

BMJ Quality

Setting up an organisation-wide quality improvement programme

- After this session, participants will:
 - Have extracted key learning from three case study healthcare systems
 - Have identified key tactics in building will, building capacity and capability for improvement, and aligning an organisation around improvement goals
 - Have developed a theory of change about how to set up an organisation-wide quality improvement programme

Introducing our speakers

Jen Perry, *Clinical Lead, BMJ Quality*

Amar Shah, *Associate Medical Director for Quality Improvement and Consultant forensic psychiatrist at East London NHS Foundation Trust*

Rob Bethune, *Consultant Surgeon, Royal Devon and Exeter Hospital and Clinical Advisor to the South West Academic Health Science Network*

Aidan Fowler, *Director of NHS Quality Improvement and Patient Safety, NHS Wales*

Conflicts of Interests - None

Agenda

- Welcome and introductions
- Building the case for change
- Engaging staff in quality improvement
- Developing the infrastructure for improvement at scale
- Disseminating learning

Building the case for change

Amar Shah

Mental Models & Quality Theories

Quality Control

- Monitor Key Process Indicators (KPI's) against targets
- Take Action when not meeting targets
- Regulatory approach

Quality Assurance

- Inspection-looking for the “Bad Apples”
- Retrospective Review
- Risk Management

Quality Improvement

- Process and system improvement
- Reduce Variation
- Align outputs to customer needs
- Continuous & part of daily work
- Science of Improvement





Building the case for change



Sentinel event



Visits to other organisations



Trust board bespoke learning sessions



Early small scale tests



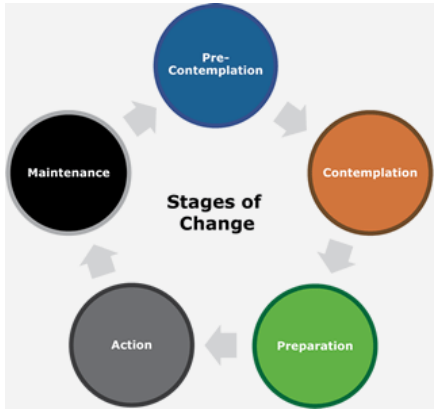
Developing the strategy through engagement



Long-term business case approved



Identify strategic partner



Assess readiness for change

We aspire to provide care of the **highest quality** in collaboration with those who use our services.

ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be **innovative**, and give everyone, at every level, the skills they need to **lead change**.

It will not be easy to build this culture, but focusing on **what matters most to our service users and staff**, and improving access to **evidence-based care** will make our **services more effective**, give more **power to our staff** and improve patient experience and outcomes.



Building the case for change in the South West

- They often want to but don't know how
- No-one asks them
- Intrinsic motivation
- Extrinsic motivation

Communications case study

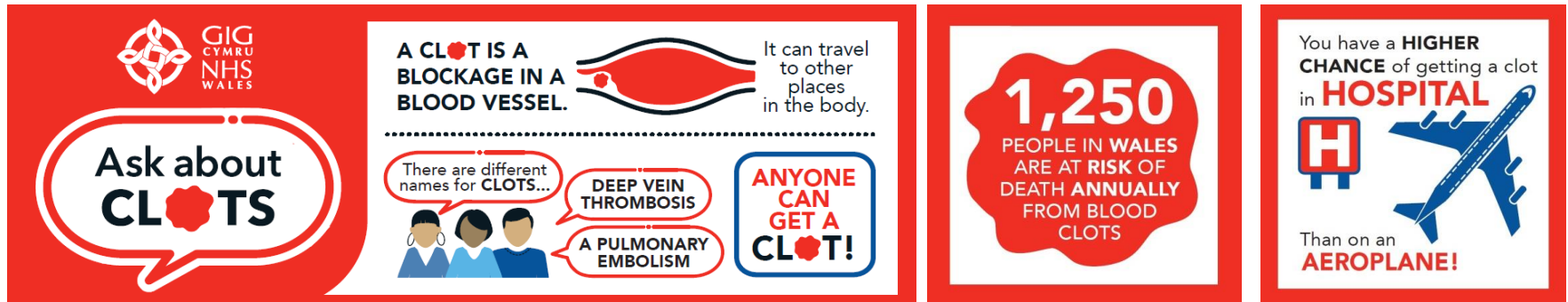


The STOP Campaign

Using communications as a driver in a clinical improvement campaign



- Launched in April 2012, the campaign was adopted across NHS Wales to spread the message of good cannula and catheter care.
- It was the first 1000 Lives Improvement campaign to include ‘communications’ as a primary driver in its strategy.
- Clinical data showed the impact of the campaign led to safer practices and prevented people contracting dangerous infections.
- Measurements in sites across Wales showed a reduction in numbers of devices being used in hospitals and by Welsh Ambulance Staff. Device usage dropped from between 40 and 80 per cent, in different clinical areas.



- ‘Ask about Clots’ campaign was developed by 1000 Lives Improvement and supported by Lifeblood, the thrombosis charity.
- Helped the public understand the risk so they can ask for an assessment and be given the appropriate treatment.
- It is also raised awareness among staff to remind them to carry out the assessments and give the necessary drugs.
- In the first month, over 1000 people visited the website and the launch generated 1,300 tweets.

Find out more at www.askaboutclots.co.uk

Building the case for change

Table Exercise – force-field analysis



A **force-field analysis** helps identify the forces driving and resisting a change.

In your workbook, fill in the force-field analysis template to identify:

- a) The things that are currently **supporting or driving** your organisation to become more improvement-focused
- b) The things that are **resisting** this shift
- c) The **actions** you could take to either strengthen driving forces or negate restraining forces

Engaging staff in quality improvement

Rob Bethune



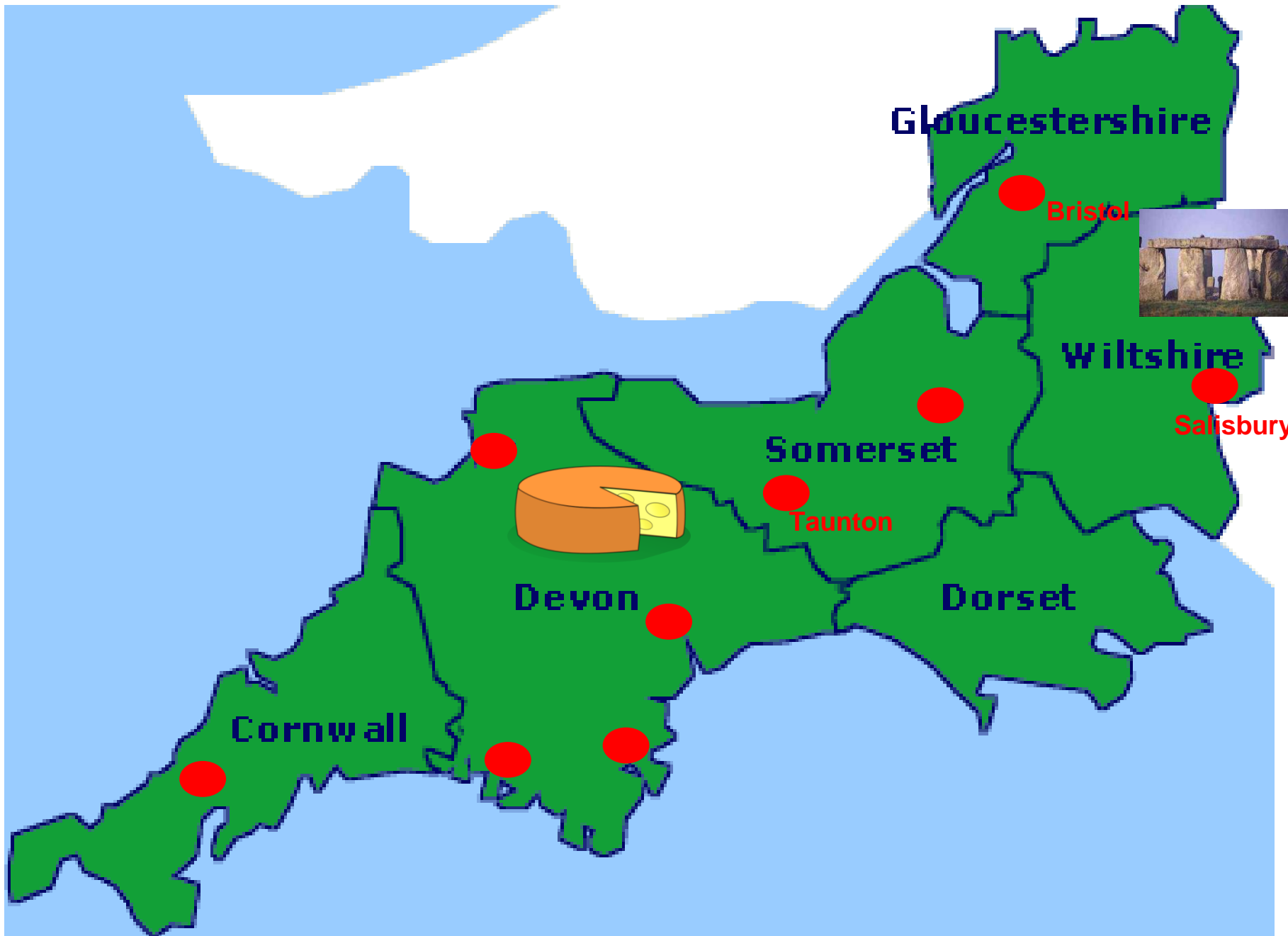
South West
Academic Health
Science Network

The South West Junior Doctor QI Training Programme

Rob Bethune
@robbethune

Working together to achieve
better health and wellbeing





Gloucestershire

Bristol



Wiltshire

Salisbury

Somerset

Taunton

Devon

Dorset

Cornwall



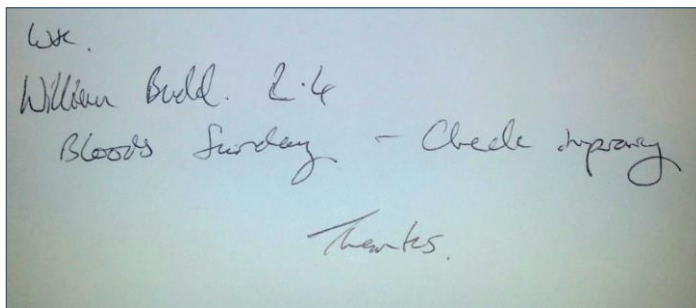
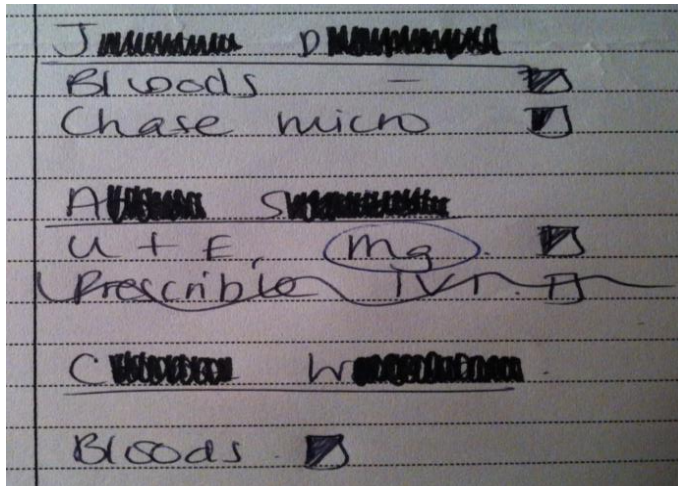
Bring on the Weekend!

Improving the quality of weekend handover at the
Royal United Hospital, Bath



The old weekend handover

Examples:



'Please chase USS report and liaise with senior if action required. Bloods sat please'.

'please r/v sat + sun. Pt unwell!'

'please r/v sat/sun. I am sorry but I dont know what ward they will end up on'

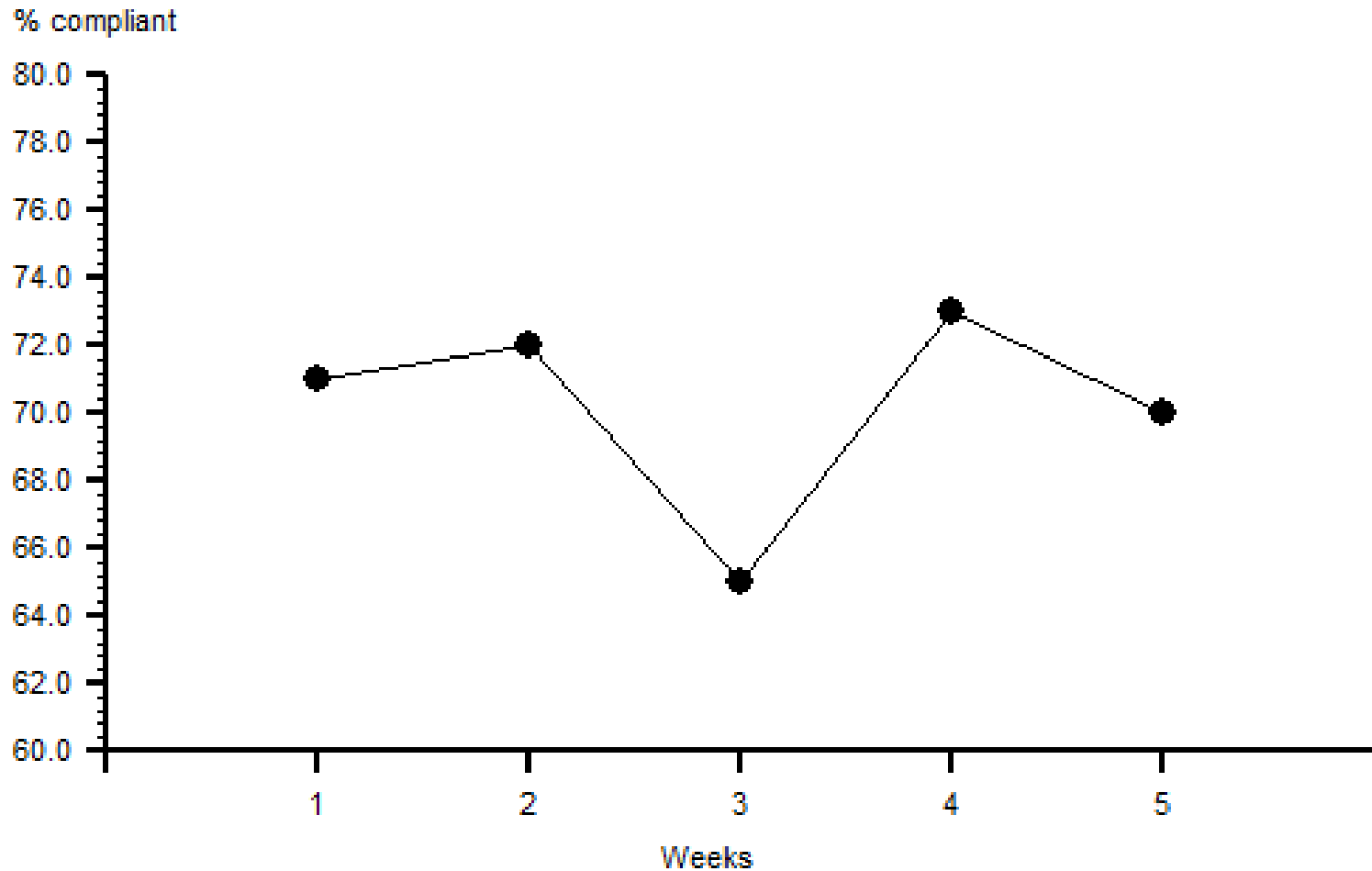
'r/v sat and sun to ensure still well. Liver USS sat pm - please r/v and act on as appropriate'

'please r/v bloods sat'.

Aim

- To have 95% of weekend handovers scoring maximum points on our rating scale in 6 weeks

Measurement



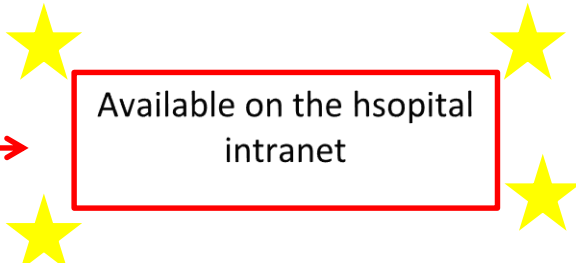
Wk.
 William Budd. 2-6
 Bloods Sunday - Check injury
 Thanks.

↓ (Several PDSA cycles)

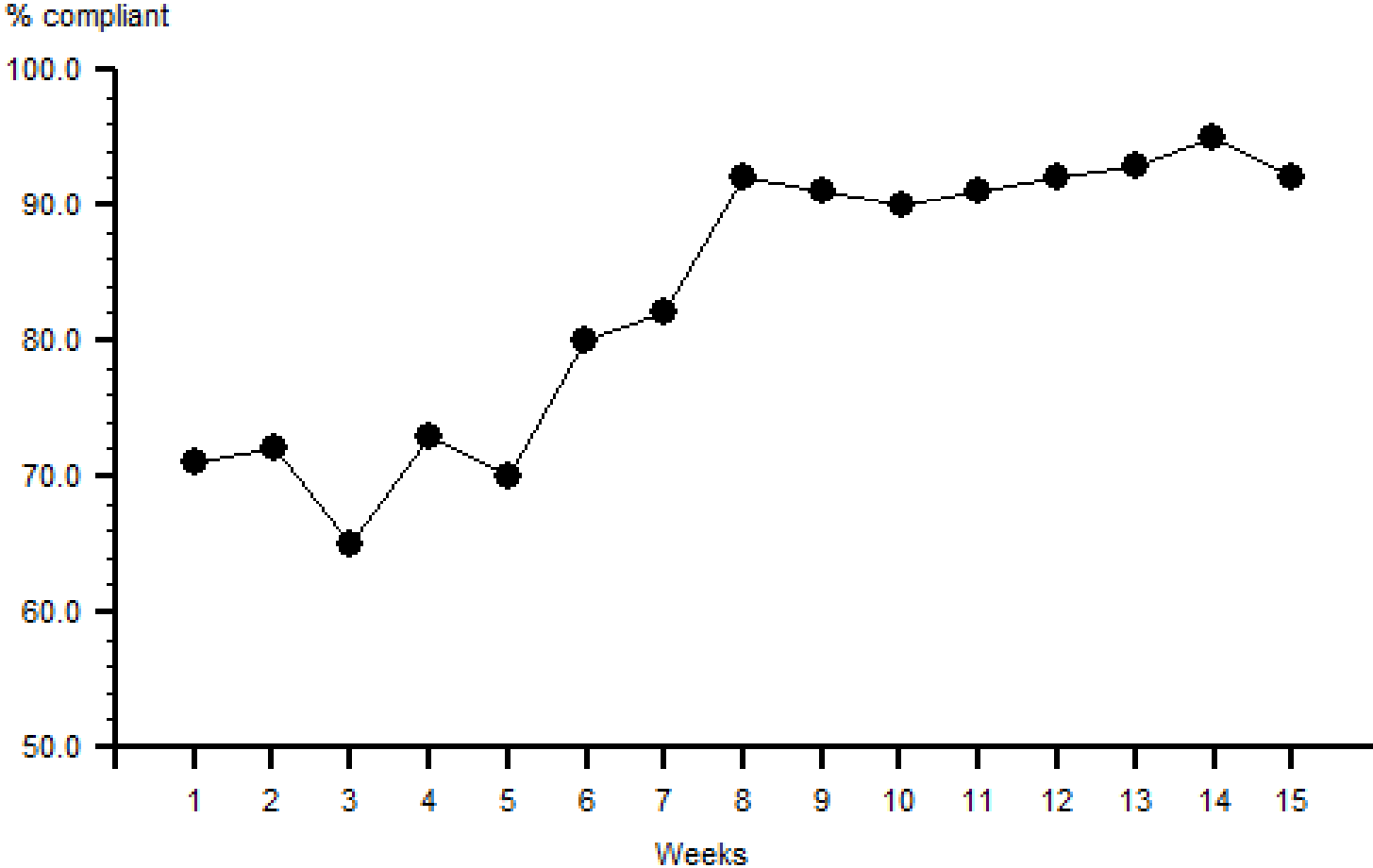
Ward: Waterhouse Name: WB	Cover 1 Hospital Number:1178430	Date 15/03/13 DOB 12/03/1934	Bed No:2.4	Patient Priority
BACKGROUND	CURRENT PROBLEM	SPECIFIC JOB	ACTION PLAN	
COPD Ischaemic Heart Disease – MI 2010	Admitted with infective exacerbation of COPD On IV Co-amoxiclav and Clarithromycin	Please take bloods – FBC, U+Es, CRP	Please check that inflammatory markers are improving – if not please, r/v and discuss with microbiology Prescribe more IV fluids	Amber (delete as appropriate)
Day Scheduled: (delete as appropriate)	Sunday	Time Scheduled: (delete as appropriate)	Any time Specific Time:	



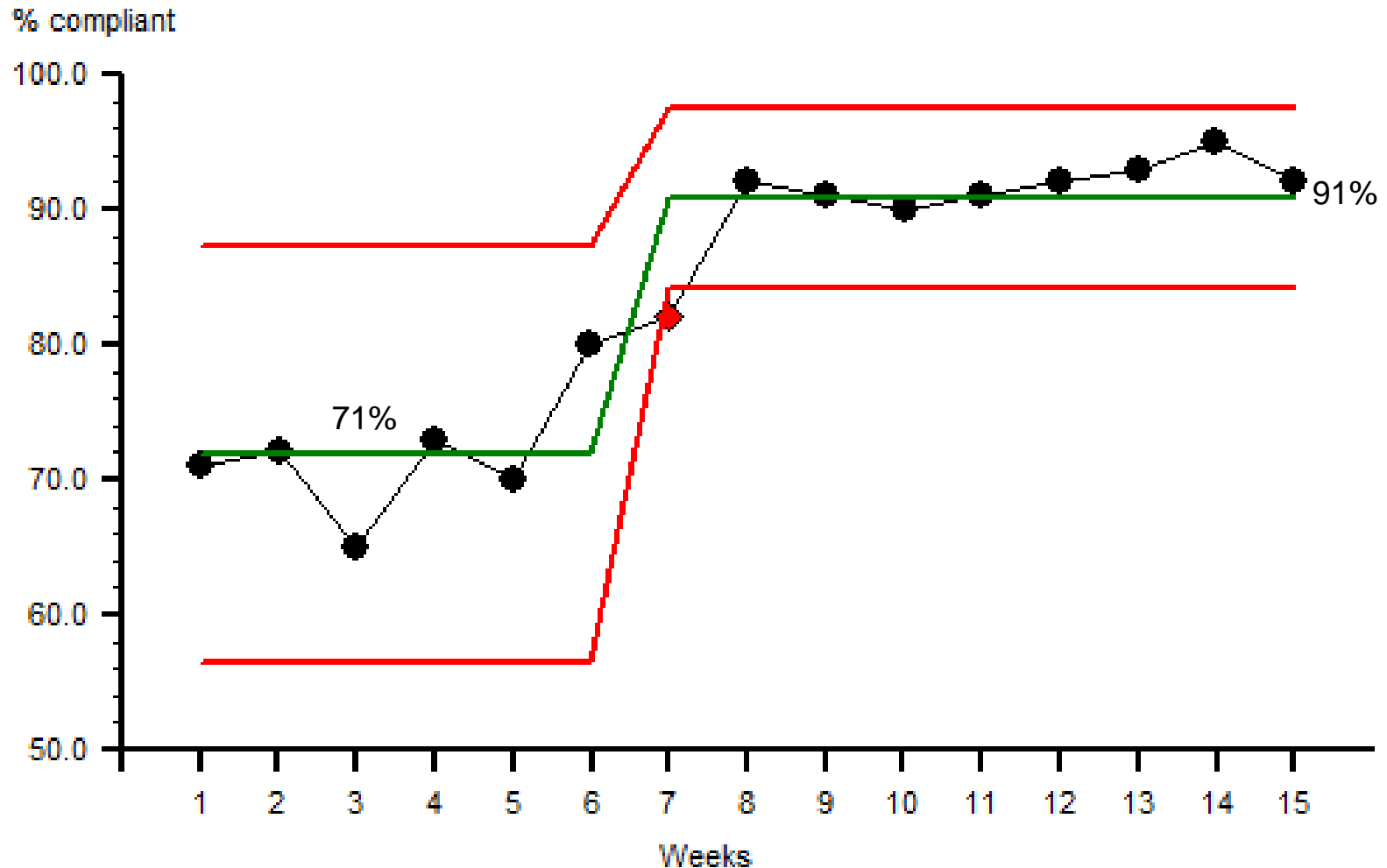
Available on the desktops



Run Chart



Statistical Process Chart





Evaluation

- “I'm just one junior so no one's going to listen to me and even if they did, it'll go to another committee that I won't be a part of and it'll just get squished”.

- “It's easier to affect change than I had thought, and that was one of the things I really learned about this and it's something that I'm personally able to do which I wasn't...honestly did not believe eight months ago.”

Turning the Tanker

Engaging Junior Doctors in Quality Improvement

01

PERCEIVED OBSTACLES TO QI

- Encountering resistance from seniors and/or other teams and departments
- Time stretched services: too busy, unable to follow through on agreed commitments, other clinical priorities
- Rotations and relocating: problems coordinating within and across teams, problems sustaining change



02

INITIAL PERCEPTION

"The NHS, it's just this oil tanker that, how can you possibly turn it or change direction?"

You know these things take ten miles to stop, let alone turn it around." Trainee Doctor (QIVP4) first-round interview

03

SKILLS LEARNT

- Communication
- Teamwork
- Network links to other departments and teams
- Knowledge and experience in developing new processes and systems
- Project management, writing for

New to system: *"Fresh eyes"* (QIVP1) Able to identify inefficiencies in hospital and areas for change

Learning to see at systems level: *"Confidence to implement systems change"* (QIH4)

Skills to improve patient care and patient safety: Enhanced *"awareness of*

Key Learning – so far

- Format seems to be crucial
 - They need support and structure
 - Groups
 - Methodology
 - Pizza
- Make it fun and ‘cool’
- Voluntary
- Autonomy

Engaging Staff – Cardiff and Vale LHB LIPS Programme

- Engaging the Board – facilitated session to agree high level aims – linked to LHB priorities.
- Selling LIPS to Clinical Boards as an enabler to deliver their priorities – linked to the three year plan.
- Setting expectations that each Clinical Board will sponsor about 15 people working on about 3 improvement areas per cohort but to pull ideas in from front line staff rather than to dictate (ownership).
- Advising on the structure of the team to increase the chance of success to include senior leaders – e.g. consultant, directorate manager, accountant, lead nurse.
- Designing the programme content and delivery style to keep the senior people interested – immediately useful and applicable knowledge and skills.
- Targeted communication by credible people – using steering group members who were handpicked to represent senior echelons - Head of Delivery and Clinical Director/respected Consultants all talking to their peers formally and informally.

Being presented here on Friday if you want to know more

Session H2 - Professors to Plumbers: Engaging all to lead QI

Build the will



QI microsite
qi.eft.nhs.uk

Staff and service user newsletters



AIM:
To provide the highest quality mental health and community care in England by 2020



Bespoke QI learning events



QI launch event and roadshows



Annual QI conference and quarterly Open mornings



QI visibility wall



QI stories at every Trust Board meeting



Publishing completed projects



Service user and carer involvement

Little i

Regularly consulted during lifetime of the project

Service user forum

Community meetings

Surveys

Focus groups

Big I

Act as a full member of the QI project team



Engaging staff & service users in QI

Table exercise



Consider which members of your front-line staff would be interested in running quality improvement projects around their area of work.

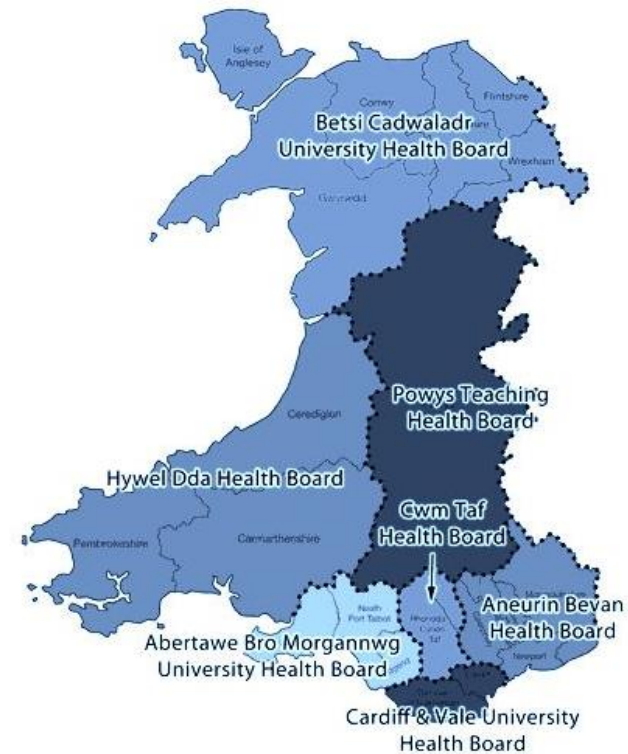
1. How will you engage them to do this?
2. What support can you and your organisation give to help them?
3. Can you do any of this by next Tuesday?

Developing the infrastructure for improvement at scale

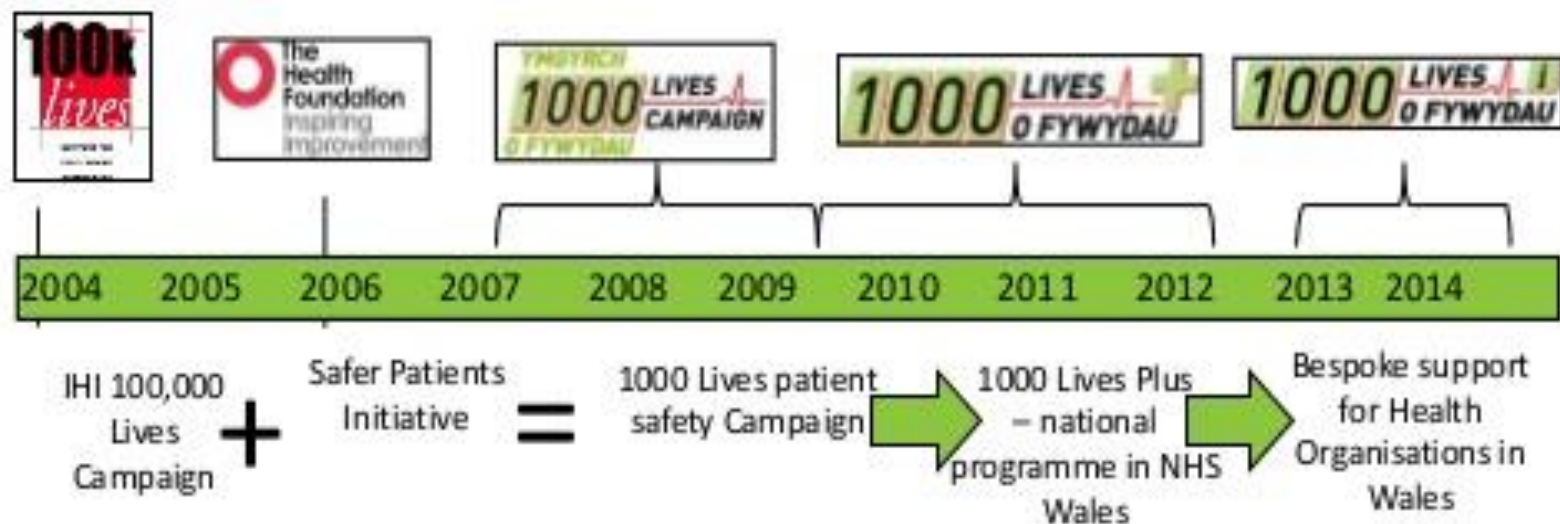
Aidan Fowler

A bit about Wales

- Population: 3 million.
- A devolved government with an independent health budget.
- Two official languages.
- Home of Aneurin Bevan, founder of the NHS.
- Over 90,000 people work for NHS Wales.
- Integrated healthcare in Wales is delivered through:
 - 7 geographical health boards
 - 3 NHS trusts



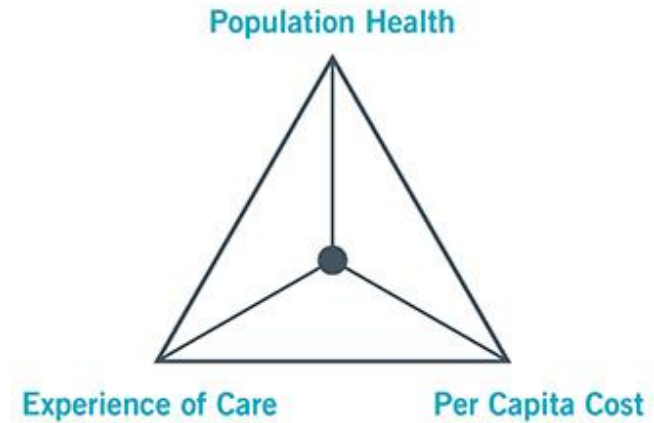
National Quality Improvement Journey



Where we are in Wales

Philosophies

Prudent Healthcare
The Triple Aim



The 4 principles of prudent healthcare

Public and professionals are **EQUAL PARTNERS** through **CO-PRODUCTION**

CARE FOR those with the greatest health need **FIRST**

Do only **WHAT IS NEEDED**

and do **NO HARM**

Reduce **INAPPROPRIATE VARIATION**

through **EVIDENCE-BASED** approaches

For further information visit www.prudenthealthcare.org.uk



Enable the NHS to integrate the principles of Prudent Healthcare to achieve measurable **quality improvements** in priority areas

Work with health boards and trusts to achieve demonstrable improvements in the NHS Outcomes Framework by reducing harm and **improving safety for patients**

Increase quality improvement **capacity and capability** within NHS Wales and its partner organisations

Supporting the NHS to improve outcomes for people using services

Design and deliver Prudent Programmes for: Integration; Antibiotic prescribing; Transforming Outpatients.

Support the delivery of the three national programmes for planned care, unscheduled care and primary care

Coordinate and deliver a network of support in Mental Health

Coordinate and deliver the Maternity Network

Design and deliver a national safe staffing programme

Coordinate and deliver a network or support for acute deterioration

Support the Cancer Network and improvements in cancer diagnostics

Coordinate and deliver support to reduce HCAs

Support the Royal Colleges with Choosing Wisely Wales

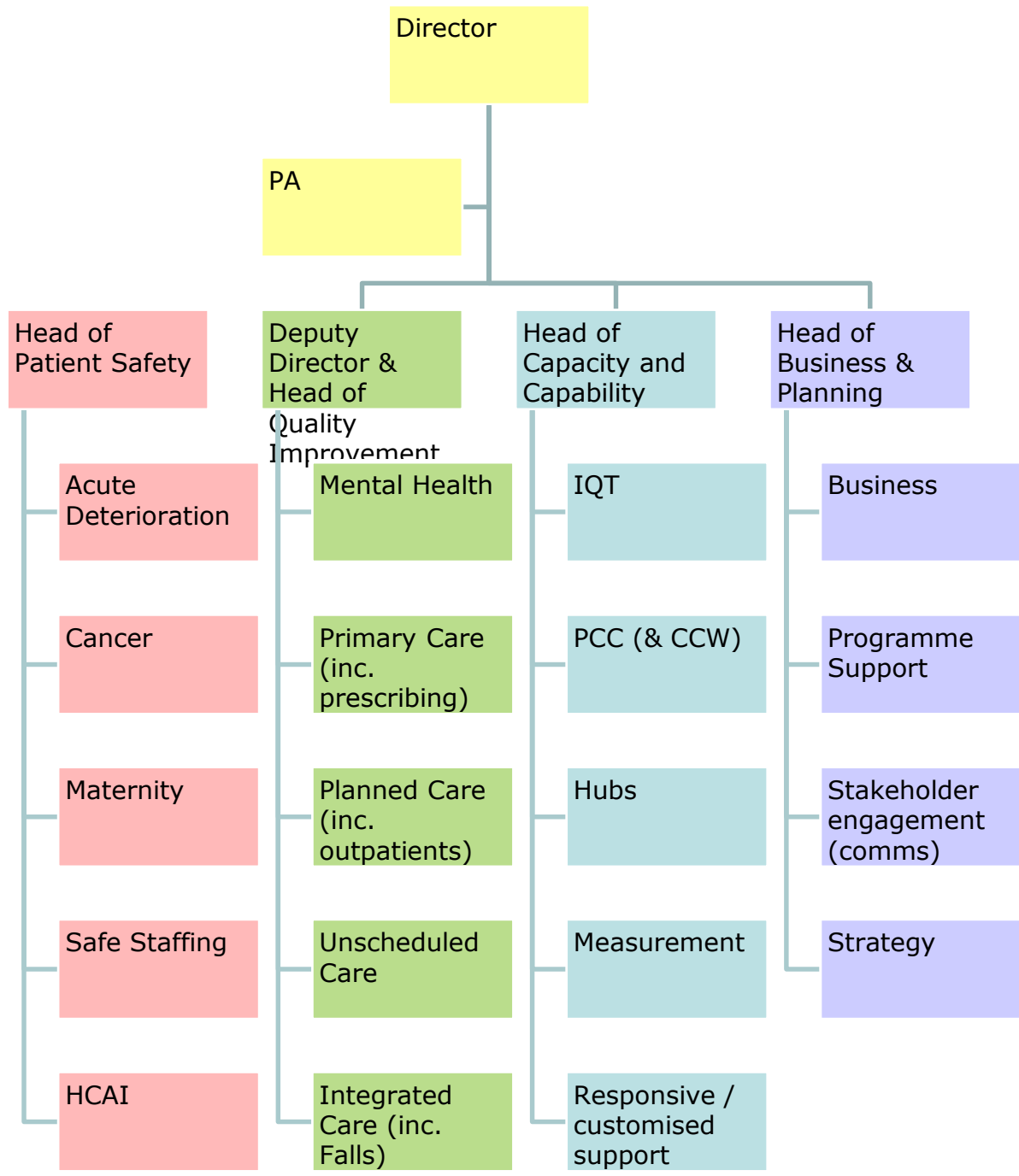
Provide advice and signposting for person centred care support

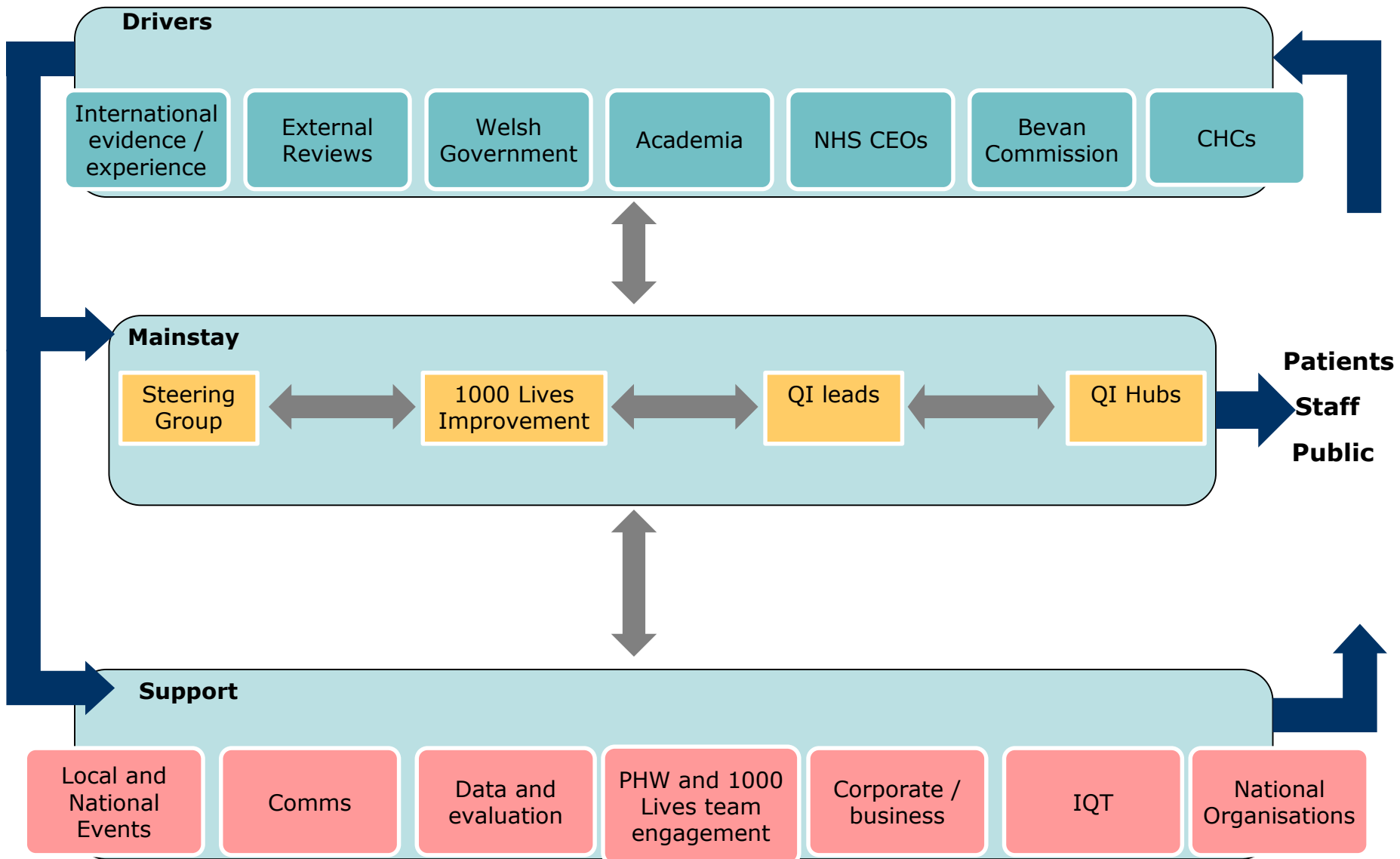
Further develop IQT for the current and future workforce

Support organisations to develop QI hubs and identify local support needs

Develop the capacity to be responsive to arising NHS quality needs

Underpinned by prudent healthcare, the Triple Aim and the development of a National Patient Safety Strategy





- Quality Improvement Hubs - the Library model



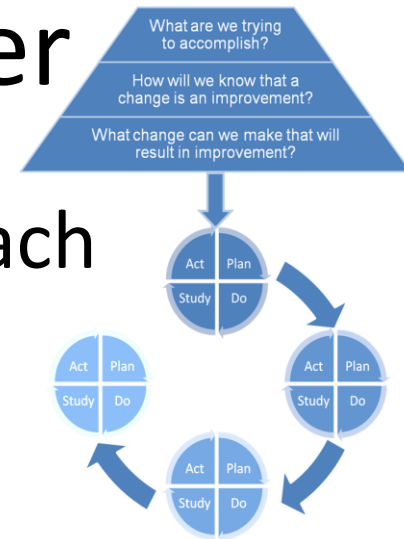
Aneurin Bevan
Continuous Improvement



A Regional Collaboration
for Health

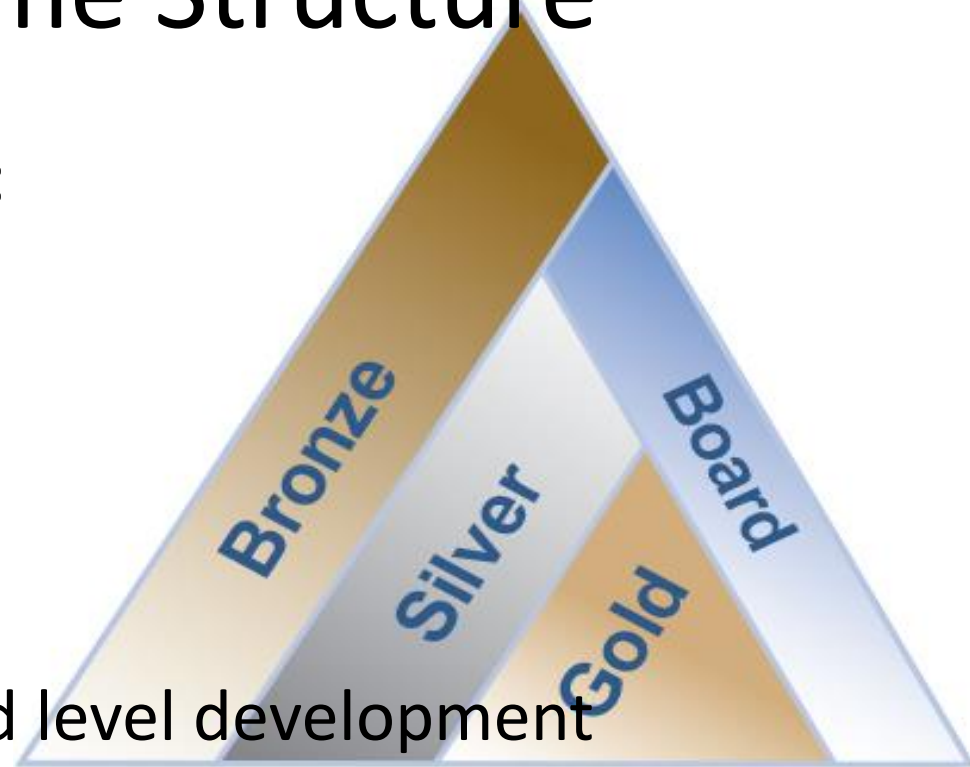
Improving Quality Together

- Developed by representatives from each Health Board and Trust in Wales:
 - Common language of improvement
 - Focus on person-centred care
 - Consolidation of quality improvement in NHS Wales to date
 - Integrated into other learning and development programmes locally
 - Integrated into Higher Education Institution curricula



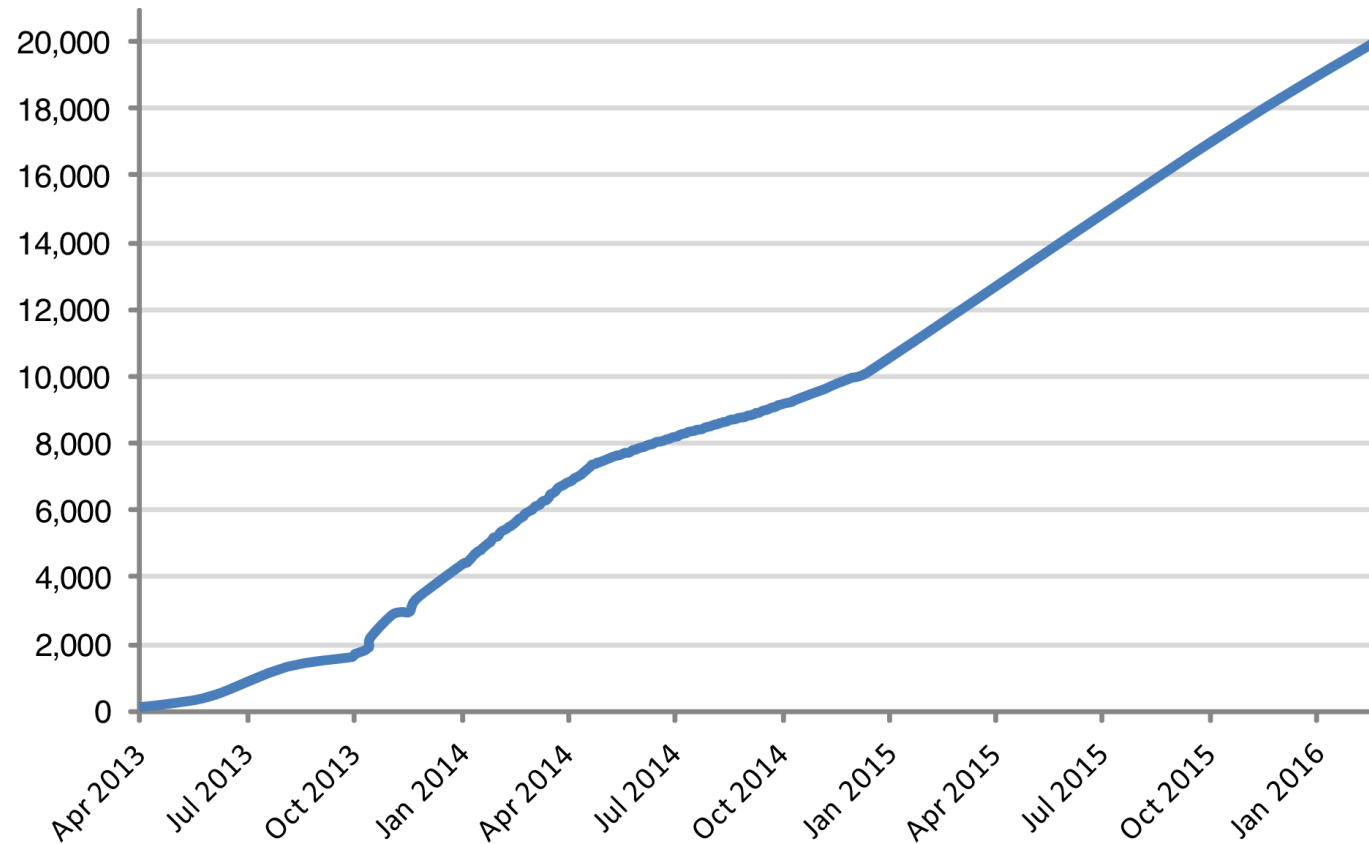
IQT Programme Structure

- 3 levels of development:
 - Bronze – what – 2 hours
 - Silver – how – 3 days
 - Gold – coach- network



- Complemented by Board level development

So how are we doing? Bronze ...



And Silver ...

- 1300 staff trained
- > 150 projects completed
- > 200 more underway



So how many people do you need to do QI?

- According to Deming "the square root of an organisation"
- For Wales the square root of 90000
- 300
- But - this is 300 people who's job it is to do QI and not anything else = 30 per organisation - currently this is more like 6

So how many people do you need to do QI?

- Framework
- Network
- Collaborate
- Spread good internal practice
- Adopt good external practice
- Innovate where there is no exemplar

Developing Infrastructure in the South West

- To start with, we did it on our own
- But you can only go so far
- Now regional support
- Capability, capacity and culture

Pocket QI commenced in October 2015. Aim to reach 200 people by Dec 2016.
All staff receive intro to QI at induction

Estimated number needed to train = 5000
Needs = introduction to quality improvement, identifying problems, change ideas, testing and measuring change

500 people have undertaken the ISIA so far. Wave 5 = Luton/Beds (Sept 2016 – Feb 2017)

Estimated number needed to train = 1000
Needs = deeper understanding of improvement methodology, measurement and using data, leading teams in QI

30 QI coaches graduating in January 2016. To identify and train second cohort in mid-late 2016

Estimated number needed to train = 45
Needs = deeper understanding of improvement methodology, understanding variation, coaching teams and individuals

Currently have 3 improvement advisors, with 1.5 wte deployed to QI. To increase to 8 IA's in 2016/17 (6 wte).

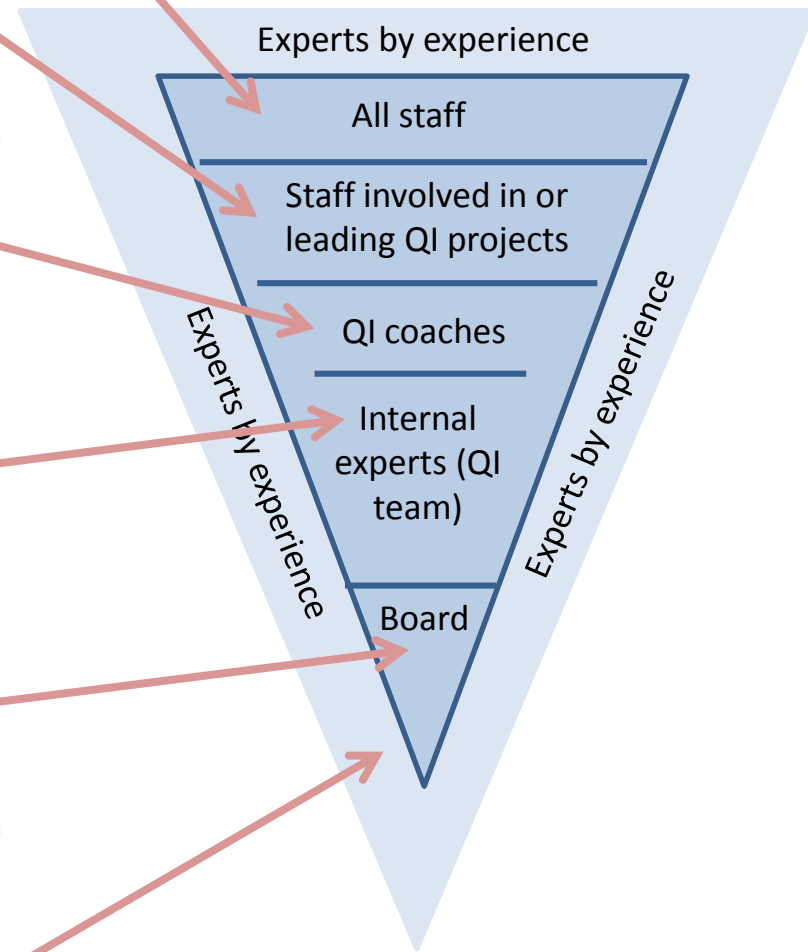
Estimated number needed to train = 11
Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

Most Executives will have undertaken the ISIA. Annual Board session with IHI & regular Board development discussions on QI

Needs = setting direction and big goals, executive leadership, oversight of improvement, being a champion, understanding variation to lead

Bespoke QI learning sessions for service users and carers. Over 50 attended in 2015. Build into recovery college syllabus, along with confidence-building, presentation skills etc.

Needs = introduction to quality improvement, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas, support structure for service user involvement



Support around your project team

Project Sponsor



QI Coach



QI Team



QI Forums

Service User Input



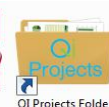
Quality Improvement folder



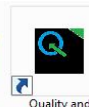
QI Microsite



QI Projects Database



QI Projects Folder



Quality and Performance Dashboard

QI Resources

Infrastructure for improvement at scale

Table Exercise



1. What improvement capability and capacity exists in your organisation?
2. How good a framework or network is there?
3. How do you increase the time available for QI?

Draw together your learning and ideas into a theory of change

Amar Shah

AIM:
To provide the highest quality mental health and community care in England by 2020

Build the will

1. Newsletters (paper and electronic)
2. Stories from QI projects - at Trust Board, newsletters
3. Annual conference
4. Celebrate successes – support submissions for awards
5. Share externally – social media, Open mornings, visits, microsite, engage key influencers and stakeholders

Build improvement capability

1. Build and develop central QI team capability
2. Online learning options
3. Pocket QI for those interested in QI
4. Improvement Science in Action waves
5. Develop cohort and pipeline of QI coaches
6. Bespoke learning, including Board sessions & commissioners

Alignment

1. Embed local directorate structures & processes to support QI
2. Align projects with directorate and Trust-wide priorities
3. Support staff to find time and space for QI work
4. Support deeper service user and carer involvement
5. Support team managers and leaders to champion QI
6. Align research, innovation, improvement and operations

QI Projects

Reducing Harm by 30% every year

1. Reduce harm from inpatient violence
2. Reduce harm from pressure ulcers
3. Other harm reduction projects (not priority areas)

Right care, right place, right time

1. Improving access to services
2. Improving physical health
3. Other right care projects (not priority areas)

Your theory of change

Table Exercise



Start drawing a driver diagram that helps you understand how you could prepare for an organisation-wide approach to quality improvement

Disseminating Learning



Dr Jen Perry, BMJ Quality



Why is this important?

How can you do this?



What is BMJ Quality?

An online platform which supports individuals, teams and organisations to work through healthcare improvement projects and onto publication by providing the necessary framework and tools to make healthcare improvement simple.

www.quality.bmj.com



- Aims to become the world's largest repository of quality improvement evidence
- Standardised SQUIRE guideline template
- PUB-MED Indexed
- Publish >50% submissions
- Publishes both successes and projects which haven't worked



BMJ Quality Improvement Reports

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Latest content
January 2015
Volume 5
Issue 1

Welcome to **BMJ Quality Improvement Reports**, a new searchable repository of global quality improvement evidence and best practice. It aims to help healthcare professionals improve healthcare by providing a new structured format for healthcare professionals to document innovations and excellence in care.

Submissions are only accepted from subscribers to **BMJ Quality** to help make the published reports searchable and as useful as possible. Users are provided with an online template which takes users step-by-step through an improvement project whilst helping them to document and share their work. Over 20 learning resources, case examples and an on-call faculty of experts are available to help.

Learn more about **BMJ Quality** >>

Featured report
Are we meeting current standards in medicines reconciliation? A study in a District General Hospital
Introduction: Inadequate medicines reconciliation on admission is often identified as a major cause of patient morbidity, with poor access to patients' regular medications often cited as a barrier to care. In the surgical admission unit of our district general hospital, drug charts are completed by junior doctors who do not have access to the Emergency

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BMJ Qual Improv Report 2016;5: doi:10.1136/bmjquality.u209517.w4133

BMJ Quality Improvement Programme

Improving asthma severity and control screening in a primary care pediatric practice

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Received 17 November 2015

Revision requested 28 January 2016

Revised 4 February 2016

Published 25 February 2016

Abstract

Asthma is the most commonly encountered chronic disease in children. Periodic assessment of asthma severity and control is an integral part of asthma management, but patients with uncontrolled asthma don't always schedule routine asthma care visits. The aim of this project was to improve asthma control and severity screening in a primary care setting by using a validated tool for all visits for patients with a diagnosis of asthma aged 4-21 years. Our QI team

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Implemented a Friday afternoon ward round to discharge patients before the weekend. Saved Trust £150k pa.

Reduced financial impact of cancelled operations in Trust by 41%

Pushed up bowel cancer screening in over 65s from 32% to 46%

Tripled 30-day compliance with medication after discharge from outpatients department.

Reduced weekend ICU mortality from 42% to 22% over 12 months



View the full repository at –

qir.bmj.com

Some examples of recently published projects

- *Multifaceted bundle interventions shown effective in reducing VAP rates in our multidisciplinary ICUs*
- *The Participative Design of an Endoscopy Facility using Lean 3P*
- *Improving residents' handovers through just-in-time training for structured communication*
- *Eliminating guidewire retention during ultrasound guided central venous catheter insertion via an educational program, a modified CVC set, and a drape with reminder stickers*

Improving illiterate patients understanding and adherence to discharge medications



Rx

- Tab Augmentin (C/W) 1g. x 8D
- Tab Cycin (C/W) 1.8D
- Tab Aitfan 1 x 8D

Adv

- change Dressing Daily
- Come to Surgical OPD Room # 21

30/10/17

Medication Prescription Sheet
PLEASE WRITE IN BLOCK CAPITALS

ادویات کی لہجی

I	DRUG دوا	صبح	دوپہ	شام	رات	کل دن
1	Paracetamol 1g tds	1	1	0	1	14
2	Diclofan 50mg bd	1	0	1	0	7
3	Augmentin 625mg bds	1	1	0	1	5
4						
5						
6						
7						
8						

Additional information - مزید معلومات

Pharmacy Instructions
Please mark medications as per numbers on the left hand side
براد میریلی ادویات کیے ہیں پر وہی نمبر لکھیں جیسا کہ بائیں طرف ناکم میں لکھا ہے

BMJ Quality: www.quality.bmj.com

BMJ QIR Journal: www.qir.bmj.com

BMJ Quality breakfast session on Thursday 14th April
at 8am

Come and speak to the BMJ Quality Team at the end
of the session

Take home messages

Find out more about BMJ Quality at our breakfast session on Thursday 14th April at 8am

- Dr Jen Perry; jperry@bmj.com; [@BMJQuality](https://twitter.com/BMJQuality); www.quality.bmj.com
- Dr Amar Shah; Amar.shah@elft.nhs.uk; [@DrAmarShah](https://twitter.com/DrAmarShah); <http://qi.elft.nhs.uk>
- Dr Rob Bethune; rob.bethune@nhs.net; [@robbethune](https://twitter.com/robbethune)
- Dr Aidan Fowler; aidan.fowler@wales.nhs.uk; [@aidanfowler1000](https://twitter.com/aidanfowler1000)