
Supporting multiple quality improvement (QI) projects at local level: an NHS Wales case study

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Abstract

Case Study

This case study provides an insight into a team-based approach to supporting multiple healthcare quality improvement projects at local level, underpinned by a national quality improvement training programme and a model of mentoring, engagement and peer support.

Methods

Semi-structured interviews were conducted with three members of a recently formed quality improvement team (senior nurse manager, assistant nurse director and clinical nurse specialist), who were supporting different quality improvement projects within local service settings.

Context

Quality improvement projects were being undertaken in a range of different healthcare settings within one locality in a large rural Health Board in Wales, including a community hospital, an out-patients department, a minor injuries unit and a day hospital.

Conclusions

This case study demonstrates the potential advances that can be made in quality improvement through adopting a team-based approach to supporting multiple quality improvement projects in different healthcare settings within one locality. The key supporting mechanisms for improvement were access to a national quality improvement training programme tailored to meet local needs; a focus on local priorities and projects; the formation of an enthusiastic quality improvement team with a shared common purpose, and a team-based model of mentoring, engagement and peer support.

KEYWORDS: Quality Improvement; Peer Support, Training, Mentoring.

Introduction

Quality improvement [QI] projects in healthcare are being undertaken by clinical teams across healthcare systems world-wide. A number of factors have been identified as being important in developing quality systems for hospitals, including promoting continuous medical education, enhancing clinical attitudes and behaviours, developing a consistent patient safety culture, and supporting local leadership effectiveness and responsibilities [1]. There is also a growing trend for training which supports participants to translate their knowledge of QI into practice [2].

It is also widely accepted that in order to achieve improvement across a whole organisation there needs to be teamwork and strong leadership [3], and that clarifying responsibilities inside clinical teams and departments is an important quality measure [1]. Including the right people on an improvement team is also critical to the success of improvement efforts [4], alongside the availability of peer support to reduce professional isolation [5, 6] and mentoring within practice settings [7, 8]. Organisations can often point to specific examples of good quality improvement practice, but supporting staff to introduce and maintain co-ordinated team-focused improvements is far more challenging [3].

The pace of change in improving the quality of healthcare can require multiple quality improvement activities to be delivered simultaneously in different service settings within a given locality. While research into the implementation of individual quality improvement projects is widely available, research into models of support for multiple projects is rare. This case study provides an insight into a team-based approach to supporting multiple healthcare quality improvement projects at local level, supported by a national quality improvement training programme and a model of mentoring, engagement and peer support.

Methods

Our case study was identified in 2014 during an evaluation of the national Improving Quality Together [IQT] training programme for NHS Wales staff [9]. Semi-structured interviews were conducted with three members of a recently formed QI team (senior nurse manager, assistant nurse director and clinical nurse specialist), who were engaged in different quality improvement projects within local service settings. The interviews were transcribed and coded using thematic analysis, whereby patterns or themes within the data were identified and reported on.

Case Study

Context

This case study is situated in the context of healthcare provision within a rural Teaching Health Board in Wales, covering 2,000 square miles of mountainous landscape [one quarter of the land mass in Wales], and serving a population of 132,976 people [4.5 % of the population of Wales]. The Health Board focuses on providing a range of local services including primary care, four minor injuries units, nine community hospitals and community services. Health Boards in Wales are accountable to Welsh Government and regulated by Health Inspectorate Wales, Community Health Councils, the Wales Audit Office, the Older People's Commissioner for Wales and Care and Social Services Inspectorate Wales [CSSIW]. The Health Board does not have its own service improvement team and QI Projects are therefore highly dependent on the support provided at local level from locally-based mentors and team leaders. Improvement initiatives are also taking place against a backdrop of structural and organisational change across NHS Wales.

Training for quality improvement

It is also important to situate this case study in the context of the national QI training programme available to staff across NHS Wales. Improving Quality Together [IQT], led by the 1000 Lives Improvement Service at Public Health Wales NHS Trust, was introduced in 2013 as one of a number of quality improvement initiatives, providing training and education for NHS Wales staff in quality improvement. The IQT training programme includes a Bronze level for all staff and contractors [e-learning or classroom-based modules]; a Silver level involving a combination of further classroom-based learning and experience of supporting a small service improvement in practice [IQT Silver Projects]; a Gold level offering more advanced systems level improvement knowledge, and a Board level which raises awareness of how IQT relates to the everyday business of health organisations in Wales. A recent evaluation of the programme concluded that there is an important role for IQT training in supporting the health policy agenda in Wales, and in supporting organisations to achieve their strategic and operational goals [9]. Evidence of the importance of IQT Bronze level training as a solid foundation for QI activities is also presented within our case study.

An introduction to the case study QI team.

The QI team consisted of nursing practitioners who had attended the same Bronze level IQT training programme in their locality. They included a senior nurse manager, an assistant nurse director and a clinical nurse specialist who had all completed the IQT Bronze level training as a cohort and were now undertaking different IQT Silver Projects. Each member of the team brought with them varying levels of QI experience. The senior nurse manager had formed the QI team from the larger cohort of staff who had attended the Bronze IQT training, based on his awareness of their enthusiasm and ideas for QI, and a recognition of the need to adopt a more localised and focused approach to improvement. He also acted as a mentor for multiple Silver QI projects in a range of different service settings, some of which were being undertaken by the team members, and some by staff from the wider training cohort. The quality improvement projects included:

- Preventing falls in the bathroom area of a Community Hospital
- Improving attendance rates for appointments at a Day Hospital Phlebotomy Service
- Reducing the number of patients attending a Minor Injuries Unit for problems that could be dealt with by Primary Care
- Improving the process and timing of patient information ‘handover’ by the District Nursing Team in a Community Hospital
- Improving inhaler technique for patients attending a Respiratory Outpatient Clinic

A team-based approach was adopted to supporting these multiple quality improvement projects across different healthcare settings within the locality. The key supporting mechanisms for successful QI were:

1. Access to a national QI training programme, tailored to meet local needs
2. A focus on local priorities and projects
3. The formation of an enthusiastic quality improvement team with a shared common purpose
4. Provision of a team-based model of mentoring, engagement and peer support.

These mechanisms will now be discussed in more detail.

Key supporting mechanisms for achieving multiple QI projects at local level

1. Access to a national QI training programme, tailored to meet local needs

Access to the IQT training programme, led by the 1000 Lives Improvement Service at Public Health Wales NHS Trust, was instrumental to the formation of a QI team to support multiple improvement projects in different healthcare settings within one locality. In addition to providing locally accessible Bronze level training, the learning programme had also provided the cohort of staff with a refresher in QI methodologies at the beginning of the process when projects were being designed and planned; access to e-mail communication with the training provider, and feedback during the assessment process for a Silver project award. Several other positive impacts of IQT training were highlighted by the QI team, including an improved knowledge of data and measurement which could be used to evidence the impact of the improvement and be presented to those whose engagement is required to effect change:

“Things would have happened without IQT, but we wouldn’t have known about it and we

wouldn't have been able to measure it. Going through the IQT process means that you systematically review what you are doing...and it's through the measuring that you know that you're making a difference...You can use that evidence to influence GPs, other specialist nurses, the wider health board, the finance team.....Having the staff working in this way and being able to influence and develop has a positive impact on them, so morale goes up, people are happier, they work happier, they do a better job, patients get care locally and are happier, and use services less, and the organisation prospers because of those things' [Assistant Nurse Director].

'[IQT] gave me a starting point. It was a good way of focusing your thoughts on how you could change and how to present those changes' (Clinical Nurse Specialist).

2. A focus on local priorities and projects

Previous efforts to implement a single IQT project with staff working across the whole Health Board had not been successful due to the difficulties in co-ordinating the work across different management structures covering a large geographical area, a lack of direct or regular contact with the staff involved and the distances that staff had to travel for training. This prompted a shift in focus from distant QI study days 'here and there', onto a more practical, operational approach at the level of front-line service delivery. Emphasis was placed on meeting local improvement priorities:

'.....if the influence only works locally, so you've got this local clinical leadership and you've got a local champion driving and monitoring people, why don't we try and see how many projects we can get just out of [a single] site' [Assistant Nurse Director].

3. The formation of an enthusiastic quality improvement team with a shared common purpose

By providing an accessible programme of IQT Bronze training, the 1000 Lives Improvement Service had engaged a cohort of locally-based NHS staff from which emerged an enthusiastic QI team with a shared common purpose, who could focus on meeting local priorities and providing accessible peer and mentoring support for multiple improvement projects:

'...I hand-picked [my team], ...I knew people who were enthusiastic, I knew people who had ideas.....I picked those people and I gave them leverage in regards to getting their projects and their ideas in a format they could introduce into their environment, and that worked really well' [Senior Nurse Manager, team mentor].

4. Provision of a team-based model of mentoring, engagement and support

Regular QI team meetings were convened with an open invitation to anyone undertaking improvement projects in the locality to receive mentoring and peer support, and support was also offered by the IQT training provider. The mentoring, engagement and peer support structure was described by the senior nurse mentor:

'[The staff undertaking QI projects] went away and would meet up with me [mentor] at least every other week individually. Also I set up an open session every 3 weeks for 2 hours that they were welcome to come and join. So it's not only me saying to my staff this is a good approach, but also my manager coming along and taking the time out of his day to say we need to invest - which I think was beneficial as well' [Senior Nurse Manager, team mentor].

The success of this local governance approach was also attributed to the engagement of line management and to the support and feedback received from the 1000 Lives Improvement Service who led the IQT Training programme. Having a realistic timeline for completing projects was also beneficial, as well as having leaders who understood the time pressures that staff were facing.

Supporting sustainable and embedded QI at local level

All three members of the QI team who were interviewed described how a team-based approach to supporting multiple quality improvement projects across different healthcare settings within one locality had the potential to engage staff and result in sustainable improvement. The clinical nurse specialist highlighted the impact of the quality improvement work on the other staff involved:

‘My other three nurses, we were discussing (the improvement work) all the time, and they were doing some work on the back of my findings...in fact we still are and we are on our fourth or fifth Plan Do Study Act cycle now – we’ve continued it, as it was a good starting block for us and it gave us more structure....I discuss everything with the team...it is very much a team effort’ (Clinical Nurse Specialist).

For the senior nurse manager (mentor), there was also a sense that the wider involvement of staff in local QI projects would inspire others to undertake their own improvement projects in future:

‘I feel that we’ve found another avenue of achieving something locally and I think ...this is the way forward. Some of the people who have gone through this process now will take other people forward...that’s where this would go for us [within the Health Board].’

The importance of improvement becoming ingrained into daily practice was also highlighted:

‘There has to be clear engagement from the operational side, from the senior nurses, from the staff nurses at the front-line to realise it has to be part of their working practice [Senior Nurse Manager, team mentor].’

‘The key to this is to make it part of the day-job. And that is about the cultural shift, and that is difficult to make because peopledon’t have the time to sit back and think, make the changes, and think about what changes they’ve made and the impact they’ve had. Time is a key factor but it’s about how you make that part of the day-job. That’s the philosophy we’re trying to [practice] [Assistant Nurse Director].’

Discussion

This case study illustrates the potential advances that can be made in QI through adopting a team-based approach to supporting multiple quality improvement projects across different healthcare settings within the same locality. The key supporting mechanisms for success were access to a national QI training programme tailored to meet local needs; a focus on local priorities and projects; the formation of an enthusiastic quality improvement team with a shared common purpose, and a team-based model of mentoring, engagement and peer support.

IQT training is playing an increasingly important role in supporting QI in NHS Wales and as this case study illustrates, health organisations are now beginning to adopt innovative ways of harnessing the expertise developed through the IQT programme, depending on their local needs and priorities. Our case study demonstrates what can be achieved by harnessing the skills and enthusiasm of a cohort of QI trainees to support the translation of knowledge into improved practice at local level.

Many parts of the NHS in Wales are now approaching a critical mass of staff who are attuned to the concepts and possibility of service improvement, with a significant cohort of trained practitioners who can lead local projects. At an operational level, the translation of IQT learning into practice requires an awareness of who has been trained and their respective skills, and a capacity to free up the appropriate resource to meet development priorities; however at a healthcare system level it also requires the identification of effective models of mentoring, engagement and support for QI projects in different contexts and settings, so that this learning can be shared.

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