

Defining your improvement aim

A numerical measure of what you want to achieve by when and by how much

| Criteria | Key questions |
|----------------------------------|---|
| Key terms | Are key terms defined clearly? |
| Scope & exclusions | What is the scope of the improvement? Which patients, services, locations etc. are included or excluded? |
| Timing & scale | How good, by when? When is the improvement intended to happen by? What is the scale of improvement we hope to achieve? |
| Constraints or balancing factors | What are the constraints on how the improvement is undertaken? What don't you want to accidentally make worse? |
| Measurement approach | How will the improvement be measured? |
| No solution included | Does the aim include the solution? (It shouldn't!) |

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- To make your aim as clear as possible, we suggest the following criteria and questions.
- A typical example of poorly defined terms is where people use the term 'quality' (e.g. to improve the quality of patient information . . . E.g. does it mean the readability age, patient satisfaction with the content, to be more visible for those with poor eyesight)
- The 'scope and exclusions' helps you think about whether your change work is intended to apply to all patients (e.g. is it just the elderly, just those with a specific condition etc.), all services & locations (e.g. is it all wards and all sites). Also are there any exceptions to note (e.g. some out-patient improvements may not apply to emergency appointments)
- The timings and scale is the 'how good, by when' question. Note that we will get into this in more detail later as we get into the numbers more. For the moment – just get them thinking about the timescale for their project and what they hope to achieve.
- The constraints is primarily intended to record any limitations placed on the project (e.g. that it must be piloted on Ward X first or must cost less than £Y). The balancing factors is an initial introduction to balancing measures that recurs later in the driver diagram section and is explained more fully there. Here just describe it as shown here and give an example like 'if we were reducing length of stay we would want to avoid increasing readmissions'
- The measurement approach here is just the measurement method and not the detail of numbers of data points.
- The final point is a negative – i.e. NOT to include a solution. Try asking if anyone has a solution in their current aim or has been given one (and make a note to talk to these people if they feel they can't remove the solution).

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