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Please complete the survey and claim your post-session certificate on the WeP after today's session.

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Session Goals

- Review & learn by sharing your examples of data displays

- Introduce Plan-Do-Study-Act (PDSA) cycle as a change method

- Review a case study in group discussion & plan out a test of change idea

- Use a PDSA Worksheet as a tool to organize a test of change

Roles

- Theory burst presenters

  – Mark, Garrett

- Facilitators

  – Emma, Garrett, Mark

- Timekeeper & technical genius

  – Emma

- Take-home thoughts

  – Mark

Agenda

- Welcome (5 minutes)
- Theory burst (15 minutes)
- Small group work
  - Set-up (5 minutes)
  - Planning a Test of Change small group (15 minutes)
- Small group debrief (15 minutes)
- Break (5 minutes)
- Review of data displays (15 minutes)
- Reminder about projects/presentation (5 minutes)
- Summary and take-home points (5 mins)

Curriculum Plan

- *An overview of Quality Improvement (10/9/25)*
- *Care Observations & Stakeholder Considerations (10/23/25)*
- *Organizing your Improvement Project (11/13/25)*
- *Global Aim and Fishbone Diagram (12/11/25)*
- *Process Mapping (Flowcharts) (1/8/26)*
- *Measurement to Inform Change (1/22/26 & 1/29/26)*
- **An Approach to Testing a Change (2/12/26)**
- Communication about your Improvement Effort (2/26/26)
- Stakeholder Analysis & Conflict Management (3/12/26)
- Managing Up and Gaining Leadership Buy-In (3/26/26)
- Negotiation (4/9/26)
- Negotiation and More About Cycles of Change (4/23/26)
- Sustaining your Improvement Effort (5/14/26)
- Resident Presentations (5/28/26, 6/11/26, 6/25/26)

Poll Question

Tell us about your knowledge of or exposure to the Plan-Do-Study-Act (PDSA) cycle for testing a change.

– This is new to me

– I have heard of it, but don't know much

– I have heard of it, but am more familiar with another approach to implementing change

– I am very familiar with it

PDSA Cycle as an Approach for Making Change

Testing allows an organization to try a change in a controlled situation, which minimizes risk and the potential for a system wide adverse event.
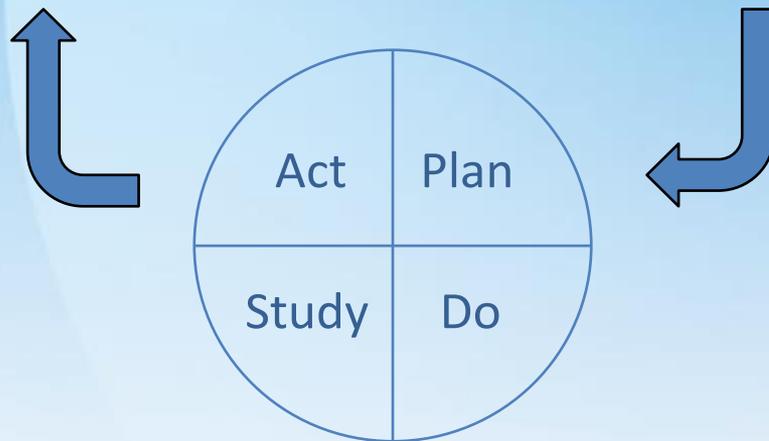
HRSA.gov/quality. Testing for Improvement,.

Model for Improvement

- What are we trying to accomplish? (Aim)
- How will we know that a change is an improvement? (Measures)
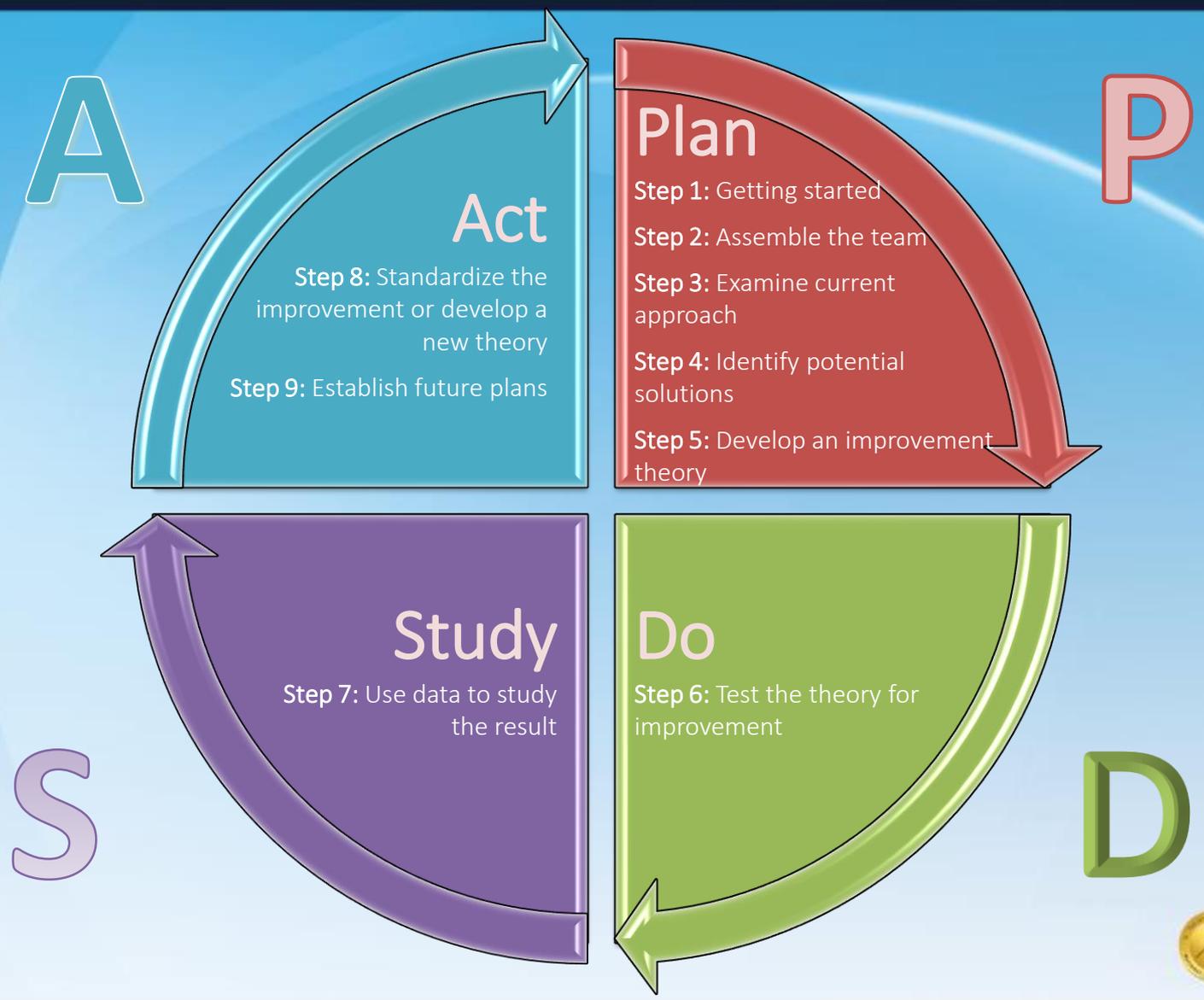- What change can we make that will result in improvement? (Change)

Three questions...

...coupled with an approach for testing change.

Act | Plan

Study | Do

Langley GJ, et. al. The Improvement Guide (2ⁿᵈ Edition), 2009.

Aim of the project:

What is the SMALL change you want to test?

PDSA
PLAN ◆ DO ◆ STUDY ◆ ACT

PLAN

❑ Identify tasks to prepare for this test

❑ List the baseline data you have

❑ List your predictions and measures you will be looking at

DO

❑ What actually happened during the test

STUDY

❑ Describe the measured results and how they compared to the predictions

ACT

❑ Describe what modifications to the plan will be made for the next cycle from what you learned

PDSA Worksheet for Testing Change

Date:	
Team Members:	

Aim:

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	Where to be Done

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data

Garrett's Project Update

- Insights related to:
  - ✓ Planning and carrying out a Plan-Do-Study-Act Cycle

Small Group Exercise

(See separate Word document)

- We will discuss developing a test of change related to the case presented in the accompanying document

- You will be assigned to a breakout room and will work on planning a change given to your group for 13 minutes

- Have one group member record the discussion using the tables in the case document

- We will then hear from each group regarding their proposed plan for developing their change idea

Problem Background for Exercise

(See separate Word document)

- Only 50% of people age 50-64 have received their flu shot at Redline Health Clinic

- Initial thought was care team members forgot to inform patients about the importance of vaccination for influenza, but the care team assured this point was stressed with patients.

- QI team investigated by randomly selecting 15 patients, aged 50 to 64, who were not vaccinated.

- Found that 6 of 10 patients reached reported some type of fear or anxiety as a reason for not receiving their influenza immunization

Changes for Groups to Plan

Group A (Emma)

➢ Handout to be created by staff to address providing education about fears and anxiety related to vaccines (it may be worth thinking about whether or not this should be given to all patients receiving vaccines or just those who identify as anxious, fearful, and/or hesitant/skeptical).

Group B (Garrett)

➢ A brief survey is sent to all patients who are eligible for a vaccine to gather information on what may prevent an individual from getting a vaccine at that specific visit or from an individual being compliant with vaccines in the future. This may target the specific question of "what prevents vaccine compliance," as it may be more than just fear (e.g., cultural considerations, inaccurate information, etc.).

Group C (Mark)

➢ A medical assistant trained as a community health worker and able to do vaccinations does outreach to patients who have screened positive on the Social Drivers of Health questionnaire (PRAPARE) administered by the health center. The medical assistant will offer the vaccination during a home visit.

Members for Groups

Group A

➢ Stephanie, Paige, Krystal, Lucienne, Kelly, Lily, Eric, Karen, Kelly, Jennifer

Group B

➢ Isha, Neila, Kristen, Brenna, Shenell, Steve, Gabriela, Becky, Seren, Kelsi

Group C

➢ Heather, Laura, Elizabeth, Alondra, Jason, Becca, Edna, Thashana, Chiemeka

Small Group Debrief

Share information about the PDSA you planned

Break!

Take five minutes to recharge and refresh.

Project Presentations (May/June)

- Each team will create a presentation that summarizes where their project stands to help all of us learn from their experience.

- Options for the presentation:
  - A summary of your team's QI project to date
  - A topic that you found particularly helpful in our QI seminar series and how you have used this information in your work

- Each team should sign up (by May 8th) for a date to present and confirm their topic.

- A template of slides you can consider using to build your presentation is posted on the WEP.

UCI HTN Example - Jason

|	Median: 140	Median: 90
Date	Systolic BP	Diastolic BP
Jan-26	166	93
Feb-26	160	90
Mar-26	158	92
Apr-26	155	89
May-26	159	90
Jun-26	152	87
Jul-26	148	87
Aug-26	145	85
Sep-26	142	83
Oct-26	138	85
Nov-26	135	82
Dec-26	132	80
Runs	2	3
Shifts	1	1
Trends	1	0

Blood Pressure Control
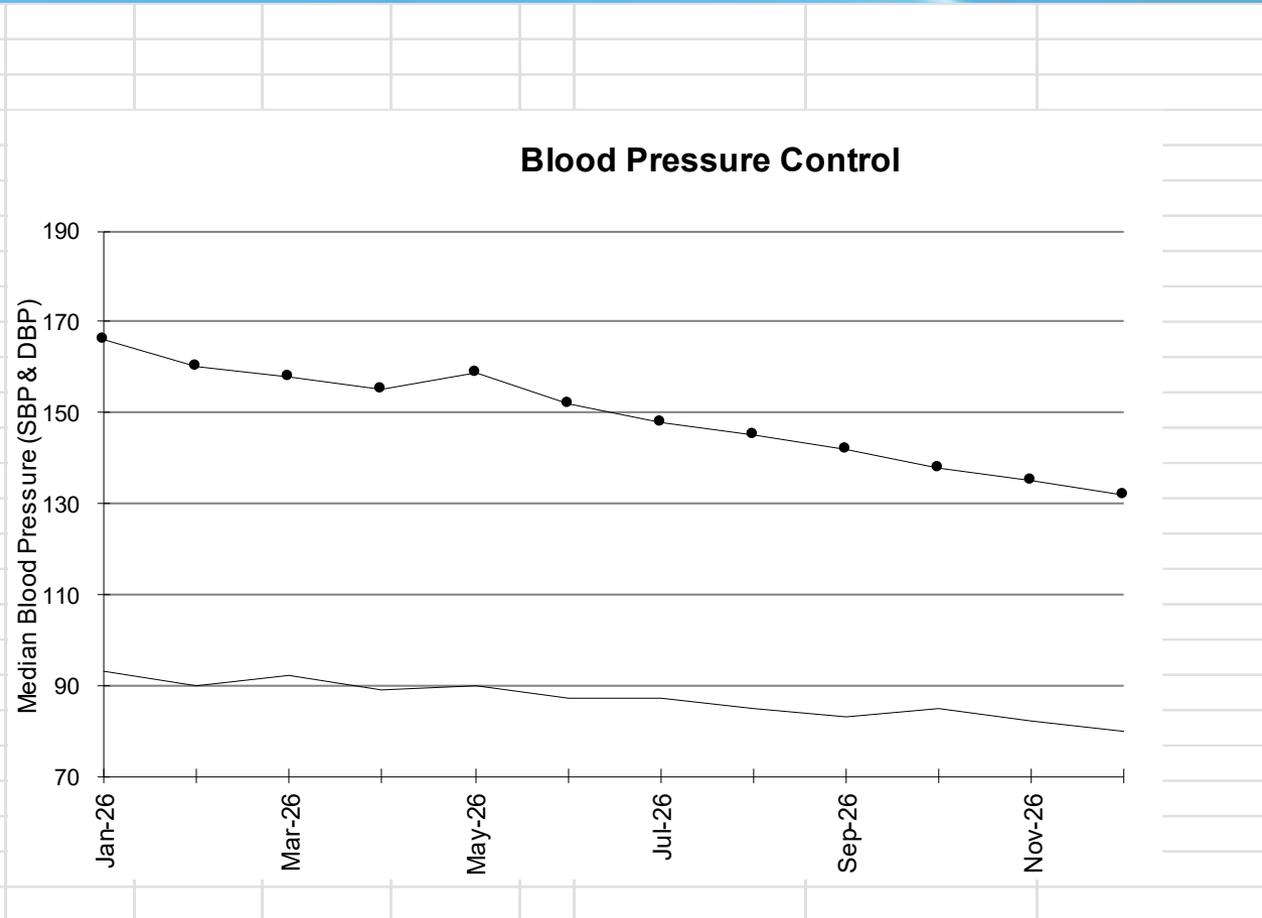
Previous Year Example
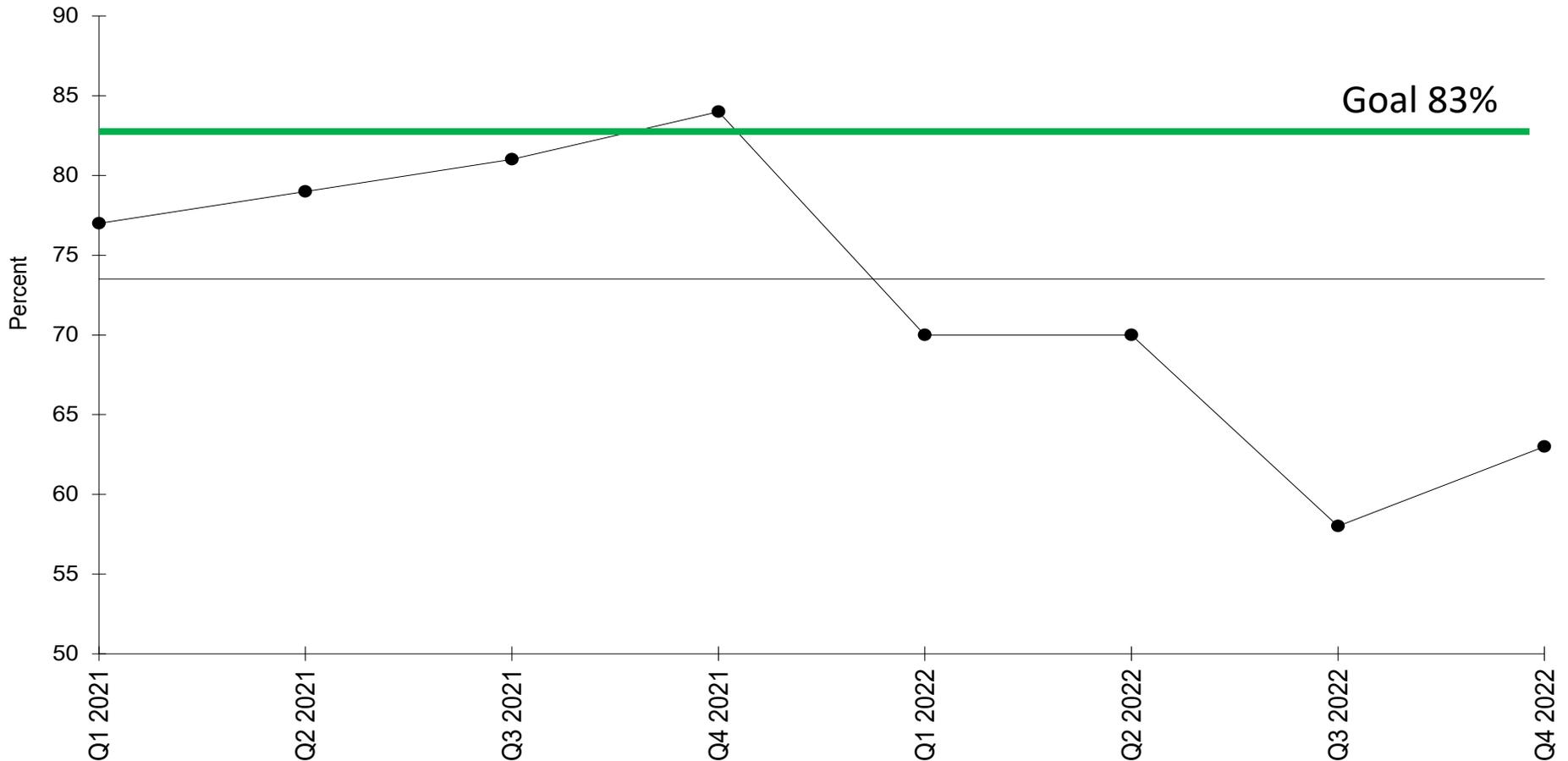

Chronic Disease Management Quarterly Report
Fal APRN, Jillian FP RESIDNT - Middletown
Report Data is Through: 12/31/2022 Date Run: 1/11/2023
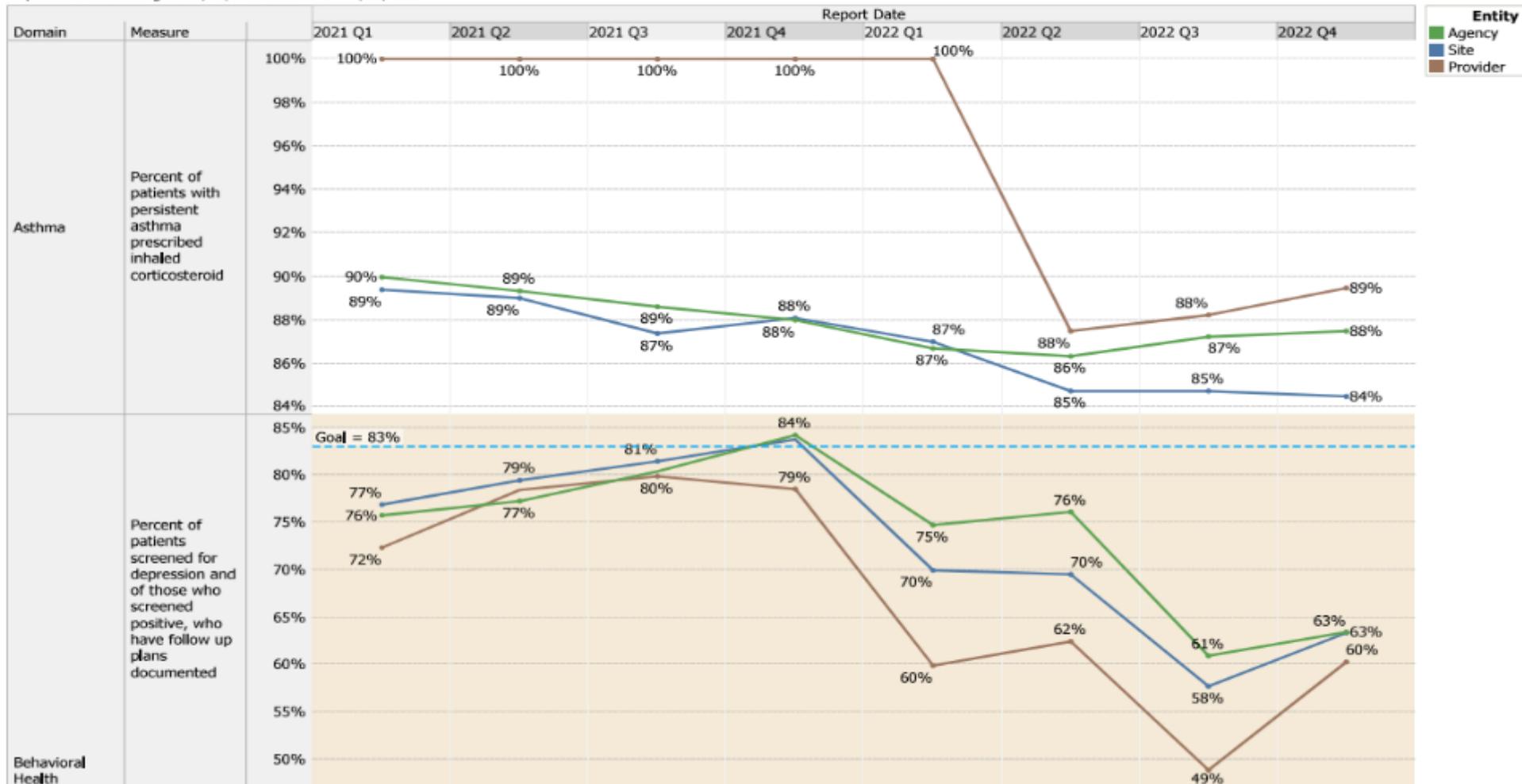
Previous Year Example (Run Chart)

Middletown Depression Screening - Site Data

Poll Question

Please select how you're feeling about displaying data on a time plot, run chart, or any other display for your team's project.

- We're making progress
- We need some help
- We haven't started yet

Take-home Thoughts

Mark – share 1 or 2 ideas you will take away from our small group discussion

Summary

- The Model for Improvement offers a specific approach to testing a change – the PDSA cycle.

- The PDSA cycle is modeled on the scientific method that one would use to do an experiment in a lab or design a research study.

- PDSA is one of several approaches to testing and implementing change (others include lean, six sigma, theory of constraints).

- Many people approaching an improvement effort underappreciate the importance of the Plan step of the PDSA cycle.

Session IX Assignment

- Read the HRSA case study (see Word document)

- Complete the Plan section of the PDSA worksheet for your project

  – Include list of metrics that you recommend be measured

- Contact Emma or Mark if you have questions or need assistance

- Send your completed PDSA to Mark and Emma on 2/25/26 before our next session on 2/26/26

References

- Donald Berwick, MD, MPP, President and CEO, IHI, www.ihi.org

- The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition), Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP, San Francisco, California, USA: Jossey-Bass Publishers; 2009

- Health Resources and Services Administration, agency of U.S. Department of Health and Human Services, Rockville, Maryland: Testing for Improvement Part 2

PDSA Worksheet for Testing Change

Date:	2/25/2021
Team Members:	Melissa Milvenan & Hannah Jacob
Pre-Planning Tools To Consider: (circle)	Stakeholder Analysis, Communication Plan, Communication Matrix, Influencing Strategy, Facilitated Site/Dept. Meeting

Aim: The current process of rescheduling well-child checks.

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	Where to be Done
Implementing a standardized procedure that can consistently be used by all providers to address missed WCC's.	Melissa Milvenan & Hannah Jacob	Beginning of April	CHC New London

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)
1. Collecting data on rate of missed WCC's/immunization rates for specific CHC New London compared to CHC as an organization by emailing/meeting with Tiereny and Joan. May want to focus just on missed WCC data but would be interesting to collect both 2. Developing expected improvement rates for missed WCC's and immunization rates. 3. Collecting input from PSA's, MA's, and other PCP's in CHC New London on how they think missed WCC's should be addressed compared to the current process. 4. Developing a questionnaire that will be distributed to PSA's to ask during follow up calls to reschedule appointments to discuss reasons behind missed WCC. 5. Developing a procedure for all providers to follow when addressing missed WCC's.	1. Melissa Milvenan & Hannah Jacob, PSA's, MA's, and other providers at CHC New London	Steps 1, 2, & 3: Week of March 1st Steps 3 & 4: Week of March 8th Step 5: Week of March 15th	CHC New London Front Desk and in all Pods

CHC New London

PDSA Worksheet for Testing Change

Date:	2/24/21
Team Members:	Sarah Arvidson, Jessica Baker, Isabel Hirsch
Pre-Planning Tools To Consider: (circle)	Stakeholder Analysis, Communication Plan, Communication Matrix, Influencing Strategy, Facilitated Site/Dept. Meeting

Aim: Switch telehealth visits from primarily phone visits to video visits

Every goal will require multiple smaller tests of change

Describe your first (or next) test of change:	Person Responsible	When to be Done	Where to be Done
Our first test of change involves a switch of technology at the clinic. We have been in discussion with the QI coordinator at our clinic and have attended one meeting of the telehealth task force to describe our aims.	Working with Sheila Shevlin & Meghan Weschler to access improved video technology	1-2 months	Start with HHC Blue team pod B as trial

Plan

List the tasks needed to set up this test of change	Person Responsible	When to be Done (Dates & Timeframe)	Where to be Done (Site Location, Where at the site, Pod, etc.)
F/U meeting with Meghan Weschler to discuss technological barriers to change. Jessica to discuss technological barriers to change at next telehealth taskforce meeting first week of March	Sarah, Jessica, Isabel	2/25/21, next telehealth taskforce meeting 1st meet of March	

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds	Person (s) Responsible for Collection of Data
Likely we will be able to trial run the switch to video visits when we have the technical capability. Then we can survey providers to see barriers.	% of our televisits that are video visits	Start with trial of the three of us, we can keep track on EMR

Holyoke CHC

PDSA Cycle (CHC Meriden)

Plan

List the tasks needed to set up this test of change

	Person Responsible	When to be Done	Where to be Done
1. New visit cards printed and ready to give to patients	1. Sarah	1. March	1. Minuteman Press
2. We need initial patients to test our intervention on	2. Sarah & Yalitza	2. March	2. In Clinic

Predict what will happen when the test is carried out

Measures to determine if prediction succeeds

1. There will be an increase in the amount of patients that have their blood work drawn within one week of ordered date. Which will lead to quicker diagnosis and treatment of acute and chronic conditions without a delay in care.

1. Measures: The amount of patients having their blood work drawn within one week of them being ordered.

Do: More patients were having their blood work done more quickly than we thought. Patients really liked the map.

Study: More patients were having their blood work done more quickly than we thought.

Act: For the next cycle: A larger sample number would have to studied. It might be useful to ask the patients what made them get their blood work at that certain time (a post survey). Cards should be printed in color.

Changes made based on these feedback: None yet

PDSA Cycle (Open Door)

Plan:

1. Improve current RN triage system
2. Will improve RN and provider satisfaction
3. Will increase productivity.
4. Collect Qualitative data

Do:

1. RN SOAP note documentation improved.
2. Difficulty finding provider
3. In pod RN gaining the most.

Act:

1. Initiate pre-meeting with RNs
2. Identify point of contact.
3. Encourage RNs to seek help with all visits.

Study:

1. RN satisfaction improved.
2. Provider satisfaction improved
3. Time management concerns