

Webinar II: Quality Improvement Techniques and PDSAs (Plan-Do-Study-Act)

**Healthy Start
ICC Learning Community**

Webinar May 5, 2009




Agenda

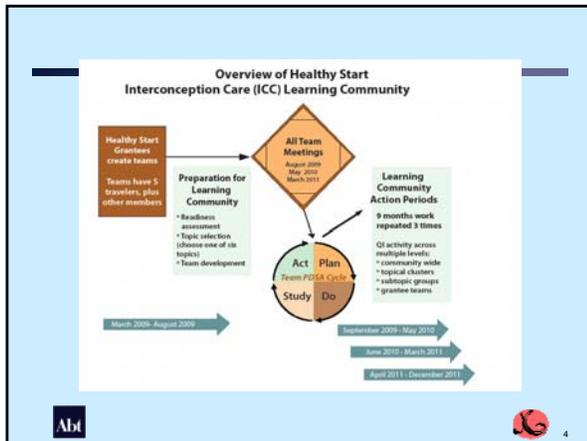
- Introduction and Review - Andrea Brand, Project Director, Abt Associates
- Overview of Quality Improvement Techniques – Lisa LeRoy, Sr. Associate, Abt Associates
- PSDA (Plan-Do-Study-Act) Cycles
 - Questions from Webinar Attendees
- Guest Speakers from Other Learning Community Initiatives
 - Jessica Sanchez, MSN, Clinical Quality Division Director, Colorado Community Health Network
 - Chuck Ross, MSW, Clinical Director, STEPS Program, Wooster, Ohio
 - Questions from Webinar Attendees
- Next Webinars:
 - Monday, May 18th 2:00 – 3:30 EST **Readiness Assessment**
 - Thursday, June 4th 2:00 – 3:30 EST **Topics and Team Formation**




Healthy Start ICC Learning Community Timeline (Prepared 04/30/09)

Week	March	April	May	June	July	August
Mtg with PD	○					
HRSA IPD communication		○	○	○	○	
Discuss with NHSA board	○					
Webinar 1: Findings on ICC		○				
Webinar 2: Intro to CI & PSDA			○			
Webinar 3: Readiness assessment				○		
Webinar 4: Content topic & team formation				○		
Readiness assessment process						
Topic selection						
Team formation						
Workbook						
NHSA Leadership Mtg	○					
Preliminary Poll on topics						
Calls with Experts (EWG and others)	○	○	○	○	○	○
Pre-meeting (EWG)						○
ICC Learning Community Mtg						○



Why should we change? We do an excellent job now.

- ***Every system is perfectly designed to produce the results it achieves.***
- **To improve our results requires changing the system.**

Abt 5

W. Edwards Deming (often referred to as the father of CQI)

- **The bottom line for Deming:**

“Optimize human enjoyment in the act of providing services and you optimize services.”

Abt 6

Implications for Healthy Start Projects	
Transforming a System Means:	For Healthy Start Projects:
Understanding a system	What is the process a client goes through?
Understanding what causes variation in the system	Why do some clients have better results than others?
Understanding what incentives govern staff behavior in performing their jobs	Why do staff do things the way they do?
Constantly focusing on improving quality ...reduced costs will follow	What steps would improve our process?
On-the-job training for staff; ongoing programs of education and self-improvement	What kind of training is needed to make the process better?

Implications for Healthy Start Projects	
Transforming a System Means:	For Healthy Start Projects:
Breaking down barriers between departments	Which processes involve more than one department?
Empowering front line workers; eliminating slogans and targets to guide work	Are the staff providing direct services authorized to make decisions that affect their work?
Removing barriers that rob staff of their pride of "workmanship"	What changes will allow staff to take pride in their work?
"Driving out fear" – fear of blame, fear of bearing bad news, etc. (i.e. increasing transparency, open communication)	How can we turn "mistakes" into opportunities?

CQI Principles	
<ul style="list-style-type: none"> ■ The consumers' needs shape the products/services ■ Assume staff will do a good job when they have the skills and tools to do so ■ "No bad apples" – shift from individual blame for mistakes to identifying system and process problems ■ Management's job is to help the front-line workers, not the other way around ■ Shift from inspection of products at the end to ongoing modification of processes – CQI is never done ■ The organization adopts and integrates CQI as a cultural value; it is not a series of special projects 	

Misperceptions about CQI

- It involves sophisticated statistical techniques: the green eye-shade people
- It's all about getting people to do more with less resources
- It takes a big investment of resources, without much yield
- It's only applicable to clinical/medical practices and hospitals, not public health or systems of care
- Others??



10

Institute for Healthcare Improvement Breakthrough Learning Collaboratives: Characteristics

- **Bring together teams with common goal**
 - 12-160 participants; similar kinds of organizations (e.g. hospitals, clinics, health centers)
 - **Short-term initiative**
 - focused on an aim; 6-15 months
 - **Learning Sessions**
 - face-to-face meetings
 - learning from peers and from experts
 - report on experience during action periods
 - **Action Periods**
 - in between learning sessions
 - participants implement the PDSA model
- The IHI Collaborative Model for Achieving Breakthrough Improvement
(Innovation Series 2003) www.ihl.org



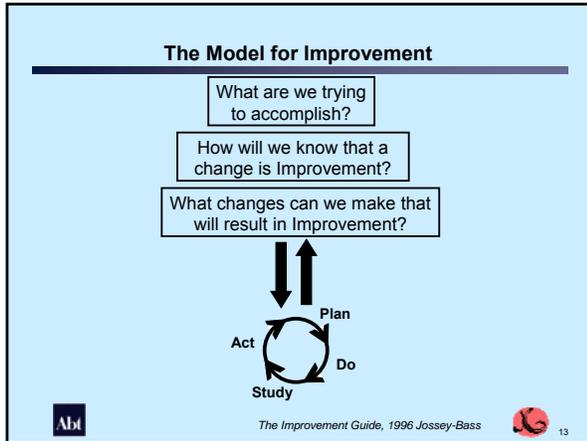
11

Learning Collaboratives Have Proliferated; a few of the hundreds of examples:

- **Network for the Improvement of Addiction Treatment (NIATx)**
- **Commonwealth Fund Assuring Better Child Health and Development (ABCD)**
- **Primary Care Development Corporation (NYC health centers)**
- **Multi-state Learning Collaborative (state and local health departments)**
- **Health Disparities Collaboratives (HRSA/FQHC)**
- **IHI – Diabetes, c-section, acute care, critical care, etc., etc.**



12



The Aim: What are we trying to accomplish?

Effective Aim Statements:

- Contain specific numeric goals
- A time frame for achieving them
- Describe the population to be served
- Offer guidance on the approaches to improvement

Measurement: How will we know that a change is an improvement?

Types of measures

- Outcome measures – Where are we ultimately trying to go?
- Process measures – Are we doing the right things to get there?
- Balancing measures - Are the changes we are making to one part of the system causing problems in the other part of the system?

When to measure

- Examine data before and after the change
- Display data over time during the change

Change Concepts: What changes can we make that will result in improvement?

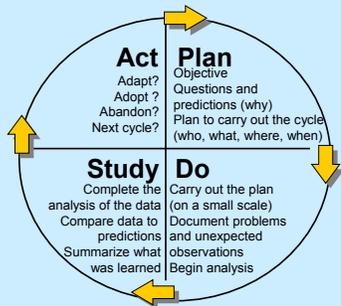
Generate ideas for changes:

- What are our clients telling us needs to change?
- Critical thinking about the current system; do a walk-through
- Look at peer programs: what are they doing to achieve better results?
- Use technology (e.g. bar coding)
- Creative thinking



16

The PDSA Cycle for Learning and Improvement



17

Plan-Do-Study-Act (PDSA) Cycles

- Rapid Cycle Improvement
- A way to test changes on a small scale in real work settings
- Tweak the change and test again until it works
- Avoid time-consuming, comprehensive changes that might not work
- PDSA is not research



18

An Interconception Care Example

- Topic: **Interconception Risk Screening**
- Goal for ICC Learning Community:
Assure that women have evidence-based general screening for interconception risks



19

An Interconception Care Example

Aim: What are we trying to accomplish?

At least 50% of women clients participating in the Healthy Start ICC component in our project will receive evidence-based screening for risks between October and December 2009.



20

An Interconception Care Example

Measures: How will we know a change is an improvement?

Increase the proportion of women clients who receive ICC screening with a standardized, evidenced-based tool from October to December 2009 from baseline.



21

An Interconception Care Example

**What change can we make that will result in improvement?
(What will Healthy Start grantees actually do?)**

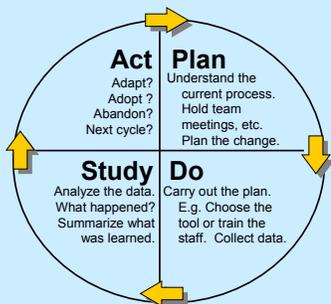
Examples (HS projects would do 1 at a time)

- Choose a standardized, objective ICC screening tool based on national recommendations (e.g., ACOG, MOD, UNC, PKC) to use in screening.
- OR
- Train staff in order to improve staff knowledge of and skills in consistent use of ICC screening tool.



22

**The PDSA Cycle
for Learning and Improvement**



23

Plan

- ▶ Choose the home team
- ▶ Hold interdisciplinary team meetings to discuss how to implement the change
- ▶ Conduct a walk-through
- ▶ Map the current ICC risk screening process
 - What tool(s) are currently used? Why?
 - How is the tool administered? How often?
 - What is the impact on clients?
- ▶ Develop the change plan and associated tools (e.g., data collection method)



24

Do

► Implement the change

- Review the potential standardized screening tools, apply the pre-determined criteria, discuss which one the team thinks is best, etc., etc.

OR

- Schedule the training session, train the designated staff, change the medical chart as necessary, etc. etc.



Study

- Discuss what happened with the first clients with whom the change was tried
- Examine process measures – was the change implemented as planned?
- Compare measures post-implementation of change with previous measures
- Any unintended effects? (e.g. case managers find their visits take much longer; client drop-out increases)



Act

- Modify the change as necessary
- Conduct a PDSA cycle again



An Interconception Care Example

- ICC Topic: **Family Planning/Reproductive Health**
- Goal for ICC Learning Community: **Assure Healthy Start consumers who wish to plan their next pregnancy have family planning/reproductive health visits and/or filled contraceptive prescriptions early in the postpartum period**



28

Aim: What are we trying to accomplish?

Assure that Healthy Start consumers who have delivered in the last month and do not wish to conceive currently have had a family planning visit, have chosen a contraceptive method and are using the chosen method. (Stretch aim)



29

Measures: How will we know a change is an improvement?

•Increase % of women who have had family planning visits within the first month, i.e. a primary care visit which addresses family planning

OR

•Increase % of women who have chosen a contraceptive method per case manager documentation (process measure)

OR

•Increase % women who are using a contraceptive method



30

**What change can we make that will result in improvement?
(What will Healthy Start grantees actually do?)**

Options (choose only one per PDSA)

- **Develop a relationship with local family planning organization that will serve low income women (if HS project does not already have one)**

OR

- **Develop protocol and associated tools for use by Healthy Start staff to promote early family planning for those women desiring it immediately postpartum**

OR

- **Assure that Healthy Start staff make contact with the consumer in the first weeks postpartum to discuss family planning, facilitate a family planning/ reproductive health visit or obtaining contraceptive method**



31

Questions?



32

**Guest Speakers
Experts from other Learning Collaboratives**

**Jessica Sanchez, MSN,
Clinical Quality Division Director,
Colorado Community Health Network**

**Chuck Ross, MSW,
Clinical Director,
STEPS - Substance Abuse Treatment, Education and
Prevention Services, Wooster, Ohio**



33

Questions?

Andrea Brand

Andrea_Brand@ablassoc.com

Lisa LeRoy

Lisa_Leroy@ablassoc.com

Kay Johnson

kay.johnson@johnsongci.com