CNM DPG QPI Sub-unit References and Tools

Some helpful links for getting your QPI project started:

https://www.eatrightpro.org/practice/quality-management/quality-improvement/quality-strategies

http://malnutritionquality.org/

https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/quality-improvement-activities/index.html

Some references that may also provide guidance:

How to Begin a Quality Improvement Project
Samuel A. Silver, Ziv Harel, Rory McQuillan, Adam V. Weizman, Alison Thomas, Glenn M. Chertow, Gihad Nesrallah, Chaim M. Bell, Christopher T. Chan
CJASN May 2016, 11 (5) 893-900; **DOI:** 10.2215/CJN.11491015

Link to the article: https://www.ncbi.nlm.nih.gov/pubmed/27016497

STEP BY STEP GUIDE TO IMPLEMENT QUALITY IMPROVEMENT

 http://www.amchp.org/Transformation-Station/Documents/QI%20Step%20by%20Step%20Guide.pdf

adapted from information from Center for Public Health Quality, Charlotte Area Health Education Center, NC State University Industrial Extension Service and the Institute for Healthcare Improvement

Kaplan, H. C., Provost, L. P., Froehle, C. M., & Margolis, P. A. (2012). The Model for Understanding Success in Quality (MUSIQ): building a theory of context in healthcare quality improvement. *BMJ Qual Saf*, *21*(1), 13-20. Link: https://qualitysafety.bmj.com/content/21/1/13.short

Tools

This could be used as an outline for your project.

Project (write in your idea here):

Your project title should summarize the main idea and clearly represent the process improvement initiative.

Project Team:

Who wants to be involved, who does the project impact, have you considered all of the multidisciplinary aspects of your project, who is your administrative support?

Current issue or improvement opportunity:

What doesn't work, or doesn't work well?

AIM statement:

Should be in SMART format, for example: To increase the number of inpatients coded for malnutrition DRGs upon discharge by 20% by the end of fiscal year 2016.

Objectives (likely want to limit to 3):

Sub-goals? Optional, but may be something to consider, as in the example above, a sub-goal could be: medicine floors will increase malnutrition DRGs upon discharge by 5% by the end of FY2016. Or, it could be an interim goal: In the first quarter of FY2016, there will be an increase malnutrition DRGs upon discharge by 2% over FY2015.

Quality Indicators or Measures (consider limiting to no more than 3):

These are your indicators that will measure the impact of change and should correspond with your data. For example: Volume change (increase) in patients educated on therapeutic diets

Percent improvement (increase) in patient satisfaction scores

Percent improvement (decrease) in charting time due to HER implementation

Use the PDSA cycle (Plan/Do/Study/Act)

The PDSA Cycle for Learning and Improvement
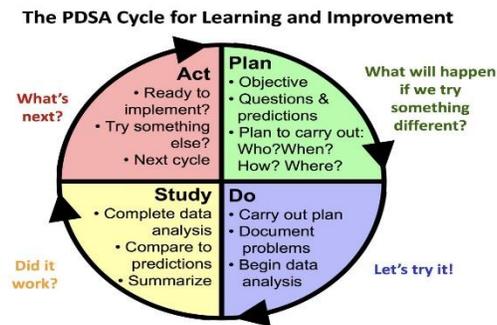
Plan: Baseline data collection – be able to describe your methods. The results of this data could be displayed graphically (this is your "current state" data).

Do: Improvement initiatives – describe the initiatives and the methods to implement them. Consider the tools and resources used- did you need to create any? Would others benefit from seeing what you used?

Study: Outcome results – describe methods used for post intervention data collection, especially if they are different from baseline data collection. Consider a graphical display of the differences from baseline (bar or pie graph, run charts, or Pareto).

Outline or identify the improvement shown (for example: the overall % or volume decrease or increase). Consider the implications for the organization, were there financial gains? Patient satisfaction? Productivity/efficiency (labor)? Volume? Re-admission reduction?

Act: Next steps – describe how the project will move forward and/or your control measures for how you plan to sustain the new process, or how you will monitor it. Consider how you may spread the project to other areas? Are there any future adjustments you plan to make with the project? (run it through PDSA again)

References:

Include at least 3 articles, preferably recent (within 5 years) and empirical articles from medical/research journals.

Compiled by the CNM DPG QPI Sub-Unit.

Sometimes utilizing a Charter is helpful for a summary or presentation of your project or ideas. This is one format that could
be utilized. The next page provides
a slightly different version with an example of how it may be filled in.

QPI Project Charter

Project Title	
Project Leaders	
Team Members	
Project Sponsors	
Institution	
Start Date:	Estimated Completion Date:

- Problem Statement:

- Aim Statement (SMART):

- Scope:

- Boundaries:

- Affected Areas:

- Measures of Success:

Overview

Project Title

- **Linkage to BPE/BP/Finance:**
- **Problem Statement:**
- **Goal (SMART):**
- **Benefit:**
- **Scope (i.e. units involved in project):**
- **System Capabilities/Deliverables:**
- **Resources Required (consider multidisciplinary impacts):**

Key Metric(s):

Milestones:

Description	Date (mo/yr)
#1	

Sponsor: **IS Project Owner:**   **Process Owner:**   **Improvement Leader:**

Example:

Overview

- **Linkage to BPE/BP/Finance:** Implementation of Room Service will meet the unique needs of our OB and Oncology patients who require greater control of their meal choices and times. It will replace a paper-driven menu system and provide personalized customer service by Food & Nutrition staff.

- **Problem Statement:** OB and Oncology patients have food service requirements outside the typical scope of service currently provided at our hospital.
  - The birthing process is unpredictable making set meal times for OB patients less than adequate.
  - The ability of Oncology patients to tolerate meals is variable. Room Service optimizes nutritional intake by allowing this "at risk" population to chose when and what they want to eat.

- Menu selection is currently performed on paper by the patient. An online system supported by a call center results in fewer errors and lost menus and an enhanced customer service experience.

- **Goal/Benefit:** Room Service is a program that provides the patient greater control over their food service experience by allowing them to choose when and what they want to eat. It is patient-driven as opposed to process-driven.

- **Scope:** Room Service will be piloted on a unit that best matches the conditions of OB/Onc floor. Full system implementation will occur in (date).

- **System Capabilities/Deliverables:** Room service is a new application supported by a file server and SQL database. Patient information will populate the application via an ADT interface from the HER. Diet orders and allergy information will interface from the EHR. Customer service staff located in a Call Center will use touch screen displays to input patient meal choices. Printed menus will initially be provided as part of the pilot. However, integration with Patient Services is expected prior to implementation (on-screen menu display and/or orders interface). Wireless tablet PCs will be used by Food & Nutrition staff to visit patients who cannot participate in the program due to language barriers or medical condition.

- **Resources Required:** Participation from the following teams is required: EHR, IS, Telecommunications, Network Services, Nursing and Food & Nutrition

Key Metric(s):
- Press Ganey meal scores (Goal: __th percentile)
- Meal delivery (Goal: __% within __ minutes)
- Average meals per patient day (Goal: __; __% reduction)
- Average cost per tray (Goal: $___; __% reduction)

Milestones:

	Description	Date (mo/yr)
#1	Project Kickoff	January/20
#2	Pilot	May/20
#3	Implementation	Summer/20

Sponsor: **IS Project Owner:**   **Process Owner:**   **Improvement Leader:**