A quality improvement activity is a planned process, which has resulted in some improvement. This may be related to clinical practice or some unit/area/service process improvement. You may have done this either as an individual or with a group of staff in your area/ service. Some tools are available on the Hub through the Quality Improvement and Patient Safety Service page.

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| **Examples of Quality Improvement Activities**Below are some suggestions which may be utilised for quality improvement activities: Proficient (Level 3) portfolio* Resource role e.g. manual handling, IV, infection control – provide evidence of your quality activities in your role
* Policy, procedure, guideline – participation in the development of these
* Participation in audit, with analysis & recommendations

Expert (Level 4) portfolio* Policy, procedure, guideline – leading the development of these
* Project participation – as project team member or project leader
* Leads audit, with analysis & recommendations, with evidence of change
* Event reviews / Root Cause Analysis with recommendations
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**In documenting a quality improvement activity example you should:**

1. Identify the problem/issue/process/practice you improved or were involved with improving
2. State the planned process that you worked through to achieve an improved outcome e.g. data gathering, team involvement, literature review, trial/demonstration, education, communication strategies etc.
3. Explain how you measured the effectiveness of the improvement
4. Explain what changed in your practice setting as a result of this quality improvement activity
5. Discuss what you learned from this process and how you might manage things differently the next time you are involved in such a process

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Initiative Commenced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **What was the Problem?**State how you identified the problem | **What did you do?**Describe what you did – give examples of any questionnaire, letters, audits etc. | **What was the Effect or Outcome?**How did you measure the effect of your intervention? What changed in the practice setting? | **What Ongoing Review / Monitoring Has Been Planned?** |
|  |  |  |  |

**Date Initiative Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name & Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**