Workshop 5: Quality Improvement Approaches to Partnerships

Session Outline

The session focussed on developing a quality improvement approach to partnership working and was aimed to help participants understand why it is important to consider **quality** when establishing a health partnership. It also considered how simple quality improvement can be, so that in the future, people approach it without fear.

Quality improvement definition: an organisational strategy that formally involves the analysis of process + outcomes data and the application of systematic efforts to improve performance.

Quality improvement can be done by various methods (e.g. PDSA cycles), but it always has a few key features:

- Systematic
- Collaborative
- Evidence based/data driven
- Continuous process

So why is quality important to consider in health partnerships?

- First principle: do no harm - important for partnerships, avoids unintended harm
- Clinicians and non-clinicians can do quality improvement
- It is not a resource intense process
- Quality improvement can have a long lasting impact
- It can raise awareness of issues when done in partnership
- Gives opportunity to learn and lead
- Quality is key in creating meaningful interventions
- systematic assessment and improvement of quality is valuable

The participants were encouraged to download "The IQ Game" an app designed to show the simplicity yet effectiveness of quality improvement.

Discussion topics raised:

- making benefits realistic
- focus on need of patients, not personal wants
- aligning enthusiasm with best practice for that country
- avoiding disempowering local service + creating lasting change by working alongside partners
- IQ Game – quality improvement game on smart phone

Scenario in Malawi for discussion

- Eye surgery in Malawi
- What should you consider in initial needs assessment?
- How could this cause harm?
- Cost v benefit

Discussion

Scenario given (based on real case):

- MDT in Scotland invited to establish partnership with a hospital in Malawi
- Involves annual 2 week visit to provide eye surgery
- Hospital in Malawi serves a district of 260,000 people (80 adult, 25 paediatric beds)
- Main causes of morbidity and mortality there:
    - Malaria
    - HIV-related illness
    - Diarrhoeal illness
    - High maternal and child mortality
- Current staff at hospital:
    - 6 doctors
    - 22 nurses
    - 8 clinical officers
    - 4 laboratory staff
- 2 operating theatres built in 1990s but no currently eye surgery provided
- 2 hand hygiene stations with running water in the facility
- Regular electricity blackouts
- Most staff speak English, but most patients speak Chichewa and other local languages

Questions given for discussion:

- What more information would you like to know?
- Why and how could this partnership cause harm?
- How might you start to identify opportunities to improve the care provided at the hospital?
- What steps could you take to ensure a positive impact and sustainability?

Key reflections:

- You need a lot more information before entering this partnership
    - Incidence of eye problems
    - Current knowledge/treatment of the problem
    - Location of hospital
    - Patient demographics
- The importance of an initial needs assessment
    - What does the local community want and need?
    - If there is a genuine need, there will be a backlog when the first intervention occurs
    - Importance of achieving local 'buy-in'
- This partnership has a lot of potential for harm
    - Important to have an exit plan
        - What if there are complications that arise after 2 weeks?
        - What is the aftercare for patients travelling some distance?
    - How do you choose patients to prioritise?
    - Does this partnership take the attention away from more serious problems that the hospital faces?
    - How will this service be sustained if the partnership does not continue?
- Issues around Per Diem payments and staff retention
    - Potential to pull away staff from areas where they are critically needed
- Importance of considering the national strategies that are in place and keeping in line with these

- How can we support and develop new international volunteers? – ethical volunteering
    - Need a variety of backgrounds and levels in out of programme experiences
    - How can we capture and incorporate these experiences into recommendations for now volunteers?
    - AHP's and non-medics need to be considered too – often opportunities just open for doctors
    - This is a major aim of global citizenship work in Scottish government
- There are various toolkits – incl. BMJ
    - However the diversity of projects and needs must be considered – advice tends to be generic if not project specific
- Tension between altruism and realism
    - Aware of perception of who is actually 'in need'