London Health Sciences Centre

Continuous Quality Improvement: A shared governance model that maximizes agent-specific knowledge

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Context:

To engage staff and influence change that would support quality improvement, an innovative shared-governance model was implemented at London Health Sciences Centre (LHSC), through the establishment of interprofessional cross-functional continuous quality improvement (CQI) councils. The model leverages the knowledge staff possess at the point of care and provides a mechanism for change that fosters ongoing enhancements to the quality and safety of care delivery.

Aim Statement:

To engage staff in the identification, formulation, execution, evaluation and dissemination of quality improvement initiatives, using agent-specific knowledge.

Strategy for Change:

To engage staff and influence change for improved quality and safe patient care, concepts from the STAR model were used to develop an approach to shared governance that enabled agent-specific knowledge to be used to make improvements.

CQI councils were structured across the organization to support partnership, accountability, and ownership of the process to improve quality and safety. A steering committee was formed to facilitate, monitor and sustain the model. Point of care staff, -management, and clinical education leaders were trained to ensure sufficient knowledge and resources were available to foster implementation.

Figure 1. Change culture
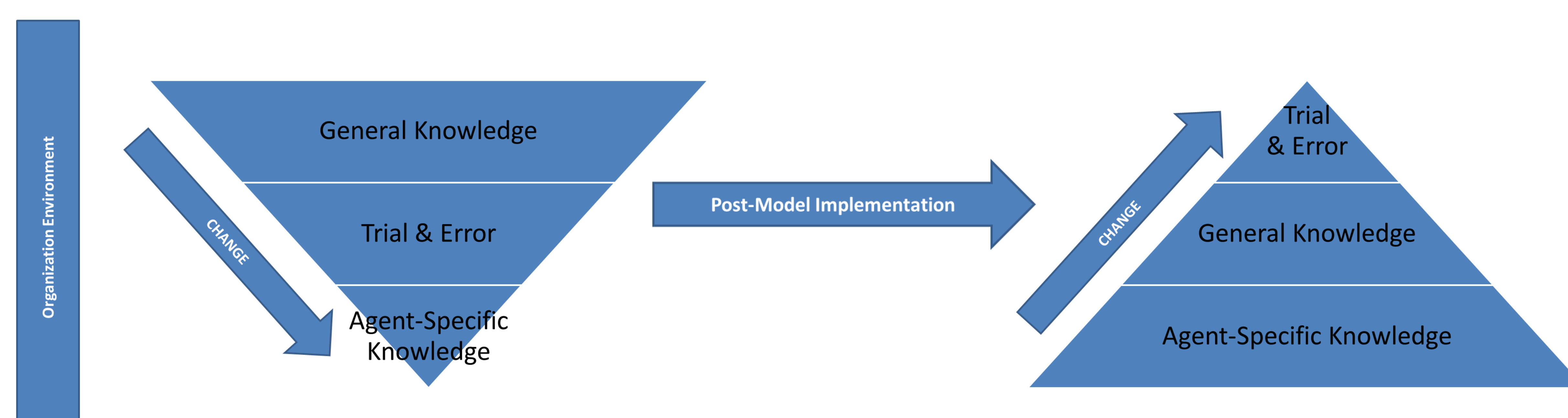
CQI Councils, comprised of multi-disciplinary and cross-functional point-of-care staff were formed and supported through:

1. Standardized interprofessional and cross-functional CQI Council terms of references outlining a common purpose and set of accountabilities on which all CQI councils would align – this created a common foundation on which framework for communication and collaboration could be established across the CQI network
2. Centralized calendar of unit CQI Council meetings and events
3. Standardized systems and LEAN curriculum designed and implemented to enable autonomous problem-solving, process analysis, planning, implementation and evaluation of improvements by front-line staff.
4. An electronic quality registry was created to act as a repository of quality improvement activity and leveraged as a collaborative resource of improvement experience.
5. Corporate CQI Steering Committee was developed to give representation from each area council a venue to discuss challenges, share experiences and gain through understanding lessons learned by other areas.

Critical Care and Trauma Centre CQI Council

Summary of Results:

61 CQI councils were established with 99 quality and safety initiatives in various stages of implementation. Improvements range from evidence-based practice integration "firsts" to process and system re-design. There is active engagement of approximately 1000 point of care staff.

A registry was established to provide a reporting mechanism with real-time updates shared with all levels of staff (see Figure 2 and 3). Results and dialogue with staff supported increased sharing and dissemination of information, participation by staff in making change, increasing understanding of resource allocation to support change, and respect for staff knowledge/experience. These improvements demonstrate that the LHSC model of shared governance via CQI councils has fostered a culture of "learning organization". Results of CQI council initiatives, including weekly stories and GEMBA television are shared across the organization.

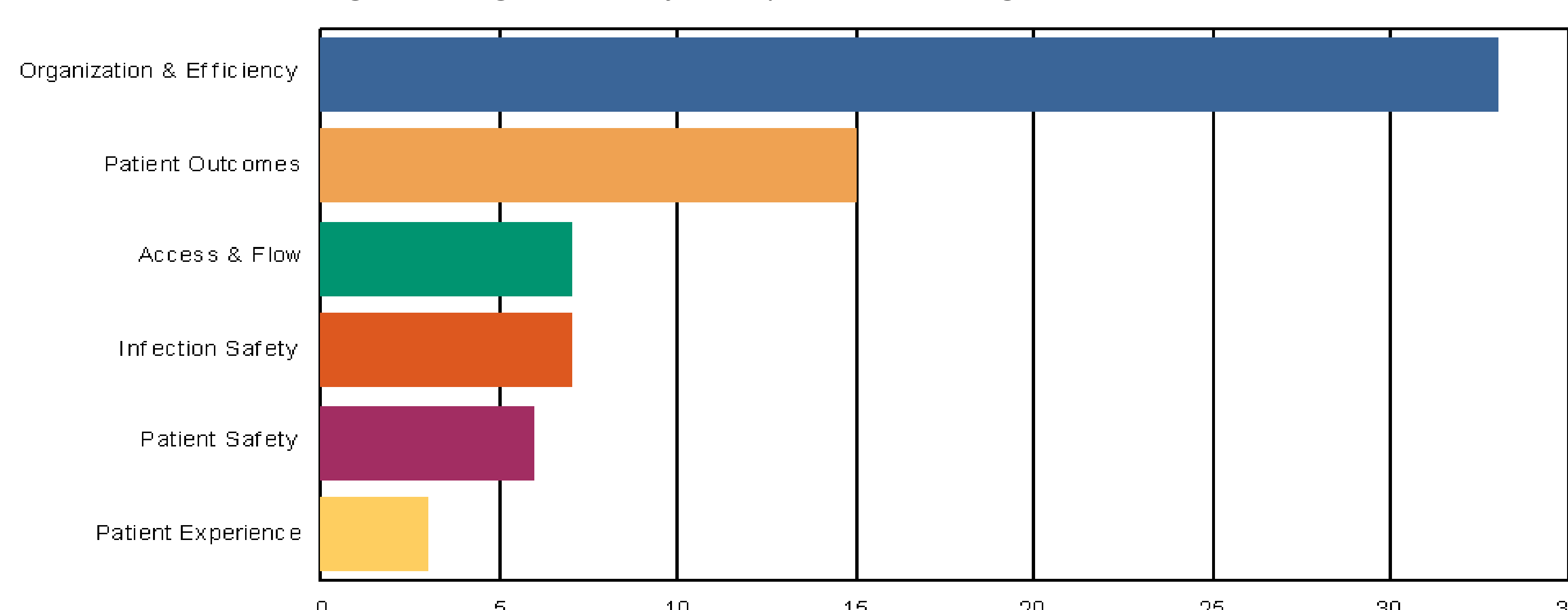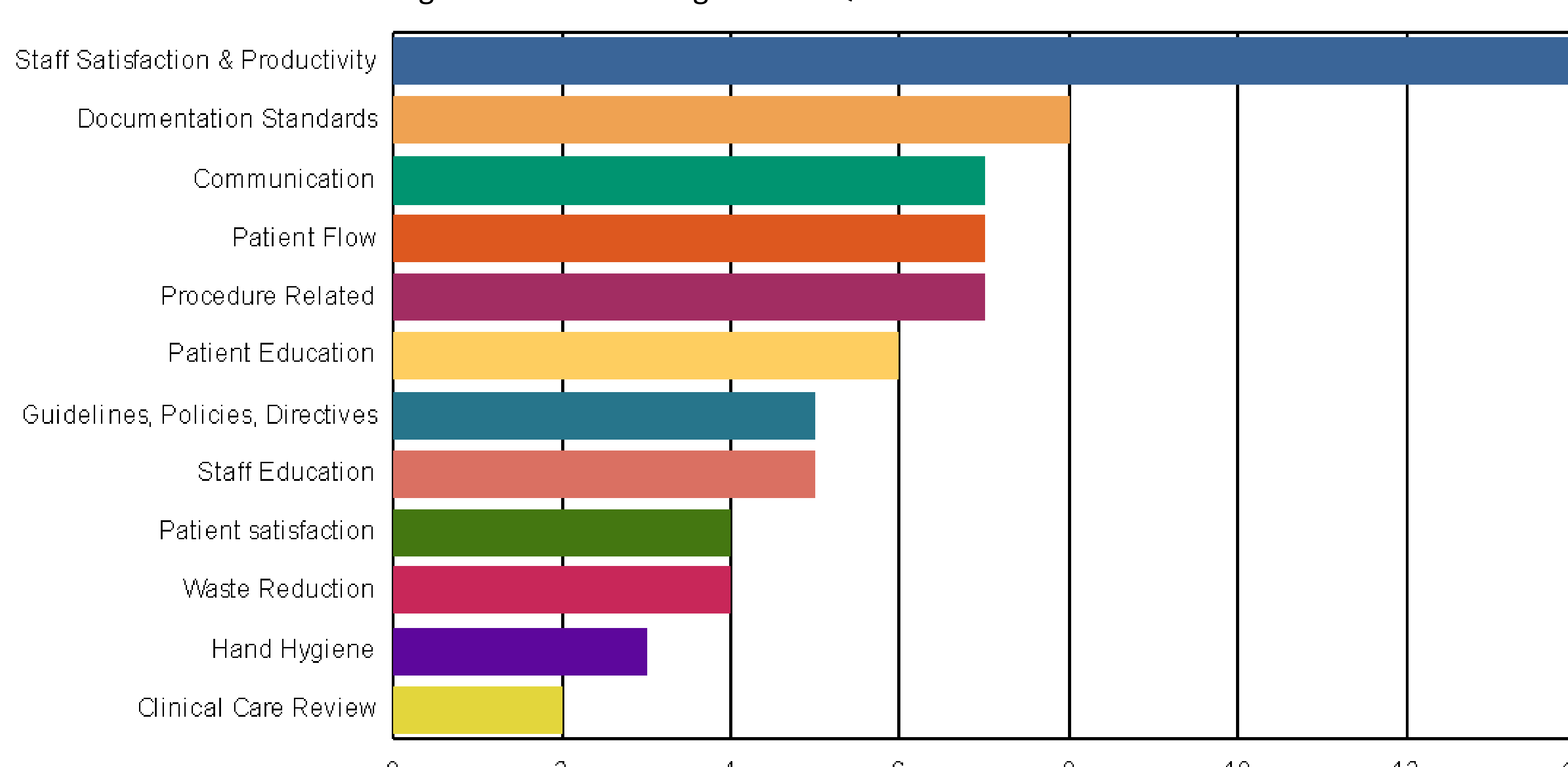Figure 2. Registered Project Improvement Categories

Figure 3. Focus of Registered CQI Initiatives

CQI Steering Committee led by the VP Professional Practice, Chief Nursing Executive

Medicine staff meeting with Professional Practice

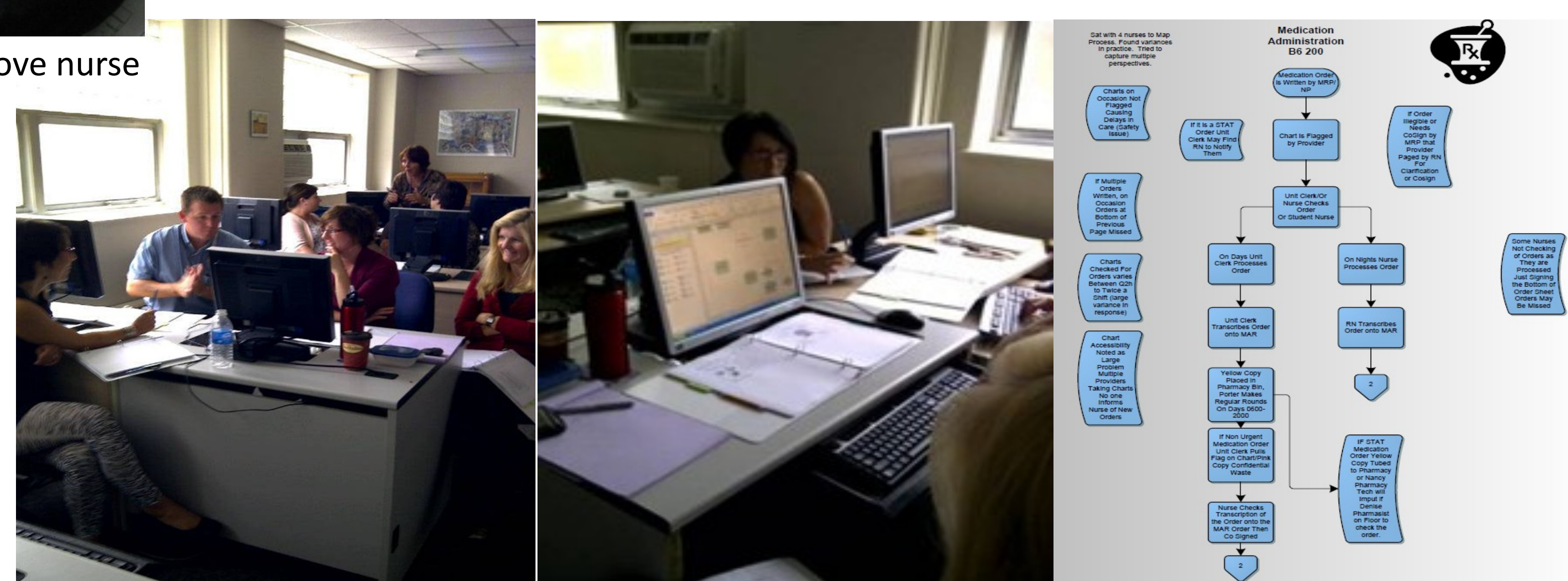ICU collecting and calculating efficiencies in supply management

Clean equipment shelf where staff completed 5S

Surgical RN implementing new communication white-boards to improve unit predictive discharge rates

Staff discussing process changes to improve nurse to nurse verbal reports

Sustainability:

Engagement of all levels of staff provided the foundation for these initiatives to be sustainable in the long-term.

Clinical Education Leaders receiving systems/LEAN training, - process gaps/inefficiencies

Lessons Learned:

Empowering frontline staff, management and clinical education leaders with the appropriate tools, education and resources has allowed the organization to capitalize on the wealth of agent-specific knowledge at LHSC. Frequent communication of individual CQI Councils initiatives and achievements have been key to recognizing, rewarding and motivating all levels of staff.

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