

# Step 10: Plan, Conduct, and Document PIPs & Continue Social Isolation PIP

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Continuation Phase, Session 10

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Over the  
Past Week

What did you learn  
from walk rounds from  
this past week?

Discuss ideas about  
implementing QAPI  
into your work routines

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Today

## IHI Curriculum

- Emotional and Organizational Support for Staff
- Staff Wellbeing Depends on Trauma Informed Principles

Step 10: Plan, Conduct, and Document PIPs

PIP Next Step: Continue with PDSA

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## Staff Wellbeing Depends on Trauma Informed Principles



**6 Principles of Trauma-Informed Care**

• A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or center-specific:

1. Safety
2. Trustworthiness and Transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice and choice
6. Cultural, Historical, and Gender Issues\*

Source: <https://www.samhsa.gov/trauma-informed>

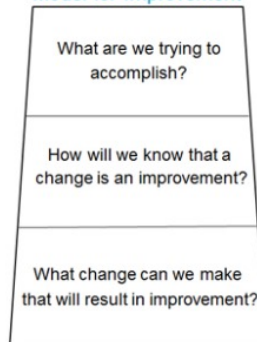
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# Step 10: Plan, Conduct and Document PIPS

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Institute for  
Healthcare  
Improvement  
(IHI)  
Model for  
Improvement

## Model for Improvement



### Setting Aims

The aim should be time-specific and measurable; it should also define the specific population of patients or other system that will be affected.

### Establishing Measures

Teams use quantitative measures to determine if a specific change actually leads to an improvement.

### Selecting Changes

Ideas for change may come from those who work in the system or from the experience of others who have successfully improved.



### Testing Changes

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method adapted for action-oriented learning.

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# PDSA

IHI Quality Essentials Toolkit:

- <http://www.ihl.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx>

Health Insights Process Improvement Handbook:

- <https://healthinsight.org/images/locations/nm/PDFs/apex/Process-Improvement-Handbook.pdf>



**Plan:** Plan the test, including a plan for collecting data.

- State the question you want to answer and make a prediction about what you think will happen.
- Develop a plan to test the change. (Who? What? When? Where?)
- Identify what data you will need to collect.



**Do:** Run the test on a small scale.

- Carry out the test.
- Document problems and unexpected observations.
- Collect and begin to analyze the data.



**Study:** Analyze the results and compare them to your predictions.

- Complete, as a team, if possible, your analysis of the data.
- Compare the data to your prediction.
- Summarize and reflect on what you learned.



**Act:** Based on what you learned from the test, make a plan for your next step.

- Adapt (make modifications and run another test), adopt (test the change on a larger scale), or abandon (don't do another test on this change idea).
- Prepare a plan for the next PDSA.

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[https://qioprogram.org/system/files\\_force/resources/documents/C2 Change Package 20170511508.pdf](https://qioprogram.org/system/files_force/resources/documents/C2%20Change%20Package%2020170511508.pdf)



## 5.c Change Concept: Plan and implement tests of change.

### Action Items

**5.c.1** Provide leadership support for performance improvement initiatives or projects. Include these roles (the same person may serve in multiple roles):

- A senior leader who will sponsor the project and provide needed resources
- A person who can manage the project or initiative on a day-to-day basis – someone who is expected and able to keep momentum despite setbacks and other factors and distractions that come up
- A key champion or cheerleader who is passionate about the change and can help facilitate change in the unit/department/organization

**5.c.2** Use a change methodology like PDSA (Plan, Do, Study, Act) to plan test incremental changes on a small scale prior to implementation of changes; track and monitor your progress.

**5.c.3** For each improvement initiative, set specific numerical performance improvement goals and minimum thresholds that staff and leadership personally own, believe in, and understand their role in achieving.

**5.c.4** For each improvement initiative, identify process and outcome measures that will be used to assess if the desired changes have been implemented and if they are resulting in an improvement.

**5.c.5** Involve people who care about the process being improved (including residents and external stakeholders, when appropriate). Use a multi-department and multi-disciplinary approach to improvement.

**5.c.6** Take advantage of existing performance improvement templates and tools that are easy to use and guide systems thinking to define the problem, test interventions, and measure the impact on the problem and on the larger system. Tools are available to support:

- Prioritizing opportunities for improvement
- Chartering performance improvement teams
- Flowcharting
- Conducting root cause analysis
- Developing an action plan including measurement

**5.c.7** Focus on the human side of change – recognize how hard it is for people to change. Understand that staff need to know why a change is needed (the value) and what specifically they need to do differently. Provide the support, resources, and tools staff will need in order to make the change. Check in with staff frequently to see how they changes are going. Remove barriers staff face to implementing changes.

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# More QAPI Education Opportunities

SHORT videos “The Science of Improvement on a Whiteboard!”

- <http://www.ihl.org/education/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx>

## The Science of Improvement on a Whiteboard!

Robert Lloyd, Vice President at IHI, uses his trusty whiteboard to dissect the science of improvement. In short videos, he breaks down everything from Deming's System of Profound Knowledge, to the PDSA cycle, to run charts. Click, sit back, and enjoy the learning.

Want written instructions and templates for many of these tools? Download IHI's *QI Essentials Toolkit* — it's free.



Deming's System of Profound Knowledge (Part 1)  
[Watch the video](#)  
[Read the transcript](#)



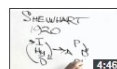
Deming's System of Profound Knowledge (Part 2)  
[Watch the video](#)  
[Read the transcript](#)



The Model for Improvement (Part 1)  
[Watch the video](#)  
[Read the transcript](#)



The Model for Improvement (Part 2)  
[Watch the video](#)  
[Read the transcript](#)



PDSA Cycles (Part 1)  
[Watch the video](#)  
[Read the transcript](#)



PDSA Cycles (Part 2)  
[Watch the video](#)

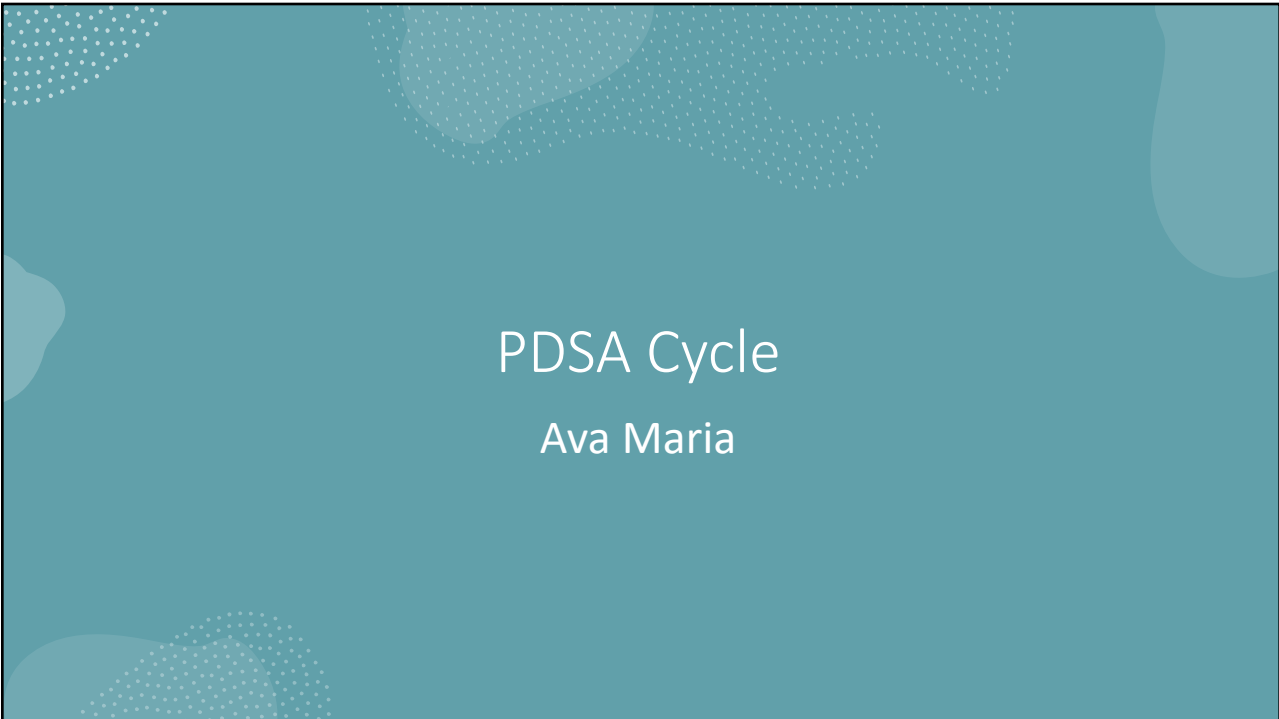
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# More QAPI Education Opportunities

IHI Open School online – FREE to individuals


- [http://www.ihl.org/education/IHIOpenSchool/Courses/Pages/SubscriptionInformation.aspx?utm\\_source=ihl&utm\\_medium=QIEssentialsToolkit&utm\\_campaign=QIEssentialsToolkitInsideCover](http://www.ihl.org/education/IHIOpenSchool/Courses/Pages/SubscriptionInformation.aspx?utm_source=ihl&utm_medium=QIEssentialsToolkit&utm_campaign=QIEssentialsToolkitInsideCover)

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# Plan



**1. Plan:** Plan the test, including a plan for collecting data.

**Questions and predictions:**

- Modified UCLA Loneliness scale to be utilized with the follow questions: 1. How often do you lack companionship? 2. How often do you feel along? 3. Hoe often do you feel left out? 4. How often do you feel isolated from others? 5. How often do you feel that there are people you can talk to? Also a line left for resident comments.
- With utilizing the modified UCLA Loneliness scale, we anticipate that residents are going to have some degree of social isolation and loneliness. It is uncertain to exactly what level.

**Who, what, where, when:**

QA nurse manager, social services, and front line care staff interviewed a random selection of 12 residents using the UCLA loneliness scale. Interviews were conducted during the day, with willing participants as resident's provided verbal consent prior to the meetings. The interviews occurred in the resident's rooms on 4/7/2021 and privacy was upheld with the residents.

**Plan for collecting data:**

Residents to be interviewed and assessed for loneliness and isolation utilizing the Modified UCLA Loneliness scale. Population/sample set of 84 residents. 12 to be chosen for interviews to be randomly selected. Residents who are not able to communicate were not included in the data set.

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# Do



**2. Do:** Run the test on a small scale.

**Describe what happened. What data did you collect? What observations did you make?**

Residents were asked the following questions: 1. How often do you lack companionship? 2. How often do you feel alone? 3. How often do you feel left out? 4. How often do you feel isolated from others? 5. How often do you feel that there are people you can talk to? Also a line left for resident comments and conversation.

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# Study



**3. Study:** Analyze the results and compare them to your predictions.

**Summarize and reflect on what you learned:**

67% of residents who were interviewed were positive for some degree of loneliness and lack of companionship; replying as "sometimes" and "always" to questions #1 and #2 on the scale. Only one resident responded "sometimes" when asked question #5. Our prediction aligns with the findings, but at a higher rate than anticipated.

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# Act



4. **Act:** Based on what you learned from the test, make a plan for your next step.

**Determine what modifications you should make — adapt, adopt, or abandon:**

Utilizing management and direct care staff to provide 1:1 visits with all of the residents who participated in the study. Goal will be 2-3 times a week for 15-20 minutes. Will repeat the modified UCLA loneliness scale again on 6/4 after this intervention has taken place.

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If you would like additional technical assistance, please let us know.

You can work with our mentors one-on-one.

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# Homework

## QIO PIP Tool

- Continue with PDSA

## Submit Homework via Dropbox

- Now on our website (direct link to dropbox with instructions)
- <https://www.dakotageriatrics.org/project-echo-can/phase-2-continuing-education>
- Please note we might share your work with the group (if you don't want to share, please let us know)

### Phase 2 – Continuing Education

Our team at Dakota Geriatrics in collaboration with [Center for Rural Health](#) is participating in the [Project ECHO COVID-19 Action Network](#) as an official training center for nursing homes. If you have questions, please email us at: [dakotageriatrics@und.edu](mailto:dakotageriatrics@und.edu).

#### Dropbox Information

- [Dropbox How To](#)
- [Access Dropbox](#)

#### Curriculum Resources and Recorded Sessions

Phase 2, Week 5:

Phase 2, Week 4: