Valuing People in Quality Improvement

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Getting Started

• Welcome
• House keeping
• Ground rules
• Introductions
Aims

• Background - Scott
• Intro to QI activity in Leeds
• How might you get involved?
• One page profile
• Summary
Background

“It is not enough just to be asked what we think...People and their experience are a real resource...for people read patients, carers and their families”

P Munns- Patient Experience Strategy
Background

• Checking the NHS
• Building Patient Experience into existing Quality Improvement approaches
• Involvement to be proportionate to activity
• Use different methods of involvement
• Huge cultural change
• Currently matching people via one page to activity
Ladder of Involvement

**Involving people** - Working directly with patients and the public so their concerns and aspirations are considered in the decision making process. This might include developing policies together or creating reference groups.

**Collaborative** - Working in partnership with patients and communities so they are involved in every aspect of the decision making process. This will include developing alternatives and preferred solutions. At this level patient and the public might contribute to staff training, staff recruitment, quality improvement approaches. This might also include service reviews.

**Information** - Giving information is considered involvement. It is important to think about what format this will take. Sometimes this might include talking face to face or producing leaflets. There are guidelines around producing leaflets created by the Trust.

**Asking people** - Often called consultation. This may be a paper exercise such as a questionnaire/door knocking or a board such as patient panels. It is important to make clear what can be changed and what cannot. It is **VERY** important to always provide feedback.
Patient

Our Vision
To be the best for specialist and integrated care

Our Goals
Best for patient safety, quality and experience
Best place to work
Centre of excellence for specialist services, research, education and innovation
Offer seamless and integrated care
Financially sustainable

The Leeds Way
our values
Patient Centred
Empowered
Accountable
Collaborative
Fair

The Leeds Improvement Method
The Collaborative Model

Figure 2. Breakthrough Series Model

‘Systems are re-designed from the bottom up – building capability on the move’

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments
<table>
<thead>
<tr>
<th>Model for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we trying to accomplish?</td>
</tr>
<tr>
<td>How will we know that a change is an improvement?</td>
</tr>
<tr>
<td>What change can we make that will result in improvement?</td>
</tr>
</tbody>
</table>

![QP Cycle Diagram](image-url)
Plan ➔ Do ➔ Study ➔ Act ➔ Plan ➔ Do ➔ Study ➔ Act

“Did it work?”
If not, why?
Build knowledge

“What’s next?”

“Let’s try it!”

“What will happen if we try something different?” If we try x, I think y will happen and my theory is...
Current activity

- Safety Huddles
- Reducing pressure ulcers
- Reducing avoidable deterioration
- Improving care of patients with Parkinson's disease
- Preventing AKI
- Improving End of Life care
- LIM
- Think Sepsis
- HCAI collaborative
- Reducing falls

QI
Future model for PCPI & QI
Who is involved?
What do the collaboratives do?

Varies!

• Team may meet weekly/ every 2 weeks
• Review data
• Ward visits
• Coaching teams
• Mentoring
• Generate ideas to test
• Give out certificates
QI Training

1. Introduction
2. Aims & Measures
3. Run Charts
4. Tools
5. Bringing it together.
What is out there?
One Page Profile

• Interests
• Skills
• Areas of expertise
• Anything you don’t want to get involved in
Interested in QI

- Time
  - Commitments
  - Interest
  - Other factors

- One page profile
- QI training
- QI collaborative

- One page profile
- Patient reference
  Group
LTHT Quality Improvement Teaching

WANT TO KNOW HOW TO GET STARTED ON A QI PROJECT?

WANT TO UNDERSTAND IF A RUN CHART SHOWS AN IMPROVEMENT OR NOT?

Dates:

Friday 16th February, 13:00-17:00, Bexley Wing Lecture Theatre, SJUH
Thursday 29th March, 13:00 17:00, Anaesthetics Seminar Room, Lincoln Wing, SJUH
Friday 20th April, 13:00-17:00, Gledhow Wing Seminar Room 2, SJUH
Friday 11th May, 13:00-17:00, Gledhow Wing Seminar Room 2, SJUH
Monday 18th June, 13:00–17:00, Training Room 5, Education, ETDC, SJUH
Wednesday 11th July, 13:00–17:00, Training Room 5, Education, ETDC, SJUH
Wednesday 22nd August, 13:00–17:00, Gledhow Wing Seminar Room 4, SJUH
Thursday 6th September, 13:00-17:00, Anaesthetics Seminar Room, Lincoln Wing, SJUH
Thursday 18th October, 13:00- 17:00, Anaesthetics Seminar Room, Lincoln Wing, SJUH
Thursday 8th November, 13:00-17:00, Anaesthetics Seminar Room, Lincoln Wing, SJUH
Friday 21st December, 13:00- 17:00, Training Room 5, Education, ETDC, SJUH
This is a QI Project!

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
About Me Profile Page

What I want to improve for patients and families

My skills and talents are...

What you need to know to support me to get involved

Contact details:
Thanks

• Questions