Recipe for Quality Improvement

Number of persons: 3-5 best if multi-professional; Time required: 2-12 weeks
Ingredients: 1 problem, data, 1 team, will to improve

**Pre-intervention**
- Analyse the system, its current variation and the way people do the work
- Set up your team and agree a regular time to meet
- Agree a project and get approval
- Define measures and collect baseline data

**Intervention**
- Trialling and testing your improvement ideas
- Collect feedback and PDSA data: measure with run charts as frequently as you can
- Once confident in solutions components, test over wider situations

**Post-intervention**
- Demonstrate the journey of improvement through data and patient experience
- Share and spread feedback
- Write it up using SQUIRE guidelines

**Important points to consider**

Potential metrics for improvement:
- Process measures such as timings
- Clinical outcomes
- Patient/staff engagement such as through surveys, interviews and complaints

**Plan, Do, Study, Act**

Plan: create a process improvement plan
Do: execute process improvement plan and provide opportunities for continuous feedback and troubleshooting
Study: inspect feedback and adjust plan accordingly
Act: integrate a process improvement plan into the system from the learning you have gained

Assign roles and responsibilities for the project team including a point of contact, data collection responsibility, and coordinators in key positions.

Stakeholder engagement, ensure you share information about the project early with everyone you need to:
- Consider your audience
- Keep it simple!

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### How to Report your Project using the A3 Approach – TITLE

#### Describe The Problem

<table>
<thead>
<tr>
<th>Background</th>
<th>Countermeasures</th>
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<tbody>
<tr>
<td>What is the crux of the issue how does it impact on patient care (components of quality - Safe, Timely, Effective, Efficient, Equitable, Patient centred)</td>
<td>Testing and trialling new processes, new systems, new equipment, new ways of the team doing the work. Step by Step PDSAs to build knowledge and tune the means to overturn what was learnt and understood to be the basis of the problem in the Root cause section. Be visual</td>
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<tr>
<th>Current Condition</th>
<th>Effect Confirmation</th>
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<td>What is the evidence supporting better care and your aspiration for excellence, describe the impact on ‘STEEP’ criteria in more detail</td>
<td>Measurement to show the effect of the tests, then the change package and overtime the improvement in outcome- a journey shown with run charts, perhaps control charts and definitely data</td>
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<th>Goal</th>
<th>Follow-up Actions</th>
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<td>What are we trying to achieve- how much improvement and by when will we achieve it</td>
<td>What did we, the team doing the work learn, What would we do differently How are we spreading or sustaining our Improvement. How can others adapt or adopt our ideas Declaration of interests</td>
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<th>Root Cause Analysis</th>
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<td>Getting to the heart / hearts of the problems Fishbone, Pareto, SOPK, develop a driver diagram, identify the areas of actions needed to address complex problem. There may only be root groupings not specific causes evident initially</td>
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