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. 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:

- True, authentic partnership between service users and staff and quality improvement involved. The ideas 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:

Through this work, a number of key findings have been identified which can enable teams to authentically involve patients and service users from the outset of QI projects in a meaningful way. This session would present the key learnings so far, which are immediately translatable to all healthcare settings.

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.

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.

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

REFERENCES


Promoting a Culturally Adapted Health-Policy for the Ultra-Orthodox Population during the COVID-19 Crisis

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Introduction The Israeli Ultra-Orthodox community (UOC), a religious minority,1 was disproportionately harmed by the COVID-19 pandemic.2 3 The Israeli Ministry of Health (MoH) undertook a unique initiative to reduce COVID-19 transmission in the UOC by establishing a special task force (TF). This study analysed the initiative’s relevance to improving quality-of-health in the UOC.

Methods The TF objectives were: (1) Formulating COVID-19 policy guidelines tailored to specific UOC needs and strengthening mutual trust between the MoH and UOC. (2) Reducing the spread of COVID-19 by increasing COVID-19 testing, establishing unique quarantine solutions and achieving a high vaccination rate. (3) Increasing adherence to the preventive measures and vaccination.

Close collaborations were developed with stakeholders in the UOC including: daily phone calls and in person consultations in all the UOC municipalities, weekly meetings with stakeholders: UOC leaders, military, police, government and others, and ‘behind the scenes’ meetings with influential rabbis.

Results The TF activity has improved the effectiveness of COVID-19 prevention and quality-of-care for the UOC (see table 1 for an overview of steps taken to address impediments to achieving MoH goals). Improved accessibility to PCR-tests increased the number of tests. Welfare-related activities tailored to UOC needs such as food delivery to quarantined/sick families and recovery hotels helped increase adherence to quarantine and reduce COVID-19 spread. People from the UOC were recruited to facilitate the epidemiological investigations. This increased trust and resulted in more accurate results. Crafting detailed guidelines together with the community leaders resulted in increased public trust and compliance. The advocacy actions with influential rabbis led to high immunization rates in some cities.

Discussion The establishment of a central headquarters that aims to promote health-policy that is customized and culturally sensitive was a lever to reduce inequality and improve quality-of-care in the UOC. This initiative demonstrated governments can increase trust with minority groups and potentially reduce health inequalities regarding other health issues as well.

REFERENCES