

Quality Improvement Initiative Plan Template





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QUALITY IMPROVEMENT INITIATIVE PLAN

No protected health information (PHI) should be included in this plan. Only use the case number provided by the TMF Quality Innovation Network. Submit your completed Quality Improvement Initiative (QII) plan documents via email to QIINetwork@tmf.org or fax them to 1-800-725-6245.

Provider or Practitioner Name: _____

Provider or Practitioner Medicare ID Number: _____

Provider or Practitioner Mailing Address: _____

Designated Contact Name: _____ Title: _____

Department: _____

Email: _____

Phone: _____ Fax: _____

Date of completion of this plan: _____

TMF Case Number: _____

Provide a description of the concern or problem that was identified.

Perform a Root Cause Analysis (RCA). Look into the issue to see why it happened. See the 5 Whys Tool included with this packet. It is a common approach to performing a RCA. Your RCA will assist you in developing appropriate interventions. Describe your findings.

Describe your plan for sustainability. You should build into your plan how you will continue the improvement efforts after completion of the QII.

Clearly state the goal you are trying to accomplish _____

Date QII plan will begin _____

TMF Case Number _____

Root Cause	Planned Action/Intervention	Staff responsible	Date Due	Measurement and Monitoring Plan <i>(Describe how you will collect data to evaluate the results and monitor progress.)</i>	Status and date complete	Results and Lessons Learned
Area needing improvement:						
Area needing improvement:						
Area needing improvement:						
Area needing improvement:						

5 WHYS TOOL

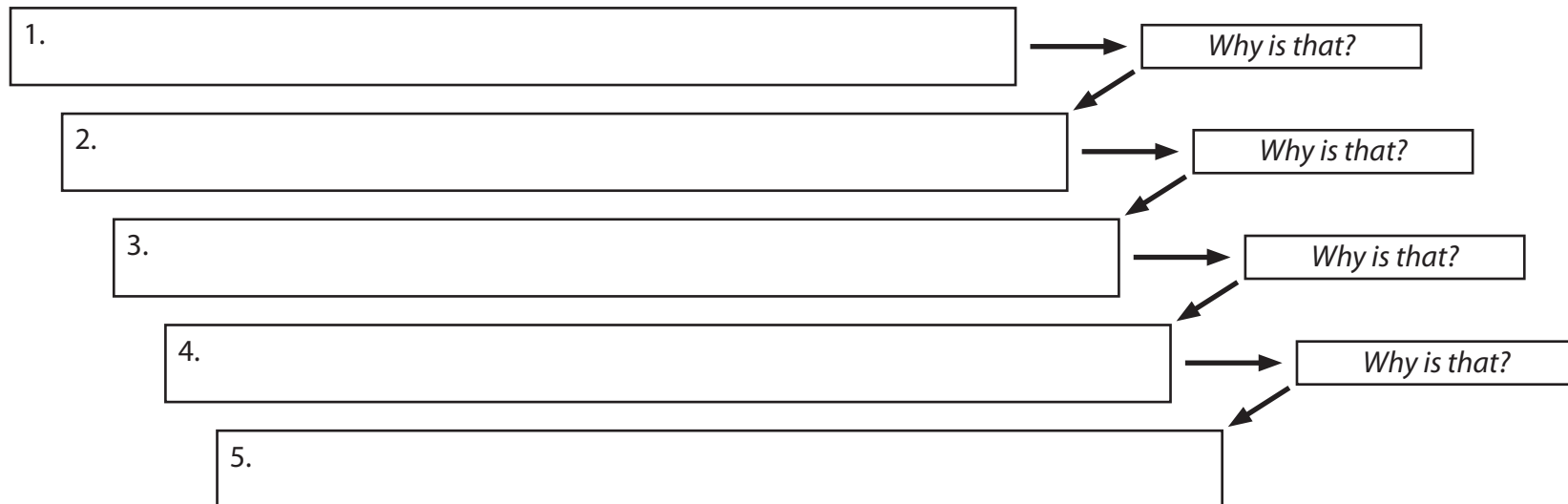
TMF Case Number _____

Steps

- Define a problem; be specific.
- Ask why this problem occurs and list the reasons in Box 1.
- Select one of the reasons from Box 1 and ask, "Why does this occur?" List the reasons in Box 2.
- Continue this process of questioning until you have uncovered the root cause of the identified problem. If there are no identifiable answers or solutions, address a different reason.

The problem:

Why does this occur?



OUTCOMES TABLE REPORTING TEMPLATE

TMF Case Number _____

Measure Description	Goal	Baseline	Month 1	Month 2	Month 3	Quarter Summary	Month 4	Month 5	Month 6	Quarter Summary	Comments

Educational Activities

Concern Identified	Activity	Topic	Date training was completed	Staff	Attendance List (yes/no)



Examples

Example of a completed

QUALITY IMPROVEMENT INITIATIVE PLAN

No protected health information (PHI) should be included in this plan. Only use the case number provided by the TMF Quality Innovation Network. Submit your completed Quality Improvement Initiative (QII) plan documents via email to QIINetwork@tmf.org or fax them to 1-800-725-6245.

Provider or Practitioner Name: ABC Hospital

Provider or Practitioner Medicare ID Number: 123456

Provider or Practitioner Mailing Address: Street Address, City, State, Zip

Designated Contact Name: Mary Smith, RN Title: Quality Manager

Department: Quality

Email: msmith@abchospital.org

Phone: 123-456-7890 Fax: 123-456-7891

Date of completion of this plan: 03/01/19

TMF Case Number: TX2501

Provide a description of the concern or problem that was identified.

Patient had a fall at 11 p.m. with right leg pain. The physician did not evaluate the patient until 11 a.m. the following day.

Perform a Root Cause Analysis (RCA). Look into the issue to see why it happened. See the 5 Whys Tool included with this packet. It is a common approach to performing a RCA. Your RCA will assist you in developing appropriate interventions. Describe your findings.

Patient fell from her bed at 11 p.m. and had no obvious injuries. This patient had a known history of confusion. A post-fall evaluation was not performed to determine if additional care was needed. The physician was not notified of the fall and injury until morning rounds at 11 a.m. The facility had a process in place to evaluate patients that were at risk for fall but did not have a process for evaluating patients timely after a fall.

Describe your plan for sustainability. You should build into your plan how you will continue the improvement efforts after completion of the QII.

Our facility will continue to provide fall prevention and post-fall assessment education to staff on a quarterly basis with random audits of patient charts documenting falls each quarter to confirm compliance.

Clearly state the goal you are trying to accomplish Ensure that 100% of patients are evaluated appropriately and timely after a fall.

Date QII plan will begin 04/01/19

TMF Case Number TX2501

Root Cause	Planned Action/Intervention	Staff responsible	Date Due	Measurement and Monitoring Plan (Describe how you will collect data to evaluate the results and monitor progress.)	Status and date complete	Results and Lessons Learned
Area needing improvement: Post-fall assessment process						
Lack of standardized post fall patient assessment	Develop post fall assessment form. Test with one unit.	Mary	04/31/19	Developed post-fall protocol and tested for usability	Completed 04/30/19	Post-fall protocol developed, tested with one unit, and added to policy
Area needing improvement: Update policy related to fall prevention and assessment to include post fall protocol						
Policy did not include protocol for a post-fall assessment	Update fall prevention and assessment policy to include assessment after a fall	Mary Dr. Jones	04/31/19	Policy updated with post-fall assessment protocol/form for assessment, approved by board, shared with staff	Completed 04/30/19	Policy updated with post-fall protocol and assessment form, approved on 04/25/19, posted to internal website with staff notified
Area needing improvement: Staff Education						
Lack of consistent way to follow up after a patient fall	Educate staff about the new form and protocol	Mary	05/30/19	100% of staff educated on the new post-fall protocol	Completed 05/25/19	100% of staff education completed
Area needing improvement: All patients receive an assessment post-fall						
No post fall assessment process in place	Audit 100% of charts with patient falls monthly	Mary	06/01/19 Began 06/01/19	100% of patients receive an assessment after a fall	Completed 11/30/19	Auditing complete. See notes in report.

Example of a completed
5 WHYS TOOL

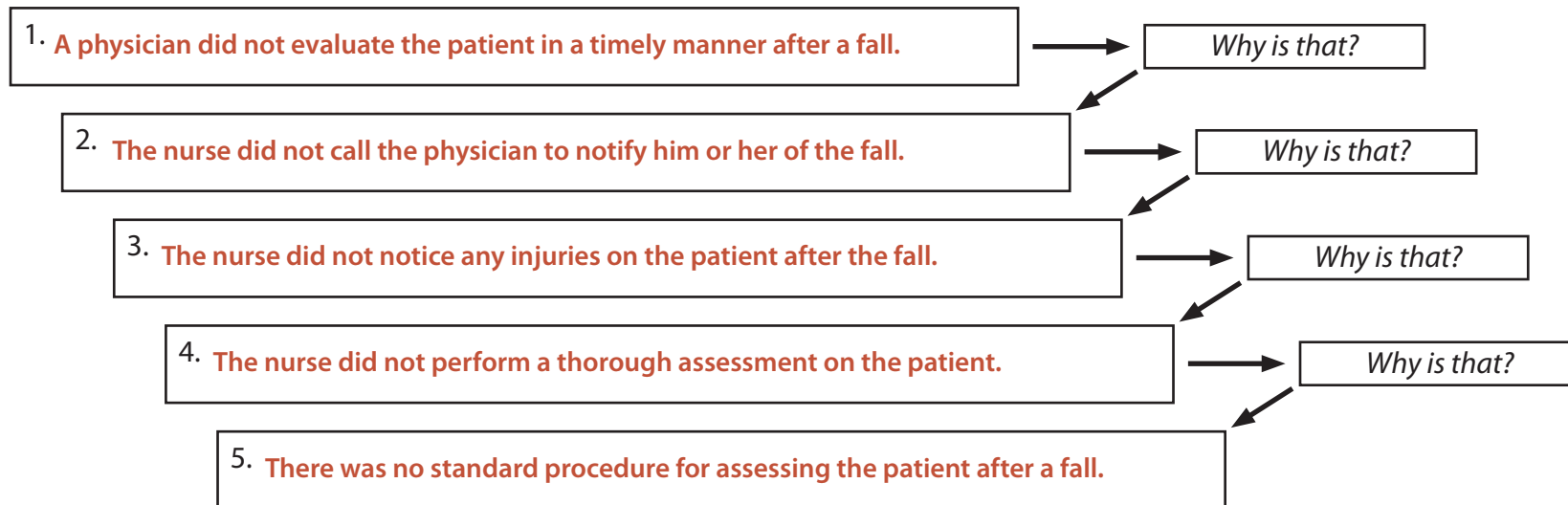
TMF Case Number TX2501

Steps

- a) Define a problem; be specific.
- b) Ask why this problem occurs and list the reasons in Box 1.
- c) Select one of the reasons from Box 1 and ask, "Why does this occur?" List the reasons in Box 2.
- d) Continue this process of questioning until you have uncovered the root cause of the identified problem. If there are no identifiable answers or solutions, address a different reason.

The problem: **The patient fell from the bed to the floor and was not thoroughly evaluated for injuries after the fall.**

Why does this occur?



Example of a completed

OUTCOMES TABLE REPORTING TEMPLATE

TMF Case Number TX2501

Measure Description	Goal	Baseline	Month 1 <u>June</u>	Month 2 <u>July</u>	Month 3 <u>Aug.</u>	Quarter Summary	Month 4 <u>Sept.</u>	Month 5 <u>Oct.</u>	Month 6 <u>Nov.</u>	Quarter Summary	Comments
Patient assessed by nurse immediately after a fall	100%	80%	90%	90%	100%	93%	100%	100%	100%	100%	Improvement seen in first three months from baseline. Re-education provided to all staff after first two months. Four months at 100% compliance with new protocol. Educational reminders and random audits to continue internally.
Physician notified within one hour of fall/injuries	100%	80%	90%	90%	100%	93%	100%	100%	100%	100%	Improvement seen in first three months from baseline. Re-education provided to all staff after first two months. Four months at 100% compliance with new protocol. Educational reminders and random audits to continue internally.

Educational Activities

Concern Identified	Activity	Topic	Date training was completed	Staff	Attendance List (yes/no)
Staff did not complete a post-fall assessment.	Mary provided training to staff on new process for conducting a post-fall assessment	Post-fall assessment tool/ notification requirements	05/25/19	Practitioners, Nurses, Nursing Assistants	Yes