

# **Sharing, learning & improving – reflections from our QI journey**

**Dr Bob Klaber**

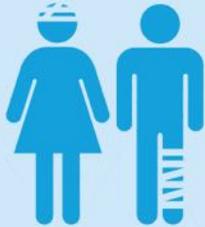
Consultant Paediatrician  
& Deputy Medical Director

# Our work

**1,225,000**

Patient contacts

(including inpatients, outpatients and day cases)



**312,000**

Emergency attendees

(including A&E and AEC)



**40,000**

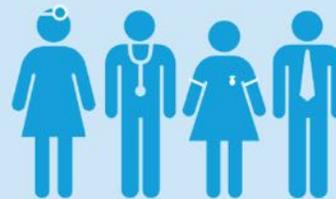
Operations

(including day and inpatients)



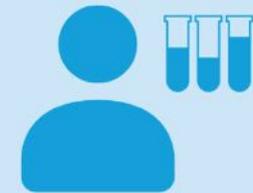
**£1,213m**

Turnover



**12,000**

Staff



**600**

Active research projects

# Our vision & strategic goals

Our vision:

## Better health, for life

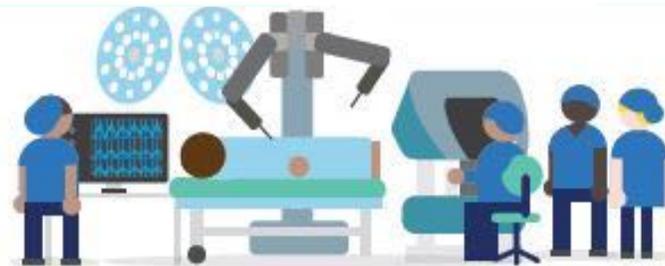
Strategic goals



To help create a high quality integrated care system with the population of north west London



To build learning, improvement and innovation into everything we do



To develop a sustainable portfolio of outstanding services

# Our vision, values & behaviours

## Our vision: Better health, for life

Our values and behaviours			Kind	Expert	Collaborative	Aspirational
<b>Kind</b> We are considerate and thoughtful so everyone feels valued, respected and included			<b>Collaborative</b> We actively seek others' views and ideas so we achieve more together			
<b>Love to see</b> <ul style="list-style-type: none"> <li>Always go out of your way to make others feel welcome</li> <li>Proactively offer help and support to patients, visitors and colleagues; 'go the extra mile' for others</li> <li>Make time to actively listen and respond, even when busy; tailor your approach to the individual and 'listen with fascination'</li> <li>Help others to challenge unkind or disrespectful behaviour and to understand its impact</li> <li>Understand and respond to the diverse needs of patients, visitors and colleagues – show you value their time</li> </ul>	<b>Expect to see</b> <ul style="list-style-type: none"> <li>Make eye contact, smile, and introduce yourself</li> <li>Help patients, visitors or colleagues who seem lost or confused; if you can't help, find someone who can</li> <li>Listen to others attentively and with patience; show empathy</li> <li>Constructively challenge unkind or disrespectful behaviour</li> <li>Treat everyone as an equal and a valued individual; see things from others' points of view</li> </ul>	<b>Don't want to see</b> <ul style="list-style-type: none"> <li>Ignore or avoid others; appear unapproachable, rude, abrupt or moody</li> <li>Make others feel they are a burden; be unhelpful; ignore visitors who are lost</li> <li>Appear disinterested, distracted or dismissive; talk over others</li> <li>Condone or ignore disrespectful or unkind behaviour in others; fail to challenge it directly or indirectly</li> <li>Ignore others' feelings or needs; make others feel bullied, excluded, belittled or judged</li> </ul>	<b>Love to see</b> <ul style="list-style-type: none"> <li>Encourage and support others to find better ways of working within and across teams</li> <li>Proactively seek diverse views and feedback in all aspects of your work</li> <li>Develop genuine and generous partnerships with others, internally and externally, to achieve a common goal</li> <li>Create a culture of proactive, tailored and transparent communication</li> <li>Be generous with your time and actively make yourself visible and available to others</li> </ul>	<b>Expect to see</b> <ul style="list-style-type: none"> <li>Work as part of a team; co-operate and engage with colleagues and partners</li> <li>Respect others' expertise and value advice; involve others in the development of ideas and projects</li> <li>Respond and contribute to partnerships and collaborations to achieve a common goal</li> <li>Openly and freely share information with others</li> <li>Respond positively to requests for help or support from others</li> </ul>	<b>Don't want to see</b> <ul style="list-style-type: none"> <li>Exclude others and work in isolation; resist others' attempts at collaboration</li> <li>Disregard others' expertise or views; ignore or dismiss ideas; avoid seeking input</li> <li>Act in your own interests or to the detriment of other teams or partners to achieve your own goals</li> <li>Provide incomplete or inaccurate information; withhold information</li> <li>Be elusive or hard to contact; fail to respond to others in a timely or positive way</li> </ul>	
<b>Expert</b> We draw on diverse skills, knowledge and experience so we provide the best possible care			<b>Aspirational</b> We are receptive and responsive to new thinking, so we never stop learning, discovering and improving			
<b>Love to see</b> <ul style="list-style-type: none"> <li>Actively inspire and encourage others to act responsibly and always act in line with best practice</li> <li>Role model continuing development and encourage others to do the same; be generous with your knowledge and networks</li> <li>Promote a culture of delivery; highlight issues, challenges and risks in delivery and help find solutions and mitigations</li> <li>Consider and seek to reduce negative impacts on cost, resources or the environment; encourage others to do the same</li> <li>Constantly find improvement opportunities in every aspect of your work</li> </ul>	<b>Expect to see</b> <ul style="list-style-type: none"> <li>Understand and comply with policies, procedures and reporting</li> <li>Demonstrate competence in current practice, be sure of your facts and opinions and know the limits of your knowledge</li> <li>Do what you say you will do and strive to deliver on your commitments</li> <li>Use money, time and other resources as efficiently and sustainably as possible</li> <li>Use our quality improvement methodology to tackle problems and make improvements</li> </ul>	<b>Don't want to see</b> <ul style="list-style-type: none"> <li>Ignore best practice, policies and procedures; take unwarranted risks or short cuts</li> <li>Make no attempt keep up to date or maintain knowledge and best practices</li> <li>Fail to follow through on commitments; miss deadlines and neglect to highlight actions when not on track</li> <li>Show disregard for resources, time and facilities</li> <li>Fail to recognise or act on opportunities for improvement</li> </ul>	<b>Love to see</b> <ul style="list-style-type: none"> <li>Actively help others to identify improvements and find solutions to problems, focusing on outcomes</li> <li>Create a culture where achievement is proactively identified and celebrated</li> <li>Promote and role model reflection and learn openly with others</li> <li>Promote a culture of feedback and role model high quality feedback conversations as part of daily practice</li> <li>Take proactive steps to contribute to wider improvement initiatives and bring a positive mindset to new ideas</li> </ul>	<b>Expect to see</b> <ul style="list-style-type: none"> <li>Initiate improvements and look for opportunities to learn from others</li> <li>Recognise and celebrate achievement</li> <li>Build in reflection and learning to support daily practice</li> <li>Ask for, listen to and accept feedback to improve performance and practice</li> <li>Support improvement initiatives in your own role or team</li> </ul>	<b>Don't want to see</b> <ul style="list-style-type: none"> <li>Resist or avoid change because 'we've always done it this way'</li> <li>Fail to notice or appreciate others' efforts or achievements</li> <li>Fail to make time for learning and reflection; show little or no interest in learning from incidents, patients or best practice</li> <li>Avoid asking for or being open to feedback; defensive when it is offered</li> <li>Have a cynical or negative mindset towards improvement initiatives or change</li> </ul>	



Imperial College Healthcare



NHS Trust

# Improvement Team – Theory of Change:

## In order to achieve our aim we need to:

1. Inspire staff, patients and partners to participate in the organisation's improvement journey
2. Build improvement capability in our staff & patients
3. Build improvement capacity to spread quality improvement across the Trust and beyond
4. Enable local teams to undertake quality improvement projects through defined consultancy and coaching support
5. Support the design, implementation and evaluation of strategic Trust wide improvement & transformation programmes
6. Define and develop how we become a learning organisation

# Improvement Team Strategic Direction

## Aim

### Primary drivers

### Secondary drivers

**Create a culture of continuous improvement**

1. Inspire staff, patients and partners to participate in our improvement journey

2. Develop improvement capability in staff and patients

3. Build improvement capacity to spread quality improvement (QI) across the Trust and beyond

4. Enable local teams to undertake quality improvement projects through defined consultancy and coaching support

5. Support the design, implementation and evaluation of strategic Trust wide improvement & transformation programmes

6. Define and develop how we become a learning organisation

- 1.1 Share the story of our improvement journey – what, how & why
- 1.2 Encourage staff, patients & our communities to participate in, and advocate for, QI
- 1.3 Create opportunities for people to share & celebrate improvement successes & learning
- 1.4 Work in collaboration with Imperial Health Charity to support improvements for our patients
- 1.5 Work in partnership with regional, national and international stakeholders to deliver our aim
- 1.6 Develop a culture that actively supports & fosters improvement work at a local level

- 2.1 Design & deliver a comprehensive QI education programme accessible to all staff & patients across the organisation
- 2.2 Facilitate people to make use of other opportunities to support their learning & development in QI
- 2.3 Support people and teams to turn their QI learning into real, measureable improvements

- 3.1 Develop multiple cohorts of improvement coaches & leaders who are connected to & supported by the Improvement Team
- 3.2 Facilitate wards, pathways & diverse teams to work with our improvement coaches & leaders to make improvements
- 3.3 Develop an organisational approach that enables all staff to have the capacity & support to undertake improvements

- 4.1 Support teams to scope QI projects & explore how they align to the needs of our patients & services (Discover)
- 4.2 Coach local teams to define a clear aim, driver diagram, measurement plan & approach to generating ideas for each QI project (Define & Develop)
- 4.3 Encourage teams to try small tests of change, study them & refine them to make improvements (Test & Refine)
- 4.4 Design & implement team based methods (e.g. improvement huddles, poster boards) to scale up QI (Spread & Sustain)

- 5.1 Support our senior leaders to design the approach & methods for Trust wide improvement & transformation work
- 5.2 Promote the involvement of patients & staff in designing improvement & transformation work
- 5.3 Contribute to the development of measures, evaluation frameworks & governance for Trust wide improvement & transformation work
- 5.4 Implement specific strategic improvement & transformation programmes

- 6.1 Actively learn from other organisations ('all teach, all learn' philosophy)
- 6.2 Develop people, through focusing on values, behaviours & networks
- 6.3 Embed consistent & rigorous improvement methods into all of our work
- 6.4 Use data and information to measure for improvement at all levels of the organisation
- 6.5 Introduce the lens of the IHI Quadruple Aim, to work alongside our definition of quality, in order to drive improvements
- 6.6 Evaluate impact, share and spread learning

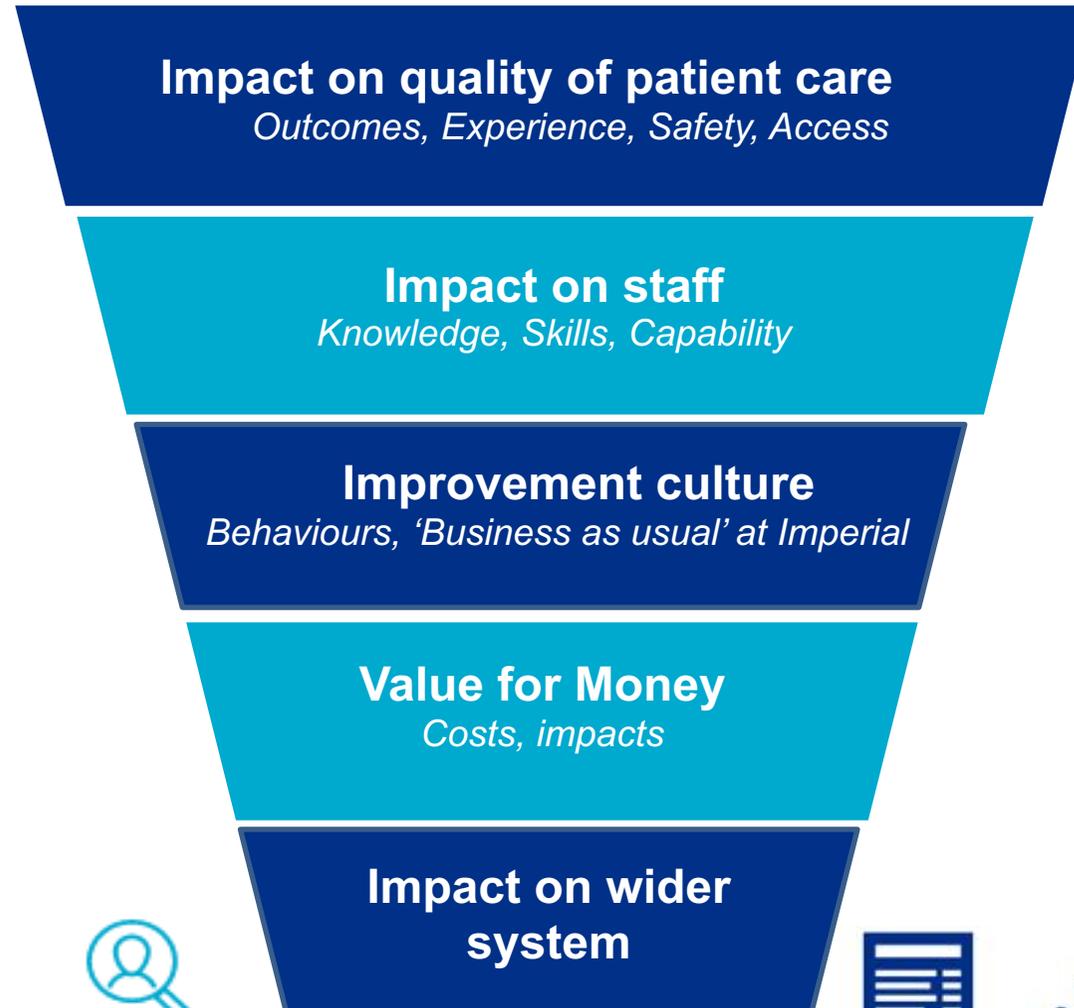


## Our Trust-wide Improvement Methodology

1. Use the **Model for Improvement** – incorporating a clear aim, well defined measures and space to think far and wide about change ideas. Followed by rapid tests of change using multiple PDSA cycles
2. Use **Driver Diagrams** to articulate why certain work / projects / initiatives will logically lead to achieving the aim.
3. Move to '**Measurement for Improvement**' – time series data with control limits, and annotations showing what changes were tried when
4. Use **coaching** methods to drive improvement & transformation across the Trust
5. **Codesign** change with patients, staff, carers & our wider communities
6. Put emphasis on **sharing learning, scaling up, spread & sustainability**

# Evaluation approach

## Our Framework



# Six Key Outcomes so far



**1,500 people educated in continuous improvement**, with 91% of these stating that they are confident applying their improvement skills in practice



**3,000 others, including junior doctors**, benefitting from the team contributing to their taught programmes and **5,000 new starters at the Trust having their awareness raised** about continuous improvement



**170 people trained and supported to act as coaches to facilitate improvement**, with an estimated 88% of these coaches actively using their skills to support improvement



**135 continuous improvement projects** led by services or strategically led Trust-wide that may not otherwise have happened



Provision of time-limited / one-off consultancy or improvement scoping **advice to 241 initiatives**



About **20 external promotional outputs** such as journal articles, conference presentations and posters

# Tangible improvements from projects

Impact on quality of patient care – examples supported by Improvement Team

Experience Lab Programme

Positive patient experience ratings rose from 63% in April 2017 to **78%** in February 2018



Increasing the number of people with hand and wrist fractures seen in a virtual fracture clinic by more than **300%**

Virtual Fracture Clinic

Flu Vaccination Campaign

In 2017/18, **61%** of the Trust's frontline workers were vaccinated, compared to **20%** the previous year



New lower urinary tract symptom patients either discharged or listed for surgery increased from an average of **24%** per month in 2017 to

**91%**

LUTS

Hand Hygiene Campaign

Observed hand hygiene compliance increased from **29%** to **67%** on wards using continuous improvement methods



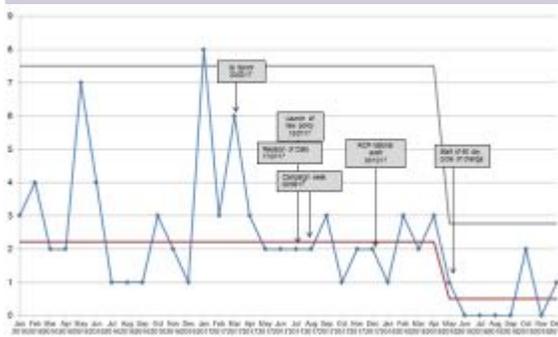
Reductions in mortality from **18%** in 2017 to an average of **14%** from June 2017

Sepsis

# Impacts of safety culture projects - supported by improvement team

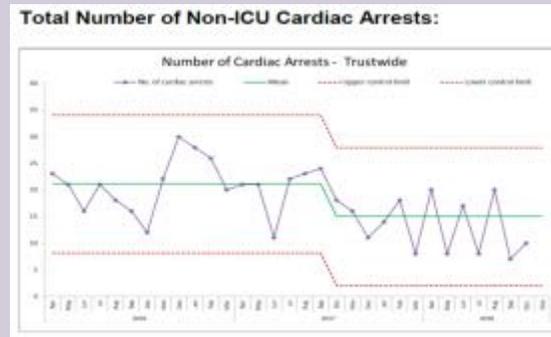
There are 9 streams where a focus on continuous improvement have made a difference to patient safety, examples include...

## Inpatient Falls



There has been a reduction in the number of Serious Incidents related to falls (mean 2.2/month to 0.6/month)

## Failure to Rescue



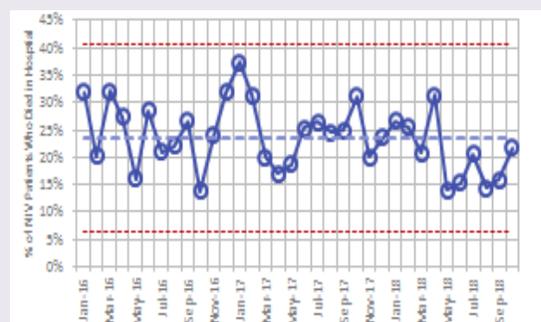
There has been a step reduction of cardiac arrests across the trust by 30% (mean 21/month to 15/month)

## Positive Patient Identification



A reduction in the number of Patient ID incidents reported via Datix in 2017/18 by 17% (mean 30/month to 25/month)

## Acute Respiratory



Trend indicating the percentage of NIV patients dying in hospital has decreased from 24% to 17% from May 2018 onwards

# Progress towards embedding as business as usual

## Example of Value for Flow Coaching Academy



The overall cost of the programme in 2018/19 is estimated as about **£688,157**, of which £554,397 is costs associated with coaches and faculty and an estimated £133,760 is costs associated with Big Room participant salaries.

**Reduced overnight stays and length of stay in recovery worth £769,076**

*(reduced by 1354 bed days per year @ £444 extra cost per day for recovery compared to ward, plus reduction in staff needed)*

**Reduced length of stay for people admitted for diabetic foot care worth £345,600 per annum**

*(reduced length of stay by average of 6 days @ £450 saving per day for 128 diabetic foot inpatients per year)*

**Reduced length of stay after elective vascular surgery estimated to have cost savings of £382,500 per annum**

*(reduced length of stay by average of 2 days @ £450 saving per day for 425 vascular electives per year)*

# Quality improvement in hospital trusts

Sharing learning from trusts  
on a journey of QI



SEPTEMBER 2018

## Brief guide: assessing quality improvement in a healthcare provider

### Context

CQC inspection teams should always assess the presence and maturity of a quality improvement (QI) approach within a provider organisation.

### What do we mean by a 'QI approach'?

'Quality improvement' is not the same as 'improving quality'. All provider organisations will be making efforts to improve quality, and this can be done in many ways – including planning (resourcing, restructuring, commissioning, training), assurance (periodic checks of quality through audit or inspection), control (continuous monitoring of quality with interventions when necessary).

Quality improvement is the use of a systematic method to involve those closest to the quality issue in discovering solutions to a complex problem. It applies a consistent method and tools, engages people (both staff in clinical/corporate teams and patients/service users/families) more deeply in identifying and testing ideas, and uses measurement to see if changes have led to improvement.

### Evidence required

Signs of a mature quality improvement approach across the organisation:

1. Quality strategy available on website and intranet that explicitly mentions quality improvement and sets the organisation's quality improvement goals.
2. Quality appears to be the priority at the Board from agenda and minutes, with a specific report on quality that is accessible publicly.
3. The Board looks at data as time series analysis, and makes decisions based on an understanding of variation.<sup>1</sup>
4. Clear and consistent improvement method for the organisation, and demonstrable across all areas/operations of the organisation.
5. Presence of a central team dedicated to supporting quality improvement, with expertise in the improvement method and tools.
6. Plan for building improvement skills at all levels of the organisation, with a large proportion of the organisation (and at all levels) having developed improvement skills.
7. Structures in place to oversee quality improvement work, with multiple executive directors involved in regular provider-level overview.
8. Robust, regular and local support in place across all areas of the organisation to support teams using QI to solve complex quality issues.
9. Quality improvement work across the organisation demonstrates alignment – projects at team level align with strategic objectives for the organisation.
10. Demonstrable use of measurement on a routine basis to monitor progress of QI work against outcomes and ensure sustained improvement.
11. All Executive team and clinical leaders are able to talk about their role in leading quality improvement, supporting teams in their quality improvement work and



## Making the case for quality improvement: lessons for NHS boards and leaders

**Kings Fund & Health Foundation**  
*(October 2017)*  
*Alderwick, Charles, Jones & Warburton*

1. Make quality improvement a leadership priority for boards.
2. Share responsibility for quality improvement with leaders at all levels.
3. Don't look for magic bullets or quick fixes.
4. Develop the skills and capabilities for improvement.
5. Have a consistent and coherent approach to quality improvement.
6. Use data effectively.
7. Focus on relationships and culture.
8. Enable and support frontline staff to engage in quality improvement.
9. Involve patients, service users and carers.
10. Work as a system.

# 10 things we have learned so far....

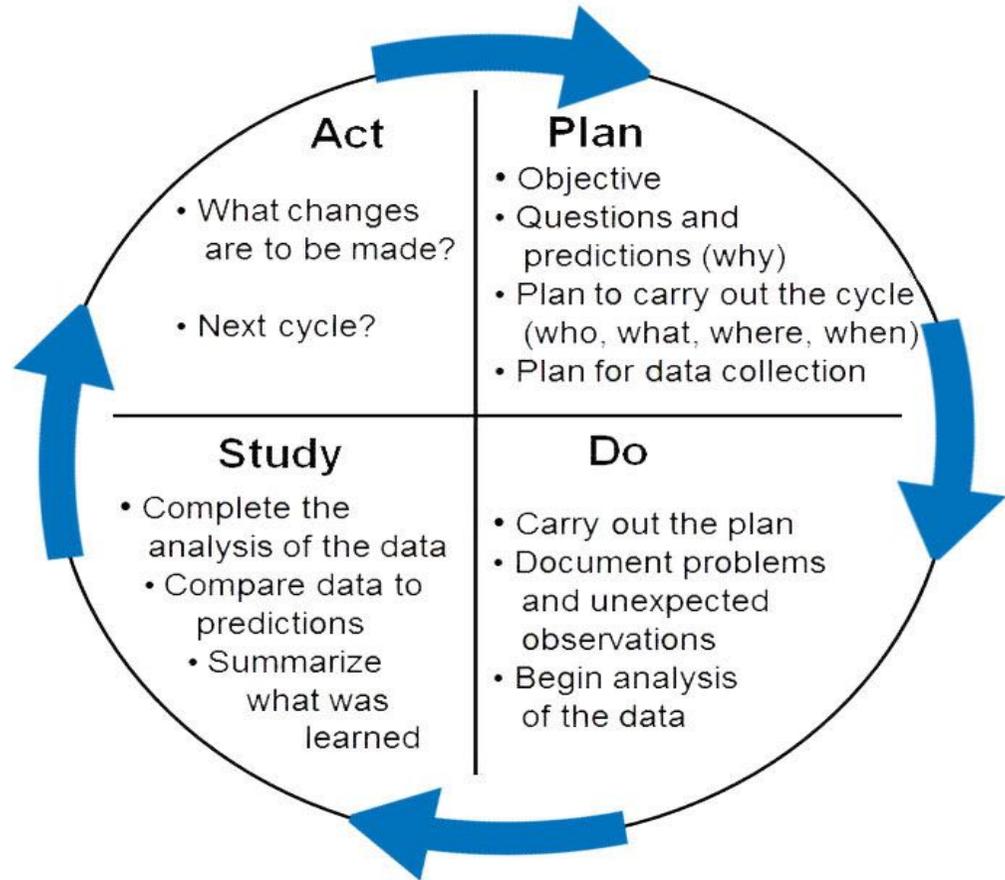
# (1) Involve patients, carers & citizens at the heart of all improvement work



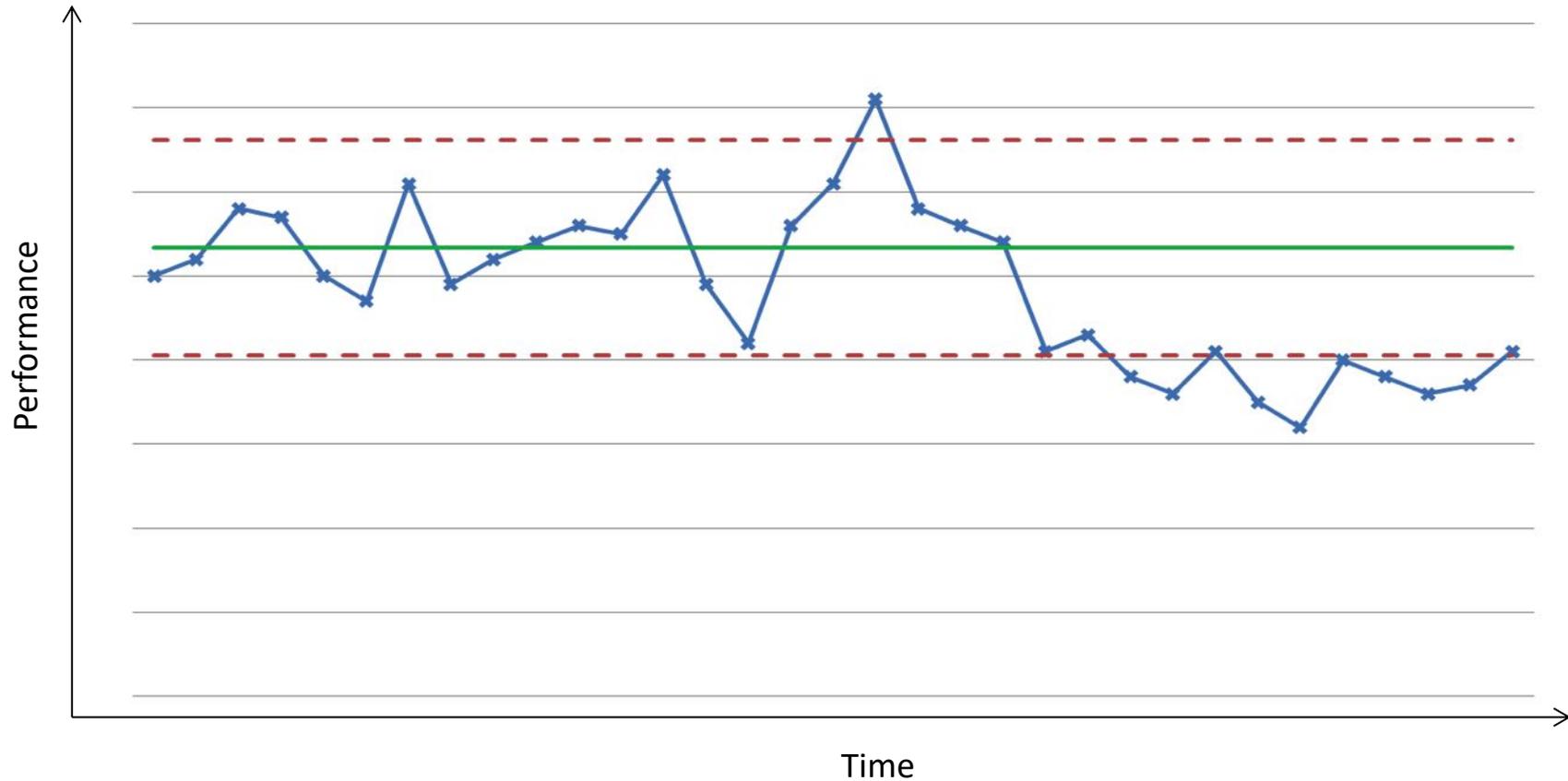
## (2) QI is a team-based activity



# (3) Use a consistent improvement methodology & do the basics really well

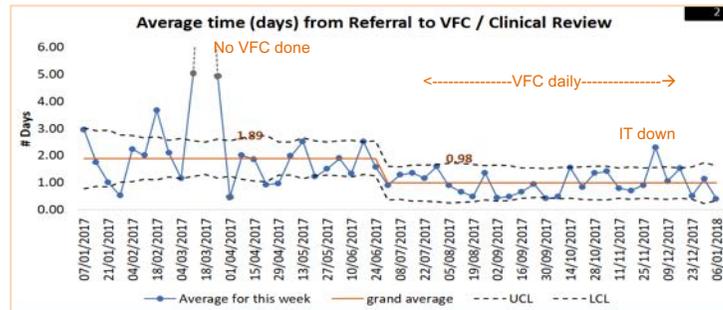
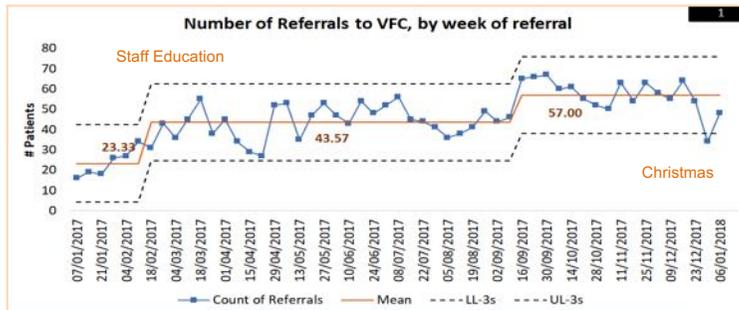


# (4) Rethink measurement: actively move from 'Measurement for Assurance' to 'Measurement for Improvement'

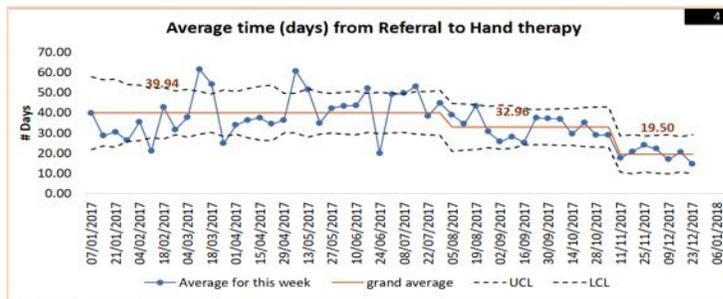
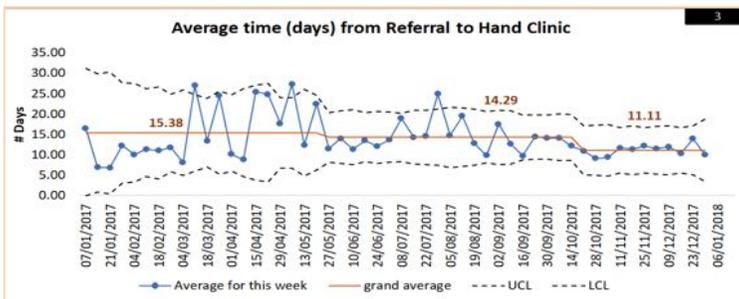


**Project Aim:** To increase patient and staff confidence in the quality of care for patients with hand/wrist fractures at ICHT, with the specific aim of reducing both the time taken from the referral to the first clinical review and the time taken from referral to first treatment

## SPC chart/s



**Definitions**  
VFC: Virtual Fracture Clinic (virtual triage clinic was set-up as a change idea)



## Learning and outcomes:

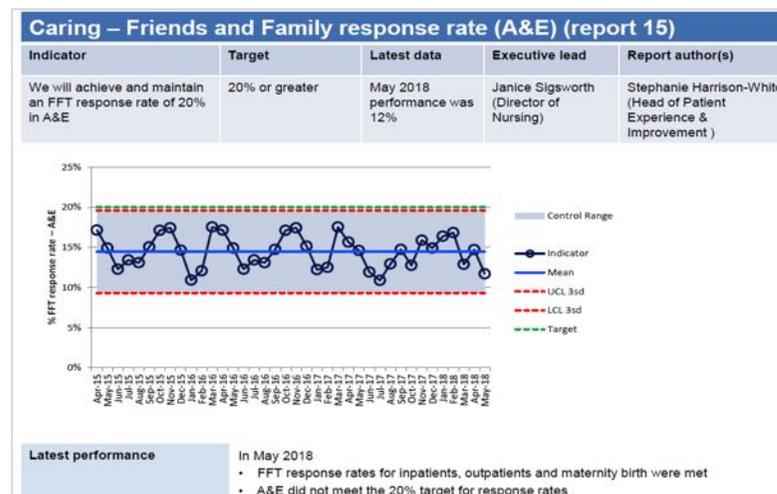
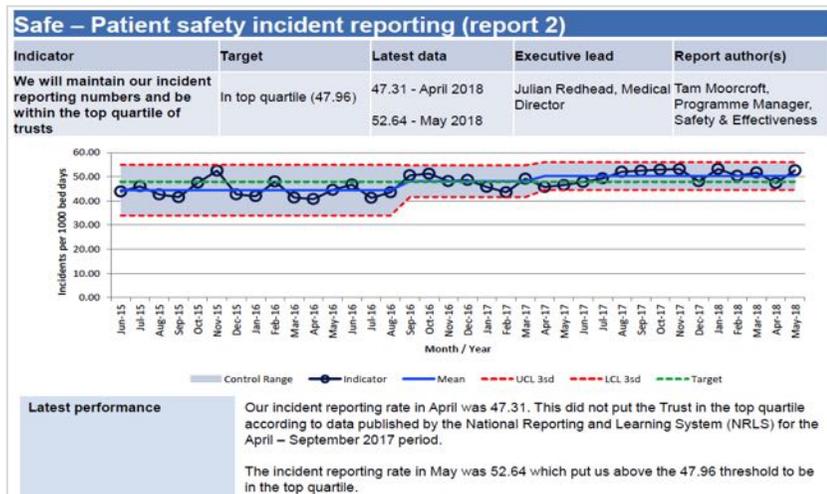
Between January - December 2017, 2,449 patients were triaged in Virtual Clinic. The average patients per week seen in VFC increased 3-fold since the start of the project attributed to staff education (SPC chart 1). Over this time the average referrals went from 23 a week to 57 per week.

All key metrics (time to clinical review (SPC chart 2), time to hand clinic (SPC chart 3) and time to hand therapy appointment (SPC chart 4) all show step-wise improvements when measured over time using SPC charts.

Education sessions provided to staff have been integral to this success in addition to early patient involvement. Patient responses to experience surveys indicated satisfaction with the pathway - they were pleased to avoid unnecessary appointments and felt supported during recovery. The project has been submitted for a BMJ award and a manuscript is being prepared for publication.

**Project Aim:** To use statistical process control (SPC) charts as a way of presenting time series data in the performance and quality scorecard to ensure variation in the data is understood and the appropriate improvement strategy is implemented

## SPC chart/s: Example pages from the report



## Learning and outcomes:

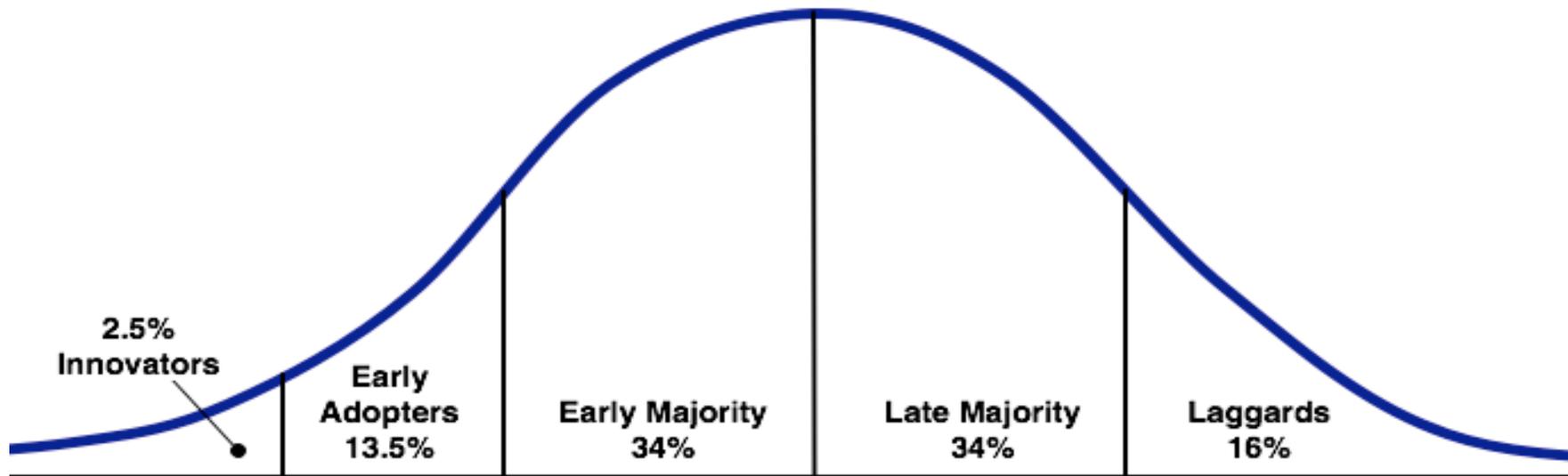
The first integrated quality and performance report has been delivered in June 2018 with statistical process control (SPC) charts introduced for the first time. SPC is being widely used in the NHS to understand where the focus of work needs to be concentrated.

In summary the benefits of using SPC are as follows:

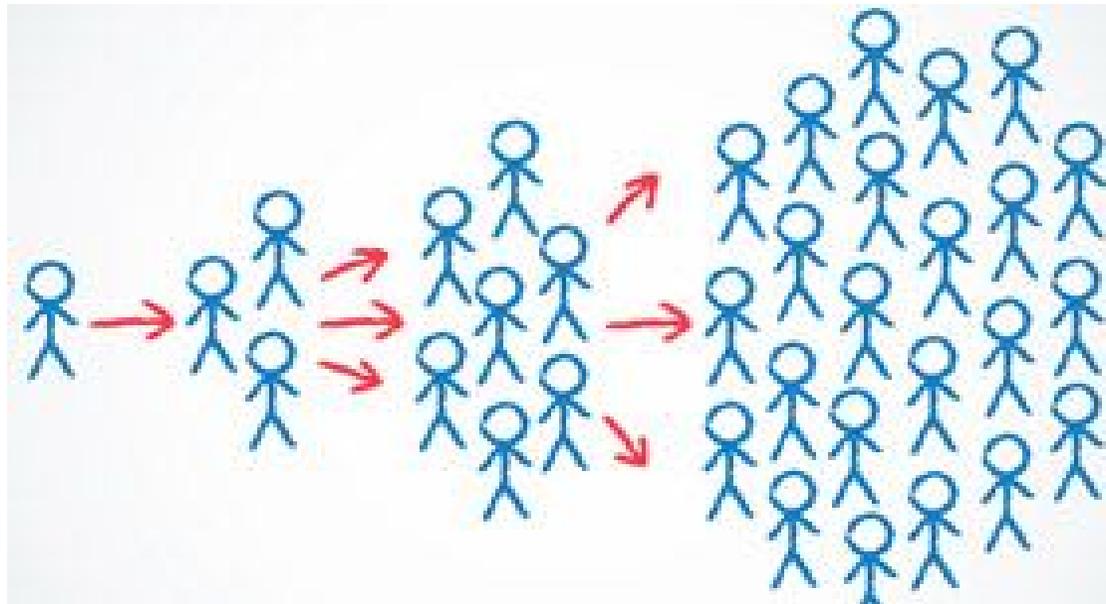
- As a way of demonstrating and thinking about variation: is it natural or has there been an event which has caused the variation?
- To alert where performance may be deteriorating or if a situation is improving
- As a way to help plan improvements, trajectories and targets
- To show us if a process is reliable and in control or stable

The inclusion of SPC in the monthly integrated scorecard will allow the Trust to identify variance. With the adoption of exception reporting approaches this will allow the Trust to take action to deliver improvements as necessary.

# (5) Move QI beyond the innovators and evangelists – engage, enthuse and give lots of permission (coaching & leading)



## (6) Learn lessons fast; share and spread improvement ideas and learning



# (7) Build up a network of QI champions, coaches and leaders



## Imperial College Healthcare NHS Trust: Building Improvement Capability – our ‘dosing’ model



Aims based on Lloyd R. (2018) Building improvement capacity and capability: A ‘Dosing’ Approach Healthcare Executive May;33(3):68-71.

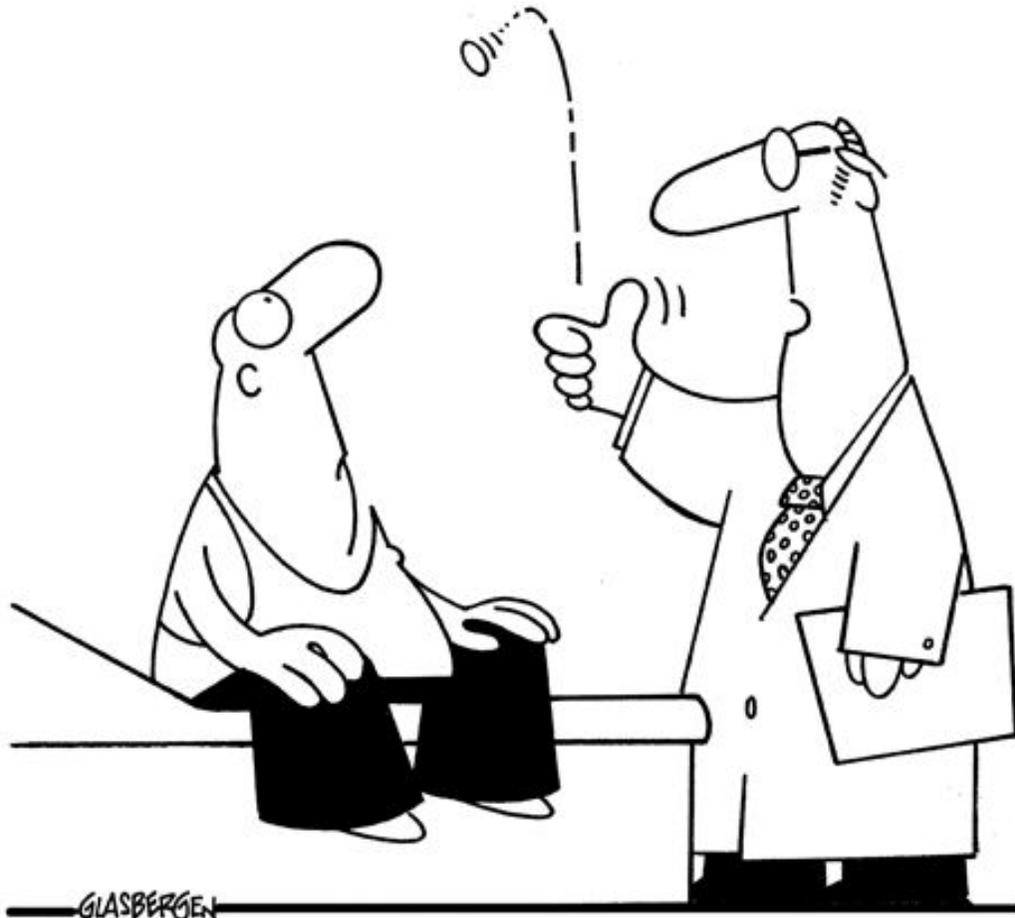
# (8) Systematically build improvement methods into existing organisational processes



# (9) Move away from “projectness” towards a systematic approach to quality improvement



# (10) Use quality improvement methods to reduce variation in care pathways



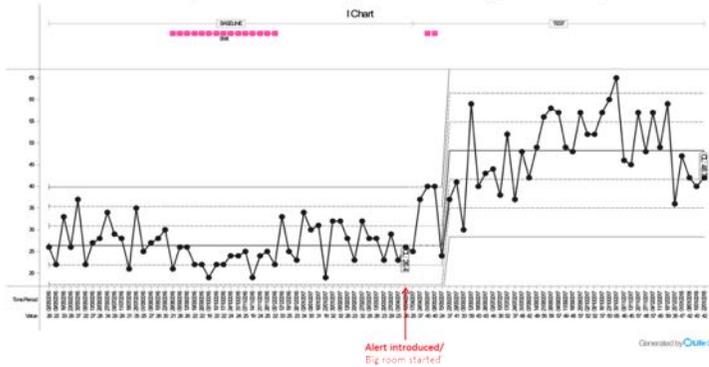
*“Heads, you get a quadruple bypass. Tails, you take a baby aspirin.”*

Copywrite : Randy Gisenbergen

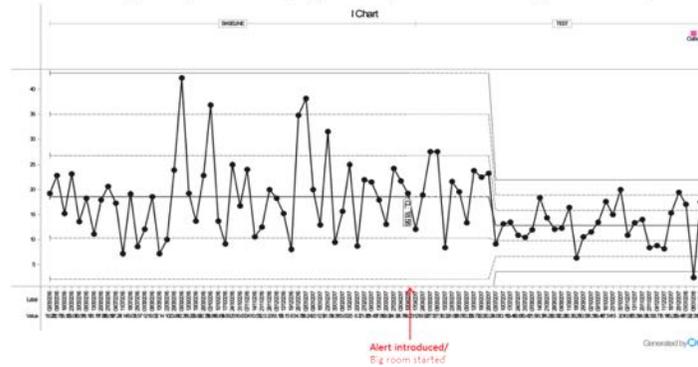
**Project Aim:** To improve the identification and treatment of sepsis across the whole patient pathway by increasing the number of patients with sepsis receiving antibiotics within 1 hour and providing personalised data feedback to individual wards

## SPC chart/s

1 Number of patients discharged with a diagnosis of Sepsis



2 Percentage of patients dying in hospital with a diagnosis of sepsis



## Sepsis Alert example

**Cerner SEPSIS ALERT**

Your patient may have sepsis. Please review and treat the patient.  
If you think that sepsis is most likely diagnosis please investigate and treat using the Powerplans via Orders  
If you know the patient is septic from before or has an alternative dx to explain trigger, place diagnosis using confirmation button

**Sepsis alert fired?**  
Process to follow if Sepsis alert fires for a patient

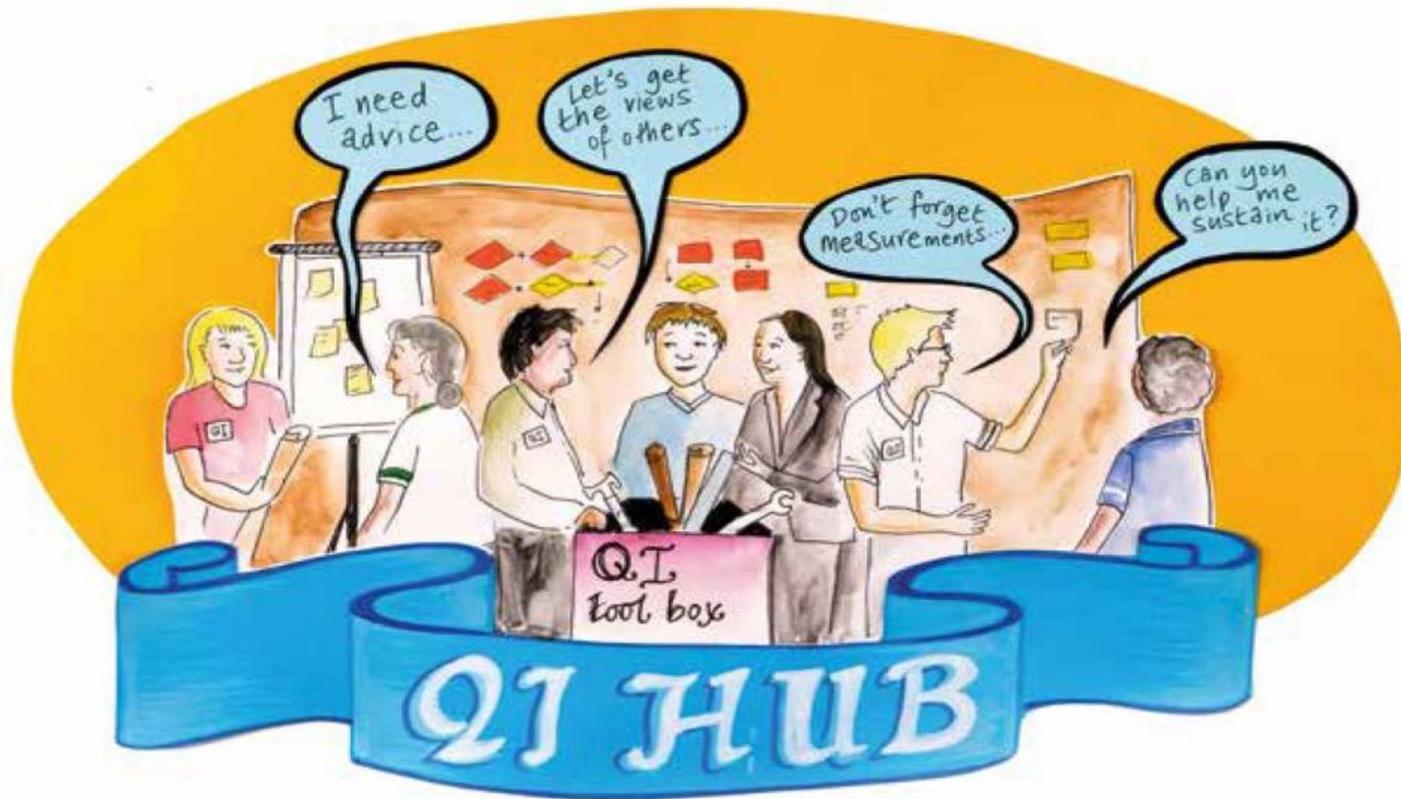
- Patient triggers Sepsis or Severe Sepsis
- Nurse escalation immediately to the Doctor via SBAR & Inform Nurse in Charge
- ⌚ Doctor reviews patient within 30 minutes
- 📌 Confirmed Sepsis or Severe Sepsis
- 📋 Commence treatment via sepsis powerplan
- 🧪 Relevant investigations e.g. lactates, blood cultures
- ⌚ Antibiotics administer within 60 minutes
- 👩 Nurse to follow care as per sepsis nursing care plan
- 🕒 Medical review within 24hrs; Nurse escalate via SBAR if NEWS ≥ 5

## Learning and outcomes:

Since the introduction of a sepsis-alert to Cerner, the number of patients coded with a sepsis diagnosis has increased from an average of 26 to 48 per week at the Trust (SPC chart 1). The percentage of patients with a diagnosis of sepsis that die in hospital has also decreased from 18% to 12% (SPC chart 2). This has coincided with recent changes in mandated coding rules which does not increase the incidence of coding but moves sepsis into the primary diagnosis position.

Challenges were initially experienced in gaining automated real-time data on the sepsis alert, however, 'time to antibiotics' data is now reviewed regularly. A mechanism to feedback data to wards is in development. We are continuing to focus on reducing time to antibiotics as we have not seen a change in data in regards to this.

The alert went live in the acute medical beds at St Marys in Apr 2017 and was rolled out to the Emergency Departments at St Marys and Charing Cross Hospitals in Sep 2017, and Haematology areas in Nov 2017. This covers more than 50% of the alerts in the Trust. We aim to roll out the alert Trust-wide from mid 2018.



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