





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.

Contents

Stakeholders	2
Developing Your Aims Statement	3
Measurement for Improvement Checklist	4
Sustainability Assessment	5
Problem / Issue analysis	6
Plot the Dots	_ 7
Process Map to identify opportunities for improvement by eliminating / reducing waste	8
Safety Cross	9
Prioritising Change Ideas Grid	10
Driver Diagram	11
PDSA Cycle Template	12
Simple Benefits Plan	13
Simple Risk Log	_ 14
Improvement project implementation plan	15
Notes	16
Quality Improvement steps	17

"Quality Improvement is the number one of my top priorities" Matthew Hopkins Chief Executive

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

| Keep these stakeholders informed and satisfied with what you are doing | Fully engage with these stakeholders with what you are doing |

These stakeholders can be ignored if time is stretched | Keep these stakeholders informed |

Keep these stakeholders with these stakeholders |

These stakeholders can be ignored if time is stretched | Keep these stakeholders informed |

Keep these stakeholders | Fully engage with these stakeholders |

These stakeholders can be ignored if time is |

Keep these stakeholders informed |

Keep these stakeholders informed |

These stakeholders can be ignored if time is |

Keep these stakeholders informed |

Keep these stakeholders informed

Putting
Patients First

Low impact





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?	
TOT WITOTH:	
By when?	
By how much?	
5,	
Full statement	
ruii Statement	
tor approval by	
for approval by stakeholders. Try to	
state location in to	
get your aim into one	
sentence	
	1





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?

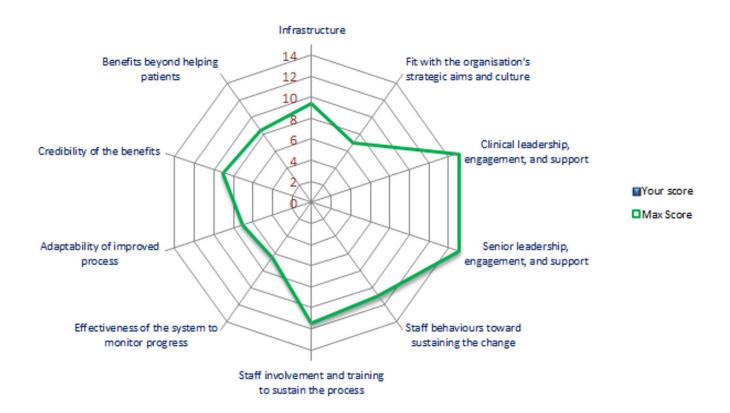




Sustainability Assessment

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



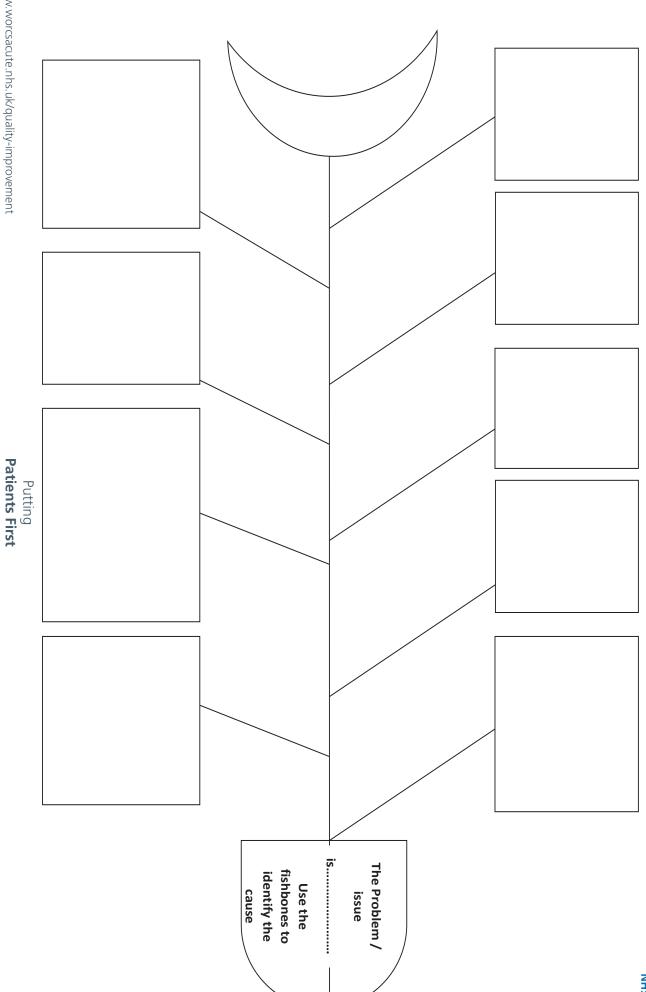
Analyse your problem areas:

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



Problem / Issue analysis









Plot the Dots





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

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





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



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
	L	l	<u> </u>





PDSA Cycle Template

 Complete the analysis of the data. Compare the data to your predictions. Compare the data to your predictions. Summarize and reflect on what was learned. Look for: unintended consequences, surprises, successes, failures. Summarize and reflect on what was learned to you try something else Refine the change, based on what was learned from the test. Adapt – modify the changes and repeat PDSA cycle Adopt – consider expanding the changes in your organization to additional
 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? What data need to be collected? List your action steps along with person(s) responsible and time line 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. Describe the measured results and how they compared to the predictions
List your a
Describe t
dy the results and determine if the change
15.
learned. Look for: unintended consequences,
Describe what modifications to the plan will be made for
what you
eat PDSA cycle nges in vour organization to additional





Simple Benefits Plan

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

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

www.worcsacute.nhs.uk/quality-improvement





Improvement project implementation plan

Action	By who?	By when	Status (Complete / Work in Progress /	Comments / updates
			ואסר אמו נפת)	





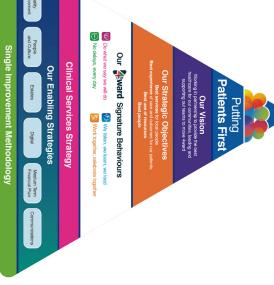
Notes





Acute Hospitals Worcestershire

NHS Trust





Do your job, improve your job.

Quality Improvement is everyone's responsibility

www.worcsacute.nhs.uk/quality-improvement