

## Improvement Success Story Template



**Directions:** Use this template to tell the story of a change your nursing home made that lead to a demonstrable improvement. Use as much space as needed to respond to each question prompt below, while being mindful of keeping the story as succinct as possible. *Please do not use any resident names or protected medical information.* **Once you have completed filling out this form, save a copy for your records and email a copy of the completed form to your Great Plains QIN nursing home contact.**

Documenting success stories is useful for a number of reasons: (1) it provides a historical record of efforts undertaken by your organization that produced positive results; (2) it promotes taking the time to celebrate achievements; (3) it assists in pinpointing important messages to communicate to stakeholders; and (4) it can relay important lessons for others wishing to emulate your success and establish your organization as a model leader. Ideas for how to use success stories: use the information to draft an article to share with all staff, with your board of directors, residents, and families; use it to create a story board to display in your nursing home (see the CMS Storyboard Guide to Performance Improvement Projects).

**Story title** (aim for a concise title that incorporates both the change that took place and the positive outcome that resulted):

**Organization:**

Intervention focus (check all that apply):	Departments involved (check all that apply):
<input type="checkbox"/> Clinical care <input type="checkbox"/> Quality of life <input type="checkbox"/> Resident choice <input type="checkbox"/> Other:	<input type="checkbox"/> Administration <input type="checkbox"/> Facilities Management <input type="checkbox"/> Food Services <input type="checkbox"/> Housekeeping <input type="checkbox"/> Nursing/Medical Care <input type="checkbox"/> Pharmacy <input type="checkbox"/> Rehabilitation/Therapy <input type="checkbox"/> Security <input type="checkbox"/> Transportation <input type="checkbox"/> Other:

**What opportunity were you pursuing or what problem were you confronting?**

**What change did you decide to make?**

**How did you decide to make the change that you did?** (i.e., What data/input did you consult? What process did you follow? What best practice evidence did you rely on to inform your decision?)

**Who led the change?** (i.e., Who was the leader and which staff members were involved? Were there other champions who were integral in facilitating the change?)

**What were the major steps you took to implement the change?**

**What resistance/barriers did you face while implementing the change?**

**How did you overcome any resistance/barriers?**

**In what ways did leadership support the change?**

**How did you monitor whether or not the change had the desired effect?** (i.e., Include a description of any performance indicators/measures selected, how they were chosen, and what goals you set for them.)

**What positive outcomes can be demonstrated as a result of the change?** (i.e., How do you know the change was a success? What does the data show? What other forms of evidence do you have?)

**What reactions have you heard from those affected by the change?** (In addition to data, anecdotal stories from people directly affected by the change may be of interest. For example, this could be staff members seeing a difference in how they do their work or residents having a new positive experience.)

**What steps have you taken to ensure this change is sustained within your organization in the long-term?**

**What is the biggest lesson you learned through this experience?**

**If you could give some advice to other facilities wanting to replicate your success, what would you tell them?**

**Story Author:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **City:** \_\_\_\_\_

**We grant permission to the Great Plains Quality Innovation Network to share, as appropriate, this success story with the Great Plains QIN Nursing Home Quality Care Collaborative teams.**

- Yes
- No
- Maybe

*Email copy of the completed form to your Great Plains QIN nursing home contact.*

