



A DrEaMing QI Collaborative

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What I will Cover

- What is quality care?
- QI in a nutshell
- What is a QI collaborative?
- (not so) secrets of successful collaborative approaches
- Why use a collaborative approach to QI?
- Aims for a DrEaMing Collaborative and where we go from here

Quality Care

Well-led and sustainably resourced

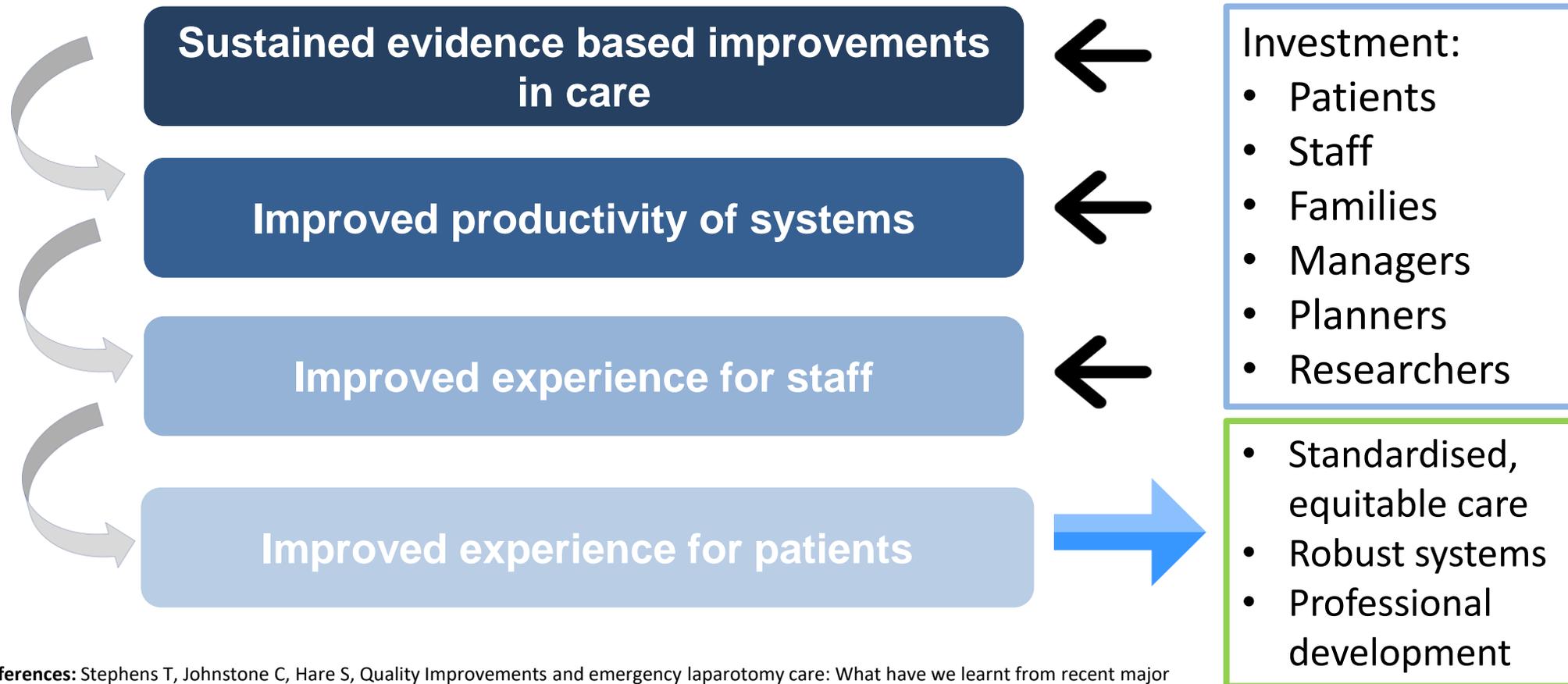
Safe and effective
Evidence based

Responsive and personalised to
individual needs
Patient centred

Caring

Reference: National Quality Board. A shared commitment to quality for those working in health and social care systems. Department of Health and Social Care; 2021 (www.england.nhs.uk/publication/national-quality-board-shared-commitment-toquality)

Quality Improvement: High quality care to improve health



References: Stephens T, Johnstone C, Hare S, Quality Improvements and emergency laparotomy care: What have we learnt from recent major QI efforts. *Clinical Medicine* 2019;19:6 p454-7

Batalden PB, Davidoff F. What is 'quality improvement' and how can it transform healthcare? *Qual Saf Heal Care* 2007 ; 16 : 2 -3

What is a QI Collaborative?

- “A group of professionals coming together, either from within an organisation or across multiple organisations, to learn from and motivate each other to improve the quality of health services.”
- Working to share experience motivates improved practice based on current evidence
- Healthcare systems are social organisations and although systems and processes are important, so is human behaviour.

Reference: De Silva D 2014, improvement collaboratives in healthcare [ImprovementCollaborativesInHealthcare.pdf](#)

How to successfully develop a collaborative approach

- Enthusiastic individuals with institutional commitment
- Ensure a focus which can be sustained (the CQUIN is an excellent opportunity)
- Ensure multidisciplinary engagement locally, and establish a clear framework for collaboration internally and externally
- Avoid domination from one professional group which could undermine service users or other key professionals
- Ensure empowered leadership (more junior members of the team should be encouraged to lead, but with clear and supportive senior leadership supporting them)

Peer learning and Professional Development

Share Experience

Access varied and new perspectives

All contributions viewed equally

Neutral environment

Optimise resources

Save time & resources

Address issues with siloed working

Creation of critical mass

Barriers to QI

Address staff, organisational and patient related barriers to QI

Human Behaviour

Drive and motivate change through leveraging connections

Utilise effective human behaviour to contribute to reliable systems

A QI collaborative approach to the “right” problem

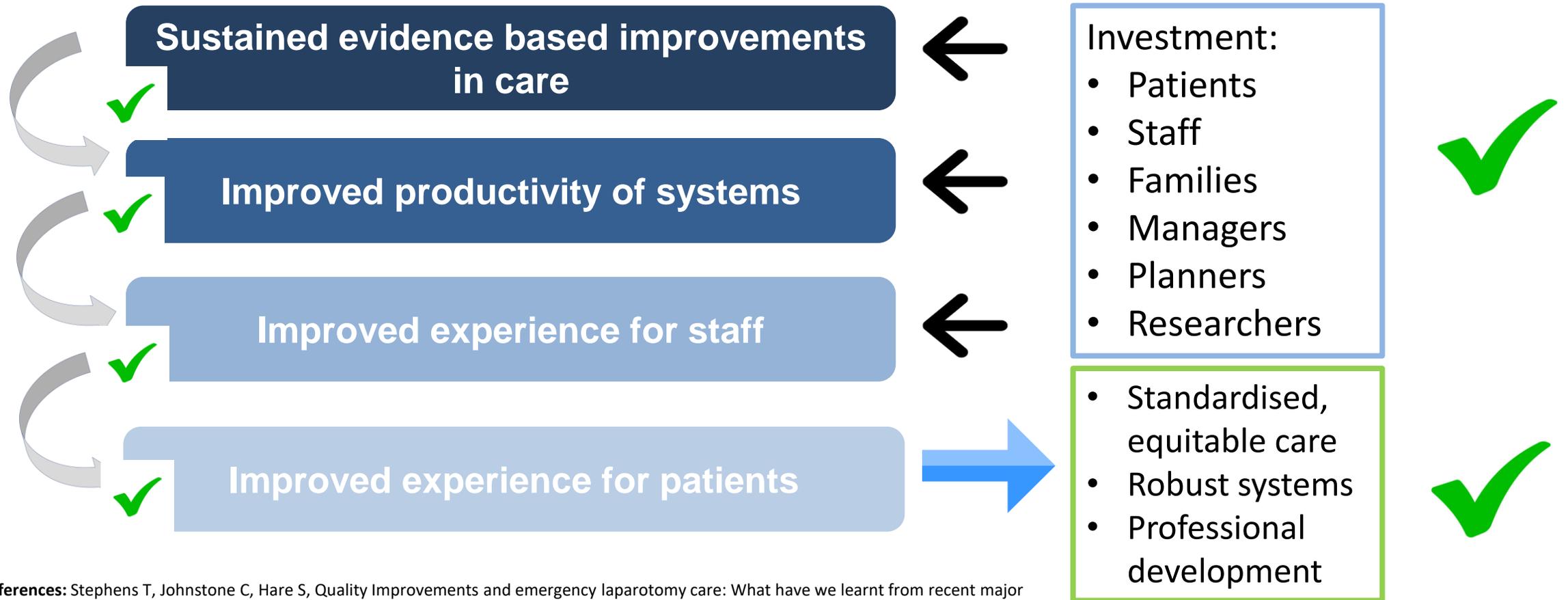


High Quality Care to improve health outcomes

References:

- The Health Foundation Effective networks for improvement, Learning report March 2014
- De Silva D 2014, improvement collaboratives in healthcare [ImprovementCollaborativesInHealthcare.pdf](#)
- The Health Foundation: Key enabling factors in effective and sustainable research networks
- Catalysing networks for Social change, A funders guide, Diana Scarce. The Monitor institute

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Aims of the DrEaMing Collaborative and future steps

What we will do for you:

- Provide a national (and then support a regional) framework for collaborative learning
- Establish a series of structured activities: Learning events, action periods, ideas sharing, feedback, further learning events

What you need to do locally:

- Establish engaged multi-professional teams to support local improvement
- Look at your data! Who is collecting it for the CQUIN? Where are the data held? How can you use it for QI (check out the run chart and SPC chart templates on the PQIP website: <https://pqip.org.uk/pages/improvementtools>)

References:

- De Silva D 2014, improvement collaboratives in healthcare [ImprovementCollaborativesInHealthcare.pdf](#)
- The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper.
- Boston: Institute for Healthcare Improvement; 2003.