Structured conversations with frontline staff: a powerful approach to quality improvement

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Introduction

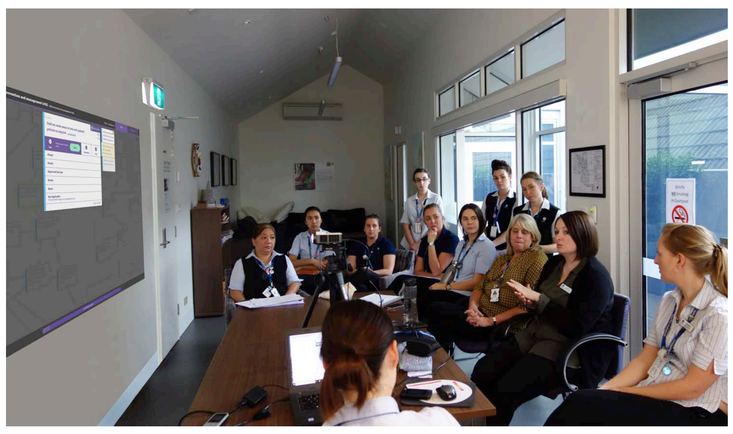
Map-enabled experiential review (MEER) is a novel approach to reviewing routine practice through structured conversations[a], which has been shown to be effective as a quality improvement tool in a clinical education context[b].

This exploratory study sought to determine whether MEER could similarly work in a clinical context, to improve engagement of frontline clinical staff in quality improvement activities and drive improvements in indicators of patient harm.

The project

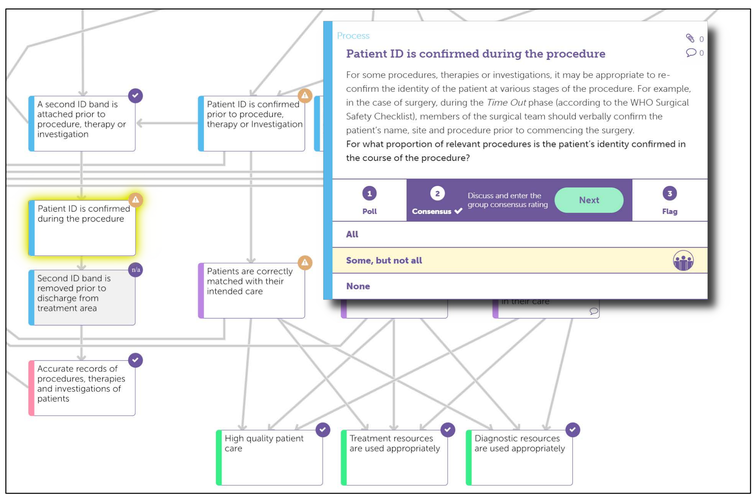
The intervention

The project was conducted at Epworth Richmond in the ED and ward 4Gray. Once a week over a 10-month period, staff in each unit participated in 35-minute team-based, structured conversations about their routine practices relating to NSQHS standards (1st Edition). Structure for the conversations was provided by graphical process maps representing each standard. The discussions were facilitated by interactive map-based tools using an online application called MEERQAT.



Staff in 4Gray and visiting Executive Managers participate in a MEER session

Each standard has its own map, which shows the *inputs*, *activities*, *outputs* and *outcomes* through which the objectives of the standard are met. Teams of staff work their way through the map, rating each component based on their knowledge and experience.



A section of the MEERQAT map for Patient ID, showing an open node rating panel

Five standards were included in the project, with the participating units taking one month to work through the map for each standard. After completing each standard the first time, the series was repeated over the next five months.

- Jan & Jun – Clinical handover (Std 6)
- Feb & Jul – Preventing and controlling HAI (Std 3)
- Mar & Aug – Medication safety (Std 4)
- Apr & Sep – Falls prevention and management (Std 10)
- May & Oct – Patient ID and procedure matching (Std 5)

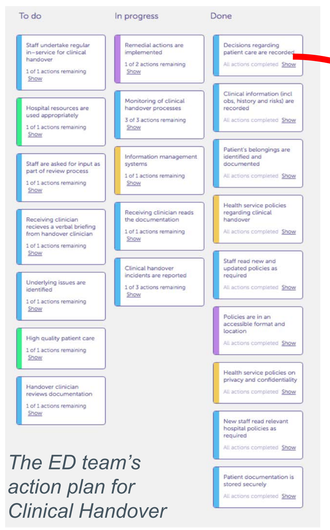
In addition to rating each node in the map, staff suggested actions for inclusion in their quality improvement action plan to address the issues they identified during their team-based discussions. Approximately 50% of action plan tasks were completed over the course of the project.

REFERENCES

a. Cohen DR, Cohen PJ, Anderson V. (2018) Map-enabled experiential review: A novel approach to engaging healthcare staff in quality improvement. Management in Healthcare 3:187–98.

b. Cohen DR, Cohen PJ, Anderson V, Goodarz M, Dillon K and Weidemann KE. (2018) Implementation of the Best Practice Clinical Learning Environment Framework: A case study for improving learning in the clinical setting using a novel quality improvement approach. Management in Healthcare 3: 24-40.

The project (cont)



The ED team's action plan for Clinical Handover

A staff member demonstrates the revamped whiteboards in ED cubicles

Data collection

- Staff awareness of – and attitudes to – quality improvement, and their perceptions of the intervention, were canvassed through online surveys.
- The intervention's impact on measures of patient safety was determined through analysis of monthly RiskMan data.

Results

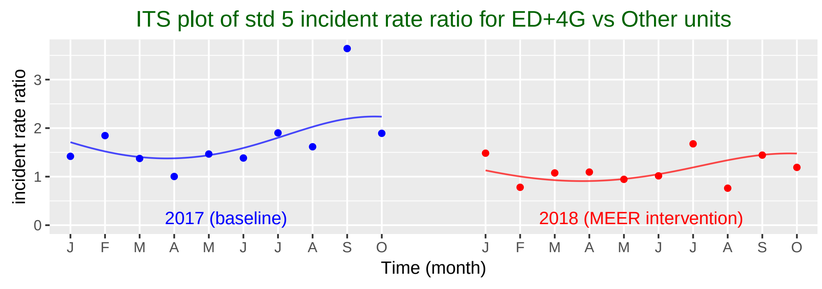
Survey results

The MEER approach was well received by staff, who reported increased awareness and understanding of the national standards and related hospital policies and protocols, as well as increased interest in quality issues.

	Agree/Strongly agree		
	2.5 months (n=28)	5 months (n=39)	10 months (n=31)
I have enjoyed the team-based discussions	89%	92%	90%
I like the process of reviewing the standards using the map-based graphical representations in the MEERQAT tool	79%	82%	84%
I have enjoyed the opportunity to reflect on my own clinical practice	89%	95%	94%
I have felt comfortable expressing my views and opinions in the team-based discussions	93%	92%	87%
I have found hearing the different perspectives amongst my colleagues to be worthwhile	96%	100%	97%
I have learnt new information about the national quality standards	86%	95%	97%
I have learnt new information about specific Epworth policies and protocols	82%	97%	97%
I have volunteered to assist with some of the specific improvement actions identified in the project (I was involved in QI activities in the 12 months before the project commenced)	57% (25%)	53% (29%)	61% (16%)
	Somewhat/Greatly increased		
	2.5 months (n=29)	5 months (n=39)	10 months (n=32)
How would you compare your level of interest in quality issues and quality improvement now to before your first MEERQAT session?	72%	87%	84%
	"Yes"		
Since the project commenced…	2.5 months (n=30)	5 months (n=41)	10 months (n=32)
Staff within my ward/unit are generally more aware of quality	67%	80%	91%
There are more informal discussions about the quality standards in our ward/unit	67%	66%	81%
There have been some notable improvements in practice amongst all staff in our ward/unit	41%	68%	88%

RiskMan results

Incident reports for Std 5 provided an objective perspective on the impact of the MEER intervention and revealed a 34% statistically significant decrease in the incident rates of the two participating units relative to the rest of the hospital.



Relative Risk (RR) = 0.66
(0.52 – 0.84 95% confidence interval)
p = 0.00056

Conclusions

This project provided promising initial results on the feasibility and effectiveness of MEER as a quality improvement approach in an acute clinical setting.

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- Annie Curtin, Vitas Anderson and Donna Cohen have a financial interest in the MEERQAT online tool. Fran Brockhus has no interests in the MEERQAT tool.