Embedding Quality Improvement in Critical Care

A Service-Based Approach to Cultural Change and Collaborative Leadership

Martin Calise, Deputy Lead for Nursing, Midwifery and AHP Research
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QUALITY IMPROVEMENT

WHAT IS QI
and why is it so important?

- Systematic approach to **continuous improvement**
- **Valuable opportunity for staff to be involved in leading and delivering change**

THE PROBLEM

1. **Clinical acuity**
2. **Time pressure**
3. **Workforce fatigue**

QI is often perceived as an adjunct activity, driven by a few individuals and lacking the infrastructure necessary for long-term impact.

Aim and Methods

Main Aim

To evaluate the implementation of QI as a service within an adult critical care unit during its first 12 months (September 2024 to August 2025)

Aim and Methods

Methods used:

1. **Single-site case study**
2. **Service design process**
3. **Service evaluation**

SERVICE DESIGN

Service Design

Approach to understanding and redesigning the service from planning to implementation with a strong focus on user experience

- Strength: **Human Factors**
- Framework for implementation: **NHS IMPACT**


Building a Shared Purpose & Vision
Investing in People & Culture
Developing Leadership Behaviours
Building Improvement Capability & Capacity
Embedding Improvement into Systems & Processes
NHS IMPACT

Overview

One-Year Roadmap for QI in Critical Care

Phase 1 (Months 1-3)

Baseline assessment, goal setting and stakeholder engagement

Phase 2 (Months 4-6)

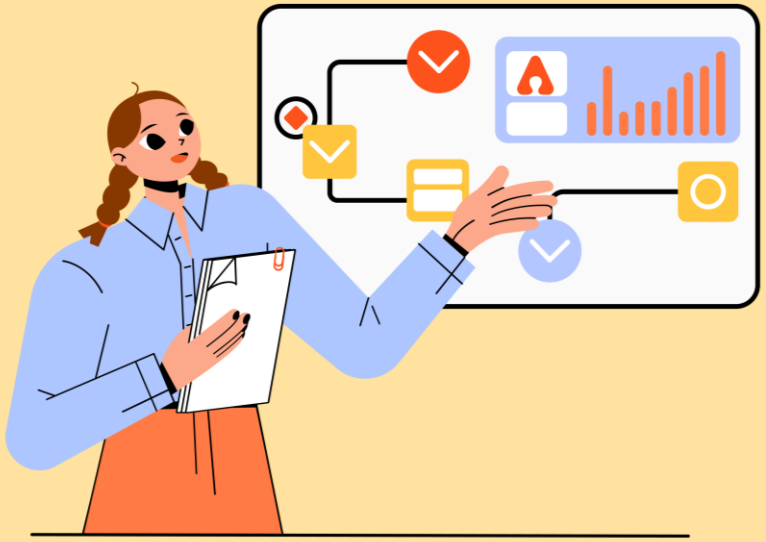
Pilot QI initiatives, collect data, and refine strategies

Phase 3 (Months 7-9)

Scale successful initiatives, continuous monitoring, adjustments

Phase 4 (Months 10-12)

Evaluate outcomes, consolidate gains, plan for sustainability

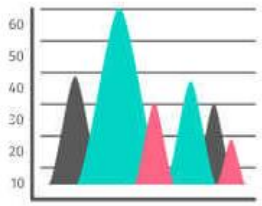


Time constraints consistently cited as #1 top barrier

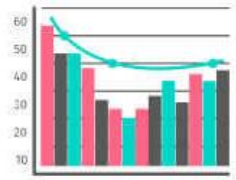
Local pre-intervention survey in 2024 (n=47)

1. **Protected Time**
   Total of 144 link role hours in each month
2. **Champions Network**
   18 champion or link teams across critical care
3. **Appointed QI Lead**
   To oversee QI change process for 12 months

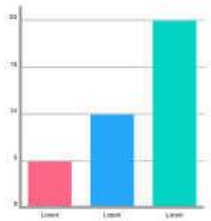
SERVICE EVALUATION



Area Chart

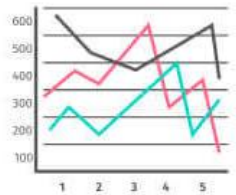


Combo Chart



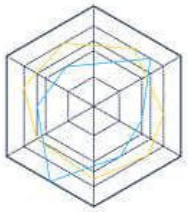
Bar Chart

Quantitative + Qualitative



Line Chart

Doughnut Chart



Radar Chart

Data Collection

- ❑ Cross-sectional survey design
- ❑ Likert scale, 15-item questionnaire
- ❑ 2 open-ended qualitative questions
- ❑ Census sampling approach
- ❑ Total respondents of 49

May 2023

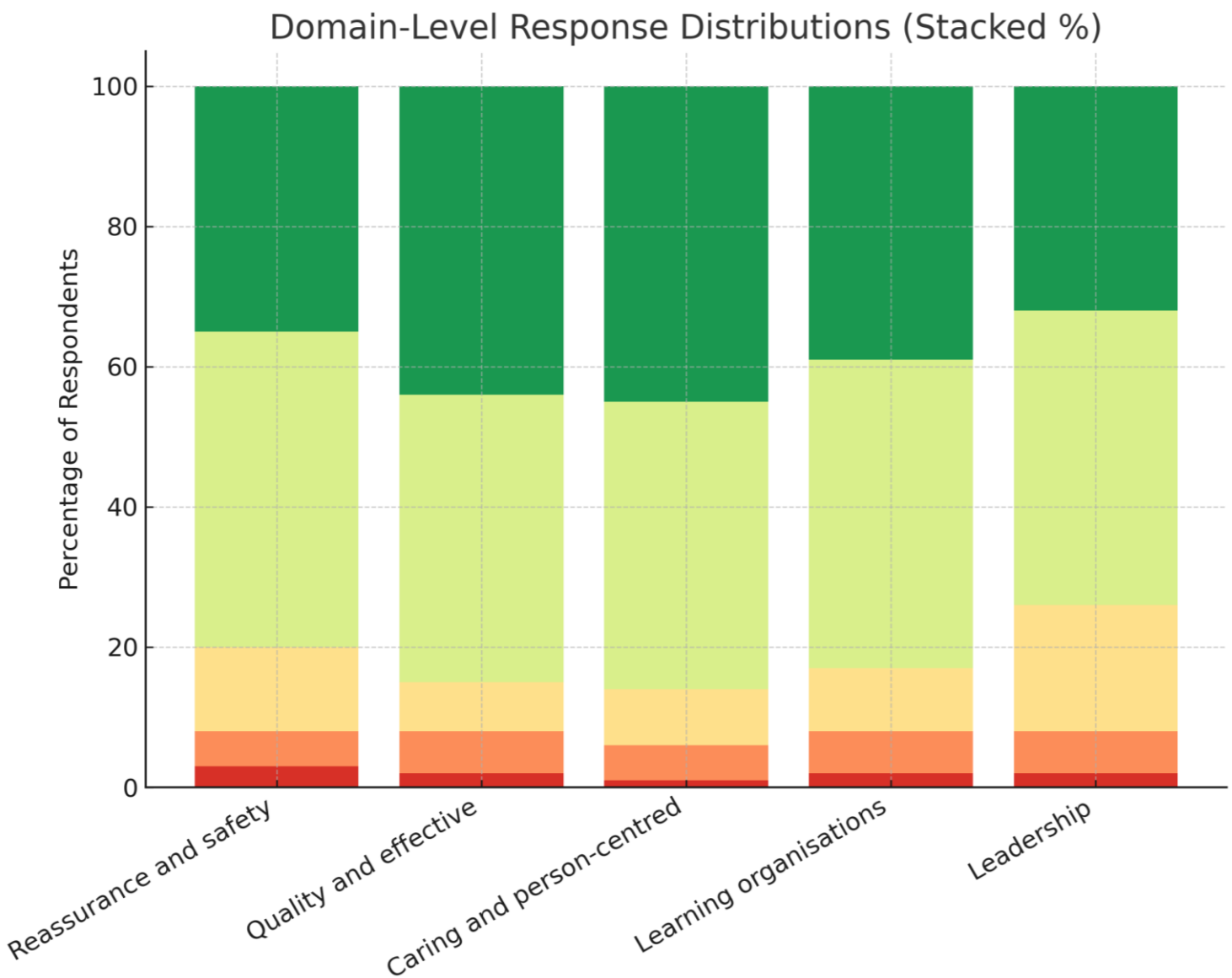
Improvement Cultures in Health and Adult Social Care settings

A Rapid Literature Review for the Care Quality Commission

SQW

CQC has produced a literature review on what improvement culture is and what the indicators are

The questions for this service evaluation have also been strongly linked to the 5 themes derived from this review


Domain-Level Response Distributions (Stacked %)
Percentage of Respondents
0
20
40
60
80
100
Reassurance and safety
Quality and effective
Caring and person-centred
Learning organisations
Leadership

BARRIERS

THEMATIC ANALYSIS

1. Time and Workload Pressures
2. Resistance to Change
3. Gaps in Communication
4. Access to Support

“I experienced resistance from other MDT members particularly ones with strong characters,

…the difficulty to be heard especially when you’re in a room full of senior members that refuse to hear out your proposal.

Not a nice feeling especially when you’re quite junior.”

FACILITATORS

THEMATIC ANALYSIS

1. Leadership as a Driver for Improvement
2. Building a Culture of Change
3. Investing in Capacity and Capability


CULTURE

Recommendations

- ❑ QI requires careful planning
- ❑ Think about human factors in QI
- ❑ Consider distributive leadership model
- ❑ Changing culture takes time

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