Evaluation of quality improvement utilising lean methodology

A SERVICE EVALUATION TO EXAMINE THE EFFECTIVENESS OF A RAPID PROCESS IMPROVEMENT WORKSHOP FOCUSING ON SUPPERTIMES ON AN ACUTE ELDERLY CARE WARD

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Lean quality improvement methodology is widely used in healthcare. However, there is a lack of published evaluations of the effectiveness of rapid improvement (RI) methodology. This research uses a RI event to understand the ability of Lean to improve clinical systems and understand the qualitative and quantitative aspects that contribute to improvement.

Method The RI event focussed on improving patient experience during supper times on an elderly care ward to improve the health and wellbeing of patients.

Quantitative metrics were collected at baseline and during the RPIPW. COVID-19 prevented follow-up data collection. Qualitative data was collected through semi-structured interviews with participants and subsequently analysed using thematic analysis.

Results Quantitative metrics showed improvement from the baseline state. All data should be used for continuous improvement using Plan-Do-Study-Act cycles. The sustainability of the improvements could not be assessed given the lack of follow-up.

Thematic analysis identified three key themes. For successful QI initiatives, staff needed to be engaged with improvements from an early stage. Staff must also be empowered by leaders to create change, through support and education about QI. Finally, committed and engaged leaders must ensure that QI is prioritised, to ensure that improvement becomes a daily activity in the workplace and staff are supported and encouraged to improve continuously. Ultimately these features result in successful improvement work and initiate culture change for sustainable improvement.

Conclusion QI research often focuses on quantitative data. This research provides a strong argument for including qualitative data collection to further understand how improvement occurs. Qualitative evaluation provided an insight into staff experience of improvement work, which can subsequently be used to guide future quality initiatives.

Developing effective leaders

INTERPROFESSIONAL MENTORING: THE KEY TOWARDS A BETTER MULTIDISCIPLINARY TEAM WORKING MODEL?

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Background Medical and nursing literature identify several benefits of mentoring in improving Interprofessional Education (IPE) and practice.1–3 This review analyses available literature aiming to specifically address the potential of integrating intra-professional mentoring programmes within an interdisciplnary context to improve patient care delivery.4

Method A literature search was conducted using the Cochrane Library, EMBASE, and MEDLINE databases. Search terms: IPE and mentoring; healthcare. Exclusion-criteria: individual mentoring programmes without IPE. Ethics approval was not required.

Results The search identified substantial evidence around IPE and practice, however relatively few (n=28) studies associated these specifically to mentoring. Of these, eleven met the inclusion-criteria (n=2/11, Cochrane reviews).1–11 These demonstrated overall positive outcomes correlating mentoring and interprofessional working.1–11 However, the limited number makes it difficult to draw generalizable inferences.

Discussion The General Medical Council (GMC) recognises the mentoring benefits in ensuring safe and efficient patient care.5 Nursing literature also links mentoring to greater career success and improved stress management. 1–3 The limitation remains understanding its significance and wider impact on multidisciplinary team (MDT) working in real-time. How can the current intra-professional mentoring programmes be tailored to incorporate an interprofessional dimension? The enhanced programme would support an integrated leadership model, e.g. cross-mentoring between professionals. In conclusion, the proposed future research, a pilot study, would aim to evaluate (through feedback) the value of interprofessional
CARE NAVIGATION IN PRIMARY CARE: A STUDENT-LED LEADERSHIP TRAINING COMPONENTS AS PART OF IMPROVING OXYGEN PRESCRIBING PRACTICES AT AN

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Aims Aims included assessing the need for a care navigation intervention and creating a tool to help patients access care more efficiently. Further objectives were developing leadership and management skills as medical students and pursuing a role in service evaluation and improvement within the practice. 

Methods GPs at the practice were experiencing a high demand for telephone consultations as well as face-to-face appointments. Although some were reserved for same-day booking, elderly patients were often disadvantaged due to the need to call early for an appointment. 110 triage telephone consultations were analysed which suggested that 43% of calls were misdirected, with pharmacists being the most overlooked alternative. A patient education flowchart was developed and presented to 9 patients to raise awareness of alternative healthcare providers and appropriate reasons to book appointments. Feedback was evaluated using questionnaires. 

Results Although all patients were aware of some services pre-intervention, 89% said they were more aware of others post-intervention. Some patients suggested having services like Women’s Aid in the flowchart and having it both online and in-person. 

Conclusions The needs analysis showed how education can help direct patients to appropriate healthcare providers. The flowchart was successful, but dissemination will be vital in the future. Incorporating patient education into appointments may improve efficiency and the primary care network (34 k people) intend to circulate the diagram. Care navigation benefits both practices and patients – potential benefits being patient satisfaction, empowerment and efficiency. Further, it may relieve GP workload and boost morale. The medical students involved also developed research and leadership skills by using quality improvement methodology. Leadership and management are vital for service improvement and there is great advantage to medical students designing and leading quality improvement projects.

Developing effective leaders

LEADERSHIP TRAINING COMPONENTS AS PART OF JUNIOR DOCTORS’ EDUCATION CURRICULUM – SHOULD THEY BE COMPELLARY? A QUALITATIVE STUDY

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Oxygen

IMPROVING OXYGEN PRESCRIBING PRACTICES AT AN ACUTE TERTIARY CARE HOSPITAL

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Oxygen is one of the most commonly used, yet poorly prescribed drugs. The British Thoracic Society (BTS) 2015 National Oxygen Prescribing Audit highlighted national shortcomings in prescribing practices and use of oxygen. A 2017 audit at The Royal Sussex County Hospital amongst hospital inpatients continued to highlight inadequacies in the prescribing, monitoring and documentation of oxygen.

Aims 95% of patients using oxygen to have a valid drug chart prescription

100% of patients to have a target saturations range specified

100% of patients to have oxygen saturations documented with sufficient frequency for their NEWS score

90% of patients to have ‘actual’ SpO2 within their specified target range

Methods We carried out yearly re-audits in November 2018 and 2019 to objectively measure the impact of trust-wide and local changes.

PDSA Cycle 1

-Introduction of the ‘NEWS 2’ scale

-Re-designing drug charts with ‘tick-boxes’ for target oxygen saturations

PDSA Cycle 2

-Mandatory junior doctor teaching on safe oxygen prescribing