Closing the loop – moving from data collection to change in practice

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NHSBT Education Session
29th April 2015

Who are HQIP?

Our vision: enabling those who commission, deliver and receive healthcare to measure and improve services

Our values: independent, working in partnership with patients and health professionals to improve practice

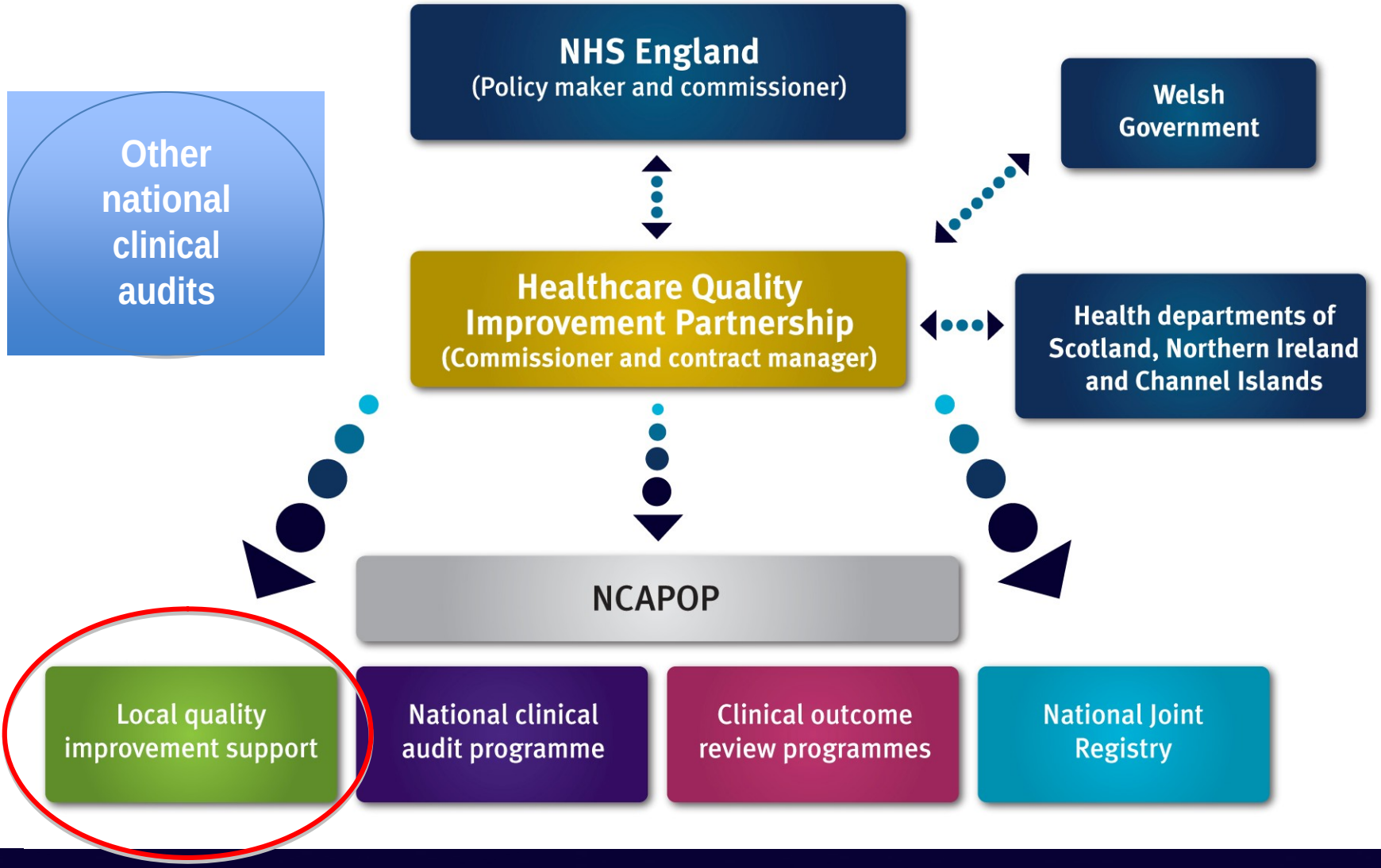
Our history: established in 2008, governed by the AoMRC, National Voices and RCN

ACADEMY OF MEDICAL ROYAL COLLEGES

National Voices
People shaping health and social care

Royal College of Nursing

About HQIP and NCAPOP



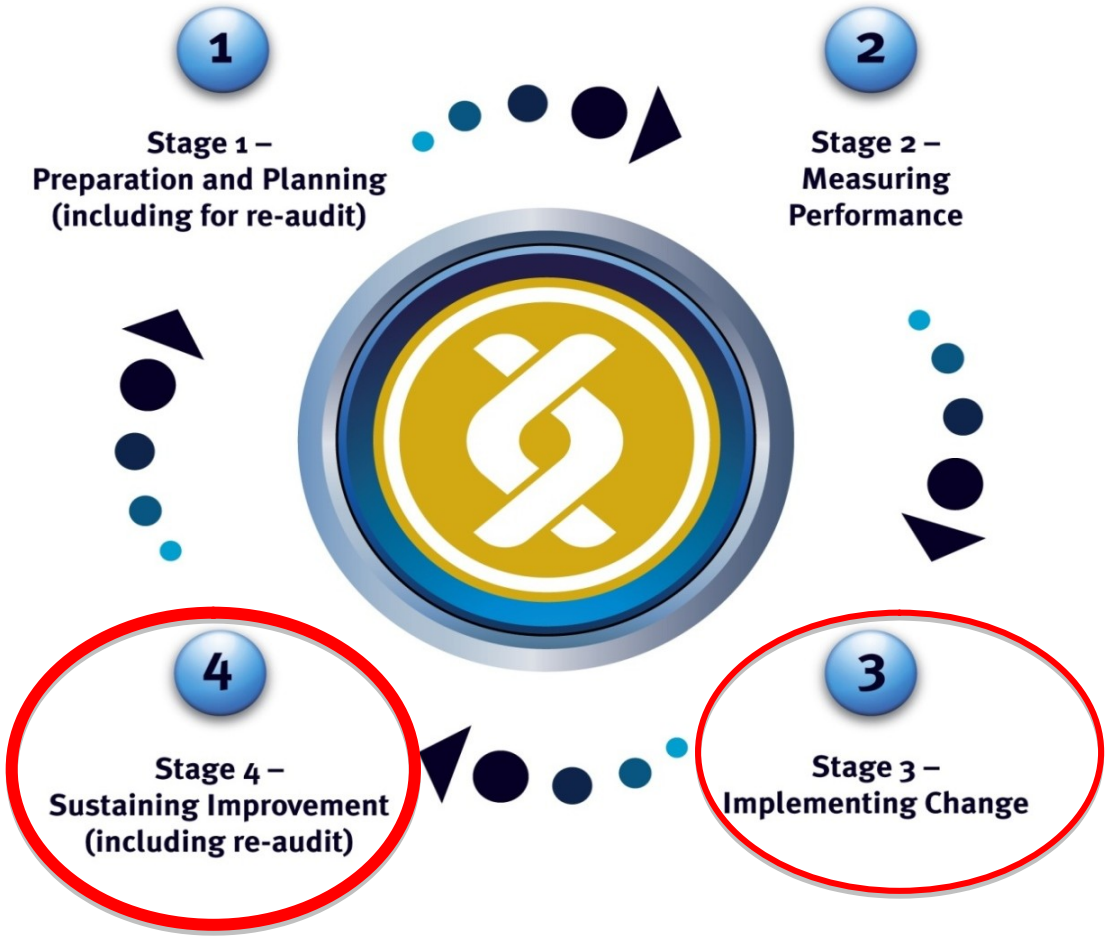
Successful clinical audit

- Clinical audit can deliver real improvements in the quality of services provided by the NHS.
- We have good examples from both national and local projects

Successful clinical audit

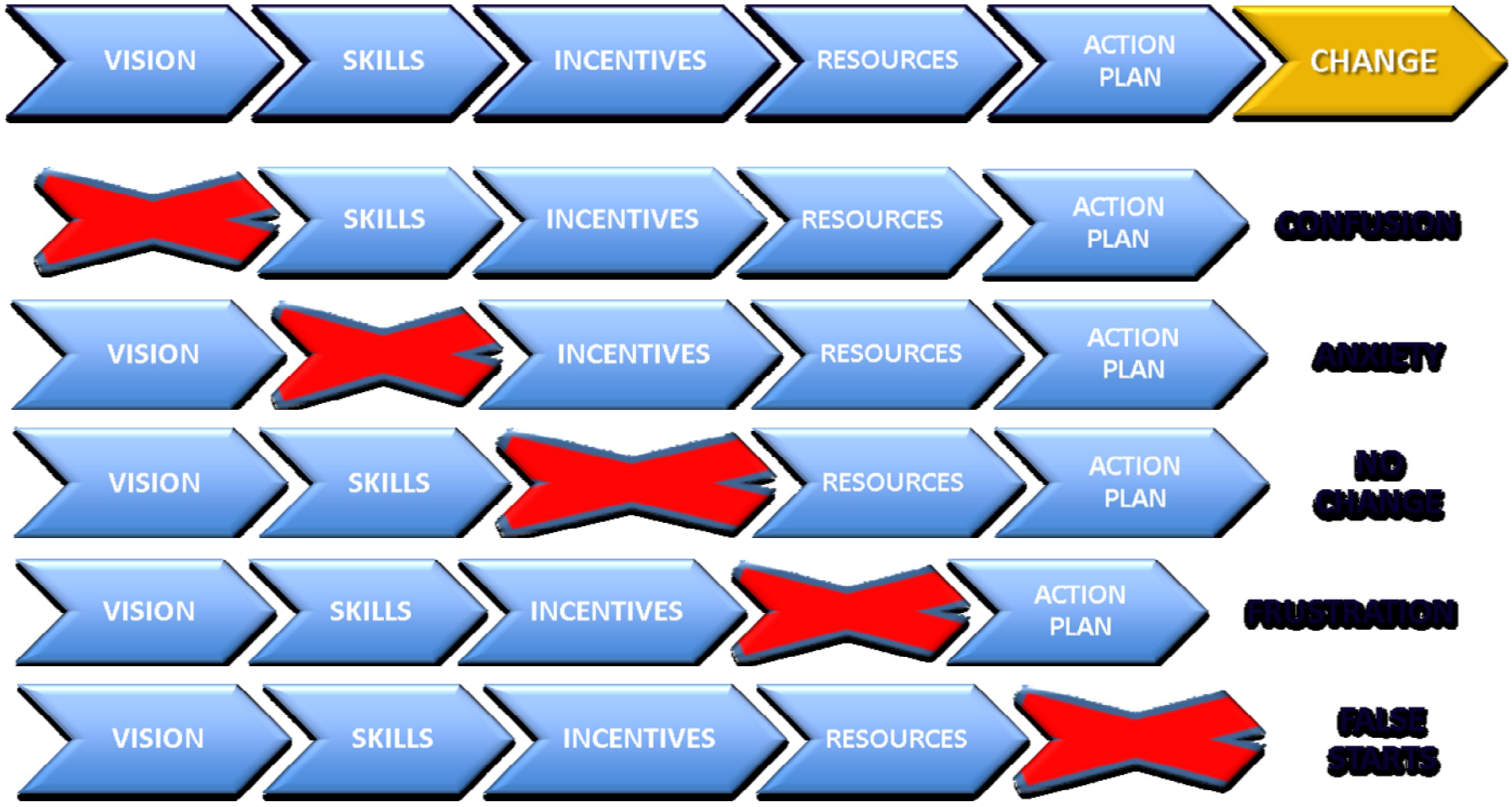
- Success depends on good practice:
  - Stakeholder engagement
  - Auditing against valid evidence-based standards
  - Designing an effective audit
  - Collecting good quality data
  - Completing the full audit cycle

The problem



Successful clinical audit means completing the audit cycle – but this doesn't always happen.

Achieving successful change requires . .



Promoting the vision

- The vision is care which complies with standards, because this delivers the best outcomes
- Do all the clinical team and stakeholders agree?
- Is the audit focussed on clinical priorities?
- Will the audit design provide convincing evidence for change?
- Does it aim at quality improvement?

Developing skills

- Do front line staff lack skills in clinical audit and managing change?
  - Access to audit facilitators and practical support
  - Do audit facilitators understand their role?
  - The importance of clinician leads
  - Support from senior management
  - Good audit governance – not bureaucracy

Developing skills

- Do front line staff have the skills to implement new working practices?
  - Identify the needs for training and support
  - Don’t train people to do what they already know how to do but can’t do for reasons other than lack of knowledge – i.e. lack of resources, faulty systems and processes.
  - Identify and address the underlying causes for lack of compliance.

Maximising incentives

- Incentives fall into two main categories:
  - Incentives for organisations – reputation, service development, evidence for commissioners, etc.
  - Incentives for healthcare professionals – the altruistic desire to improve care, and more personal issues such as revalidation and professional development.
  - What matters most to the group you are addressing?

Finding the resources

- Resources may include time, money, people and equipment
- Remember - clinically effective services are more cost effective
- Engage budget holders – use audit data to support planning, turn audit findings into a business case
- Engagement with commissioners

Planning for action

- Poor or inadequate action planning is worse than none at all
- Do you understand the fundamental reasons for the shortfalls identified by the audit?
- Are the actions SMART?
  - *Specific, Measurable, Assignable, Realistic* and *Time-related*
- Do the front line staff who will be implementing the actions actually believe they will be effective?

Acting on the plan

- Taking action is a process and the action plan documents and supports the process
- Monitor consequences and address barriers
- Go with the willing to build the evidence base for change
- Celebrate achievements and build on success
- Report, review and learn from failures

How can HQIP help?

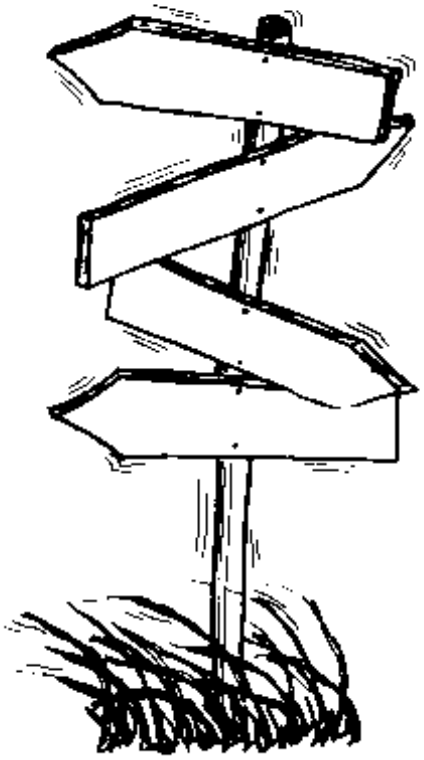
- The Berwick report: *'Give the people of the NHS career-long help to learn, master and apply modern methods for quality control, quality improvement and quality planning.'*
- We have a range of resources on our website:
  - Guidance and templates
  - Case studies and e-learning
  - News stories and e-bulletins
  - Workshops and events

NEW - Quality Improvement Methods

- Purpose: to signpost those working within, leading, commissioning and using healthcare services to a broad range of quality improvement methods.
- To introduce some of the most popular data driven quality improvement methods
- To describe when and how each method should be used, with case examples. The guide includes links to other sources of information and support

Facilitating Improvement

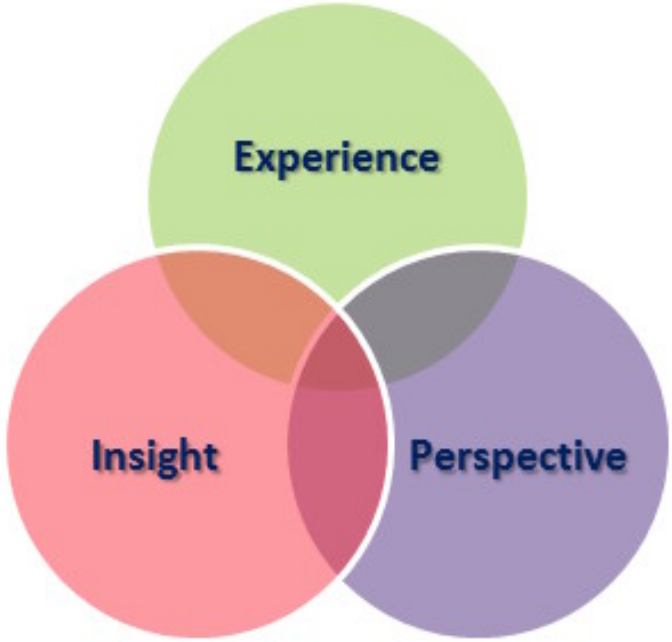
- The aim is not to provide a definite guide to other QI methods – we are not trying to be experts at everything
- Commissioned from DNV-GL, based on published research and developed with stakeholder consultation



Factors for success

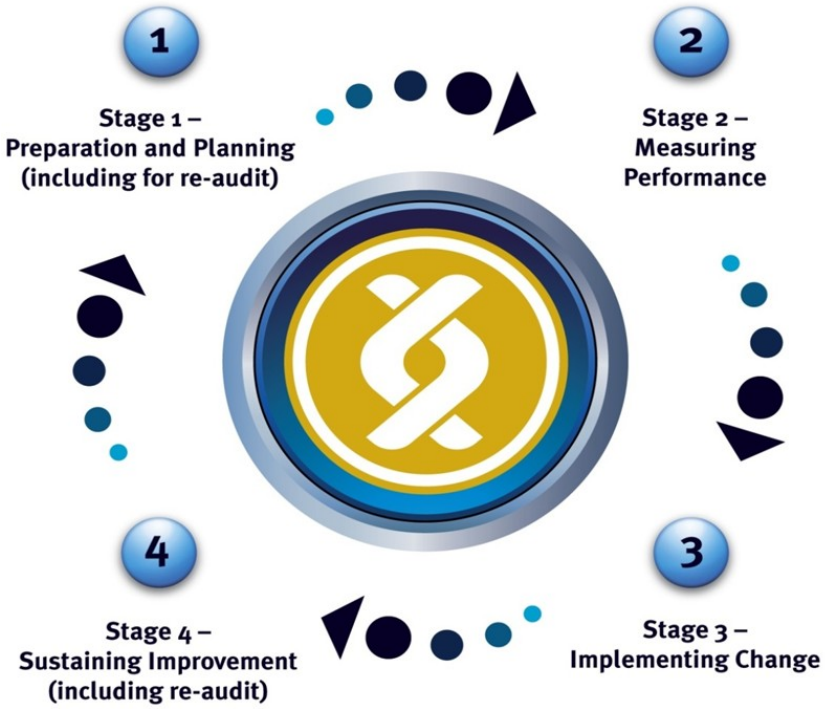
The guide highlights the importance of collaboration in successful QI

And the contribution that can be made by service users



1. Clinical audit

- Use to: Check clinical care meets defined quality standards and monitor improvements to address shortfalls identified.
- Most effective: For ensuring compliance with specific clinical standards.



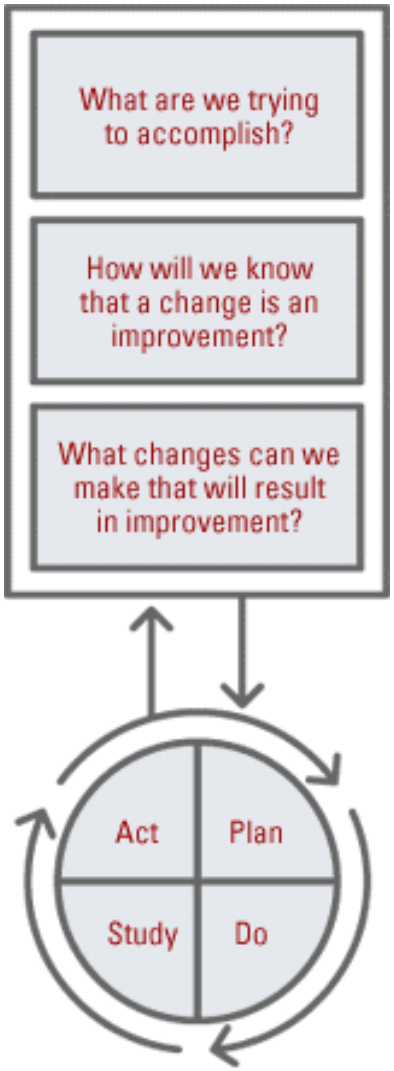
Size selection of anti-embolism stockings

- Dorset County Hospitals FT, Clinical Audit Awards 2013
- Aim: to improve patient safety and reduce expenditure by ensuring correct size stockings were fitted first time
- Standards from NICE and manufacturers literature
- Initial findings – 30% (15/50) patients in wrong size
- Interventions – local guidelines developed and implemented, worked with manufacturers to change packaging
- Second data collection showed improvement – only 2% (1/50) patient in wrong size stockings

2. The IHI Model for Improvement

- Use to: Decide upon measurable quality improvements and test and refine them on a small scale, prior to wholesale implementation.
- Most effective: When a procedure, process or system needs changing, or a new procedure, process or system is to be introduced.

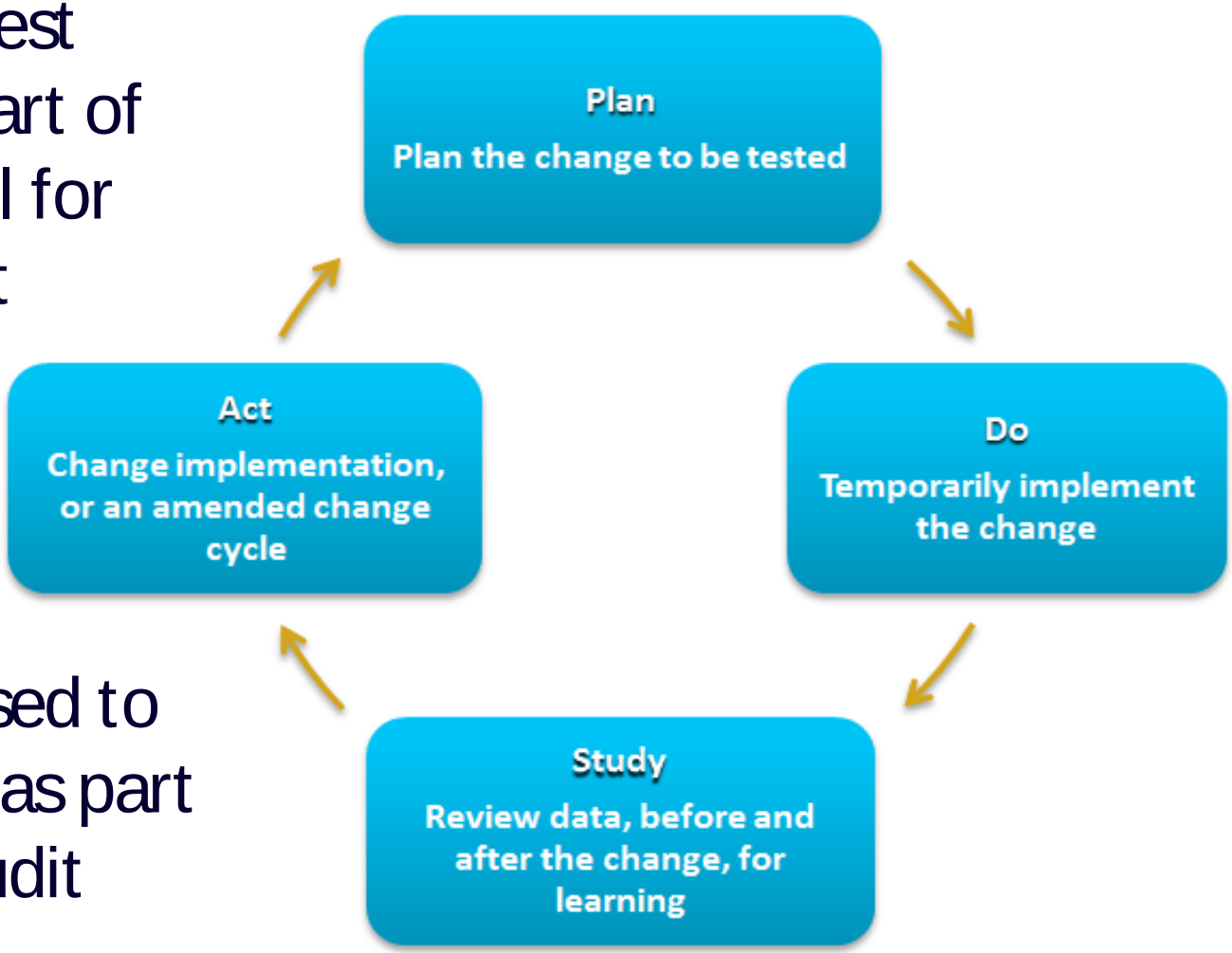
2. The IHI Model for Improvement



- The required quality improvements and specific group of patients that will be affected are defined.
- Time-specific, measurable improvement aims are set.
- For each change to be tested, specific quantitative measures are established to determine whether or not the changes lead to improvement.

2. The IHI model and PDSA cycles

Are used to test changes as part of the IHI Model for improvement



Or can be used to test actions as part of clinical audit

Improving the quality of shift handover

- A regular feature in audit competitions
- No standards, no guidelines, no local procedure . . . .
- Lots of different ideas about how it could / should be carried out or improved
- Develop a process on one or two wards
- Test it in a variety of settings. How do you measure success?
- Refine it by repeated PDSA cycles
- Roll it out across the trust, retesting and refining it as part of the process

In summary

- Choose the right QI method, and share the vision with all the key stakeholders
- Support staff in developing new skills
- Provide incentives that matter to your colleagues
- Work with stakeholders to identify the resources
- Plan for action and follow the plan through to successful change

And finally . . .

www.hqip.org.uk

Guidance, resources, e-bulletin, workshops

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