



ENABLING QUALITY IMPROVEMENT IN PRACTICE

Tower Hamlets

LATEST NEWS 16/04/2018

“QI”. You love it, or you hate it. The healthcare Marmite (only more people than not love QI – more people than not hate Marmite. I think. The Marmite bit. Just because it tastes yucky and all that.)

Anyhow. It’s a weird business, this QI stuff. In some places it flies, in others it falls flat, and in both places, everyone wonders why, generally arriving to the conclusion that “it’s not for everyone”. And in a way, this is true. It’s definitely not for everyone. But it *can* be. There are elements of preparedness we know need to exist for QI to fly and benefit practice culture – in other words, there are documented reasons why this approach fails, and why it succeeds. Knowing these might help you in your own journeys – so read on.

Partnerships and management need to be educated, re-educated, and active. *The most frequent cause of failure in any improvement effort is uninvolved or indifferent top and middle management.* Quality can’t be delegated to others – not even to our amazing microsystems. It’s key that whoever “leads” your practice understands the approaches for stabilizing and improving processes, how variation works and how to read data. Partners and managers that feel this in their bones and dance to this tune have led to QI becoming the new leadership model.

- **There is a multiyear strategy for starting and implementing an improvement philosophy.** Start small, grow big. We can help. For two years, at least. Pick your key processes; pick your metrics; agree who monitors these. Think about the resources and the training you might need. And then let’s get on to planting a garden just big enough that we can tend to it. And as we get better, the garden will grow. But this takes lots and lots of time. Years. So let’s settle in for the ride. Thankfully, we are riding with friends.
- **They rely on a network of coordination, guidance, and technical support.** That’s us folks, EQUIP. It’s your coaches. So use us!! Soon, we hope, it may be your actual networks and the GP Care Group.
- **There is an organizational culture supportive of Process Excellence.** This means the everyday experience that the mass of our staff has of their jobs. How do they experience it? Are they led to feel pride? Do they experience trust? Do they know they’re valued? And most importantly, do they serve patients as a priority? Pretending for example that they are on the other side of the that phone when it rings and rings?

- **Training and education.** They use these. Lots. So that staff understands where their work fits into the larger context, and how their roles change as the practice shifts to a process focus.
- **They pick carefully selected improvement projects.** Teams can tackle larger problems than individuals. But sometimes our microsystems have chosen initial projects that are too large or too diffuse for them to handle. This leads to frustration and dampens enthusiasm for our needed changes – so starting small is key. Back to the size of the garden.

Wherever you are in your improvement journey, hopefully this will help and provoke thought. If you're about to join us, you can capitalize on these learnings. If you're one of those practices now tending to a garden the size of Hyde Park, congratulations and two words: endless gratitude. Thank you – you have taught us a lot. And if your garden is more modest and has a couple weeds here and there – share the above with the gardener in hopes of a fresh start. Oh yeah, you ARE the gardener. And how awesome is that. 😊