



# Improving how we improve post pandemic

IHI BMJ Forum, June 2022

Penny Pereira  
Q Managing Director  
The Health Foundation

@PennyPereira1

Dr Amar Shah  
Chief Quality Officer  
East London NHS Foundation Trust

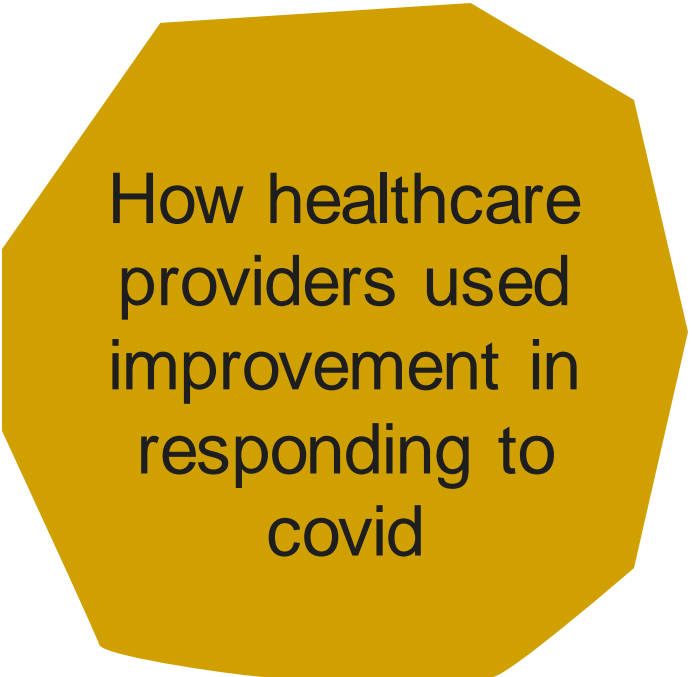
@DrAmarShah



Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland



# This session



How healthcare  
providers used  
improvement in  
responding to  
covid



What we have  
learnt about  
improvement



Opportunities  
for improving  
how we  
improve

Analysis » Quality Improvement

## Quality improvement at times of crisis

BMJ 2021 ; 373 doi: <https://doi.org/10.1136/bmj.n928> (Published 11 May 2021)

Cite this as: BMJ 2021;373:n928

Article

Related content

Metrics

Responses

Peer review

Amar Shah, chief quality officer<sup>1,3</sup>, Penny Pereira, Q initiative director<sup>4</sup>, Paula Tuma, quality improvement adviser<sup>5</sup>

Author affiliations ▾

### Making rapid change during covid-19 has lessons for how to improve healthcare, argue Amar Shah and colleagues

Health systems across the globe have faced unprecedented strain and uncertainty during the coronavirus pandemic. Healthcare providers have had to respond rapidly, making major changes to all aspects of healthcare from moving to remote delivery of primary care services to creating covid “hot” and “cold” zones and developing innovations which are likely to have both short and long term consequences for the health of the population.

Quality improvement has been increasingly used globally over the past decade to change healthcare. Evidence of success is mixed.<sup>1</sup> Have such approaches added any value to healthcare service delivery during these unparalleled rapid changes? Are scientifically based approaches to complex system change, such as quality improvement, helping healthcare providers during a crisis?

<https://www.bmj.com/content/373/bmj.n928>



### *The role of improvement during the response to COVID-19: insights from the Q community*

Matthew Hill, Jo Scott and Henry Cann  
March 2021



Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland

# Did the role of improvement approaches increase or decrease for you during the response to COVID-19?

A. Increased

B. Stayed the same

C. Decreased

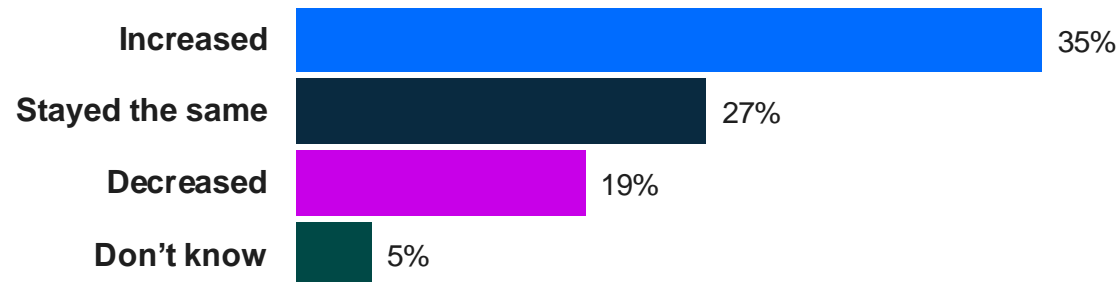
D. Don't know



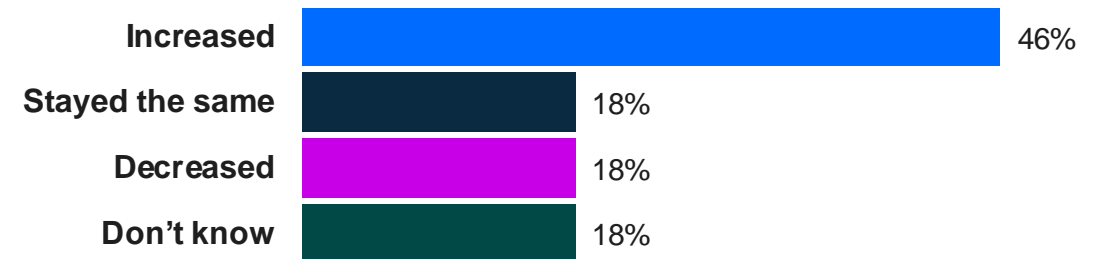
# What 200+ improvers in the UK reported (Aug / Sept 2020)

Figure 1: Did the role of improvement tools, methods, approaches and mindsets increase or decrease during the response to COVID-19?

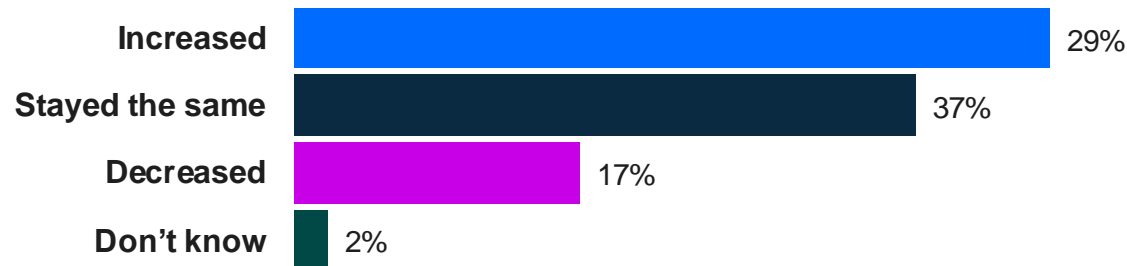
## In my organisation



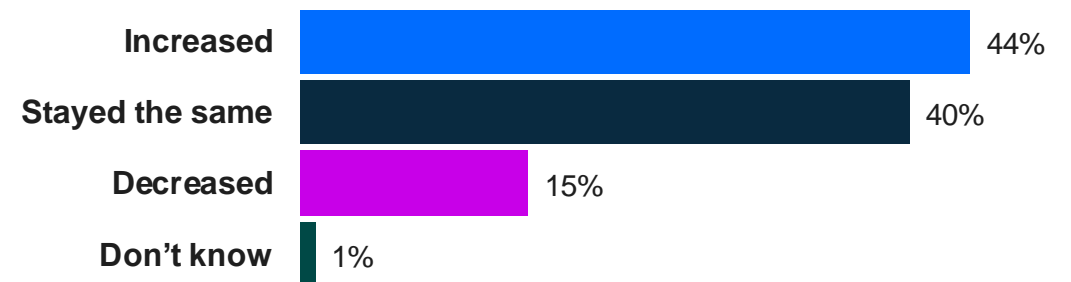
## In the health/care sector



## In my team



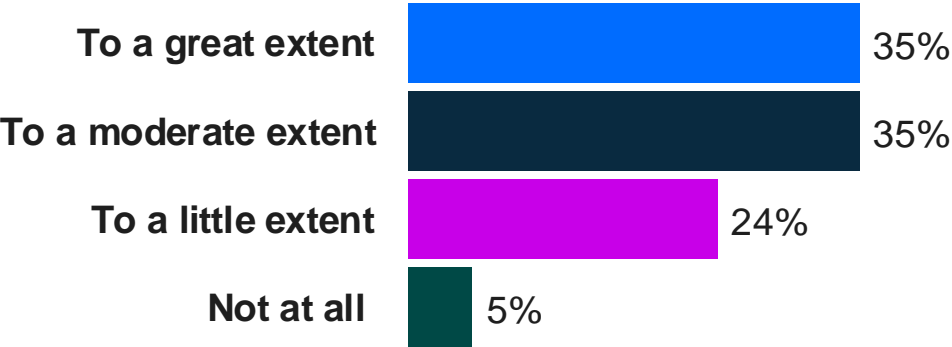
## In my work



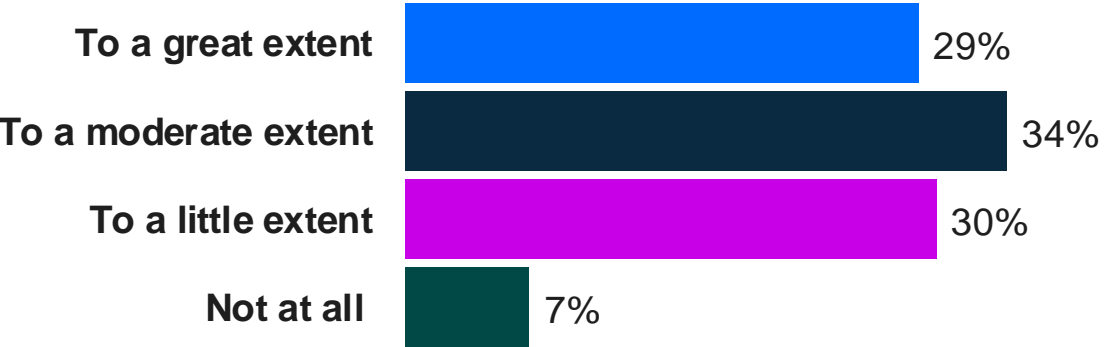
# For what purposes was improvement used?

Figure 2: The extent to which improvement tools, methods, approaches and mindsets were used for different purposes

## Rapidly reviewing and improving processes and practice



## Deciding where to focus effort





# Some similar patterns from a group in the US...



Original Article

## Utilization of Improvement Methodologies by Healthcare Quality Professionals During the COVID-19 Pandemic

Lucie Pesch • Terry Stafford • Jaclyn Hunter • Glenda Stewart • Rebecca Miltner

### ABSTRACT

**Introduction:** This study describes the work of healthcare quality professionals during the COVID-19 pandemic, highlighting the successes and challenges they faced when applying their expertise in performance and process improvement (PPI) to help manage the crisis.

**Methods:** The researchers performed a descriptive analysis of anonymous survey data collected from members of the National Association for Healthcare Quality professional community who were asked about their improvement work during the pandemic response.

**Results:** Most survey respondents used improvement methods to a great or moderate extent to measure what was happening (83%), rapidly review processes and practice (81%), and decide where to focus effort (81%). Fewer respondents used PPI methods to engage with patients and families (58% to a great or moderate extent). Looking to the future, respondents indicated that embedding systematic approaches to improvement within healthcare organizations (59%) and working in a more integrated way across teams (48%) should be prioritized in the post-pandemic recovery.

**Conclusions:** The results from this study demonstrate why healthcare leaders should recognize the value that performance improvement approaches provide to everyday operations. They must empower PPI experts to lead this critical work and continue building workforce capacity in PPI methods to strengthen staff engagement and achieve better outcomes.

**Keywords:** healthcare quality, performance and process improvement, COVID-19, workforce development

### Introduction

The COVID-19 pandemic was a test of the modern healthcare system's readiness to withstand a catastrophic event. Crisis management systems and crisis standards of care have been established for decades,<sup>1</sup> but the unprecedented circumstances of 2020 revealed intrinsic barriers within these systems that hindered the delivery of safe, high-quality care in the face of widespread uncertainty.<sup>2</sup> Despite many

consequences, including a significant year-over-year increase in hospital-acquired infections between 2019 and 2020,<sup>3,4</sup> The outcomes of the ongoing battle against COVID-19, both positive and negative, have demonstrated the need for a renewed focus on quality and safety in healthcare delivery.

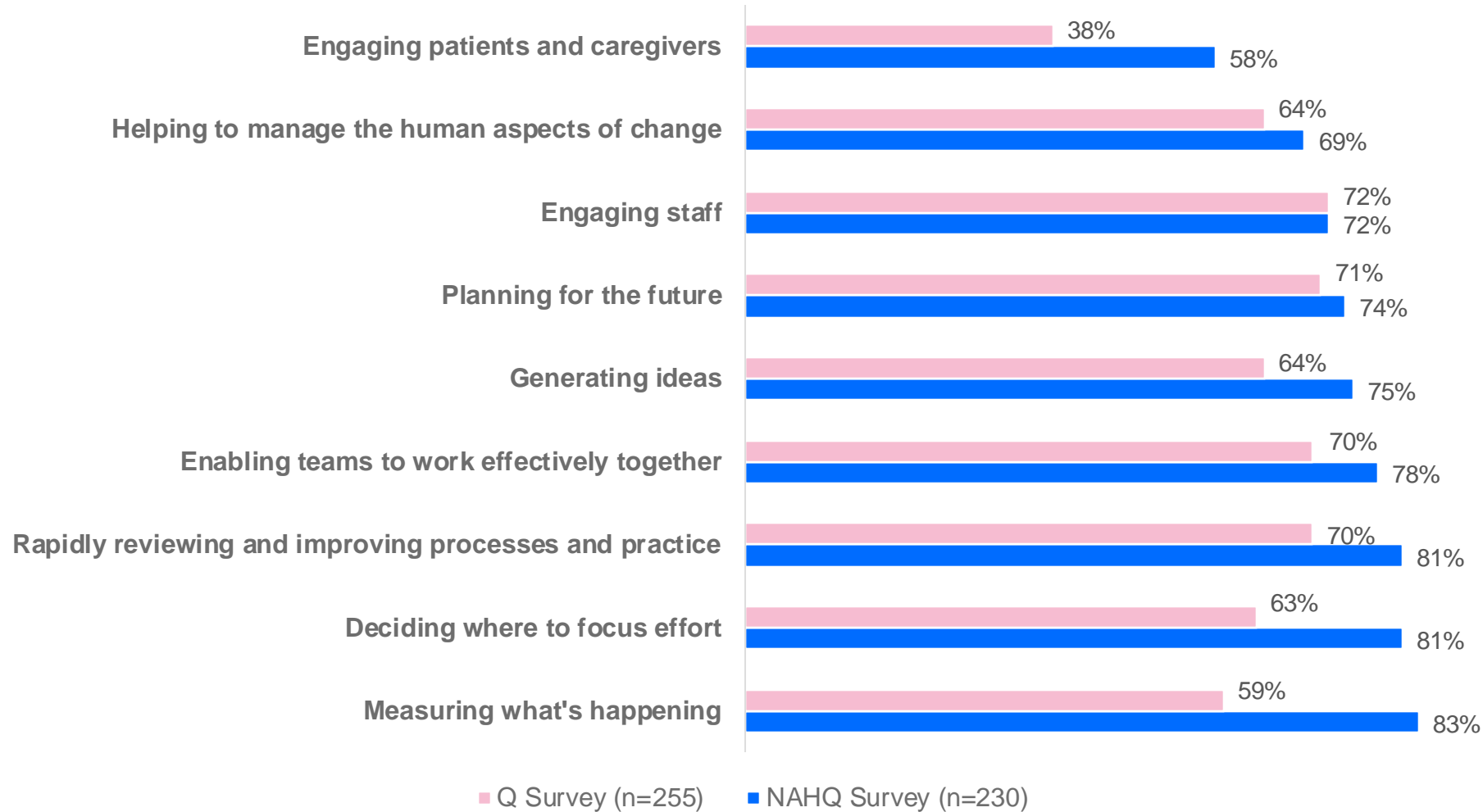
Over the course of the pandemic, healthcare quality professionals were called on to support critical operations such as implementing incident

Survey replicated in the US later in the pandemic

Increasing importance of improvement shared

Many shared lessons

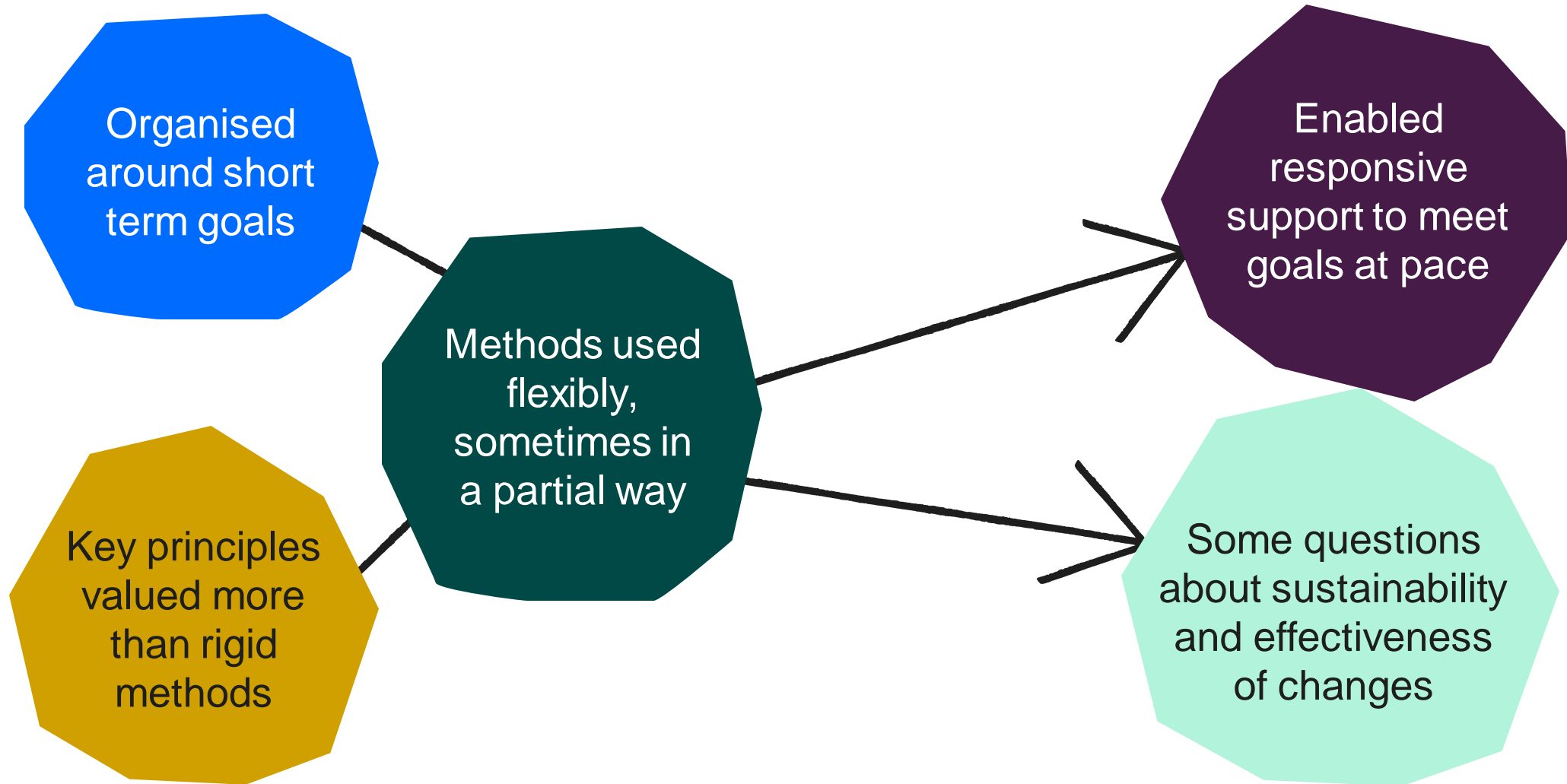
## ...but also differences



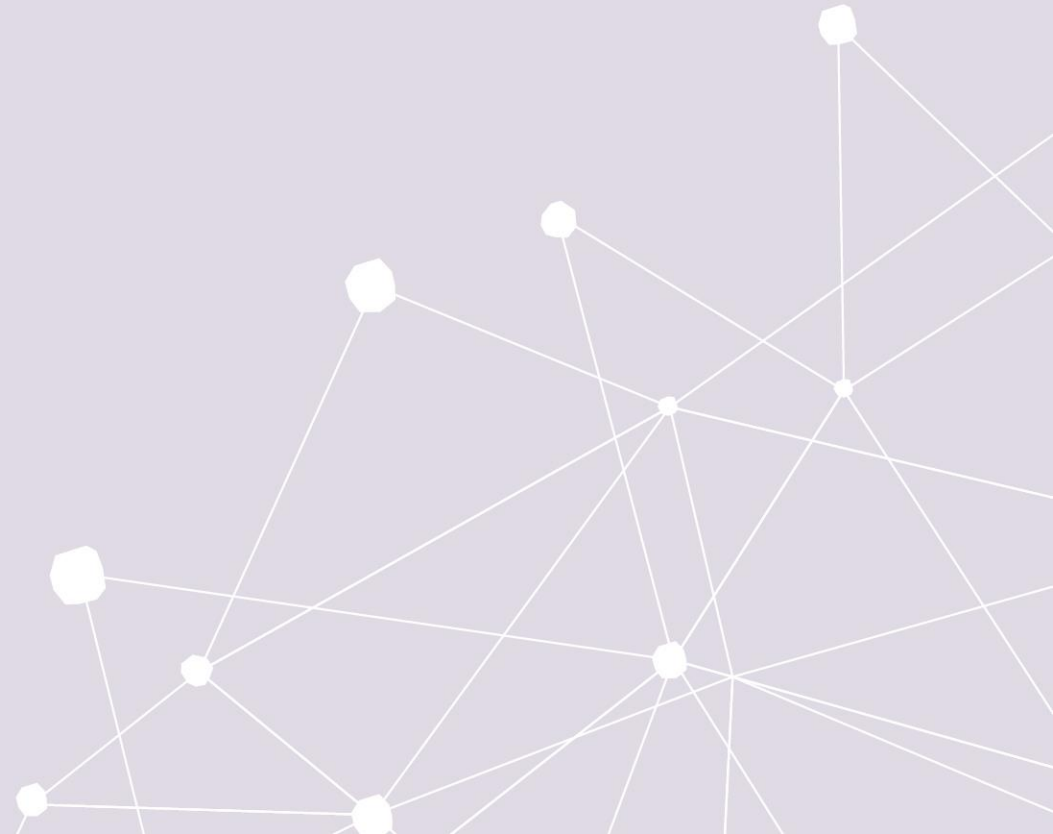
How did  
improvement help  
where you are?



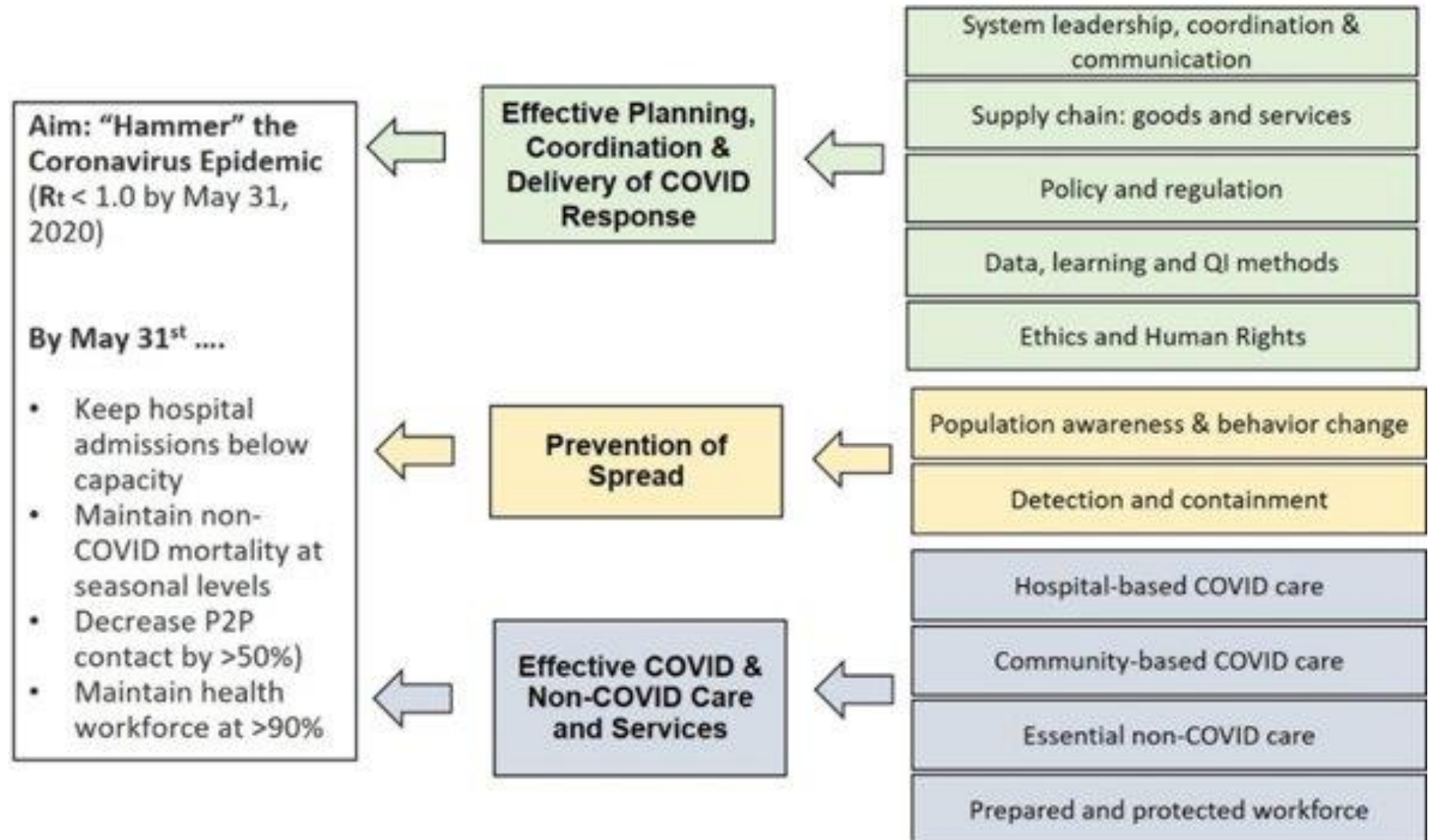
# Improvement took a distinct form in response to crisis



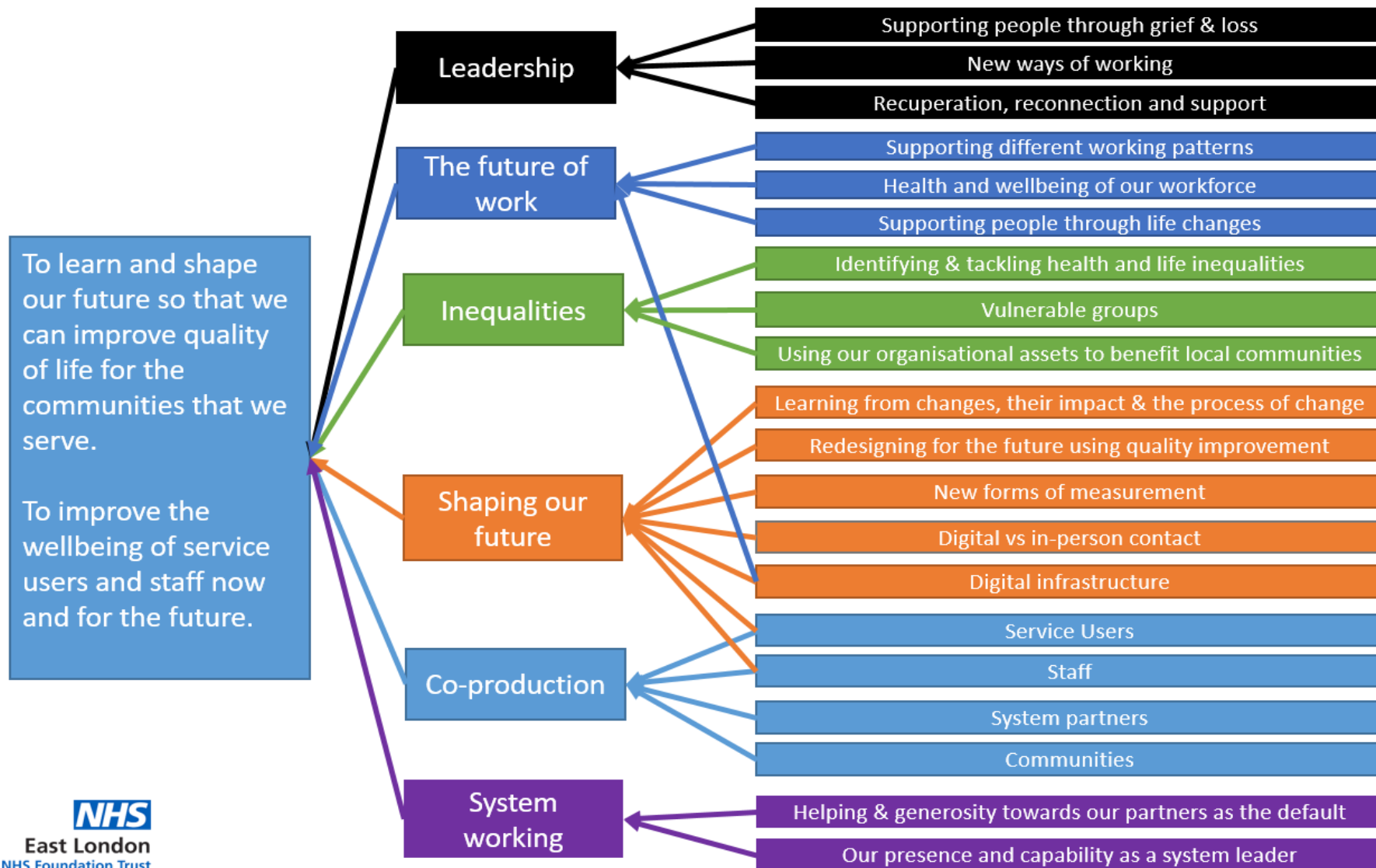
# Examples of how improvement has been used



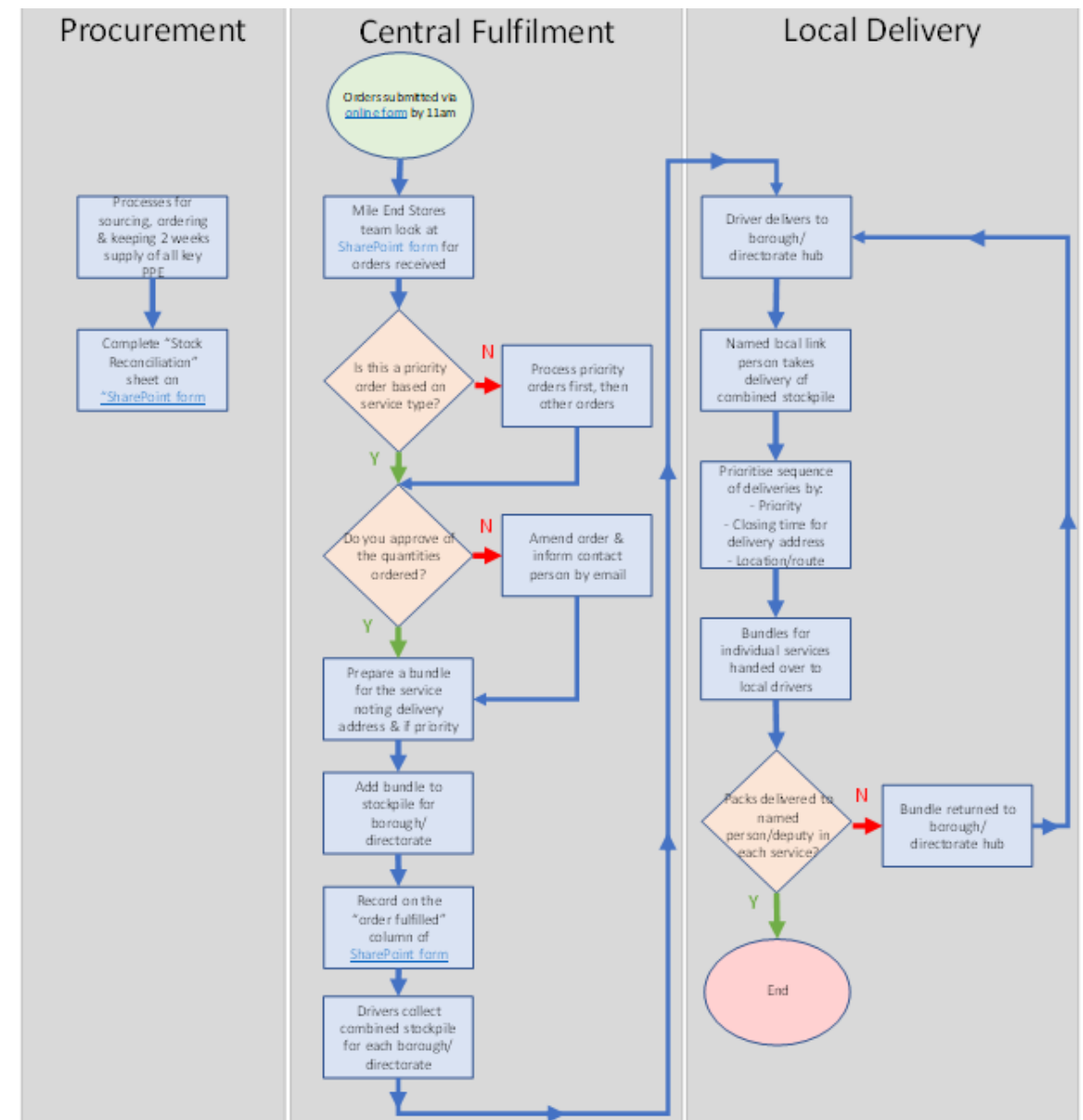
Creating a common theory about how to tackle complex problems



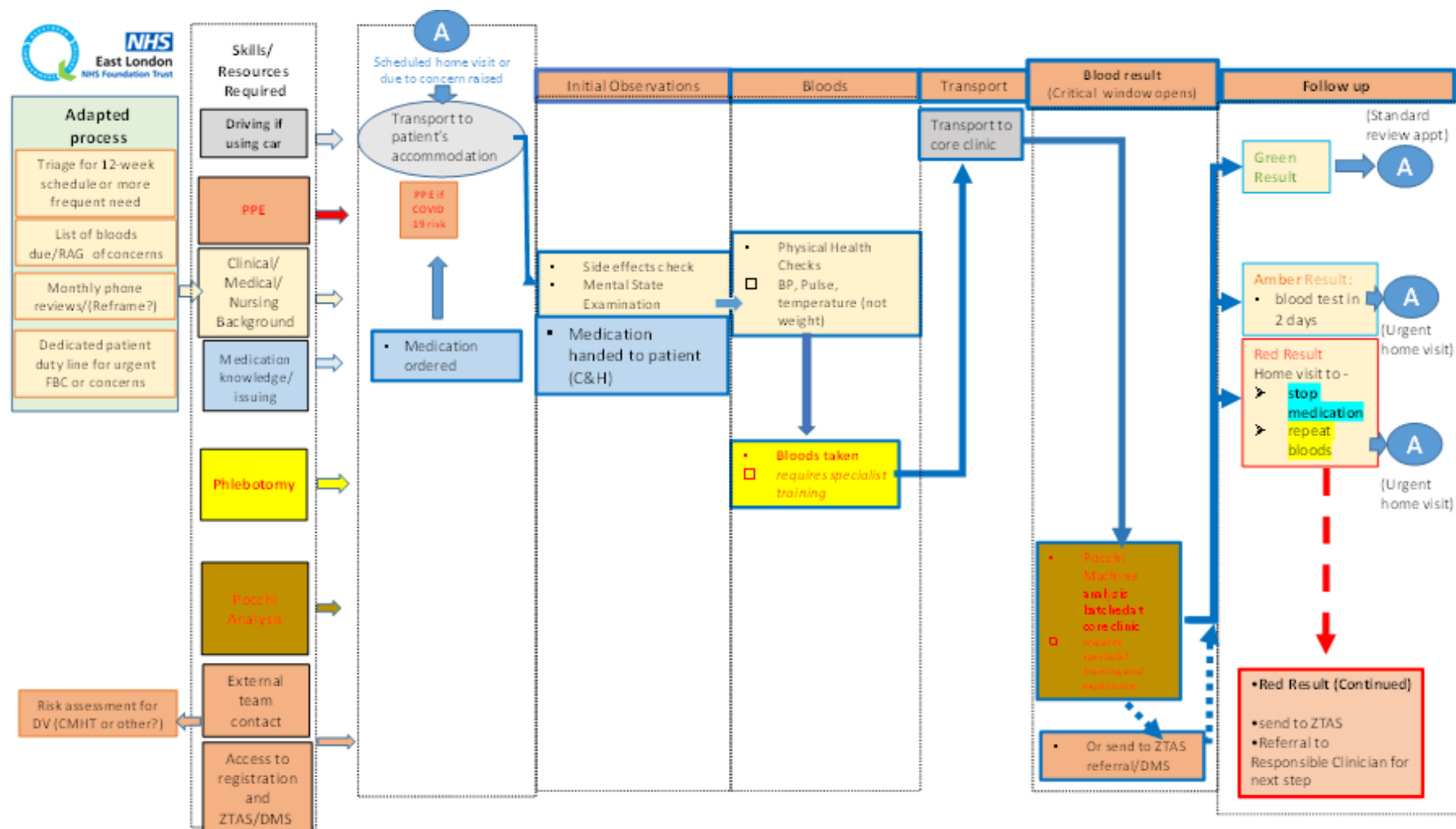
# Creating a common theory about how to tackle complex problems



# Understanding and improving processes



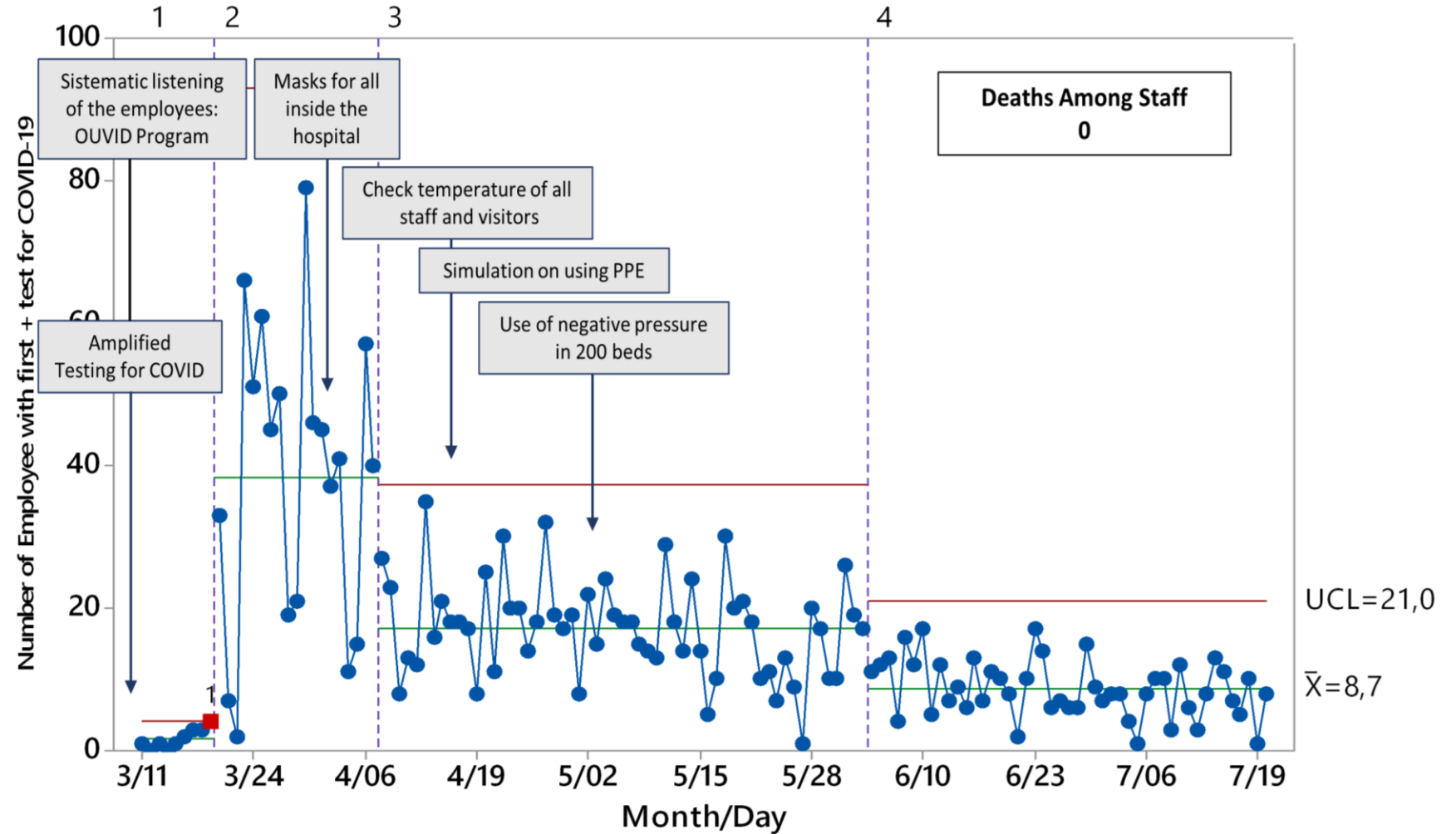
# Understanding and improving processes






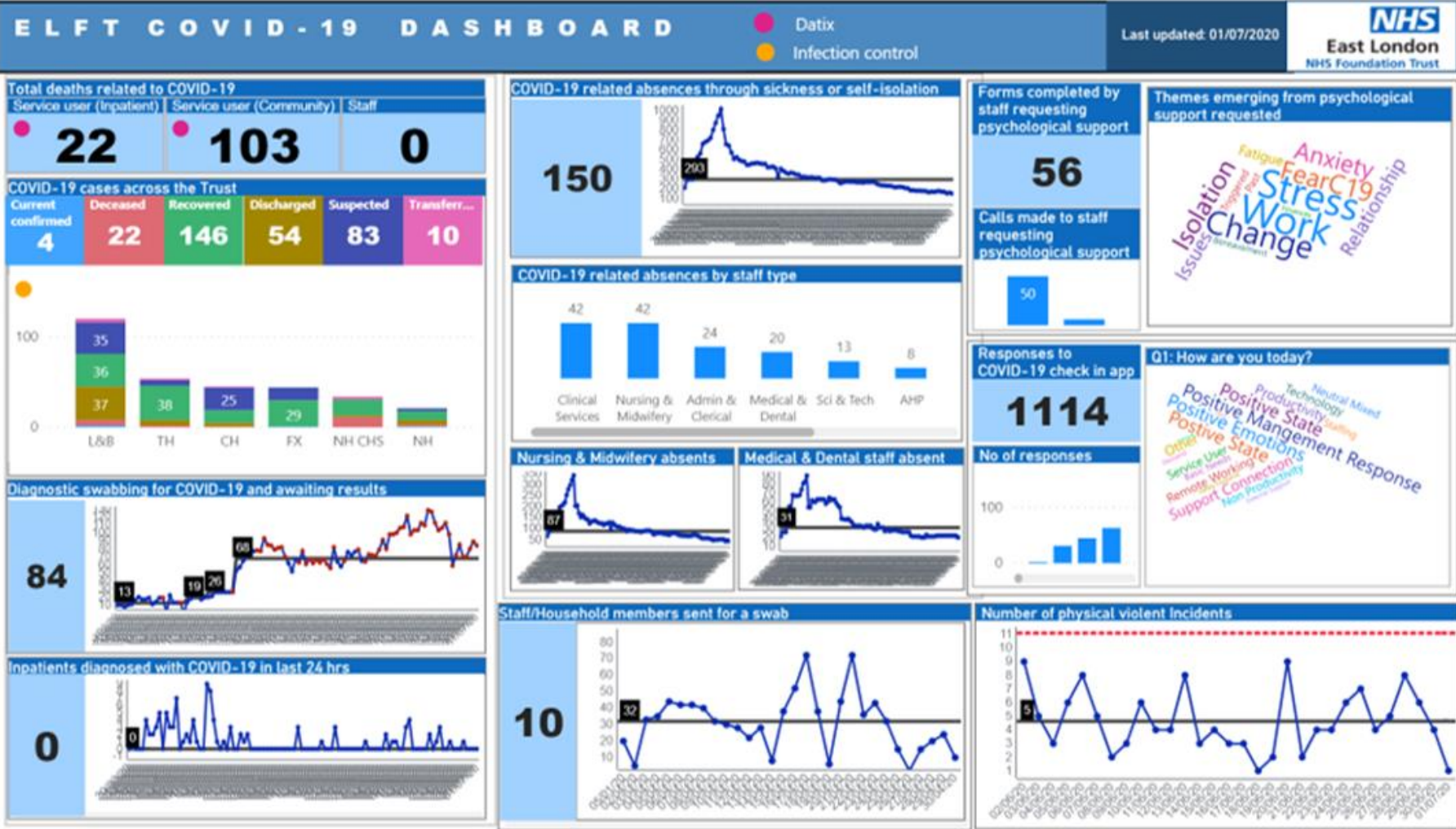
# Number of Employee with First Positive Test for COVID-19

Measurement to inform decision making



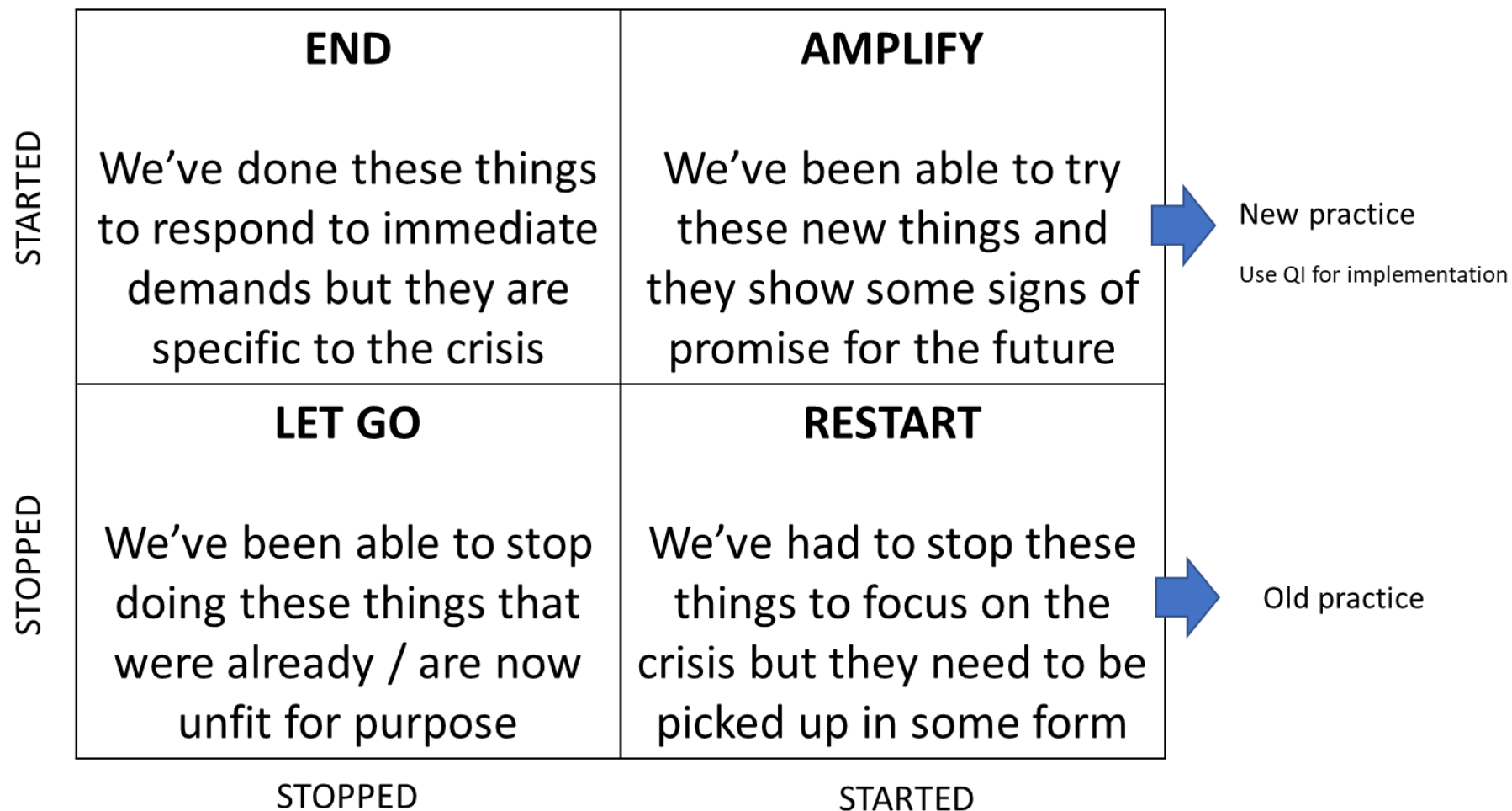


Measurement to  
inform decision  
making



PDSA cycles  
to test and  
scale rapidly







Curating the changes that have taken place



Identifying potential impact and measuring intentionally



Using the triple aim to redesign services for the future

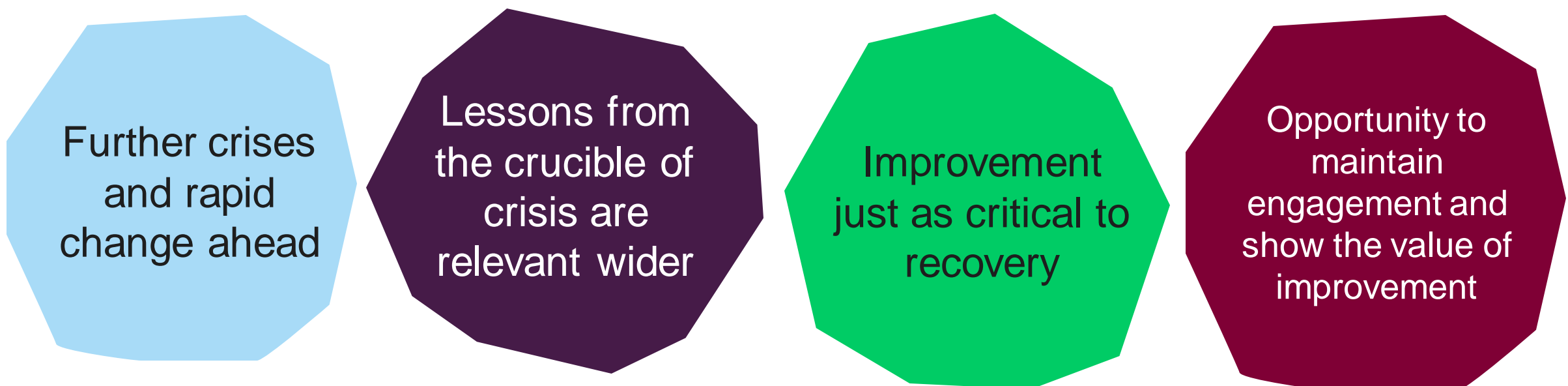


Quality impact assessment



Through facilitated workshops with staff, service users and partner agencies

# Why does this matter now?

The image features four octagonal shapes arranged horizontally. The first is light blue, the second is dark purple, the third is bright green, and the fourth is dark red. Each octagon contains a line of text.

Further crises  
and rapid  
change ahead

Lessons from  
the crucible of  
crisis are  
relevant wider

Improvement  
just as critical to  
recovery

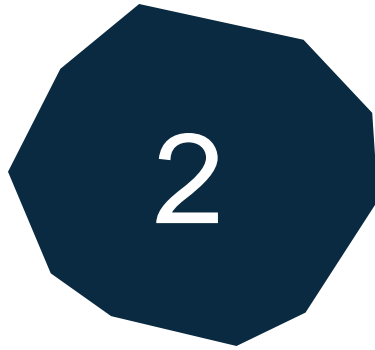
Opportunity to  
maintain  
engagement and  
show the value of  
improvement



# What does the future of quality improvement hold?



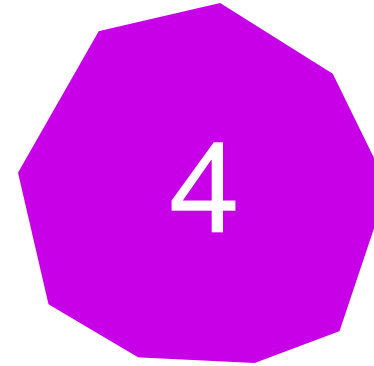
Continue to  
build our  
improvement  
muscle



Continue to  
support our  
leaders to lead  
improvement



Put improvement  
in everyone's  
hands



Use the rigour of  
QI for complex  
problem solving



Pay attention to  
equity in the way  
we design and  
lead improvement

# Thank you

Q is led by the Health Foundation  
and supported by partners across  
the UK and Ireland

8 Salisbury Square  
London EC4Y 8AP

T +44 (0)20 7664 4661

E [q@health.org.uk](mailto:q@health.org.uk)

[@theQCommunity](https://twitter.com/theQCommunity)  
[q.health.org.uk](https://www.q.health.org.uk)

Supported by

