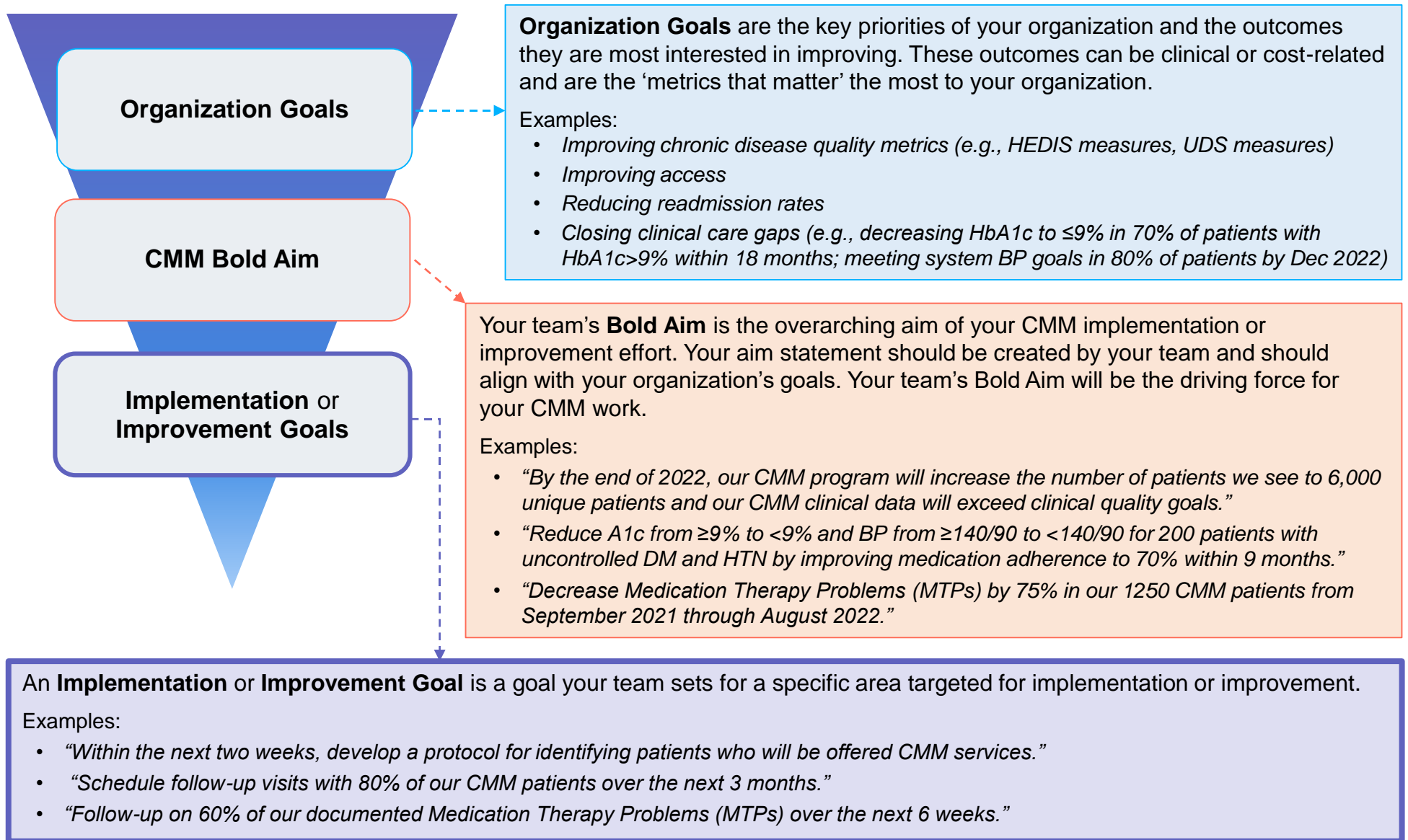


# Developing Your Improvement Plan and Monitoring Your Progress

Once you have finalized your CMM Bold Aim, develop a step-by-step improvement plan with goals for each step. Monitoring your progress towards each improvement “bite-sized” goal will ensure you are on the right track to achieve your overarching CMM and organizational goals.



# Improving Your CMM Practice

This tutorial will guide you through a step-wise process for improving the comprehensive medication management (CMM) services you provide. The purpose of this improvement process is to facilitate purposeful change and refine your CMM implementation. This process has four different phases.<sup>1,2</sup>

## 1 Set your goals

- Re-state the Bold Aim (overarching aim) for your CMM effort. This will serve to remind your team the ‘big picture’ of why you are working to improve the CMM services you provide.
- Select a specific CMM-related area you would like to target for improvement. Select from the *CMM Patient Care Process Essential Functions* or the *CMM Practice Management Domains*. Selecting a specific area to target will help your team narrow the focus of your improvement effort.
- State what your goal is for the specific area you selected for improvement. Make sure your improvement goal is SMART (Specific, Measureable, Attainable, Realistic, and Time-Bound).

## 2 Develop a measurement strategy

- Define your measurement strategy for monitoring the success of your improvement effort and collect relevant baseline data for your improvement goal. The measurement strategy should relate to the improvement goal (SMART goal) you defined in Phase 1.

## 3 Perform a problem analysis

- Based on the baseline data you collect, identify root causes as to why your selected area is not at goal.

## 4 Use PDSA (Plan-Do-Study-Act) cycles to facilitate improvement

- Select 1-2 of these root causes to focus on improving during your PDSA cycles.
- Develop “bite-sized” goals for each of the 1-2 root causes you selected. Bite-sized goals should be relatively small and measurable within 1-3 weeks.
- Begin your PDSA cycles, tracking and analyzing your results as you go.
- Reflect on breakthroughs and lessons learned through your PDSA cycles and then continue on to your next improvement cycle.

<sup>1</sup> Fixsen D, Blase K, Metz A, Van Dyke M. Implementation science. In: Wright J, editor. *International encyclopedia of the social and behavioral sciences*. Volume 11. 2nd ed. Oxford: Elsevier, 2015; p. 695–702

<sup>2</sup> Institute for Healthcare Improvement (IHI). Science of improvement [cited 2019 Sept 30]. Available from [http://www.ihl.org/about/Pages/ ScienceofImprovement.aspx](http://www.ihl.org/about/Pages/ScienceofImprovement.aspx).

**1 Set your goals**

**Restate the Bold Aim (overarching aim) for your team’s overall CMM implementation or improvement effort:**

*(NOTE: you should continue to track the outcomes of your team’s Bold Aim, even as you are tracking progress of your improvement goals)*

**Select ONE area from the CMM Patient Care Process Essential Functions OR CMM Practice Management Domains to focus on during this improvement cycle:**

**Patient Care Process Essential Functions:**

- Collect relevant information
- Assess the information
- Develop the care plan
- Implement the care plan
- Follow-up with the patient: Monitor and Evaluate

**Additional Information:**

(i.e., what specifically do you plan on working on within the area selected?)

**Practice Management Domains:**

- Organizational support
- Care team engagement
- Care delivery processes
- CMM program evaluation
- Ensuring consistent and quality care

**Additional Information:**

(i.e., what specifically do you plan on working on within the area selected?)

**Why did you choose this specific area to improve?**

**What is the improvement goal for the specific area you selected? (Make sure your goal is SMART)**

*(e.g., Train four providers in CMM by April 2022)*

\*SMART = Specific, Measurable, Attainable, Realistic, and Time-bound

**2 Develop a measurement strategy** for monitoring the success of your improvement efforts

**Define your measurement strategy & collect baseline data:** How will you monitor the success of your improvement efforts?

<b>Desired Outcome(s)</b> (upon achievement of your improvement goal)	<b>Indicator Data</b> (what data are being collected?)	<b>Sources of Evidence</b> (where do the data come from?)	<b>Timeline</b> (when will the data be collected?)	<b>Person(s) Responsible</b> (who is responsible for the data collection?)	<b>Data Analysis Plan</b> (how will we analyze and interpret the data?)	<b>Interpret Data</b> (what data was collected? what is your interpretation of the data?)
<i>(e.g., All four providers trained in CMM have a good understanding and acceptance of CMM)</i>						

### 3 Perform a problem analysis

**Identify root causes:** Why is your selected *CMM Patient Care Process Essential Function* or *CMM Practice Management Domain* not at goal? Use *problem analysis* to identify root cause(s) (see **Table 1**, page 7)

### 4 Use PDSA (Plan-Do-Study-Act) cycles to facilitate improvement

Select 1-2 of the identified root cause(s) to focus on improving during your PDSA cycles

**Develop bite-sized goals** for each improvement you hope to make based on the 1-2 root cause(s) listed above.  
(write SMART\* bite-sized goals below)

Bite-sized Goal	What change(s) needs to happen?	Who is responsible for implementing this change?	When will this change be implemented? (start date)	When will this change be assessed? (when will the outcome be measured again?)

\*SMART = Specific, Measurable, Attainable, Realistic, and Time-bound

**Begin your PDSA cycles, tracking and analyzing your results as you go:**

## Rapid Cycle PDSA Tracking Form

Start Date:		Target Completion Date:				
		Plan	Do	Study	Act	
<b>Bite-sized goal</b> for this cycle	<b>Dates of cycle</b>	<b>Describe specific action</b> that you are going to do	<b>Carry out the change</b> & collect information about it	<b>Analyze information; summarize what was learned:</b> <i>What were our results? What feedback did we receive? What lessons were learned?</i>	<b>Reflect on what was learned and act accordingly:</b> <i>What will be the size &amp; scope of our next test? What adjustments will we make for the next cycle?</i>	
			<input type="checkbox"/> Completed? Date:		<input type="checkbox"/> Adopt <input type="checkbox"/> Expand <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon	Notes:
			<input type="checkbox"/> Completed? Date:		<input type="checkbox"/> Adopt <input type="checkbox"/> Expand <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon	Notes:
			<input type="checkbox"/> Completed? Date:		<input type="checkbox"/> Adopt <input type="checkbox"/> Expand <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon	Notes:
			<input type="checkbox"/> Completed? Date:		<input type="checkbox"/> Adopt <input type="checkbox"/> Expand <input type="checkbox"/> Adapt <input type="checkbox"/> Abandon	Notes:

**Breakthroughs and lessons learned:** Provide a summary of what you have learned throughout this improvement cycle:

**Table 1: Problem Analysis Tools**

Problem Analysis Tool	When to Use	Purpose	Resources
<b>Process Flow</b>	Analyze a process	To identify the actual flow of events in comparison to the ideal flow of events	<ul style="list-style-type: none"> <li>[VIDEO] Institute for Healthcare Improvement Science of Improvement on a Whiteboard Flowcharts; Part 1 (7:47min): <a href="http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard11.aspx">http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard11.aspx</a> Part 2 (8:54min): <a href="http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard12.aspx">http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard12.aspx</a></li> <li>[TEMPLATE] American Society for Quality <a href="http://asq.org/learn-about-quality/process-analysis-tools/overview/flowchart.html">http://asq.org/learn-about-quality/process-analysis-tools/overview/flowchart.html</a></li> </ul>
<b>5 Whys</b>	Understand underlying causes	To identify the root causes of an issue by asking “why?” five times	<ul style="list-style-type: none"> <li>[WHAT/HOW] Institute for Healthcare Improvement <a href="http://www.ihl.org/resources/Pages/ImprovementStories/AskWhyFiveTimestoGettotheRootCause.aspx">http://www.ihl.org/resources/Pages/ImprovementStories/AskWhyFiveTimestoGettotheRootCause.aspx</a></li> </ul>
<b>Fishbone diagram</b>	Visually understand underlying causes	To diagnose an issue through visual representation of its causes	<ul style="list-style-type: none"> <li>[VIDEO] Institute for Healthcare Improvement Science of Improvement on a Whiteboard Cause &amp; Effect diagram video (5:16 min) <a href="http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard16.aspx">http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard16.aspx</a></li> <li>[TEMPLATE] American Society for Quality <a href="http://asq.org/learn-about-quality/cause-analysis-tools/overview/fishbone.html">http://asq.org/learn-about-quality/cause-analysis-tools/overview/fishbone.html</a></li> </ul>
<b>Driver diagram</b>	Define a system	To translate goals into a logical set of activities based the factors influencing the issue	<ul style="list-style-type: none"> <li>[VIDEO] Institute for Healthcare Improvement Science of Improvement on a Whiteboard Driver Diagram video (6:23min) <a href="http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard9.aspx">http://www.ihl.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/Whiteboard9.aspx</a></li> </ul>