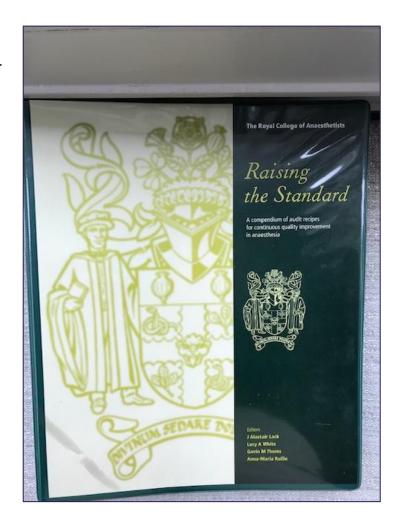


Raising the Standard, 4th edition RCoA QI compendium 20 years and still going strong!

Maria Chereshneva, Carolyn Johnston, John Colvin and Carol Peden

1st Edition: 2000

- Long history of focus on patient safety
- Context
 - National drive to improve delivery of healthcare
 - Balancing quality, quantity &costs
 - Government initiatives to promote audit-'The NHS Plan'
- Format
 - Ring binder of 'Audit Recipes' by Dr JA Lack, Dr LA White, Dr GM Thoms and Dr A-M Rollin
- "Continuous quality improvement in anaesthesia"





2nd Edition: 2006

Context- Audit

'cornerstone of clinical governance' 'core activity recognised in job plans'

'may be basis for regional or national audits'

Format

- Bound paper version and website access
- Input from patient liaison group
- Retained specialty based audit topic format
- "Continuous quality improvement in anaesthesia"





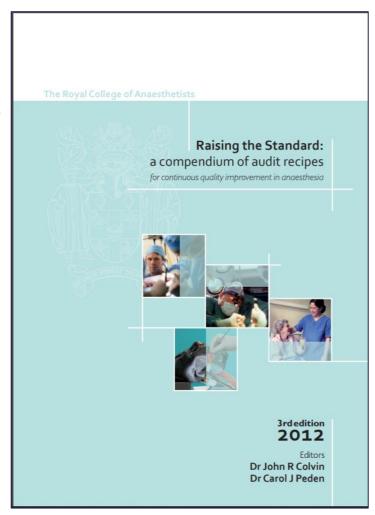
3rd Edition: 2012

Context

- Increasing but patchy adoption of formal Improvement Science across UK
- QI not yet recognised in anaesthesia curriculum
- High quality RCoA-led national audits underway

Format

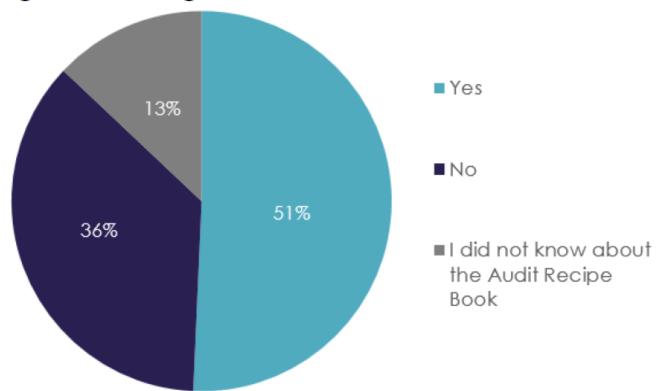
- Bridge the gap between Audit and Improvement
- New section to support learning in Improvement Science
- Bound paper and regularly updated website versions
- "Continuous quality improvement in anaesthesia"
- "We improve what we measure"





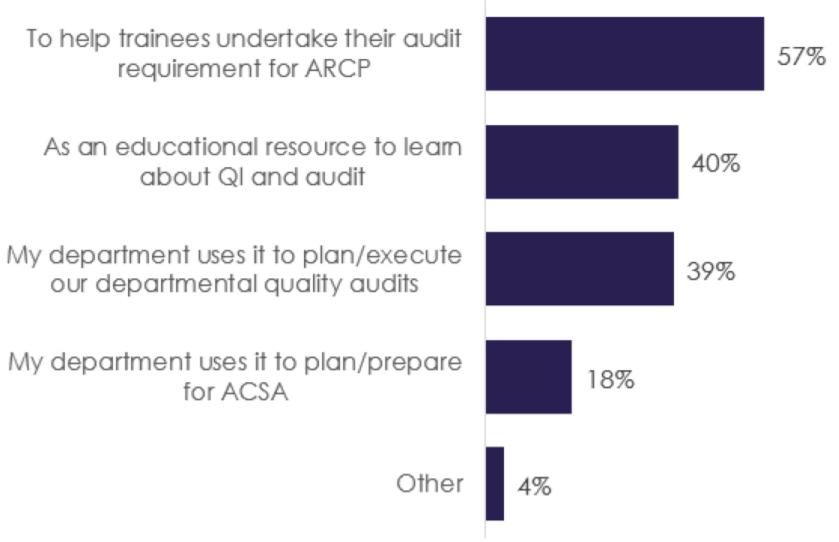
Membership survey 2017

Figure 14: Usage of current edition of the Audit Recipe Book





Membership survey 2017



Membership survey 2017

"Very useful as evidence to hospital audit dept. that the audit needs doing. Expand section on QI please to support greater uptake of these sorts of projects at a local level."

"It is a good quality book full of quick and easy audits for trainees to do. It does need updating to match current practice and updated guidance."

"It is very useful and should continue to be updated."

"Emphasise audits are to be part of the ongoing departmental activity rather than a one off to satisfy an assessment/revalidation/ARCP etc. Move towards QI & related methodology."

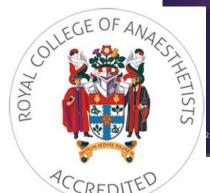
"Access to an online app would be useful."



2000-2020 context change!

RCOA RoyalCollege of Anaesthytists

- GPAS now reviewed annually-NICE accredited
- ACSA established- 70% depts registered
- 2021 RCoA curriculum incl GMC competencies on QI
- Clinical standards and topics change
- Value of Improvement over scrutiny



Curriculum for a CCT in Anaesthetics

| August 2010 | Version 1.8





Why Change?

Quality improvement in anaesthesia

Edited by Professor Carol Peden, Dr Carolyn Johnston

A1	Getting started on your quality improvement project: important things to consider	18
A2	The science and history of improvement	20
A3	Making improvement happen	22
A4	Improvement basics: Lean and process maps	26
A5	Improvement basics: driver diagrams	28
A6	Improvement basics: bundles to improve reliable delivery of care	30
A7	Improvement basics: Pareto charts	32
A8	Studying patient harm and death to improve care: structured mortality review, global trigger tool and root cause analysis	34
A9	How do you know a change is an improvement? Using run charts	36
A10	Statistical process control charts	40
A11	Performance polygons for representing multidimensional data	42
A12	Checklists	46
A13	From audit to action: the power of trainee networks	48
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A15	Changing behaviour	52
A16	Habits of an improver	54
A17	Spread and sustainability: how to spread effective ideas and plan for sustained improvement	56
A18	Publishing your quality improvement work	58

- Greater knowledge and use of QI
- Adoption of other QI methodology such as Lean
- More on change management and sustaining change



A	Quality improvement in anaesthesia	16
Al	Getting started on your quality improvement	18
4.0	oroject: important things to consider	
A2	The science and history of improvement	20
A3	Making improvement happen	22
A4<	Improvement basics: Lean and process maps	≫ 26
A5	Improvement basics: driver diagrams	28
Α6	Improvement basics: bundles to improve	
	reliable delivery of care	30
A7<	Improvement basics: Pareto charts	≥ 32
A8	studying patient harm and death to improve	
	care: structured mortality review, global trigger	
	tool and root cause analysis	34
Α9	How do you know a change is an improvement	ţŞ
	Using run charts	36
A1	Using run charts Statistical process control charts	36 ≥40
A10	Statistical process control charts	
	Statistical process control charts Performance polygons for representing	3 40
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A11 A12 A13 A14 A15	Performance polygons for representing multidimensional data Checklists From audit to action: the power of trainee networks Co-daign and working with panems Changing behaviour	40 42 46 48 50 52 4

What's new?



Lessons from the real world

A17 Spread and sustainability: how to spread effective ideas and plan for sustained improvement

Quality improven

Professor Carol J Peden, Keck Medicine of the University of Southern California, Los Angeles, CA Professor Timothy M Cook and Dr Lesley C Jordan, Royal United Hospitals Bath NHS Foundation Trust

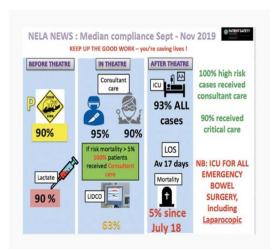


Figure A17.1: A communication newsletter designed to keep all staff engaged in sustaining the emergency laparotomy work at the Royal United Hospital, Bath.

Communication is absolutely essential to a successful sustained project. ^{6,7} Taking into account the spread and sustainability issues highlighted above, the more people who are involved in a project, who feel part of

This book is all about undertaking improvement work. However, achieving a short-term improvement that fades over time is not an effective use of resources. In addition, if you have a successful improvement project which achieves positive change for your patients, you may want to spread it to further areas of your hospital or to other organisations. There are well-recognised pitfalls of spreading change too early, before your improvement work is ready, which may destine the project to fail. Equally important is maintaining change after the first flush of success. During planning of any improvement project, thought should be given to how successful change can be sustained; for example, what happens

Sustainability can be defined as ensuring gains are maintained beyond the life of the project. The NHS Institute developed a sustainability model which consists of 10 factors encompassing process, staff and organisational issues. Factors that are likely to help to sustain a project which should be considered when planning for sustainability include:

- Does the project have benefits beyond directly helping patients (eg does it reduce waste or cost)?
- Are the befits of the project credible? For example, do all staff know about it and believe in the benefits?
- How adaptable is the new process? Can it be altered for different contexts? Does it depend



How we want you to use Section A

- As a stand alone text-book on QI
- As a support for your improvement work
- As a tool linked to the recipes in section B





4th Edition: 2020

"Continuous quality improvement in anaesthesia"





Royal College of Anaesthetists

Available - as e-book: ISBN: 978-1-5272-6522-6 © The Royal College of Anaesthetists 2020

- on the RCoA website:

https://www.rcoa.ac.uk/sites/default/files/documents/2020-

08/21075%20RCoA%20Audit%20Recipe%20Book Combined Final 25.08.2020 0.pdf

- and as a hard copy on request: qualityimprovement@rcoa.ac.uk