

IPRO HQIC

Quality Improvement 101 Course

Content Class #3

“Study & Act” Phases of PDSA

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How to Use the Chat Box Feature

To send a Chat Message:

- Open the Chat Panel



- **Scroll All the Way Down**
- **Select “Everyone”**
 - **Do not select**
“All Attendees”
- **Type message** in Chat Text Box, press **Enter** on your keyboard



Enter in Chat:

- **Name**
- **Role**
- **Organization**
- **State**

Questions and Participation

- If you prefer to ask your question live, please raise your hand and your line will be unmuted.
- There are several opportunities to participate during today's class so please feel welcome to share during polling questions.



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Today's Objectives and Speakers

- Describe Methods to Sustain Gains
- Describe Monitoring/Audit tools and Analyzing the Results
- Describe Monitoring Frequency
- Describe Mistake Proof Improvements
- Describe Methods for Displaying Project Data
- Describe Project Closure



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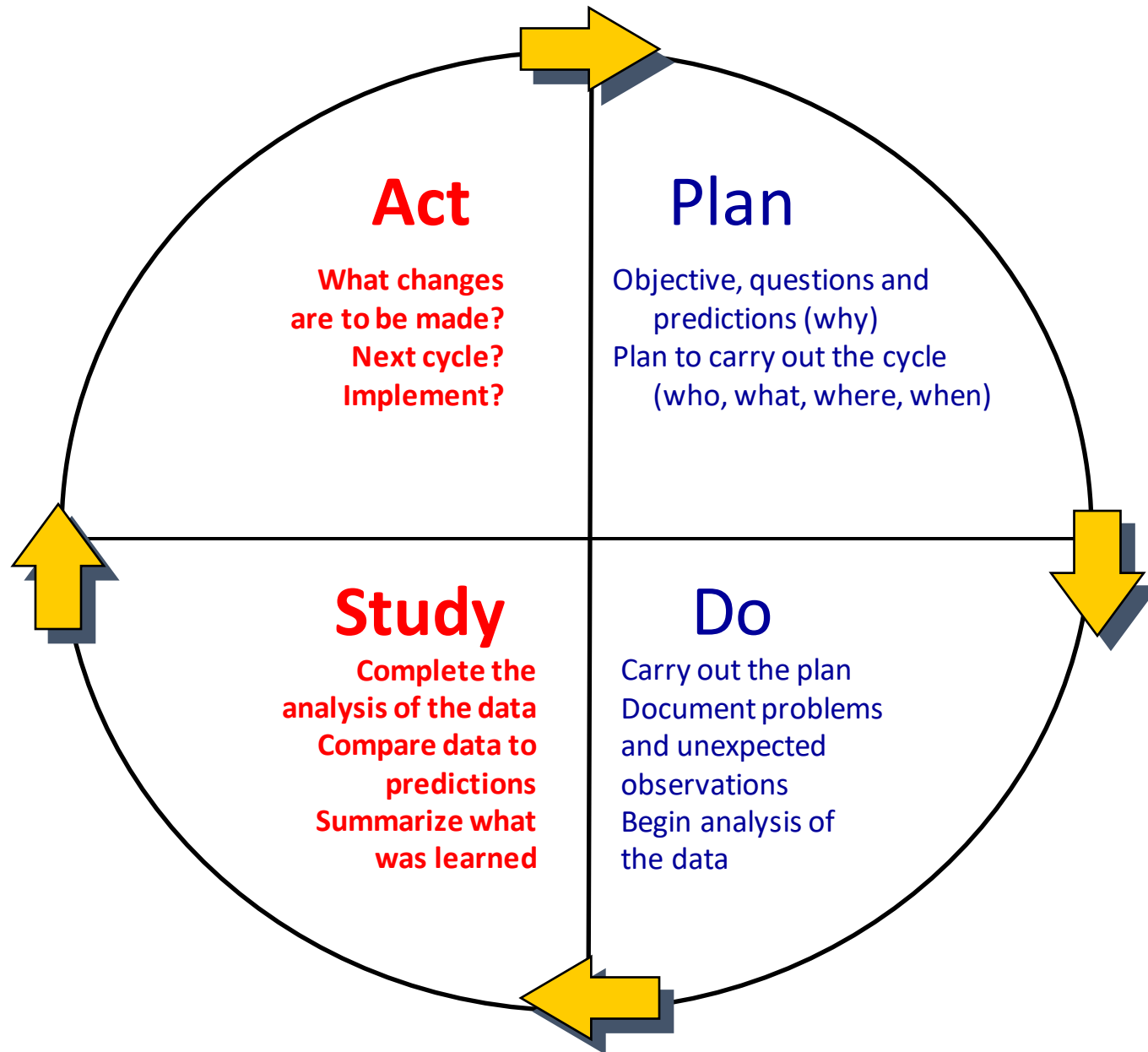
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When are you “done” with testing?

- Everyone who needs to test the change has
- The process is stable, with few changes
- Staff are satisfied with the current state
- **Your measure is moving in the right direction**
(Stay tuned for lots of help on how to use your data tomorrow)

Participant Question

- How do you know if the implemented solutions have become part of the daily work?
- Please enter your answers in the chat box.



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Methods to Sustain Gains- Sustainability is a Key Component to Quality Improvement



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Making Change “Stick”

- Update policies and procedures
- Ensure everyone is trained
- Build the process into orientation guides
- Build the process into your electronic record
- Decide who will continue to monitor this

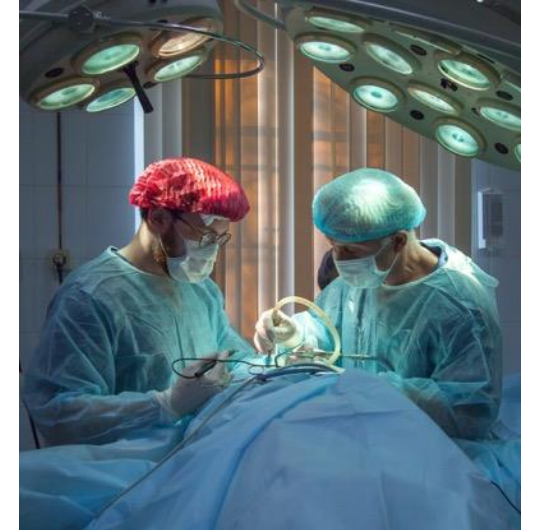


Making it “Stick”

- The changes should be tied to an existing accountability structure:
 - Quality Committee
 - Patient Safety Committee
 - Shared Governance
 - Management Team
- At least an annual spot check of the outcome measure; may need a process measure if the outcome is “slipping”
- Think about a contingency plan – new PDSA cycles – if performance starts to slip.

Strategies for Project Sustainment - Jidoka

- “Transforming into something that moves by itself” Japanese LEAN principle to stop the line when an abnormality is detected or automatic stop.
- 7 rights of Medication Administration
- Time Out for Surgery



Monitoring/audit tools and analyzing the results



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Strategies for Project Sustainment

Standard Work



Standard Worksheet/Job Instruction Sheet				Hospital:	
Functional Area	Endoscopy	Process Name	Sampling Duodenoscopes - Distal cap seams (Step 1 of 3)	Creation Date:	Signature:
Department Director		Process ID Number		Revision Date:	Signature:
Team Leader/Owner		Position Responsible/Role	Endoscopy Tech	Review Date:	Signature:
Seq. No.	Major Steps/Element Description	Performed By	Check	Workflow diagram	
				Required PPE: Sterile Gown, Sterile Gloves, Mask and eye protection, Bouffant	
1	Assemble supplies and equipment including: PPE, surface disinfectant, sterile drape, lighted magnification, sterile collection container, specimen label, 45ml Dey-Engley, sterile water, sterile alcohol wipe, sterile swab, 2 pipettes, sterile brush and scissors, (2) 30ml and (1) 5ml syringe.	Sampler & Facilitator		<div>1</div> <div>2</div>	
2	Perform hand hygiene.	Sampler & Facilitator			
3	Label the sterile sample container with duodenoscope device number, channel/sites sampled, date, time, and identification of sampler.	Facilitator		<div>3</div> <div>4</div> <div>4</div>	
4	Don fluid resistant face-mask, eye protection and exam gloves.	Sampler & Facilitator			
5	Disinfect counter with appropriate surface disinfectant starting from back of counter working towards front.	Sampler & Facilitator		<div>5</div> <div>6</div> <div>7</div> <div>8</div>	
6	Don Sterile PPE	Sampler & Facilitator			
7	Place sterile pad or drape on counter.	Facilitator			
8	Retrieve duodenoscope and place on sterile pad or drape, taking care to avoid contact with the elevator recess	Facilitator			

Std Process Stock		Quality Check		Safety	
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Monitoring Phase – Sustain the Gains

- Current State
- Post-implementation State
- Detect Defects
- Continuous Monitoring



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Data Collection Plan – Control Plan

- Current State or Base Line Data
- Process Owner
- Reviewed throughout the project
- Frequency and methods to collect data
- Sampling
- Operational Definitions
- Interrater Reliability
- Monitoring Data



Process Control Plan

PROCESS CONTROL PLAN WORKSHEET

List of Key Processes & Associated Measures	Process Owner	Frequency Data Needs to be Collected & Monitored	Level at Which Action is Required

Document who will be monitoring performance going forward

Process Control Plan Example

PROCESS CONTROL PLAN WORKSHEET

List of Key Processes & Associated Measures	Process Owner	Frequency Data Needs to be Collected & Monitored	Level at Which Action is Required
Readmissions (outcome measure)	Sue T.	Monthly	If rate goes over 12.5% for 3 months in a row
Follow-up phone calls within 72 hours (process measure)	Mary and Steve	Quarterly spot check on 20 random patients	If rate is <90%

Tools for Sustaining the Gains

- Audit Tools
- Accountability Tools
- Think about how our newly implanted solution could fail – include upstream and downstream concerns.

Audit Tools – AHRQ CVL Audit Tool

Audit Date: ____/____/20____ Addressograph Here

1. Was the need for a central line for this patient discussed on patient rounds?

☐ Yes ☐ Yes, as part of Daily Goals ☐ No

2. Was proper hand hygiene used by all personnel involved in line care for this patient (i.e., hand washing with soap and water or with alcohol-based hand sanitizer)?

☐ Yes ☐ No, not during: __ Dressing change __ Accessing the line __ Port/clave change __ Other

3. If the line was percutaneously placed, was this line placed in a recommended site?

☐ Yes (IJ, SC) ☐ No (femoral)

4. Was the dressing changed during this shift?

<input type="checkbox"/> Yes, changed because: <input type="checkbox"/> Dressing soiled, damp or non-occlusive <input type="checkbox"/> Due to be changed (7 days for transparent OR 1 day for gauze) <input type="checkbox"/> Changed by specific team (e.g., PICC, TNA) <input type="checkbox"/> Dressing was overdue to be changed? ____ days for transparent ____ days for gauze	<input type="checkbox"/> No, not changed because: <input type="checkbox"/> It was intact and not due <input type="checkbox"/> It was due but could not be completed. Explain:
--	--

5. Was Chloraprep® or 2% chlorhexidine in 70% Isopropyl alcohol used for skin antisepsis?

<input type="checkbox"/> Yes: Was it used appropriately? <input type="checkbox"/> Scrub vigorously back and forth for 30 seconds <input type="checkbox"/> Groin sites 2 minutes <input type="checkbox"/> Air dry up to 2 minutes <input type="checkbox"/> No – Explain:	<input type="checkbox"/> No, Povidone iodine used Secondary to allergy? <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain: Did scrub comply with recommendations? 1. Clean with soap and water or alcohol, air dry 2. Povidone iodine air dry 2 minutes <input type="checkbox"/> Yes <input type="checkbox"/> No – Explain:
--	--

6. Were central line tubing and all additions (secondary tubing, etc.) changed during this shift?

<input type="checkbox"/> Yes, completed because: <input type="checkbox"/> Tubing due to be changed <input type="checkbox"/> 72 hours since last change <input type="checkbox"/> 24 hours for intralipids <input type="checkbox"/> Medication tubing expired	<input type="checkbox"/> No, not completed because <input type="checkbox"/> Not due to be changed <input type="checkbox"/> Due but could not be completed – Explain:
---	---

7. Was there blood return from each lumen? ☐ Yes ☐ No ☐ Unable to assess (infusion can't be stopped)

Please specify lumen:

Use of Advanced Technology

8. Was a chlorhexidine impregnated BioPatch used? ☐ Yes ☐ No

9. Was a chlorhexidine impregnated occlusive dressing used? ☐ Yes ☐ No

10. Was an antibiotic coated catheter used at insertion? ☐ Yes ☐ No

11. What will you change to improve line maintenance practices?

Monitoring Tools – CDC Environmental Checklist – Terminal Cleaning

CDC Environmental Checklist for Monitoring Terminal Cleaning¹

Date:	
Unit:	
Room Number:	
Initials of ES staff (optional): ²	

Evaluate the following priority sites for each patient room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
Bed rails / controls			
Tray table			
IV pole (grab area)			
Call box / button			
Telephone			
Bedside table handle			
Chair			
Room sink			
Room light switch			
Room inner door knob			
Bathroom inner door knob / plate			
Bathroom light switch			
Bathroom handrails by toilet			
Bathroom sink			
Toilet seat			
Toilet flush handle			
Toilet bedpan cleaner			

Evaluate the following additional sites if these equipment are present in the room:

High-touch Room Surfaces ³	Cleaned	Not Cleaned	Not Present in Room
IV pump control			
Multi-module monitor controls			
Multi-module monitor touch screen			
Multi-module monitor cables			
Ventilator control panel			

Mark the monitoring method used:

- ☐ Direct observation ☐ Fluorescent gel
☐ Swab cultures ☐ ATP system ☐ Agar slide cultures

CDC Environmental Checklist:

https://www.cdc.gov/hai/prevent/prevention_tools.html



Rounding tool

Checking CLABSI Staff education rounding tool

Date: _____

Charge nurse, CLABSI team lead, Infection Preventionist or Unit Manager might use this tool to facilitate a conversation around central lines with staff at a designated time each day or week, such as a shift change or daily safety huddle.

"We are participating in a project to help reduce the number of central line associated blood stream infections in our hospital, and will be taking time regularly to talk about our central line practices and learn how we can improve. Can one of you tell me about the last central line you helped insert or care for?"

CENTRAL LINE INSERTION

- | | | |
|--|-------------------------------|-------------------------------|
| 1) Was it a <u>one or two person</u> insertion? | One: <input type="checkbox"/> | Two: <input type="checkbox"/> |
| 2) Was an insertion checklist used? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 3) Was femoral line insertion avoided if possible? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4) Were central line supplies standardized and in one place? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 5) If the line was not placed under sterile conditions, was it marked? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 6) Was patient/family education provided upon insertion? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

CENTRAL LINE MAINTENANCE

- | | | |
|--|-------------------------------|------------------------------|
| 1) Did you use a standardized dressing change kit? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2) Was the dressing change frequency defined? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| • Transparent dressing q7days | | |
| • Gauze dressing q48h | | |
| 3) Was central line changed after two or more unintended dressing disruptions? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 4) Did you scrub the hub for at least 10 seconds and allow at least 20 seconds to dry? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 5) Was the patient bathed with antiseptic (CHG) from head to toe daily? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 6) Was the patient assessed daily for necessity of central line? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 7) Upon transfer from the unit, was critical central line information shared? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| • Date of insertion | | |
| • location of catheter | | |
| • type of central venous catheter (temporary non-tunneled, tunneled, dialysis) | | |
| • whether inserted under sterile conditions | | |
| • dressing change due date | | |
| • copy of placement confirmation x-ray if available | | |
| 1) Is there anything you think you might have done differently or better? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| 2) Have we learned anything we might share at a staff meeting? | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |

NOTES:

Just in Time Training-Correct Defects



Specific to the gap



Gives the employee the required information at exactly the right time.



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Gemba – Go See!

- Japanese term meaning "the real place."
- Objective of the Gemba is to observe, engage and improve – always be respectful



Participant Question

What checklists do you use frequently in completing assignments in your current role?

Please enter your answers in the chatbox.



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Mistake Proofing



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Mistake Proofing

- Prevention - The ability to stop mistakes before they occur ie. A checklist built into a system - EMR
- Proofing – make it impossible for errors to be passed to the next step in the process
- Medical Devices

(George et. Al. 2005)



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Mistake Proofing

Process Errors

- Omissions and errors
- Error in job set up
- Wrong equipment/supply
- Measurement error

Human Errors

- Forgetfulness
- Sensory Error
- Ineffective Training
- Willful Errors (ignore rules)
- Inadvertent Errors
Distraction/Fatigue
- Delays

Seven Steps to Mistake Proofing

1. Describe the defect and impact on patients
2. Identify the process step where defect is discovered and step where it's created
3. Detail the standard procedure where the defect is created
4. Identify errors in or deviation from the standard procedure

(George et. Al. 2005)



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Seven Steps to Mistake Proofing

5. Investigate and analyze the root cause for each deviation
6. Brainstorm ideas to eliminate or detect the deviation early
7. Create, test, validate and implement mistake-proofing device

(George et. Al. 2005)



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Monitoring Frequency & Visual Management



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Visual Management System

- Manner in which data and status are presented and communicated
- Status of Process
- Directs Leadership to areas that need support
- Indicates actions or countermeasures that are in process
- Shows normal vs. abnormal (right vs. wrong)



Visual Management System

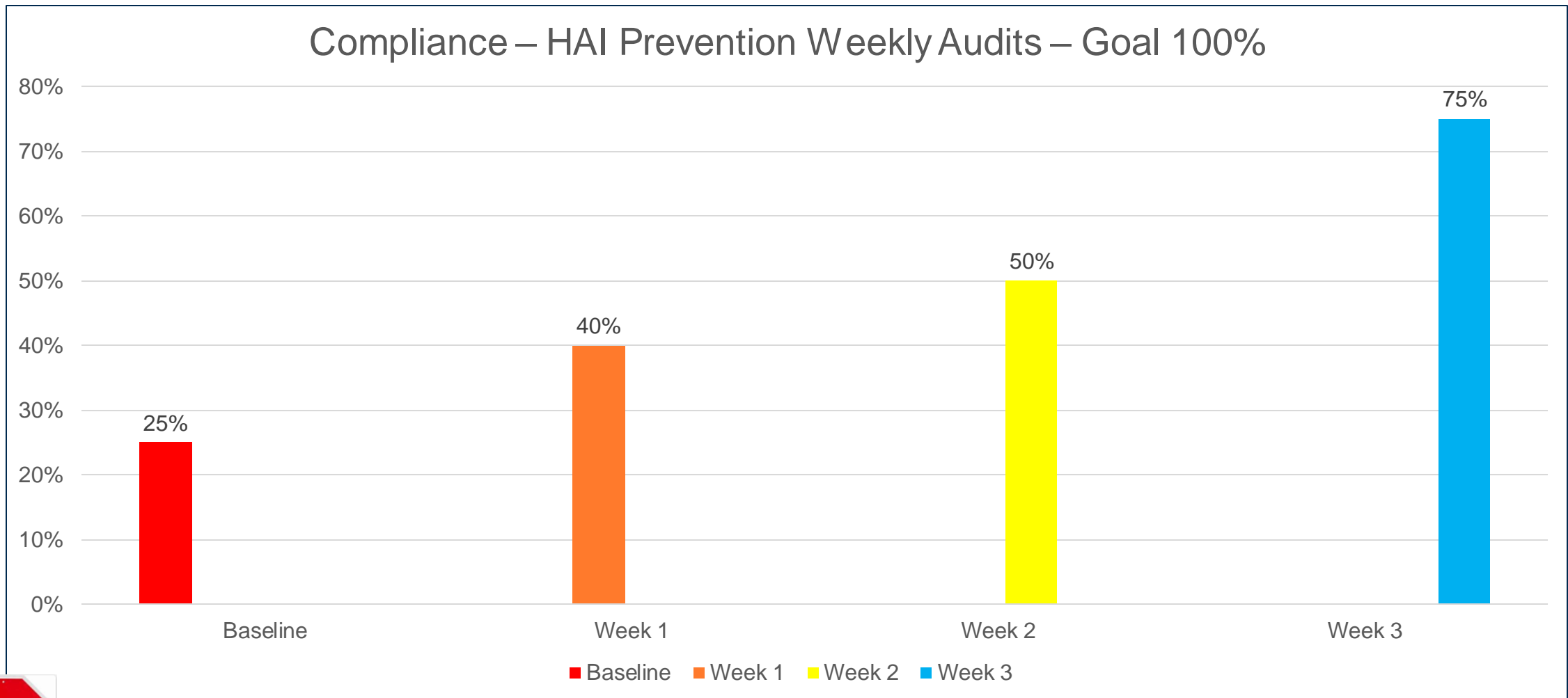
Days Without	
CAUTI	244
CLABSI	20
Fall	35
C-Diff	364
Pressure Injury	2



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What should we do for our next round of PDSA to improve to 100% compliance based on our current results?



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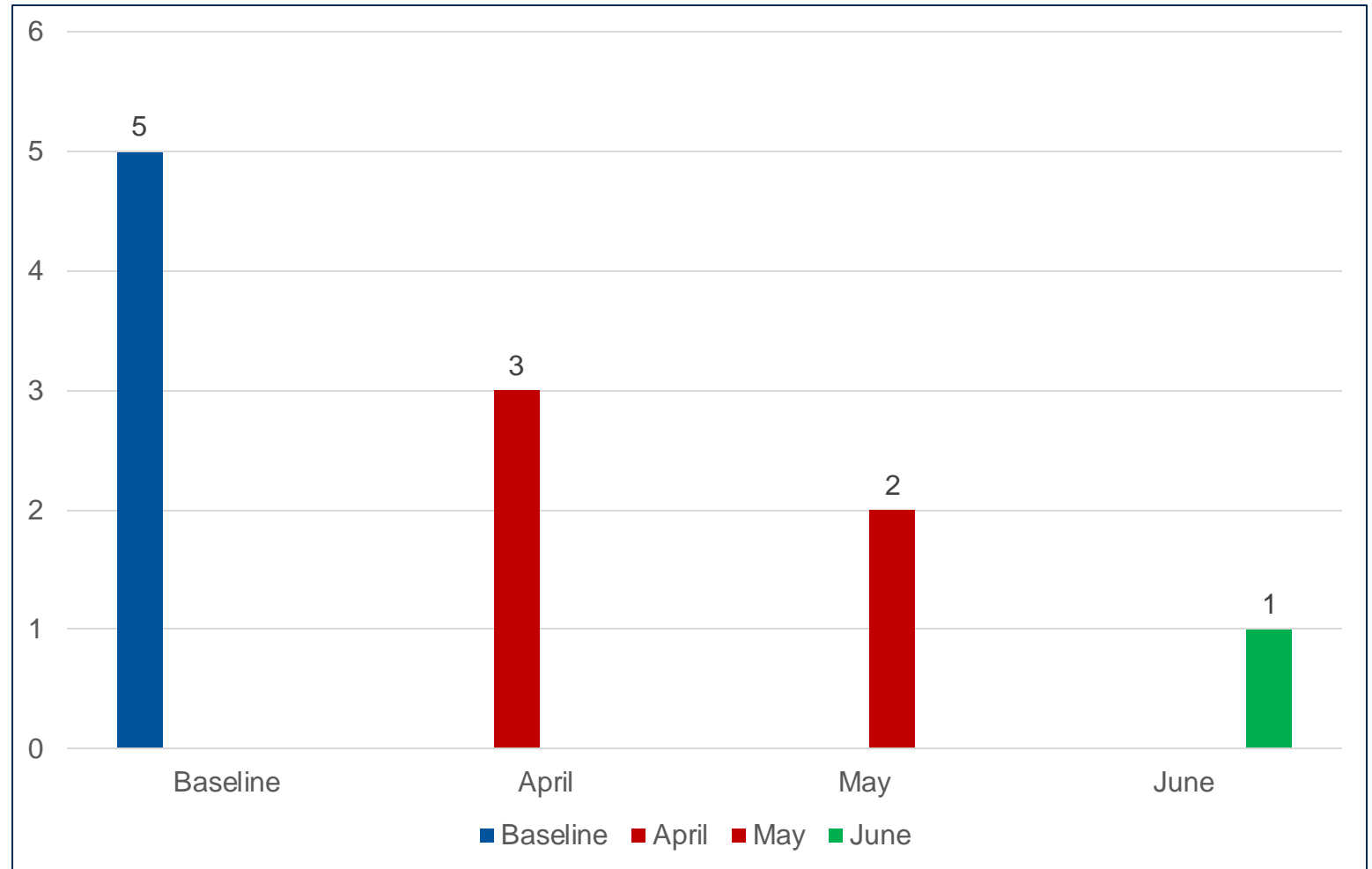
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Monitoring Frequency

Daily

Monthly

Quarterly

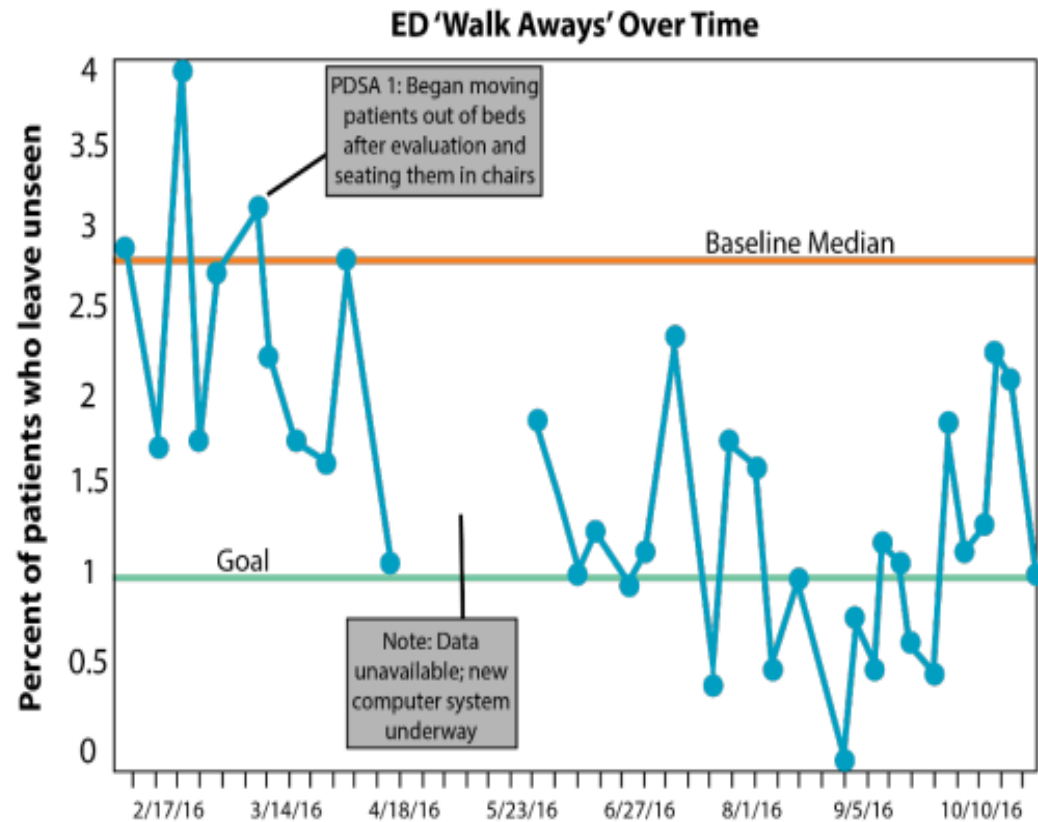


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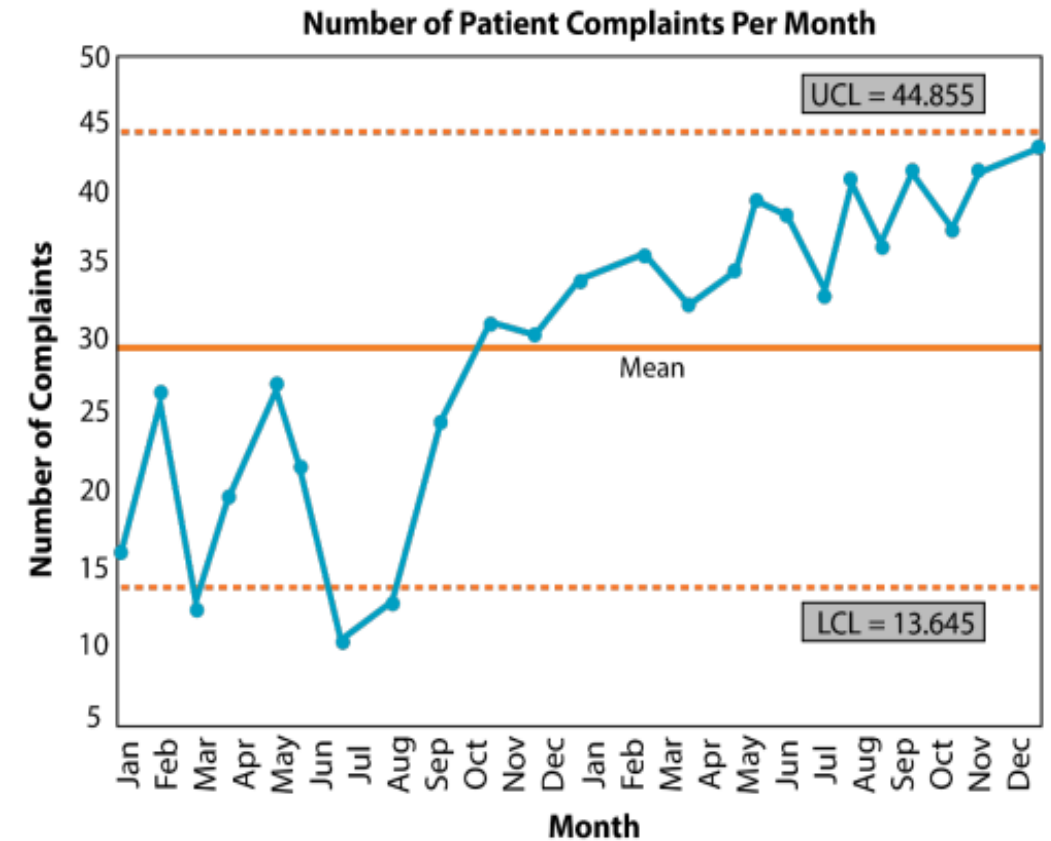
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Making the Data Visible – Run Chart and Control Chart

Example: Run Chart



Example: Control Chart



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Evaluation of Improvement Huddles

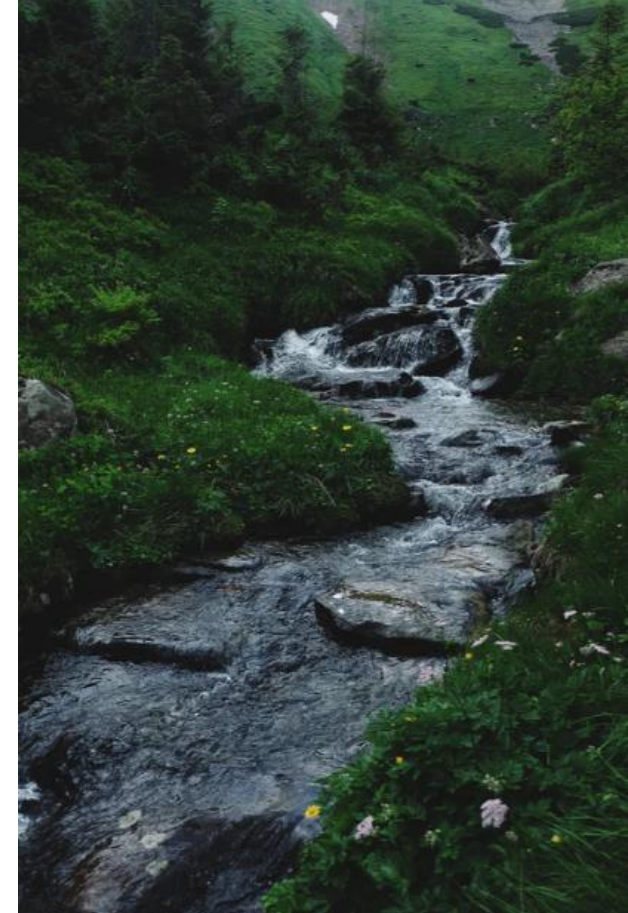


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Huddles/Briefs – Tell the Story

- Opportunity to discuss the newly implemented solution – what's going well? What are the opportunities for improvement?
- Are there any unanticipated upstream or downstream effects?



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Huddle Example

- Our Unit implemented a quality improvement project to reduce indwelling urinary catheters that no longer meet insertion criteria.
- The team uses the morning huddle to discuss any indwelling urinary catheters on the unit that no longer meet criteria and advocate for removal or exchange with an external urinary device.



Patient Family Engagement

- During Nurse bedside report – discuss importance of hand hygiene and bathing.
- Ensure patient education is appropriate for patient's learning level.
- What healthcare disparities or inequities might we consider during Nurse bedside report?



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Polling question



Are you currently using daily huddles or briefs on your Unit?



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Project Closure



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Project Closure

- Team will turnover project to Process Owner
- Process Owner will give updates at specific intervals
- Update the project charter, communication plan
- What was the impact of the project on: quality and safety of patient care, patient and family satisfaction, finance, productivity, turn around times, inventory reduction, reduced waste, increased productivity?
- Present project to Leadership, Unit Leadership, Peers



Presenting your Project

Background and History



Discussion of why you chose the project



What was your SMART Goal



What problem were you trying to solve



Voice of the Customer



Voice of the Business



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Key Stakeholders

This is a great time to recognize team members and their contributions.



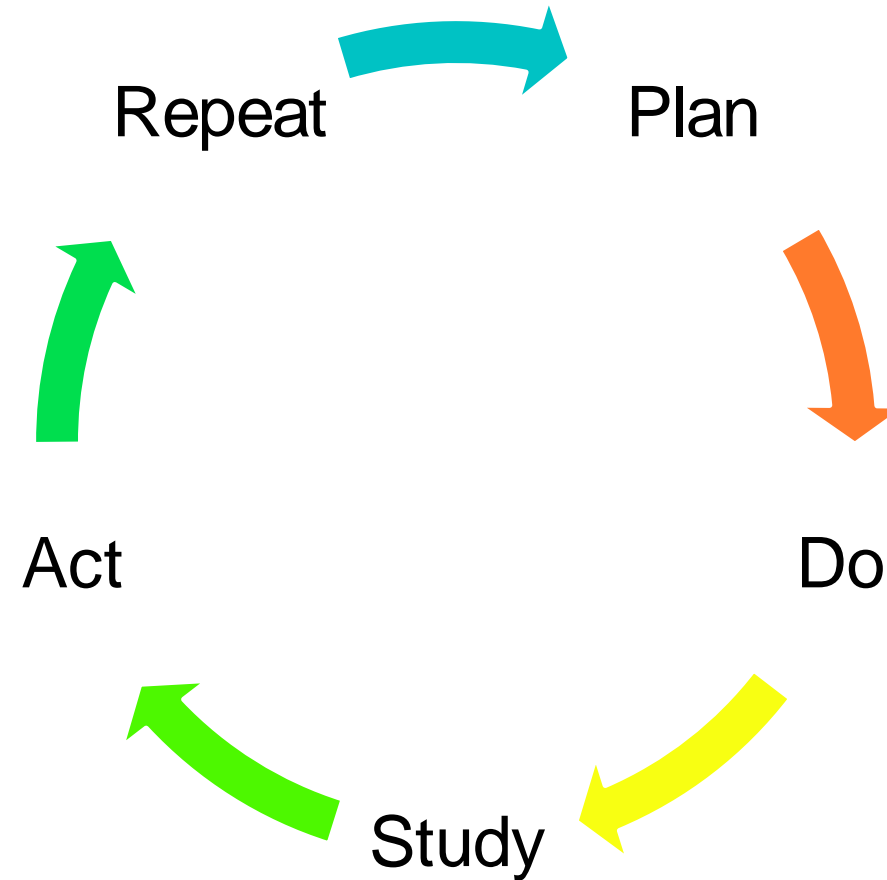
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Project Framework

Did you choose:

- PDSA
- Small Test
- Rapid Cycle
- Pilot
- 5S Project



Change Management

- Did you overcome barriers or resistance?
- What change management tools did you use during the project?
- Review your communication plan, data communication plan, other templates or tools.



Have you encountered any conflict or barriers during a project?



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Project Timeline

August 15,
2022

September 10,
2022

August 22,
2022



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Training and Education

- Discuss any training or education required for your project implementation
- Pre-test, post test data
- Standard work tools – include pictures if appropriate
- Competency tools



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Supplies and Equipment

- Discuss any required supplies and equipment to implement the project
- Barriers to obtaining supplies – storage requirements? Availability?



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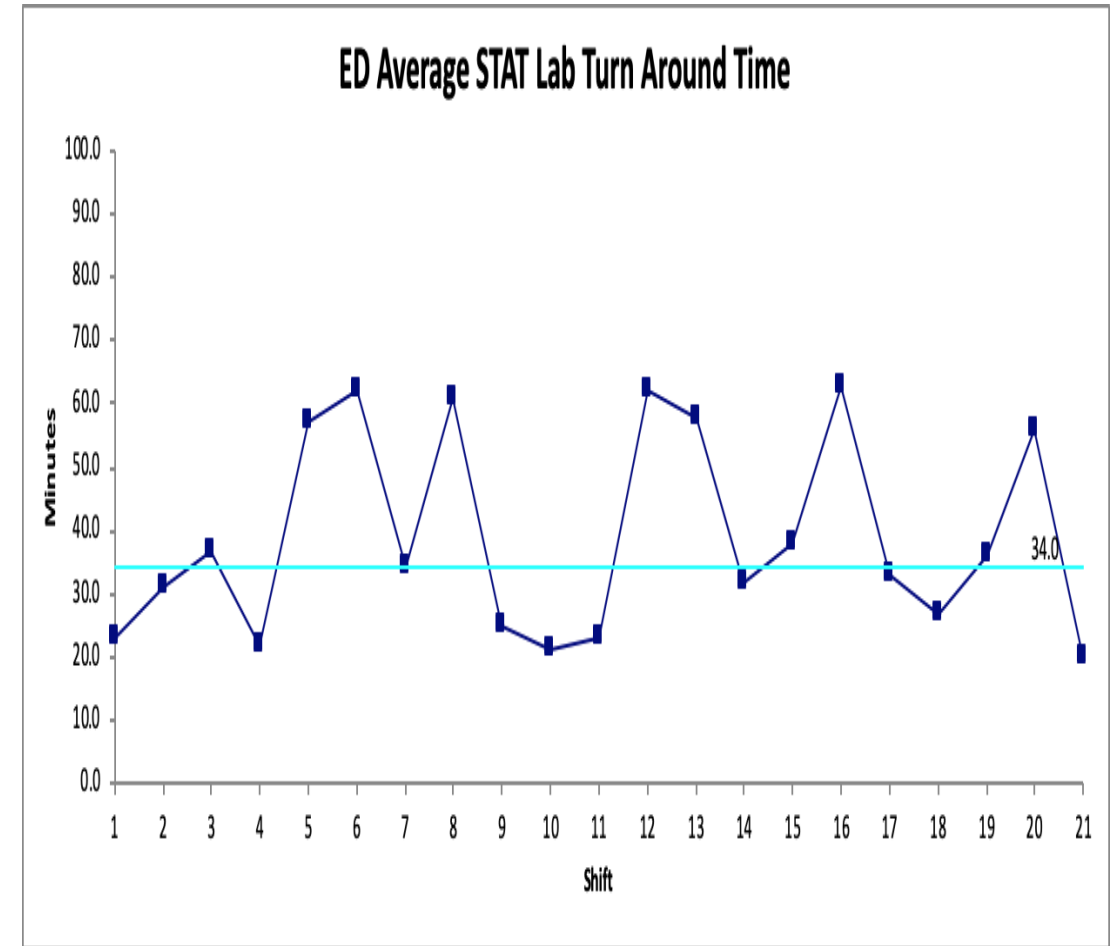
Implementation

- Team roles
- Improvements based on front line feedback
- Lessons learned



Data review

- Include baseline
- Monitoring based on frequency (daily, weekly, monthly)
- Include visual management data (run charts/control charts etc.)



Project evaluation

- Describe wins and opportunities for further improvement
- Review project auditing and/or monitoring tools and frequency
- Plans for repeating project on another unit
- Explain how you are going to sustain your gains



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Next Steps or Key Takeaways

- List at least 3 items here that summarize your project

1. _____

2. _____

3. _____

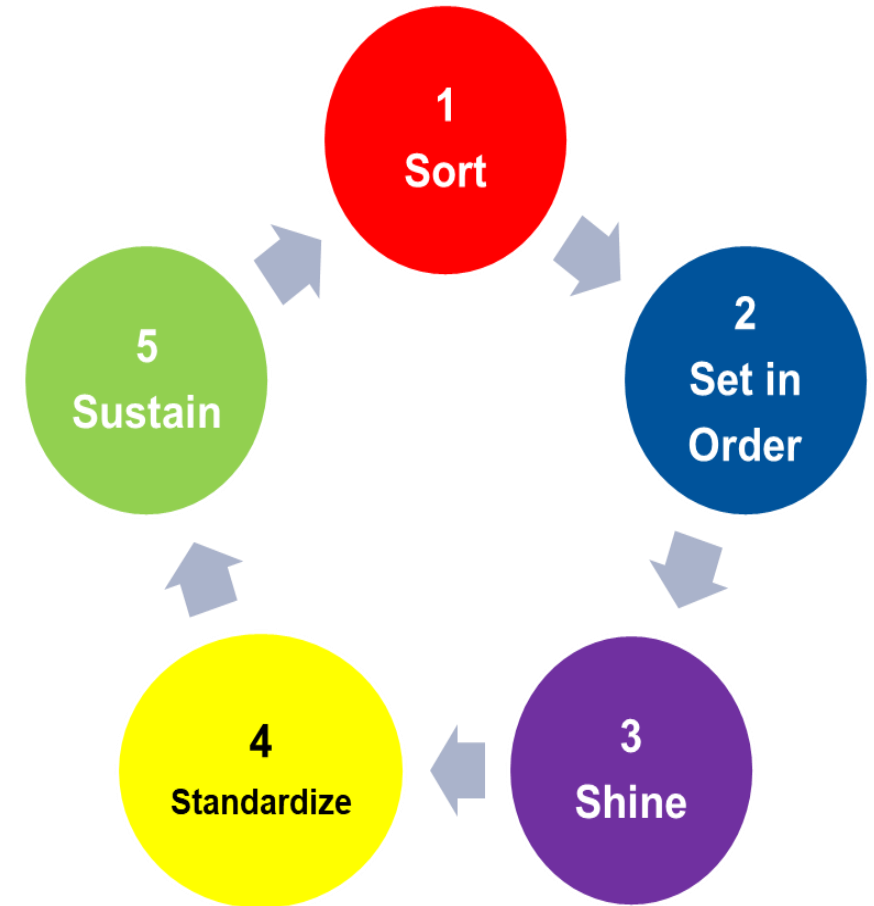


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5S Project

- Include a definition of each step
- Include as many before and after pictures as you can
- Include pictures of your team participating in the 5S project
- Describe your method to sustain the project including any monitoring or auditing tools.



Voluntary Assignment – for practice and learning

- Complete the PDSA Action Plan for your project
- Schedule a date to present your project
- Attend next week's coaching call

PDSA – (Project Name) – Action Plan

PDSA Step	Topic	Owner	Steps – Action Items	Evaluation of Effectiveness
Plan	Communication Plan initiated		1. Communication template 2. Develop message to pass to stakeholders about project 3. Disseminate information to stakeholders	
	Form the Team		1. Invite key stakeholders to join the team 2. schedule team meeting 3. prepare for the meeting	
	Review the current state with a Root Cause Analysis Tool		1. Designate team member(s) to review charts for the last 5 events or last 5 patients at risk with a process discovery tool/roadmap or use other RCA tool	
	List the areas for improvement		1. Team reviews the opportunities from the process discovery tool	
	Prioritize the problem to solve using the priority matrix		1. Use the priority matrix or other method to select the priority problem to solve	
	Brainstorm Solutions for the priority problem		1. Use one of the brainstorming methods to solve the priority problem.	
	Prioritize the solution to implement using the prioritization matrix		1. Use the priority matrix or other method to select the priority solution to solve the problem	
	Review and problem solve for any barriers		1. List and solve for any potential barriers or resistance to implementing the priority problem solution	
	Develop Action Plan for		1. Use the Action plan template to list steps for implementing the priority solution	

PDSA – (Project Name) – Action Plan

PDSA Step	Topic	Owner	Steps – Action Items	Evaluation of Effectiveness
Do	implementing Solution			
	Develop Data Collection Plan		1. Team decides on data to collect. 2. Frequency of data collection 3. Instructions for collecting data for the auditors 4. Method to display project data and location	
	Conduct Training		1. Train all stakeholders on the new process or change	
	Implement Solution		1. Implement the priority solution	
Study	Collect Surveys or Data		1. Collect the data and assimilate into a useable format	
	Review Data for opportunities for improvement		1. Review data for any opportunities to improve the priority solution	
	Adjust implemented solution based on feedback		1. Improve the current solution based on feedback	
Act	Implement improved solution		1. Implement the improved solution	
	Celebrate wins with each accomplished goal		1. Time to party 🎉	

Questions



■ Healthcentric Advisors ■ Qlarant
■ Kentucky Hospital Association
■ Q3 Health Innovation Partners
■ Superior Health Quality Alliance

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References

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- Minnesota Hospital Association CLABSI Roadmap. (2021)
- George, M. L., Rowlands, D., Price, M. & Maxey, J. (2005). The Lean Six Sigma Pocket Toolbook. McGraw Hill, NY.
- IHI QI Essentials Toolkit. (2021). Retrieved from <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx#:~:text=IHI%E2%80%99s%20QI%20Essentials%20Toolkit%20includes%20the%20tools%20and,and%20a%20blank%20template.%20The%20QI%20tools%20include%3A>