Module 1
Instructional Webinar

Plan-Do-Study-Act (PDSA) Improvement Model
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Agenda

- Define the PDSA improvement model
- Identify components of the PDSA model
- Review a Specialty PDSA sample
- Discuss Next Steps
What is the Model for Improvement?

Model for Improvement

What are we trying to accomplish?
Specific Aim

How will we know that a change is an improvement?
Measures of data

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

Do Component

Test ideas and changes in cycles for learning and improvement
What is Plan-Do-Study-Act (PDSA)?

**Plan**
- **Tasks**: actions to be taken, responsible person(s), timeframe, location
- **Prediction**: What do we expect to happen? How will this change impact the patient experience?
- **Measures**: What data will be used to predict success?

**Do**
- What actually happened?
- Observations?

**Study**
- Summarize what was learned and compare to prediction.
- Did you meet your goal?

**Act**
- What did you conclude?
- What modifications if any should be made for the next cycle?
What is Process Mapping?

- A clear and comprehensive picture of the way something gets done

The patient checks in with the front desk

The patient’s chart is examined

The nurse prepares the patient

The doctor treats the patient

The patient schedules the follow-up appointment
Why Process Maps?

Understand

- Process maps allow teams to work together to develop a shared understanding of the actual steps in a process (current state)

Improve

- Workflow analysis can improve efficiency, reduce redundancy and/or identify gaps or areas of instability

Create

- Provide a structured format to create an improved process (ideal state)
Excellent Process Mapping - Creates Functional Workflows

Process mapping allows teams to create functional and productive workflows.

Process mapping offers a powerful method to look beyond functional activities by identifying every aspect of a work process.

When used properly, process maps can reduce operating costs by eliminating steps and the root causes of systemic quality problems.

Workflows are created to increase efficiency and quality while decreasing costs.
What is a Data Wall?

- Visual representation of information comprised primarily of numbers, charts, and diagrams
- Consolidated display of activities or quality improvement initiatives
- Dynamic and interactive methods of communicating information
- Evolves over time as new data is added
- Captures questions from Quality Improvement initiatives
Benefits of a Data Wall

- Communication
- Celebration
- Collaboration
- Engagement
- Visual Reminder
Using a Data Wall

- Location
- Display
- Understand
- Update
- Celebrate Change
Data Wall Examples
Case Study Example

Practice Snapshot
Portland Multi-Specialty Care

Mid-size Multi-Specialty Care Practice located in Portland, Maine

- 4 Specialists
- 1 Referral Specialist
- 1 Registered Nurse (Triage)
- 4 Medical Assistants
- 2 Patient Service Representatives
- 1 Advance Practice Professional (FNP)
- 1 Part-time Certified Diabetes Educator (CDE)
- Practice panel of 900–2,000 patients per provider
## Members of the Multidisciplinary Team

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
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<tr>
<td>Physician Champion:</td>
<td>Dr. Richard Smith</td>
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<tr>
<td>Practice Manager:</td>
<td>Mary Queen</td>
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<td>Physician Participation:</td>
<td>Lynda Robertson</td>
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<td>Advanced Practice Professional:</td>
<td>Katie Lamp, FNP</td>
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<td>Registered Nurse:</td>
<td>Debra Hockey</td>
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<td>Medical Assistant(s):</td>
<td>Denise Hopeful &amp; Liz Small</td>
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<td>Patient Service Representative(s):</td>
<td>Kathleen Ice &amp; Donna Horn</td>
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<td>Referral Specialist:</td>
<td>Stephanie Bench</td>
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“Patient Focused Quality Improvement Team”
Creating the Meeting

Meeting Information

Day – Frequency
Thursdays – Weekly

Time
7:30-8:30 a.m.

Location
Practice Conference Room
Meeting Ground Rules

- Be present and ready to begin on time
- No side conversations
- Cut off lengthy conversations and assign tasks off line as appropriate
- Have and follow the agenda
- If you oppose, you must propose
- Assign action items to people who are present at the meeting.
- Choose action item due dates with a realistic goal
- Strive for 100% on time but provide advance warning if an action item will not be completed on time.
- If things get heated, focus on the situation, not the person
- Respect for each other, no matter how contentious the topic
**Determine an Area of Focus**

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<tr>
<th>Category</th>
<th>Proportion of Shared Savings</th>
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<tr>
<td></td>
<td>With NCQA Recognition</td>
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<td>Medication Adherence</td>
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<td>Diabetes Care</td>
<td>5</td>
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<td>Annual Monitoring for Persist Meds</td>
<td>2</td>
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<td>Other Acute and Chronic Care Management</td>
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<td>Clinical: Preventive</td>
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<td>TOTAL</td>
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Specific Aim

What will we accomplish?

- Ensure medication reconciliation occurs 100% of the time with all the patients – regardless of the office visit type over the next 3 months

SMART Goals

S - Specific
M - Measurable
A - Actionable
R - Realistic
T - Time-bound

Specific aim – detailed and specific
Increase medication reconciliation rates.

How can we drive success? Examine what each providers practice is currently doing:

- 4 providers in the office with 4 different reconciliation processes
- Created a Process Map for each provider / clinical team to determine their current processes
- Explored ways to promote consistency with each of the teams
- The Physician Champion agreed to “pilot” this in the office for a week
Medication Reconciliation Work Flow

Ideal State

Medication list is printed for each patient the day before

Medication list is attached to the encounter form by the front office team

Check in person distributes the list to the patient upon arrival and explains it to the patient

Patient Reviews the list while waiting to enter into the exam room

Clinical Team reviews the patient’s pharmacy and makes changes

Enters new pharmacy

Patient is provided an updated medication list at the time of check out

Providers will review the medication discrepancies with the patient and approve any medication refill orders

Clinical staff reviews with the patient need for medication refills

“Pends” the medication refill orders for the providers to review during the visit

Clinical staff reviews medication list with the patient in the exam room and documents any discrepancies
PDSA in Action

Plan
- Print and distribute medication list to all patients upon check-in

Do
- Patients will review their medication list while in the waiting room. Upon rooming of the patient, the clinical staff will make any updates and alert providers to any medication discrepancies.

Study
- Complete chart audit to determine if new workflow was effective.

Act
- Refine the workflow and rollout to the remainder of the practice
## Study in Action

### Pre-Data

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<th>Date</th>
<th>Patients Seen</th>
<th>Medications Reconciled</th>
<th>% Reconciled</th>
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### Post-Data

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Outcomes Achieved

- Enhanced medication reconciliation completion
- Medication refill orders pended for providers to help reduce the need for patients to call the office after their appointments
- Pharmacies updated for today’s visit
- Patients leave with an up-to-date medication list
Barriers Encountered

- Medication lists not printed
- Provider preferences
- Patient confusion
- Clinical Team Members’ comfort level with medications
Moving Forward

- Refine the process to ensure lists are printed each day
- Continue to monitor the data
- Explore with EHR team to see if it was possible to auto print the medication lists
- Work with providers to standardize the discontinuation of medications
- Offer educational opportunities for clinical staff on medications
Please complete the following:
Please refer to the CDT Learning Collaborative Activities checklist or the PCSC Provider Toolkit to access each event and view the session.

- Identify a care coordination opportunity within your practice (For example: streamlining your referral process)
- Submit completed Module 1 PDSA Worksheet to PCSC@anthem.com (View PDSA Samples on Provider Toolkit)
- View Module 2 Webinar: Utilizing Data and Quality Improvement Techniques to Improve Clinical Quality Measures
- View Module 2 Instructional Webinar: Strategies to Close Gaps in Care