

# QI Implementation Guide

*Coffective's suite of quality improvement tools help you create a culture of continuous learning... constant change... and steady growth in your hospital or birthing center.*

## UNDERSTANDING QUALITY IMPROVEMENT

### WHAT is QI?

Quality improvement - or QI - is a formal, structured approach to changing healthcare practices and processes. A culture of *continuous change* is the goal. QI does not blame the individual, but celebrates flexibility in the processes that are currently in place to create new and improved processes. QI relies on data to assure that changes made actually translate to improvement.

### WHY QI?

We want to help you ensure that all mothers in your community experience evidence-based care and support for their feeding choice. But making changes in a healthcare delivery process can be especially challenging and slow-going, considering the layers of checks and balances in place to ensure safety and quality. Quality improvement methods help you deliver evidence-based care while preserving safety and improving quality. What's your WHY?

---

## COFFECTIVE'S QUALITY IMPROVEMENT CORE CONCEPTS

### Start with Motivation

*Because that's the way we've always done it.* Does that phrase sound familiar? It's normal for people to resist change, especially when that change is perceived as being difficult or resulting in little payoff. Educating staff on the benefits of quality improvement helps them *understand* the culture of change you are trying to create. Starting with small successes helps *motivate* staff, allowing them to effectively contribute to the culture before tackling bigger projects.

### Create a Community

Quality improvement cannot be accomplished by one individual. That is why the task force is a vital mechanism in achieving the constant change and steady growth that quality improvement demands. Participation in the task force by staff from differing roles ensures that there is a wide base of support to move the work forward. It is also staff's opportunity to voice their opinions and contribute to the community. Utilizing this powerhouse group is so important to quality improvement, Coffective provides tools to build and strengthen your task force.

### Keep It Simple

Quality improvement is not easy, but it should not be complex. We strive to make quality improvement user-friendly.

### Grow

Growth comes from leaving your comfort zone. Coffective helps your team persist to find the answers to problems that may seem out of reach.

### Measure, Measure, Measure

Measurement (data) helps you identify your starting point, track progress, know when you've reached your goal, and communicate the impact of your efforts. To create a comprehensive data story, it is best to include quantitative as well as qualitative data.

- **Quantitative Data: Process & Outcome Measures**

Process measures are specific steps taken to achieve an outcome metric (i.e. skin-to-skin and rooming-in rates).

Outcome measures evaluate the results of a practice or process change (i.e. breastfeeding, initiation and exclusivity rates).

- **Qualitative Data: How Others Experience Change**

Qualitative data is collected by capturing someone's experience or feelings (i.e. asking a mother to complete a survey about her experiences with evidence-based practices in the hospital).

## COFFECTIVE'S QUALITY IMPROVEMENT METHOD

Some quality improvement tasks can be accomplished quickly, while others may require additional planning or testing. Cofective recognizes that, while quality improvement requires a structured approach, it is not "one size fits all." That is why we've organized quality improvement projects into three categories: (1) Quick Wins, (2) PDSAs and (3) Mountain Projects.



### QUICK WINS

Quick wins are small projects that may be implemented immediately and with success. They do not require sign-off, money or a lot of effort to achieve. Quick wins are great boosts for the team because they deliver quick results. They are perfect for the young task force. Examples of quick wins include:

- Take formula out of infant cribs, patient rooms and scales, and storing in one place.
- Throw away pacifiers after circumcisions.
- Institute a "phrase of the month" to write on patient white boards, such as "8 or more in 24."
- Move the in-room computer so that the mother-baby dyad is in sight line when the nurse is documenting.



### PDSA: PLAN, DO, STUDY, ACT

A PDSA cycle is a universal tool used across almost every quality improvement system. PDSAs help to tackle more complex issues, but uses a small test change model that is driven by data before widespread implementation. The problem is identified, the project is planned, and then implemented on a small scale... by one nurse... in one shift... for one patient.

Once this initial test is complete, data is collected and the cycle is repeated with lessons incorporated. Eventually - after many cycles - the plan is adopted, adapted or abandoned based on the data. PDSA projects may take 3-6 months to complete.

**PLAN:** Identify problem and determine the data points to measure.

**DO:** Implement the change on a small scale.

**STUDY:** Collect and study data. Adjust the "do," if needed. Share the results with your task force.

**ACT:** Be willing to adopt, adapt or abandon your change. Pause after each phase of testing to analyze what happened, and consider appropriate tweaks or adjustments before the next test. Continue to adjust and test until your action is clear.

#### ADOPT

Hardwire the process change if the desired results are achieved

#### ADAPT

Adapt or adjust your change based on your data. Retest.

#### ABANDON

Abandon the change if it isn't producing the desired results

Examples of PDSA projects include:

- Trial of a "quiet hour" policy
- Delaying the bath until after 6 hours after birth
- Moving infant hearing screens into patient rooms
- Accomplish provider assessments in patient rooms



### MOUNTAIN PROJECTS

These large projects tackle complex issues that require multiple disciplines and the full force of your community to solve. They cannot be tested on the small scale, but they can be broken down into smaller steps so they are not overwhelming. These are large scale initiatives that may take 6-12 months to complete. Examples include:

- Rewriting birthing center policies related to feeding
- Discontinuing the dissemination of the formula gift pack
- Use of donor milk in the term neonate population
- Implementing couplet care (closing the newborn nursery)

# QUALITY IMPROVEMENT TOOLS

Click on each of the images below to access Coffective's quality improvement tools.

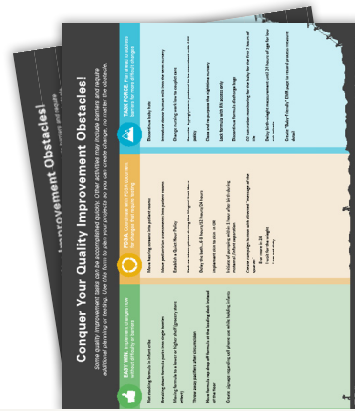


Helps you organize your efforts into three categories:

- Quick Wins
- PDSAs
- Mountain Projects

The worksheet also serves as your task force workplan and quality improvement dashboard, showing a record of your projects that are ongoing and completed.

**Mountain Climber Worksheet**

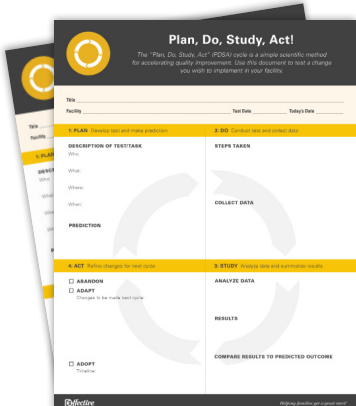


This blank worksheet helps you organize your QI ideas on a particular topic.

It's great for brainstorming sessions with your task force!

For example, use this sheet to capture ALL of your ideas for Quick Wins, PDSAs and Mountain Projects pertaining to Step 7: Rooming-in.

**Mountain Climber Menu**



Ready to tackle more complex issues by first testing on a small scale? This worksheet helps you plan out your next PDSA project as well as catalog the ones you have completed.

Print several blank worksheets for your task force meetings to capture ideas, mobilize your quality improvement community and encourage action.

**PDSA Worksheet**



Brings structure to your task force meetings by organizing conversations around the three Mountain Climber Worksheet categories.

This template agenda also helps support ongoing project efforts by assisting you in moving from discussion to concrete next steps.

**Task Force Meeting Agenda**



**Data Collection Worksheet:** Captures progress on process & outcome measures whether you are collecting data on 5 patients per month, or 50!

**Data Collection Guide:** Aligns with *The Ten Steps*, and helps you understand the parameters of the data you are capturing.

**Data Collection Chart:** Meets you where you are... in the patient chart.

**Data Collection System**



Use this short, two-part video series to motivate your community to support QI:

- **Task Force Leader Video:** Reviews the basics of QI and motivation.
- **Staff Video:** More briefly reviews QI basics and provides *high impact behaviors*, or actions staff can start today to support the culture of QI.

**"Why Quality Improvement" Video Series**