


The PDSA Cycle


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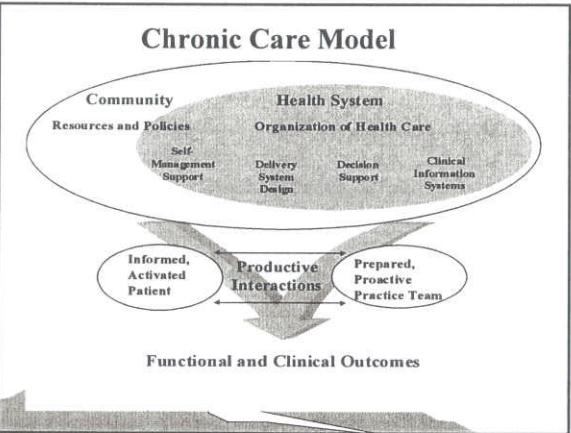
Staff training
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Introduction

- Ed Wager introduced Chronic Care Model approach to improving how to manage chronic disease in 1998
- Bureau of Primary Health Care (BPHC) started using this approach in 2000 to CHC nationwide
- 2001-CBWCHC joined this collaborative in asthma care
- Currently use Care Model for many conditions and settings



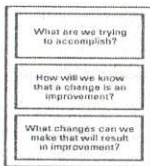


Care Model vs. Traditional Model

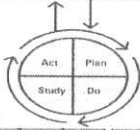
↓ Care is managed by all members of clinical team	↓ Doctor manage the problem
↓ Patient/family essential in self-management of condition	↓ Doctor manage the patient
↓ The team is ready + has "system" in place to be efficient	↓ No special "system" in place to help staff in caring for patient's needs
↓ Each staff is aware of each patient's special need/condition	↓ Staff does their routine job -every patient is the same
↓ Community is aware of the health problem	↓ Only medical personnel aware of health problem
↓ Health center recognizes staff roles and supportive of improvement activities	↓ Improvement activities undertaken by clinical supervisors and not always highlighted for all to see



Model for Improvement



- Setting Aims
- Establishing Measure
- Selecting Change
- Test Change
- Implementing Change
- Spreading changes



Comparison of Improvement Process

<i>PDSA</i>	<i>Tradition Way</i>
↓ Team ID problem	↓ Doctor ID problem
↓ Plan: Team suggest way to improve problem	↓ Doctor/supervisor suggest of way to improve
↓ Do: team will use change for one day/collect data	↓ Doctor tells staff to change the way to manage problem
↓ Study: Team looks at result and see if it works or not	↓ Staff will continue method without any input or analysis it works or not
↓ Act: If not → repeat second PDSA If good → we'll continue	↓ No further changes will be tested



PDSA Example 1

ID Problem: Patient information in chart is not accurate because of changes in cell phone, address, insurance.



Example 1

- PLAN: Test if pt self administered form will help with updating information efficiently
- DO: Administer patient self-administered form for one day information to all pt visits
- STUDY: 44 forms collected; one person needed help; 9 forms showed that PSR did not update additional contact number; form found most parental delegation forms are done.
- ACT: Test out form without parental delegation form questions.



PDSA Example 2

- ID problem: Cell phone use in the exam rooms causes delay in treatment and patient cycle time



PDSA Example 2 Cycle 1

- PLAN: Use signs to alert pts of this
- DO: Put up signs in exam rooms
- STUDY: Parents still answer calls in middle of visit. Signage did not work.
- ACT: Need to devise another way to remind pts



PDSA Example 2 Cycle 2

- PLAN: Use staff reminders to inform pts
- DO: Have nursing staff remind pt s when they bring pts in of cell phone use
- STUDY: Pts still talking on phone
- ACT: Need to devise another way to remind pts



PDSA Example 2 Cycle 3

- PLAN: Ask pts to turn off phone
- DO: Provider will work with MA to help pts to turn off cell phone before entering exam rooms
- STUDY: PENDING
- ACT: PENDING



PDSA Example 3

- ID problem: Teenagers do not want to go to the Teen Resource Room (TRC) for the educational sessions



PDSA Example 3

- PLAN: Provide TRC services to teenagers at exam room
- DO: One Teen Health Educator will go to exam rooms one afternoon to provide educational session to the pts
- STUDY: All teen pts receptive to information
- ACT: Set up materials in exam rooms to facilitate teen health educator work.



PDSA Example 4

- ID problem: Need to incorporate a new screening survey for behavioral problems in children.