

Quality Improvement Toolkit

Version 1.0

Table of Contents

- [Introduction](#)
- [Frameworks for Quality Improvement](#)
- [Selecting a Project](#)
- [Building a Quality Improvement Team](#)
- [SMART Goals](#)
- [Action Planning](#)
- [Evidence-Based Changes](#)
- [Measurement & Evaluation](#)
- [Change Management](#)
- [A Note on Quality Committees](#)
- [Additional Resources](#)
 - [Tools & Templates](#)
 - [Educational and Training Opportunities](#)
 - [Leveraging AI – High Impact Prompts](#)
 - [Grant Opportunities](#)
 - [Abstract Basics](#)
- [References](#)

Introduction

This toolkit is designed to support practices in identifying, implementing, and sustaining improvements. It introduces quality improvement concepts and provides a collection of resources to learn more about frameworks, tools, and templates to guide teams through selecting projects, setting goals, testing changes, and evaluating outcomes. This toolkit is intended to be flexible, actionable, and adaptable to local practice needs.

Please direct questions or feedback related to this toolkit to the Transformation Team.

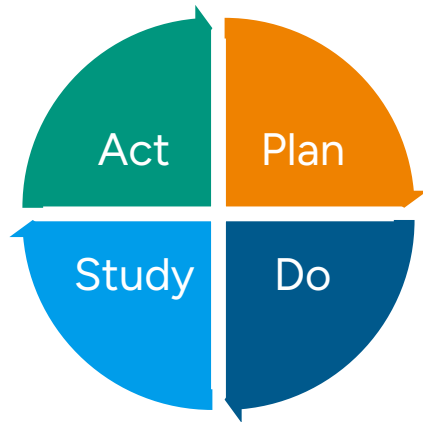


Frameworks for Quality Improvement

Quality Improvement (QI) Frameworks

Model for Improvement: Plan-Do-Study-Act (PDSA)

Method for testing and learning how a change works in a local environment



[IHI: Model for Improvement](https://www.moresteam.com/portal/mckesson)

LEAN

Method for eliminating waste and maximizing value from the customer's perspective.



<https://www.moresteam.com/portal/mckesson>

Six Sigma

Method for driving QI through reduction of error and process variation



<https://www.moresteam.com/portal/mckesson>

Educational Resources

McKesson Learning & Development Team Free Resources

- <https://www.moresteam.com/portal/mckesson>
 - Lean 1 – 3
 - Lean Six Sigma White & Yellow Belt
 - Fundamentals of Project Management
- Email sixsigma@mckesson.com with any questions or registration needs

[Learning Center](#) – Free Courses & Modules

- Creating a Culture of Continuous Improvement
- Implementing Continuous Improvement: A Case Study
- Lean Six Sigma Foundations
- Six Sigma Foundations
- Lean Foundations
- Implementing Lean: A Case Study
- Process Improvement Foundations
- Project Management Foundations

Selecting a Project

Identify Opportunities: Potential QI Projects

Organizational Priorities

- Are we progressing towards strategic goals?
 - Safety
 - Outcomes
 - Equity & Access
 - Cost
- Are we meeting our regulatory requirements?
- How do we compare to competitors?

Current Performance

- Baseline Assessment
 - What data is available?
 - What are we measuring?
 - What do we wish/want to measure?
- What benchmarks are available?

Stakeholder Feedback

- What are team members, leaders, and patients saying?
- Can we capture feedback?
 - Surveys
 - Focus Groups
 - PFAC
 - Staff meetings

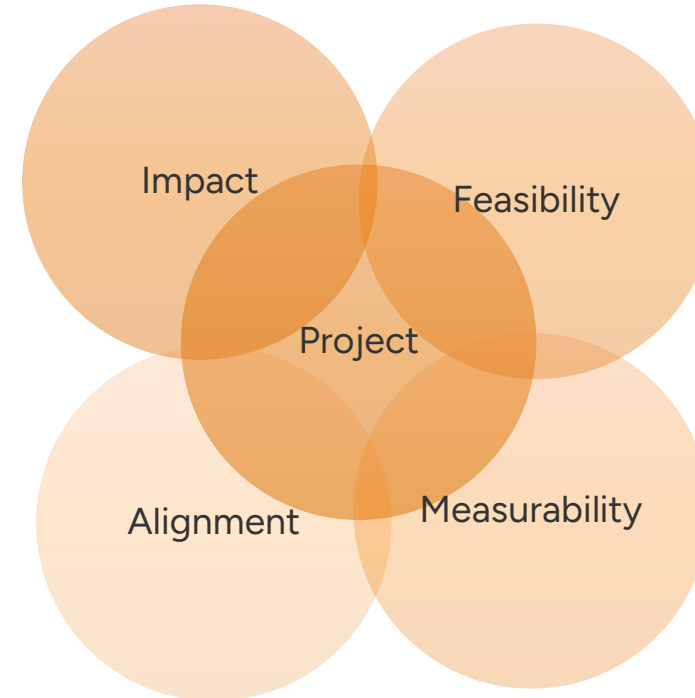
Establish Selection Criteria: Helps Project Prioritization

Impact: Will it significantly improve quality, safety, or cost?

Feasibility: Are there resources, time, and ability to influence/control?

Measurability: Can progress be tracked with clear metrics?

Alignment: Does it support organization priorities and goals?



Prioritize Your QI Projects: Priority Matrix



Key Points:

- The priority matrix does not choose the project for your team – it supports team decision making
- Scoring is best done collaboratively as the discussion is often as valuable as the final scoring
- A priority matrix is meant to help ensure efforts are intentional, aligned, and achievable

Tools & Templates

Institute for Healthcare Improvement: QI Essentials Toolkit

Root Cause Analysis (RCA) – “Cause and Effect Diagram”

- Helps a team explore, organize, and target the many causes of an effect.

Driver Diagram

- Visual display of what “drives” an outcome

Process Maps – “Flow Chart”

- Displays the sequence of steps in a process, assists the team in understanding the process and can highlight areas for improvement


Pareto Chart – “80/20 Rule”

- A bar chart that organizes various contributors to an overall effect from largest to smallest. Allows the team to quickly visualize the “largest” contributors.

Run Chart

- A depiction of data over time.

IHI Quality Improvement Essentials Toolkit



Building a Quality Improvement Team

Building a QI Team

Clearly define the project purpose and scope

- What is the problem?
- What processes are impacted?
- What outcomes are we driving?

Consider what processes are related to and/or dependent upon the project

- Engagement of staff that “live” within the related processes are essential to success

Assemble a well-rounded team

- Subject Matter Experts from varying parts of the impacted processes – Multidisciplinary Team
- Team members with day-to-day lived experience
- Evaluate Representation: Routinely ask, “Who is missing?”
- Identify an Executive Sponsor

<https://www.ihl.org/library/model-for-improvement/forming-team>

Identify Key Stakeholders, Contributions, and Roles

STAKEHOLDER	CONTRIBUTION	PROJECT ROLE
Medical Oncologist	Clinical leadership, EBP	Project Champion
Infusion Nurse	Clinical expertise, workflow knowledge	Process Lead
Pharmacist	Clinical expertise, chemotherapy protocols	Process Lead & Subject Matter Expert
Social Worker	Patient barriers, SDOH	Subject Matter Expert
Manager	Resource allocation, policy alignment	Project Sponsor
Quality Lead	QI Framework, Metrics	Subject Matter Expert & Data Analyst

Define Roles & Responsibilities – RACI Matrix

- R**
 - **Responsible**
 - Who is assigned to work on this task?
- A**
 - **Accountable**
 - Who has the authority to take decisions?
- C**
 - **Consulted**
 - Who can add insights or inform the group about this task?
- I**
 - **Informed**
 - Who must be kept updated about progress?

Task/Area	Responsible	Accountable	Consulted	Informed

Educational Resources

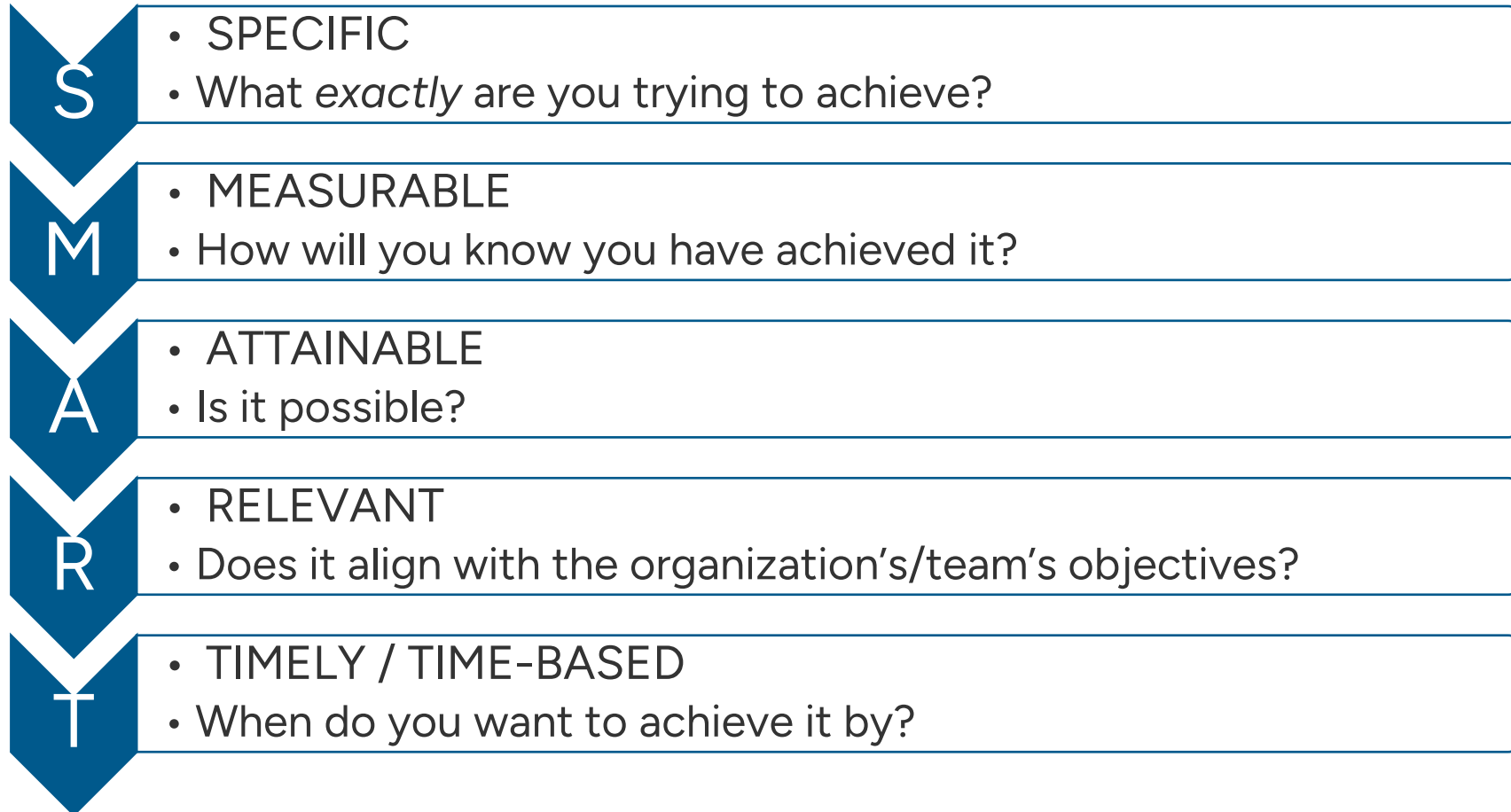
[Learning Center](#) – Free Courses & Modules

- Teamwork Foundations
- Creating Winning Teams
- Leading Inclusive Teams
- Essentials of Team Collaboration
- Managing Team Conflict
- Overcoming Obstacles and Building Team Resilience
- Rebuilding Trust after Failure: Team Building Strategies
- Mindful Team Building



SMART Goals

Setting SMART Goals



[MN Department of Health: Writing Meaningful Goals and SMART Objectives](#)

Consider the 5 Ws

Who is involved, responsible, or affected by this goal?

What exactly do we want to accomplish?

Where will it be implemented?

When should it start and stop?

Why is this goal important?

Educational Resources

Public Resources

- [MN Department of Health: Writing Meaningful Goals and SMART Objectives](#)
- [IHI: Model for Improvement - Setting Aims](#)

[Learning Center](#) – Free Courses & Modules

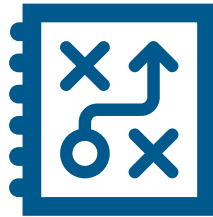
- Setting Team and Employee Goals Using SMART Methodology

Action Planning

Why Create an Action Plan?



An Action Plan makes your team's vision more concrete.



A solid Action Plan clearly outlines the strategies and steps needed to meet your team's goal.



An Action Plan is a living document that tracks and documents your team's progress.

[University of Kansas Center for Community Health and Development: The Community Tool Box](#)

Tips for Successful Action Planning



Be Inclusive – Seek diverse viewpoints from key stakeholders



Manage Conflict – Focus on shared vision



Use Brainstorming Rules – All ideas are heard without criticism



Be Efficient – Respect the team's time



Communicate Products of Planning – Highlight the outcomes of planning sessions



Provide Support and Encouragement – Acknowledge contributions, celebrate successes, and provide support during challenges

[University of Kansas Center for Community Health and Development: The Community Tool Box](#)

Action Plan Template

SMART Goal:	
Team Members:	
Objective(s): Use SMART Formatting	
Metrics/KPIs:	

Objective 1:					
Metrics/KPIs:					
Strategy 1:					
<i>Action:</i>	<i>Person(s) responsible:</i>	<i>Due Date:</i>	<i>Resources needed:</i>	<i>Success Indicator:</i>	<i>Completed:</i>
Strategy 2:					
<i>Action:</i>	<i>Person(s) responsible:</i>	<i>Due Date:</i>	<i>Resources needed:</i>	<i>Success Indicator:</i>	<i>Completed:</i>
Strategy 3:					
<i>Action:</i>	<i>Person(s) responsible:</i>	<i>Due Date:</i>	<i>Resources needed:</i>	<i>Success Indicator:</i>	<i>Completed:</i>

See QI Toolkit Supplement
– Action Plan Template

Adapted from University of Kansas' Community Tool Box Action Plan Template

Additional Resources

- Agency for Healthcare Research and Quality
 - [ARHQ: Health Care Quality Improvement \(QI\) Action Plan Template](#)
- University of Kansas Center for Community Health and Development
 - [Community Tool Box: Action Planning Template](#)
- Institute for Healthcare Improvement
 - [IHI Project Planning Form](#)



Evidence-Based Changes, Interventions, and Workflows

US Oncology Network Resources

[The Network Hub](#)

- Clinical Standards
- Patient Education Resources
- Palliative Care Playbook
- [Toolboxes & Toolkits](#)

Social Drivers of Health	Survivorship
Advance Care Planning	Hospitalization & ED (Coming Soon)
Depression	Supportive Care Interventions in iKM
End of Life	Geriatric Assessment
HCC (Under Construction)	Care Management
Pain	

Professional Organizations & Guidelines

- Academy of Oncology Nurse & Patient Navigators: [AONN+](#)
- Advanced Practitioner Society for Hematology and Oncology: [APSHO](#)
- American Cancer Society: [Cancer.org](#)
- American Society for Radiation Oncology: [ASTRO](#)
- American Society of Clinical Oncology: [ASCO](#)
- Association of Oncology Social Workers: [AOSW](#)
- Association of PAs in Oncology: [APAO](#)
- National Comprehensive Cancer Network: [NCCN](#)
- Oncology Nursing Society: [ONS](#)



Measurement & Evaluation

What do you want to measure?

Structural Measure: Measures Infrastructure

- Is there enough equipment/supply to implement the intervention?

Outcome Measures: Measure Impact

- At least one needed in a QI project
- Usually reflects the goal of the project
- How is the intervention working?

Process Measures: Measures Performance

- Are the parts of the intervention working as expected?

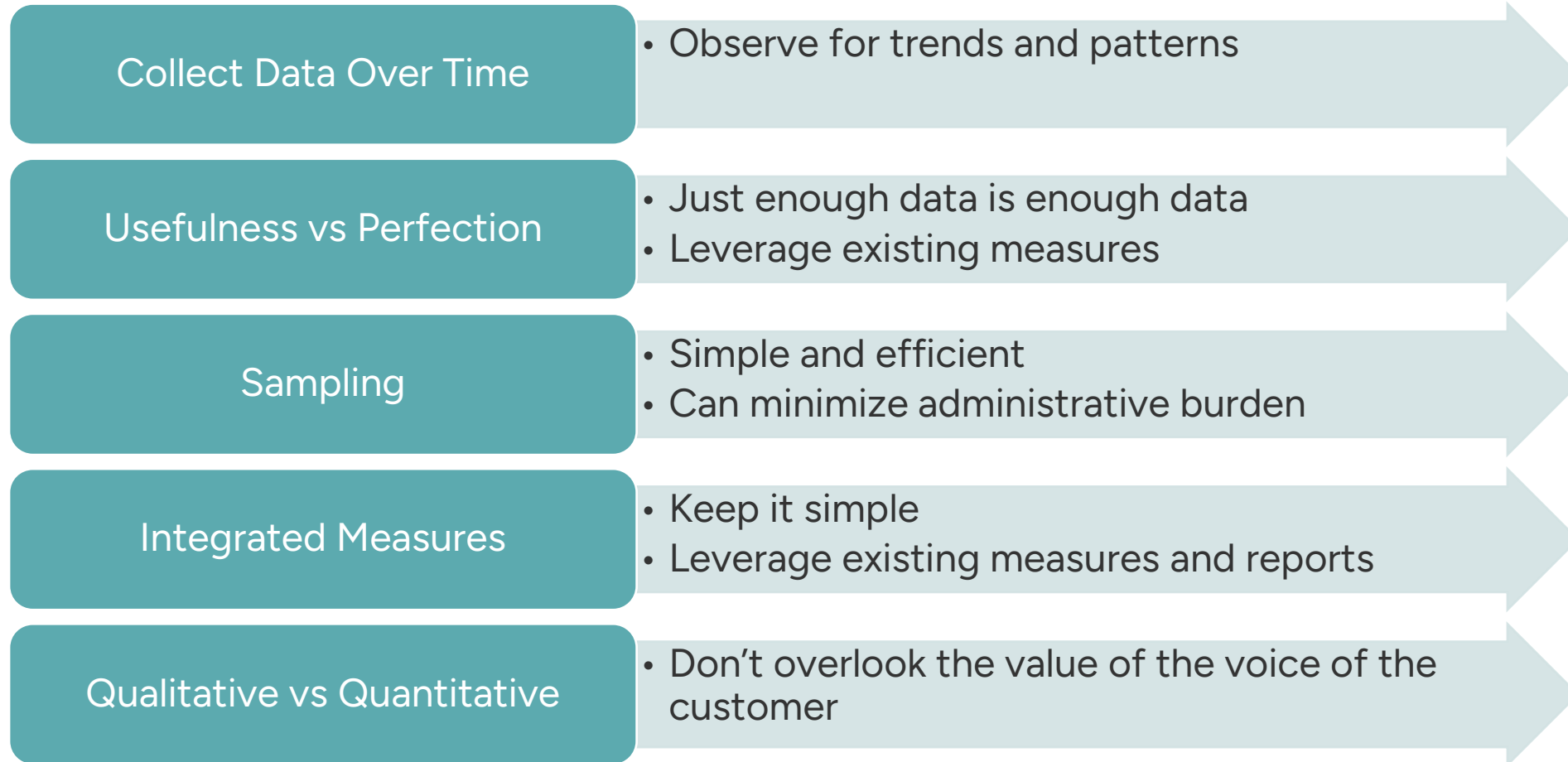
Balancing Measures: Measures Unintended Consequences

- Is the intervention causing problems in another area?

[IHI: Model for Improvement - Establishing Measures](#)

[Johns Hopkins Nursing: Center for Nursing Inquiry - Quality Improvement](#)

Selecting Effective Measures



[IHI: Model for Improvement - Establishing Measures](#)

USON Existing Measures & Reports

IMPACT Analytics

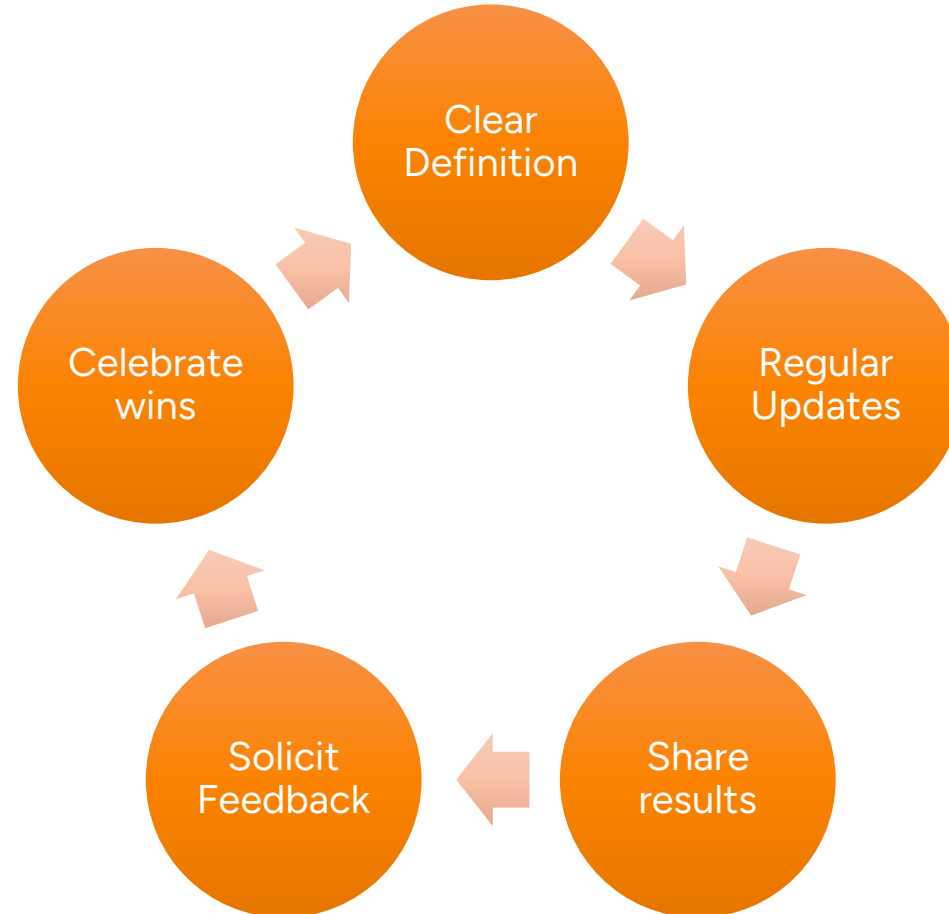
Tools & Templates

- Run Chart
 - A depiction of data over time.
 - [IHI Quality Improvement Essentials Toolkit](#)
- Control Chart
 - Visual display of data that help determine stability of a process
 - [The Deming Institute: Beginner's Guide to Control Charts](#)
- Dashboard
 - Visual display of multiple measuring indicating the overall “health” of a project
 - [CMS.gov: QAPI - Instructions to Develop a Dashboard](#)

Change Management

Change Management: Communication is Key

Whether big or small, changes require clear communication to the teams that will be impacted by the change.



Managing Resistance



Establish a Clear and Consistent Vision



Assign Change Champions



Be Intentional in Training

Ensure project timeline allows for training and re-training
Ensure time is baked into sessions for questions and concerns



Share the Whys Behind the Change



Capitalize on Momentum

Monitor and share progress
Celebrate even small wins

[ASQ.org](https://www.asq.org)

Communicating Progress & Impact

Utilizing multiple methods to communication increases awareness, understanding, and spread.

Internal Reports

Scorecards

Meetings

Newsletters & Bulletins

Staff In-services

Patient & Staff Feedback

Presentations & Publications

A Note on Quality Committees

A Quality Committee is not required to conduct a quality improvement project. However, having a Quality Committee can be beneficial to the overall quality improvement process within a practice.

A Quality Committee offers governance, data-driven prioritization, structured improvement methods, frontline engagement, and sustained oversight to the quality improvement projects initiated within its scope.

If your practice is interested in establishing a Quality Committee, please feel free to refer to the [Managed Care Committee and Quality Committee \[SOP Template\]](#) and Tips for High Functioning Practice Quality Committees (Supplement) for foundational information and reference materials.

Additional Resources

[American Society of Quality: What is Change Management](#)

[Learning Center](#) – Free Courses & Modules

- Creating a Culture of Continuous Improvement
- Implementing Continuous Improvement: A Case Study
- Overcoming Obstacles and Building Team Resilience
- Rebuilding Trust After Failure: Team Building Strategies



Additional Resources

Tools & Templates

- [American Cancer Society: Quality Improvement Implementation Manual: Cancer Prevention and Screening](#)
- [American College of Surgeons Quality Framework Toolkit](#)
- [Healthcare Quality Improvement Partnership: A Guide to Quality Improvement Tool \(UK\)](#)
- [Institute for Healthcare Improvement: Quality Improvement Tools](#)

Educational Opportunities

McKesson Learning & Development Team Free Resources

- <https://www.moresteam.com/portal/mckesson>
 - Lean 1 – 3
 - Lean Six Sigma White & Yellow Belt
 - Fundamentals of Project Management
- Email sixsigma@mckesson.com with any questions or registration needs

American Society of Clinical Oncology (ASCO)

- [ASCO Quality Training Program One Day Workshops](#)
- [ASCO Quality Training Program](#)

Educational Resources

[Learning Center](#) – Free Courses & Modules

Continuous Improvement	Goal Setting	QI Framework	Process Improvement	Project Management	Teams
<ul style="list-style-type: none">• Creating a Culture of Continuous Improvement• Implementing Continuous Improvement: A Case Study	<ul style="list-style-type: none">• Setting Team and Employee Goals Using SMART Methodology	<ul style="list-style-type: none">• Lean Six Sigma Foundations• Six Sigma Foundations• Lean Foundations• Implementing Lean: A Case Study	<ul style="list-style-type: none">• Process Improvement Foundations	<ul style="list-style-type: none">• Project Management Foundations	<ul style="list-style-type: none">• Teamwork Foundations• Creating Winning Teams• Managing Team Conflict• Essentials of Team Collaboration• Leading Inclusive Teams• Mindful Team Building

Clarifying the Problem

“Act as a QI coach. Here’s what we’re seeing: **[paste narrative + any baseline data]**. Help me: (1) define the problem statement, (2) identify who is affected, (3) list 5 candidate QI project ideas, and (4) suggest what data we should start with.”

“Using a baseline assessment mindset, draft a checklist of **what data is available, what we’re currently measuring, what we wish we measured, and what benchmarks to look for** for this topic: **[topic]**.”

Building the Team

“Given this QI project scope: **[scope]**, list essential stakeholders and ask ‘Who is missing?’ Provide a recommended multidisciplinary team roster and why each role matters.”

“Create a RACI matrix for this QI project with tasks: **[list tasks or phases]** and roles: **[list roles]**. Fill Responsible/Accountable/Consulted/Informed and note gaps or overload.”

Writing a SMART Goal/Aim

“Turn this into a SMART aim: **[current goal text]**. Make it Specific, Measurable, Attainable, Relevant, and Time-based. Include numerator/denominator definitions if applicable.”

“Apply the 5 Ws (Who/What/Where/When/Why) to this aim: **[draft aim]**. Identify ambiguity, propose edits, and provide a final refined version.”

Assessing the Current State

“Create a step-by-step process map (text-based) from this workflow description: **[paste workflow]**. Identify rework loops, handoffs, bottlenecks, and failure points.”

“Build a cause-and-effect (fishbone) analysis for this problem: **[problem]**. Use categories People/Process/Technology/Environment/Policy/Measurement. List plausible causes and suggest which to validate first.”

Selecting Measures that Matter

“Create a measurement plan for this QI aim: **[aim]**. Include at least: **Outcome measure, 1–2 Process measures, 1 Balancing measure**, and any **Structural** considerations. Define each measure, data source, collection frequency, and owner.”

“Propose a ‘just enough data’ collection approach for these measures: **[list]** using sampling where appropriate, and note how to reduce burden while still detecting trends.”

PDSA Execution Support

“Draft a PDSA for this change idea: **[change idea]**. Include: Plan (who/what/where/when), prediction, data to collect, Do steps, Study questions, Act decision rules (adopt/adapt/abandon).”

“Here are PDSA results: **[what happened + data]**. Summarize what we learned, whether the prediction held, what to change next cycle, and what to communicate to stakeholders.”

Action Planning

“Create an action plan (objectives → strategies → actions) for this QI project: **[aim + proposed interventions]**. Include owner, due dates, resources needed, and success indicators.”

“List top 10 risks to implementing this change in a busy oncology practice and propose mitigations for each. Include operational, clinical, data, and adoption risks.”

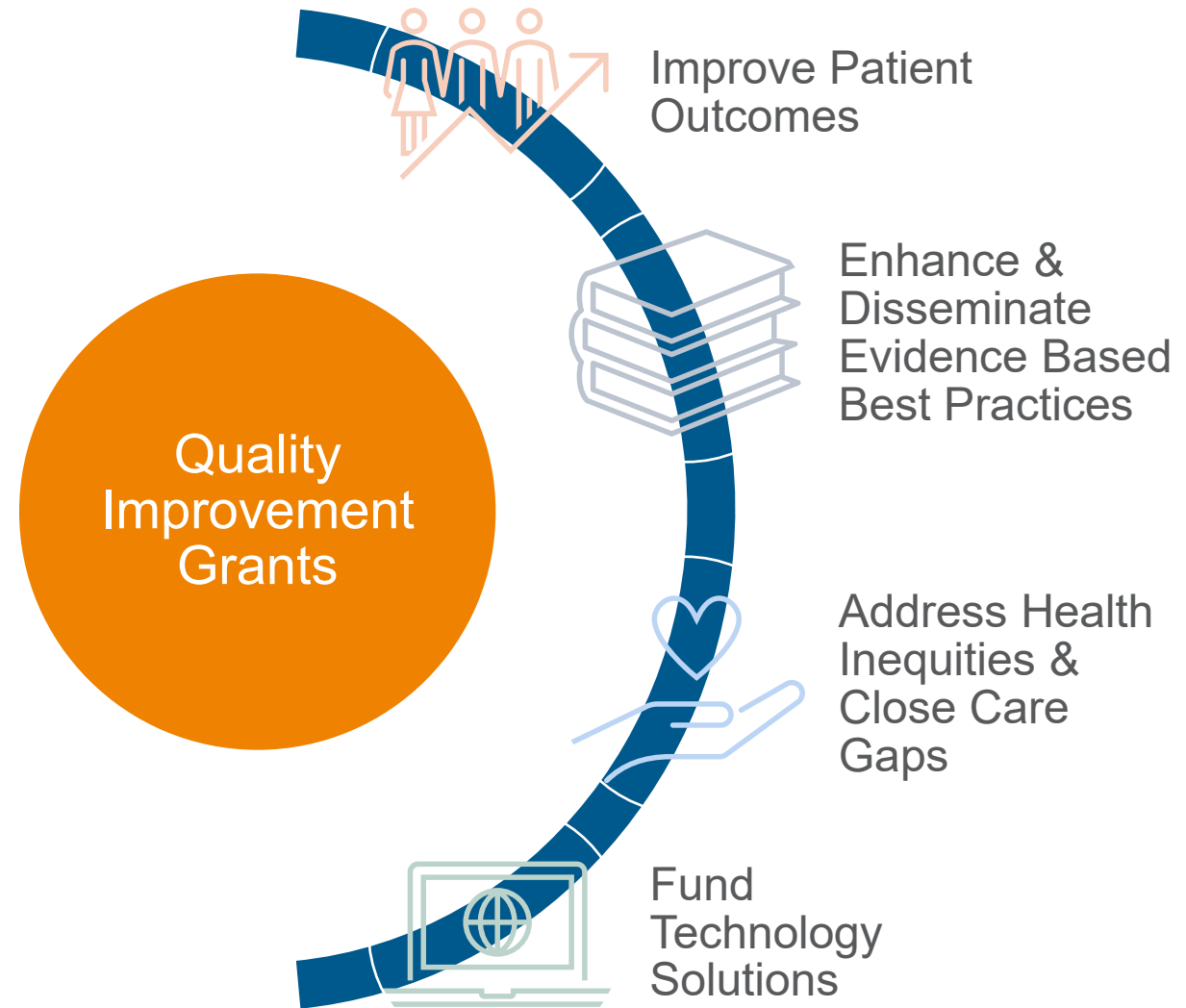
Communicating Status & Impact

- “Create a communication plan for this change: **[change]**. Include audience segments, key messages (‘why’, ‘what’, ‘what’s in it for me’), channels (huddles/newsletters/in-services), cadence, and feedback loops.”

“Draft a one-page status report with: Aim, measures (current vs baseline), PDSAs completed, wins, barriers, asks of leadership, and next 2 weeks plan.”

Quality Improvement Grant Opportunities

There is an increasing number of grant opportunities for oncology practices that are interested in implementing quality improvement initiatives focused on increasing access to care and improving health outcomes through efficient standardized processes.



Examples of Grant Opportunities and Requirements

Pfizer Competitive Grant Program – Quality Improvement

- <https://www.pfizer.com/about/programs-policies/grants/quality-improvement>

Lilly Grant Office (LGO)

- <https://grantoffice.lilly.com/>

Takeda Oncology

- <https://www.takedaoncology.com/grants-donations-sponsorships/>

Astrazeneca

- <https://www.astrazeneca-us.com/sustainability/Request-Support/medical-education-office/educational-areas-call-for-grants.html>

***If your practice is interested in a grant opportunity or learning more about the grant process, please reach out to
Erin Crum | Erin.Crum@Mckesson.com***

Abstract Basics

Before beginning, the author should:

- Define their purpose
- Identify their audience
- Review any formatting requirements and word limit

While composing an abstract, the author should:

- Follow the standard structure
 - Background
 - Purpose/Objective
 - Methods
 - Results
 - Conclusion
- Be specific and data-driven
- Use clear, concise, and plain language

After drafting an abstract, the author should:

- Ensure alignment with any submission requirements
- Review and revise
 - Read the abstract aloud
 - Seek feedback

Standard Abstract Format

Background

- What problem are you addressing?
- Why is this important?

Purpose

- What was the objective of this study?
- What was your goal?

Method(s)

- What did you do and how did you do it?
- Think about design, population, data sources, timeframe.

Results

- What did you find?
- Include specific data.

Conclusion

- What do these results mean?
- Are there any future implications?

- [Dates to Know](#) - **Abstract Submission Deadline is June 10, 2026**
- [Submission Guidelines & Requirements](#)
- [ASCO Quality Care Symposium](#)
- 2026 ASCO Quality Symposium Abstract Template: See QI Toolkit Supplements

Please reach out to the Transformation & Quality Team!



References

- Agency for Healthcare Research and Quality. *Health Care Quality Improvement (QI) Action Plan Template*. <https://www.ahrq.gov/evidencenow/tools/qi-action-plan.html>
- American Society for Quality. *Change Management Resources*. <https://asq.org/quality-resources/change-management>
- Centers for Medicare & Medicaid Services. *Quality Measurement and Quality Improvement*. CMS.gov. Updated September 10, 2024. <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/mms/quality-measure-and-quality-improvement>
- Hamilton, S., Jennings, A., & Forster, A. J. (2020). Development and evaluation of a quality improvement framework for healthcare. *International Journal for Quality in Health Care*, 32(7), 456–463. <https://doi.org/10.1093/intqhc/mzaa075>
- Institute for Healthcare Improvement. *Model for Improvement*. <https://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx>
- Institute for Healthcare Improvement. *Quality Improvement Essentials Toolkit*. <https://www.ihl.org/library/tools/quality-improvement-essentials-toolkit>
- Joshi, M. S., Ransom, E. R., Nash, D. B., & Ransom, S. B. (2016). *Leading Health Care Transformation: A Primer for Clinical Leaders*. CRC Press.
- Minnesota Department of Health. *Writing Meaningful Goals and SMART Objectives*. Updated July 24, 2025. <https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/objectives.html>
- The W. Edwards Deming Institute. *A Beginner's Guide to Control Charts*. <https://deming.org/a-beginners-guide-to-control-charts/>
- University of Kansas Center for Community Health and Development. *Community Tool Box: Developing an Action Plan*. <https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/develop-action-plans>