Getting started with Quality Improvement
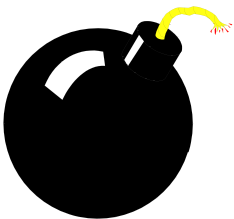

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Can you *prove*….

1. Patient safety?

2. Successful clinical outcomes?

3. Positive patient experiences?

4. Staff consistently use evidence-based practice?

5. [*Value for money?*]

The differences

Research	Service evaluation	Audit
To generate new knowledge	To define current care	To provide best care
Addresses clearly defined questions	Measures current service without reference to a standard	Measures against a standard

From Surridge H: GCP Training

Take home message 1

- There are lots of ways to evaluate clinical practice that don't involve research (or getting Health Research Authority ethical approval)!

- Audit, service evaluations (including quality improvement projects) really matter

Portela MC, et al. BMJ Qual Saf 2015;24:325–336
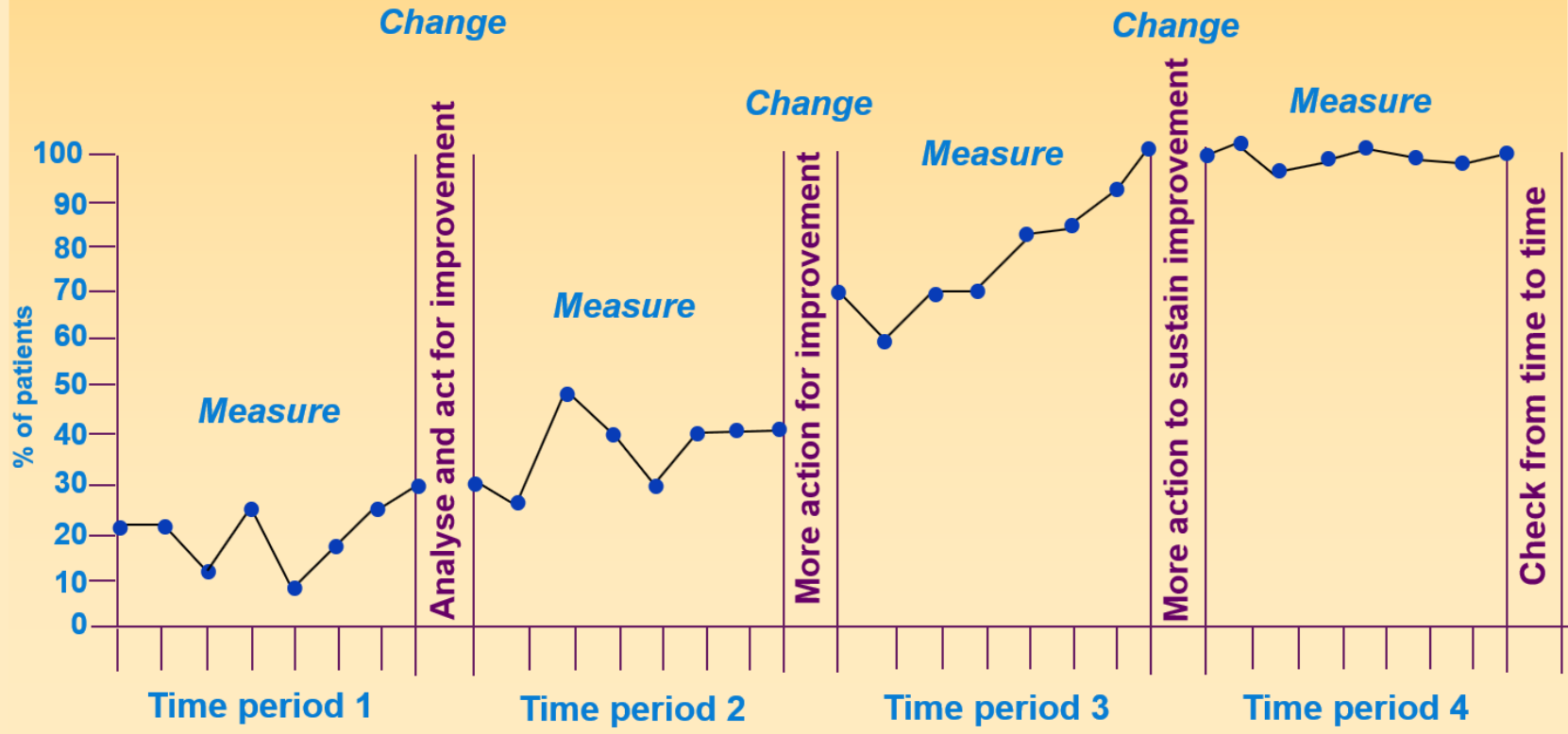
What is quality improvement?

"Quality improvement refers to the use of systematic tools and methods to continuously improve the quality of care and outcomes for patients."

The King's Fund

Quality improvement process

Positive effect of care on patients

Change

Change

Change

Measure

Measure

Measure

Measure

% of patients

Analyse and act for improvement

More action for improvement

More action to sustain improvement

Check from time to time

100
90
80
70
60
50
40
30
20
10
0

Time period 1   **Time period 2**   **Time period 3**   **Time period 4**

Healthcare Quality Quest

1. Identify a quality issue

2. Understand the problem

3. Develop a strategy and some change ideas

4. Test out your ideas

5. Implement your ideas

Identifying a quality issue: The 5 "whys"

- Asking "why" 5 times can identify the true or root cause of a problem, particularly when a sequence of actions is involved

- The issue: *"Our orthopaedic medical team hate using the remote platform Attend Anywhere"*

1. *Why?*
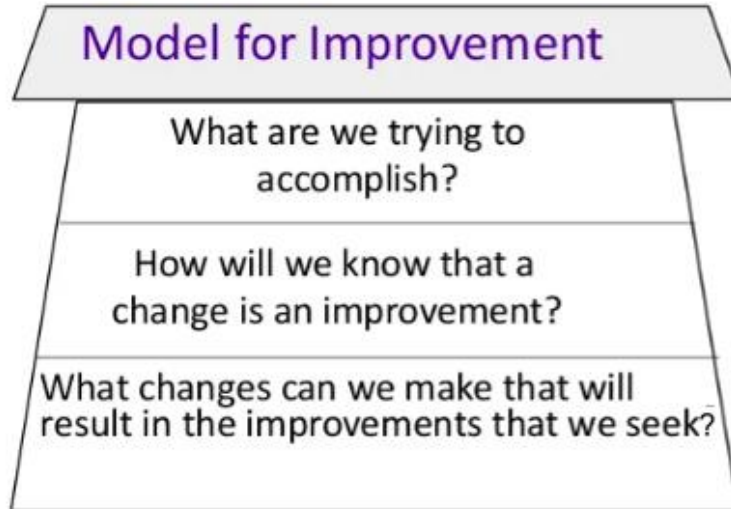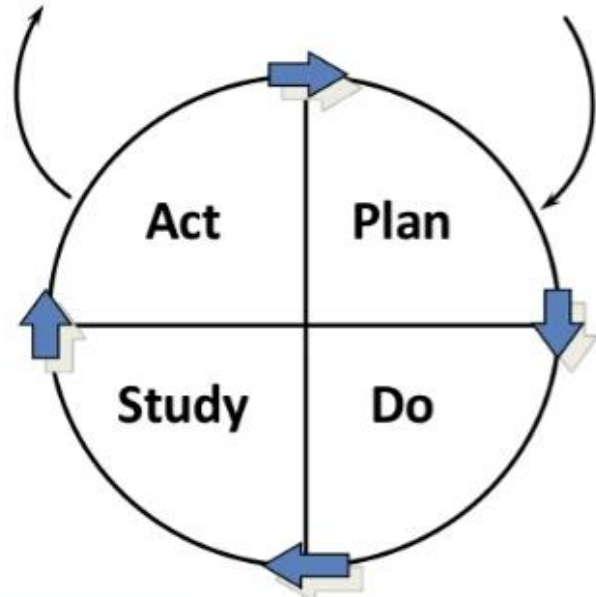2. *Why?*
3. *Why?*
4. *Why?*
5. *Why?*

QI tools

- Lean thinking

- Six sigma

- Reengineering

- Plan-Do-Study-Act (PDSA) cycle …

Model for Improvement

NHS
Improving Quality

What are we trying to accomplish? ⟵ Aims

How will we know that a change is an improvement? ⟵ Measurements

What changes can we make that will result in the improvements that we seek? ⟵ Change ideas

Act | Plan
Study | Do

⟵ Testing ideas before implementing changes

The Improvement Guide
Langley et al (1996)

"I want to get fit"

- Lose weight
- Become more flexible
- Get stronger

Outcomes

- Lose 4 kg in 8 weeks
- With straight knees, be able to bend forwards and touch toes by 3 months

Process

- Undertake 30 minutes of aerobic exercise 5 times a week for 12 weeks

Mind your language!

- Use people-first language e.g. 'Person with diabetes', rather than 'a diabetic patient'

- Take care to be specific e.g. '24 hours' rather than '1 day' or '1 working day'

- Avoid judgement labels: 'Clear', 'sufficient', 'appropriate' etc.

- Alarm bells when you see the word 'and' as you are measuring more than one construct
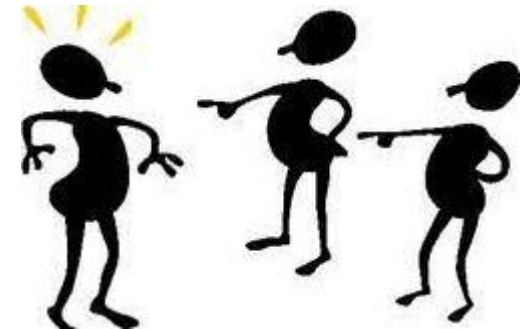
It's all about the verbs!

- Use active language: 'List', 'increase', 'reduce', 'deliver' etc. rather than terms like 'understand', 'introduce', 'explore' etc.

- Avoid modal verbs ('helping verbs') that express possibility: 'Should', 'will', 'would', 'may', 'might', 'can', 'must' etc.

Using patient feedback to redesign the musculoskeletal physiotherapy outpatient service

Purpose

- To improve the patients' experience of attending outpatient physiotherapy at Southampton General Hospital.

- To develop strategies to increase adherence to the CSP's *'Core standards'* within the department.

Baseline:
Audit of patient feedback (n=100)

Staff workshop:
Focus on *individuals* making changes to their practice

Evaluation 1:
Repeat audit of patient feedback (n=200) after 6 months

Staff workshop:
Focus on making changes to *systems*

Evaluation 2:
Repeat audit of patient feedback (n=155) after 6 months,
with individual feedback for physiotherapists.

Summary of results

- Statistically significant improvements in patient experience

- Reduced non-attendance (6%)

- Improved information sent / displayed

- Enhanced documentation

- Anecdotally reduced waiting times (by 12 weeks within 3 months of the revised systems)

- Personal feedback from audits / service evaluations across the service

Professional issue

Improving quality, service delivery and patient experience in a musculoskeletal service

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Staff self-referral to physiotherapy
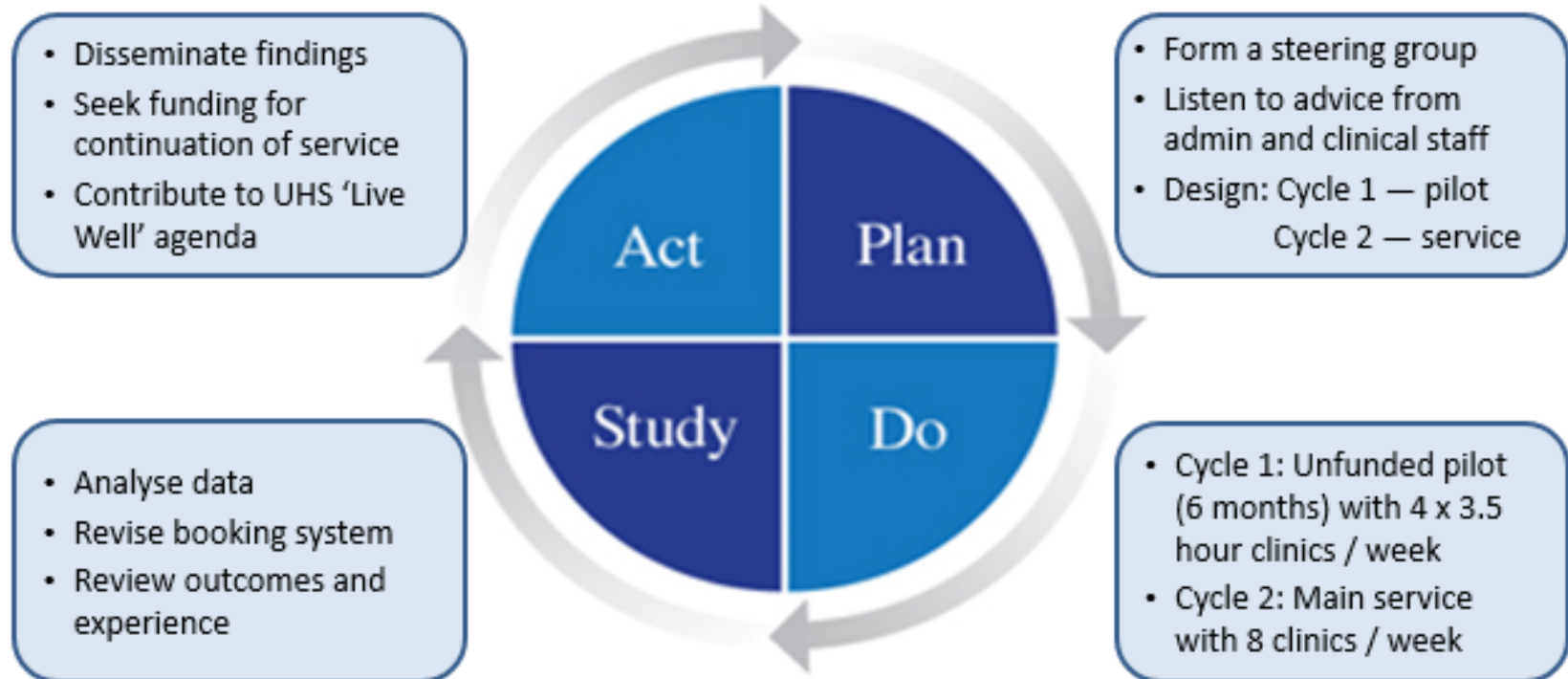
Background & purpose

Musculoskeletal symptoms account for 17.5% of sickness absence at University Hospital Southampton Foundation Trust, reducing productivity and increasing pressure on staffing.

Aims

- To set up and deliver a self-referral scheme offering NHS hospital staff free, on-site physiotherapy for musculoskeletal problems

- To provide a pro-active approach to managing employee health, as part of the Trust's Live Well agenda.

Methods

This quality improvement initiative used a PDSA (Plan-Do-Study-Act) method:

- Disseminate findings
- Seek funding for continuation of service
- Contribute to UHS 'Live Well' agenda

- Form a steering group
- Listen to advice from admin and clinical staff
- Design: Cycle 1 — pilot
          Cycle 2 — service

Act · Plan · Study · Do

- Analyse data
- Revise booking system
- Review outcomes and experience

- Cycle 1: Unfunded pilot (6 months) with 4 x 3.5 hour clinics / week
- Cycle 2: Main service with 8 clinics / week

The service was evaluated with a bespoke questionnaire.

'What will *you* add to the evidence base of your profession?'

- Clinical audit

- Service evaluation (including QI project)

- Research

- Higher degree MSc, MRes, MPhil, Clinical doctorate, PhD

- Publication

- Conference presentation

Summary

- Whatever you do, you are guaranteed success!

- Build your team

- Identify the issue and agree on your aims & objectives

- Identify how you are going to measure change

- Design your change ideas & try them out

- Celebrate your achievements!

Never be afraid to try something new.
Remember, amateurs built the ark. Professionals built the titanic.

Quality Improvement Training – Bronze

www.improvementacademy.org/e-learning/quality-improvement-training-bronze/