QUALITY IMPROVEMENT & CONTINUOUS LEARNING GUIDE

Guelph Wellington Ontario Health Team

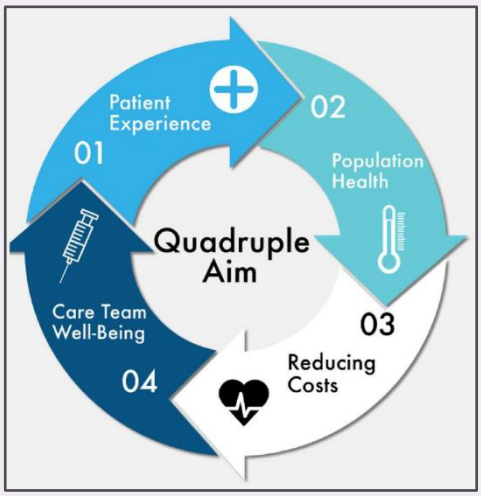
This guide is to be used as the **foundation to support** an effective, evidence based, coordinated approach to **problem solving**, **measuring progress** and **achieving results aligned** with the quadruple aim (patient experience, health outcomes, provider experience and cost) and the strategic priorities of the GW OHT.

Need support from the Quality Improvement and Continuous Learning working group? **CLICK HERE** to fill out the intake form.

QUALITY IMPROVEMENT IS:

Quality Improvement is the **combined, unceasing and ongoing efforts of everyone*** to make the changes that will lead to:

- **Better patient experience (better care),**
- **Health outcomes (better health),**
- **Provider experience (care team wellbeing) and;**
- **Better Performance (efficiencies, flow)**



Adapted from: Batalden and Davidoff (2007) with Attributes of Quality: HQO
**Everyone: healthcare professionals, patients/clients and their families and caregivers, researchers, payers, planners and educator, volunteers.*
Image from: *Mental Health and Addiction QI Collaborative Webinar Series* presentation, 2019. (Available at www.afhto.ca/news-events/events/qi-collaborative-webinar).

KEY PRINCIPLES FOR SUCCESSFUL IMPROVEMENT

- **BUILD a shared sense of purpose:** Successful improvement requires shared understanding of the "what" and the "why".
- **PRACTICE systems thinking:** Look for intersections, relationships, and create linkages by thinking through a system lens.
- **RECOGNIZE opportunity within difficult or complex processes:** Problems are questions raised for consideration, inquiry and learning. Solutions are often prioritized where healthcare resources are limited.
- **ENGAGE in collective learning and dialogue:** Use genuine curiosity as a guide to co-design improvements with those most impacted (i.e., patients, family, caregivers) and empower the people closest to the work to drive the change.
- **LEAD with humility and respect:** Acknowledge personal biases and recognize the content matter expertise required to foster equitable change.

Adapted from: *Whole System Quality: A Unified Approach to Building Responsive, Resilient Health Care Systems*. IHI White Paper. Boston: Institute for Healthcare Improvement; 2021. (Available at www.ihi.org) and *Shingo Model.* Utah: Shingo Institute; 2017.

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THE STEPS:

Recommended discussion topics and processes.

THE TOOLS:

Recommended project tools and templates.

From the **IHI Quality Essentials toolkit**.

**Online tools available. Choose what best meets your needs.*

1) What is the problem?

WHY: Creating a shared understanding of what we are trying to achieve, who is it impacting (the stakeholders) and what's happening now.

HOW: Understand the data, feedback from stakeholders, observations that describe the problem and possible root causes. Process mapping the current state creates a shared understanding with opportunities leading to the desired future state.

- **Project Charters (A3 etc) (pg. 41)**
- Logic Model templates*
- **Root Cause analysis/Cause and Effect (pg. 3)**
- **Process mapping (pg. 19)**
- **Pareto diagrams (pg. 27)**
- Go See or Gemba – Direct Observation

2) How will we know a change will lead to improvement?

WHY: Meaningful change can not be achieved without effective measurement. Improvement without data is an opinion.

HOW: Collaborate with your data team members to understand and select what data and measurement techniques will be most relevant to quantifying the impact of changes. Decide on targets for the data and determine how sharing the data with the team and stakeholders will be done.

- Data tracking tools*
- Best practice tools*
- **Run charts (pg. 43)**
- **Control charts (pg. 43)**
- Logic Model template*
- Smart Objective*

3) What changes can we test? What is our first test?

WHY: Your group and stakeholders may have lots of ideas of what to test. Deciding where to start and what to test first must be data informed.

HOW: Generating ideas is a group activity. Choosing the first test of change should create the biggest impact. Decide on your first trial. Once deciding where to start, map out what's involved for the test with your team. Assess for team readiness and commitment to change. If you can't figure out what to test, you need to go back to the data.

- **Pareto diagram (pg. 27)**
- **PDSA worksheet (pg. 33)**
- Affinity diagram and Prioritization Matrix*

4) Testing it out. How do we know if it's effective?

WHY: This a team learning experience that requires intentional practices to achieve results.

HOW: Have clear measures for the test, specific start and end dates, risk awareness, visual management and identified quality/project support.

- **PDSA (pg. 33)**
- **Failure Mapping (pg. 11)**
- **Run Charts and control charts (Page 43)**
- Data tracking tools (many online) *

5) What did we learn from testing it?

WHY: An intentional process of studying/evaluating tests is critical to effective change. This is where decision making happens. Do we continue, adjust, or abandon tests of change?

HOW: The group needs to answer: What happened to the data during our test? What did we see, what did we do about it? Were there any unintended outcomes or consequences? Are we ready to adopt change, adjust or abandon and start again?

- **PDSA worksheets and trackers (pg. 33)**

6) How will we keep it going?

WHY: Once a test has been shown to be successful, implementation and spread and scale are the next steps.

HOW: Standardizing the work to become "the new normal" is essential to ensuring that lasting change continues.

- Process Standard Work*
- Visual Management Ques*
- Quality Checks*
- Audit Boards*