# Getting Quality*Improvement* Right to Benefit Patients

# Foreword

This book is written for doctors; staff, specialist and management nurses; allied health professionals; doctors, nurses and other healthcare professionals in training; quality improvement (QI) specialists; and anyone else who is interested in quality improvement. It reflects our collective experience working with many QI teams and teaching QI to hundreds of healthcare professionals over years in the UK, the Republic of Ireland, the Netherlands and other countries.

The book is about carrying out QI projects (QIPs) in multiprofessional teams at a local level. It includes a number of practical tools and ways of thinking about the QI process that we have developed through working directly with healthcare professionals in their own settings. The book is intended to present a balance between following a scientifically sound method for measuring and improving the quality or safety of patient care and being practical about carrying out a QIP.

We recommend that a QIP should normally have only one or two improvement objectives and involve measuring only a few aspects of quality. We are fussy about the reliability of data collected and analysis of the data. We recognize how difficult it is to achieve real changes in the way patient care is delivered, and believe that it may be more feasible for local teams to achieve changes in practice through focused, well-designed and executed QIPs.

There are two technical notes for readers. Because this book is intended as a practical reference, we have not attempted to review all the published literature about QI or base our work on other publications on QI. We have used references that have influenced our thinking about the QI process or that have helped us clarify our intentions about what the process should achieve.

Throughout the book, where the word patient is used, the word is meant to include a service user or patient advocate. The word care and the word practice are used generally to refer to any aspect of a healthcare service that may directly or indirectly affect a patient. The terms healthcare professional and clinician are used interchangeably to refer to any professionally qualified person who provides clinical care to patients.

We hope this book is a helpful reference to people interested in improvement. We also hope that at least some of our ideas will help readers carry out QIPs that in the end benefit patients.

We warmly welcome feedback from readers to our email address: hqq@hqq.co.uk.

# Acknowledgements

In 1995, an individual National Health Service (NHS) hospital trust's management team, driven by their non-executive directors from industries known for an outstanding commitment to quality, asked us to work with teams in every department and service in the hospital. The management's intention was to develop a QI programme that involved every part of the hospital's operation, including all clinical and non-clinical services.

Working with staff in this hospital over three years, we developed the approach to QI that is described in this book. We learned directly the methods that appeared to help teams identify services to improve, measure the effects of current practice, and introduce changes in practice that produced demonstrated improvements. We continue to be grateful for this continual in-depth opportunity to support improvements in quality throughout a hospital.

Mary Pearce has made a substantial contribution to developing some of the original thinking in this book, particularly on the sections that relate to process mapping and quantitative methods. Eva Jimenez produced the first edition of the book and Monica Hurst produced this edition. Liz Cox supported the entire development and production of the book.

As important to acknowledge as the creative team are the hundreds of doctors, nurses, allied health professionals and QI specialists who have participated in our courses and workshops on QI and contributed to our thinking about the QI process over nearly 25 years. Our continual experience of working with clinical teams has enabled teams to see that carrying out a QIP is stimulating, can be fun to be involved in, and most important, can lead to substantial improvements in the quality or safety of patient care.

In addition, we want to acknowledge the senior managers of healthcare organizations that have asked us to work with their staff. These experiences have reinforced our commitment to a scientifically sound approach to QI and have helped us refine the methods we suggest in this book.

# Purpose

This book is intended to help healthcare professionals carry out quality improvement projects (QIPs) so that the projects actually result in measurable and sustained benefits for patients, staff or others. The book encourages professionals to carry out practical QIPs in short time frames. It includes ideas, methods and tools for each stage in the QI process, including the following:

- reaching consensus on the improvements to achieve and the patient group to focus on

- developing objectives for a QIP

- considering the stakeholders in a QIP and how to involve them

- testing the commitment of all those involved to carry out the QIP

- describing precisely how current processes or systems affect patient care or staff or the organization

- finding evidence of good practice that relates to an intended improvement

- using quantitative methods, such as a survey, a clinical audit, a run chart or control chart, costing, or demand-capacity analysis to establish a baseline of the effects of current practice on patient care

- using qualitative methods, such as a focus group or interviews, to establish a baseline of effects of current practice on patients or staff

- analysing problems revealed by baseline measurement to find their root causes

- selecting and implementing effective and feasible actions to achieve and sustain improvements that will benefit patients, staff or others

- repeating data collection to show the effects of the action taken and demonstrate the sustained achievement of an improvement.

The book advises that although a QIP may be led or facilitated by one or more individuals, a team should be involved throughout the process in order to facilitate any changes in practice shown as needed through the baseline measurement processes.