



Royal College
of Physicians

JRCPTB

Joint Royal Colleges of Physicians Training Board

NHS

Health Education England

Learning To Make A Difference

*Quality improvement in practice:
A core competence of medical
education in the 21st century*



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Setting higher standards

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



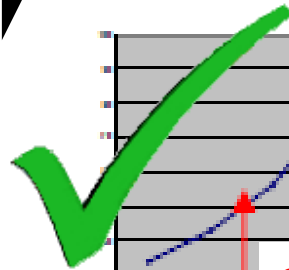
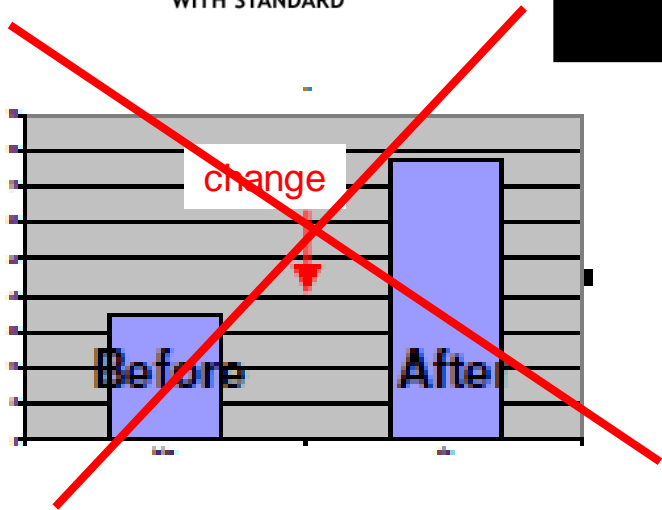
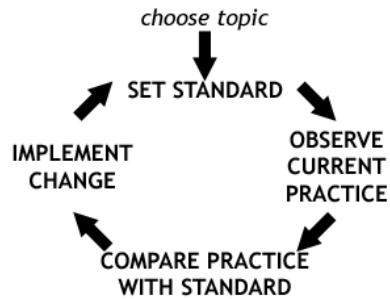
Learning to Make a Difference

- 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!

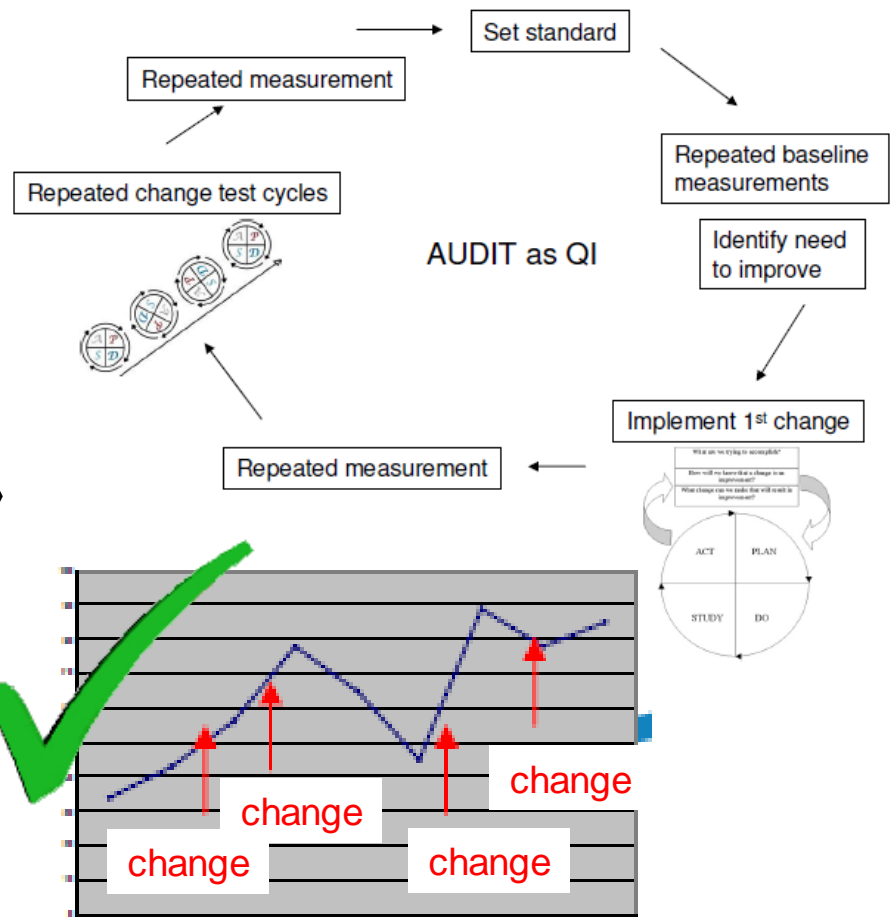
“My whole outlook has changed... I now look for situations to improve...”

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

What does this mean in practice?

Aim	How?	Time-frame
All core medical trainees to do a QIP during the training year	Provided with resources and supported by a supervisor	2016-2017
Expectation set by TPDs	Powerpoint presentation at August induction	Aug 2016
Follow up presentation by QI leads	Face to face presentations by new QI leads and/or clinical lead	Sept/Oct 2016
Each trainee to think of a potential improvement idea (work on own, in small group)	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	Sept/Oct 2016
Each trainee to start to develop an understanding of the framework	Read the LTMAD tool kits, review the website and learn about QI projects already done	Sept/Oct 2016
Getting started	Identify your supervisor Complete the project plan Submit project title to JRCPTB central database	Oct/Nov 2016
Complete project May 2017	Present regionally with potential national presentation June 2017	May/June 2017

The overview of how to do a QI project...

All about following a structured process

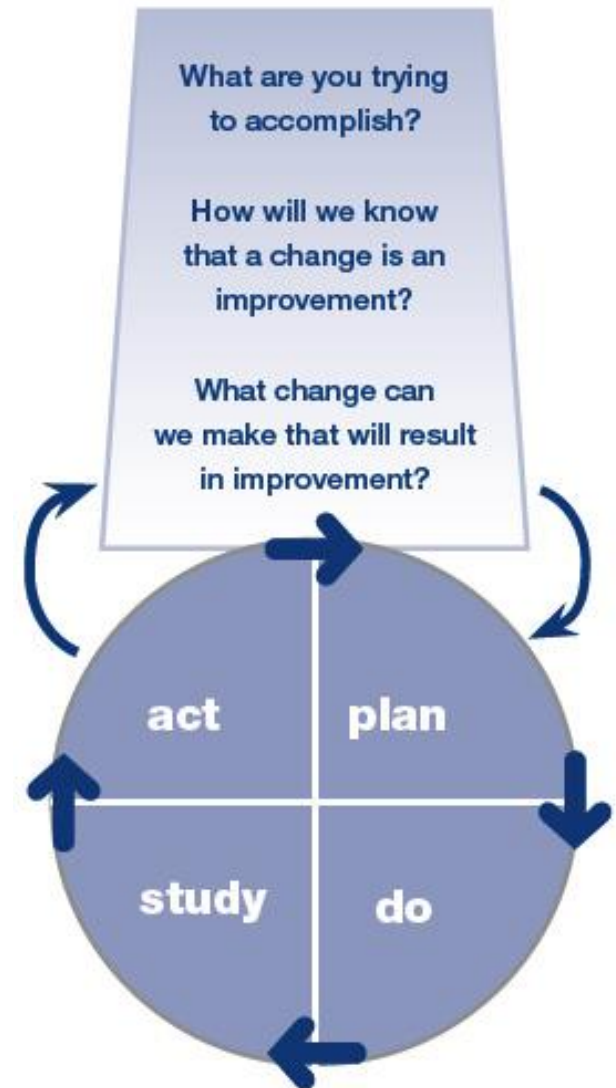
Guides to how to make this happen

- 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

What are we trying to accomplish?	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
How will we know that a change is an improvement?	Reflection of current NICE guideline which have concluded with EBP that quality of life is improved and individual patient feedback
What changes can we make that will result in improvement?	Commence insertion of long term drains – no provision existed previously Institution of national guidelines Raise awareness within multiple specialities including oncology, palliative care, radiology and acute medicine

“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

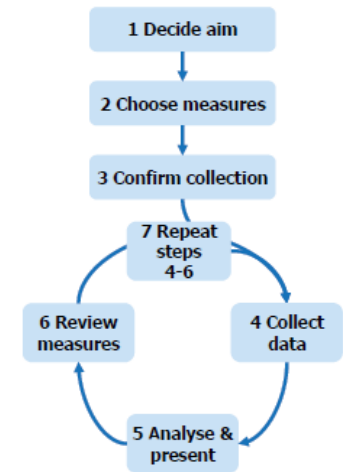
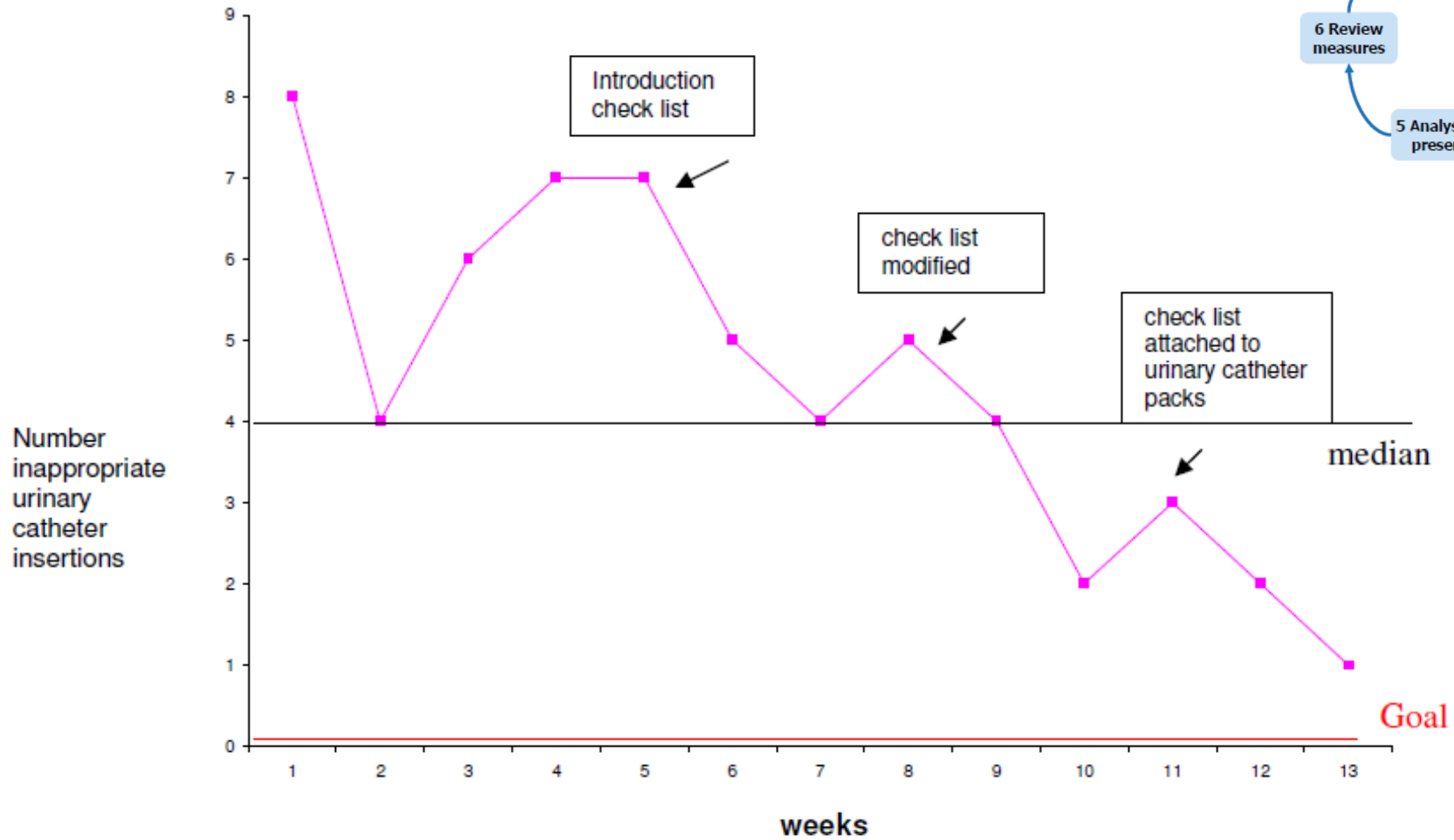
Test out the next change and keep measuring.....



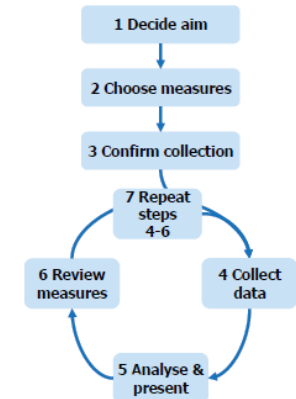
Measurement

RUN CHART EXAMPLE

Outcome measure



Measurement

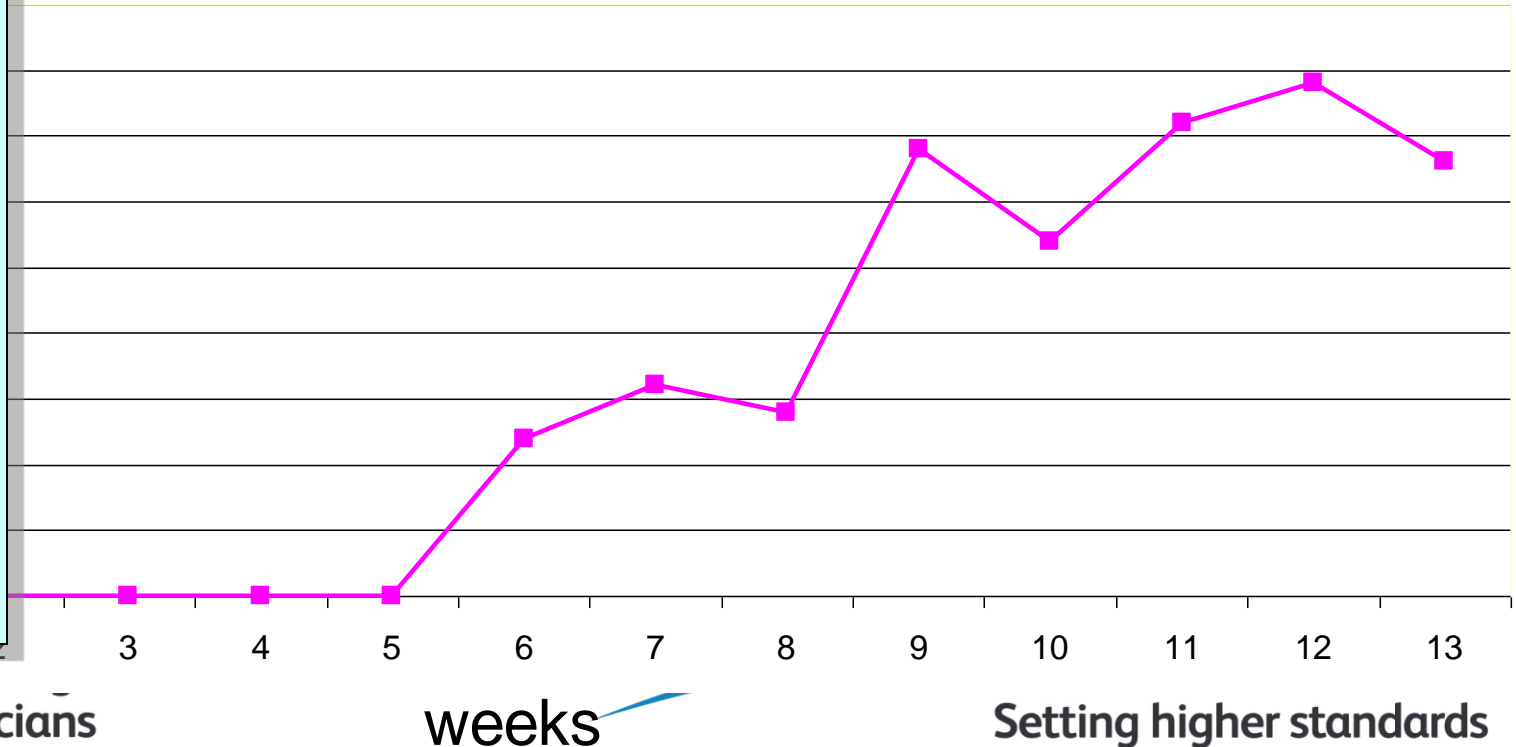


Process measure

% patients with a completed checklist

Aim

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



Society of Physicians

weeks

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



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

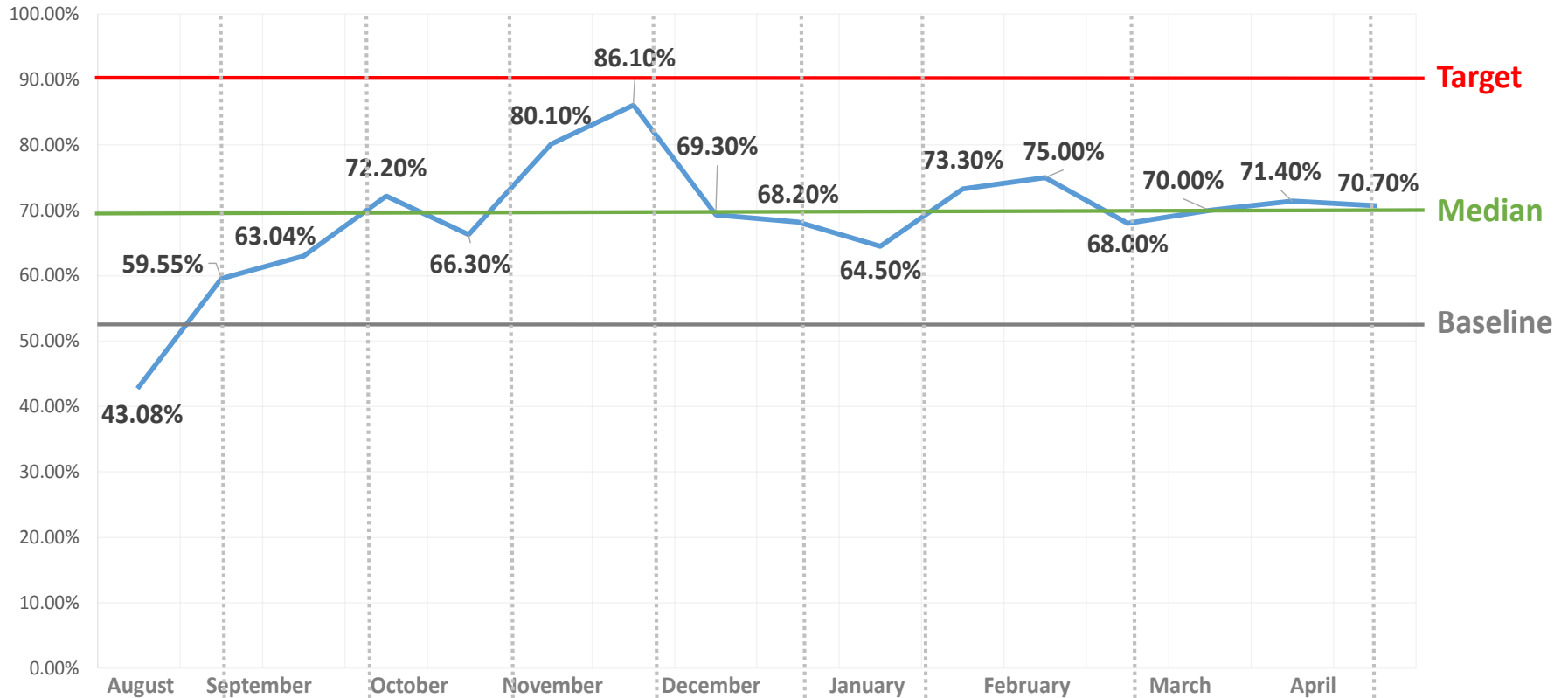
Medical Director engaging Consultants



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Results

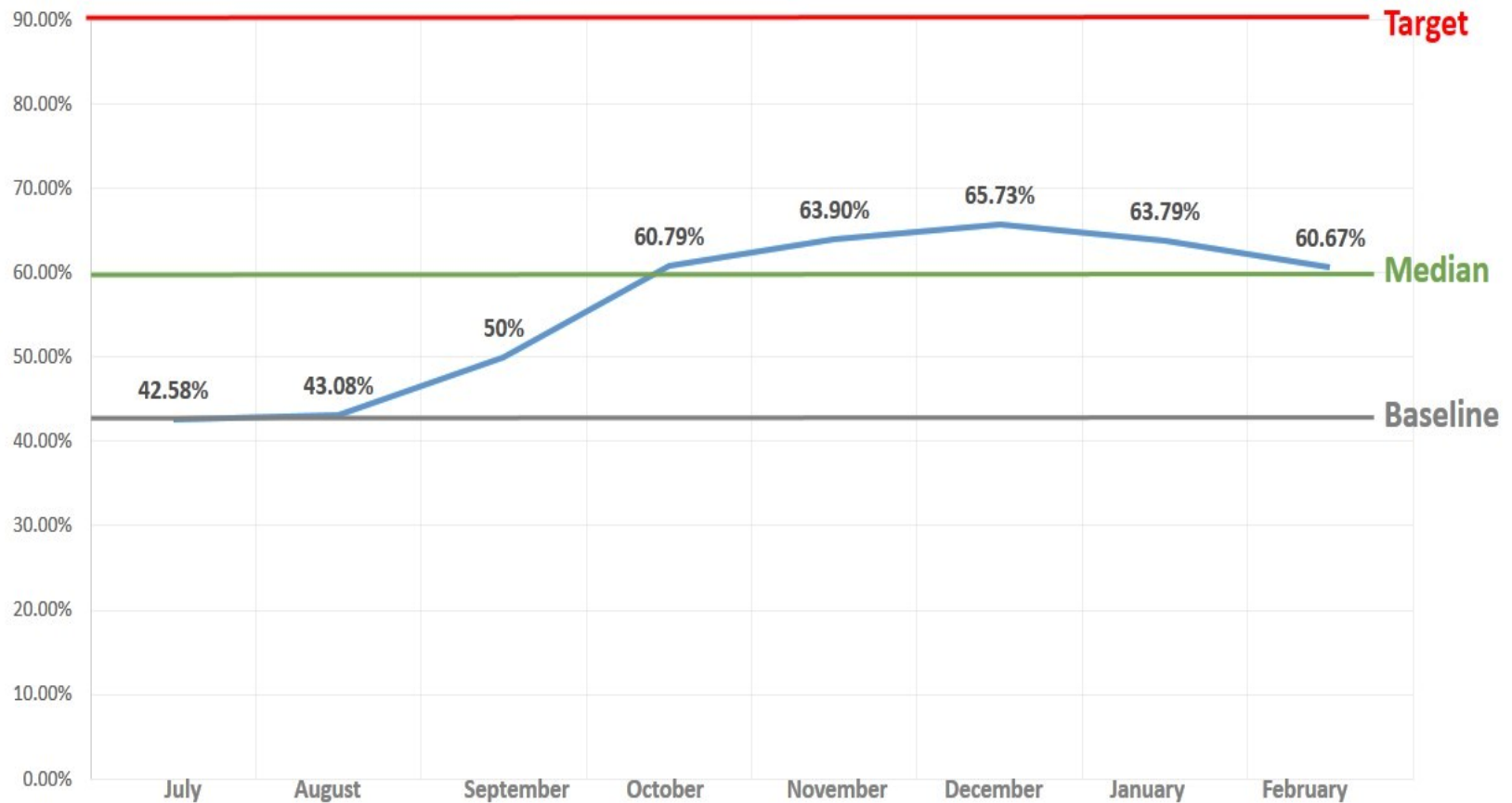
PATIENTS OVER 65 YEARS OLD WHO WERE ADMITTED TO THE PRINCESS ALEXANDRA HOSPITAL AND WERE SCREENED FOR DEMENTIA



Perform a
 of Physicians
 Proforma
 Proforma
 Teaching
 Remin
 Junior doctor
 Posters in MDT
 Remin
 Setting higher standards

Results

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



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>
- **Monthly Webex – see eportfolio for details**
 - Phone in and discuss and learn more about QI
- Lead Dr Emma Vaux Emma.Vaux@royalberkshire.nhs.uk



LTMAD central support team

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:

Richard Berrisford	richard.berrisford@nhs.net	South West* and Wessex
Seema Srivastava	Seema.Srivastava@nbt.nhs.uk	South West* and Kent, Surrey, and Sussex
Tricia Woodhead	twoodhead8@gmail.com	
Elizabeth Haxby	e.haxby@rbht.nhs.uk	North West London, South London and North Central and East London
Ann Tweddel	Ann.Tweddel@hey.nhs.uk	North East and Yorkshire and the Humber
Stephen Webb	stephen.webb@nhs.net	East of England and East Midlands
Emma Vaux	emma.vaux@rcplondon.ac.uk	Thames Valley, North West, West Midlands, Mersey, Wales, Northern Ireland and Scotland

*Richard Berrisford, Tricia Woodhead and Seema Srivastava jointly cover the South West LETB area.

Twitter: #LTMAD
@VauxEmma



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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



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