

QI: What is RCEM Saying

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Successes

RCEM Audit Program voted the second most effective clinical audit in the UK

Near 100% sign up from EDs in England

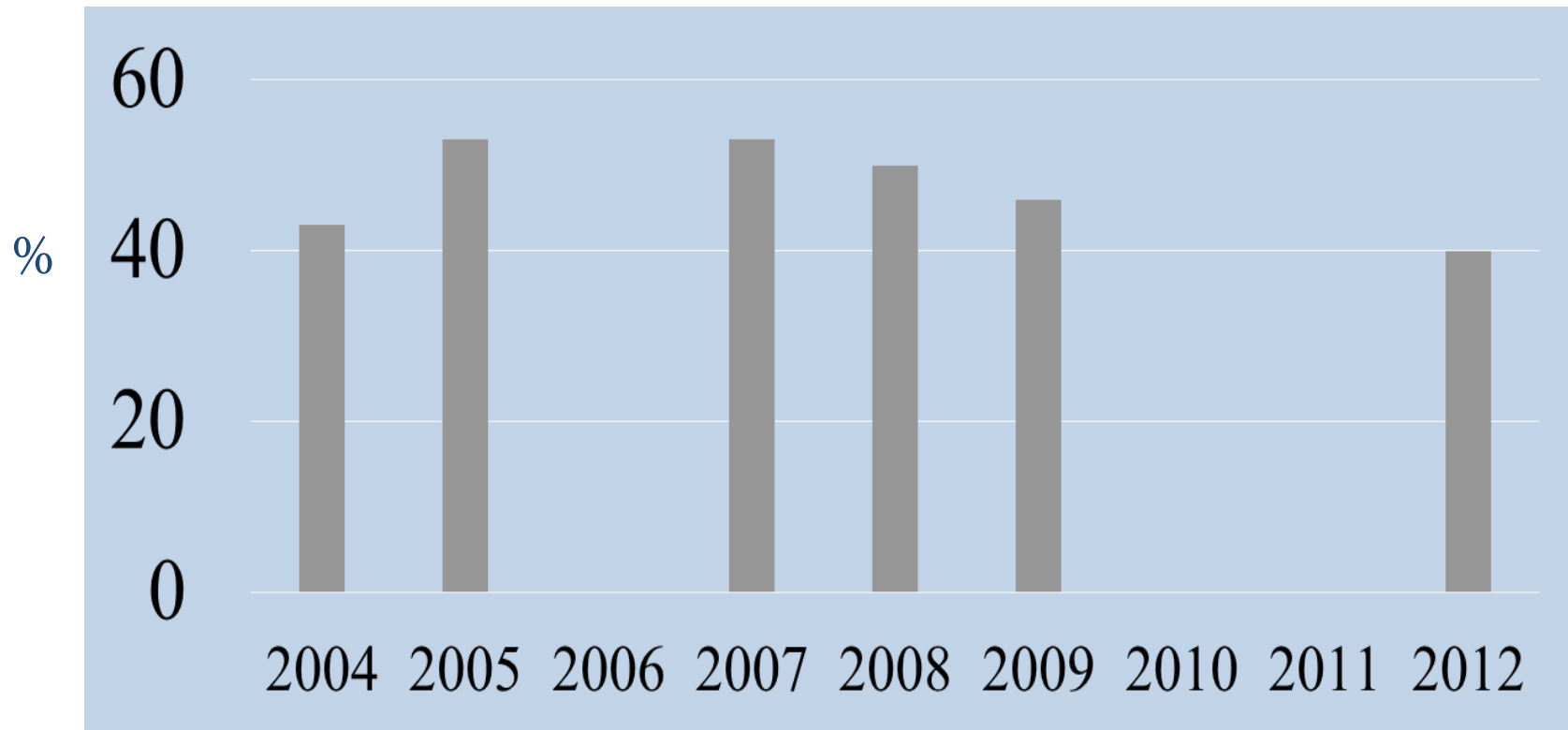
Recognised by CQC and Patient Groups as a good quality indicator

Audit data performance is open access

Audit doesn't work

(mostly)

Fractured Neck of Femur Patients Receiving Analgesia within One Hour



Why Audit Fails?

Tick box exercise

Performed by temporary staff

Lack of feedback loops

Career advancement rather than care advancement

Lack of collective responsibility

Strangled with red tape

Evidence Based Medicine


Clinical Governance

Clinical Audit

Patient Safety

Competency

Resilience



“There has got to be more to life
than just being really, really, really,
good at QI

-Derek Zoolander

What is different about QI?

Quality Assurance

Standards compliance

Inspection

Defensive

'Bad Apples'

Medical Provider

Individual responsibility

Quality Improvement

Continuous improvement

Prevention

Proactive

Systems, processes

Patient care

Collective responsibility

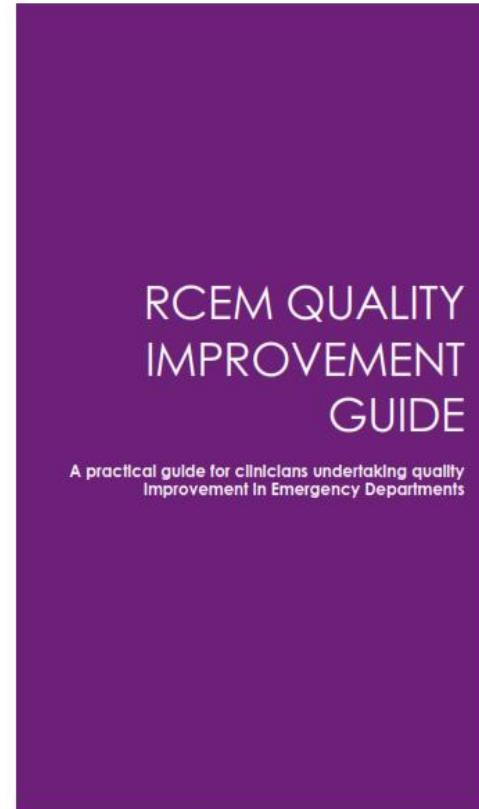
Quality
Assurance

Quality
Improvement



Over-arching document
across RCEM committees

Aimed at both Members
and Fellows



November 2016

Example of a run chart



- Insufficient sampling
- A shift
- Special case variation
- Changes and interventions performed as part of PDSA cycle

Suggested timescales for a QIP

	Core Training	ST3	ST4	ST5
Collaborate in departmental QI projects				
Develop and understand concepts of QI methodology				
Investigate areas of interest with preliminary work				
Define and design QI Project				
Carry out QI Project				
Write up QI Project				
Review by Head of School at least one month before submission				

Effective QI from RCEM Audits

Do **less**, but do it better

Choose a single standard that needs improving

Important? Fundamental? Fixable?

Talk to people (also known as 'stakeholders')

Measure

Intervene

Rapid cycle

Why QI could fail?

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QI could also fail because..

Projectitis

QI co-ordinator

Magic Bullets

Checklists

Lack of learning

-/+ve

Effective QI

General Principles

Think like a sector

Share failings and successes

Be realistic: no magic bullets

Continued commitment

Prof M. Dixon-Woods 2016

Effective QI

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What this means for us

Use RCEM / National standards

Publish and share

Focus on a few key areas

Consultant and whole team ownership



PAVLUM

ANDREAS

JACOBUS MAJOR

PETRVS

IOHANNES

THOMAS

PHILIPPVS

THOMAS

JUDAS SCARIOTH

Close

QI is here

Not a fashion

Not a priesthood