Job Aid: Quality Improvement

A quick guide to conducting quality improvement, from the DBHDS Office of Clinical Quality Management.

DBHDS
Virginia Department of Behavioral Health and Developmental Services

FIRST Use the FOCUS Model[1] to determine which improvement approach is right for you.

F: Find a problem or process to improve	How do you know it's a problem? How did you identify the problem, or the need to do something?
	What is your data telling you? How long has this been a problem? What are the trends? What is the story?
	What if you don't have data but you think there's a problem? How can you get baseline data?
O: Organize a team that is familiar with the problem	What is the role of the team? Understand the team's purpose.
	Who should be on your team? How can you bring in the voice of all stakeholders?
	How can you have effective team meetings? Think about agendas, notes and communication.
C: Clarify current knowledge of the problem	Wha is your data really telling you? Do you need additional information?
	What else do you know about the issue? How does the process or situation work now?
	What has been done already to try to address this problem? Did it work? Why or why not? How do you know?
U: Understand the reasons for the problem	Why is the problem or process variation happening?
	Have you done a root cause analysis (RCA)? What did it tell you? What RCA technique(s) did you use?
	If the problem involves a process, have you done a process map? What did it tell you?
S: Select the improvement strategy	What change(s) can you try to improve the problem?
	Have you used tools like brainstorming and identifying evidence-based solutions?
	Is there one strategy you can try first? How did you pick this solution? Why do you think this will work?

NEXT Try using the Model for Improvement[2] and the Plan-do-Study-Act (PDSA) Cycle.

Aim: What are you trying to accomplish? What is your SMART Objective? (Specific, Measurable, Achievable, Relevant, Time-bound)

Measure: How will you know a change is an improvement? Describe the measurable outcome(s) you want to see.

Change: What change can you make that will result in an improvement?

Act and decide what to do next. You can:
**Adapt:** Modify the changes and do another PDSA cycle.
Adopt: Continue or expand the change in your organization.
Abandon: Abandon this change and select a different change to test in the next cycle.
Document and describe what changes to make for the next cycle based on what you learned.

Study the change you made.
Study and analyze the data you collected. Document how the measured results compare to the predictions. What did you learn? Did the change result in the expected outcome? Were there any surprises, successes, failures, unintended consequences? What would you do different in another test?

4. Act | **1. Plan** | **3. Study** | **2. Do**
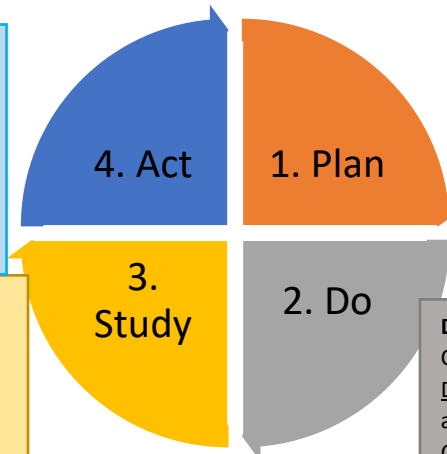
Plan a test of your change.
Document the steps that you are going to do. What is your timeline? Who will be involved? When and how will the change happen? What resources will you need? What do you think will happen when you make the change? What data do you need to collect? How will you collect it? When will you have the data?

Do (implement) the plan.
Carry out the plan on a small scale to begin with. Document your steps and observations, including any problems and unexpected findings or events. Collect the data you need, per your plan. Describe what happened when you ran the test.

CONTINUE Plan-Do-Study-Act Cycles based on what you learn to achieve improvement and consider expanding to other parts of your organization. When you decide to complete your QI project, continue to monitor the measure.

Consider what improvement approach is right for you.

A mitigating strategy is when a team implements a solution to a problem because they believe it will be effective. It is designed to lessen the risk and improve the outcome.

A quality improvement activity is when a team tests solutions to a problem using a quality improvement (QI) framework. DBHDS' QI framework is the PDSA Cycle.

A Quality Improvement Initiative (QII) is a formal project approved by the DBHDS Quality Improvement Committee (QIC). This is appropriate when resources outside your office/division are necessary or efforts to effect change have been unsuccessful.

1. American College of Cardiology. Introduction to Quality Improvement and the FOCUS-PDSA Model. Link: https://cvquality.acc.org/clinical-toolkits/qi-toolkit
2. Institute for Healthcare Improvement. How to Improve. https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

Aim Statement: What is your baseline data, and what is your SMART objective?	The aim of the UTI learning collaborative is to reduce the percent of individuals experiencing UTIs by September 2024. The Learning Collaborative, the baseline is: 16/75 (21%) The Goal is: __13%_____ For our organization, the baseline is: _____ The Goal is: _____
Measure: Describe the measure you will use to know that a change is an improvement.	We will measure the number and percent of individuals experiencing any UTIs during the collaborative period (1/1/2024-9/30/2024). We will annualize the results to compare to 2023. **Data collection:** We will report the number and percent of any UTIs, and Level I, Level II and recurrent UTIs per individuals served each month during the Collaborative using a MS Form survey tool.
Change: What change can you make that will result in an improvement? What do you predict will happen when you make the change?	**Change:** The change package includes four prevention strategies (hand washing/hand hygiene, proper perineal care, timely medical care, and urine sample). We will learn the information and then train staff on these new strategies each month, for four months. This month (JUNE) is: _Clean Urine Catch_____. • We will train ____ (How many) staff on performing a clean urine catch using the Clean Urine Catch Handbook. **Prediction:** When we train staff they will feel more knowledgeable about how to perform a clean urine catch and be able to assist in this process for an individual.

Plan: Plan a test of your change. Document the steps that are needed. What is your timeline? Who will be involved? Include how you will plan to collect and analyze data to study your change.	Task	Who is responsible?	Begin and end dates	Result

Do: Implement your plan. Describe what happened.	
Study: Study and analyze the data you collected. What did you learn?	
Act: Decide what to do next. Will you adapt, adopt or abandon?	

1. American College of Cardiology. Introduction to Quality Improvement and the FOCUS-PDSA Model. Link: https://cvquality.acc.org/clinical-toolkits/qi-toolkit
2. Institute for Healthcare Improvement. How to Improve. https://www.ihi.org/resources/Pages/HowtoImprove/default.aspx