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COURSE BROCHURE

Advanced Performance Improvement in Healthcare Training Course

18 – 29 October 2027
Geneva

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Registered in the United Kingdom and Saudi Arabia

Advanced Performance Improvement in Healthcare Training Course

Ref: 304_10148 **Date:** 18 – 29 October 2027 **Location:** Geneva **Fees:** 11000 GBP

Performance Improvement in Healthcare at advanced level is a 2-week training course for quality and patient safety managers, clinical governance leads and nursing managers who turn audit findings and incident reports into tested change, and who leave with a performance improvement project charter and spread plan. Boards and patients now expect visible evidence that care gets safer each year. Jupiter Prime Training offers this course to clinicians and managers who lead improvement work.

Why Performance Improvement in Healthcare Matters Now

Three groups shape healthcare improvement today: patients and families who expect openness after harm, boards that want assurance backed by measurement rather than anecdote, and frontline clinicians who will only adopt changes they have tested themselves. A hospital that improves well learns quickly from adverse events, reduces unwarranted variation and keeps gains after the project team moves on; one that improves badly launches initiatives that fade, repeats the same incidents and exhausts staff. The course rests on the Model for Improvement with Plan-Do-Study-Act PDSA cycles, clinical audit, statistical process control SPC and the balanced scorecard.

Who Gains Most from Performance Improvement in Healthcare

- Leaders who run clinical audit and quality improvement portfolios across departments
- Patient safety managers who investigate adverse events and track learning actions
- Clinical governance leads who report quality assurance to committees and the board
- Nursing managers who lead improvement on wards, theatres and specialist units
- Medical leads who sponsor improvement projects in their specialty

A hospital gains most when a patient safety manager, a clinical audit lead and a nursing manager from the same directorate attend together and agree one shared method for testing and measuring change.

Performance Improvement in Healthcare Capabilities

Participants move from a vague wish to improve towards an aim statement, a family of measures and a sequence of small tests that prove whether a change works.

- Design an improvement aim with outcome, process and balancing measures — clinical governance committees
- Test change ideas through linked PDSA cycles — frontline clinical teams
- Build a clinical audit cycle against agreed standards — specialty audit leads
- Apply run charts and SPC to judge whether change is real — board quality reports
- Specify root cause analysis findings as strong, sustainable actions — patient safety committees
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Align a hospital balanced scorecard with improvement priorities — executive and directorate leaders

Key Performance Improvement in Healthcare Terms

- Model for Improvement — a framework of three questions on aims, measures and changes, combined with rapid PDSA testing.
- PDSA cycle — Plan, Do, Study, Act, a small structured test of a change that is learned from before scaling.
- Balancing measure — an indicator that checks whether an improvement causes harm or extra burden elsewhere in the system.
- Clinical audit — a cycle that compares care against explicit standards, implements change and re-measures compliance.
- Run chart — a time-ordered plot of a measure with a median line, used to detect non-random patterns of change.
- Spread plan — the agreed approach for taking a proven change from one unit to other wards, sites or services.

Performance Improvement in Healthcare Day by Day

Day 1: The Improvement Imperative in Hospitals

- Unwarranted Variation in Clinical Outcomes — Choosing Improvement Priorities
- Improvement Versus Assurance Approaches — Committee Expectations
- Patient and Family Partnership in Improvement — Co-Design Choices
- Improvement Capability Assessment — Directorate Readiness
- Project Selection Matrix — Impact Against Effort

Day 2: The Model for Improvement

- Aim Statements — Specific, Time-Bound Improvement Goals
- Driver Diagrams — Linking Change Ideas to Aims
- Change Concepts and Ideas — Generating Testable Options
- Family of Measures — Outcome, Process and Balancing Indicators
- Operational Definitions — Consistent Data Collection on Wards

Day 3: PDSA Cycles in Practice

- Single PDSA Test Design — Prediction and Learning Questions
- Linked PDSA Ramps — Scaling From One Patient to Many
- PDSA Documentation Templates — Evidence for Committees
- Testing Under Different Conditions — Night Shifts and Weekends
- Adopt, Adapt or Abandon Decisions — Next Test Choice

Day 4: Clinical Audit

- Audit Topic Prioritisation — Risk, Volume and Guidance
- Audit Standards and Criteria — Defining Expected Practice
- Sampling and Data Collection Tools — Reliable Case Review
- Audit Reporting and Action Plans — Ownership of Recommendations
- Re-Audit and Closing the Loop — Proving Sustained Practice

Day 5: Measurement for Improvement

- Run Chart Rules — Detecting Shifts and Trends
- SPC Charts for Clinical Measures — Common and Special Cause
- Small Multiples Displays — Comparing Wards Fairly
- Data for Improvement Versus Judgement — Avoiding League Tables
- Measurement Plans — Frequency, Owners and Sources

Day 6: Learning From Adverse Events

- Incident Reporting Culture — Encouraging Near-Miss Reports
- Root Cause Analysis Techniques — Timelines and Contributory Factors
- Human Factors in Clinical Error — Designing for Reliability
- Action Hierarchy — Strong Versus Weak Safety Actions
- Being Open With Patients After Harm — Disclosure Conversations

Day 7: Reliability and Standardisation

- Care Bundles — Reliable Delivery of Evidence-Based Elements
- Checklists and Structured Communication — Reducing Omissions
- Failure Mode and Effects Analysis — Anticipating Risk in Processes
- Reliability Levels — Moving From Intention to Design
- Clinical Pathway Standardisation — Reducing Unwarranted Variation

Day 8: Hospital Performance Scorecards

- Balanced Scorecard Perspectives — Patient, Process, Learning and Finance
- Quality Dashboard Design — Board and Directorate Views
- Indicator Selection and Thresholds — Signal Over Noise
- Performance Review Meetings — Questions That Drive Improvement
- Linking Scorecards to Improvement Portfolios — Resource Allocation

Day 9: Spread, Scale and Sustainability

- Spread Planning Models — From Pilot Ward to Hospital
- Sustainability Assessment — Signs That Gains Will Fade
- Collaborative Learning Networks — Sharing Across Units
- Clinician Engagement and Champions — Peer-Led Adoption
- Handover to Business as Usual — Embedding in Routine Work

Day 10: Practising the Improvement Project Charter

- Applying Aim and Driver Diagram — Charter Scope
- Applying Measurement Plans — Charter Measure Set
- Applying PDSA and Audit Methods — Testing Sequence
- Applying Scorecard Links — Executive Sponsorship Case
- Completing the Performance Improvement Project Charter and Spread Plan — Sponsor Sign-Off

Applying Performance Improvement in Healthcare After the Course

- Launch a PDSA ramp on one ward to test a change such as a falls prevention bundle, recording predictions, results and the next test on a single page.
- Convert one recurring incident theme into a driver diagram and run chart, and present it to the clinical governance committee as a proposed improvement aim.

Performance Improvement in Healthcare Questions FAQ

What is performance improvement in healthcare and why does it matter now?

Performance improvement in healthcare is the structured testing and measurement of changes that make care safer, more reliable and more effective. It matters now because boards, patients and payers expect measured evidence that harm and unwarranted variation are falling.

Which roles gain most from performance improvement in healthcare training?

Quality and patient safety managers, clinical governance leads, clinical audit leads and nursing managers gain most. These roles choose improvement priorities, run tests of change and report evidence of progress to committees.

How does this performance improvement in healthcare course differ from a hospital accreditation course?

It focuses on testing and measuring change through PDSA, audit and SPC rather than preparing documents for an external survey. An accreditation course checks standards are met, while this course builds the capability to keep improving between surveys.

What do you bring back from performance improvement in healthcare training?

You bring back a project charter with an aim, driver diagram, measures, a PDSA sequence and a spread plan. It gives your sponsor a clear proposal and gives your team a tested route from first test to wider adoption.

Performance Improvement in Healthcare: The Way Forward

The performance improvement project charter and spread plan gives a directorate one agreed aim, measure set and testing sequence. Its first use informs which change idea to test on which ward first. Quality managers, governance leads and nursing managers use it in sponsor reviews, and after the first PDSA ramp the balancing measures and spread assumptions deserve a second look.