QUALITY IMPROVEMENT PROGRAMME

NHS
East London
NHS Foundation Trust

Bedfordshire & Luton Annual Quality Improvement conference

Interact from your mobile device
Go to slido.com and enter the code #QIConf

You'll be able to see the slides we present, ask questions, take part in our polling, and tweet your thoughts using #QIConf

Mary Elford (Vice-Chair)
and
Dr Navina Evans (Chief Executive)

Introduction to the tech we'll be using today…

Interact from your mobile device

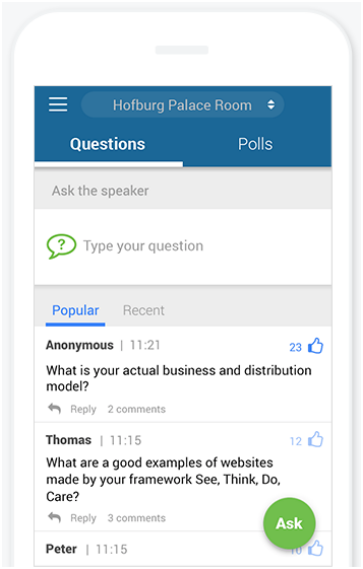
You'll be able to see the slides, ask questions, take part in polling, and tweet your thoughts using Slido

Tim Gill
Programme Manager

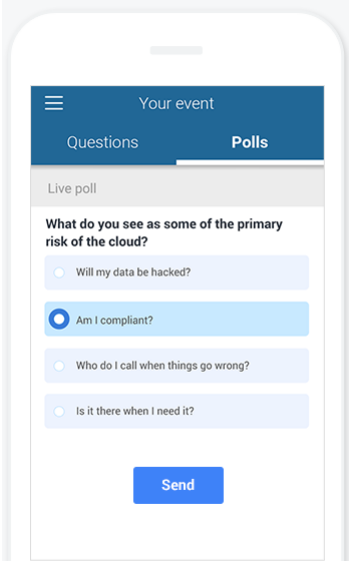
Ways you can contribute today

Use sli.do on your tablets and phones to…

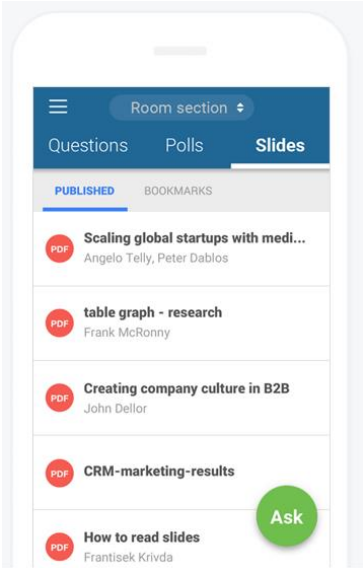
…ask questions during the event



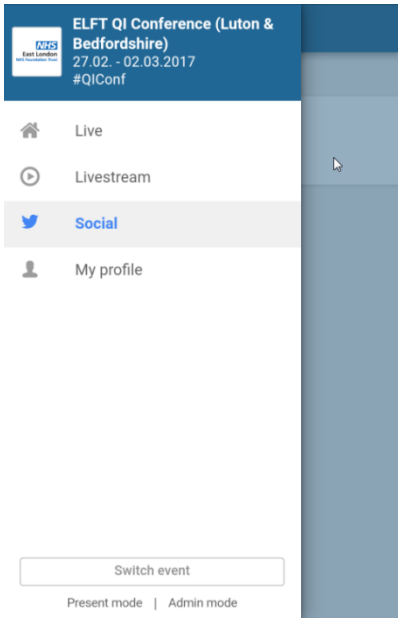
…vote in live polls



…view presentations



…tweet #qiconf



www.slido.com

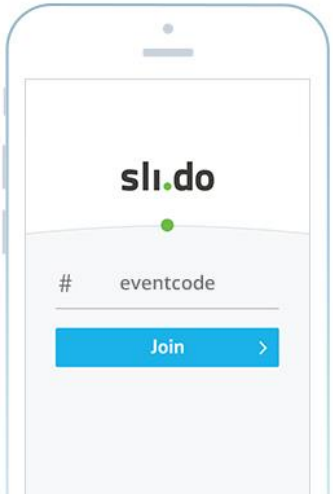
event code: **#QIConf**

Wifi Name: **KingsHouseWifi**

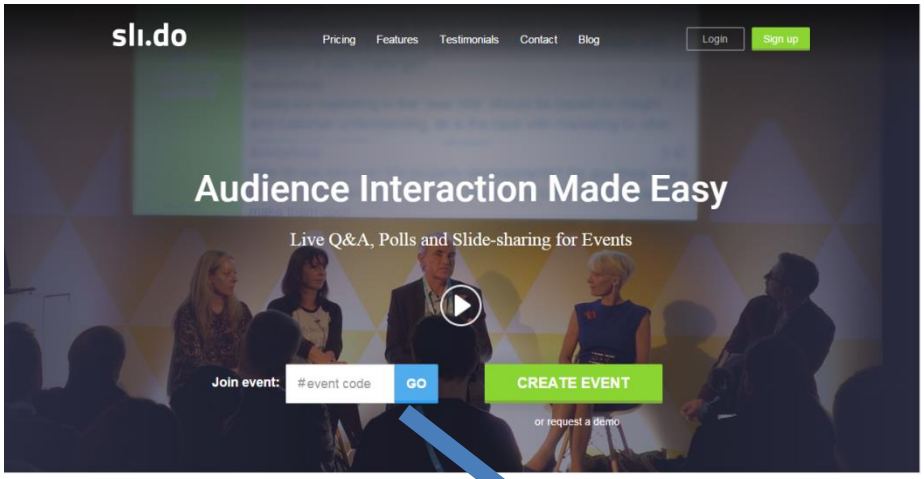
Password: **khguest9**

To access visit www.slido.com

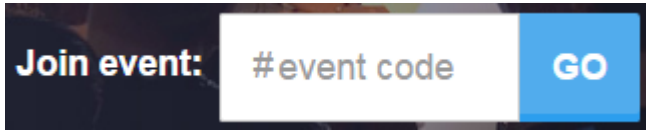
Enter the event code: **#QIConf**



Phone/tablet view



Web page view

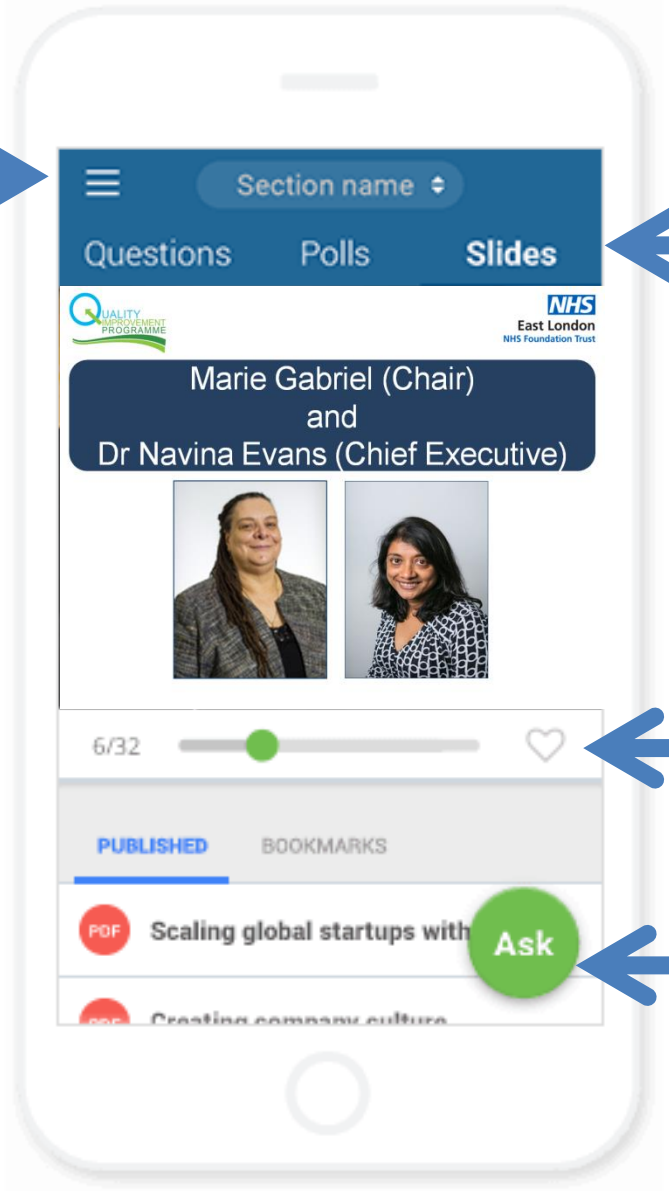


Wifi Name: **KingsHouseWifi**

Password: **khguest9**

Use menu to find active polls. View live stream or access your Twitter

Change tabs to ask questions, tweet or vote in polls



Scroll through slides and bookmark favourites

Open and bookmark slides from the presentation

Click here to send a question

www.slido.com

event code: **#QIConf**

Wifi Name: **KingsHouseWifi**

Password: **khguest9**

Practice Live Poll

QI Project Stories

Nynn Hui-Chang

QI Lead for Bedfordshire

Reducing time to complete Neuropsychological Assessments in the Memory Assessment Service (MAS)

Project Lead: Emma Ellis

Project Team: Helen Donovan, Rachel Wenman, Alejandra Cases, Emma Townsend, Sarah Moulton, Sophie Venters, Laura Cole and Wendy O'Neill

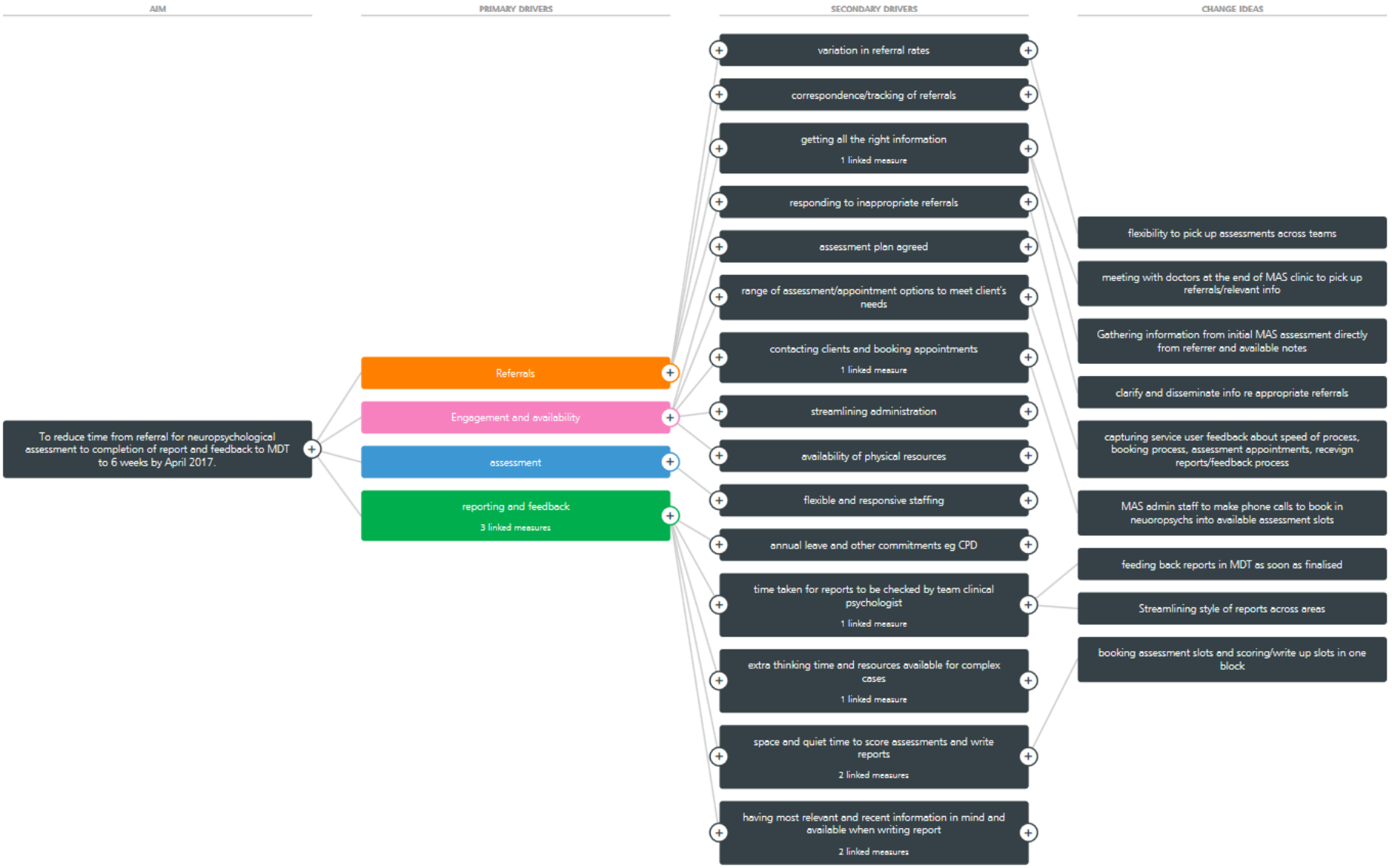
The Team

- The project team consists of Assistant Psychologists, Trainee Psychologists, and Clinical Psychologists providing neuropsychological assessment in the four Luton and Bedfordshire MAS clinics.

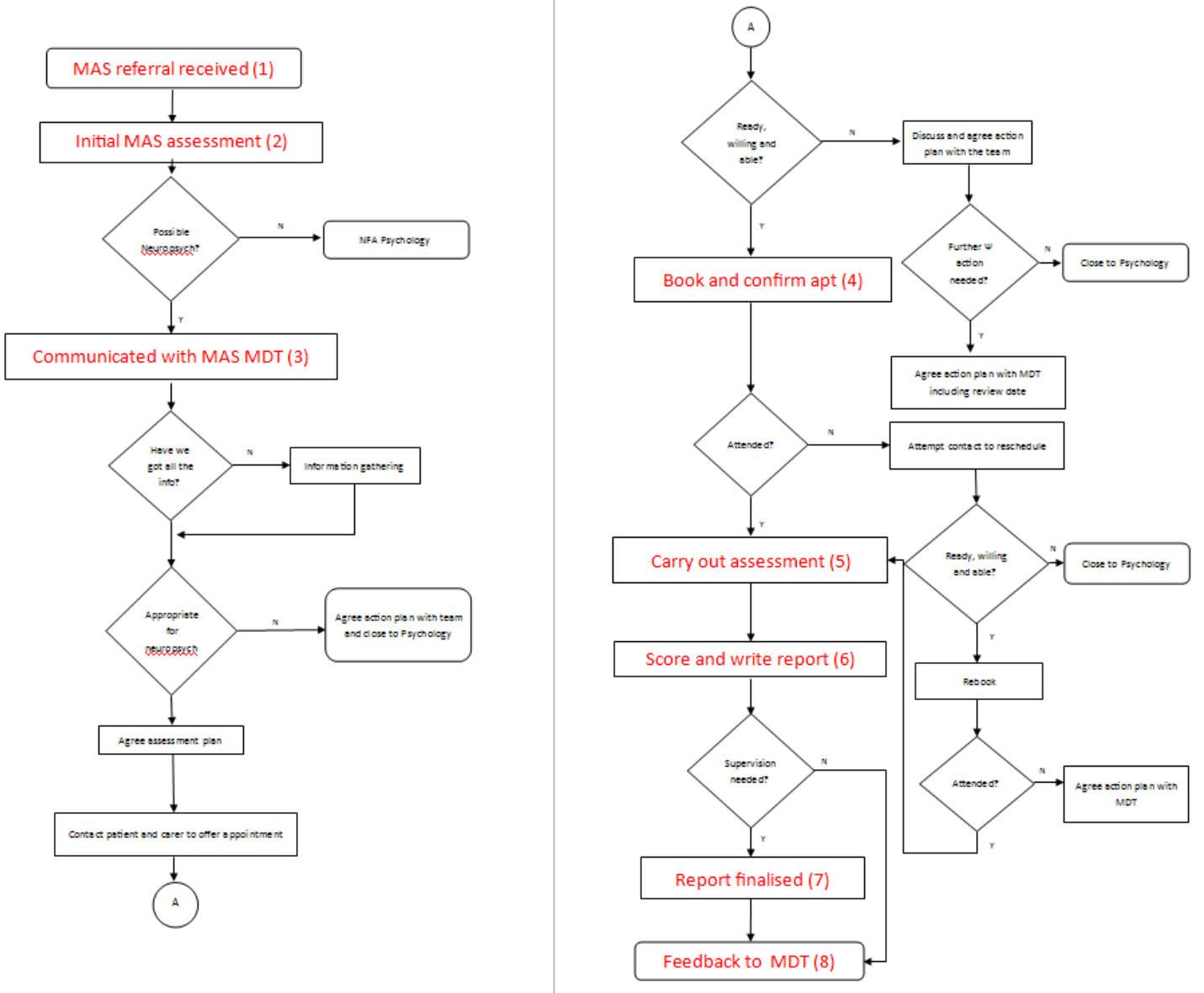
Background

- The four multidisciplinary MAS clinics are currently undergoing QI projects to reduce time to move through the assessment pathway.
- We decided to do a cross-clinic project specifically for the neuropsychological part of the pathway to reduce variation and share learning.
- Neuropsychology is offered to some (not all) patients, where initial screening suggests mild impairments or questionable dementia, and/or unusual/complex presentations.

Driver diagram



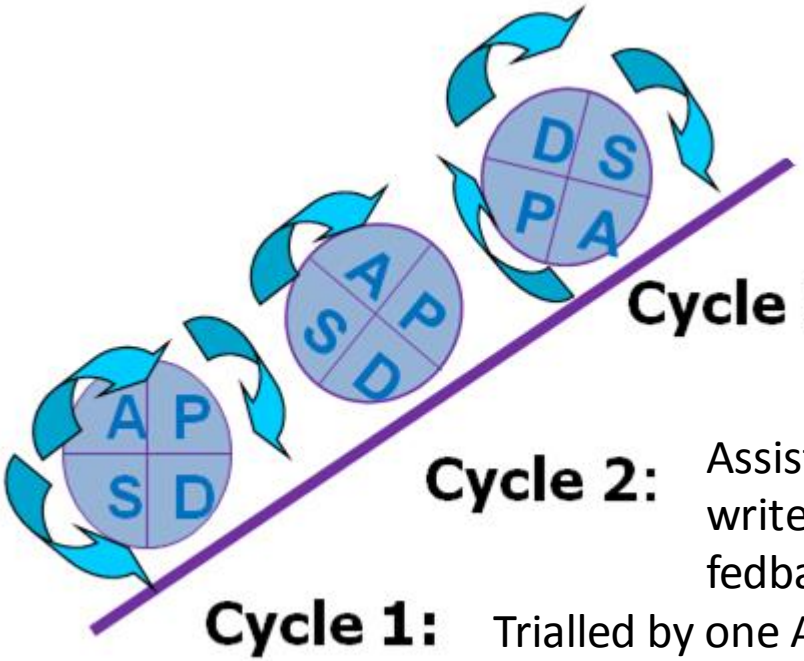
Understanding the Process



Bedfordshire & Luton MAS PDSAs

PDSA's	Team
To ensure flexibility among assistant psychologists when there is less demand in one service and a higher demand in another	All Teams
Defining slots for scoring/ write up	All Teams
Defining a slot in calendar for checking reports	Mid Beds, South Beds
Feedback reports to MDT meeting as soon as they have been completed	Bedford MAS
Gathering information from initial MAS assessment without waiting for the report	Bedford MAS
MAS administrator to call clients, book assessments and send letter and leaflet	South Beds
To elicit feedback from service users and carers to help improve the assessment process across all areas	All Teams
To streamline the style of reports across Mid and South Beds to reduce the length of time taken to check draft reports by the Clinical Psychologist	Mid Beds, South Beds

An Example of a PDSA…
Defining slots for scoring/write up of reports



Cycle 3: Scaled-up to all Assistants utilising this method

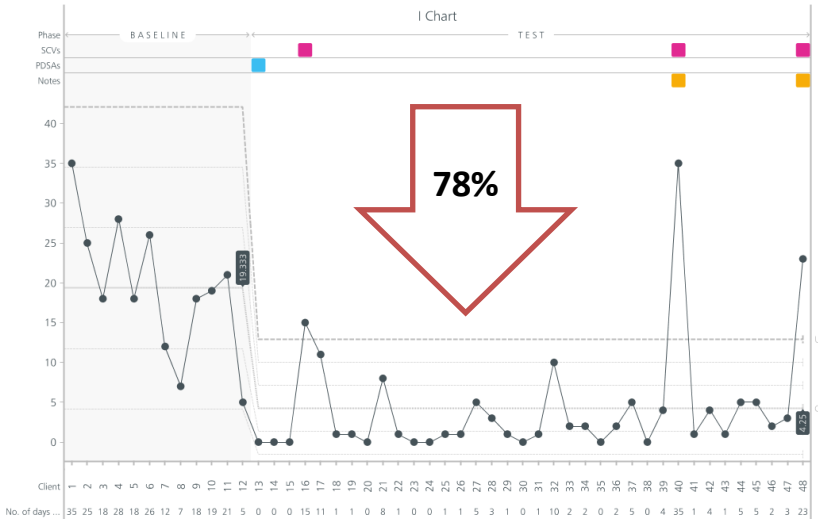
Cycle 2: Assistant continued to allocate time for scoring and write up, while other Assistants trialled this and fedback.

Cycle 1: Trialled by one Assistant Psychologist, for all patients in one week and fedback to the wider Psychology team

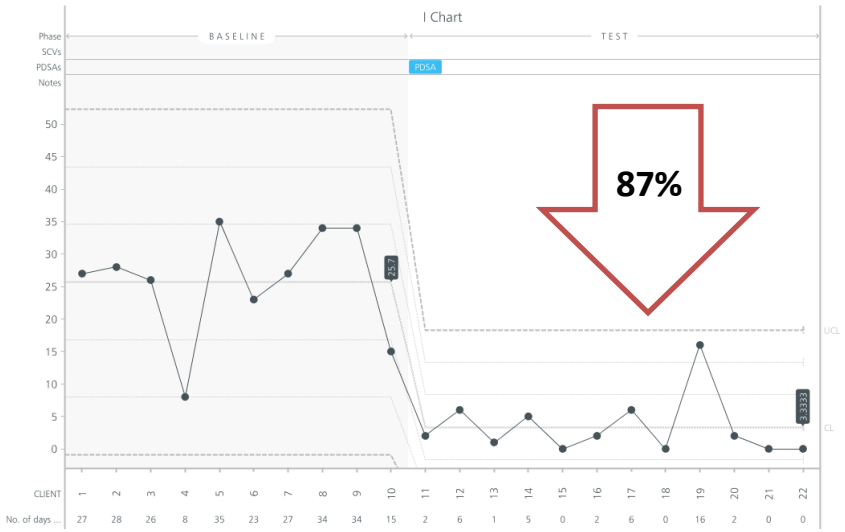
- Some challenges identified: distractions, competing priorities etc.
- Helped to provide more focus and ensure the client was at the forefront of clinician's mind when writing the report
- Reduced the delay between the assessment taking place and draft report being available – greater efficiency

PDSA: Defining slots for scoring/write up of reports

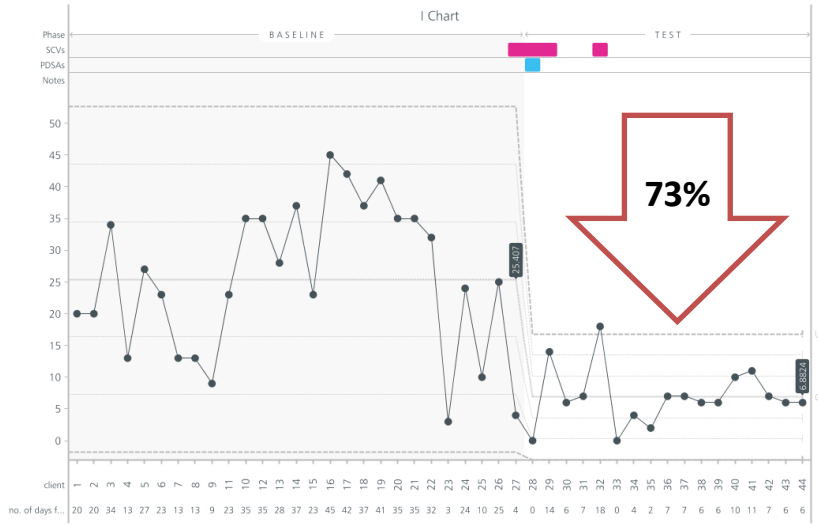
Time from assessment to draft report Bedford



time from assessment to draft report Luton



time from assessment to draft report South Beds

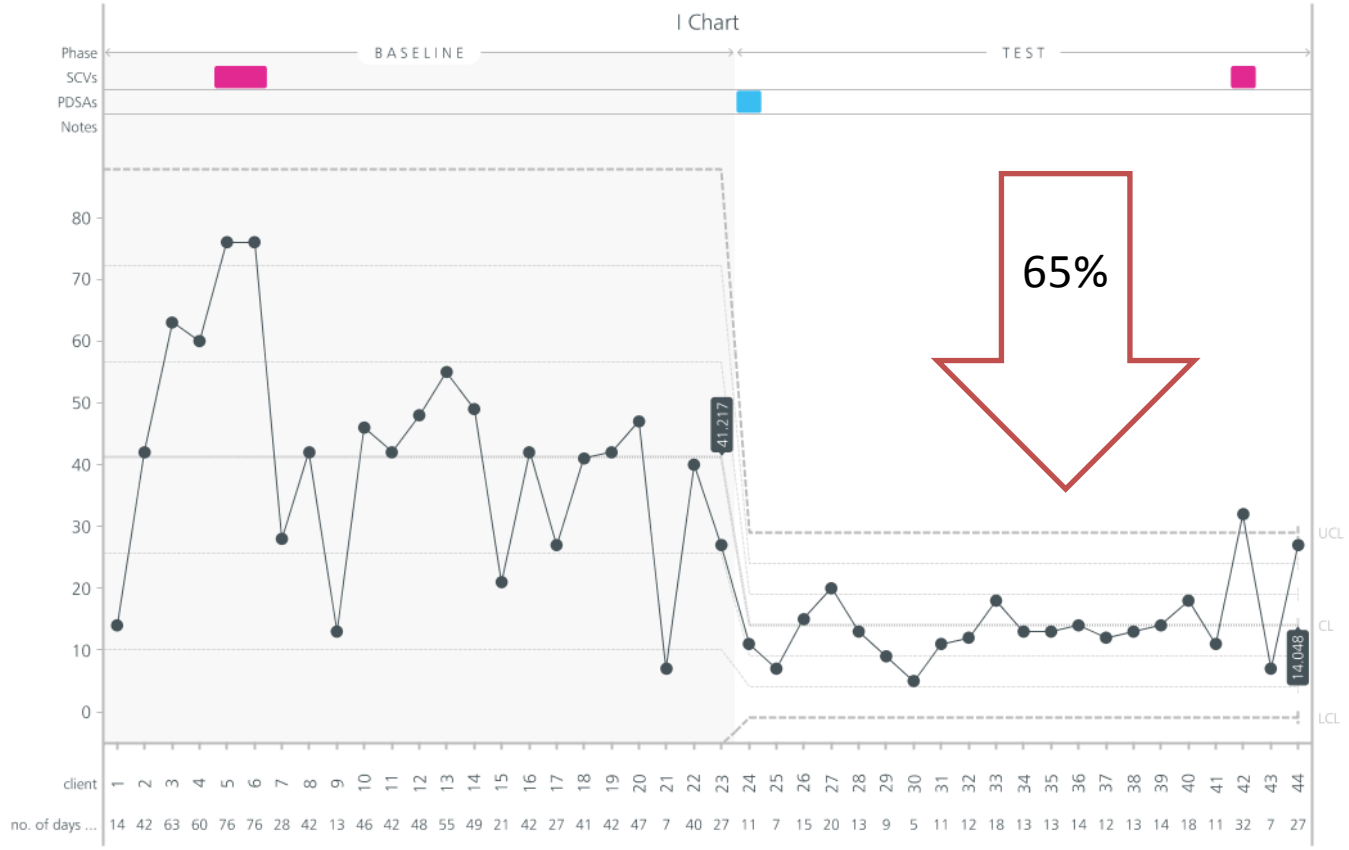


Time from assessment to draft report Mid Beds

I Chart: Time from assessment to draft report Bedford

PDSA: Gathering information from initial MAS assessment without waiting for the report (Bedford MAS)

Time from referral received by Psychology to Assessment completed (Bedford)

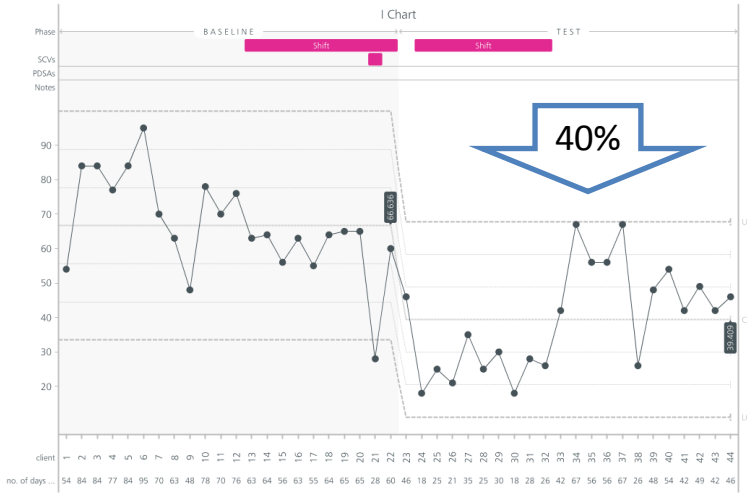


Service user and carer involvement to improve the service

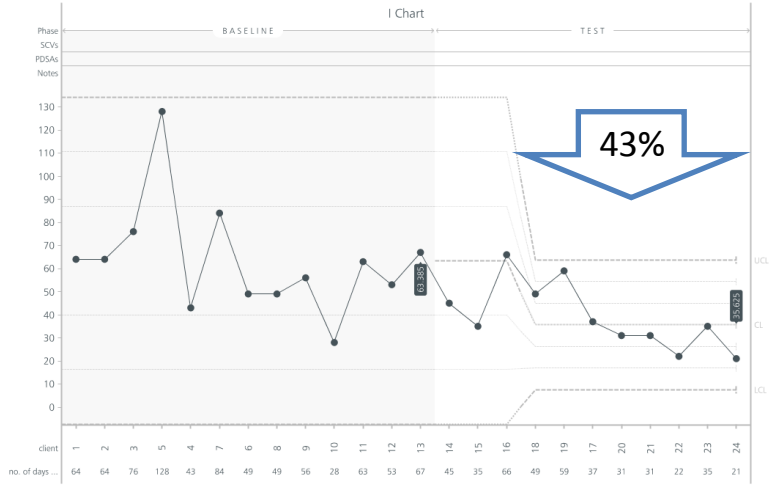
- Laura and Wendy have recently developed a service user experience questionnaire, that we are giving to clients and their carers to complete following neuropsychological assessment.
- This was initially discussed in the project team, a draft was then created and distributed for further feedback from the team. We then trialled this with four clients to gather their feedback regarding it's usability.
- Following minor changes, we are now giving this to all client's seen and collecting data.
- We wanted to gain heir feedback about their experience, and are hoping they give some ideas/information which would drive further change ideas.
- Some challenges identified: identifying the best time to give questionnaire to the client, ethical considerations – such as clinician being present in the room during completion.

Outcome Measure so far…

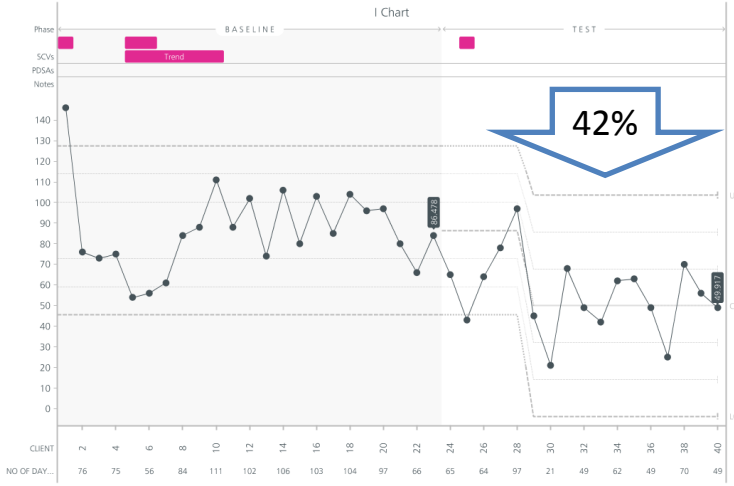
Time from referral received by Psychology to final report completed (Bedford)



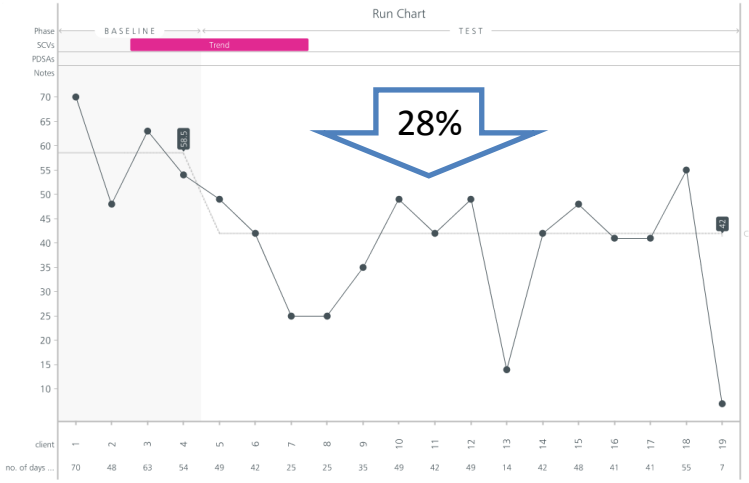
Time from referral received by Psychology to final report completed (Luton)



Time from referral received by Psychology to final report completed (South Beds)



Time from referral received by Psychology to final report completed (Mid Beds)



Learning

So far…

- Creating operational definitions across teams
- Flow charting helped to define process
- Challenge of a project across teams
- Recognising differences between the teams, and also changes within the teams, e.g. staff changes, processes

What's next…

- Ongoing PDSA: service user feedback
- Next PDSA: Finalising reports faster
- Create X bar S chart to combine data across all teams

Thank you for your time.

Any questions?

QI Project Stories

Ishrat Love-Chowdhury

QI Lead for Luton

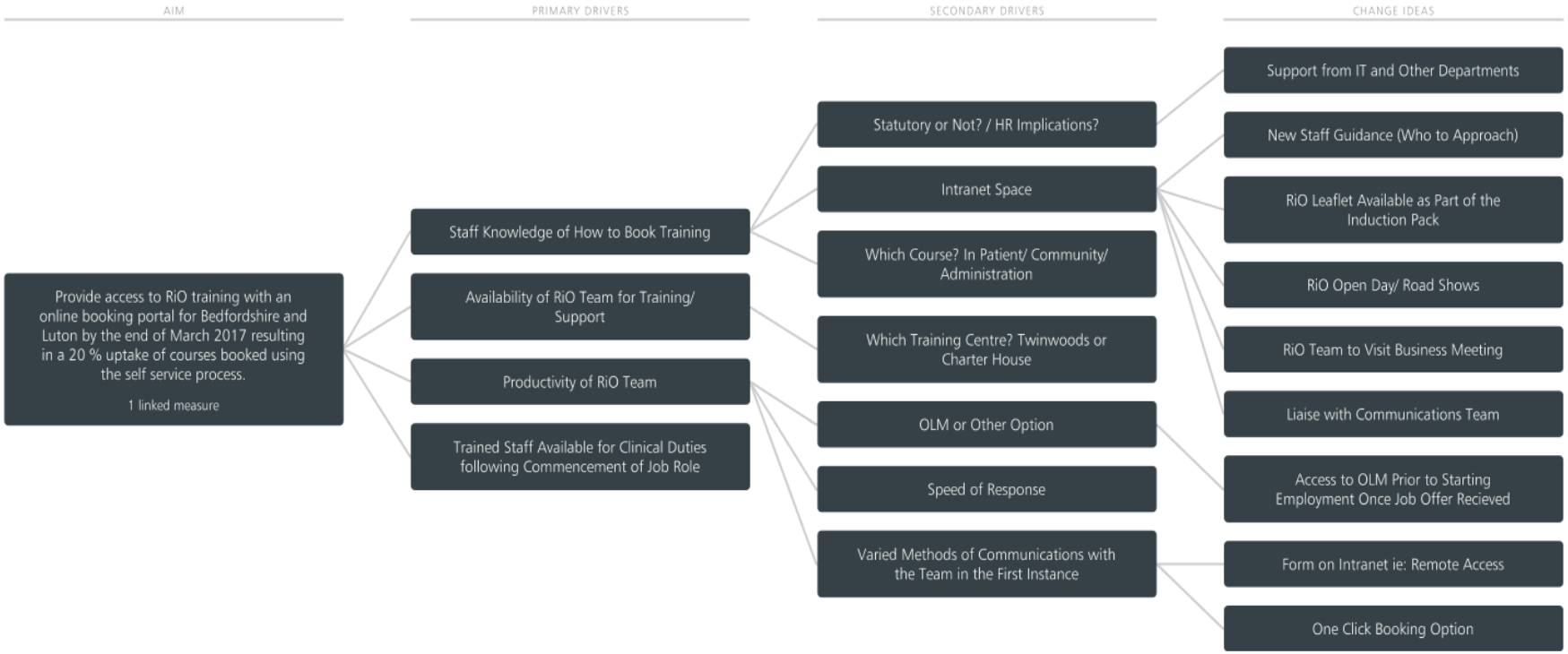
RiO Training
Automation of Bookings, Information and Feedback

Sheila O'Connell
Nicola Fitzgerald
Dermott Flynn
Michelle Woodward
Yoland Baxter
Hasna Begum

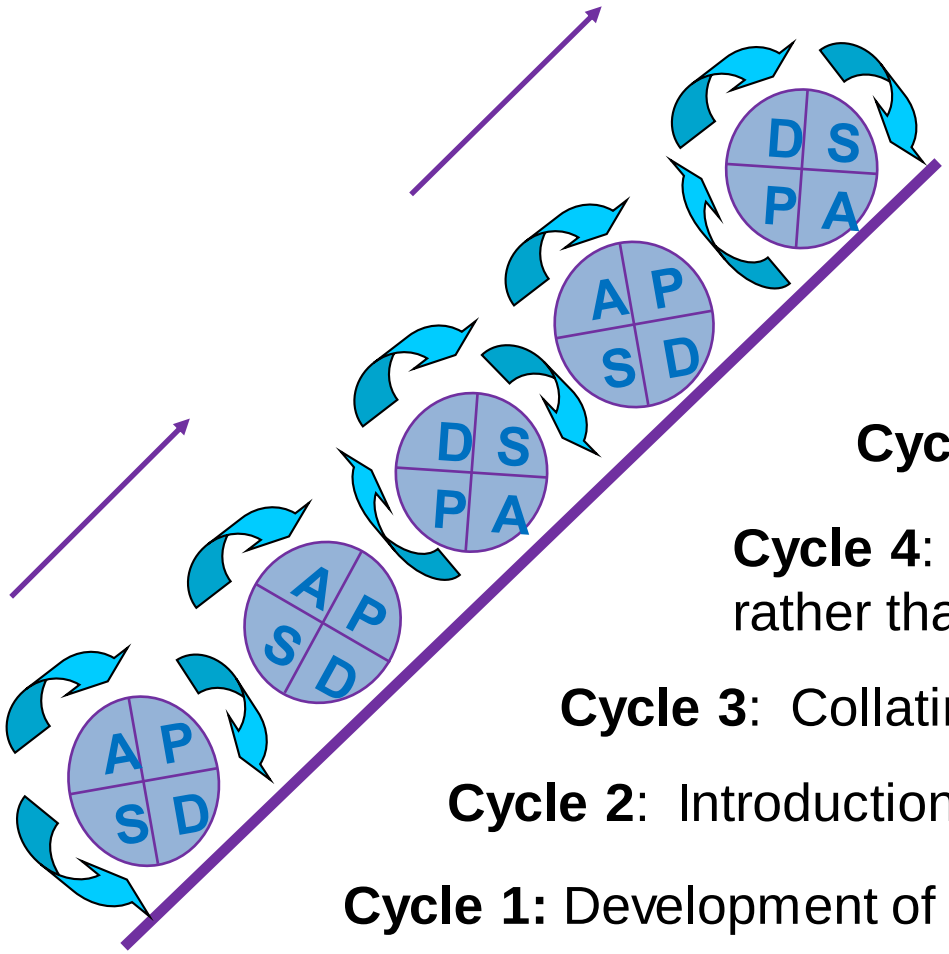
Background

- The rationale for this project was to streamline the process of booking staff onto RiO training as efficiently as possible
- Simplify the booking of RiO training for new and existing staff
- Add into new starters induction week
- Enable new staff to be RiO trained as close to their start date as possible
- Promotes patient safety and clinical effectiveness
- Reduce time spent on administration by RiO Trainers in booking staff to courses allowing more time for training and support

Driver diagram



Sequence of PDSA's



Cycle 7: Analyse data

Cycle 6: RiO Bookings Go Live - OLM

Cycle 5: Adding RiO Training to OLM

Cycle 4: Reviewing the data to weekly rather than monthly

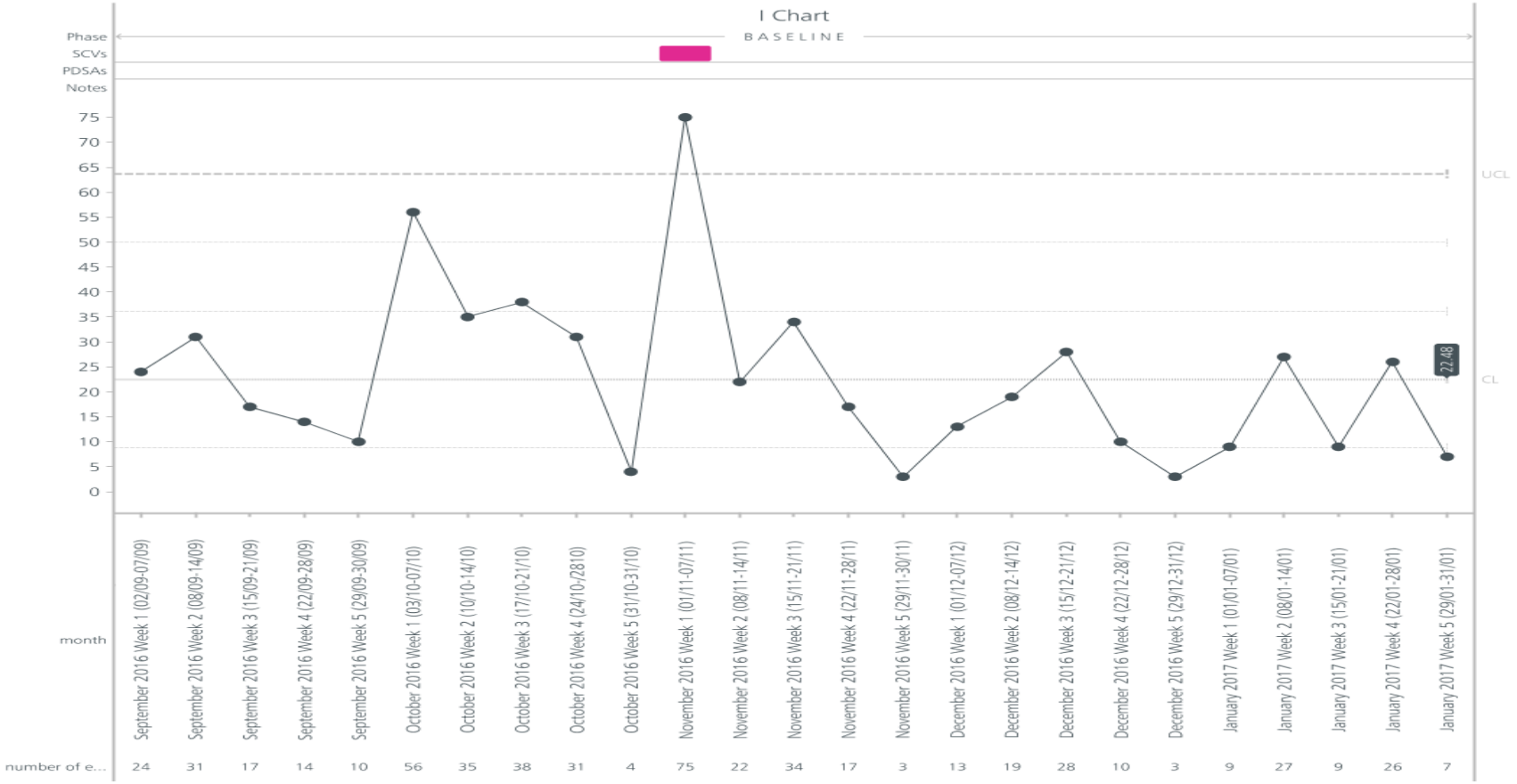
Cycle 3: Collating & Interpreting Data

Cycle 2: Introduction of RiO Standardized Booking Form

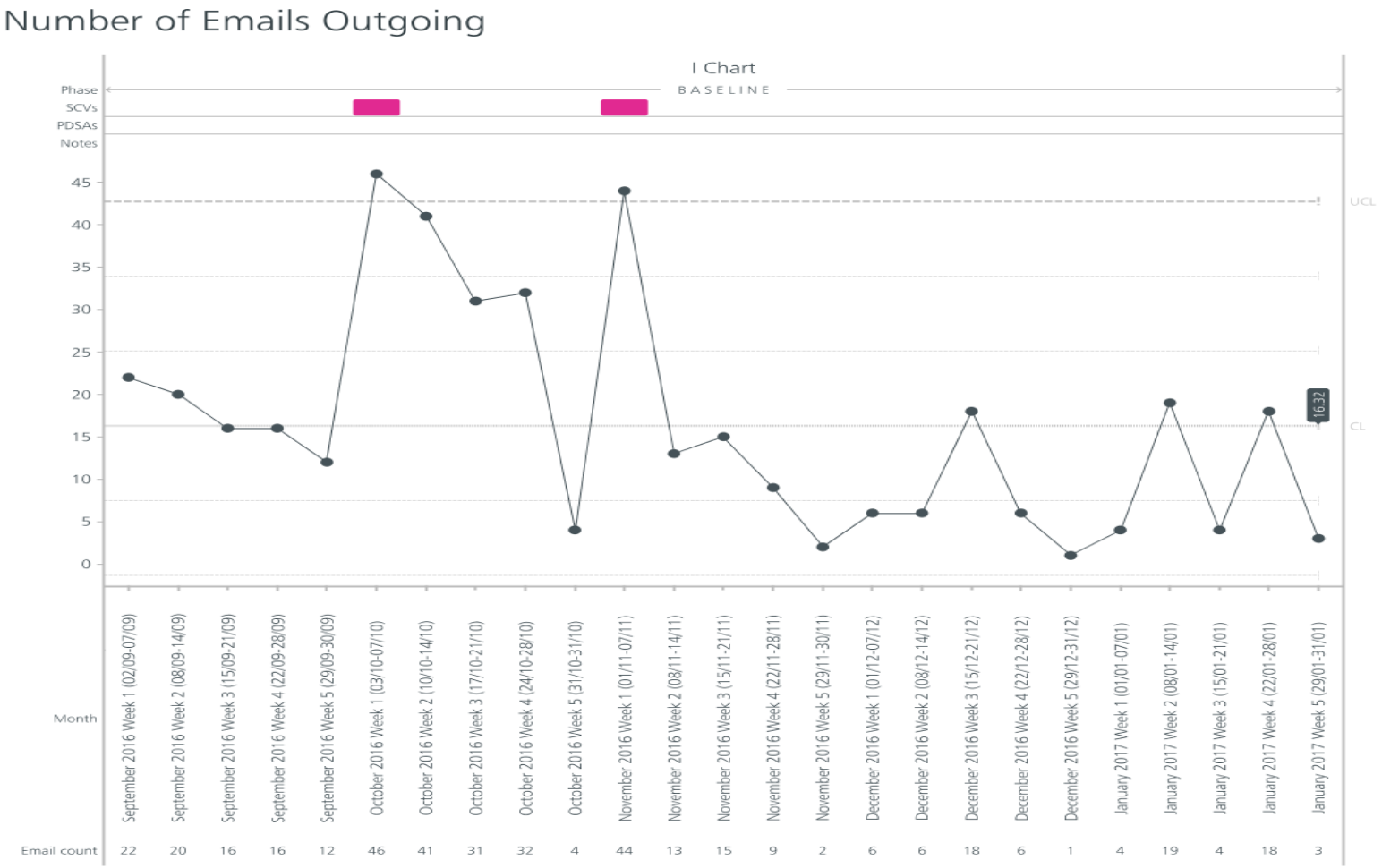
Cycle 1: Development of RiO Booking Form

Incoming Emails

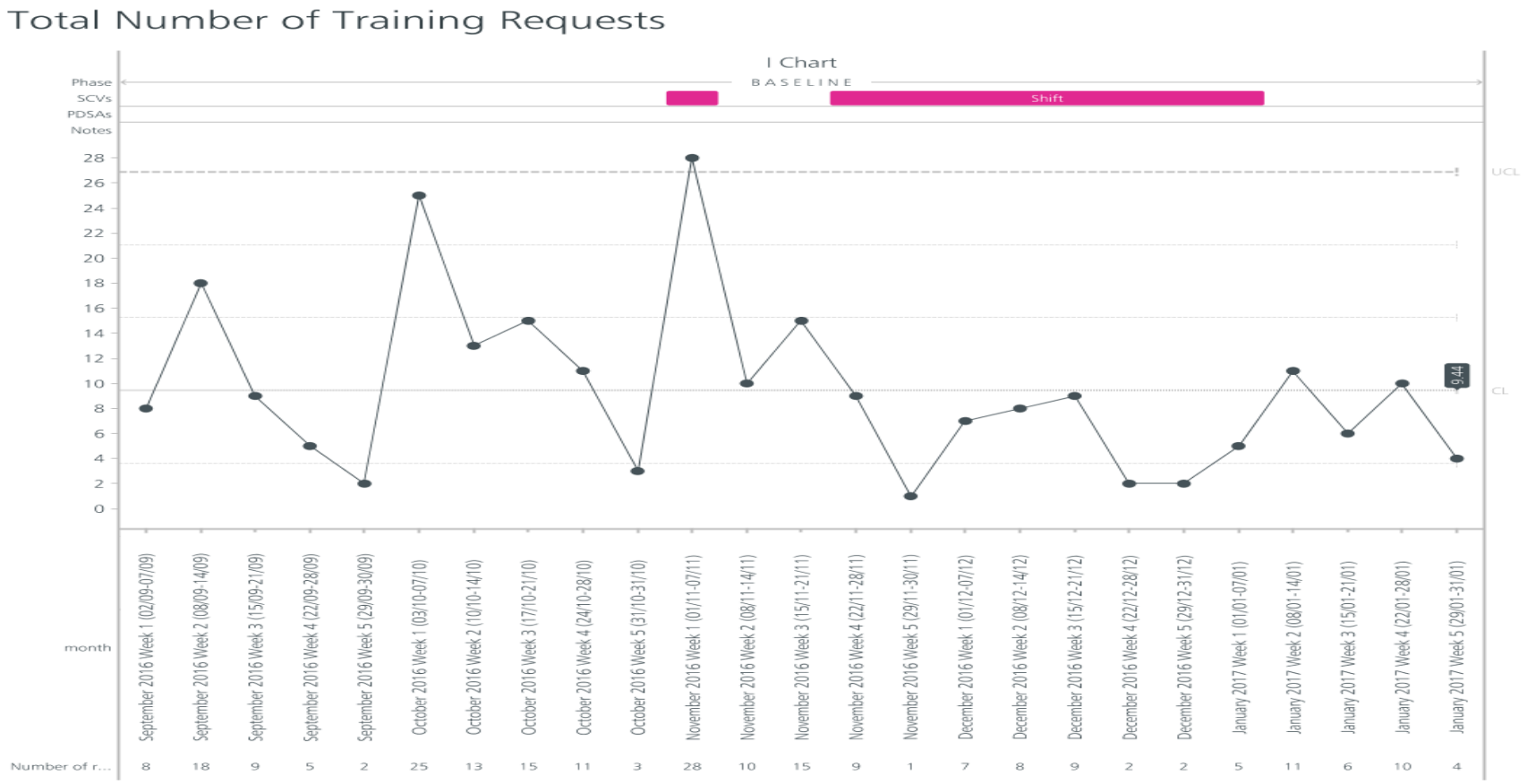
Number of Emails Incoming



Total Outgoing Emails



Total Number of Training Requests



Learning

- That the existing way of booking was resource and time intense
- That providing the booking on OLM was not as difficult as we had first anticipated
- That a multi-disciplinary project team provided a wider perspective on the issues we were trying to address
- That the outcome we had hoped for became a reality

Challenges

- Reviewing monthly data wasn't as effective as reviewing the data weekly
- Encouraging staff to book training for themselves as opposed to a Trainer doing it for them
- Booking 'external' learners (ie agency staff) isn't as straight forward as booking a staff member
- Post training feedback to be made available online

Thank you for your time.

Any questions?

QUALITY IMPROVEMENT PROGRAMME

NHS
East London
NHS Foundation Trust

Professor Chris Ham CBE

Chief Executive, The King's Fund

Pose your questions to Chris from your mobile device

Go to slido.com and enter the code #QIconf

Tweet your thoughts using #QIConf

Reforming the NHS from within

Professor Chris Ham
Chief Executive
7 March 2017

The King's Fund
Ideas that change health care

Three big challenges

- Sustaining existing services and standards of care
- Developing new and better models of care
- Doing both of the above by engaging staff and reforming 'from within'

Sustaining existing services

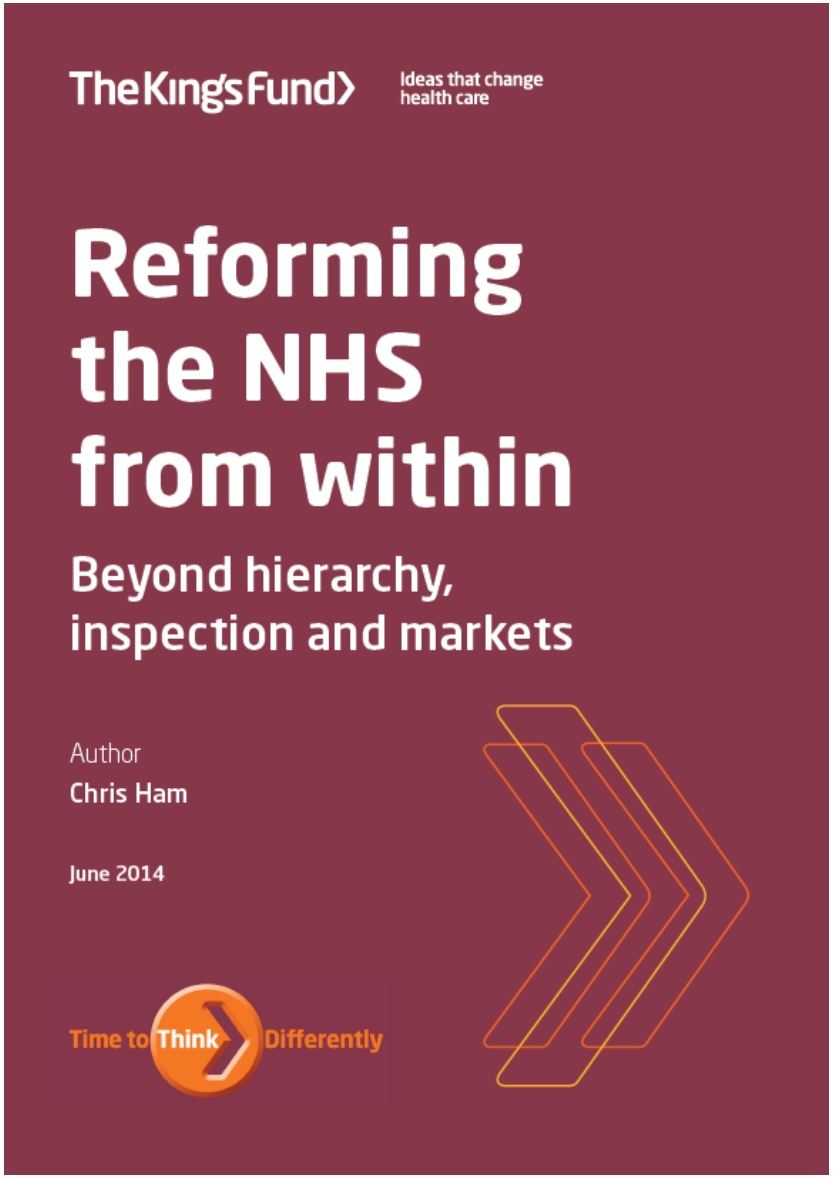
- Keeping the focus on quality of care and patient safety
- Maintaining good performance on key targets like waiting times
- Recruiting and retaining (and training) the workforce of the future
- Balancing budgets

Developing new models of care

- Implementing the five year forward view and integrating care
- Giving priority to prevention and population health improvement
- Advancing and spreading the vanguards
- Embracing new technologies where they bring benefits

Reforming the NHS from within

- Successive governments have relied on external pressures to reform and improve the NHS
- Much more emphasis should be placed on change being led locally
- High performing health care organisations and systems around the world show how this can be done



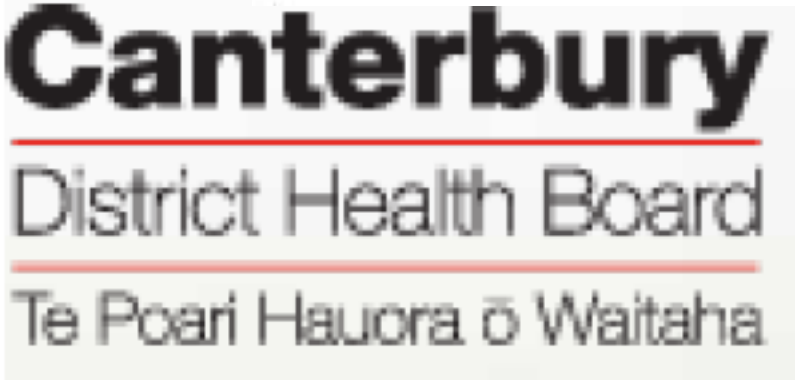
The King's Fund

Ideas that change health care


LANDSTINGET
i Jönköpings län


Intermountain
Healthcare


Salford Royal
NHS
NHS Foundation Trust


Canterbury
District Health Board
Te Poari Hauora ō Waitaha


Virginia Mason


TheKingsFund
Ideas that change
health care

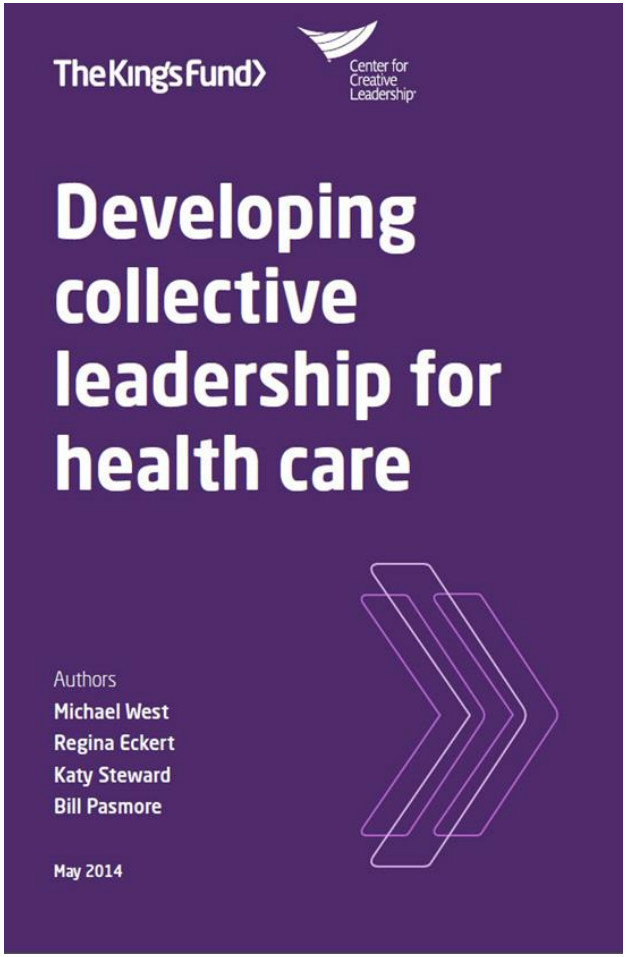
What does this mean for the NHS?

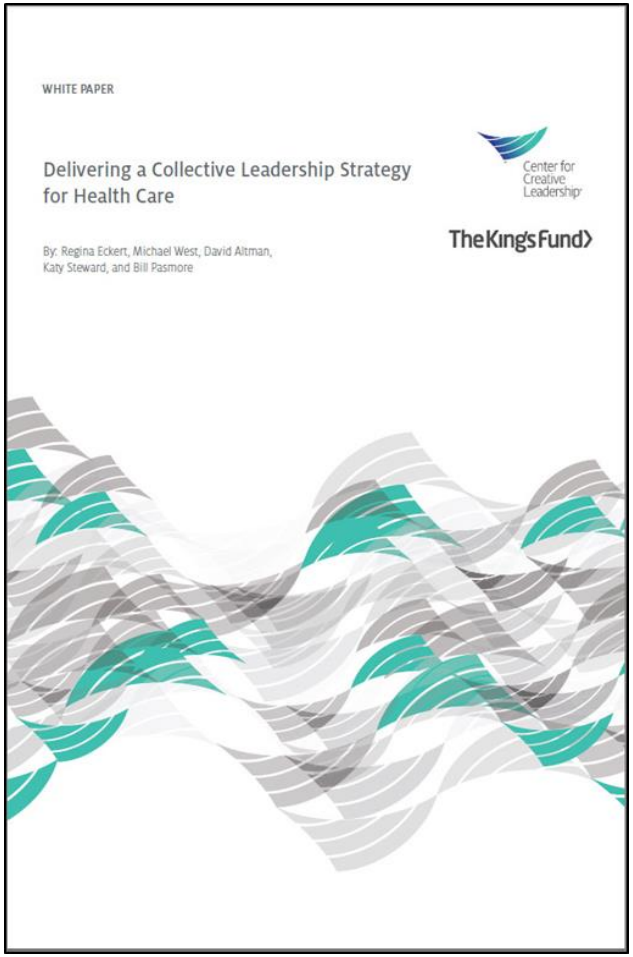
- Organisational stability
- Leadership continuity
- Vision focused on quality and safety
- Specific goals for improvement
- Systematic measurement of progress towards goals
- Development of leadership at all levels
- Training in QI skills and methods

What does this mean for the NHS (2)?

- Understanding and responding to what matters to patients
- Seeking and acting on patient feedback
- Leaders who listen to and engage staff
- Leaders who create time for staff to care and remove obstacles to safe and high quality care
- Leaders who are personally and visibly committed to patient-centred care

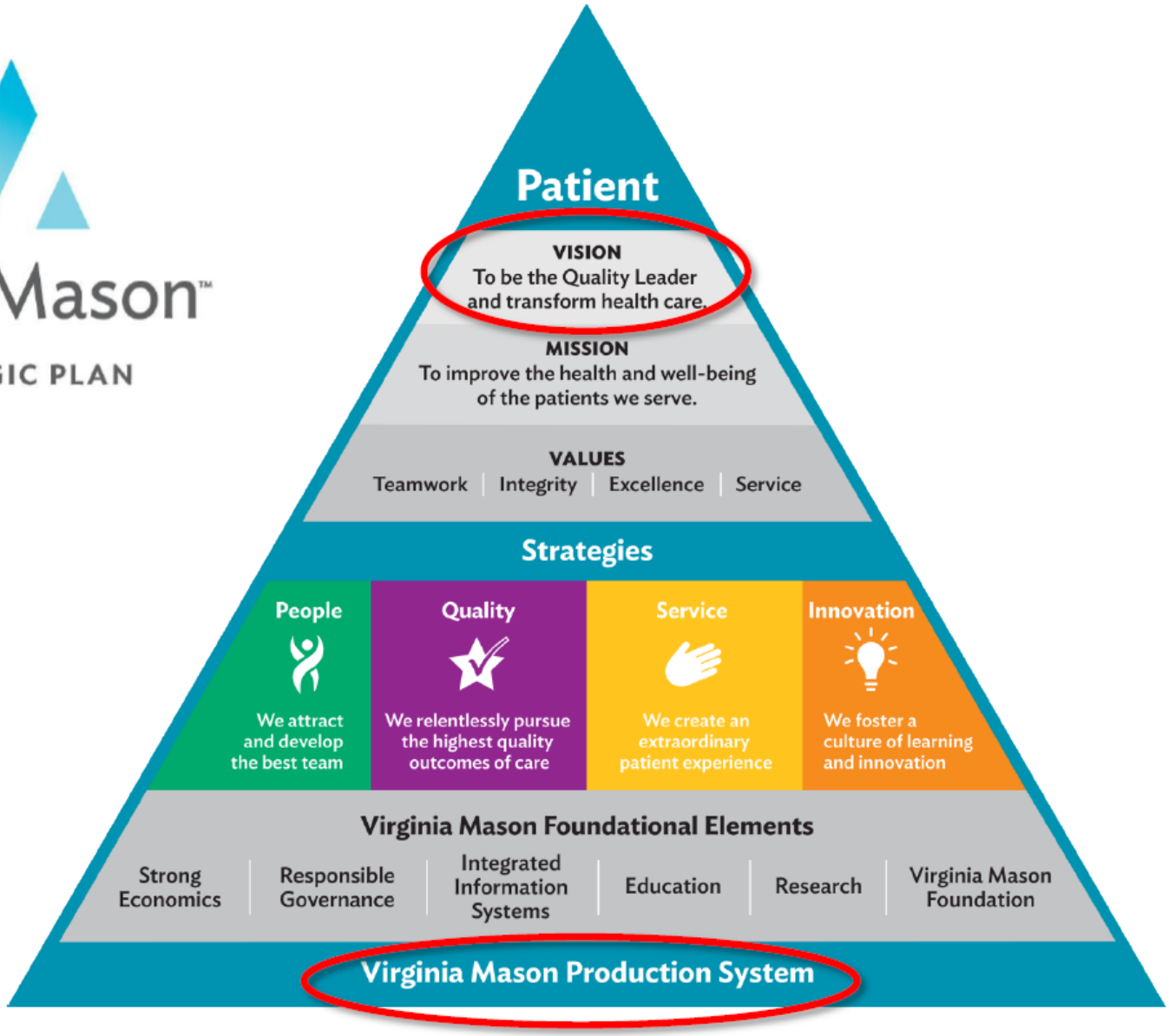
Leadership is needed at all levels





Virginia Mason™

OUR STRATEGIC PLAN



The leadership challenge

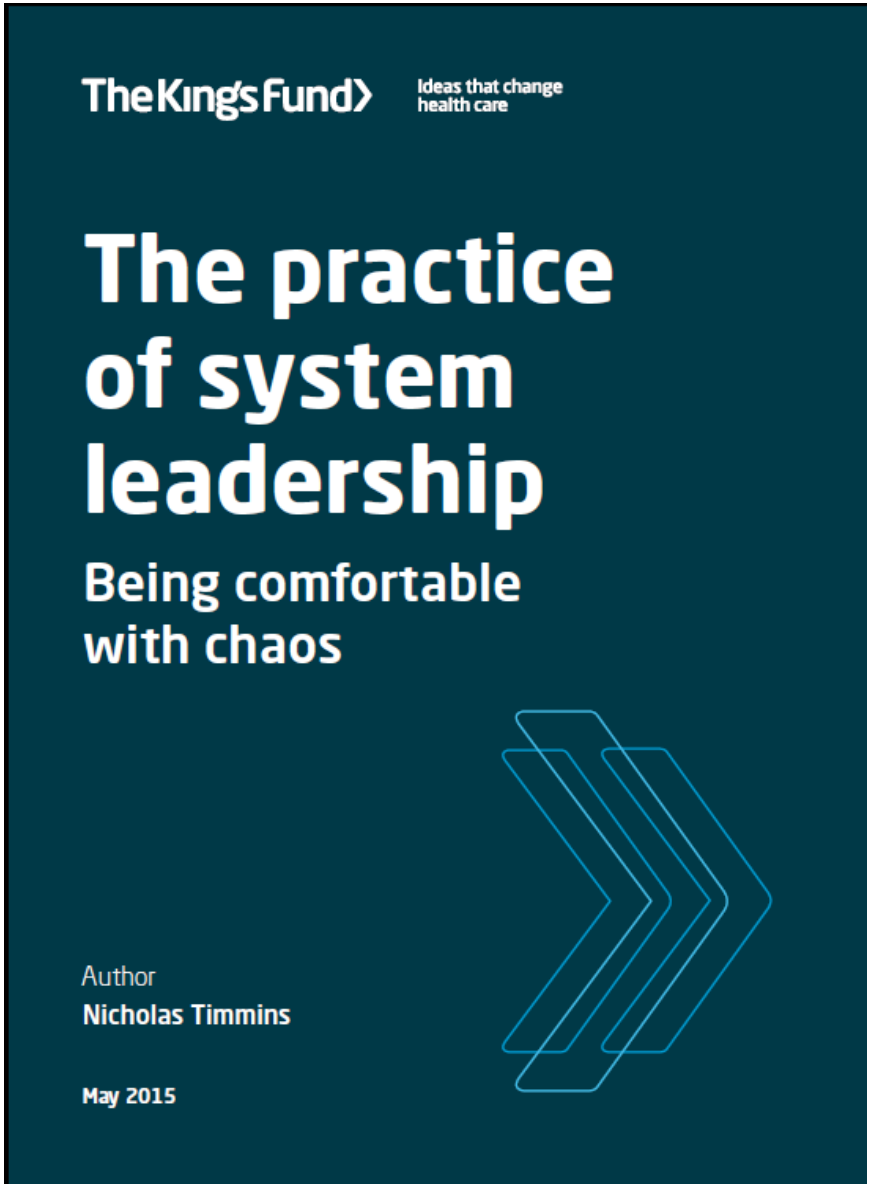
- CEOs and senior colleagues have to make a sustained commitment to reform from within
- It requires leaders of NHS organisations to be personally and deeply involved
- These leaders must be willing to themselves devolve power
- Meaningful staff engagement and clinical leadership (esp. medical) are essential
- Partnership between experienced managers and skilled clinical leaders is critical

A long march

- Real and sustainable improvement takes time
- It occurs through 'the aggregation of marginal gains' not big leaps forward
- Improvement must draw on the intrinsic motivation of doctors and others to provide high quality care
- Political leaders should set budget and system objectives but not micro manage
- Political leaders and regulators should do no harm

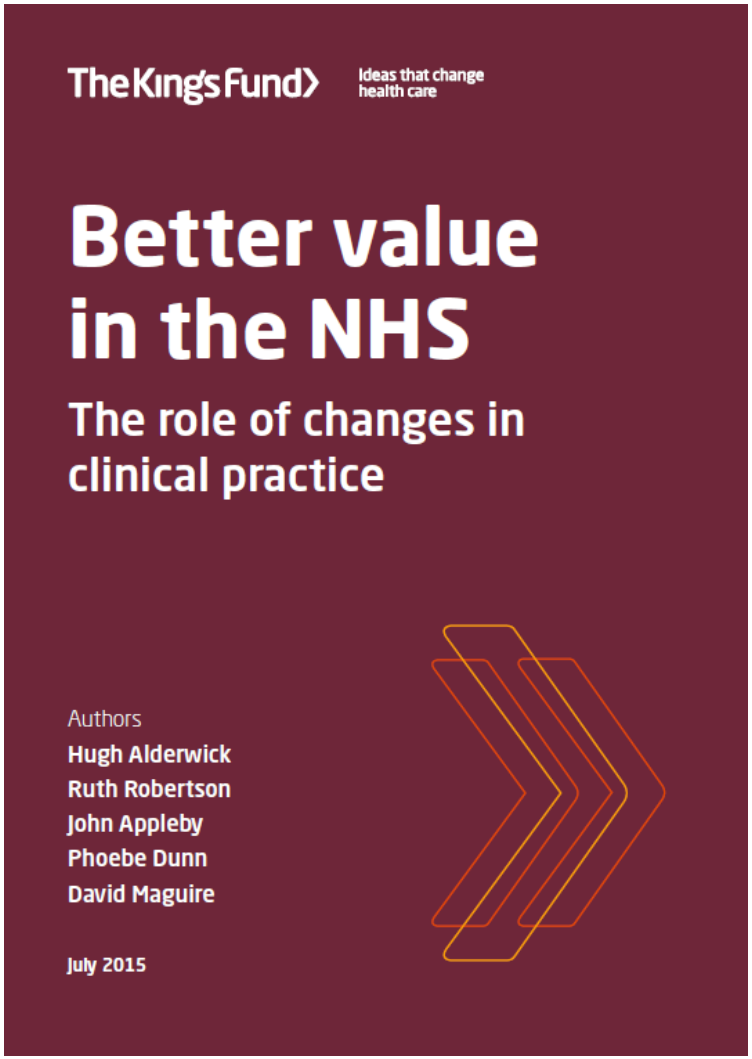
Systems of care

- The NHS in England is too fragmented – local systems of care must evolve
- Systems of care need to link hospitals, community services and primary care e.g. in a city or county
- Systems don't mean mergers: they are alliances and networks of providers
- Systems offer the best hope of the NHS sustaining services and developing new care models



The Kings Fund
Ideas that change health care

Reframing the debate



The Kings Fund
Ideas that change health care

QI in Bedfordshire & Luton
Progress and Challenges

James Innes
Associate Director of QI

Michelle Bradley
Director of Mental Health & Wellbeing Services-Bedfordshire

Dr Farid Jabbar
Clinical Director-Luton

AIM

To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community- based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

Directorate-level priorities

- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities

1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Value for money

NHS East London NHS Foundation Trust

AIM

To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community- based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

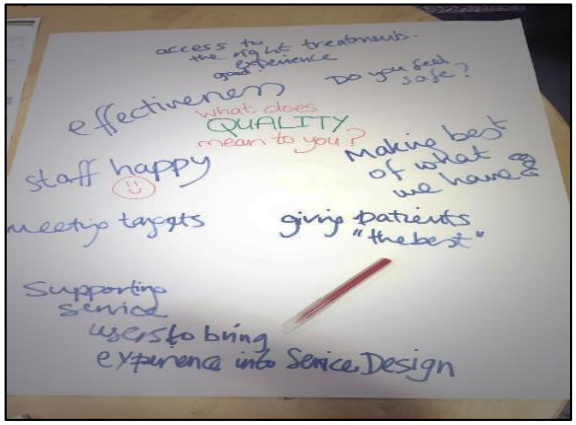
Directorate-level priorities

- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities

1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Value for money

NHS East London NHS Foundation Trust


access to the right treatments
Do you feel safe?
effectiveness
what does QUALITY mean to you?
staff happy
Making best of what we have
meeting targets
giving patients "the best"
Supporting service users to bring experience into Service Design


100
happy
targets

AIM

To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community- based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

Directorate-level priorities

- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities

1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Value for money

NHS East London NHS Foundation Trust


East London NHS


East London NHS







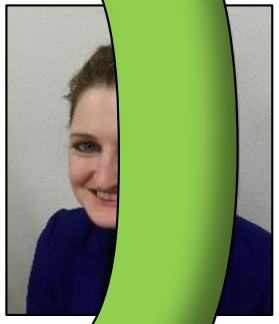

East London NHS



University of Bedfordshire











2010

AIM

To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community- based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

Directorate-level priorities

- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities

1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Value for money

NHS East London NHS Foundation Trust

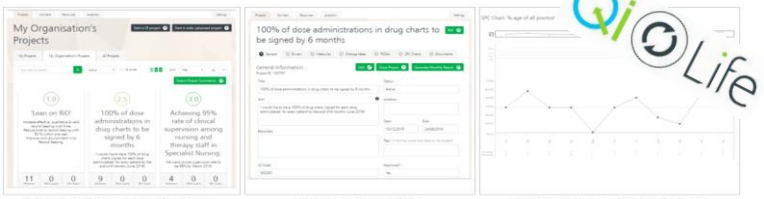
QI Sponsors

Quality & Performance Dashboards

QI Forums

QI Coaches

QI Leads



See QI projects across the Trust | Manage your project | Generate Run and Control Charts

QI Life

AIM

To provide the highest quality mental health and community care in England by 2020

Engaging, encouraging & inspiring

1. Targeting / segmenting communication for different groups (community- based staff, Bedfordshire & Luton staff)
2. Sharing stories – newsletters, microsite, presenting internally
3. Celebration – awards, conferences, publications, internal presentations
4. Share externally – social media, Open mornings, visits, microsite
5. Work upstream – trainees, regional partners, key national and international influencers

Developing improvement skills

1. Pocket QI for anyone interested, extended to Beds & Luton
2. Refresher training for all ISIA graduates
3. Improvement Science in Action waves
4. Online learning options
5. Develop cohort and pipeline of improvement coaches
6. Leadership and scale-up workshops for sponsors
7. Bespoke learning, including Board sessions & commissioners

Embedding into daily work

1. Learning system: QI Life, quality dashboards, microsite
2. Standard work as part of a holistic quality system
3. Job descriptions, recruitment process, appraisal process
4. Annual cycle of improvement: planning, prioritising, design and resourcing projects
5. Support staff to find time and space to improve things
6. Support deeper service user and carer involvement

QI Projects

Directorate-level priorities

- Defined through annual cycle of planning
- Most local projects aligned to directorate priorities

Trust-wide strategic priorities

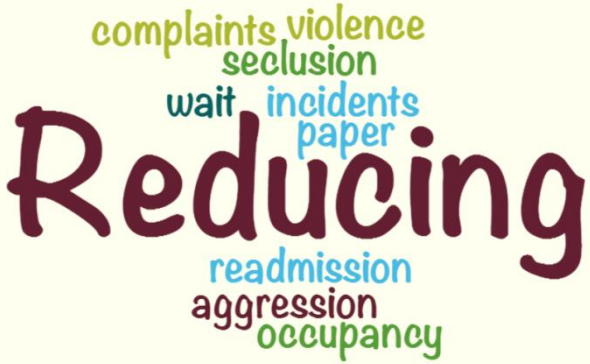
1. Reduce harm from inpatient violence
2. Improving access to community services
3. Joy in work
4. Recovery-focused community mental health
5. Value for money

NHS East London NHS Foundation Trust

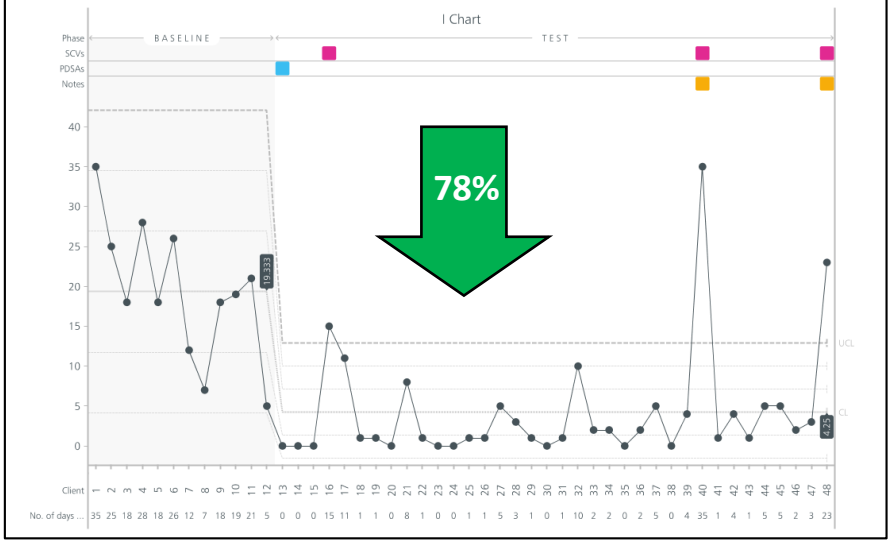

Training
care
referral
admissions
RiO
experience
health
Improving
understanding
access
recruitment
presence


confidence
uptake
feedback
PROMs
access
coproduction
Increasing
PREMs
responsiveness

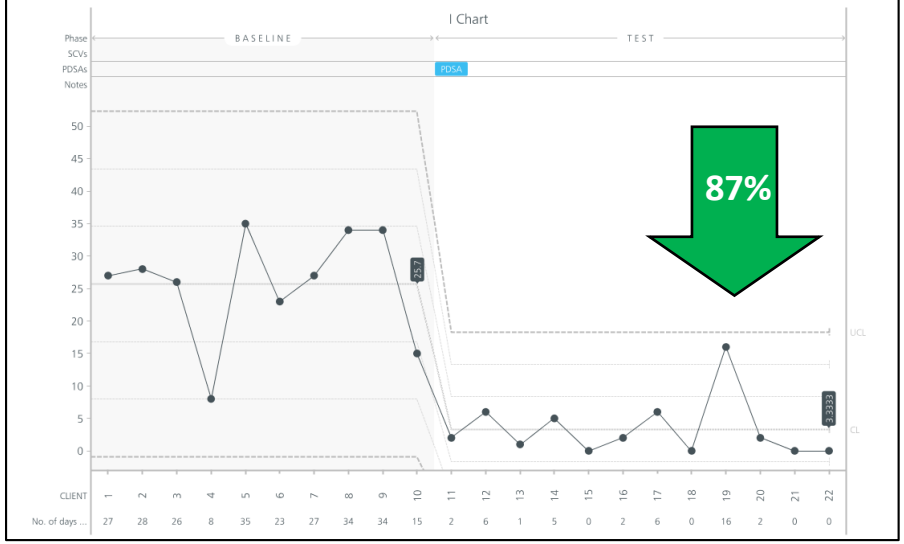
41


complaints
violence
seclusion
wait
incidents
paper
Reducing
readmission
aggression
occupancy

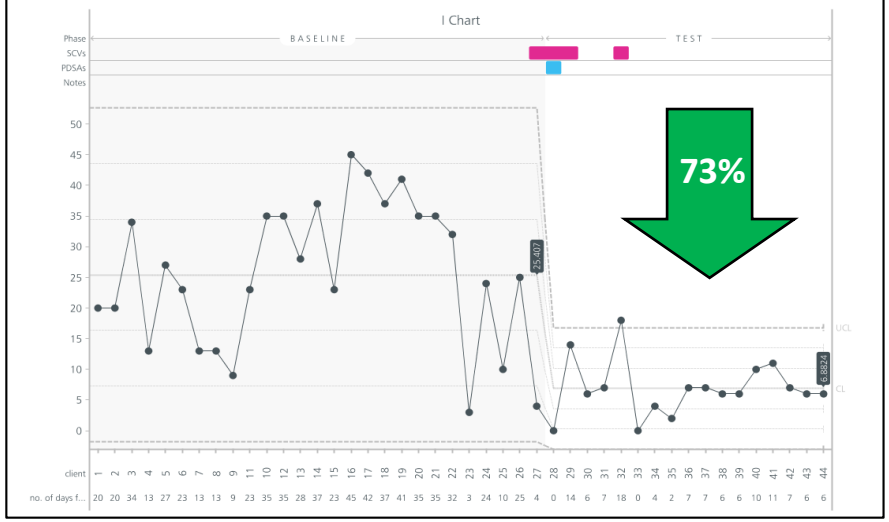
Time from assessment to draft report Bedford



time from assessment to draft report Luton



time from assessment to draft report South Beds



Time from assessment to draft report Mid Beds

How does it feel?

In summary

- We are already succeeding!
- Our confidence will develop
- We can’t fail
- Support is available
- We are committed to making this happen
- We will make a difference

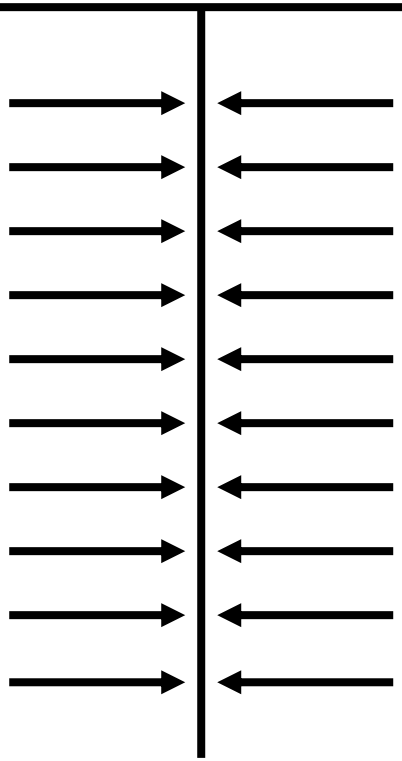
What's helped and hindered QI in Bedfordshire & Luton?

James Innes

Associate Director of QI

What's helping QI?

What's hindering QI?



What can we do to tackle what is hindering QI?:

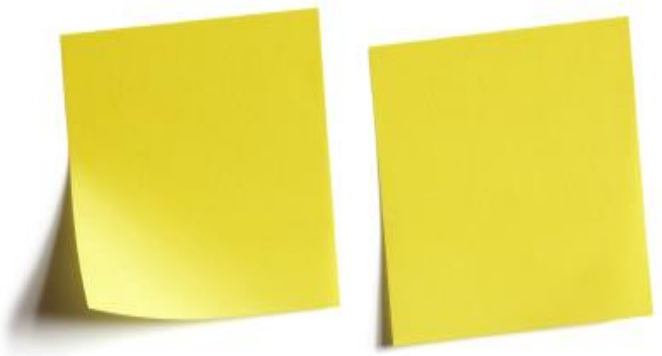
-
-

What matters most?

- What are the most important things that you think we should be using QI to work on?

- Top 3 ideas per table

- 1 idea per post it note



BREAK TIME

#QIconf

Pose Questions to Our Panel!

Kamila Naseova

PPL - Bedford Borough

Satwinder Kaur

Service User

Neil Lad

Clinical Nurse Manager

Eugene Jones

Director of Service-Luton

Claire McKenna

Deputy Director of Nursing

Steven Course

Chief Financial Officer

Zelpha Kittler

Clinical Director-Bedfordshire

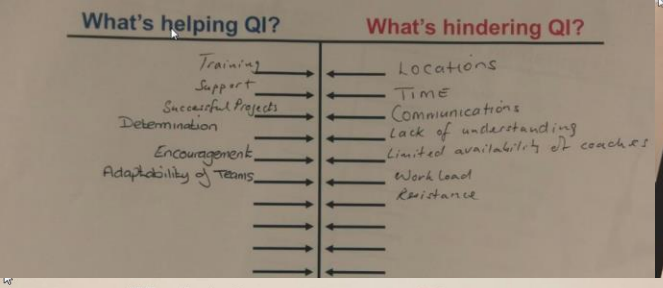
Pose your questions to our panel from your mobile device

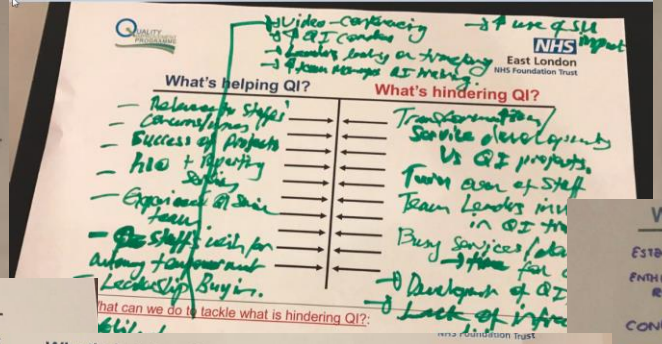
Go to slido.com and enter the code #QIConf

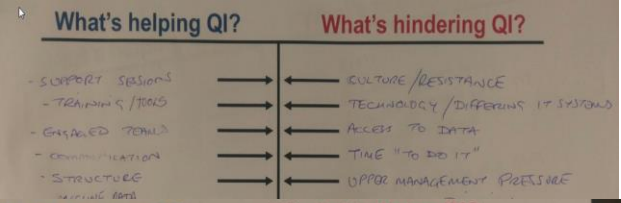
Tweet your thoughts using #QIConf

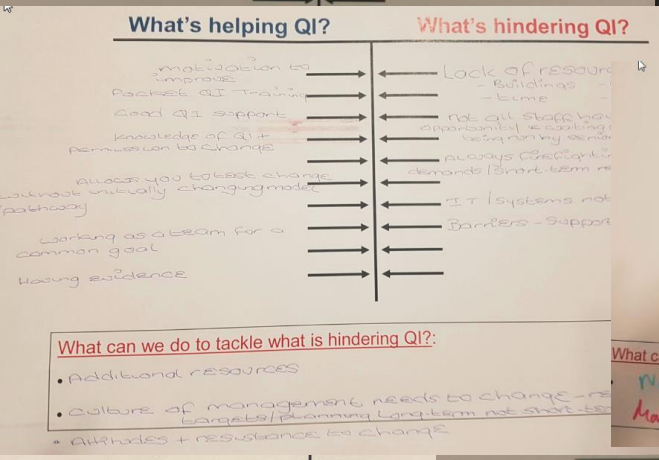
Some Initial Results from our Force Field Analysis

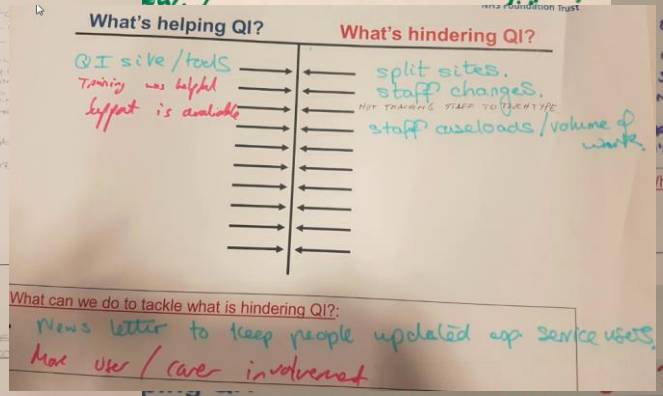
Auzewell Chitewe
Senior QI Lead

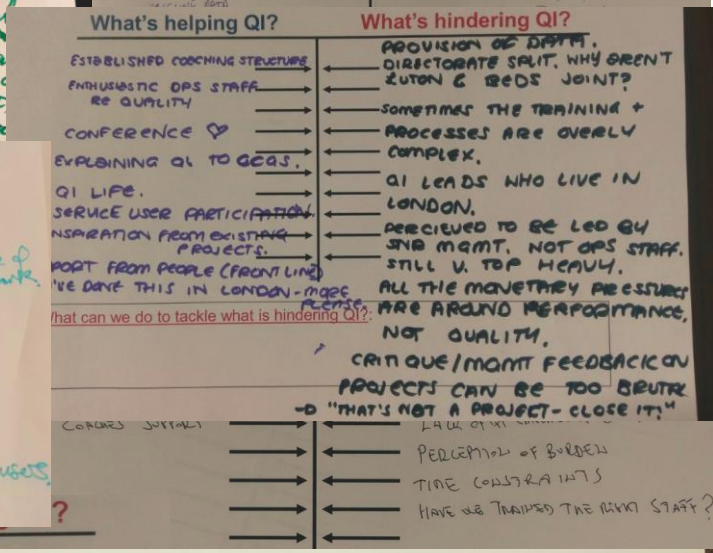

What's helping QI?
What's hindering QI?
Training
Support
Successful Projects
Determination
Encouragement
Adaptability of Teams
Locations
Time
Communications
Lack of understanding
Limited availability of coaches
Work load
Resistance

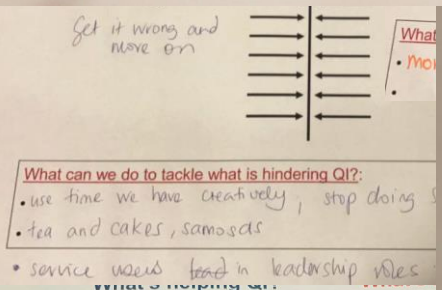

NHS
East London
NHS Foundation Trust
What's helping QI?
What's hindering QI?
What can we do to tackle what is hindering QI?:

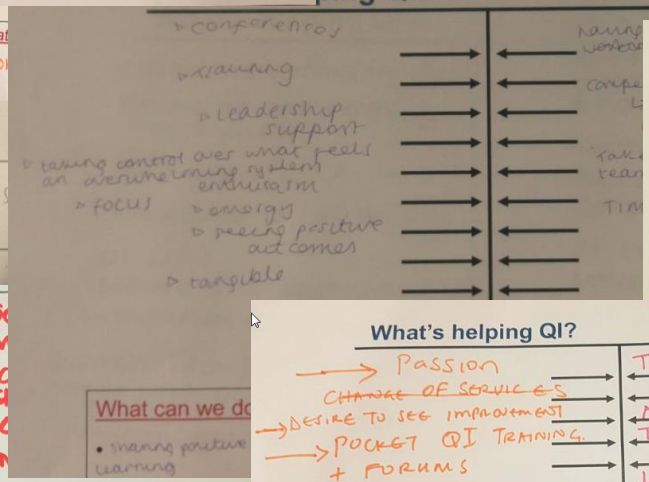

What's helping QI?
What's hindering QI?
- SUPPORT SESSIONS
- TRAINING / TOOLS
- ENGAGED TEAM
- COMMUNICATION
- STRUCTURE
CULTURE / RESISTANCE
TECHNOLOGY / DIFFERING IT SYSTEMS
ACCESS TO DATA
TIME "TO DO IT"
UPPER MANAGEMENT PRESSURE

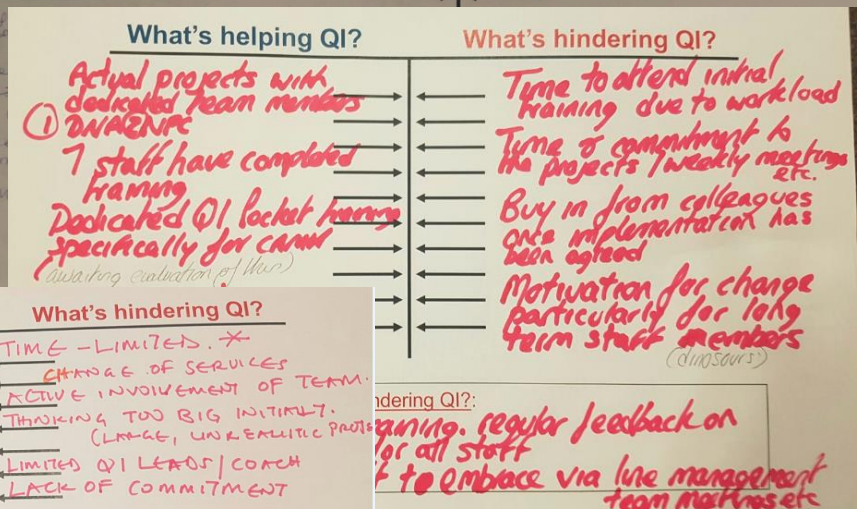

What's helping QI?
What's hindering QI?
What can we do to tackle what is hindering QI?:
• Additional resources
• culture of management needs to change

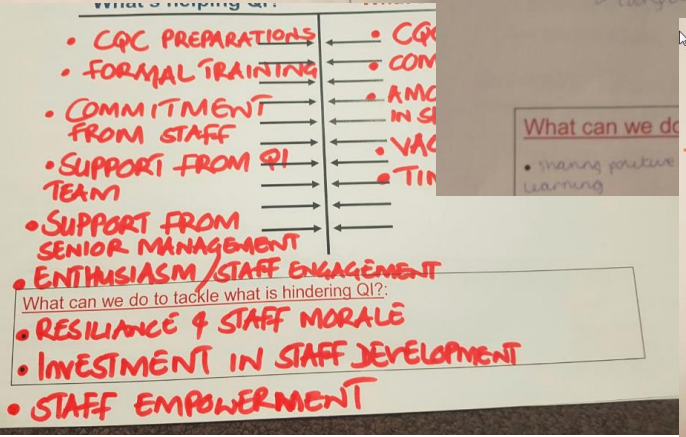

What's helping QI?
What's hindering QI?
QI site / tools
Training was helpful
Support is available
split sites.
staff changes.
staff caseloads / volume of work.
What can we do to tackle what is hindering QI?:
News letter to keep people updated on service users
More user / carer involvement

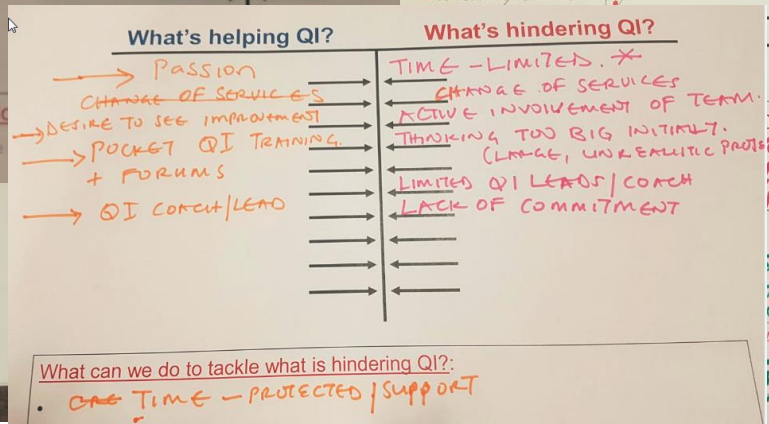

What's helping QI?
What's hindering QI?
ESTABLISHED COACHING STRUCTURE
ENTHUSIASTIC OPS STAFF RE QUALITY
CONFERENCE
EXPLAINING QI TO EXEC.
QI LIFE.
SERVICE USER PARTICIPATION
INSPIRATION FROM EXISTING PROJECTS.
BOOT FROM PEOPLE (FRONT LINE)
PROVISION OF DATA.
DIRECTORATE SPLIT. WHY DIDN'T LUTON & BEDS JOINT?
SOMETIMES THE TRAINING + PROCESSES ARE OVERLY COMPLEX.
QI LEADS WHO LIVE IN LONDON.
PERCEIVED TO BE LED BY SNR MGMT. NOT OPS STAFF.
STILL V. TOP HEAVY.
ALL THE MONETARY PRESSURES ARE AROUND PERFORMANCE, NOT QUALITY.
CRITIQUE / MGMT FEEDBACK ON PROJECTS CAN BE TOO BRUTE
→ "THAT'S NOT A PROJECT - CLOSE IT!"
What can we do to tackle what is hindering QI?:
PERCEPTION OF BURDEN
TIME CONSTRAINTS
HAVE WE TRAINED THE RIGHT STAFF?

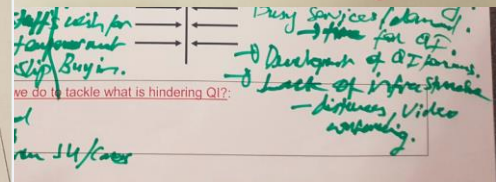

Get it wrong and move on
What can we do to tackle what is hindering QI?:
• use time we have creatively, stop doing
• tea and cakes, samosas
• service users lead in leadership roles


conferences
training
leadership support
taking control over what feels an overwhelming system
enthusiasm
focus
energy
seeing positive outcomes
tangible
What can we do


What's helping QI?
What's hindering QI?
Actual projects with dedicated team members
AWARENESS
Staff have completed training
Dedicated QI pocket training specifically for carers
(awaiting evaluation of this)
Time to attend initial training due to workload
Time & commitment to the projects / weekly meetings etc.
Buy in from colleagues once implementation has been agreed
Motivation for change particularly for long term staff members
(dinosaurs)
dering QI?:
aining. regular feedback on
for all staff
to embrace via line management
team meetings etc


• CQC PREPARATIONS
• FORMAL TRAINING
• COMMITMENT FROM STAFF
• SUPPORT FROM QI TEAM
• SUPPORT FROM SENIOR MANAGEMENT
• ENTHUSIASM / STAFF ENGAGEMENT
What can we do to tackle what is hindering QI?:
• RESILIANCE & STAFF MORALE
• INVESTMENT IN STAFF DEVELOPMENT
• STAFF EMPOWERMENT


What's helping QI?
What's hindering QI?
PASSION
CHANGE OF SERVICES
DESIRE TO SEE IMPROVEMENT
POCKET QI TRAINING.
+ FORUMS
QI COACH / LEAD
TIME - LIMITED.
CHANGE OF SERVICES
ACTIVE INVOLVEMENT OF TEAM.
THINKING TOO BIG INITIALLY.
(LARGE, UNREALISTIC PROJ
LIMITED QI LEADS / COACH
LACK OF COMMITMENT
What can we do to tackle what is hindering QI?:
• TIME - PROTECTED / SUPPORT


Busy Services / clinical
Time for QI
Development of QI teams
Lack of infrastructure
- distance, Video conferencing.

QUALITY IMPROVEMENT PROGRAMME

NHS East London NHS Foundation Trust

What's helping QI?

- Leadership
- Bottom up culture
- QI Life
- Permission
- Staff engagement and enthusiasm
- Communication
- Service User / Carer Participation
- Training

What's hindering QI?

- Capacity
- Awareness and communication
- Processes feel complex
- Demand on work
- Funding / external pressures
- Dispersed services
- Lack of leadership
- Attitude towards QI
- Staffing / vacancies

<u>What can we do to tackle what is hindering QI?</u>:

- Using time more creatively
- Encourage staff to embrace and take part through line management
- Need protected time

Pose Questions to Our Panel!

Kamila Naseova

PPL - Bedford Borough

Satwinder Kaur

Service User

Neil Lad

Clinical Nurse Manager

Eugene Jones

Director of Service-Luton

Claire McKenna

Deputy Director of Nursing

Steven Course

Chief Financial Officer

Zelpha Kittler

Clinical Director-Bedfordshire

Pose your questions to our panel from your mobile device

Go to slido.com and enter the code #QIConf

Tweet your thoughts using #QIConf

Pedro Delgado

Head of Europe and Latin America, IHI

Pose your questions to Pedro from your mobile device

Go to slido.com and enter the code #QIConf

Tweet your thoughts using #QIConf

Institute *for* Healthcare Improvement

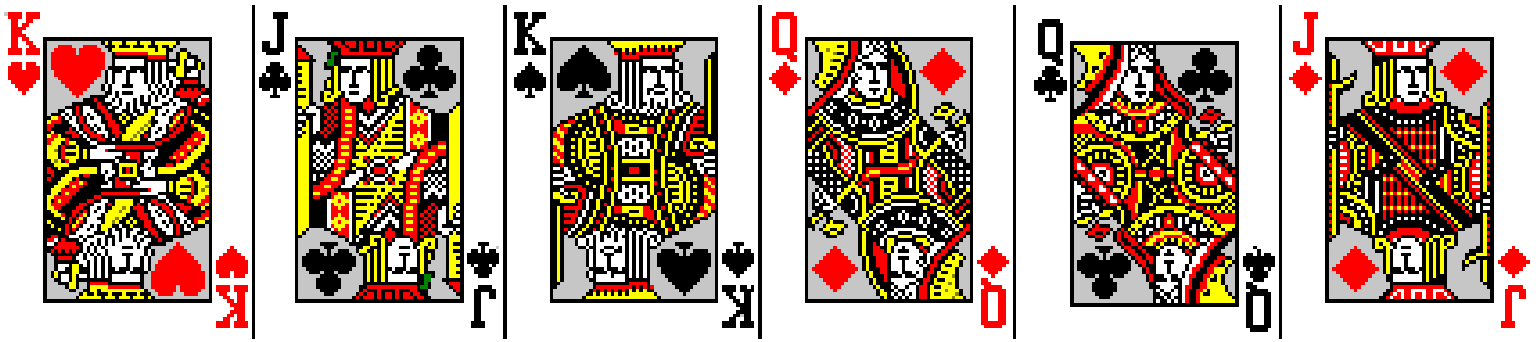
London, UK

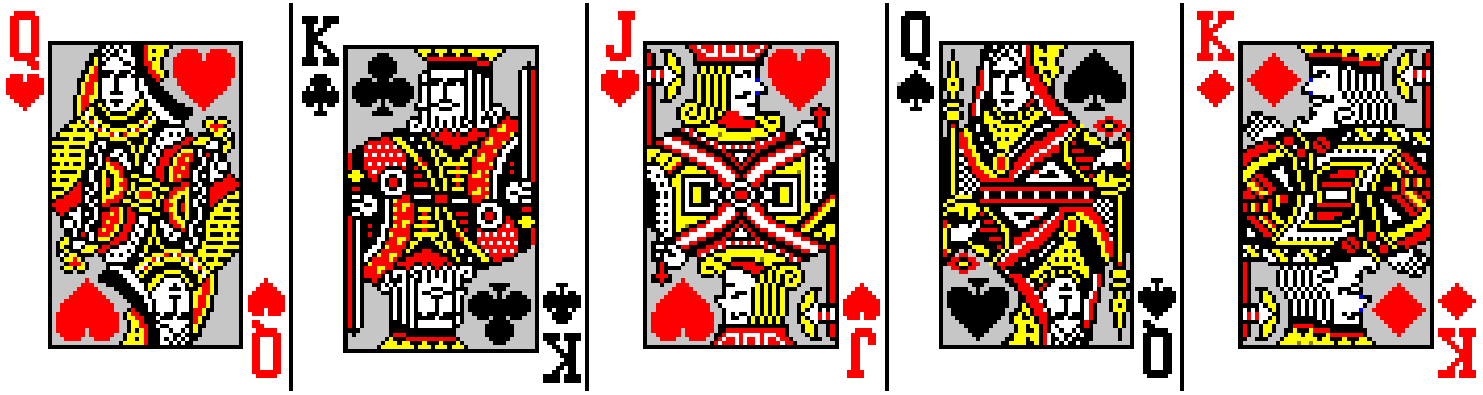
March 7, 2017

Improvement Stories & ***Learning***

ELFT – Luton and Bedfordshire Annual QI Conference

Pedro Delgado
Head of Europe and Latin America

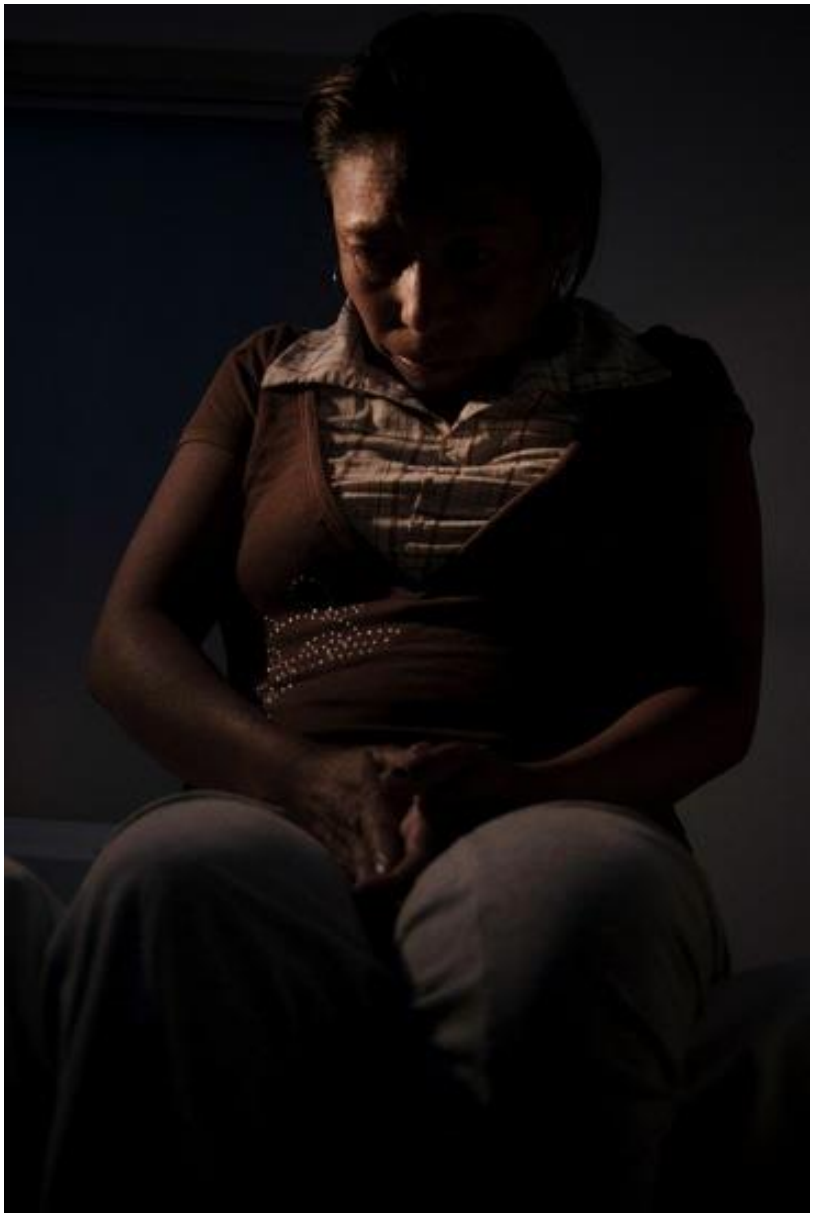




"We see the world not as it is;

but as we are"

LEARNING = TIME + PRACTICE



Validity and Utility of the Patient Health Questionnaire (PHQ)-2 and PHQ-9 for Screening and Diagnosis of Depression in Rural Chiapas, Mexico: A Cross-Sectional Study

Jafet Arrieta,[1,2,3] Mercedes Aguerrebere,[3] Giuseppe Raviola,[2,3] Hugo Flores,[2,3,4] Patrick Elliott,[2,3,4] Azucena Espinosa,[3] Andrea Reyes,[3] Eduardo Ortiz-Panozo,[5] Elena G. Rodriguez-Gutierrez,[6] Joia Mukherjee,[2,3,4] Daniel Palazuelos,[2,3,4] and Molly F. Franke[2]

[1] *Harvard T.H. Chan School of Public Health*
[2] *Harvard Medical School*
[3] *Partners In Health/ Compañeros En Salud*

JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 0(0), 1–15 (2017)

I. Are we really listening?

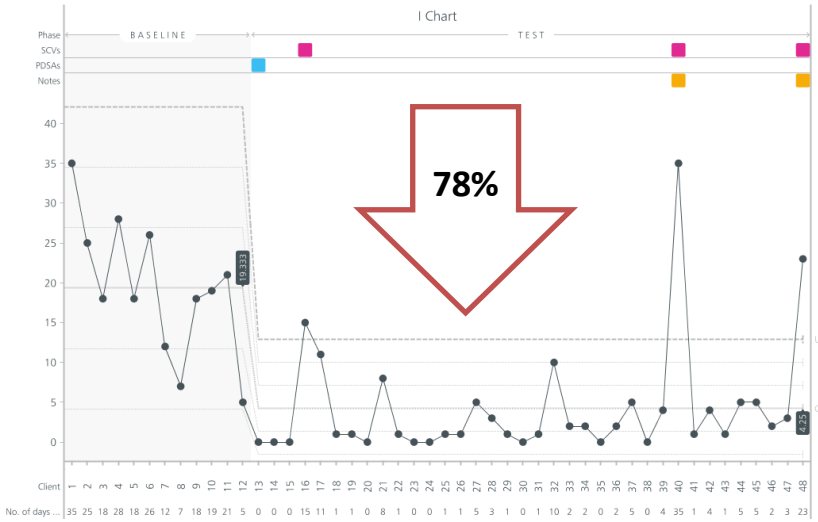
Reducing time to complete Neuropsychological Assessments in the Memory Assessment Service (MAS)

Project Lead: Emma Ellis

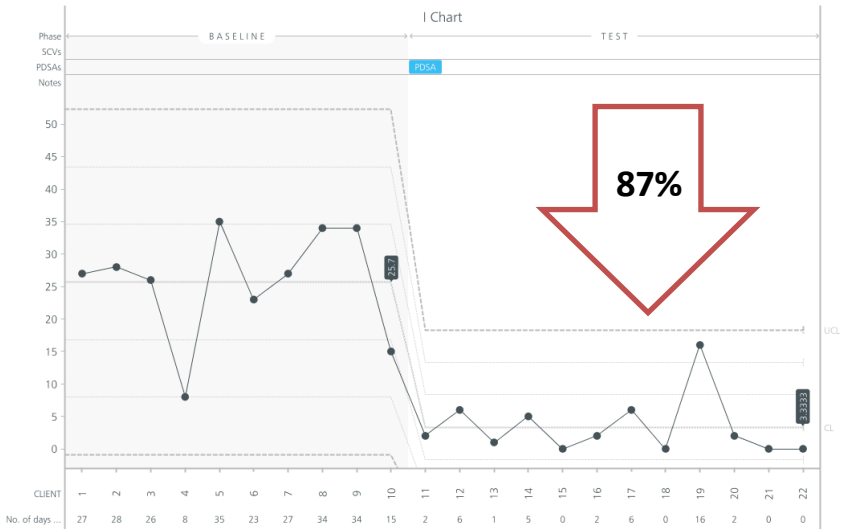
Project Team: Helen Donovan, Rachel Wenman, Alejandra Cases, Emma Townsend, Sarah Moulton, Sophie Venters, Laura Cole and Wendy O'Neill

PDSA: Defining slots for scoring/write up of reports

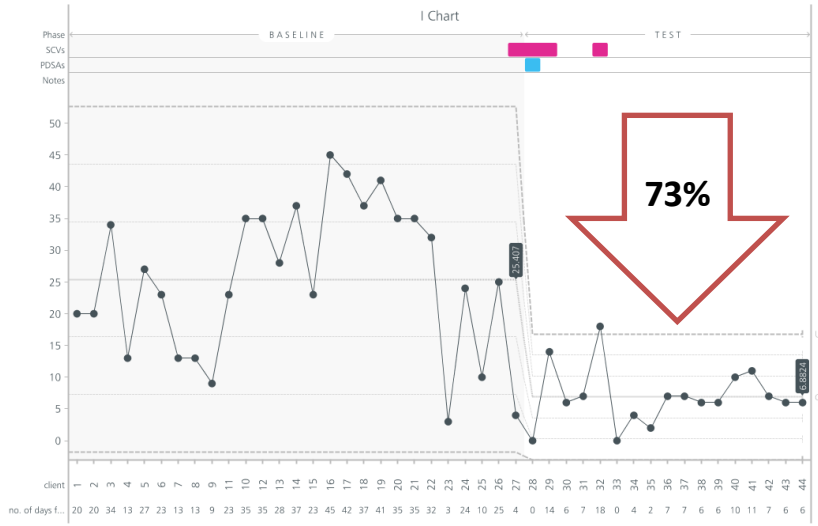
Time from assessment to draft report Bedford



time from assessment to draft report Luton



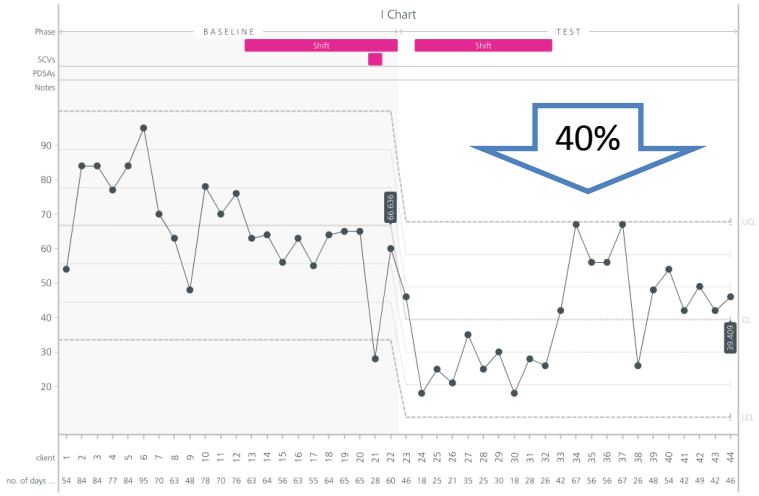
time from assessment to draft report South Beds



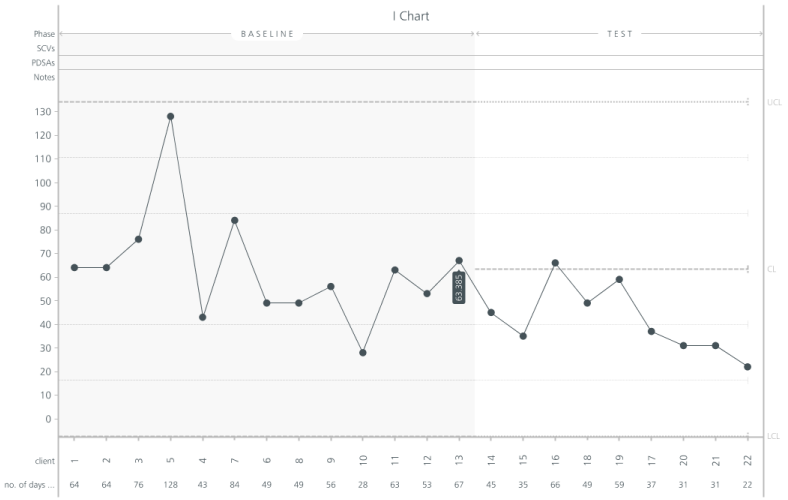
Time from assessment to draft report Mid Beds

Outcome Measure so far…

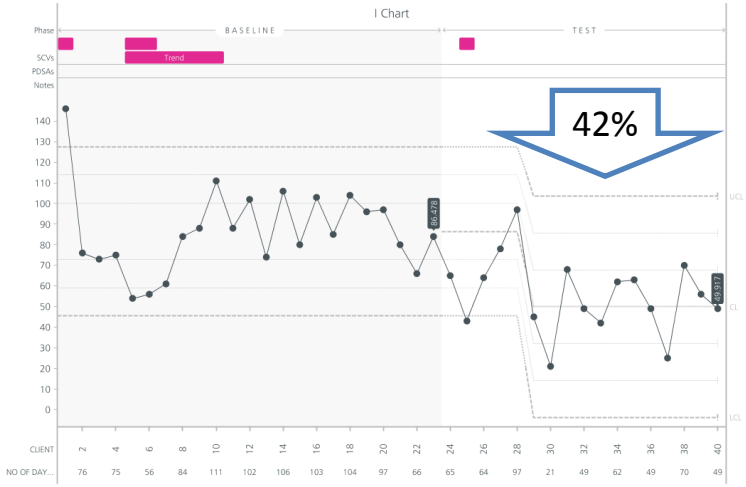
Time from referral received by Psychology to final report completed (Bedford)



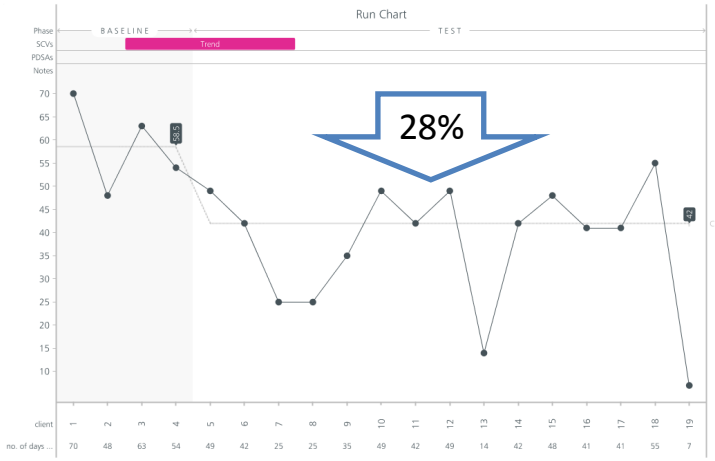
Time from referral received by Psychology to final report completed (Luton)



Time from referral received by Psychology to final report completed (South Beds)



Time from referral received by Psychology to final report completed (Mid Beds)



II. Intentional design: Parto Adequado

1) Goals: to increase vaginal deliveries to 40% by November 2016

2) Content Theory

Driver Diagram

3) Execution Theory

Logic Model

4) Data Measurement & Learning

Measurement Plan

5) Dissemination

Dissemination & Scale Up

Aim	Primary drivers	Secondary drivers	Change concepts
Promoting Healthier Moms and Babies by achieving 40 % of Natural Child Birth by Nov 2016	1. Coalition of major stakeholders aligned around primacy of safe mother, safe baby	Alignment of financial incentives Hospitals and Health Plans	Leaders, champions, front line with the skills to do continuous improvement
			Medical, nurse, hospital societies engaged and activated
		Drive change and remove barriers to create a learning and culture improvement	Educate and engage senior leaders, providers, community and patients about the benefits of normal physiologic birth.
			New contract between payers and providers creating incentives for quality and safety
		Engaged, activated community expecting best, safest care	New contract between health plan/hospital creating incentives for quality, safety and NB
			Activate the community
	2. Empower pregnant women and their families to choose the care that is right for them (ensure readiness for NB)	Adequate information, based on evidence to support the best choice	Educate and instruct families and pregnant women to new care model
			Public Campaigns
		Co-design and shared decision	The intangible aspects of being a mother - delighting the pregnant women and families
		Retake ownership of labor	Listening to mother and families
	3. New care model to accommodate the longer time frame of normal physiologic birth	Perinatal redesigning	Protocols and standardization for perinatal care
		Confident and competent caregivers who can support natural birth	Physical space redesign (Adequate ambiance for NB)
		Supportive environment for clinicians promotes "joy in work"	Invest resources to conquer healthy work environment
			Well trained team to assist the deliveries
		Shared care for each mother-child unit	Team assist all pregnancy phases
		Reliable implementation of best clinical practice,	Protocols and standardization for delivery and postpartum
	3. Data systems that support learning	Transparency	Establish some quality and safety measures, report them to the providers
			Establish some quality and safety measures, report them to the general public
		Select measures to reflect quality and safety	Create the capability to collect reliably information to generate the measures and results

Parto Adequado

1) Goals: to increase vaginal deliveries to 40% by November 2016

2) Content Theory

Driver Diagram

3) Execution Theory

Logic Model

4) Data Measurement & Learning

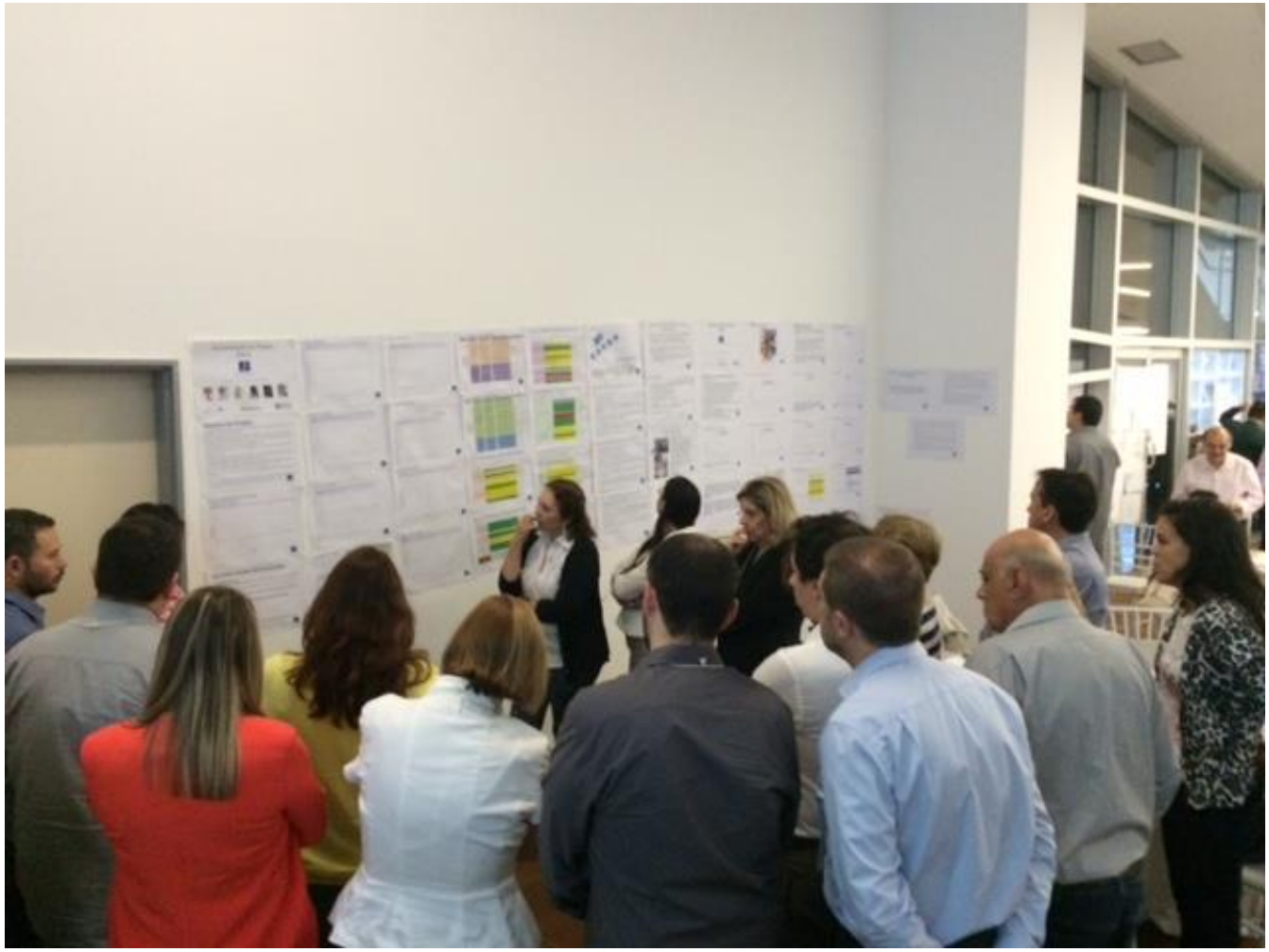
Measurement Plan

5) Dissemination

Dissemination & Scale Up

Learning session 2: all teach, all learn

Hospitals sharing; teams of obstetricians, managers, midwives




Objetivo do Projeto
O que estamos tentando alcançar?
Melhorar a qualidade e segurança na assistência materna e neonatal, aumentando de 49% para 85% o percentual de gestantes que entram em trabalho de parto, tendo como consequência o aumento do parto vaginal de 13% para 40% no Hospital Unimed em Americana, até dezembro de 2015, melhorando os indicadores selecionados para o Projeto.

Parto Adequado Collaborative Scale Up and Spread – PPA 11/2016 – 11/2018

Inputs

What resources will be used to support the project?

HIAE:
- Senior Sponsor
- Clinical Director
- Nurse Director
- Manage logistics
- Electronic questionnaire
- Clinical Training

Merck
- Finance the Collaborative

Hospital Hubs
- Lead the Regional LS
- Clinical training

Ministry of Health
- Experts in the clinical field and mass communication

OBGYN and Nurse Society
- Political support
- Relationship with professionals

IHI
- Staff: senior leader, director IA
- Extranet, Webex
- Change package, mapping processes, measures, DD
- National Learning sessions

ANS
- Senior Sponsor
- ANS Website
- Experts in the field
- Support the Project as the regulatory agency for the private sector
- Interact with local media

Activities

What are you doing? (e.g. training, coaching, expert meeting)

- Steering committee meetings to plan and execute and assess progress
- Inform results, success and barriers
- Teams:
  Attend national and regional LS and Webex calls
  Upload data and monthly report
  Plan, test implement and report changes
- Site visits
- Meetings with stakeholders at National level
- Expert meetings
- Select and invite hospitals
  Discuss the regulatory environment with the stakeholders
- Site visits
- OBGYN and nurses engagement and collaboration
- National guidelines and consensus
- Public education

Outputs

What is your reach and what are products of the activities? (e.g. 20 leaders trained on X topic)

- 100 hospitals trained in the MFI
  5 LSs, 2 National level and 3 regional level
  25 Webex calls
- Outcome and processes measures from all teams
- DD, change package, measurement strategy document agreed by stakeholders, dissemination plan
- Newsletters and reports
- 30 Improvement Advisors trained and ready to lead regionally
- National campaigns and education for society about VB
- 100 hospitals visited by region hospital hubs to instruct about adequate infrastructure to assist natural birth
- 100 hospitals visited by region hospital hubs to instruct about adequate infrastructure to assist natural birth
- 40 hospitals phase I including whole population on the project

Short-Term Outcomes

What changes in attitude, knowledge, skill will be needed to move forward?

- 140 Providers applying best-practice in maternal care that could reflect the country
- Build skill in using MFI and measurement
- Culture of excitement about improvement among participants
- Ability to identify & segment target patient population
- Teams are engaged in collecting, analyzing & interpreting data to support QI
- Teams agreed with the change package and set priorities (test and implementation)
- Identify system barriers from patient perspective
- Increase percentage of vaginal birth reducing the gap between best practice and current practice
- OBGYN advocating vaginal birth publically

Mid-Term Outcomes

Did behavior and/or process measure change?

- Raise awareness in the society about the risks of an unnecessary C-section
- Teams using QI methods to improve processes of maternal care
- Increase in providers' engagement of patients & families
- Improved team work and communication among them and other hospitals
- Create a regional and national movement toward natural birth
- Create regional capability and capacity to lead the change

Long-Term Outcomes

Did the outcome improve?

- Hospitals actively working on safety and quality In maternal care to reduce morbidity for mothers and babies
- Hospital teams comfortable using the MFI in all areas
- Improve experience of care – natural birth as a positive and desirable experience
- Increase the percentage of natural birth in a safe way near to what WHO recommends
- Shift population culture toward vaginal birth

Contextual and External Factors: Brazil has the highest C-section rate in the planet. In the last decade the C-section rate increased despite the efforts of ANS, the regulatory Agency for the private sector: published rules and recommendations – no effect!!!!. Before 2012 no demonstrations to reduce CS rates private sector was acknowledged. First Pilot 2012 – Unimed Jaboticabal from 0% to 40% NB in 9 months using MFI. 3 more cities with same results. Public prosecutor sued ANS. ANS ask for IHI help. Obstetrician don't see the high C-section rate as a problem.

Parto Adequado

1) Goals: to increase vaginal deliveries to 40% by November 2016

2) Content Theory

Driver Diagram

3) Execution Theory

Logic Model

4) Data Measurement & Learning

Measurement Plan

5) Dissemination

Dissemination & Scale Up

PARTO ADEQUADO

Learning Session 5

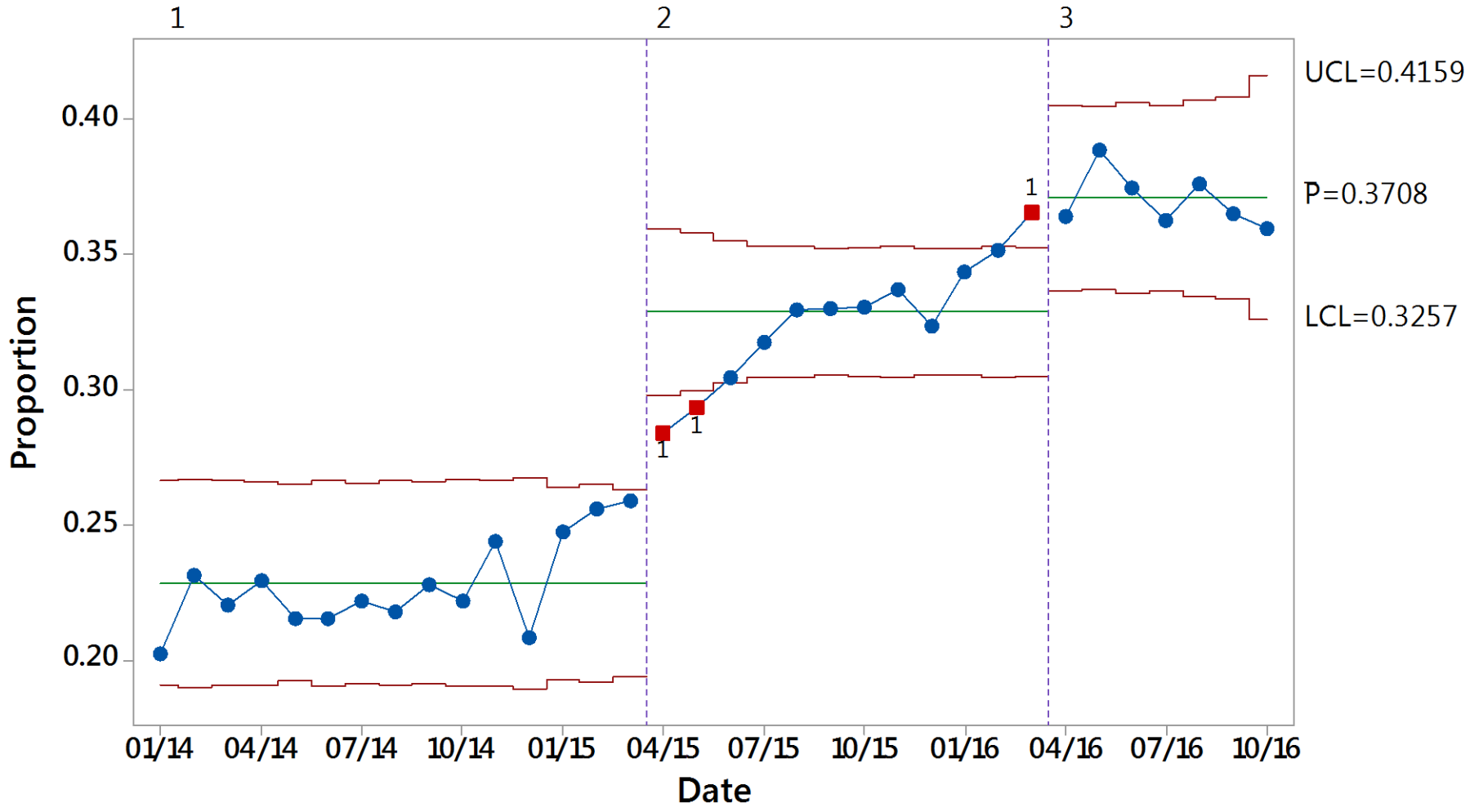
Celebrating pilot achievements and setting the stage for test of scale

10,000

400

Laney P′ Chart of Vaginal Birth 26 Hospitals

Sigma Z = 1.18013, 0.941084, 1.29706



Tests performed with unequal sample sizes


Eu me comprometo a
proteger sempre a segurança
e a felicidade das minhas filhas e famílias!
EU ME COMPROMETO A:
MOBILIZAR MAIS
PESSOAS PARA SE COMPRO-
METEREM COM O PARTO
ADEQUADO.
Eu me comprometo
A FAZER parte da
NOVA OBSTETRÍCIA
BRASILEIRA

Parto Adequado

1) Goals: to increase vaginal deliveries to 40% by November 2016

2) Content Theory

Driver Diagram

3) Execution Theory

Logic Model

4) Data Measurement & Learning

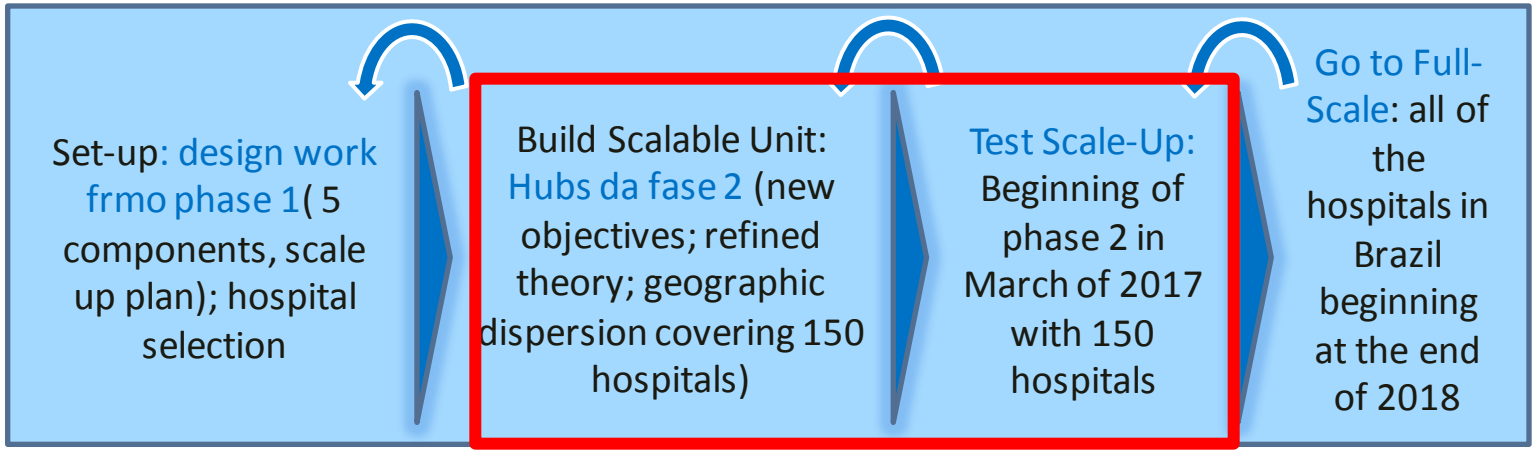
Measurement Plan

5) Dissemination

Dissemination & Scale Up

Scale up- A structure

Phases of Scale-Up



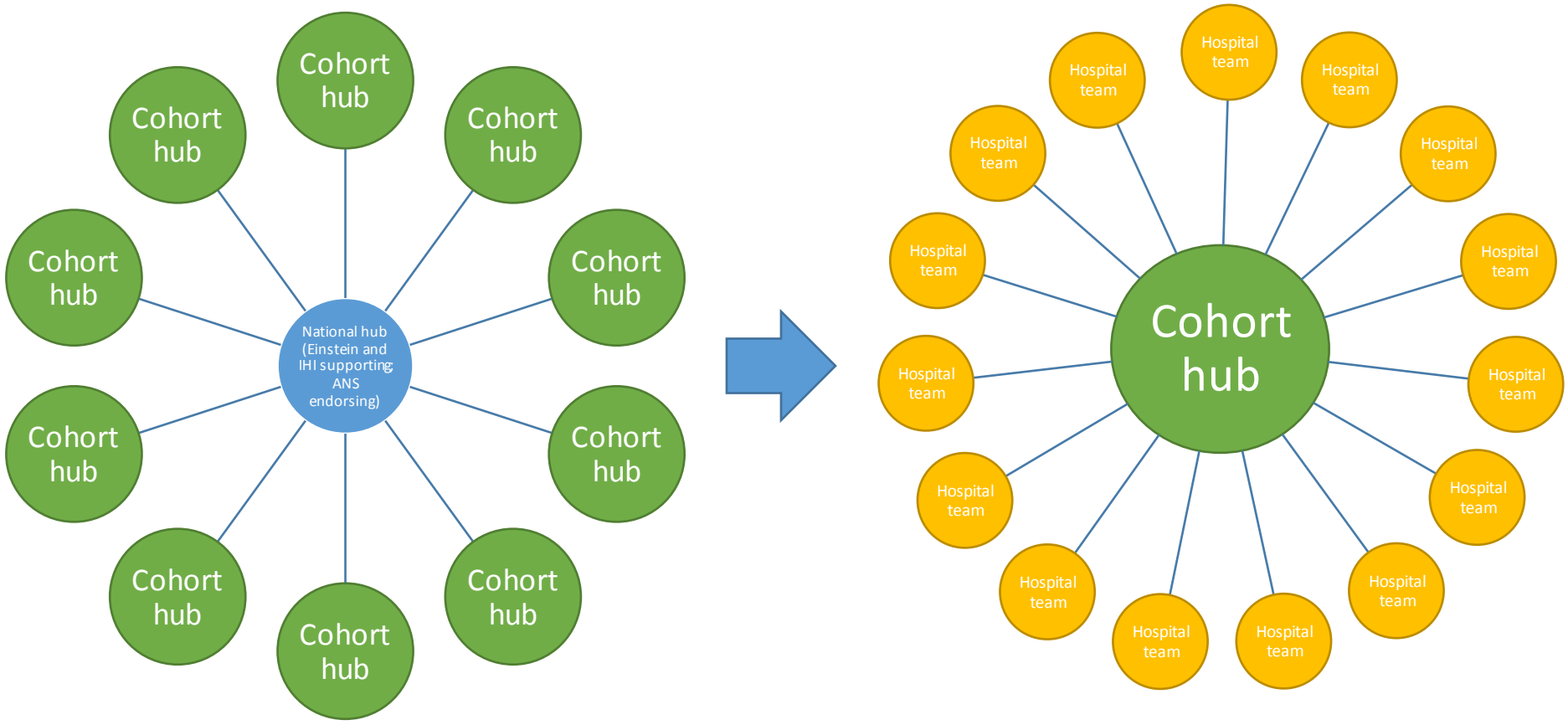
Adoption Mechanisms

- Leadership, communication, social networks, culture of urgency and persistence.
- Some activities include: National and Regional learning sessions (state **intent** and **ambition**, show roadmap to **scale up**, opportunities to **develop skills**)
- Local capacity for sustainability

Support Systems

- Learning Systems
- Measurement Systems
- Infrastructure for Scale-up
- Human capacity for Scale-up
- Capacity for Escalonamento
- Sustainability

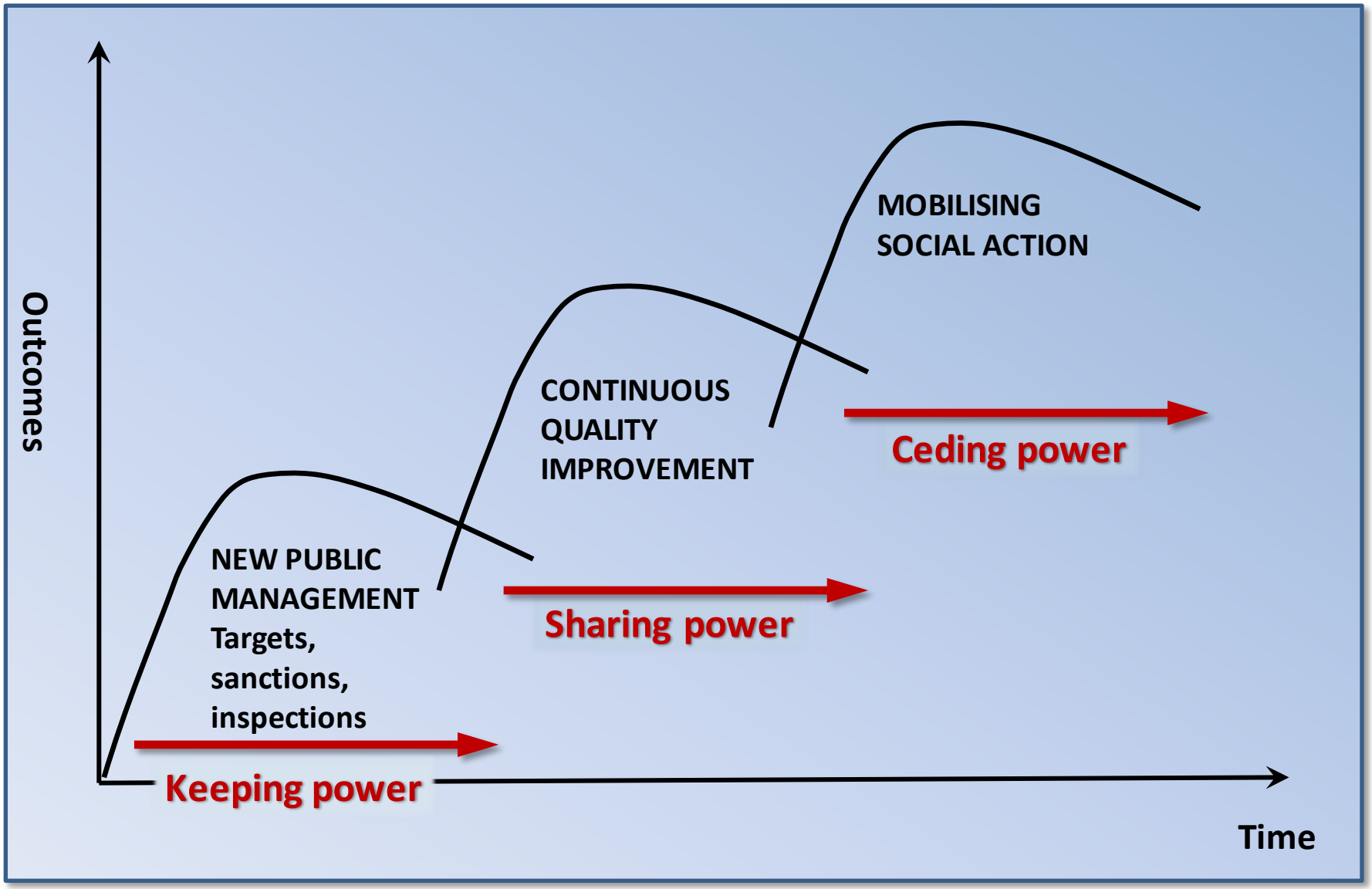
Phase 2: 150


National hub (Einstein and IHI supporting ANS endorsing)
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Cohort hub
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team
Hospital team

Strives to leave a legacy, with humility

Fosters rituals to convey clear ideas

Is generous with power



https://www.youtube.com/watch?v=S0xCv_S2JJM

Gracias

pdelgado@ihi.org

@pedroIHI

Summary & Close

Dr Richard Evans

Deputy Medical Director

Claire McKenna

Deputy Director of Nursing