

Quality Improvement Study

Title

“Project Title” – A Quality Improvement Initiative in [Department/Hospital Name](#)

Problem Identification

- **Observed issue:** (Describe the current problem or deficiency.)
- **Impact:** (Who or what is affected? How often? How seriously?)
- **Baseline data (if available):** (e.g., infection rate, wait time, satisfaction score)

Background

- **Known evidence:** (What is already known about this issue from literature or internal data?)
- **Context:** (Brief description of your department or hospital and its relevance to the problem.)

Aim Statement

- **Objective:** (What do you want to improve? How much? By when?)
- Example: “Reduce ICU admission delays by 30% within 3 months.”

Methods

Design

- Describe the approach (e.g., PDSA cycles, pre/post intervention, Lean).

Intervention

- What was implemented? How? By whom?

Measures

- **Process Measures:** (e.g., compliance rate, number of checklists completed)
- **Outcome Measures:** (e.g., patient mortality, satisfaction scores)
- **Balancing Measures:** (e.g., unintended consequences)

Results

- **Before and after comparison:** Include tables, figures or summary data.
- **Successes:** (What improved? How much?)
- **Unexpected findings:** (Positive or negative)

Discussion

- **Interpretation:** (What do the results mean?)
- **Barriers and enablers:** (What helped or hindered implementation?)
- **Limitations:** (Design, data, generalizability)

Conclusion and Next Steps

- Summary of impact
- Sustainability plan
- Recommendations for replication or scale-up

Appendices (optional)

- Charts, protocols, team roles, PDSA documentation, etc.

Quality Improvement Study: Improving Team Motivation in the Neurosurgery Department

Problem Identification

- **Observed issue:** There is a shared perception among staff that the neurosurgery team is demotivated, with decreased engagement, lower morale, and reduced participation in teaching, research, or quality initiatives.
- **Impact:** Potential risk to patient safety, loss of talent, decreased productivity, reduced innovation, and burnout among staff.
- **Preliminary evidence:** Informal interviews and anecdotal observations suggest withdrawal from voluntary activities, increased absenteeism, and reluctance to engage in improvement projects.

Background

- **Known evidence:** Studies have shown that healthcare [team motivation](#) strongly correlates with [leadership style](#), [recognition](#), [workload balance](#), and [communication culture](#). (E.g.,

Shanafelt et al., 2017; West et al., 2016)

- **Context:** The neurosurgery department is a high-pressure environment with demanding clinical load, uneven distribution of academic responsibilities, and limited formal feedback mechanisms.

Aim Statement

- **Objective:** To identify key factors contributing to team demotivation in the neurosurgery service and implement targeted interventions to improve morale and engagement by 30% within 6 months.

Methods

Design

- Mixed-methods approach using pre/post intervention comparison.
- Three stages: baseline assessment, intervention design, outcome evaluation.

Intervention

- **Stage 1 (Assessment):**
 1. Anonymous survey measuring motivation (Likert scale), workload perception, and satisfaction.
 2. Optional focus groups for qualitative input.
- **Stage 2 (Implementation):**
 1. Regular feedback meetings.
 2. Recognition of individual and team efforts.
 3. Redistribution of academic and clinical tasks based on interest.
 4. Monthly "open forum" with leadership.
- **Stage 3 (Evaluation):**
 1. Repeat survey after 6 months.
 2. Measure engagement in optional activities (teaching, research, QI).
 3. Track absenteeism and retention rates.

Measures

- **Primary Outcome:** Change in motivation score (quantitative survey).
- **Secondary Outcomes:** Participation rates, number of internal projects launched, feedback satisfaction.
- **Balancing Measures:** Risk of overburdening active staff, perception of favoritism, meeting fatigue.

Results

- **Before and after comparison:** To be completed post-intervention.

- Include baseline statistics, visual representation of survey results.
- Qualitative themes from open comments.

Discussion

- **Interpretation:** Did the intervention address the root causes? What improved?
- **Barriers:** Time constraints, skepticism, lack of protected time.
- **Facilitators:** Leadership support, visible change, peer motivation.
- **Limitations:** Single-department focus, short follow-up, subjective measures.

Conclusion and Next Steps

- Summary: Initial results suggest that structured communication, transparency, and shared ownership can improve motivation.
- Recommendation to expand initiative hospital-wide or to other departments.
- Plan for sustainability: quarterly check-ins, inclusion of motivational metrics in performance review.

Appendices

- Survey instrument
- Focus group guide
- Sample feedback report template
- References: Shanafelt TD et al. Mayo Clin Proc. 2017; West CP et al. JAMA. 2016.

Anonymous Motivation Survey: Neurosurgery Department

Please answer the following questions honestly. Responses are anonymous and will be used solely to improve our team's working environment.

Motivation and Engagement

- I feel motivated to come to work each day. (1-5)
- I feel recognized for the work I do. (1-5)
- I am proud to be part of this department. (1-5)
- I feel emotionally exhausted or burned out. (1-5)
- I feel encouraged to participate in academic or improvement initiatives. (1-5)

Workload and Support

- My workload is fair and manageable. (1-5)
- I have the resources and support I need to do my job well. (1-5)
- I can speak openly with leadership about my concerns. (1-5)

- Leadership values the input of all team members. (1-5)

Open-ended questions

- What motivates you most in your work here?
- What discourages you or causes frustration?
- What could leadership do to improve the work climate?

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