

Moving on From Audit - Quality Improvement Tools for Infection Prevention



Dr. Neil Wigglesworth, QI Tools Steering Group

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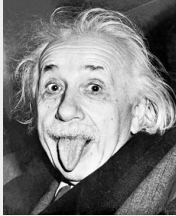
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 On behalf of the IPS QI Tools Steering Group

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“The definition of insanity is continuing to do the same thing over and over again and expecting a different result”



— Albert Einstein

Why change?

- Healthcare Associated Infection (HCAI) is a (the?) major patient issue
- We have scientific evidence for the interventions that are likely to lead to reduced HCAI
 - We know what to do**
- Studies have demonstrated that guidance does not translate into practice
 - We don't know how to do it**

Objectives

- A brief introduction to Quality Improvement
- Introduction to the forthcoming IPS Quality Improvement Tools

What is Healthcare Quality?

Safe	avoiding injury from care that is intended to help e.g. medication, surgery, medical equipment, falls, pressure sores.
Effective	avoiding under use or over use of services e.g. unnecessary tests or investigations, adherence to guidelines.
Patient-centred	providing respectful, responsive individualised care e.g. partnering with patients to design and re-design care pathways, improve estate and lead change.
Timely	reducing waits and harmful delays in care, including ensuring safe transitions into and out of the hospital system.
Equitable	providing equal care regardless of personal characteristics, gender, ethnicity, geographic location, and socio-economic status.
Efficient	providing care that best uses available resources for optimal benefit and focuses on eliminating waste such as unnecessary movement of patients or staff.

Institute of Medicine 2001

What is Quality Improvement?

- Term used to describe application in healthcare, of approaches first developed in manufacturing industry e.g.

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Statistical Process Control (SPC)

What are we trying to accomplish?
How will we know that a change is an improvement?
What change can we make that will result in improvement?

Six Sigma

Lean

Adapted from www.ihl.org and Boaden R et al (2008)

“Every system is perfectly designed to achieve exactly the results it gets”

Institute for Healthcare Improvement

“ If I had to reduce my message for improvement to just a few words, I’d say it all had to do with reducing variation”

W Edwards Deming

“ All improvement will require change, but not all change will result in improvement”

Langley et al *The Improvement Guide: A Practical Approach to Enhancing Organizational Performance*, San Francisco: Jossey-Bass Publishers, 1996.

“To measure is to know”

“If you cannot measure it, you cannot improve it”

Lord Kelvin, 1824-1907

Measurement

- Outcome
 - e.g. Infection rates
- Structures and Processes
 - IPS QI tools
- Balancing measures
 - Unintended effects of change

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Measurement for Improvement

- Purpose of measurement is learning not judgement
- Rapid sequential measures with results displayed on (annotated) run charts
- Identify opportunities for testing changes using PDSA cycles
- Process Measures
 - Are we doing the work we are supposed to be doing in order to improve outcomes?

• Adapted from www.ihl.org

Infection Prevention Society

Quality Improvement Tools for Infection Prevention and Control 2009

Background

- West Midlands ICNA produced audit tools for infection control 1990s
- National ICNA produced updated audit tools for infection prevention and control early 2000s
- 2008 – DH England agrees to support IPS review of 'acute tools'
 - Scoping exercise identified need for a suite of tools
 - IPS recognises need to support developing quality improvement approaches in IP&C

Cont...

- Project to develop quality improvement tools receives support from governments and administrations of all 5 IPS countries
 - England
 - Scotland
 - Wales
 - Northern Ireland
 - Republic of Ireland

Project Structure

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graph TD; PB[Project Board] --- PSG[Project Steering Group]; PB --- TDG[Tool Development Groups]; PSG --- TDG; subgraph PB; direction TB; P1[Project Lead]; P2[IPS Treasurer]; P3[Representatives of funding bodies]; end; subgraph PSG; direction TB; S1[Tool development group leads]; S2[Expert advisors]; S3[Thames Valley University]; end; subgraph TDG; direction TB; T1[IPS members]; end;
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Scope

- Setting Specific
 - Acute/secondary care
 - Care homes
 - Mental Health/Learning disability
 - Theatres
 - Endoscopy
- Clinical Practice
 - Hand Hygiene*
 - Peripheral VC
 - Central VC
 - Urinary catheter
 - Standard Precautions
 - Asepsis
 - Enteral feeding
 - Contact precautions
 - Epidural catheter

*collaboration with Royal Free/University College, supported by NPSA

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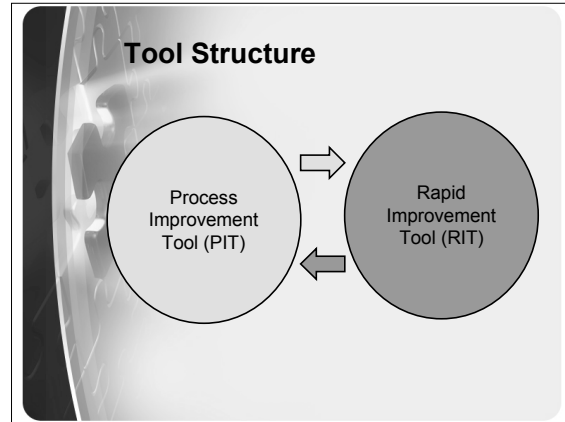
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Tools Development

- Review of evidence
 - Restriction to impact on HCAI
- Testing in Practice
 - Using PDSA cycles
- Wider Consultation with Stakeholders



Database

- Key Features
 - “Pick and Mix” any combination of measures
 - Adapt and create for bespoke use
 - Compatible with NHS (including security) and non NHS IT
 - Multiple methods for data entry
 - Built in reports to support quality improvement (e.g. Run charts)
 - Compatible with ‘credits for cleaning’ system
 - Support and training available (chargeable)

Conclusions

- Infection prevention is central to patient safety
- Quality improvement approaches offer opportunity of transformational change in IP&C
- Measurement for improvement is a requisite of any QI approach
- IPS Tools will support measurement for improvement
- Expected launch towards end of 2009

Acknowledgements

- Governments and administrations in all UK countries and Republic of Ireland
- Royal Free and University College School of Medicine
- National Patient Safety Agency
- Steering Group and Tool Development Group Members
- IPS Board

Project Steering Group Members

• Dawn Hill	• Sue Morgan
• Anna Pronyszyn	• Carol Roberts
• David Green	• Frank Hamill
• Pat Chislett	• Heather Loveday
• Samantha Moorehouse	• Sue Millward
• Judy Potter	• Kathryn Little
• Claire Kilpatrick	• Mags Moran
• Diane Tomlinson	• Neil Wigglesworth
	• David Tucker

More information on www.ips.uk.net – “Quality Improvement Tools”

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www.infectionpreventionconference.org.uk

21 Sep. 09	(Free British Teleclass) <i>Live Broadcast from the Infection Prevention Society Conference</i> Fifty Years of Resistance Speaker: Prof. Gary French, Guy's & St. Thomas' Hospital, England
22 Sep. 09	(Free British Teleclass) <i>Live Broadcast from the Infection Prevention Society Conference</i> The Pursuit of Excellence During a Global Pandemic Speaker: Prof. Robert Pratt, Thames Valley University
23 Sep. 09	(Free British Teleclass) <i>Live Broadcast from the Infection Prevention Society Conference</i> Hot Off the Press - A Review of the Evidence Speaker: Dr. William Jarvis, President, Jason and Jarvis Associates
23 Sep. 09	(Free British Teleclass) <i>Live Broadcast from the Infection Prevention Society Conference</i> Moving on from Audit - Quality Improvement Tools for Infection Prevention Speaker: Dr. Neil Wigglesworth, Salford Royal NHS Trust

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