

Worksheet A: Identifying Areas for Improvement

1. **Select one question (from the Pain: Facility Assessment Checklist) to examine further.**

Ex: Does our facility complete a comprehensive assessment within 24 hrs of admission?

Question: _____

2. **Randomly select five to ten (or more) medical records (or other data source, depending on the question) to review. Determine a question that will be asked:**

Example: Was a comprehensive pain assessment completed upon admission/readmission?

Question: _____

3. **Collect data:**

- Data can help you separate what you think is happening from what is really happening.
- Data will establish a baseline so you can measure improvement.
- Data will help you avoid putting solutions in place that will not solve the problem.

Record findings here:

Case #	Yes	No
1		
2		
3		
4		
5		

4. **If data is not readily available from medical records, what sources did you use to collect your data, and what steps did you take to collect this data?**

Worksheet B: Forming a Team

A **team** is identified as a small number of people that are committed to improving pain management (or some other quality problem) in the facility.

1. Identify team members who will work on this project
 - Teams should have 3-4 members that will plan, implement, and evaluate their work.
 - If you already have a team, make sure they include appropriate members related to the topic chosen for improvement. Suggested members: one staff nurse, one CNA, DSD or QA nurse, and DON, Administrator, Pharmacy consultant.
 - Involve staff from different shifts, units and departments when possible.

Name	Position	Shift
<i>Alternates:</i>		

2. Identify time and place for short weekly meetings (no more than 30 minutes)
 - Team does not have to meet at same time and place each week.
 - Meetings can be more or less frequent as needed.

Post meeting schedule in a place accessible to all team members:

Date	Time	Place

“Teams always outperform an individual.”

Worksheet C: Team Meeting Notes

Team Members: _____

Team Start Date: _____

Team Goal: _____

Date	Main Points of Discussion	Next Steps	Person Responsible	Due By:

Use additional pages as needed to write down team meeting notes. Share updated Team Meeting Notes with all members of team after each meeting.

Worksheet D: Goal Setting

- A goal is a clear statement of the intended improvement and how it is to be measured.
- Use your goal statement to stay focused, to establish boundaries for what is and is not included in your team's work, and to define success.
- Post your goal where it is visible at every team meeting.

Write a goal for improvement:

- Your goal should:
 - Answer the question, "What do you want to accomplish?"
 - Be measurable.
 - **Be short** so that everyone can remember it.
- Does *not* include *how* you will achieve goal.
- May include a beginning and end date.
- Your goal may be taken directly from an item on the Facility Assessment Checklists.

Example: Increase the number of older adults who have the correct comprehensive pain assessment completed within 24 hrs of admission from 60% to 75% in the next six weeks.

OR

Increase the number of older adults who have side effects to pain medications assessed and documented in the medical record from 35% to 50% in the next two months.

Worksheet E: Current Process Analysis

- A process is a series of activities or steps that is meant to achieve a particular result.
- When defining a process, think about staff roles in the process, the tools or materials staff use, and the flow of activities.
- Everything is a process, whether it is admitting a older adult, serving meals, assessing pain, or managing a nursing unit. The ultimate goal of defining a process is identifying problems in the current process.

Have the team identify and define every step in the current process that the facility has chosen to improve:

Tips:

- **Take time to “brainstorm” and listen to every team member.**
- The process must be understood and documented.
- Make each step in process very specific.
- Use one post-it note, index card, or scrap piece of paper for each step in the process.
- Lay out each step, move steps, add and remove steps until team agrees on final process.
- If the problem is that a process does not exist (*for example, there is no current process to assess for pain upon change of condition*), then identify the related processes (*for example, the process for admission and readmission.*)
- If process is different for different shifts, identify each individual process.

Example: Process for making buttered toast

Step	Define
1	Check to see if there is bread, butter, knife, and toaster.
2	If supplies are missing, go to the store and purchase them.
3	Check to see if the toaster is plugged in – if not, plug in the toaster.
4	Check setting on toaster – adjust to darker or lighter as preferred.
5	Put a slice of bread in toaster.
6	Turn toaster on.
7	Wait for bread to toast.
8	When toast is ready, remove from toaster and put on plate.
9	Use knife to cut pat of butter.
10	Use knife to spread butter on toast.

Write the steps of your defined process and attach it to this as an additional sheet.

Worksheet E: Current Process Analysis (cont.)

Team discussion - Evaluate your current process as you define it:

What policies and procedures do we have in place for this process? What policies and procedures are lacking that we might need to develop? Do the policies and procedures make sense? Are they too long and too complicated or too short and not comprehensive enough?

What forms do we use? Do we have the right forms? Are the forms simple and straight forward?

How does our physical environment support or hinder this process?

What staff are involved in this process? Are they the correct staff?

What part of this process does or does not work?

Do we duplicate any work unnecessarily? If so, how can we reduce duplications?

Are there any delays in the process? Why?

Are we keeping our process older adult focused?

Continue asking questions that are important in learning more about this process.

When you discover a problem in your current process, continue to Worksheet F: Root-Cause Analysis, to determine the root cause(s) of the problem.

Worksheet F: Root-Cause Analysis

- The root cause analysis allows you to identify the “root” of the problem you discover in your process - where and why the problem exists.
- You can then make decisions based on data rather than “hunches,” and look for lasting solutions rather than relying on “quick fixes” and “band-aid” approaches.

1. Begin with brainstorming

- All factors of the problem are considered. “We don’t assess for pain because...”
- Once all factors are listed and developed, they should be categorized.
- Then you can create a “cause and effect” diagram, such as a Fishbone Diagram (explained below).
- General categories for causes are: Environment, Equipment, People, Methods (Processes) and Materials.

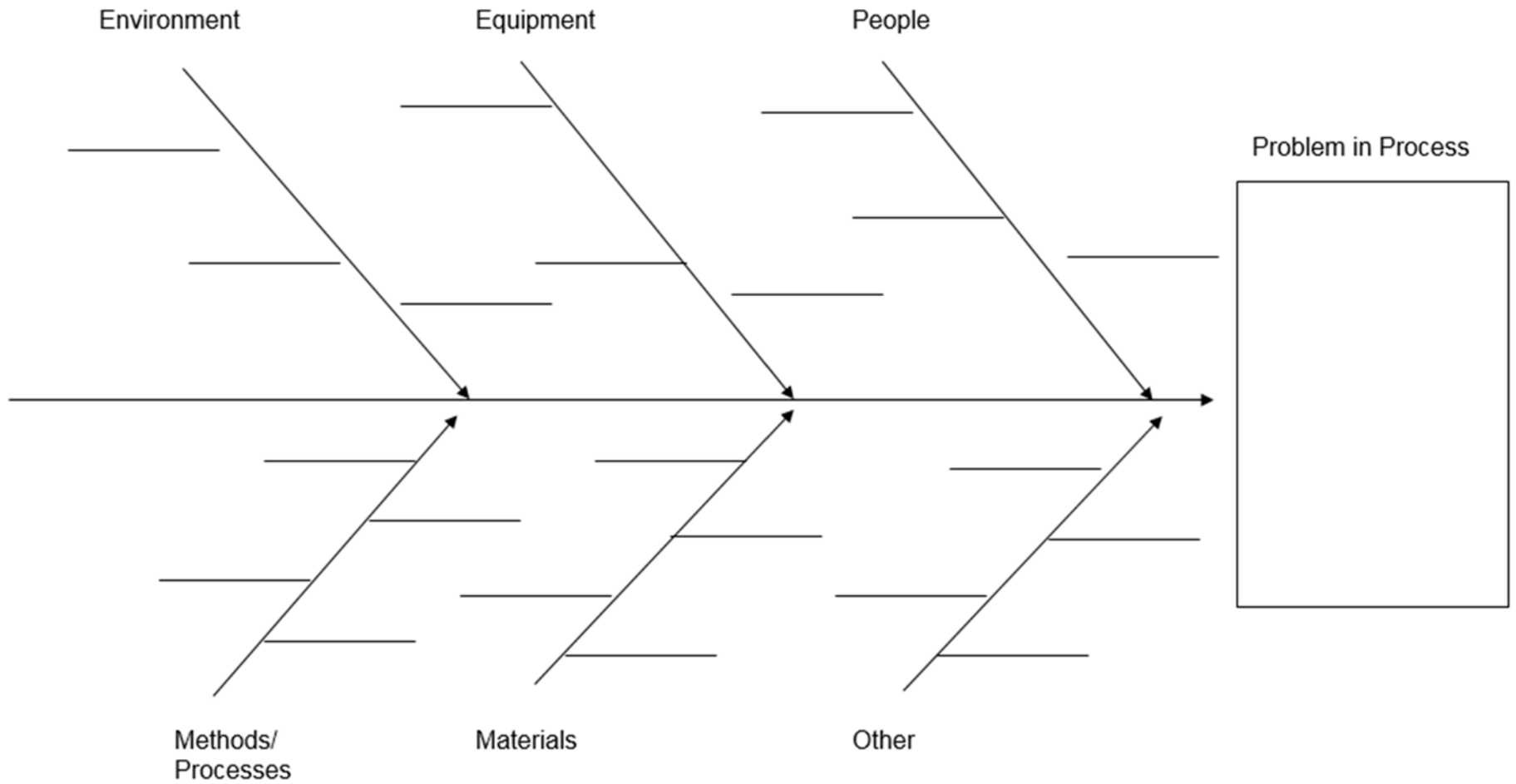
2. The Fishbone Diagram

- **The cause and effect diagram (Fishbone) starts with the problem at the head of the fish.**
- Under each general category of the Fishbone, answer the question, “why?” in regards to the problem identified. Typically, you will need to ask “why” five times to get to the bottom of the potential causes.
- Once the Fishbone Diagram is completed, the various causes are discussed to determine the root of the problem – or the *real* reasons why the problem exists. It is from the result of this discussion that the focus for the improvement plan begins.



Worksheet G: Fishbone Diagram

Goal: _____



Worksheet H: Process Improvement Plan

Identify a manageable change based on the outcome of root-cause analysis. What will we do/change to address the root of the problem?

1. Identify criteria that will help evaluate potential solutions to the problem, such as:

- Cost
- Potential facility/older adult/staff benefits
- How easy it would be to implement

2. Brainstorm all potential solutions before rejecting any ideas. Use this space for brainstorming:

3. Evaluate a few solutions listed above. Don't be afraid to combine ideas! Come to a team consensus on the best solution to test.

- Consensus means that each team member can "live with" the solution.

4. Write consensus decision on one process change or improvement to make:

Worksheet I: Implementation Strategy

- Identifies how we will accomplish change.
 - Planning will help coordinate the activity of the team.
 - The implementation strategy includes how the change will be communicated, implemented, and evaluated.
1. **Create an implementation strategy that incorporates the following questions:**
- **What** is the change?
 - **Why** has the team suggested this change? What is the goal?
 - **Who** will be involved in the change? Are there other staff that may be affected by this change?
 - **Where** will the change take place? Remember to start small – this may mean that the change will be pilot tested on only one unit in the facility first. Then once the change succeeds it will be spread to other units in the facility.
 - **When** will the change be made (start date)?
 - **When** will it be evaluated (evaluation date)? Timing is important – there must be enough time allotted to implement the change so that behaviors change and then continue with the new process.
 - **How** will it be evaluated – how will we know if we can expand this change to other areas? The evaluation must be something that can be measured as an outcome of the change. For example, if the change is to make sure that all older adults have a comprehensive assessment within 24 hours of admission, the audit would examine the timing of the admission and the assessment and whether the comprehensive assessment was completed.

2. Implementation Strategy:

Communication is the key!

- **Share** the answers to the above questions with the staff who will be involved in making the change.
- **Talk** about the change positively.
- **Ask** for feedback on how to implement the proposed change.

Worksheet J: Pilot Testing

- Pilot testing gives your team a chance to see how to implement a change on a small-scale.
- Pilot testing can also give your team some early results, to see if the change you make has any impact.
- The team has a role to play in helping to implement any change that is recommended.

What can the team do to make the change happen?

Who will train staff? _____

Who will update/revise/remove tool, if necessary? _____

Who will monitor to see if process has changed? _____

Who will team contact if they need support implementing change? Who is the expert?

Who will audit outcome of process change? _____

Additional team roles:

Indicate here any revisions to the implementation strategy that the team makes during the pilot-test:

Worksheet K: Pilot Test Evaluation Worksheet

- Evaluating the pilot test allows your team to organize observations the team has made through the pilot test period and to determine whether further testing is needed, revision of the process or goal is needed, or whether the process can now be implemented throughout the facility.
- Evaluation requires collecting data to check whether the change has helped you reach your goal.

Ask these evaluation questions at a team meeting, a staff meeting, in an anonymous questionnaire, or via informal communication with staff.

1. Do we need to reevaluate our initial goal?
2. What is working well? Why?
3. What is not working? Why?
4. What can be done differently?
5. Do we need to revise the materials we are using (if any)?
6. How does staff feel about the change in process?
7. Are older adults positively affected by the change in process?

Worksheet K: Pilot Test Evaluation Worksheet (cont.)

Collect data to evaluate change.

Has the change (in process, in form, etc.) had an impact?

The chosen measure for evaluation can be taken directly from an item on the Facility Assessment Checklist (if applicable) used to begin this project. *Example: Audit charts to determine the number of new admissions that have comprehensive assessment forms completed within 24 hours*

Goal: _____

Data source (medical records, staff survey, etc.) May use the audit guides provided:

Example:

Worksheet L: Ongoing Monitoring

- Lack of ongoing monitoring is the main reason why quality improvements cannot be sustained!
- Monitoring the implemented change allows your team to evaluate, on an ongoing basis, whether or not the implemented change has made an impact on overall care delivery and prevents staff from falling back on old habits.
- Decide who on staff will perform tracking related to the facility-wide implementation.
- Decide when this monitoring will be completed (i.e. monthly, bimonthly, quarterly) and for how long the monitoring will go on at this level. A typical program may be monitored monthly for 6 months, then bimonthly for 6 months, then quarterly and then perhaps annually.
- Decide on how this data will be collected and evaluated.

Goal: _____

Ex.: Pain assessments will be completed on all older adults within 24 hours after admission.

Date of facility-wide implementation: _____

How will you know if you have achieved implementation?

Ex.: We will know when 10 out of 10 admissions/readmissions this month show that a pain assessment was completed upon admission/readmission.

We will know when: _____

Record findings:

Date	# of cases reviewed (A)	# of cases with positive results (B)	B out of A (B/A)

Worksheet L: Ongoing Monitoring (cont.)

Review the following:

1. Based on the data collected, check to see if the process has been implemented 100%. If it has, continue to monitor as long as the team feels necessary.
2. Based on the data collected, check to see if implementation of the new (improved) process has had an impact on the delivery of care. If it has not, you may wish to explore the following questions:

Has the process been successful on some shifts or units, and not on others? If so, why?

Is further staff education needed? If so, in what areas?

Does the process need to be revised for facility-wide implementation? If so, plan a pilot test of some revision to the process. Use these worksheets to plan the pilot test if necessary.

Adapted from Quality Partners of Rhode Island