

Evidence-Informed Practice Workshop Series

Level 4: Implementing Practice Change



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Objectives

- To understand some of the concepts of change theory.
- to understand the differences between various approaches to change.
- To develop skills in assessing need for change.
- To identify strategies in implementing change using the Model for Improvement.
- To apply these concepts to your clinical practice area.



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Why Change?

"They say that time changes things, but you actually have to change them yourself"

Andy Warhol

"Technological change is like an axe in the hands of a pathological criminal"

Albert Einstein

"If you have always done it that way, it is probably wrong"

Charles Kettering



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Quality Assurance

- Includes formal review of care, problem identification, corrective actions to remedy any deficiencies and evaluation of actions taken
- Making sure people are doing what they are supposed to be doing (big brother approach)



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Patient Safety

- Avoiding doing things wrong or incorrectly
- Often reactive



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Quality Improvement

- Ensuring that the best possible care is delivered to every patient every day
– Institute for Healthcare Improvement
- All improvement requires change, but not all change is an improvement
- Measurement is for improvement, not judgment



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Continuous Quality Improvement

- Continuous process
- “Just the way we do business”



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How Change?

“You eat an elephant one bite at a time”
African Proverb

“It doesn't work to leap a 20 foot chasm in two 10 foot jumps”

American Proverb



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Drivers of Change / Improvement

- Effectiveness
- Safety
- Acceptability
- Efficiency
- Cost



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Where to Start

- Patient indicators
- Priority outcomes
- New legislated practice
- Corporate mandate
- Practice guideline from governing body or leading organization
- Flavor of the month?



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Terms to Know

Risk/enabling: Influence of external factors on the project

Input: Resources

Process: Delivery activities

Output: Immediate results

Outcome: Longer-term results



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Lean vs Evidence-Informed Practice

4 Rules:

1. All activities of work are clearly specified by content, sequence, timing and outcome
2. Connections - simple & direct requests etc.
3. Pathways – simple and each step essential
4. Improvement – directed to the problem

EIP



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Evidence-Based Policy & Procedure Algorithm

1. Select policy
2. Search for evidence
3. Evaluate evidence
4. Make decisions
5. Review by experts / stakeholders
6. Make revisions
7. Obtain approval signatures
8. Submit to policy committee
9. Staff education as needed



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“The Guideline”

- Simply putting out guidelines doesn't work
- How do we know they are followed?



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Focus

- Preparation
 - Assessment of risk
- Communication
 - Communication Plan
- Teamwork
 - Champions
- Positive impact of change



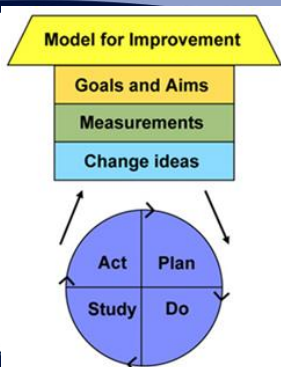
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Practice Change Assessment Tool

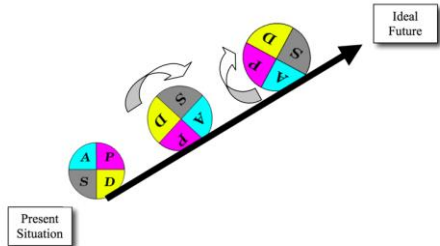
- Score a proposed change on ease of implementation and cost/benefit – do or not do?



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1-3-5 rollout of one change OR

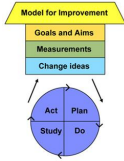
Several small changes that build on each other



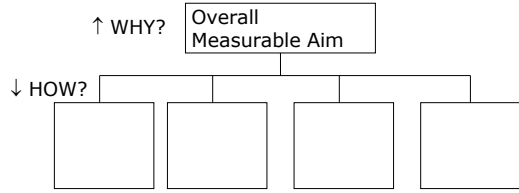
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Aim

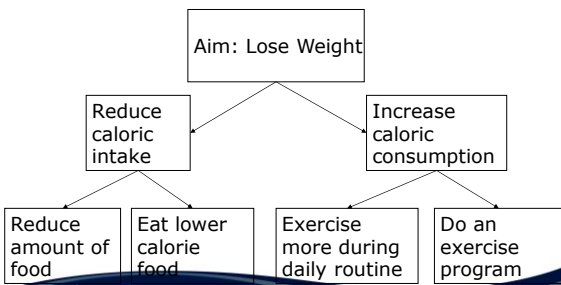
- What are you trying to accomplish?
- Hierarchy of aims – overall goal with smaller sub-goals



Hierarchy of Aims



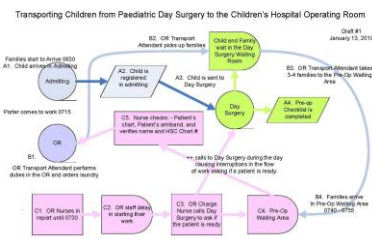
Example



Example

- Primary Aim: Improve pain assessment and management in infants in unit X
- Sub-aims and goals:
 - Reduce the frequency of avoidable painful procedures
 - Develop and implement an evidence-based guideline for use of sucrose
 - Develop recommendations for pain management for specific procedures

First Case Starts of the Day “Current State”



First Case Starts of The Day PDSA Example

- Cycle 1: Transport Attendant Starts work @0700
- Cycle 2: Day Surgery calls the OR when the child is ready to be picked up
- Cycle 3: Families are asked to come to admitting beginning @ 0600
- Cycle 4: Standardization of the Pre-op Interview Process
- Cycle 5: Paperwork for the first 5 cases will be prepared the day before the child's arrival
- Cycle 6: The Unit Clerk will ask families to come up to the unit as soon as it is opened for the day

PDSA Example: Get urinary incontinence assessment done

- Cycle 1: find existing assessment tool
- Cycle 2: Get feedback from local units about tool
- Cycle 3: Revise the tool to meet your needs
- Cycle 4: Test the tool with 1 nurse from the team on 1 patient
- Cycle 5: After revisions, test the tool with 1 nurse not from the team on 1 patient
- Cycle 6: After revisions present the tool at nursing rounds and get feedback
- Cycle 7: Hold education sessions for all staff
- Cycle 8: Use the tool for a specific period of time



Plan – a change

- Set an objective
- Ask a question – make predictions
- Plan to answer the question (who, where, what, when, how)
- Collect data to answer questions
- Prepare people by involving them
- Communication



W 5

- Why - aim
- Who – will do it
- What – is the intervention / change
- When – should it be accomplished
- Where – will this take place



Do – try it on a small scale

- Simulate the change – have area experts review it
- Test it with volunteers
- Collect data – use easy manual methods and/or tracking tools
- Begin analysis of data
 - Don't have to be a rocket scientist or statistician – straightforward sampling



1-3-5 Roll-out

- Try it once, then make some changes
- Try it on three, change again
- Try a few more times, then it may be ready
- Don't let the train leave the station if you can't call it back!



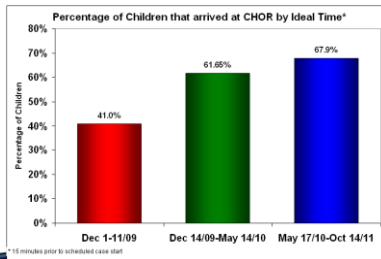
Study – the results

- Analysis of data
- Compare data to predictions
- Summarize what was learned

"You can't fatten a cow by weighing it" - Proverb



First Case Starts Of The Day



*15 minutes prior to scheduled case start



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Act – to refine the change

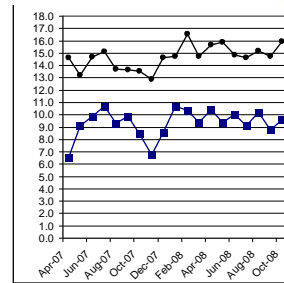
- Adopt, Adapt Or Abandon
- What changes are next?
- Can the change be fully implemented?



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Looking at Data

- Pencil and paper
- Excel
- Statistical software

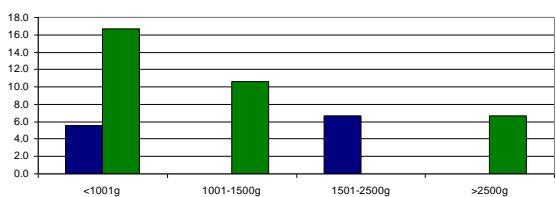


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Nosocomial Infection Rate per 1000 Line Days by Birth Weight Category



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Social Aspects of Change

- Provide information
 - Why the change is being made
 - How the change will affect people
- Seek input from others, especially those affected by the change
- Publicize the results and learning
- Show appreciation for people's efforts
- Understand and address the causes of resistance



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Dispatching the Dissenters

“We have a policy, we were all taught how to do it properly so we just should all do it that way – your checklist is not needed!”



PDSA Exercise: part 1

10 minutes. Read the explanation in your handout.

- Develop a simple, one-sentence Aim statement to guide this project.
- Identify at least 2 sub-aims, the “how” in the hierarchy of aims.
- Have one person in your group report back to the larger group.

PDSA Exercise: part 2

- Come up with 2 PDSA cycles related to your Aim.
- Determine specific data that you will measure.
- Identify 3 possible outcomes.
- Think about what your actions would be for each outcome and what PDSA cycle you would run next for the “best” outcome.

Sustaining Change / Evaluation

- Plan as if there will be 100% staff turnover
- Education is not enough
- Forced functions

The most important things

- Get leadership support
- Analyze – understand – improvement plan
- Start small and keep it going
- Make it a team effort
- Use measurement effectively and sensibly
- Celebrate Success
- Be clear about benefits and expenses

Summary

- Implementation of complex changes should be incremental
- It is natural for people to resist change – be prepared!
- Recognize the learning curve and don't get discouraged!

