



INSTITUTE FOR  
HEALTHCARE  
IMPROVEMENT

# IHI Improvement Capability Self-Assessment Tool

## GUIDE FOR USERS

Hospital leaders and staff can use the IHI Improvement Capability Self-Assessment Tool in several ways:

- To better understand your hospital's improvement capability;
- To stimulate discussion about areas of strength and weakness; and
- To help you reflect on and evaluate specific improvement efforts.

Note that this tool is not intended for performance management, judgment, or blame if you determine that your hospital's improvement capability is less than you would like it to be.

You can use the tool to assess your hospital's capability in six key areas: 1) Leadership for Improvement, 2) Results, 3) Resources, 4) Workforce and Human Resources, 5) Data Infrastructure and Management, and 6) Improvement Knowledge and Competence.

For each of these six areas, the tool provides a brief description of levels of capability, ranging from Just Beginning, to Developing, to Making Progress, to Significant Impact, to Exemplary.

Your Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**DIRECTIONS FOR USE:**

1. For each of the six areas, select and record below the level of capability that you think best fits your hospital’s current improvement capability – and briefly describe the data/evidence you used to inform your choice.

	Just Beginning	Developing	Making Progress	Significant Impact	Exemplary	Please provide a brief description of the type of data or other evidence you used to inform your choice.
1) Leadership for Improvement						
2) Results						
3) Resources						
4) Workforce and Human Resources						
5) Data Infrastructure and Management						
6) Improvement Knowledge and Competence						

2. Reflect on the results of your assessment:

- Does your assessment suggest one or more specific actions you can take soon to increase your hospital’s capability? Note these actions and who you would need to collaborate with to move ahead.
  
- Does your assessment suggest a need for more information to help you determine specific actions to increase your hospital’s capability? Note these needs.

## IHI IMPROVEMENT CAPABILITY SELF-ASSESSMENT TOOL:

The levels below are intended to provide a basic indication of the improvement capability of your hospital in a number of domains that are associated with overall improvement success. This information is confidential; the more honest the assessment, the more likely the initiatives selected will be aligned with current ability and probability of success.

Just Beginning	Developing	Making Progress	Significant Impact	Exemplary
<b>Leadership for Improvement:</b> The capability of the leadership of the hospital to set clear improvement goals, expectations, priorities, and accountability and to integrate and support the necessary improvement activities within the organization				
<p>There are no clear organizational level improvement goals, expectations, and priorities. Improvement is seen as a department or service responsibility rather than requiring overall organizational leadership. Leadership for improvement is not coordinated across departments or services. Very little, if any learning from improvement activities is shared across the hospital.</p>	<p>The hospital leadership has set clear improvement goals, expectations, and priorities through discussions with department and service leadership. Department or local leaders are held accountable for achieving the established goals without the support required for them to bring about improvement. Hospital leadership does not fully facilitate improvement activities across departments. Some learning from improvement activities is shared across the hospital.</p>	<p>Hospital leadership has prioritized some organizational level improvement goals to actively monitor and support. Hospital leadership focuses on the system of care and supports some local leaders to facilitate coordination of improvement activities across the services involved. Hospital leadership has established a system for sharing the learning from some improvement activities across the hospital.</p>	<p>Hospital leadership is actively engaged in monitoring and supporting most organizational level improvement goals. Hospital leadership focuses on the system of care and supports most local leaders in integrating and supporting improvement activities across the hospital. Hospital leadership has established a system for sharing the learning from most improvement activities across the hospital.</p>	<p>Hospital leadership is actively engaged in monitoring and supporting all improvement goals. Hospital leadership focuses on the system of care and supports all local leaders in integrating and supporting improvement activities across the hospital. Hospital leadership has established a system for sharing the learning from all improvement activities across the hospital. Hospital leadership continually sets clear improvement goals, expectations, priorities, and accountability.</p>
<b>Results:</b> The capability of a hospital to demonstrate measureable improvement across all departments and areas				
<p>Some programs or services in the hospital can demonstrate measureable improvement, but this is not sustained over time and no sustained improvement can be demonstrated in any whole system organization-level measures.*</p>	<p>Although some programs or services in the hospital can demonstrate sustained and measureable improvement over time, very few if any of the whole system organization-wide measures can demonstrate improvement over time.</p>	<p>The hospital has demonstrated sustained improvement over time for a few whole system organization-wide measures.</p>	<p>The hospital has demonstrated sustained improvement over time for most whole system organization-wide measures.</p>	<p>The hospital can demonstrate sustained improvement over time for all whole system organization-wide measures.</p>

\*Examples of whole-system organization-level measures are described in a free publication: Martin LA, Nelson EC, Lloyd RC, Nolan TW. *Whole System Measures*. IHI Innovation Series white paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2007. (Available on [www.IHI.org](http://www.IHI.org)). The measures are neither disease- nor condition-specific; rather, they are intended to gauge the overall performance in quality of a hospital, health system, or group practice from a system-level (or “big dot”) perspective. The measures are: 1. Rate of Adverse Events, 2. Incidence of Nonfatal Occupational Injuries and Illness, 3. Hospital Standardized Mortality Ratio (HSMR), 4. Unadjusted Raw Mortality Percentage, 5. Functional Health Outcome Score, 6. Hospital Readmission Percentage, 7. Reliability of Core Measures, 8. Patient Satisfaction with Care Score, 9. Patient Experience Score, 10. Days to Third Next Available Appointment, 11. Hospital days per Decedent During the Last Six Months of Life, 12. Health care Cost per Capita, 13. Equity (Stratification of Whole System Measures). For more information:

Just Beginning	Developing	Making Progress	Significant Impact	Exemplary
<p><b>Resources:</b> The capability of a hospital to provide sufficient resources to establish improvement teams and to support their ongoing work and success</p>				
<p>Resources are available within only a few services or programs to support the work of improvement teams in these areas. There is no hospital-wide coordination of resource allocation.</p>	<p>Resources are available within most programs or services to provide adequate support to improvement activities focused in these areas. Some processes for allocating resources within programs or services have been established, but these are not coordinated across the hospital.</p>	<p>Resources are available to support a coordinated approach to improvement across a number of services or programs. Some processes for allocating resources across the hospital are in place, but these are not fully coordinated across the hospital.</p>	<p>Resources are available to support improvement activities coordinated across most of the hospital. Some processes are in place to review and coordinate the allocation of resources for improvement across the hospital.</p>	<p>Resources are available to support and promote improvement activities coordinated across the whole hospital. Clear processes are in place to regularly review, prioritize, and coordinate the allocation of resources for improvement across the hospital.</p>
<p><b>Workforce and Human Resources:</b> The capability of a hospital to organize its workforce to encourage and reward active participation in improvement work, clearly define and establish improvement leadership roles, and ensure that job descriptions include a component related to improvement work</p>				
<p>A few services or programs have identified a person who is responsible for improvement work.</p>	<p>Most services and departments have identified improvement personnel, but they do not report directly to senior hospital leadership.</p>	<p>A plan for a clear chain of improvement accountability, responsibility, and leadership across the hospital has been developed.</p>	<p>All services and departments have a access to personnel who are responsible for improvement activities. The personnel have sufficient seniority to facilitate the changes required for improvement.</p>	<p>The hospital has established clearly defined improvement leadership roles. All staff see quality improvement as an integral part of their everyday work. The hospital encourages and rewards active participation in improvement work, and job descriptions include a component related to improvement work.</p>

Just Beginning	Developing	Making Progress	Significant Impact	Exemplary
<p><b>Data Infrastructure and Management:</b> The capability of a hospital to establish, manage, and analyze data for improvement in a timely and routine manner to meet the objectives and expected results of the hospital’s improvement plan</p>				
<p>The hospital uses data to measure performance, but only a few places use data to support and inform improvement activities. There is limited ability to communicate information across systems.</p>	<p>The hospital uses data to measure performance and to support some improvement work. The hospital is aware of a need to establish effective data systems to communicate across key stakeholders and partners.</p>	<p>The hospital uses data to measure performance and to support most improvement projects. The hospital has established a number of data systems to allow for some cross-system measures.</p>	<p>The hospital uses data to measure performance and to support almost all improvement projects. The hospital has established a number of data systems which it uses routinely to share system-of-care performance information across key partners and stakeholders.</p>	<p>The hospital uses data to drive all improvement measures at both the whole system and sub-system level. Data systems allow for highly effective communication within and across departments and with key stakeholders in a manner that informs the knowledge and actions required to meet the objectives of improvement teams.</p>
<p><b>Improvement Knowledge and Competence:</b> The capability of a hospital to obtain and execute on the skills and competencies required to undertake improvement throughout the hospital</p>				
<p>Few if any quality improvement projects are under way that are guided by an organization-wide improvement framework and model. The hospital provides training in improvement methods to staff in a limited fashion.</p>	<p>A number of quality improvement projects are underway. Multidisciplinary teams are formed and actively engaged.</p>	<p>A number of quality improvement projects have achieved measureable improvements.</p>	<p>A number of quality improvement projects have achieved sustained improvement. The hospital spreads learning from quality improvement projects systematically across the organization.</p>	<p>The hospital has embedded quality improvement in all areas of the organization. Teams have achieved and sustained measureable improvements. The hospital consistently shares and spreads improvements across all departments and with key stakeholders.</p>