APPLYING IMPROVEMENT TO THE CO-CREATION OF QUALITY

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Introduction A 5 year retrospective study of all quality improvement projects at East London NHS FT found that QI projects that involved service users as full and equal members of the team were 2.8 times more likely to be successful.1 This led to us applying quality improvement in a robust way to help develop and test ideas to ensure the ‘Big I’ of full, authentic involvement of patients/service users was integral to all our QI work.

Methods Below is the theory of change developed by service users, QI coaches with lived experience and quality improvement in partnership:

The ideas that were developed are being tested across different parts of the organisation, to help us learn what enables true, authentic and meaningful involvement of patients in quality improvement activities.

There is a steering group for this work, with service users and quality improvement involved. The ideas are being tested through a number of local quality improvement projects, often led by service users.

Results The control chart below shows the percentage of all quality improvement projects that demonstrate the Big I of true, authentic partnership between service users and staff throughout the QI endeavour:

Discussion Authentic, meaningful partnership with patients and service users in our quality improvement efforts gives us a 3 times greater likelihood of the improvement being successful. It also offers us the opportunity to better understand the system and develop better ideas from those with lived experience.

Applying quality improvement to the complex challenge of how to involve patients in this way reliably, for every QI project, has helped us learn a number of important elements that are required in order to effectively involve and support patients to partner in our improvement efforts.

REFERENCE


MULTIDISCIPLINARY TEAM’S EFFECTS ON QUADRUPLE AIM IN PRIMARY CARE, A STUDY DESIGN

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Introduction Study design answers to the question how a multidisciplinary team model based on open access, chronic care model and lean visual daily management affects the quadruple aim results of a primary care center.

Methods A multidisciplinary team model implemented in a primary care health center. Team processes are based on open access, chronic care model and lean visual daily management.2-4 Quadruple aim is the goal framework. Benchmark controlled trial started in March 2022 between two primary care centers in Espoo, Finland. Patient cohorts are cardiovascular patients (250 each).

Results Results presented will be access to care, third available appointment, patient and personnel experience, quality of life, hospital admissions, continuity of care, patient enablement index, treatment results, costs per patient, theme interviews to both patients and personnel.3

Discussion Results can be utilized designing systems when achieving quadruple aim has been previously difficult to reach.

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PROMOTING A CULTURALLY ADAPTED HEALTH-POLICY FOR THE ULTRA-ORTHODOX POPULATION DURING THE COVID-19 CRISIS

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