

Performance Improvement Project (PIP) Guide

Start Date	Review Date(s)	Complete Date	PIP Squad Members
12/1/2020	12/15/2020	12/31/2020	1. Click or tap here to enter text. 2. Click or tap here to enter text. 3. Click or tap here to enter text. 4. Click or tap here to enter text. 5. Click or tap here to enter text. 6. Click or tap here to enter text. 7. Click or tap here to enter text.
Project Leader Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.	
Key Area for Improvement	Hand hygiene		
Goal: Specific Measurable Action-Oriented Realistic Time Bound	Hand hygiene will be done with ABHR when staff enter and exit resident's room, with a goal of 90% compliance as evidenced by monthly audits by December 31, 2020.		
What is the Root Cause(s) for the problem? Ask 'Why is this happening?' 5 times. If you removed the root cause, would this event have been prevented?			
New staff members & travel staff not adequately trained – WHY? <ul style="list-style-type: none"> • Why aren't new staff members & travel staff not adequately trained? • What is missing in their training? • What needs to be added to ensure that they are properly trained? • How will we know that they are properly trained? 			
Barriers:			

Brainstorm possible solutions and start your PDSA [PLAN DO STUDY ACT] Cycle - see page 2

Do teach-back exercises to assure understanding
 Provide for best practice educational resources, for example, CDC hand hygiene videos, QSEP trainings
 Provide for signage & visual reminders to do hand hygiene
 Do just-in-time education – asking if staff member has ready access to ABHR (& if not, what can we do?); re-educate on gaps in procedure immediately

Plan	Do			Study and Act	
List the tasks to be done	Responsible Team Member	Start Date	Actual Completion Date	Comments/Lessons Learned	Adopt/Adapt/Abandon
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	Study and Act				
Benchmarks/metrics [how will we measure progress?]	<u>Baseline Date</u>	<u>First Measurement Date</u>	<u>Second Measurement Date</u>	<u>Final Measurement Date</u>	Comments
Hand hygiene audits (see performance tracker)	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	

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This material was prepared the Great Plains Quality Innovation Network, the Medicare Quality Improvement Organization for North Dakota and South Dakota, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. 12SOW-GPQIN-13/0320