Model for Improvement

The Model for Improvement is useful once you have decided what area of patient care or practice process you would like to improve. The Model for Improvement gives you three questions to answer before you start testing changes:

1. What are we trying to accomplish?
2. How will we know if a change has been an improvement?
3. What changes can we make that will result in an improvement?

Your changes are more likely to succeed if you and the team are very clear and specific about what you want to improve and how you will know if you have been successful. This method ensures this is established before embarking on an intervention.

How to create a Model for Improvement

The example below uses the Model for Improvement approach to reduce antibiotic prescribing.

Question 1:

What are we trying to accomplish? This needs to be specific and include 'by how much?' and 'by when?'

"To reduce our antibiotic prescribing to be in line with the national average in six months time".

Question 2:

How will we know if a change has been an improvement?

Decide what you are going to measure. Some organisations provide us with data, and this can be very helpful in deciding on the overall success of a project, however this data is often slow to arrive and may not be provided frequently enough to judge the success of each individual change. Continuing the antibiotic example:
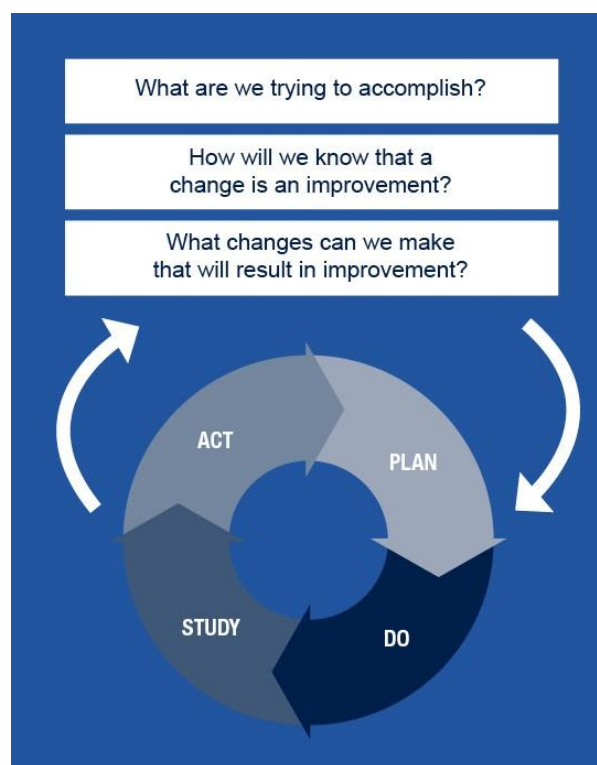
- Data about antibiotic prescribing compared to national averages is being provided every three months in England by the local medicines management team and this will be used to assess the overall success of the project after six months
- This externally collected data is not useful for judging whether our small changes have been successful
- It is more useful to gather 'real-time' data, for example recording the number of antibiotics prescriptions issued each week by running a search at 6pm every Friday

Question 3:

What changes can we make that will result in improvement? Consider all the ideas for change and you can select those that you would like to test. In our example, the practice agrees to test three ideas:

- Put a poster in the waiting room explaining to patients why antibiotics are not useful for most coughs and colds
- Benchmark the prescribing habits of the individual GPs in the practice – number of antibiotics prescribed per ten consultations
- Provide all chronic pulmonary obstructive disease (COPD) patients with a leaflet explaining that most exacerbations should be treated with steroids first, and only use antibiotics if sputum becomes purulent

You can take one of these changes into a Plan-Do-Study-Act (PDSA) cycle prior to its introduction.

PDSA cycle