


### A preview of PDSA:

- Iterative 4 stage problem solving model.
- Executing the cycle again will extend what one has learned.
- Popularized by Dr. W. Edwards Deming.



### Building the Foundation

- Mission, Vision & Values
  - What is the purpose of the organization
  - Where do we want ourselves to go
  - & What are the principles that guide your organization?
- Strategic Plan
  - The process of defining the direction of the organization.



S W O T	Internal	STRENGTHS	WEAKNESSES
	External	OPPORTUNITIES	THREATS

### Don't forget your customer

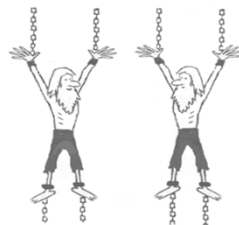
- o Customers
  - o Internal
  - o External
- o Stakeholders

- o PDSA is a four stage Quality Improvement Approach
  - o Stage 1 Plan
  - o Stage 2 Do
  - o Stage 3 Study
  - o Stage 4 Act

### Stage 1: Plan

Identify an Opportunity & Plan for Improvement

- o Step 1: Getting Started



*I have a plan!*

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### o Step 2: Assemble the Team

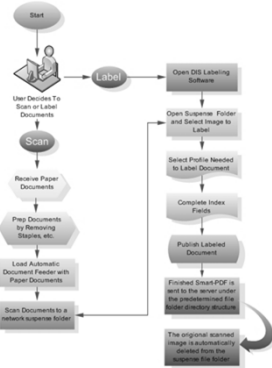
- o Aim Statement

Step 3: Examine the Current Approach



Future Approach

Current Approach

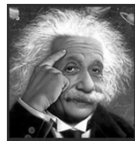


Step Four: Identify Potential Solutions



Step Five: Develop an Improvement Theory

- Hypothesis
  - What's the data going to show
  - What outcome are we looking for?
  - Define the outcome we want!



**IF THIS ..... THEN THIS.....**

Stage 2: Do

- Test the theory for improvement
- Carry out the plan you developed
- Collect, chart, and display data
- Document problems, unexpected observations, side effects
- Check sheets, flow charts, and run charts may be useful here



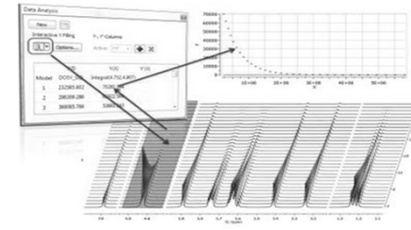
## Stage 2: Do

- o Test the theory for improvement
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## Stage 3: Study

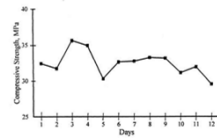
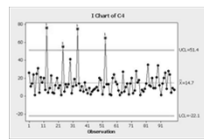
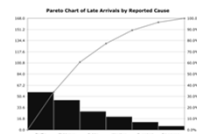
- o Use data to study results of the test
- o Did the results match the theory/predictions?
- o Are there trends? Unintended side effects?
- o Is there an **improvement**?
- o Do you need to test the improvement under other conditions?



## Stage 3: Study

Useful tools

- Pareto Charts
- Control Charts
- Run Charts

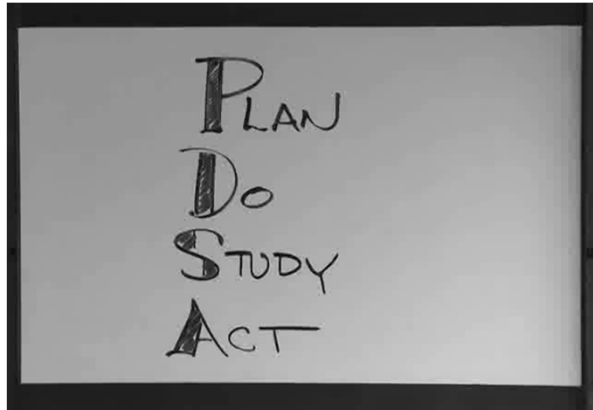


## Stage 4: Act

- Standardize the improvement or develop a new theory
- Establish future plans



Robert Lloyd, PhD  
Institute for Healthcare Improvement



**Example:**

Community Health  
Care Association of  
New York

July 2002

PHQ9 Depression  
Screening Tool

**Purpose:** Trial use of  
the PHQ9 form

NAME <u>John Q. Sample</u>		DATE _____			
Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?					
1	Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	Poor appetite or overeating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	Thoughts that you would be better off dead, or of hurting yourself in some way	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		add column			
		TOTAL:			
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?		Not difficult at all		<input checked="" type="checkbox"/>	
		Somewhat difficult		<input type="checkbox"/>	
		Very difficult		<input type="checkbox"/>	
		Extremely difficult		<input type="checkbox"/>	

**PLAN:**

- What are we testing?
- Who are we testing it on?
- When are we testing?
- Where are we testing?
- What do we expect to happen?
- What data do we need to collect?
- Who will collect the data?
- When will the data be collected?
- Where will the data be collected?



**PLAN:**

- What are we testing? A new depression screening tool (PHQ9)
- Who are we testing it on? Patient \*
- When are we testing? July 2002
- Where are we testing? Hill Health Center, New Haven, CT
- What do we expect to happen? Patient respond appropriately, interviewer score results
- What data do we need to collect? Try tool with new patient \*
- Who will collect the data? Clinician (MSW) \*note\*
- When will the data be collected? July 2002
- Where will the data be collected? Hill Health Center

# DO:

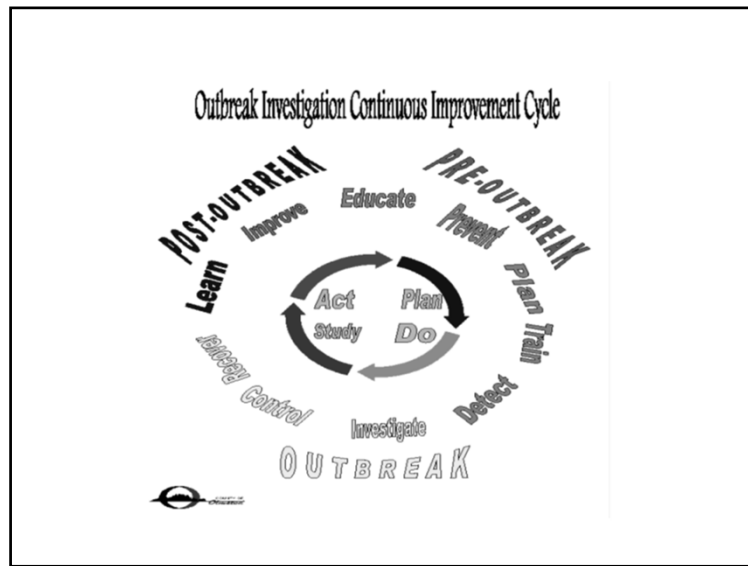
What was actually tested?

What happened?

Observations?

Problems?

## Example 2: Olmsted County Foodborne Illness Investigation Toolkit



## Resources

- Michigan Department of Health – Embracing Quality in Local Public Health
- PHAB- Proposed Local Standards & Measures
- Balanced Scorecard
- Baldrige Criteria
- New Hampshire Department of Health
- Olmsted County Public Health