Framework for Improving Quality

in our Health Service

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Part 1:
Introducing the Framework

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1.	**Introduction**	**2**
2.	**Defining Quality**	**3**
3.	**Defining Quality Improvement**	**4**
4.	**Purpose of Framework**	**5**
5.	**Whole System Approach**	**6**
6.	**Framework for Improving Quality**	**7**
	• Leadership for Quality	8
	• Person and Family Engagement	10
	• Staff Engagement	12
	• Use of Improvement Methods	14
	• Measurement for Quality	16
	• Governance for Quality	18
7.	**Conclusion**	**20**
8.	**Next Steps**	**21**
	References	**22**

1. INTRODUCTION

Across the Irish healthcare system there is strong commitment to improving the quality of care[1]. This is evident from the various improvement initiatives being undertaken by frontline teams to larger developments and improvement programmes at group, organisation and system level. Improving quality is everybody's business and to achieve real and sustained improvements we must find new and better ways to achieve the outcomes that we want. The Health Service Executive (HSE) corporate plan is committed to improving the quality of care as set out in its vision: '*A healthier Ireland with a high quality health service valued by all*' [2].

International organisations provide insight into what can be achieved when quality is placed at the core of all business. Intermountain Healthcare (Utah), Jonkoping County Council Healthcare system (Sweden) and Salford Royal Foundation Trust (UK) have steered their services to prioritise quality above all else over the last number of decades and have achieved improved clinical outcomes, improved safety, reduced costs and reported improved patient experience [3,4,5].

Our services are currently under considerable strain and the frontline environment is extremely busy and stretched. It is exactly in this stressed environment where a focus on improvement is critical to orientate the planning and delivery of healthcare away from crisis management to proactive service improvement.

2. DEFINING QUALITY

Quality of healthcare is defined in many ways by different healthcare systems. One of the most widely accepted definitions is that of the Institute of Medicine, USA where quality is broken down into six domains: patient centred, safety, effectiveness, equity, timeliness and efficiency.

In Ireland quality is defined by the four quality domains set out in the Safer Better Healthcare Standards[6]:

1. **Person centred** - care that is respectful and responsive to individuals needs and values and partners with them in designing and delivering that care
2. **Effective** - care that is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
3. **Safe** - care that avoids, prevents and minimises harm to patients and learns from when things go wrong
4. **Better health and wellbeing** - care that seeks to identify and take opportunities to support patients in improving their own health and wellbeing

Figure 1: Definition of quality within the Irish healthcare system

3. DEFINING QUALITY IMPROVEMENT

Quality improvement (QI) is the combined and unceasing efforts of everyone - healthcare professionals, patients and their families, researchers, commissioners, providers and educators - to make the changes that will lead to

- better patient outcomes
- better experience of care
- continued development and supporting of staff in delivering quality care[8].

Figure 2: Defining Quality Improvement
(adapted from Batalden, Davidoff QualSafHealth Care 2007)

4. PURPOSE OF FRAMEWORK

The Framework for Improving Quality is developed to influence and guide our thinking, planning and delivery of care in our services. It is firmly orientated towards quality, safety and to improve patient experience and outcomes. It provides a strategic approach to improving quality whether at the frontline, management, board or national level. The Framework is informed by international models and evidence [8,9,10] as well as local improvement experience and learning[11,12]. It has a clear aim to foster a culture of quality that continuously seeks to provide safe, effective, person centred care across all services. Building such a culture is paramount to ensure long term progress to improve quality of care.

This document is the first part of the 'Framework for Improving Quality' resource. It introduces the Framework and the drivers of quality that make up the Framework. It is a high level Framework that will require testing at organisational level and with frontline wards, unit and teams. This will provide the detail of how each of these drivers translates within these levels and settings. This information (Part 2 of the resource, being developed currently) will inform, support and guide organisations and teams in putting the Framework into action to foster a culture of quality care that continuously seeks to improve.

5. WHOLE SYSTEM APPROACH

This is a whole system Framework; applicable across the different governance levels that currently exist. It provides a strategic approach to organise and plan to improve quality driven services, at population, system and organisational level. The Framework can be used as a simple tool to aid system leaders, board members and senior managers in focusing efforts and resources towards the key areas for improvement encapsulated within the six drivers. It also supports greater coordination, alignment and focus for improvement work across services and helps to create the right conditions and environment for improvement.

For frontline teams and improvement initiatives the Framework acts as a reminder and sense check of the key areas that consistently require focus to ensure successful and sustainable improvements in the quality of care even in the busiest environments. All work to improve the quality of care through applying this Framework recognises the significant constraints which services continue to face.

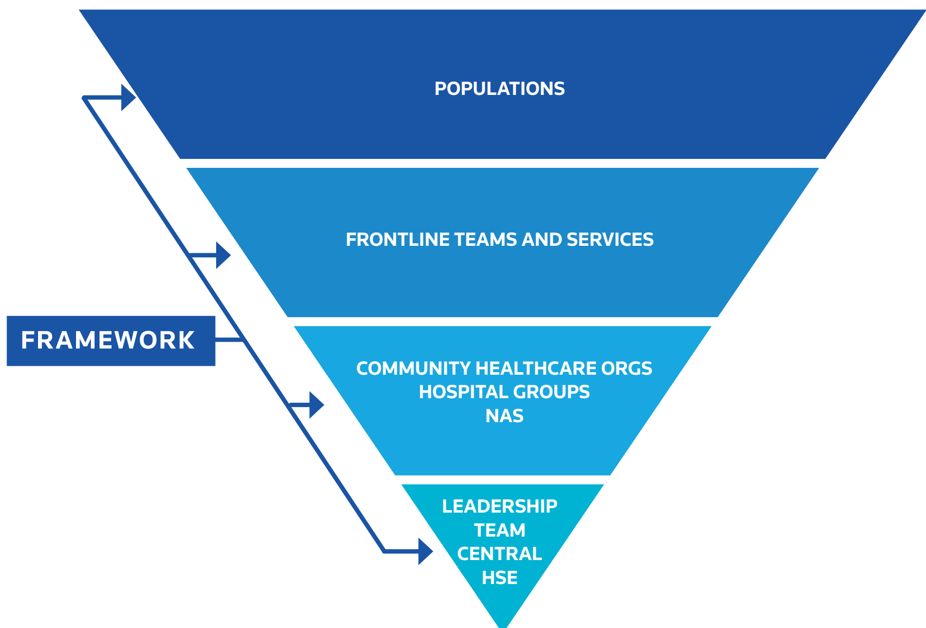


Figure 3: Whole system approach

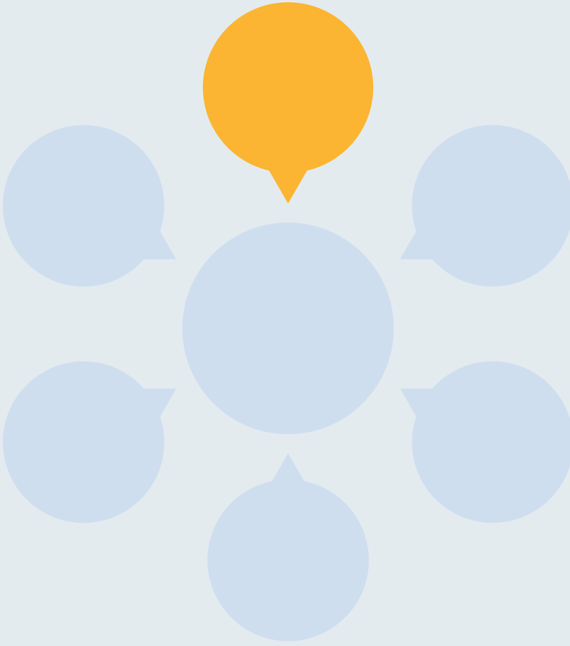
6. THE FRAMEWORK FOR IMPROVING QUALITY

The Framework is comprised of 6 drivers for improving quality:

1. **Leadership for Quality**
2. **Person and Family Engagement**
3. **Staff Engagement**
4. **Use of Improvement Methods**
5. **Measurement for Quality**
6. **Governance for Quality**

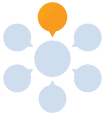
Focusing on only one of the drivers within a service will not give the desired effect for improvement. It's the combined force of drivers working together that creates the environment and acceleration for improvement. A critical element in any movement to improve quality is putting in place the supportive structures for quality and funding leadership positions to drive improvement in organisations.

Figure 4: Framework for Improving Quality



Driver 1

LEADERSHIP FOR QUALITY

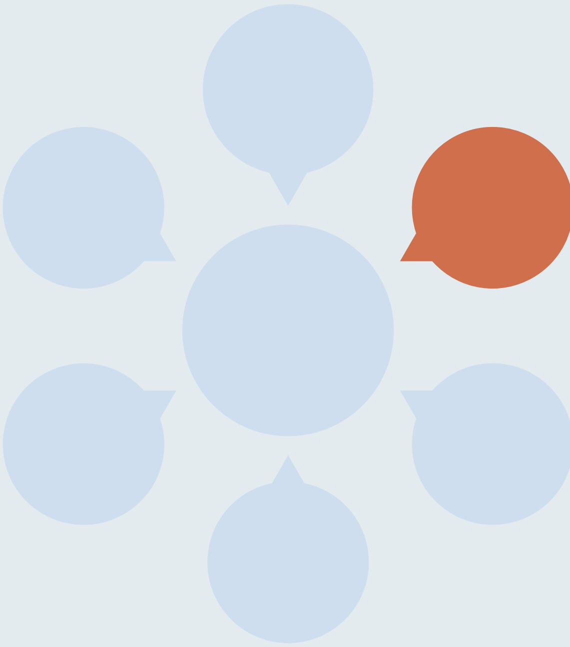


LEADERSHIP FOR QUALITY

Leadership is the foundation stone within this Framework. Leadership supports and fosters a culture of continual learning and improvement: a culture that ensures patients are always at the centre of care planning and delivery and where staff are supported to deliver the care they aim to deliver - safe, effective and compassionate care[13]. Leaders shape culture, create the conditions and model the behaviour necessary for quality to flourish. Board members, senior leaders, managers and clinical leaders must seek out and obtain all opportunities to visibly demonstrate their commitment to building a culture of quality; actively demonstrating the values of the service, regularly listening to patients and staff, seeking evidence of the quality of our services. Leaders have the opportunity to be more than cheerleaders for improving quality of care; they can be active participants.

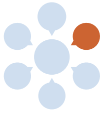
Key components:

1. Prioritising a shared **vision** focused on quality and constantly communicated to everyone
2. Committing to building **values**, **beliefs and norms** that support quality care
3. Setting clear prioritised **aims**, **objectives** and expected outcomes for quality
4. Building and supporting **clinical leadership** across the system
5. Effectively **engaging with staff** to enable them to improve their care and work environment
6. **Engaging with patients** to ensure the service is built around their ideas and priorities.
7. Committing **resources** to fund leadership positions for quality improvement and supporting sustainable improvements in quality



Driver 2

PERSON AND FAMILY ENGAGEMENT

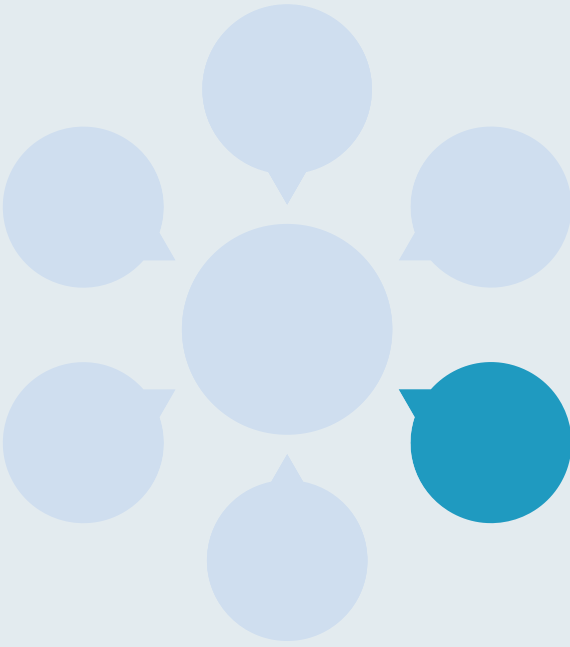


PERSON AND FAMILY ENGAGEMENT

Engaging and involving patients in the design, planning and delivery of all care demonstrates a commitment to person centred care. It ensures that care is appropriate to patients' needs and is respectful of their preferences. Engagement builds a culture of listening to and learning from the care experiences of patients and their families. Focusing and delivering on the outcomes that matter to patients can only be achieved through meaningful engagement and partnership with patients, carers and their families[14].

Key components:

1. Acknowledging patients as **partners** in their own care
2. Caring for people with **dignity**, **respect and kindness**
3. Providing care that is **coordinated**
4. Supporting patients and families to develop the **knowledge**, **skills** and confidence to make informed decisions
5. Supporting patients, families and communities to **participate** in service design and delivery of care
6. **Creating environments** where managers and clinicians can engage with patients and deliver care that is focused on their individual needs and goals



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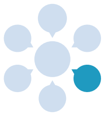
STAFF ENGAGEMENT

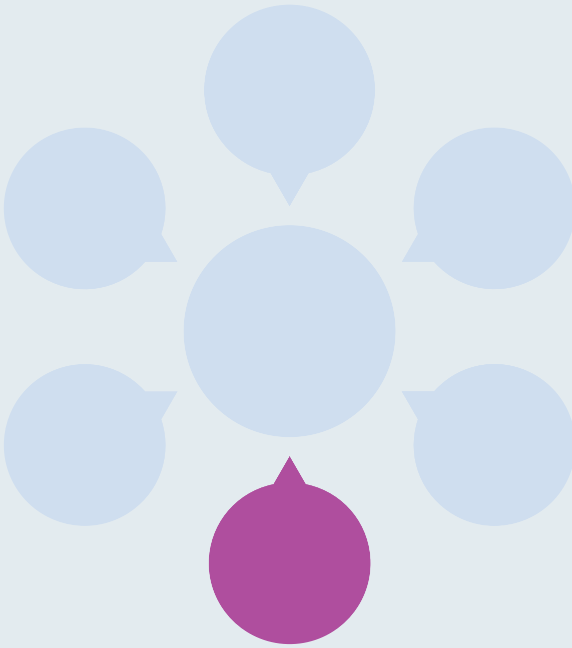


STAFF ENGAGEMENT

Positive staff engagement is critical to achieving high quality care[15]. Evidence shows that services whose staff are engaged report better patient experiences, fewer errors and higher staff morale[16]. There is a need to guide and support services in promoting meaningful staff engagement and ensuring that, similar to patients, the voices of staff are heard across organisations and used to inform improvements. An engaged workforce is one where staff are valued, listened to and provided with the tools, resources and skills to do meaningful work. The culture of an engaged organisation will facilitate and encourage participation and front line ownership by staff in the creative design, delivery and improvement of services and says thank you for a job well done[17].

Key components:

1. **Listening**, hearing and valuing staff feedback and **acknowledging** their unique contribution to fulfilling the vision of the organisation
2. Encouraging staff to be involved in **decision making** and **creative problem solving** in delivering quality improvements, respecting their unique knowledge of their work environment
3. Supporting **teamwork** and promoting a culture of respect, integrity, trust and open communication
4. Promoting the **health and wellbeing** of staff and creating a healthy workplace environment
5. Supporting continuous **learning and development** through building quality improvement skills and knowledge
6. Providing **coaching and mentoring** to staff who undertake new roles and responsibilities



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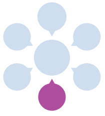
USE OF IMPROVEMENT METHODS

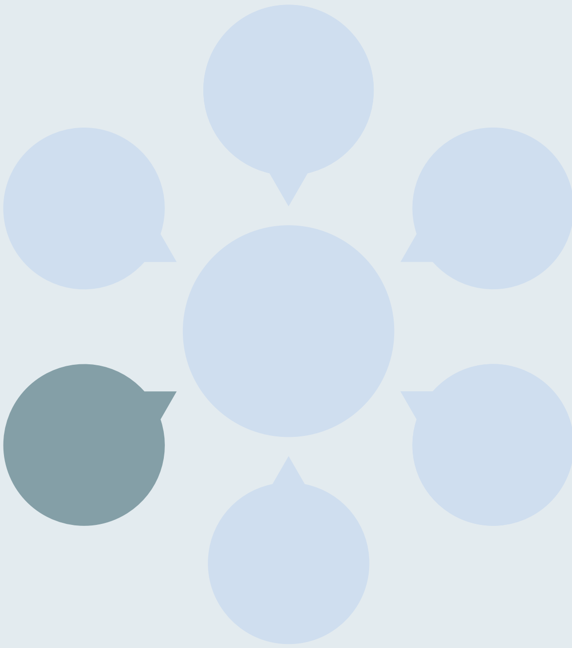


USE OF IMPROVEMENT METHODS

Quality Improvement has emerged from the theories of W. Edwards Deming and experience from the fields of psychology, social science, engineering and statistics[18]. Most improvement methodologies have their origins in the application of Deming's theories, including Lean-Six-Sigma, the Model for Improvement and PDSA. Regardless of which method is applied to the process of improvement the value of using a proven method is well accepted. Many methods focus on simple principles such as the importance of standardisation or ensuring that all activity must benefit the patient. All methods highlight the importance of accessing the unique knowledge that frontline staff possess and involving them in any change and improvement process. Improving the quality of care, and sustaining it, requires all programmes to have a theory of change that is based on the application of improvement science.

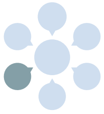
Key components:

1. Promoting and supporting the use of an agreed set of improvement **methodologies**.
2. Building **improvement knowledge and skills** that transforms culture of care
3. Securing incremental improvement through iterative **small scale tests of change** that convinces staff of the importance of the change
4. Prioritising the implementation of **proven solutions** to prevent harm and improve care
5. Focusing on standardisation and **reducing variation** across care processes
6. Understanding the **context** when testing, scaling and **spreading** improvements



Driver 5

MEASUREMENT FOR QUALITY

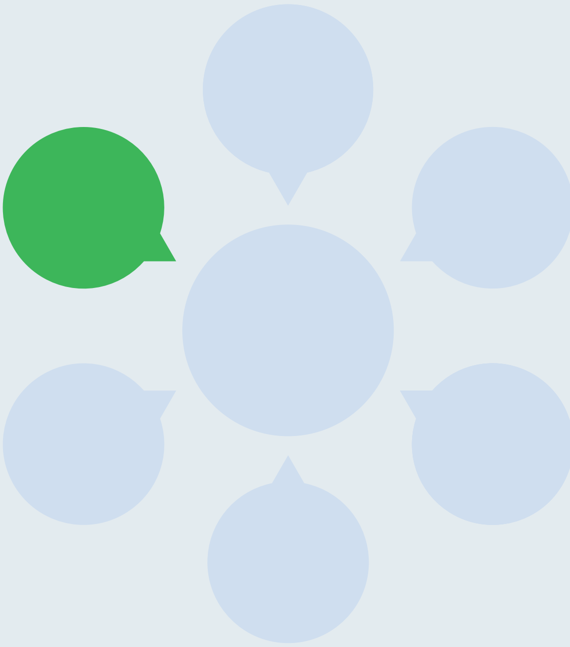


MEASUREMENT FOR QUALITY

Information and measurement are central to improving the quality of care[19]. Analysis of data relating to a service provides information that can be used to drive improvement and support assurance on the quality of care provided. It supports the identification of areas where underperformance highlights the need for an improvement response. Building measurement into all improvement initiatives is essential so that we know when improvements have occurred and when they haven't. However, we need to minimise the measurement burden on staff by collecting data only on what really matters. There are opportunities for more intelligent use of information across the system e.g. examining variability, looking at trends over time and benchmarking with peers. Sharing and displaying information in a manner that influences behaviour is critical to achieving success in improving quality. This requires services to have the capability to measure and analyse information as well as having access to information technology to enhance capability.

Key components:

1. Measuring **patient experience** and outcomes
2. **Measuring only what matters**: defining and developing a limited number of qualitative and quantitative measures that are robust and useful in demonstrating and driving improvement
3. **Being smart in how we measure**: use available data; measure once use often; look at families of measures (e.g infection rates, hand hygiene and hospital length of stay); measure variability; trends over time; and benchmark with peers
4. Seeking **transparency** in the measuring, sharing and reporting of information
5. **Building capability** for extraction and sharing of information from data to provide assurance and support improvement
6. Building data collection into **routine work** and record keeping



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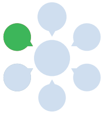
GOVERNANCE FOR QUALITY



GOVERNANCE FOR QUALITY

Governance for quality involves having the necessary structures, processes, standards and oversight in place to ensure that safe, person centred and effective services are delivered. Boards have a key role to play in the governance of an organisation as the accountability for the quality of a service rests with the board. When services do not have boards the CEO/ general manager and senior management team take on this responsibility. Governance also ensures the establishment of learning systems so that all experience within a service is shared and used to improve. Good governance supports strong relationships between frontline staff, patients and senior leaders within any organisation.

Key components:

1. Board members and executive management teams have the **knowledge and skills** to achieve their role in driving quality care
2. Clear board and executive leadership and **accountability** for quality and safety
3. Intelligent **use of information** to measure, monitor and oversee quality and safety of care
4. Promoting a board and organisational **culture of learning** focused on quality of care
5. Strong board **relationships** that partner with patients and staff to facilitate the alignment of the entire organisation around the quality of care
6. Seek a **quality improvement plan** informed by the *Framework for Improving Quality* and aligned with national and organisational priorities

7. CONCLUSION

With the current transformation taking place within our healthcare system there is a great opportunity to define and articulate what a quality focused healthcare system looks like. There is the opportunity to plan for quality and to place it centrally as the single shared purpose across our Hospital Groups, Community Healthcare Organisations, National Ambulance Service and at HSE Central level.

As described earlier this document is the first part of the Framework resource. It provides the strategic approach to improving quality and aligns with current policy enablers such as the HSE Corporate Plan and People Strategy[20], the National Clinical Effectiveness Committee and the planned work of the National Patient Safety Office. Working with the healthcare system the Framework will be tested and translated for organisational level and frontline teams to support its use and implementation. The output from this work will form Part 2 of the resource.

8. NEXT STEPS

1. Raise awareness of the Framework across all service areas.
2. Partner with front line care teams to translate the Framework into useful actions to guide the work in the front line.
3. Work with one hospital group, community healthcare organisation and the National Ambulance Service to translate the Framework in 2016/2017. This will be done on a phased basis with work commencing in the acute hospital sector.
4. Share the learning from this translation of the Framework across remaining Hospital Groups and Community Healthcare Organisations.
5. Translate the Framework at national level to inform the current reform process.

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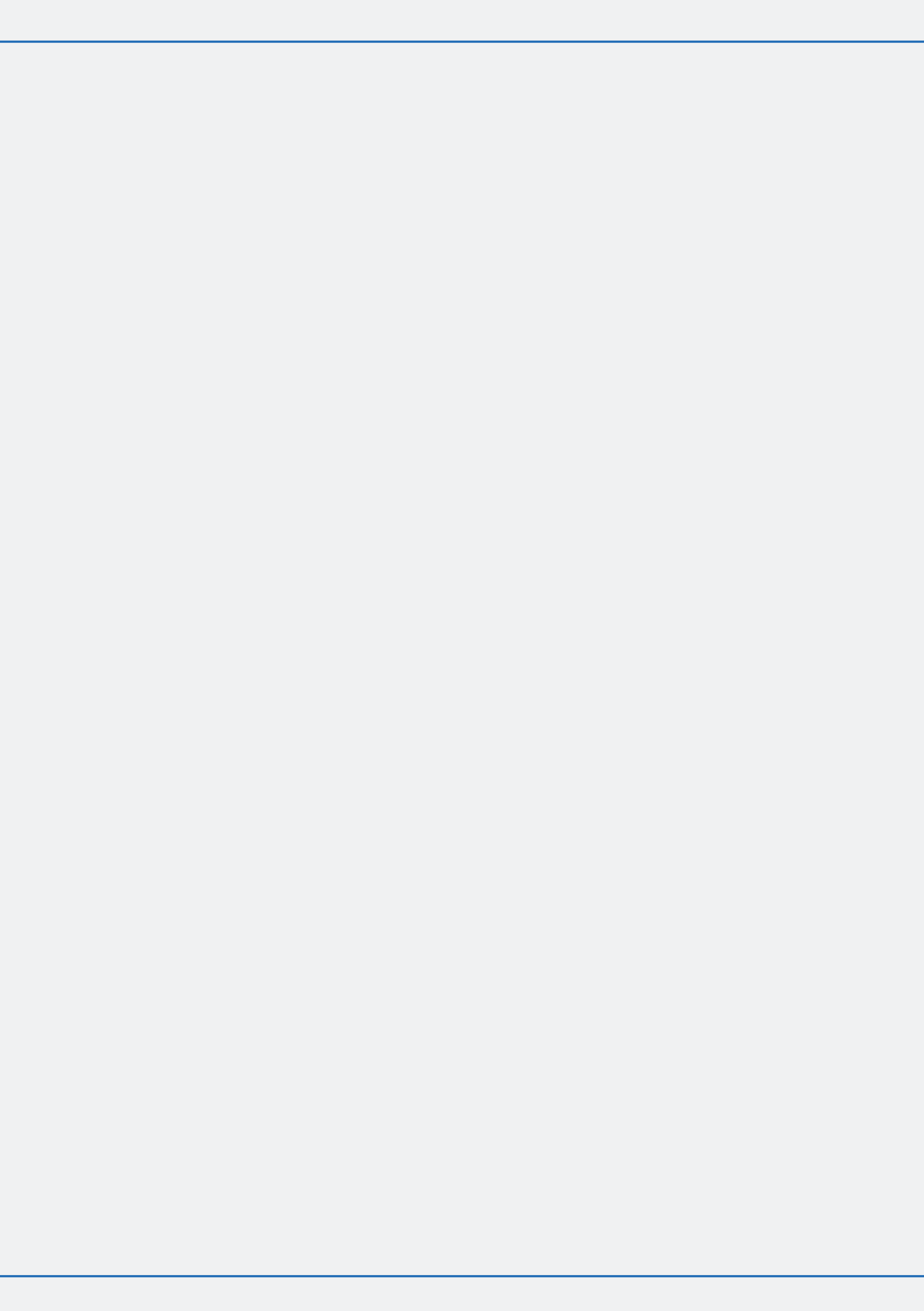
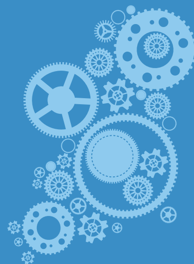
NOTES





‘Everyone in healthcare has two jobs when they come to work everyday: to do their work and to improve it[7]’

Quality Improvement Division,
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