Frequently Asked Questions re QIPs

1. What is Quality Improvement all about?

Quality improvement (QI) is a proactive approach to improving

- patient and population outcomes
- system performance
- professional development

It is about continuous improvement in order to meet and exceed any required standards or spotting and stopping potential dangers.

2. What does quality care look like?

The US-based National Academy of Medicine (formerly the Institute of Medicine) think the quality care should be

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-centred

How would *you* describe quality care?

3. Why is QI important in healthcare?

Engaging GPs in quality improvement (QI) is essential to

- improve the health of the population
- enhance patient outcomes (including experience)
- reduce healthcare costs
- improve provider experience (that means <u>you</u> enjoy work more 😊)

4. How long will my QI project take?

This depends entirely on the project at hand. Some projects might be a simple 'quick fix'. Some projects may be much more involved and could take months to implement and take forward. These may be more suitable for your ST3 year.

If you're passionate to sort a problem but don't have time, be prepared to hand over the QIP to the registrar who follows you, before you move on to your next post. However, generally speaking, try to choose something small that is achievable in the time available. Small is good. Lots of small changes to see what works is better.

5. What if the change I make does not lead to an improvement?

Sometimes we make a change that does not lead to an improvement - and that is okay! Not every change will have a positive effect - it is very important that we collect data before and after an intervention just for this reason. It allows us to quantify a change.

If the change didn't work out how you planned, you can either adapt the idea - make some alterations to the process/system that you have changed and see if these give you the intended result, or you can discard the change and start again.

The most important thing is to be open and honest about the data you collect. Nobody will mind if the project hasn't worked out as planned so please do not hide data if things don't work out. It's likely you will have ideas as to what to try next which will be helpful for the practice, even if you don't have time to test them yourself.

6. What's the difference between QI and Audit?

Many people will tell you that QI is different to audit. However, that is a bit like saying birds are different to pigeons – it doesn't make sense! Quality improvement science is a vast subject that extends way beyond healthcare. Audit is just one QI tool and traditionally the main QI tool that many NHS healthcare professionals have used since the 1990's. Audit can still be used to good effect if you understand its strengths and weaknesses.

Audit is a good way of establishing whether standards are being kept. With current GP software this information can be gleaned from your computer records, often within minutes if you know how to set up a search (or know someone who does). This information may then spark a QIP using other tools like PDSA and run charts to measure change. Remember that audit is not a good tool for assessing whether a change has made a real improvement or not – it just does not have the statistical power to do this.

7. What QI tools can I use?

If you have no idea what area of healthcare you want to improve, there are numerous **tools to find problems**. *Audit* is one. Most practices will have dozens of old audits, some of which will have revealed areas of concern. An interesting tool is the *Patient Safety Walkround* (PSW). You can download a list of questions from the internet or make up your own, and then walk round the practice or ward you are on and ask different members of staff what worries them about safety. This will not only give you ideas for a QIP, but in itself the PSW shows staff it's okay to talk about problems and potential problems, a key requisite for developing a generative safety culture (see Manchester Patient Safety Framework – MaPSaF). The PSW can also be tweaked to obtain staff views on other aspects of quality care (see FAQ 2).

Once you have identified a problem you may wish to use **tools to determine what changes to implement**. *Driver Diagrams*, a method of gathering ideas from the team and selecting one or two to try, can help here. Basically, DDs are organised team brain-storming. If you can't get the team together you may need to leave an ideas box in the staff room to gather peoples' thoughts. Be pragmatic and modify these tools to your situation. In your write-up explain what you did and why.

Once clear what you are going to change, you need to work out how you are going to measure success. The *Plan-Do-Study-Act (PDSA) Cycle* is a **tool to help formulate good questions and give your QIP a structure.** PDSA cycles work best if your change is small and measurable over time. *Run Charts* can display data over time in clear way, but not all data from your change will be measurable in this way. Don't worry. Just explain why you could not chart your data in your write-up.

There are many more tools but we are primarily doctors, not QI science experts. So do your best in the time you have available and discuss in your write-up any short comings.

8. How can I ensure my QIP is of a good standard?

Your QIP will be assessed mainly on the clarity of your write-up, which itself is dependent on the clarity of your thinking & planning. To help you with that try working through these points

- What bothers you at work? What could be improved? – Write a niggle list
- From your list, which one of these could be tackled in the time you have available?
- Why else have you chosen this issue?
- What aspect of QI are you tackling? (See FAQ 2)
- Has this been tackled before? If no, why not? If yes, what happened?
- What change(s) will you make?
- Who will you need to help you?
- How will you know your change is an improvement? What will you measure?
- What legacy will you leave behind? How will your practice or ward be different?
- What's next?

If you're someone who needs more detail then you could look at the RCGP's proposed marking scheme, "QIP grade descriptors" available at the bottom of this webpage. If you're more of a free spirit who knows what they want to change, how, when, why, what you will measure and what legacy you hope to leave behind then you may find the descriptors below slightly dispiriting! However, there is (at the time of writing) lots of other excellent QI information on this webpage, which can answer more of these questions in greater depth than there is space for here. So do have a look.

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