PDCA for Dummies

Fishingen
EQuiP open conference
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FIVE PRINCIPLES OF QI

1. Quality improvement is the science of process management.
2. If you cannot measure it...You cannot improve it.
3. Managed care means managing the processes of care, not managing physicians and nurses.
4. The right data in the right format at the right time in the right hands.
5. Engaging the “smart cogs” of healthcare.
Quality Improvement is about “Change”

• To improve you have to change but not all change is improvement!

• A way to change is by setting up a QI-project.

• Say what you will do, do what you said and prove it!
PDCA CYCLE

PLAN

DO

CHECK

ACT

DEMING Circle
PLAN

• Task:
  – Define and analyse a problem and identify the root cause

• Methods:
  – Brainstorming
  – Nominal technique
  – Pareto diagram
  – Fishbone diagram
  – .......
F ind Problem
O rganise meeting
C larify problem
U ncover problems
S elect a strategy/Start PDCA
Find the opportunity for QI

• Patients: complaints remarks
• Daily practice: losing time, getting angry, ..... 
• Peers: doing things different, quality circles
• External feed back:
• New knowledge: guidelines,
• New regulations or legislation
• .....
KISS

- Keep It
- Simple:
- Small:

it is not about scientific research!

The kiss, August Rodin
Organise meeting

- Who are the stakeholders?
- Make sure all possible partners participate from the beginning:
  - Better insight in the problem
  - More idea’s about possible actions
  - People have to become owner of the process in which they are involved
  - Higher motivation
  - Easier to delegate tasks
Consensus about the exact problem: what is it all about!

Makes sure that everybody is working in the same direction

Keep to measurable things

Formulate your problem/the ambition of your project in 1 sentence
Clarify

• Not: “we will optimize diabetic care in our practice”

• But: “not enough diabetic patients get yearly foot controled”
Understand/Uncover

• Making your process visible

• Measuring your process

• Cause root analysis
Making your process visible

1 guideline implementation

step 1 How do we do it now?
step 2 Mirror against existing guidlines and see the differences
step 3 discuss differences
step 4 develop a practice guideline
step 5 make the guideline available in the practice
Making your process visible

Make a flow chart

1. Start of a procedure

2. Steps within the process

3. A decision or a choice

4. Documents/measurements

5. End of a process
Flow chart "aanvraag huisbezoek"

1. **Aanvraag**
   - Dringend?
     - **Ja**: Raadpleging
     - **Nee**: Raadpleging mogelijk?
       - **Ja**: Noteren agenda
         - **Werk vs permanentie**
         - **Wie gaat?**
         - Huisbezoek
           - Patiëntenoverleg
       - **Nee**: Werk vs permanentie

2. **Raadpleging**
   - neen
   - **Ja**: Raadpleging mogelijk?
     - **Ja**: Noteren agenda
     - **Nee**: Werk vs permanentie

Notes:
- Dringend?
- Werk vs permanentie
- Wie gaat?
Measuring
Measuring: PRACTICAL EXAMPLE

• Quality measure:
  – Waiting time in minutes

• Quality indicator:
  – Waiting time is 20 minutes or less

• Quality standard:
  – More than 70% of patients wait for 20 minutes or less
Cause root analysis
Swiss Cheese Model of Defences (Reason)

No policy for INR blood tests

Latent failures at the managerial levels

Local triggers
- Intrinsic defects
- Atypical conditions

Flu season
- Computer breakdown

Psychological precursors
- Physician stressed: daughter’s birthday

Physician stressed: daughter’s birthday

Defences-in-depth

Unsafe acts
- High INR not noticed
- Lab
- Patient
- Nurse

Critical event / accident
- High INR not noticed
- Lab
- Patient
- Nurse

Defences-in-depth
Start

• Make your plan

• 80/20 rule

• Tackle things you can do yourselves first

• Be SMART
SMART-principle

- SPECIFIC: the target is clear
- Measurable:
- ACCEPTABLE:
- REALISTIC:
- TIMELY
Plan =

- Find Problem
- Organise meeting
- Clarify problem
- Uncover problems
- Select a strategy/Start PDCA
PDCA CYCLE

DEMING Circle

PLAN

DO

CHECK

ACT
• **Task:**
  - Devise a solution
  - Develop detailed action
  - Plan and implement it systematically
CHECK

• Task:
  – Confirm outcomes against plan
  – Identify deviations and issues

• Methods:
  – Survey
  – Patients’ charts analysis
  – Observation
  – Peer review
Act

- ABANDONING
- ADOPTING
- ADJUSTING
Adopting

• Task:
  – Standardize solution
  – Review and define next issues

• Methods:
  – Planning
  – Inclusion of all participants in the process
  – Stimulation
CONTINUOUS QI WITH PDCA CYCLE