Quality Improvement
2014-2015

National Patient Safety Conference
Croke park 7 November 2014

Dr. Philip Crowley, National Director Quality Improvement
One year on….
What could possibly change?

2013

RTE News

Property prices fell 0.5% in December

23 25  
Tuesday 22 January 2013 22:02

2014

RTE News

Residential property prices up 14.9% in year to August

35 25  
Wednesday 24 September 2014 23:25
One year on....
Reasons to be hopeful

- Now over 500 staff trained in QI from the Diploma, Scottish Patient Safety, CAWT and QI courses.

- Successful quality initiatives
  - Tallaght hospital team: ↓unnecessary blood testing in ED by 50% ~ €98,000
  - Sexual Health Clinic, SJH: Improved waiting times, transit through service and patient satisfaction.
  - Portiuncula: Hand hygiene compliance and training ↑ to 86% and 99%
Pressure Ulcer to Zero Collaborative

1. 73% Reduction in Pressure Ulcers

2. 55 pressure ulcers prevented within a six month timeframe

3. Estimated costs saved ~ €300,000
Overall Collaborative trend over time
Overall key learning was **Teamwork** – the benefits of working with a team and the visual impact of keeping data.

Key learning was the importance of working together, good collaboration and communication.

If managers support QI initiatives, teams can achieve great results.

My only advice or request is if you could organise these kind of learning sessions often, that would be a great help and encouragement.

It’s all about teamwork and communication with a smile. Great team building experience.
Howth Primary Care Team
Howth Primary Care Team

- Theresa Molloy – Healthcare Assistant

‘My role within the team is to deliver personal care to clients in their homes. I can only say ‘Wow’. Thanks to the Collaborative I am now more informed about clients who are at risk and the best treatment option – avoidance!’

‘The Collaborative has given me the opportunity to excel in my role as a HCA delivering without doubt a higher standard of care to clients on a daily basis.’
Virginia Community Nursing Unit
Maricel Masas

‘The training on preventing pressure ulcers has taken my career profession to a different level. Higher in terms of efficiency and deeper in terms of genuine care’
Our Shared Challenge

1. Leadership
2. A Culture of Improvement
3. Building capacity for Improvement
1. Leadership

Four Leadership questions:

- Do you know how good you are?
- Do you know where you stand relative to the best?
- Do you know where the variation exists?
- Do you know the rate of improvement over time?
2. Culture of Improvement

A promise to learn
– a commitment to act

Improving the Safety of Patients in England

National Advisory Group on the Safety of Patients in England

August 2013
Berwick Report

• Placing the quality of patient care, especially safety above all aims

• Engaging, empowering and hearing patients and carers

• Fostering whole-heartedly the growth and development of all staff including their ability and support to improve the processes in which they work

• Embracing transparency
Move from
“What’s the matter?”
to
“What matters to you?”

- The patient is not the problem (Muir Gray)
- “Minimally Disruptive Medicine” (Victor Montori)
- Having conversations with the patient, understanding patients (not just their diseases) and their lives
- Patient goal setting

All About me at Magee

Patient, Family, & Friends: Please Feel Free to Share Information, Pictures, Etc...

- Items that comfort me ...
- Things I may need help with (include fears) ...
- Spiritual beliefs/Practices
- You may be surprised to know ...
- My support team (Friends, Family, Pets, etc ...)
- I prefer to be called
- My favorite things (activities, food, movies, games, books, music, tv, etc.) ...

Magee-Womens Hospital of UPMC
80% employees don’t feel manager sets good example

Managers 28% more likely to lack empathy in decision making than general pop

Older managers exercise more judgement but show less humility

In HSE?
Quality led by Staff

- Staff experience – seek and value feedback and ideas for improvement
- Quality and safety Walk-rounds
- Enable people to do a better job
- ‘Walk in my shoes’
- Do reinvent the wheel
Measurement for improvement

- Look for the data
- Look at the data
- Multiple sources
- Number of incidents plus trends
  - Ensuring preventable don’t keep reoccurring
- Clinical audit
- Publish, demonstrate
Safety Cross
3. Building capacity for Improvement

National Quality Improvement Programme

Diploma in Leadership and Quality in Healthcare

Quality Improvement Collaboratives

Service specific intensive QI training
QI Tools

Driver Diagram

Run Chart

Aim

To deliver harm free care as defined by the absence of pressure ulcers, falls, UTI with Catheter and VTE by March 2013

Primary Drivers
- Strategic Leadership
- Accountability In Care
- Focus On Care
- Enabler To Care

Secondary Drivers
- Large Scale Change Team
- Leadership
- Walk Rounds
- Commissioner Visits
- Risk Assessment
- Care Planning
- Adult Safeguarding
- Patient Stories
- Incidence
- 95% Harm Free Care
- Chief Nurse SCs
- Root Cause Analysis
- Collaborative Learning Events
- Contracting

Run Chart
Quality Improvement

“We have two jobs: our job and the job of improving our job”

Donald Berwick
thank you!

Philip Crowley

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