

Process Improvement:

The organization uses data and information from data analysis to identify and implement changes that will improve patient safety and the quality of care, treatment and services. When opportunities for improvement are identified, the priority setting criteria will be implemented to determine if a Performance Improvement Team needs to be chartered to implement improvement strategies.

(1) If the service, council, or committee recommends a Performance Improvement Team, a charter will be developed including goals of the team, identification of the team leader, team members, time frames, and other parameters.

④ All Performance Improvement Teams will utilize the performance improvement methodology of Plan-Do-Study-Act (PDSA) cycle of continuous improvement. The 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.



Step 1: Plan

Plan the test or observation, including a plan for collecting data.

State the objective of the test.

Make predictions about what will happen and why.

Develop a plan to test the change. (Who? What? When? Where? What data needs to be collected?)

Step 2: Do

Try out the test on a small scale.

Carry out the test.

Document problems and unexpected observations.

Begin analysis of the data.

Step 3: Study

Set aside time to analyze the data and study the results.

Complete the analysis of the data.

Compare the data to your predictions.

Summarize and reflect on what was learned.

Step 4: Act

Refine the change, based on what was learned from the test.

Determine what modifications should be made.

Prepare a plan for the next test.

① On the Spot Improvement Opportunities:

(a) All employees will be encouraged to identify opportunities to take immediate actions that are intended to increase the patient's/resident's level of satisfaction or exceed the patient/resident/family's expectation of service.

(b) When a sentinel event occurs that requires immediate investigation, the HCS Director will appoint a Root Cause Analysis Team in accordance with VA regulations/VISN 17 policies and VANTHCS policy.

② Changes made to improve processes or outcomes are evaluated to ensure that they achieve the expected results. When planned improvements are not achieved or sustained, appropriate actions are documented and undertaken.

④ Leaders will coordinate recognition and rewards given for performance improvement activities in accordance with organizational policy.