**PDSA/DMAIC WORKSHEET**

**Cycle:** 1 **Start date for cycle:** 7/1/2018 **End date for cycle:** 9/30/18

**Project SMART aim:** By 12/2019, FPQC participating hospitals will increase the percentage of LARC placement (IUD or implant) in postpartum women desiring LARC contraception from 0% to 50%.

**Objective of this cycle** *(What are we trying to accomplish?)***:**

Compliance with the proposed LARC implant placement process in >50% of patients who desire a LARC IUD.

LARC implant placement process compliance includes all of the following: consent obtained, order set used, provider note used, procedure note use, AND the follow-up dot phrase used

**What key driver does this change impact?**

Clinic, Labor and delivery, OB OR, and postpartum units are equipped to offer and perform immediate postpartum LARC insertion

**PLAN OR DEFINE-MEASURE-ANALZYE**

*What changes can we make that will lead to improvement?*

**Describe changes we plan to test**

* Identify appropriate candidates for IUD
* Identify patients with contraindications
* Implant and supplies for placement are readily available
* Informed consent is done appropriately
* LARC order set
* Standard documentation of LARC insertion procedure note
* Standardized method to ensure follow up instructions given to patients

**Who are stakeholders for this cycle?** patient, Triage and postpartum nursing staff, residents, midwives, attendings, and TGH pyxis supply people who deliver care to patients in Labor/Delivery and postpartum

**Tasks needed to implement these changes** *(How will we make this change happen?)*

|  |  |  |
| --- | --- | --- |
| **Task** | **Who is responsible***Consider locations the changes will affect* | **Due date** |
| Add preferred contraceptive to Nurse Triage checklist | Pat | 7/15/18 |
| Informational flyer outlining appropriate candidates and contraindications | Rachel | 7/15/18 |
| Develop LARC IUD supply kits | RachelTGH pyxis supply people | 8/1/18 |
| Develop standardized EPIC provider note for LARC placement, include confirmation of informed consent | Alyssa | 8/1/18 |
| Develop standardized EPIC procedure note  | Alyssa | 8/1/18 |
| Develop LARC order set | Alyssa | 8/1/18 |
| Develop standardized EPIC dot phrase for follow-up instructions | Jessica | 8/1/18 |
| Provide project update to all stakeholders re: notes, order sets, dot phrase, supply kits, and flyer | Rachel | 8/1/18 |

**Measures for this cycle** *(How will we know that a change is an improvement)*

Consider: balancing measures, measures to determine whether the prediction succeeds and your goal is achieved, how data will be collected & who is responsible for collecting data. You may find it easier to cut and paste from your measurement grid.

|  |  |
| --- | --- |
| **Task** | **Measure** |
| Add preferred contraceptive to Nurse Triage checklist | % completion of checklist item on Nursing Triage checklist / # of triage patients  |
| Develop standardized EPIC provider note for LARC placement, include confirmation of informed consent | % compliance with use of EPIC provider note for LARC placement/ # of implants placed |
| Develop standardized EPIC procedure note  | % compliance with EPIC procedure note for LARC placement/# of implants placed |
| Develop LARC order set | % compliance with EPIC LARC order set/# of patients with LARC implant |
| Develop standardized EPIC dot phrase for follow-up instructions | Random chart review (5 charts/month) with follow up instructions in the discharge summary of patients desiring LARC implant  |

**Other measures**

* # of LARC implants place
* qualitative feedback from 2 providers from each group – resident, attending, midwife, postpartum nurse
* LARC implant placement process compliance

**DO OR IMPROVE DEFINE-MEASURE-ANALZYE**

*What happened when the test was conducted?*

**Was the cycle carried out as planned** (yes, no)**?** No

**What did you observe** (i.e., qualitative feedback from the team)**?**

* Nurse feedback revealed that this took less time than they anticipated and were happy with the kits, once they were readily available and complete.
* Residents complained that attendings were not readily available for insertions.
* All providers were unhappy with the length of the provider note, so the note is being revised.

**What did you observe that was not part of the plan?**

* It took much more time to have the EMR requests fulfilled. Need to plan more time for this if further EMR requests are made.
* We needed to reset the par level for LARC implant kits in postpartum as we ran out in the 1st two weeks
* We forgot to include Kerlex in the LARC kits, so kit contents were updated.
* Providers frequently forgot the follow-up instructions dot phrase. We had to review LARC implant placements daily for 2 weeks at morning sign-out which improved compliance.

**STUDY OR CONTROL**

*Did the measured results and observations meet your objective?*

**Was your goal achieved** (yes, no)**?**  No

We achieved only 30% compliance with LARC implant placement process. The design of our cycle was ineffective because the necessary equipment was not available initially, EMR tools were available until mid-July, EMR tools were not effectively utilized by providers. We have noticed significant improvement in last 2 weeks and intend to continue our efforts.

**How do results of this test compare to previous performance?** NA

If YES

* **Do you plan to expand the test** (yes, no)**?**
* **Will you expand the scale** (i.e., keep the same conditions, just test more)**?**
* **Will you expand the scope** (i.e., change the conditions)**?** No
* **Will you expand the scale and scope** (i.e., change locations/units and conditions)**?** No

If NO

* **What data do you have to distinguish if your method of testing the change failed or if the designed change was not effective?** Design was not effective.

**Were there any barriers with the cycles’ implementation** (yes, no)**?** Yes. Delays in having equipment available and EMR tools effectively utilized.

**What else did you learn?**

* When EMR tools are needed for a cycle, place a ticket for these items with at least 2 month’s notice.

**ACT OR CONTROL**

*Decide to Abandon, Adapt, or Adopt?*

|  |  |
| --- | --- |
|  | **ABANDON:** Discard change idea testing. Describe what you will change. |
| **x** | **ADAPT:** Improve the change & continue a larger scale. Develop an implementation plan for sustainability. |
|  | **ADOPT:** Select changes to implement on & try a new one |

Continue to provide direct feedback to providers who are noncompliant with the process and further refinement of the provider documentation.