

www.healthinnowest.net/academy

Facilitator's guide for Quality Improvement

v. 5 February 2024



West of England
Academy
Innovate Improve Impact

Our Academy

The West of England Academy provides a range of free resources to help you gain knowledge and develop essential skills for innovative thinking and working.

We promote the use of quality improvement methodologies to support delivery of better patient care. The Academy is for all health and care professionals, front line, support services and commissioners, plus innovators living, working or planning to work in the West of England.

We run free learning events as well as bespoke support for those needing specialist advice on our services.



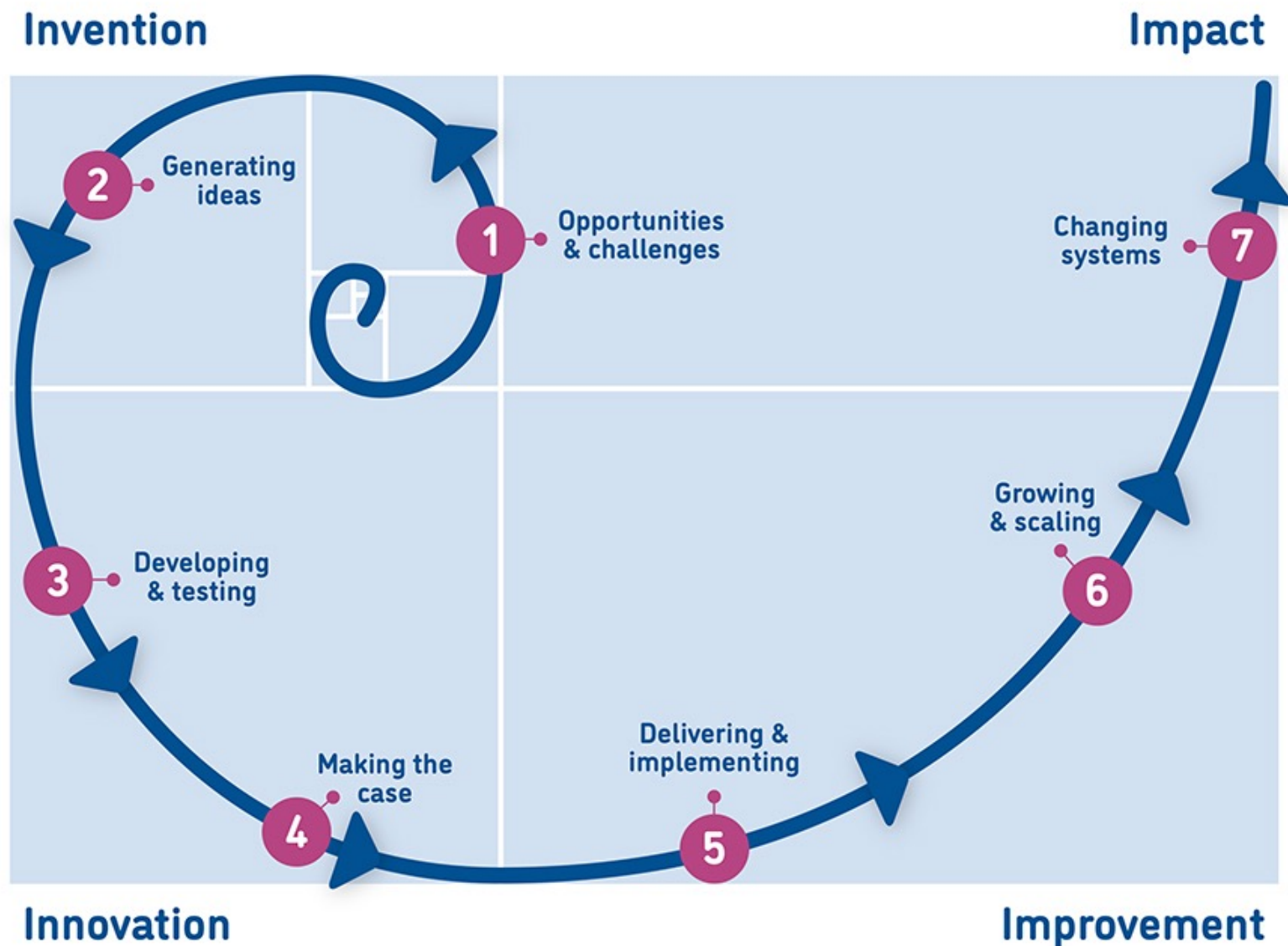
West of England
Academy

Innovate Improve Impact



The innovation journey

Our Academy supports the four phases of the innovation journey: invention, innovation, improvement and impact.



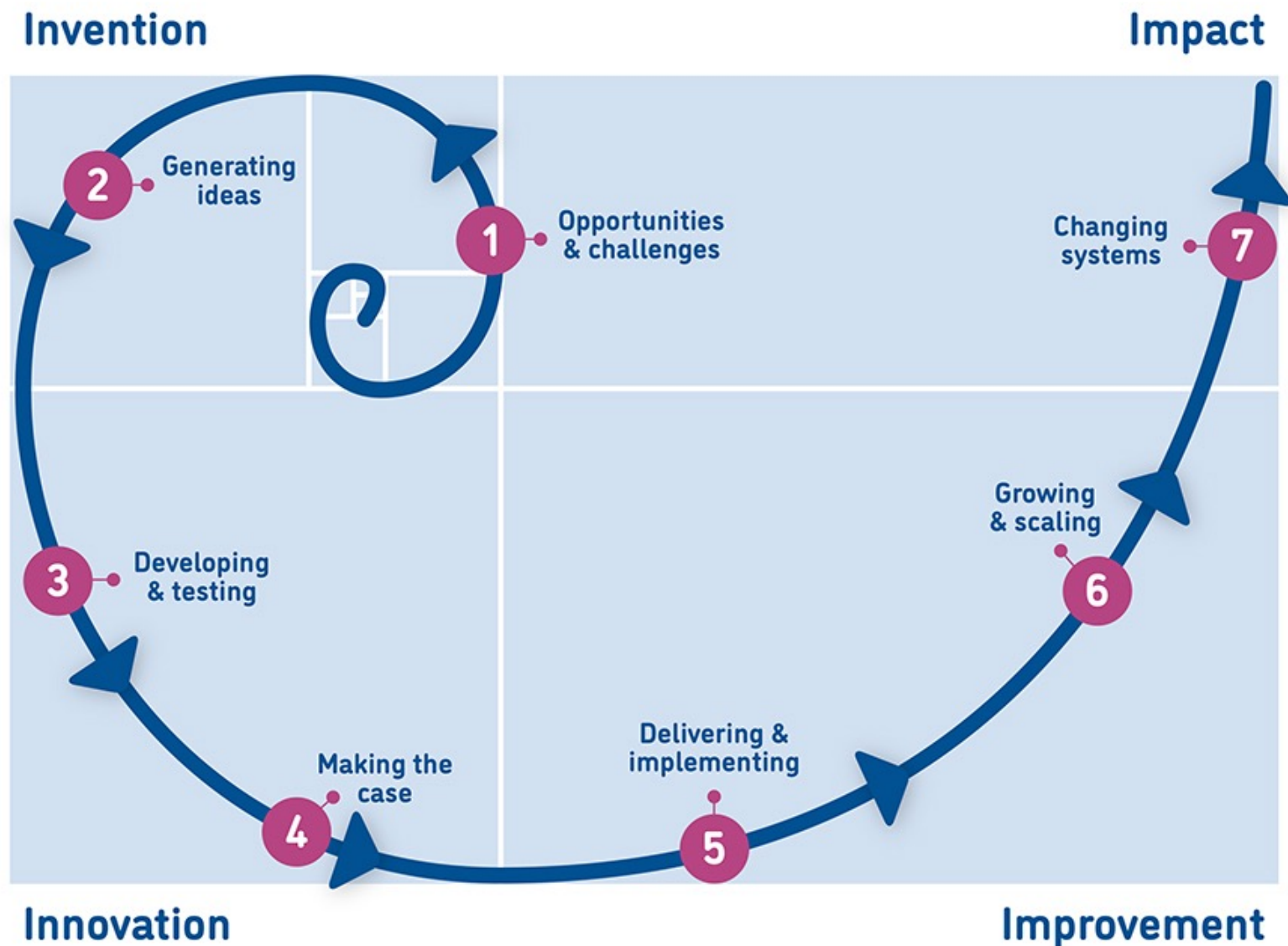
Definitions

Nesta's Innovation Spiral is a model taking innovations and implementing them into practice.

'Innovation' includes products, processes (interventions) and evidence (knowledge), regardless of whether the source is research, innovation, or improvement.

'Implementation' refers to transferring an innovation into practice.

'Adoption' is the translation of a new intervention into practice, and 'spread' is this happening across an entire system. Health Innovation Networks were set up to bridge this gap.



What is Quality Improvement?

Quality Improvement (QI) is a systematic approach to learning, development and improvement in healthcare.

- **If you are new to QI**, we recommend the [on-demand replay of our QI training series](#). Want to explore further? Join over 35,000 learners from around the world in our [Quality Improvement in Healthcare course](#) developed and delivered by Health Innovation West of England and the University of Bath.
- **Ready to run your own QI project?** Download our step-by-step QI workbook which has all the tools and templates you need and will even help you develop a poster to showcase your learning at the end. Don't forget to browse our extensive free library of [QI resources](#) for extra support.
- **If you are coaching others to run a QI project**, then check out [our facilitators' guide](#). This acts to support the workbook with downloadable slides and activities to use for many of the tools. A recommended resource to develop your skills further is the [Quality Coach Development Programme](#) developed by the Q Community.

Build your skills and resilience as an improver. Watch a video from Professor Bill Lucas on '[The Habits of an Improver](#)', explore our [emotional resilience toolkit](#), and catch up on our workshop on [skills for leading change](#).

What is the workbook?

The workbook is a collection of worksheets that can be used to help structure and guide a simple quality improvement (QI) project. We recommend you start at the beginning and work your way through each activity or use the contents page to navigate your journey.

Who is the workbook for?

The workbook has been designed to help people that are running a QI project in a healthcare setting. If you are new to QI then do check out our [on-demand QI training](#).

Some worksheets can be completed by one person, but the majority will need completing as part of a team-based activity with a mix of people involved in your project work. Involving your stakeholders (people impacted by the changes you'll be making) in these activities will significantly help your project to be a success.

Why would I want to use the workbook?

We know that running a QI project can sometimes be complicated and confusing. We hope that this workbook will provide practical, simple support to guide you through the process. [Watch this video](#) to understand how QI tools can be used in a real healthcare improvement project.

This workbook is structured and colour-coded to help you design a QI poster or write an improvement report to share the learning from your project.

Check out our guide to [creating a QI poster](#) for more information and once you have created your poster, please share it with others on our [Evidence Repository](#).

The West of England Academy offers a wide range of free resources to healthcare professionals and innovators across the region. To find out more, visit our [website](#) or email healthinnowest.academy@nhs.net

How to use the facilitator's guide

Preparation

Personalise the slides where possible — add in details relevant for your project, can you tweak the examples used to be relevant for your group?

If you are delivering the session online you may find it helpful to have a JamBoard to use, or flipchart/ paper/ pens if face-to-face.

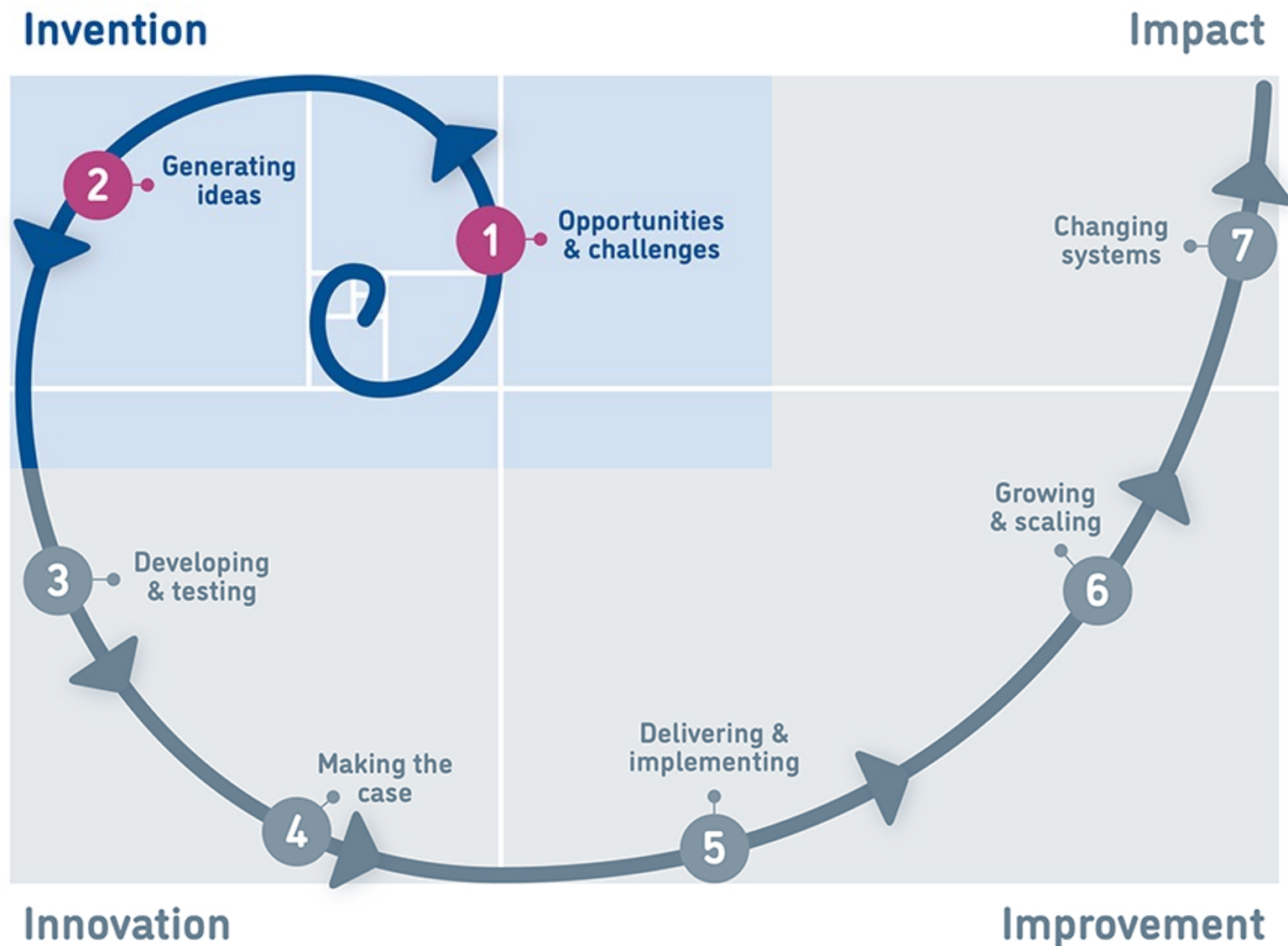
Assumptions made in preparing these slides

One person is facilitating / leading the session. For larger groups you may want to add in a co-facilitator and/or technical support.

When delivering sessions online the platform has a chat functionality and breakout rooms (e.g. Zoom/ Teams)

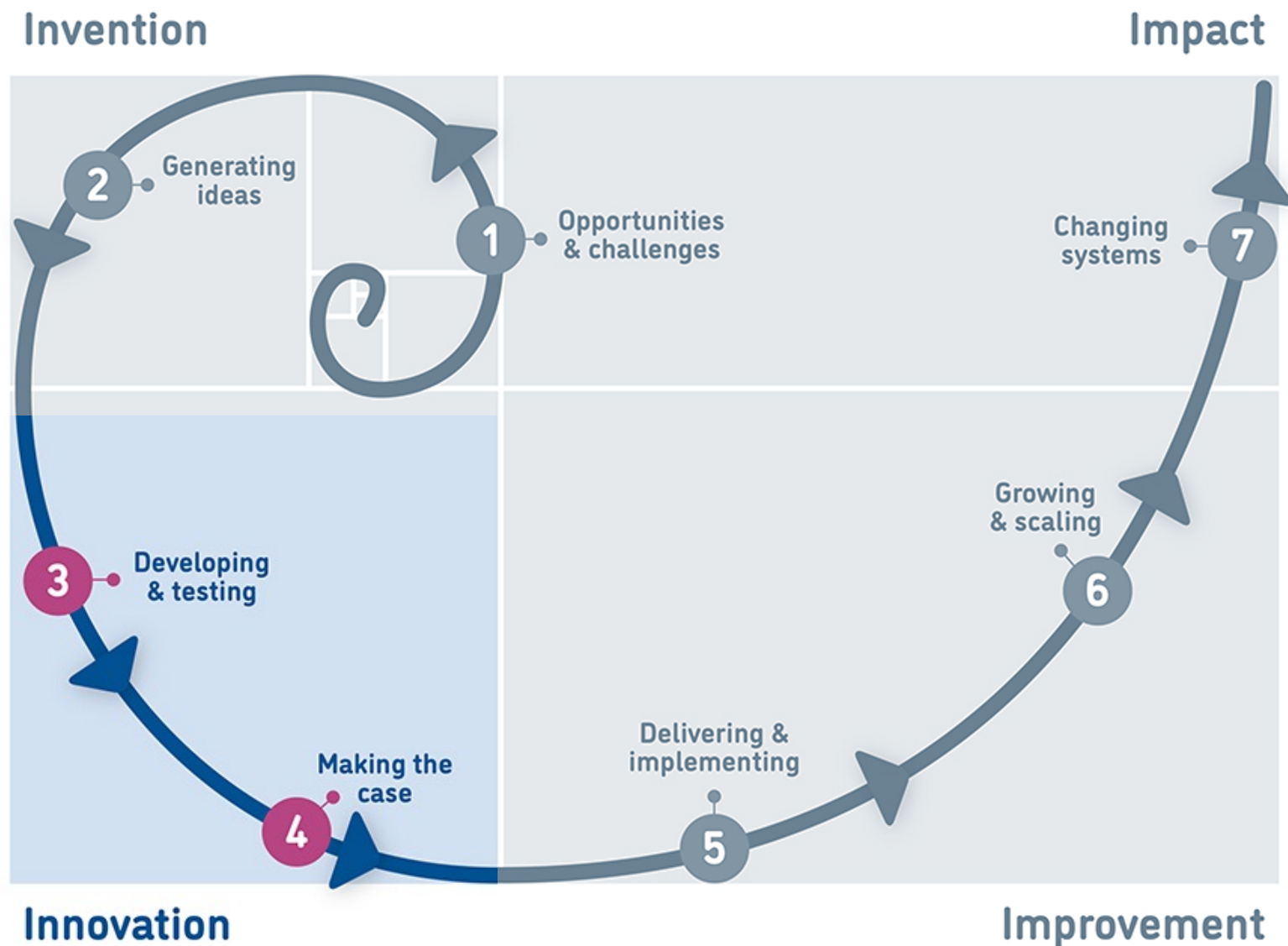
Invention

In the invention phase, you'll be exploring opportunities, generating ideas, and selecting the best ones to test.



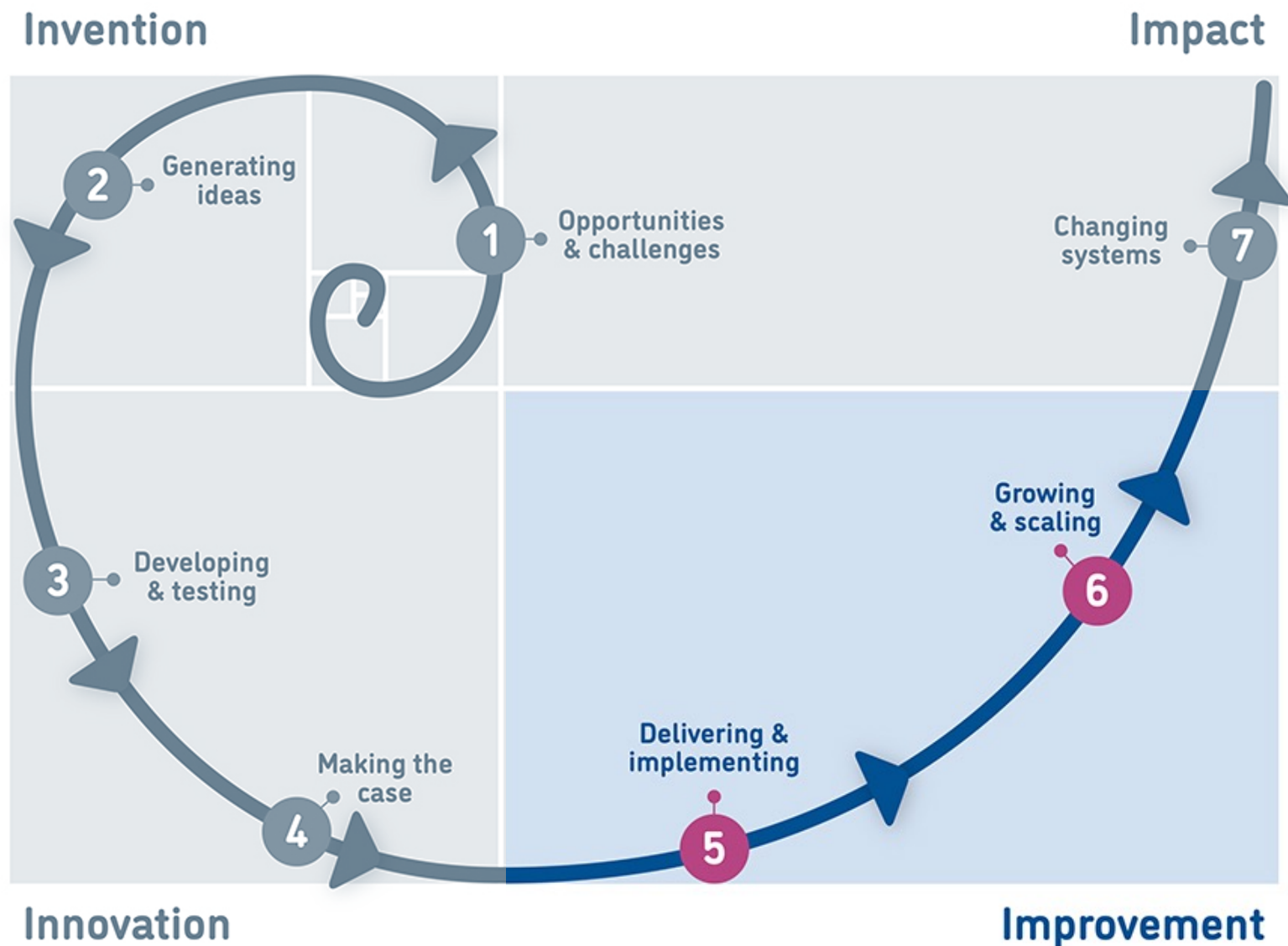
Innovation

Once you have a promising idea, it's time to develop your innovation through prototyping and testing.

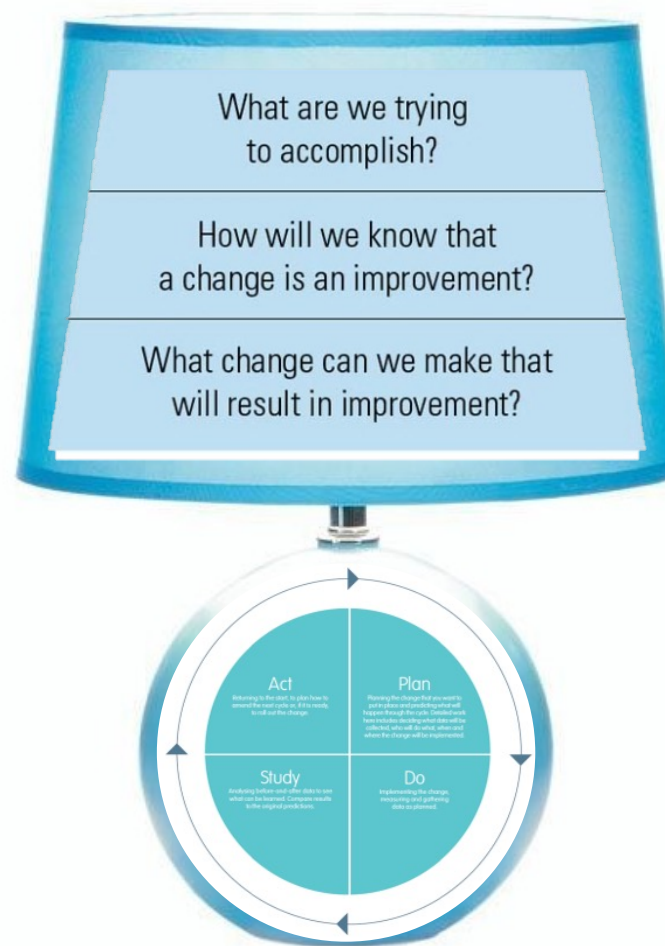


Improvement

In the improvement phase, you'll use quality improvement methods to implement your innovation and engage stakeholders.



The model for improvement



The model for improvement

What are we trying to accomplish? →

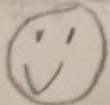



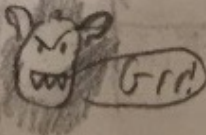
What change can we make that will result in an improvement? →

How will we know the change is an improvement?





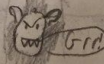
Which method of waking up would make daddy the grouchiest?

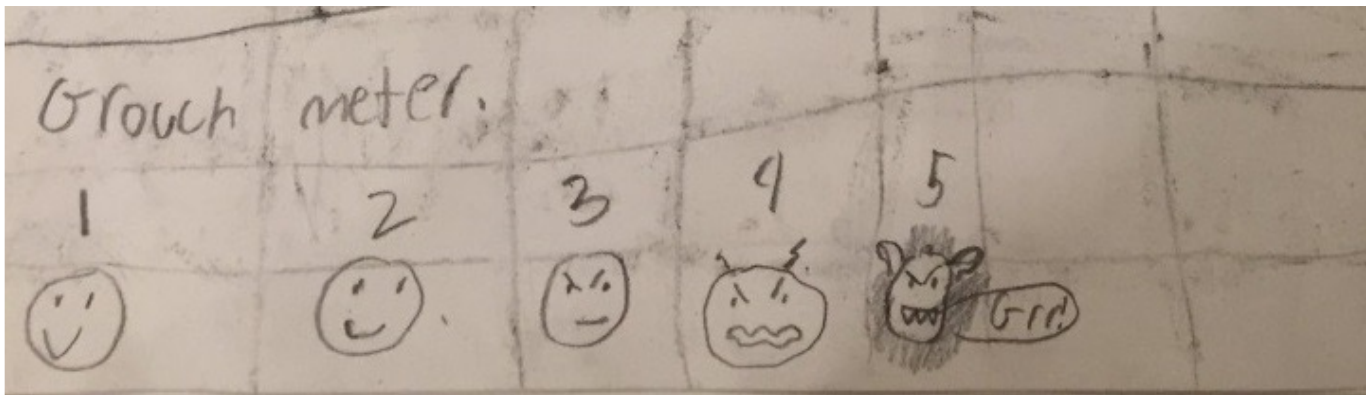
method	Date	how grouch?	Date	how grouch?	Date	how grouch?
Poke						
Pinch						
tickle						
Bring tea						
Shake						
snuggle						
Sing a silly song						
ice pack						

Grouch meter.

1	2	3	4	5
				

Grouch meter.

1	2	3	4	5
				



Steps in the model for improvement



All tools are available on our website at:

<https://www.healthinnowest.net/facilitators-guide-to-quality-improvement/>

1. Understand the challenge

It is important to take the time to fully understand the problem you are trying to solve.

Tools to complete at this stage:

- 5 Whys
- Stakeholder mapping
- Process mapping

If you skip this stage, you might waste time making a solution that doesn't solve your issue.

At the end of this stage, you will have the information you need for your poster on the **Background/ Problem/ Issue**.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

About the tools

- **5 Whys** is a simple tool to help you start to identify the

root cause of a problem. To explore more complex challenges, you can use **SEIPS** or tools from the Creative Problem-Solving Toolkit.

- **Stakeholders** are everyone involved, interested in and benefiting from your project work. Understanding and engaging with your stakeholders is crucial to the success of your project as they can be champions of your work or create barriers. You can further explore your stakeholders using the **galaxy mapping** and **persona** tools.
- **Process mapping** can be used to demonstrate the current way of working to identify areas for improvement, for example where the same activity is repeated unnecessarily or where there is a 'bottle neck', or a new 'improved' process, for example you can map what the process would look like if you changed it in some way.
- **Forcefield analysis** helps you understand barriers and enablers.

5 Whys

What is it?

A simple tool to help you identify the relationship between root causes of a problem

Suggested activity:

Time

10 mins in group + 5 mins sharing back

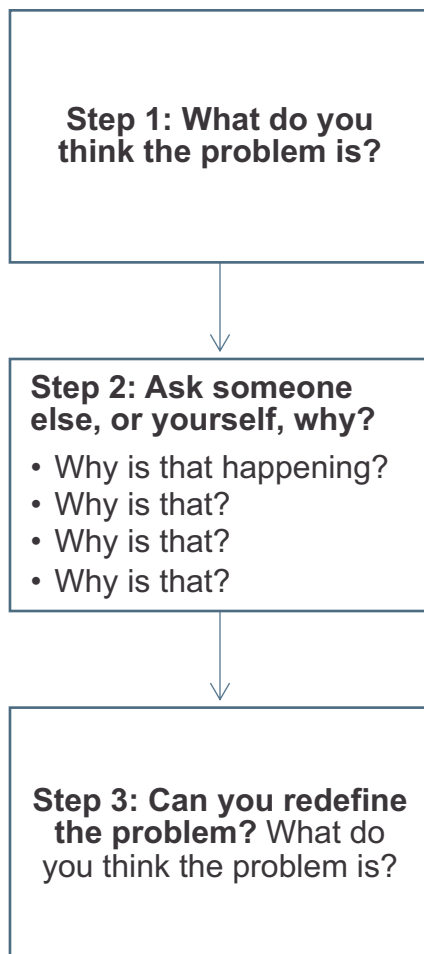
How

Individuals, pairs or group of 4

What

- Write down the problem or share it with the group
- Ask “why” the problem occurs, writing down the answers each time.
- Repeat this until the root cause is identified.
- Discuss the outcome, did you uncover a different problem?

5 Whys



Example:



Template: 5 Whys

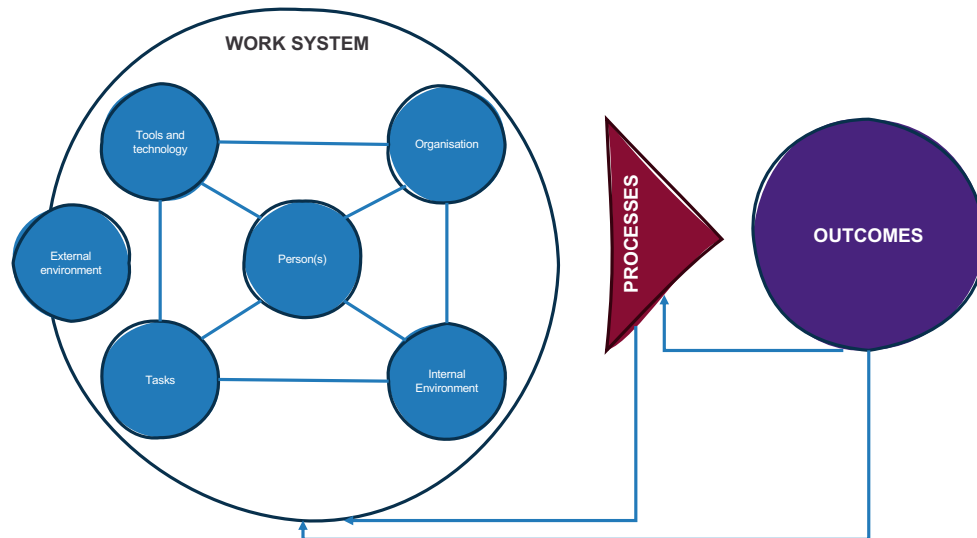
What do you think the problem is?	
Why?	
Why is that happening?	
Why is that?	
Why is that?	
Why is that?	
Can you redefine the problem? What do you think the problem is?	

SEIPS

What is it? System Engineering Initiative for Patient Safety

A systems thinking framework to explore the complex socio-technical components of a system and interactions between them.

It describes how a **work system** (or socio-technical system, left) can influence **processes** (work done, middle), which in turn shapes **outcomes** (right).



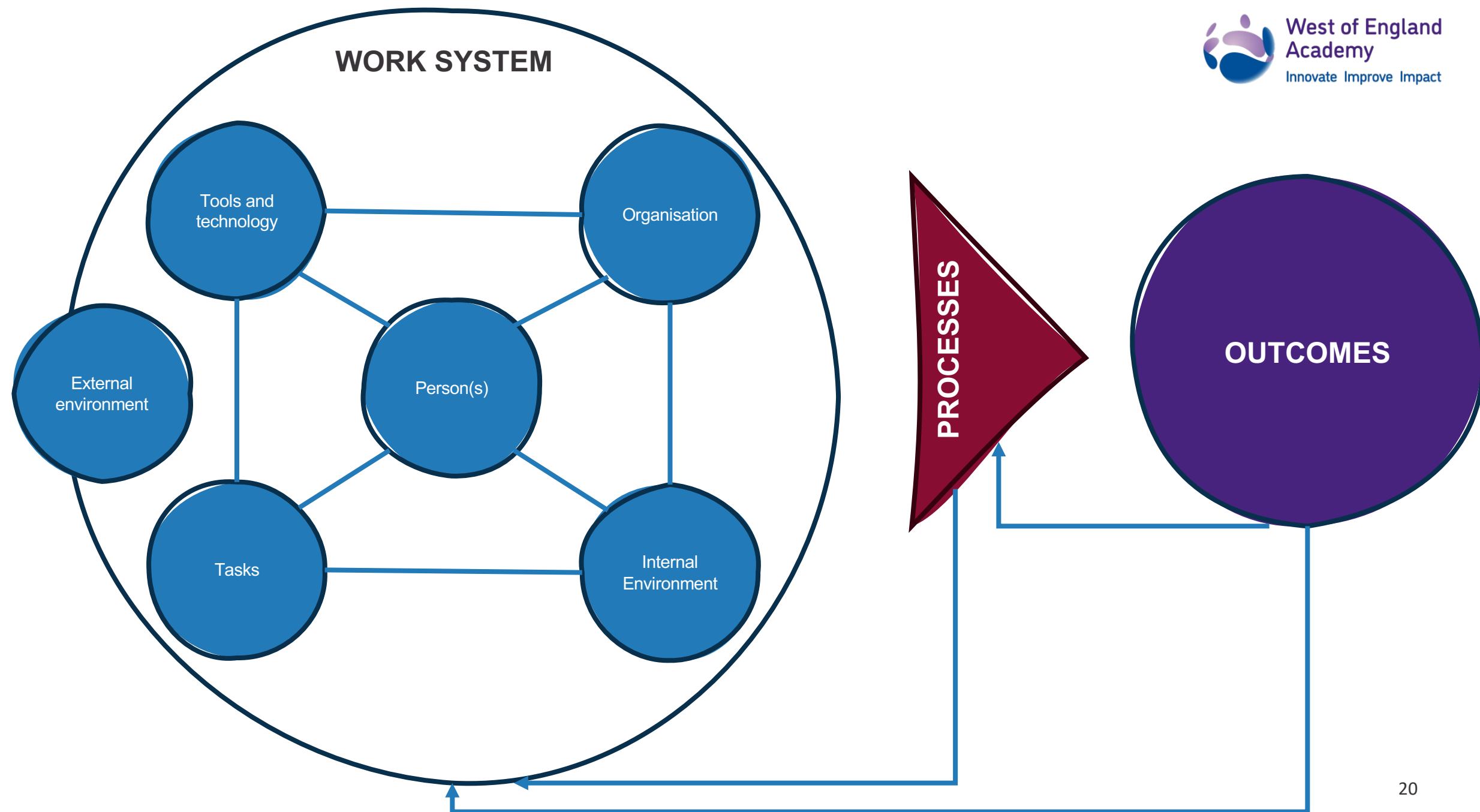
A 'work system' consists of six broad elements: external environment, organisation, internal environment, tools and technology, tasks and person(s).

The SEIPS framework acknowledges that work systems and processes constantly adapt.

SEIPS

Suggested activity:

Time	20 minutes
How	1 – 2 – 4 - All
What	<ul style="list-style-type: none"> • Introduce the concept of the “2am test” -- think about a process that you are familiar with. How easy would be it be someone new to your department (a new starter or agency staff) to use this process at 2am in the morning when there is no-one around to ask for help, in low lighting, maybe they are tired, or hungry, or under time pressure. What challenges might they face? Are there any workarounds that they might use? After identifying them discuss with a partner and identify any common themes. • Match up with another pair and share themes and start to identify potential solutions. • After sharing as a group of 4, facilitate a discussion with all the groups back in the main room.



Template: SEIPS

Tools and Technology <ul style="list-style-type: none"> Describe the equipment/ tools you use Describe the equipment design Share your insights into equipment availability and appropriateness Share your insights into equipment reliability Describe how information is presented (e.g. records/ IT systems) Describe alarms and alerts Are any tasks automated? Describe where equipment is positioned. Is this optimal? Are tools/ technology maintained and updated? Are manuals, procedures and supports accessible? 	Organisation <ul style="list-style-type: none"> Tell me about how the patient pathways work Describe the information flow (how information is communicated) What is the communications workload like? Where is new information held? Describe the leadership and supervision arrangements. Describe how work is scheduled/ allocated Describe staffing levels and resourcing Describe the safety/ organisational culture Describe how change management works 	Internal environment <ul style="list-style-type: none"> Does the workspace support safe patient care/ task performance? Share your thoughts on the layout of the environment Is the workspace appropriate for the task? Where are tasks completed? Describe any distractions you experience regularly. Do interruptions impact patient care/ tasks performance? If yes, how? Describe the impact of the ambient environment (e.g. lighting, noise, air quality) 	Processes	Outcomes Desired outcomes <ul style="list-style-type: none"> System Performance Human Wellbeing What are you aiming to achieve when you deliver patient care?
Tasks <ul style="list-style-type: none"> Tell me about the task demands you face Describe the tasks which are complex or challenging to carry out. Talk me through your experiences of the workload. Are there time pressures? If yes, please tell me more. Does task repetition/ monotony occur in this work system? Do you have to reprioritise/ reorganise? 	External environment <ul style="list-style-type: none"> Describe any relevant national targets Tell me how the following impacts (if at all): <ul style="list-style-type: none"> Policy and regulatory demands Accreditation standards Political decision making Global events 	Person <ul style="list-style-type: none"> Tell me about the patient mix Describe the team who deliver patient care Who else is part of the team (e.g. admin, domestic)? How familiar are team members with care processes/ pathways? Are roles/ responsibilities clearly defined? Describe how training is organised to support safe care. Describe the team dynamics Describe the impact of personal factors (e.g. stress, morale, tiredness) 		

Stakeholder mapping

Through understanding our stakeholders, we can then avoid this...



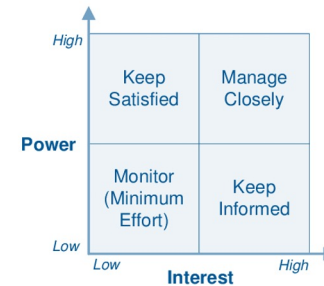
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Stakeholder mapping

Step 1: Who are your stakeholders?

- Make a list of the obvious people
- Refine your list by using the following ([QSIR NHS E/I](#)):
 - Commissioners
 - Customers
 - Collaborators
 - Contributors
 - Channels
 - Commentators
 - Consumers
 - Champions
 - Competitors

Step 2: What type of stakeholder are they?



Step 3: Create a user persona for key stakeholders

- What do you know about them?
- How do they interact with the service/product?
- How do they communicate?

Now that you understand who your stakeholders are you can appropriately involve them in your QI project at the relevant stages.

- When you know your project objective and the changes you'll be testing, you'll need to think about how you will communicate with your stakeholders throughout the project. We'll look later at creating a communications plan.
- It is really important to think about how you can involve patients and families in your project right at the start.

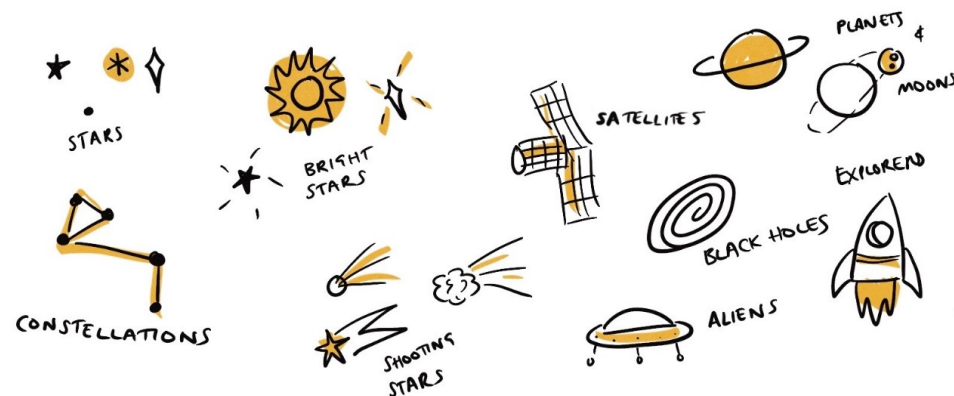
Stakeholder mapping template

	Low interest	High interest
High power	Keep satisfied	Manage closely
Low power	Monitor (minimum effort)	Keep informed

Stakeholder mapping: Galaxy mapping

What is it?

A systems thinking tool to understand how stakeholders relate to each other.



Suggested activity:

Time

20 minutes

How

Groups of 6-8 people with flipchart paper or Jamboard

What

- <https://www.healthinnowest.net/wp-content/uploads/2022/08/Galaxy.docx>

Stakeholder mapping: Personas

“As a stakeholder I need...so that I can...”

User Personas

What do you know about them?

How do they interact with the service/product?

How do they communicate?

Complete the sentence for a stakeholder that you work with and share it in the chat box.



Imran: wants to provide the best possible signposting service



Role – Community Pharmacist

As a Community Pharmacist, Imran acts as both a dispensing pharmacist but also as a store manager. He is responsible for dealing with all the diverse issues that arise in the running of a busy retail store. When he is not there, a locum pharmacist covers.

Direct patient care is becoming a significant part of Imran's role. He offers a variety of services including smoking cessation, weight management, alcohol advice, flu vaccinations, minor injuries dressings and blood pressure monitoring.

Increasingly patients are coming to Imran's Pharmacy for frontline primary care because they cannot get a GP appointment. It is the easiest place for them to access advice and Imran is known and trusted in the community. Imran frequently needs to direct patients on to a vast range of both NHS and private services such as sexual health, eye units and emergency dentists, especially on Saturdays. Imran relies on a mixture of methods including local knowledge, checking the paper signposting folder, searching websites or contacting the local GP to find service information.

Imran and his team are confident using digital devices. He will spend as much time as possible researching available options on a desktop PC or his own smartphone, however during busy times he feels pressured when queues start to form.

Accessing Service Information

Key challenges	User needs
<ul style="list-style-type: none"> No centralised or official source of service information. Difficult to keep information in signposting folder up to date. Time pressures make it difficult to provide the most considered referrals. Never knows what problems patients are going to present with or what services may be needed. Rarely gets any feedback so cannot find out what happens to patients or if referrals are appropriate. 	<ul style="list-style-type: none"> Up to date, trustworthy information, accessible quickly from one place. Information on a wide range of services including social care, local authority, third sector and private. Feedback on appropriateness of referrals and patient outcomes

What success means

“If I could easily search and find trustworthy information in one place, I could confidently direct my patients to the right service in a very efficient way. That way I could ensure they get the right care in the best timeframe and help relieve the burden on local GPs and A&E. Better communication with other services would help make sure I'm making the right referrals and not causing a headache for somebody else.”



Process mapping

What is it?

Process mapping is a way to understand what is happening in a process and can help you plan out steps in a new process. It helps identify opportunities for improvement and improves clarity.

Time	3 mins + 5 mins discussion
How	Individually
What	<ul style="list-style-type: none">• Ask people to individually map out on a piece of paper how to make toast. They only have 3 minutes so will need to be quick!• At the end of the time ask people how many steps were in the process, where did their process start, where did it end... and what insights they have as a result of doing this exercise.

Process mapping

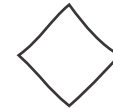
Questions to consider with your team before starting:

- What is the aim for this process mapping exercise?
- What is the start and the end of the process you are mapping?
- Do you have everyone involved in the process taking part?
- Can you map this process in one session, or should you chunk it?

Use these symbols to plot the process:



Box: shows the activities of the process.



Diamond: represents the stage in the process where a question is asked, or a decision is required.



Oval: shows the start of a process and the inputs required and the end of the process with the outputs.



Arrows: show the direction of the process.

If you are drawing a process map in PowerPoint look for the green anchor points when attaching arrows, as these will connect things up and keep the arrows with the right boxes when you move things around.



Process mapping template

Draw your process map here...

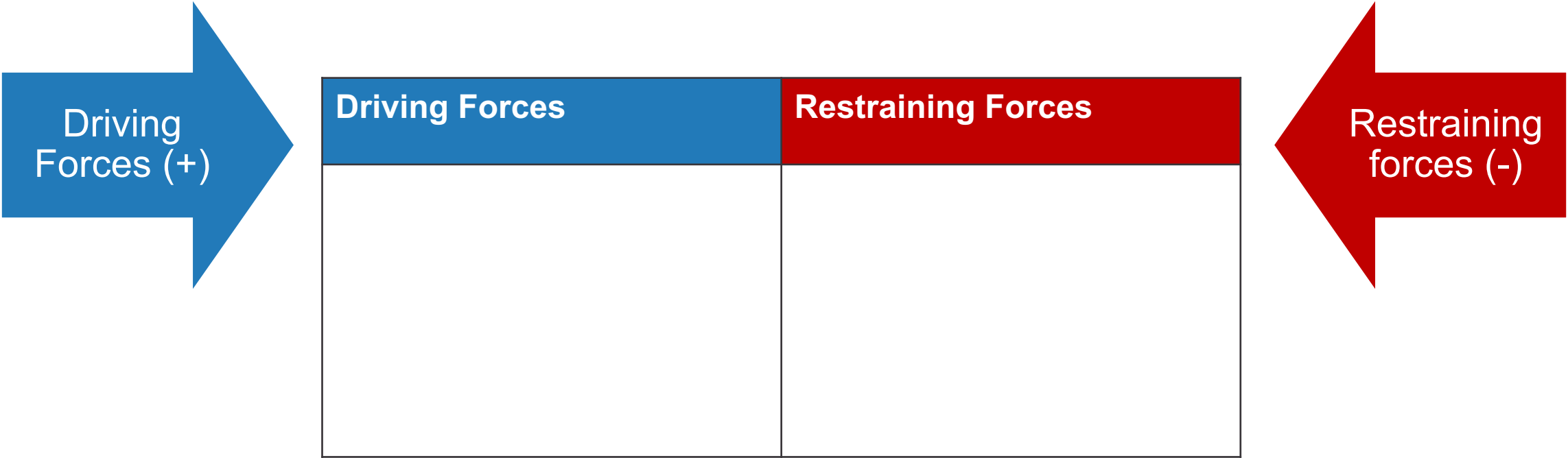
Forcefield analysis

What is it?

Forcefield analysis looks at the barriers and enablers for something to happen.

Time	10 mins
How	In groups of 5
What	<ul style="list-style-type: none">• Ask people to consider what they want to happen (their project aim) and what may be the enabling and restraining forces to help that happen.

Force field analysis for project:



Actions to reduce the restraining forces:

2. Set a SMART aim

A SMART aim will help everyone involved in your project understand and agree what your objective is, it doesn't leave any room for confusion or misunderstanding. Using a SMART aim will help define the scope of your project and make your project measurable.

At the end of this stage, you will have the information you need for your poster on the **Aim**.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

SMART Aim

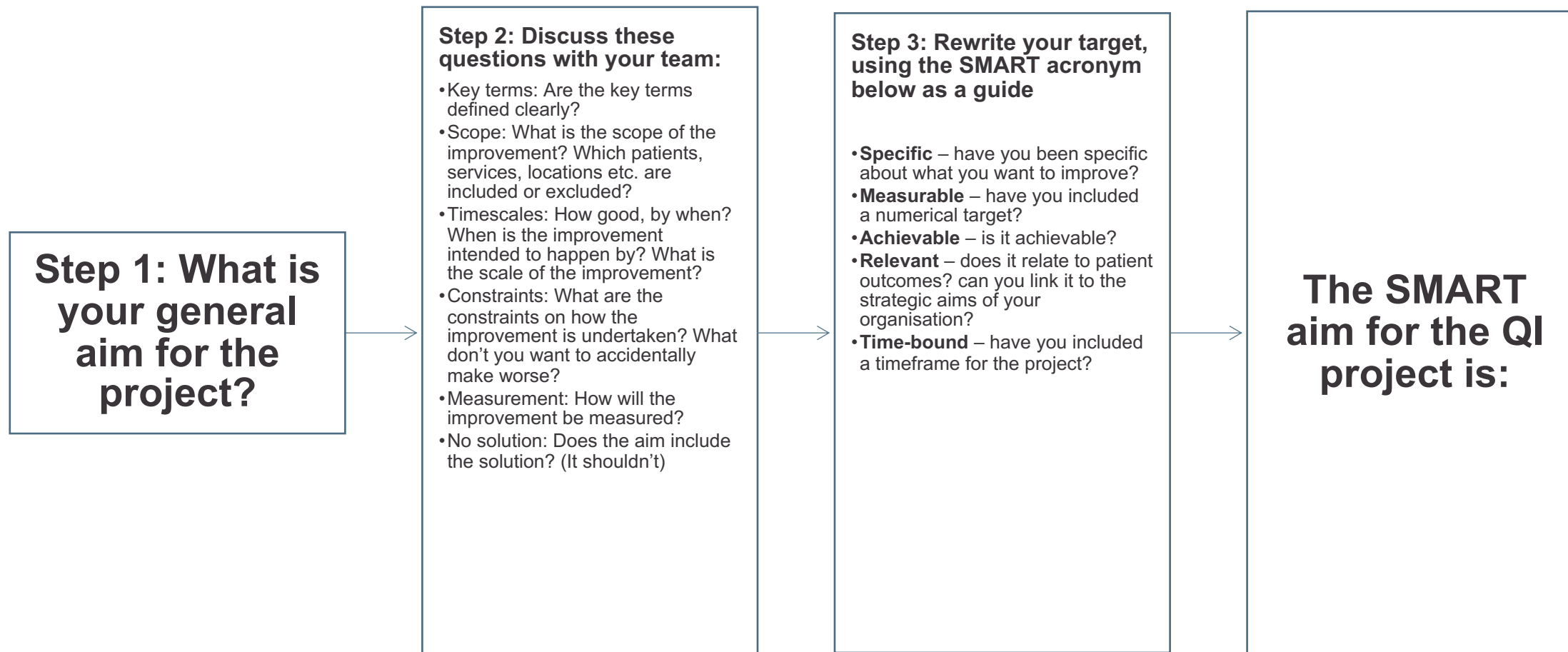
What is it?

A SMART aim defines the scope of the project, ensures we all know and agree on the direction of the project and helps with data collection.

Suggested activity:

Time	6 mins
How	Ask people to put up their hands or use an online poll
What	<ul style="list-style-type: none"> • For the statements below, ask is it a SMART aim – Yes/ No/ Unsure. You may want to personalise these for your group. • 1. Reduction in wasted medication review appointments due to non-attendance by 20% by 2024 through a phone/text reminder service. • 2. To eliminate medication errors on Chestnut ward by using the MediRight software programme within 2 months. • 3. Reduction of the use of CFC-generating inhalers during asthma review clinics by 40% by September 2024

SMART aim



SMART aim template

What is your general aim for the project?	
Specific – have you been specific about what you want to improve?	
Measurable – have you included a numerical target?	
Achievable – is it achievable?	
Relevant – does it relate to patient outcomes? can you link it to the strategic aims of your organisation?	
Time-bound – have you included a timeframe for the project?	
The SMART aim for the QI project is:	

Sense check by discussing with your team

- ✓ Key terms: Are the key terms defined clearly?
- ✓ Scope: What is the scope of the improvement? Which patients, services, locations etc. are included or excluded?
- ✓ Timescales: How good, by when? When is the improvement intended to happen by? What is the scale of the improvement?
- ✓ Constraints: What are the constraints on how the improvement is undertaken? What don't you want to accidentally make worse?
- ✓ Measurement: How will the improvement be measured?
- ✓ No solution: Does the aim include the solution? (It shouldn't)

3. Identify your measures

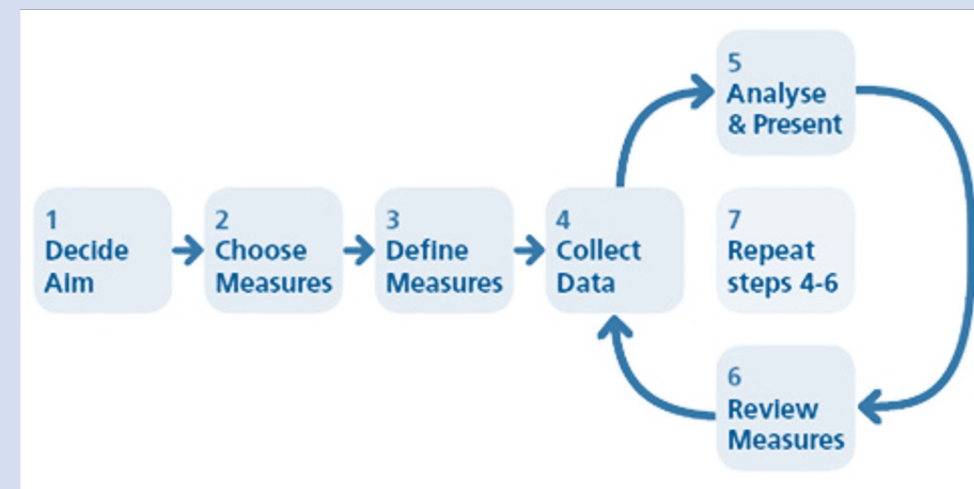
To ensure the changes you are making are improving the situation, you will need to collect some data. If you have evidence that your QI project has worked, then you will be more likely to secure funding to sustain the changes. The data doesn't need to be complicated, keep it simple and easy to collect.

Key concepts to understand are **measurement for improvement**, using **process**, **outcome** and **balancing measures**, and defining **operational definitions** for measurement.

At the end of this stage you will have a plan for collecting the data for your **results** section of your poster and you may have some idea of how you will present your data as an **image or chart**.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

This stage can be a bit iterative, and it make take a few tests of change to get the measures right so don't worry if you don't get it right first time.



Also ask yourself:

- Where will you review and discuss your data as a team?
- How will you share and celebrate success?

Bonus training course: When working with data, improving your Excel skills can help you process, clean and present your data.

[Watch our masterclass on using Excel with data for improvement](#) and [download the video transcript](#).

Measurement for improvement

There are three types of measurement: **research**, **audit** (or performance), and **improvement**.

Measurement for improvement tells us whether changes are having an impact. It is about small-scale rapid cycles of measurement.



Measurement for improvement

Suggested warm-up activity:

Time	10 mins (including discussion)
How	In small groups of 6-8
What	<ul style="list-style-type: none">• Make a list of how many ways you can think of to measure a banana. Split the groups so some groups are only using WORDS and some are only using NUMBERS.• When the group shares back, ask them to consider:• Repeatability: can you the person who created the definition understand and repeat it?• Reproducibility: can it be reproduced by other individuals?• Validity: is your measurement a true representation of the thing you are trying to improve?



Bananas

0.4G
FAT

105
CALORIES

✓ Cholesterol-Free

✓ Fat-Free

✓ Sodium-Free

✓ Gluten-Free

✓ Good Source of Fiber

✓ Low in Saturated Fat

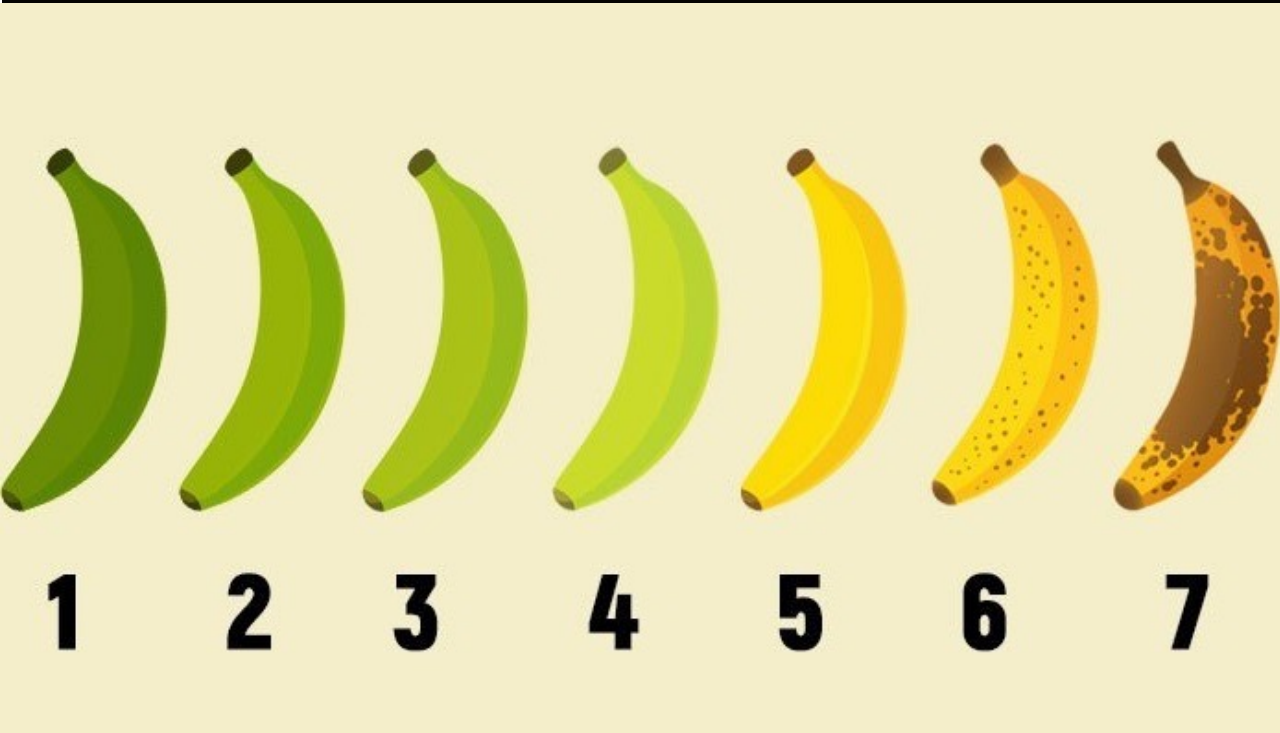
3.1G
FIBER

Good source of heart-healthy potassium, vitamin B6, manganese, and fiber

1.3G
PROTEIN

27G
CARBS

(per medium fruit)



Sources and types of data

Suggested activity:

Time	10 mins (including discussion)
How	In small groups of 6-8
What	<ul style="list-style-type: none"> • Make a list of the data that can be collected to understand the problem • “To increase inhaler technique check performed during medication reviews by 50% by June 2024”



Things to remember...

Useful not perfect
Measure the minimum
Remember the goal is improvement
Aim to make it part of routine
Make sure you know your why

Sources and types of data

Sources

- Electronic system-coding
- Electronic system-patient notes
- Counts e.g. equipment used, flyers given out, people in a waiting room
- Prescription data
- Patient surveys

Types

- Routinely collected data
- Quantitative- numbers
- Qualitative- surveys
- Models
- Specifically collected data
- Baseline data

Process, outcome and balancing measures

What is it?

It is important to consider a range of measures. **Outcome** measures are what you are trying to achieve (linked back to your aim). **Process** measures look at whether you are doing the right thing. **Balancing measures** look to see if there are any unwanted side effects.

Suggested activity

Time	10 mins (including discussion)
How	In small groups of 6-8
What	<ul style="list-style-type: none">• Using the list of data generated for the aim: “To increase inhaler technique check performed during medication reviews by 50% by June 2024”• Can you add more ideas for data? (1 min)• Can you identify the outcome, process and balancing measures? (5 mins)

Process, outcome and balancing measures



“To increase number of patients having their medicines reconciled within 24h (Mon-Fri)”

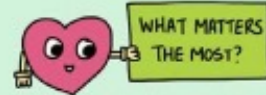
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|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Number of patients having their medications reconciled within 24h (Mon-Fri) | <ul style="list-style-type: none"> • Amount of time technicians/pharmacists spends on the ward • Rota/vacancies • Time spent inputting data • Available guidance | <ul style="list-style-type: none"> • Number of correct/incorrect medications ordered from the pharmacy • Longer wait times for TTAs/medication reviews • Quality of reconciliation |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Using Qualitative Data for Improvement

WWW.ELFT.NHS.UK @ELFT_OI



Qualitative data is descriptive and observational. It focuses on rich varied information. It does not focus on numbers.



Qualitative data is critical at the start of an improvement journey, when you are trying to find "what matters the most" and improvement opportunities.



Most Plan Do Study Act cycles rely on qualitative + quantitative data, to help learn how the test fared compared to the original theory + prediction.

FREE TEXT QUESTIONS:



Free text questions are used at the start of a project to capture ideas, feedback + opinions from our service users and staff.



ADVANTAGES: They are quick and easy to create on paper or electronically. They provide good insights in to different perspectives.

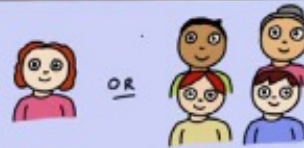


DISADVANTAGES: Beware of survey-fatigue! Questions are pre-determined so they can't be adapted based on answers.

INTERVIEWS:



Help understand issues to work on with multiple perspectives. Provide deeper meaning behind people's views + theories.

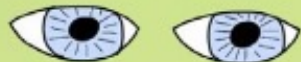


ADVANTAGES: Can explore deeper meaning. Interviews can be individual or in a group. Can be structured, semi-structured or un-structured.



DISADVANTAGES: Can be time intensive. Need to facilitate the interview and take notes/record. Analysing narrative data requires skill to understand issues from multiple perspectives.

OBSERVATIONS:



Understand the system from another perspective. Can be helpful in monitoring whether implementation has been successful.



ADVANTAGES: You are able to see the behaviour and impact of human factors in the real world setting. They can also be useful in understanding the robustness of implementation.



DISADVANTAGES: They are very time intensive + can be obtrusive. There is a risk of Hawthorne (observer) effect - knowing you are being watched, can impact on how you behave.

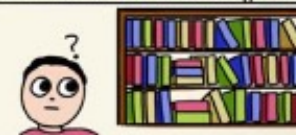
REVIEW OF DOCUMENTS:



Review of documents: At the start of a project analyse service user feedback, complaints + incidents to identify improvement opportunities.



ADVANTAGES: Large amounts of documents (information) is usually available and may yield useful information (e.g. incident forms + clinical documentation).



DISADVANTAGES: Can be time intensive. You may need a defined search + sampling strategy. You can ask the Trust's Business Intelligence Team for help at the start to analyse information.

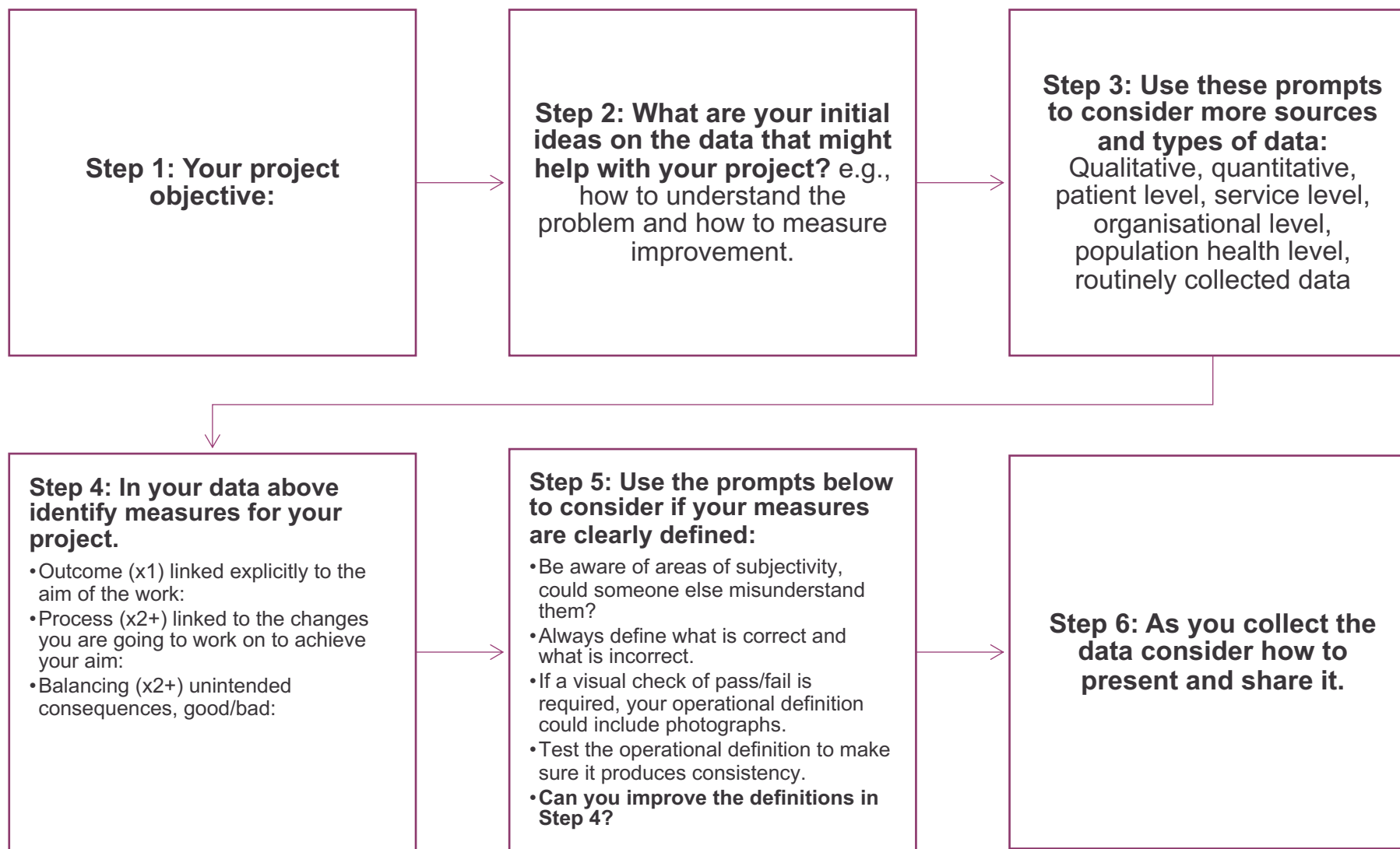
How will you get the views of patients and staff who have participated in the process?

Make data collection easy



Can you spot why this data might be biased?

Identifying your measures



Identifying your measures template

	Outcome	Process	Balancing	Qualitative
What is being measured?				
Who does it measure?				
When does it measure it?				
How often is it measured?				
Who collects it?				
Does it measure absolute numbers or proportions?				
Where does the data come from?				
How accurate and complete will the data be?				
Are there any caveats/ warnings/ problems?				
Comments/ notes				

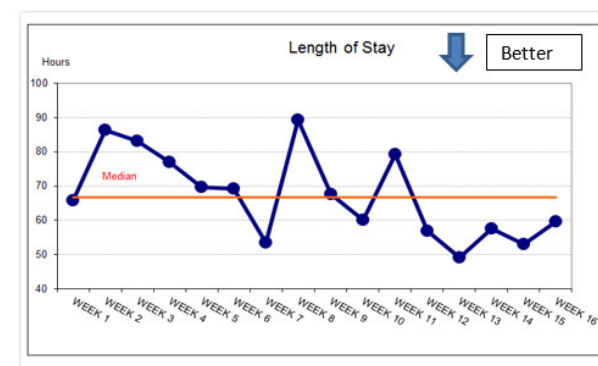
Representing data on charts

You can use run charts, word clouds, or infographics, for example...

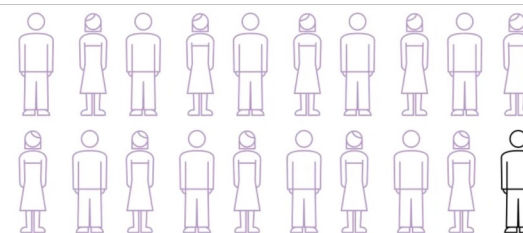
152 maternity units across England are in the PReCePT Programme.

40 of these 152 maternity units are taking part in the PReCePT Study.

13 of the PReCePT Study units are receiving enhanced QI support.



Each year approximately
1 in 20 people
with AF will have a stroke
because they are not
anticoagulated



NHS Improving Quality GRASP-AF

[Find out more about making infographics by watching our short video.](#)

Our [QI on-demand training](#) includes bonus sessions on how to collect and present data.

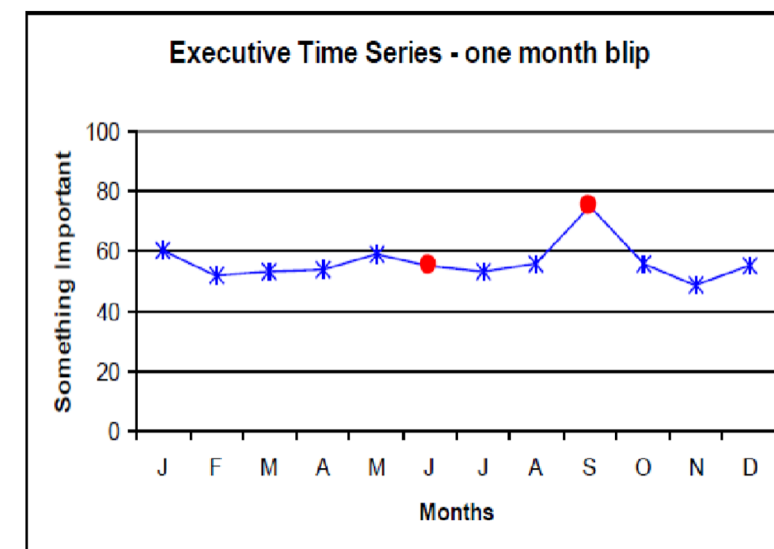
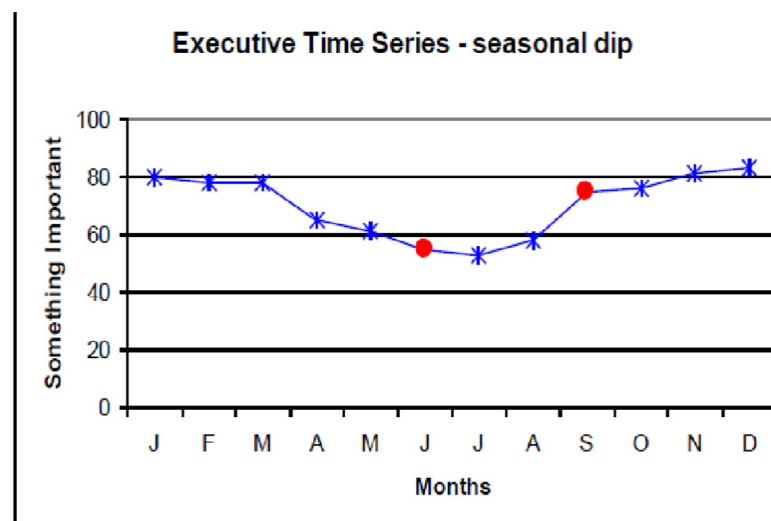
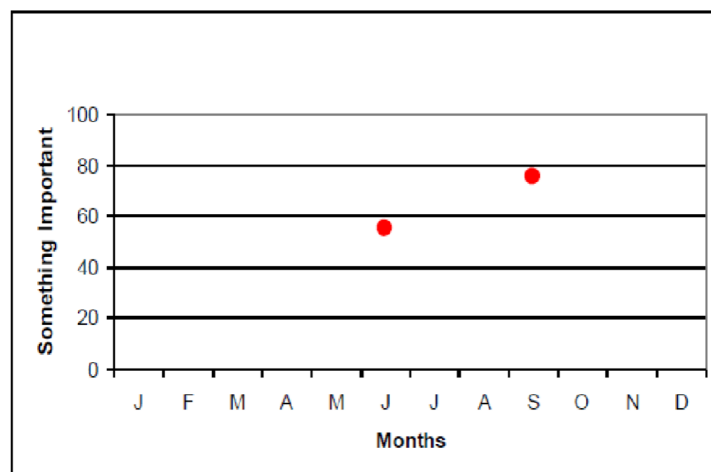
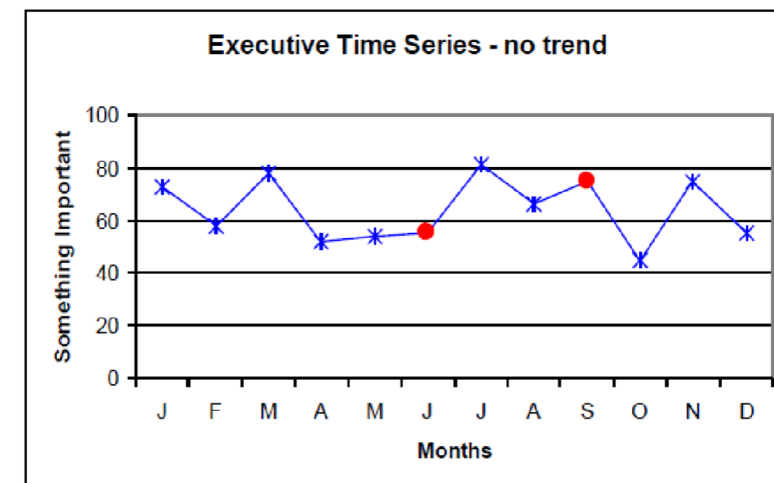
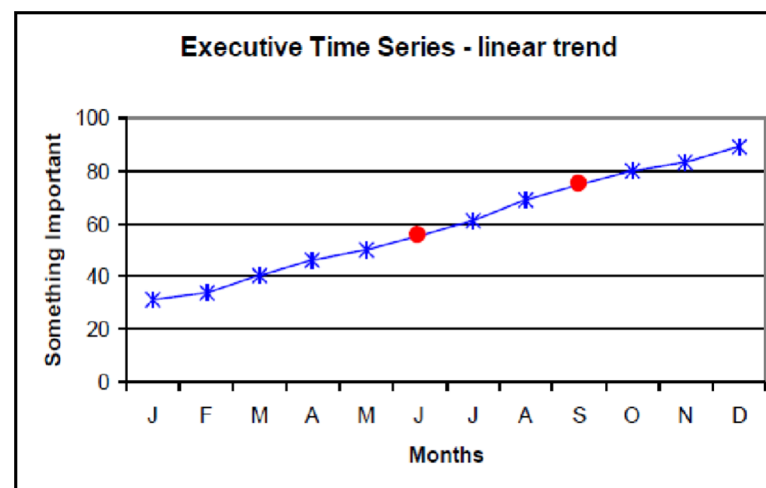
[Plot the Dots/Making Data Count](#) from NHS England are useful guides and include templates to make charts from your data.



Representing data on charts

What is it?

Data needs interpretation.
Data over time can tell a story
and help you make sense of
what is happening.



Representing data on charts

Suggested activity:

Time	5 mins + sharing
How	Individual activity
What	<ul style="list-style-type: none">• Ask participants to have a go at creating an infographic for some of these statistics:<ul style="list-style-type: none">• 1 in 3 children like eating apples• 80% of patients come to their appointment by car• We have increased the percentage of people who have good inhaler technique from 30% to 90% in 3 months.• Share by holding up to the screen and ask: What worked well? What were the challenges?

4. Create and select change ideas

Don't jump to the obvious ideas to test, take some time with your team to think creatively about ways to reach your project objective.

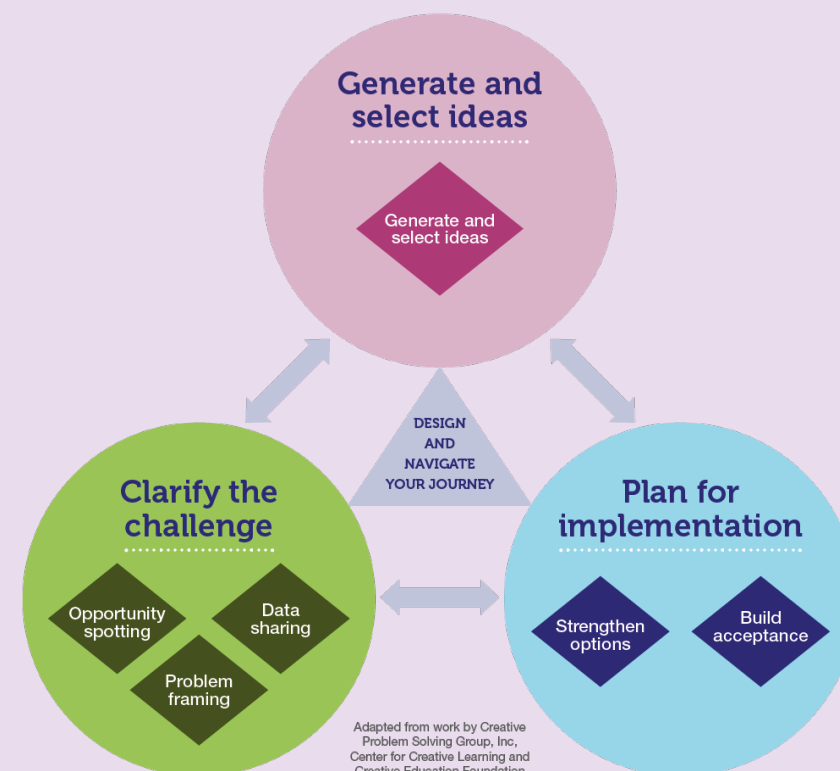
Use **Greenhousing** to create an environment to nurture ideas. **TRIZ** is an example of a **Liberating Structure** to develop ideas in a creative way.

If you need to prioritise your ideas, you can use **MOSCOW** to separate them into the things you must do, should do, could do, or won't do.

At the end of this stage, you will have some ideas for how you can plan your approach to change, and this will help you put together your **Method/ Strategy for Change** in the next stage.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

Our [Creative Problem Solving Toolkit](#) has lots of other tools to help you through the creative problem-solving process.



Greenhousing

What is it?

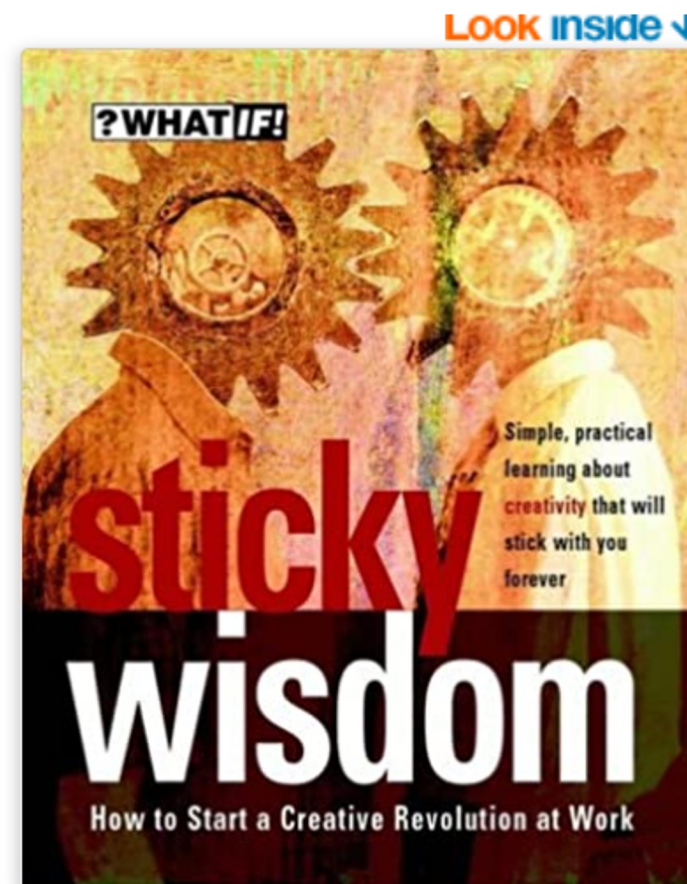
Creating an environment for initial “seeds” of an idea to be nurtured and grow.


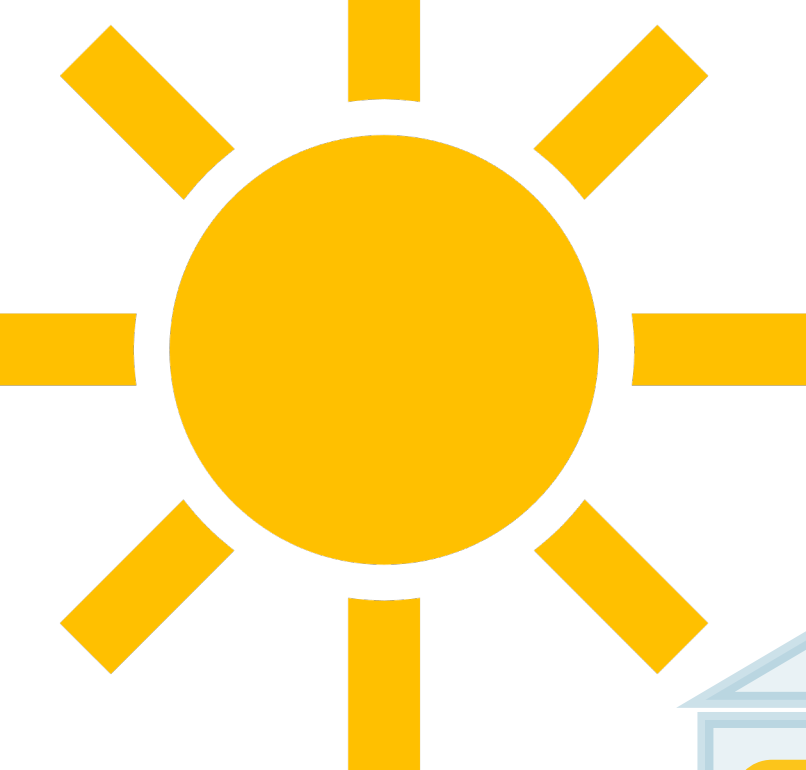
Suggested activity:

Time	10 mins + Reflection
How	Breakout rooms with 3+ participants
What	<ul style="list-style-type: none">• In breakout rooms ask participants to introduce themselves in alphabetical order. Then ask them to share ideas for how to increase the use of rubbish bins in your local area by an extra 30% in 6 months. Use the SUN model to nurture and build on ideas.• Reflect on the experience of using the model. Ask: What worked well? What were the challenges? What ideas have you generated?

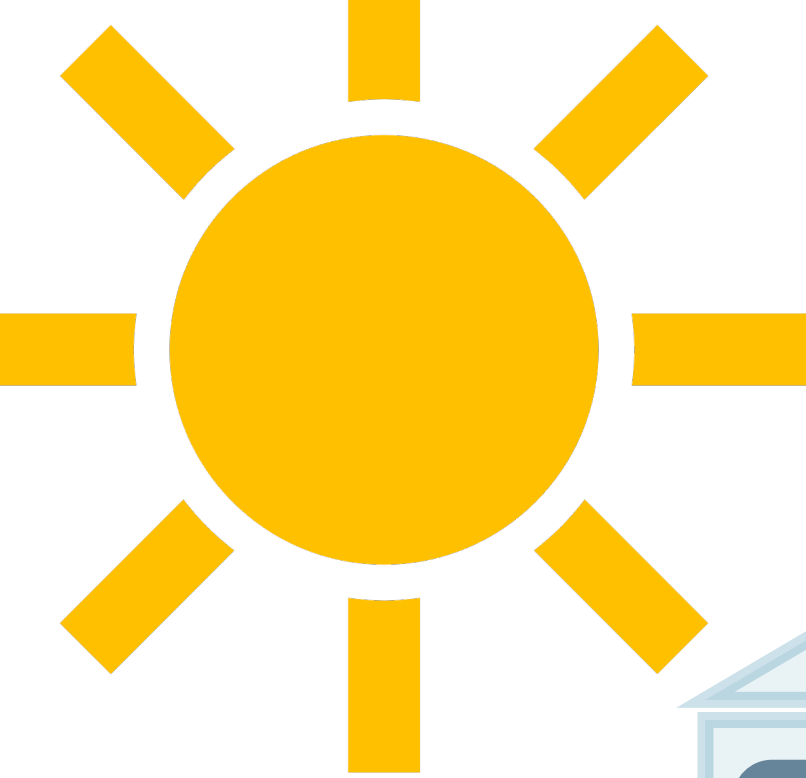
Greenhousing

Source: Sticky Wisdom by Dave Allan, Matt Kingdon, Kris Murrin, Da





Suspend Judgement
Understand what is in
front of you
Nurture the idea



React straight away
Assume you know
everything about the idea
INsist you are right



SUN and RAIIn

S

Suspend

The two-minute pause – every time you hear an idea you practice this drill.

Visualise yourself giving the idea rather than receiving it.

Give out positive energy.

React

React quickly with a view of your own.

Remain in opposition: your focus is on your own arguments.

Just do the above, and the negative energy will take care of itself.

R

U

Understand

Really try to get inside the other person's head with open questions:

'Tell me more...' **'Let me understand...'** **'What else do you like about your idea...?'** Great listening.

Paraphrase what you think they mean, and check you've got it right: **'So are you saying that...'**

Assume

Keep thinking about your own agenda.

Assume you know: **'I think...'** **'I know that...'** **'I only meant...'**

Listen in order to pick holes in their argument/idea.

A

N

Nurture

Make it better by 'building': **'So if you think X, maybe we could do X and Y.'**

Seek value/find an angle **'What's the big idea behind this idea.'**

Find alternatives: **'How else could we do this?'**

Insist

Find fault or 'knock': **'That will never work.'**

Find another flaw in the idea and insist you're right. **'I know that won't work, we've tried it before.'**

Insist that there is only one way to do it.

In

Language matters

Language to use:

“I’m just going to have think about that” “thank you for your idea”

“Tell me more...” “let me understand...” “What else do you like about your idea?”

“What’s the big idea behind this idea” “How else could we do this?” “Maybe we could take that idea and do this...” “I like that, we could do that and then...”

Language not to use:

“I know that...” “That won’t work...” “I know that won’t work, we’ve tried it before”

Change ideas template

Write your ideas here...



Liberating Structures

What are they?

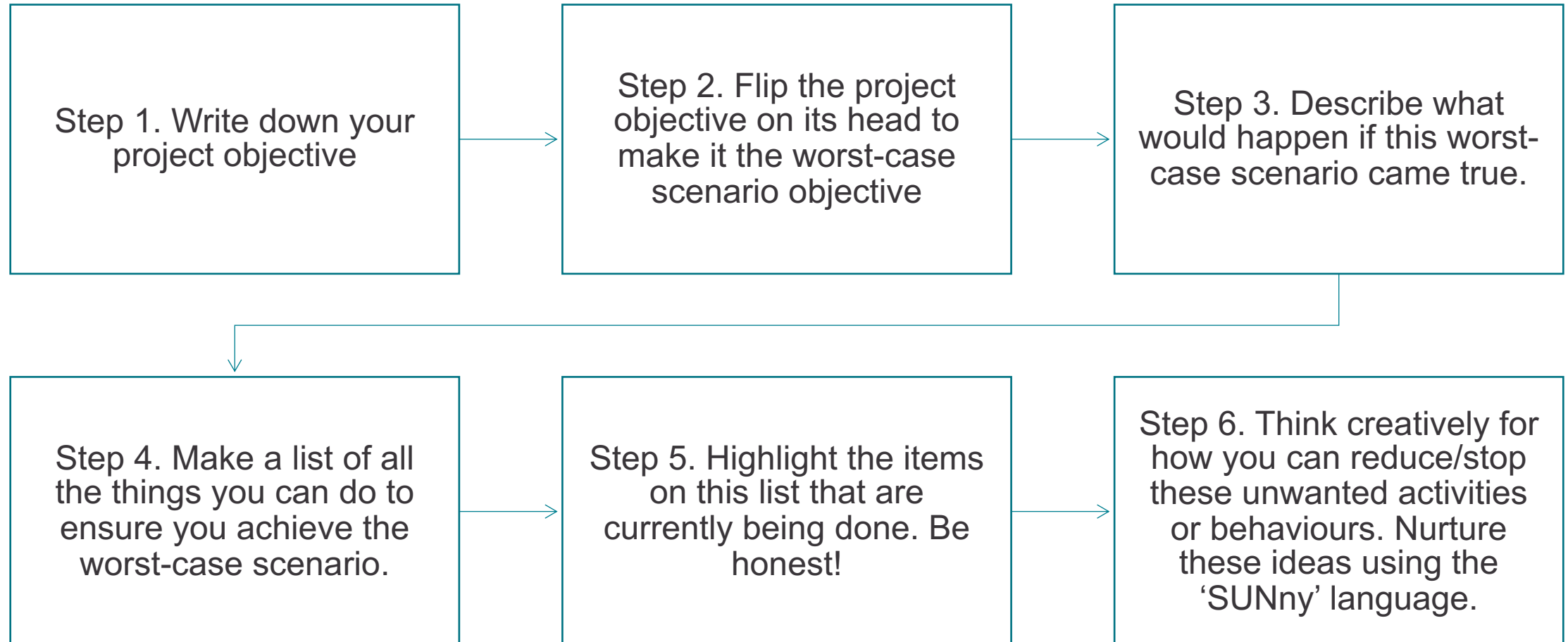
Liberating Structures are a repertoire of 33+ simple techniques for facilitating meetings, workshops and conversations that change how people interact with each other.

They aim to include the whole group thereby making the group more effective. They distribute leadership and wisdom. Visit www.liberatingstructures.com for more information on how to run LS.

Some liberating structures we have found helpful for QI work are:

- 1-2-4-All — individual reflection, share in pairs, connect pairs into 4s, share with whole group
- **TRIZ**
- **Waterfall**
- Conversation Café — similar to [World Café](#) or and could form part of an [Open Space](#)
- [25-10 crowdsourcing](#)
- **15% solutions**
- **Troika Consulting**

How to TRIZ



TRIZ

What is it?

A Liberating Structure to generate innovative ideas to stop counterproductive activities/ behaviours.

Suggested activity:

Time	30 mins
How	Depending on the size of the group you are working with you could put participants into smaller breakout rooms to work on this.
What	<p>Using a Jamboard or flipchart paper as a group activity, follow the steps in the TRIZ process with the example objective below.</p> <ul style="list-style-type: none">• Project Objective: To develop strategies to add well-being activities into the working day• TRIZ Objective: To develop strategies to remove/prevent well-being activities from the working day <p>15 mins for Steps 1-4 and 15 mins for steps 5 and 6. Ask the group when they return what their next step would be, i.e. what would they want to test with a PDSA cycle.</p>

TRIZ Template

Project objective		
TRIZ objective		
Describe the worst case scenario		
What things can you do to ensure the worst case scenario?	Tick if this happens	Ideas for stopping unwanted activities (let the SUN in!)

‘Wild tea’ / Waterfall



Wild (M**) Tea Party *Etiquette*

- 1) Stay curious, dig deep, have fun
- 2) Don't overthink answers
- 3) Finish each of the open sentences **with a short phrase!**

15% Solutions

“Even a 100-mile journey starts with a single step”

Any first step or solution that you can do without approval or resources from others and that is entirely within your discretion to act. More succinctly put, it is something that you can start right now if you want to.

Thinking of it like changing the flow of the river by moving a few rocks.

As a simple, short structure, 15% solutions can be used virtually anywhere.

You might use it:

closing for meetings with multiple people to create space for people to identify how they want to contribute and to give and get help

after a team conflict or other incident. You might feel overwhelmed about how to proceed, 15% Solutions helps you focus on setting the first small step in the desired direction.

Troika consulting

In groups of three

7-10 minutes per person

Spend 1-2 minutes sharing your challenge

Spend 5-7 minutes receiving feedback and advice from your consultants.

For 1-2 minutes thank your consultants

Switch places so everyone gets a chance to share their challenge and receive feedback and advice.



Prioritising ideas

What is it?

Once you have your list of ideas you will want to prioritise them for action. Three common approaches to do that are:

- **Dotmocracy.** Give participants a set number of dot stickers. They put them next to the options that they like. Options with the most dots win.

MoSCoW template

Must do	
Could do	
Should do	
Won't do	

5. Plan the project

It is important to take the time to plan your improvement project, this allows you to consider the impact of your project — and it's helpful having documentation to share with people who are interested in your work. Planning can be a relatively quick exercise as a lot of the elements will already be thought through.

At the end of this stage you will have the information you need for your poster on the **Method/ Strategy for Change**.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

Driver Diagrams are a tool used to translate a high-level goal into a set of logical goals (drivers) and actions. For more complex projects you may find it helpful to describe your **theory of change** using a logic model. Find out more about developing a theory of change and using logic models in our [on-demand webinar](#).

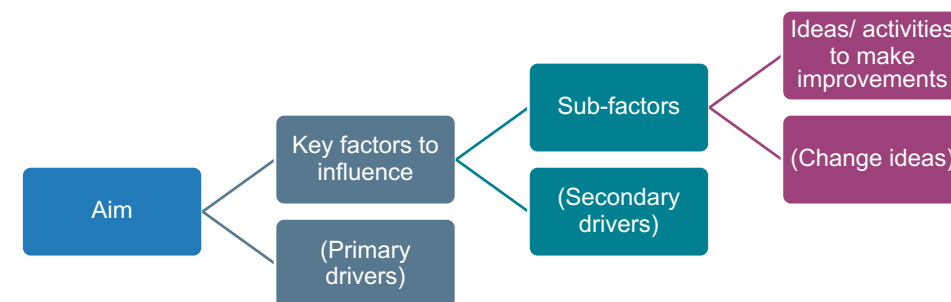
A simple **communications plan** maps out your key messages and how you will share these with your different stakeholder groups.

There is also a quick **project check-in** template to discuss with your team to help you finalise your plans.

Driver diagrams

What is it?

Driver Diagrams are a tool used to translate a high-level goal into a set of logical goals (drivers) and actions. For more complex projects you may find it helpful to describe your **theory of change** using a logic model.



Time

20 minutes

How

Groups of 6-8 people with flipchart paper or Jamboard

What

- Once you have your SMART aim, in a small group, develop ideas for improvement. Don't limit these ideas initially – every idea is a good idea; some might just need a bit more work.
- Next, group or cluster these ideas into themes, using words like 'improve' or 'reduce/decrease'. This process identifies the key factors you want to influence and can help define your primary drivers.

Driver diagrams

Questions to consider before starting:

- What is your project objective?
- What are the overarching primary drivers that will help you meet the objective?
- Can these primary drivers be broken down further into secondary drivers?
- What are your measures?

Driver Diagram Template

	Primary Drivers: System components which will contribute to meeting the project objective	Secondary Drivers: Elements of the associated primary driver. They can be used to create projects or change packages that will affect the primary driver	Change ideas
			<div><div></div><div></div><div></div><div></div></div> <div><div>A</div><div>P</div><div>S</div><div>D</div></div>
SMART Aim			<div><div></div><div></div><div></div><div></div></div> <div><div>A</div><div>P</div><div>S</div><div>D</div></div>
Measures: Process measure(s): Outcome measure(s): Balancing measure(s):			<div><div></div><div></div><div></div><div></div></div> <div><div>A</div><div>P</div><div>S</div><div>D</div></div>
			<div><div></div><div></div><div></div><div></div></div> <div><div>A</div><div>P</div><div>S</div><div>D</div></div>

Communications plan

What is it?

Knowing who your stakeholders are and including them in your project work is crucial for the success of your QI project. You will want to keep them updated/involved/engaged as the project progresses. A communications plan maps out your key messages and how you will share these with your different stakeholder groups.

Creating a 'brand' for your project can help get people involved and excited about your work.

Communications plan

- Objectives (for the comms plan)
- Key Messages (to be communicated out)

Target Audiences and Channels

Branding

- Project name/logo (get creative!): Remember to talk to your comms team about this
- Organisation logos to include in comms:

Some example project logos



Communications plan

Suggested activity:

Time	10 minutes
How	Groups of 6-8 people with flipchart paper or Jamboard
What	<ul style="list-style-type: none">• In small groups come up 2 or 3 key messages aimed at different stakeholders for your project.

Template communications plan

Stakeholder group	Role in your project	Communication channel and regularity (e.g., monthly direct email and weekly department briefings)	Key messages

Project check in template

	Where are you now?	What are your plans?	What are your challenges?
Change Ideas	Which change ideas are you planning to test? Why have you selected them? How have you assigned the testing of change ideas? What has gone well in relation to change ideas?	What change ideas will you test next?	What's difficult about selecting and testing change ideas? How might you overcome these barriers?
PDSA	Which PDSAs have you tested? Have you learnt anything from testing? How did you record your PDSA? Who has been involved in your testing? Have you used measurement to inform your PDSAs? How do you share your learning/outcomes from PDSA? What has been good about doing PDSA?	What PDSAs are you planning to do? Who will test for you? Where will the tests happen?	What's been challenging about PDSA? How might you overcome these barriers?
Measurement	What measures from your measurement plan are you using at project level? Consider; Outcome, Process, Balancing, Qualitative. How do you collect your measures? How are you presenting and sharing your measures? What is your data telling you so far? What has been positive about using measures?	What are your plans related to measurement?	What has been challenging about measurement? How might you overcome these barriers?
Involving patients	How have you involved patients and families in your project? What strategies/approaches have you used? What have you learnt from involving patients and families? How will you be evaluating patient and family experience?	What are your plans for involving patient and families in the future?	What has been challenging about involving patients and families? How might you overcome these barriers?

6. Test change ideas

A Plan Do Study Act (PDSA) cycle is the recommended model for testing changes from the Institute for Healthcare Improvement. The PDSA cycle guides you to make safe changes and facilitates a 'test and learn' approach.

Before you start a PDSA cycle you need to:

- Understand the problem and have set a SMART target
- Agree how to measure the impact of your project work
- Get creative and think of improvement ideas and record these ideas in your driver diagram.

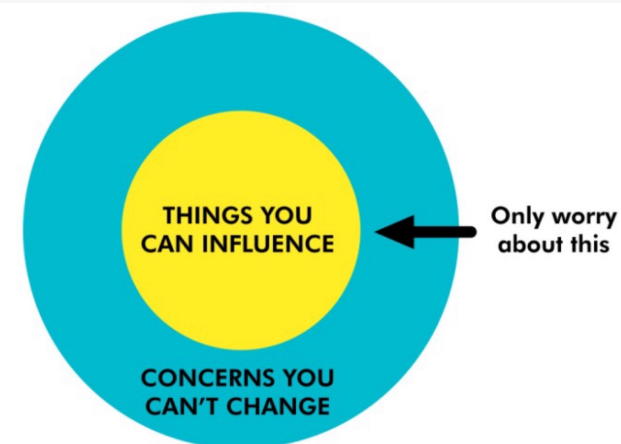
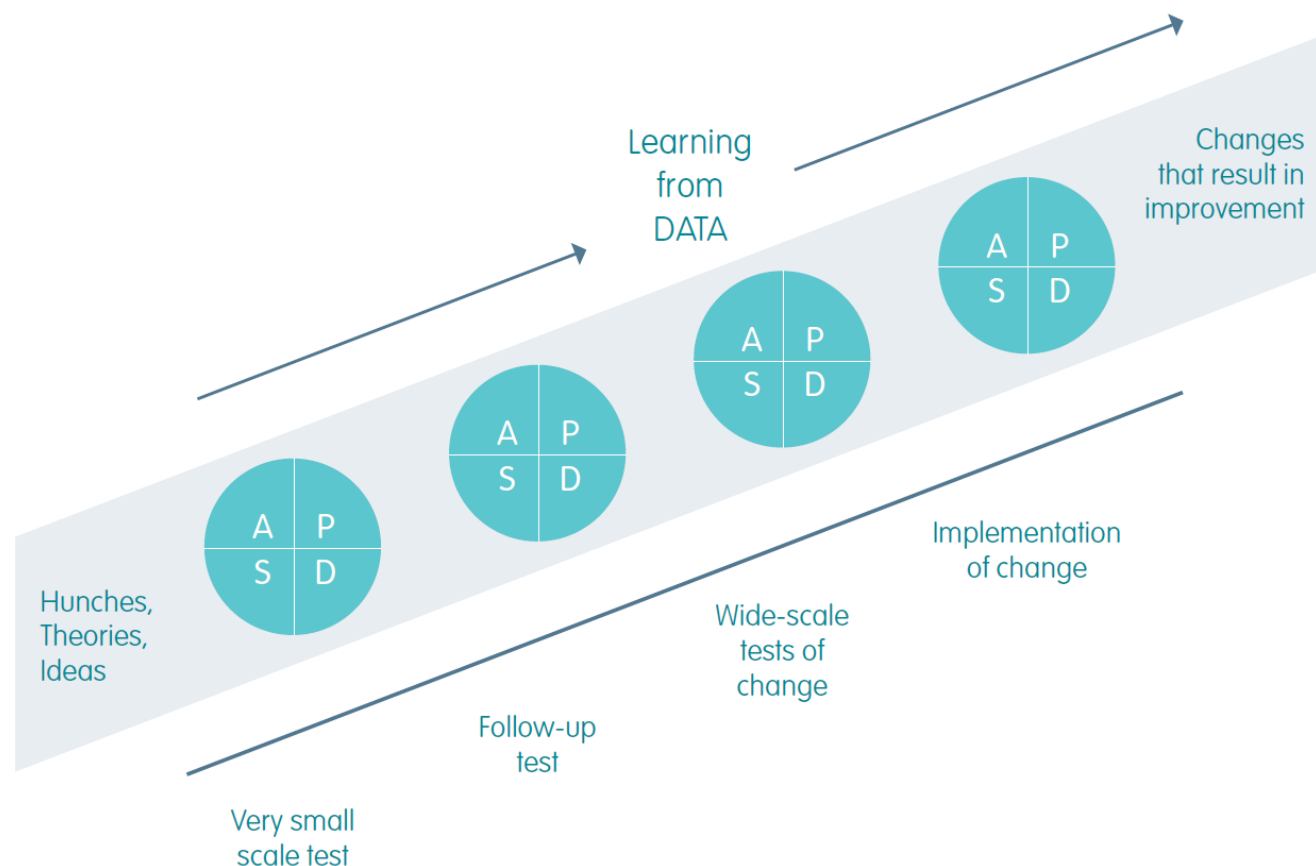
Once you have worked through these three steps,

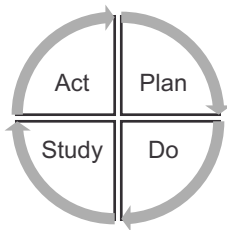
you are ready to start using the Plan Do Study Act cycle. Use the **learning log** template to record your PDSA cycles.

At the end of this stage you will have the information you need for to write the section on **Conclusions/ Lessons Learned** for your poster.

Background/Problem/Issue	Results/Data
Aim	Image/Chart
Method/Strategy for Change	Conclusions/Lessons Learned

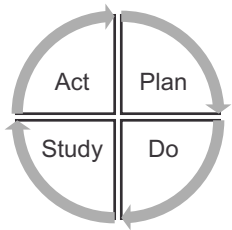
PDSA cycles over time





Learning Log template

Plan	What will your test be? How could the issue be resolved? What could be introduced to make an improvement? Who is a useful contact to support you with this improvement? What data will you collect? Can you work with others to shape your improvement? What is your baseline measurement? What do you think will happen as a result of your test?	
Do	What happened when you carried out your test? What did the data show?	
Study	How did the results of your test compare with predictions? Has the change been an improvement? Is there variation in the data? What have you noticed during the study period? What have you learnt from making this change? Do you have any tips for other improvers?	
Act	Do you think there is still room for improvement? What will you do next? Will you adopt this change (keep it), adapt it for another cycle or abandon it (stop it).	



Learning Log template

Plan		
Do		
Study		
Act		

7. Celebrate and share your learning

Using the information you have entered into this workbook, you now have most of the important information needed to put together a poster!

Check out our guide to [creating a QI poster](#) for more information and to download editable poster templates.

Another way to share your findings is with a more detailed improvement report. The [SQUIRE](#) guidelines set out best practice in writing up quality improvement projects and the template on the next page shows how SQUIRE maps to the sections in this workbook.

Before you start you might find it helpful to read some existing projects published in [BMJ Quality Improvement Reports](#) to understand how others have documented and structured their work.

Project title

People involved

Background/Problem/Issue

ENTER TEXT HERE

Results/Data

ENTER TEXT HERE

Aim

ENTER TEXT HERE

Image/Chart

ENTER TEXT HERE

Method/Strategy for Change

ENTER TEXT HERE

Conclusions/Lessons Learned

ENTER TEXT HERE

SQUIRE template mapped to the sections of this workbook

Title	Indicate that the article concerns an initiative to improve healthcare
Abstract	This is a summary of your work and is the most important section to attract a reader's attention. Please ensure you include a brief background to the problem, the method for your quality improvement project, the overall results and conclusion. Keep it succinct and factual.
Problem	In this section you will need to summarise your problem and the focus of your project. You will need to outline your SMART aim for your project (for example; the aim was to reduce medication errors from 15% to 5% across six elderly care wards in three months). Give some details about your local context including; the type of organisation you work in, the size of your organisation, details about the staff members who work there and perhaps a little bit about your local patient population. It might be useful for others to include how you got started with this project and what drove you to tackle this problem.
Background	This section gives the reader background information about the problem and provides up-to-date, research and knowledge from the literature. Summarise the literature you have found on the background to your problem here. What existing evidence is there that this problem exists? What evidence is there that other people have tried to solve this problem in the past? Is there any evidence for what works and what doesn't to solve your problem?
Measurement	Describe which measures you selected for studying processes and the outcomes of the intervention(s), including rationale for choosing them, their operational definitions, and their validity and reliability. Describe how you planned to collect this data throughout your project and how frequently. Outline how you planned to establish if the observed outcomes were due to your interventions. You must also include here, the results of your baseline measurement.
Design	Describe the intervention (or series of interventions) that you planned to implement to improve the quality of care you deliver. Describe any reasons or assumptions that were used to develop the intervention(s) and reasons why you expected them to work. Outline how you consulted/engaged with your team members or organisations. Who was in your project team? Did you anticipate/predict any problems at this stage? Describe how you planned to make your intervention sustainable. This step is critical for others to understand the thinking behind the development of your intervention.
Strategy	In this section you should explain your strategy for improvement to the reader and discuss how you implemented your improvement cycles. In most cases you will have tried a number of progressive improvement cycles, some of which will not have been successful. It is important that you also share these to help others avoid similar difficulties. Remember that data should be collected continuously throughout your project. This is a difficult section to document and will contain a lot of information. For each PDSA cycle you should describe your aim, your change hypothesis and strategy for change. Describe how you implemented the change and the data you collected. Describe your key learning from each cycle of change, and discuss how this learning impacted on your change process. How well did your predictions of what change was needed match your outcomes? What worked more effectively than anticipated and what had less effect than predicted?

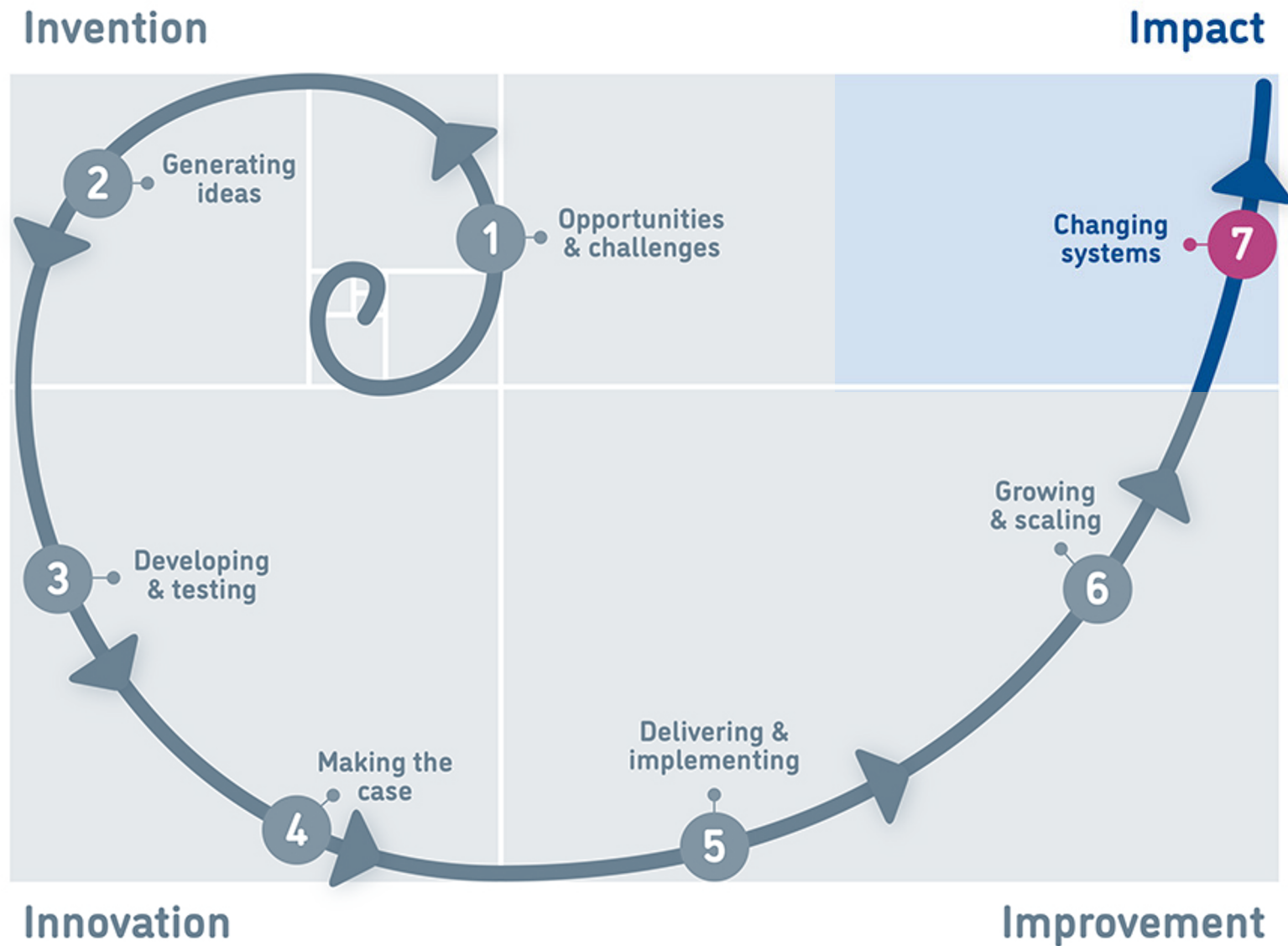
SQUIRE template mapped to the sections of this workbook

Results	<p>Provide a summary of what your results and run-chart/control chart showed. Describe the variation in your data. Were the interventions you made responsible for any improvements? Describe how contextual elements interacted with the intervention(s) and affected your results. Compare your results to your baseline measurement.</p> <p>Comment on how you assessed whether the data was complete and accurate- was there any missing data? Please comment on whether there were any unintended consequences such as unexpected benefits, problems, failures or costs associated with the intervention(s).</p>
Lessons and limitations	<p>In this section, discuss the lessons you learnt from the project and its limitations. Comment on the strengths of the project. Describe any problems you faced and how you navigated these. If you were to undertake this project again, what would you do differently?</p> <p>Reflect on your project's limitations. For example, did you realise as the project was implemented that your results would be affected by unforeseen factors such as a small sample size or the turnaround of patients or staff? Comment on the limits of generalisability. Describe whether chance, bias, or confounding have affected your results and whether there was any imprecision in the design or analysis of the project. Are more data points required? Were efforts made to minimise/adjust for any limitations?</p> <p>Although we accept publications using different improvement approaches, we would expect you to have modified your intervention as it was implemented and undergone a process of continuous improvement, measurement and learning. If your project does not fit with this approach then we would like to see reflections and learning here about how you could have incorporated continuous improvement and measurement approaches in your project.</p>
Conclusion	<p>You should reflect on your background research, noting what is already known on this topic and what your project adds. You should refer back to your aims statement – did your project achieve its aims? Did you adjust your aims as you went along? Was it a useful project? Were your measures appropriate and did you use balancing measures? Think about what your senior sponsor would like to see as an output of your work and what can help others to make the case for undertaking a similar piece of work – or for doing something differently if your project was not successful. Please describe your cost analysis here, were there any financial savings that your project made? Being able to demonstrate that your intervention delivered savings really helps to add value.</p> <p>Give an assessment of whether you think your project is sustainable- do you have enough data? What have you done to try to ensure that your work continues? Comment on how you would spread your project and whether it could be replicated elsewhere. Discuss what your next steps will be and whether further study in the field is required.</p> <p>The point of the conclusion is not to rewrite the whole project, but to give an overview of how the whole project was conducted, what it achieved, and some personal reflections.</p>
References	<p>In this section you should record any references to published material that you refer to elsewhere in your project. This is particularly likely to include material from background reading or from your conclusions.</p>
Acknowledgements	<p>Please include here the names of anyone who is not on the author list but whose input you wish to acknowledge.</p>

Impact

The impact phase is all about making a system-wide impact as your innovation is adopted and spread more widely.

Resource: Adoption and Spread Guide





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Innovate Improve Impact

We hope this facilitator's guide has been helpful to facilitate your QI Journey. We'd love to hear your questions or suggestions to make improvements. Contact us at healthinnowest.academy@nhs.net

The West of England Academy offers a wide range of free resources to healthcare professionals and innovators across the region. To find out more, visit our [website](#).
Thank you.

West of England Academy team.

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