

I PRO HQIC

Quality Improvement 101 Course

Content Class #2

‘Do’ Phase of PDSA

This material was prepared by the I PRO HQIC, a Hospital Quality Improvement Contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this document do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication # I PRO-HQIC-Tsk56-23-285



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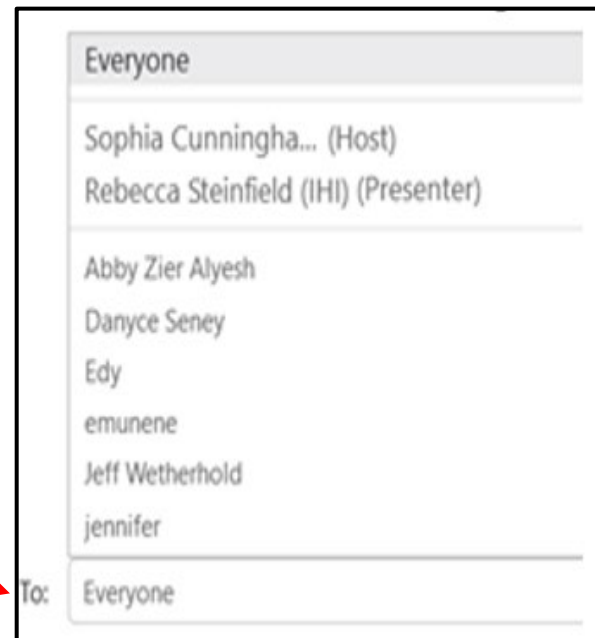
How to Use the Chat Box Feature

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 a “Waste Walk”
- Describe the process to complete a 5S
- Describe Visual Management
- Describe Voice of the Customer and Voice of the Business
- Describe a small test of change, rapid cycle improvement



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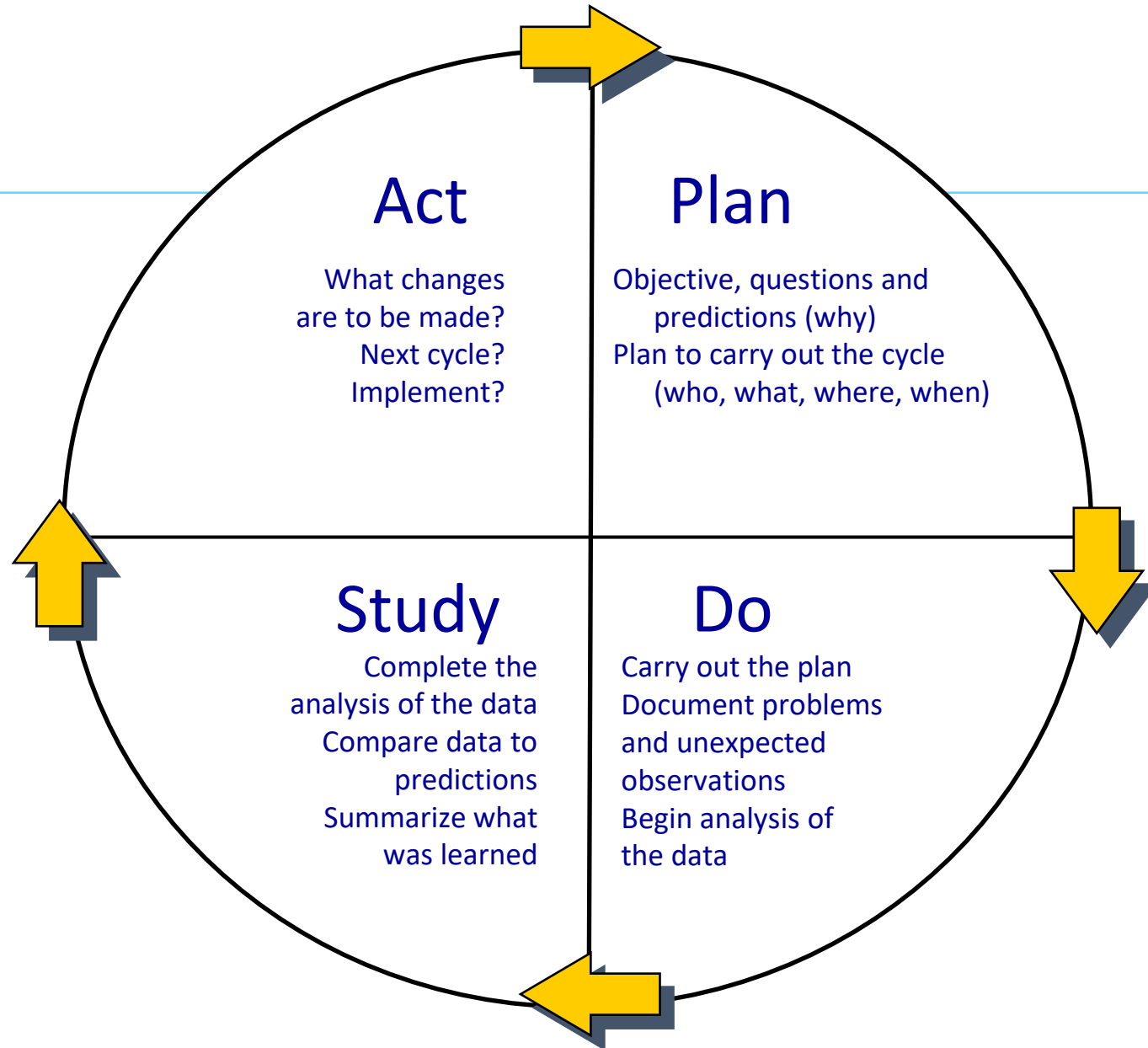
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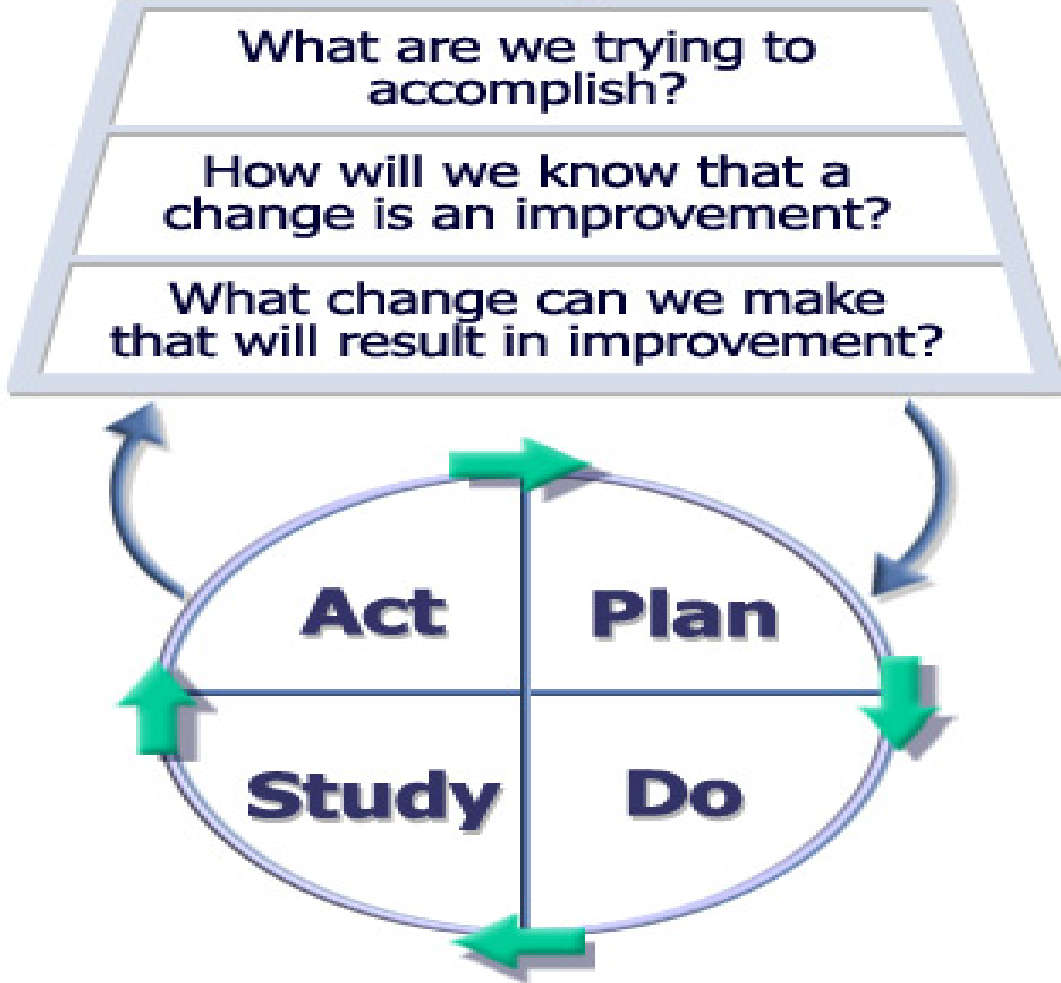
PDSA



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Model for Improvement

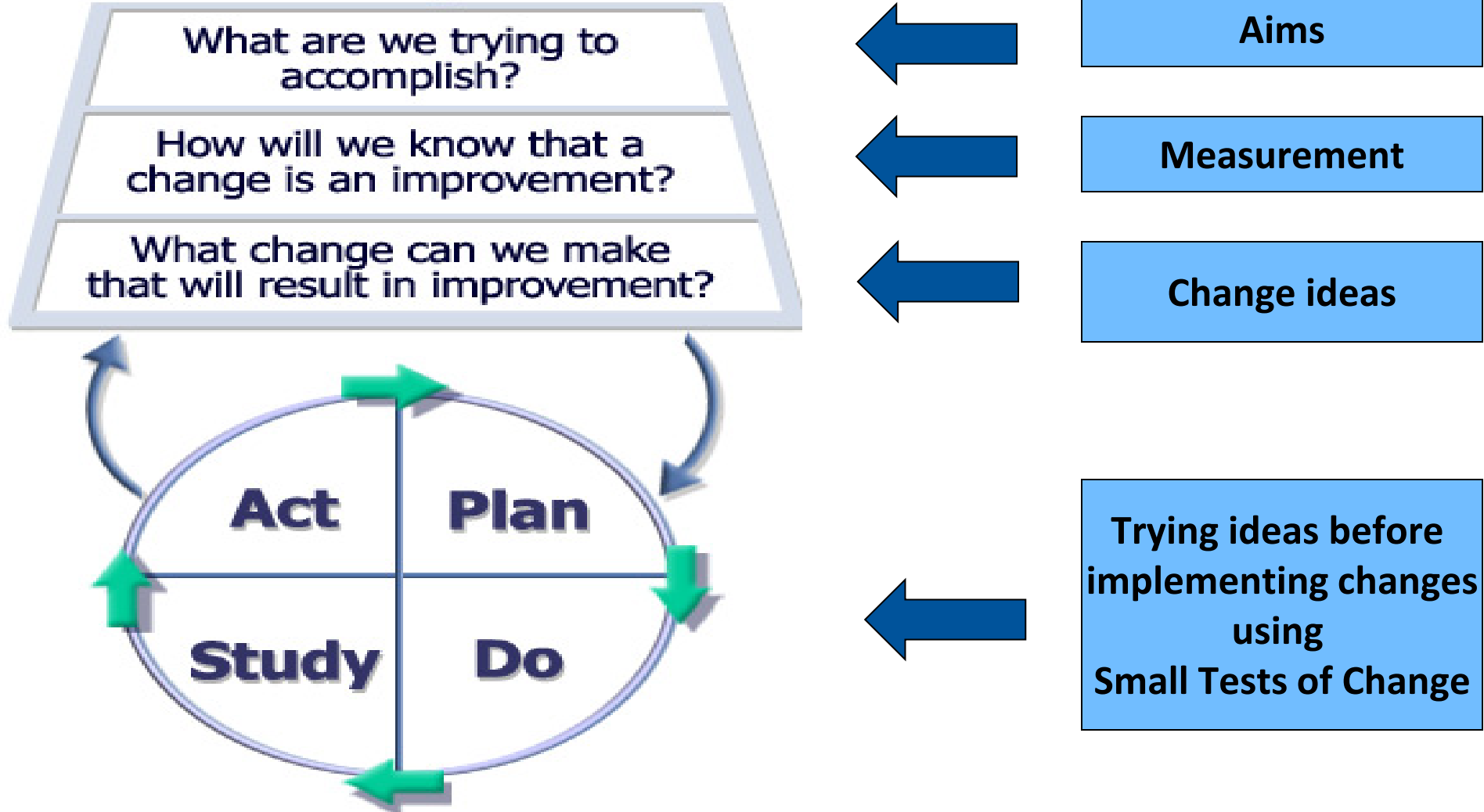


When you combine the 3 questions with the PDSA cycle you get the Model for Improvement

W. Edwards Deming

The Improvement Guide, API, 1996

Model for Improvement



The Improvement Guide, API, 1996



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PDSA Planning Document

What are we trying to accomplish?



TOPIC:

PLAN – DO – STUDY – ACT PLANNING DOCUMENT

AIM Statement: *What are we trying to accomplish, by how much and by when?*

How will we know that a change is an improvement?



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

How Much?

By When?

	<i>How Much?</i>	<i>By When?</i>

What change can we make that will result in improvement?



Ideas to Test: *What change can we make that will result in improvement?*



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PDSA Planning Document - Save \$\$\$

TOPIC: Food Expense

PLAN – DO – STUDY – ACT PLANNING DOCUMENT

AIM Statement: *What are we trying to accomplish, by how much and by when?*

Decrease spending on food by 15% by 12/31/2022

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

How Much?

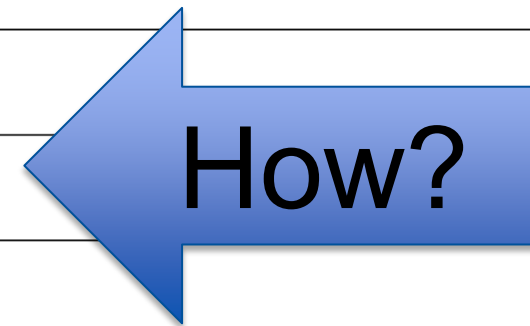
By When?

<i>How will we know that a change is an improvement?</i>	<i>How Much?</i>	<i>By When?</i>
Total food spend	Decrease by 15%	Dec 31
Weekly grocery bill	Decrease by 10%	Sept 1st

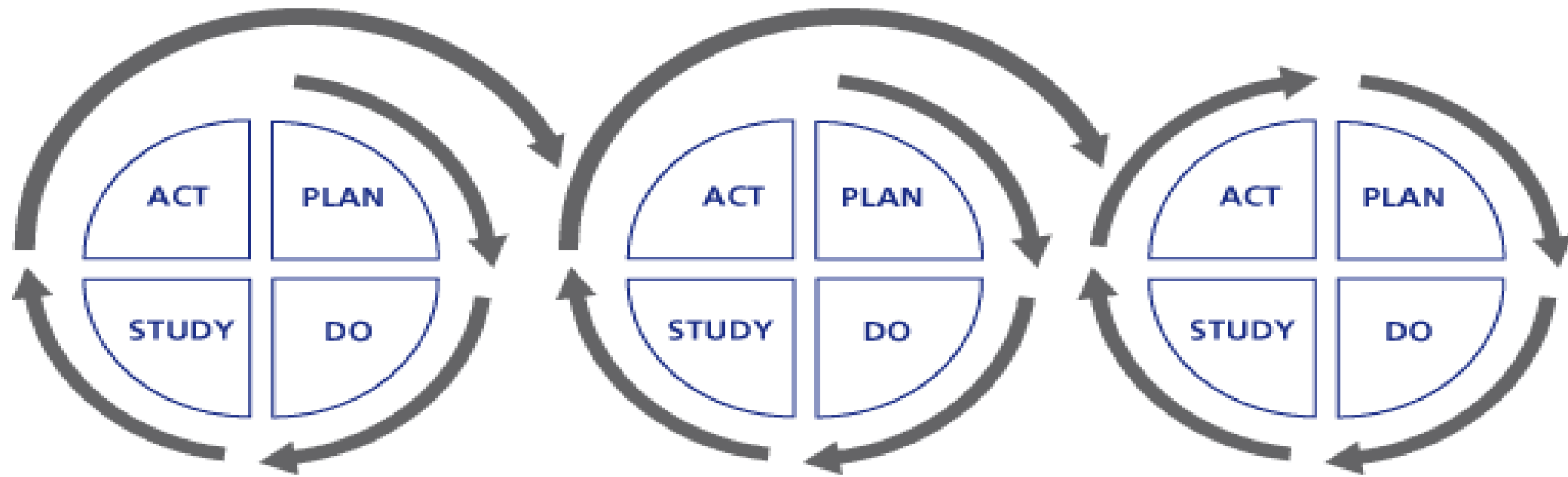
Ideas to Test: *What change can we make that will result in improvement?*

Preplan meals, buy only what is on the grocery list

Buy generic/store brand when possible



What change can we make that will result in improvement?



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Small Test of Change

- Allows for trying out new ideas quickly and cost-efficiently
- Brainstorm improvements and implement on a small scale
- Measure results and improve upon those results
- Benefits: creates change agents and saves money



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Reasons to Test Changes

- Increase belief that the change will result in improvement
- Decide whether the proposed change will work in your department
- Evaluate how much improvement can be expected from the change
- Involves many people
- Minimize resistance upon implementation
- Decide which of several proposed changes will lead to the desired improvement



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Designing Small Tests of Change

Key Information before beginning:

- What is the test?
- What is the smallest unit of change?
- Who has to change?
- How many staff need to change?
- How many staff need to test the change?
- When will the testing take place?

How Small Is Small?

Remember the “Rule of One”

One nurse

One patient

One shift

One hour

One time



Pilot

- Small scale test to be used on a larger scale
- Clear goals, short duration, willing unit or participants, plan, feedback mechanism
- Address any issues before large scale implementation
- Product change
- Process change

Keup (2020)



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Preparing your Testers

- Explain the purpose and importance
- Clarify expectations around participation (start with volunteers)
- Be Clear about the volunteers role:
 - Trial / test the new intervention
 - Provide feedback
 - Suggest Improvements
- Gather progress measure data on the test – show improvement

Time to Test the Ideas

Aim: *Reduce readmissions of patients discharged to home from Med-Surg 4 achieving a 12% reduction by December 31, 2022.*

Measure: A consistent phone script will be used for 100% of follow-up calls.

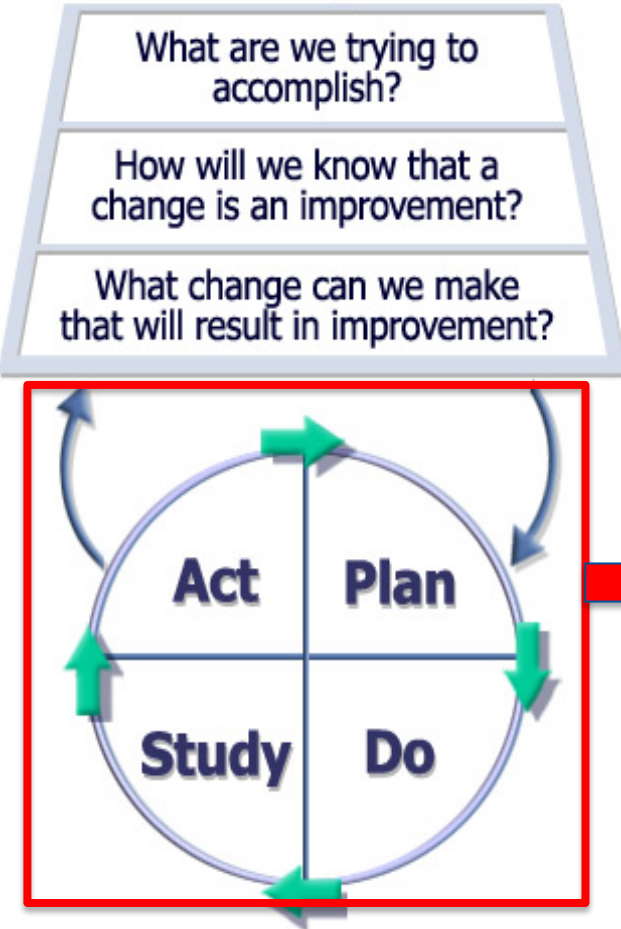
Test: Develop standardized phone script for discharge calls.

Idea Testers:

- People that do the work should be testing the ideas
- Bedside nurses

Small Test Design Plan

Model for Improvement



TOPIC:

DESIGN PLAN FOR SMALL TESTS OF CHANGE

Idea for Testing: _____ Smallest Unit of Change: _____

Work Groups Impacted by Test: _____ Total # of Staff Impacted: _____

Planned Testing Timeframe: _____ Total # of Staff to Test: _____

	Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
1					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
2					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
3					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
4					<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	



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DESIGN PLAN FOR SMALL TESTS OF CHANGE

Initiative: Develop standardized phone script Intervention: Developing a standardized phone script to use for d/c patients

Smallest Change: 1 RN Scope: Med/Surg 4 Total # of Staff Impacted: 40

Planned Testing Timeframe: 8/1/2022 to 8/31/2022 Total # of Staff to Test: 10

Test Description	Test Plan	Testers	Lesson(s) Learned	Decision	Adaptation
Draft a new script	Draft script by 8/4 and test with 2 patients by 8/8	Sue, Alice and Mary	Medication question was confusing to patients	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Record the medication questions and trial again
Test the revised script	Each person to make two calls the week of 8/11 using the revised script	Sue, Alice and Mary	Script works well and helps direct patient questions and follow-up	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Test script next week with 5 additional nurses
Test script with 5 additional nurses	Each person to make two calls the week of 8/14	Sue, Alice, Mary, Tom, John, Jill, Beth and Anne	Script works well	<input checked="" type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Add two more to the test and trial for one more week
Test script for one more week with 10 total nurses	Each person to make two calls the week of 8/21	Sue, Alice, Mary, Tom, John, Jill, Beth, Anne, Joe and Ginger	Script works well	<input type="checkbox"/> Adapt <input checked="" type="checkbox"/> Adopt <input type="checkbox"/> Abandon	Script works well – implement with all staff
				<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	
				<input type="checkbox"/> Adapt <input type="checkbox"/> Adopt <input type="checkbox"/> Abandon	

Designing the Tests

- Begin with the smallest unit of change possible
 - “Rule of 1’s”: One care team, one patient, one day
- Plan for easy and efficient collection of feedback from your volunteer ‘testers’
- Spread systematically:
 - 1 day → 2 days → 4 days *and/or*
 - 2 teams/ 1 patient → 2 teams/ 4 pts → 4 teams/ 8 pts
 - Pair an experienced tester with someone new
- Know when to report progress & to whom

Successful Cycles to Test Changes

- Plan Multiple Cycles For A Test Of A Change
- Think A Couple Of Cycles Ahead
- Make The ‘Ask’ Small By Starting Small
- Test With Volunteers
- Do Not Wait To Get Total Buy-in Before Starting
- Be Innovative To Make Test Feasible
- Collect Useful Data During Each Test
- Test Over A Wide Range Of Conditions



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Gathering Feedback during Tests

You will be more efficient, and improve faster, if you do not rely solely on scheduled meetings to gather feedback:

- Quick “standing” huddles
- Patient Feedback
- White board / sticky notes
- E-mail
- Quick surveys
- 5 minute phone calls



Adapt – Adopt - Abandon

The basic decision point after each cycle of testing:

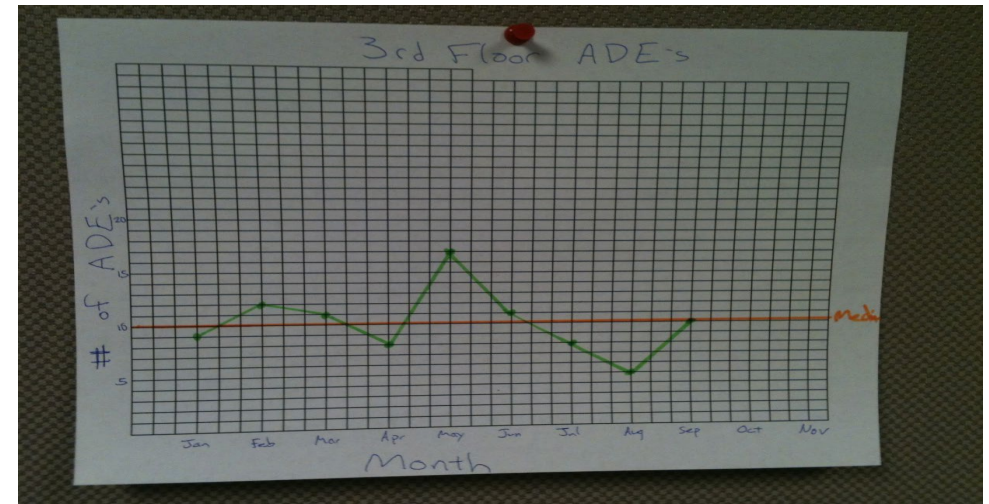
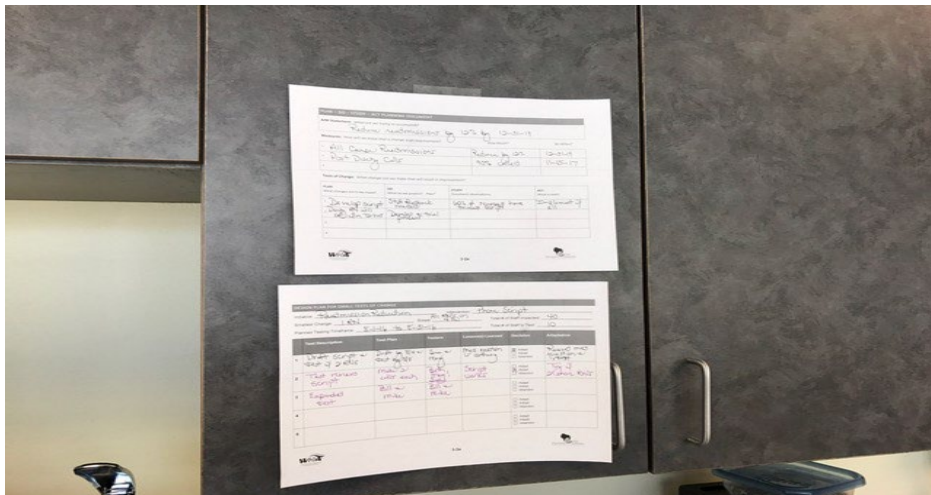
- **Adapt** – the test shows improvement is needed OR the tipping point has not been reached yet
- **Adopt** – the test shows the process or tool is stable and is ready for use
- **Abandon** – the test didn't work OR some aspect of change should be abandoned

How to Move Forward with Testing

- Expand the number of participants
- Expand the scope of tests
- Expand the conditions of the test – weekends, nights, etc.
(i.e. the tests are not abandoned when census is high or staffing is low)
- Document what is learned from each cycle of testing
 - Keeps the team “on task”
 - Clarifies the reason for testing
 - Demonstrates clear accountability
 - Enhances the learning from small tests because you can see what happened virtually in “real time”.

Be Transparent and “Public”

1. Post the PDSA sheet where staff can see what you are up to
2. There should be something new on it every few days – this is a living document
3. Show how your data looks – post it
4. It’s okay to post copies of hand-written PDSA sheets



Keys to Success

- Engage the engaged
- Be absolutely clear about what is expected
- Be transparent with ALL staff about the testing
- Gather feedback frequently and easily
- Stay agile and flexible
- Don't give up easily!
- FAIL often and learn *quickly*



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**

Project Planning



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Project Plans and Documents

QI project teams use assessments, plans and other relevant tools and documents to guide their activities and efforts in addressing a specific priority, topic or problem.

These include:

- Project charter
- Overarching project plan and relevant documents
 - Project planning form
 - Driver diagrams
 - SMART goals/Aim statements
 - Action plans
 - Data management plan
 - Communication plan



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Project Initiation: Develop Project Charter

- **Project Charter** - clearly establishes goals, scope, timeline, milestones, team roles and responsibilities
- **Living document** - Helps teams stay focused on what trying to accomplish
- **Answers key questions**
 - What is the problem and where is it occurring?
 - Who is the customer?
 - How does the problem impact the customer?
 - What's being measured?
 - What's in and out of scope?
 - What are the timelines for the project phases?

Project Charter Worksheet

PROJECT OVERVIEW		
Name of Project:		
Problem to be solved:		
Background leading up to the need for this project:		
<ul style="list-style-type: none"> • <i>Tip:</i> Reference specific background documents, as needed. 		
The goal(s) for this project:		
<ul style="list-style-type: none"> • <i>Tip:</i> Use SMART goal; See Goal Setting Worksheet 		
Scope—the boundary that tells where the project begins and ends.		
The project scope includes:		

Project Approach

Recommended Project Time Table:

PROJECT PHASE	START DATE	END DATE
Initiation: Project charter developed and approved		
Planning: Specific tasks and processes to achieve goals defined		
Implementation: Project carried out		
Monitoring: Project progress observed and results documented		
Closing: Project brought to a close and summary report written		

Project Team and Responsibilities

TITLE	ROLE	PERSON ASSIGNED
Project Sponsor	Provide overall direction and oversee financing for the project	
Project Champion	Helps influence and obtain consensus from peers	
Project Manager	Manage day-to-day project operations, including collecting and displaying data from the project	
Project Leader	Initiates project and leads the team	
Project Facilitator	Assist the process and help with QI content	
Topic SMEs	Provide knowledge, skills and expertise	
Team Members	Directly involved with day-to-day process	

Material Resources Required for the Project (e.g., equipment, software, supplies):

Barriers

What Could Get in the Way of Success?	What Could You Do About This?

Project Approval

TITLE	NAME	SIGNATURE	DATE
Administrator			
Project Sponsor			
Project Champion			
Project Manager*			



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Project Planning Form

Project Initiation & Ongoing Updates

- Helps teams think systematically
- At a glance full project picture
 - Includes drivers, process measures & goals
- Tracks all tests of change, PDSA cycles, person responsible & timeline for each phase of work

Template: Project Planning Form

Team:		Project:																		
Driver – list the drivers you'll be working on	Process Measure	Goal																		
1.																				
2.																				
3.																				
4.																				
5.																				
6.																				
Driver Number (from above)	Change Idea	Tasks to Prepare for Tests	PDSA	Person Responsible	Timeline (T = Test; I = Implement; S = Spread)															
					Week															
					1	2	3	4	5	6	7	8	9	10	11	12	13	14		

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Source: <https://www.ihi.org/resources/Pages/Tools/ProjectPlanningForm.aspx>



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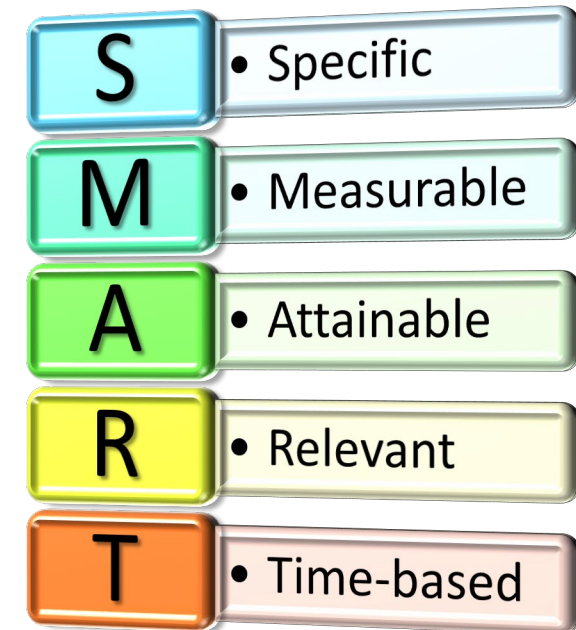
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Establish SMART Goals

Goals serve as the team's vision of what it wants to accomplish

Create SMART goals to provide context, direction and purpose

- **Specific** – describe what you want to accomplish, who will be involved/affected and where it will take place
- **Measurable** – describe how you will know if goal reached
 - Measure to be used and current data for it (e.g., count, % or rate)
 - State if want to increase or decrease the number
- **Attainable** – state rationale for setting the goal measure (e.g., based on a best practice, average score or benchmark)
- **Relevant** – describe how goal addresses the problem
- **Time-based** – define timeline and target date for achieving the goal



Sample goal: Improve staff hand hygiene compliance on 4 West from 80% to 100% within 3 months

Ask yourself the three questions below:

- What am I trying to accomplish?
- How will I know that the change is an improvement?
- What change can I make that will result in an improvement in my department?



Other Things to Consider during SMART goal development

- Voice of the Customer
 - The customer's expectations, preferences and aversions.
- Voice of the Business
 - Financially driven
 - Resource driven
 - Data Driven



What do you want to achieve this week/month/Quarter or year?

Explain exactly what you want to accomplish.

How will you be able to measure progress during and/or after?

Is this attainable this week?

Is it realistic?

When do you want to accomplish this?

Clean garage.	Have kids help me put all of the sports equipment into the right bins.	When I can fit the car in the garage....	Kids have week off from school, my back is better, so yes.	Yes, we have all the bins we need.	By the end of kids' break, 11/29.
Click to add text	Click to add text	Click to add text	Click to add text	Click to add text	Click to add text
Click to add text	Click to add text	Click to add text	Click to add text	Click to add text	Click to add text



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Practice

- SMART Goal for trialing External Urinary Devices to reduce Indwelling Urinary Catheters on our unit.
- 2 minutes
- Place your SMART goal in the chat box.



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Assignment #3 – Use the SMART Goal Template to develop the SMART Goal for your project



What do you want to achieve this week/month/Quarter or year?	Explain exactly what you want to accomplish.	How will you be able to measure progress during and/or after?	Is this attainable this week?	Is it realistic?	When do you want to accomplish this?
Clean garage.	Have kids help me put all of the sports equipment into the right bins.	When I can fit the car in the garage....	Kids have week off from school, my back is better, so yes.	Yes, we have all the bins we need.	By the end of kids' break, 11/29.
Click to add text	Click to add text	Click to add text	Click to add text	Click to add text	Click to add text
Click to add text	Click to add text	Click to add text	Click to add text	Click to add text	Click to add text



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PDSA Action Plan Template

PDSA – (Project Name) – Action Plan

PDSA Step	Topic	Owner	Steps – Action Items	Evaluation of Effectiveness
Plan	Communication Plan initiated		<ol style="list-style-type: none"> 1. Communication template 2. Develop message to pass to stakeholders about project 3. Disseminate information to stakeholders 	
	Form the Team		<ol style="list-style-type: none"> 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	



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Action Plan

- Implement action items for each solution
- Some solutions may have multiple action items
- Assign the action items to an individual or group
- Due Date
- Ensure appropriate resources are available to complete all tasks for the action items



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Simple Action Plan

What	Who	When	Status
Invite Pharmacist to the next meeting	Sandy	By July 1, 2021	Invitation sent to pharmacist on 5/20/21



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Assignment #5 – Use the PDSA or other action plan template to document you project process

PDSA – (Project Name) – Action Plan

PDSA Step	Topic	Owner	Steps – Action Items	Evaluation of Effectiveness
Plan	Communication Plan initiated		<ol style="list-style-type: none"> 1. Communication template 2. Develop message to pass to stakeholders about project 3. Disseminate information to stakeholders 	
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	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	



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Participant Question

How do you hold your stakeholders accountable for completing tasks timely at your facility?

Please enter your answers in the chat box.



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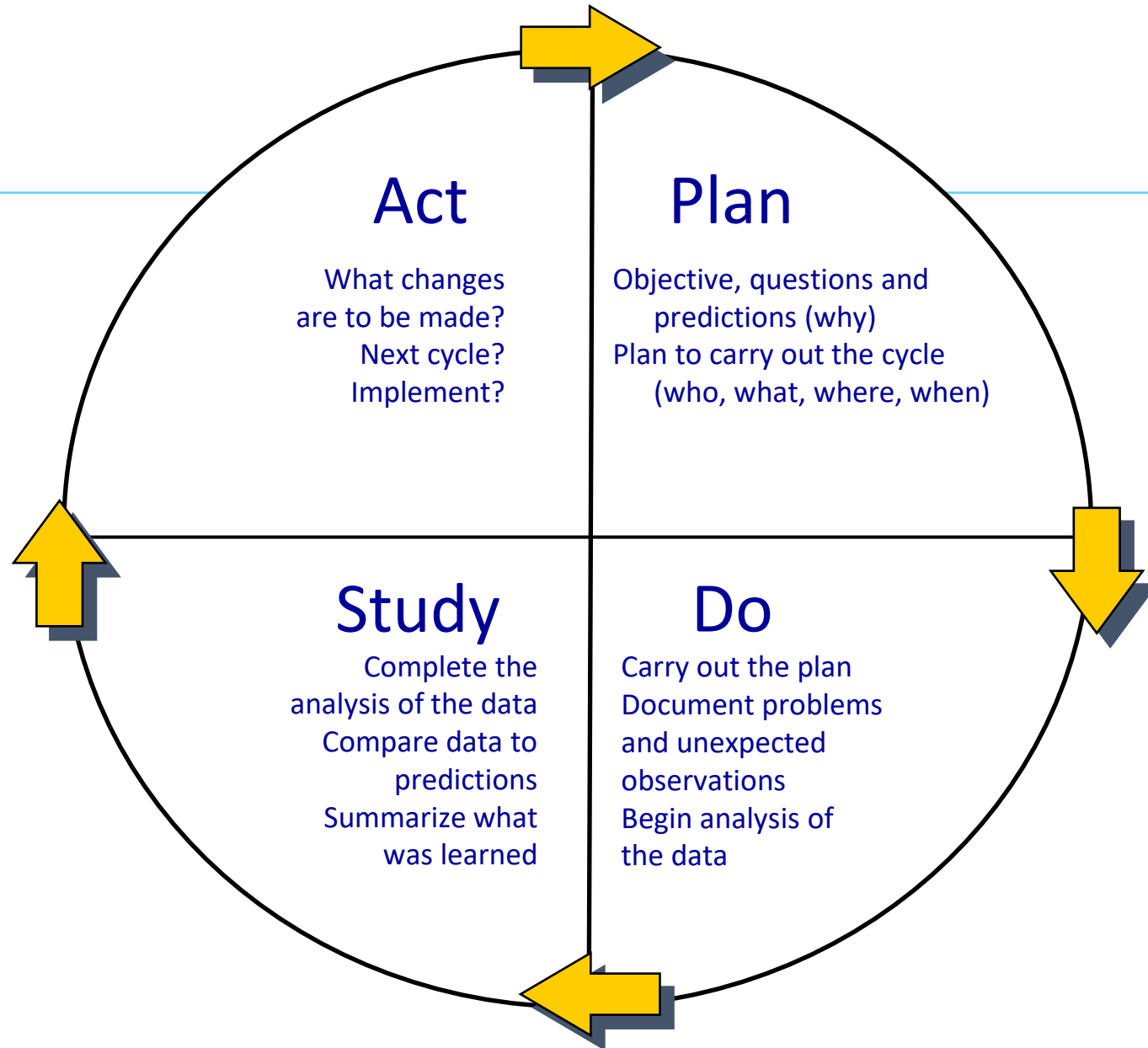
Questions



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Standard Work

The written, current best method for safe and efficient work that meets the required quality and provides the standard for continuous improvement.

Created by the team leader

Systematically changing as workers continuously improve the operation

Readily Available

A System for closely checking the actual performance of the work











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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:





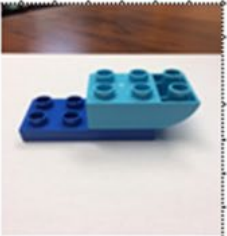









Seq. No.	Major Steps/Element Description	Performed By	Check	Workflow diagram Required PPE: Sterile Gown, Sterile Gloves, Mask and eye protection, Bouffant											
1	Assemble supplies and equipment including: PPE, surface disinfectant, sterile drape, lighted magnification, sterile collection container, 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	+	1	2										
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	☆	3	4			4							
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	+												
6	Don Sterile PPE	Sampler & Facilitator	+	5	6			7			8				
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	△												



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Standard Worksheet/Job Instruction Sheet				Hospital	
Functional Area	Process Excellence	Process Name	Boat Assembly	Creation Date: 21 Feb 17	Signature:
Department Director	D. Worthy MD	Process ID Number		Revision Date:	Signature:
Team Leader/Owner	S. Myers	Position Responsible/Role	Team member	Review Date:	Signature:

Seq. No.	Major Steps/Element Description	Performed By	Time	Workflow diagram on layout of location where work is done			
				Required PPE: Eye Protection, Gloves			
1	Don PPE	Team member	30 sec	1	2	3	4
2	Ensure the six parts for boat are present and in working order	Team member	30 sec				
3	Ensure parts are placed in order to assemble	Team member	30 sec				
4	Place 6X2 piece on table	Team member	5 sec	5	6	7	8
5	Place 3X2 sloped piece rounded side down on front half of 6X2 piece	Team member	5 sec				
6	Place 3X2 second sloped piece on back half of 6X2 piece	Team member	5 sec				
7	Place 4X2 piece on top of light blue sloped pieces, covering all light blue shapes	Team member	5 sec				
8	Place light blue person and cat piece on dark blue 4X2 with one row of 1X2 showing.	Team member	5 sec	9	10		
9	Place triangle shaped piece on top of person light blue shape	Team member	5 sec				
10	Ensure all connections are tight	Team member	5 sec				
11							
Approval:		Date:		Std Process Stock 	Quality Check 	Safety 	



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Training

- Qualified Trainer/Preceptor
- Correctly, Consistently and Safely
- All necessary training items – include PPE if appropriate
- Skills – Consider Simulation – practice at least 4-5 times
- Practice the same way the skill will be performed

Training – Simulation – Telling alone is not enough!

- Simple things sound complicated
- Poor choice of words, too many words
- Motions hard to describe
- Too much information at one time
- If the Student has not learned.... The Instructor has not taught!

Training – Simulation – Showing alone is not enough

- Perspective for watching
- Motions are difficult to see
- Copying doesn't equal understanding



Train like we fight! Get Ready

- Competency, Standard Work Tool
- Break down the skill into major steps and key points
- Have everything ready for the trainee i.e. equipment, PPE, supplies
- Workplace should be arranged in the way the trainee will be expected to keep it (5S)
- Trainer resets work area for trainee practice

Document Skills

- Pre-test/Post-test
- Competency Template
- Training Record

RN Head to Toe Skin Assessment

Name: _____ Date: _____

Competency Statement: The RN has completed facility education and competency verification for the adult head to toe skin assessment.

Outcome Statement: The patient is free from signs and symptoms of pressure injuries or skin breakdown.

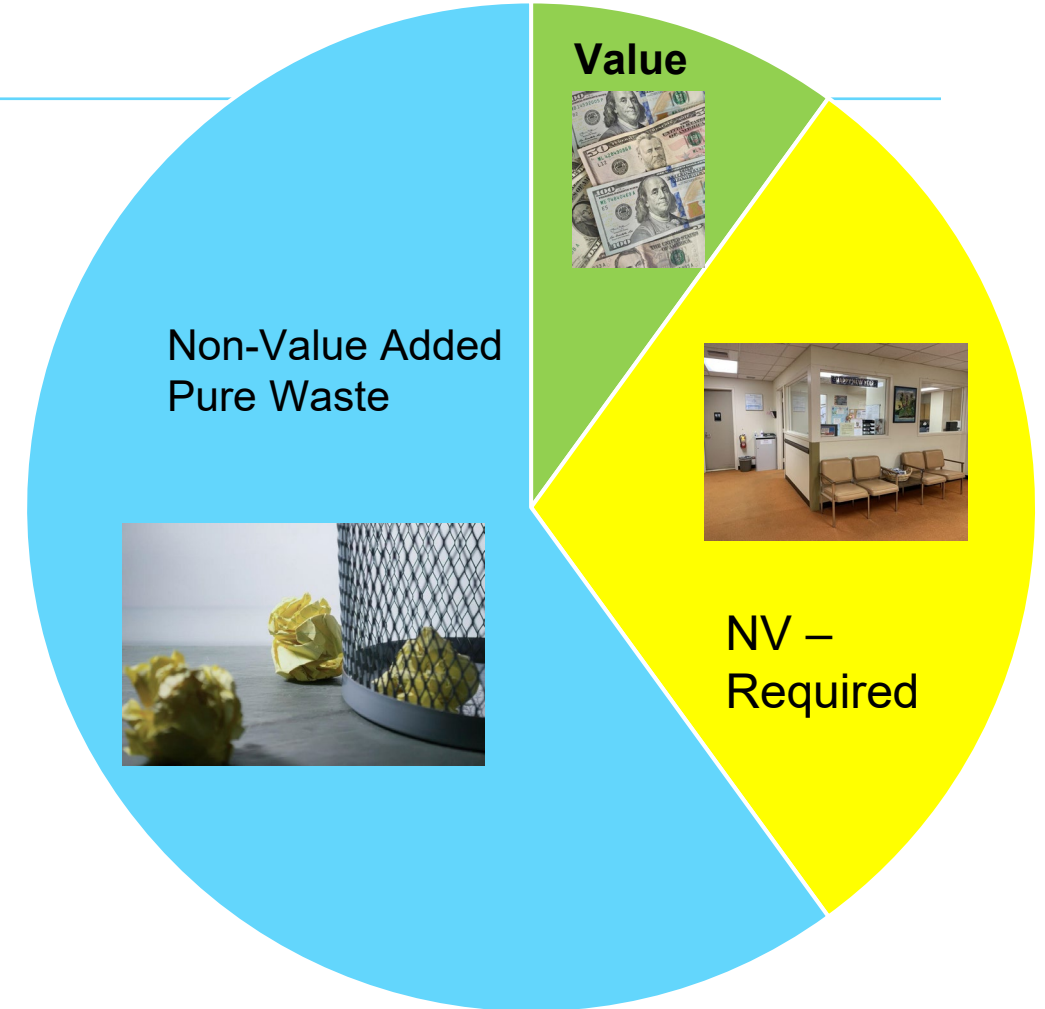
Competency Statement	Verification Method (Demonstration, Skills Lab Simulation, Knowledge Test, Observation, P & P Review)	Skill Level – Novice, Competent, Advanced	Met or Not Met – Explain why if not met.
1. Assembles, supplies, <u>equipment</u> and PPE for skin assessment.			
2. Partners with RN for <u>two person</u> skin assessment.			
3. Explains the procedure to patient and family member.			
4. Verifies patient and family member understanding and documents.			
5. Inspects the head and face, looks for symmetry, wounds, scars, or abnormalities. ** Examines the patient's face and head for any abnormalities from medical device <u>ie.</u> Ears for skin injury due to O2 tubing			

Voluntary Assignment - for practice and learning

- Complete the waste walk template
- Use the 5S checklist to complete a 5S project
- Use the Goal Setting Template to establish your Small Test or Rapid Cycle SMART goal
- Review one toolkit related to your project
- Use the Action Plan Template and Project Charter to document your project steps
- Meet with your coach next week

Value Added vs. Non-Value Added Analysis

- Voice of the Customer
- Voice of the Business
- What is Value?
- What is Waste?
- Why don't we see the waste?



■ Value Added ■ Non-Value ■ Non-Value - Required



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Tips for Waste Identification

- Waste is anything that doesn't add value to the patient/provider/staff
- Opportunity to engage the Patient and Family Advisory Council or the patients and family members assigned to your QI Team to assist in identifying waste from the patient's perspective
- Sometimes you may need “fresh eyes” or have to step away to see waste (dedicate time to do this)
- Identification and elimination of waste is not a one-time activity – ***Continuous Improvement***

Let's Practice Identifying Waste In a Process

- Parking
- Registration
- Lost
- Arrives in Lab
- Sent to waiting room
- Waits
- Registration
- No tourniquets
- Tourniquet found
- Lab drawn
- Which of these steps are value added for the patient? Non-Value Added? Non-Value Required?



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Waste Walk – 8 Categories of Waste



Transportation
Inventory
Motion
Underused Talent
Waiting
Overproduction
Overprocessing
Defects



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Transportation

- Excess movement of info/materials/people
- Consider electronic movement of forms as well
- Adds to time of the process
- Indirect cost as well as capacity utilization

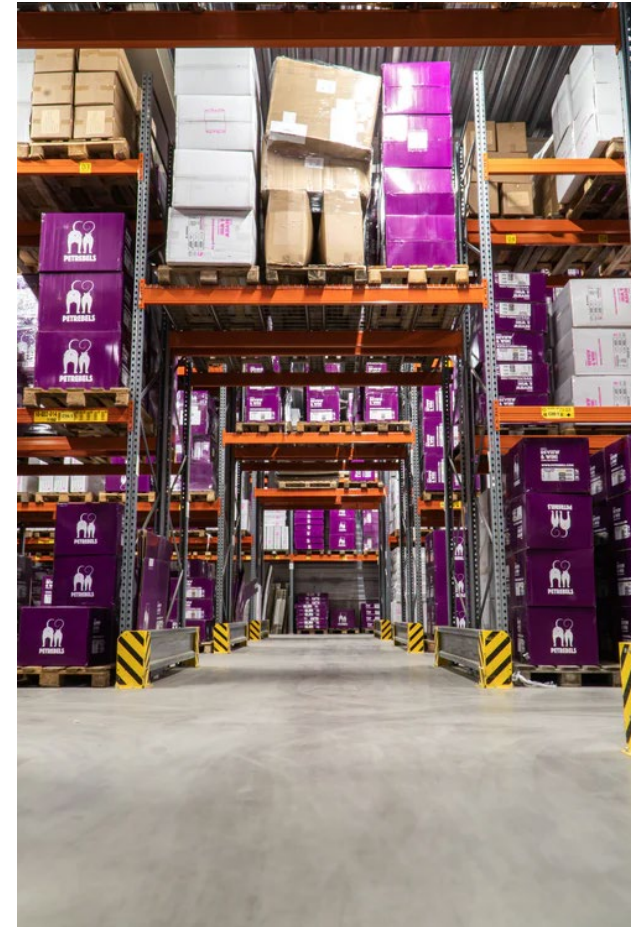


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Inventory Excess

- Excess stock, supplies, print materials
- Waste from expired or unusable inventory
- Adds to direct costs of the operations

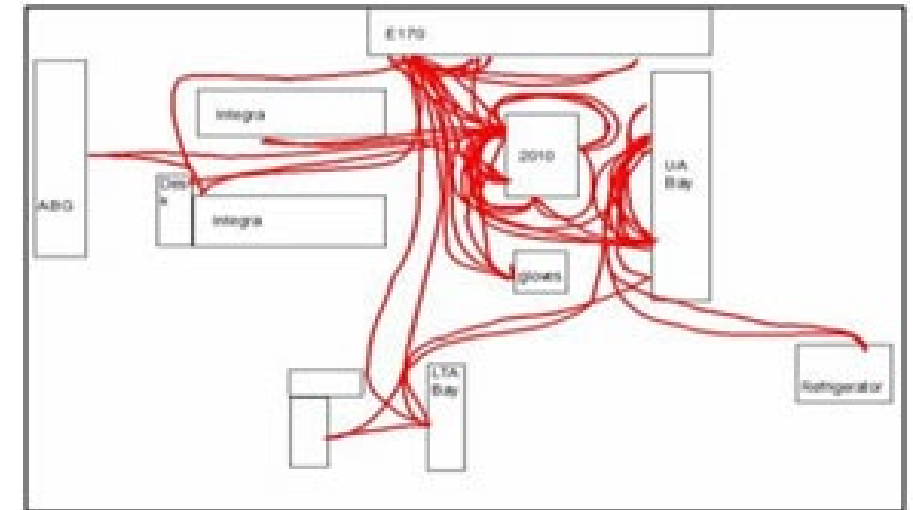


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Motion

- Excess moving (bending, turning, reaching, walking, searching, etc.)
- Causes delays, frustration and capacity utilization
- Indirect cost to the process
- Usually related to poor layout



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Unused Creativity

- Skills and talents of staff not utilized
- Not a thinking system
- Decision making is only at highest level
- Causes frustration
- No sense of ownership to the process/ service



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Waiting

- Multiple sources, not just people but information and materials as well
- Causes frustration to the customer (internal or external)
- Adds to total time for process and indirect cost



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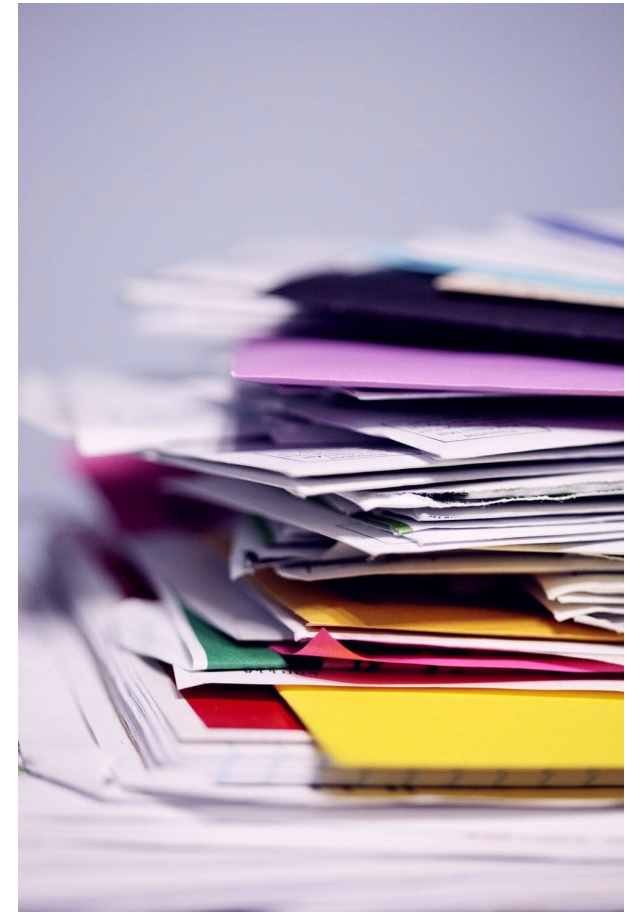
Overprocessing

- Unnecessary extra activity or processing
- Redundant orders, collecting or documenting more than required information
- Results in frustration, added time and indirect cost



Overproduction

- Wasted effort, capacity
- Causes frustrations
- Adds to cost of the process



Defects

- Can happen anywhere
- Results in additional or re-processing adding no value to the customer
- Causes delays in the process
- Direct cost to the process



Assignment #1 Identify 3 of the 8 Wastes (Facility or Home)

Waste	Description	Identified Item for Improvement
Transportation	Excess movement of info/materials/people	
Inventory Excess	Excess stock, supplies, print materials	
Motion	Excess moving (bending, turning, reaching, walking, searching, etc.)	
Underused Talent	Skills and talents of staff not utilized	
Waiting	Multiple sources, not just people but information and materials as well Causes frustration to the customer (internal or external) Adds to total time for process and indirect cost	
Over Production	Wasted effort, capacity	
Over Processing	Unnecessary extra activity or processing	
Defects	Results in additional or re-processing adding no value to the customer	

Questions

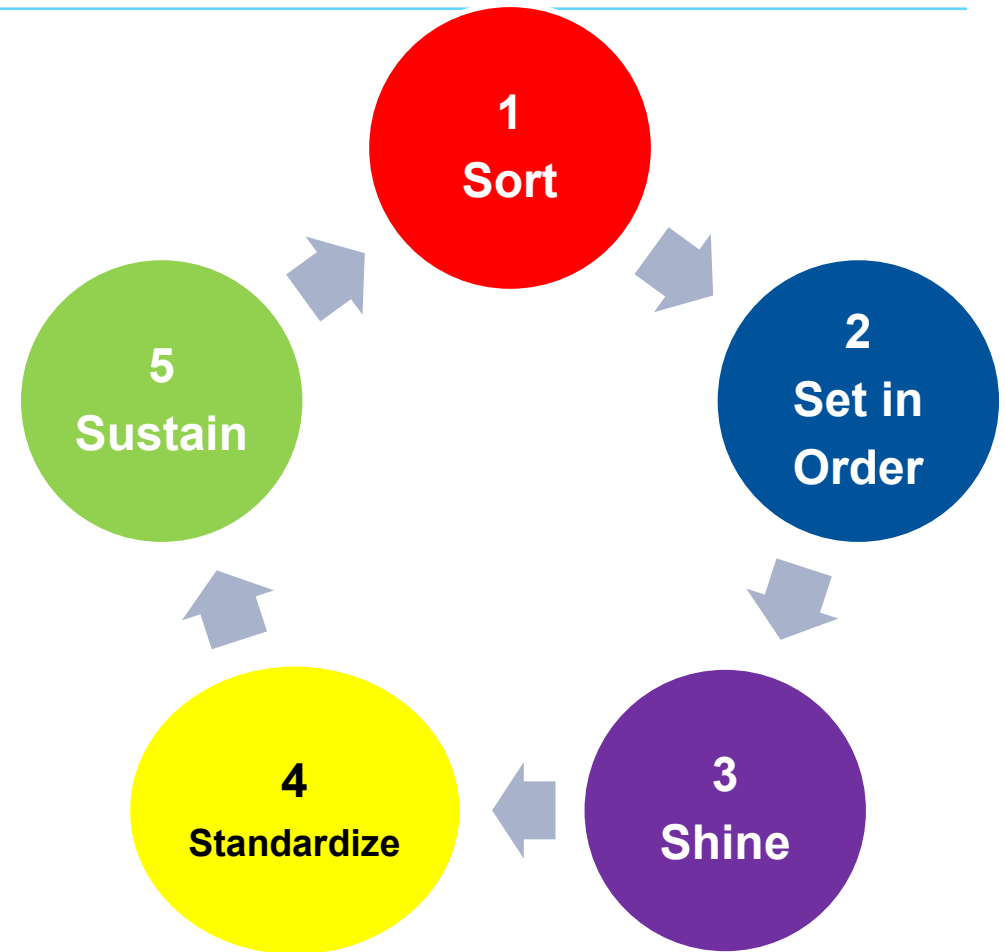


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5 S

- Improved safety
- Higher equipment availability
- Lower defect rates
- Reduced costs
- Increased production agility and flexibility
- Improved employee morale
- Better asset utilization
- Enhanced enterprise image to customers, suppliers, employees, and management



Sort

- Look for excess inventory
- Clear out junk
- Look for obsolete and expired items
- Identify what is required to work a process or perform a particular task – then remove unnecessary tools, equipment, files, binders, parts.....



Sorting Activity Steps

- Establish criteria and explain the handling of items
- Assign zones to people if working on a large area
- Conduct a red tag event – place red tags or sticky dots on unnecessary items and move to holding area
- Log/document items removed



Set in Order

- A place for everything and everything in its place
- Bins, Labeling
- Like supplies together and at point of use
- Make it obvious if something is missing



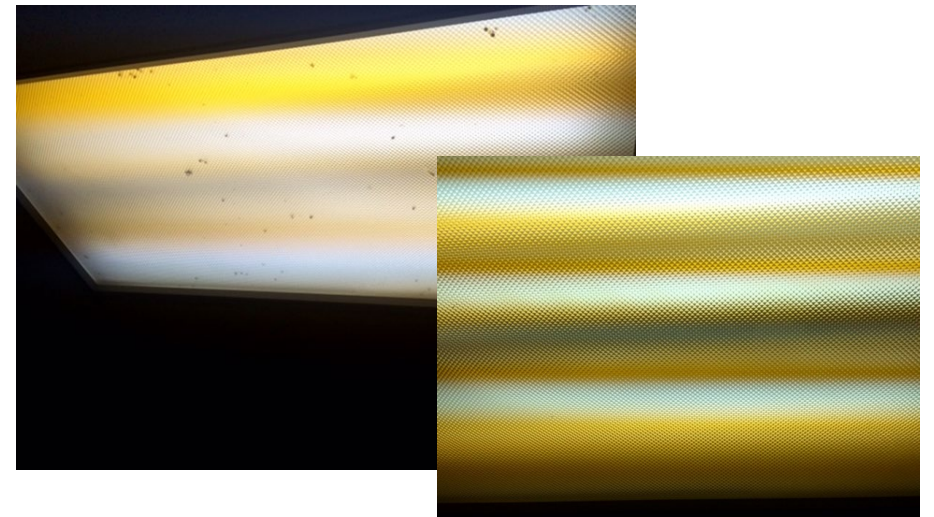
Steps to Set in Order

- Identify key equipment and supplies
- Determine location for every item
- Outline locations of equipment, supplies, common areas, and safety zones
- Develop shadow boards if needed
- Label items
- Determine PAR Levels
- Document workplace layout, equipment, safety zones and supplies



Shine

- The workplace should be clean and bright, a place where people enjoy working.
- If you can't get something clean, then paint it, replace it, or cover it.
- Morale booster!!!



Standardize

- Establish norms and respect them
- Make it a habit
- Process standards
- Product standards



Sustain

- Leadership is the key
- Everyone at all levels committed to sustaining
- Use auditing and checklist
- Quantify results – What are the financial savings of your project?
- Display in the area (Quality Improvement Board)
- Walk the “Gemba”

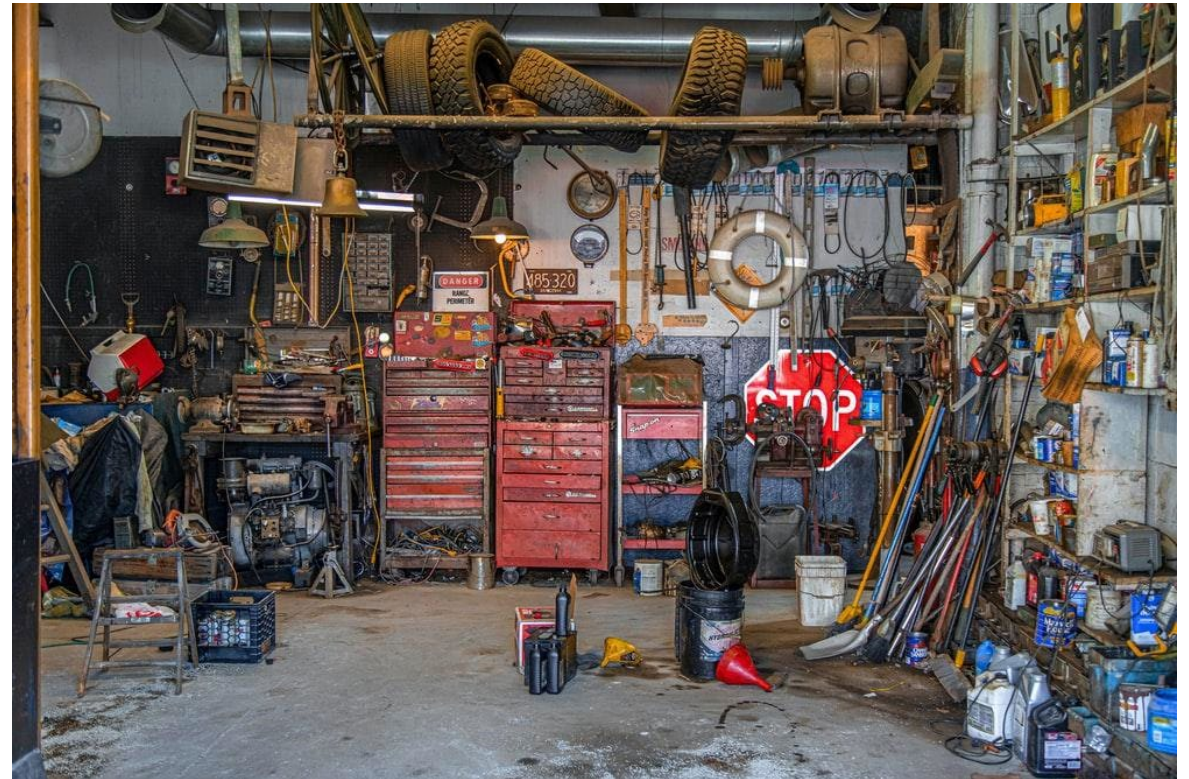


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Where to use 5S

- Equipment and supply rooms
- Nurses Stations
- Patient Rooms
- Utility Rooms
- Offices
- Procedural Areas
- Dietary
- Home/Garage



5S Implementation

- Start with team
- Discuss benefits
- Train, then immediately do
- Agree on vision and standards
- Define the areas to 5S
- Define roles
- Don't let participants walk away
- Get everyone involved
- Have leaders set expectations
- Follow up
- Keep it simple



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Assignment #2

Pick	Pick one area of your unit/workspace or even an area at home like a pantry shelf to 5S
Include	Include your teammates or family members as this is crucial to sustainment of your project.
Use	Use the 5S checklist provided as a resource.
Take	Take pictures of your project before during and after.
Tally	Tally any savings from your project from elimination of waste.
Consider	Consider presenting your 5S project to leadership

Task	Role Responsible for completing task	Identified area for task completion	Status or Comments
Pick the area for the 5S project			
Assign Team and Leadership Sponsor			
Team Training Discuss Benefits Review the 5S Steps Role Assignments			
Schedule date/time for the 5S			
Take team pictures and before pictures of the area			
Assemble supplies Bins Baskets Red Dots Designate the 4 Staging areas – keep, throw away, recycle, we don't know			
Sort (Pictures too) Meet at 5S area and begin sorting into the 4 categories – keep, throw away, recycle, we don't know			
Remove everything but “keep” items from the staging area.			
Set in Order (Pictures too) Label shelves, bins baskets 2 Bin System Organize supplies based on VOC, VOB			
Shine (Pictures too) Clean, clean, clean 😊			
Standardize and Sustain Checklist or monitoring tool			



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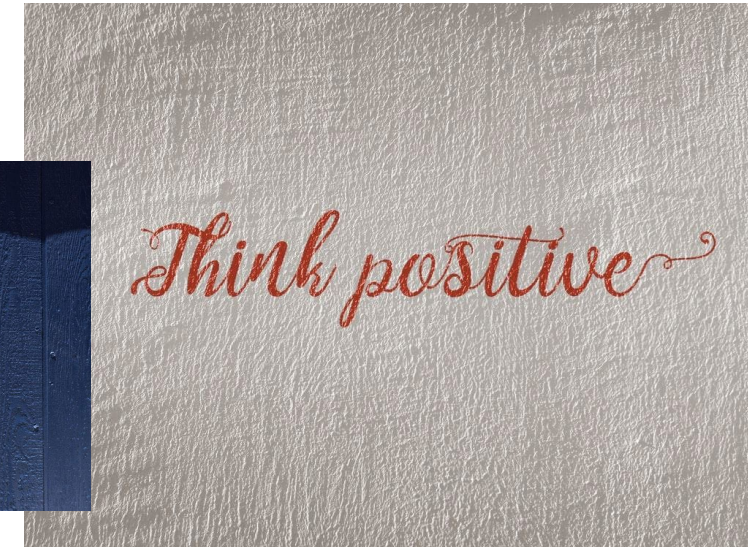


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Visual Controls

- Gives status
- Directs location of things
- Indicates action
- Shows right from wrong





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Julia Child – Visual Controls/5S

“You want to be able to find and stash everything easily ... unless you’re one of those people who like to live in a mess.”



First In/First Out

- First In, First Out (FIFO) is a method in which supplies purchased or acquired first are disposed of first.
- FIFO assumes that the remaining inventory consists of items purchased last.



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Evidence-Based Practice



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Evidence Based Practice – 7 Step Method

- Step Zero: Cultivate a spirit of inquiry
- Step 1: What is the question/problem?



(Melnik, et. Al. 2010)



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Evidence Based Practice – 7 Step Method

Step 2: Search for the best evidence

- “Acute care hospital” and “CLABSI” and “dressing change”
- Set Limits – last 5 years, English etc.



(Melnik, et. Al. 2010)



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Evidence Based Practice – 7 Step Method

Step 3: Critically Appraise the evidence

- Are the results of the study valid?
- What are the results and are they important?
- Will the results help me care for my patients?

(Melnyk, et. Al. 2010)



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CLABSI PREVENTION EVIDENCE TABLE

Source	Recommendations(s)/Themes	Outcome(s)	Implications for Practice	Supporting Evidence (Additional References)
<p>Kramer, R. D., Rogers, M. A., Conte, M., Mann, J. Saint, S. & Chopra, V. (2017). Are antimicrobial peripherally inserted central catheters associated with reduction in central line associated bloodstream infection? A systematic review and meta-analysis. <i>American Journal of Infection Control</i>, 45(2), 108-114</p>	<p>Meta-analysis</p> <p>PICCs represent an advancement because they are easier and safer to insert, durable, and cost-effective compared with traditional central venous catheters (CVCs)</p> <p>The unit of analysis was PICC insertion. Relative risk (RR) was calculated to compare CLABSI risk in patients who received coated catheters (numerator) to those with noncoated catheters (denominator).</p>	<p>Found that antimicrobial PICCs were associated with a statistically significant reduction in the risk of CLABSI compared with noncoated devices</p> <p>Reduction in the rate of CLABSI was particularly evident in populations at high risk of infection. No significant differences were found between chlorhexidine- and minocycline- or rifampin coated devices.</p> <p>Data suggest that use of antimicrobial PICCs in patients at high risk of infection (eg, cancer or burn populations) may be effective.</p>	<p>Are we using antimicrobial PICCs?</p>	<p>Multiple articles cited in Meta-analysis.</p>
<p>Jones, L., Weber, M., Cape, K. & Elefritz, J. (2019). Peripheral IV Norepinephrine: Does it save Central Line Insertion and Is It Safe? <i>Critical Care Medicine</i>, 47, 622S.</p>	<p>Early resuscitation, leading to decreased infusion times, can minimize the need for a central line in select patients if norepinephrine can be administered safely through a peripheral intravenous catheter (PIV).</p> <p>A MICU protocol was developed with specific criteria for norepinephrine administration. Safety, central line placement, and</p>	<p>316 patients received norepinephrine including 92 infusions via a PIV. 34% did not require a central line. 3% had infiltrated PIV's, treated with phentolamine, without tissue injury. </p> <p>Compliance with the norepinephrine concentration was 99% and maximum dose compliance was 73%. 97% of infusions ran less than 24 hours.</p>	<p>Could we replicate at our facility?</p>	<p>Recent study, additional references once published.</p>



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Evidence Based Practice – 7 Step Method

Step 4: Integrate the evidence with clinical expertise and patient preferences and values

- Consider the “Voice of the Customer”



(Melnyk, et. Al. 2010)



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Evidence Based Practice – 7 Step Method



Step 5: Evaluate the outcomes of the practice decisions or changes based on evidence.



Are the effects positive?



Are there unanticipated upstream or downstream effects?



Did our team achieve the same results as the EBP?

(Melnyk, et. Al. 2010)



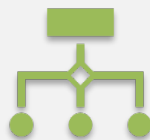
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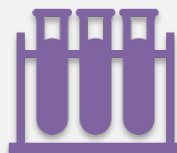
Evidence Based Practice – 7 Step Method



Step 6: Disseminate EBP results.



Pilot the change on one unit then replicate on another unit.



Step 7: Small test then replicate.

(Melnik, et. Al. 2010)



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Toolkits - Agency for Healthcare Research and Quality

- CRE - <https://www.ahrq.gov/hai/patient-safety-resources/cre-toolkit/index.html>
- Communication - <https://www.ahrq.gov/patient-safety/capacity/candor/modules.html>
- Community Acquired Pneumonia - <https://www.ahrq.gov/hai/tools/ambulatory-care/cap-toolkit/index.html>
- Comprehensive Unit-based Safety Program - <https://www.ahrq.gov/hai/cusp/index.html>
- Decrease C-Diff through AMS - <https://www.ahrq.gov/hai/patient-safety-resources/cdiff-toolkit/index.html>
- Safe Surgery - <https://www.ahrq.gov/hai/tools/surgery/index.html>



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Toolkits - Agency for Healthcare Research and Quality

- Decrease Medicaid Readmissions - <https://www.ahrq.gov/patient-safety/settings/hospital/resource/guide/index.html>
- RED Toolkit for Discharge - <https://www.ahrq.gov/patient-safety/settings/hospital/red/toolkit/index.html>
- All Cause Harm Reduction (SHARE) - <https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>
- Medication Safety - <https://effectivehealthcare.ahrq.gov/products/medication-therapy-management-1/research>
- ED Throughput - <https://www.ahrq.gov/research/findings/final-reports/ptflow/index.html>



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Toolkits - Agency for Healthcare Research and Quality

- Transitions of Care MATCH Program Toolkit - <https://www.ahrq.gov/patient-safety/resources/match/index.html>
- HAPI Prevention - <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/ontime/pruprev/timeline.html>
- Fall Prevention - <https://www.ahrq.gov/patient-safety/settings/hospital/fall-prevention/toolkit/index.html>
- Preventing Hospital-Associated Venous Thromboembolism - <https://www.ahrq.gov/patient-safety/resources/vtguide/index.html>
- Prevention of CAUTI and CLABSI in ICUs - <https://www.ahrq.gov/hai/tools/clabsi-cauti-icu/index.html>
- Engage patients to improve diagnostic safety - <https://www.ahrq.gov/patient-safety/resources/diagnostic-safety/toolkit.html>



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Institute for Healthcare Improvement – QI Essentials

- <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>
- Membership to IHI is Free
- Tools for many useful Quality Improvement Tools: Cause and Effect Diagram, Driver Diagram, FMEA, Flowchart, Histogram, Pareto Chart, PDSA, Project Planning, Run Charts, and Control Charts



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Centers for Disease Control and Prevention

- Toolkits for the Prevention of Healthcare-Associated Infections
- Also pathogen specific: CRE, VRSA, Norovirus
- https://www.cdc.gov/hai/prevent/prevention_tools.html
- Includes toolkits for Environmental Infection Prevention



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The Society for Healthcare Epidemiology of America (SHEA)

- [Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals](#)
- Strategies to Prevent Infections in Acute Care Hospitals
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Surgical Site Infections (SSI)
- Clostridium difficile
- Methicillin-Resistant Staphylococcus aureus (MRSA)
- Central Line-Associated Bloodstream Infections (CLABSI)
- Ventilator-Associated Pneumonia (VAP)
- Hand Hygiene

Assignment #4 – Review 1 toolkit applicable to your project

The CANDOR toolkit contains eight different modules, each containing PowerPoint slides with facilitator notes. Some modules also contain tools, resources, or videos.

- [Implementation Guide for the CANDOR Process](#)
- [Acknowledgments](#)
- [Module 1: An Overview of the CANDOR Process](#)
- [Module 2: Obtaining Organizational Buy-in and Support](#)
- [Module 3: Preparing for Implementation: Gap Analysis](#)
- [Module 4: Event Reporting, Event Investigation and Analysis](#)
- [Analysis Module 5: Response and Disclosure](#)
- [Module 6: Care for the Caregiver](#)
- [Module 7: Resolution](#)
- [Module 8: Organizational Learning and Sustainability](#)

"We realize mistakes happen, and we can forgive that; but you harm us again by not being honest and transparent with us...we should be healing and learning together how to prevent this from happening to someone else."

Carole Hemmelgarn, Patient Advocate

- <https://www.ahrq.gov/patient-safety/capacity/candor/modules.html>



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Questions



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- IHI Toolkits: <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>
- CDC Toolkits: https://www.cdc.gov/hai/prevent/prevention_tools.html
- CDC Sepsis Toolkit: https://www.cdc.gov/sepsis/pdfs/Sepsis-Surveillance-Toolkit-Mar-2018_508.pdf
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