



*Translating Quality Improvement
from Theory to Action:
Eight Practical ways to Improve Care*

Peter Lachman

Inspiring and driving improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.

Ingredients

- ❑ Respect
- ❑ Context
- ❑ Adaptability
- ❑ Sustainability from the start
- ❑ Making it relevant

8 steps

1. Person centred
2. Context is key
3. Understand the resource and build the team
4. Develop the programme to meet their needs
5. Enable their own improvement paradigm
 - Theory and Method
6. Enhance improvement leadership
7. Build in sustainability
8. Share the learning

1

**Always be
Person centred**

**Patient and provider
stories will bring reality to
the work we do to keep
patients safe**

“For human beings, life is meaningful because it is a story. A story has a sense of a whole, and its arc is determined by the significant moments, the ones where something happens.”

Atul Guwande
Being Mortal

Safety and quality must be
viewed from
the eyes of the patient

Current mantra for person centred care

From what is the matter
to
What really matters to you

2

Understand the Context

-
- ❑ Who is in the room
 - ❑ What are there problems
 - ❑ Why are they here
 - ❑ What is their motivation

3

Understand resource and build the team

Resources and team building

- ❑ The lack of resource
- ❑ The wealth of innovation
- ❑ The community
- ❑ Breaking bread

4

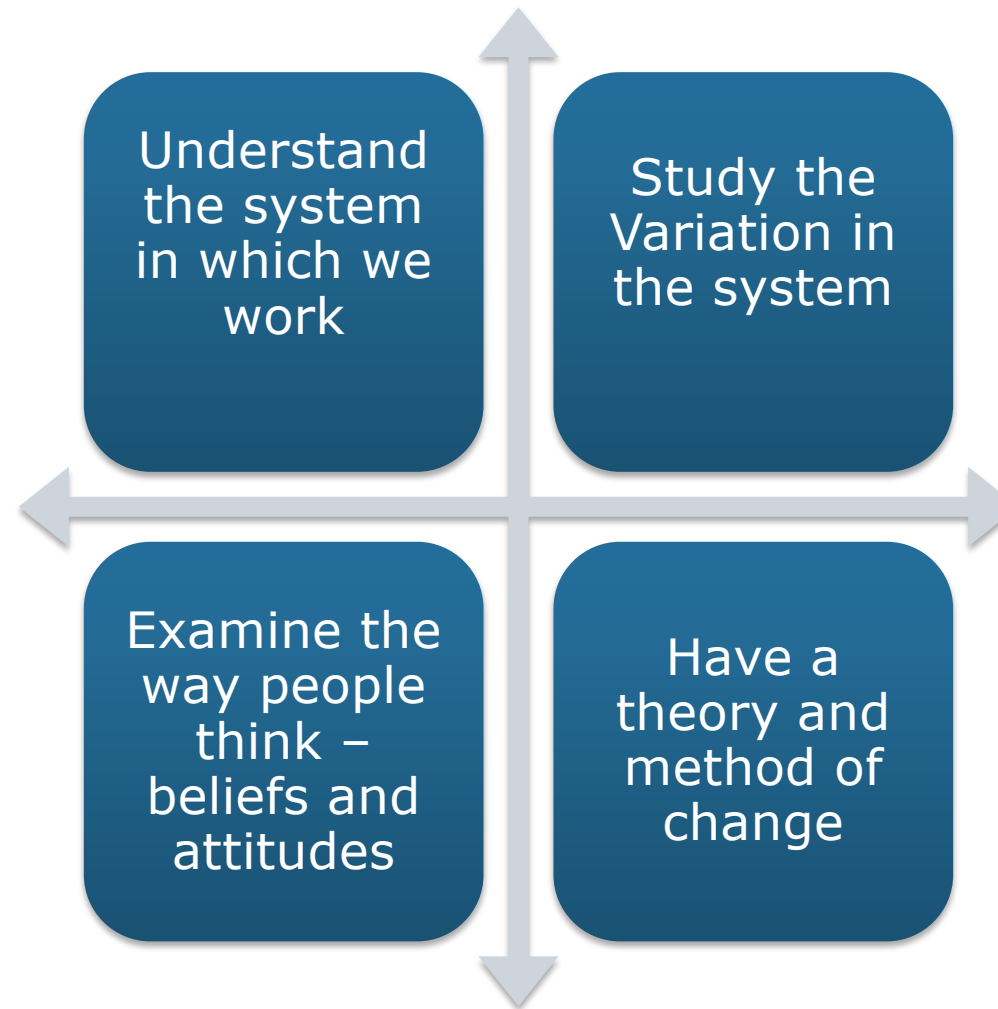
**Develop the programme
to meet their needs**

-
- ❑ Understand that what works in Europe is not necessarily the answer
 - ❑ Provide some solutions they can accept or reject
 - ❑ Be adaptable

5

**Develop their own
improvement paradigm**

System thinking

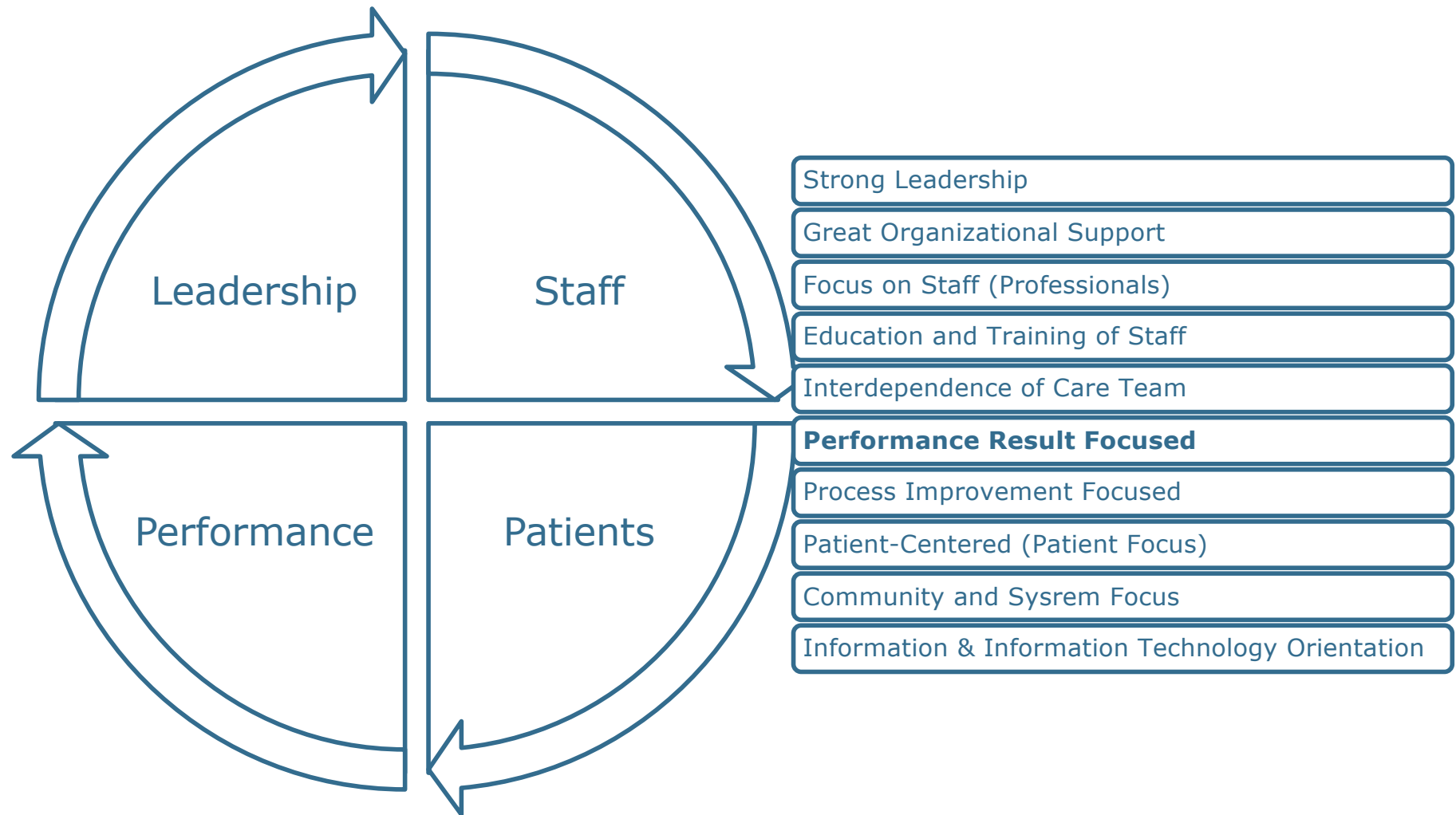


Teoria para a mudança

Conhecimentos Profundos de Deming



The microsystems of care



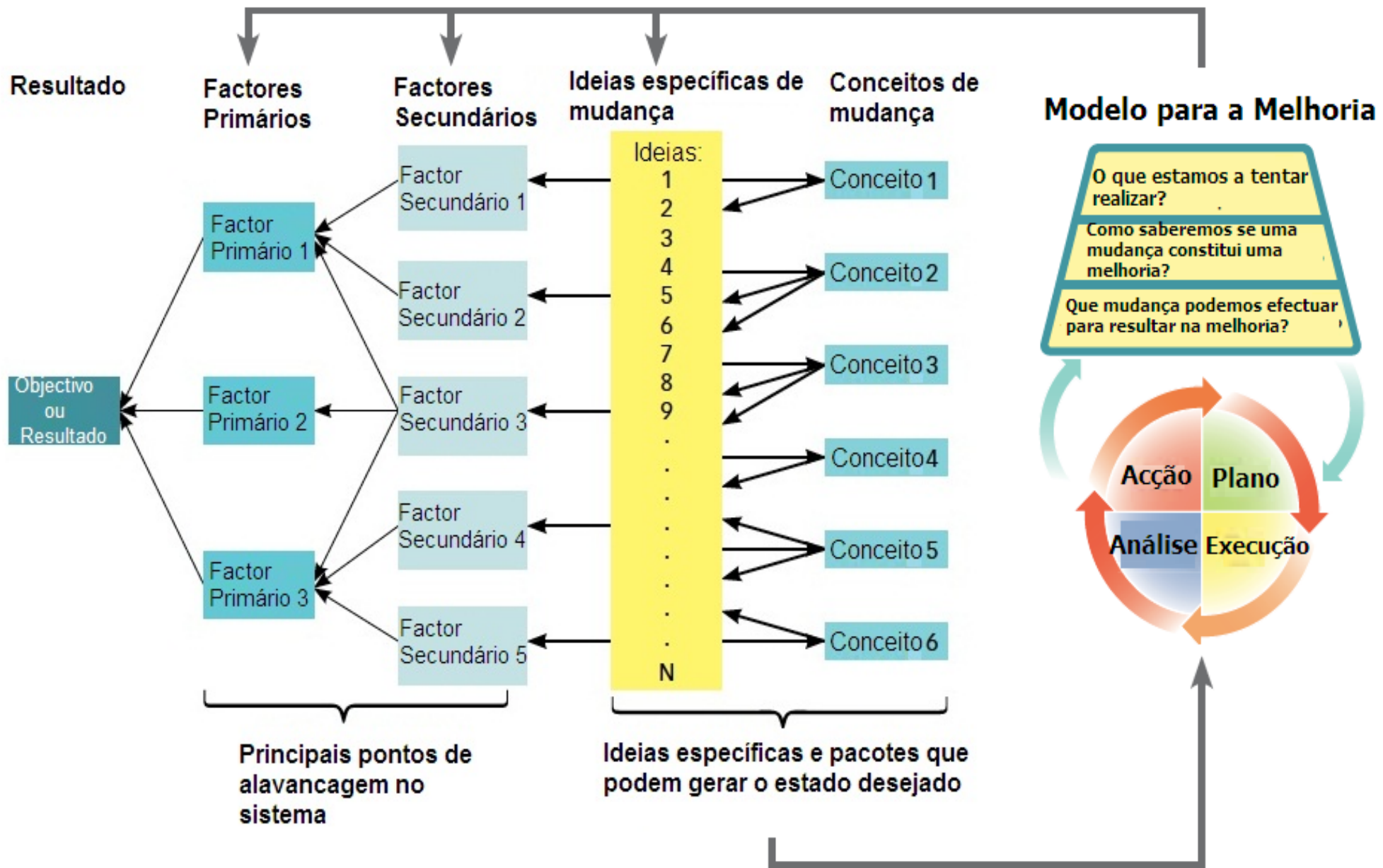
The steps for improvement

- 1. Identificar o Problema**
- 2. Definir a Equipe de trabalho**
- 3. Declaração do objectivo do Projecto - SMART**
- 4. Analisar o Problema – Espinha de Peixe; 5 WHY**
- 5. Estudar o Processo - Fluxograma**
- 6. Aplicar Teoria de Mudança et Decidir as Mudanças**
- 7. Decidir a Medição (instrumentos e processos)**
- 8. Testar/Examinar as Mudanças**
- 9. Rever os Resultados**
- 10. Manter o crescimento da Melhoria**

The steps for improvement

1. Identify the problem
2. Define the tasks to be done and build the team
3. Develop SMART Aim
4. Analyse the problem
 - diagnose with Fishbone and 5 WHY
5. Study the process with a process map
6. Apply the theory of change in a driver diagram
7. Decide your measures
8. Test your changes
9. Measure and change in small steps of change
10. Sustain and spread

Ensaio de informações do diagrama de factores, o ensaio refina a teoria / FIGURA 3



HPI

REDUZIR O Nº DE FUGAS DE 3/1 por SEMANA EM 6 MESES NAS DUAS ENFERMARIAS

criação de comissão de gestão de fugas

- 1 - NÚMEROS
- 2 - Épocas
- 3 - LOCAIS DE RISCO

FORMAÇÃO

- 1 - Apresentação de temas
- 2 - Discussão de casos clínicos
- 3 - Métodos de contenção de violência

AVALIACÃO DE RISCO DE FUGA

- 1 - Pré-Internamento
- 2 - Durante o internamento

INFRA ESTRUTURA E SEGURANÇA

- 1 - CAMERA DE VÍDEO Vigilância
- 2 - CRIAÇÃO DE EQUIPE DE SEGURANÇA LOCAL
- 3 - MURO dos pátios + ACESSOS

ELABORAÇÃO DE Protocolos

- 1 - Avaliação de risco de fuga
- 2 - Terapêuticos - CONTENÇÃO QUÍMICA
- 3 - CONTENÇÃO VIOLÊNCIA / AGRESSIVIDADE (AGITAÇÃO PSÍCO-MOTORA - CONTENÇÃO MECÂNICA)

H. GERAL
JOSE
MACAMO

- Identificar
pacientes de
risco

NEWSCORE

- Frequência Respiratória e Oximetria
- Saturação de oxigênio
- Avaliação da TA
- Avaliação Temperatura
- Avaliação do Pulso
- Avaliação do Nível de consciência

Redução
da taxa de
Mortalidade
Intra-hospitalar

(Serviço de
Urgência)

- Ação/Motivação

- Criação de protocolos
- ⇒ Formação contínua do pessoal
- Motivação do pessoal
- Envolvimento comunitário com vista ao encaminhamento precoce dos doentes à unidade sanitária

- Encaminhar

- Observação por Profissional especializado
- Preferir a unidade mais especializada (CI/UCI)
- Transferir para U.S de nível superior

mudança? (Disponibilidade na US)

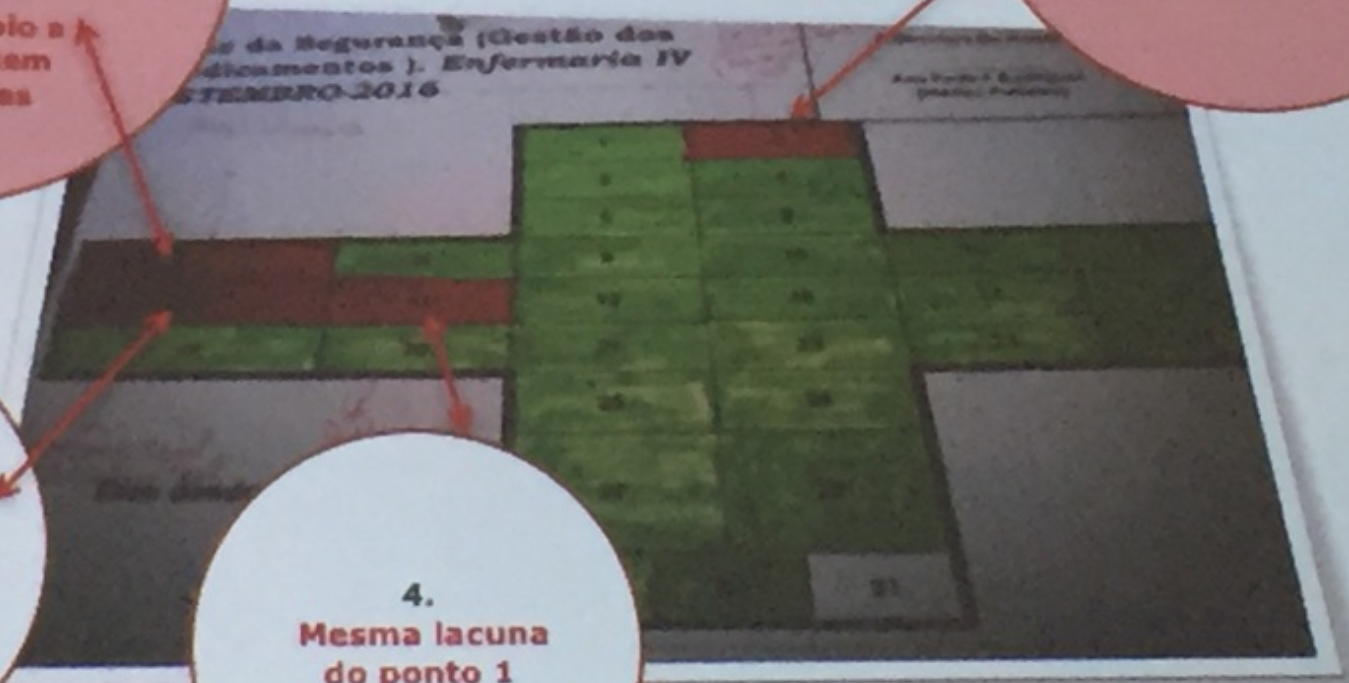
1. Fraqueza na comunicação durante o referenciamento de doentes. (doentes com medicamentos específicos e indisponível na admissão)

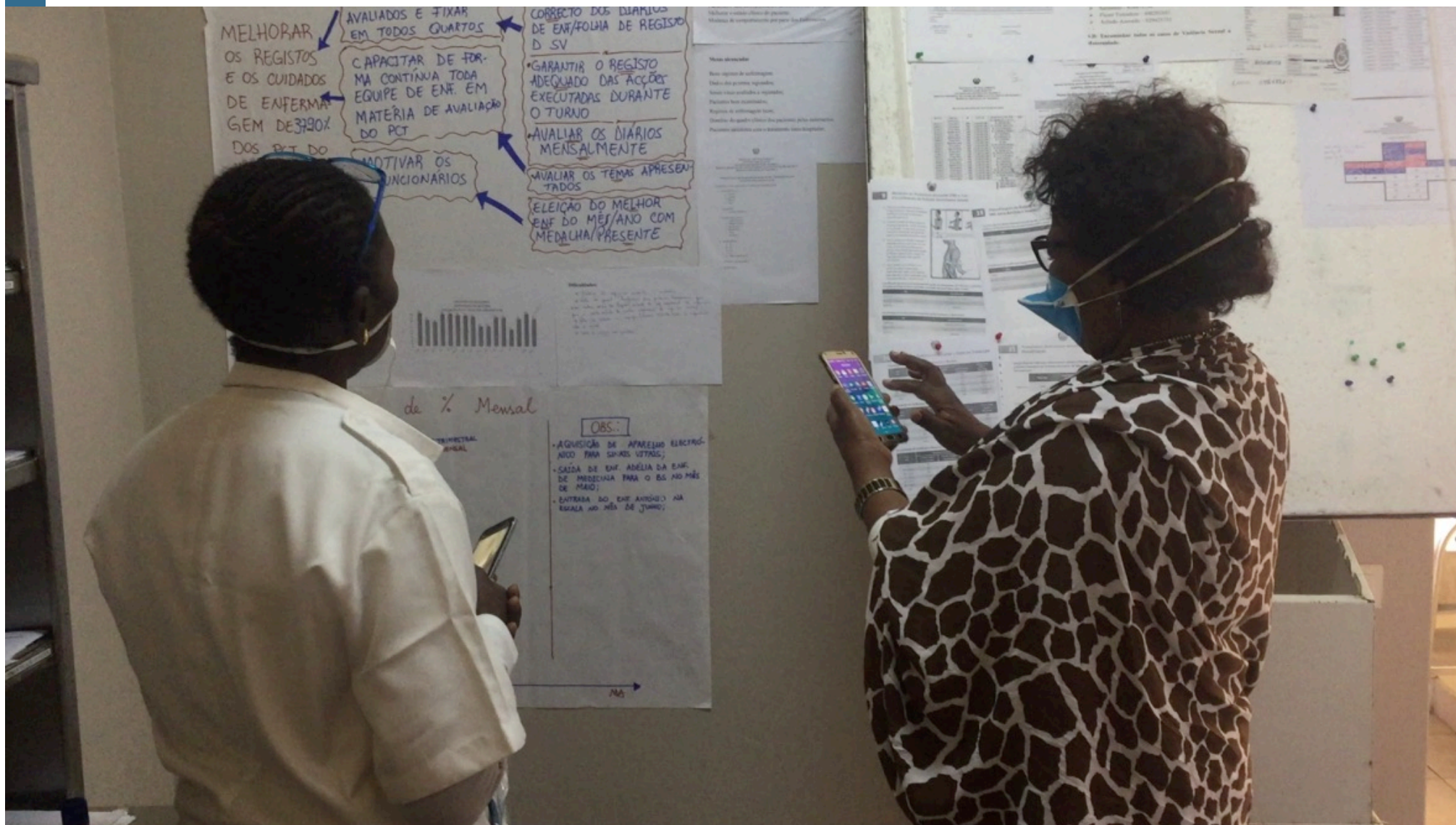
Solicitado apoio a Médicos sem Fronteiras

2. Mesma lacuna do ponto 1

3. Mesma lacuna do ponto 1

4. Mesma lacuna do ponto 1





6

**Develop
Effective healthcare
leadership**

Leadership

**T
I
M
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E**

Vision

Courage

Hope

Respect

Skill

Develop the habits of an improver

Figure 2 – The habits of improvers

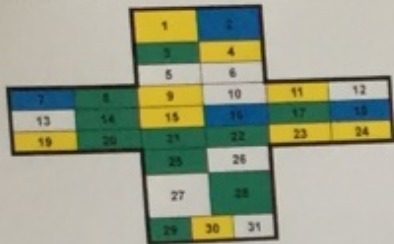


<http://www.health.org.uk/publication/habits-improver>

7

**Build local
sustainable capacity**

Avaliação dos livros de registo das C.E de Ginecologia e Obstetria do mês de Novembro de 2016



Fonte: livro de registo das consultas externas de Ginecologia e Obstetria.

Melhoria de Qualidade e Segurança do Hospital Geral de Mavalane

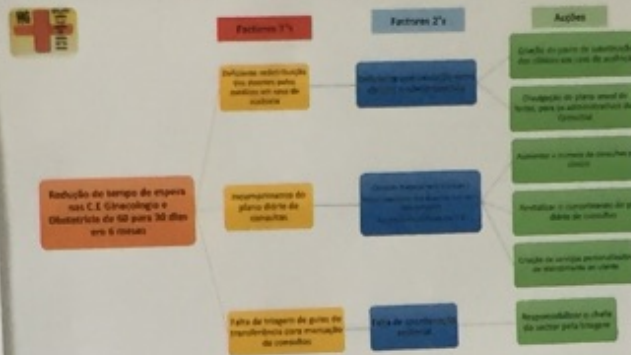
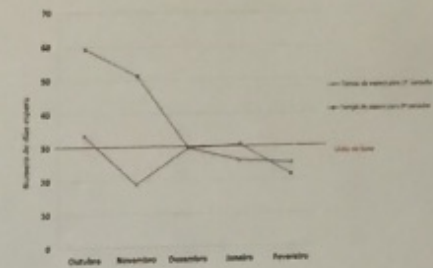
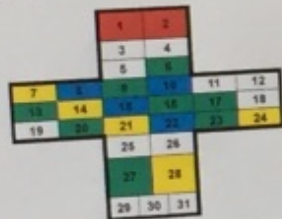


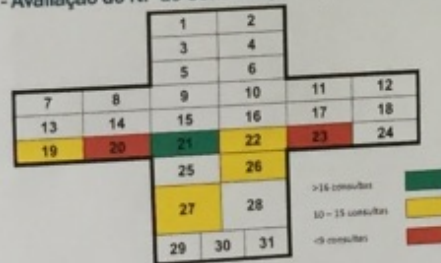
Gráfico Resumo do tempo de espera de Outubro de 2016 à Fevereiro de 2017



Avaliação dos livros de registo das Consultas externas de Ginecologia e Obstetria do mês de Fevereiro de 2017

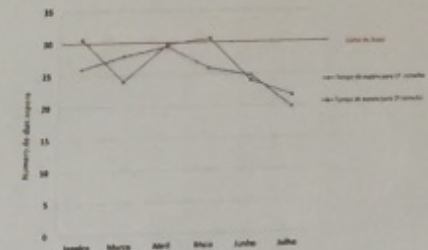


Pré-Avaliação do Nr de Consultas/dia (19 - 27/09/2016)

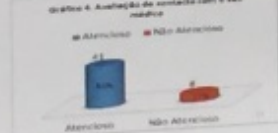
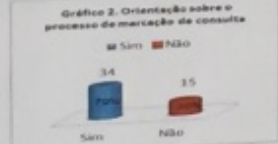
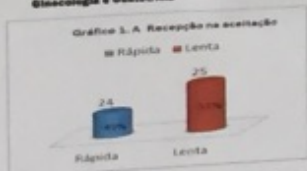


Fonte: livro de registo das consultas externas de Ginecologia e Obstetria.

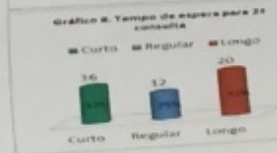
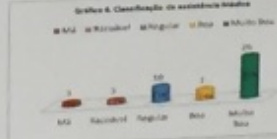
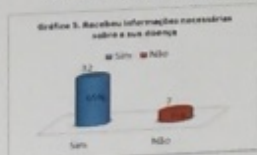
Gráfico Resumo do tempo de espera de Janeiro à Julho de 2017



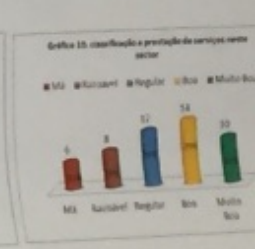
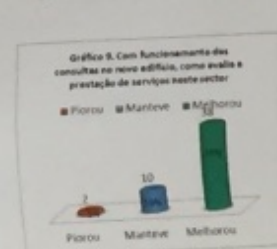
Resultados do inquérito para avaliação do grau de satisfação dos utentes das consultas externas de Ginecologia e Obstetria



Resultados do inquérito para avaliação do grau de satisfação dos utentes das consultas externas de Ginecologia e Obstetria (Continuação)



Resultados do inquérito para avaliação do grau de satisfação dos utentes das consultas externas de Ginecologia e Obstetria (Continuação)



8

Share the learning

ISQua Network





African Community of Practice
45 Members and Growing...

Join ISQua's African Community of Practice

About ISQua's African Community of Practice

Set up in 2016, ISQua's African Community of Practice includes quality improvement specialists working in health and social care settings across Africa.

With regular online meetings, members can exchange quality improvement strategies, discuss their successes and challenges, and learn how best practices can be applied to their own organisations.

This group is open to anyone interested in furthering QI work and initiatives in Africa.

Countries involved to date:

Algeria	Nigeria
Botswana	Rwanda
Ghana	South Africa
Kenya	Sudan
Malawi	Uganda
Mozambique	Zambia
Namibia	Zimbabwe

If you are interested in joining the network, please visit [ISQua.org/interest-groups/communities-of-practice](https://isqua.org/interest-groups/communities-of-practice) or email ccurran@isqua.org

WEBINARS

Watch recordings of the Community's previous meetings where they share their country's planned or completed quality improvement strategies and join the discussions in our live webinars

NETWORK

Exchange information and share learning on issues that are specific to your region; highlight concerns and support each other

ISQua

Join our Membership and Fellowship programme, and register for our annual conference at reduced rates

Email: plachman@isqua.org

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