

# Improving engagement with Clinical Effectiveness in GHNHSFT



## Project Team

Caroline Herbert

Clinical Effectiveness and Quality Improvement Facilitator

## About the Project

Gloucestershire Hospitals NHS Foundation Trust has KPI indicators following the publication of National Audits on the Quality Account.

Baseline data from the period of September 2021-September 2022 shows

- KPI1** - 47% responses are pending and outside of the KPI for Medicine and 54% for Women's & Children's
- KPI2** - 47% responses are pending and outside of the KPI for Medicine and 31% for Women's & Children's
- KPI3** - 7% responses are pending and outside of the KPI for Medicine and 38% for Women's & Children's

While there are ongoing challenges in the time and resource taken to review National audits, it is vital to ensure Clinical Effectiveness is used to identify best practice and to improve the quality of care.

Improved timeliness of engagement would help to evidence where best practice is being met and identify areas where quality improvement is required, supporting improved patient outcomes.

## Aims & Objectives

To improve response time for review of National Audit and development of action plans to ensure compliance by 25% within 12 months.

## Measures Used

**Outcome measures**- no. days from publication release date to action plan documentation.

### Process measures-

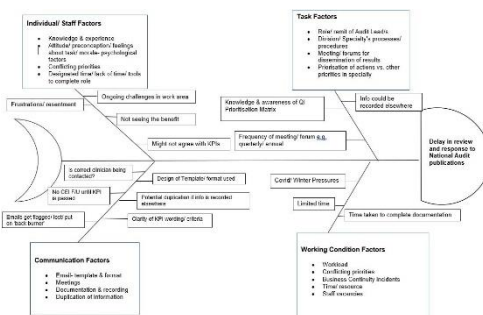
- No. responses from Audit Leads
- No. actions plans documented (or confirmed N/A)
- % KPIs met for 12 month period

### Balancing measures

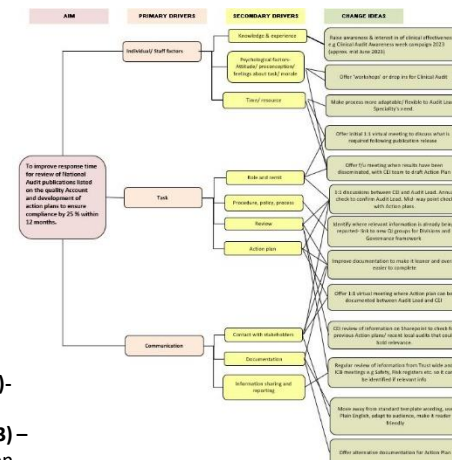
- Action plans resulting in further QI engagement (GSQIA training or facilitation)

## Quality Service Improvement and Redesign (QSIR) Tools: Methodologies used and contribution to your project

**Fishbone Analysis**- understanding cause and effect and exploring the problem



**Driver Diagram**- identify influencing factors and develop change ideas



**PDSA** - Test changes then adopt, adapt or abandon. Gain evidence and confidence in improvement and spread.



- Test 1 (Jan- April 2023)**- improve initial contact
- Test 2- (May- July 2023)** – improve documentation
- Test 3- (Aug- Oct 2023)** – “make yourself useful/ valuable”

## Project Outcomes, Progress and Impact.

- Initial data analysis of outcome and process measures indicates a slight improvement. However the data sample size is not large enough at this stage and requires 12-18 months to allow for analysis. There is currently variation over PDSA cycles due to staggered publication release dates.
- Specialties vary in levels of engagement, learning from and understanding the variation would support future development of strategies to engage. Further PDSAs testing will support this.
- Qualitative data in the form of feedback from Audit Leads, has provided some positive indications, including: -
  - Meeting face- to- face to go through several reports at once is much more useful than attempting to solve via email or on Teams (*National Diabetes Audit*)
  - An initial meeting to discuss Women's & Children's reports has clarified expectations and put National Audits on the radar for more regular discussion (*National Neonatal Audit*)
  - The offer of structured quality improvement support from the Clinical Effectiveness Team would be valuable and appreciated (*National Early Inflammatory Arthritis Audit*)

## Learning for the Improvement Community

**Recognise uniqueness of specialties**- resources, expertise, strengths, challenges and barriers

**Be clear, brief and direct in communication and documentation**- “sometimes less is more”

**Ensure flexibility in approach** –time, format of meetings, understand needs of stakeholders

**Offer structured support** –organisation & facilitation, action planning, tools, workshops, tailor to needs of the audit/ project