

Specific Tools To Support Change

What is the purpose of this tool? This tool provides information on tools developed by other organizations that may be used instead of or in addition to the resources in the QI Toolkit to help support specific actions you take to improve your performance on the AHRQ Pediatric Quality Indicators (PDIs).

Who are the target audiences? The primary audiences are quality officers and members of the implementation teams responsible for carrying out performance improvements. These resources also might be of interest to hospital senior leadership and managers.

How can the tool help you? As you work to improve the quality of care in your hospital and use the AHRQ PDIs, these additional resources may help inform the specific steps you take along the way.

How does this tool relate to others? Additional information on guides that focus more broadly on supporting quality improvement is included in *Available Comprehensive Quality Improvement Guides* (Tool G.1).

Tools Available Free of Charge

Organization	Type of Resource	Name	Description	Source
Change Management Toolbook, ChangeSource	Analysis Tool	A Matrix for Training Needs Analysis	Free tools and training materials to help guide and conduct a training needs analysis.	http://www.change-management-toolbook.com
Imperial College London	Analysis Tool	Project Stakeholder Analysis	Identify stakeholders and their interest in and influence over the innovation.	http://www.imperial.ac.uk/workspace/projectmanagement/public/Templates%20for%20download/Stakeholder%20analysis.doc
Institute for Healthcare Improvement	Analysis Tool	Failure Modes and Effects Analysis Tool	<p>Failure Modes and Effects Analysis (FMEA) is a systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change. FMEA includes review of the following:</p> <ul style="list-style-type: none"> • Steps in the process • Failure modes (What could go wrong?) • Failure causes (Why would the failure happen?) • Failure effects (What would be the consequences of each failure?) 	http://www.ihl.org/knowledge/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx

Organization	Type of Resource	Name	Description	Source
Academic Pediatrics	Article	Quality Improvement in Pediatric Health Care Supplement	This supplement is intended to make readers aware of key developments in QI policy, practice, education, and evaluation research. Our goal is to stimulate additional sharing of lessons learned, whether through research publications or other means, and to encourage health care providers and researchers to become full participants in the current national movement toward the triple aim of better care, better population health, and more affordable care.	http://www.academicpedsjnl.net/issue/S1876-2859(13)X0007-5
Focused Performance	Article	Taking Advantage of Resistance to Change (and the TOC Thinking Processes) to Improve Improvements	Explains how to use the TOC thinking processes to leverage change resistance to improve on original ideas and gain buy-in.	http://www.focusedperformance.com/articles/resistance.html
Free Management Library	Article	Major Types of Organizational Change	Outlines the major types of organizational change.	http://www.managementhelp.org/misc/types-of-orgl-change.pdf
Health Services Research	Article	The Quantitative Measurement of Organizational Culture in Health Care: A Review of the Available Instruments	Review of the quantitative instruments available to health service researchers who want to measure culture and cultural change.	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1360923/

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Graduate School of Banking at Colorado (University of Colorado)	Assessment Tool	Organizational Culture Assessment Instrument	Assesses the six key dimensions of organizational culture.	http://my.ilstu.edu/~lilippe/com435/survey_ocai_culture.pdf
Institute for Healthcare Improvement	Assessment Tool	Assessment Scale for Collaboratives	<p>This scale gives information on how to assess a team’s progress throughout an IHI Breakthrough Series Collaborative improvement project.</p> <p>The Collaborative Assessment Scale was developed at IHI to assess teams participating in IHI Breakthrough Series Collaborative projects. The tool allows collaborative directors and improvement advisors to determine how well teams are doing, on a scale of 1 to 5, in meeting improvement goals and implementing changes.</p>	http://www.ihl.org/knowledge/Pages/Tools/AssessmentScaleforCollaboratives.aspx
Institute for Healthcare Improvement	Assessment Tool	Project Planning Form	The Project Planning Form is a useful tool for planning an entire improvement project, including a list of all the changes that the team is testing, all the Plan-Do-Study-Act (PDSA) cycles for each change, the person responsible for each test of change, and the timeframe for each test. The form allows a team to see at a glance the overall picture of the project.	http://www.ihl.org/knowledge/Pages/Tools/ProjectPlanningForm.aspx
Institute of Behavioral Research, Texas Christian University	Assessment Tool	Organizational Readiness for Change	Assess organizational climate and readiness for change.	http://ibr.tcu.edu/forms/organizational-staff-assessments/

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Kaiser Permanente	Assessment Tool	RE-AIM Planning Tool	Provides a checklist for key issues that should be addressed when planning an intervention.	http://www.re-aim.hnfe.vt.edu/resources_and_tools/measures/planningtool.pdf
Venture Philanthropy Partners	Assessment Tool	McKinsey Capacity Assessment Grid (appendix of a report)	Assess organizational capacity.	http://www.vpppartners.org/sites/default/files/reports/full_rpt.pdf
Agency for Healthcare Research and Quality	Case Study	Buffalo Hospital Uses TeamSTEPPS® To Improve Pediatric Patient Safety	This case study demonstrates how a women and children’s hospital implemented an AHRQ-designed patient safety program (TeamSTEPPS) to improve care for children with bronchiolitis.	http://www.ahrq.gov/policymakers/case-studies/201504.html
Institute for Healthcare Improvement	Diagram/Chart	Cause and Effect Diagram	A cause and effect diagram, also known as an Ishikawa or “fishbone” diagram is a graphic tool used to explore and display the possible causes of a certain effect. The classic fishbone diagram can be used when causes group naturally under the categories of Materials, Methods, Equipment, Environment, and People. A process-type cause and effect diagram can show causes of problems at each step in the process.	http://www.ihl.org/knowledge/Pages/Tools/CauseandEffectDiagram.aspx

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Institute for Healthcare Improvement	Diagram/Chart	Flowchart	Flowcharts allow you to draw a picture of the way a process works so that you can understand the existing process and develop ideas about how to improve it. A high-level flowchart, showing 6 to 12 steps, gives a panoramic view of a process. A detailed flowchart is a close-up view of the process, typically showing dozens of steps.	http://www.ihp.org/knowledge/Pages/Tools/Flowchart.aspx
Institute for Healthcare Improvement	Diagram/Chart	Histogram	Often, summary statistics alone do not give a complete and informative picture of the performance of a process. A histogram is a special type of bar chart used to display the variation in continuous data such as time, weight, size, or temperature. A histogram enables a team to recognize and analyze patterns in data that are not apparent simply by looking at a table of data, or by finding the average or median.	http://www.ihp.org/knowledge/Pages/Tools/Histogram.aspx

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Institute for Healthcare Improvement	Diagram/Chart	Pareto Diagram	According to the “Pareto Principle,” in any group of things that contribute to a common effect, a relatively few contributors account for most of the effect. A Pareto diagram is a type of bar chart in which the various factors that contribute to an overall effect are arranged in order according to the magnitude of their effect. This ordering helps identify the “vital few,” the factors that warrant the most attention. Using a Pareto diagram helps a team concentrate its efforts on the factors that have the greatest impact. It also helps a team communicate the rationale for focusing on certain areas.	http://www.ihc.org/knowledge/Pages/Tools/ParetoDiagram.aspx
Institute for Healthcare Improvement	Diagram/Chart	Run Chart Tool	Improvement takes place over time. Determining if improvement has really happened and if it is lasting requires observing patterns over time. Run charts are graphs of data over time and are one of the single most important tools in performance improvement. Run charts can: <ul style="list-style-type: none"> • Help improvement teams formulate aims by depicting how well (or poorly) a process is performing. • Help in determining when changes are truly improvements by displaying a pattern of data that you can observe as you make changes. • Give direction as you work on improvement and provide information about the value of particular changes. 	http://www.ihc.org/knowledge/Pages/Tools/RunChart.aspx

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Institute for Healthcare Improvement	Diagram/Chart	Scatter Diagram	A scatter diagram is a graphic representation of the relationship between two variables. Scatter diagrams help teams identify and understand cause-effect relationships.	http://www.ih.org/knowledge/Pages/Tools/ScatterDiagram.aspx
Mind Tools	Diagram/Chart	Critical Path Analysis and PERT Charts	Critical path analysis and PERT charts are tools to help schedule and manage complex projects.	http://www.mindtools.com/critpath.html
Mind Tools	Diagram/Chart	Gantt Charts	Information on how to use Gantt charts.	http://www.mindtools.com/pages/article/newPPM03.htm
Agency for Healthcare Research and Quality	Fact Sheet	10 Patient Safety Tips for Hospitals	This 2-page fact sheet provides 10 tips that hospitals can implement to improve patient safety. The tips focus on staffing, resource use, and procedures.	http://www.ahrq.gov/sites/default/files/publications/files/10-tips-for-hospitals.pdf
Institute for Healthcare Improvement	Glossary	Glossary of Improvement Terms	A glossary of common improvement terminology.	http://www.ih.org/knowledge/Pages/Tools/GlossaryImprovementTerms.aspx
Agency for Healthcare Research and Quality	Guide	CAHPS Pocket Reference Guide	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Pocket Reference Guide for Adult Surveys is a standardized reference guide that summarizes adult surveys developed by the CAHPS Consortium.	http://www.ahrq.gov/sites/default/files/wysiwyg/cahps/quality-improvement/measurements/CAHPS_FAC_PG_041310.pdf

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Agency for Healthcare Research and Quality	Guide	Confidential Physician Feedback Reports: Designing for Optimal Impact on Performance	This guide is a practical resource designed to inform readers, particularly developers of confidential physician feedback reports (e.g., medical groups, health plans, payers, professional societies, regional collaboratives, and dissemination and implementation campaigns), about evidence-based strategies to consider when developing or refining a feedback reporting system.	http://www.ahrq.gov/sites/default/files/publications/files/confidreportguide_0.pdf
Agency for Healthcare Research and Quality	Guide	Guide to Patient and Family Engagement in Hospital Quality and Safety	<p>The Guide to Patient and Family Engagement in Hospital Quality and Safety helps hospitals engage patients and families. It contains information to help hospitals address selecting, implementing, and evaluating one of the following strategies:</p> <ul style="list-style-type: none"> • Involvement of patients and families as advisors at the organizational level • Communication among patients, family members, clinicians, and hospital staff to improve quality • Safe handoff of care between nurses by involving the patient and family in the change of shift • Reduction in preventable readmissions by engaging patients and family members in the transition from hospital to home 	http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/index.html

Pediatric Toolkit for Using the AHRQ Quality Indicators
How To Improve Hospital Quality and Safety

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Commonwealth Fund; University of Vermont College of Medicine; Vermont Child Health Improvement Program (VCHIP); Vermont Department of Health	Guide	Establishing a Child Health Improvement Partnership: A How-to Guide	The guide outlines the necessary strategies for developing and implementing an IP and highlights success stories drawn from the interviews conducted with child health innovators from across the country.	http://healthandwelfare.idaho.gov/Portals/0/MedicaidCHIP/EstablishingAChildHealthIPGuide.pdf
Community Tool Box, Kansas University	Guide	Criteria for Choosing Promising Practices and Community Interventions	This guide includes a checklist and tools to help adapt an innovation.	http://ctb.ku.edu/en/tablecontents/section_1152.aspx
Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI)	Guide	QUERI Implementation Guide	This guide provides an introduction to various approaches to conducting research implementation.	http://www.queri.research.va.gov/implementation
Free Management Library	Guide	Organizational Change and Development	This guide includes approaches and methods for managing change.	http://www.managementhelp.org/org_chng/org_chng.htm

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Health Research & Educational Trust	Guide	Pathways for Medication Safety SM	<p>HRET and the Institute for Safe Medication Practices ISMP, in collaboration with the American Hospital Association, have developed three important tools to assist hospitals in reducing medication errors via the Pathways for Medication SafetySM initiative:</p> <ul style="list-style-type: none"> • Leading a Strategic Planning Effort • Looking Collectively at Risk • Assessing Bedside Bar-Coding Readiness 	http://www.ismp.org/tools/pathwaysection1.pdf
Health Services Research and Development Service Department of Veterans Affairs	Guide	Organizational Change Primer	Provides an introduction to expand understanding, information, and knowledge about the concepts and application of organizational change processes.	http://www.hsrd.research.va.gov/publications/internal/organizational_change_primer.pdf
Innovation Network Resource Exchange Center	Guide	Evaluation Plan Workbook	An introduction to the concepts and processes of planning a program evaluation.	http://www.innonet.org/client_docs/File/evaluation_plan_workbook.pdf
Institute for Healthcare Improvement	Guide	Executive Review of Improvement Projects	Executive reviews of projects can be a powerful method for channeling leadership attention to quality initiatives. This primer helps organizational leaders conduct effective project reviews that focus on results, diagnose problems with projects, help projects succeed, and facilitate spread of good ideas across the organization.	http://www.ihp.org/knowledge/Pages/Tools/ExecutiveReviewofProjectsIHI.aspx

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Institute for Healthcare Improvement	Guide	Huddles	The idea of using quick huddles, as opposed to the standard 1-hour meeting, arose from a need to speed up the work of improvement teams. Huddles enable teams to have frequent but short briefings so that they can stay informed, review work, make plans, and move ahead rapidly.	http://www.ihc.org/knowledge/Pages/Tools/Huddles.aspx
Institute for Healthcare Improvement	Guide	Idea Generation Tools: Brainstorming, Affinity Grouping, and Multivoting	<p>Brainstorming, affinity grouping, and multivoting are tools for generating, categorizing, and choosing among ideas in a group of people. Using these techniques to generate, categorize, and choose among ideas has a number of benefits:</p> <ul style="list-style-type: none"> • Every group member has a chance to participate. • Many people can contribute, instead of just one or two people. • Group members can get ideas while they listen to others' ideas. • The group can generate a substantial list of ideas, rather than just the few things that first come to mind; categorize ideas creatively; and choose among ideas or options thoughtfully. 	http://www.ihc.org/knowledge/Pages/Tools/BrainstormingAffinityGroupingandMultivoting.aspx

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Institute for Healthcare Improvement	Guide	Interviewing Guide: Using the Interview as a Source of Data, Information, and Learning	This tool will guide users through the process of planning, conducting, and analyzing interviews. It is useful for anyone who plans to conduct interviews to learn about a topic, assess current knowledge around an improvement area, or evaluate an improvement project. It is simple and generic enough to be used in most disciplines. The guide covers how to select subjects to interview and how to construct questions that will generate rich responses. It also discusses how to structure an interview, how to take notes or tape the interview, and how to analyze completed interviews.	http://www.ihp.org/knowledge/Pages/Tools/InterviewGuideUsingtheinterviewasasourceofdatainformationandlearning.aspx
Institute for Healthcare Improvement	Guide	Overview of IHI tools	The Institute for Healthcare Improvement has developed and adapted a basic set of tools to help organizations accelerate improvement. These include tools for gathering information (e.g., Walk-through); analyzing processes (e.g., Cause and Effect Diagrams, Pareto Diagrams, Run Charts, Flowcharts); gathering data (e.g., Sampling); working in groups (e.g., Affinity Grouping, Multivoting); and documenting work (e.g., Project Planning Forms, Plan-Do-Study-Act Worksheets, Storyboards). In addition, many organizations have developed tools during their improvement efforts and are making them available on IHI.org for others to use or adapt in their own organizations.	http://www.ihp.org/knowledge/Pages/Tools/default.aspx

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Institute for Healthcare Improvement	Guide	Sampling (links to Simple Data Collection Planning)	<p>Measurement should speed improvement, not slow it down. Often, organizations get bogged down in measurement and delay making changes until they have collected all the data they believe they need. Instead of measuring the entire process (e.g., all patients waiting in the clinic during a month), measuring a sample (e.g., every sixth patient for one week; the next eight patients) is a simple and efficient way to help a team understand how a system is performing. Sampling saves time and resources while accurately tracking performance.</p> <p>Simple data collection planning is a process to ensure that the data collected for performance improvement are useful and reliable, without being unnecessarily costly and time consuming to obtain.</p>	<p>http://www.ihf.org/knowledge/Pages/Tools/Sampling.aspx</p> <p>Also refer to Simple Data Collection Planning at: http://www.ihf.org/knowledge/Pages/Tools/SimpleDataCollectionPlanning.aspx.</p>
Institute for Healthcare Improvement	Guide	Storyboards	Storyboards are a useful tool for effectively presenting a team’s work to a variety of audiences—to other groups within the organization, to other organizations, and to the larger community.	http://www.ihf.org/knowledge/Pages/Tools/Storyboards.aspx

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Institute for Healthcare Improvement	Guide	Walk-Through Tool	<p>Walk-throughs enable providers to better understand the experience of care from the patient’s and family’s points of view by going through the experience themselves. This tool is most useful in answering question 1 in the Model for Improvement (What are we trying to accomplish?). Using the Walk-through tool can:</p> <ul style="list-style-type: none"> • Provide firsthand knowledge of what it is like to be a patient in an organization. • Build the will and provide incentive for an organization to improve care and enhance the patient experience. • Generate data that address the total experience of the patient, including direct observations as well as feelings such as frustration and fear. • Generate ideas for process improvement and innovation. 	http://www.ihc.org/knowledge/Pages/Tools/Walkthrough.aspx
Sharon Martin Community Health Fund	Guide	A SMART Fund Guide to Using Outcomes to Design & Manage Community Health Activities	This guides supports understanding and developing measures to manage projects.	http://www.smartfund.ca/docs/smart_outcomes_guide.pdf

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State of Connecticut	Guide	SMART Objectives	Develop specific, measurable, attainable, relevant, and timely objectives.	http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf
W.K. Kellogg Foundation	Guide	Logic Model Development Guide	Develop a logic model and plan evaluation.	http://www.wkcf.org/resource-directory/resource/2006/02/wk-kellogg-foundation-logic-model-development-guide
Institute for Healthcare Improvement	Guidelines	Guidelines for Successful Visiting	Visiting another organization can be a great help to teams working on improvement. Visiting exposes the team to insights unavailable by any other method. The face-to-face nature of visiting allows more interaction and accelerates improvement. These guidelines can help organizations arrange and run a visit.	http://www.ihc.org/knowledge/Pages/Tools/GuidelinesforSuccessfulVisiting.aspx

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Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS Hospital Survey: Global Rating	<p>The survey includes one global rating (an overall rating of the hospital):</p> <ul style="list-style-type: none"> • Question 21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital? <p>In addition, the survey asks respondents about their willingness to recommend the facility:</p> <ul style="list-style-type: none"> • Question 22: Would you recommend this hospital to your family and friends? Possible responses are: Definitely no, Probably no, Probably yes, Definitely yes. 	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html
Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS Hospital Survey: Individual Items	<p>The survey includes two individual items that can be reported separately:</p> <ul style="list-style-type: none"> • Cleanliness of the hospital environment: Question 8. During this hospital stay, how often were your room and bathroom kept clean? • Quietness of the hospital environment: Question 9. During this hospital stay, how often was the area around your room quiet at night? 	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html

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Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS [®] Hospital Survey: Composite Measures	The survey generates six composite measures of the quality of inpatient care: <ul style="list-style-type: none"> • Communication with nurses • Communication with provider • Communication about medicines • Responsiveness of hospital staff • Information about recovery • Pain control 	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html
Institute for Healthcare Improvement	Indicator or Measure	Rate of Spread	Monitor spread of innovation.	http://www.ihp.org/knowledge/Pages/Measures/RateofSpread.aspx
National Committee for Quality Assurance	Indicator or Measure	HEDIS [®] measures (Healthcare Effectiveness Data and Information Set)	HEDIS is a tool used by more than 90 percent of America’s health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 71 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an “apples-to-apples” basis. Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts.	http://www.ncqa.org/HEDISQualityMeasurement/HEDISMeasures.aspx

Organization	Type of Resource	Name	Description	Source
Oregon Health Policy Commission and Office for Oregon Health Policy and Research	Indicator or Measure	Oregon Hospital Guide	Volume indicators are simply a count of hospital admissions for a given procedure. The counts presented here are of relatively rare and specialized procedures for which scientific research suggests that performing more of the procedure often leads to better patient outcomes. In the accompanying displays, volumes are shown compared to a “threshold” number identified by AHRQ as the point at which improved patient outcomes have been observed. While volume is not a direct measure of quality of care, it is useful in gauging how much experience a particular hospital has for a given procedure.	http://www.orhospitalquality.org/

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Oregon Health Policy Commission and Office for Oregon Health Policy and Research	Indicator or Measure	Oregon Hospital Guide	Death rate indicators represent the number of patients admitted for a specific procedure or condition who died in the hospital, divided by the total number of patients admitted for that procedure or condition. However, because the patients' age, sex, or severity of condition may increase their risk of death, the death rates for each hospital are adjusted to account for these factors. Other factors—for example, that some hospitals may transfer out all but the most mild or most severe cases—are not accounted for in the risk-adjustment methods used here. Hence, while death rates constitute a more sensitive indicator of quality than mere procedure counts, they too should be considered in tandem with comments submitted by hospitals, as well as with other information about quality of care.	http://www.orphospitalquality.org/index.php

Organization	Type of Resource	Name	Description	Source
Organization for Economic Co-operation and Development (OECD)	Indicator or Measure	Health at a Glance: OECD Indicators	<p>Several indicators have been identified, including:</p> <ul style="list-style-type: none"> • Hospital-acquired infections: ventilator-associated pneumonia, wound infection, infection due to medical care, decubitus ulcer. • Operative and postoperative complications: complications of anesthesia, postoperative hip fracture, postoperative pulmonary embolism or deep vein thrombosis, postoperative sepsis, technical difficulty with procedure. • Sentinel events: transfusion reaction, wrong blood type, wrong-site surgery, foreign body left in during procedure, medical equipment-related adverse events, medication errors. • Obstetrics: birth trauma - injury to neonate, obstetric trauma - vaginal delivery, obstetric trauma - cesarean section, problems with childbirth. • Other care-related adverse events: patient falls, in-hospital hip fracture or fall 	http://www.oecd.org/els/health-systems/49105858.pdf

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Washington State Hospital Association	Indicator or Measure	Hospital Quality Measures	Measures include aspirin at arrival, aspirin at discharge, angiotensin-converting enzyme inhibitor for left ventricular systolic dysfunction, smoking cessation advice, beta blocker at discharge, fibrinolytics at arrival, percutaneous coronary intervention at arrival, 30-day mortality, 30-day readmission	http://www.wahospitalquality.org/
Agency for Healthcare Research and Quality	Report	Becoming a High Reliability Organization: Operational Advice for Hospital Leaders	This document is written for hospital leaders interested in providing patients with safer and higher quality care. It presents the thoughts, successes, and failures of hospital leaders who have used concepts of high reliability to make patient care better. Creating an organizational culture and set of work processes that reduce system failures and effectively respond when failures do occur is the goal of high reliability thinking.	http://archive.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/hroadvice/hroadvice.pdf
Canadian Health Services Research Foundation	Report	Local Opinion Leaders: Effects on Professional Practice and Health Care Outcomes	Summary of a systematic review showing how identifying opinion leaders can have an impact on how health care professionals use research evidence in their clinical practice.	http://www.chsrf.ca/Migrated/PDF/InsightAction/insight_action31_e.pdf

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Children’s Hospital of Philadelphia	Report	Common Cause Analysis: A Hospital’s Review of Vulnerabilities During Which Common Themes Are Identified, Prioritized, and Addressed	Children’s Hospital of Philadelphia annually reviews all findings from root cause analyses of serious safety events, with the goal of identifying and addressing systemwide vulnerabilities. Known as common cause analysis, this review identifies common themes from the many recommended changes produced by root cause analysis findings. Once identified, themes are prioritized based on frequency of occurrence and professional judgment.	https://innovations.ahrq.gov/profiles/common-cause-analysis-hospitals-review-vulnerabilities-during-which-common-themes-are
Agency for Healthcare Research and Quality	Software	My Own Network, Powered by AHRQ (MONAHRQ®)	MONAHRQ is a desktop software tool that enables organizations to quickly and easily generate a health care reporting Web site. MONAHRQ lets you create a Web site using your own inpatient discharge data, emergency department data, precalculated AHRQ Quality Indicators results, inpatient and outpatient measures from CMS Nursing Home and Hospital Compare, and/or HCAHPS survey measures.	http://www.ahrq.gov/professionals/systems/monahrq/index.html
National Committee for Quality Assurance	Software	QualityCompass	QualityCompass 2011 is a tool for selecting a health plan, conducting competitor analysis, examining quality improvement, and benchmarking plan performance.	http://www.ncqa.org/tabid/177/Default.aspx

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University of Alberta (funded by Institute for Healthcare Improvement)	Software	Queueing ToolPak 4.0	The Queueing ToolPak (QTP) is a Microsoft Excel add-in that performs basic calculations for waiting line analysis. The functions allow integration of queueing performance measures into spreadsheet models without the limitations imposed by templates with fixed input and output areas that are commonly used for analysis of waiting lines.	http://queueingtoolpak.org/
Agency for Healthcare Research and Quality	Survey	Hospital Survey on Patient Safety Culture	In 2004, AHRQ released the Hospital Survey on Patient Safety Culture, a staff survey designed to help hospitals assess the culture of safety in their institutions.	http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/hospital/index.html
Institute for Healthcare Improvement	Survey	Short Survey	Short surveys are intended to provide just enough simple and prompt feedback to indicate whether attempts to improve are going in the right direction. Teams can also use them to pinpoint certain areas of interest (e.g., did the patients find the new form easy to understand?). These surveys are useful for answering question 2 in the Model for Improvement (How will we know that a change is an improvement?) and in running Plan-Do-Study-Act (PDSA) cycles.	http://www.ihl.org/knowledge/Pages/Tools/ShortSurvey.aspx

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The Leapfrog Group	Survey	The Leapfrog Group Hospital and Safety Survey	The Leapfrog Group is a coalition of large public and private purchasers who are leveraging their purchasing power to encourage significant improvements in patient safety and quality of care, and ultimately, cost savings. Leapfrog focuses on computerized provider order entry (CPOE), intensive care unit (ICU) provider staffing, evidence-based hospital referral (track record and experience with certain high-risk procedures), and the National Quality Foundation’s endorsed set of practices for safer health care. Almost 1,200 hospitals submitted data to the Leapfrog Group in 2005.	http://www.leapfroggroup.org/survey-materials/survey-and-cpoe-materials

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University of Nebraska Medical Center	Survey	Rural-Adapted Hospital Survey on Patient Safety Culture	<p>This toolkit includes resources for small rural hospitals to conduct and interpret the AHRQ Hospital Survey on Patient Safety Culture. They can help create an infrastructure for reporting, collecting, and analyzing data about voluntarily reported medication errors.</p> <p>The tools are organized by the four components of a safe, informed culture: reporting culture, just culture, flexible culture, and learning culture.</p> <p>Within each component, tools are provided to:</p> <ul style="list-style-type: none"> • Engage the audience about the importance of the change. • Educate the audience about what they need to do. • Ensure that the audience can execute the change. • Evaluate whether the change made a difference. 	http://www.unmc.edu/patient-safety/surveys/rural-hospital-survey.html
Agency for Healthcare Research and Quality	Toolkit	Child Health Care Quality Toolbox: Measuring Quality in Children's Health Programs	This Web site contains concepts, tips, and tools for evaluating the quality of health care for children.	http://www.ahrq.gov/research/findings/factsheets/children/toolbox/index.html

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Agency for Healthcare Research and Quality	Toolkit	TeamSTEPPS	<p>TeamSTEPPS is a teamwork system designed for health care professionals that is:</p> <ul style="list-style-type: none"> • A powerful solution to improve patient safety within your organization. • An evidence-based teamwork system to improve communication and teamwork skills among health care professionals. 	http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html
Health Research & Educational Trust	Toolkit	Health Research & Educational Trust Disparities Toolkit	This toolkit is designed to help hospitals, health systems, community health centers, medical group practices, health plans, and other users understand the importance of collecting accurate data on race, ethnicity, and primary language of persons with limited English proficiency, deafness, or hearing impairments. By using this toolkit, health care organizations can assess their organizational capacity to collect information and implement a systematic framework designed specifically for obtaining race, ethnicity, and primary language data directly from patients/enrollees or their caregivers in an efficient, effective, and respectful manner.	http://www.hretdisparities.org/index.php
National Academy for State Health Policy	Toolkit	Patient Safety Map & Toolkit	This electronic toolbox provides States with tools they can use or modify as they develop or improve adverse event reporting systems. The toolbox includes information (policies, practices, forms, reports, methods, and contracts) related to States' reporting systems, links to other Web resources, and fast facts and issues related to patient safety.	http://www.nashp.org/pst-welcome

Organization	Type of Resource	Name	Description	Source
Agency for Healthcare Research and Quality	Web-Based Resource	HCUPnet	This interactive tool is used for identifying, tracking, analyzing, and comparing statistics on hospital care. It is part of the Healthcare Cost and Utilization Project (HCUP). With HCUPnet, users have easy access to national statistics and trends and selected State statistics about hospital stays. HCUPnet generates statistics using data from the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), and State Inpatient Databases (SID) for States that participate. HCUPnet also provides statistics based on the AHRQ Quality Indicators, which have been applied to the HCUP NIS. These statistics provide insight into potential quality of care problems.	http://hcupnet.ahrq.gov/
Agency for Healthcare Research and Quality	Web-Based Resource	Health Care Innovations Exchange	This Web site includes a searchable database of innovations with evidence of their effectiveness and includes innovation attempts that did not work as planned.	http://www.innovations.ahrq.gov

Organization	Type of Resource	Name	Description	Source
Agency for Healthcare Research and Quality	Web-Based Resource	National Guideline Clearinghouse	The NGC is a Web-based resource that contains guidelines submitted by health care organizations, associations, medical societies, and Federal agencies. The site provides an accessible and comprehensive source of clinical practice guidelines—in both summary and full text (where available) format—saving users hours of researching to find similar information. The NGC was originally developed by AHRQ in partnership with the American Medical Association and the American Association of Health Plans.	http://www.guideline.gov/
Agency for Healthcare Research and Quality	Web-Based Resource	National Quality Measures Clearinghouse	Designed as a Web-based one-stop shop for hospitals, health systems, health plans, and others who may be interested in quality measurement and improvement, the NQMC has the most current evidence-based quality measures and measure sets available to evaluate health care quality. Users can search the NQMC for measures that target a particular disease or condition, treatment, age range, gender, vulnerable population, setting of care, or contributing organization. Visitors also can compare attributes of two or more quality measures side by side to determine which measures best suit their needs.	http://www.qualitymeasures.ahrq.gov/

Organization	Type of Resource	Name	Description	Source
Agency for Healthcare Research and Quality	Web-Based Resource	QualityTools Web site	Part of the Healthcare Innovations Exchange, this online clearinghouse allows users to search for tools that target a disease/condition, audience, tool category, or vulnerable population. The QualityTools providers' page provides links to resources (including Web sites, benchmarks, guidelines, data, and measures) to help hospitals and other provider organizations assess and improve care delivery.	https://psnet.ahrq.gov/resources/resource/1434/qualitytools
CMS	Web-Based Resource	Hospital Compare	Hospital Compare is a consumer-oriented Web site that provides information on how well hospitals provide recommended care to their patients. This information can help consumers make informed decisions about health care. Hospital Compare allows consumers to select multiple hospitals and directly compare performance measure information related to heart attack, heart failure, pneumonia, surgery, and other conditions. These results are organized by: <ul style="list-style-type: none"> • Patient Survey Results. • Timely and Effective Care. • Readmissions, Complications, and Deaths. • Use of Medical Imaging. • Linking Quality to Payment. • Medicare Volume. 	http://www.hospitalcompare.hhs.gov/

Organization	Type of Resource	Name	Description	Source
Institute for Healthcare Improvement	Web-Based Resource	Improvement Tracker	Monitor the impact of an innovation.	http://app.ihl.org/Workspace/tracker/
SCORE	Web-Based Resource	5 Tips on Preparing for Change (subtopic on Web page)	Tips on managing change.	http://www.scorerochester.org/help/tips/planning.php
Vermont Child Health Improvement Program (VCHIP)	Web-Based Resource	Vermont Child Health Improvement Program: Tools and Resources	This Web site provides tools and resources developed by VCHIP that can assist in carrying out quality improvement projects. The tools and resources are a combination of tools developed through VCHIP's various projects, relevant Web pages, and key publications of active and completed projects.	http://www.uvm.edu/medicine/vchip/?Page=tools.html
Institute for Healthcare Improvement	Worksheet	Plan, Do, Study, Act (PDSA) and PDSA Worksheet	PDSA enables people to carry out small tests of change. The PDSA Worksheet is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carry out the test (Do), observe and learn from the results (Study), and determine what modifications should be made to the test (Act).	http://www.ihl.org/resources/Pages/Tools/PlanDoStudyActWorksheet.aspx