

Introduction to Improvement

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hello my name is...



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Aqua

Aims of this session:

- Be able to describe what a project is
- Introduction to the Model for Improvement
- Consider how to structure a quality improvement project



- 1 I am quite new to this
- 2 I have a little experience
- 3 I'm quite experienced
- 4 I am very experienced

How confident are you with the model for improvement, Aims statements, PDSA, and project management??

What is project management?

Project management is the **planning, delegating, monitoring and control** of all aspects of the project, and the **motivation** of those involved to achieve the project objectives within the expected **performance targets** for time, cost, quality, scope, benefits and risks.

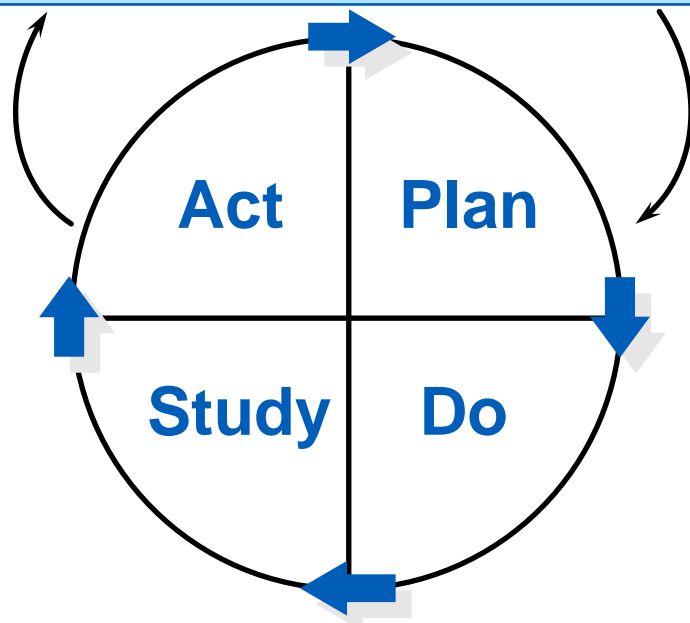


Introducing the model for improvement

What are we trying to accomplish?

How will we know that our change is an improvement?

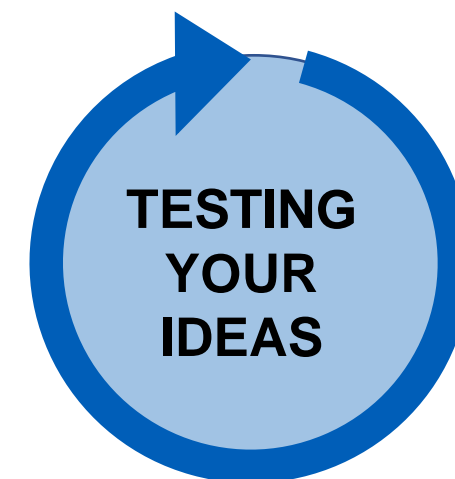
What changes can we make that will result in the improvement we seek?



AIM

MEASURES

CHANGES



1

Start out... and end time

What is the opportunity or problem?

2

Define & Scope

What is the current situation?

3

Measure & Understand

What are the benefits and impacts?

4

Design & Plan

What does the future look like?

5

Pilot & Implement

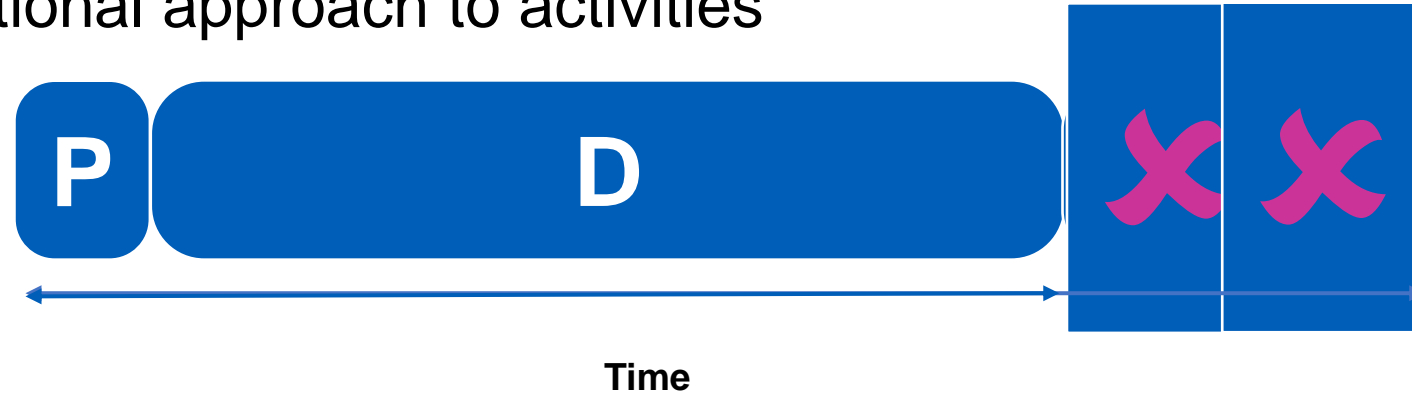
Action planning and reporting

6

Monitor & Sustain

Deployment and 'business as usual'

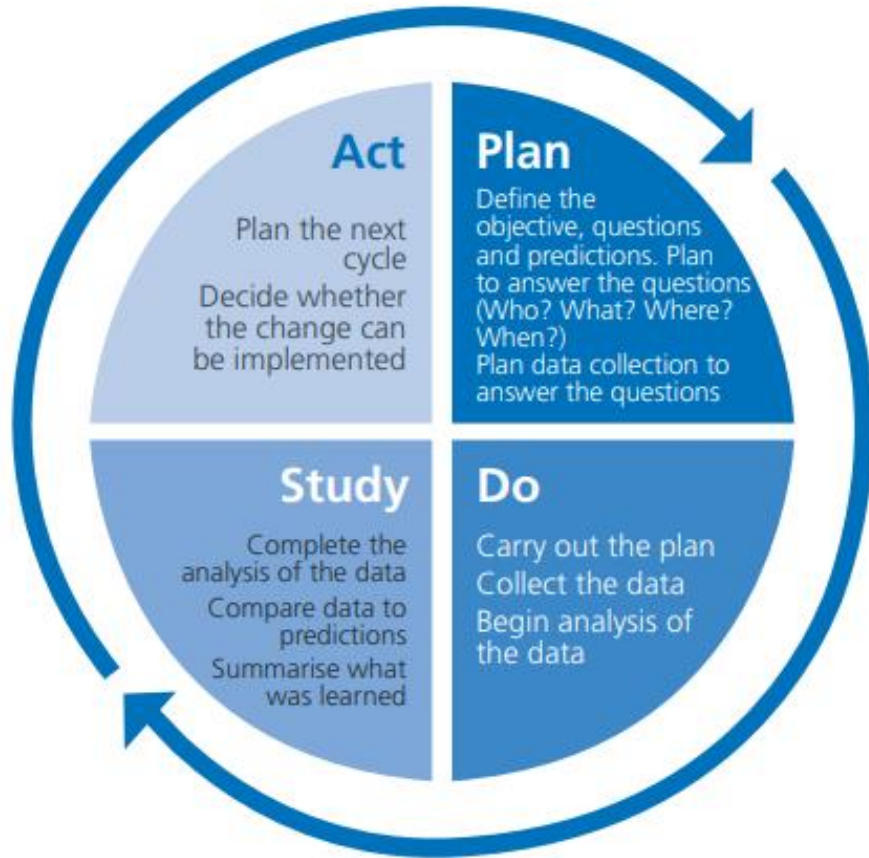
Traditional approach to activities



Suggested approach



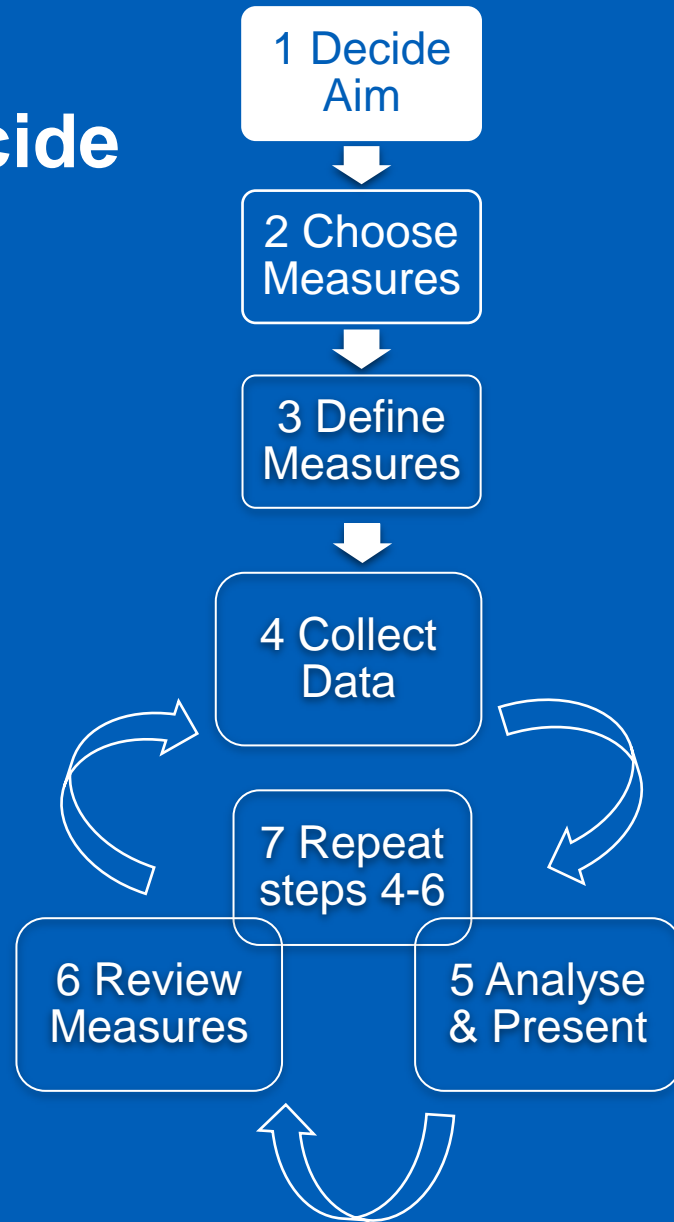
What to think about at each stage



- **PLAN-** define the objective- who, what, when, where and plan your data collection
- **DO-** carry out the plan and collect the data- document problems and unexpected consequences
- **STUDY-** complete data analysis and compare to what you predicted
- **ACT-** next cycle- decide on implementation-Adopt/Adapt/Abandon

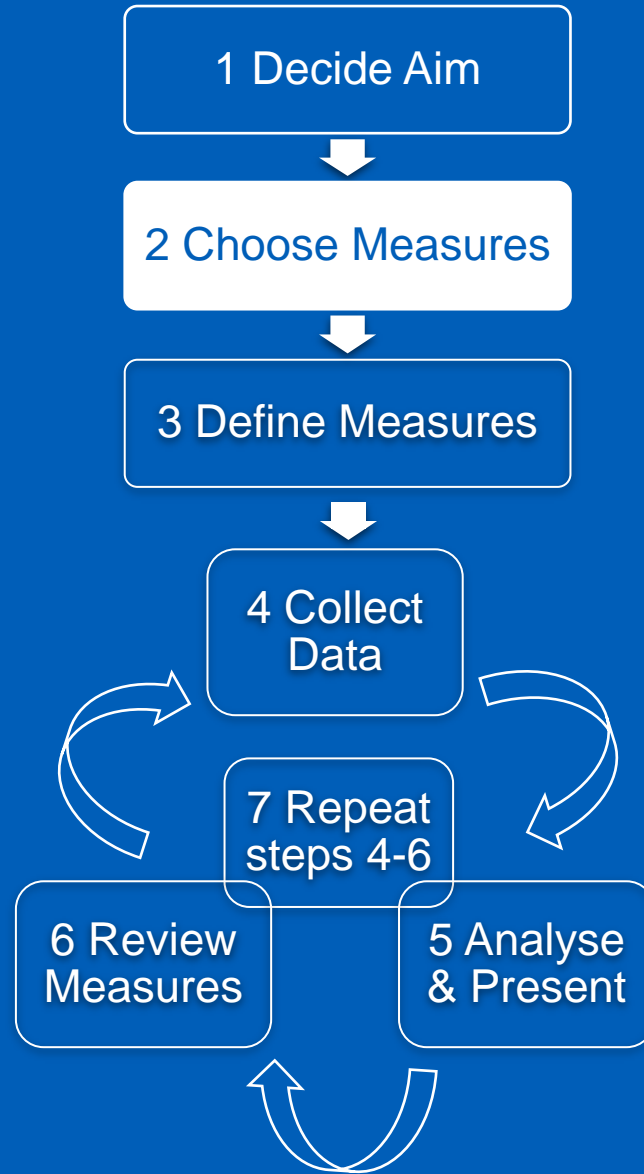


Step 1 – Decide on your aim



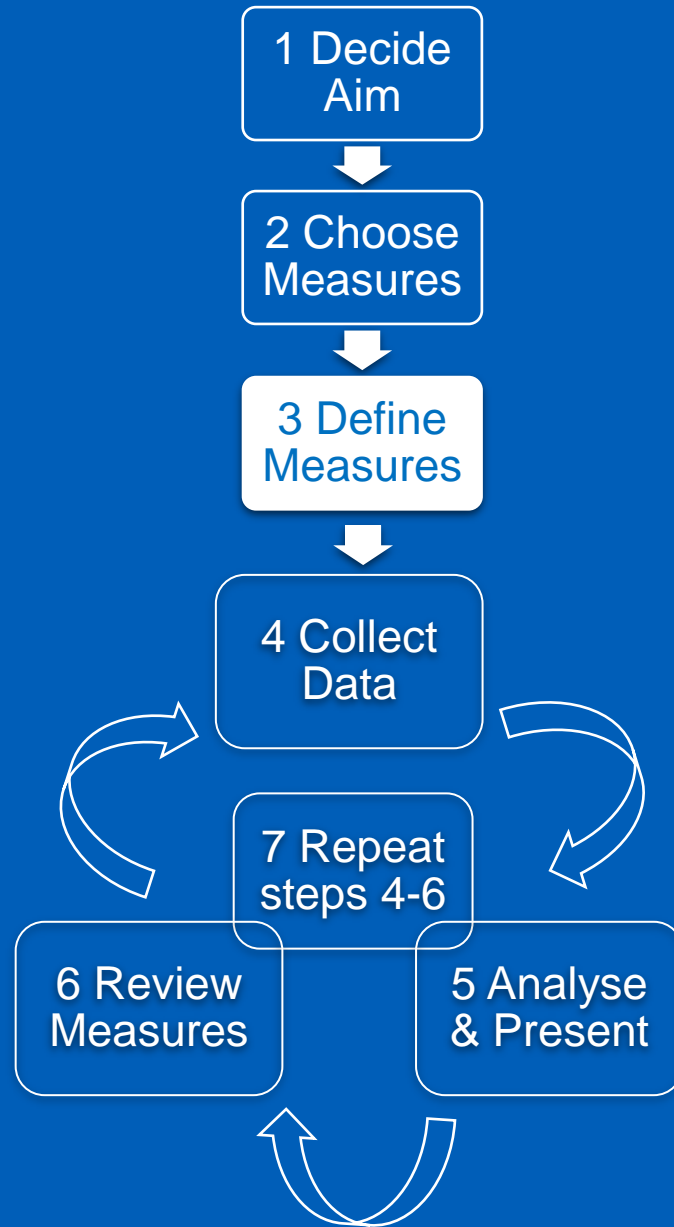
- What are we trying to accomplish?
- Do we have an elevator pitch?
- Is our aim SMART?

Step 2 – Choose measures



Patient experience and outcomes	Patient satisfaction survey	% patients complication free in recovery	Pain score	Average time patient starved
Safety and reliability	Clinical incidents	Readmission	Exceptions from time out checklist	% correct equipment to hand
Efficiency and value	Turnaround time	% theatre utilisation	Cancellation	Delays (Late starts & finishes)
High performing teams	Staff survey	Training and development	Staff turnover	Staff absence

Step 3 – Define measures



An **operational definition** is a description, in quantifiable terms, of what to measure and the steps to follow to measure it consistently



Use the **measures checklist**

**HOW MANY PEOPLE
HERE ARE
WEARING BLUE?**

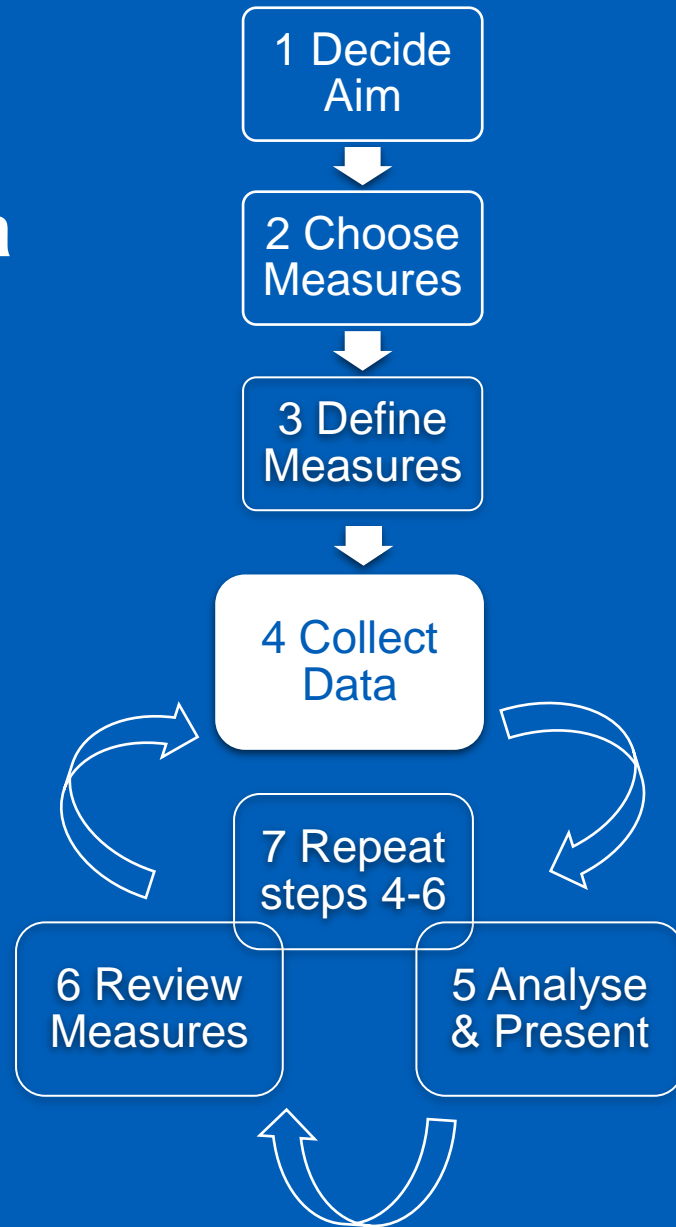
Define your measures

Operational Definitions are a carefully worded statement of what you're going to measure. They should:

- Clearly state what you are measuring
- Clarify the meaning of any ambiguous words or phrases
- Identify any exclusions from the measure

Tip: Give your operational definition to a colleague and ask them to collect or access the data for it. Do they **reproduce** it the same way you did?

Step 4 – Collect Data



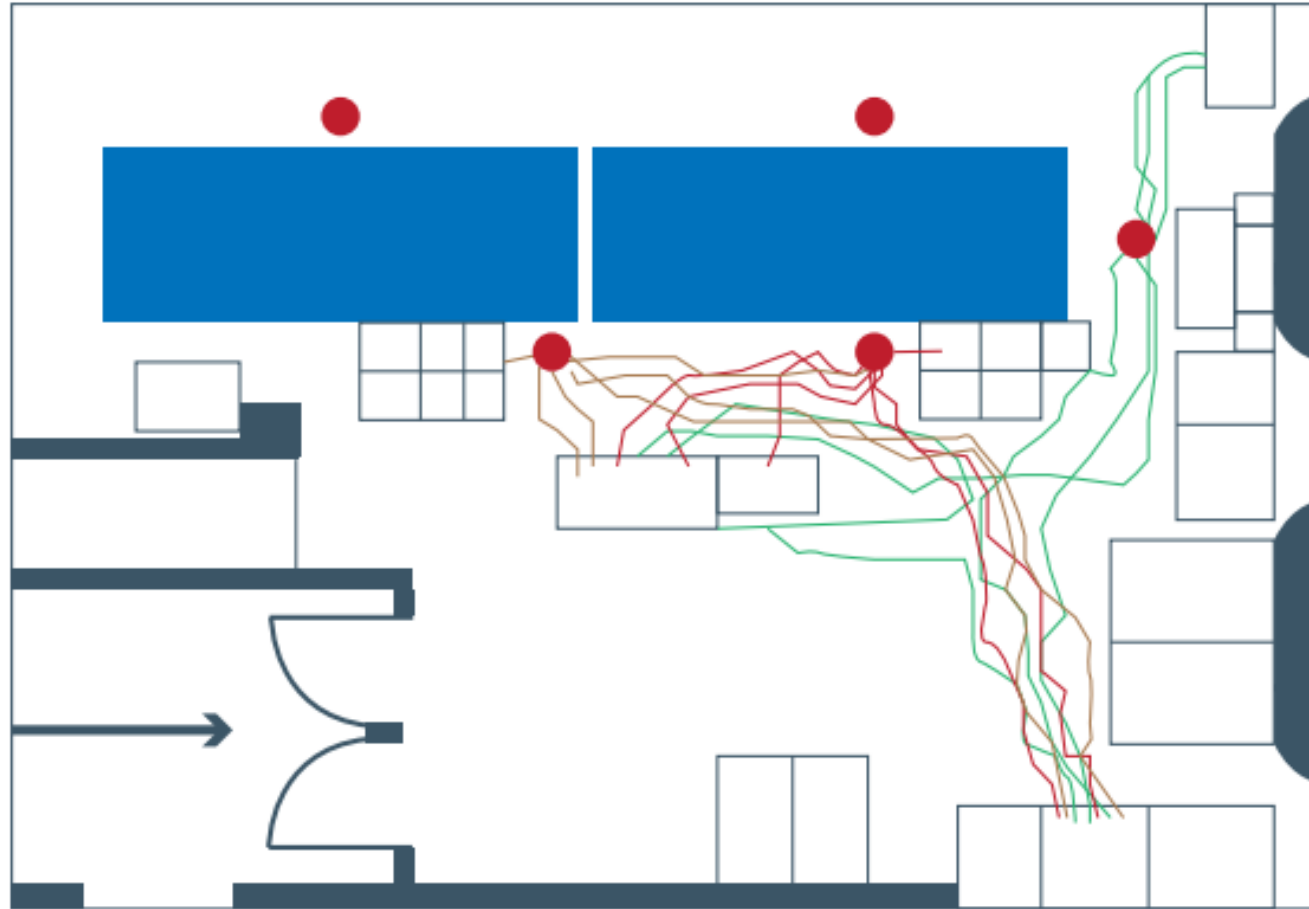
Decisions...



- ✓ What data to collect?
- ✓ How much data to collect?
- ✓ Who will collect the data?
- ✓ When is the data collected?
- ✓ Where is the data from?
- ✓ How is the data collected?

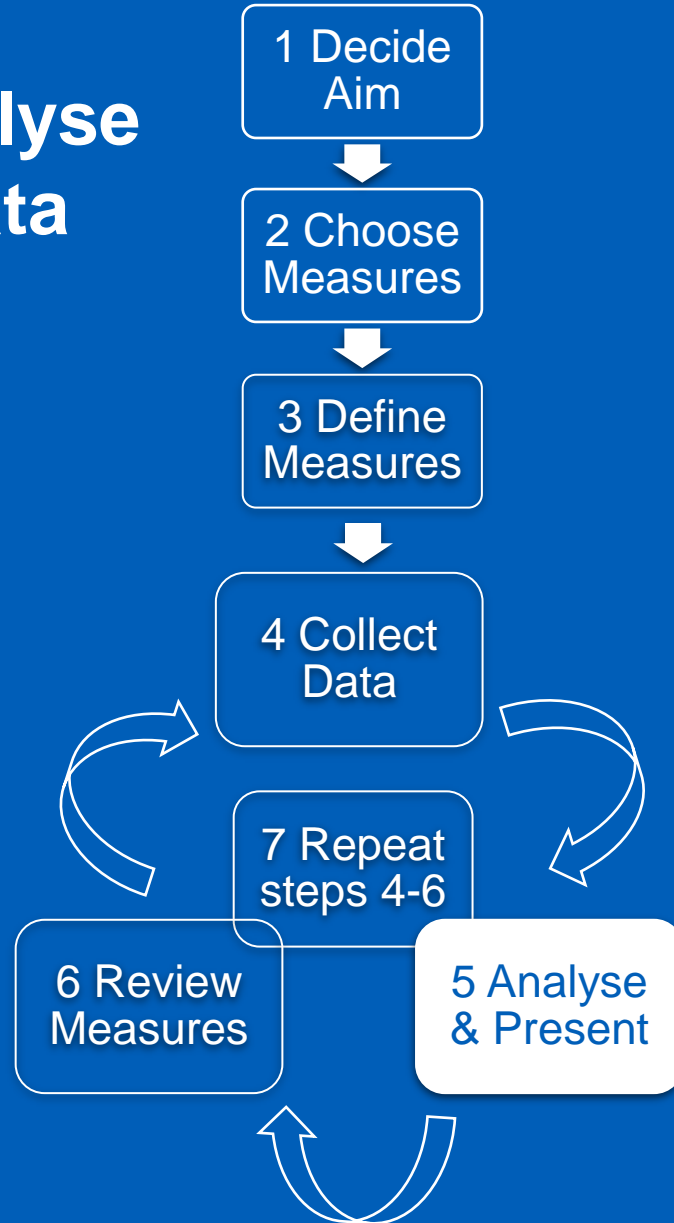
Collect what works for you

Figure 1: Spaghetti diagram showing movement of staff



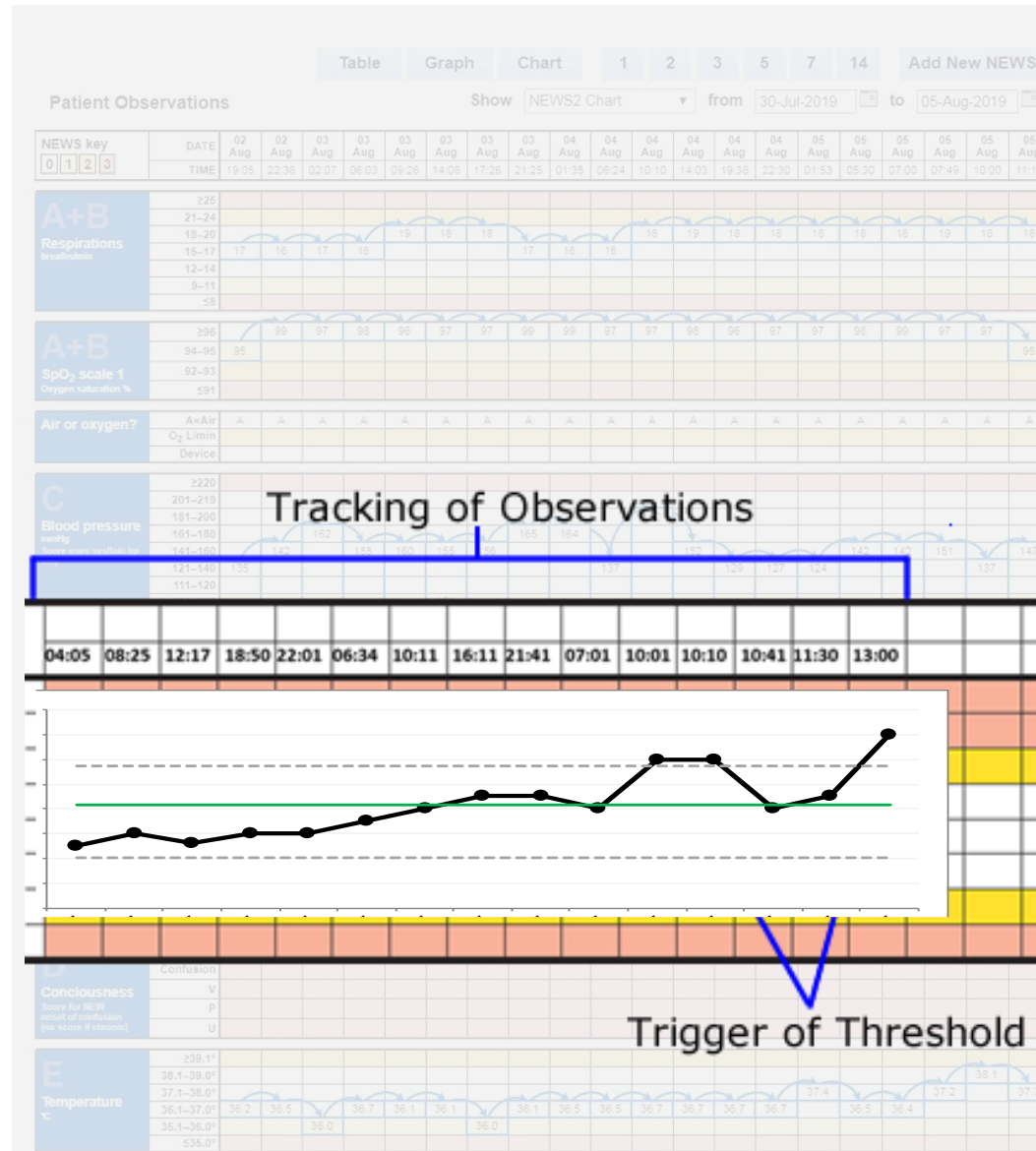


Step 5 – Analyse & present data over time



‘The way you present data affects how you react to it’

Why should we use SPC?



How is variation relevant to improvement?

Pen and paper needed!



Why should we use SPC?

Distinguish between the two types of variation:

1. Common cause

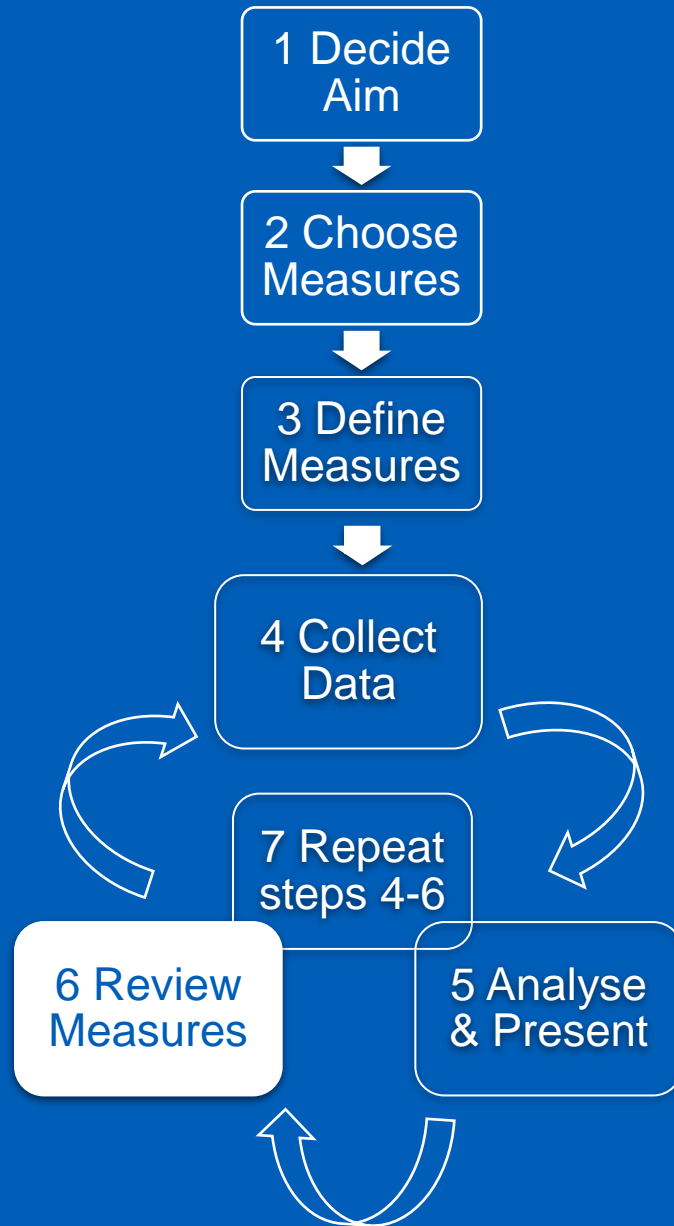
- Day in, day out variation in a process
- Indicates stability and predictability
- Doesn't have a specific cause
- Important **not to over-react**

2. Special cause

- Indicates something different happened
- Not part of a stable process
- Always has a specific cause
- Is neither good or bad
- **Should lead to appropriate action**



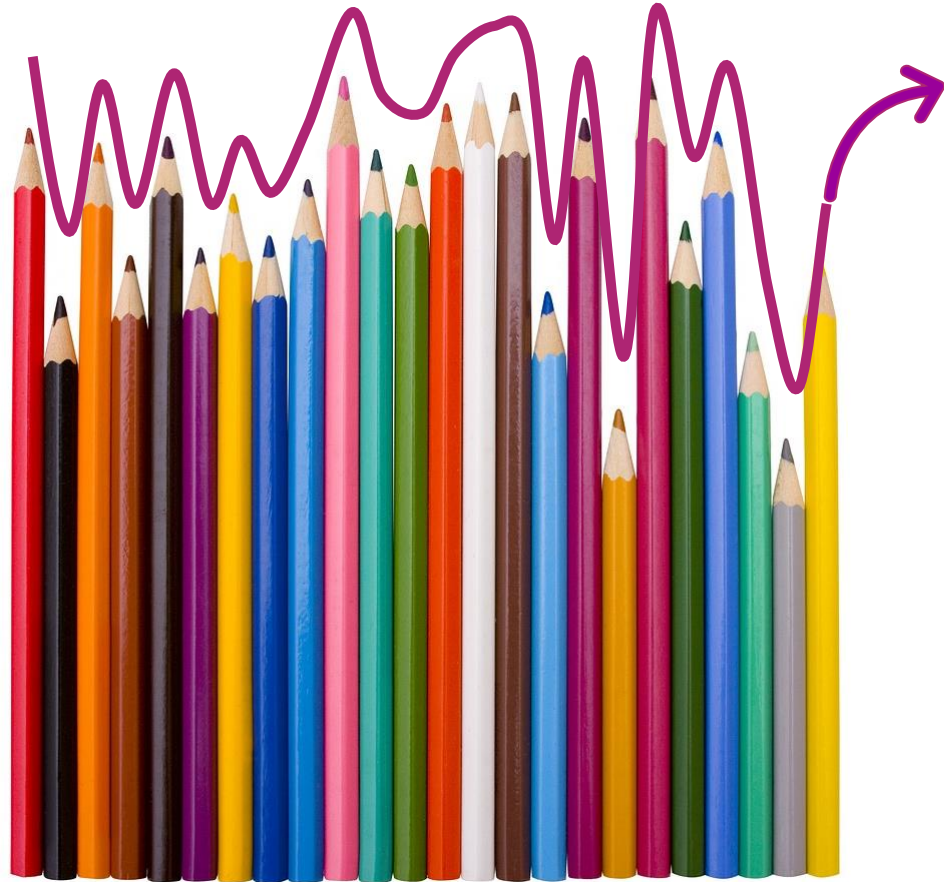
Step 6 – Review measures



- Opportunity to assess what your measures are telling you about your process and take action.
- Consider how and what to communicate about your data to different stakeholder groups



How is variation relevant to improvement?

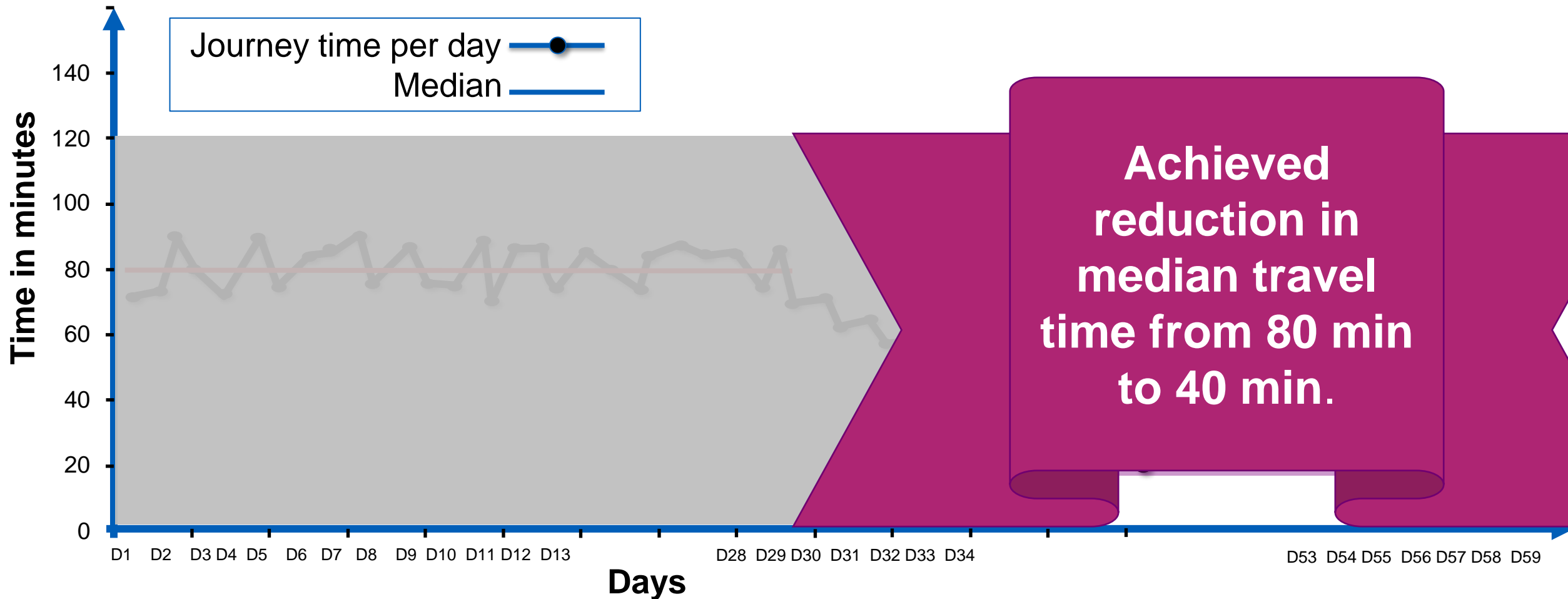


How long it take you to get to work? Is it the same on each journey?

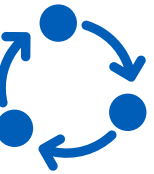
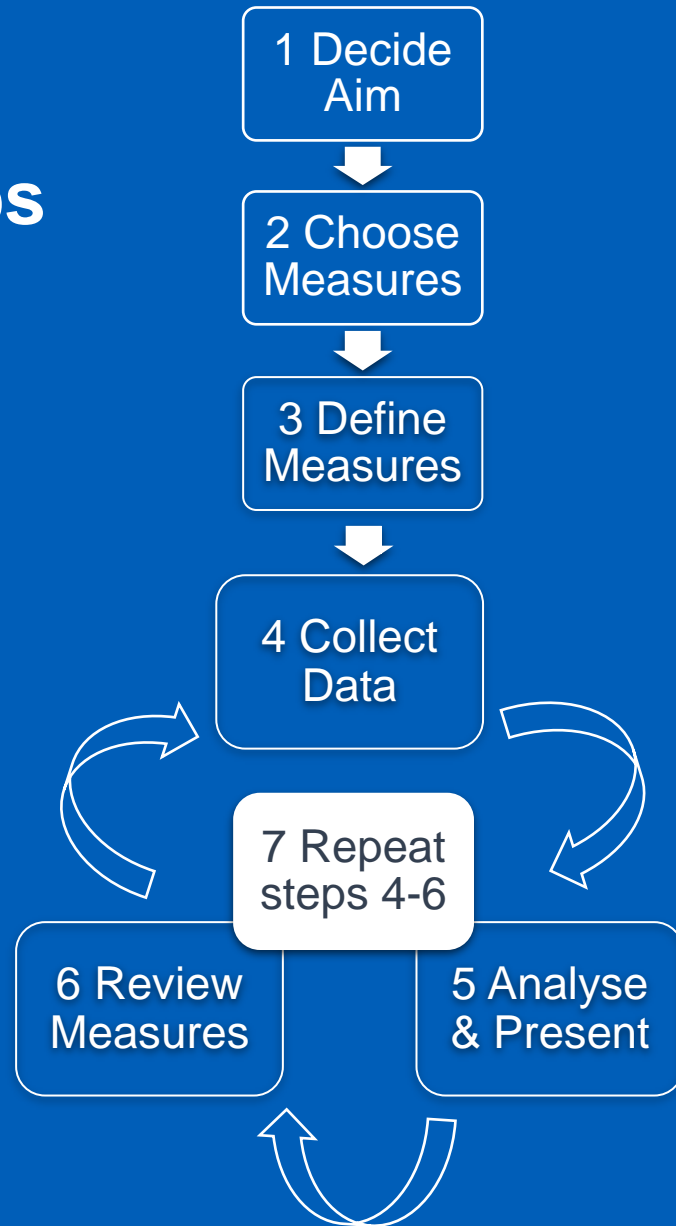
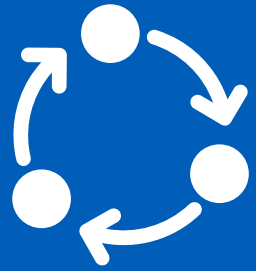


Analysing variation using Run charts – Collecting more data

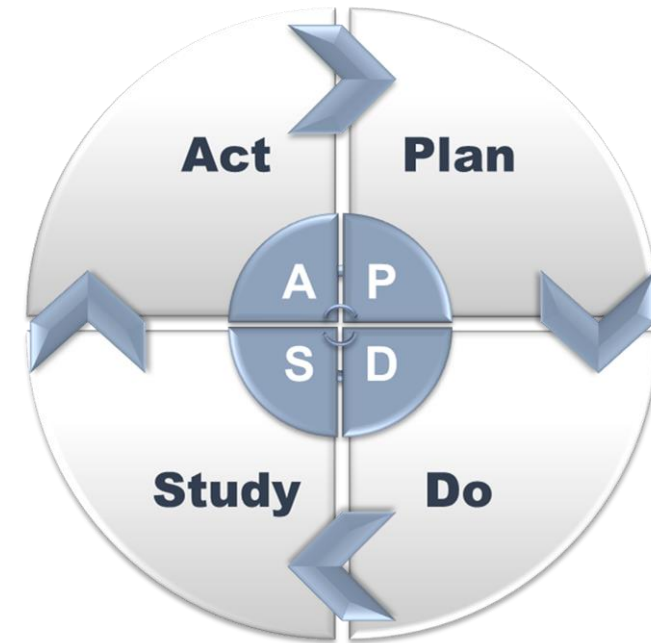
Journey time to work (daily)



Step 7 – Repeat steps 4–6



**You may not get it right first time!
You may need several iterative attempts through steps – 4–6**



Principles of measurement for improvement

- **You decide** what data to collect – nobody else
- **Keep it simple** – data needs to be “good enough”
- Only collect data **if you’re using it** to make decisions or guide improvements
- Think about both **quantitative** and **qualitative** data
- Use it to **celebrate success**, share and spread

Summary

Different roles of measurement

- Regulators
- Comparison
- Benchmarking
- Targets

Judgement

7 steps to measurement

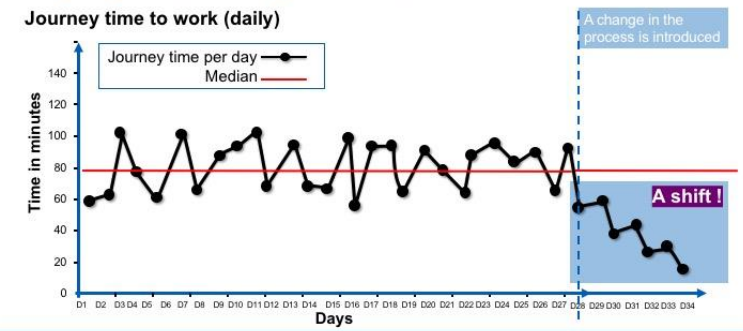
NHS Institute for Innovation and Improvement

- 1 Decide Aim
- 2 Choose Measures
- 3 Define Measures

Driver Diagrams



Analysing variation using Run charts



Thank you

For more tools and techniques visit:

<https://aqua.nhs.uk/qsir/>

