

Improving Quality in Healthcare

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Quality Improvement Division

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Overview

- Introduction to Quality Improvement Division
- Gentle stroll through Quality Improvement
- Framework for Improving Quality
- Measurement for Improvement

Quality Improvement Division

Champion

Provide information and evidence to support people working in practice and policy to improve care

Educate

Build capability for leadership and quality improvement through education programmes and events

Partner

Work with people across the system to inform and align improvement

Demonstrate

Share new ideas, test and develop ideas in practice to support the spread of sustainable improvement

What is Quality

Quality is meeting and exceeding the customer's needs and expectations and then continuing to improve

(W. Edwards Deming)

Quality in Irish healthcare system



National Standards for Safer Better Healthcare, 2012

Juran Trilogy



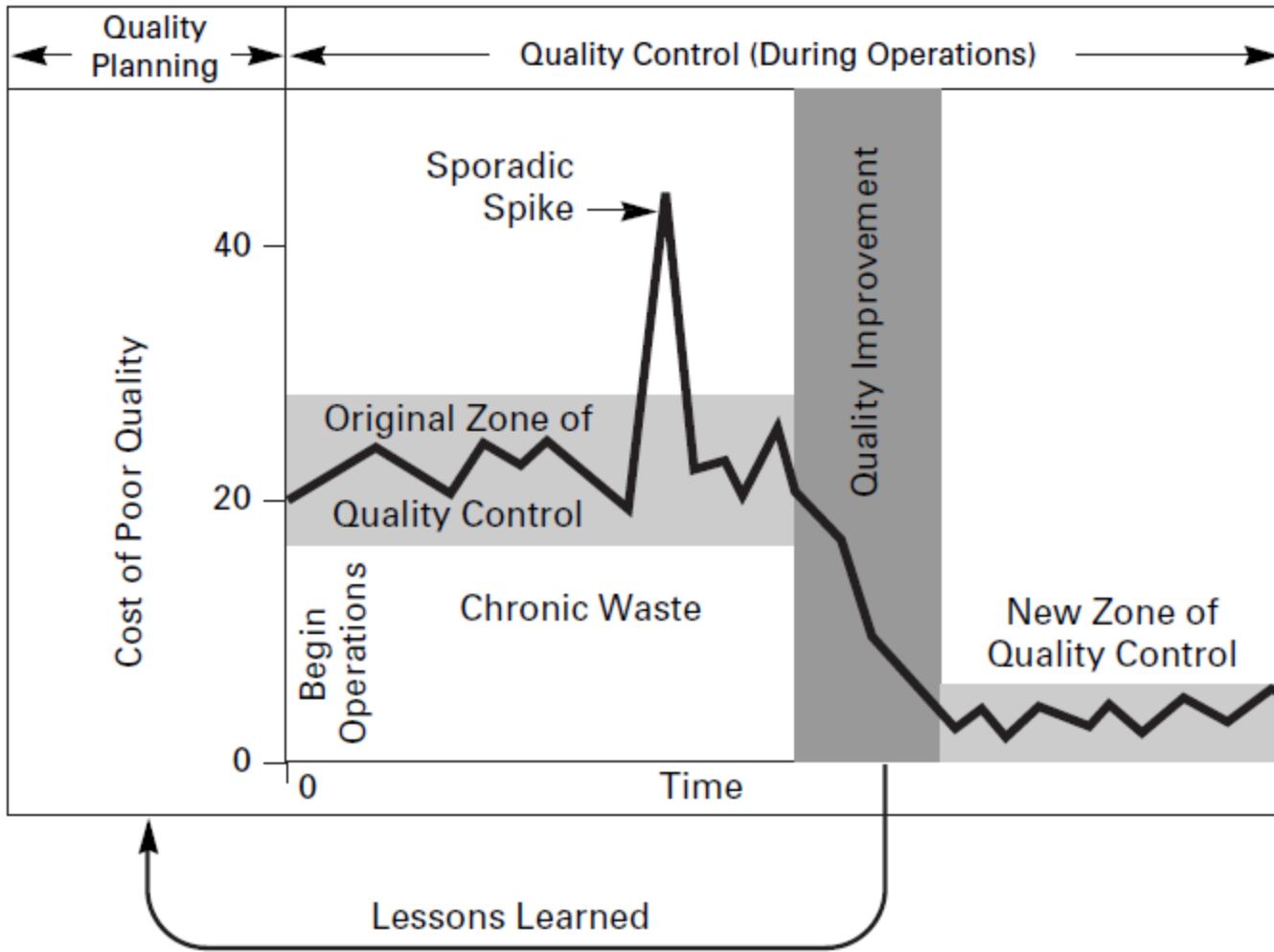


FIGURE 4.1 The Juran trilogy diagram. (Juran Institute, Inc., Wilton, CT.)

What is Quality Improvement

*'the combined and unceasing efforts of everyone:
(healthcare professionals, patients, families, researchers, payers, planners and educators)

to make the changes that will lead to

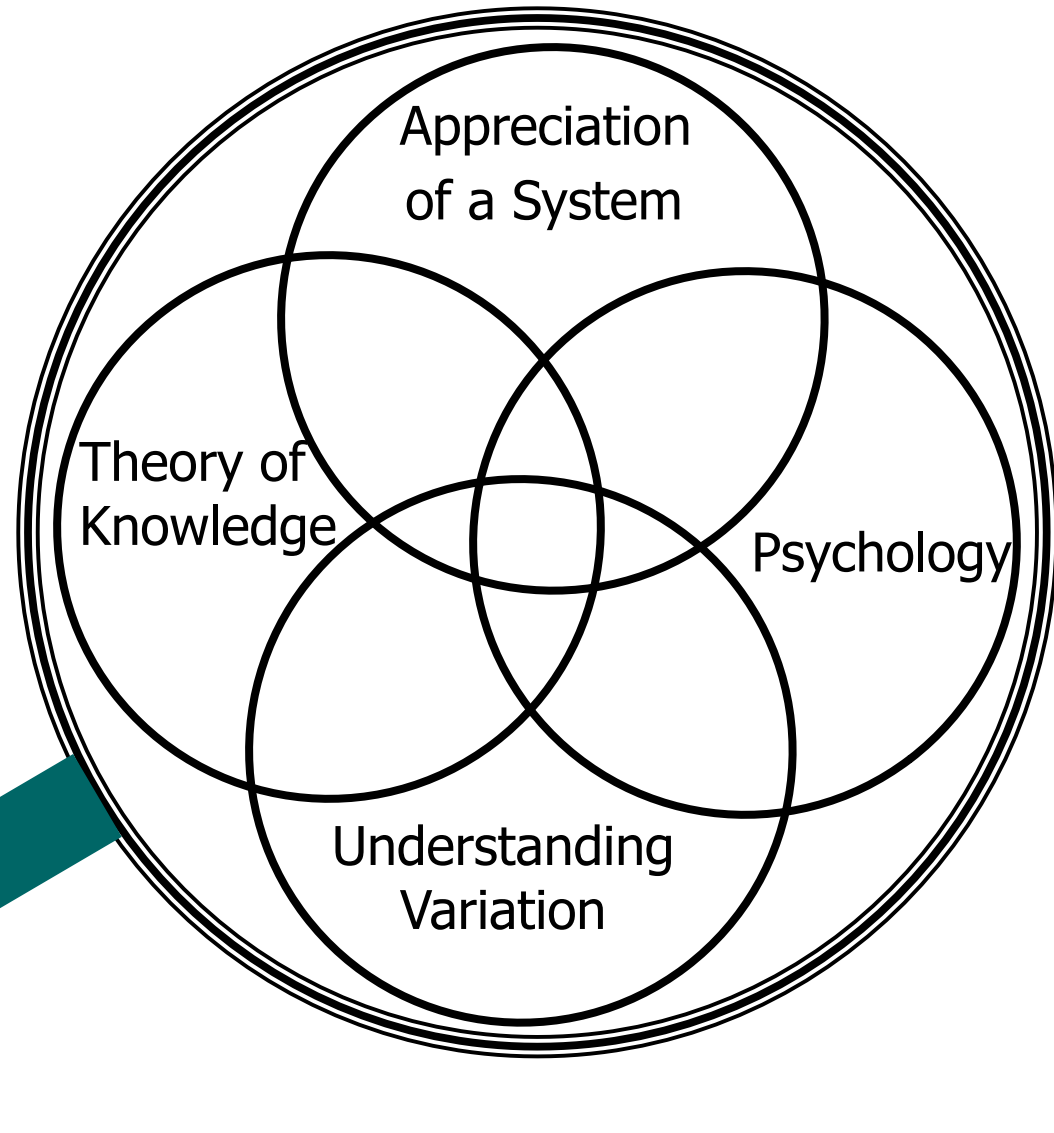
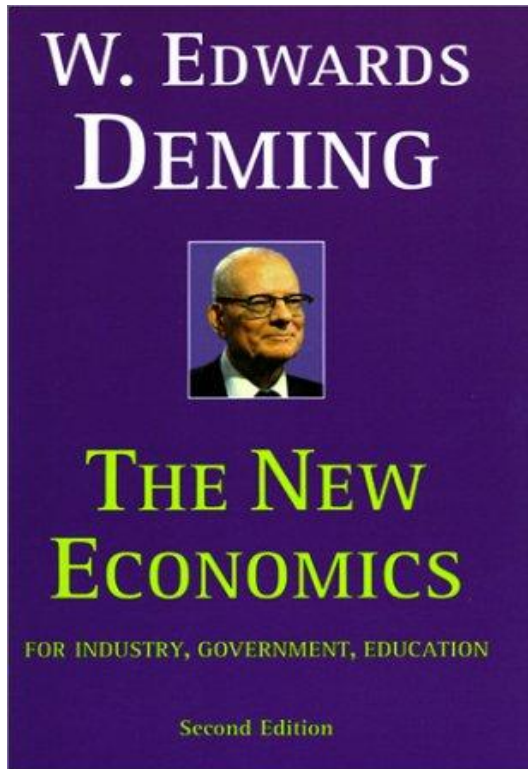
1. Better patient outcomes
2. Better experience of care
3. Continual developed and supported staff



*Batalden PB, Davidoff F. What is “quality improvement” and how can it transform healthcare?

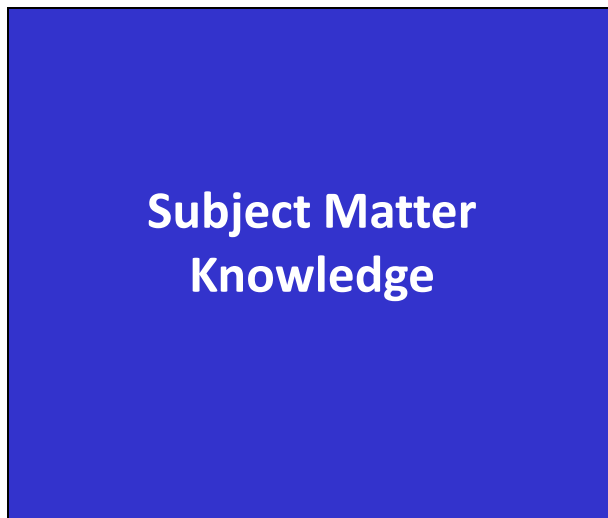
Quality and Safety in Health Care. 2007 Feb;16(1):2–3.

Foundation-Science of Improvement



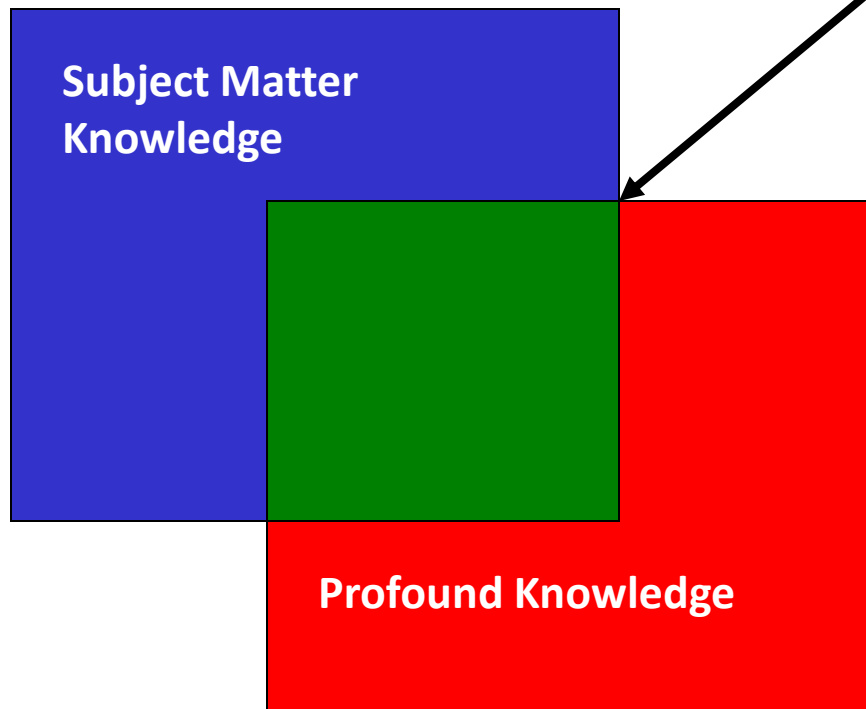
Two Types of Knowledge

Subject Matter Knowledge: Knowledge basic to the things we do in life. Professional knowledge.



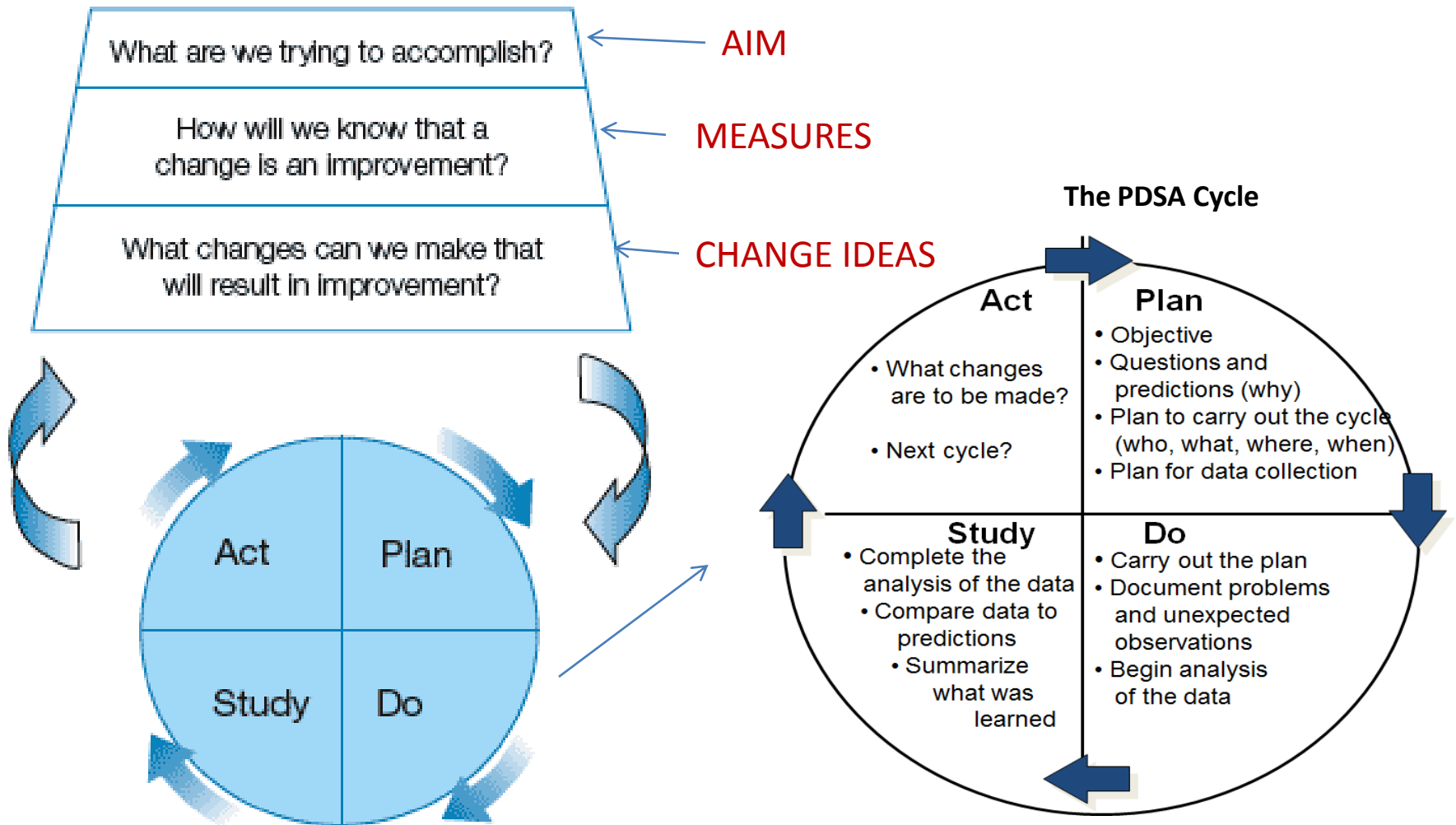
The Science of Improvement: the interaction of the theories of systems, variation, knowledge, and psychology.

Knowledge for Improvement



Improvement: Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.

Model for improvement



What change can we make that will result in an improvement ?

Principles of QI

- Work with willing participants
- Change spreads in infinite ways
- Make the invisible visible
- Include the unusual suspects
- Go slow to go fast
- Nothing about me without me
- Act your way into a new way of thinking
- Things may get worse before they get better

Framework for Improving Quality



Aim of Framework

- Foster a culture of person centred quality care that continuously improves
 - To influence and guide our thinking, planning and delivery of care in our services.
 - Create consistency in approach across an organisation
 - Link up improvement work around a common goal

Framework - A Quality Bundle

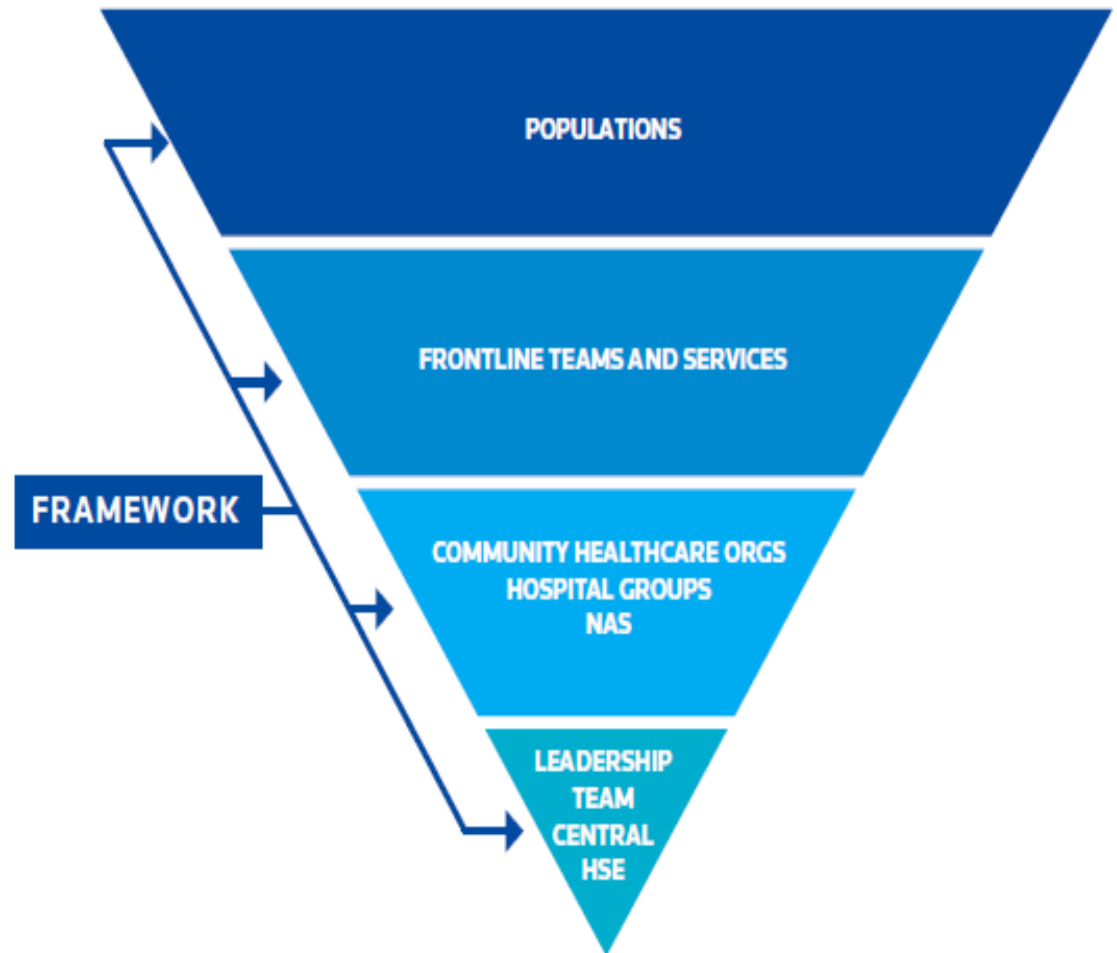
1. Leadership for Quality
2. Person and Family Engagement
3. Staff Engagement
4. Use of Improvement Methods
5. Measurement for Quality
6. Governance for Quality



Whole system approach

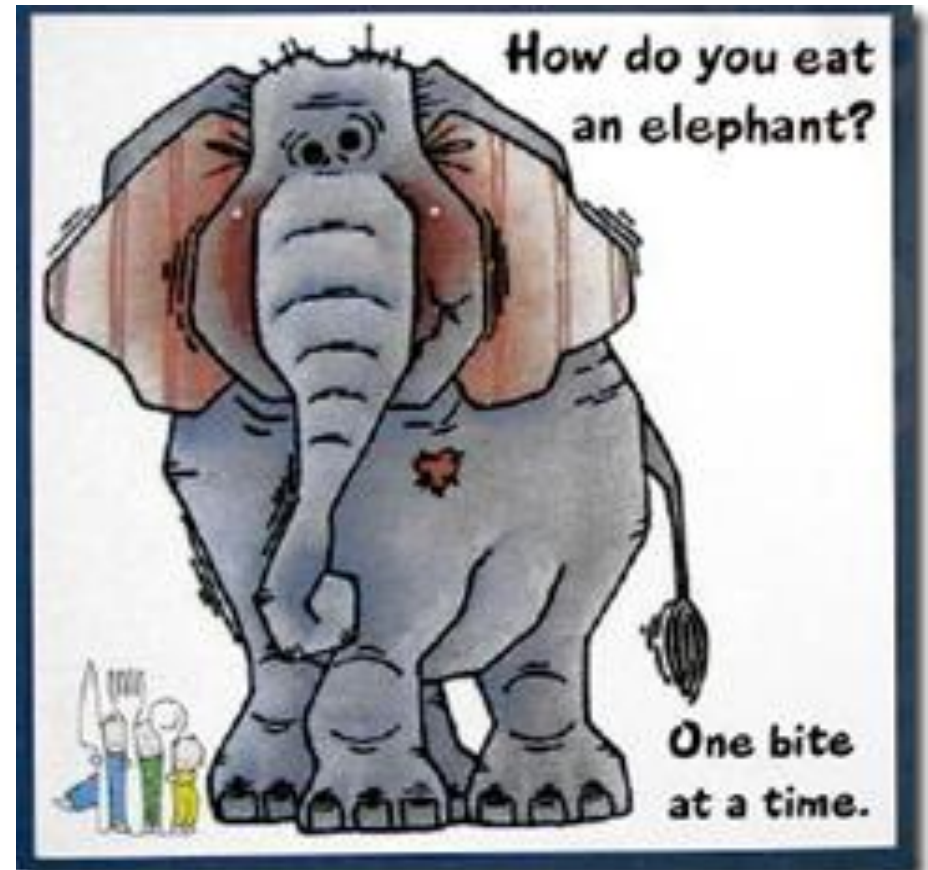
For frontline:
as a reminder and
sense check

For leaders:
focus efforts and
resources

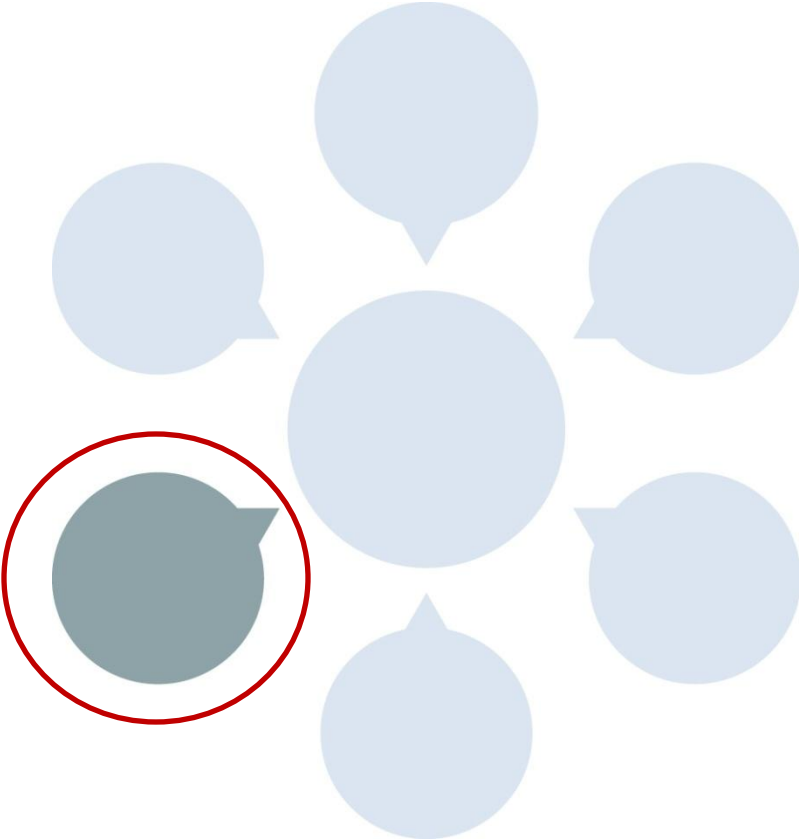


Challenge of Improvement

- Can appear huge
- Framework breaks it down into bite sized pieces
- Top down but importantly bottom up approaches
- Gives ownership to the frontline
.....little ideas
- Builds sustainability



Measurement for Improvement



Why Measure?



"In God we trust, all others bring data"

-W. Edwards Deming

What Are We Measuring For?

Improvement

Performance

Research



Family of Measures

Outcome Measures

- How is the system performing?
- What is the result?

Process Measures

- Are we doing the right things to get where we want to go?
- Are the steps/parts in the system performing as planned?

Balancing Measures

- Are changes designed to improve one part/step in the system causing changes in other parts of the system?

Preventing Pressure Ulcers

Outcome measures:

1. The number of new pressure ulcers acquired on each participating ward (monthly)
Or depending on incidence on the ward
The number of days between new pressure ulcers on participating wards

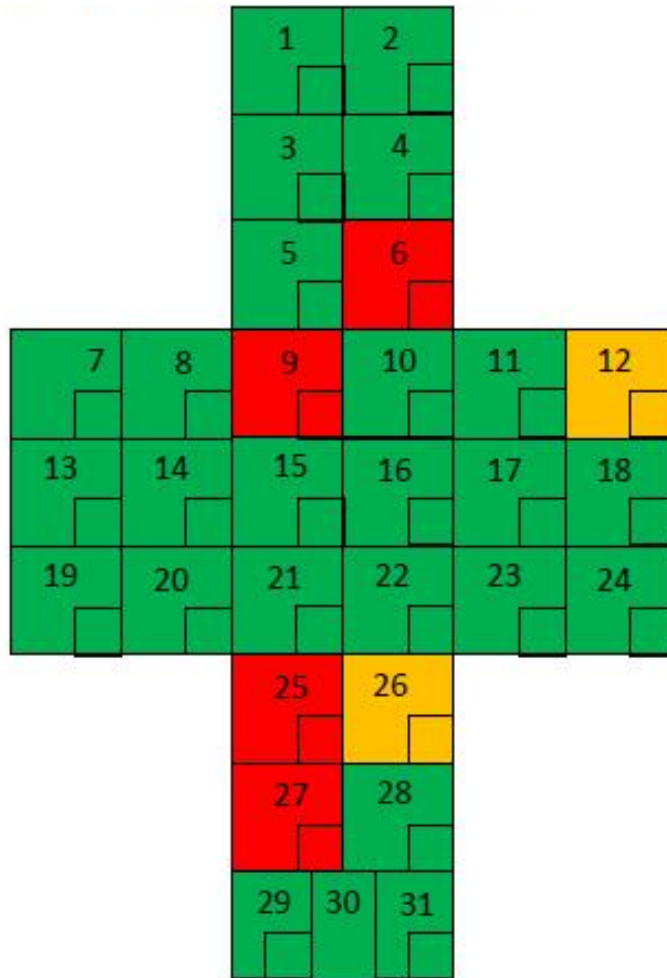
Process measures:





2. The percent of completed risk assessments from 5 random patient charts (weekly).
3. The percent compliance with the 5 steps in the SSKIN Bundle.

Balancing measures:

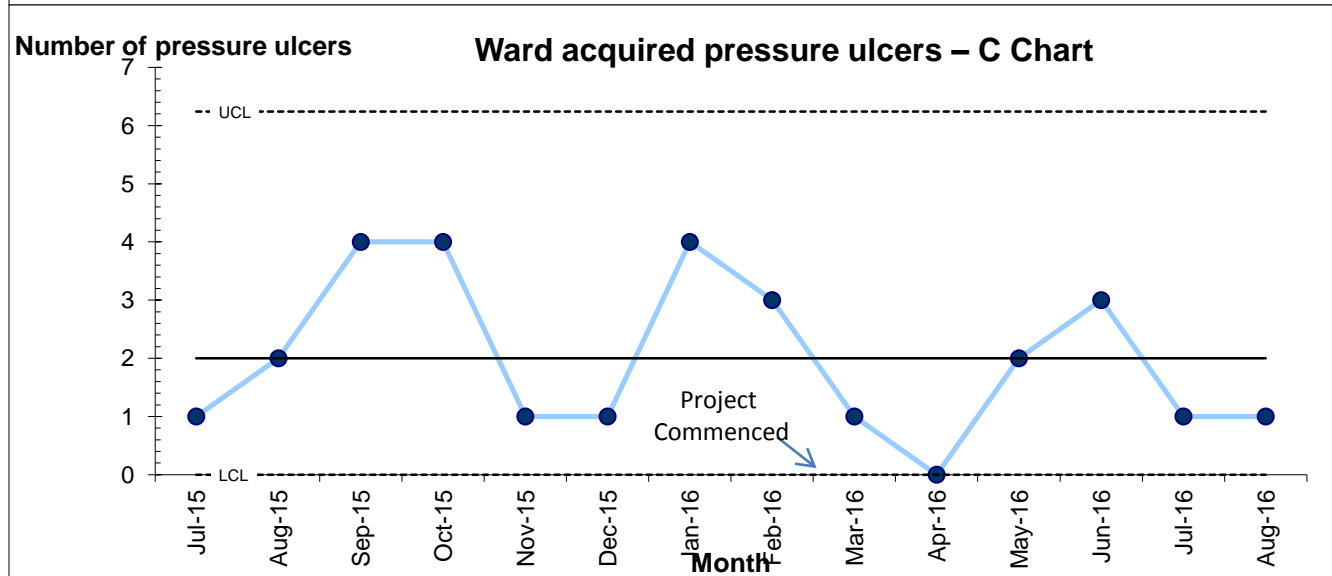
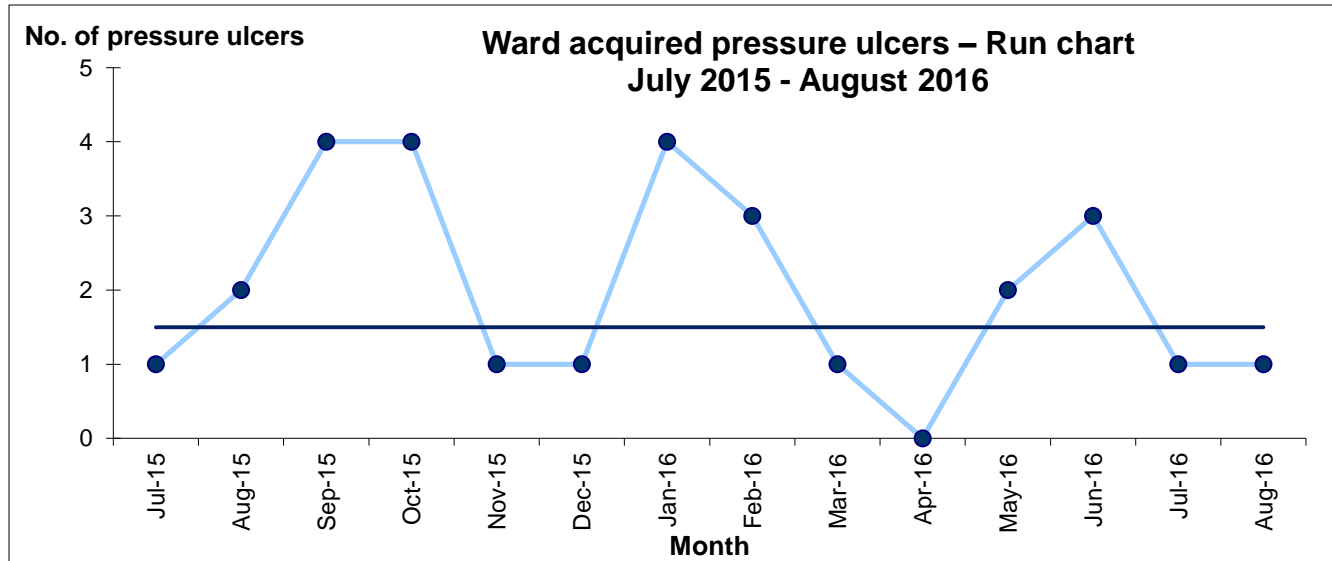
4. Number of new falls recorded on safety cross for each participating wards (monthly).

Safety Cross



-  No new adverse event
-  New adverse event found (ward acquired)
-  Admitted with adverse event from another site (i.e. own home, care home, another hospital)
-  Admitted /transferred with adverse event from another ward within hospital

Run and Shewhart charts



Improvement



Influencing the Heart – 90%



Influencing the Mind – 10%

*Could QI and the Framework for Improving
Quality support the work of the Tobacco
Free Healthcare Services?*

‘Everyone in healthcare has two jobs when they come to work everyday: to do their work and to improve it’ *Batalden*

Thank you