AHSN partner priorities 2014-16

We are working with our partners using components flexibly to deliver improvements in the following key priority areas

Patient safety	Urgent care	High Impact Innovations
Healthy ageing	NICE Technology Appraisals	Improving air quality

Examples

Mortality Review Programme	
Rationale	***Programme elements***
Standardised hospital mortality statistics calculate ‘excess deaths’. These are sometimes inappropriately equated to ‘avoidable deaths’ by staff, media and the public. There is a need to develop a robust method of identifying ‘avoidable deaths’ to complement hospital mortality statistics. This programme aims to develop a robust case-note review method, put it into practice, learn from review findings both locally and across the wider network.	● Master Classes in Hospital Mortality Statistics ● Improvement measures ● Training for boards ● Training clinical volunteers in case note review methods ● Project management ● Engagement meetings ● Clinical leadership

Responsive Wheelchair Services Programme	
Rationale	***Programme elements***
Substantial delays in the delivery of wheelchairs impact on quality of life. This is particularly acute when growing children need a wheelchair. “Child in a chair in a day” high impact innovation (DH, 2011) introduced methods of speeding up delivery of wheelchairs.	● Whole system engagement event ● Culture tool ● Patient engagement ● ‘barriers to change’ diagnostics ● Project management ● Peer review ● Big conversations ● Measurement for improvement

Key references

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For further information

E: Academy@yhahsn.nhs.uk **T:** 01274 383926 **W:** www.yhahsn.org.uk/improvement-academy

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Yorkshire & Humber Academic Health Science Network partners

Improvement Academy

Delivering improvements through
Clinical Improvement Networks in Yorkshire and Humber

A ‘How to’ Guide

Aim of this guide

This guide describes in practical detail how the AHSN Improvement Academy will support partner organisations in Yorkshire and Humber to build on local expertise and to improve health services through clinical communities and networks.

This guide draws on insights and evidence from an expanding literature in implementation science and improvement science (including experience of spreading best practice through collaboratives and other improvement initiatives applied in healthcare contexts) from 2000 to date. We identify design principles for improvement, which are then operationalised into components to be brought together into managed programmes to meet the needs identified by the clinical community, partner organisations, patients and the public.

The Improvement Academy

The Improvement Academy is part of the Yorkshire and Humber Academic Health Science Network, aiming to:

- Ensure evidence-based solutions become routine practice
- Bring about lasting change using improvement methods, human factors psychology and implementation science
- Co-create improvement with front-line clinicians, patients and the public
- Reduce unwarranted variations in outcomes of care
- Address professional and geographical isolation through network learning

Design principles for improving healthcare services

Recent reviews identify learning which we have summarised into design principles:

Design Principle

1 Clinical leadership

Good clinical leadership ensures that improvement efforts are focussed on clinically important needs, and that local experts are actively engaged in shaping improvements.

2 Create effective dialogue and shared purpose between top of the organisation and front-line practice

Really effective, patient-centred, improvement work needs both the impetus from high level (policy or organisational) agendas, together with the creative and vital learning from front-line practice.

3 Project manage across whole systems – multi-professional and multi-agency

Project management is essential to structure, coordinate and support improvement. Taking a whole systems perspective ensures that the healthcare system functions effectively for patients whose needs span the artificial boundaries of healthcare organisations or professions.

4 Go where the evidence leads

Not only is there a body of evidence on 'what' could be improved, but also on what methods are useful and effective. Improvement plans should take account of this evidence, and should also be open to learning and modification as new improvement evidence is generated through the project.

5 Measurement for improvement – collect and use data wisely

Measurement is fundamental to improvement, making sure that routine measures are credible and practical to collect. Improvers (and their supporters and managers) need feedback of improvement data as close as possible to real-time in a highly visible format.

6 Contextualise

Recognising and adapting to individual organisational contexts is important work for improvement leaders. Networked learning across different contexts can create important additional insight.

7 Promote team-based cultural change for sustainability

Healthcare delivery is multi-professional, team-based, and subject to local culture (what we do around here). Sustainable improvement needs to impact at the team-based cultural level

8 Create systems for learning

Delivering improvement requires a basic understanding of improvement methods and an openness to learn from colleagues, peers, and patients.

9 Health economically sound and responsible

Improvement work requires resourcing (not just cash, but time and opportunity costs) but this needs to be justified in terms of the expected benefits in return for that investment.

10 Patient engagement is crucial

The patient voice is crucial in instigating, responding to, validating and leading change. There are a range of methods that can be employed – and it doesn't need to be difficult.

Operationalizing the design principles: the components

The Improvement Academy has developed a set of components that will be drawn on flexibly:

Component	*Purpose*	*Example/s*	*Principle/s*
Masterclass	To provide an opportunity to think through challenging issues with experts in a context of dialogue	Mortality Statistics Masterclass	4, 8
Whole system engagement event(s)	To provide information, and create a platform for action, that is shared among executives and clinical leaders	Wheelchair services improvement event	2, 3, 4, 8
Improvement Fellows	The Improvement Academy supports a network of improvement leaders in their own context	Academy Improvement Fellows network	1, 6, 7, 8
Effectiveness Matters	To provide evidence from systematic reviews in an easily digestible format	Patient Safety: 10 things organisations should be doing	4
Measurement of culture at team level	To support the front-line team to identify areas for work, measure improvements in team culture, and benchmark	Culture survey tool (collaborating with University of Texas)	5, 7
Quality improvement training	To provide everyone with basic skills and understanding about improvement	TAPS online module	8
Health economic evaluation	To ensure proposed changes are viable and a good use of resources	Health economics input into AHSN	9
'Barriers to change' diagnostics	To apply up-to-date techniques from psychology to identify constraints and correctly target implementation efforts	Used to understand barriers to anti-coagulation	4, 7, 8
Measurement of improvement	Highly visible progress at team level, and at programme level, using run-charts and geographical information systems	Daily data recorded on hospital ward notice boards	5, 7, 8
Project management	To provide projects with structure, momentum and support	All programmes	3
Clinical leadership	To provide credible local clinical expertise and leadership in the topic area	All programmes	1
Patient and public engagement	To understand and focus on what outcomes are important to patients	Patient voice via PRASE data	8, 10
Big conversations	Facilitate discussions at team level to engage staff and embed improvements, creating independent improvers	Ward level patient safety work	7
Peer review	Creating opportunities for teams and organisations to share learning in a context of dialogue	Wheelchair services improvement event	6, 8
Positive practice methods	To Identify and learn from positive outliers identified in routine health data and through other methods	CLAHRC theme on transforming care	4, 5, 6