

ABOUT THIS MODULE



REMOVING FRUSTRATIONS / BLOCKERS

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REMOVING FRUSTRATIONS / BLOCKERS

What is the goal of this module?

In this module, teams will develop a map of their operational processes and identify areas that could be improved, as well as the barriers and enablers of improvement. They will also decide upon how to incorporate regular check-ups on frustrations and blockers into team meetings and commit to action to resolve them.

What is the collective leadership focus of this module?

- Engagement of all team members
- Recognising and valuing contribution of others
- Sharing leadership roles and responsibilities

What areas of team behaviour does this module focus on?

- Cooperation between team members
- Cohesion and coordination
- Cross-monitoring

Who is this module for?

All team members.

What is the patient safety impact of this module?

Frustrations in our daily job can build up and lead to safety issues. They can sap our energy and make us less efficient in our work. An accumulation of frustrations can create hazardous working conditions and may over time lead to demotivation and burnout.¹ It is important to identify these frustrations early on and act to remove the ones which are within our control. Items from the list of frustrations can be assessed to see if they also need to be included on the organization's 'Hazard / Risk Registry'.

Empowering staff to identify enablers or suggest ways of improving work processes are important to maintain staff motivation and engagement. However, equally important is a process for acting on those suggestions. Building processes for dealing with frustrations and acting on enablers or suggestions for improvement should be built into existing meetings and organisational reporting structures where possible.

References

1. de Lima Garcia C, Bezerra IMP, Ramos JLS, do Valle JETMR, Bezerra de Oliveira ML, Abreu LC. Association between culture of patient safety and burnout in pediatric hospitals. PLoS One. 2019 Jun 24;14(6):e0218756.





SESSION OUTLINE



REMOVING FRUSTRATIONS / BLOCKERS



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SESSION OVERVIEW

Purpose:	To remove anything that frustrates people in their daily role or blocks them from performing their tasks efficiently. Developing a process for acting on frustrations and implementing suggestions for improvement.		
Timing:	60 min.		
Setup:	Introduction > Group exercise > Facilitated discussion > Action planning > Feedback		
Outcomes:	Process map of operational processes (e.g. patient pathways) that could be improved and a list of barriers / enablers to that process. Decision on how to incorporate a regular check on frustrations and suggested enablers into team meetings. Team commitment to address frustrations.		
Facilitators:	1-2 team members to facilitate; 1 team member to record ideas, discussion points, and outputs.		

ADVANCE PREPARATION



Materials:Printed outcomes templates for attendees and a large-
format sketch of the process map (see below).

Equipment: Flipcharts, markers, pens, paper, red / green post-it notes.

Room: Large process map to be displayed and accessible by all.

Attendees: If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In such cases, session materials should be shared in advance via email.

Facilitators: Sketch out and prominently display the current operational process. A typical patient pathway through the ward / unit / department could be mapped out for the team to place their frustrations or potential enablers along this path.

The names and processes for the current reporting systems in operation for the following issues need to be identified to serve as a reference point for discussion on frustrations / enablers that could be dealt with via one of these channels:

- Incident / accident reporting
- Hazard identification
- Staff abuse or bullying
- Staff rights / supports / employee assistance programmes
- Health & occupational safety reporting systems for staff injury



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START OF SESSION

1) Welcome and introduction (5 min.)

For newcomers give a brief introduction to Co-Lead and the aim of introducing Collective Leadership to healthcare teams with the goal of improving patient safety culture. Invite people to share their first names and roles within the organisation if there are any newcomers. Give a short progress to date on status of team goals. Give the introduction and aim of this intervention piece (as set out at beginning of this document) and welcome all.

2) Frustrations and enablers exercise (15 min.)

Discuss and expand the process map that was drawn and displayed. Detail who was responsible for drawing the map and state that their different perspectives may help improve or amend the map.

Give each participant a few green and a few red stickies. Invite them to note barriers/blockers/frustrations/pebbles in their shoes to the process on the red stickies – one barrier per sticky.

Invite them to note facilitators/enablers/or suggestions for what might help the process run smoothly/work well on the green stickies – one item per sticky.

Let team members know they can write as many frustrations /enablers as they wish.

Then after people have been given at least 5 minutes to write out barriers and enablers invite them to come forward and place them on the map in the place closest to the where the frustrations/enabler applies to the process.

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3) Facilitated discussion on process and frustrations / enablers (20 min.)

The facilitator goes through the map and the frustrations/ enablers, and highlights some of them as examples and checks if there are any 'hot spots' / problem areas in the process map where there are a lot of red stickies and any parts of the process where there are lots of green stickies.

Secondly, the facilitator facilitates a discussion on what the team might do to remove the frustrations or implement enablers in these areas. The team should together agree on the most common or salient frustration and enabler they would like to work on. Then seek a volunteer pair to take on this issue and report back on progress to resolve or implement a solution. If there are issues which the team feel are outside of their control a discussion should take place about which existing reporting processes in the organisation can deal with these types of frustrations or enablers / suggestions for improvement.

4) Course of action (10 min.)

The team should now consider what existing team meeting or forum might be the best place to do a regular brief check on frustrations/enablers and facilitate a volunteer and report back process.



5) Close of session (5 min.)

Give brief feedback on the session. Thank everyone for attending, let people know when the next intervention session is, and what the theme of that will be.



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Follow-up after the session

Building resolution of Blockers and acting on Suggestions for Improvement into team's current meeting structures:

- Any frustrations/suggestions raised during the week / month should be discussed at the next team meeting. If a simple solution can be enacted, then it should be (in Lean Six Sigma terms 'just do it').
- If more detail is needed on the problem before coming to a solution then methodologies like the Lean Six Sigma: Define, Measure, Analyse, Implement, Control (DMAIC) can be used to gather more information on the problem. Quality Improvement methods like Plan, Do, Study, Act cycles can be used to implement more complex improvements.

Escalation of frustrations/suggestions that cannot be resolved at the local level:

- If blockers/suggestions cannot be resolved at the local level then they must be escalated up the organisation to where they can be resolved.
- A process needs to be established for doing this, ideally building on existing meetings that already happen in the organisation. This is to ensure that improvement work is built into the normal day-to-day management of the organisation.
- A sample escalation process can be found on Co-Lead Website.

Feedback to all staff on the status of frustrations/suggestions:

- The team should strive to resolve all frustrations/suggestions within 30 days and communicate the solution back to the person who raised the frustration/suggestion. If at all possible, this person should be involved in the analysis and resolution of the frustration/suggestion.
- All frustrations/suggestions raised each month, all those in process or being reviewed, and all resolved blockers/suggestions, should be noted on the team noticeboard.
- A traffic light systems of displaying action items and their status could be used for this purpose.





OUTCOMES TEMPLATE



REMOVING FRUSTRATIONS / BLOCKERS



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1) PROCESS MAP

Please include steps of map or photograph of map



2) LIST OF FRUSTRATIONS AND ENABLERS AND WHERE IN THE PROCESS THEY ARISE

POINT IN THE PROCESS	BARRIERS	ENABLERS	PRIORITY (1, 2, 3 etc)



OUTCOMES TEMPLATE

REMOVING FRUSTRATIONS / BLOCKERS

3) WAYS OF MOVING FORWARD

A decision on what existing meeting to incorporate regular review of frustrations/enablers. What is the meeting and how frequently will frustrations/enablers feature as an agenda item:

AND

List of team members who have made a commitment to take it in turn to work in pairs to resolve frustrations and implement suggestions.

