Improving Care Planning using the PDSA Approach  
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**Introduction**

The Plan, Do, Study, Act (PDSA) Model for Improvement project has been a 12 month project that aims to improve care for clients with chronic and complex conditions through improved systems of practice.

Dunmunkle Health Services (DHS) aimed to improve their care planning practice and to embed consistent care planning processes with the General Practice which sits within the health service.

DHS undertook small rapid cycles of quality improvement during 2011 using the PDSA Model for Improvement. A key feature of the approach was the use of data to measure change and effect.

DHS has tested a variety of change ideas, embedded good practice and worked to grow and sustain work in chronic care systems improvement.

**Results continued...**

These small rapid changes have meant that we have been able to test ideas and see whether they worked. Staff feel more confident to implement changes and to try new approaches to improving their work.

This project has meant that we are now more aware of the opportunities to implement care plans for clients who we had not considered previously.

Staff have more skills in care planning practice and in identifying clients who may benefit from coordinated care and a care plan.

**Methods**

**Built an improvement team**

The Community Health and Primary Care nurses came together to form an improvement team which also included our Quality Manager.

**Identified key issues**

We undertook a file audit to better understand our care planning practice and to see if our care plan had all the elements of best practice. We looked at the quantity of care plans in place and the quality of these.

**Implemented change**

Once we understood our current practice we then looked at ways to improve. We implemented small rapid cycles of change in our care planning practice which included:

- Worked with the West Vic Division to implement changes to the client management system.
- Date of care plan developed on front page.
- Client signature on the care plan.
- Added recall onto our client management system so that reviews were done when required.
- Developed a process for checking for recalls.
- Developed a new wound care plan and a way of communicating this electronically with general practice and other staff.

**Embedded practice**

We also identified that to embed these new processes at our health service, we would need to provide education on our new care planning processes to staff at DHS.

**Care Plans at Dunmunkle**

![Care Plans at Dunmunkle chart](image)

<table>
<thead>
<tr>
<th>Date</th>
<th>Complete Client Care Plans</th>
<th>Specified Elements of Client Care Plans Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>0%</td>
<td>77%</td>
</tr>
<tr>
<td>March 11</td>
<td>0%</td>
<td>83%</td>
</tr>
<tr>
<td>Interim 1</td>
<td>0%</td>
<td>90%</td>
</tr>
<tr>
<td>May 11</td>
<td>0%</td>
<td>92%</td>
</tr>
</tbody>
</table>

**Discussion**

Using PDSA means you start off analyzing your problems and thinking there is one solution but end up discovering that there are better ways to solve things.

PDSA breaks big problems down into manageable chunks and by working in small rapid cycles, big improvements can be achieved over time.

The PDSA approach has been successful and DHS will incorporate it into our future project planning in chronic disease management.

**Conclusions**

Anyone in an organization can use the PDSA approach to make significant improvements. It’s not just for management and the Quality Manager, it’s a process that all staff can be part of to make improvements.

We will use the PDSA approach again in 2012 to further improve the care we can provide for clients with chronic and complex conditions.

**Further information:**

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