

Department of Health Care Finance & Comagine Health Nursing Facility Quality Improvement Collaborative

Collaborative Senior Leader Report

(One individual from each facility completes this report)

Date: _____ Name of Facility: _____

1. Is your leadership engaged in the project you are working on? Yes No
2. Have you included a resident or family member in your project? Yes No
3. Does your Aim statement include a numeric goal and timeframe? Yes No
4. Have you updated your Aim statement? Yes No *If Yes, updated Aim statement:*
5. What is your facility specific outcome/process measure (e.g., percent of low-risk residents who start an individualized Prompted Voiding Program beyond the initial trial period, etc.)?
6. Describe actions you implemented that resulted in an improvement:
7. How many small tests of change have you completed using a Plan, Do, Study, Act (PDSA) cycle? 0 1-3 4-5 +5
8. What barriers have you overcome related to your PDSA cycles?
9. What successful results did you have related to your PDSA cycles?
10. What did you learn from your PDSA cycles you completed?



Thank you for your participation!