Quality Improvement Project (QI): Choosing Your Topic, Writing Your Abstract and Constructing your Table

Development of a quality improvement (QI) project is a multistep process. This document is to give you insight on how to approach this process, but it is by no means the only approach. I will not address QI research in this document, only QI projects.

The elements of your project must initially include an abstract concisely addressing the scope of the entire project. This must be reviewed by your Project Advisor prior to inception of the project. Additionally, an introduction with a relevant literature review discussing regulations, clinical practice guidelines or processes that give rise to your project should also be written and available at the same time you present your abstract for approval. The final project should include a table complete with recommendations, actions, personnel, resource allocation, delivery date and benchmarks.

We highly encouraged you to complete an in-house QI project; some of you may choose an offsite project with a presentation or publication. Please be advised you will need IRB approval before commencing on any off site QI project or presentation. Proposals to the IRB must begin early, as it may take many months for approval.

Before you get started with your project, be “SMART.” Make sure it is specific, measureable, achievable, realistic and timed! Well thought out QI projects must clearly demonstrate a specific entity eliciting a gap in care, inefficiency or patient safety. Quality improvement must be measureable against baseline performance and new targets must be realistic and achievable. It is imperative that you have a specific time frame of which to measure, analyze and interpret your data and complete your written project.

Start by developing a clinical question regarding a common problem that you have identified as a gap in the quality of care to patients at any level or any process or procedure whereby clinicians are precluded from efficient or safe practice patterns. It could include a process of completing any task, such as locating and reviewing a patient’s medicine list, filling out an admission order set, prescribing discharge medications as related to diagnosis or other processes within the hospital. Other examples to consider: ordering lab tests, prescribing prophylactic medications, assessing interventions and outcomes thereof of any diagnostic group. It may also be related to any unusual or special risks in the hospital that pose presumptive risk to patient or physician safety.
Below is a roadmap to your QI project:

1. After identifying a process, a gap in care, inefficient performance, or safety issue, identify and define a baseline measurement target from which performance may be compared. This requires a rationale and justification of the problem, see below.

2. Define and explain the full scope of the problem concisely and express how you will investigate and gather data, i.e. medical record review, etc. Describe what data to include or exclude and any guidelines or benchmark you may follow. Describe the methods used in gathering data by listing resources or instruments obtained or devised by the QI team, i.e., original data sheets designed for data collection.

3. Next, analyze and interpret your findings and generate conclusions about how to facilitate quality improvement. This is not the actual intervention or procedure of achieving quality improvement, but more of an objective, strategy or philosophy of implementing recommendations.

4. Develop and write your strategy of quality improvement and put forth recommendations or objectives. This is typically accomplished in table format. See example below which includes an abstract and an introduction. Your table should list objectives, actions, personnel of responsibility, resource allocation, and delivery date with benchmark measurements. You may also include rules or regulations (Federal or State) for compliance measures.

5. Finally, but not required, you may devote more time to developing a quality improvement strategy for other departments with similar performance gaps.

In a nutshell, your project includes the following framework:

A. Define and outline the problem, “gap in care”
B. Describe investigative technique, “retrospective chart review”
C. Decide what data to include and exclude
D. Set target measures for improved performance
E. Analyze and interpret data, formulate conclusions
F. Strategize on how to improve quality
G. List recommendations, resources, personnel, delivery date and benchmark