Methods for Improving Quality and Safety

“All quality improvement methods highlight the importance of accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process. 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” (Health Service Executive, 2016a)
Quality Improvement Approaches
There are many approaches a provider can take when applying quality improvement methods. Chief executives of the majority of provider trusts rated ‘outstanding’ by the Care Quality Commission UK credit established quality improvement (QI) methods for improvement in their operational performance, staff satisfaction and quality outcomes (NILDB, 2016). The board plays a role in supporting the executive management team on the resourcing and promotion of the chosen quality improvement method. Building staff improvement knowledge and skills is an essential part of the implementation of a programme and will enable the prioritisation of key quality and safety solutions to prevent harm and improve care. Outlined below are some of the approaches healthcare providers can take when starting on a journey of quality improvement (Batalden, et al., 2007) and providers may wish to follow a number of different methods depending on what is to be achieved.

HSE Framework for Improving Quality
The HSE launched a Framework for Improving Quality in our Health Service (HSE, 2016a) which assists services to implement sustainable quality of care improvements in order to provide better experience and outcomes (See Figure 3). Six key critical success factors make up this framework and enable services in achieving a culture that places the person at the centre, reliably delivers safe, effective, equitable, personalised care and continuously seeks improvement. The six drivers based on international experiences in improving quality are summarised in Table 4.

Figure 3: Framework for Improving Quality in our Health Service (HSE, 2016a)
Table 4: Framework for Improving Quality Drivers

- **Leadership for Quality**: Leadership that supports and fosters a culture of continual learning and improvement. Leaders shape culture, create the conditions and model the behaviour necessary for quality to flourish.

- **Person and Family Engagement**: Engaging and involving service users in the design, planning and delivery of all care demonstrates a commitment to person-centred care. Engagement builds a culture of listening to and learning from the care experiences of service users and their families.

- **Staff Engagement**: An engaged workforce is one where staff are valued, listened to and provided with the tools, resources and skills to do meaningful work.

- **Use of Improvement Methods**: Using improvement methods highlight the importance of accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process.

- **Measurement for Quality**: Information and measurement are central to improving quality of care. Building measurement into all improvement methods.

- **Governance for Quality**: Governance for quality involves having the necessary structures, processes, standards, oversight and accountability in place to ensure that safe person-centred and effective services are delivered.

**Methods**

**Model for Improvement**: The Institute for Healthcare Improvement uses the Model for Improvement as the framework to guide improvement work. The Model for Improvement developed by Associates in Process Improvement (Langley et al., 2009) is a tool for accelerating improvement. Testing changes on a small scale using Plan-Do-Study-Act (PDSA) cycles which are linked with three key questions (see Figure 4):

- **Question 1**: ‘What are we trying to accomplish?’
- **Question 2**: ‘How will we know that a change is an improvement?’
- **Question 3**: ‘What changes can we make that will result in improvement?’

**Figure 4: Model for Improvement**

Source: Adapted from Model for Improvement from Associates in Process Improvement Langley et al., (2009)
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**Microsystems** - Is a quality improvement approach developed by Dartmouth Institute, USA. It is a pragmatic and intuitive approach which focuses on frontline teams working together using a structured approach to improve the quality of care for service users and the work environment for the staff who work there. They are the small functional frontline units that provide most healthcare to most people. Leadership is critical to enable the time and space for improvement work to happen.


**Lean** – A quality management system developed by Japanese car manufacturers focusing on value, flow and waste reduction. Lean thinking means using less to do more. The principles of Lean management can, in fact, work in healthcare in much the same way they do in other industries. The approach focuses on five principles: customer value; managing the value stream; regulating flow of production (to avoid waste and bottlenecks); reducing waste; and using ‘pull’ mechanisms (responding to demand) to support flow. (Source: [http://www.leanacademy.nmhs.ucd.ie/](http://www.leanacademy.nmhs.ucd.ie/))

**Six Sigma** - This is a process or product improvement approach developed by Motorola and now widely used in other industries. It focuses first on understanding how an organisation’s customers would define ‘defects’ within its products or services and then works to reduce variation factors that customers would define as being critical to quality, using statistical methods to develop standards for variation in quality (The Health Foundation, 2013a, Boaden et al., 2008).

**Total Quality Management (TQM)** - Total quality management, also known as continuous quality improvement, focuses on changes in culture, processes and practice. It is an approach that is applied to the whole organisation, including factors such as leadership, customer focus, decision making and a systematic approach to management and change (The Health Foundation, 2013a).

**Business Process Reengineering (BPR)** - Business process reengineering (BPR) approach involves a rethinking of how processes are designed. Organisations are restructured around key processes (defined as activities or sets of activities) rather than specialist functions. (The Health Foundation, 2013a).

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**Board Considerations - Methods for Improving Quality and Safety**

- How can our board support the organisation to select and implement proven methods for quality improvement that meets the needs of the organisation?

- How can our board support the organisation to continuously assess its competencies and capacity for improvement?

- How can our board ensure the creation of posts specifically to drive and sustain improvement’s in care?