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What skills do health professionals use to deliver change in practice?

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Acknowledgement

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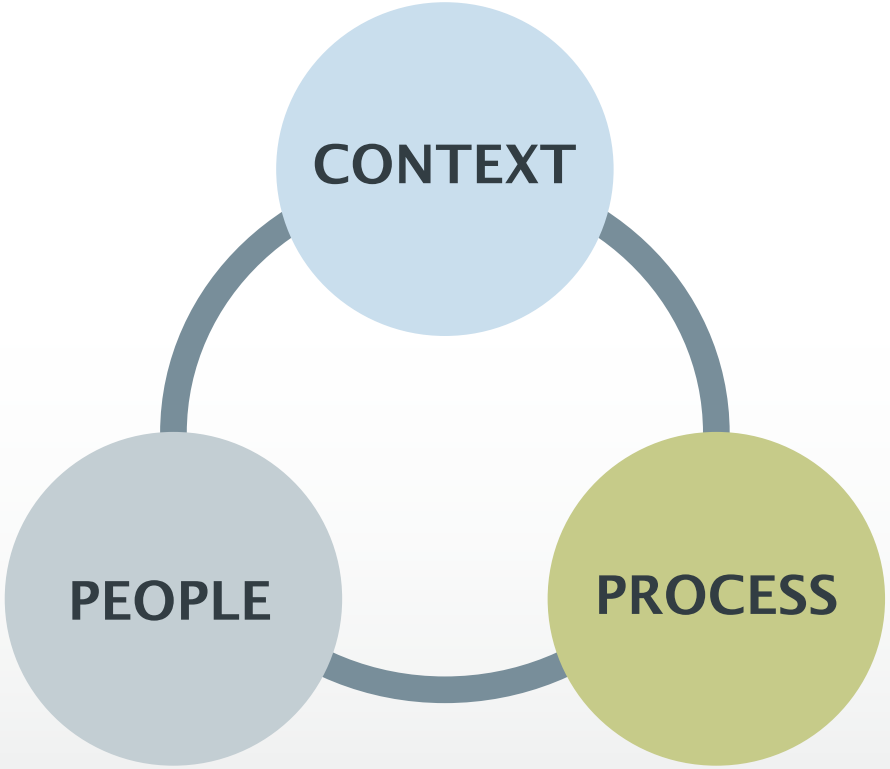
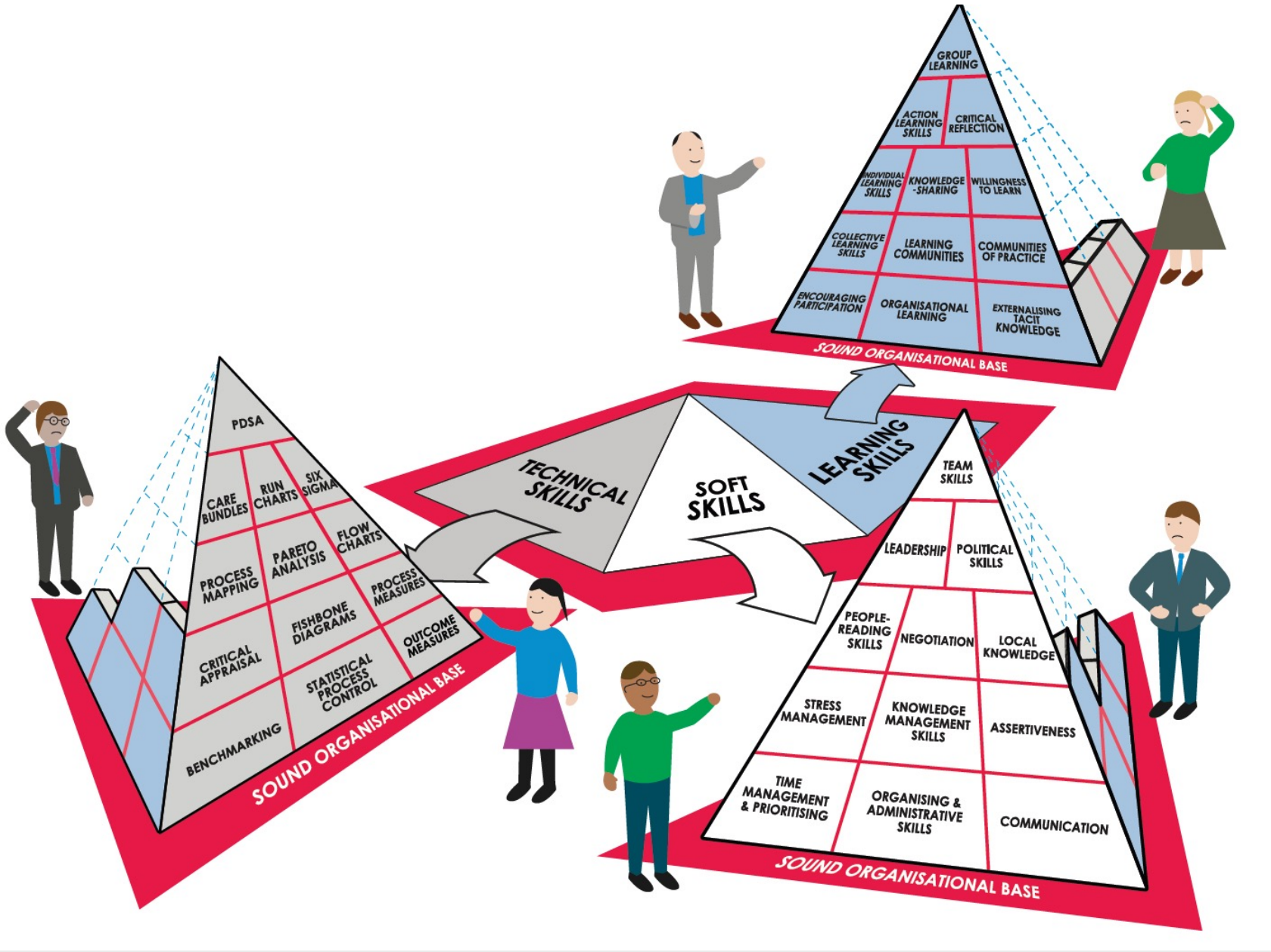
Factors influencing QI design and delivery





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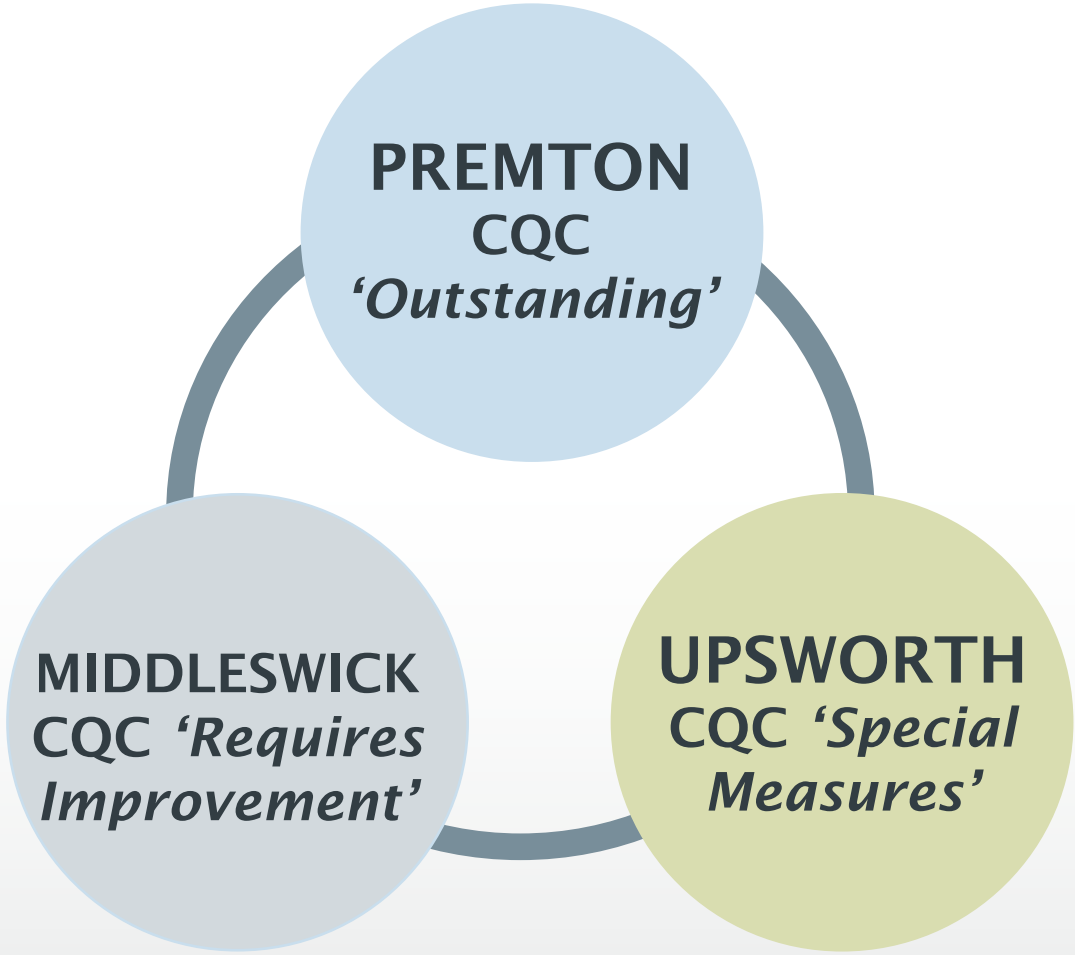
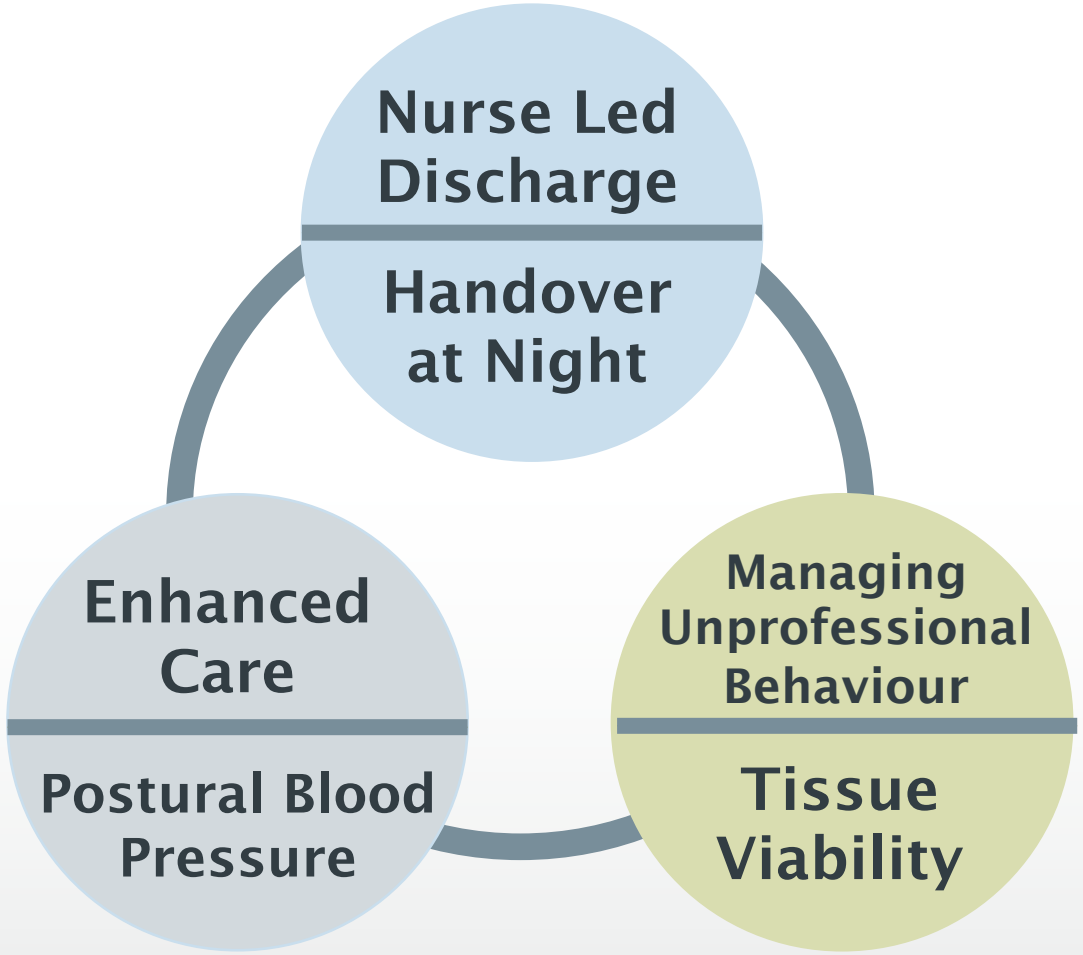
Study aims

- Which improvement skills matter most, when and why?
- What factors help or impede practitioners use their improvement skills?
- How and why do successful groups overcome the barriers/ capitalise on the facilitators ?

Study design



Study design



Premton		Middleswick		Upsworth	
HAN	**NLD**	**EC**	**PBP**	**TV**	**MUB**
QI lead matron ×3 QI lead junior doctor ×2 2 Senior management team members 2 consultants Organisation development manager 1 meeting observation	QI lead matron ×2 Senior management team member Matron ×2 2 matrons Senior sister ×2 Sister/charge nurse ×2 Sister/charge nurse 2 ward managers ×2 4 staff nurses 2 advanced nurse practitioners Consultant surgeon	QI lead nurse ×3 QI lead nurse ×3 QI manager ×3 Matron ×2 6 ward managers 5 staff nurses 4 healthcare assistants Director of nursing	QI lead nurse ×3 QI physiotherapist Consultant lead 2 matrons Senior nurse 2 ward managers 2 staff nurses 3 healthcare assistants	QI manager ×3 QI lead ×4 2 specialist nurses Patient safety manager Director of nursing ×2 Training manager Link nurse 3 ward managers 4 staff nurses Matron 2 physiotherapists Student nurse Healthcare assistant	Senior clinical manager ×2 Medical administrator ×2 HR manager ×2 Consultant ×4 Consultant ×2 Senior nurse manager Senior nurse manager ×2 Administrator ×2 Trainer/manager Training manager ×3 1 meeting observation
Total: 10 (+1 meeting)	23	27	15	26	21 (+1 meeting)

Findings: Socio-Organisational Functional and Facilitative Tasks

Adopting and promulgating the appropriate organisational environment ▸ encouraging blame-free, nurturing, open environment ▸ fostering ownership by staff ▸ enabling difficult conversations ▸ inculcating high-quality care	Managing the QI rollercoaster ▸ avoiding 'initiativitis' ▸ timing, coordination and momentum	Getting the problem right ▸ understanding properly what is wrong and why ▸ codesigning QI work
Getting the right message to the right people ▸ getting the message right ▸ getting to the right people ▸ communicating	Enabling learning to occur ▸ creating the necessary culture of learning ▸ growing skills	Contextualising experience ▸ adapting prior experiential learning ▸ using experience to modify the intervention ▸ transforming the original improvement to match the context

SOFFT 1: Adopting and promulgating the appropriate organisational environment

E.g. Enabling staff to have difficult conversations

'the initiative, rather than being bottom up and department up, was more top down, which means that although I was trying to do the bottom-up bit, it felt there was a wedge in the middle that was somehow not really totally engaged probably because they weren't engaged in the embryonic stage of it all.'
(QI lead junior doctor, HAN)

SOFFT 2: Managing the QI rollercoaster

Timing, coordination and momentum

Tissue Viability, Upsworth

- Initial QI project was failing
- Rather than force wider adoption, the team:
  - focused on two high-risk wards
  - refined the approach
  - rolled out the change gradually
- After 6 months:
  - positive outcome data
  - restored team morale
  - effective roll-out

SOFFT 3: Getting the problem right

Understanding what is wrong and why

'It was very much process driven. It was, "We want to have a handover that looks like this", rather than, "The aim of changing our handover is…" Is it to make our patients safer? Is it to make our staff feel safer? Is it to provide education? Is it to provide joined up working? Is it to be more efficient?'
(QI lead matron, HAN)

SOFFT 4: Getting the right message to the right people

Getting the message right

Nurse Led Discharge, Premton

- consultants dubious about project
- nurses ‘read’ the consultants, adapting approach to each individual
- ward manager used nurse led discharge terminology on all ward rounds over two years
- nurse led discharge became second nature for staff, including resistant consultants

SOFFT 5: Enabling learning to occur

Creating the necessary learning culture

Premton

- QI central to learning and development, including:
  - coaching
  - mentoring
  - preceptorship
  - on-site training
  - road shows
  - ‘skills blitzes’
  - homegrown online tools
  - educational videos
- QI included in staff inductions
- in-house action-learning
- training based on real projects

Upsworth

- QI not central to training
- QI not part of induction process
- QI training was provided by the external consultancy
- Training involved fictitious case studies

SOFFT 6: Contextualising experience

Transforming the improvement to match the context

Nurse Led Discharge, Premton

- need for fidelity balanced with adapting the design
- matrons recognised different traditions of wards required adaptions of the NLD design
- collaborations with staff to adapt design to local context
- a diverse model was implemented appropriate to each ward

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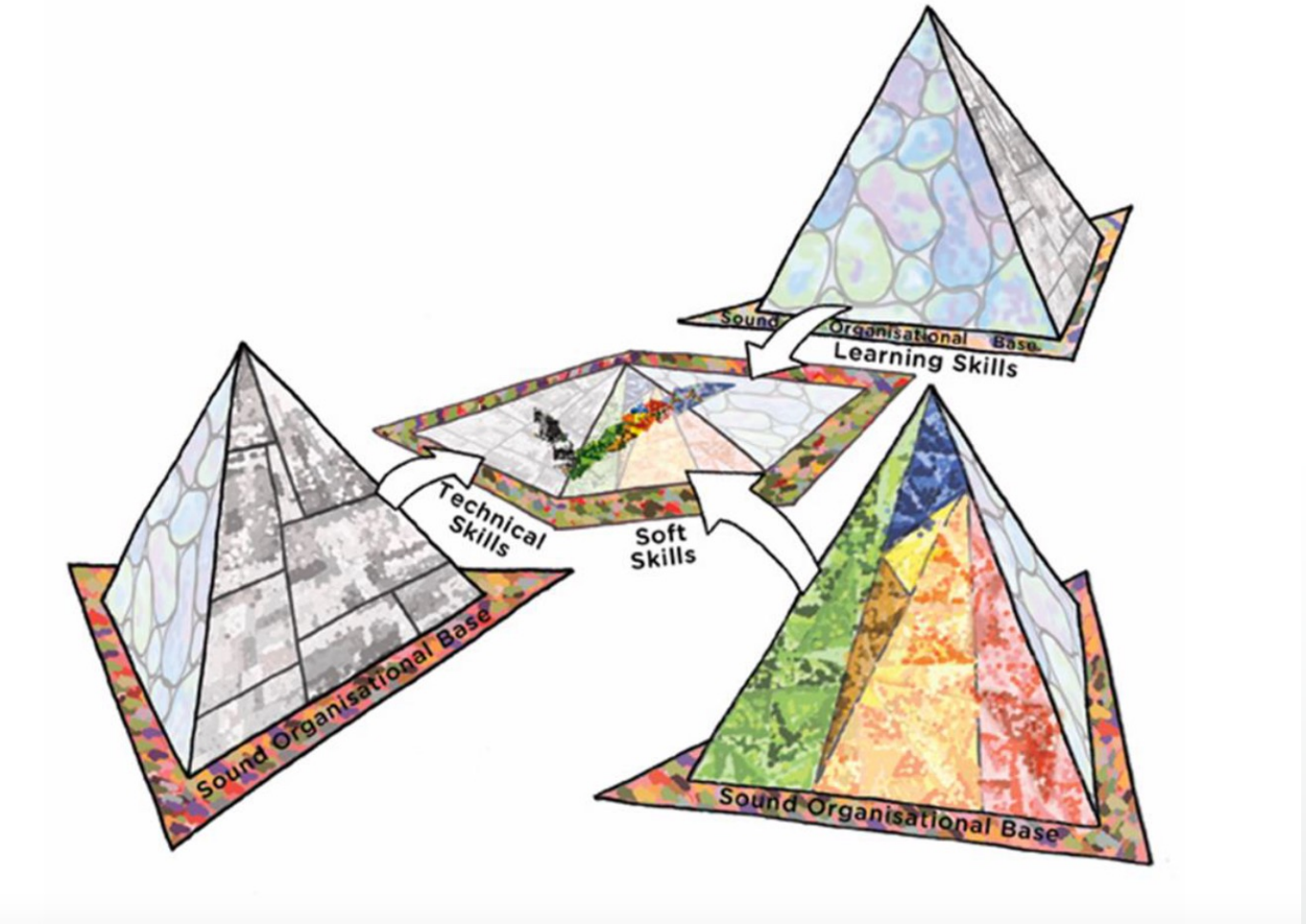
Implications



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Implications

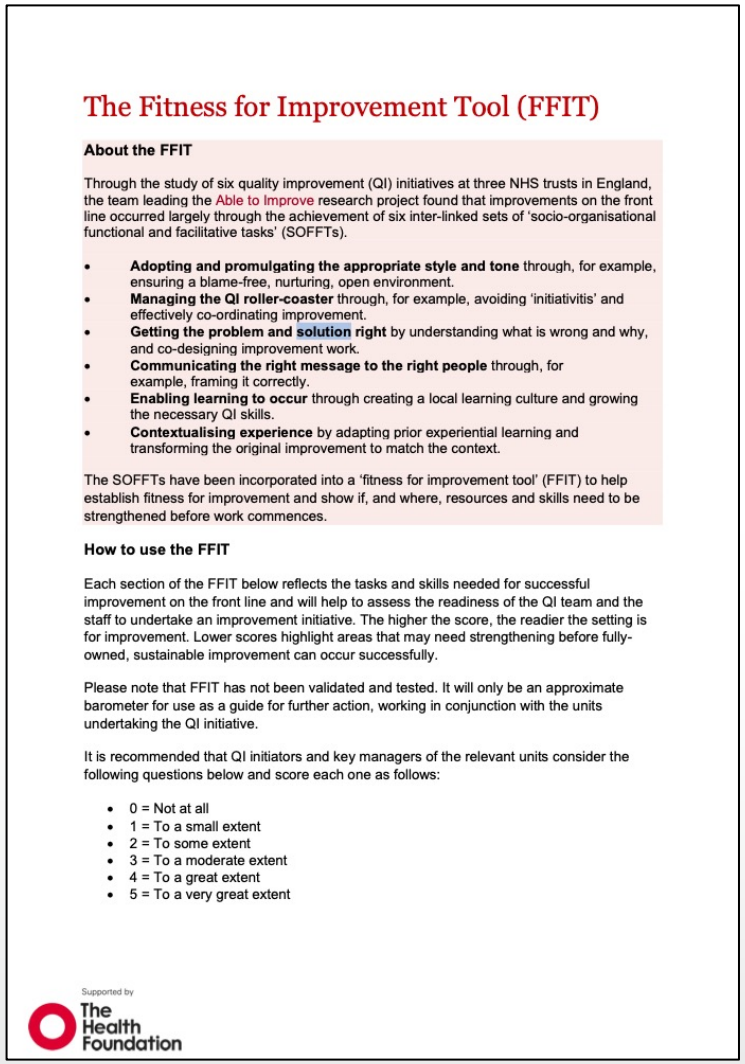
- All three skills sets (technical, learning, soft) are required for the successful delivery of QI
- Technical QI training and understanding of data may be less of an issue than literature suggests
- Ability to draw flexibly on other skill sets to address barriers is important
- Fidelity to QI is less important than adapting projects and skills to local context

Implications

- QI delivery needs to be tailored in terms of:
  - Timing
  - Context
  - Audience
- It is important to know when a QI technique is good enough and have an arsenal of skills
- Assessments of readiness for improvement needs to take account of these skills

Fitness for Improvement Tool

https://www.health.org.uk/sites/default/files/2021-07/the_fitness_for_improvement_tool.pdf



The Fitness for Improvement Tool (FFIT)

About the FFIT

Through the study of six quality improvement (QI) initiatives at three NHS trusts in England, the team leading the Able to Improve research project found that improvements on the front line occurred largely through the achievement of six inter-linked sets of 'socio-organisational functional and facilitative tasks' (SOFFTs).

- **Adopting and promulgating the appropriate style and tone** through, for example, ensuring a blame-free, nurturing, open environment.
- **Managing the QI roller-coaster** through, for example, avoiding 'initiativitis' and effectively co-ordinating improvement.
- **Getting the problem and solution right** by understanding what is wrong and why, and co-designing improvement work.
- **Communicating the right message to the right people** through, for example, framing it correctly.
- **Enabling learning to occur** through creating a local learning culture and growing the necessary QI skills.
- **Contextualising experience** by adapting prior experiential learning and transforming the original improvement to match the context.

The SOFFTs have been incorporated into a 'fitness for improvement tool' (FFIT) to help establish fitness for improvement and show if, and where, resources and skills need to be strengthened before work commences.

How to use the FFIT

Each section of the FFIT below reflects the tasks and skills needed for successful improvement on the front line and will help to assess the readiness of the QI team and the staff to undertake an improvement initiative. The higher the score, the readier the setting is for improvement. Lower scores highlight areas that may need strengthening before fully-owned, sustainable improvement can occur successfully.

Please note that FFIT has not been validated and tested. It will only be an approximate barometer for use as a guide for further action, working in conjunction with the units undertaking the QI initiative.

It is recommended that QI initiators and key managers of the relevant units consider the following questions below and score each one as follows:

- 0 = Not at all
- 1 = To a small extent
- 2 = To some extent
- 3 = To a moderate extent
- 4 = To a great extent
- 5 = To a very great extent

Supported by The Health Foundation

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Paper: https://qualitysafety.bmj.com/content/early/2021/08/26/bmjqs-2021-013065

FFIT: https://www.health.org.uk/sites/default/files/2021-07/the_fitness_for_improvement_tool.pdf

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