Model For Improvement

Presenter: Karla Weng
Event: MN Rural Palliative Care Initiative
Date: March 10, 2009

Objectives
At the conclusion of this session participants will be able to:
- Describe the PDSA quality framework
- Apply QI methods to your team’s palliative care initiative

Quality Improvement Methods:
Helps us turn what we know into everyday practice

AND

Helps us develop efficient and effective tools and processes
Model for Improvement

Encourages learning by testing change on a small scale
- Pilot the change in one department, with one nurse, on one shift, etc.
- Eliminates studying the problem to death
- Moves the team from contemplation to action
- Minimizes data collection/data overload
- Works well with “small numbers”

Three basic questions:
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make to achieve our aim/goal?
1. What are we trying to accomplish?

- Improvement begins with setting aims
  - State aim clearly
  - Make aim measurable
  - Make aim achievable

Sample Aims:
- Beginning in August 2009, 90% of chemotherapy patients will report satisfaction with their pain management within two months.
- By June 2009, Doctor X will have implemented a palliative care screening process for 100% of his/her heart failure patients
  - By June 2009, Doctor X will have referred 90% of appropriate patients for a palliative care consultation.

2. How will we know that a change is an improvement?

Measurement allows us to determine if change is an improvement or if the process is working.

Sample Measures:
- Percent of patients responding ‘yes’ to a telephone survey question asking “do you feel your pain was well managed.”
- Documentation of palliative care screening for Dr. X’s patients (and referral if appropriate).
3. What changes can we make to achieve our aim?

- Clarify Current Process
  - Understand how current process works
  - Flow chart the actual process—not what you want it to look like
  - Look for:
    - Redundant tasks
    - Logical placement of tasks
    - Forgotten tasks
    - Delays
    - Missed opportunities
    - Continuity of care across units/disciplines

- Look for ways to limit variation in the process, streamline, and simplify
- Learn what has worked at other facilities
- COPY, COPY, COPY
- You don’t need a perfect solution the first time

Model for Improvement

- Plan
- Do
- Study
- Act
Plan

• What change are we testing?
• Who is included in the test?
• When are we testing?
• Where are we testing?

Plan

• Process Measure
  – Measures an activity that is carried out to provide care or service
    • Doctor X. implements screening process
    • Follow-up phone calls are implemented 24 – 48 hours after a patient’s pain medication has been adjusted
• Outcome Measure
  – Measures what happens or does not happen as the result of a process
    • Appropriate patients are referred for palliative care consultation
    • % of patients that report their pain was well managed

Plan

• What data are you already collecting?
• What additional data do you need?
  – Don’t underestimate the value of qualitative input when developing/adjusting processes!
• What is your plan to communicate with others?
Do

- Test the plan on a small scale pilot
  - Implement the change
  - Collect data
    - Baseline and test of change
    - Make observations

Study

- Evaluation
  - Review the data
  - Compare data to recommendations, plan, and goal
  - What was learned?
    - Problems
    - Successes
    - Surprises
  - Are you satisfied with results?

Act

- What changes should be made before the next cycle?
- What will the next test be?
- Are you ready to implement more broadly?
- How will you maintain gains?
- Establish a new plan-PDSA cycle
Model for Improvement

Next Steps/Discussion

- What will your team do by next Tuesday?
  - Consider current action plan and implement one test of change
  - Review Palliative Care Preferred Practices, and identify one practice that you can address as a community and implement a test of change

“Quality is never an accident; it is always the result of high intention, sincere effort, intelligent direction, and skillful execution. It represents the wise choice of many alternatives.”

- Source Unknown
Questions?

Karla Weng, Program Manager
☎ 952-853-8570 or 877-787-2847
EMAIL: kweng@stratishealth.org

www.stratishealth.org

Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.