

Slide 1: Hello everyone,

Slide 2: In this video we shall learn about Quality improvement. The first step is choosing a problem to work on, form a team and develop a precise aim statement to guide your efforts.

Slide 3: First let us see how does the team identify a problem to work on

Slide 4: Use the local data (from your workplace) to identify problems related to quality of care. You may be able to identify several problems.

Because QI is a new skill for many people it is important to think of the first improvement project as an opportunity for learning. Because of this, new teams should work on QI projects which:

- Are easy to solve
- Do not need many additional resources
- Have a fast turn-around time (so you can get results quickly)
- Is crucial for good outcome of patient care

You can leave more complex, long-term projects for later, when you have built stronger skills in using QI methods

Slide 5: Once you have narrowed down on a few problems, try to put them in this grid based on how much effort is needed and the impact they make. Does your problem go into the green zone- the low hanging fruit area? Here, change ideas make a dramatic improvement and do not require too much effort or resources. The ideas in the orange zone can be taken up later. Those in the red zones are not worth doing and those in yellow areas are ones that you should be doing on a daily basis and doesn't need a QI project.

Slide 6: Now let us try and understand why do we need a team?

Slide 7: Healthcare is delivered by a range of people... Doctors, nurses, technicians, pharmacists and support staff. Improvement work invariably involves work across multiple systems and disciplines.

- Involving a whole range of people will lead to a wider range of ideas thus increasing the chances of success
- People do not like to be changed by others but are willing to change when they get their voices heard and ideas accepted
- When more people participate, there is greater acceptance of QI and less resistance
- Accomplishing things together leads to better team spirit and confidence to address bigger problems later

Slide 8 Now, who should be in the team?

1. Involve all stake-holders
2. Team should be diverse – involve people from every level from administrators to helpers (even patients or parents)
3. There is no ideal size of a team. Generally, a good team comprises 6-9 members. Keeping too many or too few may be less effective, even harmful for the project
4. Team members should be enthusiastic, involved and committed

Slide 9: Assign key roles

Leader – lead meetings, direct activities to achieve goals, represent the team

1. Members- change ideas, supervise intervention
2. Recorder - Record meeting notes
3. Communicator: communicates and liaison among members

There is no hierarchy

Slide 10: Once your team is formed, jointly develop a precise aim statement that clearly states what needs to be achieved

Slide 11: A good ‘aim statement’ should address

- What are we improving?
- Who (which patient group)?
- By how much (target)?
- By when (timeline)?

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‘what’ are we improving? Be clear and specific

E.g.

Improve delayed cord clamping by 1 minute or more

Reduce patient waiting times by less than 30 minutes

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‘who’ will be affected? Specific patient population

E.g. Among stable vaginally delivered neonates, Among patients attending the emergency department

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- **‘how much’** will we improve? Specify the target

E.g. Improve from the baseline 40% to 80%, OR Reduce waiting time from 4 hours to 2 hours or less

"neither too difficult (e.g. reaching 0% or 100%) nor too easy (e.g. small change of 10-20%) to achieve

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- **'by when'** will the target be achieved? Include a time line
- In six months from Jan 1st to July 31st *Neither too long nor too short*

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In short, the aim must be "SMART" specific, measurable, achievable, relevant and time bound.

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Look at this Aim statement: We will increase DCC among stable babies at birth from current 30% to 80% within 2 months, from May 1st to June 1st. Does it address all the components of aim statement?

- **What** -delayed cord clamping
- **Who** -Stable newborns at birth
- **How much** -from 30% to 80%
- **By when** -2 months

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Look at the first aim statement. This

- Statement does not define what is meant by skin-to-skin contact
- is not measurable (does not have a target) and
- does not have a timeline.

The second aim statement is good. It provides:

- a clearer definition of what is meant by skin-to-skin contact, a target – "from 0% to 25%", a timeline – "within 2 weeks"

Slide 19 So, we learnt

- How to identify a problem for improvement
- How to form a team to work on
- The components of a good aim statement and how to write one

Slide 20: Thank You