

Overview of Quality Improvement

Pqip QI collaborative

About the NHS Transformation Unit

The [NHS Transformation Unit](#) (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 [skilled professionals](#) 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.



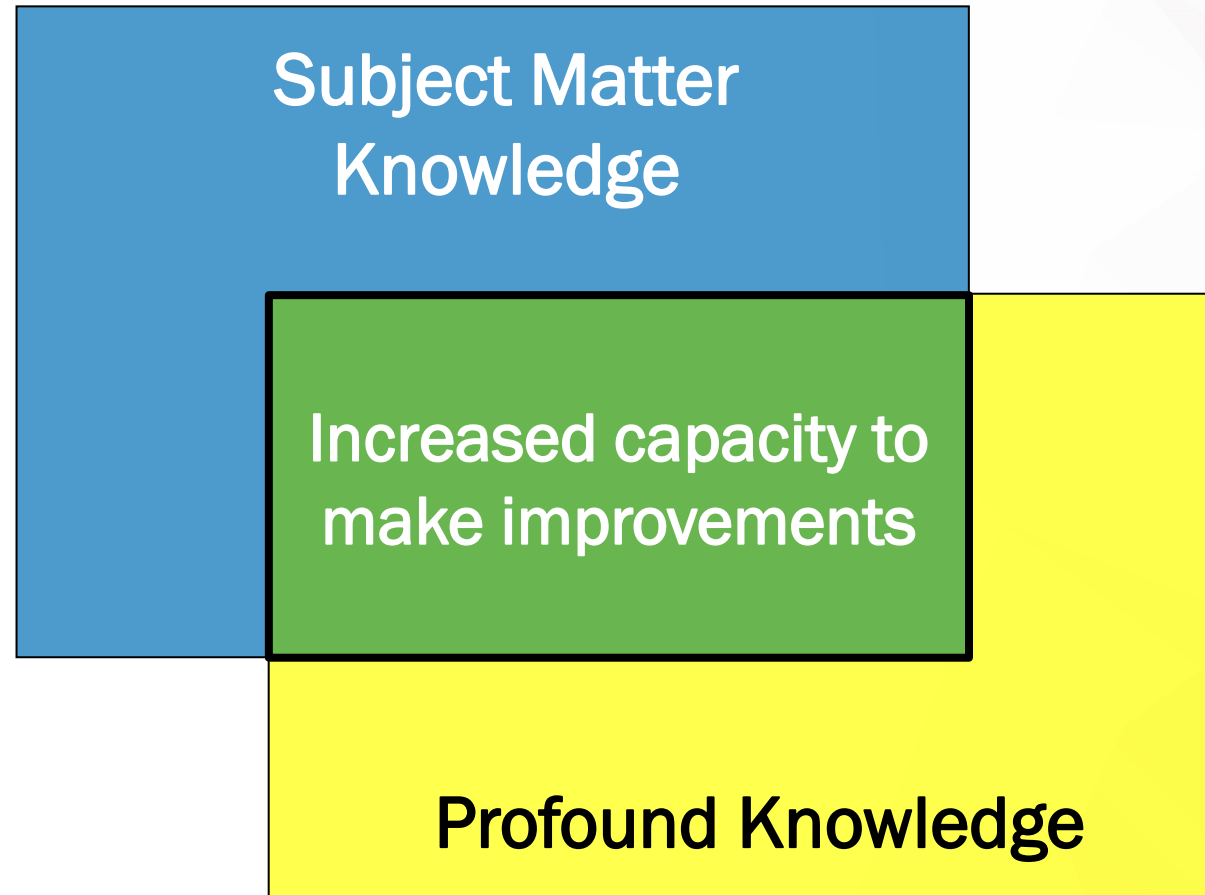
[@TU_NHS](#)



www.linkedin.com/company/transformationunit



System of 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

Psychology of change

Change requires a psychology process of transition

How do people respond to change?

Understanding Variation

Common or special causes

There is always variation

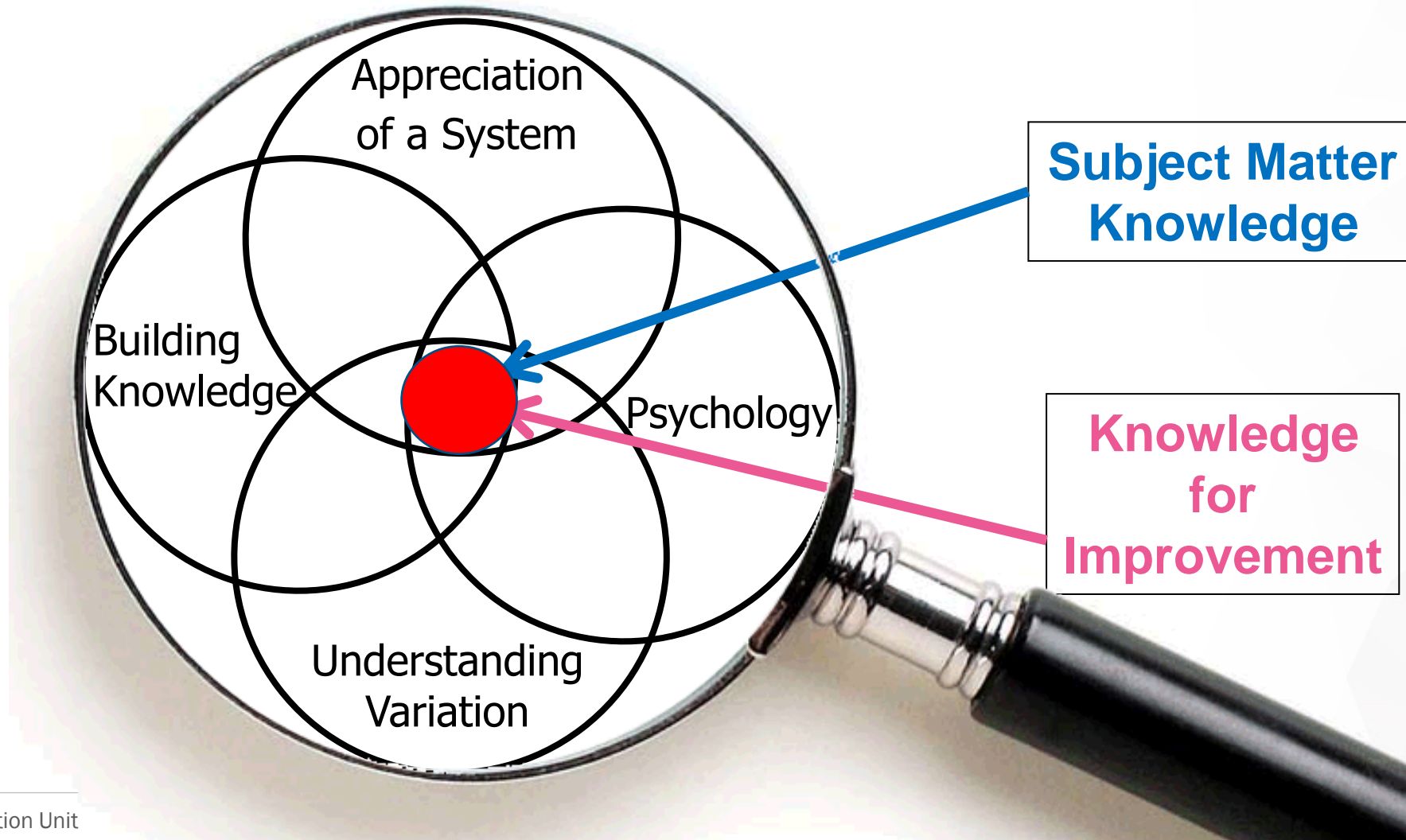
Theory of Knowledge

e.g. PDSA cycles for learning & improvement

Models and tools we can use

From Langley et al (2009)

System of profound knowledge



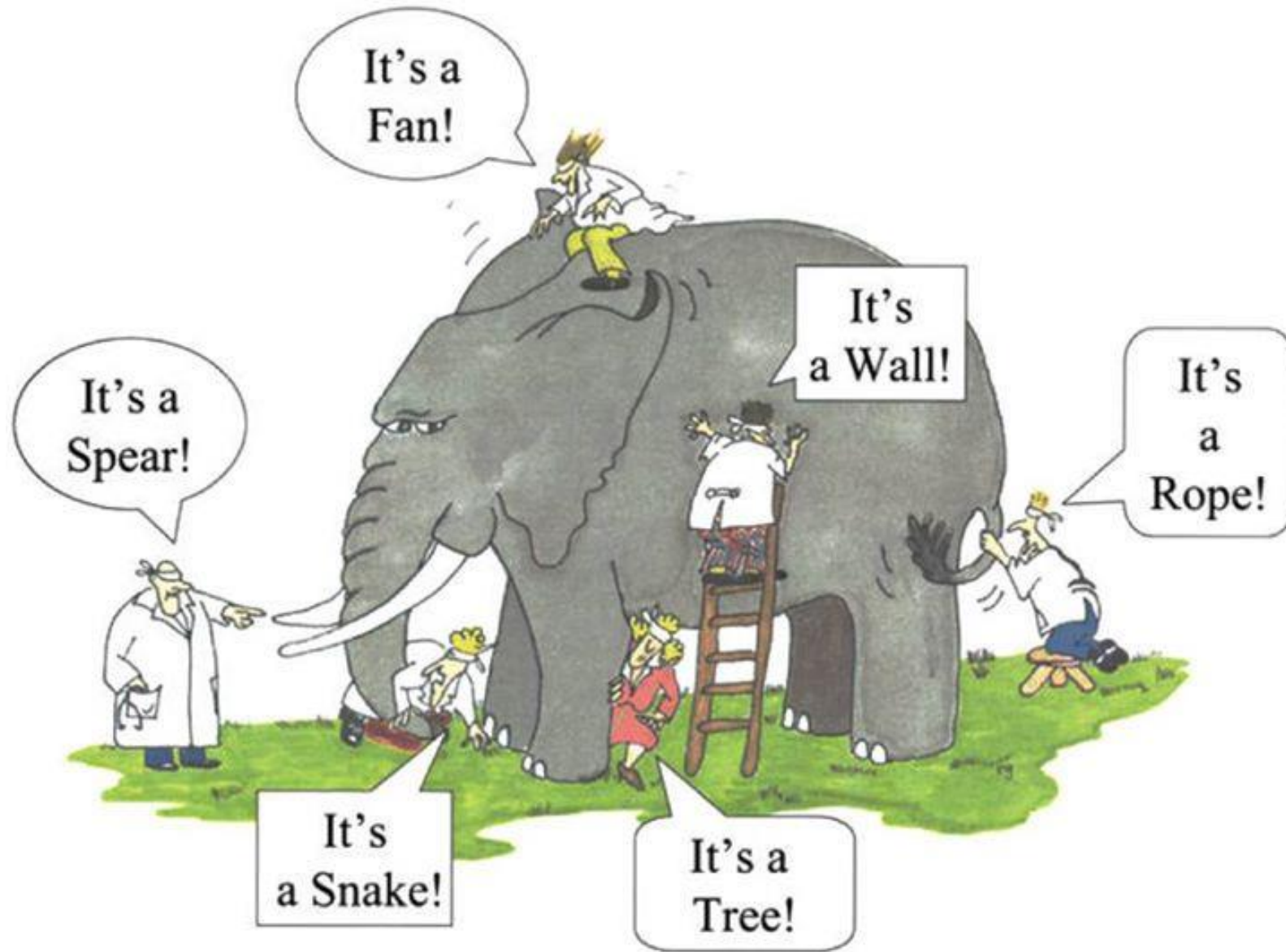
System of Profound Knowledge

Questions/ thoughts

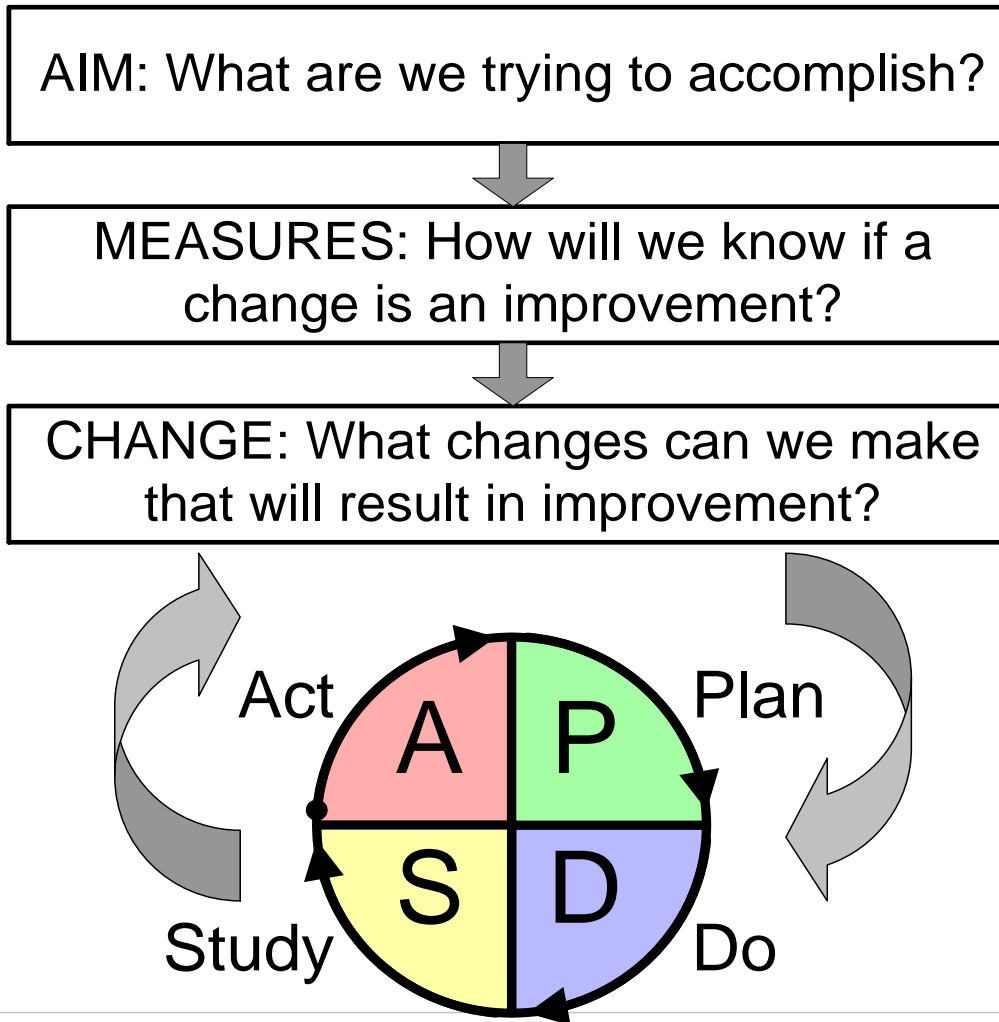
Did anything stand out for you?

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

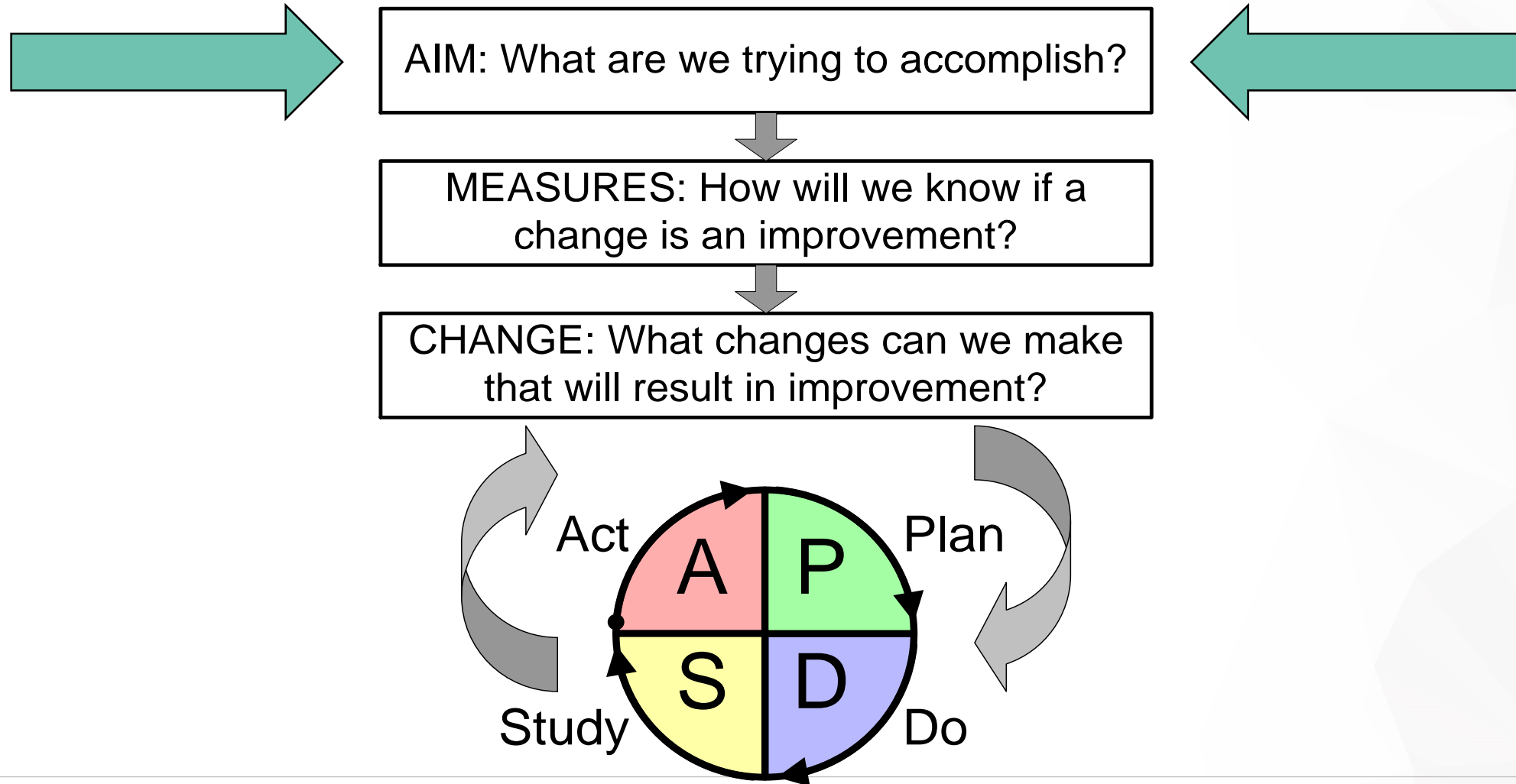
How can you see this applying to your improvement work?



Model for Improvement

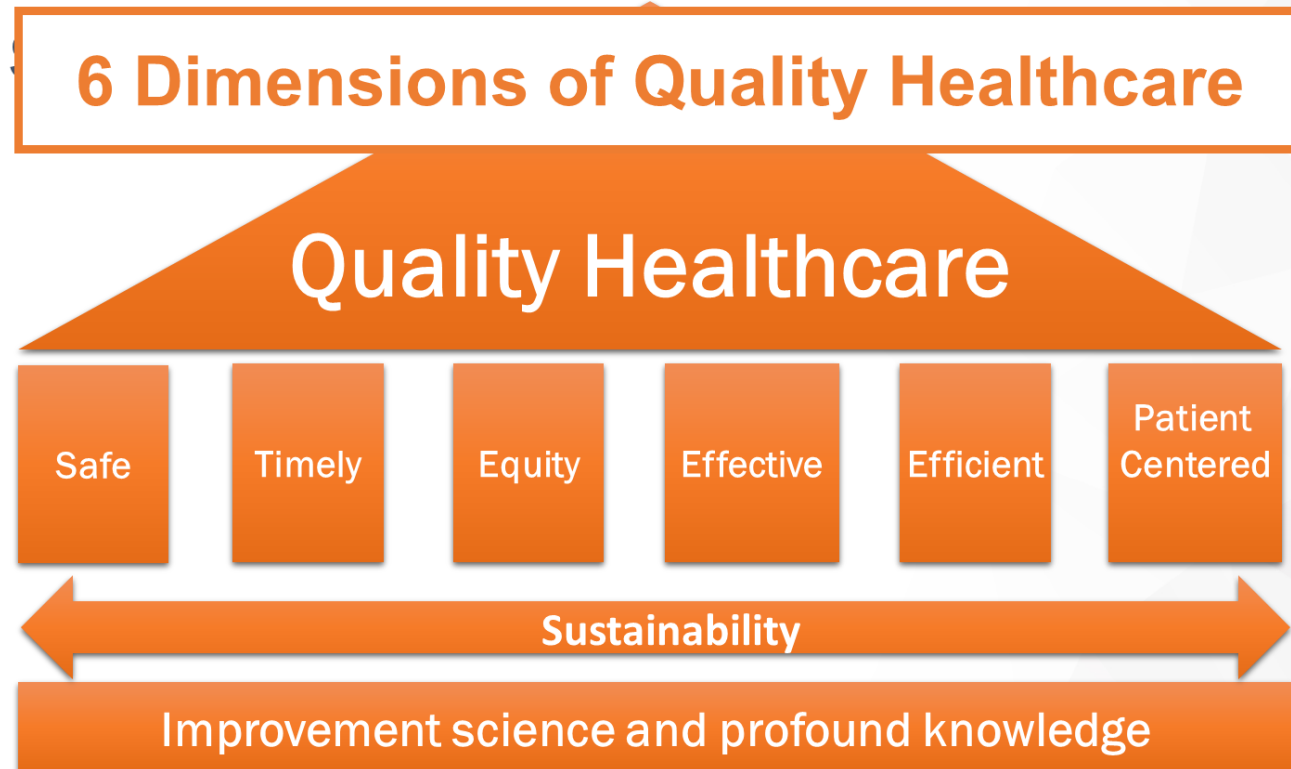


Model for Improvement



Setting your quality improvement aim

Safe
Timely
Effective
Efficient
Equitable
Patient Centred



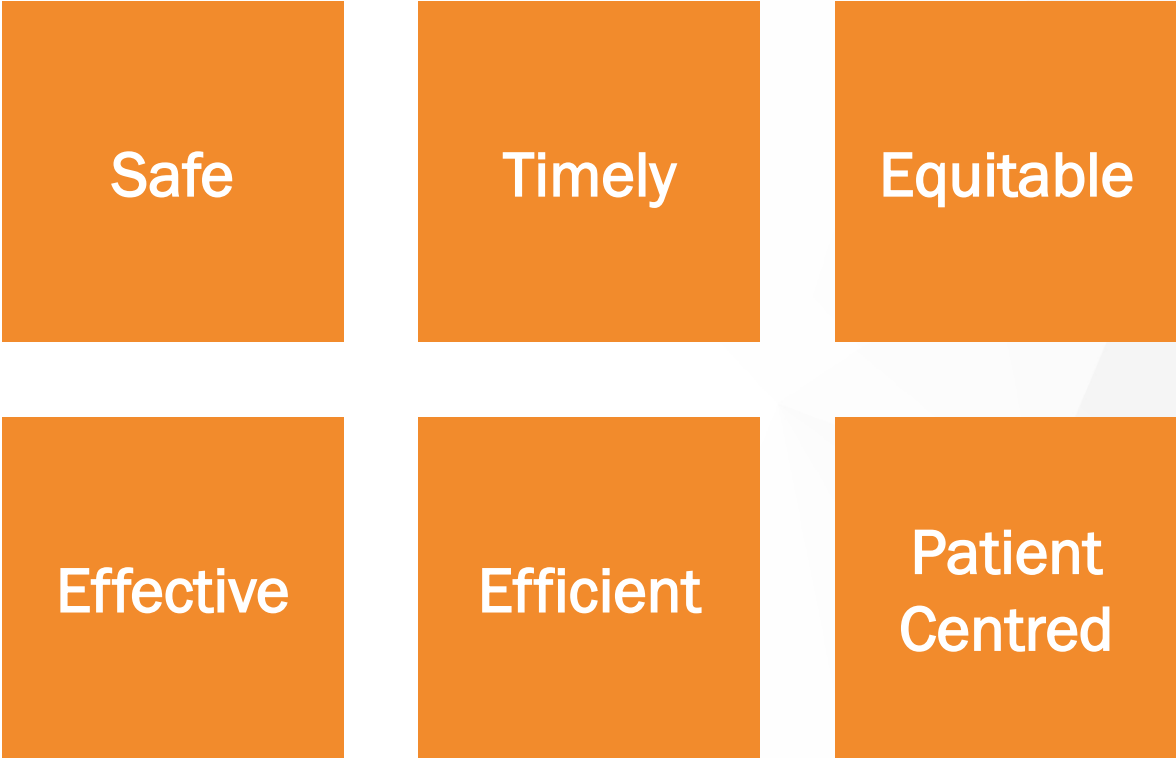
IOM (2001) Crossing the Quality Chasm, Sustainability was added: Future Hospital Commission (2013), Future Hospital: Caring for Medical Patients

Setting your quality aim

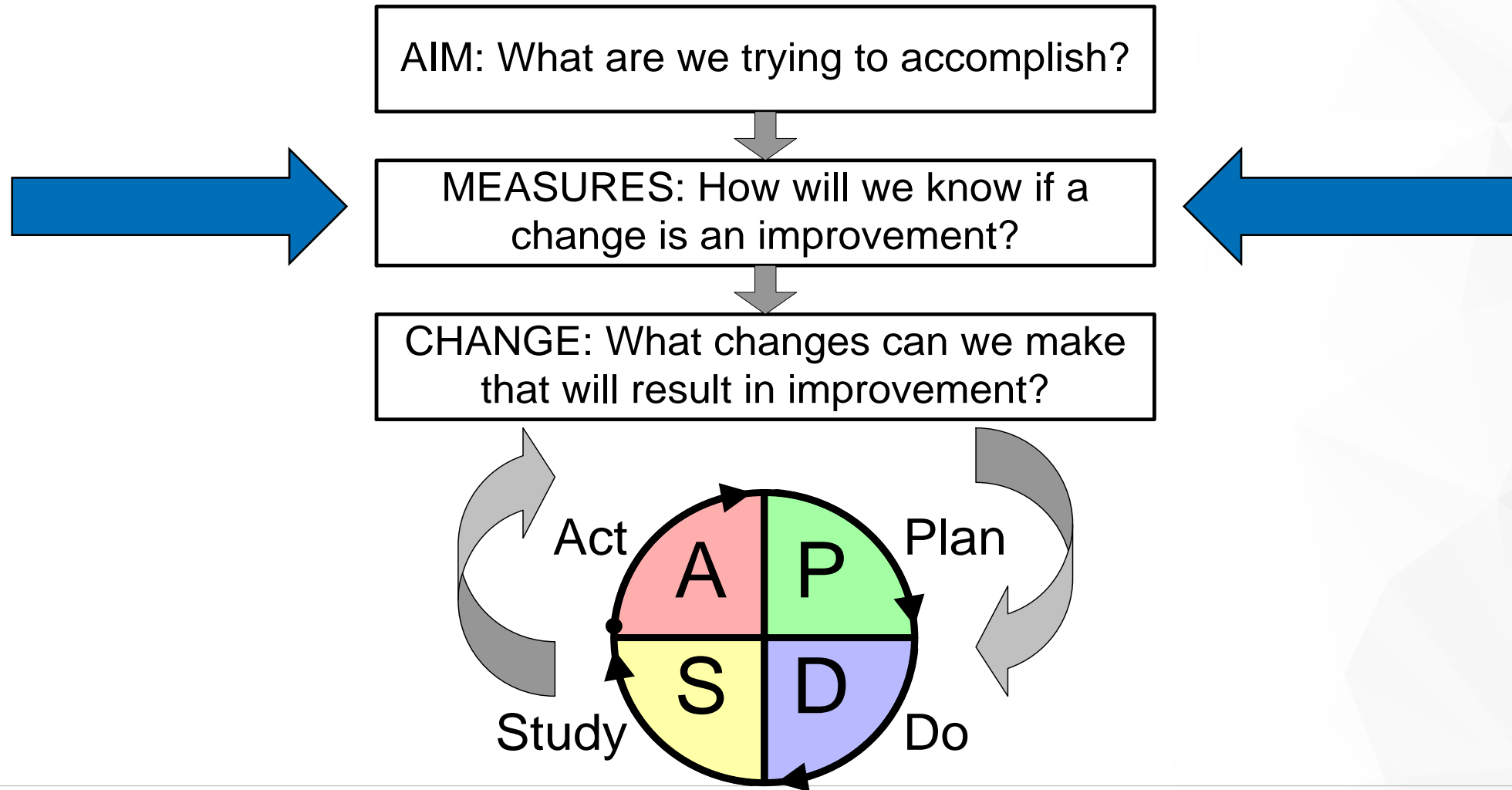
EXAMPLE
 To reliably implement DrEaMing across all surgical subspecialties in every trust participating in the collaborative by September 2024

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

100
 or
 0



Model for Improvement



The 3 reasons for measurement

Characteristic	Research	Judgement	Improvement
Aim	New knowledge	Achievement of target	Improvement of service
Testing Strategy	One large test	No tests	Sequential tests
Sample Size	“Just in case” data	Obtain 100% of available, relevant data	“Just enough” data, small sequential samples
Type of hypothesis	Fixed hypothesis	No hypothesis	Hypothesis flexible, changes as learning takes place
Variation (Bias)	Design to eliminate unwanted variation	Adjust measures to reduce variation	Accept consistent variation
Determining if a change is an improvement	Statistical tests (t-test, F-test, chi square), p values	No change focus	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?

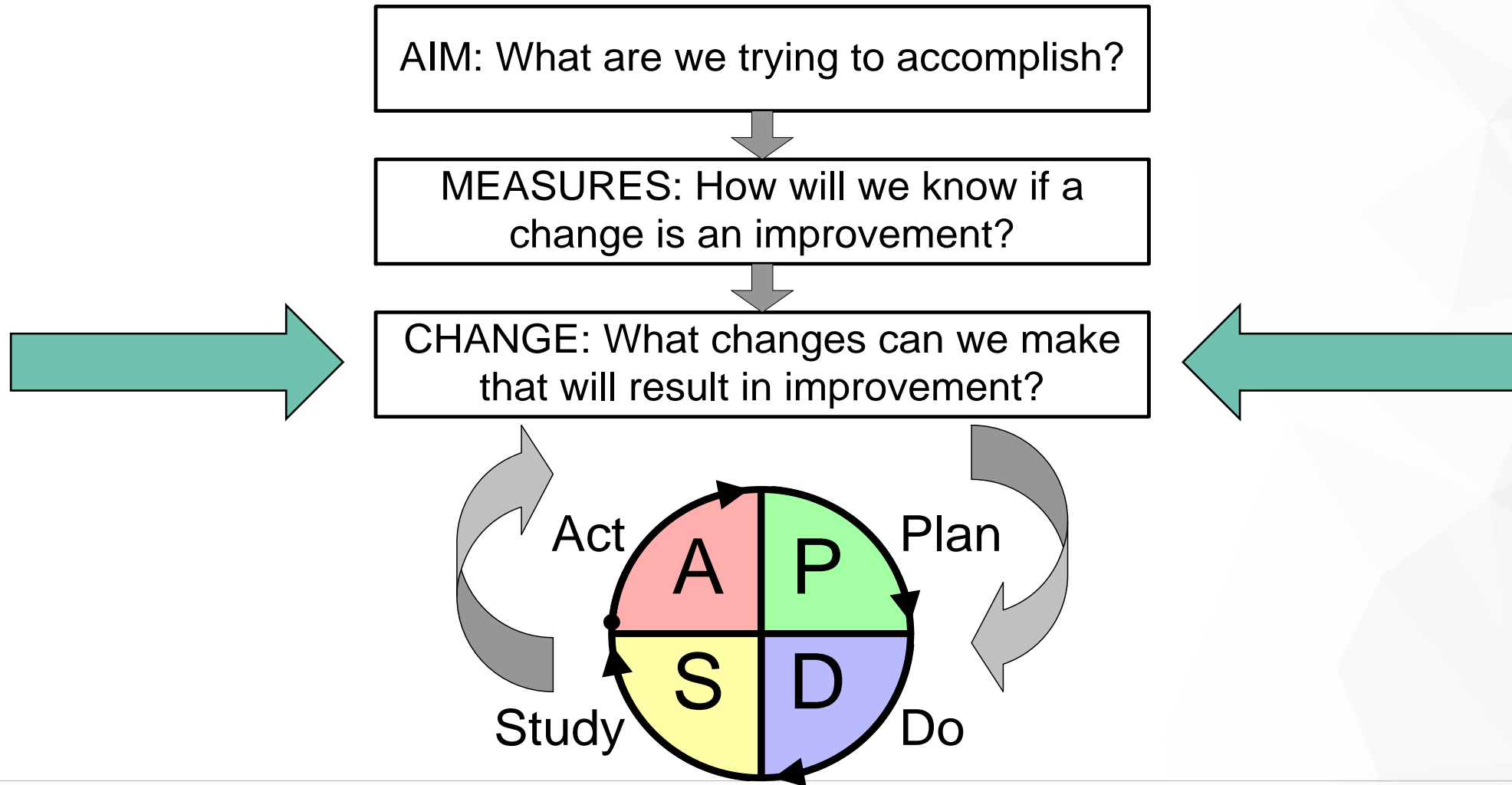
- **Process Measures**

- 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**

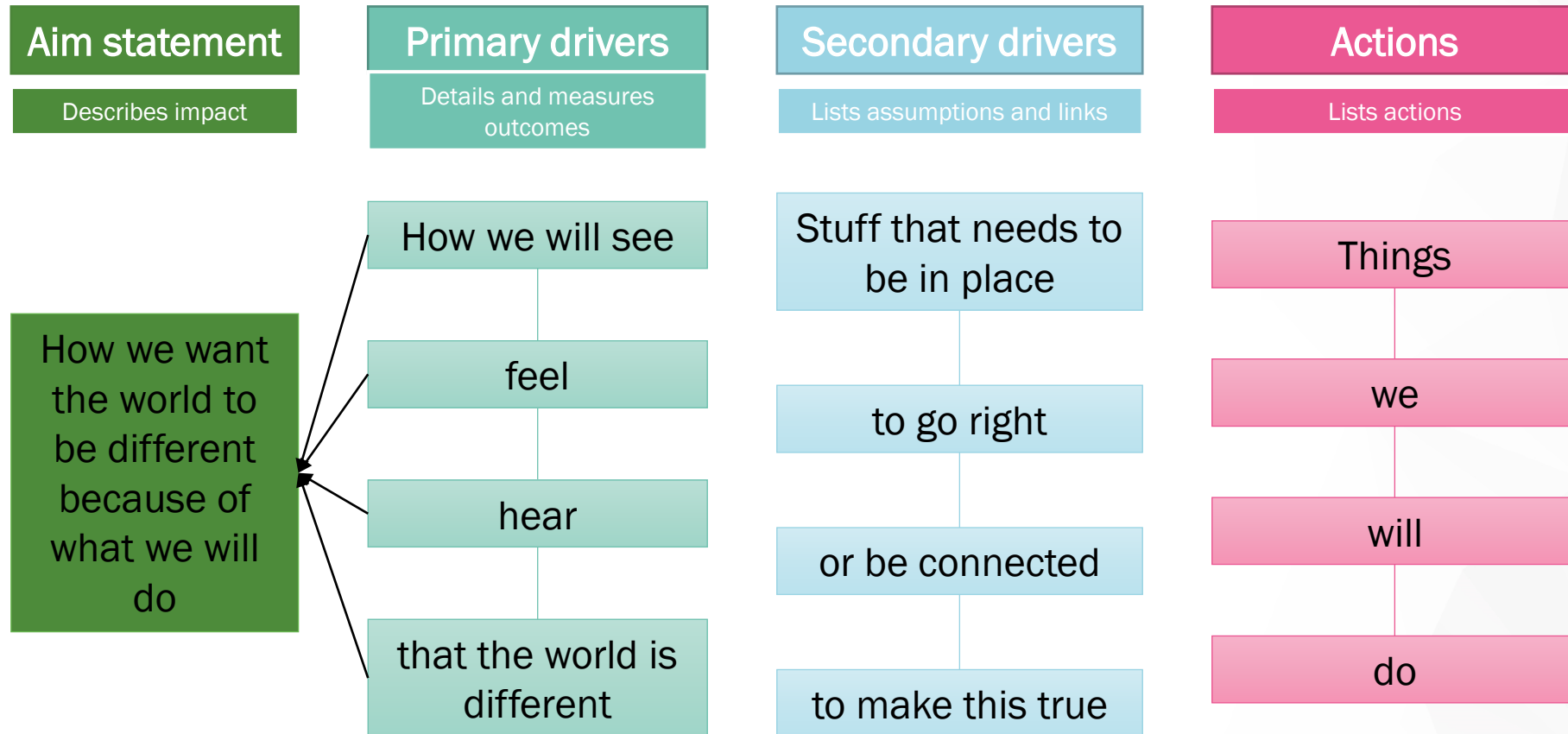
- *“First, do no harm!”*
- Help us ‘keep an eye on’ other aspects of the system as we focus on improving one part.

Model for Improvement



Driver diagrams

Or theory of change



Our aim is...

We need to ensure...

Which requires...

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

Reliable implementation of DrEaMing
Delivered for all patients every time

- Culture change; to promote DrEaMing in each surgical specialty.
- 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,
- Right patient, right place
- Data & measurement for improvement
- 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

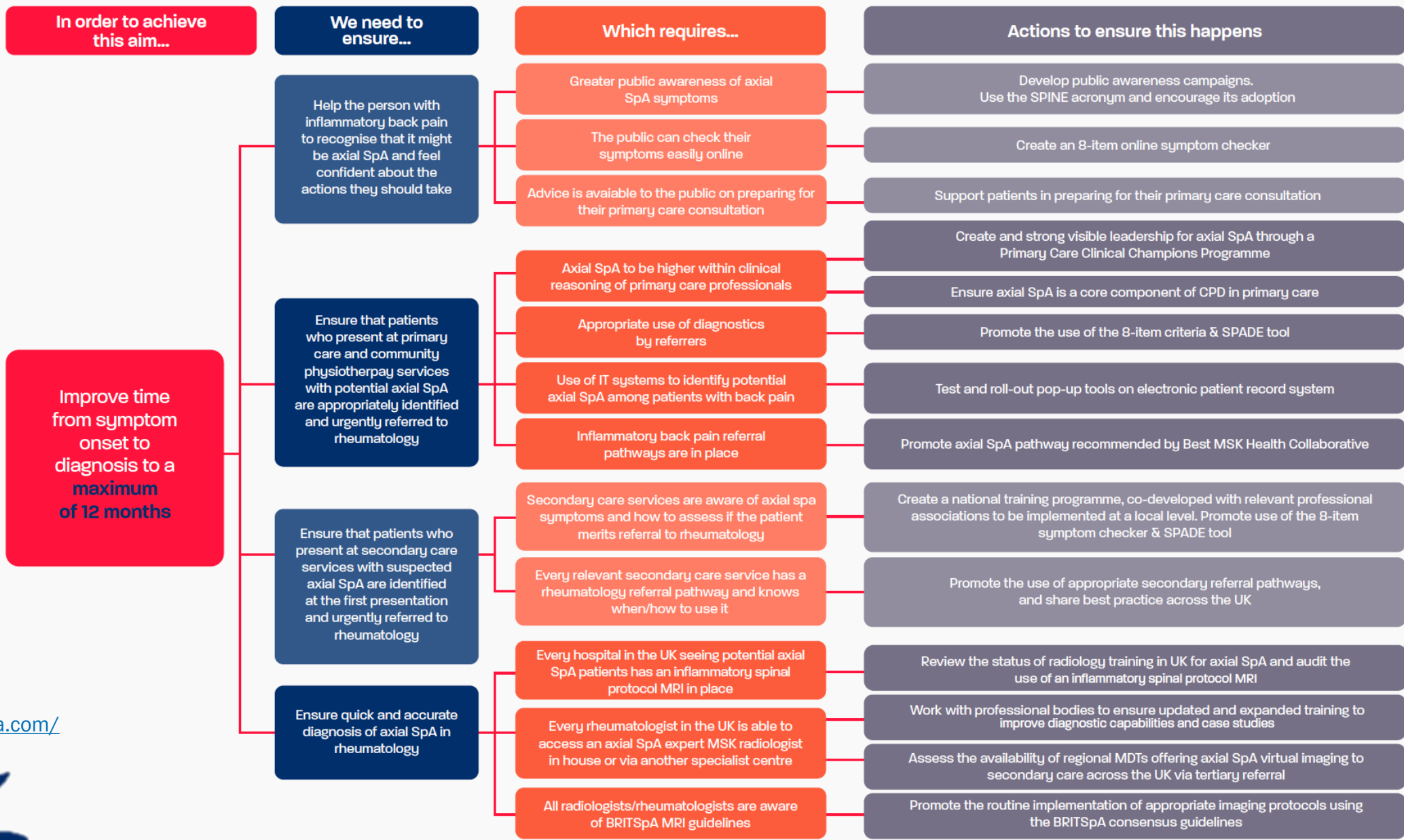
- Trusts to co-produce their implementation approach with patients and care partners.
- Patient & care partner perioperative education on DrEaMing and anticipated recovery experience.
- Enablement of patients to achieve DrEaMing and daily recovery expectations.
- Active involvement of patients in all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

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

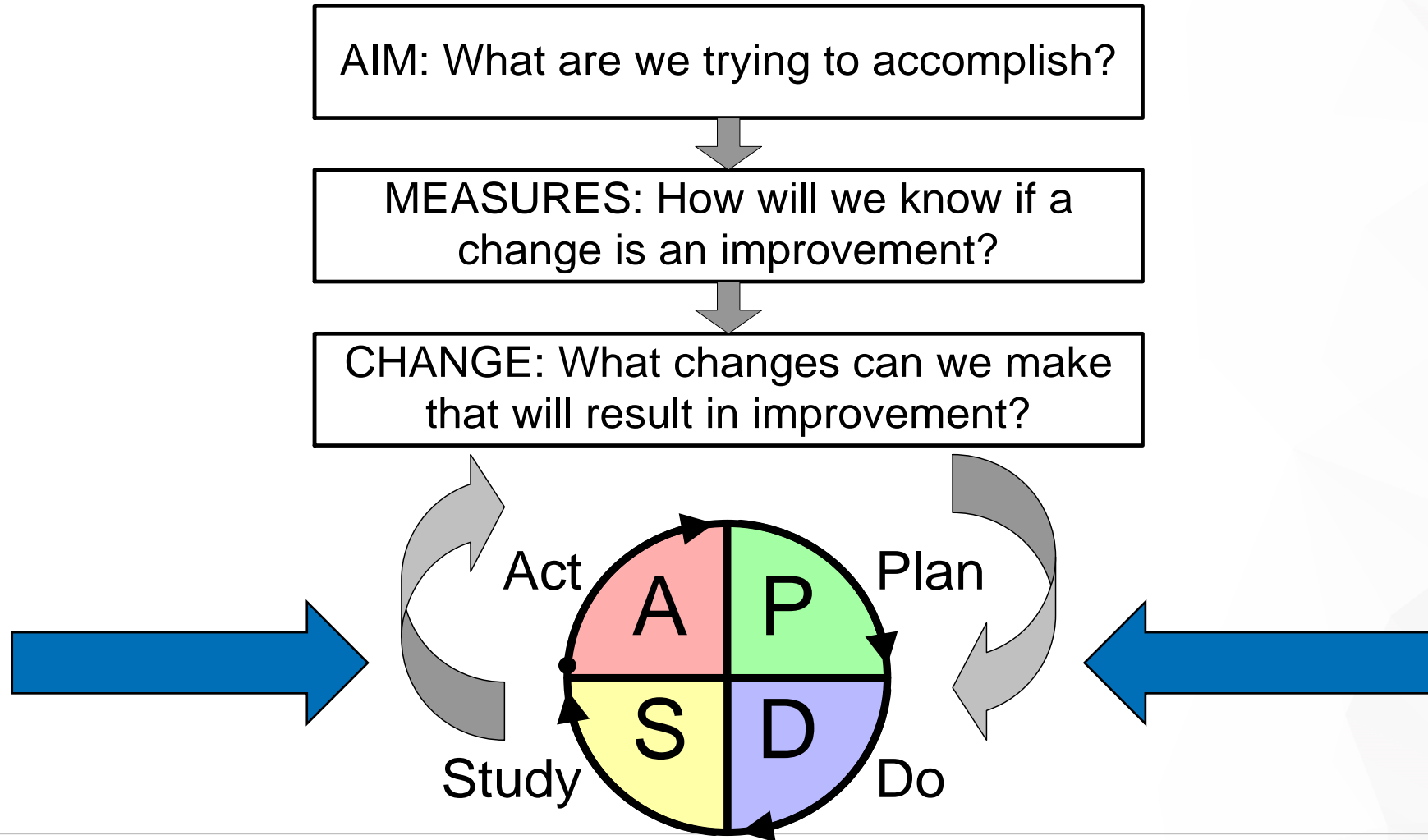


<https://www.actonaxialspa.com/>

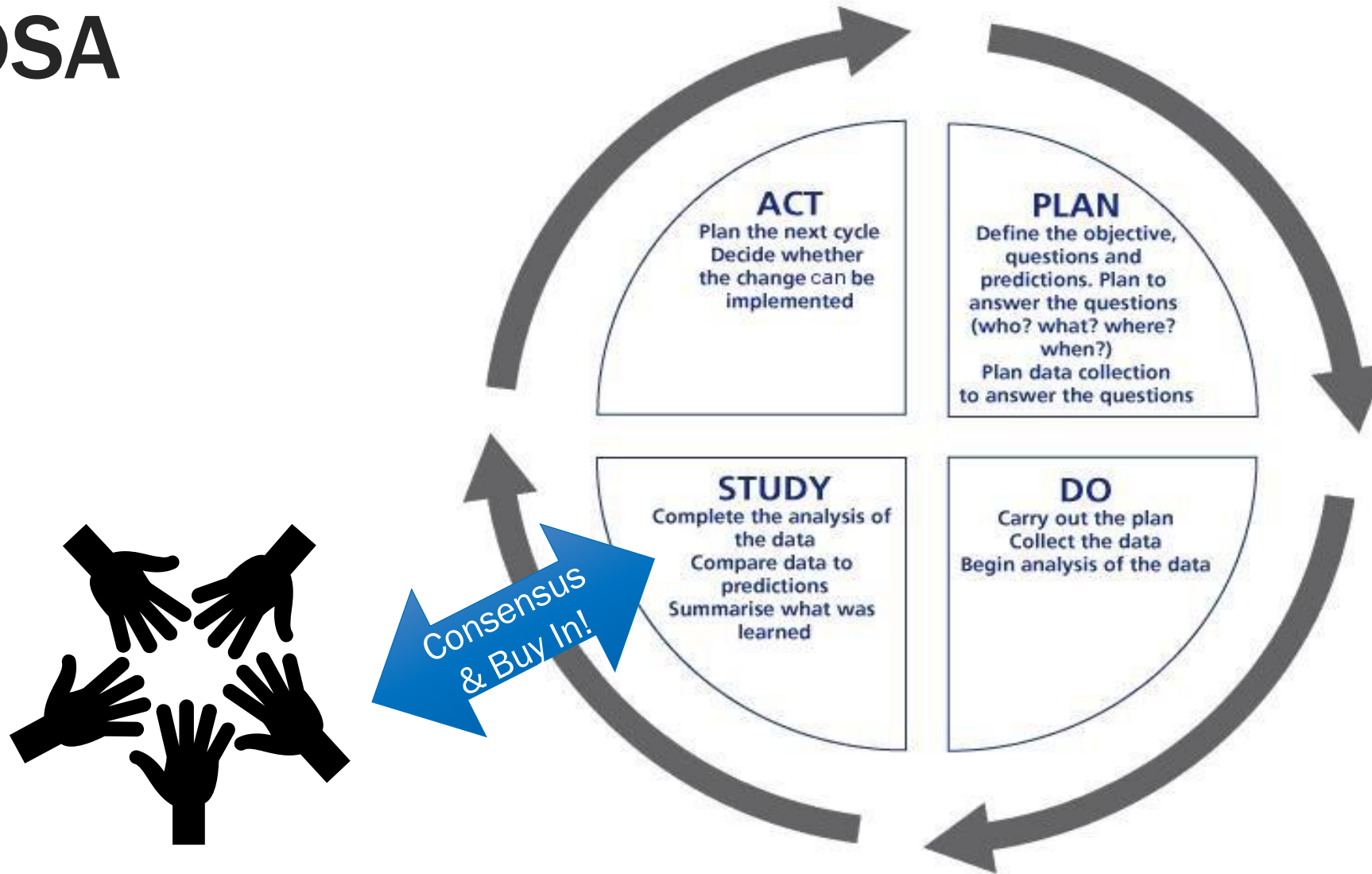


Act on Axial SpA driver diagram

Model for Improvement



PDSA



Model for improvement

Any questions?