Introduction to Quality Improvement

KQuIP North West

Dr Rosie Donne
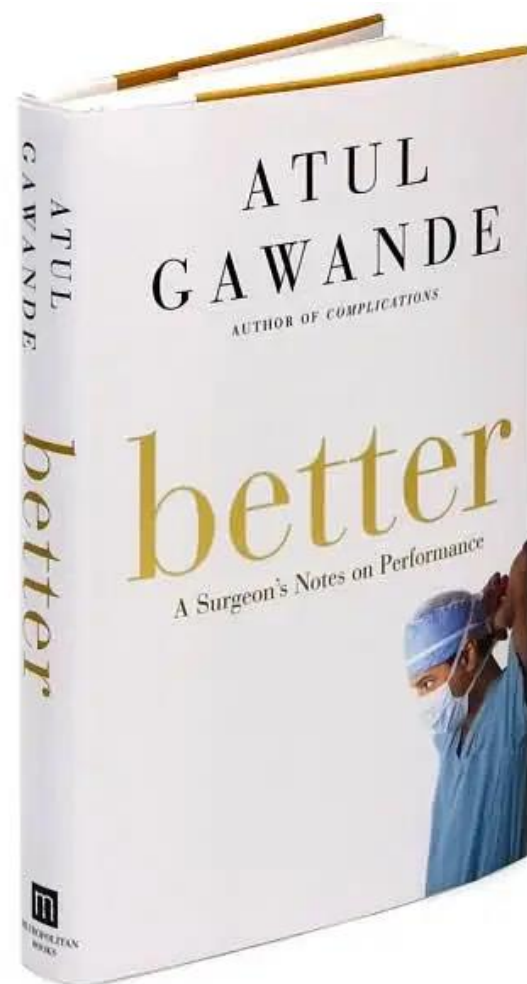
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Today's Objectives

- **You will gain an understanding of:**
  - What is QI
  - QI is mainly about people
  - Building an improvement team
  - How to develop a shared purpose with your team
  - How to understand problems before finding solutions
 - Leadership for QI

What is QI?

Learning to
do things
BETTER!

Doing things better

"It does not take genius

It takes diligence

It takes moral clarity

It takes ingenuity

Above all, it takes a willingness to try"

"Ingenuity – willingness to recognise failure, not to paper over the cracks and to change"

ATUL GAWANDE
AUTHOR OF COMPLICATIONS

better
A Surgeon's Notes on Performance
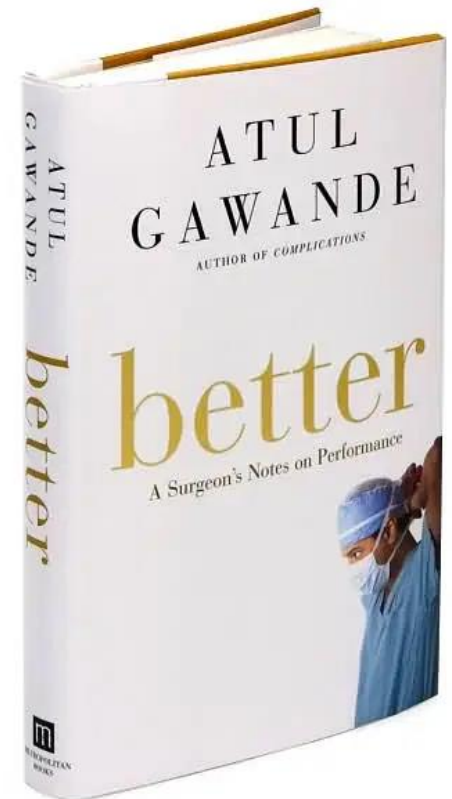
What does "better" feel like?
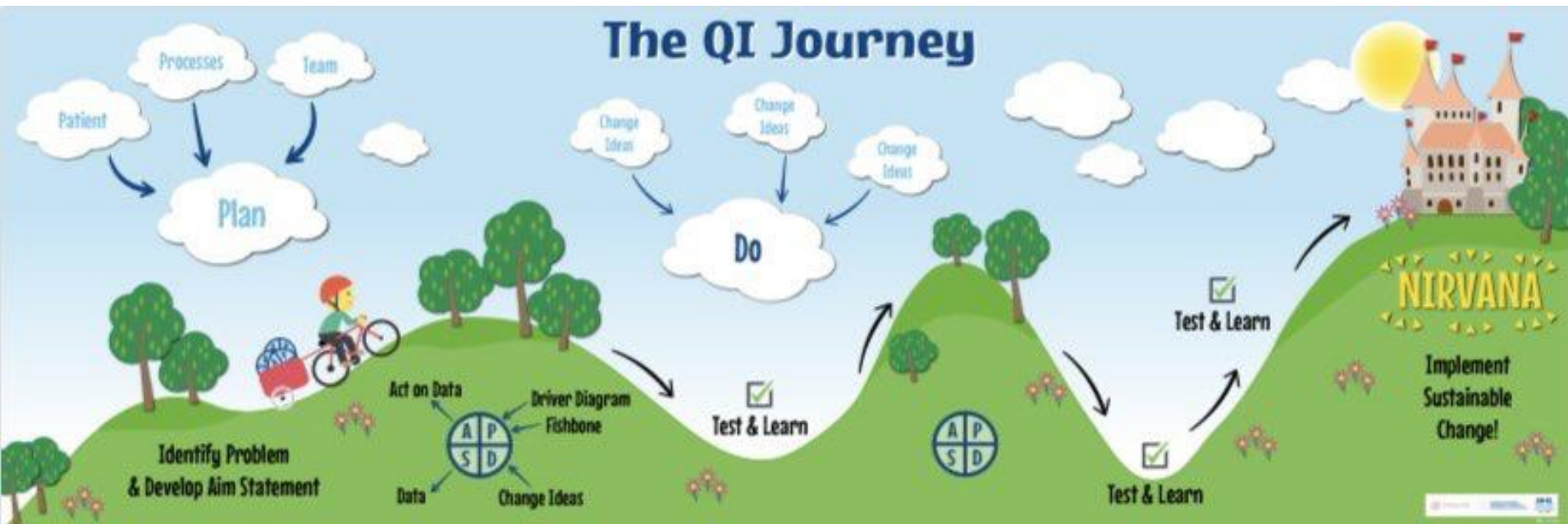
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And when it goes wrong?

What are we aiming for?

- Improve what matters most to patients

- Improved outcomes & experience

- Get It Right First Time (GIRFT)

- Timely, efficient care

- Reduce unwarranted variation

- Aligned with healthcare priorities

- Joy at work

The QI journey

"Not all changes lead to improvement, but all improvement requires change"

Institute for Healthcare Improvement (IHI) Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that wil result in improvement?
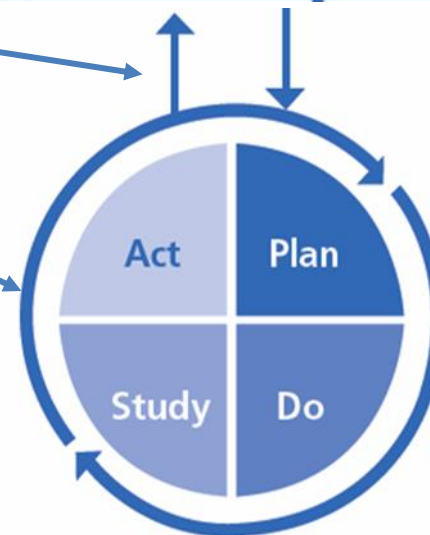
Act — Plan

Study — Do

- Framework for developing, testing and implementing changes leading to improvement

- PDSA cycles - test out changes on a small scale, building learning

- Low risk, less disruptive

- Must measure the impact

- **Did the change lead to improvement?**

https://www.england.nhs.uk/wp-content/uploads/2021/03/qsir-plan-do-study-act.pdf

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Steps in QI

1. Agree aim
2. Team
3. Understand
4. Define measures
5. Change ideas
6. Test changes
7. Measure impact
8. More PDSAs
9. Communicate and motivate
10. **Implement successful changes**

Publish & spread your work

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Act   Plan
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IHI Model for Improvement
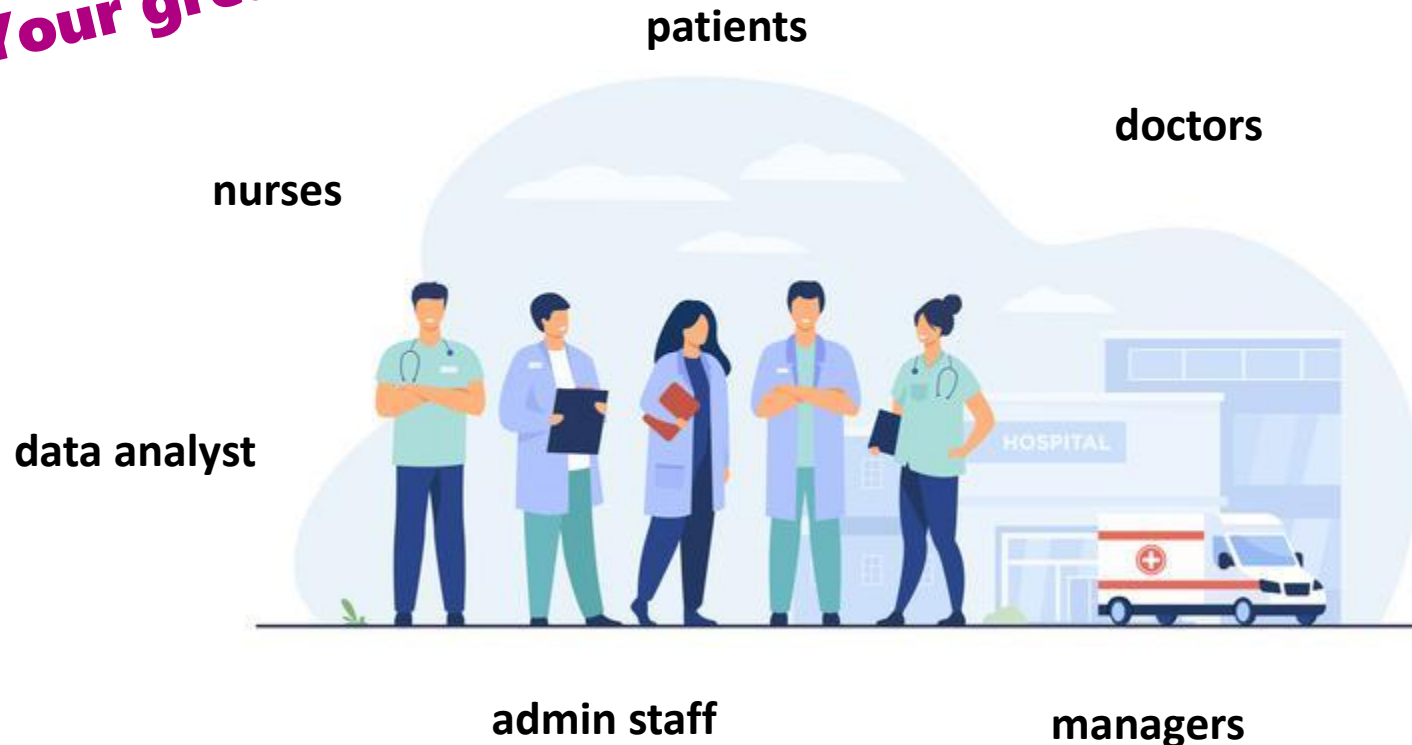
1. Brainstorm an area for improvement

- Multidisciplinary
- Everyone has an equal voice
- Keep an open mind
- Think who you will need in your team
- **Choose the focus for your project**

designed by **freepik**

2. Assemble your team

Your greatest asset!

patients

doctors

nurses

data analyst

admin staff

managers

Assign roles – e.g. leadership, measurement, communication, running meetings, keeping records

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Identify other key stakeholders

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carers

other specialists

social workers

patients

doctors

GPs

nurses

local QI team

data analyst

pharmacists

counsellors

admin staff

managers

physiotherapists

dieticians

occupational therapists

psychologists

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Identify other key stakeholders

KQuIP

carers

other specialists

social workers

patients

KQuIP NWest team

doctors

GPs

nurses

NHS England
North West
commissioners

local QI team

data analyst

pharmacists

counsellors

admin staff

managers

physiotherapists

dieticians

occupational therapists

psychologists

Create Shared Purpose

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Our

Who defines what we're aiming for?

Who is going to make it happen

Who does it affect?

All these people are needed to design and deliver improvement

Shared

Individual values, experiences, beliefs and aspirations.

Discover where these overlap

What is it we share?

We can only find out if we **talk to each other**
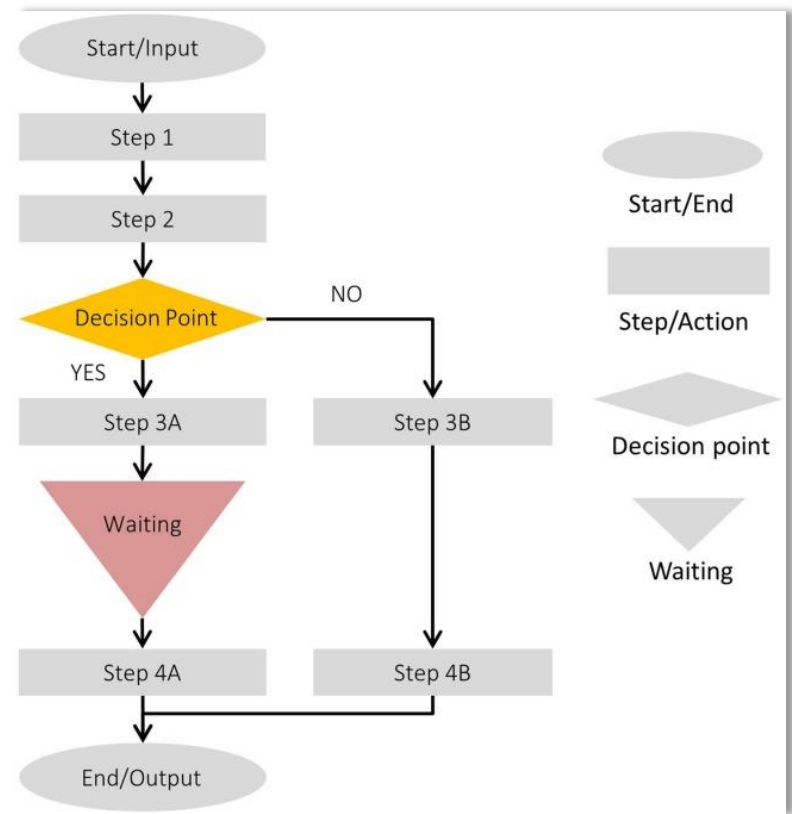
Purpose

This is the **WHY**.

Not the what or how of the change

Vision, values and goals = **energy and commitment**

3. Understand your problem or system
Team activities

- **Process mapping**
  - bottlenecks
  - duplications

- **Root cause analysis**
  - why did it go wrong?
  - "5 whys"

- Keep patient-focused
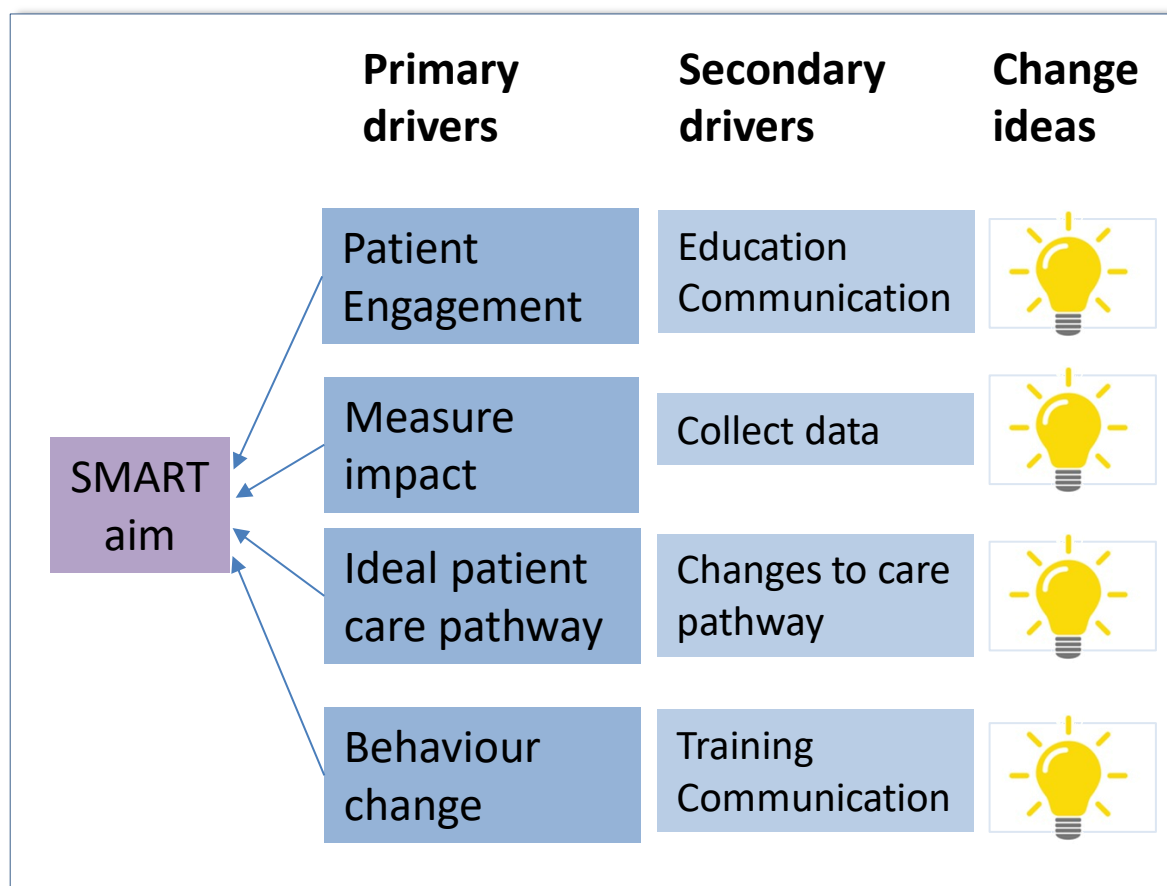- Design "ideal state" map

Define aim and scope

- What **is** included in project scope

- What's not in the project scope
- **S.M.A.R.T.** aim statement
  Specific
  Measurable
  Achievable
  Relevant
  Timebound

What themes will help achieve aim? (=project drivers)

Create **driver diagram**

"project on a page"

4. Choose "just enough" project measures

- **Outcome**
  - linked to S.M.A.R.T. aim
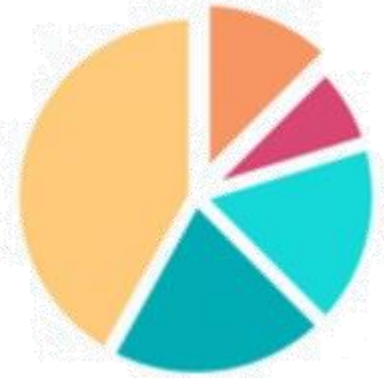 - e.g. % of transplants which occur pre-emptively

- **Process**
  - things which need to happen reliably along the way, e.g. duration of recipient work-up pathway
  - early signal of improvement

- **Balancing**
  - unintended consequences of change ideas

  More about measurement in Webinar 2

More on measurement in day 2

10.08.21

2-5pm

Workshop 3 – PROJECT AIM

What are we trying to accomplish?

• skills to develop an **aim statement**

Workshop 4 -MEASUREMENT

How will we know that a change is an improvement

• understanding of **measurement for improvement**

15.09.21

2-5pm

Workshop 5 – DRIVERS

What change can we make that will result in an improvement?

• skills to develop a **driver diagram**

Workshop 6 – PDSAs

Using Plan-Do-Study-Act cycles to test change

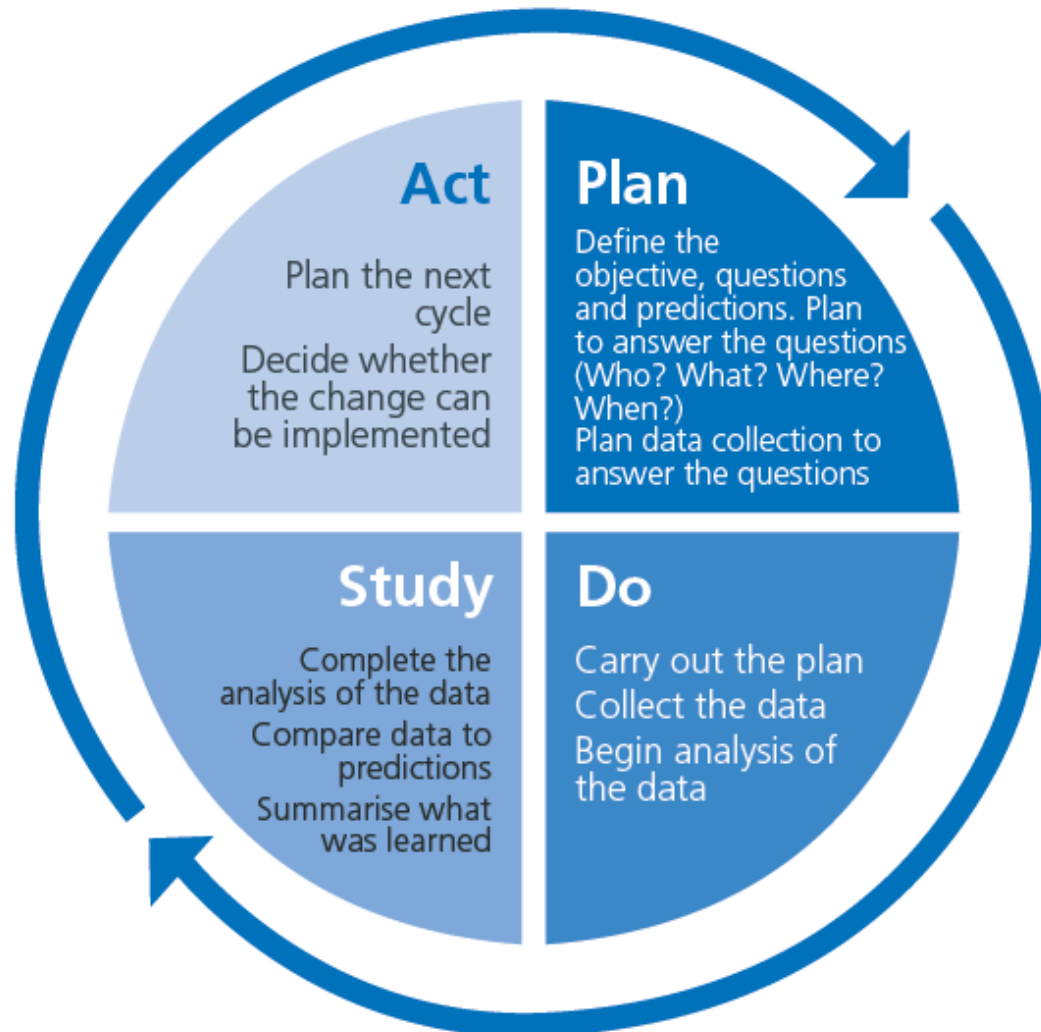• skills to test **change ideas using PDSA cycles**

5. Brainstorm to create change ideas

- Team activity – co-production
- No limits
- Small or big changes
- Play devil's advocate
- Question the status quo
- Debate
- Be kind
- Write all ideas down

- **Agree change ideas to test**

designed by freepik

6. Test using PDSA cycles
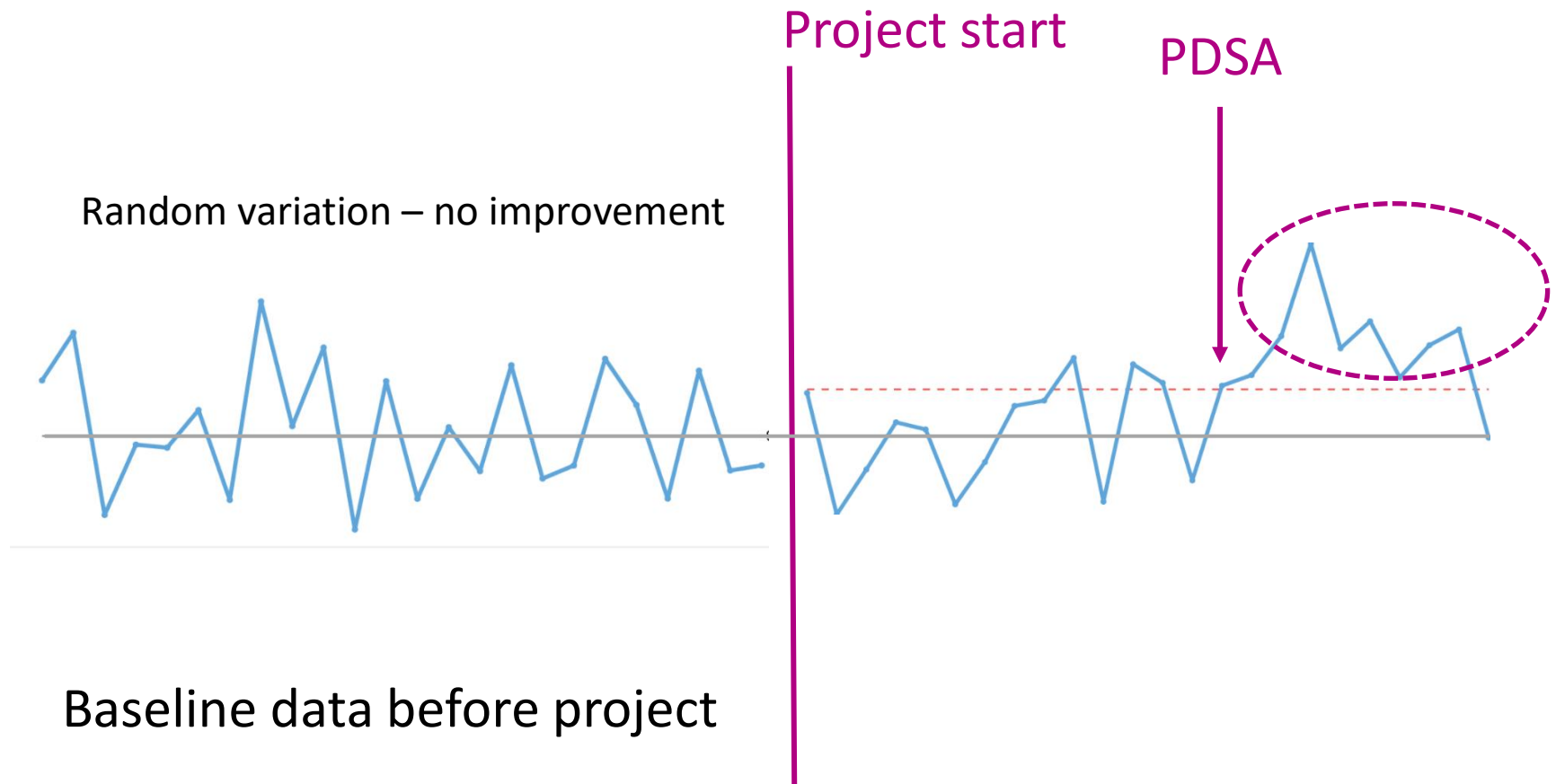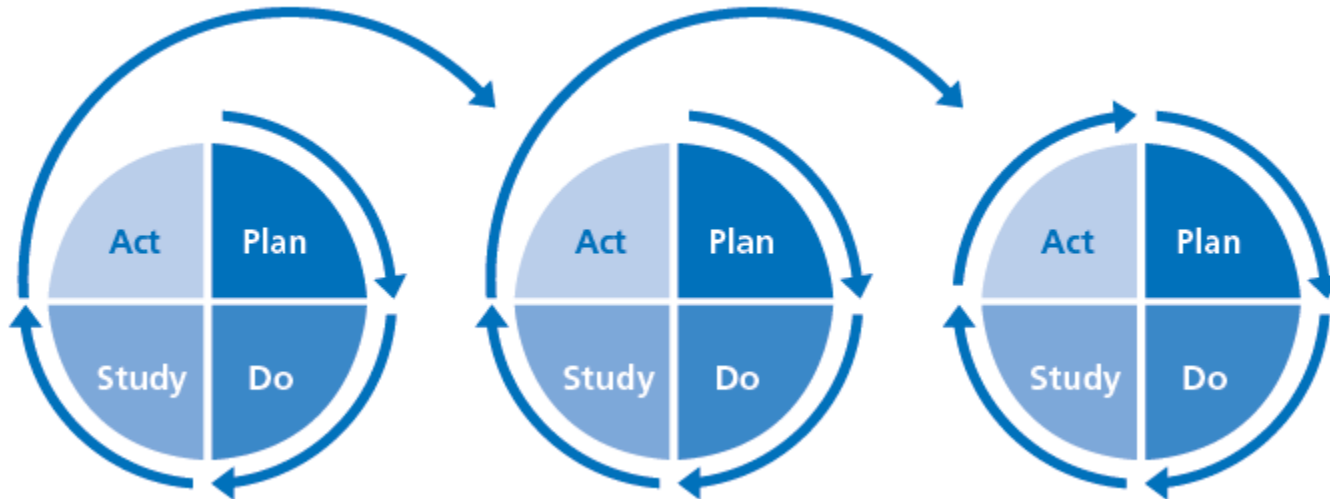
7. Measure the impact of changes

Project start

PDSA

Random variation – no improvement

Baseline data before project

8. Do further PDSA cycles

Keep or improve successful changes
Reject unsuccessful changes
Keep measuring!

More on PDSA cycles in day 3

KQuIP

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9. Share your progress

- Celebrate success

- Share with patients, carers and staff

- Gain further ideas
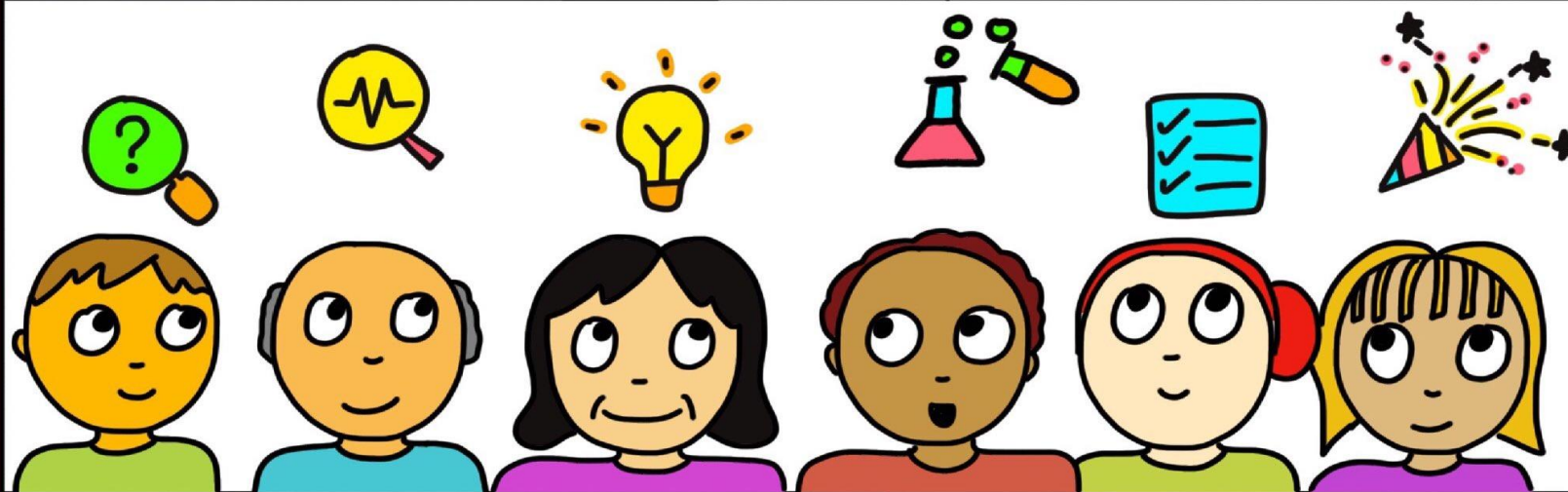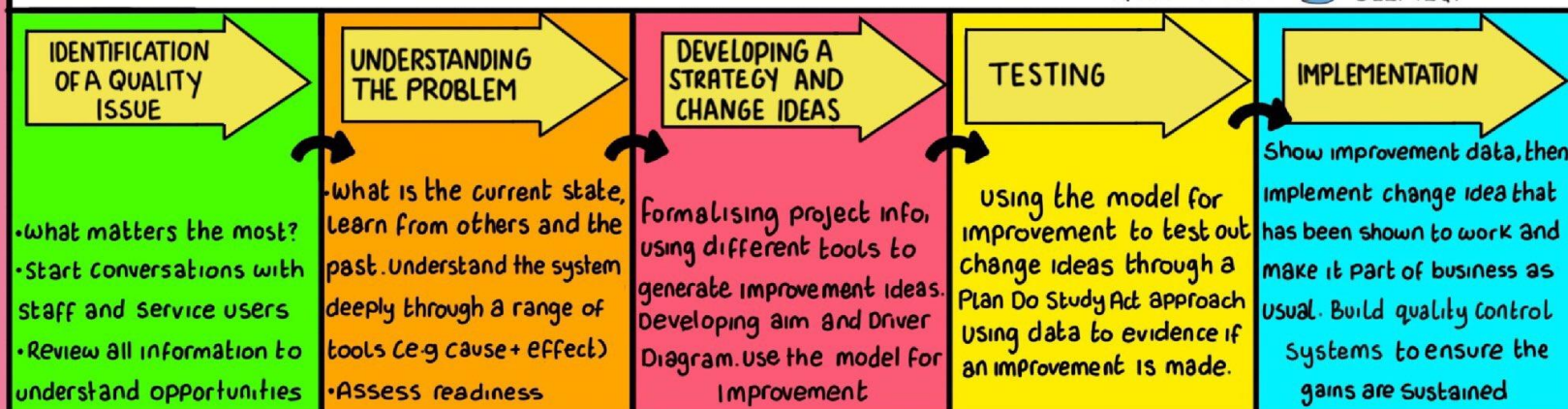
10. Implement successful changes

Aim to spread learning

Overview of the journey

Created by Soniasparkles.com

WWW.QI.ELFT.NHS.UK @ELFT_QI

IDENTIFICATION OF A QUALITY ISSUE	UNDERSTANDING THE PROBLEM	DEVELOPING A STRATEGY AND CHANGE IDEAS	TESTING	IMPLEMENTATION
•What matters the most? •Start conversations with staff and service users •Review all information to understand opportunities	•What is the current state, learn from others and the past. Understand the system deeply through a range of tools (e.g cause + effect) •Assess readiness	Formalising project info, using different tools to generate improvement ideas. Developing aim and Driver Diagram. Use the model for Improvement	Using the model for improvement to test out change ideas through a Plan Do Study Act approach Using data to evidence if an improvement is made.	Show improvement data, then implement change idea that has been shown to work and make it part of business as usual. Build quality control systems to ensure the gains are sustained

It wont always be easy!

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- Resistance to change – try to understand why
- Staffing constraints
- Feeling lost
- Blind alleys
- Failures
- Scathing feedback

KQuIP team is here to help you along the way!

Thanks to Helen Bevin, Leigh Kendal from NHS Horizons for the sketchnote

Tips for leading project meetings

Agenda

Clarify purpose

Active listening

Good facilitation

Keep to agreed time

Take notes and circulate

Clarify content with attendees

5 elements of good meeting facilitation

time management

- ☐ Keeps track of time and paces the meeting effectively, given the big picture of the agenda.
- ☐ Does not rush through an emergent issue that truly needs to be discussed. Recognises if an issue raised is best addressed at subsequent meeting.
- ☐ Keeps conversation flowing. Recognises a tangent and pulls back what needs to be discussed.

active listening

- ☐ Keeps clarifying & summarizing where things are and collects people's input so that everyone understands the process and the discussion at hand.
- ☐ Listens carefully for underlying concerns and helps bring them out so that they can be dealt with constructively.
- ☐ Keeps engaged with the note-taker so that issues, actions & takeaways are recorded and not lost. Confirms accuracy with attendees.

conflict management

- ☐ Encourages conflict around ideas & then actively embraces & manages the conflict so that positive benefits for performance & decision-making ensue.
- ☐ Maintains an environment where people are comfortable disagreeing. Invites debate.
- ☐ Deals with disrespectful behaviour quickly through re-direction, comments around staying constructive, and reminds attendees of ground rules.

ensuring active participation

- ☐ Actively draws out input from others. Keeps mental track of who wants to speak and comes back to them.
- ☐ To keep an attendee from dominating the conversation, uses body language (e.g. subtle & small hand movement to stop) and transition statements (e.g. thank you for that").
- ☐ Keeps side conversations at bay by reigning folks in when they lose focus.

pushing for consensus

- ☐ Tests for agreement & consensus to get a sense of where attendees are at, but does not unduly & unnecessarily pressure others to reach a conclusion when not ready.
- ☐ Knows when to intervene assertively in the meeting process and provide direction and when to let the process run as it is.
- ☐ Is an honest broker of the conversation at hand and does not privilege his or her viewpoint or ideas in the discussion. Works to remain impartial.

SKETCHNOTE BY @Haypsych

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We can do things better
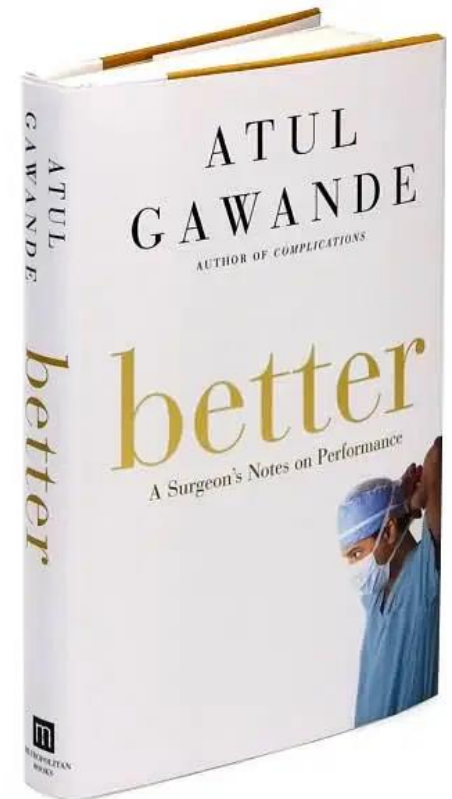
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