

**Building an Irish Network of Quality improvers** 

23 February, 2021



What are the lessons from COVID-19 for the future of improvement?: Learning from our five countries Q network

Framework for Improving Quality

A session with Matthew Hill and Dr Philip Crowley



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# Welcome

- Sound: Computer or dial in:
  - Telephone no: 01-5260058
  - Event number: 174 942 2023#
- Chat box function.
  - Comments/Ideas
  - Keep the questions coming!
- Recording

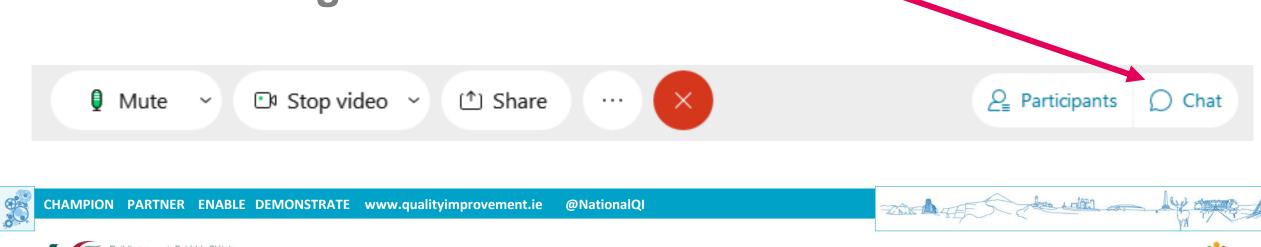
- Engage with the team
  - Twitter: @QITalktime / #QITalktime

### New feature

 Short feedback form after the session, please help us to improve our QITalktime Webinars

Improving Quality

- A window will pop up before logging out



# **Speakers today**



Dr. Philip Crowley HSE, National Director QI



Matthew Hill, Insight, Evaluation and Research Manager, Q The Health Foundation UK



Dr. Maureen Flynn, QI Connection Lead, National QI Team









Improving Quality



# What are the lessons from COVID-19 for the future of improvement?: Learning from the Q network

#### Dr Matthew Hill, Insight, Evaluation and Research Manager, Q

Feb 2021



Q is led by the Health Foundation and supported by partners across the UK and Ireland

# The Q community

- Supports people in their existing improvement work: making it easier to share ideas, enhance and learn skills and knowledge and collaborate to make changes that benefit patients
- A connected community working together to improve health and care quality across the UK and Ireland





Mad tea: looking back over the period of COVID-19

"The best meal of the day was..."

*"The role improvement played for me during COVID-19 was..."* 

"One of the things I've learned about improvement during COVID-19 is..."

# We explored improvers' experiences through a community survey and in-depth interviews

- Sent to all Q members
- 29 closed and free text

• 225 responses

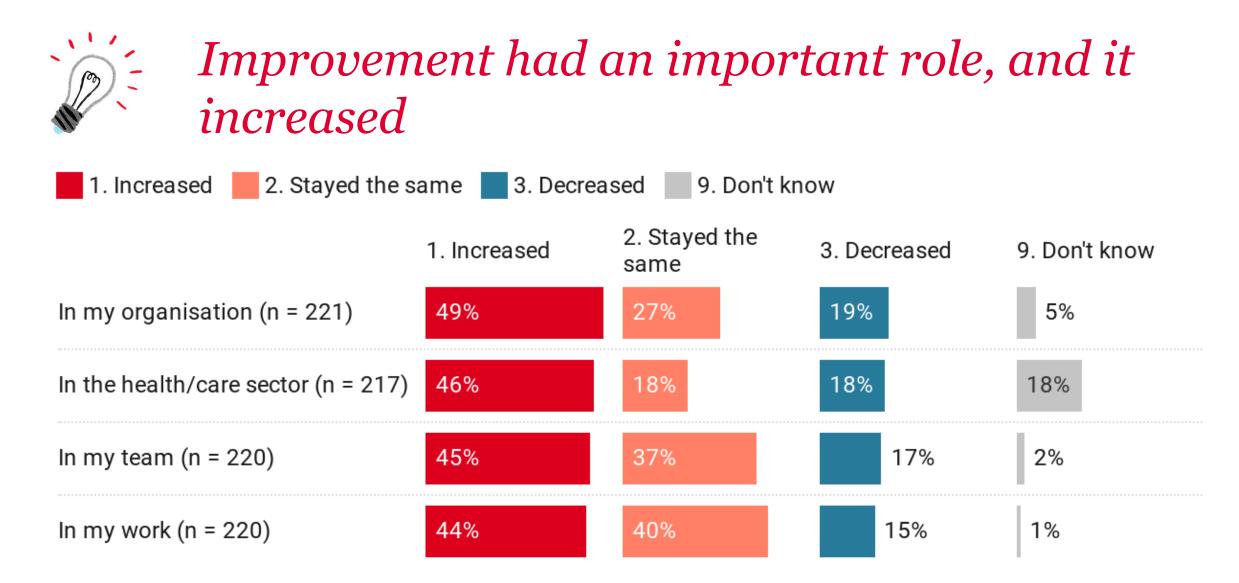
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questions



- Follow up interviews with 12
  survey respondents
  - Focused on individual improvers' perspective

Broad framing of improvement tools, methods, approaches and mindsets





Rapidly reviewing and improving processes (70% used to a moderate or great extent)

#### Engaging staff (72% used to a moderate or great extent)

"PDSA - used for the testing of new ideas that were short - cycle, reflective of the speed of change."

> "Liberating Structures approaches - thinking about how we continue to engage and capture different perspectives when time is in particularly short supply."



#### Measuring what is happening (59% used to a moderate or great extent)

#### Engaging patients and carers (38% used to a moderate or great extent)

"The focus is just on getting this 'done' rather than systematically planning change and measuring the difference."

> "Guidance had to be produced at speed, preventing the level of engagement we normally undertake."

Q



# Differences worth exploring

#### Short-termism?

# Fidelity to methods?

#### **Remote working**

# Those with established cultures and capability responded differently

More important role for improvement

More collaborative

More strategic

More systematic



# ...but other enablers were important



### Staff willingness

#### Quicker decisionmaking



# Leadership was important - but could be either an enabler or a barrier

*"Permission to try new things rapidly without having perfected the approach."*  "Due to command and control at the centre a lot of change was dictated which made generating ideas redundant."

#### "Top-down clarity and bottom-up agency"

https://www.health.org.uk/publications/long-reads/understanding-andsustaining-the-health-care-service-shifts-accelerated-by-COVID-19

# Was there a "crisis standard" of improvement?

What is improvement 'best practice' given the constraints of rapid change, uncertainty and remote working? Crisis standard of measurement for improvement

Crisis standard of PPI in improvement

Crisis standard of the Model for Improvement

"we used tools in a different way not getting tangled up with trying to be perfect, people said it was "freeing" and we achieved great results."

# *Improvement as method, mindset or muscle?*

"You could observe methodologies being used, almost as a heuristic, rather than through any planned desire to follow a strict methodology."

> "There simply wasn't time to devote to ensuring accurate measurement or implementation or even plan - but it was as if muscle memory kicked in."

#### Helps to resolve the method/ mindset tension?

For more on mindsets, see: <u>https://q.health.org.uk/blog-post/embedding-and-scaling-covid-innovations-the-mindset-shifts-behind-the-specifics/</u>

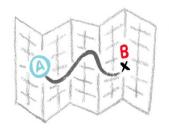


# What does this mean for the future of improvement and for those who support it?



Q is led by the Health Foundation and supported by partners across the UK and Ireland 1. A strengthened case for consistent and long-term future investment in developing improvement capabilities, cultures and contexts that support its application at team, organisation and system-level 2. Improvers should build on the positive momentum that has been seen during the pandemic and ensure improvement has a core role during the recovery – most notably in meaningfully engaging staff and for reviewing and improving processes 3. Focus efforts around developing skills and resources in systematic measurement and give renewed commitment to substantial patient and public involvement 4. Improvement should align more directly with the needs of those on the frontline through simplifying language, consolidating methods and ensuring it is accessible and useful for those directly delivering service change 5. Finally, the pandemic has demonstrated the power of shared purpose and so leaders should more concretely galvanise improvement efforts around system priorities

#### *Looking to the future - priorities* Working in a more integrated way across teams and organisations 41% 38% Introducing digital innovations effectively Embedding systematic approaches to improvement within health and care 38% organisations Addressing inequalities in patient access and the experience of care 33% Improving staff well-being 30% Enhancing co-design and co-production with patients, carers and citizens 28% Ensuring the national and regional policy context is supportive of 24% improvement 18% Prevention and the determinants of health Supporting individual self-management and community support 16% 13% Reducing waste / enhancing financial and environmental sustainability



Given what you've seen and learned through the pandemic, please select up to THREE issues that you think the improvement community should prioritise in the future..

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(N=194)
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# Mad tea: looking to the future

*"Something we need to know more about is..."* 

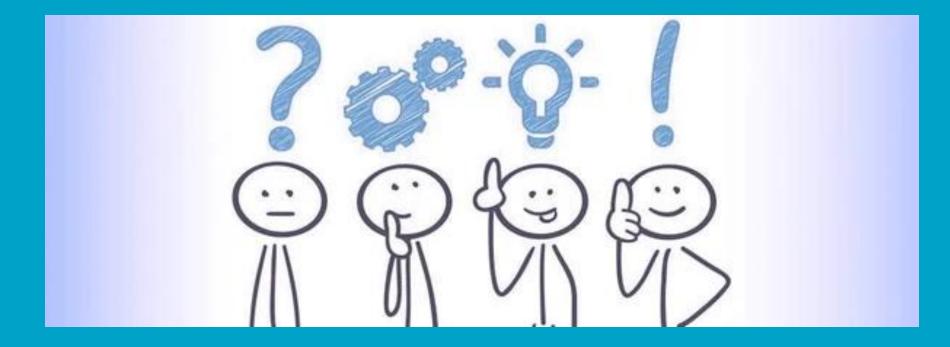
## "Something I plan to do differently is..."

*"When all is said and done we need to..."* 

# Thank you



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## TIME FOR QUESTIONS AND DISCUSSION



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Dr. Maureen Flynn

# **ABOUT THE Q COMMUNITY IN IRELAND**



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1-19:1 Time In



### About Q

- A connected community working together to improve health and care quality across the UK and Ireland.
- Supports people in their existing improvement work: making it easier to share ideas, enhance and learn skills and knowledge, and collaborate to make changes that benefit patients.
- Led by the Health Foundation and supported by partners across the UK and Ireland.

#### Co-designing Q

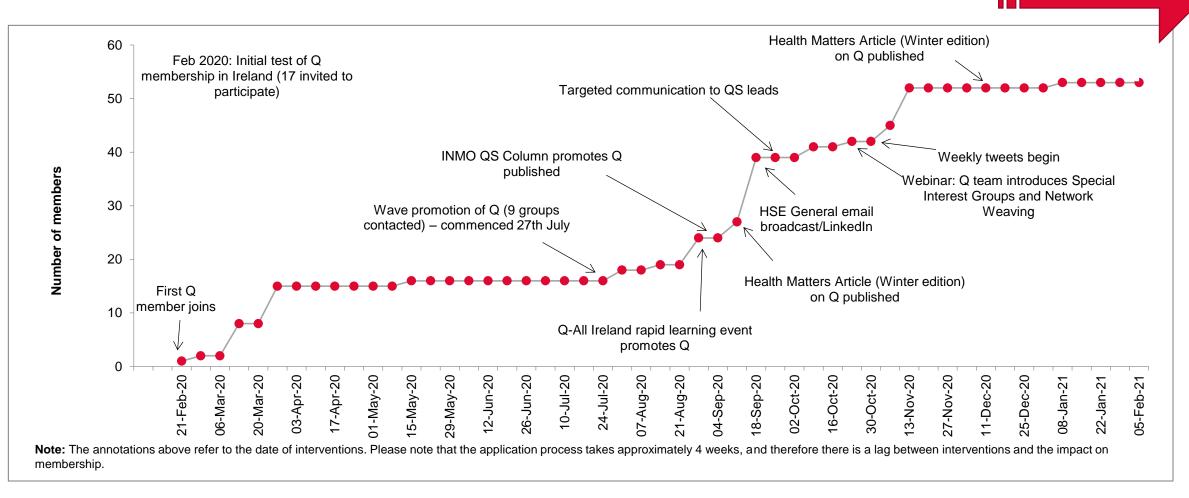
In 2015 Q was co-designed with 231 people leading and working in improvement across the UK. It has been, and continues to be, informed by the needs of Q members.

Ireland became a country partner in 2020





#### Join our growing Q membership across Ireland



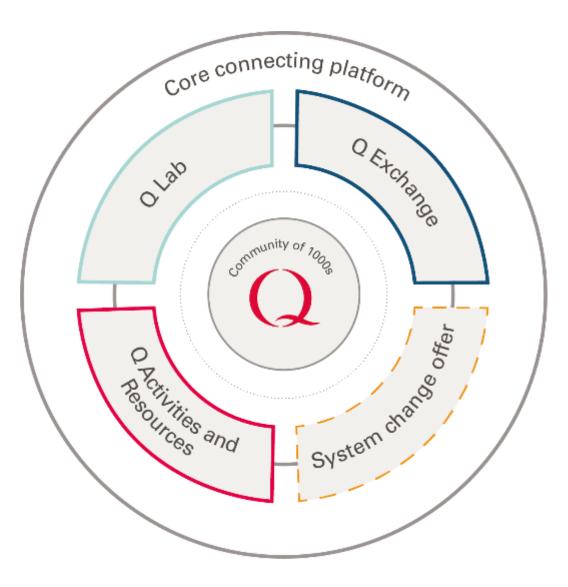
#### Q

53 +4

### What Q offers

Long-term infrastructure with interwoven offers, codesigned with improvers:

- Searchable Directory of nearly 4000 improvers, committed to collaborating
- Online resources; networking and development activities
- Q Labs: approaches to solving complex shared challenges
- Q Exchange: funding for practical cross-boundary change
- System-change offer: supporting learning between orgs leading national scale change across the UK and Ireland



Check out this link if you're interested in becoming a member of the Q Community...

#### *Q*<u>https://q.health.org.uk/join-q/</u>

When you've accessed the Q website, scroll down the page and under

'How Can I apply'

you'll see the link to the online portal – click on this link to submit your membership application

If you have any queries or require support in completing your application, you're most welcome to email: Caroline.Lennonnally@hse.ie

# *Continue the discussion*



Tell us what you know on Twitter: @MatthewHillsays @theQCommunity



Or via email: Matthew.hill@health.org.uk



### Dr. Philip Crowley

## **CLOSING COMMENTS**



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1-1927 Tiber A.T.



# **Invitation to provide feedback on 2020 series....**



**Building an Irish Network of Quality improvers** 

We are planning our 2021 QITalktime webinars. We need your help in order to provide you with webinars that best support your work in QI. We have received over 100 responses to our survey – THANK YOU

Final opportunity to provide your ideas – our survey closes Friday 26 February 2021. https://surveymonkey.com/r/6FGVPJ3

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# Let us know how we did today ....



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We really appreciate your time, thank you

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# **Upcoming Webinars: Dates for your diary ....**



| Dates    | Topics  | Speakers                          |
|----------|---|-----------------------------------|
| 9 March  | Co-production                                       | Dr John Brennan                   |
| 23 March | Making data count, plotting the path to improvement | Samantha Riley                    |
| 20 April | Communicating in a Virtual World                    | Winnie Ryan and Prof Peter Gillen |

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Missed a webinar – Don't worry you can watch recorded webinars on HSE National QI Team-QITalktime page: <u>https://www.hse.ie/eng/about/who/qid/resourcespublications/qitalktime.html</u>



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