

Plan-Do-Study-Act Training

On Demand

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Course Objectives



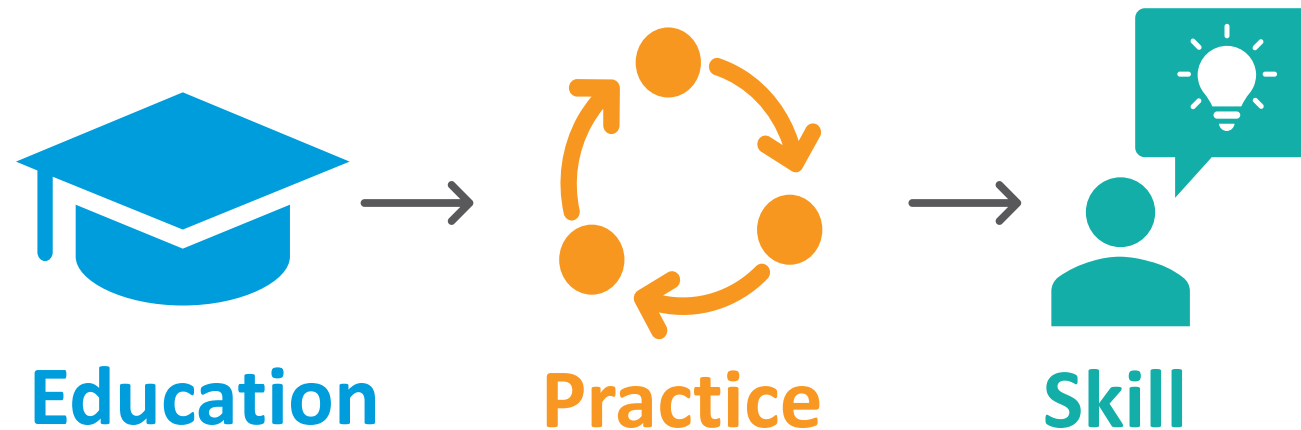
Describe the four step Plan-Do-Study-Act (PDSA) process



Implement identified PDSA change strategies into facility practices

Begin with the End in Mind

- To convert information into skill, regular practice must occur
- During the presentation, visualize and plan how you will use the information



New learning always requires a commitment by the learner to do the work.

Two Vital Roles Assigned Before Meeting Begins

Facilitator

- Guide the discussion during meeting
- Ensure all team members have an opportunity to contribute
- Keep the team on track
- Maintain schedule timeframe

Scribe/Note Taker/Recorder

- Write responses during the meeting
- Ask for clarification if needed to confirm accurate record
- Collect documents from the meeting
- Create final document from template

Plan-Do-Study-Act is a collaborative team event

Data Connects Quality Improvement and Problem Solving

- Data drives quality improvement
 - Reveals problems
 - Evidence that improvement is needed
- Data drives problem solving
 - Demonstrates improvement progress
 - Determines sustainment of the improvement is occurring

Identify and Define the Problem

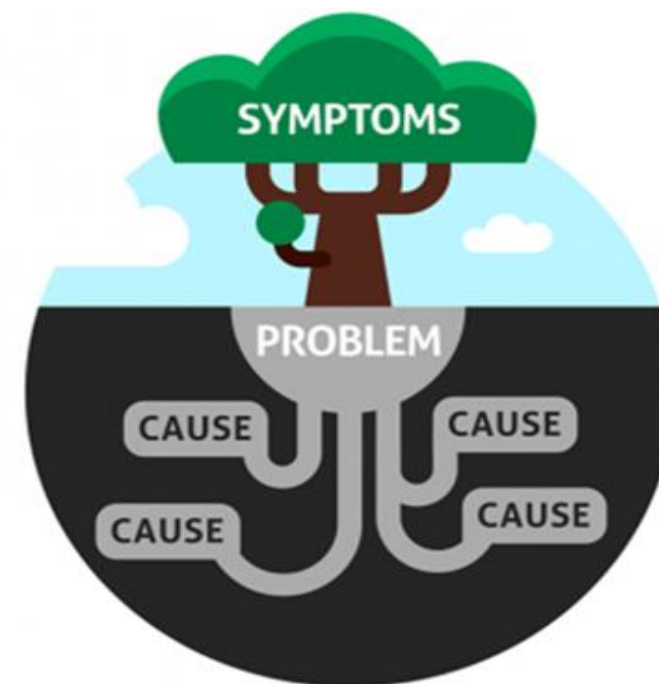
What is a Problem Statement?

- It is an objective and concise statement of what went wrong, not why, or how
- It does not define the problem as a need for something
- It facilitates a more thorough examination of the problem

Root Cause Analysis: Change for Improvement

A systematic process for identifying **unseen factors** that contribute to **undesirable outcomes**

- Root causes are the core issues that stimulate the cause-and-effect, ultimately leading to the problem
- Eliminate the root causes to prevent the problem from repeating



Sources for Change Ideas and Interventions

Outcome of Root Cause Analysis

Team meetings

Staff, residents/patients or families

Management

Best practice resources

- Webinars
- Conferences
- Resources
- Change packages
- Changes/updates to guidelines


Plan-Do-Study-Act (PDSA)


- Define the PDSA Cycle
 - Scientific method adapted for action-oriented learning
 - Shorthand for testing a change/intervention in the real work setting by:
 - ✓ Planning it
 - ✓ Trying it
 - ✓ Observing the results
 - ✓ Acting on what is learned
- Included in the corrective action steps component of [Quality Assurance and Performance Improvement \(QAPI\)](#) for nursing homes
- Document each step in PDSA cycles

Reasons to Test Changes or Interventions

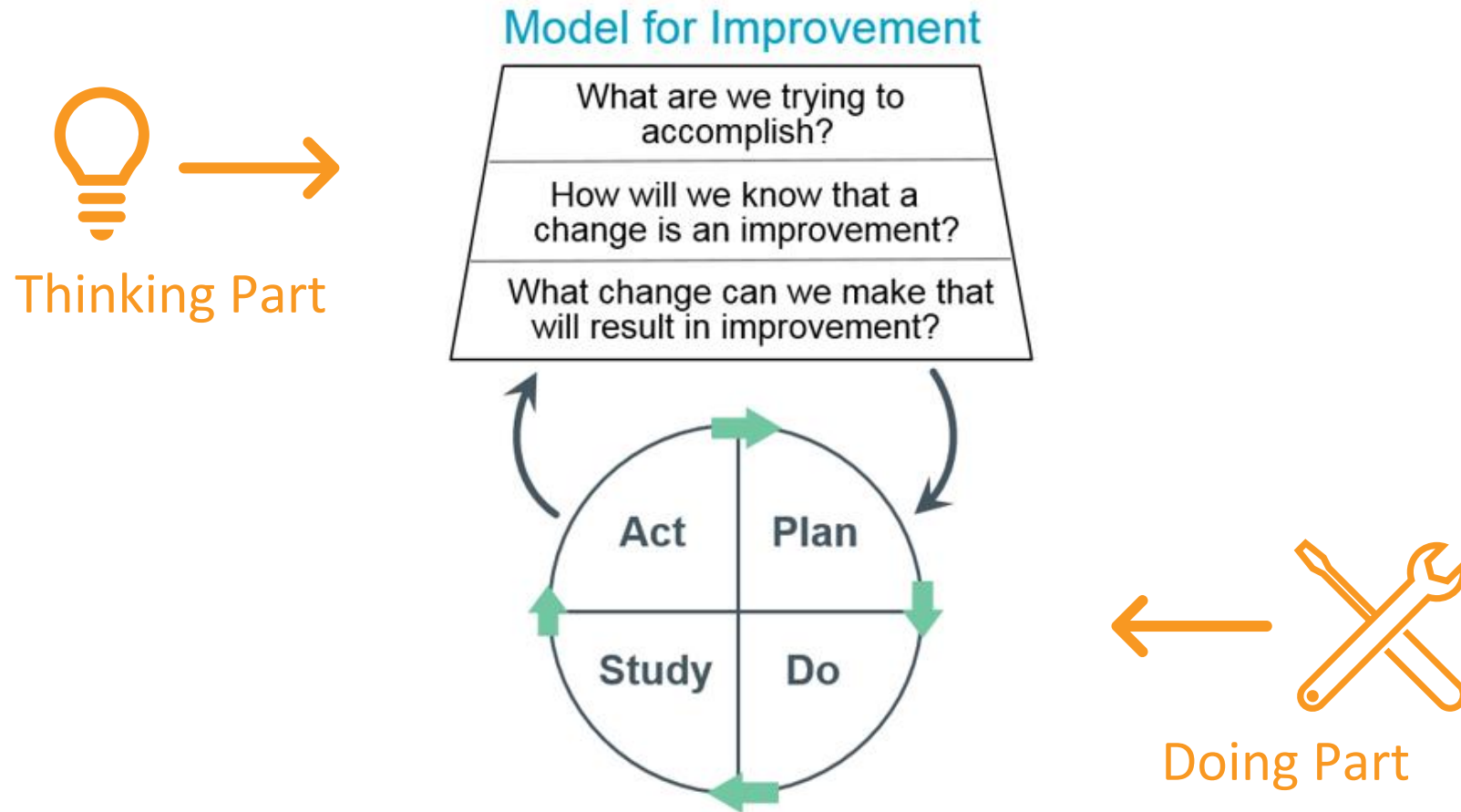
- Underscore that the change will result in improvement
- Decide which of several proposed changes will lead to the desired improvement
- Evaluate how much improvement can be expected from the change
- Determine whether the proposed change will work in the specific environment
- Select the combination of changes that will have the desired effects on the important measures of quality
- Minimize resistance upon implementation

Plan-Do-Study-Act Templates

PDSA Cycle Template	
 <p>Directions: Use this Plan-Do-Study-Act (PDSA) tool to plan and document your progress with tests of change conducted as part of chartered performance improvement projects (PIPs). While the charter will have clearly established the goals, scope, timing, milestones, and team roles and responsibilities for a project, the PIP team asked to carry out the project will need to determine how to complete the work. This tool should be completed by the project leader/manager/coordinator with review and input by the project team. Answer the first two questions below for your PIP. Then as you plan to test changes to meet your aim, answer question 3 below and plan, conduct, and document your PDSA cycles. Remember that a PIP will usually involve multiple PDSA cycles in order to achieve your aim. Use as many forms as you need to track your PDSA cycles.</p>	
Model for Improvement: Three questions for improvement	
1. What are we trying to accomplish (aim)?	State your aim (review your PIP charter – and include your bold aim that will improve resident health outcomes and quality of care)
2. How will we know that change is an improvement (measures)?	Describe the measureable outcome(s) you want to see
3. What change can we make that will result in an improvement?	<p>Define the processes currently in place; use process mapping or flow charting</p> <p>Identify opportunities for improvement that exist (look for causes of problems that have occurred – see Guidance for Performing Root Cause Analysis with Performance Improvement Projects; or identify potential problems before they occur – see Guidance for Performing Failure Mode Effects Analysis with Performance Improvement Projects) (see root cause analysis tool):</p> <ul style="list-style-type: none"> • Points where breakdowns occur • “Work-a-rounds” that have been developed • Variation that occurs • Duplicate or unnecessary steps <p>Decide what you will change in the process; determine your intervention based on your analysis</p> <ul style="list-style-type: none"> • Identify better ways to do things that address the root causes of the problem • Learn what has worked at other organizations (copy) • Review the best available evidence for what works (literature, studies, experts, guidelines) • Remember that solution doesn’t have to be perfect the first time

 Telligen QI Connect™ Partnering to improve health outcomes through relationships and data		
PDSA Worksheet Three Fundamental Questions for Improvement		
1. What are we trying to accomplish (AIM/GOAL)?		
2. What changes can we make that will lead to improvement (CHANGE)?		
3. How will we know that a change is an improvement (MEASURE)?		
Plan - Describe the Change (intervention) to be Implemented		
What is your first (or next) test of change?	Test population?	Due Date
List the tasks needed to set up this test of change:	Who is responsible?	Due Date
Predict what will happen when the test is carried out:	Measure to determine whether prediction succeeds:	
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Model for Improvement – Two Parts



The Measure

Measurement, both process and outcome, are critical for testing, implementing and sustaining improvements

- Process measures determine if the change will lead to improvement
- Outcome measures determine when desired results are achieved
- Measures reflect the goal of the improvement (e.g., if all are expected to perform a task, the final desired outcome goal should be 100%. **May take more than one intervention to achieve 100%. Each intervention moves performance closer to achieving outcome goal.**)

Purpose	To bring new knowledge into daily practice
Data	Gather just enough data to learn and complete another cycle
Duration	Quick and small tests of significant changes that are accelerated

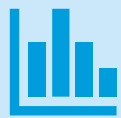
Four Step Plan-Do-Study-Act Process



Plan what, who, when, where and how to do the rest of the change/intervention



Do what was planned



Study the data from doing the plan



Act on the knowledge gained from studying the data from doing what was planned

> Sustaining the Improvement

Implementing Change/ Intervention



Plan-Do-Study-Act cycle results confirm improvement



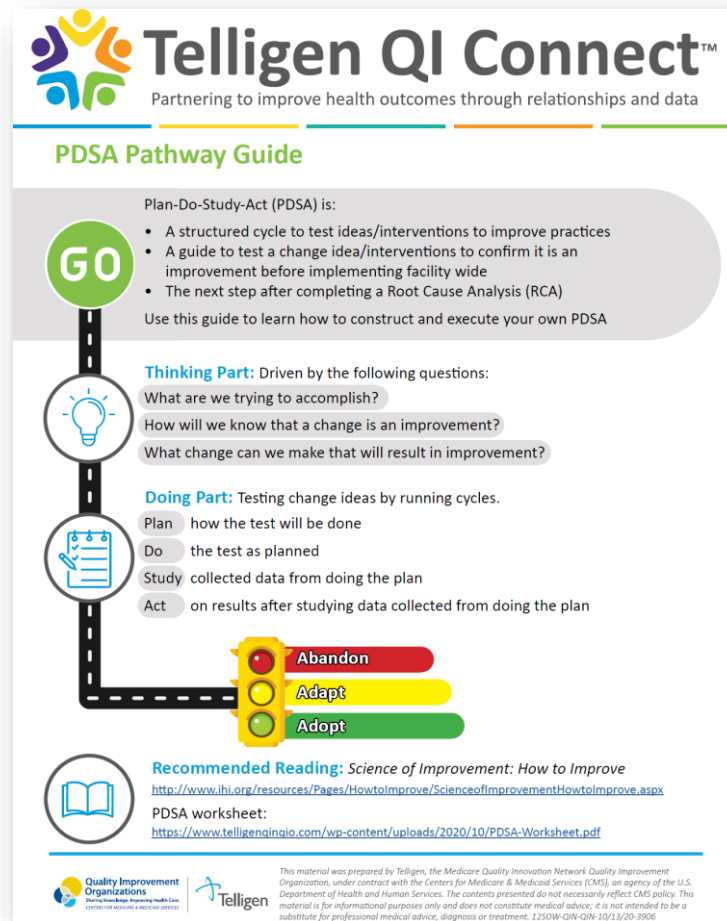
Agree to adopt

Sustain the Improvement



- Create plan to move change/intervention from concept to practice
- Update appropriate policies and procedures
- Ongoing monitoring of outcome goal rate
- Train staff
 - Annual trainings
 - Competency trainings
 - Audit compliance
 - New hire orientation

Plan-Do-Study-Act (PDSA) Pathway Guide



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Partnering to improve health outcomes through relationships and data

PDSA Pathway Guide

Plan-Do-Study-Act (PDSA) is:

- A structured cycle to test ideas/interventions to improve practices
- A guide to test a change idea/interventions to confirm it is an improvement before implementing facility wide
- The next step after completing a Root Cause Analysis (RCA)

Use this guide to learn how to construct and execute your own PDSA

GO

Thinking Part: Driven by the following questions:

- 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?

Doing Part: Testing change ideas by running cycles.

Plan how the test will be done

Do the test as planned

Study collected data from doing the plan

Act on results after studying data collected from doing the plan

Abandon

Adapt

Adopt

Recommended Reading: *Science of Improvement: How to Improve*
<http://www.ihi.org/resources/Pages/Howtoimprove/ScienceofImprovementHowtoimprove.aspx>

PDSA worksheet:
<https://www.telligenqiconnect.com/wp-content/uploads/2020/10/PDSA-Worksheet.pdf>

This material was prepared by Telligen, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. This material is for informational purposes only and does not constitute medical advice; it is not intended to be a substitute for professional medical advice, diagnosis or treatment. 1250W-QIN-QIN-10/13/20-3906

- What is PDSA
- Thinking Part
- Doing Part
- Decision
 - Abandon
 - Adapt
 - Adopt

https://www.telligenqiconnect.com/wp-content/uploads/2022/02/PDSA-Pathway-Guide_FINAL.pdf

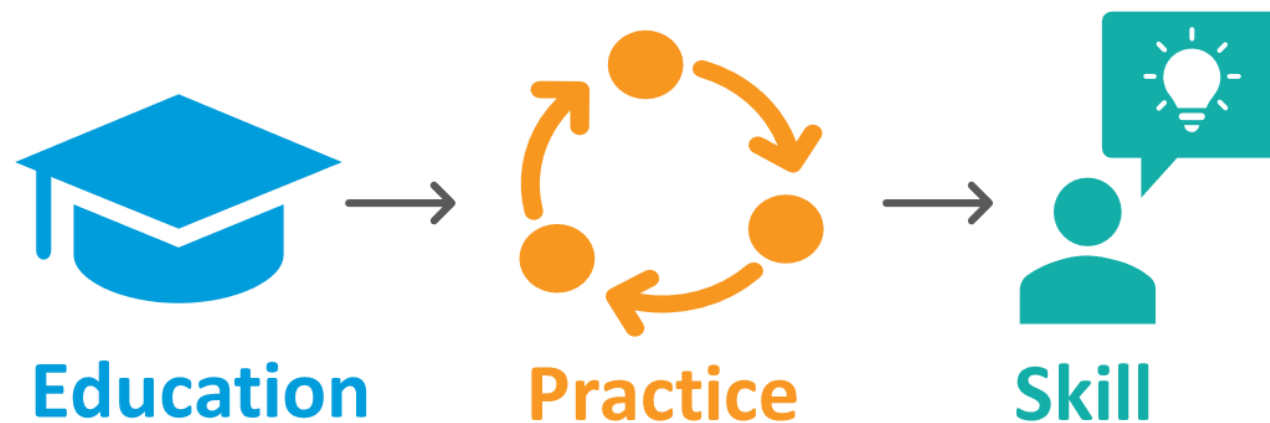
> Plan-Do-Study-Act Cycle Example

> Next Steps

You attended this training – now what?

Implementation: A New Beginning

Converting information into skills requires practice, practice, practice!



Now that you've completed this training, what is the first change you will make at your facility?

Next Steps

- Review the slides and contact NursingHome@telligen.com or qiconnect@telligen.com if you have questions
- Register and repeat this session as needed
- Ask your manager to be included on an improvement team and learn by doing
- Provide your feedback on this training. Your assessment/evaluation is a data source for our ongoing improvements. Your opinion matters.
- Visit our website <https://www.telligenqiconnect.com/> weekly
 - Register for events
 - Review resources
 - Download tools

Resources

- Telligen QIN-QIO <https://www.telligenqiconnect.com>
- Infection Prevention and Control
<https://www.telligenqiconnect.com/infectionpreventionandcontrol>
- Institute for Healthcare Improvement (IHI) <http://www.ihl.org/>
- Science of Improvement: How to Improve
<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>
- CMS QAPI <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapitools>
- CMS Toolkit for LTCs [Free COVID-19 Training: User Guide and Kudos Kit](#)

Contact Us



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