



Overview of Quality Improvement

Pqip QI collaborative

About the NHS Transformation Unit

TRANSFORMATION UNIT

The <u>NHS Transformation Unit</u> (TU) specialises in the transformation of health and care.

We work in partnership with health and care clients to improve outcomes for people and communities. We empower change from within.

Our tailored services fit around partners' needs to simplify complex change projects.

Our <u>skilled professionals</u> are passionate about achieving better health outcomes through innovation. We want health and care services to be safer, more equitable and sustainable for the populations they serve. We are proud to be part of the NHS and are hosted by NHS Midlands and Lancashire Commissioning Support Unit.









System of profound knowledge



Subject Matter Knowledge

Increased capacity to make improvements

Profound Knowledge

Langley et al (2009) The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd Edition). Jossey Bass, San Francisco.



System of profound knowledge

Appreciation for a System

Every system is perfectly designed to deliver the results it produces

Nothing works in isolation

Understanding Variation

Common or special causes

There is always variation

Psychology of change

Change requires a psychology process of transition

How do people respond to change?

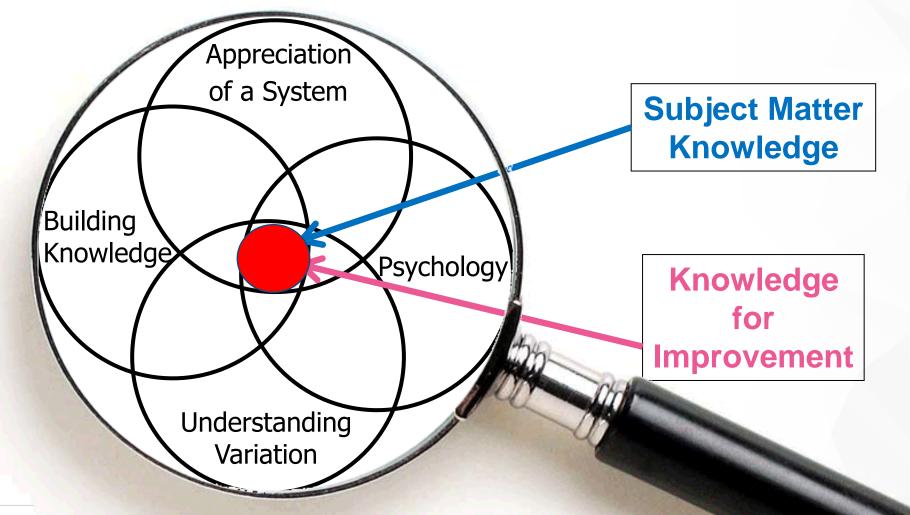
Theory of Knowledge

e.g. PDSA cycles for learning & improvement

Models and tools we can use



System of profound knowledge





System of Profound Knowledge

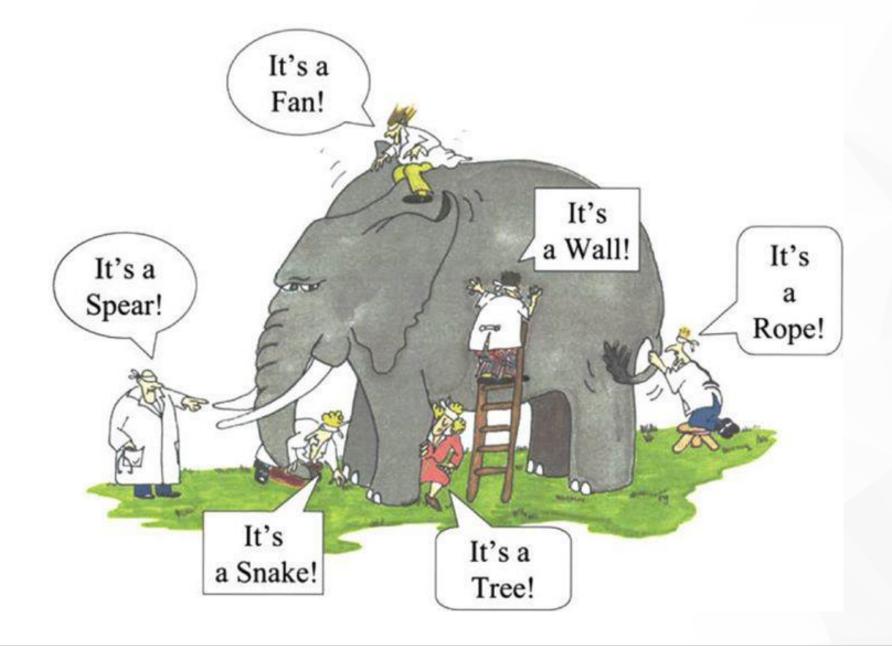
Questions/ thoughts

Did anything stand out for you?

Have you considered all 4 component parts in your projects to date?

How can you see this applying to your improvement work?



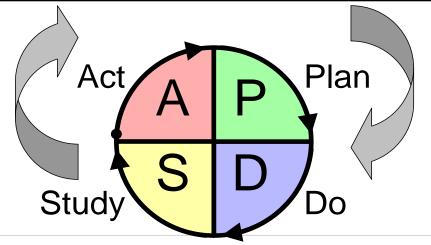




AIM: What are we trying to accomplish?

MEASURES: How will we know if a change is an improvement?

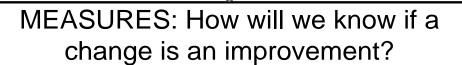
CHANGE: What changes can we make that will result in improvement?



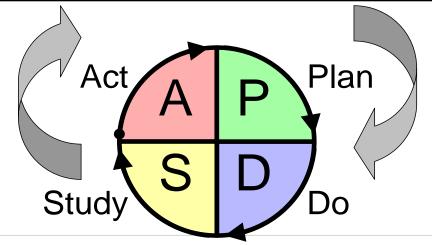




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Setting your quality improvement aim

Safe

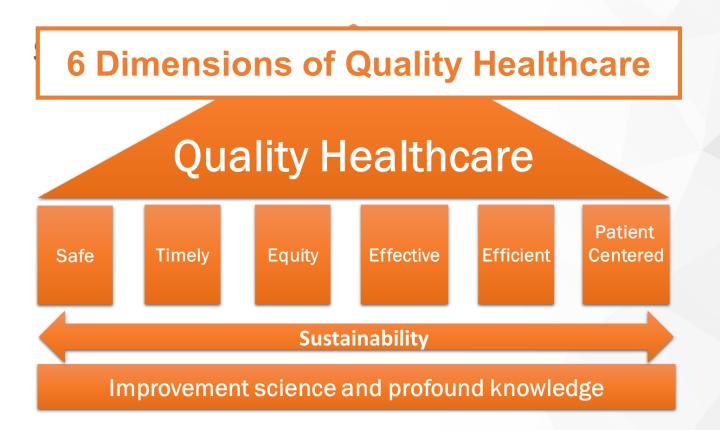
Timely

Effective

Efficient

Equitable

Patient Centred



IOM (2001) Crossing the Quality Chasm, Sustainability was added: Future Hospital Commission (2013), Future Hospital: Caring for Medical Patients

Setting your qua

EXAMPLE

To reliably implement DrEaMing across all surgical subspecialities in every trust participating in the collaborative by September 2024

nt aim



- What are you trying to accomplish?
- By how much?
- By when?
- For whom(or what system)?

100 or 0 Safe

Timely

Equitable

Effective

Efficient

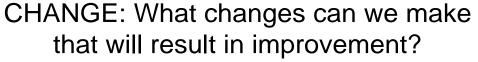
Patient Centred

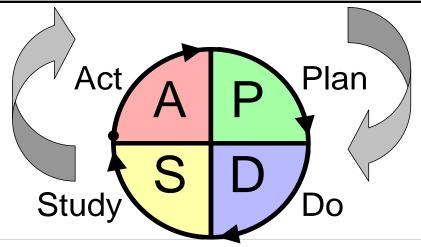


AIM: What are we trying to accomplish?



MEASURES: How will we know if a change is an improvement?







The 3 reasons for measurement

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Aim

Testing Strategy

Sample Size

Type of hypothesis

Variation (Bias)

Determining if a change is an improvement

Research

New knowledge

One large test

"Just in case" data

Fixed hypothesis

Design to eliminate unwanted variation

Statistical tests (ttest, F-test, chi square), p values

Judgement

Achievement of target

No tests

Obtain 100% of available, relevant data

No hypothesis

Adjust measures to reduce variation

No change focus

Improvement

Improvement of service

Sequential tests

"Just enough" data, small sequential samples

Hypothesis flexible, changes as learning takes place

Accept consistent variation

Run charts or Shewhart control charts

Source: Solberg et al 1997



Choosing your measures

Outcome Measures

- Where are we ultimately trying to go?
- Point to qualities that are valuable to stakeholders i.e. how is the system performing? What is the result?

Process Measures

- Are we doing the right things to get there?
- Track that steps in the system are performing as planned.
- Help identify if changes are leading to improvement.

Balancing Measures

- "First, do no harm!"
- Help us 'keep an eye on' other aspects of the system as we focus on improving one part.

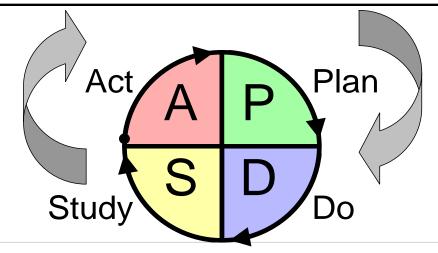


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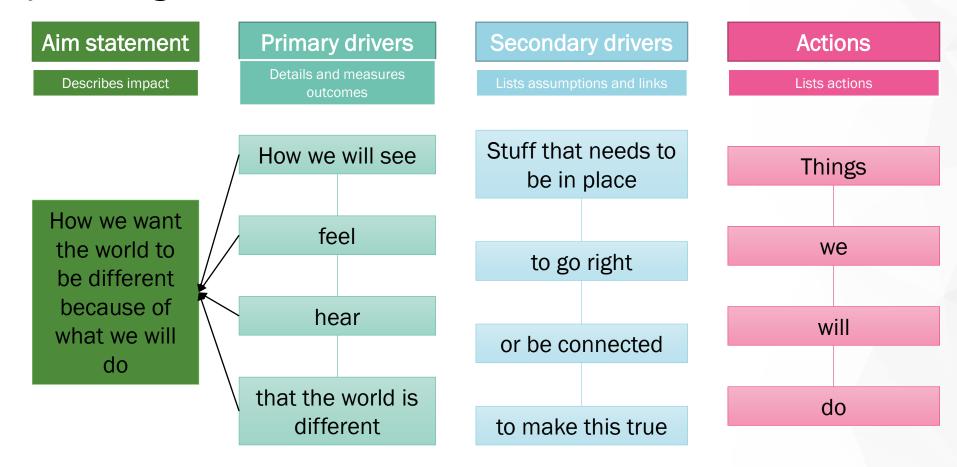
CHANGE: What changes can we make that will result in improvement?





Driver diagrams

Or theory of change



Our aim is...

We need to ensure...

Which requires...

Reliable implementation of DrEaMing

Delivered for all patients every time

Culture change; to promote DrEaMing in each surgical specialty.

- o Enable patients, perioperative MDT, and managers to co-produce DrEaMing QI initiatives.
- Nursing staff to feel able to take the lead with DrEaMing delivery.
- A DrEaMing "opt out" approach for all postsurgical patients with those who are excluded from DrEaMing clearly documented and understanding why,
- o Right patient, right place
- Data & measurement for improvement
- o Local programme management and QI support

Patient & care partner

involvement (Person centred care)
Patients and care partner(s) feel
able to take charge of their own
DrEaMing recovery post operatively

- o Trusts to co-produce their implementation approach with patients and care partners.
- Patient & care partner perioperative education on DrEaMing and anticipated recovery experience.
- o Enablement of patients to achieve DrEaMing and daily recovery expectations.
- Active involvement of patients in all aspects of their perioperative journey and support patients to be self-efficacious and actively involved in their recovery plans.
- o Patients and care partners involved in decision making
- o Person centred care & person-centred visiting

To reliably implement
DrEaMing across all
surgical
subspecialities in
every trust
participating in the
collaborative by

September 2024

Effective Multi-Disciplinary Teams

High-performing teams that expertly deliver DrEaMing

Effective MDT team working and communication: One team, focussed on DrEaMing delivery, working together to make this a reality.

An educated and motivated MDT that will proactively deliver DrEaMing.

Regular access and evaluation of current local DrEaMing data.

Clinical teams enabled and supported to implement DrEaMing using a QI approach

Supportive leadership and culture

Executive, clinical & managerial leadership enable delivery of DrEaMing

Executive SRO accountable for delivery and programme oversight

Ensure programme reporting progress into relevant Board & Quality committees

System for learning and improvement .

Staff participation, support & well being

Meet with local clinical, programme leads and teams to support delivery and unblock barriers Set and select goals at organisation level, aligned to local and system strategic objectives

Support allocation of resources

Support the improvement culture, create will and urgency

In order to achieve We need to Which requires... Actions to ensure this happens ensure... this aim... Greater public awareness of axial Develop public awareness campaigns. SpA sumptoms Use the SPINE acronym and encourage its adoption Help the person with inflammatoru back pain to recognise that it might The public can check their Create an 8-item online symptom checker symptoms easily online be axial SpA and feel confident about the actions they should take Advice is avaiable to the public on preparing for Support patients in preparing for their primary care consultation their primary care consultation Create and strong visible leadership for axial SpA through a Primary Care Clinical Champions Programme Axial SpA to be higher within clinical reasoning of primary care professionals Ensure axial SpA is a core component of CPD in primary care Ensure that patients Appropriate use of diagnostics Promote the use of the 8-item criteria & SPADE tool who present at primary by referrers care and community physiotherpay services Use of IT systems to identify potential with potential axial SpA Test and roll-out pop-up tools on electronic patient record system Improve time axial SpA among patients with back pain are appropriately identified from symptom and urgently referred to rheumatology Inflammatory back pain referral onset to Promote axial SpA pathway recommended by Best MSK Health Collaborative pathways are in place diagnosis to a maximum Secondary care services are aware of axial spa Create a national training programme, co-developed with relevant professional of 12 months associations to be implemented at a local level. Promote use of the 8-item symptoms and how to assess if the patient Ensure that patients who sumptom checker & SPADE tool merits referral to rheumatology present at secondary care services with suspected axial SpA are identified Promote the use of appropriate secondary referral pathways, at the first presentation and share best practice across the UK when/how to use it and urgently referred to rheumatology Every hospital in the UK seeing potential axial Review the status of radiology training in UK for axial SpA and audit the SpA patients has an inflammatory spinal use of an inflammatory spinal protocol MRI protocol MRI in place Work with professional bodies to ensure updated and expanded training to Ensure quick and accurate https://www.actonaxialspa.com/ improve diagnostic capabilities and case studies Every rheumatologist in the UK is able to diagnosis of axial SpA in access an axial SpA expert MSK radiologist rheumatology Assess the availability of regional MDTs offering axial SpA virtual imaging to in house or via another specialist centre secondary care across the UK via tertiary referral Promote the routine implementation of appropriate imaging protocols using All radiologists/rheumatologists are aware the BRITSpA consensus guidelines of BRITSpA MRI guidelines NASS

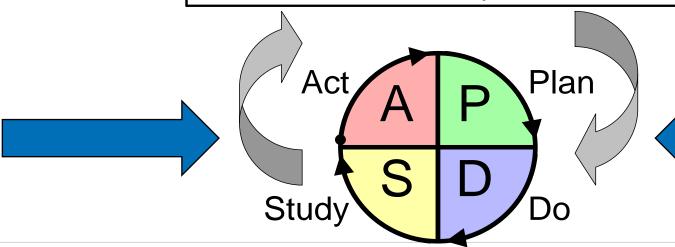
Act on Axial Spa driver diagram



AIM: What are we trying to accomplish?

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PDSA



ACT

Plan the next cycle Decide whether the change can be implemented

PLAN

Define the objective, questions and predictions. Plan to answer the questions (who? what? where? when?) Plan data collection to answer the questions



STUDY

Complete the analysis of the data Compare data to predictions Summarise what was learned

DO

Carry out the plan Collect the data Begin analysis of the data



Any questions?