



Feighmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division

QI TALK TIME

Building an Irish Network of Quality Improvers

Revisiting the Framework for Improving Quality
Speaker: Dr Philip Crowley

7th November 2017 1-2 pm

Connect

Improve

Innovate

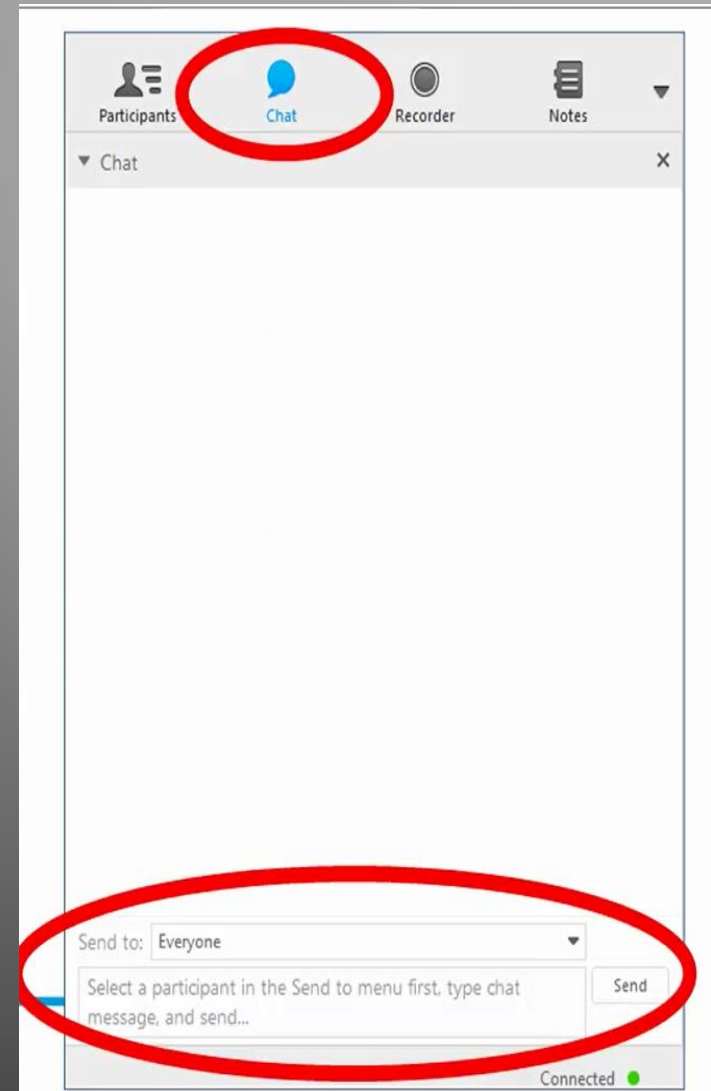
Dr Philip Crowley

- ▶ National Director HSE Quality Improvement Division
- ▶ Dr. Philip Crowley, is a doctor who trained as a GP and worked for five years in Nicaragua.
- ▶ Worked in the NHS to tackle health inequalities. He also trained in public health medicine and has worked with the IPH, and the ICGP on refugee and asylum seeker health.
- ▶ Worked for 6 years as Deputy Chief Medical Officer with the DoH, he continues to work as a GP part-time.
- ▶ In order to take a strategic and sustainable approach to improving quality, the leadership team of the HSE has adopted a framework based around 6 drivers.
- ▶ The Framework for Improving Quality is currently being adopted in operational healthcare sites.



Instructions

- ▶ Interactive
- ▶ Sound through computer or
Phone: 00353- 15260058
Access code: 847860
- ▶ Chat box function
 - Comments/Ideas
 - Questions
- ▶ Q&A at the end
- ▶ **Twitter: @QITalktime**

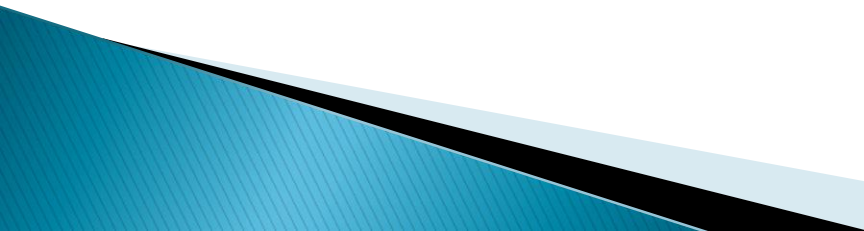


hello
my name is...

Philip

Dr. Philip Crowley
National Director Quality Improvement

The Irish health service 2017

- ▶ Demand continues to grow, demographic, risk factor challenges – PREVENTION
 - ▶ New technologies, rising costs increasing complexity
 - ▶ Staff recruitment and retention challenges
 - ▶ Staff survey findings – some good some not
 - ▶ Front line under pressure, crisis orientation
 - ▶ Working in the same way will not suffice
- 

ESRI research on demand 2015–2030

RESEARCH
SERIES
NUMBER 67
October 2017

PROJECTIONS OF DEMAND FOR HEALTHCARE IN IRELAND, 2015–2030 FIRST REPORT FROM THE HIPPOCRATES MODEL

MAEV-ANN WREN, CONOR KEEGAN, BRENDAN WALSH, ADELE BERGIN,
JAMES EIGHAN, AOIFE BRICK, SHEELAH CONNOLLY, DOROTHY WATSON,
JOANNE BANKS

- ▶ Population growth: 14–23% or 640,000–1.1 m
- ▶ >85 almost double
- ▶ Care demand increase 54%
- ▶ Hospital demand 30–37%
- ▶ GP demand 27%





Framework for Improving Quality

in our Health Service



Part 1:
Introducing the Framework

The Quality Bundle/Drivers

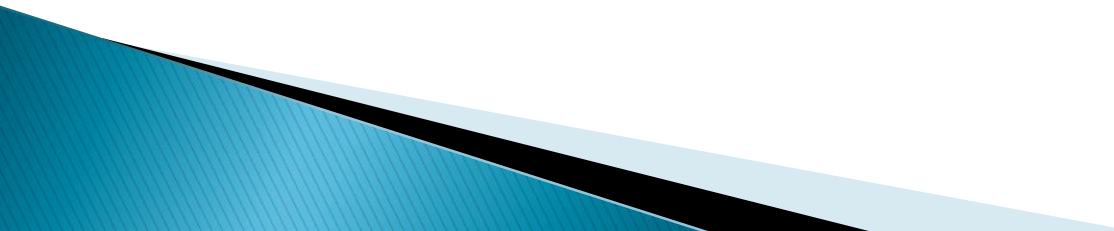
- ▶ Enablers
- ▶ When combined together create the environment and acceleration for sustained improvement



Applying the Framework for Improving Quality

- ▶ Work is well underway in 3 Sites:
 - ▶ **Mayo University Hospital (Saolta HG);**
 - ▶ patient engagement in service delivery
 - ▶ engaging staff from all disciplines
 - ▶ quality governance
 - ▶ **National Rehabilitation Hospital (CHO- 6)**
 - ▶ Agreeing an overall 'NRH Quality Improvement Goal'
 - ▶ A more organised approach to QI
 - ▶ Introducing a Daytime Operational and Safety Huddle
 - ▶ **University Hospital Waterford (SSWHG);** Developing governance and clinical networks with a focus on measurement for improvement.
- ▶ Work on national collaborative to reduce pressure ulcers to zero and to improve clot prevention in all hospitals
- ▶ Work with social care to improve practice in ID services

Learning from Framework so far?

- ▶ Early days
 - ▶ True framework implementation changes the way we do things around here – culture
 - ▶ This takes time
 - ▶ Salford – 7 years!
 - ▶ It is a long journey for all our services (see later)
 - ▶ Leadership and management approach crucial
- 



MAYO UNIVERSITY HOSPITAL Staff Engagement Forum

STAFF CARING FOR STAFF



WHAT IS STAFF ENGAGEMENT?

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service...when each person knows that what they do and say matters and makes a difference.

WHY DOES STAFF ENGAGEMENT MATTER?

Where staff engagement is higher and services are supporting staff wellbeing, the results are:

- Lower patient mortality
- Reduction in the number of incidents
- Improved clinical care
- Improved patient experience
- Improved staff wellbeing
- Lower absenteeism rates
- Improved staff retention

STAFF CARING FOR STAFF

Engage | Listen | Inspire | Act | Share

Patient & Family Engagement

Staff Information Sessions

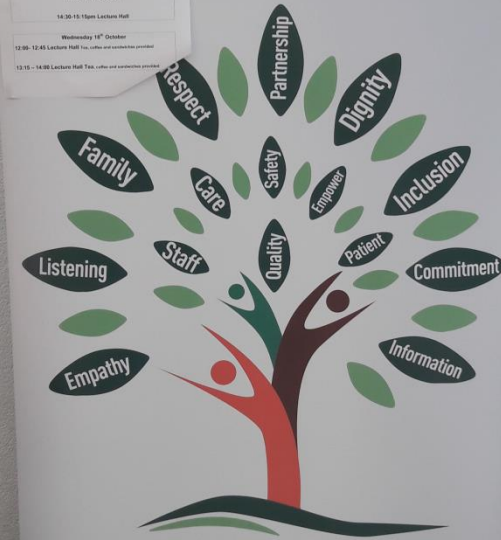
Tuesday 1st October

14:00-15:15pm Lecture Hall

Wednesday 1st October

12:00-12:45 Lecture Hall Two, coffee and cake/tea provided

13:15-14:00 Lecture Hall Two, coffee and cake/tea provided

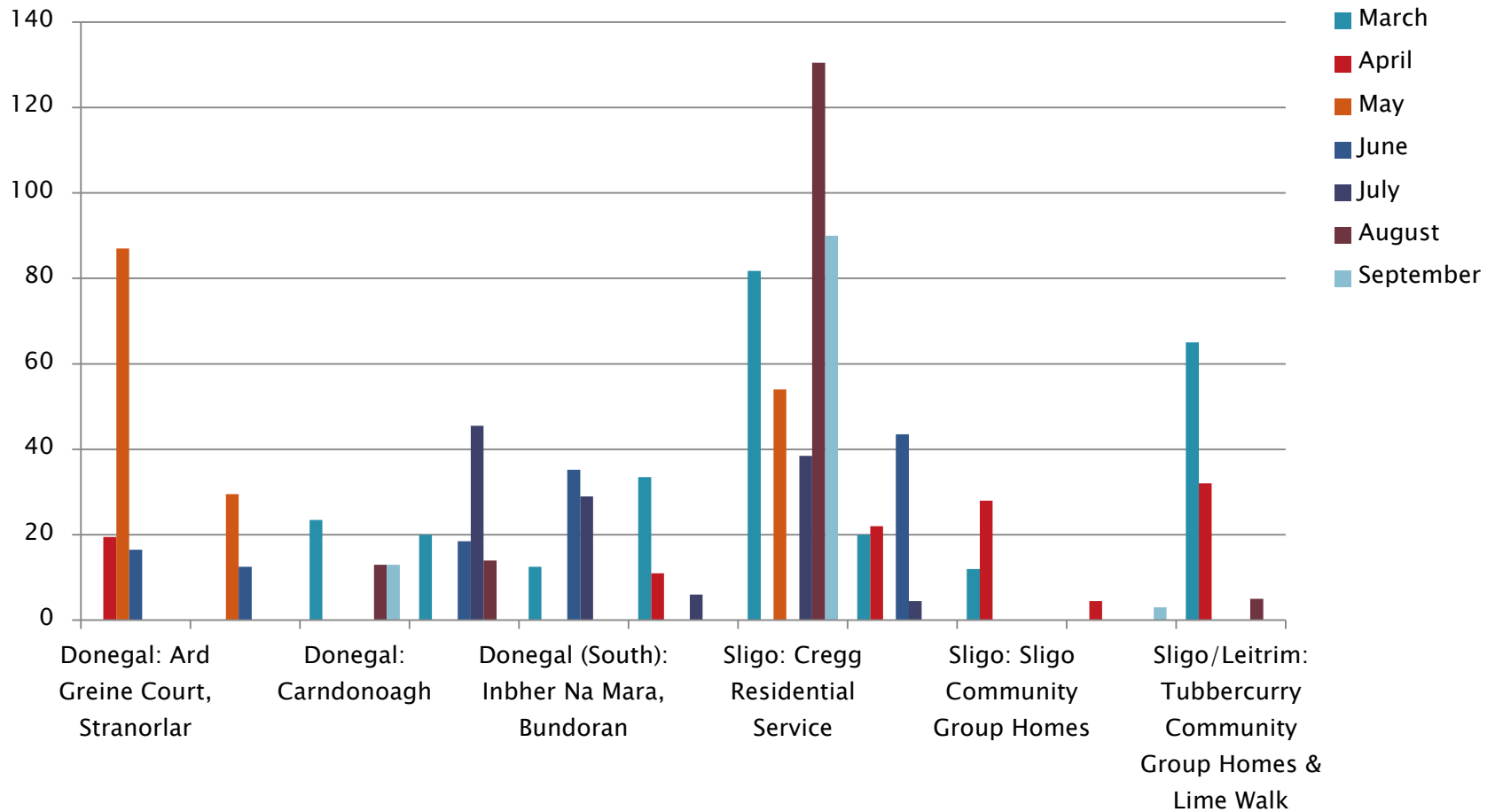


*Growing together
to achieve excellence*



MAYO UNIVERSITY HOSPITAL

Hours of Intensive Support by SCD/QID team for CHO 1 March–August 2017



SCD/QID QUALITY IMPROVEMENT PROGRAMME

Challenges/Issues faced by team	Use of Framework to help overcome these challenges/issues
Deficits in Person Centred Planning (PCP)	Use of Improvement Methods: At completion of 1 st cycle 43% of objectives achieved & on completion of 2 nd cycle 86% achieved
Managers demonstrating a requirement for managerial and leadership skills	Leadership for Quality: Working with managers to build and support leadership and setting clear aims, objectives and outcomes
Lack of Governance documents and tools	Governance for Quality: Four documents from a suite of national tools on Clinical Governance: Quality and Safety Prompts for Multidisciplinary Teams, “The Safety Pause” Clinical Governance Information Leaflet , Quality and Safety Walkround Document
Resistance in services to try new approaches	Staff Engagement: Supporting and valuing staff by providing coaching and mentoring to staff to undertake new challenges, roles and responsibilities

PUTZ Phase 3

Why?

Pressure ulcers are debilitating, life threatening and painful

€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)

Support healthcare staff gain experience in applying practical and simple QI skills

How?

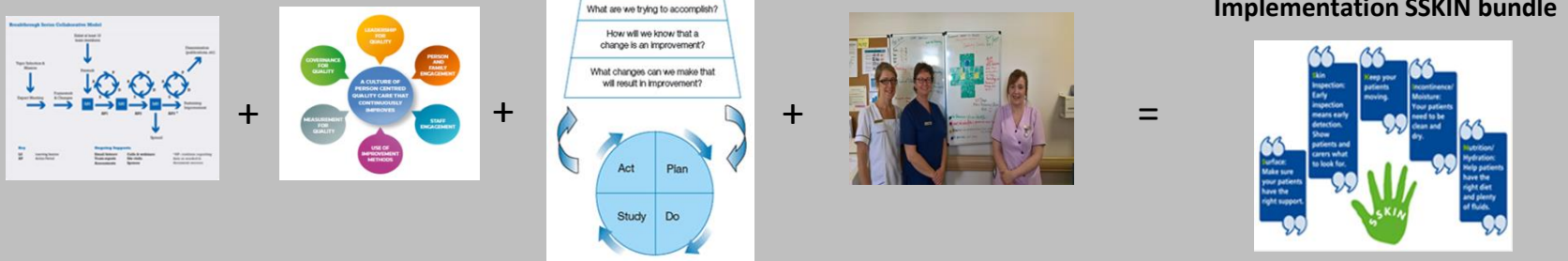
WHO



23 teams from 23 wards



METHOD

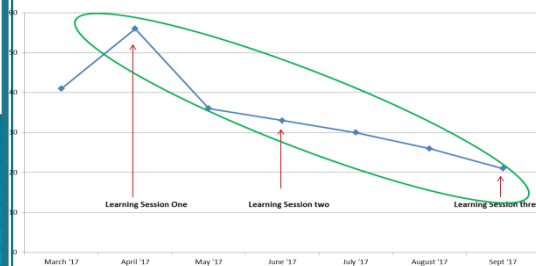


Implementation SSKIN bundle

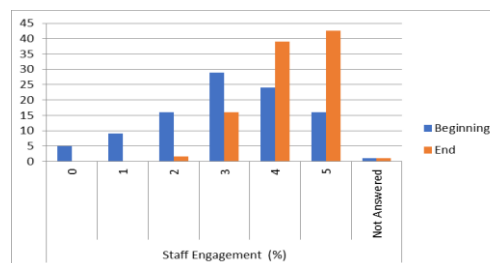


What?

Outcome measure 49% reduction



Learning measure

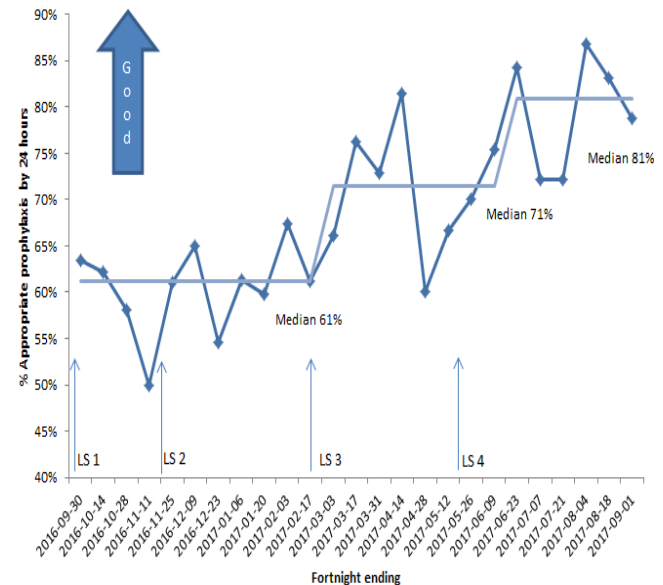


Behaviour measure



Medication safety www.safermeds.ie

- ▶ Preventing thrombosis improvement collaborative
 - 27 hospitals, improved appropriate prevention by 1 / 3
 - 35,000 more patients will receive appropriate VTE prophylaxis in the next year



Leadership

Leadership is accepting responsibility to create conditions that enable others to achieve shared purpose in the face of uncertainty.

Marshall Ganz



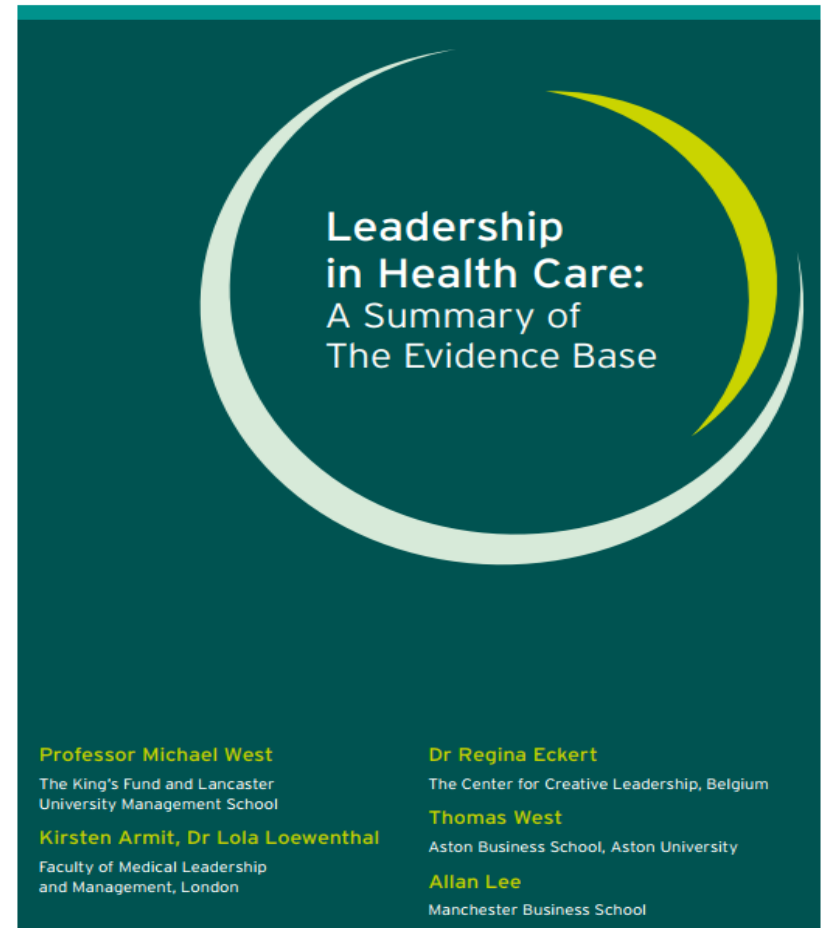


Evidence on Leadership

- ▶ Clear link between leadership and mortality, satisfaction, financial performance, staff wellbeing, and quality of care



TheKingsFund>



Professor Michael West

The King's Fund and Lancaster
University Management School

Kirsten Armit, Dr Lola Loewenthal

Faculty of Medical Leadership
and Management, London

Dr Regina Eckert

The Center for Creative Leadership, Belgium


Thomas West

Aston Business School, Aston University

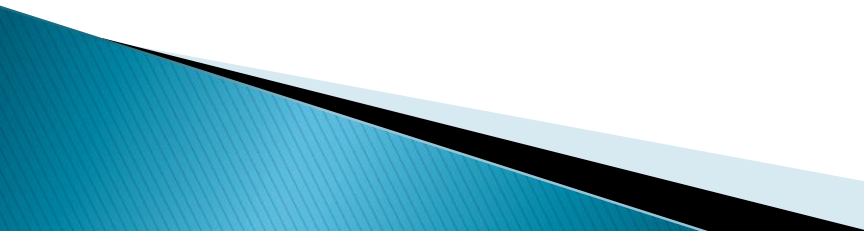
Allan Lee

Manchester Business School

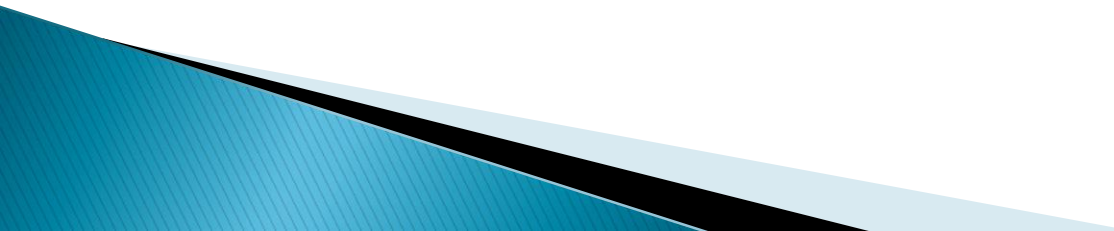
Evidence on collective leadership

- ▶ Support for staff, honesty, fairness and optimism
 - ▶ All staff accept their leadership role
 - ▶ Leadership must be integrative – across boundaries
 - ▶ Inspiring vision, aligned work at all levels, effective teams
 - ▶ Tenure – stable leadership
 - ▶ Best hospitals – high staff engagement in decisions and distributed leadership
- 

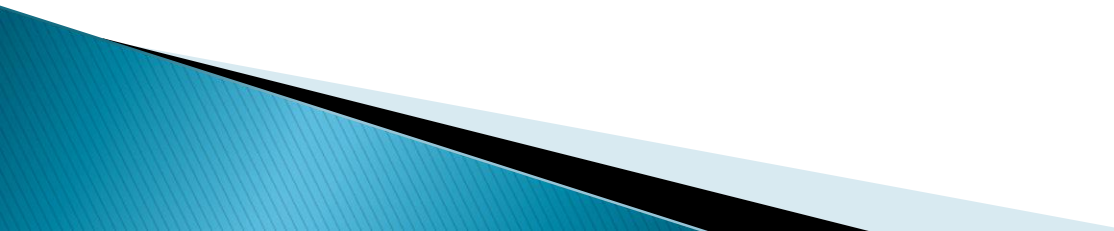
How do we get there? Evidence

- ▶ Developing leaders not enough – this approach dominates
 - ▶ Go back to workplace and experience barriers
 - ▶ Develop leadership and develop the organisation
 - ▶ Context critically important
 - ▶ Develop collective leadership in house
 - ▶ Bring expert support to site
 - ▶ Key focus on organisation development
- 

Staff Survey – Some positive results and improvements

- ▶ In effective teams – 67%
 - ▶ Happy with standard of care – 63%
 - ▶ Trusted to do their job – 87%
 - ▶ Can make suggestions to influence work of team – 68%
 - ▶ Motivated – 71%
- 

Staff Survey – a call to action

- ▶ Involved in decisions that affect them in their work – 33%
 - ▶ Feel valued – 30%
 - ▶ Confidence in decisions of senior managers – 25%
 - ▶ Managers motivate me or have 1-1 meeting – 45%
 - ▶ Feel work related stress – 62%
 - ▶ Experienced bullying or harassment – 31%
- 

National Staff Engagement Forum 2016

Staff are engaged when they feel valued, are emotionally connected, fully involved, enthusiastic and committed to providing a good service... when each person knows that what they do and say matters and makes a difference.



Microsystems – all staff lead

- ▶ Tyrone Lowndes – porter Beaumont ED
- ▶ Delays for patients – no wheelchairs
- ▶ Lockable wheelchair dock
- ▶ 93% reduction in patient waiting



Front Line ownership Kerry



Schwartz Rounds



Schwartz Rounds

Wednesday 30th March 2016

Conference Room 13:30 - 14:30 hrs

A light lunch will be available from 13.00

Theme: **'ISOLATION.'**

ALL staff are invited to attend the Schwartz Round
(Clinical and non-clinical staff)

Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social challenges associated with working in healthcare. Rounds provide a confidential space to reflect in and share experiences.

What do staff say about Schwartz Rounds?

Encourages insight

“Amazing insight into other professional’s experiences”

“Felt glad that multidisciplinary was emphasised” *from cleaner to consultant*

“ These rounds help *break down barriers* between all the different members of the hospital staff ...”

“Takes time out to my day to see the patients on my waiting list but is a good way to focus on *caring for ourselves*”

Reaffirms values

“Brings *caring and kindness* back into the workforce”

“Helps us remember why we are in a caring profession”

Positive feeling

“*Feel-good factor* – positive effect overall”

“Incredibly *moving and human*”

“Stunning – made me very proud to work with such compassionate, sincere and expert people”

“Well worth taking the time to attend despite a very busy schedule”

Highlighting important issues

“Highlighted other issues like open disclosure”

“Very positive and potent reinforcement of *how an individual can impact* on patient care through non-clinical means – *smiles, compassion, greetings*”

“Very thought-provoking about what we do well and when things go wrong”

Enabling cultures of person-centredness

- 65 Facilitators in 40 sites
- *Person-centred Culture Change group* set up in each site
- Exploring and challenging own values and beliefs about person-centredness
- Identifying and challenging the patterns in practice that are based on often unconscious assumptions



Person centred care: Shaen, Port Laoise – Margaret Gorman

THE FORUM DO TO ADVANCE STAFF ENGAGEMENT?
WHAT ARE WE HOPING TO ACHIEVE?

① ENGAGEMENT
② PLANNING STRATEGY
③ BEST PRACTICE

ideas to be heard
Talk to our colleagues of be
Hearing & bringing ideas
from colleagues
Test ideas
Speak to exp. staff making
of being a forum & Learn what
member
Message to Leaders
Things are changing -
new ways of doing the
Pockets of good practice
Staff recognition
Generate ideas about how to engage
effectively



Each staff to be an agent of
change
Encourage staff
Focus on the
communicate - tub
What do we hope to achieve

WHAT CAN FORUM DO? ③

- Gather examples of how to engage with staff + use versa
- 10 mins of Forum to try - build on case studies
- HOW to engage with workforce
- Be open to different types of engagement - various channels
- Staff Survey - input from these sessions - specifics on engagement
- CREATE POSITIVE DIALOGUE



Governance for Quality

- Board on Board QI Projects Children's University
Hospital Temple Street & Saolta
- Guidance and Resources
- Support implementation of Quality & Safety
- Quality and Safety Committees (CHO's & NAS)

Measurement for Improvement



- ▶ Move away from only aggregate data, point in time and sole focus on targets
- ▶ SPC charts and funnel plots
- ▶ A Measurement for Improvement Curriculum
- ▶ National Quality Profile
- ▶ Social Care Division Quality Profile Project
- ▶ Resources, templates, guidance notes etc. are available on <http://bit.ly/2wBaMpz>

HSE National Quality Profile
Quarter 2 2017

This is the HSE National Quality Profile, Quarter 2 2017, undertaken by the Quality Improvement Division. The National Quality Profile is based on the principles of Measurement for Improvement. The aim of the National Quality Profile is to provide the right amount of the right information in a format that allows evaluation of quality of care and promotes its improvement.

In using data for improvement it is important to understand how to react appropriately to different types of variation:

- Where variation is stable but not at a satisfactory level, action should be taken to improve the whole system.
- Where special cause variation (outliers) exist, action should be directed at understanding the reasons for this variation and not focused on changing the whole system.

Failures to look at data over time and only comparing one time period against another can often result in interpretation of noise (or random variation within a normal range) as if it were a signal requiring action, and failure to detect a signal/outlier when it is present.

The traditional way of comparing a current value to a target or some other previous value does not filter out noise or highlight potential signals. Presenting and analysing data using Statistical Process Control (SPC) methodology can facilitate greater interpretation and knowledge of the underlying process and prevent these mistakes. This report uses data from the HSE monthly performance reporting cycle and presents and analyses it using SPC methodology to enhance the information available from it.

Hospital acquired cases of S. aureus bloodstream infection per 10,000 bed days used

- The average rate of hospital acquired cases of S. aureus bloodstream infection since January 2015 is 0.98 cases per 10,000 bed days used. This equates to an average of 29 cases per month.
- The target for 2017 is less than 1 case per 10,000 bed days.
- The variation from month to month is within the expected range, i.e. the rate is stable.
- While the average rate is slightly below the target, it can be expected that the monthly rates will fluctuate between approximately 0.4 and 1.5 due to normal variation.

Hospital acquired new cases of C. difficile infection per 10,000 bed days used

- The average rate of hospital acquired new cases of C. difficile infection since January 2015 is 2.1 cases per 10,000 bed days used. This equates to an average of 63 cases per month.
- The target for 2017 is less than 2 cases per 10,000 bed days (a reduction from the 2016 target of 2.2).
- The variation from month to month is within the expected range, i.e. the rate is stable.

Quality Improvement Division

Search this section

Search the whole site

actual days

About us

Framework for Improving Quality

Improvement Knowledge and Skills Guide

National Safety Programmes

Other Quality Improvement Programmes

Resources and Publications

Quality Improvement Division > Measurement for Quality > Measurement for Improvement Team

About us

Framework for Improving Quality

Improvement Knowledge and Skills Guide

Leadership for Quality

Person and Family Engagement

Staff Engagement

Use of Improvement Methods

Measurement for Quality

Measurement for Improvement Teams

Collaborative

National Office for Clinical Audit

Governance for Quality

Social Care Application of Framework for Improving Quality

National Safety Programmes

Other Quality Improvement Programmes

Resources and Publications

Useful Links

Contact us

Measurement for Improvement Team

Measurement for Improvement Team, Quality Improvement Division, HSE

Our Work

There is a requirement for a more intelligent use of information across the entire healthcare system e.g. examining and understanding activity, looking to reduce over time and accompanying with safety. The primary function of a group of information for quality improvement is to support learning within a service and to drive forward improvement activities (QID 2015). In order to achieve this goal the Measurement for Improvement team provides clinical expertise, measurement, statistical and quality improvement expertise to enable systematic and effective measurement QID Service Divisions and their services to improve quality within their specific areas for service users.

Web Content Layout

MIT Resources

As we work in partnership with services at all levels in the HSE, we advise on best practice for analysing and displaying information, and develop tools to support quality improvement initiatives, and we have a wealth of content that we bring to you as widely as possible. The following web page brings together some key tools and documents that have been compiled as a result of our work. Over time, we will expand this section of the website further.

Click back to link to the MIT Resources page.

Knowledge and Skills – QI Diploma

- ▶ Cohorts 10 and 11 in Leadership and Quality in Healthcare have been completed.
- ▶ 250 senior healthcare professionals have been trained.
- ▶ The projects completed achieved significant results including savings of approximately €1.1 million in the system.
- ▶ We have now commenced Diplomas 12 and 13 and 14
- ▶ A dedicated Diploma with the community health organisations will begin early next year.



Knowledge and skills guide for all Staff

- A Knowledge & Skills Guide was launched last week in Dr Steeven's hospital – this is an assessment tool for use by all HSE staff.




- See www.qualityimprovement.ie

Purpose of the guide

- ▶ Improvement is everyone's role and responsibility
- ▶ This guide is for all staff both clinical and non clinical as we all have a role to play
- ▶ Assist individuals in assessing their current knowledge and skills in improvement
- ▶ Assist Hospital Groups, CHO's and NAS to build improvement capability and capacity



About the guide

- ▶ Structured around the framework for improving quality
 - ▶ 4 levels of the learning and development journey
 - ▶ Self assess against confident, some development or a lot of development
 - ▶ Online knowledge and skills are supported by hyperlinks to additional resources
 - ▶ Personal development plan section aids your learning and development journey
 - ▶ What's next? Elearning, curriculum development and education and training programmes
- 

- ▶ <http://www.hse.ie/eng/about/Who/QID/Improvement-Knowledge-and-SkillsGuide/>

Helpful links

Framework for Improving quality

Improvement Knowledge
and Skills Guide



<http://www.hse.ie/eng/about/Who/QID/aboutQID/>

Follow us on Twitter @QITalktime

Watch recorded webinars at your convenience
on HSEQID QITalktime page



Next Webex – 21st November
Dr Peter Lachman
Leadership for Quality

Thank you from all the team @QITalktime
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QI TALK TIME

Building an Irish Network of Quality Improvers