



QI TALK TIME

Building an Irish Network of Quality Improvers

**Successful Quality Improvement –
Supporting Staff, Enhancing Care**

**1pm Tues 28th May
2019**

Connect

Improve

Innovate

Speakers

Dr Valerie Twomey:

is a Clinical Neuropsychologist and Programme Manager for the Brain Injury and Stroke Programmes at the National Rehabilitation Hospital (NRH). She is a graduate of the Diploma in Quality and Leadership at the RCPI and has also spent time at the Institute for Healthcare Improvement (IHI) in Cambridge, MA, USA training as a QI Collaborative Director. Valerie has also held positions as National Programme Manager for the HSE's National Clinical Programme for Rehabilitation Medicine and the Integrated Care Programme for Chronic Disease.



Mr. Eugene Roe:

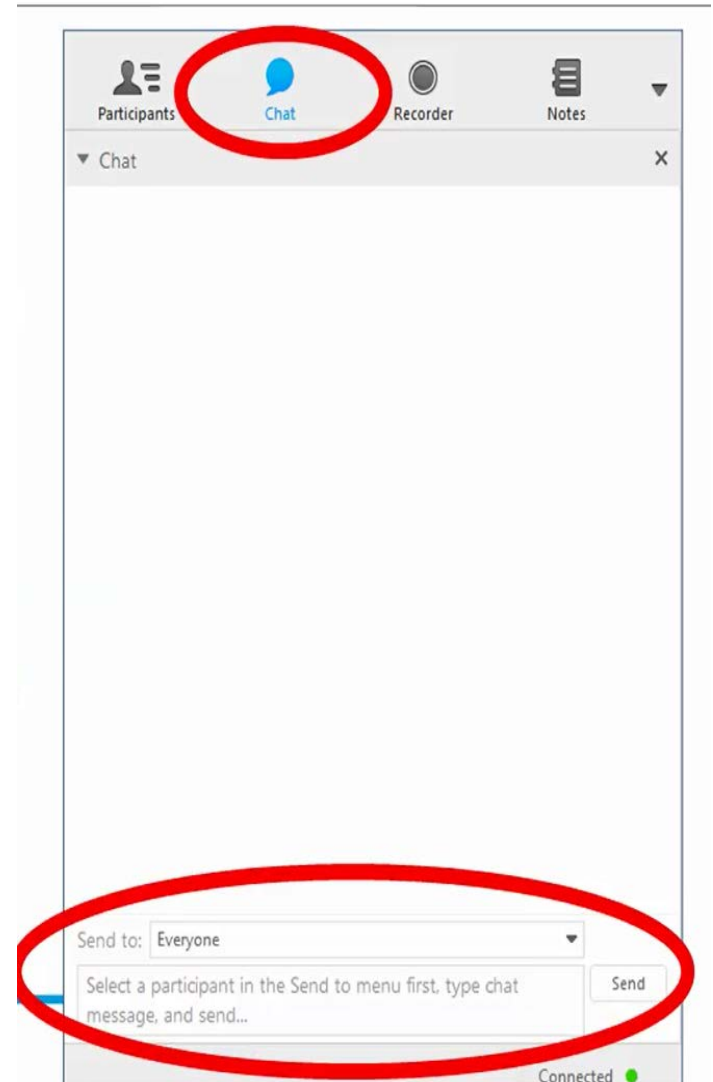
is Programme Manager for the Spinal Cord System of Care Programme at the National Rehabilitation Hospital.

Eugene is also a graduate of the Diploma in Quality and Leadership at the RCPI and currently leads the QI Projects Assessment and Review process at NRH.



Instructions

- Interactive
- Sound:
Computer or dial in:
Telephone no: 01-5260058
Event number: 848 254 186#
- Chat box function
 - Comments/Ideas
 - Questions
- Keep the questions coming
- **Twitter: @QITalktime**





a **Respectful, Accessible Environment**
where **You Matter** and **People Care**

Successful Quality Improvement
Supporting Staff, Enhancing Care

NRH and the Framework for Improving Quality



Why a Framework for Improving Quality for the NRH ?

- **Timing** - Move to a New Hospital – National Model of Care for Rehabilitation – NRH Strategy 2016 – 2019 – National Policy and Strategy Implementation indicated a need for an organised approach to project approval
- **Opportunity** to improve services to patients
- Embed quality approach in **day-to-day work**
- Develop a **single process and language** around QI

3 Prioritised Areas of Work

1. Agreeing a 'NRH Quality Improvement Goal'
2. Focusing on organisational alignment for quality
'A more organised approach to Quality Improvement'
3. Establishing a Daytime Operational and Safety Huddle (DOSH)



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where **You Matter** and **People Care**

Priority 2: A More Organised Approach to Quality Improvement

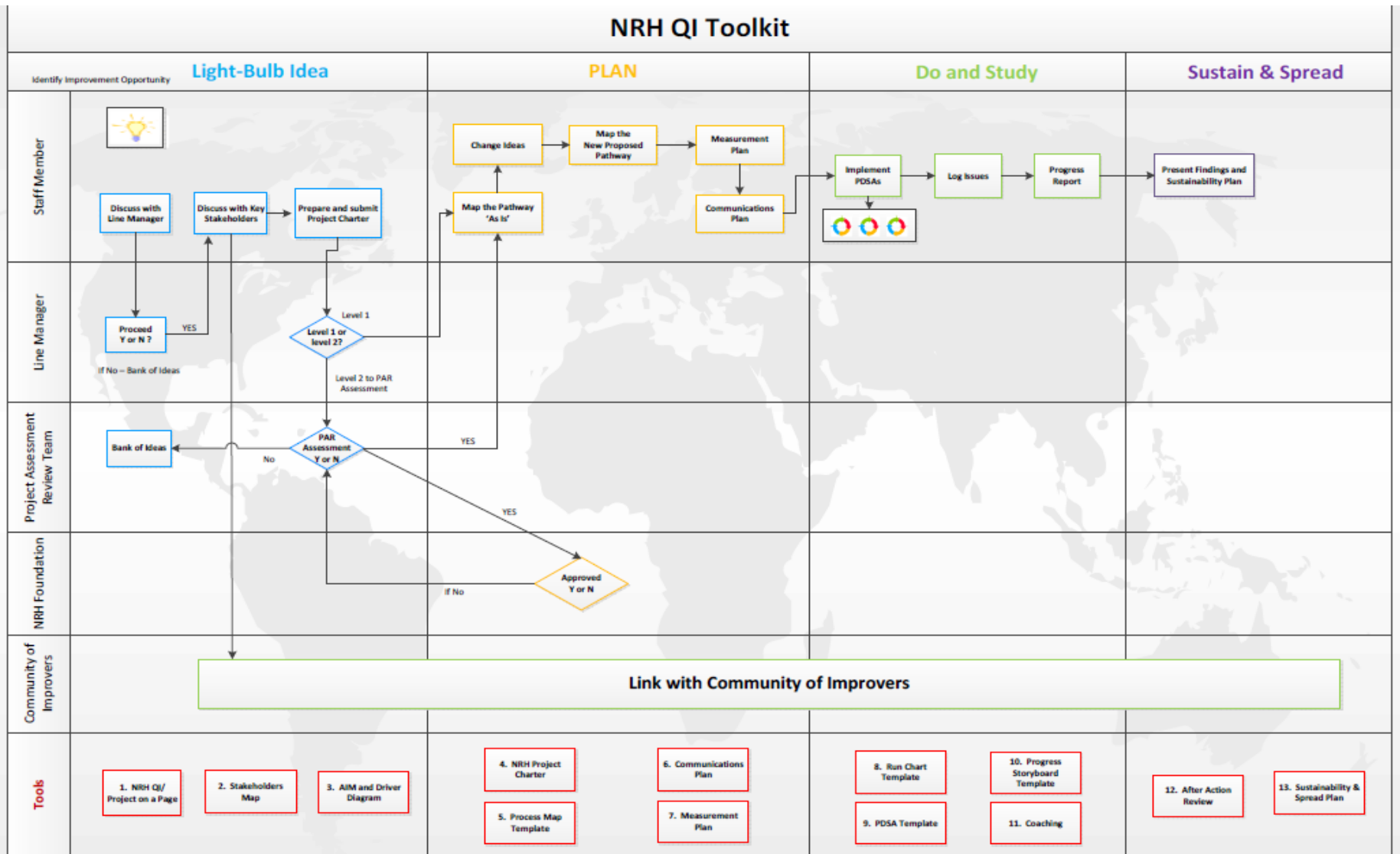
- **Aim** : The NRH uses a coherent, comprehensive process to plan, implement and sustain QI initiatives that will help to achieve the NRH QI goal / NRH strategic priorities.
- **Why**: Using an organised approach, identifying what QI projects to undertake, how to undertake and how to embed them, will lead to the most improvement with least wasted effort.
- **How**:
 - Establish a QI Register
 - Develop a QI Toolkit
 - Set up a QI Education Programme
 - Grow a Community of Improvers



NRH Quality Improvement Process

If you change the way you
look at things, the things
you look at change

NRH QI Process Map

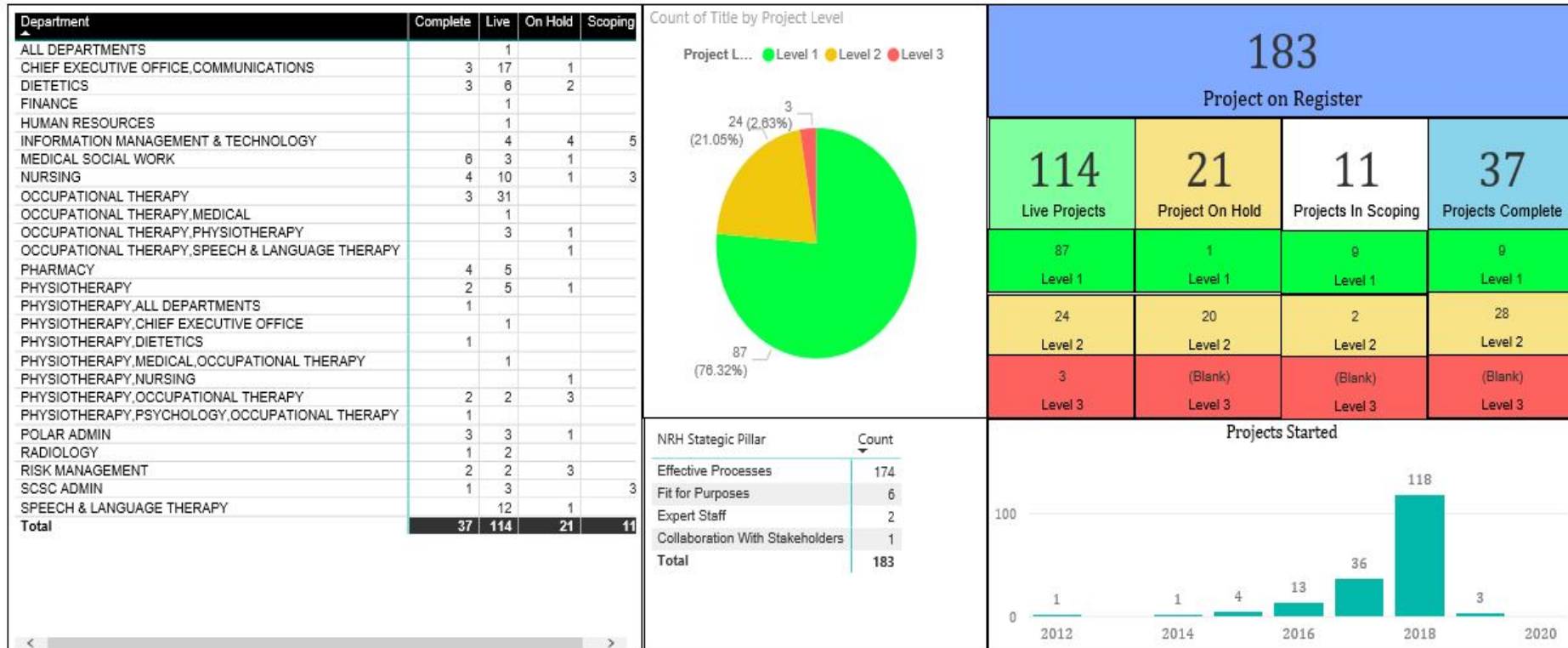


Level 1-2-3 Projects

- **NRH *Level 1 Projects/ QI Initiatives*:** Projects and initiatives that will have an impact on one department / service and do not require resources (staff, funding, external expertise etc.) outside the department/ service.
- **NRH *Level 2 Projects/ QI Initiatives*:** Projects and initiatives that will have an impact on more than one department / service. Resources are required from more than one department/ service, e.g. cross programme projects/ initiatives.
- **NRH *Level 3 Projects/ QI Initiatives*:** Organisational wide projects/ quality improvement initiatives that require extensive resources e.g. staff, funding, external expertise etc.). These projects/ initiatives will apply to all services / units within the hospital e.g. Electronic Patient Record.

Project Register Dashboard

Project Register Dashboard



NRH Quality Initiatives Register

NRH PROJECTS /QUALITY INITIATIVES REGISTER - 2017 / 2018

QI Goal : The NRH is a respectful, accessible environment where YOU MATTER AND PEOPLE CARE

Programme / Department Name :					Programme or Department Manager:								
No	Project Title -	NRH Strategic Pillar ·	Department/ Programme/ Cross Programmatic/ Hospital wide	Level	Executive /OMC Sponsor	Project Lead	Project Team	Reporting to Schedule	Reporting Schedule / Frequency	Start Date	Target Finish Date	Project on Target	Patient Benefit (outcomes)
	Brief Description of Project	1. Effective Processes 2. Expert Staff 3. Fit for Purpose Facility 4. Collaboration with stakeholders 5. QI Goal	Scope of project	level 1 or level 2 or level 3			Insert Names here	Name of Person or group that the project is reported to	1. Monthly 2. Quarterly 3. Annually			Yes or No	How will the project benefit service users ?

For access to all tools and register see:

Common (I:) -> NRH Common -> Quality Improvement Resources and toolkit

PAR (Level Projects)

- **Project Assessment and Review (PAR)** will include all internal and external projects, quality initiatives and events that may have resource implications for NRH and require a multi-disciplinary review.
- PAR will also play a role in collating all local/ departmental quality improvement activity in conjunction with the relevant heads of department/ clinical leads.

Membership of PAR (4 meetings per year)

Role	Name	Title
Chair	Eugene Roe	Programme Manager
Vice Chair	Rosie Kelly	Head of Physiotherapy Dept.
Dep CEO	June Stanley	Dep CEO
PAR Team Coordinator	Lauren Mooney	SCSC Administrator
Finance Representative	Sam Dunwoody	Director of Finance
HR Representative	Olive Keenan	Human Resources Manager
Nursing Management Representative	Frances Campbell Director of Nursing	On Rotation
Head of Department Representatives	Clare Hudson	On Rotation
Programme Manager Representative	Eugene Roe	On Rotation
Medical Representative	Dr. Mark Delargy	Clinical Director

NRH QI Toolkit

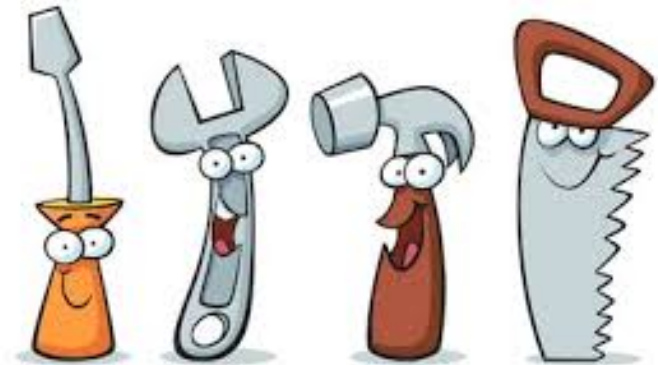
Where:

I:/NRH Common/Quality Improvement Resource and Toolkit



Tools

1. NRH QI Project on a Page
2. Stakeholder Map
3. Aim and Driver Diagram
4. Process Map
5. Communications Plan
6. Measurement Plan
7. Run Chart
8. PDSA Cycle
9. Progress Report - Storyboard
10. Coaching
11. After Action Review



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Quality Improvement Toolkit – Tool No. 1 – Project on a Page



Project Name: _____

Project Lead: _____

Why? – What is your Aim?

The **Aim Statement** should provide all relevant information. This should be in a SMART (Specific, **M**easurable, **A**ctionable, and **R**elevant to **T**imeframe) format.

How will you know that a change is an improvement?

Outcome measures (did we achieve what we set out to achieve?)

Process measures to monitor progress (are we going in the right direction?)

Balancing measures (were there unexpected or adverse outcomes elsewhere – such as cost?)

What changes can we make that will result in improvement?

Next Steps: **Agree to proceed** Y___ N___ **Decision:** _____

Signed by: _____ **Date:** _____

Quality Improvement Toolkit – Tool No. 4 – Project Charter

Project Name:

Project Lead:

Why?

You must provide a detailed understanding of what the project entails and how it will be measured. The charter template will also help to identify gaps within the current proposal that can then be addressed at an earlier point in the project

How?

Use the prompts to answer specific questions about the project. Each section is required to be completed and should have sufficient detail to answer the specific questions. Language used in the template should be clear and easily understood to ensure consistency of interpretation.

Draft Project Charter

Project Name:

Project Lead:

What are we trying to accomplish?

Aim statement (How much improvement? For whom? By when?)

Problem to be addressed (Defines WHAT broadly)

Reason for the effort (Defines WHY broadly)

Expected outcomes and benefits (Defines WHAT specifically)

What are we not trying to do? (What's outside the scope of the project?)

How do we know that a change is an improvement?

Measures that will be used to monitor the impact of this improvement effort

Process

- xxx
- xxx

Outcomes

- xxx
- xxx

Balancing

- xxx
- xxx

..../continued

Quality Improvement Toolkit – Tool No. 2 – Stakeholder Map

Project Name:

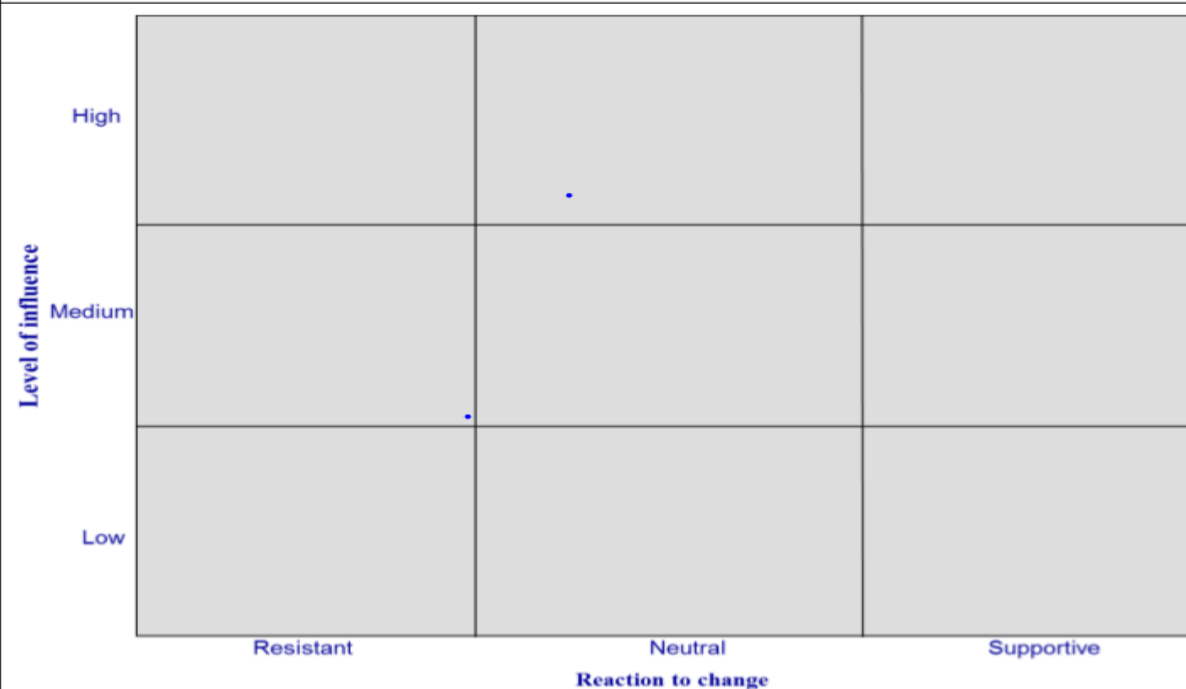
Project Lead:

Why?

This is a visual representation of people who are involved directly or indirectly with the project and their level of influence on and reaction to the project.

How?

Create a list of stakeholder groups and then plot these on to the template. Each group is assessed along both axis and placed on the template accordingly. The position of a grouping may change throughout the project cycle.



Next Steps: Agree to proceed Y___ N___ **Decision:** _____

Signed by: _____ **Date:** _____

Quality Improvement Toolkit – Tool No. 6 – Communications Plan and Actions

Project Name:							Page	of
Project Lead:								
? Who is the Intended Audience or Audiences? (Stakeholder Map - Tool No 2) Ref: Stakeholders Listing	? Why are you issuing this communication - is the objective to:- - Address key concerns about the project? - Ask? - Educate? - Influence? - Orientate? - Update and Inform?	? What is the Key Messaging? Develop One page 'hymn sheet' for reference to include: Reasons for the project; Aim of the Project; Benefits of Project & for whom; Changes to expect during the Project Impact on services or people; Timeline for the Project.	? How do you intend to communicate the message to best suit intended audiences? Bear in mind these methods: Person to Person Electronic and Digital Printed Materials Ref: Communications Methods	? When is the best time to communicate the message? How frequently? - timing is key - planning is vital	? Where to access the right information for the right audiences at the right time:- Remember to include a name and contact details at the end of each communication.	Action by	Target Date DD/MM/YY	Status Ongoing Complete
Who	Why	What	How	When	Where			
								Complete
								Complete
								Complete
								Complete
								Complete
								Complete
								Complete

	Content	Phase of NRH QI Process Map
Section1	<ul style="list-style-type: none"> • Intro to Quality and QI • QI toolkit and Process Map • Model for Improvement & Aim Statements • Stakeholder Engagement • Driver Diagrams Overview 	1.Light Bulb Idea
Section 2	<ul style="list-style-type: none"> • NRH Project Charter • Communication Plan • Process Mapping • Measurement Plan and Run Charts 	2.Plan
Section3	<ul style="list-style-type: none"> • Plan Do Study Act Cycles • Progress Updates • Sustainability and Spread • NRH Community of Improvers 	3.Do and Study 4.Sustain and Spread



NRH Community of Improvers



Everyone in health care must recognise that they have two jobs when they come to work each day:

doing the work and improving it

Batalden and Davidoff 2007

Helpful links

Framework for Improving quality

www.qualityimprovement.ie



<https://www.hse.ie/eng/about/who/qid/aboutqid/strategic-plan-2019-2021.pdf>

NQI Team QI Toolkit coming soon

National
Quality Improvement Team



Strategic Plan 2019 - 2021

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QITalktime page

Next QITalktime:

Patient Advisor Programme

**Mayo University Hospital
Tues June 11th 1-2pm**

Thank you from all the team @QITalktime

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Noemi.palacios@hse.ie



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