

Specific Tools To Support Change

What is this tool? This tool provides information on tools developed by other organizations that may help support the specific actions you take to improve your performance on the AHRQ Quality Indicators.

Who are the target audiences? The primary audiences are quality officers and members of the implementation teams responsible for carrying out performance improvements. These resources also might be of interest to hospital senior leadership and managers.

How can the tool help you? As you work to improve the quality of care in your hospital and use the AHRQ Quality Indicators, these additional resources may help inform the specific steps you take along the way.

How does this tool relate to others? Additional information on guides that focus more broadly on supporting quality improvement is included in *Available Comprehensive Quality Improvement Guides* (Tool G.1).

On the following pages are descriptions of Tools Available Free of Charge.

Organization	Type of Resource	Name	Description	Source
Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS [®] Hospital Survey: Composite Measures	<p>The survey generates six composite measures of the quality of inpatient care:</p> <ul style="list-style-type: none"> • Communication with nurses • Communication with doctor • Communication about medicines • Responsiveness of hospital staff • Discharge information • Pain management 	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html
Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS Hospital Survey: Global Rating	<p>The survey includes one global rating (an overall rating of the hospital):</p> <p>Question 21. Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital?</p> <p>In addition, the survey asks respondents about their willingness to recommend the facility:</p> <p>Question 22: Would you recommend this hospital to your family and friends? Possible responses are: Definitely no, Probably no, Probably yes, Definitely yes.</p>	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html
Agency for Healthcare Research and Quality	Indicator or Measure	CAHPS Hospital Survey: Individual Items	<p>The survey includes two individual items that can be reported separately:</p> <ul style="list-style-type: none"> • Cleanliness of the hospital environment: Question 8. During this hospital stay, how often were your room and bathroom kept clean? • Quietness of the hospital environment: Question 9. During this hospital stay, how often was the area around your room quiet at night? 	https://cahps.ahrq.gov/surveys-guidance/hospital/about/index.html
Agency for Healthcare Research and Quality	Tool	10 Patient Safety Tips for Hospitals	<p>This 2-page fact sheet provides 10 tips that hospitals can implement to improve patient safety. The tips focus on staffing, resource use, and procedures.</p>	http://www.ahrq.gov/qual/10tips.htm

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Agency for Healthcare Research and Quality	Tool	Becoming a High Reliability Organization: Operational Advice for Hospital Leaders	This document is written for hospital leaders interested in providing patients with safer and higher quality care. It presents the thoughts, successes, and failures of hospital leaders who have used concepts of high reliability to make patient care better. Creating an organizational culture and set of work processes that reduce system failures and effectively respond when failures do occur is the goal of high reliability thinking.	http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/hroadvice/hroadvice.pdf
Agency for Healthcare Research and Quality	Tool	CAHPS Pocket Reference Guide	The Consumer Assessment of Healthcare Providers and Systems (CAHPS) Pocket Reference Guide for Adult Surveys is a standardized reference guide that summarizes adult surveys developed by the CAHPS Consortium.	https://cahps.ahrq.gov/consumer-reporting/measure/CAHPS_FAC_PG_041310.pdf
Agency for Healthcare Research and Quality	Tool	HCUPnet	This interactive tool is used for identifying, tracking, analyzing, and comparing statistics on hospital care. It is part of the Healthcare Cost and Utilization Project (HCUP). With HCUPnet, users have easy access to national statistics and trends and selected State statistics about hospital stays. HCUPnet generates statistics using data from the Nationwide Inpatient Sample (NIS), the Kids' Inpatient Database (KID), and State Inpatient Databases (SID) for States that participate. HCUPnet also provides statistics based on the AHRQ Quality Indicators, which have been applied to the HCUP Nationwide Inpatient Sample. These statistics provide insight into potential quality of care problems.	http://hcupnet.ahrq.gov/
Agency for Healthcare Research and Quality	Tool	Health Care Innovations Exchange	This Web site includes a searchable database of innovations with evidence of their effectiveness and includes innovation attempts that did not work as planned.	http://www.innovations.ahrq.gov
Agency for Healthcare Research and Quality	Tool	Hospital Survey of Patient Safety Culture	In 2004, AHRQ released the Hospital Survey on Patient Safety Culture, a staff survey designed to help hospitals assess the culture of safety in their institutions.	http://www.ahrq.gov/qual/patientsafetyculture/hospsurindex.htm

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Agency for Healthcare Research and Quality	Tool	National Guideline Clearinghouse	The NGC is a Web-based resource that contains guidelines submitted by health care organizations, associations, medical societies, and Federal agencies. Updated weekly with new content, the site provides an accessible and comprehensive source of clinical practice guidelines—in both summary and full text (where available) format—saving users hours of researching to find similar information. Free subscription to weekly "What's New" electronic notices is available. The NGC was originally developed by AHRQ in partnership with the American Medical Association and the American Association of Health Plans	http://www.guideline.gov/
Agency for Healthcare Research and Quality	Tool	National Quality Measures Clearinghouse	Designed as a Web-based one-stop shop for hospitals, health systems, health plans, and others who may be interested in quality measurement and improvement, the NQMC has the most current evidence-based quality measures and measure sets available to evaluate health care quality. Users can search the NQMC for measures that target a particular disease or condition, treatment, age range, gender, vulnerable population, setting of care, or contributing organization. Visitors also can compare attributes of two or more quality measures side by side to determine which measures best suit their needs.	http://www.qualitymeasures.ahrq.gov/
Agency for Healthcare Research and Quality	Tool	QualityTools Web site	Part of the Healthcare Innovations Exchange, this online clearinghouse allows users to search for tools that target a disease/condition, audience, tool category, or vulnerable population. The QualityTools providers' page provides links to resources (including Web sites, benchmarks, guidelines, data, and measures) to help hospitals and other provider organizations assess and improve care delivery. Subscription to a weekly "What's New" service is available.	http://www.innovations.ahrq.gov/innovations_qualitytools.aspx

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Agency for Healthcare Research and Quality	Tool	TeamSTEPPS	<p>TeamSTEPPS is a teamwork system designed for health care professionals that is:</p> <ul style="list-style-type: none"> • A powerful solution to improve patient safety within your organization. • An evidence-based teamwork system to improve communication and teamwork skills among health care professionals. 	http://teamstepps.ahrq.gov
Agency for Healthcare Research and Quality and National Quality Forum	Tool	30 Safe Practices for Better Health Care	<p>The National Quality Forum has identified 30 safe practices that evidence shows can work to reduce or prevent adverse events and medication errors. These practices can be universally adopted by all health care settings to reduce the risk of harm to patients.</p> <p>The safe practices are organized into the following categories:</p> <ul style="list-style-type: none"> • Creating a culture of safety • Matching health care needs with service delivery capability • Facilitating information transfer and clear communication • Increasing safe medication use <p>Practices are also organized by specific settings or processes of care.</p>	http://www.ahrq.gov/qual/30safe.htm

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American Hospital Association	Tool	The Hospital Quality Alliance and Hospital Compare	The Hospital Quality Alliance and Hospital Compare. The American Hospital Association (AHA), Federation of American Hospitals (FAH), and Association of American Medical Colleges (AAMC) launched the Hospital Quality Alliance (HQA), a national public-private collaboration to encourage hospitals to voluntarily collect and report hospital quality performance information. This effort is intended to make important information about hospital performance accessible to the public and to inform and invigorate efforts to improve quality. An important element of the collaboration, Hospital Compare, is a Web-based tool for reviewing hospital quality information. More than 4,200 acute care hospitals agreed to provide data on an initial set of 17 quality measures.	http://www.hospitalcompare.hhs.gov/
American Hospital Association	Tool	The Leapfrog Group Hospital and Safety Survey	The Leapfrog Group Hospital Quality and Safety Survey. The Leapfrog Group is a coalition of large public and private purchasers who are leveraging their purchasing power to encourage significant improvements in patient safety and quality of care, and ultimately, cost savings. Leapfrog focuses on computerized physician order entry (CPOE), intensive care unit (ICU) physician staffing, evidence-based hospital referral (track record and experience with certain high-risk procedures), and the National Quality Foundation's endorsed set of practices for safer health care. Almost 1,200 hospitals submitted data to the Leapfrog Group in 2005.	http://www.leapfroggroup.org/cp
Canadian Health Services Research Foundation	Tool	Local opinion leaders: Effects on professional practice and health care outcomes	Identify opinion leaders.	http://www.chsrf.ca/Migrated/PDF/InsightAction/insight_action3_1_e.pdf

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Center for Health Research, University of California, Berkeley	Tool	Informed Decisions Toolbox	Assess the accuracy, applicability, and actionability of available evidence.	http://www.ahrq.gov/policymakers/measurement/decisiontoolbox
Change Management Toolbook, ChangeSource	Tool	A Matrix for Training Needs Analysis	Conduct a training needs analysis.	http://www.change-management-toolbook.com
Community Tool Box, Kansas University	Tool	Criteria for Choosing Promising Practices and Community Interventions	Adapt an innovation.	http://ctb.ku.edu/en/ablecontents/section_1152.aspx
Department of Veterans Affairs Quality Enhancement Research Initiative (QUERI)	Tool	Implementation Guide	Monitor and evaluate implementation.	http://www.queri.research.va.gov/implementation
Focused Performance	Tool	Taking Advantage of Resistance to Change (and the TOC Thinking Processes) to Improve Improvements	Identify and overcome resistance.	http://www.focusedperformance.com/articles/resistance.html
Free Management Library	Tool	Major Types of Organizational Change	Understand types of organizational change.	http://www.managementhelp.org/misc/types-of-orgl-change.pdf
Free Management Library	Tool	Organizational Change and Development	Manage change.	http://www.managementhelp.org/org_chng/org_chng.htm

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George Mason University	Tool	Continuous Quality Improvement Guide	Manage change.	http://gunston.gmu.edu/healthscience/708/default.asp
George Mason University	Tool	Leading Change	Manage change.	http://gunston.gmu.edu/healthscience/708/LeadingChange.asp?E=0
Graduate School of Banking at Colorado (University of Colorado)	Tool	Organizational Culture Assessment Instrument	Assess organizational culture.	http://www.uiowa.edu/~nrcfcp/dmcrd/documents/ocai.doc
Health Services Research	Tool	The Quantitative Measurement of Organizational Culture in Health Care: A Review of the Available Instruments	Assess organizational culture.	http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1360923
Health Services Research and Development Service Department of Veterans Affairs	Tool	Organizational Change Primer	Manage change.	http://www.hsrd.rese.arch.va.gov/publications/internal/organizational_change_primer.pdf

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Health Research & Educational Trust	Tool	Health Research & Educational Trust Disparities Toolkit	This toolkit is designed to help hospitals, health systems, community health centers, medical group practices, health plans, and other users understand the importance of collecting accurate data on race, ethnicity, and primary language of persons with limited English proficiency, deafness, or hearing impairments. By using this toolkit, health care organizations can assess their organizational capacity to collect information and implement a systematic framework designed specifically for obtaining race, ethnicity, and primary language data directly from patients/enrollees or their caregivers in an efficient, effective, and respectful manner.	http://www.hretdisparities.org/index.php
Health Research & Educational Trust	Tool	Pathways for Medication Safety SM	HRET and the Institute for Safe Medication Practices ISMP, in collaboration with the American Hospital Association, have developed three important tools to assist hospitals in reducing medication errors via the Pathways for Medication Safety initiative: <ol style="list-style-type: none"> 1. Leading a Strategic Planning Effort 2. Looking Collectively at Risk 3. Assessing Bedside Bar-Coding Readiness 	http://www.ismp.org/tools/pathwaysection1.pdf
Innovation Network Resource Exchange Center	Tool	Evaluation Plan Workbook	Plan evaluation.	http://www.innonet.org/client_docs/File/evaluation_plan_workbook.pdf
Institute for Healthcare Improvement	Tool	Assessment Scale for Collaboratives	This scale gives information on how to assess a team's progress throughout an IHI Breakthrough Series Collaborative improvement project. The Collaborative Assessment Scale was developed at IHI to assess teams participating in IHI Breakthrough Series Collaborative projects. The tool allows collaborative directors and improvement advisors to determine how well teams are doing, on a scale of 1 to 5, in meeting improvement goals and implementing changes.	http://www.ihl.org/knowledge/Pages/Tools/AssessmentScaleforCollaboratives.aspx

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Institute for Healthcare Improvement	Tool	Cause and Effect Diagram	A cause and effect diagram, also known as an Ishikawa or "fishbone" diagram, is a graphic tool used to explore and display the possible causes of a certain effect. The classic fishbone diagram can be used when causes group naturally under the categories of Materials, Methods, Equipment, Environment, and People. A process-type cause and effect diagram can show causes of problems at each step in the process.	http://www.ihl.org/knowledge/Pages/Tools/CauseandEffectDiagram.aspx
Institute for Healthcare Improvement	Tool	Executive Review of Improvement Projects	Executive reviews of projects can be a powerful method for channeling leadership attention to quality initiatives. This primer helps organizational leaders to do effective project reviews that focus on results, diagnose problems with projects, help projects to succeed, and facilitate spread of good ideas across the organization.	http://www.ihl.org/knowledge/Pages/Tools/ExecutiveReviewofProjectsIHI.aspx
Institute for Healthcare Improvement	Tool	Failure Modes and Effects Analysis	<p>Failure Modes and Effects Analysis (FMEA) is a systematic, proactive method for evaluating a process to identify where and how it might fail and to assess the relative impact of different failures, in order to identify the parts of the process that are most in need of change. FMEA includes review of the following:</p> <ul style="list-style-type: none"> • Steps in the process • Failure modes (What could go wrong?) • Failure causes (Why would the failure happen?) • Failure effects (What would be the consequences of each failure?) 	http://www.ihl.org/knowledge/Pages/Tools/FailureModesandEffectsAnalysisTool.aspx
Institute for Healthcare Improvement	Tool	Flowchart	Flowcharts allow you to draw a picture of the way a process works so that you can understand the existing process and develop ideas about how to improve it. A high-level flowchart, showing 6 to 12 steps, gives a panoramic view of a process. A detailed flowchart is a close-up view of the process, typically showing dozens of steps.	http://www.ihl.org/knowledge/Pages/Tools/Flowchart.aspx

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Institute for Healthcare Improvement	Tool	Glossary of Improvement Terms	A glossary of common improvement terminology.	http://www.ihp.org/knowledge/Pages/Tools/GlossaryImprovementTerms.aspx
Institute for Healthcare Improvement	Tool	Guidelines for Successful Visiting	Visiting another organization can be a great help to teams working on improvement. Visiting exposes the team to insights unavailable by any other method. The face-to-face nature of visiting allows more interaction and accelerates improvement. These guidelines can help organizations arrange and run a visit.	http://www.ihp.org/knowledge/Pages/Tools/GuidelinesforSuccessfulVisiting.aspx
Institute for Healthcare Improvement	Tool	Histogram	Often, summary statistics alone do not give a complete and informative picture of the performance of a process. A histogram is a special type of bar chart used to display the variation in continuous data such as time, weight, size, or temperature. A histogram enables a team to recognize and analyze patterns in data that are not apparent simply by looking at a table of data, or by finding the average or median.	http://www.ihp.org/knowledge/Pages/Tools/Histogram.aspx
Institute for Healthcare Improvement	Tool	Huddles	The idea of using quick huddles, as opposed to the standard 1-hour meeting, arose from a need to speed up the work of improvement teams. Huddles enable teams to have frequent but short briefings so that they can stay informed, review work, make plans, and move ahead rapidly.	http://www.ihp.org/knowledge/Pages/Tools/Huddles.aspx

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Institute for Healthcare Improvement	Tool	Idea Generation Tools: Brainstorming, Affinity Grouping, and Multivoting	<p>Brainstorming, affinity grouping, and multivoting are tools for generating, categorizing, and choosing among ideas in a group of people. Using these techniques to generate, categorize, and choose among ideas has a number of benefits:</p> <ul style="list-style-type: none"> • Every group member has a chance to participate. • Many people can contribute, instead of just one or two people. • Group members can get ideas while they listen to the ideas of others. • The group can generate a substantial list of ideas, rather than just the few things that first come to mind; can categorize ideas creatively; and can choose among ideas or options thoughtfully. 	http://www.ihl.org/knowledge/Pages/Tools/BrainstormingAffinityGroupingandMultivoting.aspx
Institute for Healthcare Improvement	Tool	Improvement Tracker	Monitor the impact of an innovation.	http://app.ihl.org/Workspace/tracker/
Institute for Healthcare Improvement	Tool	Interviewing Guide: Using the Interview as a Source of Data, Information, and Learning	<p>This tool will guide users through the process of planning, conducting, and analyzing interviews. It is useful for anyone who plans to conduct interviews to learn about a topic, assess current knowledge around an improvement area, or evaluate an improvement project. It is simple and generic enough to be used in most disciplines. The guide covers how to select subjects to interview and how to construct questions that will generate rich responses. It also discusses how to structure an interview, how to take notes or tape the interview, and how to analyze completed interviews.</p>	http://www.ihl.org/knowledge/Pages/Tools/InterviewGuideUsingtheInterviewasasourceofdatainformationandlearning.aspx

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Institute for Healthcare Improvement	Tool	Overview of IHI tools	The Institute for Healthcare Improvement has developed and adapted a basic set of tools to help organizations accelerate improvement. These include tools for gathering information (e.g., Walk-through); analyzing processes (e.g., Cause and Effect Diagrams, Pareto Diagrams, Run Charts, Flowcharts); gathering data (e.g., Sampling); working in groups (e.g., Affinity Grouping, Multivoting); and documenting work (e.g., Project Planning Forms, Plan-Do-Study-Act Worksheets, Storyboards). In addition, many organizations have developed tools during their improvement efforts and are making them available on IHI.org for others to use or adapt in their own organizations.	http://www.ihl.org/knowledge/Pages/Tools/default.aspx
Institute for Healthcare Improvement	Tool	Pareto Diagram	According to the "Pareto Principle," in any group of things that contribute to a common effect, a relatively few contributors account for most of the effect. A Pareto diagram is a type of bar chart in which the various factors that contribute to an overall effect are arranged in order according to the magnitude of their effect. This ordering helps identify the "vital few," the factors that warrant the most attention. Using a Pareto diagram helps a team concentrate its efforts on the factors that have the greatest impact. It also helps a team communicate the rationale for focusing on certain areas.	http://www.ihl.org/knowledge/Pages/Tools/ParetoDiagram.aspx
Institute for Healthcare Improvement	Tool	Plan, Do, Study, Act (PDSA) and PDSA Worksheet	PDSA enables people to carry out small tests of change. The PDSA Worksheet is a useful tool for documenting a test of change. The PDSA cycle is shorthand for testing a change by developing a plan to test the change (Plan), carry out the test (Do), observe and learn from the results (Study), and determine what modifications should be made to the test (Act).	http://www.ihl.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/testingchanges.htm

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Institute for Healthcare Improvement	Tool	Project Planning Form	The Project Planning Form is a useful tool for planning an entire improvement project, including a list of all the changes that the team is testing, all the Plan-Do-Study-Act (PDSA) cycles for each change, the person responsible for each test of change, and the timeframe for each test. The form allows a team to see at a glance the overall picture of the project.	http://www.ihl.org/knowledge/Pages/Tools/ProjectPlanningForm.aspx
Institute for Healthcare Improvement	Tool	Rate of Spread	Monitor spread of innovation.	http://www.ihl.org/knowledge/Pages/Measures/RateofSpread.aspx
Institute for Healthcare Improvement	Tool	Run Chart	<p>Improvement takes place over time. Determining if improvement has really happened and if it is lasting requires observing patterns over time. Run charts are graphs of data over time and are one of the single most important tools in performance improvement. Run charts can:</p> <ul style="list-style-type: none"> • Help improvement teams formulate aims by depicting how well (or poorly) a process is performing. • Help in determining when changes are truly improvements by displaying a pattern of data that you can observe as you make changes. • Give direction as you work on improvement and provide information about the value of particular changes. 	http://www.ihl.org/knowledge/Pages/Tools/RunChart.aspx

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Institute for Healthcare Improvement	Tool	Sampling (links to Simple Data Collection Planning)	<p>Measurement should speed improvement, not slow it down. Often, organizations get bogged down in measurement and delay making changes until they have collected all the data they believe they need. Instead of measuring the entire process (e.g., all patients waiting in the clinic during a month), measuring a sample (e.g., every sixth patient for one week; the next eight patients) is a simple and efficient way to help a team understand how a system is performing. Sampling saves time and resources while accurately tracking performance.</p> <p>Simple data collection planning is a process to ensure that the data collected for performance improvement are useful and reliable, without being unnecessarily costly and time consuming to obtain.</p>	<p>http://www.ih.org/knowledge/Pages/Tools/Sampling.aspx</p> <p>Also refer to Simple Data Collection Planning at: http://www.ih.org/knowledge/Pages/Tools/SimpleDataCollectionPlanning.aspx.</p>
Institute for Healthcare Improvement	Tool	Scatter Diagram	A scatter diagram is a graphic representation of the relationship between two variables. Scatter diagrams help teams identify and understand cause-effect relationships.	http://www.ih.org/knowledge/Pages/Tools/ScatterDiagram.aspx
Institute for Healthcare Improvement	Tool	Short Survey	Short surveys are intended to provide just enough simple and prompt feedback to indicate whether attempts to improve are going in the right direction. Teams can also use them to pinpoint certain areas of interest (e.g., did the patients find the new form easy to understand?). These surveys are useful for answering question 2 in the Model for Improvement (How will we know that a change is an improvement?) and in running Plan-Do-Study-Act (PDSA) cycles.	http://www.ih.org/knowledge/Pages/Tools/ShortSurvey.aspx
Institute for Healthcare Improvement	Tool	Storyboards	Storyboards are a useful tool for effectively presenting a team's work to a variety of audiences—to other groups within the organization, to other organizations, and to the larger community.	http://www.ih.org/knowledge/Pages/Tools/Storyboards.aspx

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Institute for Healthcare Improvement	Tool	Walk-Through Tool	<p>Walk-throughs enable providers to better understand the experience of care from the patient's and family's points of view by going through the experience themselves. This tool is most useful in answering question 1 in the Model for Improvement (What are we trying to accomplish?). Using the Walk-through tool can:</p> <ul style="list-style-type: none"> • Provide firsthand knowledge of what it is like to be a patient in an organization. • Build the will and provide incentive for an organization to improve care and enhance the patient experience. • Generate data that address the total experience of the patient, including direct observations as well as feelings such as frustration and fear. • Generate ideas for process improvement and innovation. 	http://www.ihp.org/knowledge/Pages/Tools/Walkthrough.aspx
Imperial College London	Tool	Project Stakeholder Analysis	Identify stakeholders and their interest in and influence over the innovation.	http://www.imperial.ac.uk/workspace/projectmanagement/public/Templates%20for%20download/Stakeholder%20analysis.doc
Industrial Relations Victoria (Australia)	Tool	The High Performance Toolkit: Workplace Change	Anticipate staff reactions to innovation.	http://www.business.vic.gov.au/busvicwr/assets/main/lib60037/06_hpt2-1managingchangeintehworkplace.pdf
Institute of Behavioral Research, Texas Christian University	Tool	Organizational Readiness for Change	Assess organizational climate and readiness for change.	http://ibr.tcu.edu/forms/organizational-staff-assessments/

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Kaiser Permanente	Tool	RE-AIM Planning Tool	Plan for maintenance and sustainability.	http://www.re-aim.hnfe.vt.edu/resources_and_tools/measures/planningtool.pdf
Mind Tools	Tool	Critical Path Analysis and PERT Charts	Use critical path analysis and PERT charts.	http://www.mindtools.com/critpath.html
Mind Tools	Tool	Gantt Charts	Use Gantt charts.	http://www.mindtools.com/pages/article/newPPM_03.htm
National Academy for State Health Policy	Tool	Patient Safety Toolbox for States	This electronic toolbox provides States with tools they can use or modify as they develop or improve adverse event reporting systems. The toolbox includes information (policies, practices, forms, reports, methods, and contracts) related to States' reporting systems, links to other Web resources, and fast facts and issues related to patient safety.	http://www.nashp.org/pst-welcome
National Committee for Quality Assurance	Indicator or Measure	HEDIS [®] measures (Healthcare Effectiveness Data and Information Set)	HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 71 measures across 8 domains of care. Because so many plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of health plans on an "apples-to-apples" basis. Health plans also use HEDIS results themselves to see where they need to focus their improvement efforts.	http://www.ncqa.org/t/abid/187/Default.aspx
National Committee for Quality Assurance	Tool	Quality Compass	Quality Compass 2011 is an indispensable tool for selecting a health plan, conducting competitor analysis, examining quality improvement, and benchmarking plan performance.	http://www.ncqa.org/t/abid/177/Default.aspx

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Oregon Health Policy Commission and Office for Oregon Health Policy and Research	Indicator or Measure	Oregon Hospital Quality Indicators	Volume indicators are simply a count of hospital admissions for a given procedure. The counts presented here are of relatively rare and specialized procedures for which scientific research suggests that performing more of the procedure often leads to better patient outcomes. In the accompanying displays, volumes are shown compared to a “threshold” number identified by AHRQ as the point at which improved patient outcomes have been observed. While volume is not a direct measure of quality of care, it is useful in gauging how much experience a particular hospital has for a given procedure.	http://www.orhospitalquality.org/
Oregon Health Policy Commission and Office for Oregon Health Policy and Research	Indicator or Measure	Oregon Hospital Quality Indicators	Death rate indicators represent the number of patients admitted for a specific procedure or condition who died in the hospital, divided by the total number of patients admitted for that procedure or condition. However, because the patients’ age, sex, or severity of condition may increase their risk of death, the death rates for each hospital are adjusted to account for these factors. Other factors—for example, that some hospitals may transfer out all but the most mild or most severe cases—are not accounted for in the risk-adjustment methods used here. Hence, while death rates constitute a more sensitive indicator of quality than mere procedure counts, they too should be considered in tandem with comments submitted by hospitals, as well as with other information about quality of care.	http://www.orhospitalquality.org/index.php

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Organisation for Economic Co-operation and Development (OECD)	Indicator or Measure	OECD Health Care Quality Indicators Project: Patient Safety	<p>Several indicators have been identified, including:</p> <ul style="list-style-type: none"> • Hospital-acquired infections: ventilator pneumonia, wound infection, infection due to medical care, decubitus ulcer. • Operative and postoperative complications: complications of anesthesia, postoperative hip fracture, postoperative pulmonary embolism or deep vein thrombosis, postoperative sepsis, technical difficulty with procedure. • Sentinel events: transfusion reaction, wrong blood type, wrong-site surgery, foreign body left in during procedure, medical equipment-related adverse events, medication errors. • Obstetrics: birth trauma - injury to neonate, obstetric trauma – vaginal delivery, obstetric trauma - cesarean section, problems with childbirth. • Other care-related adverse events: patient falls, In-hospital hip fracture or fall 	http://www.oecd.org/dataoecd/53/26/33878001.pdf
SCORE	Tool	5 Tips on Preparing for Change (subtopic on Web page)	Manage change.	http://www.scorerochester.org/help/tips/planning.php
Sharon Martin Community Health Fund	Tool	A SMART Fund Guide to Using Outcomes to Design & Manage Community Health Activities	Select measures.	http://www.smartfund.ca/docs/smart_outcomes_guide.pdf
State of Connecticut	Tool	SMART Objectives	Develop specific, measurable, attainable, relevant, and timely objectives.	http://www.ct.gov/dph/lib/dph/state_health_planning/planning_guide_v2-1_2009.pdf

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University of Alberta (funded by Institute for Healthcare Improvement)	Tool	Queueing ToolPak 4.0	The Queueing ToolPak (QTP) is a Microsoft Excel add-in that performs basic calculations for waiting line analysis. The functions allow integration of queueing performance measures into spreadsheet models without the limitations imposed by templates with fixed input and output areas that are commonly used for analysis of waiting lines.	http://queueingtoolpak.org/
University of Nebraska Medical Center	Tool	Rural Adapted Survey on Patient Safety Culture	<p>This toolkit includes resources for small rural hospitals to conduct and interpret the AHRQ Hospital Survey on Patient Safety Culture. They can help create an infrastructure for reporting, collecting, and analyzing data about voluntarily reported medication errors.</p> <p>The tools are organized by the four components of a safe, informed culture: reporting culture, just culture, flexible culture, and learning culture.</p> <p>Within each component, tools are provided to:</p> <ul style="list-style-type: none"> • Engage the audience about the importance of the change. • Educate the audience about what they need to do. • Ensure that the audience can execute the change. • Evaluate whether the change made a difference. 	http://www.unmc.edu/patient-safety/surveys/rural-hospital-survey.html
Venture Philanthropy Partners	Tool	McKinsey Capacity Assessment Grid (appendix of a report)	Assess organizational capacity.	http://www.vppartners.org/learning/reports/capacity/assessment.pdf

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W.K. Kellogg Foundation	Tool	Logic Model Development Guide	Develop a logic model and plan evaluation.	http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx
Washington State Hospital Association	Indicator or Measure	Hospital Quality Measures	Measures include aspirin at arrival, aspirin at discharge, angiotensin-converting enzyme inhibitor for left ventricular systolic dysfunction, smoking cessation advice, beta blocker at discharge, fibrinolytics at arrival, percutaneous coronary intervention at arrival, 30-day mortality, 30-day readmission	http://www.wahospitalquality.org/