* Session 4
* Quality Improvement Methods

Why Quality Improvement? And what is it anyway?

Health Foundation –

‘the degree of excellence in HC’

‘combined and unceasing efforts of everyone – HC professionals, patients and their families …’

‘…better patient experience and outcomes achieved through changing provider behaviour and organisation through using a systematic change method and strategies.’

J. Øvreveit

‘Entertain complexity but focus on simplicity’

Dr Mike Evans: An Illustrated look at Quality Improvement in Healthcare

https://www.youtube.com/watch?v=nPysNaF1oMw

* Safety
* Efficiency
* Cost
* Commissioning for Quality and Innovation (CQUIN)
* Patient experience, comfort
* Job satisfaction? Engagement?

* ‘Engagement: a measure of the extent to which employees put discretionary effort into their work.’

* Beverly Alimo-Metcalfe

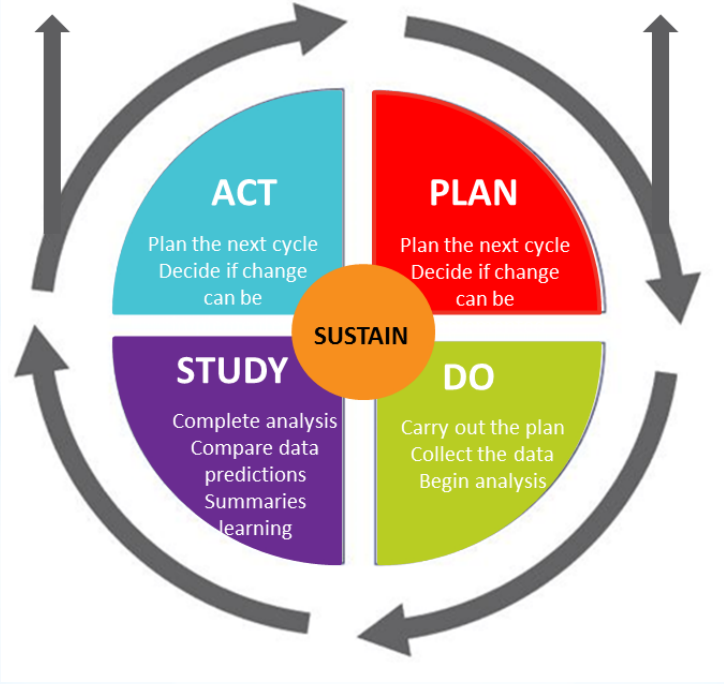
1. Safe
2. Effective
3. Patient-centred
4. Timely
5. Efficient
6. Equitable

*Model for Improvement

What are we trying to accomplish?

How will we know if a change is an improvement?

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



Define your AIM

* Specific
* Measurable
* Achievable ?Aspirational)
* Relevant
* Time bound

What,
by how much
and when

* Understand the problem – emphasis on what the data tell you
* Understand processes and systems – can they be simplified
* Measurement and evaluation

Dr Mike Davidge: Measurement for Improvement

https://www.youtube.com/watch?v=Za1o77jAnbw

- *SQUIRE 2.0 guidelines*

http://squire-statement.org/index.cfm?fuseaction=Page.ViewPage&PageID=471

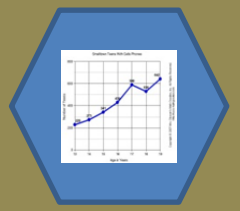
- *Overall aim*
- *Change as an improvement*
- *Measure*
- *Driver diagrams*
- *Balancing measures*

PRAISE Improvement Cycle

Step 4: enable

Step 5: seek, report & enquire

Step 3: design



Step 8: feedback

Step 6: measure

Step 2: collaborate

Step 7: improve

Step 1: define

START

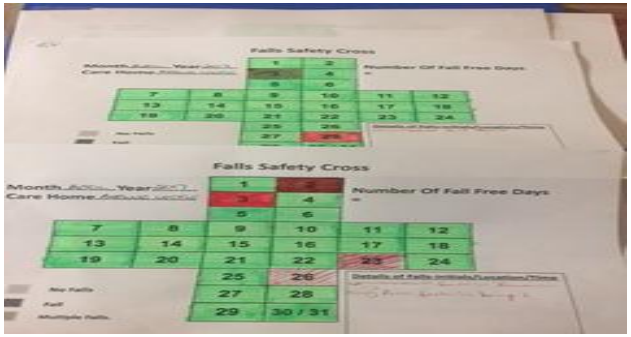
SHARE

Pressure Injury Safety Cross

Month Year

Care Home

		1	2		
		3	4		
		5	6		
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
		25	26		
		27	28		
		29	30 / 31		

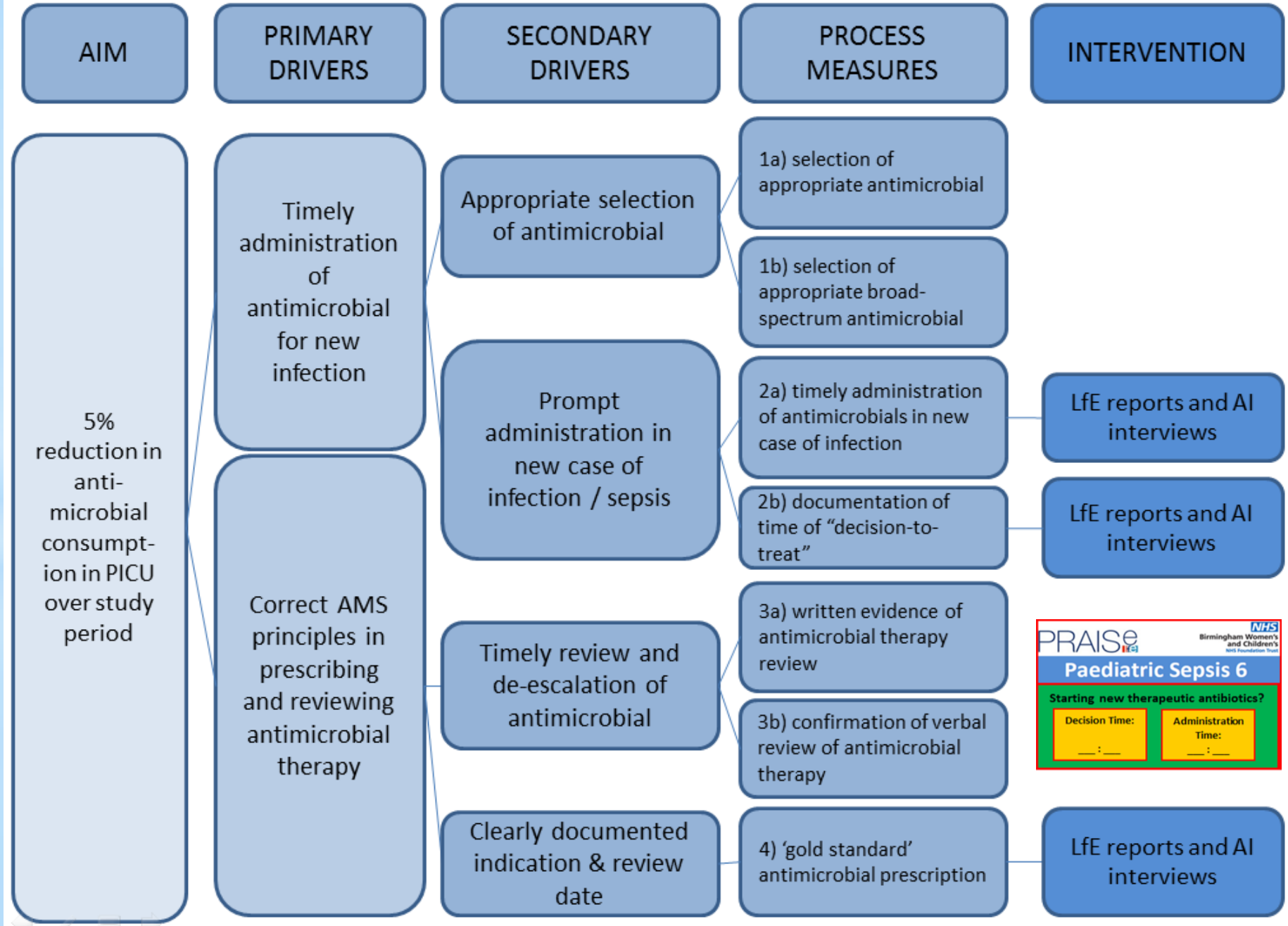


No new pressure ulcer found

Admitted with pressure ulcer

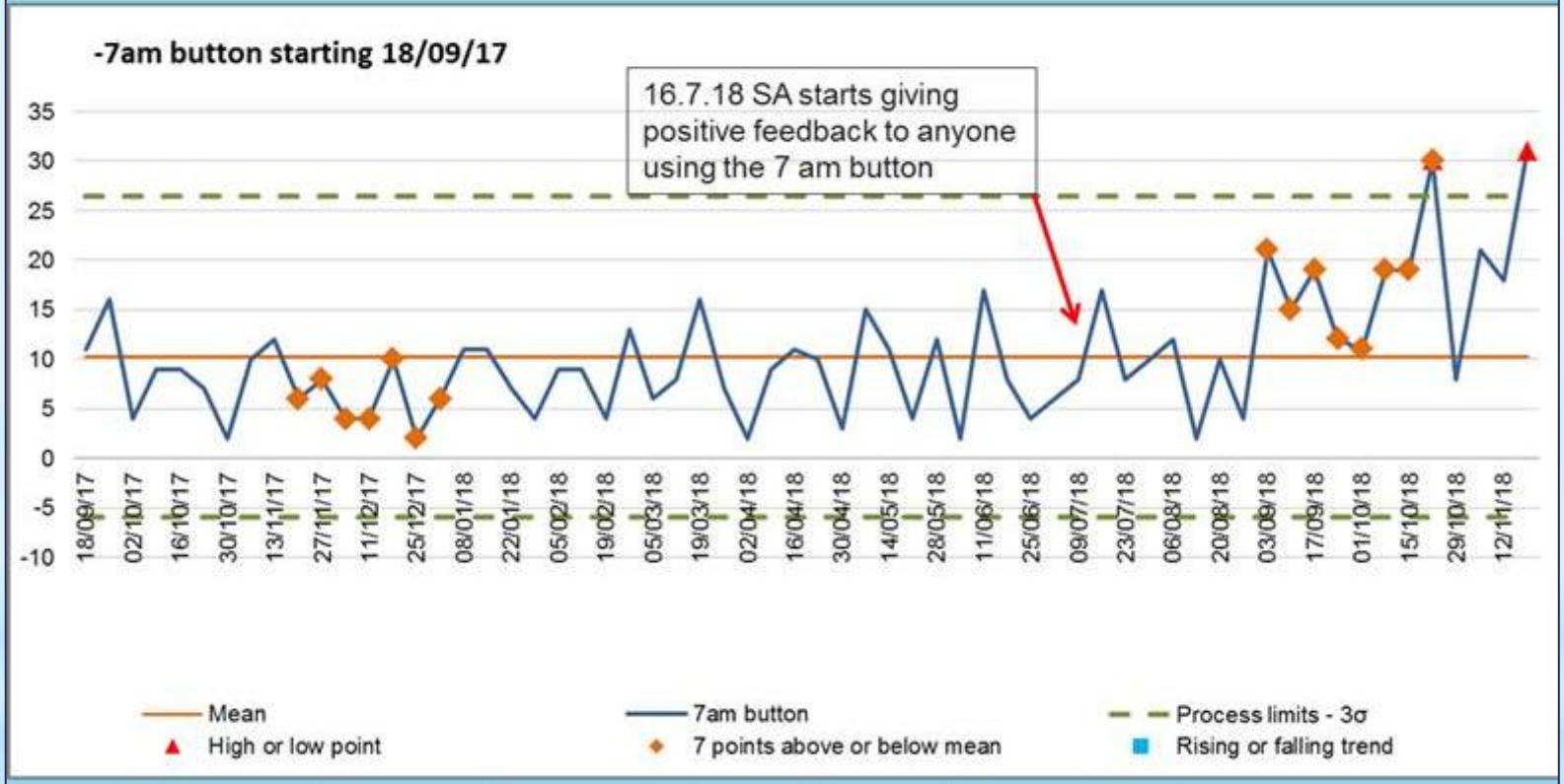
New pressure ulcer found (care home acquired)

Details of new Pressure ulcers: Initials and grade


AIM
PRIMARY DRIVERS
SECONDARY DRIVERS
PROCESS MEASURES
INTERVENTION
5% reduction in anti-microbial consumpt-ion in PICU over study period
Timely administration of antimicrobial for new infection
Correct AMS principles in prescribing and reviewing antimicrobial therapy
Appropriate selection of antimicrobial
Prompt administration in new case of infection / sepsis
Timely review and de-escalation of antimicrobial
Clearly documented indication & review date
1a) selection of appropriate antimicrobial
1b) selection of appropriate broad-spectrum antimicrobial
2a) timely administration of antimicrobials in new case of infection
2b) documentation of time of "decision-to-treat"
3a) written evidence of antimicrobial therapy review
3b) confirmation of verbal review of antimicrobial therapy
4) 'gold standard' antimicrobial prescription
LfE reports and AI interviews
LfE reports and AI interviews
LfE reports and AI interviews
PRAISE
NHS
Birmingham Women's and Children's NHS Foundation Trust
Paediatric Sepsis 6
Starting new therapeutic antibiotics?
Decision Time:
__ : __
Administration Time:
__ : __

7am update 27.11.18

NHS
Birmingham Women's and Children's
NHS Foundation Trust



- Benefits of positive feedback

*Thank you!

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