

The PQIP API Collaborative:

Background to Collaborative working:

Collaboratives have been used in healthcare for a long time. They are used to enable research and improvement priorities to be undertaken and delivered efficiently and effectively. Collaboratives can help save time and resources and are designed to improve care and accelerate better outcomes. Collaboratives also build on the premise that healthcare organisations are social organisations, and harnessing the power of human behaviour can be a powerful driver for change. Some of the benefits of collaborative working are as follows:

- Peer learning and the sharing of knowledge
- Capacity building
- Testing of ideas with those in a similar situation
- Providing a profile for institutions
- The benefit of seeing people and organisations working together creating critical mass

We know from the literature and work conducted through PQIP that data collection and implementing QI can be very difficult in a clinical setting and there are barriers that can prevent these things from happening. Working within a collaborative aims to overcome many of these barriers. The image below is taken from the 4th PQIP cohort report, and it illustrates how collaborative working can help optimise resources, harness human behaviour, support professional development and overcome barriers to QI.



What is the API collaborative?

Welcome to the Perioperative Quality Improvement Programme Associate Principal Investigators Collaborative. This is the first iteration of the API collaborative, and we are excited to be starting this novel initiative. The API scheme has supported many trainee PIs get more involved in research over the last few years and be formally recognised for the hard work and valuable contribution they have put into research. The API scheme is open to trainee doctors, speciality doctors and all allied health professionals who have an interest in research. Within PQIP we are delighted to have an increasing number of PQIP APIs and are thrilled to have you on board.

Our collaborative aims to bring together PQIP APIs who have volunteered for the initiative and use this opportunity to support you in your work with PQIP. We aim to provide useful educational sessions but also use the power of collaborative working to drive enthusiasm, idea sharing and change. The Collaborative will look at up to date research from PQIP, ways to support you in research endeavours and will also have a focus on Quality Improvement (QI) and how to implement the research into practice. We understand that some of the APIs may have completed your API experience or have rotated to new hospitals that may or may not be PQIP recruiters. Although the content of the sessions will be based on PQIP, it will be invaluable to have everyone involved as we can learn from their past experiences with PQIP recruitment, the API scheme and QI through our discussions. Beyond PQIP, collaboration and QI skills and knowledge are essential elements to help your own future improvement endeavours.

We want the collaborative to evolve iteratively, and we will value the contributions from its members, however as this is a PQIP collaborative, the work we do will be guided by the PQIP improvement priorities as we know these are robust and evidence based.

The evidence-base for the PQIP API collaborative:

The collaborative will be delivered based on the Institute for Healthcare Improvement (IHI) Break through series ([The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement | IHI - Institute for Healthcare Improvement](#)) and also the THIS.Institute collaboration-based approaches ([Collaboration-Based Approaches \(cambridge.org\)](#)). The main premise will be to deliver educational sessions which also involve information sharing and idea sharing interspersed with action periods to provide members with time for reflection, learning, development and undertaking initiatives locally. In these action periods, we will be in touch via email, a summary newsletter to follow up each session and a voluntary, faculty supported, whatsapp group to continue the sharing of ideas.

Co-design:

For collaborative working to be successful, it is important that facilitators and participants work together to co-design the collaborative. This way the collaborative can evolve iteratively to the groups needs. We are very grateful that you have all completed the initial survey and we will use this to start the design of the collaborative. We have also put together this document so you are aware of the evidence and principles underpinning the collaborative. However, we will use your input, ideas and feedback from the sessions to guide how we develop each of the sessions. We want members to be fully involved to be able to get the most out of the endeavour. The co-design will, however, need to be in context of the underlying collaborative principles and PQIP evidence.

Aims of the Collaborative

- **For the Associate PI Individual:**
 - Support API to make the most of their API experience and achieve API status
 - Support API to learn more about QI and how to be involved in this at a local level
 - Support API to optimise recruitment and understand how to use PQIP data locally
 - Offer API the opportunity to remain involved in the API collaborative even after tenure as PQIP API is complete

- **For PQIP:**
 - Stimulated, focused recruitment at API local sites
 - Increased dissemination to wider MDT of PQIP data at local sites

- Increased awareness and use of PQIP data for QI and rejuvenation of PQIP priorities
- **For the PQIP Project Team:**
 - Key themes from collaborative will feed into wider collaborative learning
 - Formation of the first National QI collaborative for API and trainees/Speciality doctors
 - Measure API impact on PQIP metrics and recruitment

By the end of the collaborative, we aim to have supported API members with:

- ways to enhance PQIP recruitment.
- creating a theory of change and address a QI priority (DrEaMing)
- understanding their local networks and to promote MDT QI locally.
- looking at how to collaborate with patients in the context of QI
- making meaningful connections within the collaborative
- sharing resources
- critically analysing successes and failures and embracing these to drive change

As a PQIP core team, we hope to be able collate the ideas shared and strategies implemented locally to see if we can produce a co-designed resource that is helpful across all PQIP sites to support DrEaMing. (This will of course be credited to all the participants of the API collaborative)

Plan for how the collaborative will run:

We aim to run 3 virtual collaborative sessions across a 6-month period. These sessions will be interspersed with “check-ins” and the opportunity to catch up with collaborative facilitators. As mentioned above the collaborative will run based on the IHI breakthrough series and so there will be areas for the API to work on prior to the first meeting and in the “Action periods”.

Aiming 3 sessions across six-month period

- 60 – 90 minutes
- Split into three components: Education, information sharing and “homework”
- Education
 - Education part recorded for future events
 - Different focus for each session
- Breakout rooms for information sharing (chaired by PQIP fellows)
 - Smaller number in each room to stimulate more discussion and sharing
 - Mediated by PQIP fellow facilitators
 - Content will be related to pre-session homework related to their local site
 - Specific topic to be discussed
 - Return to main session after breakout room with key points to be shared with group
- Set “homework’ for next session: Not didactic but aimed to enable APIs to start relevant QI in their local sites

The initial topic for the Collaborative will be the delivery of Drinking Eating and Mobilising at 24 hours post-surgery (DrEaMing) as this is in line with PQIP data and improvement priorities, the NHSE CQUIN, GIRFT and NHS England policy.

For those APIs who are anaesthetic trainees we will be able to give evidence of QI work that supports some of the QI objectives on the 2021 curriculum.

Rules of the Collaborative:

We have set out the following rules to ensure constructive working within the collaborative.

- 1) The collaborative is governed by the principles of good medical practice and all members must act professionally as part of the group, respecting each other.
- 2) We do not expect this to happen, but if any member behaves unacceptably, this will be escalated to the local PI and PQIP team and facilitators can terminate an APIs participation.
- 3) Discussions are designed to fuel learning and enthusiasm, however if members want to share confidential information, then this should be declared and respected by all members.
- 4) Learning from the collaborative should be cascaded at a local level.
- 5) We understand the pressure of clinical work and so there is no mandatory number of sessions to attend but you are expected to RSVP in a timely way so sessions can be planned appropriately. You are welcome to attend sessions in the future even after API tenure has finished, especially if you missed some.
- 6) You will gain the most from the collaborative by participating in the work set, so by being part of the endeavour we do expect your input.
- 7) The educational components of the sessions may be recorded for future use.
- 8) Discussions may be transcribed, and this information will be used to help inform future collaboratives and evaluation of this endeavour. Any information used from this transcription will be anonymised.

What we need from you:

We are really excited to be starting this API collaborative and look forward to welcoming you to the first event.

All we need from you is your enthusiasm, ideas and participation!