



**London**Deanery

## The role of education in service improvement

For better, safer patient care and  
more effective learning

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**NHS**  
London

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# Purpose of Postgraduate Medical Education

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Improve the quality and safety of care for today's and tomorrow's patients

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# Purpose of service improvement

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Improve the quality and safety of care for **today's** (and tomorrow's) patients

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Education is key to service improvement

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# Three failures

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Of service: for not engaging with education as a tool for improvement

Of education: for not including skills needed for service and quality improvement

Of the whole health system: for tolerating the mismatch between skills required and skills available

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# Three central laws of improvement:

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- Results (outcomes) are the properties of systems
- Every system is perfectly designed to produce precisely the results that it gets
- For every complex problem there is a simple solution: and it is wrong

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## 4<sup>th</sup> Law of quality improvement

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All improvements in clinical care require an organisational change

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Not all change is improvement, but all  
improvement is change

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## Evidence for need for service improvements

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- Many examples of small deficiencies in care
- Include inappropriate treatment and failure to treat appropriately or failure to rescue
- All add up to unnecessary ineffectiveness, inefficiencies and dissatisfaction
- Safety record is poor: improvements patchy
- Big errors are caused by the build up of small system failures

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# Service improvement: a challenge for all health systems

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- International comparisons: deficits in all health systems
- ~ 12% patients suffer from errors: which ever system
- Un-explained variations within systems
- Institute of Medicine: “Crossing the Chasm”

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## Five themes from 30 enquiries into major deficiencies in health care: (K Walshe Oct 2002 BMJ)

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- Poor communication
- Disempowerment of staff and patients
- Ineffective systems and processes
- Isolation
- Inadequate leadership/management

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## Improvement and the health care workforce:

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- Deficiencies in health care well documented
- But progress towards remedy very slow
- Solution lies in the capabilities of the work force
- The workforce should work together as one: not as a series of tribes

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# Blocks to quality improvement:

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- Time
- Territory
- Tradition
- Trust
- Training

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## New clinical skills include the ability to:

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- Perceive and work in interdependencies
- Work in teams
- Understand work as a process
- Collect and analyse outcome data
- Collaborative exchange with patients
- Collaborative exchange with lay managers

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# Education and service improvement

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- Clinical education focuses on individuals caring for individuals
- Undergraduate; postgraduate and CPPD
- Organisational skills: still have a relatively minor place
- Little opportunity (mostly) for genuine team training
- Education remains steadfastly uni-professional

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# Are we missing a trick or two or three?

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- Organisational and leadership training should be based in the clinical environment
- Much organisational work going on in Trusts
- Experience that is potentially available - daily
- Opportunities for training waiting to be realised
- What is needed to realise this potential?

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# London's clinical leadership fellowships: the concept

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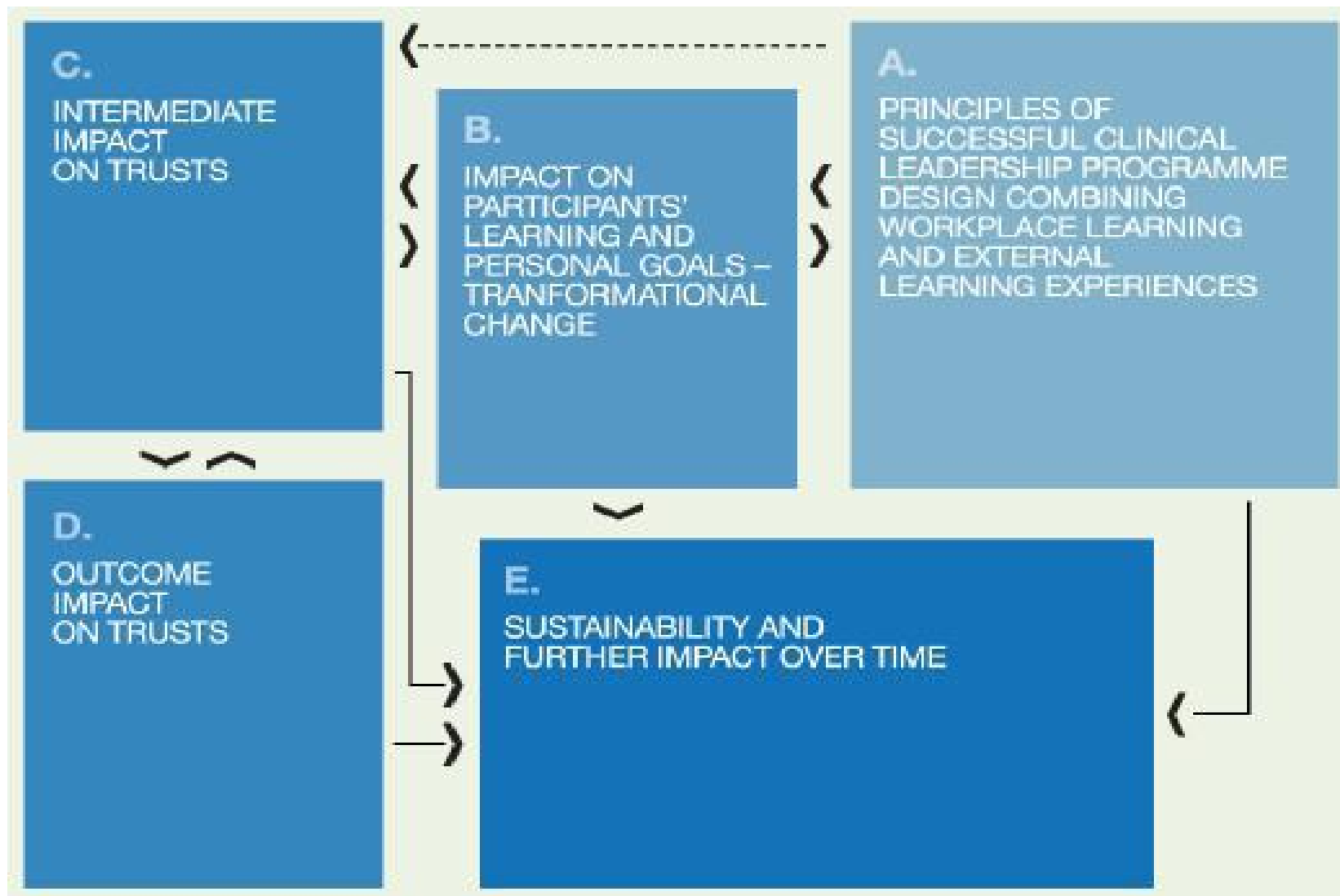
- Current change management programme ***across*** local organisations e.g. pathway development
- Local quality/safety initiative – change ***within*** an organisation
- Developing local ***capacity*** to deliver organisational and leadership training to doctors and others
- Supported by bespoke leadership and development course

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## The evaluation: 5 key outcomes:

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- Mind shift of “fellows”
- Increasing belief in young clinical leaders’ potential
- Creating impetus for leadership capacity building in Trusts
- Leveraging relationships and networks
- Material outcomes of change and improvement projects



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## Three Leadership Projects created by “Fellows”

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- Beyond Audit workshops
- Working Together Conference April 2011
- Learning Together Leading Together programme



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# Beyond Audit: SpRs Leading for Quality

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- Hospital based workshops about leading QIPP for SpRs
- 53 Workshops at 19 hospitals in one year
- In-corporated into sub-specialty training days and an MSc
- Part of leadership training events across London
- Learn about QIPP, identify problems and plan solutions
- Supported with online resources, leadership events & supervisors
- 3 Educational Supervisor training days - over 60 attendees

# Problems identified by Doctors in Training:

- **Blood tests**
  - Losing track of tests that have been done when patient transferred
  - Unpredictable phlebotomy services
  - Community teams can't access hospital lab results
- **Lost patients**
  - No record of where patients have been transferred to
  - Nursing staff unaware of responsible clinical team
- **Waiting for patients**
  - Delays in portering patients to theatre
- **Postnatal ward baby checks**
  - Inefficient, no rooms, no equipment, delays
- **Discharge Summaries**
  - Frequently lost
  - Archaic carbon-paper systems
- **Pharmacy**
  - Delays in discharge medications
  - Difficulty getting medications at weekends



## Problems identified by registrars: **with solutions**

<b>Losing track of tests that have been done when patients transferred</b>	<b>Multi-professional team meetings to discuss common problems on the ward</b>
<b>Delays in portering patients to theatre</b>	<b>Process mapping to understand why delays occur</b>
<b>Delay in obtaining basic equipment for phlebotomy</b>	<b>Timed walkthroughs to demonstrate wasted time</b>
<b>Frequently lost discharge summaries</b>	<b>Junior doctor input into IT systems to improve discharge summaries and patient tracking</b>
<b>Community teams unable to access hospital laboratory results</b>	<b>Review of phlebotomy services looking at whole system from clinician through to pathology lab</b>
<b>Difficulty getting medications at weekends</b>	<b>Run charts to engage teams in outcomes from changes</b>
<b>Inefficient postnatal ward baby checks</b>	<b>Rapid cycle PDSA to try out small tests of change within a ward system</b>

I enjoyed meeting and learning from other people doing quality improvement work

I wish I'd learnt about this earlier

Quality Improvement is not as hard as I thought

I feel inspired to go ahead and start a quality improvement project

Managers can be really helpful!

I was amazed to see how enthusiastic trainees are about improving quality

I know who to involve to start making changes

I had never heard of Quality Improvement Projects before today

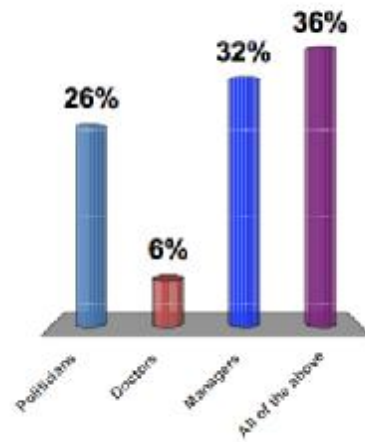
Really clear, relevant and enjoyable!

# Working Together Conference, April 2011



# Who runs the NHS?

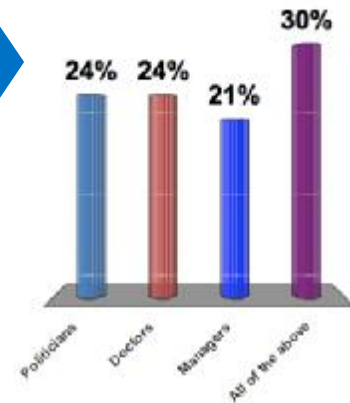
1. Politicians
2. Doctors
3. Managers
4. All of the above



Doctors

Managers

1. Politicians
2. Doctors
3. Managers
4. All of the above



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# Working Together Conference

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- **NHS Management Trainee:**
- “Fantastic day – it really helped me understand how I can add value to the work of doctors in my hospital, something I have struggled with previously. Going forward I will seek to engage doctors at all levels in my work.”
- **Registrar :**
- “This is so important, I feel encouraged and energised to engage in service improvements knowing that managers and doctors are working towards the same goal. I hadn’t considered talking to managers before but now I feel confident to share my ideas with them.”

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# Learning Together, Leading Together

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- Bringing together NHS management trainees and Foundation trainees within their hospitals
- Buddy pairs work together for a year: they must:
  - Shadow each other for a day
  - Complete a patient walk-through in a clinical department and identify areas for improvement
  - Interview a local senior manager
- Action learning evenings and 1:1 facilitation
- On line support

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## Role of education in service improvement

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- Education must encompass skills needed for quality improvement/service improvements
- Education should be central to service improvement
- Service improvement should be an explicit goal of education systems
- Education should reflect the realities of today's best organisational practice
- Care is delivered by teams: not by individuals alone

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## Moving on:

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- Focus on educating teams as well as individuals
- Understand what is needed to work in an integrated care system
- Involve doctors in training more completely in the organisations in which they work