

RCSI Hospital Group Quality Improvement Project Status Report



QI Project Status Report	
Title	Name of initiative, Hospital, Department, Team members, hospital logo,
	contact email
Project	A brief description of a problem you aim to address. Include:
Description and	Where and when the problem occurs,
background	– Who it effects
	 Importance of addressing this issue
	 Is there a gap in service or care
	If appropriate, include reference to National Patient Experience Survey, (NIES),
	HIQA standards, national or local KPI's, Relevant standards of care or practice.
	Include which of the Quality aims that the initiative is aligned to (Safe,
	Effective, Efficient, Patient Centred, Timely, Equitable care).
Team	Team Members:
Formation	Team leader:
Analysis of the	Baseline data to provide a picture of performance (graphs for quantitative
problem	data)
	Causes of the problem – from your analysis: -
	 Include a Root Cause Analysis if completed or other tools i.e., Process map
	showing the points where problems occur,
	 5 Why's analysis or a graph showing the causes i.e., Pareto graph
	For qualitative data- this may be in text
QI Methodology	The Model for Improvement used by the Institute of Healthcare Improvement
	(IHI) is the methodology that will be used to structure and deliver this project.
	The method consists of 3 key questions and the PDSA (Plan Do Study Act) cycle
	 Question 1. What are you trying to accomplish- Aim
	- Question 2. What changes will you make that will result in improvement-
	Change ideas
	 Question 3. How will you know the change has led to improvement-
	Measurement
Aim	Question 1. The aim of the project is to:
Aiiii	- The aim must be SMART (Specific, Measurable, Achievable, Realistic and
	Timely.
	Use words. To increase and weather words a material state of
	· -
	By how much –level of improvement aiming to achieve, For whom
	- For whom,
	– By when.
Change ideas	Question 2. What changes will you make that will result in improvement?
3	Name the change that was tested in practice
	Note: There may be more than one change

Measurement	Question 3. How will you know that the change is an improvement - Baseline Measures - Outcome Measure - Process Measure
Testing using PDSA	Name the change that was tested. Provide a brief description of each PDSA cycle (one line on each), you can include week or month that each PDSA was trialled
Evaluate	 What is the data showing? 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	How will it be embedded in practice - Education - Support - Champions - Guidelines - Monitoring
Spread	Include if this initiative has been spread to other areas/services or if there is a plan to do so.
Sustain	 Monitor/Measure once embedded Guideline/SOP Education -Frequency