Chapter 1
Team-Based Problem Solving and Learning for Continuous Improvement

The Need to Improve Patient Journeys in Healthcare

Imagine that you have been invited to tour the Emergency Department (ED) of St. Luke's Hospital. As you enter you see about 30 people, some sitting in chairs and some standing. You learn that some are waiting to go into the ED, others are waiting for triage, and the rest are family members of those seeking treatment. A few patients, you are told, have been waiting for seven hours to see a doctor. One patient gasps for breath, prompting another person to run to the triage area for help, which finally arrives. Around the corner you see a group clustered at registration, where there is no privacy for a young woman who is crying and trying to explain why she needs to be seen.

You walk into the ED and see people sitting—patients on gurneys, doctors in front of computers, and family members in chairs. Others mingle about, standing and talking. There are no empty rooms. Two patients wait to be discharged. Family members stand in the walkway next to drawn curtains. A doctor yells at a nurse, "Why aren't the labs back yet?" The nurse makes a phone call, walks over to a clipboard, and yells back, "They're here. They've been here for 15 minutes." Outside one curtained room, a phlebotomist waits with a tray of tubes to draw blood, and behind her a radiologic technologist waits for the same patient. From another curtain emerges an angry man, who yells, "I want a doctor in here now. My daughter has been here for 45 minutes!" Staff members occasionally rush to and from patient rooms to computer stations, and then they stand and wait until the next rush.

Back outside, an ambulance arrives and everyone stops and refocuses their energy on getting a critically injured patient into a treatment area. Still in the patient area, 25 minutes later, are the two patients waiting to be discharged.

The many problems in the St. Luke's ED delay, impair, and endanger patients' journeys through the ED. Until healthcare organizations address problems as patient journeys—in emergency departments and elsewhere throughout their facilities—they will struggle to reduce or eliminate their problems.

A patient's journey can involve travel through one or more value streams in your organization. A value stream consists of all the activities or processes necessary to deliver care that meets the patient's needs. In the real world, your world, a value stream includes activities that create value as well as those that do not create value. For example, if a patient spends 15 minutes on a gurney in a hallway waiting for imaging, the time spent waiting does not provide value. Identifying, understanding, and improving value streams in your organization—not as isolated tasks but as a flow of interconnected, interdependent activities and processes—is the starting point to perfecting patient journeys.

The Value-Stream Improvement Method

This guide will help healthcare organizations improve patient journeys through value streams and simultaneously build the problem-solving capabilities of individuals working in those value streams. The guide is intended for healthcare professionals whose roles and responsibilities include ensuring the organization's ability to deliver safe, high-quality, cost-effective care, and to deliver all the support services for the efficient and cost-effective delivery of that care. Such roles may include but are not limited to chief of medicine, VP of nursing, operations-improvement coordinator, VP of business transformation, the head of quality, and clinic manager.

In writing *Perfecting Patient Journeys*, we are speaking to people who want improvement and change across their organizations—improved patient safety and quality and improved work life for those delivering care and providing support services. These also are leaders who recognize that the individuals involved in delivering care know the most about their work and are the key to changing and improving work and value streams.

The improvement method presented in *Perfecting Patient Journeys*—value-stream improvement (VSI)—focuses on changing a specific value stream that has a problem (or problems) in performance and needs improvement. The VSI method will be introduced into your organization through a project or series of projects. As your organization gains experience with VSI concepts and techniques, they will become part of daily work and will eventually transition to a new way of continuously improving the delivery of patient care. All involved—eventually that should be everyone in your organization—will develop their abilities to continuously improve the value streams in which they work, and continuously develop a new way of looking at and doing work. VSI provides everyone the opportunity to practice integrating improvement work with doing work. And as projects are conducted throughout an organization and the method repeated, improvement work becomes an integral part of the work routine rather than something extra or a one-time event.

Your organization faces many value streams with many problems. Because this method ensures that improvement efforts are made in the context of an entire value stream, no part of the value stream makes progress at the expense of the rest. What results is a performance that is more effective and efficient across the entire value stream. And because every value stream is different, every value-stream improvement project will be different, even for similar value streams within your organization. However, the VSI method and techniques are consistent value stream to value stream—learned and applied continuously. And because the approach is consistent and applicable to any and all value streams, you will be developing people who are able to solve any problem in your organization that affects patient journeys.

Value-stream improvement projects consist of three phases (see *Improvement Phases of a VSI Project* on page 4). Initial projects typically include a preparation phase that defines the problems to be addressed. This occurs in a workshop of usually three days that, through defining current and target conditions, creates agreement about the nature of those problems and potential ways to address them. This is followed by the actual improvement phase of 60 to 120 days, running rapid learning experiments, and implementing changes that help improve the performance of the value stream. Lean terminology refers to these changes as "countermeasures" because, unlike "solutions" that infer a permanent fix, a countermeasure encourages continuous improvement of the system not just a list of problems to tackle.

In changing and improving value streams you will learn much about your work and about lean problem-solving techniques. This learning will be documented through a series of reflections that occur at the end of each phase. During these reflections you and the improvement team will be asked to assess how successful you have been in communicating proposed changes, eliciting feedback and input, and sharing what you've learned with leadership, stakeholders, and other parts of your organization. It is this learning that will embed sustainable continuous improvement across the value stream.

From the moment a value stream has been selected for improvement, from agreeing on the scope to mapping through implementation, actual changes must be made by the people doing the work and managing the work in the value stream. This is the hallmark of lean thinking: Frontline staff take ownership of the value-stream problems. Management takes responsibility for establishing the problem-solving infrastructure, defining goals, providing staff time for the improvement work, and mentoring staff to implement initiatives that support strategic objectives.

Improvement Phases of a VSI Project

Phase	Description	Content/Topics
1. Select problem and scope project	Leadership will define the broad organizational need for a project, grasp the situation (how the problem is affecting the organization), describe it for others, and define the purpose for improvement as well as the scope of the project.	• Problem statement • Lean value proposition • Socialization • Elevator speech
2. Map and plan (value-stream mapping workshop)	Value-stream stakeholders dig deeper to uncover the real value-stream problems and their underlying causes. A core team (the improvement team) develops a current-state value-stream map that shows the inputs and outputs for a value stream and all the steps involved. The team analyzes the current state, identifies and prioritizes problems, and proposes countermeasures that address the most likely causes in the form of a future-state map (how this value stream should work to meet performance requirements). Finally, team members translate their future-state vision into specific goals (hypotheses) and actions (experiments).	• Current-state value-stream map • Future-state value-stream map • Goals and action plans • Socialization
3. Make changes (implement) and reflect	The team conducts a series of experiments and tests the changes, and then measures and checks the results of the changes. As problems occur (experiments fail to deliver expected results, or new barriers surface), team members adjust their actions and regularly communicate findings to all stakeholders, including leadership. Reflection ensures that the learning is thorough and made explicit, enabling sustainable continuous improvement.	• Measuring results • Visual management • Problem solving • Conducting reviews and checks • Respect • Transitioning to continuous improvement • Socialization

Value-stream improvement is based on the scientific method, which provides the foundation for many approaches to problem solving. Throughout this guide you will see this problem-solving method referred to in the form of the plan-do-check-act (PDCA) cycle, also known as plan-do-study-act or -adjust (PDSA). PDCA corresponds with VSI project phases and the actions that are taken to address specific problems and improve performance (see *PDCA and Improvement Steps* on page 6).

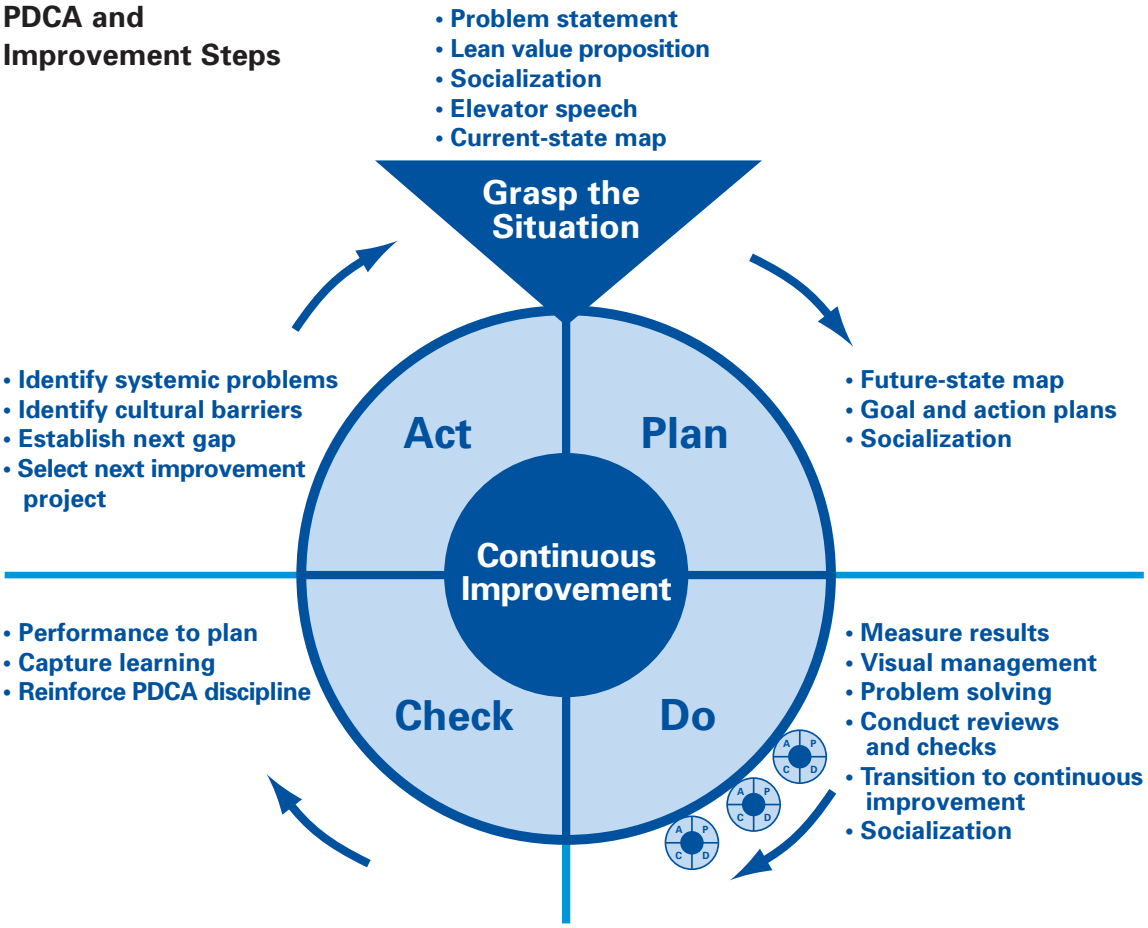
As a healthcare professional you are already familiar with the PDCA method even though you may not recognize the terminology. PDCA forms the basis for all clinical care provided to patients who come to you with some type of problem.

1. Clinical care begins with assessment of the patient's condition leading to a diagnosis and plan of care (grasp the situation and plan). The treatment plan is a hypothesis about what is wrong with the patient and what will make the patient better.
2. The next step is treatment for the diagnosed problem (do). Treatment is the experiment to see if the hypothesis is correct.
3. Followup with the patient determines if the treatment is working (check). The patient's improvement, or lack thereof, as observed in followup tells you whether the experiment succeeded or failed.
4. Additional action (act) is taken as needed.

Just as PDCA in a clinical setting is applicable even though every patient is different, PDCA in an improvement setting is applicable even though every value stream is different. Changes are driven by conditions in the value stream, and value-stream improvement steps occur as you and team:

1. Make a detailed assessment of the current state and the need for change;
2. Develop a plan to implement change through a series of experiments;
3. Implement change and measure the results;
4. Take appropriate followup action.

PDCA and Improvement Steps

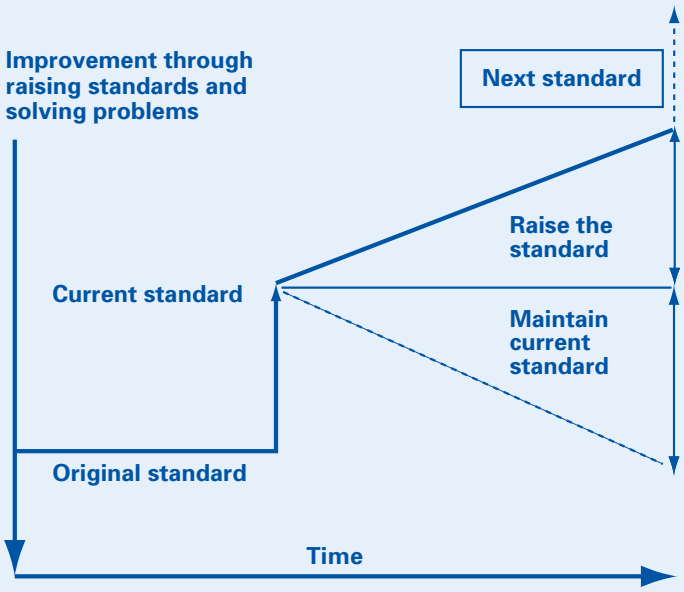


One aspect of the VSI method is unique to lean thinking, and that is the belief that "no problem is a problem." This is another way of saying that if there are no problems to solve, there are also no opportunities to improve. Continuous improvement is based on the assumption that, no matter how good things are right now, they can always be better.

The lean definition of a problem is a gap between where things are now and where they are supposed to be or where you would like them to be. Lean thinking requires that you recognize there is a gap (a problem), no matter how insurmountable or controversial it may seem. Only by identifying and working on that gap can you close it and make genuine, continuous, and sustainable improvement (see *Defining a Problem* on page 7).

Defining a Problem

The first step in problem solving is to *define the problem*. In lean thinking, problems are defined as gaps between the way things are and the way they should be. In other words, a problem is any performance other than desired performance at any given time.[1]



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One way to look at problems (i.e., gaps) is to think in terms of standards. A gap can exist between current performance and an established standard or a new standard that you are attempting to achieve. Consider a hypothetical length-of-stay (LOS) benchmark of 2 hours. If your current performance is averaging 4.5 hours, you have a gap of 2.5 hours. The problem is that the length of stay is too long. Whether you've slowed down and are not hitting the mark or have never been able to achieve the 2-hour standard, you have defined a gap (problem).

A problem also can be unwanted variation in performance even when average performance appears acceptable. When even a single out-of-specification event is a problem (e.g., failure to follow proper handwashing techniques before touching a patient), the gap exists between any number of events and no events.

1. John Shook, *Managing to Learn*, (Cambridge, MA, Lean Enterprise Institute, 2008).

Why Improve (Purpose)?

You now have a method to improve—value-stream improvement and PDCA problem solving. To get maximum and lasting impact from your improvement efforts, however, everyone involved in that effort must adhere to a common *purpose* and work on a problem(s) that links to that purpose.

Defining a common purpose begins with clearly identifying a need in your organization:

- Customer service (e.g., reduced length of stay),
- Clinical quality and safety (e.g., reduced number of patients who acquire infections while in the hospital),
- Business (e.g., increased revenue or market share; in a hospital this could translate to freed-up resources that can be devoted to patient care, innovation, etc.).

Organizational needs occur at various levels (unit, department, facility, network) and are driven by many factors, such as outside mandates, a newspaper exposé of long wait times, competitors' superior performances, and/or government regulations.

Once an organizational need is recognized, the next step is to identify a problem with a specific function (e.g., Lab, Radiology, Surgery) or value stream associated with the need. Identifying where problems are likely occurring is leadership's responsibility as part of strategy deployment, a senior-leadership process of identifying goals and objectives for the entire organization. For example, many hospitals must reduce unplanned readmissions within 30 days in order to retain federal reimbursements from the Centers for Medicare & Medicaid Services. If unplanned readmissions rise, leadership will work to identify functions or departments that have a problem that could be causing unplanned readmissions.

Learning Collaboratives

Organizations working on projects may opt to use a learning-collaborative approach, which brings together small teams from various organizations, or from different value streams within the same organization, on a regular basis to receive periodic instruction, draft work products, identify countermeasures, and report on their progress and learnings.

In this guide, we illustrate the value-stream improvement method at a fictitious hospital, St. Luke's. The events at St. Luke's—from kickoff of its initial project to ongoing improvement activities—will show application of the VSI method within a healthcare facility, but the method can similarly be applied in a clinic, physician practice, rehab center, skilled nursing facility, etc., or as a collaborative of multiple organizations (see *Learning Collaboratives* on page 8).

St. Luke's leadership identified a common purpose as improving the performance of its Emergency Department (ED) value stream. Leadership chose the ED value stream based on the following criteria, which are recommended for selection decisions, especially for initial projects:

- Problem with performance that links to a compelling business, clinical, or customer-service need;
- Too many resources consumed and/or significant quality, cost, or delivery problems;
- Workflow that can be identified and mapped, process by process, with defined scope and performance metrics;
- Worthwhile investment of time and effort to improve.

St. Luke's leadership also agreed to dedicate resources for the improvement effort. They believed they could improve the ED's performance in delivering patient care, and they recognized that the ED project could provide an opportunity to experiment with building problem-solving capabilities.

St. Luke's Hospital Purpose—Improve Emergency Department Performance

St. Luke's is a medium-sized hospital with 250 beds and an Emergency Department (ED) that handles approximately 80,000 patients a year. The ED continues to struggle with long queues in the ED waiting room for "walk-in" patients with lower acuity levels (acuity 3–5). The higher-acuity patients (acuity 1–2) and those arriving by ambulance are moved into exam rooms immediately.

The staff is experiencing higher than normal turnover, and staff members appear overburdened with the ED processes. The executive administration of the hospital also is very concerned the ED could lose significant market share in the future due to the improvement of ED performance at two competing regional hospitals. As a result, other hospital services, e.g., Surgery and Radiology, also would lose business.

Who Is Involved (Improvement Team)?

Before St. Luke's or your organization can define a problem, it's important to decide who needs to define the problem? With the VSI method there are two major objectives:

1. To solve actual problems (close gaps),
2. To build capability (learn how to solve problems *as a team* through rapid experiments, and be able to apply this approach to problems in the future).

Meeting these objectives requires a *team approach*, one in which members define and solve problems together. A successful project requires clearly defined team roles and responsibilities for people involved in the improvement and those leading the improvement process. *Perfecting Patient Journeys* will guide individuals in the following four roles:

- *Lean champion* is a member of the organization's senior leadership team. He or she serves as the link between the leadership group that initiates the project and the project team. The lean champion is an advocate for the use of lean principles and tools in addressing a problem(s). The champion plays a key role in scoping the project, kicking off the project, removing barriers encountered by the improvement team, and ensuring accountability for project completion.

- *Lean facilitator* functions as an internal facilitator and coach through the life of the project. Typically this role is filled by someone with lean experience and expertise and frequently drawn from an organization's quality-improvement, process-improvement, continuous-improvement, or lean six sigma group. In organizations with no previous lean experience, this role may be filled by someone from the organizational development function.

- *Value-stream owner* assumes overall responsibility for the performance of the value stream designated for improvement. In a value stream with clear departmental boundaries (e.g., the value stream for emergency care), the department manager is typically the value-stream owner. For value streams that go across departmental boundaries (e.g., the value stream for in-patient care), leadership may need to designate an owner who interacts with all departments involved in delivering or supporting the delivery of in-patient care.

- *Improvement team* is a small multidisciplinary group of people directly involved in the work of the value stream as well as suppliers and customers of the value stream. Seven to 12 team members will draft current-state and future-state maps for the value stream, prioritize problems to be addressed in the first phase of the project, develop an implementation plan, involve others in running rapid learning experiments and implementing process improvements, and keep everyone who works in the value stream engaged and informed.

Some improvement projects also include a physician lean champion for the improvement of clinical value streams and/or a leadership panel to oversee the project. A leadership panel also may be desirable when an organization is so large and complex that only a portion of the organization's senior leadership needs to be engaged on an ongoing basis. (For more details on improvement roles, see page 149.)

As organizations undertake multiple improvement projects, these roles and their efforts will need to be linked to strategic priorities. Doing so helps ensure that your organization does not take on too many improvement projects or have conflicting projects, and that executives and staff are not spread too thin (e.g., repeatedly tapping the same people because of their proven skills and belief in the method). Connecting projects to the group that oversees strategic priorities also can prevent an overlap of projects and competition for resources (e.g., attempting a project in a department that is in the middle of relocating to new space). In larger organizations this connection is often made through a steering committee, which includes senior leaders or their direct reports. The lean champion or the director/ executive to whom he or she reports is generally a member of this group.

Project leadership requires leading by example and engaging others to build alignment and support. In addition to embracing the roles as defined, people filling the key roles must have strong interpersonal skills and be:

- Good listeners, learners, teachers, and coaches;
- Able to work well with others;
- Respected by their fellow team members;
- Good communicators;
- Able to adjust their style to the audience, utilizing appropriate methods to solicit input, solve problems, and make decisions.

The Problem and the Problem Statement

What problem will your team address? What is the gap that needs to be closed and where is it located? To ensure clarity and gain consensus around the problem, develop a *problem statement* that briefly describes the current situation (the gap) in measurable terms and its impact on customers (e.g., patients), staff, and the organization. The problem statement helps everyone understand what problem is under discussion and agree that the problem needs addressed. It also explains how closing the gap will benefit the various stakeholders.

A problem statement is usually drafted by the leadership panel or the value-stream owner, the lean champion, and the lean facilitator. The overall improvement team, along with individuals who work in the value stream and other stakeholders, review the draft problem statement and provide feedback. Stakeholders must see the connection to their own work —"Why am I involved?"—in order to buy in. Approaching problems as a team requires buy-in from all roles and at all stages, without which your efforts will lack direction and cohesion, making problem solving more difficult. Moreover, if team members are not aligned around the problem statement, they are less likely to continue to improve the performance after the initial problem is solved.

If the problem is defined too narrowly or a solution is identified too early by leadership or one individual, the team may have no choice but to go along with the stated problem and/or solution. If this individual is in a position of authority, the team is unlikely to challenge either the individual's definition of the problem or proposed solution. That can shut down the voices of team members and cause them to overlook underlying causes of the problem and offer a "blanket solution." Either approach limits the team's ability to compare multiple options and ultimately reach consensus on the best course of action.

Note that consensus does not necessarily mean everyone must agree on every particular of the team's analysis of the problem or the proposed solution. Visibility of the problem allows a team to see together, learn together, and act together, despite their individual differences. Visibility is achieved through "go see" activities (see *Conducting a Go-See* at right). Looking with all eyes, the team begins the process of agreeing on a problem to solve.

Conducting a Go-See

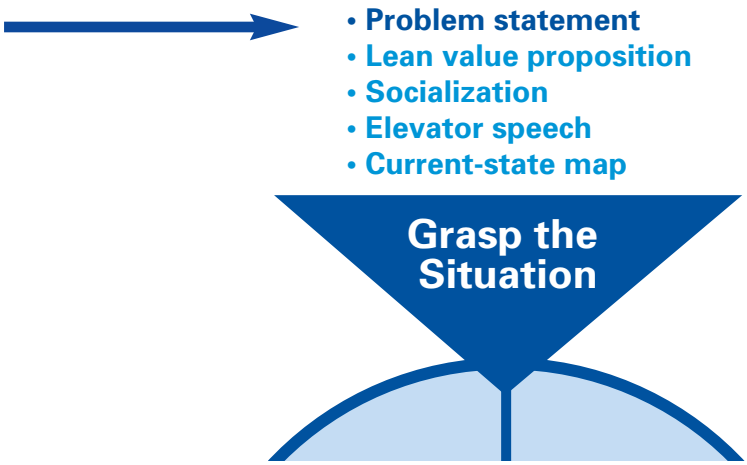
Go-see activities help to build consensus around the problem. Sometimes called "going to gemba" (a Japanese term for going to "the actual place or actual thing"), go-see refers to visiting the place where work is being performed and observing firsthand what is happening. Taiichi Ohno, one of the fathers of lean thinking, once observed, "Data are highly regarded, but I consider facts to be even more important."[2] And the facts of a situation can best be observed where the problem is actually happening—not in a conference room or at a desk.

Before you draft your problem statement, you (the lean champion, the lean facilitator, the value-stream owner if identified, and the leadership panel) will benefit by doing a brief 30-minute walk through the value stream to see firsthand what's actually happening on a typical day. (Keep in mind that a typical day may not take into account the differences that occur between weekday and weekend operations and on different shifts in a 24/7 health-care operation.) What you see and what you hear as you talk to the people working in the value stream and perhaps its customers may give you a very different view of the problem and the underlying causes.

These tips will help you efficiently and respectfully gather facts during a go-see activity:

- Give advance notice (at least a day) to the people working in the area you plan to see. Explain the purpose of your visit (e.g., to see firsthand what the patient and staff experience is like). And advise them that the visitors may ask a few questions to help them better understand what they are seeing.
- Break into teams of two or three persons, and assign each team to observe different parts of the value stream or to begin at different vantage points in the value stream. Remind them of the focus for this go-see.
- Observe without intruding to get a read on the environment, the way the work flows, and any apparent problems.
- Ask people working in the area (and patients and family members, as appropriate) to describe their work (or experiences) and struggles: e.g., "What makes a good or bad day for you? Why? What is your understanding of what makes it good or bad? What do you think is going on? How long does it take to progress the patient/paperwork to the next step? Why? How do these problems impact the patient and colleagues?"
- As appropriate, follow a patient through an entire journey (or multiple patients through different parts of the value stream).
- At the end of the go-see, reconvene and briefly share your observations.
- After this first go-see, revisit your problem statement and see if what you described corresponds to what you observed during your visit to the gemba. Revise the problems statement as needed.

2. Taiichi Ohno, *Toyota Production System: Beyond Large-Scale Production*, English translation (New York, Productivity Press, 1988.)



Identifying the problem to address and developing a problem statement are part of "grasp the situation," which begins your team's entry into the PDCA cycle. When you are developing problem statements, your task is to describe the observable facts of the situation—what you see and hear—not to come to conclusions or offer solutions. In addition to arriving to solutions too quickly, there also is a tendency to bring analysis into the problem statement. Analysis argues why something is or why it occurred. The opportunity for analysis will come when you break down the problem. For now, your problem statement should be limited to what you actually know and can confirm. Problems should be based on facts, which are observable. Therefore, when you see reasons or assumptions in problem statements, step back to the facts.

And be aware of "would-be" problems. Problem statements with the words "lack of ____," "not enough___," or "inadequate ____," are "would be" problem statements. They suggest that if there were some or more of "___," there "would be" no problem. If you are struggling to define problems as gaps, one way to come to an appropriate problem statement is to start with one of these would-be problem statements, and ask yourself "what will having ___ solve?" Then ask, "Is that the real problem?"

The simple exercise of crafting a problem statement can be challenging because stating a problem as a gap without suggesting a solution is not common practice. Many organizations say they reward "problem solving," which has the unintended consequence of encouraging employees to take swift action. Unwittingly, such organizations reflect a culture with a bias for action over a careful consideration of the situation and the consequences (intended and unintended) of proposed action. In such cases, problems are stated with an implied solution. Real analysis of the problem is limited, and the possibility of multiple causes and multiple solutions is ignored. As a consequence, many of these solutions result in more waste.

Here are some tips for writing a good problem statement:

- Describe the current situation (the gap) in measurable terms and its impact on your customers (e.g., patients), staff, and your organization.
- Describe how closing the gap would benefit those stakeholders.
- Describe how closing the gap would address an organizational need.

St. Luke's Problem Statement

St. Luke's identified its problems and linked them to organizational need:

> *Our ED faces long waits for low-acuity patients, high staff turnover, and potential loss of market share to other hospitals in the region, which promise a "door to doc" time of 30 minutes and a visit time of 2.5 hours for most patients. Reducing our patient LOS in the ED would increase our patients' satisfaction with our care and keep them safer, make work more satisfying for our staff members who work in the ED, and make it less likely that patients will abandon our hospital to seek care from our competitors.*

Building Cooperation, Commitment, and Enthusiasm with Socialization

Getting stakeholders personally vested in solving the problem and working together toward addressing larger organizational issues requires socialization, a cycle of communication, modification, and consensus building. This practice gives each stakeholder an opportunity to be heard.

Since lean problem solving may be new to your organization, the individuals leading the improvement effort should discuss what they're trying to achieve with socialization and how they will practice it (see *Getting the Most from Socialization* on page 17). Just as crafting a problem statement with all stakeholders at the same time is rarely feasible, socialization is not one big announcement. It occurs among smaller groups over time, and, in doing so, provides feedback on multiple realities (different groups and different people will react differently to what's presented to them based on their experiences and underlying assumptions).

Think of your problem statement as a work-in-progress during socialization. Your view of the situation may change. Keep in mind where you are with respect to your own understanding of the problem and what you are trying to get out of socializing it. You try to narrow and settle on a problem statement, and you use socialization to confirm what you know about the problem and solicit additional information from stakeholders:

- What do you know? (performance gap)—How can you confirm it?
- What do you need to know?—How can you learn it?

Socialize the draft problem-statement by:

1. Stating what you're trying to accomplish (including the purpose),
2. Narrowing the scope of the project to frame the discussion,
3. Describing the process you'll be using to focus the dialogue,
4. Inviting others to participate and give feedback (within the scope).

Consider the context in which the problem statement was developed, including the perspective and knowledge (at that time), and clearly communicate that context to each stakeholder. The more they understand that this is an evolutionary process with cycles of communication and modification, the more likely they will be drawn in and contribute. If stakeholders think of socialization as simply one-way communication, they will quickly tune you out.

As you put the draft problem statement before stakeholders, remember that you also are trying to learn how to improve your socialization practices. Reflect afterward on the following:

1. Was the dialogue constructive and helpful?
2. Was there appropriate contribution from all stakeholders?
3. Was there consensus?
4. What was learned?
5. What should change for the next effort?

Getting the Most From Socialization

We use the term "socialization" to describe how improvement teams communicate facts and plans, share ideas, and encourage feedback. Some healthcare organizations already on their lean journey and undertaking value-stream improvements may refer to this as "nemawashi," a Japanese term meaning a process of gaining acceptance and preapproval for proposals. Your organization may describe these practices as "vetting" or "gaining support and input." Use a term that reasonates within your organization.

Remember that socialization is more than simply providing information or building consensus. Answering the following questions can help you get the best results from socialization.

Productive dialogue	• What kind of feedback are you looking to receive? • What questions are you trying to answer? • What discussion topics do you want to avoid?
Contribution from key stakeholders	• Who needs to participate? • Should the method for engaging vary depending on the function or the type of contribution you expect? • Do you access colleagues at an existing meeting, a special meeting, in groups (what size?), or individually? • How much time will you need with each person?
Reaching consensus	• How will you confirm that agreement has been reached? Will you use a consensus-building technique, such as “agree-to-proceed” or “fist-to-five,” to make consensus visible?* • Will you need followup sessions to communicate to all involved stakeholders afterward, especially if the original problem statement evolves as others contribute? • Should you build in the expectation for additional conversations?
Preparation	• Taking into account all the above, what is your plan for the process you will use? • What preparation is necessary to ensure your plan? • Have you determined what is likely to go wrong and added additional countermeasures to reduce the risk of such occurrences? • Are you clear on the roles and the assignments made to the facilitator, champion, and process owner?

*Agree-to-proceed and fist-to-five are techniques that offer participants the means to indicate the strength of their support for a proposed action and a means to reach a consensus.