How to successfully scale improvement work:

Improving therapeutic engagement and observations across a large organisation

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Plan for this session

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Why is scaling up quality improvement so hard?

Deep dive into a case study from East London NHS FT

Identifying the enablers to effective scale-up

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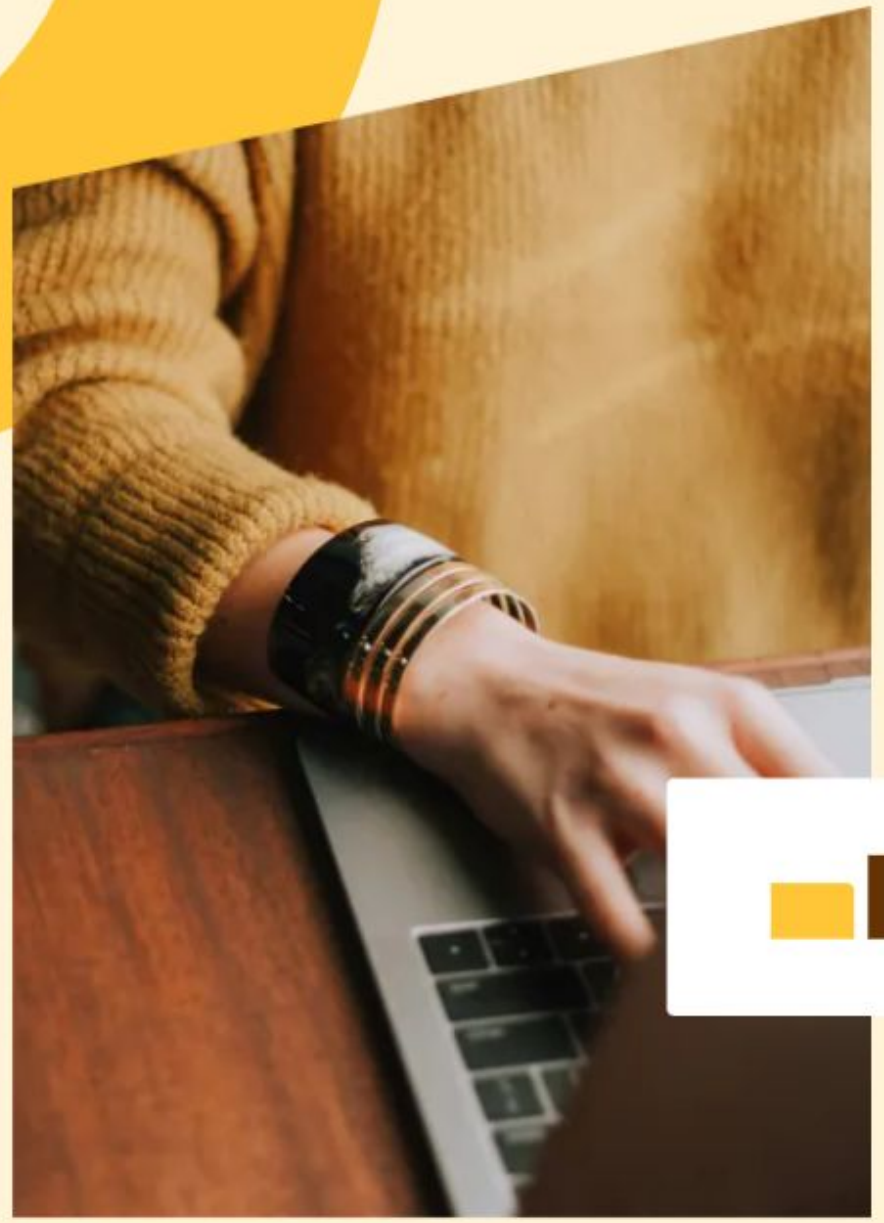

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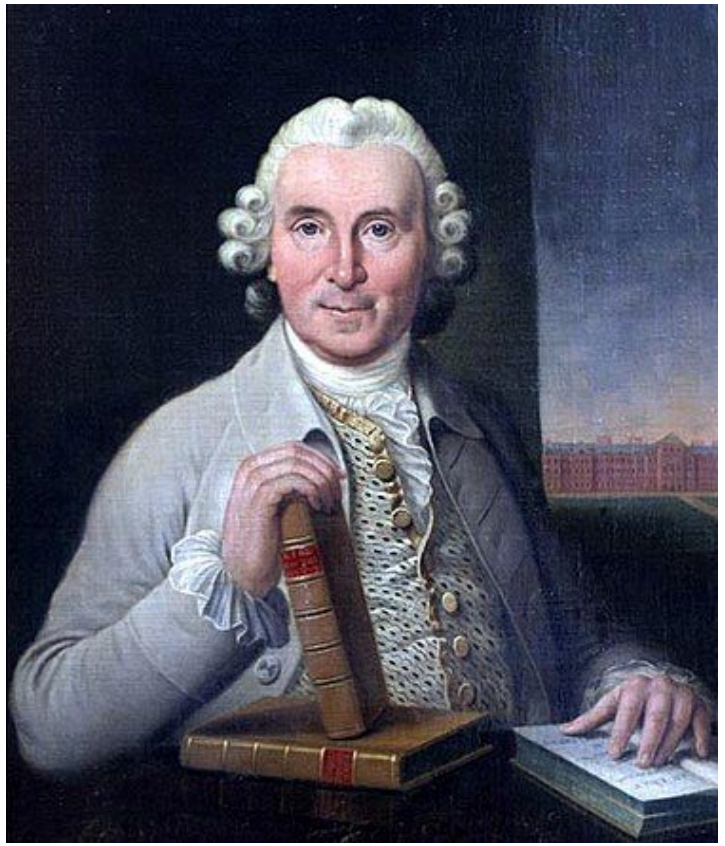
Why is scaling up improvement hard?

James Lancaster - 1601



James Lind - 1747

Why is scaling up improvement hard?

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The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 DECEMBER 28, 2006 VOL. 355 NO. 26

An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU

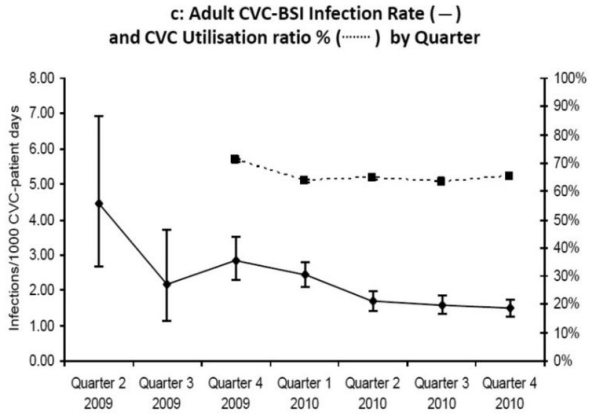
Peter Pronovost, M.D., Ph.D., Dale Needham, M.D., Ph.D., Sean Berenholtz, M.D., David Sinopoli, M.P.H., M.B.A., Haitao Chu, M.D., Ph.D., Sara Cosgrove, M.D., Bryan Sexton, Ph.D., Robert Hyzy, M.D., Robert Welsh, M.D., Gary Roth, M.D., Joseph Bander, M.D., John Kepros, M.D., and Christine Goeschel, R.N., M.P.A.

Michigan Keystone project
108 ICUs

Reduction from 7.7 infections per 1000 catheter days to 1.4 at 16-18months follow-up ($p < 0.002$)

'Matching Michigan': a 2-year stepped interventional programme to minimise central venous catheter-blood stream infections in intensive care units in England

215 ICUs across England



SPREADLY SINS

I

SIN: Expect huge improvements quickly then start spreading right away.

DO THIS INSTEAD: Create a reliable process before you start to spread.

II

SIN: Don't bother testing—
just do a large pilot.

DO THIS INSTEAD: Start with small, local tests and several PDSA cycles.

III

SIN: Spread the success unchanged. Don't waste time "adapting" because, after all, it worked so well the first time.

DO THIS INSTEAD: Allow some customization, as long as it is controlled and elements that are core to the improvements are clear.

IV

SIN: Rely solely on vigilance and hard work.

DO THIS INSTEAD: Sustain gains with an infrastructure to support them.

V

SIN: Give one person the responsibility to do it all. Depend on "local heroes."

DO THIS INSTEAD: Make spread a team effort.

VI

SIN: Require the person and team who drove the initial improvements to be responsible for spread throughout a hospital or facility.

DO THIS INSTEAD: Choose a spread team strategically and include the scope of the spread as part of your decision.

VII

SIN: Check huge mountains of data just once every quarter.

DO THIS INSTEAD: Check small samples daily or frequently so you can decide how to adapt spread practices.

Why is scaling up improvement hard?

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Attention to context as well as technical interventions

Designing for scale from the outset

Depth and closeness of support structure

Ability to adapt & customise the interventions

Capacity & capability

Leadership attention

Dixon-Woods, M., Leslie, M., Tarrant, C. *et al.* Explaining *Matching Michigan*: an ethnographic study of a patient safety program. *Implementation Sci* **8**, 70 (2013).

Dixon-Woods M, Martin GP. Does quality improvement improve quality? Future Hosp J. 2016 Oct;3(3):191-194. doi: 10.7861/futurehosp.3-3-191. PMID: 31098223; PMCID: PMC6465806.

Greenhalgh T, Papoutsi C. Spreading and scaling up innovation and improvement. BMJ. 2019 May 10;365:l2068. doi: 10.1136/bmj.l2068. PMID: 31076440; PMCID: PMC6519511.

ELFT as an organisation

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- Mental Health (Inpatient, Community, Forensics)
- Community Health Care
- Talking Therapies
- Primary Care
- Children's Mental Health

2.2 million

7000 staff

Inpatient Mental Health Services

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Adult Inpatient

Forensic Inpatient

CAMHS

Older Adults

54 Inpatient wards

The context of this work

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- Quality and Safety
- Serious Incidents
- Service User Feedback
- Inconsistent Practice

THE STANDARD

NEWS | HEALTH

East London hospital staff may have submitted false reports on 11 patients who died

Mahamoud Ali, 40, died after being found unresponsive in a hospital room, after nurses repeatedly failed to check on him

MAHAMOUD ALI WAS FOUND UNRESPONSIVE AT LEA WARD, IN THE TOWER HAMLETS CENTRE FOR MENTAL HEALTH, RUN BY EAST LONDON NHS FOUNDATION TRUST

What are mental health observations?

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- General supportive observation – Every hour
- Intermittent supportive observation - Every 15 mins
- Continuous supportive observation – within eyesight
- Continuous supportive observation – within arm's length

Observation practice should be viewed as providing an opportunity for therapeutic engagement with service users

(Farelly et al 2014)

Quality Improvement Method

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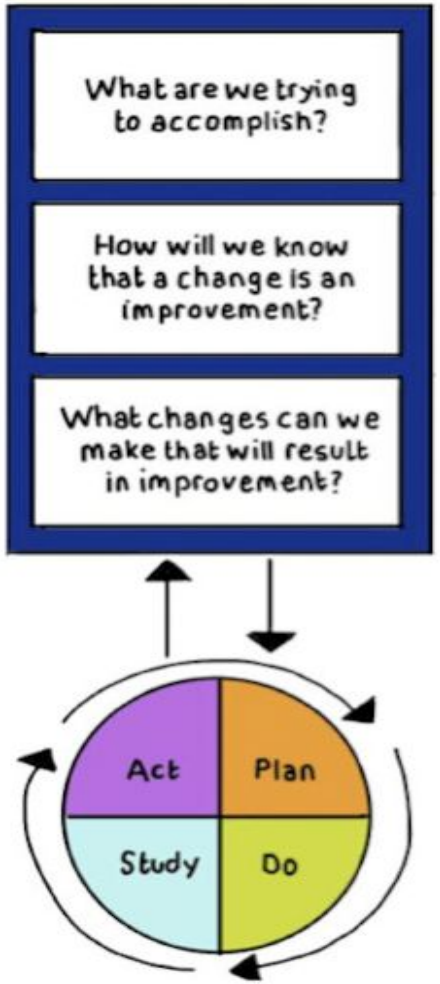
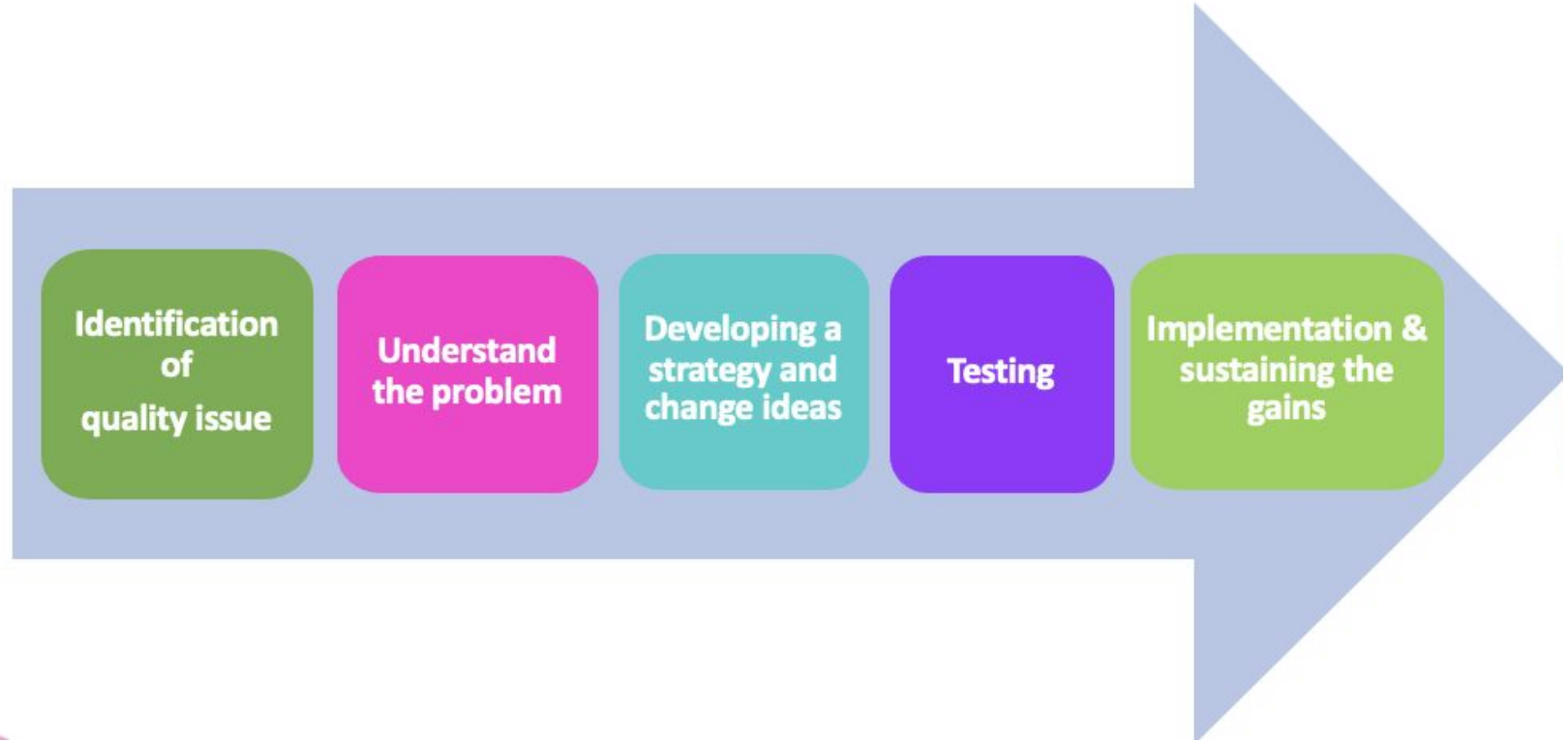
Model for Improvement





ELFT Sequence of Improvement

Use of QI methods to sustainably scale

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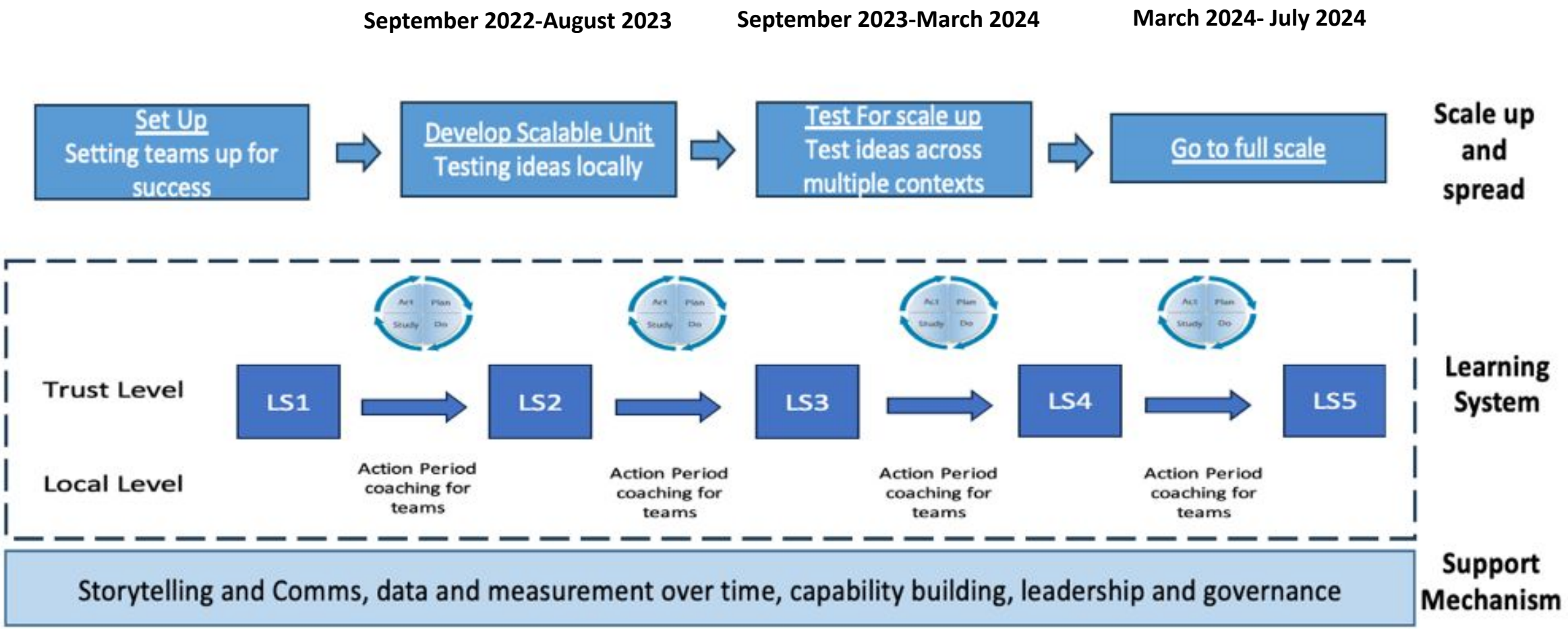

Our theory of change

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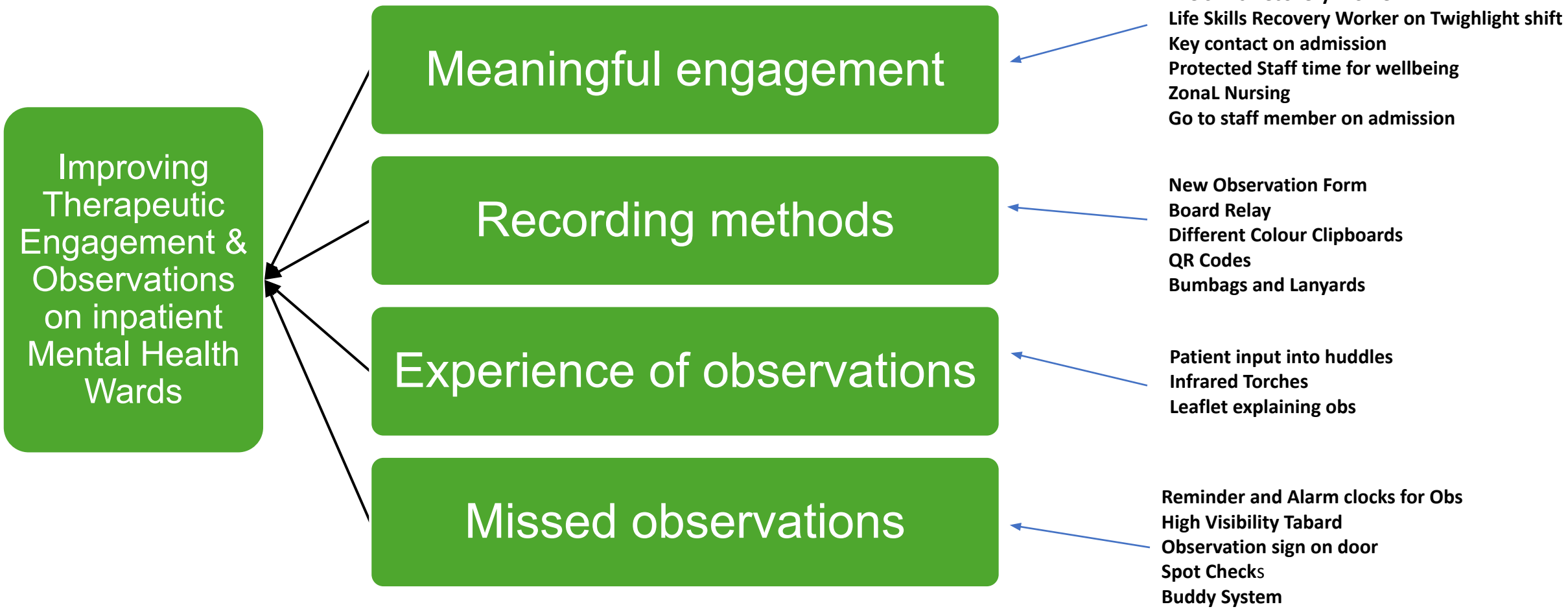

Three Change Ideas tested for full scale

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Observation board relay	→	Handover
Zonal observations	→	Relational security Early detection / intervention
Evening / weekend Enhanced activities	→	Therapeutic environment

Containment & safety

Results

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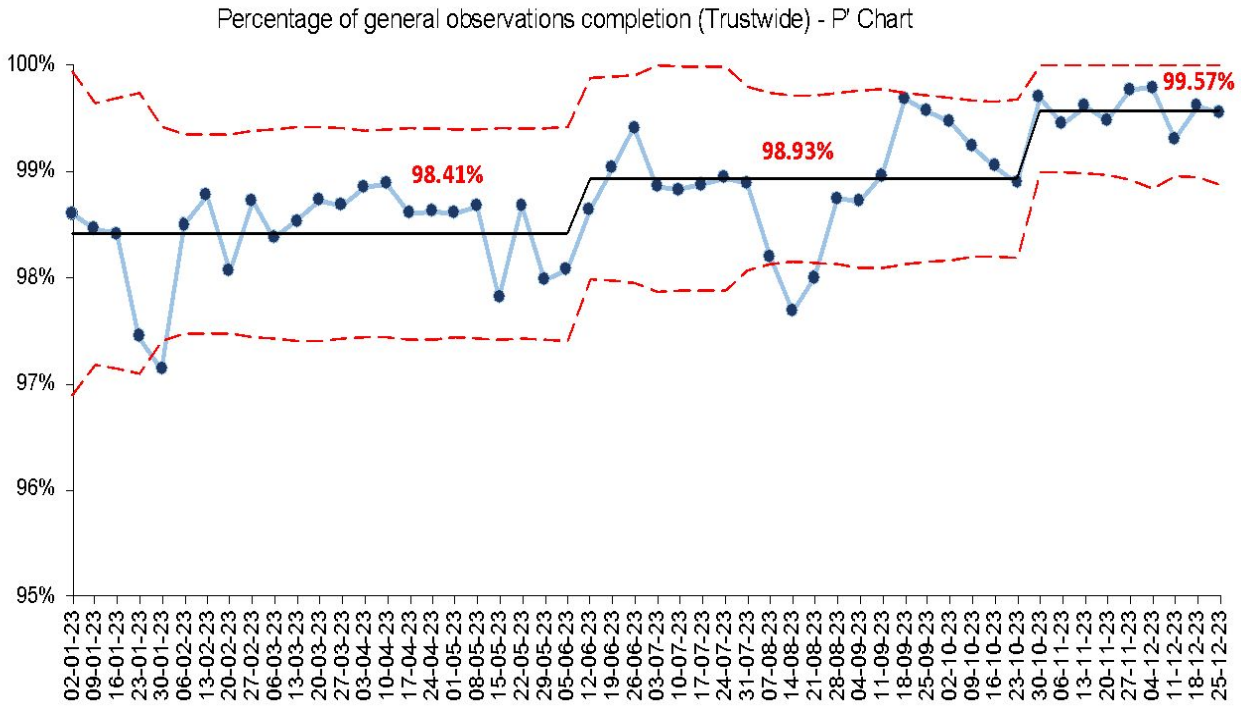

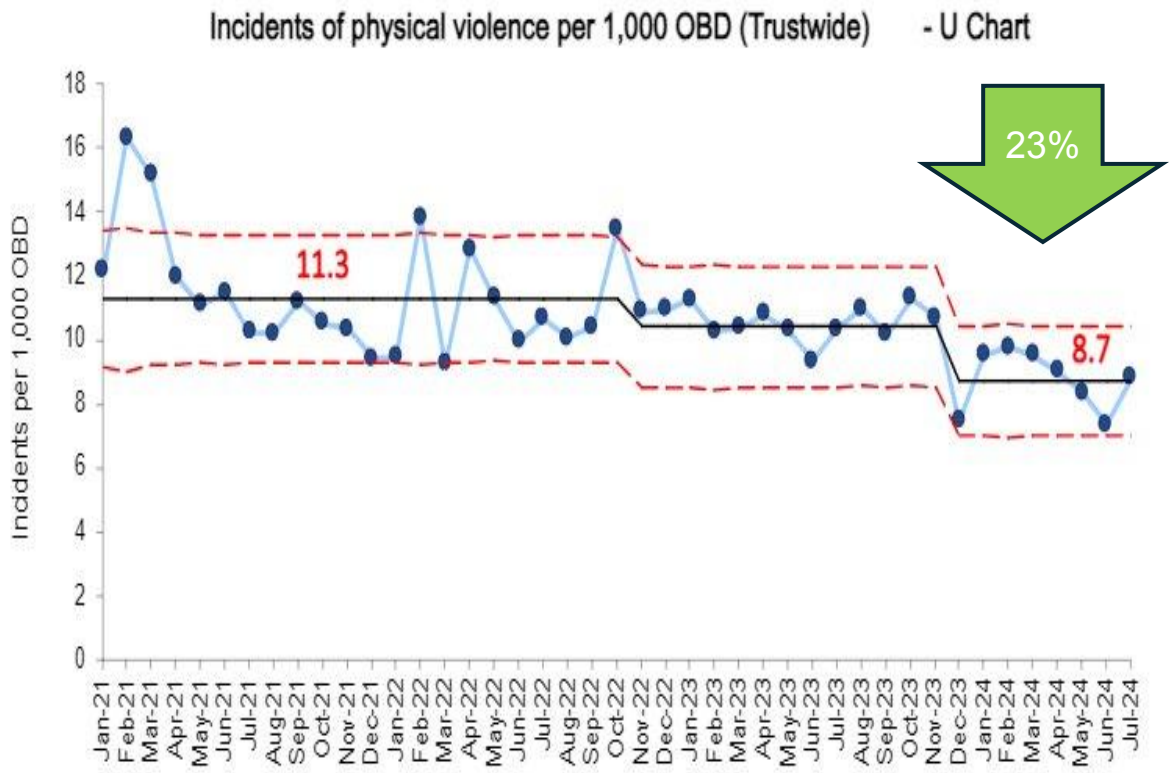

Results

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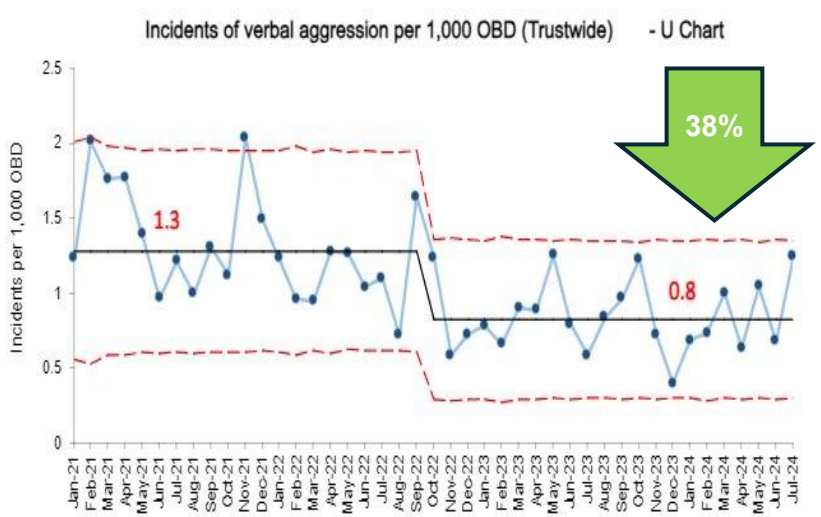

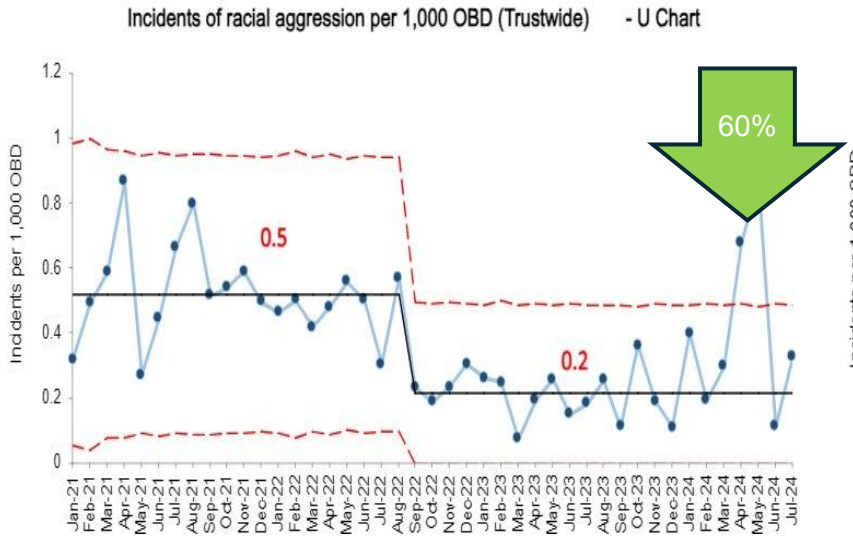

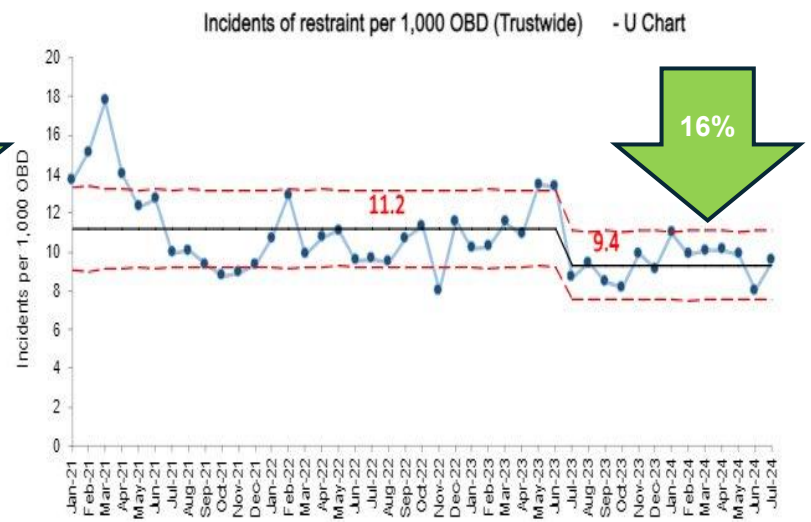

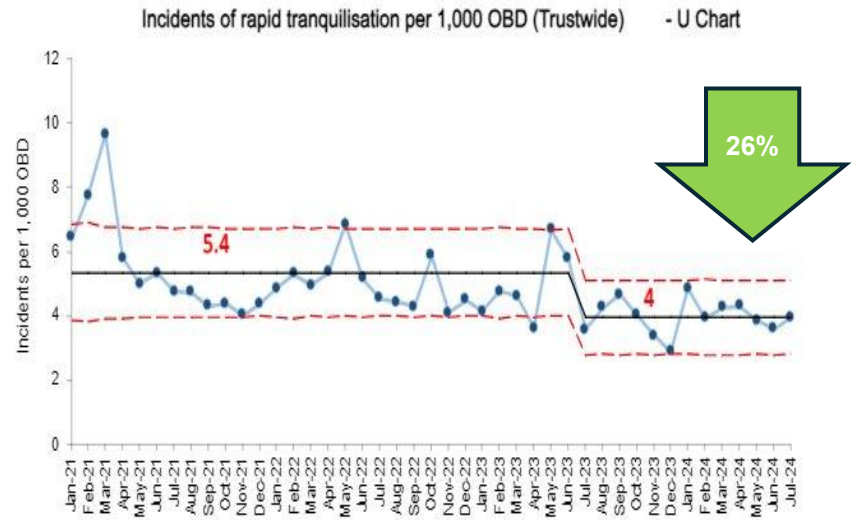

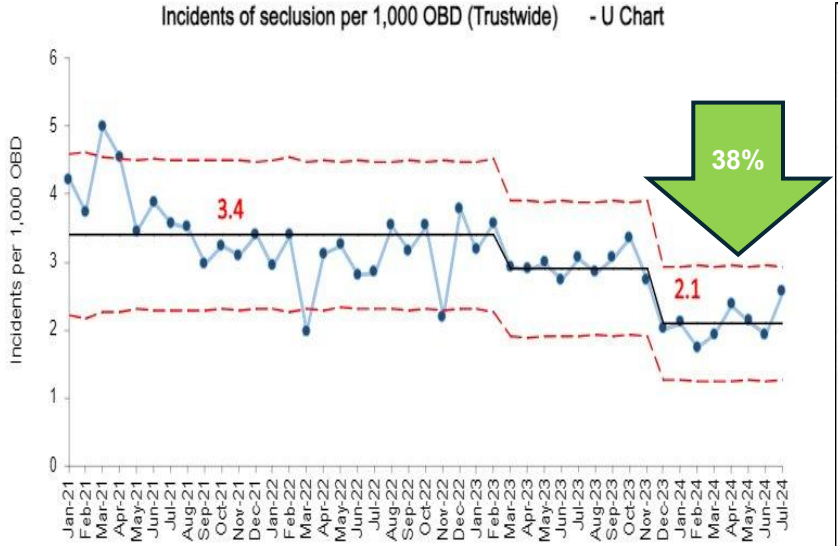

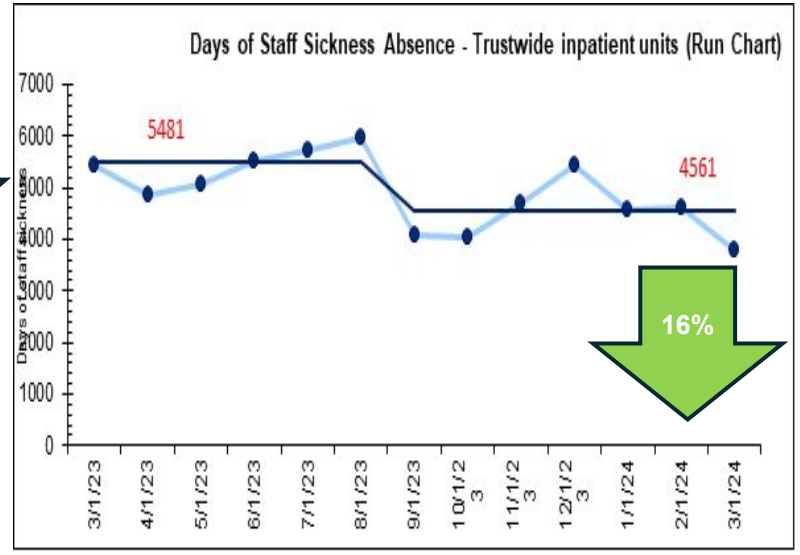

Staff and Service User Feedback

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"we are really pleased with how successful the zonal observation system has been...and most importantly what it means for us patients is that we are receiving good quality care"
Service User

"… the work has kept the number of incidents very low, and patients are really enjoying it"
Life Skills Recovery Worker (Staff)

"I appreciate the therapeutic element of engaging with staff, understanding their perspectives, and building understanding"
Service User

"you can now get into meaningful conversations which leads to therapeutic engagement"
Staff

Key Enablers of the work

Locally Led by Staff and Service Users

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Projects with active service user involvement are 2.7 times more likely to achieve their aim

Kostal and Shah 2021

Service users helping share their experience of observations in Forensics to develop change ideas

Improvement Method and Infrastructure

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PDSA for local contextual learning

Fidelity vs adaptation ideas

Key components vs rigid procedures

Contemplate multiple plausible futures and tailor designs to local context

Build focused experimentation into designs

Lanham et al 2013

Improvement Infrastructure

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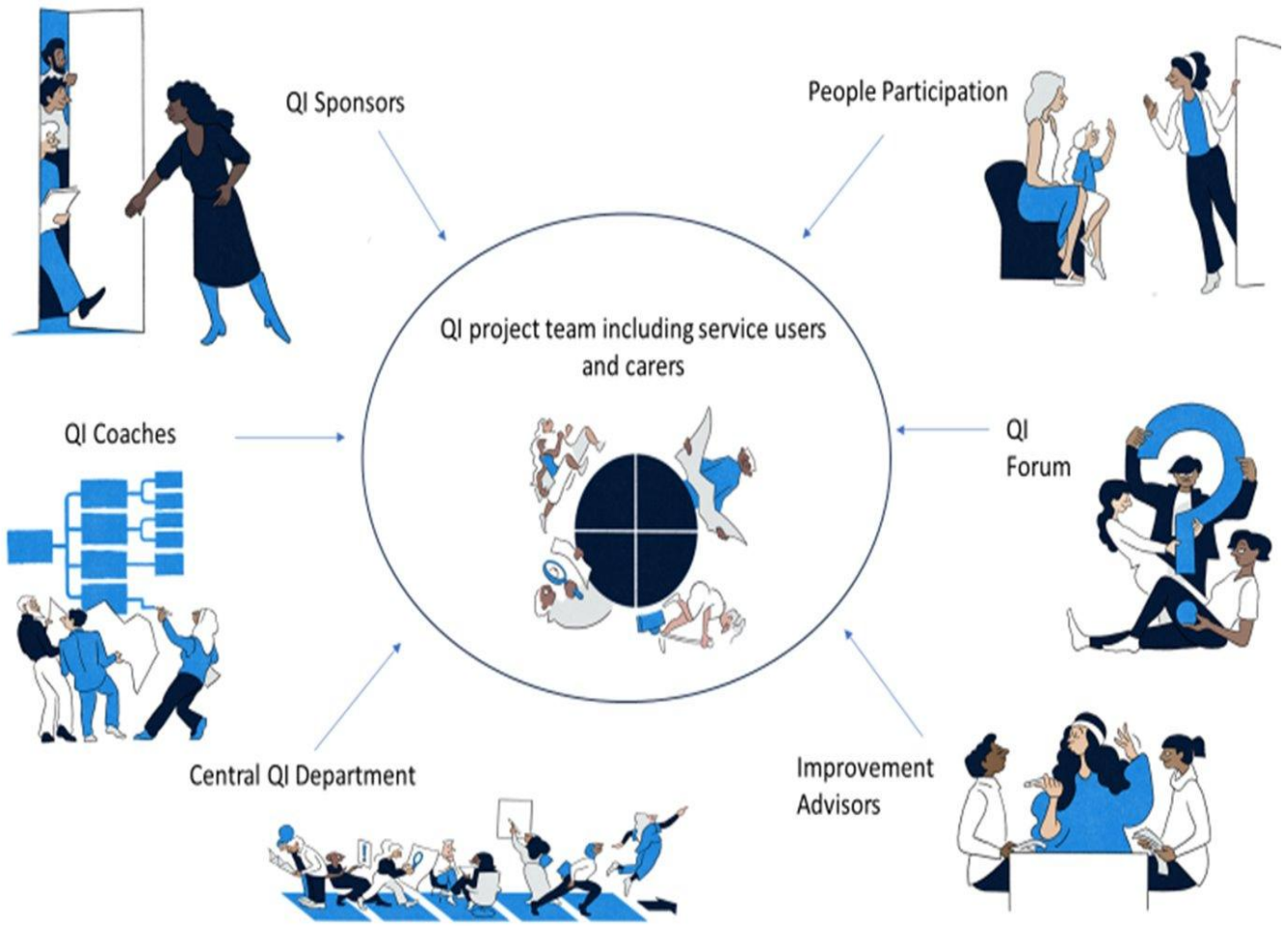

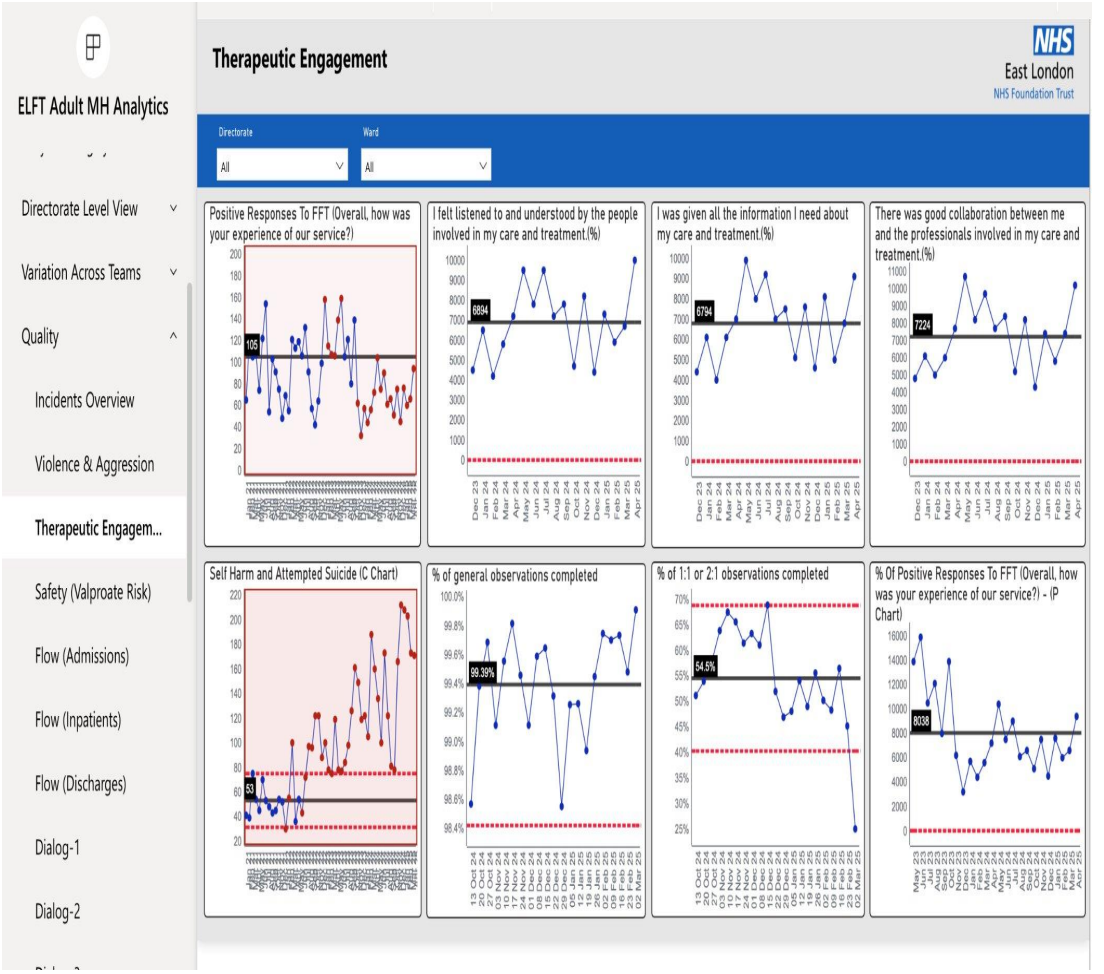

Governance and Social Learning Spaces

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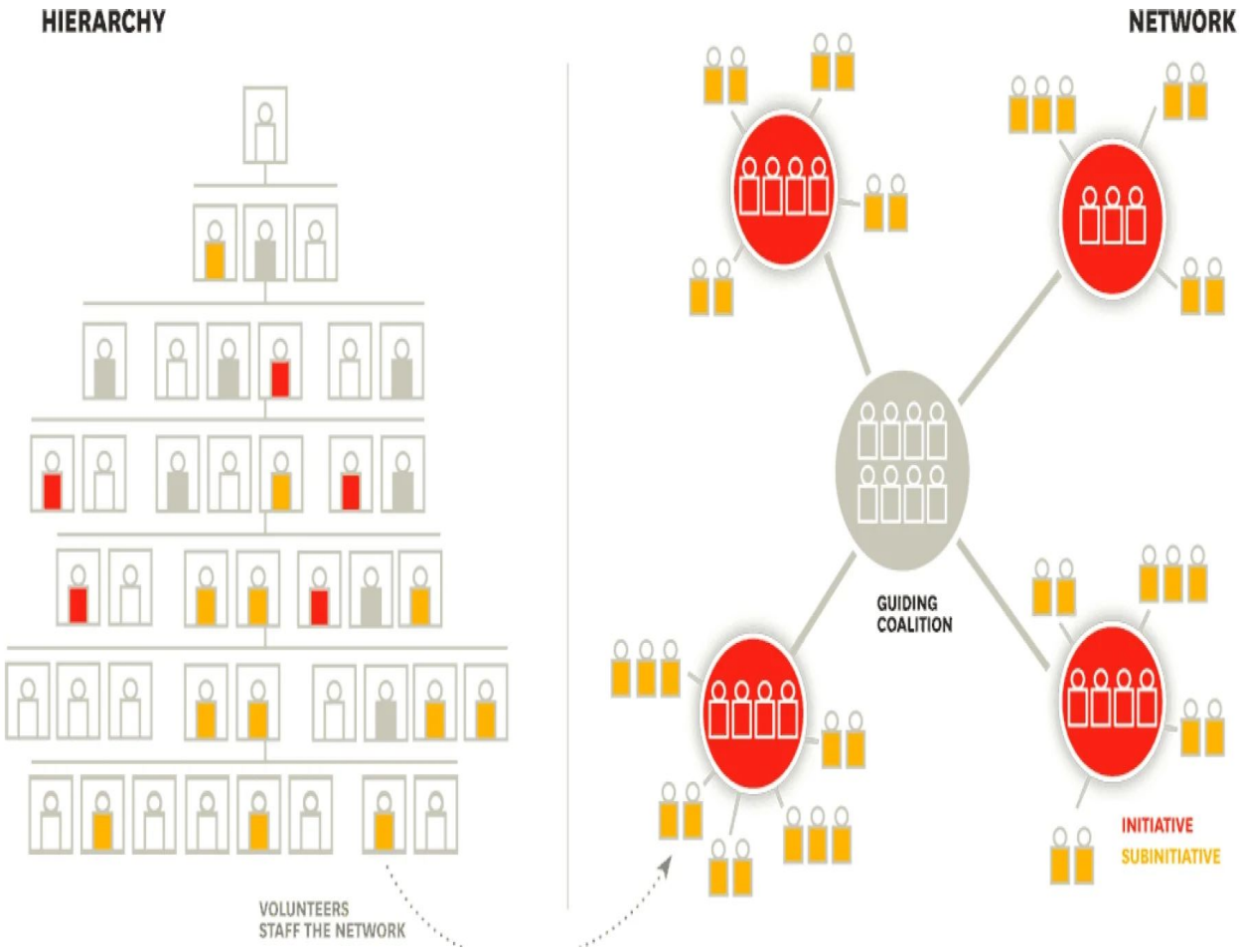
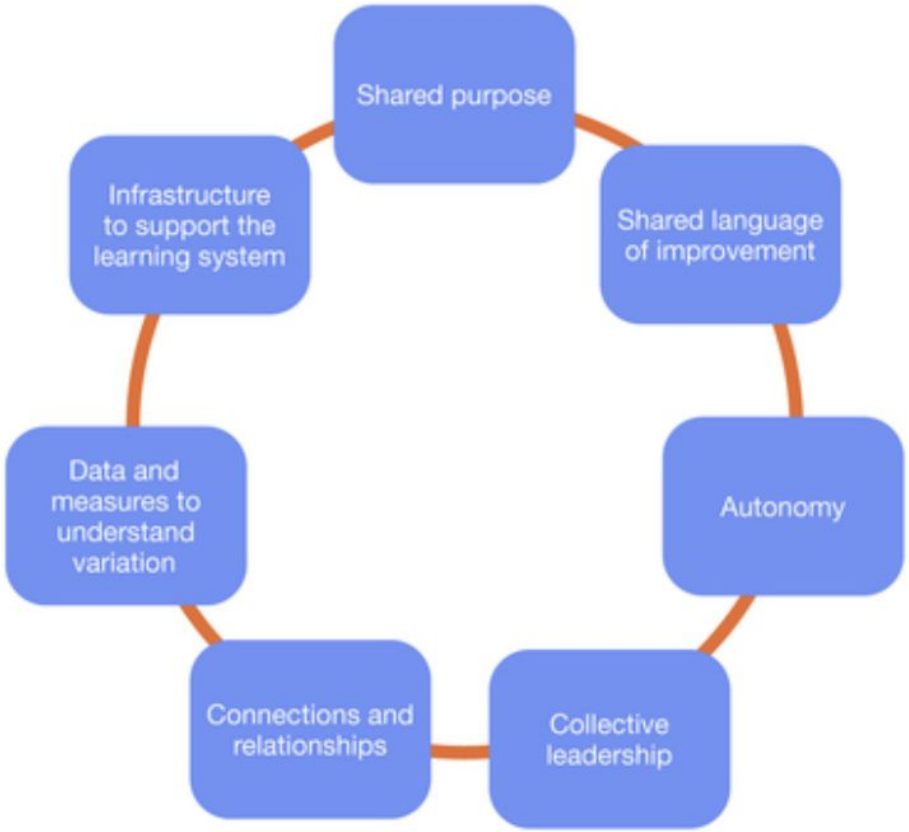
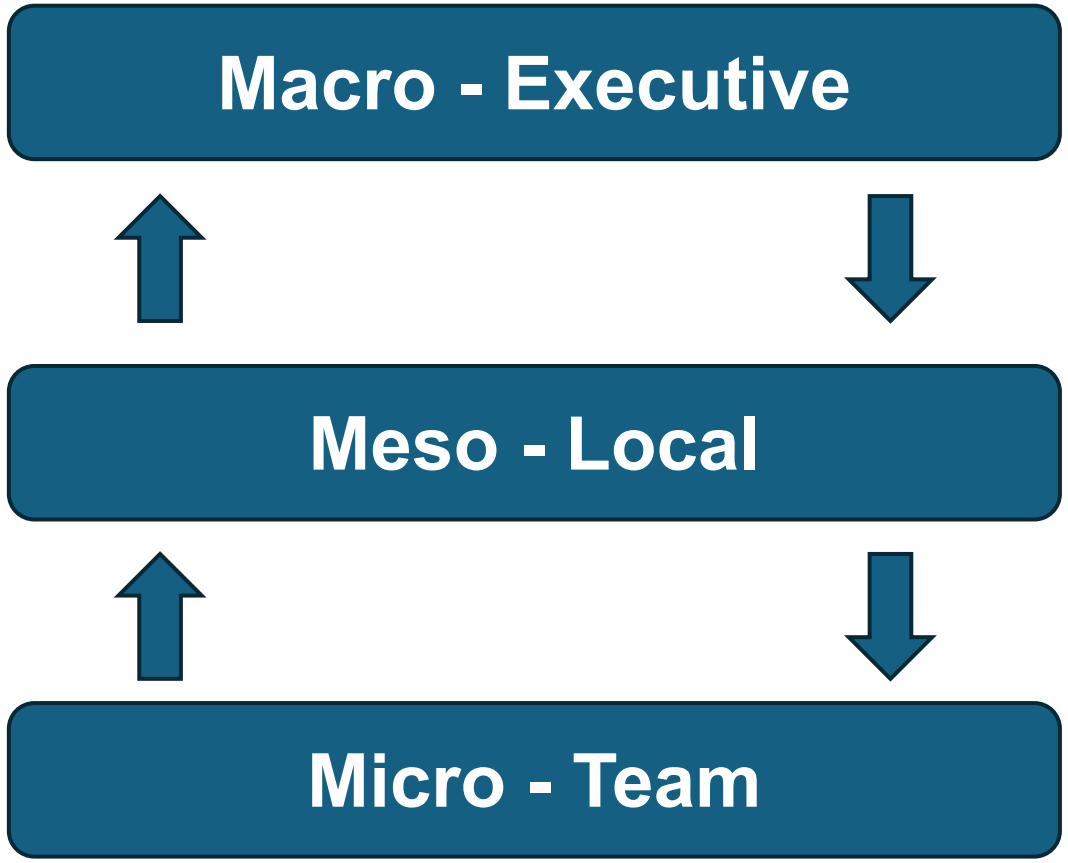




Clinical Leadership



- Relational
- Two way to learn from each other
- Co-designing vision

Time for your questions...

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