

## Steps to Quality Improvement Worksheets

This is a series of quality improvement worksheets for nursing home staff to use when undergoing a quality improvement project. The worksheets cover every aspect of a complete quality improvement process. You may find them most useful if you need to look at your current practice more critically.

### Directions

- These checklists are designed for management and the quality improvement team assigned to improve upon a current process or care practice in your facility.
- Consult with appropriate staff in answering certain questions and discovering root causes.

Use these worksheets as a guide for your quality improvement project. If your quality improvement project is focusing on a clinical system of care, you may find the Quality Improvement Checklists (designed to be used with these worksheets) very useful in evaluating your system of care. The Quality Improvement Checklists are available for free download on the Medicare Quality Improvement Community Website [www.medqic.org](http://www.medqic.org).

### Included

Worksheets on the following aspects of a quality improvement project are included:

- Worksheet A Identifying Areas for Improvement
- Worksheet B Forming a Team
- Worksheet C Team Meeting Notes
- Worksheet D Goal Setting
- Worksheet E Current Process Analysis
- Worksheet F Root-cause Analysis
- Worksheet G Fishbone Diagram
- Worksheet H Process Improvement Plan
- Worksheet I Implementation Strategy
- Worksheet J Pilot-Testing
- Worksheet K Pilot-Test Evaluation
- Worksheet L Ongoing Monitoring

## Worksheet A: Identifying Areas for Improvement

- 1. Select one question (from the Facility Assessment Checklist, if applicable) to examine further.**

*Example: Does our facility routinely ask all residents upon admission/readmission if they have pain?*

Question: \_\_\_\_\_

\_\_\_\_\_

- 2. Randomly select five (or more) medical records (or other data source, depending on the question) to review. Determine a question that will be asked:**

*Example: Was this resident asked about their pain upon admission/readmission?*

*Example: How long many call lights were answered within X minutes?*

Question: \_\_\_\_\_

\_\_\_\_\_

- 3. Collect data:**

- Data can help you separate what you think is happening from what is really happening.
- Data will establish a baseline so you can measure improvement.
- Data will help you avoid putting solutions in place that will not solve the problem.

**Record findings here:**

Case #	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		
<b>4</b>		
<b>5</b>		

- 4. If data is not readily available from medical records, what sources did you use to collect your data, and what steps did you take to collect this data?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Worksheet B: Forming a Team

A **team** is identified as a small number of people with complimentary skills that are committed to a common purpose and hold themselves mutually accountable.

**1. Identify team members who will work on this project**

- Teams should have 3-4 members that will plan, implement, and evaluate their work.
- If you already have a team, make sure that they include appropriate members related to the topic chosen for improvement. Suggested members: one staff nurse, one CNA, In-Service/Education director, and DON or Administrator.
- Involve staff from different shifts, units and departments.

*Name*

*Position*

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*Alternates:*

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**2. Identify time and place for short weekly meetings (no more than 30 minutes)**

- Team does not have to meet at same time and place each week.
- Meetings can be more or less frequent as needed.

Post meeting schedule in a place accessible to all team members:

Date	Time	Place

**“Teams always outperform an individual.”**

**Worksheet C:  
Team Meeting Notes**

Team Members: \_\_\_\_\_

Team Start Date: \_\_\_\_\_

Team Goal: \_\_\_\_\_

Date	Main points of discussion	Next steps	Person Responsible	Due by:

**Continue to jot down team meeting notes on other pages. Share updated Team Meeting Notes with all members of team after each meeting.**

## Worksheet D: Goal Setting

- A goal is a clear statement of the intended improvement and how it is to be measured.
- Use your goal statement to stay focused, to establish boundaries for what is and is not included in your team’s work, and to define success.
- Post your goal where it is visible at every team meeting.

### Write a goal for improvement:

- Your goal should:
  - Answer the question, “What do you want to accomplish?”
  - Be measurable.
  - **Be short** so that everyone can remember it.
- Does *not* include *how* you will achieve goal.
- May include a beginning and end date.
- Your goal may be taken directly from an item on the Facility-Assessment checklists.

*Example: Increase number of care plans that provide for medication on a regular schedule (e.g., around the clock), not just PRN, (for residents with daily pain) from 50% to 75% over the next two months.*

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## Worksheet E: Current Process Analysis

- A process is a series of activities or steps that is meant to achieve a particular result.
- When defining a process, think about staff roles in the process, the tools or materials staff use, and the flow of activities.
- Everything is a process, whether it is admitting a resident, serving meals, assessing pain, or managing a nursing unit. The ultimate goal of defining a process is identifying problems in the current process.

**Have the team identify and define every step in the current process that the facility has chosen to improve:**

***Tips:***

- Take time to “brainstorm” and listen to every team member.
- The process must be understood and documented.
- Make each step in process very specific.
- Use one post-it note, index card, or scrap piece of paper for each step in the process.
- Lay out each step, move steps, add and remove steps until team agrees on final process.
- If the problem is that a process does not exist (*for example, there is no current process to screen for pain upon admission and readmission*), then identify the related processes (*for example, the process for admission and readmission.*)
- If process is different for different shifts, identify each individual process.

*Example: Process for making buttered toast*

Step	Define
1	Check to see if there is bread, butter, knife, and toaster.
2	If supplies are missing, go to the store and purchase them.
3	Check to see if the toaster is plugged in – if not, plug in the toaster.
4	Check setting on toaster – adjust to darker or lighter as preferred.
5	Put a slice of bread in toaster.
6	Turn toaster on.
7	Wait for bread to toast.
8	When toast is ready, remove from toaster and put on plate.
9	Use knife to cut pat of butter.
10	Use knife to spread butter on toast.

**Write the steps of your defined process on the other side of page or attach additional sheet.**

**(Over)**

## Current Process Analysis (cont.)

### Team discussion

#### Evaluate your current process as you define it:

What policies and procedures do we have in place for this process?

What forms do we use?

How does our physical environment support or hinder this process?

What staff are involved in this process?

What part of this process does not work?

Do we duplicate any work unnecessarily?

Are there any delays in the process? Why?

Continue asking questions that are important in learning more about this process.

**When you discover a problem in your current process, continue to Worksheet F: Root-Cause Analysis, to determine the root cause(s) of the problem.**

## Worksheet F: Root-Cause Analysis

- The root cause analysis allows you to identify the “root” of the problem you discover in your process - where and why the problem exists.
- You can then make decisions based on data rather than “hunches,” and look for lasting solutions rather than relying on “quick fixes” and “band-aid” approaches.

### 1. Begin with brainstorming:

- All factors of the problem are considered. “We don’t assess for pain because...”
- Once all factors are listed and developed, they should be categorized.
- Then you can create a “cause and effect” diagram, such as a Fishbone Diagram (explained below).
- General categories for causes are: Environment, Equipment, People, Methods (Processes) and Materials.

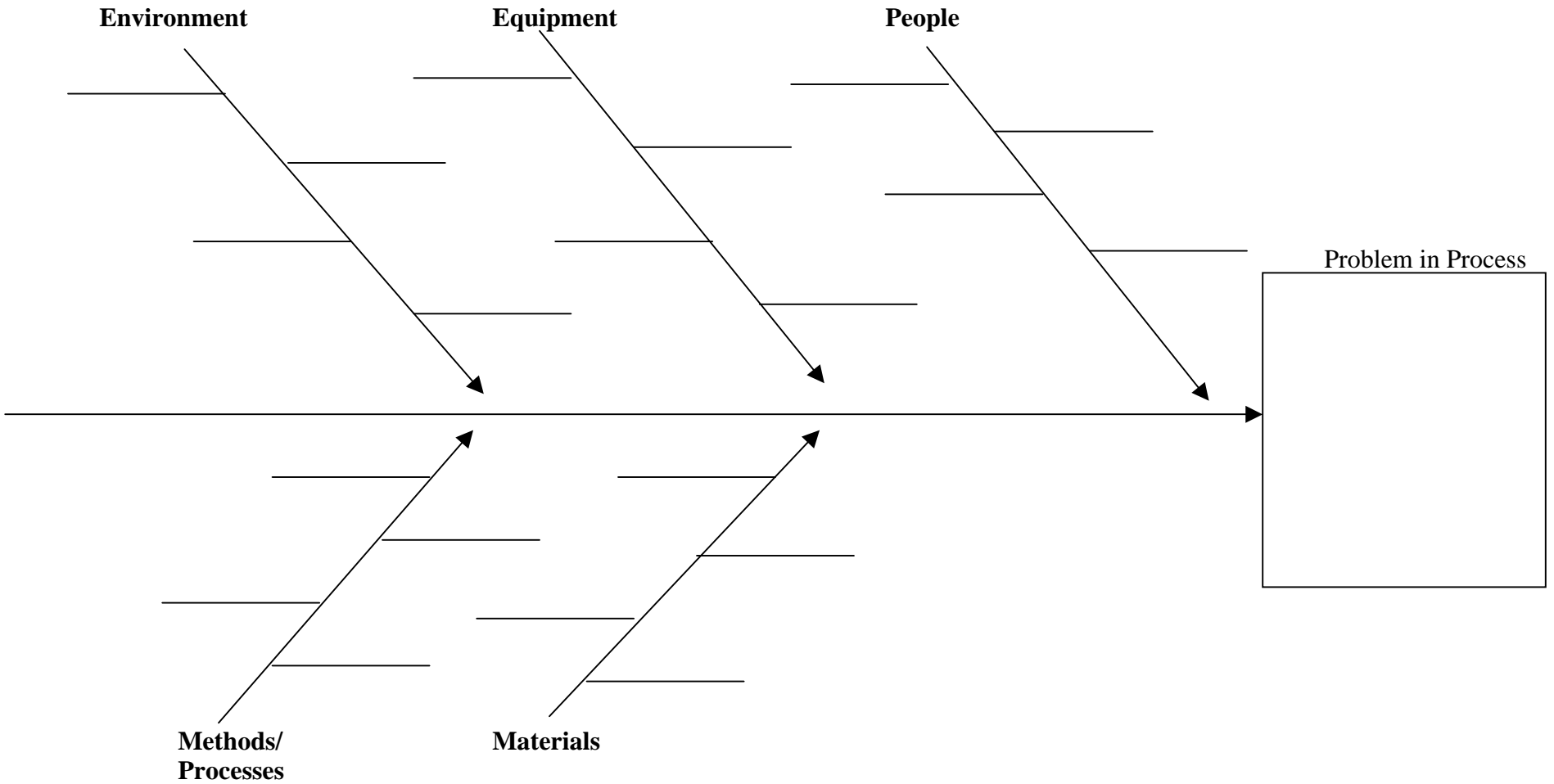
### 2. The Fishbone Diagram

- The cause and effect diagram (Fishbone) starts with the problem at the head of the fish.
- Under each general category of the Fishbone, answer the question, “why?” in regards to the problem identified.
- Once the Fishbone Diagram is completed, the various causes are discussed to determine the root of the problem – or the *real* reasons why the problem exists. It is from the result of this discussion that the focus for the improvement plan begins.



### Worksheet G: Fishbone Diagram

Goal: \_\_\_\_\_



## Worksheet H: Process Improvement Plan

**Identify a manageable change based on the outcome of root-cause analysis. What will we do/change to address the root of the problem?**

**1. Identify criteria that will help evaluate potential solutions to the problem, such as:**

- Cost
- Potential facility/resident/staff benefits
- How easy it would be to implement

**2. Brainstorm all potential solutions before rejecting any ideas.**

*Use this space for brainstorming:*

**3. Evaluate a few solutions listed above. Don't be afraid to combine ideas! Come to a team consensus on the best solution to test.**

- Consensus means that each team member can "live with" the solution.

**4. Write consensus decision on one process change or improvement to make:**

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## Worksheet J: Pilot Testing

- Pilot testing gives your team a chance to see how to implement a change on a small-scale.
- Pilot testing can also give your team some early results, to see if the change you make has any impact.
- The team has a role to play in helping to implement any change that is recommended.

### What can the team do to make the change happen?

*Who*

Who will train staff? \_\_\_\_\_

Who will update/revise/remove tool, if necessary? \_\_\_\_\_o

Who will monitor to see if process has changed? \_\_\_\_\_

Who will team contact if they need support implementing change?  
\_\_\_\_\_

Who will audit outcome of process change? \_\_\_\_\_

Additional team roles:

**Indicate here any revisions to the implementation strategy that the team makes during the pilot-test:**

## Worksheet K: Pilot Test Evaluation Worksheet

- Evaluating the pilot test allows your team to organize observations that the team has made through the pilot test.
- Evaluation also includes collecting data to check whether the change has helped you reach your goal.

*Ask these evaluation questions at a team meeting, a staff meeting, in an anonymous questionnaire, or via informal communication with staff.*

1. Do we need to reevaluate our initial goal?
2. What is working well? Why?
3. What is not working? Why?
4. What can be done differently?
5. Do we need to revise the materials we are using (if any)?
6. How does staff feel about the change in process?
7. Are residents positively affected by the change in process?

(See other side)

### Pilot Test Evaluation Worksheet (cont.)

Collect data to evaluate change.

**Has the change (in process, in form, etc.) had an impact? The chosen measure for evaluation can be taken directly from an item on the Facility-Assessment Checklist (if applicable) used to begin this project.**

*Example: 5 out of 5 new admissions have completed assessment forms within 24 hours*

*Example: 5 out of 5 call lights received response within X minutes.*

**Goal:** \_\_\_\_\_

**Data source (medical records, staff survey, etc.):** \_\_\_\_\_

Example:

<b>Date</b>	<b>Chosen measure for evaluation</b> <i>(i.e., assessment for new admission is completed within 24 hours. See Facility-Assessment Checklists for possible measures.)</i>	<b># of cases reviewed (A)</b>	<b># of cases with positive results (B)</b>	<b>B out of A (B/A)</b>

**Continue data collection as often as desired during the pilot test.**

**Results**

Dates of pilot test: \_\_\_\_\_

Did team reach its goal? Yes No

Does the team need to revise the process or make changes? Yes No

If yes, what changes? Repeat the pilot-test if necessary.

If no, continue to Worksheet I to design implementation strategy facility-wide. Use Worksheet L to monitor improvement once a change to the process has been implemented.

## Worksheet L: Ongoing Monitoring

- Monitoring the implemented change allows your team to evaluate, on an ongoing basis, whether or not the implemented change has made an impact on overall care delivery.
- Decide who on staff will perform tracking related to the facility-wide implementation.
- Decide when this monitoring will be completed (i.e. monthly, bimonthly, quarterly).
- Decide on how this data will be collected and evaluated.

**Goal:** \_\_\_\_\_

*Ex.: Pain assessments will be completed on all residents within 24 hours after admission.*

**Date of facility-wide implementation** \_\_\_\_\_

**How will you know if you have achieved implementation?**

*Ex.: We will know when 10 out of 10 admissions/readmissions this month show that a pain assessment was completed upon admission/readmission.*

We will know when \_\_\_\_\_

**Record findings:**

Date	# of cases reviewed (A)	# of cases with positive results (B)	B out of A (B/A)

**Review the following:**

1. Based on the data collected, check to see if the process has been implemented 100%. If it has, continue to monitor as long as the team feels necessary.
2. Based on the data collected, check to see if implementation of the new (improved) process has had an impact on the delivery of care. If it has not, you may wish to explore the following questions:

Has the process been successful on some shifts or units, and not on others? If so, why?

Is further staff education needed? In what areas?

Does the process need to be revised for facility-wide implementation? If so, plan a pilot test of some revision to the process. Use these worksheets to plan the pilot test if necessary.