Government of **Western Australia**
Department of **Health**
South Metropolitan Health Service

Quality Improvement Activities

What is Quality Improvement (QI)?

QI is an activity where the primary purpose is to monitor or improve a process, program or system delivered by an institution. QI activities are often called ‘quality assurance’ or ‘clinical audit’.

QI activities involve the systematic evaluation of health care practices in order to improve patient care. This is usually achieved by analysing routinely obtained data to capture current practice and comparing this to existing best practice standards. QI activities do not involve extra interventions or clinical assessments.

QI activities ask whether we are doing the things we have agreed we should be doing or achieving the outcomes we have agreed we should be achieving.

Types of QI activities can include:

Clinical Audit:	A quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit standards and the implementation of changes in practice if needed.
Practice Review:	The systematic assessment of current practice, without comparison against set criteria or of one therapy against another and may also be known as a baseline assessment.
Satisfaction/Knowledge Survey:	The systematic collection of data from a sample of patients or staff to determine levels of satisfaction or knowledge about a service.
Service Improvement:	Implementing an initiative to promote change or maintain good practice in order to enhance care and may be known as practice development.
Program Evaluation:	Evaluation is the systematic collection and analysis of information about a specific program or intervention in order to allow its critical appraisal.

SMHS Research Ethics and Governance
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www.southmetropolitan.health.wa.gov.au

What is the difference between QI and research?

It is important to distinguish QI activities from research as this will determine the avenue of review and approval required. If a project is classified as research it must be reviewed by a Human Research Ethics Committee (HREC), or alternative low-risk review process established by the HREC. The following table may help you to determine whether your project is QI or research.

Points to consider	Research	QI
Purpose	To test a hypothesis OR establish clinical practice standards where none are accepted	To assess or promptly improve a process, program, or system; OR improve performance as judged by accepted/established standards
Starting point	To answer a question or test a hypothesis	To improve performance
Benefits	Designed to contribute to generalizable knowledge and may or may not benefit subjects	Designed to promptly benefit a process, program, or system and may or may not benefit patients
Risks	May place subjects at risk and stated as such	By design, does not increase patient's risk, with exception of possible privacy/confidentiality concerns
Data Collection	Systematic data collection	Systematic data collection
End Point	Answer a research question	Promptly improve a program/process/system
Testing/ Analysis	Statistically prove or disprove a hypothesis	Compare a program/process/system to an established set of standards.

Other things to keep in mind when determining if your project is research include:

- Where the activity potentially infringes the privacy or professional reputation of participants, providers or organisations.
- Secondary use of data - using data or analysis from QI or evaluation activities for another purpose.
- Gathering information about the participant beyond that which is collected routinely. Information may include biospecimens or additional investigations.
- Testing of non-standard (innovative) protocols or equipment.
- Comparison of cohorts.
- Randomisation or the use of control groups or placebos.
- Targeted analysis of data involving minority/vulnerable groups whose data is to be separated out of that data collected or analysed as part of the main QI/evaluation activity.
- Where data is being provided to external organisations).

A checklist is also included at the end of this document. If you have any queries regarding whether your project is research or QI please contact the Education Officer at SMHS.RGO@health.wa.gov.au or on 6151 1126.

Approval to conduct a QI project

QI projects must obtain all necessary institutional approvals, but do not require approval from a Human Research Ethics Committee (HREC). While QI activities typically involve minimal risk, they must still be conducted in a way that is ethical. Staff conducting the activity should consider whether the people involved (patients or staff) will be exposed to any harm, how consent will be obtained (if applicable) and privacy protected. Staff should explicitly identify ethical issues arising and include a plan to manage them in the QI protocol.

For further information about conducting QI activities within SMHS, including registering activities, obtaining approval to conduct a QI project, or approval to publish, please refer to your relevant institutional safety and quality office:

Fiona Stanley Hospital	Safety, Quality & Risk **(08) 6152 3446**
Fremantle Hospital & Health Service – Medical, Allied Health & Corporate	Clinical Governance Unit **(08) 9431 2047**
Fremantle Hospital & Health Service – Mental Health	Clinical Governance Officer, Alma Street Centre **(08) 9431 3498**

Publishing QI findings

QI projects are generally in-house activities that aim to determine if a particular treatment or procedure at an institution is meeting expected standards. If deficiencies are detected changes might be made to clinical practice, local guidelines updated or staff training provided. QI findings are typically specific to the institution in which the activity was conducted and so the results are usually only disseminated within that institution or health service.

Data from a QI project may be published more broadly (i.e. in a peer-reviewed journal) if the findings of the activity have broader ramifications/benefits for the community outside the institution. In these instances an ethics exemption letter should be sought from the institution through the Office of Safety Quality and Risk or Clinical Governance.

Is My Project Research Or Quality Improvement?

1. Will the participants' personal information be used for a purpose other than the purpose for which it was collected?	☐ YES	☐ NO
2. Does the proposed QI activity pose any risks for patients beyond those of their routine care?	☐ YES	☐ NO
3. Does the proposed QI activity impose a burden on patients beyond that experienced in their routine care?	☐ YES	☐ NO
4. Is the proposed QI activity to be conducted by a person who does not normally have access to the patient's records for clinical care or a directly related secondary purpose?	☐ YES	☐ NO
5. Does the proposed QI activity risk breaching the confidentiality of any individual's personal information, beyond that experienced in the provision of routine care?	☐ YES	☐ NO
6. Does the proposed QI activity involve any clinically significant departure from the routine clinical care provided to the patients?	☐ YES	☐ NO
7. Does the proposed QI activity involve randomisation or the use of a control group or a placebo?	☐ YES	☐ NO
8. Does the proposed QI activity seek to gather information about the patient beyond that collected in routine clinical care?	☐ YES	☐ NO
9. Does the proposed QI activity potentially infringe the rights, privacy or professional reputation of carers, health care providers or institutions?	☐ YES	☐ NO
10. Is it intended that the results of the proposed QI activity will be published?	☐ YES	☐ NO