Quality in Emergency Medicine, the complex journey towards meaningful quality improvement

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Summary

• Emergency Medicine is complex
• So is the NHS

• QI that doesn’t take account of complexity will fail
Complex adaptive systems

- Collection of parts
- Share an environment
- Parts are interconnected
- Parts can act independently
- Action by any part may affect the whole
Simple, complicated, complex problems
Glouberman and Zimmerman 2002
Idiot’s guide to quality Improvement

- Decide what you want to improve
- Define the standard
- Measure how you are doing
- Improve it
- Measure it again ......
- Improve it again ......
What is quality in EM?

• Delivering the same care for patients that we would like for ourselves or our loved ones

• Not ringing up to see who is on duty before you go in with your kids
Quality in EM

What does a good ED look like?

- Structure
- Process
- Outcome
- Leadership / management / system integration
- Safety
- Training / professional development
- Research
Quality in EM

What does a good ED look like?

- Operational governance
  - Medical
    - Surgical and trauma
    - Women and children
  - Mental health
    - High priority patient groups
    - Advanced practice
    - Prehospital care
  - Safeguarding vulnerable groups
- Patient (and relatives) experience
  - Staff experience
  - Other service’s experience of ED
- Contribution to hospital and system performance and function
- Metrics
- Benchmarking

Process

Leadership / management / system integration
- Performance
- Communication
- Relationships with hospital management
- Relationships with other services within the hospital and system
- External relationships and contracts
- Major incident and pandemic preparation and planning

Safety
- Training / professional development

Research

Management and administration
- Workforce
- Physical environment
- Informatics
- Kit
- Stock
- Key Support services

Structure

Outcome
Quality in EM
Who defines quality in EM?

- DH / NHS England
- NHSI
- CQC
- RCEM
- IFEM Framework
- Patients
- Various networks
- Other professional bodies / committees
- Other interested parties
Traditional clinical governance

• A clinical governance lead
• Clinical Governance meetings
• Audit
• Timetabled teaching sessions
The “new” toolkit of quality improvement

- FADE / PDSA / Six sigma
- Statistical process control
- Health Failure Modes and Effects Analysis
- Program and performance management tools
- Lean
- Change management: (e.g.) Kotter

TOYOTA
Key point

- Most quality improvement techniques are designed for simple or complicated problems.

- To solve complex problems in complex adaptive systems you need a different approach.
What are the solutions to this complicated dilemma?

WE GOT OURSELVES A SMART ASS OVER HERE
Six simple rules (Yves Morieux)

• Understand what others do
• Remove layers of managers and rules
• Empower individuals
• Expose people to the consequences of their actions
• Eliminate things that support and maintain silos
• Reward those who cooperate
What should the NHS do?

• Get head out of the sand
• Listen to front-line clinicians
• Reduce top-down management
• Reduce over-engineering
• Stop beating people up over targets
What the NHS is doing (apart from eating sand)

- Performance management
- CQC
- Benchmarking
- Big reviews

- Generation Q
- School for Healthcare Radicals / The Edge
- National Innovation Accelerator
- NHS IQ ........ Now the Sustainable Improvement Team
Networks

- Trauma
- Cardiovascular / Stroke
- Urgent and Emergency Care
- Informal
What can we do locally?

• Embrace complexity: look at big pictures
• Think out of silos
• Clear strategy
• Go for agility and capability
• Don’t overplan
  • Pick opportunities and then focus
  • Look for levers

• Build the right infrastructure and culture
Building the right culture

• Think like a farmer
• Continually reframe the narrative
• Create a social movement
• Replace rules and regulations with common purpose, values, principles
• Invest in and trust individuals
• Dump the concept of ‘resistance to change’
Little gems

• Safety toolkit

• Disruptive thinkers
  • “Most people with good ideas are annoying because they are frustrated,” Commandant Gen. Robert Neller

• Disruptive technologies

• Co-design
What should RCEM do?

• Branding
• Define standards
• Framing and explaining the complex
  • Field leaders in complex change
• Influencing policy
• Support networking
Summary

• Quality improvement is complicated

• Emergency Medicine is complex

• So is the NHS

• QI that doesn’t take account of complexity will fail
“Pluralitas non est ponenda sine necessitate.”

Don’t complicate unless you have to. Ockham (1285-1347/49)