

Changing the Culture in ICU - Introduction of a Framework for Quality Improvement

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Introduction

According to the Health Foundation (2013) improving quality is about making healthcare safe, effective, patient-centred, timely, efficient and equitable. (1) Within our Intensive Care Unit (ICU) we felt there was a compelling case to introduce quality improvement methodology as a framework for change. We aimed to make quality improvement part of our 'daily core business' in Crosshouse ICU.

Methodology

Initially we asked staff to complete a questionnaire to identify learning needs. The results of this allowed us to plan our improvement journey which included:

- Setting up MDT Improvement Group
- Introducing ICU Yearly Improvement Plan
- Introducing bi-annual 'away days'
- Dedicated improvement advisor support
- Involving ALL staff
- Disseminating our work

The questionnaire form includes sections for:

- How important do you rate each of the priorities above? (please tick)
- For you what is the most important thing we should achieve:
 - In the next 3 years?
 - In the next year?

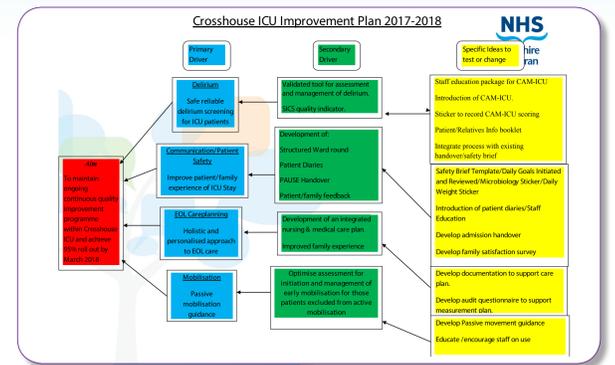
 The form is to be placed in an orange form box in the blood gas room when completed.

Aims/Objectives

ICU is dedicated to supporting the delivery of the Quality Strategy (2011) through improvements in clinical practice. (2) Our objective was to develop an ongoing framework for improvement, with full staff engagement, that would allow a systematic approach to implementing change and measuring progress. By doing this we hoped to:

- Optimise patient care
- Optimise staff experience
- Change culture
- Continuous Clinical Improvement

Using Improvement methodology/Model for Improvement we devised a driver diagram defining our improvement plans.



Results/Outcomes

It is the belief that we have developed a framework whereby staff have a better understanding of the benefits of a quality improvement approach. This has included:

- Culture change – made improvement part of the daily ICU business
- Suggestions for improvement now come from a variety of sources and are no longer seen as 'top-down'
- Raised the profile of the unit
- Embraced a collaborative 'MDT' approach
- Changed recruitment process
- Financially – achievable

This has been reflected anecdotally in our i-matters survey and interestingly early data is suggestive of improvement in staff sickness levels.

Conclusion

The Improvement model within ICU has supported

- The ability of ICU staff to use improvement methodology and interpret data
- Building of improvement capability and capacity within ICU team

We believe we have laid the foundations for ongoing continuous Improvement in ICU with QI now embedded as part of our daily core business to ensure safety, efficiency and effectiveness of clinical care. In support of the QI structure we have developed we are about to embark on a total Quality Management Approach within our ICU to ensure sustainability and long term success of our QI framework.

References

1. Quality improvement made simple: What everyone should know about health care quality improvement (2013)@2016 The Health Foundation
2. Scottish Government: A Route Map to the 2020 Vision for Health and Social Care (2011)

