

# Quality improvement project template

**STEP: 1**



## Identifying a problem, forming a team and writing an aim statement

What problem do you want to solve?



Who should be on your team?

Member names and designation:

Team leader:

Recorder:

Date of first team meeting

What is your aim statement?



## Step 1 - Project Review Checklist

### Why is this a good aim?

Can you get results quickly?	
What extra resources do you think will be required?	
How important is the aim to the QI team - has the team used the prioritization matrix?	
Who else will think the aim is important?	
How can you motivate others to support this initiative?	

### Why is this the right team? Do you have people on the team who are:

Enthusiastic about fixing this problem?	
Involved in delivering care related to this problem?	
Influential enough to get more people involved?	



**STEP: 2** 

## Analysing the problem and measuring the quality of care

**What tools will you use for the analysis?**



What information do you want from each tool that you plan to use?

**What measures will you use?**

Process Measure:
Numerator:
Denominator:

Outcome Measure:
Numerator:
Denominator:

**How will you collect the data?**

<b>Process measure:</b>	
Person responsible for data collection:	
What data sources will you use?	
What baseline data will you collect?	
How frequently will you collect and review data?	

<b>Outcome measure:</b>	
Person responsible for data collection:	
What data sources will you use?	
What baseline data will you collect?	
How frequently will you collect and review data?	



## Step 2 - Project Review Checklist

### Why is this the right analysis plan?

Will the tools you have chosen help you to identify the right changes?	
Do you have people on the team who can analyse what happens at the patient level?	

### Why is this the right measurement plan?

How difficult will it be to collect the data?	
Easy to measure valid data?	
Are these new data variables?	
Can you review these data frequently?	
What will be the plan to share and analyse the data?	

\*A simple MS Excel file is provided in the USB flash drive for analyzing data and making time-series charts (run charts).



**STEP: 3** 

## Developing and testing changes

### Develop Changes:



What changes do you think will help solve the problem and why do you think it will improve care?

Change	Why do you think it will improve care?

### Test changes: Planning initial PDSA cycles

PDSA cycle 1		
<b>Plan</b>	Change to be tested	
	Who will test? (if this person is not on the QI team, he/she should be added)	
	Over how much time will the test be done?	
	When will it take place?	
	What will you measure?	
	What do you predict will happen?	
<b>Do</b>		
<b>Study</b>	When will the team meet to review?	
<b>Act</b>		



**Test changes: Planning initial PDSA cycles**

PDSA cycle 2		
<b>Plan</b>	Change to be tested	
	Who will test?	
	Over how much time will the test be done?	
	When will it take place?	
	What will you measure?	
	What do you predict will happen?	
<b>Do</b>		
<b>Study</b>	When will the team meet to review?	
<b>Act</b>		

### Step 3 - Project Review Checklist

**Will these changes address the root causes of the problem?**

Do the changes you are planning address what you found in your analysis?	
If your changes are related to education or senior management directives, how sure are you that lack of information or lack of direction is the root cause?	

**How easy will it be to put these changes into action?**

Were the staff who will have to make these changes involved in picking them?	
Will you need to change anything else to test these changes?	

**Are you making sure that you can learn as much as possible from your tests?**

Is there any way of doing the testing faster?	
What will you do if the change does not work?	



## Plan of action for the team

By now you must have ideas on how to practice QI projects in your own hospital/health facility.

As a hospital team, please prepare a plan of action to undertake upon returning to your duty station. Please use the table to prepare such a plan and complete this exercise in 15 minutes.

Be prepared to share the activities you have identified in the plenary feedback session (10 minutes).

Date of Planning	Activity	Why are we doing this/what output is expected?	Responsible Person	By when will this be done?	Status (Not started, In progress, Completed)	Comments



## Documentation of PDSA cycles

<b>Tested Changes:</b> In the space below, list all of the changes that you are testing leading to improvement aim.	<b>Start Date:</b> DD/MM/YY	<b>End Date</b> (if applicable) DD/MM/YY	<b>Effective? (Yes/No)</b> Was there any improvement registered?	<b>Comments:</b> Note here any potential reasons why the change was or was not effective; also indicate any change in indicator value observed related to this change





**Part 3: *Graph Template* – Annotated Results:**

- Use the area below to document your progress. Indicate the value of the numerator and denominator.
- Note on your graph the time the change was introduced

**Next steps:**



**Please give brief explanations for any notable trends in the graph:**

**Notes on the Graph:** Write down any additional comments you may have about the data

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**Notes on other observed effects:** Please write here any effects (positive or negative) you are *currently* observing as a result of the quality improvement effort such as comments from patients, changes in your performance or motivation, improved efficiency or the survival story of a sick patient. You may use your notes to tell the complete story at the next learning session(s).

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**STEP: 4** 

## Sustaining Improvement

What steps will you take to sustain the improvements?

### Step 4 – Project Review Checklist

How should we get other people involved?	
How can the organization and its leaders promote improvement?	

