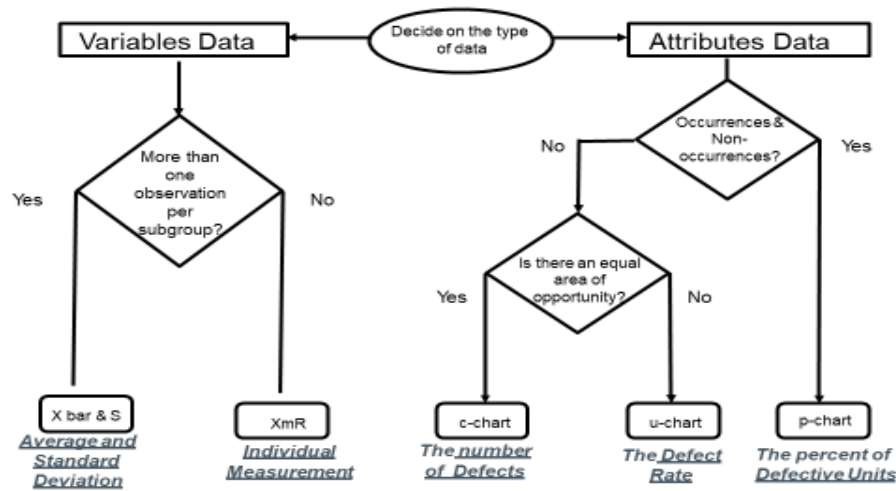


## Appendix 1 – Selection of Control charts

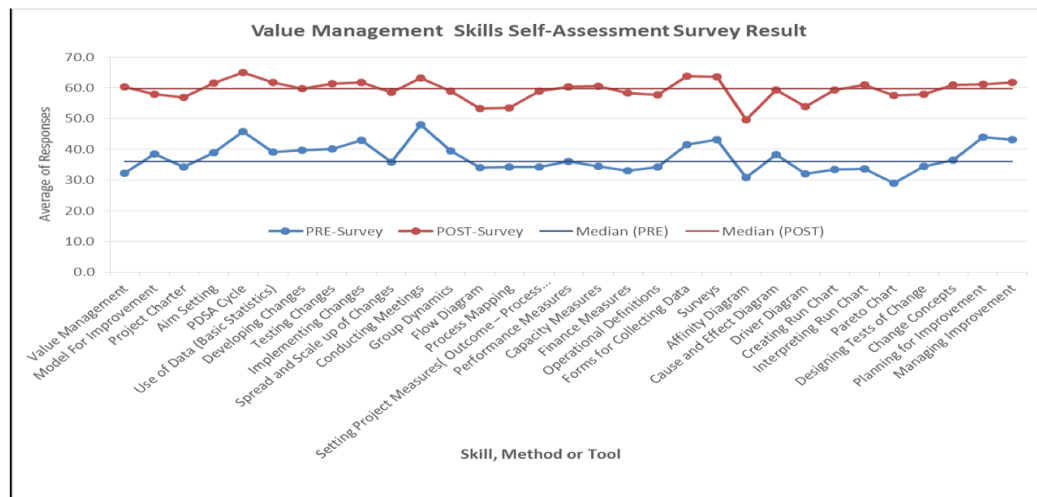
Source: R. Lloyd. *Quality Health Care: A Guide to Developing and Using Indicators*. 2<sup>nd</sup> edition, Jones and Bartlett, 2017



## Appendix 2 - Evaluation of VI methodology

### Self-Skills Assessment Survey

A pre and post survey was developed for self-assessment of the level of knowledge about value management skills, methods, and tools. The results were:



### Focus Group Discussions

Discussions were designed to assess reactions, current thoughts, and learnings on usefulness of the methodology

- ✓ perceptions of efficacy of the new way of working
- ✓ format / presentation of the value improvement program
- ✓ content / language of the value improvement program
- ✓ barriers / solutions to implementation, sustainability, and spread

## Successes

- Acknowledgment of the work within the facility and across the organization
- Positive results within the pilot area and spread of the good work to other units as the team shared their knowledge and expertise
- Leadership involvement, increased physician participation
- The skill and dedication of the nurse leaders
- Change in the work culture and attitude of professionals
- Frontline staff motivated to bring and embrace change
- Healthcare professionals more inclined to seek knowledge in the field of quality improvement
- Ability to visualize data with a view to improvement without blame.
- Front line teams taking ownership and putting evidence base into practice, utilizing systems thinking to seek interventions, improve results and change the culture of true multidisciplinary teamwork
- Recognition that improvement work is necessary
- Breaking down of hierarchical boundaries that improved multidisciplinary team effectiveness
- If performance deteriorates, the team reviews activities and prepares action plans
- Lessons learnt from value improvement program incorporated into day-to-day work

## Barriers

- Acquiring finance and cost data
- Units / facilities face different kinds of issues requiring different approaches and resources
- Documentation can be frustrating and consume quality time of nursing staffs
- Lack of physician driven programs and accountability
- Collecting evidence - based support and applying multiple PDSA cycles to implement change requires adequate time and resources
- With many projects running in parallel it is difficult to meet expectations
- Language barriers among staff
- Inadequate knowledge of improvement science

- Coach's involvement from the very start would have made a big difference
- There are issues which are out of the control of the unit
- Education and training of the rotating residents
- Bringing professionals of different practices on board to work

### **Enablers**

- Strong leadership
- IHI coaching calls alongside the quality team coaching
- Dedicated time from front liners, managers, leaders, and QI team.
- Flexibility in selecting measures
- Coaching by qualified persons
- Other key factors for success include enthusiasm, teamwork, having basic QI knowledge, senior nurse and doctor's active engagement and involvement.

### **Recommendations**

- A unit with a good leader and dedicated team under a committed leadership at all levels is a good starting point for Value Improvement work
- People with quality improvement experience, background, and basic understanding of quality improvement methods and tools
- Physician customized programs considering their availability and area of interest should be included
- Programs should be communicated well in advance and the team members should be adequately educated and trained
- The team emphasized that they would value being involved in the scale up and sustainability plan and would welcome an understanding of it moving forward

