Improvement Leaders' Programme

Participant Manual

EAST LONDON NHS FOUNDATION TRUST

QUALITY IMPROVEMENT DEPARTMENT
9 Alie St, London, E1 8DE

RESOURCE
DATA
STORY
IDEAS
How to...
THOUGHTS
PERSPECTIVE
EXPERIENCE
POSA-1
people saw the apple fall but only newton asked WHY?
CURIOSITY
EMPOWER
INTERVIEWS:
PROJECT CHARTER
AT LEAST WE KNOW FOR NEXT TIME
FAILURE
ONE TEAM
LEARNING
Facts TELL Stories SELL
we connect, grow, learn + remember stories and feelings
ENGAGE

Day 1

people saw the apple fall but only newton asked WHY?
CURIOSITY
EMPOWER
INTERVIEWS:
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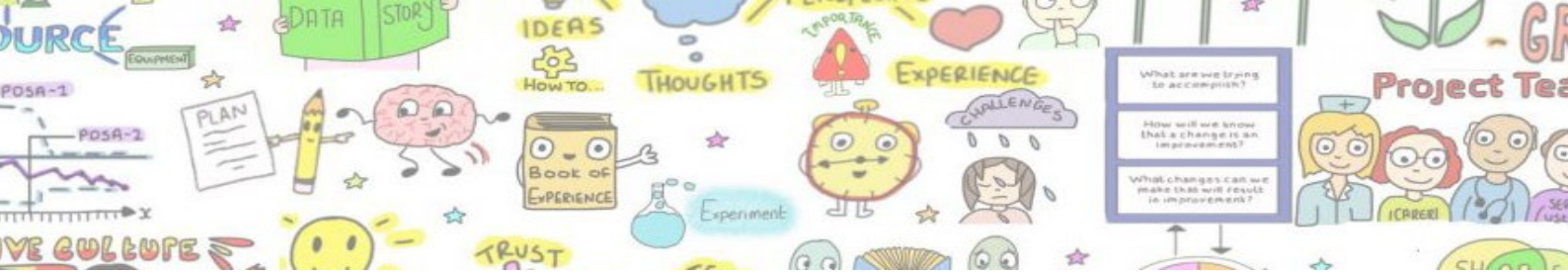
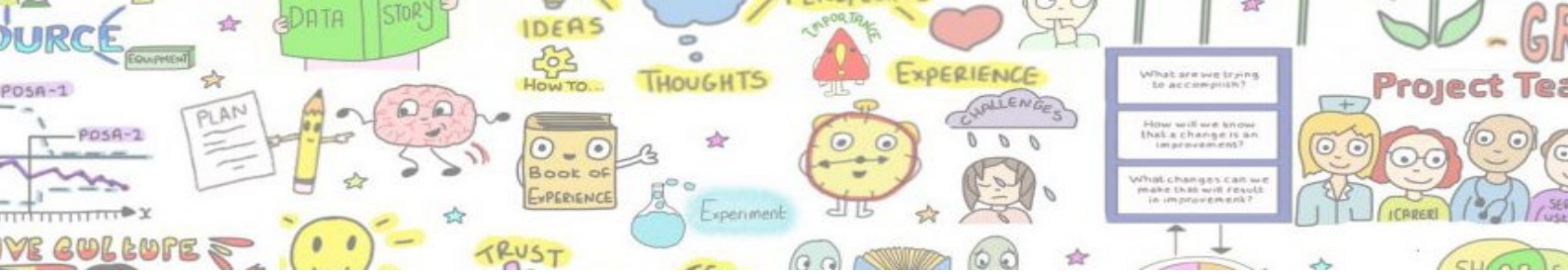
we connect, grow, learn + remember stories and feelings
ENGAGE
WHY?
WHY?
WHY?
start small
WATCH it GROW
DATA
STORY
IDEAS
PERSPECTIVE



Participant Manual

Each module of the Participant Manual contains the following information:

	**LEARNING OBJECTIVES** The expected knowledge and skills participants will gain by the end of each module.
	**KEY CONTENT** Key content covered during each module.
	**RESOURCES** A list of resources used during each module.
	**TRAINING ACTIVITIES** A list of exercises done by participant's during each module.
	**ASSESSMENT AND TAKE AWAY WORK** An assessment of key information covered during each module.

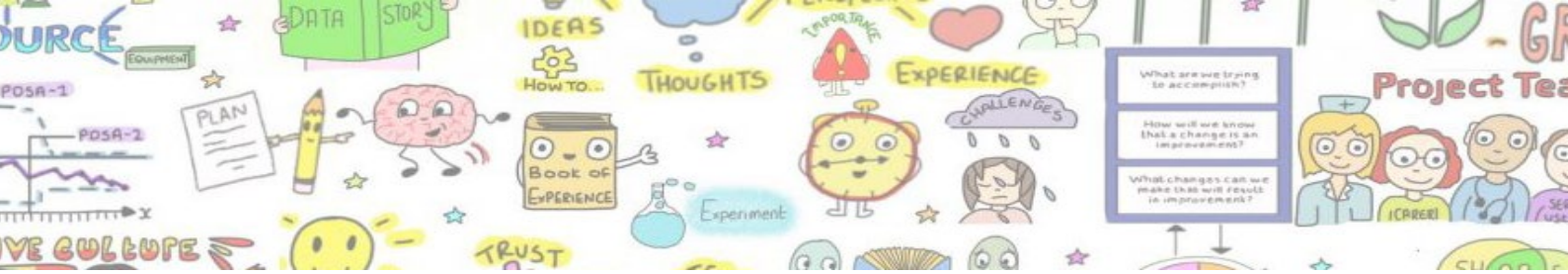


Day 1

Module 1.1

Introduction to Quality Improvement

	LEARNING OBJECTIVES • Introductions and the history of Quality Improvement
	KEY CONTENT • History of QI • Deciding what to improve
	RESOURCES • Presentation
	TRAINING ACTIVITIES • N/A
	ASSESSMENT • N/A



our story

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So, what's our method?

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?

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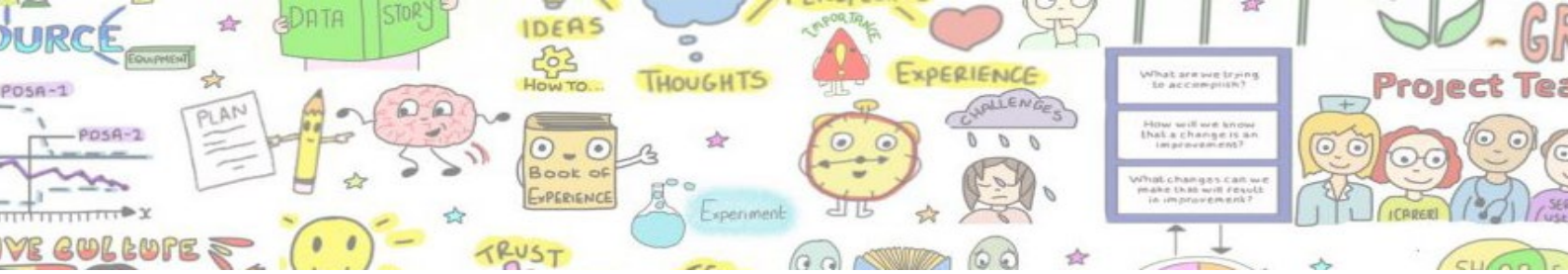
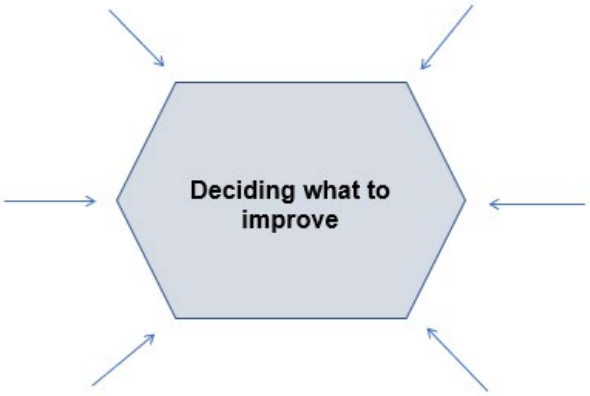
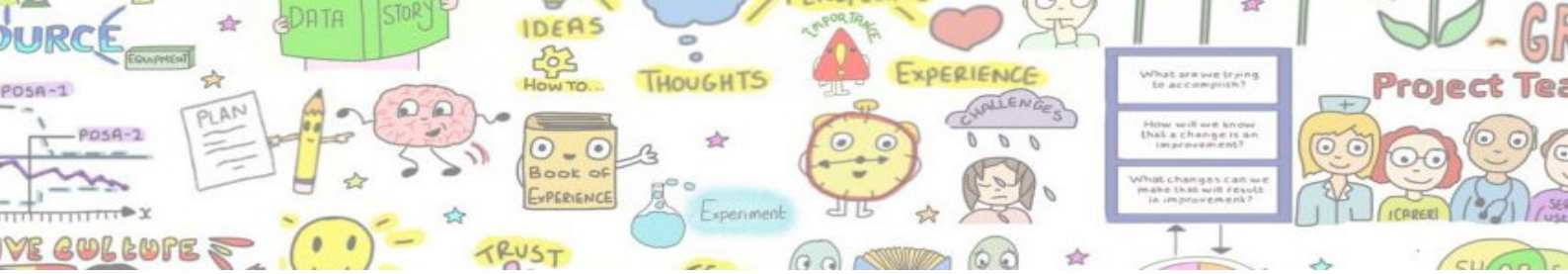


How would you know what needs improving and what matters most? What data / intelligence would you use?

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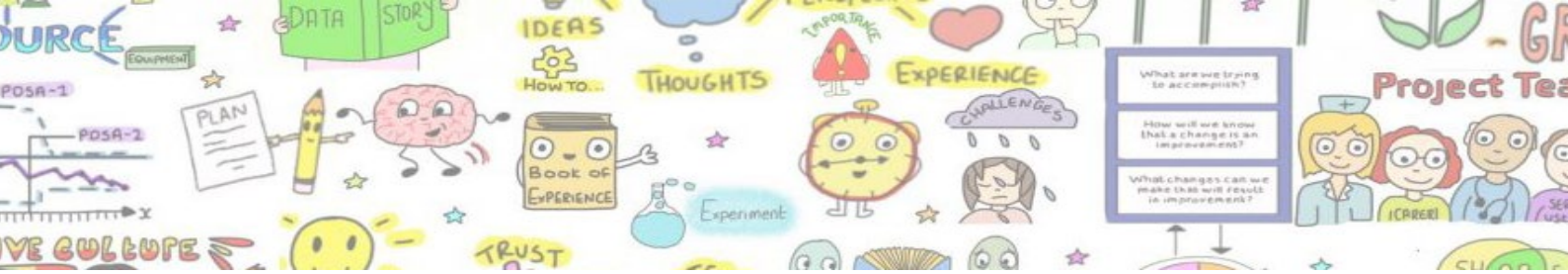
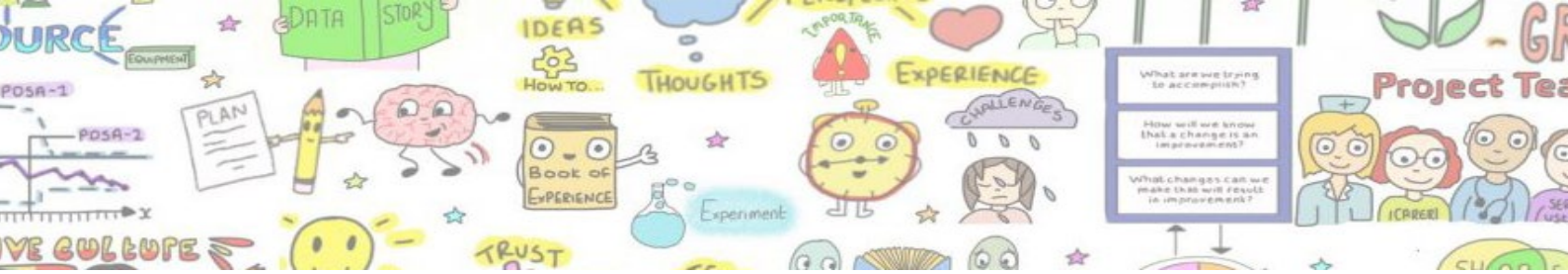


Module 1.2

Understanding the problem

	LEARNING OBJECTIVES • Understand the use of graphical tools used for understanding the problem when exploring a quality issue.
	KEY CONTENT • Sequence of improvement • Flowcharting
	RESOURCES • Presentation
	TRAINING ACTIVITIES • Jamboard
	ASSESSMENT • N/A



The sequence of improvement

Identifying the quality issue	Understand the problem	Developing a strategy and change ideas	Testing	Implement & sustaining the gains
• Deciding what to improve • When to use QI • Forming a team • Understanding the context (MUSIQ)	• Gathering info • Pareto • Flow Chart • Fishbone • Scatter plot • 3-part data review	• Divergent/ convergent thinking • Driver diagram • Engaging the team • Creativity methods	• PDSA • Time series analysis (run charts, control charts)	• Policy, training, manuals, resource • Quality control, • Audit and assurance processes • Benchmarking

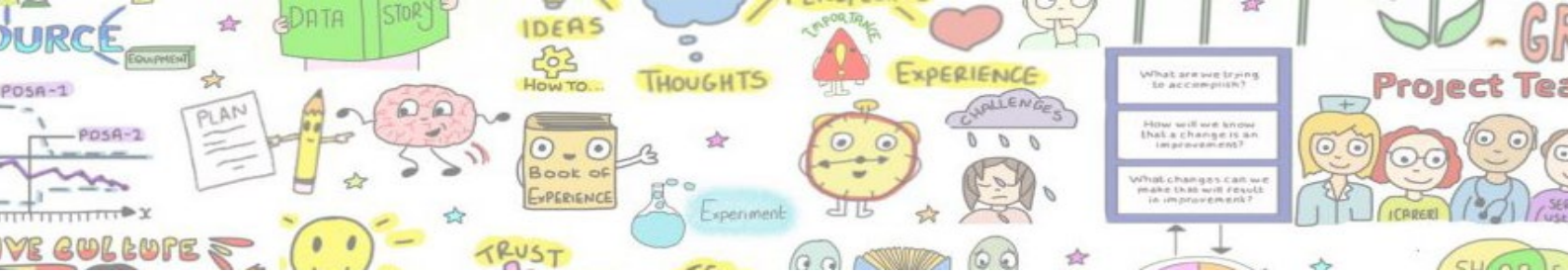
Why use flowcharting?

- **Flow-charting** is when teams create a visual depiction of how processes are functioning.

Helps with:

- Understand problems are and areas for improvement
- Clarify complex processes
- Communicate processes with colleagues
- Identify part of the process that do not add value
- Target improvement efforts
- Design new processes

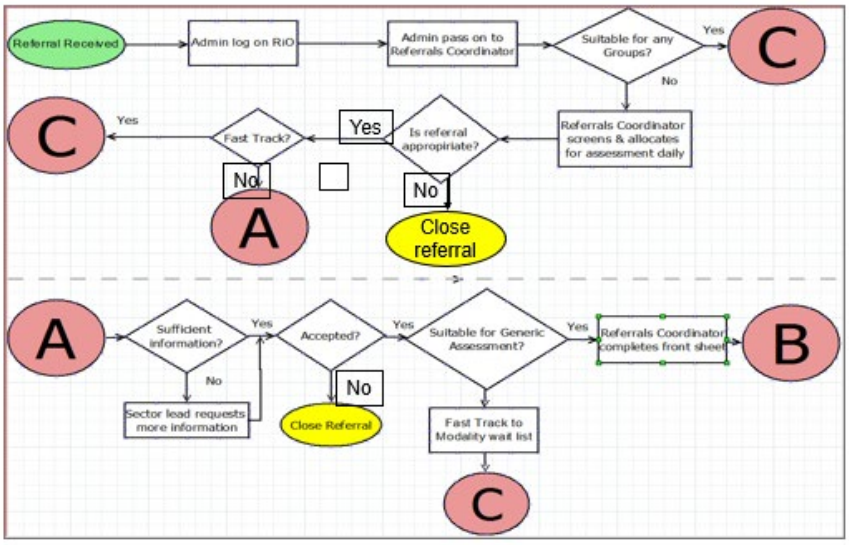
Source: IHI

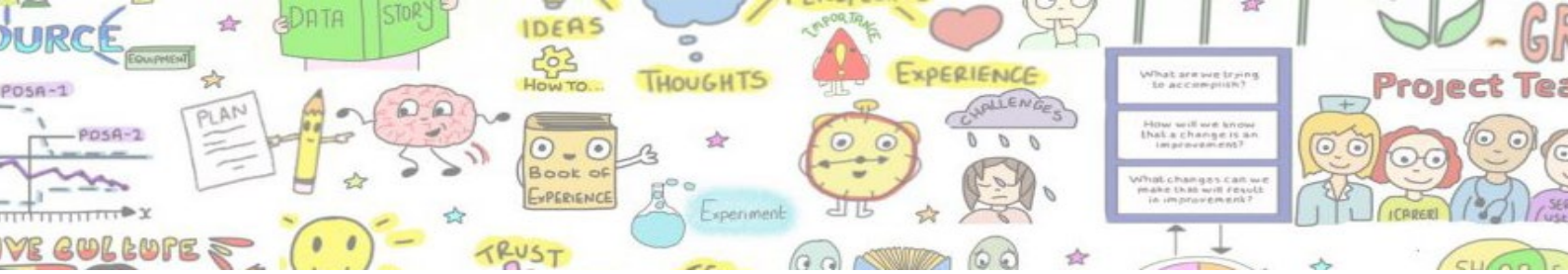


High level block / top down diagram

Referral received	Triage	Referral's meeting	Assessment or therapy booking
• Admin log referral • Clarify if enough informatio n • Opened to service • Allocated for triage • Passed to triage clinician	• Referral checked for required details • Follow up if needed • Sent to referrals co-ordinator to collate	• Referrals discussed • Clarify suitability for groups, 1:1 or needing further assessment • Assessment request passed to admin	• Assessment slot allocated • Patient contacted/booked in

Detailed Flowchart

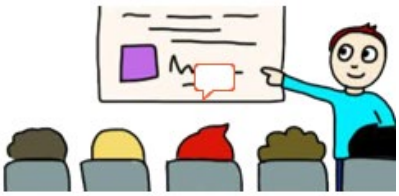


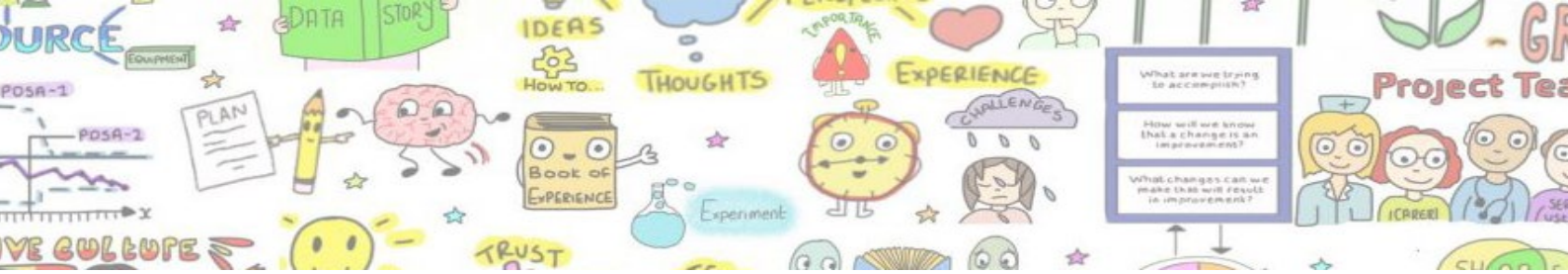


Detailed Flow Charting/ Process Mapping Symbols

Box	Shows the activities of the process.
Diamond	Represents the stage in the process where a question is asked or a decision is required.
Oval	Shows the start of a process and the inputs required. Also used to mark the end of the process with the results or outputs.
Arrow	Shows the direction or flow of the process.

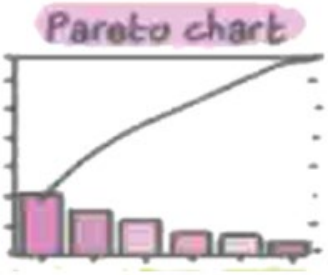
- Use post it notes/Jamboard first
- Do it with a team of people that represent the different parts of the process you are mapping
- Theory vs reality
- Problems are a good thing



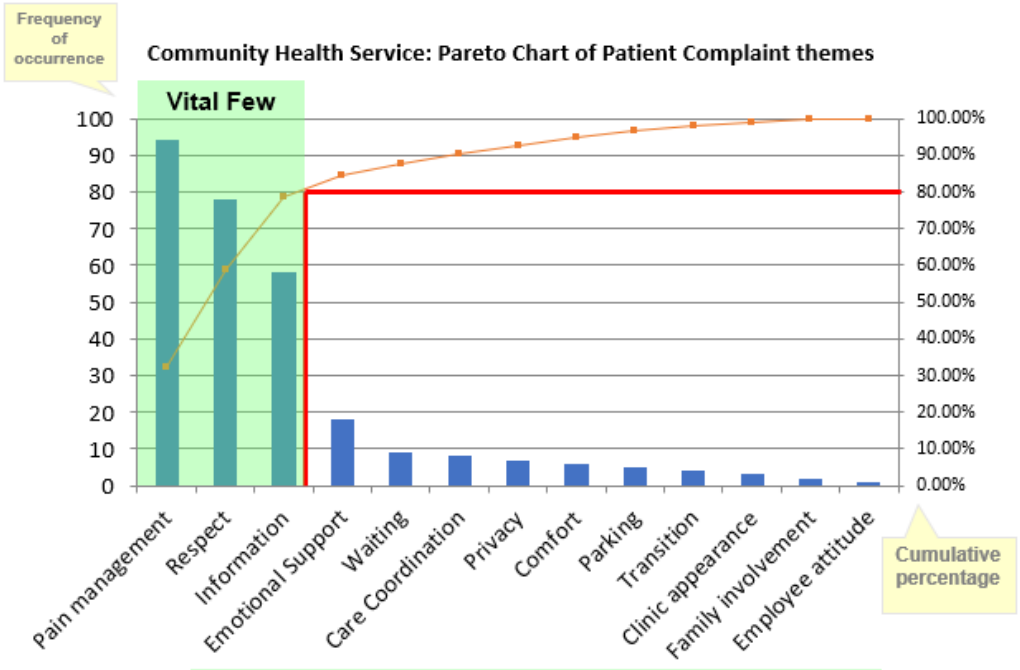


Pareto Chart

Vilfredo Pareto,
Economist and political scientist, 1848 -1923



80% of results will come from focusing on around 20% of the elements contributing to a problem



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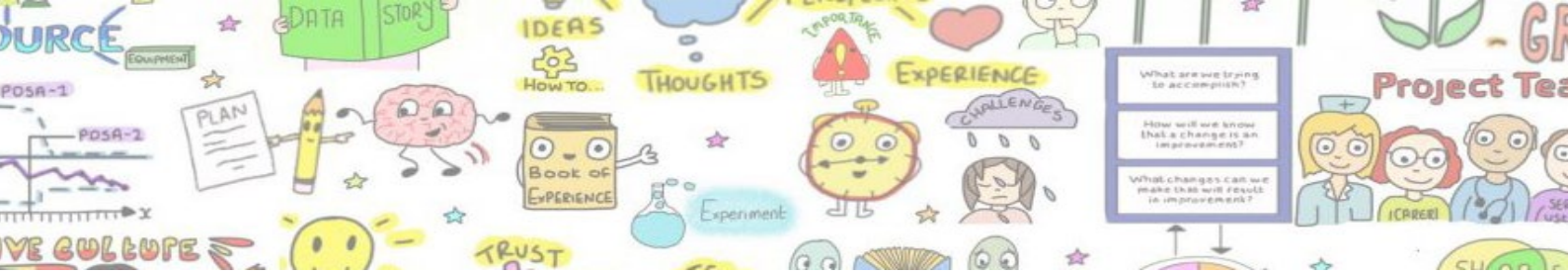


Cause & Effect Diagram

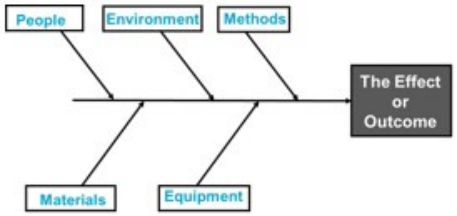
(a.k.a. the Fishbone Diagram or the Ishikawa Diagram)

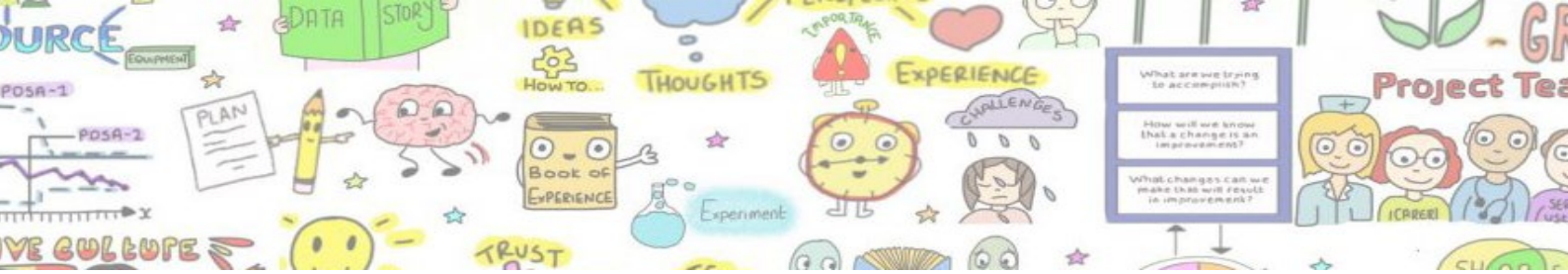
- It is used to identify, explore and graphically display the variables that "**cause**" a particular problem or condition to occur.
- The "**effect**" is the problem or undesirable outcome, issue or event being studied.
- The "**branches**" (i.e., the fishbones) lead to functions or categories of causes that can be broken down further when conducting a root cause analysis (RCA).

Cause & Effect Diagram Categories

(How do I organise the causes?

- There are several ways to organize the categories.
- The traditional category labels for the main bones of the diagram are:
  - **People** (the individuals involved such as physicians, nurses, patients, family members, support staff)
  - **Methods** (how work is done including procedures and policies)
  - **Materials** (inputs to the process such as tubing, needles, cleaning agents, medications, forms, supplies, etc.)
  - **Equipment** (machines)
  - **Environment** (physical environment as well as social environment, weather conditions and human interactions)





Cause & Effect Diagram

(Identifying 'causes of causes' using the '5 Whys')

5 Whys is an iterative interrogative technique used to explore the cause-and-effect relationships underlying a particular problem.

- **Problem: Patients are missing their appointments**…
- ***Why?*** - They forget (people). (First why)
- ***Why?*** - The reminders are not effective (methods). (Second why)
- ***Why?*** - The only reminder is a letter 3 months in advance (materials). (Third why)
- ***Why?*** - The organisation does not allow any other way (environment). (Fourth why)
- ***Why?*** - The letters are autogenerated on the patients records system (equipment). (Fifth why, a root cause)

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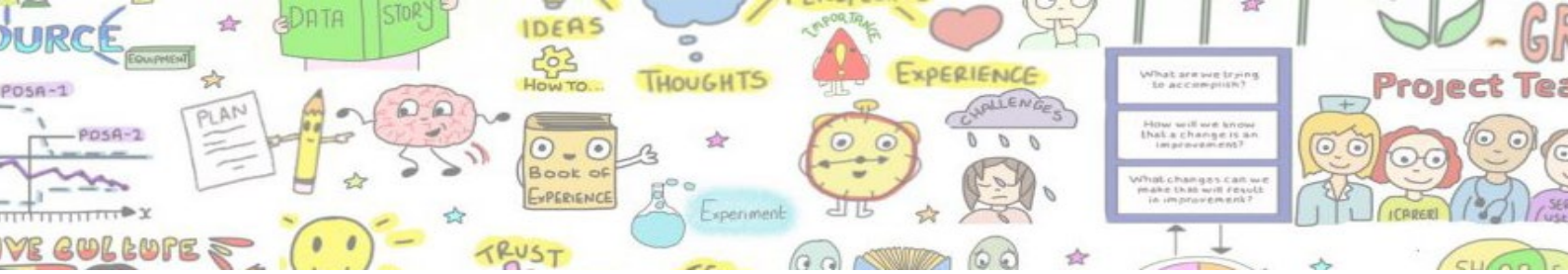
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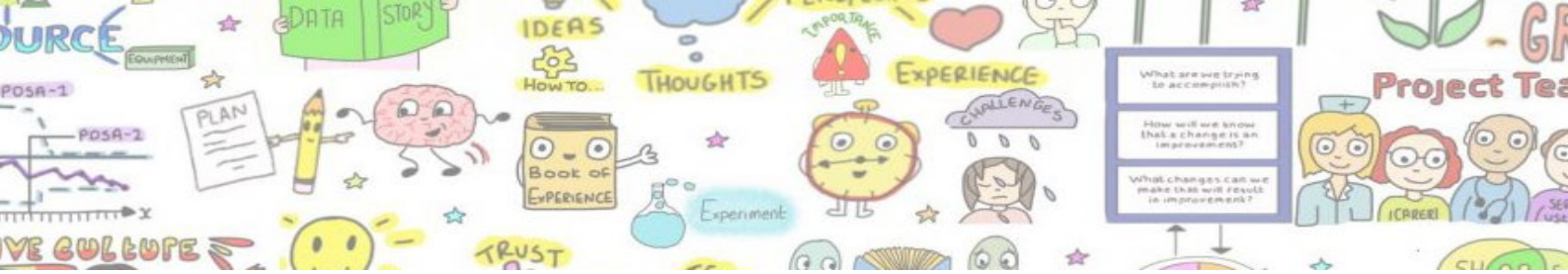
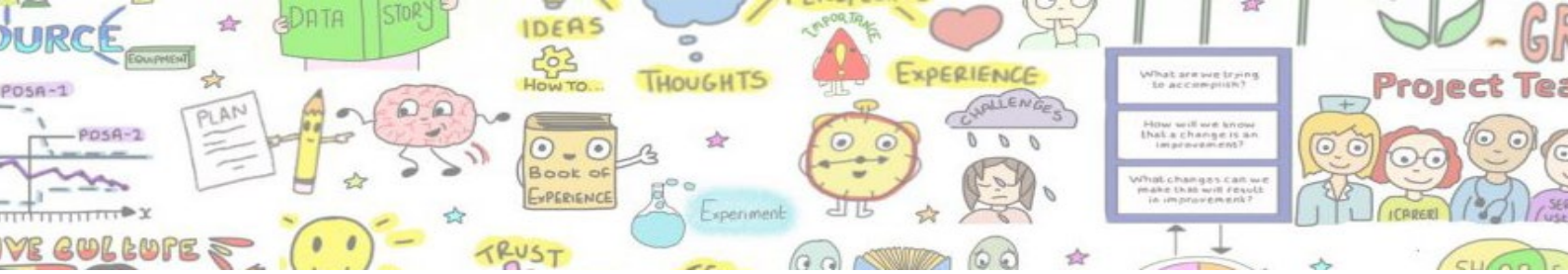


Module 1.3

Early Steps for projects

	**LEARNING OBJECTIVES** • Start thinking about who needs to be in your project team • Start thinking how to involve your 'customers' • Think about what structures and support systems will be useful for your project
	**KEY CONTENT** • Ingredients of a successful QI project team • Who to involve in projects
	**RESOURCES** • Presentation
	**TRAINING ACTIVITIES** • Menti
	**ASSESSMENT** • N/A



Mix of people in the team with dedicated lead

End User of the project is involved

Frequent opportunities to meet together

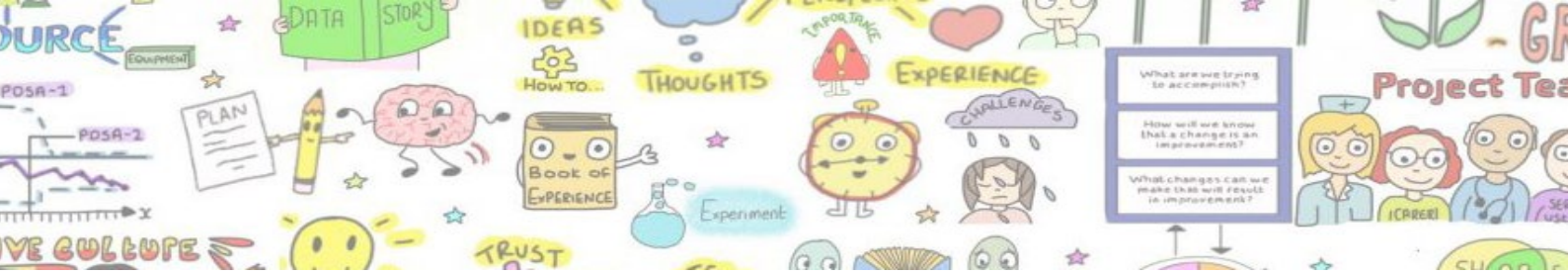
Use of tools to facilitate effective meetings

Active support from a QI coach and sponsor

Ways of communicating with your wider team

In our experience the ideal number of people to include in your project team is between 4-6 people including:

- ✔ Project Lead
- ✔ End user of the system you are looking to improve
- ✔ People involved in delivering parts of the process or system you are wanting to improve



Project lead

Role

- The day-to-day project leader, overseeing testing, data collection and implementation
- Encourage, involve and communicate with the team
- Accountable for project outcomes

Responsibilities

- Coordinate meetings, organise agenda, record actions, track actions between meetings
- Monitor progress of the project, and send monthly progress update to sponsor & coach
- Liaise with sponsor regarding challenges faced by project team
- Ensure involvement of service users / carers within the project
- Actively participate as a team member, contributing ideas and participating in the team processes and decisions

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Who are end users of projects?

Many QI projects	Some QI projects	Triple Aim Projects
Service users and carers	Staff (Enjoying Work, some corporate projects)	Citizens within a defined population

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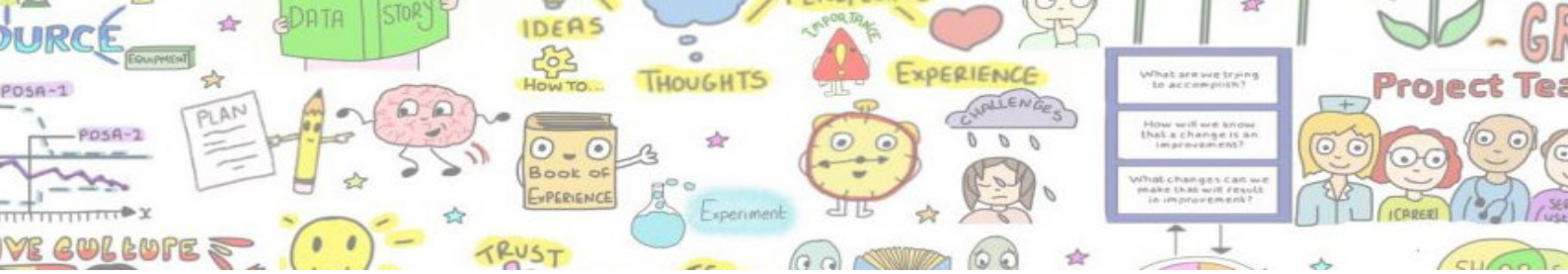

Some reasons why it's important to involve Service Users and Carers

- Service users and carers are the recipient of the care and services that we offer
- Staff can really learn from service user and carer experience, understand what really matters and what could be improved in the services we offer.
- Genuinely caring – seeing service users and carers as people and not just a job
- Service users and carers have other professional, educations and life backgrounds with skills to add outside of being a SU or carer

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Key things we've learnt about including Service Users

- Include them from the beginning and not as an after thought
- Be clear about what they will be doing and agree on their role, what they would like to gain
- Involvement in Projects can be an important part of a SU recovery
- Think about how you communicate and invite them to meetings

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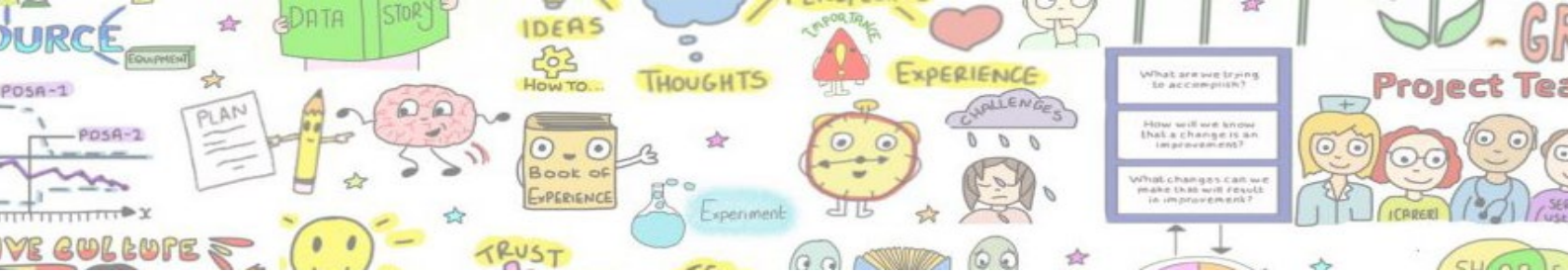


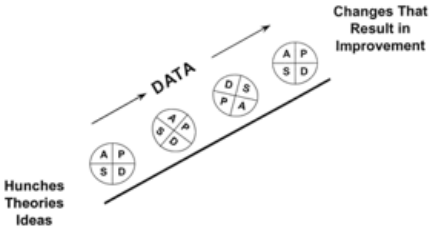
Time and space to meet frequently

Meet as often as possible. Weekly/Fortnightly for 30mins rather than 2hrs every 3 months

Repurpose existing meeting spaces to reduce extra work

Have a plan for your meetings to make the most out of them

This rhythm and approach is conducive to the model for improvement and rapid cycle testing



QI coaches

Role

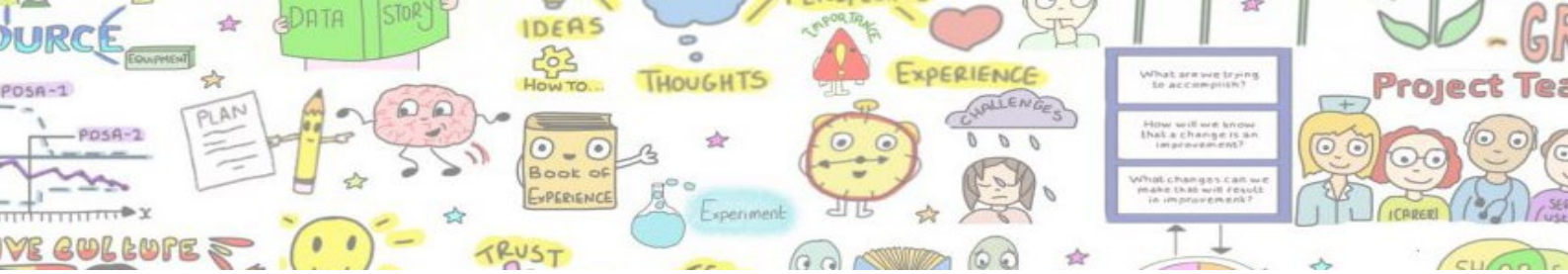
- Coaching QI teams within directorates, meeting with the team regularly
- Deeper knowledge of improvement methods and tools
- Support the development of directorate structures and processes for QI

Responsibilities

- Help engage people and teams in QI
- Support project teams to develop ideas and strategy, using QI tools, and advise on how to complete project documentation
- Support project teams in using QI methodology, including PDSA cycles and data over time
- Provide monthly update on team progress to sponsor
- Teach and explain use of QI tools and methods
- Attend supervision with QI lead locally, and Trust-wide support sessions

Working well with your coach

- It is helpful to have a written agreement or "contract" with your coach so it is clear what support they will offer
- Make sure you invite your QI coach to your project team meetings
- Sometimes it is helpful to meet with your QI coach ahead of meetings so they can help you plan the best use of time and which tools to use



Sponsors

Role

- A senior member of staff with close link to DMT
- Keep an eye on project progression, helping unblock barriers and championing the work
- Support DMTs in developing improvement priorities, and planning QI training
- Manage allocation of resource and effort to QI
- Accountable for project progression (not outcomes)

Responsibilities

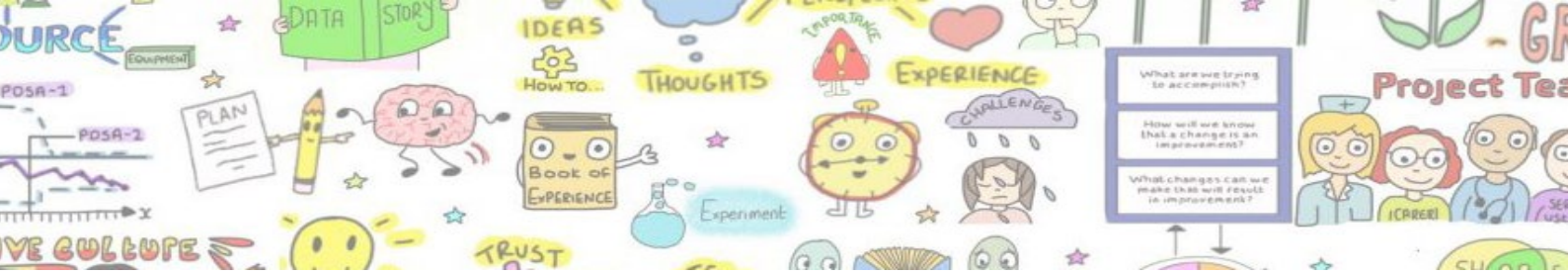
- Support formation of stable team at start of projects
- Scan the monthly progress reports from project leads
- Regular liaison with project leads (at least monthly, ideally face-to-face)
- Attend/chair monthly QI forum in directorate
- Champion successes and engage staff in QI
- Help unblock barriers faced by project teams
- Determine when a project should be closed

Working well with your sponsor

- Meet with them at the start of your project so they can help you
- Have a way of regularly communicating how you are getting on – Emails, meeting invites

Quick Exercise: Review what have you got in place so far?

Successful Team Component	Where are you now?	Ideas that could help you move forward
Having the right people in your team		
Having the 'customer' of your project involved		
Frequent opportunities to meet		
Ways of hosting meetings and getting the most out of them		
Active support from a QI coach and sponsor		
Ways of engaging the wider team		



Activity

Spiral Journaling

One thing I learned from the teaching this morning…	One thing I learned about myself today…
What one tool I will use to understand the problem…	What will help me to succeed in completing the action period work?