Quality- are you sure it needs to involve me? *

*There’s a person in my organisation who already has it in their job title, you know....

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Why quality?

• Clear evidence that:

  • Expected outcomes are not predictably achieved by healthcare systems,
  
  • Wide variations in standards of health-care delivery exist within and between healthcare systems.
  
• Additionally, health systems need to optimize resource use and expand population coverage, and so the process of improvement and scaling up needs to be based on sound local strategies for quality in order to ensure maximum value for investment.

Why isn’t palliative care a special case (we’re actually good at quality and patients tell us so)?
Why now? Haven’t we other more pressing problems?
What does quality mean to me?

• A complex notion

• Means different things to different people
  • ‘Even though quality cannot be defined, you know what quality is.’
  • ‘The degree of excellence’ in healthcare
  • ‘Quality means doing it right when no one is looking.’

• ‘The degree to which health services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge.’

• ‘Clinically effective, personal and safe care.’

Anonymous, The Health Foundation 2014; Henry Ford; Institute of Medicine, 2001; Darzi, 2008
Dimensions of quality

- Dimensions through which quality is expressed
  - **Safe**- avoiding harm to patients from care that is intended to help them
  - **Effective**- providing services based on scientific knowledge and which produce a clear benefit
  - **Person-centred**- providing care that is respectful or responsive to individual’s needs and values
  - **Timely**- reducing waits and sometimes harmful delays
  - **Efficient**- avoiding waste
  - **Equitable**- providing care that does not vary in quality because of a person’s characteristics
What does quality improvement mean to me?

• Again, no single definition

• Improvement as better patient experience and outcomes achieved through changing provider behaviour and organisation through using a systematic change method and strategies.

• ‘The combined and unceasing efforts of everyone- healthcare professionals, patients and their families, researchers, payers, planners and educators- to make the changes that will lead to better patient outcomes (health), better system performance (care) and better professional development (learning)
National Standards for Safer, Better Healthcare— a lever for quality

• The national standards provide the building blocks for quality and safety throughout the healthcare system, creating a common understanding of what quality and safety is.

• Form the basis of licensing.
Purpose of the National Standards

- Describe what high quality safe healthcare should look like,
- Help service users to understand what to expect from well run services,
- Strengthen accountability,
- Identify strengths, highlighting areas for improvement,
- Provide the basis for day-to-day delivery of quality and safety,
- Promote up-to-date, effective practice,
- Promote better use of resources and information.
Services meeting the National Standards

- Continuously improve the quality and safety of their care and focus on achieving best outcomes for their service users,

- Provide safe, effective, person-centred care that promotes better health and wellbeing for those using their service,

- Have good leadership, clear accountability, effective management and a well-organised, effective workforce,

- Effectively use information to plan and deliver high quality, safe services,

- Effectively and efficiently use available resources to achieve best outcomes for their service users.
In healthcare, staff have specific aspirations...

• Compassion satisfaction- pleasure and satisfaction derived from working in a care giving environment

WHICH REQUIRES:

• Belonging to an effective team
• Supervising and directing positive outcomes
• Working with dedicated colleagues
• Feeling psychological safety

AND

• High levels of staff engagement

(Jocelyn Cornwell)
Staff experience is the antecedent. It comes first and shapes patients’ experience, not the other way round.

Jill Maben et. 2012
Building blocks for staff engagement

1. Develop a compelling, shared strategic direction
2. Build collective and distributed leadership
3. Adopt supportive and inclusive leadership styles
4. Give staff the tools to lead service transformation
5. Establish a culture based on integrity and trust
6. Place staff engagement firmly on the board agenda

(King’s Fund, 2015)
- Fostering staff engagement creates an environment where quality improvement flourishes...

- Fostering quality improvement creates an environment where staff flourish...

An environment where both staff and quality improvement efforts flourish is one in which patients and their families receive the best possible care.
Conclusions... and thoughts

• Quality in healthcare is more important than ever

• QI represents a way of improving patient and family care, but also a way of improving staff wellbeing

• Palliative care has the opportunity to be recognised as a leader in quality healthcare provision

• .... and to use this as a platform for extending the reach of palliative care service provision

• We want to achieve this in a way that is recognisable and meaningful to everyone