The introduction of a quality improvement focus group in a large UK adult CF Centre

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Introduction

Quality improvement in healthcare is paramount to continually reflect on practice and adapt services to meet the ever changing needs of patients and staff.

All clinical and non-clinical staff at a large adult UK cystic fibrosis (CF) centre were invited to join a new quality improvement (QI) focus group in January 2020. The aim of the group was to utilise a microsystems improvement methodology to systematically review current processes, identify areas for improvement, consider plans to address these and evaluate any changes made as a result.

Methods

A multidisciplinary group was formed, with both clinical and non-clinical staff across all disciplines. Co-produced ground rules were set by the members attending the initial meeting to flatten hierarchies and create an environment in which all members felt confident to proactively and honestly contribute, therefore improving the depth and breadth of discussions.

Effective meeting skills were employed to maintain focus and Dartmouth improvement ramp skills were utilised. Staff feedback was collected via a Survey Monkey.

Results

21 meetings have been held to date, with an average of 8 attendees from a wide range of disciplines including, consultants, physiotherapists, CF clinical nurse specialists, dietitians, administrators, psychologists, social workers and healthcare assistants. Staff from all disciplines contributed valuable discussion points and ideas. Initially meetings were held face-to-face, however these were transferred to Microsoft Teams during the pandemic to allow those staff working from home to join and to maintain social distancing with those staff present in the hospital.

Detailed process maps plotting each individual step of a number of current practices were created. Feedback on the existing service was also collected from both staff and service users. From this data, areas for improvement were identified and specific, measurable "Plan, Do, Study, Act" (PDSA) cycles were developed. Examples of PDSA cycles generated included: introducing virtual clinics, integration of home spirometry for patients that were "shielding", and formalising pre-clinic meetings.

QI meetings facilitated the efficient development and timely execution of a number of service improvement initiatives, i.e.:

- Establishing multidisciplinary virtual clinics at the beginning of the pandemic, through comprehensive process mapping
- Improving the availability of objective measurers at virtual clinics , such as lung function and nebuliser adherence, via multidisciplinary CFHealthHub education (fig 1.)
- Improving the efficiency and effectiveness of pre-clinic meetings
- Re-establishing face-to-face clinics post pandemic (fig 2.)

Staff were encouraged to evaluate the structure and content of the meetings by completing an anonymised online Survey Monkey questionnaire (fig 3.). Feedback was very positive, with 100% of respondents finding meetings "extremely effective" or "very effective". Comments included: "I can see changes in our practice which have stemmed from these meetings which are effective and improve patient care".

Fig 1.

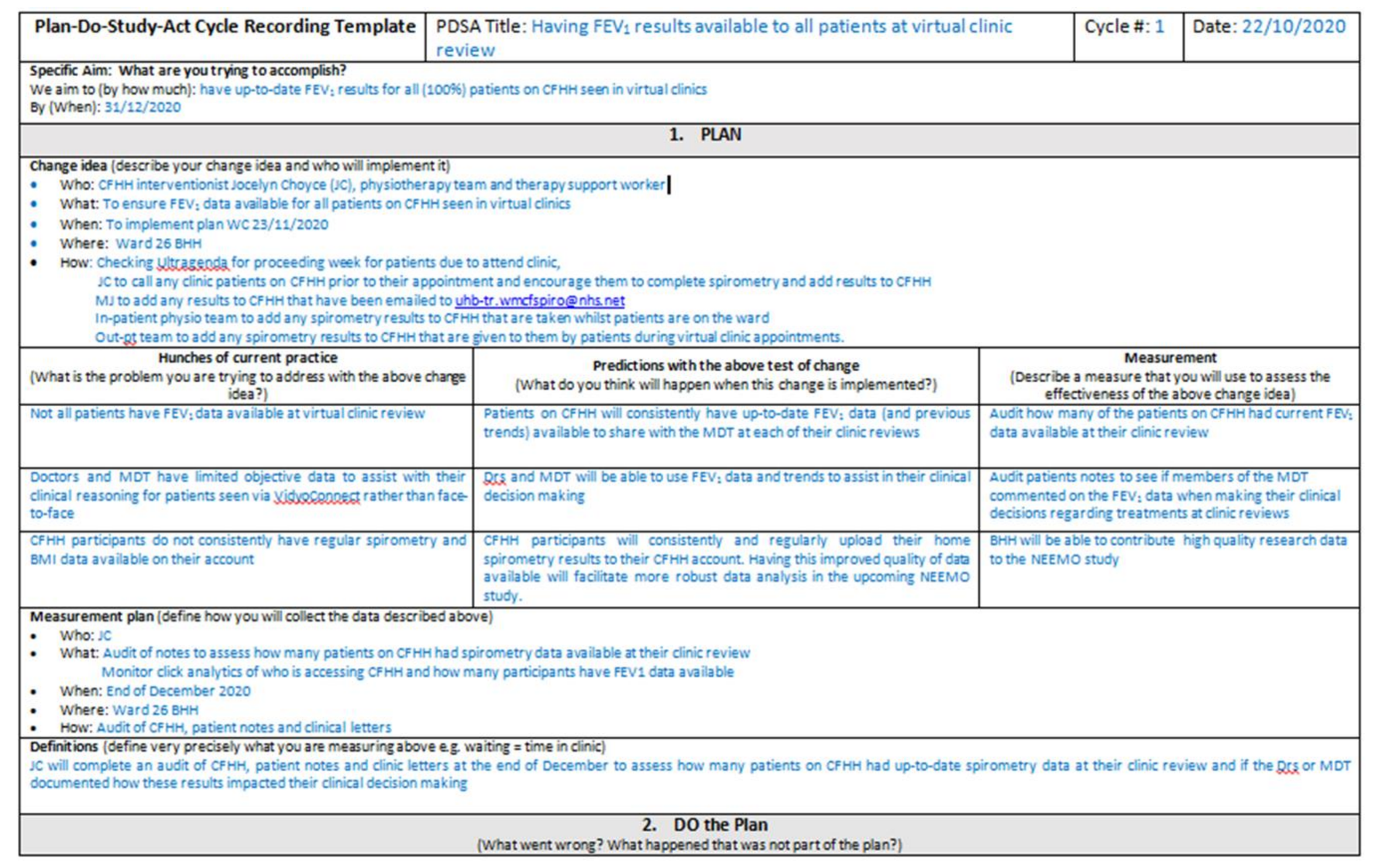
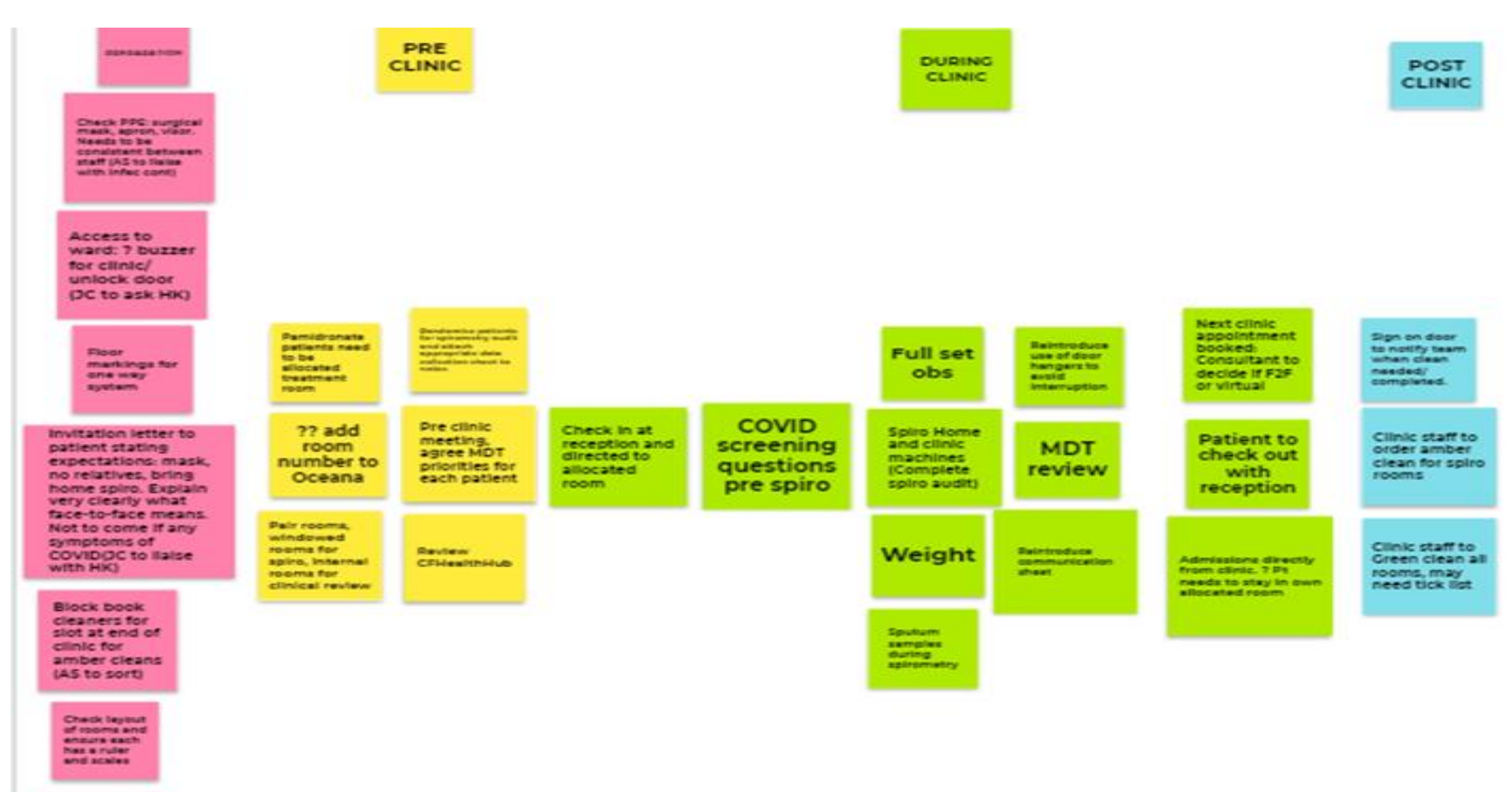


Fig 2.



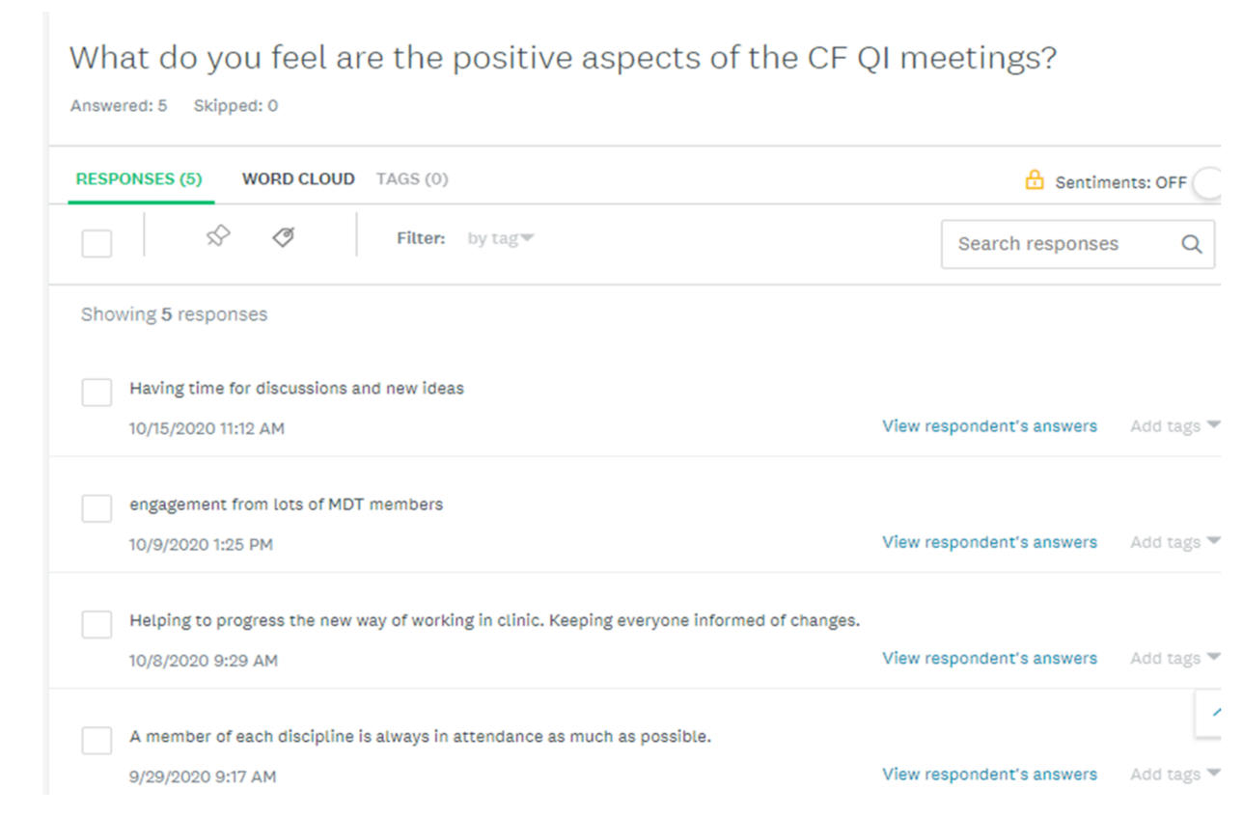


Fig 3.

Conclusion

Introducing a meeting dedicated to service improvement has been very beneficial. The meetings have provided a safe and productive environment for team members to discuss service improvement ideas. The regular fortnightly format has facilitated efficient and timely implementation of change ideas into practice.

Acknowledgements

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