UNITED STATES AIR FORCE MEDICAL SERVICE (AFMS) TRUSTED CARE CONTINUOUS PROCESS IMPROVEMENT (CPI)

CPI MANAGEMENT SYSTEM
Table of Contents

Overview .......................................................................................................................................................... ii

Section 1. CPI Management Guide ............................................................................................................. 1-2

  Introduction to the Guide .......................................................................................................................... 1-2
  1. Your Role as a Leader .......................................................................................................................... 1-2
  2. CPI Management System .................................................................................................................. 1-3
  3. Connecting at the Seams .................................................................................................................... 1-7
  4. Putting It All Together ....................................................................................................................... 1-26

  Summary .................................................................................................................................................. 1-27

Section 2. Rollout and Resources ................................................................................................................... 2-1

  1. MTF Implementation of the CPI Management System ..................................................................... 2-1
  2. Frequently Asked Questions from the MTFs .................................................................................. 2-3
  3. Glossary of Terms ............................................................................................................................... 2-6
  4. List of Acronyms ................................................................................................................................. 2-7
  5. List of AFMS CPI Program Office Resource Materials .................................................................... 2-8
  6. External References ............................................................................................................................. 2-9
Continuous Process Improvement Management Guide

The Continuous Process Improvement (CPI) Management Guide was developed to introduce the Air Force Medical Service (AFMS) method to universally embrace and standardize a comprehensive and methodic way of achieving more reliable results across the organization to achieve Zero Harm. The CPI Management Guide was first rolled out at the 2017 Senior Leader Workshop (SLW) to 400+ Air Force leaders and junior Airmen with direction from the AF/SG to have full CPI implementation by Jun 2018.

The following guide provides an overview on the following topics:

- Tiers and Seams
- Huddles
- Boards
- Leader Rounding
- Problem-solving Methods
- CPI Coordination

How does this all fit together and how does it take into account what is already being done at your Military Treatment Facility (MTF)? There are two huddles being introduced, both of which are specifically aimed to address organizational gaps—you will get an understanding of these gaps in the tiers and seams discussion. These huddles will be conducted around boards, as displaying problem-solving (through problem-solving methods), metrics, plan of the day, etc., and begin to build a mindset where the system is the problem, not the people. Leaders will conduct rounding at these huddles, to get a better understanding of what is going on at the frontline. CPI coordination will occur to ensure that problems get to the appropriate level of leadership when necessary and to ensure that they are being worked through the appropriate problem-solving method.

How does this fit into what you are already doing? As we will discuss in more detail later, the huddles introduced will feed into other huddles your MTF is already doing. We are simply adding a systematic problem-solving lens, in order to not only be aware of issues, but also solve them! MTFs who have implemented the CPI Management System have found it manageable and connected to what they have learned about Trusted Care. This is a part of a Trusted Care systems approach to achieve Zero Harm!

CPI Management Rollout and Resources

This section will provide you with a timeline of what is expected to implement the CPI Management System, the support that will be provided to you, answers to anticipated questions, and additional resources that you can use in your journey.
Section 1. CPI MANAGEMENT GUIDE

Introduction to the Guide

This Continuous Process Improvement (CPI) Management Guide was developed to introduce the Air Force Medical Service (AFMS) method to universally embrace and standardize a comprehensive and methodic way of achieving more reliable results across the enterprise. The CPI Management System is a compilation of evidence based, leading practices in use both within the AFMS and in the civilian sector. Within the AFMS, a CPI Management System pilot was conducted in Air Force Space Command (AFSPC) at Buckley Air Force Base, Los Angeles Air Force Base, Patrick Air Force Base, Peterson Air Force Base, and Vandenberg Air Force Base, and in Air Force Materiel Command (AFMC) at Tinker Air Force Base. The methods and materials developed, and tested at these bases provided the evidence that the CPI Management System works in our environment. The features of the CPI Management System described in this guide come from the work at these pilot bases and lay the foundation for the CPI Management System across the enterprise. It is only a foundation that will be refined and evolved to help the AFMS achieve operational excellence through diligent focus on frontline operations and the people who do the work to create a culture where Every Airman, Every Day, a Problem Solver.

1. Your Role as a Leader

As an Air Force leader, you have a duty to be “aware of critical processes, and constantly seek to improve and standardize those processes to produce more reliable results” [Air Force Instruction (AFI) 1-2, Commander’s Responsibilities]. The Air Force Inspection System specifically assesses Commanders on deliberate identification, management, and improvement of key work processes (AFI 90-201, Air Force Inspection System). Thus, CPI is not only a Trusted Care domain, but a core Air Force leadership responsibility.

The purpose of process improvement is to achieve “more reliable results.” It is not desirable to engage in process improvement just to do process improvement or to report compliance with a CPI program. To achieve a state of high reliability, organizations must apply a set of daily practices that continually identify challenges, study the cause of less-than-expected performance, eliminate or mitigate negative factors, and sustain validated process changes. The principles and practices outlined in this guide are based on evidence gathered from both civilian and military health care organizations over years. They have been consistently highlighted by The Joint Commission and Accreditation Association for Ambulatory Health Care as leading practices. As the AFMS embraces and applies them across the organization, we will help create an environment in which Airmen are able to speak up, be heard, and trust that we, as their leaders, are focused on improving the experience for them and those they serve. Through this guide and future interactions, you will become much more oriented to frontline operations and the people who do the work to create an environment of high reliability where every Airman, every day, is a problem solver.
At the 2016 Senior Leader Workshop (SLW), Air Force medical leaders were charged to implement Trusted Care huddles and Rounding to Influence to connect leadership with frontline staff and the daily challenges they face. As we medical leaders employed these leader methods, we became more aware of frontline safety concerns and process frustrations. Now, we will build on that foundation by implementing the CPI Management System, a systems approach to identify, prioritize, and address concerns and frustrations impacting operations, thus improving the care and services we deliver.

The CPI Management System applies three principal elements of visual controls, leader standard work, and daily accountability to an organizational paradigm that puts those we serve at the center of all we do (see Figure 1-1). Defined organizational tiers help to identify seams and gaps in connectedness that slow communication; impede accountability; and perpetuate variability in access, quality of care, and safety of our patients, as well as in the products we deliver. The CPI Management System overcomes these gaps and seams through deliberate leader engagement. As leaders engage at the frontline, daily bidirectional accountability defines the work environment. Problem-solving methods are more effectively applied and synchronized to continually identify, communicate, study, and resolve those concerns and frustrations that create waste in our processes, and contribute to errors.

The CPI Management System is an improvement-based management and leadership system that focuses leaders on frontline operations and those that do the work. It helps every Airman, every day, become a problem solver in order to identify, prioritize, and work improvement efforts to perfect patient care and service delivery processes. This systems approach incorporates the principal elements of David Mann’s model of visual control, leader standard work, and daily accountability (Adapted from David Mann’s, Creating a Lean Culture: Tools to Sustain Lean Conversions, 3d Edition, 2015). You should already be familiar with these elements as they are foundational to the Base Operational Medicine Cell (BOMC) design and operations. Effective, improvement-based leaders are able to identify and communicate how each of these elements are at work in their organization.

2.1 Visual Controls

Visual controls display key process indicators that quickly communicate the status of the system in which people work. Examples include boards, charts, scorecards, or any visual display that compares the expected versus the actual outcome. There are already visual controls at work throughout our MTFs. The CPI Management System introduces daily management and leader management boards to aid in the management of daily operations and improvement activities through the use of visual controls.
2.2 Leader Standard Work

Leader involvement in improvement work is crucial to fostering a culture of process innovation and improvement. Leaders are responsible for determining and scheduling activities such as huddling and rounding that regularly focus them on frontline operations, issues, and people doing the work. These face-to-face interactions allow them to regularly see and understand the work and hone the skills of finding system and process deviations, create a work environment of trust and connectedness, and coach process improvement. The discipline of defining and scheduling leader actions is the foundation of leader standard work. Leader standard work should be tiered so that communication, prioritization, and resolution of problems and information flow seamlessly through the organizational tiers. Thus, leader standard work at all tiers should synchronize with that of proximal tiers. Leaders who follow through on expected standard work demonstrate integrity as well as build trust and connectedness.

2.3 Daily Accountability

High reliability organizations (HROs) establish bidirectional accountability. Frontline staff are accountable to execute standard processes as instructed, speak up when faced with safety concerns and process frustrations, and engage the process improvement mechanisms to maximize value to those they serve. Leaders are accountable to frontline staff to be consistent in seeking to identify, communicate, and improve processes at the service delivery point. Active management of boards, tiered huddles, and daily engagement between the frontline and leadership establishes daily accountability to those served by key processes.

2.4 Leading a Patient Centered Organization

Our challenge as Trusted Care AFMS leaders is to provide safe, quality medical care and services in a resource constrained environment. We are to stay focused on the readiness mission without slipping in the benefit delivery, currency, or education mission. Commanders are specifically charged with executing the mission, leading people, managing resources, and improving the unit (AFI 90-201, para 2.3). Leaders should not tolerate wasteful, ineffective, or unsafe ways of doing business (AFI 1-2, para 3.4). As leaders, we must foster a culture of innovation, challenge inefficiencies, and develop our people to identify and fix their processes. In short, we should leave our units better than we found them.
This all sounds great, but it is not easy to weigh priorities within our demanding mission set. Dealing with the Air Force medical leadership structure and working with line leadership adds complexity. To deal with these complexities and clearly define the responsibilities, expectations, and connectivity for leaders at all levels, the AFMS is introducing a simplified model of tiered leadership with the center of the model being those we serve (see Figure 1-2). This tiered model makes it possible to establish leader standard work and expected leader conduct at each tier.

The AFMS tiered model is depicted with concentric rings surrounding the focal point of the organization, those we serve. It represents the structural basis for the CPI Management System. Please note that the larger rings in the model do not represent areas of diminishing value, rather organizational distance from the point where Airmen deliver care and service to those we serve. The further a leader is from frontline operations, the more effort is required to focus on the frontline. With the CPI Management System established, standard mechanisms are built in to connect people all the way through the organization from frontline to empowering leaders.

This paradigm is a reminder of who and why we serve. It also highlights organizational tiers and seams that represent potential gaps in communication and connectedness. The yellow circle represents our why, or those we serve. These are patients, customers, or a population depending on your role and function in the organization. Frontline staff are those who do the work and really run the organization on a day-to-day basis. Airmen at the frontline make the mission happen and from a leadership perspective are “those we lead.” The interface between frontline staff and those we serve should be the focus of all leaders represented in this model. It is where health and preventive care and service is delivered; the confluence of those we lead and those we serve. Recent surveys indicated some gaps between organizational tiers that the CPI Management System will help fill.

Frontline leaders are the leaders with the most influence at the point where care and services are delivered. Frontline staff see frontline leaders as representative of leadership in general in the organization. As a general statement, the AFMS continues to hear from frontline staff who feel distant
from frontline leaders who are not seen and these frontline prioritizing or resolving the frontline frustrations and concerns that negatively impact day to day operations.

Empowering leaders are essentially the executive staff. Executive staff members generally meet weekly to review priority issues on a monthly rotating basis. Meetings between frontline and empowering leaders usually occur weekly. Given the dynamic nature of health care and the frontline environment, it is worth asking if this interaction is enough for empowering leaders to be truly oriented to the factors effecting the daily work climate of “those they lead.” Supporting leaders outside of the MTF are particularly challenged to maintain focus on the frontline and those they serve. Gaps in connectedness throughout the enterprise continue to have a negative effect at the frontline and need to be more quickly overcome as we continue our Trusted Care journey.

Another way to represent tiered leadership in an MTF is by overlaying the same color tiers on a traditional MTF organization structure like Figure 1-3. This model is easily modified for a smaller organization like a medical squadron. If you put the executive staff in the empowering leader tier, the rest of the organizational tiers seem to fall into place. Again, note that while the tiers are colorful and interesting, in a high reliability organization the leadership focus should be on the seams represented by the white gaps.

Figure 1-3: Tiers and Seams
The CPI Management System is designed to strengthen organizational connectedness. It employs methods to open bidirectional communication channels at the seams and establish standards for identifying, communicating, and resolving safety concerns, process frustrations, and waste throughout the organization. Note that within each tier there are seams not represented on the model, such as between different squadrons within the empowering leader layer. Leaders need to consistently reinforce their efforts to communicate and collaborate laterally across the organization.

3. Connecting at the Seams

The current situation in Air Force MTFs includes leaders that lack awareness of the frontline work climate, staff who believe their leaders do not address day-to-day safety and quality concerns, CPI activity that is not synchronized or aligned to strategy, and a need for a more deliberate structure within which Airman can become daily problem solvers. In short, while there is robust innovation and improvement work going on in our MTFs, there is also a need for a more purposeful systems approach to improvement that maximizes value to those we serve and gets us to Zero Harm.

The boards, huddles, and functions integrated in the CPI Management System and highlighted in Figure 1-4 are designed to overcome gaps at the seams (thick concentric lines). Each feature provides a link in an unbroken bidirectional communication chain. Along that chain, concerns and frustrations are voiced, prioritized, and resolved. For example, team huddles address tactical issues at the point where frontline staff interface with those they serve. This is the care and service delivery point to which all leaders should orient. Daily management boards and huddles coordinate daily work plans and process improvement efforts among the staff. As frontline leaders lead, listen, and learn in daily management huddles they become familiar with concerns that need to elevate to the Trusted Care huddles. In addition to informing others at the Trusted Care huddles, frontline leaders also have regular working dialogue with empowering leaders to more quickly resolve pertinent issues at leader.
management boards and huddles. Leaders should round and participate in huddles most days of the week to strengthen connectedness and trust to more quickly develop the verbal and non-verbal skill set needed to be most effective.

The executive staff synchronizes, aligns, and guides process improvement work through CPI coordination under the guidance of the Commander. Links from the MTF to Major Command (MAJCOM) and AFMOA staff are not displayed in Figure 1-5 but are currently being established at the interface between empowering and supporting leaders. This way, all leaders and staff will be connected and able to focus on improving issues impeding excellence at care and service delivery points.

Individual CPI Management System features are described in more detail below. Every feature is currently in place and of proven value in an Air Force MTF. Please remember that these boards, huddles, and rounding are employed in a tiered fashion.

3.1 Boards

Boards provide a visual display that communicates and tracks organizational objectives, metrics, priorities, and process improvement at various levels of the organization. The most effective boards communicate gaps between actual and expected outcomes of the system within which people work. The emphasis is to synchronize the staff on ways to improve and refine processes that create concerns and frustration. Visual displays communicate to anyone who sees them. MTF leaders who see daily management boards when passing by can quickly identify concerns and opportunities for them to help move an issue forward. At the boards, leaders see the system and not people as the problem. This is the basis of a just culture. Even though there are likely multiple boards already in use in your facility, the CPI Management System emphasizes two types of boards.
CPI Management System
Section 1: CPI Management Guide

Every Airman, Every Day, A Problem Solver

Figure 1-5: Daily Management Board

Daily Management Boards

These boards (see Figure 1-5) are associated with individual work centers or sections. These boards help organize the daily status, key objectives, process improvement efforts, and other pertinent information relative to the daily function and productivity of the work center. When planning where to place daily management boards, leaders should carefully identify work centers in their organization. A work center generally involves a group focused on a common mission set such as logistics, pharmacy, pediatric care, resource management, and so on. Geography is a consideration, for example, would a main pharmacy and satellite pharmacy need one board for both or one each? Size of operation is another factor. Is it best to have one or multiple family medicine daily management boards if you have multiple teams?

The boards provide visual information and a location around which to hold the daily management huddles. The value of daily management boards was highlighted by an airman basic who said she uses the board daily to orient herself to her new job and to see how her job ties into other processes. Daily management boards put systems thinking into action!

Each area seen on the board diagram above are in use today at AFMS MTFs and have been shown to be of high value. It is wise to allow work sections to play with their boards by making the individual areas the size they need and adding other features as desired. Below is a brief description of each area of the daily management board.
• **Plan for the Day:** This area is what really brings people to the board for daily management huddles. This is a great area for leaders to indicate daily priorities or daily assignments. If the board is not large enough to accommodate this section, a separate board nearby is an option.

• **Focus Metrics:** A consistent message in the pilot study was that this section is well used and of great value. It allows the group to focus on productivity or process metrics that are prioritized. Generally, metrics rotate based on the emphasis and challenge of the time. Leaders may choose to influence what metrics go up to indicate priorities to the team.

• **Concerns/Frustrations:** Logistics personnel use the term “frustrated cargo” to indicate cargo that has stopped moving through the system for any number of reasons. We can think of frustrations as those issues that slow or stop workflow, causes rework, and overburden frontline staff. This is the location where staff place new concerns or frustrations. Anyone is allowed to place items on the board for the team to consider. Many have told us they love it when people from outside their work section put issues on the board because it facilitates lateral collaboration. One A1C pointed out in the pilot that some policies that come down from headquarters cause problems in her work section and she is thrilled to have a safe way to tell that to her leaders by using the board. Many others have noted that when issues go on the board they cease to be crazy makers because they know the team and their leaders will address them. Once an issue is put on the board, leaders are obligated to coach the team to prioritize it and do something with it. With the board in place, the issues need to be addressed by leaders and really cannot be forgotten or ignored. From the “Concerns/Frustrations” area, issues need to move to one of three locations indicated by the arrows.

• **Items to Elevate:** Some situations or problems require input or influence from outside the work section to resolve. This section is used to communicate to leaders that they are expected to help resolve the situation. Leaders may direct some data collection before moving it outside of the section. This can be done in the CPI Daily Management section to better define a situation before elevating it. It is important to track when items are elevated and when leaders have committed to providing feedback on the progress of the issue. Elevated items should be tracked on both the daily management board and a leader board to ensure bidirectional accountability.

• **Just Do It:** Some issues don’t require formal data collection or help from outside the work section to be resolved. They can simply be tasked and tracked to completion. This section provides a place to track those items to completion.

• **CPI Daily Management:** When issues require some formal problem-solving short of the Practical Problem Solving Method (PPSM) (8-Step) to include data collection, this section is available to not just track but also to actually work issues. Teams that work improvement on the board are more effective that those that simply track progress on a board. The reason is that having input from the entire team yields more creative and effective solutions. Working process improvement on a board as a group brings a broader perspective and more creative solutions. This section should give plenty of space to work multiple issues at one time and allow for creative data collection, root cause analysis, countermeasure experimentation and results, and sustainment techniques. However, using these four specified steps helps teach and reinforce a
common problem-solving lexicon and process that aligns perfectly to the Air Force PPSM. This process will be more fully addressed in the section on CPI Daily Management.

- **Kudos and Wins:** Airmen in the pilot indicated that this is one of their favorite sections. They love to be able to celebrate their accomplishments, highlight one another, and display their wins to each other and their leaders. Having the wins on the board reminds them that engaging in the CPI Management System means being heard and improving their work environment. It also reassures that they are part of a winning team and that their contribution is having a positive effect.

*Figure 1-6: Daily Management Board Real Examples*
Leader Management Boards

These boards (see Figure 1-8) track unit initiatives, specific tasks, and elevated concerns and frustrations from daily management boards. They should be associated with executive leaders such as group, squadron, and three-letter leadership teams of both officer and enlisted leaders. These boards may vary in content to reflect the mission, unit initiatives, key tasks, and prioritized, improvement efforts within the scope of the leaders.

The leader management board provides information and a location where frontline leaders and empowering leaders regularly huddle as part of their defined and scheduled leader standard work. A squadron commander, superintendent, and associated flight commanders and chiefs or an SGH with associated clinical chiefs are two examples of groups associated with leader boards. The board keeps leadership teams synchronized and gives them a place to work elevated issues. The following sections are currently being successfully used in multiple Air Force MTFs.

- **Task Board**: This section allows assigned key tasks to be made visible and associated with its due date. In huddles, tasks can be reviewed to be sure they are understood and accomplished within the required time line.
• **Possible, Implement, Challenge, and Kill (PICK) Chart:** This chart can be used to prioritize the concerns and frustrations that come to a leadership team. It is often not possible to work on all issues at the same time. Leadership teams should understand their capacity for process improvement and prioritize accordingly without forgetting lower priority issues. This chart aids in prioritization and communicates that priority. In general, the items in the implement block should be worked first. This also allows for shifting priorities. If an issue currently being worked needs to be temporarily set aside to allow for a new, but higher priority issue, the issue can be moved to the PICK Chart until ready to pull it forward again.

• **Elevated Items/Initiatives:** Tracking location for workflow to ensure nothing sits without action. This is a very effective way to keep the entire leadership team aligned on priorities and keep issues on track. This section can also be used to track issues tasked at Trusted Care huddles.

• **PPSM (8-Step)/A3s:** It is expected that members of the executive staff will be assigned as champions for larger, more complex PPSM (8-Step) initiatives. This section allows a place to post the A3s following the event, bring concerned parties to the board regularly, and ensure countermeasures are implemented, data collected, and the project eventually closes out. Using the board and huddles to track A3s prepares leaders as they participate in the CPI coordination.

• **CPI Daily Management:** This is just like the same section on the daily management boards but gives space for the leaders to work issues at their level. A consideration is the location of the boards: if boards are in traffic areas, more staff will see them for reassurance that their leaders are working the issues brought to them.

**Figure 1-8: Leader Management Board**
Figure 1-9: Leader Management Task Board Example

Figure 1-10: CPI Daily Management Example
3.2 Huddles

An informal, but structured gathering to review, plan, communicate, assign duties, and make decisions pertinent to the successful accomplishment of a task or series of tasks. When run well, huddles orient staff and leaders to operational challenges. When daily huddles are associated with informative boards, team members are able to orient to the objectives, priorities, and improvement efforts of the team more quickly and with high fidelity.

The primary duty of huddle attendees is to speak up to identify and bring forward problems, pass along useful information, and accomplish assigned duties and tasks. Huddle leaders are to recognize and prioritize problems, coach teams through problem-solving, and elevate problems whose solutions are beyond the scope of the group represented in the huddle.

Team Huddle

A coordinating huddle of two or more team members focused on matters pertinent to the successful delivery of the care and services within their stewardship. Patient Centered Medical Home (PCMH) teams are required to accomplish daily huddles to improve communication amongst team members, cover manning issues, review scheduled patient lists, and identify proactive and preventive tasks to be accomplished for the day (AFI 44-171, Patient Centered Medical Home Operations, para 2.12.1). Weekly huddles to plan and discuss proactive, patient-centered care including a review of patients scheduled for the following week, identification of proactive patient care needs, review of manning,
review of tasks that need to be accomplished for the week, and care coordination management are also required (AFI 44-171, para 2.12.2).

There may be other team huddles that occur in your MTF. The CPI Management System does not add a new daily team huddle requirement but accounts for them because frustrations and concerns identified in team huddles will be elevated and resolved through CPI management. Seamless flow of issues between team and daily management huddles is essential.

**Daily Management Huddle**

A daily coordinating and improvement-focused huddle of frontline staff and leaders at the daily management board. Daily management huddles identify arising challenges, review the plan of the day, and advance problem-solving and process improvement work. This is an effective huddle to orient frontline leaders to day-to-day concerns and frustrations, which they are obligated to address using any number of leader methods including informing others at Trusted Care huddles. The decision about who should attend is important and will largely be influenced by the timing of the huddle. All members of the work section should be welcomed at the huddle and expected to be present when other assignments do not interfere. One reason this huddle occurs daily is to allow all members to attend at various times during the week. A weekly huddle may isolate members who can never make the weekly huddle time, such as a provider who is always in clinic when huddles occur.

A strong recommendation is for leaders to prepare for daily huddles to start their day by asking a few individuals three questions:

1. What happened yesterday that we didn’t expect?
2. What challenges do you anticipate today?
3. What can I do for you today?

**Leader Management Huddle**

A regularly scheduled, coordinating gathering of leaders, generally around a leader board, focused on frontline workflow, task management, arising challenges, and problem-solving. An example is a regular huddle of squadron and flight leadership to coordinate the resolution of issues elevated from the daily management huddles. Please note that leader management huddles provide the basis for working elevated issues and providing feedback to the work sections that elevated the concerns. This huddle also provides a structure for leaders to track and work issues tasked to them in Trusted Care huddles and helps them organize issues for CPI coordination and propose items for the Top Ten list.

**Trusted Care Huddle**

A Commander-led daily huddle with all work sections represented, focused on arising day-to-day safety and quality concerns that need to be actively tasked and mitigated or resolved. Guidance and expectations are already in place for Trusted Care huddles and no new expectations are associated with this guide. However, they are accounted for in the CPI Management System because Trusted Care huddles are a crucial link in the connectedness of the MTF staff particularly around safety concerns. It is worth noting that while the Trusted Care huddle is an informing and tasking venue
involving leaders from all work sections, the leader management huddle is a more focused working dialogue to solve problems as a leadership team.

### 3.3 Rounding

When leaders leave their assigned work space to go to a service delivery point that is known as rounding. There are many rounding formats including Rounding to Influence, leadership by walking around, and attending huddles. When leaders are working at the frontline, such as seeing patients that can even be considered a form of rounding. Medics are most familiar with rounding at the patient’s bedside to share information and ensure the right processes are in place and being followed to achieve the best possible outcome of a patient care episode. This same concept applies throughout our organization, in both clinical and support areas. The idea is to learn about the people and processes that deliver service and influence that service delivery for continued improvement and value to the customers. Scheduling and following through on rounds is an important aspect of leader standard work.

**When rounding, it is best to remember that your purpose is to go see, go think, and go learn.**

The point of leaders rounding is to listen, learn, and influence. At times is seems there are various types of rounding expected of leaders, but the point is to design and schedule leader standard work, then use that framework to build connectedness around priority issues such as safety and patient centeredness. You should never wing it. Know why you are rounding, understand how to influence in a positive way, and prioritize the frontline issues that come your way.

When designing your leader standard work, include more formal events such as attending huddles where you are expected to arrive at a given time, for a particular purpose, and specified length of time as well as times when you may not be expected to see frontline operations.

Rounding to Influence is a specific leader method we have been taught to inspire a strong safety culture. It means visiting the frontline with a particular purpose to reinforce safety processes and influence the right behavior with your words and presence.

Attending huddles is a type of rounding that should be part of your scheduled leader standard work. When participating in huddles, leaders have an opportunity to observe team dynamics, learn about team frustrations, communicate priorities, and coach improvement. Rounding creates an opportunity to employ additional leader methods such as 5:1 feedback, closed loop communication, and thanking those who voice safety concerns. It is important to realize that all rounding will influence in either a positive or negative manner.

### 3.4 CPI Coordination

Each MTF should have CPI coordination. There are multiple ways to structure this such as a monthly topic in the executive committee or separate council, committee, or group.

The key is that there is an organization that brings together CPI opportunities and activities, synchronizes CPI projects that cross work sections, aligns CPI work to key work processes and
organizational objectives, and links multiple functional areas together to facilitate improvement efforts. To be most effective, involvement in this function should include members of the executive staff and crucial functional representatives such as the patient safety manager, health care integrator, infection control specialist, quality representative, and others as desired. Some MTFs use this forum to allow staff members to brief on selected CPI activity.

The essential responsibilities include the following:

- Identify and prioritize improvement opportunities
- Align CPI efforts to strategic objectives
- Synchronize CPI activity in the organization
- Resource CPI activities
- Evaluate, charter, track, and close PPSM (8-Step) proposals and projects

### 3.5 CPI Competencies

As a leader, you must be aware of the CPI competencies associated with each level in your organization: Frontline Staff, Frontline Leaders, and Empowering Leaders (see Figure 1-12). Competencies are behaviors required by an individual to demonstrate CPI within Trusted Care to achieve Zero Harm. The CPI Competency Model below shows the rising level of complexity associated with each tier and sets the foundation for education, training, and experiential learning across the AFMS.

Each tier has a set of competencies at each proficiency level that demonstrate CPI. These competencies are designed to show the requirements for successful performance. Additionally, each tier masters the requirements of the previous, plus additional requirements necessary for that appropriate tier.

- **Frontline Staff**: At this tier, you must know the basic concepts of process thinking as well as the framework for the CPI Management System. You must know how to apply those concepts in your own environment

- **Frontline Leaders**: At this tier, you must know intermediate concepts of process thinking as well as value stream mapping and systems thinking. You will be able to manage daily by CPI as well as coach frontline staff
• **Empowering Leaders:** At this tier, you must have an understanding of conscious leadership and the ability to coach Frontline Leaders and Staff through leading with questions (more on conscious leadership in Section 4.6)

### 3.6 Creating Trust and Connectedness Through Leader Behaviors

As stated previously, interfacing with **frontline staff** and **frontline leaders** through **rounding**, **huddles**, and other types of interactions can influence either positively or negatively by the way leaders present themselves.

By embracing behaviors of **conscious leadership**, every leader can learn how to create an environment of trust and connectedness for open, honest, and creative learning and growth for those with whom they interact. These behaviors include, but are not limited to:

- **Humble Inquiry and Leading with Questions:** This means asking more than telling, and asking questions to which you do not know the answer. Also, remember asking is not waiting to speak; it is active listening. Ask questions to truly understand the situation. Exhibiting humility in this way opens others to finding possibilities and countermeasures to which you may not have even considered.

- **Precision of Language:** Use words that reflect exactly what you intend to say, limiting the use of words that can be misconstrued and send wrong messages or intent, such as “lowest airman,” or “down in the clinics.” Using precise language, or words that convey easily understood and measured meanings, shows respect for the frontline and displays a positive, accepting attitude and presence.

- **Presence:** Being present means the conversation you are in at that moment is the most important thing at that moment. Eye contact, waiting to speak, and open, effective body language show someone that you are present.

- **Body Language:** Body language is the non-verbal display of attitudes, thoughts, feelings, etc. Creating an environment of trust and connectedness requires open, welcoming body language, such as turning to look straight at the person speaking, positive facial expressions, open chest and arms, and calm demeanor (no rocking, shifting feet, etc.).

The first step to conscious leadership is doing a full self-assessment and asking for feedback from others as to how you are doing in the four behaviors listed above.

### 3.7 Problem-Solving Methods

Because concerns, frustrations, and problems come in different levels of complexity, an HRO needs more than one way to solve problems. There are three methods currently in use in the AFMS and nested in the CPI Management System:

- Just Do It
- CPI Daily Management
- PPSM (8-Step)
These methods are described below. These methods use common problem-solving so that teams can easily shift between methods as the simplicity or complexity of the problem requires.

3.8 Just Do It

This is not a specific process improvement method but its inclusion allows accountability for those concerns or problems whose resolution is within the scope of the team addressing the issue and whose countermeasure seems to be self-evident without deliberate data collection or root cause analysis. Generally, all that is needed is a task tracked to completion. On daily management boards, these are tracked in the **Just Do It** block and on leader management boards are tracked as a task in the **Elevated Items/Initiative** block.

3.9 CPI Daily Management

Those doing Lean Daily Management (LDM) will recognize parallels between that process and **CPI Daily Management**. Suggested charts are provided, but regardless of what instruments are used it is important that problem solvers work through a lean thinking approach that is the accepted Air Force problem-solving method. Displaying problem-solving steps on the board with daily attention to the process is much more effective than simply tracking the project on the management boards.

**CPI Daily Management** is designed to foster a culture of continuous improvement by putting daily attention on process, process performance, and opportunities for improvement in each work center at the point of service. The goal is to empower those doing the work to improve the work. The AFMS model for **CPI Daily Management** uses four steps in daily problem-solving: (1) Situation, (2) Root cause, (3) Countermeasures, and (4) Results and sustainment. These steps align with the PPSM’s eight steps; however, for daily problem-solving, the four steps provide a more rapid, yet systematic approach. The four steps are described below.

**Situation**

Once it is determined to move a concern or frustration to **CPI Daily Management**, the next step is defining the **situation**. Defining and carefully describing the situation is a crucial first step that is best done with collective input during a **daily management huddle**. A useful method to help define the situation is to use the 4 W’s: **What** is happening, **Who** does it impact, **Where** it is happening, and **When** it is happening. Once the **situation** is understood, designating an **improvement target** is important. The SMART method (Specific, Measurable, Action-Oriented, Relevant, Time-Bound) is useful in defining the **improvement target**.

Understanding the **situation** and defining the **improvement target** for expected performance guides the entire improvement effort.
Collecting data, if available, is important to establish the magnitude of the situation. A simple run chart such as Figure 1-13 allows a goal line to be drawn at the level of expected performance and then plots the number of negative occurrences to determine if the expected outcome is being met.

For example, imagine the following improvement target: “No more than three patients per day wait longer than 10 minutes after their appointment time to be ready for the provider to see them.” The improvement target is then written on the sheet, a horizontal line drawn just above the number three on the y-axis and a block would be colored in above the date each time a patient was not ready for the provider to see them within 10 minutes of their appointment time. Over time, it would quickly become evident how frequently patients were not ready to see the provider within 10 minutes of the appointment time. This defines a performance gap that can be explored with root cause analysis. The value of displaying data visually on the board and addressed at daily management huddles is that it allows the entire team to discuss the situation with a common understanding and view of the process and system as the problem.
Figure 1-14 is an example of an actual run chart showing how it is completed. More importantly, note that this chart shows a significant problem based on amount of red indicated. On days when the number of occurrences falls below the goal line, that column would be green in color as shown in the left column. The black marks indicate days when the clinic was closed (weekends) and no data was collected. Once the quality and magnitude of the situation is clearly understood, the next step allows the team to discover more about what is causing all the red on the chart.

**Root Cause**

To avoid jumping to an erroneous conclusion about the cause of a problem, and thereby implementing an ineffective countermeasure, it is important to exercise discipline in leading a group to a shared understanding of the cause of a situation. There are multiple methods for root cause analysis. This guide is not intended to limit your options but to introduce two simple aids that you may choose to use to get your teams started.
The Pareto chart in Figure 1-15 is a simple way to begin organizing what is learned from the data on the run chart. For each negative occurrence indicated on the run chart, someone should ask why that single event occurred. The reason for the occurrence is written in the left-hand column and a block to the right is filled in. Each new reason is plotted down the left column. As the same reason repeats, additional blocks to the right of that reason are filled in. Soon the chart gives you an indication as to which reasons occur most frequently, giving some indication of issues worth exploring further. In the example in the next Figure, Figure 1-16, the most frequent reason found was that technicians were not available to screen the patients.

Once a reason for negative occurrences has been identified, the 5-Whys method can be used to more fully understand the situation. For example, suppose it were found that a common reason patients were not ready for the provider within 10 minutes of their appointment was that technicians were not available when patients arrived as indicated on the Pareto chart. An appropriate question to ask is why technicians are not available. Follow on “why” questions in this very simple example could lead to an understanding that the biggest problem is around lunchtime and that many technicians are taking lunch at the same time. At this point, the issue becomes a scheduling issue that can easily be solved by an engaged Noncommissioned Officer in Charge (NCOIC) working in concert with nursing, provider, and Group Practice Manager (GPM).
It is wise to use a new **Pareto chart** for each **5-why** question being asked so that answers can be evaluated for each question. For example, the next **Pareto chart**, Figure 1-16, for this problem would track answers to the questions asked each time a technician was not available when a patient arrived: why is the technician not available? This would yield many answers, but in this example, the most common was that it was lunchtime and the technicians were not available. Once a **root cause** is determined, the next step is to figure out what to do about it.

Remember that before jumping to implement a **countermeasure**, it is important to be sure you have identified a **root cause**. This is analogous to identifying the source of a physical symptom such as cough or headache before implementing a treatment plan. Successful problem-solving hinges on understanding the cause of the problem.

**Countermeasures**

When a **countermeasure** is implemented, go back to the **run chart** and draw a vertical line to the right of the date implemented and continue to track data. If the **countermeasure** is effective, there should be a decrease in negative occurrences following its implementation. It is best to keep a record of **countermeasures** on the board, when they are implemented, and the result. Because multiple
countermeasures are often implemented, this facilitates awareness of which countermeasures had which effect.

Results and Sustainment

Applying countermeasures is a type of experimentation. The effort put into defining the situation and seeking root causes is the key to success. No experiment is complete without evaluating the results. No problem-solving is complete without assessing the results (data driven) of process changes. This step is all about comparing pre-intervention versus post-intervention results. Once it is clear that a validated process change will give more reliable results, the new process needs to be clearly communicated and written in the appropriate guidance to ensure it sustains into the future. This is part of leaving a unit better than we found it.

3.10 Practical Problem Solving Method

Air Force CPI policy is organized around the PPSM, which was formerly known as 8-Step. This method “serves as the framework for the application of all CPI approaches, methodologies, tools, and techniques.” Commanders are directed to “promote the use of the PPSM to address strategic or key performance indicator gaps, and self-assessment or inspection findings” (AFI 38-401, Continuous Process Improvement (CPI), para 2.14.1.2). PPSM provides a means to understand the situation being addressed, find root causes, and test countermeasures to determine if it improves outcomes. The eight steps in the formal approach are:

1. Clarify and validate the problem.
2. Break down the problem and identify performance gaps.
3. Set improvement targets.
4. Determine root causes.
5. Develop countermeasures.
6. See countermeasures through.
7. Confirm results and process.
8. Standardize successful processes

PPSM is used in initiatives generally led by a green belt or black belt facilitator and with the steps documented on an A3. These A3s can be placed on leader management boards for tracking purposes.
4. Putting It All Together

Any new process that requires over 20 pages to describe can seem overwhelming and complex when it is introduced. If you are feeling overwhelmed or worried that the CPI Management System is too complex, rest assured that MTFs that have already implemented this have not found it to be “another thing” to do, but rather, a part of a Trusted Care systems approach to get to Zero Harm! Remember that the CPI Management System is in place and embraced by staff in Air Force MTFs.

The CPI Management System adds two types of boards and huddles to already existing huddles, specifically aimed at existing organizational gaps. Leaders attend huddles according to their individually defined leader standard work. The executive team works closely to oversee and guide the process improvement work through CPI coordination.

Much flexibility has been built in for standard processes to be implemented as they make sense at multiple MTFs. Figure 1-17 helps to see how individual portions of the CPI Management System fit together. You will see a brief outline of the commitment needed from individuals in the organization.

*Figure 1-17: CPI Management System Individual Portions*

- **PCMH and other team huddles**: Teams focused on improving communication, covering manning issues, reviewing scheduled patient lists, and identifying tasks for the day.
- **Daily Management Huddles**: Frontline leaders huddle at the Daily Management board to identify challenges and advance process improvement.
- **Leader Management Huddles**: Leaders gather around a Leader Management board, focused on frontline workflow and problem-solving.
- **Trusted Care Huddles**: Commander-led huddle focused on day-to-day safety and quality concerns. Can include “Top 10” list.
- **CPI Coordination**: Brings together, synchronizes, and links CPI activities and process improvement efforts.
Frontline staff (1–2 huddles daily)

- May or may not be involved in team huddles—no change required to existing team huddles
- Attend daily management huddles as mission allows; bring issues that surface in team huddles to daily management boards and huddles. Leaders will need to pay attention to huddle timing to allow as many as possible to attend without leaving out provider staff.

Frontline leaders (2–3 huddles daily)

- Attend at least one daily management huddle daily. If there are multiple daily management huddles within their scope or responsibility, they must set a schedule to rotate among them.
- Attend daily Trusted Care huddle as directed. Daily management huddles help prepare frontline leaders to bring safety issues to Trusted Care huddles.
- Participate in leader management huddles as directed by empowering leaders.

Empowering leaders (2–3 huddles daily and monthly CPI coordination)

- Visit daily management huddles (rounding!) as dictated by scheduled (on calendar) leader standard work. Empowering leaders should visit at least one daily management huddle daily to hone leader methods.
- Lead regular and frequent leader management huddles with frontline leadership teams to work concerns that have elevated from daily management boards and manage work flow. Empowering leaders should be in a leader management huddle most days of the week.
- Attend Trusted Care huddles.
- Participate in CPI coordination on a regular basis.

Summary

Throughout this guide, you learned about the following topics:

- Tiers and seams
- Boards
- Huddles
- Leader rounding
- CPI coordination
- Problem-solving methods

Hopefully you have made connections between what you are already doing at your MTF and the topics that have been introduced. You should now understand that daily and leader management boards and huddles will enable you to better communicate at team and Trusted care huddles. By tying all these together and including a problem-solving lens and CPI coordination, where problems are addressed at the appropriate level of leadership and with the correct problem-solving method, you are closing the seams in your organization that will help you achieve Zero Harm!
ROLLOUT AND RESOURCES
Section 2. ROLLOUT AND RESOURCES

1. MTF Implementation of the CPI Management System

This section describes the expectations of the AFMS Surgeon General and your MAJCOM leadership to implement the CPI Management System at your MTF by June 2018.

1.1 June 2018 Implementation

MAJCOM

- 1 Jan 2018: Plan with AFMS CPI Program Office on implementation, expectations, MTF rollout schedule
- 1 Apr 2018: MAJCOM/SG touchpoint with AFMOA for further education, training and coaching; forum to be determined

MTF

- 19 Jan 2018: Develop plan for where boards and huddles will take place across MTF; send to MAJCOM/SG and AFMS CPI Program Office
- 16 Mar 2018: 100% of work centers have Daily Management Boards up
- 1 Jun 2018: MTF work centers with Daily Management Boards are huddling daily at the boards with frontline leaders
- 1 Jun 2018: 100% of leaders in the MTF are performing the Leader Standard Work they documented in the plan for huddles and rounding that was submitted to MAJCOM/SGs and CPI Program Office by 19 Jan 2018
- 1 Jun 2018: 100% of leaders have leader management boards up
- 1 Jun 2018: CPI Coordination is active and performing the activities outlined in the CPI Management System Guide and Workbook

1.2 Support Roles

AFMOA/CC

- Support and coach MAJCOM/SGs and MTFs as requested
- Hold scheduled coaching calls with MAJCOM/SGs to discuss progress

MAJCOM/SGs

- Conduct initial kick-off training at each MTF
- Support and coach MTFs through implementation
Hold scheduled coaching calls with MTF leaders

Conduct MTF on-site visits for assessment of implementation and coaching; request AFMS CPI Program Office on-site coaching only as needed

Be accountable for MAJCOM spread of the CPI Management System

AFMOA CPI Program Office

- Provide standards and standardized templates for boards, huddles, and rounding
- Conduct MAJCOM/SG touchpoints; first touchpoint in Spring 2018 to be determined
- Coach and support MAJCOM/SGs through implementation of the CPI Management System across respective MAJCOMs
- Provide support for MAJCOMs and MTFs:
  - Q&A support
  - Web repository for materials
  - Schedule/coordinate touchpoints as needed
  - Schedule/coordinate on-site MTF visits to assist with problematic implementation as required
  - Measure and report performance
- Develop communication campaign for implementation at MTFs:
  - Schedule calls with MAJCOMs for coaching and tactical advice/questions
  - Weekly email bulletin
  - Materials such as tri-fold, communication card, and guides

MTF Leadership

- Champion, lead and coach implementation and adoption of the CPI Management System
- Raise issues and concerns to MAJCOM/SG and AFMS CPI Program Office
- Be accountable for implementation of CPI Management System
2. Frequently Asked Questions from the MTFs

The following are frequently asked questions and answers about the CPI Management System that may be helpful during the roll-out your MTF.

### 2.1 CPI Program Office

**Q:** What can I expect from the AFMS CPI Program Office?

**A:** The AFMS CPI Program Office is providing standards and standardized templates for boards, huddles, and rounding. Coaching, education, and training are other support activities that the office can provide. For materials, visit https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx. For any requests, please contact us at usaf.jbsa.afmoa.mbx.cco@mail.mil.

**Q:** What can I expect in CPI education and support?

**A:** Education is focused on developing Airmen at all levels who possess the skills needed to improve their processes daily. This does not mean a long, classroom-style commitment. It means investing time up front to understand the process, building your initial daily management and leader management boards, and then learning by doing.

The CPI Program Office will provide materials and virtual coaching on the CPI Management System, as well as onsite support if requested and as approved by leadership.

The AFMS is working diligently to incorporate all elements of training related to CPI competencies, as well as the other Trusted Care domains, into existing and new courses. The goal is growing our AFMS personnel in required competencies starting on their first day in the AFMS.

### 2.2 CPI Management System

**Q:** How will the CPI Management System help me do my work, not add to it?

**A:** The CPI Management System provides a focused and unified effort across an organization. The mindset and activities create improved flow of ideas from frontline staff through frontline leaders to empowering leaders. It drives increased understanding of daily operations by leaders focusing on frontline operations (processes) and the people who do the work. By better understanding the processes frontline staff use every day to deliver services and care, leaders remove barriers more effectively and create an environment where everyone contributes every day to improving those services and care.

**Frontline Staff** – daily management boards provide an effective and simple way to easily communicate, and elevate concerns, frustrations, and process waste. By taking advantage of daily opportunities to communicate with leaders and work problem-solving, you will be able to save time and eliminate the daily frustrations that gets in the way of doing your work more effectively and safely with less waste. As a result, the things you spend your time on during the day will become more meaningful and satisfying.
**Frontline Leader** – connecting with your team allows you to positively influence the work environment by reducing frustrations and waste. By meeting your responsibility to address elevated issues, you build trust and become a more effective leader. The improvement in the work environment and in process efficiency will allow your teams to accomplish their work in less time, with fewer errors and rework, as well as deliver more value-added service to those they serve.

**Empowering Leader** – rounding will dramatically increase your understanding of frontline operations and the people doing the work, as well as what is getting in the way of delivering exceptional services and products. Your decisions in leading the organization will be better informed by connecting with frontline staff and frontline leaders. As you refine the CPI Management System, you will find you need to spend less time in meetings and on email.

Q: How will the CPI Management System relate to the other domains of Trusted Care, for example, Leadership Engagement, Patient Centeredness, and Safety Culture?

A: CPI Management System involves and supports all the Trusted Care domains. It starts by seeing our processes through the eyes of the people we serve, eliminating waste, and constantly seeking to add value and achieve excellence (Patient Centeredness). Leaders focusing on frontline operations and the people doing the work creates an environment of trust and connectedness so everyone feels safe to speak up and improve their daily work (Leader Engagement). When everyone speaks up and constantly seeks to improve their processes, processes become safer and more effective (Culture of Safety).

Q: Do MTFs have to do CPI huddles AND Trusted Care huddles? Why so many?

A: Each huddle has a different focus, and are equally important to the success of the Trusted Care mission. CPI huddles are intended to communicate CPI progress and connect leaders to the frontline, while Safety and Reliability huddles are a platform for each team’s work section to provide a status update on safety and quality concerns that need to be addressed. Some MTFs have found it beneficial to combine the Trusted Care huddle and leader management huddle by having the Trusted Care focused huddle first, then rolling into a CPI focused discussion, still ending within 15 minutes.

Q: What’s the difference between CPI Rounding and Rounding to Influence℠?

A: CPI Rounding is a regularly scheduled form of leader standard work and involves leaders visiting the service delivery point to listen, learn and coach at the frontline to understand any concerns or frustrations with the processes occurring at the point of service. Rounding to influence is similar in format to the CPI Rounding, but the focus is on Trusted Care behaviors, tools, principals or relevant safety issues using a 4-C script: Core Value, Can-do, Concerns, and Commitment.

Q: How will daily and leader management boards be provided?

A: Each organization is responsible for paying for their own supplies; however, please note that the boards do not necessarily have to be whiteboards! For example, some MTFs have printed and laminated poster-sized boards, which have been very effective.
Q: Do all boards have to look the same? What are the mandated sections?

A: No! We expect that you will make changes to the boards to make them beneficial for your team and that is okay! There are no sections on the board that are “mandated”; however, we recommend that you keep the following:

- Daily Management Boards: concerns/frustrations, items to elevate, just do it, and CPI daily management.
- Leader Management Boards: elevated items, CPI activities, and concerns/frustrations.

These sections are what will help to close those gaps in connectedness and keep your mind on problem-solving on a daily basis, which is what the CPI Management System is all about.

Q: Can boards be virtual?

A: The CPI Management System has three main components: visual controls, leader accountability, and standard work. The reason for using physical boards rather than a virtual board is for visual controls. Managing work and huddling around a physical board has been found to be the best way to improve team member involvement and communication rather than through an electronic system. Based on the design of the CPI Management System, we do recommend physical boards, so that you can have a physical place to meet. With that said, we understand that some teams are collocated. For these teams, we recommend a combination of physical and virtual boards: find a location for boards at each team location and communicate virtually, via Skype, OneNote, etc.

2.3 Practical Problem Solving Method (PPSM) (8-Step) Initiatives

Q: What are the benefits of the PPSM Initiatives?

A: PPSM is the Air Force prescribed method of problem-solving as outlined in AFI 38-401. The primary benefit of PPSM is it provides a common framework for systematically and effectively working through process improvements. It serves as the framework for the application of all CPI approaches, methods, tools, and techniques.

Q: How do I get started with PPSM Initiatives?

A: Using the CPI Management System provides a structure to identify opportunities for improvement. Those more complex process issues involving more than one work center will be elevated to CPI Coordination where leaders will prioritize issues.

Q: What can I expect in terms of support for PPSM Initiatives?

A: The CPI Program Office provides templates and forms you need to get started at https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx. The CPI Program Office staff is available to virtually coach you on PPSM.

Q: Is it expected that every problem will be elevated all the way through leadership tiers?
A: No. Concerns, frustrations, and issues will be worked within the most appropriate tier, with the guidance of leaders as needed. The purpose of tiered leader engagement is to discuss concerns, frustrations, and issues as they are identified, and determine to what level they should be elevated.

3. Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Continuous Process Improvement (CPI)</td>
<td>CPI within the AFMS means constantly identifying opportunities to improve with every care experience and transition.</td>
</tr>
<tr>
<td>Daily Accountability</td>
<td>Daily accountability means communicating progress, identifying problems, and communicating solutions.</td>
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<tr>
<td>Leader Standard Work</td>
<td>Predictable, repeatable, and standard activities that move an organization closer to CPI.</td>
</tr>
<tr>
<td>Visual Controls</td>
<td>Methods for displaying key process indicators in order to quickly communicate information.</td>
</tr>
<tr>
<td>CPI Competency 1: Operator/Frontline Staff</td>
<td>Interface directly with patients/customers.</td>
</tr>
<tr>
<td>CPI Competency 2: Frontline Leaders</td>
<td>Provide coaching and audit the performance of frontline staff and primary service activities. Include: frontline manager/supervisor, element leader, physician leader, shift manager, flight chief, and division chief.</td>
</tr>
<tr>
<td>CPI Competency 3: Empowering Leaders</td>
<td>Create the daily environment in an organization to cultivate learning, creativity, and growth through trust and connectedness. Include: Commanders, 3-letters, HAF, MDG and SQ superintendents, AFMSA, AFMOA, MAJCOM, and Directors.</td>
</tr>
<tr>
<td>CPI Daily Management</td>
<td>One of the problem-solving methods. Problem solving steps can be shown on the board with daily attention to the process.</td>
</tr>
<tr>
<td>CPI Initiatives</td>
<td>Opportunities that meet the criteria for the PPSM (8-Step). When something needs to be elevated for the PPSM (8-Step), it must go through a prioritization method to determine which initiative will be worked first.</td>
</tr>
<tr>
<td>CPI Management System</td>
<td>An improvement-based management and leadership system that Focuses Leaders on the Frontline and the People Who Do the Work. It helps Every Airman, Every Day become a Problem Solver in order to identify, prioritize, and work improvement efforts to improve patient care and service delivery processes.</td>
</tr>
<tr>
<td>Leader Management Board</td>
<td>Track initiatives and elevated issues that support work centers. They are important because they enable leaders to have visibility on process improvement activities the organization is working and see the alignment to their goals.</td>
</tr>
<tr>
<td>Daily Management Board</td>
<td>Organize and communicate performance improvement and tie the work center to the leader. They tell a story of the improvement efforts toward Trusted Care</td>
</tr>
<tr>
<td>Daily Management Huddle</td>
<td>During this huddle, frontline staff and frontline leaders can identify and bring forward problems, pass along useful information, and accomplish assigned duties and tasks.</td>
</tr>
<tr>
<td>Just Do It</td>
<td>Generally, all that is needed is a task that needs to be tracked to completion which does not need a formal problem-solving approach.</td>
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</tbody>
</table>
| Practical Problem Solving Method (PPSM) (8-Step) | PPSM (8-Step) is a method recognized by the Air Force that guides you through a CPI initiative. The steps are: (1) Clarify and validate the problem; (2) Break down
the problem/identify performance gaps; (3) Set improvement target; (4) Determine root cause; (5) Develop countermeasures; (6) See countermeasures through; (7) Confirm results and process; and (8) Standardize successful processes. The A3 is the template on which to put the completed steps.

4. List of Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AF</td>
<td>Air Force</td>
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<tr>
<td>AFI</td>
<td>Air Force Instruction</td>
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<tr>
<td>AFMOA</td>
<td>Air Force Medical Operations Agency</td>
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<tr>
<td>AFMS</td>
<td>Air Force Medical Service</td>
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<tr>
<td>CPI</td>
<td>Continuous Process Improvement</td>
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<tr>
<td>HQ</td>
<td>Headquarters</td>
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<td>MAJCOM</td>
<td>Major Command</td>
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<tr>
<td>MTF</td>
<td>Military Treatment Facility</td>
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<tr>
<td>POC</td>
<td>Point of Contact</td>
</tr>
<tr>
<td>PPSM</td>
<td>Practical Problem Solving Method</td>
</tr>
<tr>
<td>SG</td>
<td>Surgeon General</td>
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<tr>
<td>SMART</td>
<td>Specific, Measurable, Action-Oriented, Relevant, Time-Bound</td>
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</table>
5. **List of AFMS CPI Program Office Resource Materials**

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>CPI Management System Workbook</td>
<td>This guide in digital format.</td>
<td>Under “Resources” on <a href="https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx">https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx</a></td>
</tr>
<tr>
<td>CPI Management Communication Card</td>
<td>One pager describing CPI Management at an overview level. Helpful to give staff for their awareness of the system.</td>
<td>Under “Resources” on <a href="https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx">https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx</a></td>
</tr>
<tr>
<td>CPI Trifold</td>
<td>Describes the components of CPI at the AFMS.</td>
<td>Under “Resources” on <a href="https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx">https://kx2.afms.mil/kj/kx10/CCO/Pages/home.aspx</a></td>
</tr>
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</table>
6. External References

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
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<tbody>
<tr>
<td>Creating a Lean Culture - David Mann</td>
<td>This book shows you how to implement a sustainable, successful transformation by developing a culture that has your stakeholders throughout the organizational chart involved and invested in the outcome. It teaches you how to successfully navigate the politics in cross-functional process improvement projects, and to engage executives in ways that are personally meaningful to them.</td>
</tr>
<tr>
<td>Beyond Heroes: A Lean Management System for Healthcare - Kim Barnas</td>
<td>Beyond Heroes explains how the ThedaCare Health System, based in Northeast Wisconsin, transformed their culture by redesigning their system of daily management. Kim Barnas, former SVP of ThedaCare, shows us how she and her team created a management system that is stable and lean, to spur continuous improvement.</td>
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<td>Lean Daily Management for Healthcare Field Book - Gerard A. Berlanga, Brock C. Husby</td>
<td>This book gives healthcare leaders a practical guide to implementing the 4 key components of lean daily management system – (1) LDM boards; (2) Leadership rounds; (3) Leader daily disciplines; and (4) Lean projects. Although lean is not new to healthcare, effective LDM is just now taking hold with the best lean healthcare organizations in the U.S. and Canada.</td>
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<td>On the Mend: Revolutionizing Healthcare to Save Lives and Transform the Industry - John Toussaint</td>
<td>In On the Mend: Revolutionizing Healthcare to Save Lives and Transform the Industry, John Toussaint, MD, former CEO of ThedaCare, and Roger A. Gerard, PhD, its chief learning officer, candidly describe the triumphs and stumbles of a seven-year journey to lean healthcare, an effort that continues today and that has slashed medical errors, improved patient outcomes, raised staff morale, and saved $27 million dollars in costs without layoffs.</td>
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<td>Taiichi Ohno's Workplace Management - Taiichi Ohno</td>
<td>Ohno delivers timeless lessons on how to effectively manage the Gemba, actual place or work. He relates stories from across his nearly 40 years of struggle to establish the Toyota Production System as both a mindset and supporting behaviors of constant improvement.</td>
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<td>The Case for Lean Culture - David Mann</td>
<td>Explains how to sustain the gains from your lean conversion. &quot;...don't focus on &quot;culture&quot; as a target. Focus instead on behavior, on habits and practices, extinguishing the old and reinforcing the new&quot;</td>
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<td>The Toyota Way Fieldbook: A Practical Guide for Implementing Toyota's 4Ps - Jeffrey K. Liker</td>
<td>The Toyota Way is the first book for a general audience that explains the management principles and business philosophy behind Toyota’s worldwide reputation for quality and reliability</td>
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<td>TIMWOOD - 7 Wastes (YouTube)</td>
<td>2-minute graphics video on the 7 wastes and how to eliminate them</td>
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<td>Toyota Kata: Managing People for Improvement, Adaptiveness, and Superior Results - Mike Rother</td>
<td>Drawing on six years of research into Toyota's employee-management routines, Toyota Kata examines and elucidates, for the first time, the company's organizational routines--called kata--that power its success with continuous improvement and adaptation.</td>
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<td>The 15 Commitments of Conscious Leadership: A New Paradigm for Sustainable Success - Jim Dethmer, Diana Champan, and Kaley Klemp</td>
<td>These fifteen commitments are a distillation of decades of work with CEOs and other leaders. They are radical or provocative for many. These pages contain a comprehensive road map to guide you to shift from fear-based to trust-based leadership.</td>
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<td>Conversational Intelligence: How Great Leaders Build Trust and Get Extraordinary Results - Judith E. Glaser</td>
<td>Author Judith Glaser presents a framework for knowing what kind of conversations trigger the lower, more primitive brain; and what activates higher-level intelligences such as trust, integrity, empathy, and good judgment. Conversational Intelligence makes complex scientific material simple to understand and apply through a wealth of easy to use tools, examples, conversational rituals, and practices for all levels of an organization.</td>
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<td>Humble Inquiry: The Gentle Art of Asking Instead of Telling - Edgar H. Schein</td>
<td>Ed Schein defines Humble Inquiry as “the fine art of drawing someone out, of asking questions to which you do not know the answer, of building a relationship based on curiosity and interest in the other person.” In this seminal work, Schein contrasts Humble Inquiry with other kinds of inquiry, shows the benefits Humble Inquiry provides in many different settings, and offers advice on overcoming the cultural, organizational, and psychological barriers that keep us from practicing it.</td>
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<td>Leading with Questions: How Leaders Find the Right Solutions by Knowing What to Ask - Michael J. Marquardt</td>
<td>Our conversations may be full of requests and demands, but all too often we are not asking for honest and informative answers, and we don’t know how to listen effectively to responses. When leaders start encouraging questions from their teams, however, they begin to see amazing results. Knowing the right questions to ask—and the right way to listen—will give any leader the skills to perform well in any situation, effectively communicate a vision to the team, and achieve lasting success across the organization.</td>
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