5. MAKING CHANGE HAPPEN

OVERVIEW

Once your team has developed a Guideline Implementation Action Plan, the next step is to implement the plan in your MTF’s clinical environment. This section describes an effective method for implementing change that is based on the Plan Do Study Act (PDSA) process improvement cycle.\(^1\) In this section, we

- describe the PDSA cycle
- review its strengths:
  - Testing changes on a small scale
  - Testing multiple changes through multiple cycles
- Provide examples of using the PDSA approach to implement the DoD Low Back Pain and Asthma guidelines

THE PLAN DO STUDY ACT (PDSA) CYCLE

The PDSA cycle is a process model for quality improvement that has been used extensively in the health care field, especially for working with clinical practice guidelines. Figure 5.1 shows the four stages of the PDSA cycle. As you carry out your action plan, treat each action item as material for a PDSA cycle. Although the cycle may appear more readily applicable to Practice Change actions than to Introduction and Education actions (see Appendix D, worksheets 2A and 2B), educational interventions can be also be improved by testing them through PDSA cycles.

Figure 5.1—The PDSA Cycle

The *Plan* stage occurs at your off-site planning meeting described in Section 4. During the *Do* stage, you carry out a small-scale test of the planned action. You can test almost any type of action, ranging from small (such as a training class) to large (such as redesign of patient flow procedures). During this test, you observe and document any problems or unexpected events and collect data that will help you determine the impact of your test. During the *Study* stage, you analyze the data you have collected and the observations you have made. Compare what you find to what you expected to happen and summarize what you learned from testing the action item. During the *Act* stage, you use what you have learned to improve your planned action. At this point you may decide either to test the change again with the modifications, or to proceed to full-scale implementation.

When you use PDSA cycles to carry out your action plan, remember to keep the tests as simple and straightforward as possible. What is most important is that your team move quickly through each stage of the cycle to apply what you learn with little delay.
Diabetes and Asthma Demonstrations: Some of the larger MTFs launched into large scale changes to their clinical procedures but spent so much time trying to perfect the new procedures that it took months to implement them for the first time. Had these MTFs tested some of their strategies on a smaller scale, they could have discovered more quickly what works and what doesn’t.

STRENGTHS OF THE PDSA APPROACH TO GUIDELINE IMPLEMENTATION

Testing Changes on a Small Scale

To see if the change strategies in your action plan will achieve their specified objectives, it is important to test them on a small scale—in effect, implementing a change on a temporary basis. Testing on a small scale has several advantages.

- **Big learning payoff at small expense:** Testing changes on a small scale can be accomplished quickly with a minimal expenditure of resources. At the same time, small scale tests provide a good indication of problems and/or successes to expect from full-scale implementation.

- **Allows for early and effective changes to the action plan:** The experience and feedback gained from small scale tests can be used to modify and improve the original Implementation Action Plan.

- **Improves staff buy-in:** Your MTF staff is more likely to buy in to guideline implementation if change strategies are tested on a small scale. Staff members resistant to large-scale changes will be more receptive if they can provide input during a small trial run of the change strategy. Tailoring the strategy to the needs and concerns of the implementing staff will increase staff acceptance of guideline implementation.
• **Focuses on changing clinical processes:**

Since the PDSA cycle is specifically designed as a tool for improving organizational processes, using this approach encourages your team to conceptualize the action items in the implementation plan as changes in clinical processes. This orientation will increase the likelihood of effective process change.

**Testing Multiple Changes Through Multiple Cycles**

Another advantage of the PDSA cycle is that it allows you to take multiple change strategies through multiple improvement cycles, as illustrated in Figure 5.2. Each of the arrows represents an action item from your Action Plan. Each item is tested on a small scale and moves through successive cycles until the desired change is achieved.

Not all action items will require more than one PDSA cycle, but it is advisable to test every item with at least one PDSA cycle.

Some actions may require more than one PDSA cycle.

**EXTENDING AND ADAPTING CHANGES**

With evidence from the small-scale tests that your planned actions have the potential to create desired changes in clinical processes, it is time to move forward with broader implementation of those actions. Responsibilities for im-
Implementing the actions should be clearly defined and compatible with each individual’s skills and functions in the clinic or MTF. Similar to the approach for the small-scale tests, work incrementally in cooperation with staff and patients who are involved or affected by the changes. Be alert to both positive and negative feedback, both of which can improve your strategies. To extend and adapt your small-scale changes, consider the following actions:

- Extend the change to other areas in your MTF
- Adapt the change to each area
- Make the change routine in each area
- Share the adaptations among all areas

A process for monitoring your progress in achieving your aims also should be initiated. Section 6 discusses monitoring approaches, measures, and issues. Monitoring serves the important functions of providing feedback for the implementation cycle, creating accountability for guideline implementation, and assessing the effects of the guideline on quality of care.
Example 1: IMPLEMENTING THE DoD LOW BACK PAIN GUIDELINE

| Plan | An MTF participating in the AMEDD/RAND low back pain (LBP) guideline demonstration planned to use the Army MEDCOM Test Form 695-R (a two-page LBP documentation form for the medical chart) as a process change to facilitate guideline implementation. It was believed that this form would make it easy for clinicians to follow the guideline recommendations for their LBP patients. |
| Do | When the implementation team brought the new form to their MTF, the primary care physicians voiced concerns that the form would increase their workload within the already limited time available for each clinic visit. In response to these concerns the team asked two providers in one clinic to test the form on a small scale. |
| Study | After the test period, the providers using the new form reported that the form was easy to use and that it shortened the time it took to process LBP patients. |
| Act | Based on these findings, the action team implemented the documentation form in all of the MTF clinics. |
Example 2: IMPLEMENTING THE ASTHMA GUIDELINE

<table>
<thead>
<tr>
<th>Plan</th>
<th>One facility decided to try forming a support and education group for families who had frequent ER visits and hospitalizations in the previous 6 months. The first test was to have the asthma educator call 15 families and see if they would be interested in participating. When 13 of the families expressed interest, an initial support group was planned, including location, time and frequency of meetings, format, and content for both parents and children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do</td>
<td>Invitations to participate were extended to 32 &quot;high risk&quot; families. The initial meetings of the support group consistently had 18 to 20 families present. Brief asthma knowledge, symptoms and behavior surveys were administered at the beginning of each session.</td>
</tr>
<tr>
<td>Study</td>
<td>After three months, the educator observed that families with adolescent children had dropped out of the program, while those with young children had continued to participate, with evidence of improved knowledge and behaviors in the families who continued.</td>
</tr>
<tr>
<td>Act</td>
<td>Based on these findings, the original support program was redesigned to target families with children under 10. A review of those families from the original 32 invitees who never participated revealed that a large fraction of these families had teenage children. A decision was made to develop and test an adolescent support group specifically aimed at preteens and teenagers.</td>
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