

## Self-Assessment: Culture of Quality Improvement (QI)

Rate how closely each statement fits your organization.

|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly Agree |
|--|-------------------|----------|----------------------------|-------|----------------|
| QI is utilized as a method for approaching decision making and problem solving, rather than considered as a distinct or separate program.  |                   |          |                            |       |                |
| Our board of directors (or governing body) are engaged in and supportive of the QI work being done in our organization. For example, it would be evident from Board meeting minutes that QI is a regular topic of discussion.  |                   |          |                            |       |                |
| We have consistent expectations for staff to be involved in QI activities.   |                   |          |                            |       |                |
| There is a process for ensuring time is available for all staff who are asked to work on QI teams.   |                   |          |                            |       |                |
| Training is available for all staff regarding QI methods and tools.  |                   |          |                            |       |                |
| QI is an integral component of new staff orientation and training. For example, their role in identifying opportunities for improvement, and expectation that they will be active participants on QI teams.  |                   |          |                            |       |                |
| We use a consistent, structured method for implementation of QI efforts. (ex. PDSA)  |                   |          |                            |       |                |
| When addressing QI opportunities, our organization focuses on making changes to systems and processes rather than focusing on addressing individual behaviors.   |                   |          |                            |       |                |
| Our organization has identified sources of data and information relevant to use for QI. For example, data that reflects measures of clinical care; other data that reflects the services provided by our organization; and input from patients, families or caregivers, clinicians, staff, and other stakeholders. |                   |          |                            |       |                |
| There are strategies and processes in place to ensure QI efforts are broadly communicated and discussed across all levels of the organization.   |                   |          |                            |       |                |
| Staff are recognized for engagement in QI efforts, and teams are provided opportunities to celebrate progress  |                   |          |                            |       |                |

## Discussion Questions

What are your organization's *strengths* related to embedding QI into your culture?

What are your organization's *opportunities* related to building a culture of quality?

Do any themes emerge?

Identify at least one area of opportunity for action that you can start to address in the next two weeks:

What is your plan? (Who, What, Where, When?)

What longer term actions might you take to use QI methods to sustain the impact of quality gains?

What strategies and supports will you need to support change?

*Knowledge?*

*Feelings/Motivation?*

*Skills?*