

CATCH RURAL Falls

*Coordinated Action Toward
Community Health: RedUce
Risk And Limit Falls*

**Applying Plan-Do-Study-Act (PDSA)
Cycles to Manage Medications that
Contribute to Fall Risk**

Acknowledgements: Funding for the CATCH RURAL Falls Program

This work is supported by the Nebraska Department of Health and Human Services Office of Rural Health Medicare Rural Hospital Flexibility Program.

The content is solely the responsibility of the presenters and does not necessarily represent the views of any funding source.



Introductions and Contact Information

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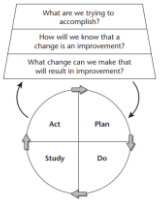


Educational Objectives

- Describe the intended purpose of Plan-Do-Study-Act (PDSA) cycles
- Describe each element of a PDSA cycle
- Apply the PDSA approach to improve assessment of medications that may contribute to fall risk



P – “Plan”



Define what you are going to do, how you are going to do it, and what you expect to learn



- ☐ What is the objective of this test of change?
- ☐ What question(s) do you want to answer with this test of change?
- ☐ What do you think will happen? (make a prediction)
- ☐ What data do you need to collect to help answer your question(s)?
- ☐ What is your plan to test this change?

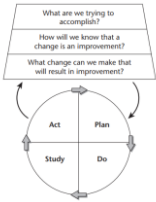


Checklist for Developing the Plan

- ☐ Establish the objective of the test
- ☐ Ensure key background information is available to understand the plan
- ☐ Be clear about the change(s) to be tested in this specific cycle
- ☐ Specify the question(s) to be answered
- ☐ Generate your predictions about what will happen (related to the question(s) to be answered in this test cycle)
- ☐ Specify the measures that will be collected in this specific test cycle – ensure your measures will help you gather the data needed to answer each question proposed for this test of change
- ☐ Establish the test design
 - ✓ Specify the scale of the test
 - ✓ Clarify the people or things selected for this test and your sampling strategy
 - ✓ Clarify the when and where
 - ✓ Describe the test design
 - ✓ Describe the method of data analysis planned for the 'study' phase
 - ✓ Discuss the possible influential uncontrolled conditions



Plan Example: Fall-Risk Focused Medication Review in the Clinic



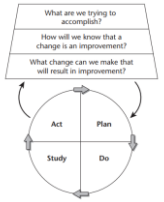
Objective: Increase use of the STOPPFall tool among patients aged 65+ who screen positive for fall risk.

Change to Test: Implement use of the STOPPFall tool during comprehensive medication reviews for eligible patients.

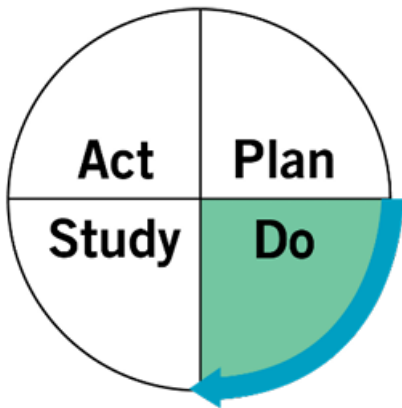
Who/What/When/Where: For a two-week period, all patients aged 65+ who screen positive for fall risk will receive a medication review using the STOPPFall tool. Results will be documented in the EHR. Providers received training and reference materials regarding use of STOPPFall and documentation procedures.

Questions	Predictions	Data to Collect
To what extent will our clinic increase the use of the STOPPFall tool for medication review among eligible patients?	The percentage of eligible patients with a completed STOPPFall medication review will increase from 0% to 25% during the two-week test period.	(# of patients aged 65+ with a positive fall risk screen and a completed STOPPFall medication review documented in EHR / total # of patients aged 65+ with a positive fall risk screen) x 100
What facilitators and barriers do staff experience when completing the STOPPFall medication review?	Staff will identify successes and barriers that can be addressed in the next PDSA cycle.	Staff observations and feedback regarding the review process, workflow, documentation, further training needs, and patient discussions.

D – “Do”



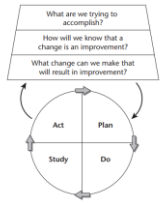
Carry out the plan, collect data to see how it works



- ☐ Run your test – put the change into action
- ☐ Collect and monitor data – consistency and accuracy in data collection is critical
- ☐ Document what happens – include any successes, issues, problems, and unexpected observations along the way



Do Example: Fall-Risk Focused Medication Review in the Clinic

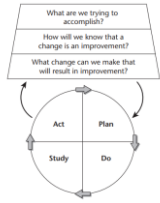


The plan is initiated. For two weeks, the clinic uses the STOPPFall tool to guide medication reviews for patients aged 65 and older who screen positive for fall risk. Feedback is solicited from the team after the first week.

- Providers report that the tool appears to be helpful to identify medications associated with increased fall risk and provides a structured framework for discussion.
- Providers also report that the success of completing the tool depends, in part, upon patients having either a complete and accurate list of the current medications or bringing in all of their current medications to the appointment.
- Time constraints to complete the review during the appointment were also cited as another barrier.
- There was some initial uncertainty regarding how to best document medication recommendations in the EHR.
- Multiple patients expressed concerns when medications they have taken for many years are discussed as potential fall-risk contributors.
- Staff continue documenting successes, barriers, and observations.
- After the two-week test period is complete, data are extracted from the medical record to calculate the percentage of eligible patients who received a documented STOPPFall medication review. Staff feedback and observations are compiled for analysis.



S – “Study”



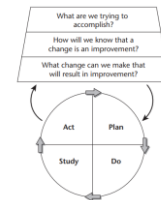
Did the change lead to improvement? Why or why didn't it work? What was the impact?



- ☐ Analyze your data for this test of change
- ☐ Evaluate the results
- ☐ Compare your data to the prediction(s) made for this test of change
- ☐ Summarize what was learned from this test



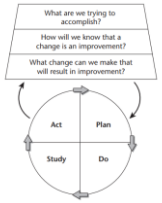
Study Example: Fall-Risk Focused Medication Review in the Clinic



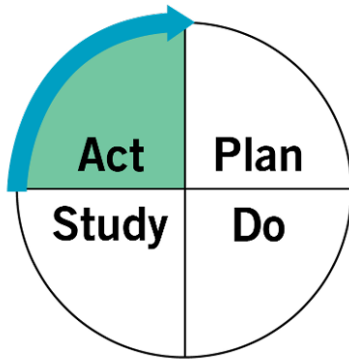
Questions for this Test of Change	Results Compared to Original Prediction(s)	Results for this Test of Change
To what extent did our clinic increase the use of STOPPFall among eligible patients?	The percentage of eligible patients with a documented STOPPFall review increased from 0% to 40%. [met]	40% (4/10) of eligible patients received a documented STOPPFall medication review. Multiple patients did not have a complete or accurate list of their current medications.
What facilitators and barriers did staff identify related to implementation of STOPPFall?	Staff identified both successes and barriers associated with implementing the STOPPFall medication review. [met]	Providers reported that the tool was helpful for identifying potentially inappropriate medications associated with falls. Barriers included time constraints to complete the review during the appointment, lack of complete or accurate medication lists to use during the review, documentation questions, and patient concerns about medication changes.



“Act”



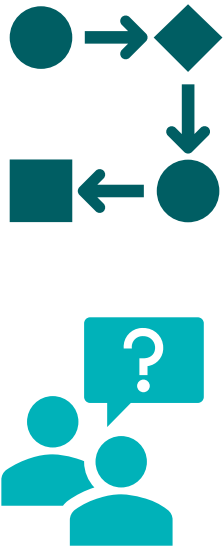
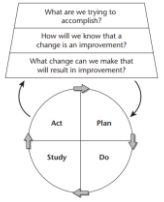
What will you do next?



- ☐ Decide to:
 - ☐ Adapt – modify and run another test
 - ☐ Adopt – test the change on a larger scale
 - ☐ Abandon – do not run another test on this change
- ☐ Create a plan for the next PDSA cycle



Act Example: Fall-Risk Focused Medication Review in the Clinic



Decision made to **adapt** and plan for another test of change

- Providers decided to continue using the STOPPFall tool because it helped systematically identify fall-risk-increasing medications.
- For the next test of change, staff will develop a brief patient education script to explain the purpose of the medication review and de-prescribing discussions.
- Staff also plan to create a reminder and resource to share in advance with patients who might be eligible for this review to bring their full list of medications with them to their next appointment.
- A documentation template will be refined in the EHR to support consistent documentation, and the impact tested in later PDSA cycles.
- The next PDSA cycle will also evaluate whether these workflow changes increase the percentage of eligible patients who receive a documented STOPPFall medication review and reduce barriers reported by staff.



Rapid Cycle PDSA Testing: Fall-Risk Focused Medication Review in the Clinic Example

Cycle	Plan	Do	Study	Act
1	Providers will use the STOPPFall tool to complete a fall-risk focused medication review for patients aged 65+ who screen positive for fall risk.	For 2 weeks, all eligible patients aged 65+ who screen positive for fall risk will be offered a STOPPFall medication review, with completion documented in the EHR.	STOPPFall use increased from 0% to 40%, exceeding the initial projected goal of 25%. Staff identified facilitators and barriers to implementation.	Continue using STOPPFall. Test a brief patient education approach to address concerns and improve understanding of the purpose of the medication review.
2	Providers will use brief standardized patient education to explain the purpose of the STOPPFall medication review and medication change discussions.	For 2 weeks, providers will use the standardized explanation when introducing the STOPPFall review to eligible patients.	Examine STOPPFall completion rates and provider feedback. Determine whether providers report fewer patient concerns or questions about the purpose of the review and potential medication changes.	Adapt or adopt the education approach based on findings. Continue effective patient education strategies. Next, address incomplete medication information as a barrier to conducting a comprehensive review.
3	Eligible patients will receive an advance reminder to bring a complete, current medication list or all of their current medications to their clinic appointment..			

Summary: Review of Objectives

- The Model for Improvement and PDSA cycles are useful tools to guide efforts to improve assessment of medications that may contribute to fall risk
- Create a clear, focused plan for a small test of change to help you get started
- Be clear on what question(s) you are trying to answer to help inform the data you need to collect in each test of change
- Remember this is an iterative process to support change over time



Model for Improvement Resources

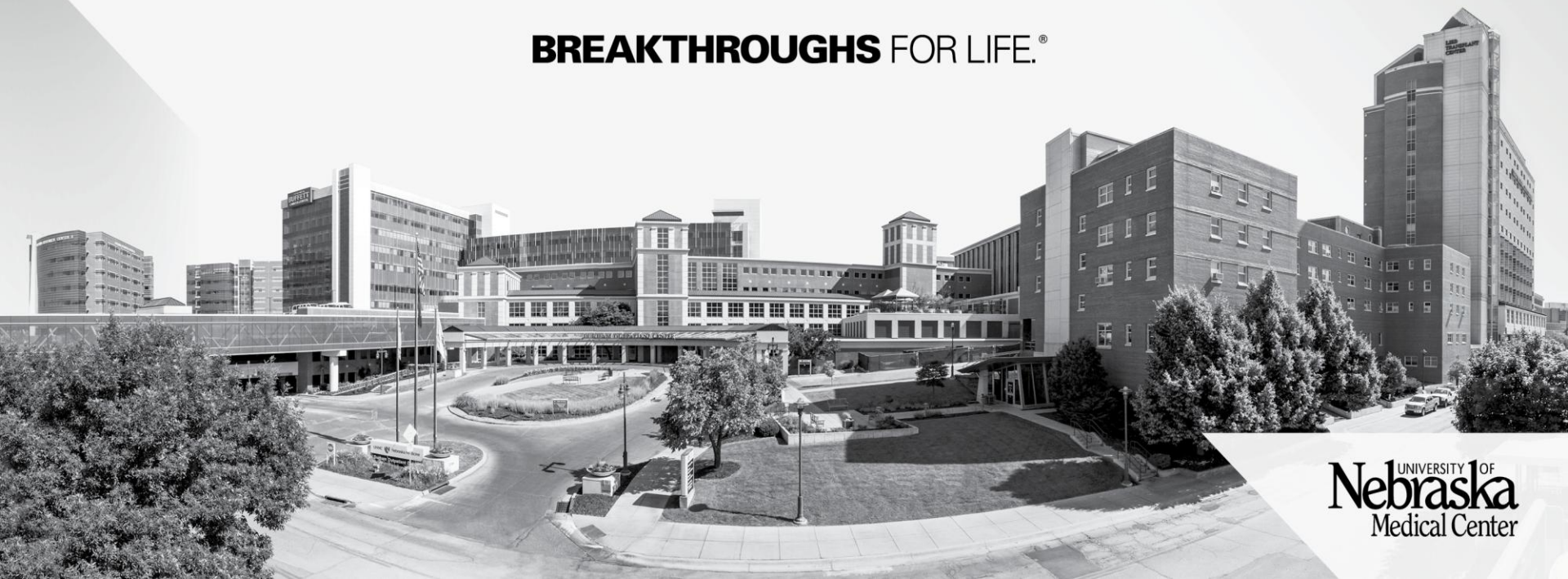
- [Institute for Healthcare Improvement. QI Essentials Toolkit: PDSA Worksheet](#)





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