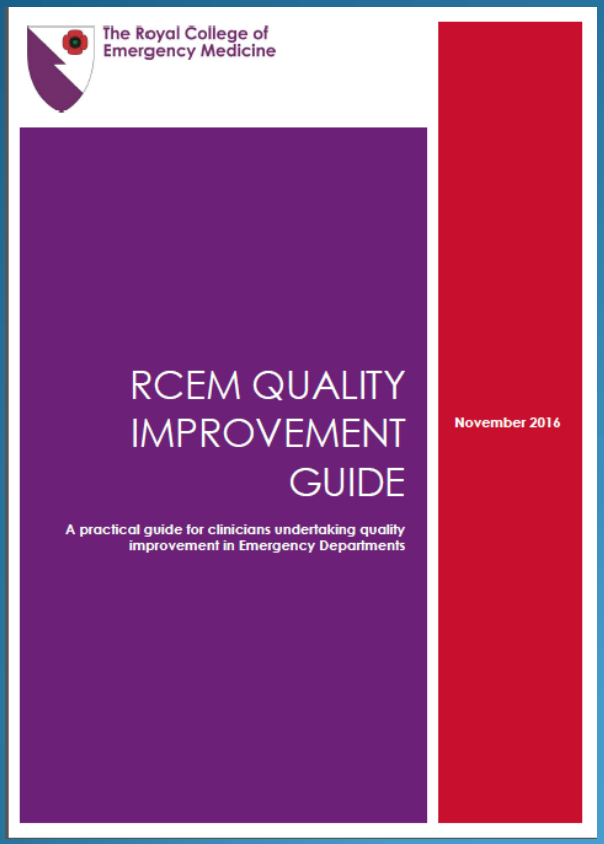
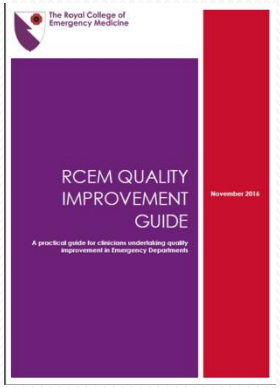


E-QIP

Abdul Qadeer Khan
ST6 EM
Addenbrookes Hospital

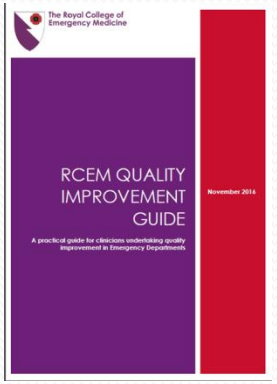


Easy QIP

Emergency QIP

Examination QIP

Electronic submission



An easy QIP performed in an emergency department according to examination requirements and submitted electronically

All E-QIPs are QIPs

But

All QIPs are not E-QIPs

First meeting with ES- Please give me a QIP topic

- Hmmmmm……Ohhh by the way we don't have AF pathway …..why don't you develop this…this is going to be an excellent QIP…..

- Hmmmm…can I do my idea pleeeeeease
- My previous trust we had anti coagulation pathway for lower limb immobilization…..Can I develop a pathways for anticoagulation for immobilized patients.

- You are definitely going to like this one

- We are doing too many unnecessary coagulation profile tests…can you develop some guidelines to avoid those unnecessary tests…..wow QIP is done in a flash

- Ohhh by the way we don't have an AF pathway …..why don't you develop this…this is going to be an excellent QIP…..

- SI….patient with AF discharged from ED died due to PE as he was not anti-coagulated while awaiting for clinic appointment. Can you do something about this???.

- Multiple complaints that AF patients had to re-attend multiple times with palpitations before they were seen by the cardiology team

- My previous trust we had anti coagulation pathway for lower limb immobilization…..Can I develop a pathways for anticoagulation for immobilized patients.

- A patient died of PE who was sent home with below knee back slab and was non weight bearing. Also we are not following the RCEM guidelines…Lets do something about this???

~~Solution before the problem~~

Identify a problem before the solution

Those QIP that start with a defined solution and are retro fitted to a problem are likely to be unsuccessful.

Few other solutions before the problem

- I have got a new piece of kit, lets try this as a QIP (panthrox)

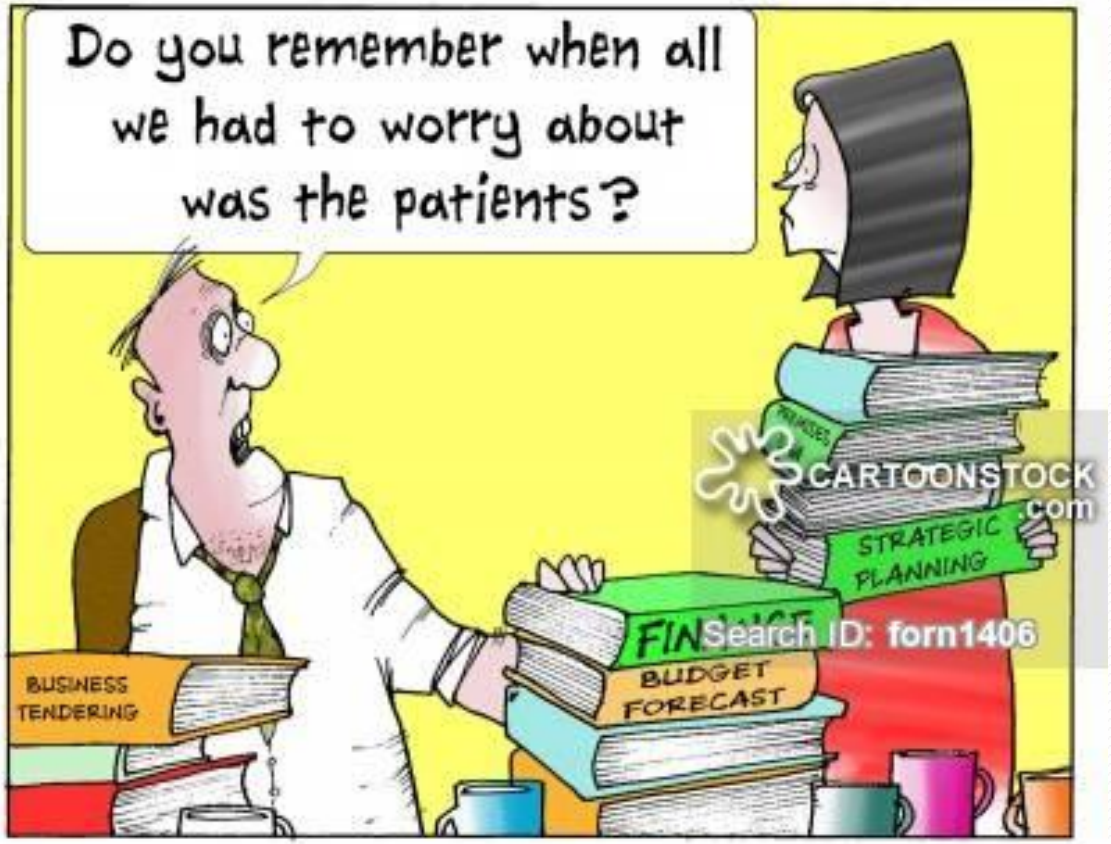
- We don't have a FIB pack, lets do it as a QIP

(Patients with NOF wait long times before FIB, please make an FIB pack and a pathway)

- We have really an old USS machine…lets make a business case to get one.

- You are definitely going to like this one we are doing too many unnecessary coagulation profile tests…can you develop some guidelines to avoid those unnecessary tests…..wow
- Problem has been identified…good start??
- QIPs for financial gains are not encouraged by RCEM

Problem should be patients' centred



Is this problem a real problem??

Is this problem a real problem??

- Personal observations
- Discussions with patients/doctors/nurses
- Incident forms
- Complaints
- Serious incidents
- Audits
- Number of events/cases (if you need a nice run chart… Dont pick a rare event)

What is the best practice or standards

- Literature review
- Guidelines/ standards (RCEM, NICE)

Identify a problem before the solution

- Problem should be patients' centred
  - Is this problem a real problem??
- What is the best practice or standards

Aim

Aim SMART

- S: Specific
- M: Measureable
- A: Achievable
- R: Realistic
- T: Time bound

Aim SMALL

Aim

- To improve time to analgesia for the ED patients
- To reduce time to analgesia to 20 minutes in 80% of the patients presented to ED by May 2019
- To reduce time to analgesia to 20 minutes in 80% of the adult patients presented to ED by May 2019
- To reduce time to analgesia to 20 minutes in 80% of the adult patients presented to minor ED by May 2019
- To reduce time to analgesia to 20 minutes in 80% of the adult patients with MSK injuries presented to minor ED by May 2019

Aim SMART/SMALL

Methods

- I am going to do it myself. Lets finish it
- Need various team members/stakeholder
- Identify the stakeholders very early in the process

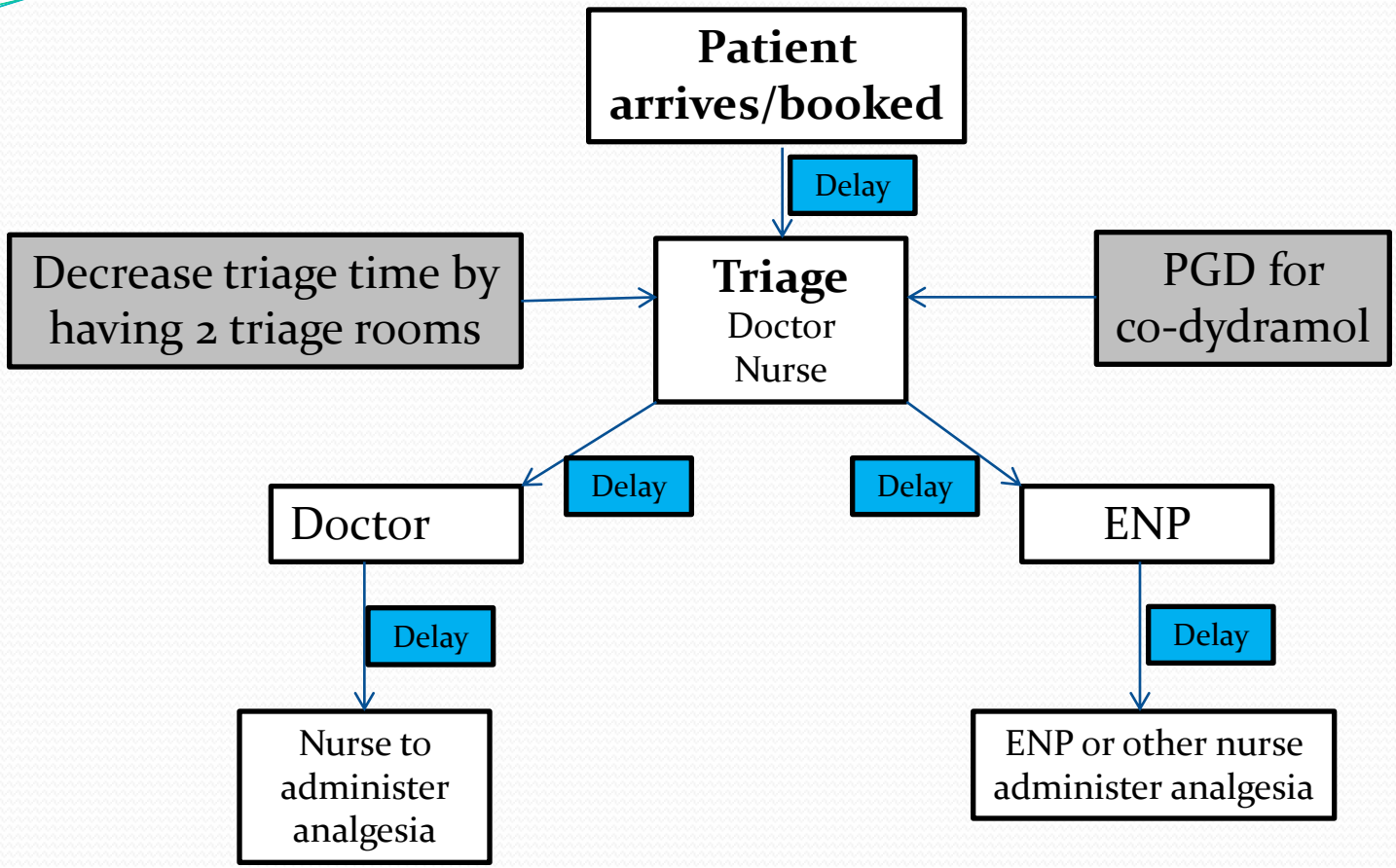
Methods

Identify/engage stakeholders

Methods

- How to solve the problem
- Various models for analysis
- Communicate with stakeholders (emails, meetings etc)
- Define the change/intervention

Delay in time to analgesia



Delay in FIB for NOF

Patient arrived in an ambulance bay

RAT with urgent X ray

Delay

Patient gets to a cubicle

Nurse led x ray, ambulance to take to x ray

Delay

Patient seen by a doctor and X-ray ordered

Nurse led x ray, ambulance to take to x ray, report back to the nurse if NOF fracture

Delay

X ray is performed

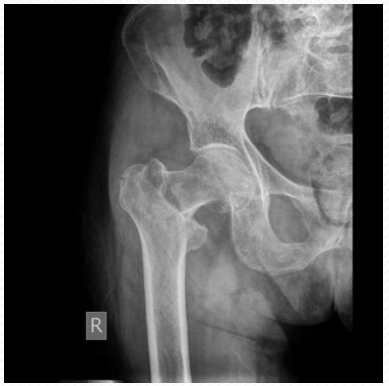
Delay

X-Ray reviewed by a doctor

Delay

Patient gets FIB block

FIB pack



Is my intervention going to work

Literature review

Might not be possible in all QIPs

- Identify a problem before the solution
  - Problem should be patients' centred
    - Is this problem a real problem??
  - What is the best practice or standards
- Identify/engage stakeholders
- Aim SMART (SMALL)
- Define the change/intervention
- Define measures

- To improve the quality of patients' care by reducing the fracture clinic waiting time with new fracture clinic guidelines
- A pre intervention questionnaire shows that only 45% of the patients in fracture clinic were satisfied with the service.
- Define measures

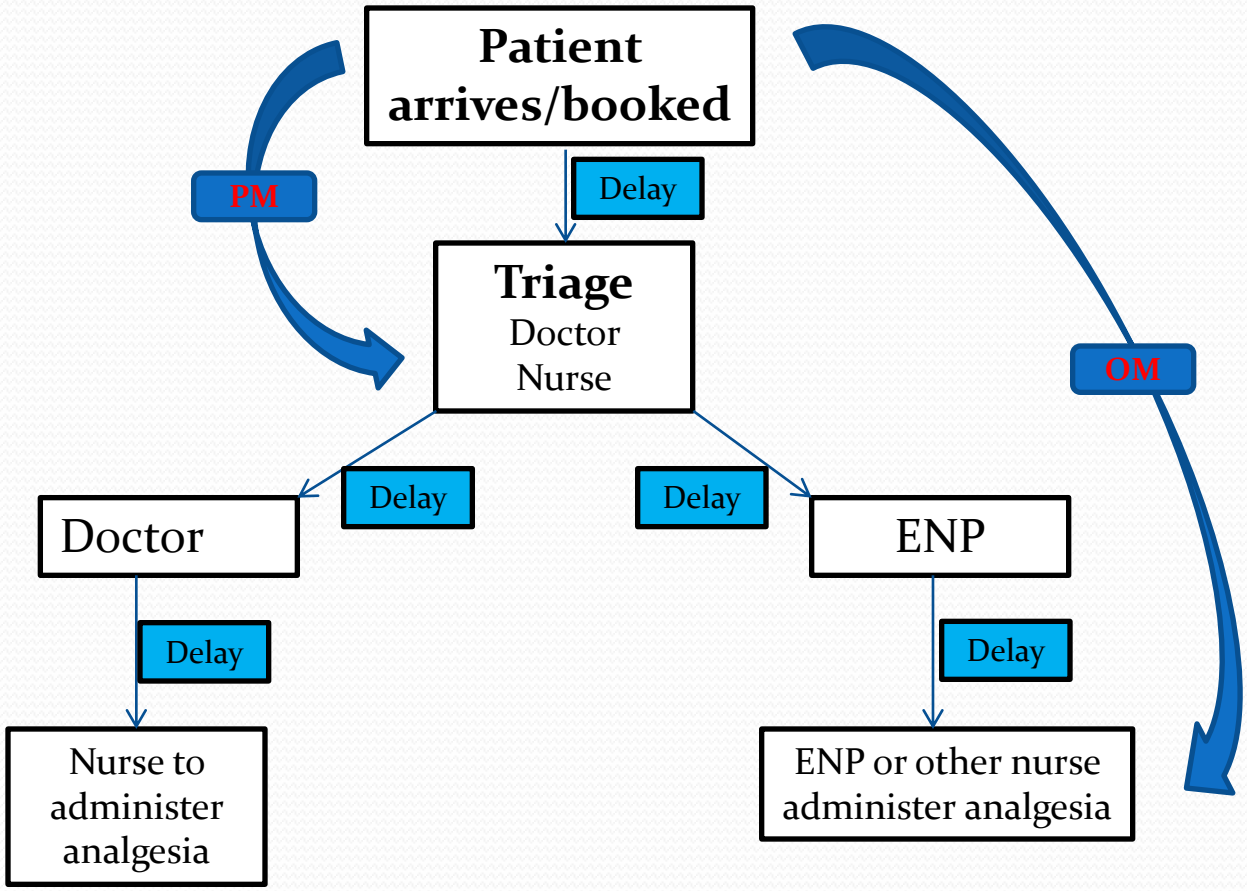
- Outcome measures

  Voice of the patient What actually happens to a patient e.g. patients' satisfaction, mortality, morbidity, survival

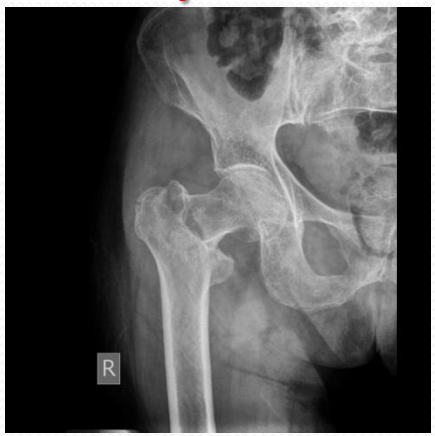
- Process measures

  Voice of the system or measurement of the system e.g. waiting times, reviewing of an ECG

Delay in time to analgesia



Delay in FIB for NOF



Patient arrived in an ambulance bay

PM

Patient gets to a cubicle

Patient seen by a doctor and X-ray ordered

PM

X ray is performed

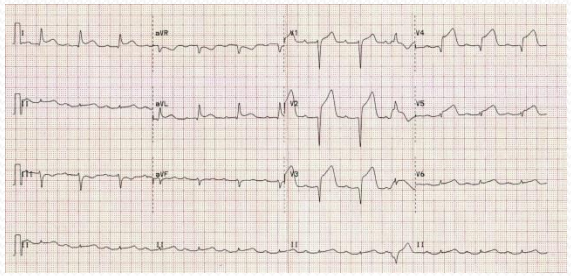
PM

X-Ray reviewed by a doctor

Patient gets FIB block

OM

Delay in time to PCI for walk-in STEMI patients



Walk in patients with chest pain

Patient is triaged & ECG done

PM

ECG reviewed by a doctor

ECG sent to PCI

Patient accepted for PCI

Ambulance called

Patient transferred to PCI

- Outcome measures

  Voice of the patient What actually happens to a patient e.g. patients' satisfaction, mortality, morbidity, survival

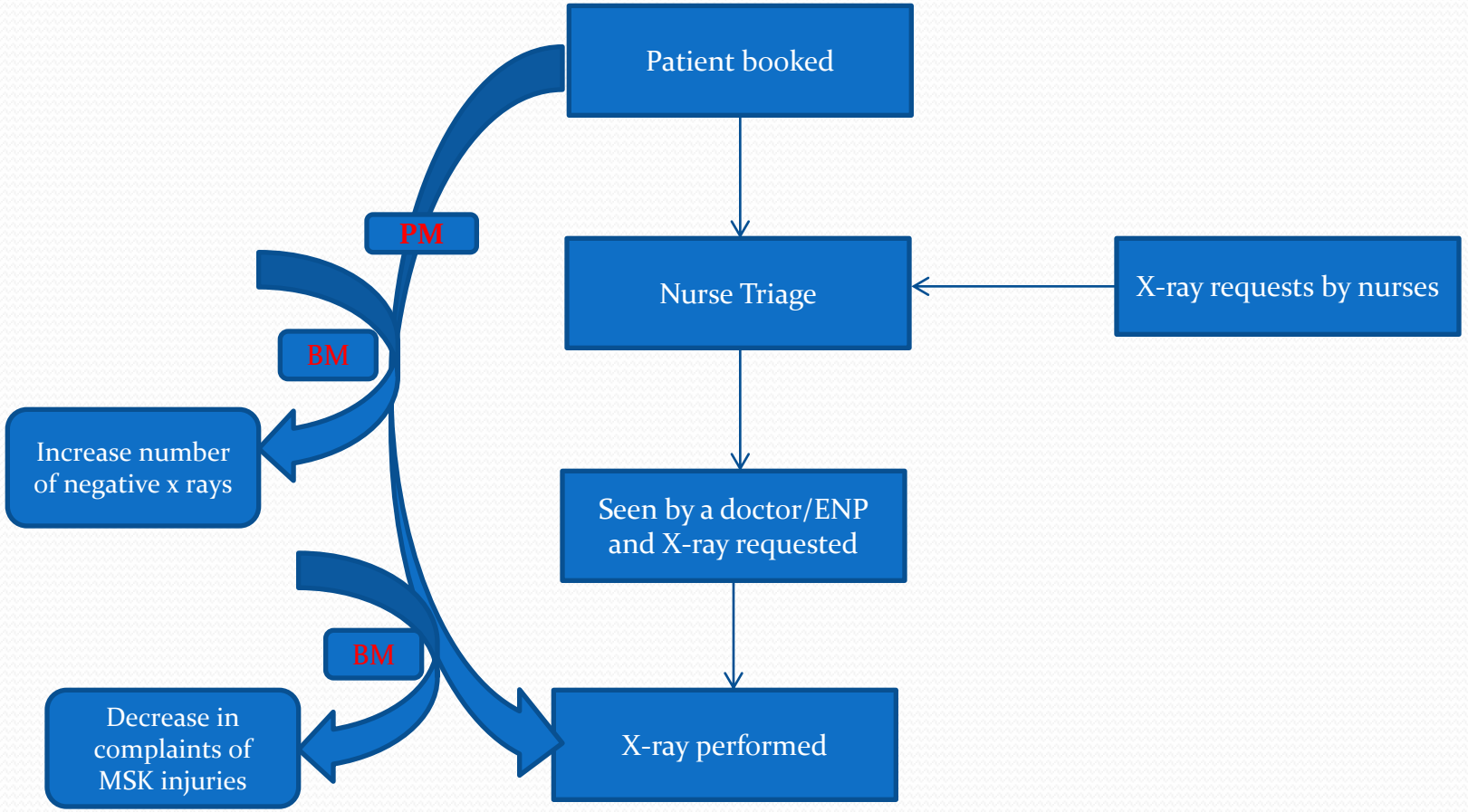
- Process measures

  Voice of the system or measurement of the system e.g. waiting times, reviewing of an ECG

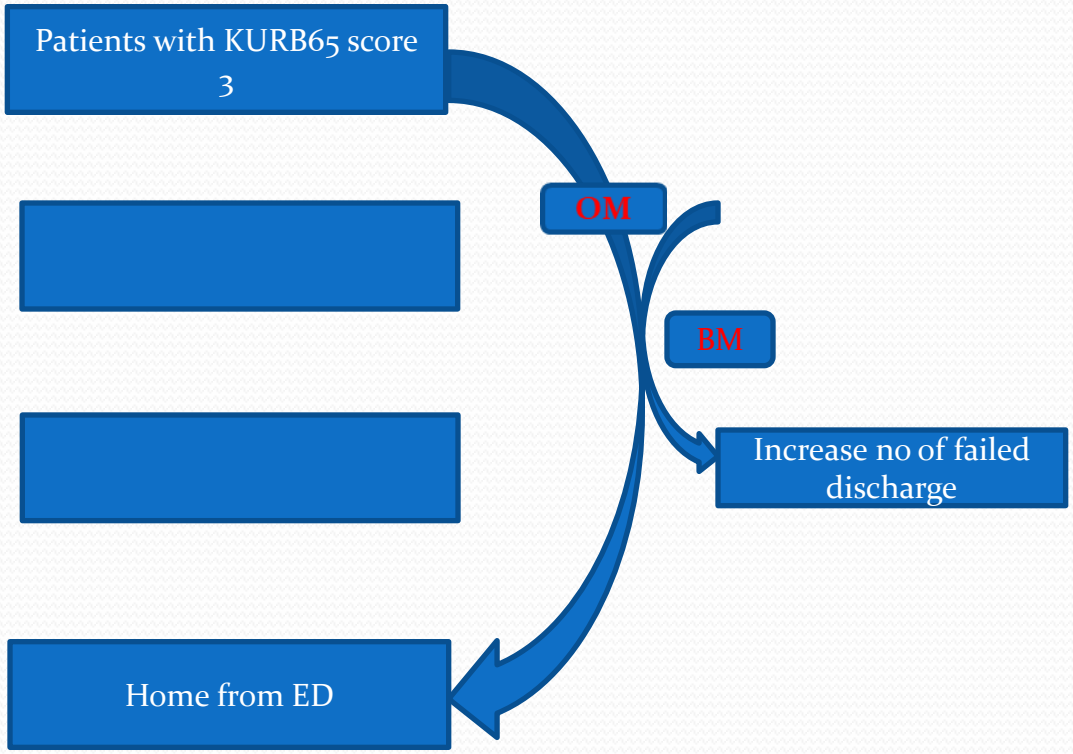
- Balancing measures

  Reflect what may be happening elsewhere in the system as a result of the change. This impact may be positive or negative

Delays in performing X-rays in minor ED



Kurb65 score 3- discharge from ED



You can not assess the improvement (if any) if you don't know the baseline

Baseline measures- previous or new audit

Exciting times

Introduce the change

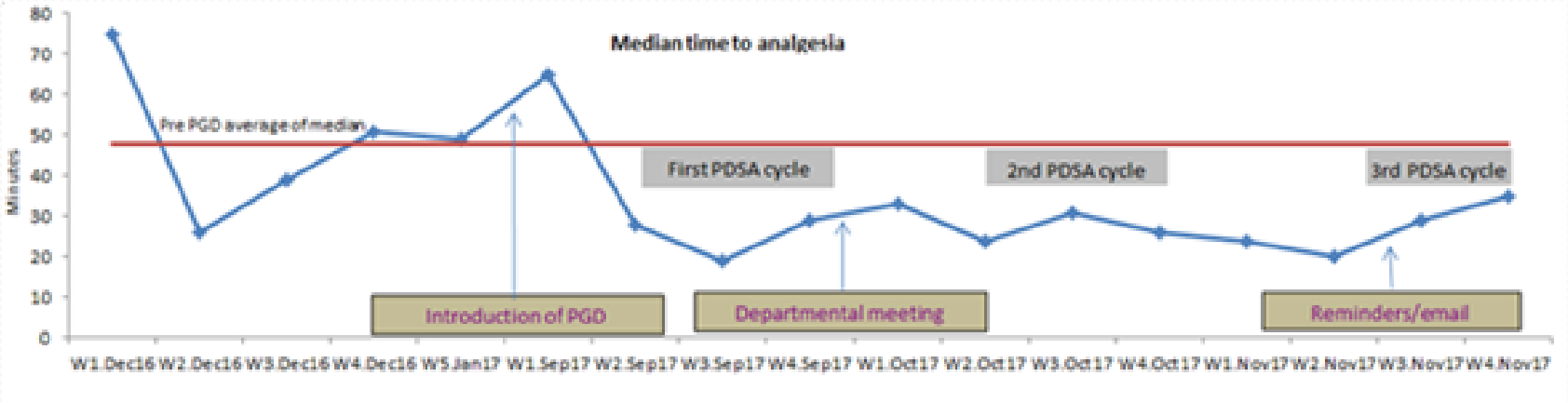
Is the Intervention/change working?

tables/graphs/figures

If no time to study post intervention then back it up with literature

Run Chart

You need a baseline median or average



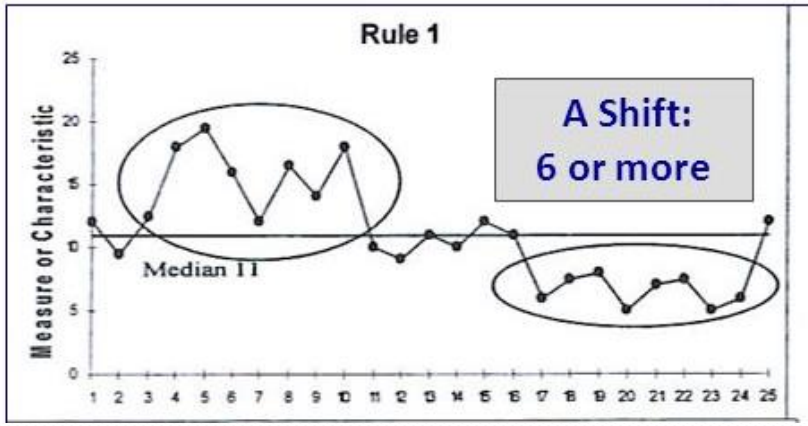
Run Chart

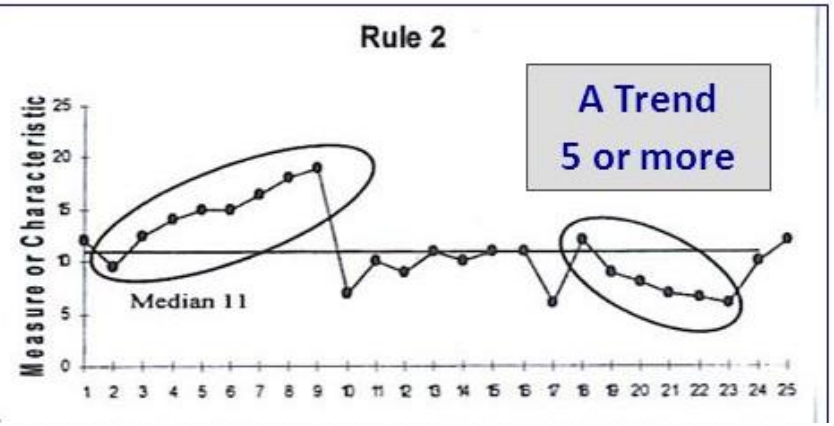
A small sample is usually sufficient.

If noncompliance with sedation checklist occurs in 10% of events, it is likely that this will be seen in a sample of 10 patients.

Run chart rules

- Shift: At least six points continuously on the opposite side of the average signal a shift,
- Trend: At least five in a row trending the same way signal a trend.
- Note also that if your run chart 'joined dots' do not cross the average at least twice, it is a sign that not enough data has been collected.


Rule 1
A Shift:
6 or more
Median 11
Measure or Characteristic


Rule 2
A Trend
5 or more
Median 11
Measure or Characteristic

Discussion

Limitations

Conclusions

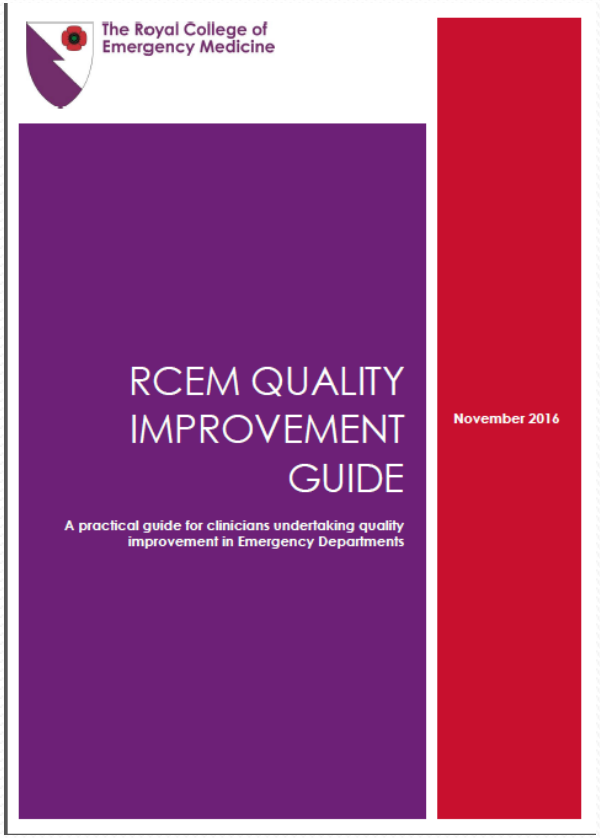
Reflection

References

Index

Writing up

- Page 32 RQEM QIP Guidance
- Page 37 RQEM QIP Guidance



Writing up

- Vancouver referencing (use an automated program, such as Menderley)
- 11 point, double spaced
- Arial or Times New Roman font
- Electronic submission in Word format or PDF
- Headings as suggested by the marking scheme is advised, but not essential
- Frontispiece with executive summary, signatures from trainee and trainer confirming sole work of trainee
- Word limit: it is assumed that word count less than 2000 words will be inadequate, and over 6000 words probably excessive
- The QIP will usually be about 3000-4000 words in total (excluding tables, diagrams and references and appendices if used)

QIP Marking scheme

Total 8 domains. To be successful a candidate must be above "borderline fail" on average across all the domains. 20 marks or above is pass.

8 domains

Fail= 1 score

Borderline fail= 2 score

Borderline pass= 3 score

Pass= 4 score

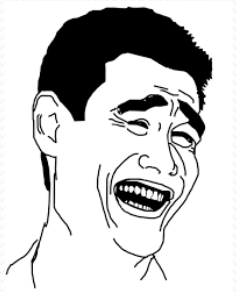
Possible passing combination:

Fail.1

BL fail.4

BL pass.1

Pass.2



Another passing combination:

Fail.1

BL fail.4

BL pass.0

Pass.3

Resources for help

- BMJ QIP reports (hundreds of them- you might get lucky)
- East of England EM website (trainee resources/ST4-ST6/QIP)
  - 2 Example QIPs
  - Multiple resources
- RCEM
  - Multiple documents
  - 2 QIPs as examples
  - New marking scheme

Human factors

- Staff are being asked to ‘do things differently’ which implies what they are currently doing is somehow ‘poorer. Changing behaviour is a tricky QIP…..think twice
- If needs money/business case…think twice
- Let stakeholders come up with the solution (at least let them think so)
- Give power to people, don't take the power away…make life easier
- Build in some ‘quick wins’ for staff, so they can see the value of the QIP.
- Educating a whole department is a daunting task, and it may be better to target the people who really need to know.
- Communicate within your department (e.g. newsletters, e-mail, noticeboards and meetings)

Take home message

- Identify a problem before the solution
- Aim SMART/SMALL
- Define measures (have some baseline measures)

References

- East of England- Emergency QIP medicine resources
- RCEM QIP Guidance 2016
- RCEM QIP Resources