Quality Improvement Implementation

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Getting to Implementation

Taking what you learn from testing and applying to the whole target population in a long-lasting, reliable manner.
Definitions:

- **Testing:** Trying changes and adapting existing knowledge on small scale. Learning what works in your system.
  - Change is not permanent
  - Failure very useful here, even expected (and needed!)
  - Fewer people impacted than during implementation

**Implementing:** Making this change a part of the routine day-to-day operation of the system in your pilot population
  - Don’t expect failure here
  - More people impacted than during testing
  - Increased resistance compared to testing
  - Generally requires more time than testing

- **Spread:** adapting change to areas or populations other than your pilot populations

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On the Basis of Learning from Test Cycles You Can:

- Implement as is (adopt)
- Dropped (abandon)
- Modified (adapt)
- Increased in scope (expand)
- Tested under other conditions
### Gold Standard for Getting to Implementation

Satisfactory prediction of the results of tests conducted over a wide range of conditions is the means to increase the degree of belief that the change will result in improvement.
Why is Implementation So Hard?

• May not be if doesn’t involve people
• If involves people:
  – Enthusiasm for testing may diminish when people start thinking about the change becoming permanent
  – Testing often with volunteers, implementation with wider group
  – Wider group may not be convinced of merit of change
  – Implementation engages infrastructure of organization whereas testing may have “worked around” it (operational knowledge)

So…What Can We Do?

• Use multiple PDSA cycles to implement the change
  – Testing is not de-facto implementation!
• Redesign support processes for new process
  – Training, getting forms, etc.
• Collect data over time when conditions are expected to change
  – Continue use of run or Shewhart chart
• Address the social aspects of change
  – WIFM, appreciation, publicity, resistance
• Think about and plan for maintenance of the change
Engage the Infrastructure

- Document the flow of the new process
- Provide training on the new process
- Address development of new skills if required
- Make changes to job descriptions, policies, and procedures, forms
- Address supply, equipment, design issues
- Assign day-to-day ownership for improvement and maintenance work of the new process
- Senior leaders held responsible for the efforts to sustain the change and remove inhibitors that might allow slippage back to the old system


Implementation of Change and Its Social Consequences
Address the Social Aspects of Change

**Provide information on why change being made**
- Empathize w/anxiety-don’t expect to eliminate it
- Show how change supports aim of organization
- Put it in historical perspective
- Link to needs of patient/family/community
- Reframe as opportunity
- Provide hot line for questions/comments

**Provide specific info on how will affect people**
- Share results from testing
- Be prepared for questions
- Study rational objections and be prepared to address them
- Include members of team who tested in presentations

**Get consensus on resources and other support for implementation**
- Define plan with milestones/dates
- Ask leaders and key people to publicly support
- Express confidence in those asked to carry out the change

**Publicize the change**
- Use symbolism, stores, pictures, etc.
- Summarize key points and agreements as made
- Show appreciation for those developing and testing change
- Take advantage of significant events (crisis, inspection, complaint) and tie to implementation

Cycles for Implementation

- The change is permanent - need to develop all support processes to maintain change.
- Learning is focused on integrating the change into the specific environment.
- High expectation to see improvement (no failures).
- Increased scope will lead to increased resistance.
- Generally takes more time than test cycles.
ARC Implementation Cycles

- **Building Clients’ Hope and Belief: Peer Meets with Clients at Initial Visit**
  - PDSA: Availability of Peers for All Intake Visits
  - PDSA: Training Process, Content for Peers in This New Role
  - PDSA: Routinely Scheduling Peer Visits in Coordination with Intake Activities (new policies/procedures)

- **Building Clients’ Hope and Belief: Using Success Stories**
  - PDSA: Keeping Available Stories Current and Updated
  - PDSA: Assuring All Clients Have Access to Stories

- **Plan Meaningful Goals: Strengths-Based Group Supervision**
  - PDSA: Scheduling Group Meetings Weekly Attended by All Provider Staff
  - PDSA: Tracking Tool to Assure All Clients are Discussed
  - PDSA: Process to Assign Which Clients are Discussed at Each Meeting

Use PDSA Cycle to Engage Infrastructure

**Model for Improvement**
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

**Full, Sustained Implementation**
- Policy changes
- Documentation changes
- Hiring procedure changes
- Staff education/training changes
- Equipment purchasing changes
- Information flow changes

**Successful Test of Change**


Associates in Process Improvement
**Using Multiple PDSA Cycles from Testing to Implementation**

**Model for Improvement**
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

**Changes That Result in Improvement**

**Implementation of Change**

**Wide-Scale Tests of Change**

**Follow-up Tests**

**Very Small Scale Test**

**Hunches Theories Ideas**

**DATA**

**A P S D**

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**Multiple Cycles of PDSAs (part 1)**

**Aim:** Complete Strengths Assessment for All Clients in Team Members' Case Loads.

1. **Cycle #1:** Simulation of Strengths Assessment in Clinical Supervision
2. **Cycle #2:** Complete SA with 1-2 clients
3. **Cycle #3:** Use the SA to explore what is meaningful and important to their client (1-2)
4. **Cycle #4:** Use SA to put strengths in usable form (1-2)
5. **Cycle #5:** Complete SA with 3-5 other clients
6. **Cycle #6:** Build procedures for SA into job description(s)

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**Improved care**

1. **10% have SA**
2. **Cycle #2:** Complete SA with 1-2 clients
3. **Cycle #1:** Simulation of Strengths Assessment in Clinical Supervision

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0% have SA

**Assess clients using a Strengths Assessment**

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Multiple Cycles of PDSAs (cont.)

**Aim:** Complete Strengths Assessment for All Clients in Team Members’ Case Loads.

- **Cycle #7:** Train Team Staff on SA
- **Cycle #8:** Use SA to put strengths in usable form (documentation)
- **Cycle #9:** Develop procedures and tools to insure that SA is used with all new clients
- **Cycle #10:** Adjust hiring and training of new staff to support SA

Assess clients using a Strengths Assessment

<table>
<thead>
<tr>
<th>Cycle No.</th>
<th>Change Tested or Implemented</th>
<th>Lead</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
<th>February</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Policies</td>
<td></td>
<td>6</td>
<td>13</td>
<td>20</td>
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<td>Documentation</td>
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<td>Hiring Procedures</td>
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<td></td>
<td>Staff education/training</td>
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<tr>
<td></td>
<td>Job descriptions</td>
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<td></td>
<td>Information Flow</td>
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<td>Equipment Purchases</td>
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### PROJECT TEAM WORKSHEET: Redesign of Support Processes for Implementation of Change

**Change Implemented:**

**Date:**

<table>
<thead>
<tr>
<th>Cycle No.</th>
<th>Change Tested or Implemented</th>
<th>Change</th>
<th>Tested or Implemented</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2</td>
<td>Policies: Process to Have Each New Client Meet with A Peer</td>
<td>PDSA Cycle 1 – Mary to draft process description and review with Exec Committee</td>
<td>PDSA Cycle 2 - Tom to take final version to county p&amp;p committee</td>
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<tr>
<td>3,4</td>
<td>Scheduling: Schedule Peer to Meet with Each New Client</td>
<td>PDSA Cycle 3 - Juan to adjust scheduling system to support peer meeting during initial visit</td>
<td>PDSA Cycle 4 - Juan to set up peer hours to support staffing of initial visits, including meeting language needs</td>
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</tr>
<tr>
<td>5,6</td>
<td>Documentation: Develop Process to Document Peer Visit</td>
<td>PDSA Cycle 5 – Marta to integrate peer visit info into existing documentation</td>
<td>PDSA Cycle 6 – Mary to train peers to use new documentation process</td>
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<tr>
<td>7,8</td>
<td>Staff Education/Training: Train Peers of Process to Engage Client, Share Stories</td>
<td>PDSA Cycle 7 – Juan to train peer staff on techniques to build hope with new clients</td>
<td>PDSA Cycle 8 – Juan to develop training packet for newly hired peers</td>
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<tr>
<td>9,10</td>
<td>Job Descriptions: Revise Peer Support Job Descr. With New Activity</td>
<td>PDSA Cycle 9 – Mary to add initial visits to job description and test with peer staff</td>
<td>PDSA Cycle 10 – Mary to revise and send to committee</td>
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<tr>
<td>11</td>
<td>Information Flow: Develop Process to Communicate Outcomes of Initial Visit</td>
<td>PDSA Cycle 11 – Tom to include peer feedback during team discussion of new clients</td>
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**Team:** Santa Maria Mental Health Agency  
**Cycle No:** 1  
**Date:** 9-29-2014

**Change or Idea Being Implemented**

**Building Hope: Peer Contact at Initial Intake**

**Objectives for this PDSA Cycle:**
1. Document in policy/procedure format the process for a peer to meet with each new client at the beginning initial (intake) visit
2. Gain approval of this from the Executive Committee(s)
3. Distribute policy/procedure to staff in advance of training on processes

**What question(s) do we want to answer with this PDSA cycle?**
1. Which aspects of the processes, if any, have not been sufficiently tested to allow us to write a clear and complete policy/procedure that is understandable and useful for staff?
2. What aspects of draft will the Executive Committee respond positively to and which aspects will they have concerns about?

**Plan**

**Plan to answer questions:**
What: Prepare and submit a draft policy/procedure to the Executive Committee
Who: Mary with staff who tested the process and know how to make it work
When: Weeks of December 3rd and 10th to draft policy/procedure; Week of December 17th to present draft to Executive Committee
Where: Santa Maria Mental Health Outpatient Clinic

**Plan for collection of data needed to answer questions:**
What: Gather feedback from staff involved in drafting the policy/procedure regarding their belief that the draft is clear, complete and will be usable to staff; gather feedback from Executive Committee regarding acceptability of policy procedure
Who: ARP team leader will interview team who prepared the draft; ARP team leader will present the draft to the Exec. Comm. and document feedback
When: see above

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10 Associates in Process Improvement
Concept Design
Multiple PDSA Cycle Ramps To Test & Implement

Client Belief and Hope
Staff Belief and Hope
Measure/Track Recovery Progress
Strengths Assessment
Strengths Group Supervision
Field Mentoring

Change Concepts


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Shasta County Behavioral Health

Group Supervision

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Associates in Process Improvement
Team Meeting

- Using Implementation Planning Form, plan for implementation of a change associated with the Strengths Assessment that you have tested sufficiently tested and are ready to implement:
  - Identify relevant infrastructure requirements
  - Plan for PDSA cycle(s) for each infrastructure requirement

- Other Action Period 4 planning (new testing, continued testing, and implementation cycles)