Module 14: Creating a Quality Improvement (QI) Team and Plan

C. QI Plan Generator

QI Plan Generator

Quality Improvement Plan Generator. Following is a template that you can use to generate a draft QI plan for your practice or organization. It is a starting place. You will want to add to the document over time. The most effective way to use this tool is as a team. Work together with others in your practice who are likely to participate in forming and running your QI program to create a draft plan. You can then use this draft plan as a tool to get your team up and running and as a starting point for a more comprehensive plan you will develop over time.

1. What are your organization's priorities and core values? You can identify these by generating a list of statements that represent your organization's mission and overall values. Example: We strive to put the patient first in all our work.

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***2. Describe your quality vision for your practice or organization and how it aligns with these values. This is the end to which all quality improvement efforts at your practice is working.**

OUR QUALITY VISION IS:

Describe your quality improvement infrastructure. How will the quality improvement program be staffed and structured.

***3. Who will lead your organization's quality improvement efforts. This is usually a Quality Improvement Committee or Team that provides oversight and ongoing monitoring of QI projects and activities. This Committee may report to the Board of Directors or the head of the organization.**

Who will lead your quality efforts and who will they report to? (Example: Our QI Committee will report to the CEO and will be chaired by...)

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***4. Who will serve on the Quality Improvement Committee. The most effective committees include representatives from all areas of the practice (physicians, PAs, nurses, health educators, promotores, clerks, and patient representatives)**

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5. What are the duties and responsibilities of the Quality Improvement Committee?

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***6. What meeting structure will you use. Most committees meet monthly to bimonthly to set priorities, review progress and assure progress towards improvement goals.**

How often will you meet? Where will you meet? When will you meet? Will you have a special retreat each year for setting priorities or reviewing progress?

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***7. What quality improvement approach/es will you use. Most healthcare organization's use the Institute for Healthcare Improvement's Model for Improvement (MFI) and Plan Do Study Act (PDSA) cycles to structure their improvement work.**

***8. What will you use to generate performance data? Who will be responsible for this? And how will they be supported in carrying out this function?**

***9. What are your annual quality goals? These are specific aims and outcomes that your QI committee and organization will work towards and direct resources towards in the coming year. Identify one that you will start working on now. It can help to use SMART when identifying improvement goals. Specific, Measureable, Attainable, Relevant, Time bound**

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10. What goal will you work on first?

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***11. QI teams are smaller groups that will work on each of the goals above. Who will be on each project team? Most teams include 48 staff members and patient representatives that are impacted by or involved with the process being improved.**

Team 1

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***12. Performance measurement. What indicators will you use to assess your current performance and progress over time for your first quality goal? Example: All staff will receive the PACT training module on patient-centered care and pass the knowledge assessment with a score of at least 90%.**

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Communicating about your quality activities. What means will you use to communicate with your staff, leadership and patients about the quality activities being undertaken by the committee and improvement teams? Example: You might share meeting minutes, a QI committee report to the Board of Directors, an article in your newsletter or on your website.

***13. Communicating with staff.**

***14. Communicating with leadership.**

***15. Communicating with patients.**

Education. How will you provide staff and other with training and learning opportunities in the area of quality and process improvement? What skills and knowledge do you want them to develop?

***16. Plan for educating your Quality Improvement Committee and Project team members**

***17. Plan for educating general staff and clinicians.**

Evaluation. How will you track and evaluate your progress? You will want to evaluate both: 1. The effectiveness of the Quality Improvement Plan (this document) and how well it was implemented, and 2. The quality improvement projects the practice and committee undertook over the year. Some committees and teams use dashboards and datawalls as a way to visually present and display progress. These can be updated on a monthly or quarterly basis and can be a very helpful way to monitor progress over time.

***18. Evaluation of Quality Improvement Plan effectiveness.**

***19. Evaluation of Quality Improvement Plan effectiveness. Example of metrics: Adherence to meeting schedule; number of successful improvement projects; use of systematic improvement process; diversity of improvement team. Metrics for assessing the effectiveness of your Quality Improvement Plan:**

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***20. Evaluation of Quality Improvement Project #1.**

***21. Evaluation of quality improvement Project #1. Metrics:**

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