

PDSA Worksheet	Team Name:	
	Cycle start date:	Cycle end date:

Aim Statement: In 3 weeks, all paper and electronic copies of patient medication education materials will be more accessible for clinicians to assist with improving medication management.

PLAN: Area to work on: **MEDICATION KNOWLEDGE**

Describe the change you are testing:

- Increasing accessibility patient medication tools and resources by putting them in a central location, placing person in charge to restocking regularly.



What question does this test seek to answer? (If I do 'x,' will 'y' happen?)

- If we make patient education tools more accessible to clinicians, will there be an increase in the utilization of the tools?

What do you predict or expect the result will be?

- Clinicians will increase use of patient tools at visits; improving patient knowledge of medications.

What measure will you use to learn if this test is successful or has promise?

- Clinical documentation showing use of patient tools and resources.
- Weekly updates from person(s) in charge of stocking and distributing patient education materials.

Plan for change or test: who, what, when, where

QI Lead will complete the following activities within 30 days to prepare for a workgroup meeting:

- Determine current process for clinicians to obtain patient education materials, who is responsible to print materials, and where clinicians are expected to document in clinical notes.
- Interview 5 clinicians (nursing and therapy) and 2 – 3 supervisors to discuss access issues and possible solutions.
- Designate person in charge of managing patient education materials; person responsible for stocking and obtaining clean and current paper and electronic copies of each tool and resource.
- Supervisors will send an email notification and discuss at staff meetings the change in location and process to obtain patient/caregiver teaching materials. Also review the purpose is to improve access to allow for greater use.

Data collection plan: who, what, when, where

- QI Lead will establish a simple record review for documentation of clinician patient tool use beginning 14 days after implementation and every 2 weeks for the first 45 days or longer if needed.
- Designated person(s) responsible for managing materials will track the use of each tool based upon requests for tools and provide weekly reports to QI Lead for at least 45 days.

Set Target and include data source:

- Increase use of patient education tools and resources by 50% according to report from person responsible for stocking and distributing patient education materials.

DO: Report what happened when you carried out the test. Describe observations, findings, problems encountered, and special circumstances

- Better awareness of use of patient education materials.

- Revised process and accountability of using patient materials has increased the utilization of materials as evident through chart audits and reports from person coordinating the materials.

STUDY: Compare your results to your predictions. What did you learn? Any surprises?

- Printed materials were seldom being used related to access issues. There has been an increase in the use of the materials per reports and chart audits.
- Six tools were identified as being out of date.
- Two tools have been requested by several staff to be translated in Spanish.

ACT: What will you do next? Adopt, adapt or abandon the change?

- Continue to monitor the use of patient education materials and reinforce as needed.
- Set up small work group to do a PDSA to review and revise current patient tools beginning with the six tools identified as out of date.
- Investigate online resources (including HHQI) for availability of the tools (or similar) in Spanish version (May need to do a new PDSA cycle to get process established with financing to translate tools)

Langley GJ, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance. In. 2nd ed. San Francisco: Jossey-Bass; 2009:36-7.



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