

# Mental Health Quality and Safety in WA

## Building the Foundations for Improvement

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*“Clinically led, management partnered, patient driven.”*<sup>1</sup>

East London Mental Health Foundation Trust

Quality improvement (QI) has been described as the use of a systematic method to tackle a complex problem, which involves testing and learning and is undertaken by those closest to the problem. In this paper, we put forward a case for the development of a contemporary, quality improvement program for mental health services across WA, built into their very fabric as *part of their standard way of working*.

### Case for change

*“For all the talk about quality healthcare, systems performance has frozen in time. Only 50-60% of care has been delivered in line with level 1 evidence or consensus based guidelines for at least a decade and a half; around a third of medicine is waste, with no measurable effect or justification for the considerable expenditure; and the rate of adverse events across healthcare has remained at about 1 in 10 patients for 25 years. Dealing with this stagnation has proved remarkably difficult – so we need to tackle it in a new way.”*

Prof Jeffrey Braithwaite, Macquarie University,  
Australian Institute of Health Innovation<sup>2</sup>

At present, based on outmoded theories of control and standardisation of work, prevailing strategies for tackling quality and safety in healthcare all too often rely on a top-down approach, with increasingly prescriptive policy and regulation, growth in mandatory training and more diligent central compliance monitoring.<sup>3</sup> But in the words of Donald Berwick:

*Accelerating improvement will require large shifts in attitudes towards and strategies for developing the healthcare workforce. .... (based on) more modern, and much more effective, theories of production (which) seek to harness the imagination and participation of the workforce in re-inventing the system. This*

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<sup>1</sup> East London NHS Foundation Trust. *Leadership for Improvement* (ELFT Annual Workshop 2018) Accessed at: <https://qi.elft.nhs.uk/wp-content/uploads/2018/04/Leadership-for-Improvement-Quality-Conference-2018.pdf>

<sup>2</sup> Braithwaite J. Changing how we think about healthcare improvement. *BMJ* 2018;361:k2014.

<sup>3</sup> Smith G, Williams T. You can lead a horse to water .... what Self-Determination Theory can contribute to our understanding of clinical policy implementation. *Journal of Health Services Research & Policy* 2017; 22:37–44.

*requires a workforce capable of setting bold aims, measuring progress, finding alternative designs for the work itself, and testing changes rapidly and informatively.”<sup>4</sup>*

The *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities* (‘Wright Review’), published in December 2017, noted the very significant investment that has been made in compliance and quality assurance activities, including accreditation, and called for “*a more contemporary and higher-impact approach*” to rebalance the relative investment between compliance-based and QI strategies. Using evidence from international studies and examples of high functioning services (e.g. Scottish Patient Safety Program, East London Mental Health Foundation Trust), the Review highlighted the need for:

- a shared vision, with staff engagement and ‘collaborative leadership’ to replace ‘command and control’ management;
- Engagement of consumers and carers at all levels;
- the development of a structured mental health quality and safety improvement program, informed by contemporary improvement science;
- a move away from excessive reliance on regulation and compliance to the creation of opportunities for unit-based quality improvement.

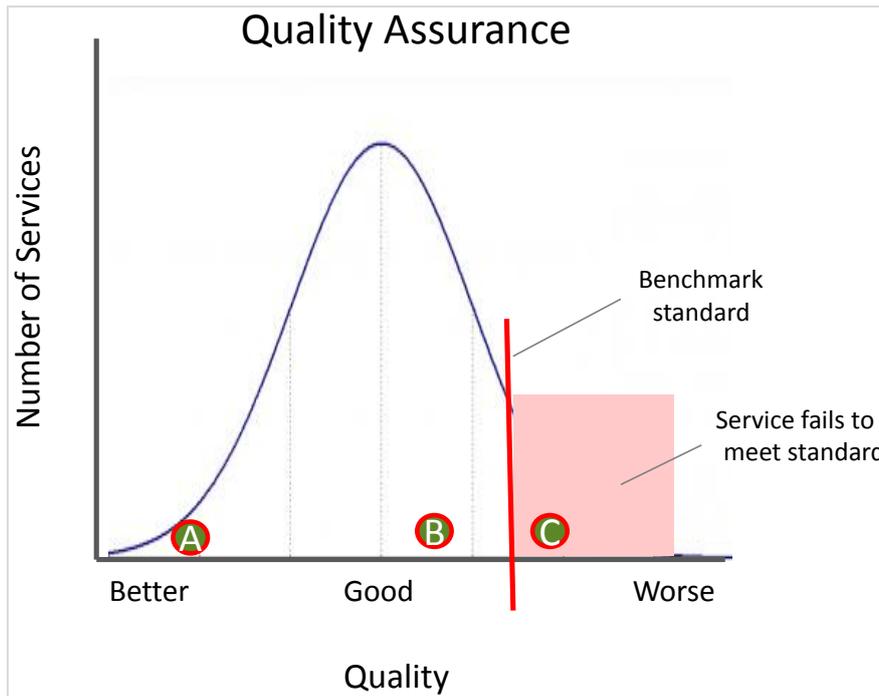
The WA public mental health system has a similar imbalance between compliance-based and improvement activities with limited investment in building organisational-level capacity and infrastructure to support QI programs and no real strategy in place to redress this. There are a number of individual QI projects being implemented within mental health services in WA; but without support at the highest levels and investment in building organisational capacity and infrastructure, most will not reach sustainability. What is required is a systemic approach in ‘building a culture of improvement’.

## **Re-balancing Quality Improvement (QI) and Quality Assurance (QA)**

While both are important components of quality management, they are fundamentally different. QA is an audit or review; that is a process to assess compliance with an established standard. It aims to bring the care provided *up* to a known standard. While it establishes performance benchmarks, it does not provide an improvement solution where performance is suboptimal. QI, on the other hand, aims to continuously improve performance, regardless of the current benchmark. This is exemplified in the 2 illustrations below. In the first illustration, QA, services A and B both pass audit, despite the differences in their performance. Essentially, anything to the left of the benchmark is acceptable.

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<sup>4</sup> Berwick D. Improvement, trust, and the healthcare workforce. *Qual Saf Health Care* 2003;12(Supp i):i2-6.



In the second illustration, QI, all services including A and B are striving to get better; not just C, which failed to meet the standard. QI seeks to change the organisational culture by engaging frontline staff in the continuous improvement of their services.



QI should run alongside robust governance and performance structures. Existing QA processes may need to be adapted to ensure that audit and assurance go 'hand in

hand' with measuring and understanding variations and improving quality, without being duplicative.<sup>5</sup>

## Learning from other jurisdictions

Many NHS organisations have started to explore quality improvement through discrete projects focused on specific clinical services. However, a smaller but growing number (e.g. NHS Scotland's Patient Safety Program, East London Mental Health Foundation Trust [ELFT], Tees, Esk and Wear Valleys NHS Foundation Trust [TEWV]) have developed more systematic, organisation-wide programmes to ensure that continuous improvement happens at scale and as part of their standard way of working.

The development of a specific program for mental health improvement was recently announced by the Government in NZ following on from an Auditor General's report showing major shortcomings in patient discharge planning. Within Australia, the Wright Review has led to a QI approach being actively pursued within NSW with a recommendation for the development of a statewide mental health safety program underpinned by contemporary improvement science. The release of the implementation plan in May this year, confirmed this direction, outlining that:

*"The mental health patient safety program will be informed by successful international examples that have included reduction of restrictive practices as one stream in a comprehensive program to improve care."*<sup>6</sup>

The East London Mental Health Foundation Trust (ELFT), which covers a population of 1.5 million, is perhaps the most notable example of how a large scale systemic QI program can be developed and implemented across an entire provider organisation. What it has been able to achieve is to embed a culture of continuous improvement in the organisation by integrating quality improvement thinking and methodology into every level of its work, including corporate and clinical.

In 2014, the ELFT made a long-term commitment to safety and quality, building a broad coalition for change between the Board, the executive, front-line staff in all services (including corporate), service users and health service commissioners. A key success factor identified by ELFT was bringing in an external partner with an established record and reputation for building improvement capability in health care

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<sup>5</sup> Jones B, Woodhead T. Building the foundations for improvement; how five UK trusts built quality improvement capability at scale within their organisations. Health Foundation, London 2015.

<sup>6</sup> New South Wales Ministry of health. *Mental Health Safety and Quality in NSW: A plan to implement recommendations of the Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*, 2018. Accessed 12 July 18 at: <http://www.health.nsw.gov.au/patients/mentalhealth/Publications/implementation-plan.pdf>

settings; in this case the Institute for Healthcare Improvement (IHI), recognised internationally as a leader in this area.

The philosophy on which the Trust's QI program has been built recognises that complex problems cannot be solved by a 'top-down approach' by leaders, but solutions need to be identified in collaboration with those who deliver care and those who receive care. As a result, it set about providing front-line staff with skills in improvement concepts and methods and building organisational capacity to support these teams. Consumers and carers are central to the improvement process and are partners in all QI initiatives. A more comprehensive description of the QI process and how it was developed is contained in 2 documents:

- Building a Culture of Improvement at [East London NHS Foundation Trust](#).
- Building the foundations for improvement: how [five UK trusts](#) built quality improvement capability at scale within their organisations (Case Study page 12-16)

The Trust has 4 key priority areas for improvement: 1) enjoying work; 2) shaping recovery in the community; 3) violence reduction; and 4) improving access and flow. More detail on these priorities is provided on the Trust's dedicated QI [website](#). However, improvement projects are not strictly limited to these four areas.

## **Outcomes**

There is mounting evidence that implementing QI approaches improves outcomes including a decrease in the number of errors or mistakes, reduced mortality, increased patient and staff satisfaction and wellbeing and improved financial performance. As a result, there is growing momentum internationally in using improvement science methods to underpin QI as a sustainable way of addressing complex quality and safety issues in mental health care.

As an example of what can be achieved, as a result of QI projects in ELFT, there has been an overall reduction in incidents of physical violence across all its services of 42% since 2013 (see Figure 1).

## Reducing Harm from Violence across the Trust

*"4 months ago I was really scared to come to work, but it's getting better"*

**What has been achieved so far?**

**Incidents resulting in physical violence  
(all East London wards) - C Chart**

Overall we have seen a **42% reduction in incidents of physical violence** across our East London services since 2013

In Tower Hamlets, violence across 6 wards has been reduced by 40%, and restraints down by 60%.

In City & Hackney, violence has reduced by 40% across the unit and reduced by 60% on the acute wards.

Topaz Ward in Newham has seen a 66% reduction, Emerald Ward a reduction of 74% and on Sapphire Ward an 84% reduction.

A collaboration across 3 Forensic service wards has seen early signs of a 51% reduction in physical violence.

Learn more about this great work and hear from our staff and service users [on the microsite here>>](#)

**Jonathan Warren, Executive Sponsor for Violence Reduction writes about achievements so far...**

*"Today though, my main message is thank you again for all of your work – on violence reduction, on other improvement projects – and for the commitment and care you show every day."*

[Read Jonathan's full blog here>>](#)

**How do we hold these gains? Jen Taylor-Watt & Andy Cruickshank talk about Quality Control...**

*"In order to hold the gains we've achieved through the Violence Reduction Collaboratives, it's key that we develop strong structures and processes for understanding the health of our inpatient systems"*

[Learn more here>>](#)

Figure 1: Reducing harm from violence across the Trust

The Tees, Esk and Wear Valleys NHS Foundation Trust, as part of its QI program, implemented the Rapid Process Improvement Workshop as a method of facilitating change. This process, which brings together a team of staff from multiple disciplines to examine how to process flows, eliminate waste, propose solutions and implement change, was introduced across 2 acute adult in-patient admission wards. Over a 12 month period it resulted in the following reductions: 21% in bed numbers, 22% in bed occupancy, 57% in length of stay, 63% in sick leave, 72% in reports of violence and 100% in patient complaints. This initiative has now been shared across the Trust with estimated efficiency savings of £20 million.

The Scottish Patient Safety Programme is an ambitious patient safety initiative on a national scale. It harnesses the energies and wisdom of Scotland's healthcare leaders – all aligned toward a common vision of making Scotland the safest nation on earth from the viewpoint of healthcare. As part of this program, NHS Fife set out to reduce the number of restraints on its acute admission ward. Through the use of the Improvement Model (PDSA), frontline staff were empowered to drive this change at the grass roots level. Partnering with patient was paramount. This initiative has resulted in a sustained reduction of 50% in restraint.

## Building capability and capacity in the workforce

*“Quality improvement (QI) science gives us a systematic approach to design, test and implement change using real-time data for improvement, with the ultimate aim of delivering a tangible and evidence-based difference. QI provides a basis from which to scrutinise and use data collected over time (time-series data) to drive improvement in a real-time and dynamic way. This underpins a change in conversations within teams, engenders a sense of ownership in how we deliver care, and allows staff to experience the autonomy of being part of empowered teams that make meaningful change happen.”<sup>7</sup>*

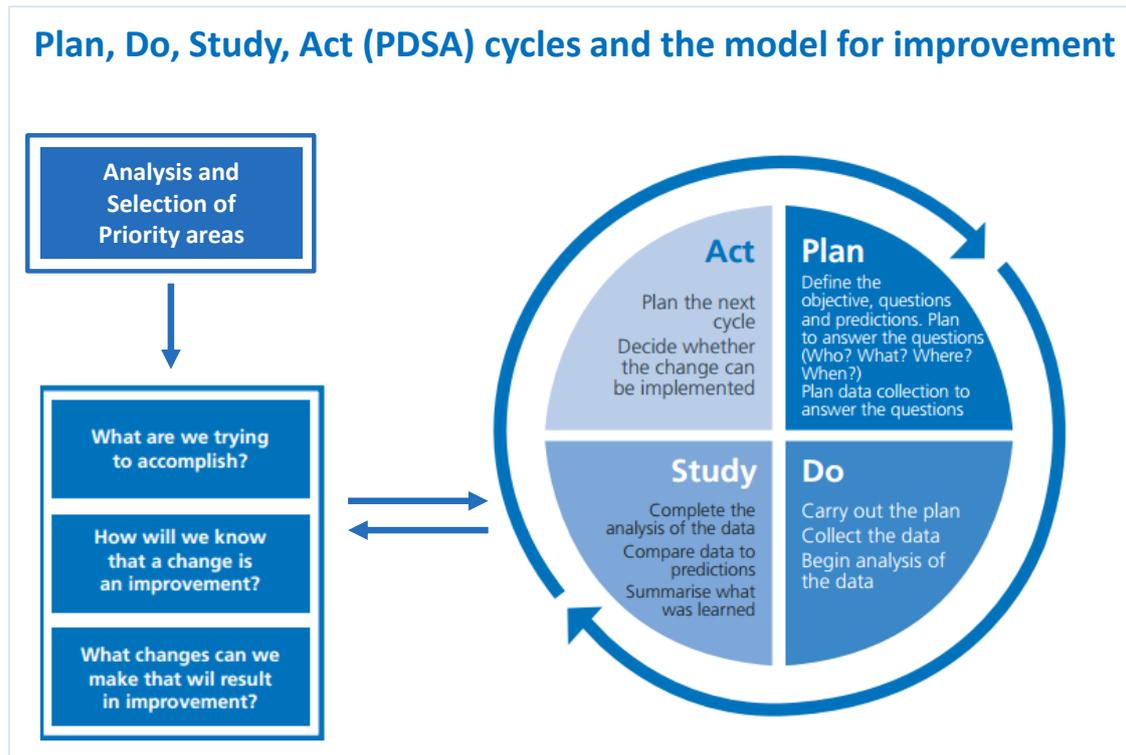
Committing to QI as a standard way of working across organisations ultimately depends on there being sufficient capability and capacity within the wider workforce. Individuals carrying out improvement work need a sufficient understanding of the methodologies and the underlying principles and theories.

At East London Foundation Trust there has been a substantial investment over a number of years in training more than 1,500 members of staff (including all executives, clinical and service directors) while service users have either undertaken the 6 month Improvement Science in Action (IHI) training program or the shorter overview, Pocket QI. Participation in training is voluntary, and while all staff have been encouraged to participate, there is an expectation that anyone with leadership aspirations should take part. Appendix 1 provides a list of the IHI quality improvement tools and training programs.

There are numerous quality improvement methods including Experience-based Co-design, Lean, Microsystems Coaching, Six Sigma, Theory of Constraints and Model for Improvement; the latter an approach that has been developed by IHI, based upon the use of Plan-Do-Study-Act (PDSA) cycles. The Model for Improvement, the methodology chosen by ELFT, is illustrated diagrammatically below.

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<sup>7</sup> Worsley C, Webb S, Vaux E. Training healthcare professionals in quality improvement. *Future Healthcare Journal* 2016;;3:207-210.



What has been emphasized in the literature on QI is the importance of fidelity to the chosen improvement methodology, without which any positive outcomes will be superficial and there will be no learning about the mechanisms that led to the change.

### **Building infrastructure for QI**

Organisations need to develop the necessary infrastructure to enable QI to thrive and spread. Some mental health organisations, including ELFT and TEWY, have invested in central QI teams with expertise in improvement methods. These teams provide additional support for projects and play a key role in promoting and managing QI. They need to have a thorough understanding of the organisation and have the respect of clinicians and managers to ensure that improvement work is given traction.

It has been found that a useful method for supporting staff with QI projects is improvement coaching. Some of the more successful Trusts have invested in training hundreds of their staff in coaching skills. At ELFT, QI coaches have an in-depth knowledge of improvement methods and tools, as well as the skills to help others develop their own insights, skills and capabilities.

Information technology (IT) systems are an essential part of the infrastructure for QI because of the way in which data is used to understand variation and to produce analytic tools such as 'run charts', showing whether changes have resulted in sustained improvements or not.

Recognising that doing QI work needs to be made as easy as possible for frontline teams, ELFT has put in place a web-based platform called 'QI Life'. All projects are managed through the platform and staff can also use it to log their data from PDSA cycles and to chart progress. In addition, the data from the Trust's central 'data warehouse' has been made available at directorate and team levels so that staff have ready access to it.

## Critical ingredients

*"However, quality improvement is not a simple fix, nor just something to add on to existing management practices. Fundamentally, it involves a cultural shift in which senior leaders model the values of quality improvement, demonstrate a constancy of purpose and commitment to quality improvement, as well as influence its spread across the organisation. It also involves empowering staff to understand quality problems, develop effective solutions and put them into practice. .... The impact of quality improvement work is often greatest when it forms part of a coherent, organisation-wide approach, as opposed to discrete, time-limited projects."*<sup>8</sup>

Embracing QI requires the following:

- It is vital to build board-level commitment from the outset to the principles of quality improvement and support for the shift in emphasis from assurance to improvement.
- A change in the traditional approach to leadership at all levels of an organisation, so that those closest to problems (staff and patients) are empowered and centrally engaged in devising the best solutions and implementing them.
- Embedding QI through training and development ensures an organisation has capacity and capabilities to sustain improvement activities.
- Doing quality improvement at scale requires an appropriate organisational infrastructure, both to support frontline teams and to ensure that learning spreads and is taken up across the organisation.
- Success is most likely when there is fidelity to the chosen improvement method, and a sustained commitment over time.
- The strong emphasis on co-production and service user involvement in mental health can be harnessed as a powerful asset in quality improvement work.
- Embed QI in all operations and at every level of the organisation.

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<sup>8</sup> Joni Jabbal. *Embedding a culture of quality improvement*. King's fund, London 2017

## **The way forward for Western Australia**

Based on the evidence coming out of other jurisdictions, there are a number of key stages in the building of a system-level, sustainable QI program.

### ***Stage 1: Building a coalition of key stakeholder organisations***

Without the active and visible support of the Health Service Providers (Boards and Executives), the Health System Manager, the Mental Health Commission and the Office of the Chief Psychiatrist, it will be extremely difficult to put in place a system-wide improvement capability building program. The establishment of a coalition amongst these organisations will be essential in developing a business plan, in unlocking the investment needed to fund the program, in ensuring alignment between their corporate objectives and in establishing priority areas for improvement. In building the ‘will’ for, and developing the design for, a system-level QI program, there would be much to learn from actively engaging with other jurisdictions. Within mental health, the East London Mental Health Foundation Trust provides the most outstanding example of how a large scale systemic QI program can be developed and implemented.

### **Stage 2: Engaging a partner organisation**

Virtually all organisations that have successfully launched system-wide QI improvement programs have highlighted the importance of engaging an experienced external partner organisation (e.g. Institute for Health Improvement, the Virginia Mason Institute, the Dartmouth Institute). These partners have been used for a variety of functions including strategic advice and QI training programs. Engaging a partner organisation early, once the decision has been made to go down the QI pathway, is advisable.

### ***Stage 3: Building support amongst staff and consumers and carers***

Following the launch of the program, it is important to establish a QI team(s) – made up of clinicians already known for the work they do - to lead the process of building awareness and support across the WA mental health system. ELFT did this through establishing a QI website and series of interactive ‘roadshows’ which reached a significant proportion of its workforce as well as consumers and carers. A strong message that emerges from agencies that have been down the QI ‘track’ is:

*“Spend time introducing quality improvement to the workforce and service users – do not assume that the organisation knows about QI and its potential benefits. Clearly set out the aims and objectives at the start.”*

#### ***Stage 4: Building capacity and capability***

This stage involves the introduction of training programs for staff and consumers and carers in improvement science and methodology and the use of QI tools. It also involves establishing the infrastructure, including the establishment of QI teams and QI coaches and ensuring that the information systems are fit for purpose.

#### **Recommended Reading**

1. Building a Culture of Improvement at [East London NHS Foundation Trust](#) (Institute for Health Improvement)
2. Building the foundations for improvement: how [five UK trusts](#) built quality improvement capability at scale within their organisations (The Health Foundation)
3. Quality Improvement in [Mental Health](#) (The King's Fund)
4. [Making the case](#) for quality improvement (The King's Fund)

# Appendix 1: IHI Quality Improvement Essential Toolkit and Training Programs



## QI Essentials Toolkit

- [Cause and Effect Diagram](#)
- [Driver Diagram](#)
- [Failure Modes and Effects Analysis \(FMEA\)](#)
- [Flowchart](#)
- [Histogram](#)
- [Pareto Chart](#)
- [PDSA Worksheet](#)
- [Project Planning Form](#)
- [Run Chart & Control Chart](#)
- [Scatter Diagram](#)

IHI offers a range of programs to help you and your team develop improvement skills:

### [IHI Open School](#)

The IHI Open School provides you with essential training and tools in an online, educational community. Eight improvement capability courses are available.

- **Level:** Novice to Beginner\*
- **Format:** Online, asynchronous courses that take 1-2 hours
- **Who should attend:** Students, residents, faculty, and professionals

### [Improvement Coach Professional Development Program](#)

If you are an improver who wants to coach and facilitate improvement teams and support the implementation of improvement strategies within your organization, the next step is to become an Improvement Coach.

- **Level:** Competent to Proficient\*
- **Format:** Twelve-week experiential program with a preparatory webinar, two 3-day in-person workshops, three 3-hour virtual workshops in between, and a concluding webinar. Previous team-based improvement experience required. Requires an improvement team with an improvement project to coach.
- **Who should attend:** Individuals with improvement experience who wants to coach and facilitate improvement teams.

### [Improvement Advisor Professional Development Program](#)

The Improvement Advisor (IA) program prepares you to become a highly effective leader in helping your organization or system implement strategically vital improvement initiatives.

- **Level:** Proficient to Expert\*
- **Format:** Eleven-month experiential program with a preparatory webinar, three 4-day workshops, and 10 monthly webinars in between. Previous experience leading improvement efforts required. Requires an improvement project that is strategically important to the sponsoring organization.
- **Who should attend:** Specialists in improvement and future improvement leaders; individuals/professionals who have or expect to have a major portion of their work focused on improvement.

For more information, see [ihi.org/ImprovementCapability](https://www.ihi.org/ImprovementCapability)