



**KQuIP**

# The Paediatric KQuIP Network

## Improve and learn

## Workshop two

**Monday 23<sup>rd</sup> May 15.00-17.00**

**Welcome Back!**



**This session is being recorded**

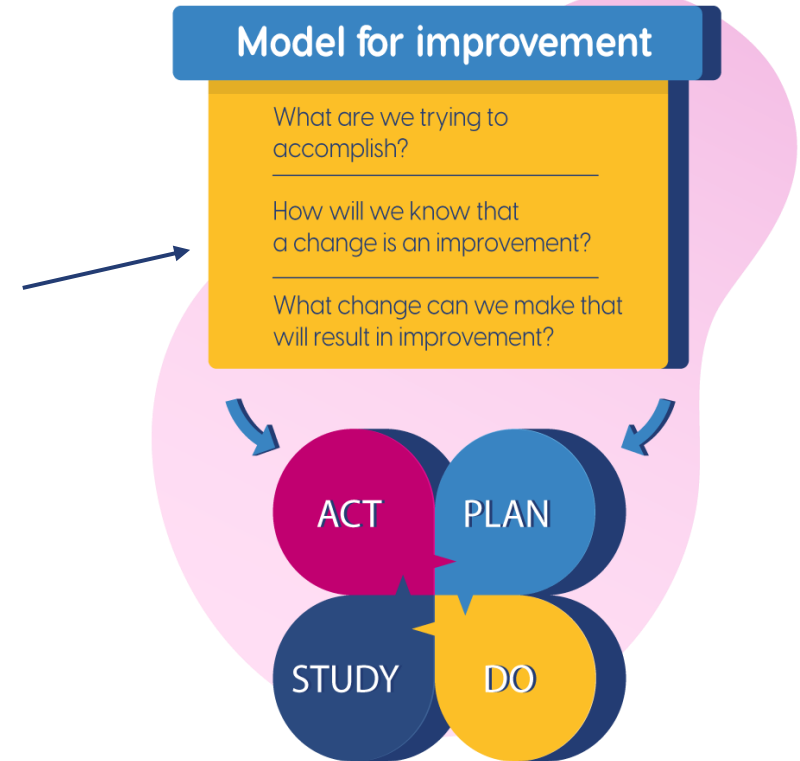


# KQuIP 10 Steps in QI



1. Agree an area for improvement
2. Involve and assemble your team
3. Understand your problem/ system
4. Define project aim and scope
5. Choose 'just enough' project measures
6. Develop change ideas
7. Test change ideas (PDSA)
8. Measure impact of changes
9. Do further testing of change ideas
10. Implement successful changes

Share your progress



IHI Model for Improvement

# Agenda for today



Time	Topic	Speakers
15.00 5mins	Welcome back to Improve and Learn	Julie Slevin and Catherine Stannard  UKKA – KQuIP programme managers
15.05 10 mins	Feedback from the KQuIP youth group	Catherine Stannard / Roy Connell
15.15 20 mins	KQuIP Quality Improvement bite-size training session: “Choosing just enough project measures”	Julie Slevin and Catherine Stannard
15.40 20 mins	Peer Assist session	ALL
Comfort break 5 mins		
16.00 55 mins	Virtual meeting space for project activity  Breakout into workstreams to plan actions based on today’s learning	Workstream leads
16.55 – 5 mins	Close and next steps	Julie Slevin and Catherine Stannard  UKKA – KQuIP programme managers

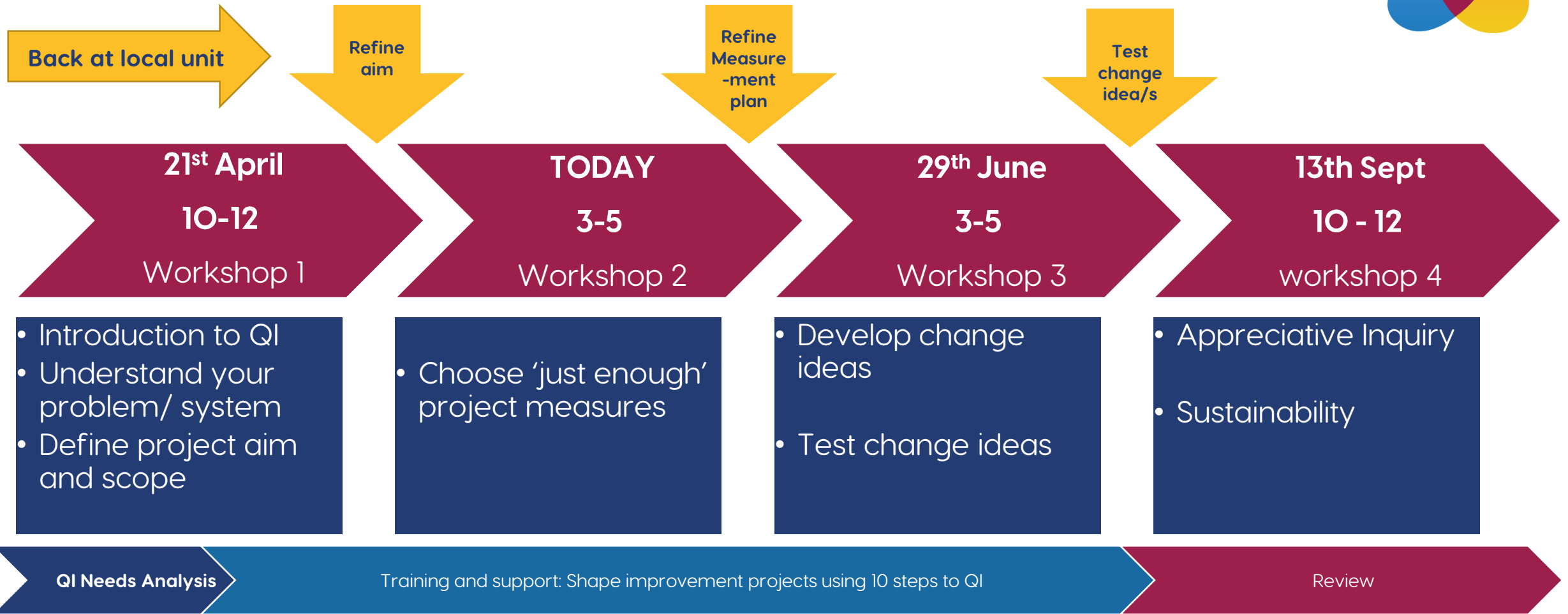


# By the end of today you will:



- Have an understanding of how to plan your improvement project measurement strategy
- Understand the difference between outcome, process and balancing measures
- Recognise the importance of choosing “just enough” measures to use in your improvement project
- Have supported others or received support with QI challenges in the peer assist session
- Have had an opportunity to network with each other, share ideas and further plan your projects

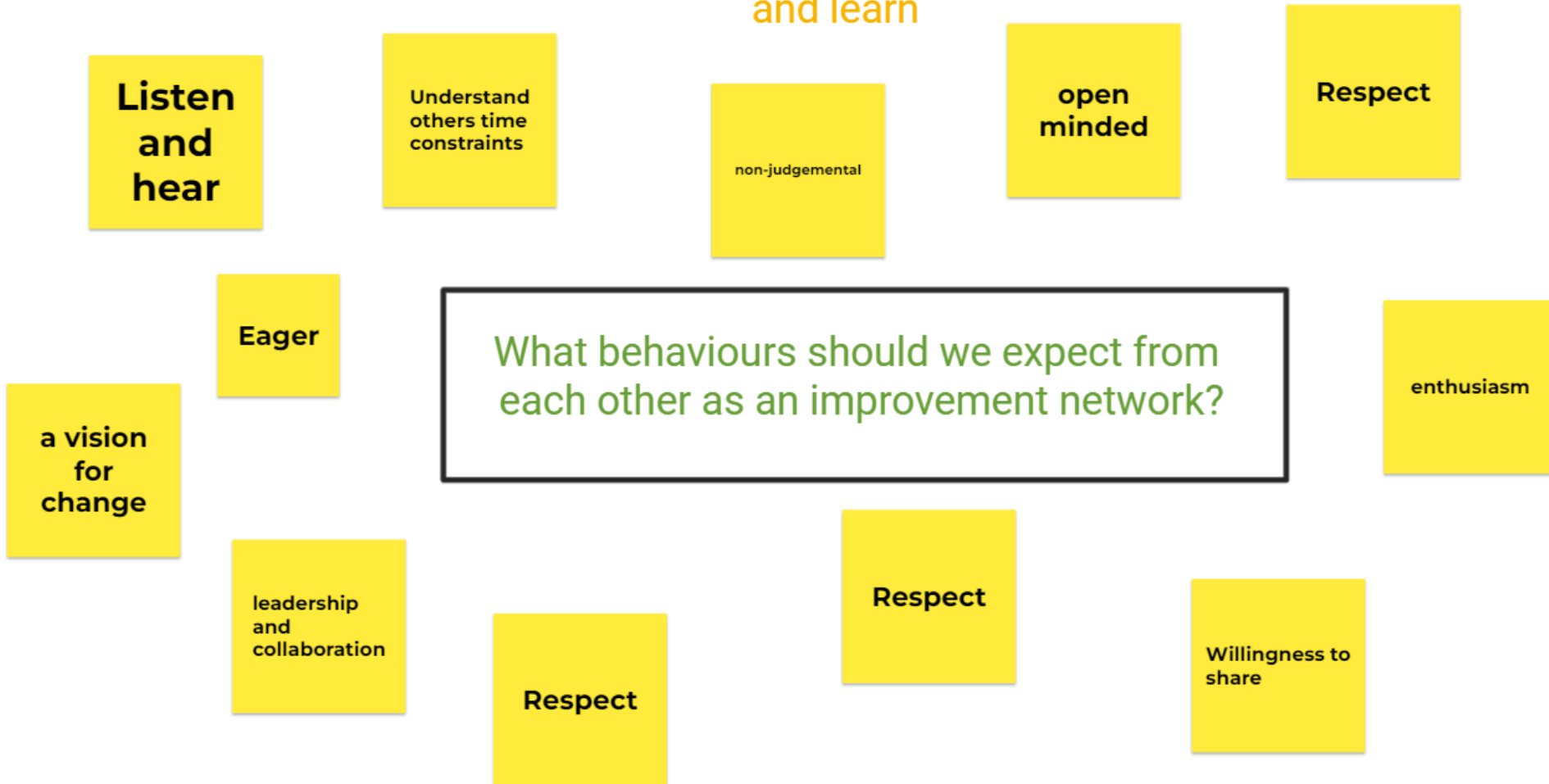
# KQuIP Improve and Learn



# KQuIP Improve and Learn



# Paediatric KQuIP improve and learn

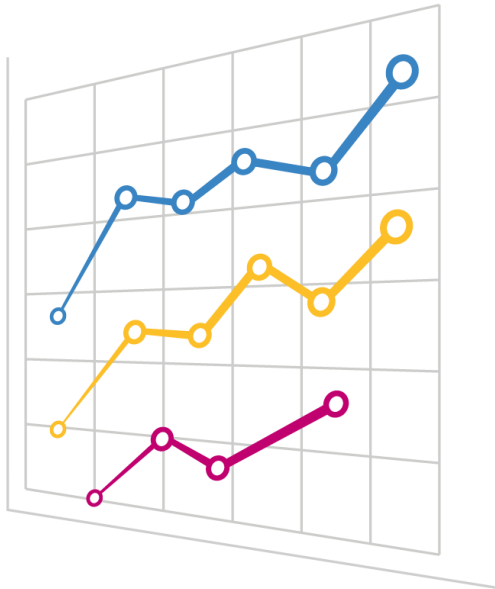




# Feedback from KQuIP youth group



# Measurement for Improvement



# Types of measurement



Research

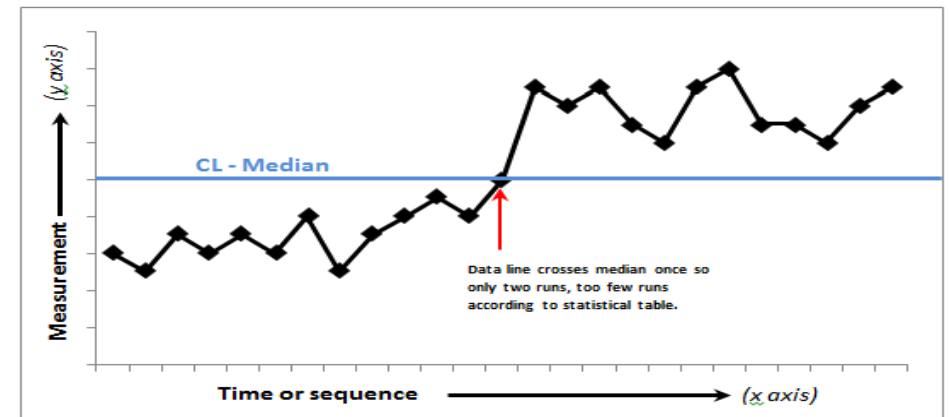


Target



## Quality Improvement

eg. No. of transplants per month



# Why do we need to measure?

We measure to understand:



```
graph TD; A[We measure to understand:] --> B[If we have achieved change]; B --> C[If the change has had the correct effect]; C --> D[Whether we are maintaining the change]; D --> E[What we need to focus on next];
```

If we have achieved change

If the change has had the correct effect

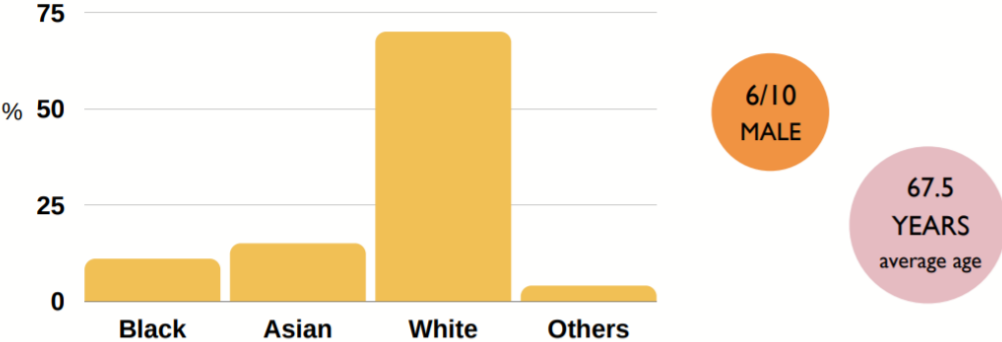
Whether we are maintaining the change

What we need to focus on next

# The Power of Data



## Characteristics of all people on in-centre haemodialysis in 2019



Around **24,000 adults** were on **in-centre haemodialysis** at the end of 2019 - around **4 in 10** of all those on **kidney replacement treatments**.

In 2019 the number of adults who started kidney replacement treatment on in-centre haemodialysis varied between 5 in 10 at some centres to all at others.



# Measuring Impact



## Outcomes

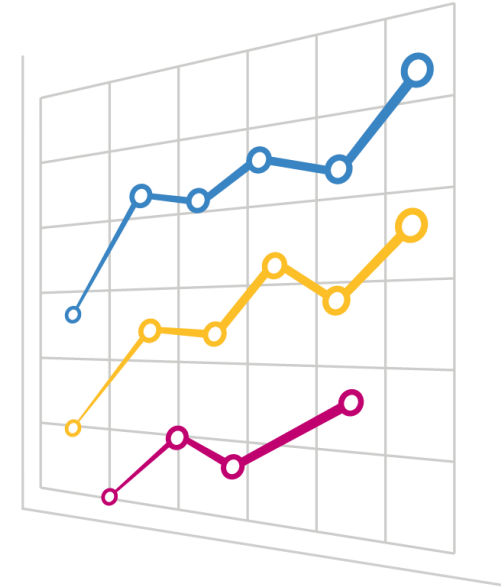
- Have we made things better for patients?

## Process

- E.g. How many of my staff has completed X training?
- How many information leaflets have we shared?

## Balancing

- What has got worse?
  - Missed appointments?
  - Patient experience?

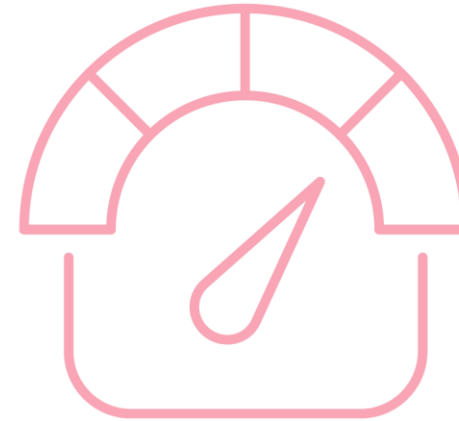


## Experience

- What is the experience of the change from patient perspective?

# Outcome measures

- Focus on clinical outcomes
- Have we made things better for patients?
- The ultimate aim
- Often take time to demonstrate results

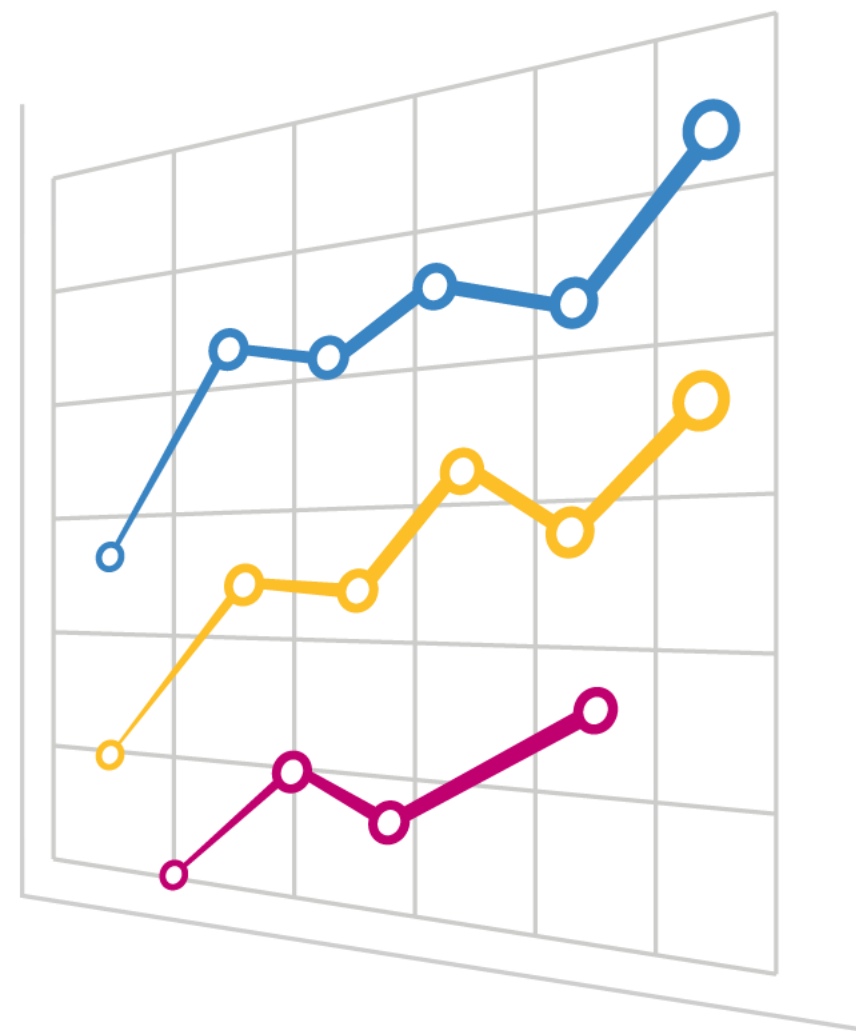


What is the aim of your project? Tailor the measures around this



# Process Measures

- Have you changed your processes?
- Assumes process change will lead to positive change in clinical outcomes
- Often provide faster results







# Balancing Measures

- Identify any unintended consequences
- Generally negative
- Ensure you detect the full consequences of change



# “Just enough” data

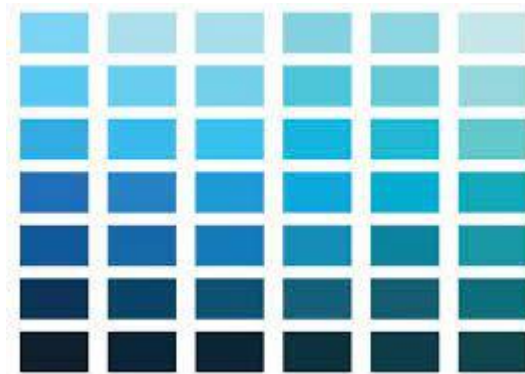
Data collection is time-consuming

## What do you really need?

- 1-2 outcome measures
- 2-4 process measures
- 0-1 balancing measure
- 1-2 experience measures



# Defining measures



# Define Measures



The **qualities of a good measure\*** include:

- **Easy to understand** – the name of the measure quickly conveys what is being measured.
- **Meaningful** – the measure focuses on something that is of real value to the improvement work.
- **Appropriate** – the measure is useful for learning. The benefits of the measure outweigh the costs of collection and analysis.
- **Well defined and understood** – the measure definition has been agreed by all those that will be collecting and analysing the data.
- **Reproducible** – if you measured it again in the same circumstances, you would come up with the same answer.

\* [NHS Scotland Health Quality Improvement Zone](#)

# Analyse and Present

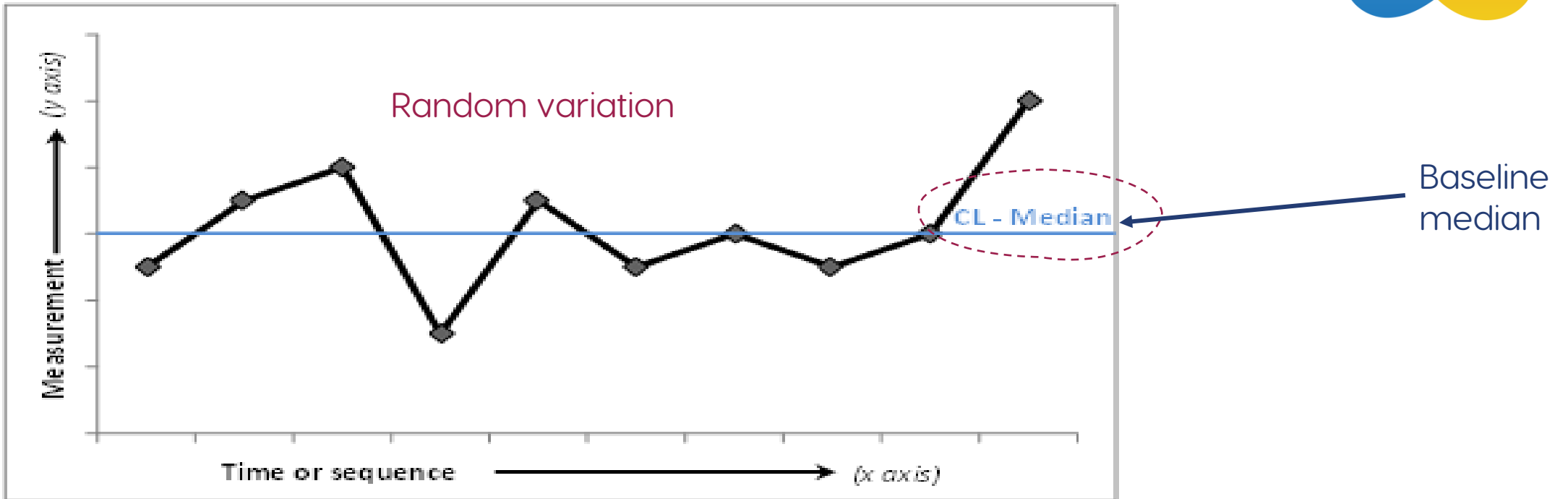


**Run charts** are one of the most useful tools in quality improvement.

- **Monitor the performance** of a process over time to detect non-random signals of change.
- Allow us to **compare** a performance measure before and after implementation of a change to measure its impact.
- **Focuses attention** on truly vital changes in the process.
- Assess whether improved performance has been **sustained**.

*The following information is from the Central and North West London NHS Foundation Trust's Data and Measures Guidelines. This can be downloaded [here](#)*

# Run chart

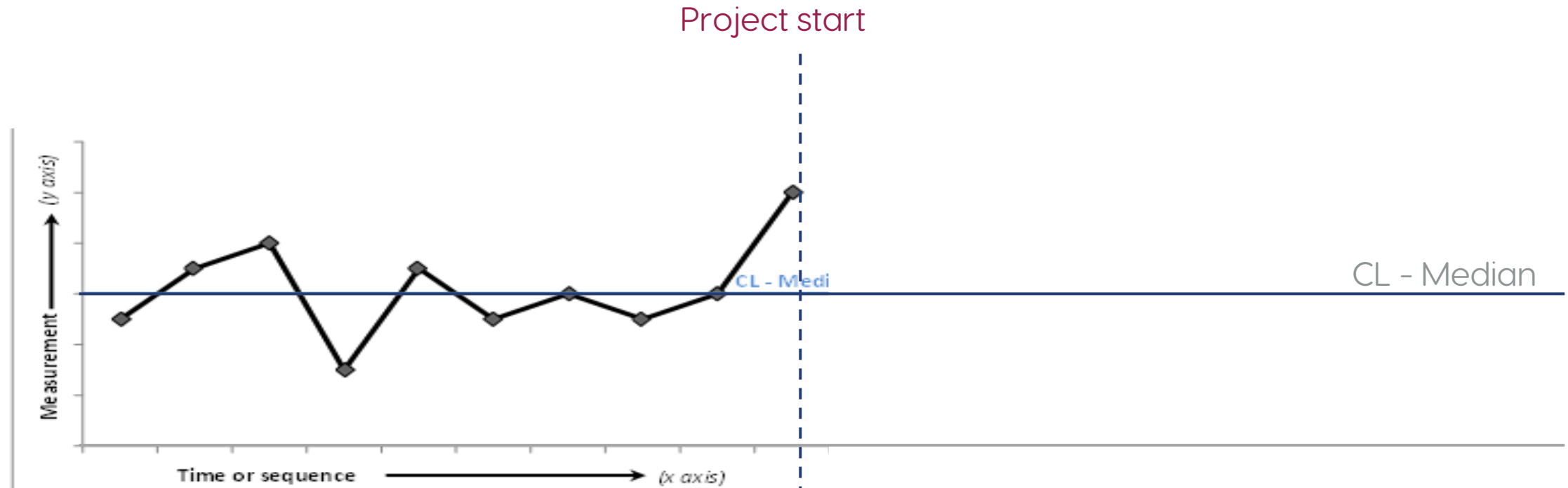


A “run” = series of points in a row on one side of the median

Need 10 – 12 data point to detect meaningful patterns

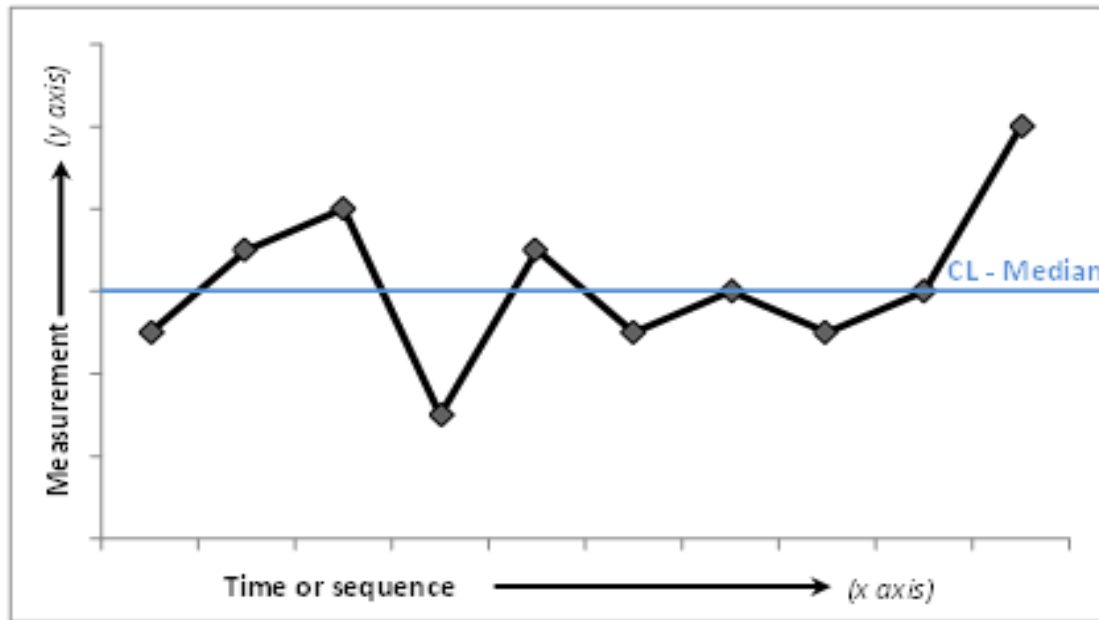
**KQuIP** Ignore any observations falling directly on the centreline (median)

# Baseline data creates median



How do we know that a change is a real improvement?

# Run charts



Ignore any observations falling directly on the centre line (median)

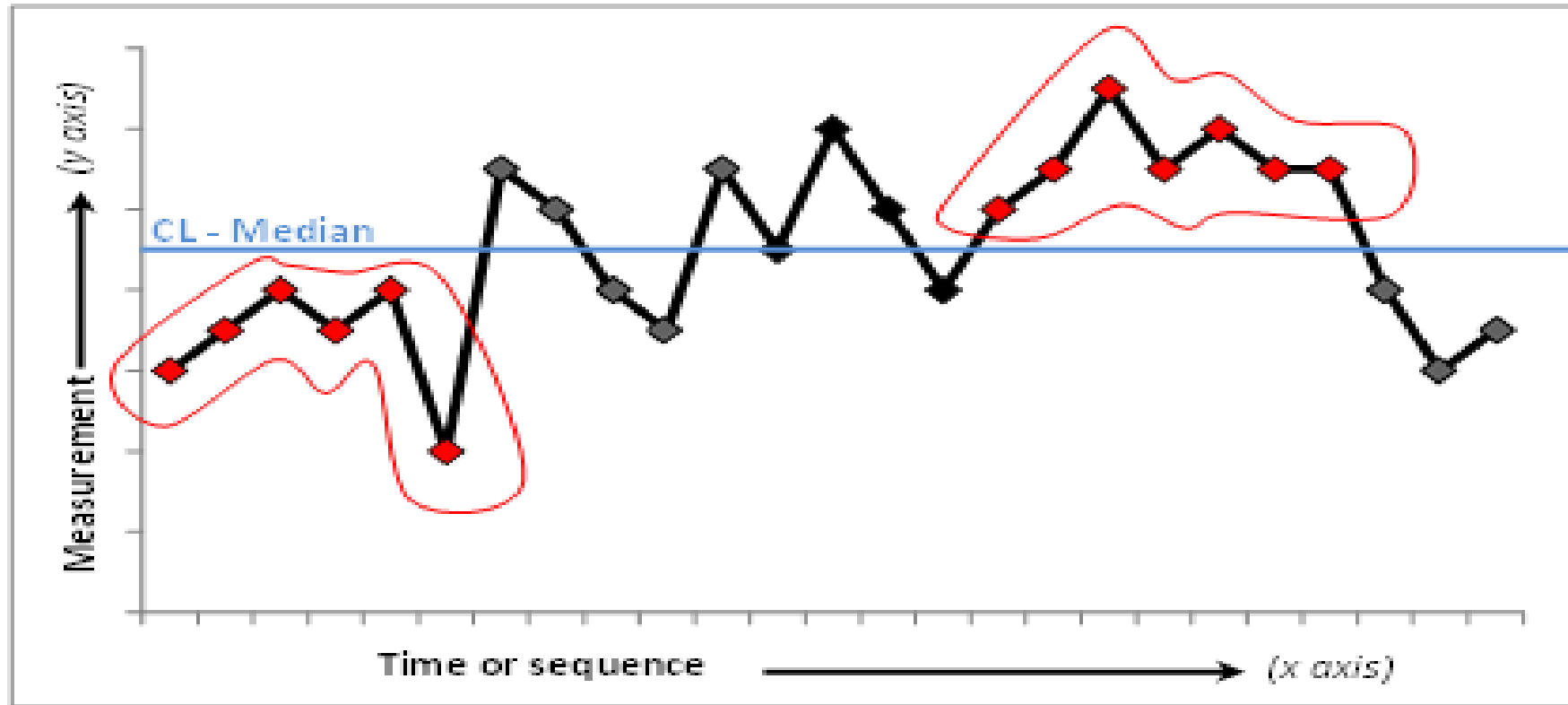
3 rules help us to interpret whether there has been a "shift"

(unlikely to have happened by chance)

[The run chart: a simple analytical tool for learning from variation in healthcare processes – Rocco J Perla, Lloyd P Provost and Sandy K Murray](#)  
BMJ Qual Saf 2011 20: 46-51

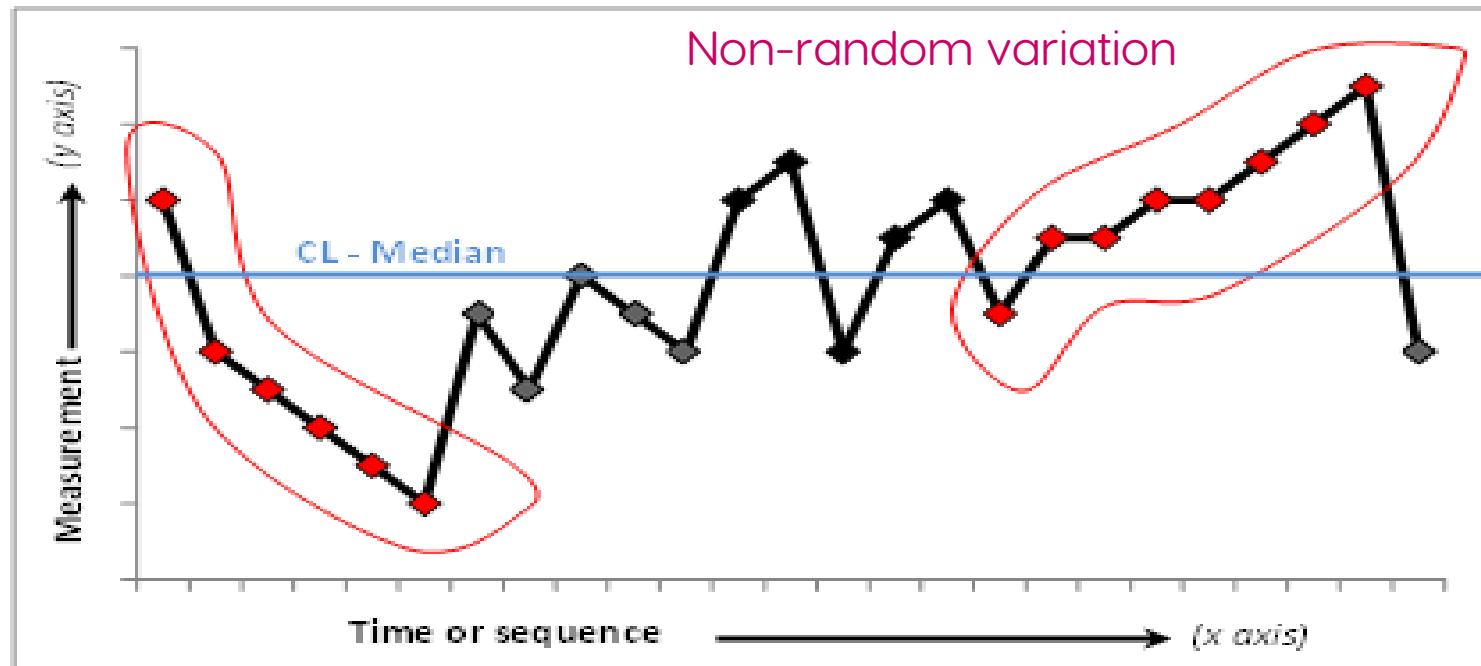


# Rule 1 – Shift



**6 or more consecutive points** either above or below the centre line.  
Ignore values on the centre line within the shift – keep on counting beyond.

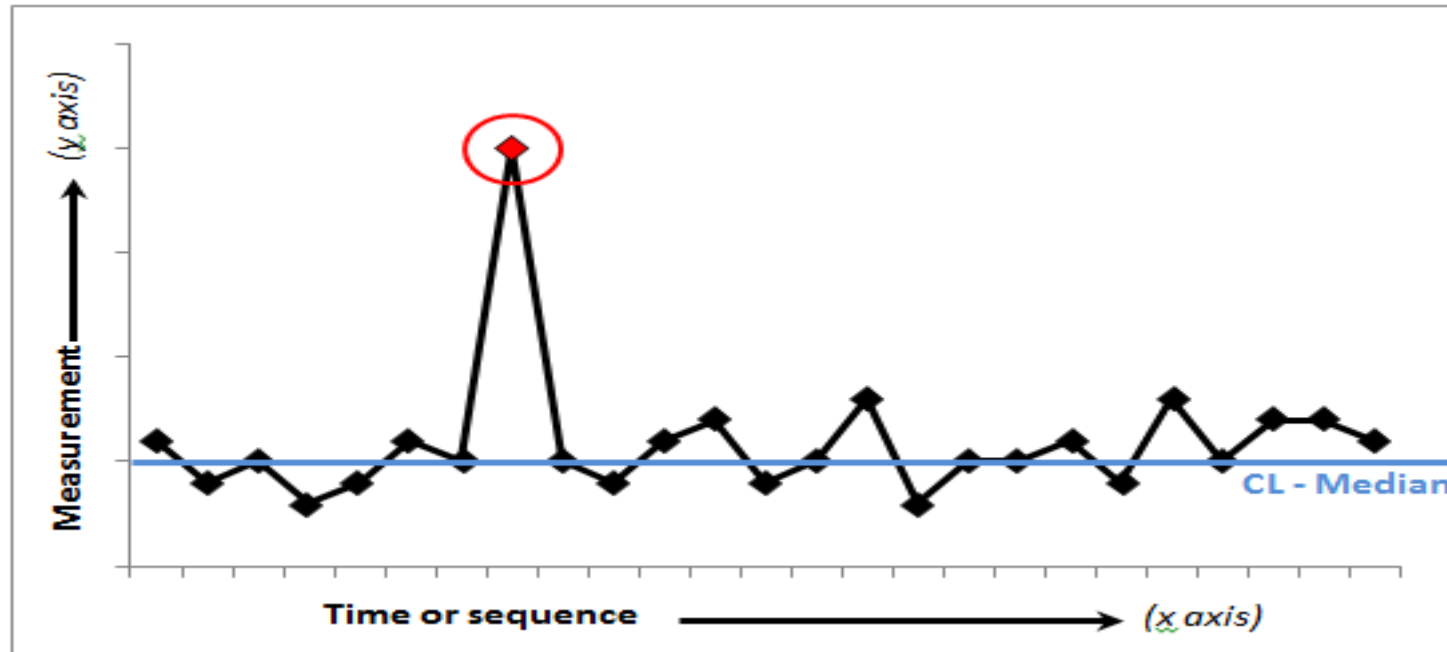
## Rule 2 – Trend



**5 or more consecutive points** all going up or all going down.

If the value of two or more successive points is the same (repeats), ignore these points when counting.

# Rule 3 – an astronomical point



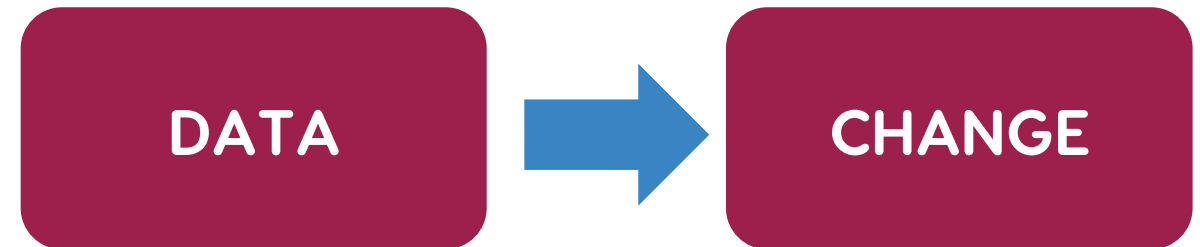
A data point which is very different from all the others – judgement

What can we learn from that point?



## Then what do you do?

- **Interpret**
  - What does it tell you about your practice?
  - Has something worked?
  - What else needs to change?
- **Share**
  - MDT
  - Patients
  - Wider team



# Further info on QI charts and measurement



**Run charts** are adequate for most QI projects

**Control charts** (Shewhart charts)

- may be more useful where there a >20 data points
- different types depending on type of data
- statistics built into a program in the background
- available on Life QI

For more info:

[NHS East London QI SPC charts](#)

[NHS England QI tools SPC charts](#)

<https://youtu.be/Zalo77jAnbw> (10 min. video on QI measurement by Mike Davidge, NHS Institute for Innovation and Improvement)





**Suggest you try to define and plan a measurement strategy in your networks**

**Jamboards available here:**

**<https://jamboard.google.com/d/1D83B2BarXhEmY4w1bOTZOsoGef6z2JalhQXANr5i3IY/edit?usp=sharing>**

process  
measures

balancing  
measures

outcome  
measure

experience  
measures

Got a question?



Your KQuIP programme managers are:

Catherine Stannard

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Julie Slevin

[julie.slevin@renalregistry.nhs.uk](mailto:julie.slevin@renalregistry.nhs.uk)

We are here to help!



# Peer Assist



A structured facilitated meeting or workshop where people are invited from other business units or other businesses to provide their experience, insights and knowledge to a team who have requested help

Health Education England



# How we will run it

- Someone presents a problem/question
- The network spends time (usually about 10 minutes) discussing, thinking about and helping the presenter with their issue or question
- Check-in with the presenter – where are you now?
- Agree actions and take-away learning

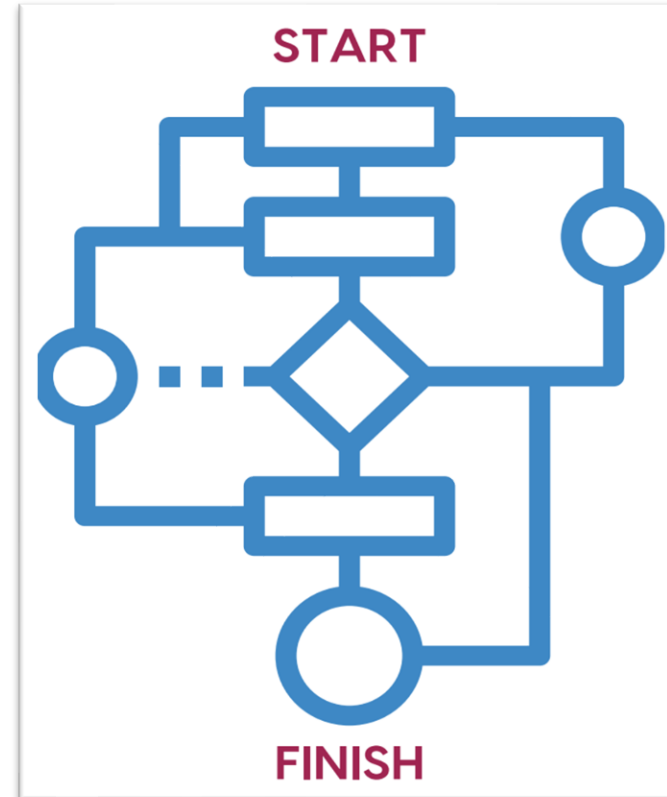




# Now it's over to you...

## Some suggested things to work on:

- Re-visit your aim and scope – what feedback did you get? How will you engage people in what you are trying to achieve?
- Think about your measurement plan – how will you know the changes you make are resulting in an improvement?
- How are you going to feedback what you are working on to the patient group?
- Make a 30 – 60 – 90 day action plan including who, what, when and how





- Breakout rooms will be **posted in the chat** – click on the group you want to join
- **If you are on your own, don't worry!** Use the protected time to plan your project, document thoughts and plan how you are going to reach out to people to get involved
- When entering a breakout room please ensure you **press the join button** to join
- If you are using an ipad **you may need to leave the call or put this call on hold to join** using the link



**Meet back in main room at 16.55**

# Next steps



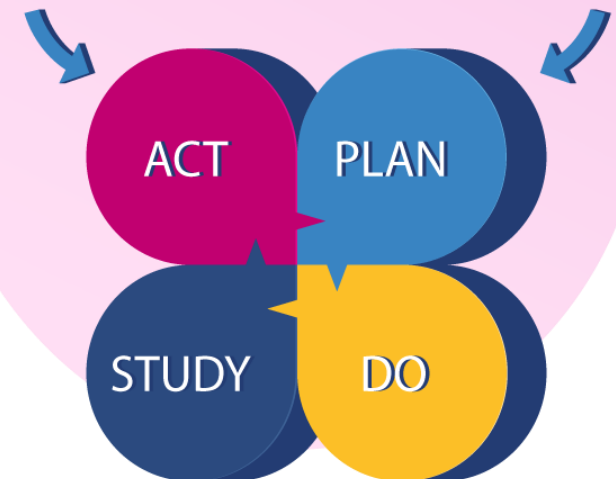
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## Model for improvement

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?



The next workshop is on 29<sup>th</sup> June 3-5pm

# Next steps



**We suggest between now and then you work on:**

1. Plan how you want to feedback your projects to the young persons group
2. Further develop your teams – have you got the right people around you to achieve your goals?
3. Communicate and share your aim with wider teams and stake-holders
4. Agree what you will measure, and start to collect your baseline data

**Please complete the short evaluation survey – in the chat-box now – before you leave**



Got a question?



Your KQuIP programme managers are:

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