

TEACHING TOOL 2 — QI CHARTER

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Example 4 — Sample QI Charter — What are we trying to accomplish?

Program: XYZ

Date: October 1, 2012

As a team we are committed to achieving the following:

Performance improvement goals:

1. Reduce ALOS/ELOS \leq 95% for all patients in Program XYZ by June 30, 2013.
2. Ensure that the readmission rate is at or below the target.

No.	What are we trying to accomplish?	How will we know that a change is an improvement?	What changes will we make that will result in an improvement?	Timeline	Leader accountable for achieving outcomes	Support requirements
1.1.0	All patients admitted with disease A will have an expected length of stay of xx days or less	Numerator: no. of patients with disease A who have a length of stay less than or equal to xx days Denominator: total no. of cases with disease A	Develop a clinical algorithm for disease A that will include the following: <ul style="list-style-type: none"> • Expected length of stay time frame of xx days • Clinical feature B assessment in the first yy hours • Assessment score <ul style="list-style-type: none"> • Select and standardize the assessment tools on all units • Ensure tools completed on admission and in each round until discharge 		Dr. A Dr. B	<ul style="list-style-type: none"> • Quality improvement department
1.1.1	All patients with disease A who have clinical feature B will first be assessed within the first yy hours for complication C	Numerator: no. of patients with disease A and clinical feature B assessed for complication C in the first yy hours Denominator: no. of cases with disease A and clinical feature B	<ul style="list-style-type: none"> • Complete risk assessment questionnaire in first zz hours • Assess support systems in the first xyz hours 			
1.1.2	All patients will have an assessment score documented on admission and discharge	Numerator: no. of cases with an assessment score on admission and discharge Denominator: total no. of cases				

No.	What are we trying to accomplish?	How will we know that a change is an improvement?	What changes will we make that will result in an improvement?	Timeline	Leader accountable for achieving outcomes	Support requirements
1.1.3	All patients will have a risk assessment questionnaire documented within zz hours of admission	Numerator: no. of cases with a risk assessment questionnaire completed in the first zz hours				
1.1.4	All patients with disease A will be assessed within the first xyz hours for existing support systems	Denominator: total no. of cases				
1.2.0	Documentation of diagnosis will improve in the following ways: <ul style="list-style-type: none"> • Clearer documentation • Elimination of inappropriate clinical descriptors • Accurate diagnosis 	Audit of xy charts: Numerator: charts with the correct diagnosis (as determined by the auditor) Denominator: total no. of charts audited	<ul style="list-style-type: none"> • Use discharge template for clinical service • Hold a retreat or training session for the faculty to improve charting • Develop a fact sheet (e.g., diagnosis and expected length of stay) • Discuss at medical staff meetings 		Dr. C Dr. D	<ul style="list-style-type: none"> • Health records • Quality and utilization improvement/QUIST
1.3.0	Reduce potentially avoidable days owing to discharge plan delays to 0%	Utilization review (InterQual): % adjusted potentially avoidable days for in-patient stay	<ul style="list-style-type: none"> • Revised discharge sheet has been approved by Forms Committee and is currently in use • Consolidate discharge sheets for all units • Standardize assessment scores applied in rounds for all units 		Dr. E Dr. F	
1.4.0	Earlier and accurate identification of alternate level of care patients	Evaluation of transition processes	Workplan to review transition processes will be implemented in the first week of month X		Dr. G Dr. H	

Example 5 — Sample Project Accountability

Role	Responsibility	Name	Signature
Vice president	<ul style="list-style-type: none"> Define strategic performance goals, establishing corporate indicators and performance targets Define improvement priorities Establish improvement relationships with programs, services and designated groups Establish mechanisms for the systematic identification of barriers to improvement and the reduction of these barriers Invest in resources and structures to lead and support improvement and related strategies 		
Program leadership	<ul style="list-style-type: none"> Assign project leader and accountability Remove barriers Allocate resources, time, authority and any support necessary for project initiatives Communicate to all staff and physicians: <ul style="list-style-type: none"> that the program is driving this project the alignment of the improvement projects with strategic priorities of the program Ensure team membership is appropriate Ensure ongoing review of results Ensure staff and physician participation Review relevant literature 	Program director	
		Physician program director	

Role	Responsibility	Name	Signature
Quality and utilization improvement team	<ul style="list-style-type: none"> • Establish a system for ongoing tracking and maintenance • Guide the team in applying quality improvement processes: this includes applying tools as needed (e.g., flow chart of the care process, preprinted order sets, data analysis tools) • Assist in the development of a communication and education strategy as needed • Assist in gathering and analyzing evidence as needed (data, literature or other benchmark information) • Provide support for data collection and analysis that will be shared with the team leader(s) and program leaders 		