

The Model for Improvement

Quality Improvement Toolkit

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Overview

Improvement science is a methodology commonly used to define problems and inefficiencies in a system and identify areas for improvement to ensure the system delivers the desired outcome(s).

The Model for Improvement (MFI) was developed by the Institute for Healthcare Improvement (IHI). This model helps to identify, define, and diagnose a problem, create a theory of change and to test 'change ideas' to determine if they will result in system performance improvement. How will we know a change is an improvement? What change can we make that will result in an improvement? Plan Act Do Study

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What are we trying to accomplish?

The IHI and Safer Care Victoria use the Model for Improvement to guide healthcare quality and safety improvement initiatives.

The model has two parts:

- three fundamental questions that allow you to set aims, establish measures, and select changes
- a **systematic testing cycle** called Plan Do Study Act (PDSA) to test the impact of the proposed changes.

This toolkit includes a number of different quality improvement tools and templates to support your work. To learn how to use the PDSA cycle to test your ideas, you can use the **SCV PDSA Toolkit Resource**.

When to use the Model for Improvement?

When planning any improvement or change to work processes, it is essential to know what you want to achieve, how you will measure improvement, and to be explicit about the idea to be tested. You may not get the results you expect so it is safer and more effective to test improvements on a small scale before implementing them across the board.

Who uses the Model for Improvement?

Before you start to work through the three fundamental questions of the Model for Improvement, it is important to think about who you need to work with, consult with and partner with. It is fundamental that those most affected by the work you are seeking to improve are involved in the improvement efforts to ensure quality improvement. You may want to start by mapping out who has decision making authority, the patients, carers and other important people with lived experience who you might want to work with. This includes the people who help deliver the service. Refer to the **Partnering with consumers Toolkit Resource and the Planning Canvas for more information**.

How to use the Model for Improvement

Answer the three fundamental questions

What are we trying to accomplish? (Your aim): To answer this question, you will need to write a clear and concise aim statement for your improvement work using the SMART format. Refer to **Creating Aim Statements Toolkit Resource.**

How will we know that a change is an improvement? (Measurement): Measurement is fundamental to answering this question. You must measure the impact of your improvement work to know if you are achieving your aim. Learn more in the Family of Measures Toolkit Resource.

What changes can we make that can lead to an improvement? (Ideas for change): To answer this question, you will need to decide what ideas you will test in order to achieve your aim. Remember, your change should be able to bring about differences in performance that are measurable. This is where you generate ideas of new actions and/or different ways of working that may lead to an improvement.

Creativity tools can help to generate change ideas. There are also tools to help you to prioritise which change ideas to test first.

Next steps

Once you have worked through the three fundamental questions it is time to test your ideas for change. **Refer to the SCV PDSA Toolkit Resource** to learn more about testing your change ideas.

Please note: This content has been adapted with permission of The Clinical Excellence Commission (CEC) and based on content created by The Institute of Healthcare Improvement (IHI).

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