

## **Safety Quality West**

### **The Aim**

Safety Quality West - Delivering Improvement Programme aims to develop individual staff skills and provide introductory training in quality improvement (QI) with teams who are undertaking a quality improvement or patient safety initiative in their working environments or services with mentorship.

### **Requirements**

Safety Quality West - Delivering Improvement Programme is open to groups/teams of staff who are required to complete online IHI modules to support their underpinning knowledge as well as an 80% attendance of the planned in person/virtual sessions. In addition participants are also required to be part of a QI project and attend a project surgery, complete a poster and present their QI project at the celebration event for the cohort at the end of the programme. Each Group/team will be allocated a QI mentor and have access to a group of professionals within the Trust with QI experience and training that are available for additional mentorship.

Research from the King's Fund has shown that the best healthcare systems have clinicians as leaders, supported by skilled managers. In November 2011, The Department of Health produced 'Quality 2020 - a 10 year strategy to protect and improve quality in health and social care in Northern Ireland'. This introduced the 10 year vision of recognition as a leader for excellence in health and social care, not just in Northern Ireland but also internationally. The Donaldson review ('The right place, the right time', published in December 2014) however highlighted that there is still not enough emphasis on clinical leadership within Northern Ireland.

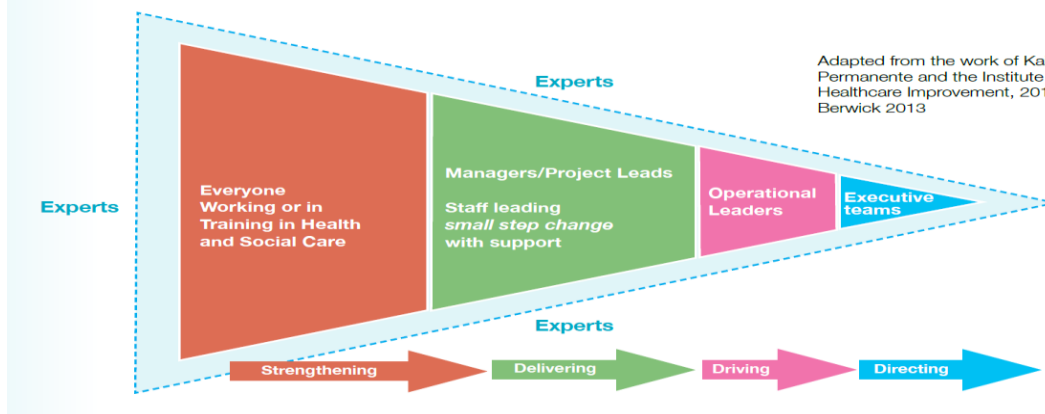
One of the task groups from Quality 2020 was tasked with developing an outline proposal for a multi-professional leadership programme that would 'develop leadership skills at all levels and empower staff to take decisions and make changes'. An Attributes Framework for Health and Social Care to Support Leadership for Quality Improvement and Safety was published in November 2014 (available at [http://www.dhsspsni.gov.uk/quality\\_strategy\\_2020](http://www.dhsspsni.gov.uk/quality_strategy_2020)).

Louise O'Dalaigh – QI Lead  
Orlaith Morrow – QI Support  
External Tel: 02871611467  
Internal Ext: 214138/213144  
Email: [Quality.improvement@westerntrust.hscni.net](mailto:Quality.improvement@westerntrust.hscni.net);

Postal: QI Office  
Trust Headquarters  
MDEC Building  
Altnagelvin Hospital

There are four levels in this framework, and all staff working or training in health and social care can identify what level their expected attributes are. This framework enables assessment of an individual’s current attributes in relation to leadership for quality and safety, therefore allowing identification of learning and development needs for their current or future roles.

**Figure 1: Learning and Development Journey for Quality Improvement and Safety**



(Taken from [www.dhsspsni.gov.uk/quality\\_strategy\\_2020](http://www.dhsspsni.gov.uk/quality_strategy_2020))

Level One	Level Two	Level Three	Level Four
<b>Strengthening Foundations for Improvement</b>	<b>Delivering Improvement</b>	<b>Driving Improvement</b>	<b>Directing Improvement</b>
For everyone working or in training in Health and Social Care	Staff and those in training, who can lead small step change (s), with support, in their services	Staff who lead team(s) or service(s) within their organisation	Staff charged with leading quality improvement across their organisation and/or across the Health and Social Care system.

### Quality Improvement Methodology

This is a very brief introduction to the Model for Improvement and PDSA Cycles taken from the Institute of Healthcare Improvement (IHI) website ([www.ihl.org](http://www.ihl.org)). Staff will be required to register for the IHI Open School course. The online courses cover a range of topics in improvement capability, patient safety, triple aim for populations, person and family centred care, leadership and quality, cost and value. An IHI licence will be allocated to course participants. A Basic Certificate of Completion is obtained on the completion of the 13 courses related to this training programme. To register, go to: <https://www.ihl.org>

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## The Model for Improvement

The Model for Improvement is a framework used to guide improvement work. It was developed by the Associates in Process Improvement and is a simple but powerful tool in implementing improvement. The model has two parts: three fundamental questions and the Plan-Do-Study-Act (PDSA) cycle to test changes in real work settings



Vital components of successful improvement work:

**Forming the Team:** Including the right people is vital for a successful improvement effort.

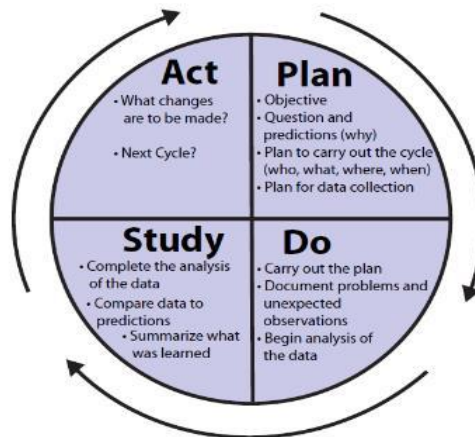
**Setting Aims:** The aim needs to be time specific and measurable. It should also define the population of people or system that will be affected.

**Establishing Measures:** Teams use quantitative measures to determine if a specific change actually leads to an improvement.

**Selecting Changes:** Ideas for change may come from those who work in the system, change concepts or other creative thinking techniques.

**Testing Changes:** The PDSA cycle allows testing of changes in the real work setting. This allows observation on results and acting on what is learned.

## The PDSA Cycle for Learning and Improving



### Implementing Changes

After testing a change on a small scale, learning from each test and then refining the change through several PDSA cycles, the team may implement the change on a broader scale.

### Spreading Changes

After successful implementation of a change, the team can then spread the changes to other parts of the organisation or in another organisation(s).

### Safety Quality Improvement Reading List WHSCT

1. BATALDEN, P., 2014. Making improvement interventions happen - the work before the work: four leaders speak. *BMJ quality & safety*, **23**(1), pp. 4-7.
2. BERWICK, D.M., 2008. The science of improvement. *JAMA: the journal of the American Medical Association*, **299**(10), pp. 1182-1184.
3. BOTWINICK, L., BISOGNANO, M. and HARADEN, C., 2006. *Leadership Guide to Patient Safety - IHI Innovation Series white paper*. Cambridge, MA (Available on [www.IHI.org](http://www.IHI.org)): Institute for Healthcare Improvement.
4. CARAYON, P., XIE, A. and KIANFAR, S., 2014. Human factors and ergonomics as a patient safety practice. *BMJ Quality Safety*, **23**, pp. 196-205.
5. CHAN, S., MAURICE, A.P., POLLARD, C.W., AYRE, S.J., WALTERS, D.L. and WARD, H.E., 2014. Improving the efficiency of discharge summary completion by linking to pre-existing patient information databases. *BMJ Quality Improvement Report*, **3**(1).
6. COMPTON, J., 2011. *Transforming Your Care - A Review of Health and Social Care in Northern Ireland*. Northern Ireland: DHSSPSNI (Available at [www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf](http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf)).
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