



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Department of Family Medicine

First QI Project

This assignment will be submitted at two points in time:

I. Fourth Friday of Block 3

- a) Clinic Approval of Project
- b) QI Worksheet: Assemble Your QI Team and Plan Phase

II. Fourth Friday of Block 5

- a) QI Worksheet: Do, Study, Act Phases, Reflection, and Lessons Learned

Each task should be submitted to the DFM resident research training coordinator: rrtc@ucalgary.ca

First QI Project: QI Worksheet

- **How to use this worksheet:** Type your responses into the correct fields – they will expand as you type.
- Write in complete sentences and provide as much detail as possible.
- When you create attachments, create an appendix at the end of this document and reference your attachments in your answers.

Submit your QI Worksheet on or before the dates listed above.

Assemble Your QI Team

Name of Clinic:		
Date:		
Role – MOA, Nurse, MD, EMR specialist, Clinic Manager, etc.	Responsibilities	Name

Clinic Approval of QI Project

To ensure this project is relevant to your clinic and meets its needs, we require clinic approval for all resident QI projects.

Instructions: Please select your clinic type in the boxes below, answer the questions, and sign to approve the residents' QI project.

Community Clinics or Rural Sites – since there are various types of clinic leadership, this form can be signed by an individual who oversees and manages clinic affairs.	
Clinic Name or Rural Setting:	
Approval Signature: _____ Sign Here	_____ Date

Core Teaching Site (check one): CTC <input type="checkbox"/> SHC <input type="checkbox"/> FMTC <input type="checkbox"/>	
Clinic Manager Signature	
_____ Sign Here	_____ Date
Site Medical Lead	
_____ Sign Here	_____ Date

Plan Phase

Topic:
1) Problem/Opportunity statement – what needs improving?
2) Why is this topic important to your clinic?
3) How did your QI team arrive at this topic?
4) Aim statement – What are you trying to accomplish? Your aim statement should be clear, time-specific, location-specific, express what you are trying to improve, and by how much.

ARECCI Results

<p>Instructions: go to http://goo.gl/lgLQyc and click on “ARECCI Ethics Screening Tool.” Answer all of the screening tool’s questions and send the results to rrtc@ucalgary.ca using the link at the conclusion of the screening tool.</p>
<p>5) According to ARECCI, you are doing what type of project? Check one – if you get anything other than “QI Project,” contact rrtc@ucalgary.ca</p> <p>QI Project <input type="radio"/> Research Project <input type="radio"/> Program Evaluation <input type="radio"/></p>
6) What is your ARECCI score?
7) If your ARECCI score is greater than 5, what explanation can you give for your elevated score?

Baseline Measure

8) What are you measuring?

9) Why are you measuring it?

10) Plan for data collection: Who is collecting the data? What type of data is it? When will they collect it? How frequently will they collect it? Where is the data coming from? How are they going to collect it? **If you are using a tool for data collection, attach it. Make sure everyone is on board.**

11) How do your measures link to your aim statement? Make sure that your measurements actually account for what you are trying to improve. For example, if you are increasing how often patients are inquired about their smoking status, you measure how often they are inquired about smoking status.

12) What question(s) do you want to answer with this PDSA cycle (if different from aim statement)?

Baseline Measure Results

13) What are your results? Describe and attach a graph to this document.

14) What do the results tell you?

15) Were there any surprises?

16) Based on your baseline findings, what potential interventions could be used?
17) What resources would be required to run these potential interventions?
18) Of the potential interventions you have described, which one is most practical for your clinic?
19) What intervention are you going to use?
<p>Submit your team's QI worksheet and wait for feedback from your RRTC.</p> <p>Deadline: Fourth Friday of Block 3</p>

Do Phase

<i>Your intervention measure quantifies the same thing as your baseline measure.</i>
20) What are the results of your intervention measure? <i>Describe and attach a table.</i>
21) What challenges did you encounter while implementing your intervention?

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Study Phase

22) Compare and contrast your Intervention to Baseline Measure

23) Was there improvement from your baseline to your intervention measure?

If yes, how so?

Why do you think you achieved improvement?

What observations can you make?

If there was no improvement, was there a neutral impact or did things get worse?

What explanation can you give for this lack of improvement?

Act Phase

24) Would you recommend standardizing your change? If yes, why? If no, why not?

Reflection

25) If you were to do your project over again, what would you do differently?
26) What would your next PDSA cycle look like?
27) Based on your experience of running your first PDSA cycle, what would be needed to keep this project going in the long run?
28) In terms of sustaining improvement, what data should be collected in order to track the change?
29) Who would be involved in sustaining this change?
30) How could your clinic translate your results into process or practice changes?
31) What can your clinic learn from this project?
32) Why was it important to involve clinic staff in your project?
Submit your team's QI worksheet and wait for feedback from your RRTC. Deadline: Fourth Friday of Block 5