BOOST
Best-Practices in Oral Opioid agoniSt Therapy Provincial Collaborative

PDSA – Putting it into Action

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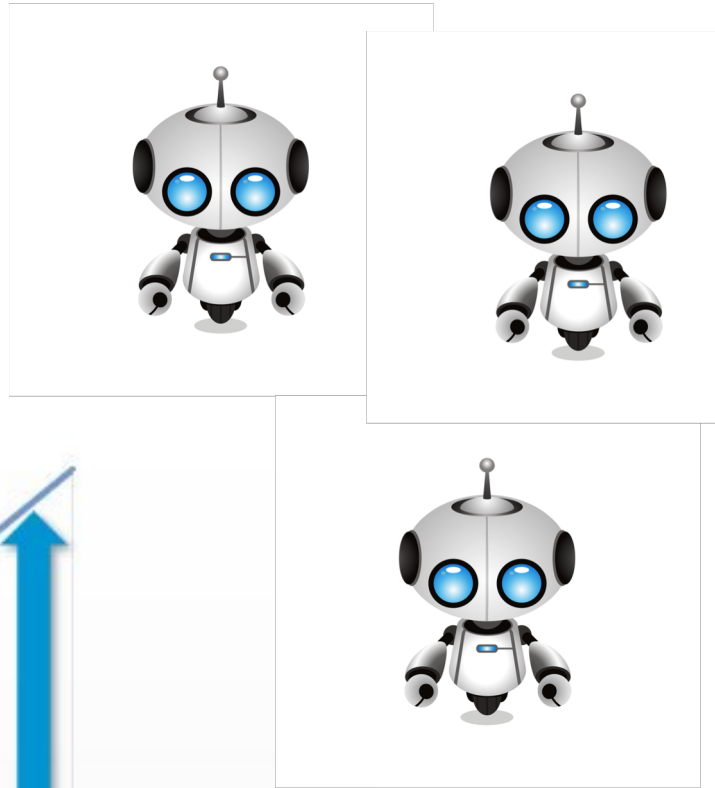
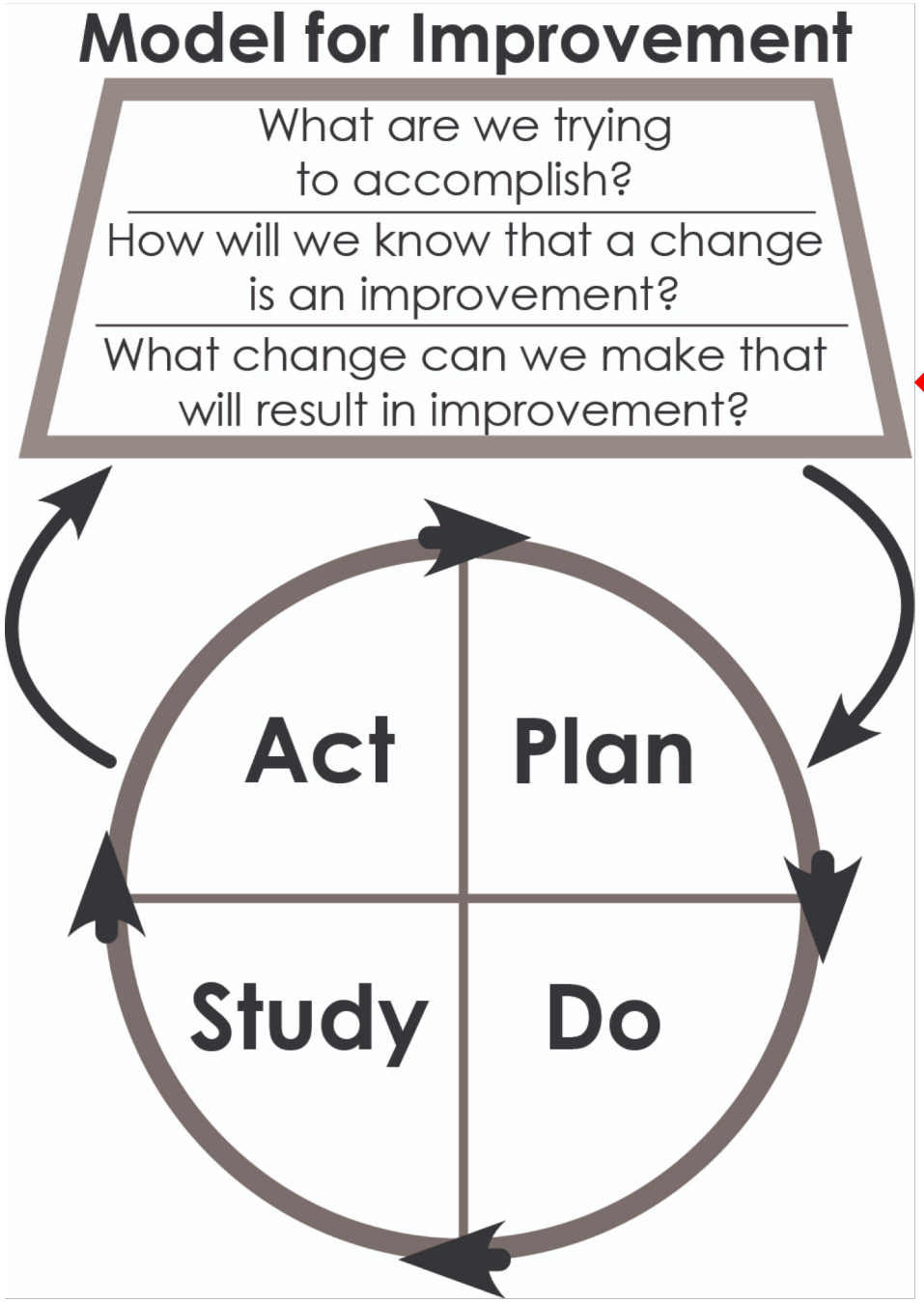
#BOOSTqi @bccfe @ccsmd


Problem
Research
GILMAN HALL
DO THIS

The “Know-Do” Gap

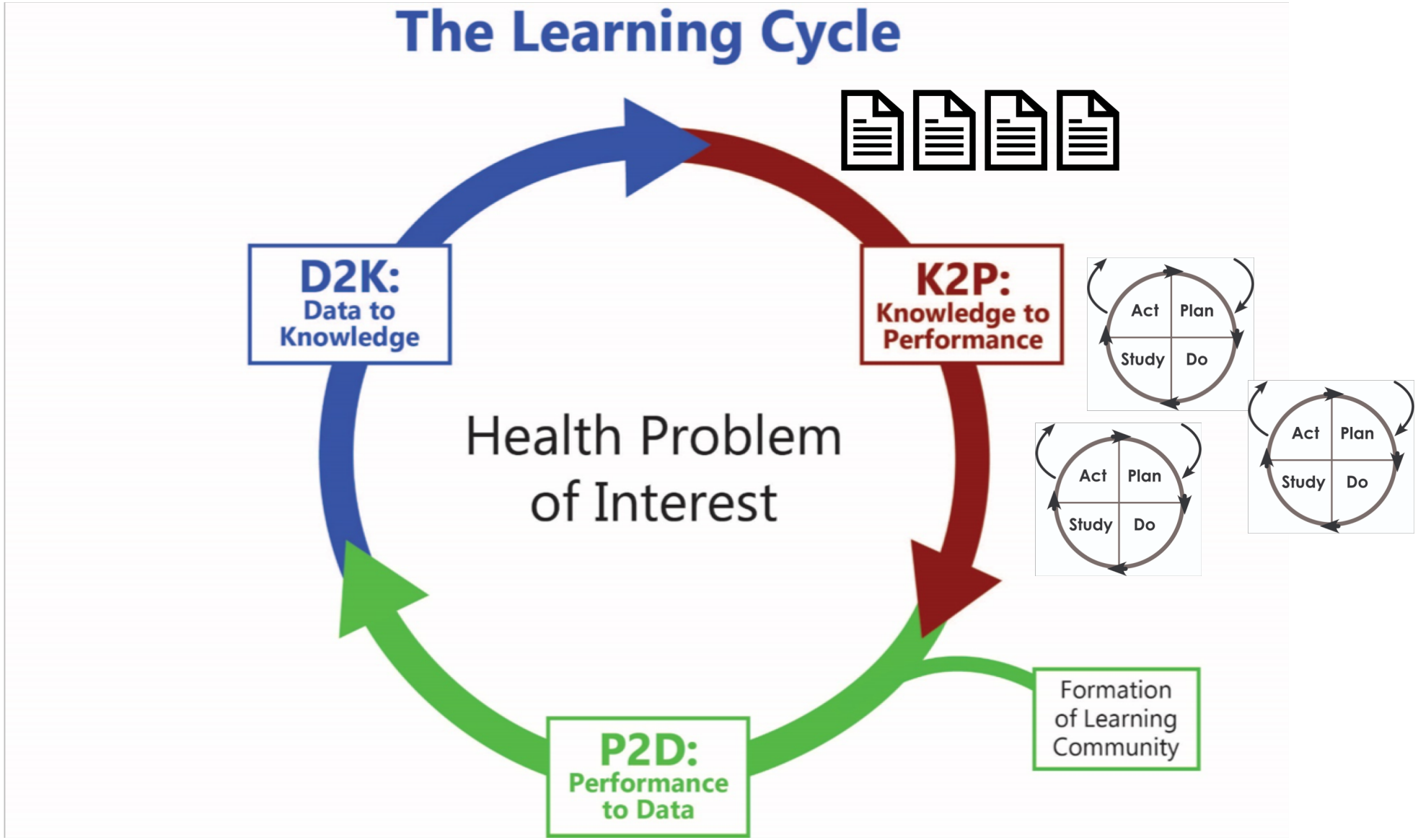



SINEK
START WITH WHY



PDSA Cycle

"learning to inform the evolution of a change idea to support achievement of the stated aim"



https://medicine.umich.edu/dept/lhs/explore-learning-health-sciences/our-approach

Imperial College London

HOME HONOURS AND MEMBERSHIPS RESEARCH PUBLICATIONS

DR JULIE E. REED

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BMJ Quality & Safety Latest content Current issue

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Article Text

Article info

Original research

Evolving quality improvement support strategies to improve Plan–Do–Study–Act cycle fidelity: a retrospective mixed-methods study

Chris McNicholas[1, 2], Laura Lennox[1], Thomas Woodcock[1], Derek Bell[1], Julie E Reed[1]

PLAN

What will happen if we try something different?
What question do we want to ask & what is our prediction?
Who will carry this out? (When? How? Where?)

DO

Let's try it!
Carry out your plan
Document any problems
Begin data analysis

STUDY

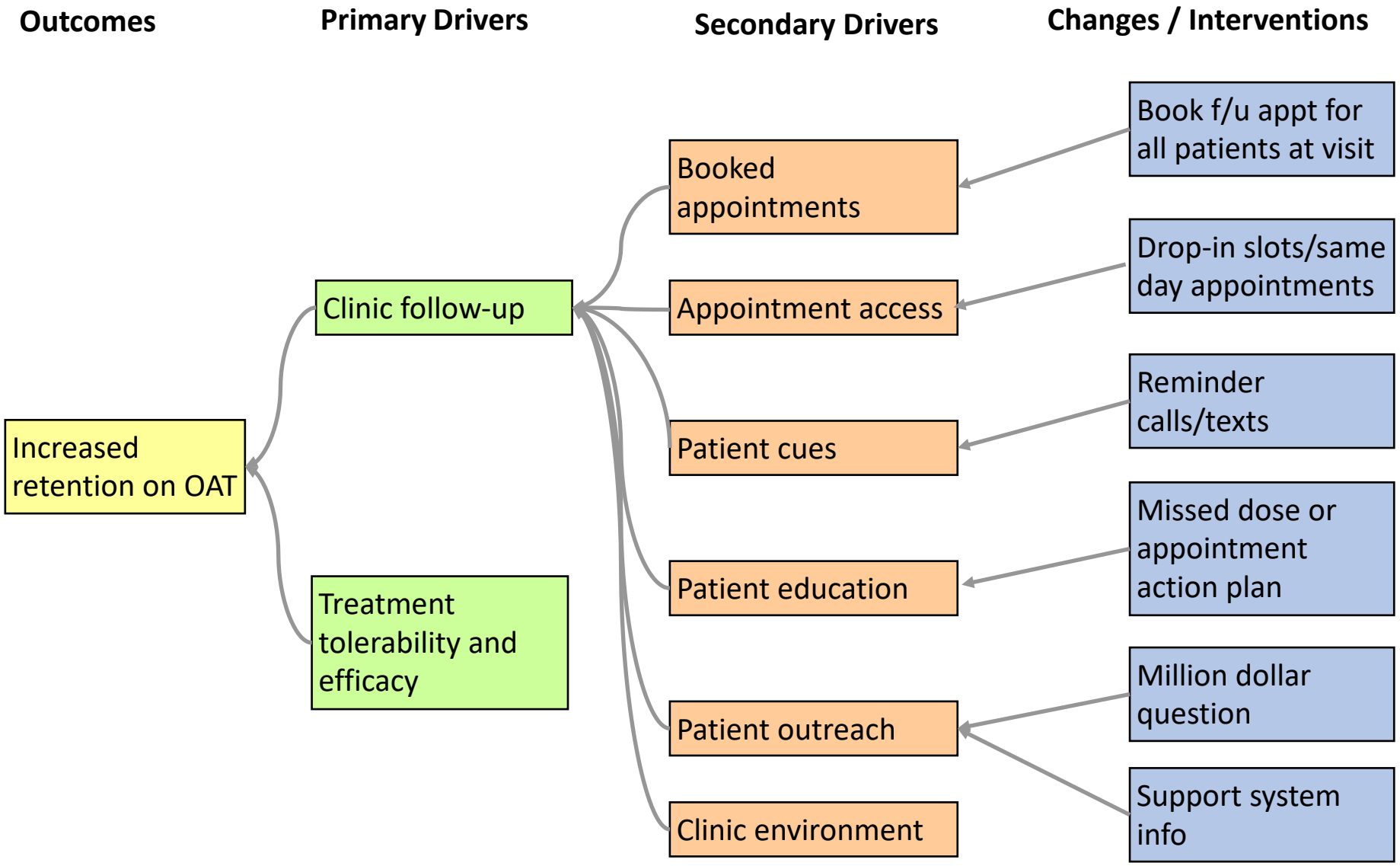
Did it work?
Complete data analysis
Compare results to your prediction
Summarize your results

ACT

What's next?
Ready to implement/adapt?
Try something else/abandon?
Next cycle?

Principle	Measure
Documentation	All PDSA cycle stages documented

“2% adhered to all six measures”


Outcomes
Primary Drivers
Secondary Drivers
Changes / Interventions
Increased retention on OAT
Clinic follow-up
Treatment tolerability and efficacy
Booked appointments
Appointment access
Patient cues
Patient education
Patient outreach
Clinic environment
Book f/u appt for all patients at visit
Drop-in slots/same day appointments
Reminder calls/texts
Missed dose or appointment action plan
Million dollar question
Support system info

Plan

- The BOOST team wants to try creating a missed dose and appointment action plan for each patient.
- The MD on the team plans to ask each of her patients what their recourse is when they miss an appointment or doses.
- She hypothesizes that some patients are not aware of steps they can take to stay on therapy
- She will ask this question to each of the 8 clients booked at her next clinic then document in the chart “missed dose and appointment action plan discussed (MDAAP)”

Plan (continued)

- She will report the following back to her team at their next BOOST QI meeting
  - Total clients seen
  - Total clients with MDAAP discussion
  - Total clients with MDAAP discussion where something new was learned
  - Qualitative info on the process
- She predicts that patients will learn from this, it will be feasible to fit in a clinic visit, and that there eventually will be a decreased No Show rate as a result

Do

- She carries out her plan during the next clinic day
- She documents as she goes
- Mid clinic, it gets quite busy and there are drop-ins, making her forget to do this for a couple of patients
- She makes some notes on common themes
  - “Not everyone knows we are open on the weekend”
  - “People report feeling embarrassed for missing appointments”

Study

- She reports back to her BOOST QI team at their next meeting
  - “I saw 10 clients that day. 7 were booked and 3 were drop-ins. It got quite busy so I missed having the MDAAP discussion with two patients, silly me! I did find that 5 out of the 8 patients learned something new about what they can do when missing doses or appointments, which is encouraging. It shocked me how many people didn’t know about our weekend openings and our on-call number. I also think we need to get across that no one should be embarrassed and avoidant if they do miss an appointment.”
- She was right to predict that patients had something to learn from this process, but it wasn’t always feasible to include this during the visit when the clinic was busy. It was too soon to tell if there would be an effect on No Show rate.

Act

- She asks her team what they think should be done next
  - MOA suggests giving a priming questionnaire to fill out before the patient sees the MD
  - RN volunteers to create the document and include information like opening hours, on-call number, etc.
- Her team agrees to ADAPT based on what they learned, leading to the following:
  - The team agrees to give a few days for the RN to develop the Action Plan to be given to patients before they seen the MD
  - They will then test this during the MD's next clinic

Plan (2nd PDSA cycle)

- The MOA will hand out the action plan to each client when they arrive for their visit
- The MD will record the following
  - Total clients seen
  - Total clients with Action Plan brought in
  - Total clients with Action Plan completed
  - Qualitative info on the process
- She predicts that this will make it less likely that she forgets to have the discussion, and less likely to forget some of the advice to give. She predicts patients will like having a paper to take home with the info on it

Do (2nd PDSA cycle)

- Team team carries out the plan during the next clinic day
- The MD documents as she goes
- She notes that the Action Plan that patients leave with has great information on it, but it would be nice if there was a bigger space for a customized plan to write in

Study (2nd PDSA cycle)

- She reports back to her team
  - “I saw 14 patients, what a busy clinic! Despite this, I was able to get in a quick MDAAP discussion with everyone. Thanks for handing those out, and thanks for preparing this useful document for patients. They really appreciated going over this and taking it away. I did wish I had a bit more space on it to write down a customized plan though”

Act

- Her team agrees to test this for each clinic day over the next week, with a slight modification to the form to allow for a customized plan
- Thinking ahead, if this goes well, they plan to review their progress with the other MD in the clinic and see if he is willing to test it out too
- They also plan to review the number of No Shows per week over the last little while to get a baseline, as they predict that this may decrease once enough people have the Action Plan completed
- They also discuss using the Action Plan at the time a No Show occurs, once the patient is reached to follow up. They plan a separate PDSA cycle on this.

Principle	Measure
Documentation	All PDSA cycle stages documented
	'Study' section documented in past tense
Learning activity	Learning activity present in PDSA cycle
Prediction	Explicit prediction documented in PDSA cycle
Iterative cycles	PDSA cycle within iterative series of 2 or more cycles
Small-scale testing	PDSA iterative series increasing testing scale
Use of data over time	PDSA iterative series using regular data over time

Discussion with your team

Project Progress Assessment Scale

0.5 - Intent to Participate
1.0 - Charter and team established
1.5 - Planning for the project has begun
2.0 - Activity, but no changes
2.5 - Changes tested, but no improvement
3.0 - Modest improvement
3.5 - Improvement
4.0 - Significant improvement
4.5 - Sustainable improvement
5.0 - Outstanding sustainable results