

QualityImprovement



The content in this leaflet is from the books, *Getting Quality Improvement Right to Benefit Patients* and *Quality Improvement Methods for Healthcare Manual* published by Healthcare Quality Quest Ltd.

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Quality improvement

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Why quality improvement



The purpose of quality improvement (QI) is to provide all patients with the best possible care.¹ Patients can be harmed and their opportunity to heal reduced when the quality of care provided to them is not what it could be.² The QI process supports clinical teams to analyse variation in local practice and to identify where and how practice might be improved.³

The obligation to improve the quality of patient care derives from several sources. Doctors and other healthcare professionals are bound by professional ethics to promote a patient's best interests. This duty to patients extends to the healthcare organization through a framework for accountability for the quality and safety of patient care.^{2, 4-6}

What is quality improvement



Quality improvement refers to **systematic, data-guided activities** designed to bring about **immediate, positive changes** in the delivery of health care in particular settings.⁷

Other explanations of quality improvement are in the box.

The application of **systematic and continuous actions that lead to measurable improvement** in healthcare services and the health status of targeted patient groups⁸

Better patient experience and outcomes achieved through changing provider behaviour and organization through **using a systematic change** method and strategies⁹

The combined and unceasing **efforts of everyone to make the changes that will lead to better patient outcomes** (health), **better system performance** (care) and **better professional development** (learning)¹⁰

Quality improvement versus clinical audit

Similarities and differences between a QI project (QIP) and a clinical audit are in the box.

Quality improvement and clinical audit

What's the same

- ▶ Discipline of good design
 - ▶ Relevant subject
 - ▶ Improvement-focused objective
 - ▶ Appropriate population or sample
 - ▶ Well-defined data collection rules
- ▶ Action on findings of data collection
- ▶ Repeat measurement

What's different – QI

- ▶ Evidence base favours teamwork (not an individual's project)
- ▶ Evidence base favours stakeholder engagement
- ▶ Can use a variety of quantitative or qualitative methods for measurement

Approaches to quality improvement



Several approaches to quality improvement have been developed in business and industry and applied in healthcare settings. The approaches are in the box.

Approach	How it works
Lean thinking	Improve flow and eliminate waste — improve processes
Six sigma	Measure the effects of current practice, do root cause analysis of problems, improve processes by eliminating root causes of problems
Reengineering	Totally redesign a process of care, using IT or technology
Model for improvement	Decide on what to accomplish , if a change will make an improvement , and what change will make improvement
P–D–S–A cycle	Plan a change, do it in a trial, study the effect of the trial and act on the findings

Evidence about quality improvement

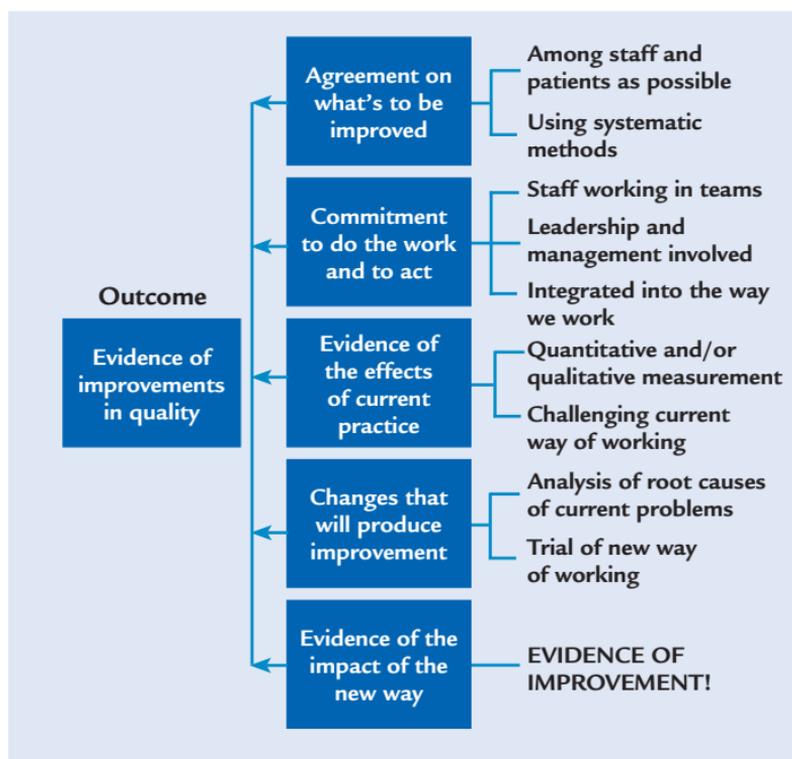
A conclusion from the evidence base on quality improvement in healthcare organizations is in the box.^{11–12}

A strategic approach to QI implementation that builds **improvement capability** within the organization by directing efforts to improve **organization-wide systems, structures and processes is more important than** the choice of a **specific approach** or method.

The evidence base on quality improvement also strongly recommends that teams of staff and key stakeholders (not individuals) carry out QI projects.

The generic quality improvement process

A generic model of quality improvement — using ideas from all the approaches to QI — is in the box.



The A-T-E-A-M model for quality improvement

A simple model derived from various models for doing QI is represented by the acronym A-T-E-A-M. The stages in the process are described in the box.

Agree on an aspect of **care** or service **to improve and** the **objective** of the improvement

Test the team's and others' **commitment** to achieving the improvement

Establish a **baseline** by describing or measuring the way things work now and the effects on patients or others

Analyse how things can be improved **and act** to achieve improvements

Measure **again** to compare the way things work after action and to demonstrate benefits for patients or others

Teamwork can benefit from learning the A-T-E-A-M approach for a QI project.¹³

QI tools



Tools that can be used to carry out a QIP are in the box.

Agreeing tools	
Brainstorming	Generate a list of ideas for improvement
Nominal group technique	Rank the ideas to select a priority for improvement
Delphi technique	Rate the ideas to select a priority for improvement
Multivoting	Allocate votes for ideas to select a priority for improvement
Quality impact analysis	Identify frequently-occurring, risk-associated or problem-associated subjects and rate them to select a priority for improvement

Testing commitment tools	
Force-field analysis	Identify the driving and restraining forces affecting a QI project and rate them
Readiness-for-change rating	List the factors that favour and that impede change and rate them
Stakeholder analysis	A way to understand where stakeholders stand on a QIP

Establishing the baseline tools	
Process mapping	Identify and improve the steps in a process
Critical appraisal	Learn about evidence on best practice
Benchmarking	Learn about practices of ‘the best’
Focus group	Explore experiences, feelings or views with a group
Critical incident technique	Learn what makes a positive or negative impression on people
Discovery interview	Learn how people are affected by an illness or condition
Statistics	Organize, present and summarize data
Survey	Obtain descriptive data about what is being measured
Clinical audit	Measure compliance with standards
Run chart or control chart	Find patterns in data and identify the type of variation
Costing	Quantify the financial implications
Demand-capacity analysis	Calculate demand and capacity levels and if there is a gap

Analysing and acting tools

Fishbone diagram Identify **causes of a problem** and analyse the causes to identify types of actions needed

Asking why five times Analyse the **links in a cause-and-effect chain** backwards to a problem

Driver diagram Map the **drivers**, that is, areas that must be improved and managed, **to achieve an outcome and the activities** required to achieve the drivers

Contingency diagram Map events and **contingencies** that can occur in any improvement to anticipate what could go wrong and plan in advance alternative actions of feasible countermeasures

Action priority setting Set **priorities** for action using two 7-point rating scales, one on the effectiveness of a possible action in addressing the cause of a problem and one on the feasibility of implementation in the organization

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Our QI books

For more information about the QI process and how to carry out a QIP, see our publications.



The ***Quality Improvement Methods for Healthcare Manual*** is a comprehensive reference book – 570 pages – on the QI process and how to carry out a QI project in detail.

Each of the QI tools has a chapter with detailed how-to instructions on exactly how to use the tool for a QIP. Examples of the applications of tools to a QIP are provided.

The ***Manual*** also includes a summary of the evidence base on implementing QI in healthcare organizations and a detailed glossary.



Getting Quality Improvement Right to Benefit Patients is a reference book – 210 pages – on how to carry out a QI project.

The book walks through the stages in a QI project and gives an explanation of tools to use in each stage, with some examples.

The book includes extensive references and a detailed glossary.

Our QI course and workshops



To develop competence and confidence in carrying out QIPs, and facilitating teams to carry out QIPs, see information about our QI course and our QI workshops at www.hqj.co.uk.

Using Quality Improvement to Improve Patient Care

is a five-day course designed to develop competence and confidence among people working in quality improvement. Participants in the course agree on an improvement subject to work on throughout the course. They consider the use of various QI tools for the project, and design the tools they will actually use. By the end of the course, all the planning and some of the work for the improvement project has been carried out in detail by a team created in the course.

Quality Improvement Workshop – a one-, two- or three-day learning experience about quality improvement. The one-day workshop gets participants involved in selecting a suitable subject for improvement, involving the stakeholders in committing to the project and planning how to establish a baseline for the QIP.

The two- and-three day versions of the workshop include more detail on gathering evidence of the effects of current practice, analysing the problems that are occurring and their causes, and planning and implementing changes in practice to achieve intended improvements.

What people say

Following are examples of what people say about our course and workshops.

- ▶ “The delivery of this course is outstanding”
- ▶ “A most useful study day – has given us direction as to which way to start our project and some helpful tools to do this – thank you! Would highly recommend to others”
- ▶ “Really good insight into quality improvement and steps”
- ▶ “Extremely informative and very supportive. Nancy is genuinely keen on our projects and very supportive which adds to the enthusiasm to achieve”
- ▶ “Excellent course! I will recommend it to friends and colleagues”
- ▶ “It’s been one of the best workshops I’ve been on, and I’ve worked for the NHS for 20 years!”
- ▶ “The workshop made quality improvement real”
- ▶ “Thoroughly enjoyed the whole course. I feel confident in taking quality improvement forward with a team. Made me realise how little about quality improvement I really knew”

About Healthcare Quality Quest (HQQ)



We consult, teach and publish on the subject of being accountable for and improving the quality and safety of healthcare services.

We have developed and published methodologies related to quality improvement, clinical audit, and root cause analysis of incidents relating to patient care.

We develop and teach courses and workshops on clinical governance and related methods and activities, including quality improvement, clinical audit, risk management, root cause analysis, patient safety and patient experience and we develop e-learning modules on these subjects as requested.

We also work directly with clinicians and clinical groups, facilitating teamwork where possible. We develop or facilitate the development of standards and examples of good practice in relation to quality of patient care.

We have more than 30 years of experience working in all countries in the UK, as well as Botswana, Holland, Italy, the Republic of Ireland, Saudi Arabia and Taiwan.

For more information about HQQ, please contact us at hqq@hqq.co.uk or 02380 814024.





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