

QUALITY IMPROVEMENT

Improvement Tools Booklet

**This booklet contains Quality Improvement Tools
to help you succeed with Quality Improvement work**



To support our purpose of Putting Patients first, all divisions are expected to use a QI approach to improve quality, which may in turn release savings and increase productivity. The Path2Platinum Accreditation programme expects clinical areas within all divisions to embed use QI to progress through the four levels of accreditation. Using the tools below will assure the Divisional leads that you are using QI methodology to make sustainable improvements.

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*"Quality Improvement is the number one
of my top priorities"* C.E.O.

Quality Improvement is everyone's responsibility

Stakeholders

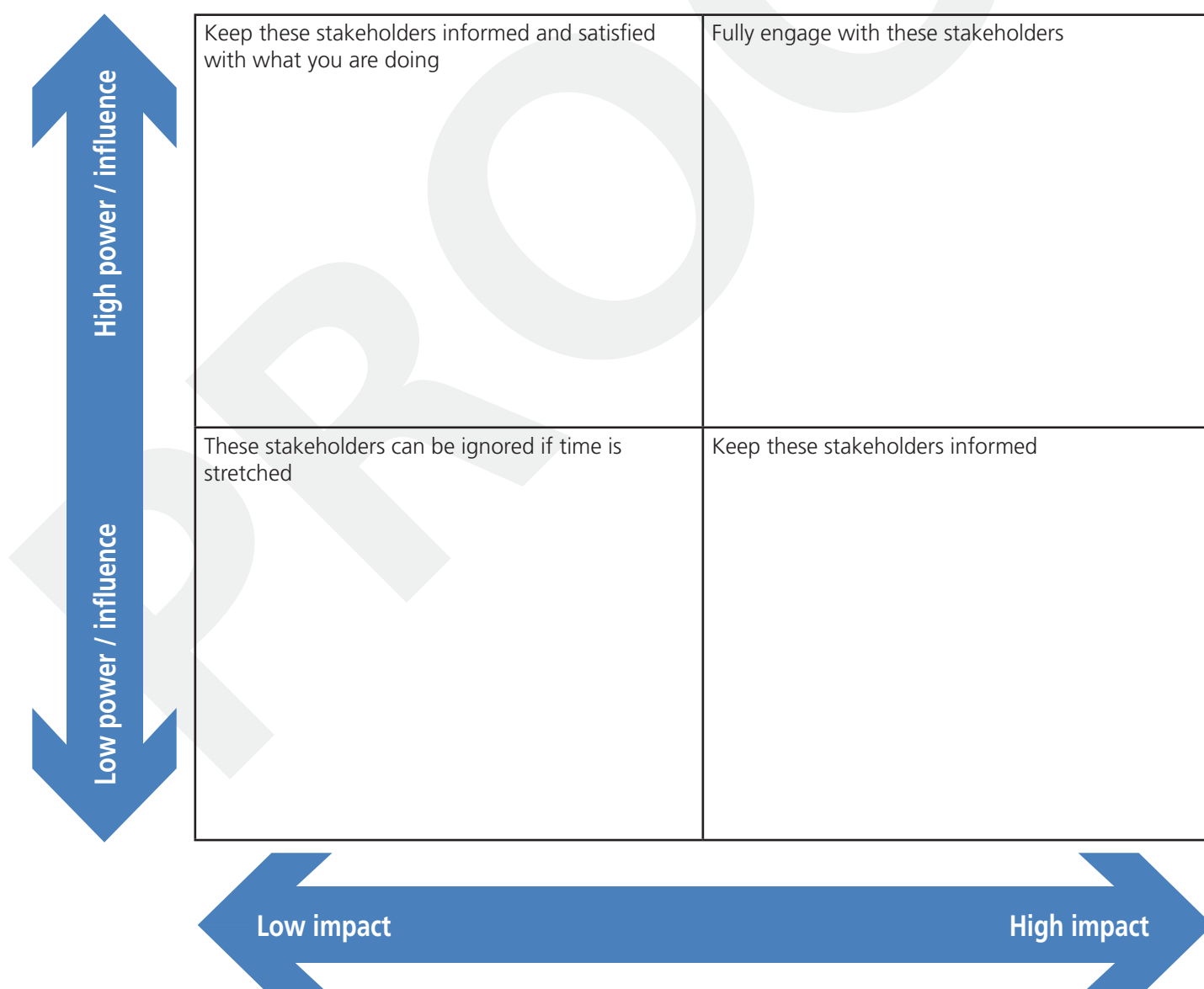
Think about who needs to be involved in your improvement project and keep checking to ensure you are involving the right people. Identify groups of individuals (for example: ward nurses, IT department, procurement, finance, HR, Consultants, Ward clerks, Physios, Directorate Manager, Comms team, Matron) and where, appropriate name key individuals.

Ask yourself whether they have power / influence? Senior staff usually have influence.

Ask yourself whether they have interest in your project. Are they impacted? Will they benefit from it? Will they have to change what they do or how they do it?

Put each stakeholder in the appropriate box below.

Identifying and prioritising stakeholders



Developing Your Aims Statement

When you write your aims statement with your stakeholders, you should consider the following:

Specific	Don't just say, "We will improve patient safety". Be specific about what element of your service you are going to improve. Site, ward, department to be included.
Measurable	Include a numerical goal where possible.
Achievable	Is this something that is within the stakeholders control to achieve within the timescale?
Relevant	Is it aligned to Trust strategic objectives? Which objective?
Timescales	When do you expect to achieve the aim? A date is needed dd/mm/yyyy

Use the table below to prepare your full aims statement

What are you improving?	
For whom?	
By when?	
By how much?	
Full statement for approval by stakeholders. Try to get your aim into one sentence	

Measurement for Improvement Checklist

- ✓ What are we trying to achieve?
- ✓ What do we need to measure in order to show all stakeholders that we are achieving?
- ✓ How do we define what we want to measure so that it is clear to all stakeholders?
- ✓ How will we collect the data (or is it already available? http://info_web/WREN/index.aspx (to view existing information, or to make a request for an information report or to contact someone in the Information Department for advice)
- ✓ What is the source of your data?
- ✓ How will we present the data?
- ✓ How often will we need / receive the data?
- ✓ Who will need to receive the data?
- ✓ Who will analyse the data?
- ✓ Who will report the results, when, how and to who?
- ✓ How often will we review the data to check if improvements have been made?
- ✓ When will you review the data to check if improvements have been sustained beyond project closure?
- ✓ When will we start collecting the baseline data?
- ✓ Is there any other measure you need / would like to monitor in case of unintended consequences of your improvement (knock on effects)? This is known as *balancing measures*

Have you understood what your “normal variation” is? Have you understood your baseline? Are you measuring performance rather than improvement? Have you a series of data points?

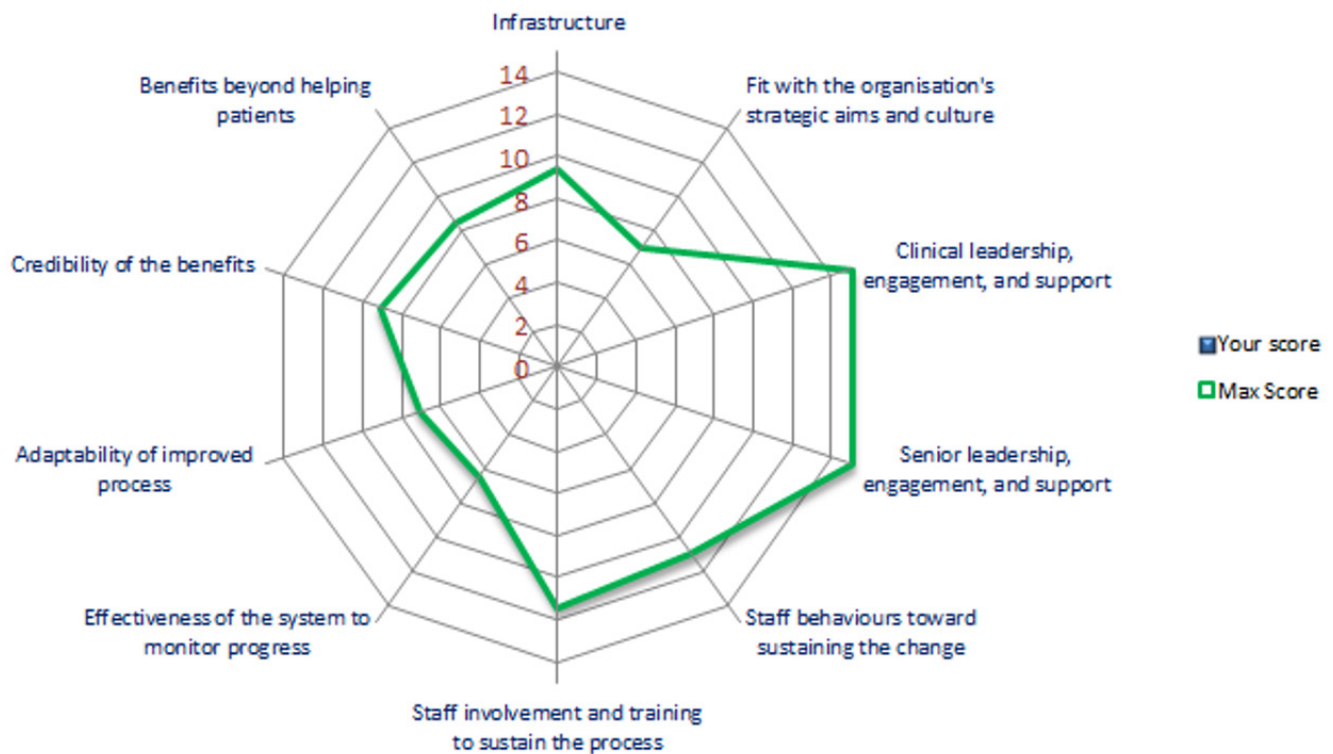
Can you use the safety cross?

Can you plot the dots?

Sustainability Assessment

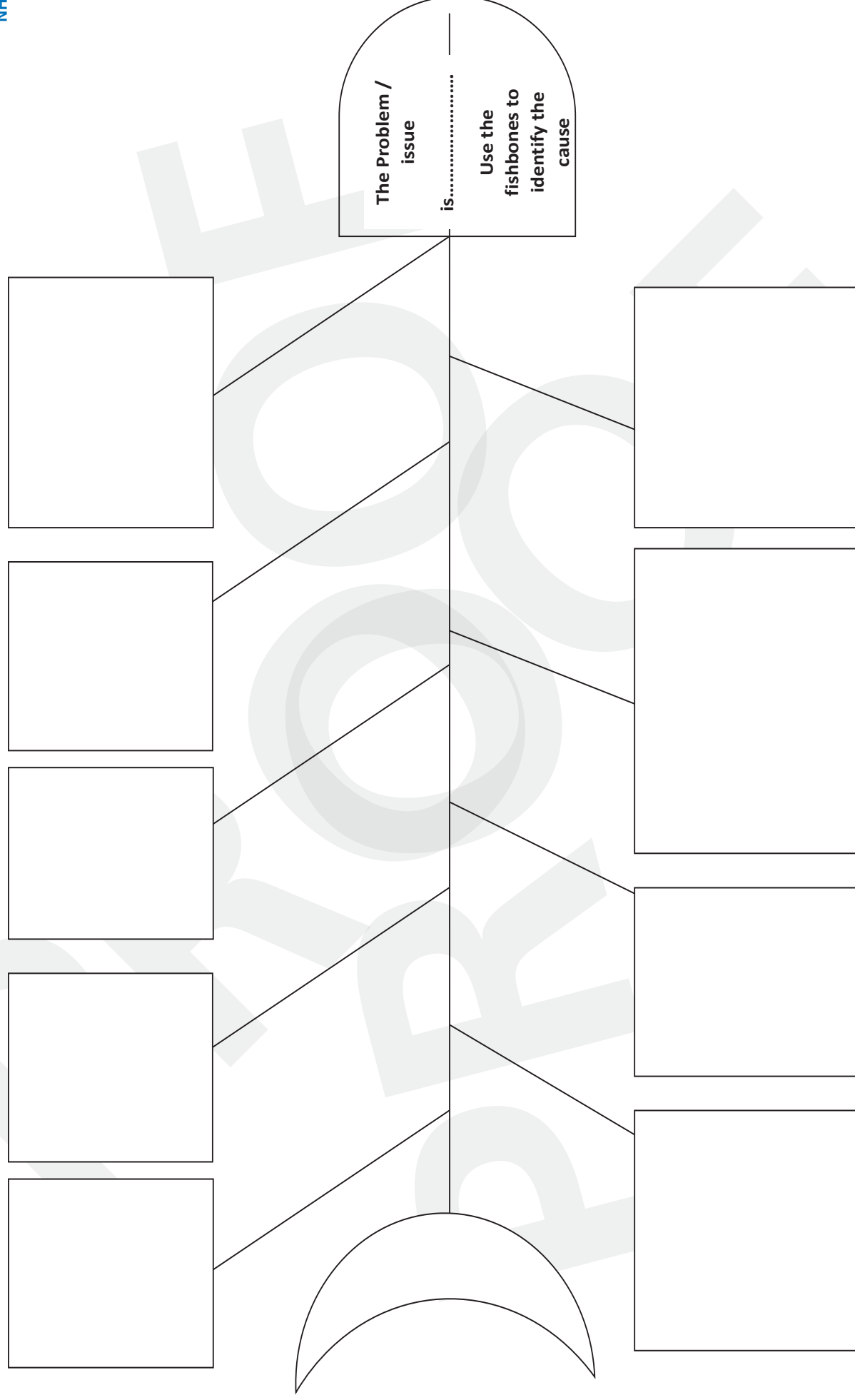
What is the likelihood of your change becoming embedded as “business as usual”? Will it sustain in your absence?

With your stakeholders, use the sustainability scoring tool on the intranet and plot your likelihood of sustainability

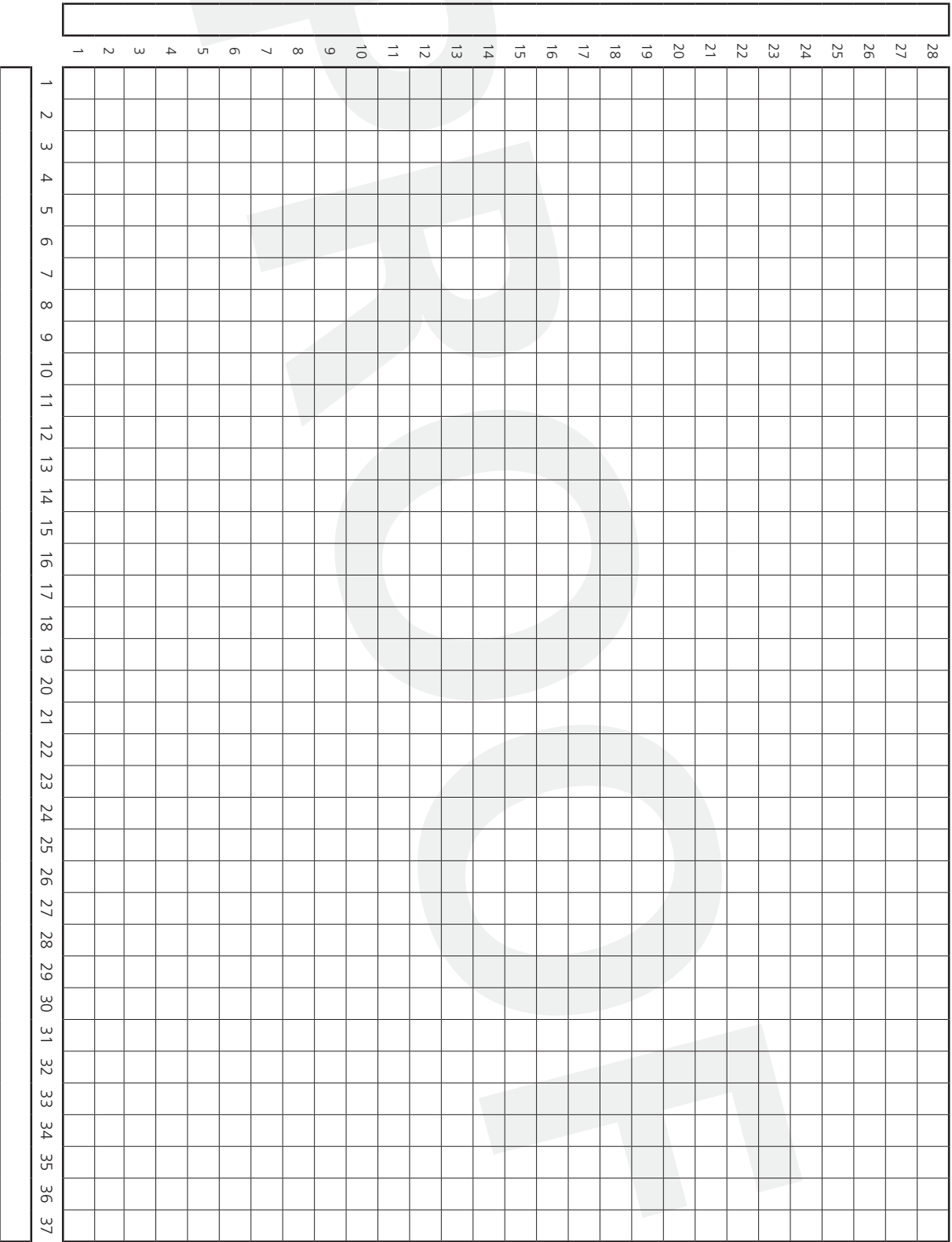


Analyse your problem areas:

When completed, update your improvement plan with actions to improve likelihood of sustainability



Plot the Dots



Process Map to identify opportunities for improvement by eliminating / reducing waste

Remember TIMWOODS types of wastes? Transport, Inventory, Movement, Waits, Over production (too much), over processing (quality above what is necessary), defects (repeating work), skills (not used / mis-used)

Current State	Future state

Safety Cross

Improvement Project overall aim:

Improvement measure description:

			1	2	3			
			4	5	6			
7	8	9	10	11	12	13		
14	15	16	17	18	19	20		
21	22	23	24	25	26	27		
			28	29	30			
				31				

Please complete daily. Place one cross in each box for each day of the month.

Green cross if

Red cross if

Monthly Summary:

X
X

Prioritising Change Ideas Grid

High cost / effort		
	Low cost / effort	
	Low impact on aim	High Impact on aim

Are you thinking creatively? Use thinking creatively tools to help to generate ideas for change:

Brainstorming – remember; no criticism, go for quantity, encourage wild ideas, build of ideas of others, one conversation at a time. Have you helped people think out of the box by using the “inheriting tyres” activity?

Fresh eyes – think like another person, invite someone from outside your team to generate ideas, see how industry / others are solving the problem. What about the patient’s voice?

Breaking the rules – identify underlying rules (even if unwritten) and then deliberately think around them to create new ideas. What if there were no rules?

Random word, picture, object – a random word etc. will activate thoughts that we do not usually associate with the problem and therefore gives possibility of new ideas. What random words did you use with the team?

That’s Impossible – what was previously impossible may be possible now or some of the time? What’s possible?

Driver Diagram

A one page summary of your change plan. Do all ideas link back to your aim?

Aim	Primary Drivers	Secondary Drivers	Change Ideas

<p>Plan</p> <ul style="list-style-type: none"> • What is the objective of the test? • What do you predict will happen and why? • What change will you make? • Who will it involve (e.g. one unit, one floor, one department)? • How long will the change take to implement? • What resources will they need? • What data need to be collected? 	<p>List your action steps along with person(s) responsible and time line</p>
<p>Do</p> <ul style="list-style-type: none"> • Implement the change. Try out the test on a small scale. • Carry out the test. • Document problems and unexpected observations. • Begin analysis of the data. 	<p>List your action steps along with person(s) responsible and time line</p>
<p>Study</p> <p>Set aside time to analyze the data and study the results and determine if the change resulted in the expected outcome.</p> <ul style="list-style-type: none"> • Complete the analysis of the data. • Compare the data to your predictions. • Summarize and reflect on what was learned. Look for: unintended consequences, surprises, successes, failures. 	<p>Describe the measured results and how they compared to the predictions</p>
<p>Act</p> <p>If the results were not what you wanted you try something else Refine the change, based on what was learned from the test.</p> <ul style="list-style-type: none"> • Adapt – modify the changes and repeat PDSA cycle • Adopt – consider expanding the changes in your organization to additional residents, staff, units • Abandon – change your approach and repeat PDSA cycle 	<p>Describe what modifications to the plan will be made for the next cycle from what you learned</p>

Simple Benefits Plan

Benefit description (Income? Productivity? Cost? Quality? Other?)	Ideas for how to measure? Ensure any actions to deliver are added to implementation plan	Owner of benefit	Benefits achieved? Yes / No/ partial

Have you asked all stakeholders what the benefits are from their perspective? Capture the wider benefits to help with sustainability.

Ask the Project Management Office for a full benefits realisation plan for large scale projects.

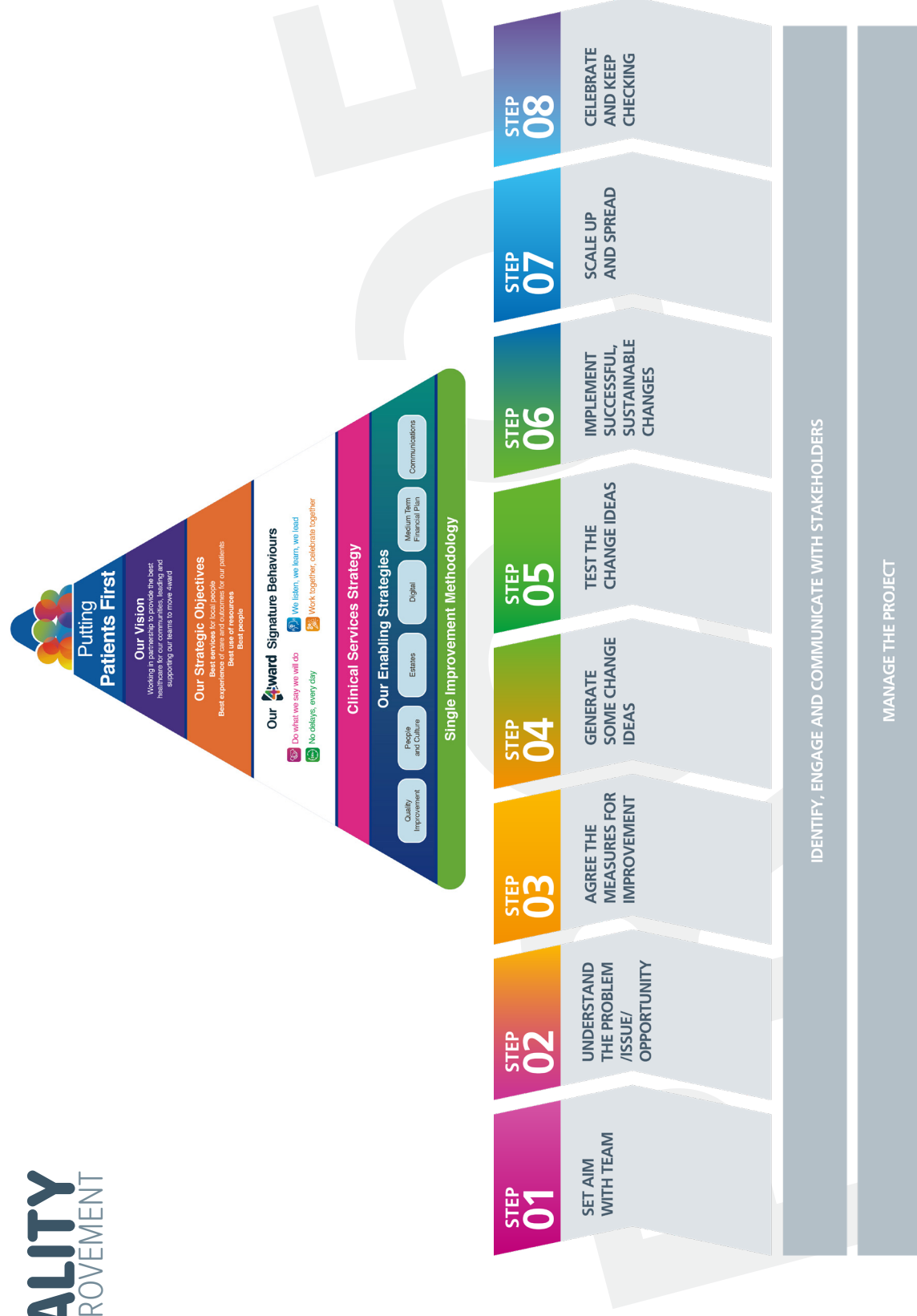
Simple Risk Log

Risk Description	Mitigating Action(s) (add to Improvement Plan)	Risk Owner
There is a risk: Cause: Impact:		
There is a risk: Cause: Impact:		
There is a risk: Cause: Impact:		
There is a risk: Cause: Impact:		

Refer to the Trust risk matrix for full risk assessment

**Worcestershire
Acute Hospitals**
NHS Trust

[illegible]



Do your job, improve your job.
Quality Improvement is everyone's responsibility