Workshop

Time	Agenda Item
09.00 – 09.10	Welcome and intros – Emily Lead, All
09.10 – 09.20	Lens of Profound Knowledge/ Understanding the system – Susan Intro to Scenario - Emily
09.20 – 09.30	Aim setting- Angela
09.30 – 09.50	Driver diagram- Susan Exercise to devise drivers
09.50 – 10.05	Measures – Emily with Susan supporting Hanging measures on the driver diagram/2nd question
10.05 – 10.15	Change Ideas using brainstorming – Angela Lead, All
10.15 – 10.25	Intro to PDSA video, design an initial PDSA- Angela
10.25 – 10.30	Wrap up to tie it all together- Susan

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Institute for Healthcare Improvement

An introduction to quality improvement

IHI Team

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Disclosures

This session's presenters are all employees of The Institute for Healthcare Improvement (IHI) and have nothing to disclose.

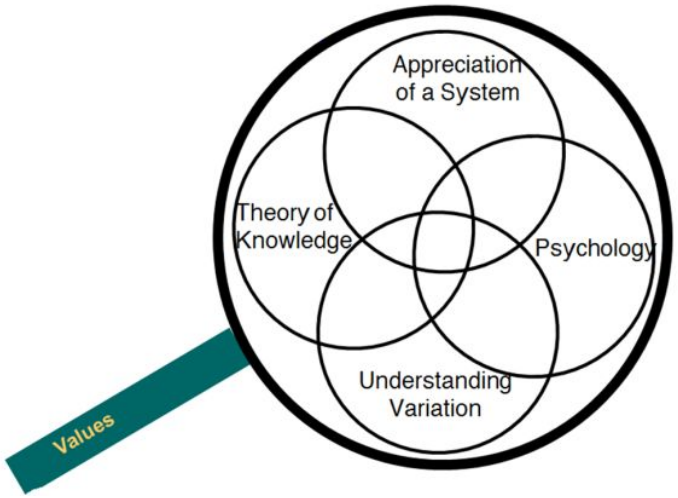
After this session, participants will be able to:

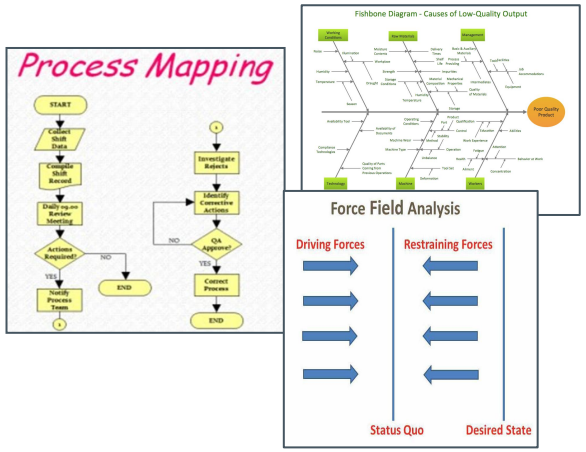
Describe the basics of improvement science and understand how the method is helpful for sustainable change

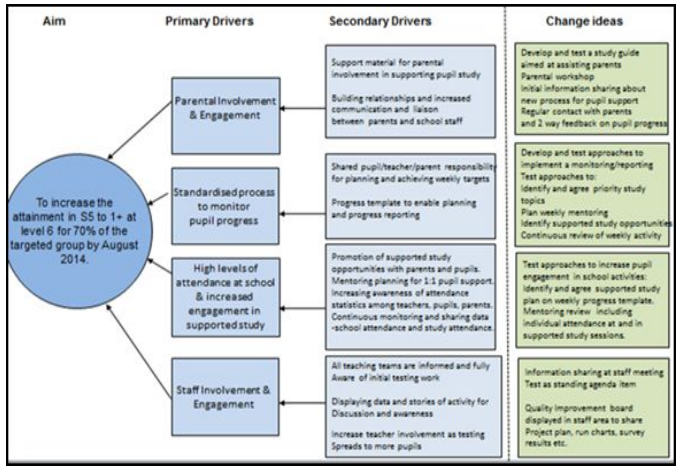
Understand the variety of ways that people can learn and use improvement science tools in their practice

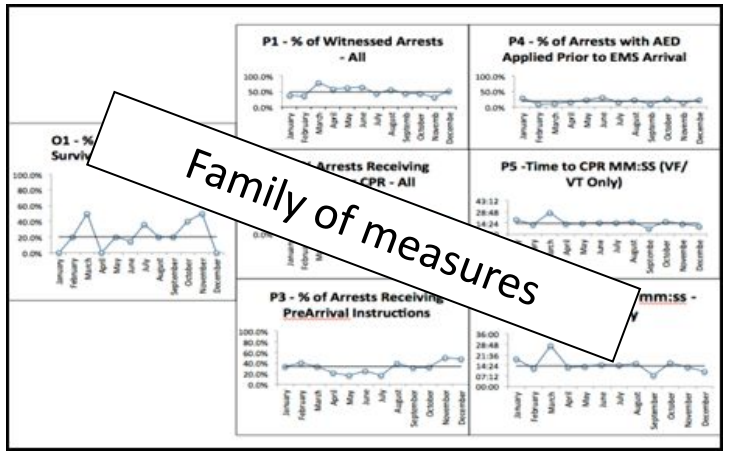
Take away ideas to support your own improvement work

Our journey for this session



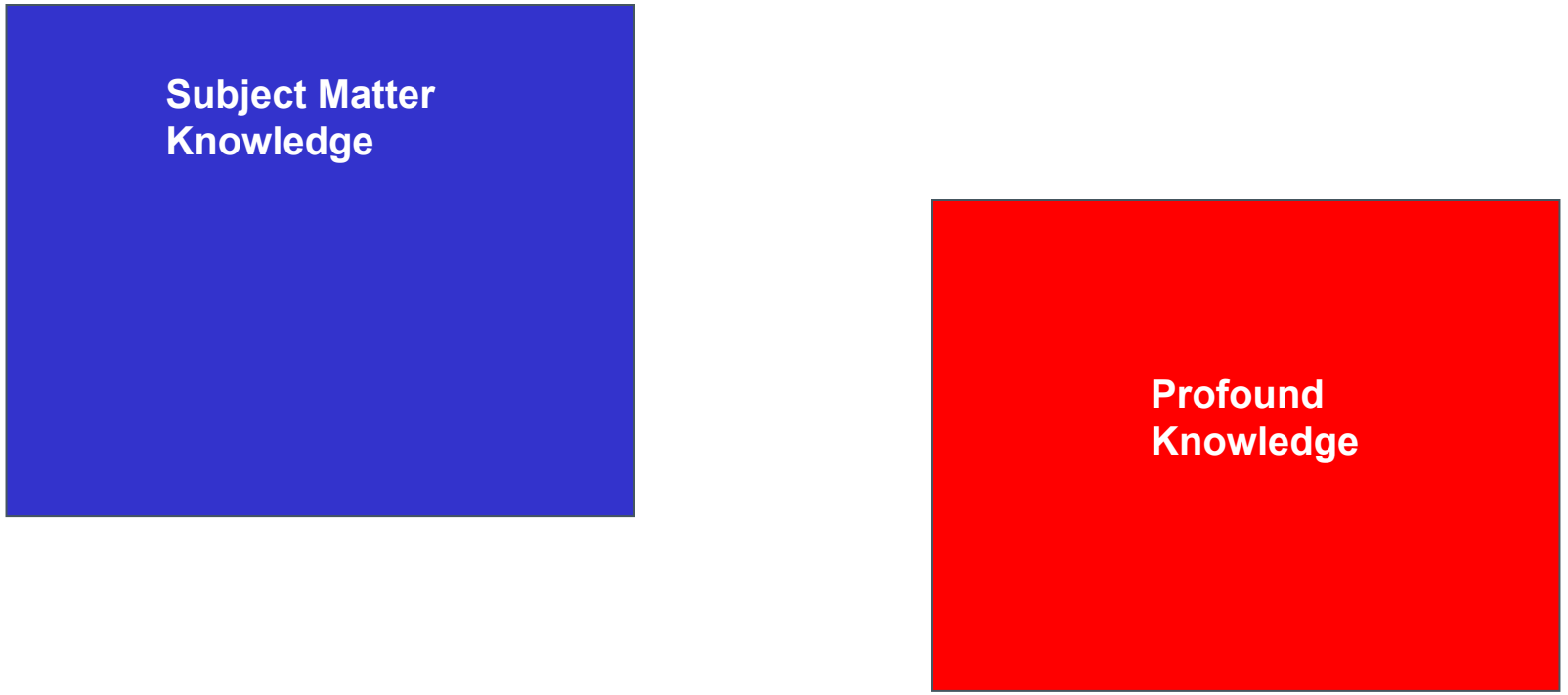






Two Types of Knowledge

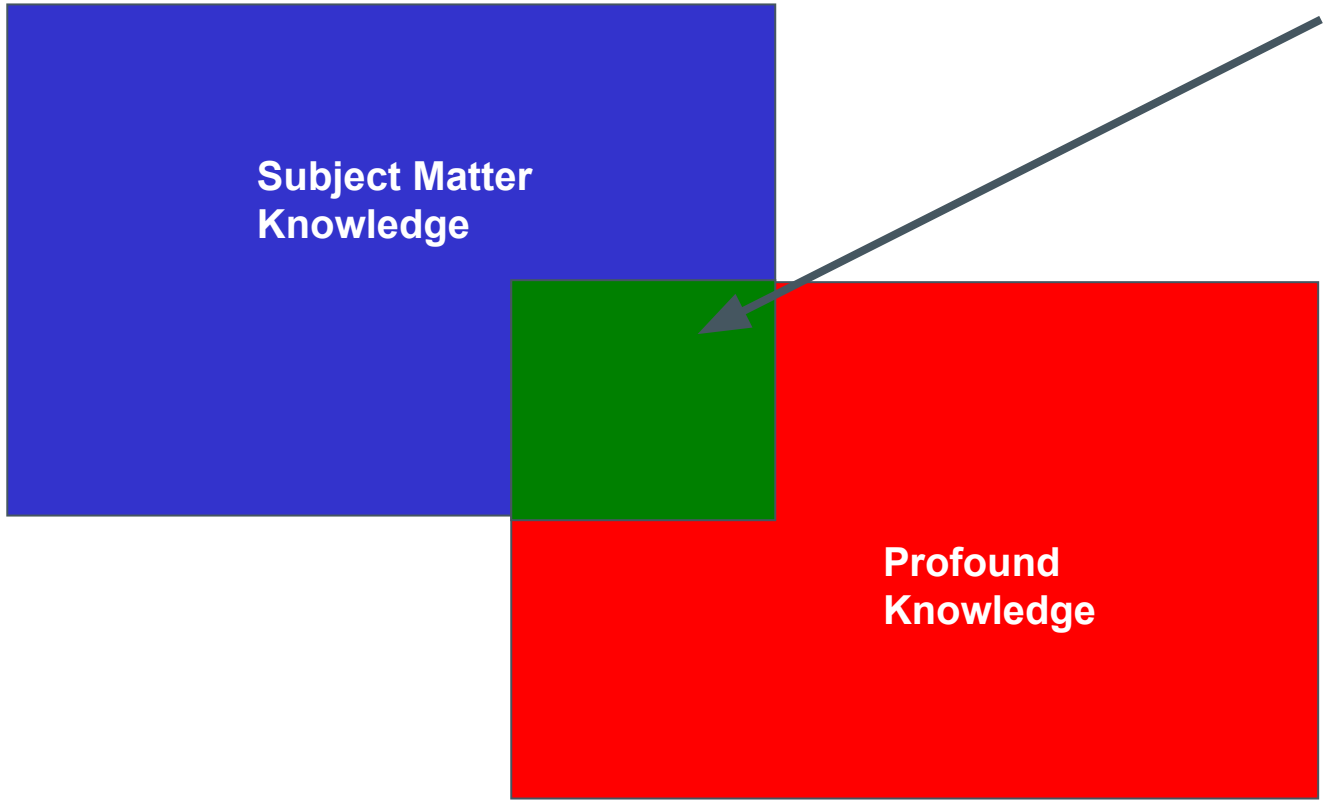
Subject Matter Knowledge: Knowledge basic to the things we do in life. Professional knowledge.



Profound Knowledge: The interaction of the theories of systems, variation, knowledge, and psychology.

Langley et al 2009: p76

Knowledge for Improvement



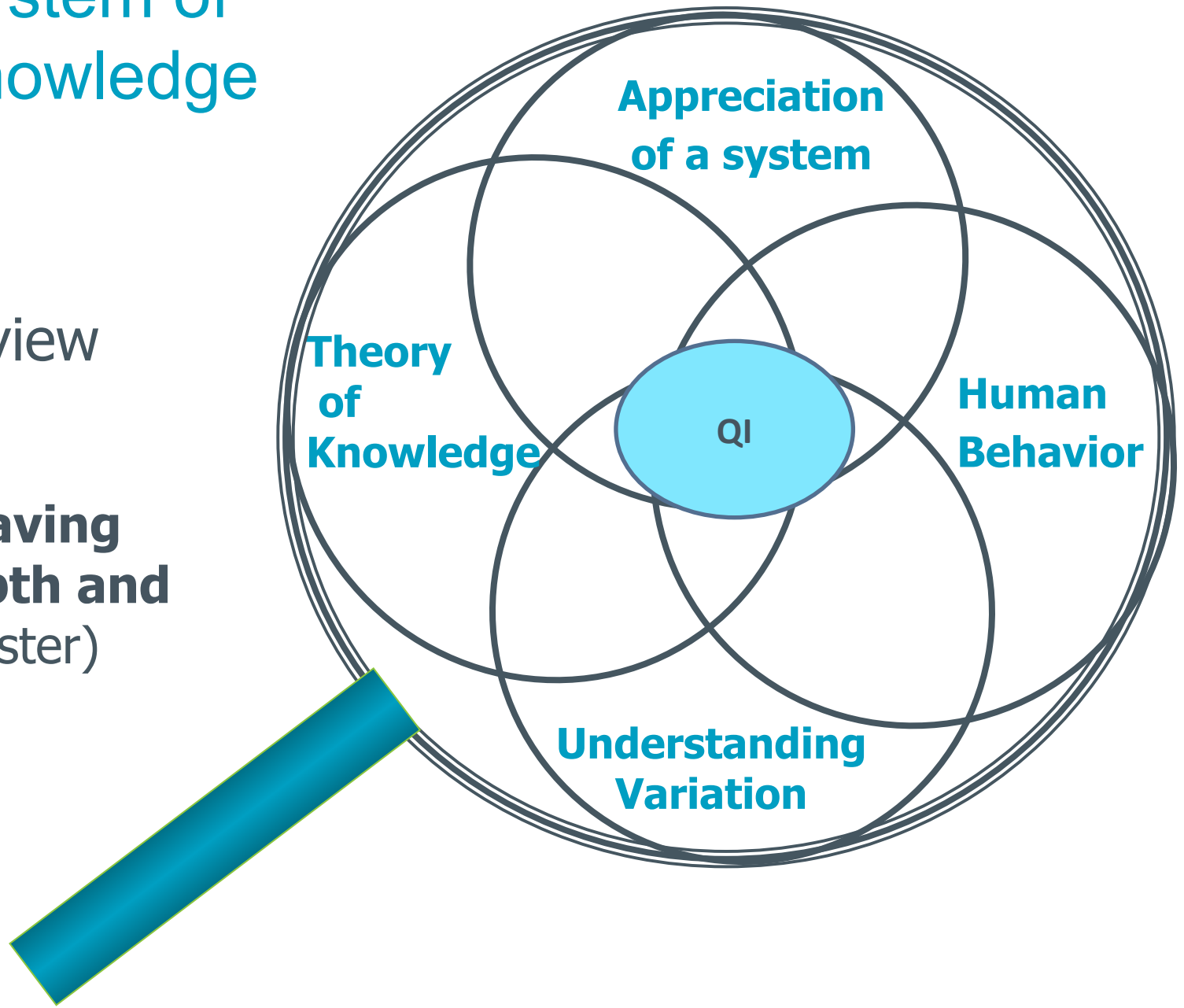
***Improvement*: Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.**

Langley et al
2009: p76

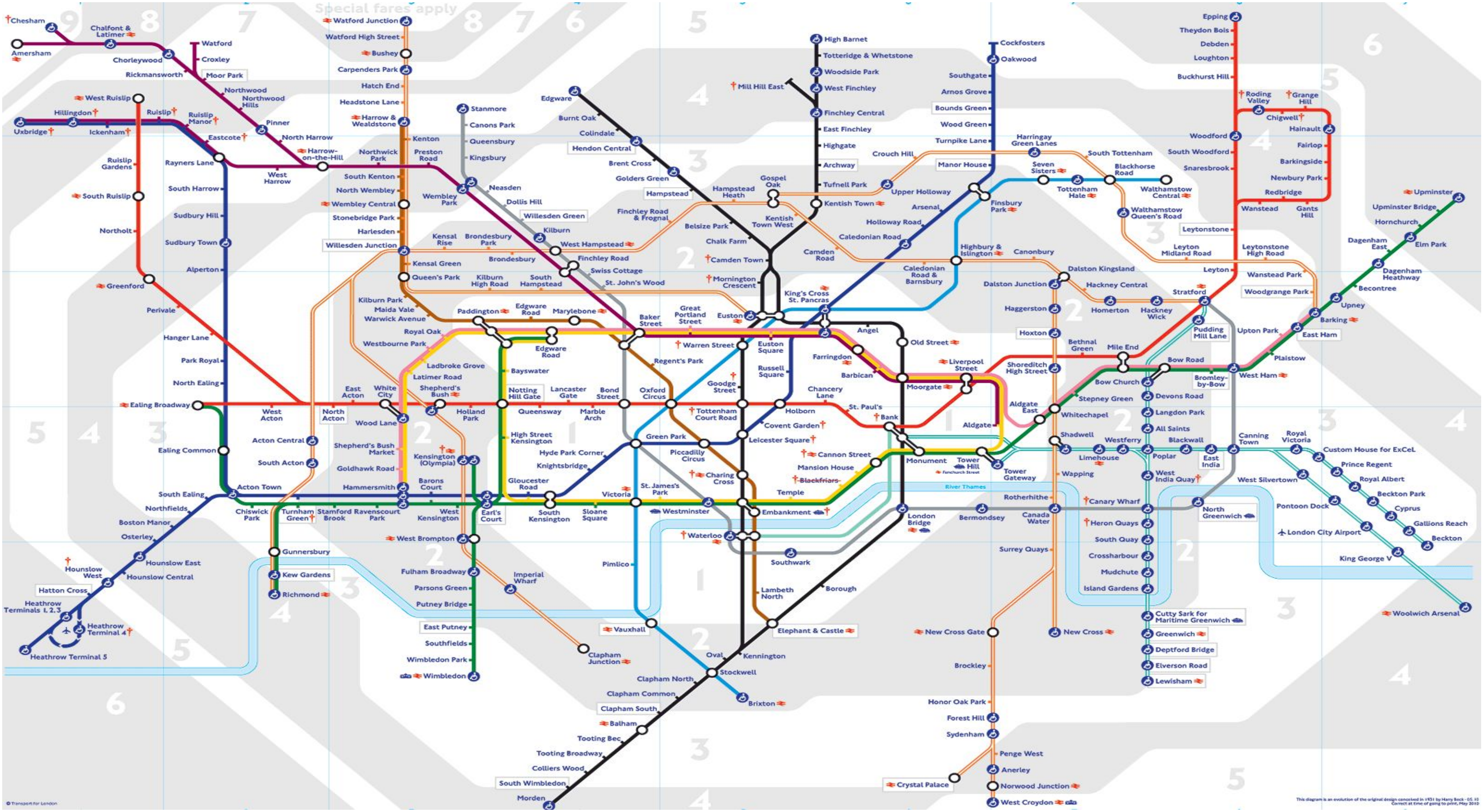
Deming's System of Profound Knowledge

An outside view

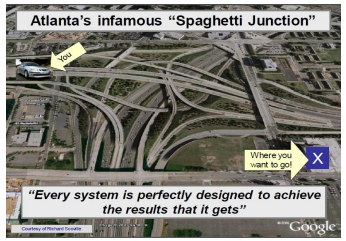
Profound - having intellectual depth and insight (Webster)



“An *interdependent group* of items, people, or processes working together toward a *common aim*”



Room for improvement?



Appreciation for a System

- Interdependence
- Dynamic
- Interactions
- System must have an aim
- Whole is greater than sum of the parts

Theory of Knowledge

- Learning from theory, experience
- Operational definitions
- Expert prediction
- PDSA for learning and improvement

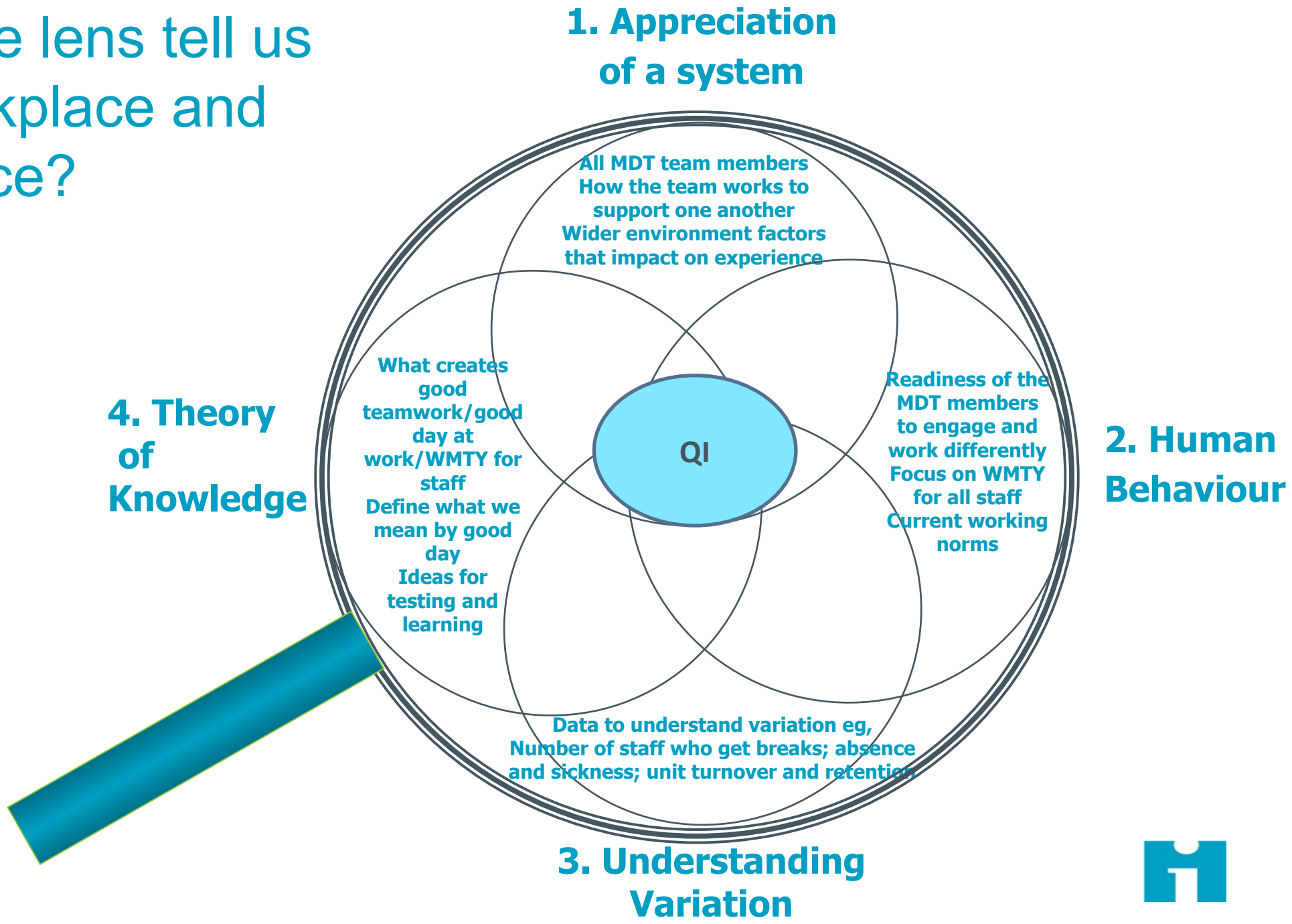
Psychology

- Interaction between people
- Intrinsic motivation
- Beliefs, assumptions
- Will to change

Understanding Variation

- Variation is to be expected
- Common or special causes
- Potential mistakes
- Knowledge of baseline

What could the lens tell us about the workplace and staff experience?



Exercise:

In healthcare systems many interdependencies exist – these depend upon one another to deliver seamless high quality care experiences for patients

Imagine you are attending a visit to either

a clinic for a check up or

a surgical ward for a procedure

List the various interdependencies at play in each environment

How many can you come up with?

Clinic:

People – clerical staff /welcome desk, consultant, nurse, allied health colleagues, laboratory staff, porter, domestic services staff

Equipment – medical records, lab results, electronic systems for radiology images, examination or procedure clinical sets, examination bench, wheel chairs for patient transport

Environment – clean examination rooms, water fountains, call system for patients to attend rooms

and so on…

In-patient surgical setting:

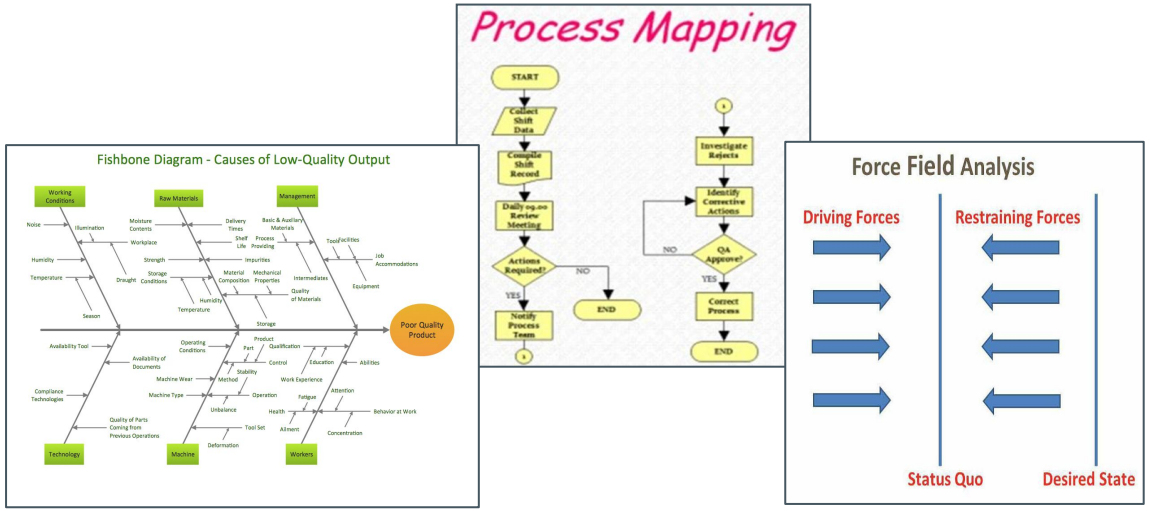
People – nurses, doctors, allied health professionals, porter, theatre staff, surgeon, anesthetist, lab staff, appointments team,

Equipment – medical records, lab results, electronic systems for radiology images, examination or procedure clinical sets, examination bench, wheel chairs for patient transport

Environment – clean examination rooms, water fountains, call system for patients to attend rooms

and so on…

Technical Tools to help you understanding a System



IHI.org
Quality Improvement Essentials Toolkit

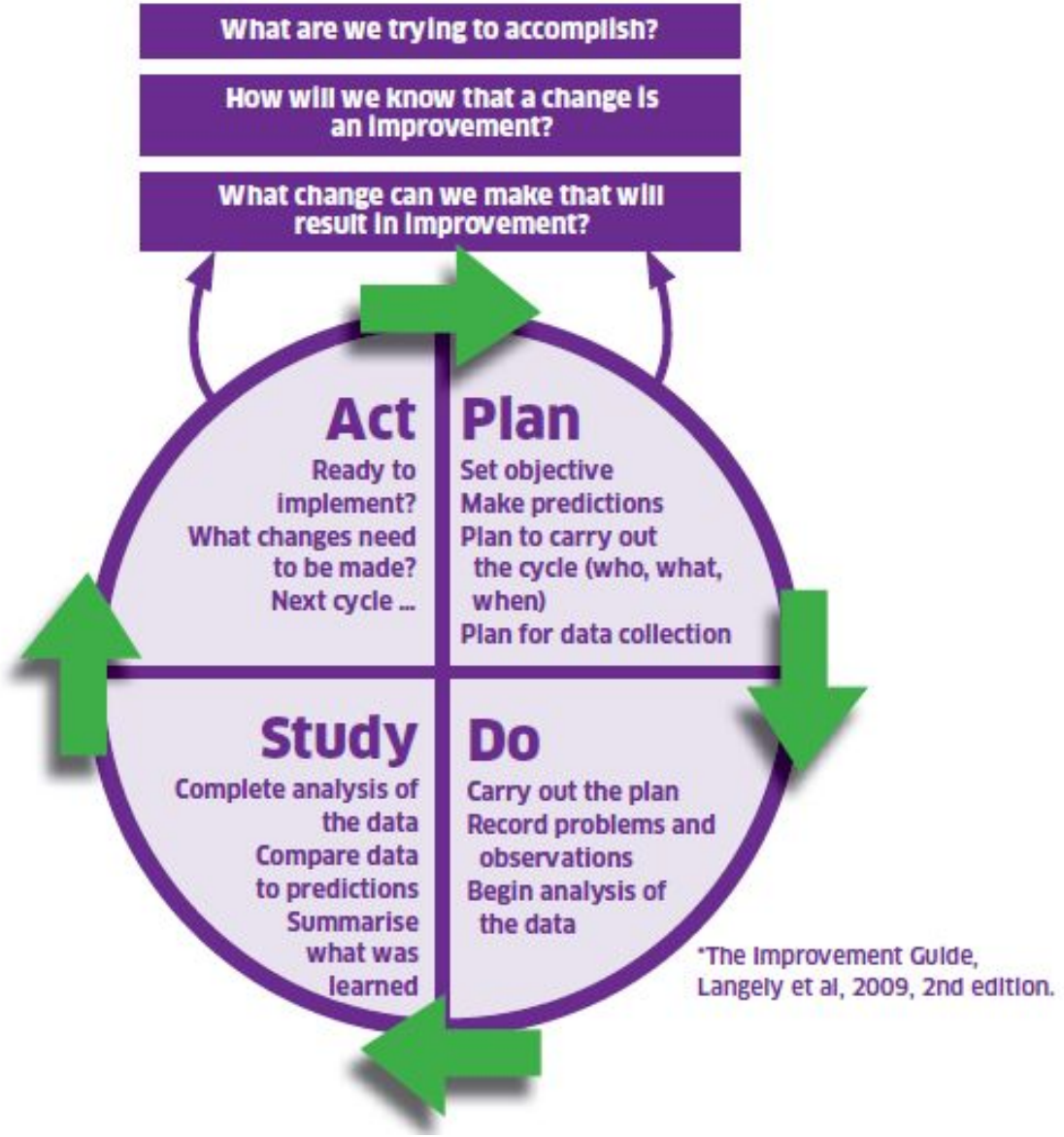
http://www.ihi.org/resources/Pages/Tools/Quality-Improvement-Essentials-Toolkit.aspx

IHI Open School course: QI 102: How to Improve with the Model for Improvement

The Model For Improvement

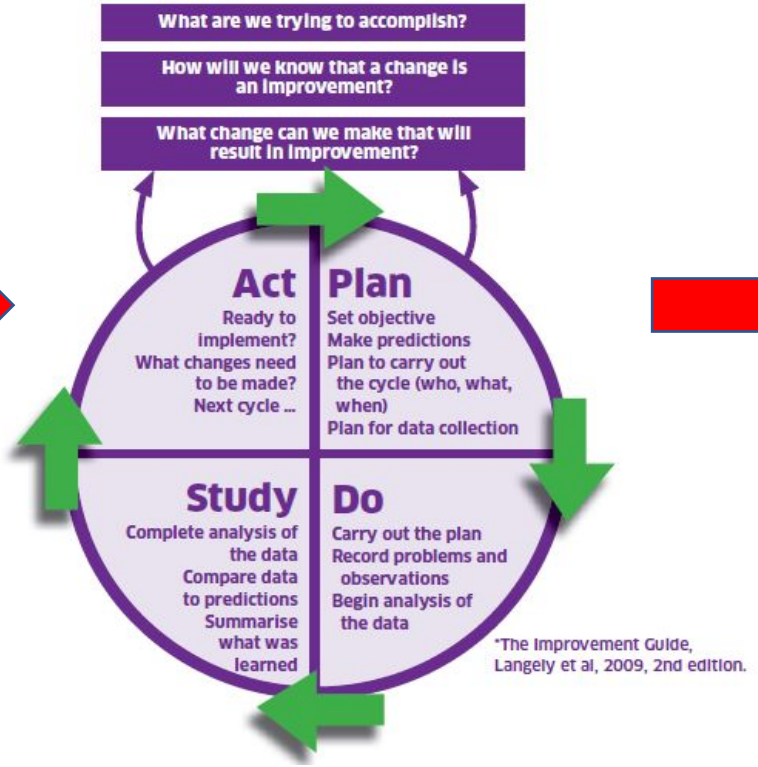
Three questions

Practical application



*The Improvement Guide, Langely et al, 2009, 2nd edition.

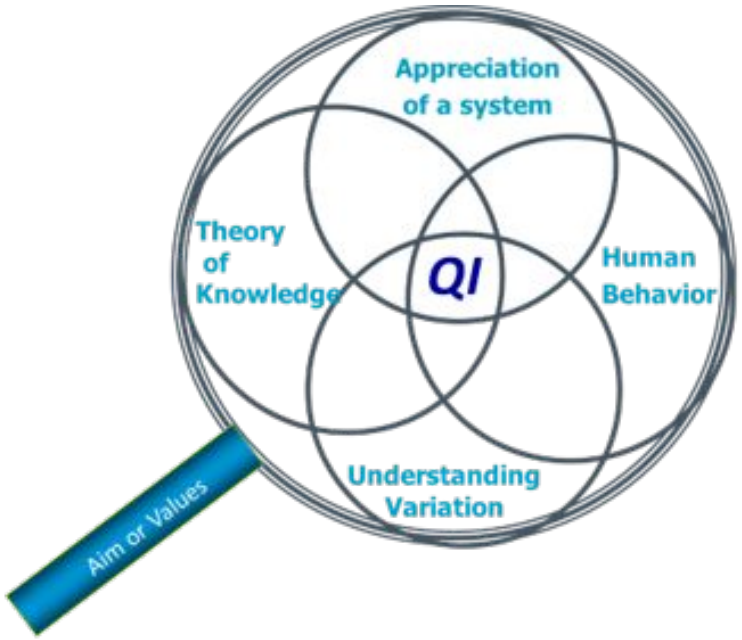
The Model for Improvement supports implementation of evidence into practice, while enabling innovation and exploration of new ways of working



*The Improvement Guide, Langely et al, 2009, 2nd edition.

Aims

Deming's System of Profound Knowledge



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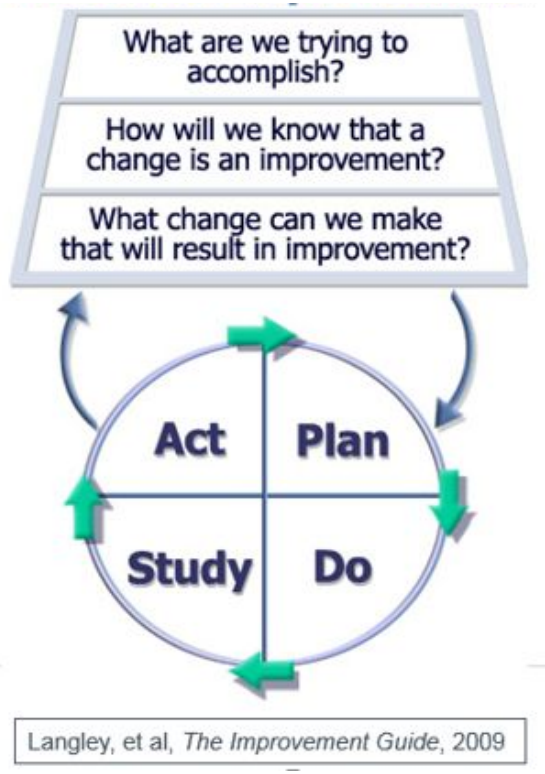
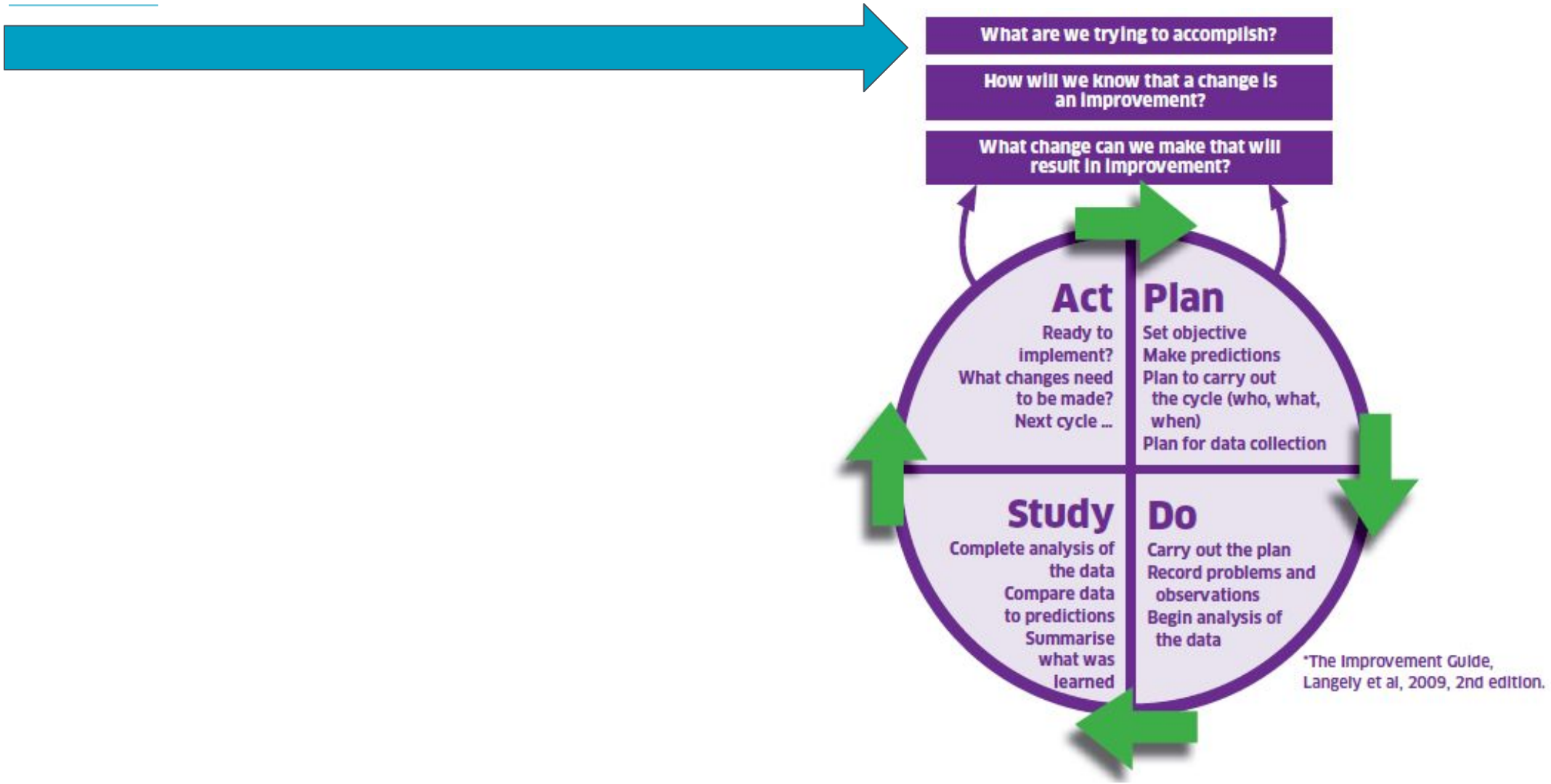
Model for Improvement



Langley, et al, *The Improvement Guide*, 2009

Developing an Aim Statement: What are we trying to accomplish?



A Project's Aim is:

Not just a vague desire to do better

A commitment to achieve measured improvement

In a specific ***system***
With a definite ***timeline***
And numeric ***goals***

Using SMART Aims

Specific

Measurable

Achievable

Relevant

Time-limited

SPECIFIC: CAN WE IDENTIFY THE PART OF THE SYSTEM WE ARE LOOKING TO CHANGE.

MEASURABLE: IS THERE A WAY TO USE INFORMATION AND DATA TO CHART YOUR PROGRESS.

ACHIEVABLE: IS IT POSSIBLE AND REASONABLE IN THE TIME PERIOD.

RELEVANT: IDENTIFY THE SYSTEM INVOLVED. DOES IT MAKE SENSE TO YOUR TEAM AND YOUR SERVICE USERS?

IS THERE A PATIENT CENTRED FOCUS

TIME-LIMITED: DO YOU HAVE A START AND A PLANNED FINISH DATE?

Aims exercise

Table visit - critique the aim statements on the flip charts

Does the statement provide:

- A clear outline of what is to be improved and where?
- How good the effort is aiming to be?
- Is the time frame for achieving the aim realistic (and stretching)

Scenario

Joy in Work

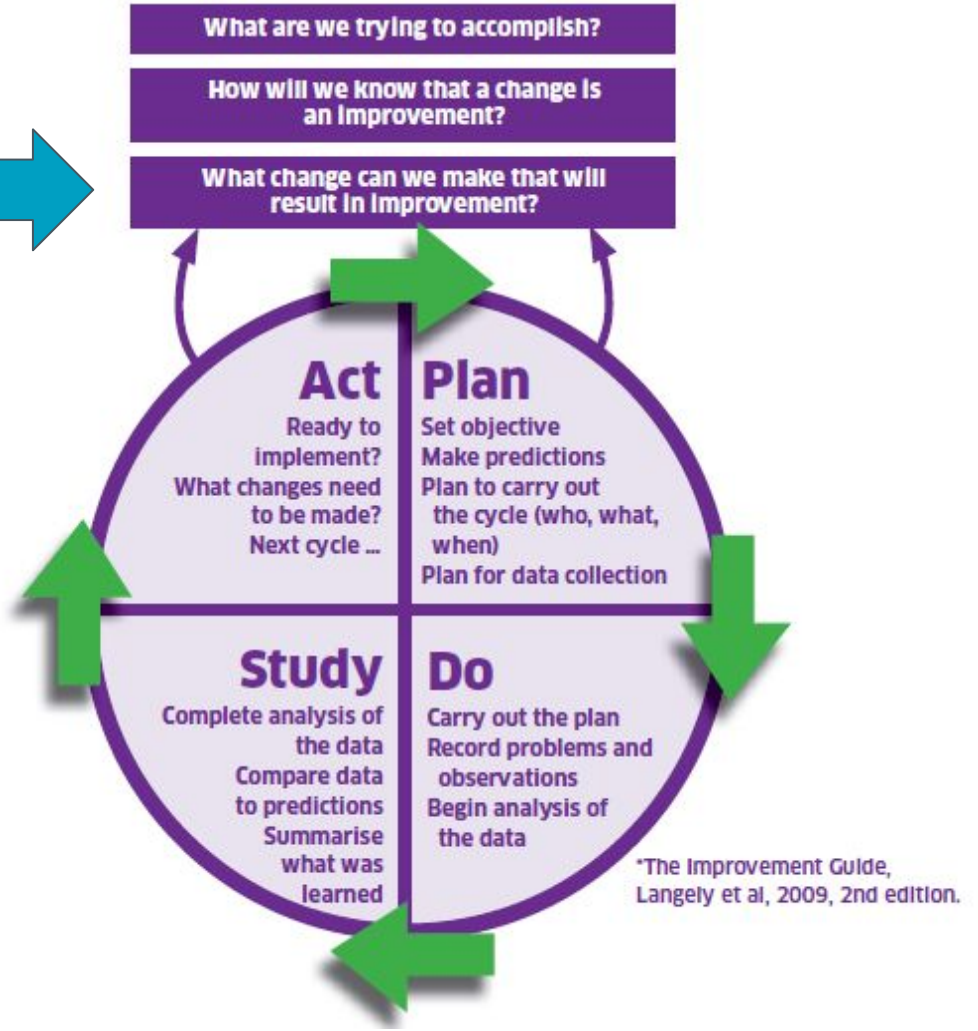
Photo by Jonathan Borba on Unsplash

Aim statement top tips from the IHI team

- You will sink or swim based on the clarity, and commitment to your aim...
- However, do not get stuck in perfection(ism)
- Focus on outcome (customer) versus process measure
- Pull on heart as well as head
- Beware of MBF (Management By Fear), numerical goals can backfire in a fear driven culture
- Stretch versus realistic goal (overwhelmed or energised)
- Prevent scope creep and focus energies > identify clear boundaries (Start? End?)

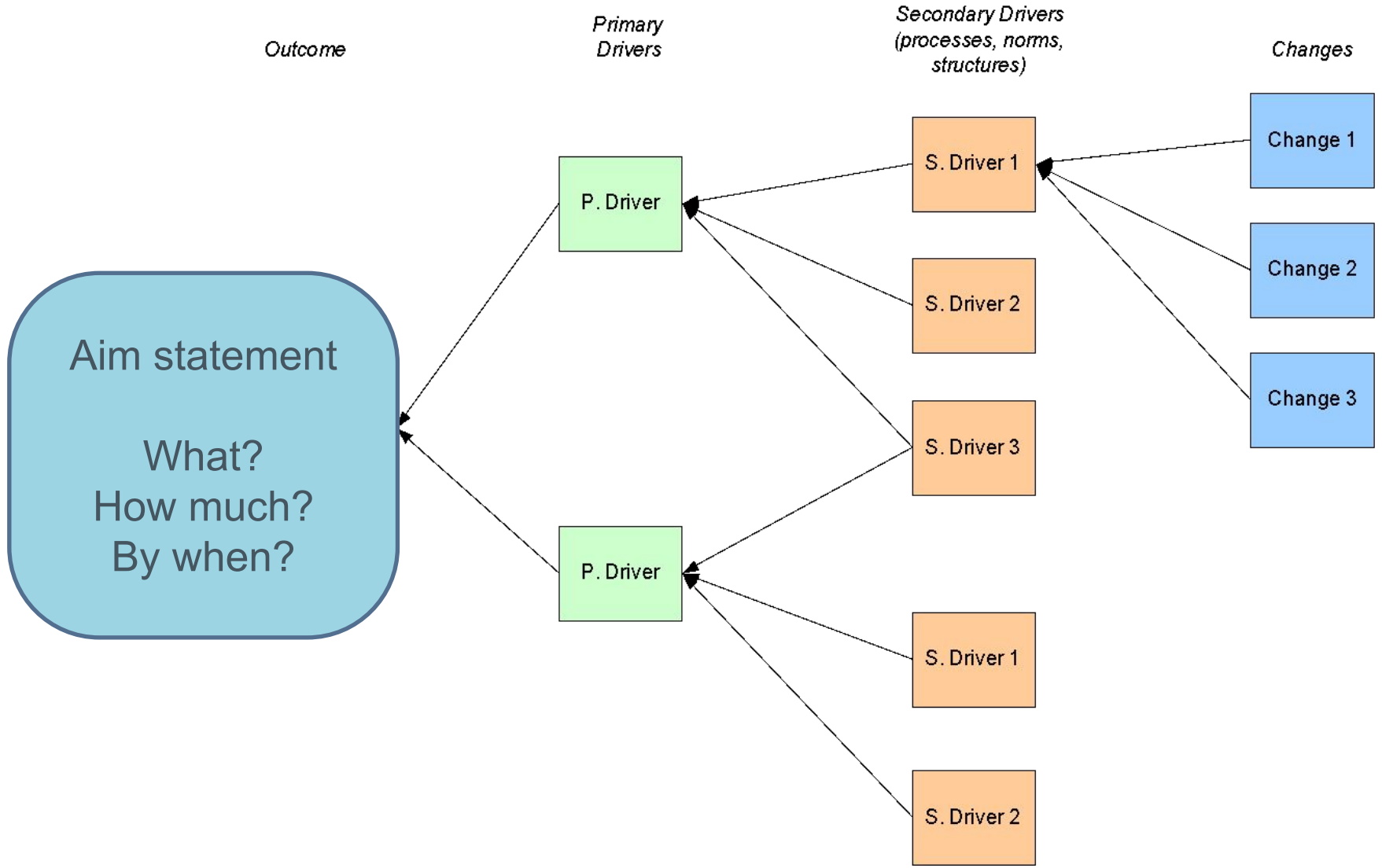
The Model For Improvement Question #3

Change ideas – the practical tests we can carry out in everyday work



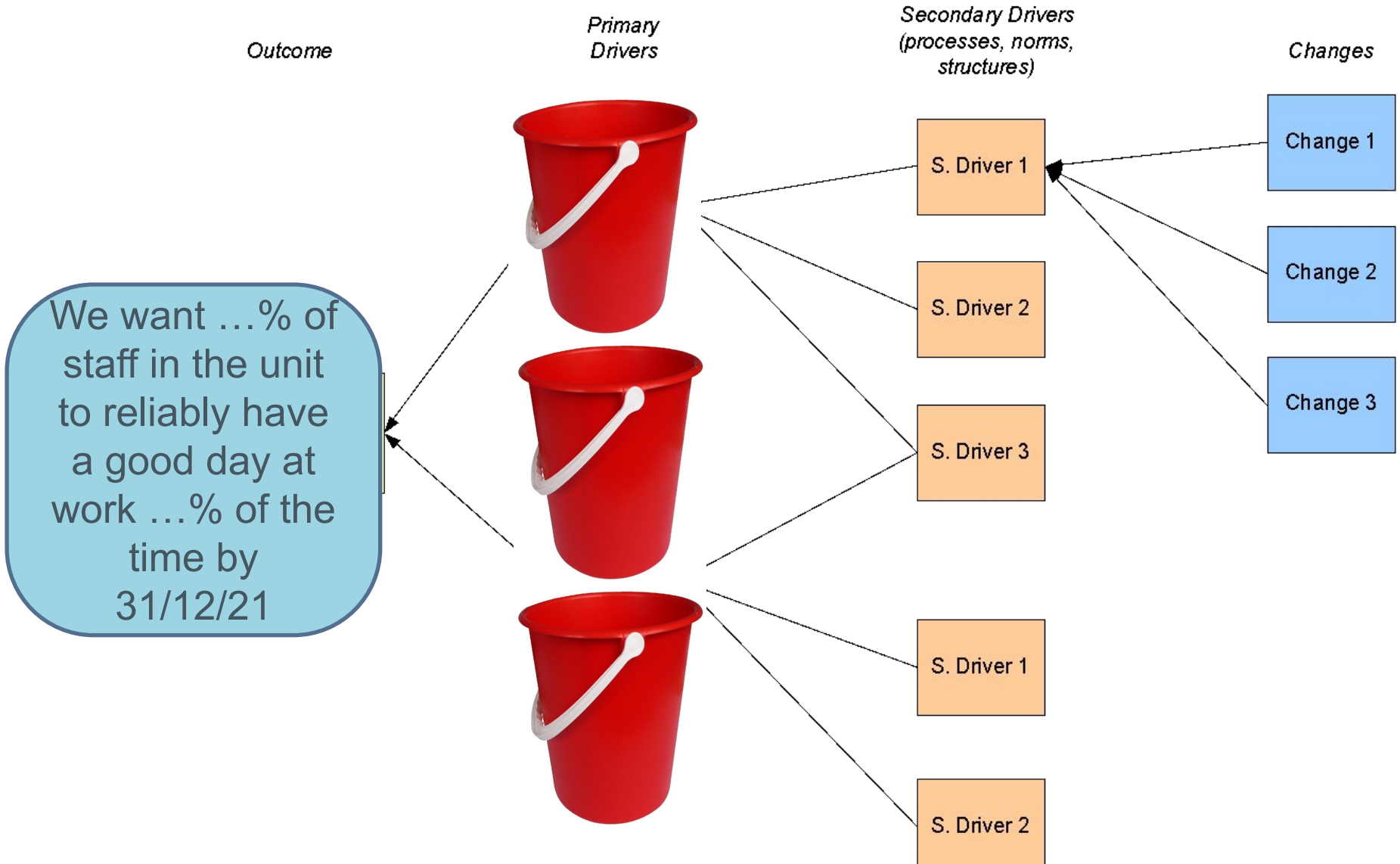
*The Improvement Guide, Langely et al, 2009, 2nd edition.

Overview of a Driver Diagram



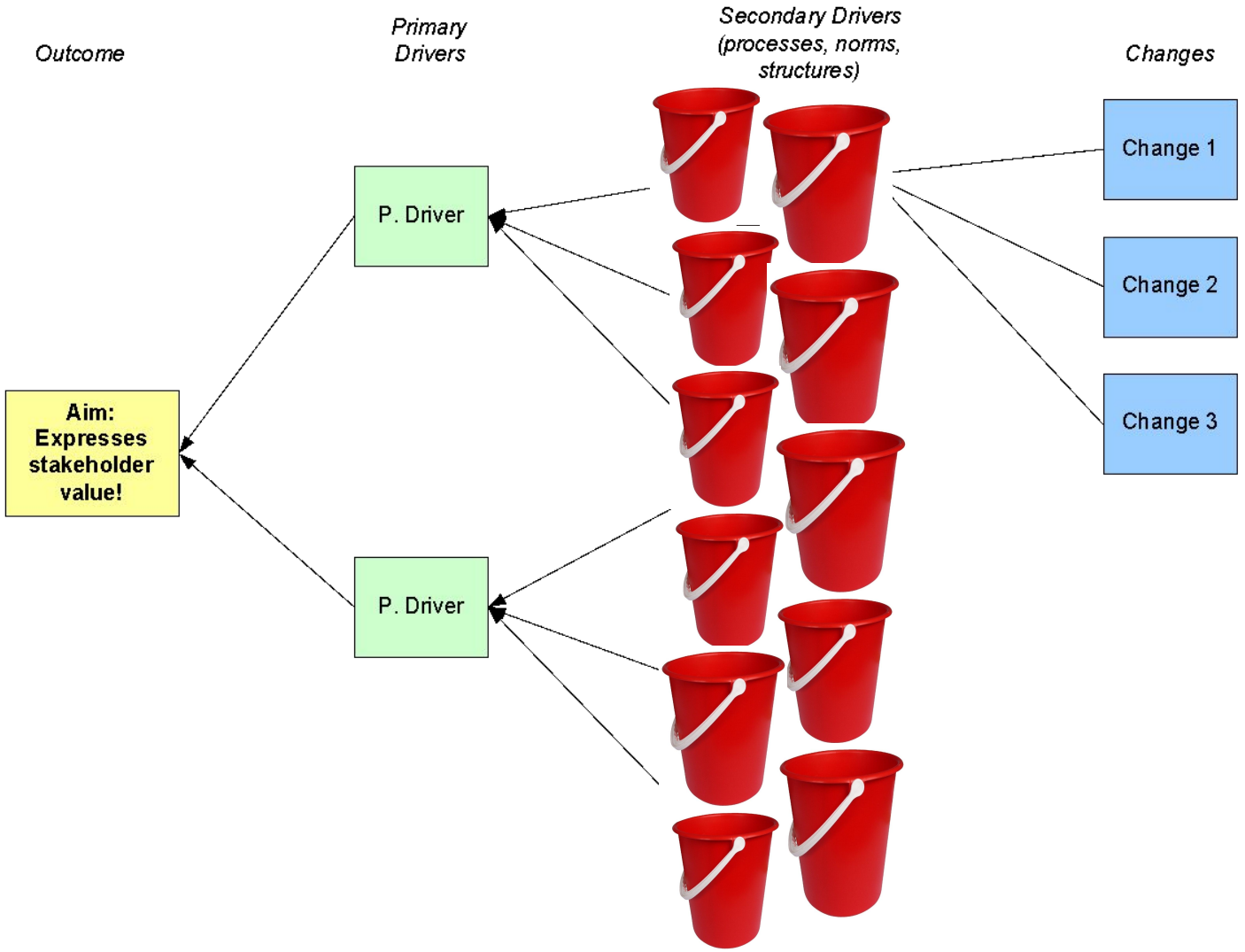
Components of a Driver Diagram

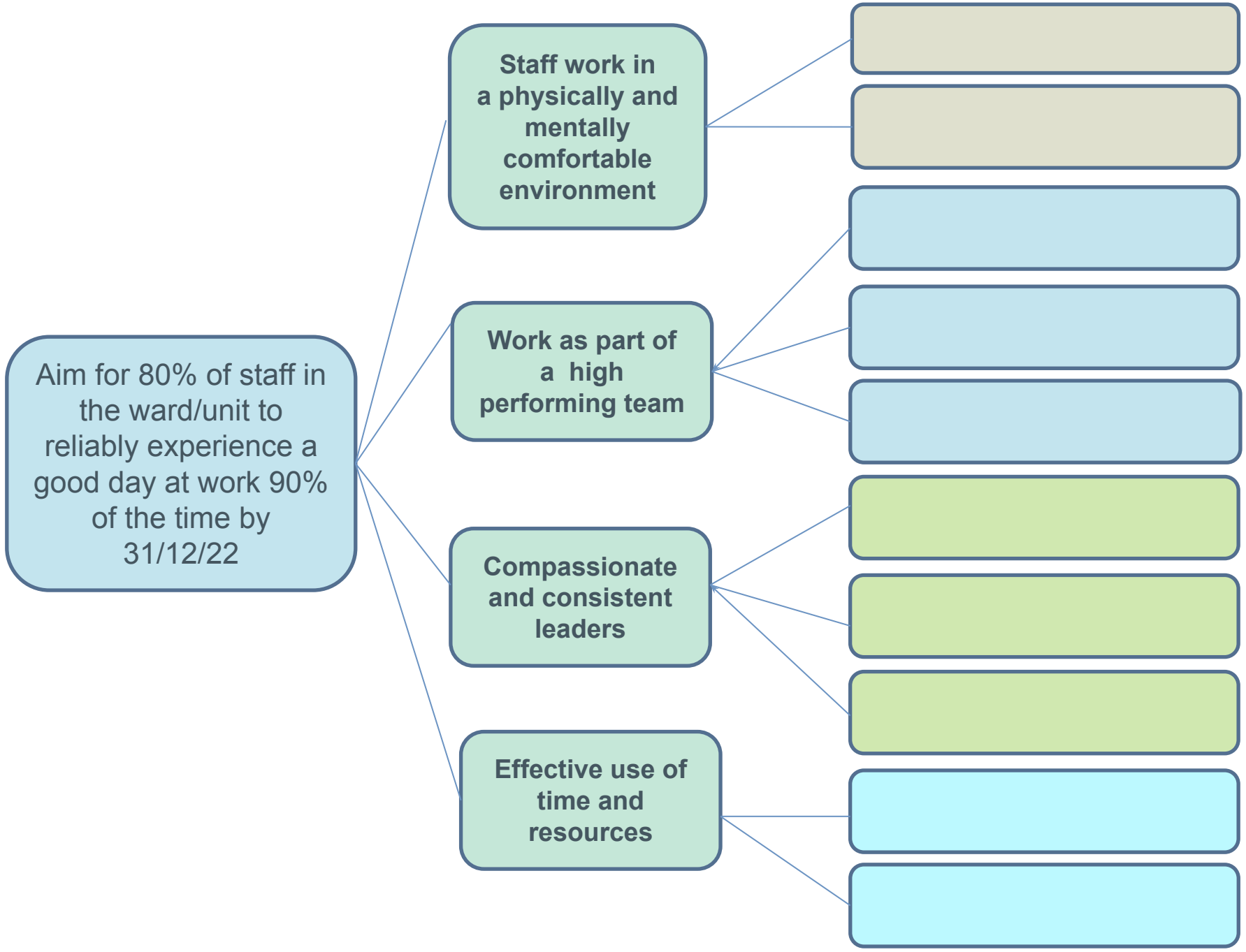
What primary drivers do we need in order to achieve the aim? These are fundamental to achieve the aim



What factors will contribute to delivering the primary drivers?

What **secondary** drivers will take forward activities to deliver the primary drivers?



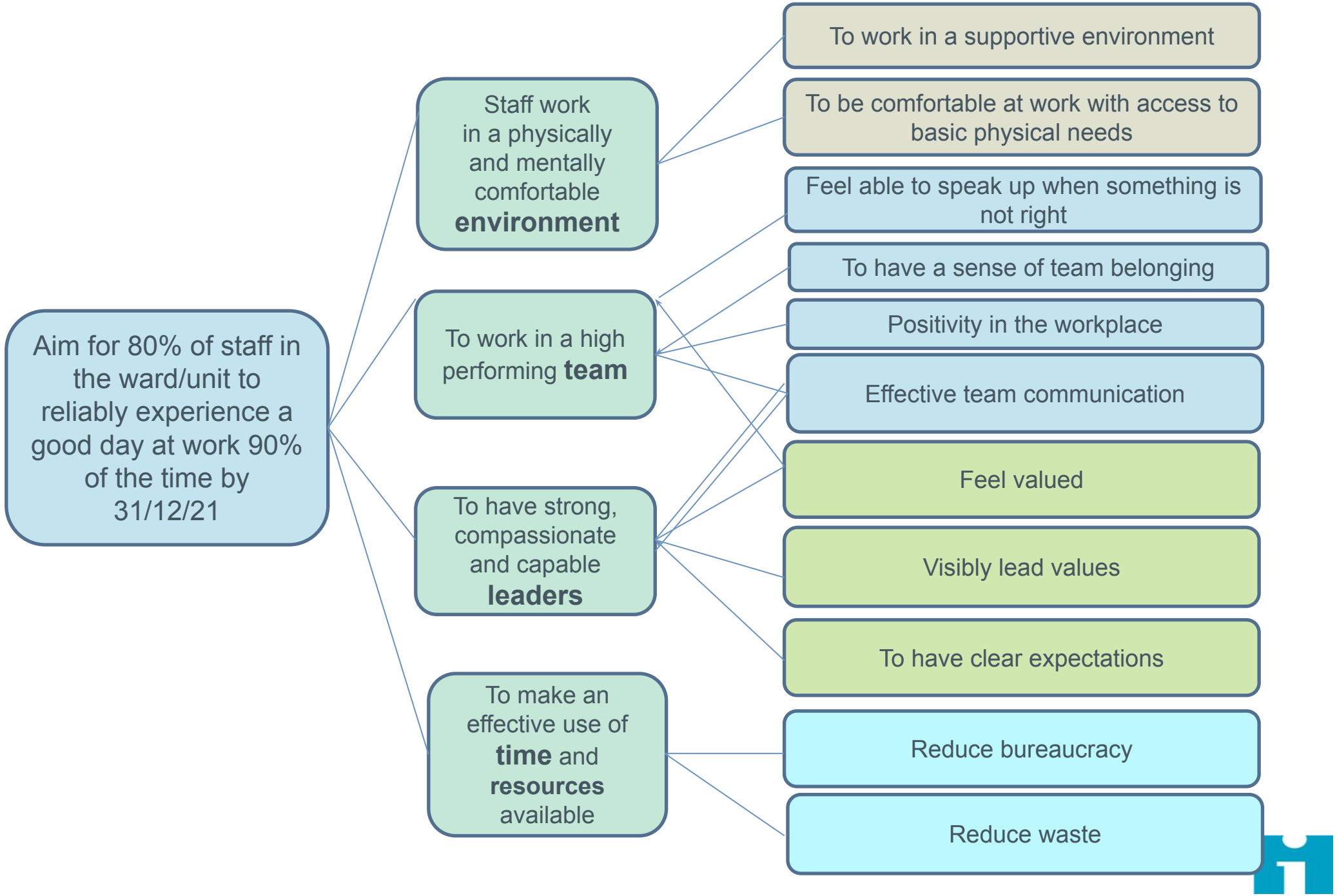

Aim for 80% of staff in the ward/unit to reliably experience a good day at work 90% of the time by 31/12/22
Staff work in a physically and mentally comfortable environment
Work as part of a high performing team
Compassionate and consistent leaders
Effective use of time and resources

Exercise

Can you identify a number of secondary drivers that could help to deliver the primary drivers?

What needs to be in place to achieve the delivery of the primary drivers as it relates to:

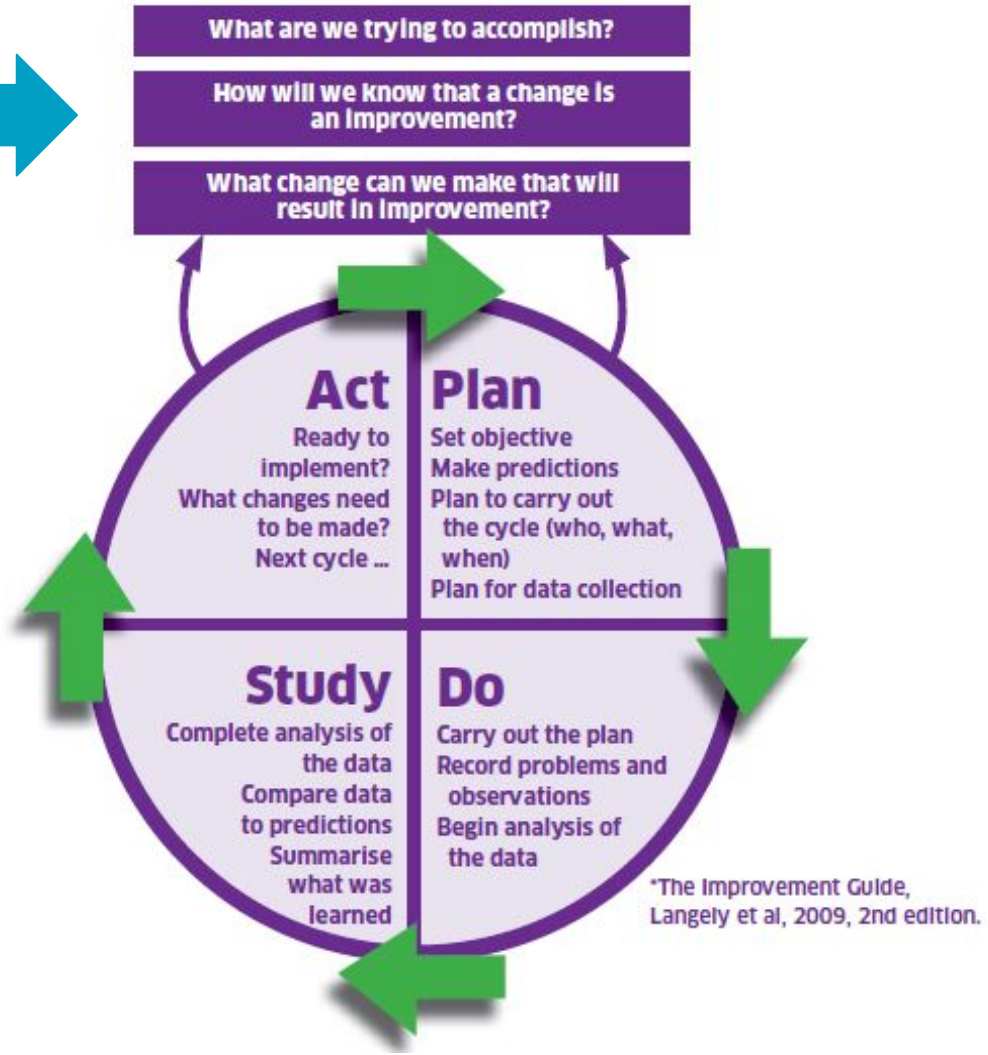
- Environment
- Team
- Leaders
- Time


Aim for 80% of staff in the ward/unit to reliably experience a good day at work 90% of the time by 31/12/21
Staff work in a physically and mentally comfortable **environment**
To work in a high performing **team**
To have strong, compassionate and capable **leaders**
To make an effective use of **time** and **resources** available
To work in a supportive environment
To be comfortable at work with access to basic physical needs
Feel able to speak up when something is not right
To have a sense of team belonging
Positivity in the workplace
Effective team communication
Feel valued
Visibly lead values
To have clear expectations
Reduce bureaucracy
Reduce waste

The Model For Improvement – Question #2

Measures:

What data will guide our improvement work?



*The Improvement Guide, Langely et al, 2009, 2nd edition.

Is the project getting the right outcome?

Outcome Measures

Are we making things better?

Are we on track to achieve our Aim?

Is the system working as planned?

Process Measures

Are we doing the right things at the right time, every time?

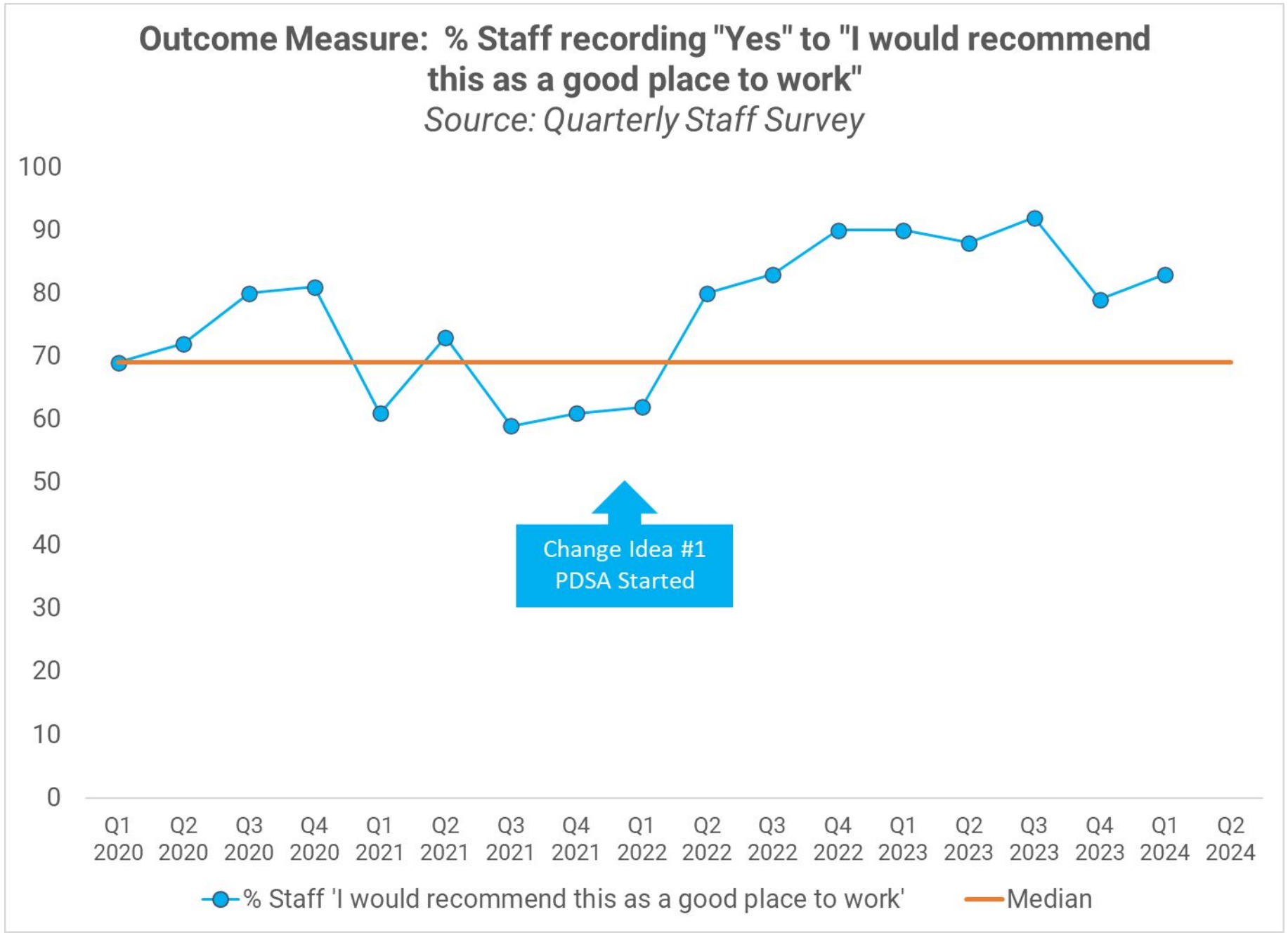
Is the process reliable?

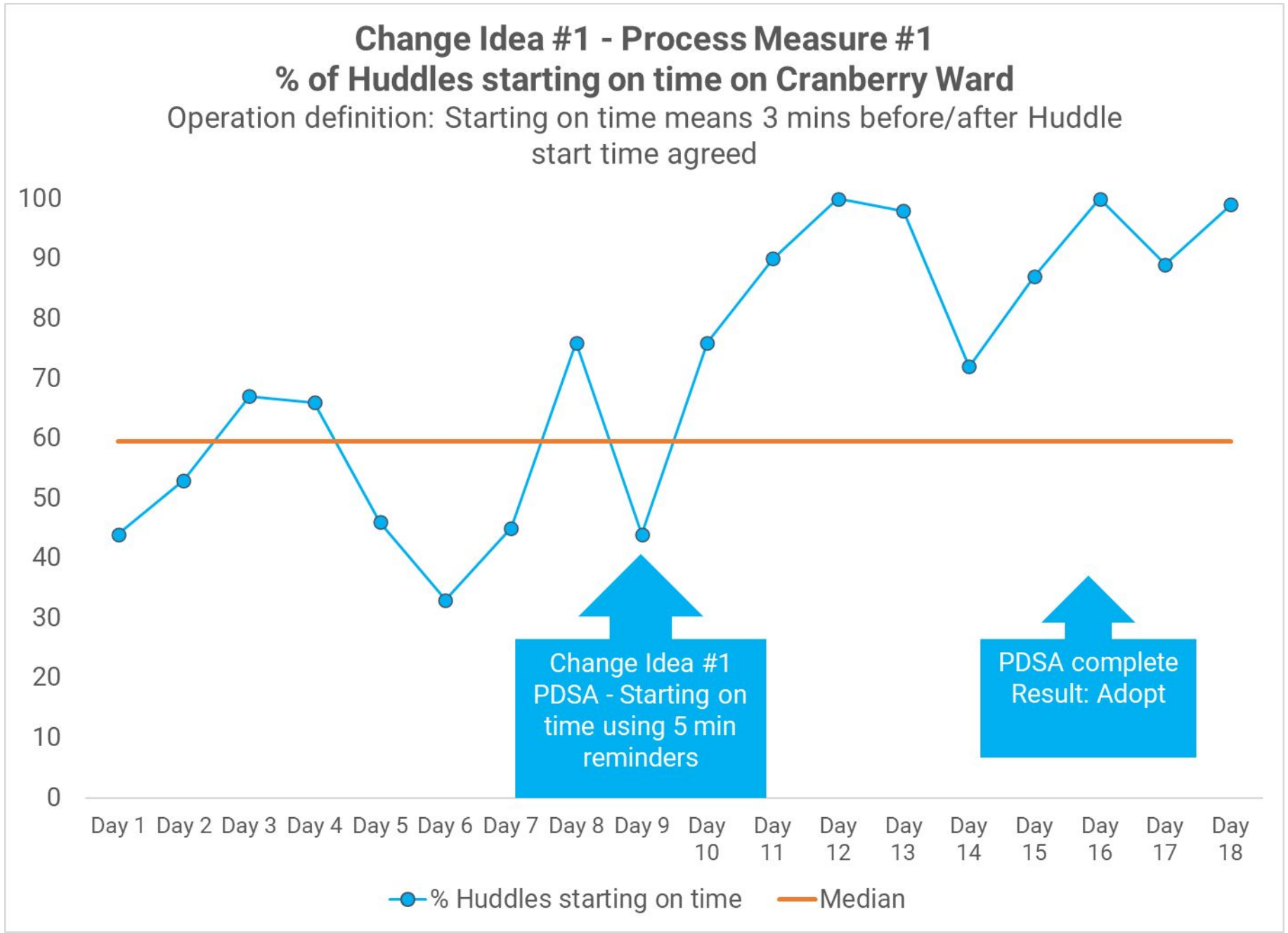
What about the bigger picture?

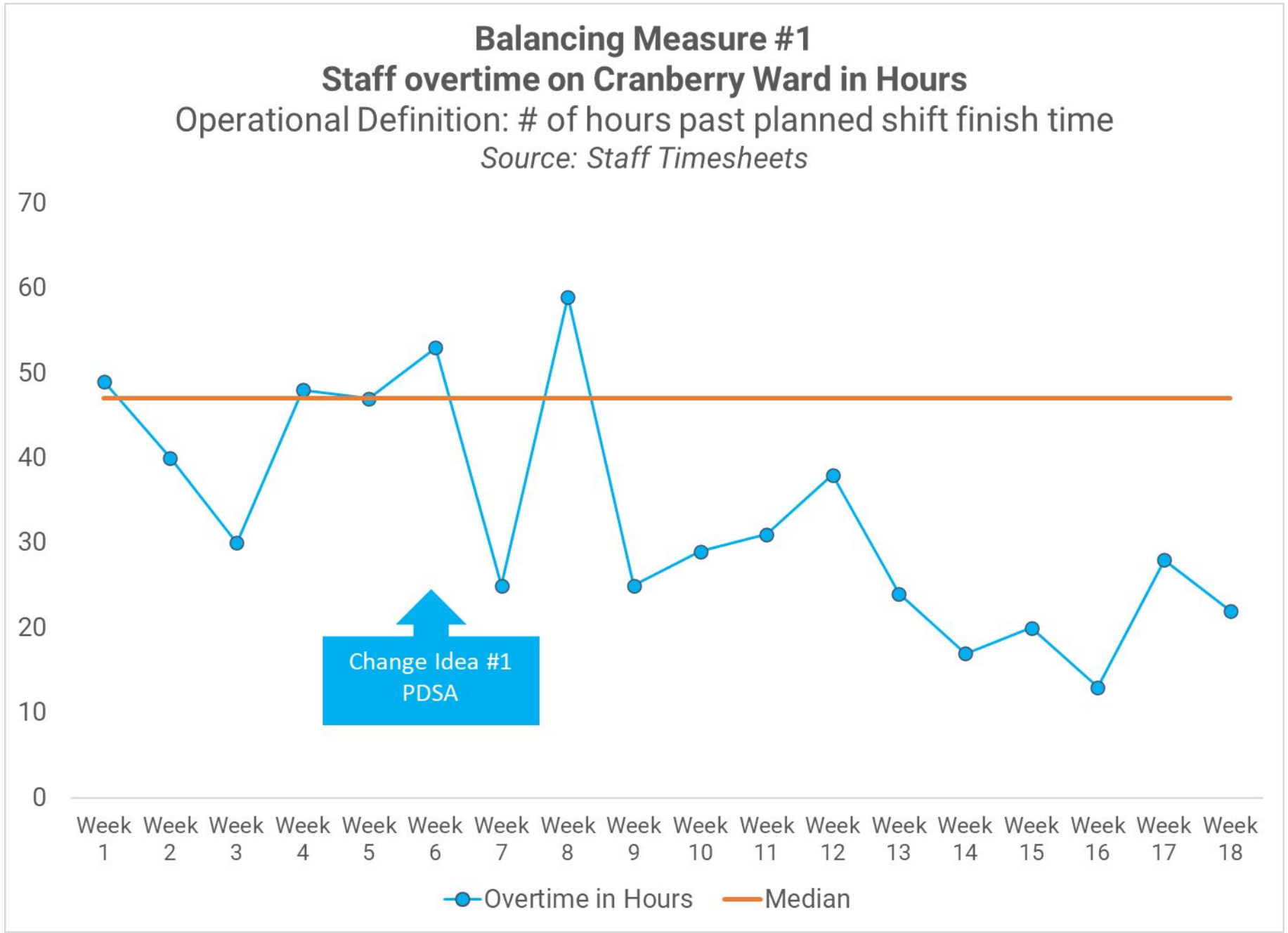
Balancing Measures

Looking at the system from different dimensions.

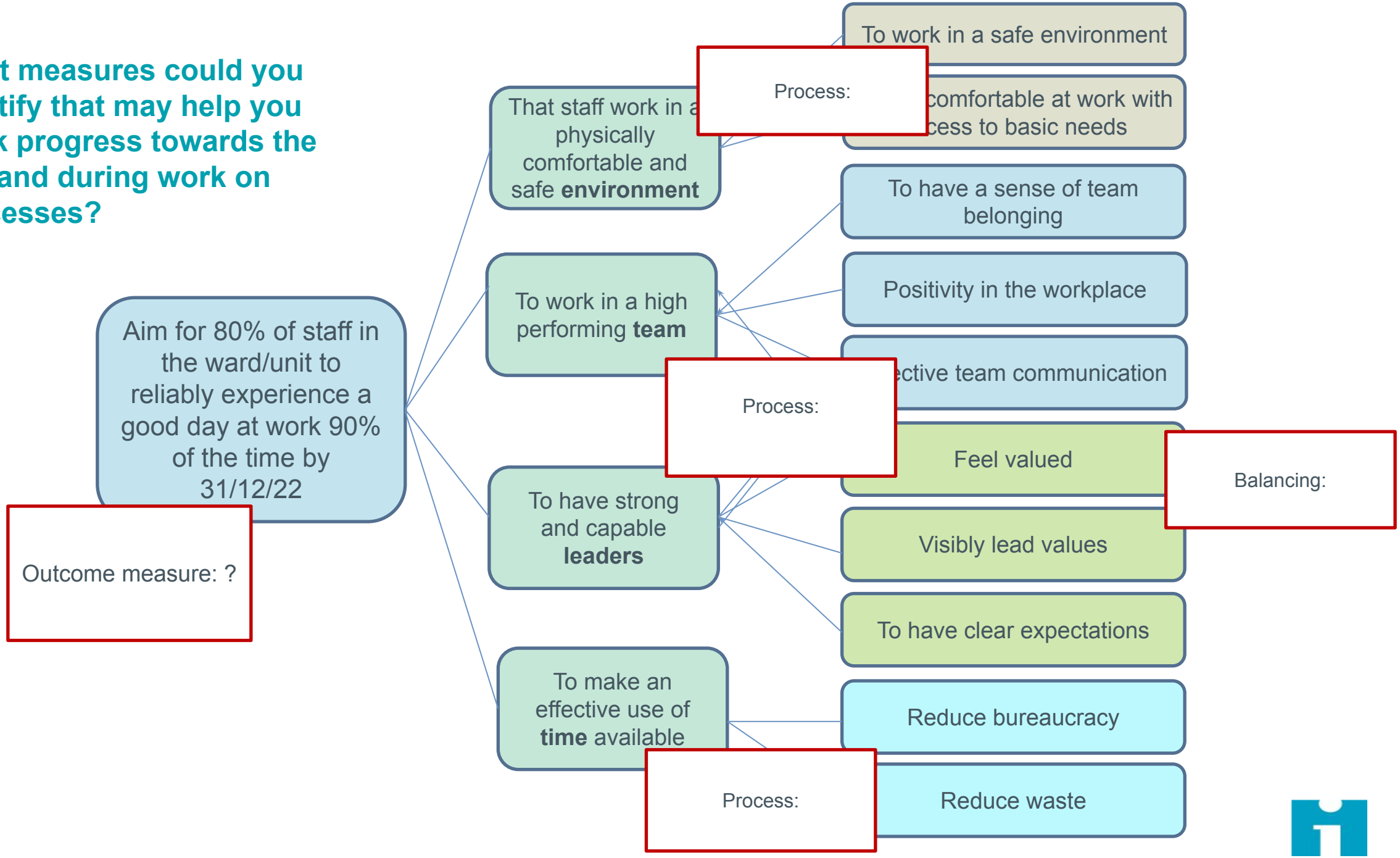
Does improving one thing cause problems or impact elsewhere?


Outcome Measure: % Staff recording "Yes" to "I would recommend this as a good place to work"
Source: Quarterly Staff Survey
100
90
80
70
60
50
40
30
20
10
0
Change Idea #1
PDSA Started
Q1 2020
Q2 2020
Q3 2020
Q4 2020
Q1 2021
Q2 2021
Q3 2021
Q4 2021
Q1 2022
Q2 2022
Q3 2022
Q4 2022
Q1 2023
Q2 2023
Q3 2023
Q4 2023
Q1 2024
Q2 2024
% Staff 'I would recommend this as a good place to work'
Median

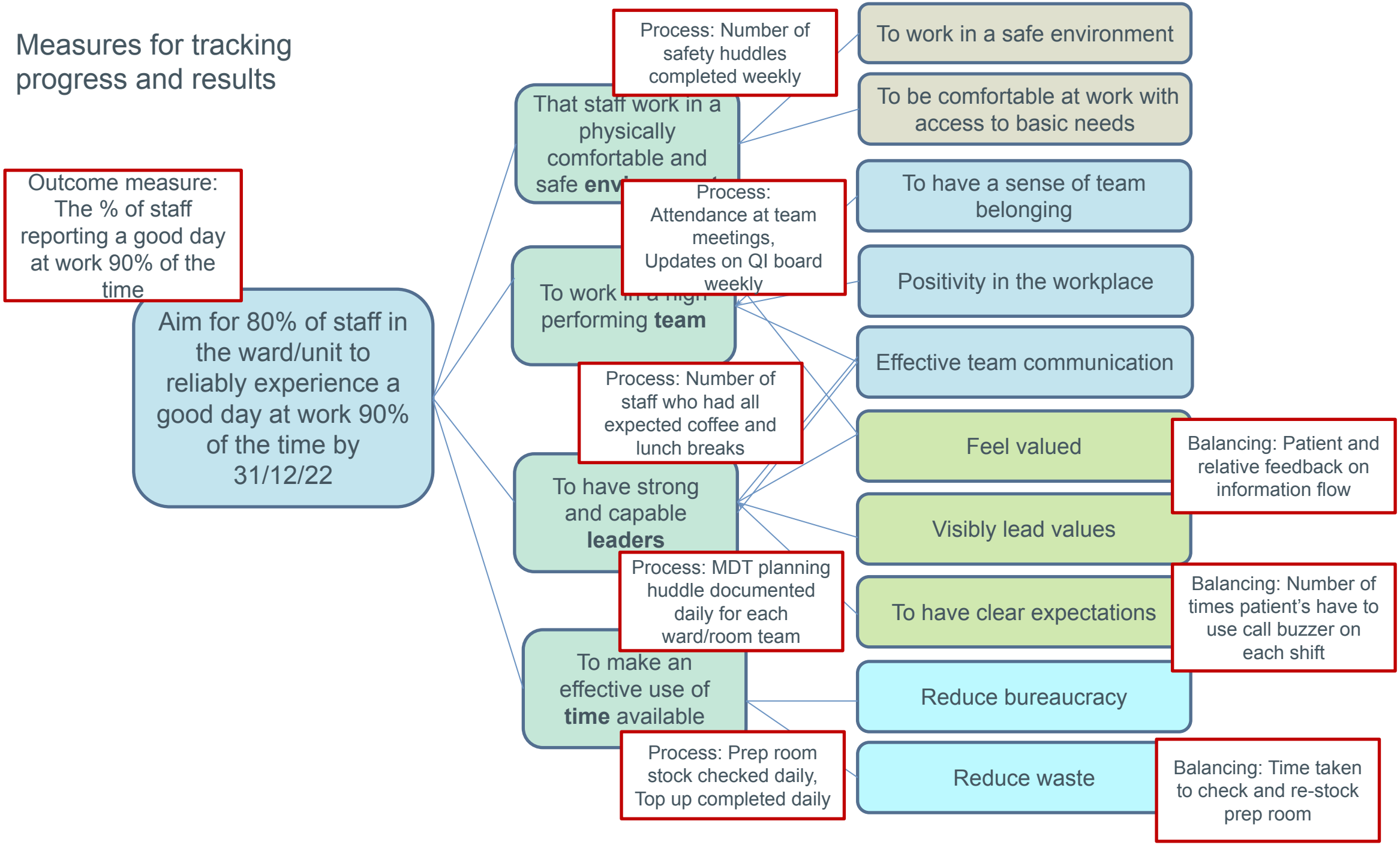

Change Idea #1 - Process Measure #1
% of Huddles starting on time on Cranberry Ward
Operation definition: Starting on time means 3 mins before/after Huddle start time agreed
100
90
80
70
60
50
40
30
20
10
0
Day 1
Day 2
Day 3
Day 4
Day 5
Day 6
Day 7
Day 8
Day 9
Day 10
Day 11
Day 12
Day 13
Day 14
Day 15
Day 16
Day 17
Day 18
Change Idea #1 PDSA - Starting on time using 5 min reminders
PDSA complete Result: Adopt
% Huddles starting on time
Median


Balancing Measure #1
Staff overtime on Cranberry Ward in Hours
Operational Definition: # of hours past planned shift finish time
Source: Staff Timesheets
70
60
50
40
30
20
10
0
Change Idea #1
PDSA
Week 1
Week 2
Week 3
Week 4
Week 5
Week 6
Week 7
Week 8
Week 9
Week 10
Week 11
Week 12
Week 13
Week 14
Week 15
Week 16
Week 17
Week 18
Overtime in Hours
Median

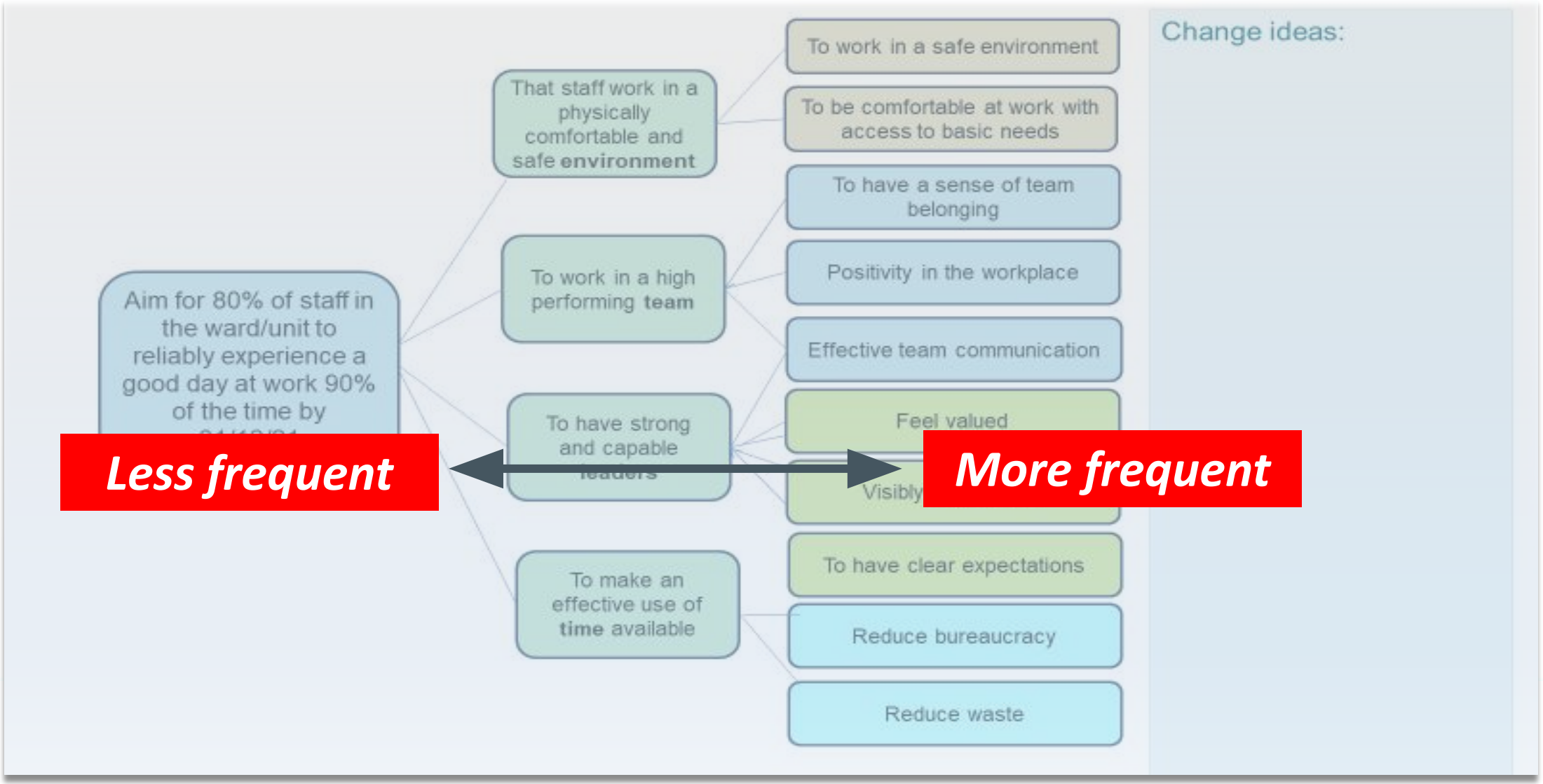
What measures could you identify that may help you track progress towards the aim and during work on processes?



Measures for tracking progress and results



What to expect of your data

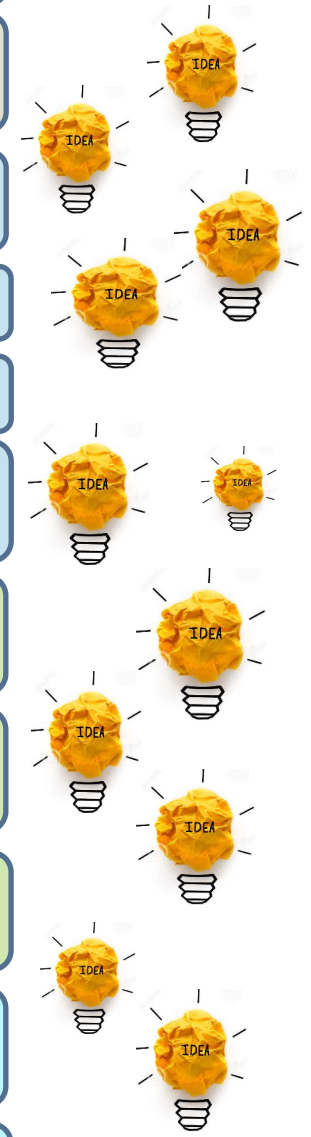


Data collection planning

Populate change ideas beside each of the secondary drivers

Aim for 80% of staff in the ward/unit to reliably experience a good day at work 90% of the time by 31/12/22

- Staff work in a physically and mentally comfortable **environment**
  - To work in a supportive environment
  - To be comfortable at work with access to basic physical needs
- To work in a high performing **team**
  - Feel able to speak up when something is not right
  - To have a sense of team belonging
  - Positivity in the workplace
  - Effective team communication
- To have strong, compassionate and capable **leaders**
  - Feel valued
  - Visibly lead values
  - To have clear expectations
- To make an effective use of **time** available
  - Reduce bureaucracy
  - Reduce waste



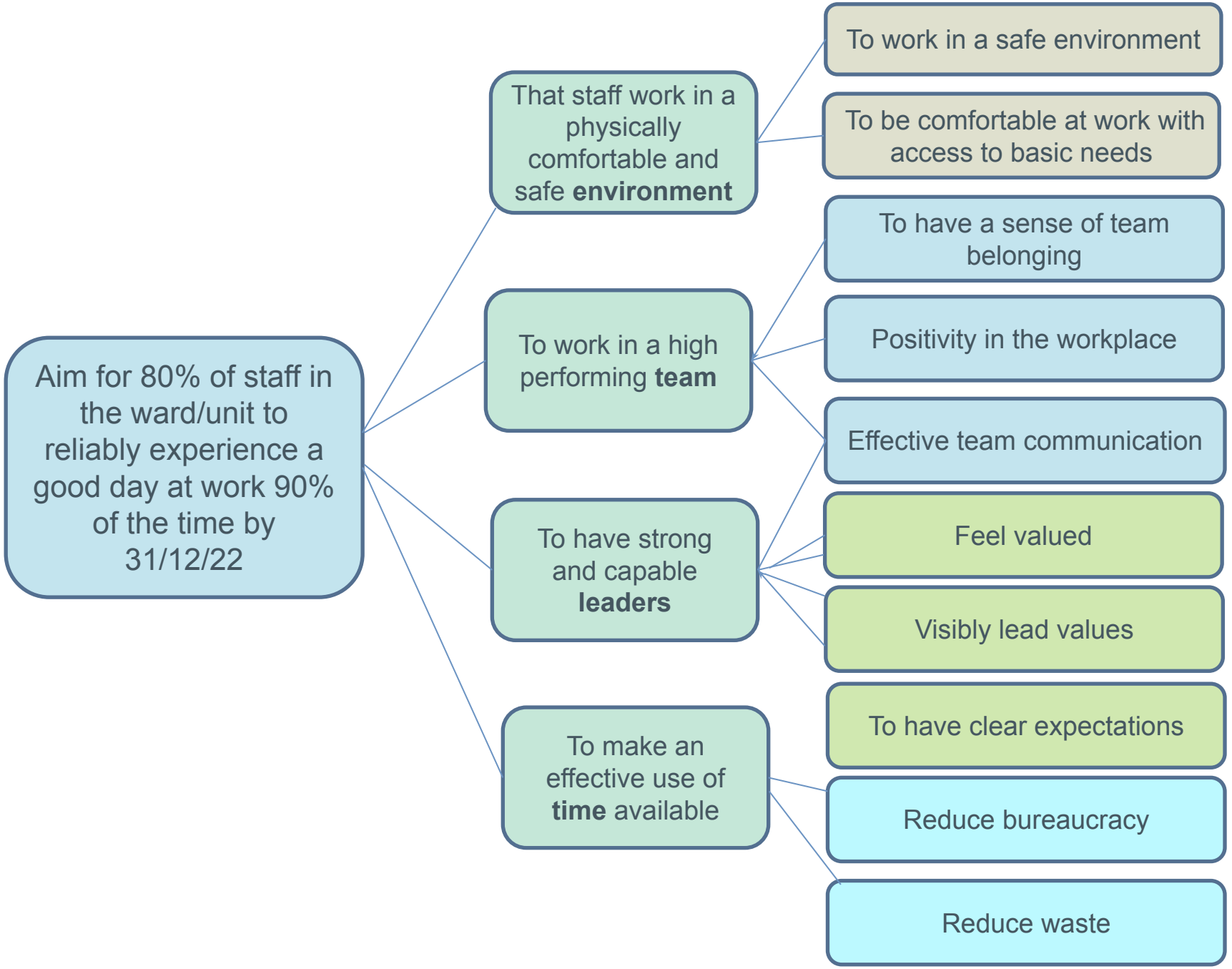
Exercise - Identifying change ideas

Review your Driver Diagram

What changes could you try out to support the secondary drivers you identified

- practical tests in practice

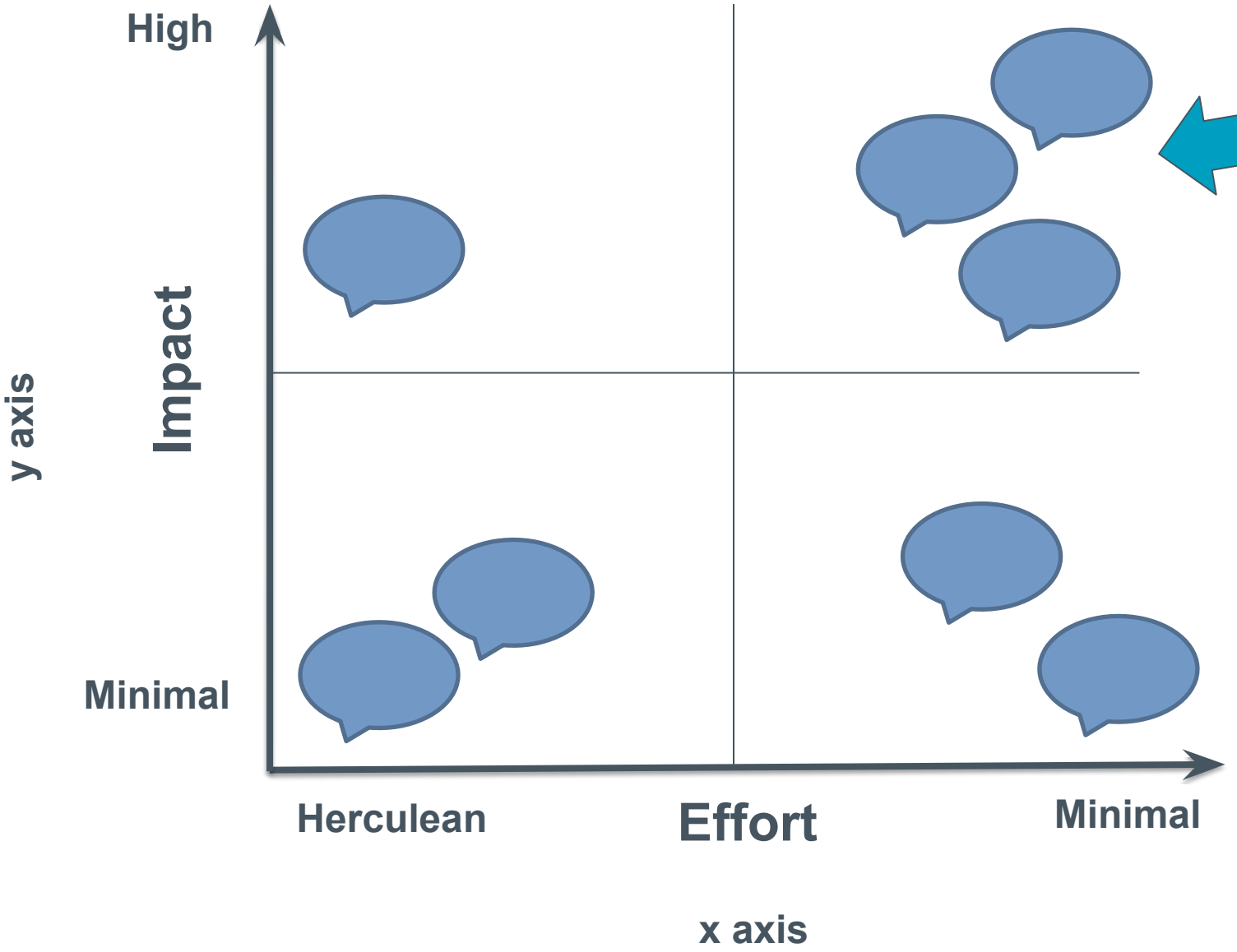
- moving from theory to practical steps



Change ideas:

- Water jug for staff at nurse stations
- Rota agreed at start of every shift to cover breaks
- QI board to celebrate staff and initiatives
- Safety briefs/huddles every shift
- Team meetings for updates monthly/emails & folder for notes
- Pro-active calls with relatives
- Nurse desk and chair in each patient room

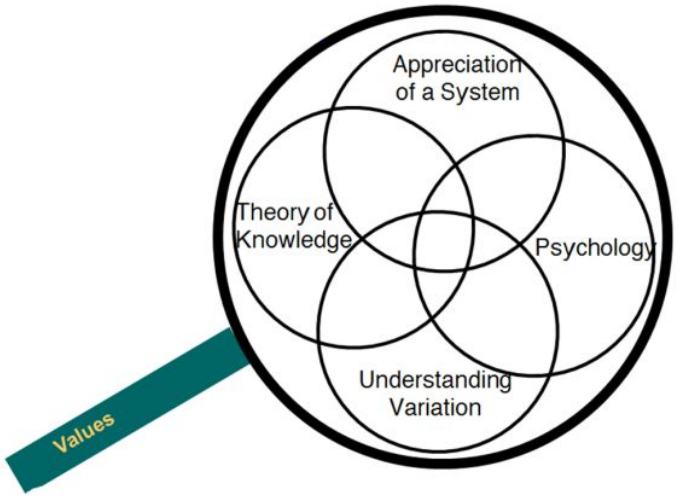
Prioritising change ideas and getting started

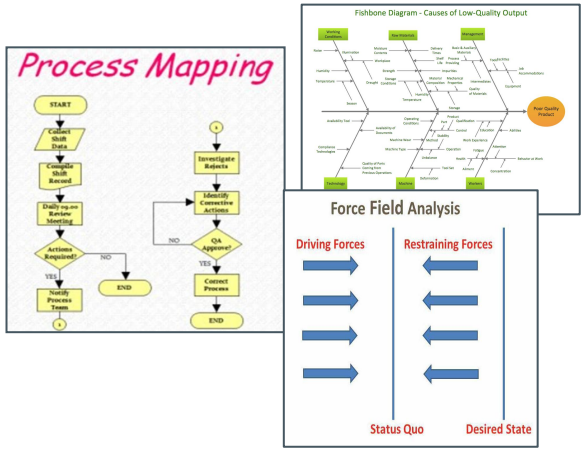


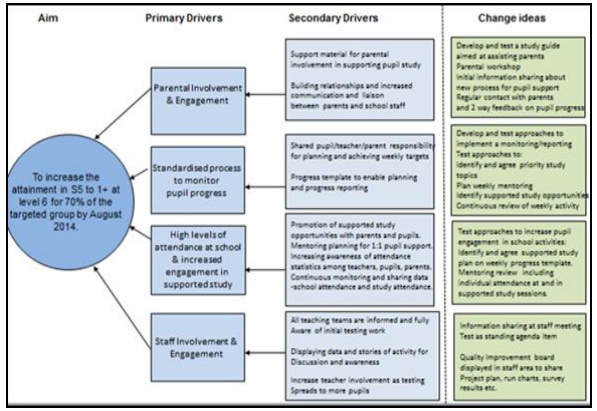
Change ideas that can be tested out easily without a great deal of pre work - and predicted to have a big impact.

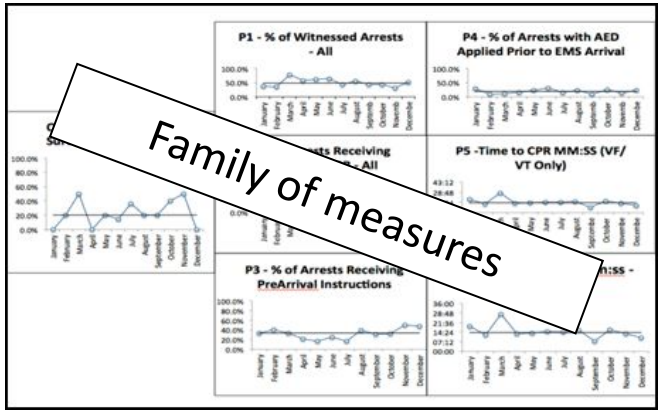

DO
• test your idea
– prepare
– start small
training? resources?
start with small group

Summary of what we have covered today









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