Model for Improvement (MFI)

Below is a summary of what information should be included in each area of the MFI:

Goal

What are we trying to accomplish?

Have a SMART goal:

- **Specific:**
  - ➢ Make it clear what you want to achieve
- **Measurable:**
  - ➢ How will you know a change has occurred
- **Achievable:**
  - ➢ Being ambitious is good, but what if the goals aren't completed and people lose motivation
- **Relevant:**
  - ➢ Everybody will lose interest if they can't see the point
- **Timely:**
  - ➢ Include a date or timeframe (e.g. by 31/05/17, next 3 months)

Measure

How will we know that a change is an improvement?

- Use data that is easily obtained
- Use a combination of process and outcome measures
- Use both qualitative (descriptive) and quantitative (numerical) data
- Use only the data you need
- Use sampling to test on a small scale
- Plot data over time

Idea

What changes can we make that will result in improvement?

- Ideas you can test in order to achieve your goal
- Each idea is then tested in small tests using a PDSA cycle
- One idea may require numerous PDSAs (not successful) to determine if it will work in your practice

Plan Do Study Act (PDSA)

Below is a summary of what information should be included in PDSAs:

Plan
What:
- What exactly will you do and who will be involved/responsible (e.g. PN to print out diabetes register, hold a practice meeting to discuss coding)
- Include as much detail as necessary

When:
- Include specific date (e.g. on the 21/05/17, by 21/05/17)

Where:
- Location (in the clinic, another location)

Prediction:
- Related to the "what"
- Include a measure, where possible (e.g. number of patients on the register)

Data to be collected:
- Related to the "what"
- Include a measure, where possible (e.g. number of patients on the register, number of staff attending meeting)

If all these headings are included, the next parts of the cycle are easier to complete.

Do
Was the plan executed?
- Yes/No (e.g. Yes, on 21/05/17; Yes, but 2 days late; No, meeting cancelled)

Unexpected events/problems:
- Anything that may have occurred (e.g. 2 days late due to staff shortage, discovered chosen staff member didn't have skills to use clinical audit tool and needs more training)

Study
Review and reflect on results:
- Relate back to the predictions and data collected (e.g. number of patients on register less than expected due to incorrect coding, not enough notice for meeting, agenda not sufficiently detailed, staff need more training)

Act
What will you take forward?
- The next PDSA cycle in the "chain" (e.g. diabetes coding requires clarification, PM to develop and circulate agenda one week prior to meeting, further clinical audit tool training for PN required)