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NHS Foundation Trust

**Quality Improvement**

**ED Training**

**47 slides in 60 minutes**



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*Together-Safe* | **Kind** | **Excellent**




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**Six dimensions of Quality**





Source: *Crossing the Quality Chasm: A New Health System for the 21st Century*, Committee on Quality of Health Care in America, Institute of Medicine 2001

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**7 Levels of Change**

1

**Effectiveness:** Doing the right thing

2

**Efficiency:** Doing things right

3

**Improving:** Doing things better

4

**Removing waste:** Doing away with things

5

**Copying:** Doing things others are doing

6

**Different:** Doing things no one else is doing

7

**Impossible:** Doing things that can't be done

Source: *7 Levels of Change*, 3<sup>rd</sup> Edition, Rolf Smith, 2007, Tapestry Press

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## Improvement methodologies

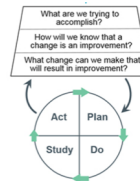
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## Methodologies

### IHI's Model for Improvement

An approach to continuous improvement where changes are tested in small iterative cycles



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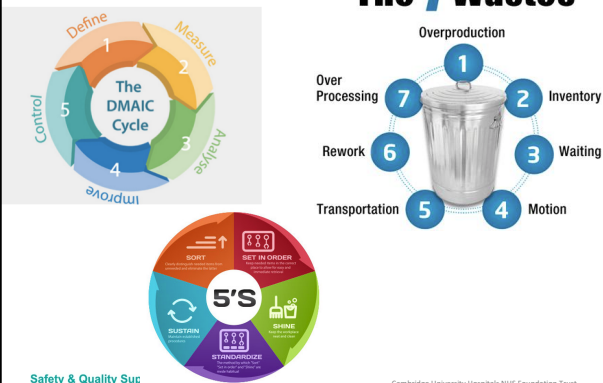
### Total Quality Management Lean

A quality management system developed by Toyota; focusing on value to the customer, and waste reduction

- Six Sigma – reducing variation
- DMAIC – cycle of improvement

## Lean

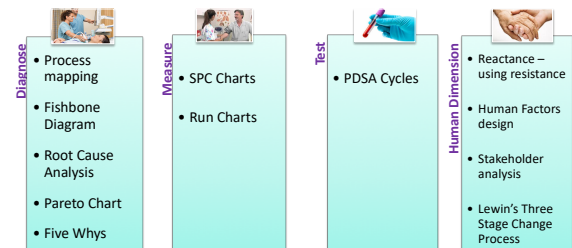
### The 7 Wastes



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## Quality Improvement Tools



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**Model for Improvement**

What are we trying to accomplish?  
How will we know that a change is an improvement?  
What change can we make that will result in improvement?

1. Understand the problem. Clarify the aim
2. Measure the improvement
3. Change ideas
4. Test in the real world

Source: Institute for Healthcare Improvement

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**What is our aim?**

What are we trying to accomplish?  
How will we know that a change is an improvement?  
What change can we make that will result in improvement?

**Defining your aim**

- **SMART**
  - Specific
  - Measurable
  - Achievable
  - Realistic
  - Timely
- The aim should be meaningful to all stakeholders.

E.g. To reduce patient falls in all inpatient wards by 10%, by 31.03.2020

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**Aims statements: the good, the bad and the ugly**

Aim statement	Good How much by when	Bad Vague	Ugly Disengages staff
We aim to improve patient safety by reducing needless harm		X	
By April 2019 we will reduce the incidence of grade 2 and above pressures ulcers in the critical care unit by 50%.	X		
Message from Director of Operations: Our patient satisfaction scores are in the bottom 10% of the NHS. We need to get the scores above the 50 <sup>th</sup> percentile by the end of Q3 of 2018			X
We need to improve the effectiveness and reliability of home visit assessments and reduce admissions to hospital. The board agrees so we will work on these issues next year		X	
Within 2 months to eliminate medication errors on Chestnut ward by using the new electronic drug chart		X	X

Source: Dr Bob Lloyd, Institute for Healthcare Improvement

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**Measurement for Improvement**

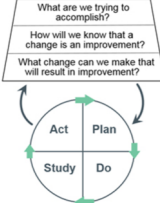
**Q2. How will we know if a change is an improvement?**

What are we trying to accomplish?  
How will we know that a change is an improvement?  
What change can we make that will result in improvement?

- Understand the current performance (baseline)
- How much variation is in the process
- Are there any unintended consequences – balancing measures.

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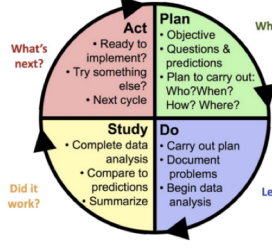
### Q3. What changes can we make that will result in an improvement?

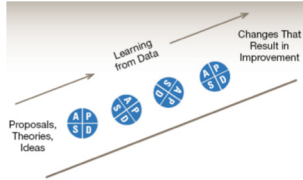
- Change ideas are the possible how's....
- Start small
- Involve staff
- Best expert guess
- Stack it up to succeed — *department, motivated staff*

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### The PDSA Cycle for Learning and Improvement





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**• Act**

Physios will change their handover time if we start at 8.45. Try tomorrow.

**• Plan**

Start Board round at 8.30 am

**• Study**

Physios didn't attend as at team handover

**• Do**

Tomorrow


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“

If your horse dies,  
get off it

Cherokee proverb



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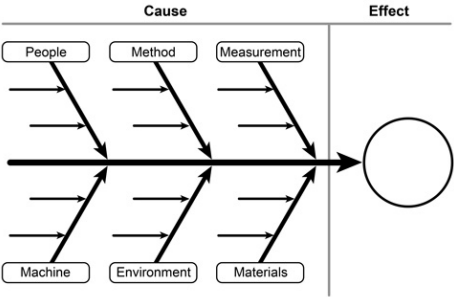
Source of image: fenwickgallery.co.uk

# Diagnostic tools

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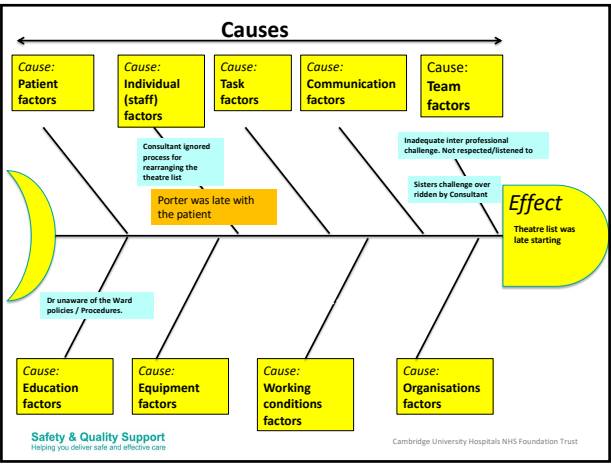
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## Fishbone



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## 5 Whys

Problem: Porter was late bringing the patient to theatre

WHY	Answer
1	The Porter was late bringing the patient to theatre
2	There was a long wait for a trolley
3	A replacement trolley had to be found
4	The original trolley's safety rail was worn and had eventually broken
5	It had not been regularly checked for wear

## Problem

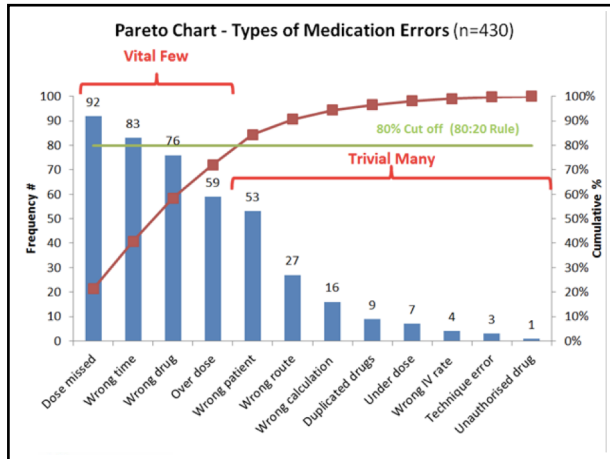
Delay in theatres

## Solution

Regular maintenance schedule

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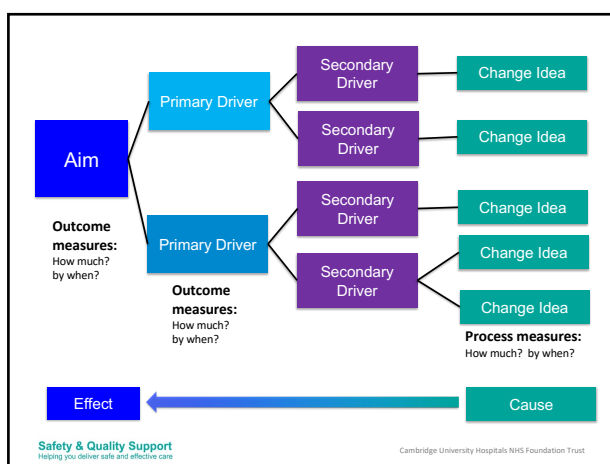


## Driver Diagrams

### Building a theory of improvement

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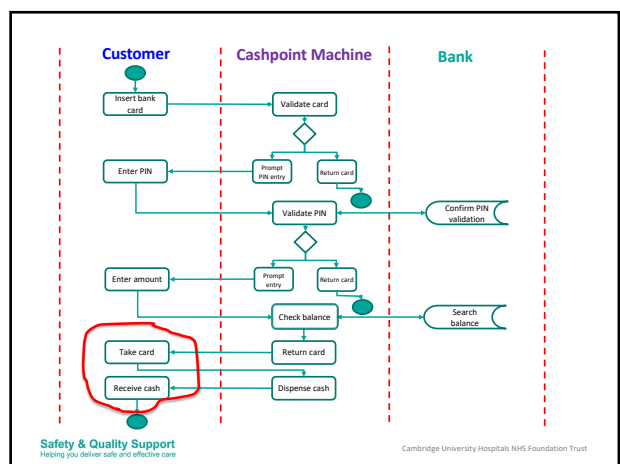
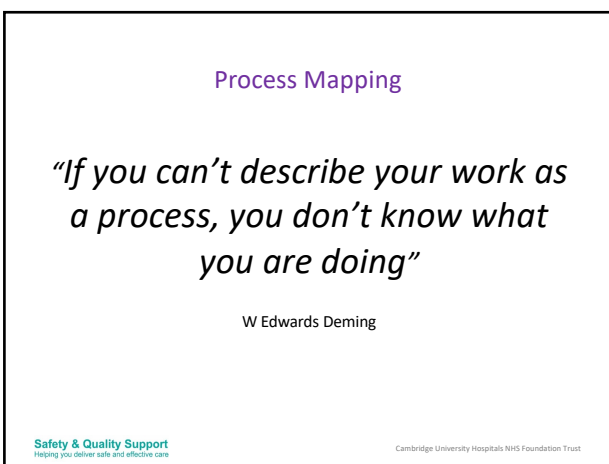
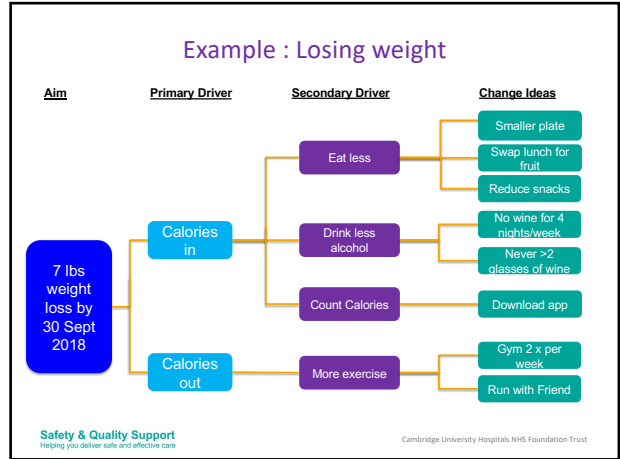
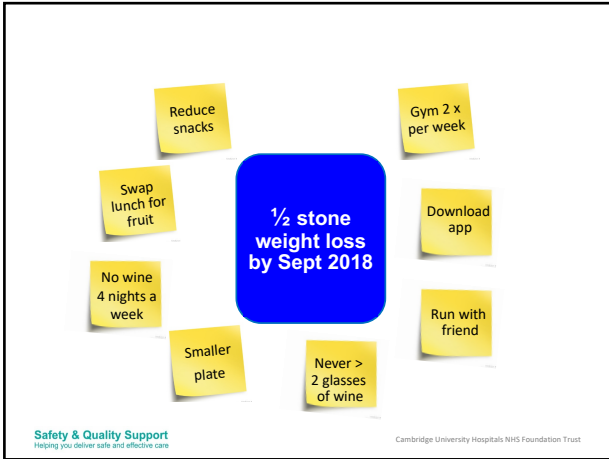
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## Reasons to use Driver Diagrams

- Helps with planning an improvement project
- Engage people in developing a strategy
- Differentiates between cause and effect
- Defines actual change initiatives
- Identification of measures for progress

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# •END session 1

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## Psychology of change



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## Human Dimensions of Change



Mark Fields, President at Ford

- Tools are only 20% of quality improvement
- 80% is about encouraging people and putting systems in to help us change our mind-set and see quality improvement as an integral part of our job

Marjorie Godfrey (The Dartmouth Institute)

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## Context



© Alamy Stock Photo

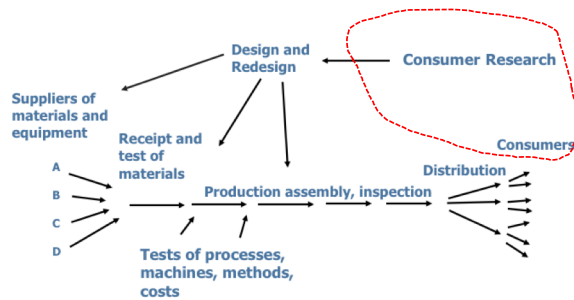
- Failing to appreciate the influence of context in improvement is like teaching a pig to sing...it doesn't work and annoys the pig!



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## Deming – Systems and the improvement loop



## Systems thinking

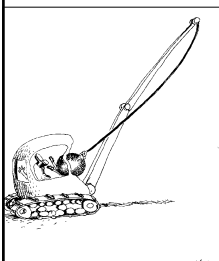


Make the best car:

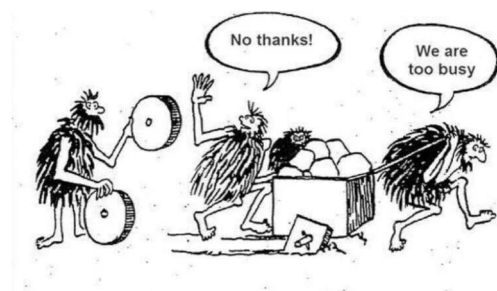
- Best engine from the Rolls Royce
- Best gear box from Mercedes
- Best fuel pump from Lamborghini
- Body of a classic

## Human factors

- Designing the process
- Making it easier for staff to do the right thing

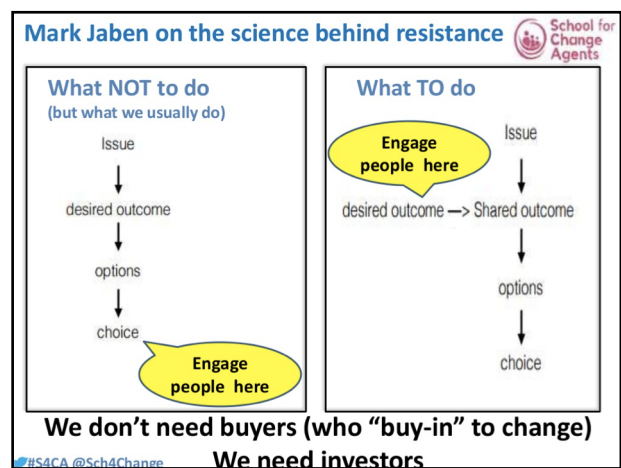
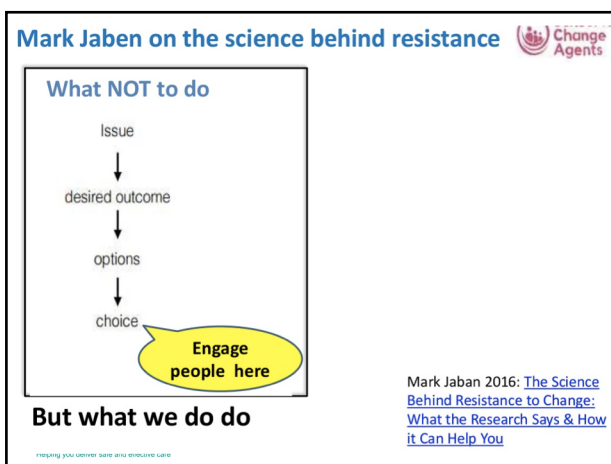
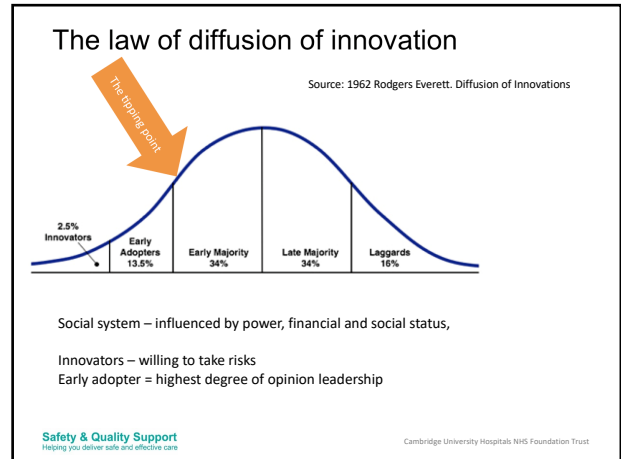
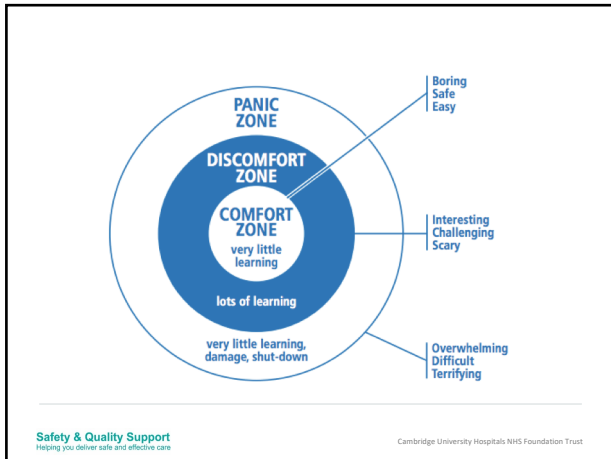


TOO BUSY TO IMPROVE?




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### Harnessing resistance






Ron Weil

*“Resistant behaviour is a good indicator of missing relevance”*  
Harald Schirmer

<http://the-philosophy.com/harald-schirmer-strategies-for-creating-change-the-way-we-think-about-what-we-want-to-do-in-the-world/>

MEANING






Describe yourself in 3 words

## I am a rebel

Troublemaker	Rebel
Complain	Create
Me focused	Mission focused
Anger	Passion
Pessimist	Optimist
Energy-sapping	Energy-generating
Alienate	Attract
Problems	Possibilities
Alone	Together


### Researchers Pennebaker and Sanders put one of two signs on college bathroom walls



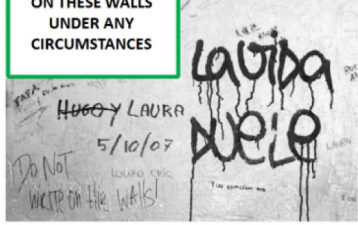
**DO NOT WRITE  
ON THESE WALLS  
UNDER ANY  
CIRCUMSTANCES**

**PLEASE DON'T  
WRITE ON THESE  
WALLS**

What do you think they found when they went back after two weeks?



**DO NOT WRITE  
ON THESE WALLS  
UNDER ANY  
CIRCUMSTANCES**



### Reactance theory

Instantaneous reaction to being TOLD what to do

Unpleasant motivational arousal that emerges when people experience a threat or loss to their free behaviours

Steindl et al 2015

- I want to do the opposite of what I've been told
- I react against the 'they'
- It increases my resistance to persuasion
- I lose the big picture
- I feel uncomfortable, aggressive, sulky, angry



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### Managing Reactance

*Rocking the boat without falling in*

- Build in cooperation from the start
- Listen
- Empathic understanding
  - Find common ground
  - Appreciate their world view
- Roll with resistance
  - Don't argue against it
  - Be curious & accepting
  - Find out why
- Foot in the door
- Avoid being condescending
- Give the person time
- Run a 'break the rules' campaign

TED – Linda Cliatt-Wayman  
So what, now what?

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Change Management = Change Leadership

*'Compassionate leadership for compassionate health services'*



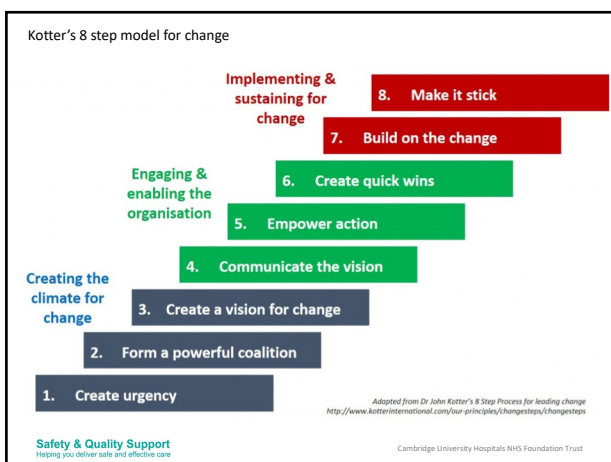
- **Attending:** paying attention to staff – 'listening with fascination'
- **Understanding:** shared understanding of what they face
- **Empathising**
- **Helping:** taking intelligent action to serve or help

**Michael West**  
Developing people, improving care: A national framework for action on improvement and leadership development in NHS funded services (November 2016)

Stakeholder analysis		
High power	<b>Satisfy</b> Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	<b>Manage</b> Key stakeholders who should be fully engaged through communication and consultation.
	<b>Monitor</b> This group may be ignored if time and resources are stretched.	<b>Inform</b> Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work.
Low power	<b>Low impact/stakeholding</b>	<b>High impact/stakeholding</b>

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**What makes QI successful – Mary Dixon Woods**

- A structured approach to improvement
- Frame the problem the right way
  - Sound science behind the technical goals
- Data that convinces people it's a problem for them
- Start with a good program theory and test it
- Cumulate learning – re-use what's gone before, share your learning
- Recognise the social and emotional work of improvement (often the hardest bits)
- Fidelity is important

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## Starting a Movement



<https://www.youtube.com/watch?v=V74AxGgQIvg>

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## Questions

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