quality improvement

# Quality Improvement: International Update

Nancy Dixon, Healthcare Quality Quest

- International experiences implementing quality improvement
- Learning about QI methodology
- Learning about facilitators and barriers, including culture

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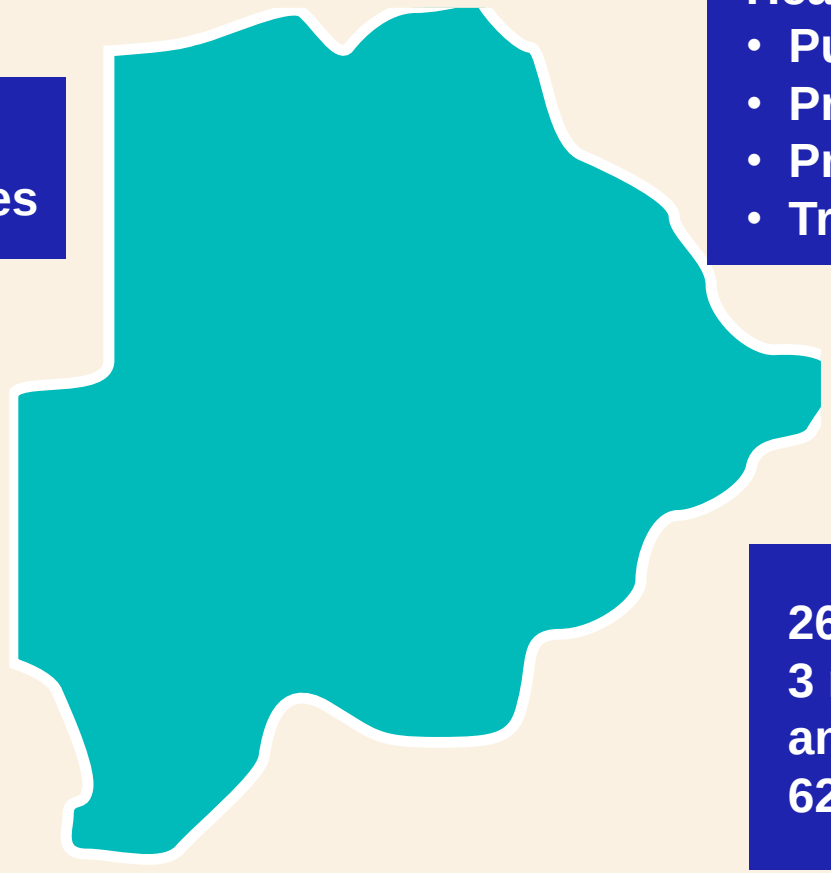
# International experiences

# Botswana

2.4 million population in 224,610 square miles

Health care —
- Public
- Private for-profit
- Private not-for-profit
- Traditional



Republic based on UK form of government with an elected Parliament

26 public hospitals, 3 referral, 8 district, and 16 primary care, 624 facilities in total

***MOHW provides 98% of healthcare services***

quality improvement

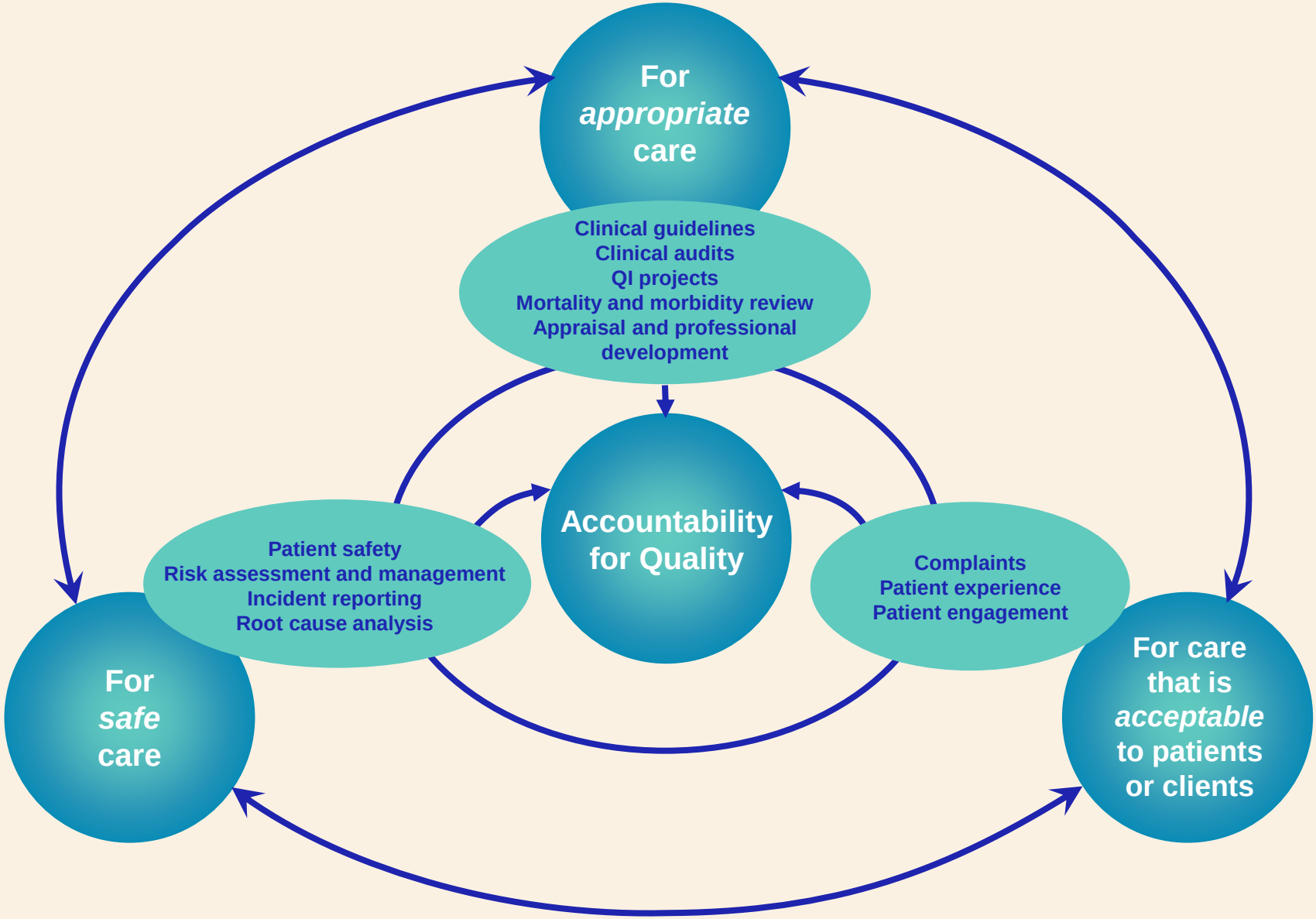
# National Quality Improvement Strategy

# How did we get to a national strategy for QI

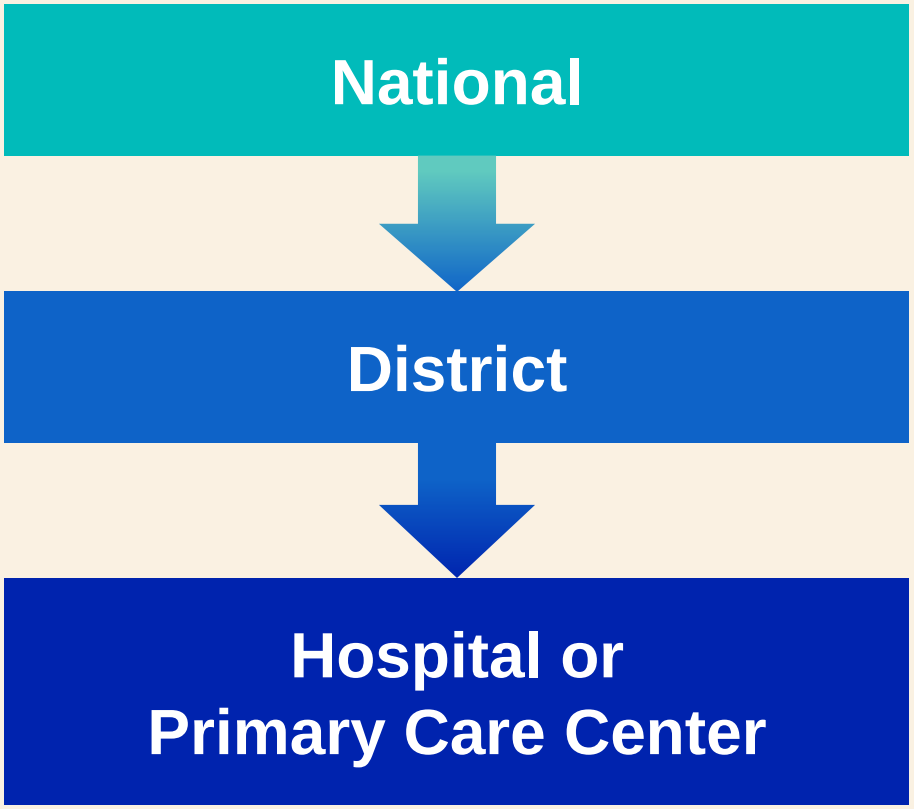
***An intensive 2–day meeting with 20 key stakeholders from the Botswana healthcare system***

## What is/are

# Quality Improvement Framework

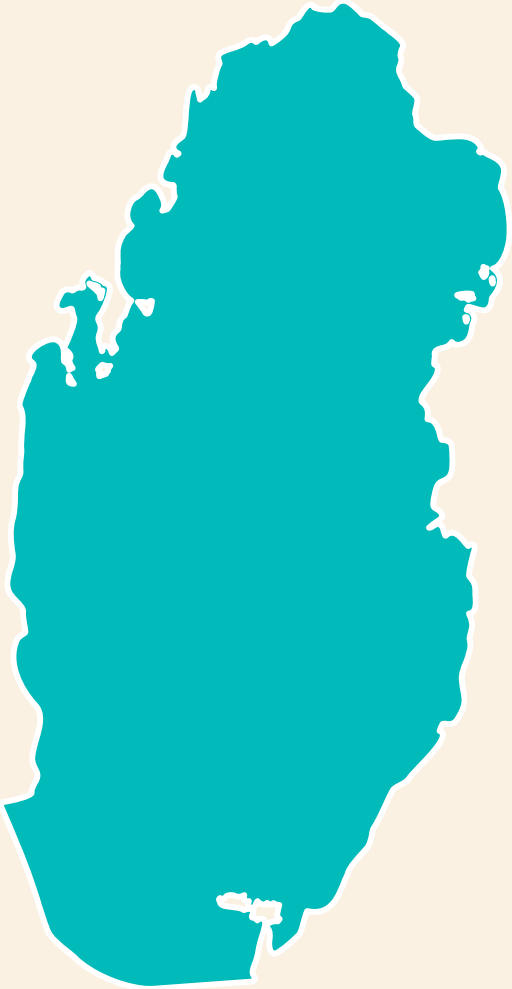


# Support for implementation — *Defined at all levels*



# Qatar

**2.9 million population, 10% Qataris, in 4,500 square miles**



**Primary health care centres include:**

- **Radiology**
- **Laboratory**
- **Pharmacy**
- **Dentistry**
- **Therapies**
- **Wellness centres**

***80% of hospital care is publicly funded, 12 hospitals, 27 primary care centres***


مركز لعبيب الصحي
Leabaib Health Center
مؤسسة الرعاية الصحية الأولية
PRIMARY HEALTH CARE CORPORATION

# QI projects in 27 primary health care centres

2–day training for 48 leaders of health centres and PHCC

6–day training courses for 50 QI coaches and
QI facilitators working in individual health centres

Mentoring teams in all health centres
through the stages of their QI projects

Celebration event for all teams and publications

# Examples of QI projects

- Verification of patient identification at every stage of care
- Medication reconciliation
- Management of patients with hypertension
- Management of patients with dyslipidaemia
- Triage of patients coming to a walk-in clinic
- Cervical cancer screening uptake

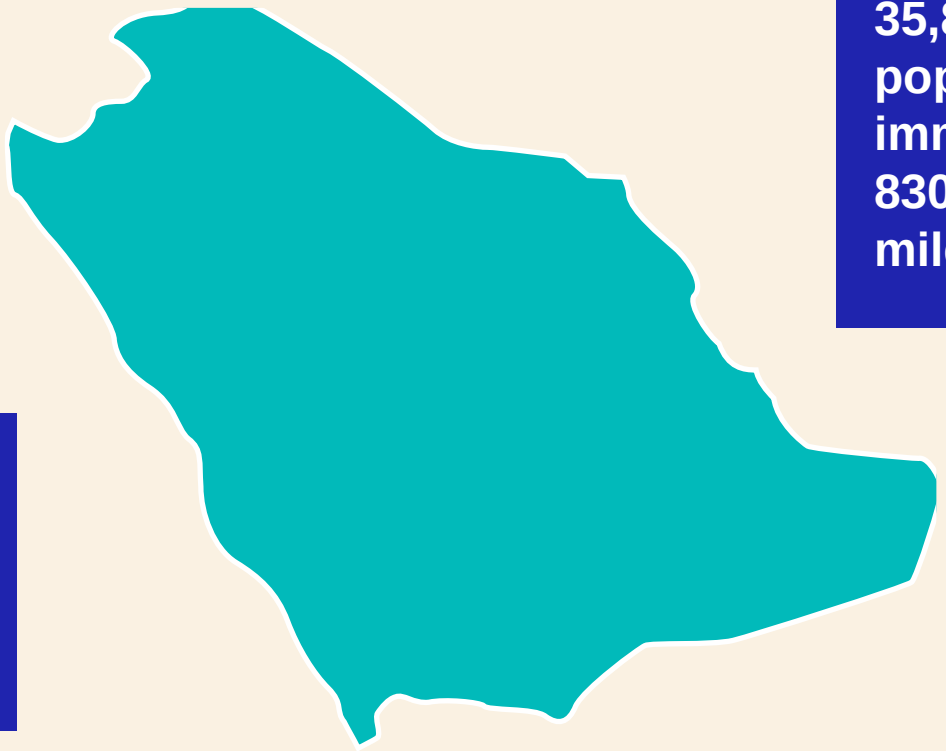
# A special QI collaborative involving all health centres

**Patient-centred communication**

- **What do patients want in terms of communication with health centre staff?**
- **What barriers are staff experiencing in communication with patients?**

***Findings of many focus groups to lead to specific improvement projects on patient-centred communication***

# Saudi Arabia



**35,827,969 million population, 38.4% immigrants, in 830,000 square miles**

**274 MoH hospitals and 2280 primary care centres**

***60% of healthcare services are provided by the Ministry of Health, other government agencies provide 17%, and 23% is private***

# Improving care provided to patients with Stroke, Myocardial Infarction, Major Trauma and Sepsis

*20 multiprofessional teams based in 14 hospitals*

**Analysis of up-to-date international evidence base (*developed according to international standards for guideline and recommendation development)***

**Clinical care standards developed by Saudi clinical experts focused on patients and outcomes**

**Teams estimated their level of compliance with the clinical care standards and identified improvements in practice needed**

Measurement of actual practice using clinical audit

Analysis of shortcomings from data collection and improvements planned and implemented — a QI approach

Repeat data collection

*Workshops for teams on the clinical care standards, the results of data collection, analysis of shortcomings in care, and quality improvement plans and implementation*

# Examples of improvements

***Stroke — More patients having —***

- Thrombectomy because they arrive at the hospital faster
- Swallow check before oral medication, food or drink
- Secondary prevention medications
- Education about secondary prevention
- Rehabilitation assessment early in stay

***Sepsis — More patients having —***

- The sepsis “bundle” on time

## *Myocardial infarction — More patients having —*

- Quick percutaneous coronary intervention for STEMI and NSTEMI patients
- Secondary prevention medications
- More availability of cardiac rehabilitation

## *Major trauma — More patients having —*

- Fast availability of trauma team
- Faster scans and reports for head and chest injuries
- Timely antibiotics for long bone fractures
- More information for patients

# The Netherlands

**17 million population, 79% Dutch, in 13,000 square miles**

**8 academic hospitals**

# The hospitalist as a QI leader

A *hospitalist* is a fully qualified doctor who is based in a hospital ward. The hospitalist coordinates the care of *all* the conditions that require management of the patients on the ward

When cared for by the specialist team that is treating a patient's reason for admission — for example, orthopaedic surgery — the specialist team doesn't always manage continuity of care for patients with multiple conditions

*The key role of the hospitalist*

**In 2014, the government in The Netherlands approved a major new training programme for hospitalists on the following condition —**

**The hospitalists would be *responsible to improve quality and support clinical governance* on the wards in the specialties in which they work**

# Preparing hospitalists to be leaders of QI projects and supporters of clinical governance

## 2 5–day courses —

- How to lead a multiprofessional team through a QI project
- How to support clinical governance

***After teaching the courses for 4 years,***
***HQQ licenses Dutch faculty to teach both courses***

# Hospitalists are required to complete —

- An in-depth assessment of the implementation of clinical governance in the hospital in which they are training
- A year-long “Masterpiece” QI project — a very substantial QI project in the specialty in which they are based for training

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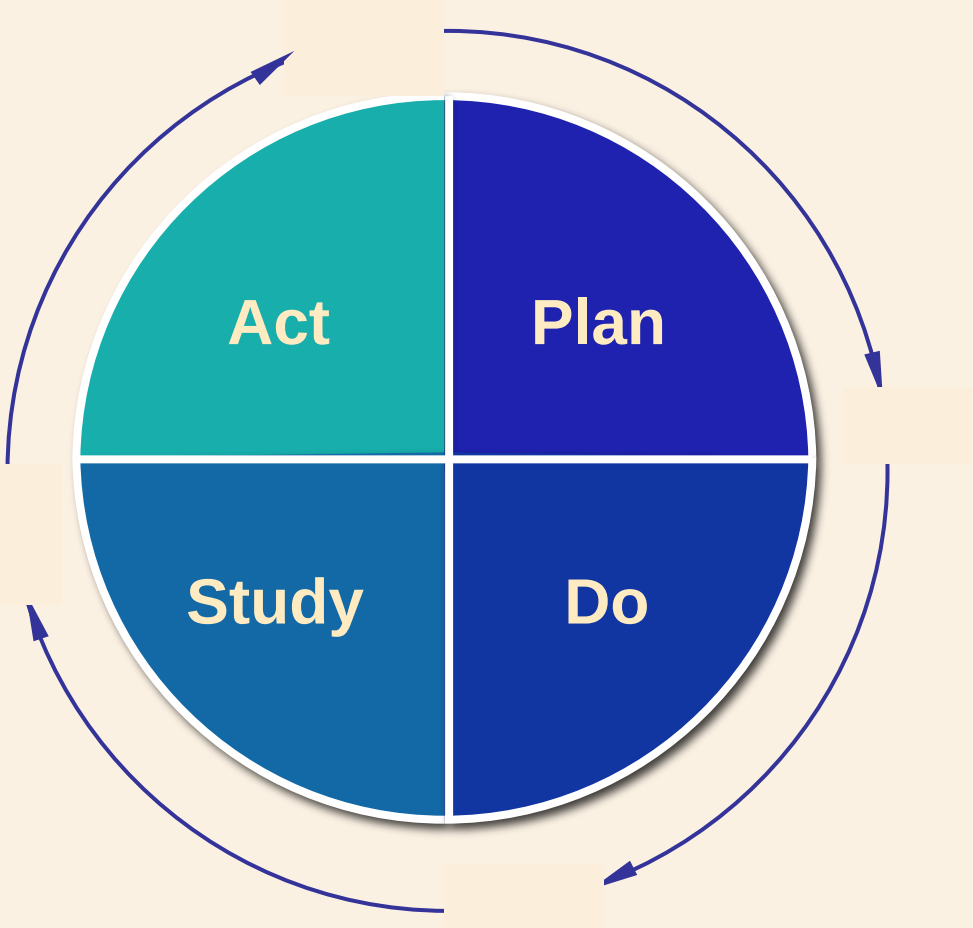
Aren't we supposed to be using P–D–C–A for our QI projects?

# Model for improvement and P–D–S–A cycle

# P–D–S–A cycle




*Also P–D–C–A or S–D–C–A*

# P–D–S–A cycle

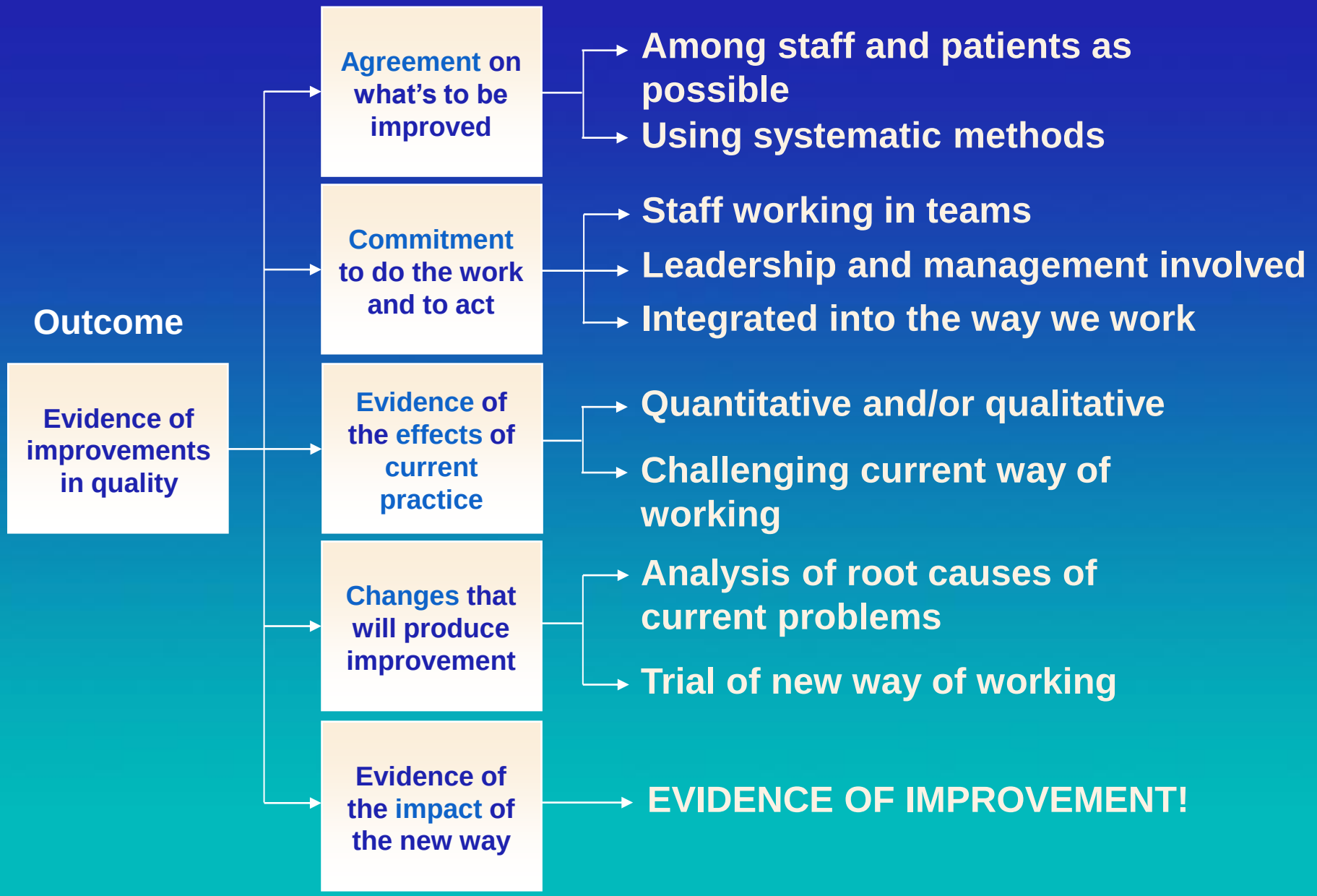
***Planning, doing and reflecting on the effects of change***

## For a problem —

| | |
|---|---|
| ***Plan*** | **Describe a hypothesis about a change that might result in an improvement** |
| ***Do*** | **Conduct a study of the change** |
| ***Study*** | **Analyse the effects of the change** |
| ***Act*** | **On what to do next** |

# Quality improvement characteristics

- Involves actively the people who provide and receive the service
- Makes effective use of everyone's ideas
- Follows a scientific approach
- Is systematic
- Is supported by those responsible for the service
- Leads to benefits for patients and others

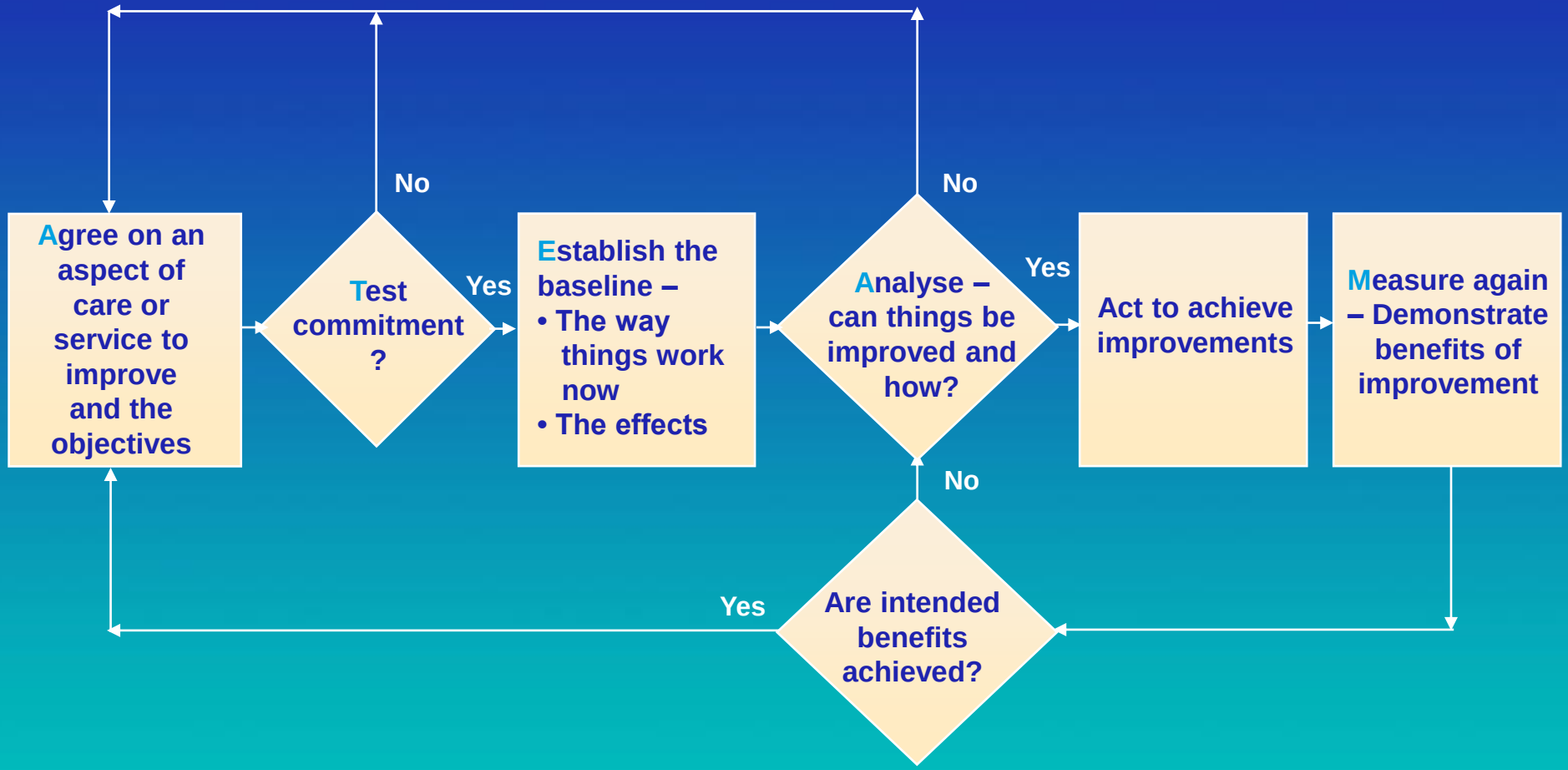

Outcome
Evidence of improvements in quality
Agreement on what's to be improved
Among staff and patients as possible
Using systematic methods
Commitment to do the work and to act
Staff working in teams
Leadership and management involved
Integrated into the way we work
Evidence of the effects of current practice
Quantitative and/or qualitative
Challenging current way of working
Changes that will produce improvement
Analysis of root causes of current problems
Trial of new way of working
Evidence of the impact of the new way
EVIDENCE OF IMPROVEMENT!

# The A–T–E–A–M approach

- **A**gree on something to improve
- **T**est commitment
- **E**stablish a baseline
- **A**nalyse how to and act to improve
- **M**easure again to show the effects

Dixon N, Wellsteed L. Effects of team-based quality improvement learning on two teams providing dementia care. BMJ *Open Qual* 2019;8:e000500.

# The A–T–E–A–M approach



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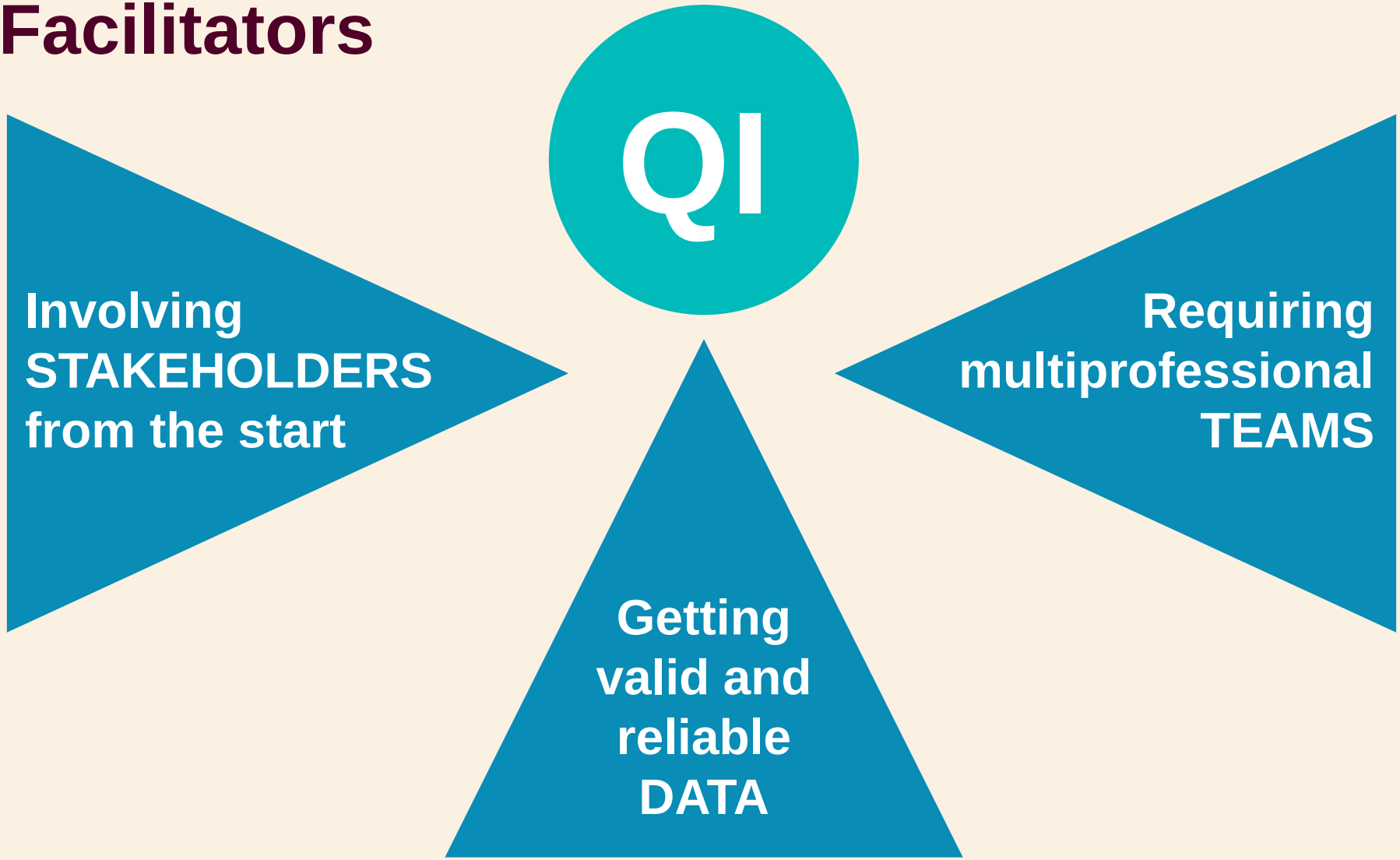
# Facilitators



# Barriers

QI

TIME

COMPETING PRIORITIES

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