PDSA Cycles Can Help Move the PROVIDE Needle!

William Sappenfield & Jessica Brumley
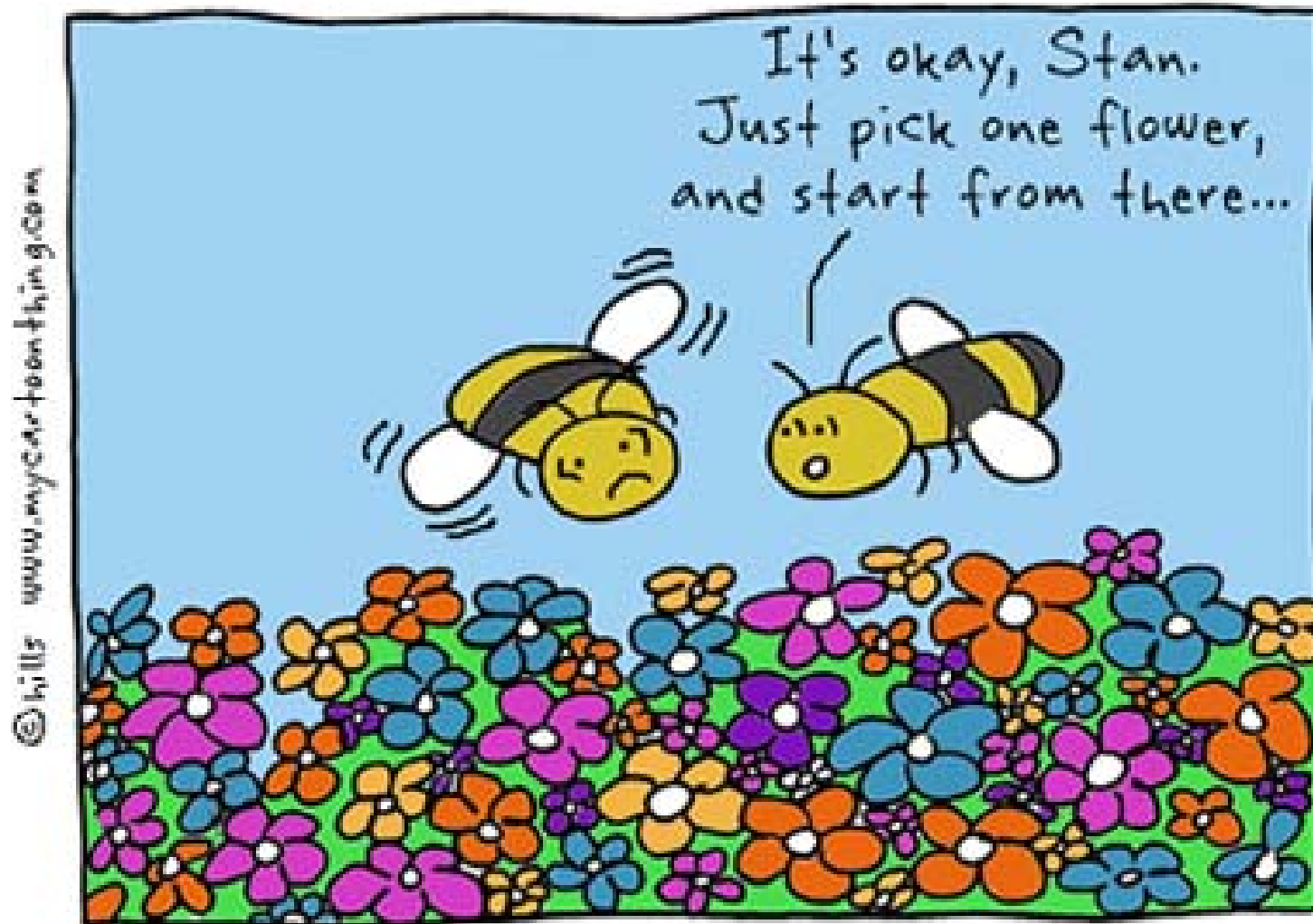
FPQC PROVIDE Mid-project meeting

09/21/18

Partnering to Improve Health Care Quality
for Mothers and Babies

How many of you feel like Stan?

Today's healthcare environment

Resources

People

Funding

Time

Demands

Patient satisfaction

Patient safety

Quality of care

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**

I RANKED ALL OF YOUR ASSIGNMENTS BY PRIORITY SO YOU WON'T WASTE TIME ON UNIMPORTANT STUFF.

EVERYTHING IS AN "A" PRIORITY EXCEPT FOR "PERSONAL LIFE."

THIS HELPS A LOT.

I'M STILL WORKING ON THE LIST OF "MUST DO" "B" PRIORITIES.

Benefits of Prioritization Matrix

- Quick & easy

- Structured & objective

- Clarify complex issues

- Forecast project success

- Consensus on what to work on 1st

- Adapt to other priority-setting needs
    - Projects, Services, Personal…

Find the "Sweet spot"

Creating your Priority matrix

1. Determine interventions to be evaluated

2. Determine criteria & rating scale

3. Score each intervention using your criteria

4. Prioritize the list of potential interventions

Creating your Priority matrix

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

Intervention						

Project Aim

Within 18 months of project start, NTSV cesarean section rates will decrease by 20% in all participating hospitals.

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Project Aim

Primary Drivers

Readiness

A unit that values, promotes, supports vaginal birth

Recognition/Prevention

Standardization of processes to increase chances of vaginal birth

Within 18 months of project start, NTSV cesarean section rates will decrease by 20% in all participating hospitals.

Response

Standardization of responses to labor challenges to prevent cesarean

Reporting

Track and report labor and cesarean measures

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Secondary Drivers

Revise Policies/Protocols to Support Vaginal Birth

Physician, nursing, staff education on approaches that maximize likelihood of vaginal birth

Establish standard criteria for induction, active labor admission and triage management

Implement standard methods to assess, interpret, and respond to abnormal FHR

Establish standardized labor algorithms/policies to recognize and treat dystocia

Track cesarean section rates

Track balancing measures

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Project Aim	**Primary Drivers**	**Secondary Drivers**

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Establish standard criteria for induction, active labor admission and triage management

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Implement standard methods to assess, interpret, and respond to abnormal FHR

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Reporting

Track and report labor and cesarean measures

Track cesarean section rates

Track balancing measures

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Creating your Priority matrix

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

Intervention						
Support Policies/Protocols						
Standardize Criteria for Admiss						
Standardize Labor Algorithm						

Creating your Priority matrix

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., 1-10)

Importance	Resource intensity
Mandate	Resistance
Value to customer	Complexity
Strategic alignment	

Creating your Priority matrix

2. Determine your criteria & rating scale

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   - Consider:

     - Should each value + or – from total numerical value?

Positive criteria	Negative criteria
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Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10		
+ or -	+	+	-	-		
Support Policies/Protocols						
Standardize Criteria						
Standardize Algorithm						

Creating your Priority matrix

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 -	+	+	-	-		
Support Policies/Protocols	+ 5	+ 9	- 6	- 3		
Standardize Criteria for Admiss	+ 7	+ 4	- 5	- 8		
Standardize Labor Algorithm	+ 8	+ 6	- 2	- 6		

Creating your Priority matrix

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Intervention	Importance Rank: 1-10	Customer Value Rank: 1-10	Resource Intensity Rank: 1-10	Resistance Rank: 1-10	Score	Priority Rank
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Standardize Labor Algorithm	+ 8	+ 6	- 2	- 6	+ 6	

Creating your Priority matrix

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 -	+	+	-	-		
Support Policies/Protocols	+ 5	+ 9	- 6	- 3	+ 5	2
Standardize Criteria for Admiss	+ 7	+ 4	- 5	- 8	- 2	3
Standardize Labor Algorithm	+ 8	+ 6	- 2	- 6	+ 6	1

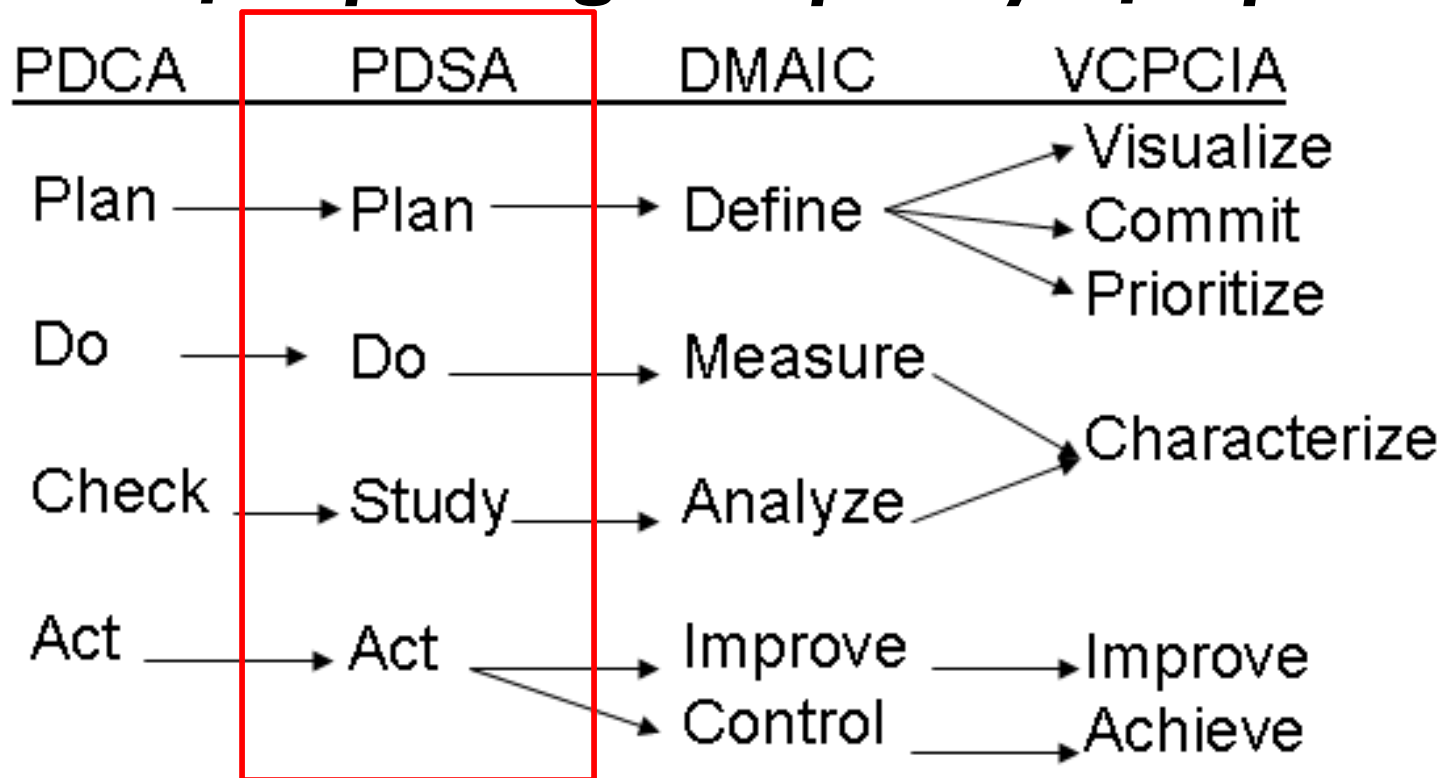Use the Prioritization Matrix worksheet to determine your highest priority intervention.

5 minutes

QI Methodology

Many QI curriculums are available

Goal of improving the quality of a process

PDCA	PDSA	DMAIC	VCPCIA
Plan →	Plan →	Define <	Visualize / Commit / Prioritize
Do →	Do ——	Measure	
Check →	Study →	Analyze	Characterize
Act →	Act →	Improve →	Improve
		Control →	Achieve

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

PDSA Cycle #1

Expected time frame: 3 month

Objective: Compliance w/Intermittent Auscultation for low risk laboring women

Test of change:

- OB/CNM orders IA on low risk women
- RN perform and document IA appropriately

Key driver impacted: A unit that values, promotes, supports vaginal birth

Tasks to complete:

- Create Clinical Care guideline/protocol
- Educate OB/CNM on evidence, protocol, and ordering procedures for IA
- Train RNs on IA technique and protocol
- Update Admission order set and Nursing FHR documentation flowsheet.

Prediction:

- 50% compliance with IA for low risk women admitted in labor

Do

- Try test of change on small scale

- Carry out the test

- Take notes on problems & observations
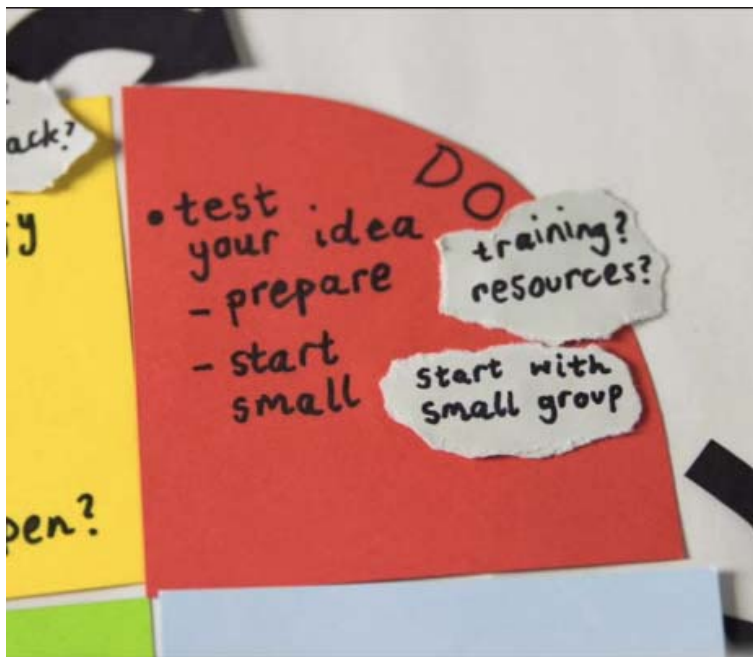
- Education
- EMR/Paper documentation available

Start small
- 1 OB
- 1 week

Carefully consider your testing conditions

Study

- Complete analysis of data

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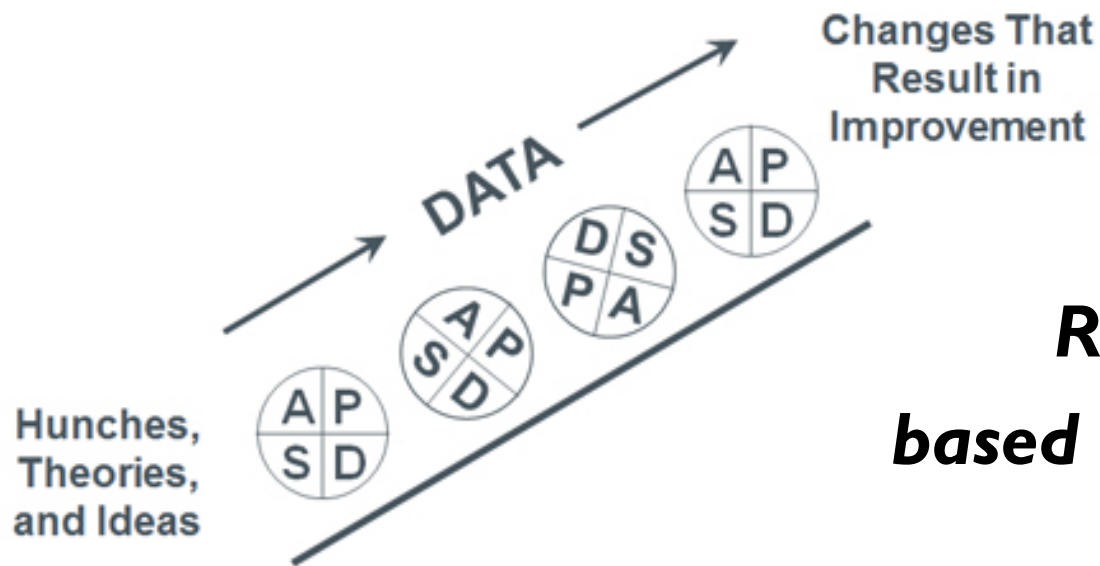 - Summarize & reflect on *positive* & *negative* aspects of what was learned

Prediction: 50% compliance with IA for low risk women in labor
Did the results match your prediction?
- Previous performance 0% documentation
- Test performance: 18% (n=13)

What worked? What didn't work? Why?

Source: *The Improvement Guide*, p. 103

Act

Refine next cycle

based on what was learned

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?

Thank you!

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