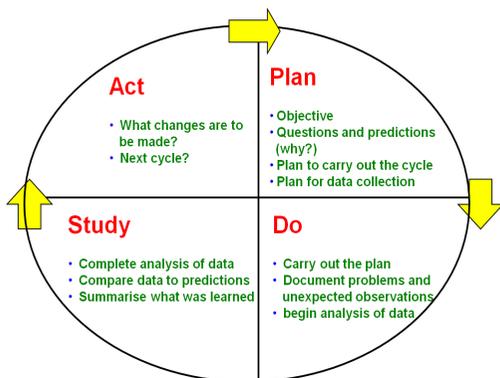


Making the changes: PDSA

Once you have answered the 3 questions, the PDSA cycle can be used to turn ideas into action and connect action to learning.



This approach facilitates learning through an iteration of cycles. Teams usually start small, and if it works, build on the improvement.

Plan: Time given to this will pay dividends as you will have considered likely impacts of change and identified potential problems. What change do you wish to test?

Do: Carry out the plan including data collection. Think about what is working well and what issues need resolved.

Study: Can be done as a “huddle”. Key questions to ask: “what is the data telling us?”, “What worked and what didn’t work?”, “What should be adopted, adapted or abandoned?”

Act: Agree changes and amend measures if required. Use knowledge gained to plan next test of change. You are working with change methodology and a flexible hypothesis so it is ok to amend your objectives accordingly.

Measurement and Run Charts

Measurement doesn't have to be difficult or time-consuming. **The key** is to pick the right measures, so you can see results quickly and adapt your interventions.

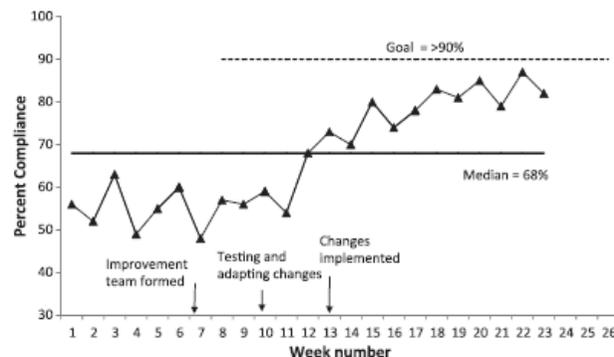
Measurement should show us:

- How the current process is performing
- How much variation there is in the process
- Have changes resulted in improvement
- Have the changes been sustained
- Whether we have reached our goal

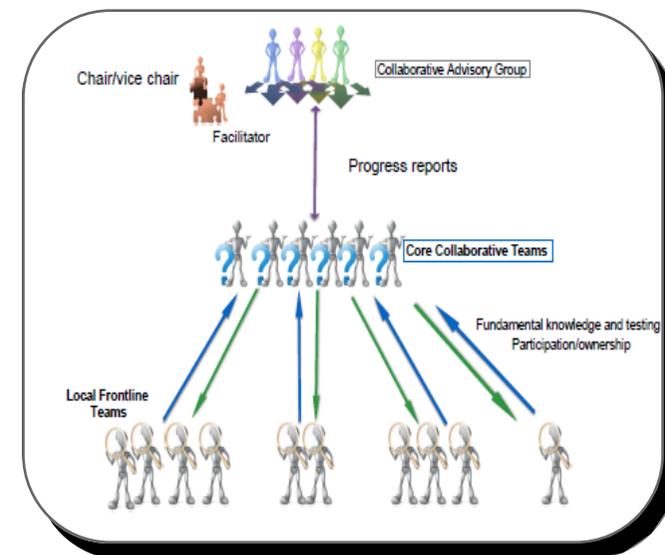
When collecting data, create data collection forms that include only the information you need and are easy to fill out.

Plot data, for your measures, over time. This data can be displayed on run charts. These are easy to construct and simple to interpret and can help you answer the points above.

Your Patient Safety Lead can help you with creating run charts.



A Guide for Health and Social Care Staff to start your Collaborative Journey



Providing excellent care consistently and reliably is a challenge. Working collaboratively to bring about quality improvement has been shown to be an effective Intervention

This short guide will help you start on your collaborative quality improvement journey. It does not cover every aspect in detail and should be used in conjunction with other material you will receive during the collaborative

What is a Collaborative?

A collaborative is a short-term learning system, initially run over 12-18 months, that brings together a number of provider multidisciplinary teams to seek quality improvement in a focused topic area. An **advisory group** will also be established to direct and support the work of each collaborative.

A collaborative will generally have 3-4 Learning Sessions with Action Periods in between. These allow local teams to test and implement changes in their own settings and collect data to measure if there is an improvement.

A final “**Holding the Gains**” event will be held approximately 6 months after the final Learning Set to celebrate success and to demonstrate:

- Attainment of the improvement goals
- The impact of the improvement work
- Sustainability of the identified measures

Prework

You will need to consider the following approximately 3 months before the first learning session:

- Senior leadership support
- Team composition
- Patient involvement in the improvement work
- Identify pilot area for improvement work
- Collection of baseline data

Where to Start?

Form your team

The setting up of the team to lead on the improvement work will help build commitment, generate ideas and co-ordinate tasks.

Effective teams should include:



Leadership support -

this is crucial to successful improvement work.

In addition to supporting changes, removing obstacles, communicating with the wider organisation and directing spread, leaders will ensure that the improvement work is integrated into the governance system of your organisation.

System leadership - this will be a person with enough influence and authority in the area affected by the improvement work to allocate time resources as necessary, address barriers/ difficulties and ultimately oversee implementation/spread.

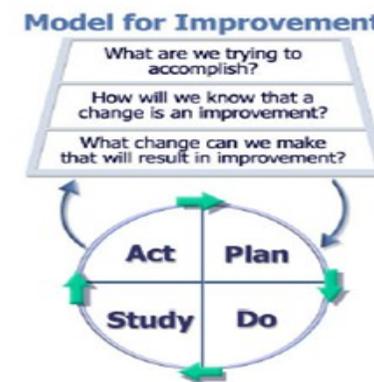
Clinical expertise - in the subject area for improvement, for example, a consultant anaesthetist for ICU work, a pharmacist for medication safety work. You should also think how you may involve patients/clients in the improvement work to gain their perspective.

Day to day leadership - this is a critical role, and ensures that changes are tested and data collection is overseen and validated.

The Model for Improvement

The Model for Improvement provides a framework to structure improvement efforts and ensure the best chance of achieving goals and adopting ideas (Langley et al, 1996).

The model is based on 3 fundamental questions, known as the thinking components:



1. **What are we trying to achieve?**
Teams will construct a clear aim statement (how much, by when).
2. **How will we know that a change is an improvement?**
Teams will choose measures which they believe reflect better care and also plan for data collection.
3. **What change we make that will result in improvement?**
Teams will generate ideas on how to change the current state using evidence, hunches, best practice which they feel will achieve the aim.