Progressing With A Plan: Do-Study-Act

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Leave in Action: Build a Plan

- QI Team
  - Prioritizes the RCA
  - Select a PDSA document and creates a plan for change
  - Initiates tasks within the plan
  - Start measuring the change

Next week, share your plan details
- What are you changing?
- Who or where will your change take place?
- How will you measure this change (process measure)?
- When will your first PDSA cycle be complete?
Chat Waterfall

GROUPS

- Group 1: First initial of your last name is A – M
- Group 2: First initial of your last name is N- Z

QUESTION

Share a topic that you prioritized from the RCA and that you are using to develop a PDSA.

Start typing in now, but DON’T SEND until I say send.

Quote

“Planning without action is futile, action without planning is fatal.”

~Cornelius Fichtner
Quality/Performance Improvement: PDSA

- Adjust if necessary (go back to “Plan”)
- Stay the course
- Make this the new standard
- Choose a change to make
- Outline your goal (desired result)
- Determine When, Who & Where
- Plan how you will measure/monitor it
- Test/Implement plan
- Document results, problems, the unexpected
- Check your results
- Compare results to your goal
- Lessons learned
- Outline your goal (desired result)
- Determine When, Who & Where
- Plan how you will measure/monitor it
- Test/Implement plan
- Document results, problems, the unexpected

PDSA Worksheet

3 Fundamental Questions for Improvement

1. What are we trying to accomplish (AIM)?
   - Decrease COVID-19 positive cases among residents from 100% to 0% by January 31st, 2021 and sustain this percentage.
2. How will we know that a change is an improvement (MEASURE)?
   - NHIN reported data will indicate no residents with positive COVID-19 cases.
3. What changes can we make that will lead to improvement (CHANGE)?
   - Hand hygiene improvements, address the environmental issues, update policies, assure PPE supply is available and used properly

Plan

<table>
<thead>
<tr>
<th>What is your first (or next) test of change?</th>
<th>Test population?</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve hand hygiene practices</td>
<td>West Hall staff</td>
<td>01/2021</td>
</tr>
</tbody>
</table>

List the tasks needed to set up this test of change:

- Prominently display multiple hand hygiene signs, perform audit checks, provide feedback for hand hygiene, correct a compliance rate spread sheet for hand hygiene, educate the importance in the prevention of nosocomial infection.
- Cathy - education
- Sarah -facilitate signage to display
- Tim - audits and tracking

Predict what will happen when test is carried out:
- West Hall staff will demonstrate understanding proper hand hygiene at the appropriate opportunities

Measures to determine whether prediction succeeds:
- Audits will measure compliance rates and identify missed opportunities or lapses

PDSA Worksheet


IP PDSA Worksheet

P-Do-S-A

- Test/Implement plan
- Document results, problems, the unexpected
  - What was done?
  - What were the measured results?
  - What were the observations?

**Do**
Describe what happened when you conducted the test (e.g., what was done, what were the measured results, what were the observations).

Education was provided to all staff on West Hall on the importance of timing for hand hygiene. Also provide the audit form to each staff explaining the details at each step. Signs were downloaded and for display through out the hall at critical areas (sinks, sanitizer dispensers, at the exit to a doorway). An auditing tool was update to include hand hygiene moments for compliance rate calculations. A spread sheet was developed to collect the data from the audits.

Tim performed audits on the 8 staff members who commonly are assigned to work on this hall. 6 of the 8 staff members completed all the actions identified in the audit form correctly with out feedback provided.

P-D-Study-A

- Check your results
- Compare results to your goal/prediction
- What did you learn?

**Study**
Describe how the measured results and observations compared with predictions.

The audit checks revealed a 75% compliance rate with audits. This did not meet our prediction of all staff understanding all the moments they should be performing hand hygiene.
P-D-S-Act

- Adjust - go back to “Plan”
- Adopt – Make this the new standard, spread practice/intervention to the facility
- Abandon – scrap this test of change
- What’s next?

PDSA Cycles: Building Knowledge Over Time

Knowledge increases over cycles

Avoided the Cost of Failure!

Spread Change throughout the system

An idea, a hunch, best practices …

Test under a variety of conditions

Implement a change

Prototype a change

Develop a change
Tools to Improve PDSA Skills

- The Domestic Lean Goddess – Getting the Kids to School on Time – PDSA [https://www.youtube.com/watch?v=jsp-19o_5vU](https://www.youtube.com/watch?v=jsp-19o_5vU)
- Quality Improvement in Healthcare PDSA (11:09 min) [https://www.youtube.com/watch?v=jq52ZjMzqyl](https://www.youtube.com/watch?v=jq52ZjMzqyl)
- PDSA Cycles: From CLABSIs to Cucumbers (6:04 min) [https://www.youtube.com/watch?v=8Q7qnNpTWxM](https://www.youtube.com/watch?v=8Q7qnNpTWxM)

CMS Scenario-Based COVID-19 Training

Link to QSEP training for frontline and management staff: [https://qsep.cms.gov/welcome.aspx](https://qsep.cms.gov/welcome.aspx)

Leave in Action: Complete the first cycle of a PDSA

- QI Team
  - After implementing the plan of action, meet to discuss the details
  - Determine if your actions led you in a positive direction and how you will respond to what you have learned.

Next week, share your plan details
- What happened when you took action? – “Do”
- How did this compare to what you predicted? – “Study”
- What did you do with this information? – “Act”
- What’s next?

Leave in Action: Complete the first cycle of a PDSA