

## Continuous Improvement Program Starter Checklist for Healthcare

A practical guide to help healthcare leaders plan a Lean Continuous Improvement program that improves patient outcomes, increases staff satisfaction, strengthens culture, and delivers measurable clinical and operational results.

### Purpose

A Continuous Improvement (CI) program succeeds in healthcare when it is intentionally designed, aligned with organizational priorities, and supported by leaders at all levels. This checklist provides healthcare organizations with a structured starting point to think through the foundational elements of a CI program - before launching tools, training, or improvement events.

It is not a full implementation guide. Instead, it highlights the critical considerations that determine whether a CI program will take root, sustain momentum, and deliver measurable gains in patient safety, clinical quality, access/throughput, cost stewardship, patient experience, and workforce engagement.

### How to Use This Checklist

This checklist is designed to help you assess your organization's readiness for a Continuous Improvement program and identify the foundational elements that should be in place before implementation. Use it to:

- Spark internal discussion among leaders and stakeholders
- Identify gaps in strategy, governance, capability, or resources
- Prioritize early actions that will set your CI program up for success
- Determine where external expertise may accelerate progress

You do not need to complete every item before beginning your CI journey. Instead, use this as a directional guide to understand what a strong CI foundation looks like and where focused support may be beneficial.

To score the checklist, assign each item a simple rating such as **Not Started**, **In Progress**, or **In Place**. This makes it easier to identify strengths, gaps, and priority actions, especially when reviewing the checklist as a leadership team. You can also note evidence or comments beside each item to support discussion and help determine where focused planning or external support may be most helpful.

### Ready to Build a CI Program That Delivers Real Results?

If this checklist raised important questions, or highlighted gaps you want to address, we can help. We collaborate with healthcare organizations to design and implement continuous improvement programs that improve patient care, strengthen staff capability, and deliver measurable clinical, operational, and financial results.

Whether you need a full roadmap, leadership alignment, capability building, or hands-on facilitation, we can support you at any stage of your CI journey.

Contact us to discuss your goals and explore how we can help.

## Checklist for Building a Continuous Improvement Program in Healthcare

### Strategic Foundation

- Clear rationale for establishing a CI program (patient safety priorities, quality goals, access/throughput constraints, financial stewardship, regulatory/accreditation needs, workforce stability)
- Defined scope: clinical areas, service lines, and support functions in scope vs out of scope, and intended rollout approach (pilot → scale)
- Identification of key stakeholders (clinical, operational, quality/safety, IT/EHR, finance, HR) and their expected involvement
- Guiding principles to shape the CI culture (e.g., culture, transparency, data-informed decisions, patient and family voice, and respect for people)
- Time horizon for the CI strategy (short-term wins + long-term capability building)
- Budget range and resourcing assumptions documented (CI leader time allocation, training costs, backfill/overtime, facilitation support, analytics/reporting, and any software/tooling)
  - Alignment with organizational metrics
  - Determination of which team members will be given time to lead effort(s) and become educated in Lean and other CI techniques – defined approach to allow time away from clinical responsibilities

### Program Objectives & Governance

- Documented CI program objectives tied to measurable outcomes (e.g., harm reduction, reliability, access, length-of-stay, cost, experience)
- Prioritization of improvement goals based on impact, urgency, and feasibility (including patient safety risk)
- Roles, decision rights, and accountability defined across all levels (Executive Sponsor, CMO/CNO/COO leaders, Quality/Patient Safety, CI leader(s), department champions, and frontline teams)
- Agreement on decision-making structure and process (Steering Team, cadence, escalation paths, clinical governance integration)
- Regulatory, accreditation, and clinical policy requirements mapped to the CI program (e.g., CMS, Joint Commission/DNV, infection prevention, medication safety, and organization-specific quality plans)
- Communication plan to share the CI vision, expectations, and progress – defined North Star objective(s)
- Reporting cadence and standard artifacts for CI progress (e.g., daily huddles, weekly unit/service reviews, monthly steering review, standard A3 and program dashboard)

### Operational Framework and Rollout Planning

- Baseline operational readiness assessed (top pain points for staff and patients, stability of core clinical workflows, staffing and schedules, data availability, EHR/informatics support, and leadership capacity to support change)
- Prioritization of areas for quick wins – preferably led by local clinical staff
- Selected CI approach and toolset based on needs and constraints (Lean, Six Sigma, PDSA/Model for Improvement, High Reliability; project selection criteria and decision owner documented)
- Formation of a CI deployment team (Quality/Patient Safety + Ops + clinical representation)
- Capability development plan (leader behaviors, team-based problem solving, standard work, basic CI methods, and patient safety fundamentals)
- Defined processes for reviewing progress, removing barriers, and adjusting priorities
- Phased rollout schedule published across departments/sites (pilot + waves with dates, accountable owners, and entry/exit criteria)

**Resource and Capability Preparation**

- Confirmation of budget and resource availability for each department/unit/site
- Unit/department selection and sequencing defined for rollout waves (criteria such as impact, readiness, leadership sponsorship, capacity, and clinical risk)
- Identification of required CI tools, templates, and training materials (standard work templates, huddle boards, A3s, and dashboard needs)
- Allocation of CI resources (internal or external) to support early wins; clarify Quality/Patient Safety and analytics support
- Planning for training space, virtual enablement, rounding/huddle time, and coverage for patient care
- Development of a coaching plan to reinforce new behaviors and sustain improvements (leader standard work, coaching kata, peer coaching)
- Rollout logistics and communications plan finalized (key events, standard messages, channels, cadence, and feedback loop)

**Culture and Engagement Considerations**

- Leadership commitment to visible, hands-on support (leader rounding, going to Gemba where care is delivered)
- Mechanisms for frontline, patient, and family involvement in identifying and solving problems (nursing, physicians, ancillary and support services, patient/family advisors where appropriate)
- Daily management system expectations defined (tier cadence, leader standard work, KPI definitions, and visual management/boards per unit/service line)
- Approach for recognizing wins and reinforcing desired behaviors (safety stories, reliability improvements, patient experience wins)
- Plan for sharing best practices across units, departments, and sites (standard work, playbooks, communities of practice)
- Timeline to train leadership team – with quarterly check-ins
- Change assessment and stakeholder analysis completed using a standard method (stakeholder analysis by role/unit, risk assessment, and mitigation/engagement plan)
- Workforce safety and well-being risks assessed as part of readiness (burnout risk, psychological safety, workload implications, and workplace violence considerations)

**Measurement and Sustainability**

- Agreement on baseline metrics and success indicators
- Definition of how improvements will be tracked, validated, and reported (data sources, chart definitions, equity stratification where appropriate, validation approach, data governance, and ownership)
- Benefits realization method established, including how clinical outcomes, operational gains, financial impact, and avoided harm will be estimated, reviewed, and approved
- Plan for periodic program reviews and maturity assessments (including clinical quality, safety, and operations)
- Strategy for spreading successful practices across units/locations (standard work, training, and change control; align with clinical policies)
- Sustainability plan to prevent regression and maintain momentum (named owner, leader standard work, visual management, audit method, review cadence, escalation triggers, and feedback loops)