**Ten Step Quality Improvement Project Documentation Template**

Topic/project: Date:

1. **Research**

Background (why is this important?):

Potential implementation resources, best practices, or bundles:

Performance improvement pre-established metrics (e.g. MBQIP measures or NQF measures):

Physician involvement/review:

1. **Set a broad goal and draft a timeline**

Broad goal (e.g. Improve EDTC performance):

Tentative timeline:

First project meeting date:

Estimated number of meetings required:

Frequency of meetings:

Implementation goal date:

1. **Build the team/ad hoc group**

Draft rough flow chart of the process to determine who all is involved in process being improved.

Core team or group members (role and department):

Consulting team or group members (role and department):

Patient/family involvement method:

1. **Design the strategy**

Method(s) used to design strategy:

\_\_\_Flow chart process to identify necessary changes to achieve broad goal

\_\_\_Review potential implementation strategies gathered during Step 1 (Research) and

\_\_\_Brain storm implementation ideas with team or ad hoc group

\_\_\_Team members gather implementation suggestions from co-workers involved in process

Change strategies (See Performance Improvement Action Plan Template):

\_\_New policy (s):

\_\_Policy changes:

\_\_Standing orders:

\_\_EHR changes:

\_\_Checklist(s):

\_\_Equipment needs:

\_\_Communication/transition tools:

\_\_Patient education:

\_\_Staff education:

\_\_Other:

\_\_Other:

1. **Select specific measures and define goals (if not already defined)**

Process measure(s):

1. Goal:
2. Goal:
3. Goal:

Outcome measure(s):

1. Goal:
2. Goal:

1. **Educate widely and creatively**

Staff education plan:

Provider education plan:

Other education plan (e.g. other departments, settings, leadership and board, community):

1. **Kick Off**

Kick off date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kick off event plan:

Team/ad hoc members available to answer questions, problem solve:

\_\_\_Final review by topic/project leader to ensure equipment, EMR, staff education, patient education tools etc. completed and in place before implementation

1. **Rapid tests of change (see rapid tests of change worksheet)**

Huddles: \_\_\_Every shift x \_\_\_\_shifts

\_\_\_Daily x \_\_\_\_days

\_\_\_Weekly x \_\_\_\_weeks

Team members responsible:

1. **Evaluation (see internal monitoring tool):**

Chart auditing plan (frequency, who responsible)

Observational auditing plan (frequency, who responsible)

Staff feedback plan:

Communication plan to quality/patient safety committee (frequency, method, who responsible):

1. **Celebrate often**

Staff acknowledgement plan (individual, group, frequency and who responsible):

**Other notes:**