

Taken in entirety on 22nd June 2016 from the Infection Prevention Society at <http://www.ips.uk.net/professional-practice/quality-improvement-tools/quality-improvement-tools/>

Quality Improvement Tools

A Quick Introduction to Quality Improvement

The use of tools on a regular basis forms part of the Quality Improvement Methodology, which considers;

- Systems – ensuring the environment and the processes within it are conducive to preventing errors and promoting safety in practice;
- Reliability – ensuring whatever is meant to happen, happens the right way every time.
- Testing change – all improvement will require change but not all change results in improvement therefore changes to a system or process must be tested using PDSA cycles (Plan, Do Study Act)
- Measurement – The Tools enable the application of effective Infection Prevention systems and processes to be measured.

Both Process Improvement Tools (PITs) and Rapid Improvement Tools (RITs) are available for clinical practice and care settings.

1. Clinical Practice Improvement Tools measure specific clinical practices. They can be used in any care setting where clinical practice is performed - for example, the 'Asepsis' clinical practice tool may be used in all care settings.
2. Care Setting Improvement Tools are specific to care settings such as Endoscopy, theatres, acute in-patient facilities and care homes.

Each Quality Improvement Tool can be printed out for use as a paper copy to record the outcomes in the practice setting and then entered onto the database, or handheld devices can be used to record the audit electronically.

Process Improvement Tools (PIT)

These are tools designed for detailed measurement of all aspects of practice/environment. (E.g. ward, outpatient dept, operating theatre etc) or a specific clinical practice (e.g. hand hygiene, insertion and care of peripheral vascular devices etc).

These tools can be used to measure baseline compliance with standards and identify areas for improvement work. Guidance is provided against the criteria in each standard to ensure objective assessment. They will identify the extent of overall compliance with evidence based criteria required to prevent/reduce the risk of infection. These tools are very comprehensive and will give a good overall indication of how well the areas are doing and should not need repeating frequently.

In care settings where there is a specialist Infection Prevention and Control Team, these tools may be used by the team but the guidance allows use by others without specialist knowledge,

e.g. matrons, ward managers, home managers and link practitioners. The tools are very detailed and therefore simultaneous use is not advised.

Each criterion should be marked Yes/No or Not applicable (N/A). Some criteria cannot be marked as N/A because these criteria reflect national evidence based standards and are considered to be always applicable

Once a base line assessment has been made using a PIT, the PIT may be used infrequently, for instance bi-annually, frequency of use is for local determination. The person using the improvement tools should provide verbal feedback immediately.

Then:

- Plans should be made to achieve the improvement required,
- Realistic time frames should be set to achieve the improvement
- Regular assessment should be made to determine whether improvement work is successful, this could be done by using the Rapid Improvement Tools (RIT).

Such improvement work may be undertaken using quality improvement tools and techniques such as the PDSA cycle. A specific section of the PIT may be used depending on where improvement is required, or more frequent measurement in this context may be more practical using the shorter **Rapid Improvement Tool** designed for this purpose.