

The Quality-Improvement Self-Check

A 5-minute diagnostic for clinicians and unit leads. *Built on the IHI Model for Improvement — the three questions and the PDSA cycle.*

Most improvement work fails quietly. Not because the idea was wrong, but because the team never answered the three questions that decide whether change becomes improvement. This self-check walks those questions, then tests whether your work is actually changing practice — or just generating slides.

Score honestly. One point per box you can answer "yes" with evidence (not intention). The interpretation is at the foot.

Question 1 — *What are we trying to accomplish? (Aim)*

- We have a written aim with a **number and a date** (e.g. "reduce X from 40% to 20% by 30 June"), not a direction ("improve X").
- The aim names the **population** and the **boundaries** of the system we're changing.
- A frontline team member — not just the lead — can state the aim from memory.

Question 2 — *How will we know that a change is an improvement? (Measures)*

- We have at least one **outcome measure**, one **process measure**, and one **balancing measure** (what might get worse).
- We are plotting data **over time** (a run chart), not comparing two bar-chart snapshots.
- We agreed how we'd recognise a **real shift** (e.g. a run of points) before we started, so we won't argue about noise later.

Question 3 — *What changes can we make that will result in improvement? (Ideas)*

- Our change ideas trace to a **driver diagram** (aim → primary drivers → change ideas), so we know *why* each idea should move the aim.
- We are testing changes with **PDSA cycles** — starting small (one clinician, one shift, one patient) before spreading.
- Each cycle ends with an explicit decision: **adopt, adapt, or abandon** — written down, with the data that justified it.

The practice test (is it real, or is it slides?)

- If I walked the unit today, I would **see** the change in how work is done.
- The change has **survived a bad week** (high census, short staffing).
- We can name the **person who owns** sustaining it after the project ends.
- The next team could **reproduce** what we did from what we wrote down.

How to read your score (out of 13)

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- **11–13 — Improving.** You're running the Model for Improvement properly. Focus now on spread and on holding the gain.
- **7–10 — Active, but fragile.** You have momentum; the gaps are usually measurement-over-time and the adopt/adapt/abandon discipline. Tighten those.
- **4–6 — Project theatre risk.** There's effort but little that would survive scrutiny. Go back to the three questions and write a real aim before doing more.
- **0–3 — Not yet improvement.** This is activity, not change. Start with one measurable aim and one small PDSA cycle this week.

How this was built. This diagnostic distills the IHI Model for Improvement as applied across a career spent coaching improvement teams and learning collaboratives in hospitals and national programmes — including patient-safety scale-up across multiple African health systems. It is deliberately framework-true and tool-agnostic: it works whether you log PDSAs on paper or in software.