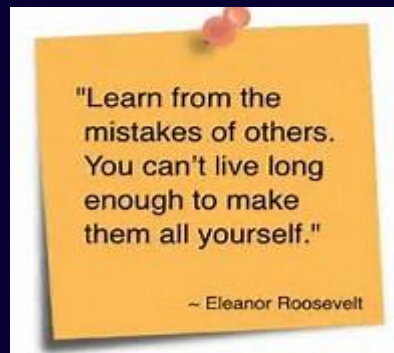
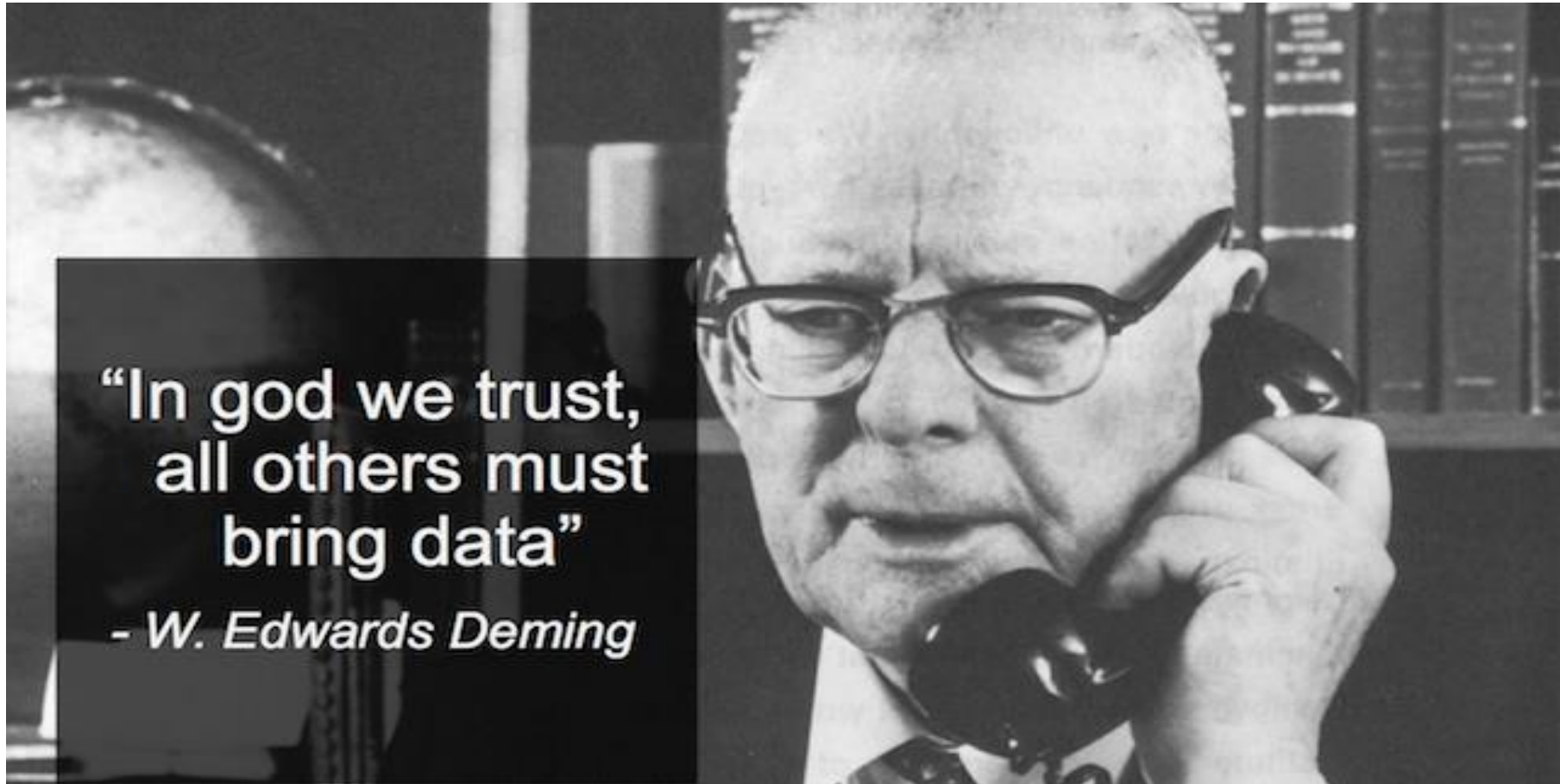


Using national audit data to stimulate/facilitate QI

Mirek Skrypak
Associate Director for Quality and
Development



HQIP – right data and tools for QI



Break out Exercise

- Get into groups of at least 6 and maximum of 9:
- Assign a time keeper/ball drop counter (one person)
- Assign a number to each of the other people at your table, starting with the number 1 and continuing until you run out of people

Break out Exercise

- Your current process involves tossing the tennis ball (provided) from person to person, following the sequence provided on the next slide

Practice your process one time

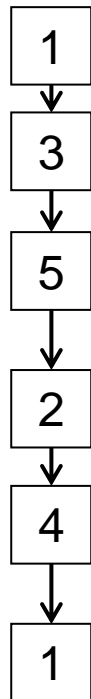
Time keeper/ball counter please:

- Time how long the team takes to complete the process (in seconds)
- The number of times they drop the tennis ball

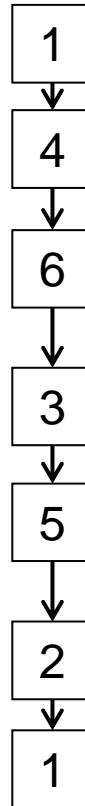
Exercise Sequence

8 people

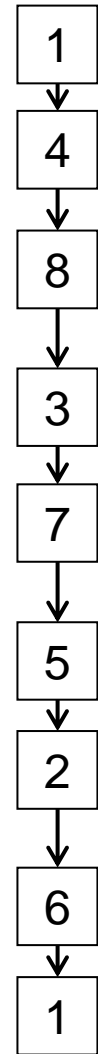
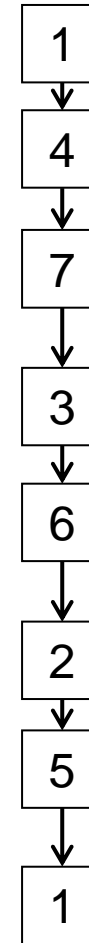
5 people



6 people



7 people



Time?

Drops?

Team Aim: We aim to reduce the time taken for every person to touch the ball in sequence.

We also aim to reduce our ball drops

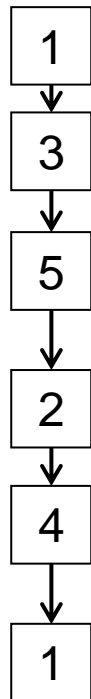
Rules:

- The initial sequence as provided must be adhered to
- You may only test one change idea at a time
- Record the time and ball drops after each change

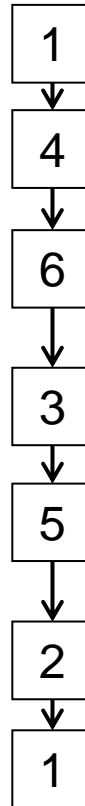
Exercise Sequence

8 people

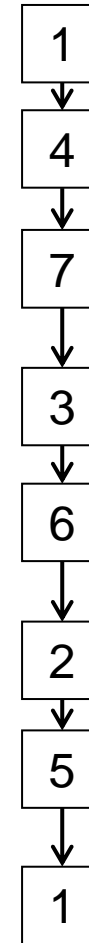
5 people



6 people



7 people



How did you get on ?

Fastest Time ?

Breakthrough Changes?

Some key questions to ask as a team when embarking on QI

- Do we know how good we are?
- Do we know where we stand relative to the best?
- Over time, where are the gaps in our practice that indicate a need for change (i.e. improvement)?
- In our efforts to improve, what's working ?
- Do we know/understand where variation exists in our organisation?

EPILEPSY12

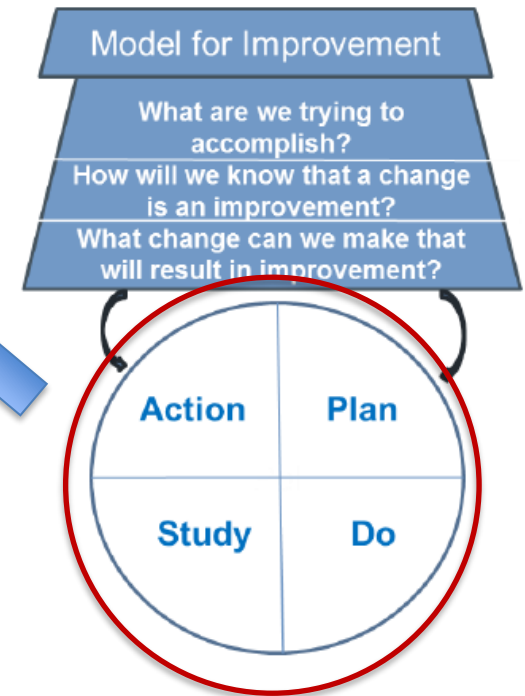
A benchmark is a noun.
Benchmarking, on the other hand, is a verb that requires exploration and investigation of why the 'benchmark' number was achieved!

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What is quality improvement and does it differ from clinical audit?

- Knowing why or what you need to improve (EPILEPSY 12 will have provided some of this information).
- Having a feedback mechanism to identify if improvement has happened (closing the audit loop).
- **Developing a change that will lead to improvement.**
- **Testing a change before implementation, this may lead to multiple cycles of further change.**
- **Knowing when you have an effective change that will lead to an improvement.**



“A goal without a plan is just a wish”
Antoine de Saint-Exupery

“It’s not the plan that’s important, it’s the planning.”
Dr. Graeme Edwards

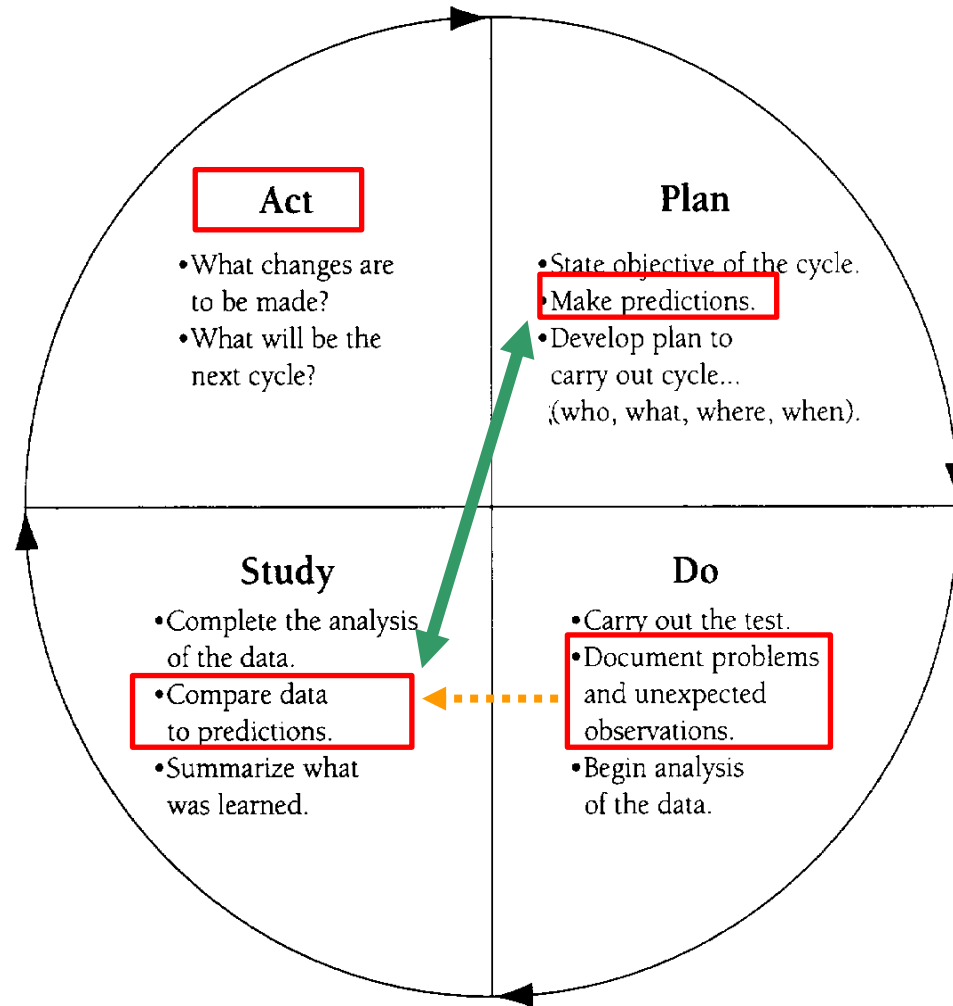


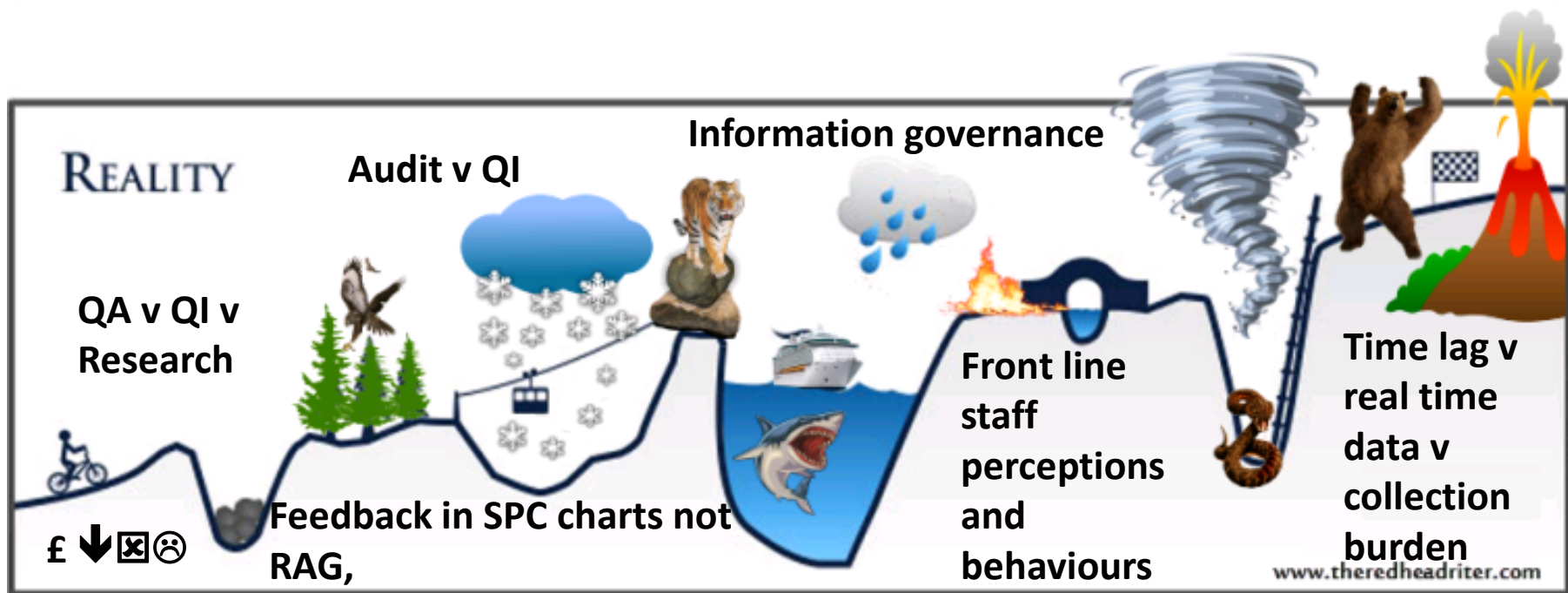
Figure 4.1. Elements of the PDSA Cycle.

Langley et. al

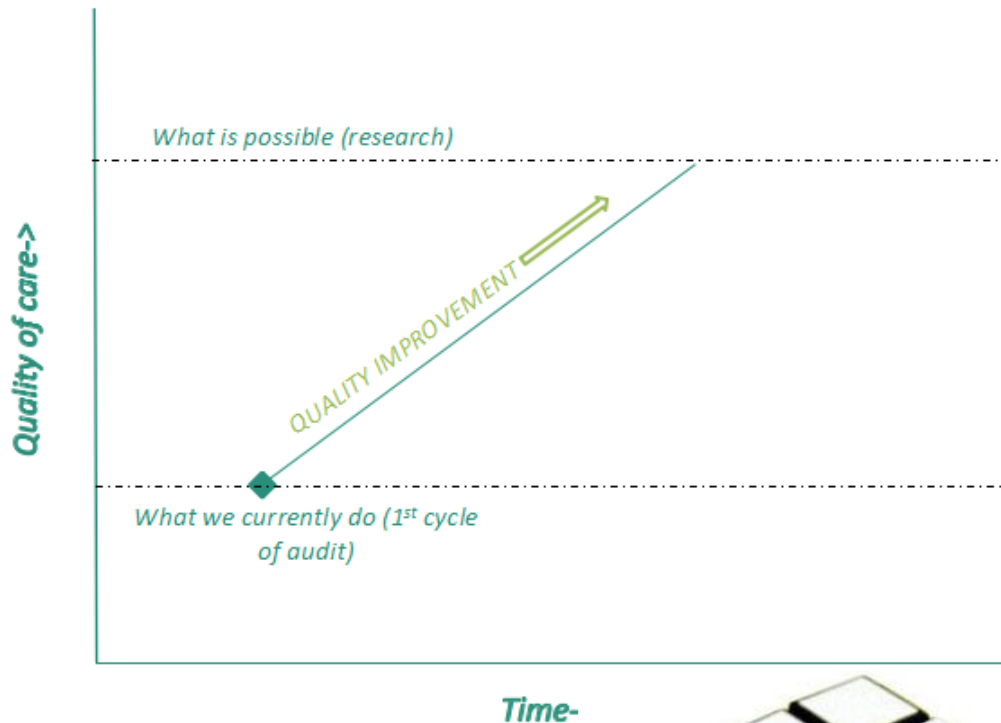
YOUR PLAN

Some key questions to ask as a team when embarking on QI

- Do we know how good we are?
- Do we know where we stand relative to the best?
- Over time, where are the gaps in our practice that indicate a need for change (i.e. improvement)?
- In our efforts to improve, what's working ?
- Do we know/understand where variation exists in our organisation?



Successful Organisations

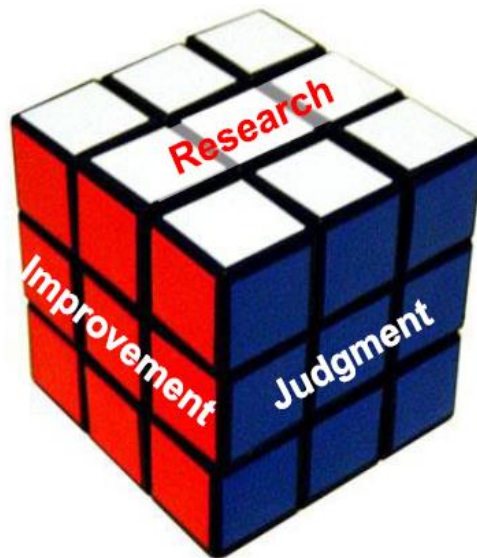


- Have a culture and an approach where they see...

Research as what is possible

Audit as what is actual in practice

Quality improvement (QI) as trying and making the 'possible' actual.



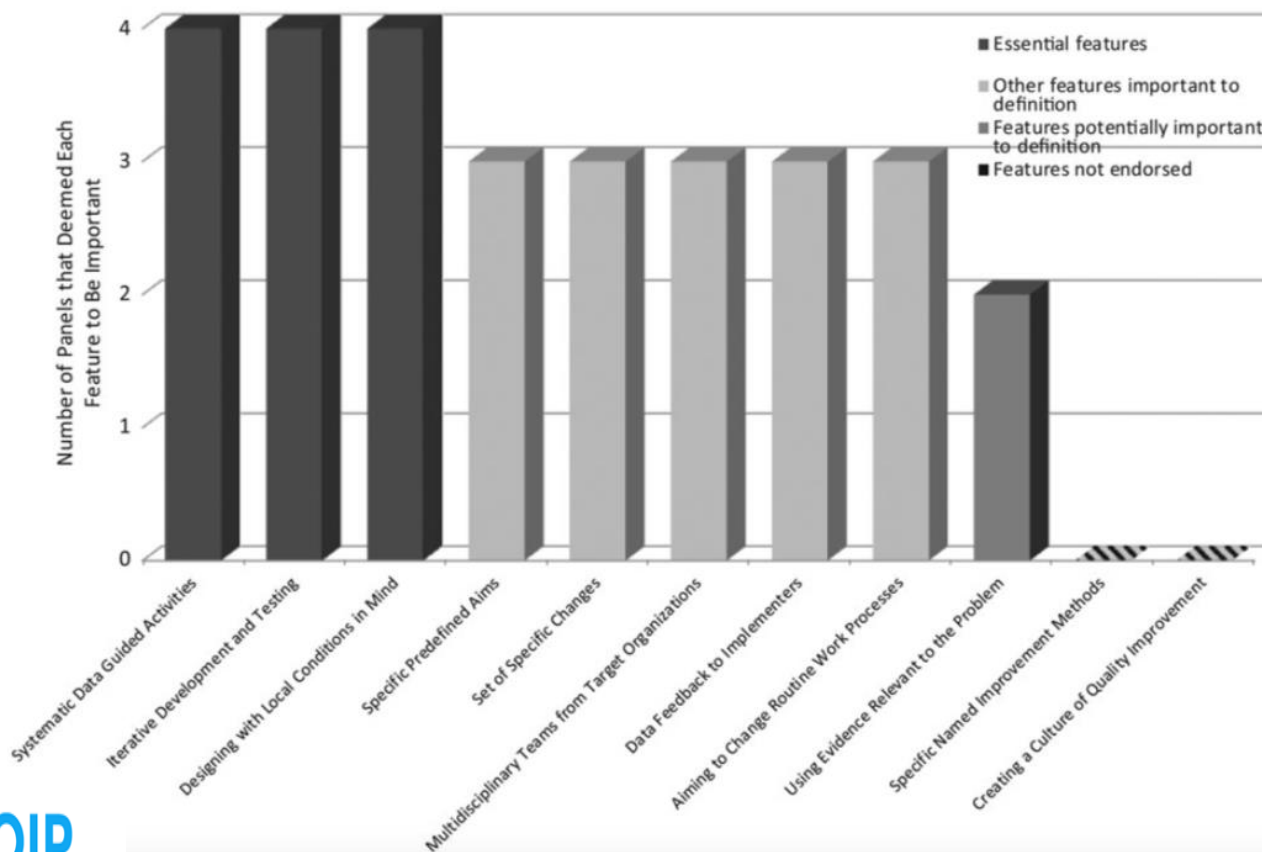
Model at least these 5 behaviours by...

Santana et al 2011 *J Hosp Med*, Behaviors of Successful Interdisciplinary Hospital Quality Improvement Teams

1. motivating involved EQUIP team toward a shared goal – what are you aspiring to? What is your benchmark?
2. creating opportunities for learning and problem-solving (review Epilepsy 12 data, latest reports, dashboards)
3. addressing the impact of changes to care processes on staff – support in place re time and space, reflection formal and informal
4. protecting the integrity of the new care processes – ensure your sponsor and clinical leads support these changes, MDT has buy in,
5. representing each involved clinical discipline effectively – this includes QI, governance, committee members, managers etc

How can we recognize continuous quality improvement?

LISA RUBENSTEIN^{1,2,3}, DMITRY KHODYAKOV¹, SUSANNE HEMPEL¹, MARGIE DANZ^{1,2},
SUSANNE SALEM-SCHATZ⁴, ROBBIE FOY⁵, SEAN O'NEILL^{1,6}, SIDDHARTHA DALAL¹
AND PAUL SHEKELLE



EPILEPSY12

RCPCH EQIP

Epilepsy quality improvement programme

STRUCTURE

+

PROCESS

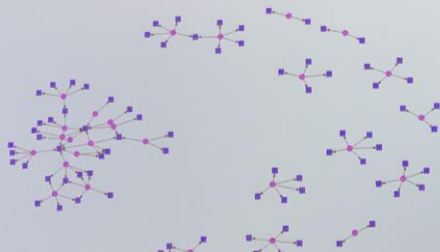
+

CULTURE

OUTCOME



Trust E – Special measures trust, little progress with technical and social side



Domain	Themes	Percent of Studies Referencing Themes, by Definition of Low Performance ¹			Total ² n=30
		Overall, n=4	Composite, n=12	Disease Specific, n=14	
Poor Organizational Culture	Limited Ownership & Involvement	4 (100%)	11 (92%)	12 (86%)	27 (90%)
	Not Collaborative	3 (75%)	8 (67%)	10 (71%)	21 (70%)
	Hierarchical	3 (75%)	7 (58%)	7 (50%)	17 (57%)
	Disconnected Leadership	4 (100%)	7 (58%)	5 (36%)	16 (53%)
Inadequate Infrastructure	Minimal Quality Improvement Systems	2 (50%)	8 (67%)	10 (71%)	20 (67%)
	Insufficient Staffing and High Turnover	3 (75%)	7 (58%)	8 (57%)	18 (60%)
	Underdeveloped Information Technology	3 (75%)	8 (67%)	6 (43%)	17 (57%)
	Lack of Resources	2 (50%)	6 (50%)	7 (50%)	15 (50%)
Lack of Cohesive Mission and Vision	Conflicting Missions	1 (25%)	6 (50%)	5 (36%)	12 (40%)
	Externally Motivated Vision	1 (25%)	5 (42%)	3 (21%)	9 (30%)
	Poorly Defined Goals	2 (50%)	2 (17%)	2 (14%)	6 (20%)
	Vision of Mediocrity	0	1 (8%)	4 (29%)	5 (17%)
System Shocks	C-suite (or Senior Leadership) Turnover	2 (50%)	5 (42%)	1 (7%)	8 (27%)
	Financial Failure or Severe Difficulties	1 (25%)	1 (8%)	2 (14%)	4 (13%)
	Mergers (or Reorganization)	3 (75%)	1 (8%)	0	4 (13%)
	New Electronic Health Records	2 (50%)	1 (8%)	1 (7%)	4 (13%)
Dysfunctional External Relationships	Major Scandals (Public Relations Difficulties)	1 (25%)	0	0	1 (3%)
	Limited Collaboration with Other Hospitals	2 (50%)	2 (17%)	1 (7%)	5 (17%)
	Antagonism with Stakeholders	3 (75%)	1 (8%)	0	4 (13%)
	Strained Relationships with Governing Body	1 (25%)	1 (8%)	0	2 (7%)

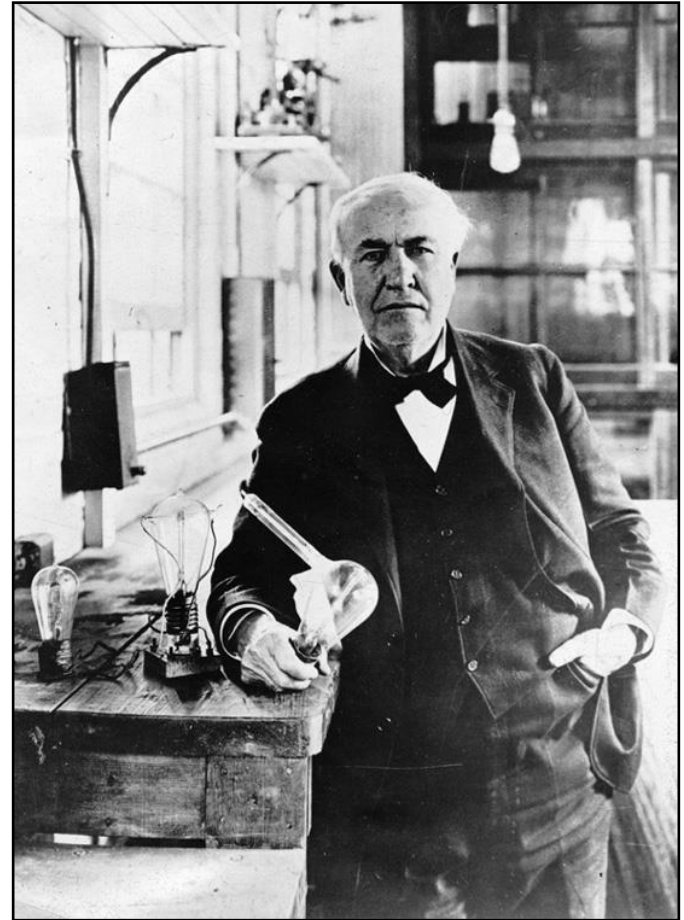
“Learn from the patient of today, to improve the care for the patient of tomorrow”

- Be creative
- Capitalise on user experience and feedback (including your own team members)
- Learn from mistakes

The Value of “Failed” Tests

“I did not fail one thousand times; I found one thousand ways how not to make a light bulb.”

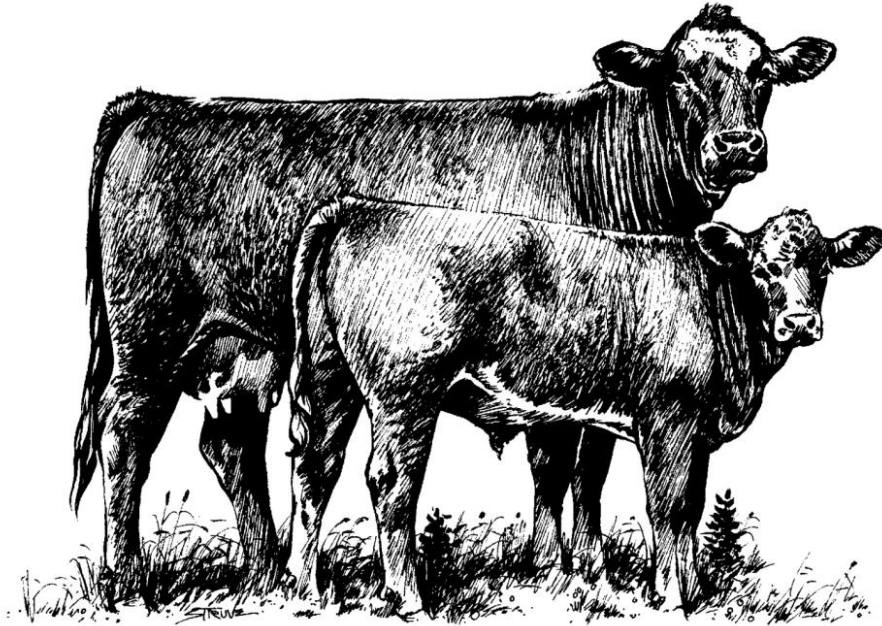
Thomas Edison



Measuring clinical quality

“You can’t fatten a cow by weighing it”

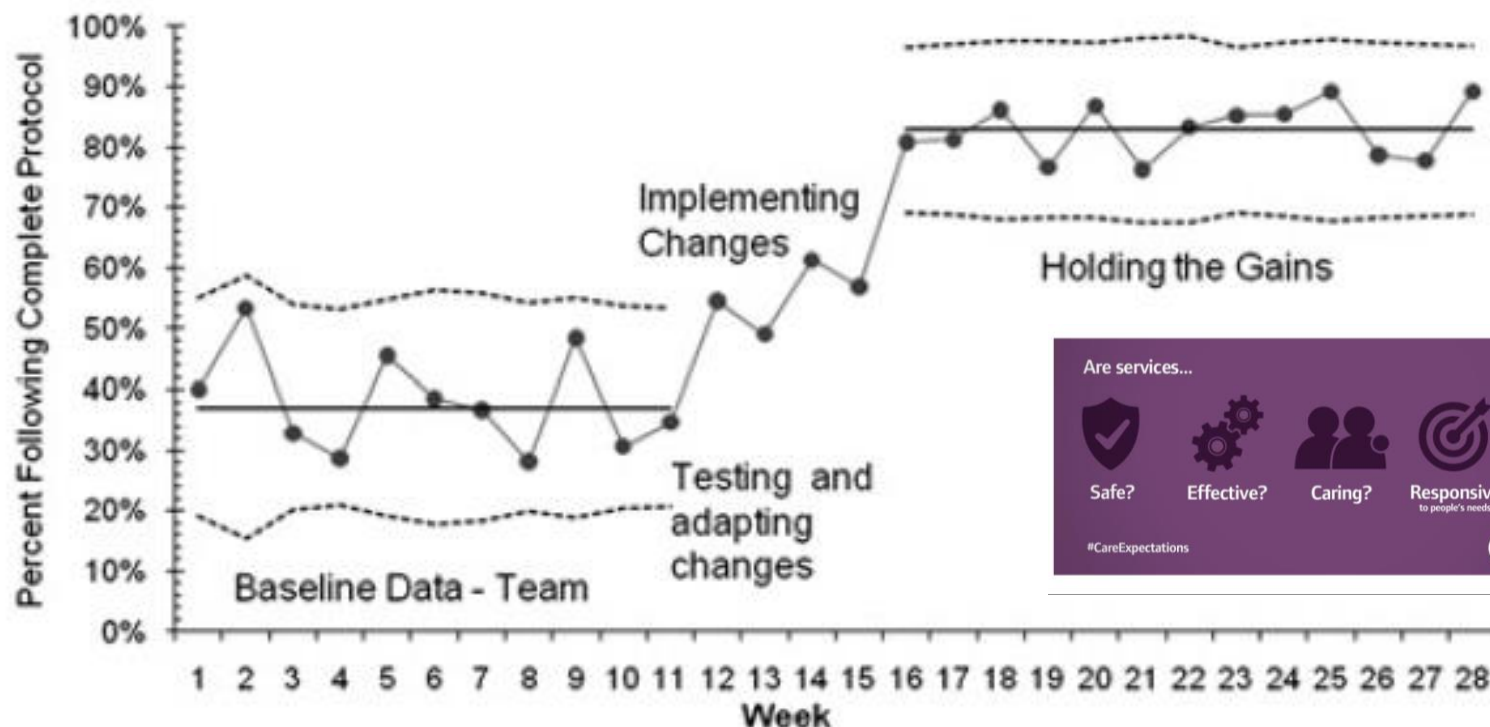
- Palestinian Proverb



Improvement is NOT
just about
measurement...

...but you can’t
improve something
without measuring it!

Synchronising audit and QI to sustain improvement in clinical care processes



THANK YOU

Mirek Skrypak

Associate Director for Quality and Development

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@MirekQI @HQIP

