



An Stiúrtóireacht um Ardchaighdeán
agus Sábhálteacht Othar
Oifig an Phríomhoifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer

QPS TALKTIME



A community of quality and patient safety improvers

22nd November, 2022

QPS TalkTime No. 6 QI stories from the Postgraduate Certificate in Quality Improvement Leadership in Healthcare

CONNECTING PEOPLE INTERESTED IN QUALITY AND PATIENT SAFETY

<https://www.hse.ie/eng/about/who/nqpsd/>

@QPSTalktime

@NationalQPS

#QIreland

How we are running today's session



- You will be muted but the chat is open throughout - please post any questions or comments there and we will address them after the presentation.



- If your tech fails, don't worry – we're recording it so you can watch video and access the slides at your convenience. Audio is available via your PC or dial in:

Telephone no: Irish: 01-5260058 / UK: +44-20-7660-8149

Event number: 2733 751 7240#



- Please feel free to continue the discussion on Twitter: @mapflynn @ johnfitzsims9 @QPSTalktime /@NationalQPS/ #QIreland #patientsafety



- Please help us to improve our QPS Talktime Webinars by completing a short feedback form (pop up window before you log out)



- You will receive an email from QPS Talktime confirming your attendance

- **To get started ... we invite you to**

Share using the chat box

- Your name, work and where you are joining us from ...
- Finish this statement:

QI Learning helped me by...

Speakers today



Alison McCaffrey, ANP Paediatric Diabetes

Dr. Muiríosa Connolly, Senior Clinical Psychologist Paediatrics

Prof. Clodagh O’Gorman, Consultant Paediatrician

Dr. Stephen Monks, Consultant Forensic Psychiatrist

Ms Ann Dunmurray, Community Forensic Mental Health Nurse

Mr Andy Kelly, Community Forensic Mental Health Nurse

Rosemarie Roache, Senior Diabetes Podiatrist

In conversation with



Dr. John Fitzsimons, Clinical Director with the National Quality and Patient Safety Directorate and Consultant Paediatrician at Children’s Health Ireland at Temple Street, and

Juanita Guidera, Quality Improvement Facilitator with the National Quality and Patient Safety Directorate.

Community Forensic Mental Health Team



- ❖ Stephen Monks – Consultant Forensic Psychiatrist
- ❖ Ann Dunmurray – Community Forensic Mental Health Nurse
- ❖ Andy Kelly – Community Forensic Mental Health Nurse

NFMHS

National Forensic Mental Health Service

QUALITY IMPROVEMENT PROJECT

1. Who we are
2. What we did and why
3. What we learned

QI PROJECT

Improving patient experience of individual care planning

THE PROBLEM:

- Our care planning process not sufficiently person-centred or recovery oriented
- Analysis and theory of change- QI methodology –fishbone, process mapping, driver diagram
- Theory of change

AIM:

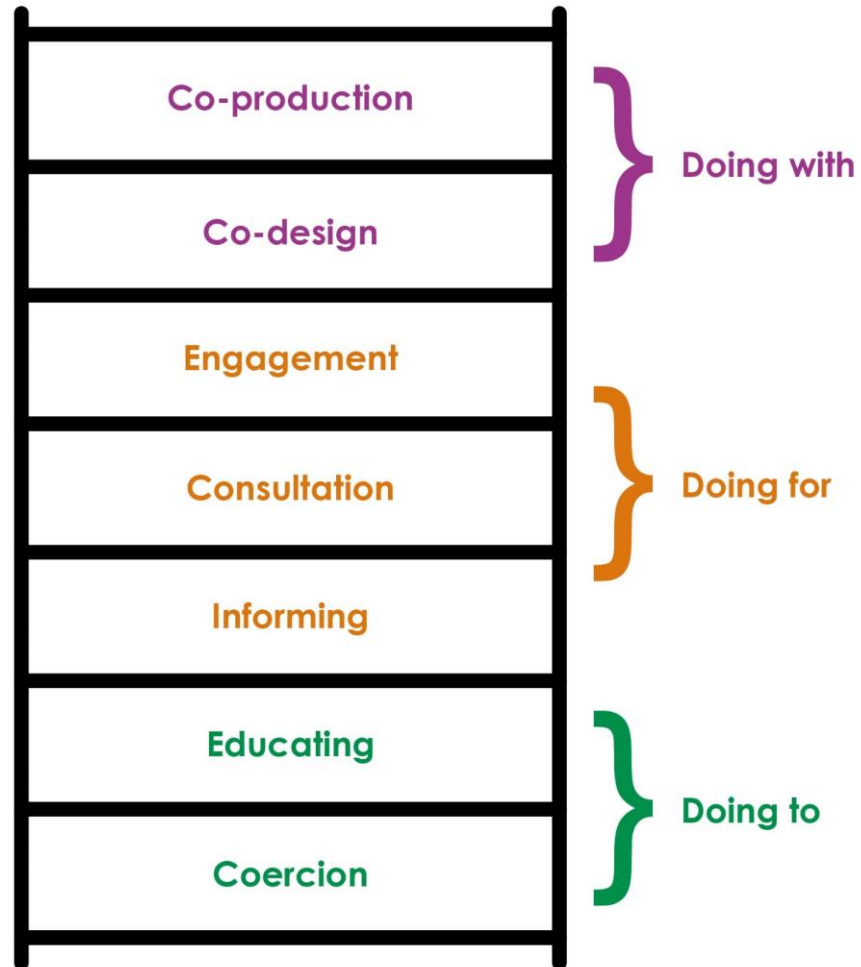
- to codesign a revised care planning approach with our patients to improve shared decision making and recovery experience.

METHOD:

- Plan-Do-Study-Act model for improvement.
- Stakeholder engagement through focus groups and PDSA tests
- *Recovery Star* as an acceptable and feasible person-centred care planning tool that could be used to generate personal recovery care and treatment plans.
- PROMS and PREMS patient reported outcome and experience measures -CollaboRATE and brief INSPIRE questionnaires- to quantify shared decision making and recovery experience.

What we learned...

- People and relationships
- Ourselves - attitudes and culture
- Team-work



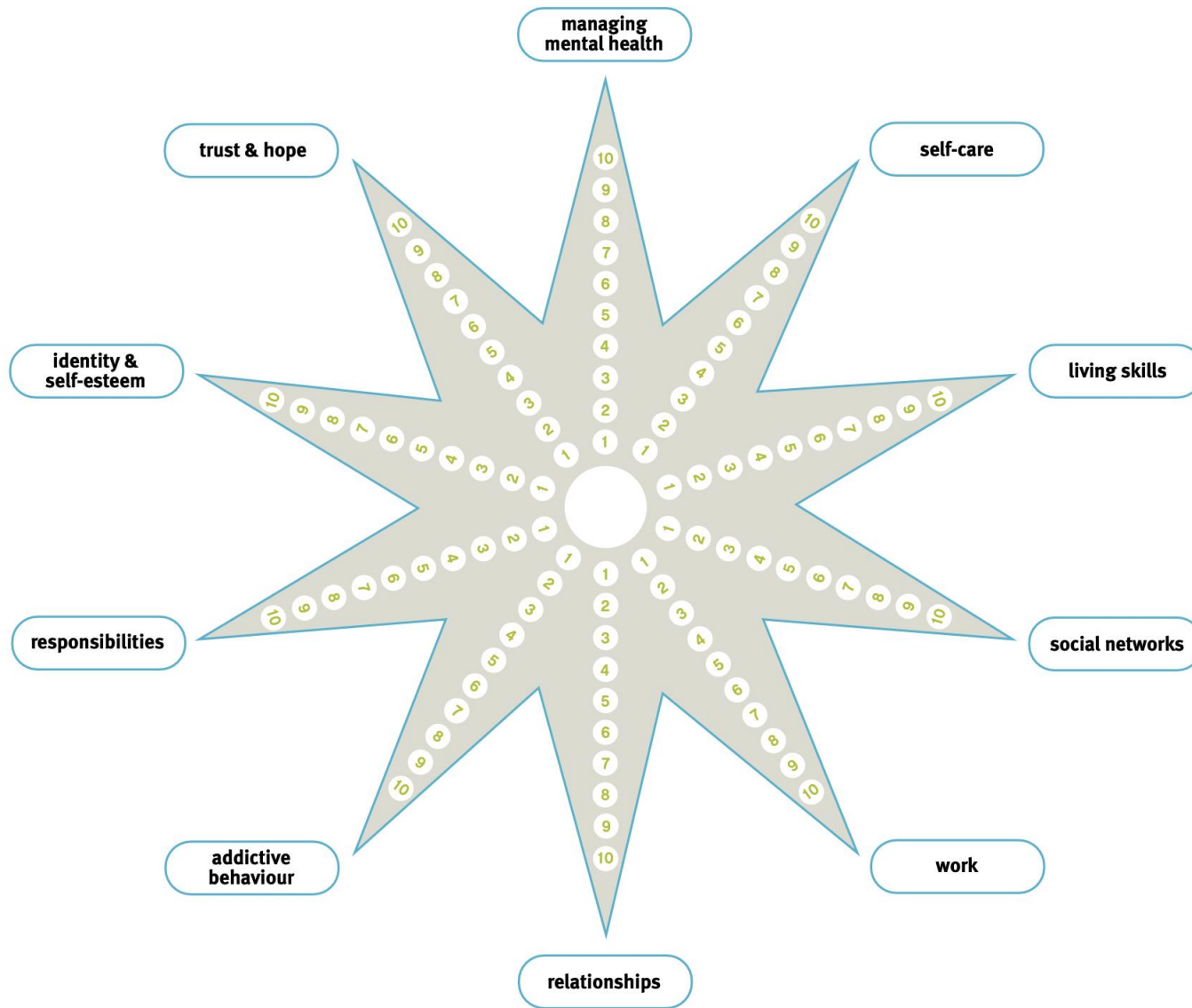
Change the
Structure
Change the
Process
Change the
Thinking

Existing ICP

- Lengthy, Not user Friendly
- Treatment goals
- No facility for evaluation
- Clinician led

Recovery Star

- Simple, ease of use
- Recovery goals
- Mapped progress visually
- Patient led



NOTHING
ABOUT ME
WITHOUT ME



Stakeholder engagement

- MDT
- FOCUS GROUPS
- PDSAs WITH PATIENTS
- EXTERNAL STAKEHOLDER ENGAGEMENT





"EACH OF YOU HAS BEEN GIVEN A SIMPLE, YET POWERFUL TOOL."



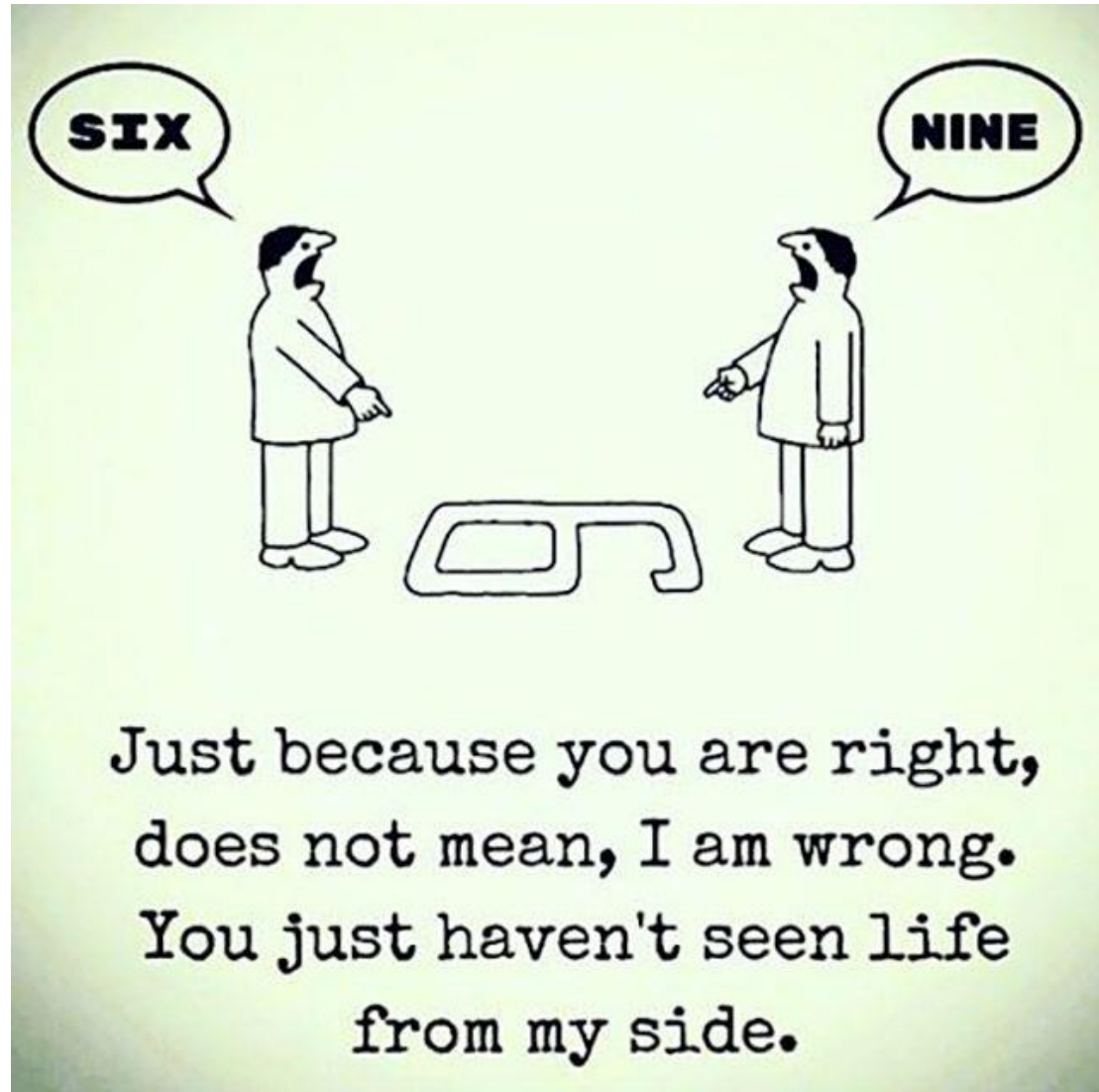
shutterstock.com - 284243522



External Stakeholder Engagement

The learning.....

- Doing with instead of doing for...Rewards V Risks (Forensic MHS)
- Quality of information/ lived experience/Profound knowledge
- Confidence/ Communication
- Validation of QI, suggestions for improvement
- New idea's
- Pride/achievement





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LEADERSHIP AND QUALITY IN HEALTHCARE

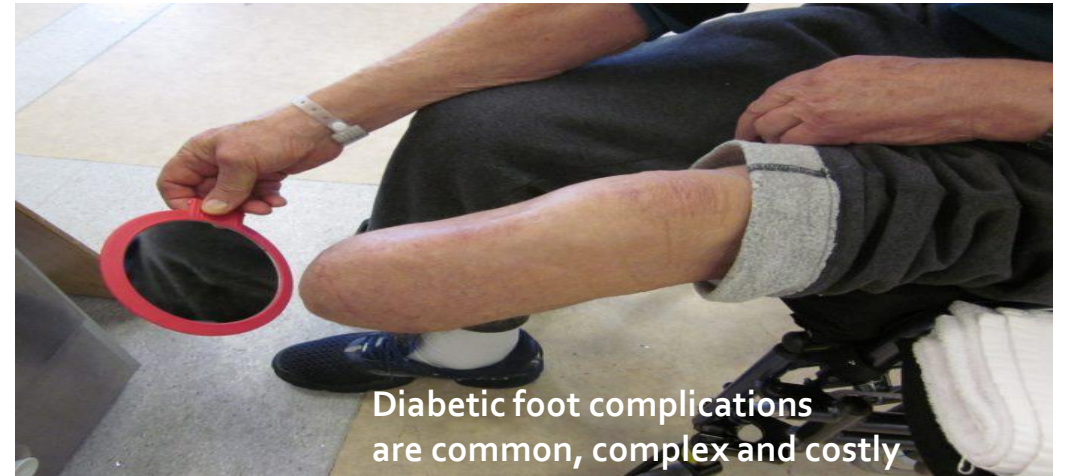


Podiatry Team CHO2

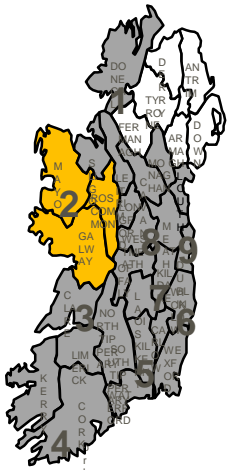
TINA CLARKE (CSP) ROSEMARIE ROACHE (SEN.PODIATRIST) CATRIONA ROURKE (SEN. PODIATRIST)

A Quality Improvement Initiative to increase patient centred, efficient and effective care through timely provision of footwear to Diabetic Foot Ulcer patients

Background and context

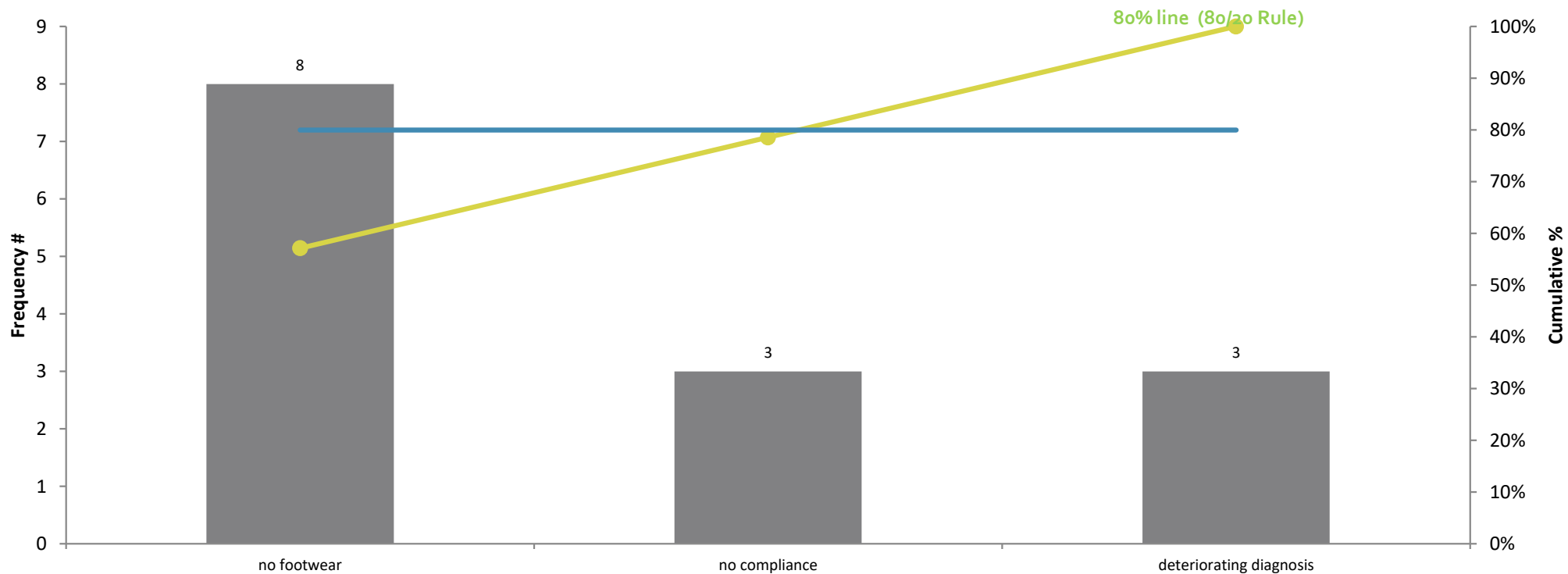


- Podiatry Department in Network 9 CHO2 (Roscommon) and Roscommon University Hospital
- 40% of patients with Diabetic Foot ulcers develop a recurrence within 1 year of ulcer healing
- Provision of bespoke footwear and orthotics as well as patient education considered essential in prevention



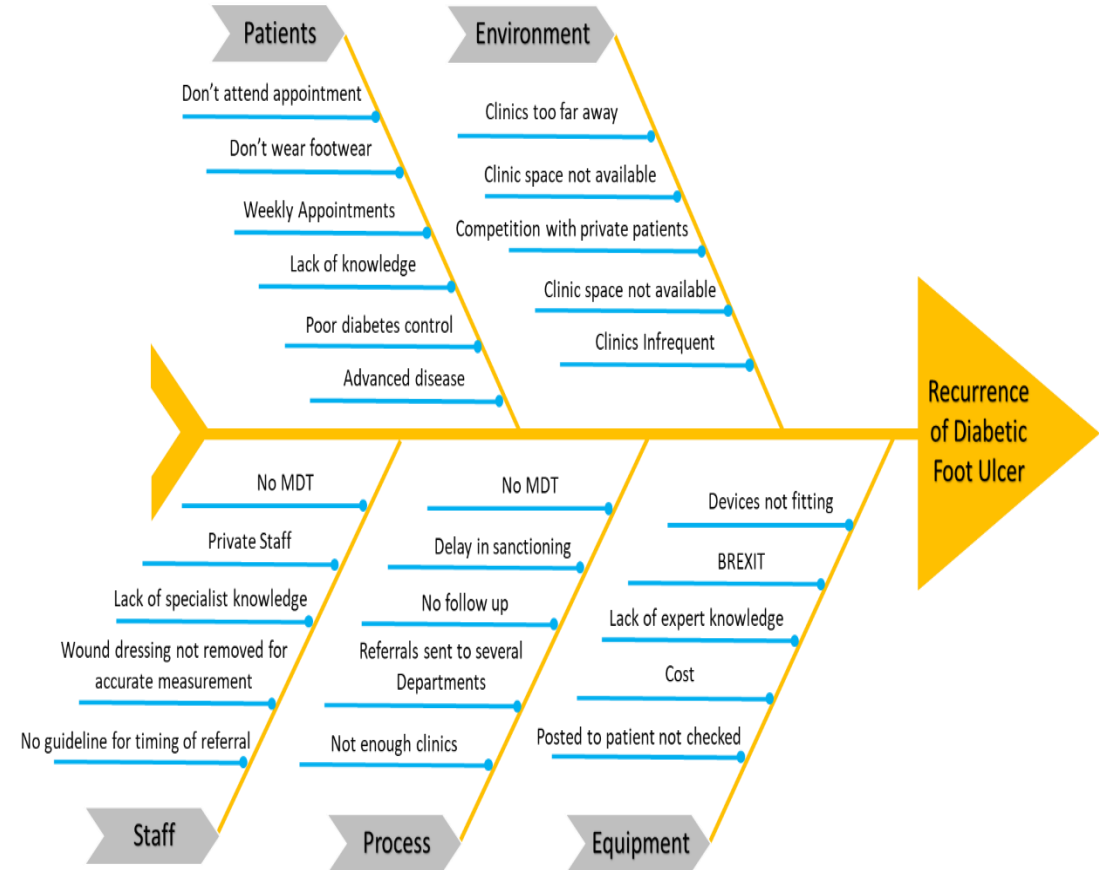
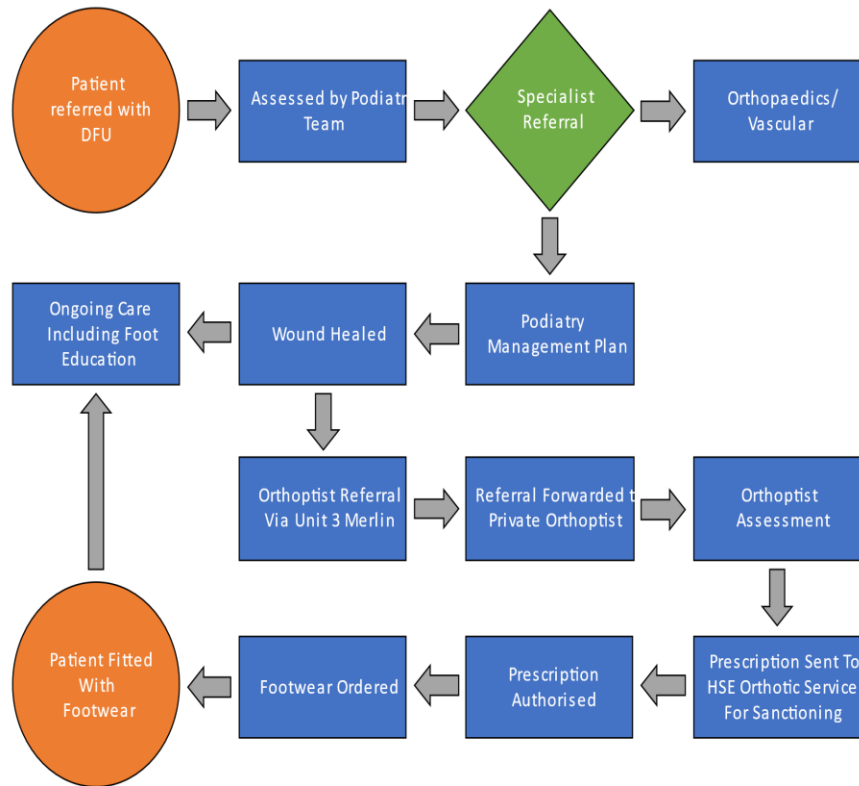
Baseline data

DFU Recurrence



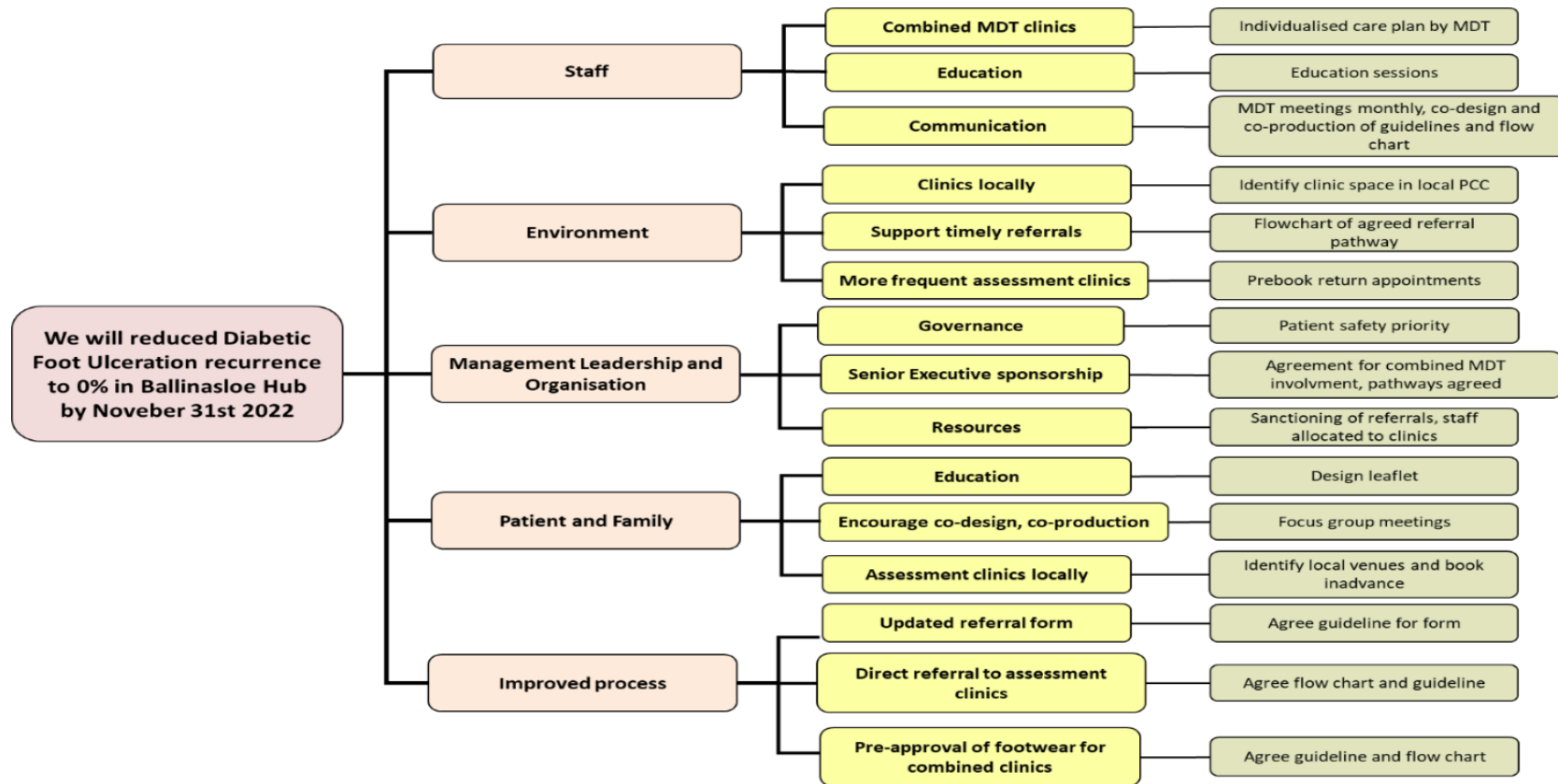


Process map and Fishbone





Driver diagram





Stakeholders by in

- Communication the most essential component for project to succeed
- Obtain buy in
- Identify blockers
- Use your data to achieve continued support
- Don't underestimate patient involvement- **CO-PRODUCTION**



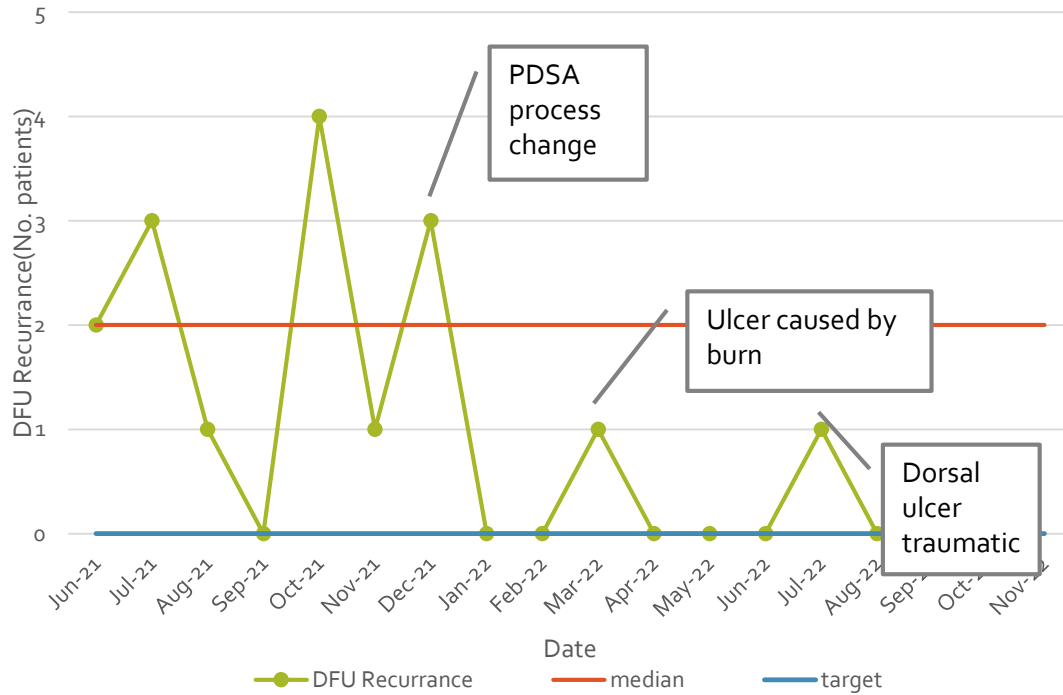
Tasks undertaken and tests of change

- New paperless referral form- paperless and sent directly to orthotics department
- Referral on 1st contact with Podiatry
- Sanctioning footwear before 1st assessment
- Joint Podiatry/Orthotist clinics
- Focus groups- New education leaflet with face to face education at each patient contact

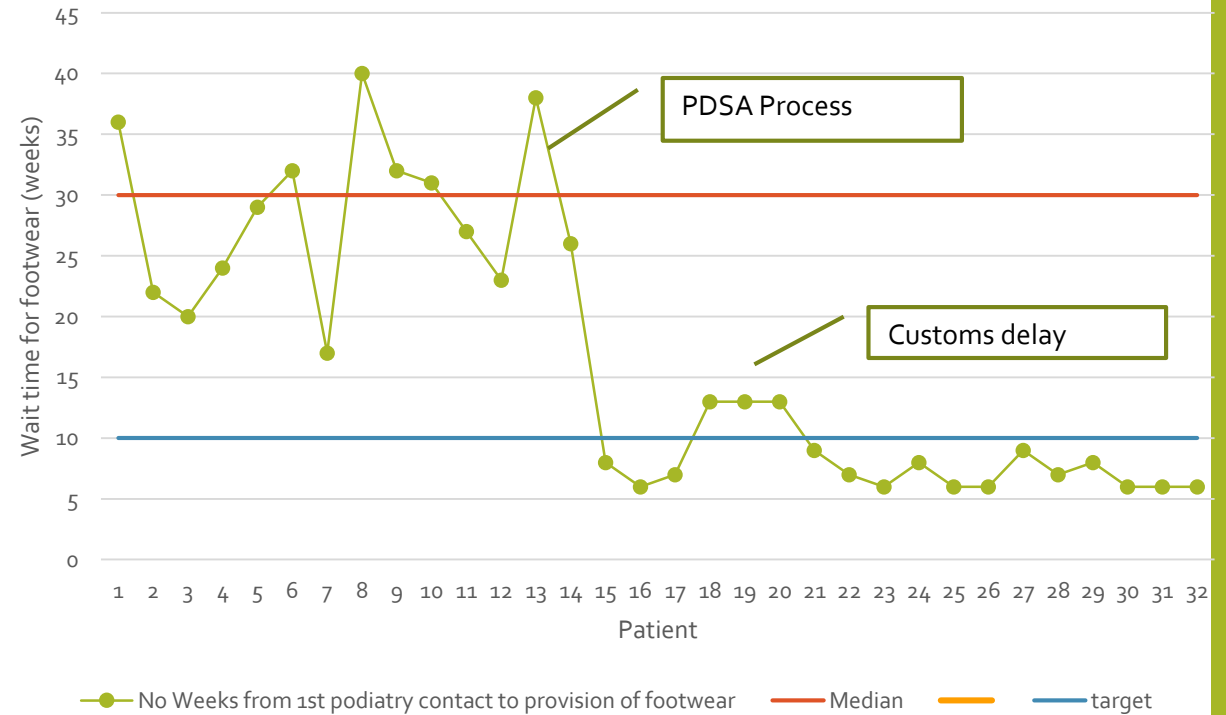


Outcomes

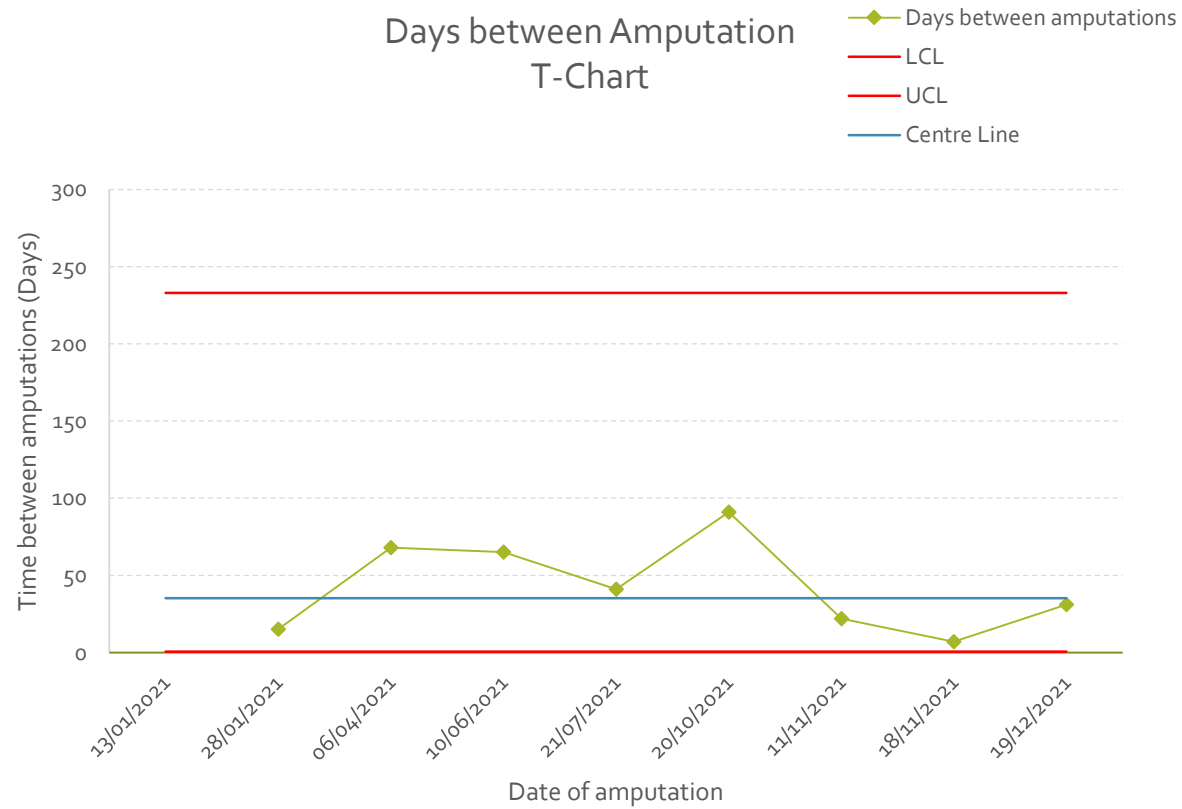
DFU Recurrence



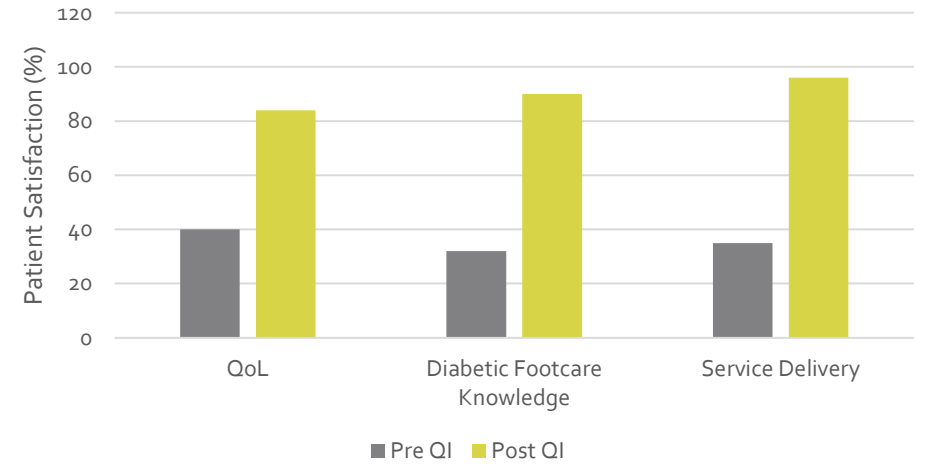
Footwear Provision



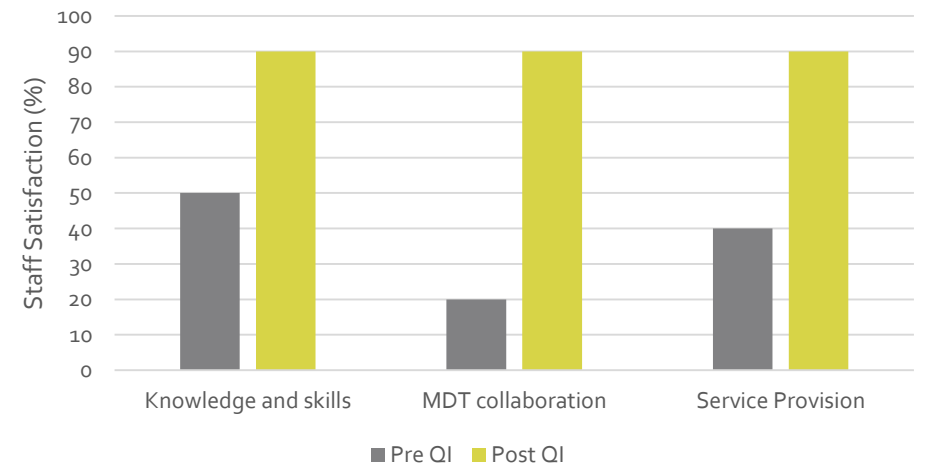
Days between Amputation
T-Chart



Patient Survey (n=32)



Staff Survey (n=10)



<p>Environmental Benefit</p>	<ul style="list-style-type: none"> • Emissions for the team related to travel for clinics which decreased by 70% from 51kgCO₂e pre project to 15kgCO₂e (January to August) • Emissions associated with patient transport were not formally assessed however on average clinic visits were reduced from weekly to monthly once footwear was provided • Clinical waste was reduced for the department from 2.5kg x 5 days over 8 weeks (21400kgCO₂e) pre project to 2.5kg x 3 days over 8 weeks (12840kgCO₂e) post project a saving of 8560 kgCO₂e a potential saving of 55,640kgCO₂e per year • Digital referral system eliminated paper printing and postage further reducing carbon footprint
<p>Social Sustainability: benefit to patients, staff and community</p>	<ul style="list-style-type: none"> • Not formally assessed. Better working relationships between orthotists and podiatrists which helped encourage collaboration and problem solving having an impact on both teams • Improved quality of life for patients with less clinic appointments, reduction in hospital admissions with recurrent DFU and better understanding of foot care prevention • More appointments available for other clients to access services
<p>Financial Benefit</p>	<ul style="list-style-type: none"> • Clinical waste costs were reduced by 60% over 8 weeks of the project • Digital referrals eliminated paper, printing and postage costs - not formally assessed • Savings achieved in costs of footwear
<p>Clinical outcomes</p>	<ul style="list-style-type: none"> • Reduction in recurrence of DFU during project to 0 by early referral and provision of footwear • Amputations free days = 255 • Improved patient knowledge of foot care avoiding adverse effects of Diabetic Foot Disease

Future

- Spread- already the referral form has been adopted in wider CHO2
- Small changes have made huge positive impact which can be replicated nationally
- Highlighted the need for investment in recruitment of orthotists nationwide
- Carbon footprint- we need to consider how our operations can reduce carbon footprint and small changes can have significant impact

What are the learning from this course?

- QI Tools
- Confidence IN COMMUNICATING WITH STAKEHOLDERS
- Networking
- Appetite for change



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Quality Improvement Initiative:

Introducing Agenda Setting in Young People with T1 Diabetes

Dept of Paediatrics

University Hospital, Limerick

Team:

Alison McCaffrey, Advanced Nurse Practitioner, Paediatric Diabetes

Dr. Muiríosa Connolly, Senior Clinical Psychologist

Prof. Clodagh O’Gorman, Consultant Paediatrician

Context and Aims:

Initial aim: to develop an evidence-based person-centred transition pathway for CYP with T1D moving from paediatric to adult diabetes clinic



Improve self management and quality of life of CYP with T1DM through
COLLABORATION & CO-PRODUCTION
(What matters to you and how can we facilitate best health?)



In order to develop co-production: Introduce **agenda setting** as part of consultations

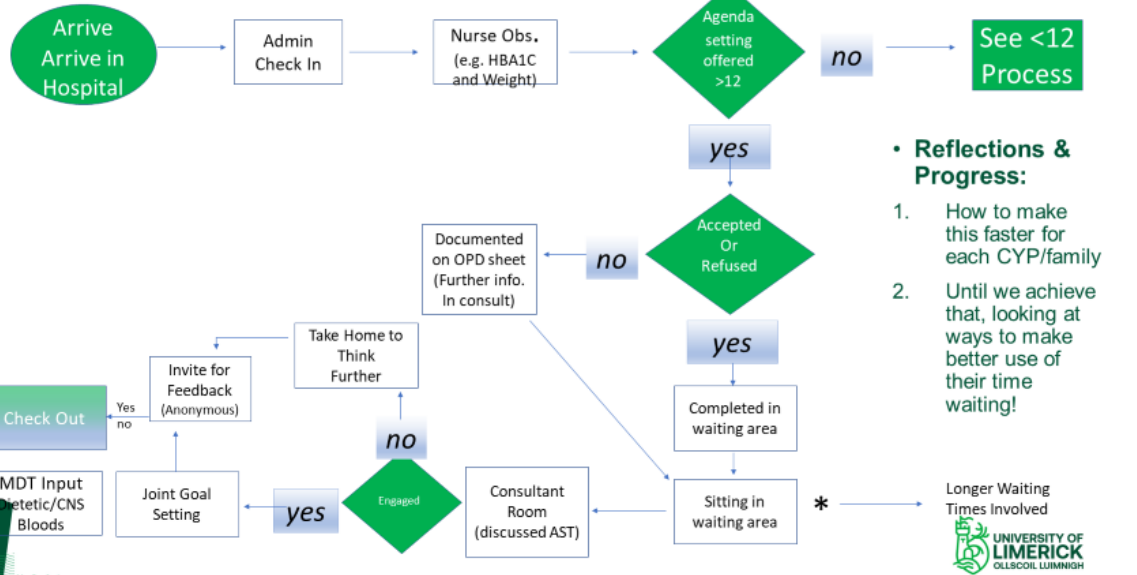
S.M.A.R.T AIM:

Introduce an **agenda setting tool** with all service users 12 years+ attending paediatric diabetes service as part of their outpatient clinic by August 2022 with **60% actively setting their own agenda**



Where to start? Model for Improvement Framework and QI Methods

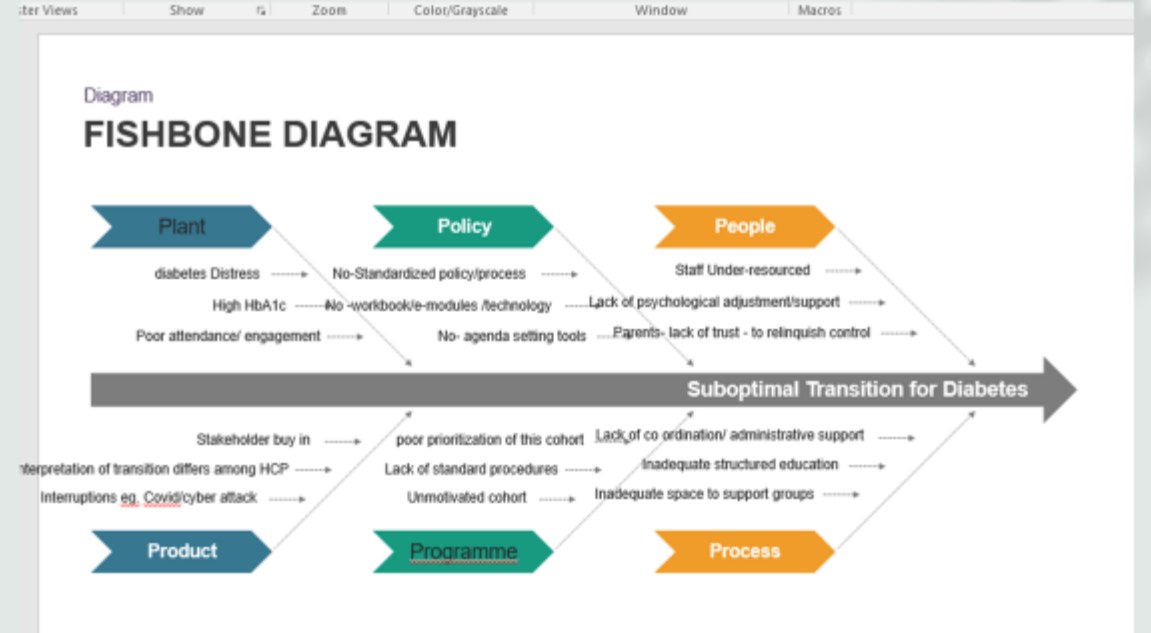
Clinic Process – Process Mapping Exercise



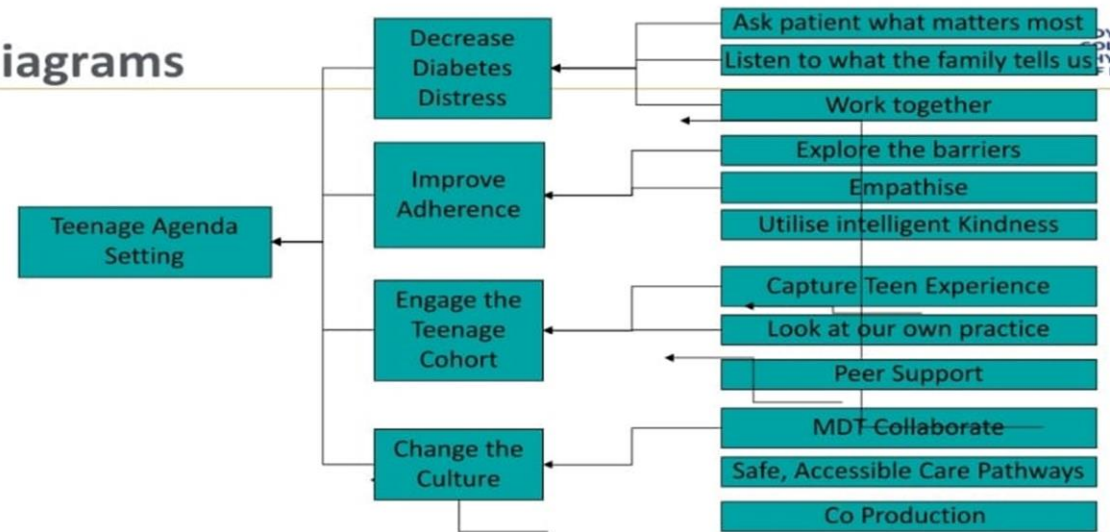
- Reflections & Progress:**
- How to make this faster for each CYP/family
 - Until we achieve that, looking at ways to make better use of their time waiting!



Fish Bone Diagram



Driver Diagrams



Next Steps: Introduce the AST and start our **Plan-Do-Study-Act (PDSA)** cycles.....



PDSA: 1 **Introduce Agenda Setting Tool 14.12.21**

Diabetes in Emerging Adulthood
Agenda setting in outpatient environment

What do you see as your main goals for today's clinic, is there anything you would like to discuss?

1. _____
2. _____
3. _____

Examples

Diet
Exercise
Alcohol
Smoking
Sex & Relationships
Feelings
Life with diabetes
Friends
School
Driving
Sleep
Supports

You can discuss anything you wish, you will be offered time on your own should you wish to discuss certain topics independently

Start

Your Diabetes Consult: Working Together

Please bring this to your next clinic appointment

1. LANGUAGE

What do you see as your main goals for today's clinic, is there anything you would like to discuss?

1. _____
2. _____
3. _____

Examples (tick below ✓):

Topics to discuss	You	Doctor / Nurse	Topics to discuss	You	Doctor / Nurse
Blood glucose control			Feelings / mood		
Food plan			Life with Diabetes		
Exercise			Friends		
Alcohol			School		
Smoking			Driving		
Sex			Sleep		
Family Relationships			Supports		
Feelings			Stress		
Life with Diabetes			Other		
Relationships					

CO-PRODUCE

ADENDA SETTING

PDSA 4

FEEDBACK

GOALS

You can discuss anything you wish, you will be offered time on your own should you wish to discuss certain topics independently

Agreed Care Plan/Goals:

Action for patient _____

Action for Team _____



Please place your feedback in the box on the way out



THINKING ABOUT THE APPOINTMENT YOU OR YOUR CHILD HAVE JUST HAD TODAY ...

1. How much effort was made to help you understand your health issues?



0 1 2 3 4

No effort was made. A little effort was Some effort was A lot of effort was Every effort was

made. made. made. made.

2. How much effort was made to listen to the things that matter most to you about your health issues?



0 1 2 3 4

No effort was made. A little effort was Some effort was A lot of effort was Every effort was

made. made. made. made.

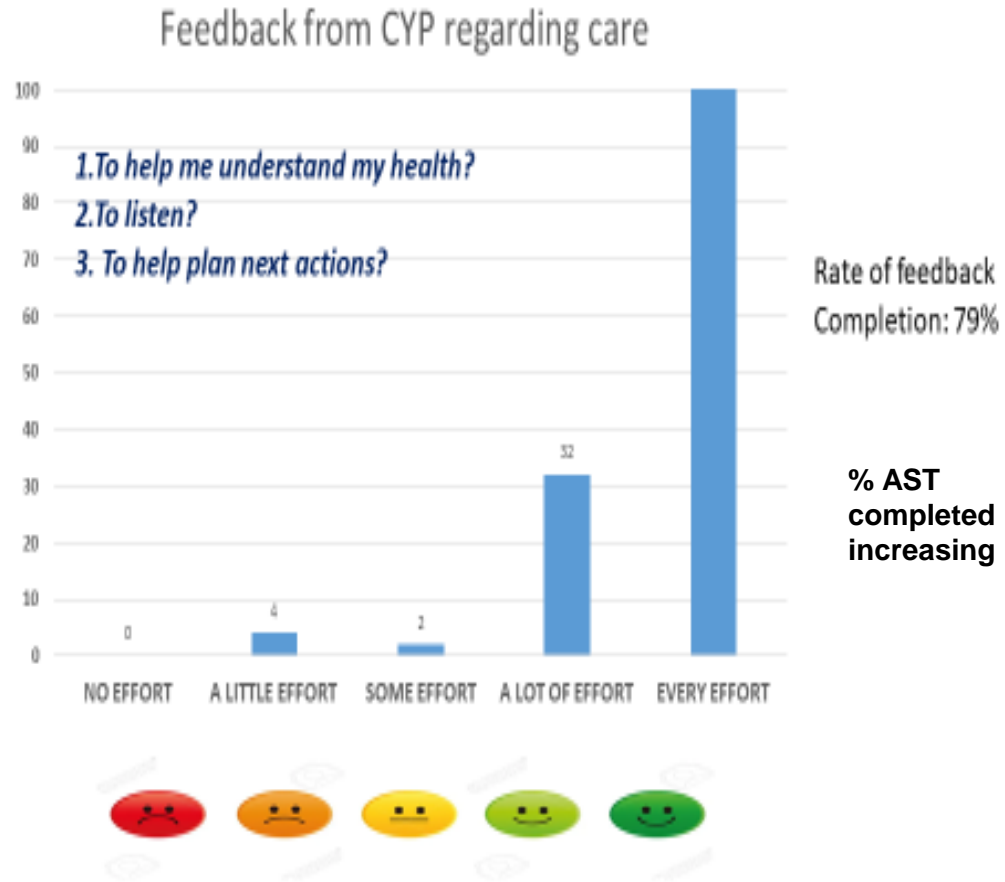
3. How much effort was made to include what matters most to you in choosing what to do next?



This form was completed by Parent Young Person

collabo **RATE** Elwyn

Findings and further PDSA's



Shared this feedback with:

CYP's and Families to raise awareness of AST: *'your voice matters'*

Informing your service provision

With staff to reinforce positive feedback and encourage ongoing Use of AST

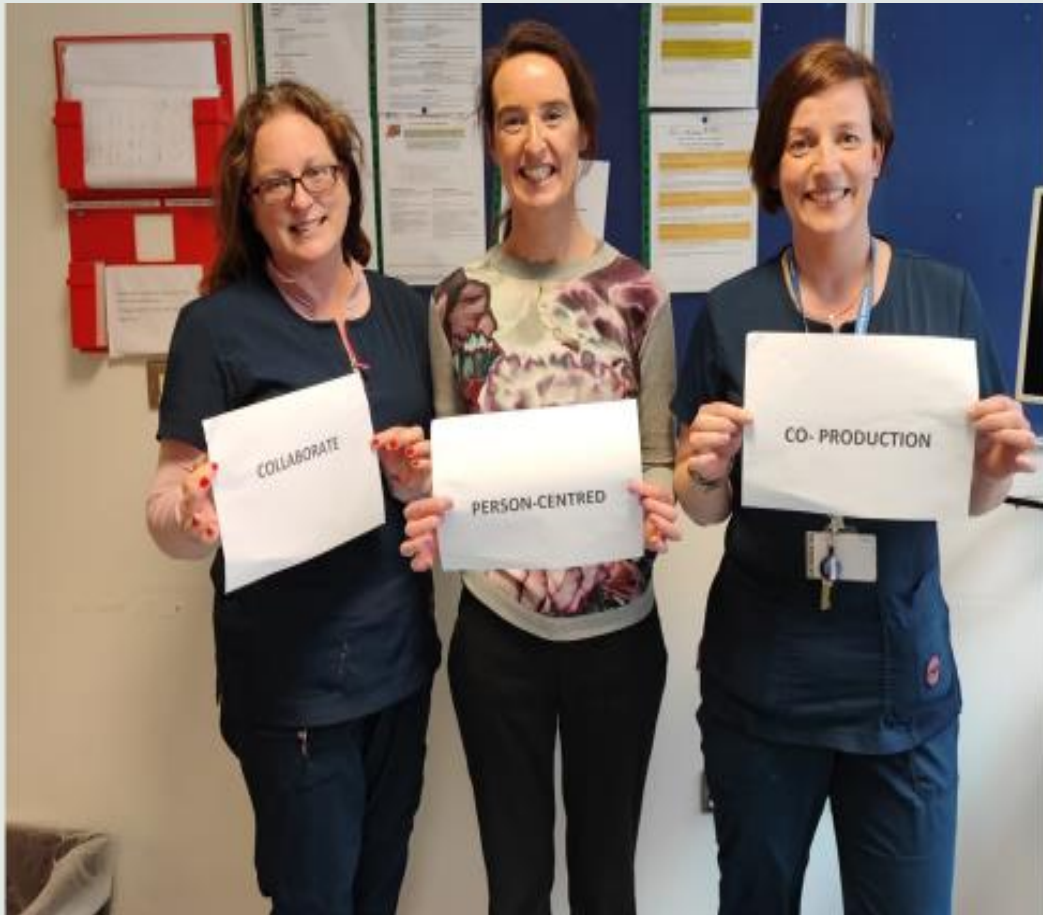
CYP reporting predominantly positive experiences regarding AST and clinic experience of care



Main Outcomes/ Learnings / Reflections

- **Primary /Secondary Outcome Measures suggesting AS seems acceptable and useful for CYP with T1DM. This change = improvement.**
- **(% of AST completed consistently >60%) Feedback on the process was positive and recommendations for AST to be retained in adult service.**
- **Qualitative Feedback from wider team was positive /care planning/goals**
- **Culture shift from ‘what we’ve always done’ (co-production/person centred)**
- **Has enabled us to gain tangible information about self-management issues to inform service development (Teen Exercise / Peer Support / Transition Programme)**
- **Importance of PDSAs in what works/doesn’t. Value of QI framework.**
- **Importance of reflection on the doing.**

With thanks to the RCPI, Paeds Diabetes Team and our young people and families for showing us the way!





HEARING YOUR THOUGHTS AND COMMENTS

Handbook of Patient Safety:

A pragmatic, simple approach to Safety

Edited by Peter Lachman, Jane Runnacles, Anita Jayadev, John Brennan, and John Fitzsimons

- Explains patient safety theory in simple terms to help clinicians practice safely
- Provides day-to-day practical approaches to improve care
- Provides summaries with key take home points
- Written by clinical specialists with international expertise in patient safety issues
- Content applies patient safety theory to clinical practice with real world examples
- Reflects the WHO Patient Safety Curriculum

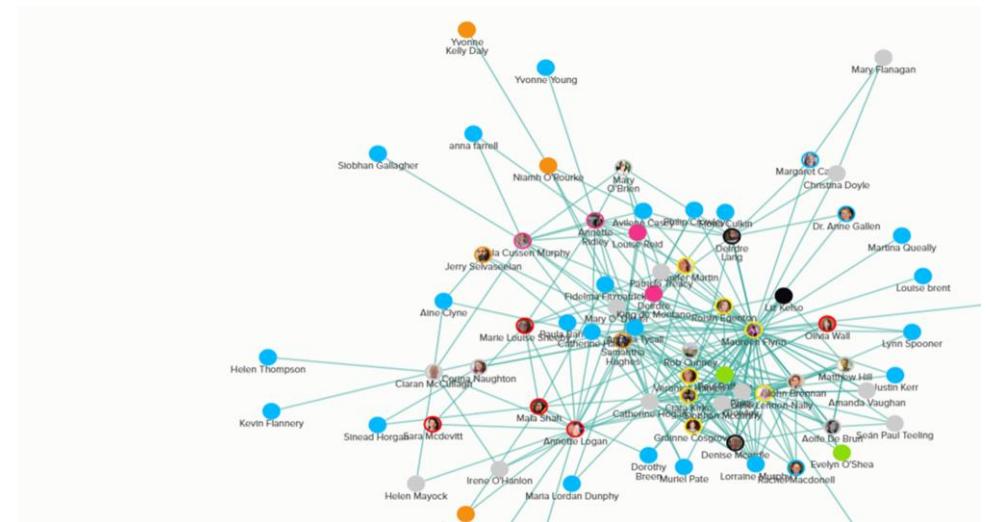


To purchase: <https://global.oup.com/academic/product/oxford-professional-practice-handbook-of-patient-safety-9780192846877?cc=ie&lang=en>

The QPS Ireland Network Map

To help visualise connections between people interested in quality, safety and improvement across Ireland: <https://www.hse.ie/eng/about/who/nqpsd/qps-connect/network-map/>

- How to join the map?
 - Visit the HSE website (see link in the chat)
 - Get sent your unique link to the map
 - Enter information about you, your professional characteristics and your interests
 - Log your connections
- How to use the map?
 - Filter the map by role, organisation, interests
 - View individual profiles
 - Connect and collaborate with others



Apply to become a member of Q Community



- All you need to know about applying can be found on the Q website
- You will be invited to complete an online application using the Q online portal
- If you have queries or require support, please contact our colleague via email

Caroline.Lennonnally@hse.ie

Upcoming Webinars: Dates for your diary

Tuesday, 13th December 2022 | 13:00 to 14:00

“Moving Forward, Shaping the Future“

Health and Social Care Quality Improvement (HSCQI)
Northern Ireland Strategy 2022 – 2024



Levette Lamb

Regional Senior Improvement Advisor with
the HSCQI Hub

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<https://www.hse.ie/eng/about/who/nqpsd/qps-connect/qps-talktime/qps-talktime.html>

Don't Forget....



International Forum on
QUALITY & SAFETY
in **HEALTHCARE**
COPENHAGEN

Call for Posters!

Share your work with a global community of healthcare improvers. Submit by yourself or with your team, and join a diverse range of projects representing the best of quality improvement in Europe and beyond.

Deadline to Submit your poster to the International Forum on Quality and Safety in Healthcare is the 7th December

Let us know how we did today

Reminder: Short questions (pop up) as you sign off, please help us to improve our QPS TalkTime Webinars by sharing your feedback

We really appreciate your time, thank you

To be included on our mailing list to receive QPS TalkTime invitations please contact **Kris.Kavanagh@hse.ie**



*Thank
you*