

Quality Improvement Plan: Guide and Example - Data Driven Review

GUIDE FOR DEVELOPING A QUALITY IMPROVEMENT PLAN

Once a root cause analysis has been completed and the organization is confident with what root cause(s) were identified, the next step is to develop a Quality Improvement Plan that addresses each identified root cause.

WHAT IS A QUALITY IMPROVEMENT PLAN?

A Quality Improvement Plan is a detailed work plan intended to enhance an organization's quality in a specific area (e.g. medication administration, neglect, etc.). A Quality Improvement Plan includes essential information about how your organization will design, implement, manage, and assess quality. All aspects of the Quality Improvement Plan correlate to the specific area identified.

A Quality Improvement Plan is an organization's framework for developing and improving processes. It includes the direction, timeline, activities, and assessment measures of quality and quality improvement within the organization. The Quality Improvement Plan is a living document, and as such, is revisited on a regular basis to document accomplishments, lessons learned, and changing organizational priorities.

An effective Quality Improvement Plan includes the following elements:

- A description of quality improvement goals and objectives
- A description of the activities designed to meet the quality improvement goals and objectives
- A description of how quality initiatives will be managed and assessed/measured
- A description of any training and/or support that will be developed and implemented, based on the quality improvement process
- A description of the communication plan for quality improvement activities and processes, including how updates will be communicated to all staff on a regular basis
- A description of evaluation/quality assurance activities that will be used to determine the effectiveness of the plan's implementation

Instructions for use:

On the following pages, please find a Quality Improvement Plan template which has been completed to serve as an example. You will find improvement activity categories defined below, and throughout the template there are instructions for completing each section.

Overall Provider Improvement Activities

The Overall Provider Improvement Activity is a larger scale activity intended to address an issue that was identified during a root cause analysis. An example could be, "Develop and implement a plan for management to have regular oversight of medication errors and tracking." The activity itself is very broad; however, it is comprised of a series of smaller steps that will accomplish the overall goal (e.g. create a work group to design the plan, conduct work group meetings to create the plan, gather feedback prior to finalizing the plan to make sure nothing was overlooked, develop policy and procedures for the plan, develop a training plan for the new process, train all relevant staff on the process, develop a method for ensuring staff are aware of the process regardless of turnover in staff, etc.).

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Below are specific improvement activity categories that will be included in the Quality Improvement Plan:

✓ **Training/Professional Development**

This box should be checked if the Overall Provider Improvement Activity involves any type of training or professional development. This may mean that existing training is revised, new training is developed, or any other training-related topic.

✓ **Transitions in Staff**

This box should be checked if some component of the Overall Provider Improvement Activity listed will need to take into account how the provider will address staff turnover – whether it be training, general staffing shifts, or the addition of new staff members.

✓ **Transition of Individuals**

Describe steps and requirements to change internal protocols and changes in the activities, supports, and experiences for those your organization supports by applying new and improved methods. Consider how changes may affect the welfare and emotional support of the individual. If various steps are required to transition activity, list steps in sequential order.

✓ **Attracting and Retaining High Quality Staff**

Select this box if the Overall Provider Improvement Activity will be affected by the quality of staff, as well as whether the activity has steps in place to help hire, develop, or retain quality staff.

✓ **Assessment/Oversight to Monitor this Area (Short Term & Long Term)**

Select this box if the Overall Provider Improvement Activity requires steps for any of the following: ensuring the activity is completed, evaluating the effectiveness of the implementation, or assessing the results of the activity.

✓ **Technology**

Select this box if the Overall Provider Improvement Activity has a technology-specific component. This may include online training, using technology to document activity, or any other technology-specific activity.

✓ **Individual/Guardian/Family Involvement**

Select this box if the Overall Provider Improvement Activity listed is designed to improve the level of meaningful involvement for individuals and/or their guardians/families, or if the success of the activity requires a particular level of individual/guardian/family involvement.

✓ **Cultural Awareness/Sensitivity**

This box should be selected if there are cultural factors (e.g. language, social norms, etc.) of staff, consumers, or consumers' families/guardians that could impede the implementation and/or success of the activity.

✓ **Creating a Positive Climate**

This box should be selected if the Overall Provider Improvement Activity listed is specifically designed to have a positive affect on the organization's climate.

✓ **Collaboration/Building on Success**

Select this box if the Overall Provider Improvement Activity listed is either building on a previous success within the organization, or if the success of this activity will be used as a springboard for another identified area.

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SAMPLE QUALITY IMPROVEMENT PLAN

The following pages contain a sample Quality Improvement Plan that your organization may wish to use as a reference when creating your own Quality Improvement Plan. The information in this sample is only meant for illustrative purposes and not intended to represent a fully developed Quality Improvement Plan.

PROVIDER DEMOGRAPHICS

This section contains basic information about your organization and also lists the primary contact person for this initiative.

Provider Name	ABC Provider Company		
Provider Address	12345 N. Easy Street, Anytown, IN 44111		
Target Area	Medication Errors <i>(The target area is identified by BQIS and all providers selected during a particular quarter will be addressing the same target area specific to their organization)</i>		
Plan start date	October 2015	Plan end date	April 2016
Lead Contact	John Doe, Director of Quality (jdoo@abcprovider.provider or 317-222-1212)		
Chief Executive Officer	John Smith, Chief Executive Officer (jsmith@abcprovider.provider or 317-555-1212)		
Goal (State as the end result the provider wishes to achieve based on a successful design and implementation of a Quality Improvement Plan)	By December 2016, medication errors will be reduced by 7%, based on incident report data. <i>[The Goal Statement should be specific and include: what area will improve, the timeframe by which it will improve, and the degree to which it will improve. It is also helpful to add where the information will come from (e.g. internal tracking of incident reports, BQIS PRP data, etc.)]</i>		

PROVIDER METRICS

Current Level of Performance: *Identify the current level of performance for the targeted area.*

This information can come from a provider's most recent Provider Review Profile (PRP), other data provided by BQIS, or internal data sources. The data statements can be general (related to medication error as a whole) or specific (related to particular types of medication errors, such as wrong route, wrong dosage, medication not given, etc.)

- Based on October 2015 BQIS Provider Review Profile data for medication errors, 75% of all incident reports are medication errors for ABC Provider.

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Benchmarks: *List as many metrics as necessary to measure and track progress toward goal.*

Benchmarks are the incremental changes your organization wishes to see as you move toward the end goal. Similar to the data statements under “Current Level of Performance,” Benchmarks may also be general (related to medication errors overall), or specific (related to a particular type of medication error, such as wrong route, wrong dosage, medication not given, etc.)

- By March 2016, medication errors for ABC Provider will decrease by 2% overall based on incident reporting data.
- By June 2016, medication errors for ABC Provider will decrease by an additional 2% (4%) overall based on incident reporting data.
- By September 2016, medication errors for ABC Provider will decrease by another 3% (7%) overall based on incident reporting data.

IDENTIFIED ROOT CAUSES

List the root causes your organization identified through the root cause analysis work.

- Medication passes that take place close to shift change are much more likely to result in a medication error, especially a missed medication.
- There is currently no consistent process for management to conduct unannounced medication tracking reviews in homes.
- *(Add all root causes that were identified related to the specific topic.)*

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<u>Overall Provider Improvement Activities</u> <i>Enter the Overall Provider Improvement Activity in this box. An Overall Provider Improvement Activity should be broad in scope. Use the subsequent lines to list all steps for completing the Overall Provider Improvement Activity. (A separate Overall Provider Improvement Activity template should be used for each activity.)</i>	<u>Lead Person</u> <i>List the name of the lead person responsible.</i>	<u>Timelines</u> <i>Indicate start and end dates for the full activity and for each step.</i>	<u>Evidence</u> <i>List possible ways for verifying the activity took place.</i>	<u>Resources/ Materials Needed</u> <i>List any specific resources needed in order to complete the activity.</i>
Overall Provider Improvement Activity:				
Develop and implement a plan for management staff to have regular oversight of medication tracking and review of medication errors.	John Doe, Director of Quality	October 2015 – February 2016	See specific items below	See specific items below
Create a work group to design the plan	John Doe, Director of Quality	October 15-25, 2015	List of work group members	None
Conduct biweekly work group meetings to create the plan.	Work Group chairperson	November, December, January 2015	Work group meeting agendas and notes/minutes	Time for meetings Schedule flexibility
Gather stakeholder feedback prior to finalizing the plan to make sure nothing was overlooked. Include management and DSPs.	Work Group chairperson	December 2015 and January 2016	Work group meeting agendas and notes/minutes	Create a feedback form for use with this step
Develop policy and procedures for the plan				
Develop a training plan for the new process	<i>The individual steps for the Overall Provider Improvement Activity would continue on subsequent lines, incorporating all necessary steps and filling in all boxes.</i>			
Train all relevant staff on the process				
Develop a method for ensuring staff are aware of the process regardless of turnover in staff				

For assistance, please contact: Naomi Brimer at 219-738-9930, select #2 and dial extension #3100, or email naomi.brimer@fssa.in.gov