



# **Leadership Webinar 3: Introduction to the Model for Improvement**

**January 11, 2018**



# Please note:

## *This webinar is being recorded*

*Personal information in this initiative is collected under s.26(c) and 26(d)(ii) of the Freedom of Information and Protection of Privacy Act. The information is being collected in order to facilitate training and education as part of Clear. This webinar is being recorded and will be shared with program participants. We ask that you refrain from identifying patients, specific team members or offering any other personal information. If you have further questions, please contact the BCPSQC at 604 668 8210 or [clear@bcpsqc.ca](mailto:clear@bcpsqc.ca).*

# Your Clear team



**Tara Fitzgerald**, Improvement Advisor



**Mary Lou Lester**, Improvement Advisor



**Geoff Schierbeck**, Improvement Advisor



**Dr. Chris Rauscher**, Clinical Lead



**Dr. Ian Bekker**, Clinical Lead

**Ben Breslin**, Project Coordinator



**Eric Young**, Health Data Analyst



**Kevin Smith**, Director of Communications



**Shari McKeown**, Director, Clinical Improvement



# Goals for today:

- Provide an **introduction to quality improvement in health care**
- Review the **Model for Improvement** and how to apply it to an improvement project;
- Identify ways to **recognize opportunities** for improvement and **generate creative ideas** for change;
- Brainstorm how to develop and test an idea for change using **Plan-Do-Study-Act cycles**

# 5 fundamental principles of improvement:

## 1. Knowing why you need to improve

- Is there a gap in quality care?
- Baseline data
- Leadership awareness and approval

## 2. Having a way to tell you if the improvement is happening

- Measurement
  - Not all about the numbers! Stories/Surveys
  - Share your progress

# 5 fundamental principles of improvement:

## 3. Developing an effective change that will result in an improvement

- Brainstorm!!
- Many ideas will be good
  - Which area do we think would have the greatest impact towards meeting our goal?
  - Which area do we need to improve the most to meet our goal?

# 5 fundamental principles of improvement:

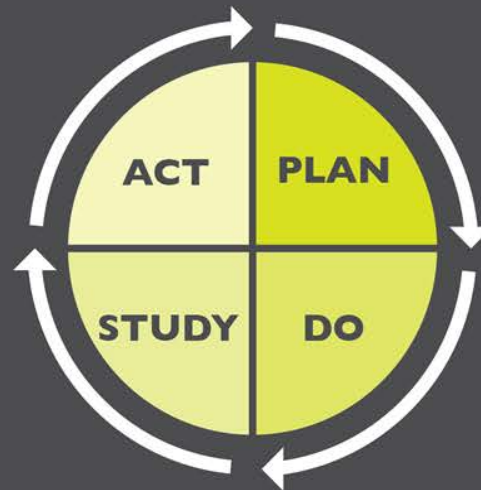
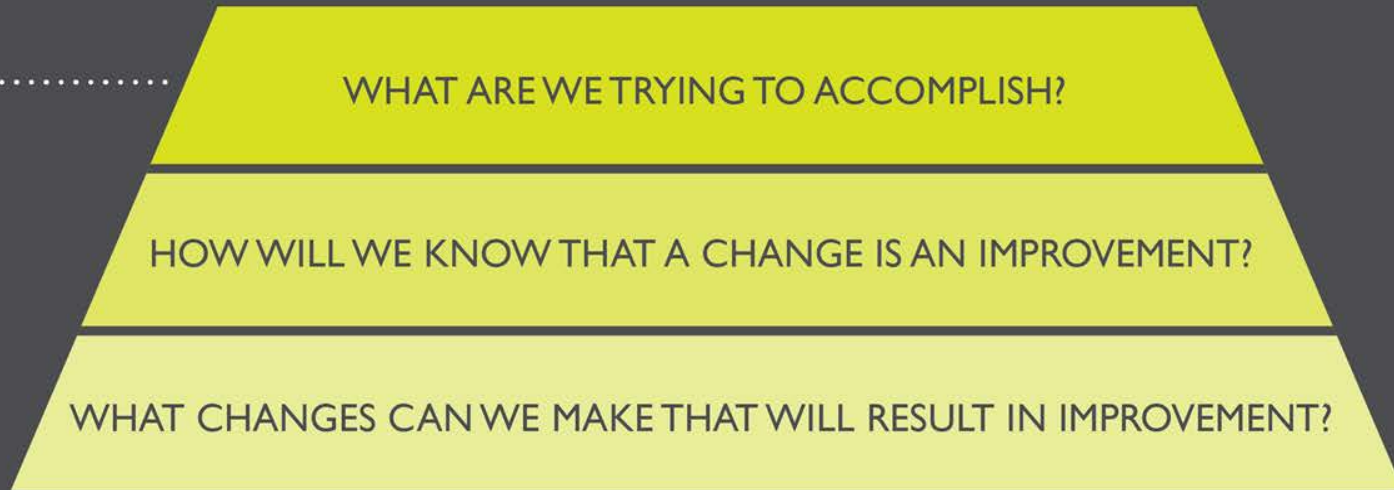
## 4. Testing a change before trying to implement

- Use the *Model for Improvement* to find out what works
  - Small tests of change
  - PDSAs (Plan Do Study Act)

## 5. Knowing when and how to make the change permanent

- Spread proven changes to other areas

# MODEL FOR IMPROVEMENT



+ Describe the problem and build an aim statement.



# Problem Statement

- **What is the issue we are trying to address?**
  - Spend time reflecting on how you work (process map)
  - Engage your staff
    - Are their concerns the same as yours?
  - Driver Diagram
    - Appropriate antipsychotic use
    - Best practice management for residents with BPSD
    - Culture: Enhance Teamwork and Communication
    - Resident Care Planning for Quality of Life and Safety

# Who Will You Involve?

# Choosing Wisely Canada says:

- Don't use antipsychotics as first choice to treat behavioural and psychological symptoms of dementia (BPSD)
- Don't routinely use antipsychotics to treat primary insomnia in any age group
- NEW [Toolkit](#)



# Aim Statement

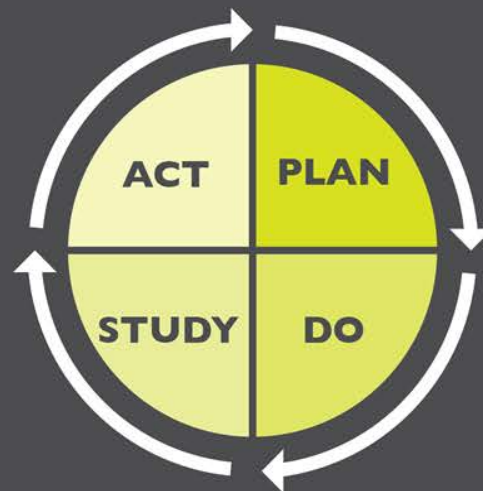
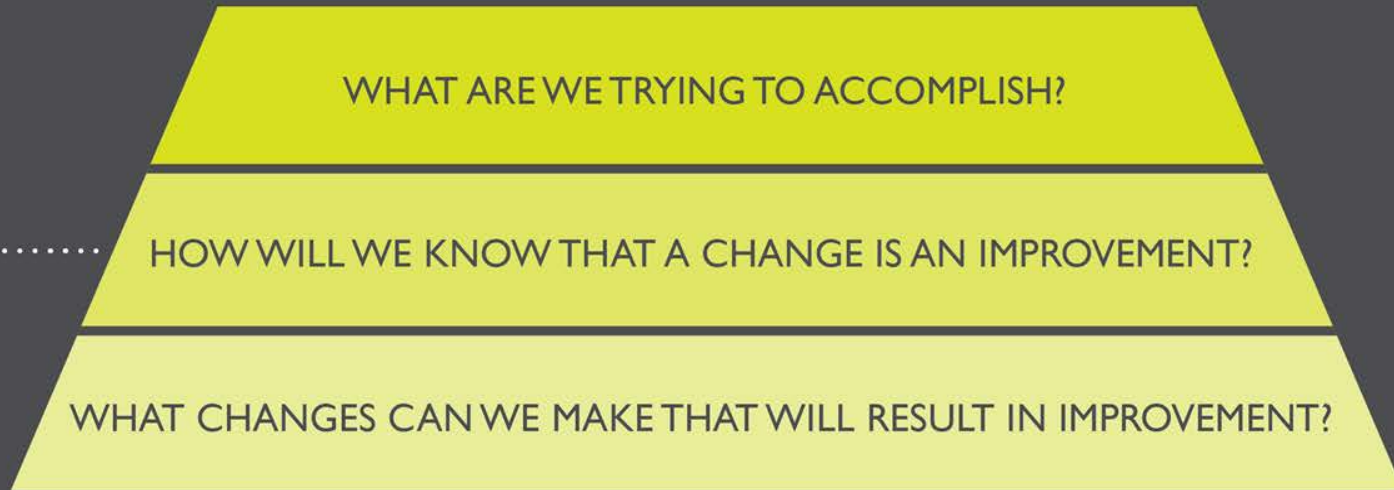
## What are we trying to accomplish?

To reduce the rate of antipsychotic use in residents without a diagnosis of psychosis in participating care homes across the province from baseline to the national average (21.8%) by April, 2019

# Aim Statement

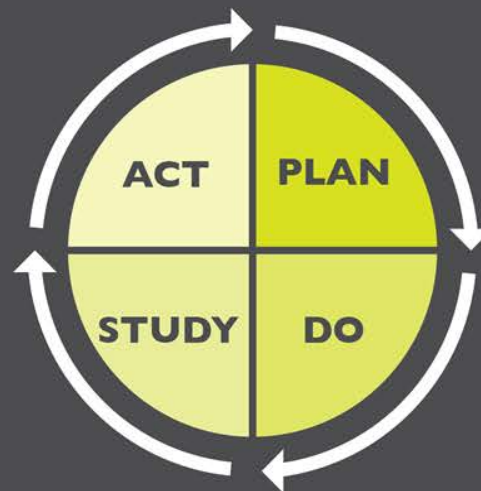
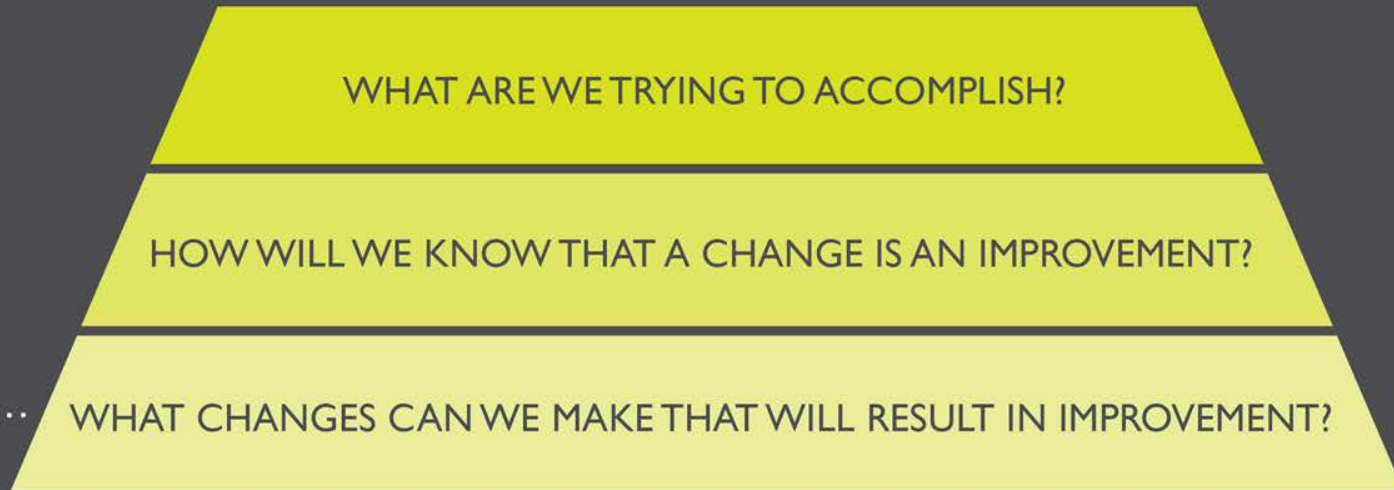
- **4 key details:**
  - What you are actually doing
  - Where you are doing it
  - By how much
  - By when
- Should provide **clarity to all**
- Does not need to describe how you will achieve your aim

# MODEL FOR IMPROVEMENT



+ Determine what to measure and how to collect this data.

# MODEL FOR IMPROVEMENT



+ Choose change ideas to test using PDSA cycle.

# Ideas for Change

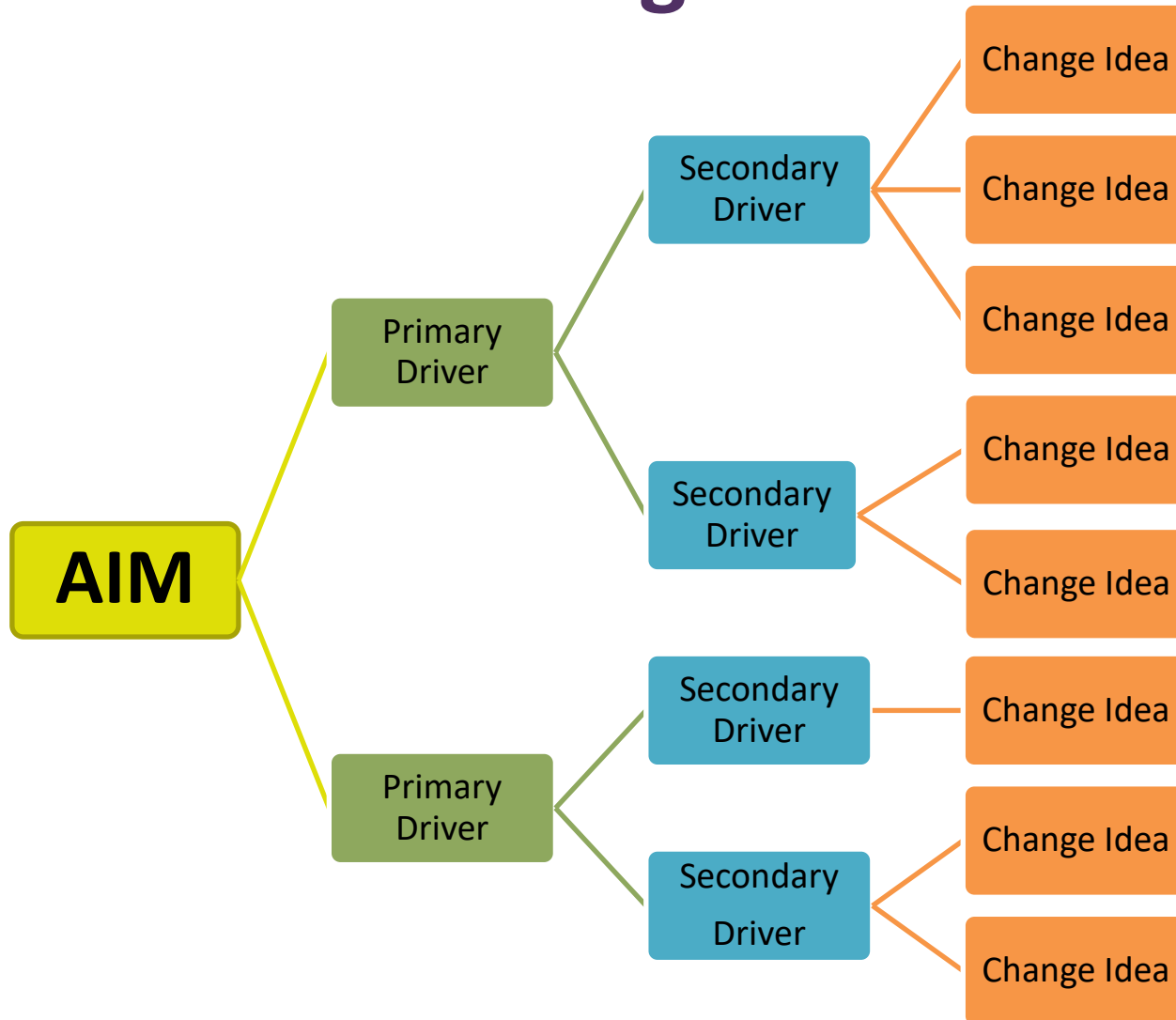
- Not all changes result in improvement
- Often we need to test a number of different ideas to achieve our aim
- Adapting best practices for your setting (i.e. BPSD algorithm, PIECES, Antipsychotic pre printed orders)
- Ideas for change come from various sources



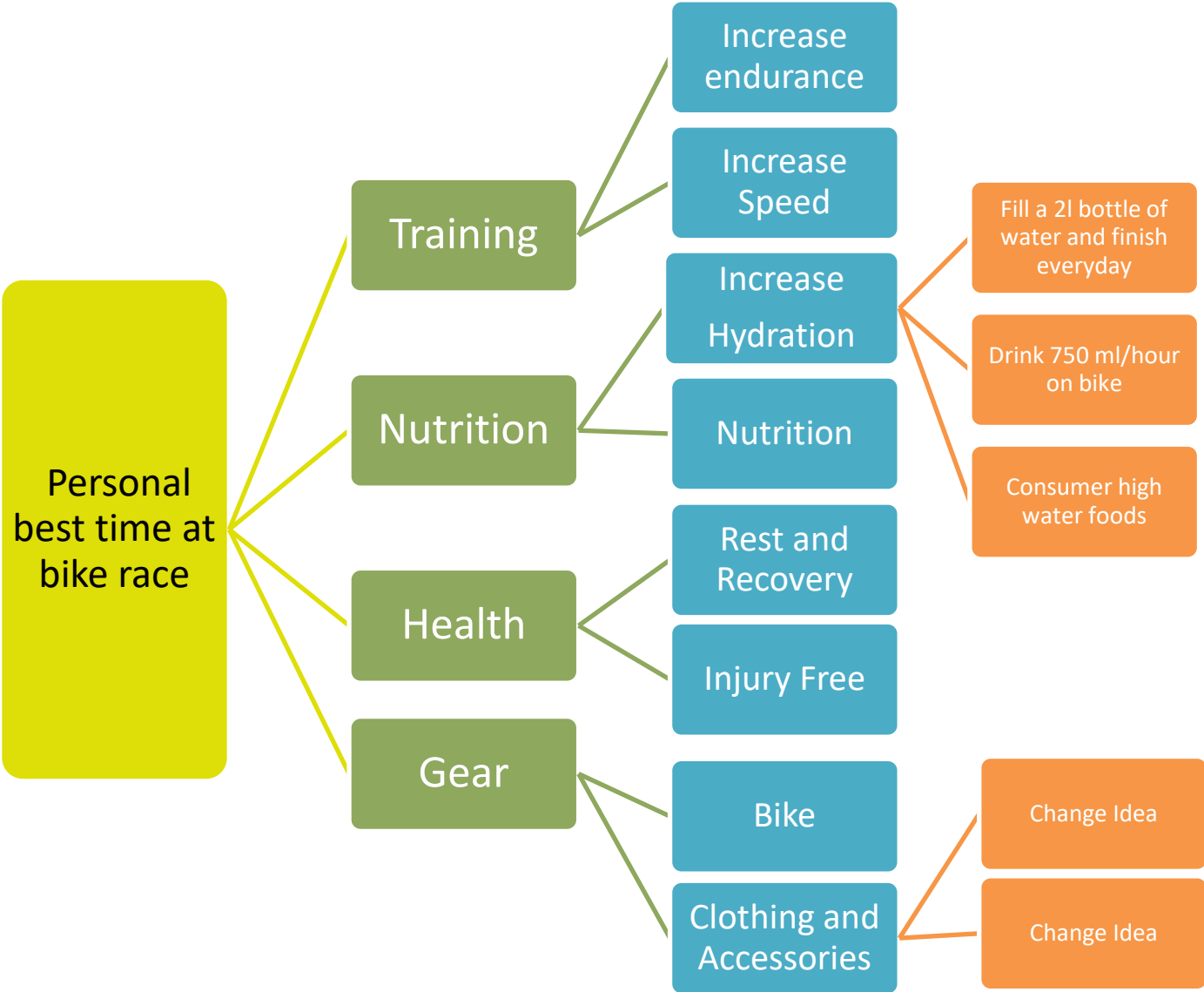
# Creative Thinking

- **Brainstorm change ideas**
  - Both leaders and front line staff need to participate
    - Leaders – agree with the choice
    - Front line staff – see value, passionate
- What are the **greatest strengths of our team** that can be leveraged to ensure the aim is achieved?
- Which one area would **we want to improve most** in order to achieve our aim?
  - Process mapping

# Driver Diagrams



# Example



## PRIMARY DRIVERS

## HIGH IMPACT CHANGE IDEAS

### 1 Appropriate antipsychotic use in residential care

- » Use antipsychotic medications only when appropriate and following recurrent assessment
- » Enhance interprofessional medication review processes; specifically, review antipsychotic medications more frequently\*

### 2 Best practice management for residents with BPSD

- » Introduce BPSD Algorithm as the basis for BPSD recognition and assessment using case studies, quizzes, etc. to make the Algorithm accessible
- » Trial and review non-pharmacological strategies before considering antipsychotic medications
- » Enable a change in staff responsibilities to address resident needs 24/7 e.g. sit with residents and talk, play cards, etc.
- » Deliver enhanced education about dementia and BPSD for all staff/residents/families/caregivers\*
- » Match staff composition to resident needs 24/7 e.g. more staff at the end of day during "sun-downing"

### 3 Culture: Enhance teamwork and communication in workplace and workflow

- » Implement focused team huddles on units\*
- » Support an environment of respectful communication, teamwork and learning e.g. use Culture Toolbox\*
- » Identify local champions to support staff during challenging care situations
- » Debrief with staff following incidents resulting in harm associated with BPSD
- » Have leaders spend time with direct care staff, residents and families/caregivers to hear about issues and concerns on the unit/village/home\*

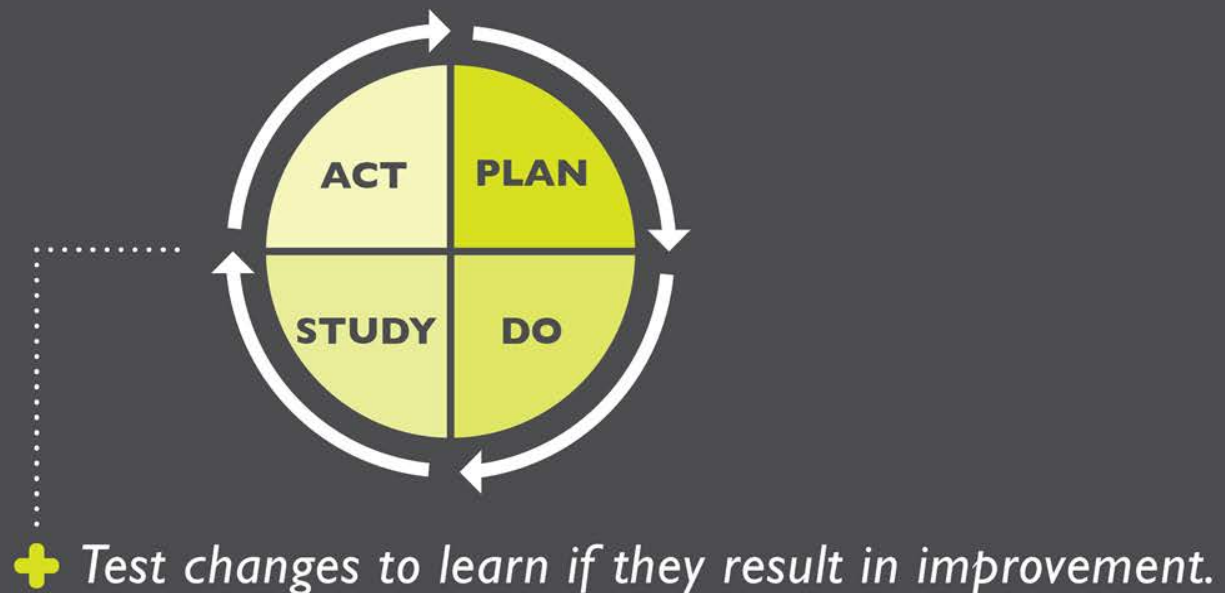
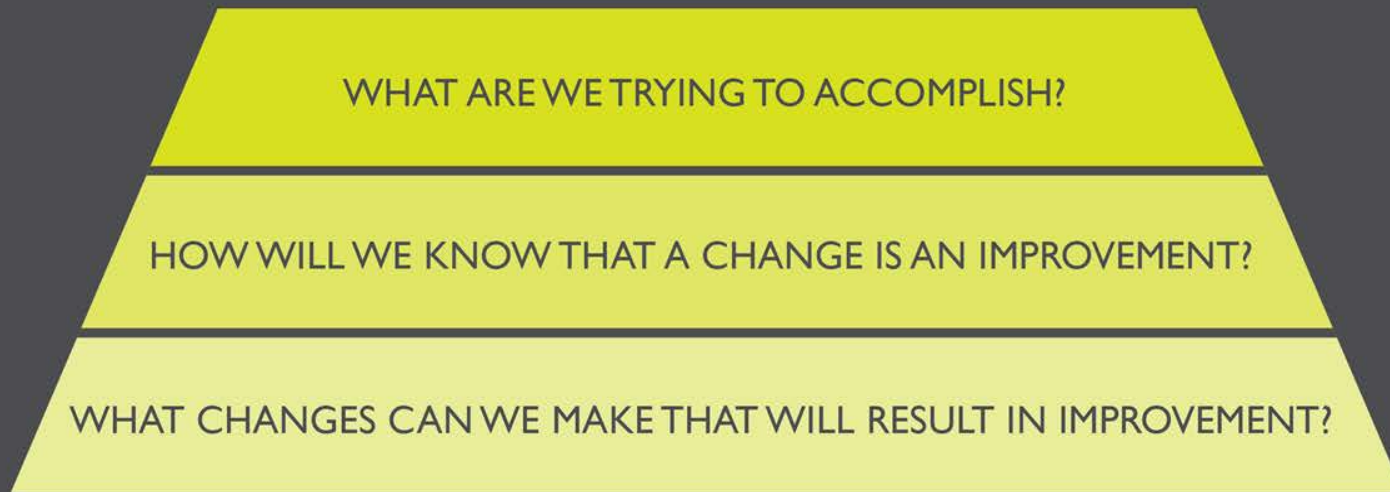
### 4 Resident care planning for quality of life and safety

- » Track, communicate and follow up on observations from all levels of staff and family/caregivers
- » Develop interprofessional resident care planning sessions
- » Implement behaviour tracking for a residents exhibiting BPSD
- » Involve family/caregivers in all of the above e.g. resident behaviour tracking, interprofessional care planning and care reviews\*

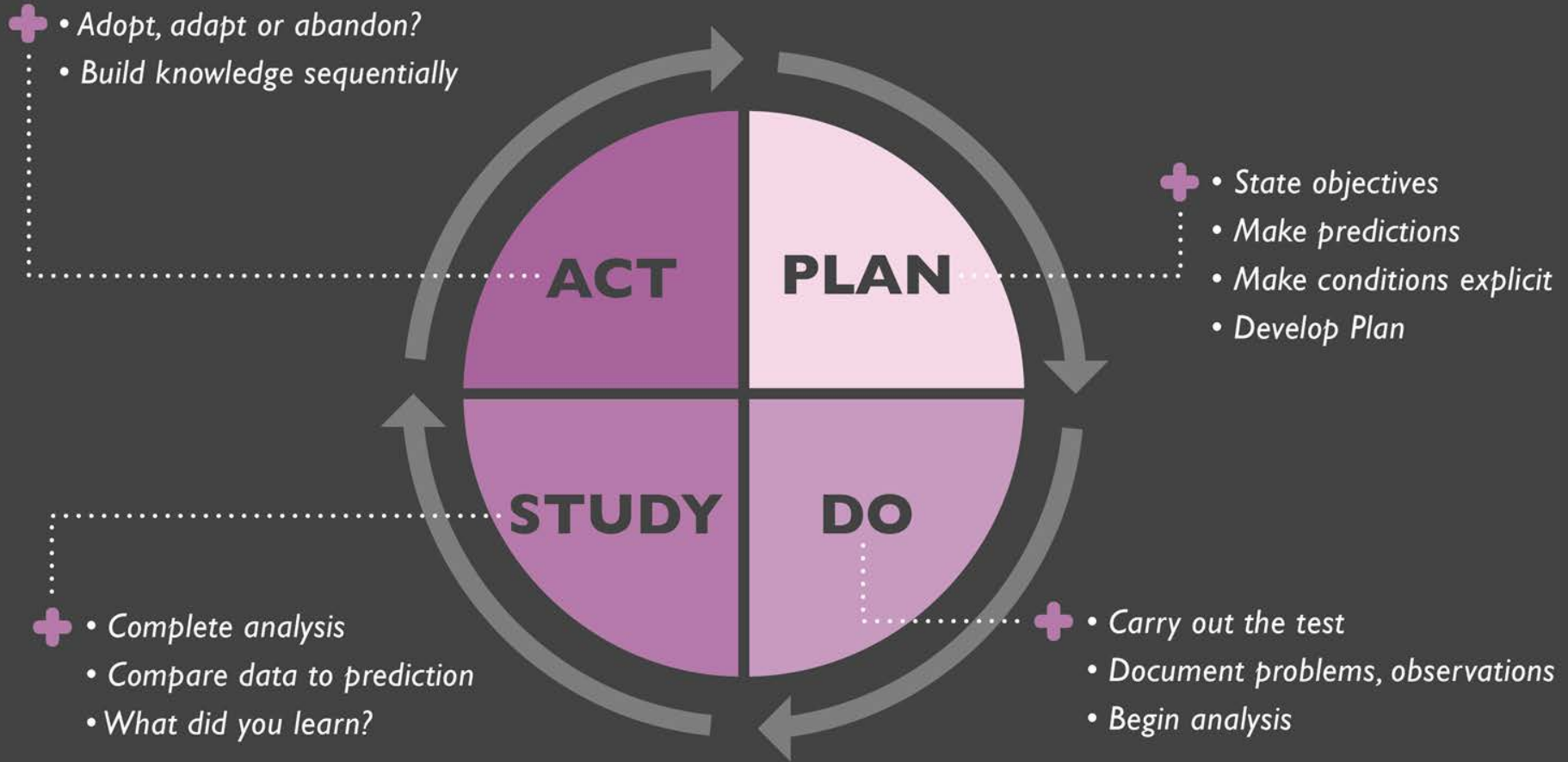
\*These changes may be considered an "enabler" for other change ideas

# **TESTING CHANGE IDEAS USING PDSA CYCLES**

# MODEL FOR IMPROVEMENT



# PDSA CYCLE



(Adapted from Langley et al, 2009)

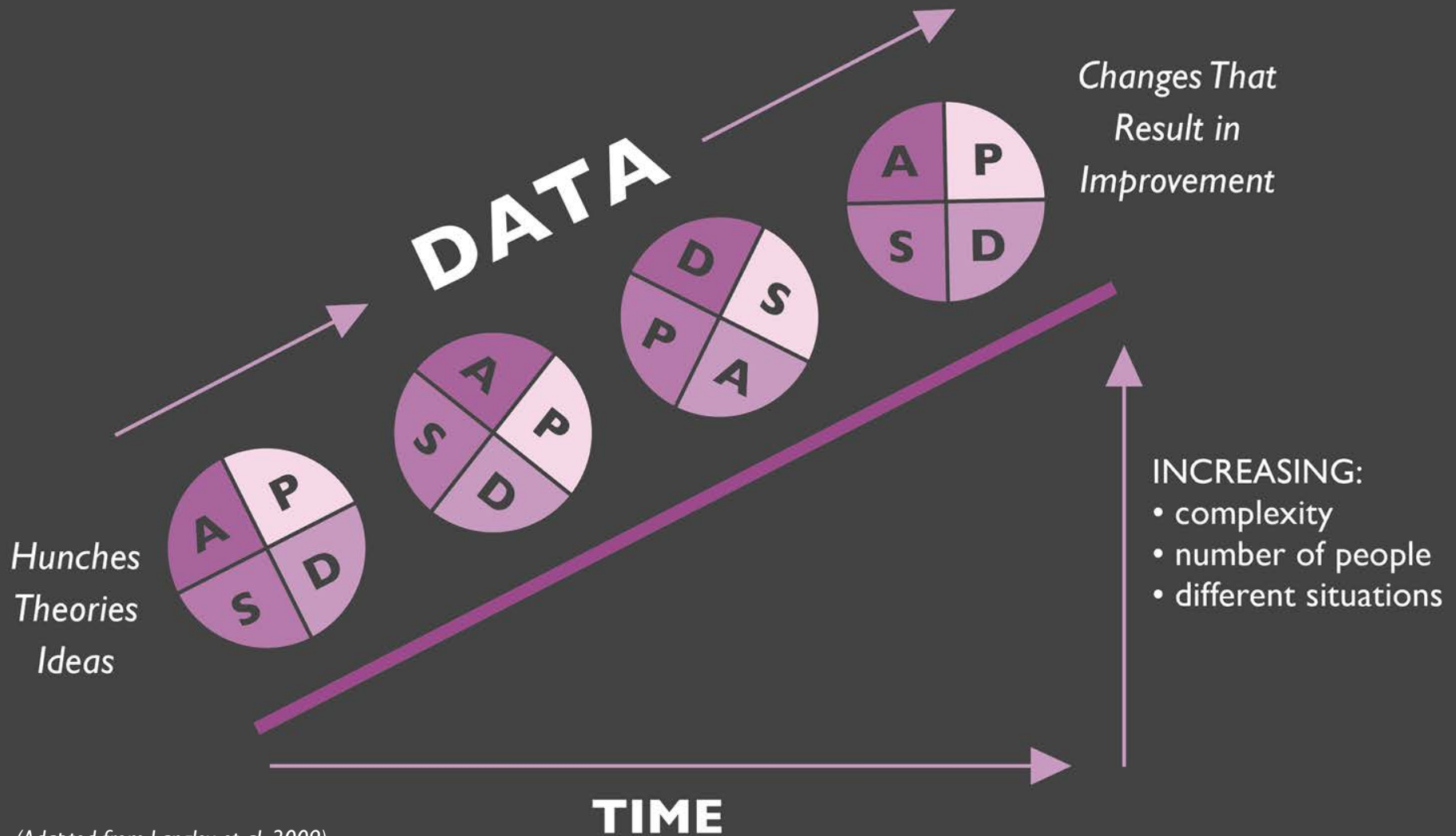
# Why Do We Need PDSA Cycles?

Because we don't know:

- How well an idea will work
- How the idea is best delivered
- If it will work in all conditions
- When it won't work
- How it will affect other parts of the system

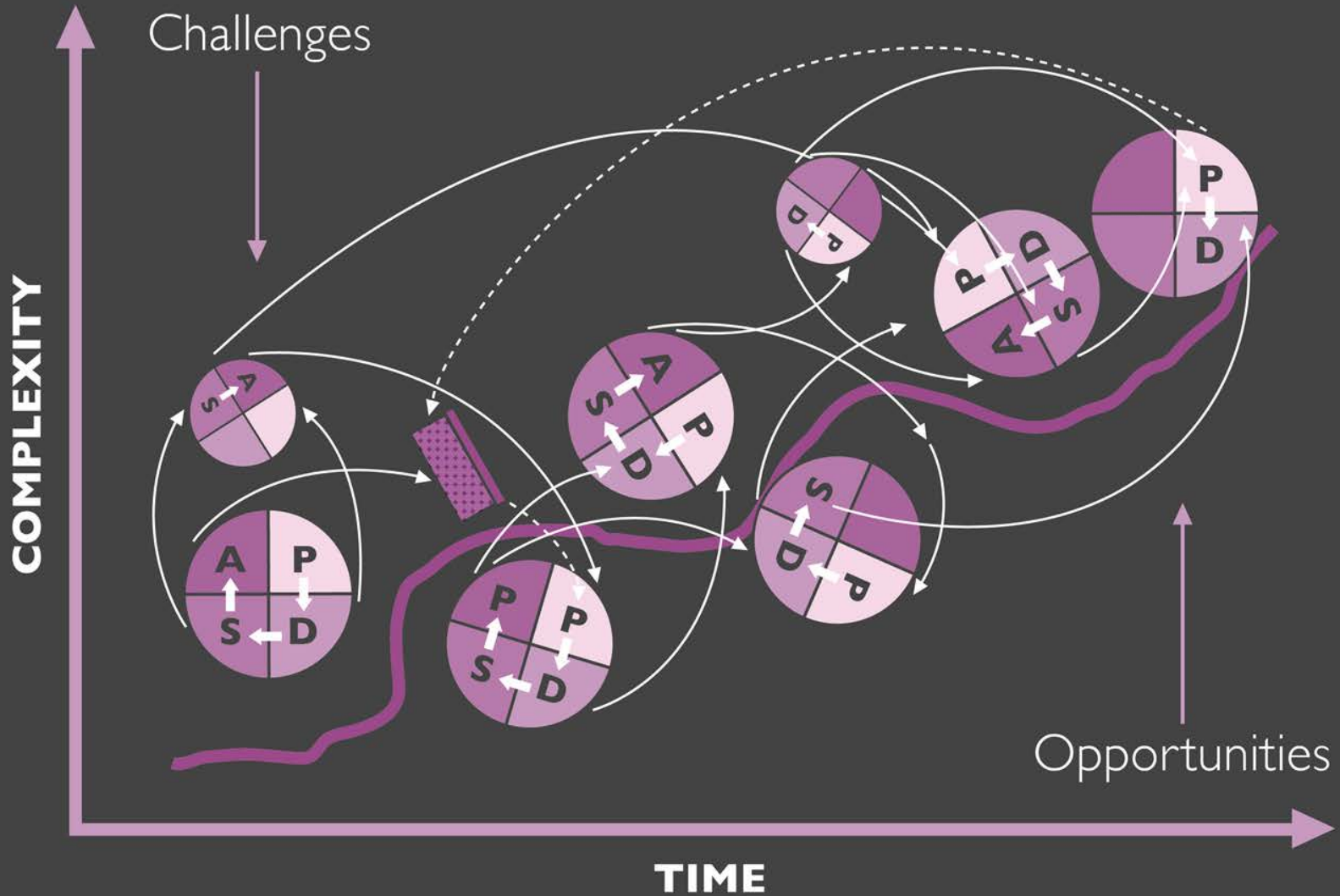


# REPEATED USE OF THE PDSA CYCLE



(Adapted from Langley et al, 2009)

# PDSA REALITY



# Test Under Different Conditions

- Different employees
- New employees
- Different patient groups
- Complex patients
- Day shift vs. night shift
- Hours of the day
- Days of the week

# Aim Statement

Memory Loss Manor will reduce their Q3 (2016) CIHI unadjusted baseline average for “potential inappropriate use of antipsychotics” by 25% by June 1, 2018

## Change Idea to Test (PDSA)

Trial and review non-pharmacological strategies before considering antipsychotic medications  
(Start small – one resident)

# Examples

- Complete a Get To Know Me form with the family and resident for the next admission
- Complete a DOS form for 1 week prior to the next care conference for a resident diagnosed with dementia on an antipsychotic
- Debrief with staff after incident resulting in harm from BPSD

# Keep In Mind...

- An aim statement provides a clear understanding of what we are trying to improve
- Collecting data will tell us if the ideas we are testing are making an improvement
- PDSA cycles guide action and provide structure for testing ideas