Improving Patient Safety and Quality

CLN National Conference

Wednesday 20th November 2013
Objectives:

• Share approaches to improving safety and quality

• Discuss the ingredients to success

• Explore the role the CLN can play in supporting clinicians to improve safety and quality
The international challenge

‘Faced with such rapid changes, the nation’s health care delivery system has fallen far short in its ability to translate knowledge into practice and to apply new technology safely and appropriately.’
What patients should expect from their healthcare

- Beyond visits
- Individualisation
- Control
- Information
- Science
- Safety
- Transparency
- Anticipation
- Value
- Cooperation
Dimensions of quality

- Safety
- Effectiveness
- Patient Centred
- Timeliness
- Efficiency
- Equity

Institute of Medicine
Crossing the Quality Chasm: A New Health System for the 21st Century, 2001

- Sustainability

Future Hospital; Caring for Medical Patients,
Future Hospital Commission, 2013
The six challenges

- Re-engineered care processes
- Effective use of information technology
- Knowledge and skills management
- Development of effective teams
- Co-ordination of care across pathways
- Making change possible

Institute of Medicine
Crossing the Quality Chasm: A New Health System for the 21st Century, 2001
Activity (1)

• What is quality improvement?

• What experience do you have of improving safety and quality?
Feedback and Discussion
What is Quality Improvement?

‘........to define improvement as better patient experience and outcomes achieved through changing provider behaviour and organisation through using a systematic change method and strategies.’

Øvretveit J. Does improving quality save money? A review of the evidence of which improvements to quality reduce costs to health service providers, 2009
What is Quality Improvement?

- There is no single definition
- Systematic approach
- Specific techniques
- Successful and sustained improvement must consider the way in which the change is introduced and implemented
- Consistent approach is key
- ‘Change’ as improvement
- ‘Method’ as an approach with appropriate tools
- Attention to the context
- To achieve better outcomes
Continuous learning

- Science and information
- Collaboration
- Leadership and culture
- Improved organisational capabilities
Provider and Commissioner Case Studies
A network of NHS Foundation Trusts

Organisations

Aintree University Hospitals NHS Foundation Trust
County Durham & Darlington NHS Foundation Trust
Heart of England NHS Foundation Trust
Homerton University Hospital NHS Foundation Trust
Royal Devon & Exeter NHS Foundation Trust
Royal Surrey County Hospital NHS Foundation Trust
Salford Royal Hospital NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
South Tees Hospitals NHS Foundation Trust
The Royal Bournemouth and Christchurch NHS FT
Wrightington, Wigan & Leigh NHS Foundation Trust
York Teaching Hospital NHS Foundation Trust

@NHSQUEST
www.quest.nhs.uk

- Total population served: 4 million
- Total Number of In Patients: 620,000
- Total Number of staff: 67,000
- Total Annual Income: £3.5 bn
Our Journey to date: A network of NHS Foundation Trusts aspiring to achieve a level of excellence in quality and safety which is beyond all current expectations.
NHS QUEST – Years 1 and 2

- Built Network
- Online media presence
- Face to Face Meetings
- Dashboards
- Peer Visits
- Innovative Resources
- WebEx Conferencing
- Discussion Forums
- Trusts Networking
- Access to Experts
- Sharing and Learning
- Improvement Programmes

Reducing Harm

Reducing Readmissions

Reducing Mortality
Peer Site Visits
IA Training for 1 team
Conference & Collaborative Learning
Online Dashboard
Clinical Communities
Materials (web, learning & video)

NHS QUEST
Advocacy
Knowledge
Networking
Leadership
Innovation
Partnerships

2013-15
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A key to our network measurement strategy is the principle of measurement for improvement. Data is currently reviewed in a times series (data over time) run chart format to provide a better understanding of variation in outcomes, to look for signals of improvement and to focus thinking on the appropriate questions for further data interrogation.

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Connected by vision and values
Commissioning for Quality - lessons from Manchester and the US

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Health Foundation Quality Improvement Fellow 2010/11
former Chief Quality Officer, Manchester PCT

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Quality in the Commissioning Cycle

Holding to account
Monitor quality delivered
Secure continuous improvement
Generate learning

Assessing need for health care

Identify priorities for service development / redesign

Procure / implement services

Monitor and evaluate services

Need/opportunity for improvement
New innovations, best practice guidance;
Effectiveness evidence;
Identified gaps in quality;
Safety lessons from incidents and complaints;
Patient experience and feedback;

Demography
Patterns of health and illness

Define and design for quality
Develop service change/re-design (pathways, business cases etc.)
Specify quality expectations (service specifications, metrics, standards)

Implementation
Assess potential providers
Support change / implementation / improvement

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* What we did

* Board signed up to principle of ‘First Do No Harm’
* Quality Profiles
* Best Clinical Practice system
* Quality and safety assessment as integral step in business case approval
* Invite external scrutiny (Coroner, LA, LINK)
* Engaged with NPSA, IHI
* Patient safety officer training for trust quality leads, NHS III LIPS training for practices
* First Never Events list
* Boards on Board
* Held national workshop on inter-organisational governance
* Align clinical and corporate governance

...and then we reorganised
Characteristics of a high performance organisation/system

* Single-minded leadership - clear focus, long-term
  * Know what you want, and stick to it
  * Know what is possible, and stand up for it
  * Quality and quality improvement as organising principle, and centre of strategic and business planning

* Improvement system / method and capability

* Strong patient/customer focus

* Supported by highly capable IT systems
Define the ‘big dots’ and pursue them
Engage others on the basis of shared values
One shared approach to improvement -
  * Develop capability for quality improvement
Patient- and population-focused system design (pathways, priorities) - (example Bellin)
Measurement systems for improvement - rather than judgment - across pathways
Evaluate impact on quality from patient/population perspective
Hold all providers to account
Cooperation on knowledge/skills - competition on implementation
*‘Q in the QIPP’ - do we really assess redesign proposals for their impact on safety and quality, monitor progress, and continually improve quality?
* Do we really know the quality (and safety!) of all our providers? ...and of our pathways? ...at population level?
* Are we ready to pick up the phone and learn from the best?
* Can we finally eliminate Never Events?
* Do we honestly encourage and support whistle-blowers?
* How well do we know the patients’ perspective (idealised design, shadowing)?
* Strobl J, Woodhead P (2011) How healthcare providers in America can teach lessons on quality improvement. HSJ Resource Library

http://www.emeraldinsight.com/journals.htm?articled=17062443
Activity (2)

- What knowledge, and skills do you need as clinical leader to make continuous QI a reality?
- What are your sources for inspiration, innovation, intelligence, and support?
- How do you make improvement an integral part of your and your team’s day job?
- How can the CLN as a peer network support safety and quality improvement?
Feedback and Discussion
Improvement skills

A promise to learn a commitment to act.

Improving patient safety in England, 2013
What are the best doing?

<table>
<thead>
<tr>
<th>1. Specification and streaming</th>
<th>2. Infrastructure design</th>
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<td>3. Measurement and oversight</td>
<td>4. Self study</td>
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4 habits others don’t do as well or at all, difference is the greater commitment and doing all 4 together

*Bohmer, R. The four habits of high-value healthcare organisations, 2011*
Competencies for Leading Improvement

Care delivery systems

Leadership

Improvement Science

NHS MA Leading Modernisation Programme 2002
Activity (3)

• What improvement action will I do next?

• What can I contribute to the CLN?
Thank you