

In the AAAHC Standards, v43, the Quality Category outlines the expectations for organizations to improve the quality of care, while promoting effective and efficient use of facilities and services. In striving to improve clinical quality outcomes, promote effective care delivery, and provide efficient utilization of health care services, organizations maintain a multidimensional, multidisciplinary quality management and improvement program based on comprehensive data analysis of clinical needs, risk levels, and opportunities for interventions and improvements. Quality management and improvement in an organization accounts for all stakeholders and intersects clinical and service performance indicators with risk management in an organized, systematic manner.

The following template is designed to help you through the process of documenting a Quality Improvement (QI) Study in your organization using the AAAHC six-component model. This model incorporates elements in several of the AAAHC Standards including study purpose and specific goals an organization is seeking to address, the discovery of the specific problem or factors inhibiting improvement, corrective action, remeasurement to ensure corrective action sustainability, and communication.

The AAAHC does not specify the model or method for conducting or writing a QI study, however, the criteria for evaluating your QI study at the time of survey is based upon the six-component criteria listed below.

AAAHC Six-Component Quality Improvement Study Model

1. State the Purpose	Description	Tips for Getting Started
	<p>State the Purpose: quantify the gap and explain why it is important</p>	<p>Ask yourself:</p> <ul style="list-style-type: none"> • Is this a known problem or opportunity to improve? • Why are you embarking on this QI study? • Why is this topic important? • What is the issue you are addressing? • Who are you focusing on? • What data led you to the decision to do a study or project? <p>Write a clear purpose including a brief “who, what, where, when, and why” this problem or opportunity for improvement is important.</p> <p><i>Document your purpose statement here.</i></p>
2. Set the Goal	Description	Tips for Getting Started
	<p>Set the Goal: define what your organization is trying to achieve</p>	<p>Ask yourself:</p> <ul style="list-style-type: none"> • What are you trying to achieve? <ul style="list-style-type: none"> ➢ Increasing from X to Y ➢ Decreasing from X to Y • When will you achieve this? • What did benchmarking show? Compare your performance measures with similar organizations to assist in setting an appropriate goal. <p>Write your goal as a number. Your data led you to this problem, now use a number/percentage as your goal. Also set a date for this goal to be met, this helps ensure it gets done.</p> <p><i>Document your performance goal and achievement timeframe here.</i></p>
3. Identify the Gap	Description	Tips for Getting Started
	<p>Identify the Gap: Identify reasons for the performance gap; explain “why” the gap exists</p>	<p>Ask yourself:</p> <ul style="list-style-type: none"> • Why is this problem occurring? • Why didn’t the performance meet the goal? • What is the source of the problem? • Who have you asked? • Is it a knowledge problem? A skills problem? A process problem? <p>Brainstorming on a list of all the possible reasons why your performance isn’t reaching your goal helps you in designing your corrective actions.</p> <p><i>Document the “why” here.</i></p>

4. Corrective Action(s)	Description	Tips for Getting Started
	<p>Corrective Action(s) – Define and Do. Describe your corrective action(s) and implement them</p>	<p>Be sure to:</p> <ul style="list-style-type: none"> • Target the intervention. Corrective actions should address the reasons “why” identified in Component 3 • Address the actions to who is having the problem • Avoid too many interventions – implement the ones that are easiest and have the greatest potential for closing your performance gap • Make it easy • Provide reminders <p>Set a timeline – enough time to have an impact but not a significant lapse before you remeasure</p>
	<i>Document your corrective actions and timeline here.</i>	
5. Remeasure	Description	Tips for Getting Started
	<p>Remeasure: Remeasure to ensure improvement <i>and</i> sustainment</p>	<p>Did the remeasurement of performance meet your goal?</p> <ul style="list-style-type: none"> • Yes, I met the goal! Congratulations! You can document the remeasurement below and move on to Component 6 which is the final step in the process and includes communicating, disseminating a report, AND making a plan for one or more remeasurements to check for sustainability. • No, I didn’t meet the goal. Then it’s time to relook at Component 4. Address your “why” again and adjust corrective actions as needed. Go through additional cycles of interventions (Component 4) and remeasurement (Component 5) until you meet the goal, or the issue is no longer relevant.
	<i>Document the current performance vs. the goal and your next steps whether you achieved or fell short of your performance goal.</i>	
6. Communicate	Description	Tips for Getting Started
	<p>Communicate! Share your study widely before, during and after:</p> <ul style="list-style-type: none"> • to the governing body • throughout the organization, as appropriate 	<p>Engagement is necessary for actions to be sustainable!</p> <ul style="list-style-type: none"> • Ensure the governing body’s review of the report is adequately documented. • Communicate findings to others within the organization and document how this occurred. • Determine whether other educational activities to the organization should reflect the findings of the study. If so, take those steps and document.
	<i>Document how the results were shared with the governing body and throughout the organization and any other educational activities that have taken place because of this study.</i>	

Be prepared to identify and demonstrate the six components at time of survey.