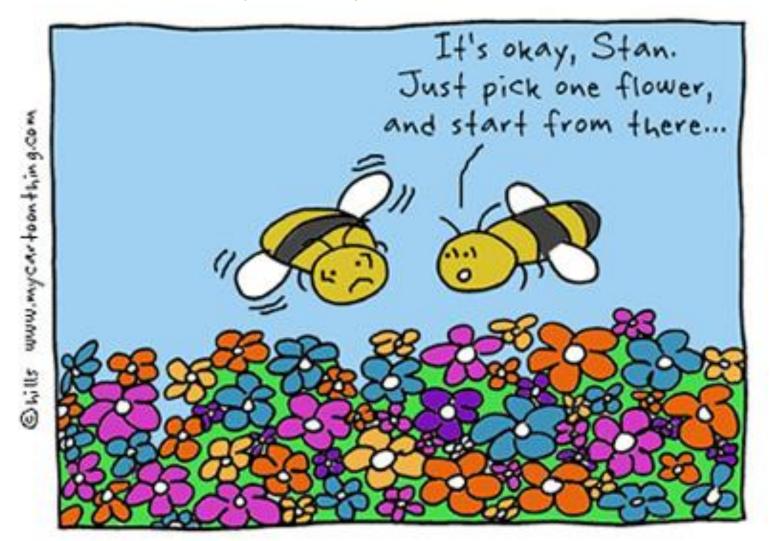


Let's PDSA!

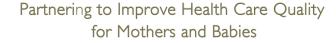
Maya Balakrishnan, MD, CSSBB FPQC MOM Mid-project meeting 3/14/17

Partnering to Improve Health Care Quality for Mothers and Babies

How many of you feel like Stan?







Today's healthcare environment

Resources

Demands

People

Patient safety

Patient satisfaction

Funding

Quality of care

Time

Penalties

Transparency



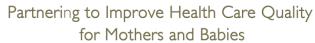


Prioritization matrix

- Sorts items based on order of importance
- Numerical value for priority of each item
- Ranks items (e.g., projects) based on criteria your team deems important







Benefits of Prioritization matrix

- Quick & easy
- Structured & objective
- Clarify complex issues
- Forecast project success
- Consensus on what to work on Ist
- Adapt to other priority-setting needs
 - Projects, Services, Personal...









- Determine interventions to be evaluated
- 2. Determine criteria & rating scale

- 3. Score each intervention using your criteria
- 4. Prioritize the list of potential interventions





- I. Determine interventions to be evaluated
 - Left column: Potential interventions

Intervention			





Project Aim

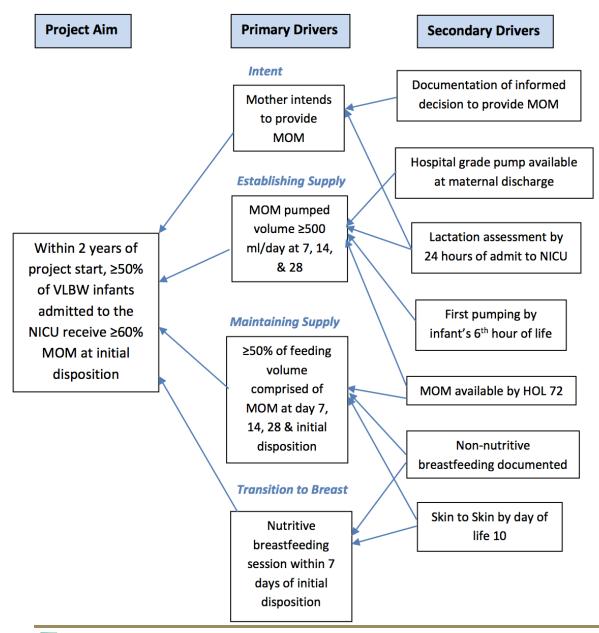
Within 2 years of project start, ≥50% of VLBW infants admitted to the NICU receive ≥60% MOM at initial disposition





Primary Drivers Project Aim Intent Mother intends to provide MOM **Establishing Supply** MOM pumped volume ≥500 Within 2 years of ml/day at 7, 14, & 28 project start, ≥50% of VLBW infants admitted to the **Maintaining Supply** NICU receive ≥60% ≥50% of feeding MOM at initial volume disposition comprised of MOM at day 7, 14, 28 & initial disposition **Transition to Breast** Nutritive breastfeeding session within 7 days of initial disposition









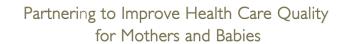
Project Aim Primary Drivers Secondary Drivers Intent Documentation of informed Mother intends decision to provide MOM to provide MOM Hospital grade pump available **Establishing Supply** at maternal discharge MOM pumped volume ≥500 Lactation assessment by Within 2 years of ml/day at 7, 14, 24 hours of admit to NICU project start, ≥50% & 28 of VLBW infants admitted to the First pumping by **Maintaining Supply** NICU receive ≥60% infant's 6th hour of life ≥50% of feeding MOM at initial volume disposition comprised of MOM available by HOL 72 MOM at day 7, 14, 28 & initial Non-nutritive disposition breastfeeding documented **Transition to Breast** Skin to Skin by day of Nutritive life 10 breastfeeding session within 7 days of initial

disposition

Recommended Key Practices

- 1. Process to provide maternal education and advocate for mother's own milk
- 2. Documentation of informed decision to provide mother's own milk
- 3. Standardized process for lactation consultations, and assessment by 24 hours of NICU admission
- 4. Determination of who is responsible and continuously available to initiate and assist with ongoing pumping
- 5. Secure sufficient number of pumps and ensure access in-house and at discharge
- 6. Provide breastfeeding education and measure competencies for all staff
- 7. Maternal education on hand expression, hands-on pumping, colostrum collection, etc.
- 8. Ensure appropriate supplies are available to facilitate breastfeeding and provision of breast milk
- 9. Process to monitor milk supply
- 10. Standardized guidelines (for skin-to-skin, test weights, non-nutritive breastfeeding, etc.)





- I. Determine interventions to be evaluated
 - Left column: Potential interventions

Intervention			
Intent			
Establishing supply			
Maintaining supply			
Transition to breast			

- 2. Determine your criteria & rating scale
 - What is important to you? (Choose 2-6 criteria)

Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	





- 2. Determine your criteria & rating scale
 - What is important to you? (Choose 2-6 criteria)
 - How important is it? Assign a rating scale (e.g., I-I0)

Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	





2. Determine your criteria & rating scale

- What is important to you? (Choose 2-6 criteria)
- How important is it? Assign a rating scale (e.g., I-I0)
- Consider:
 - Should each value + or from total numerical value?

Positive criteria	Negative criteria
Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	





2. Determine your criteria & rating scale

- What is important to you? (Choose 2-6 criteria)
- How important is it? Assign a rating scale (e.g., I-I0)
- Consider:
 - Should each value + or from total numerical value?

Positive criteria	Negative criteria
Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	





- I. Determine interventions to be evaluated
 - Left column: Potential interventions

Intervention			
Intent			
Establishing supply			
Maintaining supply			
Transition to breast			

- 2. Determine your criteria & rating scale
 - What is important to you? (Choose 2-6 criteria)
 - How important is it? Assign a rating scale (e.g., I-I0)

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	
+ or -	+	+	1	-	
Intent					
Establishing supply					
Maintaining supply					
Transition to breast					

- 3. Score each intervention using your criteria
 - Complete this as a team more perspectives, consensus
 - Negative scores are possible

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	
+ or -	+	+	-	-	
Intent	+8	+ 4	+ 5	- 2	
Establishing supply					
Maintaining supply					
Transition to breast					

- 3. Score each intervention using your criteria
 - Complete this as a team more perspectives, consensus
 - Negative scores are possible

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	
+ or -	+	+	ı	1	
Intent	+8	+ 4	+ 5	- 2	
Establishing supply	+ 10	+ 7	- 3	- 6	
Maintaining supply	+ 7	+ 5	- 6	- 8	
Transition to breast	+ 7	+ 10	- 8	- 5	

- 3. Score each intervention using your criteria
 - Complete this as a team more perspectives, consensus
 - Negative scores are possible

Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	Score	Priority Rank
+ or -	+	+	1	-		
Intent	+8	+ 4	+ 5	- 2	+ 5	
Establishing supply	+ 10	+ 7	-3	- 6	+8	
Maintaining supply	+ 7	+ 5	- 6	- 8	- 2	
Transition to breast	+ 7	+ 10	- 8	- 5	+ 4	

4. Prioritize the list of potential interventions

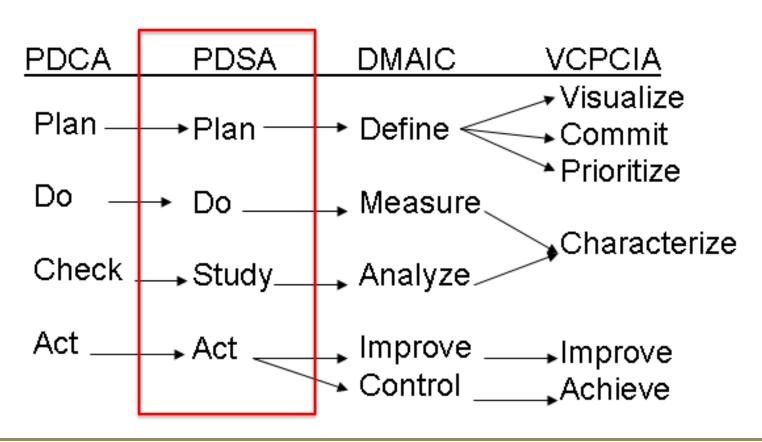
Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	Score	Priority Rank
+ or -	+	+	1	-		
Intent	+ 8	+ 4	+ 5	- 2	+ 5	2
Establishing supply	+ 10	+ 7	- 3	- 6	+ 8	1
Maintaining supply	+ 7	+ 5	- 6	- 8	- 2	4
Transition to breast	+ 7	+ 10	- 8	- 5	+ 4	3

Use the Prioritization Matrix worksheet to determine your highest priority driver.

5 minutes

QI Acronyms

Goal of improving the quality of a process







PDSA cycles

Tool to develop & document tests of change

Plan a test

Do a test

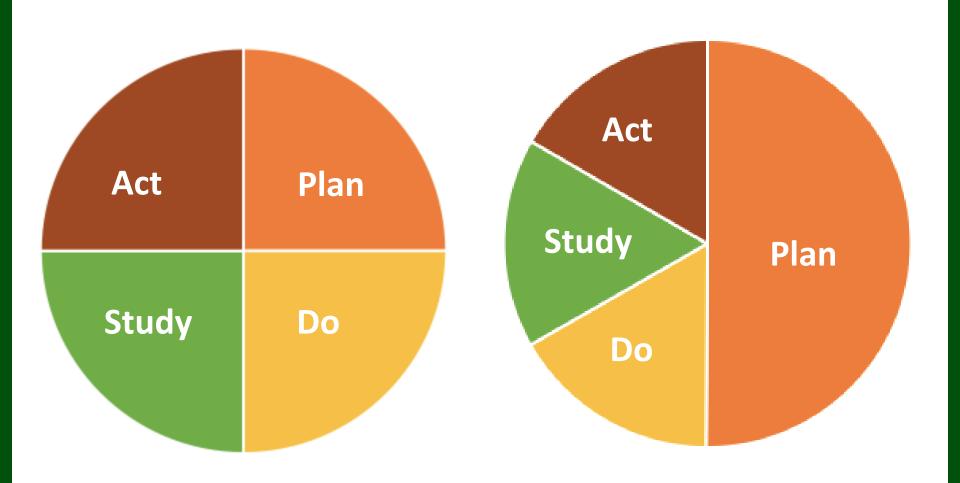
Study & learn from results of your test of change

Act on results from your test of change





Plan-Do-Study-Act



Benefits of using PDSA cycles

- Determine if proposed changes

 improvement
- Expected amount of improvement from change
- Effect of change in practice environment
- Prove that change
 improvement

Minimizes resistance at implementation





Plan

- Objective for test
- Predict what will happen
- Develop a plan to test the change







Project Aim Primary Drivers Secondary Drivers Recommended Key Practices Intent 1. Process to provide maternal education and Documentation of informed advocate for mother's own milk Mother intends decision to provide MOM to provide 2. Documentation of informed decision to MOM provide mother's own milk Hospital grade pump available 3. Standardized process for lactation **Establishing Supply** at maternal discharge consultations, and assessment by 24 hours of MOM pumped NICU admission volume ≥500 Lactation assessment by 4. Determination of who is responsible and Within 2 years of ml/day at 7, 14, 24 hours of admit to NICU continuously available to initiate and assist with project start, ≥50% & 28 ongoing pumping of VLBW infants 5. Secure sufficient number of pumps and ensure admitted to the First pumping by **Maintaining Supply** access in-house and at discharge NICU receive ≥60% infant's 6th hour of life ≥50% of feeding MOM at initial 6. Provide breastfeeding education and measure volume disposition competencies for all staff comprised of MOM available by HOL 72 MOM at day 7, 7. Maternal education on hand expression, 14, 28 & initial hands-on pumping, colostrum collection, etc. Non-nutritive disposition 8. Ensure appropriate supplies are available to breastfeeding documented facilitate breastfeeding and provision of breast **Transition to Breast** milk Skin to Skin by day of Nutritive 9. Process to monitor milk supply life 10 breastfeeding 10. Standardized guidelines (for skin-to-skin, test session within 7 weights, non-nutritive breastfeeding, etc.) days of initial disposition



PDSA Cycle #1

Expected time frame: I month

Objective: Increase % with Ist pumping w/in 6 hours of life

Test of change:

- Any postpartum mother in L&D (prior to transfer to postpartum) who intends to provide breast milk
- PCT responsible for:
 - Pumping supplies & pump available in room prior to delivery
 - Assist with Ist pumping session postpartum ASAP

Key driver impacted: Establishing supply

Tasks to complete:

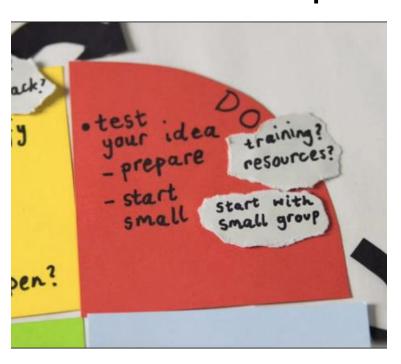
- Educate PCTs on importance of breast milk, pump, & process of pumping
- PCT to document time of Ist pumping in EMR/paper charting

Prediction:

 50% of mothers intending to provide breast milk will have Ist pumping session within 6 hours of life

Do

- Try test of change on small scale
- Carry out the test
- Take notes on problems & observations



- Education
- EMR/Paper documentation available

Start small

- I PCT
- I week

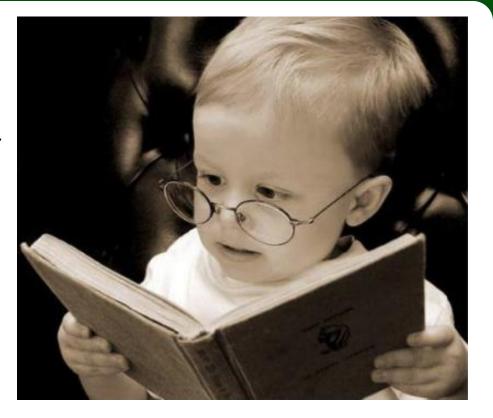
Carefully consider your testing conditions





Study

- Complete analysis of data
- Compare results to previous performance
 - Summarize & reflect on positive & negative aspects of what was learned

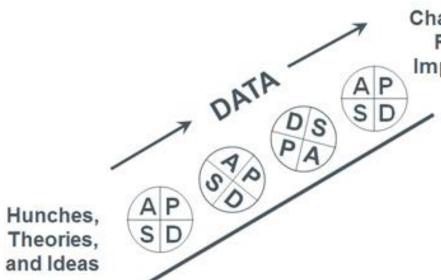


Prediction: 50% of mothers intending to provide breast milk will have Ist pumping session within 6 hours of life

Did the results match your prediction?

- Previous performance 0% documentation
- Test performance: 10% (n=10)

What worked? What didn't work? Why?



Changes That Result in Improvement Act

Refine next cycle based on what was learned

Source: The Improvement Guide, p. 103

Abandon (discard idea & try a new idea)

Adapt (improve the idea & continue testing)

Adopt (implement changes on larger scale & develop a sustainability plan)

Prepare & plan for next PDSA cycle





Some suggestions...

- Pick willing volunteers ("cheerleaders)
- Tests of change:
 - Don't reinvent the wheel (Steal shamelessly)
 - Start with a small scope, but with good yield
 - Initially opt for change that doesn't require a lengthy approval process
 - Avoid technical slow downs
- Reflect on results of EVERY change even failures
- Don't be afraid to end a test if there isn't improvement





Use your Prioritization Matrix & determine your 1st PDSA cycle using this PDSA worksheet.

20 minutes activity

Let's debrief...

What was useful?

What was not useful?

What could have been explained better?

Any other thoughts?



