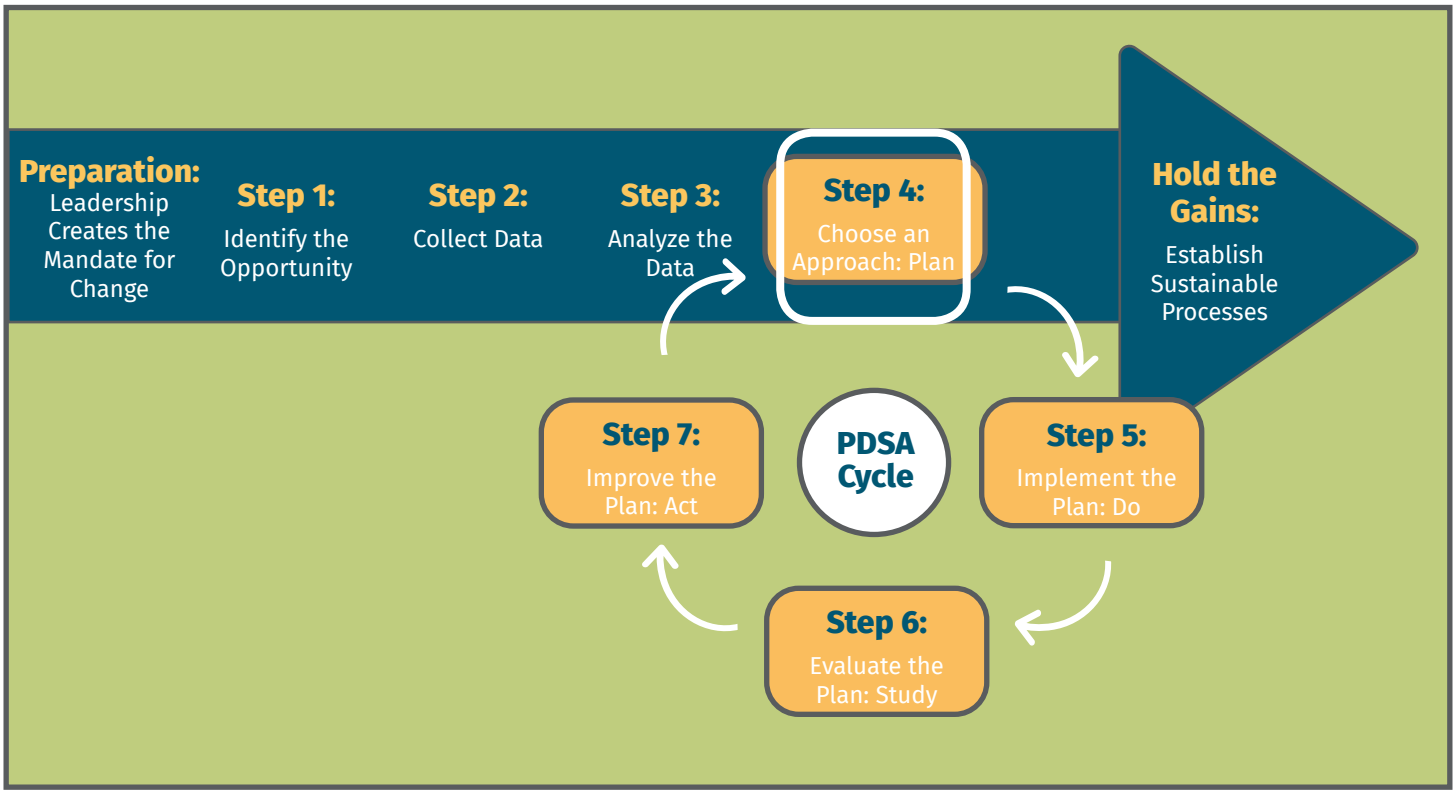
STEP 4: CHOOSE AN APPROACH: PLAN

SOUTH DAKOTA CARDIOVASCULAR COLLABORATIVE

THE QI APPROACH:



About this Step

Purpose

This is the Plan part of the process. Step 4 involves selecting an approach for making changes that will address the root causes you identified in Step 3. The team will have to decide the scope and direction needed to make improvements. Can you tinker with existing processes or will you need to design and organize an entirely new system? In what order will you make your changes and where do you start?

The team will develop a strategy that includes both an overall direction and specific changes that the team expects to show improvement. It will be helpful to look at best practice recommendations and success stories from other similar organizations to help identify strategies that have worked for other organizations like yours, keeping in mind that all organizations are different and have their own unique culture. The team will need to decide on a strategy that will fit their situation and ensure buy-in from leadership as well as providers involved in the improvement effort. Once the team has identified some improvement options and decided on an overall approach, you need to get organizational backing to make those changes.

As with the previous steps, Step 4 may require multiple meetings and work between meetings to accomplish this step. The team should be prepared for that.

As part of each meeting, you'll want to make sure to:

- Discuss next steps
- Review the meeting record and task assignments
- Evaluate the meeting and make changes to improve the meeting process where indicated
- Set a tentative agenda for your next meeting

Objectives

- To describe the desired care system and potential change strategies
- To plan the scope and direction of your improvement approach
- To obtain support and resources for your improvement plan

Preparation for Team Work

- Review the team's findings from Step 3
- Summarize the responses received from communicating the team's conclusions
- Examine your desired state and compare it to your current system as you now know it

Overview of Suggested Activities

1. Develop a vision of the desired care system
2. Determine the scope and direction of the improvement efforts
3. Identify potential strategies for making changes to achieve the vision
4. Outline an overall improvement plan
5. Secure the support and resources needed to implement the plan

Suggested Activity Details

During the QI Team meetings...

1. Develop a vision of the desired care system

- The team may have a strong desire to jump right in and start changing things now. If you have uncovered some simple problems that can be easily and quickly solved, by all means, do that immediately. There are often real benefits from making small changes – both for the morale of the team and for the support this may create for the more difficult changes ahead.
- However, your analysis in Step 3 will likely suggest that major, clinic-wide changes will be needed. The large scope of such changes demand careful planning.
- Start by forming a vision of the cardiovascular disease care system you want to create. Keep in mind this system is a model that should be usable for the care of any chronic disease.
- Examine the current system/processes and its problems as found in Step 3. It may help to display the team's model care system in a diagram or flowchart.
- Perform a care system review to compare what you have currently with what you want.

2. Determine the scope and direction of the improvement efforts

- Compare the current care system with the model to get a sense of the magnitude of changes needed to reach that vision.

  There are basically three choices:

  - **Build a new system from scratch.**

    This approach is most desirable if you discover there is no system at all. The team will need to decide where to start and how rapidly to build this new system.

  - **Re-organize existing pieces and improve some of them.**

    This is an approach to take if parts of your system are already in place, but it is not well coordinated, is missing parts, is incomplete or operates poorly. This is a major renovation, but it will not be as large as building a whole new system.

  - **Make selected improvements.**

    This approach assumes your clinic either has a reasonably good system in place OR creating a whole new system is not desirable or possible. In either case, major improvements can still be made by concentrating on a few areas needing the most attention.

- Get a reality check from your Sponsor. Is this degree of change even possible? What scope of change would clinic leadership and staff likely support?

3. Identify potential strategies for making changes to achieve the vision

- Change strategies are high level ideas or concepts for improving a process. After the team has discussed the ideal system they envision, consider these ideas as possible ways to implement various parts of the system.
- Note, some of the changes have a broader scope than others. In choosing strategies, it is important to recognize that each is a small part of the care system you plan to build or improve. Although these strategies work synergistically, you will need to eventually implement most of them in order to have a complete care system. Simply following some of them will NOT result in sustainable, high impact improvements.
- The most appropriate change strategies are those that help meet your improvement goals, are feasible, and are acceptable to those most affected by the change.
- The team can further define the scope and direction of the improvements by choosing some broad strategies that have led to improvements in other sites. Research what strategies have already been used elsewhere and brainstorm new ideas.

  See* Focus On: Change Strategy Examples *on the next page, as well as the resources at the end of this module to help generate some ideas.

Focus On: Change Strategy Examples

Listed here are some examples of strategies to improve cardiovascular care processes.

Develop a systematic approach to providing all the recommended elements of care for people with cardiovascular disease, rather than having different approaches for each clinician and seeing those approaches applied inconsistently.

> **EXAMPLE:** This strategy will require multiple solutions that include building shared protocols, information systems and supporting processes, delegating duties and involving the patient in the process.

Make the cardiovascular disease clinical practice recommendations very visible to patients, clinicians and staff.

> **EXAMPLE:** Display the recommendations on the wall in each exam room and imbed them in the EHR.

Put standing orders in place and imbed in the EHR for as many clinical care tasks as possible.

> **EXAMPLE:** Display the recommendations on the wall in each exam room and imbed them in the EHR. Use standing orders to empower nurses or other qualified health care personnel to ensure the standardized clinical practice recommendations are being met.

Provide ongoing education to all clinical personnel.

> **EXAMPLE:** Build education into usual communications about the care of individual patients.

Use a multidisciplinary care delivery team approach.

> **EXAMPLE:** Consider expanding the care team to include an educator, a dietitian, a pharmacist, a mental health provider and/or specialists such as a cardiologist.

Employ multiple methods to reach out to patients and ask their preferred method of communicating to reduce follow-up losses.

> **EXAMPLE:** Use phone, text, and e-mail reminders to help reduce no shows and follow-up losses. If you have a patient portal on your EHR, encourage people to use it to ease the communication process. Also use these methods for ways to connect with patients about changes in therapy when a full visit is not required.

Develop and maintain a patient registry of people with cardiovascular disease and use it to help prioritize both individual as well as broad-based interventions.

> **EXAMPLE:** Target patients for interventions based on criteria such as those with high blood pressure. If a large percentage of the population is above target on blood pressure, engage in a system-wide initiative to address blood pressure across the board.

Use all office visits, regardless of the reason for the visit, as a way to reinforce and track the patient's care.

> **EXAMPLE:** Educate staff to routinely check whether the patient needs any labs or see if there are other things that may need to be checked on while they are in the clinic.

4. Outline an overall improvement plan

- Select among the options and prioritize. There are a number of factors for the team to discuss when choosing from a number of options or change strategies to determine the overall approach.

  These include:

  - **Clinical importance**
  - **Cost benefit**
  - **Impact of the care delivered**
  - **Effectiveness (will it improve the process?)**
  - **Time benefit**
  - **Applicability to other disease conditions or clinical services**
  - **Feasibility or ease of implementing**
  - **Permanence as a solution (is it sustainable?)**
  - **Fit to the team's mission and objectives**
  - **Shortest timeline for implementing and realizing results**
  - **Measurability of process changes, impact and outcomes**
  - **Solution to root causes of problems or unmet needs**
  - **Acceptability to those most affected by the change**

- Summarize the improvement approach and its benefits. Sketch out the main steps to implementing the approach. Once the team has made the overall decision on an approach, you will still need to plan how to get these. Regardless of the approach you choose, you will need to decide:

  - **Where to start**
  - **Which processes to build or modify**
  - **In what sequence**
  - **Over what period of time**

- At this point, your plan should be "high level," implying you sketch out the steps you will likely need to take to put the approach into action. Your improvement plan should outline the following elements:

  - **The team's vision of the desired care system**
  - **The overall improvement approach being recommended**
  - **The steps needed to make all the proposed changes**
  - **A timeline for developing and implementing all the proposed changes**
  - **The resources (human, time, and financial) that would be needed to implement and maintain the changes**

- Try to summarize your plan on a single page. Your next step will be to present the plan to the rest of the staff. Since everyone is pressed for time, a brief synopsis of the plan will more likely be read and accepted. But be prepared to supply supporting documentation to those who request it.
- Be sure the approach you select will satisfy your mission and improvement objectives (including the Aim statement) and will address the needs and root causes you identified.
- Make sure your approach represents substantive rather than cosmetic changes. For example, many teams choose provider and patient education as the extent of their approach, believing that these will result in better care. However, training is not likely to lead to behavior change unless there are many other system changes to support the desired new behavior. Take the broadest possible approach at this point.

5. Secure the support and resources needed to implement the plan

- Seek input and support for your plan. Ongoing support by your colleagues and management is key to the success of implementing any system-level improvements. As in Step 2, it is essential to communicate with everyone in the clinic about your progress.
- This is another opportunity to promote the team's hard work and accomplishments. Just in the effort of collecting data and outlining an improvement plan, the team has made a significant contribution. Your progress deserves to be recognized by everyone, including your patients.
- Work with the Sponsor to sell the plan to management and clinic personnel who would be affected by the changes. Use this step as an opportunity to get valuable suggestions. Seek everyone's buy-in, ideas, and feedback.
- Identify potential barriers to moving forward with the plan. Encourage discussion of the ramifications for the proposed approach to get people's reactions, to help allay fears and to identify potential implementation barriers. But most importantly, seek consensus to move forward on your plan from everyone in the organization. If strong opposition is encountered, the team may have to re-think the overall improvement approach.

TIPS: There are a number of ways to communicate your progress within practice:

- **Through a presentation to leaders and/or at a staff meeting.**
- **By writing an article in an internal newsletter or by circulating a brief memo/report.**
- **By displaying a poster or storyboard describing the team's activities in a conspicuous location for staff and patients to view. For example, some sites have discovered that posting such displays in the restrooms was a good way to reach everyone. They dubbed it the "Potty Press."**
- **By hosting a celebration to announce milestones in the team's efforts.**

- Investigate what resources are available and secure leadership commitment of these resources. At this point, the team will not have a detailed work plan with a budget, but it should be able to offer a vision for making the system-level changes that will clearly improve the quality of care. Seek your sponsor's advice as needed to help the team prepare to solicit resources from your organization's leadership.
- Once you have an improvement approach that everyone can support (or at least live with), the team will be ready to plan, design and test the details of that approach in Step 5.

ACCELERATED QI OPTION

Deciding among alternative directions in making changes is important regardless of the pace you are taking. It requires an answer to the question "What changes can be made that will result in an improvement?" Answering this question is vital to developing an overall improvement plan. Without such a plan, there is considerable risk that the many rapid change strategies you will test in Step 5 will not fit together or contribute to system-level improvements. Thus, the objectives and activities described in this section need to be completed.

RESOURCES

Plan-Do-Study-Act Resources

Plan-Do-Study-Act (PDSA) Worksheet

From the Institute for Healthcare Improvement

http://www.ihi.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.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx

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

Guidelines related to Million Hearts®, a national initiative to improve the nation's cardiovascular health through evidence-based practices and prevention

Million Hearts® Resources for Clinicians

http://www.homehealthquality.org/Cardiovascular-Health/Million-Hearts-Resources.aspx

This is a collection of high-impact Million Hearts® materials for clinicians, including numerous sets of protocols, action guides, and templates to create your own protocols.

The Million Hearts Initiative: Guidelines and Best Practices

Mazurek, B.M., et al (2016). The Million Hearts initiative: guidelines and best practices. The Nurse Practitioner, 41(2): 46-53. doi: 10.1097/01.NPR.0000476372.04620.7a

https://journals.lww.com/tnpj/Fulltext/2016/02000/The_Million_Hearts_initiative__Guidelines_and_best.7.aspx

This article from the journal, *The Nurse Practitioner,* reviews the ABCS of Million Hearts and describes recommendations for clinical practice, education, research, and health policy.

Million Hearts™: Preventing a Million Heart Attacks and Strokes through Public–Private Collaboration

Wright, J.S. (2013). Million Hearts™: preventing a million heart attacks and strokes through public–private collaboration. Future Cardiology, 9(3):305-307. https://doi.org/10.2217/fca.13.15

https://www.futuremedicine.com/doi/full/10.2217/fca.13.15

This interview published in *Future Cardiology* describes the Million Hearts™ Initiative, its progress, and expected impact.

Million Hearts® Progress Report 2012-2016

From the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services

https://millionhearts.hhs.gov/files/MH-meaningful-progress.pdf

This report describes the progress made by the Million Hearts® initiative through 2016, describing the activities and policies supported by the initiative as well as the outcomes.

Million Hearts® Progress Report 2012

From the Centers for Disease Control and Prevention and the Centers for Medicare & Medicaid Services

https://millionhearts.hhs.gov/files/MH_YearinReview_2012.pdf

This report describes the progress made by the Million Hearts® initiative in its first year, focusing on the implementation of partnerships, strategies, and activities.

Guidelines on High Blood Pressure

Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

https://www.ncbi.nlm.nih.gov/pubmed/29159416

This article published in the *Journal of the American Medical Association* describes the 2017 guidelines for the prevention, detection, evaluation and management of high blood pressure in adults.

High Blood Pressure in Adults: Guidelines for the Prevention, Detection, Evaluation and Management

From the American College of Cardiology

https://www.acc.org/guidelines/hubs/high-blood-pressure

This site has many resources regarding the 2017 guidelines for the prevention, detection, evaluation and management of high blood pressure, as well as how to implement the guidelines.

Guidelines on Heart Failure

2017 Guideline for the Management of Heart Failure

Yancy, C.W., et al (2017). 2017 ACC/AHA/HFSA focused update of the 2013 ACCF/AHA guideline for the management of heart failure: A report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America. Circulation, 136:e137– e161. DOI: 10.1161/CIR.0000000000000509

https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000509

This article published in *Circulation* describes the 2017 guidelines for the management of patients with heart failure. The guidelines were developed by the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America.

Guidelines on Atrial Fibrillation

2014 Guidelines for the Management of Atrial Fibrillation

January, C.T., et al (2014). 2014 AHA/ACC/HRS guideline for the management of patients with atrial fibrillation: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Heart Rhythm Society. Circulation, 130:e199–e267.

https://doi.org/10.1161/CIR.0000000000000041

This article published in *Circulation* describes the 2014 guidelines for the management of patients with atrial fibrillation. The guidelines were developed by the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Rhythm Society.

Other Guidelines

Best Practices Guide for CVD Prevention

From the Centers for Disease Control and Prevention

https://www.cdc.gov/dhdsp/pubs/docs/Best_Practices_Guide_intro_508.pdf

This guide highlights effective strategies for widespread control of hypertension and hyperlipidemia, focusing on health care systems interventions and community programs linked to clinical services.