

Episode 16

QPS TalkTime



A community of quality and patient safety improvers

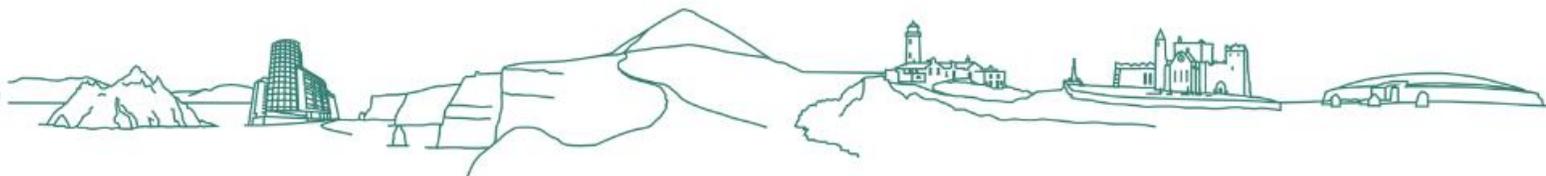
21 November 2023 | 1pm to 2pm

Using QI to Improve Stroke Care



An Stiúirthóireacht um Ardchaighdeáin
agus Sábháilteacht Othar
Oifig an Phríomhóifigigh Cliniciúil

National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer



NQPSD Resources

Join the Q Community

Apply to become a member of Q Community – find out more via the Q Website

About

We are a community of thousands of people across the UK and Ireland, collaborating to improve the safety and quality of health and care. Q is delivered by the Health Foundation and supported and co-funded by partners across the UK and Ireland.



For information on how to apply contact:
qps.improvement@hse.ie

Your Health Your Voice resources



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Improvement Collaborative Handbook

Find out more about our latest resource, scan the QR Code below



Listen to our podcast series

Listen to seven podcasts based on the Patient Safety Strategy themes.



Follow Us on Social Media



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Watch back on YouTube

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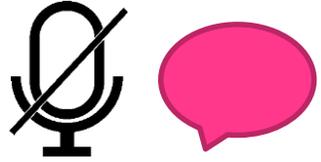


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QPS Directorate**



How we are running today's session



- You will be muted but the chat is open throughout - please post any questions or comments there and we will address them after the presentation.



- If your tech fails, don't worry – we're recording it so you can watch back on the NQPSD YouTube channel and access the slides at your convenience.



- Audio is available via your PC or dial in:
 - +353-153-39982 Ireland Toll
 - +353-1526-0058 Ireland Toll 2
 - Access code:** 2732 901 3711



Please feel free to continue the discussion on Twitter / X: **@QPSTALKTIME**
| @NationalQPS | @mapflynn | @Margare18334623 | @JulieKeane16 | @ConnFion | @noca_irl |
| #QIreland | #patientsafety |



- Please help us to improve our QPS TalkTime Webinars by completing a short feedback form (pop up window before you log out)



- You will receive an email from QPS TalkTime confirming your attendance

To get started ... we invite you to

Share using the chat box

- Your name, work and where you are joining us from ...
- Respond to this statement:

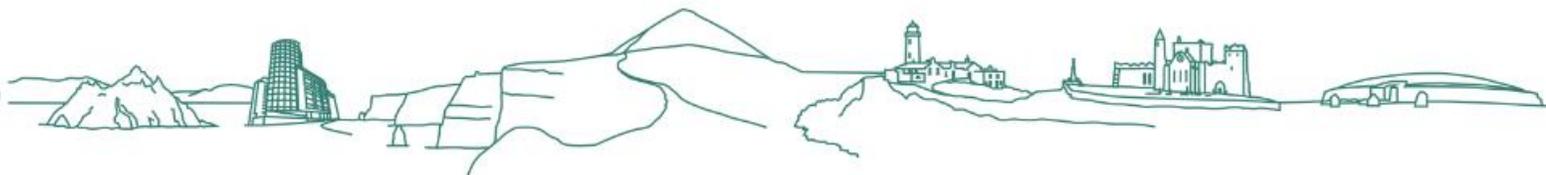
“A goal of 100% is always achievable...”



A community of quality and patient safety improvers

What is the session about?

- Hear about the power of clinical audit and integration of Quality Improvement.
- Learn about the importance of swallow screening in stroke care and the application of evidence in practice.
- Gain an insight into Quality improvement in practice to improve stroke care.
- Take away tips and tricks in implementing QI.





A community of quality and patient safety improvers

Today's speakers



Joan McCormack

Cardiovascular Programme
Audit Manager, National
Office of Clinical Audit



Fiona Connaughton

Interim Nurse Lead for
the National Programme
for Stroke



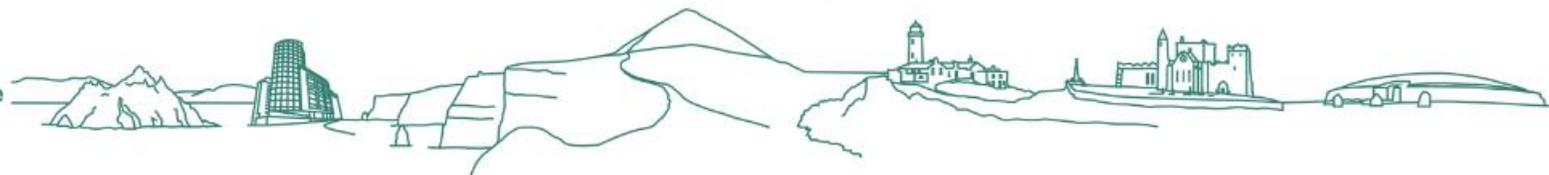
Julie Keane

Joint HSCP Lead National
Clinical Programme for
Stroke.



Margaret Carney

Clinical Nurse Specialist
in stroke care



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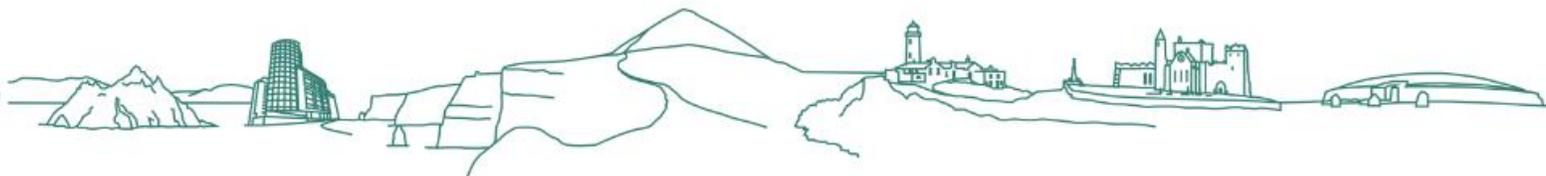
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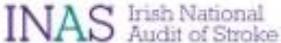
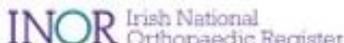
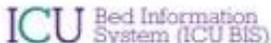
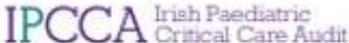
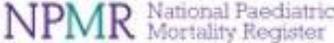
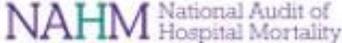
NATIONAL OFFICE OF CLINICAL AUDIT

IRISH NATIONAL AUDIT OF STROKE

QPS TALKTIME: QI IN STROKE

Joan McCormack
Cardiovascular Programme Audit Manager
joanmccormack@noca.ie

NOCA National Office of Clinical Audit

 <p>IHAA Irish Heart Attack Audit</p>		 <p>INAS Irish National Audit of Stroke</p>	
 <p>MTA Major Trauma Audit</p>		 <p>Irish Hip Fracture Database IHFD</p>	
 <p>INOR Irish National Orthopaedic Register</p>		 <p>ICU Irish National ICU Audit</p>	
 <p>ICU Bed Information System (ICU BIS)</p>		 <p>IPCCA Irish Paediatric Critical Care Audit</p>	
 <p>NPMR National Paediatric Mortality Register</p>		 <p>NAHM National Audit of Hospital Mortality</p>	

NOCA also provides governance for the national maternity audits managed by NPEC



NOCA National Office of Clinical Audit | IHAA Irish Heart Attack Audit

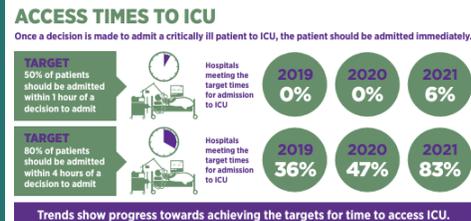
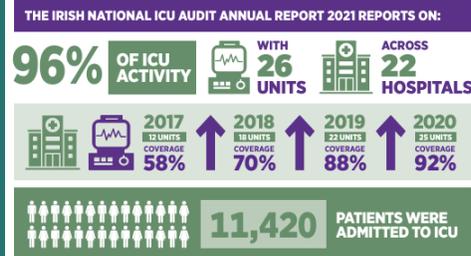
IRISH HEART ATTACK AUDIT NATIONAL REPORT 2021



NOCA National Office of Clinical Audit | ICU Irish National ICU Audit

IRISH NATIONAL ICU AUDIT SUMMARY REPORT 2021

The Irish National ICU Audit (INICUA) was established by the National Office of Clinical Audit (NOCA) in 2013. The Audit reports on the care of patients in adult Intensive Care Units (ICUs), the sickest patients in the hospital.



NOCA National Office of Clinical Audit | NPMR National Paediatric Mortality Register

NATIONAL PAEDIATRIC MORTALITY REGISTER 2023

A REVIEW OF MORTALITY IN CHILDREN AND YOUNG PEOPLE IN IRELAND

NOCA National Office of Clinical Audit | MTA Major Trauma Audit

MAJOR TRAUMA AUDIT NATIONAL REPORT 2021



NOCA National Office of Clinical Audit | NAHM National Audit of Hospital Mortality

NATIONAL AUDIT OF HOSPITAL MORTALITY ANNUAL REPORT 2021



NATIONAL OFFICE OF CLINICAL AUDIT

IMPACT REPORT 2023



NOCA National Office of
Clinical Audit



NOCA CONFERENCE 2023

AUDIT MATTERS



DATE: 31st January 2023

LOCATION: RCSI, 123 St Stephen's Green, Dublin 2



@noca_irl #NOCA2023

In association with RCSI Charter Week 

NOCA National Office of
Clinical Audit

QUALITY IMPROVEMENT CHAMPION AWARD 2023

Call out for submissions

We are seeking nominations from a person or team who have shown dedication to quality improvement (QI) within their hospital / hospital group / healthcare area.

All details on how to submit a nomination are available on www.noca.ie/news-events

Closing date for submissions 13th January 2023

@noca_irl

#NOCA2023

NOCA National Office of
Clinical Audit



NOCA CLINICAL AUDIT AMBASSADORS

**CALLING ALL LOCAL HOSPITAL
NOCA AUDIT COORDINATORS,
CLINICAL LEADS AND THOSE WHO
ENTER AUDIT DATA FOR NOCA
AUDITS AT HOSPITAL LEVEL.**

From the 13th-17th June 2022, we want to say thank you for all you do for clinical audit.

Send us your photos, stories or short videos about your role and why clinical audit is important to you.

LEARN MORE

www.noca.ie/news-events

#CAAW22
@noca_irl



INAS Irish National Audit of Stroke

LETTERKENNY UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Ken Mulpeter
AUDIT COORDINATOR: Christine McLaughlin

MAYO UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Tom O'Malley
CLINICAL LEAD: Dr Tom Lee
AUDIT COORDINATOR: Joanne Carolan

UNIVERSITY HOSPITAL SLIGO

CLINICAL LEAD: Dr Paula Hickey
AUDIT COORDINATOR: Una Moffatt
AUDIT COORDINATOR: Margaret Carney

PORTIUNCULA UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Niamh Hannon
AUDIT COORDINATOR: Mary Diskin

UNIVERSITY HOSPITAL GALWAY

CLINICAL LEAD: Dr Tom Walsh
AUDIT COORDINATOR: Mary Rooney Hynes

UNIVERSITY HOSPITAL LIMERICK

CLINICAL LEAD: Dr Margaret O'Connor
CLINICAL LEAD: Dr John McManus
AUDIT COORDINATOR: Nora Cunningham
AUDIT COORDINATOR: Ingrid O'Brien
AUDIT COORDINATOR: Claire Collins

CORK UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Liam Healy
CLINICAL LEAD: Dr Simon Cronin
AUDIT COORDINATOR: Glen Arrigan
AUDIT COORDINATOR: Karena Hayes
AUDIT COORDINATOR: Ann O'Sullivan
AUDIT COORDINATOR: Ines Saramago

MERCY UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Catherine O'Sullivan

TIPPERARY UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Arslan Sohail
AUDIT COORDINATOR: Bency Varghese

UNIVERSITY HOSPITAL KERRY

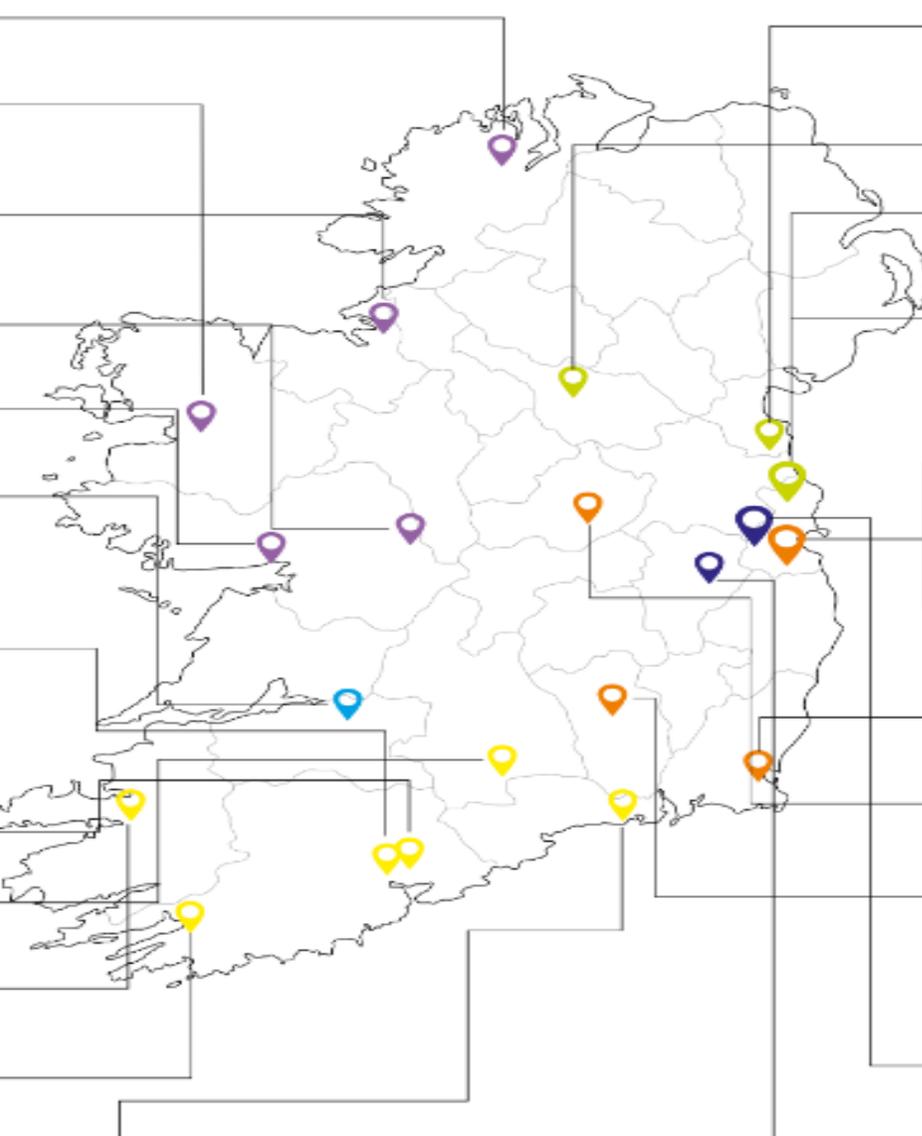
CLINICAL LEAD: Dr Barry Moynihan
AUDIT COORDINATOR: Mary Donovan

BANTRY GENERAL HOSPITAL

CLINICAL LEAD: Dr Brian Carey
AUDIT COORDINATOR: Noreen Lynch

UNIVERSITY HOSPITAL WATERFORD

CLINICAL LEAD: Prof. Riona Mulcahy
CLINICAL LEAD: Dr George Pope
AUDIT COORDINATOR: Catherine Whittle



OUR LADY OF LOURDES HOSPITAL, DROGHEDA

CLINICAL LEAD: Dr Olwyn Lynch
AUDIT COORDINATOR: Helen Hobson
AUDIT COORDINATOR: Sandra Matthews

CAVAN GENERAL HOSPITAL

CLINICAL LEAD: Dr John Corrigan

CONNOLLY HOSPITAL

CLINICAL LEAD: Dr Eamon Dolan
AUDIT COORDINATOR: Lisa Donaghy
AUDIT COORDINATOR: Maya Baby

BEAUMONT HOSPITAL

CLINICAL LEAD: Dr Karl Boyle
AUDIT COORDINATOR: Emma Hickey
AUDIT COORDINATOR: Julie Lynch
AUDIT COORDINATOR: Carla O'Farrell

MATER MISERICORDIAE UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Michael Marnane
AUDIT COORDINATOR: Rachael Dooley
AUDIT COORDINATOR: Deepa Jose
AUDIT COORDINATOR: Roisin Callaghan

ST VINCENT'S UNIVERSITY HOSPITAL

CLINICAL LEAD: Dr Tim Cassidy
AUDIT COORDINATOR: Imelda Noone
AUDIT COORDINATOR: Mary Kate Meagher

WEXFORD GENERAL HOSPITAL

CLINICAL LEAD: Dr Emma O'Sullivan
AUDIT COORDINATOR: Elaine Crosby

REGIONAL HOSPITAL MULLINGAR

CLINICAL LEAD: Dr Clare Fallon
AUDIT COORDINATOR: Sinead Gallagher

ST LUKE'S GENERAL HOSPITAL CARLOW-KILKENNY

CLINICAL LEAD: Dr Paul Cotter
AUDIT COORDINATOR: Ann Flahive

ST JAMES'S HOSPITAL

CLINICAL LEAD: Prof. Joe Harbison
AUDIT COORDINATOR: Orla Kennedy
AUDIT COORDINATOR: Julieanne Kirwan

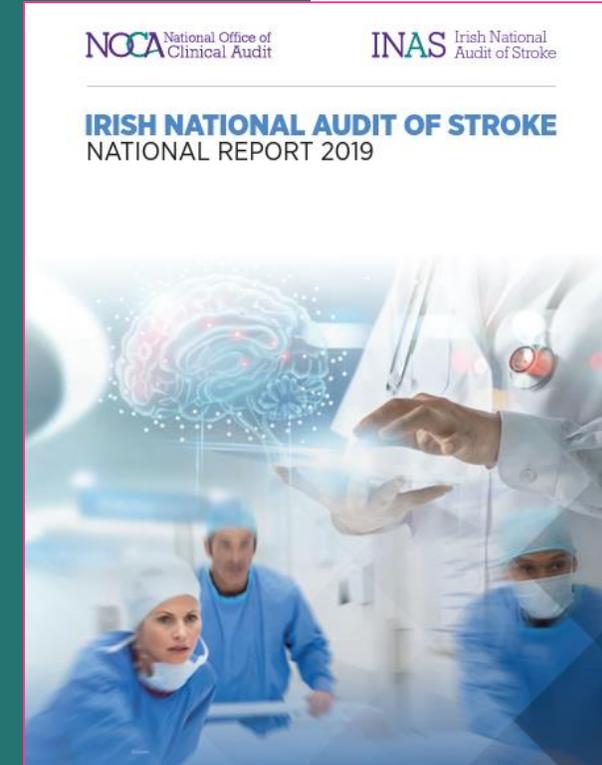
TALLAGHT UNIVERSITY HOSPITAL

CLINICAL LEAD: Prof. Rónán Collins
CLINICAL LEAD: Dr Dan Ryan
AUDIT COORDINATOR: Nicola Cogan
AUDIT COORDINATOR: Suzanne Greene

NAAS GENERAL HOSPITAL

CLINICAL LEAD: Dr Paul O'Brien
AUDIT COORDINATOR: Patricia Daly
AUDIT COORDINATOR: Karen Sinnamon

How are we using the data to improve care?



<https://www.noca.ie/audits/irish-national-audit-of-stroke-inas>

INAS DASHBOARD

Source: HIPE Report Execution Date: 19/10/2023 Data Extract Period: 01/01/2016 - 30/06/2023

Date Selection:

- Q1 2022
- Q2 2022
- Q3 2022
- Q4 2022

KQI - Hospital Key Quality Indicator

KQI 1



67%

N:181 D:270

Percentage of cases admitted to a stroke unit

*N: Numerator
*D: Denominator

KQI 2



42%

N:1920 D:4548

Percentage of time patients spent in a stroke unit

KQI 3



11%

N:25 D:225

Percentage of ischaemic stroke cases receiving thrombolysis

KQI 4



29

National:59

Median time between hospital arrival time and brain imaging time (minutes)

KQI 5



39

National:55

Median time between hospital arrival time and time of thrombolysis (minutes)

KQI 6



54%

N:145 D:270

Percentage of cases who have a swallow screen completed

KQI 7



65%

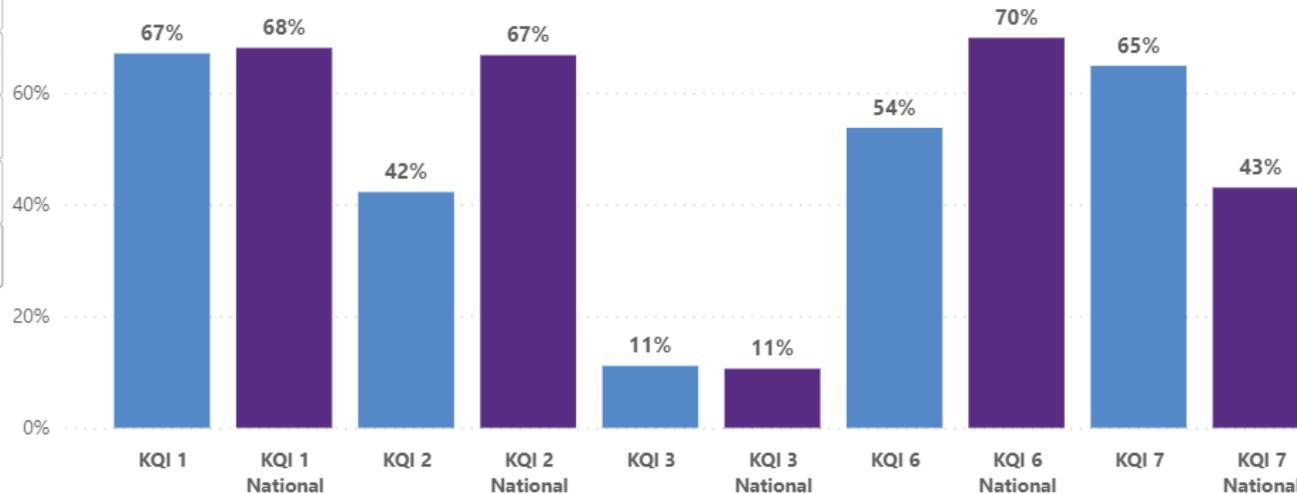
N:94 D:145

Percentage of cases who have a swallow screen completed within 4hrs

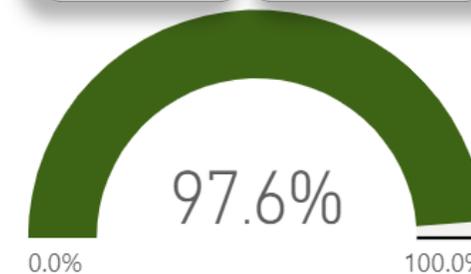
MENU



KQI's

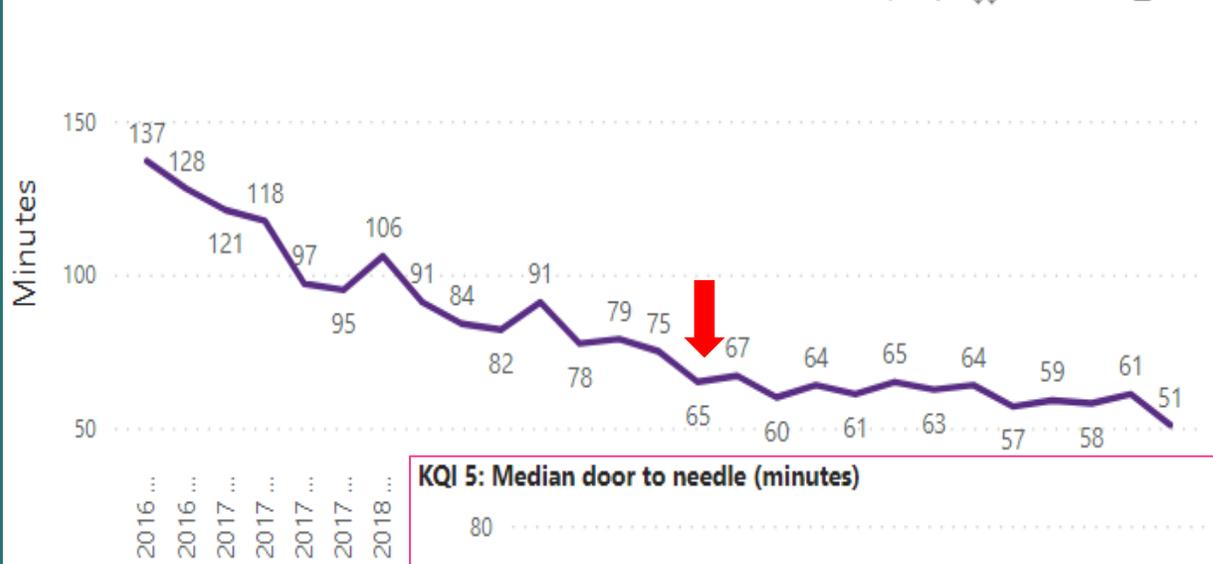


Coverage (Capped at 100%) :

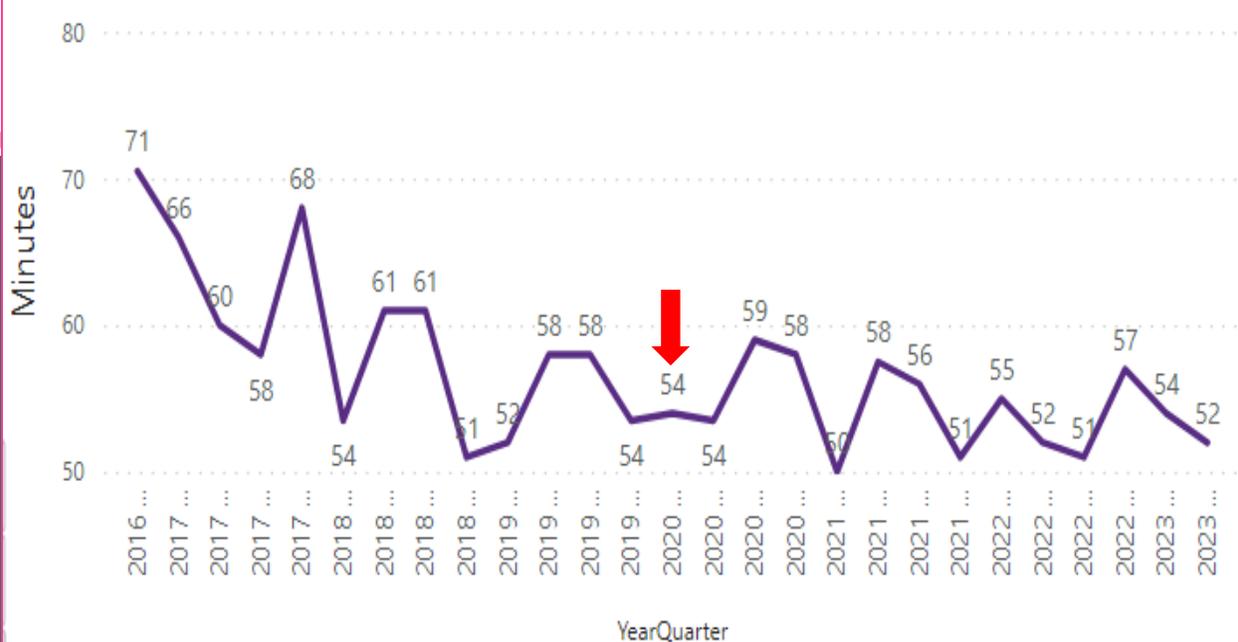


DO QI PROJECTS IMPACT NATIONALLY?

KQI 4: Median door to CT (minutes)



KQI 5: Median door to needle (minutes)



Door to Decision in 30! QI Project

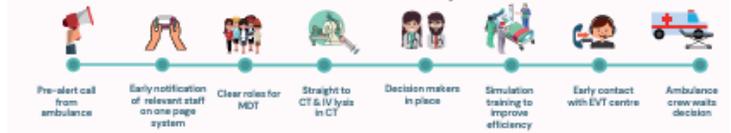
A Quality Improvement Project ("Door to Decision in under 30!"), commenced in 2018 for the care of patients with acute ischaemic stroke. This was initiated by Dr. John Thornton, Director, National Thrombectomy Service, with the engagement of the QI Department in the RCPI and dedicated QI leads employed through the RCSI, Dr. Naomi Nowlan & Ms. Róisín Walsh, this was funded through industry grant and payments from hospitals involved in the project, 22 out of 23 hospitals admitting acute stroke patients participated in the programme.

<p>7919</p> <p>FAST + Patients</p> <p>Improved data collection in FAST+ patients including those with possible strokes. To end of 2020, 7919 FAST patient journeys were documented as part of the QI project.</p>	<p>3512</p> <p>Decisions Recorded</p> <p>To end of 2020, 3512 patients had the time of decision regarding their suitability for thrombectomy recorded. Documented decision times focuses the team on the steps of the acute stroke pathway.</p>	<p>43mins</p> <p>Door to Decision</p> <p>Median time from door to decision for treatment for all FAST+ patients decreased from 71mins in 2018 to 43mins in 2020.</p>	<p>22 of 23 Hospitals</p> <p>22 hospitals have participated in the 8 month formal QI Collaborative, with continued participation and repeated PDCA cycles.</p>
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2020 Results (n3796)

<p>Median Door to CT 29 mins (n3343)</p>	<p>Median CT to Decision 13 mins (n1500)</p>	<p>Median Door to Decision 43 mins (n1830)</p>	<p>Median Door to TPA 53mins (n426)</p>	<p>392 Thrombectomies</p> <p>49% Functional Independence at 90 days post Thrombectomy</p>
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Examples of the many interventions tested to date, tailored to each hospital

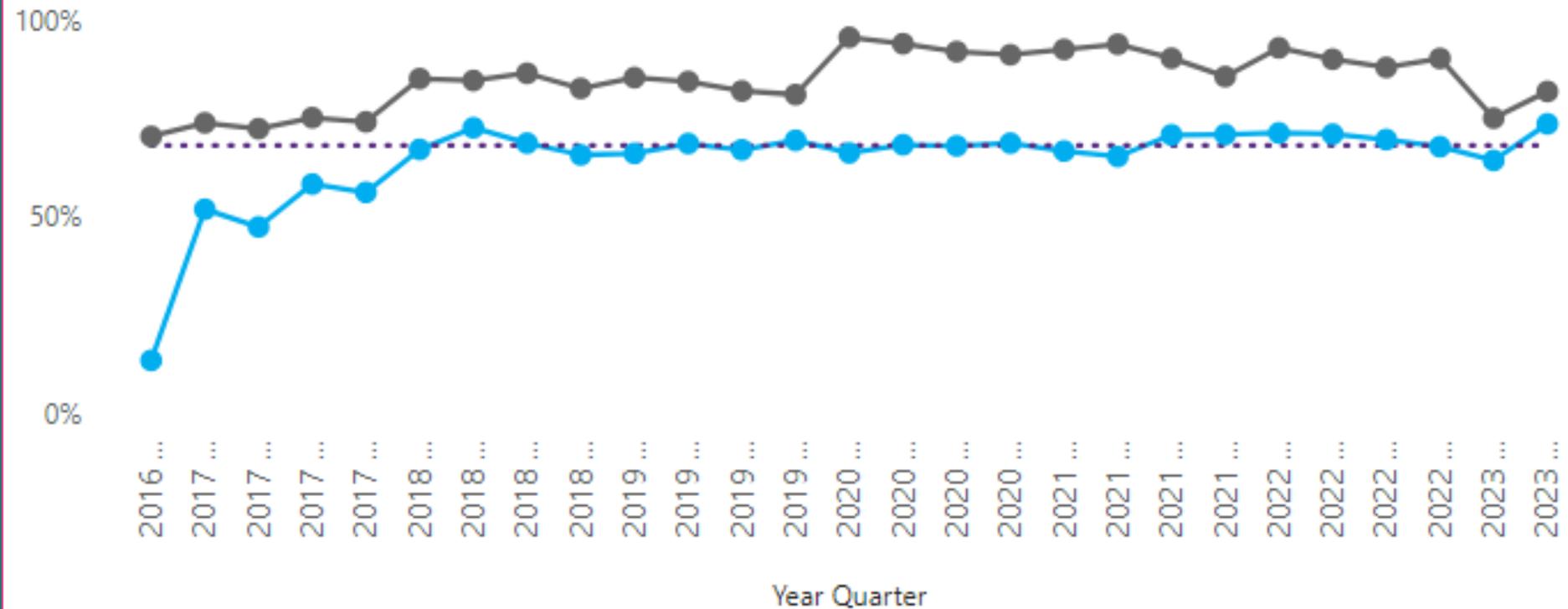


For more information please contact The National Thrombectomy Service at thrombectomy@bausummit.ie

WHAT ABOUT SWALLOW SCREENING?

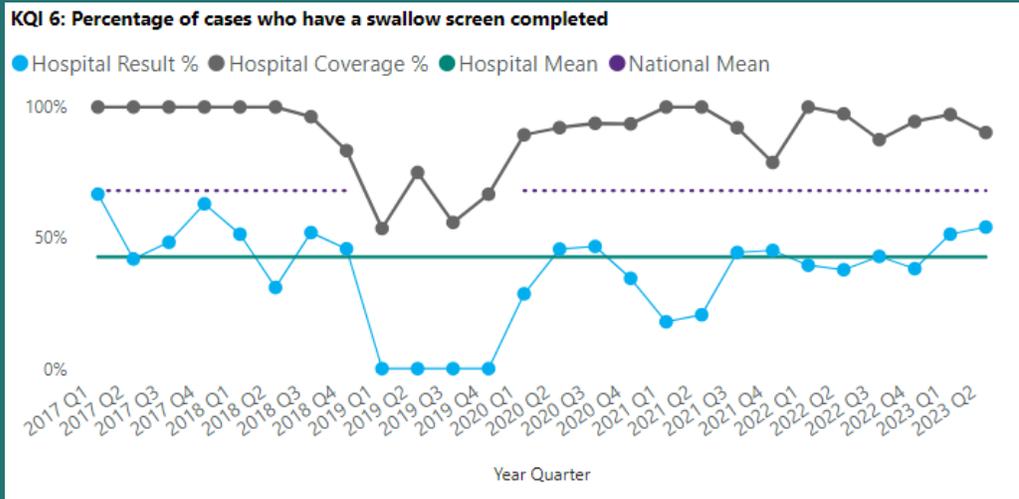
KQI 6: Percentage of cases who have a swallow screen completed

● National Result % ● National Coverage % ● National Mean

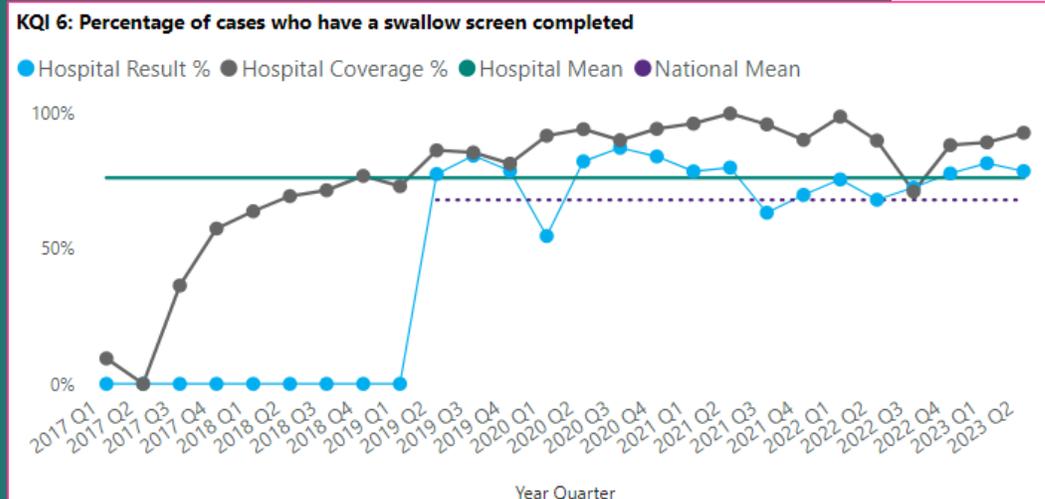


WHAT WE SEE FROM 2023?

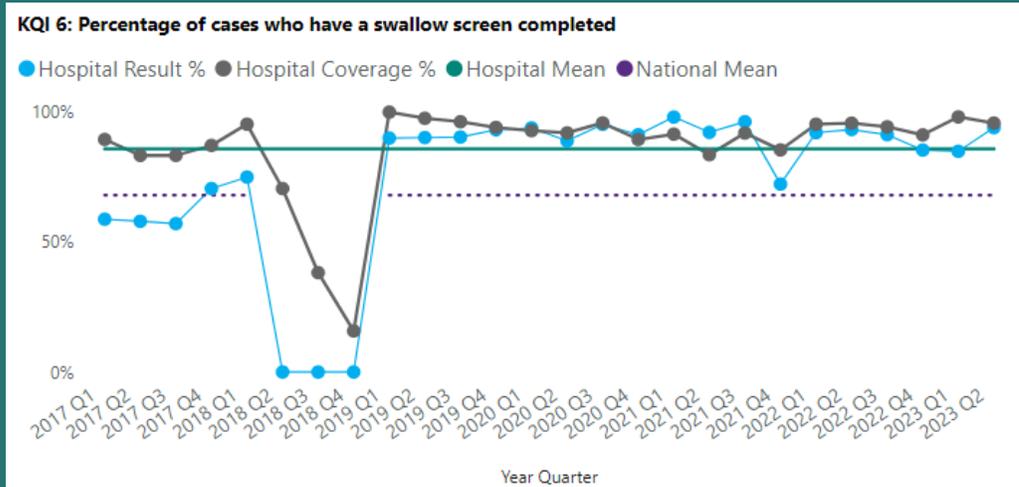
St Luke's Hospital Carlow/Kilkenny



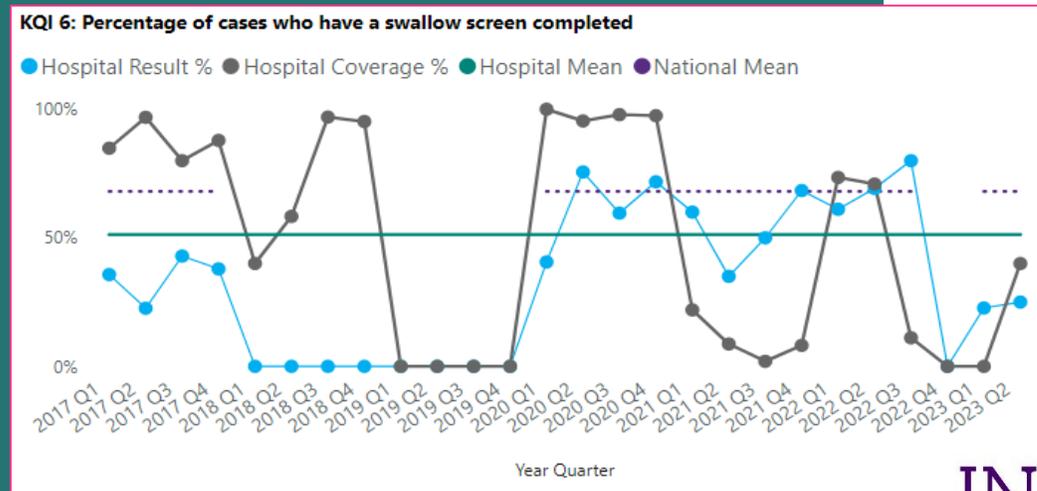
Mater Misericordiae University Hospital



Sligo University Hospital



Regional Hospital Mullingar



LAUNCH: Irish National Audit of Stroke National Report 2022

🕒 DECEMBER 15TH @ 11:00AM

📍 WEBINAR

The launch of the Irish National Audit of Stroke National Report 2022 will be held via webinar on Friday 15th December 2023 from 11.00am-12.45pm. This is a free event and it will be hosted via Zoom.

NOCA National Office of
Clinical Audit



LIVE WEBINAR

LAUNCH
IRISH NATIONAL AUDIT OF STROKE NATIONAL REPORT 2022

15th December 2023 📅
11:00 AM 🕒

SCAN THE QR
CODE TO
REGISTER NOW



X #STROKEAUDIT

NOCA National Office of
Clinical Audit

INAS Irish National
Audit of Stroke

Thank you

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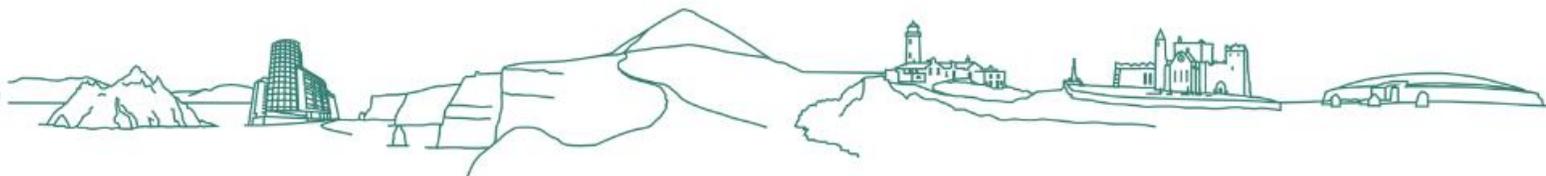
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National Quality and
Patient Safety Directorate
Office of the Chief Clinical Officer



Swallow Screening in Irish Acute Stroke Services

A Quality Improvement Project

Julie Keane, HSCP Lead National Clinical Programme for Stroke



Does swallow screening matter in acute stroke care?



Dysphagia is common in acute stroke



Dysphagia is associated with negative health outcomes



Dysphagia screening found to have a protective health benefit

Prevalence

- Meta-analysis completed – prevalence in acute phase approx. **42%** but studies were heterogenous
- Using instrumental diagnostics – prevalence = **75%** (Banda et al, 2022)
- Dysphagia after stroke can improve or resolve in acute phase with rehabilitation but it can persist into the chronic phase, making stroke one of the most common causes of dysphagia (Labeit et al, 2023)

Negative Health Outcomes

- People with dysphagia are **3 times**, and those with aspiration **11 times**, more likely to develop **pneumonia** (Kumar 2010; Rofes 2011)
- Associated with **malnutrition** (Srutinio et al 2020), compromised rehab effectiveness (Morone et al., 2019), **reduced quality of life** (Morone et al., 2020), **increased mortality** (Morone et al., 2020)
- ↑ odds in hospital readmission, the second most NB risk factor after stroke severity (Hickson et al., 2021)
- Stroke associated pneumonia (SAP) linked with **higher mortality in severe stroke** patients; avoiding SAP in severe stroke patients may **reduce mortality by 43%** (Gittens, Lobo Chaves, Vail & Smith, 2023)

Protective Health Benefit

- A significant protective health benefit of dysphagia screening following stroke for **reduced mortality, quality of life, and length of stay** (Garcia & Martino, 2021)

Yes, it matters!



When should it be completed?

Guideline, Year	Recommendation	Timeframe
BIASP, 2023	Patients with acute stroke should have their swallowing screened, using a validated screening tool, by a trained healthcare professional within four hours of arrival at hospital and before being given any oral food, fluid or medication	within four hours of arrival at hospital
Canadian Stroke Best Practices, 2022	Patients should be screened for swallowing impairment before any oral intake, including medications, food, and liquid, by an appropriately trained professional using a valid screening tool	as early as possible , ideally on the day of admission, using validated screening tools
Australia & New Zealand, 2022	People with acute stroke should have their swallowing screened, using a validated screening tool, by a trained healthcare professional	within four hours of arrival at hospital and before being given any oral food, fluid or medication.
ESO, 2021	In all patients with acute stroke, we recommend a formal dysphagia screening test to prevent post-stroke pneumonia and decrease risk of early mortality. We recommend to screen the patients as fast as possible after admission. For screening, either water-swallow-tests or multiple-consistency tests may be used. In patients with acute stroke, we recommend no administration of any food or liquid items, including oral medication, until a dysphagia screening has been done and swallowing was judged to be safe.	as fast as possible after admission
AHA 2019	Dysphagia screening before the patient begins eating, drinking, or receiving oral medications is effective to identify patients at increased risk for aspiration.	nil
Ireland (2017)	The NCP-S recommends that the swallow screen is performed on all stroke patients within four hours of admission but before any oral intake	4 hours of admission

When should it be completed?

Positive impact of early vs late screening

- Odds ratio for pneumonia in late vs early screening (OR, 0.39; 95% CI, 0.24–0.61), favouring early screening

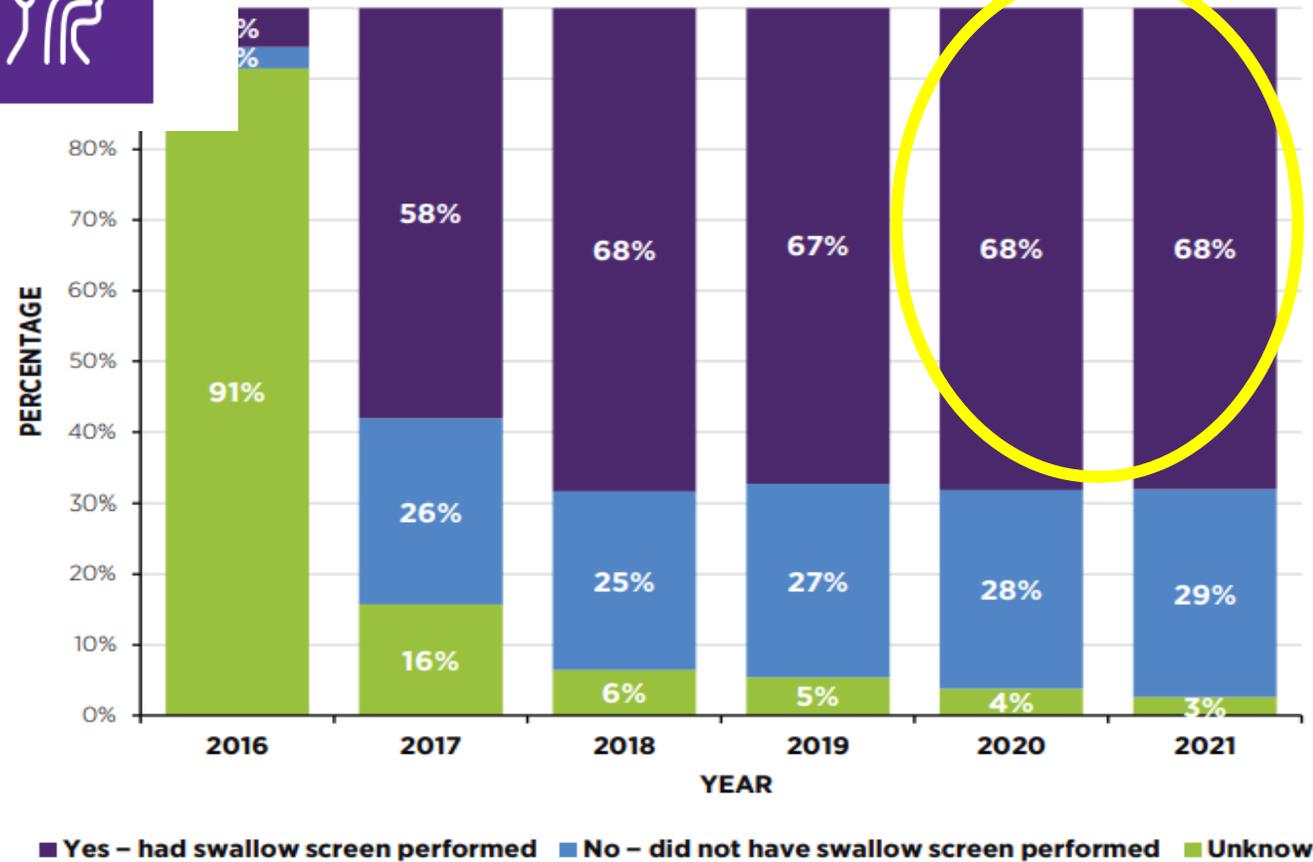
The earlier the better!!!

- Differences across studies; 3 articles used **24 hours** [Al Khalifa et al., 2016; Middleton et al., 2019; Svendsen et al., 2014]; 1 article **<4 hours** [Han et al., 2018]; and 1 article **<79 minutes** [Bray et al., 2017]

How is Ireland doing?

KQI 6: Percentage of cases who have a swallow screen completed (Target: 100%).

2021: 68%

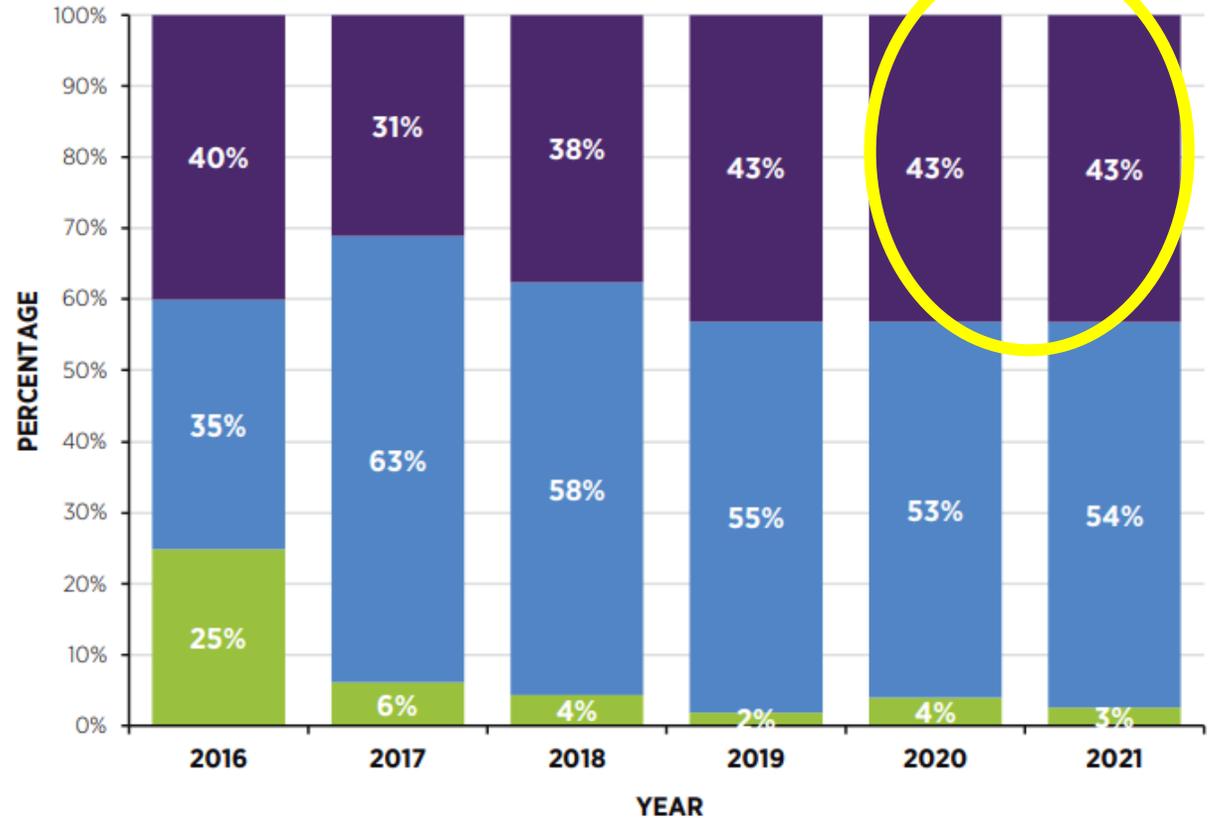


KQI 7: Percentage of cases who have a swallow screen completed within 4 hours of hospital admission (Target: 100%).

2021: 43%



Could do better



- Yes - had swallow screen performed within 4 hours
- No - did not have swallow screen performed within 4 hours
- Unknown

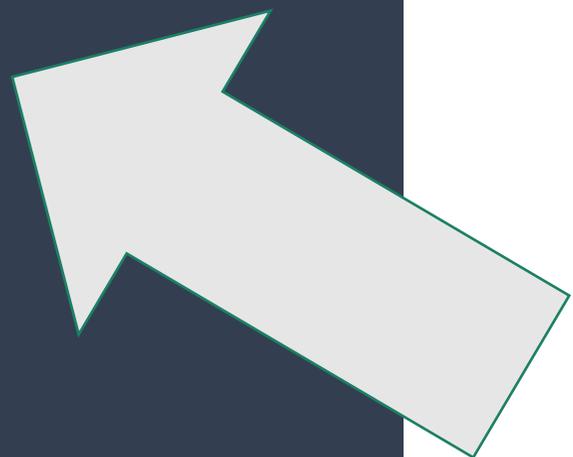


Figure 2: Defining Quality Improvement
(adapted from Batalden, Davidoff QualSafHealth Care 2007)

Expert Advisory Group seeking consensus on...

- Timestamp for swallow screening that we will adopt in Ireland
- Possibility of using one tool nationally

Expert
Advisory
Group



Quality
improvement
project

Improved
quality of
swallow
screening in
acute stroke in
Ireland

Phase 1: improve overall rates screening in pilot sites

Phase 2: improve overall rates nationally & review timing target

Phase 1 QIP



Target?

To achieve **100%** swallow screening rates for acute stroke patients during their acute admission for Q1 2024 (end date March 31st 2024)



Where?

4 pilot sites; Sligo University Hospital, Regional Hospital Mullingar, St Luke's General Hospital Kilkenny, The Mater Misericordiae University Hospital



Change methodology?

Process mapping
Plan Do Study Act Cycles

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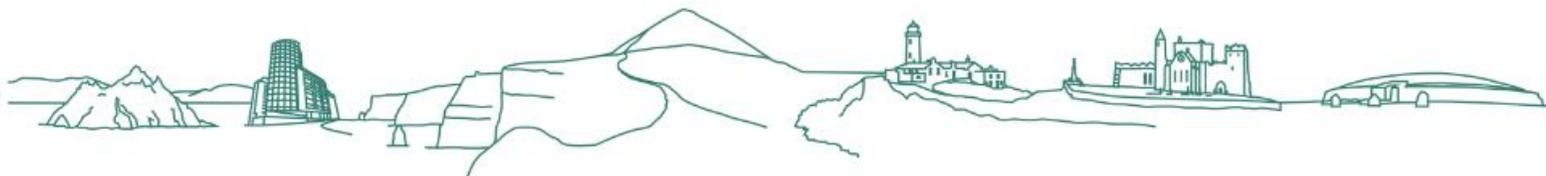
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Patient Safety Directorate
Office of the Chief Clinical Officer



Swallow Screening QI Project in Sligo University Hospital

Margaret Carney
Stroke Clinical Nurse
Specialist



Project Aim:

To achieve 100% swallow screening rates for acute stroke patients during their acute admission to Sligo University Hospital from July to Oct 2023.



Project Team:

- Dr. Paula Hickey, Consultant Physician
- Úna Moffatt, ANP Stroke
- Margaret Carney, CNS Stroke/ESD
- Cliona Finnerty, SLT
- Dorothy Nolan Shaw, SLT/ESD
- Sinéad Carthy, SLT Manager



Background & Context

- Research shows benefits
- **Patient**
- Recommendation from National Stroke Strategy
- Improve local results
- 2022 - SUH achieved 86% of cases had a swallow screen completed.
- 2021 - percentage of cases who had a swallow screen completed was 68%.



“We were good but not good enough”



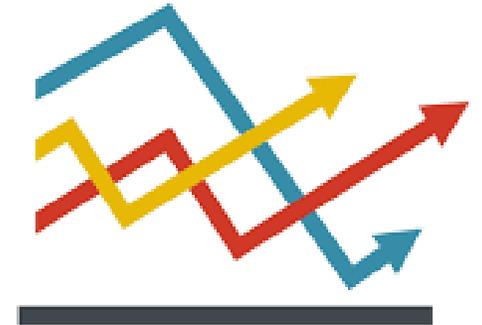
Key Project Measures

Outcome measure(s):

- Achieve 100% swallow screen rate for duration of QI from July to Oct 2023
- Better compliance with documentation

Process measure(s):

- Documentation completed accurately to show swallow screen completed (random audit of 5 stroke patient charts)
- Individual hospital figures on number of stroke staff trained in swallow screening
- Self-assessment questionnaire
- **Balancing measure(s):**
 - Increased stress/workload for staff (will be measured in self-questionnaire)
 - Increased learning opportunity/ satisfaction for staff/awareness of QI
 - Swallow screening in 4 hours (will it increase alongside this QI?)
 - Positive/negative impact of referrals to SLT – would it increase workload?



What is a PDSA cycle?

- Useful resource in determining and implementing actions required for a quality improvement project.
- The underlying principle of the PDSA cycle is that the activity is not complete until evaluation shows it has been effective

How did Sligo University Hospital plan their improvement?

- Process mapping – simple exercise, allowed our team to know where to start when making improvements.
- Barriers and facilities of swallow screening assessment
- Assumptions around screening patients
- Allowed us to focus on areas that needed attention i.e. End of life and Independent patients.



PDSA Cycles: No 1

Plan: 4th July 23

- Meeting with team and NCP-s leads
- What were we planning to do?

Do: 24th July and 31st July

- Collect baseline data (2 weeks in Jan 23)
- Collect cycle 1 data for 14 consecutive days (swallow screen Yes/No, within 4 hrs and time of screen and documentation) of all stroke admissions. Completed 3 staff questionnaires
- Staff Questionnaires and record number of staff trained

Study: 7th Aug

- Review all data and record on excel sheet

Act: 15th Aug

- Met virtually with team and NCP-s leads
- Although 100% was achieved, low numbers so plan for Cycle 2, possible achieve over longer period of time



PDSA Cycles: No 2

Plan: 24th Aug

- Team meeting with NCP-S leads and plan cycle 2.
- Update staff on results of cycle 1
- Refresh education session for staff on Stroke Unit about Cycle 2 at safety pause and via messaging group

Do: 18th Sept until 15th Oct

- Collected data for 4 weeks, changed swallow screen tool to light blue colour.

Study: 16th Oct

- Change created a positive effect, increased number of patients screened and also increase in adherence to 4 hourly target (33% in cycle 1 and 60% in cycle 2)

Act: 25th Oct

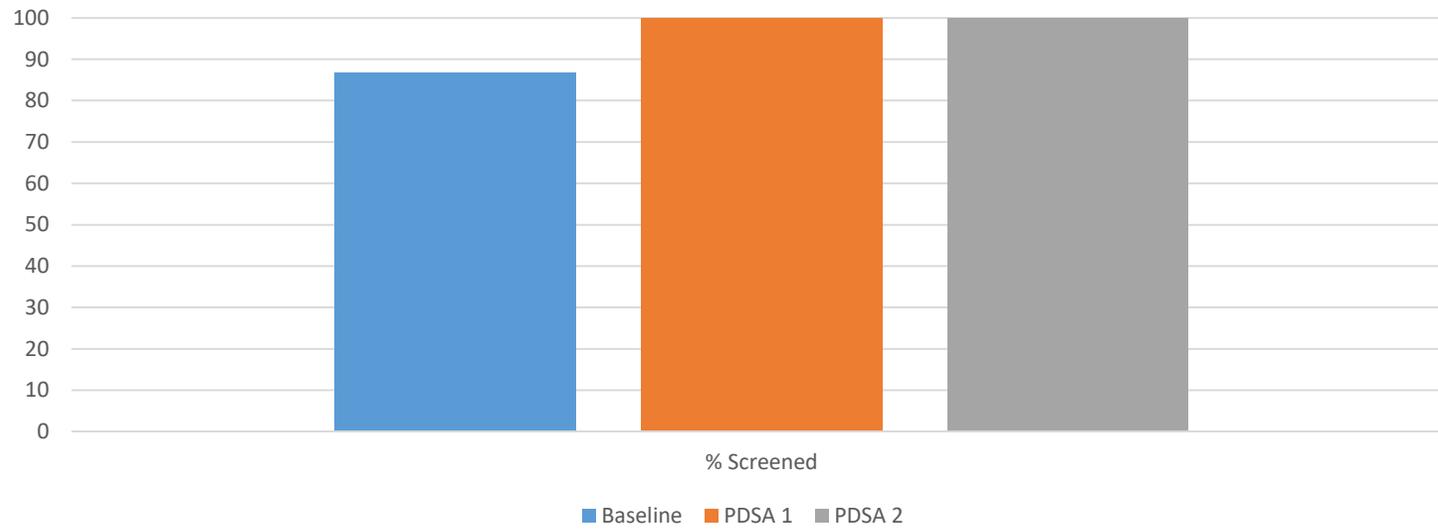
- Achieved 100%, decided to complete swallow QI at cycle 2



Results

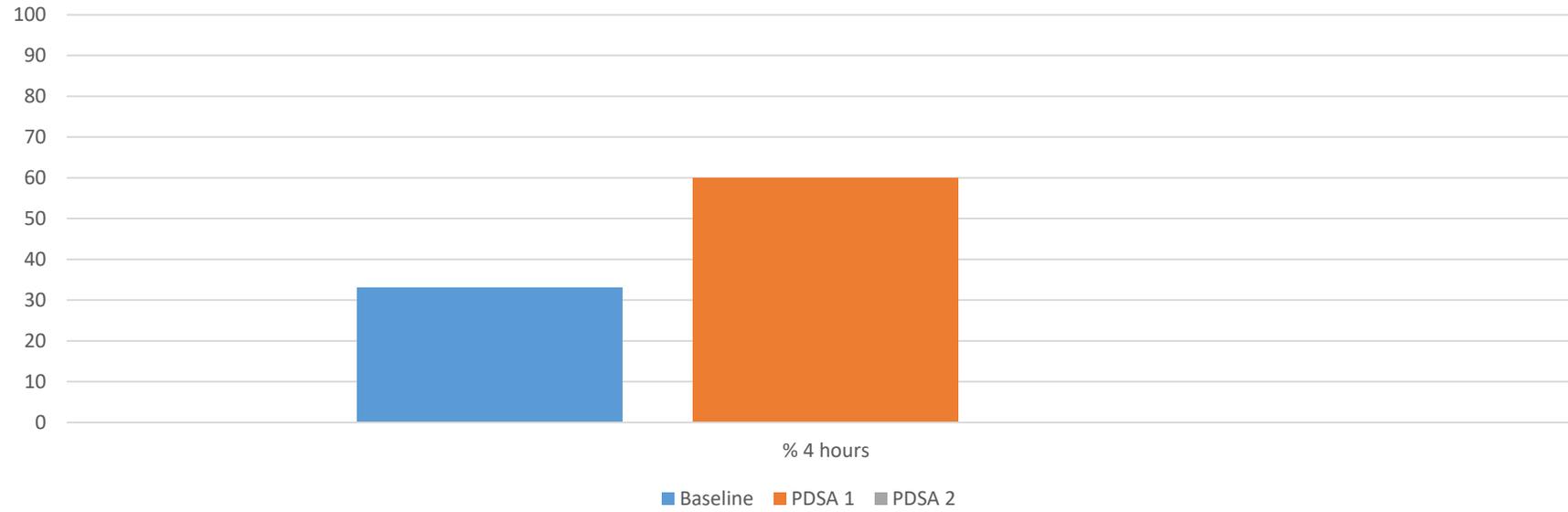
100%

Overall rates



Results

4 hour rates



Lessons Learned

Opportunities and challenges :

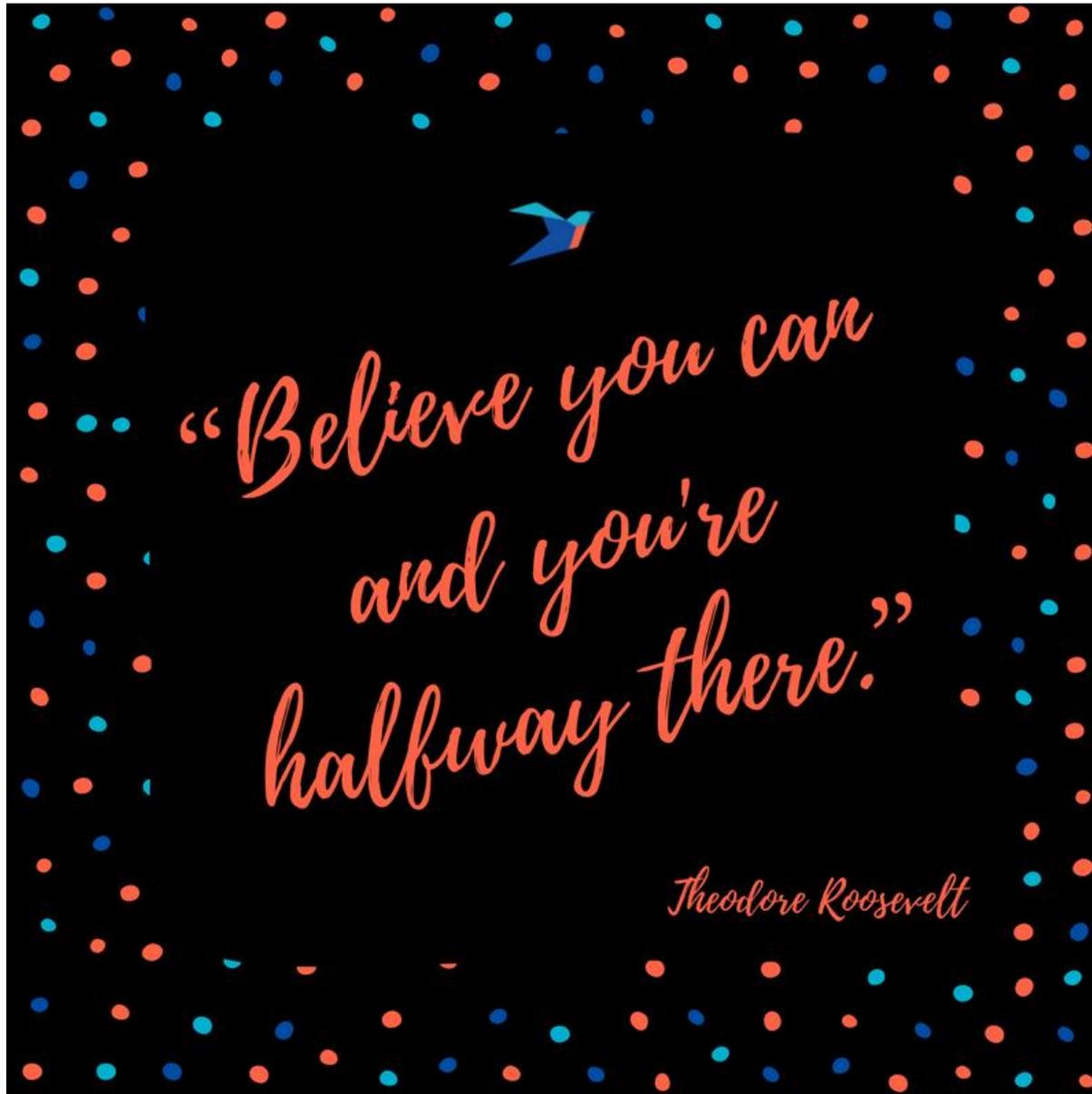
- High number of staff trained on site
- Changing colour of swallow Ax tool
- QI project has made staff more aware of importance of correct documentation
- Communication with staff



Lessons Learned

- Think big, act small!
- Room for improvement
- Teamwork
- Sustainability





Episode 16

QPS TalkTime



A community of quality and patient safety improvers

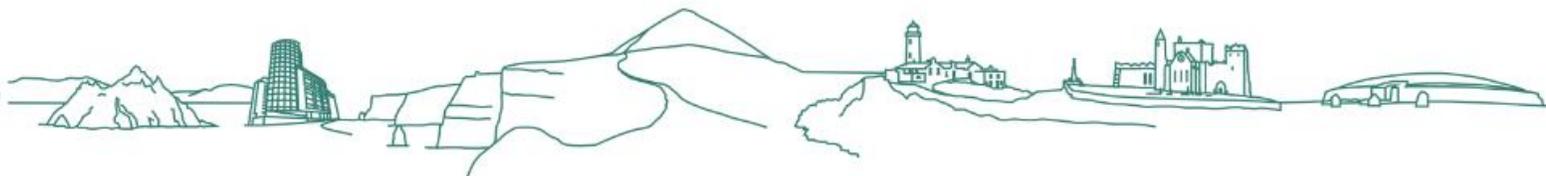
21 November 2023 | 1pm to 2pm

Using QI to Improve Stroke Care



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Take away tips and tricks in implementing QI.



Fiona Connaughton
National Clinical Programme Stroke
Nurse Lead





Toolkit

- Project Charter/project Creep
- Stakeholder mapping
- Process mapping
- PDSA cycles
- Timelines/ Gantt Chart
- Measures-Run/bar/pie charts



Weighing Scales

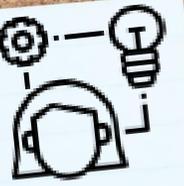
It's all about balance:

- Aim to support and encourage, without taking over
- One activity at a time (that counts) may risk exhausting self and others at the beginning
- Time/workload/stressors



Psychological safety

- Establishing ground rules at the outset
- May favour the loudest voice
- Culture embedded in system?
- Be honest about own experiences & knowledge



Styles

- Know your own style
- Adapt style
- Observe team Dynamics
- Know yourself
- Know your team
- Blanket approach doesn't work



Prepare

"Fail to prepare, prepare to fail"

- Documentation
- More you read, the less you know = more you read, the more you know
- Framework
- Leave assumptions at the door



"Not all change is improvement, but all improvement is change."

- Keep it simple
- Quick Wins
- Think big: act small

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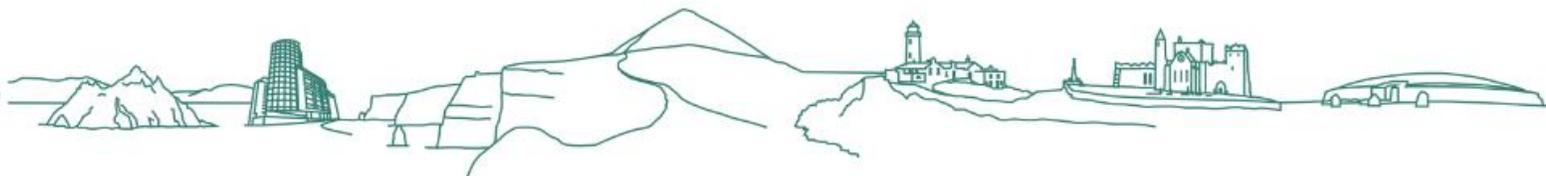
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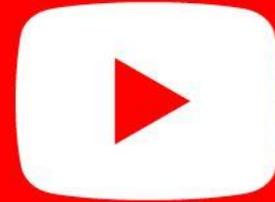


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Episode 17
Season Finale

QPS TalkTime



A community of quality and patient safety improvers

5th December 2023 | 1pm to 2pm

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We really appreciate your time, thank you.

*Thank
you*

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