Quality & Safety

A column by Maureen Flynn

Collaborating to improve practice

THIS month the column focuses on one of the methodologies being used by the HSE National Quality Improvement Programme which is called a 'Collaborative'. In this column the University of Limerick Hospitals (ULHs) share their experiences. To foster a culture of continuous quality improvement the chief director of nursing and midwifery, in 2013 commissioned a series of three collaboratives (falls prevention, communication in maternity services and avoidable surgical risks).

What is a collaborative?

The Institute for Health Care Improvement (IHI) developed the model for the 'breakthrough collaborative' in 1995. Collaboratives provide a structure for interested organisations to easily learn from each other and from recognised experts in topic areas where they want to make an improvement. Collaboratives support the implementation of changes that are known to result in improvements in outcomes and patient experiences. The collaborative places an intentional focus on examining best practices in high risk/high impact areas such as sepsis or central line infections. Collaboratives range in size from 12 to 160 organisational teams. Each team typically sends three of its members to attend learning sessions (face-to-face meetings over the course of the collaborative). The duration of the collaborative is usually three to four days spread over six to 15 months.

Model for improvement

In March 2014, the Medicine Directorate, ULHs celebrated the completion of the first collaborative that had focused on falls prevention. For this collaborative, Directorate teams used the Plan-Do-Study-Act (PDSA) cycle to test, refine and implement fall prevention strategies. These strategies include:

- The use of standardised screening and assessment tools
- Visual prompts to identify a person who is a high risk of falling (star magnet to heighten awareness, that is, 'catch a falling star')
- Falls awareness information leaflets.

The Falls Collaborative facilitated multidisciplinary teams (from across sites) to develop a sustainable plan to ensure that the outcome of the small tests of change were implemented, monitored and bedded into practice. Staff involved in the collaborative reported the process as empowering, as it enabled them to identify and implement changes relevant to their own practice and work settings.

Over the period, one area reduced the incidences of falls by 40%. The impact on quality of life and cost can be appreciated as it is estimated that between 2-5% of falls in people over 75 years result in hip fractures, and the average inpatient cost of treating a hip fracture is €12,600 per patient.

Critical success factors

Critical to the success of any collaborative is selecting the right team of people with the right skill set and authority to champion the change or improvement. In UL Hospitals, teams vary in size and in composition depending on the focus of the collaborative. A typical team is multidisciplinary and consists of seven to eight people including doctors, nurses, midwives, healthcare assistant's, multi-task attendants and allied health professionals. It may also have representatives from quality and patient safety management, hospital management, administration and others. Nurses and midwives are instrumental in leading each collaborative with teams being led or co-led by a clinical nurse or midwife manager 2 (CNM2/CMM2).

To enhance the leadership development of the CNM/CMM, each collaborative is aligned to a quality-focused bespoke leadership programme, facilitated by the National Leadership and Innovation Centre. The collaboratives are steered by an organisational oversight group chaired by the chief director of nursing and midwifery. The primary remit of the oversight group is to manage the challenges outside the control of the collaborative teams.

Getting involved

In clinical practice, implementing change can be hampered by hierarchical systems and disciplines working in isolation and reflecting different cultures and differing perspectives. Engaging in collaborative improvement strategies enable disciplines to work together to bridge that gap.

If you, or your team, have an opportunity to participate in a collaborative embrace it, as it will provide you with an opportunity to learn key quality improvement methodologies as well as identifying and addressing areas of practices you consider 'ready for improvement'. You will have access to experts in the field of quality improvement and collaborative working, and you will become part of a learning community within your own organisation and also other organisations.

Maureen Flynn is the director of nursing (national lead for quality and safety governance development) at the Office of the Nursing and Midwifery Services Director, Quality and Patient Safety Division, HSE

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For further information on the UL Hospitals Collaboratives Project, contact Teresa Moore, leadership and innovation advisor/project lead, NLIC at email: Teresam.moore@hse.ie or Noreen O Regan, quality nurse/midwife Manager at email: noreen.oregan1@hse.ie