Evidence Based Practice/Quality Improvement Project Proposal

Please **download this as a Word document** and complete it for review of your evidence-based practice project. The application must be completed in its entirety (do not leave blank spaces).

The following guidelines to help provide information sufficient for a project to be reviewed for QI/Evidence-Based Practice/Research.

- Quality Improvement: Improving an existing process, cost, productivity, or quality outcomes incorporating existing knowledge into processes for improvement.
- Evidence-based Practice is defined as the integration of clinical expertise, patient values, and the best research evidence into the decision making process for patient care.
- Research is defined as the systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge. Evidence Based Practice is not Research under this definition.
- Research requires regulatory oversight. If your project meets the definition of "Research" please contact the Research Director for next steps.

Project Lead: (Name, Credentials, contact info)	
All Team members:	
Title of Project:	

Date:

1. Project Proposal

- Problem Statement:
- Background with references:
- Aim:
- Measures (process/outcome):
- Intervention:

2. Does the project require patient information or access to hospital metrics? _____ If yes, QI project must be approved by hospital Quality Department

3. List the responsibilities and deliverables of each team member:

4. What is the timeline for completion of this project?

5. Do you need any medical student assistance (if available) for this project?_____
    a. If yes, when is that assistance needed?

6. Obtain signatures from your project mentor and program director

7. Submit signed form to the GME research director

_____ _____

Resident Signature Faculty Mentor Signature

_____

Program Director Signature

Evidence Based Practice/Quality Improvement Project Completion Report

Please **download this as a Word document** and complete it for review of your evidence-based practice project. The application must be completed in its entirety (do not leave blank spaces).

This form must be filled out and signed by all parties at the completion of the project to receive credit towards your scholarly activity/QI Project requirements

Project Lead: (Name, Credentials, contact info)	
All Team members:	
Title of Project:	

Date:

1. Explain the results (data analysis) – this can be descriptive statistics such as mean, standard deviation, graphs, etc.:

2. What were your conclusion:

3. What did each team member contribute to the study?
4. If this is an ongoing project, what is your plan for continuity? Who will continue the project moving forward?

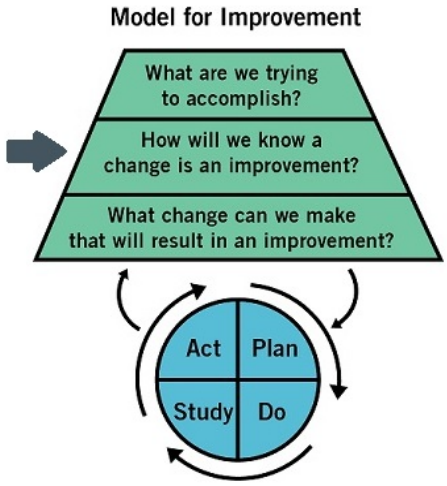
_____

Faculty Mentor Signature: By signing you attest that listed team members completed their portion of the project

_____ _____

Resident Signature Program Director Signature

QI/Process Improvement Tools



Model for Improvement

Set an aim

Time-specific and measurable.

Establish measures

Quantitative measures can often provide the best feedback.

Identify changes

Creative thinking

Test changes

PDSA cycle

Implement changes

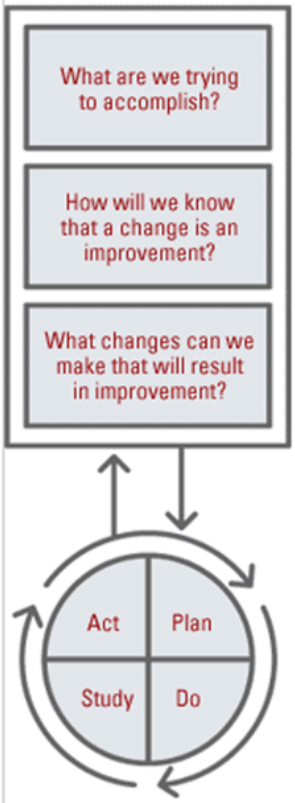
Make the change the new standard process in one defined setting.

Finding the Root Cause of the Problem - to find the right intervention - Use the 5 Whys

5 Whys is the practice of asking *why* repeatedly whenever a problem is encountered in order to get beyond the obvious symptoms to discover the root cause.

The 5 Whys uses "counter-measures," rather than "solutions." A countermeasure is an action or set of actions that seeks to prevent the problem from arising again, while a solution may just seek to deal with the symptom. As such, counter-measures are more robust, and will more likely prevent the problem from recurring.

You can use 5 Whys for troubleshooting, quality improvement, and problem solving, but it is most effective when used to resolve simple or moderately difficult problems.



Setting Aims
Improvement requires setting aims. The aim should be time-specific and measurable; it should also define the specific population of patients that will be affected.

Establishing Measures
Teams use quantitative measures to determine if a specific change actually leads to an improvement.

Selecting Changes
All improvement requires making changes, but not all changes result in improvement. Organizations therefore must identify the changes that are most likely to result in improvement.

Testing Changes
The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change in the real work setting — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method used for action-oriented learning.

Implementing Changes
After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale — for example, for an entire pilot population or on an entire unit.

Spreading Changes
After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or in other organizations.