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conversations on twitter
Tweet us at **#quality2019**

E2 #qfe2

Engaging physicians in leading quality improvement in a brand-new hospital

Rikke von Benzon Hollesen - IA & programme director

Julie Mackenhauer - MD, NAU Fellow



AALBORG UNIVERSITETSHOSPITAL
– i gode hænder



Agenda



Background and context

Facts and challenges

**Design of the New Aalborg University (NAU)
Hospital Fellowship Programme**

Lessons learned

Combination of timing and will

2013



2014



HARVARD
SCHOOL OF PUBLIC HEALTH

Jens Winther Jensen



CEO, MD, Senior IHI Fellow



Facts & challenges

2013 – 2019
5 cohorts

2014
From senior -
to junior
doctors

23
Fellows



2016
Multidisciplinary
cohorts

Kickoff



Leadership support by 3 sessions with sponsors

NAU conference & celebration



PS!

Kursusbevis

Astrid Helene Livbjerg
Aalborg Universitetshospital, Urologisk Afdeling

Uddelt af

Nyt Aalborg Universitetshospital Fellow program
I perioden ultimo oktober 2015 – medio maj 2016

Temaer

- Deming's System of profound knowledge
- Forbedringsmodellen (Model for **improvement**)
- Afprøvning af forbedringer i klinikken
- Dataindsamling, analysemetoder og tolkning af data (herunder monitorering)
- Acceleration af forbedringsarbejde og fastholdelse
- Ledelse af forbedringsarbejde på kliniskniveau
- Motivationspsykologi og den menneskelige side af forandringer

Improvement advisor fra Dansk Selskab for Patientsikkerhed, Rikke Hollesen, har været gennemgående projektleder af programmet og har undervist og coachet deltagerne i deres lokale forbedringsarbejde. Der har været gæsteundervisere til læringstræf med lægefaglig baggrund med efteruddannelse som forbedringsrådgivere. Størstedelen af litteraturen har været på engelsk. I tillæg til undervisningen (36 timer), har deltagerne arbejdet med et klinisk forbedringsprojekt på deres egen afdeling under vejledning (30 timer).

Forbedringsagenter fra NAU Fellow kan:

- Lede forbedringsarbejde og fjerne barrierer
- Formidle, udøve og sprede **improvement science** og forbedringsmodellen
- Sætte ambitiøse og systematiske mål
- Anvende metoder til afprøvning af nye arbejdsgange
- Måle systematisk, hyppigt og tidstro og tolke data i seriediagrammer
- Accelerere og fastholde implementering

Programansvarlige:

Projektchef Niels Uhrenfeldt, Nyt Aalborg Universitetshospital
Hospitalsdirektør Jens Ole Skov

Improvement advisor og projektleder Rikke Hollesen, Dansk Selskab for Patientsikkerhed

Creates debate, pride and joy-in-work

DEBAT | Debat 19/05 2017 KL. 0:00

Hvad er videnskaben værd, hvis den ikke implementeres?

»Vi må tage ansvar for, at ny viden bliver brugt«. Læs om, hvad forbedringsvidenskab er, og hvad det kan bruges til.



1 Kommentar



Fra venstre: Julie Mackenhauer, Christina Ankjær Sørensen, Thure Haunstrup, Kasper Gymoese Berthelsen og Hanna Järnum Lilholt.

Af NAU-fellow, læge i hoveduddannelse Samfundsmedicin Julie Mackenhauer, Psykiatri Aalborg Universitetshospital. E-mail: j.mackenhauer@rn.dk. NAU-fellow, læge i hoveduddannelse Hanna Järnum Lilholt, Nuklearmedicinsk Afdeling, Aalborg Universitetshospital. E-mail: h.jarnum@rn.dk. NAU-fellow, afdelingslæge Christina Ankjær Sørensen, Anæstesiologisk Afdeling Syd, Aalborg Universitetshospital. E-mail: christina.soerensen@rn.dk. NAU-fellow, læge i hoveduddannelse Thure Haunstrup.

UGESKRIFTET.dk

NYHEDER | VIDENSKAB | DEBAT | NAVNE | JOB OG PRAKSIS | A

TEMA: Cannabis | Lægemøde 2018 | Immunterapi | OK18 | Svendborgsa

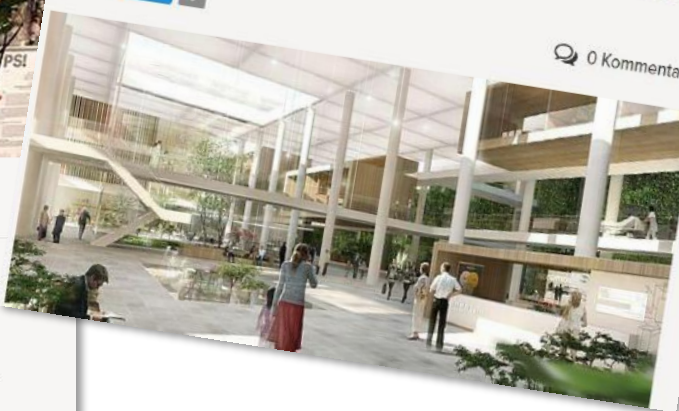
NYHED | Nyheder 03/04 2018 KL. 0:00

Yngre læger frikøbes til at stå i spidsen for forbedringsprojekter

På Aalborg Universitetshospital er Anne Frost en del af et hold af yngre læger, der er udvalgt til at stå i spidsen for projekter, der dels skal forbedre den kliniske hverdag, dels skal tilpasses forholdene på det supersygehus, som er indflytningsklart i 2021.



0 Kommentarer



Why become a fellow?



NAU FELLOWSHIP
PROGRAMME

AALBORG
DENMARK

What we learned



Now what?





Michael Braüner Schmidt
@mb_schm Følger dig

Lægefaglig direktør på Aalborg Universitetshospital. Tweeter om forbedringer af klinisk kvalitet, ledelse af læger og patienten i fokus.

📍 Nordjylland, Danmark aalborguh.dk

< **Tweet**



Michael Braüner Schmidt
@mb_schm

NAU-fellows til netværksmøde ude på det Nye Aalborg Universitetshospital (NAU). Inspirerende at møde unge fagprofessionelle forandringsagenter, der har energien til at udvikle fremtidens klinik.

[#aalborguh](#) [#sundpol](#)





Thank you for your attention

[@thejuliemac](#)



[@Rhollesen](#)

j.mackenhauer@rn.dk

rh@patientsikkerhed.dk



Royal College
of Physicians

Quality
Improvement

Developing local leaders for improvement: how to engage doctors in training in quality improvement

Dr John Dean

Aimee Protheroe

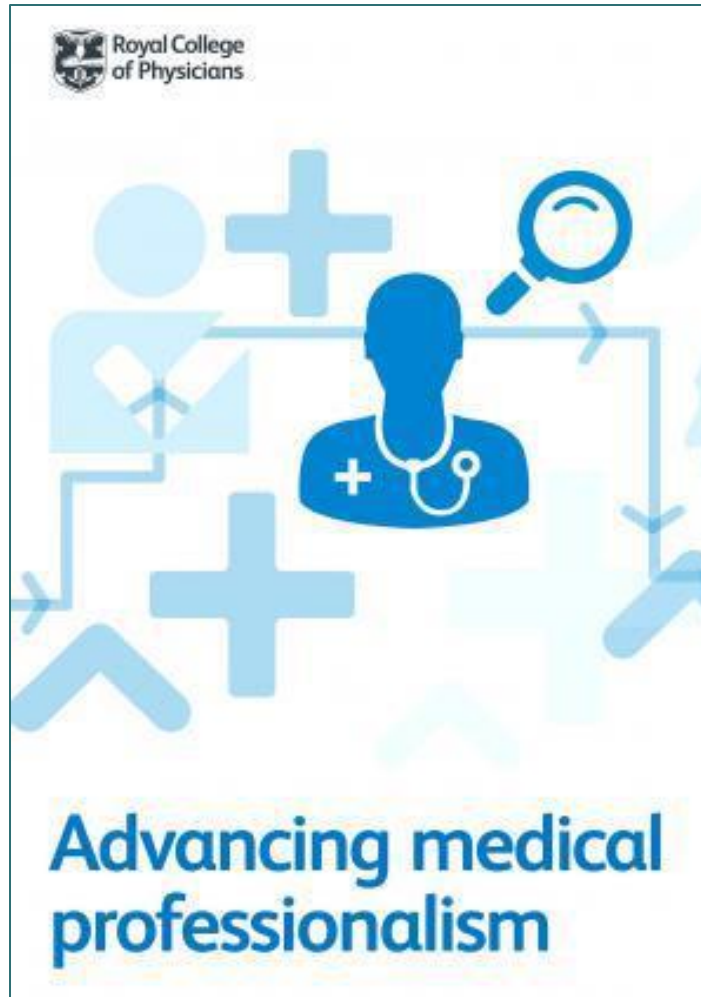
Professionalism



Royal College
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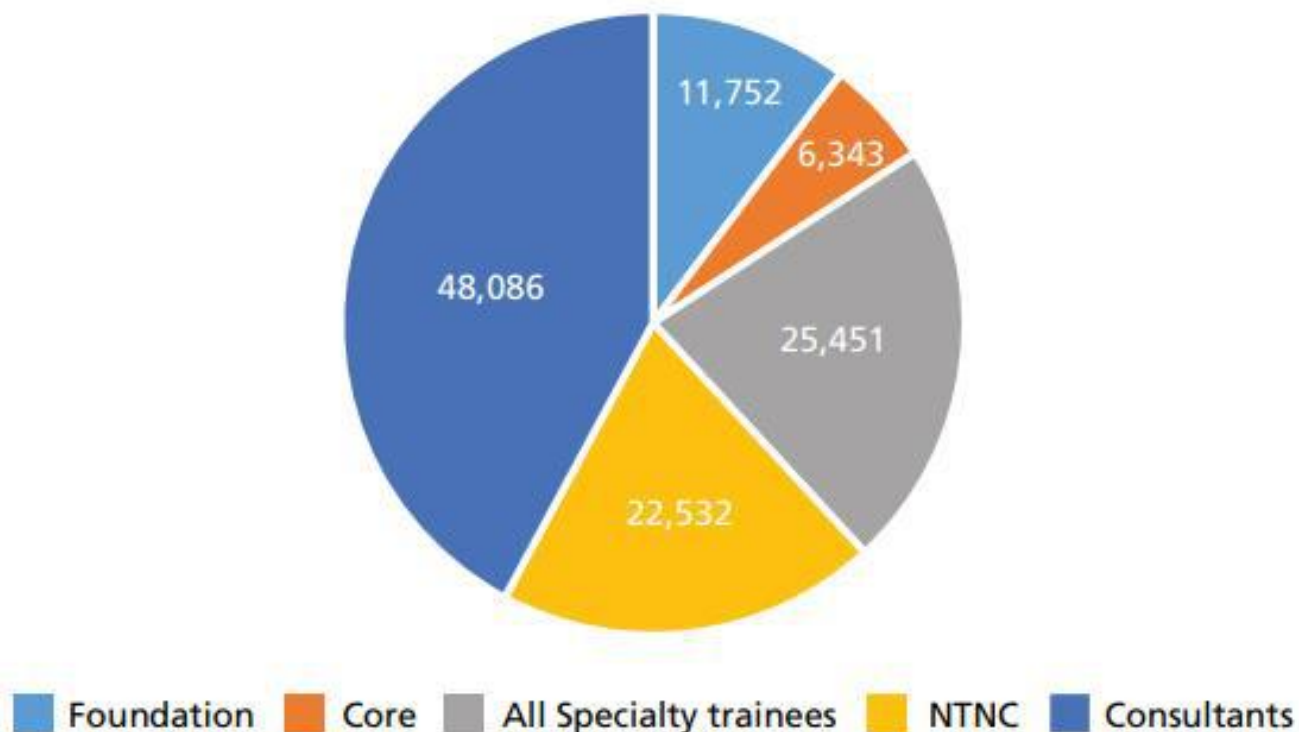
- doctor as healer
- patient partner
- team worker
- manager and leader
- learner and teacher
- advocate
- innovator.



**Quality
improvement as
a core part of
professionalism**

The medical workforce in the UK

Medical staff by category - 2017, Headcount
NHS in England, HEE combined data set



Training pathway in the UK

Career pathways

Pathways tend to change year on year and there are many different entry points, so we recommend looking at the royal colleges and faculty websites, NHS Health Careers and the GMC for more detailed information on specialties and their training paths.

BMA

Medical school

lasts between four and six years, longer if you intercalate



SJT (situational judgement test)

- The SJT is required to apply for foundation training
- The exam includes clinically rich case problems, data interpretation questions and clinical images

Intercalating

- You can study another degree subject for a year and earn the title BSC degree or equivalent
- It can improve your career prospects and is a minimum requirement for academic foundation programmes and certain specialty training pathways
- There are extra costs to consider

Upon graduation from medical school, you will gain provisional GMC registration.

Foundation years

lasts two years
– FY1 and FY2



Applying for foundation training

Applications are made through a national programme in the autumn (to start the following summer). For more details see the NHS page on foundation programmes.

Structure

- Includes six to eight rotations in medical or surgical specialties
- You would expect to obtain full GMC registration at the end of FY1



Training pathways

There are two types of training programme in specialty training: uncoupled and run-through.



Depending on your specialty you'll enter uncoupled training or run-through training programmes.



Uncoupled training programmes



Core and higher specialty training

This lasts two or three years (depending on your chosen specialty), followed by higher specialty training and progression to completion of training.

Core training programmes include:

- Core medical training
- Core anaesthetics training
- Core psychiatry training
- Core surgical training

And similar programmes like:

Acute care common stem (ACCS)



Run-through training programmes

- Progression is automatic as long as the trainee satisfies all required competencies
- Programmes last around three years for general practice and five to seven years in other specialties
- Trainees start with a broad overview of the specialty, and specialise more over time

Quality improvement at the Royal College of Physicians (RCPQI)

Building capacity

Equip the healthcare workforce with skills and expertise to continuously improve services

Breakthrough Collaboratives

9 month, topic specific, quality improvement course for clinicians and their teams

Virtual hub

Connecting people, best practice, tools and evidence

Leadership for improvement

Develop medical leaders who can influence and embed a culture of quality and continuous improvement

Research and development

Develop, adapt, design new improvement methods and knowledge

Bespoke support

Provide expert assessment and support in tackling particular organisational and service challenges

RCP QI Faculty

Aims to make quality improvement easily accessible to all doctors and support physicians in developing and providing safe, timely, evidence-based, efficient and patient-centred care to achieve the RCP's strategic aim of improving quality

Delivered through 6 work streams, supported by a faculty of quality improvement experts



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Quality
Improvement

Learning to make a difference

“Stronger educational and organisational infrastructure for trainee doctors is vital in promoting the benefits of NCA data, and in supporting doctors to use the data”



“Doctors should be provided with enough mentoring, time and space to be allowed to access and use data to drive improvements in care”

RCP guidance for CMTs

QI projects should:

- Not consist solely of data collection
- Involve working as part of a multiprofessional team
- Utilise QI methodology such as plan, do, study, act cycles and real-time measurement based on timeseries data
- Consider long-term sustainability from the start.

QI projects may:

- Not be completed within a year
- Be implemented over two years of core medical training
- Not reach their ultimate goal
- Continue, spread or sustain work that is already underway
- Use national audit data as the stimulus for a quality improvement project, but should incorporate elements of discovery and measurement beyond pure data collection



**Royal College
of Physicians**

Quality
Improvement

Flexible portfolio training

- With Health Education England
- Give doctors training in General Medicine protected time to pursue alternative professional development, alongside their usual training:

Within the pilot, trainees will:

- get one protected day a week, or equivalent to concentrate on your complementary pathway (medical education, research, **quality improvement** or clinical informatics)
- have opportunities for focused professional and personal development
- be able to develop and strengthen key competencies and new skills in a different environment
- still achieve CCT in the usual timeframe (subject to satisfactory training progression).

Start in post August 2019

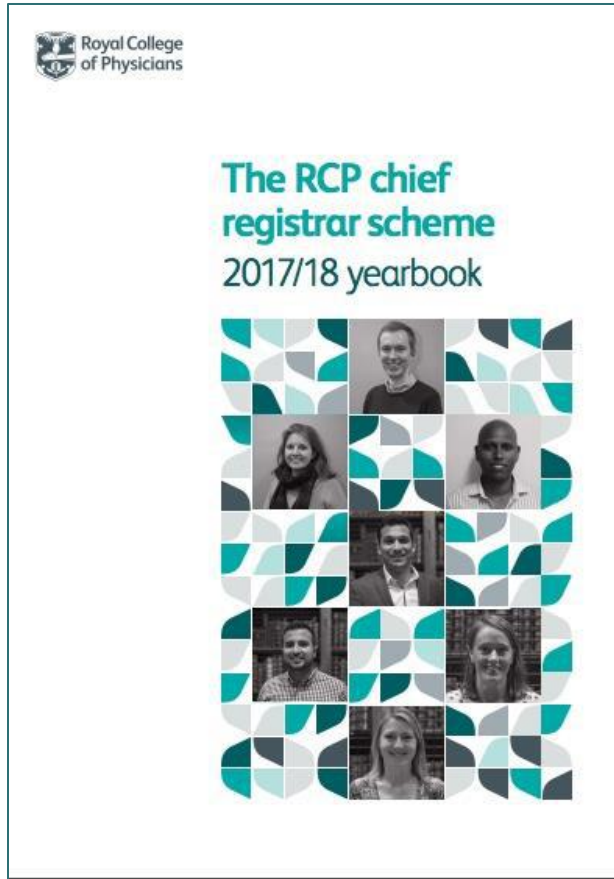


**Royal College
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Quality
Improvement



Chief Registrar Scheme



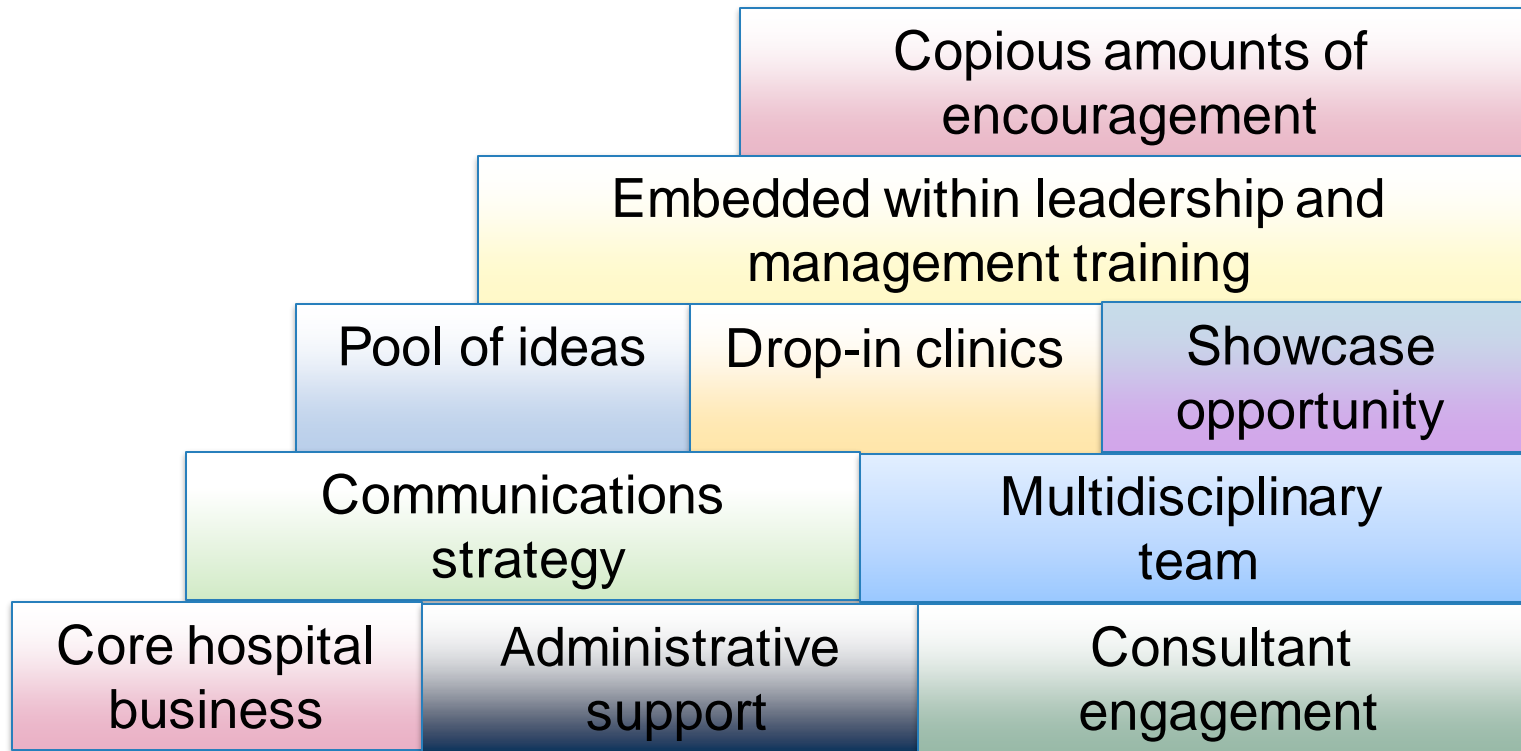
Tomorrows leaders



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Quality
Improvement

Key factors for success in supporting QI for doctors in training



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Quality
Improvement

E-learning for educational supervisors

<https://www.rcplondon.ac.uk/education-practice/courses/e-learning-rcp>



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Improvement

QI curriculum – Academy of Medical Royal Colleges

Capability 1: Understanding the system
analysis, method, complexity

Capability 2: Human elements of change
human factors, stakeholder, psychology of change

Capability 3: Measurement of change
quantitative and qualitative time series
analysis, variation, assurance vs improvement

Capability 4: Implementing change
Interplay technical and behavioural and systems, coaching, project management

Capability 5: Sustainability and spread
Scale up and spread mechanisms, marketing, dissemination

Capability 6: Leadership and team working
Team leadership, team culture, resilience



Royal College
of Physicians



Dr Rachael Ward, ST5 Chief Registrar



Dr Francis Kynaston-Pearson, ST7 Chief Registrar





Royal College
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Quality
Improvement

We're recruiting!

Head of quality improvement
Come and join us...

Please take a yearbook



[e: rcpqi@rcplondon.ac.uk](mailto:rcpqi@rcplondon.ac.uk)
t: 0151 794 9217

Prepare to Lead

March 2019



ISQua's Mission Statement:

“To inspire and drive improvement in the quality and safety of health care worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.”

Our vision is to be the global leader of transformation in healthcare quality and safety.



Turning the Tanker

What is the greatest obstacle to quality improvement for healthcare professionals in training?

- 1) Time restraints
- 2) Resistance to change within department or unit
- 3) Rotation and relocation system
- 4) Other

Developing future QI leaders

Scholars in QI programme with RCPI & ISQua

Aims

- to develop a cadre of future leaders
- to develop core faculty for the RCPI

	No. of Scholars
Year 1	1
Year 2	3
Year 3	5



Person centred

Reliability and systems

Learning

Business case for quality

Network learning

Attributes

Courage Humility Vision Hope Knowledge Skills and Respect

ORIGINAL ARTICLE

Effectively leading for quality

Peter Lachman, MD, MPH, MMed, MBBCh, BA, FRCPC, FRCPI, FCP(SA)¹ and Wendy Nicklin, RN, BN, MSc(A), CHE, FACHE, FISQUA, ICD.D.¹

Abstract

Although significant advances have occurred in medical and related sciences, the quality improvement and patient safety movements have been slow to gain traction. There are many “pockets” of progress around the globe; however, the scale and spread has been slow. Stimulating culture and system change in healthcare requires a definitive change in leadership style and approach. Health leaders of today must commit to the critical success factors and demonstrate the attributes necessary to create change and raise the bar for quality improvement and safety.

<https://journals.sagepub.com/doi/10.1177/0840470417706705>



Healthcare Management Forum
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QI Scholar in Residence Programme

Immersive QI
experience for health
care professionals in
training

Unique opportunity
for mentorship

Ongoing support
after scholarship

Expert knowledge

Safety for the
scholar

Thanks to Gail Nielsen

Psychological Safety

Joy in Work

Safety Culture

Reflective practice

Competency



What is the most important skill that healthcare professionals should learn during QI training?

- 1) Teamwork
- 2) Communication
- 3) Networking
- 4) Time management
- 5) Project management
- 6) Other




Technical skills

What is the most important factor for a successful QI project?

- 1) Project Choice
- 2) Mentorship
- 3) Team enthusiasm
- 4) Momentum
- 5) Sustaining change
- 6) Other

practice
development
inspiration
COACHING
mentoring
knowledge
motivation

 Dreamstime.com

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Building a social movements for new power







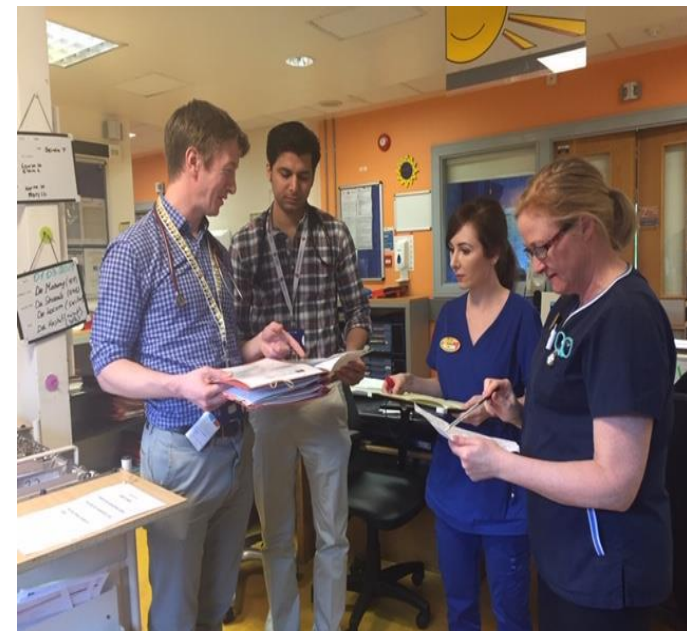
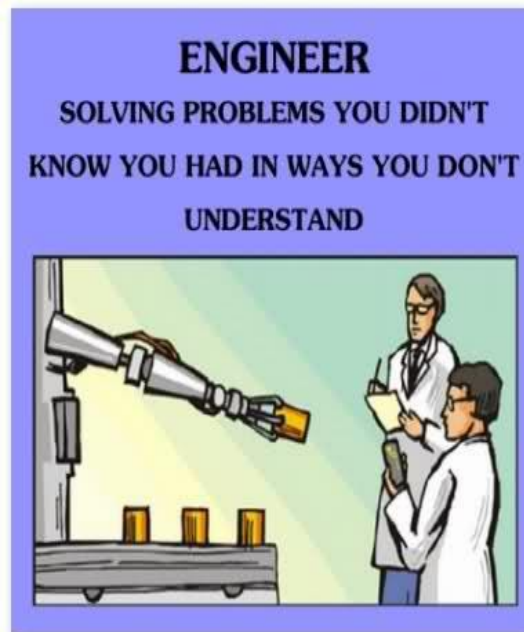
**ROYAL
COLLEGE OF
PHYSICIANS
OF IRELAND**



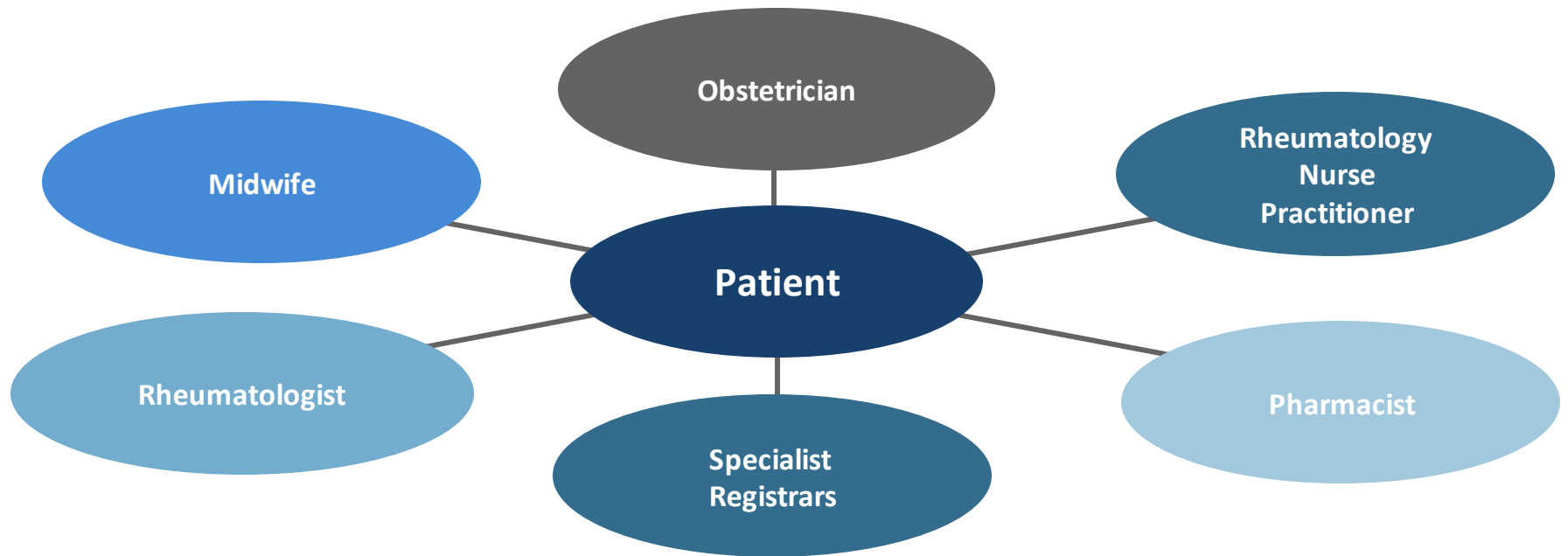




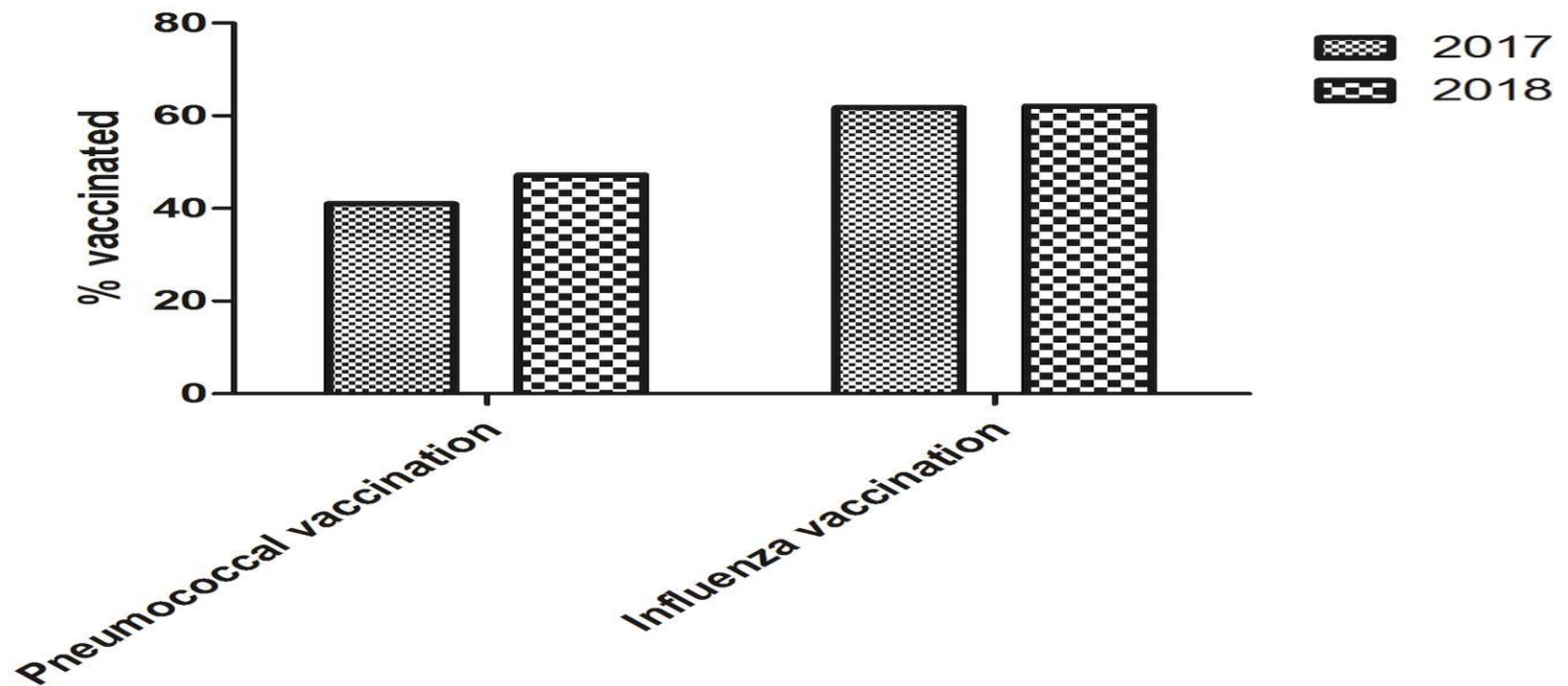




MDT Rheumatology Obstetric Service E ROSE Clinic



Improving Vaccination Rates in Immunosuppressed Rheumatic Disease Patients











European Journal of Obstetrics & Gynecology and Reproductive Biology 236 (2019) 121–126



Contents lists available at ScienceDirect

European Journal of Obstetrics & Gynecology and Reproductive Biology

journal homepage: www.elsevier.com/locate/ejogrb



Cesarean delivery rates using Robson classification system in Ireland:
What can we learn?



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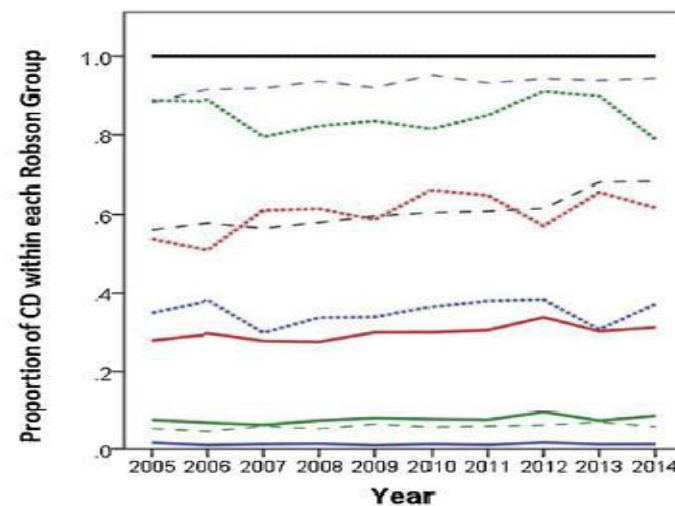
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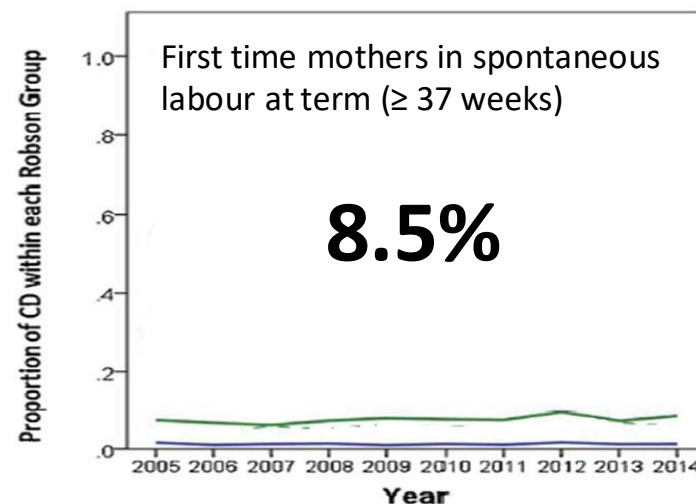
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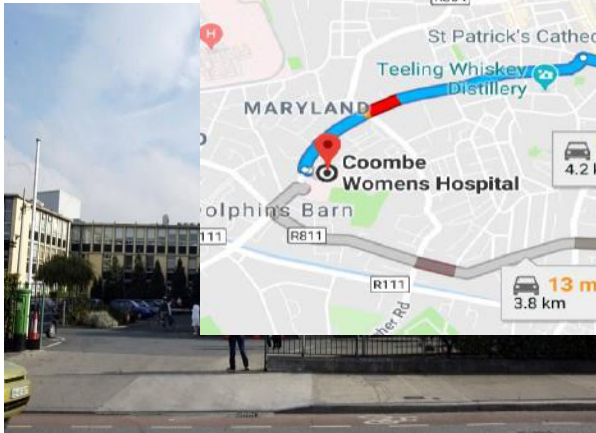
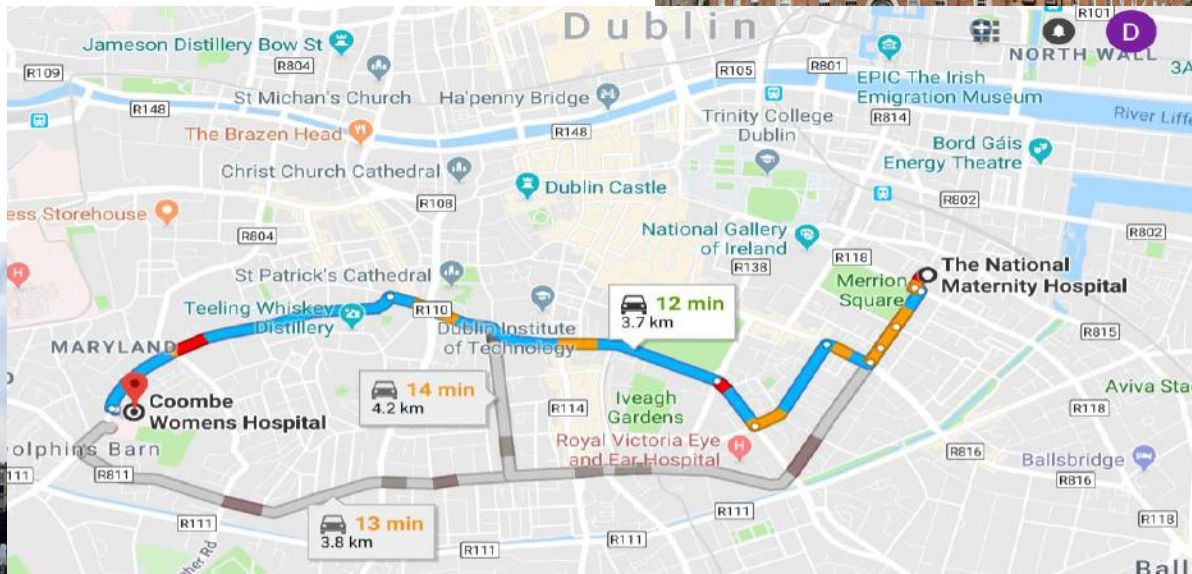


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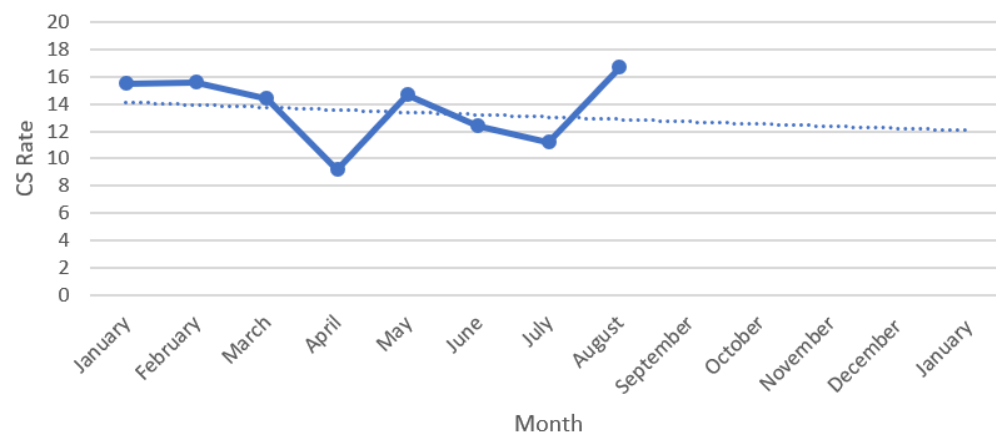


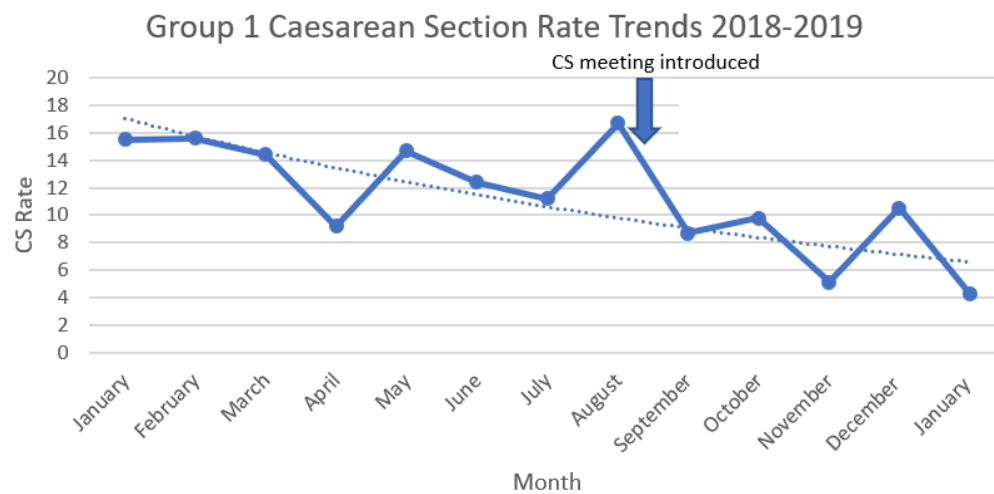


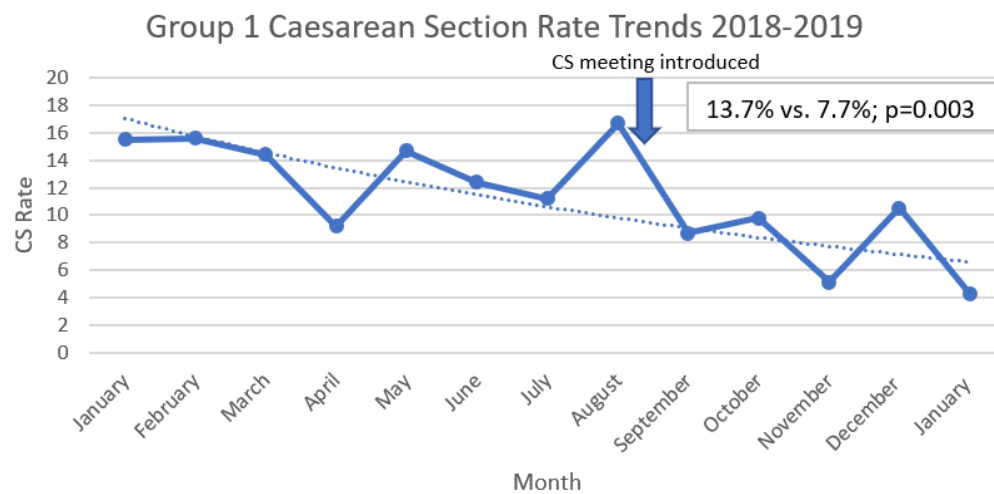




Group 1 Caesarean Section Rate Trends 2018-2019











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Setting The Benchmark for
Health Care Quality and
Safety Education

TRAINING

LEARNING

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