HRET HIIN Virtual Event
Accelerating Improvement Fellowship

Moving from Testing to Implementation

Wednesday, April 11, 2018
12:30 – 1:30 p.m. CT
Welcome and Introductions

Mallory Bender, Program Manager, HRET
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>12:30-12:35</td>
<td>Welcome and Introduction</td>
<td>Mallory Bender, HRET</td>
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<tr>
<td>12:35-12:45</td>
<td>Action Period Discussion</td>
<td>Lauren Macy, IHI</td>
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<td>12:45-1:15</td>
<td>Testing vs. Implementation</td>
<td>Lauren Macy, IHI</td>
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<tr>
<td></td>
<td>- Revisit run charts and display of data</td>
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<td>- PDSAs from discussion board</td>
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<td></td>
<td>- Understand the value of multiple PDSAs</td>
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<td>- Understand when a change is ready to move from testing to implementation</td>
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<td></td>
<td>- Identify what is needed for successful implementation and the consequences of “jumping’ to implementation too early</td>
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<td>1:15-1:25</td>
<td>Assignments, Suggested Tasks &amp; Additional Materials</td>
<td>Lauren Macy, IHI</td>
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<td>1:25-1:30</td>
<td>Bring It Home</td>
<td>Mallory Bender, HRET</td>
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<tr>
<td>Date</td>
<td>Topic</td>
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<tr>
<td>January 17(^{th})</td>
<td>The Model for Improvement &amp; Setting Up Your Team</td>
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<td>January 31(^{st})</td>
<td>Setting Aims &amp; Developing Your Theory</td>
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<td>February 14(^{th})</td>
<td>Developing Change Ideas &amp; Testing with PDSA</td>
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<td>February 28(^{th})</td>
<td>Measuring Changes: How will we know a change is an improvement?</td>
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<td>March 14(^{th})</td>
<td>Using and Analyzing Run Charts</td>
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<td>March 28(^{th})</td>
<td>Practical Strategies for Managing Improvement Projects</td>
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<td>April 11(^{th})</td>
<td>Testing vs. Implementation</td>
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<td>May 9(^{th})</td>
<td>Scale Up &amp; Spreading Successful Changes</td>
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<td>June 6(^{th})</td>
<td>Sustainability: Making Your Improvements Stick</td>
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<td>July 11(^{th})</td>
<td>Celebration!</td>
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Five practical strategies for managing improvement projects

1. Frontload the Work
2. Build the Team
3. Create and Keep Pace
4. Make It Easy
5. Start with the End in Mind
A Model for Learning and Change

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act
Plan
Study
Do

The PDSA Cycle for Learning and Improvement

Plan
- Objective
- Questions & predictions
- Plan to carry out: Who? When? How? Where?

Do
- Carry out plan
- Document problems
- Begin data analysis

Study
- Complete data analysis
- Compare to predictions
- Summarize

Act
- Ready to implement?
- Try something else?
- Next cycle

What’s next?

Did it work?

Let’s try it!

What will happen if we try something different?
From the Discussion Group: PDSA Sharing

• **AIM:** Increase patient and family satisfaction in the hospital setting.

• **Plan:** Begin a PFAC with patients and other staff from the hospital to review patient comments and implement change based on recommendations.
From the Discussion Group: PDSA Sharing

• **Aim**: By September 15, 2018, our acute care reporting facilities will increase their monthly submission of all applicable quality measures to LHAREF HIIN by 50%.

• **Plan**: Send calendar invitations/reminders to our facility contacts that will populate their Outlook calendars with a reminder 2 weeks prior to data submission deadline.

From Myra Foley
• **AIM:** By December 31st, 2018, CHH will increase hospital wide hand hygiene compliance from 79% (2017) to 85%.

• **PLAN:**
  – *Objective:* Test educating staff types on the risk of spreading infections with patient environment interactions and the proper hand washing technique through a competency checklist.
  – *Question:* How many staff members will complete the competency? Will there be push-back? Will we see an increase in compliance regarding ancillary staff?
  – *Who, what, when, where:* Education dept will distribute the competency at a later identified date to the dietary, housekeeping, and maintenance departments.
  – *Data Collection:* Educations software will monitor the number of employees that complete the competency and hand hygiene observations will capture the dietary, housekeeping and maintenance staff compliance rates.

From Jenah Eastep
From the Discussion Group: PDSA Sharing

- **AIM:** By December 31st, 2018, CHH will increase hospital wide hand hygiene compliance from 79% (2017) to 85%.

- **PLAN:**
  - **Objective:** Test educating staff types on the risk of spreading infections with patient environment interactions and the proper hand washing technique through a competency checklist.
  - **Question:** How many staff members will complete the competency? Will there be push-back? Will we see an increase in compliance regarding ancillary staff?
  - **Who, what, when, where:** Education dept will distribute the competency at a later identified date to the dietary, housekeeping, and maintenance departments.
  - **Data Collection:** Educations software will monitor the number of employees that complete the competency and hand hygiene observations will capture the dietary, housekeeping and maintenance staff compliance rates.
Moving from Testing to Implementation

When are we ready to make a change permanently part of the system?
Grounding in the Model for Improvement

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act  Plan
Study  Do
Build Evidence and Commitment by Testing

Unless changes are integrated into "daily work", changes will not stick. E.g. job descriptions and job training following current best known methods, link to supervision, etc.
The Sequence of Improvement

1. Theory and Prediction
2. Developing a change
3. Testing a change
4. Implementing a change
5. Test under a variety of conditions
6. Make part of routine operations
7. Sustaining improvements and spreading changes to other locations

Data are used throughout the sequence.
Improvement Sequence: Definitions

• **Test** – Try and adapt ideas to learn what works in your system
• **Implement** – Make a change a permanent part of the day to day operation of the system
• **Sustain** – Hold the gains of improvement
• **Spread** – Have individuals *adopt* the changes
• **Scale-up** – Overcoming the *structural issues* that arise during spread
The Sequence of Improvement: Potty Training Your Toddler

Asking him to try using the potty every hour (time)

Only wearing underwear to daycare

Bring the potty with you to the park or friends house (location)

Keep the potty in the play room

Theory: If the potty is near him, he will use the potty

Theory and Prediction

Make part of routine operations

Sustaining improvements and Spreading changes to other locations

Test under a variety of conditions

Implementing a change

Testing a change

Developing a change

Act

Plan

Study

Do

What kind of data would you collect?
- Number of accidents/day
- Number of times using the potty/day
- Number of hours without an accident?
## Testing vs. Implementation of a Change

<table>
<thead>
<tr>
<th>Feature</th>
<th>Testing</th>
<th>Implementing</th>
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<tbody>
<tr>
<td>View of Failure</td>
<td>Good! failure=learning</td>
<td>Bad! failure=setback</td>
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<tr>
<td>Support Infrastructure*</td>
<td>Informal, on the fly</td>
<td>Formal and systematic</td>
</tr>
<tr>
<td>Social Resistance</td>
<td>Low(er), no big deal short term, local</td>
<td>High(er), changing behavior of all</td>
</tr>
<tr>
<td>People</td>
<td>Volunteers, enthusiasts, work unit &quot;laboratory&quot;</td>
<td>Everybody, with a range of reactions</td>
</tr>
<tr>
<td>Duration</td>
<td>Temporary</td>
<td>Permanent, until next upgrade</td>
</tr>
<tr>
<td>Speed</td>
<td>Fast(er)</td>
<td>Slow(er)</td>
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*(1) Monitoring of change; (2) Feedback on change; (3) Procedures documented; (4) Training designed and delivered; (5) New staff orientation; (6) Integration with other systems...
### When Are You Ready for Implementation?

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<tr>
<th>Deciding on the Scale of a Test</th>
<th>Current Commitment within Your Organization</th>
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<tr>
<td><strong>Belief in effectiveness</strong></td>
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<tr>
<td>Low degree of belief that change idea will lead to improvement</td>
<td>Cost of failure large</td>
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<tr>
<td>Cost of failure small</td>
<td>Very small-scale test</td>
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<tr>
<td>High degree of belief that change idea will lead to improvement</td>
<td>Cost of failure large</td>
</tr>
<tr>
<td>Cost of failure small</td>
<td>Small-scale test</td>
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One Case Manager identify high patients admitted this week

The Sequence of Improvement: Reducing Readmissions

Developing a change

Implementing a change

Testing a change

What kind of data would you collect?

- Number of staff using the talking points
- Number of patients agreeing they understand their care after discharge

Pilot MDs high risk patients have post DC appt within 5 days

Pilot MDs high risk patients receive post op call – assure meds are available, and transport to MD appt is set up

One Case Manager identify high patients admitted this week

Case manager set up post hospital MD visit within 5 days of DC

Identify high risk patients: Patient has been admitted 2 times in last year

Theory: If we identify patients at high risk for readmission, we can increase post hospital care.

Work with one MD to negotiate early DC appts

Sustaining improvements and spreading changes to other locations
Pre-Requisites to Implementation

- Change tested under a variety of conditions
- Data over time available to show changes leads to improvement
- Champions of change identified in key stakeholder groups
- Long-term process owner identified and engaged
- Impact on workload assessed during PDSAs
Consequences of “Jumping” to Implementation

• Financial cost
• Not sustainable
• No supports (people or infrastructure)
• Rework- Waste

Can you think of a time in your work or personal life when you have seen someone “jump to implementation?”
Expectation for Implementation

Unreconciled Meds

Learning Curve

Lower is better

Tested

Implementation

Measure

Sept. 12
Oct. 12
Nov. 12
Dec. 12
Jan. 13
Feb. 13
Mar. 13
Apr. 13
May. 13
Jun. 13
Jul. 13
Aug. 13
Sept. 13
Oct. 13
Nov. 13
Dec. 13
Jan. 14
Feb. 14
Mar. 14
Apr. 14
May. 14
Jun. 14
Technical Strategies for Implementation

• Continue to use PDSA cycles
• Three approaches when planning PDSA’s
  1. “Just do it”
  2. Parallel approach
  3. Sequential approach
     a) One at a time with all staff
     b) All at one time with selected staff
Individually, Think About…

• What changes are you testing?
  – What are you learning from those tests?
• What (if anything) are you implementing?
• How are you deciding when you will move from testing to implementation?
Assignments

• Assignment:
  – QI 103: Lesson 3: How to Build Your Degree of Belief Over Time

• Suggested Tasks:
  – Develop a PDSA ramp around one change idea OR categorize your change ideas by testing, implementing, or spreading
  – Please feel free to send me your project summary for feedback (Imacy@ihi.org)

• Additional Materials:
  – Watch: What’s the Secret to Change Implementation?
Bring it Home

Mallory Bender, Program Manager, HRET
THANK YOU!