



- 💡 We don't refer back to our Theory of Change (driver diagram)
- 💡 We don't start by developing our Theory of Change
- 💡 We jump to implementation, and don't use PDSA cycles
- 💡 We avoid "big ideas", now is not the time for creative thinking
- 🔗 We spend a long time planning, ensuring perfection before we start
- 🔗 We pause QI efforts when times get tough
- 🔗 We fill our schedules to the brim, with no slack or redundancy
- 🔗 We do QI off the sides of our desks (no dedicated protected time to do it)
- 🔗 We rely on managers and leaders to determine how we will improve
- 🔗 We wait for every possible stakeholder's approval before starting
- 🔗 We don't need a leader for our QI project
- 🔗 We don't need to document our PDSA cycles, we just remember them
- 🔗 We have our QI meetings in the middle of the day or at end of the day if there is time
- 🔗 The changes we are testing will all add to our workload
- 🔗 Our meetings are conversations with no pre-set agendas or roles
- 🔗 We don't have someone tasked with project setup and management
- 🔗 We don't update training and orientation materials or share with our broader team
- 🔗 We have passive didactic CME sessions and expect this to be applied to practice
- 🔗 We don't regularly track data to understand our system and see if we improve
- 🔗 We interrupt our QI work and cancel meetings if everyone can't attend



- This ensures that changes being tested are relevant to your aim.
- Use a driver diagram, and remember it can be updated and refined as you learn.
- Testing before implementing allows us to build degree of belief in the change.
- Small scale testing doesn't mean we can't have big new ideas in mind.
- The best way to learn in a complex system is by doing.
- QI approaches are especially useful for solving challenges as they arise.
- We need to "expect the unexpected" and have capacity to manage it.
- The whirlwind of day-to-day work will almost certainly get in the way.
- The QI approach relies on frontline workers' expertise and drive.
- Find the "safe to try" test that you can do to get started before this.
- Diffusion of responsibility stalls progress for leaderless teams.
- Documenting clarifies thinking, keeps you on track, and helps tell your story
- When is the team least likely to be interrupted?
- The best changes are the ones that improve quality + reduce workload.
- Use effective meetings with leaders, facilitators, recorders, and timekeepers.
- Ideally assign one person to do this.
- Sharing with the broader team can also help to motivate the QI team.
- Education is low on the hierarchy of effectiveness.
- Measuring will tell you if your changes are resulting in improvement.
- Only cancel meetings at last resort.
- Document for folks who are absent.



**More Resources**



**Highly Adoptable Improvement** the best changes increase quality, decrease workload  
**MUSIQ** and **MUSIQ 2.0** a tool for assessing contextual factors that lead to QI success  
**PSP Peer Mentoring, Facilitation Cycles** local resource for supporting your QI efforts  
**IHI** the most well-known QI organization in healthcare

**PQI** program for B.C. Physician QI training and project funding  
**Checklist for ideal PDSAs** paper with Table of criteria for running the best PDSAs  
**Effective Meetings** framework for improving how your team meets  
**Antifragile** "Things that gain from disorder", by Nassim Nicholas Taleb