

Quality Improvement

Key Message

Quality Improvement is the foundation of the Healthcare Quality Strategy for NHSScotland and focuses on the design of systematic and sustainable change initiatives to continuously improve the quality of healthcare delivered.

Quality Improvement impacts on the entire organisation, with a particular focus on a bottom up approach where the people on the ground are encouraged and supported to identify changes and articulate what the change should look like.

Each improvement project should follow a systematic approach from discovering and exploring the change initiative, through to designing, refining and introducing the change, rolling out the change and sharing learning with others. Metrics to measure the impact of change on service delivery are vital to establish if changes are being successfully implemented and followed, to assess whether patient outcomes are improving and to identify further opportunities for improvement.

What does this mean for the Effective Practitioner?

Quality Improvement is about making measurable improvements in the aspects of quality of care that patients, their families and carers and those providing healthcare services see as really important. It encourages the Practitioner to come up with new ways of working to improve care and to lead out on quality initiatives under the leadership and guidance of local Quality Improvement facilitators.



Learning Activities



Feedback

Reflect on informal and formal feedback you have received from clients and patients in the last 3 months. Are there any trends you have noticed?

Choose one area and identify any factors that you think have led to the situation.

- Is there anything that you think needs to happen to change this?
- Are there any aspects of your practice that you need to change?
- Are there any other actions that would need to take place to improve the situation?

- Organise a meeting with your team leader to discuss your findings.

Record your learning in your professional portfolio.

Related KSF core dimensions: communication and service improvement.

Notes



Identifying concerns – the 3Cs

The '3Cs' is a useful tool for identifying quality improvement initiatives within your practice. The 3 Cs – 'Concern, Cause, Countermeasure' asks for staff suggestions about their current concerns about their service and what and how they would like to change (some [examples](#) are available in the Supplementary Resources).

- Facilitate a team discussion on current concerns. Some suggested prompts are:
 - What are the concerns and why are they important to address?
 - What do you feel your patients/clients want that they are not currently getting?
- Prioritise the identified concerns and agree with your colleagues the one that should be a priority
- Identify the causes for this concern – why is this happening?
- For each cause, identify 1 or more realistic counter measures (changes) that could be put in place.
- Take responsibility or agree with a colleague who will take responsibility for implementing the counter measures(s).
- Agree how you will record the impact of the counter measure
- Review how the counter measures are operating in one month – have they improved the delivery of the service and removed/alleviated the concern?

Find more work-based learning activities on the effective practitioner website at www.effectivepractitioner.nes.scot.nhs.uk

Record your learning in your professional portfolio.

Related KSF core dimensions: service improvement and quality.

Notes



Waste

One of the key elements of Releasing Time to Care is to examine how we might improve and increase time with the patient/client through critically and constructively examining how things are done by you and other team members. Waste is anything other than the minimum amount of equipment, materials, space, or time which is essential to add value to the service. It is estimated that 75-90% of the practitioners time is spent doing things that increase costs and create no value for the patient/client [\[1\]](#).

This might range from protected meal times, waiting times for treatment, better signposting for patients, families and visitors, quiet and private areas when dealing with patients, carers or service users (some [examples](#) are available in the Supplementary Resources).

Work individually or as a team to review daily work practices for a period of time e.g. 1 week. Focus on one area of practice:

- Negotiate agreement that the aim of the exercise it is to reduce waste and improve care.
- Are there things that you are doing repeatedly that you do not think are adding value i.e. waste?
- What paperwork and processes are involved?

- Are there any ways in which the processes could be refined or you could do things differently?
- Is there anyone who could safely complete paperwork to support your work e.g. non-clinical staff to give you more time to deliver care?
- Discuss with your team leader what actions need to take place to address your findings.

Record your learning in your professional portfolio.

Related KSF core dimensions: service improvement and quality.

[1] Institute for Innovation and Improvement (2008) Lean Thinking and Six sigma at the level of Clinical Service Delivery. [View/Download pdf](#)

Notes

Patient Safety



Explore the activities that have been embedded in your clinical area in order to meet the targets of the [Scottish Patient Safety Programme](#).

- Find out how have these activities have benefited patients/clients.
- What helped to embed these activities?
- What do you see as the benefits to patients?
- Is there any learning from this that can be applied to other areas of patient safety?

Record your learning in your professional portfolio.



Related KSF core dimensions: health, safety & security, service improvement and quality.

Notes