Quality Improvement
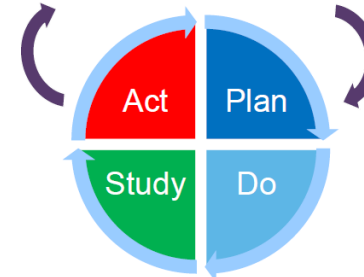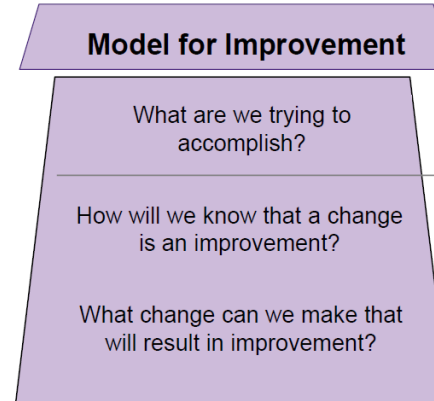
JOHANNE WHITE

Model for Improvement

Understand the challenges
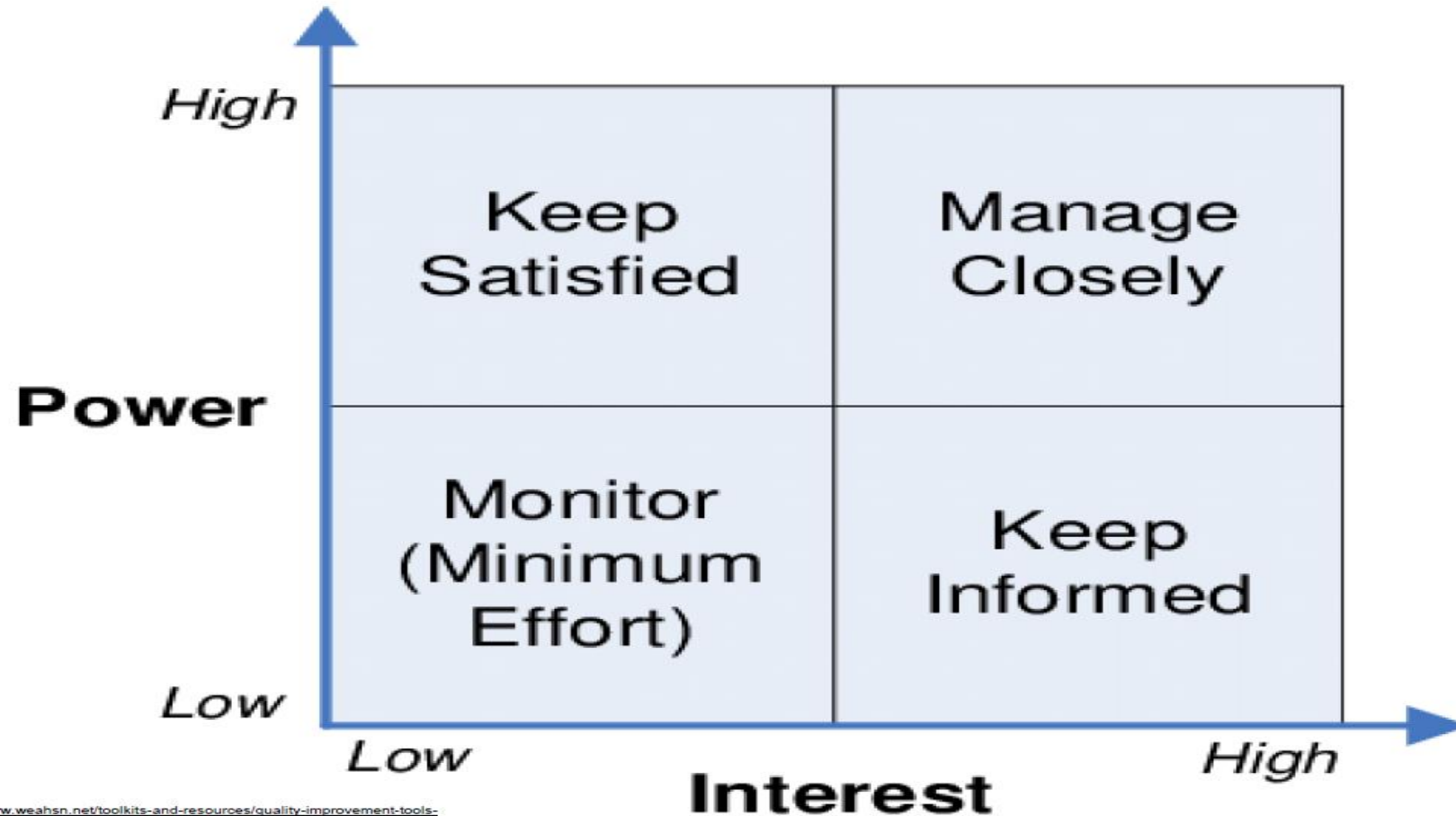
: Delivery

: Sustainability

: Competing priorities

: Environmental factors

: Colleague engagement

Stakeholders

▶ Who are they ?

▶ What do they need to know ?

▶ Do we understand them ?

▶ What is their view ?

Power and Interest Model

|	Low impact/stake holding	High impact/stake holding
High power	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** Key stakeholders who should be fully engaged through full communication and consultation.
Low power	**Monitor** This group may be ignored if time and resources are stretched.	**Inform** Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.

Stakeholder involvement
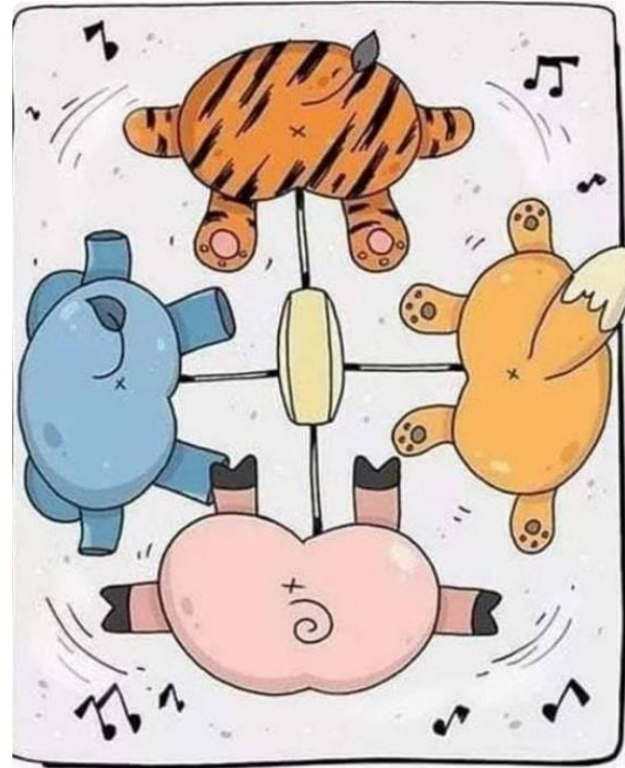
Understanding stakeholders, we can avoid this
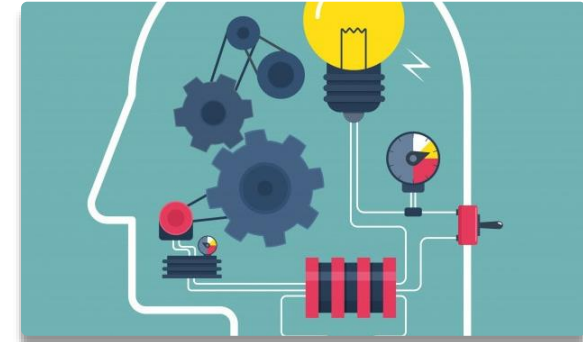
Creating a change idea

Green housing

Use Sun and Rain models
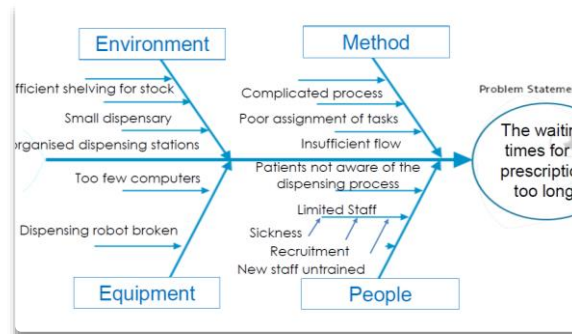
Fishbone analysis

Use for root cause analysis

TRIZ

Theory of inventive problem solving
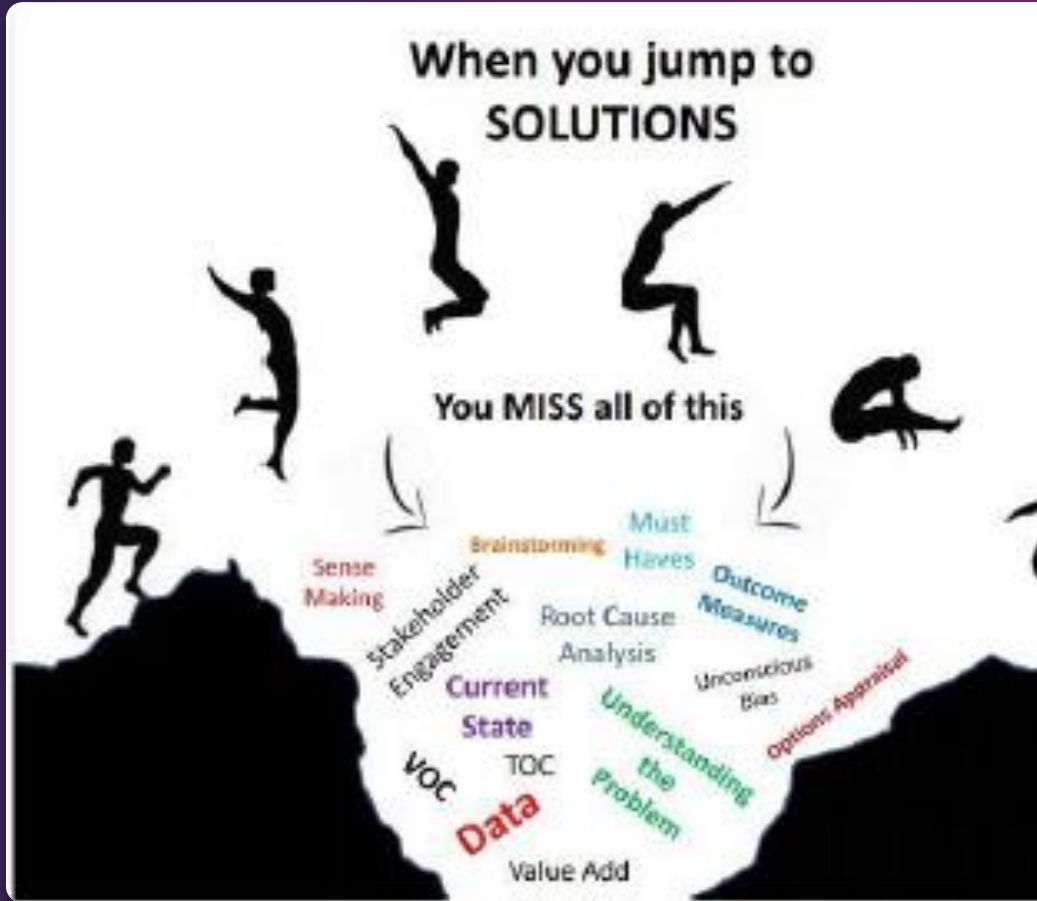
Planning a change programme

Is your aim SMART?

✔ **SPECIFIC** – have you been specific about what you want to improve?

✔ **MEASUREABLE** – have you included a numerical target?

✔ **ACHIEVABLE** – is it achievable?

✔ **RELEVANT** – does it relate to patient outcomes? can you link it to the strategic aims of your organisation?

✔ **TIME-BOUND** – have you included a timeframe for the project?

Is it SMART ?

Key terms	Are key terms defined clearly?
Scope	What is the scope of the improvement? Which patients, services, locations etc. are included or excluded?
Time Scales	How good, by when? When is the improvement intended to happen by? What is the scale of improvement ?
Constraints	What are the constraints on how the improvement is undertaken? What don't you want to accidentally make worse?
Measurement	How will the improvement be measured?
No Solution	Does the aim include the solution? (It shouldn't!)

Define your improvement

Tools to translate the aim

DRIVER DIAGRAMS

Aim

Key Factors to influence (Primary Drivers)

Ideas/activities to act on key factors (Secondary Drivers)
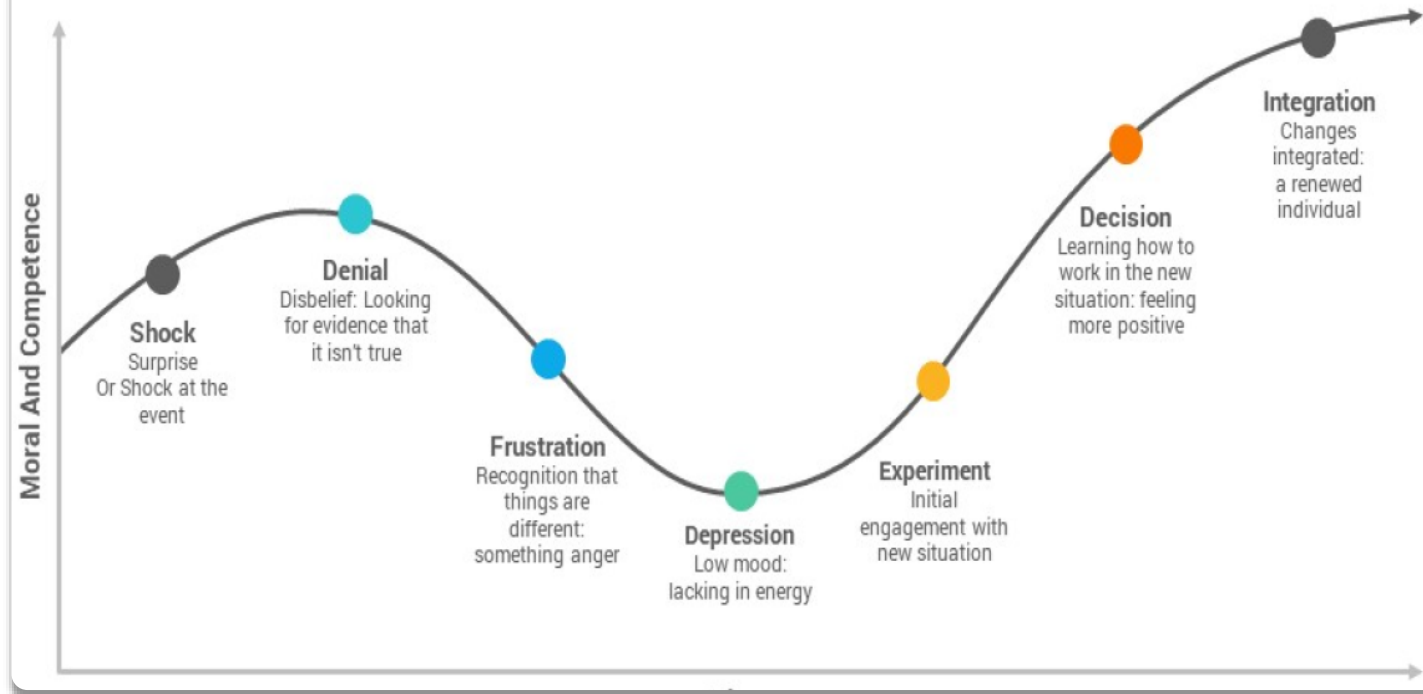
- Jam Boards
- Driver Diagrams
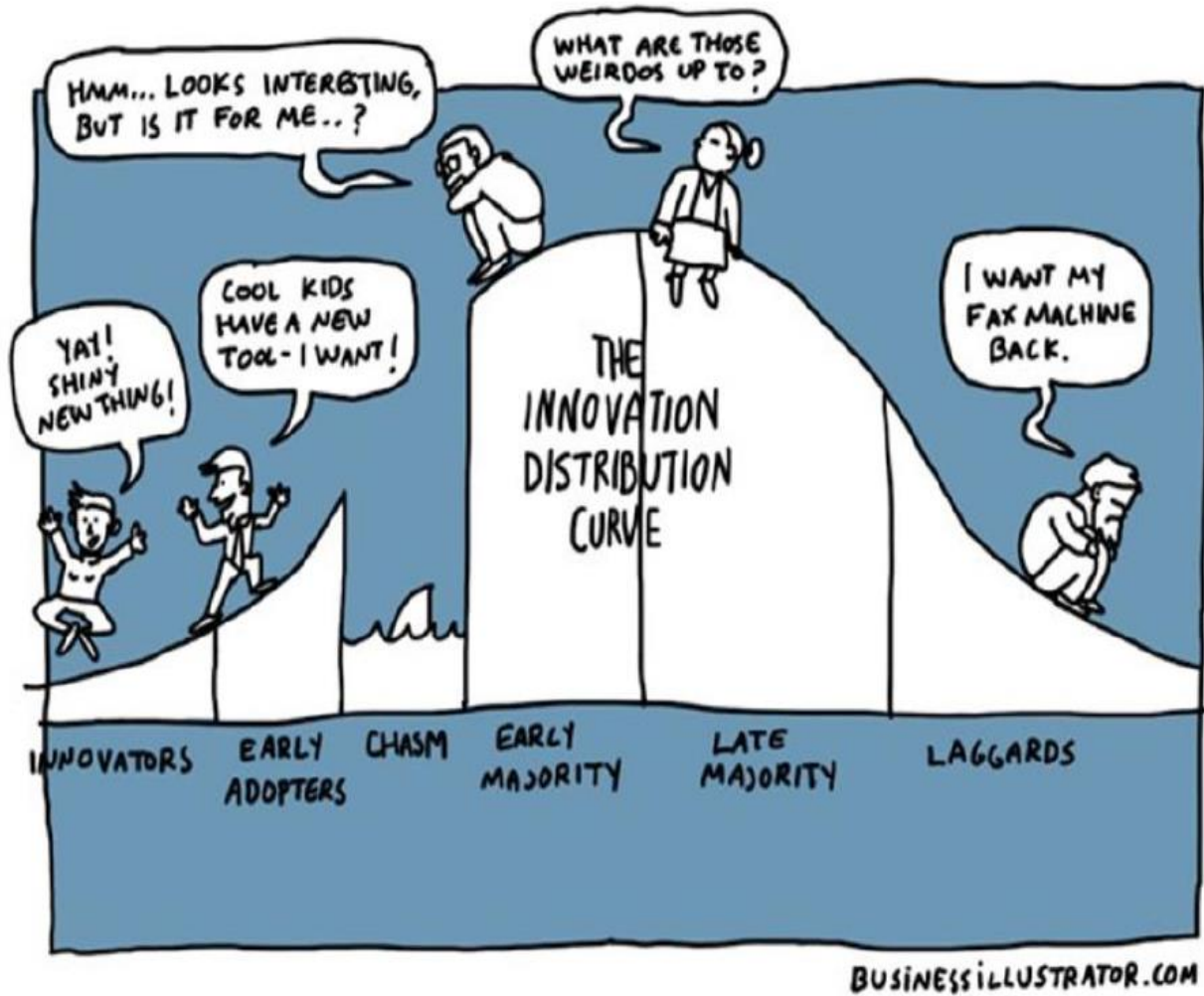
Behaviour change

Change curve

- Create alignment
- Maximize communication
- Spark motivation
- Develop capability
- Share knowledge

Kübler-Ross Change Model Curve Template

Emotional Response to Change

Moral And Competence (y-axis)

Shock
Surprise
Or Shock at the
event

Denial
Disbelief: Looking
for evidence that
it isn't true

Frustration
Recognition that
things are
different:
something anger

Depression
Low mood:
lacking in energy

Experiment
Initial
engagement with
new situation

Decision
Learning how to
work in the new
situation: feeling
more positive

Integration
Changes
integrated:
a renewed
individual

Evaluation

"Evaluation is a systematic assessment of the design, implementation and outcomes of an Intervention" *Magenta Book, 2020*

Evaluation is "a process undertaken for purposes of improvement, decision making, enlightenment, persuasion"

Shadish W, Cook T, Leviton L. Foundations of program evaluation. Sage Publications, 1990.

Attempts to measure relevance, efficiency and effectiveness. It measures whether and to what extent innovation's inputs and services are improving the quality of people's lives.

There has been a significant investment of time, money and/or resources

There is a possibility of risk or harm

The intervention represents a novel or innovative approach

The intervention is the subject of high political scrutiny or priority

There is a gap in services or knowledge about how to address a problem or provide effective services for a particular population

Evaluation

Benefits of evaluation

A way of learning what works, why and how   …and why things don't work

Leads to change and improvement

Enhances quality – safety, effectiveness and experience

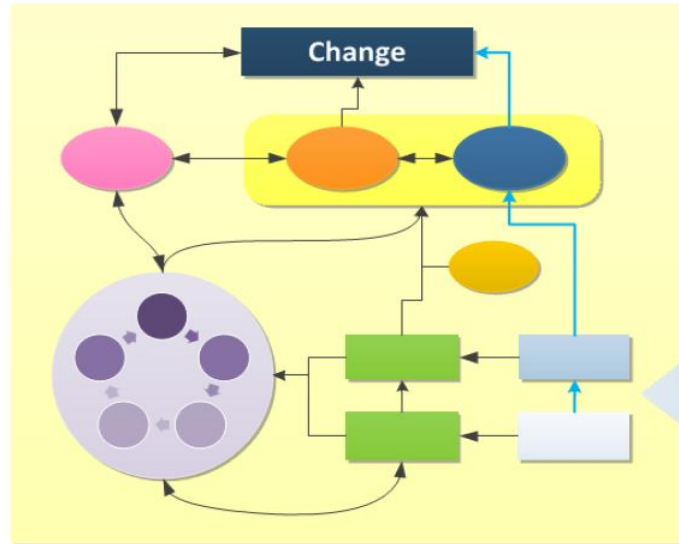Shows accountability and organisational learning

Contributes to the evidence base

Tools for evaluation

▶ Theory of change model

▶ Logical framework
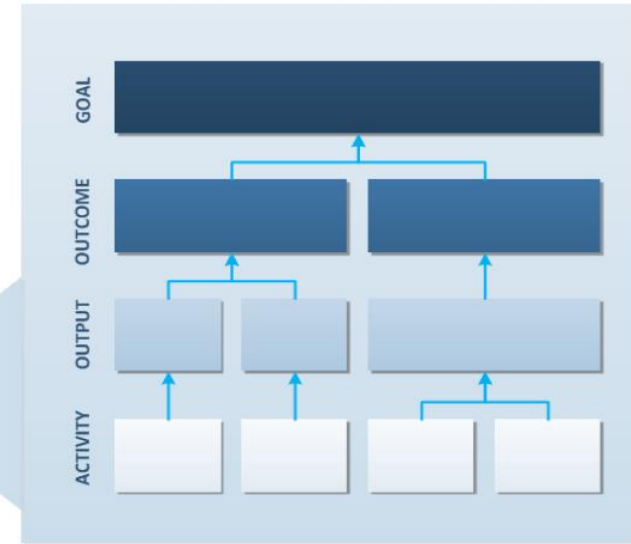

Theory of Change
Shows the big picture with all possible pathways – messy and complex

Logical Framework
Shows just the pathway that your program deals with – neat and tidy

Change

GOAL

OUTCOME

OUTPUT

ACTIVITY

Using ToC or Logic

Helps to focus evaluation questions – what are the critical paths?

Identify your evaluation questions – what do you need to know?

Identify what, when and how

Evaluation approach

- **Audit** – the collection of anonymised data to measure against an existing standard
- **Research** – to create new knowledge (generalizable to wider populations).
- **Key performance indicator** (KPI) data that forms part of routine monitoring
- **Service level agreement** / or contract monitoring data
- **Ad hoc data collection** to inform day to day practice delivery
- **Patient satisfaction / experience** questionnaires (that are not part of a formal evaluation)

Evaluation is not

Top tips

○ **Plan** your evaluation early with your key stakeholders

○ **Understand** the intervention and how it will lead to the desired outcomes

○ **Identify** the purpose of the evaluation

○ **Set** clear aims and objectives for your evaluation

○ Identify **proportionate** approach and consider mixed methods

○ **Share** your findings and act on them

MR. TOP TIPS
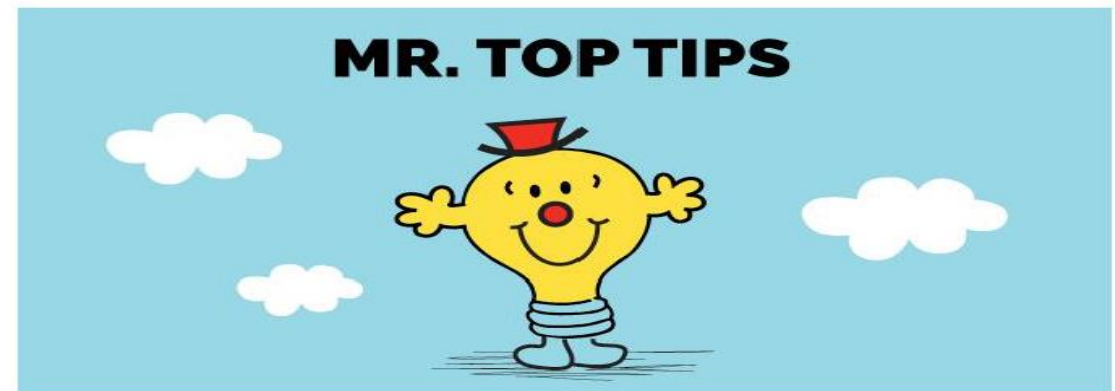
Project management

Advantages of project management

❑ improve your chances of achieving the desired result.

❑ gain a fresh perspective on your project, and how it fits with your business strategy.

❑ prioritise resources and ensure their efficient use.

❑ set the scope, schedule and budget accurately from the start.

Six pillars of project management

Plan

WE DO NOT WANT TO RUN AROUND LIKE THIS

Measuring the change

Types of measures

Outcome Measures

❑ Linked explicitly to the aim of the work (rate of…)

Process Measures
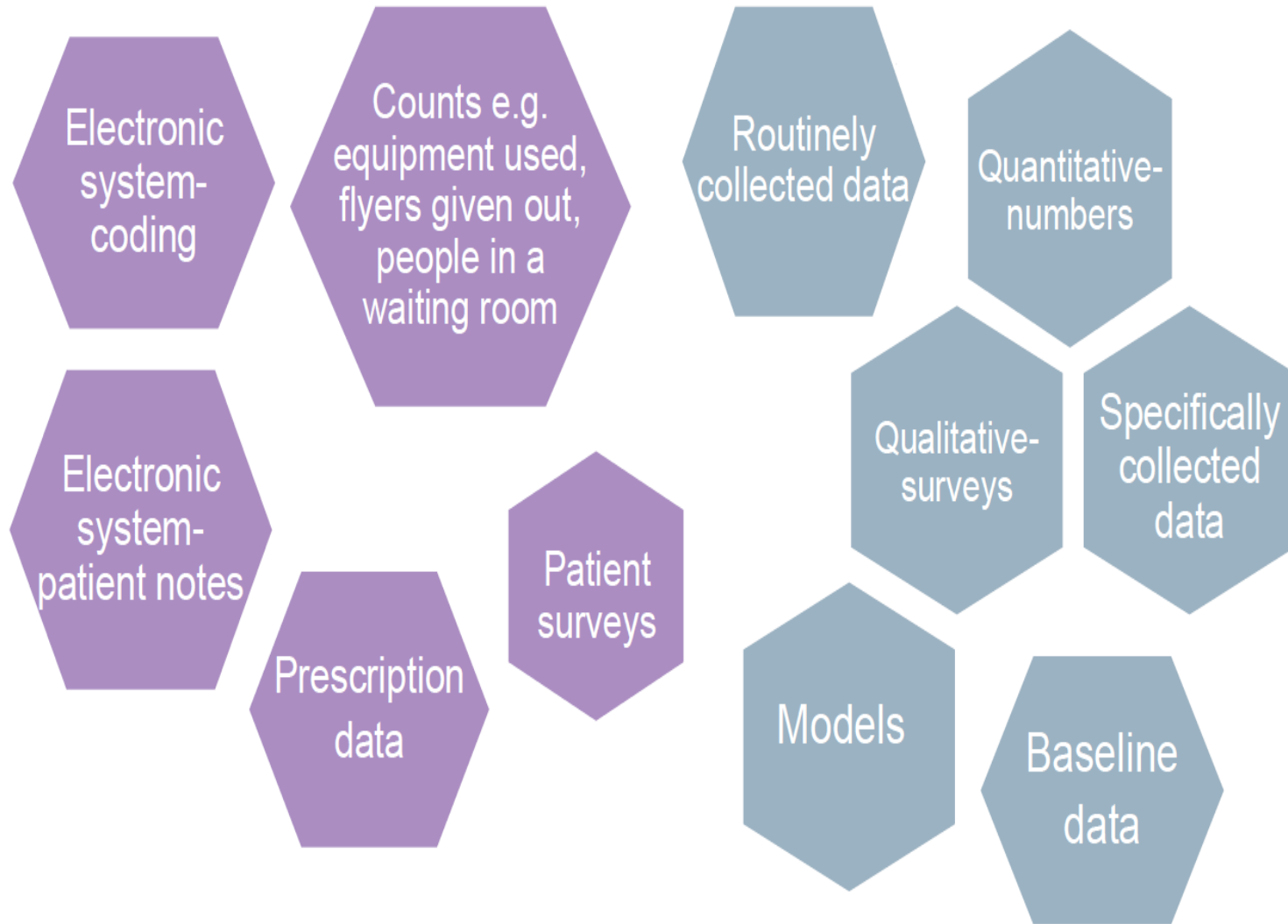
❑ Steps in the process that leads to our aim

Balancing Measures

❑ Unintended consequences of a change, good/bad

Sources and types of data

- Electronic system- coding
- Counts e.g. equipment used, flyers given out, people in a waiting room
- Electronic system- patient notes
- Prescription data
- Patient surveys
- Routinely collected data
- Quantitative- numbers
- Qualitative- surveys
- Specifically collected data
- Models
- Baseline data

Data collection

Data top tips

Top Tips:

1. Data for improvement projects needs to be collected **regularly.** Collect data **little and often** as opposed to a lot of data infrequently as we do for audits. Audits have a different purpose to QI projects.

1. It is important to understand **baseline/existing data** before improvement projects begin. This links into sources of data and thinking about how you know there is an issue that needs resolving.

Resources

https://wessexahsn.org.uk/projects/127/quality-improvement-hub-qihub

https://future.nhs.uk/system/login?nextURL=%2Fconnect%2Eti%2FWEAHSNevidence%2Fgrouphome

https://www.dropbox.com/s/8ervjo8cdmwcw1f/Dr%20Sarah%20Alderson%20-%20How%20practices%20reduced%20opioid%20prescribing.mp4?dl=0