Supporting Families. Strengthening Communities.

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Continuous Quality Improvement Plan

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The West Virginia Continuous Quality Improvement (WVCQI) Plan will serve as an integral element reflecting the commitment of the West Virginia Home Visitation Program (WVHVP) to continuously improve the quality of its Maternal, Infant and Early Childhood Home Visiting (MIECHV) grantees. The WVCQI Plan incorporates three key actions to build a culture of quality. The following actions will be followed:

- Data will be shared with everyone from the state level to the home visitor level; shared data will assist with the goal of building a culture of quality with all WVHVP activities. Data shared will be meaningful and reflective of the work home visitors are doing with families served and also embedded in federally mandated benchmarks.
- Shared data will be transparent in that it will show both areas to celebrate and reflect on resolutions to identified changes. The purpose of every tier of the WVCQI Plan is to both celebrate victories and recognize challenges.
- A culture of quality that ensures everyone is involved in the effort. The WVCQI Plan provides the means in which home visitors can receive important data on a regular basis. WVHVP Stakeholders will determine areas of improvement while the local level will be charged with creating solutions. West Virginia will strive to ensure each level of CQI efforts include attitude, transparency, data and commitment. Each of the efforts is described in detail in the Culture of Quality section. For example, if a targeted CQI effort is around increasing breastfeeding rates, both the state and local CQI Teams would go in with a positive attitude, a goal for achieved outcomes, a willingness to have candid conversation around efforts, ensure data drive decisions are made and a strong commitment to making the changes outlined. Initially this will be a top down approach until WVCQI Local teams are comfortable with the process and then provide WVCQI Local teams the opportunity to explore CQI topics based upon data driven decisions.

WVHVP will continuously strive to ensure high quality services provided to families along with oversight of evidence-based, funded home visitation programs in a safe, effective, family-centered, strength-based and equitable fashion. Program efforts may change based upon data driven decision making, the following will always be adhered:

- Evidence-based, effective practices (been proven through research and valid for targeted audience);
- Appropriate services unique to community needs;
- Innovative practices to meet identified challenges;
- Model fidelity (operating within the program requirements) monitored on an ongoing basis; and
- Home visitors and program staff empowered to seek information through ongoing feedback processes.

CQI Team(s):

Purpose of your CQI teams

The key to success of the continuous quality improvement process is leadership. A WVCQI State Team has been established. The WVCQI State Team will provide ongoing operational leadership of CQI activities. The WVCQI State Team will be challenged to guide the state and local organizations to a point where people feel comfortable receiving data, sharing data, using data and seeing it as something that is important and key to their work rather than something that is punitive and designed to identify who is not doing their job well. The intent of the WVCQI State Team is to be the guiding force for facilitating program level CQI efforts. Due to the large quantity of data collected for federally mandated benchmarks, along with model and funder required data reports, the WVCQI State Team will select key variables to follow closely so local WVCQI Local teams will not be overwhelmed by data quantity. The WVCQI State Team will examine all benchmark data as reported by the Epidemiologist. Using the pre-determined targets set forth by the MCH Title V Block Grant, Healthy People 2020 and PRAMS indicators, any benchmark that is marked as an area of improvement will be presented to the WV Stakeholders Group. Using a voting process, the stakeholders will determine which area to focus on for the current CQI session.

The CQI Local teams will be charged with creating solutions to address areas where improvement is needed, as determined by the WVCQI State team. The local level teams will determine possible solutions based on their community, program structure, model and caseload. Local teams will be responsible for planning, testing and reviewing possible solutions.

Frequency of team meetings

The WVCQI State team will meet quarterly or more frequently as needed. In addition, each WVCQI Local team will meet formally on a monthly basis to review information provided. It is the expectation that CQI Local teams will have weekly "check-in" meetings (either face to face or conference call) to discuss progress on current Plan, Do, Study and Act (PDSA) cycles. Updated reports on the status of their PDSA cycles will be submitted to the WVCQI State Team within two weeks of the monthly meeting. Meetings may vary based upon the nature of the project and the urgency for more frequent meetings.

Involved in the CQI process

The WVCQI State Team will consist of the following:

- WVHVP Program Director, Jackie Newson
- WVHVP Epidemiologist, Katie Oscanyan
- Healthy Families America (HFA) Program Coordinator, Michelle Comer
- Maternal, Infant and Health Outreach Worker (MIHOW) Program Coordinator, Debbie Withrow
- Parents as Teachers (PAT) Program Coordinator, Tina Faber
- Right From the Start (RFTS) Program Coordinator, Terra Hoff
- Early Head Start (EHS) Program Coordinator, Traci Dalton
- To Eliminate Abuse and Maltreatment (TEAM) for WV Children representatives, Jim McKay and Laurie McKeown

WVHVP identifies a stakeholder as anyone who is affected by, or can influence, a program or organizational decision or action. Both at the state and local level stakeholder groups will be involved in providing input through focus groups, surveys and feedback on reports

Roles and responsibilities of State CQI members

The responsibilities of the WVCQI State Team will include:

- Establish measurable objectives using federally mandated benchmarks;
- Update the CQI plan as needed;
- Identify indicators of quality on a priority basis (starting small, focused on individual topics); and
- Review data snapshots and share with local CQI teams, which summarize performance on the key indicators associated with processes and outcomes.

Roles of the WVCQI State Team will include at a minimum:

- CQI champion – oversees the CQI Team and facilitate meetings and events.
- Scribe – captures all documentation/communicate to state/local team. Report on participant satisfaction, CQI steps and activities and outcomes using the CQI Progress Report (Attached).
- Technical experts – subject matter experts (domestic violence advocate, mental health consultants, etc).

The WVCQI State Team will provide leadership for the CQI process through support and guided implementation of CQI activities. Both the state and local CQI Teams will review, evaluate and approve CQI plans annually.

Roles and responsibilities of Local CQI members

The responsibilities of the local CQI Team will coordinate with the WVCQI State Team in ensuring that existing data collection processes continue to inform both teams of progress. With the extensive data collection requirements, we do not anticipate adding additional required data collection to local teams. There may be occasional surveys to assist with any focused topics to assist with identifying needs.

- Each local CQI Team will have at a minimum, the following:Program Supervisor
- At least one home visitor (more participation will be encouraged for larger sites)
- At least two stakeholders from their local advisory board
- At least one parent(when appropriate)

Roles of the WVCQI Local team will include at a minimum:

- CQI sponsor – high-level champion, problem solver that could promote focused CQI topics with peers;
- CQI lead – oversees the CQI Team and facilitate meetings and events

- Scribe – captures all documentation, communicate to state/local team. Report on participant satisfaction, CQI steps and activities and outcomes using the CQI Progress Report (Attached)
- Technical experts – subject matter experts (domestic violence advocate, mental health consultants, etc)
- Parent – ensure parent engagement in all activities

To ensure roles of the team are met, team members will be added based upon expertise and focused area. Technical assistance will be requested as needed based upon the improvement project currently being worked on through the team.

Culture of Quality

The WVCQI State team will identify and define goals and specific objectives to be accomplished each year with the intent to meet quality expectations. Initial goals include training of program and administrative staff regarding both continuous quality improvement principles and specific quality improvement initiatives. Progress in meeting these goals and objectives will be an important part of the annual evaluation of quality improvement activities.

The current culture of quality surrounding the WVHVP is that programs will strive to do better than the best that has been done before to improve outcomes while providing quality services to families. The following components associated with the culture of quality will be addressed by the WV CQI Plan:

- **Attitude** - The WVCQI Plan strives to improve the attitude surrounding WVHVP by introducing a culture of quality where programs will continue to provide quality services while also aiming to reach pre-determined targets set forth by MCH Title V Block Grant, HP 2020 and PRAMS indicators. The WVCQI process is not intended to be a punitive process, instead, the CQI process seeks to provide a learning opportunity. CQI will be discussed at ongoing site visits and regional meetings.
- **Outcomes** - Prior to WVCQI implementation, outcomes were not clearly articulated to all programs. With the adoption of the WVCQI plan, all sites will understand the pre-determined targets and outcomes set forth by MCH Block Grant, HP 2020 and PRAMS indicators. The goal of the WVHVP is to improve maternal and child outcomes for all participants. Using the CQI process, we will facilitate this improvement by creating a culture where all programs use outcomes to drive processes and promote high quality service delivery. Many of our programs understand the importance of collecting data to determine the effect of home visiting on maternal and child outcomes. We will continue to provide information related to our current situation regarding outcomes in order to present data in a more positive light and, ultimately, to provide programs with a return product for data collection efforts. It is our hope that this will create engagement and buy-in for not only data collection, but also for CQI purposes.
- **Transparency** - Our current culture of quality does not allow for much transparency between the state and local levels. Presently, WVHVP does not share individual site data with stakeholders or other sites. However, in building a new culture of quality through the WVCQI process, WVHVP will share both celebrations and challenges at all levels.

Individual site data will be shared across all sites and also at the state level. This is not intended to single out sites that are doing poorly, instead, this process will allow all sites to excel by sharing strengths and weaknesses. This shared information will provide opportunity for sites to test strategies that have been proven effective in similar settings.

- **Data** - Currently, data is not viewed as an important piece of the WVHVP at the local level. The state level recognizes the need for data to support the programs, yet, is also trying to be understanding in changing the structure of home visits. Programs are more focused on service delivery rather than providing data to support what they do. The current data collection process strives to collect information on all Benchmark indicators; however, changing the view of data collection that has been in place for many years is quite difficult. The goal of the WVCQI plan is for data to inform all decisions on QI initiatives. The WVCQI team will provide trainings on the benefits of data to help inform data processes and uses. In addition, work with sites and WVCQI Local teams to engage our local implementing agencies (LIA) on the positive aspects and how this can strengthen their work and commitment to families served.
- **Commitment** - The WVCQI teams (state and ocal) will partake in QI trainings in order to more appropriately deliver the WVCQI plan. The WV State has willingly committed to several years at the "tate team" level. Locally, we are developing commitment timeframes and members that are ongoing along with members only used based upon identified need or activities.

In order to change the culture of quality to support CQI, the WVCQI State team will provide trainings in QI methods and the importance of QI for organizations. The WVCQI team will host trainings on general CQI and specifically on Plan-Do-Study-Act methodology using a trainer who is experienced in CQI efforts. A combination of Hornby Zeller and Associates and Collective Impact contracted trainers will be used during the first year. Also, the WVCQI team will present a mock CQI process during a "Lunch and Learn" session. This mock process will provide end users with an example of CQI beyond basic training. However, we also recognize the need for frank discussions at the local level to introduce CQI. For this reason, we will ensure each local site has the opportunity for one on one discussion with the WVHVP Program Manager and Epidemiologist on local CQI efforts and expectations.

Realizing each site may be different in their training needs, we will utilize Partners in Community Outreach quarterly meetings to conduct larger group QI trainings. The larger trainings will provide information on PDSA methodology for CQI purposes, using data to inform processes and developing teams for CQI. Partners in Community Outreach (PICO) are a coalition of West Virginia in-home family education programs. Founded in 1999, PICO has spearheaded a number of initiatives to improve quality and availability of In-Home Family Education. PICO is the network of home visitation programs currently in existence in West Virginia (Healthy Families America, Maternal Infant Health Outreach Workers (MIHOW) and Parents as Teachers). The network is committed to building capacity and sustainability of existing programs, expanding to underserved areas of West Virginia, increasing visibility of these services and strengthening program evaluation and accountability. PICO is under the umbrella of TEAM for West Virginia Children, Inc., a private non-profit organization whose mission is to prevent child abuse.

Once the large training has been unveiled, each site will be provided an opportunity for more individualized training and technical assistance through via site visit, conference call or Go to Meeting based upon the identified needs of each site through one on one conversations. Most of this training will be provided by the WVCQI State team. Subject Matter Experts will be contracted as needed.

Data Collection/Data Systems

At the present time, we use an internally designed web-based system for WVHVP staff only. Each site submits required forms on a monthly basis, and date from these forms are entered into the system. Each home visitor completes monthly Client Profile forms and screenings; copies of all forms are submitted by the Supervisors to the State Office (Epidemiologist). Once the forms are received at the State office, the Epidemiologist reviews all forms to ensure that all information has been collected appropriately. The data is then entered in to the internal data system by WVHVP staff. The Epidemiologist is responsible for examining, verifying and cleaning data and reporting the data to the WVHVP Program Director and stakeholders. In addition to data that is collected at the state level, each local site collects model specific data which is entered into their own data system (PIMS, RedCap, Visit Tracker). The Epidemiologist can request this data from the programs at the local level. The local sites have access to reports through their individual systems. Data is retrieved to complete federally mandated, demographic, service utilization and benchmark reporting. West Virginia has purchased an online data collection system with an implementation date of August 1, 2014. The expected web-based system will allow local user access and serve as a combination data collection tool with some case management functionality. The web-based system will be able to generate local and state level reports. The intent of the new web-based system is to create reports as needed along with routine state and local data snapshots.

Reports

At the present time, reports are generated? based upon need. Data is pulled to complete the demographic, service utilization and benchmark reports. In addition, each site will receive quarterly reports on their progress along with the state profile. Until timely reporting can be completed, sites will be able to utilize their paper documentation. These reports will include progress on all benchmark areas. The goal over the next year is to identify specific reports needed and generate automated reports based upon needs. Local sites will help to identify reports of interest. In addition, the intent is to track trainings completed, number of hours spent traveling from visit to visit and caseload ratios. This information will be valuable when doing a root cause analysis to determine any barriers to improvement. At the current time, the WVHVP Program Manager and Epidemiologist have full access to reports and data is pulled on a request basis for others. As the data system progresses, identified reports will play a key factor in all CQI activities. For CQI purposes, reports will be provided to sites on a quarterly basis, with additional reports available midway through each quarter, if needed. The Epidemiologist is responsible for creating reports and sharing the results with the WVHVP Program Director and WV Stakeholders Group. The WVCQI Team, specifically the Program Director and Epidemiologist, will share the reports with the local sites, including the Supervisor at the local level. Once the local sites receive the data reports from the WVCQI team, it is their

responsibility to examine the report, understand all data, ask relevant questions and begin planning possible solutions for the selected area of focus. Training will be provided to local sites on understanding the reports along with how to identify possible solutions. Indicators will be selected by the CQI State Team with input provided by CQI Local Team to ensure a collaborative effort benefiting from the strengths of each team.

State and local teams will use data reports to assess current capacities and measure performance. Staff and administrators will track progress toward benchmarks concretely and consistently and use performance results to set ambitious but attainable targets that increase and improve its capability to achieve benchmarks and meet the needs and expectations of families served. Targets will be set using MCH Title V Block Grant, HP 2020 and PRAMS performance indicators. Several targets will be initially identified at the WVCQI State team level, and CQI Local Teams? will identify which of those targets they choose to focus efforts. Ongoing communication between the two teams will ensure a clear understanding of expectations, efforts and activities. Feedback will be provided to the local teams when targets may be too big or unattainable. Guidance (site visits, emails, phone calls) will be provided to the local teams to assist with more “attainable” targets.

Each local site will designate a person to be responsible for oversight of the completion, quality control and filing of program documentation forms (Client Profile forms, screening forms). Incomplete or missing information or data will be reported through the use of a checklist used to monitor the accuracy of documentation. The checklist will help in determining if the problem is a true problem or an issue with missing data. For example, if domestic violence referrals are low is the reason that referrals were not being made or was the problem that documentation was not completed on the forms? For example, if domestic violence referrals are low, the following could be the reason: 1) referrals were not being made; 2) documentation not completed 3) documentation completed but not submitted and 4) home visitor discomfort with questions.

CQI Methodology

Utilizing PDSA activities, successful efforts of these CQI activities will continue and be used as a guide for CQI efforts in WVHVP activities. The PDSA Worksheet (Attachment C) is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study) and determining what modifications should be made to the test (Act). Used in the Institute for Healthcare Improvement’s "Methods and Tools for Breakthrough Improvement" course, the PDSA Worksheet has been used by hundreds of health care organizations. Using the PDSA Worksheet will help stakeholders document a test of change for each activity. WVHVP will test several different changes, and each change will go through several PDSA cycles. An electronic file of PDSA Worksheets for all changes tested will be kept to compile an overview of activities on the WVHVP website accessed with an individual agency password. WV intends to use these activities to build the foundation and continuation of ongoing CQI efforts for all home visiting programs.

- Plan

1. Identify and Prioritize Opportunities: A need/issue/problem is identified by WV Stakeholders Group. Epidemiologist will report all benchmark data to WV Stakeholders Group, highlighting areas where the WVHVP does not meet predetermined targets. After reviewing the data, the WV Stakeholders Group will vote on the top issues for additional focus. Guidance will be provided on voting process such as feasibility, attainability and importance of each construct. Chosen areas of additional focus will be shared with Local Sites (in addition to all data).
2. Develop AIM Statement: Local sites will define the current situation and develop an AIM statement that meets SMART criteria (specific, measurable, attainable, relevant and time bound) which answers: What are you seeking to accomplish? Who is the target population? What is the specific, numeric measure (target) you are hoping to achieve? To ensure the ongoing collaboration between the state and local teams, conference call capabilities will be available to work together on the AIM statements as needed.
3. Describe the current process: Local sites will break down the area of focus into component parts, using the Key Drivers Diagram, sites will begin Root Cause Analysis. Each site will be provided technical assistance on developing their Key Drivers Diagram and Process Map to aid in the CQI process.
4. Identify Potential Improvements: Local Sites will identify potential answers to the root cause analysis findings. An improvement measure will be selected to test. Technical assistance from experts either from our state team or contracted individuals in the focused area will be used to identify potential improvements along with brainstorming opportunities.
5. Develop Improvement Theory: Local sites will determine what they think will happen, based on the selected improvement measure.
6. Develop Action Plan: Local Sites will develop a plan of what needs to be done, who is responsible and the timeframe for completion.

- Do
  1. Test the improvement: Local Sites will implement the selected improvement measure
  2. Collect and document data: Local Sites will collect their own data using already approved statewide forms on the selected improvement. This will ensure consistent data collection processes for everyone. Any additional reports/data requests will be provided midway through each quarter. Local reports will need to collect information on what was done, who received the improvement measure and what effect (if any) it had on the area of focus
  3. Document Problems, Observations and Lessons Learned: Local sites will create reports to provide a detailed overview of the improvement measure and how it impacted the area of focus. As WV moves forward with CQI efforts, we hope sites will review their data on a routine basis and identify whether the change concept is contributing to any improvement. The state team will encourage and assist WVCQI local teams with showing them how to create their own graphs. Realizing this will not occur overnight, we will work with WVCQI local teams to reach their goal.

- Study

1. Reflect on the Analysis/Document Problems, Observations and Lessons Learned: Local sites will look at the results, confirm whether the problems and its root causes have decreased, identify if the target has been met and display results in graphic form before and after the change. As sites become more comfortable with generating information in graphic form, reports will be submitted to the WVCQI State team. Reports will be submitted to the WVCQI State team.

- Act
  1. Local sites will decide whether to
     a. Adopt: Standardize the improvement if the AIM statement has been fulfilled
     b. Adapt: Change the improvement, collect new data, revise intervention, etc. Completing additional "DO" phases
     c. Abandon: If the improvement did not fulfill the AIM statement, sites will return to "PLAN" phase

The WVCQI State Team will assist local teams with all steps of the process with monthly check-in calls to determine what technical assistance is needed.

Local Sites will receive trainings on PDSA methodology, using Key Drivers Diagram and reporting results. Reports will include graphs to represent pre and post-PDSA data, improvement measure selected, implementation plan for measure and limitations/lessons learned.

<u>Communication</u>

Open lines of communication between state and local teams will be ongoing. Communication will be completed through a combination of phone, face to face, email and some community of practice efforts. In addition, the WVHVP website will have a CQI section in which both state and local information will be provided. This section will be password protected so only CQI members can access it. In addition, we are researching the possibility of having a forum section on the website for ongoing communication between members.

The area of focus will be communicated to all local teams using a group conference call. This call will provide all details of the current WVHVP data, the predetermined target and suggestions for root causes. The WVCQI State team will assist with oot ause nalysis as needed on the local level. Local sites will be provided guidance on developing a process map and will utilize the map as they move forward with activities. All local teams will have the opportunity to ask questions during this call. The group conference call will also be held monthly for updates, technical assistance, sharing of best practices and lessons learned. In addition, each local team will have the opportunity to request Technical Assistance from the WVCQI State Team using a conference call format. The WVHVP Program Director and Epidemiologist will also be conducting site visits at the request of local teams. Each local team will be responsible for submitting to the WVCQI State team a quarterly overview of CQI efforts at the local level, including PDSA cycles, Key Drivers Diagrams, proof of improvement, lessons learned, etc.

The results of the CQI Team's work will be shared through minutes of the CQI meetings with team members, program staff and key stakeholders. CQI efforts and achievements will be noted

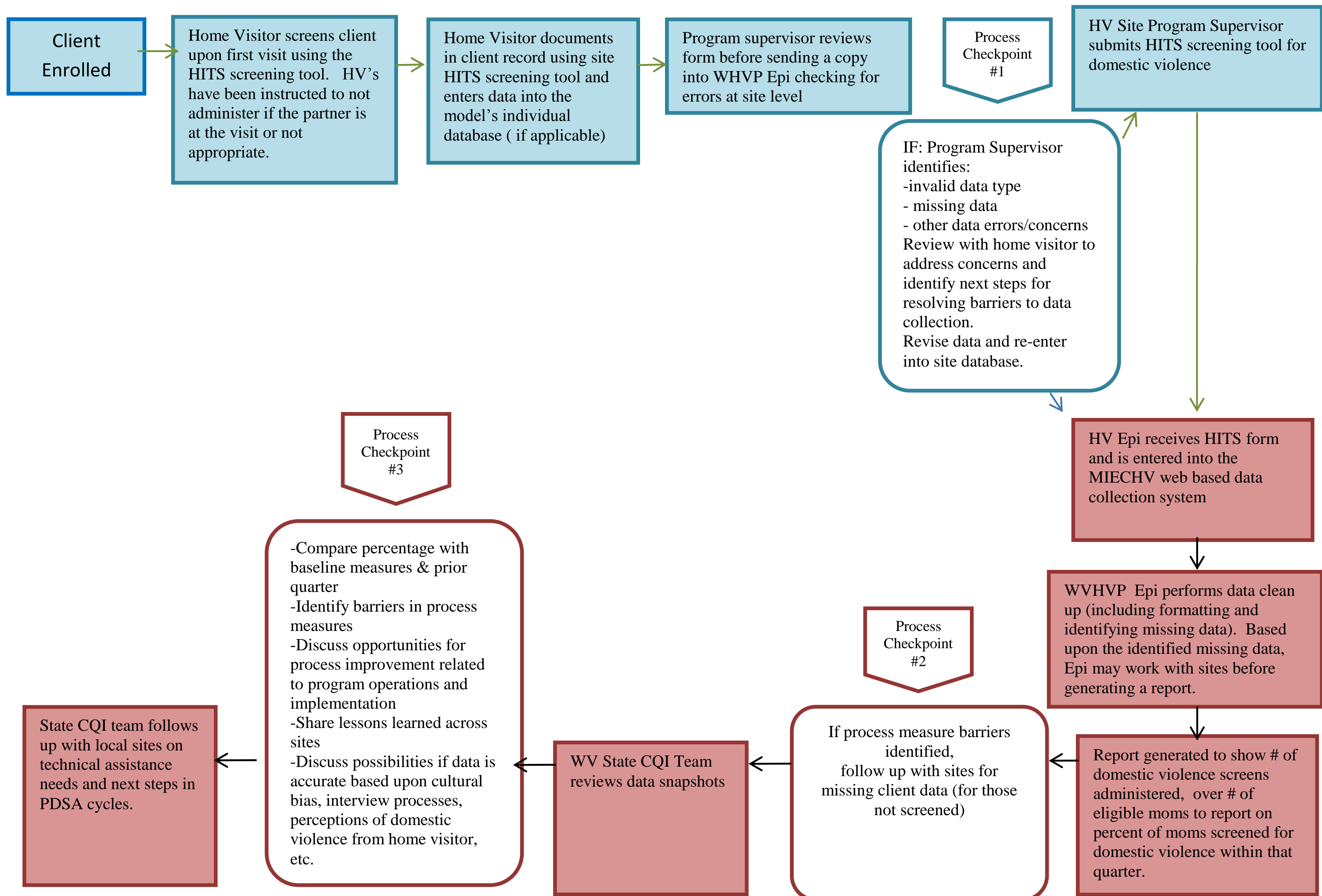
in the quarterly report (Attachment) and will include the results of improvement efforts being undertaken. The quarterly report format for the CQI Team will follow a standard form. Results will be presented in narrative form with chart work done so everyone can see a picture of the results. The findings will be documented and the next steps that result from the analyses will be listed.

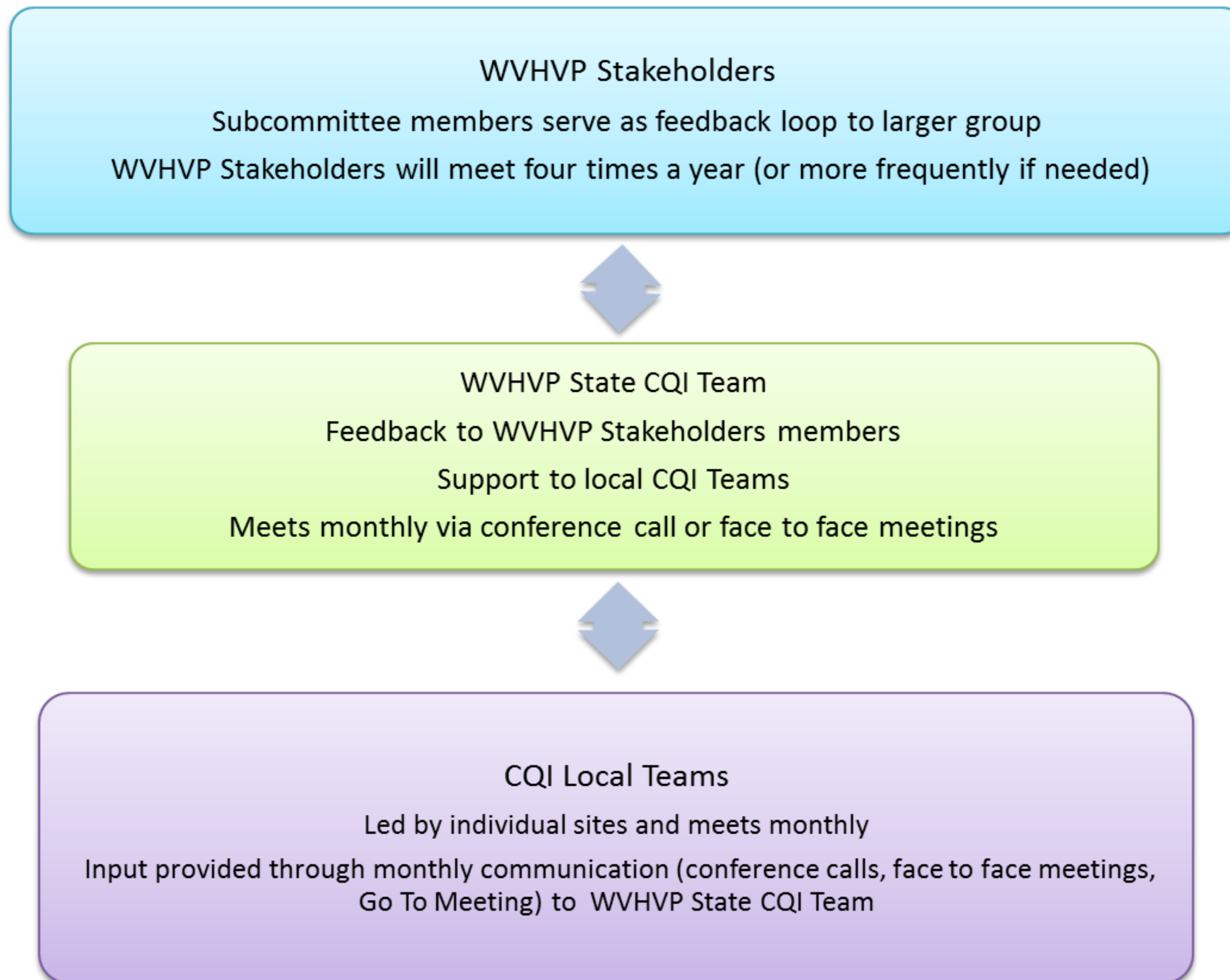
As a quality-driven program, WVHVP and its partners will conduct open, honest, transparent and ongoing assessments of stakeholder confidence in its ability to serve the community. State and local teams will earn the trust, confidence and loyalty of its current and potential families and other stakeholders, both external and internal, including staff and administrators, by actively developing and regularly employing means to gather and understanding their diverse and distinctive perspectives. Establishing this trust level will enable us to address challenges and sensitive topics with members as we try to identify best practices and solutions for problems. As WV moves forward with CQI, we will utilize surveys, "Lunch and Learn" sessions and community of practice opportunities to enable local team sharing.

<u>Process Map</u>

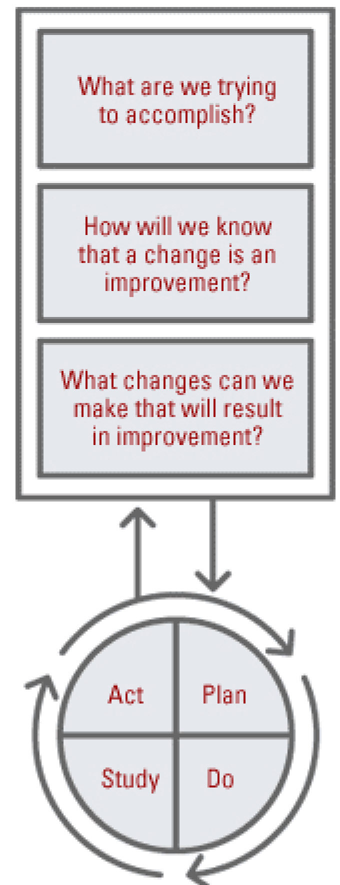
Draft attachment B

West Virginia CQI Process Map –Violence




WVHVP Stakeholders
Subcommittee members serve as feedback loop to larger group
WVHVP Stakeholders will meet four times a year (or more frequently if needed)
WVHVP State CQI Team
Feedback to WVHVP Stakeholders members
Support to local CQI Teams
Meets monthly via conference call or face to face meetings
CQI Local Teams
Led by individual sites and meets monthly
Input provided through monthly communication (conference calls, face to face meetings, Go To Meeting) to WVHVP State CQI Team

PDSA Directions and Examples



The Plan-Do-Study-Act method is a way to test a change that is implemented. By going through the prescribed four steps, it guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again. Most of us go through some or all of these steps when we implement change in our lives, and we don't even think about it. Having them written down often helps people focus and learn more.

For more information on the Plan-Do-Study-Act, go to the IHI (Institute for Healthcare Improvement) Web site or this PowerPoint presentation on Model for Improvement.

Keep the following in mind when using the PDSA cycles to implement the health literacy tools:

- **Single Step** - Each PDSA often contains only a segment or single step of the entire tool implementation.
- **Short Duration -** Each PDSA cycle should be as brief as possible for you to gain knowledge that it is working or not (some can be as short as 1 hour).
- **Small Sample Size -** A PDSA will likely involve only a portion of the practice (maybe 1 or 2 doctors). Once that feedback is obtained and the process refined, the implementation can be broadened to include the whole practice.

Filling out the worksheet

Tool: Fill in the tool name you are implementing.
Step: Fill in the smaller step within that tool you are trying to implement.
Cycle: Fill in the cycle number of this PDSA. As you work though a strategy for implementation, you will often go back and adjust something and want to test if the change you made is better or not. Each time you make an adjustment and test it again, you will do another cycle.

PLAN

I plan to: Here you will write a concise statement of what you plan to do in this testing. This will be much more focused and smaller than the implementation of the tool. It will be a small portion of the implementation of the tool.

I hope this produces: Here you can put a measurement or an outcome that you hope to achieve. You may have quantitative data like a certain number of doctors performed teach-back, or qualitative data such as nurses noticed less congestion in the lobby.

Steps to execute: Here is where you will write the steps that you are going to take in this cycle. You will want to include the following:

- The population you are working with – are you going to study the doctors' behavior or the patients' or the nurses'?

- The time limit that you are going to do this study – remember, it does not have to be long, just long enough to get your results. And, you may set a time limit of 1 week but find out after 4 hours that it doesn't work. You can terminate the cycle at that point because you got your results.

DO

After you have your plan, you will execute it or set it in motion. During this implementation, you will be keen to watch what happens once you do this.

What did you observe? Here you will write down observations you have during your implementation. This may include how the patients react, how the doctors react, how the nurses react, how it fit in with your system or flow of the patient visit. You will ask, "Did everything go as planned?" "Did I have to modify the plan?"

STUDY

After implementation you will study the results.

What did you learn? Did you meet your measurement goal? Here you will record how well it worked, if you meet your goal.

ACT

What did you conclude from this cycle? Here you will write what you came away with for this implementation, if it worked or not. And if it did not work, what can you do differently in your next cycle to address that. If it did work, are you ready to spread it across your entire practice?

Examples

Below are 2 examples of how to fill out the PDSA worksheet for 2 different tools, Tool 17: Get Patient Feedback and Tool 5: The Teach-Back Method. Each contain 3 PDSA cycles. Each one has short cycles and works through a different option on how to disseminate the survey to patient (Tool 17: Patient Feedback) and how to introduce teach-back and have providers try it. (Tool 5: The Teach-Back Method).

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 1st Try

PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to fill out a survey and put it in the box next to the surveys.
3. We will try this for 1 week.

DO

What did you observe?

- We noticed that patients often had other things to attend to at this time, like making an appointment or paying for services and did not feel they could take on another task at this time.
- The checkout area can get busy and backed up at times.
- The checkout attendant often remembered to ask the patient if they would like to fill out a survey.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 8 surveys returned at the end of the week. This process did not work well.

ACT

What did you conclude from this cycle?

Patients did not want to stay to fill out the survey once their visit was over. We need to give patients a way to fill out the survey when they have time.

We will encourage them to fill it out when they get home and offer a stamped envelope to mail the survey back to us.

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 2nd Try

PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will display the surveys at the checkout desk.
2. The checkout attendant will encourage the patient to take a survey and an envelope. They will be asked to fill the survey out at home and mail it back to us.
3. We will try this for 2 weeks.

DO

What did you observe?

- The checkout attendant successfully worked the request of the survey into the checkout procedure.
- We noticed that the patient had other papers to manage at this time as well.
- Per Checkout attendant only about 30% actually took a survey and envelope.

STUDY

What did you learn? Did you meet your measurement goal?

We only had 3 surveys returned at the end of 2 weeks. This process did not work well.

ACT

What did you conclude from this cycle?

Some patients did not want to be bothered at this point in the visit – they were more interested in getting checked out and on their way.

Once the patient steps out of the building they will likely not remember to do the survey.

We need to approach them at a different point in their visit when they are still with us – maybe at a point where they are waiting for the doctor and have nothing to do.

PDSA (plan-do-study-act) worksheet

TOOL: Patient Feedback **STEP:** Dissemination of surveys **CYCLE:** 3rd Try

PLAN

I plan to: We are going to test a process of giving out satisfaction surveys and getting them filled out and back to us.

I hope this produces: We hope to get at least 25 completed surveys per week during this campaign.

Steps to execute:

1. We will leave the surveys in the exam room next to a survey box with pens/pencils.
2. We will ask the nurse to point the surveys out/hand then out after vitals and suggest that while they are waiting they could fill out our survey and put it in box.
3. We will see after 1 week how many surveys we collected.

DO

What did you observe?

- Upon self report, most nurses reported they were good with pointing out or handing the patient the survey.
- Some patients may need help reading survey but nurses are too busy to help.
- On a few occasions the doctor came in while patient filling out survey so survey was not complete.

STUDY

What did you learn? Did you meet your measurement goal?

We had 24 surveys in the boxes at the end of 1 week. This process worked better.

ACT

What did you conclude from this cycle?

Approaching patients while they are still in the clinic was more successful.
Most patients had time while waiting for the doctor to fill out the survey.
We need to figure out how to help people who may need help reading the survey.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs initially performing Teach-back **CYCLE:** 1st Try

PLAN

I plan to: We will ask the physicians in Wednesday PM to perform teach-back with the last person they see that day.

I hope this produces: We hope that all the physicians will perform teach-back and find that it was useful, did not take that much more time, and they will continue the practice.

Steps to execute:

1. We will ask the 5 physicians who hold clinic on Wednesday PM to perform teach-back with their last patient of the day.
2. We will show these physicians the teach-back video.
3. After their last patient checks out, we will ask the physicians if they felt
   a. it was useful?
   b. it was time consuming?
   c. they will do it again?

DO

What did you observe?

All physicians found the teach-back video informative and seemed eager to try this new tool.

STUDY

What did you learn? Did you meet your measurement goal?

4 out of 5 physicians performed teach-back on at least one patient in the afternoon. The 1 physician who did not indicated she did not quite know how to integrate it into her visit.

ACT

What did you conclude from this cycle?

4 out of 5 felt comfortable with it and said they would continue using it.
For the 1 who was not sure how to integrate it, we will look for other teach-back resources to help address this.

Ready to introduce to entire clinical staff.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs continuing to perform Teach-back **CYCLE:** modified 2nd try

PLAN

I plan to: We will see if the physicians in Wednesday PM clinic are still performing teach-back by asking them after their last patient leaves. (3 weeks have gone by since initial introduction.)

I hope this produces: We hope that each of the physicians will have performed teach-back on at least 3 of their afternoon patients.

Steps to execute:

1. We will approach the 5 physicians on Wednesday PM after their last patient leaves and ask them to count the number of patients they performed teach-back on this afternoon.
2. We will ask the physicians if they still feel
   a. it was useful?
   b. it was time consuming?
   c. they will do it again?

DO

What did you observe?

Some physicians could not find appropriate situations for teach-back.
All still felt it was a worthy tool during their patient visits but feel they need to remember it and practice it more.

STUDY

What did you learn? Did you meet your measurement goal?

3 out of 5 physicians said they did perform teach-back on 3 of their patients.
1 performed it in one instance.
1 did not perform it at all (same one as before).

ACT

What did you conclude from this cycle?

Teach-back is being used, maybe not as readily as I had anticipated.
Maybe the goals of '3 out of 6 patient encounters should contain teach-back' is unrealistic.
We may put a sign in the clinic rooms, in view of the physicians, to remind them about teach-back.

Will measure again in 6 months.

PDSA (plan-do-study-act) worksheet

TOOL: Teach-back **STEP:** MDs continuing performing Teach-back **CYCLE:** 3rd Try

PLAN

I plan to: We want to see if the signs put up in the exam rooms help physicians remember to do teach-back and increased its utilization.

I hope this produces: We hope that all the physicians will perform teach-back 3 out of 6 times.

Steps to execute:

1. We will put signs reading "Teach it Back" taped on the exam room desk/work area to remind physicians to use the technique.
2. We will ask physicians if they notice the signs and if they reminded them to perform teach-back.
3. We will see if Wednesday PM clinic had increased use of teach-back.

DO

What did you observe?

Nurses felt the sign will get in the way.

STUDY

What did you learn? Did you meet your measurement goal?

4 out of 5 physicians did teach-back on 3 patients Wednesday afternoon. 1 did it on 1 patient.
4 out of 5 said they did see the sign and that it was a reminder to do teach-back.

ACT

What did you conclude from this cycle?

That a reminder is needed (especially initially) to help physicians use this tool in their visit.

No further intervention needed at this point.