Embedding cultural change: a junior-led approach to quality & safety at a district general hospital

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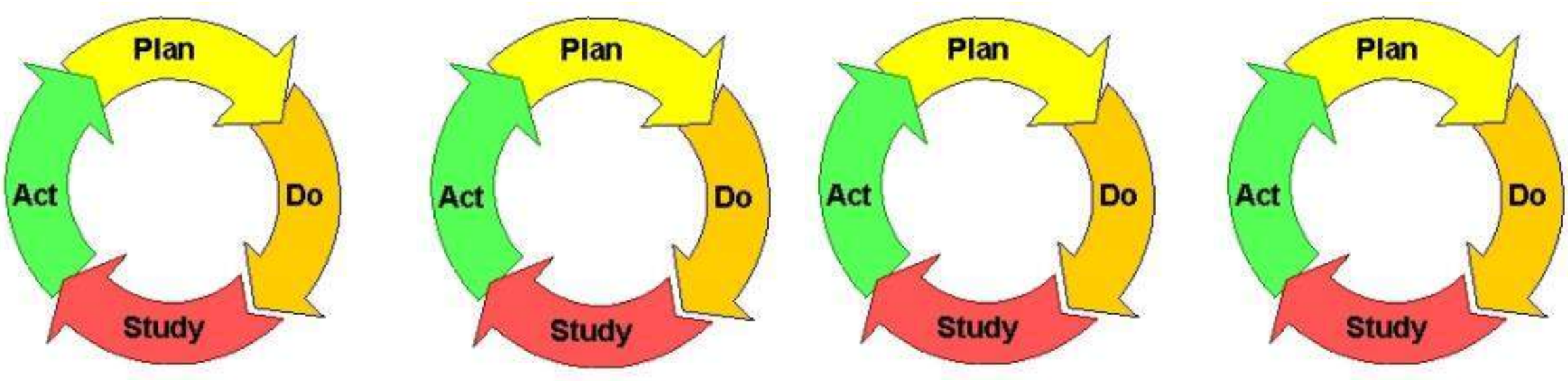
Aims

- **Improve** the department's quality and safety culture, learning from mistakes and near misses.
- Embed a **culture** of learning from **excellence** and continuous learning where juniors and nursing staff are empowered to raise concerns on a regular basis.
- **Empower** frontline staff to proactively address safety issues and **engage** with clinical governance, quality improvement and patient safety activities

Methods

We used the Institute for Healthcare Improvement's (IHI) Model for Improvement methodology, the predominant QI methodology adopted at Barts Health. We undertook 4 PDSA (Plan-Do-Study-Act) cycles during the first 5 months of the project (April - September 2019).



Cycle 1: We started by fostering a safety-conscious culture through the creation of an issues log at the bottom of the handover list. Any member of the clinical team could anonymously add issues relating to quality and safety. New items were discussed during morning handover and issues could include significant events, Datixes, as well as positive episodes with valuable learning.

Feedback was extremely positive and staff members asked if there could be dedicated time to discuss and manage the issues log.

Cycle 2: We formalised the discussion of quality and safety issues by introducing a minuted, weekly departmental meeting, chaired by a junior doctor.

Issues were discussed and actions agreed and followed up in subsequent meetings. The meeting was structured so that there were opportunities to suggest larger quality improvement projects, as well as solutions to discrete problems, where a less formal approach would be appropriate.

The meeting was well attended and engagement was good. Trainees suggested that an online portal would enable the wider clinical team to share good practice.

Cycle 3: To improve wider engagement beyond the medical team and senior nurses, we created an online Greatix portal to encourage staff to highlight areas of good practice. This was coupled with a monthly newsletter which showcased good practice and helped encourage the practice of recognising the hard work of colleagues.

The main benefit was extracting learning from cases of good care and teamwork. Staff commented that they appreciate their efforts being recognised and the consultant body asked us to consider how to sustain these practices after changeover.

Cycle 4: To embed sustainability and formalise the role after junior doctor changeover, we focussed on how to recruit, train, and support the next cohort of junior doctor quality and safety leads.

This included writing formal job description, and securing a commitment from the department to provide future trainees with protected time for this role.

We produced advertisements and a handbook for incoming trainees and organised a handover before the changeover date.

Results

The weekly meetings supported multidisciplinary working and promoted the discussion of quality and safety issues in everyday clinical activities. The rate of change for The role has brought significant benefit the department's functioning and it was felt a good use of resource to offer protected time to an incoming trainee.

There was good engagement with the Greatix system with more than 40 formally submitted during the project.

As a result of the structured approach in the weekly meetings, other trainees felt empowered to lead on their own quality improvement projects, including work with maternity and pathology services. Due to their knowledge, the Q+S leads would often be asked to represent the department at governance/management meetings.

Key learning points

- Regularly reviewing safety issues is an effective method of engaging the wider clinical team on aspects of quality improvement and patient safety.
- Minuted meetings which do not focus on ascribing blame and which involve the wider clinical team can help foster accountability, engagement and a positive safety culture.
- Empowered juniors can drive quality and safety initiatives within departments.
- To be effective, these activities requires protected time within a rota.
- Learning from good outcomes can be a positive, proactive driver for change.