

## How to do a Quality Improvement Project in 8-16 weeks



## Learning Objectives

- To learn about some of the tools and techniques used to improve Quality and Safety.
- To understand the basic structure of a Quality Improvement Project.
- To identify and undertake a Quality Improvement Project during the early part of your training.



## What quality activity do you do?

• How have you tried to improve the quality of your work (brainstorm!)





## Do we need to learn this?

#### The Gold Guide (2017) says

- 'engage with systems of quality management and quality improvement in their clinical work and training.'
- 'Take part in regular and systematic clinical audit and/or quality improvement'

#### RCGP curriculum (2018) says

• Knowing and applying the principles of lifelong learning and quality improvement should be considered an essential competence for every GP.



# The GP trainee assessment framework

- 1. Project Title and why it was chosen
- 2. Project Aim
- 3. Describe what baseline data or information you gathered
- 4. Describe what subsequent data or information you gathered
- 5. How did you plan and test out your changes?
- 6. How have you engaged the team, patients and other stakeholders throughout the project?
- 7. Summarise the changes as a result of your work and how these will be maintained
- 8. What have you learnt and have you got any outstanding learning needs?
- 9. Overall competence at which the trainee has shown that they are performing is assessed at the end



### **QIP Template & Feedback Level Descriptors**

	Below expectations	Meets expectations	Above Expectations
<b>Project Title and why it was chosen</b> You should explain what trigger (case, data or events) led you to look at this area. You should comment on the likely impact of this on patients, and review the guidance or evidence that is relevant to the area (e.g. a literature review).	Title is unclear or confusing, or has no significant justification based on links to personal or practice needs. There is no reflection on the known guidance or evidence relating to this area. There is no consideration of the impact on patients.	Clear title which is understandable, and has a link to personal or practice needs. There is reference to some appropriate guidance and/or to evidence. There is consideration of the impact of the QIA on patients.	The title and reasons are clear and are based on an identified practice need or clear personal experience. The guidance and evidence that is identified is appropriate, clear and well chosen (not excessive). The assessment of impact on patients includes reference to prevalence/ incidence and severity etc. Assessment of impact considers how teamwork has been made more effective.
Project Aim When explaining your project aim, consider what you are trying to accomplish, how will you know that a	The aim is vague with no specific goal or time frame. There is no clear consideration of what is being accomplished or that a suggested change is an improvement.	The goal set is specific with a clear time frame. There is consideration of what is being accomplished or that a suggested change is an improvement.	The aim is summarised in a SMART (Specific, Measurable, Achievable, Relevant and Time defined) format. There is clear consideration of what is being accomplished and that a suggested change is an improvement.
changes could you make that would result in improvement in patient safety or patient care?	project will improve patient safety or patient care.	suggestion that there is a connection with patient safety and/or patient care.	improve patient safety or patient care.

	Below expectations	Meets Expectations	Above Expectations
Describe what baseline data or information you gathered	Insufficient information is provided to demonstrate the 'problem' was fully understood prior to the improvement being designed and implemented. It is unclear which QIA process/processes or tools have been used or those used have not been followed through appropriately.	There is enough evidence obtained to demonstrate the 'problem' was fully understood prior to implementing improvements. There is a clear and appropriate use of a recognised QIA process/ processes or tools.	The evidence which is obtained is well chosen and may be of different types using a range of QI tools. There is justification of the amount of evidence obtained (i.e. explanation of why there is not more or less evidence). There is clear presentation of the evidence. The selection and use of tools for improvement has been well justified for the project.
Describe what subsequent data or information you gathered How did you measure and evaluate the impact of change? You should share enough data to demonstrate outcomes; you may not need to share all your data.	The data shared is not capable of demonstrating the changes suggested e.g. because of the way it has been collected, or because the data is not appropriate.	The data provided is clear and the evaluation of the data is appropriate and considers other possible causes for the changes observed. Data collection is relevant and is collected over time though could have been more comprehensive.	The data is well presented; clearly evaluated and well chosen. There is evidence of multiple data collection at appropriate intervals in time. There is an understanding of the potential limitations of different methods of data collection.

	Below expectations	Meets Expectations	Above Expectations
How did you plan and test out your changes? Effective QI work involves testing out changes (small cycles of change) and then learning from this experience and building on it. How did you apply this principle to your QI project?	There is no evidence of small cycles of change or use of model for improvement or PDSA (Plan, Do Study Act)	There is a clear and appropriate use of a PDSA cycles in the planning and implementation of the project	The project shows clear evidence of a PDSA approach. There is evidence of multiple and sequential tests of change.
How have you engaged the team, patients and other stakeholders throughout the project?	There is no team input or the description of this is unclear. There is inadequate reflection on steps taken to engage stakeholders.	There is a description of how different stakeholders were engaged which includes patient involvement. There is description of the	The description of how stakeholders (including patients) were engaged demonstrates insight into the need for adaptability and generating win : win positions. There is reflection on the particular difficulties of
Describe any challenges of getting different team members engaged with your QIA. Describe how you maintained momentum e.g. planning for an early win:win.	There is inadequate reflection on the challenges of engaging different team members with no reflection on personal learning from this.	challenges of engaging particular stakeholders which remains focused on this event.	patient groups and thoughts on personal learning from this for the future. The different roles of team members in the team are considered and used productively.

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	Below	Meets Expectations	Above Expectations
	Expectations		
Summarise the changes as a result of your work and how these will be maintained. If improvement was not achieved, explain why and what you learnt about this.	The summary provided is not clear or specific, or the conclusions offered are not consistent with the earlier work. There is a reliance on people following new protocols and human	The summary of changes is clear and appropriate. There is clear consideration of steps to enable maintenance of changes. There is evidence of an understanding of	The summary of changes is clear and broken down to demonstrate how each part can be maintained. There is evidence that systems have been changed so that it is harder to revert to old
Describe how you relayed your results to the team and the feedback you received.	behavioural change in order for the changes to be sustained. There is no clarity about the sustainability of the changes.	an understanding of the role in changing systems to embed improvement. Change has been embedded by the organisation.	processes and easier to continue to follow the agreed new processes. This will ensure that change is embedded and sustainable ie not simply a protocol.
What have you learnt and have you got any outstanding learning needs? Think about what you will maintain, improve and stop in QIA? It is important to consider what changes you might need to make as you continue to engage with QIA, for example consider the size of project, the amount of evidence collected, how you worked with others, the effective use of IT, its value to long term care and its impact on sustainability (health outcomes for patients and populations from an environmental, social and financial perspective)	There is little reflection on the personal learning from the QIP which has been completed and how to use this in future QIP, leadership, or other situations.	The reflection on QIP demonstrates appropriate personal learning about leading change and choosing effective tools to enable improvements to patient care / safety/ experience. Consideration has been given to the value and sustainability of the QIP.	The reflection on this QIP goes beyond the meets expectations descriptors and is clearly linked to plans for future QIP in a realistic and clear way. The QIP highlighted the impact of sustainability on health outcomes from several different perspectives.

## **Overall performance assessed**

Based on this piece of work, please rate the overall competence at which the trainee has shown that they are performing:

Below level expected prior to starting on a GP Training programme	Ο
Below the level expected of a GP trainee working in the current clinical post	Ο
At the level expected of a GP trainee working in the current clinical post	Ο
Above the level expected of a GP trainee working in the current clinical post	Ο

Identified continued learning needs in relation to the QI process [to
be completed after discussing the assessment with trainee]

Completion of this project is a mandatory part of GP Speciality Training; failure to complete all parts will affect training progression.

Feedback that the trainee is Below expectation in some sections does not mean that the project needs to be repeated although there may be agreement that this is the best way to get evidence for the competences which this part of training provides evidence for.

The assessment of overall competence at which the trainee is performing in this assessment will influence the ES's overall assessment in the ESR for the year of training in which it is carried out.

Trainees are welcome to share relevant (Caldecott compliant) data related to this project with this entry. Please note that some file formats will take up more space, using formats like pdf will take up less space. The GP Supervisor is not expected to work through a presentation to find the data which should be clearly demonstrated on this form or referenced.



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It is not a pass/fail exercise

## Audit or QIP







## Model for Improvement

What are we trying to accomplish?







Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head behind Christopher Robin. It is, as far as he knows the only way of coming downstairs but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it



# Why did you choose your QIP



**NHS** National Institute for Health and Clinical Excellence



Medicines & Healthcare products Regulatory Agency



## **Project Aim**

- Once you decide on project, ensure aims are SMART
  - e.g. reduce time for letters to be scanned onto computer records to 2 days within 2 months.





## **Model for Improvement**



What change can we make that will result in improvement?



## What is the problem?



### •What's happening?

### •What hoping to accomplish?

### •What's going on?





## **Process Maps**

- following significant event when hospital letter not acted on for a week



RC GP

## **Driver Diagrams**

- ✓ Help plan group action
- Bring the team together





## Driver Diagrams Weight loss example

2 stone weight loss in 6/12

## **Generate Change Ideas**



## Marshall the mass of ideas





## Model for Improvement



#### How will we know that change is an improvement?



## What to measure?



'Outcomes remain the ultimate validators of the effectiveness and quality of medical care' but they 'must be used with discrimination'





Royal College of General Practitioners

Avedis Donabedian

## If you don't have a baseline...

- You won't be able to show you have got better...
- So make sure you find or collect baseline data







- Percentage of patients on DOACS having annual review in line with guidelines
- Percentage of patients prescribed antibiotics for sinusitis in line with antimicrobial guidelines
- Number of patients having intimate examination with documented offer of chaperone



## **Run Chart**



# Run charts: measurement for learning



the centre line or all increasing or all decreasing





# PDSA cycle for learning and improvement



# Repeated PDSA cycles work towards the AIM



## Improve identification of carers: Cycle 1





## Improve identification of carers: Cycle 2





## Engaging the team



- Who do you need to involve in the project
- Who will be harder to get engaged
- How are you going to enthuse them throughout the project (Think Win:Win)
- Consider all your stakeholders
- Who will help it to be maintained?



## Summarise

- Present results to team
- If change demonstrated improvement ? How will it be sustained once you leave
- If no improvement reflect on why







- Relied heavily on GPs to be proactive

- Of uncertain relevance
  Depended on whether clinician remembered new advice at patients review
- Mostly aimed at preventing future problems



'Insanity is doing the same thing over and over again and expecting different results'





## Your learning

- You'll need to reflect on what you have learnt from doing a QIP
- Consider what you will need to maintain, improve and stop in Quality Improvement Activities







## **Useful Resources**

Institute for Healthcare Improvement
 <u>http://www.ihi.org</u>

East Midlands Website on Quality Improvement
 <u>http://tiny.cc/resourcesqi</u>

• NHS Scotland Quality Improvement Hub https://learn.nes.nhs.scot/741/quality-improvement-zone

East Midlands Website on Quality Improvement
 <u>http://tiny.cc/resourcesqi</u>

