The Nurse Manager’s Guide to Improving Unit Outcomes

Focus on the opportunities that will deliver meaningful impact

Look here to

• Prioritize among competing priorities
• Target opportunities for meaningful improvement
• Involve staff in driving unit performance
Nursing Executive Center

Project Director
Jenna Koppel
koppelj@advisory.com
202-568-7154

Contributing Consultant
Anne Herleth, MPH, MSW

Managing Directors
Jennifer Stewart
Katherine Virkstis, ND

Design Consultant
Lilith James

Executive Director
Steven Berkow, JD

LEGAL CAVEAT
Advisory Board is a division of The Advisory Board Company. Advisory Board has made efforts to verify the accuracy of the information it provides to members. This report relies on data obtained from many sources, however, and Advisory Board cannot guarantee the accuracy of the information provided or any analysis based thereon. In addition, Advisory Board is not in the business of giving legal, medical, accounting, or other professional advice, and its reports should not be construed as professional advice. In particular, members should not rely on any legal commentary in this report as a basis for action, or assume that any tactics described herein would be permitted by applicable law or appropriate for a given member’s situation. Members are advised to consult with appropriate professionals concerning legal, medical, tax, or accounting issues, before implementing any of these tactics. Neither Advisory Board nor its officers, directors, trustees, employees, and agents shall be liable for any claims, liabilities, or expenses relating to (a) any errors or omissions in this report, whether caused by Advisory Board or any of its employees or agents, or sources or other third parties, (b) any recommendation or graded ranking by Advisory Board, or (c) failure of member and its employees and agents to abide by the terms set forth herein.

The Advisory Board Company and the “A” logo are registered trademarks of The Advisory Board Company in the United States and other countries. Members are not permitted to use these trademarks, or any other trademark, product name, service name, trade name, and logo of Advisory Board without prior written consent of Advisory Board. All other trademarks, product names, service names, trade names, and logos used within these pages are the property of their respective holders. Use of other company trademarks, product names, service names, trade names, and logos or images of the same does not necessarily constitute (a) an endorsement by such company of Advisory Board and its products and services, or (b) an endorsement of the company or its products or services by Advisory Board. Advisory Board is not affiliated with any such company.

IMPORTANT: Please read the following.
Advisory Board has prepared this report for the exclusive use of its members. Each member acknowledges and agrees that this report and the information contained herein (collectively, the “Report”) are confidential and proprietary to Advisory Board. By accepting delivery of this Report, each member agrees to abide by the terms as stated herein, including the following:

1. Advisory Board owns all right, title, and interest in and to this Report. Except as stated herein, no right, license, permission, or interest of any kind in this Report is intended to be given, transferred to, or acquired by a member. Each member is authorized to use this Report only to the extent expressly authorized herein.

2. Each member shall not sell, license, republish, or post online or otherwise this Report, in part or in whole. Each member shall not disseminate or permit the use of, and shall take reasonable precautions to prevent such dissemination or use of, this Report by (a) any of its employees and agents (except as stated below), or (b) any third party.

3. Each member may make this Report available solely to those of its employees and agents who (a) are registered for the workshop or membership program of which this Report is a part, (b) require access to this Report in order to learn from the information described herein, and (c) agree not to disclose this Report to other employees or agents or any third party. Each member shall use, and shall ensure that its employees and agents use, this Report for its internal use only. Each member may make a limited number of copies, solely as adequate for use by its employees and agents in accordance with the terms herein.

4. Each member shall not remove from this Report any confidential markings, copyright notices, and/or other similar indicia herein.

5. Each member is responsible for any breach of its obligations as stated herein by any of its employees or agents.

6. If a member is unwilling to abide by any of the foregoing obligations, then such member shall promptly return this Report and all copies thereof to Advisory Board.
Table of Contents

Tool 1: Decide Where to Focus First ................................................................. 5  
Pinpoint which of your unit’s critical priorities you should focus on first.

Tool 2: Get to the Root of Your Problem ......................................................... 9  
Find the top reasons why your unit is struggling with performance on a given metric.

Tool 3: Communicate Unit Priorities to Staff .................................................. 21  
Lead a series of conversations with your staff on top unit priorities, and help them understand why these priorities are important to your unit.

Tool 4: Isolate Staff Members’ Best Ideas ....................................................... 29  
Hone in on staff members’ strongest ideas and engage staff in unit improvement.

Tool 5: Avoid Rolling Out Multiple Projects at Once ...................................... 43  
Ensure you and staff dedicate the right amount of time and effort to each improvement initiative.
Executive Summary

Unit-Level Outcomes Critical to Organizational Success

Whether you’re a new manager or tenured in your role, chances are you’ve felt overwhelmed at least once in the last six months. If so, you’re not alone. Health care organizations are increasingly under pressure to improve care quality, and executives are asking unit leaders to achieve strong performance on a growing number of metrics.

The challenge is: most unit leaders face an overwhelming number of metrics. And when confronted with so many competing priorities, it can be hard to know where to start and hard to avoid spreading yourself (and your staff) too thinly.

Five Tools to Help You Achieve Meaningful Impact

These five tools will help you narrow your list of critical unit priorities to a manageable number, identify the biggest opportunities for improvement, and communicate them to your staff. Ultimately, this toolkit aims to help you focus your time and energy on a limited number of activities that will have the greatest impact on your unit’s performance.

How to Use This Toolkit

While these tools are designed to be used in order, they can also be used individually. To decide which tool will best help you improve your unit’s outcomes, read the brief tool descriptions on page 3.
Tool 1

Decide Where to Focus First

What This Tool Helps You Do
This tool helps you decide which of your unit’s critical priorities you should focus on first.

When to Use This Tool
Use this tool if you are responsible for improving unit outcomes on five or more metrics, and aren’t sure where to begin.

Tool Profile
Audit consisting of seven “yes” or “no” questions about each metric your unit is held accountable for.

What You’ll Need

Materials required:
• A copy of your unit dashboard (or a list of metrics your unit is accountable for and your unit’s current and target performance on those metrics)
• Up to 15 copies of the Calculation Table on page 7 (print one copy for each metric)¹

Time required:
• Eight minutes per metric

¹ You can also download the Calculation Table at advisory.com/nec/unitoutcomes.

Access this tool: advisory.com/nec/unitoutcomes
Directions for Nurse Managers

Follow these steps to decide which of your unit’s critical priorities you should focus on first.

**Step 1. Gather the necessary information.**

1. **Print** one copy of your unit dashboard. If you do not have a unit dashboard, **collect:**
   a. The full list of metrics used to measure your unit’s performance
   b. Your unit’s current performance for each metric
   c. Your unit’s target performance for each metric

**Step 2. Rate which metrics are most important.**

1. **Print** one copy of the Calculation Table on page 7 for each metric. You can also download the Calculation Table at advisory.com/nec/unitoutcomes.
2. **Write** the name, current performance, and target performance for your first metric at the top of your Calculation Table.
3. **Answer** the questions to determine how important it is to focus on this metric now.
4. **Circle** the number of points in the column corresponding to your answer.
5. **Add up** the points you circled in the table. **Write** the total point value in the bottom row.
6. **Repeat** for each of your remaining metrics on a separate copy of the Calculation Table.

**Step 3. Narrow your list of metrics.**

1. **Sort** the metrics based on their total point values into the Metric Prioritization Table on page 8. There are five spaces provided for each category, but you may not need them all.
2. **Count** the number of metrics with 9 to 14 points in your Metric Prioritization Table.
3. **Select** your top three metrics to focus on.
   a. If there are more than three metrics with 9 to 14 points, circle the three metrics that have the highest score and target those three metrics. If there are more than three metrics with the same score, target the three metrics where you think you can make the biggest impact on performance.
   b. If there are no metrics with 9 or more points, target the three metrics in your table with the highest score.

Source: Nursing Executive Center research.
### Decide Where to Focus First

#### Calculation Table

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did leaders at your organization ask your unit to focus on this metric in the near term?</td>
<td>3 points</td>
<td>0 points</td>
</tr>
<tr>
<td>2. Is your unit performing below target on this metric?</td>
<td>3 points</td>
<td>0 points</td>
</tr>
<tr>
<td>3. If you don’t make this metric a priority, is there a direct quality or safety risk posed to patients?</td>
<td>3 points</td>
<td>0 points</td>
</tr>
</tbody>
</table>

*If you select ‘No’ for questions 1, 2, and 3, you do not need to prioritize this metric. Write the metric in the “Deprioritize” category in your Metric Prioritization Table on page 8, and begin at question 1 for your next metric. Otherwise, continue to question 4.*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Does performance on this metric directly impact your organization’s potential reimbursement or financial penalty, such as Pay for Performance?</td>
<td>2 points</td>
<td>0 points</td>
</tr>
<tr>
<td>5. Does performance on this metric impact your unit’s performance on other key metrics?</td>
<td>1 point</td>
<td>0 points</td>
</tr>
<tr>
<td>6. Did leaders introduce department-wide or facility-wide initiatives to address performance on this metric?</td>
<td>0 points</td>
<td>1 point</td>
</tr>
<tr>
<td>7. Do you feel there is room for meaningful improvement on this metric?</td>
<td>1 point</td>
<td>0 points</td>
</tr>
</tbody>
</table>

**Total Points (sum points circled):**

---

Source: Nursing Executive Center research.
# Metric Prioritization Table

<table>
<thead>
<tr>
<th>Total Point Value</th>
<th>Metric</th>
<th>Score</th>
<th>Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 to 14 points</td>
<td>• ________________________</td>
<td></td>
<td><strong>Prioritize.</strong> This metric is important and an urgent concern. Focus improvement efforts on this metric in the near term.</td>
</tr>
<tr>
<td>5 to 8 points</td>
<td>• ________________________</td>
<td></td>
<td><strong>Sequence.</strong> This metric is important, but is probably less urgent than metrics marked as &quot;Prioritize.&quot; So, come back to this metric only after you make progress on the metrics marked as &quot;Prioritize.&quot; This may mean revisiting this metric in your mid- to long-term work plan.</td>
</tr>
<tr>
<td>0 to 4 points</td>
<td>• ________________________</td>
<td></td>
<td><strong>Deprioritize.</strong> This metric may merit your attention, but not urgently. Come back to this metric if there is a change in unit performance or if leaders from your organization ask you to focus on this metric.</td>
</tr>
</tbody>
</table>

Source: Nursing Executive Center research.
Get to the Root of Your Problem

What This Tool Helps You Do

This tool helps you identify underlying reasons your unit is struggling with performance on a given metric, and prioritize which problems to solve first.

When to Use This Tool

Use this tool if you answer “yes” to at least one of these questions:

- Is your unit’s performance on a high-priority metric below target?¹
- Is performance on this metric not on track to improve within the time frame you expected?
- Did performance on this metric slip over time, even though you have tried to introduce targeted improvement initiatives?

Tool Profile

This tool consists of:

- Quick Conversation Guide (to use with staff)
- Root Cause Question Set

Time Required

- 10 minutes to prepare for a conversation with staff to get their perspective on why your unit is struggling with performance on the metric
- 30 minutes to have a conversation with staff
- 45 minutes to review the Root Cause Question Set and identify your best opportunities for improvement

¹ If you aren’t sure which metrics are high priority, refer to Tool 1: Decide Where to Focus First.

Access this tool: advisory.com/nec/unitoutcomes
Directions for Nurse Managers

Follow these steps to find the underlying reasons why your unit is struggling with performance on a metric, and to narrow down which improvement opportunity you should pursue first.

Step 1. Reframe your problem as a question.

1. **Write** the metric your unit is struggling to improve performance on in the blank space below. Use this example for guidance.

   Example Problem:
   Why is my unit struggling to \underline{reduce patient falls}?

   Your Problem:
   Why is my unit struggling to \underline{?}

Step 2. Ask your staff why they think this is a problem.

1. **Make a list** of three to five high-performing staff members on your unit to include in a conversation about what’s going wrong.

2. **Schedule** 30 minutes to meet with the group. If it is difficult to get time with everyone at once, offer two or three dates and times for staff to choose from.

3. **Use** the Conversation Guide on page 14 during your meetings to facilitate a conversation with the selected staff members. You can take notes in the space provided.

Step 3. Brainstorm additional potential root causes.

1. **Gather** relevant information, including your unit’s performance on this metric over the past six months, and notes from any conversation(s) with staff from Step 2.

2. **Answer** the questions on pages 18 and 19 using the information you gathered and any of your own thoughts or observations. **Place a checkmark** in the box next to your answer.

   For any questions where your answer is “no”:
   a. **Ask yourself**: Why is this occurring? **Write** your answer in the space provided.
      Your answer is a potential root cause.
   b. **[If it’s not clear how you would solve the root cause] Ask yourself** again:
      Why is this occurring? **Write** your answer in the space provided.
   c. **Continue to ask** “why?” until you’ve identified a root cause with a more apparent solution.

3. **Write** any additional ideas about what might be causing performance to move in the wrong direction in the spaces provided. These ideas can come from your conversation with staff or your own observations.

Source: Nursing Executive Center research.
Step 4. Prioritize your best opportunities.

1. **Circle** up to three root causes on pages 18 and 19 that you think have the biggest negative impact on your problem (your unit’s performance on your metric). If any express the same problem, select the one you think is closest to the underlying root cause.

2. **Copy** these root causes into the Solvability Table below.

3. **Rate** how difficult it will be to solve each root cause using the following scale. Then, **write** your score in the “Difficulty” column of your Solvability Table.

   ![Difficulty Rating Scale](difficulty.png)

   **Scoring:**
   - 4=Impossible
   - 3=Very Difficult
   - 2=Somewhat Difficult
   - 1=Easy

4. **Rate** the relative impact of solving each root cause using the following scale. Then, **write** your score in the “Relative Impact” column of your Solvability Table.

   ![Relative Impact Rating Scale](relative.png)

   **Scoring:**
   - Rank order the root causes from most impactful to least impactful. (1=Greatest Impact, 3=Least Impact)

5. **Multiply** Difficulty x Relative Impact for each root cause. **Write** this number in the last column of your Solvability Table.

6. **Circle** your lowest-scoring root cause. This is the first problem you should tackle to improve performance on the metric.

   ![If you rated your lowest-scoring root cause “Impossible” to resolve, instead choose the second-highest-scoring root cause.](if.png)
Get to the Root of Your Problem

Step 5. Consider next steps for solving the problem.

1. List up to three specific actions you can take to address the root cause you circled in the previous step.

1. 

2. 

3. 

Source: Nursing Executive Center research.
Get to the Root of Your Problem

Conversation Guide

This guide will help you get valuable insight from staff on the underlying reasons your unit is struggling with a metric. Prepare for conversations with staff by reading the directions and filling in the blanks.

1. **Introduction**: 2 minutes

   **Goal**: Ensure staff understand the purpose of the conversation.

   a. Explain why you’ve invited them to meet with you.

      • *Thank you for taking the time to talk with me today. I scheduled this time with you because I’d like your help understanding why our unit is struggling with performance on [your metric] __________________________. In other words, [explain your metric in a way that’s easier to understand, such as “our fall rate is too high”] __________________________.*

      • *Understanding what’s at the root of this problem will help us find out the best way to solve it. I value your opinion and insights on what you think might be going wrong, or what you think we can do better. Also, because you are the closest to what happens on our unit, you may notice things that I’m not aware of.*

      • *Anything you share with me will be kept completely confidential, and I hope you’ll be open and honest. All ideas are welcome!*
Get to the Root of Your Problem

2. **Get Staff Feedback:** 15 minutes if meeting one on one, or 25 minutes if meeting with a larger group

   **Goal:** Solicit ideas from staff on why your unit is struggling with performance on the metric.

   a. Ask staff what they see as the main reason your unit is struggling with performance on the metric.

      - *Think back to the last time you saw or experienced* [state your problem, such as “a patient fall”] ___________________________. *What went wrong?*

      - *Do you think this happens often?*

      - *What are other big reasons* [state your problem] ___________________________ *happens?*

      - *If you were solving this problem on your own, what would you tackle first? Why?*

Notes:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
b. Ask targeted follow-up questions. (You can skip this step if you feel you’ve already identified a few strong root causes.)

- **Does [state your problem] happen because of a process breakdown?** If so, why do you think that happens?
- **Do you think your peers feel accountable for how our unit performs in this area?** If not, why do you think that is?
- **Does [state your problem] happen because of missing resources?**
- **Does [state your problem] happen because of a lack of training or skill?**
- **Are there specific times of day [state your problem] is more likely to happen?** If so, why do you think that is?
- **Do you and your peers have the support you need from the rest of the care team to prevent [state your problem]?** If not, what’s missing?
3. **Closing and Next Steps**: 2 minutes
   
a. Thank staff for their time and discuss next steps.
   
   • *Thank you again for taking the time to meet with me today.*
   
   • *Your thoughts and feedback have been extremely helpful as we look for ways to improve performance on [your metric] ________________________________.*
   
   • *My next steps are to reflect on your comments, and think about what is the biggest opportunity for us to address to solve this problem. I’ll make sure to keep you up to date on our progress and anything else coming out of this conversation.*

b. Ask staff if they have any questions.

   • *Do you have any questions about anything we’ve talked about today?*
Root Cause Question Set

Answer the questions below using your thoughts and observations as well as any information gathered from staff. Place a checkmark in the box next to your answer.

If your answer is “no”:
- Ask yourself, “Why is this occurring?” Write your answer in the space provided.
- If it’s not clear how you’d solve that root cause, ask again, “Why is this occurring?” Write your answer in the space provided.
- Continue to ask “why?” until you have identified a root cause with a more apparent solution.

<table>
<thead>
<tr>
<th>Do staff feel a sense of personal ownership for performance?</th>
<th>Do staff understand what they can do to improve performance?</th>
<th>Do staff have the equipment they need to improve performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

If “No”

<table>
<thead>
<tr>
<th>Why?</th>
<th>Why?</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Write any other ideas you have on why your unit struggles with performance on your metric here:

________________________________________________________________________
________________________________________________________________________

©2016 Advisory Board • All Rights Reserved • 33259
<table>
<thead>
<tr>
<th>Do staff <strong>have the skills</strong> they need to improve performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td><strong>If “No”</strong></td>
</tr>
<tr>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do staff <strong>have the time</strong> they need to improve performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td><strong>If “No”</strong></td>
</tr>
<tr>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do staff <strong>have the support</strong> they need from team members to improve performance?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes</td>
</tr>
<tr>
<td>□ No</td>
</tr>
<tr>
<td><strong>If “No”</strong></td>
</tr>
<tr>
<td><strong>Why?</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Write any other ideas you have on why your unit struggles with performance on your metric here:

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
Tool 3

Communicate Unit Priorities to Staff

What This Tool Helps You Do

This tool equips you to have a series of conversations with staff about improving performance on top unit priorities, and help staff understand why these priorities are important.

When to Use This Tool

We recommend all nurse managers use this tool to help staff understand why your unit’s priorities are important and what they can do to drive improvement.

You are ready to use this tool if you answer “yes” to all the following questions:

• Do I know what my unit’s top improvement priorities are?
• Can I access data on my unit’s current performance in these areas?
• Have I introduced initiatives or things staff can do to improve unit performance in these areas?

Tool Profile

This tool consists of:

• Frontline Dashboard Template and instructions to display unit priorities
• Unit Priority Discussion Guide

What You’ll Need

To get started:

• Whiteboard (at least 3”x2”) and markers
• 15 minutes for material prep
• 15 minutes to introduce your Frontline Dashboard to staff

On an ongoing basis:

• 15 minutes to update your unit’s Frontline Dashboard every two to four weeks
• 5 to 10 minutes of discussion at change-of-shift or unit huddle

Access this tool: advisory.com/nec/unitoutcomes

1) If you’re not sure what your unit’s top priorities are, use Tool 1: Decide Where to Focus First.
Directions for Nurse Managers

Follow these steps to introduce a Frontline Dashboard and lead ongoing discussion about improving performance on unit priorities.

Step 1. Create—or enhance—your Frontline Dashboard.

1. [If you already have a Frontline Dashboard, or already display unit priorities]
   Take the quick audit on the right to learn if you have any opportunities to do this more effectively. If all the statements accurately describe your dashboard, skip to Step 2 on page 23. If you answer “no” to one or more questions, continue reading Step 1 to improve your dashboard.

2. List your unit’s top three to four priorities on the whiteboard. These are metrics that you have identified as your unit’s current areas for improvement, where you can access up-to-date information on progress. Do not select a metric for your Frontline Dashboard if you won’t be able to update your unit on performance at least every three weeks.

   Use the template and example on page 24 as a guide.

3. Write your unit’s current and target performance to the right of each metric in a way that’s easy for staff to understand, or “humanizes” the data to make it personally meaningful. Consider reframing your metric using one of these options:

   a. Use absolute numbers. For example, instead of displaying rates or percentages, you can convert this into number of patient cases, such as “[X] infections in July.”

   b. Highlight how your metric relates to the patient experience. For example, instead of showing “[X]% compliance with diabetes indicators,” show “[X]% diabetes patients receiving perfect patient care.”

   c. Use an image to show unit progress. For example, draw a pie graph or thermometer chart.

4. Hang the whiteboard in your daily huddle area or in an area staff often pass by. Now staff can see your unit’s top priorities at all times.

Quick Audit

My unit’s frontline dashboard
(select all that apply):

- Pinpoints no more than three unit priorities that are most important to my organization
- Displays current performance for the metrics I’m using to track progress
- Displays unit-specific targets for each metric
- Makes performance data meaningful for staff by reframing metrics that are harder to understand
- Reminds staff about specific actions they can take to help improve performance
- Is located in a place where staff on the unit can see it on a daily basis

Source: Nursing Executive Center research.
Communicate Unit Priorities to Staff

Step 2. Introduce the Frontline Dashboard to your staff.

1. Use the Unit Priority Discussion Guide, Part 1 on page 25 during a change-of-shift huddle or another scheduled meeting. You’ll need 15 minutes.

Step 3. Remind staff about your unit’s priorities regularly.

1. Update your Frontline Dashboard with your unit’s current performance, and any new initiatives you’ve introduced. Do this every week—or less often if you don’t have regular access to this information.

2. Use the Unit Priority Discussion Guide, Part 2 on page 27 once per week during your change-of-shift huddle. You’ll need 5 to 10 minutes.

Step 4. Keep staff up to date on new priorities.

1. Remove priorities as they become less important (for example, if your unit hits target performance)—and celebrate your unit’s success by recognizing staff in a way that’s professionally meaningful.

2. Add new priorities as they become important.

3. Use the Unit Priority Discussion Guide, Part 3 on page 28 during your change-of-shift huddle to communicate updates. You’ll need 10 minutes.

See pages 80-90 of The National Prescription for Nurse Engagement for best practices to recognize staff for specific accomplishments in ways that are professionally meaningful. You can download the publication at advisory.com/nec.

Source: Nursing Executive Center research.
How to Draw a Frontline Dashboard

Use this template and example to draw your own Frontline Dashboard.

Frontline Dashboard Template

Our Unit’s Top Priorities

What’s Our Goal? How Are We Doing Now? What Are We Doing to Get There?

1

2

3

Example Frontline Dashboard

Our Unit’s Top Priorities

What’s Our Goal? How Are We Doing Now? What Are We Doing to Get There?

1 Increase days without falls
   100 days without falls
   7 days without falls
   • Intensified toileting protocol for patients vulnerable to falls

2 Increase % of patients who rate communication with nurses a 9 or 10 (out of 10)
   • Use 3-day teach-back
   • Record discharge instructions for patients

3 Eliminate Catheter-associated UTIs
   Zero!
   5 in October
   • New protocol allows RNs to remove Foley catheters without physician order when appropriate

Source: Nursing Executive Center research.
Unit Priority Discussion Guide

Use this discussion guide to:

- Introduce your Frontline Dashboard to staff during a change-of-shift huddle or another scheduled meeting (Part 1)
- Remind staff about unit priorities once a week during your change-of-shift huddle (Part 2)
- Update staff on new priorities (when applicable) during your change-of-shift huddle (Part 3)

Read over this Discussion Guide in advance and fill in any blanks. When you meet with staff, ensure they can see the Frontline Dashboard.

PART 1

Introduce Your Frontline Dashboard to Staff: 15 minutes

Key points to cover:

- This is our Unit Dashboard. It displays the most important goals for our unit, and how we are performing on them.

- I figured out what to include on the dashboard by [describe how you determined which priorities to display].

- If something isn’t listed here, it doesn’t mean it’s not important. But these three goals should be considered higher priorities.

- I’m hanging this dashboard where you can see it on a regular basis. Every few weeks, we’ll check in together about which priorities are on the dashboard to make sure we’re all on the same page about where our unit needs to focus. You can also ask questions about why we need to focus here and what we’re doing as a unit to do better in these areas.

Then ask: Do you have any questions so far?
Communicate Unit Priorities to Staff

- Let’s spend a few minutes reviewing our unit’s current priorities. Those are the three numbered items I listed on the whiteboard today.

- **The first priority is** [your first priority].

  *In other words*, [describe the metric or priority in your own words or in a way that will be easier for staff to understand].

- **The reason we care about this is** [explain why performance in this area is important].

- So you can get a picture of how we’re doing in this area now, I’ve included our current performance, [state current performance] compared to our goal or ideal performance, which is [state target performance].

- There are a few things we’re already doing as a unit to improve and reach our goal. They are [describe the initiatives already in place].

Ask: **Do you have any questions about why this is a top focus for our unit?**

Follow up with:

- Is anyone surprised that this is a top priority?

- Is anyone not familiar with any of these things we can do to improve?

- Do you have any questions about how doing these things can help to improve performance in this area?

- Do you have any ideas for other things we can do, or do better, to improve our performance in this area?

Repeat for the remaining priorities on your dashboard. After each priority, pause for any questions.

Wrap up:

- I’ll update this board on a regular basis as our priorities change—for example, if we improve in one area over time, I may replace that priority with a new one. If that happens, I’ll make sure to explain the new priority.

- Please feel free to ask me questions about anything on this board at any time.

Source: Nursing Executive Center research.
PART 2  .........................................................................................................................................................

Remind Staff About Unit Priorities: 5 to 10 minutes

Have this conversation with staff about a week after introducing the Frontline Dashboard.

Key points to cover:

• Let’s turn to the whiteboard to review our top priorities.

[If your unit has made progress on one of the metrics:]

• You can see our unit has made progress on one of these areas, [state the priority]

[state target performance]  . Congratulations! We’re now closer to our goal of

• Then ask: What do you think has worked well?

• Then ask: Why do you think we haven’t reached our goal yet? [If staff aren’t able to identify on their own why your unit hasn’t hit its target yet, ask:] Do you have any ideas for other things we can do, or do better, to improve our performance in this area?

[If there have been no changes in one or more priorities since the last time you reviewed them with your staff:]

• These haven’t changed since the last time we reviewed them together. So, we'll still need to focus on these areas, which are [review the priorities].

Then ask for each of these priorities:

• Why do you think we’ve had trouble making progress?

• What can we do to make any of the things we’re doing to improve more effective?

• Do you have any ideas for what we can do better?
PART 3

Update Staff on New Priorities: 10 minutes

Have this conversation with staff when you update the Frontline Dashboard with a new priority.

Key points to cover:

- **Great news! We achieved our goal of ______________________!**
  It’s amazing to see what we can accomplish together when we make something a priority and set an achievable goal!

- **Because we hit our target for [state priority that is no longer on the board] ______________________, I’ve taken it off our top priority list.**

- **That means we can make room for a new priority. The priority is [state the priority] ______.**
  In other words, [describe the metric or priority in your own words or in a way that will be easier for staff to understand] ______________________.

- **The reason we care about this is [explain why performance in this area is important] ______.**

- So you can get a picture of how we’re doing in this area now, I’ve included our current performance, [state current performance] ______________________, compared to our goal or ideal performance, which is [state target performance] ______________________. Until we get closer to our goal, this is a top priority for our unit.

- **There are a few things we’re already doing as a unit to improve and reach our goal. These are [describe the initiatives already in place] ______________________.**

Then ask: **Do you have any questions about why this is a top focus for our unit?** Follow up with:

- **Is anyone surprised that this is a top priority?**

- **Is anyone not familiar with any of the things I’ve listed here that we’re already doing to help us improve?**

- **Do you have any questions about how these things can help us improve our performance and get closer to our goal?**

- **Do you have any ideas for what we can do better?**
Isolate Staff Members’ Best Ideas

What This Tool Helps You Do

This tool helps you hone in on staff members’ strongest ideas while engaging staff in unit improvement.

When to Use This Tool

We recommend all nurse managers use this tool to engage staff in unit improvement.

Tool Profile

This tool consists of:

- Idea Board Template and instructions for transparently prioritizing and tracking staff members’ ideas
- New Idea Form
- Idea Triage Cheat Sheet
- Facilitator Guide (for an initial training session to introduce the Idea Board to staff)

Time Required

To get started:

- 30 minutes for material prep
- 30 minutes to introduce the Idea Board to staff (one time for each shift)

On an ongoing basis:

- 5 to 10 minutes for discussion at change-of-shift or unit huddle

Access this tool: advisory.com/nec/unitoutcomes
Isolate Staff Members’ Best Ideas

Directions for Nurse Managers

Follow these steps to implement an Idea Board on your unit.

---

Step 1. Create an Idea Board.

1. **Hand-draw** a 2x2 grid on a whiteboard in your daily huddle area. Use the template on page 32 as a guide. Make sure you draw the grid big enough for one envelope to easily fit in each quadrant.

2. **Tape** one envelope into each quadrant of the whiteboard. Each envelope should be big enough to store 8.5”x11” pieces of paper. (Make sure the envelopes don’t cover the words in each quadrant, or write the corresponding quadrant label on each envelope.)

3. **Tape** an envelope big enough to store 8.5”x11” pieces of paper on or below your whiteboard. Label it: New Ideas.

4. **[Optional] Write** your unit’s top three priorities at the bottom of the whiteboard. You’ll later use these as prompts for staff ideas. If you have trouble deciding on only three priorities, pick the ones where you particularly want staff buy-in or new ideas.

---

Step 2. Prepare to lead a training session on the Idea Board.

1. **Print** the New Idea Form on page 33 and Idea Triage Cheat Sheet on page 34. You’ll need one copy of each per staff member, plus two extra. You can also find each of these handouts at advisory.com/nec/unitoutcomes.

2. **Fill out** the New Idea Form for two sample ideas. You’ll want to create an “Implement” and a “Do Not Pursue” example. Use the examples on pages 35 and 36, or use the Idea Triage Cheat Sheet on page 34 to create your own examples.

---

Step 3. Introduce the Idea Board to your staff in a quick training session.

1. **Use** the Facilitator Guide on page 37.

---

If your staff are very familiar with unit goals, or if unit goals are posted in another location (for example, if you’re already using Tool 3: Communicate Unit Priorities to Staff), you don’t need this step.
Step 4. Once a week, take five minutes to prioritize new ideas with staff at change of shift.

These steps are a high-level overview of how to triage ideas in the moment. For more information on triaging ideas, review the Idea Triage Cheat Sheet on page 34.

1. **Review** any New Idea Forms from the New Ideas envelope as a group. You’ll want to ensure staff understand the new idea so they can easily triage it.

2. **Decide** if the idea supports your unit’s top three priorities. If an idea does not align with your unit’s priorities, explain that this idea can still move forward but other ideas may take priority.

3. **Decide** each new idea’s impact and complexity. Use the Idea Triage Cheat Sheet on page 34 as a guide. Then place the new idea in the appropriate Idea Board quadrant.

4. **Decide** if you want to begin immediately working on an idea that is sorted into the “Implement” quadrant. Base this decision on how many projects are already underway and how much time your staff has.

5. **Ask** for volunteers to “own” each new idea that the group decides they want to immediately work on.

Step 5. At each change of shift, take five minutes to discuss current projects.

1. **Review** all ideas that are currently underway.

2. **Acknowledge** any completed ideas and remove them from the board. Keep a record of these completed ideas.
How to Draw an Idea Board

Use this template to draw your own Idea Board. Make sure you draw the grid big enough for an 8.5”x11” piece of paper to easily fit in each quadrant.

Optional Additions to Your Idea Board

Unit Priorities
1 ______________________________
2 ______________________________
3 ______________________________
4 ______________________________

Things We’re Working On
1 ______________________________
2 ______________________________
3 ______________________________
4 ______________________________

Source: Nursing Executive Center research.
New Idea Form

Name ___________________________ Date __________________

Describe the problem.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Why is it happening?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How can we fix it?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Source: Nursing Executive Center research.
Idea Triage Cheat Sheet

This cheat sheet will help you triage new ideas in two easy steps.

Step 1. Answer these questions to decide if the idea is complex and if it will benefit your unit.

How complex is this idea to do?

- ☐ Yes  ☐ No  Will it require a lot of time?
- ☐ Yes  ☐ No  Will it require a lot of resources?
- ☐ Yes  ☐ No  Will it require a lot of stakeholders?
- ☐ Yes  ☐ No  Will it require organizational approval?

How many times did you answer “yes”?

- 0-1 times  Low complexity
- 2-3 times  Medium complexity
- 4 times  High complexity

How will this idea benefit your unit?

- ☐ Yes  ☐ No  Does it align with unit priorities?
- ☐ Yes  ☐ No  Will it save time?
- ☐ Yes  ☐ No  Will it improve quality or safety?
- ☐ Yes  ☐ No  Will it engage staff?
- ☐ Yes  ☐ No  Will it enhance patients’ experience?

How many times did you answer “yes”?

- 0-1 times  Low benefit
- 2-3 times  Medium benefit
- 4+ times  High benefit

Step 2. Use your answers to the questions above to sort the idea into the appropriate category.

- Complexity = Low
  - Benefit = Low  Possible
  - Benefit = Medium-high  Do Not Pursue

- Complexity = Low-medium
  - Benefit = Medium-high  Implement

- Complexity = Medium
  - Benefit = Medium-high  Challenge

- Complexity = High
  - Benefit = Low  Do Not Pursue

Source: Nursing Executive Center research.
Describe the problem.

*Patients and family members complain that parking is difficult to find or far away.*

Why is it happening?

*Parking Structure B was torn down to make room for an outpatient clinic. Now there is a parking shortage.*

How can we fix it?

*Build a new parking structure.*
New Idea Form: Example 2

This idea should go in the “Implement” category.

Describe the problem.

A patient almost fell while trying to reach her book on the bedside table.

Why is it happening?

The patient’s husband set her book on the far side of the table. The patient is petite and couldn’t reach her book. For this patient, the bedside table needs to be closer to the bed.

How can we fix it?

Add a reminder to the whiteboard to check and adjust the bedside table for all fall risks.
Facilitator Guide for an Initial Training Session

This guide will help you introduce the Idea Board and triage process to your staff. Use the directions and scripting to lead a 30-minute training session with staff. We recommend one training per shift.

1. **Introduction**: 5 minutes

   **Goal**: Ensure participants understand the purpose and goals of the training.

   a. Tell participants why they are in a training.

      • *I brought you all together today to talk about how we can continue to improve our unit’s performance. Some of our best ideas come from you. But sometimes it’s hard to give you feedback and actionable next steps because we’re all so busy.*

      • *To help, we’re going to have a more structured way to collect, prioritize, and track new ideas. It’s called an “Idea Board” and it will help ensure good ideas aren’t lost, and that we follow through on projects. It will also help us spend our limited time on projects that we can accomplish and that will have the greatest positive impact.*

   b. Share the goals for the training.

      • *I have two goals for today’s training. First, I’ll introduce you to the idea behind an Idea Board and how it will help us quickly solve problems.*

      • *Second, I’ll explain how our unit will use the Idea Board during our daily huddles.*
2. **Introduce the Idea Board:** 10 minutes

   **Goal:** Describe how the Idea Board and triage process works.

   a. Introduce the Idea Board. (Make sure staff can see the Idea Board as you introduce it.)

      • To get started, I’m going to introduce the Idea Board and give an overview of how it will help us quickly prioritize new ideas and understand why we pursue some ideas and do not pursue others.

      • An Idea Board is a place to prioritize your ideas about improving the unit in a way everyone can see. During our daily huddles, we’ll review each new idea posted on the board as a group and assign it to one of the four categories: Implement, Challenge, Possible, or Do Not Pursue. If the new idea is assigned to “Implement,” then we can move forward with the idea.

      • I know this board looks complicated. Don’t worry. I’m going to help you understand how it works by walking through the process step by step. After I finish explaining the steps, we’ll practice using the Idea Board with two examples.

   b. Explain the New Idea Form.

      • Distribute the handout called “New Idea Form.”

      • Let’s get started. To use this board, we need your ideas about improving the unit. For example, you may have an idea that will help improve [state one of your unit’s priorities]. To submit this idea, fill out the New Idea Form by describing the problem you observed, what is causing the problem, and your proposed solution. Then, put the form in the envelope labeled “New Ideas.”

      • You can sign your name on the form, but you don’t have to. I want you all to feel comfortable submitting your ideas.

      • **We’ll store additional copies of the form** [location where you’ll store copies].
c. Describe the Idea Board.

- Before we jump in to how to triage ideas, let’s take a minute to better understand the four categories on the board.

- There are two considerations that help us decide which category to sort a new idea into: complexity and benefit. “Complexity” refers to how hard or easy a new idea will be to accomplish. For example, if a new idea requires organizational support and a lot of time and resources, it may be more complex than some other ideas. The other axis, “Benefit,” means how much a new idea helps the unit. For example, if an idea supports our unit priorities and enhances the patient experience, then it will have a high benefit to our unit.

- Each time we review a new idea, we’ll decide the complexity and benefit of the idea and then place it in the corresponding category.
  - If an idea is low-to-medium complexity and medium-high benefit, then it will go in the “Implement” category on the top left.
  - If an idea is low complexity and low benefit, then it will go in the “Possible” category on the bottom left.
  - If an idea is high complexity and medium-to-high benefit, then it will go in the “Challenge” category on the top right.
  - If an idea is high complexity and low benefit, then it will go in the “Do Not Pursue” category on the bottom right.

d. Describe the Idea Triage Process.

- Distribute the handout called “Idea Triage Cheat Sheet.”

- As I mentioned, we’ll review new ideas during our daily huddle and decide what category they belong in. This cheat sheet will help guide our idea review with two steps.

- First, we’ll decide if a new idea is complex and if it will benefit our unit. On your handout, there are some questions to help us decide.

- Second, we’ll select the best category based on the complexity and benefit. Again, the handout contains some guidance to help us do this. But, remember that this is a group discussion, so we’ll use this cheat sheet as a guide but base our decision on the group discussion.

- If we put an idea in the “Do Not Pursue” category, we’ll remove it from the board. If we put in the “Implement” category, we’ll decide if we want to begin immediately working on it or not. We’ll base this decision on the number of projects that are already underway and how much time we have. Remember, all ideas are valuable even if we don’t prioritize them this time.

e. Discuss the Tracking Process.

- If we decide to pursue an “Implement” idea, I’ll ask for a volunteer to “own” the idea. This person will oversee the project and update us on its progress during daily huddles.
3. Demonstrate the Idea Board in Action: 10 minutes

**Goal:** Reinforce how the Idea Board works by walking through two examples as a group.

a. Introduce the practice exercise.
   - *Now that I explained the Idea Board, we’re going to practice using it with two examples.*
   - *Make sure the cheat sheet is handy. It will be helpful during this exercise.*

b. Read the “Do Not Pursue” example you prepared or New Idea Form: Example 1 found on page 35. Then ask the group to prioritize the idea using the following prompts.
   - *Now we’re going to decide if the idea is complex. Let’s walk through the four questions listed on the “Idea Triage Cheat Sheet” handout.*
     - **Will it require a lot of time?**
       The group should answer "yes."
     - **Will it require a lot of resources?**
       The group should answer "yes."
     - **Will it require a lot of stakeholders?**
       The group should answer "yes."
     - **Will it require organizational approval?**
       The group should answer "yes."

   - *So, that’s four “yes” answers. Is this a low-, medium-, or high-complexity idea?*
     The group should decide that this example is high complexity.

   - **Now let’s decide if the idea benefits the unit.**
     - **Does it align with unit priorities?**
       The group should answer "no."
     - **Will it save time?**
       The group should answer "no."
     - **Will it improve quality or safety?**
       The group should answer "no."
     - **Will it engage staff?**
       The group should answer "no."
     - **Will it enhance patients’ experience?**
       The group should answer "yes."

   - *So, that’s one “yes.” Is this idea beneficial?*
     The group should decide that this example has low benefit.

   - **So, this example has high complexity and low benefit. Based on our assessment, which category should we assign this idea to?**
     The group should decide that this idea belongs in the “Do Not Pursue” section.

   - **Because this idea is a “Do Not Pursue,” we’ll remove it from the Idea Board.**

---

Source: Nursing Executive Center research.
c. Read the “Implement” example you prepared or New Idea Form: Example 2 on page 36. Repeat the prioritization process.

- We’re going to repeat the process for another example. Let’s decide if the idea is complex.
  - Will it require a lot of time?
    The group should answer “no.”
  - Will it require a lot of resources?
    The group should answer “no.”
  - Will it require a lot of stakeholders?
    The group should answer “no.”
  - Will it require organizational approval?
    The group should answer “no.”
  - So, that’s zero “yes” answers. Is this a low-, medium-, or high-complexity idea?
    The group should decide that this example is low complexity.

- Now let’s decide if the idea benefits the unit.
  - Does it align with unit priorities?
    The group’s answer will depend on your unit’s priorities. If needed, review your unit’s top three priorities.
  - Will it save time?
    The group should answer “no.”
  - Will it improve quality or safety?
    The group should answer “yes.”
  - Will it engage employees?
    The group should answer “no.”
  - Will it enhance the patient experience?
    The group should answer “yes.”
  - So, that’s two “yes” answers. Is this idea beneficial?
    The group should decide that this example has medium benefit.

- So, this example has low complexity and medium benefit. Based on our assessment, where should we assign this idea?
  The group should decide that this idea belongs in the “Implement” section.

- Because this idea is an “Implement,” we would then decide if it is something we should pursue based on the number of other projects going on and how busy we are.

Source: Nursing Executive Center research.
4. Closing and Next Steps: 5 minutes or less
   
a. Ask if anyone has initial feedback or questions. Then thank the group for their participation and discuss next steps.
   
   • Thank you for your participation today. As a reminder, you can find the Idea Forms in [location where you'll store copies]. I encourage you to fill out a form when you have an idea, particularly if your idea addressed our unit priorities [remind staff of your unit’s top three priorities].
   
   • If you have any questions or feedback, please let me know. Starting [date], we will use the Idea Board during daily huddles to help us better prioritize ideas. I look forward to hearing your great ideas!
Tool 5

Avoid Rolling Out Multiple Projects at Once

What This Tool Helps You Do

This tool helps you schedule and space out your improvement projects across the year. It will help you avoid unnecessary overlap of projects to make sure you and staff can dedicate the right amount of time and effort to implementing any initiative effectively.

When to Use This Tool

Use this tool if you have more than one improvement project to roll out across your unit in the next 12 months.

We do recommend managers use this tool to prevent staff from feeling overloaded or overwhelmed by the pace of change.

Tool Profile

This tool consists of:

- Excel-based Unit Change Calendar template
- Instructions for building a Unit Change Calendar

What You’ll Need

To get started:

- Download our Excel-based template at advisory.com/nec/unitoutcomes
- Block one hour on your calendar to create your Unit Change Calendar

On an ongoing basis:

- Block 20 minutes on your calendar once a month to review and update your Unit Change Calendar

Access this tool: advisory.com/nec/unitoutcomes
Directions for Nurse Managers

Follow these steps to create a Unit Change Calendar and to use your calendar to sequence improvement projects.

Step 1. Gather the necessary information.

1. List all the system-, facility-, and department-driven changes coming up in the next 12 months that will affect staff on your unit.
2. List all the unit-based improvement initiatives you plan to introduce in the next 12 months.

Step 2. Create your Unit Change Calendar.

1. Download the Excel-based Unit Change Calendar Template at advisory.com/nec/unitoutcomes.

   Unit Change Calendar.xlsx

2. Fill in the system-, facility-, and department-driven changes from your list in the rows next to “Department- or Organization-Driven Changes.” Then fill in the start and end dates (if they are known) next to each change.

3. Color in the cells that correspond with the dates of these changes. For example, if a change will roll out on February 1st and finish by March 1st, color in the cells beneath the four weeks in February.

4. Fill in the unit-driven initiatives or projects from your list in the rows next to “Unit-Driven Changes.” Then fill in your proposed start and end dates next to each initiative or project, and color in the cells that correspond with the dates of these changes.

5. [Optional] Color code each change using the Color Code Key in the third tab of the Excel document.

Check out our example Unit Change Calendar in the second tab of the Excel document for more guidance.

Source: Nursing Executive Center research.
Step 3. Identify and troubleshoot big disruption periods.

1. [If a unit-driven change overlaps with or two or more moderately disruptive or very disruptive changes] Select the statement below that best describes your situation, and use the corresponding next steps.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Example</th>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Your timeline for implementation is flexible.</td>
<td>A new initiative to recognize peers with handwritten “Kudos cards.”</td>
<td>Reschedule the unit-driven initiative. This may mean shifting it forward or back one or two weeks, or rescheduling it for another month.</td>
</tr>
<tr>
<td>☐ You need to implement this change in a certain time frame.</td>
<td>A training series in preparation for upcoming hospital-wide EMR go-live date.</td>
<td>Talk to your director or CNO about how to prioritize, or about whether it’s possible to adjust the timing of a department- or organization-driven change. Bring the following items to this conversation: 1. A copy of your Unit Change Calendar. 2. Your recommendation on which change you think should be rescheduled and why. 3. Two or three suggestions for how to adjust the scheduled timing for these changes.</td>
</tr>
</tbody>
</table>

If you’re using the Color Code Key, these will be yellow or red.

Step 4. Review and update the calendar every month.

1. Set a recurring calendar hold once a month for 20 minutes to review and update your Unit Change Calendar.

2. Use this time to:
   a. Add new changes or projects to your calendar.
   b. Adjust timing for upcoming changes based on your current priorities and direction you receive from leaders.