



The
Queen's
Nursing
Institute

Masterclass:

Using Quality Improvement and
Audits to Enhance Care

SUMMARY

Thursday 13 July 2023

1pm - 2pm, via Zoom

#QNIRearch



Dr Ben Bowers QN, Community Nursing Research Consultant, The QNI, ben.bowers@qni.org.uk, [@Ben_Bowers__](https://www.instagram.com/Ben_Bowers__)

- Welcome to everyone, a recording of this masterclass will be available shortly
- Brief overview of the forum: it's a national forum for community nurses who are undertaking or considering carrying out research and those keen to be more research aware.
- It aims to strengthen the capacity of community-based nursing research through peer support, mentorship, and supporting personal development and research opportunities.
- There are currently 644 members across the UK.
- We offer monthly newsletters about research and research activities, webinars, masterclasses.
- This is the last of seven masterclasses, there will be more!
- There are website resources as well as a mentorship scheme, to help develop your research career.
- To sign up and/or find out more,
 - go to: <https://qni.org.uk/nursing-in-the-community/community-nursing-research-forum/> or scan the QR code right



This free 1-hour masterclass with Dr Carolyn Lees is focussed on using quality improvement and audits to enhance care.

Dr Carolyn Lees QN, Senior Lecturer, University of Liverpool

- I don't think we can begin to talk about context without mentioning the impact that Covid has had on all healthcare services particularly about how it's delivered. It took its toll on the workforce, the public and all services.
- The drivers that give historical context to quality improvement include: 1970s inquiries into care for people with learning difficulties and mental illness; the Bristol inquiry of 2001 which led to the creation of the Commission for Health Improvement and the development of governance in the NHS; the Shipman inquiry in 2005 drove fundamental reforms to health professions regulation; the mid-Staffordshire Hospital inquiries in 2010 and 2013 led to changes to nurse staffing levels, to hospital inspections and reforms to protect whistle-blowers.
- NHS Improvement Approach: focused on organisational quality assurance, improvement and increased productivity to improved health outcomes.
- What I take from that is that everyone has a responsibility - that those who provide services need to have involvement in quality improvement and have an awareness of it.



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- It's not just one group of elite people, experts in quality improvement, it's everyone's responsibility.
- How do we define quality in health care? The WHO definition is, 'the extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, healthcare must be safe, effective, timely efficient, equitable and people-centred'.
- Safe: care that minimises risks and harm to service users, avoiding preventable injuries and reducing errors
- Effective: providing evidence-based care
- Timely: reducing delays in providing and receiving care
- Efficient: delivering health care that maximises resource use avoiding waste
- Equitable: delivering health care that does not differ in quality according to personal characteristics, geographical location ('post-code lottery') and the culture of their community.
- According to the King's Fund (2019), 'Quality improvement - the use of methods and tools to continuously improve quality of care and outcomes for patients - should be at the heart of plans for delivering health and social care services. Leadership and management practices have a significant impact on quality. '



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- The organisations that have invested in quality improvement have better patient outcomes and staff satisfaction as well.
- The principles of QI: being about measurable improvement; use of reliable methodology; empowerment of staff and service users; using data to drive improvement (who's sharing the data, learning from good practice); scale up and spread: it's about sharing good practice, so that other people can understand that it may be transferable to their service); employing an iterative process of testing change ideas (Blackhouse, 2020): that shouldn't be the end of it, it should create a continuous cycle of reflection and evaluation, not just be a one-off.

Service Evaluation & Evaluative Research

Service evaluation helps make judgements about a service as well as understanding what works and what needs improving.

It relies on

Framing important questions about the services

Planning a pragmatic evaluation that will answer those questions

Sharing and using the findings from the evaluation

(Blackhouse, 2020)

- There are many well established approaches to evaluating and making changes to healthcare: research; clinical audit; clinical evaluation.
- Framing: what works well and what doesn't work so well
- Planning: how you actually go about doing it, it will depend on what questions you ask at the beginning of the project.
- Sharing: it comes back to sharing good practice!



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- What is service evaluation? It's used in healthcare alongside research and audit but it's important to distinguish between all three. They should all start with a question and aim to influence practice. They should all use a systematic approach to collect, analyse, and interpret data but each has a different purpose and context.
- Data in itself we can't generalise from.
- In terms of approval, there are different ways, each organisation has slightly different approaches, generally service evaluations will need trust approval on a local level.
- 'Clinical audits measure an aspect of practice against a recognised standard to see if current practice meets best practice standards, so that actions can be taken to

improve. Audits are usually identified via an organisations' clinical audit plan as part of clinical governance and quality strategies' (HQIP, 2011)

- Unlike service evaluations, some clinical audits can be national. Some are mandatory. Some might come from a clinical incident which prompted a clinical audit.

Service Evaluation

Evaluation of a service seeks to rigorously **review** care provision to appraise how well the service is meeting its aims and objectives. They are specifically designed around the context of the service and **do not produce generalisable data**. They can identify which parts of a service are effective and which parts require improvement. They generally require some local approval (HQIP, 2011)

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- The purpose of research is to evaluate or measure the impact of interventions such as new treatments, innovations or services.
- Methods like surveys and interviews can be used in such research.
- It can involve collecting data from staff from that service and of course patients too.
- Differences between research and evaluation can be confusing / similar. Understanding these differences can be helpful
- Research seeks to prove, evaluation seeks to improve.

Research	Evaluation
Production of generalizable knowledge - transferable	Knowledge intended for use by the service so specific
Researcher-derived questions	Often used to judge quality based on improvement
Paradigm stance - framework	Action setting as a result of findings
More controlled setting	Not likely to be published
Often published	Funded by the service or organisation
Multi professional	
Externally funded	



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- Benefits of Service Evaluation:

- Service evaluation lets you understand what works and what doesn't for who and where.

- Improves practice: it should always be about improving practice, whether it's a small change or a large one

- Assess the effects of interventions and measure intended benefits: it's very much looking around at the service and how it's being delivered, the perception and experiences and views that the people who use the service have and how it could be improved for them.

- Share best practice and clinical effective interventions: some of the ways that we can do that is through poster presentations, presenting at conferences, always making sure we are sharing widely.

- Work with others (Kilmer & Cook, 2020): it's very much about working with stakeholders, identifying who are the right people to have involved in to make the maximum impact. You can't do it on your own.

- Challenges:

- Persuading others that there is a need: some people think if it's not broken why try to fix it and it isn't that something needs fixing, it's that you need to have the headspace to review the service and let's see what we find.



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- Time: this will also be a challenge
- Skills and knowledge: what tools do you need, who do you need to get involved?
- Support: you might not know who you need to contact, who the relevant people in your organisation are.
- Communication: you need the right people to know about what you're doing, for support, for access, for systems.
- Collaboration: project management skills are always an advantage, so is identifying who are stakeholders.

Skills Required

Enthusiasm Optimism & Curiosity

Communication

Collaboration

Project management

Time management

Data collection & analysis

But no one person has the skills required to come up with a solution on their own

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Getting Started

Identify an issue from practice eg complaints, clinical audit, intuition, incidences

Identify a team – those with experience

Develop your aim & question

Framework (SMART) Specific, Measurable, Achievable, Realistic & Timely

Talk to those who may be affected by any changes so engage them

- Think of someone who will support you
- For planning: the King's Fund has lots of very useful resources :
- <https://www.kingsfund.org.uk/>

- Identify a team: colleagues who've already done service evaluation. For example, who's going to champion what you do, motivate you to carry on when you feel you haven't the time etc
- Develop your aim: it's about ensuring that your question drives the project, making sure that your aim is clear by the end of the project.

Support Needed

Mentor or supervisor & senior buy in

Use a planning/reporting tool eg. NHS Improvement's project management framework

Your local quality improvement team for resources/tools

Approval processes if there are any

Quality improvement elearning platforms eg Health Education England or NHS Education

Dr Carolyn Lees QN, Senior Lecturer, University of Liverpool
Here are the details of a project I did a few years ago:

Service Evaluation

Adults with learning disabilities experiences of using community dental services: Service user and carer perspectives

This service evaluation aimed to explore the experiences of people with learning disabilities and their carers who accessed community dental services using a qualitative research design. Adults with learning disabilities ($n = 4$) and their carers ($n = 6$) took part in one to one, face to face semi structured interviews.

Service Evaluation

Results and Discussion

Generally, participants were satisfied with community dental services and in particular valued the skills and the competence of practitioners. However, when dissatisfaction was expressed this was generally as a result of poor communication and the transition from child to adult dental services.

Conclusions

A number of recommendations are identified and discussed in relation to engagement with adults with learning disabilities and their carers in the development and delivery of community dental services.

Recommendations

Adults with learning disabilities want to be active participants in their care

Need for information exchange during the transition from child to adult services to reduce potential difficulties

Encourage independence and self-care by better promotion of information on self-care in an appropriate format within dental services.

Ensure those managing the care of those with learning disabilities have the minimum required specialist knowledge and training including staff who support dental services such as administration and clerical teams.

Provide and/or reinforce information to patients and carers on who is responsible for their care and the "emergency" or "out-of-hours" contact details.

Recommendations

Develop an implementation plan for the use of qualitative methods for service evaluation including interviews and focus groups with patients and their carers.

Future studies that are practitioner-led will ensure promotion of the project within dental services to facilitate larger recruitment and participation numbers.

Utilise the findings from this project to develop a survey for use with adults who have learning disabilities to evaluate the effectiveness of service delivery

Disseminate the findings from this project to other clinical services to demonstrate the transferability of using qualitative methods to explore the experiences of service users.



Thank you to all delegates who attended today's Masterclass.

See you at the QNI's Annual Conference: In the Spotlight: Nurses Leading Care in People's Homes and Communities, 2-5 October 2023

To find out more and book your free place:

<https://qni.org.uk/news-and-events/events/qni-annual-conference-2023/>

To read past summaries or to watch past masterclasses, please go to:

<https://qni.org.uk/nursing-in-the-community/community-nursing-research-forum/research-masterclasses-on-demand/>



Please scan the QR code to answer a short survey on the Community Nursing Research Forum; your responses will help share our future plans (there are only 6 quick questions). Thank you!



COMMENTS

A selection from delegates:

I am new to QNI,
thank you, very
informative

Great session -
huge thanks for
such a succinct
session :-)

Thank you,
excellent session

This has been so interesting and
helpful, thank you -

Thank you:
pitched
just right!

Thank you
Carolyn, that was
really interesting

Very informative and
easy to digest!
Thank you!

Thank you for a very
informative session.
This was very helpful to me.

Thank you
Carolyn!

