**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

Quality Improvement Project Documentation Journal

Facility Name: _____ **State:** _____

Project Name: _____

Department: _____

Project Start Date: _____ **Project End Date:** _____

Team Leader: _____

Team Members (Multi-disciplinary team): _____

Name	Title
1.	
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Standard Format for Documentation of Quality Improvement Interventions

The Site-level Documentation Journal

(The Journal for Quality Improvement (QI) teams is designed specifically to document real-time changes being implemented and to aid teams in reviewing results in light of changes implemented. This tool is meant to be kept by QI teams for their own purposes and filled in with the level of detail needed for the team itself. The essential elements of the Journal are: the ongoing list of changes being implemented (including specific start and end dates, if appropriate), and the linking of those changes by annotating and analyzing time series charts based on results being tracked through regular monitoring of indicators.

Please be sure to include as much detail as will be helpful for you to analyse and document the evolution of your work. The journal provides a detailed record from which you can reflect on your work, prepare for sharing of lessons to others, and contribute to knowledge on providing quality of care services.)

SECTION A: PLANNING THE QUALITY IMPROVEMENT INTERVENTION

Background: (Provide background or brief summary of the facility and/or department in which QI is being implemented and the basis for implementing the QI interventions)

The Problem: (What is the problem you are addressing? (Characteristics of a problem statement addresses who, what, when, where, how many and the impact of the problem)

Improvement Aim:

*(Please state the overall aim of the improvement project, the improvement aim seeks to cover the gap between current performance and the desired performance according to a set performance target or quality standard. (Should have a **boundary** that specifies the scope of the improvement, specific **numeric** goals for outcomes that are ambitious but achievable, a **timeframe,** and **guidance** on how the aim will be achieved).*

_____

_____

_____

Outcome Indicator *(How shall we know that the improvement aim has been achieved?)*

_____

_____

_____

Numerator Description: _____

Denominator Description: _____

Data source: _____

Process Analysis:

Process Flow Analysis: *(Draw a process flow chart showing the steps and transitions between steps in the process of care. <u>Identify and highlight</u> which steps or points in the process are problematic. (What differences are there in the standard of care and current practices? What are some of the challenges with the current situation?). Use relevant symbols as shown on the right.*

Current Process Flow Chart

| Symbol	Meaning
▭	Process/Activity
◇	Decision Box
⬭	Start/End
→	Arrow
⬓	Document
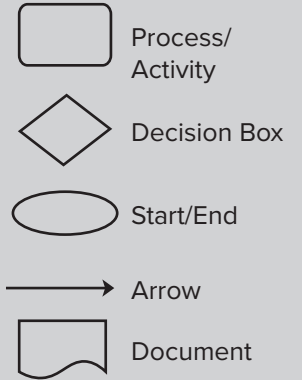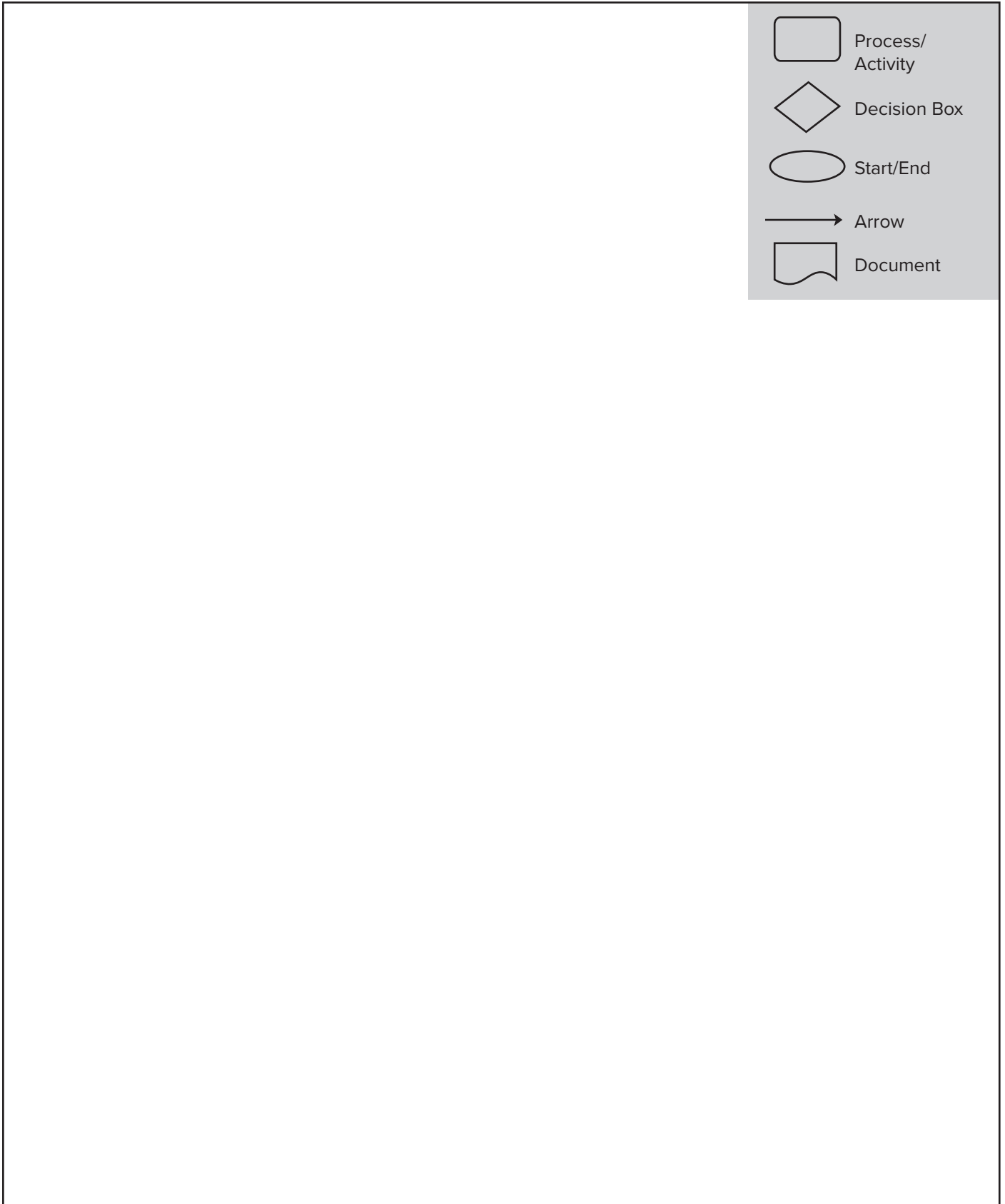
Desired Process Flow Chart
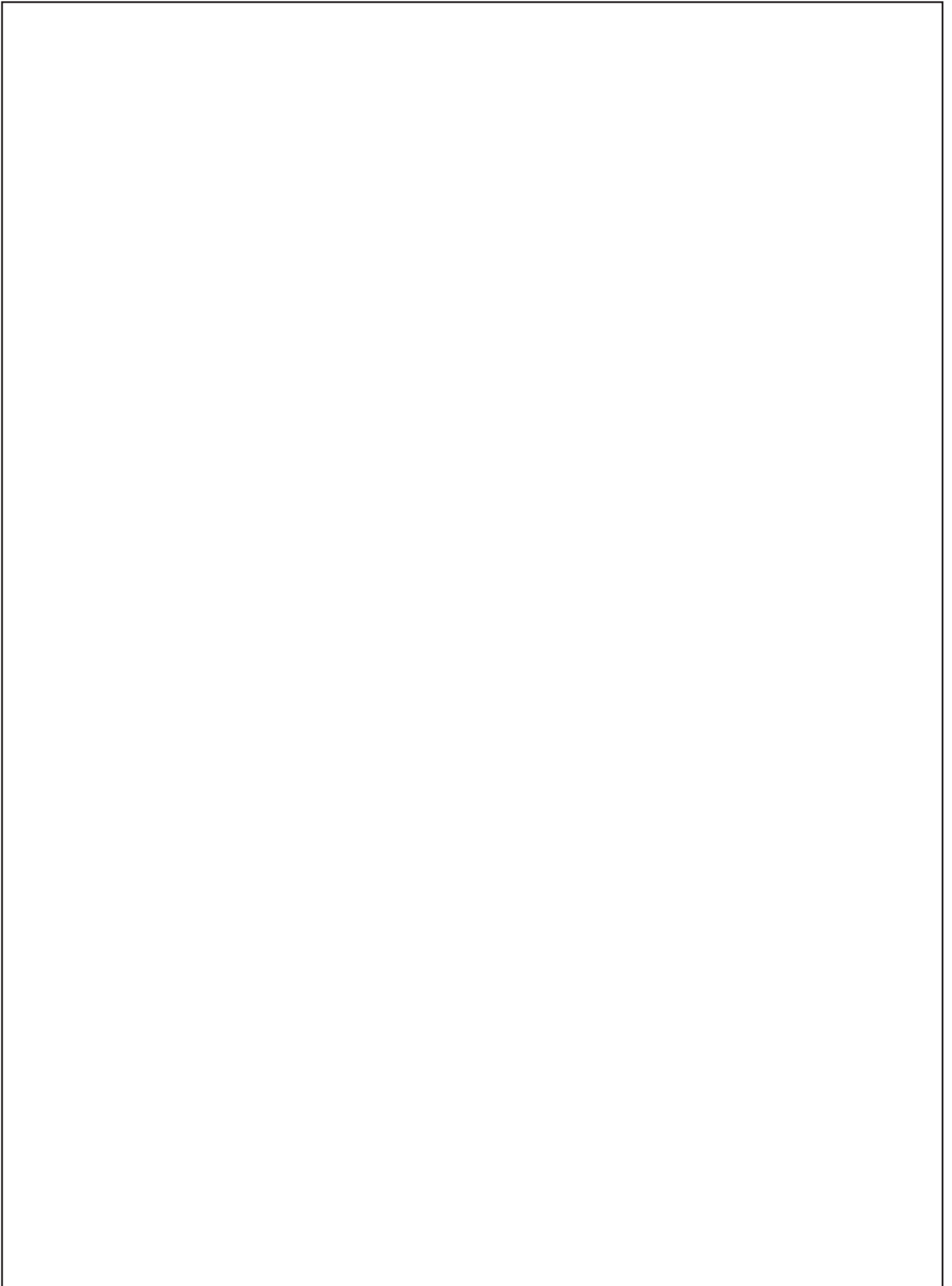
Root Cause Analysis (e.g. Using the Fishbone Diagram):

(The fishbone diagram will help the team identify the primary cause, reason, or gap, contributing to the problem by diagraming, sorting, and analyzing the possible root causes of the problem you stated above which will need to be addressed to achieve the improvement aim.) Use the format provided in the illustration below.

Equipment	Systems	Processes (and Methods)
Materials	People (Staff/Clients)	Environment
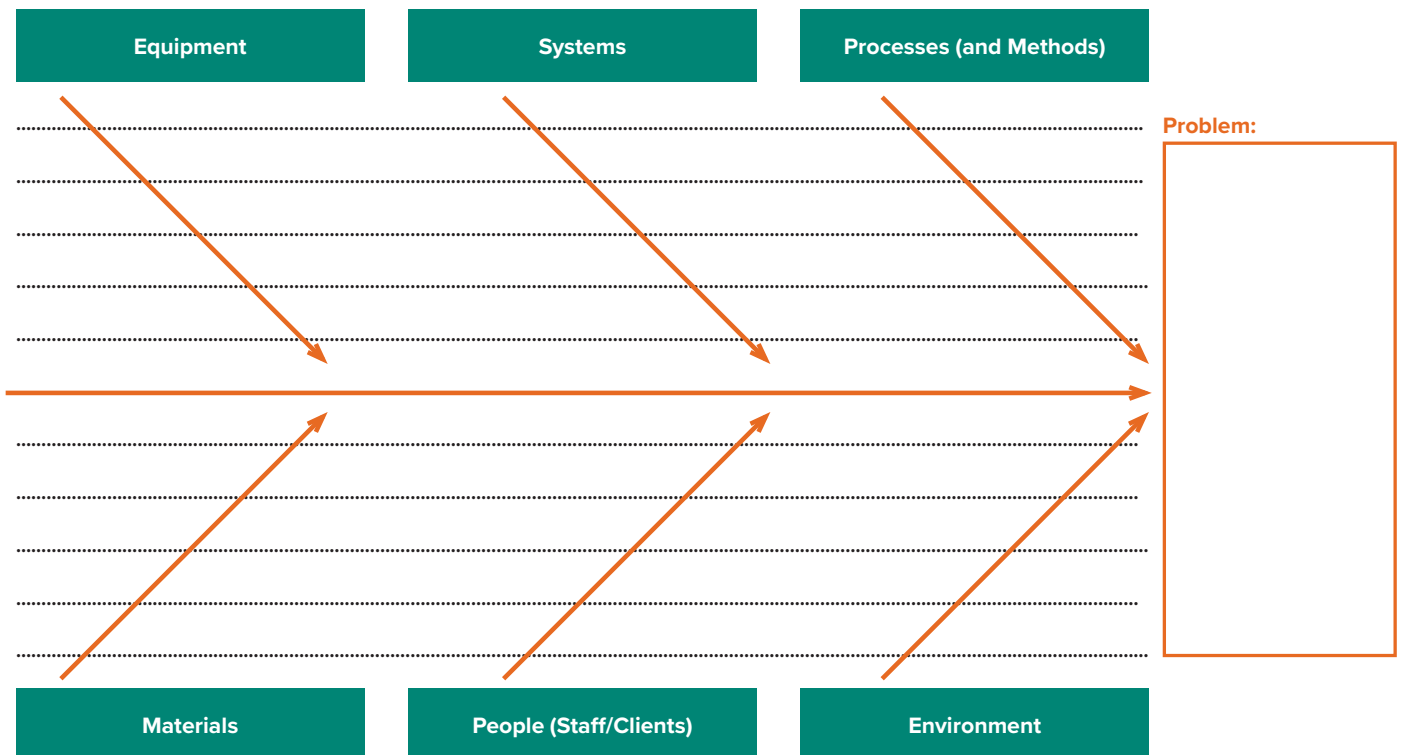
Problem:

Note: Please highlight/draw a "cloud" around the root causes that the team has prioritised for action.

Fishbone Diagram
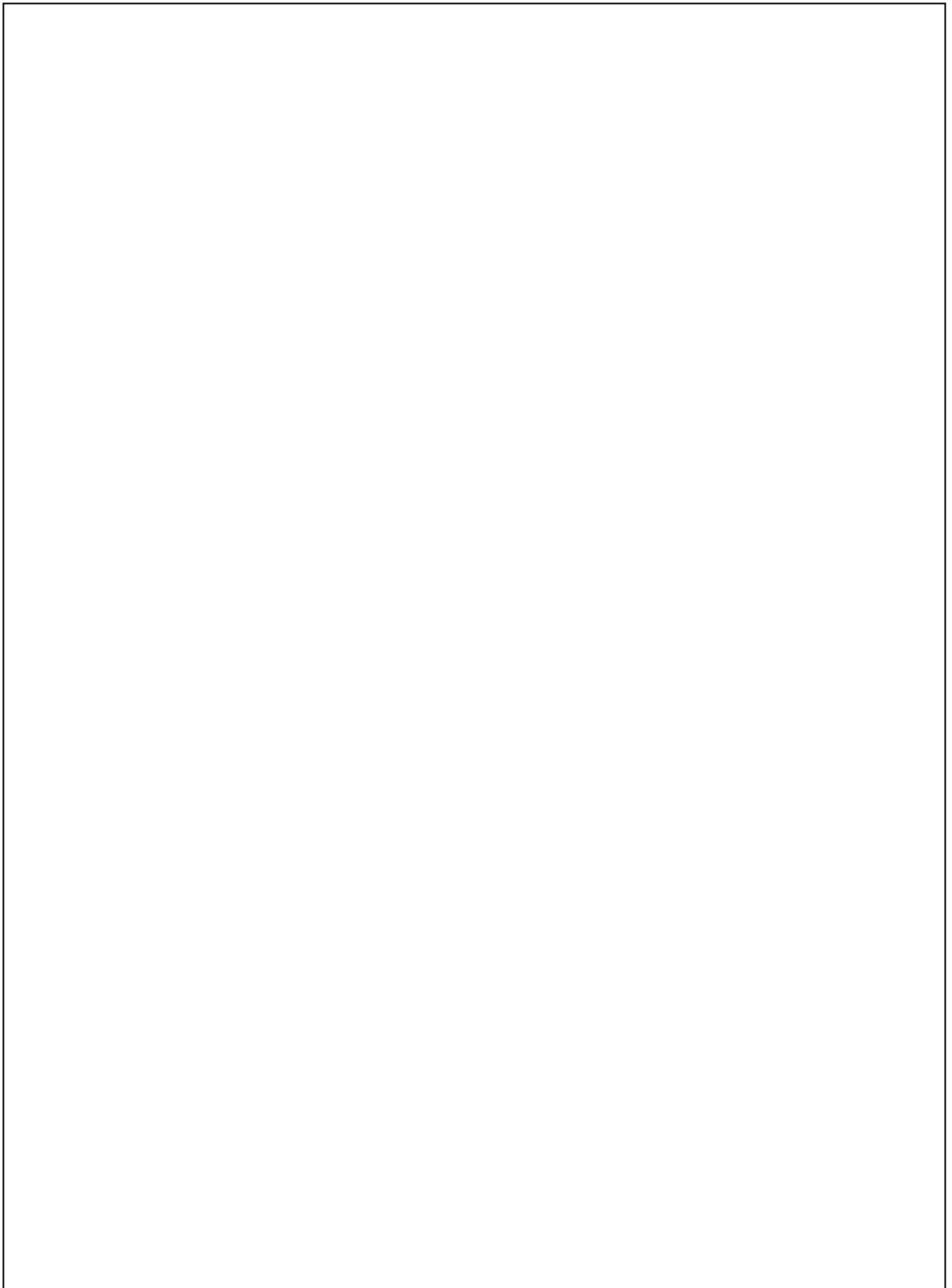
Improvement Plan

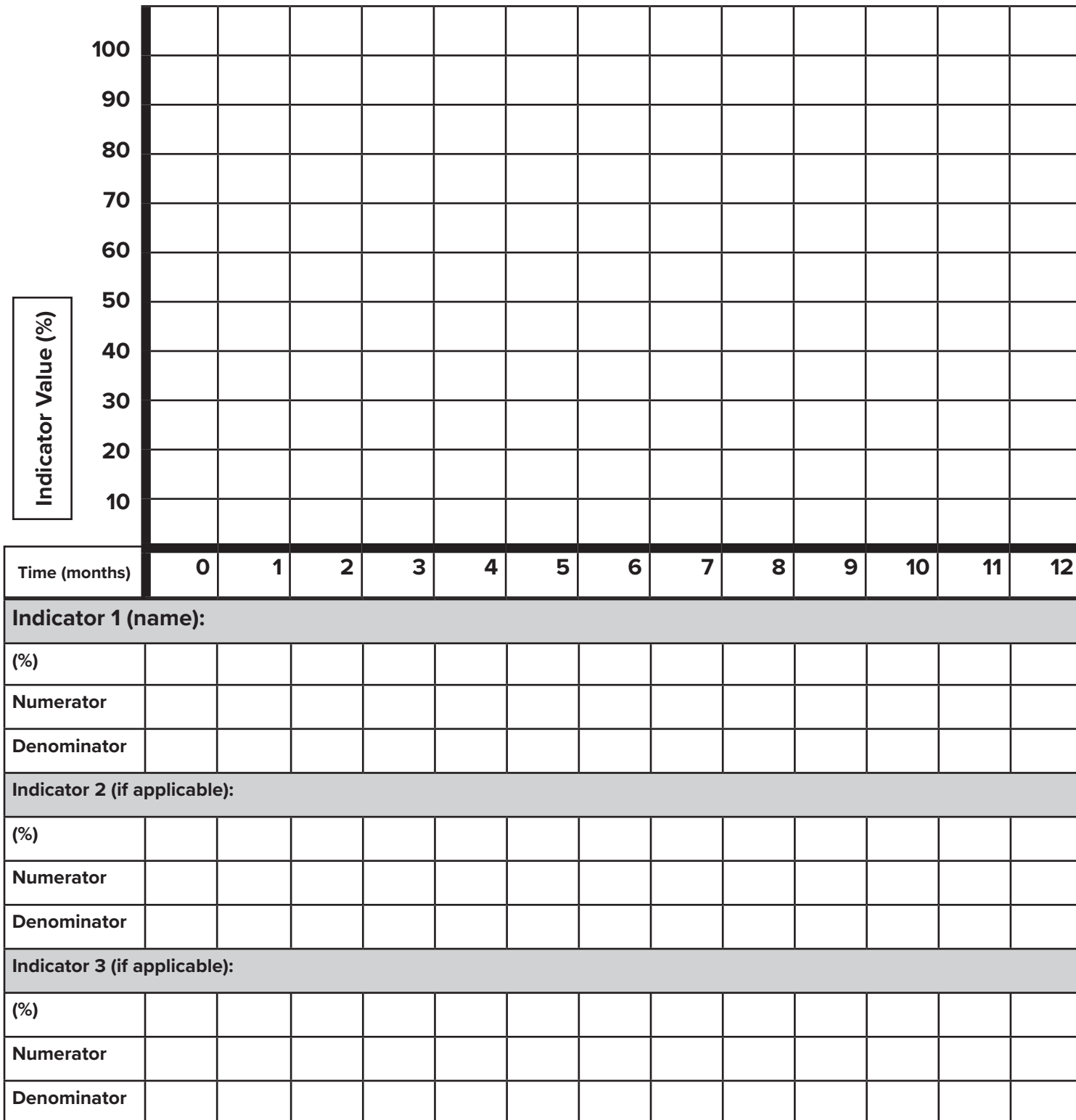*(What are we trying to accomplish and why? Interventions should be derived from the prioritized problems/root causes in the fishbone and articulated in the proposed changes.) Remember to prioritize based on the evidence available, importance, simplicity, and scalability. Please list below the changes that the team has tried out in order to achieve the improvement objective. Write all changes, whether effective or not. Also, note when it was started and when it ended (where applicable.) Use the Comments column to annotate the results.*

Intervention (Tested Changes)	Start Date: DD/MM/YY	End Date: DD/MM/YY	Responsible Person	Comments: Note here any potential reasons why the change was or was not effective; also indicate any change in indicator value observed related to this change.

SECTION B: DOCUMENTING RESULTS

(Please enter data from the relevant identified sources and plot accordingly for each process indicator and the outcome indicator on a monthly basis. Record the numerator, denominator, and percentage, then plot percentage on the graph for each month. Use a different colour (you may use pens of different colours) for each indicator). Note on your graph the time the change was introduced.

Title of Graph: ....

Indicator Value (%)

Time (months)	0	1	2	3	4	5	6	7	8	9	10	11	12
Indicator 1 (name):													
(%)													
Numerator													
Denominator													
Indicator 2 (if applicable):													
(%)													
Numerator													
Denominator													
Indicator 3 (if applicable):													
(%)													
Numerator													
Denominator													

Journal Comments:

(Please note here any additional comments you would like to make regarding your changes or results. This may include inputs, challenges, actions taken to address a challenge, effects (positive or negative) you are currently observing as a result of the quality improvement effort such as comments from patients or staff; changes in your performance or motivation, improved efficiency or the survival story of a sick patient; explanations for the change in the value of the indicator, and any observations that could have affected the results. These notes will be used to annotate changes in trends on the graph.)

Notes should be written for every data point or whenever the data is updated

Date	Comment	Name of person writing comment