



Q Community visit to FCA Imperial



Imperial College Healthcare
NHS Trust



Sheffield Teaching Hospitals
NHS Foundation Trust

Outcomes of the day



- Learn about an innovative approach to improving care along pathways and embedding quality improvement into business as usual.
- Gain experience of big rooms (including the opportunity to go to one) observing some of the key tools and techniques from the programme.
- Meet coaches who are actively coaching big rooms and learn from their experiences.
- Learn about an approach to evaluating improvement programmes in way that you'll be able to take back to your organisation.

Agenda for the day



Time	Item
0930-1000	Arrivals and coffees
1000-1030	Intros and ice breaker Dominique Allwood and Viren Jeram
1030-1115	Introduction to the Flow Coaching Academy Tom Downes
1115-1200	Case Studies from FCA Imperial Harshini Katugampola & Steve Hoskins Ganan Sritharan & Lara Ritchie
1200-1300	Networking lunch
1300-1400	Evaluating the impact of FCA Imperial Anne Kinderlerer & Viren Jeram
1400-1500	Coach panel Mitra Bakhtiari Vassiliki Bravis Lydia Salice David Woollcombe-Gosson
1500-1515	Close

Ice breaker

Viren Jeram, Transformation Lead & FCA Imperial Programme Manager, ICHNT

Ice breaker



How long did it take you to travel here this morning?

Introduction to the Flow Coaching Academy

Tom Downes, Clinical Lead for the Flow Coaching Academy

FCCA



Flow Coaching Academy

Tom Downes

Clinical Lead for Improvement, Sheffield Teaching Hospitals, UK



Declaration of Interests

My post is partially funded by a grant from The Health Foundation



thebmjawards

WINNER 2019

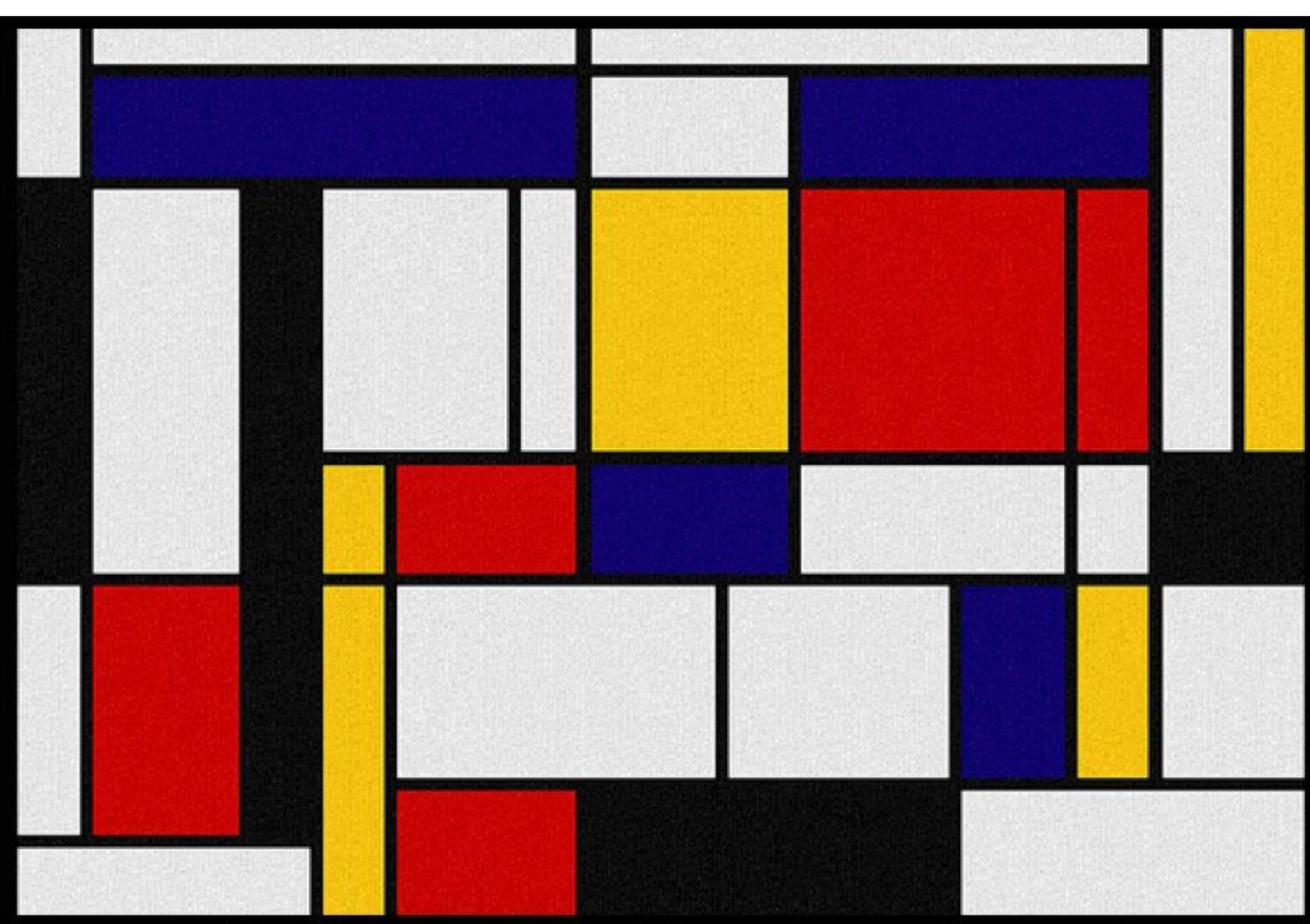




Artist?

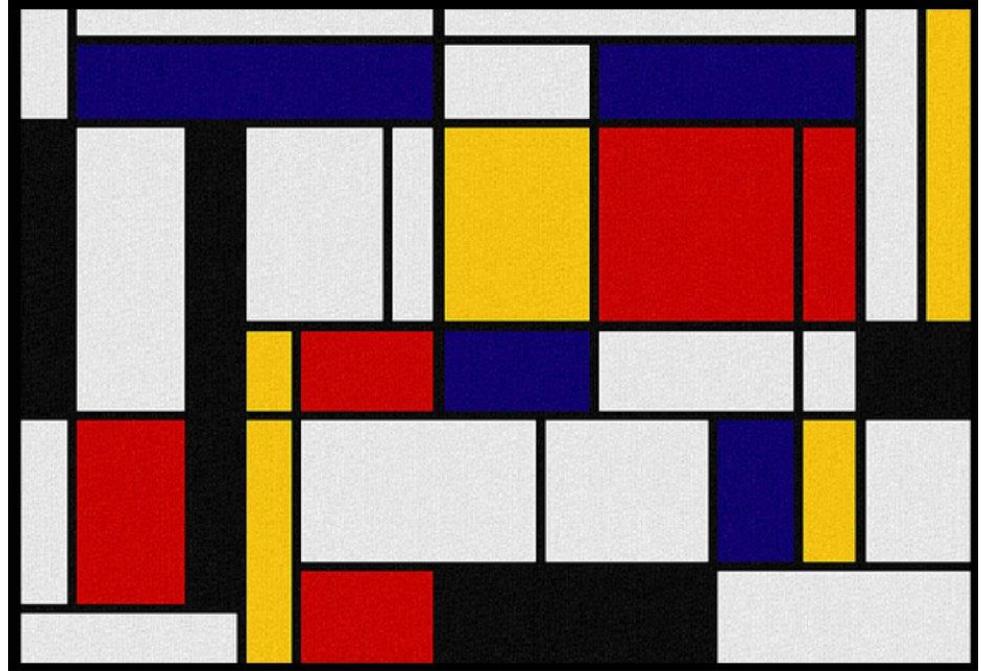
- Piet Mondrian
- Claude Monet
- Pablo Picasso
- Rembrandt





Artist?

- Piet Mondrian
- Claude Monet
- Pablo Picasso
- Rembrandt





Artist?

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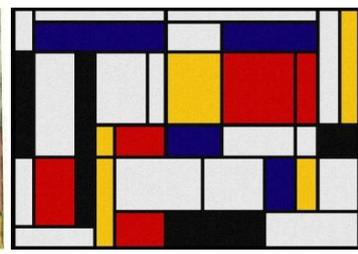
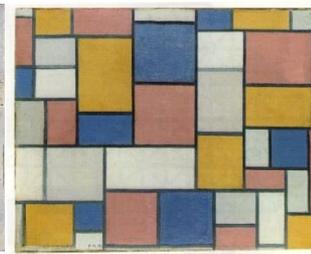




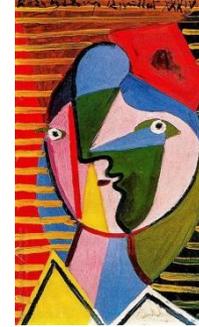
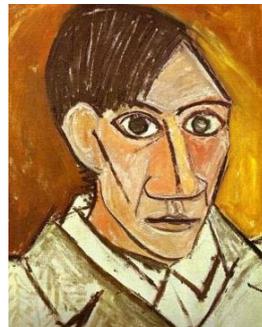
Artist?

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- Claude Monet
- Pablo Picasso
- Rembrandt





Discovering continuous improvement

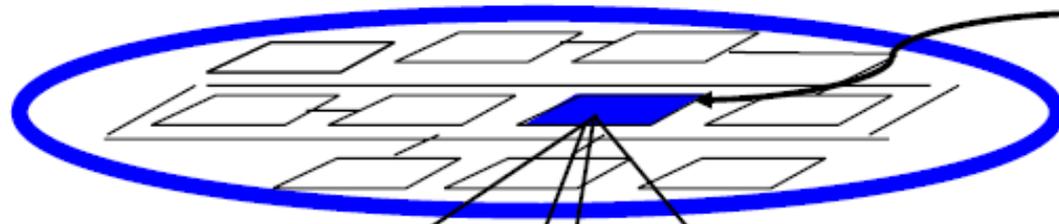


Microsystems are the *building blocks* that come together to form Macro-organizations

System Levels

Example

Macrosystem



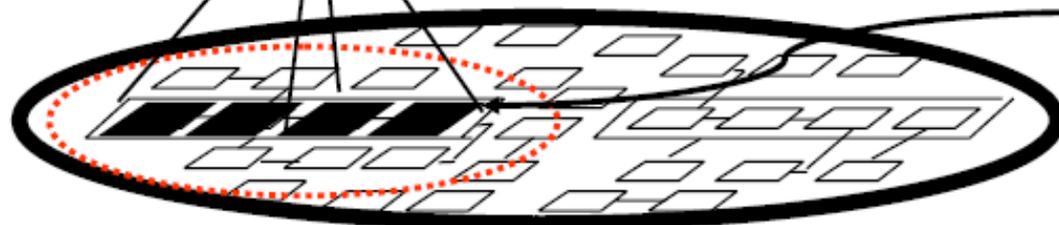
SY&B ICS
Respiratory
Care

Mesosystem

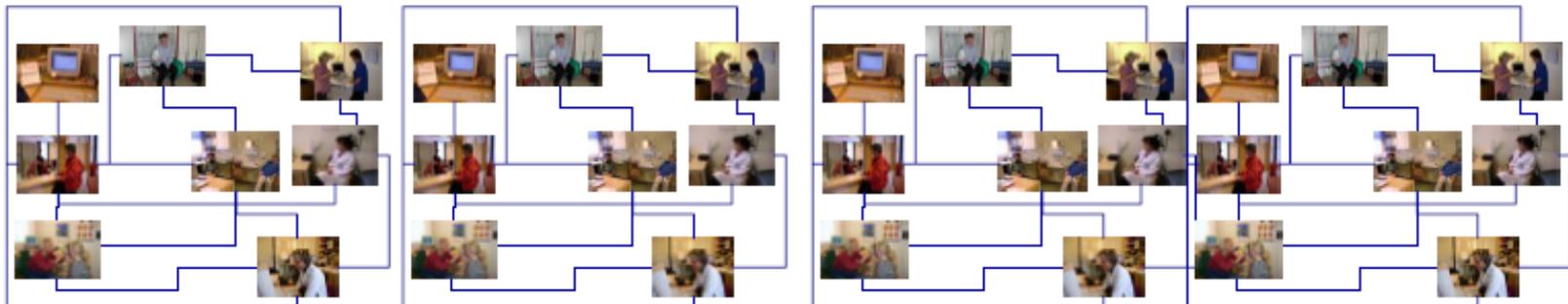


Respiratory
care in
Sheffield

Microsystem

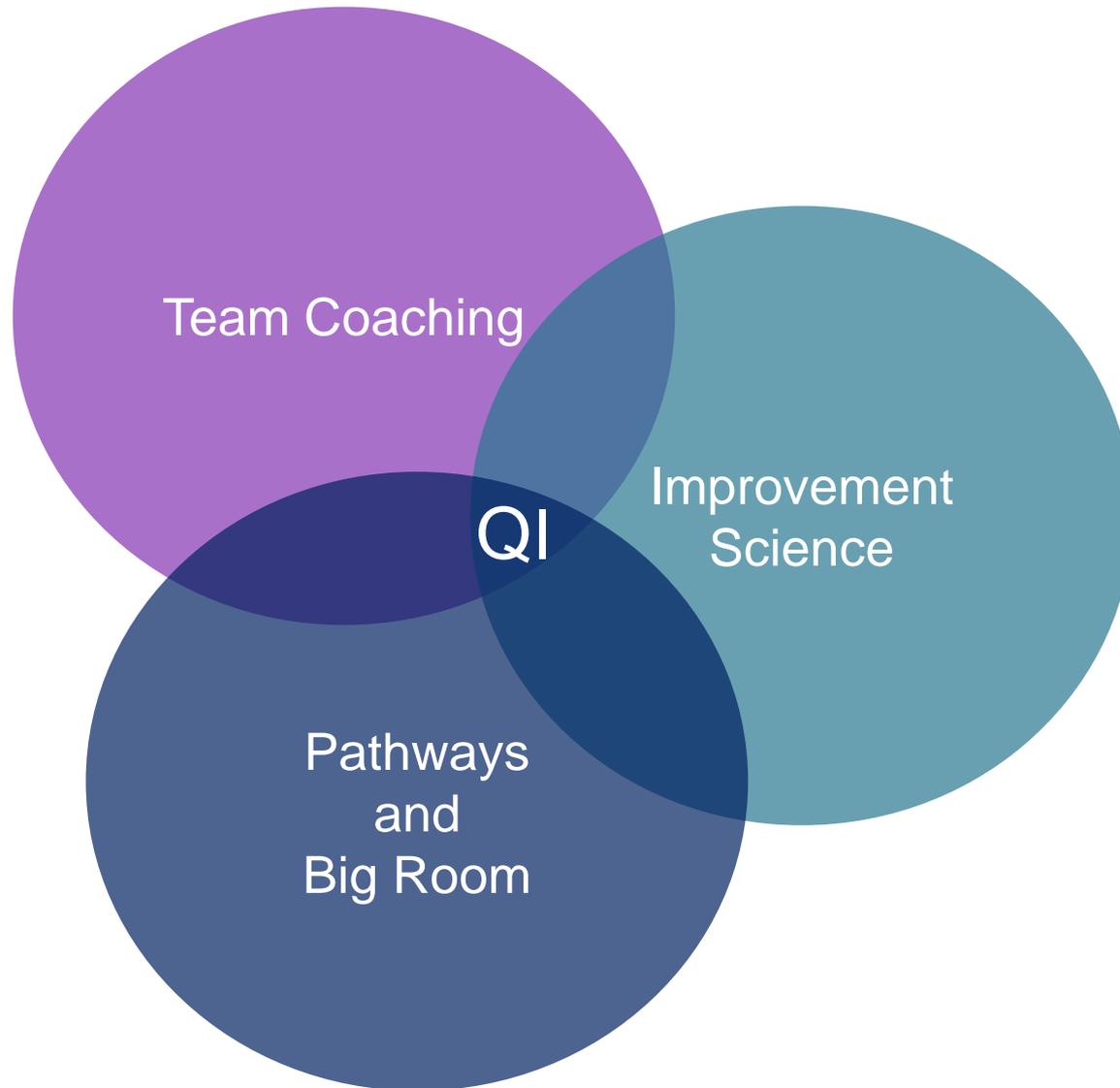


Cystic
Fibrosis
Outpatient
Clinic



“Every system is perfectly
designed to achieve
the results it gets”

Paul Batalden



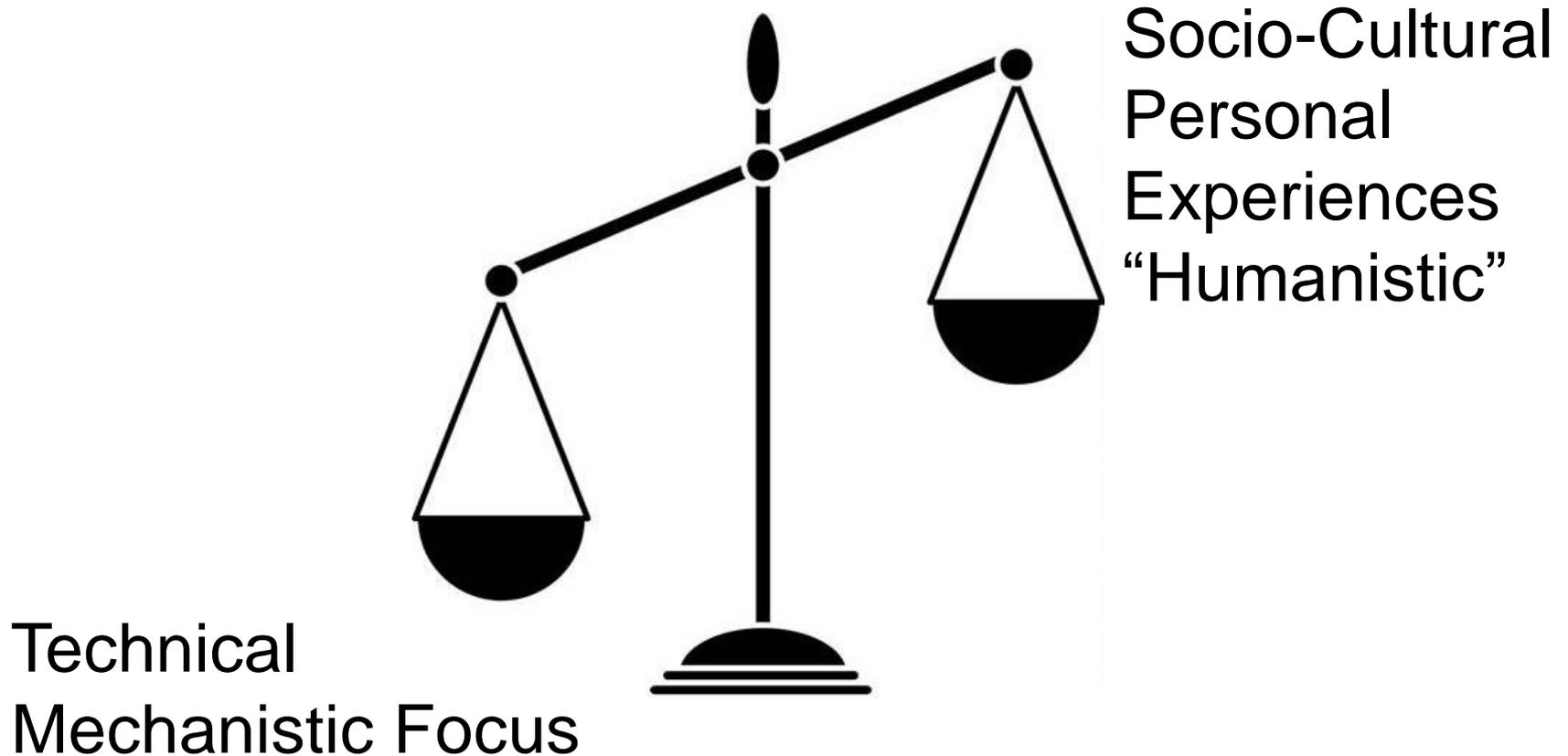
‘Successful improvement in health care is 20% technical and 80% human.’



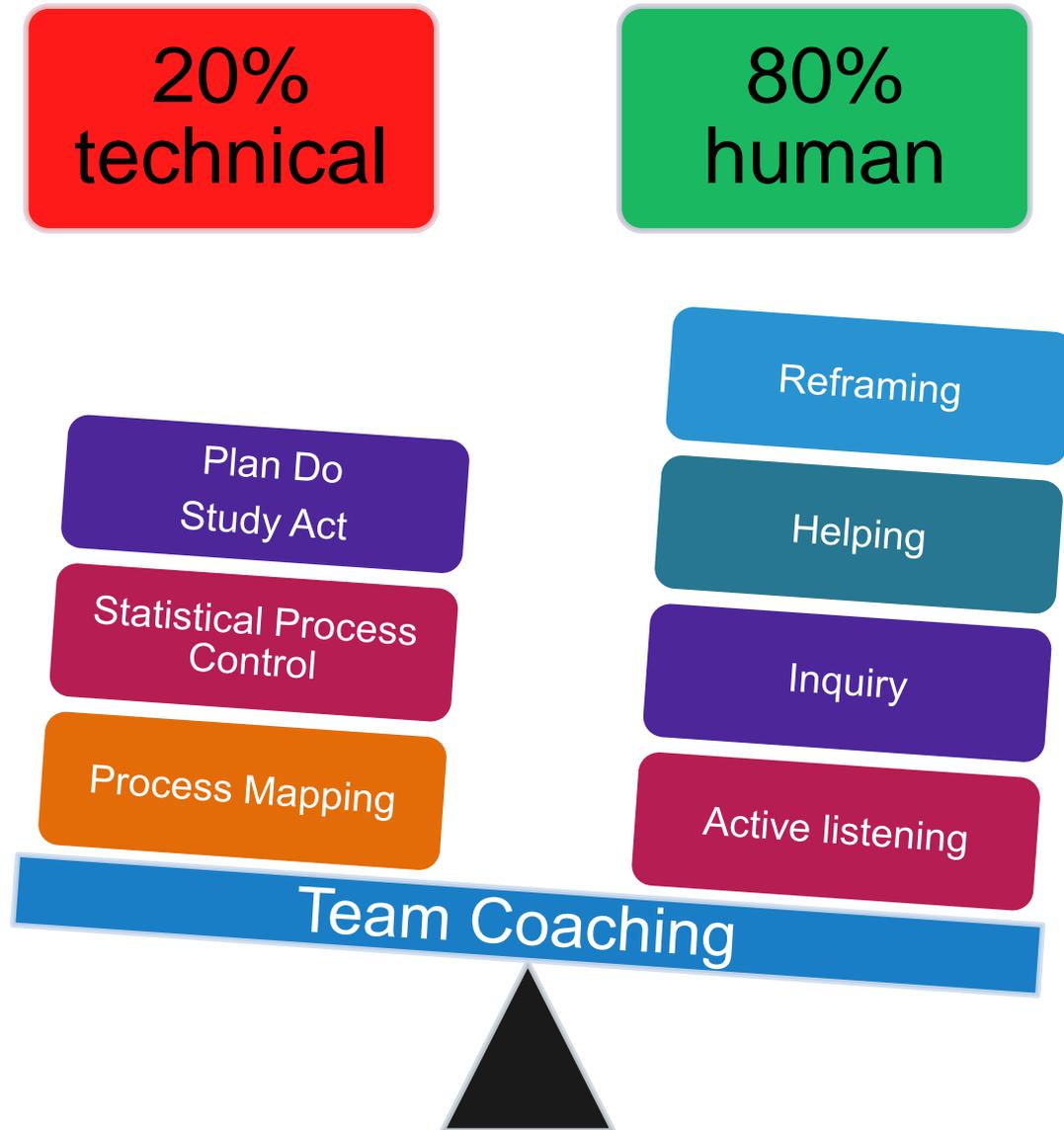
Dr Margie Godfrey
PhD, MS, RN



Quality Improvement: The Imbalance of Art & Science



Coaching skills & behaviours



How does it work?

Clinical pathways

- 12-15 per cohort

‘Coaching pairs’

- clinician and non pathway coach
(24-30 people)

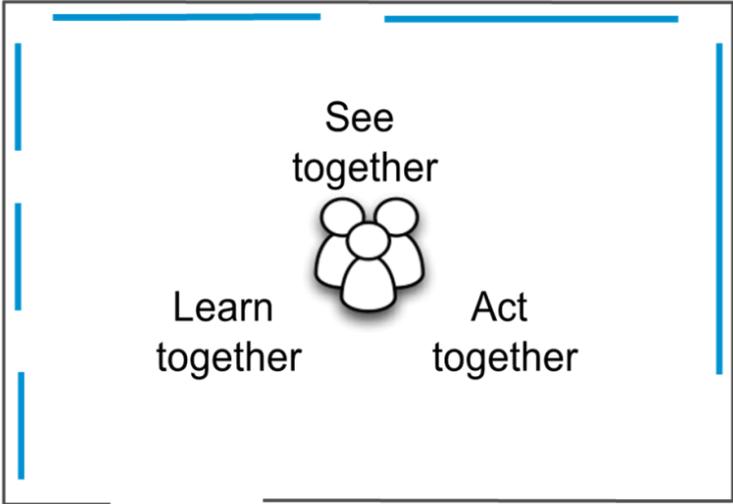
Practise based action learning

- 18 days run over 12 months, including taught elements and action learning

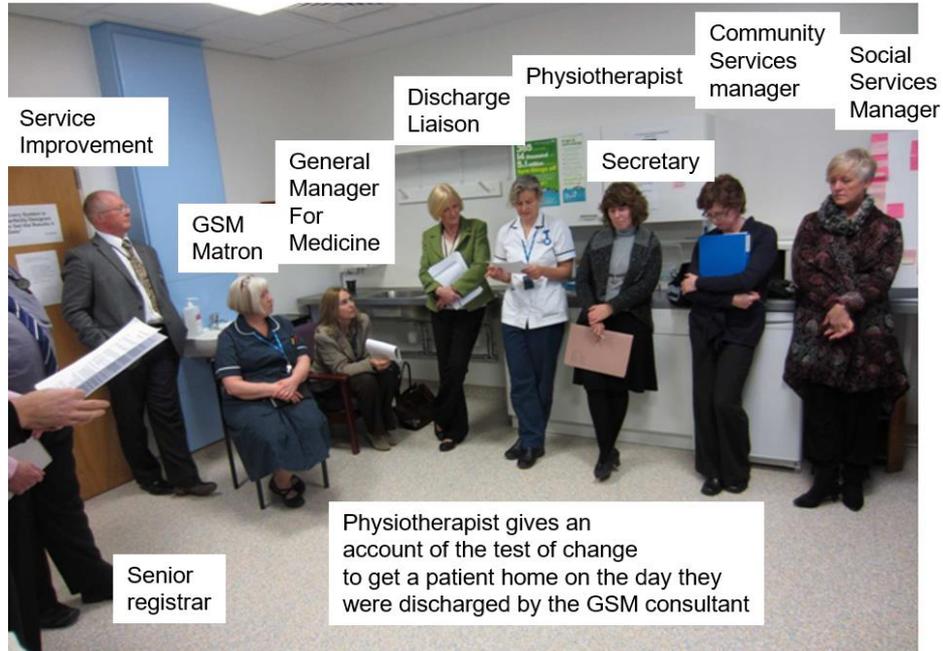
‘Big rooms’

- setting up weekly improvement meetings



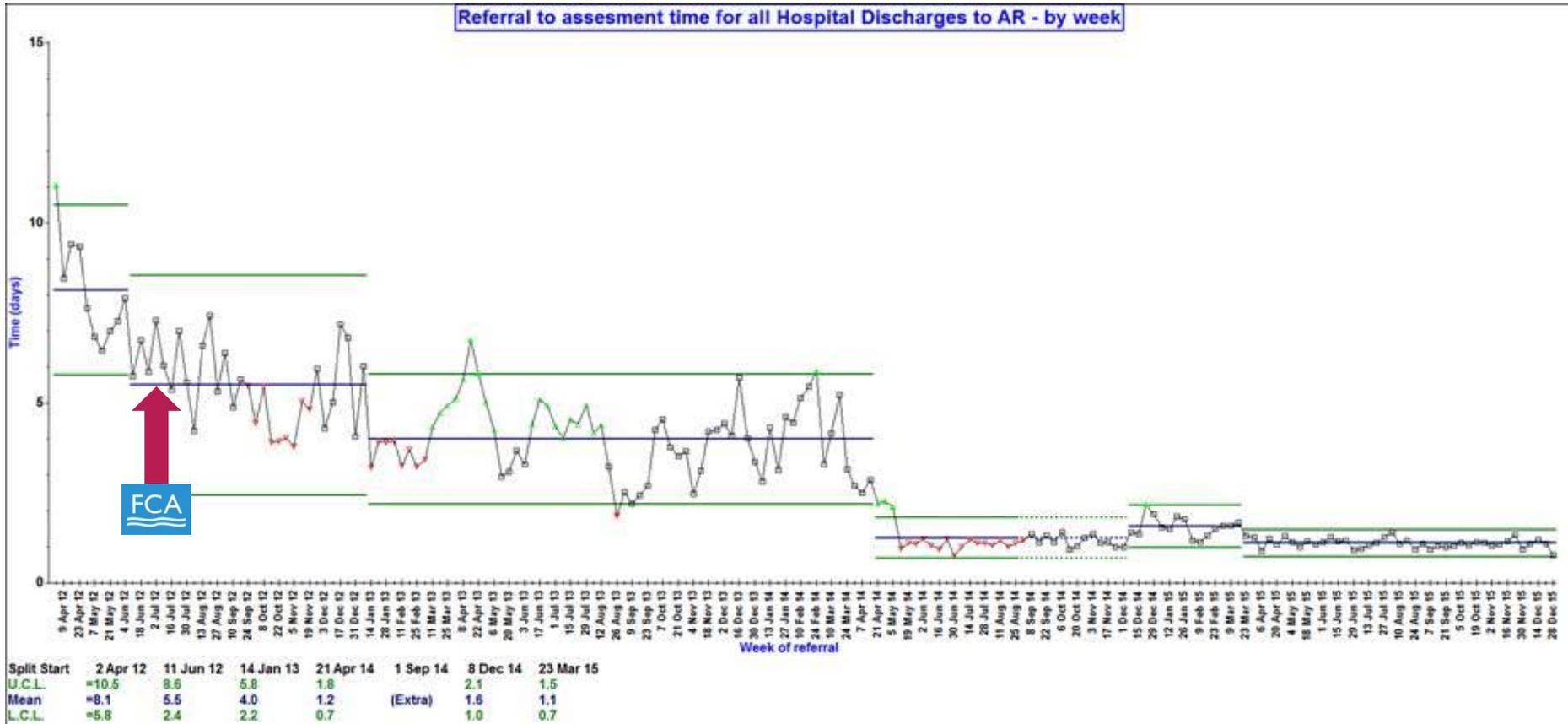


The Big Room (Oobeya)



Frailty Big Room:

4 day reduction in LoS for patients requiring support in their own home



thebmjawards

WINNER 2019



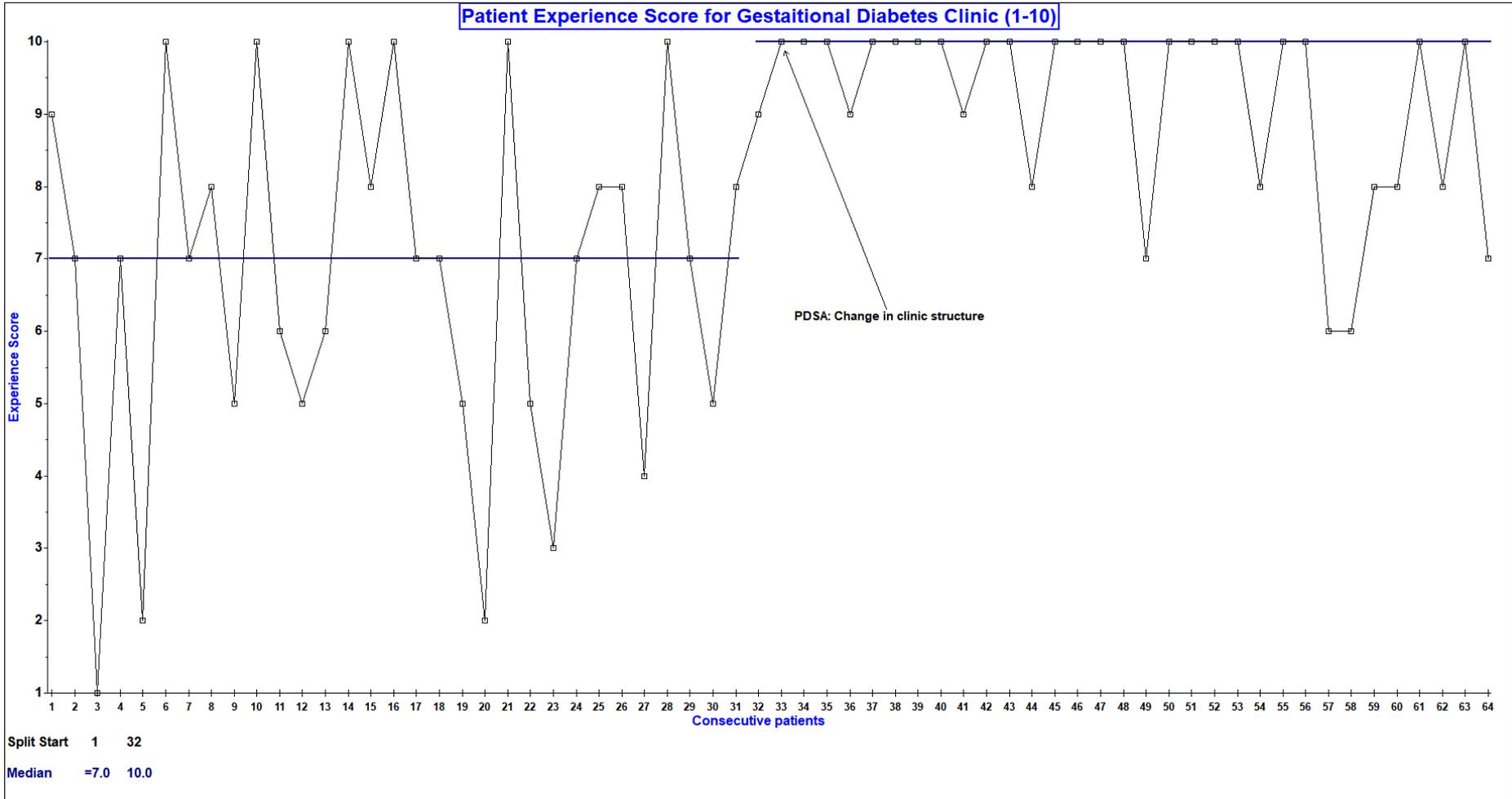
FCA



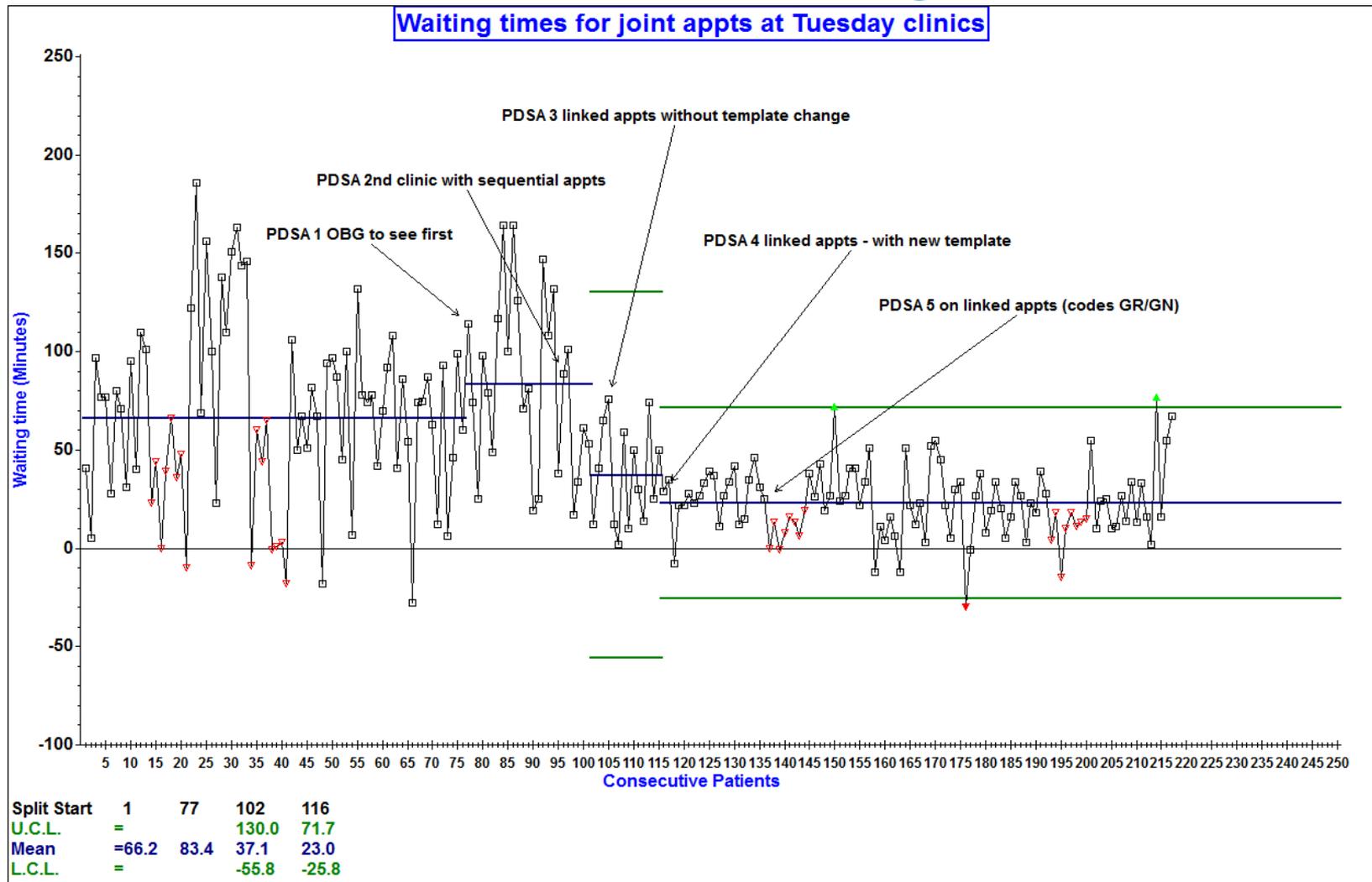
Gestational Diabetes Big Room (FCA Northern Ireland)



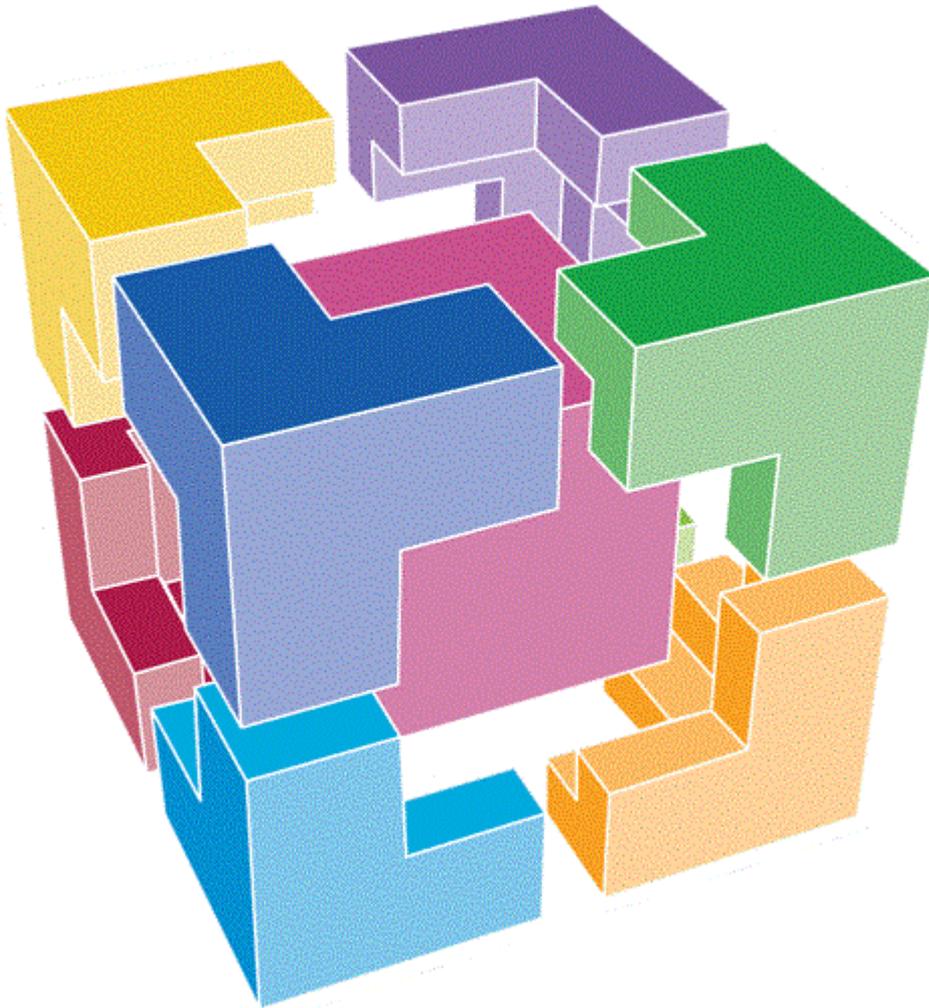
Gestational Diabetes Big Room: 30% increase in experience score



Gestational Diabetes Big Room: 65% reduction in clinic waiting times



NHS Leadership Model



Inspiring shared
purpose

Leading with care

Evaluating
information

Connecting our
service

Sharing the vision

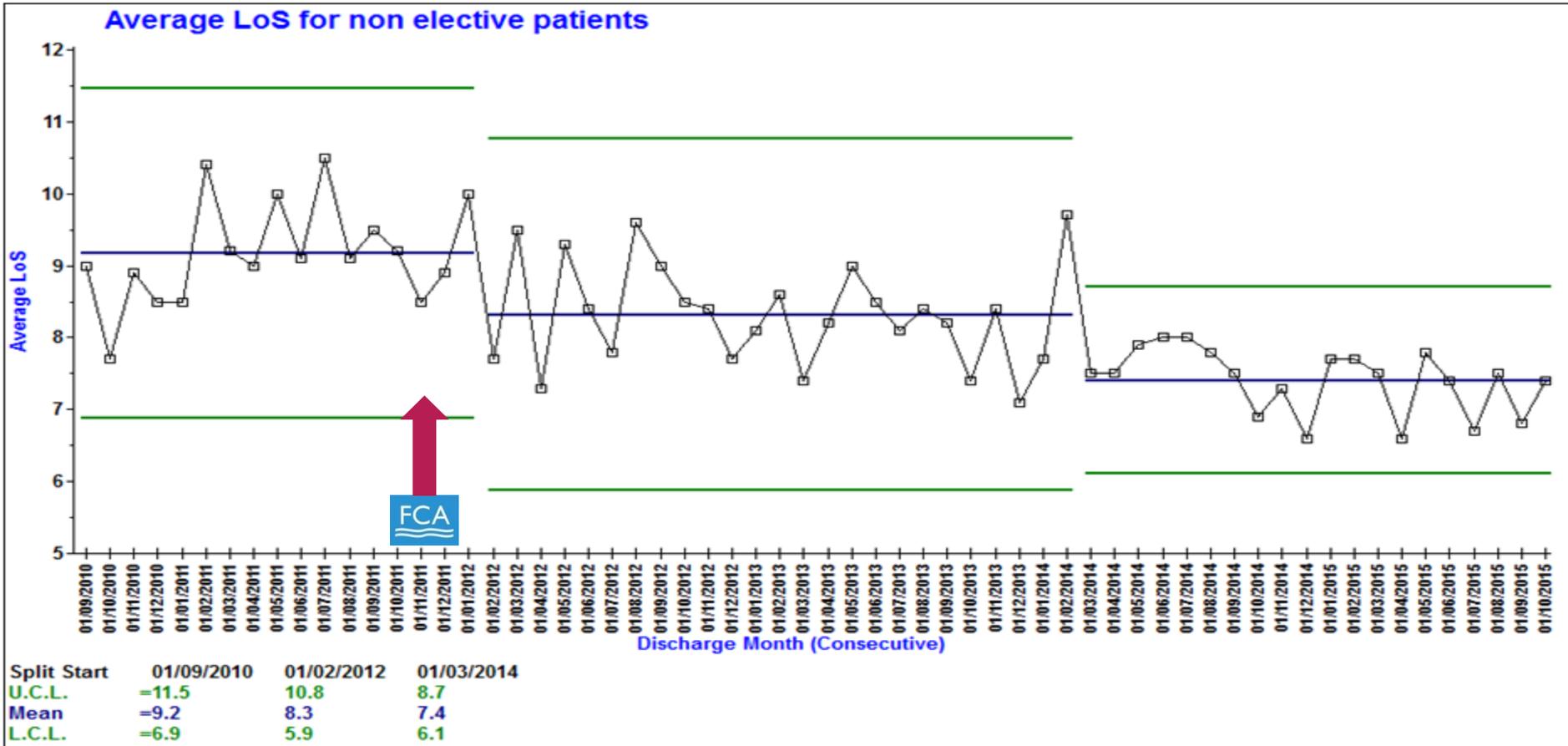
Engaging the
team

Holding to
account

Developing
capability

Influencing for
results

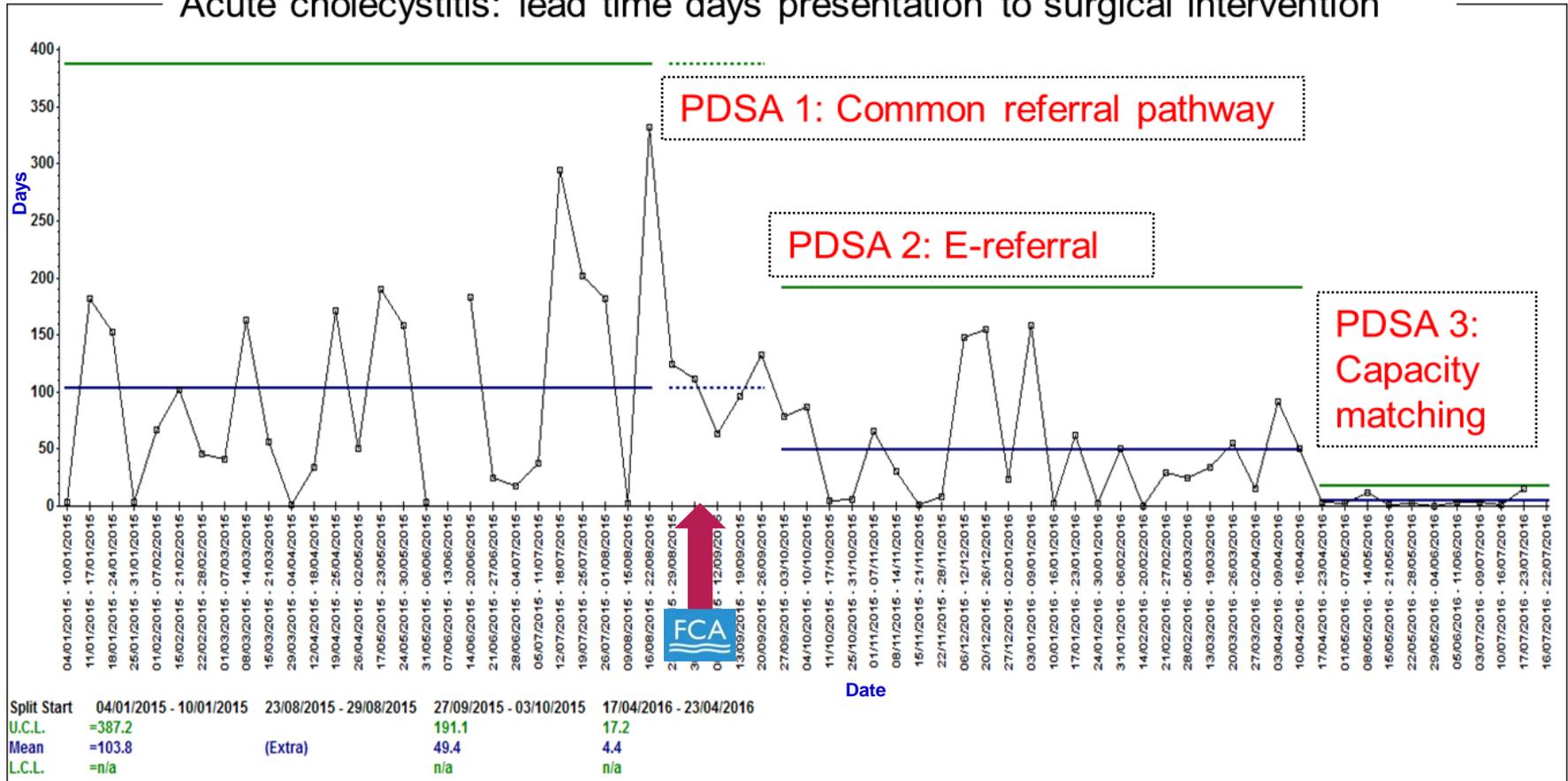
Respiratory Medicine Big Room: 20% reduction in LoS

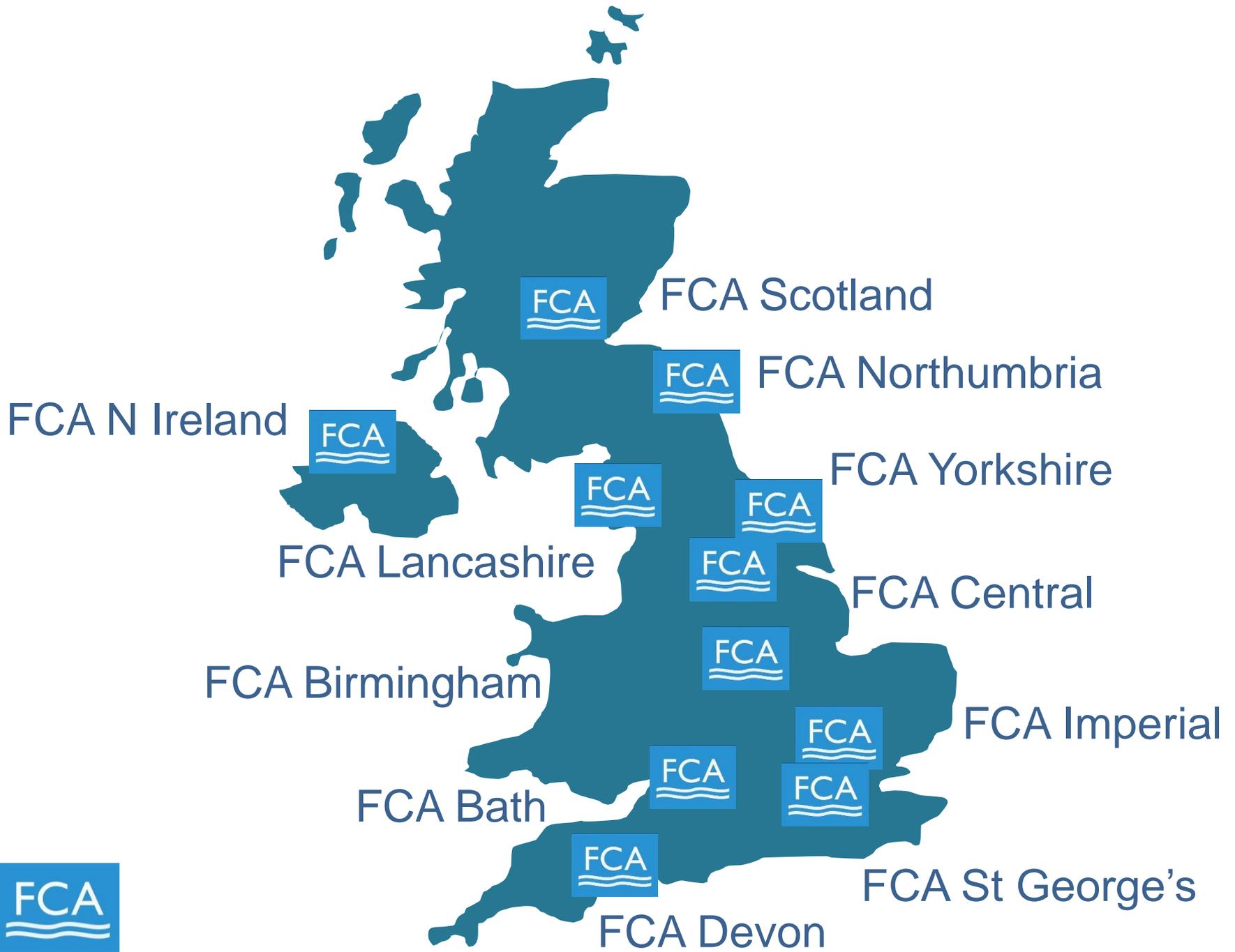


Biliary Surgery Big Room:

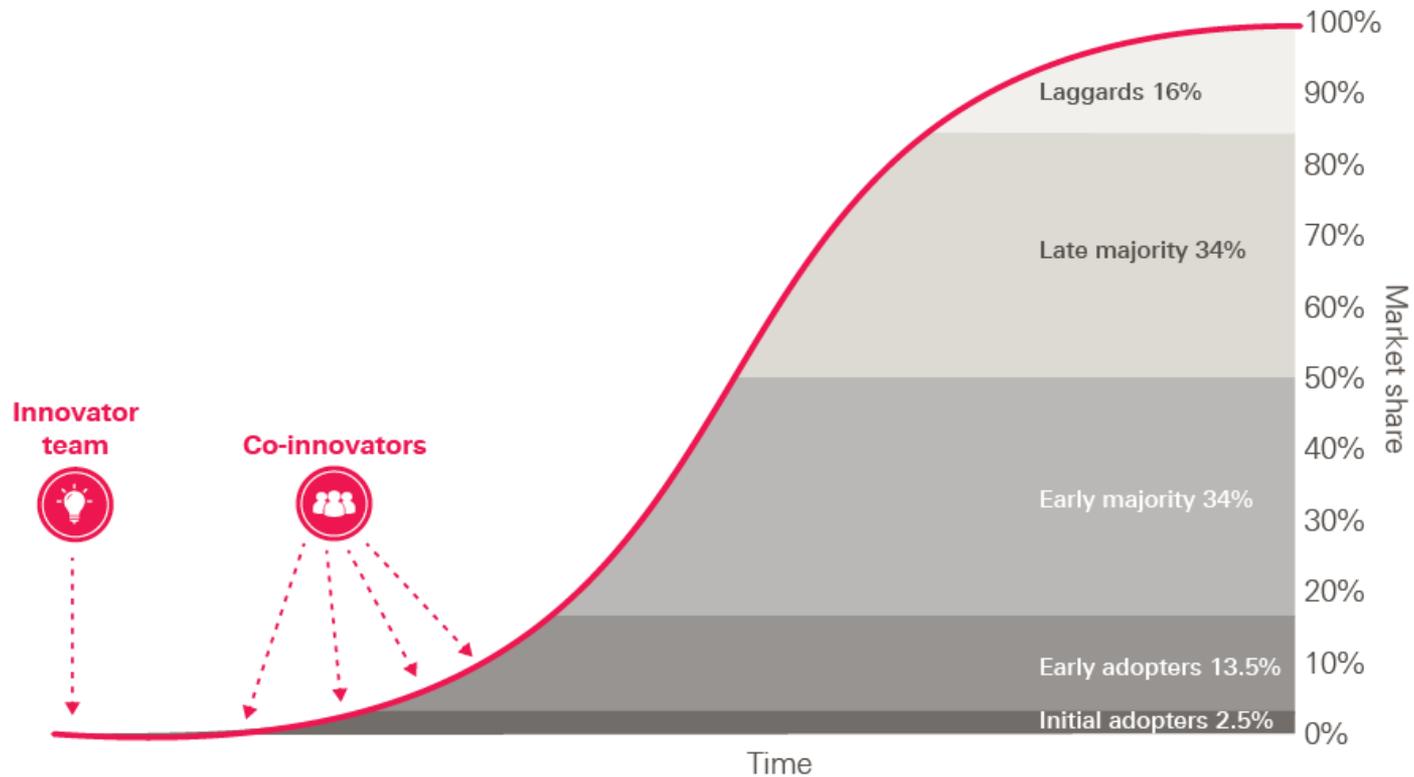
Lead time reduction from 103 to 4.4 days for cholecystectomy

Acute cholecystitis: lead time days presentation to surgical intervention





Adopter sites have a key role to play in refining models to support spread



The initial spread process as co-innovation



Tom.Downes@nhs.net
@sheffielddoc

Endocrinology Big Room at Great Ormond Street

Harshini Katugampola, Clinical Coach

Steve Hoskins, FLOW Coach

Vascular Big Room at Imperial College Healthcare

Ganan Sritharan, Clinical Coach

Lara Ritchie, FLOW Coach

*“Vascular Physician”
Building a novel, all age, geriatric
subspecialty*

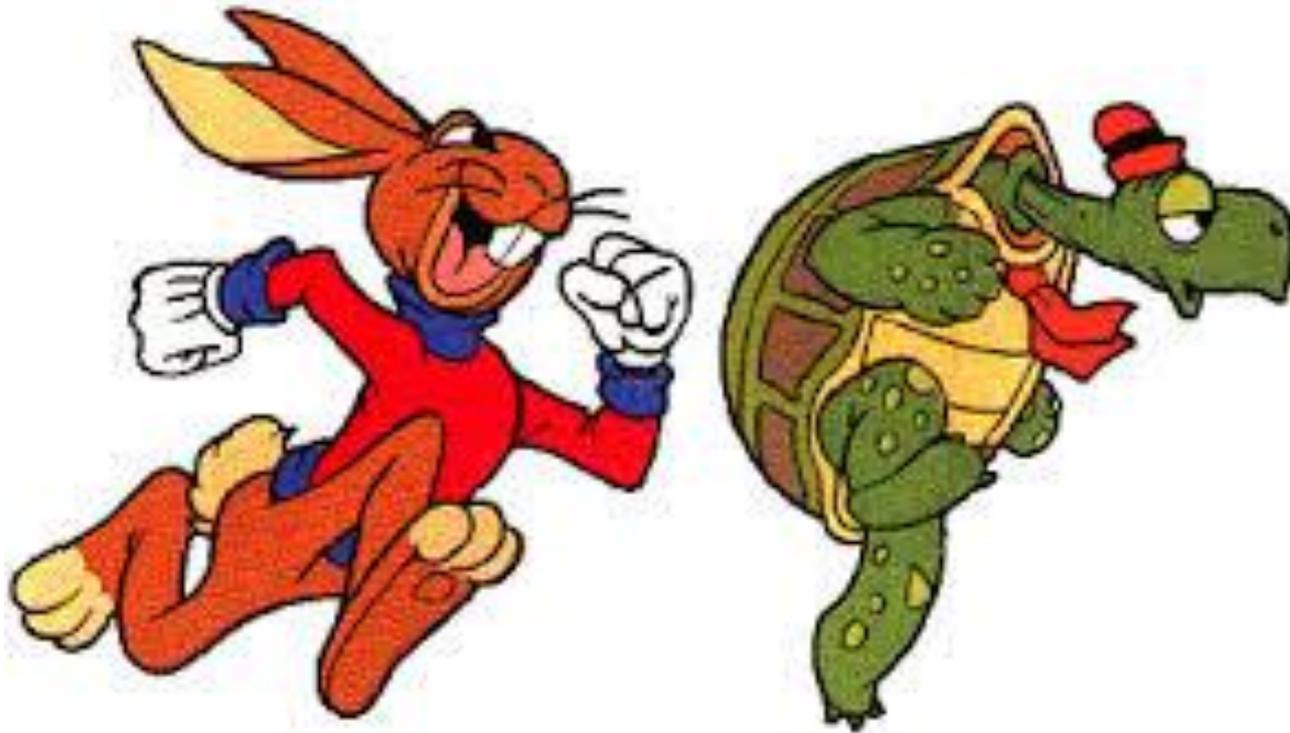
Ganan Sritharan

Consultant Physician & Geriatrician

St Mary's Hospital, Imperial College Healthcare NHS
Trust

September 2017







National Poster & Oral Presentation from the MDT & “Big Room”



Improving patient’s mobility at weekends on an acute vascular ward. An MDT approach!

Wilkinson C; Flint T; Burgess L; Pastrana M; Ritchie L; Sritharan G Department, Institution: Zachary Cape Ward Imperial College NHS Trust
Acknowledgements: Imperial Charity

Introduction

- The Vascular Big Room started in July 2018 in conjunction with The Imperial flow coaching academy, the room provided the wider MDT an opportunity to openly discuss what we enjoy about our roles and highlight issues and frustrations regarding the vascular ward.
- A significant and common issue across the service was the lack of early mobilisation of inpatients over a weekend and out of hours. This vital intervention is to support patient recovery and reduce the potential post operative complications.
- As a result of the points raised, the therapy team decided to begin an improvement project in this area.

Methods

- The nursing staff, physiotherapist and occupational therapist, all members of the big room, posed and set about designing a data collection tool following discussion with the wider team.
- The audit tool was completed by nursing staff over weekends. It totalled the number of patients mobilising, as well as clinical reasons why they did not.
- To obtain the patient perspective, a feedback questionnaire was designed to gather their understanding of the barriers to sitting out and mobilising over the weekend i.e. lack of information, pain and support to aid mobility.
- We collaborated with the Imperial charity and worked with a volunteer to complete the questionnaire ensuring minimal bias with a snapshot of patients every Monday. The volunteer also provided the time to obtain and document detailed qualitative information regarding all aspects of care.
- Initially, data was analysed weekly, shared and discussed within the big room to ensure we were capturing the right information and identifying the key barriers and road blockers attributing to reduced numbers of patients mobilising.
- Through this process of discussion small changes to the questionnaire and data collection tool were made regularly with the input of the MDT.



Discussion and Next Steps

One of the biggest learning points for us so far is that of MDT communication and education. The Big Room provided a forum whereby the results collected could be discussed with the wider MDT and PDSA's started.

What have we done so far?

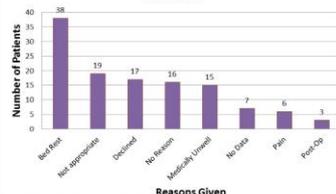
- The junior doctors, senior nursing staff and AVNP's agreed to participate by challenging the senior medical team during ward rounds on their decisions surrounding bed rest.
- As a result of this project being discussed, nursing staff have been encouraged to begin early mobilisation with patients without the need for OT/Physio.

NEXT STEPS:

- We will present our baseline data at the vascular (audit meeting) to demonstrate to the senior vascular team the impact of their decision making on early mobilisation.
- The results also demonstrated a need for education on mobility for both the ward staff and patients. We are now planning an education launch week early next year, promoting the benefits of early mobility for both patients and staff.
- We will repeat the audit in 3-6 months time to assess if there is a change in early mobilisation on the acute vascular ward.

Results

Reasons for Patients not Mobilising Over Weekend



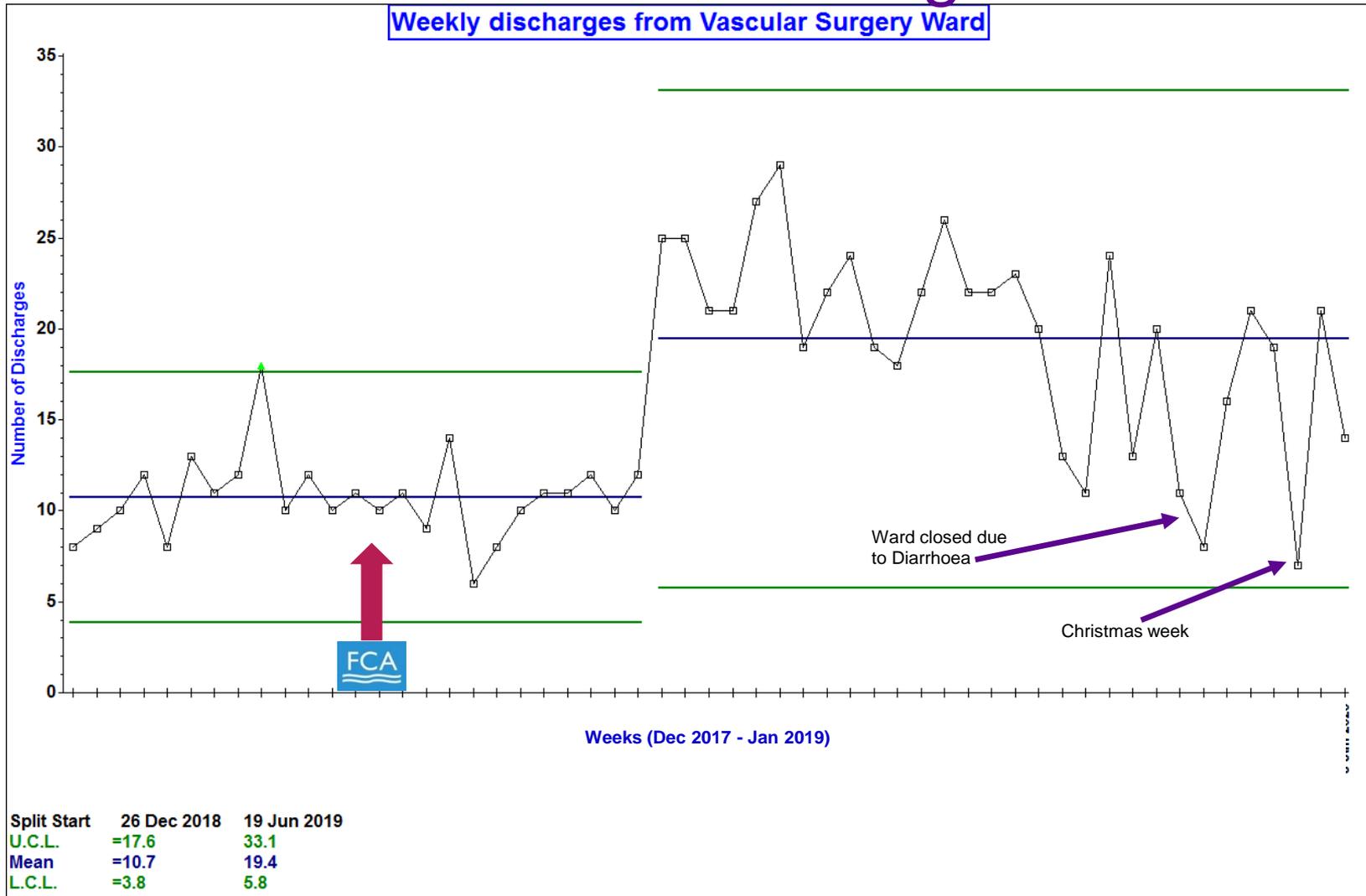
NB Not appropriate includes, on theodolyn, anal theatre etc.

- A total of 18 days (9 weekends) of data has been analysed.
- The mean percentage of patients mobilised during this time was 69.95% (weekly range: 50%-81.8%).
- Of the 30.05% of patients not mobilised, it was identified that 28% could have sat out.
- The main reason identified for not sitting out was bed rest with patients declining as the 3rd biggest reason.



Quality Improvement project in Wound Care

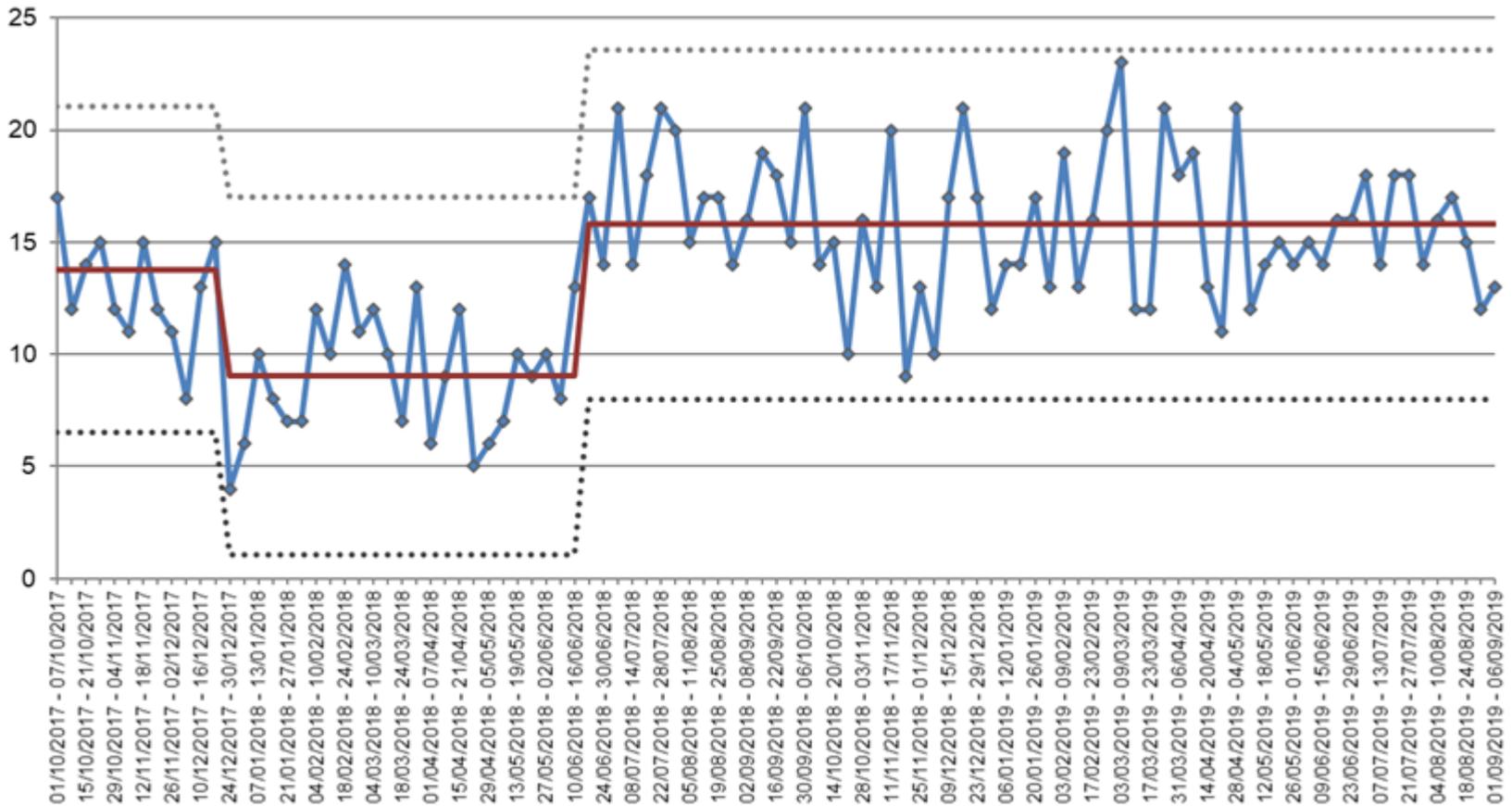
Vascular surgery Big Room: 80% increase in ward discharges

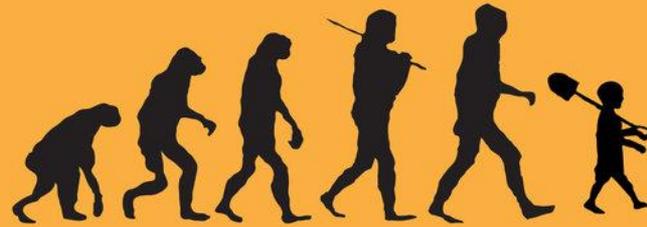


What's Changed?

- Daily MDT Board Rounds since June 2018
 - Ward PT daily, Trust Amputee PT weekly
 - OT
 - Consultant Physician
 - Senior Nursing Staff, AVNP & Junior Doctor
- Only non-rotational OT in surgery – May 2018
- Surgical Site Infection CNS – June 2018

The statistical process control chart below show the total discharges per week from Zachary Cope ward from October 2017 to September 2019





WHAT'S IN OUR FUTURE?



Coach panel

Domique Allwood
Lydia Salice

Mitra Bakhtiari
David Woollcombe-Gosson

Tom Downes
Viren Jeram

FCA Imperial Early Evaluation

Anne Kinderlerer, Associate Medical Director for St Mary's Hospital, ICHNT

Viren Jeram, Transformation Lead & FCA Imperial Programme Manager, ICHNT

A photograph of a hospital hallway with a person in blue scrubs and a surgical cap walking away from the camera. The hallway has white walls and blue accents. The image is slightly blurred and has a light blue overlay.

FCA Imperial Early Evaluation

Anne Kinderlerer, Associate Medical Director for St Mary's Hospital, ICHNT

Viren Jeram, Transformation Lead & FCA Imperial Programme Manager, ICHNT



How do you know whether what you're doing is making a difference?

2 minutes with the person next to you

A photograph of a hospital hallway. A person in blue scrubs and a surgical cap is walking away from the camera down the center of the hallway. The hallway has white walls, blue door frames, and a polished floor. In the background, another person is visible, and there are medical equipment and a computer monitor on the right side.

Quality Improvement at Imperial



To build learning, improvement and innovation into everything we do

We are **3 years into our QI programme** to create a culture of continuous improvement across the organisation.

This work has focussed on **engagement, building capability and capacity**, and has started to develop and **embed an improvement methodology** for the organisation.

Creating a culture of continuous improvement



FCA Imperial – our journey

2017/18

**Attended Flow
Coaching
Academy in
Sheffield**

Cohort 1

- 3 Pathways:
 - Sepsis
 - Diabetic foot
 - Asthma & Wheeze in children
- 6 coaches



2018/19

**Start FCA
Imperial**

Cohort 2

- 12 Pathways:
 - 9 from Imperial
 - 3 from Great Ormond Street
- 24 coaches
- Competitive process
- Delivered by faculty made up of 2017 coaches and Sheffield faculty



2019/20

**Second annual
programme**

Cohort 3

- 15 pathways
 - 9 pathways from Imperial
 - 3 from Great Ormond Street
 - 3 from Portsmouth
- Large faculty (~10) of past coaches

Skills and capability development

Skills Shorts

- 1.5 hour topic specific sessions
- Aimed at developing individual skills
- Including 'Introduction to QI', 'Measurement for Improvement', 'Process Mapping', 'PPI', 'Building Strong Teams', 'Stakeholder Engagement', 'Variation'

QI Bitesize

- A range of short sessions that aim to support coaches and leads when teaching key improvement principles 'on the job'

Team and problem based training

Tools for Change

- Practical 1 day workshop
- Aimed at helping teams (3 to 10 people) to turn improvement ideas into structured QI Projects
- QI tools and techniques; engaging with a variety of stakeholders and measuring the impact of changes your project

QI Sprint

- An exciting, innovative, co-design workshop that's all about collaborative thinking and generating new ideas to test
- Working with patients, citizens and service users
- With facilitation from The Royal Academy

Coaching capacity

Coaching & Leading for Improvement Programme

- 4 day development programme
- Designed to build staff capability, competence, confidence and capacity so that they are enabled to lead teams in their QI projects
- Focusing on team coaching, facilitation skills and a broad knowledge of QI methodology

Flow Coaching Academy

- 12 month development programme
- Supports the development of "big rooms" aimed at improving patient flow and reducing unwarranted variation in care across clinical pathways
- Designed to build improvement coaching skills in a pair of coaches per pathway

A photograph of a hospital corridor. A person in blue scrubs and a surgical cap is walking away from the camera down the center of the hallway. The hallway has white walls, blue door frames, and a polished floor. Another person is visible in the distance. The text 'Evaluation – initial findings' is overlaid in blue on the left side of the image.

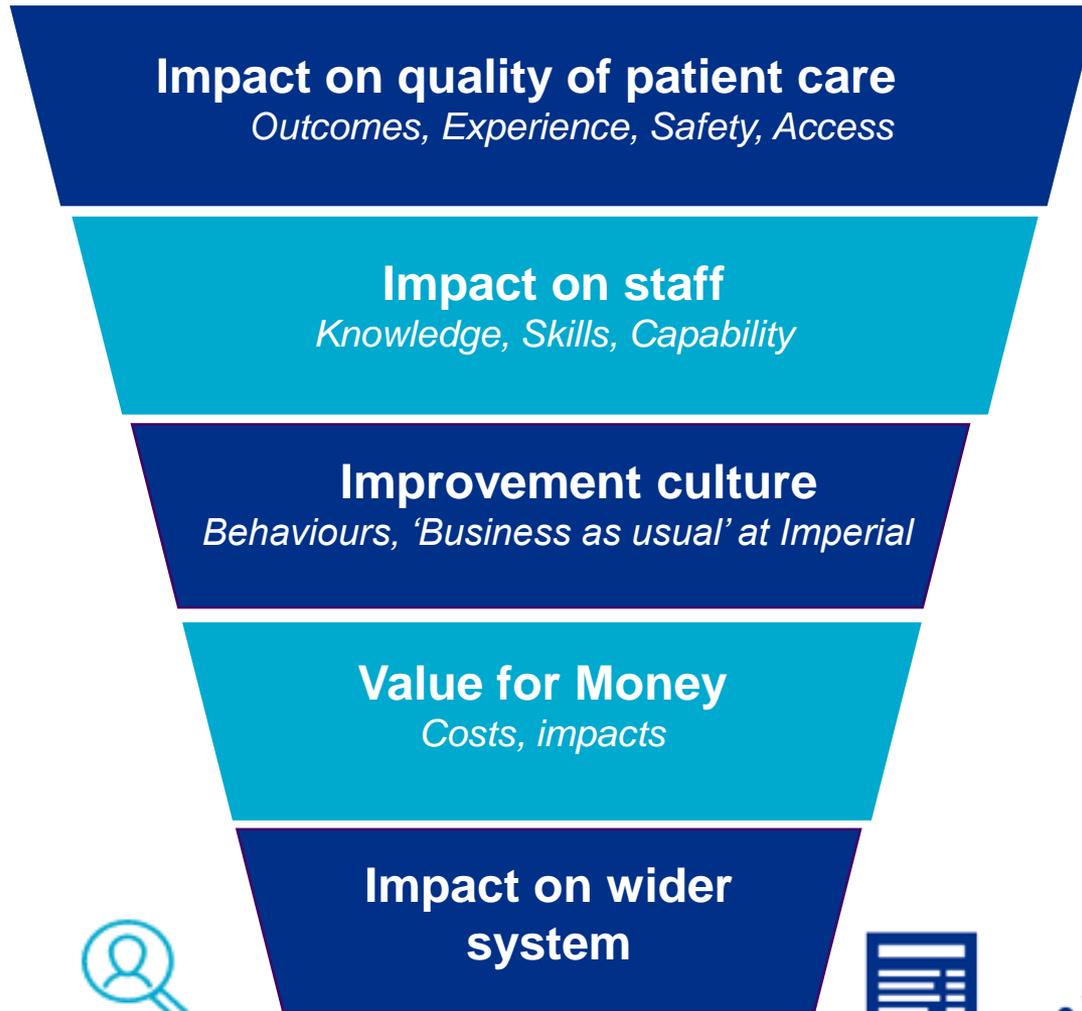
Evaluation – initial findings

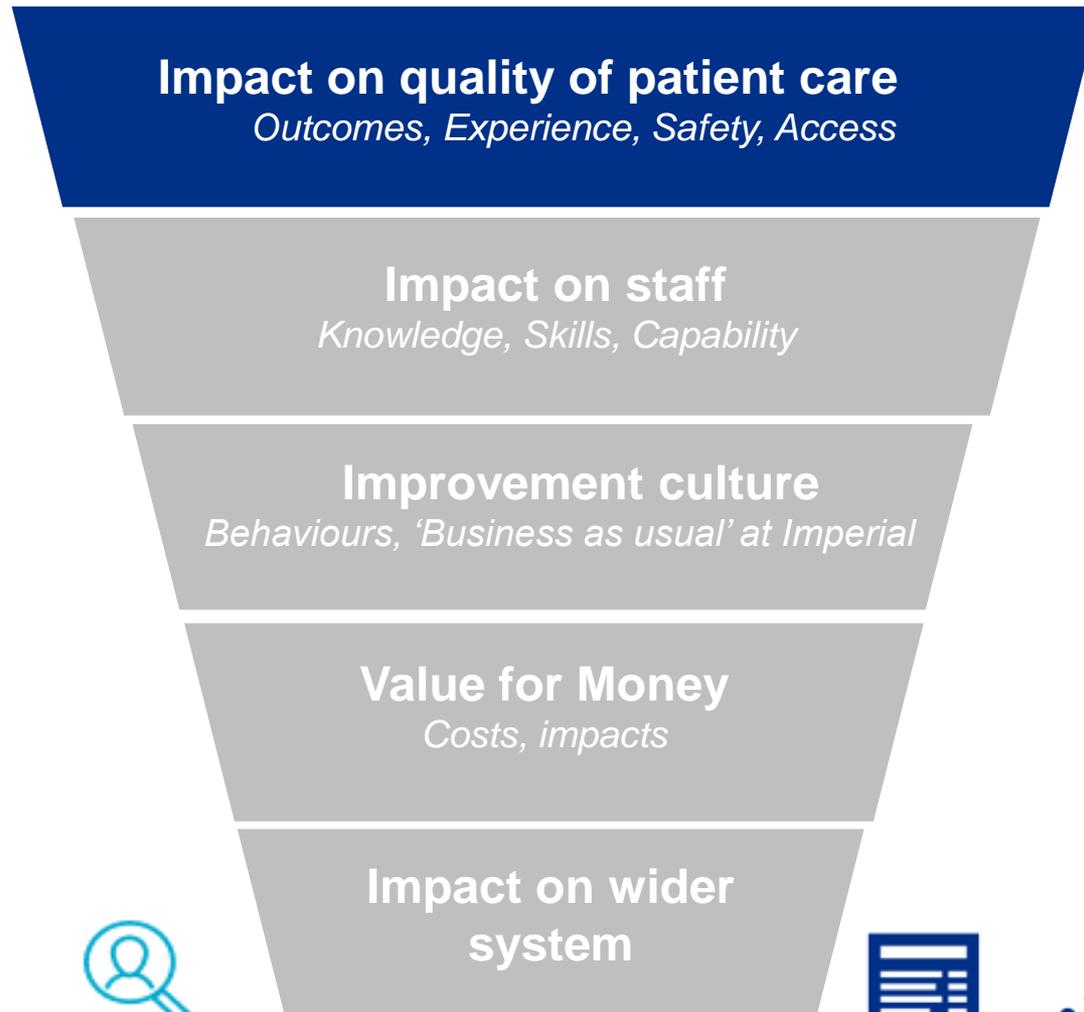
- Survey of coaches participating in the programme
- Cross-sectional online survey of coaches and people invited to participate in big rooms (103 respondents)
- Interviews with coaches and participants (43 interviews)
- Impact analysis on patient flow and reducing unwarranted variation
- Return on investment associated with pathway benefits



Evaluation approach

Our Framework





Big room improvements



Sepsis – Reduction in mortality from 18% to 14%



Paediatric Asthma - increased patients with management plans from 25% to 60%



Vascular – 80% increase in ward discharges



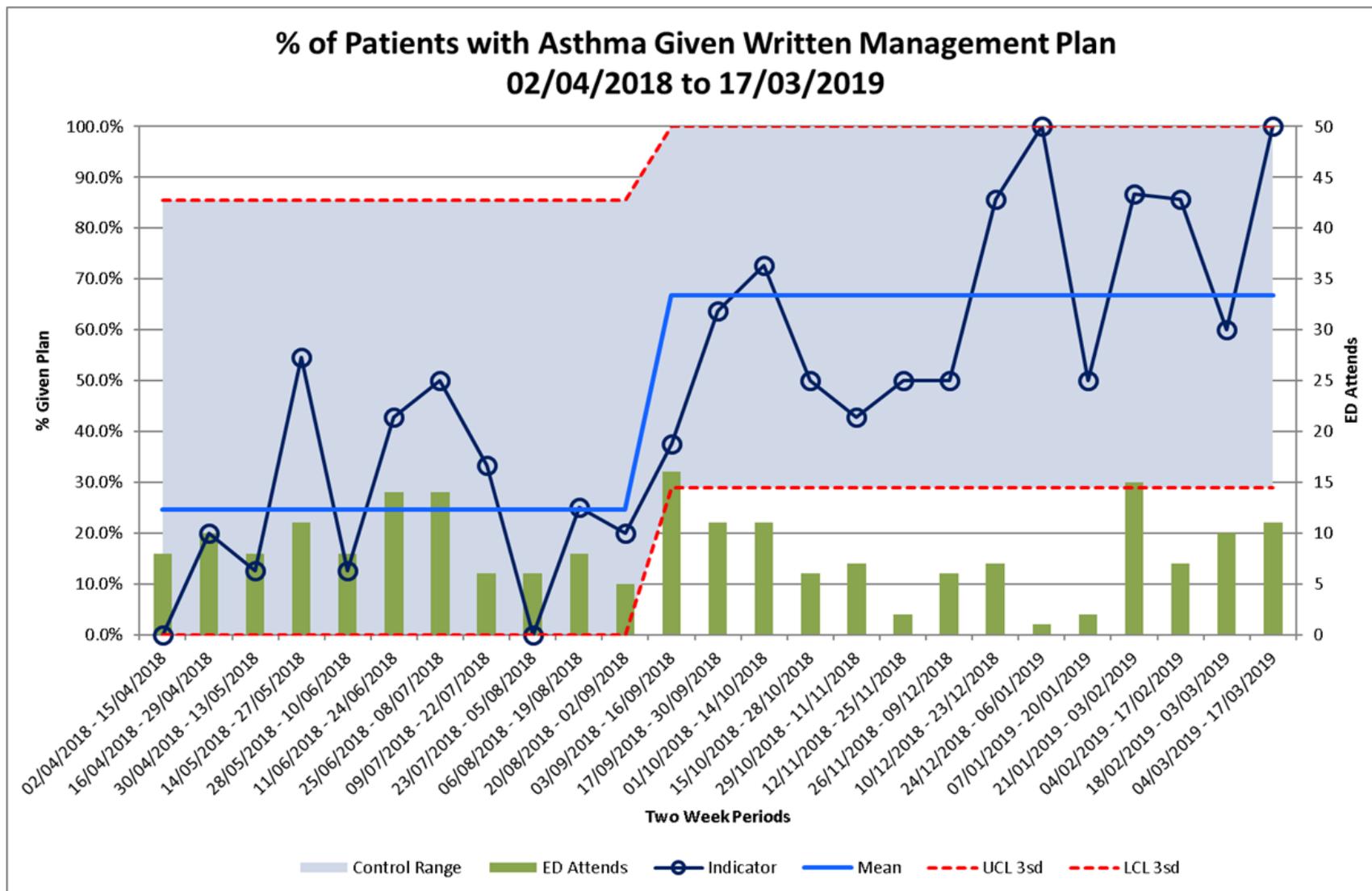
Diabetic Foot – Decreased diabetic foot LOS from 24 days to 18 days

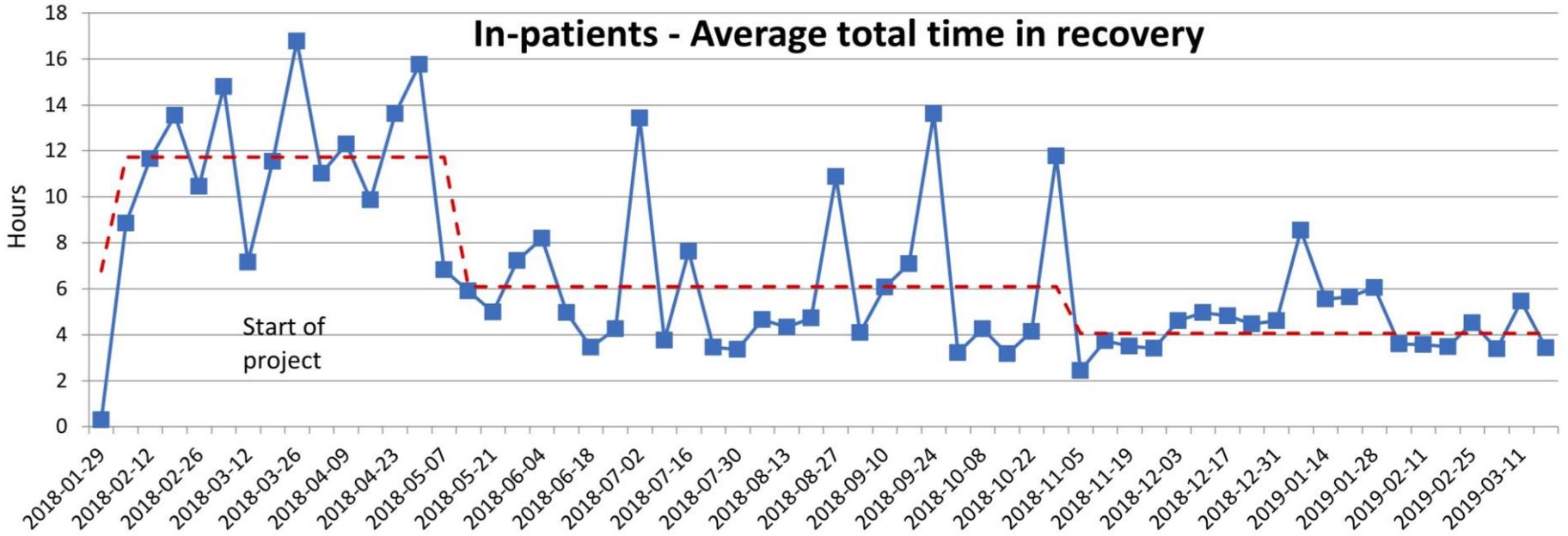


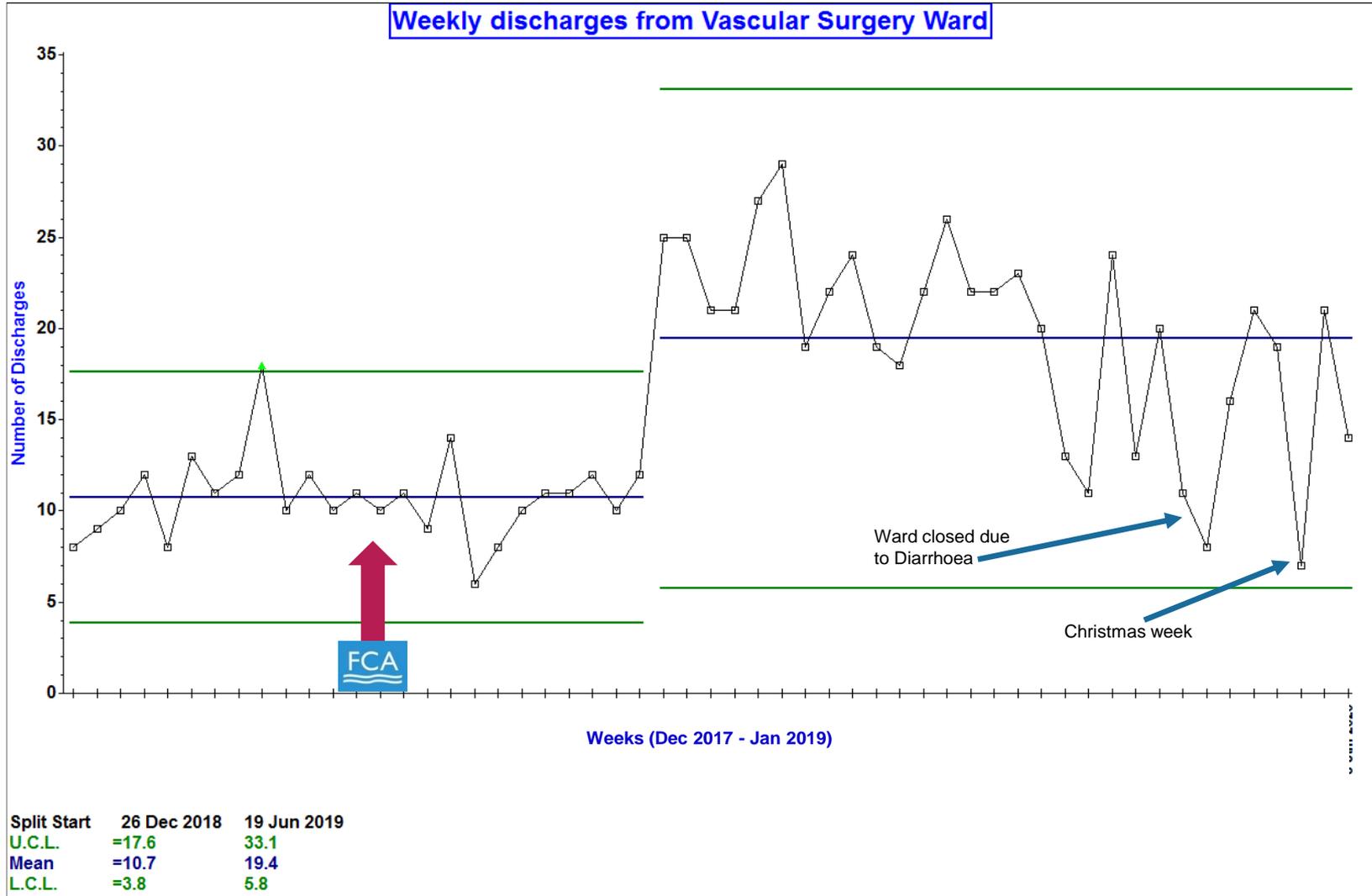
Recovery – reduced the number of overnight stays from 70 per month to 6 per month



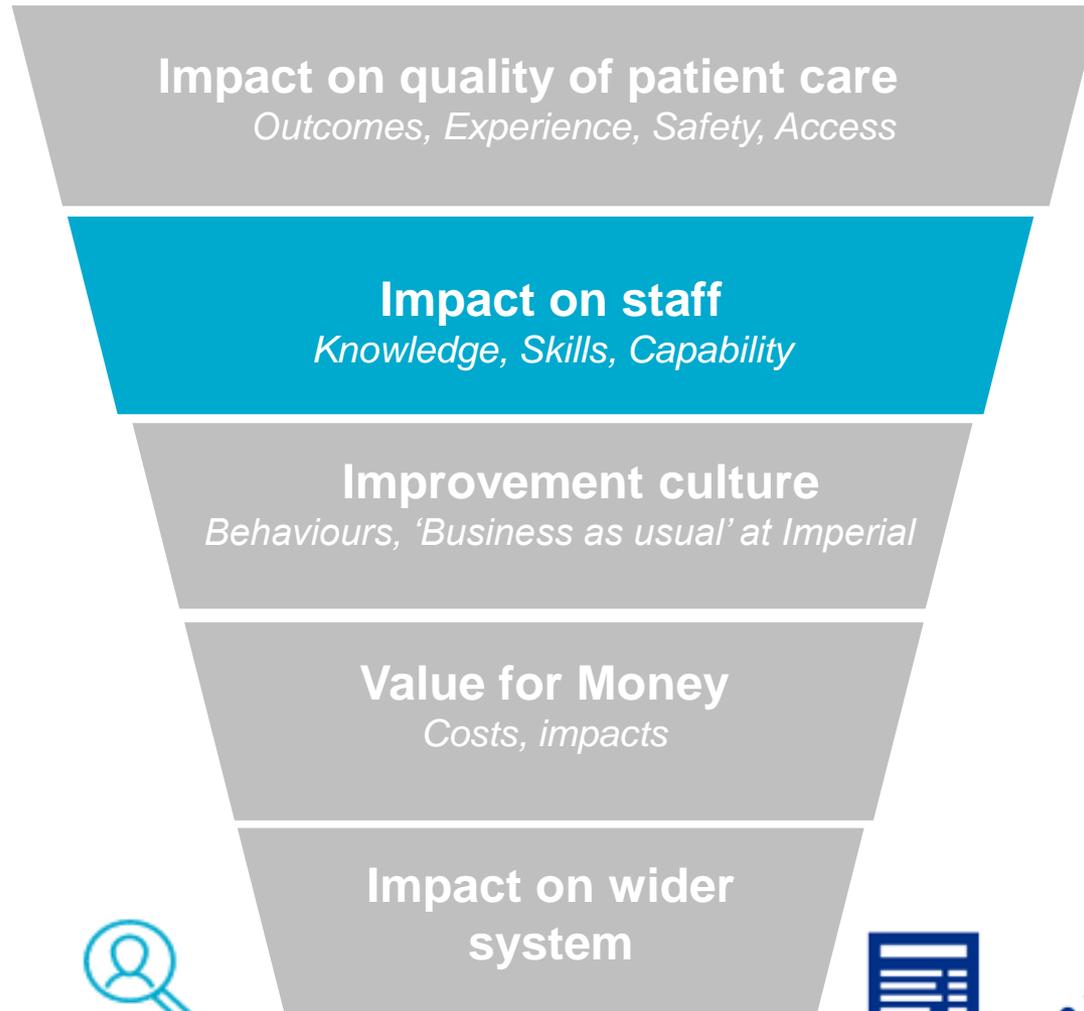
LUTS – improved high quality GP referrals from 24% to 75%





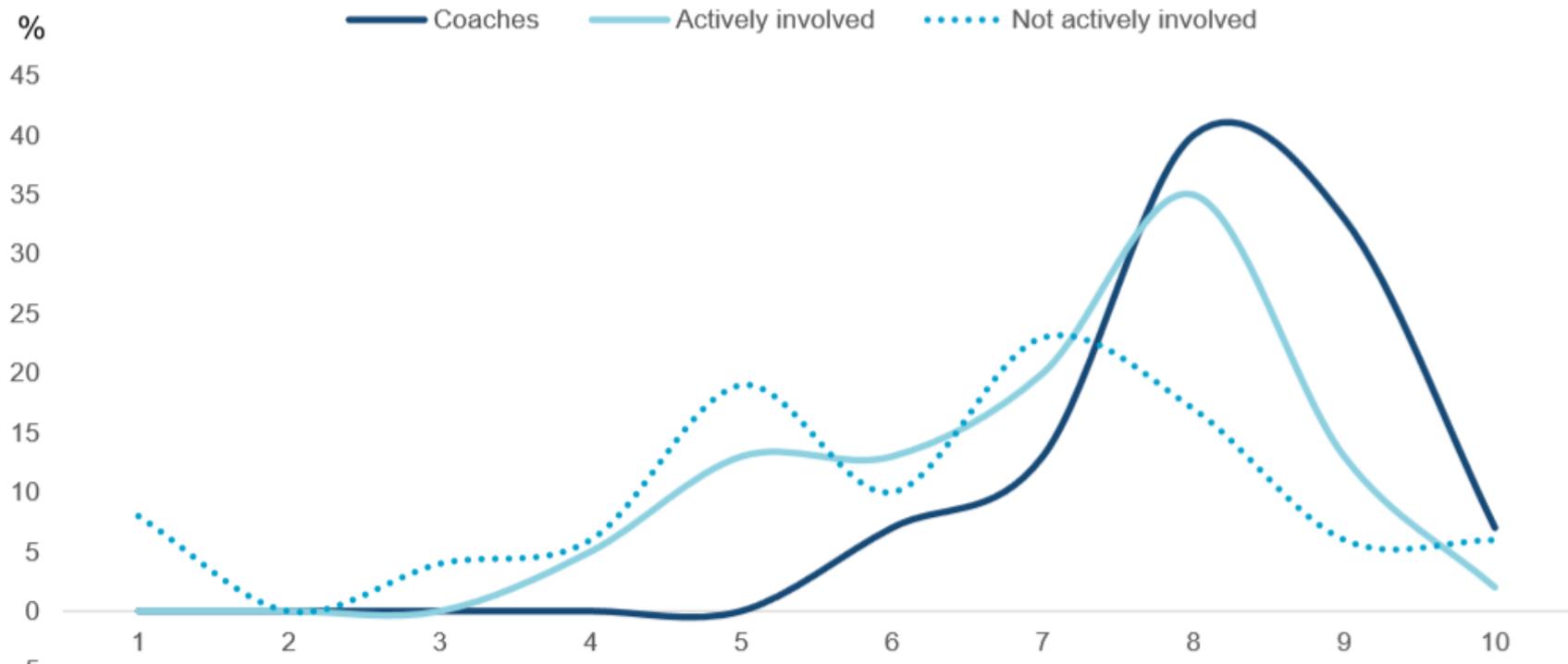


Pathway	Quality Improvement	Impact
Sepsis	Reduction in mortality Improved effectiveness of care	Sustained reduction in mortality for all patients coded with a diagnosis of sepsis from 18% to 14 % from June 2017 onwards Increased the percentage of patients receiving antibiotics within 60 minutes of screening across ED from 60% to an average of 67.2% since April 2018.
Diabetes	Reduced LOS	Decreased length of stay for diabetes foot patients from 24 days in 2017 to 18 days in 2018
Paediatric Asthma and Wheeze	Improved effectiveness of care	Increased the percentage of written management plans received by paediatric asthma and wheeze patients from 25% average to 60% from September 2018 onwards
Lower Urinary Tract Symptoms	Improved effectiveness of care Reduced DNAs	Increased proportion of new LUTS patients either discharged or listed for surgery from 24% to 91%; Reduced DNAs from 19% to 2%
Recovery	Improved experience of care Improved effectiveness of care	Reduced number of patients staying overnight in Recovery per month from average of 70 to under 30 from August 2018 onwards; Reduced average total time in Recovery per patient from 8 hours to 3 hours from September onwards
Antenatal	Improved experience of care	Reduced length of stay in maternity triage/day assessment units from average of 154 minutes to 110 minutes from November 2018 onwards
Vascular	Reduced length of stay Improved effectiveness of care	Reduced length of stay average by 2 days for all elective patients Increased number of total discharges per week in Zachary Cope ward from a mean of 11 to 18 patients; Secured £100,000 funding to pilot a supportive discharge model
Acute Respiratory	Improved experience and effectiveness of care	Trend indicating the percentage of NIV patients dying in hospital has decreased from 24 % to 17% from May 2018 onwards
Young People	Improved effectiveness of care	Established a new renal transition clinic at Hammersmith to provide focus care for paediatric patients transitioning to adult services.



Increased confidence using QI tools and techniques depending on involvement

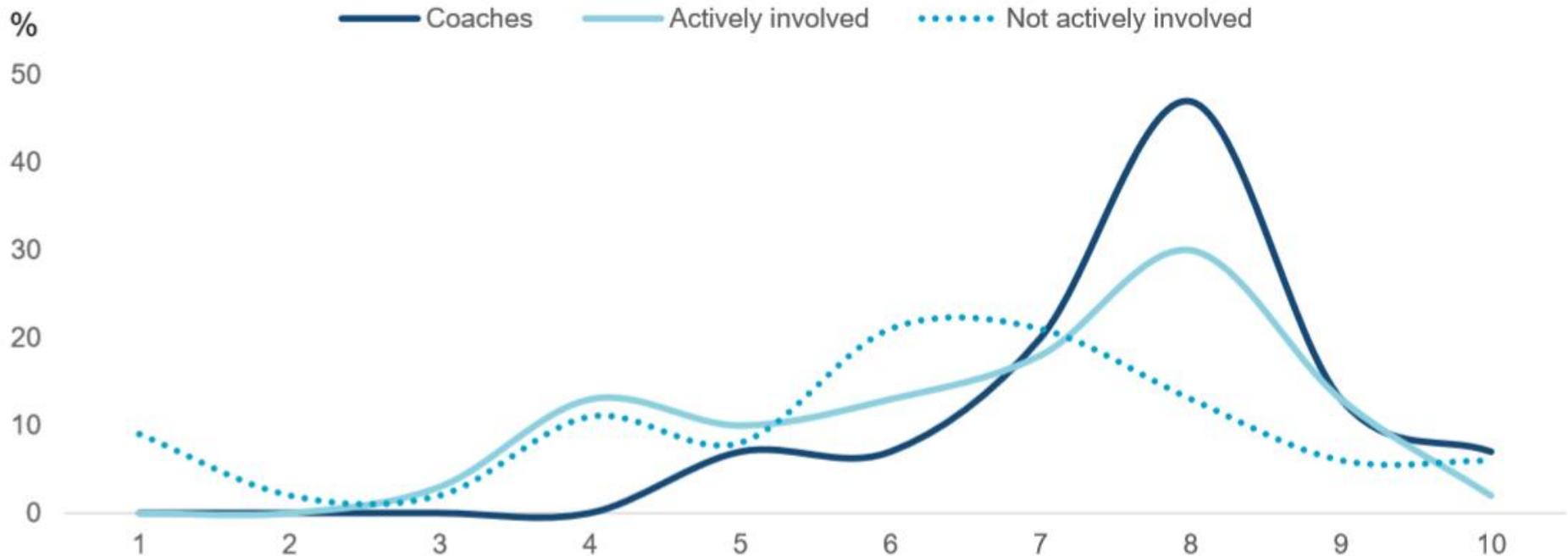
“I’m not a doctor or nurse so I didn’t know what to expect from the big room or whether there would be a role for me... I thought that quality improvement was something complicated or only for medical staff, but that’s not the case. I can do improvement too... That is something that I would never have done before.” (Big room participant, non-clinical) ”

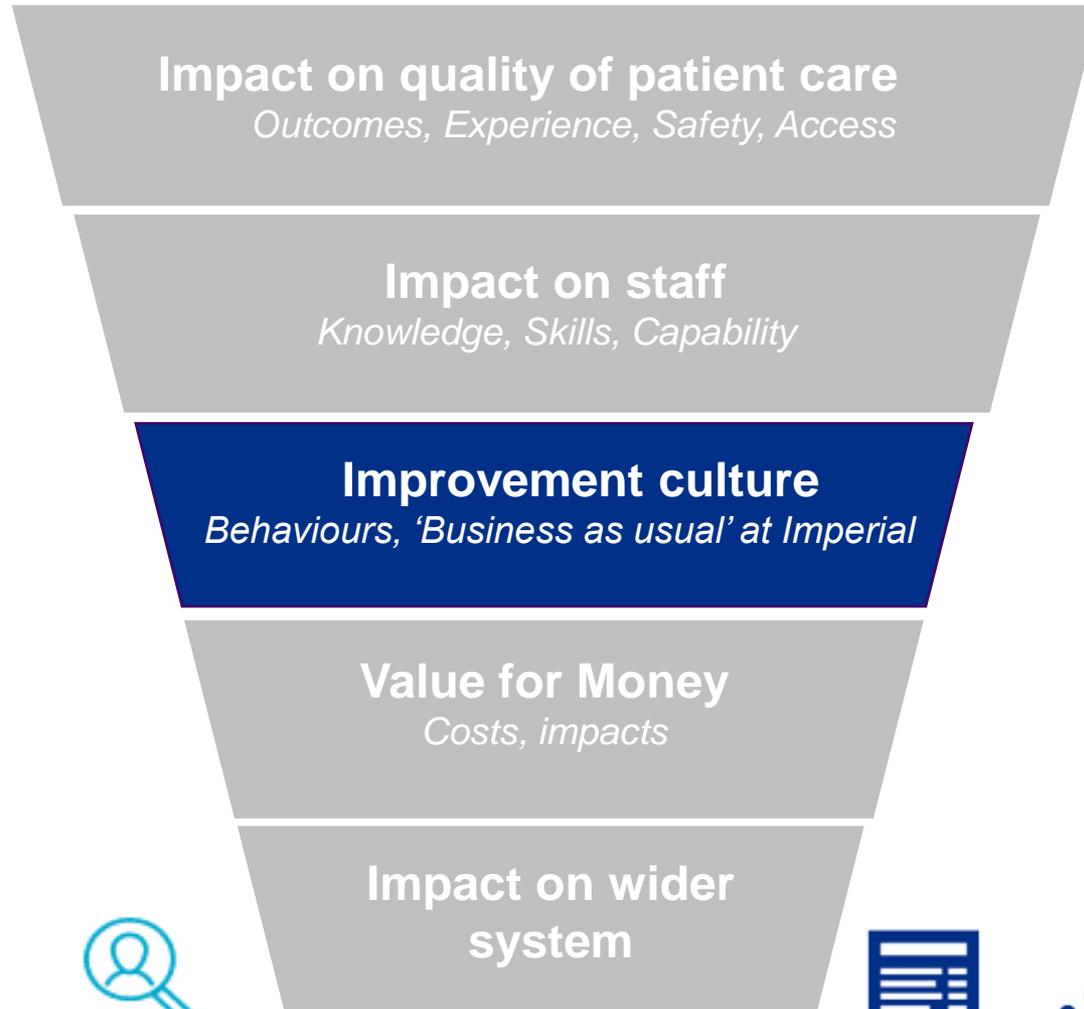


Increased confidence helping others with improvement depending on programme involvement

80% of coaches
53% of participants
33% of not involved

Had increased confidence over the past six months





Big rooms have fostered better MDT working and understanding

Unprompted responses from coach and participants:

- 66% reported increased communication and networking across the workforce
- 25% reported improved care or practice by streamlining pathways or improving communications
- 20% reported increased staff morale
- 9% reported increased understanding of other roles



“Hierarchy is suspended when you go into the big room. It gives more junior staff or staff who have a quiet voice the chance to express their views and that’s helped everybody make progress together”

Infection prevention and control manager

“There’s great enthusiasm in the room, great atmosphere and it brings together lots of disciplines in one room, with one voice, to make improvements to patient care”

Pharmacist

“Nurses can understand the discussions taking place away from patient care, but about patients. Its very important and engaging.”

Ward Manager, Acute medicine

“It draws people together from different parts of the organisation with different perspectives”

Emergency Care Consultant

Improvement culture



iain taylor @iaintaylor5 · 4d
Sepsis Big Room today. Good discussion on presentation of data. Team has been nominated for a Chairmans award and HSJ award. Thanks again to ICHT Charity for their support in allowing 4 team members to attend HSJ awards



Hadjer Nacer @HadjerNacer

We kicked off our first Antenatal Big Room today with 20 people from around the trust! We set our ground rules for how we will work together and committed to keeping women's voice at the heart of all we do! C u all next week, same time, same place @FCA_coaching @Imperialpeople



Jelena @dr_JelaS · 16 Apr
First Big Room at GOSH! Let's improve dialysis pathway. Great attendance and interest - we need to keep it going!
@FCA_coaching @GreatOrmondSt @GoshRenal @HealthFdn #FCAImperial



4 retweets, 12 likes



Mark Gilchrist @MGilchrist123

@ImperialNHS @Imperialpeople big room - thanks to everyone involved



Noni Nyathi @noninyathi

Replying to @iaintaylor5
@EmmaMSutherland can you tell I'm very happy in this pic ?? Can you tell that I'm in the SepsisBigRoom? It's an hour of Bliss for me. Have learnt a lot. Thanks @GhoolooFaz for letting me off the ward every Thursday

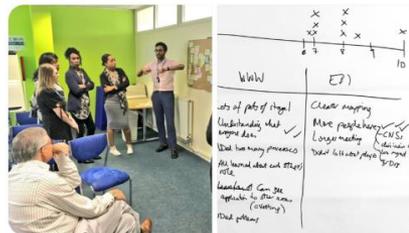


James Bird RN VR @james_bird... · 22 Feb
Excellent time discussing nursing and clinician views in the sepsis big room, enhancing the feel of the ePR

2 retweets, 9 likes



Tamer El-Husseiny @Tamerelh... · 16 May
Kicking off the initial process mapping of our current LUTS pathway...huge opportunities for improvement! #LUTSBigRoom #FCAImperial @FCA_coaching @Imperialpeople @imperialurology @SheffieldMCA @ImperialNHS - at Charing Cross Hospital

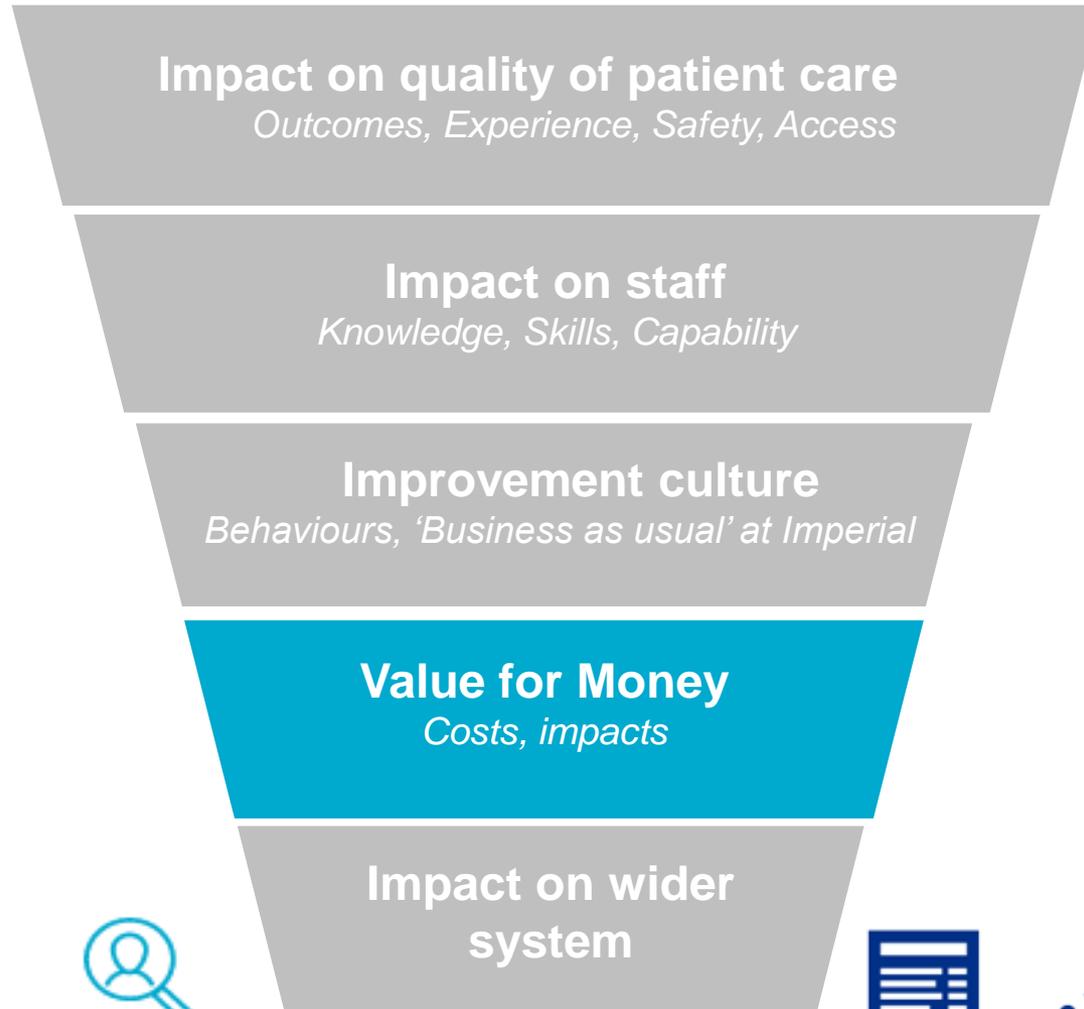


Noni Nyathi @noninyathi · 10 May
How I spend my Thursday afternoons! #SepsisBigRoom @Imperialpeople ! There is no hierarchy, everyone's thoughts are listened to. Has brought so much awareness of patients with Sepsis!

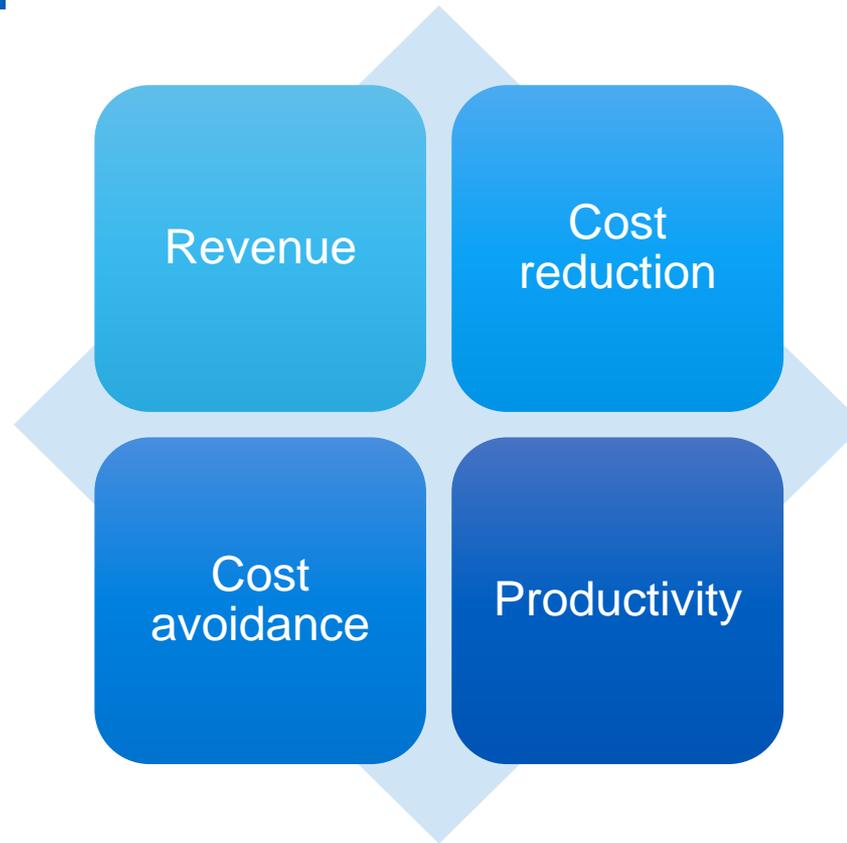


katiemalbon @katiemalbon · 17 Apr
So excited to be here! Making progress on improving adolescent health with @FCA_coaching @Imperialpeople #FCAImperial

4 retweets, 9 likes



Evaluating 'ROI'



- The work we have undertaken is a crude analysis of costs and potential benefits
- The return on the investment is a combination of potential and 'real' savings
- We are developing this methodology further to look more at 'value delivered by the programme'

Example of Value for Money - Headlines

All figures are crude estimates

The overall cost of the programme estimated as **£680K**

Reduced overnight stays and LOS in recovery **£1.15M pa**

Reduced length of stay for diabetic foot care **£350K pa**

Reduced length of stay after elective vascular surgery **£380K pa**

NB these are crude estimates. This also is not a full ROI calculation or cost benefit analysis. Some of these include actual cost reduction as well as cost avoidance and are not necessarily recurrent. Additional income received for the education delivery not included. 3 pathways chosen for analysis with many others showing benefits

Estimated cost of running FCA Imperial to March 2019



The overall cost of the programme was estimated as about **£680k**

£10k

Venue & catering

£50k

Faculty time for
training

£150k

Coach time for
training

£50k

Programme
management

£170k

Coach time in Big
Rooms

£130k

Attendee time in
Big Rooms

NB: This is being updated based on the programme growing at the Trust

Starting to consider value for money

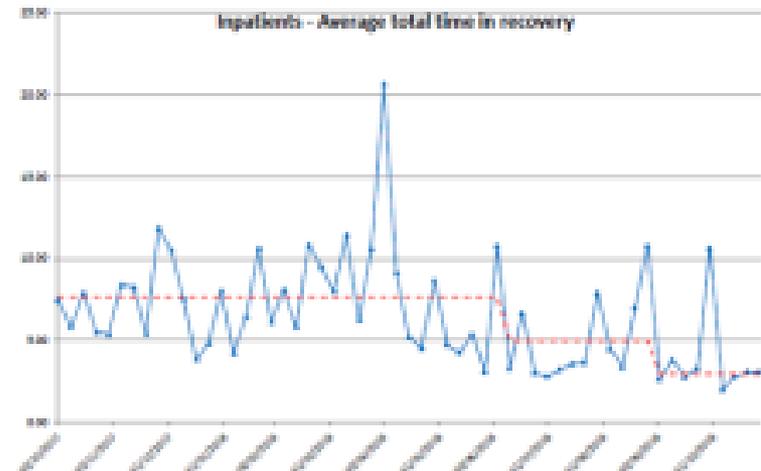
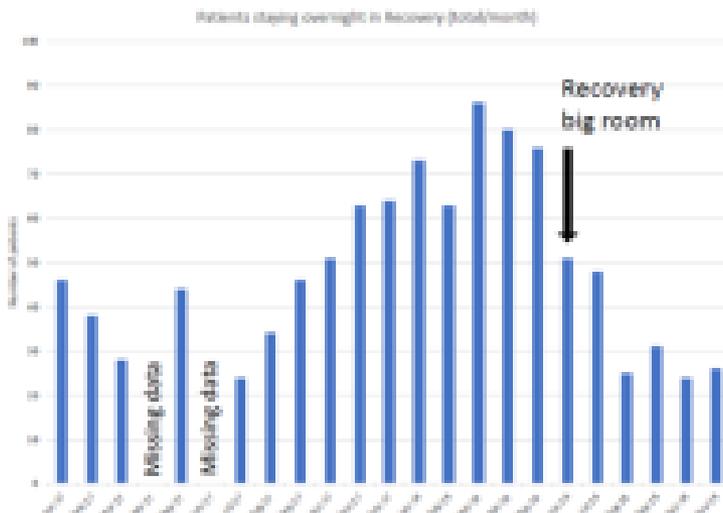
Outcomes - Recovery Big Room

Aim:

To improve the flow of patients through post-operative recovery (and hence theatres), and to improve the quality of care for patients with extended stays in recovery, at St Mary's hospital

The enhanced recovery pathway big room began in June 2018. The aim was to improve the flow of patients through post-operative recovery (and hence theatres) and to improve the quality of care for patients with extended stays in recovery at St Mary's Hospital. A standard operating procedure was implemented as well as a step-down area for day-case patients.

Reduction in people staying overnight in recovery from an average **70** per month to **under 30** per month from August 2018 onwards.



Starting to consider value for money

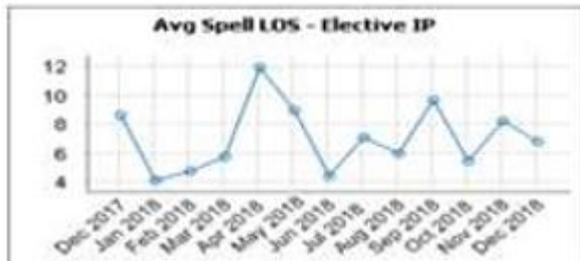
Outcomes - Elective Vascular Big Room

Aim:

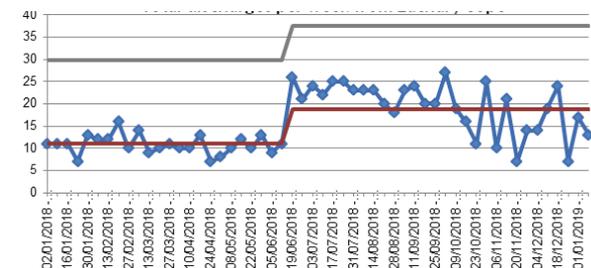
To improve the efficiency, patient experience and length of stay for patients receiving elective vascular surgery at SMH by March 2019

The vascular surgical care pathway big room began in July 2018. The big room aimed to improve the efficiency, patient experience and length of stay for patients receiving elective vascular surgery at St Mary's Hospital. More specifically, the pathway wanted to reduce elective cancellations, reduce length of stay and introduce a Trust-wide standard operating procedure for vascular wounds assessment and management.

Reduction in average length of stay of **two days** for elective patients. In a pilot ward the total number of discharges increased from average of 11 patients per week to 15. The pathway also secured £100,000 to pilot a supportive discharge model (income not included in estimates)



Vascular: Increase in number of total discharges per week in Zachary Cope ward



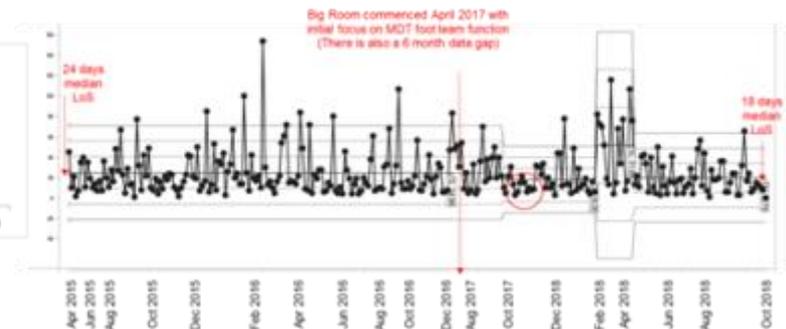
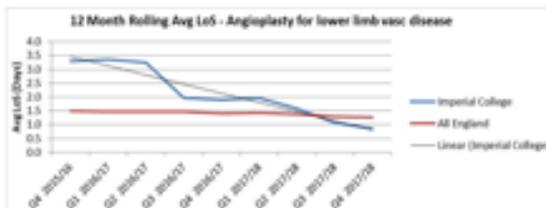
Starting to consider value for money

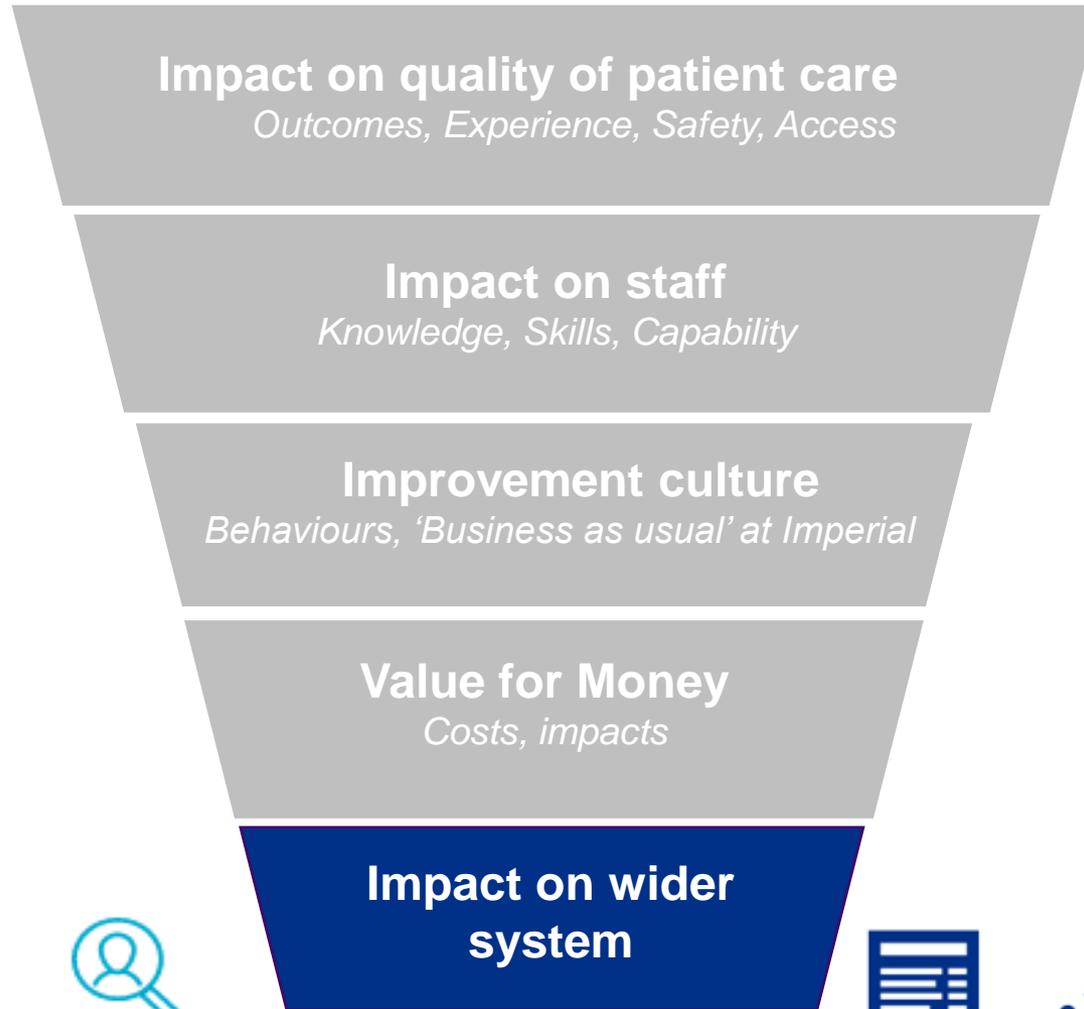
Outcomes - Diabetic Foot Care

Aim:
To improve the quality of care for patients with diabetic foot problems across the Trust.

The diabetic foot pathway big room began in April 2017. This big room aimed to improve the quality of care for patients with diabetic foot problems across the Trust. More specifically, the team sought to reduce length of stay to an average of 18 days and sustain this, to introduce Trust-wide clinical training about diabetes and to launch diabetes-related Cerner products. These aims were achieved.

Rapid tests of change decreased the average length of stay for diabetes foot patients of **six days** from **24 days** in 2017 to **18 days** in 2018.





FCA Imperial

- Great Ormond Street
- Portsmouth
- Sheffield Teaching Hospitals
- Other FCA host organisations
- Health Foundation
- Q Community

In the Big Rooms

- Commissioners
- Police
- Mental health
- Social services
- LAS
- GPs
- Community providers
- STP Acute Trusts
- AHSN
- Academic partners

Research with the Big Room

Optimising the alerts

Appropriate antibiotic prescribing

Alerts for maternity patients

Research with the Big Room

I just don't believe it

This is how the data is entered

That's not my experience

Have you thought of it like this?

Well we knew that anyway

That was really interesting

This measurement will answer that for you



Research with the Big Room

“Sitting in on the weekly Sepsis Big room has been an amazing experience.

Listening to discussions about what the data actually means to people who care for patients and how sepsis QI initiatives, including the alert, work in wards.”

Results

In-hospital mortality in 30 days – *all patients*

Reduction from 6.4% to 5.1%

Lower risk of death - 24% lower

Prolonged hospital stay (≥ 7 days) – *patients admitted through the ED*

Reduction from 41.1% to 40.2 %

Lower risk of extended stay - 4% lower

IV antibiotics (within one hour of the alert) – *patients admitted through the ED*

Increase from 36.9% to 44.7%

Increased chance of receiving timely antibiotics - 35% higher

Close
