HRET HIIN Virtual Event
Foundations for Change Fellowship

Wednesday, March 14 Call #5
11:00- 12:00 p.m. CT
Welcome and Introductions

Mallory Bender, Program Manager, HRET
WEBINAR PLATFORM QUICK REFERENCE

- Mute computer audio
- Download slides/resources
- Chat with participants
- Register for upcoming events
- Today’s presentation
## Agenda

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<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
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<tr>
<td>11:00-11:05</td>
<td>Welcome and Introduction</td>
<td>Mallory Bender, HRET</td>
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<td>11:05-11:15</td>
<td>Action Period Discussion</td>
<td>Kathy Duncan, IHI</td>
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<td>11:15-11:45</td>
<td>Testing vs. Implementation</td>
<td>Kathy Duncan, IHI</td>
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<td>11:45-11:55</td>
<td>Next Steps</td>
<td>Kathy Duncan, IHI</td>
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<td>11:55-12:00</td>
<td>Bring It Home</td>
<td>Mallory Bender, HRET</td>
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### Action Period Discussion
- QI 103: Lesson 2--How to Use Data for Improvement
- State and define your measures

### Testing vs. Implementation
- Identifying when to test or implement a change
- Explain how to conduct multiple PDSA cycles at the same time and why this can be useful to improvement
- Prepare for successful implementation and common challenges when “jumping” to implementation too early

### Next Steps
- **Suggested:**
  - Identify measures and tests in discussion group
- **Additional Resources:**
  - Review the IHI Patient Safety Framework
  - Watch What s the secret to change implementation
- Assignment for Call #6
  - QI 105 Lesson 2
<table>
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<th>January 17 – Set Up for Success</th>
<th>March 28 – Practical Strategies</th>
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<tr>
<td>January 31 – What are you trying to accomplish?</td>
<td>April 11 – Implementation</td>
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<td>February 14 – What changes can we make that will result in improvement?</td>
<td>May 9 – Transitioning to Adoption</td>
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<td>February 28 – How will we know that a change is an improvement?</td>
<td>June 6 – Essential Tool Kit</td>
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<td>March 14 – Testing Vs. Implementation</td>
<td>July 11 – Celebration and Wrap up</td>
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**Wednesdays 11:00- 12:00 PM CT**
What are your measures?
<table>
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<tr>
<th>Measures should operationalize the aim</th>
<th>Data should be plotted over time</th>
<th>Improvement Measures</th>
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<tr>
<td>• Numerical aims provide a reference point to evaluate performance</td>
<td>• Data tells a story</td>
<td>• Focus on the vital few</td>
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<td>• Used to guide improvement and test changes</td>
<td>• Annotated is best</td>
<td>• Is for learning not for judgment</td>
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<td></td>
<td></td>
<td>• Integrate into team’s daily routine</td>
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Types of Measures to Evaluate Impact and Progress

**Outcome**
- Measures directly relate to the aim of an initiative.
- How is the system performing? What are the results?

**Process**
- Measures reflect how well processes in the work get done.
- Are the steps of the process performing as planned?

**Balancing**
- What happened to the system as we improved the outcome and processes? (unanticipated consequences)
# Measurement Dashboard Worksheet

<table>
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<tr>
<th>Measure Name (Be sure to indicate if it is a count, percent, rate, days between, etc.)</th>
<th>Operational Definition (Define the measure in very specific terms. Provide the numerator and the denominator if a percentage or rate. Be as clear and unambiguous as possible)</th>
<th>Data Collection Plan (How will the data be collected? Who will do it? Frequency? Duration? What is to be excluded?)</th>
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From Testing to Implementation
Quick Review

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

Act

Plan

Study

Do
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
Principles for Testing a Change

1. Test on a small scale
2. Collect data over time
3. Build knowledge sequentially with multiple PDSA cycles for each change idea
4. Include a wide range of conditions in the sequence of tests
Repeated Use of the PDSA Cycle

Changes That Result in Improvement

Why Do Multiple Cycles?

- Increase degree of belief
- Determine which of several proposed changes lead to improvement
- Decide how to adapt change to the environment
- Evaluate cost implications and possible side effects of change
- Give people chance to experience the change prior to implementation
What have you tested?
The Sequence of Improvement

1. Theory and Prediction
   - Developing a change

2. Testing a change
   - Test under a variety of conditions
   - Implementing a change

3. Make part of routine operations
   - Sustaining improvements and spreading changes to other locations

4. 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?

5. Data are used throughout the sequence
How do you build local evidence and commitment?

Hunches
Theories
Ideas

DATA

APSD

APSD

APSD

APSD

APSD

LiveChat
**Implement** – Make a change a permanent part of the day to day operation of the system

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.

**Investigation** → **Demonstration** → **Implementation**
Improvement Sequence: Definitions

- **Test** – Try and adapt ideas to learn what works in your system
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<th>Implementation</th>
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<td><strong>People: Few</strong>&lt;br&gt;The number of people affected by a pilot/test is small. Thus, the resistance to the change is often relatively low.</td>
<td><strong>People: Many</strong>&lt;br&gt;The number of people affected during implementation is relatively large. Thus, there may be stronger resistance to this change.</td>
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<td><strong>Support Needed: Few</strong>&lt;br&gt;Testers do not yet intend changes to be permanent and therefore do not need processes to maintain changes beyond the test period.</td>
<td><strong>Support Needed: High</strong>&lt;br&gt;Supporting processes to maintain the change and measurement systems, job descriptions, and training – must be in place.</td>
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<td><strong>Time: Shorter</strong>&lt;br&gt;Cycles for testing changes can be rapid.</td>
<td><strong>Time: Longer</strong>&lt;br&gt;Tests which are larger in scale and more diverse in scope, generally require more time.</td>
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<td><strong>Tolerance for Failure: High</strong>&lt;br&gt;It’s OK, even encouraged to testers to learn from mistakes. These failures are important opportunities to learn.</td>
<td><strong>Tolerance for Failure: Low</strong>&lt;br&gt;Due to all of the above, tolerance for failure is low during implementation.</td>
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The Sequence of Improvement: Implement daily multidisciplinary rounds on ICU

Cycle 1: Hold rounds on Tuesday morning for the patients in beds 1 and 2 with the charge nurse, attending MD and patient nurses at 9:30a

Cycle 2: Repeat cycle 1 for three patients at 8:30a the next day

Cycle 3: Have case manager, pharmacist and social worker attend the following Monday

Cycle 4: Expand rounds to all ICU beds that Wednesday

Cycle 5: Have chaplain and PT attend following Monday

Cycle 6: Expand rounds to Sat. and Sun. the following weekend

Implement Multi-Disciplinary Rounds Daily on ICU
The Sequence of Improvement: Reducing Readmissions

One Case Manager
identify high patients
admitted this week

Sustaining improvements and
spreading changes to other
locations

Developing a change
Implementing a change
Testing a change

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

What kind of data would you collect?
- Number of staff using the talking points
- Number of patients agreeing they understand their care after discharge

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.

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

Implementing a change

Act
Plan
Study
Do
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
What are some of the Consequences of “Jumping” to Implementation?
Consequences of “Jumping” to Implementation

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

- Financial cost
- Not sustainable
- No supports (people or infrastructure)
- Rework - Waste
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?
Assignment for call #6:

• QI 105: Lesson 2 Change Psychology and the Human Side of Quality Improvement

Additional Resources:

• Review the “IHI Patient Safety Framework”
• Watch “What’s the secret to change implementation”

Suggested Tasks:

• Develop your measures and your tests in the discussion group or email to kduncan@ihi.org
Office Hours!

• April 4th 11am CT
• Topic: PDSAs
THANK YOU!