

The Model for Improvement: A Method for Accelerating Change

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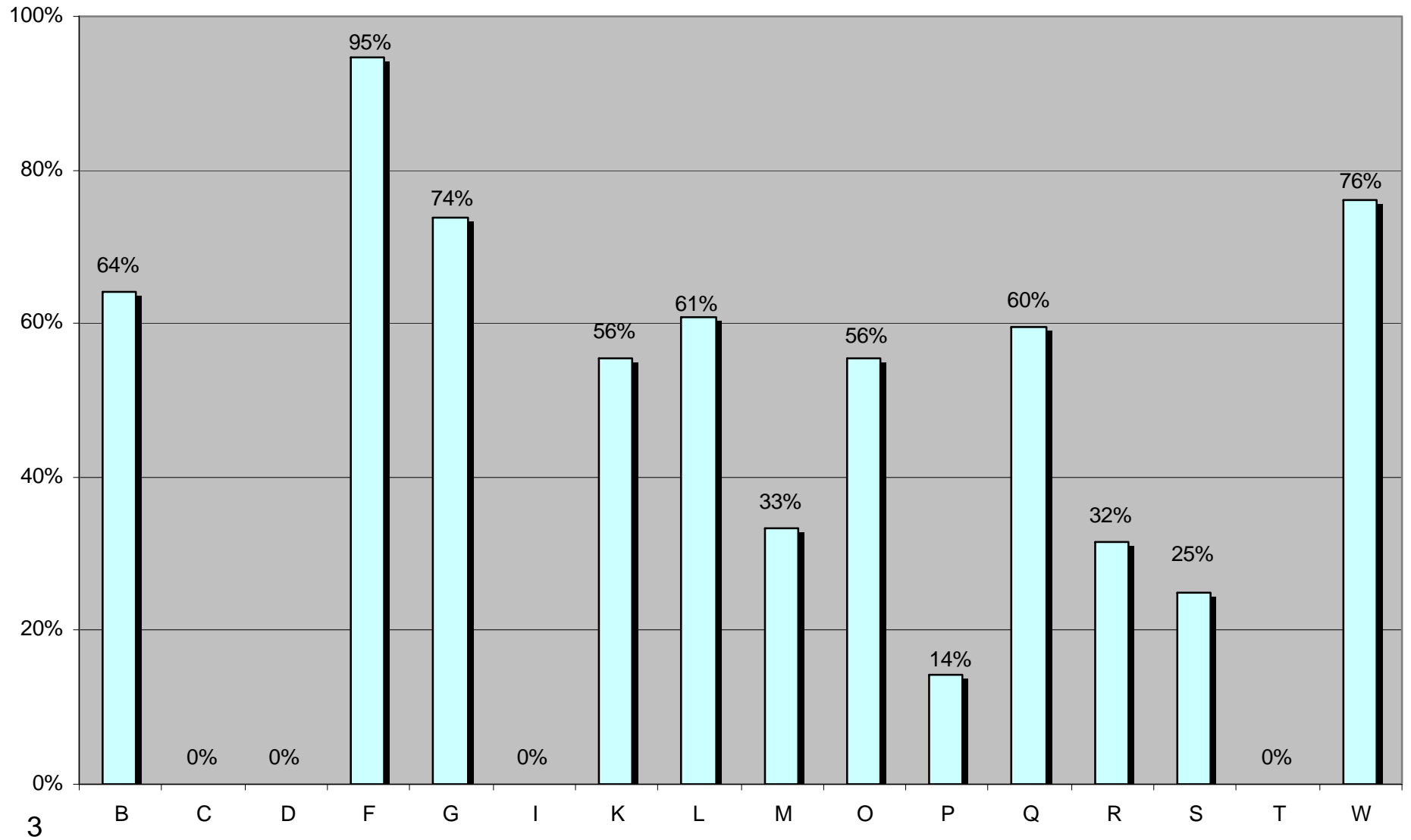
(Adapted from Associates in Process Improvement, Institute for Healthcare Improvement, and Center for Health Care Strategies, Inc.)



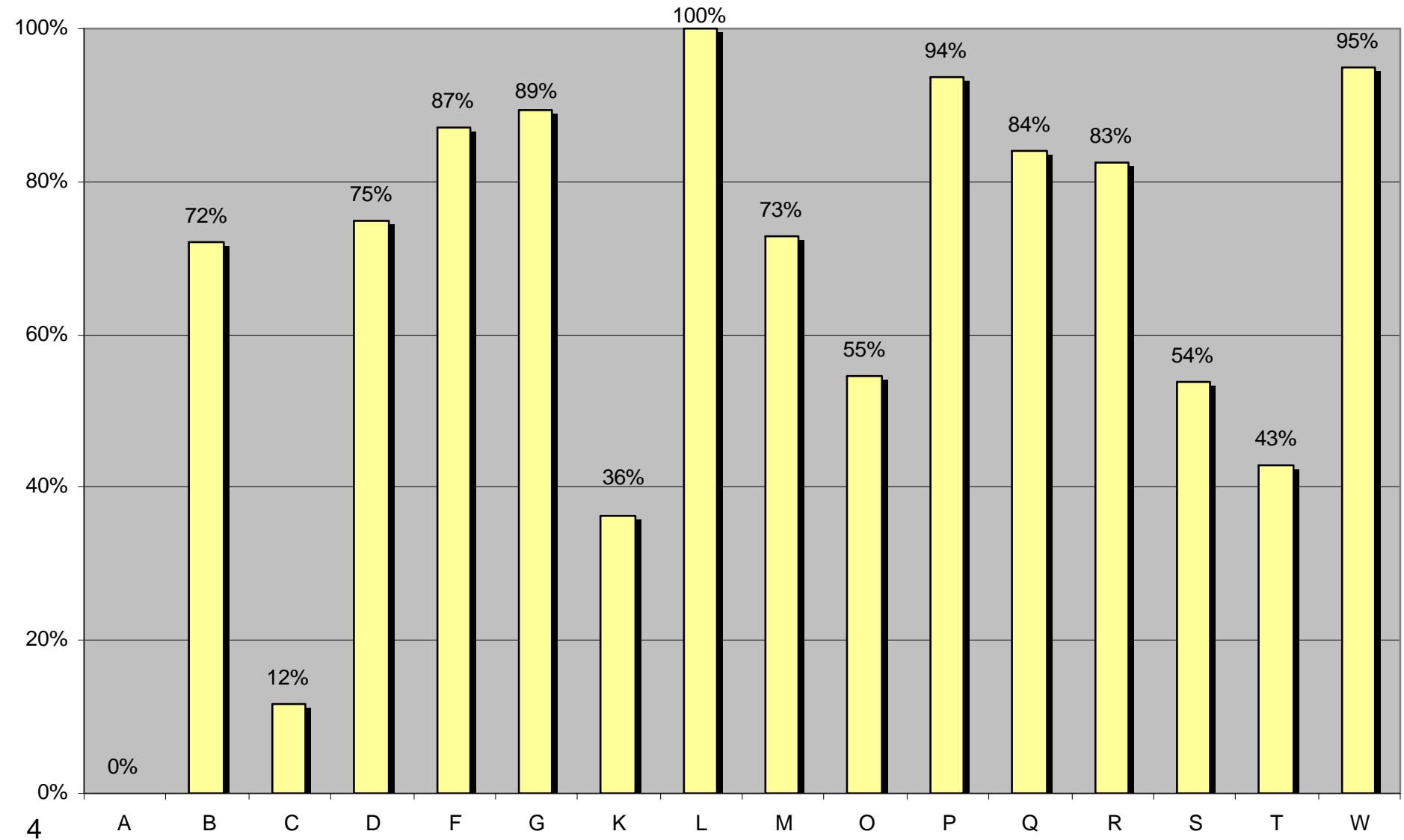
HQA HF Measures: 2nd Quarter 2007

- HF-1 Discharge Instructions
- HF-2 Evaluation of LVS Function
- HF-3 ACEI or ARB for LVSD
- HF-4 Adult Smoking Cessation Advice/Counseling

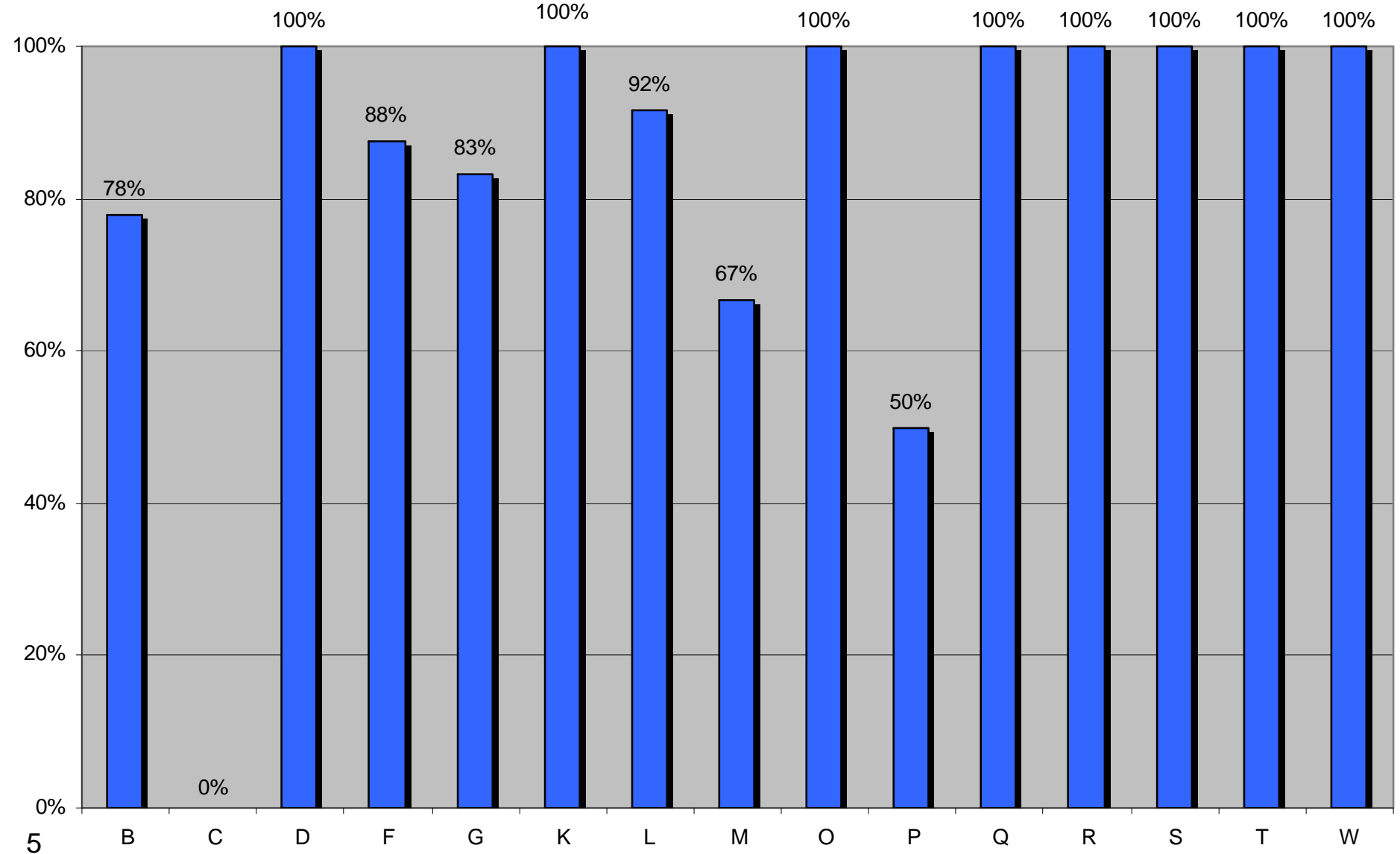
CAH Hospitals Q4 2006 + Q1 2007 HF-1 Discharge Instructions



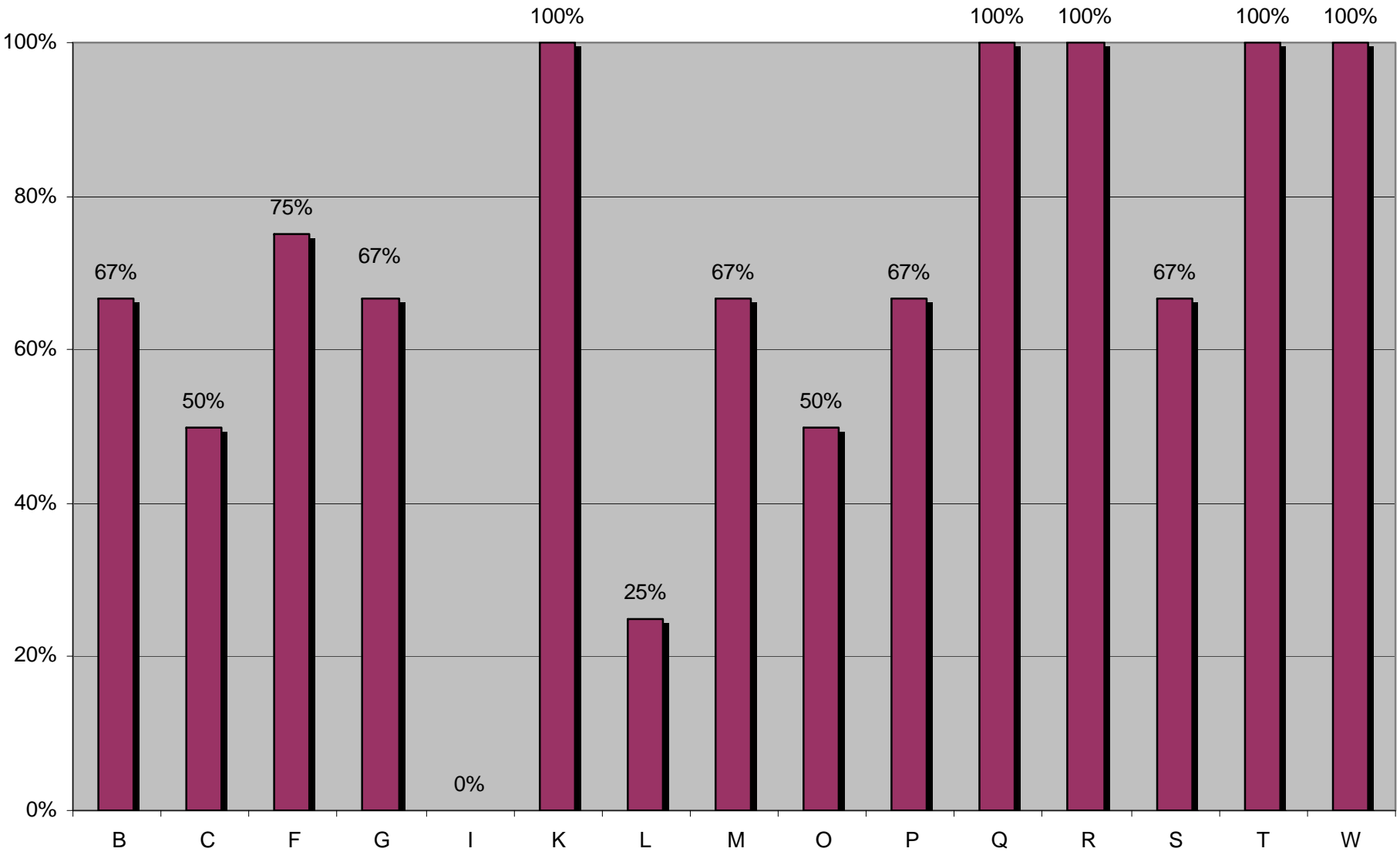
CAH Hospitals Q4 2006 + Q1 2007 HF-2 Evaluation of LVS Function



CAH Hospitals Q4 2006 + Q1 2007 HF-3 ACEI or ARB for LVSD



CAH Hospitals Q4 2006 + Q1 2007 HF-4 Smoking Cessation



Quality is a system problem

Every system is perfectly designed to achieve exactly the result it gets.

—Anonymous

If you want different results,
you need a different system.

Form an effective team

Having the right people on the team is the key to success:

- Hospital leadership to authorize the change
- A physician champion
- QI staff
- Frontline staff

The Model for Improvement

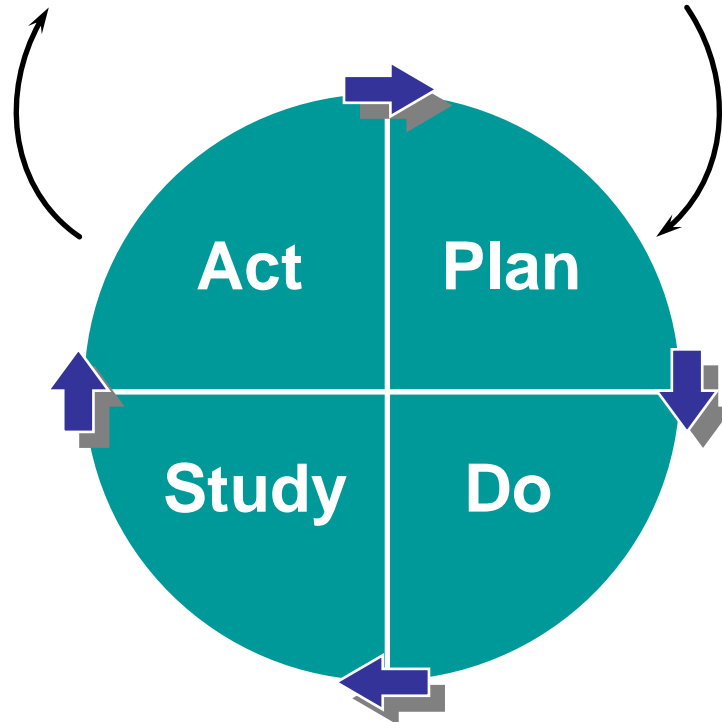
- Increases effectiveness of improvement efforts
- Is applicable to any system
- Integrates continuous process improvement and reengineering approaches
- Provides guidance and focus

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?



Three fundamental questions for improvement

- What are we trying to accomplish?

Aim

- How will we know that a change is an improvement?

Measure

- What changes can we make that will result in an improvement?

Change

What are we trying to accomplish?

Aim

- Focus on a specific population
- Set numerical goals
- Set specific time period
- Use as a guide for doing the work

Example of an aim statement

- By December 31, 2007, 95% of all heart failure patients >18 years will receive written discharge instructions or other educational materials addressing all of the following:
 - Activity level
 - Diet
 - Discharge medication
 - Follow-up appointment
 - Weight monitoring
 - What to do if symptoms worsen

How do we know that a change is an improvement?

Measure!

Measure!

Measure!

Types of measures

Process measures

- Are the parts/steps in the system performing as planned?

Outcome measures

- How is the system performing?
- What is the result?

Balancing Measures

- Are changes designed to improve one part of the system causing new problems in other parts of the system?

Tips on measures

- Seek usefulness, not perfection
- Use small, repeated samples and plot data over time
- Integrate measurement into the daily routine
- Use qualitative and quantitative data
- Begin reporting your measures immediately

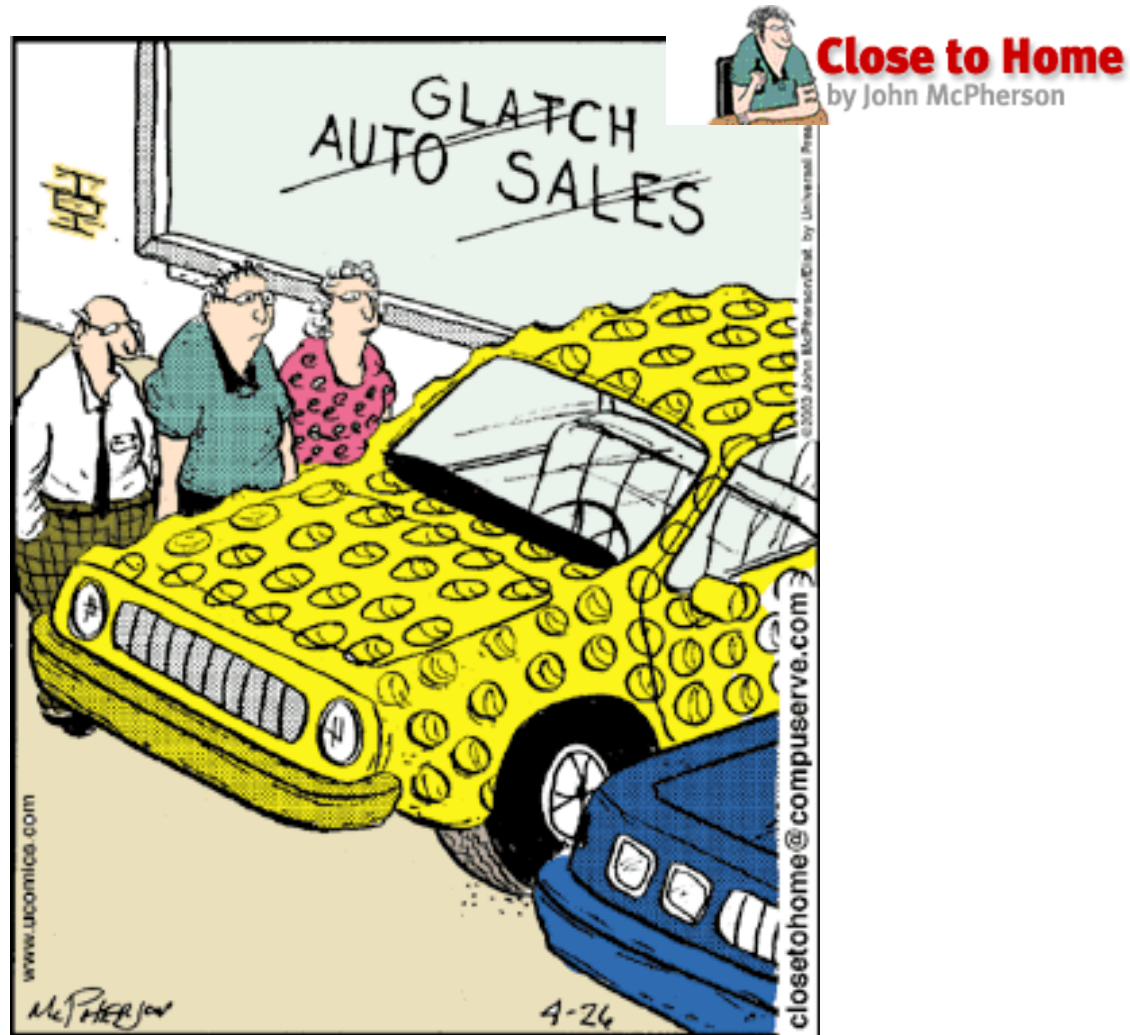
Example of an process measure

NUMERATOR: Number of heart failure patients (>18 years and discharged to home) who received written discharge instructions or other educational materials addressing all of the following:

- Activity level
- Diet
- Discharge medication
- Follow-up appointment
- Weight monitoring
- What to do if symptoms worsen

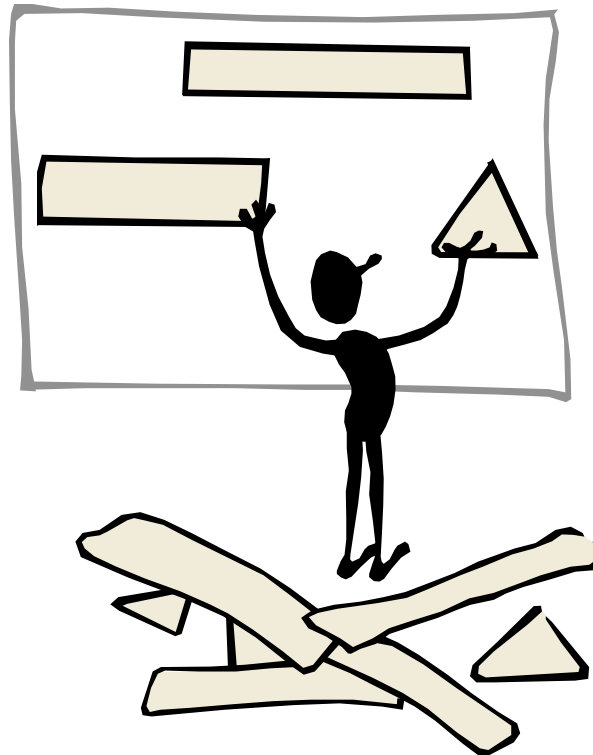
DENOMINATOR: Number of heart failure patients >18 years discharged to home

Not every change is an improvement



"It's based on the same aerodynamic principle as the golf ball. The dimple pattern makes it 27 percent more fuel efficient."

What changes can we make that will result in an improvement?



Assess your process for heart failure discharge

- Identifying patients with heart failure
 - How are patients identified?
- Documentation
 - Is there documentation of each the 6 topics?
 - Is there a copy of the discharge instructions on the medical record?
 - Is there documentation in the medical record that the patient was given educational materials?

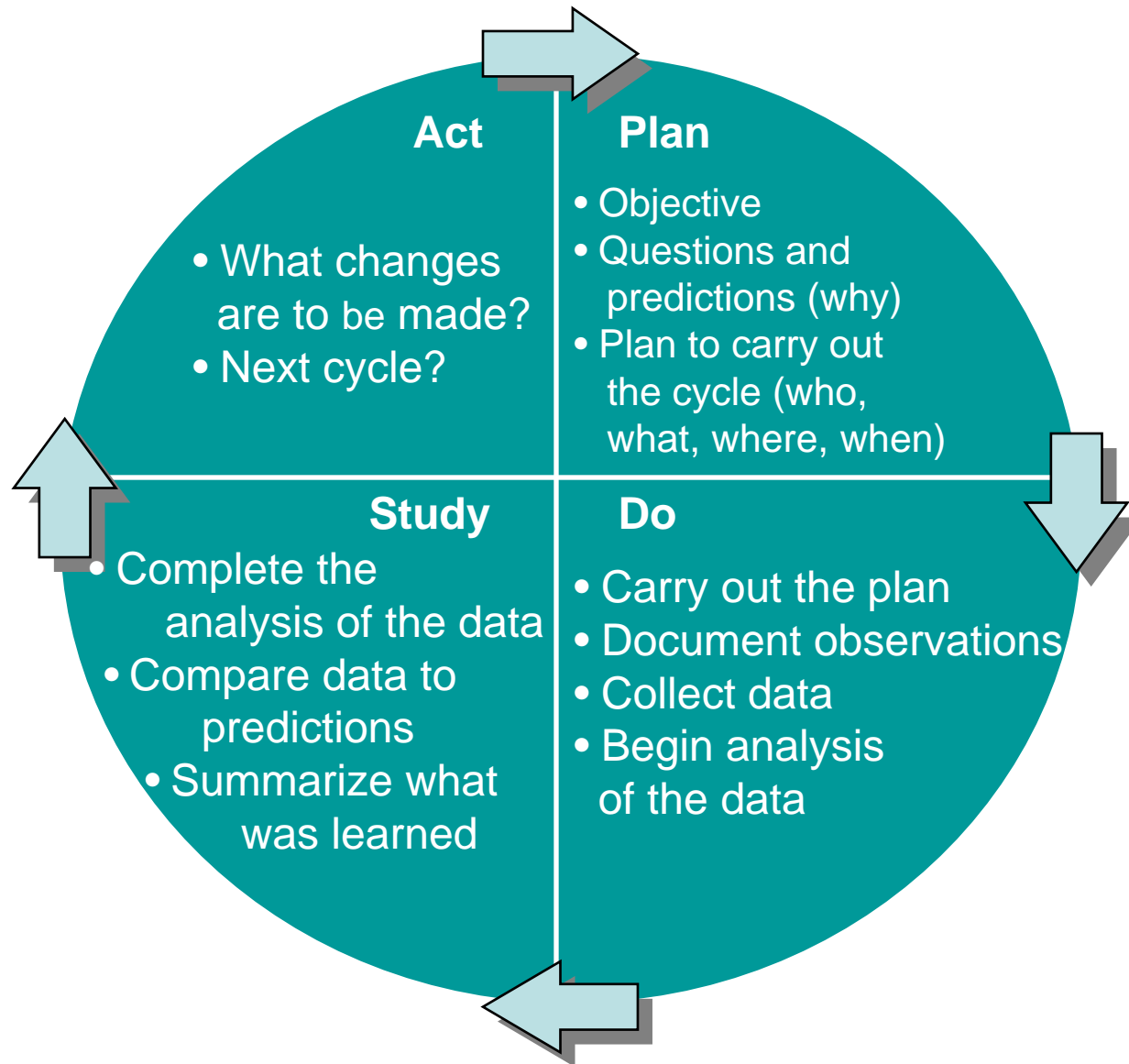
Review

- Develop an aim statement
- Define your measures
- Identify a change strategy

Using the PDSA cycle

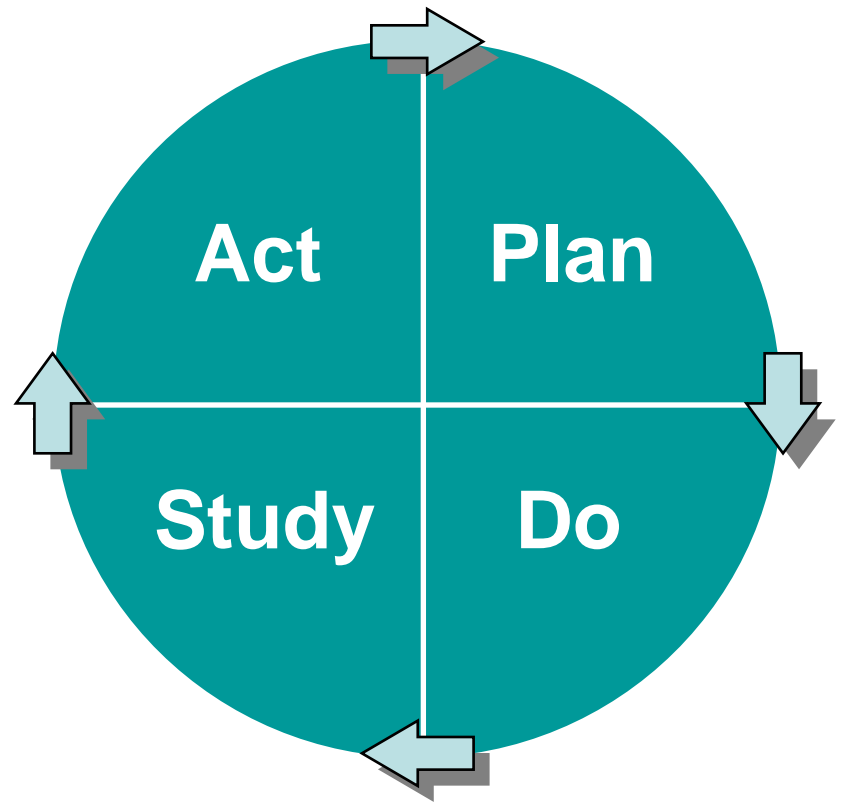
- Testing or adapting a change
- Implementing a change
- Spreading the changes to the rest of your organization

The PDSA cycle for learning and improvement



The PDCA cycle

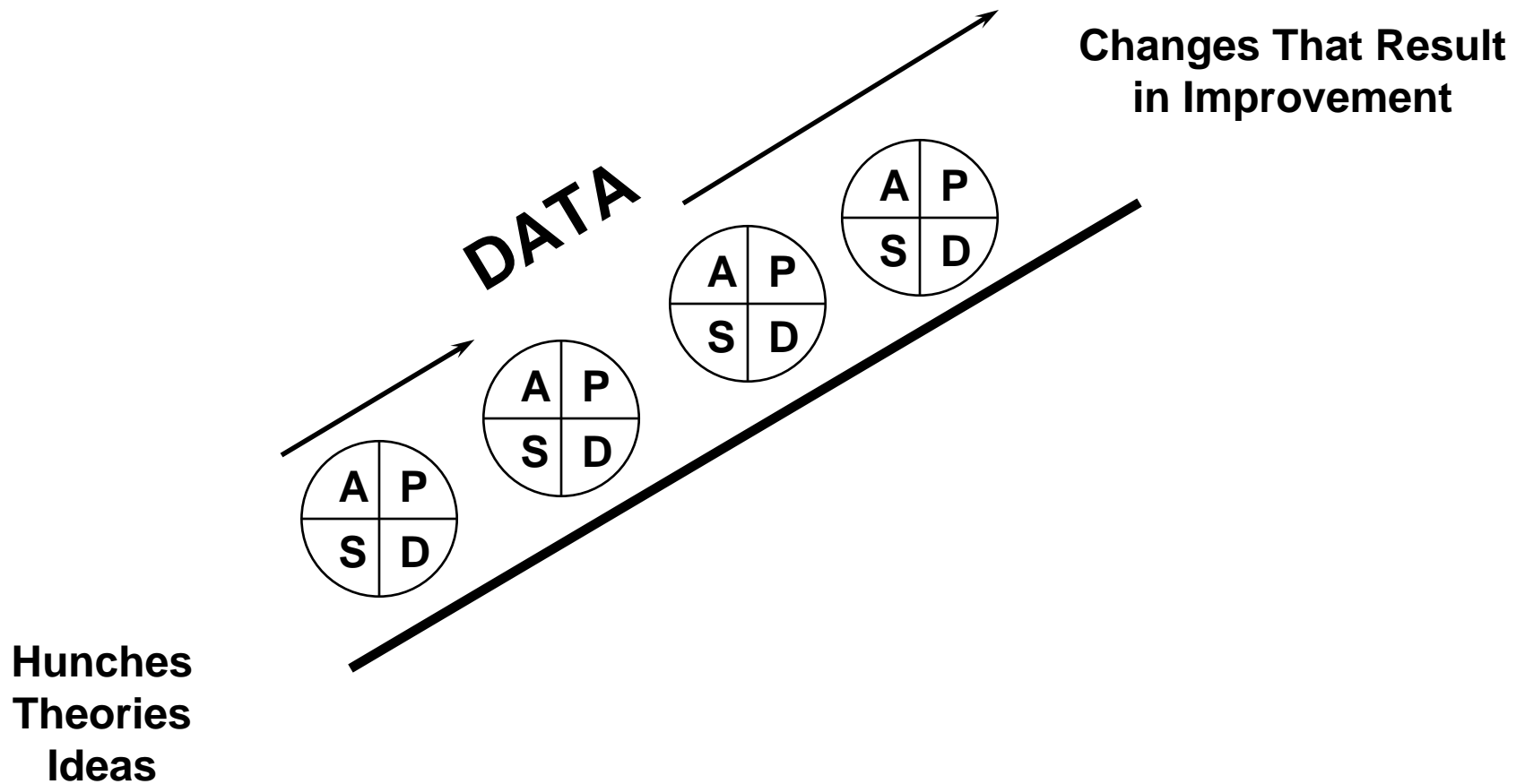
Why test?



Reasons for testing

- Increase confidence that the change will result in improvement
- Provide opportunity for “failures” without impacting performance
- Adapt the change to local conditions
- Minimize resistance upon implementation
- Evaluate costs and side effects of the change.

Repeated use of the cycle



Example of repeated use of cycle

Change strategy: Use stickers to flag medical records for heart failure patients

- PDSA #1
 - 5 cases will be flagged by the unit secretary beginning on October 1, 2007
- PDSA #2
 - Charge nurse provides unit secretary with current list of heart failure patients

Review workflow and redesign processes in treatment of heart failure

- Choose and review processes for at least one heart failure measure by October 9, 2007
- Identify process changes and best practices during October 2007
- Prepare implementation plan to redesign processes by October 31, 2007

For more information

Langley GJ, Nolan KM, Nolan TW et al. *The Improvement Guide" A Practical Approach to Enhancing Organizational Performance.* New York, Jossey-Bass, 1996.

Deming WE. *The New Economics for Industry, Government, Education.* Cambridge: MIT Press, 2000.

Questions?

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