

# Proposing Countermeasures and Making a Plan

1.14.2022

# Objectives

- Roadmap/A3 (lean) approach to QI
- Propose Countermeasures (solutions) and Make a Plan
  - Solutions to address root causes identified from Gap Analysis
    - Strategies for team brainstorming
    - Strategies for selecting solutions to test
    - Idea of small pilots and pdsas vs. large scale implementation

# Overview: Roadmap

Date	Lecture Topic
July 2021	Problem Statement, Age-Friendly Health System Walkthrough
August 2021	Setting an aim, identifying your initial and target states
September 2021	Performing a gap analysis
December 2021	AGS abstract (optional); Healthcare Equity
January 2022	Proposing Countermeasures
February 2022	Making a Plan
March 2022	Results (Check) and Next Steps (Act)
June 2022	Wrap Up
June 2022	QI project presentation at Grand Rounds (optional) AGS Abstract submit 2023 (optional)

Other components: Monthly QI check ins about your Project, Modules, Performance metrics on your patient panel (VA Primary Care), M&Ms

# A3 (lean) approach to QI

## A3 Problem-Solving Report



Title: \_\_\_\_\_  
Owner: \_\_\_\_\_  
Team Members: \_\_\_\_\_

Date/Revision(s): \_\_\_\_\_  
Location: \_\_\_\_\_

**1. Problem Statement:**  
What are you trying to solve or improve?

**2. Current Condition:**  
Where do things stand today?

**3. Target Condition:**  
What outcome is required? Remember SMART

**4. Gap Analysis:**  
What is the root cause(s) of the problem?

**5. Countermeasures Proposed:**  
How will your recommended countermeasures affect the root causes to achieve the target?

**6. Plan:**  
What activities will be required for implementation and who will be responsible by when?

**7. Results (Check) Next steps (Act):**  
What did you learn about the results of your experiment vs. the target? What are your next steps?

# Review of Project To Date

A3 review

Gap Analysis

# Proposing Countermeasures

The complete “life cycle” of an improvement project contains four distinct phases:



**Innovation** —  
coming up with new  
ideas for change

**Pilot** —  
testing a change on a  
small scale

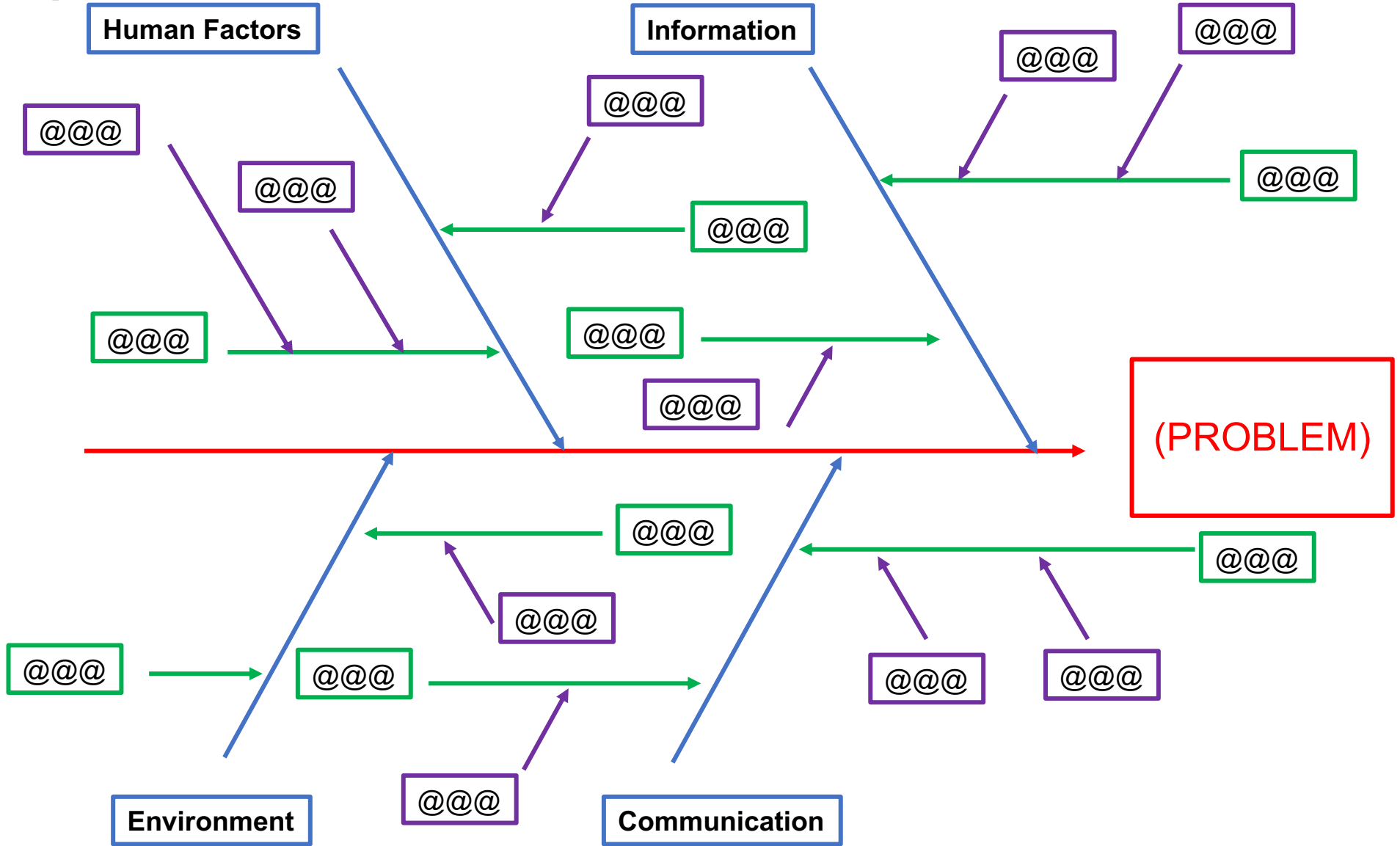
**Implementation** —  
making the change the  
new standard process  
in a defined setting

**Spread** —  
implementing the  
change in several  
settings

# QI Versus Traditional Countermeasures

	<u>Classical Research</u>	<u>Quality Improvement</u>
<b>Primary Goal</b>	<b>To discover widely generalizable knowledge</b>	<b>To bring new knowledge into daily practice</b>
Hypothesis	Stick with it until bitter end	Adjust through multiple PDSA cycles to work out kinks
<b>Method</b>	<b>Qualitative, Quantitative</b>	<b>PDSA (Plan-Do-Study-Act)</b>
Duration	<b>Longer, Data collection for definitive results</b>	<b>Short, Rapid tests of change</b>
Sample	Representative	Unit level
Informed consent	Must be obtained if human subjects are involved (or justified to waive)	Generally not required
Biases	Control for as many biases as possible	Embrace context/stabilize biases from test to test
<b>Tests</b>	<b>One large blind test</b>	<b>Many sequential, observable tests</b>
Data	Gather as much data as possible, just in case	Gather just enough data to learn and complete another cycle
Data Analysis	<b>Enumerative statistics (eg. T tests, chi square, p-values)</b>	<b>Analytic Statistics (eg. Statistical process control, run &amp; control charts)</b>
<b>Results</b>	<b>Understand change</b>	<b>Make Change</b>

# Use the Gap Analysis





# Use the Gap Analysis

## Human Factors (People)

- Staffing
- Scheduling
- Orientation/training
- Competency assessment
- Supervision
- Qualification/requirements

## Equipment Factors

- Preventive maintenance (fail)
- Equipment failure
- Equipment availability
- Defective equipment
- User error (of equipment)

## Environmental Factors

- Physical (location, space, etc)
- Cultural
- Uncontrollable external event
- Environmental risks
- Quality control (fail)
- Safety/security/utility, HAZMAT (fail)
- Emergency preparedness (fail)

## Information Factors

- Accurate and thorough data (lack of)
- Available data (lack of)
- Clear data (lack of)
- Technology (lack of)

## Communication Factors

- Among/between team members
- Between staff and patient/family
- Between levels of care
- Between inpatient/outpatient
- Between facilities (transfers)

## Policy/Procedure (Process)

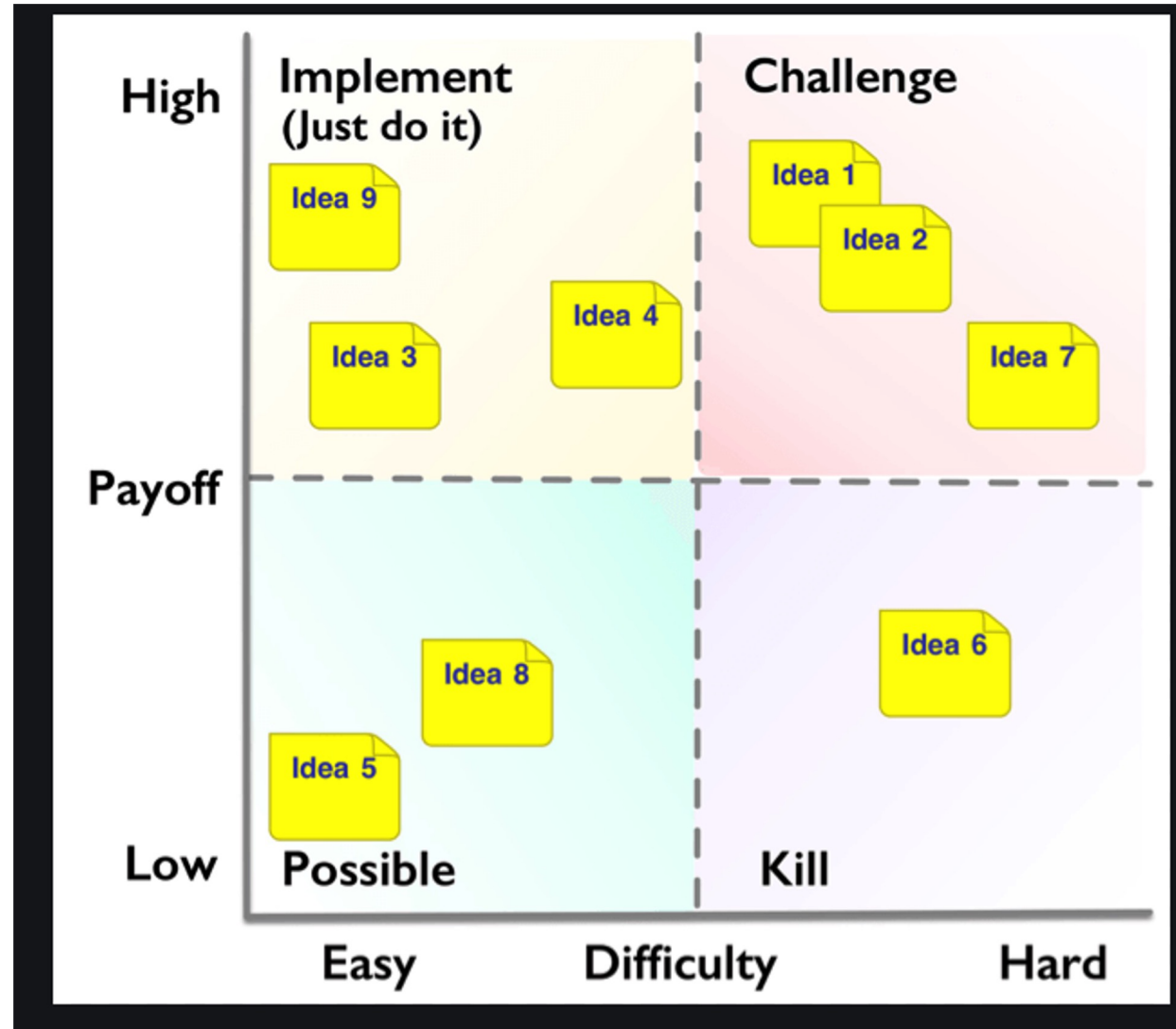
- Assessment, reassessment monitoring (fail)
- Care planning (fail)
- Patient/family education (fail)
- Care and treatment/protocols (lack of or fail)
- Patient identification (fail)
- Patient observation (fail)

# Use the Gap Analysis

## 5 Whys

- Method for pushing people to think about root causes
- Prevents a team from being satisfied with superficial solutions that won't fix the problem in the long run
- Tip: nothing magical about 5, stop once you've reached a root cause that the team can act on

# Selecting Countermeasures: PICK Chart



# IDEA FORM



<b>Employee / Area</b> <b>(Where or with whom is the problem occurring?)</b>	<b>Problems</b> <b>(What is the problem?)</b>	<b>Measures Taken</b> <b>(What is your proposed solution to the problem?)</b>	<b>Results</b> <b>(What would happen if your solution was implemented?)</b>

## Before Improvement

Draw a simple picture to illustrate the current problem

Remarks:

## After Improvement

Draw a simple picture to illustrate the outcome of your solution

Name:

<b>Team:</b>		<h1>Action Plan</h1>			Use as a "living document" through an improvement event	
<b>Process Owner:</b>					Only for items achievable within 30 days	
<b>Date:</b>					Only for items in the scope of the event	
					Items beyond 30 days and out of scope go on a "Parking Lot"	
Item	Problem	Action Needed to Complete	Responsibility	How Action is to be Completed	By When	Status
	State the problem and the target it affects (e.g., "staff walking too much")	State idea (that has been tested) that needs to be implemented (e.g. "move printer to point of use")	Who is assigned to the task (be sure to tell them)	Specific dates, trainings, and strategies describing how each action will be completed	Date item is to be completed	% Complete
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						