

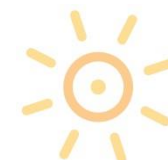
What does a successful Quality Improvement project look like?

Lessons from the front line



Dr Amanda Newnham

Paediatric Renal Consultant



**‘THINK
KIDNEYS’**

“QI is an organised system to continually improve processes, outcomes, and service, regardless of prior excellence, in order to be the best we can be.”

– Brent C. James

Context
Specific

Multi
Disciplinary

Continuous

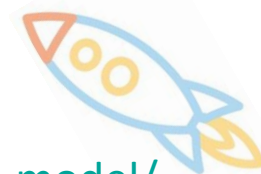
Part of
culture

Led by
frontline

Owned by
the team



NHS Change Model



Our



Shared



Purpose

Who will affect?

Who will
benefit?

Who will make
it happen?



Need to talk to
find where
beliefs,
aspirations,
experiences
overlap

The “Why”

NOT the
“what” or
“how”

The problem



Leeds children's
hospital

Image from www.wikihow.com

Shared Purpose:

- Children to have a positive blood taking experience
- Bloods test to be done at the right time by the right person



Image from www.lchtv.com



Project Management

People

Environment

Skills?

2 people

Daytime practice

Hospital layout

Play support

Bloods done by night team



Magic cream / frozen spray

Requesting Service days

11am taxi

Blood bottles

Blood sampling site

< 2 years age

Equipment

Processes & policies

Global Aim:

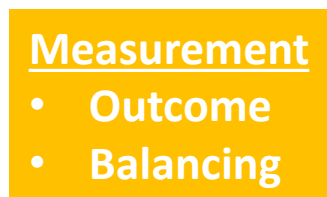
- ↓ the no. of blood tests done by junior Drs overnight
- Improve experience of routine blood taking

Measurements:

- 1) No. blood tests done by junior Drs
- 2) No. blood tests done by phlebotomist

Balancing measures:

- Completion within allocated hrs
- No. not able to do



Improvement Tools:

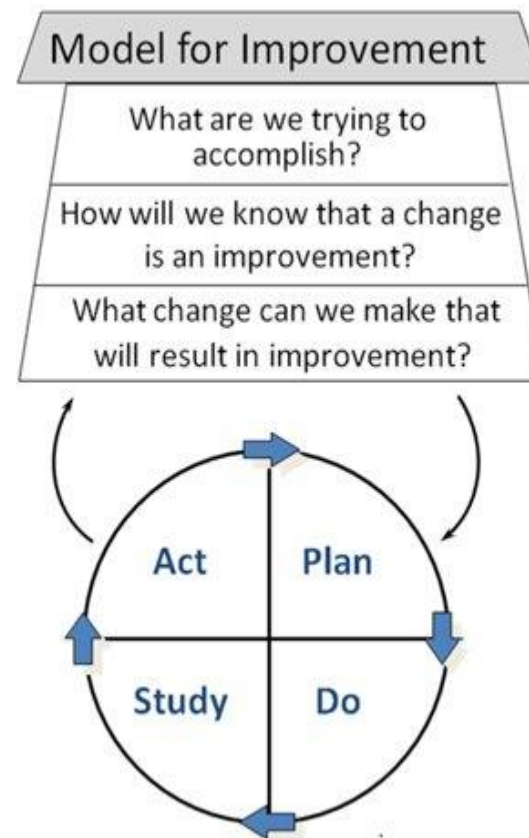
Using the IHI model for improvement + PDSA cycles

Improvement Tools

5 Steps Approach

1. Preparation
2. Launch
3. Diagnosis
4. Implementation
5. Evaluation

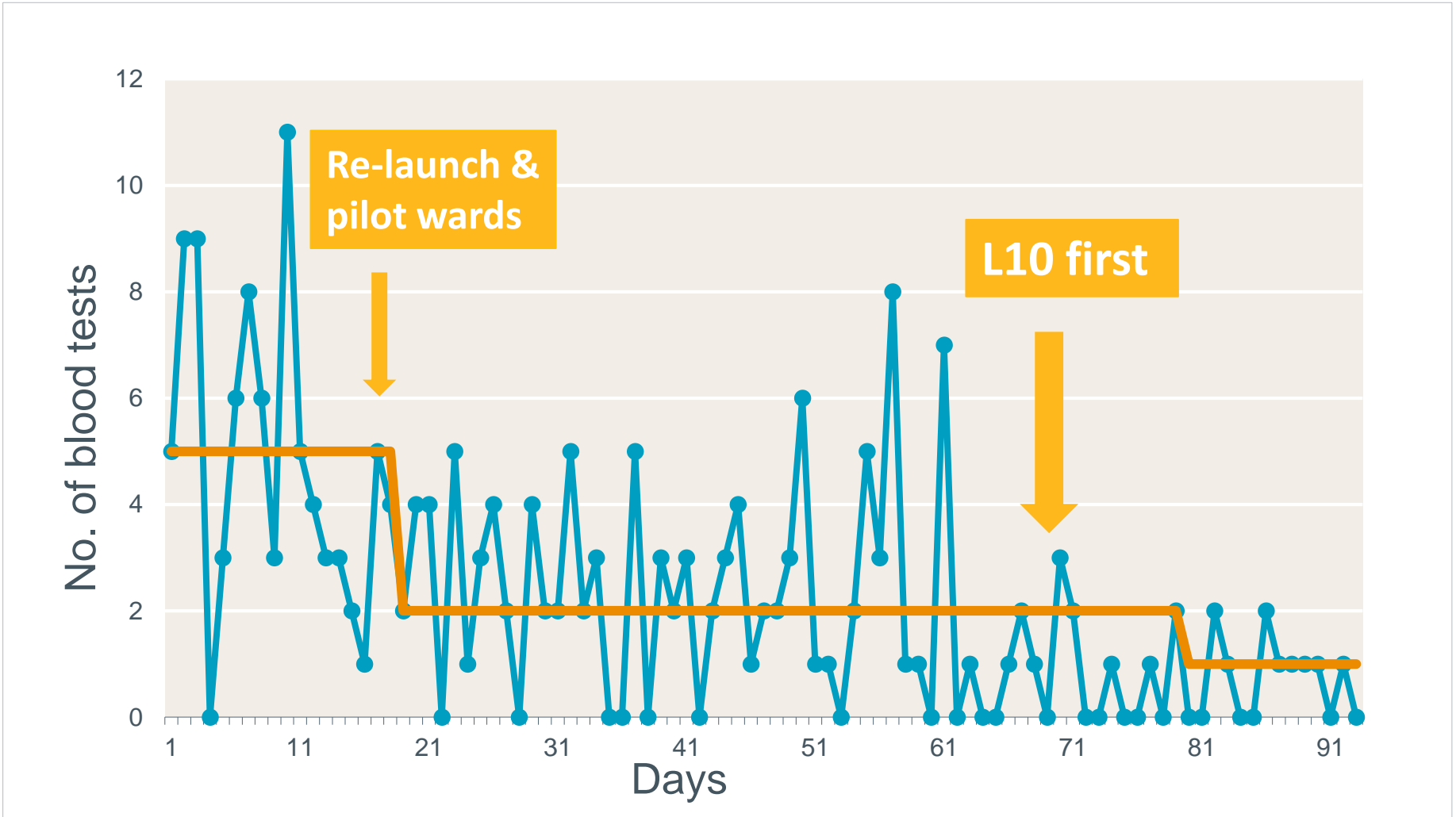
Institute Healthcare Improvement (IHI)



Run chart

No. Bloods done by Drs overnight

Measurement



Spread and Adoption

Spread & adoption



- Difficult to spread successful change across and organisation

- Pace often slow
- Learning often not shared
- Needs to be planned!

OUR PROJECT

- Pilot wards for first 70 days
 - Planned expansion, all medical wards, then surgery, then twice day

Useful Resources:

- IHI 7 SpreadlySins

<http://www.ihl.org/resources/Pages/Tools/IHISevenSpreadlySins.aspx>

- Sustainability Model and guide

<https://www.england.nhs.uk/improvement-hub/publication/sustainability-model-and-guide/>

System Drivers

Systems Drivers



- Is there a strategic alignment to the QI project?
 - National targets, avoid penalties, national frameworks
- What motivators for the change are there
 - Intrinsic Vs Extrinsic

Figure 9: Types of motivators



OUR PROJECT

- Patient complaints
- Junior Drs
 - Lack of
 - GMC survey
- “inappropriate tasks”

Leadership by ALL

The approach, skills and behaviours needed to lead significant change.

- shared (or distributed) leadership

OUR PROJECT
Storytelling telling,
shared leadership of project

Motivate & Mobilise

- Managing the energy for change

OUR PROJECT
+ve Feedback to phlebs
Handover discussions
Empowering junior Drs



The Sustained Outcome

- 1 year after project started re-check
 - 0 “routine bloods” done by junior doctors
- Paediatric phlebotomy service on all wards
 - including paediatric surgery
- Phlebotomy rounds twice day
- Play team project with phlebotomy to improve experience

The Lessons to success... NHS Change Model

