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Rapid Cycle Change Sells Itself

Key Words
change management
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Strategic quality management consultants at Quorum Health Resources, LLC, headquartered in Brentwood, TN, recently introduced rapid cycle change to hospital clients. The answers to three defined questions, the Plan-Do-Study-Act cycle, and testing the improvements on a small scale under a variety of conditions are the basis of rapid cycle change. The initial results are encouraging. To obtain a deeper evaluation of the clients' experience, a modified qualitative research methodology was utilized to obtain and analyze information. Five themes emerged that support rapid cycle change as an elegantly simple and effective model.

Hospitals are under enormous pressure to reduce expenses and to make changes rapidly. This pressure is caused by the recent Medicare payment reductions, capitation and per diem payments for managed care, and reductions in traditional fee-for-service reimbursement. Providing clinically effective and cost-efficient care is necessary for a hospital's survival (Capenski & Langland-Orban, 1998). Rapid cycle change is an improvement model that offers a way to accelerate improvement in these areas. The basis of rapid cycle change is Shewhart's Plan-Do-Study-Act (PDSA) cycle (Deming, 1993). At the completion of each PDSA cycle, a decision is made to adopt and implement the change, to adapt the change (as a result of conducting PDSA cycles under a variety of conditions), or to abandon the change (Langley, Nolan, Nolan, Norman, & Provost, 1996). Rapid cycle change emphasizes the testing of changes or improvements on a small scale.

The model for improvement, as developed by Langley et al. (1996), is an approach to making improvements based on three questions:

- What are we trying to accomplish?
- What changes will bring about an improvement?
- How will we know a change is an improvement?

The answers to these questions, the PDSA cycle, and the testing of improvements on a small scale and under a variety of conditions are the basis of rapid cycle change. It has proved itself to be an elegantly simple and effective model.

The Context

Quorum Health Resources, LLC, in Brentwood, TN, is a publicly traded hospital management company. It manages more than 230 hospitals under contract for other owners by placing key management on site and providing a broad range of support and operating services, including regional networks and managed care strategies. Quorum also offers a broad array of consulting services to hospitals and physicians through individual projects or multiyear strategic-partner affiliation relationships. The Quorum-managed hospitals range in size from 30 to 450 beds and are in both rural and urban areas. About half of them participate in a quality management program called Strategic Quality Management (SQM). Under an SQM contract, an experienced quality consultant dedicates 12 consulting days per year to each participating hospital. Each consultant works with eight or nine healthcare institutions, offering education, facilitative consulting, and business improvement planning.

The Problem

SQM hospital clients complained about two things: the excessive time required for teams to complete projects and the lack of measurable, demonstrative improvement. Most SQM hospitals followed the improvement model known by the acronym FOCUS-PDCA (*F* = "Find an opportunity to improve," *O* = "Organize an effort or team for improvement," *C* = "Clarify current knowledge," *U* = "Understand variation and process capability," and *S* = "Select a strategy for improvement"; *PDCA* = "Plan-Do-Check-Act"). (PDCA and PDSA are interchangeable acronyms for the Plan-Do-Study/Check-Act cycle.) This FOCUS-PDCA model is commonly used in healthcare.

Many SQM hospital teams experienced delays while they attempted to clarify current knowledge of the process, a step in the "C" phase of FOCUS. Teams created complex, detailed flow charts. The process was so laborious that team membership suffered attrition, and many teams never progressed to the phase of understanding variation or selecting PDCA cycles. Some teams made the most obvious improvements during the clarification stage but often made no other improvements. The SQM process was not alone; as early as 1995, a trend toward team delays and lack of measurement was documented in the quality literature (Early & Godfrey, 1995).