Final QI Project Submission:
Telling the Story

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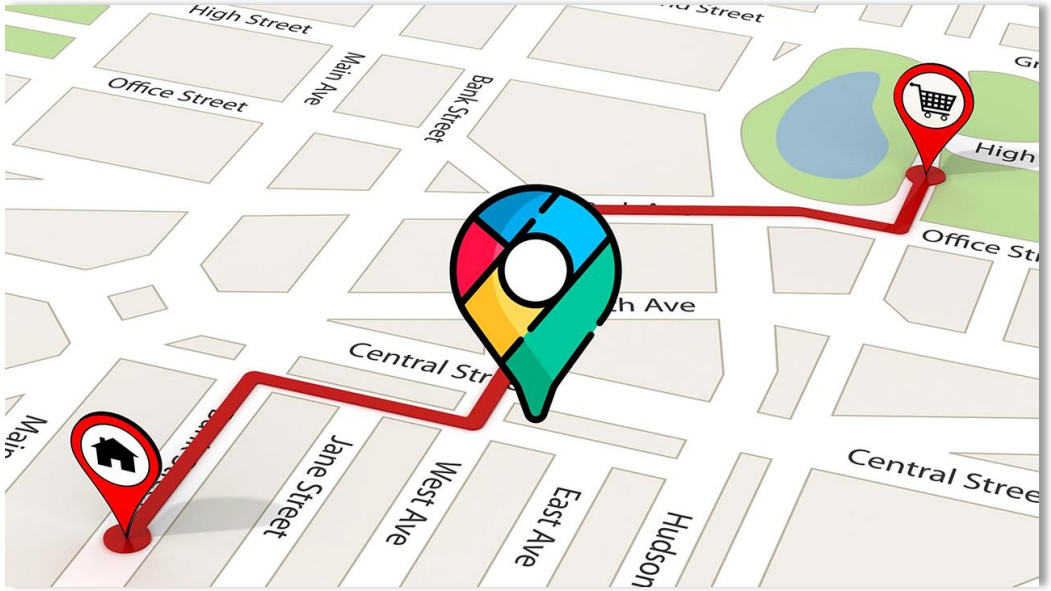
Barriers & Challenges

- Barriers help route your project in which you are travelling from Point A to Point B

Capture the “Big Picture”



- Final submissions are often returned due to lack of complete capture.
- Specific interventions → big picture takeaways

Specificity

Oftentimes, we use broad non-specific interventions.

For almost every project, our first intervention is to review existing data/fallouts.

Is this specific enough? **NO!**

- *What patients?*
- *What dates?*
- *What related factors are we reviewing?*
- *Who is collecting?*
- *Who is reviewing?*

Keep the same mindset when listing and describing any barriers or challenges.

What happened once you identified a challenge? What did you do with that information?

How did this shape your next intervention?

Specificity

Quarterly Reports Data

Use quarterly report specific to your QI project

- As a reminder, the QI Summary Report is intended to be general guide and will not be accepted to support final submission.

What's your data telling you?

- Did you meet or not meet your goal?
- What are your trends?
- Are you closer to benchmark?
- Do you need to continue or maintain?

Thank you

A3 – Showcasing your efforts

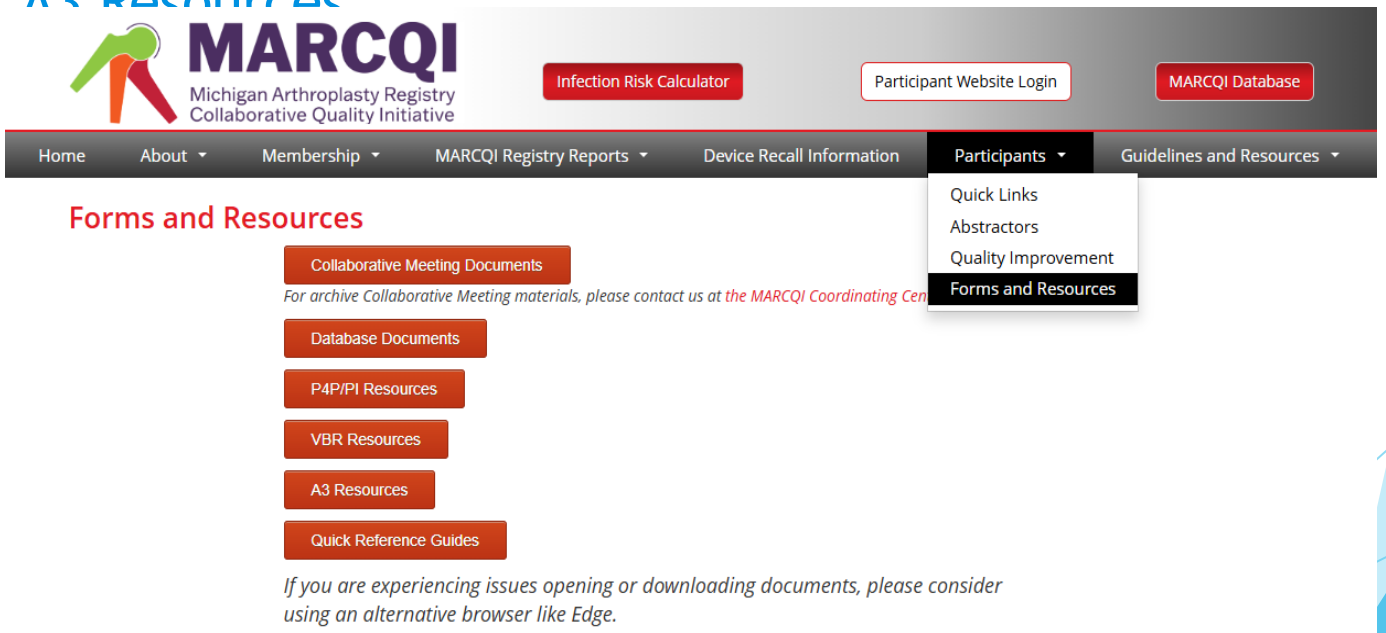
Myka Humenchick, BSN, RN

Henry Ford West Bloomfield Hospital & Royal Oak

The Site Based QI project report and A3 are due 2-13-2026

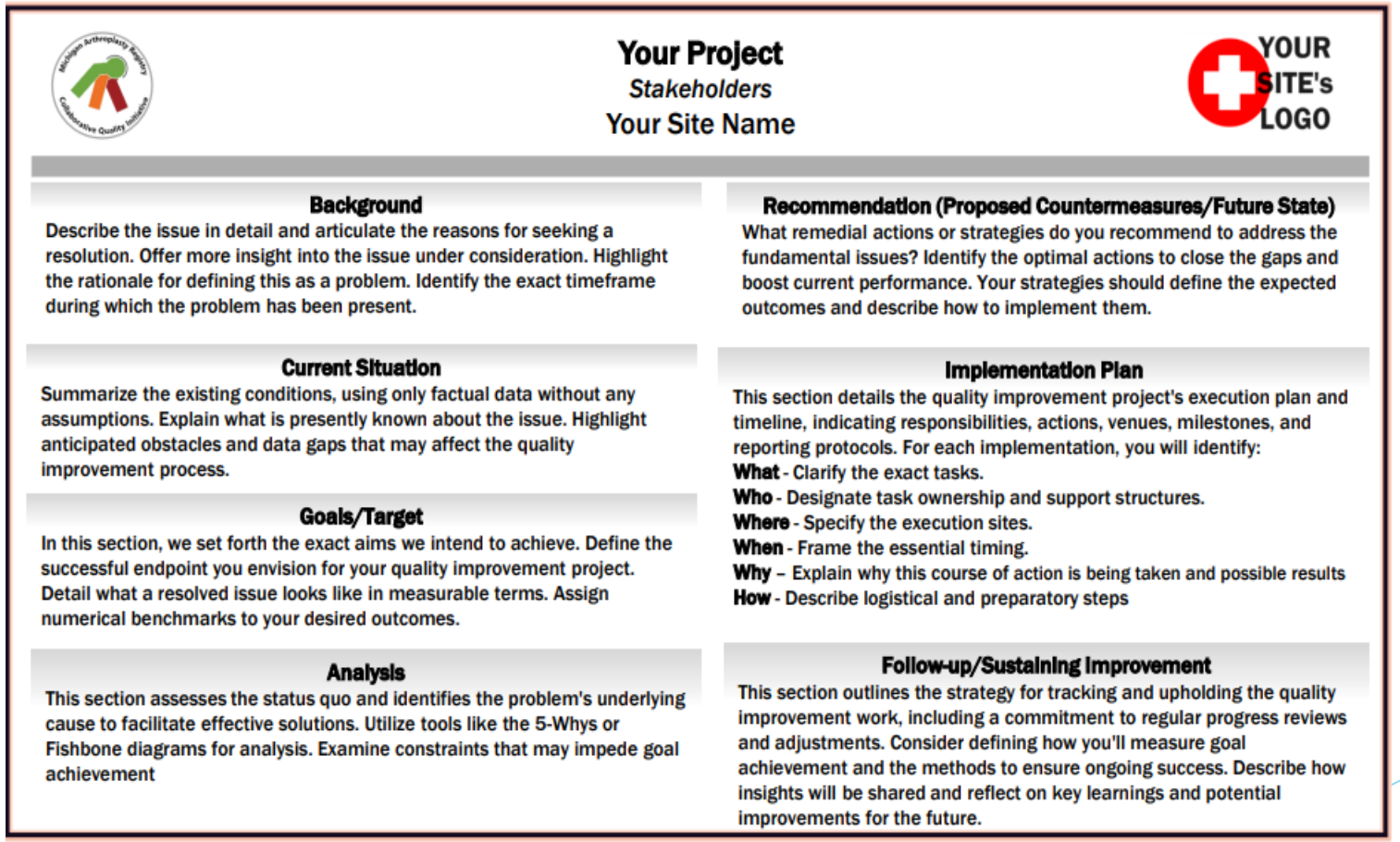
The A3 Form is located on the MARCQI website under:

Participants
Forms and Resources
A3 Resources



What else is there to do?

Up to this point, the background, current situation, and goals/target should be completed based off the mid-year QI form.



Your Project
Stakeholders
Your Site Name

YOUR SITE's LOGO

Background
Describe the issue in detail and articulate the reasons for seeking a resolution. Offer more insight into the issue under consideration. Highlight the rationale for defining this as a problem. Identify the exact timeframe during which the problem has been present.

Current Situation
Summarize the existing conditions, using only factual data without any assumptions. Explain what is presently known about the issue. Highlight anticipated obstacles and data gaps that may affect the quality improvement process.

Goals/Target
In this section, we set forth the exact aims we intend to achieve. Define the successful endpoint you envision for your quality improvement project. Detail what a resolved issue looks like in measurable terms. Assign numerical benchmarks to your desired outcomes.

Analysis
This section assesses the status quo and identifies the problem's underlying cause to facilitate effective solutions. Utilize tools like the 5-Whys or Fishbone diagrams for analysis. Examine constraints that may impede goal achievement

Recommendation (Proposed Countermeasures/Future State)
What remedial actions or strategies do you recommend to address the fundamental issues? Identify the optimal actions to close the gaps and boost current performance. Your strategies should define the expected outcomes and describe how to implement them.

Implementation Plan
This section details the quality improvement project's execution plan and timeline, indicating responsibilities, actions, venues, milestones, and reporting protocols. For each implementation, you will identify:
What - Clarify the exact tasks.
Who - Designate task ownership and support structures.
Where - Specify the execution sites.
When - Frame the essential timing.
Why – Explain why this course of action is being taken and possible results
How - Describe logistical and preparatory steps

Follow-up/Sustaining Improvement
This section outlines the strategy for tracking and upholding the quality improvement work, including a commitment to regular progress reviews and adjustments. Consider defining how you'll measure goal achievement and the methods to ensure ongoing success. Describe how insights will be shared and reflect on key learnings and potential improvements for the future.

- **Analysis**
- **Recommendations**
- **Implementation Plan**
- **Follow up**

Information from database final submission form may help with these sections.

Analysis-what was uncovered/discovered?

- Root cause
- Use 5 Whys or Fishbone diagrams
- Consider constraints

Recommendation (proposed countermeasures/future state)

- Remedial actions or strategies
- Optimal actions to close the gaps
- Define expected outcomes

Implementation Plan-

- Itemize each intervention
- Who-What-Where-When-Why-How
- Note any key milestones

Follow-up/Sustaining Improvement

- What worked?
- Strategy to sustain and monitor continuous improvement
- Reflect on key learnings
- Possible future enhancements

A3 Tips-crossing the “T”s and dotting the “I”s

Details matter when completing the A3 form-common reasons an A3 is returned.

1. Remove second page that serves as an example; put logo in correctly; remove box that says, "remove box", put names correctly, proofread

2. Don’t forget to include the results and identify a plan for sustainability of the project.

3. Consider adding images over more text/words; .jpgs reproduce to posters the best

4. Ask someone to review the document who has not worked on the project to see if they can follow the project’s ‘story’ from start to finish

Example of an A3 form

2024 Decrease 30Day return to ED for all elective Primary TKA

Dr. Trevor Banka MARCQI Surgeon Champion Susan Gressa RN, BSN & Marcelle Humenchick RN, BSN MARCQI CDA's

Henry Ford West Bloomfield

BACKGROUND

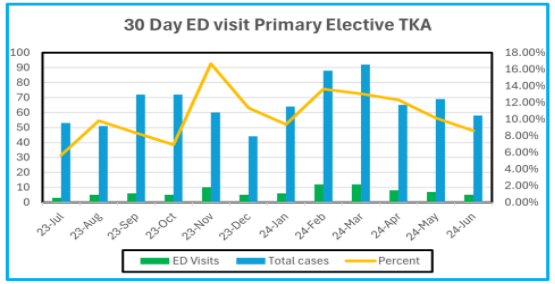
West Bloomfield Henry Ford has a higher percent of 30day visits to the ED after elective primary unilateral total knee arthroplasty than the MARCQI average.

Why is this important for us to improve?

- ED visits often result in unnecessary testing
- ED visits often result in unnecessary treatment
- Unnecessary investigations and treatments expose patients to additional risk.
- Unnecessary investigations and treatments are costly.

CURRENT SITUATION

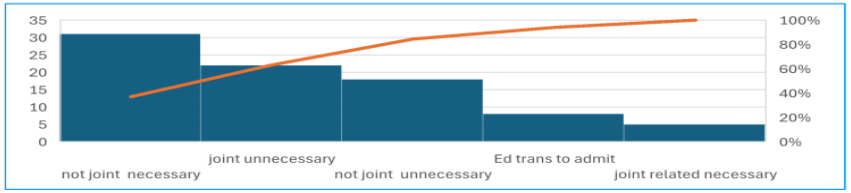
West Bloomfield Henry Ford did not reach their MARCQI FY 2024(7.01.2023-6.30.2024) Site-based Quality Improvement Project Plan goal of reducing 30day visits to the emergency department after elective primary unilateral total knee arthroplasty to 5.4%.



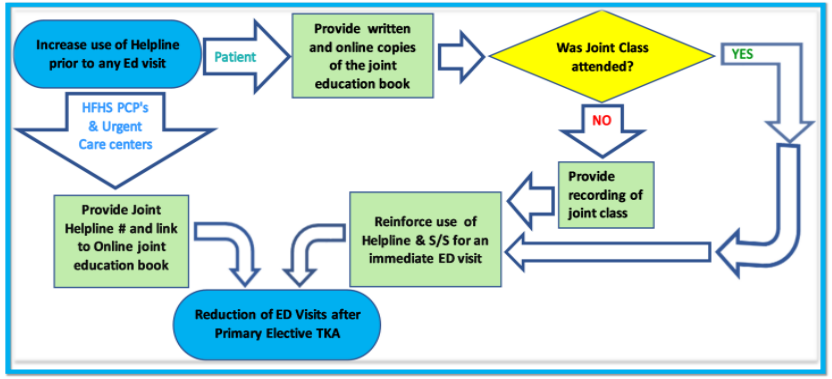
GOALS/TARGET

- Decrease 30day emergency department visits after elective primary unilateral total knee arthroplasty from baseline of 7.30%
- Achieve goal of 5.84% set by the MARCQI coordinating center

ANALYSIS



RECOMMENDATIONS



IMPLEMENTATION PLAN

The West Bloomfield Orthopedic team will work together to implement the following changes to facilitate reduction of 30day ED visits after a Primary Elective TKA:

- Provide a dedicated Joint Replacement Helpline with a specialized joint replacement customer service representative to triages calls
- Educate on signs and symptoms that necessitate an immediate ED visit
- Educate patient, families, and extended care providers to phone the Joint Helpline prior to any ED visits
- Continue to monitor ED visits for trends

FOLLOW UP

The goal to decrease 30day emergency department visits after elective primary unilateral total knee arthroplasty to 5.84% was not achieved. The final result was 9.40% an increase from baseline of 7.30%. The West Bloomfield Orthopedic team will work together to facilitate reduction of 30day ED visits after a Primary Elective TKA:

- Present progress at Bi-Monthly Orthopedic Collaborative Meetings 1st Thursday of every other month
- Meet and discuss progress after MARCQI Quarterly Meetings.
- Meet as necessary to make changes in the process
- Collaborate with other MARCQI partners for strategies that have been successful or unsuccessful for their site

Thank you and Happy Holidays!

Any Questions?
What has worked for you?