

# THE MODEL FOR IMPROVEMENT

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## The Model for Improvement

Your QIP, discussed above, provides you with a high-level plan whilst the Model for Improvement is a tool to support you with implementing your QIP. The Priority Areas identified in your QIP will give you a clear focus for using the Model for Improvement to test and implement small scale changes.

The Model for Improvement<sup>9</sup> provides a framework for developing, testing and implementing changes in any setting or system, and on any scale. It involves setting specific and measurable goal(s); selecting objective measures of improvement that can be tracked over time; and identifying key changes that will result in an improvement. The change effort is broken down into manageable steps, which are tested to determine whether improvement is being achieved.

### Overview of the Model

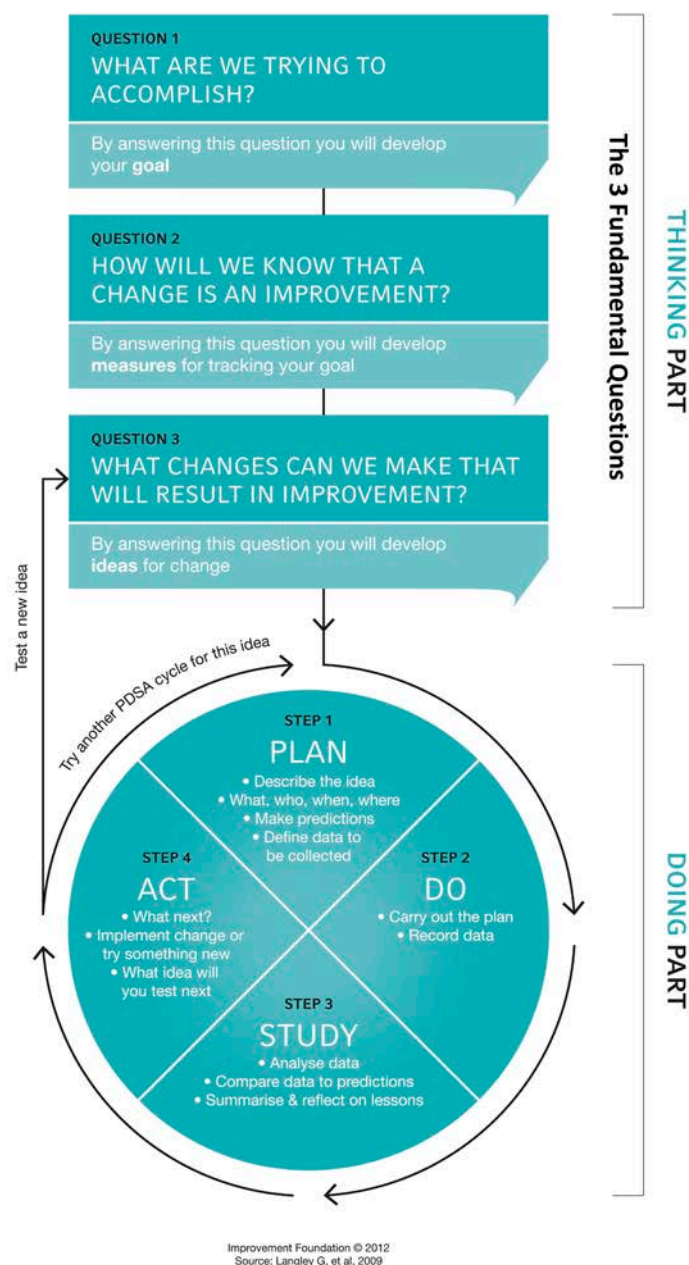
The Model for Improvement (MFI) consists of two equally important parts (Figure 1):

1. The “thinking part” consists of “The 3 Fundamental Questions” that are essential for guiding your improvement work:
  - Q1 - What are we trying to accomplish? (to identify the goal)
  - Q2 - How will we know that a change is an improvement? (to identify measures)
  - Q3 - What changes can we make that will result in an improvement? (to identify change ideas)
2. The “doing” or “testing” part is made up of Plan, Do, Study, Act (PDSA) cycles that will help you test and implement change.
  - Not every change is an improvement. By making small, incremental changes you can test the change on a small scale and learn about the risks and benefits before implementing the change more widely. A number of PDSA cycles may be required to achieve your improvement goal.

NOTE: Please refer to [Appendix 10](#) for a MFI Template for you to use

Figure 1: The Model for Improvement

### THE MODEL FOR IMPROVEMENT DIAGRAM



For an overview of the Model for Improvement, take a look at the video on YouTube:  
[https://www.youtube.com/watch?v=lZAx-69Vn\\_Y&t=130s](https://www.youtube.com/watch?v=lZAx-69Vn_Y&t=130s)

<sup>9</sup> Langley GL, Nolan KM, Nolan TW, Norman CL & Provost LP, 1996, The improvement guide: a practical approach to enhancing organisational performance, San Francisco: Jossey-Bass

**Problem found through data:**

There is a noticeable under-screening in male clients compared with female clients.

**Example Goal**

Within 3 months increase FOBT screening for eligible male Regular Clients who are between 50 and 74 (inc) to 50 %.

**Example Measure:**

The proportion of 'eligible' male Regular Clients who are between 50 and 74 (inc) and have a recorded FOBT in the last two years.



## The 3 Fundamental Questions

### Question 1: What are we trying to accomplish?

We often launch into change without stopping to think about what we are trying to achieve. The first question provides an opportunity to consider exactly what it is you are seeking to change. Once you and your team have agreed on the goal, it will guide you and keep you focused and motivated. To answer the first of The 3 Fundamental Questions, you will need to write a clear and concise goal for improvement. Begin by:

- Defining the problem. Understanding the problem and its root cause will help you with developing your goals
- Setting bold but realistic goals that are specific and have a defined timeframe. Use plain language and avoid jargon, so that the meaning is clear to everyone
- Use SMART Goals (Specific, Measurable, Attainable, Realistic and Time-bound)

### Question 2: How will we know that a change is an improvement?

Without measuring, it is impossible to know whether changes being tested are leading to improvement and achieving your goal. Measures should be collected before you commence making change, this is often referred to as baseline data. Measures should be sensitive enough to allow you to monitor progress at regular intervals.

Try to find measures that show progress towards the goal; however, you may have to accept that your measures are not perfect. Spending too much time trying to create the perfect measurement set is a common pitfall.

- Don't collect more measures than you need
- Make the collection of measures as simple as possible. If you choose a measure that must be collected manually, create a simple data collection form and ensure someone is made responsible for completing the form.
- Everyone in your team needs to know what you are measuring, how, when and who is responsible for collecting the data
- Use diagrams and charts to show your measures to the team. Presenting data in a simple format helps with communicating this information to the whole team



### **Question 3: What changes can we make that will result in improvement?**

By the time you answer this question, you should know your goal and how you will measure progress towards achieving it. Here's when you and your team become creative. Encourage the whole team to contribute ideas!

After answering this question, you will have a range of useful ideas, which can be tested in PDSA cycles.

- You and your team know your health service best, so keep your goal in mind and use your knowledge and experience to identify the ideas that suit your unique situation
- Adapt ideas from others. Ask your PHN support officers to share successful change ideas other Health Services have trialled and implemented
- Use creative QI tools to help your team generate ideas that may be able to influence a positive change
- Achieving your goal may take successful testing (and implementation) of more than one idea generated by your team

Following this step, you should have several ideas that may contribute to achieving your goal. You will need to select one to test and generally there are some ideas that have greater support from the team.

### **Does every idea need a PDSA cycle?**

There may be some ideas generated that do not need to be tested as they are straight forward and sensible ideas or administrative tasks. An example in this context could be putting up a poster(s) that seek to grow awareness of, and promote, cancer screening. PDSA's are designed to test process or system changes to ensure that the change results in the expected improvement.

### **Plan, Do, Study, Act Cycles (PDSA)**

The 3 Fundamental Questions will prepare you for the next stage, during which you will use PDSA cycles to test the ideas for change that you developed to answer the third Fundamental Question. By testing ideas, you will find that some changes lead to improvements, while others aren't successful. Analyse why they didn't work and learn from this. By carrying out small tests, you can avoid implementing unsuccessful changes on a wide scale.

Think big and test small. The idea could involve quite a large change, however, the test needs to be on a small scale. Think about testing a change with one GP, or one health worker, or a select group of patients over a short period of time. The knowledge gained from this small test will help you determine if the change had the desired effect and is suitable for wider implementation, or whether adjustment(s) to the idea may be required. In some cases the idea may fail and therefore you will need to try another idea and test this in the same way.

**P****Plan**

A well-developed plan includes the what, who, when, where, predictions on the possible outcome and the data to be collected. For best results, make your plan as clear and detailed as possible.

Ask yourselves:

- What exactly will we do? (Remember to only test one idea in a small way)
- Who will carry out the plan?
- When will it take place? (This should be in a short timeframe, generally no more than a week.)
- Where will it take place?
- What do you predict will happen?
- What data/information will we collect to know whether there is an improvement? These data should be specific to the change that you are testing.

Note: the data you plan to collect to test your change idea may be different from the measures chosen in answer to the second Fundamental Question.

**D****Do**

Write down what happens when the plan is implemented. Also document any other observations. Sometimes there are unintended consequences, positive or negative, and these should be captured as they can lead to other ideas for improvement.

**S****Study**

Reflect upon what happened. Think about and summarise what you have learnt, analysing the data collected and comparing the data with your predictions. If there was a difference between your predictions and what happened, consider why.

At this point you should be confident about the outcome and whether the idea will contribute towards achieving your goal.

**A****Act**

In light of the results from your test, will you implement the tested change, test on a larger scale, amend and test again, or try something else?

Write down the next idea you will test. What will you do differently? Be sure to start planning the next cycle as soon as you can to keep up the momentum.

## Implementing a Change

Once you have tested a change, determined that it is effective, and your team supports this new way of working, you will need to implement the change.

Implementing a change means making it a sustainable process within the organisation. For simple changes, implementation will be relatively straightforward. For other changes, effective implementation will require training and on-going monitoring to ensure that the team does not return to the old way of doing things.

When considering implementation, ask yourself these questions:



### **What other changes are needed to support implementation of this change long term?**

Your new way of working may require an alteration in support structures such as job descriptions or standardised procedures, as well as updating your policy and procedures manual. For example, you could add regularly reviewing the accuracy of patient registers as a part of the Practice Nurse's role to ensure routine coding by staff is maintained.



### **Does the wider team need to be involved in the implementation of the change?**

Testing a change may have involved a small group of people. However, implementing the change may affect others that were not involved in the testing process. You will need to consider how to engage these individuals, identify any resistance and promote the benefits of the new way of working. You may find that the data you collect through testing provides valuable information to convince the wider team about the benefits of the proposed change. For instance, you could print monthly graphs showing the improvement achieved after implementing the ideas tested in your PSDA cycles and display them in the staff room or present them at staff meetings.



### **Will a regular review process be needed to make this change permanent?**

You may consider that a bi-annual audit of the new system or process is needed. This could be a component of the standardised procedures that are developed to support the new system. For example, an audit of whether the patient registers are being appropriately maintained.