# Quality Improvement Projects in SSCT


Dr Saba Khan
IMBE


St George's University of London

## 1 Background

Quality improvement projects (QUIPs) came from concepts already extensively delivered in Industrial and organisational development.
These same concepts have been applied to healthcare organisations to try and involve professionals in bringing about effective change with systems of Quality management.
Patient outcomes can be measured against standards derived from evidence based guidance and resources that set standards of care. Outcomes are then used to effect change. Examples in Primary care would be standard setting from NICE guidelines/QOF and CQC.
Secondary care settings are standardised by the parameters set by the General Medical Council (GMC) and by the CQC.

## 2 Current study

Students currently studying SSCT are engaged with the processes required in Quality Improvement such as Audit and Data set Analysis, resulting in critical appraisal of the results.
The Quality Improvement Project takes this process further by clearly relating the standards being analysed back to the primary or secondary care setting that the study will be taking place in.
The results found would then form the basis of an action plan that would deliver a quality improvement that can then be analysed again for a change in quality outcome. This is done in real time.
Quality Improvement Projects (QUIP) would take this existing study and apply the theoretical concepts being analysed practically. The results are then used to relate back to existing practice, developing skills in organisational change and leadership.

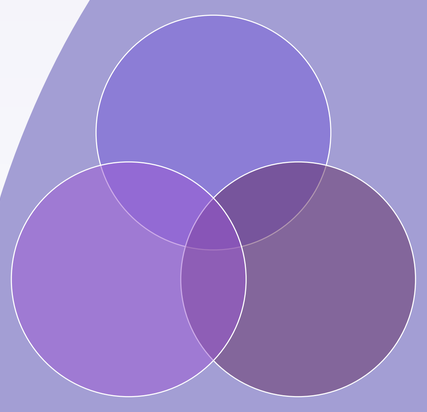
## 3 Applications

At undergraduate levels of training there are opportunities in both Primary and Secondary care for QUIPs to be developed and evolved.
In Primary Care the RCGP has an extensive toolkit outlining various QUIPs that are in line with current HEE priorities, with clear evidence based guidelines which form the foundation of each project. The GMC 'Good Medical Practice' clearly supports the development of quality Improvement and this is an excellent opportunity for students to develop this aspect of their learning.
This option of study would be presented to students as one possible avenue of study and would be introduced alongside other available learning opportunities of study.
In the secondary care setting, projects could be based on ongoing audit and service evaluation work, with the added benefit of seeing improved practice implemented within this setting.
Within Primary care entirely new projects could be sought and developed in any practice regardless of patient list size. The project could then be presented within the practice involving the whole team.

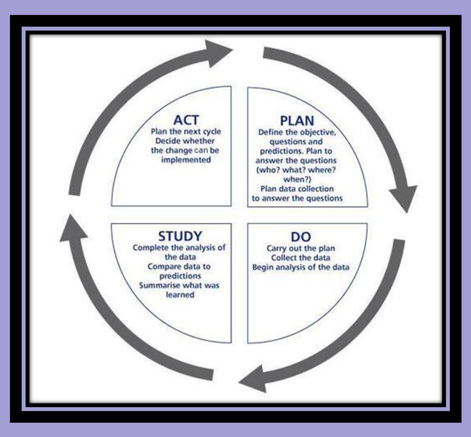
## References


1. www.rcgp.org.uk
2. www.arch.wales/improvement-science.htm
3. www.england.nhs.uk/ourwork/qual-clin-lead/sustainableimprovement
4. http://Careers.bmj.com/careers/advice/view-article.html?id=20010482
5. www.gmc-uk.org/static/documents/content/GMCrevalidationA4GuidanceGMPframework04.pdf


## 4 Reflective Practice



The QUIPs are based on the PDSA (Plan Do Study Act) cycle which also forms the basis of reflective study. Reflective learning is a core aspect of learning both at undergraduate and post-graduate levels. Reflective learning needs to be demonstrated in all postgraduate e-Portfolio (e-P) across all specialties, therefore exposure of this concept in a practical sense is demonstrated to students through their choice of project at SSCT.




## 5 Evaluation

Quality Improvement Projects will be developed through work with local GP practices hosting students as well as secondary care consultants within the trust where ongoing Quality Improvement work is already embedded in every day working.

Application of Audit and Service evaluation in a practical way, reinforces learning and delivers real time efficacy of solutions developed from QUIP work.

There is scope to use QUIPs to develop intra-professional working with local CCG and trust development teams, an area that is relatively unexplored for many undergraduate learners. This will require support from practices and should evolve over time.

QUIPs once developed, can be established in clinical settings to allow future learners to further progress ongoing work. This will facilitate the emergence of professional relationships with hosting clinicians who are invested in teaching and improvement. This will benefit the host department and encourage the inertia of learning and improvement.


IMBE
Saba khan
Chris Fessey