Quality Improvement Project Abstract

Project Information
▪ Title of the project (concise, but informative).

Contact / Team Membership
▪ Name of the institution(s) to which the work should be attributed.
▪ Name, mailing address and e-mail of author responsible for correspondence about the project.
▪ Names of all persons who participated sufficiently in the work to take public responsibility for the content.

Project Description
▪ Summary, no longer than 150 words
  ▪ Aim statement (3-4 lines describing the purpose of the project).
  ▪ Basic procedures for improvement opportunities.
  ▪ Main findings (data and statistical significance).
  ▪ Principle conclusions. Emphasize important aspects of the project.
  ▪ Key words identification (for web and database searches).

Quality Improvement Project Presentation

Presentation
▪ Please create your presentation in PowerPoint. E-Mail or send a copy of the file to (course or course coordinator email address) by (date. One week prior to session) as well as bring a back-up copy on disk. The duplication is based on past "unexpected" events.
▪ We will have an LCD projector and notebook computer available for your use. If you need additional A/V equipment, please let us know in advance.
▪ Presentations are generally between 15 and 25 slides.
▪ Presentations will be scheduled in 20-minute blocks. 15 minutes for presentation; 5 minutes for questions/answers.

Presentation Materials
▪ If a PowerPoint file or a presentation master is sent by (date, one week prior to session), we will make hard/paper copies for you.
▪ However, if that is not possible, please bring (# of participants), double-sided, 2 slides per page, 3-hole punched copies.
▪ A project abstract should be included as part of your handouts.

If you have questions during the interim period, please feel free to call for consultation.
Clinical Quality Improvement Project Homework assignments

Session 1: By our next meeting (Date of Session 2), you should be prepared to submit in written form to your consultant, and describe and defend:

1. A **general mission statement** for the problem you are attempting to address (or the opportunity you to hope to develop and exploit)

2. A **conceptual diagram** of your process (e.g., conceptual flow diagram, decision flow diagram, cause & effect diagram)

3. A **list of team members** that reflects
   - the two-way street of “fundamental knowledge up, ownership and participation down”
   - similar two-way linkages to a management champion group

You should be prepared to discuss how you selected your team members based on these principles, how you trained them in their interactive role, and how you have followed up to insure that they are filling that role.

4. A high-priority **leverage point** (or points) within your process (drill down for action), that represent your best opportunity for improvement

   You should be prepared to describe how you identified your leverage point(s), using objective data (e.g., tally sheets), expert opinion (e.g., brainstorming, multivotes), and prioritization (Pareto charts); and to defend that they objectively represent your best points of attack.

5. A properly structured, tight and terse, **aim statement**:
   - that represents an important topic (that can engender enthusiastic team support)
   - outcomes focused (directly implies measurement)
   - specific, stretch goals
   - timeline
   - target population
   - terse, succinct

□ Read *Understanding Variation* by Donald J. Wheeler and *Measuring Quality Improvement in Health Care Quality* by Carey & Lloyd

□ Complete frequency distribution assignments (Excel) using assignment description and files from e-mail. In addition, create histograms and distribution using “own” data as described in the email sent to you.
**Session 2:** By our next meeting (Session 3), you should be prepared to submit in written form to your consultant, then describe and defend:

6. What you plan to measure to “tell if a change was an improvement”
   - laid out as an **annotated run chart**;
   - that links directly to the measurement implied in your primary aim statement;
   - using actual baseline measurement if possible, but “dry lab” (made up) example data if necessary (to show exactly what the run chart will look like, including axis labels, etc.);
   - including balance measures, if necessary (to track potential negative effects; pick up parallel changes important to the project; etc.);
   - with a description of your intended data collection mechanisms (e.g., how you will blend tally sheet methods into the flow of front-line work, with support and help of your front-line team)

7. A prioritized **list of change hypotheses** (minimum of four) – what you plan to change, in order to move toward the goals laid out in your aim statement

- Excel Homework: create control charts for each of the 5 assigned datasets. File5 should have control charts created for each of the severity scores (1-4). In addition, create control charts using ‘own’ QI project data or dry lab data.
Session 3: At our next meeting (Date of Session 4), you will present your project (storyboard of process management and improvement) to the class, using the format described in course. I will evaluate your project (in order to grade the success of the course), based on:

- Whether you introduced at least one change into your process, with an intent to improve performance as specified in your aim statement;

- Whether you tracked sufficient data following the change, to be able to tell whether “the change was an improvement” (Fitzpatrick Level 3); and

- Whether you showed statistically significant movement toward your stated goal (measured improvement – Fitzpatrick Level 4).