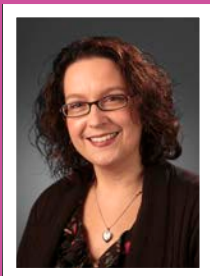


The James M. Anderson Center for Health Systems Excellence is an industry leader in improvement science methodologies and success stories. The RCIC faculty includes:



Christine Voegele MSN, RN

Christine Voegele is a Senior Quality Outcomes Manager and serves as the course director for RCIC. She has worked since 2005 in Healthcare Quality Improvement. Her experience at Cincinnati Children's Hospital began in 2008 and spans multiple divisions, institutes, and national quality improvement initiatives.



Melody Siska, MBA

Melody Siska has trained over 1,000 professionals in quality improvement methodology across the world. She is vice president of quality improvement and advanced analytics at the James M. Anderson Center for Health Systems Excellence at Cincinnati Children's.

Rapid Cycle Improvement Collaborative (RCIC)

building capacity for real change ... join us on our journey



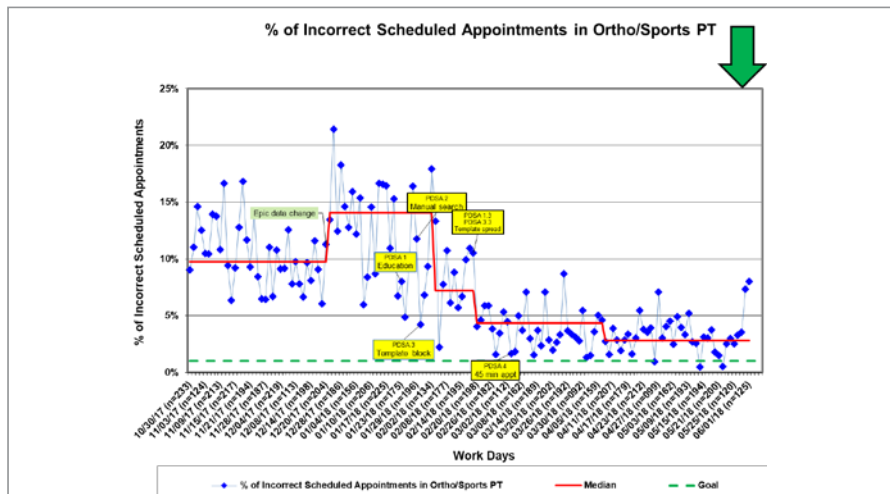
At Cincinnati Children’s, the James M. Anderson Center for Health Systems Excellence is transforming the delivery of care through improvement science. Our Rapid Cycle Improvement Collaborative (RCIC) is designed to help teams achieve a measurable improvement in a focused, narrowly scoped project.

We welcome participation from teams in other health care systems and related industries.

WHY JOIN US?

- Cincinnati Children’s is a recognized leader in improving child health
 - Make a direct impact in areas such as safety, productivity, clinical outcomes, patient-family experience, cost/business process and community health
 - Proven results—Over 1,400 people have participated in RCIC since its inception in October 2010 which equates to more than 200 improvement projects;
- 100% (median) of those projects achieved at least “modest improvement” by graduation and 90% of participants indicate they are satisfied with the collaborative
- Publish innovative and cutting edge solutions

EXAMPLE PROJECT AND RESULTS



WHO

Our target audience is small teams, including a Team Leader, who are recommended and sponsored by their department, division or institute leadership to work on an identified problem which is a part of their improvement portfolio. Team composition varies by project but can include physicians, nurses, allied health and nonclinical staff. It is critical the appropriate front-line staff be included.

WHAT

Our methodology is based on the Model for Improvement & Deming’s System of Profound Knowledge, along with basic quality improvement tools which give teams a roadmap to follow. Team Leaders receive additional instruction on group dynamics and leading teams.

HOW

RCIC is built on the “Teach-Do” model. Sessions are highly interactive and include instruction, feedback from senior leadership (clinical and non-clinical), coaching, application examples and time allocated to work on

their team projects with additional quality improvement resources during sessions. Teams meet outside the collaborative to continue the work they’ve started in the session; Team Leaders receive additional instruction and coaching in smaller group sessions as well as complete a personal project in addition to the team project.

Collaborative sessions are held at an off-site location in order to minimize distractions and foster a creative learning environment conducive to innovative and critical thinking leading to breakthrough solutions.

WHEN

We offer four collaboratives annually; a collaborative is comprised of five full day sessions and one half day session for the entire team. Team Leaders attend an additional full day orientation.

For more information about RCIC and how to apply, please contact us at rcic_communications@cchmc.org

CONTINUING EDUCATION

Participation in RCIC may qualify physicians for Part 4 credit toward the American Board of Pediatrics’ (ABP) maintenance of certification (MOC) requirements.