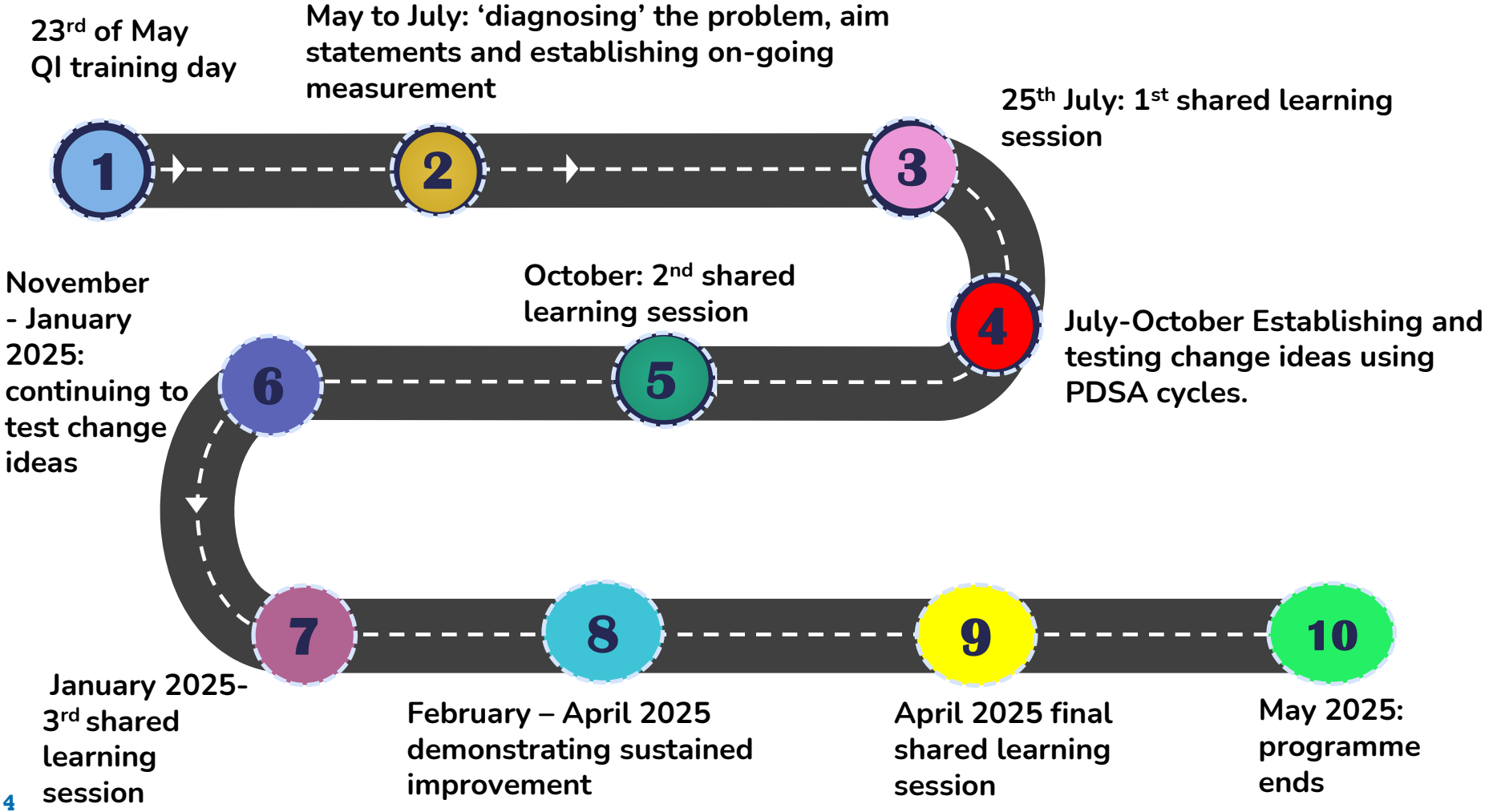
Welcome to round two of the NCAP Quality Improvement Programme

QI Training Day

Thursday 23rd May 2024
11:00-15:00pm

NCAP
NATIONAL CLINICAL AUDIT OF PSYCHOSIS

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS


23rd of May
QI training day
May to July: 'diagnosing' the problem, aim statements and establishing on-going measurement
25th July: 1st shared learning session
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November - January 2025: continuing to test change ideas
October: 2nd shared learning session
July-October Establishing and testing change ideas using PDSA cycles.
January 2025- 3rd shared learning session
February – April 2025 demonstrating sustained improvement
April 2025 final shared learning session
May 2025: programme ends

Setting the scene: improving quality

Is it easy to improve something when we want to improve? For example:

- Perfecting a recipe
- Improving our best time for a 5K run

So, what happens if …

….. someone else tells us to improve something we think is fine as it is, or …

… we have to rely on other people to help us make the improvement.

Setting the scene: so, what are we trying to say?

- Improving things isn't (usually) easy.
- Improvement does not just 'happen'.
- We don't always know that improvement is needed.
- We don't always 'fix' things that are broken.
- We don't always see how much easier things could be … if only we stopped and thought about how we could do things differently.

We need a 'consistent' way of testing out **different ideas** so we can achieve **better results and improve quality**.

Setting the scene: how we deal with complex problems

Trial and error? Chaos

Too much action, not enough thinking

"Just go ahead and do it".

Detailed prior study? Paralysis

Too much thinking, not enough action

"We can't do anything until we know exactly what to do...."

Jeremy Heimens, Henry Timms
New Power: How it's changing the 21st century and why you need to know(2018)

Setting the scene: The Model for Improvement

1. What are you trying to accomplish?

2. How will you know that a change is an improvement?

3. What change can you make that will result in improvement?

This is not a linear process!!!

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), *The improvement guide: a practical approach to enhancing organisational performance*, Jossey Bass Publishers, San Francisco

Setting the scene: The 5 stages of Improvement

1. What's your problem? Understand what you need to improve and why.

2. How will you know whether you are improving? Agree one or more 'measures' so you can track your progress.

3. What are the ideas that you can test to show whether you are improving? Develop effective change ideas or interventions that will result in improvement.

4. Test changes before implementing. Try them out on a small scale to find out whether that change will lead to improvement on a larger scale.

5. Implement/embed: make any effective changes permanent.

Question 1: The Model for Improvement

1. What are you trying to accomplish?

2. How will you know that a change is an improvement?

3. What change can you make that will result in improvement?

Understanding the problem and why it's happening. Knowing what you're trying to do – a clear and desirable aim.

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), *The improvement guide: a practical approach to enhancing organisational performance*, Jossey Bass Publishers, San Francisco

Q1: What are you trying to accomplish?

What is your problem?
Diagnosis/analysis

What are you going to do about it?

An example of the early stage of the QI journey

Problem: Low uptake of FI

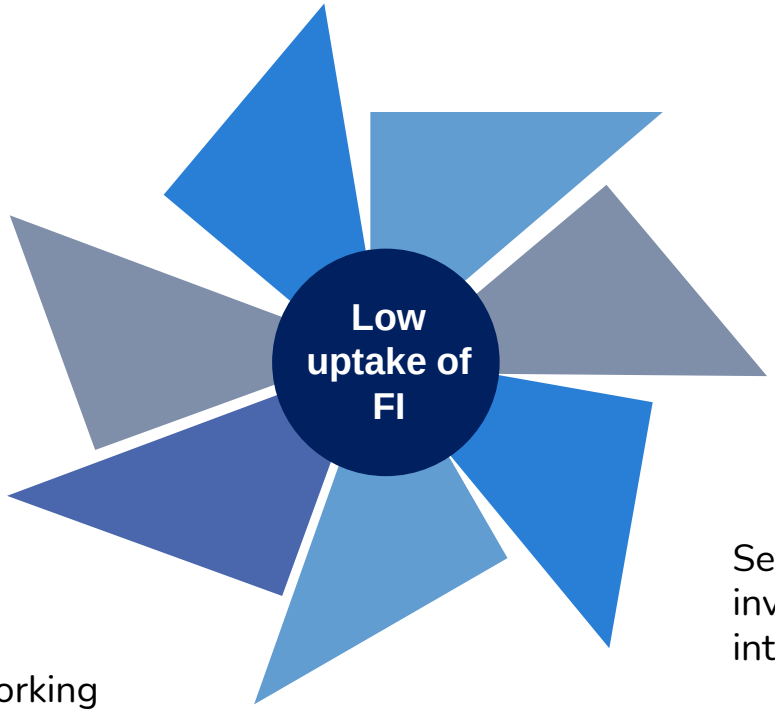
But what's going on ?

Using the example of low uptake of FI, what do you think might be causing the problem ?

Other interventions are prioritised over FI

Lack of protected staff time to deliver FI

Staff don't feel confident delivering the intervention



Insufficient staffing levels to support FI co-working

Service users and families don't know what FI is and what it involves

Service users do not want family involved in their care and prefer 1:1 interventions

FI may require evening working

Staff are not confident in explaining what FI involves

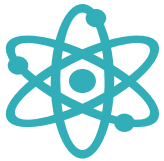
What's causing your problem?

We'll now look at a few (of the many) tools and techniques you can employ to better understand your problem/area for improvement.

Q1: Look at existing data

- Numbers (quantitative) data that is already being collected: e.g. the number of families being offered FI; the number declining; the number of CBTp referrals, the number of service users commencing CBTp.
- Information about people's experiences (qualitative data): e.g. complaints; service users surveys; local research.





Q1: Collect some new data/information

- Short (anonymous) survey e.g. ask your staff how they feel about offering/delivering FI, why they think service users are not taking up the offer, etc.
- Ask service users/families why they declined the offer of FI/cancelled their session.

Q1: use ‘the 5 Whys’

The 5 Whys
We often jump to either the symptom of the problem, OR the solution.

Problem: Families are not taking up the offer of FI.

Why? They don’t understand how this intervention might benefit them.
Why? The intervention was not fully explained to them.
Why? Staff do not feel confident explaining what FI involves.
Why? The team has had difficulties accessing relevant training.
Why? The service has been unable to fill staff vacancies.

Q1: use brainstorming

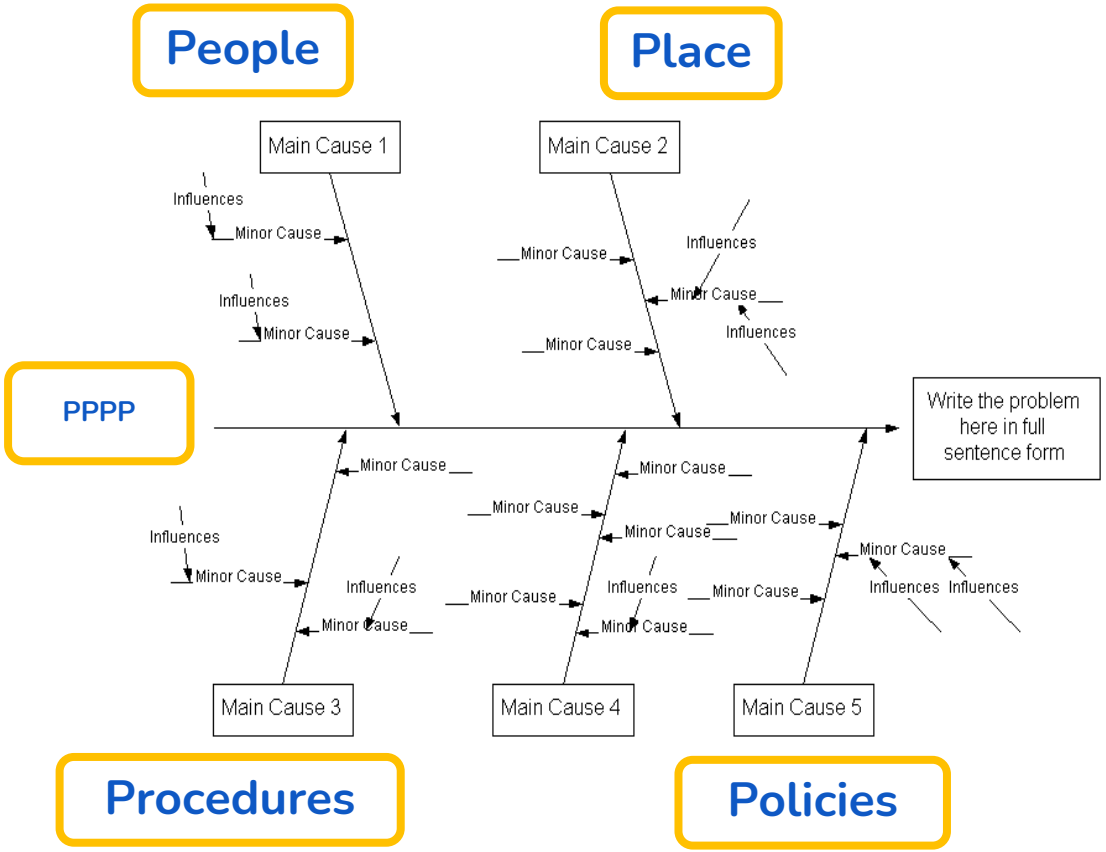
Work together with your teams to come up with new ideas for how to solve the problem.

Things to remember:

- Everyone should feel comfortable to join in.
- Make sure it's a safe space - free of judgement or criticism.
- You could use post-it notes.
- Describe an ideal system: identify any gaps between this and the current system.
- Out of the box thinking is welcomed.

When you use brainstorming, you can come up with lots of new ideas quickly!

Q1: use a Fishbone diagram



You can use **this two ways:**

1. With brainstorming, to help organise your ideas.
2. To organise ideas that you already have into themes.

Q1: an example of how these could be used

Problem: *Families are not taking up the offer of FI.*

- **Brainstorm**: talk with your Team about what is happening, and use ‘5 whys’ to move beyond the symptoms.
- **Fishbone diagram**: map out all possible causes into themes.

Q1: The importance of contributory factors in improving quality

A '**contributory factor**' is something that helps cause a result.

An example: I cut my finger badly slicing a loaf of bread.

What were the contributory factors?

1. It was a new, sharp knife (equipment).
2. My cat jumped up on the table while I was cutting (distraction).
3. The bread was crusty and hard to cut (difficulty of task).
4. I'm not very good at cutting bread (skills).

Not all are amenable to improvement!

Team exercise: How well do you currently understand your problem?

Based on your initial diagnostic work, what do you **KNOW** is contributing to your problem?

What remains unclear? What data/tools could help you find out what's going on? What actions need to be taken?

- Write down your teams' thoughts in the allocated section of your Workbooks

- You have 5 minutes
- Be ready to feedback.

Q1: How to write a statement of aim

An effective aim addresses an issue that is important to those involved.
It is specific, measurable, and answers these questions:

- **What?** State the focus of your improvement effort, which should relate to the problem you're trying to solve or patient /staff need.

- **How good?** Agree a numerical goal for the outcome (should be ambitious but achievable).

- **By when?** Specify the timeline for when you want to reach that goal.

- **For whom?** Who will benefit from the improvement?

- **Where?** Define the process or system you want to improve. What is the scope? What are the boundaries? (**don't be too ambitious**)

Q1: How to write a statement of aim

- Make sure it is clear so that everyone who hears it will have the same understanding (an ‘operational definition’).
- Make sure everyone agrees it is important.

AND

- **Remember:** a statement of aim is often most powerful when you write it from the perspective of the service user or staff.

Q1: key learning points

- When a problem keeps happening, there are lots of different things you can do and people that you can ask to help you understand why.
- This can take a long time so it's important to choose carefully so you don't waste time, effort and money.
- Your statement of aim needs to be clear so that everyone understands the same thing.
- You may need to take a slightly different perspective on how you write it to make sure that everyone agrees with it.
- You may need to modify your aim if you reach your goal more quickly than you expected.

Any questions?

Question 3: The Model for Improvement

1. What are you trying to accomplish?

2. How will you know that a change is an improvement?

3. What change can you make that will result in improvement?

What change ideas do you want to test?

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), *The improvement guide: a practical approach to enhancing organisational performance*,
Jossey Bass Publishers, San Francisco

Q3: Change ideas

- What is a ‘change idea’?
- Where do you get them?
- How do you work out which you are going to test first?
- How can you tell whether they are making a difference?

Q3: What is a ‘change idea’?

A change idea is a specific idea for how you can **do thing differently** so that you will **get the results that you want**.

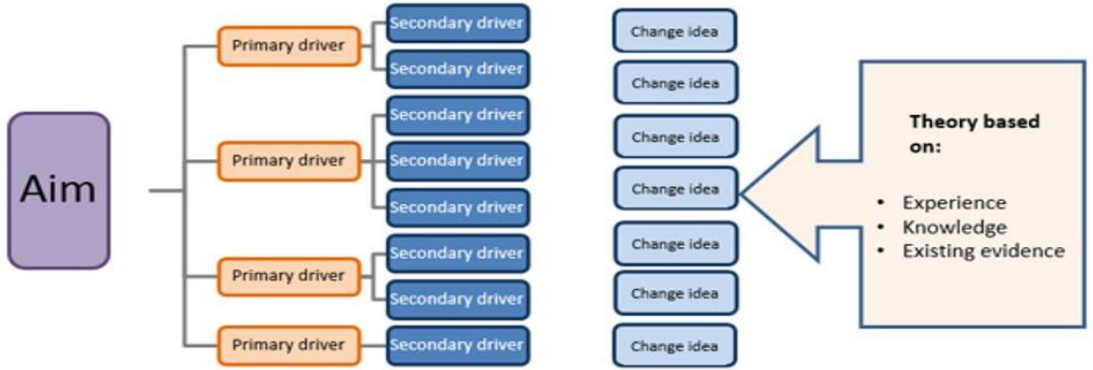
Q3: Where do you get your change ideas?

A number of possible places:

- The ‘evidence’
- Other services/people’s experiences
- Anyone can have a great idea
- ‘Steal shamelessly’ (remembering you may have to ‘adapt, not adopt’)

Q.3 Organising your change ideas: driver diagrams

Driver Diagram - Visually presents a team's theory of how an improvement goal will be achieved.
It articulates what parts of the system need to change, and in which way, and includes ideas to make this happen.
It is used to help plan improvement project activities and ensure team engagement.



Aim: No more than one or two sentences that clearly state what will be improved. It includes:

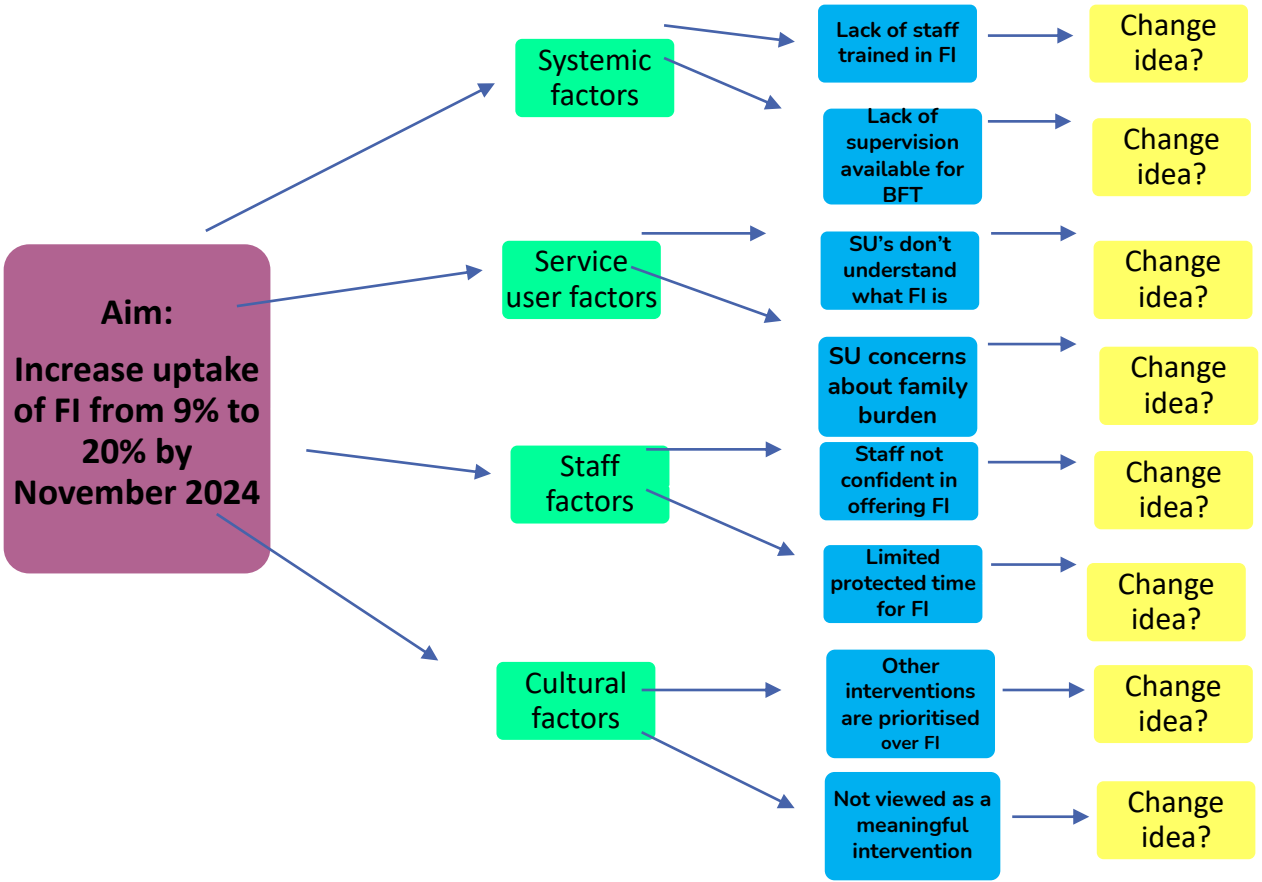
- How much improvement will be achieved - the desired outcome is quantified numerically so this can be measured
- Who the improvement is for
- When the improvement will be achieved by

Primary drivers: No more than 2-5 of the most important influencers on the aim. These are the key components of the system that need to change. They are often associated with process, infrastructure, norms (culture) and people.

Secondary drivers break primary drivers down in to natural subsections or processes. They provide more detail on where interventions to positively influence the primary drivers are required.

Change ideas: These are the specific ideas that teams can test to see if they influence the secondary drivers and ultimately the aim.

Example driver diagram- In your teams write down what change ideas can you think of ?



Q3: using the example

Aim: To increase uptake of FI to 20% in 8 months.

Possible causes … and some ideas for changes.

Possible causes	Change ideas
Staff don't feel confident explaining FI	Improve staff confidence in explaining FI
Service users don't know what will be involved in receiving FI	Test ways of providing more information about FI

Q3: How do you work out which change ideas you are going to test first?

Things to think about:

- Which are the team most excited about?
- How much effort would be needed?
- Do you need a ‘quick win’?

Q3: How can you tell whether your change ideas are making a difference?

- By measuring.
- How do you choose any extra measures?

  - It's sometimes hard to know when you start your project.

  - Extra measures are linked to your 'change ideas' (so you won't know what they are until you have found out what is causing your problem).

Q.3: Some examples

Causes	Change idea	Measure
Staff don't feel confident explaining FI	Improve staff confidence in explaining FI	Self rating of confidence before and after training

Causes	Change idea	Measure
Service users don't know what will be involved in receiving FI	Test ways of providing more information about FI	Percentage of families that agree to have FI

Q3: Key learning points

- A change idea is a specific idea for how you can do things differently so that you get the results that you want.
- Your team may come up with a lot of ideas, so choose carefully.
- You may need to add an extra measure to show whether you change idea is working.
- Some change ideas work better than others, so think about the logistics of how you would test out a change idea in a short testing period (weeks, not months of testing).

Any questions?

Q.2: The Model for Improvement

1. What are you trying to accomplish?

2. How will you know that a change is an improvement?

Measuring processes and outcomes.

3. What change can you make that will result in improvement?

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), *The improvement guide: a practical approach to enhancing organisational performance*, Jossey Bass Publishers, San Francisco

Q 2: Why should you measure for improvement?

To know where you are....

... where you are going

... and when you've arrived!

Q2: Why should you measure for improvement?

- All improvement involves change. **But** not all change is an improvement!

AND

- Without measurement, it is impossible to know whether you have improved.

Q2: Why should you measure for Quality Improvement?

“We treat patients using data. We wouldn‘t dream of not using full blood tests and other diagnostic tools. But, somehow, we seem able to intervene in an entire hospital system without data.”

Prof. Charles Vincent

Q2: When should you measure for improvement?

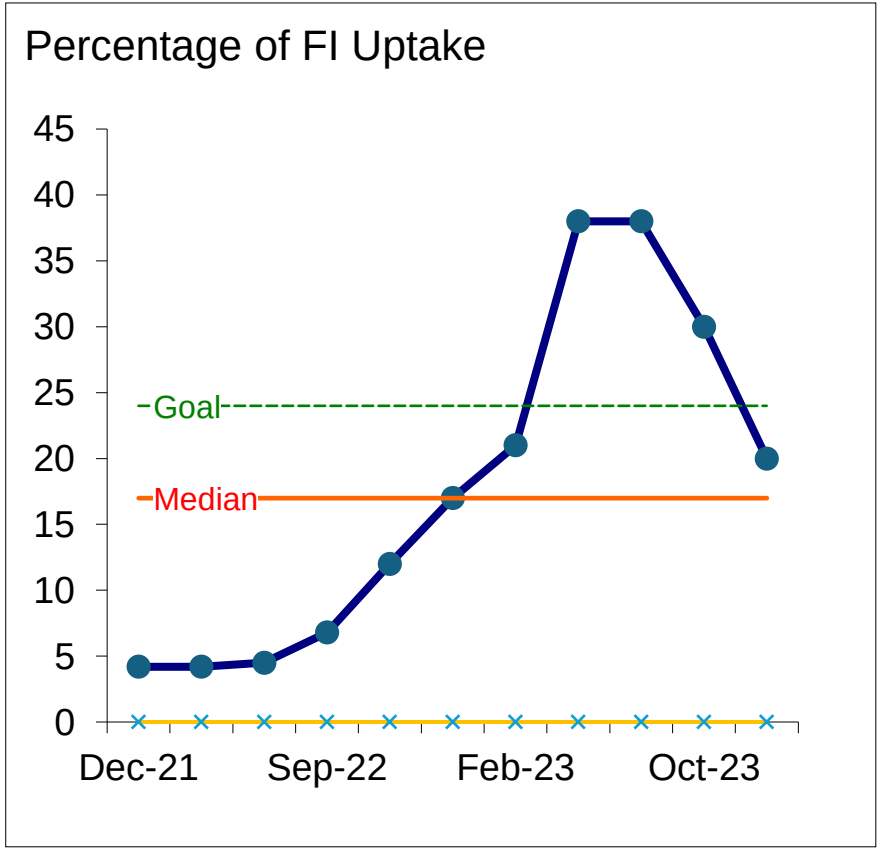
- At the beginning of the project (your baseline): what your current system can deliver.
- Ongoing measurement (ideally): each case/each clinic/each incident/daily/weekly/monthly e.g. how many service users were referred for CBTp this month.

Q.2 How should you measure for improvement ?

Using a run chart

- Data over time
- A simple and effective tool to depict the current performance of a process and to help you determine whether the changes you are making are leading to improvement.

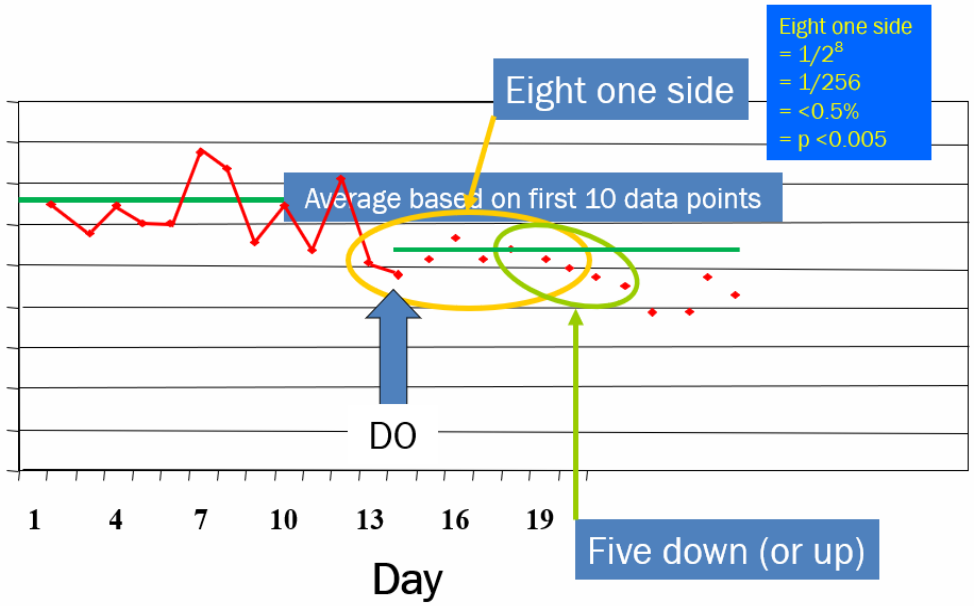
<u>All teams are expected to create run charts using the data you are collecting over the course of your project.</u>



Q2: How will you measure for improvement?

The Run Chart rules

- Baseline = average of 10 data points
- Significant improvement = 8 data points one side of 10-day average
  - OR
- 5 data points that all go either up or down



http://qualitysafety.bmj.com/content/20/1/46.abstract

Q2: types of QI measures

Three of the different types of measures that can be used in quality improvement work:

- **Outcome**
- **Process**
- **Balancing**

Q2: types of QI measures; Outcome measure

This relates back to the aim:

Aim: To increase uptake of FI by 20% in 6 months

Outcome measure = progress towards the aim.

The percentage of families that take up the offer of FI (per week/month)

Q2: types of QI measures; outcome measure

- **Baseline outcome measure** (before you test out any changes): the current percentage of families that take up the offer of FI.
- **Ongoing outcome measure**: the percentage of families that take up the offer of FI (per week/month),

Q.2: types of QI measures; Process measure

A **process measure** looks at the parts or steps in a process that lead to the outcome:

- Are the processes (parts/steps) in the system working as they should?

  - Often ‘times between’

OR

  - Whether ‘good practice is being followed

Q.2: types of QI measures; process measure

Aim: To increase uptake of FI by 20% in 6 months.

One **possible process measure**

- **Problem:** Families cancelling FI appointments
- **Process measure:** % service users that cancel their FI appointments

Q2: types of QI measures; Balancing measure

- Unintended consequences
- Robbing Peter to pay Paul
- What would you worry about?

Example:

YOU: "*We want all new referrals allocated a Care co-Ordinator within the recommended 14-day period.*"

CLINICIANS: "*How will we manage our workload to allow us time to screen the referrals.*"

Q.2: types of data you can collect

- **Numbers (quantitative data)** e.g. time taken; weight.
- **How often things happen** e.g. number of complaints.
- **How you 'rate' something** e.g. 'How would you rate the helpfulness of the training session? (*'poor'*, *'fair'*, *'good'*, *'very good'*, *'excellent')*.

Q.2: Choosing your measures

Do	Don't
use data that is either being collected already OR is easy to collect.	choose too many measures.
choose measures that matter to your team.	choose data that is rare and not sensitive enough to show any improvement.

How will you measure for improvement and who needs to be involved ?

Create a data collection plan:

What data will be collected?
How will the data be measured?
When will the data be collected?
Where will the data be collected?
Who will collect the data?
Does the data collector(s) need any training?

Q2: Key learning points

Try to understand and tackle any restrictions to you collecting the data, because:

- if you don't measure, it is impossible to know whether you have improved;
- to understand what your current system is capable of you need a baseline of how you are doing before you test out any change ideas;
- measures should be collected on an on-going basis so you can see your improvement.

Key learning points

Three types of measures that can be used in Quality Improvement work:

1. **Outcome** – relates back to the aim
2. **Process** – looks at the specific steps in a process that lead to the outcome
3. **Balancing** – unintended consequences

PDSAs: The Model for Improvement

1. What are you trying to accomplish?

2. How will you know that a change is an improvement?

3. What change can you make that will result in improvement?

Rapid, small tests of the change idea.

Langley G, Nolan K, Nolan T, Norman C, Provost L, (1996), *The improvement guide: a practical approach to enhancing organisational performance*, Jossey Bass Publishers, San Francisco

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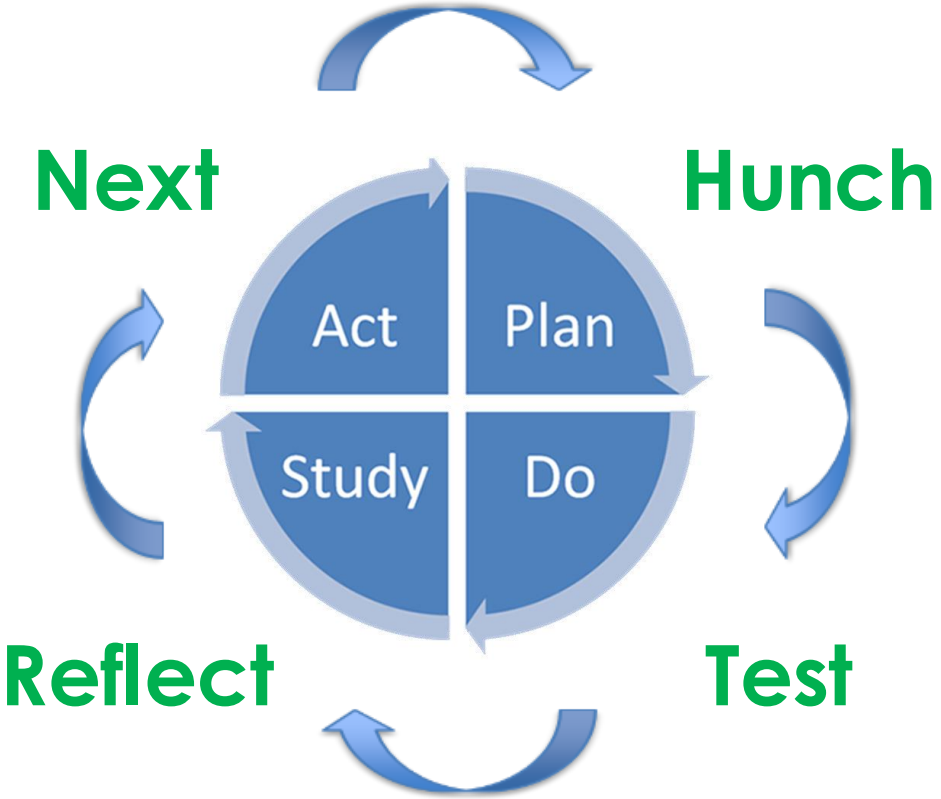
PDSAs



Change ideas versus PDSA cycles

Aim: to lose 3 kilos by the 1st of October.	
Change Ideas	**PDSAs**
Reduce calorie intake	Try intermittent fasting Stop eating snacks between meals Eat more vegetables … and so, on
Increase frequency of exercise	Go to the gym twice a week Cycle to work Use the stairs instead of the lift … and so, on
WHAT	HOW

PDSAs: Why use PDSA cycles?

Small rapid tests of what does (or doesn't) work:

- You get less resistance.
- You can find out whether the change will work in the actual environment.
- It's safe and 'low risk' because you are testing and improving the way you do it before being you 'spread' on a broader scale (if at all).
- You keep increasing the rigor of the testing.

PDSA PROMPT SHEET – CYCLE 1

Purpose: to increase the Team's confidence to explain FI to service users and their families.

PLAN

What are you going to do? Who will be involved and how? When will it take place? How will it be done? What will you measure? What are your expectations?

Immediately after next week's MDT meeting, the Team Manager will run a 45-minute presentation and discussion about FI.

How will we measure success: individual feedback from all staff at the beginning then again at the end of the session of their confidence to explain FI. At the end, they will also be asked to provide free text answers: what went well? what could be improved?

DO

How did you implement the plan? Did you encounter any unexpected problems? Did you achieve any unexpected benefits?

The MDT meeting ran over so we only had 35 minutes. Some staff arrived late to the meeting which wasted time due to the need for repetition. 10 staff attended. By the end of the session, it felt quite rushed. The phone kept ringing.

Staff confidence ratings : mean = 7.0 (range 5 – 8), baseline mean = 5.2.

What went well: it was nice to find out more about FI and to talk with colleagues.

What could be improved: ran out of time; needed more opportunities to talk about how to explain the information to service users and their families.

PDSA PROMPT SHEET – CYCLE 1

Purpose: to increase the Team's confidence to explain FI to service users and their families.

STUDY

What results did you GET? Did they differ from your expectations? How? What have you learned from this cycle?

There was an improvement in the mean rating for satisfaction (from 5.2 – 7). However, a lot of time was lost. The session felt rushed, so we ran out of time.

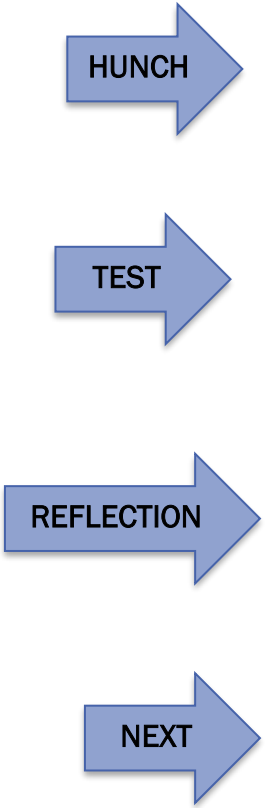
ACT

What action will you now take?

YOU DECIDE …

ADOPT, ADAPT, ABORT

PDSA's: A prompt sheet



Plan **(Complete when you are developing your improvement plan for this cycle)**	What are you going to do? Who will be involved and how? When will it take place? How will it be done? What will you measure? What are your expectations?
Do (Did) **(Complete once you have carried out your improvement idea)**	How did you implement the plan? Did you encounter any unexpected problems? Did you achieve any unexpected benefits?
Study (Studied) **(Complete once you have reviewed your results)**	What results did you achieve? Did they differ from your expectations? How? What have you learnt from this cycle?
Act (Acted) **(Complete when you are planning your next improvement cycle)**	What action will you now take to either: Refine and re-test your improvement idea? Implement and embed the change? Reject the idea and prepare to test a new one?

PDSA's: Key learning points

- Change ideas are the 'WHAT' you want to test.
- PDSA cycles are the 'HOW' you want to test your change ideas.
- PDSAs cycles are used for small and rapid testing – '*What can you do by next Tuesday?*'

Any questions?

Choosing your QI team: things to think about from the start

Think **systematically** about who needs to be involved.

- What sort of things are you going to need and who can help you get hold of them? e.g., admin support, staff cover?
- Who understands the parts of the system that you are trying to improve so you can work out what is causing the problem?
- Who'll be affected by the changes you are trying to make? Are they likely to stop you?
- Who are the people who like to get involved with new ideas?
- **For all of the** above: do they need to be involved on a day-to day basis (actively) or kept up to speed (passively)?

Remember to review your team membership regularly

As your improvement project moves forward, you will need to keep checking who needs to be involved:

- because people's circumstances can change;
- because improvement work can take longer than you expected;
- as your understanding of what is causing your problem deepens, you might need to bring in people with different skills or knowledge.

Project set up check list part 1

Part one: your team

- Review QI team membership ☐
- Recruit team members/ lived experience representatives ☐
- Set up regular team meetings – we recommend teams meet twice per month ☐
- Communicate QI plans with key stakeholders/senior sponsor ☐
- Book in your next call with your QI coach ☐
- Familiarise yourself with the QI Workbook and decide on who will update this at regular intervals to share with your QI coach ☐

Project set up check list part 2&3

Part two: your problem or area for improvement

- What (additional) data can you collect that might give you a better idea of what the barrier are, e.g. anonymous staff survey ☐
- Decide on an aim for your improvement project and share with your QI coach e.g. ‘To increase uptake of FI from 7% to 14% by May 2025’ ☐

Part three: your change ideas

- Use tools such as driver diagrams to organise your change ideas ☐
- Develop and agree on set of change ideas ☐
- Identity a plan, do, study, act schedule ☐

Project set up check list part five:

Part four: your measures

- Develop any additional measures that link to your change ideas ☐
- Operationally define your measures ☐
- Develop a measurement strategy – how will you collect data during your testing period ? ☐
- Finalise your data collection plan ☐
- Set up run charts to make plotting data easy ☐

Part five: Testing

- Develop a schedule for testing your change ideas- must have a start and end date. ☐
- State your predictions? ☐
- Run initial PDSAs ☐
- Identify next PDSA's ☐