Transitioning from Quality Improvement to Quality Management: a system to continuously reduce healthcare system cost







Aim of our session

- Introduce Scotland's Quality Management System (QMS) Framework
- Consider QMS within your context
- Share the practical application at an NHS Board level to deliver improved quality, productivity and cost

Agenda

09:00-10:30 Welcome, introduction and ice breaker
Introduction to Quality Management Systems
Quality management in your context
Table discussion and exercise

10:30-11:00 Coffee Break

11:00-12:30 NHS Highland QMS & Value Management
Value Management Huddle Simulation
Raigmore Hospital Q&A
Questions and close



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Let's share with the world

#qfm4



Icebreaker



Why quality management?



Image credit: workforce by Melissa Schmitt from the Noun Project, debt by Rflor from the Noun Project

Why quality management?



Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland





Healthcare Improvement Scotland











Quality management system

A coordinated and consistent approach to managing the quality of what we do across the whole health and care system

with the ultimate aim of delivering better population health and wellbeing, better care experience, better value and better staff experience.

A quick reminder of what we mean by quality



Our Challenge.....

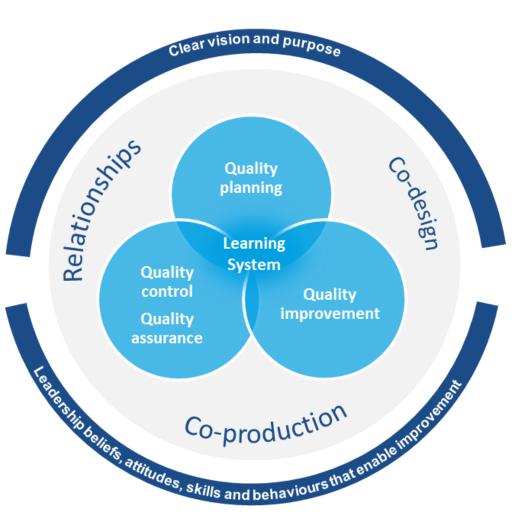
Developing a common framework for quality management across health and social care that could be applied at a national, NHS Board and IJB level

(and latterly agreed also at team/ward level)

Juran trilogy
Manufacturing
Process and product focused
Deterministic







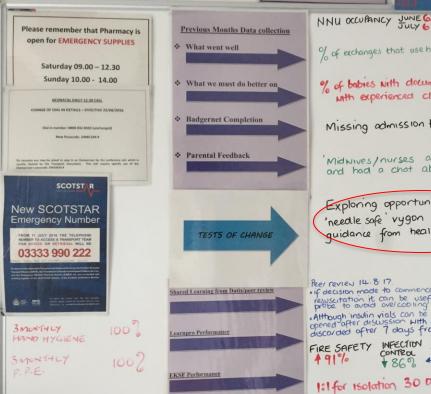


Essentially, all models are wrong, but some are useful

George Box







NNU OCCUPANCY JUNE 63% SHIFTS STAFFED JUNE 95% TO BARM. JULY 93% % of exchanges that use high quality SBAR 100% % of babies with documented consultation with experienced clinician Missing admission temperature \$7.4% Midwives/nurses always sat down and had a chat about how he felt

Exploring opportunity of trying 'needle sofe' vygon camula's following quidance from health and safety

· if decision made to commerce passive cooling during a resuscitation it can be useful to apply a temperature probe to avoid overcooling

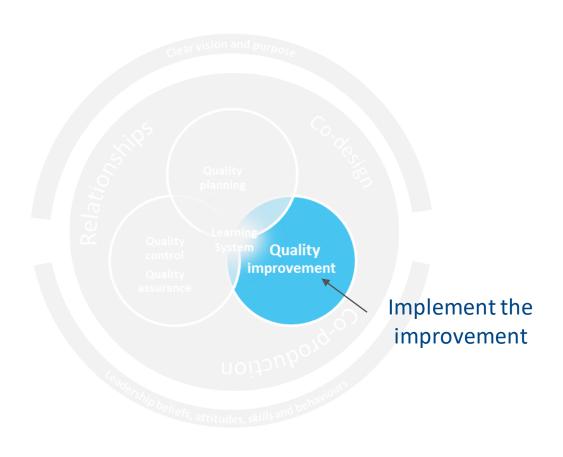
. Although insulin vials can be used up to 4 Needs after being opened after discussion with pharmacist they will be discarded after 7 days from first use.

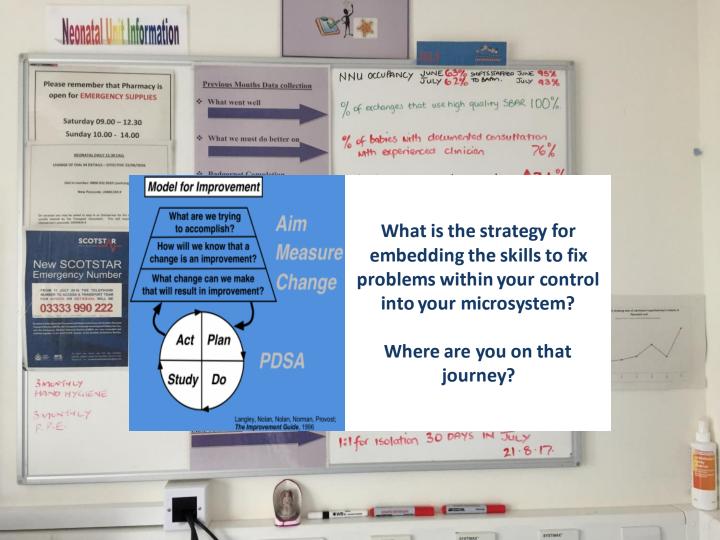
FIRE SAFETY INFECTION SAFE TRANSPISION ¥ 86% 4× 88%

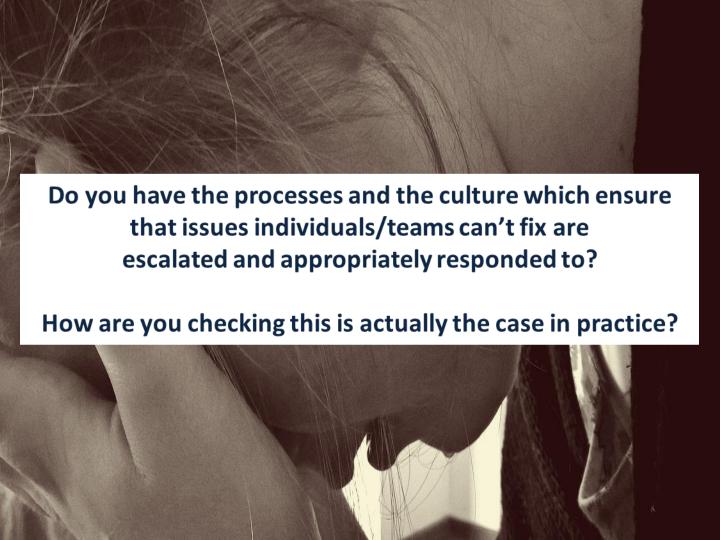
CHILD PROTECTION (Tier IA every 3 years)

SYSTIMAX

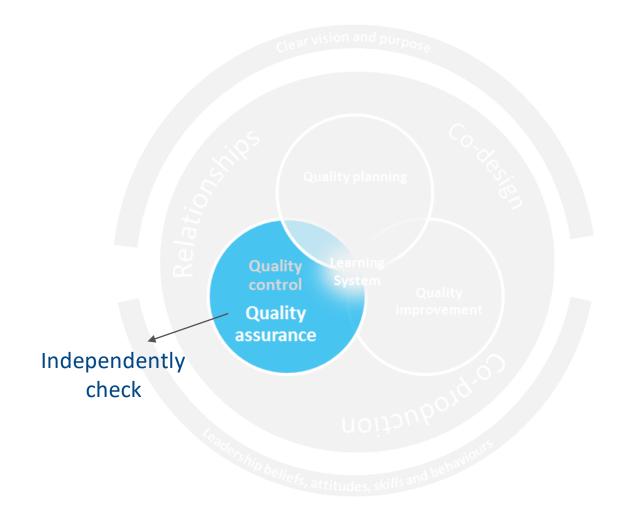
1:1 for isolation 30 days in July 21 8 17











Understand your priorities **Design interventions** Quality planning





We must do something
This is something
Therefore we must do this





Quality Planning

(understand your priorities for improvement and design appropriate interventions)

Understand need and assets from the customer or population perspective, the gap with what you provide and hence the priorities for improvement/redesign

Understand the contributory factors of issues feeding from quality control





Set clear priorities and goals for improvement with a focus on those issues which will have the biggest impact



- Develop a clear theory of change which aligns with outcomes
- Choose the appropriate method/s for the nature of the improvement challenge
- Design new systems / models of care / processes and change packages using evidence and technology as appropriate
- Allocate resources for the improvement work
- Clarify roles, responsibilities and leadership



Cordesign Relations

Co-production

des skill that enable in

Clear vision and purpose

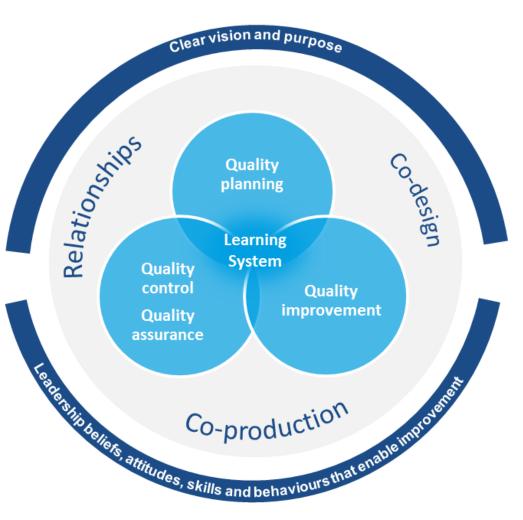


Some key underpinning messages from our 90 day process

Language

Understanding customer needs (and assets)

Holistic approach



Clear vision and purpose

Quality Planning (understand your priorities for improvement and design appropriate interventions)

Understand need and assets from the customer/population perspective, the gap with what you provide and hence the priorities for redesign and continuous improvement

Understand the contributory factors of issues feeding from quality control

Set clear priorities and goals for improvement with a focus on those issues which will have the biggest impact



- Develop a clear theory of change which aligns with outcomes
- Choose the appropriate method/sfor the nature of the improvement challenge
- Design new systems / models of care / processes and change packages using evidence and technology as appropriate
- Allocate resources for the improvement work
- · Clarify roles, responsibilities and leadership

Quality Control

(maintain qualityand know when it

Embed mechanisms into teams/services so they can detect variation from agreed standards/desired quality

Quality Assurance (independently check the quality)

- Internal processes to check quality of care
- External assessment to check quality of care and assure public and politicians on the quality of care

Learning System

- Measurement system that enables learning about what is and isn't working (qualitative and quantitative)
- Processes in place that support the appropriate use of evidence
- Individuals and services working on similar challenges are enabled to learn together (learning networks)
- System for identifying the bright spots and assessing the generalizable learning
- Reflective/reflexive practice is valued and enabled

Quality Improvement (deliver the improvement)

- Ensure staff and teams have the skills to improve what is in their control and escalate those issues that aren't (microsystem improvement)
- Systems to support prototyping
- Systems for spreading learning that enables adaptation for local context

Co-design and co-production

Processes and culture that support individuals, families and communities to become equal partners in all aspects of quality planning, improvement and control.

Processes and culture that ensures staff at all levels have the knowledge, skills and time to engage in the work of quality planning, improvement and control at a level commensurate with their role

Relationships

The vital role and impact of people and relationships in delivering high quality is recognised and given equal attention to the process issues

Leadership beliefs, attitudes, skills and behaviours that enable improvement

Including understanding of how to work in complex systems, a focus on issue analysis not blaming people; behaviours which recognise and celebrate success including rewarding open sharing of problems and dis-incentivising behaviours which cover up problems, embedding coaching into management practice and compassionate leadership



Challenge – getting the right balance between quality planning, quality control/assurance and quality improvement

Table Discussion

When it comes to quality management:

- what does your organisation do well?
- where are the key opportunities for improvement?



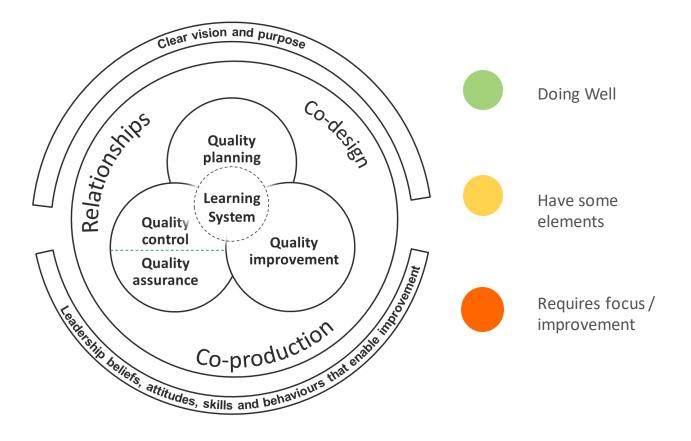
sli.do #Quality2019 M1

Do you think there is the right balance between the time spent on quality planning, quality control, quality assurance and quality improvement?

10 years on...



Ten years of improving safety



Quality control and assurance





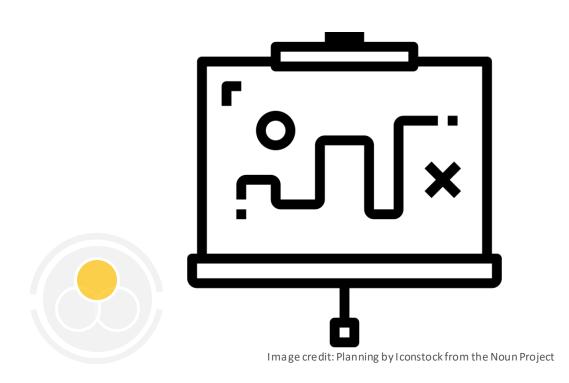
Image credit: quality control by Vectors Market from the Noun Project

Quality improvement

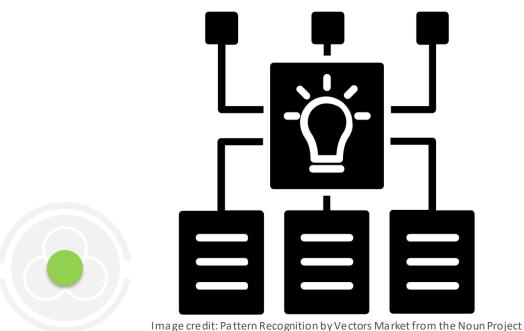


 $Image\ cre\ dit: continuous\ improve\ ment\ by\ Ve\ ctors\ Ma\ rket\ from\ the\ Noun\ Project$

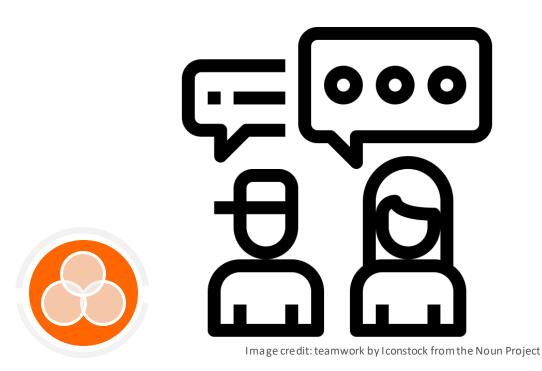
Quality planning



Learning system



Co-design and co-production

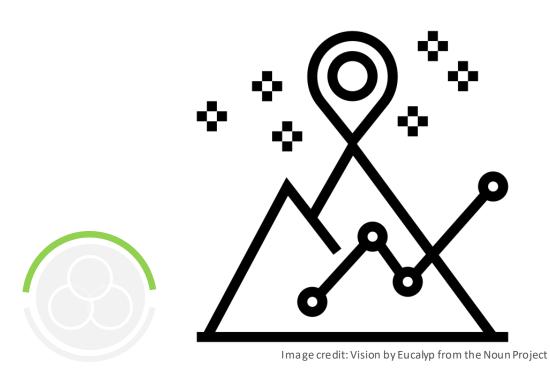


Leadership behaviours





Vision and purpose



Summary of SPSP through the lens of QMS



Reflections

 How did it feel considering the framework within your own context?

 Were there any surprises? (pleasant or not so!)

Are there any themes coming through?



QMS at the Board Level

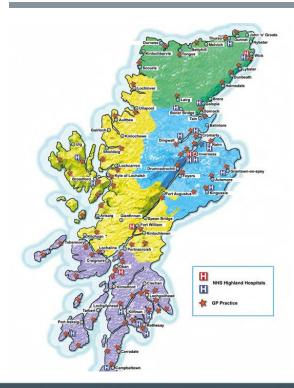
Introduction to Theory and Principles

What are the Elements?

Dimension	Applications
Quality Control	Value management; daily management
Quality Improvement	Value management; Kaizen Promotion Office (Lean infrastructure); Scottish Patient Safety Programme
Quality Planning	Strategy deployment efforts



NHS Highland



NHS Highland

NHS Highland is the largest and most sparsely populated health board in Scotland covering 41% of the country's landmass. The scenery and quality of living is outstanding, with the region stretching from Wick in the north, home to Caithness General Hospital, to Campbeltown in the beautiful south west area of Argyll and Bute. We provide health and social care services to our resident population of 320,000. Our budget in 2018/19 is £820million.

Our Facilities

25 Hospitals

- One regional hospital Raigmore, Inverness
- Two psychiatric hospitals New Craigs Hospital in Inverness, Argyll and Bute in Lochgilphead
- Three rural general hospitals Lorn and Islands in Oban, Caithness General in Wick, and Belford in Fort William
- Nineteen community hospitals scattered throughout the highlands

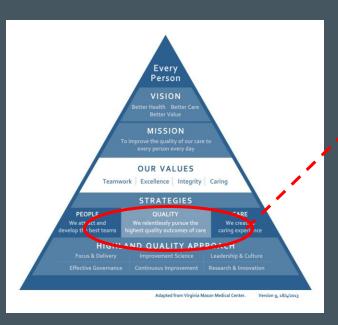
100 GP practices

15 Residential Care Homes





Highland Quality Approach





We relentlessly pursue the highest quality outcomes of care







Eliminat e **HARM** Eliminat e WASTE

Manage VARIATIO N

Person Centred





Highland Quality Approach

- How we do things around here'
- Patient/service user put first
- Focus on quality
- Uses best available national and international resources









Quality Improvement Hub



The Kings Fund >







You need not introduce QMS in a linear way

1. Build QI Capability

- Scottish Patient Safety Programme
- Kaizen Promotion Office

2. Build Value Management Infrastructure

 One team to five teams to 20 over two and a half years

3. Strategy Deployment

Building strategy walls

QI





Highland's QI Infrastructure

- Scottish Patient Safety Programme
 - Building patient safety tools and methods throughout secondary and primary care, with significant investment in training, standard work, and human resources (dedicated staff)
 - 10 years of experience in Highland (starting with secondary care)
 - ~5 full-time staff for SPSP, plus clinician support
- Kaizen Promotion Office
 - Dedicated resources for Lean improvement, with a focus on rapid improvement events
 - Provide most of the improvement training
 - In place for nearly eight years





SPSP at the Unit Level

Safety bundles (e.g., falls, sepsis)

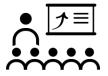


Measures (monthly)



10 years of work!

Infrastructure (dedicated coaches)









Quality Control at Highland

Partnering with IHI Innovation to Deliver Results



Quality Control at Highland

Institute for Healthcare Improvement Innovation Team has been helping Highland build a QC infrastructure for over two years, with a focus on a system called "value management" OPERATIONS

A Simple Way to Involve Frontline Clinicians in Managing Costs

by Kedar S. Mate, Jeffrey Rakover, Kay Cordiner, and Brian Maskell



John Holcroft/Getty Images

While there have been significant strides in providing frontline clinicians with quality information, these clinicians still lack the tools they need to play an active role in controlling the costs of the care they provide. To date, only small steps have been taken at most health care systems (for example, clarifying the costs of specific tests during the test-ordering process), and new clinical analytics systems that offer better insights into costs and efficiency often arent integrated into day-to-day





What is Value Management?

- Drives quality control through attention to the drivers of the IHI High Performance Management System (Standard work, accountability, visual management...)
- Also serves as a means to continuously reduce waste and cost, while increasing throughput
- Also serves as a means to drive continuous quality improvement



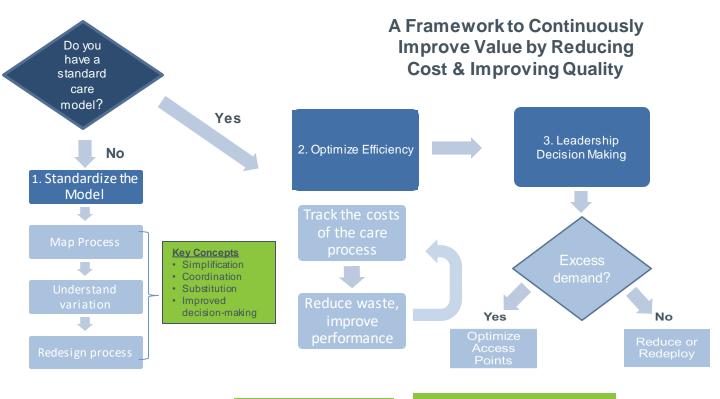


How is this Quality Control?

- Re-enforces standard work each week
- Includes a consistent mechanism to review measures of quality control (e.g., are key processes stable)?
- Provides clear mechanisms to escalate problems to next layer of management
- Addresses other drivers of QC (visual management, observation of standard work, integration)







Check Continuously:

✓ Is quality high and consistent?

✓ Is staff engagement high?
What is the impact on job satisfaction?

IHI R&D, 2016



CVI Theory Applied: Methods



- Method to understand quality, cost, and workforce capacity on a weekly basis
 - Value Management (Lean accounting)
 - Box Score



- Technical performance improvement methods
 - Kaizen Events/RPIW
 - Model for Improvement/PDSA



- Simplified Management system
 - Visual management boards
 - Daily management and point-of-care communication
 - Weekly report out





The Box Score:

Information to run the service line to continuously improve value

Financial Statement:

- Nursing costs
- Drug costs
- All other direct costs

Performance Metrics:

Quality

Flow

Satisfaction

Capacity: Maximize the usage of

our resources

How much of staff time is:

Direct patient care?

Indirect patient care?

Available?





A Box Score

ard 7a \	Value Stream Box Score	06/08/2018	13/08/2018	20/08/2018	27/08/2018	03/09/2018	10/09/2018	17/09/2018	24/09/2018	01/10/2018	08/10/2018	15/10/2018	22/10/201
N.	Number of Discharges	35	36	30	35	40	26	36	27	32	35	32	
e Measur	Median length of stay	4.6	2.7	3.3	5.6	4.1	4.7	3.2	5.8	6.6	3.0	2.9	3
	Median time of discharge	10:45	11:31	11:30	12:00	12:15	11:12	11:20	10:30	12:00	10:45	10:00	11:
	Joy At Work Green/Black as %	100/0	95/5	100/0	95/5	90/10	100/0	90/10	95/5	100/0	100/0	100/0	100/0
2	Days between Falls	14	21	28	4	2	9	2	3	11	18	25	
Ë	% Non respiratory patients	52%	55%	38%	35%	35%	41%	17%	20%	31%	34%	41%	
Ę	% Non-acute patients	21%	21%	10%	14%	10%	17%	10%	17%	24%	13%	10%	
2	% Readmissions rate to any NHSH hospital	14%	14%	18%	16%	18%	18%	13%	10%				
5	Direct care Day				53%					50%			
Ë	Indirect Day				35%					30%			
<u>8</u>	Available Time %				12%					20%			
ë	Direct Care Night				40%					40%			
1	Indirect Care Night				45%					40%			
-	Available Time %				15%					20%			
	Nursing Pay Costs (Excluding Bank)	£20,051	£20,472	£20,283	£20,074	£20,362	£20,661	£20,406	£20,648	£20,670	£20,625	£21,398	£22
S.	Nursing Pay Bank Costs	£1,560	£1,735	£0	£1,775	£1,825	£1,825	£2,950	£2,670	£2,180	£1,790	£895	£1
ě	Other Pay Costs	£0	£0	£0	£0	£0	£2	£2	£2	£2	£0	£0	
9	Drug Costs	£5,082	£5,082	£5,082	£5,082	£5,082	£7,156	£7,156	£7,156	£7,156	£3,690	£3,690	£3
2	Direct Clinical Care Supplies Costs	£2,159	£2,159	£2,159	£2,159	£2,159	£1,919	£1,919	£1,919	£1,919	£2,488	£2,488	£2
.E	Other Non Pay Costs	£385	£385	£385	£385	£385	£361	£361	£361	£361	£859	£859	
Ē	Income	-£975	-£975	-£975	-£975	-£975	-£627	-£627	-£627	-£627	-£705	-£705	
	Total Costs	£41,480	£42,076	£40,152	£41,718	£42,055	£44,368	£45,238	£45,201	£44,733	£41,877	£41,755	£42
	Costs Per Patient	£593	£647	£618	£564	£561	£704	£611	£646	£573	£544	£588	1
	Total # pts seen	70	65	65	74	75	63	74	70	78	77	71	
	Total costs excluding medical staffing	£28,263	£28,859	£26,935	£28,501	£28,839	£31,297	£32,167	£32,129	£31,662	£28,747	£28,625	£29





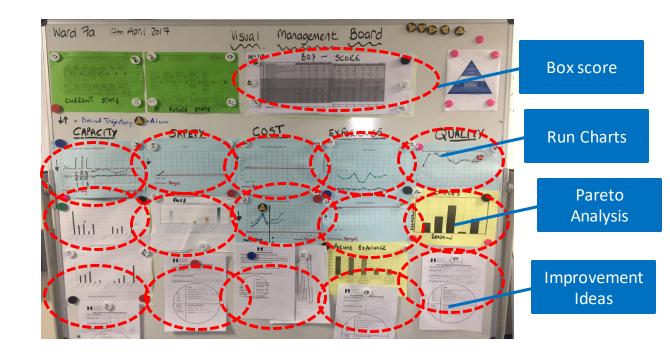
Polling Question (Slido)

Do any clinical team leaders in your health care organization get information on total cost of operating the unit weekly or more often?

- A. Yes
- B. No
- C. Unsure



A Visual Management Board







What do we do with the Visual Management Board?

- You will huddle with your interdisciplinary team every week in front of the board (including finance, pharmacy, consultants, and your staff)
- The huddle is more a report-out than a time for in-depth discussion
- The biggest indicator of your progress will be having a handful of strong, targeted pieces of improvement work at any given time



The Huddle Agenda

The huddle should last no more than 15 minutes and cover the following agenda items:

- Review the box score: Any items above or below control limits?
 Any special cause variation?
- Review your sentinel measures
- Review the improvement work; what did you do last week and what will you do this week?





Some Visual Management Board Tips

- 1. <u>Delegate</u>... Distribute pieces of the Visual Management Board responsibility across your team
- 2. Train and empower your staff to lead huddles
- 3. Apportion the same time every week to make your Visual Management Board updates
- 4. Work with a coach. Don't try to do it all yourself!
- 5. Reach out to other teams: some of your most powerful improvement work will involve the relationship between your team and other teams
- 6. Report upward: Remember that some problems will require action by higher level leaders; give them *the data* to prove what the problem is.





What are the Main Workstreams?

Nurse leader Finance team updates box score supplies weekly data and VMB with staff Weekly Huddle Nurse leader and Coach works with staff implement nurse leader to PDSAs weekly provide structure





Why this method? – local perspective

Addresses several challenges:

- Financial pressures year on year, after health care inflation is taken into account
- Health care systems often swimming in data
- Clinicians and staff do not feel empowered to make change
- Systems not designed to improve quality, increase value and reduce cost
- Current methods for managing cost & quality together are time intensive and not seen as routine management
- Clinicians and managers often struggle to identify a useful set of metrics that would impact and improve the clinical area.
- Aging population with higher care needs
- Many people with multiple long-term conditions, but much of our money is in episodic acute care
- We know errors are common, and many recur time after time





Prototyping

Initial IHI R&D

U.S.-Based Prototyping Prototype

Application in one ward (7a) to refine prototype

Spread

Spread



7a; A proof of concept (2016)

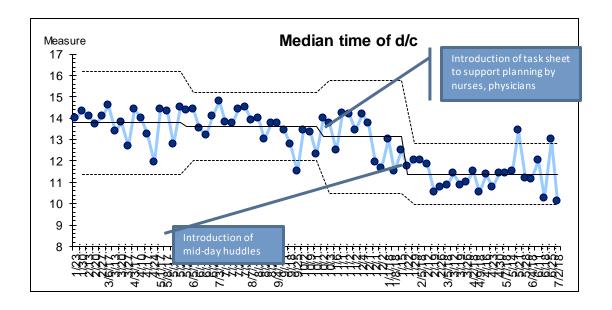


- 7A: Involved in a successful RPIW which developed Standard Work for processes around length of stay.
- This resulted in a reduction in length of stay and improved experience for patients with COPD. Staff had exposure to improvement methods making them keen to advance continuous quality improvement work in their area





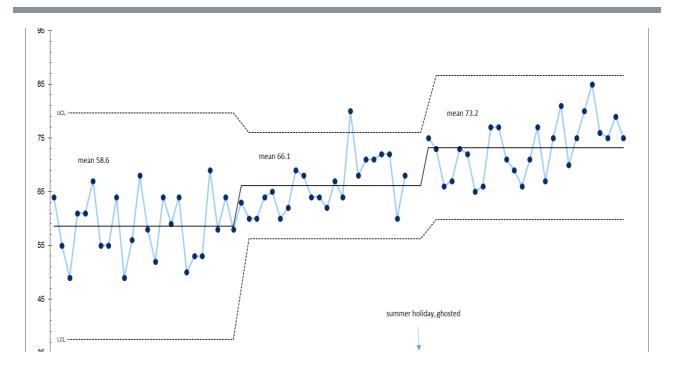
7a results control charts.







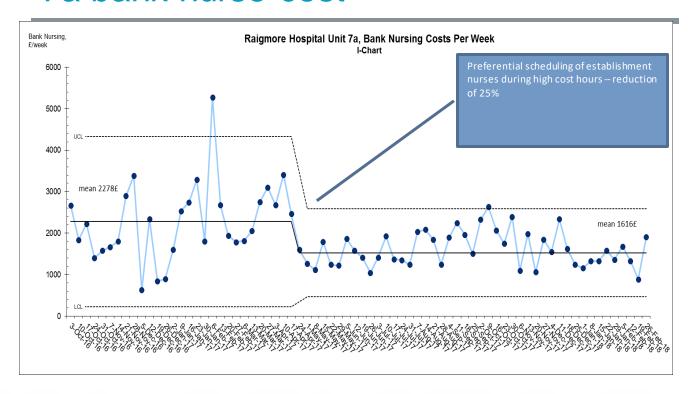
7a resource utilization – number of patients seen







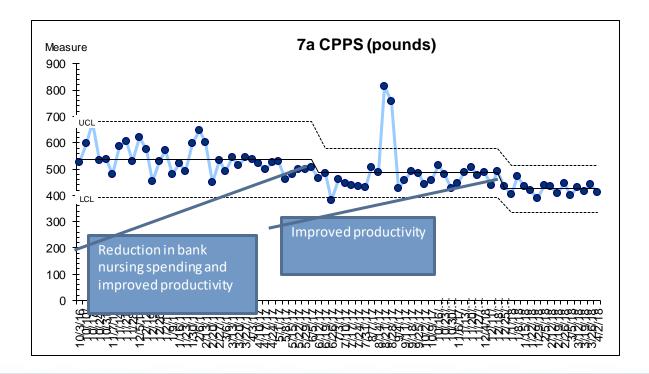
7a bank nurse cost







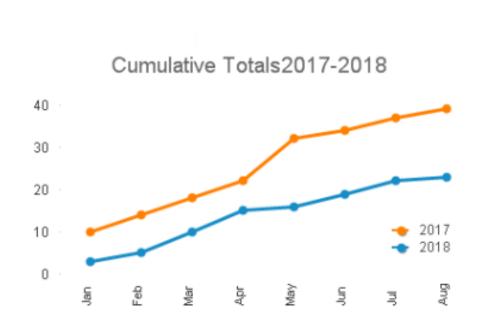
7a results; cost per patient seen







7a results; falls 2017 versus 2018



Excellent trajectory, showing even less falls month on month this year!





The Spread Plan

7a Model Cell First spread units

Cardiology value stream

spread Second

phase Additional units and beyond Raigmore

- 4 Cohorts now trained
- 25 teams in total
- 7 Hospitals
 - Includes postacute care, residential homes, inpatient psychiatry, other settings





Of 12 Teams with Enough Data.

- Six teams showed reduction in cost per patient seen
- Two teams showed an increase in cost per patient seen
- Four teams showed no change
- Net: roughly a third of teams doing value management show a statistically signification reduction in cost per patient seen
- Budgetary review suggests these savings are not only due to throughput, but also due to reductions in utilization of key inputs such as drugs, supplies





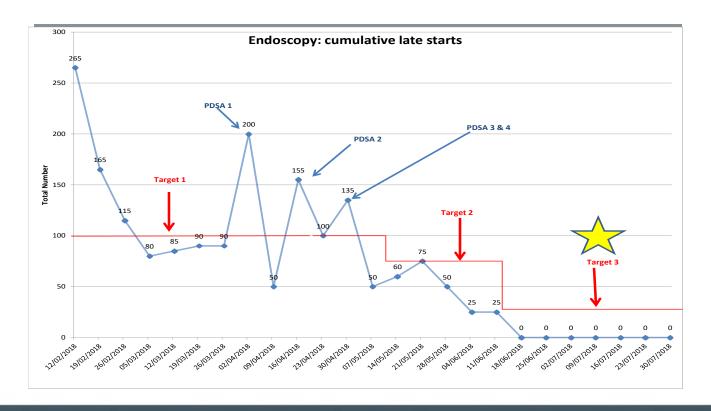
Examples of Improvement Work/PDSA tests

- Capacity: Moving indirect care (e.g., completing bundles) from day shift to night shift, increasing time for patient education
- Safety: Compliance of new bundle for falls; consistent management of falls
- Cost: Reducing duplicate drug orders and bank nursing hours; substituting to lower cost drugs
- **Experience**: Test of new measures for patients (focus on what could be better) and staff
- Quality: Determining common causes of readmission and improving links with community colleagues





Endoscopy Resource Utilization







Joy In Work - Measured in all Areas



- All roll out teams should track staff satisfaction
- Initial data collected weekly
- Examples for collection of data:
 - (i) pebbles in a jar, or
 - (ii) tracking of satisfied/dissatisfied/
- Capture qualitative staff feedback and use this





Reflections

A team will likely do about five or six PDSAs at any given time

 The board brings together all the team's ongoing improvement work and addresses the fragmentation we so often see in improvement

 The board functions as an "at-a-glance" view of the team's entire performance and should be helpful to all levels of management





Key (Kay) ingredients

- Clinical leadership and engagement
- Fundamental understanding of improvement methodology
- Senior level sponsorship and permission
- Creation of wider team finance data support
- Knowledge transfer through skilled coaching
- Visual display of weekly data
- Weekly report out and holding to account
- Nurture creativity





Activity #1 – A Practice Huddle

- Team: 7a (inpatient respiratory unit)
- Model cell
- 29 beds
- ~80 patients a week through the unit
- 33 WTE staff
- Have been doing VM for 2.5 years
- Kay's former ward!





Directions

- We have recreated their visual management board for this week
- We have given you copies of their box score, run charts and summaries of their current improvement work
- Split up into groups of five; take ten minutes to review the information
- As a group, come up with 3-4 questions to ask about the information (take another five minutes); select one group volunteer
- Kay will lead a huddle in front of the board (~10 minutes)
- The volunteers will play the roles of managers overseeing the team, and ask her questions
- Then, we will debrief for five minutes, and you can reflect on the experience





Pre-Huddle Guidance – 1

- Which measures are out of statistical control and why? (think run chart rules)
- Which measures are outside of agreed upon standards (e.g., NHS Scotland waiting time standards)
- Do we understand the drivers of variation for each measure?
- What is the status of improvement projects? Who/what/when?
- What's happening next with this team? One to two priorities for the week.





Huddles Guidance – 2

- Are there problems that require assistance from (a) another team or (b) centralized improvement (KPO)?
- Is the team working on at least one substantive improvement project?
- Are any measures ready to be put into a "control" phase?
- Are there issues around team engagement/joy at work that require deeper digging?
- Find at least one thing to celebrate!





Additional Applications

- Hamad Medical Corporation (Doha, Qatar)
- Northwell Health (New York, NY)







Hamad Heart Hospital spread

HDU-B (cardiac step-down)

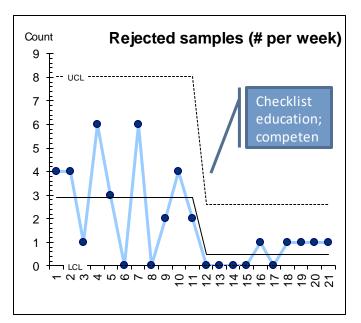
Cardiac ICU + imaging

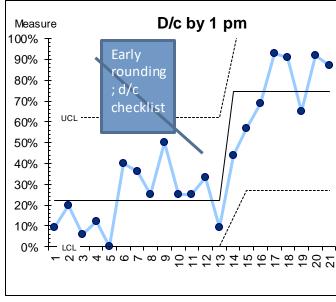
Likely rest of heart hospital





Hamad Results

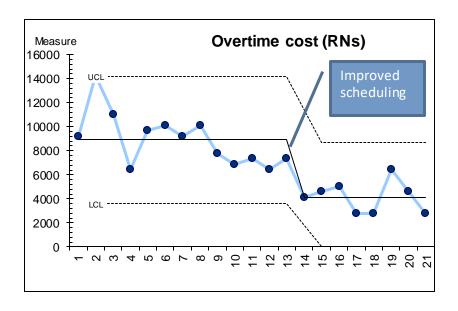








Hamad Results; Nursing Costs







How is Value Management Different?

Practice	Widely used Lean Daily Management practices	Value Management
Daily focus on flow and safety	Yes	Yes
Executive engagement at gemba	Yes	Yes
Weekly view of total cost of operating a team	No	Yes
Combined focus on quality control and quality improvement	Sometimes	Yes
Robust connection between measurement and improvement through structured analysis	Sometimes	Yes
Explicit focus on cost reduction	Rarely	Yes





Not: Command and Control

- Top-down
- Squeeze the non-clinical activities
 - Supply costs
 - Revenue cycle improvements
 - Preferred suppliers / vendors
 - Labor costs
- Clinicians resist 'standardization' & cost-cutting
- Morale suffers: done to, not done with







Overall Lessons

- The savings come from not unexpected places; staff, supplies, drugs
- Initial pilot unit (n of 1 test) is the most intensive phase of work, followed by fairly standardized spread
- It takes on the order of 6 months to start seeing financial returns (like the results shown)
- It's possible to get staff to engage deeply in cost reduction, as long as you empower them; devolve power to the front line
- Teams are capable of continuously doing the work and improving the work simultaneously, but they need a coherent management structure to organize those work streams
- Power of building on improvement methods— we could hypothetically do this work with any health system anywhere in the world and see significant benefit





Continuously Evolving System

Value management spread



Daily management



Executive engagement







Daily Management

- Seen as a key linkage to support both quality control and improvement work represented in value management boards
- Several teams have piloted daily huddle and management board





Daily Huddle Structure

- Vision: All teams do a huddle at the same time in the morning.
- Basic agenda includes adaptations of the following:
 - 1. Safety and quality concerns and successes in the past day
 - 2. Safety and quality issues in today's schedule
 - Review of tracked issues
 - 4. Inputs on other safety and quality issues
 - 5. Announcements





Who Should Attend?

- As many members of the team as possible (can be virtual)
- The team leader(s)
- AHP, Support services
- At least one manager to whom the team leader(s) report (ideally)





Daily Visual Management

- Provides a snapshot of a very small number of performance measures, updated each day
- Tells you, at a glance, how the team is doing, and can be viewed any time
- Helps you track problems in a way that is very transparent for the entire team





Example of Daily Board – RNI



Features

- Four domains: Safety, Flow, Staff capacity, other quality
- Clear tag of high risk patients (falls alert, etc.)
- Performance measurement (days since last fall, pressure ulcer, C Diff)
- Shows flow at-a-glance
- Shows staffing challenges from a multidisciplinary perspective

Eventual Structure

- Flow
- Safety
- Staffing
- Escalation





Activity #2: Reflections from 7a

- Leaders and front-line staff of the value management work from the pilot ward at Highland doing value management will discuss their experience
- They will reflect on
 - Impact on culture in the ward
 - How it's changed how they approach improvement work
 - How it's changed the management approach to their work







Quality Planning

Key Avenue: Quality Planning

- What is it?
 - Design and manage systems capable of delivering quality
 - Formal, negotiated quality planning relies on candid, energetic staff participation, and aligns frontline improvements with the organization's strategic intent.
 - Voice of the customer is important



 Strategy deployment: "A management process that helps executives to focus and align their organizations around their most important goals."







RAIGMORE HOSPITAL - STRATEGY DEPLOYMENT



NHS

Highland





Lead: Katherine

Sutton & AN

Other





THE RAIGMORE STRATEGY WALL IN THE MANANGEMENT MEETING ROOM

Quality People Care **OBJECTIVES** People Service Quality and Transformation **Patient Safety**

Lead:

Ken McDonald



Leads:

& Iona



Direction for Raigmore and Highland

- Moving to all of the areas within the divisions
- Simplifying the walls to include fewer measures and projects (prioritizing)
- Developing a better way to make sure that the strategic goals at each level align, and reflect feedback from staff
- Want to from weekly to daily wall walks
- Even greater involvement from patient representatives committee in setting strategy and building out system
- Reducing number of improvement projects (Lancaster rule: 3-5)

Strategy deployment is about making choices about what is most important







Re-enforcing Linkage to QMS

What are the elements (again)?

Dimension	Applications
Quality Control	Value management; daily management
Quality Improvement	Value management; Kaizen Promotion Office; SPSP
Quality Planning	Strategy deployment efforts (supported by value management as well)





Questions



More information

Visit us at our stands at the Forum:

- Healthcare Improvement Scotland Stand 12
- IHI Stand 1

Please see our website:

http://www.healthcareimprovementscotland.org/previous_resource
s/policy_and_strategy/quality_management_system.aspx