

### Leading Profound Change Webinar: PDSA July 9, 2019

### Webinar Reminders

1. Everyone is muted.

2. Remember to chat in questions along the way!

3. Webinar will be recorded, posted on CCI's website, and sent out via a follow up email.



- 1. Welcome & Introductions
- 2. Recap of Leading Profound Change Series

#### 3. PDSAs

4. Wrap Up & Evaluation Survey

# Leading Profound Change: Webinar Series



Brainstorming Techniques





Empathy and Journey Maps



Leveraging Multiple Tools to Address Primary Care Issues





Leading Profound Change: Clinic Experiences



#### **Population Health Learning Network**

2-year learning collaborative & network, aimed at enhancing the population health management capabilities of 25 organizations across California



### **Special Welcome!**



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Collaboration

20209

CENTER FOR CARE INNOVATIONS

Walk a mile in my shoes

Patient

Plan

### **PDSAs**

- Rapid learning cycles that include the stages of plan, do, study, act which provide a roadmap for testing ideas with people -



**Tammy Fisher** 

Senior Director, Center for Care Innovations

tammy@careinnovations.org



#### KNOWLEDGE Scaffold and try ideas

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#### VARIATION Share through storytelling



#### PSYCHOLOGY Build empathy



SYSTEM Demonstrate connectedness

#### Tools that help you scaffold and build ideas



Brainstorming

Utilizing tools and approaches to create many divergent and creative ideas around a topic.



#### Paper Prototypes

Moving from an idea into a physical form or an acted out simulation that helps people to contribute and provide feedback.



#### **PDSA Cycles**

Rapid learning cycles that include the stages of plan, do, study, act which provide a roadmap for testing ideas with people.



### PDSA Cycle

An approach to testing that starts small and occurs in cycles that evolve based on what you are learning. It stands for Plan, Do, Study and Act.

IMPROVEMENT SCIENCE



# Why Do Small Tests of Change?

- Test your belief that the change will result in improvement
- To decide whether the proposed change will work in your environment
- To decide which combinations of changes will have the desired effects
- To evaluate side effects from a proposed change
- To engage others and minimize resistance upon implementation
- PDSAs give you confidence and a high degree of certainty about the change which then leads to a pilot
- Allows "safety" to fail small

### We do PDSAs every day!







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### PDSAs are hard to do!





### Framework to test changes

- Q1: What are we trying to accomplish?
- Q2: How will we know that a change is improvement?
- Q3: What changes can we make that will result in improvement?



Model for Improvement developed by Associates in Process Improvement © 1996

# Our project – an example

Aim statement: to screen 100% of our patients with diabetes and substance use disorder for SDOH

Ideas generated from our brainstorming and driver diagram

- Develop screening tool
- Develop inclusion and exclusion criteria for identifying patients
- Develop script asking patients about a specific set of social determinants
- Flag identified patients and give screening tool at time of check in
- MA or SUD hands out screening tool to the patient to complete

Prototype

• Script!



Plan Do Study Act



#### PLAN



- Objectives
- Questions and make predictions
- Plan for data collection
- Plan for test cycles (who, what, where, when)

**Objective**: To test the script with our MA, Lucinda **Predictions**:

- Patient shares openly
- MA enters results in EHR
- Script is easy to use for MA
- MA spends 5 minutes

#### Measures:

- Info retrieved from the EHR
- Chat with the MA
- Information shared with MA, yes or no?

#### Who, what, where and when?:

- 1. Lucinda tests script with two established patients in morning shift on 7.15.19
- 2. Lucinda enters results into the EHR
- 3. Lucinda tracks time the conversation starts, ends, and the time for inputting into the EHR
- 4. Lucinda shares results at afternoon huddle





#### What challenges do you have in the PLAN stage?



- Too much time spent in planning and not enough doing
- Plan is too big looks more like a pilot, not a small test
- Plan includes all of the components do, study and act!
- Plan isn't documented
- Measures are too rigorous

#### DO

- Execute the plan
- Document problems and observations
- Gather data for analysis

- 2. Do
- Lucinda tested the script with Jackie and Jerome on 7.15.19.
- Lucinda attempted to enter information into the EHR but was unsuccessful.
- Lucinda shared her experiences and observations with the care team in their afternoon huddle.

#### Observations:

- Both were surprised that I was asking these questions
- Jackie answered "no" to some questions and "yes" to other questions. Jerome said "no" to all of them, but he seemed uncomfortable.
- I had no idea where to enter the information into the EHR.
- I felt uncomfortable asking the questions, especially with Jerome (barely know him). And when Jackie said "yes" to some of the questions, I wasn't sure what to say or do. It felt uncomfortable to me.
- I spent 10 minutes with Jackie and 3 minutes asking the questions of Jerome.
- I was wondering what Dr. B thought did I uncover new information to her?





#### What challenges do you have in the DO stage?

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- Nothing gets done
- Some things are done, others aren't
- It doesn't go as expected or hoped

### **STUDY**



- Analyze the data
- Compare data to predictions
- Summarize what was learned

- Patients were surprised and discomfort present by the questions – didn't seem to share openly
- Having a relationship made it somewhat easier to ask questions.
- More training needed on EHR documentation. .
- 5-10 minutes to ask questions.
- May want to measure whether new information was uncovered as a result of asking the questions and whether it changed the relationship or treatment plan between provider and patient.

#### **STUDY** *Challenges & Pitfalls*



#### What challenges do you have in the STUDY stage?

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- We skip this step
- There's no data to study!
- Our leaders are looking for more rigorous data and we don't have it
- Too much data, not sure how to make sense of it.

#### ACT



- Determine what comes next
- Act on the data and learning
- Adapt change and test again, roll out change, or abandon

How would you act on the data?

- Implement
- Adapt the change, test again
- Abandon

#### ACT



- Determine what comes next
- Act on the data and learning
- Adapt change and test again, roll out change, or abandon

Let's try again with the following modifications:

- Get training and feedback while role playing the script with a colleague
- Continue with established patients, ones we know well and can really practice the script in a more comfortable way
- Determine pathways based on the results we get
- Retrain on where to enter into the EHR





#### What challenges do you have in the ACT stage?

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- Decisions are made too quickly (Let's implement! Let's abandon!)
- Stuck in our mental modes failure is bad
- We're not sure what to do
- Hard to manage the learning multiple PDSAs, lots of information

#### PLAN



- Objectives
- Questions and make predictions
- Plan for data collection
- Plan for test cycles (who, what, where, when)

#### What does your next PDSA look like?

# **Key Considerations**



- Size of PDSA depends on type of change, variability in the change, resources, and expectations
- Scale down as much as you can, prototype where you can
- Involve those doing the work to develop PDSA
- Collect data that is meaningful, use sampling and qualitative data
- Start with the ready and willing!
- Test over a wide range of conditions

### **Accelerating Improvements: 100% Screening**



# Insights

• What are 2 insights you have from today's presentation?



# Tools

- Links to IHI videos PDSA part 1 and part 2
  - <u>http://www.ihi.org/education/IHIOpenSchool/resources/Pages/</u> <u>AudioandVideo/Whiteboard5.aspx</u>
  - <u>http://www.ihi.org/education/IHIOpenSchool/resources/Pages/</u> <u>AudioandVideo/Whiteboard6.aspx</u>
- Link to PDSA form example
  - <u>https://www.careinnovations.org/wp-content/uploads/PDSA-worksheet-team-based-care\_CShepherd.pdf</u>

## Q&A



#### What's Next? Leading Profound Change: Webinar Series

Date	Webinar Topic	Webinar Summary
September 10, 2019	Leveraging Multiple Tools to Address Primary Care Issues Register here	We will map out a few more tangible approaches to tie together many of the skillsets and mindsets we have learned throughout this program. They will be demonstrated in the context of how they might look in a primary care setting to help bring it home.
November 12, 2019	Leading Profound Change: Clinic Experiences <u>Register here</u>	We will share our own experienceswhat we tried, what didn't go so well, what surprised us and what tips we have to give to one another. Hear from your peers and jump into the conversation on the fly with questions and examples of your own. This session will tap into the wisdom of the crowd.

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# **Thank You!**

For questions regarding today's content, contact:

Tammy Fisher Senior Director tammy@careinnovations.org

For CCI questions, contact:

Meaghan Copeland Program Coordinator <u>meaghan@careinnovations.org</u> Please fill out the post-webinar survey – link in the chatbox!