Quality Improvement Methodology: an important tool for the Occupational Therapy tool box

Drivers

The importance of Quality Improvement is currently high on the Health and Social Care agenda and is reflected within the Scottish Government Quality Ambitions (2016), aiming to provide safe, effective, person centred quality care. Standard eight of the Royal College of Occupational Therapy Professional Standards of Practice (2017) also outlines the requirement for occupational therapists to demonstrate quality, value and effectiveness of the services we provide. More locally there has been a NHS Lothian directive to support AHPs to apply improvement methodology through engaging in QI which aligns to recommendations outlined within the AHP National Delivery Plan (2012) in relation to building capacity and capability for QI.

Nuts and bolts

Underpinning the work of the 5 groups there was an Occupational Therapy Quality Group who supported and acted as a specialist resource through enhanced QI skills and knowledge. Their role was also to evaluate the project and keep it on target. Baseline data was collected through a brief questionnaire designed to measure the team’s confidence in using QI tools and their ability to apply their knowledge to QI. Frequency and measurement of QI reporting within staff meetings was also recorded to capture reflections on learning, share good practice and determine how QI was being embedded into practice.

Drilling down

In order to demystify the QI process, enhance learning and promote enthusiasm and engagement in the project, workshops were developed for the whole occupational therapy staff team working across three sites, post completion of e-learning modules. Workshops consisted of fun and interactive activities to learn more about QI and to stimulate discussion and generate change ideas. From these, 5 priorities for improvement were agreed and small groups developed to take them forward, utilising QI tools to learn collaboratively through the process of ‘doing’. Each group had an identified area for improvement:

- Patient Feedback
- CPD
- Outcome measures
- Smarter working
- Feeling valued in the workplace

Conclusions and Next Steps

This departmental project demonstrates the value of learning through experience in increasing capacity and capability in QI methodology and adding value to the department.

A follow up celebration event served to increase morale and allowed occupational therapists to showcase and take pride in their QI achievements. The NHS Lothian quality team commended our team’s work as an excellent example of creating a QI culture within our service area and building a QI network.

The acquisition of QI methodology is essential to equip occupational therapists with the tools to strive for continuous improvement within this current climate to ensure safe and effective quality care. This practice example demonstrates one method of increasing occupational therapy QI capacity by providing staff with valuable skills to add to their tool box.

References


Context

NHS Lothian has highlighted a need to ensure that Quality Improvement (QI) is demystified and that networks are created to ensure information is shared across the organisation. This poster aims to share the experience of one occupational therapy team’s ambition to embed QI into their everyday practice by increasing capacity and confidence in the use of QI methodology and tools. It highlights the importance of the quality agenda and demonstrates an innovative approach in upskilling staff, promoting participation, active learning and ownership through involvement in small scale local QI projects.

Spanners in the works

At the end of the project occupational therapy staff identified a number of challenges to completing the QI work, which included:

- The works streams often required groups to canvass the views of the department at the same time to inform their work resulting in survey overload
- Difficulty with co-ordination of diaries and competing clinical demands
- Cross site working proved challenging for those needing to travel
- Project became bigger than originally intended
- Difficulty with unfamiliar QI terminology.

Results showed improvement in all areas:

- Feedback on QI became a regular agenda item at the OT staff meeting. At the outset the aim was to achieve QI feedback at 50% of staff meetings. A reporting average of 55% was achieved, exceeding the original target
- Application of knowledge and confidence in the use of QI methodology was re-measured at 6 and 12 months using a 10 point self rating visual scale
- Results showed confidence ratings improved over the 12 month period and those self rating at 6 and above increased by 30%
- In relation to application of knowledge there was greater improvement, with a 47% increase in self rating scores at 8 or above after 12 months
- An open ended question relating to individual learning points revealed a need to be realistic and “keep the project small”, the benefits of shared learning from colleagues and an increased awareness of QI tools, as the top 3 themes.

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