



ANZCA and FPM CPD Program

Quality improvement project guideline

Individual activity

Group activity

Category 1
Practice evaluation
Measuring outcomes

Purpose

This guideline assists CPD participants complete the *Quality improvement project* activity.

Activity description

The Quality Improvement (QI) project activity focuses on work that drives continuous improvement to achieve increasingly better patient experience and outcomes, better value care and/or improved staff experiences^{1,2}. The QI project activity can be claimed for both clinical and non-clinical (clinical support) work provided its focus is on measurable improvement.

A QI project may involve one CPD participant or a group in single or multiple disciplines and increasingly includes consumer engagement in co-designed initiatives. It may focus on individual, team, departmental, group, hospital, health service or organisational outcomes.

Differentiating the QI project activity from other CPD program activities

While QI project is its own activity, other related activities in the CPD program are:

- **Audits**, which are data collection projects that underpin both QA (whether the question is whether audit findings meet a benchmark) and QI (a cyclical process of measurement, improvement and re-measurement)¹. In the CPD program, audits are recorded in as either **clinical audit** when relates to direct patient care or **practice audit (clinical support)** for clinical support-related audit.
- **Review of patient care pathways**, which is a separate activity used to record active participation in review and redesign (including co-design) of these pathways.

Related documents

1. [Quality improvement project CPD verification form](#)

How to complete this activity

Many QI methodologies and approaches exist. A number of QI resources including tools and toolkits are listed in the [CPD for clinical support roles Library Guide](#).

The Model for Improvement³ used by the Institute of Healthcare Improvement⁴ provides a concise overview and framework for a rapid cycle QI approach.

Quality Improvement projects generally involve multiple steps, often as part of an iterative “rapid improvement cycle”, such as the PDSA (Plan Do Study Act) cycle⁵. Common approaches to undertaking a QI project^{2,4,5,6,7} are described in the table below:

Time period	Steps	Complete
Develop QI project plan	<p>Outline the problem you are trying to solve or the process/outcome/experience you are trying to improve.</p> <p>This may be identified by answering the following questions:</p> <p>What is the issue? Why is it an issue? How do you know it's an issue? (e.g., is there audit data that has identified gaps in practice compared with best practice?)</p>	
Determine project aim/s and objectives	<p>Determine project aim/s (aspirational) and objectives (specific steps/targets to achieve the overall aim). Consider using a SMART framework⁶ to write the objectives:</p> <ul style="list-style-type: none"> • Specific • Measurable • Achievable • Realistic (&/or relevant) • Timeframe. 	
Plan the methodology	<p>Plan the methodology (e.g., PDSA approach) including testing and evaluating change approaches on a small scale before implementing more widely (as relevant, noting changes may only be implemented locally).</p> <p>Determine what changes will be tested/implemented and why. Consider:</p> <ul style="list-style-type: none"> • Tools to be used. • Data to be collected and how it will be collected. <ul style="list-style-type: none"> Quantitative/qualitative data? Outcome measures? Process measures? Balancing measures (the introduced changes having unintended consequences in another part of the system/processes of care)? • How will data be analysed? • How will you know if the changes have made a difference? • Potential issues/limitations with your methodology and how those issues can be addressed. • Whether ethics approval is required for the project. 	
Ethics approval	<p>This is not a mandatory requirement for satisfactory completion of the QI project as a CPD activity.</p> <p>However, when collecting data for a QI project, CPD participants must comply with local regulations and ethics committee requirements within their jurisdiction. This applies even if the CPD participant does not intend to publish the results of the project outside their department or group.</p>	

Time period	Steps	Complete
Project	Carry out the project as planned.	
Summarise and analyse results	Summarise results, with any relevant benchmark, standard or other comparator listed against the results for each domain (to facilitate comparisons in the next step). What are the <u>key findings/outcomes</u> ? How do they compare with your anticipated outcomes? Were there any unexpected/unintended outcomes?	
Evaluate and reflect on the outcomes	Tools exist to help with a structured evaluation of implemented interventions (e.g., the Consolidated Framework for Implementation Research (CFIR) by Damschroder and colleagues ⁸).	
	How do the findings <u>compare to any relevant benchmark</u> , standard or other comparators, where available?	
	What are the <u>limitations</u> of these conclusions?	
	What are the <u>implications</u> of these results for your practice? What improvements could be made? What could be the next steps?	
Plan next steps	Plan the next change cycle or broader implementation.	

QI project examples

The following are examples of QI projects.

Example	How to do this
Ensure patients presenting for elective surgery in your setting meet best practice for preoperative fasting, in order to avoid the adverse consequences of prolonged fasting.	The RCoA compendium ⁹ outlines suggested data for a baseline audit, pathway mapping and improvements using a PDSA cycle ⁵ with improvements monitoring.
Identify an opportunity to improve evidence-based practice (e.g. correcting preoperative anaemia prior to joint replacement, use of anti-emetic prophylaxis, maintenance of normothermia perioperatively)	Use PDSA cycle with investigation of best practice, local data collection, process change/application of clinical guideline and then re-survey to demonstrate improvement (or not)
Survey the clinical learning environment in which training occurs (in your department, hospital, unit or practice) to identify areas for improvement. Plan and implement changes and remeasure the learning environment to evaluate the changes.	<p>Tools to audit learning environment</p> <p><i>Anaesthesia-specific tools:</i></p> <ul style="list-style-type: none"> • MATE for teaching in the OR¹⁰ • ACLEI for overall learning environment¹¹. <p><i>Pain medicine- specific tools</i></p> <ul style="list-style-type: none"> • D-RECT¹² • PHEEM¹³.

Using a different approach

There are many different QI methodologies and approaches. This guideline provides a collection of selected professional networks and support resources related to Quality Improvement (QI) projects. You may choose a different approach from that described above.

ANZCA and FPM CPD portfolio recording

Participants record this activity under

Category 1 Practice evaluation – Measuring outcomes: Quality improvement project activity, with the [Quality improvement project CPD verification form](#) uploaded as evidence.

Optional related activities

1. Report of QI project (claimed under the activity ‘Report of audit findings’)

Present to a colleague/audience or write a report of your QI project results, including key findings and the implications for your practice, and claim hours spent under *Category 1 Practice evaluation – measuring outcomes: Report of audit findings*.

For example, discussion with a peer allows your colleague to enhance your reflection on your QI project results by providing another perspective. Your colleague can record this discussion under *Category 2 Knowledge and skills – review of ANZCA and FPM fellows*.

2. Critical Reflection on the QI project process

- What went well/not so well?
- What would you do differently in a future QI project/cycle?

If you undertake a formal critical reflection on your QI project, time spent doing this can be recorded under the *Category 1 Practice evaluation – reviewing performance: Critical reflection activity*.

References

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13. Roff S, McAleer S, Skinner A. Development and validation of an instrument to measure the postgraduate clinical learning and teaching educational environment for 122 hospital-based junior doctors in the UK. *Med Teach* 2005; 27: 326-331. DOI: 10.1080/01421590500150874.

Change control register

Version	Author/s	Reviewed by	Approved by	Approval date	Sections modified
1	A Kattula	D Devonshire CPD team DPA education	CPD Committee	October 2023	Created