An Introduction to Quality Improvement

Hosted by the Scottish and Quality Safety Fellowship

Shobhan Thakore, Clinical Lead Ed James, Educational Lead Kate Arrow, Educational Lead



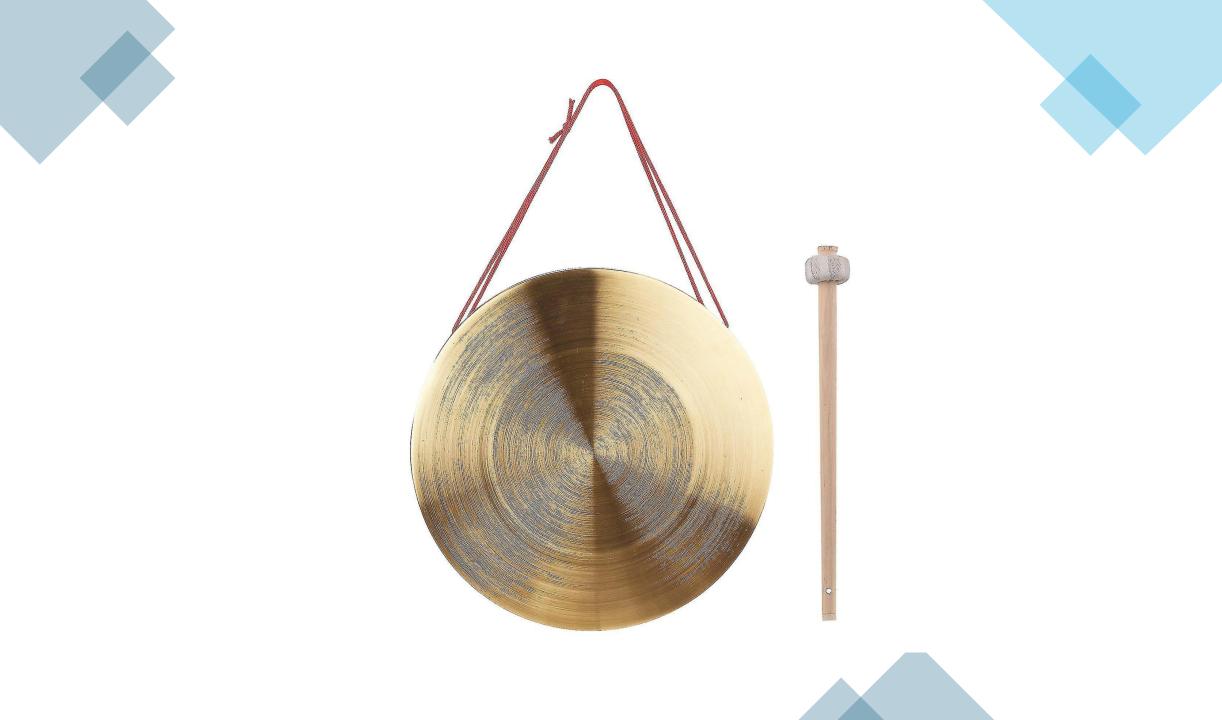


This is a Networking Session

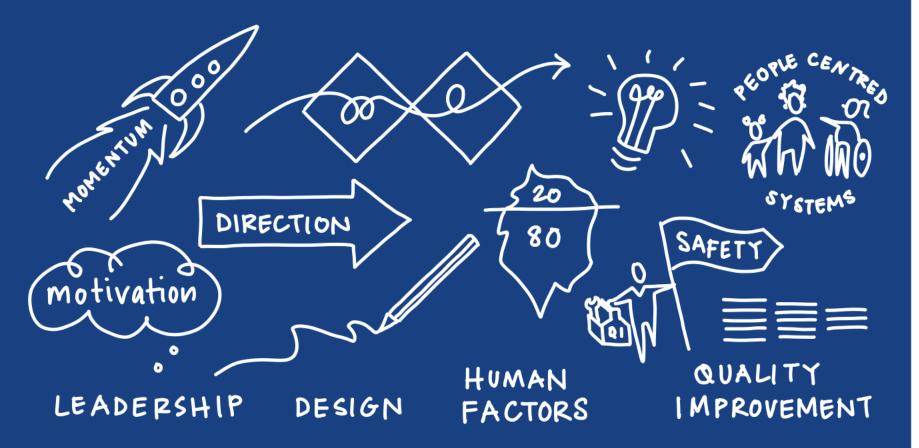
Chat

• Game!

Summary



Scottish Quality and Safety Fellowship





Talent Development

Change Agents

User Focused

Safety Experts

Innovators

Scottish Quality & Safety Fellowship (cohorts 1-15)







What does "QI" mean to you?



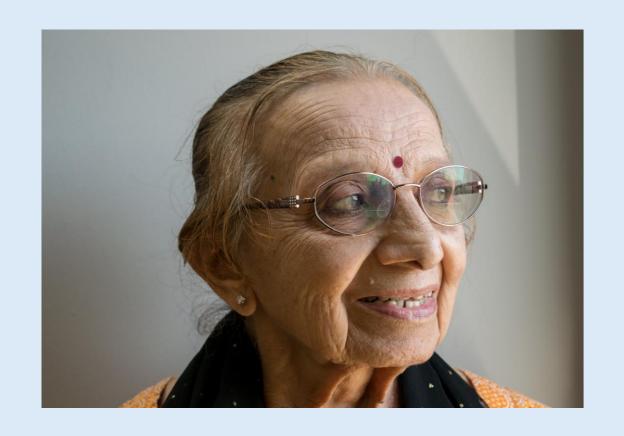
Quality Improvement



 Applying a systematic approach to deliver change in a complex healthcare environment

 Designing, testing and implementing changes using real time, dynamic measurement

 Making a difference for patients that improves safety, effectiveness and experience of care





Two Cases





Quality **Improvement** (QI) tools

Model for improvement

Process Mapping

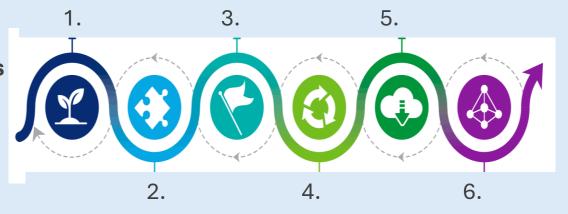
Cause & Effect Diagrams Plan Do Study Act. (PDSA)

Measurement Plans

Pareto Analysis Patient & Staff Feedback Stakeholder Engagement

Stages of Quality improvement

- 1. Creating Conditions.
- 2. Understanding Systems
- 3. Developing aims
- 4. Testing changes
- 5. Implement
- 6. Spread



Design tools



Drivers of change

Stakeholder

Mapping

Serviceuser journeys

Personas

Empathy Mapping

Project

Portfolios

What - Else -Is - Like -This

Brainstormin

g & Creative

Thinking

Prototyping

Idea Selection



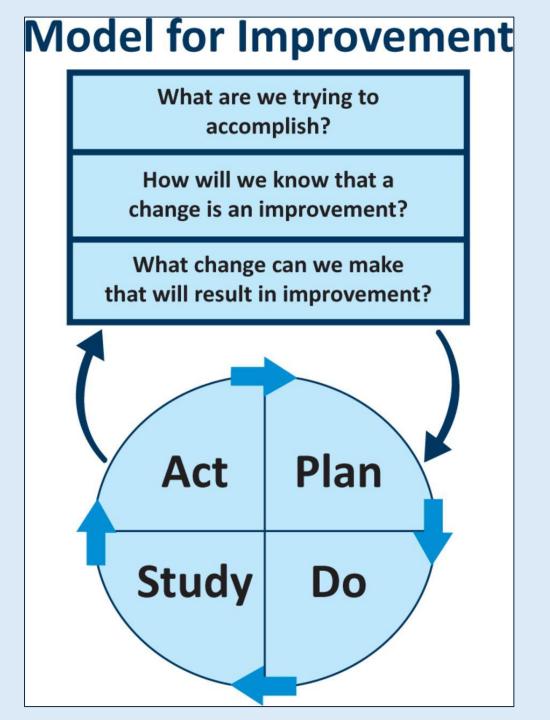


PDSA Cycles

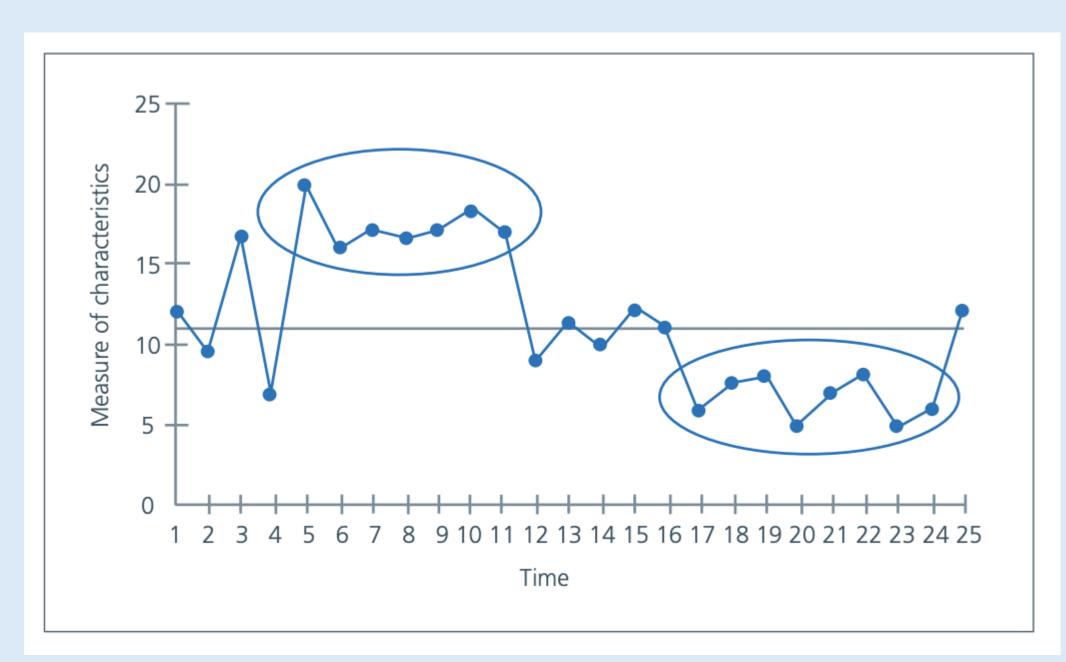
Run Charts



The PDSA Game







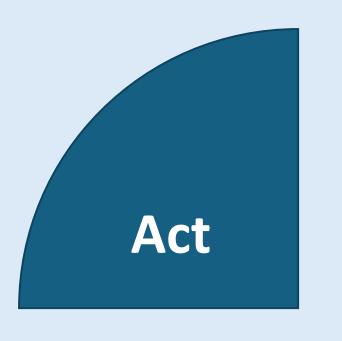






Aim Statement:

To increase the length of time that your team can spin a coin for by 50% by the end of this session





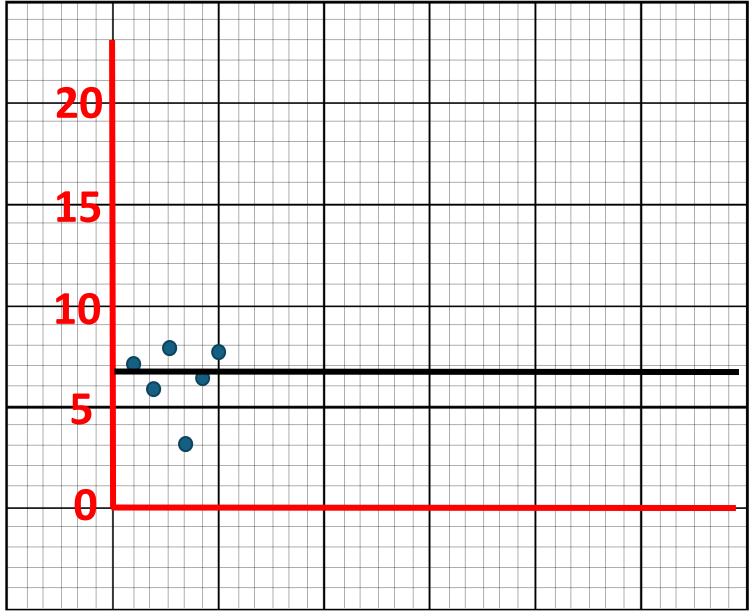


Study





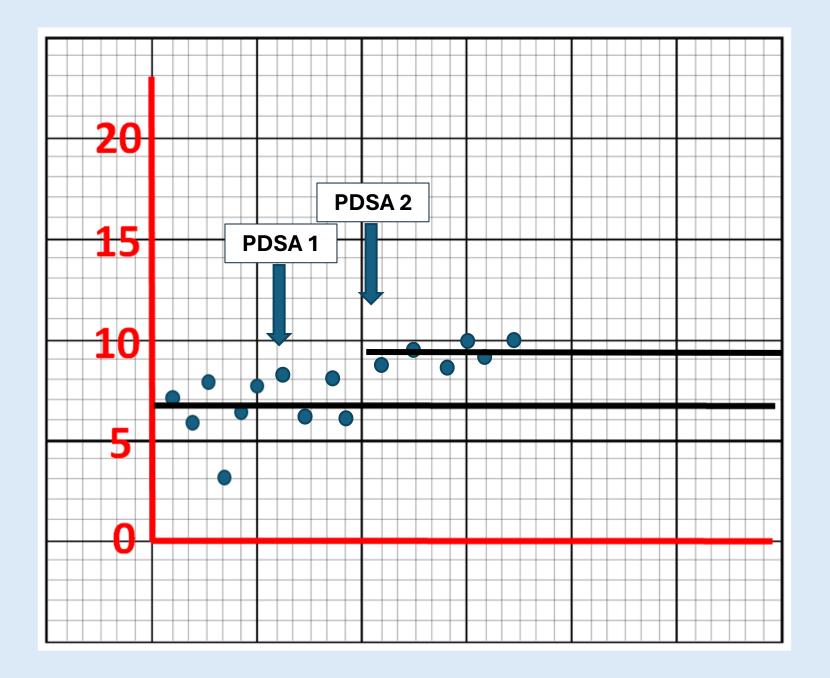
Attempt	Plan		Do	Study	Act
	What Questions? Theories?	Predictions?	What did you see?	How did this match your prediction?	What Now? Adopt? Adapt? Abandon?
1					
2					
3					
4					
5					
6					
7					
8					



Attempts

SQSF

Time (secs)









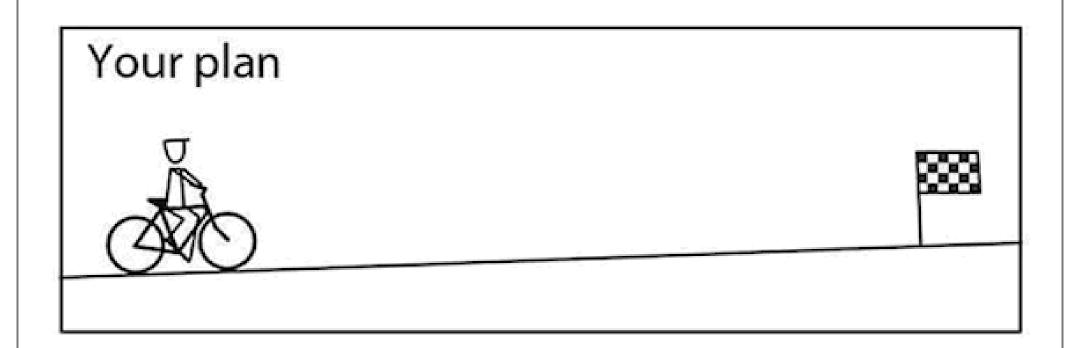
Timing begins when the fingers leave the coin

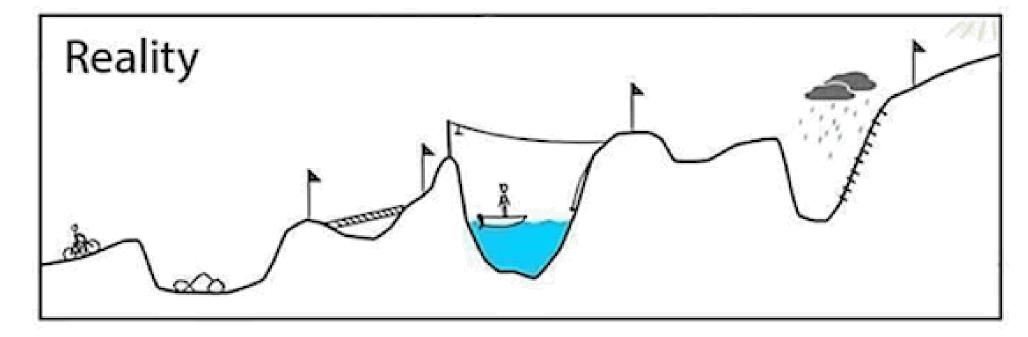


Timing ends when the coin is fully flat on the surface



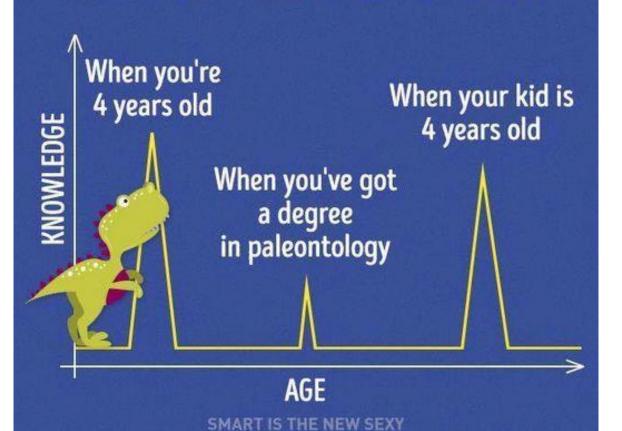
SUCCESSI





Insanity is **doing** the same **thing** over and over and expecting **different** results

PERIODS WHEN YOU KNOW THE MOST ABOUT DINOSAURS



The relationship between professionals and patients is at the heart of our health system. If we want a different health system, we need a different type of relationship."

Martin Fischer



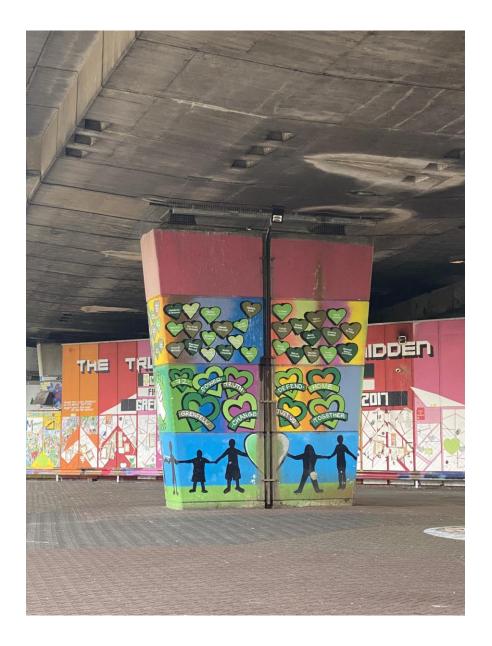




Figure 1: The ABC framework of nurses' and midwives' core work needs

Autonomy

The need to have control over one's work life, and to be able to act consistently with one's values

- Authority, empowerment and influence Influence over decisions about how care is structured and delivered, ways of working and organisational culture
- Justice and fairness Equity, psychological safety, positive diversity and universal inclusion
- Work conditions and working schedules
 Resources, time and a sense of the right and necessity to
 properly rest, and to work safely, flexibly and effectively

Belonging

The need to be connected to, cared for by, and caring of colleagues, and to feel valued, respected and supported

- Teamworking Effectively functioning teams with role clarity and shared objectives, one of which is team member wellbeing
- Culture and leadership
 Nurturing cultures and compassionate leadership enabling
 high-quality, continually improving and compassionate
 care and staff support

Contribution

The need to experience effectiveness in work and deliver valued outcomes

- Workload Work demand levels that enable the sustainable leadership and delivery of safe, compassionate care
- Management and supervision
 The support, professional reflection, mentorship and supervision to enable staff to thrive in their work
- Education, learning and development
 Flexible, high-quality development opportunities that promote continuing growth and development for all



Thank you.... And enjoy the rest of the forum

SQSF Website



SQSF Podcasts
Why Apply?





