



RCSI HOSPITAL GROUP
GRÚPA OSPIDÉAL RCSI

Submitting a Quality Improvement initiative for the RCSI Hospital Group Quality and Safety Hub

Guidance and information

**Guidance for submitting a Quality Improvement initiative for the
RCSI Hospital Group Quality and Safety Hub**

Sections	The headings and suggested content will guide you to include the relevant information for describing and presenting a QI initiative. The approach uses the Model for Improvement QI methodology.
Title	<p>Title:</p> <p>State the specific aim, The area for improvement- broadly concerned with improving one or more of the aims of quality which include: Safe, Effective, Efficient, Patient Centred, Timely, Equitable care. Study method: i.e., Quantitative, Qualitative,</p> <p>Hospital, Department, Team members, hospital logo, contact email</p>
Background and Project Description	<ol style="list-style-type: none"> 1. State the quality problem – 1 line 2. Include the objectives of the QI initiative 3. Include the improvement methodology used, i.e., Model for Improvement, LEAN. 4. Describe the setting in which the initiative was implemented 5. Types and numbers of patients served, staff providing care and care processes before introducing the intervention. <p>If appropriate, include reference to National Patient Experience Survey, (NIES), HIQA standards, national or local KPI's, Relevant standards of care or practice.</p>
Analysis of the problem	<p>Baseline data to provide a picture of performance (graphs for quantitative data)</p> <p>Cause of the problem, following an analysis.</p> <p>If completed include problem analysis tools, for example: -</p> <ul style="list-style-type: none"> - Root Cause Analysis - Process map showing the points where problems occur, - 5 Why's analysis - Pareto graph
Aim	<p>The aim of the project is to:</p> <ul style="list-style-type: none"> - The aim must be SMART (Specific, Measurable, Achievable, Realistic and Timely. - Use words: To increase, reduce the: number, rate, percentage of - By how much –level of improvement aiming to achieve, - For whom, - By when.
Change ideas	<p>What changes will you make that will result in improvement? Name the change/intervention that was tested in practice Note: There may be more than one change</p>

Measurement	How will you know that the change is an improvement? <ul style="list-style-type: none"> - Baseline Measures- already included in problem analysis - Outcome Measure - Process Measure
Testing using PDSA	Provide a brief description of each PDSA cycle (one line on each).
Results/ Evaluate	What is the data showing? <ul style="list-style-type: none"> - Use graphs to demonstrate results, - Answer if the aim was achieved, if partially achieved, what are the next steps to improve further - Compare with baseline data - Include unintended improvements
Implement and Sustain	How will it be embedded in practice <ul style="list-style-type: none"> - Education - Support - Champions - Guidelines - Monitoring - Who is Accountable for monitoring, ensuring improved practice is embedded and can address issues that impact sustainment.
Spread	Include if this initiative has been spread to other areas/services or if there is a plan to do so.

Considerations for presenting QI

- Abstract- written account using existing conference template- provide link
- Poster-like with all the sections above-using a poster template, 'print screen version of poster
- Similar to conference 2022 both abstract and PowerPoint slides