Fundamentals of Quality Improvement (QI)

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Welcome





Please remain on mute if you are not speaking.



Use the chat function or put your hand up to ask questions.



Please put your camera on if you can.



Please be aware this session is being recorded

Intended Learning Outcomes

By the end of this webinar and discussion session, participants will:

- Understand the fundamentals of QI and why it matters in General Practice
- Determine the challenges and opportunities for QI in General Practice
- Understand how to use QI tools to facilitate improvement
- Identify 3 possible areas for change in their own practices

QI- What exactly is it?

"Quality improvement is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement."

The Health Foundation, 2021

"QI helps GPs to make the most of their systems, organisations, talents and expertise to deliver better outcomes for patients."

RCGP

Why does Quality Improvement matter?

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



What can QI do for us (and our patients)?

"I used to have to wait so long for my repeat prescriptions. The practice improved their systems and now I never worry that I will have run out of tablets."

Increasing the use of the NHS App for Prescriptions

Savings of approx. 5 hours per week by working to reduce email and paper-based requests (estimated to be savings of 10-20% on the time they currently spend on this)

Addressing high levels of inappropriate nursing appointments

Savings of approx 3 nursing appointments per week, equating to over 150 appointments per year

Supporting efficient patient reviews for those with multiple long term conditions

Savings of approximately 27 hours per week through introducing these changes

Challenging patient conversations

De-escalating and reducing challenging conversations between patients and staff

NHS England Primary Care Transformation Team

Ready, steady...go!

Identify the issue you wish to improve

Analyse the problem with your team to understand it and ensure you are addressing the root cause

Plan your improvement, including defining your aim, measures and the change ideas you can test

Test ideas rapidly on small areas

Implement the ideas that have made a difference

Identify the issue...

Suspected problem or brainstorm?

Areas for change e.g. Medication reviews

Website information

NHS app use

Better use of ARRS roles

Appropriate appointments

Scanning and workflow

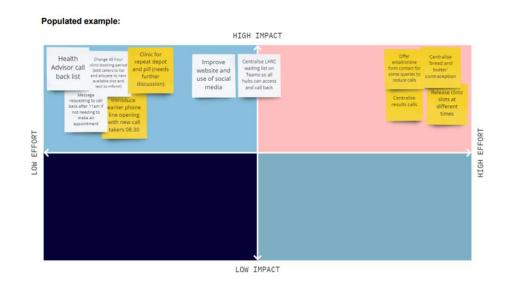
Care home reviews

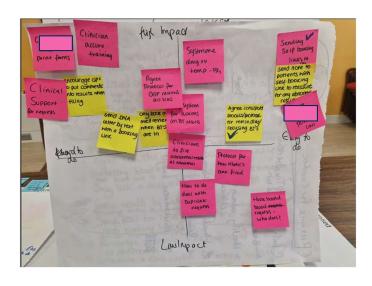
Tips: Start with a general area for change and then think about specifics Start small and keep it simple



Case: Hexagon Practice

- One idea (one area for change) per sticky note
- Create the prioritisation matrix
- Start theming ideas similar ideas all together on the matrix





A model for the QI journey



Creating conditions for success

Plan:

Who do I need to involve?

Who are the stakeholders?

Who are my leaders? What strengths are we looking for?

What is our shared purpose?

How will we communicate with each other and with our practice teams?

How will we motivate and mobilise people?



Facilitators and barriers

- Leadership and culture
- Team engagement
- Training and skills
- Resources and infrastructure
- Collaboration and networks
- External drivers

- Workload and capacity
- Resources
- Skills and confidence
- Leadership and engagement
- Data and IT challenges
- External pressures

Facilitators example

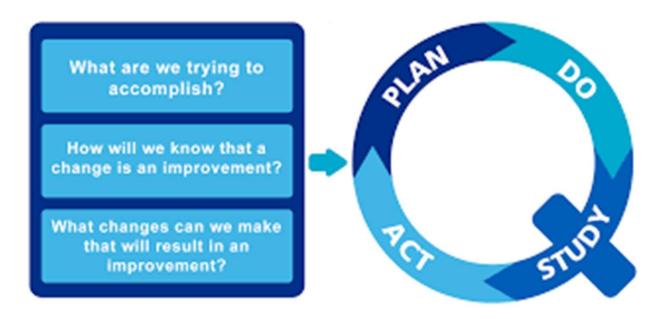
Leadership and culture: supportive leadership; open learning culture	
Team engagement: multidisciplinary involvement; staff motivation	
Training and skills: QI capability training; access to QI mentoring	
Resources and infrastructure: protected time; data support	
Collaboration and networks: peer learning; community of practice	
External drivers: incentives and frameworks	

NHS Change Model: essential

components for change



Model for Improvement



Institute for Healthcare Improvement

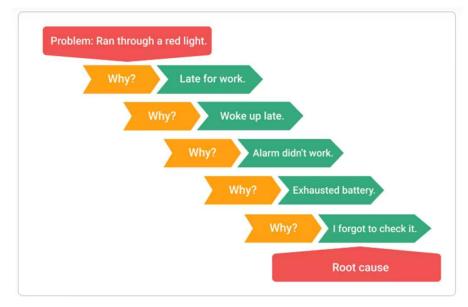
Analyse: What does the problem look like?

What is the problem? Large backlog of medication reviews

Why do we think it might be a problem? Patient complaints about delays in medication issue.

Clinician complaints about medication queries

How do we know it really is a problem? Measure!



Businessmap

Understanding systems

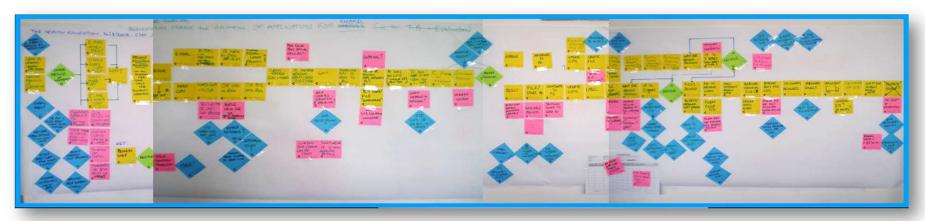
How does the relevant system for your problem work? Why is it not working?

Hexagon Practice: multiple factors found, e.g. Patients not booking appointments for review Telephone calls for review not answered Lack of on-site clinical pharmacist Inconsistent policy of birth month reviews Insufficient phlebotomy slots



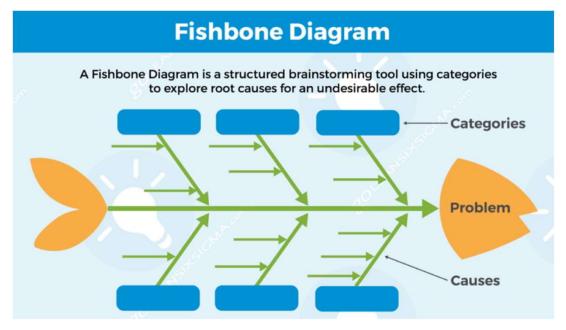
Tools for understanding systems: process mapping

A process map is a visual representation of a process, created by the people who operate and interact with the process

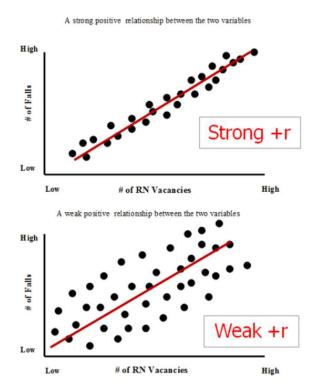


Tools for understanding systems: Fishbone diagram

Cause and effect analysis helps you to work through the possible underlying factors of a problem – not just the symptoms.



Tools for comparison: scatter graphs



Examples: Medication reviews completed vs phlebotomy slots available

Attendance at asthma reviews vs appointment slots available after 5 pm

Start to plan your improvement



What are we trying to achieve? What is your aim?

What will you measure that will show that you have improved?

What are your ideas for change projects?

PDSA

Plan

What do you predict will happen if you make this change?

Describe what the change will be, consider what it is, who will do it, how it will be done, where, when and how much of an improvement we predict will happen

Do

What actually happened?

Do the change and then document what happened in real-time.

Study

What did you learn?

Did the change go to plan, was your prediction correct? What effect has the change had according to what you are measuring?

Act

What next?

Consider if you will Adopt, Abandon, or Adapt (modify) the change. If you adapt, what considerations do you need to take for your next test? Will you test in different conditions or situations to see how your ideas work in related contexts (e.g. different locations, different times of day, and with different staff)?

Your turn

What is the problem?

Who are you going to talk to?

How will you kickstart your QI project?



Any questions?

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focus measure implementsolutions trial sustain patients tools scope ideas innovation model productivity plan strength positive effective evaluation

Resources

First Steps towards Quality Improvement: an accessible handbook

https://www.england.nhs.uk/improvement-hub/wpcontent/uploads/sites/44/2011/06/service_improvement_guide_2014.pdf

Models to guide improvement in GP

The Model for Improvement: https://qi.elft.nhs.uk/resource/the-model-for-improvement

The Change Model Guide https://www.england.nhs.uk/wp-content/uploads/2018/04/change-model-guide-v5.pdf

Resources

Tools

- Prioritisation (impact effort matrix):
 https://www.cambscommunityservices.nhs.uk/media/cx5l4kbc/thinkqi-impact-vs-effort-matrix.pdf
- Process mapping: Guide: https://aqua.nhs.uk/wp-content/uploads/2023/07/qsir-conventional-process-mapping.pdf
- Video https://qi.kentcht.nhs.uk/process-mapping/
- Essentials toolkit: https://www.ihi.org/library/tools/quality-improvement-essentials-toolkit
- Turas: https://learn.nes.nhs.scot/1262