QI Boxset – Embedding a system of Quality Improvement transcript

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RCVS Knowledge:

Welcome to the Quality Improvement Boxset by RCVS Knowledge, a series of webinars, podcasts, and video interviews for practices and practitioners.

Pam Mosedale:

Hi, everyone. I'm really lucky today to be talking to Margaret Mary Devaney. Margaret is Associate Director for Quality and Safety in the NHS. She's an Improvement Advisor and has been a huge supporter of RCVS Knowledge as we've tried to bring quality improvement to the veterinary profession. Hi, how are you?

Margaret Mary Devaney:

Good evening, Pam. It's a real joy to be here. I'm fine, thank you.

Pam Mosedale:

Good. In the veterinary profession, we're starting to engage with quality improvement, which is great, and we're starting to engage with clinical audit. But I wanted to talk to you really about the fact that we tend to do one-off clinical audits, but how do we go from that to having a continuous culture of quality improvement?

Margaret Mary Devaney:

I mean, I think this is a real challenge that most healthcare systems do face, Pam, to be honest. I think clinical audit is a really excellent starting point for any health care government to really understand their current system as it is now.

Margaret Mary Devaney:

It's one point in time where you either understand what standards you should be achieving in the health care system that you're looking at already, and you agree what kind of measures, qualitative or quantitative, are appropriate to look for that indicator of good quality care. That could be experience, it could be patient safety, it could be timeliness of care that's delivered. But there's a kind of standard and either professional or regulatory agreement on what good looks like. I think clinical audit stands practitioners in a really good place to have a look at their system at that one point in time.

Margaret Mary Devaney:

I think the translating of that information, which you learn through doing your clinical audit, should really help teams and clinicians and individuals understand what in their system is going well, so that's good. You do your audit and you see what things are going really well and you celebrate that. But sometimes we find things that could perhaps just need some slight tweaking or nudging or sometimes total transformation to help that system perform to deliver the high quality that you, as professionals, agree should be the case.

Margaret Mary Devaney:

I think what we've learned in human health care is the audit cycle, perhaps, sometimes has taken us a wee bit too long. We concentrate on masses of data sets, or lots and lots of numbers, or lots and lots of patients, lots and lots of hospitals. We look at big numbers, and the time that it takes us to do that often eats into the time for us to take some action with those results.

Margaret Mary Devaney:

I think clinical audit's a good benchmark, a good landing page to start your quality improvement journey, but not to get caught up in masses of data analysis, and just to try and move into an improvement space sooner rather than later. That comes with starting small. If you have identified that there's something in the system that isn't quite where you want it to be as a service, then using the data from the audit to really drive where you go next.

Margaret Mary Devaney:

Not everybody holds the solutions to what changes needed to be made, so the first step is to get in contact with other service users, stakeholders, other professionals, people who understand the quality of care within the service you're delivering, and really try and generate some ideas to what improvement could look like?

Margaret Mary Devaney:

All of that takes time, so moving from an audit perspective into that more creative space where you can generate ideas, understand the messy problem. so that you can start to test new ideas and new ways of working, which is a big ask for teams because you're really starting to affect a human side of change and asking people to work differently, perhaps is quite challenging.

Pam Mosedale:

I think it's particularly difficult at the moment because our veterinary teams are very overstretched too, with all the new animals that people have acquired during lockdown and with various recruitment crises, et cetera. But no, that's really interesting.

Pam Mosedale:

I mean, I think one issue that we have in the veterinary world is that we don't very often have standards to work to. We don't have NICE that you have, so I think that's one issue, and time, as you say, is a major issue always with these things, isn't it? I've tended to say to practices to do something small first of all, to get started.

Margaret Mary Devaney:

Yeah, and I think there's real value in that, and sometimes when if you're running a practice or looking at the way to assess a system of veterinary health care, that can feel quite overwhelming. I think in human health, we've absolutely made massive gains across pathways and across wider systems by starting small. Really breaking processes down or understanding which part of the care pathway is really going to be the priority, rather than trying to tackle the whole pathway all at once.

Margaret Mary Devaney:

You need to start somewhere and that's where being an expert of your system and speaking to other people will help you understand out of all the things that you could tackle, what you're going to prioritize? What would, perhaps, be the low hanging fruit that you could have really quick gains just by working a little differently? Or, actually what pieces of work mobility could be bit longer, but we need to start small together so that it's not overwhelming just for one or two people.

Pam Mosedale:

Yeah, no, I agree. When I first got started involved in audit, I was very taken up with the data and the figures and all that kind of thing. But I actually think now that the really interesting bit is talking to the people, getting the results, but then talking to the people who actually do the job and finding out what they think, what they think the reason is for whatever results we've got?

Margaret Mary Devaney:

Yeah, and I think my learning through working with clinical audit and then data for improvement is you turn that data into information, so it doesn't just set as a data set. You really bring it to life and start to understand the context in which that data has produced those results or is indeed the right measures that you've looked at.

Margaret Mary Devaney:

Sometimes by getting just enough data and then trying to find out the context behind that you realize actually, is that the right measure or the right thing to audit to really give me a assurance or clarification of the quality of care? I think turning data into information and into something that's a story that you can tell around the quality of care is where data really starts to add value.

Pam Mosedale:

I think that's so important. I think teams in practices want to know that what they're doing is actually making a difference. If you can show them that there is an improvement in clinical care or in patient outcomes, that's going to really motivate people, I think.

Margaret Mary Devaney:

Absolutely. It doesn't, as I said in the beginning with clinical audit, in human health we've definitely not done ourselves any favors by masses and masses of sample sizes. I think, particularly when you've got some of your care that you're trying to drive improvement, we talk about just enough data. The sample sizes don't need to be massive, but needs to be just enough and that you're testing at different bits of the system.

Margaret Mary Devaney:

So, it could be one or two samples on a day shift, one or two samples on a night shift, one or two samples on a Saturday, on a Monday. Just that you can get just enough data at different points in the care delivery to help paint that picture and build that information that you're looking for, as opposed to hundreds and hundreds of samples, but we'll know at one point in time.

Pam Mosedale:

That's really interesting because some of the issues we've had in the veterinary world is people saying, "Well, you know, we're not at the NHS. We can't collect enough big data, and so how can we make any difference?" But that's really interesting what you say, that even within a big organization like yours where you have people who just do clinical audit, it's still the small little measuring and changes within individual services that can make a difference.

Margaret Mary Devaney:

Absolutely, and I think clinical audit, as I said, is one point in time that you look and you measure. That audit might be over an extended time period, but it's still that one massive data set. I think a key principle for moving towards data for improvement is making it real time.

Margaret Mary Devaney:

That's why reducing your sample size, but doing it more frequently in real time is how you know if it's working. Or, if the changes that you're suggesting are having a positive impact, a negative impact, going the right way or the wrong way, or understanding and learning from the challenges of trying to make those changes and in measuring as you go. It would be too consuming and overwhelming to have massive datasets in real time. That's a whole industry in itself. Nobody's got the time for that.

Pam Mosedale:

Would you suggest for a veterinary practice, for instance, who've been doing some clinical audits and that's great, and it's been coming into our practice standard scheme at general practice level, which is sort of the average level of practices to be able to do audit. Would you suggest to those practices, if they want to move on from their individual audits, that they maybe choose one area, like maybe anesthesia, and make lots of small changes?

Margaret Mary Devaney:

Absolutely. I think as a team and as a unit, in health care and improvement, we talk about systems. For me, that could be a clinical board, it could be a hospital, it could be a GP practice. Within that system, I don't doubt that the veterinary team will understand their audit information. There's no right or wrong way to prioritize what you choose to try and improve first. Whatever feels right, whatever feels achievable and what will motivate and excite staff to get going with one idea.

Margaret Mary Devaney:

Then it's about generating ideas, so if we've identified that there's something that's, you know, it could be waiting times in the clinic area. Why is it so long, or carer's experience when they come with their animals to the surgery, or I'm sure that there's lots of good indicators of what quality care looks like for animal care?

Margaret Mary Devaney:

If there's something there that's just not feeling right, then concentrate on one thing and do it well, and watch that improvement over time through good measurement, but through good negotiating as a team on how you do that. I think keeping it small and starting small is one way to just to not feel overwhelmed, and trying to build it in to some your routine already is another good tip just for not thinking it's another job on top of the busy jobs that you've already got. If you can try and build it in somehow routinely within your day, it just helps take away that extra work load that feels it can be coming your way sometimes.

Pam Mosedale:

That's really good advice because I think that, as I said, time is a big barrier. We've been trying to say at RCVS Knowledge, we've got lots of little bite-size CPD, things like this that are 10, 15 minutes and people can take small amounts of time to do that and then take small amounts of time to do things in the practice too, because it is hard. Also, I was interested when you said the team. I think it's really important to involve the whole team, don't you? Not just a clinical team?

Margaret Mary Devaney:

Absolutely. I mean, there's some of my colleagues and I were chatting earlier today around if we work in silos. As expert as we may be, if we work in silos, we only see that lens. We're missing opportunities to see the care that we are delivering through the lens of another person. That could be another clinician.

Margaret Mary Devaney:

The conversation we were having today actually was around people from non-NHS experiences coming into the NHS and giving us their lens on how we're doing stuff? I think all experience and all eyes will bring something valuable in it. It unlocks your blind spots so that you're not only looking at things one way and then perhaps making the wrong assumptions about what the problems are, or what ideas could be generated to make it better?

Pam Mosedale:

Yeah. In veterinary practice, I think include... I mean, the word clinical audit will sometimes put off practices from including receptionist, for instance, client care team members, practice managers, but they all have a slightly different perspective. So getting everybody involved, I think, really can be a lot more holistic, I suppose, that you get a really better picture of what's happening, and of the reasons. I mean, someone might think the reasons where client waiting times were the vets are getting slowly, but it might be completely different reasons.

Margaret Mary Devaney:

Absolutely. I mean, some of the best improvements I've seen in clinical care have been through porters or ED ward receptionist coming up with these amazing ideas on how to change documentation. Make it more slicker, make it easier to read, how to call for help. All these things that make the team more dynamic at delivering that clinical care. It absolutely doesn't necessarily need to be niche to just clinicians because we know that the system that we work in is not only clinically led. We all rely on each other at different points.

Pam Mosedale:

Yes, absolutely. It would be really great. I think you're going to, at some point in the future, do us a webinar, aren't you? On the improvement science and using things like that we probably don't use so much like run charts and so on?

Margaret Mary Devaney:

Yeah, absolutely with pleasure. I mean, I think just anything that helps practically bring it to life a little so we can have good conversations around moving from audit to continuous improvement and looking at data that definitely and things. Absolutely with pleasure, happy to run a wee webinar just to demonstrate that practical application, and just with some examples of why audit is valuable?

Margaret Mary Devaney:

But the next step to get you into that next space of continuous learning and continuous improvement does require another couple of tools in your toolkit to help you do that well. There are no rules really. There is a whole science and evidence-base behind this, but the best advice I was ever given is just start small and give a goal and then you will start. You're on that learning journey already. A webinar, hopefully, I can bring that to life a little more.

Pam Mosedale:

That would be really amazing if you could do that for us. Because, yes, I agree. Just what I say to practices, just get on and try. Don't wait for it to be perfect because you'll never do anything if you wait for it to be perfect, will you?

Margaret Mary Devaney:

No, absolutely. I mean, there's a good saying in improvement work, which is that perfection is the enemy of the good, and it can. It can freeze you from moving. It can freeze you from action. It can freeze you from moving forward, and as it's a challenge all the time because it's a balance of risk. Any test of change or doing something differently is always a balance of risk, and that's why starting small is valuable because the risk, wherever that may be, is reduced.

Pam Mosedale:

I think practices worry about that. They worry about making changes and making things worse or affecting something else, but you don't have to keep those changes, do you, if they're not doing what you expect them to be doing?

Margaret Mary Devaney:

Absolutely, and that's the value of measuring in real time so you can see sooner rather than later if the thing that you're trying to influence is going, if it's improving or not improving?

Margaret Mary Devaney:

There's a measure that we use. We obviously measure the actual piece of quality that we're trying to improve, so say that was carer's experience. We often measure something called a balancing measure. It's reasonable to assume that if you make a change in one part of the system of the pathway, it perhaps will have a knock-on effect somewhere else.

Margaret Mary Devaney:

The knock-on effect is what we would call the balancing measure. That's quite good if you can get your heads around what would my balance measure be if you are worried about risks? What else could I be keeping an eye on in my measures just so that I can see that over time, as well as the actual thing I'm trying to improve?

Pam Mosedale:

Yes. I think that's really, really valuable advice because you can see how even, right, with the example, like client waiting times, you might decide you need more. They're waiting too long on a Saturday morning, you need more vets on there, but then you might then find that you don't start your ops till later, and then that has a knock-on effect on that. So yeah, you have to consider all these things don't you?

Margaret Mary Devaney:

Absolutely. When we try to do some improvement work around theater checklists. With that came the team having to communicate a bit differently with each other. A balancing measure there was, if we are putting all this focus on how we talk to each other as a team, are less starting on time? So we measure that there wasn't any impact in the system on theater starting times, for example, because we were improving the quality of the team time that they had together. So we measured both together just to make sure that we weren't causing an adverse effects somewhere else.

Pam Mosedale:

That's really interesting because that can be one of the barriers to using surgical safety checklists in veterinary practice. People say, "Oh, we haven't got time. We've just got to get on with it." Or they don't use them in emergencies because they don't think they have enough time, and really that's when things can go badly wrong, I think.

Margaret Mary Devaney:

Yeah, absolutely. I think, we know that safety checks are there to help you, particularly when it's high stressful situations, and I think measure the time. If we're worried about time, it's easy to measure. If not, is there a way we could try and build that in so that you start to then get a real kind of palpable feel for how much time we're actually talking about?

Margaret Mary Devaney:

Because I think some of the projects I've helped staff on the ward with, no time to do the ward run, time to do a drug round and all that sort of stuff. Until you actually measure it, you're quite surprised by actually how much time we're talking around. I think time to anything there's always worth, if you can, and not for long, you don't need to do a big, massive audit, but even if you just measured it for a couple of times, over a couple of weeks, you start to get a flavor for actually on average, how much time does something like this take us to do? And that gives you something to work with.

Pam Mosedale:

It sounds to me, if we start doing these small things, it becomes almost a culture of measuring things all the time.

Margaret Mary Devaney:

Yeah. Absolutely. I mean, and all these things are massive culture change, just so you're changing how you do stuff, how you speak, how you speak about stuff, what your outcomes are looking like, how you celebrate that day? Trying to fit in stuff like this to your day job is a massive culture and behavioral change. Which is why, if you can review your current routine steps and think about, actually, if we just added a tiny wee step here to something that we do already, it's half the battle.

Pam Mosedale:

I think practices that are prepared to measure things and are prepared to make changes are actually, by listening, if they're listening to their team members about the changes, they are improving their practice culture, generally, I think.

Margaret Mary Devaney:

Yeah. I do you feel like people's opinions are being sought then, that's quite motivating that they feel valued and that they feel that they are actually contributing to the way you do delivery of care. As opposed to coming and doing a job and that's the job done. I think we all like to feel valued, and asking for people's input and efforts to support each other to make some changes can be really, really motivating and a real positive impact for staff experiences what we found in human health.

Margaret Mary Devaney:

I've worked with some people who were ready to resign from their jobs because they were so stressed and so burnt out and they got involved improving the quality of care. Which, perhaps sounds like actually they had to work harder, but they built it into their routine day and it just gives them way more job satisfaction than just doing their day job which they were doing before.

Pam Mosedale:

That's amazing because that's definitely what's happening in the veterinary world at the moment. There's so many people who are very stressed and burnt out from this long time of changing how we work and being so busy. That's really interesting. I think, yeah, if people can feel, as you say, listened to and also if they can see that it makes a difference at the end of the day to outcomes and to patient care, that's really motivating, isn't it?

Margaret Mary Devaney:

Really motivating and it's empowering. Once you start understanding that you can actually influence improving the care in your system, it's infectious because you don't just stop at one improvement. You start small and you build your own skills and knowledge and your own capability to do stuff like this, and then you really celebrate it when works well. You're already looking at assessing it in a different way to think or what about this over here? Or what about this over there?

Margaret Mary Devaney:

Again, it's not about getting overwhelmed, but it's about practically and pragmatically thinking, let's do this one, let's do it well together, and then you're almost ready and more prepped to take on something else because it's continuous. Unfortunately, definitely in human health, we're never short of things to improve.

Pam Mosedale:

The same applies to veterinary practice. You can't stand still. There's always things that need to improve. Yeah, I mean, I love your description, in fact, how it can be become infectious and that's the infection we'd like to have, I think, of improvement becoming infectious.

Pam Mosedale:

Well, I think you and I could talk about this all evening. Probably for another two hours at least, but we won't inflict that on everybody, but I hope that people who listened to this podcast will be looking out for your webinar because I think it'll be absolutely fascinating.

Pam Mosedale:

Thank you again so much for talking to us. That's been amazing, and thank you for all the help that you've given us at RCVS Knowledge, too.

Margaret Mary Devaney:

Absolute pleasure, Pam. Absolute pleasure. Thank you.

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