



Standard Format for Documentation of Quality Improvement Interventions

Documentation Journal for QI Teams

Instructions:

This form is a “journal” where teams can document on an on-going basis their tested changes and results. The journal has three parts. Part 1 documents what you are trying to accomplish and why. Part 2 is a worksheet where you list each of the changes you have implemented at your site, including notation of their effectiveness and the dates when they were started or ended (if applicable). Part 3 provides space for you to graph your data or results, and to annotate your run charts with your changes so you can see what impact they are having.

Please be sure to include as much detail as will be helpful *for you* to analyze and document the evolution of your work. This journal provides a detailed record from which you can reflect on your work, prepare for sharing of lessons to others, and contribute to the expansion of the collaborative’s change packet. Please refer to the “synthesis tool” for guidance in summarizing and sharing with others.

Team Leader: _____ **Name of the Site:** _____

Team Members: _____

Start Date for using Journal: _____ **End date:** _____

Part 1: Planning Worksheet – Improvement Objectives: At the start of your improvement efforts, please respond to the following questions:

Improvement Objective: What are you trying to accomplish and why?	Name of indicator(s) you will use to determine if there is an improvement for each corresponding objective:
1. _____ _____ _____ _____	Indicator(s) for Obj. #1:
2. _____ _____ _____ _____	Indicator(s) for Obj. #2:
3. _____ _____ _____ _____	Indicator(s) for Obj. #3:
4. _____ _____ _____ _____	Indicator(s) for Obj. #4:

Part 1: *Planning Worksheet [Continued]* – Improvement Objectives:

Description of Problem:

Briefly describe the problem being addressed and gaps between the current situation and your improvement objectives.

Process Analysis:

Which steps in the process of care are currently problematic? What differences are there in the standard of care and current practices? What are some of the challenges with the current situation?

Part 2: Changes Worksheet – Team Activities: The following table lists various types of changes that teams often introduce to improve the quality of care. For each improvement objective, please list all the changes that your team introduced within these categories, regardless of its eventual success or not. You should also note when the change was started, and when it ended (if applicable) to enable you to annotate your results. After the change is implemented, be sure to note whether you think it was effective. Each improvement objective should have its own change worksheet. Label the objective # at the top of the change worksheet.

Improvement Objective # []: _____

I. Applied to Inputs	Tested Changes: In the space below, list all of the changes that you are implementing to address the improvement objective. Use 1-2 sentences to briefly describe the tested change.	Start Date: MM/DD/YY	End Date (if applicable) MM/DD/YY	Effective? (Yes/No) Was the desired effect achieved?	Comments: Note here any evidence that the change took place; and potential reasons why it was or was not effective such as key barriers or important enabling factors.
Human Resources A. Changes to Improve the Availability and Capacity of Health Care Workers (e.g. Training, coaching, supervision, efforts to improve morale or motivation)	A1.				
	A2.				
	A3.				
Supplies B. Changes to ensure the availability of supplies and materials (e.g. medicines, tools, laboratory exams, medical instruments, job aids, forms, etc.)	B1.				
	B2.				
	B3.				
C. Other changes (if not easily assigned to above types such as structural changes, etc.)	C1.				
	C2.				

Part 2: Changes Worksheet – Team Activities [Continued]:

II. Applied to the Process of Care	Tested Changes: In the space below, list all of the changes that you are implementing to address the improvement objective. Use 1-2 sentences to briefly describe the tested change.	Start Date: MM/DD/YY	End Date (if applicable) MM/DD/YY	Effective? (Yes/No) Was the desired effect achieved?	Comments: Note here any evidence that the change took place; and potential reasons why it was or was not effective such as key barriers or important enabling factors.
Content D. Changes to the Clinical Content of Care (e.g. Norms, policy, guidelines for service delivery, including use of new inputs, etc.)	D1.				
	D2.				
	D3.				
Organization E. Changes to the organization of care or health services (e.g. Work flow, patient flow, organization of care, timing, elimination of waste, etc.)	E1.				
	E2.				
	E3.				
	E4.				
F. Other changes (if not easily assigned to above types)	F1.				
	F2.				

