



QI TALK TIME

Building an Irish Network of Quality Improvers

hello
my name is...

Quality Improvement Toolkit – showcasing some demo tool
March 3rd 2020

@QITALKTIME

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Facilitators today

Roisin Breen is a Physiotherapist by background and is the founder of QITalktime. She works as part of the sustainable QI team who are partnering with a number of organisations to make improvements in key safety priorities.

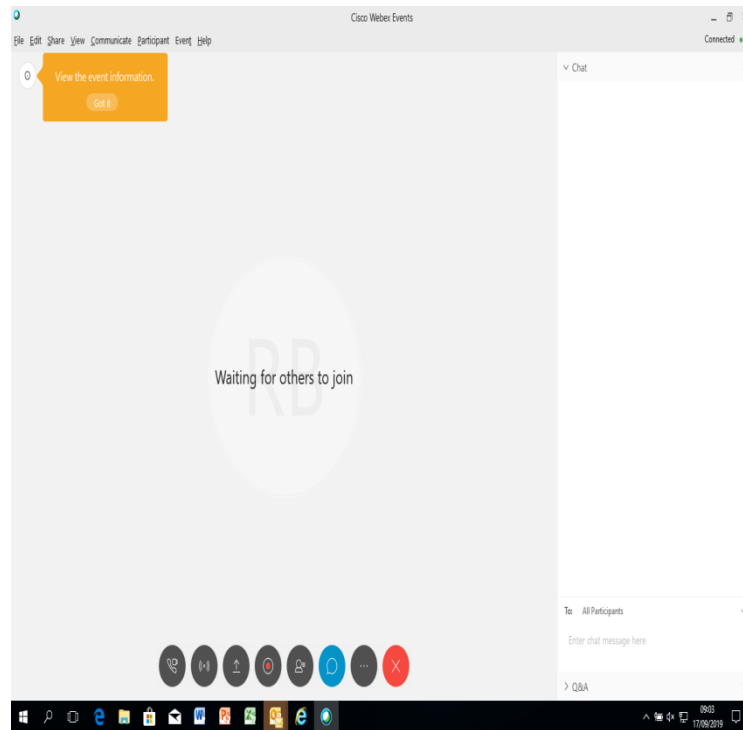
Siobhan Reynolds is co-lead of QI for health care boards and supports services in establishing Quality and Safety Committees and applying the Framework for Improving Quality.

Eileen Tormey main areas of interest are QI, Person Centred Care and HSE Values in Action. She is passionate about listening to people's stories, and helping them to find ways to make sustainable improvements.

Mary Mc Kenna is an IPCN working on the National Antimicrobial resistance and Infection Control Programme. She has completed the Scottish fellowship in Quality and Patient Safety.

Instructions

- Sound:
Computer or dial in:
Telephone no: 01-5260058
Event number: 842311089#
- Chat box function
 - Comments/Ideas
 - Keep the questions coming
- **Twitter: @QITalktime**



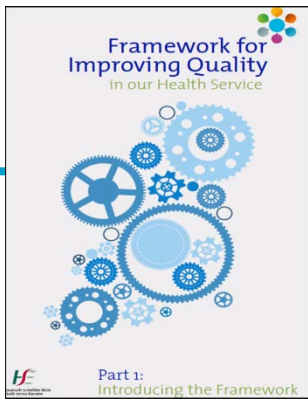
What is Quality Improvement?

Combined and unceasing efforts of everyone to make the changes that will lead to:

(HSE, 2016)
(Adapted from Batalden, Davidoff QualSafHealth Care 2007)



HSE Framework for Improving Quality



1. Shared Vision
Build Belief System
Set Clear Aims & Objectives
Build Leadership
Delegate, Celebrate, Believe
Engage Everyone & Commit Resources

2. Patients as Partners
Purposeful Conversations
Informed Decision Making
Participation, Education, Training
Person Centredness

3. Listen & Share
Involve
Transparent & Inclusive
Learning & Development
Health & Well being
Coaching & Mentoring

HSE Framework for Improving Quality

6. Culture of Learning
Knowledge & Skills
Accountability
Use of Measurement
Partnering Relationships
Quality and Safety Plan

5. Patient Experience
Measure what Matters
Transparency
Building Capability
Building into routine Work



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Driver 4: Use of Improvement Methods

- Improving the quality of care, and sustaining it, requires all programmes to have a theory of change that is based on the application of improvement science.
- Accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process.



Quality Improvement Toolkit

- 17 tools
- Improvement Methodologies
- Build Improvement
- Knowledge & Skills
- Small Tests of Change
- Reliable Processes / Reduce Variation
- Sustain & Spread



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Underpinned by Model for Improvement

The Model for Improvement (MFI) is an improvement framework developed by Associates in Process Improvement based on W. Edwards Deming's body of work.

- Knowing why you need to improve
- Finding a way to get feedback to let you know if improvement is happening
- Developing a change that you think will result in improvement
- Testing a change before any attempt to implement
- Implementing a change

Model for Improvement



Why use the toolkit

- Makes carrying out a project easier
- Standardised approach to Quality Improvement initiatives
- Aids with gathering information
- Helps you organise and display information
- Helps to understand a problem and how things might interplay
- Helps identify priority areas for improvement
- Its been tested – Thanks to NRH
- Short 1 pager templates with instructions
- Helps with small to large scale improvement projects

Suggested definitions for scale of improvement

Level	Impact of projects and initiatives	Resources required (for example staff, funding or external expertise)
Level one:	Impact on one or more departments / services	Does not require additional resources outside the department/ service.
Level two:	Impact on more than one department / service.	Resources are required from more than one department/ service
Level three:	Organisational wide impact (apply to all services/units within the hospital or across a CHO e.g. Electronic Patient Record)	Needs extensive resources

National QI Toolkit

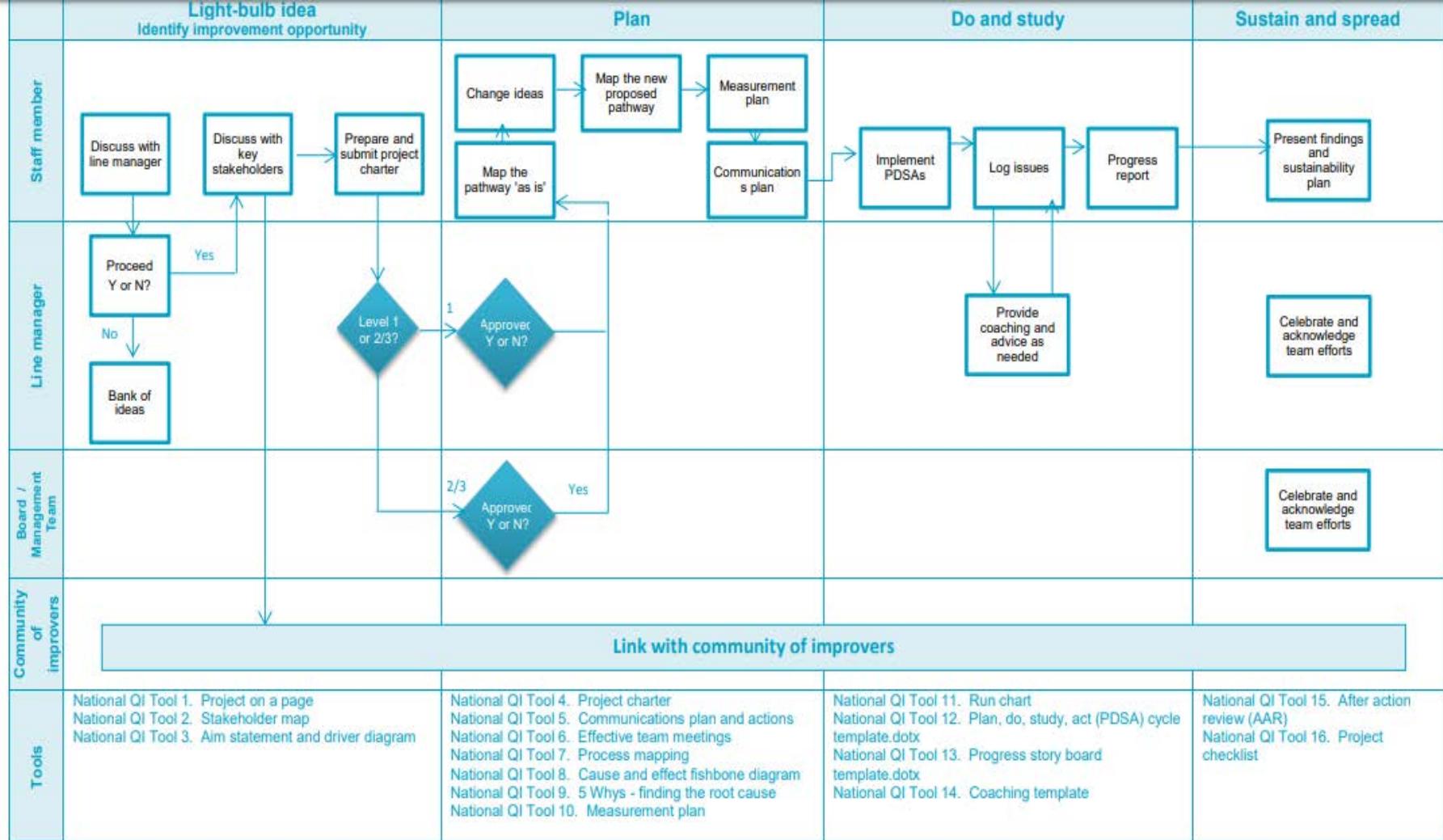
<https://www.hse.ie/eng/about/who/qid/national-safetyprogrammes/national-quality-improvement-toolkit.html>

Walk through website



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Tools as listed on website

- **National QI Toolkit: [An Introduction](#)**
- **National QI Tool 1. Project on a page** ([pdf](#)) ([word](#))
- **National QI Tool 2. Stakeholder map** ([pdf](#)) ([word](#))
- **National QI Tool 3. Aim statement and driver diagram** ([pdf](#)) ([word](#))
- **National QI Tool 4. Project charter** ([pdf](#)) ([word](#))
- **National QI Tool 5. Communications plan and actions** ([pdf](#)) ([word](#))
- **National QI Tool 6. Effective team meetings** ([pdf](#)) ([word](#))
- **National QI Tool 7. Process mapping** ([pdf](#)) ([word](#))
- **National QI Tool 8. Cause and effect fishbone diagram** ([pdf](#)) ([word](#))
- **National QI Tool 9. 5 Whys – finding the root cause** ([pdf](#)) ([word](#))
- **National QI Tool 10. Measurement plan** ([pdf](#)) ([word](#))
- **National QI Tool 11. Run chart** ([pdf](#)) ([word](#))
- **National QI Tool 12. Plan, do, study, act (PDSA) cycle template** ([pdf](#)) ([word](#))
- **National QI Tool 13. Progress story board template** ([pdf](#)) ([word](#))
- **National QI Tool 14. Coaching template** ([pdf](#)) ([word](#))
- **National QI Tool 15. After action review (AAR)** ([pdf](#)) ([word](#))
- **National QI Tool 16. Project checklist** ([pdf](#)) ([word](#))
- **National QI Tool 0. Capturing Patient and Staff Perspectives** ([pdf](#)) ([word](#))



How and who can use the QI Toolkit?

- Anyone with an improvement idea can use the QI Toolkit
- Not all tools need to be used for every project

Our Top Picks for QI Tools are

Tool 1 - Project On A Page

Tool 2 - Stakeholder Map

Tool 3 – Aim Statement and Driver Diagram

Tool 4 - Project Charter

Tool 5 - Communication Plan

Tool 12 – Plan, Do, Study, Act (PDSA) Cycle



- Speak to as many people as possible about your idea –subject matter experts – staff, patients, residents, relatives
- Find like minded people to work with you
- Learn from others
- Is anyone else in your organisation doing something similar
- Commit your idea to paper using the above tools



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Who will help me with use of the QI Toolkit?

- You don't have to be formally trained in QI to use the toolkit
- You can get started by reading Tool 0 – Introduction to the QI Toolkit
- Try to connect with others in your unit/department/organisation that have worked on other quality improvement projects
- Follow other people involved in QI work/projects on Twitter @NationalQI @CUHimprovers
- Find out if there is a Quality Lead in your organisation
- Is there someone in your organisation who has received Quality Improvement training?
- Is there a Community of Improvers that you can connect with e.g; CUH Improvers, NRH Improvers?
- Stay tuned to National Quality Improvement team training opportunities

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Applying the QI Toolkit: QI Facilitators/ Line Managers

- Encourage staff to use QI Toolkit
- Collate a list of Quality Initiatives in your area/ organisation and share it
- Select a number of tools relevant to the size of the project
- Create opportunities to bring Staff together ‘ Community of Improvers’
- Share the learning from projects / initiatives and celebrate
- Make the celebration visible
- Source training/ support for staff
- Start at Induction
- Support sustainability
- Use the checklist with staff



Overcoming Obstacles

Obstacle	Solution
I don't have any QI Training	You don't need to - anyone can do it.
I don't have the authority	Work on what you can change – small changes can have a big impact
I don't have the time	Don't work alone – work as a team - bring others along with you – share the load

Demonstration toolkit

Hand Hygiene

hello
my name is...

Mary Mc Kenna

@QITALKTIME

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1.0 Project on a Page

1. Why?

This is a short document to describe a proposal for a quality improvement project. It provides a brief explanation of the background and/or context of the project. It is important to try and keep this to little more than a page. This document is useful for starting a discussion in relation to the project by recording the initial aim(s) of the project.

A useful way to frame the objective is to answer the question 'why are you doing the project?' How will you measure the success of the project? What will the benefit /aim of the project? It allows the Project Lead to gain support for the project prior to commencing a more detailed Project Charter.

2. How?

Start documenting some high level thoughts and ideas in relation to the project when discussing it with your Line Manager and colleagues.



Project Name:

Implementing a Hand Hygiene Programme using QI Methodology

Project Lead:

Ms. Mary Murphy, Director of Nursing, St Elsewhere Hospital
Dr. John Smith, Clinical Director, St. Elsewhere Hospital

1. Why? What is your Aim?

*The **Aim Statement** should provide all relevant information. This should be in a SMART (Specific, Measurable, Actionable / Achievable and Relevant to Timeframe) format*

The aim of the project is to increase Hand Hygiene compliance rates in St. Elsewhere Hospital from 80 % to 95 % within six months (June 2020).

Tool 1: Project on a page



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2. How will you know that a change is an improvement?

We will gather and report on the following measures.

Process Measures (monitor progress - did we do what we said we are doing?)

Programme

- Invite and support staff to become local hand hygiene trainer who will attend the national hand hygiene trainer programme.
- Hand Hygiene trainers will deliver local education on hand hygiene relevant to their local healthcare setting using standardised materials and become role models/ hand hygiene champions for each ward/service
- RESIST Programme materials to promote hand hygiene with materials ,prompts and reminders implemented
- Hand Hygiene facilities in place in all hospital locations (Sinks/ Alcohol Gel)
- Keep hand hygiene and proper glove usage on the workplace priority agenda (at the beginning or work , during hand over, before ward rounds)
- Undertake patient satisfaction surveys to include hand hygiene feedback from patients

Auditing

- Number of staff trained to be local hand hygiene trainers and local hand hygiene auditors
- Number of Infection Control Education Programme Sessions Delivered by local trainers
- % Staff trained on Hand Hygiene Training
- Number of local trainers trained to deliver hand hygiene education
- Number of times where a WHO hand hygiene moment was performed /Total opportunities to perform a WHO hand hygiene moment
- Number of audits completed in locations
- Patient satisfaction survey on hand hygiene
- Accessibility to alcohol hand gel and hand wash sinks
- Glove usage

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

Outcomes (What is the impact or result for the service user or other stakeholders?)

- Reduced rate of C diff and Staph aureus line infections
- Mortality rates
- % Staff knowledge of the 5 moments in hand hygiene
- % compliance with bare the wrist policy at the hospital
- Alcohol hand gel usage volume
- Patient satisfaction with hand hygiene by healthcare workers delivering their care
- Increased patient confidence in safe delivery of care

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

Balancing (What else might have happened as a result of the changes that have been made?)

- Outbreaks of infection which may increase hand hygiene indications and resources
- Increase of staff using gloves and associated costs
- Staffing levels – longer time to perform certain tasks and lower compliance with the 5 moments in hand hygiene

Tool 1:

Project on a page

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

Balancing (What else might have happened as a result of the changes that have been made?)

- Outbreaks of infection which may increase hand hygiene indications and resources
- Increase of staff using gloves and associated costs
- Staffing levels – longer time to perform certain tasks and lower compliance with the 5 moments in hand hygiene



3. What changes can we make that will result in improvement?

1. We will train and support hand hygiene trainers in each local setting. Hand Hygiene trainers will deliver face to face education on WHO Hand Hygiene Moments for all staff.
2. We will train staff to be local auditors of observational hand hygiene in line with national audit programme for acute hospitals
3. The results of the audits will be feedback to each ward/unit Manager and staff on a monthly basis at ward meetings and the Infection Prevention and Control Committee.
4. We will introduce RESIST promotional materials to remind and increase awareness to staff, patients and public of the importance of hand hygiene
5. Results will be compiled in a report to the Hospital Infection Control/Risk Committee on a monthly basis and twice yearly to the national AMRIC team.

Next Steps:

Agree to proceed: Yes No

Decision: Yes proceed

Signed by: Mr. Bill Biggins CEO

Date: 02/01/2020





Acute Services Hand Hygiene Train the Trainer Programme

The Acute Services division has endorsed the roll out of the HSE Hand Hygiene Train the Trainer programme (RESIST) across all acute service hospital groups. Training materials have been developed to support healthcare workers to deliver mandatory hand hygiene education. The RESIST programme also includes access to a communications package which includes patient information leaflets, posters, banners and other materials.

The Hand Hygiene How to Guide and Train the Trainer programme are intended for Infection Prevention and Control Nurses (IPCNs) to train trainers across all disciplines and staff groups in acute hospitals. These are to support their work in the every service and acute hospital location. There are similar training materials available for [community and primary care](#) settings.

In this section

- > [Hand Hygiene Training Resources \(Community\)](#)
- > [Acute Services Hand Hygiene Train the Trainer Programme](#)
- > [Videos](#)
- > [e-bug games and teaching resources](#)

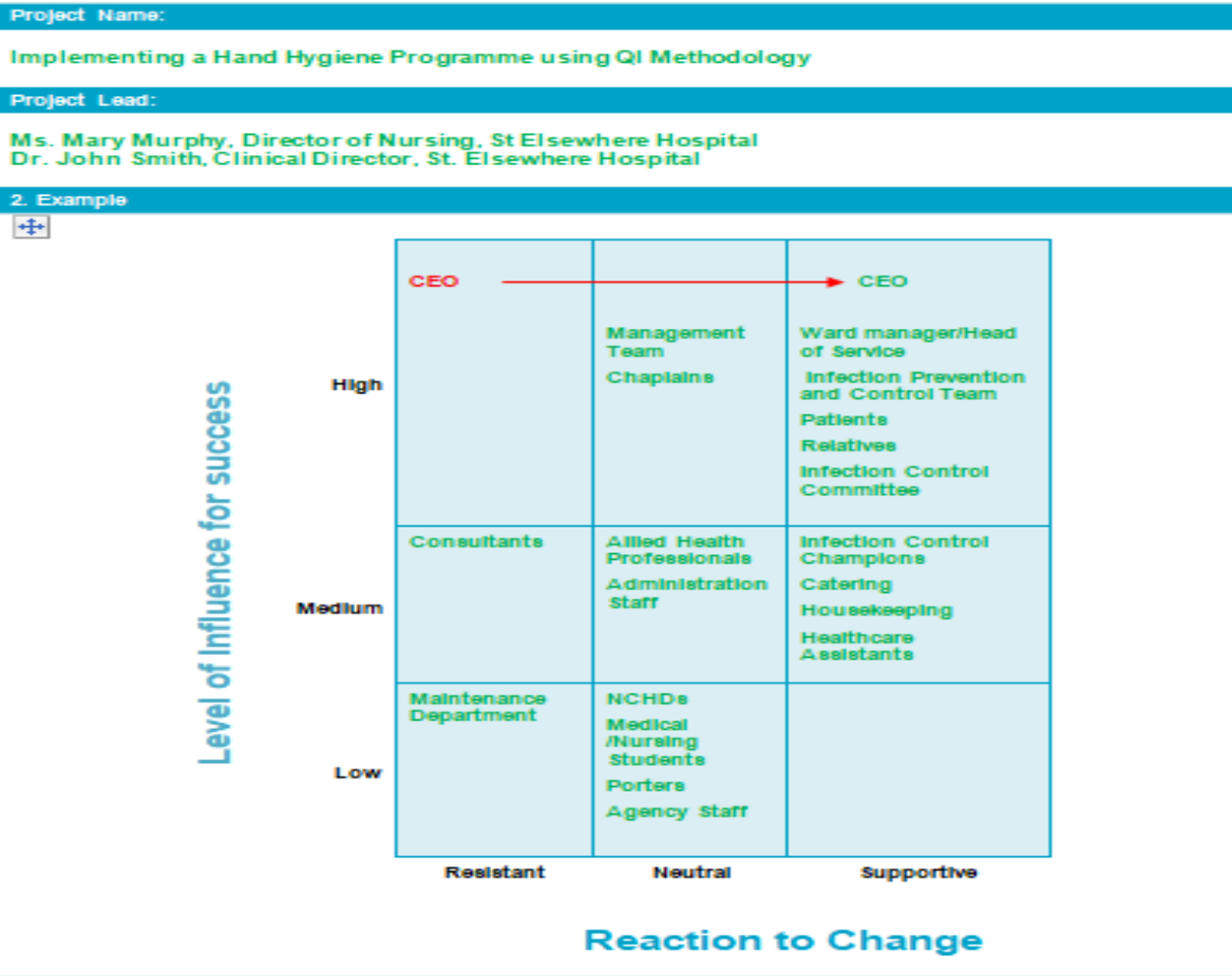
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National Hand Hygiene “Train the Trainer” Programme Guide for Acute Hospitals



Tool 2: Stakeholder Map



Tool 3: Aim statement & Driver Diagram

3.0 Aim Statement and Driver Diagram

1. Why?

These tools help drive the path of an improvement project by providing a visual representation of your improvement theory to test that theory and understand what aspects of the theory do and do not contribute to improvement.

2. What?

An **Aim Statement** helps to articulate the intended outcome of an improvement project.

3. How?

Formulate an Aim Statement using the SMART acronym.

- **Specific:** who, what, where, when, how
- **Measurable:** numeric goals
- **Actionable and Achievable**
- **Relevant to stakeholders and organisation**
- **Timeframe:** short cycles of tests, by when



Project Name:

Implementing a Hand Hygiene Programme using QI Methodology

Project Lead:

Ms. Mary Murphy, Director of Nursing, St Elsewhere Hospital
Dr. John Smith, Clinical Director, St. Elsewhere Hospital

Aim Statement

We will **Increase Hand Hygiene compliance rates**

to: **95 %** (future state %, rate, #, etc)

by: **June 2020** (date, 3-6 month timeframe)

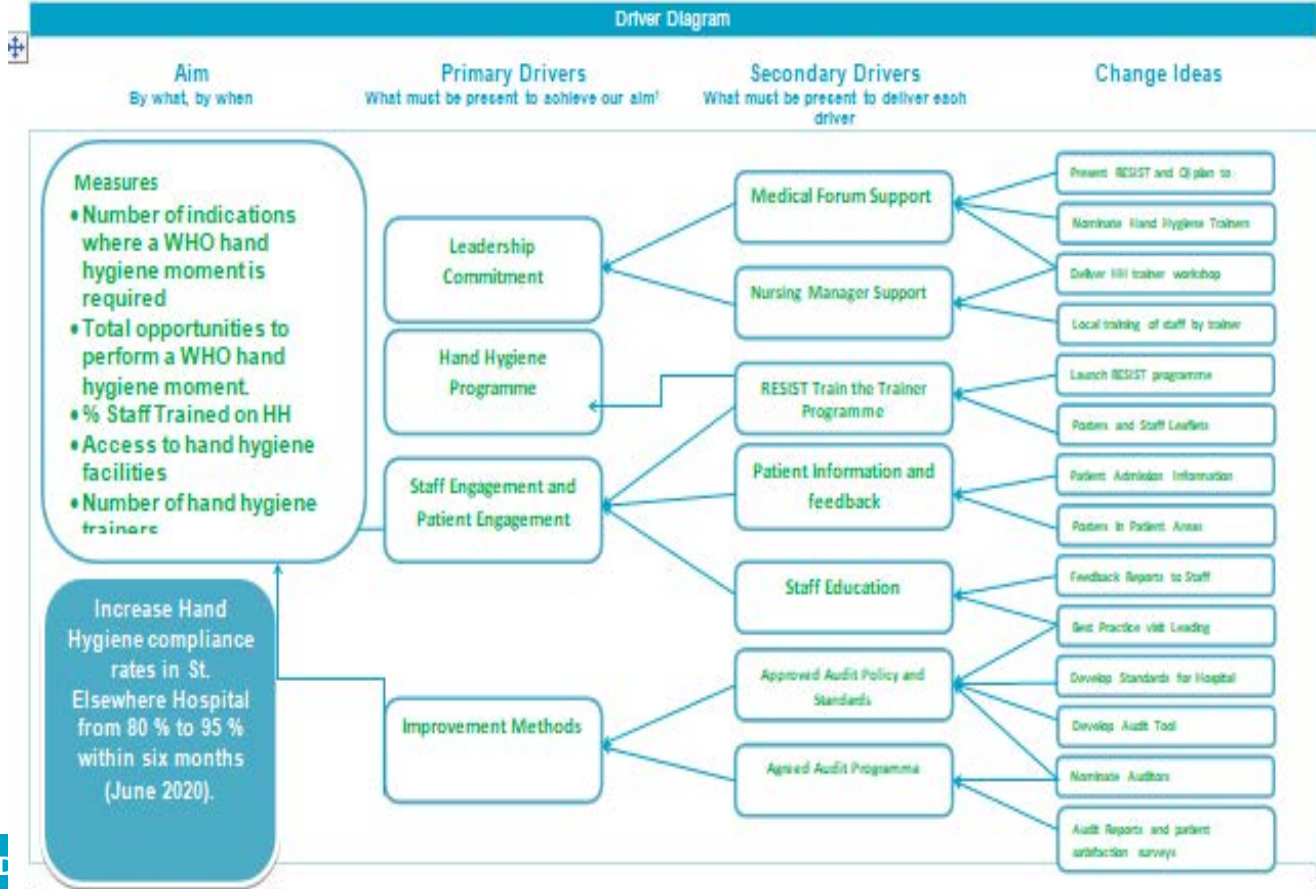
in: **St. Elsewhere Hospital**(Population impacted)



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Driver Diagram



¹ Consider clinical/ technical drivers and the six petals of the Framework for Improving Quality as your primary drivers.



Project Name:

Implementing a Hand Hygiene Programme using QI Methodology

Project Lead:

Ms. Mary Murphy, Director of Nursing, St Elsewhere Hospital
Dr. John Smith, Clinical Director, St. Elsewhere Hospital

Issue: Awareness and Compliance with WHO Hand Hygiene

Change to be tested: Did the local hand hygiene trainer programme have an impact on improved hand hygiene compliance

What	Who	When	Where	How
Implement the change	Senior management invite nominations for RESIST Hand Hygiene Trainer Programme	9 th March 2020	Training room	IPCN using RESIST training materials
Communicate the change and the test	Hand hygiene trainers and IPCN	10 th march- 10 th April 2020	An all wards/units	Attend Trainer workshop and deliver local face to face hand hygiene training to staff
Document the implementation of the change	IPCN and Trainers	April-June 2020	Project excel sheet/project planning tool.	Attendance records and number of education sessions delivered locally
Measure the improvement indicators	All project team members	First week in June	All wards/units.	Local monitoring of hand hygiene compliance
Evaluate the effectiveness of the change	Senior manager and IPCN	Second week in July	Admin office	1. Analyse the patient satisfaction survey results on hand hygiene 2. observational audit results
Next steps	Continue with RESIST Programme and launch RESIST campaign Place posters and RESIST materials strategically around the hospital			

Tool 12

PDSA Cycle



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QUESTIONS & FEEDBACK ?



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Ideas for improving healthcare can come to light in many ways

an improvers guide to QI

you could use the six drivers of the framework for Improving Quality to help design primary drivers for your driver diagram

here are some things that can help identify Opportunities for Improvement

an idea can be developed into an aim statement

1 Listening to Subject Matter Experts

someone who understands the system has an idea



Staff

and



Listening to the voice of Service users and families

2 Looking at Data

unlocking the information in the available data from the service

qualitative and quantitative

3 Comparing

comparing your service to regulatory standards (e.g. HIQA, MHC)



4 Learning from Evidence and Experience

you might see something in a journal article or learn from the experience of others at a conference or Networking Event

check if there is an opportunity to align your improvement work to the **Vision statement** for your service

check you are in a position to drive the improvement



a good aim statement is:

- ✓ Specific
- ✓ Measurable
- ✓ Achievable
- ✓ Relevant
- ✓ Timebound

Top Tip: encourage curiosity it's the engine of innovation...

the QI team is in the middle of everything



Where possible, use a Run Chart to display your data



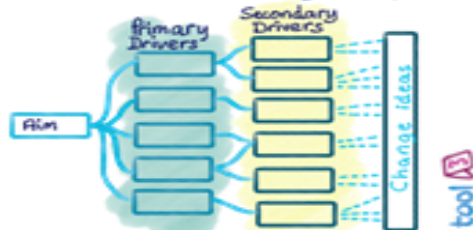
See our Run Chart's video at: bit.ly/RunChart

tool

Collect some data to help answer the question **how do you know if a change is an improvement?**

Tip Tip: Seek Usefulness not Perfection

you can use a Driver Diagram to break your aim statement down into more manageable pieces



Small tests of change can be designed based on change ideas



document the details of the Plan, Do, Study, Act (PDSA) cycle



Remember: it is OK to change direction as you learn from your improvement work. e.g. revisiting your aim statement or driver diagram can be beneficial

see bit.ly/NQIToolkit for these and other Quality Improvement tools



International Quality Improvement 2020

Thanks for Listening!

- Institute for Healthcare Improvement

<http://www.ihl.org/>

- Measurement for Improvement website:
www.hse.ie/eng/about/Who/QID/MeasurementQuality/measurementimprovement/

- Improvement Knowledge and Skills Guide
<https://www.hse.ie/eng/about/who/qid/improvement-knowledge-and-skillsguide/>



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