

# The Coach Is In: Shape Your QI Project TODAY

*Room - Pinnacle II*

- Come armed with the projects that you are currently working on.
- This one-on-one mentorship session will offer advice and coaching opportunity with QI professionals and physician leaders.
- Participants will leave with new tools to try, creative insights, and possible next steps for their project.

Ms Bethina Abrahams *PQI Manager, PHSA*

Ms Marna deSousa *QI Coach, NHA*

Mr Wrae Hill *QI Consultant, IHA*

Ms Rosie Holmes *QI Coordinator, VIHA*

Dr Raj Johal *PQI Faculty, FHA*

Dr Celine Kim *Physician QI Advisor*

# Disclosure

These presenters do not have anything to disclose

# Agenda: Shape/ Re-Shape Your PQI Project

1:20-1:25 (5 min) **Review your feedback** (slides 3-5)

- What are your needs ? makes sense to you ?
- Scoping / Measures/ Common problems\*
- Arrange into 4 groups (perhaps by focus areas ?)



1:25- 1:40 (15 min ) **Didactic – Driver Diagram** (slides 6-10 incl. 7 min video)

Driver Diagrams / a precursor to building your PQI charter

[https://www.youtube.com/watch?v=ck4kZ\\_4CVPc](https://www.youtube.com/watch?v=ck4kZ_4CVPc)

1:40- 2:00 (20 min) **Practice - Driver Diagram** (slide10) 5-6 people / table + 2 PQI Coaches

- Timing is flexible up to 30 min max
- Resource : Driver Diagram – fillable .pdf BCPSQC
- One-on-one mentorship / Practical advice / Coaching opportunity
- Apply new tools to your project / seek creative insights / think about next steps for your project.
- Feedback at your tables : Common issues / common solutions ?

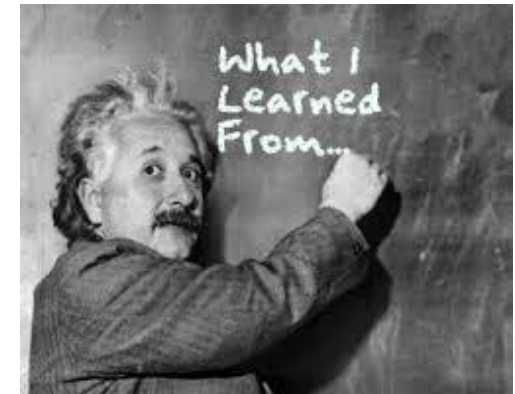


2:00- 2:20 ( 20 min) **Q & A – Your questions regarding shaping your projects** (slides 11-13)












- Driver Diagrams as a precursor to building your PQI charter (useful ?)
- QI charters / purpose as living documents vs. blue print
- What sponsorship really means
- **Your take home:** A completed driver diagram to inform your PQI project / Charter iteration

2:20-2:45 (Time permitting) **Sustainability Assessment** (slides 14-15)

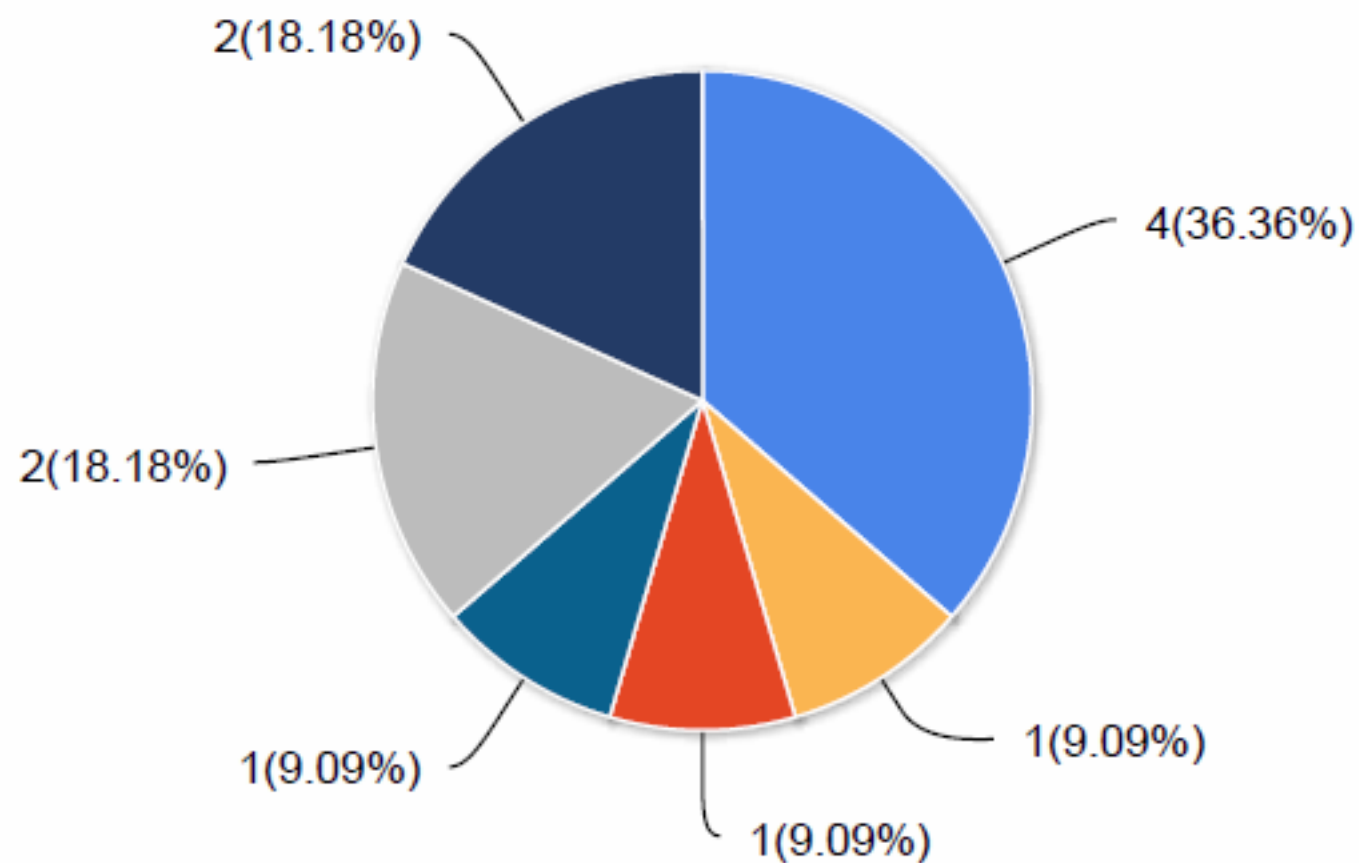
- Do you have the right ingredients for success ?



## 1. What are your main objectives for attending "The Coach is in: Shape your QI Project Today"?

	To understand more about evaluation
	General discussion
	I am seeking practical- hands on tools to support moving physicians from yes...to GO...with developing improvement charters there is no shortage of great improvement ideas from physicians- the challenge for me is when they (90 %) balk at moving forward in the creation of an aim statement- one look at the improvement charter with the sections requiring a sponsor is another significant barrier - I need the tools maybe thru behaviour change to move them into action
	Concrete next steps in data collection/PDSA
	Coming to some agreement, at a provincial level, on how much a physician led project NEEDS to be or SHOULD be shaped before a PQI team essentially says welcome to the Cohort.
	My objective is to learn from other consultants and improve as a quality improvement consultant in way we coach and support physicians.
	To be able to feel comfortable to do PDSA cycles to all my change ideas and stakeholders.
	Sustaining a change idea and keeping track of data that is not automated
	Improving my QI Coaching skills by learning from others
	To fine tune my business plan and outcome measures
	discussing the scope of my projects and what to include in the project contents, framing the projects goals, effectively presenting the project to potential participants, when to consider modifying the project, evaluating the project when nearing completion

## 2. What is the main area of your project that you would like...g?



Scoping your project Understanding your current state Generating change ideas Testing  
Sustaining Other

# Feedback “The Coach is In” seminar registrants

*Brief panel introduction showing / acknowledging these needs & feedback*

- Like a Physician visit: Listening / Data / Educated guess - **What may help you ?**
- Precursor to QI charters: PQI project shaping in advance of the cohort is KEY.. Having an operational team and a clear outcome (basic AIM) is key. Basic measures , such as those in an updated driver diagram, are central to communication & keeping a PQI project on track ...
- Having a team is crucial. QI Charters while crucial , may not the best place to start and language (Sponsorship) may be problematic for Physicians (**Driver Diagram**)
- Assess & reassess crucial components of your PQI project (**NHS sustainability model**)

# Driver Diagrams & Activity

**OUTCOME:** Participants start rethinking about who to engage & how.

**TIME : 15 minutes**

**LEARNING:**

Driver Diagram (6.5 min) [https://www.youtube.com/watch?v=ck4kZ\\_4CVPc](https://www.youtube.com/watch?v=ck4kZ_4CVPc)

**RESOURCES:** <https://qi.elft.nhs.uk/resource/driver-diagrams/>

**EXERCISE : 20 minutes**

Completed a driver diagram w/ a family of practical measures for your project

**Outcome:** Measurable, as a result of your changes

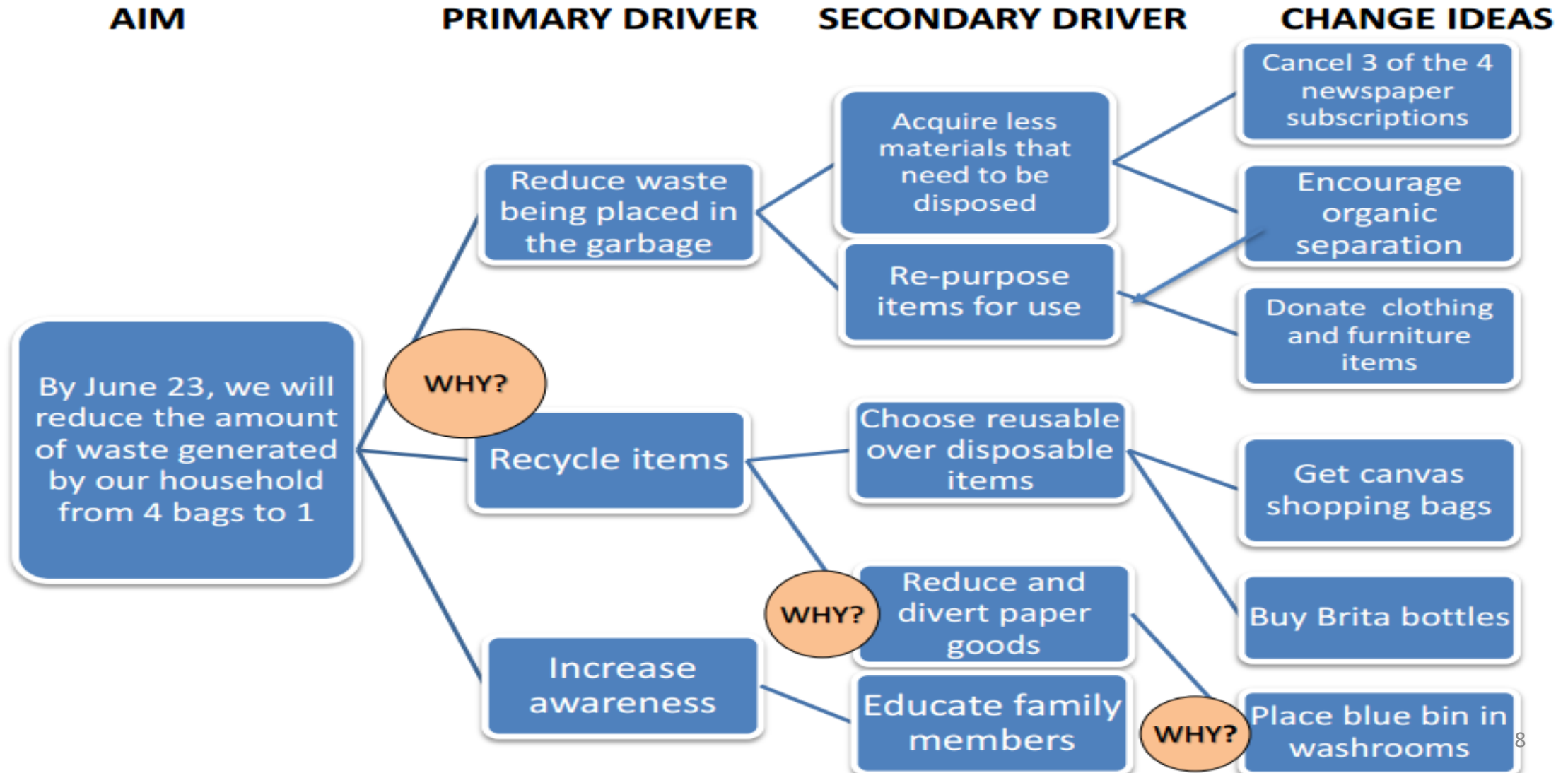
**Process:** Changes themselves (form completed/ time to therapy)

**Balancing :** Unintended consequences

**TAKE HOME:** Have a completed a driver diagram w/ a family of practical measures for your project

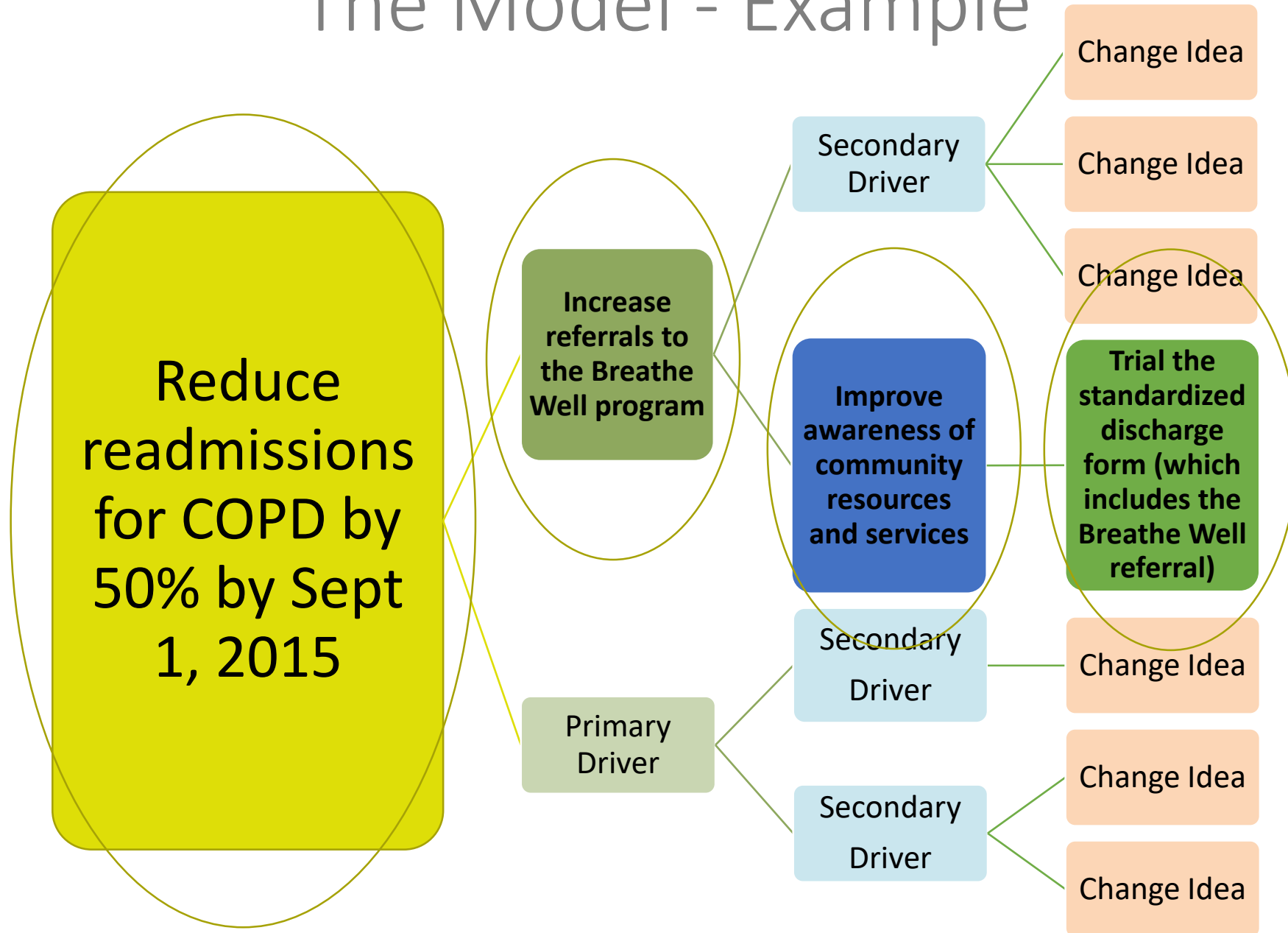


# Driver Diagram



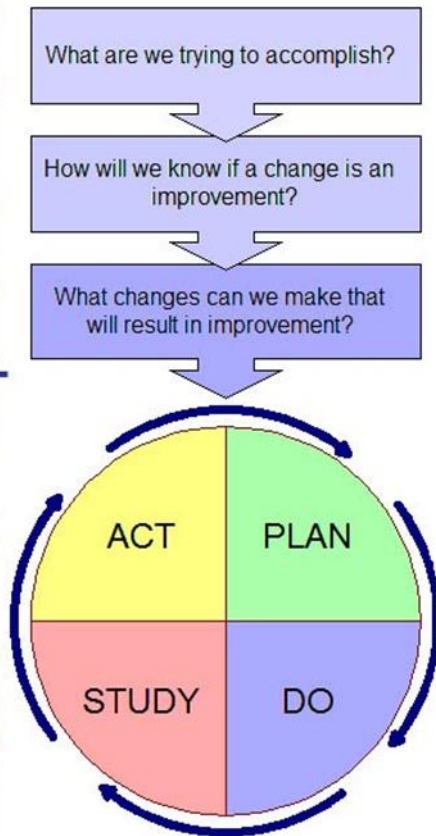


# The Model - Example



# From Driver Diagram to Improvement Model

## Model for Improvement



### ***What are we trying to accomplish?***

- *Proactive approach to blood management to improve the early recognition & treatment of Pre-surgical anemia and a possible role for IV iron, with specific focus on surgical procedures with expected moderate-to high blood loss (> 500 ml).*

### ***How will we know that a change is an improvement? (Baseline Data)***

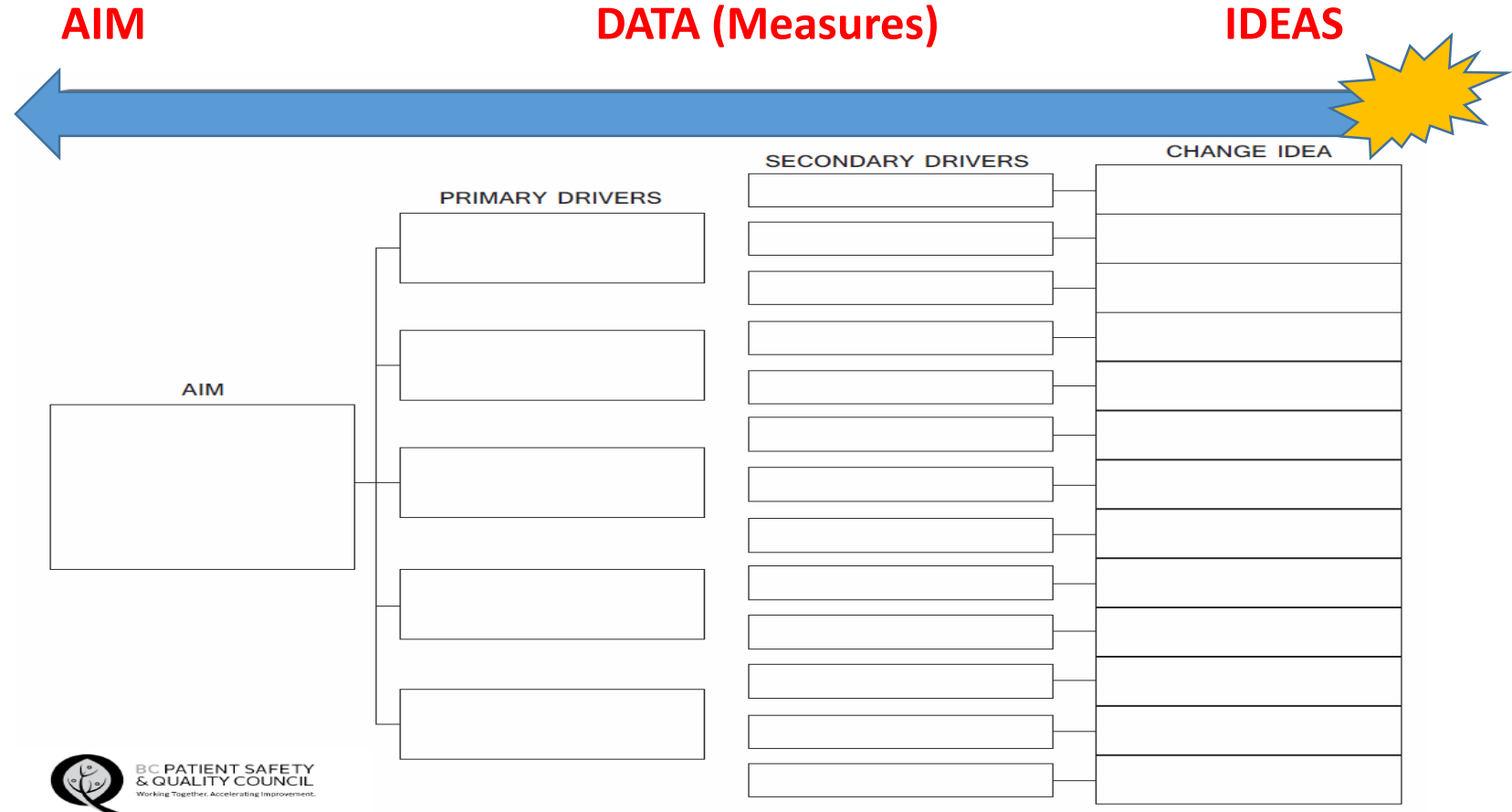
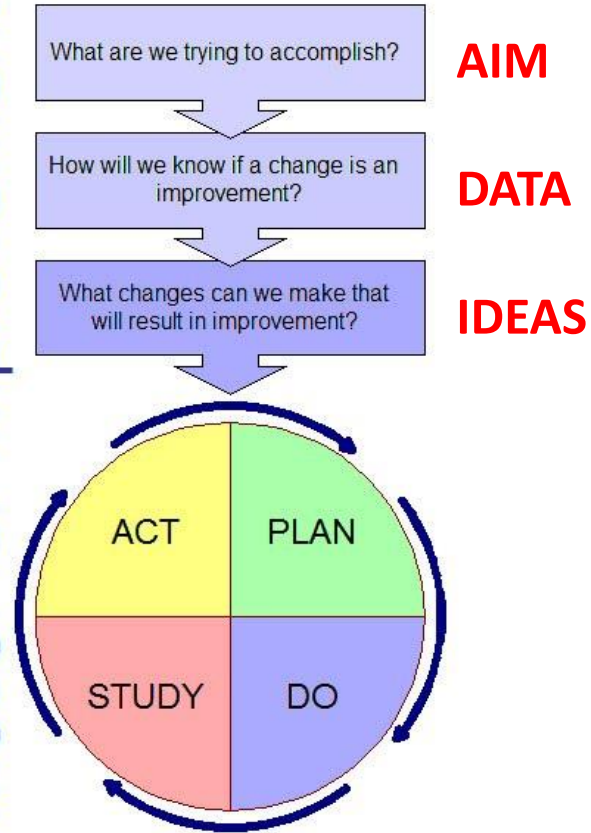
- Higher proportion (from near zero) of Pre Surgical patients screened & treated for anemia
- Track % of preop patients with Hgb < 120 on day of surgery
- Track % of preop patients with % iron saturation < 20 %
- Track % of preop patients with Ferritin < 100 mcg/L on day of surgery
- Reduced transfusion rates post op
  - Currently, 34 and 39% have blood transfusions at 1 and 3 moths post op respectively.

### ***What changes (change ideas) can we make that will result in improvement?***

- All KGH anesthesiologists Screen & Treat patients with Hgb < 120 in pre admission clinic using the Pre-Operative Hemoglobin Assessment and Optimization Algorithm <sup>3</sup>
- Non-urgent surgery postponed to allow the diagnosis and treatment of anaemia and iron deficiency

# PRACTICE : Flip the IHI Improvement Model on it's side = Driver Diagram

## Model for Improvement



**Outcome:** Measurable, as a result of your changes

**Process:** Changes themselves (form completed/ time to therapy)

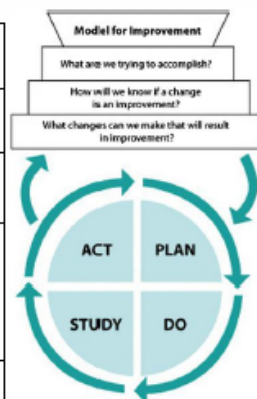
**Balancing :** Unintended consequences

# Q & A – Your questions / Shaping your projects

- Driver Diagrams as a precursor to building your PQI charter (useful ?)
- QI charters / purpose as living documents vs. blue print
  - [http://www.ihi.org/education/IHIOpenSchool/resources/Assets/QIProjectCharter\\_Worksheet.pdf](http://www.ihi.org/education/IHIOpenSchool/resources/Assets/QIProjectCharter_Worksheet.pdf)
    - **Outcome:** Measurable, as a result of your changes
    - **Process:** Changes themselves (form completed/ time to therapy)
    - **Balancing :** Unintended consequences
- What sponsorship really means
  - Completed a driver diagram w/ a family of practical measures for your project
- **Your take home:**
  - A completed driver diagram to inform your PQI project / Charter iteration

# IMPROVEMENT CHARTER

Title of Improvement Project	
Identified Project Sponsor	
Location of Improvement Project	
Improvement Team Names & Titles	
Identified Need or Opportunity for Patient Participation	



## What are we trying to accomplish?

Problem Statement	<i>It's important to work on this now because.....</i>
Scope and Boundaries	<i>Where does the project begin and end? What work will this project include/not include?</i>
AIM Statement	<i>What will improve? Where? By how much? By when?</i>

## How will we know that a change is an improvement?

MEASURE DESCRIPTION	BASELINE	TARGET	PLAN TO COLLECT DATA
Outcome Measures			
Process Measures			
Balancing Measure			

## What changes can we make that will result in improvement?

Change ideas we want to test <i>(these directly link to the process measures listed above)</i>

### Key Dates

Anticipated Milestones	Date to Achieve Milestone

SSC PHYSICIAN QI - PROJECT ENDORSEMENT CRITERIA- Check List			
Project Name:			
Physician Lead:			
Island Health Informed:			
Project Meets Island Health/SSC Strategic Priorities	Yes	No	n/a
Promotes collaboration between physicians and Health Authority			
Improves patient-centred care: Takes a patient and family-centered approach to address the health system strategic priorities			
Includes multidisciplinary care team involvement			
Promotes an evidence-based approach			
Considers resource commitment and funding criteria			
Project Demonstrates Use of QI Processes	Yes	No	n/a
Considers the Model for Improvement: Aim, measures, changes, rapid tests of change			
Clear in terms of scope and deliverable(s)			
Includes data collection, robust data monitoring and analysis			
Includes an evaluation component to demonstrate success			
Includes a plan for sustainability following project's end			
Project Supported by HA/SSC and PQI SC	Yes	No	n/a
Plan developed in consultation with PQI team member(s):			
Curtis B, Rosie Holmes, Manager/Medical Lead aware on Unit or Site:			
Program Director/Medical Director informed, supportive:			
Other key Internal/External stakeholders identified, involved, supportive:			
ED/EMD/Clinical Director aware, supportive:			
Reviewed and Endorsed by PQI Steering Committee			
Yes			
No			
Comments:			
Chair:			
Date:			
Signature:			

All PQI teams have some evaluation methodology to determine if the idea & Physician are a fit

Common components :

- Do you have a team ?
- Evidence is strong ?
- Clear AIM and deliverables ?
- Is this doable ?
- Robust data strategy ?
- Review by PQI Steering Ctte (or proxy)

# Sustainability Assessment

( Do you have the necessary ingredients ?)

**OUTCOME:** Objectively look at your project's likelihood of being successful now and over time.

## LEARNING:

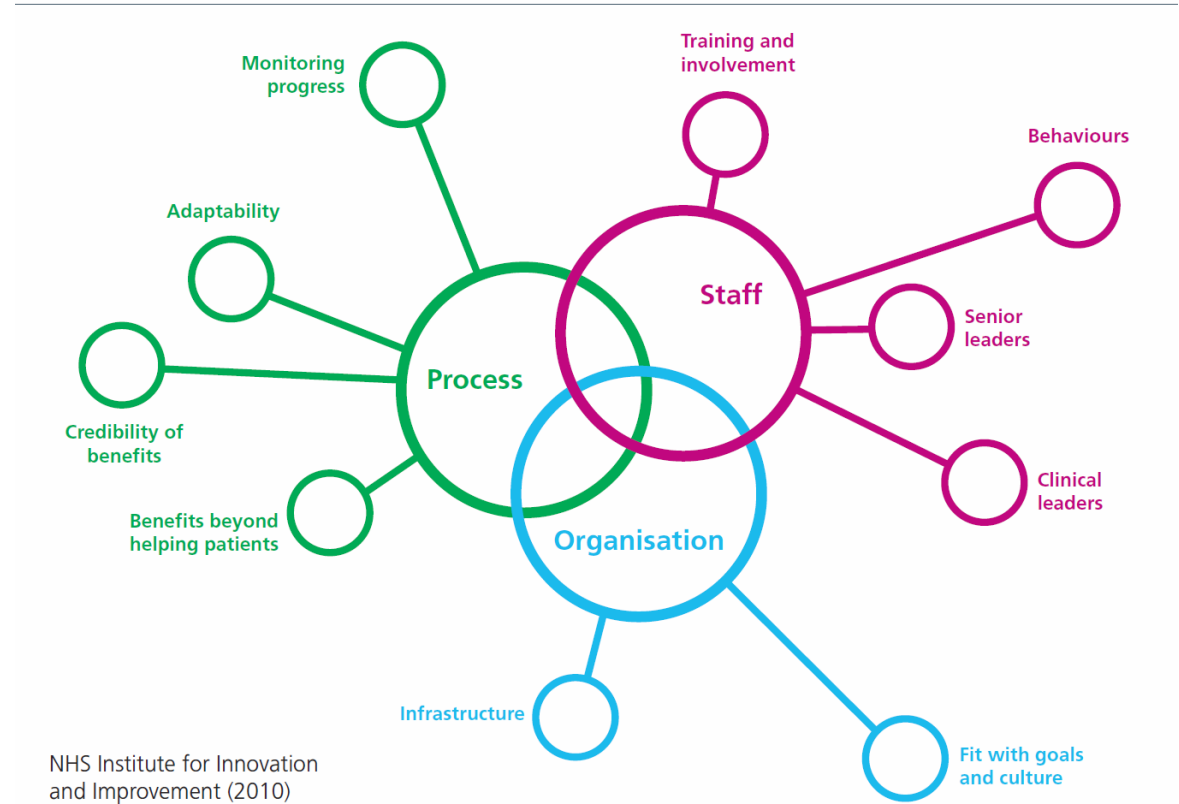
<https://improvement.nhs.uk/resources/sustainability-model/>

Assess three major domains:

- Process/
- Staff onboard/
- Infrastructure

**RESOURCES:** NHS sustainability model ;  
Questions Pages 3-7 (scoring matrix pg. 8)

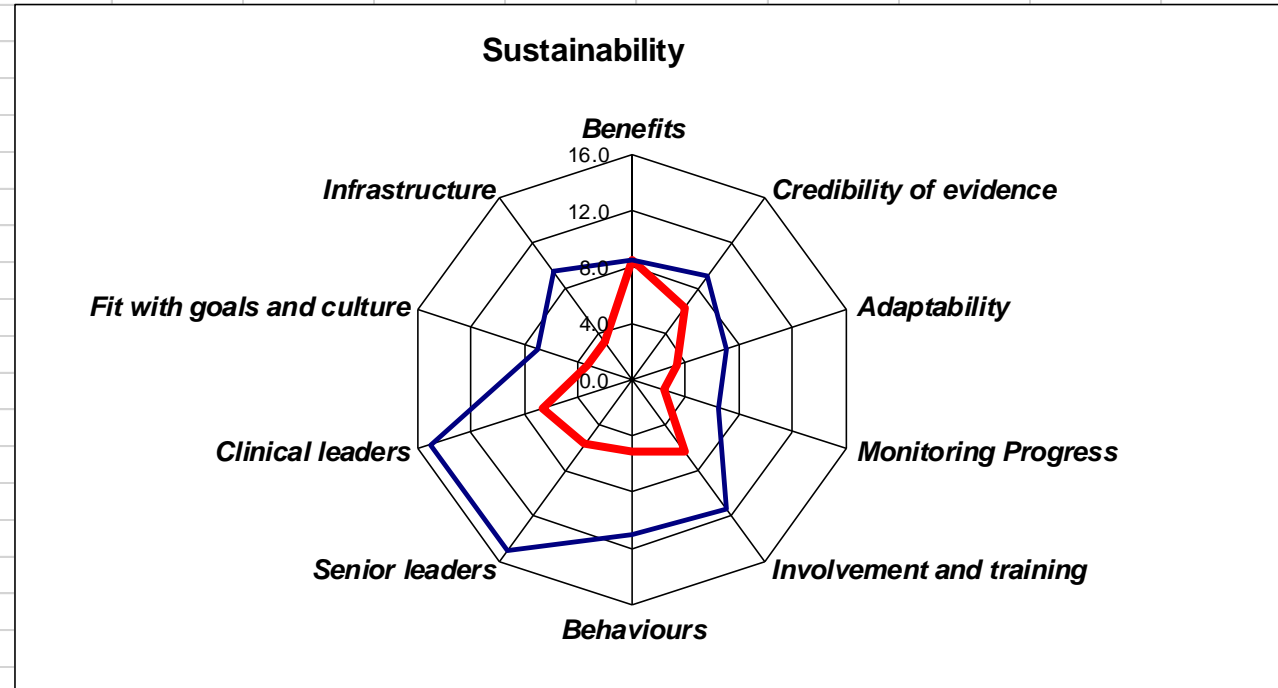
**EXERCISE :** Score your project's likelihood of being successful now and over time





Example ; **Proactive Blood Management** ( IV Iron for Anemia pre-op vs. reliance upon Transfusion)  
 Halfway through a PQI cohort project

	My score	Max score
Benefits	8.5	8.5
Credibility of evidence	6.3	9.1
Adaptability	3.4	7.0
Monitoring Progress	2.4	6.5
Involvement and training	6.3	11.4
Behaviours	5.1	11.0
Senior leaders	5.7	15.0
Clinical leaders	6.7	15.0
Fit with goals and culture	3.3	7.0
Infrastructure	3.3	9.5



Microsoft Excel  
 1979-2003 Worksheet