An introduction to Quality Improvement

2 February 2021

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- This Data will be available for as long as the content remains relevant

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If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
Aims

The aims of this session will include:

➢ Developing an understanding the core principles of Quality Improvement (QI)
➢ Exploring the use of four key QI tools
➢ Focus on measurement in QI
➢ Consider the impact of QI on sustainability
## Agenda

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Introductions
Introduction to Quality Improvement (QI)

Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK

- What is QI and why is it important?
- What is the Model for Improvement
Definitions of Quality Improvement

Quality Improvement seeks to enable whole systems change; It is an applied science and a systematic approach. It helps people to make sustained and measurable improvements continuously and collaboratively.

In clinical practice we focus Quality Improvement on making care patient-centred, timely, efficient and equitable. We use QI for improving safety, effectiveness and experience of care by measuring outcomes for anyone who has an interaction with health and social care.
Principles of QI

1. **System**: Quality improvement is the applied science of process management to understand the system and its **aim**.

2. **Measurement**: If you cannot **measure** it you cannot improve it. How would you know you have improved the system?

3. **Context**: Understand the **context** to manage the process (not the individuals).

4. **Make data count**: the right data in the right format at the right time in the right hands

5. **Culture**: Build a **shared purpose**, engage the individuals - the ‘cogs’ - who are affected by the system.
Innovators of Quality Improvement

“If you always do what you’ve always done, you’ll always get what you’ve always got.”
Henry Ford, Founder Ford Motor Company
Developer of the moving assembly line

“A system must have an aim. Without an aim there is no system”
W. Edward Deming,
Developer of the Deming (PDSA) cycle

“Every system is perfectly designed to get the results it gets. If we want better outcomes, we must change something in the system. To do this, we need to understand our systems.”
Don Berwick, Institute for Healthcare Improvement

www.hospiceuk.org
What are your options?

1. Keep doing what you are doing and hope for different results

“The definition of insanity is doing the same thing over and over again and expecting a different result.”
Albert Einstein, Mathematician and Physicist

2. Just do something and hope for the best
   • Unexpected consequences
   • Lack of sustainability
   • Likely to be the root of our cynicism

3. Use a thoughtful Quality Improvement approach
OUR SHARED PURPOSE

What is it?
Shared purpose is what happens when a group of individuals align their beliefs and values with a common challenge, vision, or goal. Purpose is the ‘why’ not the ‘what’ or the ‘how’ of change, and should act as a guide and driver of our decisions and actions. It taps into people’s need for meaningful work; to be part of something bigger than ourselves and encapsulates people’s cognitive, emotional and spiritual commitment to a cause.

Purpose becomes shared when we find commonalities between our values, beliefs and aspirations and those of others and join forces to work towards a common goal.

It is important to develop a shared purpose before proceeding with the rest of your change project.

OUR

Who defines the benefit we're after? Who's going to make it happen and who is it going to affect? All these people need to be involved in designing and delivering change.

SHARED

We all have individual values, experiences, beliefs and aspirations. We need to discover where these overlap. What is it we share? We can only find out by talking to each other.

PURPOSE

This is the ‘WHY’ not the ‘what’ or the ‘how’ of change. It is where vision, values and goals meet and create energy and commitment.

Figure 5: The Change Model - Our shared purpose
Model for Improvement

What is the overall aim of what we are doing? What are we hoping to improve?

What will tell us that our changes make things better than they were before? What can we measure that will demonstrate that our changes are actually an improvement? What data (opinions, observation, process data and results) will be useful?

Include all the ways that you can work towards your objective, so that you can develop a plan for your PDSA cycles. What has worked for other people? What ideas have you had yourself and any innovative approaches.

Act on the analysis.

Plan part of the PDSA cycle

Study the data.

Next is the Doing…
SMART aims and measurements, objective setting 30, 60, 90 days

Anita Hayes, Head of Learning and Workforce, Hospice UK
What is your overall project aim/goal

- This is what you want to achieve, and it must be measurable. It cannot simply be “to improve” or “to reduce”
- The aim/project goal should be meaningful to your patients/service users/families/customers.
- We recommend that you discuss with your patients/families what the aim for your improvement project should be.
- Use available data to understand what your big quality issues are. This may help you define a suitable aim for an improvement project.
- A well-written aim/project goal helps you identify your measures.

https://improvement.nhs.uk/documents/2189/developing-your-aims-statement.pdf
What to look for in an aim statement/goal

What we want to achieve
How much
By when
For whom
Compared to…
So what?
Does it focus on a measurable outcome?
  • Is there a “by”?
  • Are there “weasel words”?
Is it aligned?
Weasel Words to Weed Out

A bit  Likely  Rather
Almost  Many  Relatively
As much as  May  Reasonably
Basically  Might  Seems
Can  Moderately  Some
Could  Most  Somehow
Fairly  Often  Somewhat
In a sense  Probably  Usually
Just  Quite  Virtually
Developing SMART aims

• **Specific** – a very clear statement of what you are trying to achieve
• **Measurable** – has a numerical target that can be measured
• **Achievable** – is realistic and attainable in the time allowed
• **Relevant** – is linked to the strategic aims of your organisation and relates to patient outcomes
• **Time-bound** – has a clearly defined timeframe within which the aim should be achieved.
Measuring Success

“The only man who behaves sensibly is my tailor; he takes my measurements anew every time he sees me, while all the rest go on with their old measurements and expect me to fit them”

George Bernard Shaw
What will tell us that our changes make things better than they were before? What can we measure that will demonstrate that our changes are actually an improvement? What **data** (opinions, observation, process data and results) will be useful?
Remember: not all change is improvement

ITS HELPED US CUT UNNECESSARY VISITS BY OVER 23%.
Measurement throughout the improvement journey

- Identifying problem and project aims
- Baseline
- Is the project making a difference
- Are we sustaining improvements
- Evaluating benefits
Seven steps measurement for improvement

Resources on ‘how to’ measure for improvement]

At baseline: steps 1-6

Alongside quality improvement: step 7 repeat steps 4-6 to support informative evaluation

https://improvement.nhs.uk/documents/2164/seven-steps-measurement-improvement.pdf
The hierarchy of measurement reporting

- Board & CEO: Higher level outcome measures
- Service Managers: Outcome measures + key process measures
- Unit / Department Managers: Relevant process + key outcome measures
- Frontline Staff: Relevant process + key outcome measures
## Breakout rooms

In groups discuss SMART aims and measurement -

### SMART aims exercise

<table>
<thead>
<tr>
<th>Is your project:</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Specific</strong> – a very clear statement of what you are trying to achieve</td>
<td></td>
</tr>
<tr>
<td><strong>Measurable</strong> – has a numerical target that can be measured</td>
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<td></td>
</tr>
<tr>
<td><strong>Time-bound</strong> (sometimes referred to as timely, time-sensitive, time-based) – has a clearly defined timeframe within which the aim should be achieved</td>
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On return please add any comments in the Chatbox
In the break:

Please picture an image of a cat on a mat
Stakeholder involvement

Dawn Hart
The Stakeholder

- Individuals or groups who have an interest in the project, will be impacted by the process and outcome, investment in the success or failure, something to gain or lose
  - Enables the project/change idea team to engage and understand their viewpoint, their lens, their perception, their opinions
  - Successful stakeholder engagement is essential to the development, success and sustainability of any change idea.

Stakeholder Analysis

- List all the groups are who are likely to be affected by your project, internal, connected, and external
- Include those who might challenge or disagree
- Use of the 9 Cs can aid this process, broadly
- Name individuals where relevant
- Consider influence, impact, involvement, resource
- Don’t forget your Grimbleshanks

Consider the 9 Cs

- Commissioners
- Customers
- Collaborators
- Contributors
- Channels
- Commentators
- Consumers
- Champions
- Competitors
Stakeholder Mapping

- **Keep satisfied**
  - High Power
  - Low impact

- **Actively involve and engage**
  - High Power
  - High impact

- **Observe**
  - Low Power
  - Low impact

- **Keep up to date**
  - Low Power
  - High impact

- **Importance to project**

- **Level of engagement**

- **Manage Closely**

- **Monitor**

- **Keep informed**
# Involving Stakeholders

<table>
<thead>
<tr>
<th>Voice</th>
<th>Where:</th>
<th>How</th>
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<tbody>
<tr>
<td></td>
<td>a) The service delivery is distinctly the responsibility of the services, and you require feedback in order to do your part better</td>
<td>Through:</td>
</tr>
<tr>
<td></td>
<td>b) Citizens are members of public services and have a say in spending decisions and strategy</td>
<td>a) Surveys, interviews to generate feedback data</td>
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<tr>
<td></td>
<td>b) Public engagement events with members to inform strategic choices</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Choice</th>
<th>Where:</th>
<th>How</th>
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<tbody>
<tr>
<td></td>
<td>a) Citizens are offered and can make choices in the nature of the services to meet their need (shared decision-making)</td>
<td>Through:</td>
</tr>
<tr>
<td></td>
<td>b) Citizens choose which provider to access for their services</td>
<td>a) Consultations with professionals using best-practice evidence to show the options and their impact (shared decision-making tools)</td>
</tr>
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<td></td>
<td>b) At consultation or by active access</td>
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<table>
<thead>
<tr>
<th>Coproduction</th>
<th>Where:</th>
<th>How</th>
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<tbody>
<tr>
<td></td>
<td>Citizens are equal partners in determining the problem, the solution, delivering the solution, and evaluating the impact of that delivery</td>
<td>Through:</td>
</tr>
<tr>
<td></td>
<td>Full participation as an equal player throughout the whole process</td>
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*Voice, Choice and Coproduction, Malby R (2014)*

[www.hospiceuk.org](http://www.hospiceuk.org)
# Ranges of Participation

<table>
<thead>
<tr>
<th>Coproduction</th>
<th>Doing with in an equal and reciprocal partnership</th>
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<tbody>
<tr>
<td>Codesign</td>
<td>Doing for engaging and involving people</td>
</tr>
<tr>
<td>Engagement</td>
<td>Doing to Trying to fix people who are passive recipients of service</td>
</tr>
<tr>
<td>Consultation</td>
<td></td>
</tr>
<tr>
<td>Informing</td>
<td></td>
</tr>
<tr>
<td>Educating</td>
<td></td>
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<tr>
<td>Coercion</td>
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[New Economic Foundation (link to ncvo.org)](http://www.ncvo.org)
6 Principles of Coproduction

Assets: Transforming the perception of people from passive recipients to equal partners.

Capabilities: Building on what people can do and supporting them to put this to work.

Mutuality: Reciprocal relationships with mutual responsibilities and expectations.

Networks: Engaging a range of networks, inside and outside ‘services’ including peer support, to transfer knowledge.

Blur roles: Removing tightly defined boundaries between professionals and recipients to enable shared responsibility and control.

Catalysts: Shifting from ‘delivering’ services to supporting things to happen and catalysing other action.

People powered health coproduction catalogue, Nesta (2012)
## Stakeholders’ Roles

<table>
<thead>
<tr>
<th>Professionals Deliver</th>
<th>Co-Plan</th>
<th>Communities Deliver</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Services</td>
<td>Co-Designed</td>
<td></td>
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<tr>
<td>Co-Delivered</td>
<td>Co-Produced</td>
<td></td>
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<tr>
<td>Co-Opted</td>
<td>SELF-ORGANISED</td>
<td></td>
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The Challenge of coproduction Boyle & Harris (2009) (link to Nesta.org)
Communication, Commitment, Collaboration

Strategy for Stakeholder Engagement

- Clear communications plan
- Level of communications dependant on the mapping
- Consider the ranges of participation

Building Relationships

- ‘Culture eats strategy for breakfast’ Peter Ducker
- Listen first, understand the values and beliefs of the stakeholder as the individual, and as a group

Building Trust

- Be clear, be honest, be open
- Share values, purpose and vision
- Keep promises, do what you say you will do
- Be inclusive and consistent in thought and action
Breakout rooms

In facilitated groups discuss Stakeholders:

Can you think of new stakeholders?
Can you name your Grimbleshanks?

On return: Please add any comments in the Chatbox
Future planning: Driver Diagrams and 30-60-90

Anita Hayes
When to use a Driver Diagram

Reasons to use driver diagrams

1. Engage people in developing strategy
2. Represent complex strategy visually
3. Deconstruct complex problems usefully
4. Generate more and better change ideas
5. Avoid silver bullet thinking
6. Avoid blind spots in thinking
7. Identify priority areas for activity
8. Measure progress
9. Survive failure and the unexpected
10. Consolidate success
11. Share learning
Where do they fit in the QI journey?
https://youtu.be/C8E6Dzo28II

Royal Wolverhampton NHS Trust Driver Diagrams
In Summary

There is no single correct way of drawing a driver diagram and there is no prescribed number of primary and secondary drivers or actions that should be included. What is important, however, is that the diagram clearly shows the causal relationships between the projects, hierarchy of drivers and aim.
Driver Diagrams - weight loss

Aim: 2 stones lighter!

Energy Out
- Walk daily commute
- Stairs not lift
- Exercise

Energy In
- Reduce alcohol intake
- Eat Less

- Pedometer
- Gym work out 3 days
- Squash weekends
- No pub weekdays
- Take packed lunch
- Low fat meals
What is 30-60-90

What is it?
The 30/60/90-day cycle tool is a way of helping you to identify, prioritise and implement actions to take your improvement programme forward.

When to use it
Using 30/60/90-day cycles of change will enable you to break actions down into manageable chunks. It will allow you to maintain flexibility, work on key themes and multiple processes in parallel and help to maintain project momentum and the energy of those involved.

How to use it
Instead of working on linear project plans, the main unit of your planning horizon becomes the next 30 (or 60 or 90) days and you focus your decision-making around these.
### 30 – 60 – 90 Day Plan

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<th></th>
<th>30</th>
<th>60</th>
<th>90</th>
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<tbody>
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<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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[www.hospiceuk.org](http://www.hospiceuk.org)
Over to you

• Your experience of QI?
• Any questions
Feedback

Please complete this short feedback survey using the link in the Chatbox

https://www.surveymonkey.co.uk/r/gettingtoknowqifeedbacksurvey

Thank you
Summary and close

If you would like to talk to us more about Quality Improvement please contact us
clinical@hospiceuk.org
Thank you for taking part
More information on Driver Diagrams

Websites

• Getting the Measure of Quality: Opportunities and Challenges, London: King’s Fund
  https://qi.elft.nhs.uk/resource/driver-diagrams/

• Quality Improvement Zone – NHS Scotland
  https://learn.nes.nhs.scot/2278/quality-improvement-zone/qi-tools/driver-diagram

• Point of care foundation
  https://www.pointofcarefoundation.org.uk/resource/driver-diagrams/?gclid=CjwKCAiAn7L-BRBbEiwAl9UtkCtuTx8VQ4BsyH-9mRTFqtCShykCepgRyyaDPdhCT85T_d1mHymphoC5Y4QAvD_BwE

Videos

• Transforming Care
  https://www.youtube.com/watch?v=2mBpJlzzYI8&ab_channel=TransformingCare

• Driver diagram tool - NHS Improvement (Mike Griffiths lesson 2)
  https://youtu.be/xXRym4aFLa4
Useful resources

- Quality, service improvement and redesign (QSIR) tools
  https://www.england.nhs.uk/quality-service-improvement-and-redesign-qsisr-tools/#project
- NHS Scotland – Quality Improvement zone
  https://learn.nes.nhs.scot/1262/quality-improvement-zone/qi-tools