

Quality Improvement Process

The QI Process for this initiative is designed to guide your team through the steps needed to achieve meaningful, measurable improvements in pain management practices. By working collaboratively, you can enhance care delivery, strengthen teamwork, and earn Board activity points for Performance in Practice. This initiative spans three distinct phases: Assess, Improve, and Reflect, and is expected to take 2-4 months to complete.



Convene a QI Team - Before beginning, assemble a multidisciplinary improvement team of no more than six members. A diverse team, representing various roles and perspectives, is key to success. Include staff members directly involved in the process under review to ensure practical insights and engagement. Key objectives for the first meeting may include:

- **Orientation to the project:** Define the team's purpose, importance of the initiative, and how to move forward.
- **Identification of responsibilities:** Address time, roles, and data collection responsibilities.
- **Determine communication plan:** Set expectations for frequency of check-ins and progress updates.
- **Review QI methodologies:** Familiarize the team with the tools and processes used throughout this initiative.

With your team in place, you are ready to begin your QI journey.



Phase I: ASSESS

1. Collect Baseline Data: Gather initial data to measure current performance. You can either collect this data from your EHR or use the provided data collection form to identify practice gaps and establish a starting point for measurement.

2. Analyze Results: Review baseline data to help you identify gaps in practice and pinpoint opportunities for improvement.

3. Choose a Process to Improve: Use the following criteria to decide what to focus on:

- **Current performance:** Address processes that don't meet internal or external standards.
- **Process standardization:** A process lacks consistency and requires standardization to ensure efficiency.
- **New standards or services:** Adapt to changing guidelines or services to improve quality.
- **Cost efficiency:** Identify areas to reduce costs or better utilize resources.

4. Create a Specific Aim Statement: After assessing your baseline data and determining which process you could improve you will create a specific aim statement. A specific aim statement establishes your improvement goal and motivates teams to make changes. When choosing a specific aim think about what you can work on NOW, and is in complete control of your team. Start on a small scale, something the team can easily test and measure daily, weekly, or monthly.

5. Assess Current Practice and Identify Specific Changes: Use tools such as process mapping and root cause analysis to understand and address the true causes of performance issues.

- **Process Analysis:** Process mapping can clarify a team's current understanding of the process and help the group identify problem areas.
- **Cause Analysis:** Many times solutions are developed that don't actually fix the real problem. By gaining a deeper understanding of what causes the problem, the improvements developed are more likely to make a difference and lead to sustainable change.



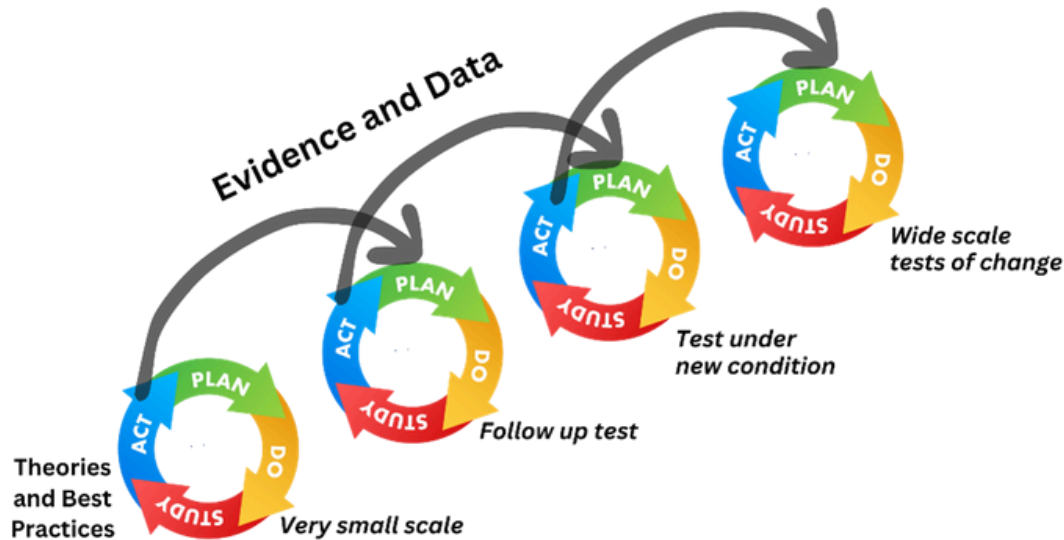
Phase 2: IMPROVE

1. Identify Tests of Change: Based on your analyses, brainstorm and select specific interventions to test. Leverage benchmarking and best practices where appropriate.

2. Plan-Do-Study-Act (PDSA) Cycle: Use the PDSA framework to test changes on a small scale:

- **Plan:** Outline the improvement strategy.
- **Do:** Implement the changes.
- **Study:** Measure and analyze the results.
- **Act:** Adjust based on the findings

3. Analyze PDSA Data Results: After completion of your PDSA cycle, collect data on patients who had a visit within the measurement period to evaluate progress toward your specific aim. Compare results from your PDSA cycle against baseline data to determine the effectiveness of the intervention.



Phase 3: REFLECT

Sustain and Spread Improvements: Reflect on your team's progress and identify ways to maintain the gains achieved.

- Establish a long-term measurement plan to monitor for sustainability.
- Identify opportunities to apply successful changes to other areas of your practice.

By completing these steps, your team can create a culture of continuous improvement, leading to better outcomes for patients and a more efficient practice overall.

Additional Resources and Videos can be found in your QI module.

Additional Resources Available in this QI Module:

- Brainstorming Instructions
- Data Collection: Checksheet
- PDSA Worksheet
- Process Mapping Instructions
- Process Map Template
- Root Cause Analysis Instructions
- Root Cause: 5 Whys
- Root Cause: Fishbone

Video Resources

- Creating Infrastructure for QI
- The PDSA Cycle for Learning & Improvement
- QI Basics: Measurement for Quality Improvement
- QI Basics: Starting with Goals & Specific AIMS

QI Educational Developers:

