What does a successful Quality Improvement project look like?

Lessons from the front line

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“QI is an organised system to continually improve processes, outcomes, and service, regardless of prior excellence, in order to be the best we can be.”

– Brent C. James
NHS Change Model

https://www.england.nhs.uk/sustainableimprovement/change-model/
Our Shared Purpose

Who will affect?
Who will benefit?
Who will make it happen?

Need to talk to find where beliefs, aspirations, experiences overlap

The “Why”
NOT the “what” or “how”
The problem
Shared Purpose:

- Children to have a positive blood taking experience
- Bloods test to be done at the right time by the right person
Global Aim:
• ↓ the no. of blood tests done by junior Drs overnight
• Improve experience of routine blood taking

Measurements:
1) No. blood tests done by junior Drs
2) No. blood tests done by phlebotomist

Balancing measures:
• Completion within allocated hrs
• No. not able to do

Improvement Tools:
Using the IHI model for improvement + PDSA cycles
Improvement Tools

5 Steps Approach

1. Preparation
2. Launch
3. Diagnosis
4. Implementation
5. Evaluation

Institute Healthcare Improvement (IHI)

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act | Plan
---|---
Study | Do
Run chart
No. Bloods done by Drs overnight

Re-launch & pilot wards
L10 first
Spread and Adoption

• Difficult to spread successful change across and organisation
  - Pace often slow
  - Learning often not shared
  - Needs to be planned!

Useful Resources:
• IHI 7 SpreadlySins
  http://www.ihi.org/resources/Pages/Tools/IHISevenSpreadlySins.aspx

• Sustainability Model and guide

OUR PROJECT
• Pilot wards for first 70 days
  • Planned expansion, all medical wards, then surgery, then twice day
System Drivers

• Is there a strategic alignment to the QI project?
  - National targets, avoid penalties, national frameworks

• What motivators for the change are there
  - Intrinsic Vs Extrinsic

**Figure 9: Types of motivators**

**INTRINSIC**
- Curiosity
- Earning
- Mastery
- Meaning
- Belonging
- Autonomy
- Etc.

**EXTRINSIC**
- Money
- Points
- Badges
- Rewards
- Competition
- Fear of Failure
- Etc.

**OUR PROJECT**
- Patient complaints
- Junior Drs
  - Lack of
  - GMC survey
    “inappropriate tasks”
Leadership by ALL
The approach, skills and behaviours needed to lead significant change.
• shared (or distributed) leadership

Motivate & Mobilise
• Managing the energy for change

OUR PROJECT
Storytelling telling, shared leadership of project

+ve Feedback to phlebs
Handover discussions
Empowering junior Drs
The Sustained Outcome

• 1 year after project started re-check
  - 0 “routine bloods” done by junior doctors

• Paediatric phlebotomy service on all wards
  - including paediatric surgery

• Phlebotomy rounds twice day

• Play team project with phlebotomy to improve experience
The Lessons to success...

NHS Change Model

- Storytelling, shared leadership
- Learning from pilot wards & planned expansion
- IHI model for improvement PDSA cycles
- Improving phlebotomy team: meetings, actions points, collective accountability
- Run charts & chosen measures
- Junior Dr workforce shortages, Patient complaints
- Handover discussion, +ve feedback to phlebotomy
- Spread and adoption
- System drivers
- Motivate and mobilise
- Leadership by all
- Measurement
- Improvement tools
- Project and performance management

Our shared purpose