

Ten Step Quality Improvement Project Documentation Template

Topic/project: Date:

1) Research

Background (why is this important?):

Potential implementation resources, best practices, or bundles:

Performance improvement pre-established metrics (e.g. MBQIP measures or NQF measures):

Physician involvement/review:

2) Set a broad goal and draft a timeline

Broad goal (e.g. Improve EDTC performance):

Tentative timeline:

 First project meeting date:

 Estimated number of meetings required:

Frequency of meetings:

 Implementation goal date:

3) Build the team/ad hoc group

Draft rough flow chart of the process to determine who all is involved in process being improved.

Core team or group members (role and department):

Consulting team or group members (role and department):

Patient/family involvement method:

4) Design the strategy

Method(s) used to design strategy:

- Flow chart process to identify necessary changes to achieve broad goal
- Review potential implementation strategies gathered during Step 1 (Research) and
- Brain storm implementation ideas with team or ad hoc group
- Team members gather implementation suggestions from co-workers involved in process

Change strategies (See Performance Improvement Action Plan Template):

New policy (s):

Policy changes:

Standing orders:

EHR changes:

Checklist(s):

Equipment needs:

Communication/transition tools:

Patient education:

Staff education:

Other:

Other:

5) Select specific measures and define goals (if not already defined)

Process measure(s):

- 1) Goal:
- 2) Goal:
- 3) Goal:

Outcome measure(s):

- 1) Goal:
- 2) Goal:

6) Educate widely and creatively

Staff education plan:

Provider education plan:

Other education plan (e.g. other departments, settings, leadership and board, community):

7) Kick Off

Kick off date: _____

Kick off event plan:

Team/ad hoc members available to answer questions, problem solve:

___ Final review by topic/project leader to ensure equipment, EMR, staff education, patient education tools etc. completed and in place before implementation

8) Rapid tests of change (see rapid tests of change worksheet)

Huddles: ___ Every shift x ___ shifts

___ Daily x ___ days

___ Weekly x ___ weeks

Team members responsible:

9) Evaluation (see internal monitoring tool):

Chart auditing plan (frequency, who responsible)

Observational auditing plan (frequency, who responsible)

Staff feedback plan:

Communication plan to quality/patient safety committee (frequency, method, who responsible):

10) Celebrate often

Staff acknowledgement plan (individual, group, frequency and who responsible):

Other notes: