

Quality Improvement, A personal journey

Why bother at all?

- Only certainty is that human beings make mistakes.

Bad apples?

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Bad apples?

Or

Bad Barrels?

Objectives

- To find a way to ensure patients get the right treatment (Risk Management)

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- To find a way to ensure patients get the right treatment (Risk Management)
- To find a way to introduce positive changes into an environment (Quality Improvement)

Forces of Change

Two main forces acting on Emergency
Department demand improved risk
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Increasing workload

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Increasing workload
Modernising Medical Careers

Models of Risk Management

- Doctor as Professional

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- Audit cycles introduced

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- Doctor as Professional
- Audit cycles introduced
- “Clinical Governance”

Other examples of quality control

- X-Ray reporting
- Surgical statistics
- Waiting times

Quality Improvement assumptions

- There is always room for improvement

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- There is always something wrong

Quality Improvement assumptions

- There is always room for improvement
- There is always something wrong
- It doesn't follow current practice is evil

Making Change Attractive

- Any change must be easier to do than the previous method

Is there an accepted standard?

- Today there are Guidelines Galore!

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- A useful benchmark

Is there an accepted standard?

- Today there are Guidelines Galore!
- A useful benchmark
- Doesn't solve the problem of error reduction

Scottish National Audit Project

- Trying to find a way to make quality improvement easier than traditional models

Scottish National Audit Project

- Trying to find a way to make quality improvement easier than traditional models
- Does this mean it can provide a quick fix?

What SNAP CAP added

- A less cumbersome set of standards in the form of a care-bundle.
- Use of the PDSA process, rather than a traditional audit.

Our Experience

- Once the key elements of the bundle identified, we looked at how we were doing

What we found

- Before the care bundle was introduced
- Severity scoring in 2/12
- O2 sat recorded in 12/12
- Patient discharged appropriately 1/2
- Antibiotics in 4hrs 10/12
- Patient Information 0/12

Destination

- Of those patients who were admitted, 7 went from ED to higher care area

Then introduced the Care
Bundle

Then introduced the Care Bundle

- Severity scoring in 16/20
- O2 sat recorded in 20/20
- Patient discharged appropriately 4/4
- Antibiotics in 4hrs 20/20
- Patient Information 2/20

Destination

- Of those admitted 7 went to high care
- 2 with CURB-65 of 3 went to a normal ward.
- 2 of those who went to high care had CURB-65 of 2 or less.

Then, next, introduced the
Proforma

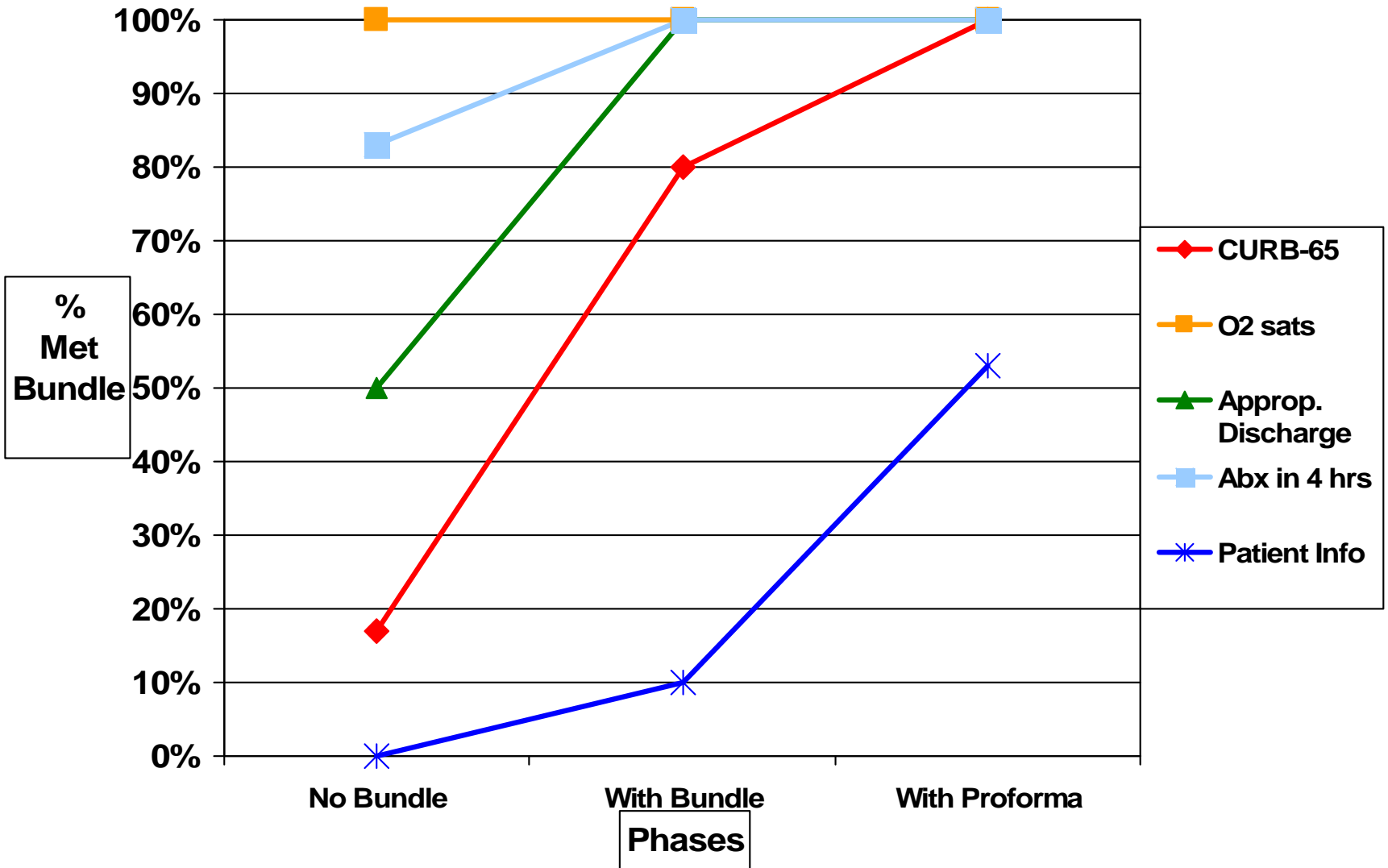
Then, next, introduced the Proforma

- Severity scoring in 15/15
- O2 sat recorded in 15/15
- Patient discharged appropriately 3/3
- Antibiotics in 4hrs 15/15
- Patient Information given 8/15

Destinations

- Of those admitted 9 went to high care
- No-one with a high CURB-65 didn't go to high care
- Range of high care CURB-65 1-4

Crosshouse A&E - CAP Bundle Progress



So is it worth it?

- Depends on your point of view
- These methods could be adapted for other common conditions

Potential problems

- Can you come up with an official care bundle for everything?
- Variation of opinion when no level on evidence
- Medicine by numbers
- Resources

Potential answers

- Embedding quality improvement at all levels
- Emphasising variation
- Focusing on core elements rather than algorithms
- Clever data gathering

Whats Next?

Need to assess impact on the following

- Whether suitable investigations are being done
- Issues around prescribing
- Sustainability

