**Bluecoats: Phase 1 to Phase 2 Transition**

**Mission/Vision**

***Bluecoats is a closed-loop measurement and response Initiative*** coordinating the training, resources, and operational mechanisms needed to empower staff and management to systematically diagnose issues and develop custom solutions that improve wellbeing, streamline operations, stabilize staff and patient populations, and, ultimately, bolster the financial health of the organization.

* The *initiative* is designed to accommodate increasing scale, scope, and span of influence as it grows throughout the organization and beyond and can serve as a model for other health-systems interested in implementing proactive, human-centric measurement and response systems.

**Developing Implementation Architecture Layers**

Bluecoats Program: Pre-packaged system of services, tools, resources, and protocols

Program - Site Implementation:

* Goal: deploy tools and services, characterize work environment
* Mechanism: service architecture

Program – Unit Implementation:

* Goal: Systematically identify, diagnose, and prioritize issues
* Mechanism: project architecture

Projects

* Design projects and measurement protocols to develop custom solutions

Maybe initiative (Employee Wellbeing – BC and Employee listening are core components), BC portfolio (program instances), BC program (merged with BC initiative – services and processes), BC product (implementations – processes and projects), BC projects?

Program assets:

Data collection and management, employee engagement, champion training, stakeholder communication, physical and intellectual capital, implementation standard-operating-procedures and best-practices

**Notes from my Bluecoats virtual post-it on project vs program** **evaluation** – I also have notes on this topic in my Jupyter notebook; I think that’s the last source I haven’t added here yet

**Bluecoats**

2023/05/31

Bluecoats is not a *project*; Bluecoats is a *closed-loop measurement and response* *initiative* coordinating the training, resources, and operational mechanisms needed to empower leadership and staff to systematically diagnose issues and develop custom solutions.

**Project vs program** (and what else):

Can a project be demonstrably “successful” (however we define success for that particular project) but not significantly impact overall program “success” (however we define *that*).

For example, say the new supply position is a rousing success and carts are consistently kept well-stocked. Success for the *project* can be measured in any number of ways - carts stocked per hours on shift, number off supply closet card swipes per shift/unit of time, the rate at which supply-related complaints/problems are recorded, a survey rating the quality of the new supply service and its impact on job function/satisfaction from 1-5. Now, let’s say we conduct the survey and it’s 5’s across the board - people think the position is working great and by solving this particular problem we have improved their professional experience. Fabulous.

*However*, if problems faced by the unit are widespread and varied both in nature as well as personal significance, solving any one problem - no matter how large the *local* (individual-level /subunit-level) effects - may not produce large *population* (unit-level) effects. In this case, the clear success of the individual *project* can be obscured by the apparent (paradoxical) ineffectiveness of the *program*.

For this reason, *program* success should be evaluated via an *ensemble of metrics* and composite scores/indices across all:

*1. data collection modalities* (in person shadowing, electronic tools, validated assessments, self report, existing systems, third party platforms),

*2. session characteristics* (unit info, project info, problem/solution type(s), resources/supplies impacted, management/governance impacted, target outcomes),

*3. project characteristics* (…),

*4. services provided* (opportunity discovery, deep dive, decision support, capacity building, problem resolution, evaluation, scale/scope/span etc.),

*5. outcome targets* (wellbeing-based: hope, trust, belonging, work/life satisfaction, self-efficacy, etc.; performance-based: varied but generally should include individual/job-specific goals/benchmarks and unit-specific operational targets),

*6. metric categorizations* (individual, interpersonal, functional\*, operational, etc.),

7. *metric levels/groupings/aggregations* (across projects/sessions/units/entities/etc.)

**Note**: functional metric category (clarification): access to food/hydration, breaks and employee-only spaces, PPE, working/reliable equipment and administrative systems, clean and safe working environment, efficient and appropriate use of physical space, lighting, climate control, noise mitigation, etc. etc.

**Breaks and such**:

Random thought after reading the mural sections on taking breaks - could “pagers” of some kind (or a similar system/function) alleviate some of the concerns of abandoning coworkers or jeopardizing patient safety? Going on break but remaining “on-call”? Also why are workers not paid for breaks?

More importantly, if there are cultural barriers to taking breaks, can breaks be built into the shift itself, such that everyone is required to take a break at their allotted time (or within a specific interval of time?). Might not be possible based on the nature of the work, but if logistically feasible, a structural change could send clear messaging about the importance of employee wellness, encourage healthy behavior through policy and systems (holding both the employee and the organization accountable for wellbeing and giving employees a mechanism to act), and produce cascading benefits for patients and the health system. Healthy workers, healthy health system. <3

**Service recovery:**

We often discuss employee retention as a direct potential outcome and ethical/financial motivation, but “secondary outcomes” like service recovery seem equally important. If bluecoats are effective, employees have what they need when they need it, may be happier, may make less mistakes, may produce fewer instances where services fail/degrade, may result in higher patient satisfaction, and thus may result in higher *patient retention* (another ethical/financial motivation)

Bluecoats could consider developing “service recovery protocols” in addition to or as a constituent of the core services/projects offered

Also:

* Service recovery paradox (sounds like “retroactive delight”): https://en.wikipedia.org/wiki/Service\_recovery\_paradox#:~:text=The%20service%20recovery%20paradox%20(SRP,faulty%20service%20had%20been%20provided.
* Forbes article on service recovery: https://www.forbes.com/sites/forbesagencycouncil/2022/12/15/service-recovery-in-healthcare-effective-strategies-to-retain-unsatisfied-patients/?sh=710702a54cf7
* CPR Kiosks - Ben Abella: https://www.cbsnews.com/philadelphia/news/cpraed-awareness-week-how-to-save-a-life/?intcid=CNM-00-10abd1h
* Employee engagement and patient experience: https://hbr.org/2019/05/when-patient-experience-and-employee-engagement-both-improve-hospitals-ratings-and-profits-climb

**Jupyter Notebook Phase 1 to Phase 2 Evaluation (Markdown) Notes**

## Bluecoats Phase 1 Evaluation

\* Key Evaluation Targets:

\* Supplies, new supply stocking role before/after

\* Breakroom redesign

\* Breaks / lunch breaks

## Bluecoats Phase 1 to Phase 2 Evaluation Strategy

\* Exploration of strategies to evaluate the efficacy of the Bluecoats at both the \*\*program-level\*\* and the \*\*project-level\*\* over a specific, uniform \*\*interval of time\*\*.

\* The goal is to develop both:

\* \*\*universal metrics\*\*, applicable to all settings where Bluecoats teams are deployed

\* \*\*custom project-, unit-, and/or entity-specific metrics\*\* via \*standardized processes/protocols\* that allow for a common interpretation across Bluecoats implementations

\* Need to tighten some terminology here

\* Ideas for \*program\* evaluation

\* retention:

\* engagement:

\* ops KPI's:

\* Self-report

\* Start brainstorming \*project\* evaluation

\* universal metrics

\* universal vocabulary and interpretations

\* project categorization framework for maping vocabulary (metrics), creating a baseline metrics library for each project type, with flexibility to add additional custom metrics or metrics modules (collections of metrics)

\* Things to categorize for label-mapping, process-mapping, "shortest path discovery", and other fine-grain analyses:

\* Metrics

\* Projects

\* Problems

\* Solutions

\* Governance

\* Management

\* Resources/supplies

\* Unit classifications beyond traditional "types"

\* Ex: ED Unit - high throughput, ED Unit - safety risk, ED Unit - high volatility, etc.