QUALITY HEALTH STRATEGIES

Moderator: Jackie Hairston
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12:30 pm CT

Operator: Ladies and gentlemen, thank you very much for standing by. And welcome to
                   Testing Your Changes and the PDSA Tool Conference Call. During this
                   presentation, all participants are in a listen-only mode. And afterwards, we
                   will conduct a question and answer session. Please note if you have a question
                   at that time, please press the 1 followed by the 4 on your touchtone phone.

                   If at any time during this conference you need to reach an operator, please
                   press the Star followed by the 0. As a reminder, this conference is being
                   recorded on Tuesday, March 17, 2015. I would now like to turn the
                   conference over to Jackie Hairston, Project Manager at Delmarva Foundation.
                   Thank you.

Jackie Hairston: And thank you so much, (Pema) and welcome all of you to the webinar today.
                   As you know, my name is Jackie Hairston, Project Manager here at Delmarva.
                   Delmarva is your QIO for the District of Columbia. Thank you for joining
                   Session 2 in a series of webinars to help prepare your team for participation in
                   the upcoming National Nursing Home Quality Care Collaborate.

Today's session will address a tool for testing the changes you will be implementing in your facilities. As the operator stated, phone lines will be muted. And we will have a Q&A session at the end of the call. And you will also have the ability - we have a chat function if you're on the WebEx side or watching on your computer.

You could also post a question through the chat. So you have two ways of being able to communicate and participate on our call today. So let's not delay the time because I do want to be mindful of everyone's time. So we'll go ahead and get started. So today we're going to explore the testing phase of implementing change.

The tool that this collaborative will be using is the PDSA tool which stands for Plan-Do-Study-Act. In some places, its' also known as Plan-Do-Check-Act. And that will be our tool that we will be using for testing changes as we move through this collaborative. So you see our objectives for the day. I'm just going to do a quick, quick review of the model for improvement and SMART goal review because we did talk about that last week.

We'll be looking at the importance of testing changes using and looking at the components of the Plan-Do-Study-Act cycle. Do a practice session going through the PDSA steps. And then also, how does PDSA play a part in the QAPI process? So you probably - you've seen this numerous times. We briefly talked about the models - we talked about the models for improvement last week.

And the three guiding questions that help to lead your QI teams through the improvement work. What are we trying to accomplish? Which is your goal? How will you know that a change is an improvement? That's where your measurement - the measuring of what you're trying to change or improve.

And what changes can we make that will result in an improvement? And that is the process. What are we going to change in the process?

And as these three questions plus the Plan-Do-Study-Act which we will be talking about today that really provides the guide and the compass for your QI teams as they go through their improvement work. The SMART goals as also as we discussed last week, QAPI guidelines that are becoming or QAPI guidelines are out recommends using the SMART method of goal setting.

And as you see here, SMART stands for Specific, Measureable, Attainable, Relevant and Time-bound. Specific would be addressing what are you trying to accomplish? Who's going to be involved? Where is it going to take place? Measurable, you want to make sure you have a target number that you will be aiming towards either if you're trying to decrease something or increase something.

Attainable, you want to make sure that goal is not too low that it's not challenging. Or you don't - and you want to make sure that its' not such a far stretch that its' unreasonable. And then relevant, you want to make sure it meets the needs or addresses the needs of your organization. And time-bound, all goals must have an end point that you are trying to achieve your goals.

And these of course we went over the reminders of the pieces that need to be a part of your planning. You need to get information about what is it you're trying to investigate. Consider any alternatives as you're gathering more information. What are the project's priorities? What is the organization's priorities? What would be the impact of this change?

Look at the cost benefits that always makes it easier to sell an idea when you can show how its' going to save money for the organization or make the

organization more efficient. So you may ask, "Okay, why do we need to test? We've got this idea. We know what the problem is. And we know what we want to look at. Why do we need to do any testing?" Well testing a change or making a change is so much easier to improve and implement when you think about starting small and testing on a small scale.

Testing the changes on a small scale allows the QI team to gain knowledge about how the change will work with minimal risk. The knowledge gained with each test will also help to facilitate acceptance when the final change is implemented. And that comes about as people see that the change does work and it is feasible. Than the rest of the team or the rest of your staff are more apt to want to embrace that change.

So it does help to minimize the resistance of implementation if folks see that the changes are really going to make a difference. What you see here is simply a breakdown of what goes into each one of the steps of the PDSA cycle. Planning, we pretty much had been covering the planning portion. We've been talking about that.

But that is where you're going to identify - excuse me that is where you're going to identify how are you going to do this? Who's going to be involved? Where are we going to implement this change? When are we going to start this change? So that is the planning portion. What data are we going to collect? The do is simply carrying out the plan.

Documenting your observations and collecting that information. And again, you want to collect enough information to help you see whether or not this change that you are proposing really is feasible. And this part is simply looking at what happened when you implemented this change? Is it working as you thought it would work?

Or are there some bugs that need to be kind of removed and worked upon before you test it again? And then the act portion of it is what changes do you need to make for the next cycle? And I always, especially when I'm talking to nurses. And I think I do have mostly nurses on the phone I believe. This is very, very close to our nursing process.

As nurses, we were thought you know you gather your subjective and your objective data. That's part of the planning. You identify the intervention that you want to put into place. That is the doing. Then we have to document did that intervention work? Or did it not work? Why didn't it work? And if it didn't work, what is the revision?

You know so - and then we change - we may change our intervention if we found that it didn't work. So PDSA is really looking almost at what we're very comfortable with as nurses on the nursing process. And based on what you learn as you're working through your PDSA cycles, you may decide, "Okay, we're going to continue with the intervention that we had planned."

Or you may find, "Oh, this is really not working." And you need to abandon the plan and start fresh with the next PDSA cycle. What you're seeing here, its' simply a diagram of what a progressive series of PDSA cycles would look like. This really relates back to the example that we were working on last week about reducing pressure - in-house acquired pressure ulcers by 20% in 3 months.

And so the team here what they are looking, if you look at the lower left hand corner of the slide where it says this is the intervention they want to put in place. They want to implement pressure ulcer prevention protocols as a best practice. And each step as you see Cycle 1, Cycle2, Cycle 3, each one builds

upon the other. And so they started out by looking at developing skin care protocols, the ones they wanted to use.

They looked at the documentation that needed to go around those protocols. Their 3rd Cycle, they trained and educated the pilot group. And you see its' the pilot group, not the entire facility because we're still testing. They did pilot the changes for one month. And just a side note, when you're testing, you really don't have to test for a month.

A PDSA cycle test can be as short as one day depending on the information that you're trying to gather. So don't think that it has to be a month of testing. And after they did their month of testing, they moved on and implemented it throughout the entire facility. And the result was that they were able to reduce their in-house acquired pressure ulcer.

So this gives you kind of an idea of the normal progression of a series of tests that you would go through as you're implementing your changes. So keys to successful cycles to test. Just, these are some of the steps that help you to be successful in your testing phase. As you're planning your different steps or cycles in the PDSA period, you want to be thinking a couple of cycles ahead.

So you know maybe what you want to do as your first and second step. But think about where you want to be by the time you get to your fourth or fifth cycle in your testing. Again, I can't say this enough. You want to start small. You're - you can start as small as if you want to just make it one resident and one nurse, it can start that small for that initial test until you feel you've gotten your intervention to the point where maybe you can spread it out to a team and one charge nurse.

Don't think that you need to get buy-in or consensus or ownership at this point because that will come as people see that the intervention that you have planned is working. Your data collection at this time is very brief. You're really just getting enough data to be able to see, "Okay, is this change going to work? And what do I need to make it work every better?"

And you always want to test over a wide range of conditions. And in long term care, that really means it needs to be tested on not only day shifts but evening shifts and night shifts. It needs to be tested on weekends so that you can get a food feel as to whether or not this change can really stand the differences - the different cultures that do occur at different times of the day.

And I just want to remind folks, feel free if you have a question or a comment that you can just add that into the chat function. And we will share that with the rest of the group. So you're data collection, data collection is an important part of the Plan-Do-Study-Act cycle. Again, you are collecting - you're not collecting perfect data.

But you're collecting data that's going to tell you, you know will this intervention work? Right now, you're using pencil and paper. We're not getting real fancy with any computer at this point. You're using a sampling to - as you're collecting your data because you're not trying to put this change through the entire facility.

You want to start with one - one team or one unit and build from there. And you also want to record what went wrong because we learn just as much from what went wrong as what has gone right. So just some keys to remember as you're collecting your data. A graph, graphs are very good in telling your QI story.

Excel now makes it fairly easy for us to create graphs to tell our story. Next week, we'll be talking about the data tracking tools that we'll be using in the collaborative. So if you have someone on the team that hasn't used the tracking tools, you know do have them on the call. But again with this graph, you can actually show the story again relating it back to the pressure ulcer example, you can show when they started.

When they were educated the team. When they actually implemented the change. And the impact of the change and when they implemented all facility wide. So as we always say, a picture is worth a thousand words. So last week, we talked about developing a goal. And we also talked about developing an outcome measure and a process measure.

The outcome measure of course is going to identify you know what it is you're trying to decrease and by how much. That's the numerical part of the planning. And then the process measure is the intervention, the process or the procedure that you are going to either add or improve upon that is going to impact that outcome and help you move towards your goal.

So here we are today, we're at Step 3 which is developing that test, the testing part, the phase of the planning phase. And to do that, we're going to take a little walk through a scenario. And we're going to plan a PDSA together. So I'd like to welcome you to Rocking Horse Nursing Home, a fall intervention - investigation. So here at Rocking Horse, this particular team, they have a - they meet monthly.

And they have a QAPI steering committee. And maybe some of you have already started with a QAPI steering committee. And I think probably what's going to happen for a lot of facilities is possibly the current QA committee will probably evolve into the QAPI steering committee. So the QAPI steering

committee at Rocking Horse has noticed a trend over the last couple of months.

And that trend has been that there increase resident falling. More residents are experiencing falls. So the QAPI steering committee and the steering committee has this authority in the QAPI guidelines to be able to charter a performance improvement project and to identify a performance improvement project team known as PIP team to further investigate these trends a develop an initial plan to address the issue.

So here we're going to start putting our thinking caps on. And again, you can make any of your thoughts or your question and put them in chat. So we've been charged as the PIP team at Rocking Horse to look at a set of numbers, a data table that was submitted to the steering committee around falls. And after reviewing the data table, I want you to be thinking about and also put into chat what patterns do you see?

What questions do you need to ask? And who possibly would you need to ask? And what actions will the team need to do? So we're going to look at that data table. And I'm hoping that you can see that well. This is a chart that is showing data for about a year and a half. And the very next column, the one that starts with 49 and ends with 55 are the number of falls that occurred each month.

The next column after that are the number of falls that ended in injury. You can see they have a fairly large census. They're about a 251 bed facility. And then on the far right, the last six columns on the far right give you a breakdown of where the falls are happening. What shifts they're happening on.

What was the resident doing when the falls occurred? So this is an example of the data tracking tools that you'd be able to use yourself for those of you that are looking at working on falls. So take a minute to look at this and be thinking about what are you seeing? What are the questions that you would have if you were given this information and asked to actually come up with a plan on how to address?

Like I said, I'll give you a minute to think about that. And then we'll - then we - and you can put your responses in chat. And we can talk about what are we seeing here? What is going on? And don't be shy. You can put your responses in chat. Thank you, (David). (Dave) said number of falls are occurring while in bed. Happening on evenings at night.

That's a very good observation. Anyone else seeing any - got an assumption. It appears that the nurses may not be rounding during the night shift. Well that would be a question to ask because we don't know that for sure. But that would be a good question. What's happening on - at night shift? Anyone else? More falls occurring more in the evening than any other shift.

Yes. Another very good observation. Another reason to ask what is going on at the particular times. So this is really how we use our data to really tell the story because it starts to generate questions. And through those questions, you know our people - through the questions, you're able than to kind of drill down to what might be going on.

And there's a question are there bed alarms? Well, you know we all have our opinions about bed alarms. Don't get me on that soap box. But that's another question you'd want to ask. So I think you hit I t on the head. You hit it on the head. Your observations, you know the falls definitely very obviously been increasing. More than half of the falls are on the off shift evenings and nights.

Twenty percent of the falls on this units are residents getting out of bed. So questions, you know what are the residents trying to do before falling out of bed? You know what are the times of the falls on evenings and nights? Are they happening during shift changes? You know on evenings, are they happening during meal time? You know and what is the staff's routine at the time that these falls are happening?

And we have another - in January and March, 2013, a number of the falls where while waking - while walking. So you know, we've got people falling all over the place here. So it's really - there's a lot of work that this PIP team would need to be doing to get to the bottom of this. So this is how you dissect your data to help you figure out where you need to go with your QI plan.

So let's - I'll share with you what the Rocking Horse team came up with. So they decided as they're goal, B Wing you know as we know has an increasing number of falls per month. They want to reduce the number of calls on B Wing by 12 over the next six months. This will be done through implementing our falls prevention protocol as written.

Then one of the outcome measures, they're going to look at the percent of residents who experience the fall. And they do want that to decrease. And the process that they're going to do is they're going to implement - well, one of the first steps they're going to try is implementing 100% of the residents will receive a fall risk screening upon admission.

So that's kind of their goal. That's kind of what they're going to measure. And this is what they're going - the process they're going to put in. So now they need to - now they're at the step where they need to test whether or not the process change of identifying residents that are at fall risk is going to impact

or help to decrease the falls. And this is where the PDSA comes in because as many of you that have been working in healthcare for a while, we kind of jump to conclusions because we think we know what the answer is without really investigating and looking to see what the answer is.

So that is one of the things that you want to make sure that you do is you want to make sure that you are really getting down to what is the real issue. Okay. So for this particular scenario, this is what the success of PDSA cycles look like. They looked at what their protocol was. They looked at training the staff on the protocol.

And then their third cycle is they tested it very small, just using one resident you know for that initial test to get the bugs out of what they identified as a protocol. And they've also - then they expanded it to the team in one shift. And then the next step was to expand it then to the entire team over 3 shifts. And each time they were documenting how the protocol was working.

What were some of the issues in trying to deal with the protocol? Those are all the little things that you can kind of correct a lot easier when you start small. If you go ahead and put it out full facility wide and you find that something's not working or there's an error, it's so much harder to take it back and correct it.

So successful change requires a plan. Identify where the implementation is going to take place. Don't forget to include your senior management because sometimes - often times you need them to help makes in policies and procedures. And the change must be turned over proof. You don't want to change your process that's going to depend on one or two key positions to make sure it works.

It needs to be hard wired into the daily activity. QAPI, how does this all fit into the QAPI process? Or how does QAPI fit into this QI process? Well as you were seeing the QAPI committee identifies opportunities for improvement. A PIP team is formed to follow up on the opportunity for improvement. A team is chartered to investigate the issues.

The PIP team, they're the ones that actually run the PDSA cycle. The PIP team reports back to the QAPI committee, steering committee. And the QAPI committee than evaluates the effectiveness of what the PIP team has identified or found out. And so if that needs further follow up, the QAPI committee can than ask the PIP team to do additional follow up.

So today we you know did a brief review of SMART goals model for improvement. We looked at the PDSA cycle you know and testing change. Why did we need to test changes? And the components of the PDSA cycle. And we looked at how the PDSA testing tool is a part QAPI process. So operator, I'm going to ask that you open it up for questions.

Remind our folks how to enter the queue for questions.

Operator: Thank you. Ladies and gentlemen, if you would like to register for a question, please feel free to press the 1 followed by the 4 on your touchtone phone. You'll hear a 3 tone prompt to acknowledge your request. If your question has been answered and you'd like to withdraw your registration, press the 1 followed by the 3.

Ladies and gentlemen, please press the 1 followed by the 4 now to register for a question. Once again, ladies and gentlemen, we welcome your questions and/or comments. Feel free to press the 1 followed by the 4 now.

Jackie Hairston: And I think there's one other comment in chat while we're waiting for folks to you know ask questions. A very good comment. Need more data to make conclusions. Are residents falling onto floor mats? Or are they being lowered to the floor? Cognitive status? (Unintelligible). Off shift staffing? All very good points that would need to be further investigated.

And that's part of the gathering of information that you're PIP team would be doing before you could even plan. So like I said, in this example, they decided to go with a falls risk assessment because that's what they found was lacking. But as you're investigating your issues, you need to find out what is it that's lacking? And exactly what would be the change or the intervention that may help resolve that issue?

Oh, operator, did we have any questions in the queue?

Operator: Ma'am, they appears to be no questions at this time. I'll return the presentation to you once again to continue your concluding remarks.

Jackie Hairston: Thank you. Okay. Thank you so much. I do thank all of you for attending the call today. Before you leave the web event, you will be seeing some polling questions being posted. And we do ask that you complete this brief evaluation before leaving the call. We do value your input and we make every effort to improve our offering to meet your needs.

I want to thank each of you for your participation in the chat. Join us next week on the 24th to discuss the data tracking tools that will be used in the collaborative. Thank you for joining. And that ends this call.

Operator: Thank you. Ladies and gentlemen, that does conclude the conference call for today. We thank you all for your participation and ask that you place disconnect. Thank you once again. Have a wonderful day.

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