

# DEVELOPMENT OF A CLINICAL RESPIRATORY QI FACULTY IN AN ACUTE HOSPITAL USING QI METHODOLOGY

L Boast, J Hampson, E Toplis, F Al-Arrayed, D Williams, C Fewings, L Snell, Aklak Choudhury. Contact InQuiRe: lucy.boast@nhs.net



In-hospital  
Quality  
Improvement for  
Respiratory

Formed in August 2020 as a departmental QI Faculty at a large teaching hospital with two acute hospital sites. The faculty vision was to increase participation of QI across our multi-disciplinary clinical staff with a framework and support for mentorship and sponsorship.

## Why is a Faculty needed?

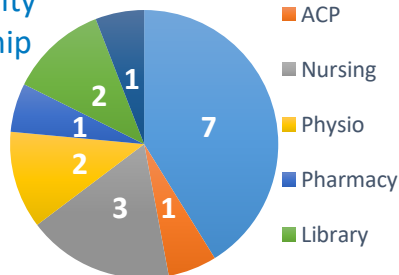
- Clinicians are often best placed to identify problems and design solutions within their clinical environments.
- Current training scheme requirements for doctors in training mandate participation in Quality Improvement Projects (QIPs)<sup>1</sup>.
- Often the 'lived experience' for trainees is that these QIPs are often simplistic, not aligned to the departmental needs and hence not sustained following trainee doctor rotations<sup>2</sup>.

## LifeQI™

All projects in UHDB must be registered through the LifeQI™ platform.

The LifeQI™ change score describes QI project progression from 0.5 (Intention to participate) to 3.0 (Modest Improvement) up to 5.0 (outstanding sustainable change).

## QI Faculty membership Jan 2022:



- Medical
- ACP
- Nursing
- Physio
- Pharmacy
- Library
- Trust Improvement Facilitator

## Aims: By Sept 2021

Increase the number of Respiratory QIPs registered on the LifeQI™ platform.

Improve engagement and progression of Respiratory QIPs.

Improve handover and sustainability of QIPs at times of trainee rotation.

## Primary drivers and interventions:

### QI Participation

- Consultants asked to submit QI project proposals (19/06/20)
- Registrars and clinical fellows recruited to the Faculty, given QI training and LifeQI licences (08/20)
- ACP, senior nurse and physiotherapist recruited to Faculty (13/11/20)

### QI Faculty Communication

- Fortnightly Faculty meetings timetabled to discuss problems with QI project progression (15/09/20)
- Current QI work maintained in QI projects folder (15/09/20)
- QI Information board displayed (01/10/20)
- QI Faculty email account (19/11/20)
- InQuiRe name and logo created (03/03/21)
- InQuiRe promoted in Trust Quality and Safety newsletter (11/03/21)

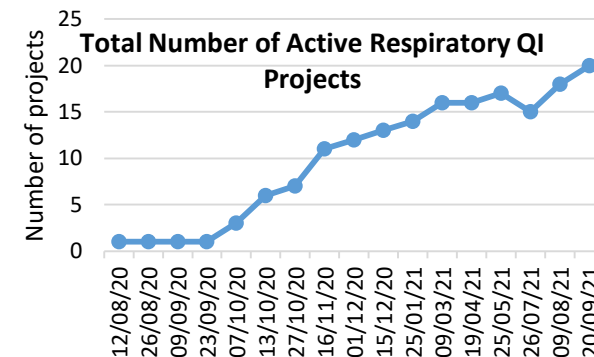
### QI Training

- Virtual QI workshops (02/09/20, 24/09/20, 23/10/20, 10/05/21)
- QI Proposal form created to help new starters (15/09/20)
- Induction to QI projects provided for new rotation of junior doctors (09/12/20)

### QI Project completion

- Respiratory QI project registry created (13/10/20)
- LifeQI™ software utilized to track project change scores (13/10/20)
- Excel database developed with detailed action log for each QI project (02/02/21)

## Results - Outcomes



- 23 new QI projects were registered in the first 12 months.
- 5 were subsequently closed due to completion or lack of progression.
- Mean LifeQI™ change score improved from 0 to 1.63.

## Successes



- Oversight of all QI work across the department.
- Sustainable process for rotating staff to join existing projects now established.
- Culture of continuous improvement now embedded within our department.

## Challenges



- The largest changes were seen in projects where Faculty members were direct involved.
- Some projects struggled to progress, often related to limited senior sponsorship and the impact of COVID-19.
- Fortnightly Faculty meetings require administration time which should be timetabled.

1. Joint Royal Colleges of Physicians Training Board. Curriculum for Internal Medicine Stage 1 Training. 2019. Available:

<https://www.jrcptb.org.uk/sites/default/files/Internal%20Medicine%20stage%201%20curriculum%20FINAL%2011217.pdf> [Accessed 08/02/2022] 2. AOMRC. 2016. Quality Improvement - Training for Better Outcomes [Online]. Academy of Medical Royal Colleges. Available: <https://www.aomrc.org.uk/reports-guidance/quality-improvement-training-better-outcomes/> [Accessed 04/02/2021].