HQIP Healthcare Quality Improvement Partnership

Leading for Improvement

Danny Keenan
Medical Director HQIP

Challenges around leading change in the face of push back

My History:

1. Consultant cardiothoracic surgeon (worker bee)
2. Consultant cardiothoracic surgeon (put upon worker bee)
3. Clinical Director- Cardiac Services (pre National Service Framework)
4. Clinical Director- Cardiac Services (post National Service Framework)
   - Running concurrently was the North West Quality Improvement Partnership
5. Medical Director, HQIP

Challenges around leading change in the face of push back

My History:

1. Consultant cardiothoracic surgeon (worker bee)
   - What did I learn?
     - Happy for someone else to do the interacting with management
     - Left alone to get on with the doing
     - Eventually it dawned that decisions were being taken that were not conducive to a high quality service
     - Who was making the decisions?
       1. No departmental meetings
       2. Decisions diffused in strange ways
2. Consultant cardiothoracic surgeon (put upon worker bee)

Challenges around leading change in the face of push back

The North West Quality Improvement Partnership:

- The two cardiac surgical units in Manchester had been holding joint clinical meetings looking at difficult cases for a year or so (on Saturdays!)
- Started to present our outcome results, by unit, but anonymised by surgeon (except that we all knew whose results were whose)
- Added the other two North West units (Liverpool and Blackpool) – The NWQIP programme was born.

(Acknowledge Ben Bridgewater, Mark Jackson, Brian Fabri, Geir Grotte and colleagues in Blackpool)

Challenges around leading change in the face of push back

The North West Quality Improvement Partnership:

- Presented results from each unit.
- Supported by a grant from the SHA.
- Looked at mortality and subsequently other quality markers

Challenges around leading change in the face of push back

The North West Quality Improvement Partnership:

- Break through when we involved nurses and patients
- Quickly moved to unanonymised results (both unit and subsequently individual surgeons).
- Moved on to peer review events.
- Spread to cardiology

Challenges around leading change in the face of push back

The North West Quality Improvement Partnership:

Why was this so successful?

1. Was not threatening
2. Was supportive
3. Measured what mattered
4. Patient input was excellent (they were our least critical audience)
5. Eventually merged into national initiatives and was taken over by the Trusts' increasing drive into quality, safety and patient centred services

Challenges around leading change in the face of push back

Why is transparency so hard in healthcare?

Challenges around leading change in the face of push back

What are the Challenges?

Change

But it can be really hard...

- Change involves a loss
- Different people react differently
- Expectations need to be managed

Challenges around leading change in the face of push back

- Improvement requires change
- Change does not necessarily lead to improvement

Challenges around leading change in the face of push back

Why is it difficult to improve things:

- Limited knowledge of current concepts and methods of quality improvement
- Differing definitions about what constitutes high quality care
- The widespread belief that high quality care is already being provided
- Who is actually responsible for quality improvement

Challenges around leading change in the face of push back

Why is it so hard to improve things? (continued)

Many health professionals are concerned that:

Quality initiatives will be at best ineffective and a waste of scarce personal and organisational resources

Quality initiatives will be at worst actually detrimental to patient care

Challenges around leading change in the face of push back

- “The data is extremely useful to political groups and may be used in detrimental ways.”
- “The registries should have written guarantee that they will not be hijacked by DoH or other governmental agencies”
- “The registry data being made public is already affecting the way surgeons decide on whether to operate & how to handle complications due to concerns of adverse publicity. ... very few patients are interested in the data... This all seems to be being driven by "medical politicians".”

Challenges around leading change in the face of push back

Lesson Learned:

- At all points involve clinicians; must be done by them not to them
- Look for leaders/champions to be the early adopters
- Articulate the vision again and again
- If a strategy is not working change it
- Make improvement easy; simple “tools” to develop Statistical Process Control Graphs etc.
- Institutional financial rewards

Challenges around leading change in the face of push back

Personal lessons Learned:

- Being such a leader can be very challenging
- Can get very personal
- Can be very lonely
- If the tribe goes against you there may be nowhere to turn
- Your vision must be secure
- Remember it only works if you “walk the walk”
- Remember that its all about patients

How can Clinical Leads keep the Focus on Quality Improvement

‘Honesty and transparency make you vulnerable. Be honest and transparent anyway’

How can Clinical Leads keep the Focus on Quality Improvement

Need to address the negative issues:

- Limited knowledge of current concepts and methods of quality improvement
- Differing definitions about what constitutes high quality care
- The widespread belief that high quality care is already being provided
- Who is actually responsible for quality improvement

How can Clinical Leads keep the Focus on Quality Improvement

- High performing teams:
  - Well lead
  - Vision and objectives
  - Communication
  - Patient centred
  - Learning and Training
  - Deliverables that all are signed up to
  - Information strategy with agreed metrics

How can Clinical Leads keep the Focus on Quality Improvement

Challenges in developing such metrics:

- Measuring healthcare quality is often complicated and challenging but achievable.
- Whatever we measure leads to improvement
- Conversely whatever we do not measure can get neglected
- Measures get better with use
- The ability to use these in benchmarking is paramount

Improvement is not just about measurement…

…but you can't improve something without measuring it!

How can Clinical Leads keep the Focus on Quality Improvement

- How do we drive improvement through the National Audit Program?
  - By asking the right questions
  - Quality Assurance is a given
  - Questions focused around Quality Improvement
  - Having questions focused on the important audiences
    - Clinicians / Managers of Healthcare Institutions
    - Patients and the Public
    - Commissioners
    - Regulators
  - Getting the results out there

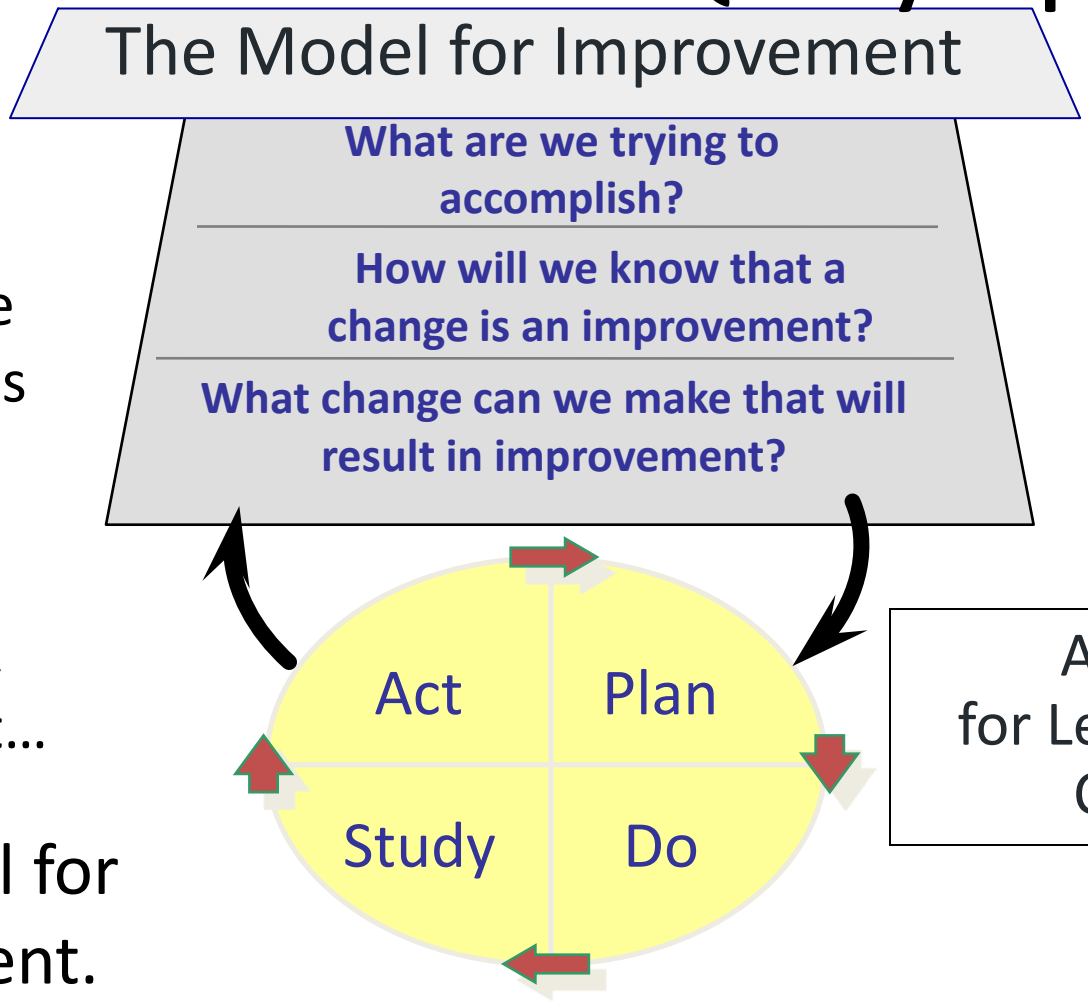
Better
Real Time Information

How can Clinical Leads keep the Focus on Quality Improvement

When you combine these three questions with the…

National Audit/PDSA cycle, you get…

…the Model for Improvement.



A Model for Learning and Change

HQIP Healthcare Quality Improvement Partnership

Thank You.

Danny.Keenan@hqip.org.uk