

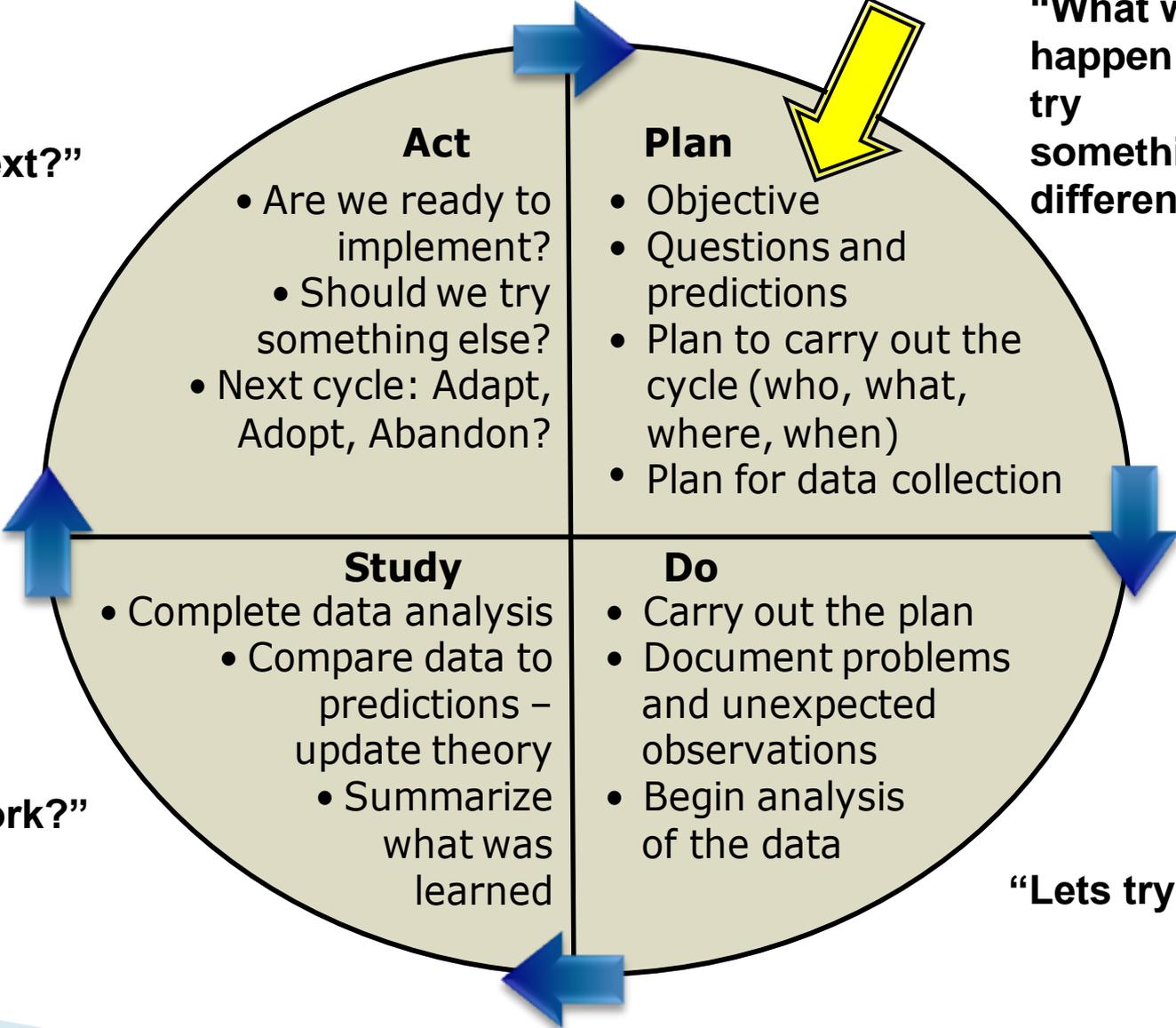
# Planning a Best Practice Improvement

# PDSA

Today's focus

“What's Next?”

“What will happen if we try something different?”



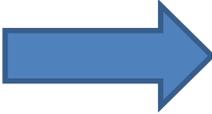
“Did it work?”

“Lets try it!”

What is your Problem?  
What are you “Stuck on”?

PDSA: Plan-Do-Study-Act – Worksheet

Organization/Department: **SAMPLE**

 What is your Problem / What are you “Stuck on”?

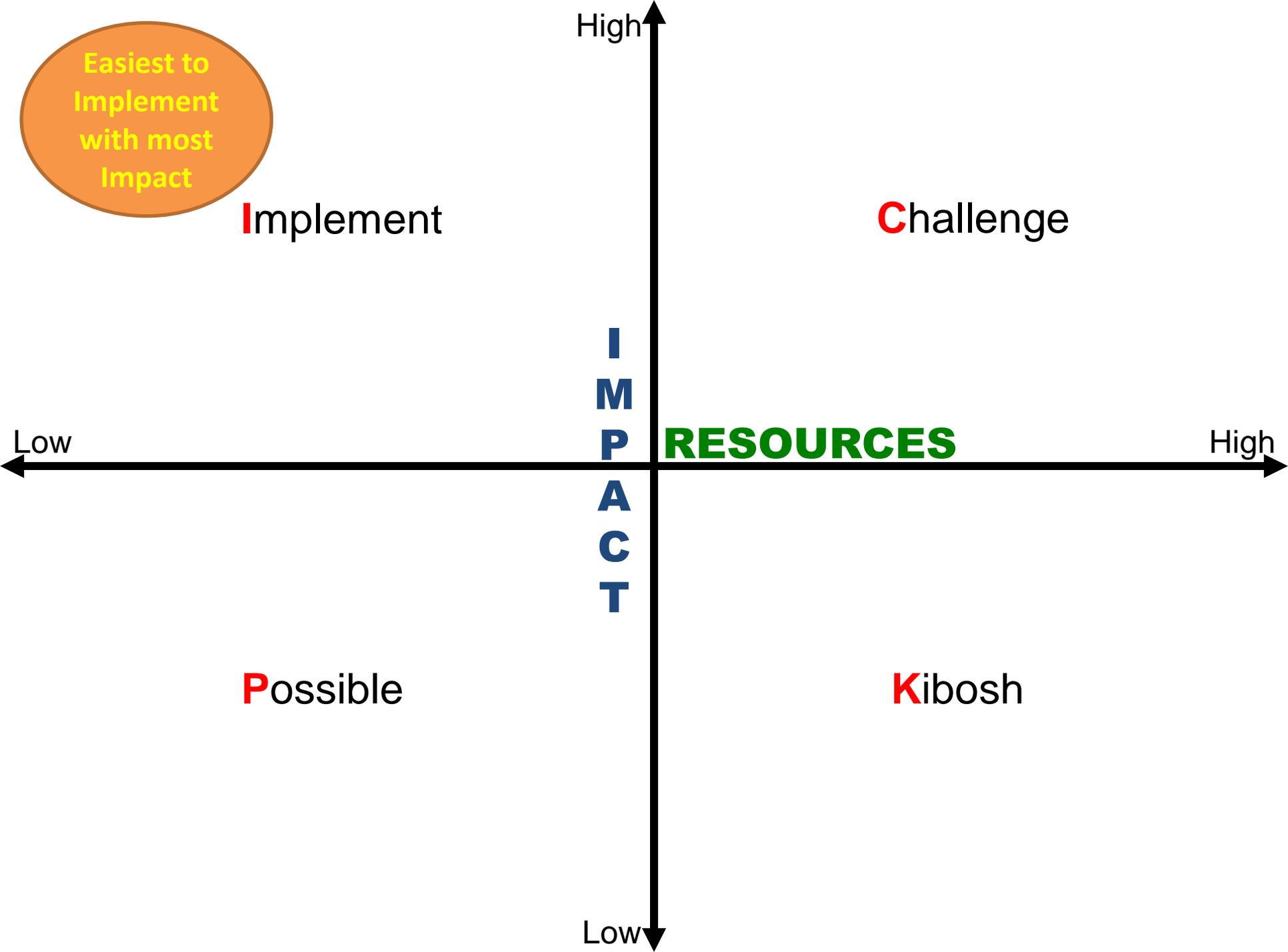
Very few ASU patients out of bed during meals (~ 15%).

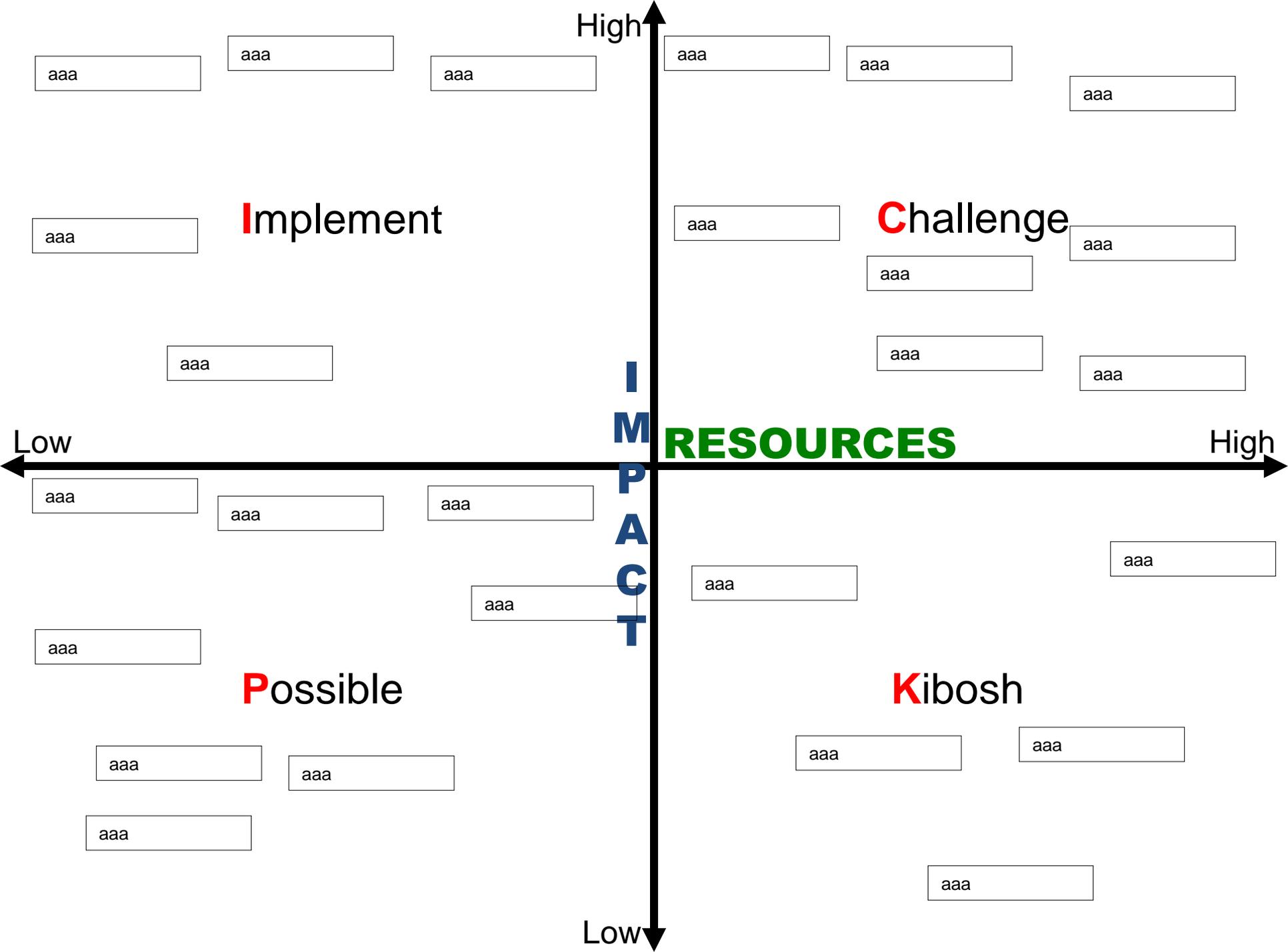
# Brain Storming

## Improvement Change Ideas

### Ways to Overcome the Problem

- Individually brain storm and write down 1 improvement change idea for each of the 3 problems (3 min)
  - 1 idea/sticky note
- Everyone shares and clarifies their ideas for each problem
- Keep going until all ideas are shared





# Write the “Improvement Change” idea on the PDSA Worksheet

PDSA: Plan-Do-Study-Act – Worksheet

Date:

Organization/Department: **SAMPLE**

What is your Problem / What are you “Stuck on”?

Very few ASU patients out of bed during meals (~ 15%).

*(use QI tools and methods to help understand your problem or determine change idea – in this example the team learned through observation and talking to patients that the patient and family were not engaged in planning for getting the patient out of bed)*

 What Improvement Change Will Your Group Make?

**Make posters to inform Patient and Family that they can ask to get up for meals and that being up to eat is safer for them.**

# What is the AIM – What are you trying to accomplish?



What is the AIM – What are you trying to accomplish? Try to write this in the format of from “x” to “y” by when.

Number of patients out of bed during meals will increase from 15% to 50% within the first week of using the poster in the ASU.

WHAT from X to Y by WHEN

“Number of patients out of bed during meals will increase  
from 15% to 50%  
within the first week of using the poster in the ASU”

# Plan

<b>PLAN</b>				
<b>Plan to collect data to answer your questions:</b>				
<b>What data will be collected?</b>	<b>How?</b> (checklist, chart audit...)	<b>Who?</b> (name or role)	<b>When?</b> (times, dates – be specific)	<b>Where?</b> (unit, area, charts)
How many people up for meals	Record Sheet	Charge Nurses	5 observation days in 1 week	ASU
What do patients and family members think of the poster	Ask Charge Nurse and Staff to put patient, family and staff comments and feedback in Suggestion box	Charge Nurse and staff	1 week test period	
What do staff think of the poster				
<b>List tasks necessary to set up and do the improvement change test:</b>				
<b>What?</b> (specific task)	<b>How?</b> (checklist, chart audit)	<b>Who?</b> (Name or role)	<b>When?</b> (times, dates – be specific)	<b>Where?</b> (unit, area – be specific)
Design poster	Edit existing poster from XX	Stroke Specialist and patient Advisor	By day 2	ASU office
Produce poster	Have PDF printed and laminated	Stroke Program AA	By day 5	Hospital Printing department

# Plan con't

Post poster on unit	Masking tape	Charge Nurse, Stroke Specialist Case Manager and Regional Stroke Director	By day 6	ASU
Design record sheet to monitor patients up in chair	design record sheet	Charge Nurses and Stroke Specialist Case Manager	By day 4	ASU office
Monitor patients activity during meals on 5 separate days in one week test period	Observe ASU patients during meal time and record on record sheet	Charge Nurses	Day 7-14 Identify 5 observations days X <del>X</del> <del>X</del> X <del>X</del>	ASU
Qualitative feedback/comments from patients, family members and staff	Recorded by Charge Nurse and Staff and placed in Suggestion Box	Charge Nurses and staff	During the test week days 7-14	ASU

# Do

## DO

**What did you observe during the test? Were there any unexpected observations?**

- Record Sheet misplaced during week of testing. Test was then extended to a second week.
- Posters began to fall from wall

# Study

## STUDY

**Analyze your data and describe the results. How do the results compare with your predictions? What did you learn from this cycle?**

- Seven patients out of bed at meal time 19/24 times per day during second week (79.2% up from 15%)
- 2 responses placed in suggestion box:
  - Staff – Increase font size
  - Patient – “This poster is really Good”

Number of patients out of bed exceeded expectations. Would have liked more feedback from staff, patients and family.

# Act

## ACT

**Are you ready to implement?**

**Yes (I am confident that there is measured improvement, changes have been tested under different conditions and questions answered)**

**No (I have more questions, need to make adjustments and test again, OR risks outweigh benefits – new idea required)**

**What is your plan for the next cycle?**

Enlarge font on poster and print 8 more posters and affix with double sided Velcro

Extend test to 4 more rooms

**Other**

Explore a better way to put posters on wall.

Examine how many chairs needed to accommodate all patients up in chair during meals

Order chairs.

Communicate rationale for poster to staff and why it is safer to be up for meals rather than in bed.

Need system for ongoing tracking

More Communication with staff about use of PDSA cycles.

List the actions that will be taken as a result of this improvement and evaluation cycle □

- If successful, spread the improvement more broadly
- Identify any systemic changes and training needs for full implementation
- Plan ongoing monitoring of the improvement
- Continue to look for incremental improvements to refine the change
- Look for another improvement opportunity

**I pledge to...**

**Write your Team's  
Improvement Change  
Here**



**The difference is you.**

<http://www.changedayontario.ca/gallery/>

# Resources

## QI Essentials Tool Kit (Institute for Healthcare Improvement)

- ▶ <http://www.ihp.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

## Health Quality Ontario “Quality Compass”

- ▶ <http://qualitycompass.hqontario.ca/portal/getting-started>