Quality & Patient Safety Fellowship

MASTERING THE MODEL FOR IMPROVEMENT

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Objectives

BUILD FOUNDATIONAL KNOWLEDGE OF QUALITY & SAFETY

DEVELOP LEADERSHIP AND PROJECT SKILLS

APPLY LEARNING TO A QI PROJECT

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What to Expect

VIRTUAL WORKSHOPS

ACTION ITEMS

COACHING & SUPPORT

PEER SHARING

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Hospital Introductions

Participating Hospitals

- Benefis Missouri River Medical Center
- Fallon Medical Complex
- Frances Mahon Deaconess Hospital
- Glendive Medical Center
- Granite County Medical Center
- Holy Rosary Hospital
- Sidney Health Center
- Sheridan Memorial Hospital Association
- St. Luke Community Healthcare
- Logan Health Shelby
- Community Hospital of Anaconda

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Polling Question

What is your comfort level with hospital quality improvement projects and teams?

Very comfortable: I have participated in and even led several hospital improvement projects.

Somewhat comfortable: I have participated in (and maybe even led) one or two hospital improvement projects, but the experience didn't make me feel very confident in my abilities

Not comfortable at all: I'm new in my role, or have never participated in hospital improvement projects, or am really looking to build my confidence and expertise through this program.
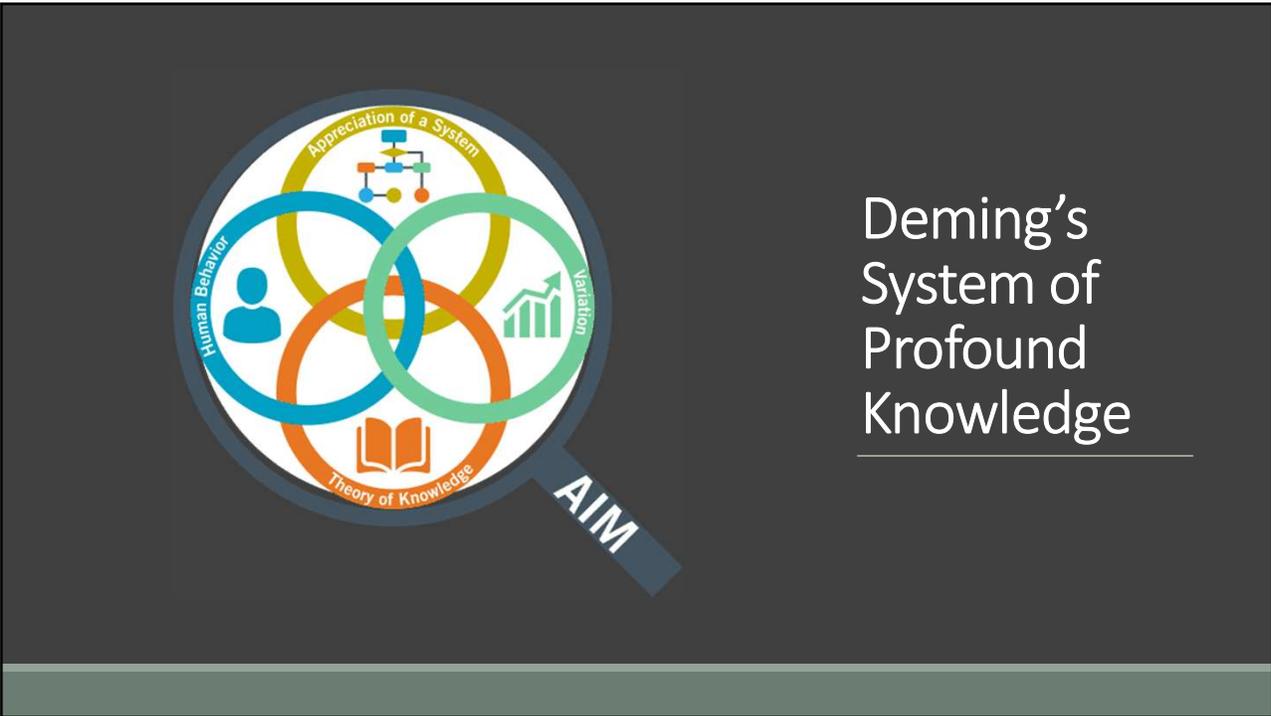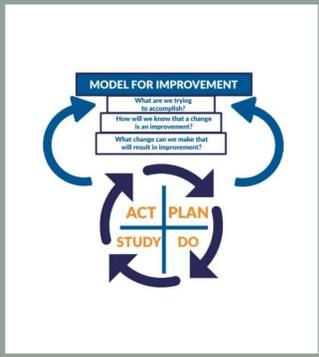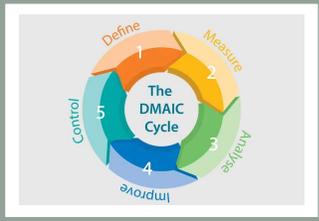
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Foundations of Quality Improvement

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The STEEEP Framework

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Deming's System of Profound Knowledge

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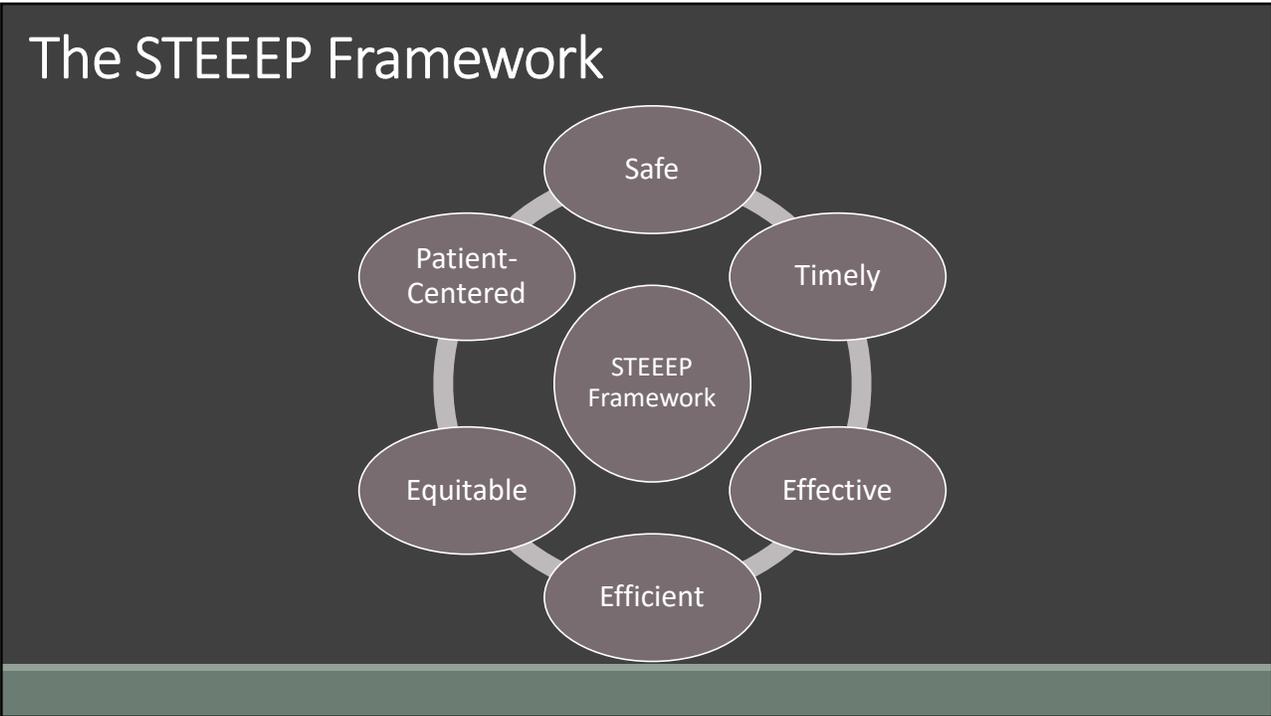
Quality Improvement Models

Aims
Measures
Ideas for change
Cumulative testing

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How Do We Make a Change?

| DECIDE TO MAKE A CHANGE | IDENTIFY WHAT NEEDS TO CHANGE | MAKE A CHANGE | DECIDE IF THE CHANGE RESULTED IN IMPROVEMENT | BE ASSURED THE CHANGE CAN BE RELIABLY SUSTAINED |

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Data for Improvement

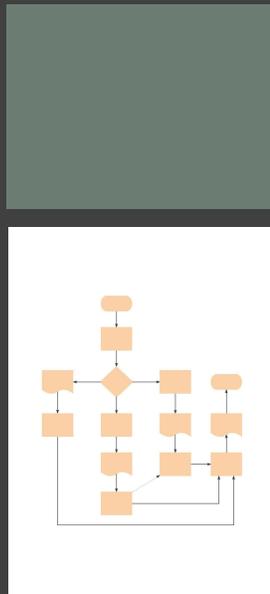"In God we trust; all others must bring data."

-W. Edwards Deming

DATA → KNOWLEDGE → ACTION
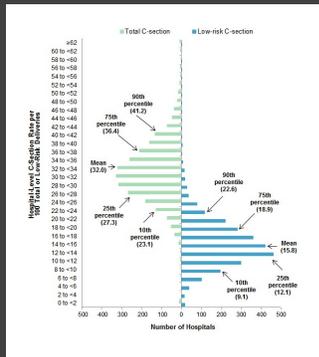
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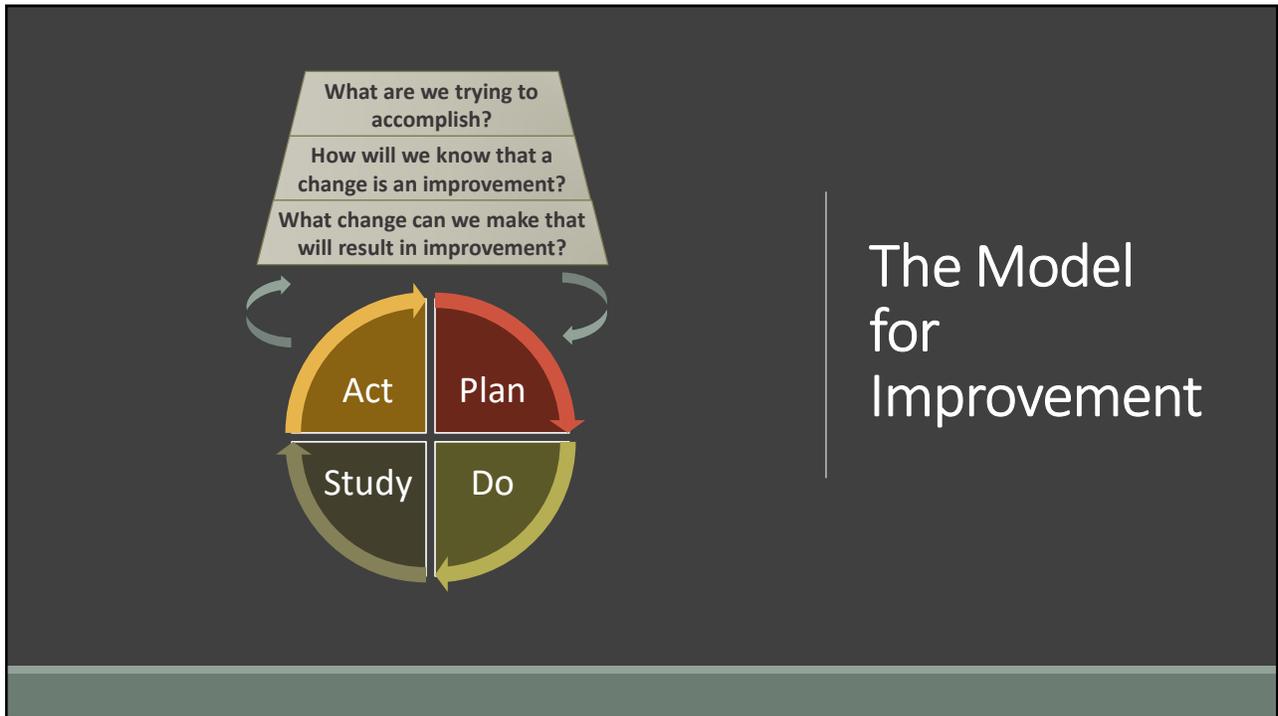
Identifying What Needs to Change

•Talk to the experts – Go to the Gemba

•Benchmark performance

•Prioritization

•Flowcharting current processes

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The Model for Improvement

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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?

Act | Plan
Study | Do

The Model for Improvement

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Smart Goals & Aim Statements

Specific	Measurable	Actionable	Relevant	Time-Bound
• Reduce the average patient wait time in the emergency department to under 30 minutes.	• Track the average patient wait time using a data collection system and monitor the trend over time.	• Implement a new patient registration process with dedicated staff.	• Reducing wait times improves patient satisfaction and operational efficiency.	• Achieve this goal by November 1st.

Reduce the average patient wait time in the emergency department to under 30 minutes by November 1st. This will be achieved by implementing a new patient registration process with dedicated staff. The process will be measured by tracking the average patient wait time using a data collection system and monitoring the trend over time.

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UNDERSTAND VARIATIONS	MONITOR THE PROCESS OVER TIME	SEE THE EFFECT OF CHANGES	PROVIDE A COMMON REFERENCE POINT	PROVIDE AN ACCURATE BASIS FOR PREDICTION

Why We Collect Data

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Types of Measures

Outcome | *What result do we want?*
- Lower is better
- Examples: mortality rate, infection rate

Process | *Are we doing the right steps?*
- Higher is better
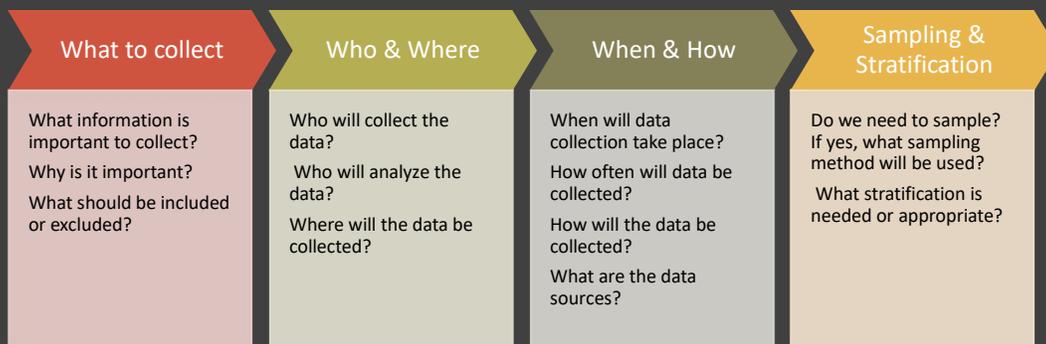- Examples: hand hygiene compliance, surgical time-outs

Balancing |*Did fixing one problem create a new one?*
- Example: patient fall rates compare to restraint usage

Outcome = ultimate goal | **Process** = steps to get there | **Balancing** = check for side effects.

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Measurement Plan

What to collect	Who & Where	When & How	Sampling & Stratification
What information is important to collect? Why is it important? What should be included or excluded?	Who will collect the data? Who will analyze the data? Where will the data be collected?	When will data collection take place? How often will data be collected? How will the data be collected? What are the data sources?	Do we need to sample? If yes, what sampling method will be used? What stratification is needed or appropriate?

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Generating Change Ideas

ENGAGE FRONTLINE STAFF

LEARN FROM OTHERS

ANALYZE YOUR CURRENT SYSTEM

LEVERAGE TECHNOLOGY

USE CHANGE CONCEPTS

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Brainstorming & Prioritizing Ideas

GATHER AND ORGANIZE IDEAS

MULTI-VOTING PROCESS

PRIORITIZE HIGH-IMPACT IDEAS WITH INCLUSIVE INPUT.

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Putting the Model for Improvement into Practice

⏱	**What are we trying to accomplish?**	Reduce the average patient wait time in the emergency department to under 30 minutes by November 1st.
👤	**How will we know that the change is an improvement?**	Tracking the average patient wait time in the emergency department using a data collection system and monitoring the trend over time.
●→◆ ■←●	**What change can we make that will result in improvement?**	Implement a new patient registration process with dedicated staff.

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The PDSA Cycle

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Plan-Do-Study-Act Cycle

Source: Health Innovation of West England: https://www.healthinnowest.net/toolkits-and-resources/quality-improvement-tools-2/model-for-improvement-pdsa/

- Small Tests of Change
- Real-time data collection through feedback.
- Interative
- Gradually expand to larger populations if successful
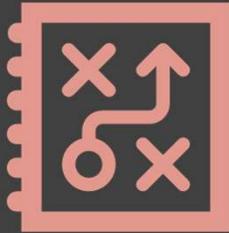- Adapt, Adopt, Abandon

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Plan

Define Objectives: Clearly state what change you are testing and what you expect to happen.

Create a Data Collection Plan: Decide what data to collect, who will collect it, and when and how it will be gathered.

Specify Measures: Identify outcome, process, and balancing measures with clear operational definitions.

Design the Test: Outline what you will try first, who is involved, where and when it will occur, and what resources are needed.

Predict Results: Document your expectations before testing based on your aim and measures.

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Do

Start Small: Begin with a simple 1:1:1 test

Act Quickly: Avoid delays—test as soon as possible.

Learn from Failure: Every test provides insights, even if it doesn't succeed.

Iterate and Expand: Gradually increase scale and scope as confidence grows.

Assess Readiness: Expand based on team willingness, belief in success, and risk level.

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Study

Review Outcomes: Examine the data collected during the test.

Learn from Results: Compare actual results to predictions and summarize insights.

Align Findings: Synchronize results across tests to identify patterns.

Determine Next Steps: Decide whether to adapt, adopt, or abandon based on findings.
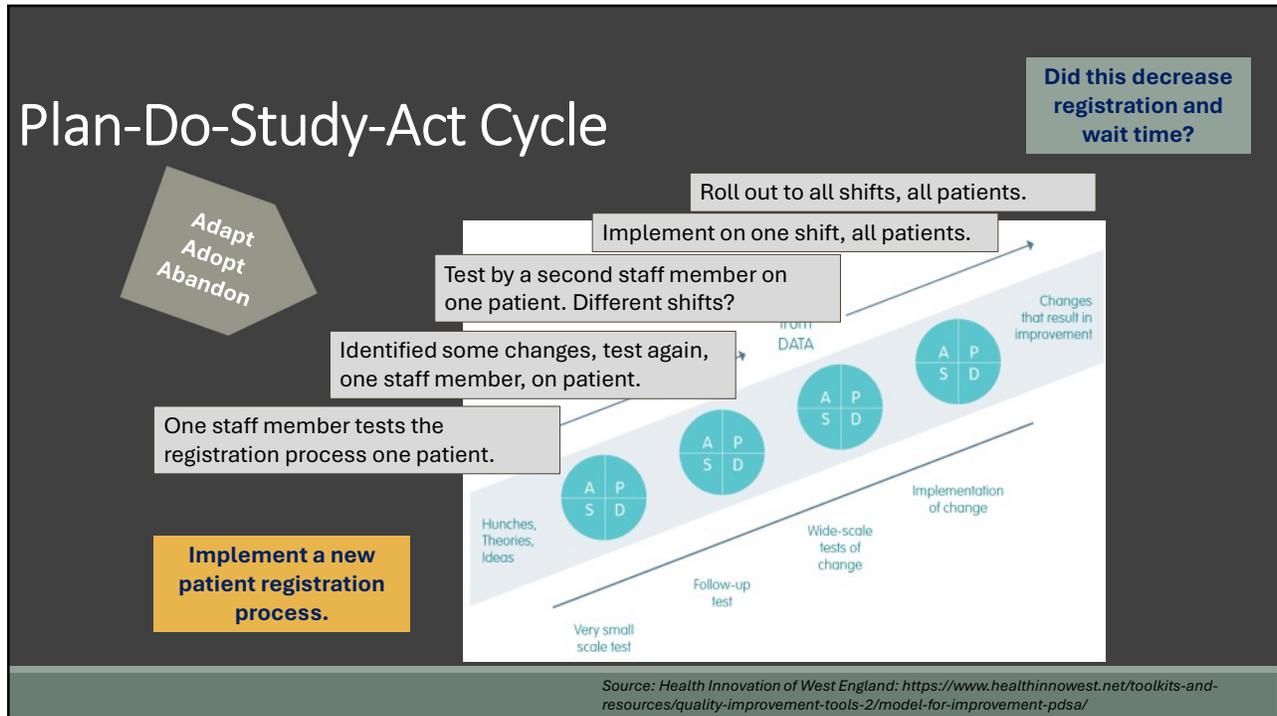
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Act

Adopt: Scale up and plan for sustainability after successful tests.

Adapt: Modify based on lessons learned and test again (increase scale or scope one at a time).

Abandon: Discard the idea if tests show it's not effective.

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Plan-Do-Study-Act Cycle

Did this decrease registration and wait time?

Adapt Adopt Abandon

Roll out to all shifts, all patients.

Implement on one shift, all patients.

Test by a second staff member on one patient. Different shifts?

Identified some changes, test again, one staff member, on patient.

One staff member tests the registration process one patient.

Implement a new patient registration process.

Source: Health Innovation of West England: https://www.healthinnowest.net/toolkits-and-resources/quality-improvement-tools-2/model-for-improvement-pdsa/

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Successful PDSA Cycles

Embrace Failure

Act Quickly

Start with the Willing

Think Big, Test Small

Skip Consensus

Be Creative

Measure Everything
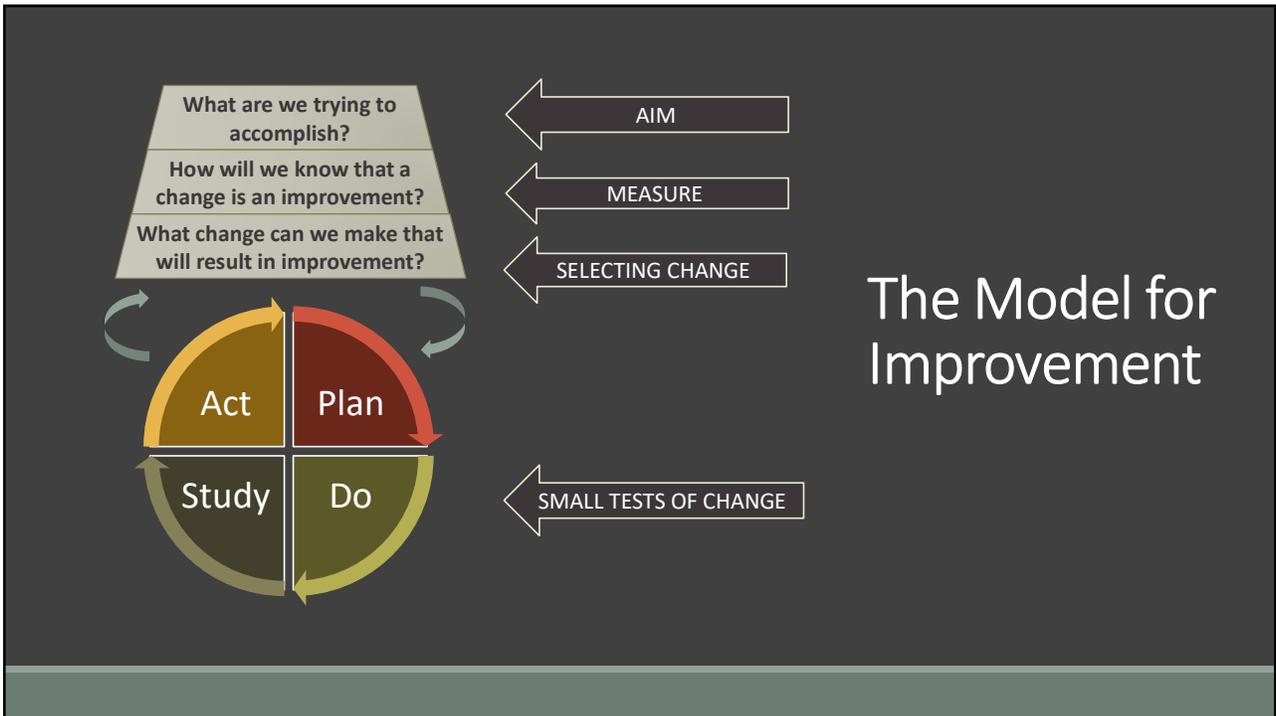
Test Under Different Conditions

Borrow Ideas Freely

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Systems Design for Sustainability

- Human factors focus
- Design of tests and spread of adoption
- Engaging the right people

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The 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?

AIM

MEASURE

SELECTING CHANGE

Act | Plan

Study | Do

SMALL TESTS OF CHANGE

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Discussion

| What would you like to improve in your department? | Who needs to be engaged for the project to be successful? | How might you use the Model for Improvement in your department? |

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Applied Learning

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Preparing for Your Performance Improvement Project

CHOOSE YOUR PROJECT	BUILD YOUR TEAM	START PLANNING TOOL	SCHEDULE COACHING CALL

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Date	Content
January 8	Mastering the Model for Improvement
	January 9 - 28 Coaching Calls
January 29	Data Analysis & Change Management
February 12	Leading Quality Improvement
February 26	Engaging Teams, Partners, Patients, Families in the Community
March 12	Introduction to Patient Safety
March 26	Project Sharing Celebration

Quality & Patient Safety Fellowship

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Questions & Contact

Reach out anytime!

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Click here to schedule your coaching call before January 29th.

https://www.signupgenius.com/go/10C044EADAC2DA7F5C43-61426294-mtqpscoaching

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