Learning To Make A Difference

Quality improvement in practice:
A core competence of medical education in the 21st century
WHY training in Quality Improvement?

• Trainees often see improvements that can be made in the systems they work – QI gives an opportunity to put ideas into action

• Using a systematic methodology – if it’s not working, move on and test again & capture the learning

• Small tests of change can lead to big results → enhancing patient care & safety

• Infectious and fun, as QI activity is dynamic, it changes conversations and team working - you can see results real-time and this often leads to wanting to do more!

• QI provides us a means to respond to the Francis and Berwick reports.......... No more learned helplessness

• You can make a difference!

‘You hear about projects and they sound really huge but this has opened my eyes to how you can do little things and make small changes that make a big difference’
Trainee

Royal College of Physicians

Setting higher standards
Learning to Make a Difference

• Learning To Make a Difference (LTMAD) provides the framework and tools to enhance the training of core medical trainees in quality improvement (QI)

• Enables learning, developing and embedding of new skills in QI and to put these new skills into practice to make a real difference to the quality of their clinical practice and patient care.

• The expectation is for all CMT trainees to do a QI project in each training year (this may be a new project and/or continuing to develop, improve & sustain existing QI work)

• Think of clinical audit as part of QI – it is a QI project against a known standard or benchmark......... so the QI approach should be used here too

• No more single before and after measurements!

“My whole outlook has changed... I now look for situations to improve...”

Trainee
If you are doing a clinical audit i.e. against a known standard then this must be done as a QI project.

Move from a traditional one audit cycle to real-time, dynamic improvement changes....& little & often measurement
What does ‘doing a QI project’ involve?

- Complete a QI project within a 4-6 month training post (or can decide to do a project over the whole year)
- Each trainee has a supervisor – this would be an educational or clinical supervisor
- The trainee may work on their own....but it is very much recommended to work as a group of trainees and/or involve the multi-disciplinary team
- The trainee decides on a project and then should follow the guidelines outlined in the ‘trainee tool kit’
- Ideally the project would be a trainee-led idea but important aligns with department/trust aims
- Suggest start by October 2016; complete by May 2016
- Complete project plan on e-portfolio (and app) to help the planning and process

‘I identified it in my own appraisal as the best thing I have done all year.’

Consultant supervisor
<table>
<thead>
<tr>
<th>Aim</th>
<th>How?</th>
<th>Time-frame</th>
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<tbody>
<tr>
<td>All core medical trainees to do a QIP during the training year</td>
<td>Provided with resources and supported by a supervisor</td>
<td>2016-2017</td>
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<tr>
<td>Expectation set by TPDs</td>
<td>Powerpoint presentation at August induction</td>
<td>Aug 2016</td>
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<tr>
<td>Follow up presentation by QI leads</td>
<td>Face to face presentations by new QI leads and/or clinical lead</td>
<td>Sept/Oct 2016</td>
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<td>Each trainee to think of a potential improvement idea (work on own, in small group)</td>
<td>Think about what frustrates you, what is bothersome, what is your department where you are working or the trust’s quality agenda Multi-disciplinary team approach</td>
<td>Sept/Oct 2016</td>
</tr>
<tr>
<td>Each trainee to start to develop an understanding of the framework</td>
<td>Read the LTMAD tool kits, review the website and learn about QI projects already done</td>
<td>Sept/Oct 2016</td>
</tr>
<tr>
<td>Getting started</td>
<td>Identify your supervisor Complete the project plan Submit project title to JRCPTB central database</td>
<td>Oct/Nov 2016</td>
</tr>
<tr>
<td>Complete project May 2017</td>
<td>Present regionally with potential national presentation June 2017</td>
<td>May/Jun 2017</td>
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The overview of how to do a QI project...

All about following a structured process

Guides to how to make this happen
• For the trainee
• For the supervisor

All accessed via the LTMAD website
Templates in e-portfolio
E-portfolio App

“The magic is in seeing a trainee identify a problem they encounter and feel empowered to make a change”

Hospital Board
Website

http://www.rcplondon.ac.uk/resources/clinical-resources/learning-to-make-a-difference

Trainee and supervisor pack resources
Presentations from peers
How to get started
Templates to use

Step by step guide to QI in practice
QI project plan template to help the planning
QI project report template to help the writing up
PowerPoint presentation template to help any oral or poster presentation of findings
QI Project Assessment Tool on the e-portfolio to complete with your supervisor
Potential opportunity for face to face training and/or support
A QI project in a nutshell

- Identify a clear and focussed SMART aim
- Decide what change(s) going to make
- Decide what going to measure before you start to monitor the impact of any change

<table>
<thead>
<tr>
<th>What are we trying to accomplish?</th>
<th>Improvement in service provision at the Royal Berkshire Hospital for patients with recurrent malignant ascites by reducing hospital admissions and length of stay whilst improving patient quality of experience and life</th>
</tr>
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<tbody>
<tr>
<td>How will we know that a change is an improvement?</td>
<td>Reflection of current NICE guideline which have concluded with EBP that quality of life is improved and individual patient feedback</td>
</tr>
<tr>
<td>What changes can we make that will result in improvement?</td>
<td>Commence insertion of long term drains – no provision existed previously Institution of national guidelines Raise awareness within multiple specialties including oncology, palliative care, radiology and acute medicine</td>
</tr>
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“This has been a very valuable learning experience into clinical quality improvement as well as being brilliant for my CV”

Trainee
An example

Aim:
To reduce the number of inappropriate urinary catheters inserted into patients admitted to the clinical decision unit by 50% by January 2017

Change:
Introduce a checklist to be completed prior to any catheter insertion

Measure:
Number of catheters inserted according to trust guidelines measured on a weekly basis....start with baseline before any change made and then keep measuring frequently

Test out the next change and keep measuring.............
Measurement

Outcome measure

RUN CHART EXAMPLE

Number inappropriate urinary catheter insertions

weeks

median

Goal

Introduction check list

check list modified

check list attached to urinary catheter packs

1 Collect data
2 Choose measures
3 Confirm collection
4 Repeat steps 4-6
5 Analyse & present
6 Review measures

1 Decide aim

Goal
Aim
To reduce the number of inappropriate urinary catheters inserted into patients admitted to the Clinical Decision Unit by 50% by January 2017

Process measure
% patients with a completed checklist

Measurement

1. Decide aim
2. Choose measures
3. Confirm collection
4. Collect data
5. Analyse & present
6. Review measures
7. Repeat steps 4-6

Setting higher standards
PDSA cycles

**Cycle 1.**
Proforma trialed in EAU

**Cycle 2.**
Changes made - proforma trialed again in EAU

**Cycle 3.**
Proforma hospital wide
Informed staff - attending junior doctors teaching/emails

**Cycle 4.**
Teaching sessions for junior doctors regarding dementia and delirium
Learning To Make a Difference

PDSA cycles

**Cycle 5.**
Reminder emails to all juniors with current data and requirements to motivate them and sustain improvement

**Cycle 6.**
Reminder posters in MDT rooms

**Cycle 7.**
Reminder emails to all junior with current data and requirements
Medical Director engaging Consultants
PATIENTS OVER 65 YEARS OLD WHO WERE ADMITTED TO THE PRINCESS ALEXANDRA HOSPITAL AND WERE SCREENED FOR DEMENTIA

Results

Learning To Make a Difference
Results

CODING DEPARTMENT DATA
INPATIENTS OVER 65Y THAT WERE SCREENED FOR DEMENTIA

Target
Median
Baseline

42.58%
43.08%
50%
60.79%
63.90%
65.73%
63.79%
60.67%

July August September October November December January February
WHAT SUPPORT DO I GET?

- Your local CMT lead and College Tutor
- Supported by clinical leaders in QI – ask your TPD/College Tutor or ask the LTMAD team

- LTMAD website for trainee packs and example projects [http://www.rcplondon.ac.uk/projects/learning-make-difference-ltmd](http://www.rcplondon.ac.uk/projects/learning-make-difference-ltmd)

- Monthly Webex – see eportfolio for details
  - Phone in and discuss and learn more about QI

- Lead Dr Emma Vaux [Emma.Vaux@royalberkshire.nhs.uk](mailto:Emma.Vaux@royalberkshire.nhs.uk)
LTMAD Lead: Dr Emma Vaux (emma.vaux@rcplondon.ac.uk)
LTMAD Project Manager: Katharine Woodall (katharine.woodall@rcplondon.ac.uk)
The Clinical Leaders in Quality Improvement and the LETBs they cover are:

<table>
<thead>
<tr>
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<th>Email</th>
<th>LETB Area</th>
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<tbody>
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</tr>
<tr>
<td></td>
<td></td>
<td>Mersey, Wales, Northern Ireland and Scotland</td>
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*Richard Berrisford, Tricia Woodhead and Seema Srivastava jointly cover the South West LETB area.

Twitter: #LTMAD
@VauxEmma
Important points

• Each trainee should complete a QI project plan at the start and on completion, a final report and assessment (using QIPAT)
  • all templates are available on eportfolio and eportfolio app

• Updated LTMAD website with further resources

• Monthly WebEx for trainees to dial into for support from the Clinical Leaders

• RCP Showcase event July 2017 – all trainees have opportunity to be selected by their LETB and nominated to represent their LETB

New for 2016/17
Send your QI project plan to Katharine.Woodall@rcplondon.ac.uk
We will add your project to the central repository on LTMAD website
This means you will be able to see what other trainees are doing & a way to learn & start networking with others across the UK

“I was very passionate about the experience…… it was so good to do such a project and be able to keep monitoring it.” Trainee
I would definitely, definitely do a quality improvement project again’
Trainee