Quality Improvement in Clinical Practice – Making It Happen

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Q is for Quality Conference 12th June 2019

Transforming our services - *Putting patients first* - *Valuing our people* - *Health and wellbeing*

What we will cover today

- Our QI journey with the MatNeo Collaborative
- Our reflection & learning
- Our suggested tips for success

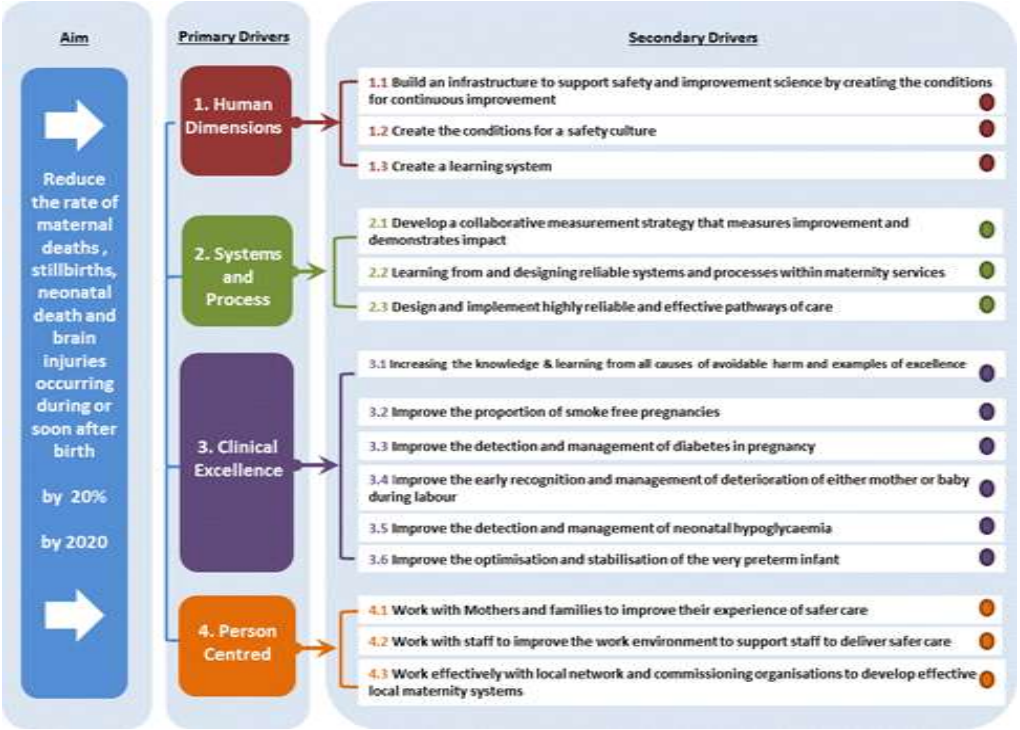
The National Maternal & Neonatal Health Safety Collaborative

Aim:

To reduce the rate of maternal deaths, stillbirths & neonatal deaths by 20% by 2020

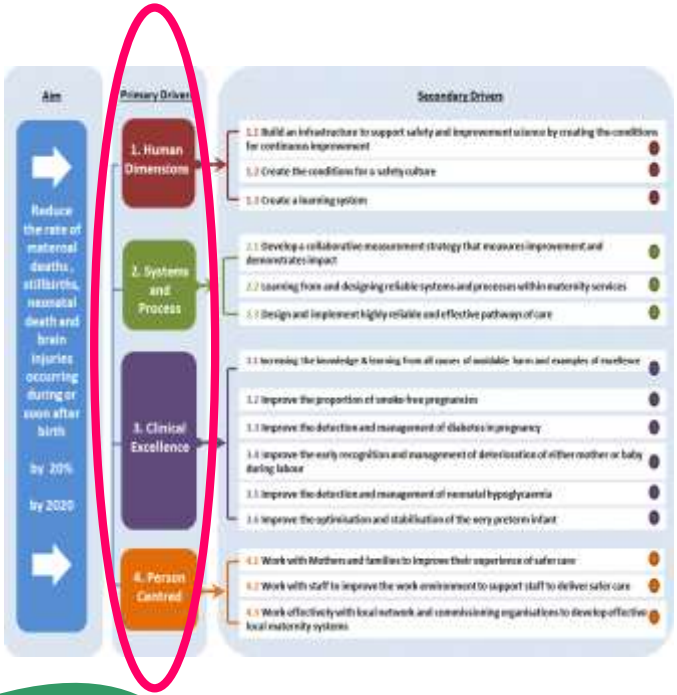
Launched in 2017

3 year programme



Our MatNeo Journey

May 2017



Which projects?

Driver Diagrams?

What measures?

2 years on

- Completed 4 MatNeo projects
- Two more projects in progress
- More staff engaged in QI work
- Shared our learning
- Regional MatNeo Learning System

Getting Started

- Local MatNeo Launch Event
  - Promoted awareness of the MatNeo Collaborative
  - QI methodology education
  - Ideas for Improvement
- Choosing our Projects
  - Identified local clinical areas for improvement
  - Aligned with MatNeo primary & secondary drivers

SBAR Communication

North Tees and Hartlepool NHS Foundation Trust

Why did we choose this project?

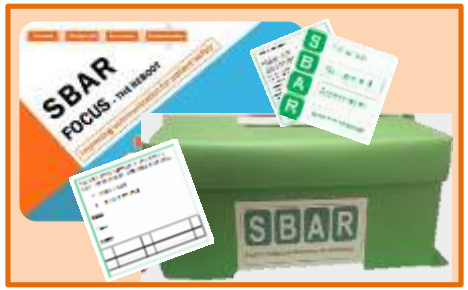
Clinical incidents relating to communication issues

What was our aim?

>90% of maternity staff to use a standardised approach (SBAR) to patient related communication by 31/03/18

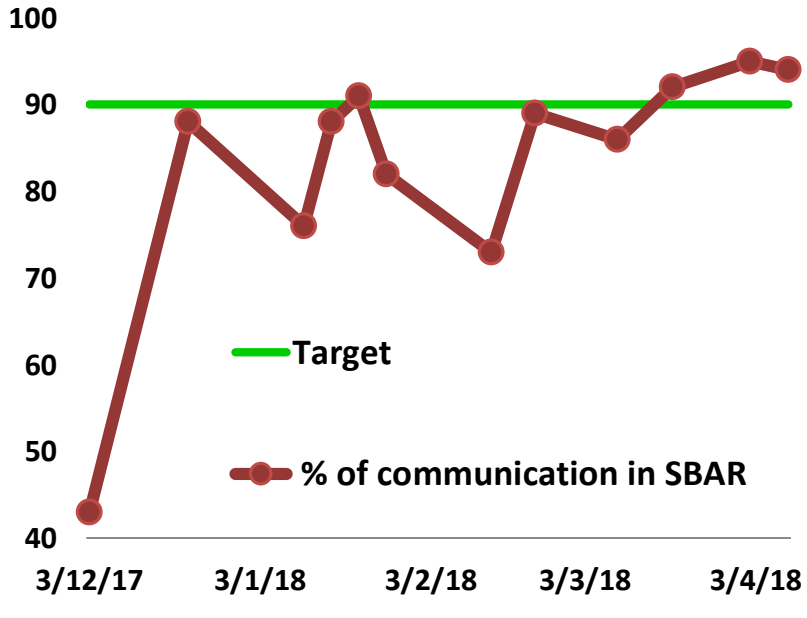
What did we do?

Developed ward based SBAR champions
PDSA cycles
Change ideas:
SBAR Focus poster,
SBAR pocket cards &
Incident box.
SBAR Training video



What have we achieved?

Significant improvement in communication



Antenatal Risk Assessments

North Tees and Hartlepool NHS Foundation Trust

Why did we choose this project? Missed opportunities for early implementation of appropriate pathways.

What was our aim? 100% women risk assessed for diabetes, hypertension, small for gestational age & venous thromboembolism at the booking appointment & evidenced in handheld notes by 30th September 2018.

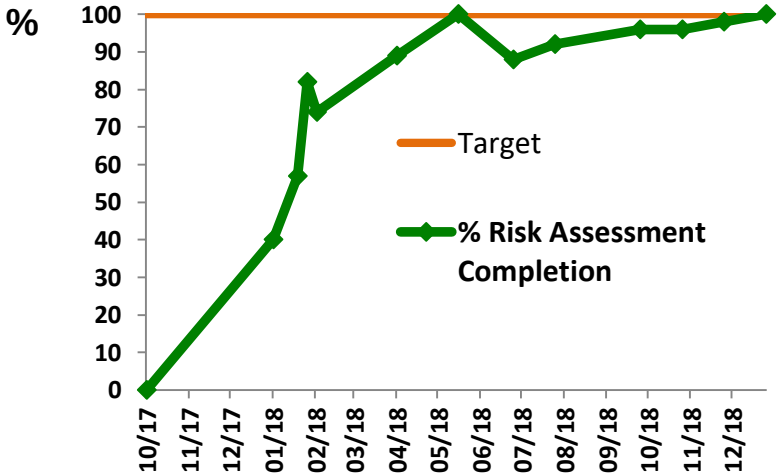
What did we do?

Process mapping & PDSA Cycles

Staff engagement, designed new risk assessment tool, small test of change, staff feedback and revised tool

What did we achieve?

Significant improvement in risk assessment at booking



Term admissions to Neonatal Unit

North Tees and Hartlepool NHS Foundation Trust

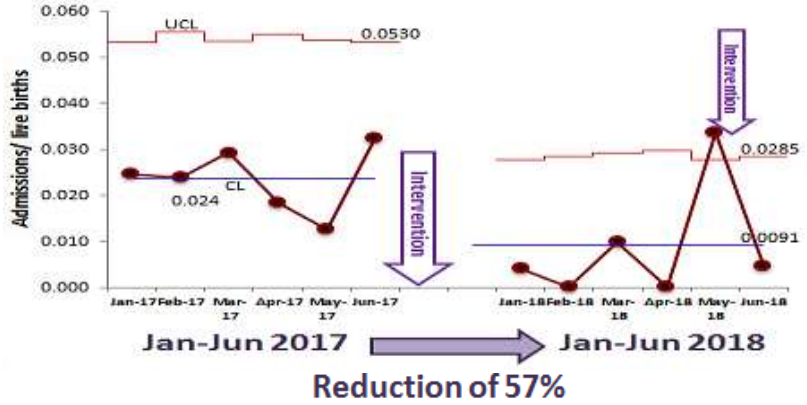
Why did we choose this project?
We identified that we had a high rate of term admissions to the neonatal unit and that two of the commonest reasons for admission, hypoglycaemia and hypothermia, were potentially avoidable.

What was our aim?
To reduce by 20%, the rate of term admission to the neonatal unit due neonatal hypoglycaemia or hypothermia by 30 September 2018.

What did we do?
Process mapping, staff engagement, PDSA Cycles

- Audit from Jan 2017-June 2017- Identified problems
- Random audit of Delivery room, theatre temperatures.
- Hypothermia and Hypoglycaemia guidelines
- NEWTT(BAPM) chart introduced
- Education for staff- Mandatory training, Posters, E-learning
- Parents awareness- Poster, antenatal clinic, midwives
- Red woollen hat for high risk babies
- Audit forms for delivery room-Postnates and audit forms for NNU
- Re-audit plan from March 2018

What did we achieve?
Significant reduction in our term hypoglycaemia or hypothermia admissions to the NNU



Reduced Fetal Movements

North Tees and Hartlepool NHS Foundation Trust

Why did we choose this project?

It was identified that some women were delaying reporting reduced fetal movements and therefore delaying the assessment and management of their care

What was our aim?

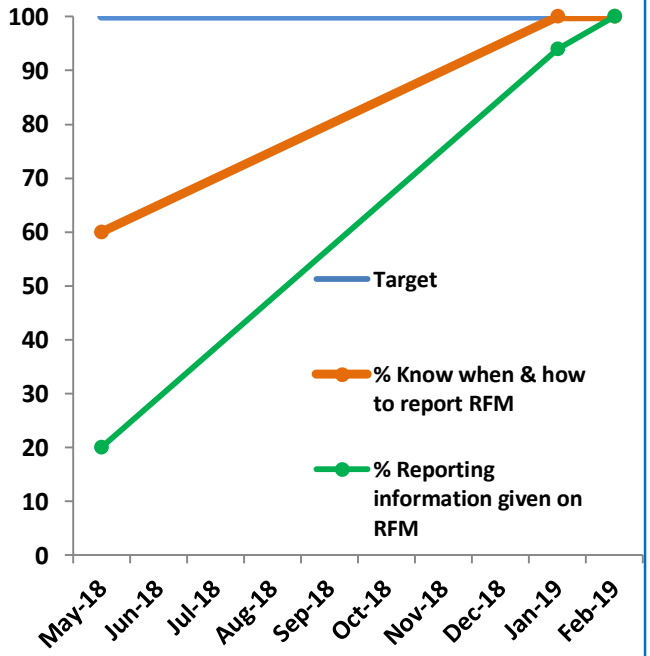
95% of women know how and when to report reduced fetal movements by 31/03/2019

What did we do?

User group surveys
Process mapping
Staff engagement.
Change ideas – Posters, credit card information & road show.

What did we achieve?

Significantly improved in awareness



Wave 1 Year 2 Project: Smoke free

North Tees and Hartlepool NHS Foundation Trust

Why did we choose this project?
Our smoking rate at the time of delivery for 2017/18 was 17% which is above the national and regional average. Smoking cessation strategies are established for clinics however there were missed opportunities to help smokers admitted during the antenatal period.

What is our aim?
To improve the rate of offering specialist stop smoking support and nicotine replacement therapy to antenatal women admitted to the maternity unit and identified as smokers from 0% to >50% by 31 October 2019.

The diagnostic phase

New team with ward based champions

Baseline measures

Process mapping for identifying & recording smokers

Assessed equipment & staff awareness

Established driver diagram & change ideas

Stop smoking board

Admission sticker

What have we achieved so far?

Early days in the implementation phase
Rollout of staff training
Linked with IT for recording & reports
External support – AHSN & MatNeo teams through the local learning system
Patient information board
PDSA cycle of small test of change with a smoking sticker on admission notes.
Re-measure 2%

Reflection - What has worked well

- Excellent team working within the team of improvement leads & AHSN lead
- The newsletter for sharing progress with staff
- Good opportunities for staff to be involved and have QI methodology training
- Now that we have enjoyed success, more staff are keen to get involved in new projects
- Improved communications between clinical teams in various departments
- Good to establish links with other units in the region & nationally

Reflection - Challenges

- **Finding the time for the project work and reports**
- **Achieving staff engagement in the early days**
- **Resistance to a different way of working**
- **Ensuring sustainability**

Reflection – Where we could have done better

- **Broader group engagement for the projects**
- **Linking with others departments in the project planning**
- **Early clarity on project improvement plans**

Tips for Success

- Have a highly motivated core team of leads
- Develop a large project group to share the work & involve all from the start
- Do engage with support from other departments & include at the planning stage

- Start with a smaller simple project to encourage engagement and learning of QI process
- Spend the time in the planning phase & know your measures – it does pay off in the end
- Be realistic on a time frame

- Share the progress & learning with staff
- Enjoy the process – it is great when the improvement is realised.

Thank you to all
maternity & neonatal staff