Breakout Presentation: When to Adopt, Adapt, or Abandon in the PDSA Process

Monday, November 16 1:45 PM – 3:30 PM

Outline

- Introductions
- Role of PDSA in making Program Decisions
- Where is the “A” in the Model for Improvement?
- When to Adopt, Adapt, or Abandon?
- Scenario – You decide!
- Get Help From the Group
- Let’s practice!

Introductions

Who's in the room?

- CQI Beginner
- Intermediate
- Advanced

What do you hope to get out of this session?

What is your adapt/ adopt/abandon situation?

Role of PDSA in making Program Decisions

What CQI Is

- A continuous and ongoing effort to achieve measureable improvements in quality
  - For example, improve efficiency, effectiveness, performance, accountability, outcomes
- Use of a model supported by strategies, methods and tools
- A repeatable set of steps that work best if they become a routine part of your business operations

What CQI Is Not

- Evaluation
- Research
- A report card
- A way to assess or judge programmatic or staff performance
- A basis for making funding decisions
- A pass/fail or right/wrong process
- A trend

What PDSA Is ….

- Part of the Model for Improvement
- A set of steps to achieve improvements in your program or improvements in quality
- A way to test changes to your program, or new program strategies, before fully committing to them

It is not…

- A way to design, implement or provide the foundational components of your program
  - Example: Case management
  - This is 'Assurance' or 'Quality Assurance'
- A way to determine if pieces of your program are working or not
  - This is 'Evaluation'
  - BUT you can evaluate the effectiveness of part of your program AND use PDSA to test a new way!
  - This is Quality Assurance AND Quality Improvement!

Other Program Considerations

- You should be strategic about every component of your program.
  - This is a MUST with limited resources.
- Think about 'return on investment' – what are you getting for your time, energy and money?
- Every program strategy must have a reason and must be evaluated for effectiveness and efficiency.
  - Is it working?
  - Is this the best way to achieve results?
  - If not…. CQI!

QA vs. QI

Quality Assurance vs. Quality Improvement	
Quality Assurance	***Quality Improvement***
Guarantees quality	Raises quality
Relies on inspection	Emphasizes prevention
Uses a reactive approach	Uses a proactive approach
Looks at compliance with standards	Improves the processes to meet standards
Requires a specific fix	Requires continuous efforts
Relies on individuals	Relies on teamwork
Examines criteria or requirements	Examines processes or outcomes
Asks "Do we provide good services"	Asks, "How can we provide better services?"

Embracing Quality in Public Health: A Practitioner's Quality Improvement Guidebook; Office of Accreditation and Quality Improvement is operated out of the Center for Healthy Communities at the Michigan Public Health Institute. January 2012; available online at http://mphiaccredandqi.org/Guidebook.aspx

Where is the "A" in the Model for Improvement?

Review: Model for Improvement

FOCUS FIRST

- **F**ind an opportunity to improve.

- **O**rganize a **team** who understands the process.

- **C**larify the current knowledge of the issue or process. In this stage, you are gathering the "who, what, when, and where."

- **U**nderstand the cause of process variation. Here, you ask yourself the "why" question.
- **S**elect the piece of the process you want to improve.

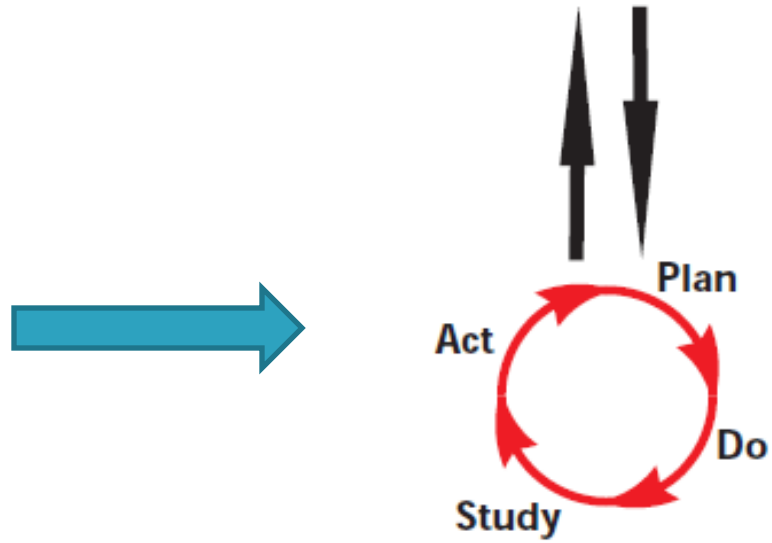
Model for Improvement

Figure 3. Model for Improvement

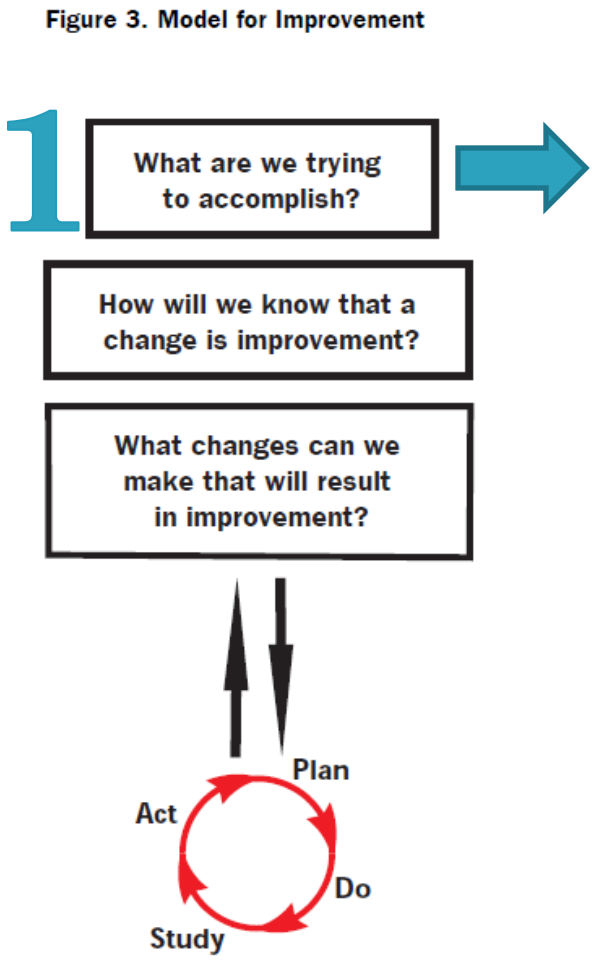
The Three Questions

1. What are we trying to accomplish?
2. How will we know that a change is improvement?
3. What changes can we make that will result in improvement?

PDSA Cycle



Model for Improvement

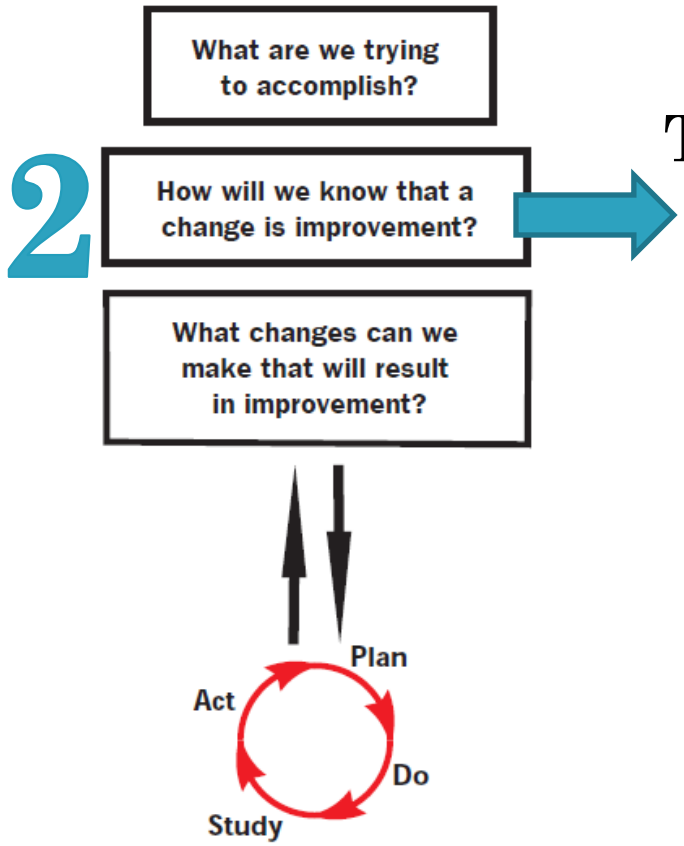


Answer: Aim Statement

- Improvement requires setting aims.
- The aim should be SMART:
  - **Specific**
  - **Measurable**
  - **Achievable**
  - **Realistic**
  - **Time-bound**

Model for Improvement

Figure 3. Model for Improvement



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Answer: Establish Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Measuring for Improvement

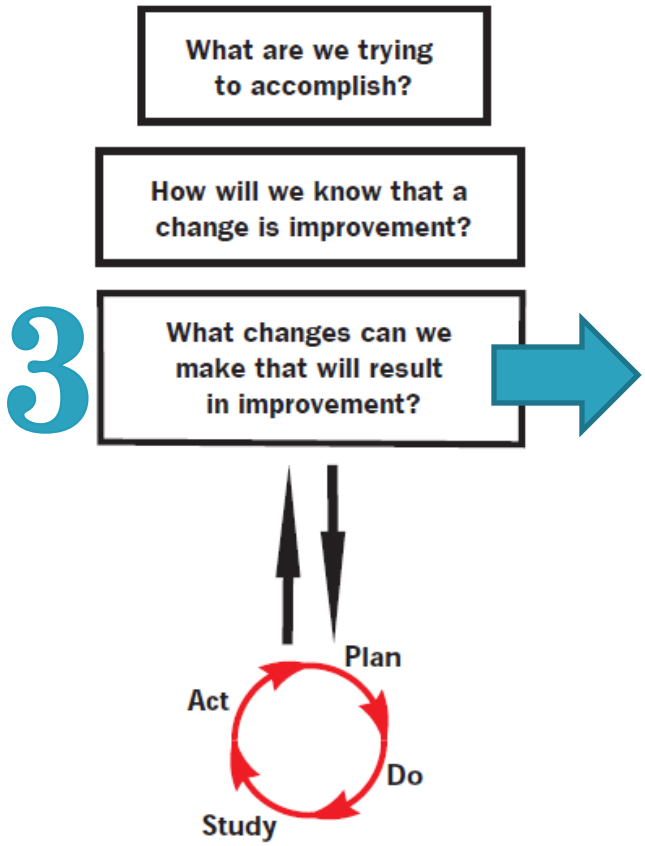
	Improvement	Accountability	Research
Purpose	Understanding the Process Evaluating change To discover new knowledge	Comparison Reassurance	To bring new knowledge into daily practice
Data	Gather just enough data to learn and complete another test of change	Large amounts of data	Gather as much data as possible just in case
Duration	Small tests of significant change to accelerate the pace of improvement Short and current	Long periods of time Often in the past	Can take long periods of time to obtain results Long and in the past

Six Key Questions to Help Plan How To Use Data For Improvement

1. What data or measures do you need?
2. What data do you have available and how frequently can you access it?
3. What data do you not have available that you need, and how will you get it?
4. How frequently are you going to examine data?
5. Who is going to do what, with regards to collecting data and tracking improvements?
6. How can your data be made transparent?

Model for Improvement

Figure 3. Model for Improvement



Selecting Changes

Ideas for changes to test may come from…

-Root Cause analysis (Process map, Fishbone diagram, etc.)

-Literature / evidence of effectiveness

-A Driver Diagram

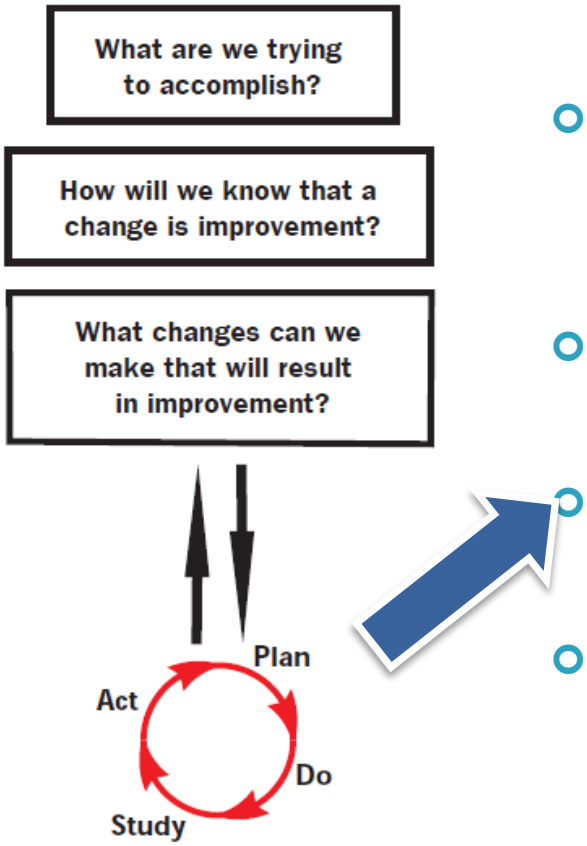
-Ideas of peers, experts in the field

-Creative thinking techniques

-Team input

Model for Improvement
The PDSA Cycle

Figure 3. Model for Improvement



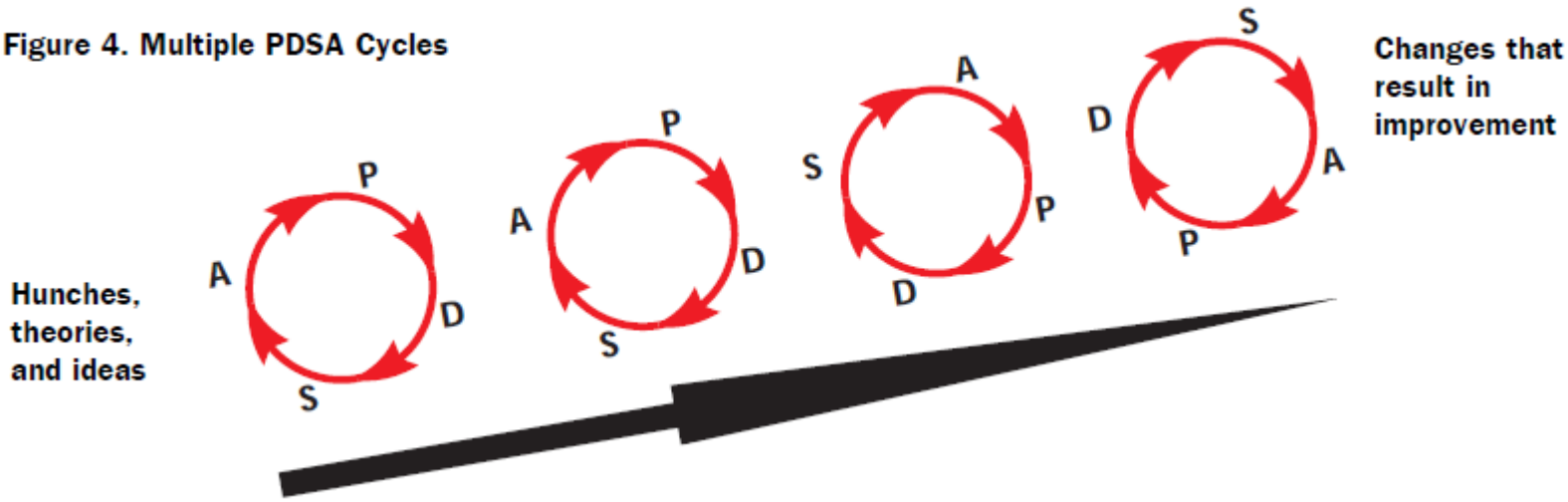
The Plan-Do-Study-Act (PDSA) cycle is a way to test a change in the real work setting — by

- **Plan:** Understand the problem. Describe how you will test an improvement strategy.
- **Do:** Implement your plan; test your improvement/change strategy.
- **Study:** Measure whether the test worked. Can it could be improved in any way?
- ***Act: Review your test and decide what to do: Adapt, adopt or abandon?***

Scale of Testing

Commitment Belief in Change / Cost of failure	None	Moderate	High
Low / Large	Very small scale test	Very small scale test	Very small scale test
Low / Small	Very small scale test	Very small scale test	Small scale test
High / Large	Very small scale test	Small-scale test	Large-scale test
High / Small	Small scale test	Large scale test	Implement

Model for Improvement
Repeat Cycles and Next Steps



Implementing Changes

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team may implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

Spreading Changes

After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.

Considerations for when to adapt, adopt, abandon

Act…. What do these options mean to you?

- **Adapt:**
- **Adopt:**
- **Abandon:**

When to Adapt?

- "You have evidence that your change strategy could get you the results you want. Tweak your strategy based on your testing and try again."
- You have:
  - done at least 1 full PDSA
  - developed a hypothesis
  - measured something
- The results of your test (data) suggest that your hypothesis was correct or that, with adjustments, you will get there.
- This is the default option.
- Prototype phase; **"Adapt" with abandon!**
- You should adapt a change strategy and re-test unless there is clear indication that it will not work.

When to Adopt?

- "It worked! You got the results you want! Hard-wire it into your program and consider spreading it to the rest of your program or beyond your organization."
- You have:
  - Done several PDSA cycles
  - Developed and proven at least 1 hypothesis
  - Data and information showing your tests were successful
- You have prototyped and perfected your change.
- It is "obvious" to your team that this "new thing" or "strategy" should become a routine part of your program.
- You want to tell the whole world what you have discovered.

When to Abandon?

- "After multiple tests, accept that your change strategy was not successful. Quit testing it. Move on to a new strategy."
- You have:
  - Developed and tested a hypothesis
  - Adapted your change strategy several times.
  - Collected data that tell you it is not working.
- Can be difficult.
- May be a change strategy you were sure would work.
- May be emotional investment in the change.
- Avoid seeing it as "failure." Why do you want to do something that clearly does not work / have the intended effect?
- Be thankful you will no longer waste time, energy, resources on trying it.

The key to being able to confidently decide whether to Adapt, Adopt or Abandon is to do due diligence on the Plan, Do, and Study parts of the PDSA.

VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment
www.vdh.virginia.gov

You are Site #2

PDSA: An [invented] Healthy Start example

The Healthy Start program has 3 sites providing services. They analyzed data from Year 1.

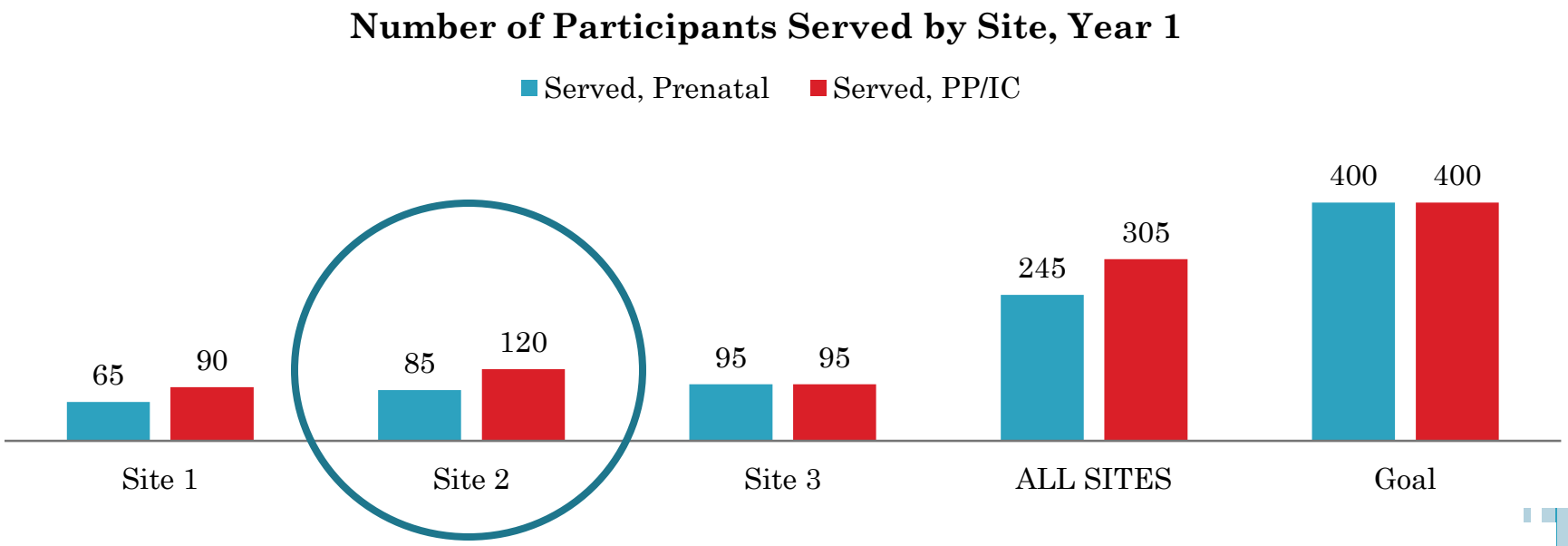
We are the CQI team for site #2.

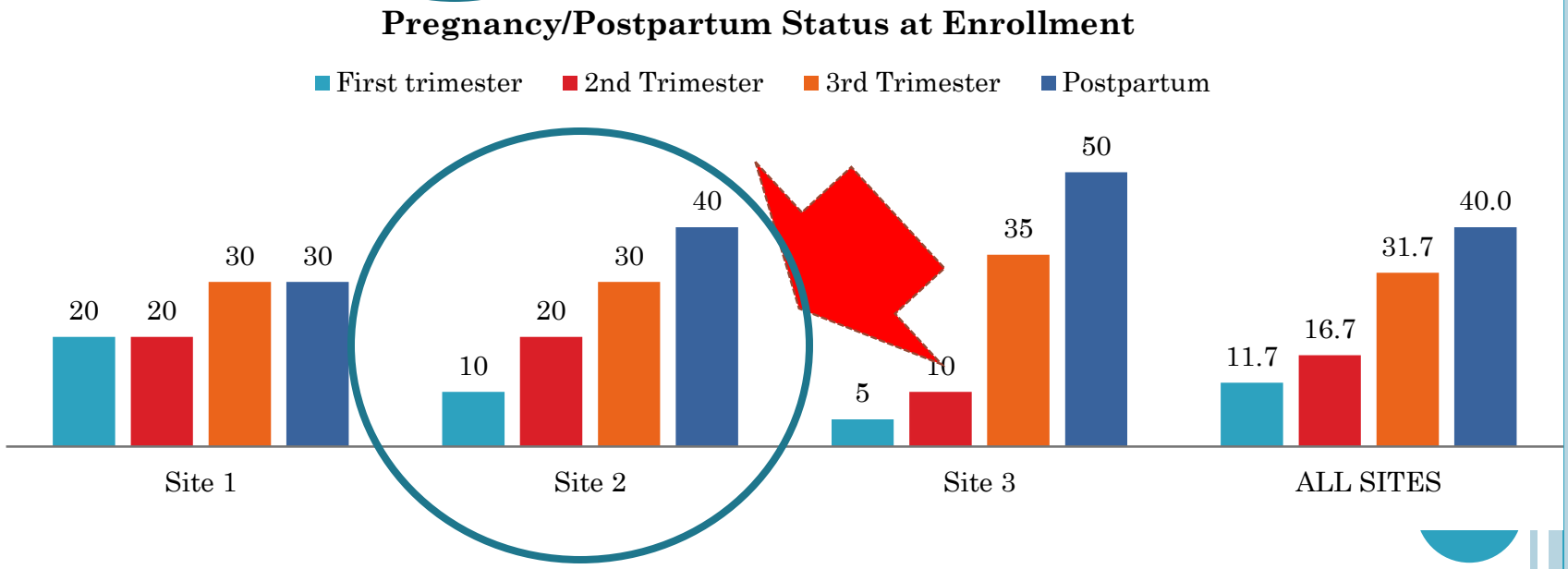
What are we trying to accomplish?

Quality Improvement Area:

Improve proportion of prenatally enrolled participants.

- *Rationale: Healthy Start requires that half of all program participants = pregnant women.*


Number of Participants Served by Site, Year 1
Served, Prenatal
Served, PP/IC
65
90
85
120
95
95
245
305
400
400
Site 1
Site 2
Site 3
ALL SITES
Goal


Pregnancy/Postpartum Status at Enrollment
First trimester
2nd Trimester
3rd Trimester
Postpartum
20
20
30
30
10
20
30
40
5
10
35
50
11.7
16.7
31.7
40.0
Site 1
Site 2
Site 3
ALL SITES

Aim statement (Site 2)

- To increase the number of first and second trimester enrolled participants, from 25 in Year 1 (2 per month) to 60 (5 per month) by May 31, 2016.

The 6 Questions:

1. What data do you have available and how frequently can you access this data?
   - Number of referrals of pregnant women
   - Weeks pregnant at referral
   - Where the referral comes from
   - Date of referral, first contact and enrollment
2. What data do you not have available that you need?
   - Whether the mom was eligible for the program
   - How long it takes to contact the mom and enroll her

The 6 Questions (continued):

3. How are you going to measure or track improvements?
   - We will use a check sheet to establish baseline for the past 2 months, and continue using to test whether the change results in improvement.
4. How frequently are you going to measure or track improvements?
   - These data will be collected for every pregnant woman referred to the program. The CQI Team will meet every 2 weeks to gauge progress.
5. Who is going to do what, with regards to collecting data and tracking improvements?
   - The Data Specialist will ensure that these data are collected on an ongoing basis.
6. How can you make data transparent?
   - The check sheet will be reviewed at each team meetings and graphs printed and posted on the hall bulletin board.

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

To increase the number of first and second trimester enrolled participants, from 25 in Year 1 (2 per month) to 60 (5 per month) by May 31, 2016.

Plan

What change are you going to test? Clearly describe it.

We are going to begin tracking all prenatal referrals to better understand where they are coming from, how long it is taking to process them, whether they are eligible and enroll in the program.

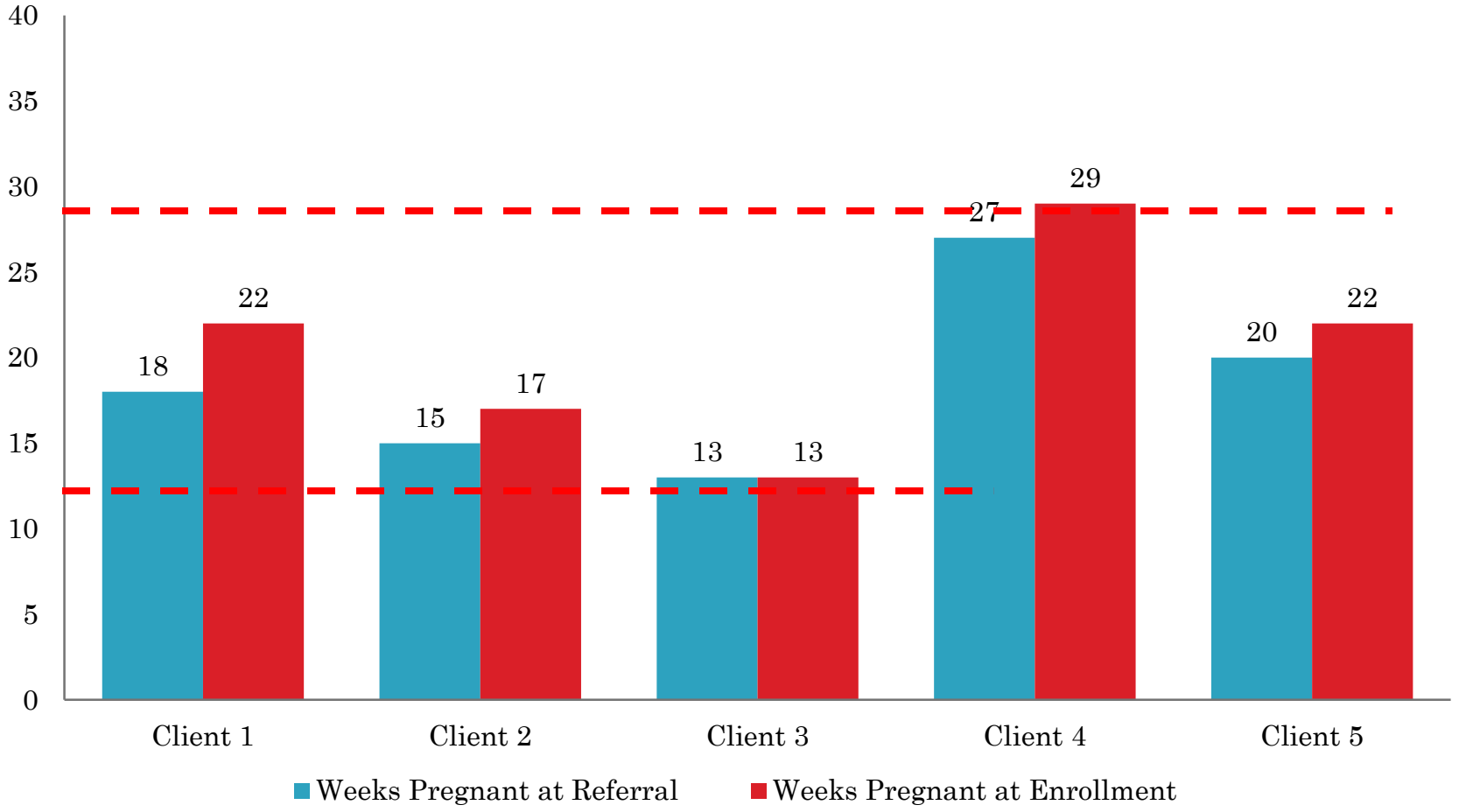
List the tasks needed to test this change.	Person responsible	When to be done	Where to be done
1. Identify all the variables we want to track. **2. Put them in a spreadsheet.** **3. Complete the spreadsheet for all referrals received in the past 2 months.** **4. Create 1-2 graphs of key information**	**1. Team** **2. Data mgr** **3. Each team member put their own data**	**1. Monday a.m. meeting**	**Conf room**

What do you think will happen when you make the change?	How will you know that your change has been successful? What data or information will you need?
We think we will gain insight into what is happening with our referrals and use the information to decide what to do next.	**-The Excel spreadsheet tracking tool is in place.** **-The team finds it helpful in understanding referrals** **-There are no unanswered questions about referrals**

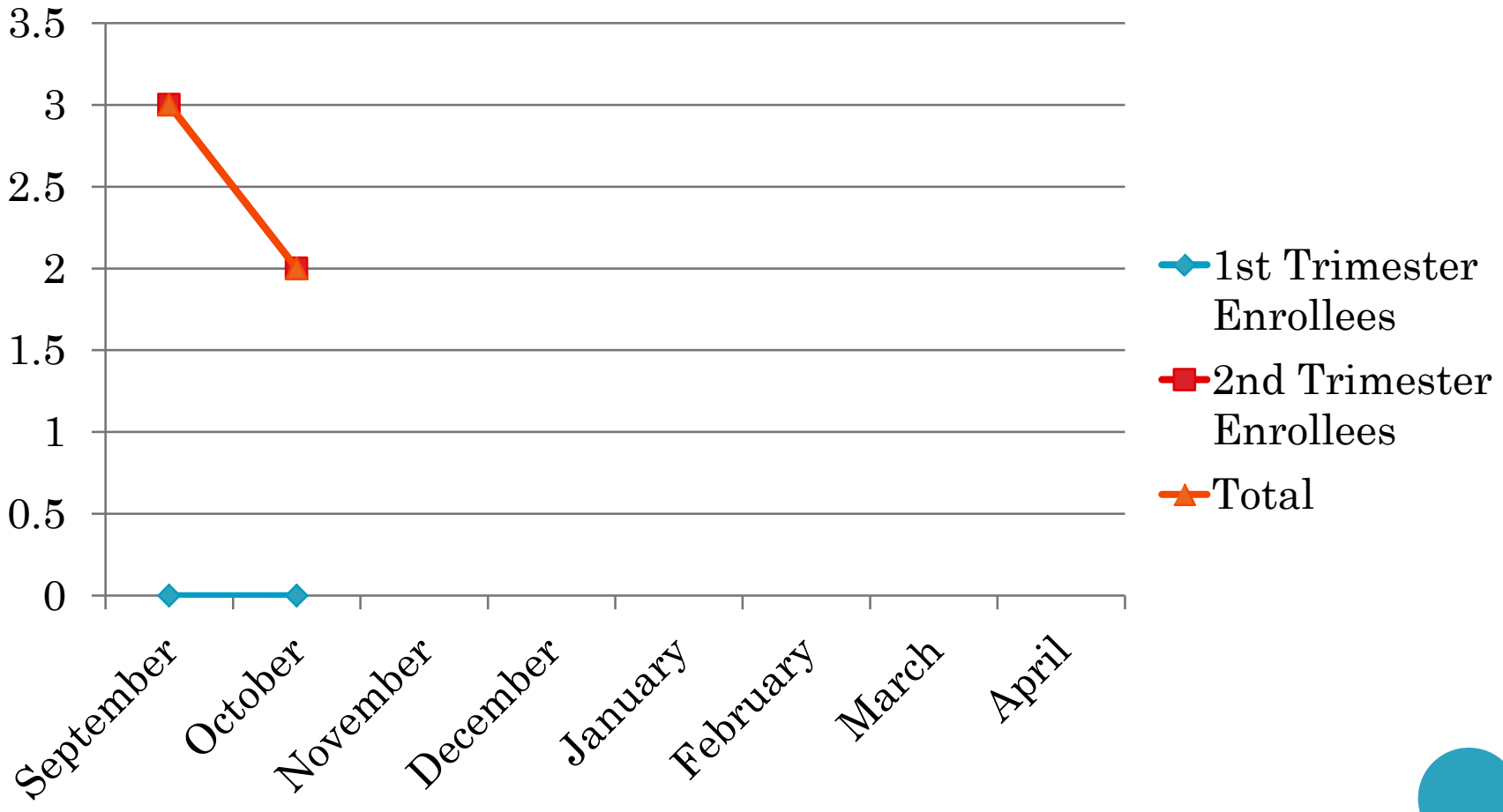
The check sheet

Time period	Client ID	Referral Date	Referral Source	Weeks Pregnant at Referral	Date of First Contact	Date of Enrollment	Weeks Pregnant at Enrollment	Days from referral to enrollment	Eligible?
Baseline	123	10/1/15	WIC	18	10/15	10/28	22	28	Yes
	234	10/5/15	WIC	15	10/15	10/18	17	13	Yes
	0123	9/10/15	Self ref	13	9/11	9/11	13	1	Yes
	378	9/20/15	ABC OB	27	9/28	9/30	29	10	No
	209	9/28/15	WIC	20	10/8	10/15	22	10	Yes
PDSA period									

Site 2: Baseline data

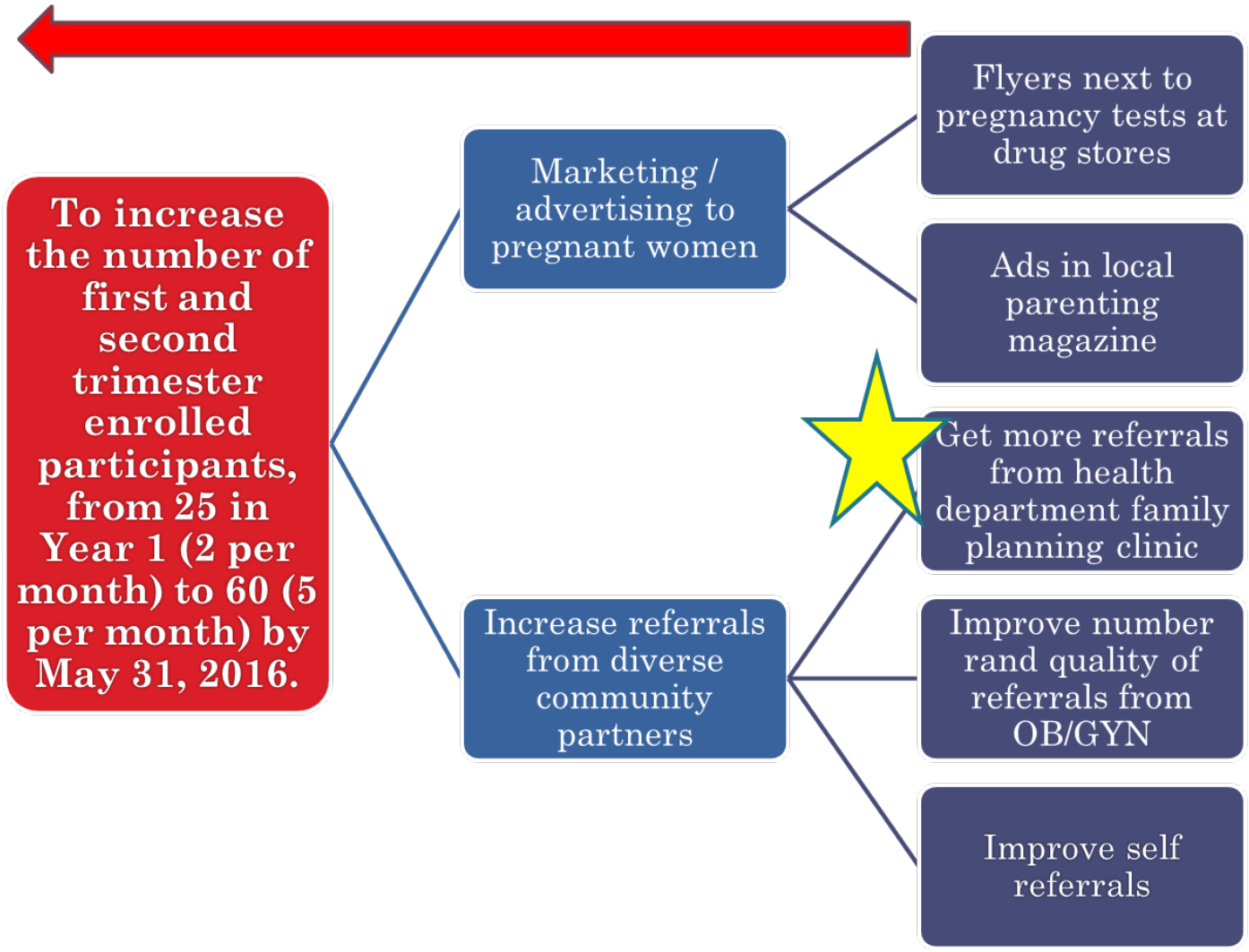


Starting a Run Chart



Do Describe what actually happened when you ran the test
We created the check sheet and put it in Excel.
Study Describe the measured results and how they compared to the predictions
As predicted, we gained insight into our referrals. The data were useful in understanding what was happening.
Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).
We will adopt this tool and continue to add elements as needed. **We learned that over 2 months, we received 5 referrals in the 2nd or 3rd trimester. We got 0 in the first trimester. All referrals were from WIC, AB OB/GYN (not eligible) or self-referral. We will brainstorm ways to get more prenatal referrals.**

Driver Diagram



Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

To increase the number of first and second trimester enrolled participants, from 25 in Year 1 (2 per month) to 60 (5 per month) by May 31, 2016.

Plan

What change are you going to test? Clearly describe it.

We will conduct strategic outreach to the Family Planning clinic at the health department. We will develop a postcard for FP staff to give to patients at the 'crucial moment' of the pregnancy test.

List the tasks needed to test this change.	Person responsible	When to be done	Where to be done
1. Develop post cards **2. Arrange meeting with FP clinic manager to discuss how this could fit their routine** **3. Develop a mutually agreeable process to try for 2 weeks** **4. Call or meet with FP staff to review test**	**1. Team leader** **2. Team** **3. Team leader and FP clinic manager** **4. Data mgr**	**Next week**	**Conf room**

What do you think will happen when you make the change?	How will you know that your change has been successful? What data or information will you need?
We think the FP staff will be interested in this. We think we will get at least 2 new referrals from this process.	**Ask the FP staff to make note of:** **-How many cards they passed out** **-How many cards the women turned back in** **We will need to know how many postcards we got back**

"Back of the Napkin" tallies

Data for 2-week time period		Comments from FP manager
50	Cards given to FP clinic	Some staff were absent when we talked about the cards. We tried to put a process in place where there was a stack available in each exam room. **Not all staff understood when or how to give the card to the client or explain it.**
30	FP clinic estimate of all pregnancy tests performed during time period	
15	Given to women with pregnancy tests	
3	Cards returned to Healthy Start staff Of the 3, only 1 was pregnant. The other two have children but are not pregnant. **30:1 Return on Investment**	

Do Describe what actually happened when you ran the test

We tried a new thing!

Study Describe the measured results and how they compared to the predictions

Out of 30 women seen for a pregnancy test, 15 were given a card. Of the 15 given out, 3 came back to Healthy Start. Only 1 was pregnant.

30:1 Return on Investment

Also, we did not collect information on whether the women who received the postcards were actually pregnant.

Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).

What would you do?

Do Describe what actually happened when you ran the test
We tried a new thing!
Study Describe the measured results and how they compared to the predictions
Out of 30 women seen for a pregnancy test, 15 were given a card. Of the 15 given out, 3 came back to Healthy Start. Only 1 was pregnant. **30:1 Return on Investment**
Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).
Let's Adapt this and try to improve the process!

Aim: (overall goal you wish to achieve)

Every goal will require multiple smaller tests of change

To increase the number of first and second trimester enrolled participants, from 25 in Year 1 (2 per month) to 60 (5 per month) by May 31, 2016.

Plan

What change are you going to test? Clearly describe it.

We will conduct strategic outreach to the Family Planning clinic at the health department. We will develop a postcard for FP staff to give to patients at the 'crucial moment' of the pregnancy test.

List the tasks needed to test this change.	Person responsible	When to be done	Where to be done
1. Arrange 2nd meeting with FP clinic 2. Refine the postcard process to try for 2 weeks; to include 1-page laminated info sheet for staff and suggested script 3. Improve data to focus only on pregnant women 4. Call or meet with FP staff to review test	1. Team leader 2. Team leader and FP clinic staff 3. Team	Next week	Conf room

What do you think will happen when you make the change?	How will you know that your change has been successful? What data or information will you need?
We think if we better define the postcard process, that 1) -Staff will give the postcard to all women receiving a POSITIVE pregnancy test and 2) -At least half of those women will turn in the post card/refer	**-How many patients received positive pregnancy test; -How many cards FP clinic passed out -How many cards the women turned into FP staff -How many postcards/referrals Healthy Start received**

"Back of the Napkin" tallies

Data for 2-week time period		Comments from FP manager
50	Cards given to FP clinic	Despite new improved process, laminated instruction sheet, and cards, staff continue to forget to give the card to clients.
20	FP clinic report of Number of positive pregnancy tests	
10	# postcards FP clinic gave to women with positive tests	
5	Cards returned to Healthy Start staff **20:5 Return on Investment**	

Do Describe what actually happened when you ran the test
FP staff were receptive to adapting the process.
Study Describe the measured results and how they compared to the predictions
-Staff only gave the postcard to HALF all women with positive pregnancy test **-Half of the women receiving a post card filled it out and gave it back** **ROI = 4:1**
Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).
What would you do?

Questions to Help Decide

- Is additional improvement possible?
- Is it worth staff time (yours and theirs), effort to continue the 4:1 return on investment
- Do you see this naturally improving or sliding back?

Do Describe what actually happened when you ran the test
FP staff were receptive to adapting the process.
Study Describe the measured results and how they compared to the predictions
-Staff only gave the postcard to HALF all women with positive pregnancy test **-Half of the women receiving a post card filled it out and gave it back** **ROI = 4:1**
Act Describe what you learned and what you will do next: Adapt this change and retest (what will you refine?); Adopt this change and test on a larger scale (describe?); or Abandon (why?).
What would you do? Abandon the idea of having FP staff give the card to women with pos preg tests and explaining it ***But…. Does this mean your collaboration with the FP clinic is over?***

Continue the check sheet

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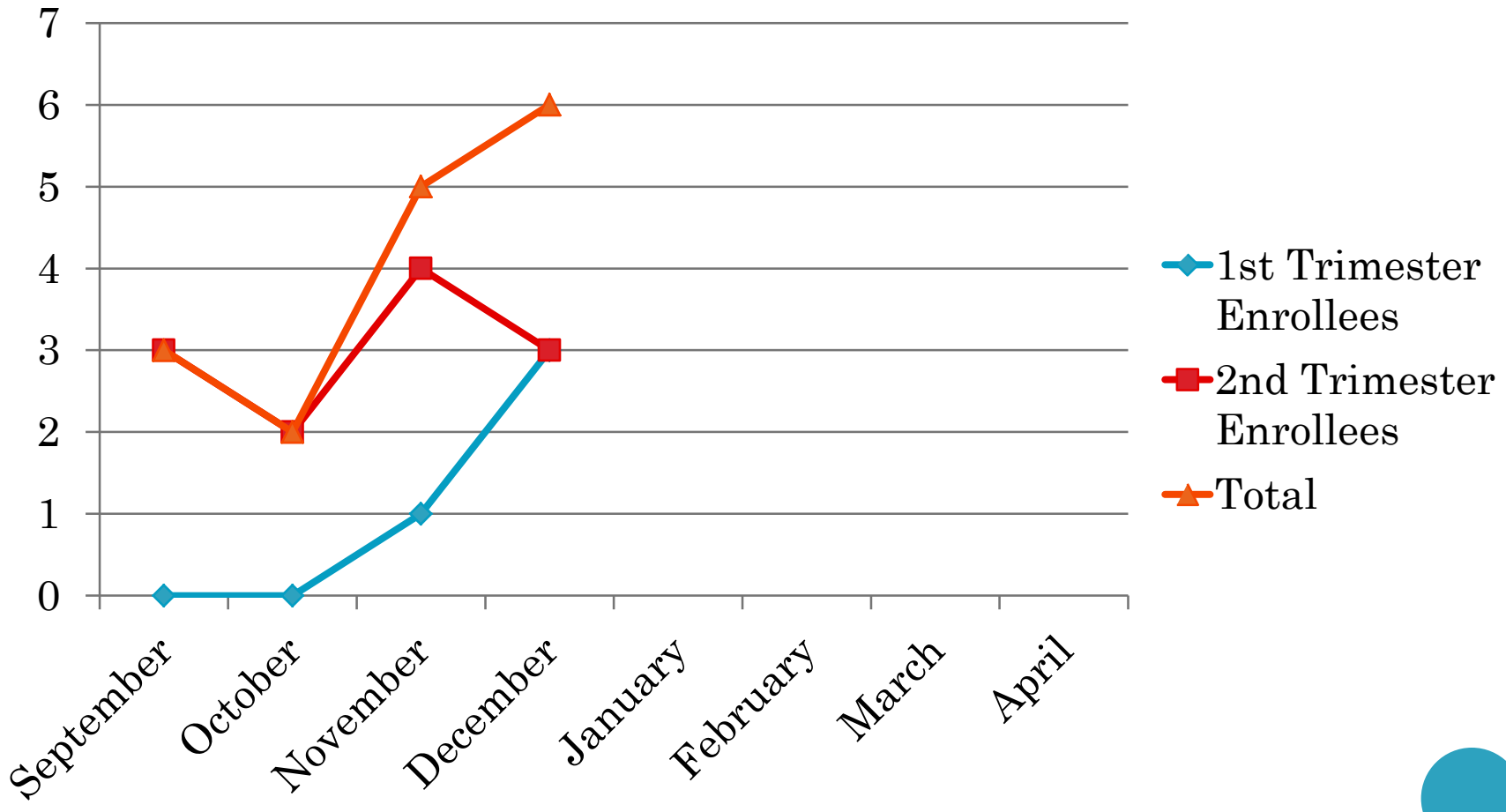
	209	9/28/15	WIC	20	10/8	10/15	22	10	Yes
	389	11/1	WIC	28	11/15	11/15	31	14	Yes
PDSA period	209	11/10	FP Clinic!	8	11/15	11/20	10	10	
	…								

Continue the Run Chart



Get Help From the Group

- What do you hope to get out of this session?
- What is your adapt/ adopt/abandon situation?

Let's Do an Activity!

- Put Together a Toy - PDSA

Resources

- http://www.mindtools.com
- http://www.ihi.org

Thank you for your attention!