Management Action Plan and Team Charter

Complete for ANY plan to improve or correct current practices or processes. Prioritize opportunities based on observed patterns identified in available data. Treat this as a Team Charter with leadership giving direction to an identified quality improvement team on an area of concern. This form provides the structure for Inquiry, Tests of Change (N of 1) and Final Recommendation for Implementation.

What is the problem/issue we are trying to solve?*	What are we trying to accomplish?*	Describe Current Process (Understand what happens)	Team Members (Champion)	Strategic Questions	Measurement Strategies	Potential Changes	PDSA Cycle Number/Date	PDSA Results
				How will we know if the change is an improvement?				
				What change can we make that will result in improvement?				
Final Recommendation for Implementation:								

*Identified by leadership

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Leadership

Develop Team Charter:

- Identifies concern and intended outcome
  - what we want to accomplish
- Provides rationale
- Sets expectations and parameters

Identify and use champions as team members

- Who is enthusiastic and shares the core beliefs?
- Who understands the processes you are trying to change? Who will be affected by the change?
- Who are the informal leaders in your facility?
- Consider including someone who is resistant to change (may become biggest champion)

Relies on staff to design and test implementation strategy

Remains available to coach and help address barriers

Measurement (process and outcome)

Set a goal for performance

- What are we trying to accomplish?
- What is a realistic performance threshold?

Process Measures (to know if change occurred)

- Are we using the form? Are we using it the way as intended?
- Is the sign where it should be?
- Do we call the doctor as indicated?

Define Numerator and Denominator for Process Measures

- Numerator = number of times the process occurred in a time period (e.g., the number of time the form was filled out)
- Denominator = number of times the process should have occurred in the time period (e.g., the number of times the form should have been filled out)

Outcome Measures (to see change in the outcome)

- What was the impact?
- Did the change in process have the desired result?

Define Numerator and Denominator for Outcome Measures

- Numerator = number of residents who had the desired outcome or the undesired outcome (e.g., the number who were readmitted to the hospital)
- Denominator = total number of residents (or a subset if the interventions are only being applied to a subset of the residents)

Define sampling plan and time frame

- Sample size depends on the size of the population
- Frequency depends on the size of the population
- Goal is to catch if something is not working
- Duration needs to be long enough to make sure the process change is sustained (usually > six months)

Measurement Strategies:

- Chart audit
- Checklists
- Daily reviews
- Data obtained from existing databases and systems
- Feedback interviews
- Observations
- Questionnaires
- Tally sheets

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PDSA Cycles

Small tests of change!

- Pilot test, pilot test, pilot test
- N of 1 trials (1 resident, 1 staff, 1 unit, one day)
- Rapid cycle (at bedside or standing in the hallway)

Let leadership know about PDSA cycles (keep them aware of what is going on with the new process)

- Available to support change and remove barriers

Select staff who are supportive of change to participate in pilot test (PDSA cycle)

- Even better if respected by peers

Balance technical changes with adaptive changes

- Generally need an adaptive change to support a technical change
- Technical changes often do not work because adaptive changes that are needed to get the staff to adopt and use the technical change have not been addressed

Examples:

- Technical changes: new form, new tool
- Adaptive changes: workflow redesign, hire new RN position to cover noon to 8 p.m. when most admissions happen and staff are busy with daily tasks (avoid errors and omissions)

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