Applying IHI’s Breakthrough Collaborative in Belgium

Denis HERBAUX, PhD
5 years of dedication for Quality & Patient Safety with PAQS
<table>
<thead>
<tr>
<th>P</th>
<th>Plateforme</th>
<th>Platform</th>
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<tbody>
<tr>
<td>A</td>
<td>Amélioration continue</td>
<td>Continuous improvement</td>
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<tr>
<td>Q</td>
<td>Qualité des soins</td>
<td>Quality of care</td>
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<tr>
<td>S</td>
<td>Sécurité des patients</td>
<td>Patient Safety</td>
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Mission

PAQS aims to promote, support and organize the development and implementation of initiatives of continuous quality of care and patient safety improvement in Brussels and Walloon healthcare institutions.
Working together

Q/S

Healthcare institutions

Physicians
Nurses
Pharmacists
...

Health insurance fund

Regional authorities

Universities

Patients

Wallonie

Université catholique de Louvain

UNESSA

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A goal that becomes clearer

Accreditation
Information, awareness and training

Required Organizational Practices
Assist in implementation

Patient Safety
WHO Priorities
Best practices
Change packages
Measures

HRO: no harm!
From micro to macro level

2014
Tool
Aim

2020
We are working on:

- Patient identification
- Safe surgery
- Communication
- High risk medication
- Infections
- Leadership
- Team work
- Patients & Family involvement
- Quality indicators
- Document management
- Violence prevention
- Adverse events
Our activities

Programs
- Pilots
- Collaboratives
- Experiences sharing

Training
- In person
- E-learning
- Workshops

Resources
- Existing
- From our programs
- R&D

Communication
Providing usefull resources
Five years to save lives

Our main Program
Saving lives!

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act
Plan
Study
Do

Themes:
- Communication
- High-risk medication
- Identity vigilance
- Infections
- Safe surgery

Step 1: Engagement
Step 2: Training
Step 3: Measures
Step 4: Collaboratives
Step 5: Best practices

Developed by Associates in Process Improvement

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Collaborative?

• Shared and dynamic learning system where several teams from different hospitals work together on the same problem in order to quickly achieve improvements in the processes.

• The teams define the same goal, simultaneously test and implement the changes and share their experiences (successes, challenges, failures, etc.).

• Provides fast results, lessons learned and best practices.
How does it work?

Preparation:
- Goals definition;
- Implementation Package: List of evidence-based / best practice interventions (these will produce the expected results formulated in Collaborative Improvement Objectives);
- Choice of indicators.

Period of implementation:
- Develop and test changes in the local context to put into practice the interventions included in the "implementation package" promoted by the collaborative.
- Measure the impact of changes (indicators).

Shared learning:
- Share test results and solutions to learn from each other through business reports, challenges and lessons learned, presentation of sample layouts, dialogues and informal exchanges.

- Highlighting the best improvement interventions;
- Perpetuate improvements;
- Extension of best practices to other sites.
Improving...

1. Objectives

2. « gap analysis »

3. Planning

4. Implementation

5. Self assessment

6. Actions

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Set of practices and procedures based on the **best evidence available**.

There is a **consensus** (local and international experts) that their implementation in a systematic way will produce the expected results for the improvement objectives.

The content depends on what already exists in the context and the current level of quality issues.

Technical changes and/or organizational changes.
Final Package

• The set of changes and improvements that had a strong correlation with the achievement of the objectives of the collaborative.

• Up-to-date procedures and organizational methods: "essential standards" to achieve improvement goals.
Does it work?
Communication

Thématique Communication lors des transferts – % de dossiers avec une checklist de transfert

- Diffusion des différents outils élaborés, affichage, implémentation du score sortie du niveau via paramètres informatisés, formation des référents
- Période critique de congés, formation des personnes qui viennent en support à l'équipe
- Rappels et requalification via réunion et feed back des résultats
- Effectuer feed back résultats, encouragements pour atteindre l'objectif fixé, susciter adhésion de personnes ressources pour motiver le groupe malgré difficultés quotidiennes
Violence prevention

Thématique Prévention de la violence - % de dossiers avec une évaluation primaire de la violence dans les 7 jours de l’admission
Safe surgery – Time out

Thématique Safe Surgery - % de Time Out complétés et présents dans les dossiers des patients

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<thead>
<tr>
<th>Temporalité</th>
<th>Pourcentage de TO remplis</th>
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<tr>
<td>avant 18</td>
<td>4</td>
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<td>févr-18</td>
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<td>mars-18</td>
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<tr>
<td>mai-18</td>
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Hand hygiene – self-assessment (WHO)
Hand hygiene

Évolution du taux observance d’hygiène des mains (HdM) au F11

- Observations (T0)
- Observation (T2)
- Début du programme de formation (T1)
- Objectif
- Median

0.00 0.10 0.20 0.30 0.40 0.50 0.60 0.70 0.80 0.90

0.00 0.10 0.20 0.30 0.40 0.50 0.60 0.70 0.80 0.90

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Is it Magic? Is it Perfect?
How can I improve healthcare today?