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Bedding down the basics of the quality role

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Today

- Quality roles – many names, many functions – relevant to all
- Exploring the purpose of the QM role – using a case study
- Key components of change and influence
- Things effective QMs know and do

To start... Read the case study

1. Discuss whether this is something the Quality Manager has any responsibility or accountability for

2. Identify and select one system problem and one behavioural problem in this case study

3. Identify the things that would have to change with each of the two problem areas - systems and behavioural - to reduce the risk of this situation re-occurring

4. From the changes you've identified, nominate the changes that a quality systems manager can implement directly and those they would have to work with others (who?) to change.

The Quality Systems Manager Role

A Quality Manager is responsible for establishing, coordinating, evaluating and improving all aspects of an effective system for creating and maintaining quality care and services for every consumer, every time.

These systems:

- Identify, eliminate or minimise the things that go wrong
- Support care and services to go right
- Develop care and services to achieve consistently good care for every consumer, every time.

Can you explain…

- *The **difference** between 'doing quality' and the **quality of care?***
- *The **connection** between **quality of care** and the **quality system**?*

You need both front of house and back of house working together *with common purpose* to create great care *(Balding, 2012)*

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Back of house

What is the **quality manager role in supporting the achievement** of the good day? – ***Consistently***.

Back of house

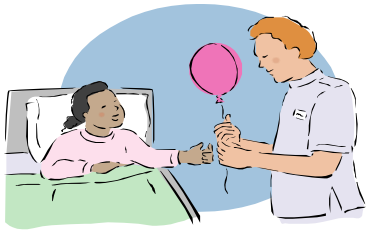
What **organisational governance supports** and systems are required to achieve this? - ***Consistently.***

Front of house

What needs to happen to create the 'good day'?

- *Behaviours*
- *Knowledge*
- *Skills*

Front of house

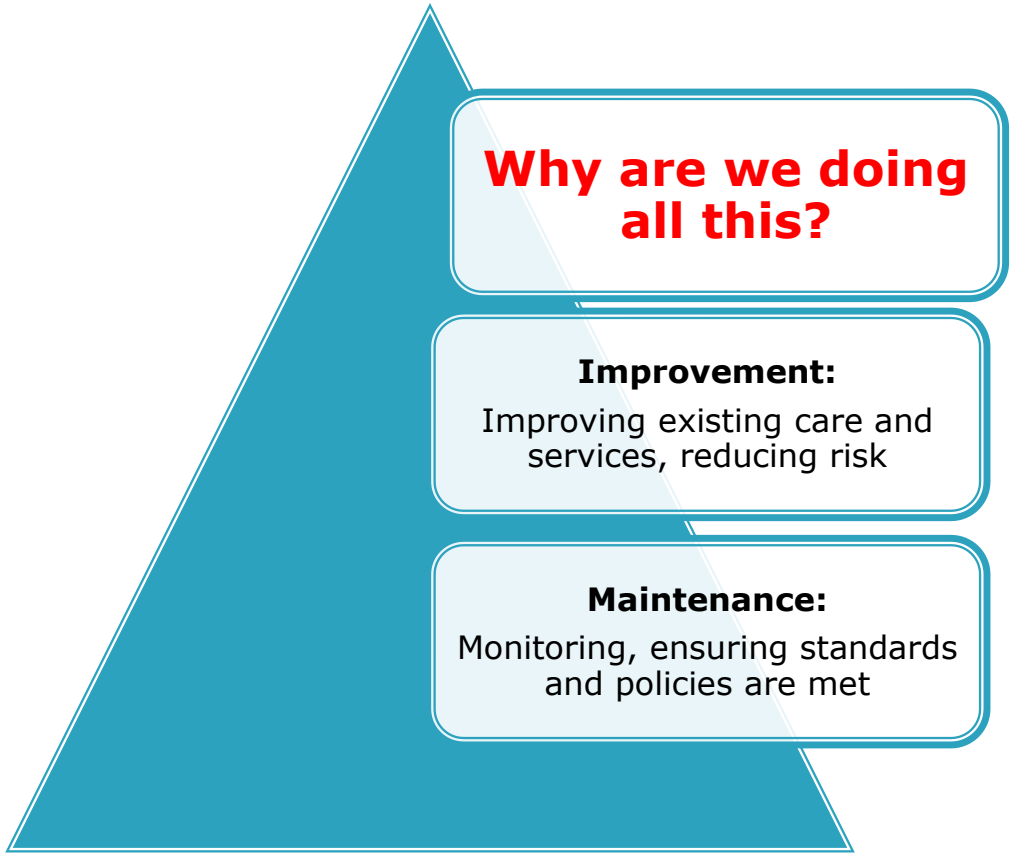


A 'good day' on the ward/unit/service.

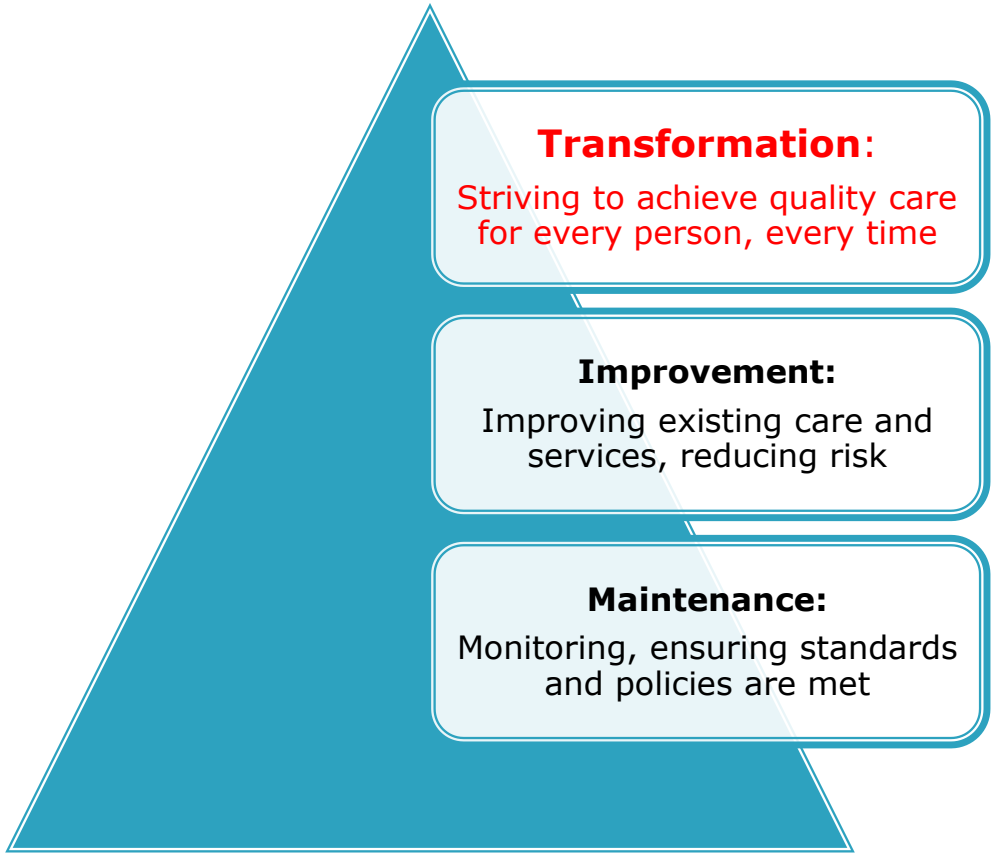
What does this look like for:
•Consumers?
•Staff?

Begin with the end in mind…

A Quality System…



A Strategic Quality System
(Balding, 2012)



You have to draw the big picture

You - and your health service staff – must know what the box top looks like: What experience are you trying to create for your consumers?

This should be developed from the top down and bottom up – ownership is key!

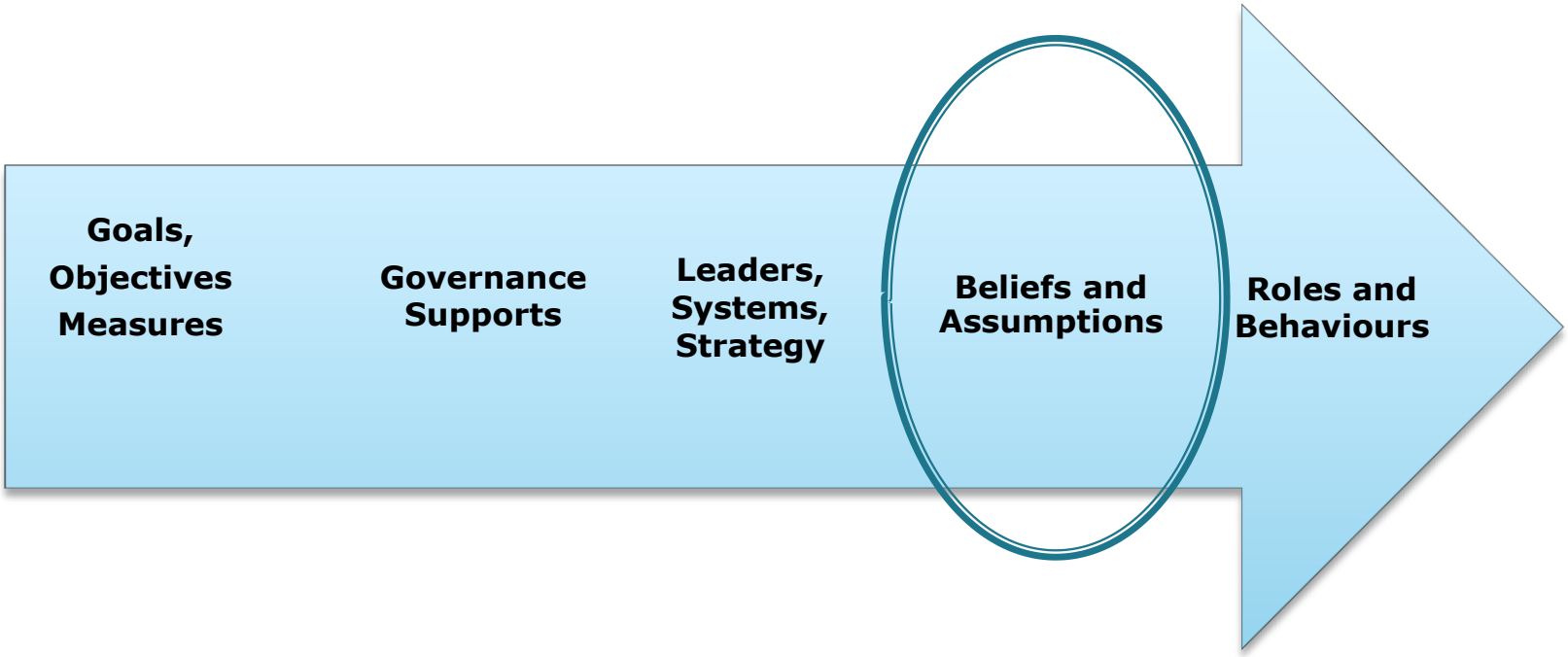
Your job is to identify, develop and coordinate all the pieces of the quality systemto create your organisation's vision of

Great Care for your consumers.

The ability to effect sustainable change is *critical:*

How would you go about the initiating changes you identified in the case study?

Change and Implementation – it's not just about goals and strategies:



To start and stay on the journey, people also need the *mechanics* of *ownership* - DKRS *(Balding, 2011)*

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Direction

- the 'why'
- leadership
- goals
- measurements
- boundaries
- clear roles

Knowledge and skills

- job, team and organisational information;
- technical skills;
- interpersonal and decision-making skills

Resources

- tools
- materials
- facilities
- time
- funding

Support

- input
- approval
- coaching
- feedback
- encouragement
- reinforcement
- recognition

Change Plans have to take into account both the operational change and the behavioural change

Operational dimensions of change **Steps**
1. Operational need for change identified
2. Project is defined
3. Operational solution is designed
4. New policy and systems are developed to support change
5. Solution is implemented and evaluated

People dimensions of change **Steps**
1. Awareness of the need to change
2. Desire to participate and support the change
3. Knowledge of and input into designing the change
4. Ability and capacity to implement the change
5. Support to embed the change and monitor the effects

Adapted from Dimensions of Change (LaMarsh, 2002)

The human response to change is *critical* in healthcare…

We're ok

They want to do what???
I won't be able to do it!
They can't change my system!

How dare they!
I can't get it right!
It's a disaster!

We're ok

Hmmm, getting the hang of it; still slow – but – some things are better… and I have some ideas for fixing the problems…

A key to change in complex system

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SWTA…

Start Where They Are

First - identify the current beliefs and behaviours

Leading and implementing change is not so far removed from what we do in healthcare every day…A model for clinician led change *(Balding 2012)*

CHANGE PROCESS

(based on the diagnosis and treatment model)

Assessment

Diagnosis and planning

Treatment

Monitoring and changes if required

Evaluate and sustain

SWTA:
ID the beliefs; build a guiding group of leaders and followers

Explain the need for and advantages of the change; set clear goals, strategies and first steps

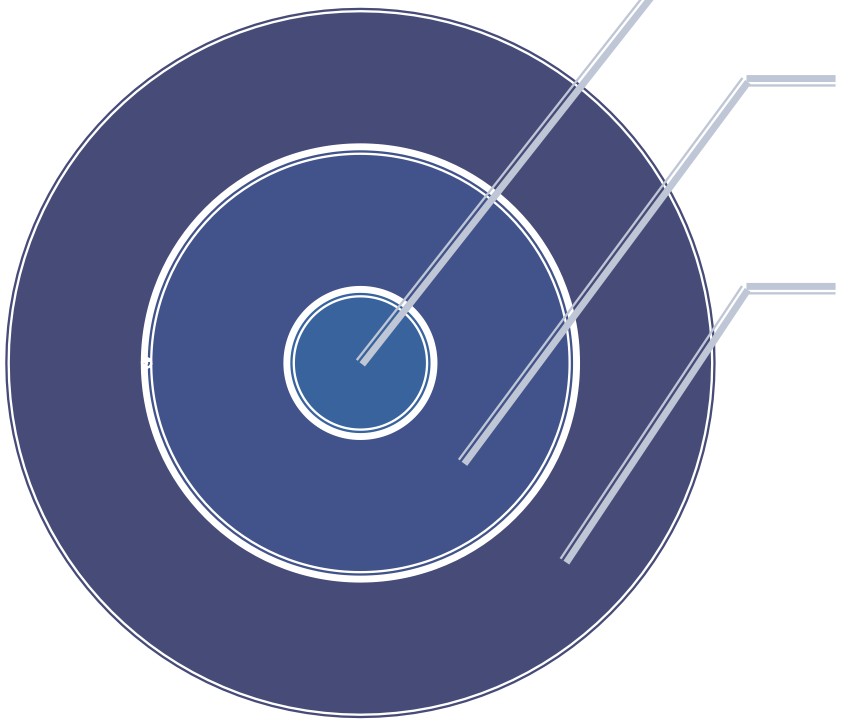
Ensure those affected are involved in and equipped for the change: use DKRS

Involve staff in monitoring, evaluation and sustainability: new beliefs through new experiences

PEOPLE PROCESS

(based on the psychology of change)

When trying to achieve change, be clear about which circle you're in

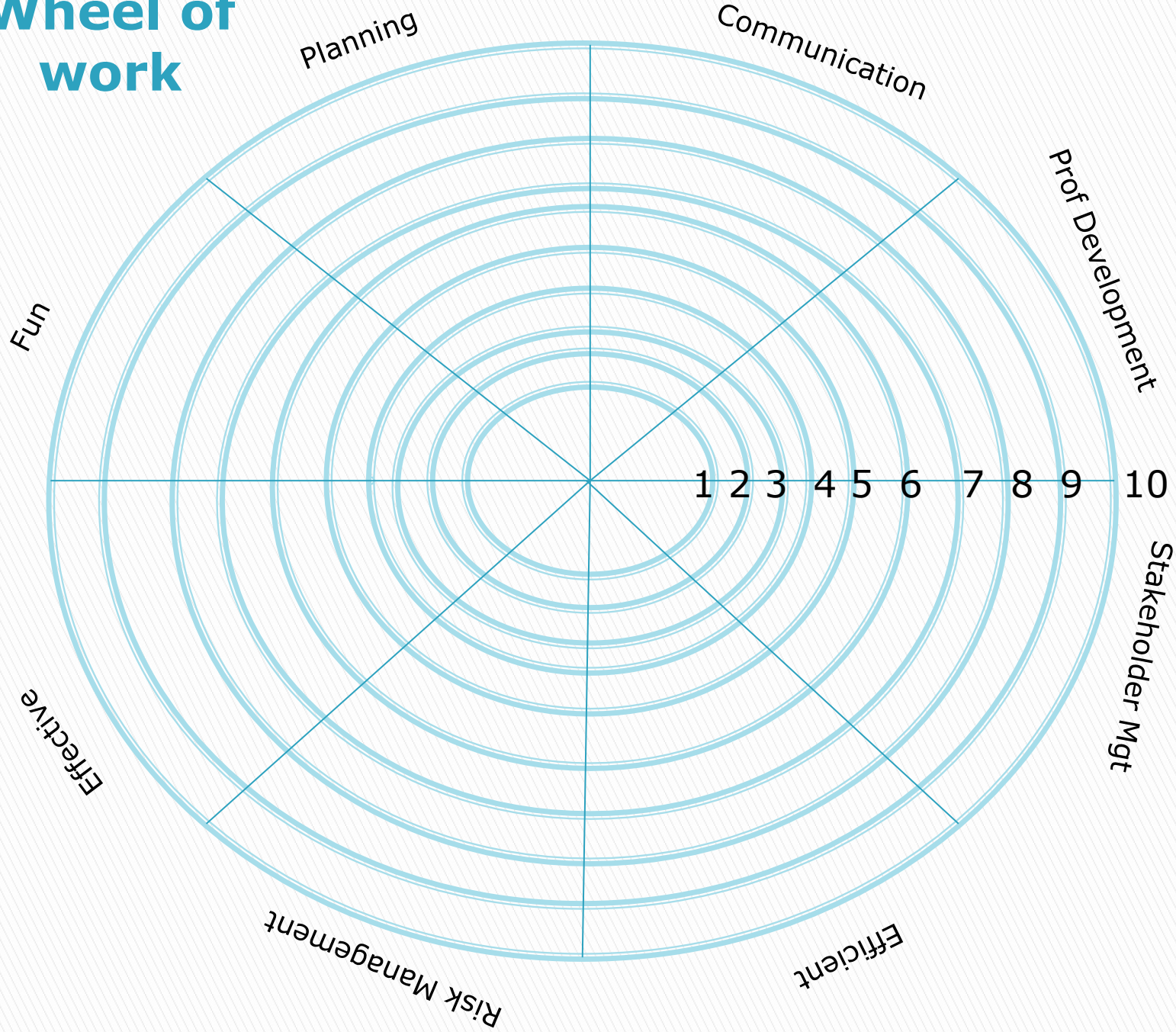


Circle of control

Circle of strong influence

Circle of weak influence

Wheel of work



What does that tell us?

- Very uneven – a bumpy ride!
- Very small – not going very far very fast
- Very big – too fast and likely to blow!

- What 2 things can you commit to now, to change when you get back to improve your wheel
  - Be realistic
  - Be smart

In Summary: Tips for the Quality Systems Specialist

- Know enough about everything and a lot about one thing:
  - Build your credibility by your expertise in helping others to achieve
- Know the numbers - for example:
  - QAHCS – how many we harm and how
  - Incident reporting misses up to 60% incidents
  - About 50% patients receive evidence based care
  - Constipation increases the average case cost x7
  - Know your local numbers – ensure your colleagues know theirs and are accountable for them
- Know and manage your legislative, policy and standards' requirements and risks – as routinely as possible

In Summary…Tips…

- **Know :**
  - **How to plan strategically for great care**
  - The Improvement cycle and tools
  - Emerging trends: the basics of improvement methods and new stuff that can help
  - Sourcing better ways of doing things
  - Collecting and presenting data
  - What works and what doesn't in improvement and in quality systems
- **Work with models on:**
  - How people tick – find out how they operate and work with that – particularly up
  - How organisations tick – and change
  - How to influence
  - How to help people create a great consumer experience
- Work on specifics, not generalities
- Network – and look after yourself!

And…

- Create your own tool box
- Build capacity
- Work on **specifics**, not generalities
- Know what you can do, what you can influence
- Network – and look after yourself!

Finally

- Be proud of your role in establishing, coordinating, evaluating and improving all aspects of an effective system for creating and maintaining quality care and services for every consumer, every time.

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