

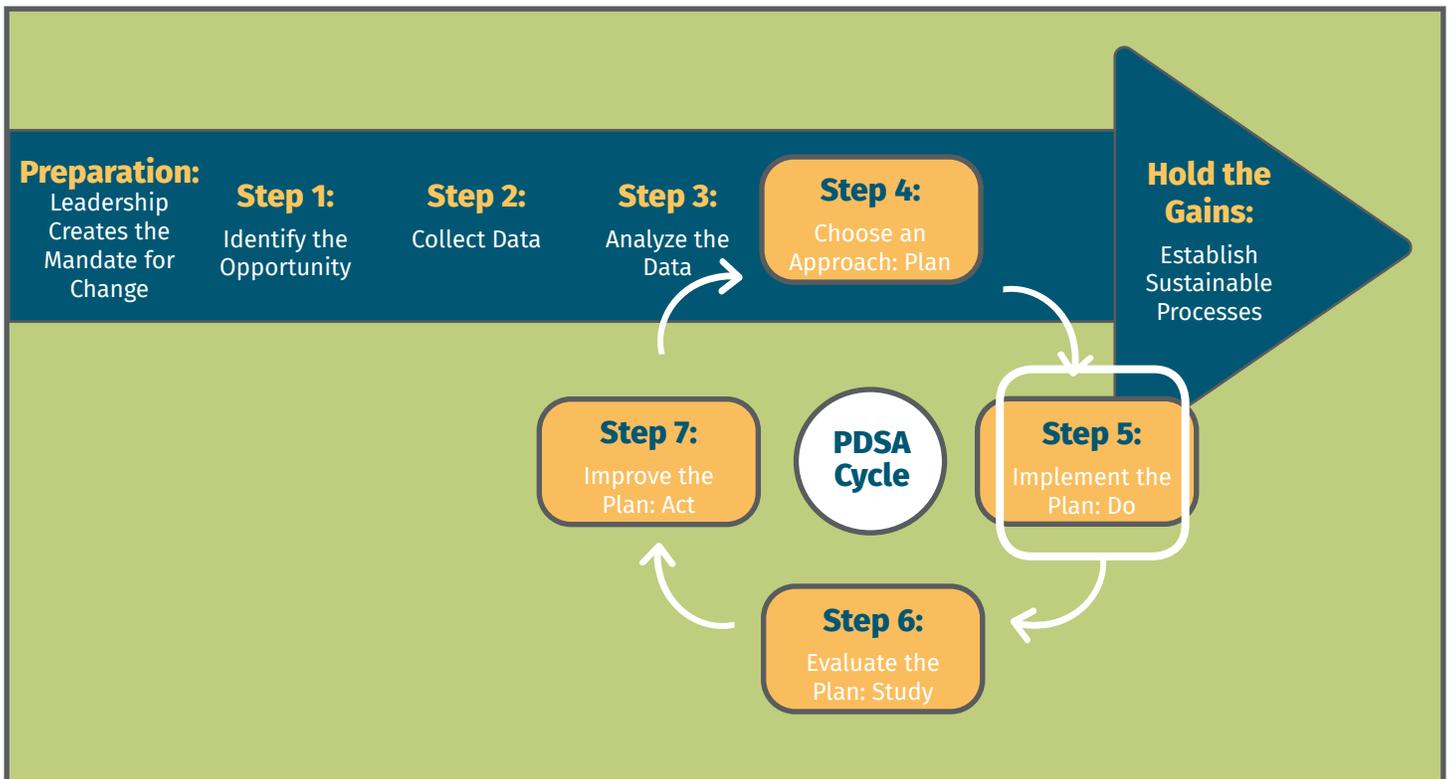


# STEP 5: IMPLEMENT THE PLAN - DO



## THE QI APPROACH:

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### About this Step

#### Purpose

Step 5 is the Do part of the process. It is when you build your proposed approach into a workable process that leads to systematic improvements. It is when you test your plan. These are the kind of changes that have a good chance of working long-term. In Step 5 you will outline the improvement process(es), and test and refine them in preparation for implementation.

As the team starts outlining the details of the new approach, keep in mind that you need to develop the processes, not just the tools. For instance, if you are creating an Information Summary within the EHR that will be shared by all on the care team, you will need to all agree on the purpose it will serve, and how it will accomplish your goals. Secondly, consider the process by which the Information Summary will be completed: how, when, by whom, etc. Then work on the content. If you ignore the process for actually working with this new change, you risk creating more unused documentation or uncompleted tasks.

## Objectives

- To translate your improvement approach into a workable process
- To pilot test and refine those processes

## Preparation for Team Work

- Review with the team the Plan you developed in Step 4
- Secure the resources you will need to develop and test the improvement(s)
- Ensure that your improvement approach and intentions are adequately communicated

## Overview of Suggested Activities

1. Set objectives describing what the new improvement process(es) should accomplish
2. Develop detailed flowcharts to illustrate each new process
3. Pilot test, evaluate, and refine new processes
4. Secure the tools and resources needed to implement the new process(es) system-wide

## Suggested Activity Details

### *During the QI Team meetings...*

#### **1. Set objectives describing what the new improvement process(es) should accomplish**

- Identify what processes are involved with each process from your Step 4 improvement plan.
- Ask how this new process will meet customer needs and solve the root causes identified.  
For example, an Information Summary might be intended to serve the following purposes:
  - **To have all information needed during an encounter with a patient**
  - **To have all the same information collected for all cardiovascular disease patients**
  - **To have the information quickly and easily accessible**
  - **To have the information current at all times**
  - **To facilitate monitoring one type of information (such as blood pressure or lipids) over time and to relate that to other information (such as medication changes)**
  - **To facilitate audits to assess the care process and outcomes**
- As the team develops specific objectives such as those above, ask whether they will meet the root causes of problems identified in Step 4.

#### **2. Develop detailed flowcharts to illustrate each new process**

- When developing the process for operating under each improvement, it is usually helpful to flowchart the new process in detail.
- Assign individuals or a small work group to develop a first draft of a detailed flow chart for each process. This will help ensure that each individual process fits together into one integrated system. It will also improve the individual process by exposing their flowcharts to the variety of viewpoints and experiences of the team.
- Have the entire team review and revise the flow chart. As the team reviews a process flowchart, ask two questions:
  - **Does the process meet the purposes/objectives described for it?**
  - **Is the process as simple as possible?**

### 3. Pilot test, evaluate, and refine new processes

- Don't skip this step! Pilot testing is essential and too often gets left out. Pilot testing is especially important because you are proposing to make system-wide changes that could have broad impact and ramifications to staff and patients. A pilot test will enable the team to better evaluate the impact and effectiveness of the proposed solution, identify potential barriers, and determine whether you have the adequate resources to support full implementation. Your team can then refine the solution and generate a detailed plan to implement the improvements across the entire practice.
- Before you pilot test any process, consider what you most want to learn from the test. The type of information you need should be easy to collect. For example, even testing with 2-3 patients may help you learn:
  - **Whether the new process was used at all**
  - **Whether the process was used consistently**
  - **What the participants thought of it**
  - **What problems and advantages they experienced using the new process**
  - **What suggestions participants have to improve the process**
- There are a number of ways to pilot test a process:
  - **Stage a mock run of the process. For example, have people play the roles of the various members of the care team to determine whether the new process can be followed.**
  - **Ask several people to try out the whole process or parts of it for a short time or for a few patients. For example, to understand how something like an Information Summary is used, you could look at 5-10 patient charts from the pilot test and see if the form has been used as intended. Answers to other questions can be obtained using a short questionnaire or brief interviews of the test participants.**
- Based on your evaluation of the pilot test information, you should be able to refine the processes and/or tools to prepare them for full implementation. If you make substantial changes, you may want to retest and re-evaluate the process.

### 4. Secure the tools and resources needed to implement the new process(es) system-wide

- In Step 4, the team solicited leadership commitment for support for the proposed improvement approach. Now the team should be able to create a detailed list of what resources will be needed to implement the new processes.
- If you haven't done this already, now is the time to create a line-item budget and collect those tools and resources. Consider the following:
  - **Supplies and materials, including maintenance**
  - **Personnel, time, and expertise**
  - **Space (for meetings, trainings, patient group sessions as appropriate, etc.)**
  - **Services, such as IT, for anything related to the EHR**
  - **Scheduling**
  - **Trainings**
- Brainstorm potential sources of the resources needed, and enlist your Sponsor to secure the resources. Cost is often a limiting factor and pilot testing your process is a good way to determine the costs of implementing and sustaining the changes. Be prepared to test alternative methods at reduced costs. If cost appears to be the only barrier to implementing a good idea, consider soliciting funds from external sources like pharmaceutical companies, government agencies, and private foundations. External funding may help launch improvements, but you will still need to develop the financial capacity for sustaining the changes internally.
- With all the elements to consider in this step (what processes to improve, the objectives, flowcharts, resources, pilot testing, and evaluating the pilot tests) you may find it beneficial to draft a written plan. This would aid in communicating your intentions to leadership and others.

## ACCELERATED QI OPTION

Step 5 is where the alternative rapid approach differs from the more methodical steps to quality improvement. It avoids planning an entire multi-component process in great detail before implementation. Instead, it relies on a more incremental approach.

To accelerate Step 5, simple changes from the overall improvement design from Step 4 are tried out on a trial basis, one at a time. Each trial includes simple measurements to evaluate its success. For the process you want to test out, such as the Information Summary, you will need at least one provider and care team to agree to test it out. They will need to provide you feedback on how the process went, including an approximate amount of time it took to complete the tasks. If tests and improvements are made in rapid succession, you can more rapidly get to your goal with something that can be implemented system-wide. For many processes, this should only take weeks rather than months.

### ***The keys to this accelerated approach involve four principal activities:***

1. Plan small strategies that can be tested within a week's time. Be sure each change is compatible with the overall improvement plan, and that each trial would help to answer concerns about the new process. Ask one or two people to undertake the week-long test and provide them with the instructions, information, and tools they will need. Carefully choose a few measurements to evaluate the trial. Make sure the data will be simple to collect.
2. Try one or more changes on just a small number of cases (usually 5-10).
3. Evaluate the results of the trials.
4. If the trial is successful, refine the process to prepare it for full implementation (which will happen in Step 6).

Rethink those strategies that did not work well and make the necessary improvements.

## RESOURCES

### Plan-Do-Study-Act Cycle

#### **Plan-Do-Study-Act (PDSA) Worksheet**

*From the Institute for Healthcare Improvement*

<http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx>

This page describes the PDSA cycle and provides a worksheet to document a test of change. Brief videos explaining PDSA cycles are also available on the page.

#### **Science of Improvement: Testing the Changes**

*From the Institute for Healthcare Improvement*

<http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

This page describes the Science of Improvement: Testing the Changes.