

#### QI TALK TIME



**Building an Irish Network of Quality Improvers** 

What is the HSE Framework for improving quality?

14th December 2016

**Connect** Improve Innovate

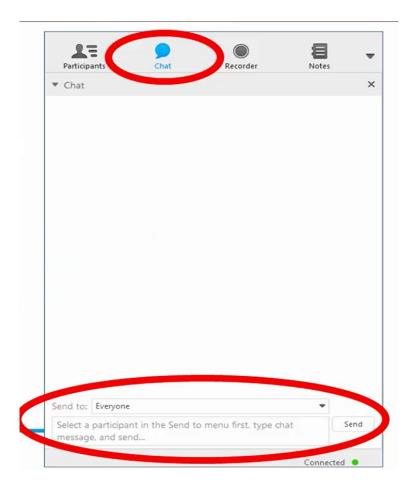
#### Dr Philip Crowley

- National Director of Quality Improvement
- GP & worked for five years in Nicaragua.
- Worked in the NHS to tackle health inequalities.
- Trained in public health medicine and has worked with the IPH, and the ICGP on refugee and asylum seeker health.
- 6 years as Deputy Chief Medical Officer with the DoH, he continues to work as a GP part-time.
- 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 has been tested in frontline care and is currently being adopted in a number of operational healthcare sites.



#### Tips for successful webex

- Interactive
- Sound
- Chat box function
  - Comments
  - Questions
  - Ideas
- Q&A at the end
- Attendance certs









# Philip

Dr. Philip Crowley
National Director Quality Improvement

#### The Irish health service 2016

- Demand continues to grow, demographic, risk factor challenges
- New technologies, inflation and pay pressures
- Realistic budget adjustment 2016, 2017 challenges
- Centralised command and control!
- New hospital groups and community health organisations
- NOT co-terminous integration
- Public/private mix inequity





#### The challenges that face us

- Access blocks ED and OPD
- Medical, nursing and AHP recruitment
- Limited measurement of quality
- Lack of reliability
- Variation everywhere you look
- Centralisation in health care = failure
- Sustaining improvement





#### Where is quality in all of this?

- Primary focus on Finance and controlling staffing levels
- Clinical voices greatly outnumbered
- Fire fighting (comfortable) Vs process, practice and care improvement
- Restructuring vs culture change
- Our response?







in our Health Service





Part 1: Introducing the Framework

#### **Purpose of Framework**

To orientate all of our thinking, planning and delivery of care through a quality lens

To foster a culture of quality that seeks to provide safe, effective, person centered care

Just – Part 1: Introducing the Framework





#### Ireland's Quality Bundle/Drivers

Enablers

 When combined together create the environment and acceleration for sustained improvement



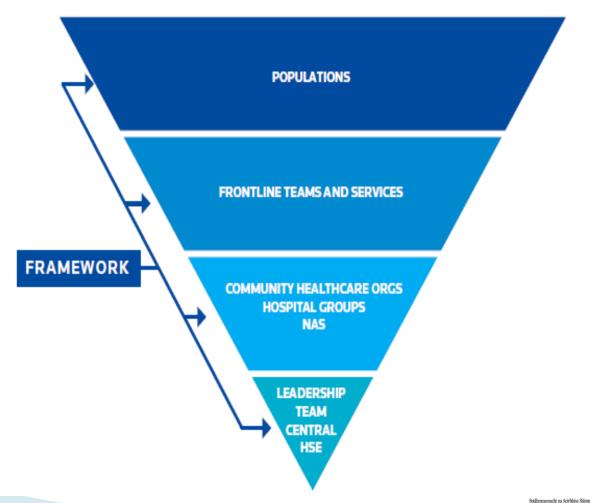
#### Whole system approach

#### For leaders:

focus efforts and resources

#### For frontline:

as a reminder and sense check



# Framework within Intellectual Disability Services post Aras Attracta

- Improvement team visited 218 sites
- Applied framework as solution
- Practice support, training and tools
- Improvement in inspection outcomes:

24% up to 69% compliance with HIQA standards





#### Translating the Framework

- Two acute hospitals and one community healthcare organisation
- 'Having the quality conversation'
- Working with leaders and staff to identify their quality goals
- Framework to support them in achieving those goals sustainably
- Assessing and addressing gaps against a framework checklist

Building the groundwork for sustainable improvements in quality of care





# Working on all 6 drivers







- Adaptive leadership
- Structured Walkarounds
- Free the front line
- Distribute decision making power
- Create Q+S senior posts

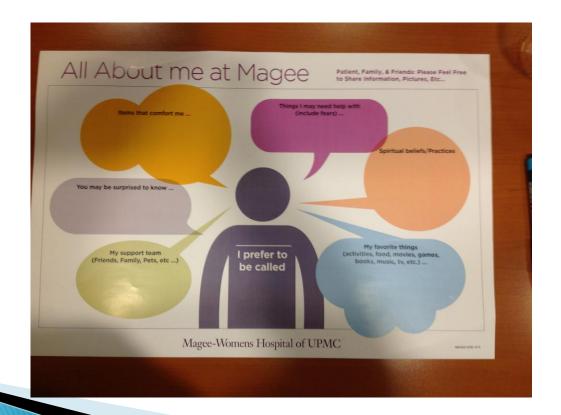




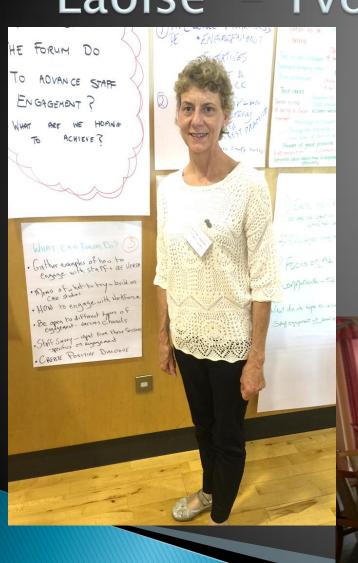


# PERSON AND FAMILY ENGAGEMENT

- Person Centred Care Culture programme
- Patient fora, PALS, Patient experience



#### Person centred care: Shaen, Port Laoise – Yvonne Dowler







- The evidence:
  - More discretionary effort
  - More engaged staff better patient outcomes, lower HCAI rates
- Mobilising the front line KUH
- Schwartz rounds
- Staff Listening and staff engagement partnership -HR





#### **Schwartz Rounds**





# Front Line ownership Kerry



#### National staff engagement forum





# USE OF IMPROVEMENT METHODS

- 2 Improvement advisers trained with IHI
- Now over 700 staff trained in QI
- Collaborative on reducing pressure ulcers: 50%
   reduction over two phases, increase QI skills
- Collaboratives on VTE prophylaxis and improved gentamicin prescribing







## MEASUREMENT FOR QUALITY

- Nationally aggregated data
- Arbitrary (?) Targets
- Point in time
- Traffic lights

#### **MOVING TO**

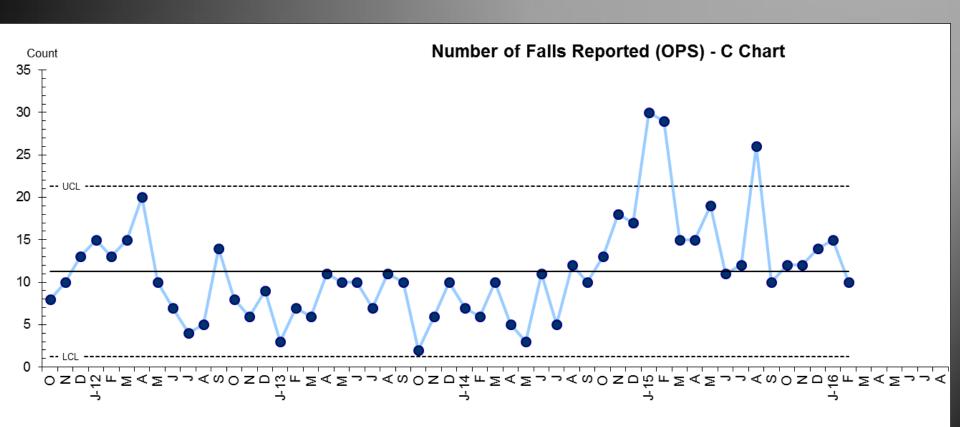
- Quality Profiles
- New KPIs
- Modernise performance report
- SPCs



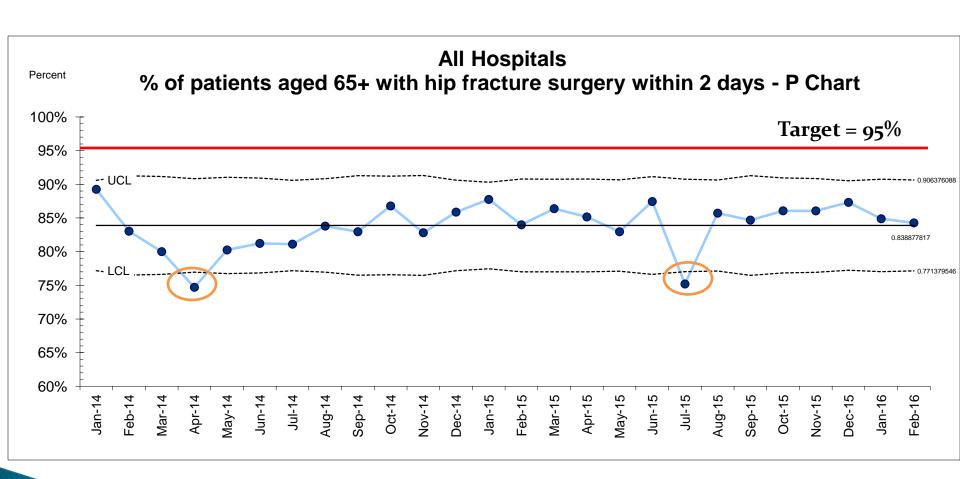


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month	0	N	D	J-12	F	M	Α	M	٦	J	Α	S	0	N	D	J-13	F	М	Α	M	J	J	Α	S
No. of Falls	8	10	13	15	13	15	20	10	7	4	5	14	8	6	9	3	7	6	11	10	10	7	11	10
Median	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	7.5	7.5	7.5	7.5	7.5	7.5

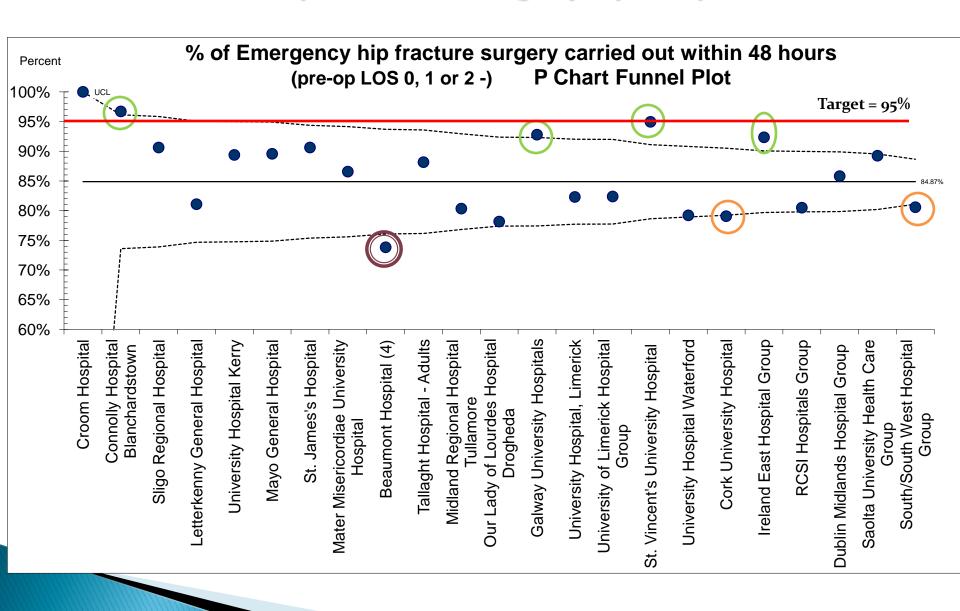
Table 1. number of falls reported on incident management system from Oct 2011 to Date

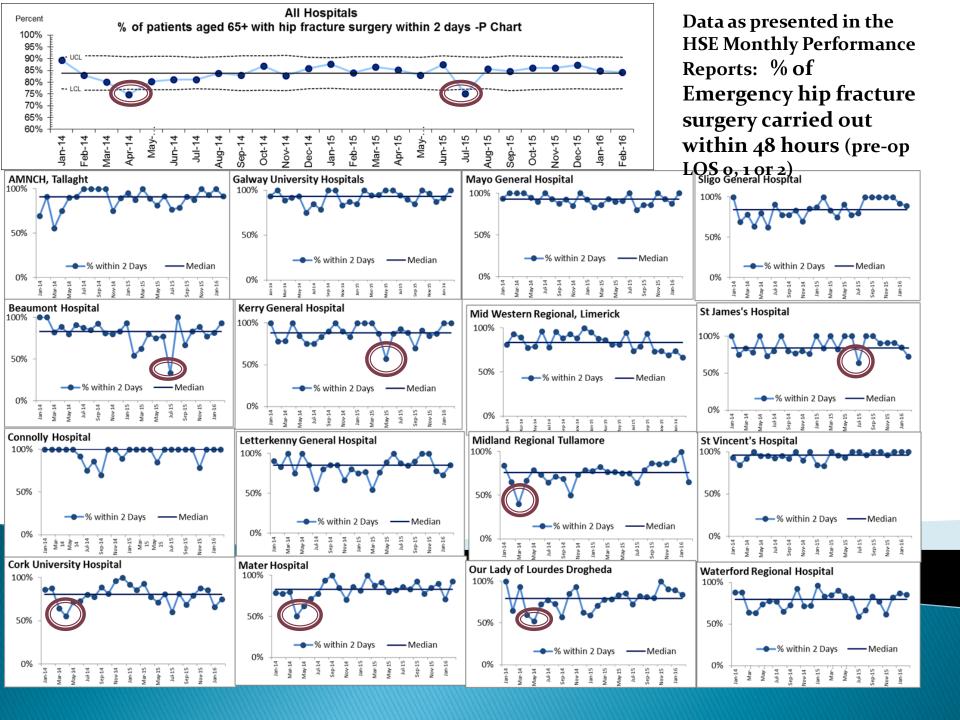


#### **Hip Fracture Data from HIPE**



#### **Timeliness of Hip Fracture Surgery by Hospital**





#### Better has no limit....

an old Yiddish proverb







#### **GOVERNANCE FOR QUALITY**

- Structures and processes focus on quality
- Board on Board
- Executive quality committees
- Tests completed in primary care and 5 hospitals











#### 2017 Plans for QITalktime webinars



Dr Michael Gardem – 'Leading change'
Wednesday January 11<sup>th</sup> at 2pm

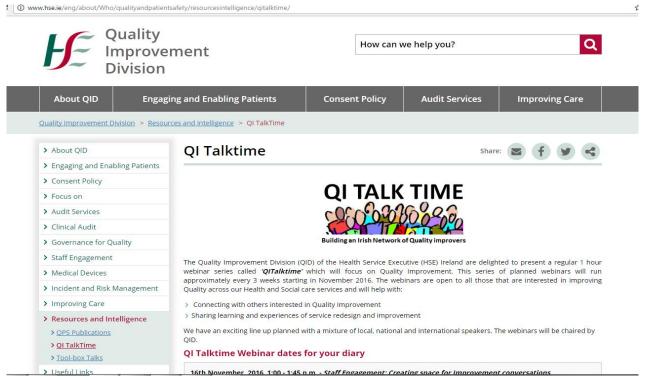
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#### QITalktime webpage

 Watch recorded webinars at your convenience on HSEQID QITalktime page







# Thank you and stay tuned.....

Thank you from all the team @QITalktime









Roisin Breen

Dr Mary Browne

Imelda Doyle





