when you begin your project. The journal prompts will help you identify factors you need to consider early in your project to ensure that any observed reductions in use are sustained. The Clinical Sustainability Assessment Tool will help you target areas that are often overlooked when planning for sustainment.

An important tactic for sustaining a change is to embed it into the way that work is done. Job descriptions, procedure manuals, onboarding, care pathways and training curriculum should reflect the changes that have been adopted.

*“And then I went to each of them—to the end users—even residents or my colleagues or the MAs or the scheduler, each of them helped me to create their own reminder. At the end they felt involved. And I think something that help a lot because once the reminders were done, everybody were using it because they felt that actually they did it. I didn’t do pretty much anything.”*

*(Roberto Diaz del Carpio, RWJF Clinical Value Champion Fellow)*

*“I just tried to make it a more of a grassroots effort. This is a facility that really loves the underdog efforts, loves grassroots efforts. I really tried to utilize that narrative to help make it successful. We’re not an institution that likes to be told what to do.*

*So therefore, if it’s homegrown, it seems more honest and successful.”*  
*(Joshua Moskovitz, RWJF Clinical Value Champion Fellow)*

## Relevant Learning Modules

Learning Module 11: “Planning for Sustainment” Here you will learn about what we know about the evidence for sustaining change, and how to apply those lessons to your project.

## Tips

### Health Equity Tip

- If you could not incorporate an equity component into your overuse project, consider how it might be



incorporated in the future when you have more time and, potentially, more resources.

- Demonstrating that your project addressed a health inequity might be a powerful intrinsic motivator for leaders to continue supporting of the work long-term (e.g. generating reports, including the measure on dashboards, etc., hardwiring the changes into job descriptions, workflows, etc.)

### **De-Implementation Tip**

- Studies on overuse initiatives shows reductions are most likely to be sustained when interventions have been hard wired into systems. For example, changing order sets or creating new care pathways are both effective tools for sustainment in an overuse initiative.

## **W7.B Case Study**

The Director of Quality for a health system received a report from a state quality organization. When he saw that providers in his health system were prescribing antibiotics for upper respiratory infections 80% of the time,

he knew something had to change. He began by creating a data report which tracked prescribing for URIs among all primary care providers. Using the data report, external guidelines, and Choosing Wisely recommendations, he started to meet with clinicians to discuss their prescribing practices and their prescribing compared to their peers. The academic detailing was working to address the project, but it required Kim to drive to all nine locations throughout the state. He began recruiting and encouraging positive deviants to serve as clinical champions for conservative antibiotic prescribing practices and share their insights on handling conversations and making clinical decisions.

In addition to the team of clinical champions, Kim wanted to make things easier for patients coming into the clinics for antibiotics. He established a new care pathway for triaging patient calls with an acute respiratory illness complaint to include a nurse phone care line. Patients could discuss symptoms and their health issues with a nurse to determine if they needed an office visit. Additionally, this pathway created a new documentation

template to guide providers to choose evidence-based care for patients presenting with URIs. The new care pathway, the development of multiple champions, and creating the data report helped keep the project relevant

for clinicians. Kim’s system continues to report continuously low rates of potentially inappropriate antibiotic prescribing even with the addition of new providers and implementing a walk/in urgent care at several locations.

W7.C Milestones	Date Completed
1. Complete a <b>sustainability plan</b> .	
2. Determine what you want to continue to measure, what you’ll stop measuring, and any other changes regarding measure monitoring and communication.	
3. Identify who will own the new area of work and how the new culture of work will be integrated into onboarding or expanded to include more of the health system.	
4. Discern additional ways to hardwire the change.	
5. Consider any costs or added responsibilities included in sustainment.	
6. Meet strategically with your team to evaluate whether health equity has been impacted by the project and strategize safeguards that ensure care is equitable.	



## W7.D To Do List

## W7.E Journal Reflections

1. Review my sustainability plan. What modifications are needed?
2. Who could I mentor to continue this work and pass along what I have learned?
3. Who should I present to about this work, and what are plans for dissemination?
4. What should we tackle next?

## W7.F Recommended Tools & Resources

[Sustainability Planning Worksheet](#)

[Clinical Sustainability Assessment Tool](#)

## Tools & Resources

Tool & Resources Inventory	Most Applicable Workbook Section(s)
<a href="#"><u>Issues Log</u></a>	Project Management
<a href="#"><u>Mental Inventory</u></a>	Project Management
<a href="#"><u>Timeline Templates</u></a>	Project Management
<a href="#"><u>Clarity Log</u></a>	Project Management
<a href="#"><u>Vetting Topics Tool</u></a>	W1 Select an Overuse Topic
<a href="#"><u>Go-No Go Exercise</u></a>	W1 Select an Overuse Topic
<a href="#"><u>IRB Decision Aid</u></a>	W1 Select an Overuse Topic
<a href="#"><u>Stakeholder Assessment and Engagement Tool</u></a>	W2 Understand the Project Landscape W5 Build an Improvement Team
<a href="#"><u>Advancing Health Equity Toolkit</u></a>	W2 Understand the Project Landscape
<a href="#"><u>Getting Feedback from Members</u></a>	W2 Understand the Project Landscape
<a href="#"><u>Measurement Plan</u></a>	W3 Obtain Data and Select Measures
<a href="#"><u>Run Charts and Control Charts</u></a>	W3 Obtain Data and Select Measures W6 Design and Implement
<a href="#"><u>Project Charter Templates</u></a>	W4 Write a Project Charter
<a href="#"><u>Team Formation and Composition Tools</u></a>	W5 Build an Improvement Team
<a href="#"><u>Tips for Running Effective Meetings</u></a>	W5 Build an Improvement Team
<a href="#"><u>Taking Action on Overuse Action-Planning Framework and Change Package</u></a>	W6 Design and Implement
<a href="#"><u>Sustainability Planning Worksheet</u></a>	W7 Plan for Sustainability
<a href="#"><u>Clinical Sustainability Assessment Tool</u></a>	W7 Plan for Sustainability



## Issues Log

Use the linked Excel spreadsheet log to track issues during your project, as well as plans to overcome these issues.

**Issues Log (in resources folder)**

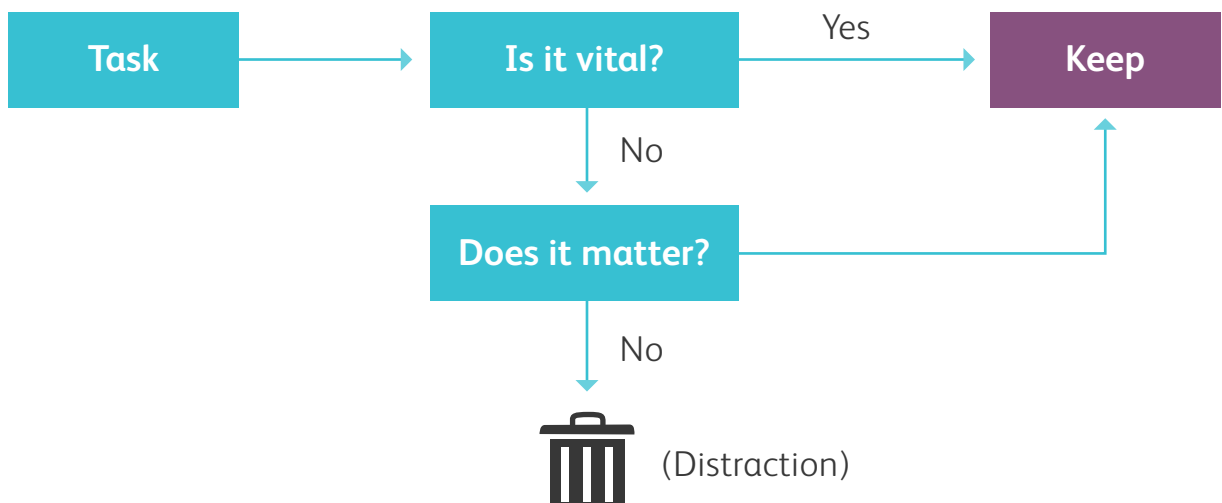
# Mental Inventory

Use this worksheet when you are feeling overloaded and don't know what to prioritize. This activity is adapted from: Carrol, R. (2018). *The Bullet Journal Method: Track Your Past, Order the Present, Design the Future*. New York, New York: Portfolio/Penguin.

1. Fill out tasks into the following categories.

Working on	Should be working on	Want to be working on

2. Go through this flow chart for each task. If it's irrelevant or a distraction, cross it out. If you're keeping it, star or highlight it.



3. For tasks that you are keeping, categorize them into this table. Add these to your task list and timeline. Remove distractions from your project plan if possible. See if you can delegate some responsibilities.

Things you <i>need</i> to do (responsibilities)	Things you <i>want</i> to do (goals)

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## Timeline Templates

Having a timeline will help you manage your project well. There are many free project timeline templates for Microsoft Excel – considering adapting one for a year-long improvement effort.

### [Timeline Templates](#)

## Clarity Log

Challenges and hurdles are part of the project. We have critics, IRB, funding, competing priorities. It might be difficult to make time for the project. But we don't need to get stuck in the challenge. Each challenge has its own purpose and learning. As challenges come up, also log why you are doing what you are doing. If it has no purpose and it's not pivotal to the project's successes, see if there is a way for you to let it go. This is a continual log rather than a single worksheet.

**Clarity Log Worksheet (in resources folder)**

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## Vetting Topics Tool

This tool is a process flow diagram with decision points about important factors you should consider when selecting an overuse topic. The "LM1" "LM2" abbreviations refer to Learning Modules in the Syllabus associated with this project workbook. If you are unsure if you have the knowledge and skills to evaluate or answer each of the questions describing criteria for selecting a topic, spending some time in the referenced Learning Module will be helpful. (This tool was developed by one of our RWJF faculty, Georges Potworowski with input from Reshma Gupta, MD)

**Vetting Topics Tool (in resources folder)**

## Go-No Go Exercise

Use this “Go-No Go” exercise to think through stakeholder perspectives when selecting a topic. This will help you identify what is feasible and what is not.

### Instructions:

- List 3-5 key stakeholders (column 1 of a table) to engage that would help or hinder your overuse reduction initiative (e.g. health system executive sponsor, division chief, director of health system data, clinical champions, medical assistant supervisor). See the Stakeholder Assessment and Engagement Tool.
- Describe how your project could benefit each stakeholder if applicable (column 2).
- Describe how your project could challenge/ hinder (e.g. lose staff time, funding) each stakeholder if applicable (column 3).
- Write down key bullet points that could guide you in how you might initially discuss your project with each stakeholder. Remember to Choose Your Words Wisely (reference: <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2536191>).
- Ask a colleague to role play your initial pitch for at least two of the stakeholders you identified who may not support your project. Ask the colleague to provide feedback on if the pitch will result in a “Go” or “No Go” in partnership for your project.

**Go-No-Go Exercise Worksheet (in resources folder)**

## IRB Decision Aid

Generally, quality improvement efforts are exempt from Institutional Review Board (IRB) review, but some projects incorporate elements of both research and QI. Determine if your project requires or would benefit from IRB approval by using this [IRB Decision Aid](#).

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## Stakeholder Assessment and Engagement Tool

### Step 1: Stakeholder Log

#### Instructions:

Your first step is to identify the individuals who might have an interest in your project, either a supporter, neutral or a ‘nay-sayer’ (someone who for one or more reasons might not be supportive of reducing the use of your overuse topic/service). Use the log below to keep a record of each of these individuals as you identify them, explain why they are interested in your project, the level of influence you think they might have over others (high, medium, or low), and where they are along a spectrum of support for your project (high, medium, or low).

#### Stakeholder Log (in resources folder)

## Step 2: Stakeholder Power Grid Map

### Instructions:

Now that you have identified your stakeholders, the next step is to map them out according to their influence/power and level of support/interest. This is often called “power mapping.” Fill in your stakeholders in the grid below and position them in the graph based on their level of influence and level of support. Add more textboxes for stakeholders as needed. As power changes over time, move your stakeholders around the grid to reflect current state. You may want to save your original grid map labelled with the date so you can track how things change over time.

If you would prefer to do this exercise on paper, or if you’d like a verbal description of power mapping, you can follow these video instructions: <https://youtu.be/z0u6g8xmNkE> (video produced by Janna Webbon).

### Stakeholder Power Grid Map (in resources folder)


## Step 3: RWJF Value Champions Stakeholder Engagement Planning: Participation Table

### Instructions:

After you have identified your stakeholders and mapped them on the power grid above, you need to decide level of participation your stakeholders should have across all phases of your project. Each stakeholder has a different degree of power and interest in your project, and consequently needs to be involved to different degrees. There are four levels at which you can engage stakeholders to participate in your project: inform, consult, collaborate with, or empower them.

- **Inform:** Provide the stakeholder with balanced and objective information to enable them to understand the problem, alternatives, solution, and/or progress.

- **Consult:** Obtain stakeholder feedback on analysis, alternatives, and/or decisions. Acknowledge their concerns and explain how their input influenced decisions.
- **Collaborate/Partner:** Work with the stakeholder in partnership on each aspect of decision-making, including developing alternatives, identifying solutions, and adapting as you go.
- **Empower/Share Control:** Involve the stakeholder so they make informed decisions and take responsibility for final decision-making. Some stakeholders may already have decision-making power.



Mapping from the stakeholder power grid to the participation table is not formulaic. That said, there are certain principles that generally hold. High influence, high support stakeholders should at least be consulted, if not partnered with or empowered. High influence, low support stakeholders should be consulted, but generally don't want to be more involved. Low influence, high support stakeholders should be consulted. Partnering with or empowering these stakeholders, even if in limited ways, is an example of how to bring diverse voices to the table to improve health equity.

Note that the participation table has the three parts of the project timeline in the first column because a given stakeholder's level of involvement may not be the same throughout the project. For example, leadership may have the power to approve a project during the foundation laying phase but may choose to delegate power to make logistical decisions to the project team during the intervention.

### Participation Table (in resources folder)



Adapted from <https://sswm.info/humanitarian-crisis/prolonged-encampments/planning-process-tools/exploring-tools/stakeholder-strategy-plan>



# Advancing Health Equity Toolkit

This toolkit includes an equity lens (to identify disparities between groups), a root cause analysis (to understand the root cause of poor outcomes), and a roadmap to reduce disparities.

## The Roadmap to Reduce Disparities



### [Advancing Health Equity Toolkit](#)

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## Getting Feedback from Members

Use this resource from Advancing Health Equity to help you get first-hand input from people who will be affected by your project.

**Member Feedback (in resources folder)**

## Measurement Plan

It's important to have a plan for what you will measure, how you will define those measures, and how you will track your measures over time. A measurement plan helps you confirm your scope, understand the improvability of the problem you are hoping to address, and think through a full data collection plan.

IHI has a [measures development sheet](#) that can help you plan (note, this tool is geared toward traditional quality improvement and you will need to create an account to view [an IHI account is free]).

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## Run Charts and Control Charts

Both run charts and control charts can help you monitor and display changes in your measures over time. Run charts display your measure on the y axis with time on the x axis. Control charts have the same basic structure as run charts with lines added for the center line (mean), the upper control limit (3 standard deviations above the mean), and the lower limit (3 standard deviations below the mean). For tracking measures of overuse, a simple run chart may be the best tool. Here are some nice instructions for creating a run chart in Excel:

### [How to Make a Run Chart in Excel](#)

Control charts are preferred if you are trying to understand or limit variation in a process. Good instructions for developing control charts can be found here:

### [How to Make a Control Chart 1](#)

### [How to Make a Control Chart 2](#)

## Project Charter Templates

Check out these templates and examples to get you started on writing your project charter:

[Institute for Healthcare Improvement \(IHI\) QI Project Charter Template and Example](#)

[UNC School of Medicine Project Charter Template and Examples](#)

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## Team Formation and Composition Tools

IHI has a [team member matrix worksheet](#) designed with a quality improvement lens. While the needs of your overuse reduction team may be different than the needs of a traditional quality improvement project, this is a good place to start to think through the types of people you would want involved in your work.

You may want to use the **Stakeholder Contact Information table (in resources folder)** to keep track of your stakeholders and team members.

The **Team Member Roles Spreadsheet (in resources folder)** is a great tool to track team member effort and deliverables.

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## Tips for Running Effective Meetings

Look [here](#) for tips on running meetings well.

# Taking Action on Overuse Action-Planning Framework and Change Package

The MacColl Center for Health Care Innovation's [Taking Action on Overuse Action-Planning Framework and Change Package](#) is an excellent resource for your overuse reduction project. It provides examples of specific activities you can undertake to make the changes needed to prioritize the work, build a culture of improvement, establish a shared purpose and language, and commit resources to measurement.

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## Sustainability Planning Worksheet

Use IHI's sustainability planning worksheet to help you plan for long-term success.

[Sustainability Planning Worksheet](#)

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## Clinical Sustainability Assessment Tool

Use the Clinical Sustainability Assessment Tool to help you plan for the future of your project and sustained reductions in overuse.

[Clinical Sustainability Assessment Tool](#)

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## Journal Reflections

Weekly Journal Form (in resources folder)

Monthly Journal Form (in resources folder)

Quarterly Journal Form (in resources folder)

# Journal Prompts for Each Phase of the Work



## 1. Select an Overuse Topic

1. What additional information do I need to finalize my topic? (e.g. severity of problem, extent of variation, indication that improvement can be accomplished, importance to organization)
2. What are barriers to finalizing my area of overuse to address? What are enablers or facilitators?
3. Does this area of overuse meet all of the criteria for “low-hanging fruit” as defined the article by Newman-Toker? Why or why not? (Newman-Toker DE. Where Is the “Low-Hanging Fruit” in Diagnostic Quality and Safety?. Qual Manag Health Care. 2018;27(4):234-236)
4. What prior work has been done on this area of overuse in my setting, and what was the result?

## 2. Write a Project Charter

1. What are the implications of my stakeholder analysis? How do my plans incorporate what I’ve learned?
2. Who do I still need to win over? What do they care about, and how might I persuade them to support this work?
3. What is left to do to finalize my project charter?

### 3. Understand the Project Landscape

1. Consider the financial implications of the project. Who will be affected, positively or negatively, by my project and why? Think about patients, the clinic/hospital, radiology, lab, insurer, other providers, other departments, etc.
2. Are there any projects I can build on? Are there projects I can align with or complement that are already happening and are funded/supported?
3. What are the budget requirements for this project, and where could the money come from for it?
4. Will there be significant impact on staffing needs or roles and responsibilities? What about changes in routines? How can I navigate those changes?
-  5. What QI expertise exists in my organization, and how can I access it for this project?
-  6. How have I included diverse patient voices/perspectives? How have they informed my plans?

### 4. Obtain Data and Select Measures

1. What measures could I use? Are they available and timely?
2. What programming or data help do I need and who could provide it?
3. How often do I need to measure/collect data?
4. Should I do chart abstractions to validate/support my measures? Why or why not?
5. If my project needs Institutional Review Board review, what are my steps and timeline to accomplish this?

## 5. Build an Improvement Team

1. Who needs to be on my team for the project to succeed?
2. What are roles and responsibilities of different team members?
3. What is our internal communications plan?
4. How can I engage opinion leaders among front line staff?

## 6. Design and Implement

1. What strategies to engage others in reducing overuse will you use and why?  
Is there a sequence to them? (see Learning Modules 5 & 8 for ideas)
2. Are the strategies working? Why or why not?
3. How am I keeping leaders and colleagues engaged? How is it paying off?
4. How are leaders and colleagues reacting to the project? What does this tell me about the work ahead?
5. How am I engaging providers in conversations about measures of overuse?  
What could I do differently in those conversations?
6. Given my current progress, how might I adjust team composition?
7. Of the strategies I am using:
  1. What's worth keeping?
  2. What should be modified?
  3. What should be dropped?

8. What unexpected project champions or naysayers have emerged? How can I engage them going forward?
9. Note any changes required to the project charter or timeline, and the reasons for those changes.
10. If I ceased to be involved in the project, what would happen?
11. Action item: “Re-review your charter and timeline and make any necessary edits”

## 7. Plan for Sustainability

1. Review my sustainability plan. What modifications are needed?
2. Who could I mentor to continue this work and pass along what I have learned?
3. Who should I present to about this work, and what are plans for dissemination?
4. What should we tackle next?

### Milestones

1. A plan for sustainability has been created. If the project was completed as a project, a spread plan has also been created to drive changes in other sites or departments.
2. The changes in roles, responsibilities, and workflows have been incorporated into job descriptions and procedures. Ongoing training to support the change has been embedded into training curriculum, onboarding includes messaging about high value care and as appropriate, performance reviews acknowledge commitment to high value care delivery.



3. A diverse team was integral to achieving the project goals. Ensure that you thank everyone for their contributions as you celebrate success.
4. Consider advocating for other de-implementation projects.

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# Contact us

Please reach out to the Taking Action on Overuse program office at [info@takingactiononoveruse.org](mailto:info@takingactiononoveruse.org) to let us know how you have used the workbook, what tools would be helpful, and your overall impressions of it.