

PDCA for Dummies

Fishingen

EQuiP open conference

23-25.04.2015

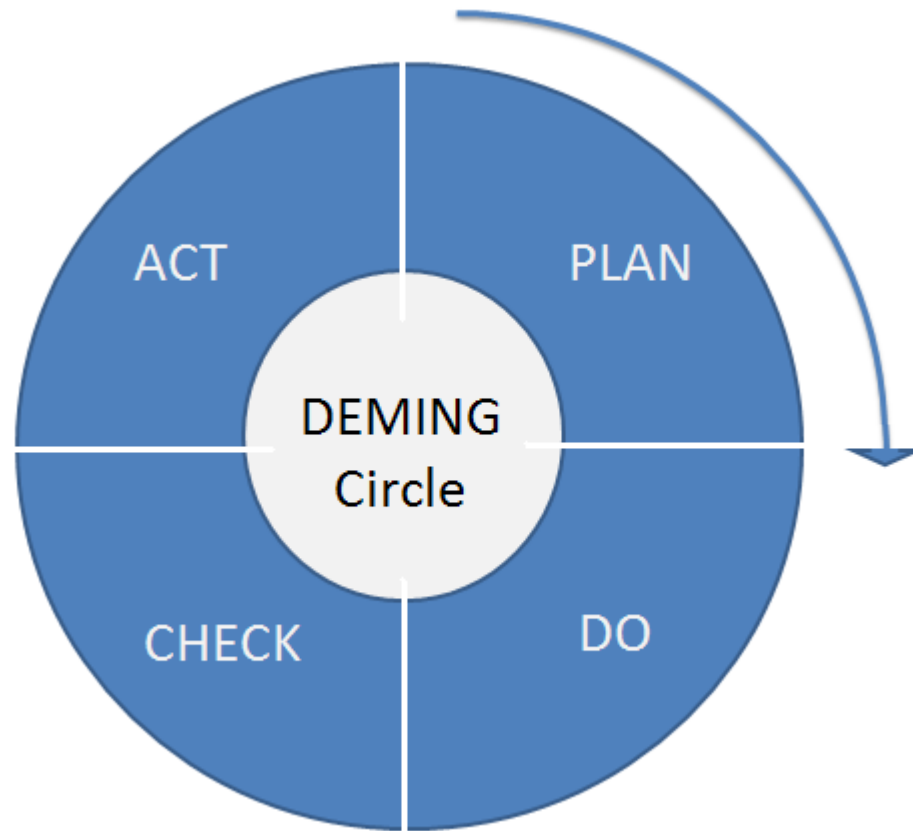
FIVE PRINCIPLES OF QI

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

- Task:
 - Define and analyse a problem and identify the root cause
- Methods:
 - Brainstroming
 - 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



The kiss, August Rodin

- Keep It
- Simple:
- Small:

it is not about scientific
research !

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

Clarify

- ❑ 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 controlled”

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 guidelines and see the differences

step 3 discuss differences

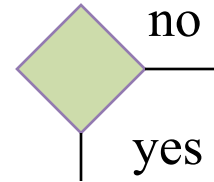
step 4 develop a practice guideline

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 proces
3. A decision or a choice
4. Documents/measurements



document



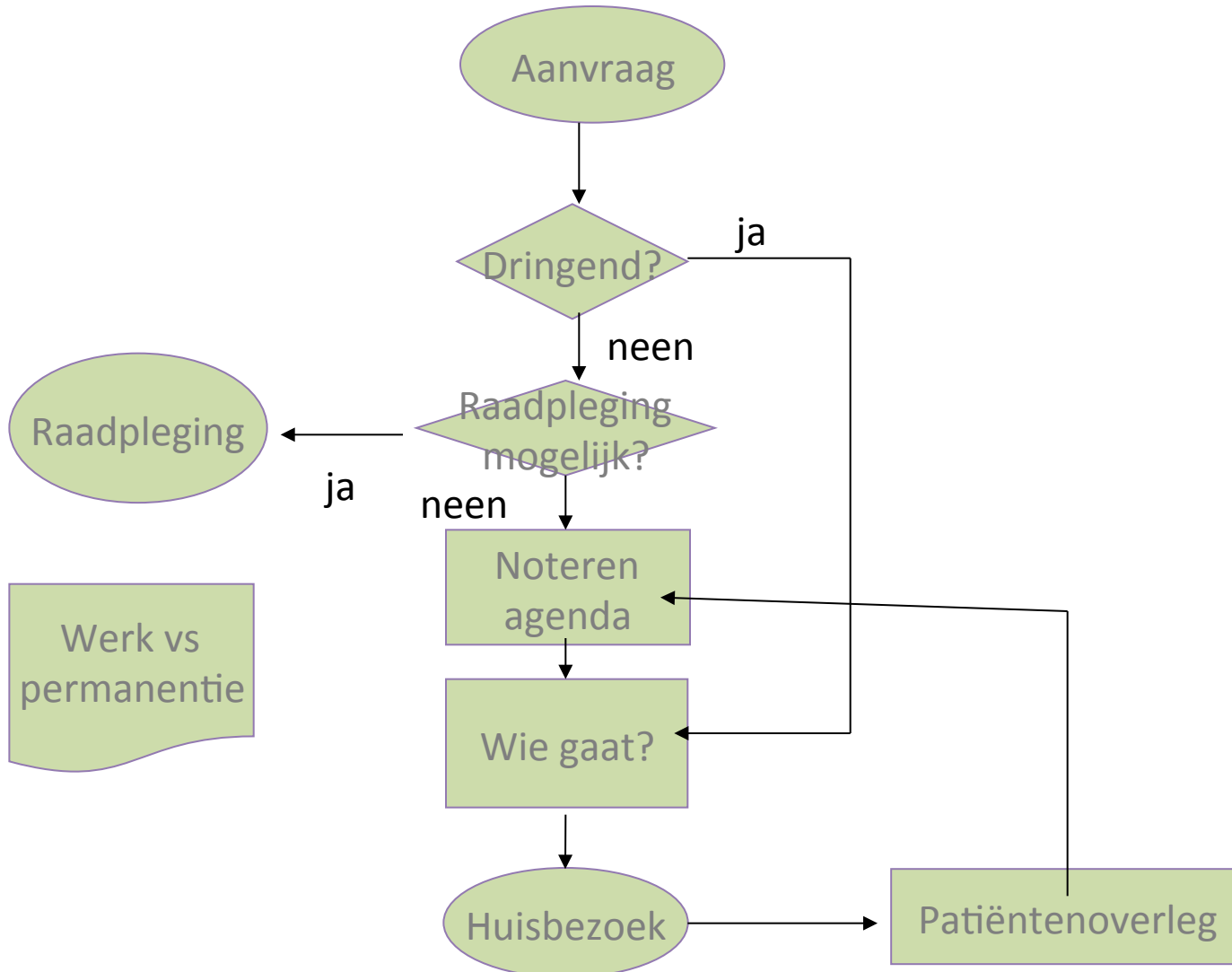
measurement



5. End of a proces



Flow chart "aanvraag huisbezoek"

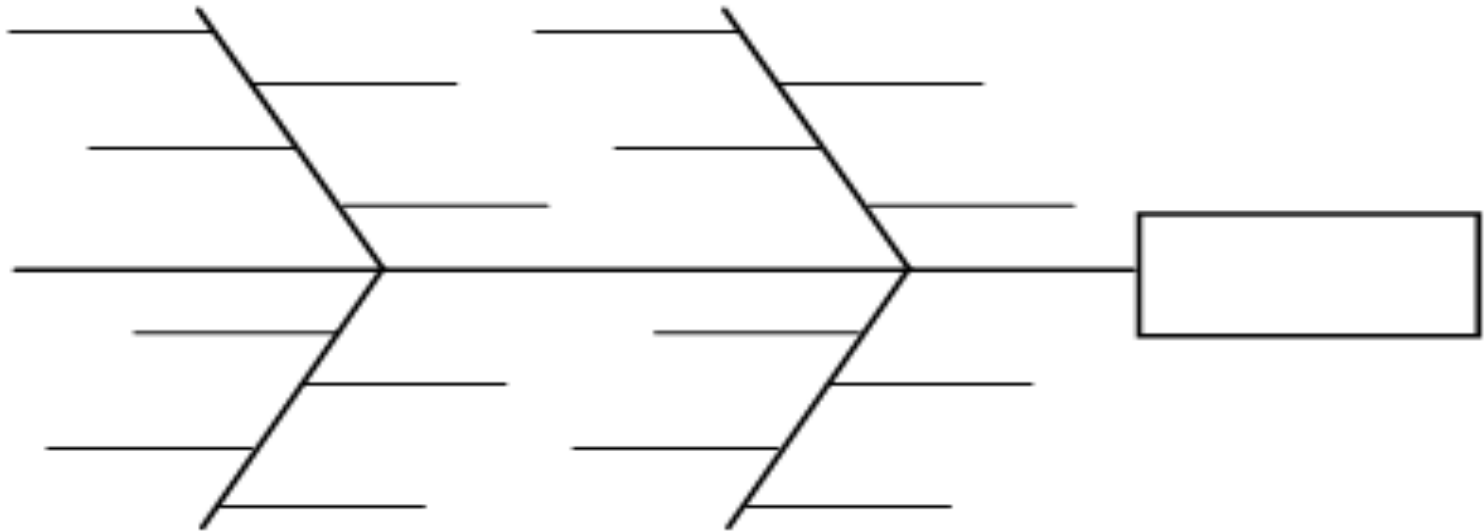


Measuring

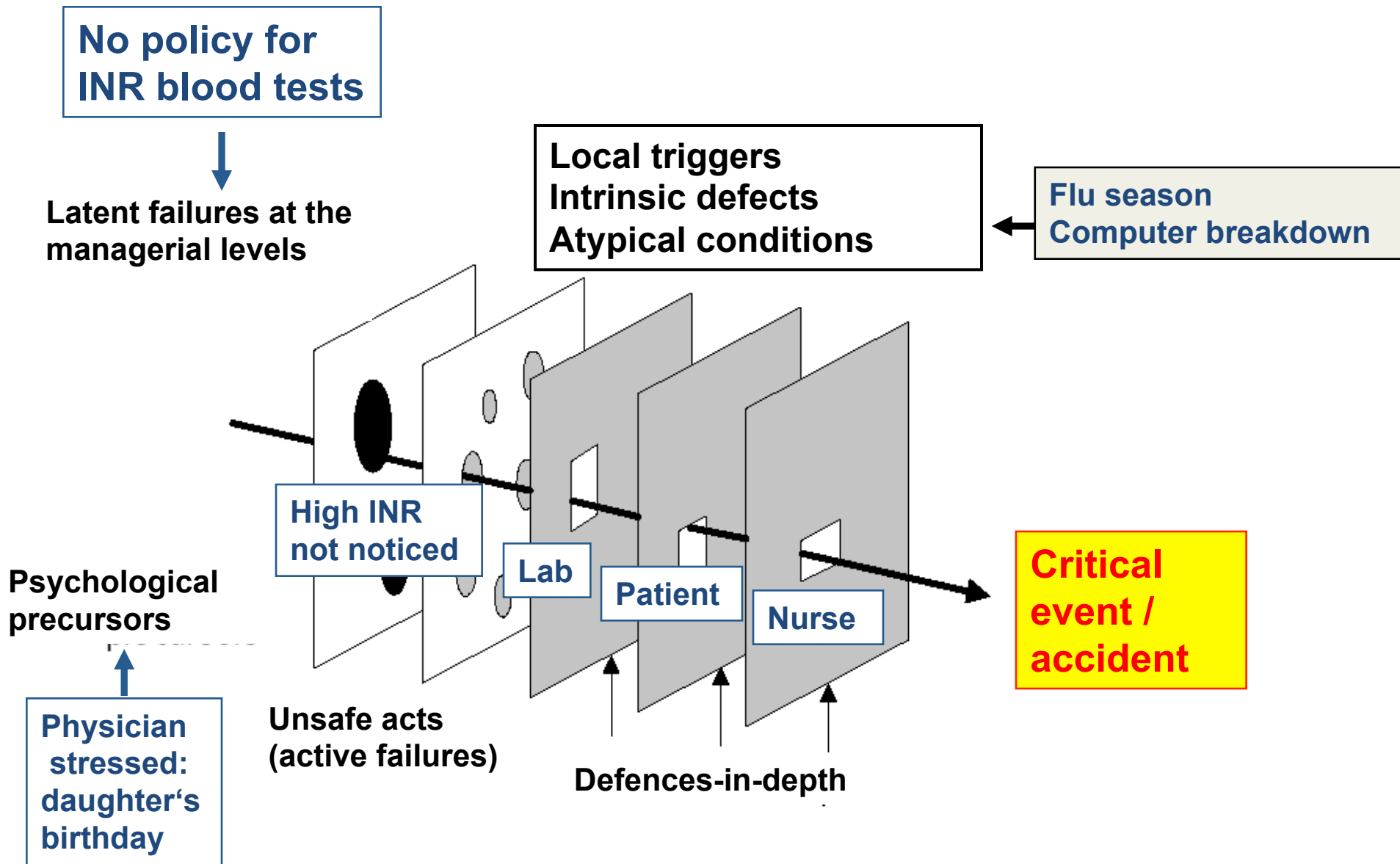
Measuring: PRACTICAL EXAMPLE

- 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)



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

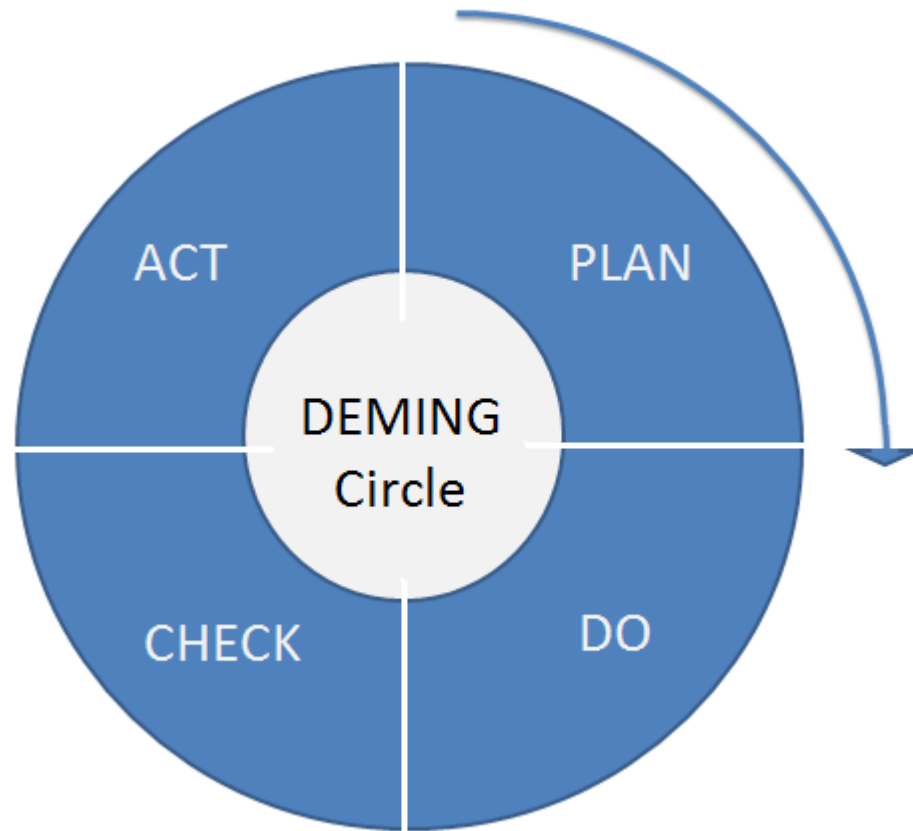
Plan =



Focus

- **F**ind Problem
- **O**rganise meeting
- **C**larify problem
- **U**ncover problems
- **S**elect a strategy/Start PDCA

PDCA CYCLE



DO

- 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

