Quality Improvement 101: A three-part webinar series
From the School-Based Health Alliance and Hunter Gatewood of Signal Key Consulting

Questions we didn’t get to during the webinars and Hunter’s answers

How long should PDSAs generally last?
As a small test of a very specific idea for a change to your work, a PDSA should last as long as it takes to answer the question that drives the team to do the test, and for the team to discuss it.

When people talk about how long, we are usually talking about just the “Do” part, the execution of the small test. Usually the Do part of a PDSA test take a day or less. It could be 10 minutes, a day, a week, or even a month.

Remember that a PDSA test is meant to tell you if one specific observable action or activity (a Change in the Model for Improvement lingo) is worth pursuing as a new standard part of your work. So if you are parsing the change ideas well, each PDSA teaches you something about a small part of the whole range of change ideas for improvement. If you lump several specific change ideas into one PDSA, it can be impossible to answer the question of what works. That’s a big reason to keep PDSAs small, and to do many of them as you go.

Here are examples of the time taken to run the test (the Do), once you have the Plan and before you get to the Study-Act:

- 1 hour, for one patient visit: Testing an agenda-setting form’s usefulness and workflow impacts, using the front desk, the MA and the provider with one patient. (Going too big for a PDSA here would be something like seeing how the agenda-setting works over a month to help patients meet self-management goals. Important questions there, and too much and too long for one PDSA.)
- 3 days: Testing outreach text messages to teens in the sexual health education group, to improve attendance (20 min to do the texting, rest of the time to see who shows up, the results of test)
- 4 weeks: Testing real-time notifications of asthma ER visits with a partner hospital; four weeks required to set up temporary data feed for the test for a list of patients, and to test how clinic team is able to respond, and whether they got info they needed to act, once there is an asthma ER visit.

Back to the full testing cycle of Plan-Do-Study-Act, the start and end points for a PDSA are in a team discussion, so you can all consider how the test went out in nature, the live workday environment. So from the Plan done with the team, to the Study of what happened in the test and the Act phase decision for what to do next, it often takes from one team meeting to the next, usually a week.

Out of curiosity, why can't a PDSA be used for a longer-term, broader aim? Even if better designed for small, brief changes, can't it be adapted for other uses?

PDSAs are a specific tool for a specific purpose, and are one part of applying the Model for Improvement methodology to your work. Like a screwdriver. We use PDSAs for changes that need to be tested to see how they will work in your specific situation. The expectation is that if it works, you will do this new thing repeatedly because it gives you better results and you have made it work in your setting, and everyone is comfortable with this new activity because of repeated small tests to fine-tune this new change.

I say you should use PDSA tests, dozens of them, in pursuit of a longer-term Aim (improve appointment access, reduce asthma-related school absences, improve health status and goal achievement in clients with
depression). If you conflate the whole project with one big PDSA or two or three of them, you lose all the power of small tests to experiment and tailor best practices and try out new ideas. If you aren’t doing a small test, you are doing something that’s not a PDSA.

Not every activity of improvement requires using PDSAs. Often when we don’t need to use the Model for Improvement and learn from small tests, it’s because the work is best completed with the tools of project management. We don’t need to redesign the work, we just need to do the work: Updating policies and procedures, completing our UDS report, writing new patient education materials (though for this last one, I suggest using PDSAs to test how patients understand and use the education materials). You use a different set of tools.

Can he provide a specific example regarding a PDSA that applies to behavioral health care and to clinic operations/revenue maximization?

It all depends on your Aim Statement, what are you trying to improve for your population or your clinic operations. Wherever there is a work process to be fixed, there are many “how could this work better?” questions that you can answer with PDSAs.

For behavioral health care, you could do dozens of PDSAs on the best process for screening for mood and anxiety symptoms at reliable intervals, the process for client goals for their care, the best use of phone check-ins from case managers on action plans and symptoms, recruiting and engaging patients in group visits, handoffs to outside educational and vocational partners for best client engagement.

For clinic operations and revenue maximization, you could do dozens of PDSAs on the process for capturing insurance coverage information, the process for submitting encounter data or billing slips to payers, the process for following up on reimbursements not generated within 30/60/90 days, reducing no-shows, increasing capacity to see walk-ins, improving same-day warm handoffs between primary physical health and behavioral health providers.

Are there ever cases where a team does a PDSA, recommends a change, but management disagrees with the change?

There are definitely change ideas that work in testing that cannot be implemented widely because of cost, staffing and other concerns. The big Competing Priorities monster shows up here a lot. But your question makes me think of a bigger issue: The work of the improvement project team, the people doing the PDSAs to figure out how we can work better to get better results for our patients or clients, that work needs to be connected to and closely monitored by the senior leadership. Where there is a PDSA that has shown a better new way to work, the improvement team has evidence that they can share with leadership. Leadership may have really good reasons why you can’t go further with that particular change at the moment, which is why it’s great that the team is constantly working on more change ideas with more small PDSA tests. The improvement team leader needs to manage expectations on the team. The senior leaders need to understand the power of the improvement team, and say, “We have unleashed these creative, hard-working minds to fix problems and find solutions on behalf of the whole organization.”

Too often, we want to do change work on an important topic, and we get permission “to apply for a grant” or “do this project for a year” but we don’t educate up that we are doing this in order to redesign some part of our overall work. And once we figure out what works, the whole point is to implement it widely so we get better results consistently for all our patients who fit into the population of our Aim Statement.
What do you do if management believes every clinic should look the same, and therefore resists individual clinic changes or wants to implement the same change across all clinics?
The goal of project work using the Model for Improvement is to find changes that make the system perform better, that can be implemented across the whole organization. Test small in a small team, refine, revise, reconsider, re-test, then implement across that team and then spread to other teams. (I have resources for Sustainability and for Spread, as their own challenging aspects of improvement work. Ask me if you want more info and a sustainability work sheet.)

What suggestions do you have for documenting PDSAs that have been completed?
Keep a list of change ideas (agenda-setting, confirmation calls to reduce no-shows, video visits) and whether they are in Testing or Implementation (no more testing, we got this now) mode. A big risk with PDSAs is you lose track of what you have tested and aren’t rigorous with knowing when to hardwire a change and move on to test more change ideas.
You can also use a grid to add in more info about each PDSA, a tracking list, that includes details like what you learned from the test (“over half of the patient phone numbers we have are wrong”), what you decided after the test (the “Act” decision of Adapt, Adopt, Abandon), and next steps, but I’m wary of advising too much documentation in too many places. You don’t want to have to reproduce everything on the PDSA form itself.
And you are using the PDSA form for each test to capture the action of the test and its lessons in detail. You are using that form, aren’t you? It’s important, at least until everyone on the team is good at testing and knows that the team does the Plan and the Study-Act all together.

How can practices display results of PDSAs to patients?
You don’t need to show publicly the results of each test, since they are small and several add up to the information you would want to share.
What you do want to share with patients is at the individual or group level for those included in a test: “Today we are trying something new, an agenda-setting form/texting for self-management follow-up/starting the visit with the MA and nurse. We think this may work better for us and for you, so please let us know what you think as we go.”
What you want to share with all patients, in the waiting room, in clinic newsletters, are the run charts of the measures you are trying to improve. Share your commitment to getting better, share your imperfection and efforts. Patients will be inspired to do their part and will ask questions about the information shared (“Hey, what’s my BMI?”), and they will appreciate the honesty and transparency.

One question I always have with PDSAs is explaining to folks the importance of making predictions. Why is that important?
Predicting what will happen in your “Do” of the PDSA is what makes sure you are running a test, versus completing a task. The prediction is your hypothesis and sets up the reason for the test, the information you need to evaluate the test, and sets up the “Study” stage: did our prediction come true? Example for a small test of a texting intervention with 5 patients: “We believe screening for depression using a SMS-text questionnaire will gather more frequent and accurate info because it’s private and convenient for our patients.” With that, your whole team knows what to expect from the test and what information to gather to know if the test worked as you hoped. It’s the scientific method in miniature, each PDSA.
How do you do PDSAs on processes that only occur once or twice a year?

I think most processes we do once or twice a year are best suited for project management, but you can still do lots of PDSAs to rehearse, or in the early days of a longer process or annual project.

If the process is annual and short, I suggest rehearsal. Sports teams rehearse for hours between each game. And that’s not the complex and much more important work of health care.

If the process is long, have your questions about what could make it work better and PDSAs to help answer those questions lined up, and do as many as you can in the early days.

Another factor to consider is the number of people involved in the process. Consider a wedding: For a wedding ceremony with lots of people participating, you need to rehearse (PDSAs!) who does what, when, the processional and all that stuff, so it all goes smoothly and Auntie Ida reads her poem at the right time. For a small wedding of just a few people at City Hall or with the Elvis impersonator in Las Vegas, no rehearsal is needed, just some project management.

How do you start building a culture of using PDSAs?

Simple answer: Ensure early successes with PDSAs and improvement work, and build from there. People believe what they see, and success begets success.

1) Start with the willing people who want to make things better for their own work and for patients.
2) Give this team a measurable Aim in a long or short project.
3) Use the PDSA within the context of the rest of the Model for Improvement methodology to ensure diligence and results and smooth team communication in the project.
4) Make great PDSAs happen, to use as examples of how this works and why it’s useful and fun. Use a PDSA form, be clear about each piece of the test, and be sure to debrief in the “Study-Act” group discussion to make sure the test and its intel don’t go to waste.
5) Once you have tested until you like a specific change and it’s working, get senior leader support to test more widely with more staff across the clinic.
6) Ultimately, spread the change across the whole organization, and make sure you and other leaders are clear that frontline staff came up with this change.

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