

## QUALITY IMPROVEMENT PROJECTS

The goal of this training course is both to empower health workers with knowledge and to assist you in identifying gaps in quality of care that you observe or are made aware of as you complete the study materials. It is then essential that together with your colleagues you plan and implement quality improvement projects to eliminate these gaps. This process is referred to as a PDSA cycle.



The aim of using a quality improvement approach is to provide a framework for you to look critically at the service you are providing in your hospital. The quality improvement cycle guides you through a process of deciding if good standards of care are being achieved and if not what the reason is for this. Having determined where the failings are, you can then analyse the reasons for these gaps in the provision of good quality care, decide what you are aiming for and make a plan for improvements.

The following headings might assist you in formulating your program:

### Plan:

1. Identify a team (Team work is vital- involve all key role-players eg infection control or management)
2. Draft your aim statement (Establish a standard):
  - What are we trying to accomplish?
  - How will we know that a change is an improvement?
  - What change can we make that will result in improvement?
3. Examine your current status- what is done well? What could be done better?
4. Describe and prioritize the problems and write a problem statement (Using gap between desired and actual performance)
5. Identify the causes (Using a cause and effect chart/ flowchart) and develop alternatives/choose solutions
6. Develop an action plan.

### Do:

1. Implement your action plan
2. Collect data as you go

### Study:

1. Did your plan result in an improvement-how much/little
2. Was the action worth the investment?
3. Do you see trends?  
Were there unintended side effects?

### Act:

1. Standardise the intervention and use it regularly
2. Reassess the plan and outcomes regularly
3. Consider a different intervention/action if you are not achieving the results you had planned.

**Celebrate improvements and lessons learned!! Communicate accomplishments to internal and external stakeholders**

**An example** might be that you observe that hypothermia is a common problem among infants being admitted to the neonatal unit.

- The first step is to define the problem and record how many infants were admitted with hypothermia over a particular time period.
- Then analyse the possible reasons for this, which may involve talking to labour ward staff or staff in the neonatal unit to find out the circumstances that lead to the infants developing hypothermia. You may find that infants of mothers having a caesarean section are being kept on the resuscitaire in the air conditioned theatre for long periods of time.
- The solution may be to agree with management that infants should remain with their mother in recovery and receive skin to skin care. Some training of staff in this new policy will be required .
- In order to evaluate the plan and to see if the solution has been effective you should review the number of admissions with hypothermia for a time period some time after the policy has been implemented and see if there is an improvement. If not then look for the reasons why the problem remains.