**Facilitator Notes for how to do a Quality Project**

The table below suggests rough timings for the presentation. It is designed to last about an hour. You may wish to include your own experiences of trying to improve quality in the session. It may be useful to read pamphlet ‘how to do a QIP’ and check the RCGP website for the marking schedule, marked examples and other resources.

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| **Slide Nos.** | **Timing** | **Notes** |
| 1 | 0 | Introduction |
| 2 | 3 | Explanation of why teaching about quality improvement project. |
| 3-4 | 5 | Activate prior knowledge. Ask group members to suggest how can look at quality and establish the group’s knowledge of QIP (some trainees have already undertaken QIPS). Can do this in tables/pairs/all depending on numbers. |
| 5-10 | 15 | These slides describe the headings for the marking schedule for the completed QIP and word descriptors– more details are available of the RCGP website, together with marked examples. |
| 11 | 22 | Explain difference between audit and QIP - both aim to improve patient care.  Audits more formal and tend to be done over longer time frame – audit cycle includes set standard, collect data, analyse, implement change and then repeat cycle.  Model for improvement often used as framework to do QIPS – been shown to test changes successfully and quickly. The PDSA cycle – is iterative (repetitive with the aim of approaching a desired goal and the results of each repetition used as starting point for next iteration). PDSA cycles can be done often e.g. weekly. Tend to generate enthusiasm and be less tiring. |
| 12 |  | How to choose what trying to accomplish (aim).  First thing to do is set a goal for the QIP. Should be relevant to primary care, make a difference to patient care, involve other members of the primary care team and be able to be done in the time frame. There should be a clear rationale based on evidence and aligned to local needs. |
| 13 |  | Suggests range of data that can be used to generate ideas.  There is a wide range of information available to help us look at our performance in general practice. This can help inform the choice of QIP. Routine data includes benchmarking data comparing both with local practices and nationally (such as national GP survey; QoF data and prescribing data  Suggest use an example to illustrate how can lead to QIP e.g. from a significant event within the practice e.g. the death of a 90 year old man from a GI bleed who was prescribed aspirin on repeat for no clear indication led to a review of all patients in the practice on aspirin aiming to ensure that all patients on repeat prescription for aspirin had a clear recognised indication. (can use own example here if wish) |
| 14 |  | Encourage registers to identify their own ideas  Trainees often in good position to identify things in practice that ‘frustrates’ them and has an impact on safety of patients e.g. process or system/ clinical care issue/ educational initiative (example trainee frustrated by patient requesting home visit prior to going to hairdressers – suggested change to practice visiting policy. Can use own example if wish) |
| 15 |  | Make sure relevant to GP, make a difference to patient care, simple enough to complete in time frame.  Specific – what exactly are you trying to improve  Measurable – how will you demonstrate any change, what data are you going to collect?  Attainable/achievable – who else will you need to involve to ensure you accomplish your aim, is your aim realistic.  Relevant – is the aim clear, is the QIP designed to improve patient care  Time bound – what is the time scale for the project and who will keep it going when you leave.  Examples of ideas done by previous trainees include development of protocol in management of patients with low vitamin b12; use of ‘cue card’ to help patients prioritise multiple problems presenting in consultations. (can add own examples as well) |
| 16 |  | Explain trainees will need to include in their write up the trigger for the QIP, a brief review of relevant guidance/evidence and how the QiP will impact on patient care/safety. |
| 17 |  | The model of change also asks what change can be made? |
| 18-19 |  | Once decided what area want to look at can do a process map, a tool often used in quality improvement to work out what is really going on. Process maps show how things actually happen, rather than what ideally should happen. The slide looks at the process for allocating letters arriving in a surgery and helped identify potential problems in system. Can do process map as a team with all contributing using pens and post it notes – helps engagement. |
| 20 |  | Can be several solutions to achieve aim. Another QIP tool is a driver. These would include:  1. The Aim - The driver diagram starts with a clearly defined and measurable goal.  2. Primary Drivers are the factors that you need to influence to achieve the aim.  3. Secondary drivers - The process of breaking down a goal can continue to lower levels to create secondary or tertiary drivers (and even further if required).  4. Projects or actions - The ultimate aim of a driver diagram is to define the range of projects (i.e. actual change initiatives) that you may want to undertake.  Helps avoid silver bullet thinking (one solution solves all) and avoid blind spots |
| 21-24 |  | Do group activity to demonstrate how to produce driver diagram.  Define aim (clear defined measureable goal) – slide 19  Ask group to suggest 3 ideas to lose weight (post it notes are ideal to do this) –slide 20  Then link the ideas together to identify drivers – can eliminate if duplicated.  Identify links between the drivers to create primary and secondary drivers. (slide 21)  Finally produce a driver diagram. Can then choose a change and do it for a week, measure/study weight loss and then act – continue with the first idea, add in another or choose another one if no weight lost doing the first change. Early review helps identify unintended consequences e.g. missing meetings as not using oyster card. (slide 22) |
| 25 |  | The model for improvement then asks ’how will know change is an improvement?’ – need to do some measurements. Can be qualitative (anything that can be expressed as a number) or qualitative (descriptive data) or detailed description of the current care process/system. Data can also be collected from before the start of your project.  Encourage the trainees to decide what measurements are needed when doing the QiP to demonstrate the effect of any change introduced. |
| 26 |  | Measurements can be structure, process or outcomes.  Structure includes attributes relating to clinicians (such as certification, training); Number of GPs compared to patients; Size of community nursing teams, and Access to equipment e.g., MRI scanners.  Process includes antenatal assessment <13 weeks; physical checks in people with serious mental illness; structured education for people with diabetes; people with stroke reviewed <6 weeks of leaving hospital; Average number of GP appointments per day; Nos. of patients with an advanced care plan in place.  Outcome includes HbA1c levels less than 7.5 in patients with diabetes; Nos. of days to next available GP appointment; hospital admissions for ambulatory care-sensitive conditions; patient experience of GP services; Deaths without care plan in place |
| 27 |  | It is important to collect baseline data to demonstrate improvement/change. |
| 28 |  | Encourage trainees to think about measurements they could do to demonstrate impact of any change proposed. Ideally data should be collected on a frequent basis. |
| 29 |  | Run charts are a way to demonstrate change. This animated slide is an example of the number of patients on mezalazine having blood tests in the last 12 months. Click to add axis, axis labels, chart title, chart key and then median line.  Can ask group if they know what a median is and why used in run charts  (Median line is the middle number of a set of data and is used in run charts rather than averages to avoid an outlier influencing the results).  The change projects – letter sent and telephone call are added to the slide to demonstrate the effect of the change. |
| 30 |  | There are various statistical rules about interpretation of run charts. Most simple states if 6 or more consecutive points either above or below median, or 5 or more consecutive points going up or down suggest change made significant change.  Can use video link form Institute of healthcare improvement to explain how to interpret run charts  <https://www.youtube.com/watch?v=YQd1QoMHYwU&feature=youtu.be> |
| 31 |  | Air plane exercise – demonstrates use of PDSA for making changes. Divide into teams. Aim to fly the furthest  Plan- design paper aeroplane.  Do- two pilots take turn to fly the plane. No modifications should be made between flights.  Study-measure distance travelled.  Act- review design of plane and look for improvements. Make one change to design and repeat steps.  Can leave exercise out if short of time. (Further examples available on RCGP website - possible activities for driver diagrams and PDSA cycles) |
| 32-33 |  | Another tool often used in QIPs is PDSA cycle. It is a method for testing a change safely on a small scale with quick results. It is less exhausting than introducing lots of changes at once and helps generate enthusiasm as you can see the impact of change rapidly. Doing a PDSA also helps to identify any unintended consequences. |
| 34-35 |  | An example of two PDSA cycles from QIP aiming to improve identification of carers in a practice. Slide 32 also illustrates an unintended consequence of patents continuing to be coded as carers following the death of the person being cared for and action was introduced to avoid this. |
| 36 |  | Engage team – In addition to questions on slide, you may wish to discuss what barriers trainees may met in trying to achieve the QIP? Can ask group for ideas how are you going to raise awareness of the need for change among the team? If appropriate patients can also be involved in the QIP (e.g. patient participation group or patient with relevant illness) |
| 37 |  | Finally the trainee should present the results to team and reflect on feedback. If the change improved patient care the trainee should explain how the project will continue once they have left and if the project has not demonstrated improvement the trainee should reflect on why |
| 38 |  | It is important to capture trainee learning from undertaking the QIP – this reflection included within the QIP assessment. |
| 39-40 |  | Questions/List of useful resources given. |