

step 3

**KIS template
for planning and
evaluating a quality
improvement project**

December 2018



About this resource

This template is designed to help healthcare professionals, social care professionals, managers and other staff, patients, members of the public, students and researchers create a detailed plan for conducting and evaluating a quality improvement project in a health or social care service.

The template is specifically designed for planning collaborative quality improvement projects that are likely to last for a period of weeks or months. It is not intended for very short-term projects, or for projects that need to be fully planned and initiated within a few hours or days.

We strongly recommend that you answer the questions in the Step 2: KIS guidance for deciding what to improve and assessing the feasibility of a quality improvement project resource before you complete this template. You can then refer to those answers when working through the template and planning your project. The Step 2 resource is available at www.kingsimprovementscience.org/KIS-QI-guide-step-2.

We also strongly recommend that you develop your quality improvement project plan in collaboration with a multi-disciplinary group of people – your project team. The team may include health or social care professionals, managers, other staff working in the service, patients and service users, members of the public and people with quality improvement expertise. This may be the group of people you discussed the feasibility of your project with during Step 2.

Please note that you do not have to work through the sections in the template in the order in which they are presented. Use the template to fit the needs of your quality improvement project. You may find that some sections are more relevant to your project than others, though addressing all of them will provide

a comprehensive project plan. Working through the template will take time and effort, but time invested in planning your project is likely to be well spent.

Once completed, the template can be shared with relevant stakeholders.

Refer back to the template at regular intervals during the course of your project, and amend your answers as necessary.

If any of the links within the document do not open straightaway, please copy them into your browser.

We recommend you save a version of the document for reference purposes before you start to complete it in case you accidentally delete some of the notes/prompts.

How to cite this resource

King's Improvement Science (2018) Step 3: KIS template for planning and evaluating a quality improvement project. Available from www.kingsimprovementscience.org/kis-QI-guide-step-3. Last accessed [insert date accessed]

Final note before getting started

There is no single school of thought about, or an agreed best approach to, quality improvement. There are many tools and methods that you can use. You can use any other quality improvement approach, tool or method in combination with this planning template, or you can choose to just use this template on its own.

1. Project title

2. Name and contact details for the project lead(s)

3. What is the identified problem?

(Refer to your answers to questions 1 and 2 in Step 2.)

- Is there evidence that clearly demonstrates there is room for improvement?
- What might be the impact of making an improvement?

4. What are the aims of the project and why are you doing it?

(Refer to your answer to question 2 in Step 2.)

Make your aims 'SMART': Specific, Measurable, Attainable, Relevant and Time-bound.

- How will the service be improved once the project is complete?

5. Identification of key stakeholders

Stakeholders are groups and individuals who may be impacted or affected by your project, or who might be influential in determining the project's success or failure. There may be some key individual stakeholders. Note down their names, roles and contact details here.

name

role

email/phone

You may find it helpful to carry out a stakeholder analysis.

For further information about stakeholder analysis, visit the archived site of the former NHS Institute for Innovation and Improvement:

http://webarchive.nationalarchives.gov.uk/20121116082002/https://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/stakeholder_analysis.html.

Your stakeholder analysis can be used to develop a communication plan that describes the information that needs to be communicated to different stakeholders, and which methods you will use.

You may find ‘Communication: a practical resource’ helpful. This is available at:

<http://www.kingsimprovementscience.org/communication-practical-resource>.

NHS Employers has produced a useful guide about engaging staff in quality improvement – ‘Staff involvement, quality improvement and staff engagement: The missing links?’ (July 2017):

<http://www.nhsemployers.org/case-studies-and-resources/2017/07/staff-involvement-and-quality-improvement>.

6. Patient and public involvement plan

(Refer to your answer to question 9 in Step 2.)

- What are the anticipated benefits of involving patients, service users and members of the public (for them and for the project itself)?
- What is the ‘role description’ for patients, service users and members of the public? What are you asking them to do?
- How many patients, service users and members of the public do you plan on involving?
- How will you identify and invite patients, service users and members of the public to be involved?
- How will your model for patient and public involvement be structured? For example, will there be a separate group that meets regularly and sends representatives to project team meetings, or will all patient and public representatives attend all project team meetings, or will you use a different model?
- How much time do you think will be expected from patients, service users and members of the public who are involved in the project?
- Will it be possible to reimburse patients, service users and members of the public for their time?
- Will patients, service users and members of the public be offered support and opportunities to debrief after meetings?

- Who will coordinate patient and public involvement?

You may find 'KIS advice about patient and public involvement' helpful. This is available at: <http://www.kingsimprovementscience.org/kis-PPI-advice>.

The Healthcare Quality Improvement Partnership has produced a guide – 'Patient and public involvement in quality improvement' (updated November 2017):

https://www.hqip.org.uk/resource/a-guide-to-patient-and-public-involvement-in-quality-improvement/#.W_ygx5NKiu4.

The Healthcare Quality Improvement Partnership also runs an online course 'Introduction to quality improvement for patients and public': <https://www.hqip.org.uk/resources/introduction-to-quality-improvement-for-patients-and-public>.

7. What change(s) will you introduce to generate an improvement?

(Refer to your answers to questions 3 and 12 in Step 2.)

- How and why do you think the proposed change(s) may lead to improvement?
- What is the evidence base underpinning the proposed change(s) (what does the literature say?) and what do staff, patients, service users and members of the public think about this proposal?
- Is it possible to introduce and test a series of small incremental changes?
- How can change(s) and the generated improvement be sustained over time?

8. Will you draw on any specific quality improvement methods or tools?

(Refer to your answer to question 4 in Step 2.)

- Which method(s) does the organisation that runs the service you are trying to improve recommend?
- What method(s) or tools are members of your project team familiar with?

The Healthcare Quality Improvement Partnership has produced a useful introductory guide to quality improvement methods – 'A guide to quality improvement methods' (June 2015):

<https://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>.

- Consider whether the construction of a driver diagram, logic model or process map may help you and your team at the planning stage.

East London NHS Foundation Trust has helpful web pages for learning about driver diagrams: <https://qi.elft.nhs.uk/resource/driver-diagrams/>.

Community Tool Box provides a helpful description of what logic models are and how to construct one: <http://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main>.

The Point of Care Foundation has helpful web pages for learning about process mapping: <https://www.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/process-mapping/>.

9. What implementation strategies will you use to introduce and support your change(s)?

Implementation strategies are methods or techniques used to introduce and sustain a change (delivering educational sessions, distributing printed materials, championing by influential people, for example).

- Have you ensured that sufficient resource is available for implementation of the change(s)?
- Do your implementation strategies need to be sustainable to ensure that any positive benefits of the change(s) are maintained longer term?

You may find the following resources useful for identifying evidence-based implementation strategies.

‘Taxonomy of Quality Improvement Strategies’ in ‘Through the Quality Kaleidoscope’, Agency for Healthcare Research and Quality (2013): <https://www.ncbi.nlm.nih.gov/books/NBK126726/>.

‘Rx for Change’ database: <https://www.cadth.ca/rx-change>.

If implementation of your change involves creating posters, leaflets or using any other communication method, you may find it useful to refer to ‘Communication: a practical resource’, available at: <http://www.kingsimprovementscience.org/communication-practical-resource>.

10. How will you conduct regular measurement/assessment to evaluate whether the change(s) made during your project have made an improvement?

(Refer to your answer to question 5 in Step 2.)

- Have you considered both qualitative and quantitative approaches?
- Have you explored existing data systems and performance information that is already available?

- Can you use sampling (exploring a sub-set) rather than measuring everything all the time?
- What steps can you take to demonstrate that any improvements observed are due to the changes introduced in your project and not some other factor?
- Is input from a professional/independent evaluator needed/feasible?

Baseline measures

- What are your plans for baseline measurement at the start of your project (before a change is introduced)? Does any appropriate data exist already?

Process measures

- What processes (actions that are done differently as a result of the project) will you regularly measure?
- How will you check whether the change was introduced as planned?
- How will you evaluate the experience of patients, service users and staff who have been exposed to the change in order to find out if the change is acceptable, appropriate and feasible?
- How will you conduct ongoing monitoring of the resources (for example, staff time and equipment) that are required to deliver the project?

Outcome measures

- What patient, service user or service outcomes (results achieved as a consequence of your project) will you regularly measure to show the impact of your change(s)?
- What outcomes have patients, service users and members of the public told you are important to them?
- How will you measure or assess the relevant outcome(s) on a regular basis/in relation to a number of small incremental changes?
- Can this measurement be continued longer term to test whether the impact of the change is sustained?

Balancing measures

- Do you need balancing measures? (These are measures to show whether an improvement in one area is impacting another area. For example, in a project designed to reduce length of hospital stay, it would be important to also measure readmissions.)
- Will you assess unintended consequences? (These are positive or negative outcomes as a result of the change(s) that were not anticipated.)

The Point of Care Foundation has a useful webpage on measuring improvement:

<https://www.pointofcarefoundation.org.uk/resource/patient-family-centred-care-toolkit/measuring-improvement/>

11. Analysis plan

- How will you analyse the data? Who will do this?
- Have you ensured that data analysis will take place regularly so that the findings can be used to plan further iterative changes?
- How will your team agree on the key messages or themes from qualitative (textual) data and how will these findings be presented?

- If you are collecting quantitative (numerical) data that is time-ordered, is it possible to construct a run chart?

The Institute for Health Care Improvement has produced a downloadable run chart tool: <http://www.ihc.org/resources/Pages/Tools/RunChart.aspx>.

12. Plans for accessing additional support from people with quality improvement expertise

- Who will provide advice if the project team gets stuck?
- Does the organisation that runs the service have a central quality improvement team?
- Do members of your project team know where to find helpful information about conducting quality improvement projects?

You may find 'Step 1: KIS introduction to quality improvement' helpful for learning about quality improvement: <http://www.kingsimprovementscience.org/KIS-QI-guide-step-1>.

13. Ethics and governance

- Does the organisation (responsible for the service) require quality improvement projects to be registered and/or approved, and if so what are the steps in the process?
- Have you considered any ethical issues that may arise from your project and how these will be handled?

The Healthcare Quality Improvement Partnership has produced a useful 'Guide to managing ethical issues in quality improvement or clinical audit projects' (February 2017): <https://www.hqip.org.uk/resources/guide-to-managing-ethical-issues-in-quality-improvement-or-clinical-audit-projects/>.

14. Simple/clear milestones for the project

- What are the key dates and steps in the process towards achieving the project aims? For example, what are the anticipated start and end dates?
- Will a project timeline/Gantt chart be constructed and agreed? Who will do this and how frequently will it be reviewed?

ASQ has a webpage that explains what a Gantt chart is and how to construct one:

15. Project team members' names and contact details and the key tasks/roles of each member

- Ensure that your team covers a range of perspectives that will be relevant to tackling the identified problem – consider patients, service users and the public, health and social care professionals, managers, budget holders and other staff working in or supporting the service.
- Note that tasks may change as the project progresses and may be shared amongst the project team rather than being the responsibility of one person.

name	role	email/phone	project tasks

Do members of your project team know where to find helpful information about conducting quality improvement projects? You may find 'Step 1: KIS introduction to quality improvement' helpful: <http://www.kingsimprovementscience.org/KIS-QI-guide-step-1>.

16. Project meetings

- How frequently will the project team meet to discuss the project?
- How long will these meetings last and who is expected to attend?
- Are these arrangements suitable for all attendees, including patients, service users and public representatives?
- Where will the group meet and is the venue suitable for all attendees?
- Who will set meeting agendas, take minutes and chase on agreed action points?
- Is a larger advisory or reference group required to engage a wider number of stakeholders?
- Who will co-ordinate and service meetings?

17. What resources do you need for the project?

(Refer to your answer to question 11 in Step 2.)

- Are any additional resources (for example, staff time, equipment, printed materials) needed to undertake the project?
- Do any project team members require release of time from usual duties to conduct the project? If so, how will this be organised?
- Has a meeting venue suitable for clinical teams and patient, service user or public representatives been identified?
- Do you have sufficient resources (time and money) for stakeholder engagement and patient and public involvement?
- Do any project team members (including patients, service users and members of the public) require access to quality improvement training and if so, what are the plans for this?

18. Changes or activities that might facilitate or hinder the project

(Refer to your answer to question 7 in Step 2.)

- Identify any changes or activities that are happening in the service or organisation at the same time – for example, new IT systems, staff turnover, relocation of services, other relevant quality improvement projects or cost improvement initiatives.

19. Process to evaluate the impact and sustainability of the project

- How will the project team document and reflect on the success or failure of the project?
- How will the project team identify what drove positive change in the project and what restricted it?
- How will the project team evaluate the process of involving patients, service users and members of the public in this project and can you plan to describe its impact?
- How will you find out if any positive change is sustained in the longer term?

The former NHS Institute for Innovation and Improvement produced a useful model and guide on assessing sustainability – ‘Sustainability model and guide’ (February 2010):
<https://improvement.nhs.uk/resources/Sustainability-model-and-guide/>.

20. Plans for sharing learning from your project

- Who within and outside of the organisation will be interested to find out how your quality improvement project worked in practice?
- How will you communicate about your project with patients, service users and members of the public?
- Might you want to publish your findings – eg in a newsletter, on a website or blog, or in an academic journal?
- Can you identify relevant meetings, events and conferences where you might be able to present your findings?

You might find 'Communication: a practical resource' helpful:

<http://www.kingsimprovementscience.org/communication-practical-resource>.

We recommend using the SQUIRE 2 guidelines to structure reports of quality improvement projects: <http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471>.

21. References and resources

Make a note of key papers, websites and resources relevant to your quality improvement project.

22. Any other information

Help available from the King's Improvement Science team

This resource was created by King's Improvement Science (KIS), a specialist team of improvement scientists, senior researchers and fellows, based at King's College London. KIS was set up in 2013 by King's Health Partners, an academic health science centre comprising three NHS trusts – Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust – as well as King's College London. The work of the KIS fellows has been funded by Guy's and St Thomas' Charity and the Maudsley Charity. The work of KIS fellow Louise Hull has also been supported by the NIHR CLAHRC South London.

KIS is now part of the [Centre for Implementation Science](#) at King's College London. The Centre for Implementation Science is part of the [NIHR CLAHRC South London](#).

KIS resources

The KIS team have developed the following resources:

Quality improvement guides

- Step 1: KIS Introduction to quality improvement
- Step 2: KIS guidance for deciding what to improve and assessing the feasibility of a quality improvement project
- Step 3: KIS template for planning and evaluating a quality improvement project

KIS advice about patient and public involvement

Implementation Science Research Development (ImpRes) tool and guide

KIS guide to evaluation resources

Communication: a practical resource

KIS glossary of terms used in improvement and implementation

You can download the resources at:

www.kingsimprovementscience.org.

This website also contains information about quality improvement projects carried out by the KIS team.

The KIS team can advise anyone who wants to carry out a quality improvement project in south London, or further afield.

Advice clinic for quality improvement and implementation science projects

If you are planning a quality improvement or implementation science project and need expert advice, you can book a place at our advice clinic at King's College London. To find out more, visit: www.clahrc-southlondon.nihr.ac.uk/training-and-education/advice or email: clahrcshortcourses@kcl.ac.uk.

Monthly seminars about improvement and implementation

Leaders in the field of improvement and implementation share and debate their experiences at these monthly seminars. They are open to anyone interested. Find out more: www.clahrc-southlondon.nihr.ac.uk/centre-implementation-science/research-team/seminars.

Evaluation

Any organisation can commission the KIS team to evaluate improvement / implementation programmes or projects, or to help set up ongoing evaluation procedures. We are also happy to discuss the possibility of collaborating as an evaluation partner on a grant application. Email us to find out more: kis-team@kcl.ac.uk.

Training and education

Members of the KIS team teach on the following courses:

Principles of Implementation and Improvement Science:

This is a standalone masters module at King's College London. It involves 10 days in the classroom spread over one or two terms. For more information, email clahrcshortcourses@kcl.ac.uk.

Implementation Science Masterclass: This is a two-day Masterclass for health professionals and researchers held each summer in London. Patients and service users who have experience of research may also be interested. Find out more: www.clahrc-southlondon.nihr.ac.uk/short-courses.

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