

# Small Changes, Big Impact: How To Lead A Successful Quality Improvement Project

OhioHealth Riverside Methodist Hospital  
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All individuals in a position to control content for this session have indicated they have no relevant financial relationships to disclose.

# Faculty

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**How many of you** are currently leading a quality improvement project?



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## How is your project doing?

Is it progressing as planned?

Did you find any new knowledge while you are doing your project?

How is this knowledge change your project plan?



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## Workshop Objectives

- Understand the principles of change management
- Review the Model for Improvement
- Write a concise aim statement
- Develop a rapid Plan-Do-Study-Act cycle
- Discuss the key elements in implementing a quality improvement project

## Why Focus on Quality & Safety?

- Make a difference to patients and their families
- Part of physicians' daily lives
- ACGME focus area
  - Accreditation Council Graduate Medical Education
    - Focus areas: **quality**, **safety**, hand-offs, fatigue, professionalism, duty hours, supervision

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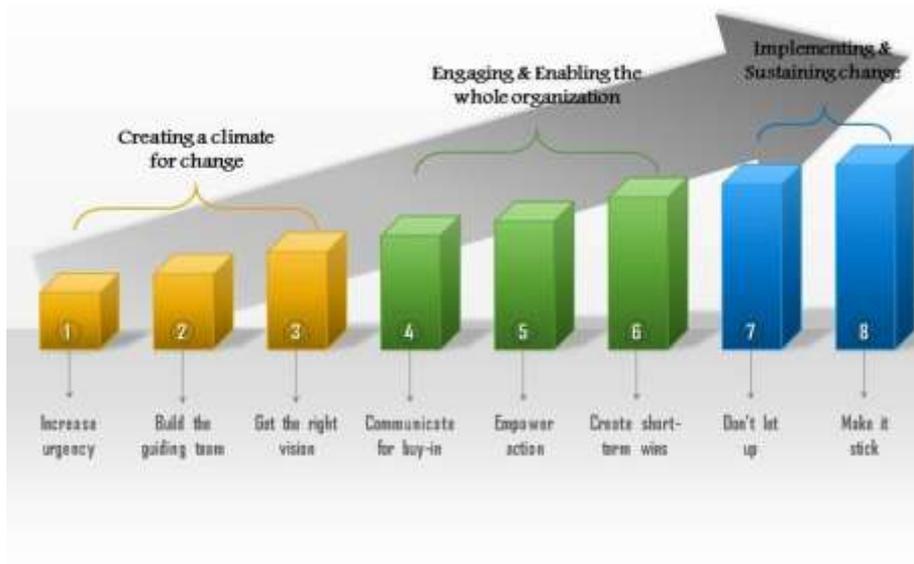
## Nobody really looks forward to change, except.....



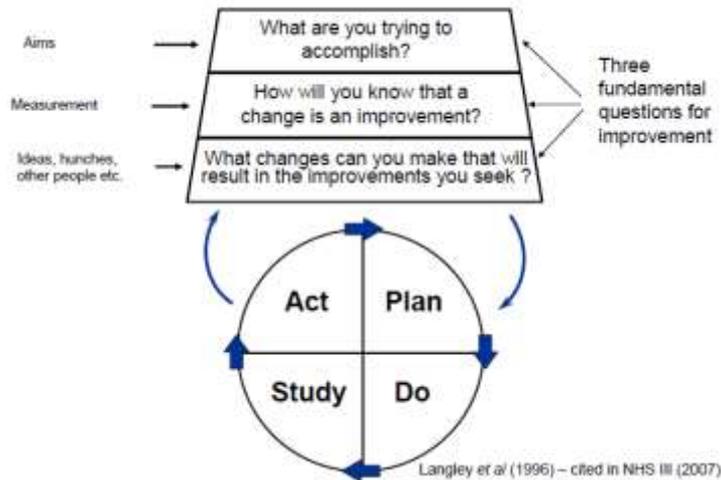
## What It Take To Improve

- **Will** to change the current system
- **Ideas** about changes that will improve the system
- **Execution** of the ideas successfully

### Kotter Change Management Model



# The Model For Improvement



11

## Question #1: What are We Trying to Accomplish?

- Developing an **AIM Statement**
- A commitment to achieve measured improvement
  - In a specific **system**
  - With a definite **timeline**
  - And **numeric goals**



12

## **Question #1: What are We Trying to Accomplish?**

- A noncommittal statement
  - “Hope” is not a plan
  - “Some” is not a number
  - “Soon” is not a time

## **How to Refine an Aim Statement: Examples of Aim Statement**

- We will reduce all types of hospital acquired infections.
- By December 2016 we will reduce the incidence of catheter associated UTIs by 50%
- Our recent data reveal that on the average we have 6 catheter associated UTIs each month. We intend to decrease this average to 3 (50%) by 12/31/16.

# Group Exercise

- Select your case
- Join a group for your case
- Nominate a member to record and present
- Develop an aim statement as a group
- Discussion - all groups

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## Question #2:

### How Do We Know that a Change is an Improvement?

- Measurement
- “You can’t fatten a cow by weighing it”
  - Palestinian proverb



## Measurement for Improvement

- The purpose: for learning, not judgement!
- You need a balanced set of measures reported daily, weekly or monthly, etc.
- These measures must be linked to the project's aim
- They are used to guide improvement and test changes
- They should be integrated into the team's daily routine
- Data should be plotted over time
- Focus on the **vital few!**

## Examples of Measures

Concept	Potential Measures
Medication errors	Percent of errors Number of errors Medication error rate
Patient falls	Percent falls Fall rate Number of falls
Resident Evaluation	Percent of evaluation completed on time Number of evaluations completed Variance from due date

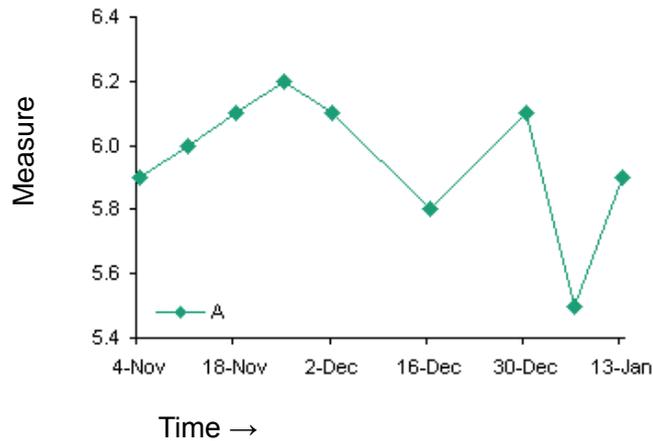
## Three Types of Measures

- **Outcome measures:** voice of the customer or patient. How is the system performing? What is the result?
- **Process measures:** voice of the workings of the system. Are the steps in the system performing as planned?
- **Balanced measures:** what are the unanticipated consequences, other factors influencing outcome

## Measures for Being the Biggest Loser

Project	Outcome Measures	Process Measures	Balancing Measures
The Biggest Loser	Weight BMI % Body fat Waist size	Daily calorie count Exercise calorie count Average drinks/week % meals off plan	Money spent on healthy food Number of days not exercising due to injuries Family and friends satisfaction

## Plotted Data Over Time



## Question #3:

What Changes Can We Make that will Result in Improvement?

“Not all change is improvement,  
but all improvement is change.”

**Donald M. Berwick, MD, MPP,**  
*President Emeritus and Senior Fellow, Institute for  
Healthcare Improvement  
Former CMS Administrator*

# Creative Thinking



23

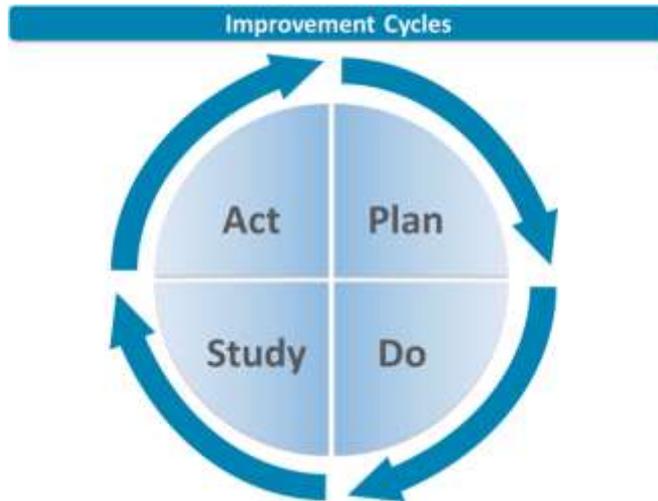
## How to Test Your Idea?

- You are not going to solve world poverty in one day
- Small changes can make big improvements



24

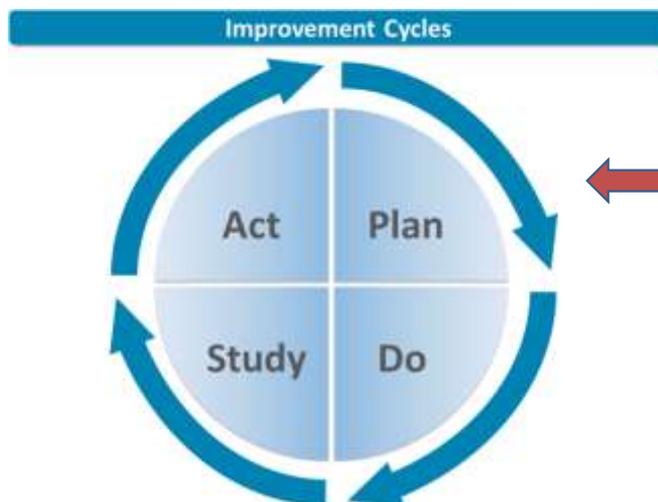
# Plan, Do, Study, Act Cycle



PDSA is a widely used tool for testing change on a small scale

25

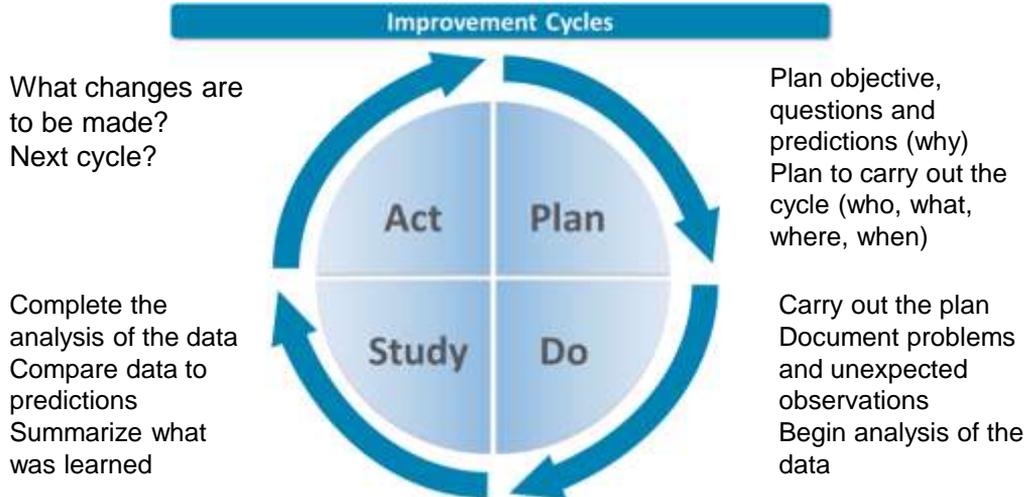
# Plan, Do, Study, Act Cycle



Start with this step

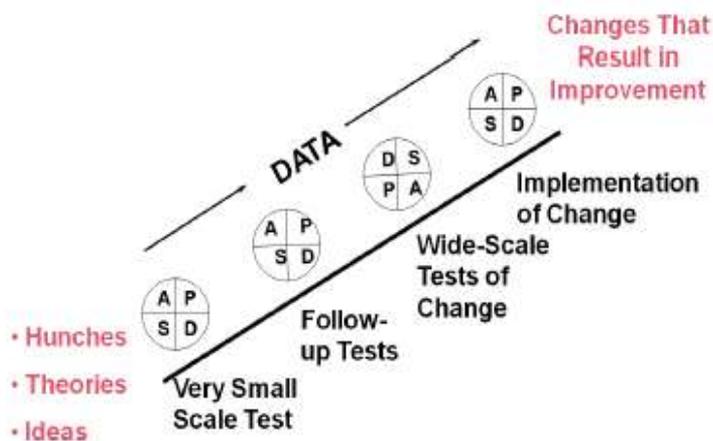
26

# PDSA Cycle



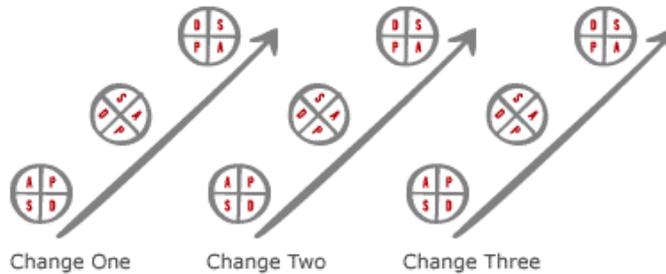
27

## Building Knowledge with PDSA Cycles



28

# Multiple PDSA Cycle Ramps



29

## Group Exercise

- Stay with your selected group
- Plan a PDSA cycle as a group for your case
- Discussion - all groups

## What If Your Test of Change Failed?

- Find the reason
  - Was the change not executed?
  - Was the change executed but not result in improvement?
  - Was the change executed but result in local improvement only?

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## What We Can Learn From “Failure” Tests?



*Henry Ford*

“Failure is the opportunity to begin again more intelligently”



**“I HAVE NOT FAILED. I’VE JUST FOUND 10,000 WAYS THAT WON’T WORK.”**

*~ Thomas Edison*

We have improved our understanding of the system!

# The Next Step: Implementation

- What? The change is a part of the day-to-day operation
- When?
  - When high confidence that current change idea will lead to improvement
  - When resistance to change is low (the system is ready)
- How?
  - Develop all support infrastructures to maintain the change

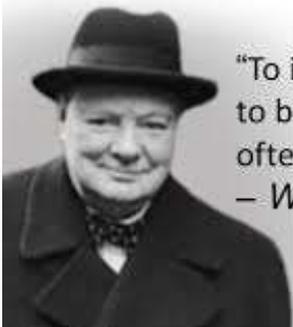
# Resources

The image displays two screenshots of healthcare improvement resources. The left screenshot is from the Institute for Healthcare Improvement (IHI) website, featuring a navigation bar with 'ABOUT US', 'TOOLS', 'EDUCATION', 'RESOURCES', 'SERVICES', and 'ENGAGE WITH IHI'. A prominent orange circle highlights the text 'A Triple Aim Community Shares Tips for Population Health Success'. Below this, a red circle highlights the text 'OPEN SCHOOLS' with a red arrow pointing to it. The right screenshot is from the Agency for Healthcare Research and Quality (AHRQ) website, showing a navigation bar with 'Home', 'For Patients & Consumers', 'For Professionals', 'For Policymakers', 'Research Tools & Data', 'Quality & Patient Safety', 'Office, Centers & Programs', and 'News & Events'. The main content area is titled 'Quality and Patient Safety' and includes sections for 'Quality & Patient Safety', 'AHRQ Healthcare-Associated Infections Program', and 'Comprehensive Unit-based Safety Program (CUSP)'.

## During the break...

- Discuss / think about how you might implement the information you just heard.
- Fill out a session evaluation.

## Questions?



“To improve is to change;  
to be perfect is to change  
often.”

– *Winston Churchill*

Thank you!

Good luck with your quality  
journey!