Building a Better Health Service | Seirbhís Sláinte Níos Fearr á Forbairt

National Quality Improvement Team

The Quality Improvement Collaborative Programme

Participant Handbook

Working in partnership to lead innovation and lasting quality improvement to achieve better and safer care

Champion
Partner
Enable
Demonstrate

December2019

Reader Information

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10/12/2019	V.1	NQI Team		Sustainable QI Team

Participant information

Name of service

Title	Name	Contact Details
Senior Executive Sponsor		
Team Lead		

Learning sessions	Date
Learning Session 1	
Learning Session 2	
Learning Session 3	
Learning Session 4 / Final Event	
Sustainability / Spread Meeting	

Venue for learning sessions:
Registration (Story board set up): Time

Start time:		Close:	

Welcome and purpose of this handbook

Dear colleagues,

We are delighted to share with you The Quality Improvement Collaborative Programme, Participant Handbook.

We designed this handbook to support participants in the collaborative. This guide is designed to:

- provide you with an overview of the improvement collaborative,
- set out how you and your team can prepare, and
- help you to consider and focus on your goals and objectives for the collaborative for your chosen healthcare topic in your setting.

We developed the handbook on the understanding that you will be in receipt of education and training in the change package. This will happen before you attend the first learning session.

We invite you to become familiar with the content. This will include the learning outcomes, order of delivery and the nature of the participant engagement required.

We wish you best of luck in your work.

All in the National Quality Improvement Team

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Glossary

Health services	Where the words “health service” are used, it refers to all of the services provided by the Health Service Executive or the health system globally. This may include for example, health care, social care, primary care, mental health or community services. It is often broader than health.
Quality improvement	The Kings Fund (2019) defines QI as "the systematic use of methods and tools to try to continuously improve the quality of care and outcomes for patients".

Abbreviations

HSE	Health Service Executive
MDT	Multidisciplinary team
National QI Team	National Quality Improvement Team
PDSA	Plan, Do, Study, Act
QI	Quality Improvement
SMART	Specific, Measurable, Achievable, Relevant, Time-bound2
The Framework	The Framework for Improving Quality in Our Health Service

1. Introduction

The HSE National Quality Improvement (QI) Team designed an improvement collaborative programme to support services to lead, govern, implement and evaluate improvements. We will do this using a collaborative model.

The improvement collaborative methodology compliments the four National QI Team priorities to:

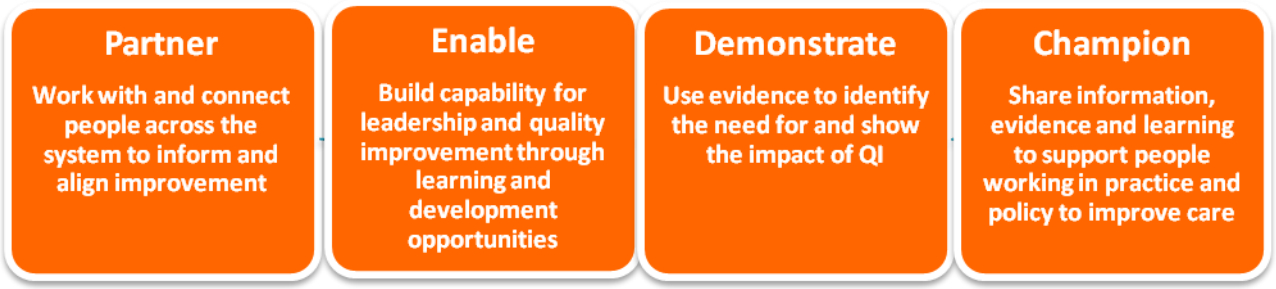


Figure 1: The mission of the National QI Team

2. What is an "improvement collaborative" approach?

An improvement collaborative facilitates multi-disciplinary teams to come together with a shared aim to improve an aspect of care or system outcomes. It involves:

- team based learning sessions,
- identification and testing of small changes for improvement, and
- continuous sharing of ideas, learning and best practice between participants.

The sustainable collaborative approach is based on:

- the Framework for Improving Quality (HSE, 2016) and
- the Institute for Health Improvement (IHI) (2003) Breakthrough Series Collaborative Model.

To achieve the aims of the improvement collaborative your team will be provided with the service support and educational resources needed to undertake sustained improvements. When teams are supported, it enables you to put in place reliable systems and processes. These help you maintain improvements during and after the collaborative. This is called continuous improvement.

2.1. Framework for Improving Quality in our Health Services

The Framework for Improving Quality (HSE, 2016) (Figure 2) was developed to influence and guide thinking, planning and delivery of care in our health services. The framework:

- seeks to support staff to improve the experience and outcomes of people who use and deliver our services,
- provides a strategic approach to QI at all levels, and
- has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective and person centered care.

We can use it with all services and at all levels (frontline, management, board or national level).

Figure 2 shares the key components of each driver of the Framework for Improving Quality (HSE, 2016)

Figure 2: Framework for Improving Quality (HSE, 2016)

We have developed learning outcomes under the broad categories of each driver of the Framework for Improving Quality and the subject content.

2.2. The change package

What is the change package?

The 'change package' is the subject or topic content of the improvement collaborative with improvement change concepts. Examples of subjects include pressure ulcer prevention, falls, avoidable hospitalisations.

Knowledge about a system, combined with change concepts, can lead to creative change ideas that lead to improvement in that system. The coming together of knowledge, change concepts, and change ideas is referred to as a “Change Package” (Langley et al, 2009).

What does the 'change package' include?

A change package has a number of high-level outcomes supported by evidence-based concepts and change ideas. When implemented these bring about QI. Experts create a change package to capture knowledge about best practices and processes. It is based on evidence from literature, research, and the experiences of others (Health Quality Ontario, 2013).

2.3. Institute for Healthcare Improvement Breakthrough Series

The Institute for Healthcare Improvement (IHI) developed the Breakthrough Series to support healthcare organisations to make "breakthrough" improvements in quality while reducing costs.

What is a breakthrough series collaborative?
A Breakthrough Series Collaborative is a short-term (typically 6 to 15 months) learning system. It brings together a large number of teams from across the health service who seek improvement in a focused topic area.

Three members of each team usually attend Learning Sessions. There are three or four face-to-face meetings over the course of the Collaborative. More members work on improvements in the local organisation.

What is the vision of the breakthough series?
The Breakthrough Series creates a structure in which interested organisations learn from each other and recognised experts on topics where they want to make improvements. The vision behind the Breakthrough Series model is that healthcare practices can be greatly improved with:

- better outcomes for people who use our health services, and
- added value to the provision of service.

For more information see:
http://www.ihi.org/resources/Pages/IHIWhitePapers/TheBreakthroughSeriesIHIsCollaborativeModelforAchievingBreakthroughImprovement.aspx

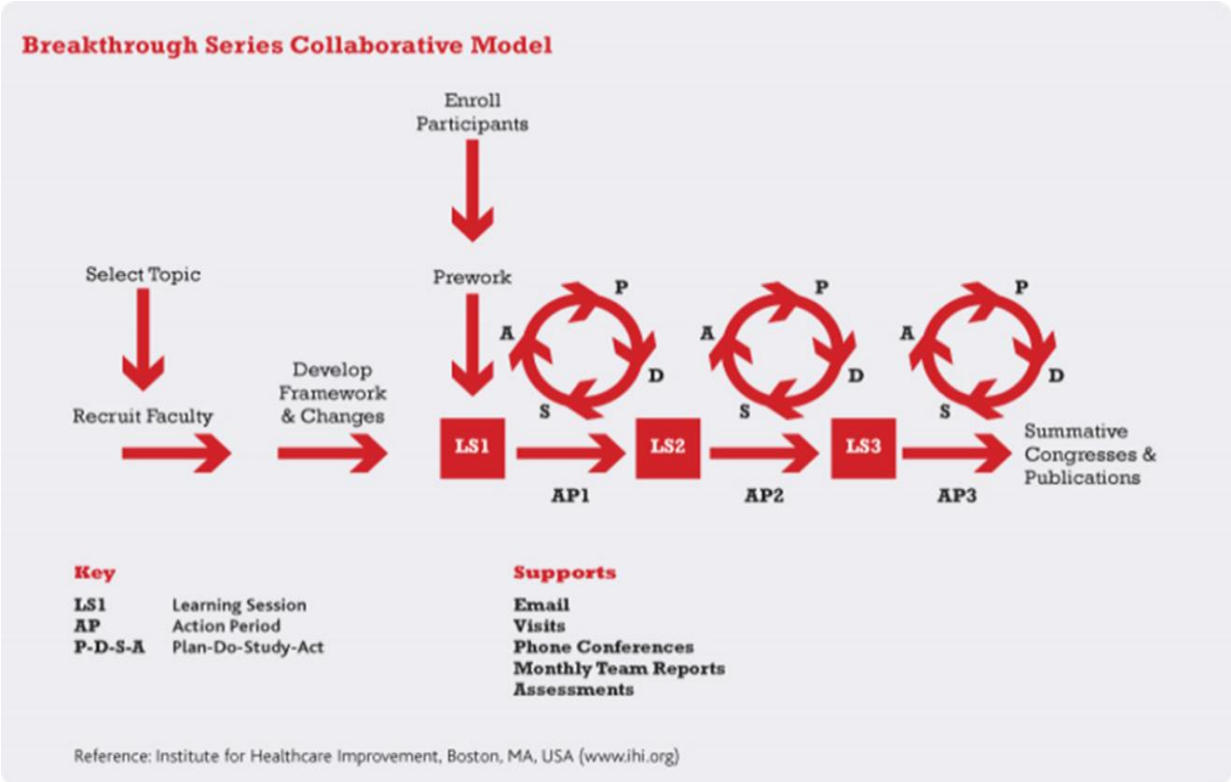


Figure 3: IHI Breakthrough Series Collaborative Model

3. Collaborative outline

In healthcare, we adopted improvement collaboratives widely as an approach to shared learning and improvement. Wells et al (2018) reported significant improvements in targeted clinical processes and patient outcomes. In the following sections we share some of the benefits of getting involved.

3.1. Why get involved?

Benefit to people who use our services

There are significant benefits for people who use our services in implementing QI initiatives and prevention strategies. This can result in improved outcomes and experiences. Collaboratives can also provide a supportive opportunity for people to become involved with the multidisciplinary team in the design and improvement of care.

Benefit to people who deliver our services

People working in healthcare who participate in this collaborative will

- improve knowledge and skills in the subject matter. This is through learning sessions and on-line resources.
- gain practical and simple QI skills and experience. They can apply these to other areas for improvement within their workplace.
- improve working relationships with colleagues.

Participation can develop increased interdependence between colleagues (Barker et al., 2012). In doing so teams can identify a shared and clear collective ownership of goals (Bainbridge et al., 2014). This supports the HSE core values of care, compassion, trust and learning (HSE, 2015).

Benefit to service

Engaging with a QI collaborative enables people delivering health services to create new ways of working and develop agreed standards of practice between health care providers. The opportunity to reflect on process of care outside of the clinical setting enables participants to:

- consider optimising the pathway of people using our services.
- review each role in promoting well-being and providing safe, timely, accessible care.

There are also significant cost implications in managing safety across the health service. For example, the cost related to pressure ulcers in Ireland was estimated as:

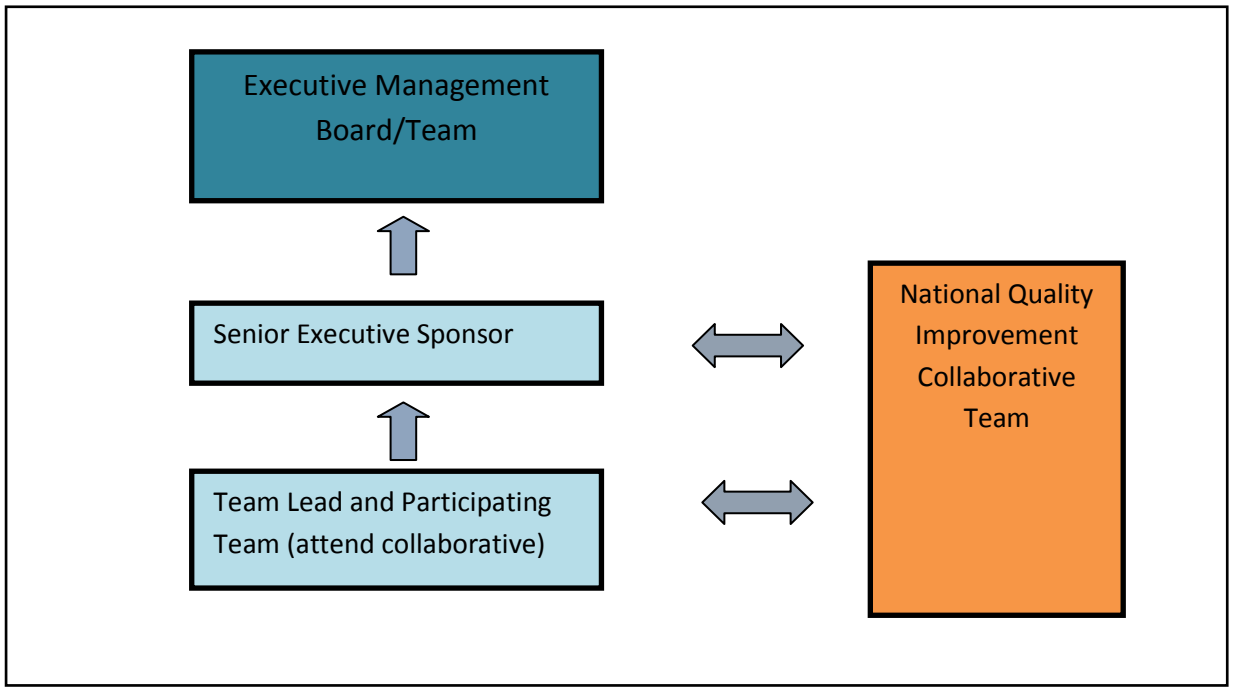
- €119,000 to treat one patient with a grade 4 pressure ulcer
- €250,000,000 to manage pressure ulcers across all care settings in Ireland for one year (Gethin et al, 2005)

3.2. Governance of collaborative

Governance for Quality involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered (HSE 2016).

Governance for the improvement collaborative remains fully within the remit of the services undertaking the initiative (See Figure 4).

Figure 4: Governance Structure for a Quality Improvement Collaborative



Within this collaborative, each participating healthcare service will have:

- an identified senior executive sponsor (for example, the Director of Nursing),
- a collaborative team lead, and
- a team(s) from each participating workplace.

1. The senior executive sponsor will invite multidisciplinary improvement teams to participate in the collaborative.
2. The team lead will try to link with staff in the your organisation who have improvement expertise/ training to assist the team in their improvement efforts (Improvement Advisors)
3. A National QI Team facilitator will link with the collaborative lead to support this work locally.

Key success factors

- including the right people in the improvement work, and
- the commitment, support and engagement of the stakeholders.

We have included the key functions of stakeholders below.

3.2.1. Role of key staff

	Role
Executive Management Team (EMT)	Before commencing the collaborative the EMT must: • Establish governance structures of the collaborative defining clear accountability and reporting structures • Identify collaborative topic, goals and objectives in conjunction with stakeholders. See 6.1 • Identify the focus of the collaborative as a safety priority throughout the organisation • Ensure the collaborative is a standing item on EMT agenda • Nominate a Senior Executive Sponsor • Register participation with collaborative lead.
Senior Executive Sponsor (for example: Director of Nursing/Services)	Enable local participating teams to achieve their aim within their workplace. This is through improvements in the processes and delivery of care. Sample aims: improving waiting times, improve referral processes, reduce pressure ulcers, reduce falls.
Team Lead	To lead the team • to achieve the collaborative objective and • to identify and test changes to current practice processes of care in their workplace.] • Link with the National QI Team e.g. sending in monthly data and arranging site visits.
Participating Team(s)	To identify and test changes to current practice processes of care to achieve the collaborative objective on their workplace. To work with the site coordinator and subject/clinical expert
Local Quality Improvement Advisor	Local Quality Improvement Advisors are the change agents who • support teams to align, and • assist with leadership needed to identify, plan, and execute improvement projects throughout the organisation. Their role is to support participating teams to achieve the collaborative aim within their workplace through improvements in the processes and delivery of that care.

3.3. Collaborative duration

The Sustainable Collaborative Approach usually runs for between 6 and 15 months. This depends on the services involved. There are usually, three to four learning sessions spread across this time. See Figure 5.

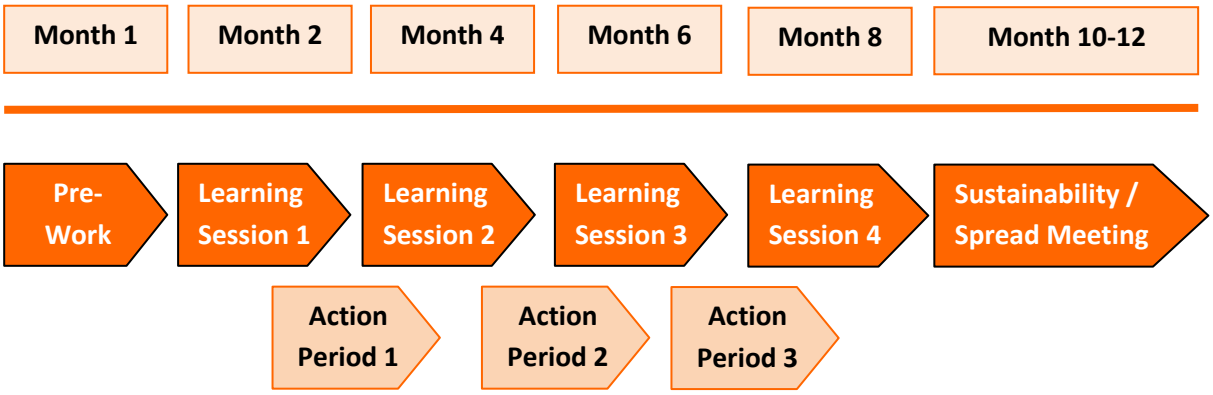


Figure 5: Collaborative Timeline

3.4. Collaborative aims

The Improvement requires setting aims. An organisation will not improve without a clear and firm intention to do so. Each collaborative aim needs to be Specific, Measureable, Achievable, Relevant and Time-bound (SMART). The aim should also define the specific population of people who use our health service that will be affected. Agreeing on the aim is crucial, so is allocating the people and resources necessary to accomplish the aim (IHI).

When developing the SMART aim of each collaborative, it is essential to be specific about the desired outcome, how it will be measured and be realistic about expectations and give a timeframe to reach objectives. Aims and objectives need to be aligned with the mission and vision of the service.

An example of a SMART aim of an improvement project within a collaborative would be:

- To reduce the number of hospital acquired pressure ulcers in St Mary's ward by 50% within a six month timeframe and to be sustained by 12 months (date).
- To reduce the number of falls within a designated ward/service by 40% by XX month (6 months after commencing the collaborative) and sustain success by 12 months of commencing the collaborative.

3.5. Measurement

During the Action Period teams will also collect and record the approved measurement on the agreed measurement tool. An example of this is the safety cross, safety stick or run chart.

3.6. Learning sessions and action periods

Participating team members and team leads are expected to attend all learning sessions. During learning sessions, teams come together for the delivery of theoretical content. The blended delivery approach includes theory, based interactive and experiential sessions. Participants include people who use and deliver our health services.

We invite all participating team members and team leads to commit to attending all learning sessions. This is important to build capacity and to effect meaningful change in the workplace. The learning sessions also allow participating teams to network and share ideas among different sites. All teams operate a buddy system to share learning with colleagues on return to their workplace.

We will make all intellectual property and learning resources available through the National QI Team website where possible. The site is www.qualityimprovement.ie.

What is an action period?
The period between each learning session, called an action period. This time is to support teams to share the learning from the session with their colleagues in their workplace.

Action Periods are periods of self-directed learning. They include completing assigned tasks required by each collaborative project. In doing so teams and colleagues can work together and start undertaking small tests of change for quality improvement Plan, Do, Study, Act (PDSA).

3.6.1. Improvement collaborative curriculum

The collaborative curriculum will use a range of blended learning methodologies. This may include classroom-based learning sessions, e-learning webinars, reflective practice and action learning.

The programme is designed to integrate theory, practice and action learning. We encourage you to engage with and reflect on, national and international literature as recommended on each module topic.

3.6.2. Collaborative modules

Programme modules for the improvement collaborative are illustrated in Figure 6. Details of each module are in the module descriptors which follow.

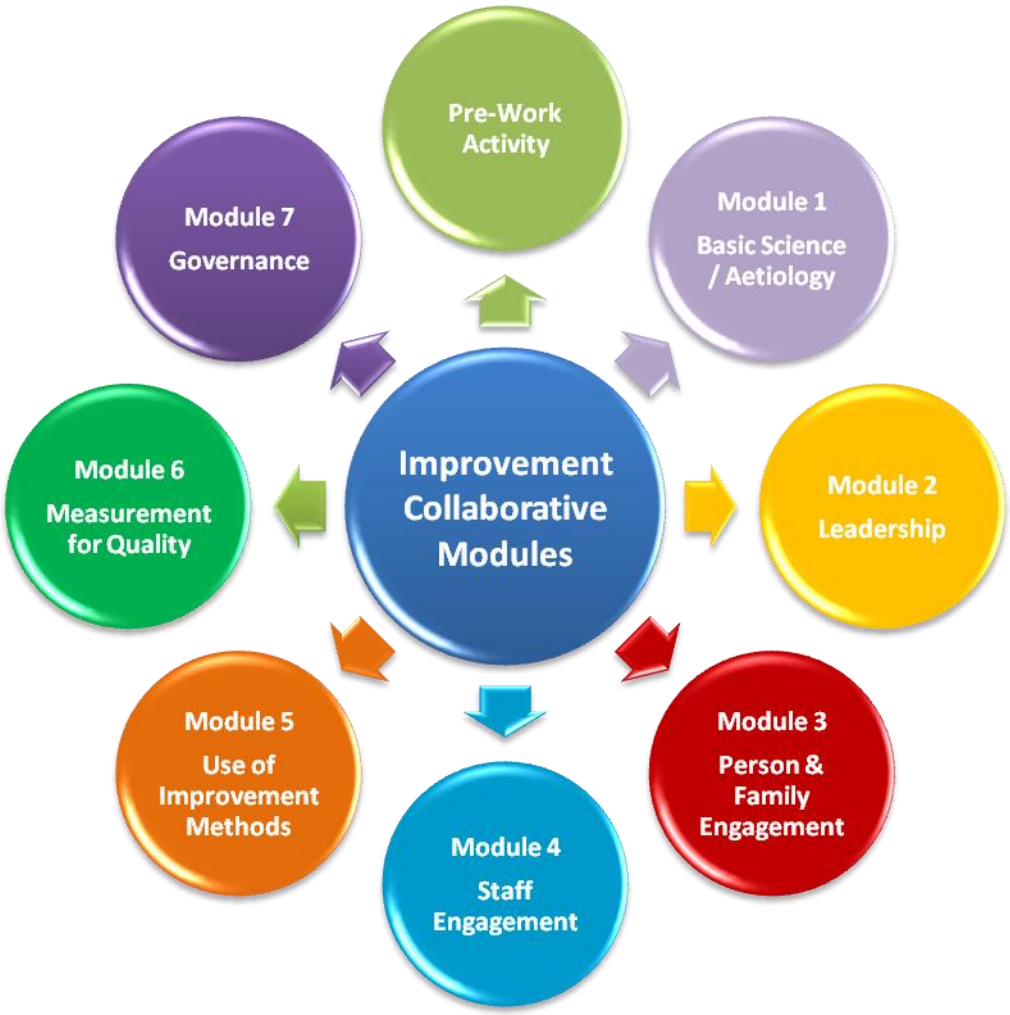


Figure 6: Improvement Collaborative Modules

4. Getting started

Knowing how to get started on improvement is often the biggest hurdle to overcome for anyone who wants to effect positive change (IHI, 2018).

Before commencing the collaborative all teams should complete the application form. This will help you to ensure that you have considered all steps and supports required for the improvement collaborative.

4.1. Coaching support for collaborative co-ordinators and improvement advisors

To meet any emergent needs throughout the collaborative, the team lead and quality improvement advisors may wish to participate on a Coaching Course. Coaching can support collaborative team leads and improvement advisors in leading change within their organisation. The objectives of the course are to:

- Have an understanding of the principles of coaching
- Further develop an awareness of individual preferences and how this may impact on team members.
- Develop skills in asking rather than telling to support quality improvement.

You can access HSE coaching conversations courses through: HSE National HR Workplace Relations Unit - Leadership Education and Talent section.
https://www.hse.ie/eng/about/who/hr/departments.html

4.2. Step 1: Area / topic for improvement

In keeping with service and regulatory requirements, topic, processes and practices identified for improvements should be in tandem with providing a high quality person centered approach to care. Identifying improved ways of working may be informed by:

- service priorities,
- clinical audits,
- compliance with HIQA safer better healthcare standards and/or the Mental Health Commission,
- Serious Reportable Events,
- key performance indicators, and
- existing quality improvement plans.

It may also include ideas from people using and delivering healthcare gathered through a consultative process.

A collaborative topic (change package) will have been approved by the executive management team before participants are invited to partake in the work. Once the team agrees a SMART aim and a clear governance structure to seek support and report outcomes identified, the team can commence working towards shared goals. The improvement team needs continued support from the senior executive sponsor and senior leads in delivering on the mission and vision for the project goals.

4.3. Step 2: Establishing teams

Multidisciplinary teams should be created to deliver on the collaborative aim

It is important all teams meet as a group to:

- Establish team values
- Identify roles
- Agree ways of working
- Plan and engage in prework activities.

The team lead will ensure the structures to undertake educational programmes aligned to the change package are available and accessible to all participants during the pre-work phase. All services and sites should ensure teams can access IT resources available and consideration has been given to appropriately circumnavigate IT Firewalls etc.

4.4. Step 3: Change package

Pre-work activities should be facilitated. This is to ensure that all participants have a knowledge and understanding of the key topic area when commencing the collaborative. The collaborative lead will advise the team lead of change package pre-work activities.

4.5. Step 4: Collect baseline data

Building measurement into all improvements is essential so that it is evident when improvements have occurred and when they have not (HSE, 2016, p. 17).

Outcome measures can be collated through the use of measurement tools.

It is helpful to display the measurement tools in a place where people will see it in the workplace. This can generate discussion amongst staff and with all service users about the QI work that the team is undertaking. It can also be an important way to acknowledge the effort of the team and celebrate success.

Prior to attending the first learning session participating teams are expected to collect one calendar month's baseline data on their measurement tool (Safety cross//safety stick/run chart). Collaborative team leads will send this data to collaborative project coordinator so that the baseline measurement for the collaborative can be calculated.

All measurement data belongs to the participating team(s) and is only shared with the collaborative lead and collaborative project coordinator to inform the monthly summary total of the measurement data across all sites. Cumulative data may also be shared with the National QI Team and Quality and Patient Safety (QPS) leads in relevant divisions.

4.6. Step 5: Webinars and e-learning resources

Inter and post learning session support will be offered where available. These will be through online resources and site visits organised by the collaborative lead.

The National QI Team are building a repository of resources to support QI under each driver of the Framework for Improving Quality (HSE, 2016). These include webinars and templates of tools.

Further webinars and e-learning resources to support subject matter knowledge and skill development can be developed locally and shared through the collaboratives by request through the National QI Team website.

4.7. Step 6: Prepare your learning session storyboard

Each participating team is required to develop a very short 'storyboard' . This will be displayed and discussed at the first learning session. It can be added to for each subsequent learning session. This will allow teams the opportunity to share and learn from each other's ideas and approaches. This helps to accelerate the rate of improvement.

The storyboard template will be sent in advance to each collaborative team lead. This will help teams to tell their stories. The completed template can be printed out and brought to the learning session where it will be displayed on a poster board. Teams are invited to bring examples and/or resources that showcase good practices that have been developed locally to support their work in the collaborative. Examples might include patient leaflets, logos, signs.

4.8. Step 7: Evaluation

Formative Evaluations

The use of formative evaluation throughout the sustained collaborative approach will allow use of participant feedback throughout the programme. This will facilitate the collaborative to be responsive and if necessary to modify the content or local approach for the participating multidisciplinary team(s). This type of evaluation is comparable to the PDSA methods used by QI researchers to refine intervention and implementation strategies during the study (Bernet et al, 2012).

The Kirkpatrick Model (1959) can be used to formatively evaluate the collaborative from the outset. The Kirkpatrick Model considers the value of any type of training, formal or informal, across four levels. To build this formative data the collaborative participants can be invited to evaluate every action period and learning session at the end of learning sessions.

5. Finally

We hope that this guide provides you with enough information to start your improvement effort. If there are any queries please contact your collaborative site coordinator.

We would like to take this opportunity to thank you for your commitment and that of the wider team in undertaking this collaborative

6. Appendix one: Recommended reading

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Health Service Executive - Leadership Skills for Staff Engagement
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https://www.hse.ie/eng/about/who/cspd/patient-narrative/your-voice-matters/

Health Service Executive - Service User, Family Member and Carer Engagement in Mental Health Services: A Review of the Literature May 2018 https://www.hse.ie/eng/services/list/4/mental-health-services/mentalhealthengagement/usefulinks/mental-health-engagement-literature-review.pdf

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or on our website qualityimprovement.ie