Maternal Webinar Series:
"Quality Improvement – Back to the Basics"

June 4, 2024

GaPQC Maternal Lectures – 2024

DATE	SUBJECT/TITLE	SPEAKER(S)
May 7, 2024	Equity, Bias, & Quality Care	Dr. Rose Horton
June 4, 2024	QI Change-Back to the Basics	Dr. Stephanie Radke
July 2, 2024	4th Trimester Care & 3 Day Follow-up for BP Checks	Dr. Jamie L. Morgan
August 6, 2024	Pregnancy, Cardiac Conditions, and Bedside Care-Oh My!	Dr. Kathryn Lindley
September 3, 2024	It's Only Just Begun: Cardiovascular Risk Beyond Birth-Team Based Approach to Cardio-Obstetrics	Dr. Deirdre Mattina
October 2, 2024	Cardiac Care in the 4th Trimester	Dr. Jennifer Lewey
November 5, 2024	Measuring & Communicating Blood Loss During OB Hemorrhage and the Why Behind It	Kristi T. Gabel
December 3, 2024	Cardiac Care in the 4th Trimester through Text Messaging and Telemedicine	Dr. Monika Sanghavi
January 7, 2025	4th Trimester Care for High-Risk Patients-Telemedicine to Reduce Re-admissions	Dr. Kathryn L. Berlacher

Maternal Updates

- Next GaPQC Maternal Webinar Tuesday, July 2nd at 2:00 PM EST

  Dr. Jamie Morgan, MD – UT Southwestern Medical Center

- <mark>Data</mark>

  Q1 Jan – March – submission due by April 30th
  Q2 April – June – submission due by July 31st
  Q3 July –Sept. – submission due by October 31st
  Q4 Oct. – Dec. – submission due by January 31st

- <mark>AIM TAP Webinar</mark>

  June 20th: Reducing Perinatal Inequities through Black Feminism and Radical Imagination
  Register: https://saferbirth.org/aim-resources/events

- <mark>Maternal Health ECHO</mark>

  August 21st: Cardio-OB: Addressing Cardiac Health for women in the CSRA

- <mark>Maternal and Infant Health Initiative (MIHI): QI Webinar from Medicaid</mark>

  July 16th: Addressing Hypertension Before, During, and After Pregnancy
  Register: Register Program - Mathematica WebEx

Maternal Updates Continued

- Wave II Recruitment is Ongoing

Wave 1 – July 2022

HOSPITAL	REGION	LEVEL OF CARE
Atrium Health Navicent	Macon	III
Augusta University Medical Center	Augusta	III
Northeast GA Medical Center-Braselton	Atlanta	III
Northeast GA Medical Center-Gainesville	Atlanta	III
Grady Health System	Atlanta	III
Liberty Regional Medical Center	Savannah	I
Memorial Health University Medical Center	Savannah	III
Northside Hospital Atlanta	Atlanta	III
Northside Hospital Cherokee	Atlanta	III
Northside Hospital Forsyth	Atlanta	III
Northside Hospital Gwinnett	Atlanta	III
Wellstar Kennestone Hospital	Atlanta	III

Wave 2 - January 2024

HOSPITAL	REGION	LEVEL OF CARE
Coffee Regional	Savannah	I
Northeast GA Medical Center-Habersham	Atlanta	I
Piedmont Columbus Regional	Columbus	III
Tift Regional Medical Center	Macon	II

16 Hospitals

**Cardiac Conditions Initiative
Goal: 28 Hospitals by 2027**

GaPQC Cardiac Initiative Enrollment Form

GaPQC CCOC Enrollment Form.pdf (wsimg.com)

Improvement Advisor

JENNIFER BOLAND

Jennifer.Boland@dph.ga.gov

simpleqi

simpleqi

features   customers   pricing   our team

Looking for a better way to manage your quality improvement work?

SimpleQI's secure cloud-based platform helps you make the most of your time. Stop wrestling with spreadsheets and digging through emails and start driving real improvement.

[Schedule Personalized Tour]   [Create Free Measurement Workspace]
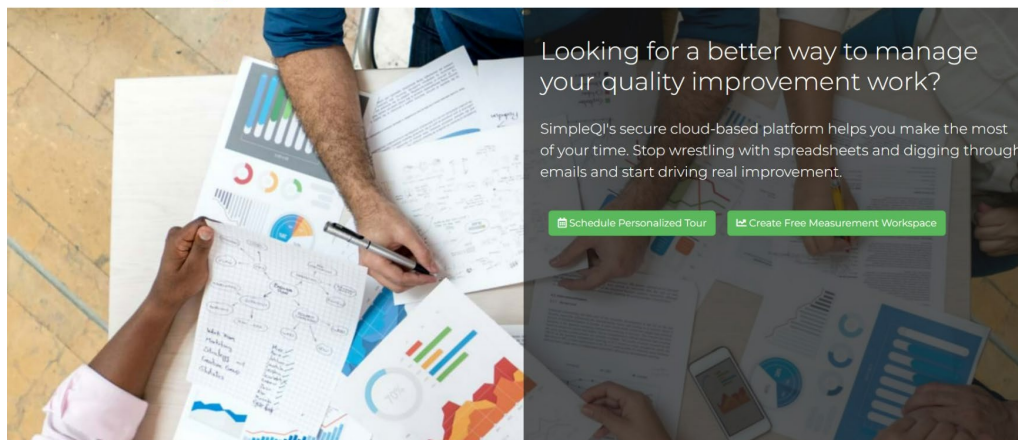
📖 Plan & Measure Improvement

Collaboratively define drivers and change ideas that contribute to your aim. Run PDSA cycles to test your changes and theories, and chart your results.

📈 Streamline Measurement

Prepare, analyze, and visualize data using tools built for the sole purpose of supporting quality improvement projects.

👥 Increase Visibility & Collaboration

View drivers and changes that are leading you toward or away from your goals. Share activities, learnings and experiences across projects to drive engagement and results.

simpleqi

Looking for easy to use tools to help you manage your quality improvement work?

Simple QI's platform enables you to **do more** in **less time** so you can focus on the work of improvement.

Data Collection, Analysis and Visualization
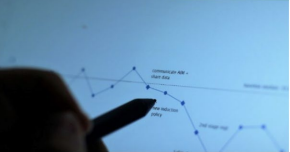
- Customized measure configuration

    - Multiple **measure types**

    - Pre-configured **data collection frequencies** to ensure consistent time periods

    - **Project level measures** - teams use the same configuration

    - Team level **custom measures**

    - Optional **data stratification**. For example race and gender.

Data Collection, Analysis and Visualization

- Baseline **data import** from Excel

- **Custom forms** for measure data collection
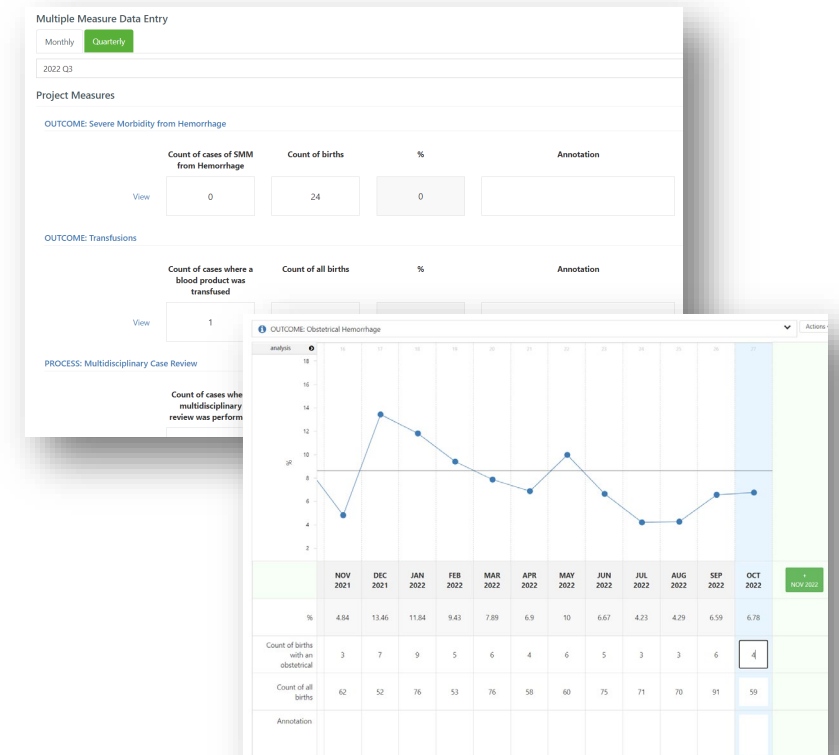
Data Collection, Analysis and Visualization

- **Automatic run-chart creation** and rule detection

- **Median configurations** to adapt to new levels of performance

- **Project level analysis** of measure data- aggregate and small multiples
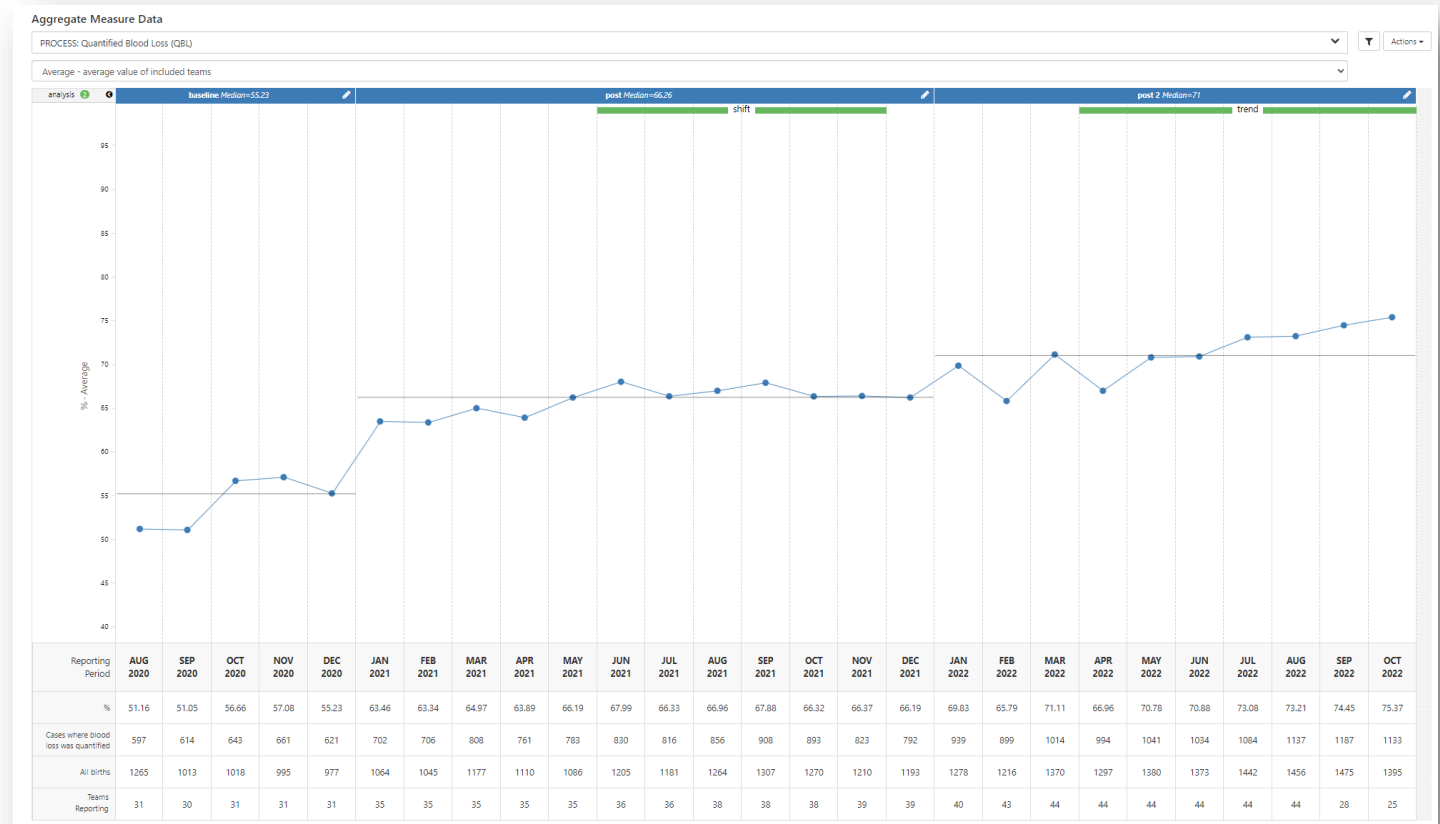
Shared Learning and Collaboration

- **Shared driver diagrams and change package** to enable hospitals to rapidly learn from each other's improvement efforts

- **Collaboration spaces** that provide focused hubs for each change concept

- **Discussion areas** for real-time collaboration and focused communication
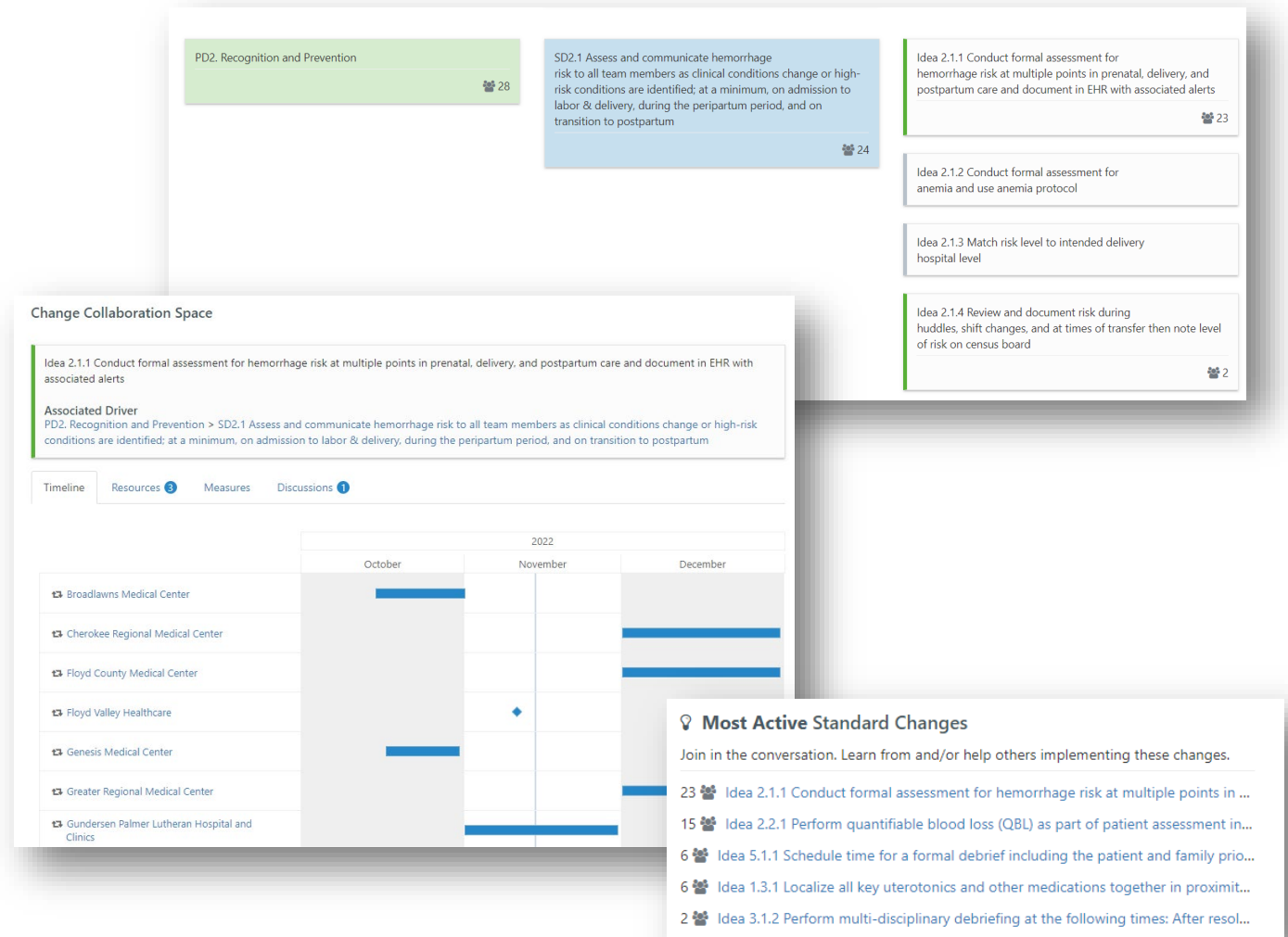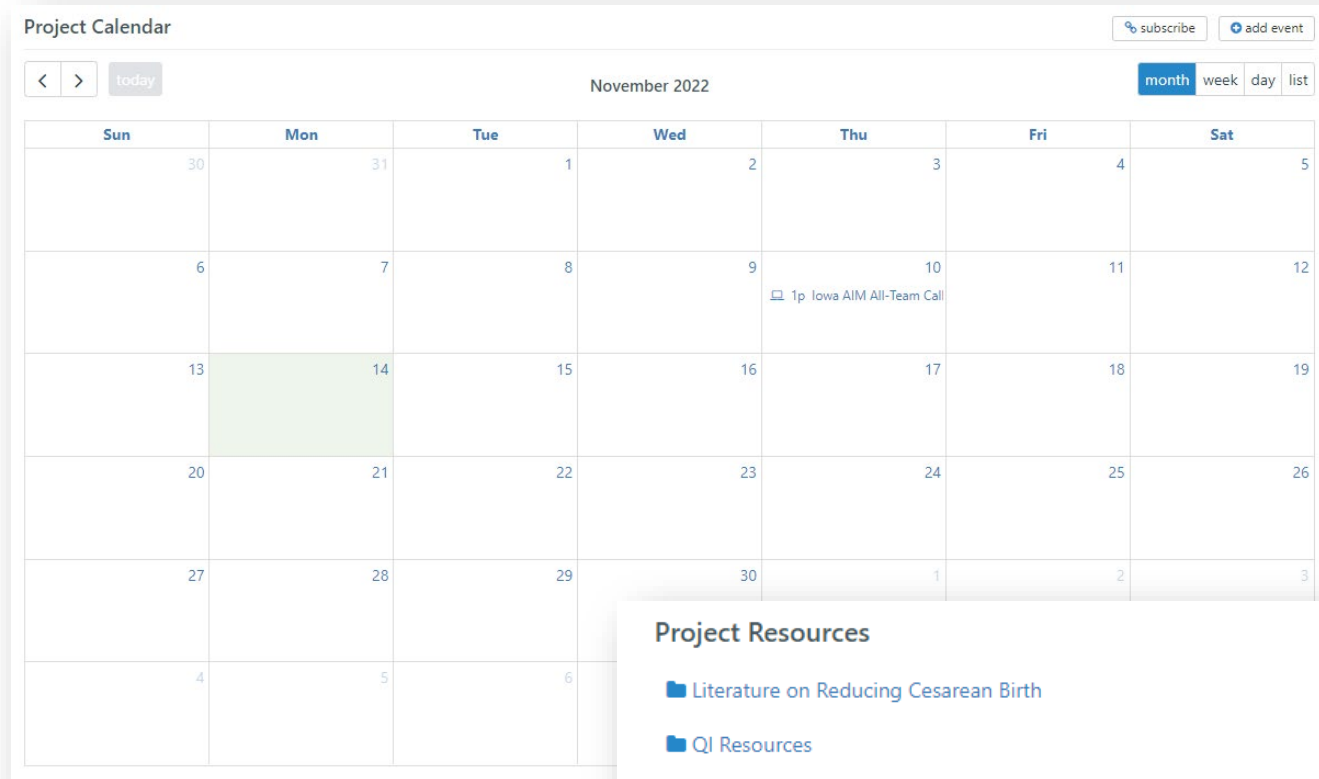
Project Management and Coaching

- **PDSA tracking** and reporting

- Hospital and Coach **monthly reports** with integrated PDSA activity and measure data to support assessment of improvement work
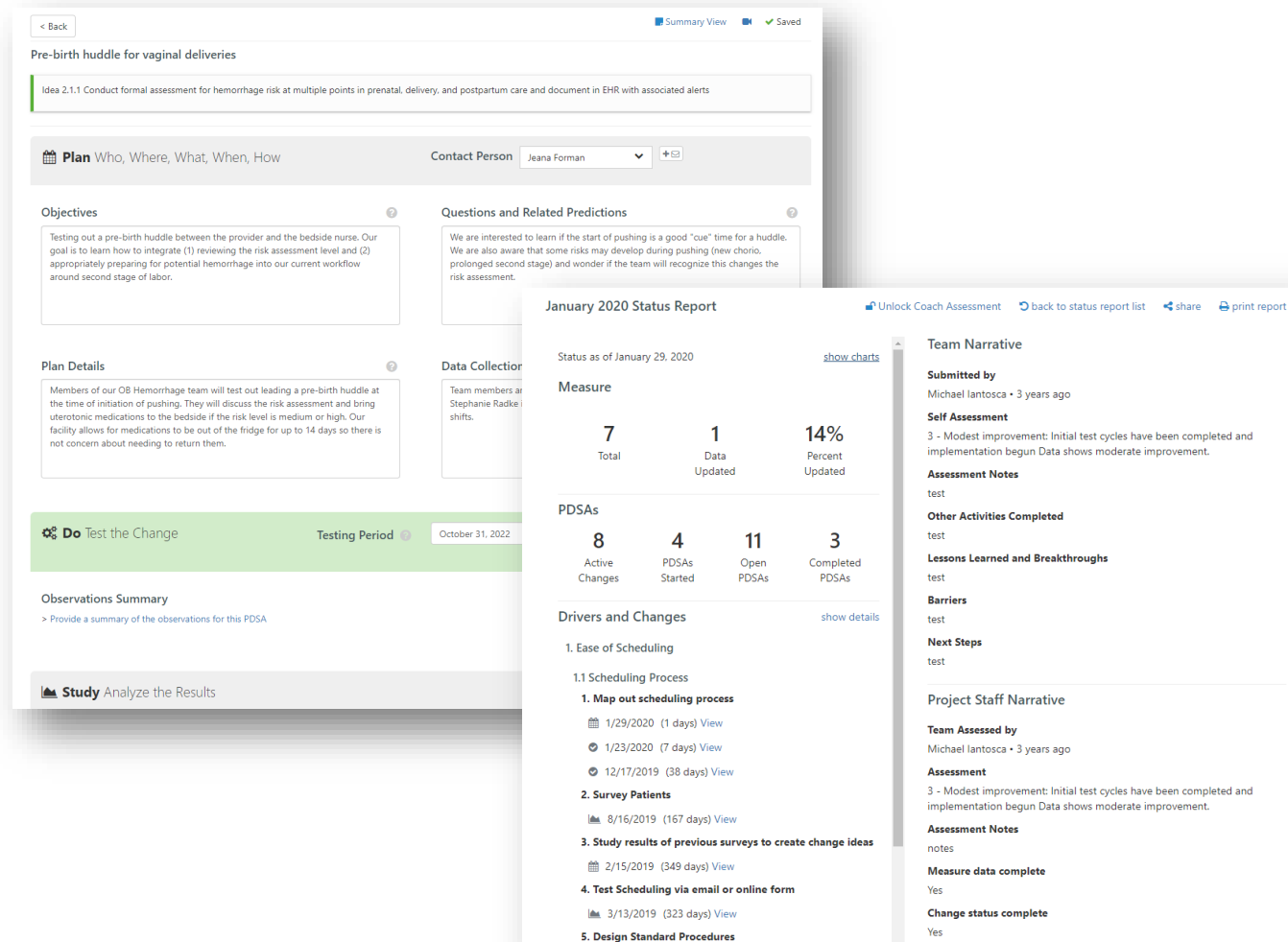
Project Management and Coaching

- **Shared calendar** for meetings, deadlines and milestones

- **File uploads** for project and hospital level resources

Resources and Opportunities

IMPROVEMENT   QUALITY   ADVANCEMENT   CONTINUOUS   SUCCESS   IMPLEMENTATION

675 White Sulphur Road, Building B
Gainesville, GA 30501

Join Us for the Obstetric Patient Safety (OPS) Workshop - 3rd Edition

Hospitals in Georgia,

send your obstetric and emergency department staff
for a comprehensive learning experience.
Don't miss this opportunity to improve patient safety and outcomes. Enhance
your skills in managing obstetric emergencies through simulation and debriefing.

Learning Outcomes:

- Identify high-risk factors for obstetric emergencies.
- Demonstrate effective management of pregnant and postpartum individuals during obstetric emergencies.
- Engage in role-playing simulations with a multidisciplinary team.

Workshop Dates:

June 5	September 18 and 19
July 25	October 24
August 19	December 4 and 5

For Registration and Inquires Contact: Tasha Murchison at Tasha.Murchison@nghs.com

Y1 Annual Assessment Infographic

a visual representation of some key highlights from last year's Assessment. We hope you find this infographic helpful
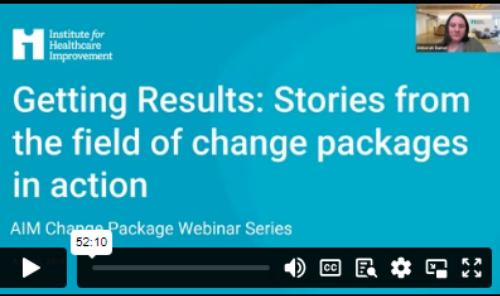
file:///C:/Users/AmStratton1/Downloads/NNPQC-Y1-Annual-Assessment-Infographic%20(2).pdf

Webinar Series: Using Change Packages to Support AIM Bundle Implementation

Georgiapqc.org

GaPQC Updates

Happy New Year to our hospital teams and partners! We hope you all had a wonderful holiday season. We are excited for the new year and look forward to supporting your neonatal and maternal QI efforts in 2024.

An implementation survey has been sent to our maternal teams to assess needs and evaluate progress with bundle implementation. We are hoping to collect survey responses from teams working on GaPQC's maternal initiatives so we can better support you all in 2024. If you haven't completed the survey yet, you may do so HERE. This may help get your team recognized at our Annual GaPQC conference!

GaPQC attended the National Network of Perinatal Quality Collaboratives (NNPQC) meeting in Denver, Colorado Dec 5-6th. The team participated in a poster session focusing on GaPQC's Severe HTN in Pregnancy initiative and also presented on GaPQC's Cardiac Conditions in OB Care (CCOC) initiative during the implementation breakout session.

We are excited to announce the addition of hospitals to our Wave 2 Cohort for the CCOC initiative. Is your team interested in enrolling in the CCOC initiative? If so, you can download and complete the enrollment HERE or visit www.georgiapqc.org/cardiac-conditions to learn more.

Thank you to Atrium Health Floyd and Augusta University Health Medical Center/ Wellstar MCG Health for participating in ONN site visits.

Celebrating the Bright Spots

HOPE For Georgia Moms
Northeast Georgia Medical Center

To implement the CCOC AIM Bundle, Northeast Georgia Medical Center partnered closely with Northeast Georgia Physician Group (NGPG), The Longstreet Clinic (TLC) Obstetrics, The Women's Heart Center at Georgia Heart Institute (GHI) Cardiology, as well as staff from Emergency Medicine, Pharmacy, and Nursing.

A key focus of the CCOC AIM bundle is for providers to recognize the importance of screening pregnant and postpartum women for increased risk of cardiovascular disease (CVD). The IT Department built the CMQCC CVD Risk Assessment into EPIC, which included a standardized order panel for those identified "at risk," and a corresponding Best Practice Alerts (BPA) for both nursing and providers.

As of 1/4/2024, a total of 885 patients have been screened with either paper or EPIC integrated CVD Risk Assessment, which has resulted in 33 patients deemed "at risk" (3.7% positivity rate) and who have received a follow-up referral with The Women's Heart Center. Our next steps include implementing the CVD risk assessment in the systems OB and Primary Care offices, as well as the 9 Urgent Care offices.

SUBMIT YOUR "BRIGHT SPOT" HERE!

Resources

The 2023 March of Dimes Report Card highlights key indicators to describe the current state of maternal and infant health. New this year is the inclusion of maternal mortality, leading causes of infant death, and data describing selected risk factors for preterm birth. View Georgia's report card here.

AHA, AAP Update Neonatal Resuscitation Guidelines

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Maternal Healthcare

The Maternal Mental Health Leadership Alliance (MMHLA) recently released two new fact sheets:

- **Birth Trauma and Maternal Mental Health Fact Sheet**

- **Maternal Mental Health Overview Fact Sheet**

Five Steps To A Maternity Value-Based Payment Demonstration That Advances Racial Equity

Additional Training Opportunity

Foundations of Health Equity Self-Guided Training Plan: This self-guided online training plan is designed to facilitate foundational knowledge and skill development on topics related to health equity, health disparities, and structural and social determinants of health. This contains 13 on-demand trainings that cover 6 health equity-related domains. Learn more here.

Upcoming Events

January 18th from 12-1 pm EST
Reproductive Mental Health ECHO: 10 (plus) Commandments for Perinatal Mental Health. Register here.

January 23th from 3-4 pm EST
The Equity Exchange: A new equity-focused virtual event series hosted by NICHQ's Department of Health Equity and Innovation. Register here.

January 24th from 12:30-1:30 pm EST
EPIC Breastfeeding Education Series: Complementary Nutrition Before Age One: not 'just for fun.' Register here.

January 30th from 12-1 pm EST
PQI Innovation Free Webinar Series: A Narrative Review of the Role of Perinatal Quality Collaboratives in Promoting Birth Racial Equity. Register here.

April 11th & 12th
34th Annual Emory Breastfeeding Conference: In-person at the Emory Conference Center. Registration will open soon!
Pre-Conference Workshop April 10th: Breastfeeding Fundamentals for Health Care Providers.

April 16th - 18th
AMCHP Conference: Partnering with Purpose; Oakland, CA. Register here.

April 14th - 18th
Synova NICU Leadership Conference Sunseeker Resort, Charlotte Harbor, FL. Register here.

April 25th & 26th
GaPQC's Annual Conference will be held at the Emory Conference Center. More info TBA.

Patient/Provider Corner

Welcoming our four new Individuals with Lived Experience!

Quantrilla Ard
Kate Carhart
TaShae Lawrence
Jennifer Mitchell

We look forward to all their expertise & support to GaPQC.

GEORGIA PERINATAL QUALITY COLLABORATIVE

www.georgiapqc.org/cardiac-education

The Role of Maternal Health in Cardiovascular Health

Pregnancy related deaths in the U.S. have risen 140% over the last three decades and cardiovascular disease is the leading cause of death. In this learning module, interdisciplinary experts, guided by the overarching goals to improve women's cardiovascular health and eliminate maternal health disparities, identify, and explain the increased cardiovascular risk and contributing comorbidities that affect pregnant and recently pregnant individuals. These trends disproportionately affect women of color.

Claim CE and ABIM MOC Credit

Register for free learning module. >

[The Role of Cardiovascular Health in Maternal Health | American Heart Association](#)

AIM DATA RESOURCES

Revised SMM Review Form

May 16, 2024 | Severe Maternal Morbidity

VIEW RESOURCE

Revised SMM Review Form: Condition Specific Questions

May 16, 2024 | Severe Maternal Morbidity

VIEW RESOURCE

Revised SMM Review Form: Factors Sheet

May 16, 2024 | Severe Maternal Morbidity

VIEW RESOURCE

Revised SMM Review Form: Guide to SMM Chart Reviews

May 16, 2024 | Severe Maternal Morbidity

VIEW RESOURCE

Revised SMM Review Form: Implementation Resources

May 16, 2024 | Severe Maternal Morbidity

VIEW RESOURCE

https://saferbirth.org/aim-data/resources/

AIM PATIENT SAFETY BUNDLE LEARNING MODULES

Each course features a comprehensive overview of an AIM Patient Safety bundle and its key elements.

AIM PSB LEARNING MODULES — **NEW RESOURCE ALERT!**

AIM Patient Safety Bundle Learning Module: **OBSTETRIC HEMORRHAGE**

AIM PSB LEARNING MODULES — **NEW RESOURCE ALERT!**

AIM Patient Safety Bundle Learning Module: **SEVERE HYPERTENSION IN PREGNANCY**

AIM PSB LEARNING MODULES — **NEW RESOURCE ALERT!**

AIM Patient Safety Bundle Learning Module: **CARDIAC CONDITIONS IN OBSTETRIC CARE**

Course Description

Course

Learning Objectives

Post-Test

Pre-Test

Certificate

https://saferbirth.org/psb-learning-modules

PSB Learning Modules – CME/CE Update

- If a participating hospital does not utilize HealthStream LMS, we are offering free continuing education credits on NurseGrid Learn.

- They will be hosted on here until July 31st, 2024 so share this with your hospitals so they can earn CME/CE credits!

Nursegrid Learn.

Improve maternal health: free patient safety courses

The Alliance for Innovation in Maternal Health (AIM) has created the Patient Safety Bundles, developed by experts, to provide evidence-based guidance on preventing severe complications during pregnancy and postpartum.

Evidence-driven:
Developed by multidisciplinary experts to address leading causes of preventable maternal harm.

Clinically specific:
Tailored to the unique needs of pregnant and postpartum individuals.

Earn free CE:
Nursegrid Learn is making these courses available for for a limited time (through July 31, 2024) to show our support for improving Maternal Health!

Free for a limited time

https://learn.nursegrid.com/
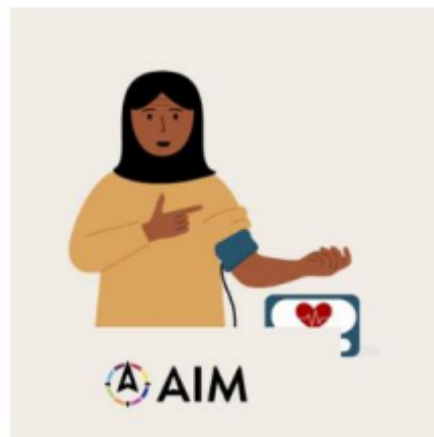
AIM Patient Safety Bundle: Severe Hypertension in Pregnancy
Single Course
Price: FREE

AIM Patient Safety Bundle: Care for Pregnant and Postpartum People with Substance Use Disorder
Single Course
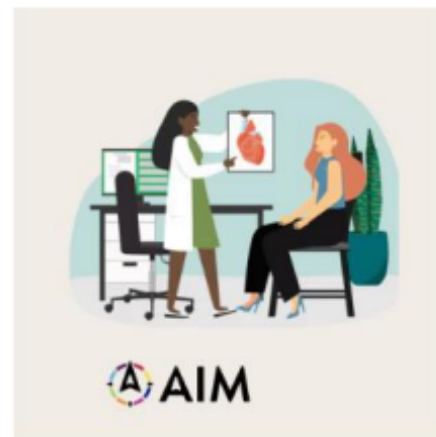
AIM Patient Safety Bundle: Cardiac Conditions in Obstetric Care
Single Course
Price: FREE

AIM OBSTETRIC EMERGENCY READINESS RESOURCE KIT

The AIM Obstetric Emergency Readiness Resource Kit is a collection of best practices to aid in readiness efforts to appropriately care for people experiencing obstetric emergencies in non-obstetric or lower-resources settings. This resource kit may particularly benefit those who do not typically provide obstetric services or encounter obstetric emergencies

https://saferbirth.org/wp-content/uploads/FINAL_AIM_OERRK.pdf

AIM Bundle Components

Readiness

-Unit
-Cardiac Conditions Screen
-Multidisciplinary Care Team
-Resources

Recognition and Prevention

Screening for community support needs and resources provided

Response

-Reproductive Life Planning
-Patient Education

Reporting and Systems Learning

Multidisciplinary Case Review

Respectful Care

Inclusion of the patient as part of the multidisciplinary care team

Key Driver Diagram: Maternal Cardiac Conditions

Interventions

GOAL: To reduce severe morbidity/mortality related to maternal cardiac conditions in Georgia.

SMART AIM: By 02/6/2026, National Wear Red Day, to reduce harm related to existing and pregnancy related cardiac conditions through the 4th trimester by 20%

Key Drivers

Readiness: EVERY UNIT - Implementation of standard processes for optimal care of cardiac conditions in pregnancy and post-partum.

- ❑ Train all obstetric care providers to perform a basic Cardiac Conditions Screen.
- ❑ Establish a protocol for rapid identification of potential pregnancy-related cardiac conditions in all practice settings to which pregnant and postpartum people may present.
- ❑ Develop a patient education plan based on the pregnant and postpartum person's risk of cardiac conditions.
- ❑ Establish a multidisciplinary "Pregnancy Heart Team" or consultants appropriate to their facility's designated Maternal Level of Care to design coordinated clinical pathways for people experiencing cardiac conditions in pregnancy and the postpartum period. S1
- ❑ Establish coordination of appropriate consultation, co-management and/or transfer to appropriate level of maternal or newborn care.
- ❑ Develop trauma-informed protocols and training to address health care team member biases to enhance quality of care
- ❑ Develop and maintain a set of referral resources and communication pathways between obstetric providers, community-based organizations, and state and public health agencies to enhance quality of care. *

Recognition & Prevention: EVERY PATIENT - Screening and early diagnosis of cardiac conditions in pregnancy and post-partum.

- ❑ Obtain a focused pregnancy and cardiac history in all care settings, including emergency department, urgent care, and primary care.
- ❑ In all care environments assess and document if a patient presenting is pregnant or has been pregnant within the past year. S2
- ❑ Assess if escalating warning signs for an imminent cardiac event are present.
- ❑ Utilize standardized cardiac risk assessment tools to identify and stratify risk.
- ❑ Conduct a risk-appropriate work-up for cardiac conditions to establish diagnosis and implement the initial management plan.

Response: EVERY UNIT - Care management for every pregnant or postpartum woman with cardiac conditions in pregnancy and post-partum.

- ❑ Facility-wide standard protocols with checklists and escalation policies for management of cardiac symptoms.
- ❑ Facility-wide standard protocols with checklists and escalation policies for management of people with known or suspected cardiac conditions.
- ❑ Coordinate transitions of care including the discharge from the birthing facility to home and transition from postpartum care to ongoing primary and specialty care.
- ❑ Offer reproductive life planning discussions and resources, including access to a full range of contraceptive options in accordance with safe therapeutic regimens. *
- ❑ Provide patient education focused on general life-threatening postpartum complications and early warning signs, including instructions of who to notify if they have concerns, and time and date of a scheduled postpartum visit. S3

Reporting/System Learning: EVERY UNIT - Foster a culture of safety and improvement for care of women with cardiac conditions in pregnancy and post-partum.

- ❑ For pregnant and postpartum people at high risk for a cardiac event, establish a culture of multidisciplinary planning, admission huddles and post-event debriefs.
- ❑ Perform multidisciplinary reviews of serious complications (e.g. ICU admissions for other than observation) to identify systems issues. S4
- ❑ Monitor outcomes and process data related to cardiac conditions, with disaggregation by race and ethnicity due to known disparities in rates of cardiac conditions experienced by Black and Indigenous pregnant and postpartum people. Process Measures – 1-5

Respectful, Equitable, and Supportive Care — EVERY UNIT/PROVIDER/TEAM MEMBER - Inclusion of the patient as part of the multidisciplinary care team.

- ❑ Screen for structural and social drivers of health that might impact clinical recommendations or treatment plans and provide linkage to resources that align with the pregnant or postpartum person's health literacy, cultural needs, and language proficiency.
- ❑ Engage in open, transparent, and empathetic communication with pregnant and postpartum people and their identified support network to understand diagnoses, options, and treatment plans.
- ❑ Include each pregnant or postpartum person and their identified support network as respected members of and contributors to the multidisciplinary care team. *S5

Ga PQC
GEORGIA PERINATAL QUALITY COLLABORATIVE

Stephanie Radke, MD, MPH
Clinical Associate Professor of Obstetrics and Gynecology
University of Iowa

QI:
Back to the Basics

Stephanie Radke, MD, MPH

June 4, 2024

Support acknowledgement:
HRSA State Maternal Health Innovation Program &
ACOG Alliance for Innovation on Maternal Health Program

Agenda

- Chartering
- Data
- PDSA cycles
- Taking action

Similarities between our states
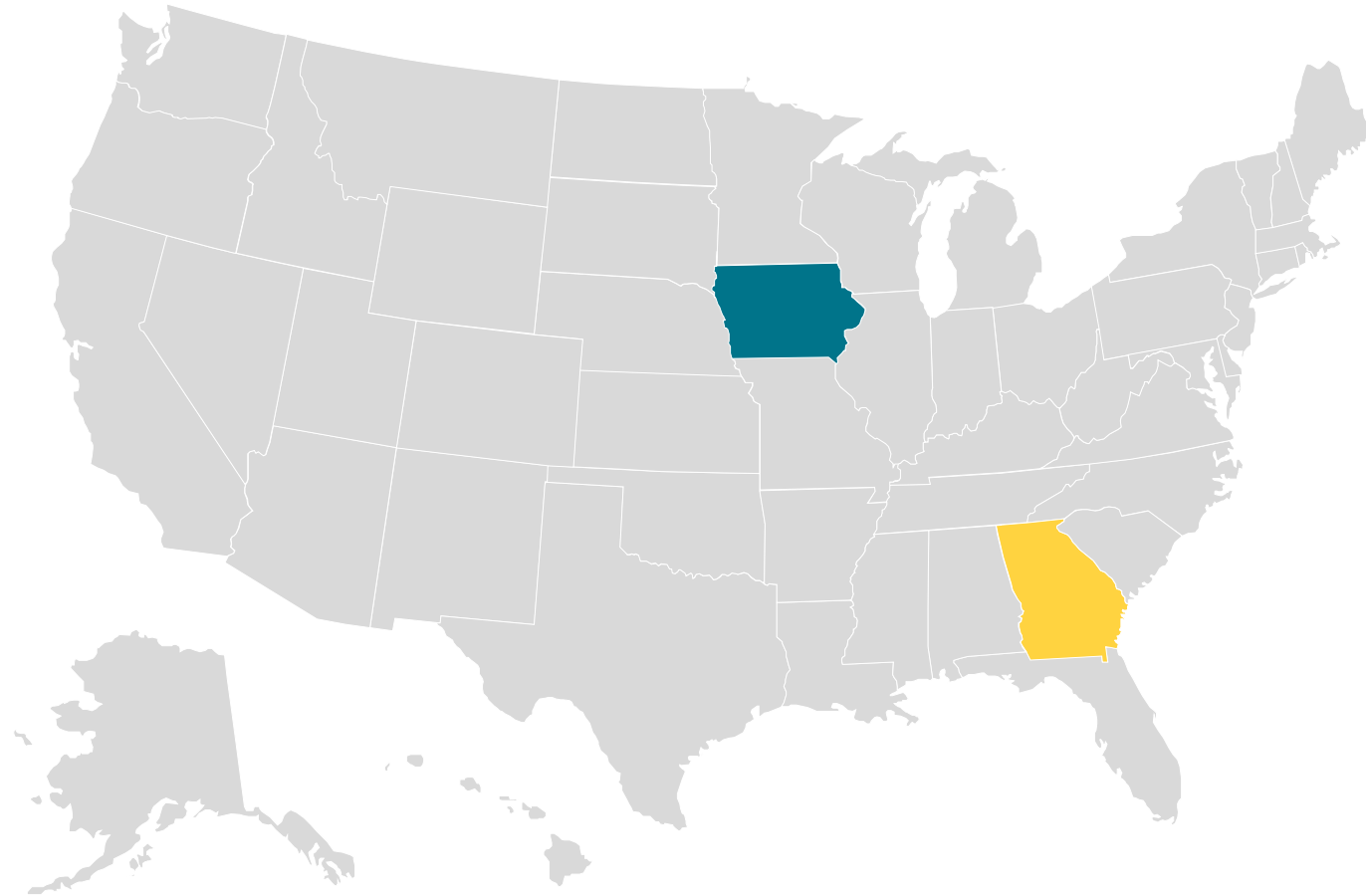
About Iowa
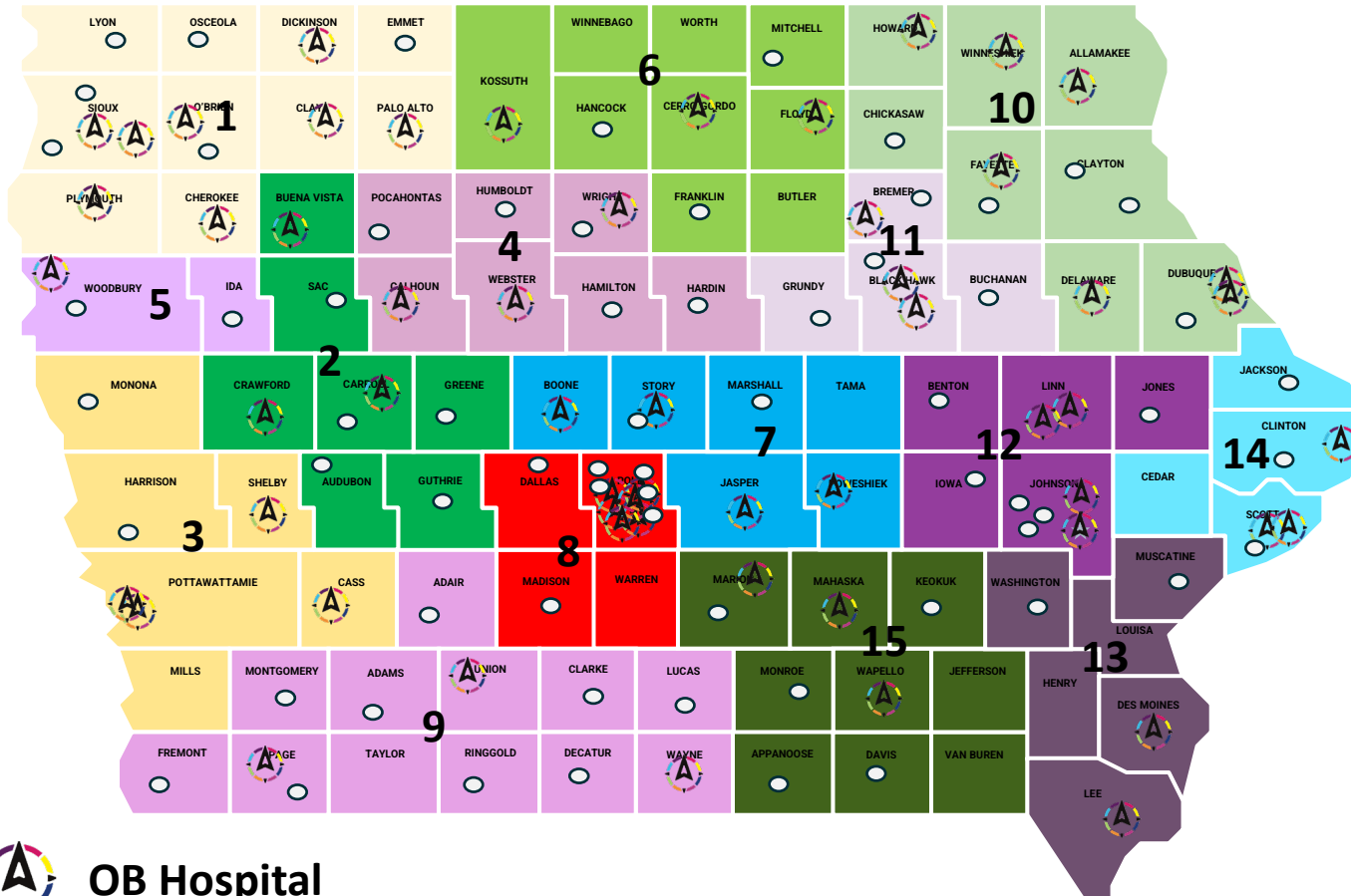
- Total population 3.2 million
- 34,500 births in 2022
- 56 hospitals with OB services
  - 55% of births occur in Iowa's 10 hospitals with >1000 annual births
  - 25% of births occur in hospitals with 500-1000 annual births
  - 6.5% of births occur in hospitals with 250-500 annual births
  - **11% of births occur in the 25 Iowa hospitals with <250 annual births**

Chartering (Project Planning)

What are we doing here?

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Diffusion of Innovation
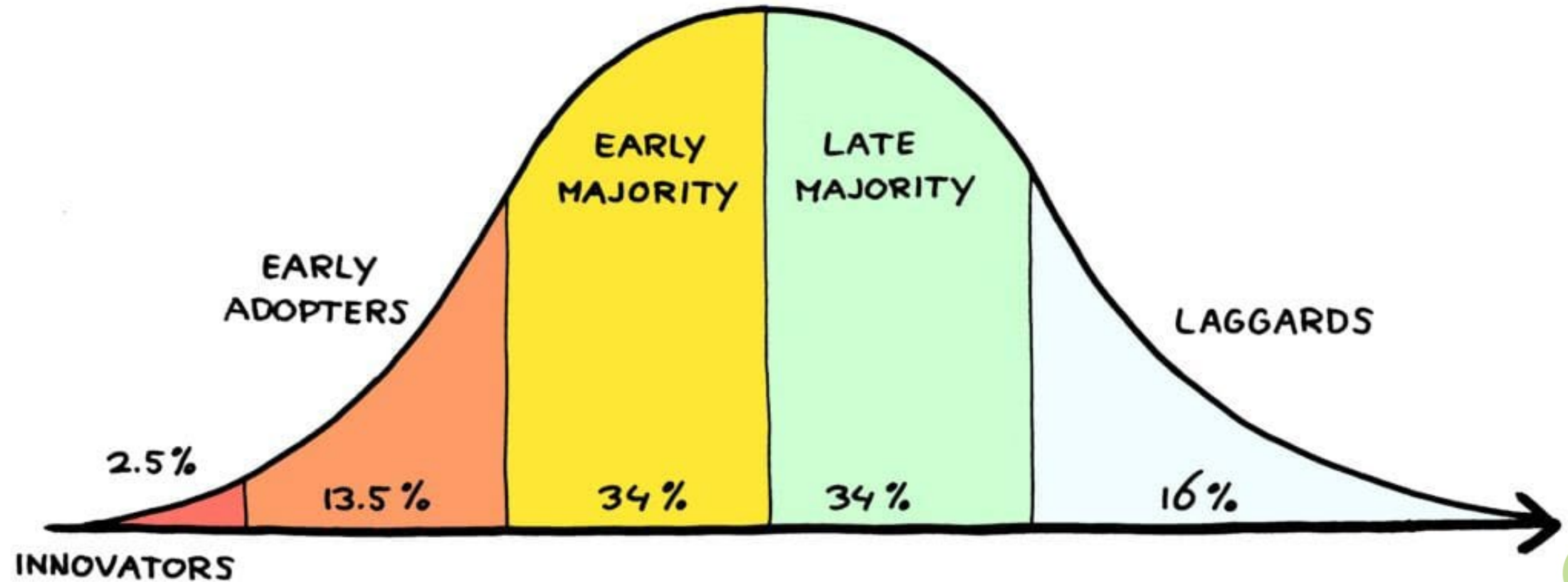
A good improvement can fail with poor implementation…

- Failure to address concerns of the "late majority" may cause resistance

- Failure to test the change prior to full implementation may lead to unanticipated challenges…
  - How will this work in our context?
  - How will our team use this tool?
  - How will this change integrate into the routine on our unit?
  - How will this work at 4pm on Thursday and at 2am on Sunday?

- If people experience challenges when a new approach is introduced, they are less likely to adopt the practice

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The Model for Improvement
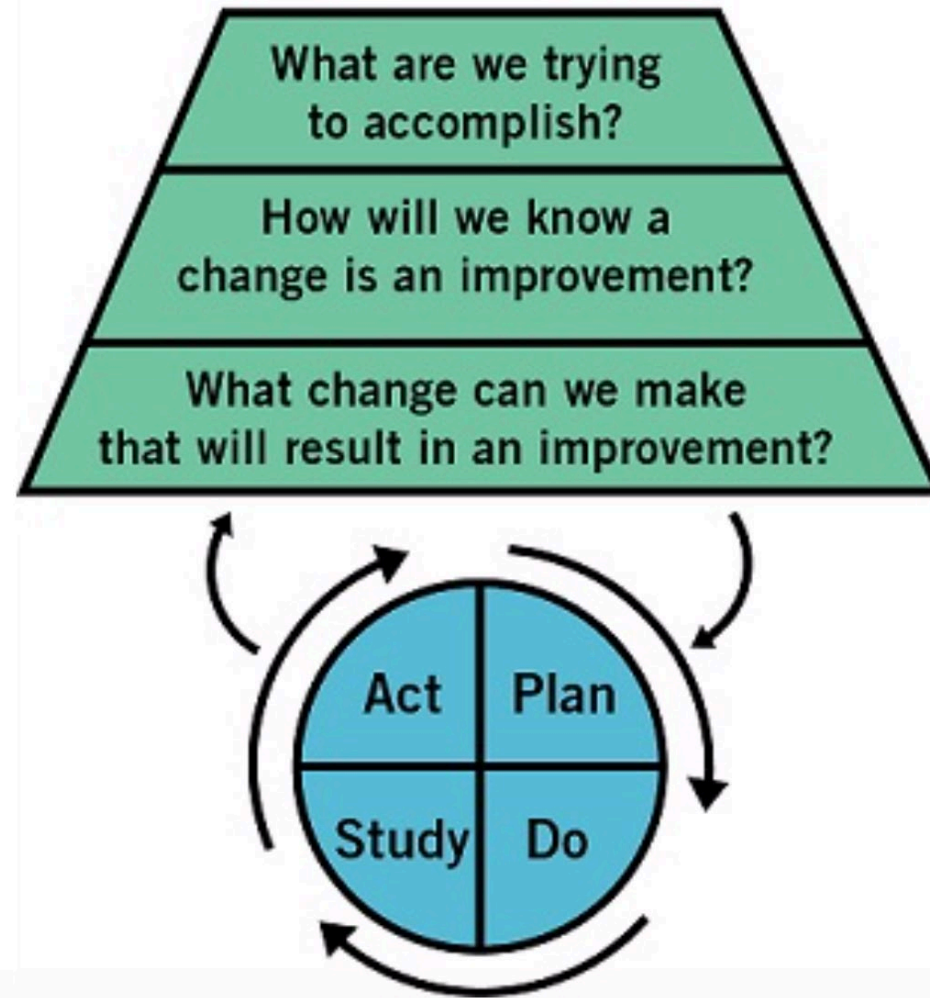
1. What is the problem? What is our goal?
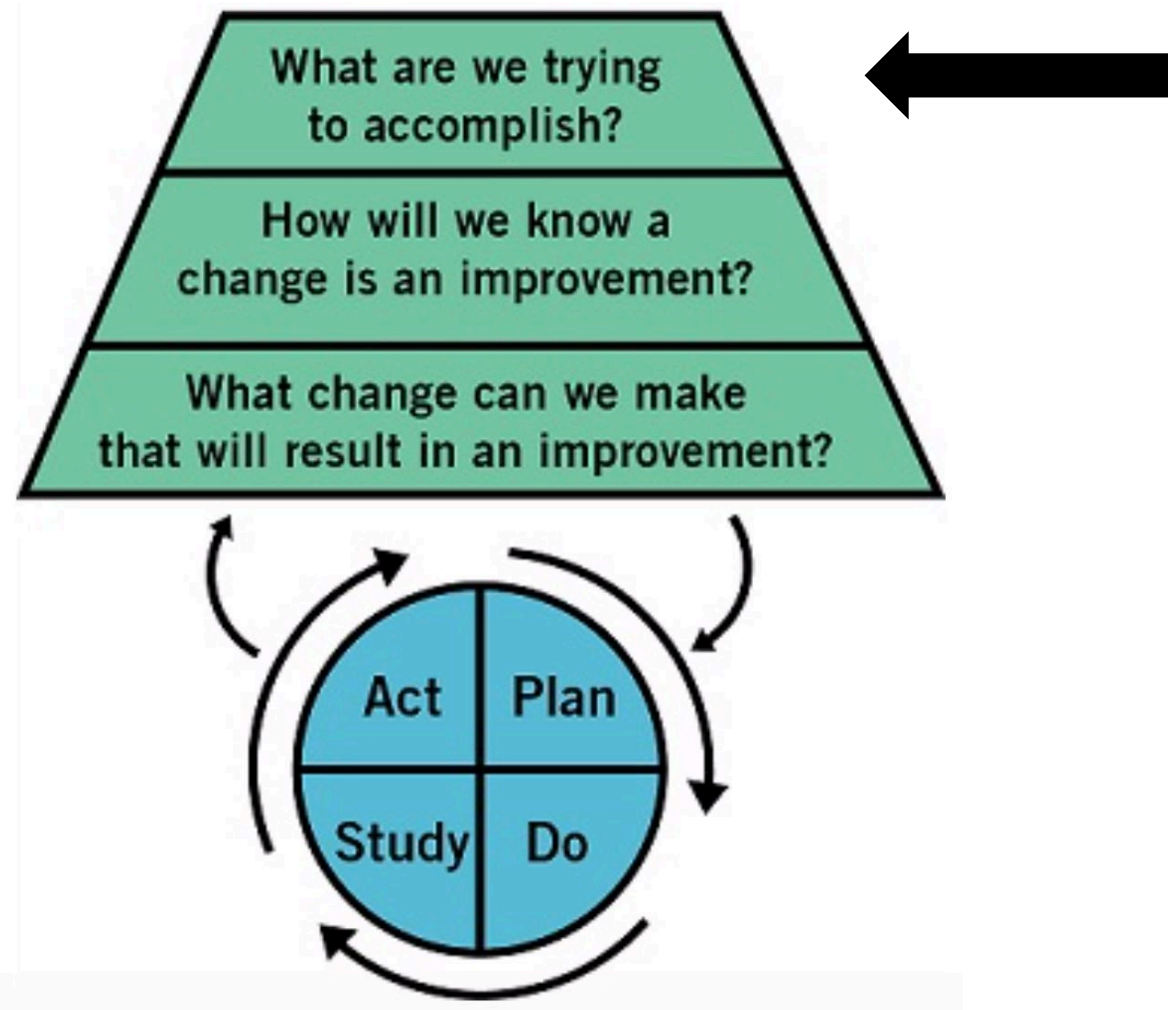
Problem Statements

- A **problem statement** is a concise description of an issue to be addressed or a condition to be improved upon. It identifies the gap between the current (problem) state and desired (goal) state of a process or product.
  - Draw upon the past (historical performance or an adverse event)
  - Should create a sense of urgency for the work to be done
  - Builds will among clinical team to change

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Aim Statements

- Statement of **what** you're trying to improve, for **whom**, and by **when**.

- Important to consider equity.

- Goal may be based on historical performance, national targets, or other standards of care.

- Realistic goals may be 10-20% improvement.

- Creates boundaries for your project (what is in scope vs out of scope).

S	SPECIFIC	Your goal is direct, detailed, and meaningful.
M	MEASURABLE	Your goal is quantifiable to track progress or success.
A	ATTAINABLE	Your goal is realistic and you have the tools and/or resources to attain it.
R	RELEVANT	Your goal aligns with your company mission.
T	TIME-BASED	Your goal has a deadline.
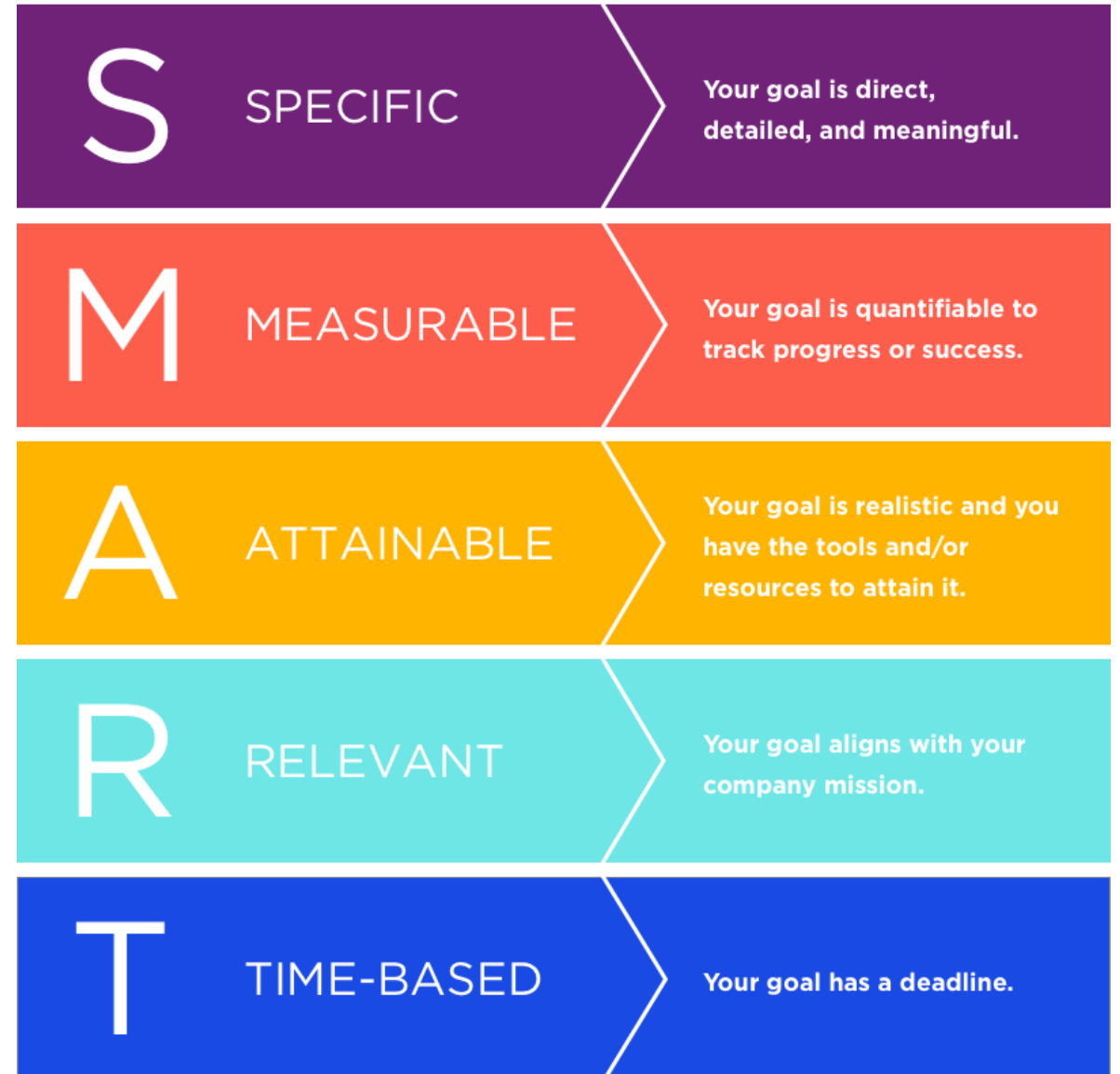
Charters

- Charters are templated documents that outline the plan for a QI project:
  - Problem and aim statements
  - Data to be collected
  - Team members and roles, including your leadership sponsor
  - Timeline and key milestones
  - Define the project scope

- Projects without charters can languish and are vulnerable to scope creep

- Your facility may have a project charter template (or one is available from IHI)

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2. How will we know if we improved or met our goal?
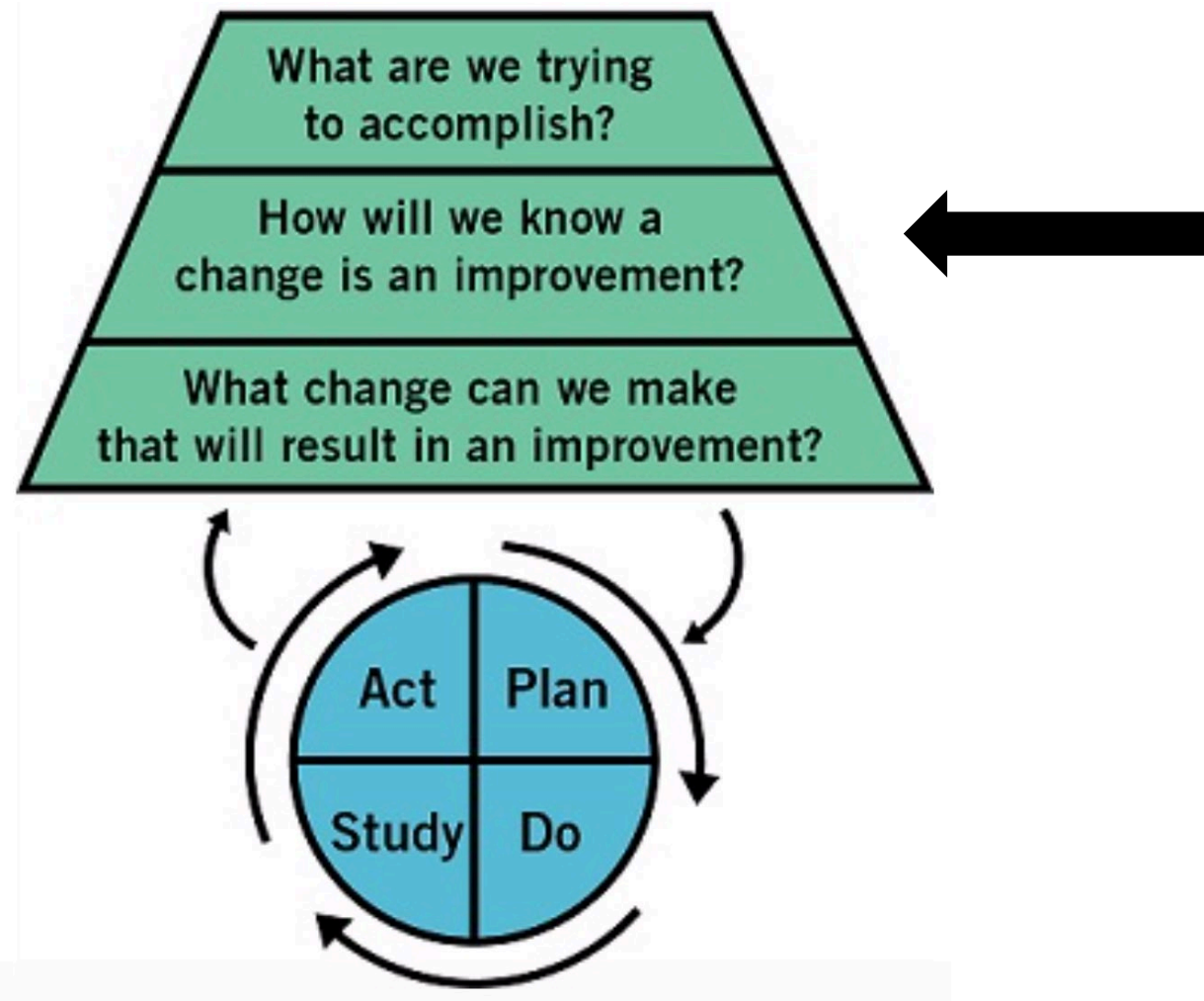
Data

Taking a Goldilocks approach

IMQCC

Measurements for Improvement

Outcome
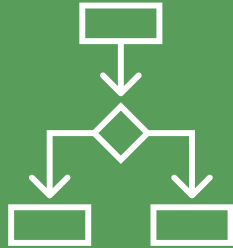
Process

Balancing

Structure

Outcome
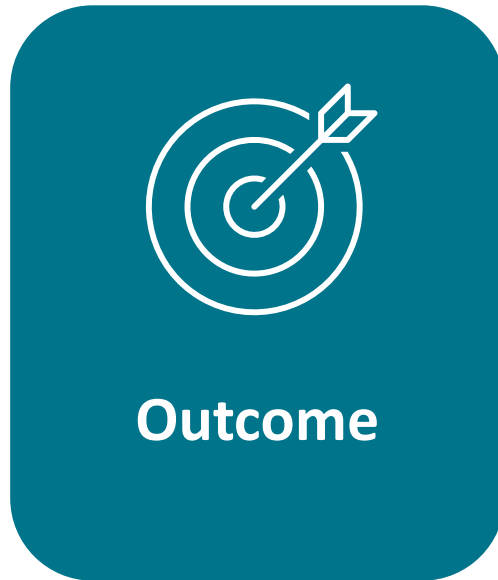
Outcome

Clinical outcomes of interest

- Cesarean birth rate or NTSV Cesarean rate
- Obstetrical hemorrhage rate
- Severe maternal morbidity rate
- Breastfeeding rates
- Term NICU admission rate

IMQCC
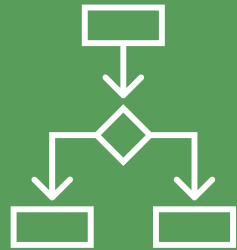
Process

Process

Measure of the quality of care

(does our care align with evidence-based guidelines?)

- Portion of Cesarean births for labor dystocia that align with ACOG/SMFM guidelines
- Portion of patients where PPH risk assessment is performed
- Portion of patients who receive correct postpartum VTE prophylaxis
- Portion of patients eligible for 81mg aspirin who receive prescription

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Balancing

Balancing

Outcome at risk to worsen due to improvement efforts

- Term NICU admissions, 3rd/4th degree lacerations, chorio if working on reducing CS rates
- Wound complications if addressing postpartum VTE by increasing portion of population who receives Lovenox
- Infant re-admission rates if working on exclusive breastfeeding

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Structure

Structure

Measure of system & structural factors that support high quality care

- Unit policies and guidelines in alignment with best practice

- Clinical decision supports within the EHR

- Staff and provider education and trainings (simulation)

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Donobedian Model:
Structure drives Process which drives Outcomes
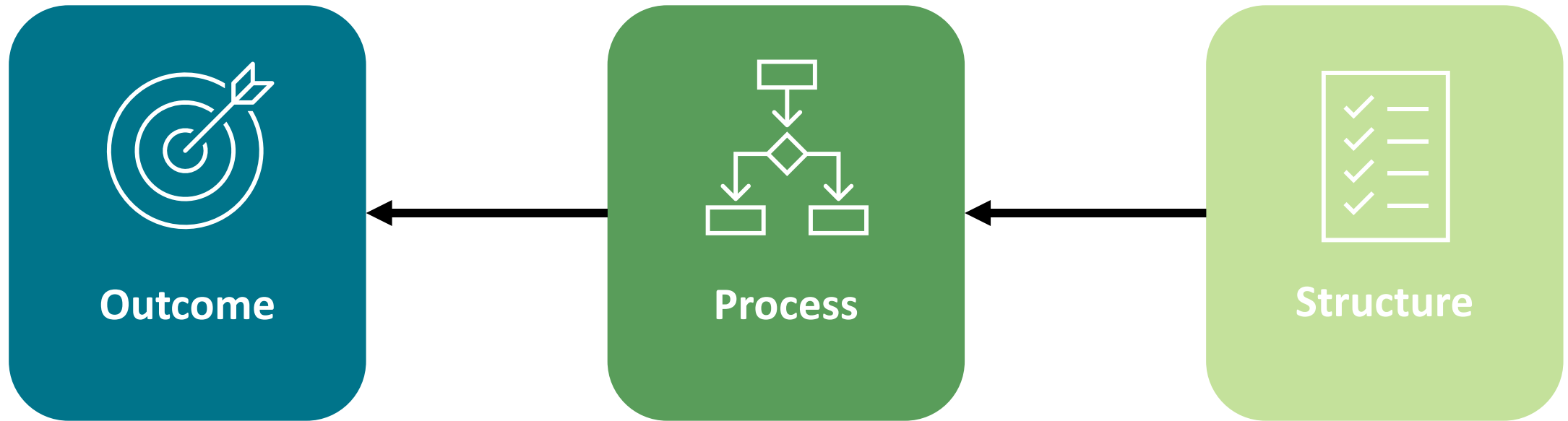
Common challenges with QI data

- Delays in obtaining a report
  - Full population data is NOT needed for QI, need just enough data (Goldilocks) to understand opportunities for improvement
  - Suggestion: use a sampling strategy if hand abstraction is needed

- Lack of time to collect and review data
  - Suggestion: incorporate QI data collection into clinical care
  - Suggestion 2: review just one case in-depth for learning

- Attempting improvement work "blind" without data will set you up to fail as you will not know what is really happening in practice in your facility. Data collection and reporting should not be a time-intensive process if you have a good system and are collecting "just enough" data

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3. What do we think we should do differently?

Langley, et al, The Improvement Guide, 2009
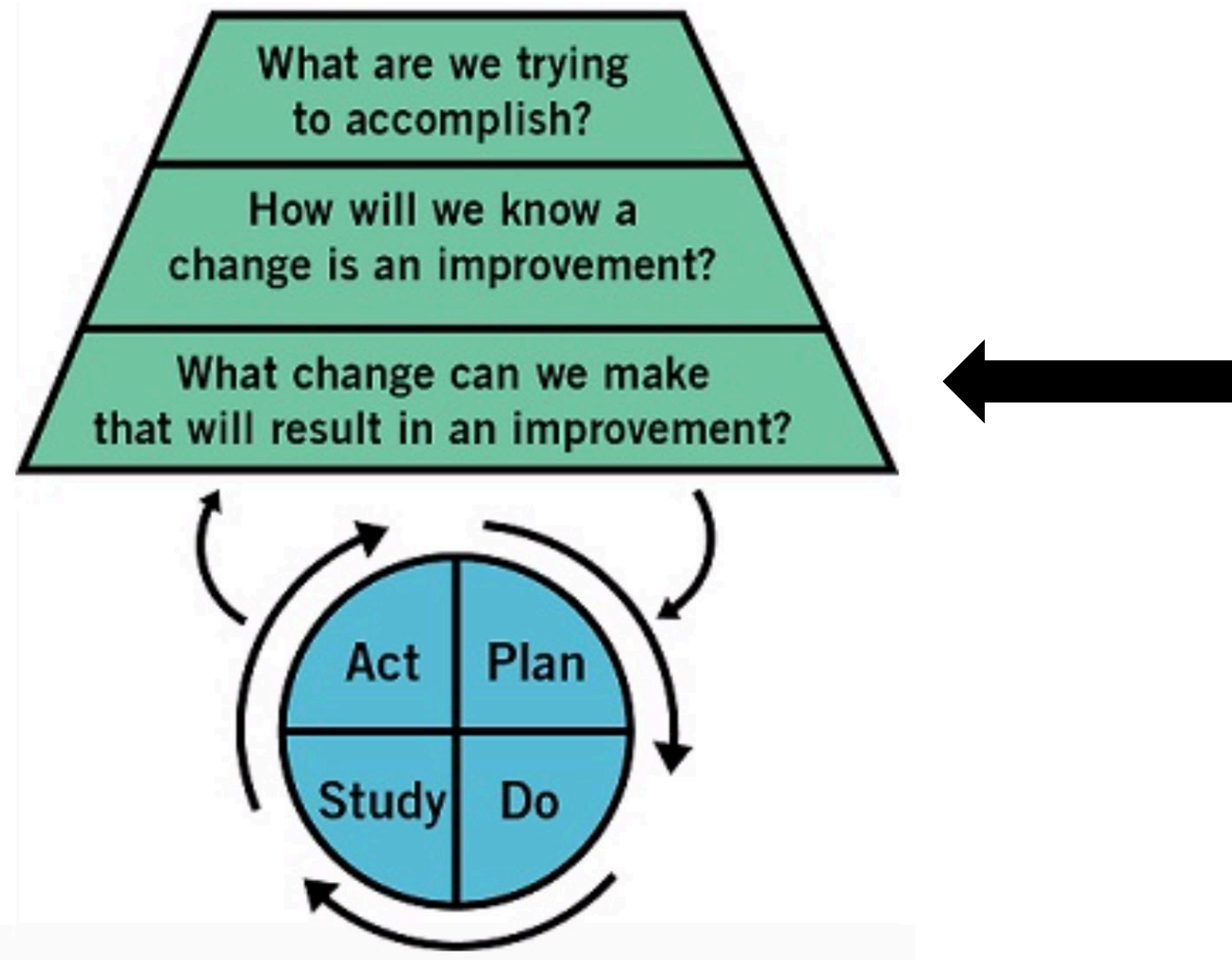
Change Ideas

- Societal guidelines (AIM)
- Medical literature
- Personal experience
- Innovation
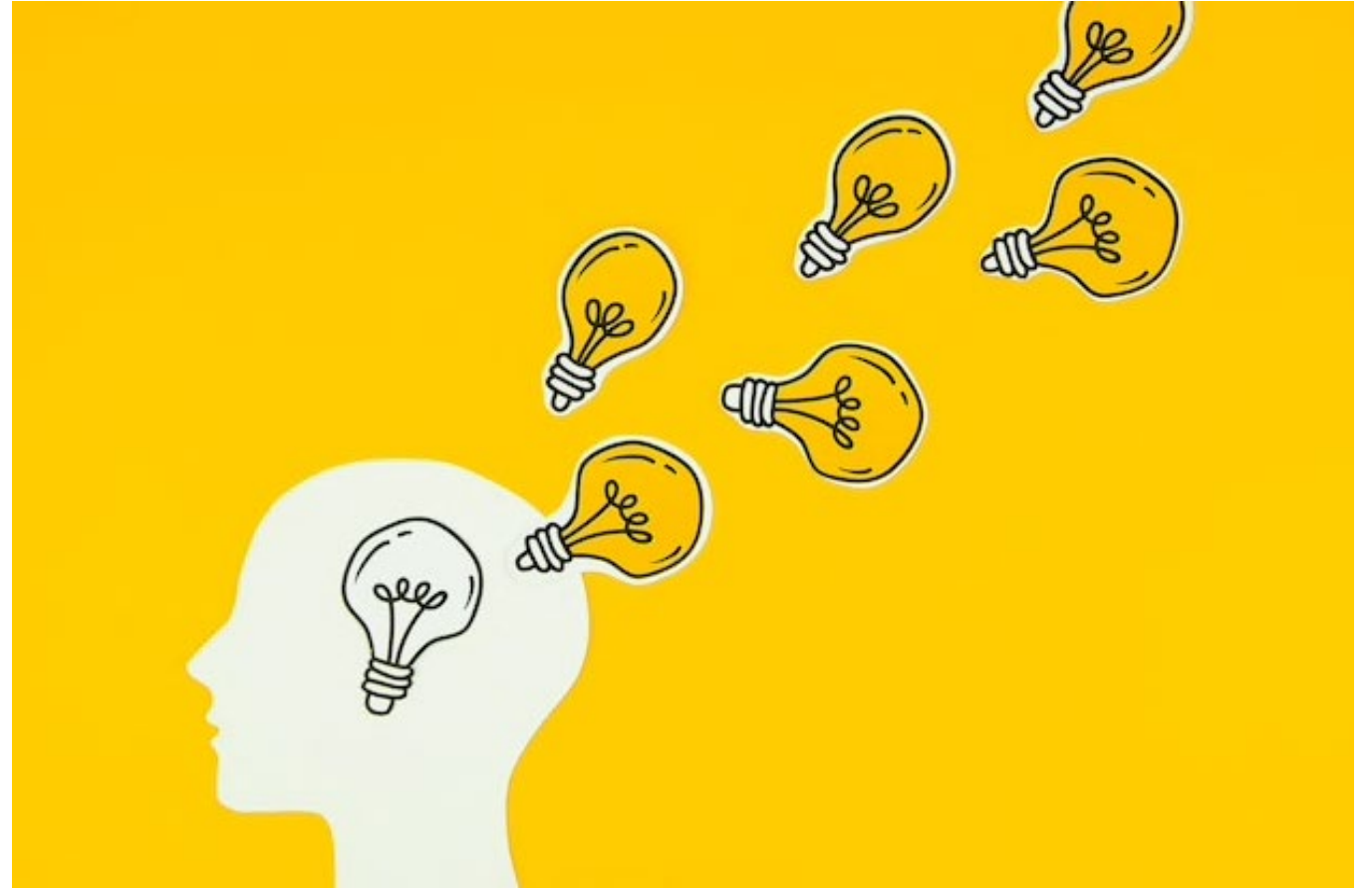
4. Testing our idea
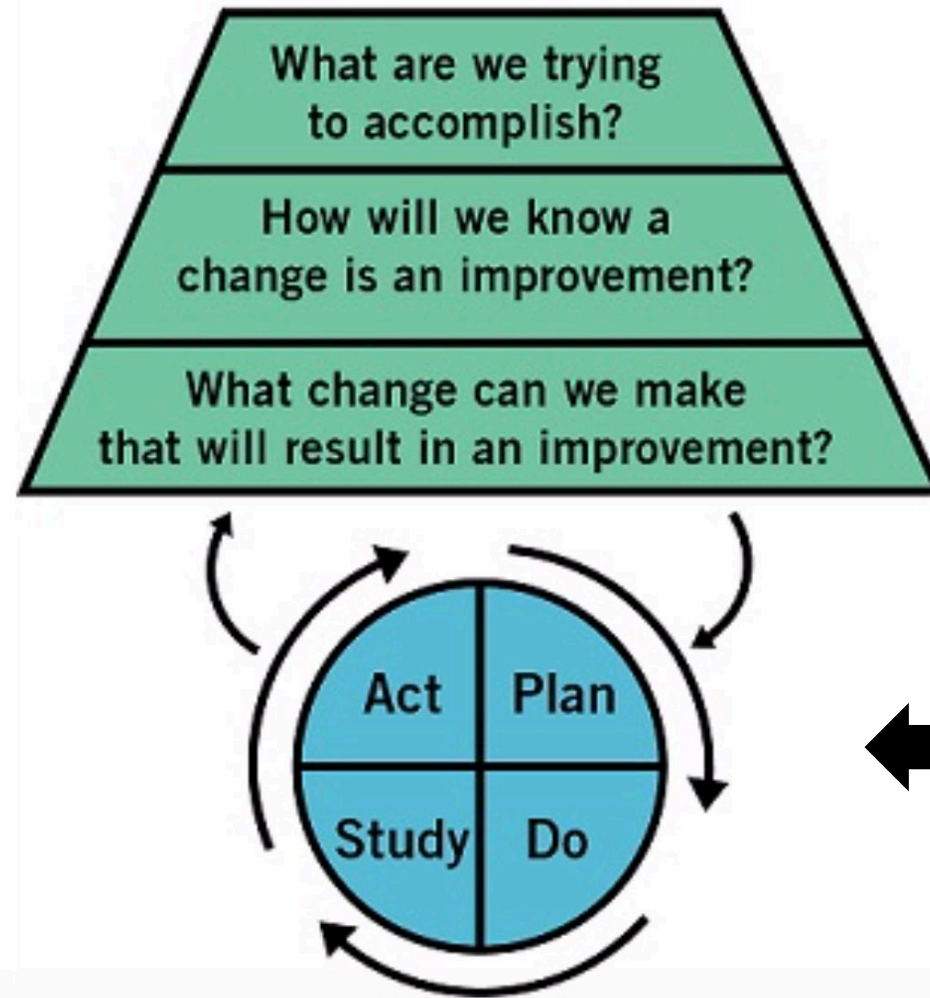
PDSA Cycles

De-mystifying QI jargon

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Plan-Do-Study-Act cycles (PDSA)

The purpose of the PDSA method is to learn as quickly as possible how an intervention works in a particular setting and to adjust accordingly to increase the chances of achieving and sustaining the desired improvement.

PDSA methodology may allow teams to reach their QI goals more efficiently or reach QI goals that otherwise they would not have achieved.

Testing prior to implementation can avoid costly errors or oversights if a new process is not well designed for the system.

Reed JE, Card AJ. The problem with Plan-Do-Study-Act cycles. *BMJ Quality & Safety* 2016;**25**:147-152.

What are common uses of PDSA?

The Improvement Guide cites the 3 most common reasons for a PDSA are:

- To build knowledge to help answer one of the three questions
- To test a change
- To implement a change
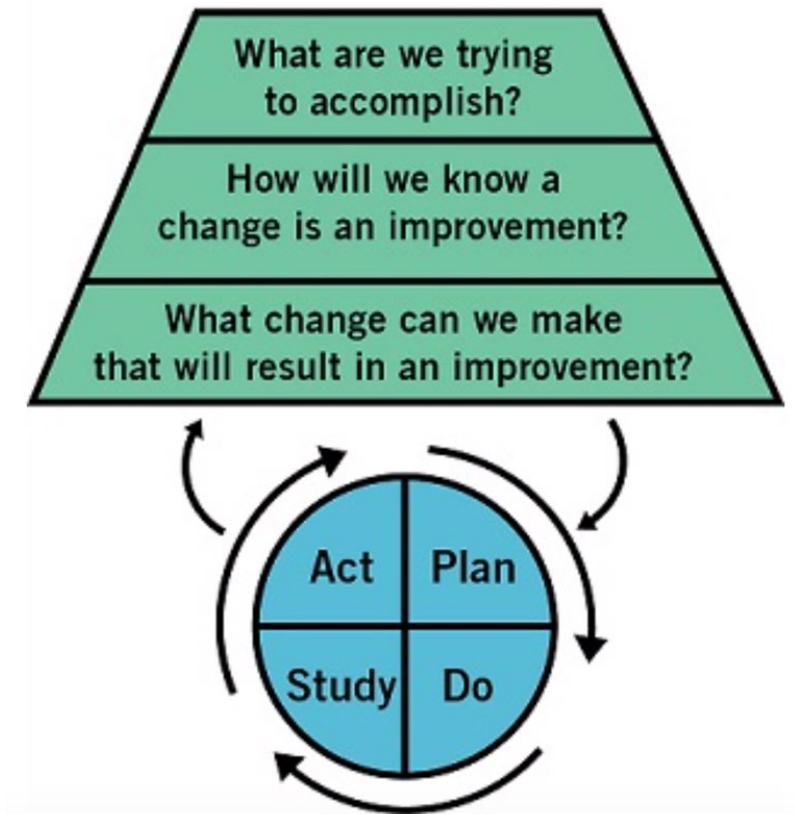
Cutting the jargon... a PDSA is a pilot

- Testing changes for improvement is really just piloting a new idea and gathering feedback

- Use the feedback to refine your process then test again

- Repeat until you've determined a good process for your team and facility

- Implement once you're confident in the change

Act: what's next? adapt, adopt, abandon

Develop a plan for the next test, incorporating what you have learned.

Plan: Who, what, when, where?

Make predictions about what you *think* will happen.

Study: compare outcome to what you expected. Summarize findings

Sometimes called "check" (PDCA)

Compare your outcomes to your prediction. What was learned? What was a surprise?

Do: carry out the plan, note any problems or unexpected outcomes

Record what occurred

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Predictions in the plan

- Why do we make predictions as part of the PDSA planning process?
  - Clarify the *why* behind the change
  - Ensure the team is on the same page as to purpose of the test
  - Improve the plan
  - Enhance learning (compare results to predictions)

What can you test with a PDSA?

- Gain knowledge (current performance)
  - Predict current performance for timely treatment of severe HTN and test your theory by reviewing past data

- Gain knowledge (limitations of your system)
  - Simulation of a patient with severe HTN presenting and measuring time for each step leading to treatment

- Test a change (new tool)
  - Ask 1 nurse to test out a data collection tool to assess patients for aspirin eligibility and have her provide feedback on integrating the tool into the admission process

- Test a change (individual metrics)
  - Disseminate provider and nurse "report cards" with individual performance metrics and collect information on how this was perceived, if it impacted attitudes/beliefs about new practices

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Determining scale of testing

Team's assessment of current situation: **Organizational Commitment:**

Improvement Potential	Cost of Failure	Adopters: No Commitment	Adopters: Some Commitment	Adopters: Strong Commitment
Low degree of belief that the change idea will lead to improvement	Large cost of failure	Very small-scale test	Very small-scale test	Very small-scale test
	Small cost of failure	Very small-scale test	Very small-scale test	Small-scale test
High degree of belief that the change idea will lead to improvement	Large cost of failure	Very small-scale test	Small-scale test	Large-scale test
	Small cost of failure	Small-scale test	Large-scale test	**Implement**

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Repeated Use of PDSA Cycles

IMPLEMENT

Scale up in providers: Resistant provider tests with 1 patient

Scale up in volume: Second provider added to testing, test for 5 consecutive patients

Champion provider tests with next patient

IDEA

Try QBL in the OR with champion provider with 1 patient
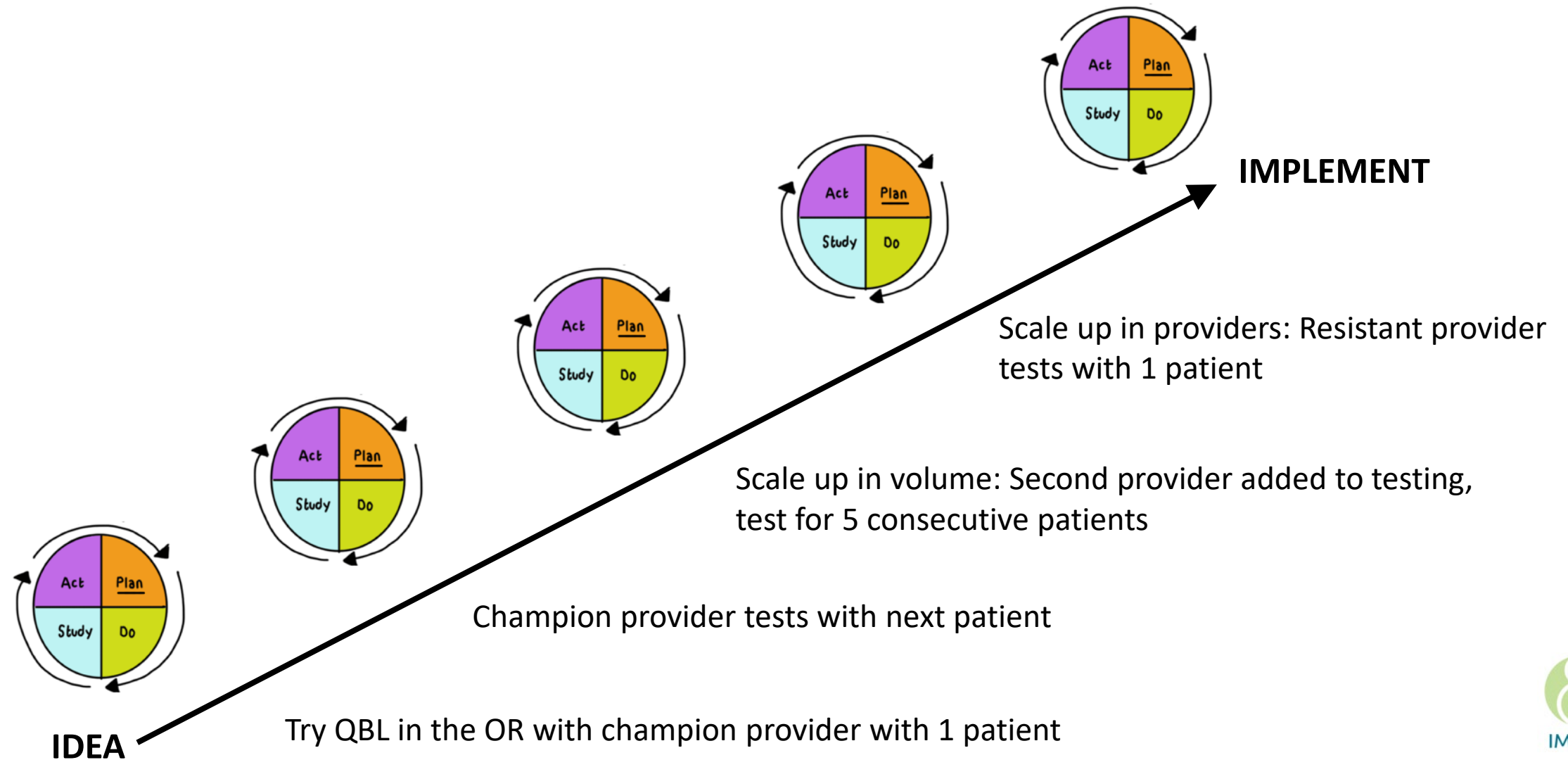
Taking action

Something is better than nothing

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Overcoming overwhelm

Treat the AIM bundle as a menu, not a to-do list

- Identify what changes will be most high-impact AND are feasible for your facility
  - You are not expected to implement every change idea immediately or ever
  - Focus on key changes that will improve care
- Start with an easy win to build interest and momentum

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Engage a team

- Many hands make light work

- Who can help?
  - Nurses going through an educational program
  - Healthcare students needing a project
  - Frontline nurses you want to develop for leadership
  - A physician or other provider champion who is passionate about the topic

- What can they do?
  - Review those 10 charts per month in your sampling strategy
  - Develop a staff education presentation
  - Form your testing team to try out a new practice before you implement it
  - Speak to peers to build interest in the improvement work (lower resistance to change)

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What to do next?

- Step back and make or revisit your plan
  - If you have a project charter, revisit it. If not, could you create a brief one?

- What is most important to accomplish?
  - Outline your priorities for this improvement project
  - Identify a small win you could accomplish relatively quickly (could you test one new practice with one patient?)

- Develop an action plan
  - Break goals down into manageable steps
  - Delegate tasks, if able
  - Consider what will take longer (need to start sooner)
  - 30/60/90 day action plans are a good tool to organize your tasks

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Thank You!

Questions?

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