

## **Eco SAM Sustainable QI Tool**

Individual(s) name & Job role(s)	[Please indicate the Project Lead and their contact details below for SAM to make contact in the future]
Contact details	[Email & Phone number]
NHS Organisation [or other]	
Region & Country	
Project Title	
Date of project completion	
Has this case study been made public before? If Yes, where?	

## 1. Introduction & Aim – why this project

Please write a focused description of what the identified problem your QI project was designed to address and what evidence do you have to back up your opinion? Describe the rationale of how your QI project was thought to deliver maximum health gain with minimum financial cost and harmful environmental impacts.

Define your	Specific	Aim(s)	See	Developing	vour aims	state	ement

## 2. Methods - what did you do

Please describe any QI methodology chosen and why this might help a project improve patient care/a problem and sustain any change. Please include any QI tools used and how they helped to complete the project. Quality, service improvement and redesign (QSIR) Tools

Please consider how the four CSH principles of sustainable healthcare1 apply to your project.

- 1. Prevention
- 2. Patient empowerment and self-care
- 3. Lean systems and pathways
- 4. Preferential use of technologies and interventions with lower environmental impact



3. Results – what did you find
What measures were used and why? What did they show? How did they help to improve environmental sustainability? Please document any unexpected data.
4. Discussion – what does it mean
Provide a summary of key findings, strengths and limitations of the project. Your interpretation on impact on patients, population, environmental sustainability, economic sustainability and social sustainability
5. Please outline the Equality Impact Assessment of your project.
Main potential positive or adverse impact of the project for protected characteristic groups summarised:
Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, rac religion or belief, sex, sexual orientation
(You can include potential impacts on any other groups e.g. carers, people of lower socioeconomi backgrounds, living in rural or remote areas)
The templete chars is based on the Control for Control
The template above is based on the Centre for Sustainable Healthcare's SUSQI Framework <sup>1</sup> and

RCEM QIAT<sup>2</sup> & Revised Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0)<sup>3</sup>.

<sup>&</sup>lt;sup>1</sup> Sustainability in quality improvement: redefining value | RCP Journals <sup>2</sup> RCEM Curriculum2021 QIAT ST1-2 exemplar.docx

<sup>&</sup>lt;sup>3</sup> Revised Standards for Quality Improvement Reporting Excellence SQUIRE 2.0