



**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 5**

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

### **II. Fourth Friday of Block 7**

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

Each task should be submitted to the DFM Quality Improvement Coordinator: [halal.rashed@ucalgary.ca](mailto:halal.rashed@ucalgary.ca)  
and cc'd to the Residency Program Administrator: [anita.davidson@albertahealthservices.ca](mailto:anita.davidson@albertahealthservices.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

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

## 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. If your project requires the usage of or modifications to your clinic's EMR, have the EMR Specialist/DFM Informatics lead sign-off on your project to indicate the feasibility and timeliness of your use or requested modification. For example, you may wish to collect a certain type of data, but your EMR cannot search for it or you may wish to make a change to the EMR that is technically feasible, but not practical given time constraints, etc.

**If you work at one of the three core clinics (CTC, SFMTC, or SHC) and intend to use the EMR as part of your QI project,** you must get approval from the DFM's Informatics team, in addition to the clinic dyads.

<b>Community Clinics or Rural Sites</b> – since there are various types of clinic leadership, this form can be signed by an individual who oversees and manages clinic affairs.	
<b>Clinic Name or Rural Setting:</b>	
<b>Approval Signature:</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div>Sign Here</div> <div>Date</div> </div>

<b>Core Teaching Site (check one):</b>					
CTC <input type="checkbox"/> SHC <input type="checkbox"/> SFMTC <input type="checkbox"/>					
<b>Clinic Dyad</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>Clinic Manager Signature</b> </td> </tr> <tr> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div>Sign Here</div> <div>Date</div> </div> </td> </tr> <tr> <td style="padding: 5px;"> <b>Site Medical Lead</b> </td> </tr> <tr> <td style="padding: 5px;"> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div>Sign Here</div> <div>Date</div> </div> </td> </tr> </table>	<b>Clinic Manager Signature</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div>Sign Here</div> <div>Date</div> </div>	<b>Site Medical Lead</b>	<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-bottom: 1px solid black; width: 45%;"></div> <div style="border-bottom: 1px solid black; width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 5px;"> <div>Sign Here</div> <div>Date</div> </div>
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<b>EMR Specialist/Informatics team</b> – <i>if needed</i>
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## Plan Phase

<b>Title/Topic:</b>
<p><b>1) Describe your clinic:</b> <i>Where is your clinic located? How busy is your clinic? What types of patients frequent your clinic? What makes your clinic unique? Paint a picture of your clinic; by doing this, your project will be informed by its context.</i></p>
<p><b>2) Problem/Opportunity statement –</b> <i>What is wrong? What did your practice audit show? Why bother improving this?</i></p>
<p><b>3)</b> <i>What are the root causes of your practice gap (Use at least one QI tool: e.g., Process map, Cause and Effect Diagram/Fishbone, 5 Why's – see the Resident QI Handbook for guidance - <a href="https://is.gd/JaoGR5">https://is.gd/JaoGR5</a>).</i></p>
<p><b>4) Why is this topic important to your clinic?</b></p>
<p><b>5) Who will benefit from this project?</b></p>
<p><b>6) How did your QI team arrive at this topic?</b></p>
<p><b>7) Aim statement –</b> 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. <b>Use the IHI format for aim statements demonstrated in the Resident QI Handbook and focus on a process measure (See Resident QI Handbook).</b></p>

## ARECCI Results

**Instructions:** Click on "[ARECCI Ethics Screening Tool](#)." Answer all of the screening tool's questions and send the results to [halal.rashed@ucalgary.ca](mailto:halal.rashed@ucalgary.ca) using the link at the conclusion of the screening tool.

**8) According to ARECCI, you are doing what type of project?** Check one – if you get anything other than "QI Project," contact [halal.rashed@ucalgary.ca](mailto:halal.rashed@ucalgary.ca)

QI Project ☐ Research Project ☐ Program Evaluation ☐

**9) What is your ARECCI score?**

**10) If your ARECCI score is greater than 5, what explanation can you give for your elevated score?**

**Baseline Measure – How will we know that a change leads to an improvement?**

*QI Measure<sup>1</sup> Breakdown – provide an answer to each of these:*

**11) Outcome Measure** (this is the "big picture" goal of your project if you were to continue your project beyond the required one PDSA cycle):

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<sup>1</sup> Check out Resident QI Handbook for information on the various QI measures: <https://is.gd/JaoGR5>

**12) Process Measure** (*Focus on this measure for your R1 PDSA Cycle*):

**13) Balancing Measures** (capture the implications of making a change to one part of the clinical system or process. E.g., if you are surveying patients, does it slow clinic flow down? Not necessary for your R1 PDSA Cycle, you just have to acknowledge it by describing one):

**14) 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.**

**15) 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.*

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

### **Baseline Measure Results**

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

**18) What do the results tell you?**

**19) Were there any surprises?**

**20) Based on your baseline findings, what potential interventions could be used?**

**21) What resources would be required to run these potential interventions?**

22) What intervention are you going to use?

**Submit your team's QI worksheet and wait for feedback from your QIC.**

**Deadline:** Fourth Friday of Block 5

### Do Phase

*Your intervention measure quantifies the same thing as your baseline measure.*

23) What are the results of your intervention measure? *Describe and attach a table.*

24) What challenges did you encounter while implementing your intervention?

### Study Phase

25) Compare and contrast your Intervention to Baseline Measure – Provide a table that illustrates your baseline versus intervention measure.



**26) 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?**

**27) If your project involved an EMR intervention (such as an alert, template, etc.), did the change in the EMR make a difference? How did it influence your QI project's area of improvement?**

**28) Would you recommend regular, general use of this specific EMR intervention?**

## Act Phase

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

## Reflection

30) If you had additional questions to be answered by your PDSA cycle (Q.16, above), did your project answer them? If yes, how so?
31) If you were to do your project over again, what would you do differently?
32) What would your next PDSA cycle look like?
33) Based on your experience of running your first PDSA cycle, what would be needed to keep this project going in the long run?
34) In terms of sustaining improvement, what data should be collected in order to track the change?
35) Who would be involved in sustaining this change?
36) How could your clinic translate your results into process or practice changes?
37) What can your clinic learn from this project?
38) Why was it important to involve clinic staff in your project?
<b>Submit your team's QI worksheet and wait for feedback from your QIC.</b> <b>Deadline: Fourth Friday of Block 7</b>