



Royal College
of Physicians



HQIP

Healthcare Quality
Improvement Partnership

Effective events for local quality improvement following national clinical audit

A case study-led guidance featuring examples from the National Inflammatory Bowel Disease Clinical Audit Programme





Authors:

Kajal Mortier, IBD Team, Royal College of Physicians
Susan Murray, IBD Team, Royal College of Physicians
Aimee Protheroe, IBD Team, Royal College of Physicians
Jessica Watts, IBD Team, Royal College of Physicians

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Editors:

Keira Huber, Healthcare Quality Improvement Partnership
Jane Ingham, Healthcare Quality Improvement Partnership
Mirek Skrypak, Healthcare Quality Improvement Partnership
James Thornton, Healthcare Quality Improvement Partnership

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About this guide, how to use it and who it is useful for

This guide is based around learnings from the Inflammatory Bowel Disease (IBD) National Clinical Audit (NCA) team, following a series of local events held to drive quality improvement following the national audit (see 'Background' below).

But while this guide is directly relevant to NCA providers, it has been edited to ensure it is relevant to, and useful for, anyone planning healthcare events – particularly data-driven work with a view to long-term and ongoing impact.

Event planning should be straightforward and rewarding, but at times can also be time consuming and complex. This guide aims to contain everything needed to plan, organise and deliver effective workshops – and how to follow-up and maintain momentum. You'll find helpful ideas, checklists, useful website links, adaptable templates and learnings from quality improvement (QI) workshops hosted by the IBD programme team.

The workshops as described within this document are best delivered following the completion of a cycle of clinical audit. The workshops can be run as a complementary exercise following publication of a national report. It is helpful if the clinical teams in attendance have access to their own local data from the audit; however, this is not essential as teams can use locally sourced hospital data.

There are a number of benefits of hosting such workshops, including:

- Increased engagement with the process of audit
- Better future data quality
- Better local data ownership, including increased likelihood that local data will be reviewed and action plans implemented
- Opportunity to get feedback and information on perceptions of impact from audit participants
- Opportunities for clinical teams to network and informally share best practice

Background and about the IBD programme

In 2015, HQIP commissioned the IBD programme, based at the Royal College of Physicians, to design and facilitate eight regional workshops aimed at helping IBD teams to identify priority areas for improvement and to create action plans.

The series of workshops were designed to create an opportunity for IBD teams to sit together and reflect on their local performance data, to share and develop quality improvement skills and methodologies, and to network and share good practice.

Seven workshops were held in England and Wales in March 2015, with the final workshop taking place in September in Scotland. The events were attended by 258 delegates, representing 84 Trusts and Health Boards, and received overwhelmingly positive feedback from attendees and speakers alike. A report that summarises these workshops in further detail can be downloaded here: www.rcplondon.ac.uk/projects/outputs/ibd-workshops



'Attending the workshop really energised the conversation between our IBD team and management about what could be achieved for patients with the correct team. The executive team are now engaged in the development of our IBD service. The workshops and their follow-up are an effective way of encouraging the improvement of quality in services. The letter sent after our site visit has involved and engaged executive team members, including the medical director and CEO, in agreeing to plans for a second IBD nurse. The visit was also a huge morale boost for and acknowledgement of the work of the IBD team to date.'

**Monica Bose, consultant gastroenterologist,
Princess Alexandra Hospital**

Workshop planning

Establish clear aims and objectives

It may seem obvious, but begin by clarifying what it is you want to achieve from the delivery of your workshop. What is it you would like to ultimately realise? What does success look like?

Consider these questions from both the perspective of your delegates and from your own perspective as a national clinical audit provider. One major advantage of holding healthcare events is the opportunity to provide attendees with dedicated time away from day-to-day work to review service and plan for necessary improvement. This was the overall aim for the IBD team who specified the following objectives during their own workshop planning.

- To allow teams to reflect on their service using their own data to identify areas for change
- To network with colleagues to share expertise and examples of best practice
- To leave the workshop focused to implement and evaluate improvement in their service



Top Tip

Ensure you tailor each item on your agenda to address the purpose and objectives of your workshop.

Defining clinical audit and measuring quality improvement

Before proceeding further with local QI event planning, it may be useful to reflect on your own definition/description of clinical audit and refreshing your knowledge on measuring improvement. In Appendix 1, we have included supporting information and useful links.

Shaping your event programme

When developing the programme, take time to think about the topics you need to address in order to meet your objectives and consider carefully what is the best format for these. What are the discussions and activities that need to take place? Consider all of these points and bring together your conclusions in the shape of an agenda with a logical flow.

As these are improvement-based events, it can make sense to highlight data from an aspect of care, where there is shown to be wide variation in results and making this a central focus. To help offer solutions, consider identifying a team who are performing well in this same area and invite them to talk about how they achieved good performance. Hearing success stories from peers can motivate delegates and inspire innovation.

Clinical audit: getting teams to engage with audit data

Quality improvement workshops are an ideal opportunity to have local clinical teams engage with their data in a practical and focused way in order to plan improvements. For the IBD team this meant printing out local, publically available results and having them ready for each team to review.

Engaging with data – ideas and reminders:

- Prepare a presentation on a focused selection of national data
- Identify a team with good performance in the area of national focus and invite them to present their successes at the workshop
- Prepare print outs of relevant local data for attending teams
- Consider facilitating an action/improvement planning session where areas for improvement are identified by clinical teams. Any planning should follow SMART principles (Specific, Measurable, Achievable, Realistic, Time-bound).

Group sessions

Effective workshops should be as interactive as possible, and group working has a significant role here. During the IBD regional workshops delegates were assigned into smaller groups and asked to note down on flip chart paper ‘things they do well’ (successes) and ‘things they wanted to improve’ (improvements). These lists were then left on display in the room for the remainder of the workshop. This enabled focus, engagement, questioning, sharing of advice and networking.

Time for networking and sharing

Alongside group working, plenty of time should also be allowed for networking – both structured and informal. This naturally allows mutual reflection and idea-sharing. Feedback from the IBD workshops indicated delegates found the opportunity to talk with their team outside of the hospital setting invaluable and the more time allocated to open discussions and brainstorming the better.

Your event programme: ideas and reminders

- Choose an appropriate introduction/icebreaker (see page 16)
- Allocate sufficient time for tea and comfort breaks and consider a long lunch break to facilitate networking and ideas-sharing
- Consider a talk summarising key national data
- Identify examples of success stories from local teams
- Plan breakout activities
- Provide opportunities for networking
- Build in dedicated time for improvement/action planning or other future-facing work
- Allow time for facilitators to record copies of those plans and hand out feedback forms

Choosing locations and venues

Choosing the right venue is fundamental to an effective event. Location, room size, layout and general ambiance, can all significantly affect levels of engagement and interaction among delegates. Here is a checklist for you to follow to keep this process as simple as possible:

- Is the venue location convenient for attendees? Consider distances from a mainline train station and motorway
- Ensure there is ample parking available at the venue or nearby
- Carefully consider the room layout. Cabaret style is ideal for enabling discussions and allows teams to sit together for breakout sessions
- Identify and book AV equipment (e.g. Wi-Fi, microphones, speakers, projector system)
- Ensure the room is spacious, well-lit and can be kept at a comfortable temperature
- Consider booking additional facilities such as extra flipchart stands or breakout areas

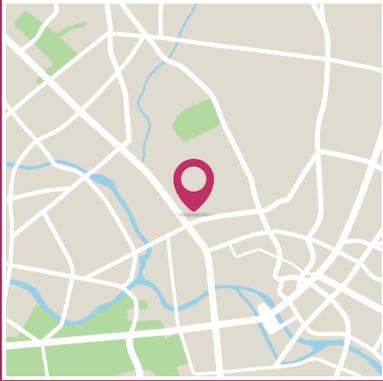
Venue information sheet

A good venue information sheet is invaluable for your delegates and speakers. Below we have created an example including core information such as dates, times, addresses, transport information, maps, venue pictures. Contact information for you and for the venue is crucial.



QI regional workshop

Address: 25th May 2017
Time: 1.00pm - 5.00pm
Venue: The ABC Centre,
123 Anywhere Road,
London, NX12 1NE



Transport information:

By car – The venue is situated on the A1234, near the junction with the A and A24, south of Anywhere Bridge

By train – The venue is a 100minute walk from Anywhere Junction mainline station

By underground – Take the Anywhere Line to Example tube station

By Bus – Route numbers 123a and 123b stop outside the venue

Identifying relevant speakers

Clinical support will be crucial to the success of a local QI workshop following national audit. The IBD team used both a local clinical lead to Chair, alongside a national clinical lead. Having a local clinician as a co-chair will naturally help with promotion locally, and tap into existing relationships with those in the locality, ensuring the agenda can be regionally focused. National clinical lead(s) as co-chair provides an authoritative account of the national picture for the delegates. It is not essential to split these roles, but having both can be helpful.

Quality improvement methodology talks should ideally be given by an expert in the field. This does not need to be someone from the same condition/disease area as the delegates, as most specialties will face similar issues and a lot can be learned this way. This could be followed by a talk from a team who have successfully improved their service using these methods, or who are performing well in the area you are focusing on. This will add credibility and bring to life the methods explained in the talk, and will provide ideas for later in the day when teams begin to action plan.

Introduce the patient perspective

Patients and the public offer a unique voice to inform service development helping to identify required improvements and inefficiencies first-hand. Patient and public involvement (PPI) is seen to enhance healthcare, and produce quality services that are oriented, planned and delivered to meet patient needs. The IBD team tapped in to this crucial resource by inviting local service users to speak at the workshops thereby providing delegates with helpful insight in to the patient experience.

Top Tip

While your event may be regarding a specific medical specialty, do not underestimate what can be learned from speakers from other disease areas. Good practice can be shared across organisational boundaries too. Most healthcare professionals are facing the same issues and challenges, experiences and solutions to these can be shared.

Identifying speakers: ideas and reminders

- Consider appointing a national clinical lead and local clinicians as co-Chairs
- Consider having a QI expert to talk on methodologies
- Consider having teams that have made successful improvements to provide a case study
- Consider having a patient speaker to provide the patient perspective
- Consider speakers with good learning from other specialties

Briefing your speakers

To avoid any confusion communicate clearly with your speakers from the outset, outlining roles and remits so that there is complete clarity about what is expected from them. For example:

- Explain the support you can offer, such as travel expenses
- Be clear how soon before the event you would need them to submit any presentation slides (e.g. a week prior to the workshop)
- Ask speakers to arrive at least 30 minutes before their session for final briefing
- Provide speakers with a named point of contact and contact details
- Assist speakers with slides in the lead up to workshop, notifying them of deadlines and formats
- Keep speakers up to date with the agenda as it develops
- Arrange travel to and from venue for speakers (and accommodation if necessary)

Attendees and booking

Having the right delegate mix is as crucial to achieving your objectives as your speakers. For instance, for many national audits, multidisciplinary team attendance is required to ensure there is an opportunity for mutual sharing of key priorities for improvement. This could include doctors, nurses, relevant allied health professionals, clinical audit staff and patient representatives (ideally complete teams). Here are some other tips for attendees and booking:

 **Top Tip**

The IBD team found it particularly influential to have a member of hospital management present to engage with their team.

 **Top Tip**

Early notice to attendees to hold potential workshop dates in their diaries is advisable. People are busy and therefore their diaries can fill up months in advance. Send a 'save the date' message at your earliest opportunity, even prior to venue confirmation if the date and town/city are confirmed – once you have those, you have another reason to re-contact delegates/potential delegates.

 **Top Tip**

Events management can be extremely demanding on resources. Consider using free online booking/ delegate management programme such as Eventbrite (www.eventbrite.co.uk) to distribute invites and register attendees.

Social media

Social media can be hugely powerful for events – for promotion, awareness and bookings ahead of the event; to create and widen debate during and afterwards; and to broadcast and/or record the event itself if that is appropriate. It is mostly relatively quick to set up and operate, low-cost (if not free) and can have a huge impact. If social media is not your forte, your communications teams can support you here.

Twitter is a great tool to start with. In advance of your event, provide delegates with your organisation's Twitter handle (@yourorganisation) and create an event hashtag (#eventname) that you want them to use when Tweeting. Try to have a team member take photos and upload these to throughout the day to create interest and 'tell the story' of the day. To note, increasingly Facebook offers similar functionality and platforms such as Hootsuite allow you to share messages on multiple platforms simultaneously.

For broadcasting/video, consider 'going live' via FacebookLive. It is free, requires minimal equipment (a low-cost tripod and microphone prove very helpful) and resulting films are stored permanently on your organisation's Facebook pages.

Obtaining CPD for your event

Consider how your event could be used to enhance the careers of your delegates, thereby creating an extra incentive to attract people to attend. For example the Continuing Professional Development (CPD) scheme is a certification system where points are awarded for set learning hours and activities. Healthcare professionals are often required to obtain a minimum number of CPD points each year.

Helpful link

www.rcplondon.ac.uk/about-rcp/work-rcp/provide-cpd-event
www.cpduk.co.uk/explained

Task timeline for hosting a quality improvement workshop

| Tasks | Consideration time prior to the workshop | | | | | |
|---|--|----------|----------|----------|----------|---------|
| | 6 months | 5 months | 4 months | 3 months | 2 months | 1 month |
| Establish aims and objectives | █ | | | | | |
| Identify audience | █ | | | | | |
| Set agenda | █ | | | | | |
| Agree plans to follow up attendee progress | | █ | | | | |
| Choose location and venue | | █ | | | | |
| Identify and invite relevant speakers | | █ | | | | |
| Invite attendees | | | █ | | | |
| Apply for CPD | | | █ | | | |
| Appoint and educate a facilitation team (most likely your internal team who may need some training) | | | | █ | | |
| Develop your facilitator agenda | | | | █ | | |
| Issue event reminders (including directions and final agenda) | | | | | █ | |
| Prepare delegate packs | | | | | █ | |
| Prepare name badges and registration lists | | | | | | █ |
| Arrange delivery of materials | | | | | | █ |
| Finalise arrangements with the venue | | | | | | █ |

Workshop checklist

| Example event shopping list | | Arranged |
|-----------------------------|--|----------|
| Registration | Registration table | |
| | Print attendance register | |
| | Boxes to transport materials to venues | |
| | Print return addresses | |
| | Tape for boxes | |
| | Name badges (include spare blank badges) | |
| | Pens | |
| Attendee packs | Printed agenda | |
| | Action/improvement plan template | |
| | Copies of hospital level data | |
| | Quality improvement handout (if required) | |
| | Feedback form | |
| | Summary document explaining plans for follow up post-workshop | |
| | Promotional material from the audit advertising any upcoming work | |
| | Post-it notes | |
| | Notepad | |
| | Pens | |
| | Chair's table/podium at front of room | |
| Room setup | Tables arranged in cabaret-style | |
| | Post it notes and pens on delegate tables | |
| | Water and glasses on tables | |
| | Spare note pads on tables | |
| | Flip charts with pens around room | |
| | Laptop for presentations (if required) | |
| | AV setup (if required) | |
| | Table for displaying complimentary information (audit reports, leaflets) | |

Running your workshop

Facilitation

Ensure you have a team of facilitators with enough people to cover all tasks and scenarios. For an event with 50 attendees and multiple breakout sessions, consider having five facilitators. Create a brief for your facilitator team, covering aims and objectives, individual roles (e.g. handling microphones, meeting and greeting), and specific timings and prompts.

Facilitators must be visible and easily identifiable. The workshop lead or chair should also introduce all facilitators so that attendees know who to go to should they need assistance.

Produce a facilitators' agenda

As well as the delegate-facing agenda, (*see excerpt below*) be sure to produce one for you and your facilitators, which details all team members' role and responsibilities, plus any other behind the scenes considerations, such as how you will discreetly inform speakers when their sessions are reaching their end. As an example to expand upon, opposite is an excerpt from the IBD Audit team's facilitator's agenda.

Excerpt from delegate agenda

| Monday XX March 20XX | |
|----------------------|--|
| 2.30pm - 3.00pm | Registration and refreshments (buffet lunch) – networking and introductions |
| 3.00pm - 3.25pm | Welcome and introduction to the workshop Chair: Dr IF, president, British Society of Gastroenterology & consultant gastroenterologist, King's College Hospital Co-Lead: Dr IS, clinical director-IBD programme & consultant gastroenterologist, Gloucester Royal Hospital |
| 3.25pm - 3.35pm | Patient perspective |

Excerpt from facilitator agenda

| Time | Agenda item | Content | Facilitator notes |
|-----------------|---|---|--|
| 2.30 - 3.00pm | Registration and refreshments | <p>Activity:</p> <ul style="list-style-type: none"> Registration activities: 1 person directing attendees, 2 registering, remainder setting up room/greeting Direct attendees to cloakroom/refreshments/toilets/workshop room Provide business cards to those with queries, to be followed post-workshop Flipchart available to collect general feedback about the IBD programme | |
| 3.00 - 3.25pm | Welcome and introduction to the workshop | <p>Name/s (5 mins)</p> <ul style="list-style-type: none"> Welcome attendees, provide people housekeeping information <ul style="list-style-type: none"> Toilet location Fire alarms planned/emergency exits & meeting point Ask people to tweet if they wish #IBDAudit Inform attendees that we are recording the workshop and ask them to wait for a microphone for questions <p>Name/s (20 mins)</p> <ul style="list-style-type: none"> Outline objectives and agenda for the session Importance of the timeliness throughout the workshop Explain that slides will be shared post-event | <p>Name/s – will indicate ‘2 minutes remaining’ for all speakers throughout the afternoon</p> <p>Name/s to introduce speakers ...</p> <p>On facilitator will be registering any latecomers at the desk ...</p> <p>Other facilitators to be in the room – advisable to stand during the sessions when presentations are being given. It gives an impression of active engagement.</p> |
| 3.25pm - 3.35pm | Patient perspective | | |

Top Tip

Include a facilitator's page in your delegate pack, with names, titles, a photograph and possibly a brief biography of each facilitator, so your delegates can easily identify and engage with them.

Top Tip

Many connected with the NHS, including the IBD Audit team, use the late Dr Kate Grainger's 'Hello, my name is...' campaign as a positive sub-theme for events, including on event branding. The campaign website offers free downloads which can be incorporated onto badges and other areas and can be found here: www.hellomynameis.org.uk/resources

Facilitation: ideas and reminders

- Agree a team of facilitators
- Assign facilitators clear roles and ensure they are clearly briefed
- Produce a facilitators' agenda that details each facilitators individual role during the workshop
- Have a final run through of the event with all facilitators at least 30 minutes before the start
- Agree a strategy for dealing with dominating or non-participatory attendees during the event

Welcoming and engaging participants

First impressions count so it's important to provide your delegates with a friendly and efficient welcome. To achieve this balance the IBD team created the following checklist:

- Set up a welcome desk outside the workshop room where your team members can meet and greet delegates as they arrive
- Ensure every guest/delegate is welcomed by a facilitator that is knowledgeable about the venue facilities, including disabled access
- Have a printed attendance register ready for delegates to sign on arrival. This should include each delegate's name, job title and hospital name
- Have name badges ready for each attendee and also delegate packs, including agendas and all other relevant information
- Allow for late arrivals – reserve seats and minimise disruption

Icebreakers

Icebreakers are a great way to start your workshop and an effective technique to build rapport amongst attendees. A simple online search will provide excellent examples of facilitation guides, checklists and toolkits, as well as a plethora of ice breakers. Choose whichever model you feel best suits your audience and agenda. Some good free examples can be found here: www.seedsforchange.org.uk/tools.pdf

Action/improvement planning

While most principles in this guidance can be applied to any local healthcare event, if you are staying true to the 'local improvement following national clinical audit' theme, then action/improvement planning is likely to be a key feature. Prior to this section of the day, attendees should have:

- Been presented with national data on the chosen area (this would ideally include sections on the background of the audit, key messages, outcomes and recommendations)
- Received information on improvement methodologies
- Heard from at least one team who has successfully made changes to improve their service or one that is performing well in the chosen area
- Had the opportunity to review their local data
- Had the opportunity to network and share successes and failures with other teams

 **Top Tip**

Divide the group in to small teams and using the audit data, ask them to identify up to three areas where improvements are needed. Feedback from the IBD workshops indicates that this was one of the most important and valued parts of their events and the team recommend devoting the largest block of time to this section of the agenda. They have also produced templates for planning, which are available here: www.rcplondon.ac.uk/projects/outputs/improving-quality-ibd-services

Evaluating your workshops

It is important to capture written feedback from your delegates on the content and delivery of the workshop. Feedback on the venue is also helpful to capture an understanding of what participants enjoyed (or not) at the meeting and helps you to modify agendas for further workshops in the future. An evaluation form template can be found in Appendix 2.

Maintaining momentum

Keeping in touch with hospital teams and sharing outcomes

Creating an ongoing cycle of improvement is one of the central tenets of clinical audit, and ‘national audit, local improvement’ events can be the embodiment of this, creating a post-workshop plan with the goal of supporting delegates in achieving their intended actions.

The IBD team’s plan consisted of three stages:

- Webinars conducted three months after the workshop
- Supportive site visits to help teams progress their action plan
- A survey at six months post-workshop to evaluate progress against action plans

Following analysis of the survey, the IBD team compiled a report which they shared with attendees as well as team members unable to attend. The report included success stories from those who had achieved their action points as well as some of the challenges they had encountered along the way. A follow up plan from the IBD workshops can be found in Appendix 3.

Helpful link

IBD programme QI report www.rcplondon.ac.uk/projects/outputs/improving-quality-ibd-services

Webinars

Three months after the workshops, the IBD team scheduled three one-hour webinars, at approximately two-week intervals on differing days of the week. These provided participants the opportunity to dial and log in to at least one of the webinars and share the progress of their action planning, to discuss any barriers that they had encountered, to explore solutions and ideas with other IBD teams, and to be provided with feedback and support.

The approach was to allow an open platform for discussion, with a clinical lead guiding conversation through the successes and challenges of those participating. There was no set agenda, but a PowerPoint presentation was created which briefly recapped what happened at the regional workshops, updated attendees on the follow up process, shared action plan updates from teams who had achieved progress and offered teams the opportunity to raise any issues they were having implementing their action plans. The clinical lead would then offer advice and potential solutions to barriers being faced.

However, it was discovered that this was not a particularly effective method of follow-up, with limited engagement from relatively few teams. Webinars were found to be more successful when they used as a conduit to present information to teams, rather than being used for open discussion without a structured agenda. The IBD team concluded that webinars could be used as an extension of quality improvement methodology workshops instead, for example providing short sessions on information that it was not possible to cover during the day. Topics for discussion could be incorporated into evaluation forms, asking teams if they would find benefit from a particular topic being presented in a webinar. This would likely maintain better momentum and continued engagement with implementation of action plans.

Site visits

Following completion of the workshops, the IBD team offered 10 hospital visits. The visits were primarily intended to be supportive of the hospital's IBD team, providing an opportunity to share ideas and solutions on topics determined as a priority during the course of the workshop. The visiting team of staff was adapted on each occasion to meet the requirements of the requesting hospital. Gastroenterologists, pharmacists, patient charity members, patient representatives, nurses and project team staff were among those that attended the site visits. While the agenda for each visit was adapted to suit the individual IBD team, each visit included the following core elements:

- A presentation from the hospital's IBD clinical lead
- A brief tour of the clinical area (ward and/or clinic)
- A period of discussion with the visiting team. A copy of a site visit agenda can be found in Appendix 4. The visits concluded with the offer of a RCP-branded letter being written by the visiting team and sent to the chief executive officer of the organisation, to raise awareness of any issues identified on the day

Appendices

Appendix 1: National clinical audit and quality improvement

What is clinical audit?

‘Clinical audit is a quality improvement cycle that involves measurement of the effectiveness of healthcare against agreed and proven standards for high quality, and taking action to bring practice in line with these standards so as to improve the quality of patient care and health outcomes.’ New Principles of Best Practice in Clinical Audit (HQIP, January 2011)

The primary aim of national clinical audits is seen as to stimulate improvements in the outcomes of patients by systematically measuring the extent to which clinicians, services and organisations are delivering high-quality and evidence-based care, compared to agreed standards. On a national level, audit provides a clear quality assurance role and paves the way for local quality improvement.

Helpful links

‘Clinical audit: a guide for NHS Boards and partners’: www.hqip.org.uk/resources/clinical-audit-a-guide-for-nhs-boards-and-partners/

‘Guide for clinical audit leads’: www.hqip.org.uk/resources/guide-for-clinical-audit-leads/

Measurement for quality improvement

To identify where change is needed and whether a change results in improvement, measurement is required. National clinical audit data can be used to identify areas of care where improvement efforts should be targeted.

It is important that a period of reflection and targeted local action be built into the work programme of national clinical audits to enable local clinical teams to act upon findings and recommendations. This is the point at which targeted quality improvement workshops can be utilised by national clinical audit providers. The content of these workshops should be driven by the findings of the national clinical audit, with a focus

on matters of national or regional importance – particularly in areas where there is room for improvement in practice.

While national clinical audit data can help local teams to begin to focus on areas of care where improvement is required, there will often need to be an element of local data collection in order to establish whether any implemented changes have resulted in an improvement. It is the implementation of changes in response to the evidence that achieves quality improvements in patient care.

There are a variety of quality improvement methodologies that can be used. In the helpful links section below, we have listed some quality improvement methodologies that can be employed during workshops, which in most cases can be used in the presence or absence of national data. At the IBD workshops we provided a handout in the attendee packs that summarised examples of quality improvement methodologies; this handout can be found in Appendix 12. It is important to remember that the clinical audit cycle is a quality improvement technique in itself, and should stimulate and facilitate the use of a number of other quality improvement tools and techniques.

Helpful links

'A guide to quality improvement methods': www.hqip.org.uk/resources/guide-to-quality-improvement-methods/

'Introduction to QI for patients and public': www.hqip.org.uk/resources/introduction-to-quality-improvement-for-patients-and-public/

'An introduction to statistics for local clinical audit and improvement': www.hqip.org.uk/resources/introduction-to-statistics-for-clinical-audit-and-qi/

'A guide to involving junior doctors in clinical audit and QI': www.hqip.org.uk/resources/involving-junior-doctors-in-clinical-audit/

The model for improvement

The model for improvement is a framework for accelerating improvement. The model is based on three fundamental questions: What are we trying to accomplish? How will we know that a change is an improvement? What changes can we make that will result in improvement?

www.ihl.org/resources/Pages/HowtoImprove/default.aspx

www.qihub.scot.nhs.uk/knowledge-centre/quality-improvement-tools/model-for-improvement.aspx

PDSA

Plan-Do-Study-Act (PDSA) is a structured approach for making small incremental changes to systems. A full cycle includes stages of planning, implementing, testing and identifying changes.

www.ihl.org/resources/pages/tools/plandostudyactworksheets.aspx

www.qihub.scot.nhs.uk/knowledge-centre/quality-improvement-tools/model-for-improvement.aspx

Driver diagrams

A driver diagram organises information on a proposed activity so the relationships between the aim of the improvement project and the changes to be tested and implemented are clear.

www.ihl.org/education/hiopenschool/resources/Pages/Activities/GoldmannDriver.aspx

Process mapping

Process mapping develops a map of a process within a system and can be used to help a team understand where there is a problem and identify areas for improvement.

<http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>

Appendix 2: Evaluation form template

UK IBD Audit workshops

Evaluation form

To help us continually to improve and develop our events, we should be most grateful if you would complete the following:

Name: _____

Date: _____

Location: _____

Please consider the *content* of the workshop

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| This programme was interesting and relevant to me as a professional | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The amount and depth of the material were appropriate for the time available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The programme matched my expectations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There were elements that could have been omitted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, which elements should be omitted? | | | | |
| There were aspects that I had hoped to learn that were <u>not</u> covered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, what was missing? | | | | |

Please consider the *delivery* of the workshop

| | Strongly agree | Agree | Disagree | Strongly disagree |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| This programme was well structured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It was appropriate for the group size | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please consider the *venue*

| | Strongly agree | Agree | Disagree | Strongly disagree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Comfortable / appropriate for the workshop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Catering was suitable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Easily accessible | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Overall

Please list the best aspects – up to three – about the meeting:

1. _____

2. _____

3. _____

Comments

Please continue overleaf if necessary

Would you attend a similar event again? Yes No

Effective events for local quality improvement following national clinical audit

Appendix 3: Follow-up plan from the IBD Audit workshops



Appendix 4: Site visit agenda following IBD Audit workshops

Inflammatory Bowel Disease (IBD) Programme site visit to ** Hospital

Date & Time: Friday 13 November, 10:30am – 12:30pm

Location: **

Objectives of the visit:

- To discuss your IBD service as a whole and share expertise
- To discuss and draft the content of a letter to your Chief Executive Officer summarising this visit

| | | |
|-------------|---|----------------------------|
| 1030 | Arrival and start of visit – meet in endoscopy reception. Welcome and introductions | IBD service lead |
| 1035 | Tour of the IBD clinical area Endoscopy Unit and Infusion clinic | IBD service lead |
| 1110 | An overview of IBD services - Presentation or discussion to provide an overview of IBD services locally by service lead at hospital being visited e.g. outline number of IBD patients in locality, admission rates, length of stay, staffing, links with primary care, summary of audit data where results are above/below national averages. | IBD team |
| 1130 | Group discussion led by visited team - To address areas of concern, explore methods of overcoming barriers and share expertise. To also include an update of progress with action plan completed during IBD audit workshop | IBD team and RCP attendees |
| 1210 | Letter to Chief Executive Officer - Discussion and agreement on content of letter to be sent from RCP IBD steering group attendees to CEO | IBD team and RCP attendees |
| 1230 | End of visit | |

Royal College of Physicians IBD audit programme representatives attending the visit:



Further information is available at: www.hqip.org.uk

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6th Floor, 45 Moorfields, London, EC2Y 9AE

T 020 7997 7370 F 020 7997 7398

E communications@hqip.org.uk

www.hqip.org.uk

Registered Office: 70 Wimpole Street, London W1G 8AX

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Registered Charity Number: 1127049

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