

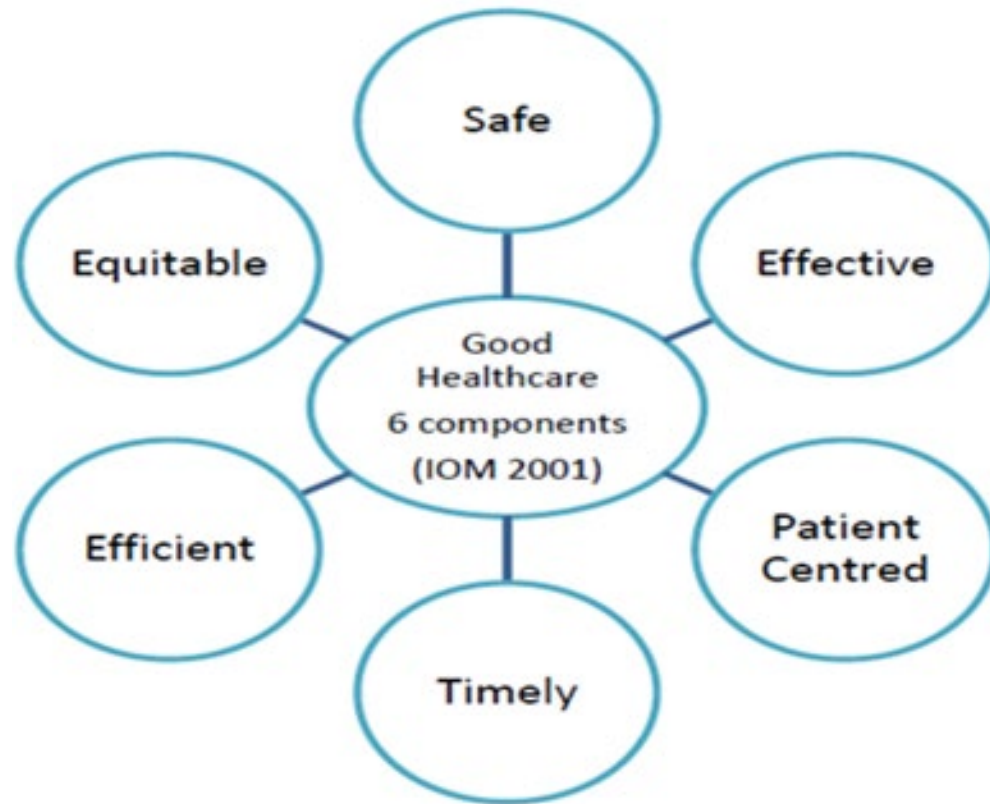
Abigail Lloyd

Silver IQT project

Health and social care act 2012

- States that a high quality service includes:
 1. **Clinical effectiveness** – care which is delivered according to the best evidence as to what is clinically effective in improving an individuals health outcomes
 2. **Patient safety** – care which is delivered so as to avoid all avoidable harm and risks to the individuals safety
 3. **Patient experience** – care which looks to give the patient as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs with compassion, dignity and respect

What is quality improvement?



Equitable –
treating
everybody fairly

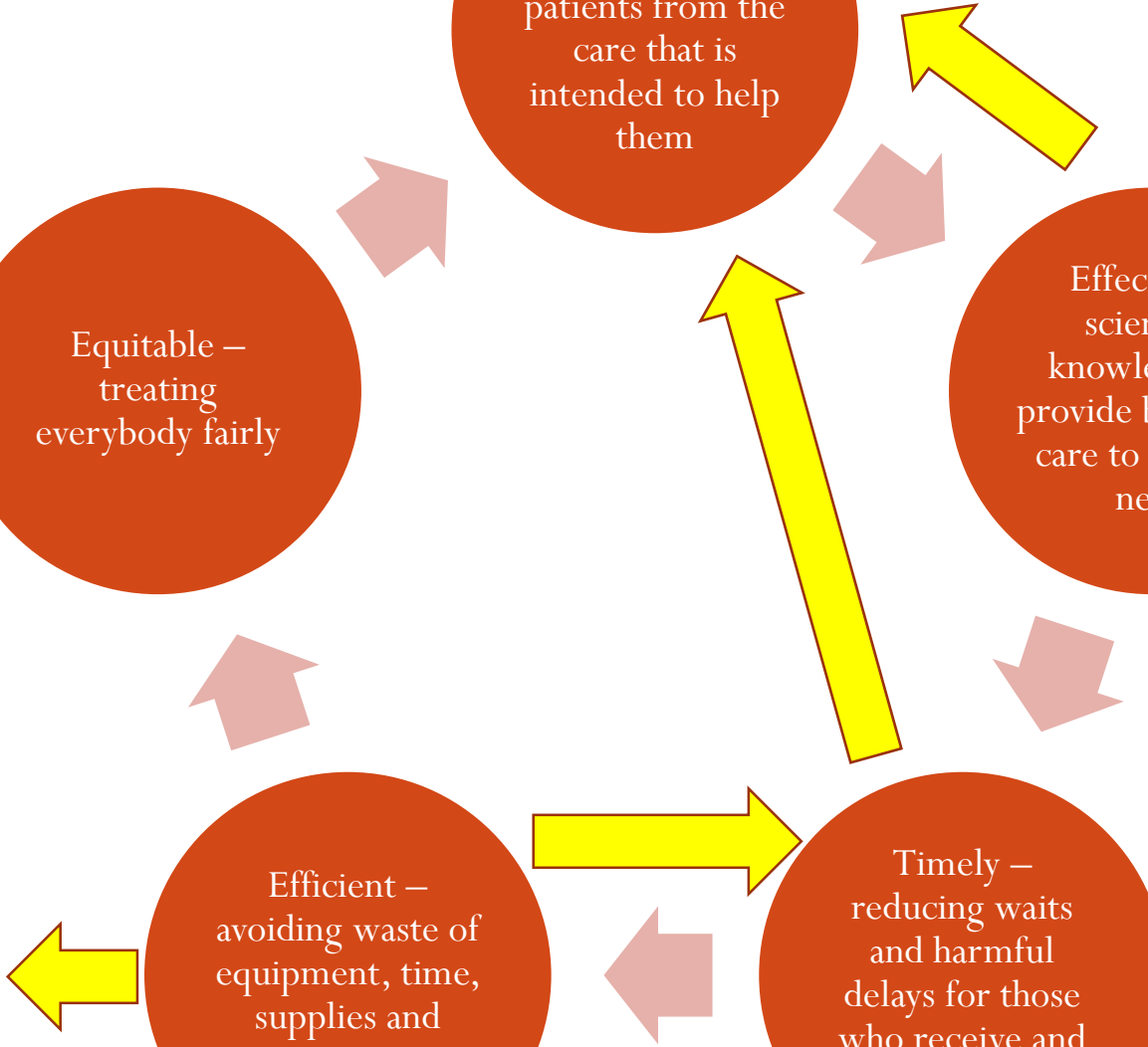
Safety – avoid
harm to staff and
patients from the
care that is
intended to help
them

Effective –
scientific
knowledge to
provide beneficial
care to those in
need

Efficient –
avoiding waste of
equipment, time,
supplies and
energy

Timely –
reducing waits
and harmful
delays for those
who receive and
give care

Frees up
NHS money
to be spent
on
improving
quality in
other areas



A patient centred approach

- **Respectful** of the individual patient
- **Responsive** to the individual patient preferences and needs
- Ensuring patient **values** guide all clinical decisions



Benefits



- Ensures individual needs are being met
- Improves quality of the services being provided
- Reduce pressure on health and social services
- Reduces complaints and subsequent stresses
- Understand the expectations from the individual patients

QI Methodologies

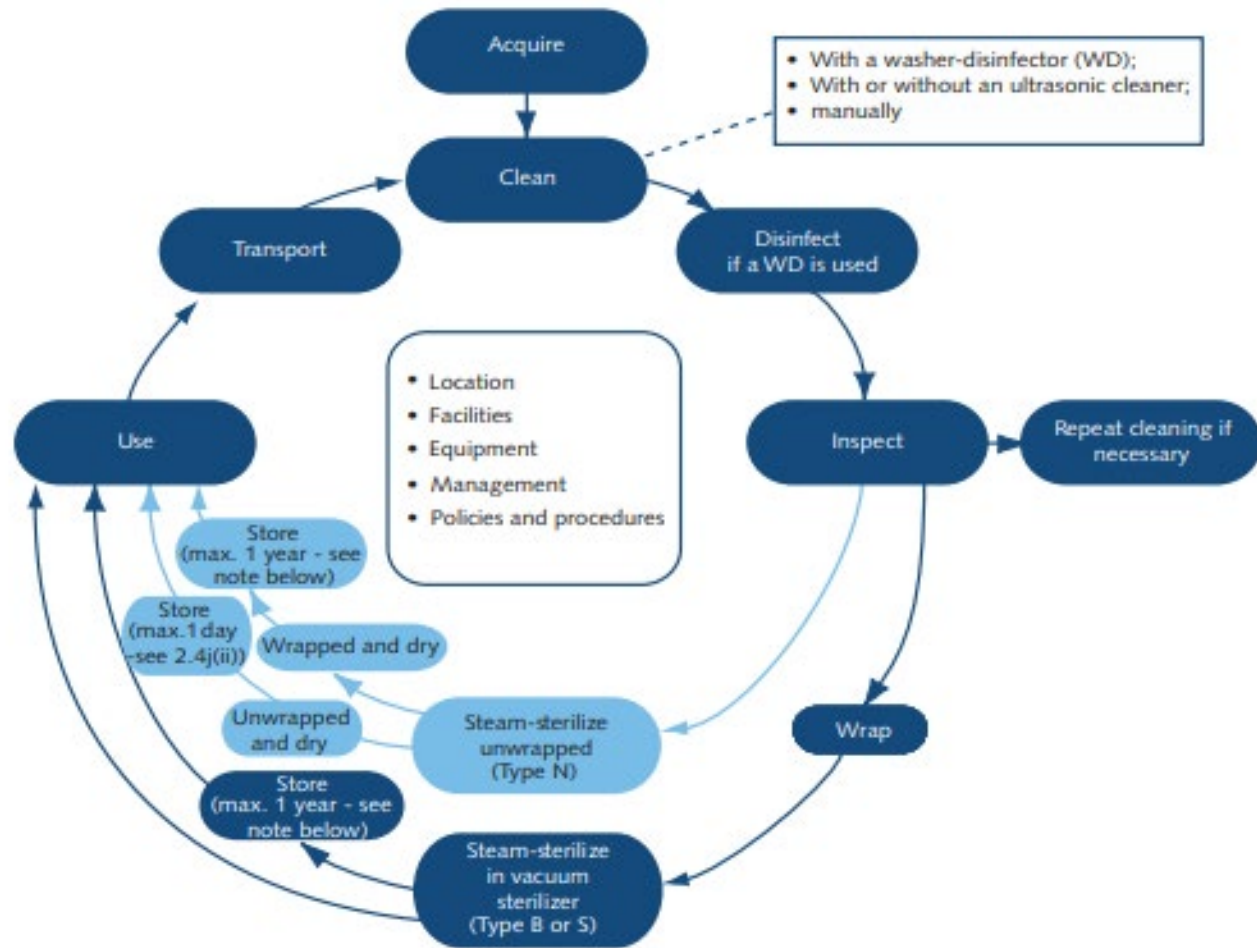
- Clinical audit
- PDSA
- Model for improvement
- Process mapping
- Statistical process control

Human factors

- Avoid reliance on memory
- Make things visible
- Review and simplify processes
- Standardise common processes and procedures
- Routinely use checklists
- Decrease the reliance on vigilance

Decontamination of forceps

WHTM 01-05



Local rules

- Forceps are to be labelled with the date they were sterilised and this should be clearly visible on the bag containing the forcep
- An expiry date should be clearly labelled on the bag
- The expiry date should be one month from the sterilisation date
- The forcep should be used by this expiry date, or re-sterilised if not
- Stock rotation should be that new stock is placed at the bottom so that instruments going out of date are used first

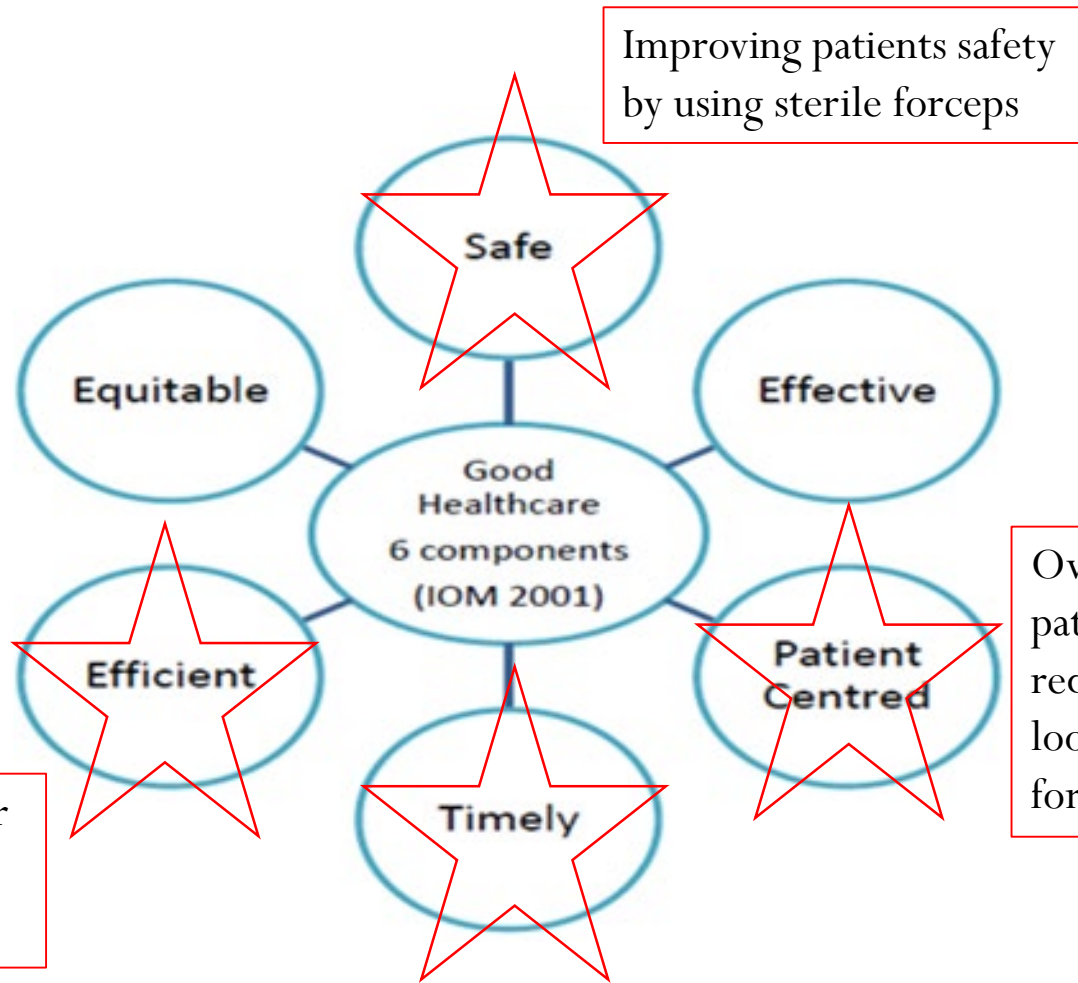
Aim

To reduce the number of forceps that are out of date in the stock room in Keir Hardie Dental Clinic from 98 to 0 by February 2019

Aim statement

I aim to reduce the number of forceps that have passed the suitable sterilised timeframe to zero.

This QI project will be carried out between November 2018 and February 2019.



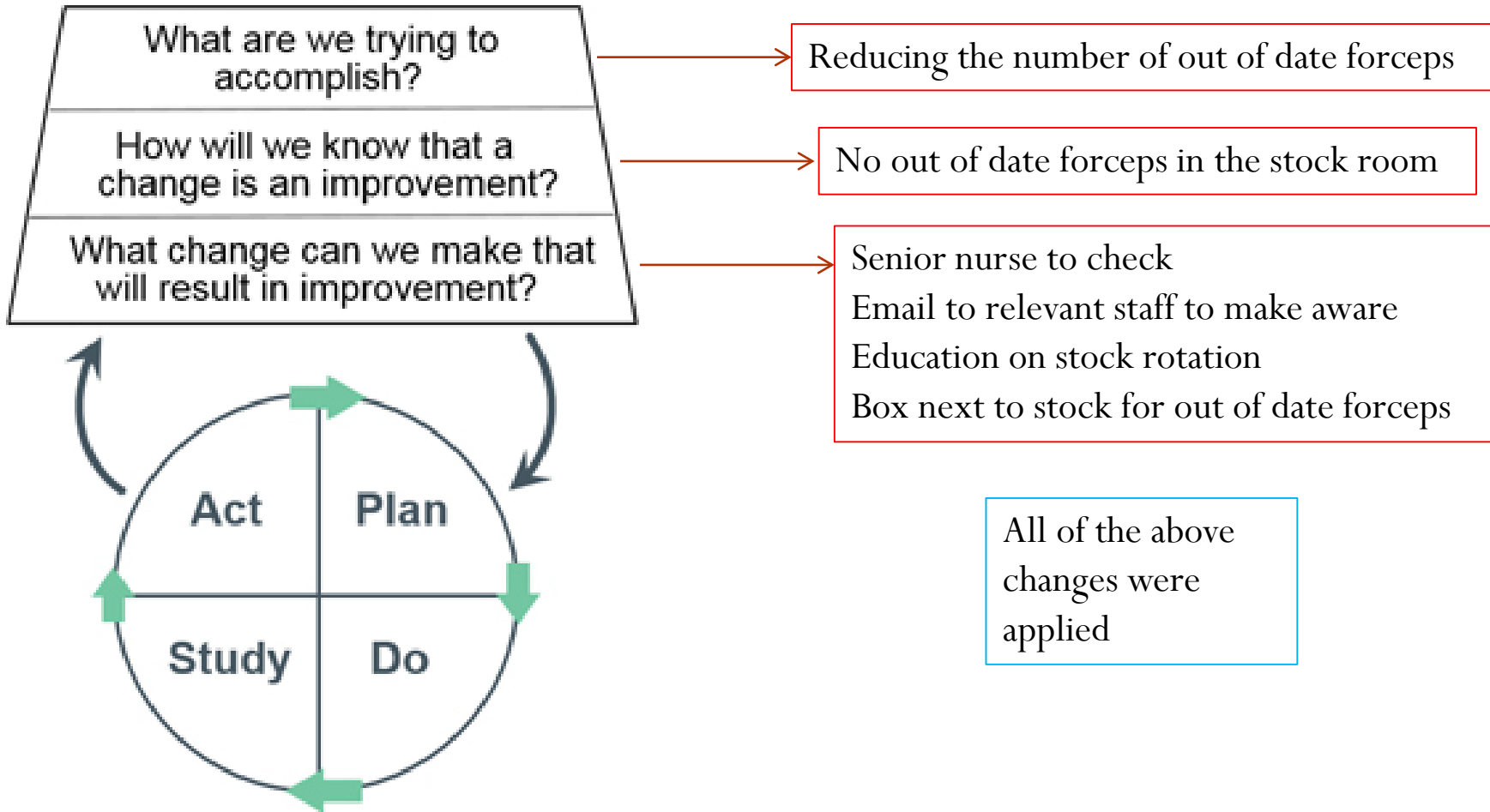
Improving patients safety by using sterile forceps

Overall improves patient safety and reduces time wasted looking for in date forceps

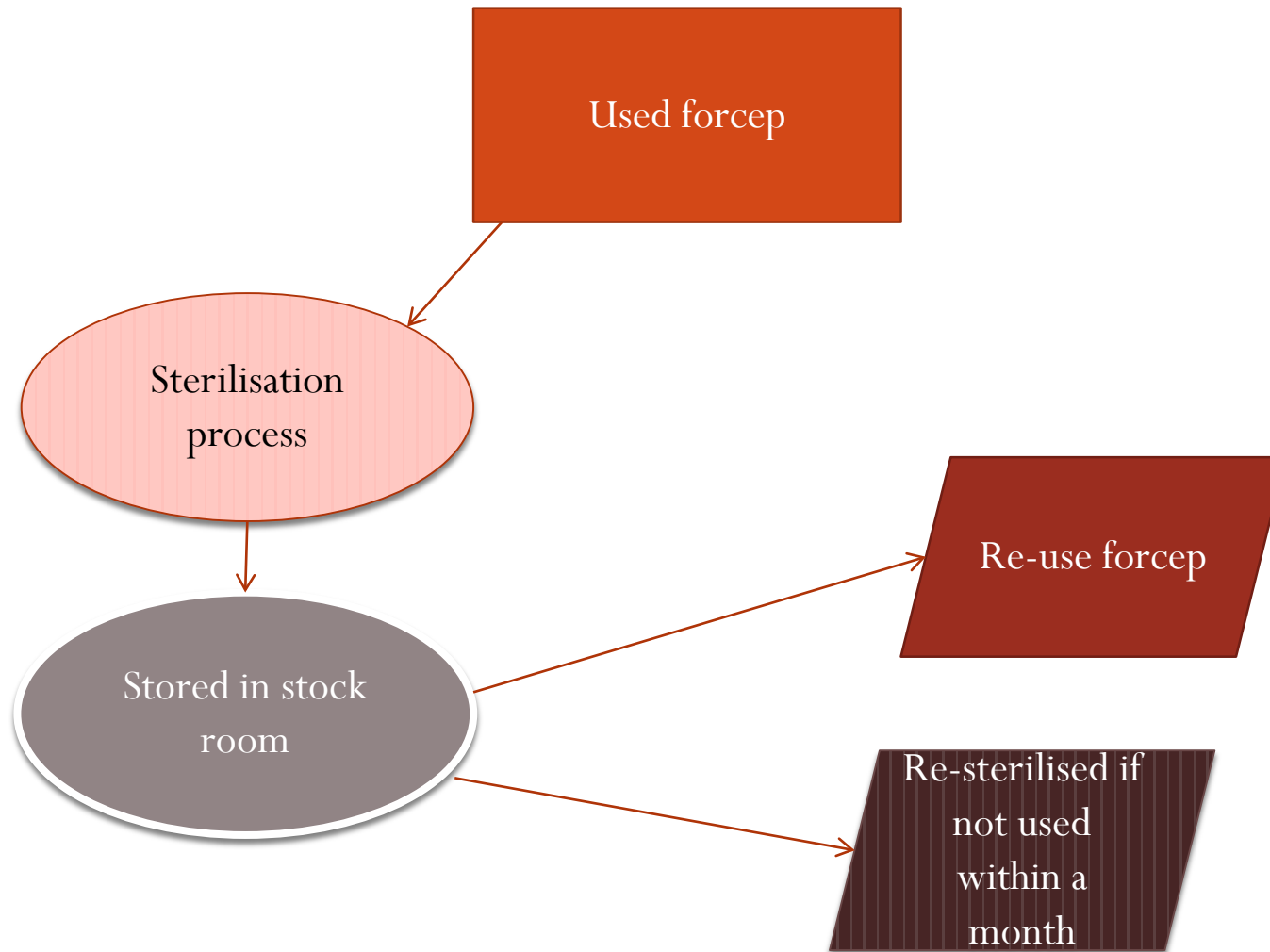
Reduces number of forceps being re-sterilised

Prevents time spent for nurse looking for an in date forcep, reduces chair time by preventing dentist waiting for equipment

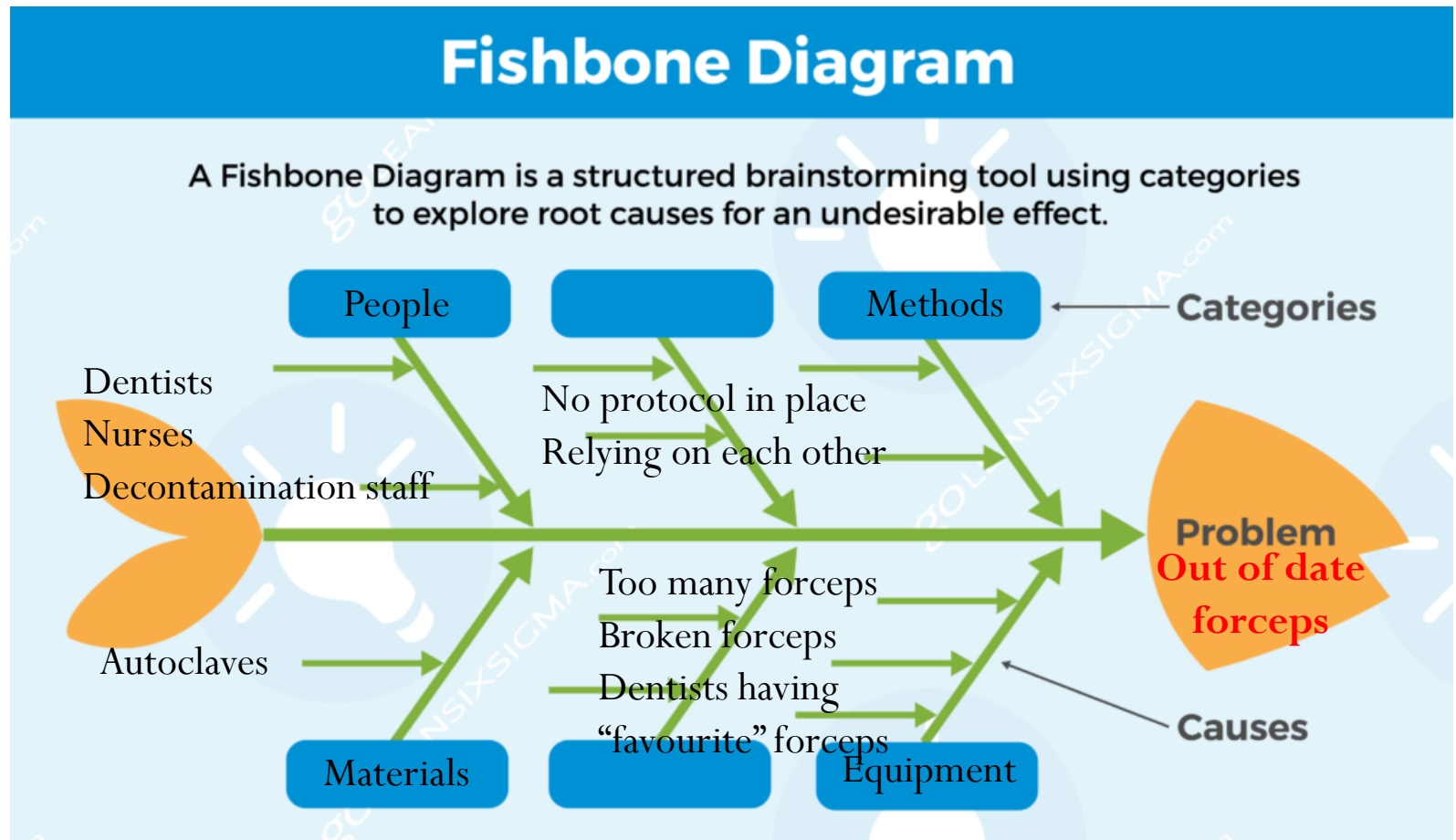
PDSA



Process Map



Fishbone diagram

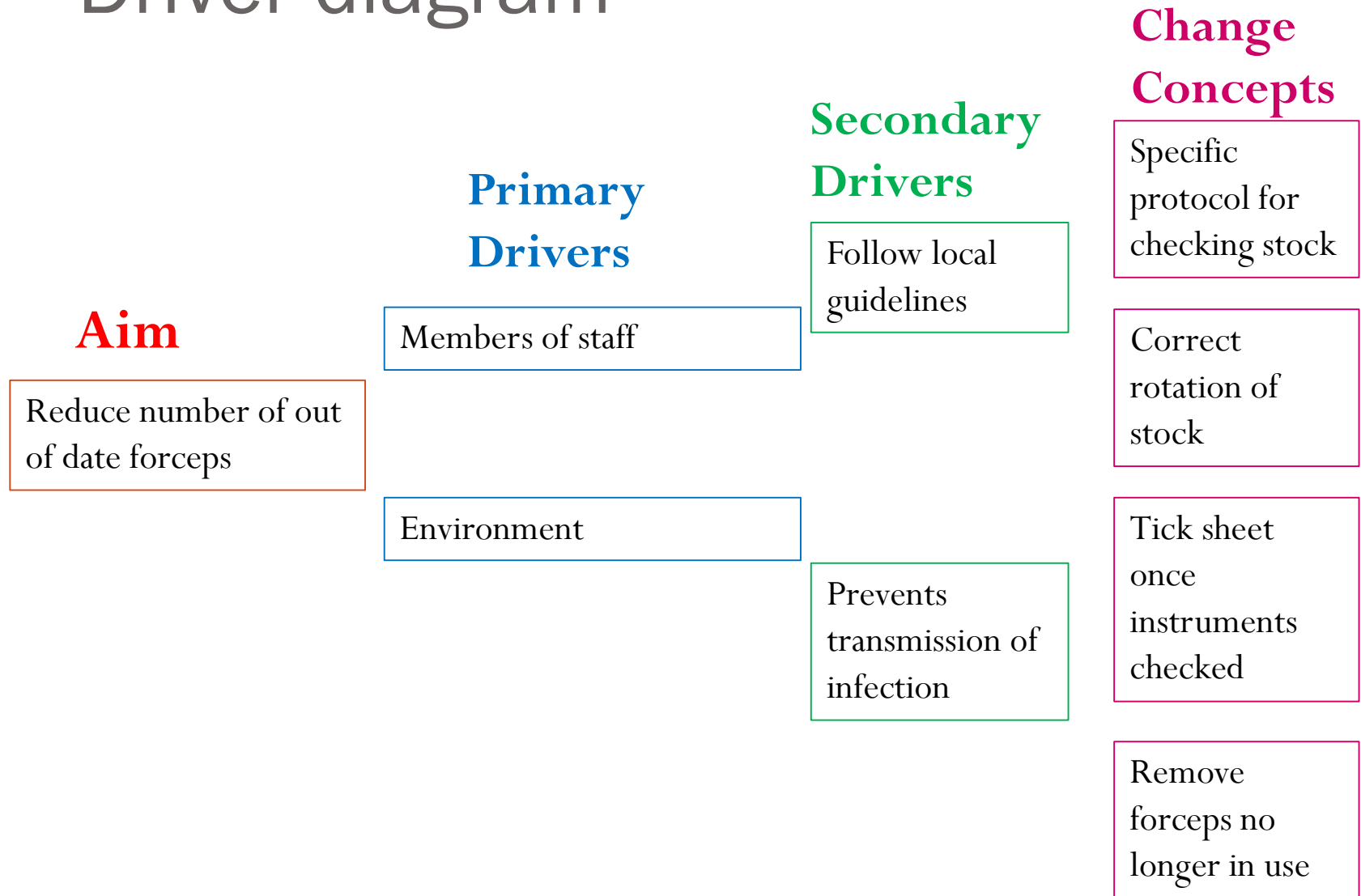


Stakeholder analysis

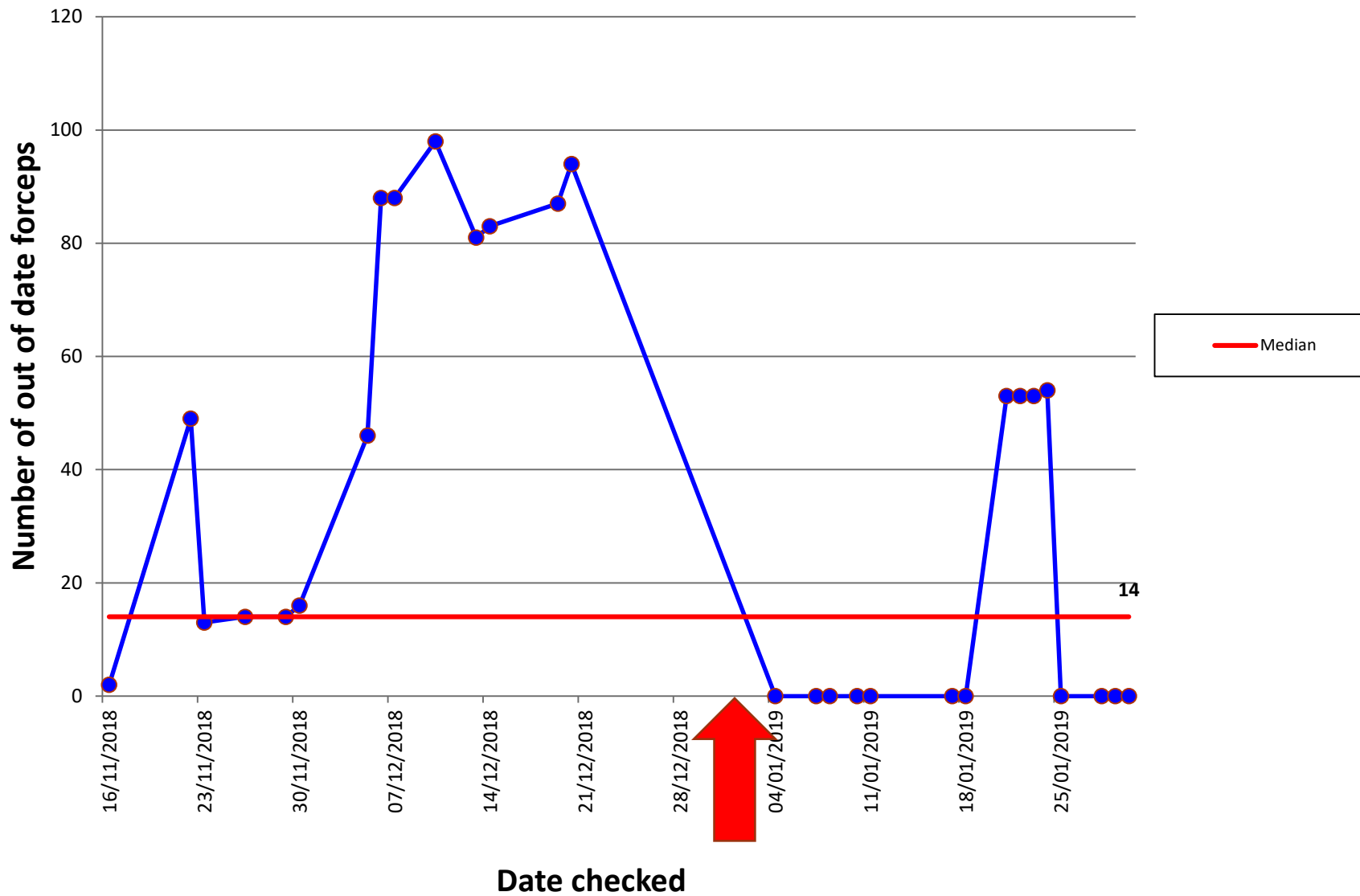
Key people or groups	W I F M		What could they do to support the improvement	What can we do to reduce the risks
	Positive impact	Negative risk		
Dentists	Less time for nurses to find an in date forcep	No free time in the day for nurses to check expiry dates	Have protected time during the day for nursing staff to check forcep dates	Do not overbook patients Ensure protected time not used to see patients
Nurses	No need to look through all forceps to find one in date	Time consuming to check box of forceps No structure to know who is checking	Rota for checking forceps	Carry out checks when they are meant to be done

Key people or groups	W I F M		What could they do to support the improvement	What can we do to reduce the risks
	Positive impact	Negative risk		
Patients	Less time to wait for nurse to find forcep, ensure safe quality control	Risk of seeing less patients per day if nursing staff busy		Ensure protected patient time Prepare nurse for equipment required at the start of the session
Local health board	Efficient CDS Correct quality control Less patient wait	May need to employ more staff and therefore increased cost		Ensure change is in place and working correctly
Decontamination staff	No bulk forceps having to be re-sterilised	Re-sterilising instruments that haven't been used	Correct stock rotation when putting forceps away	Correct training for all staff

Driver diagram



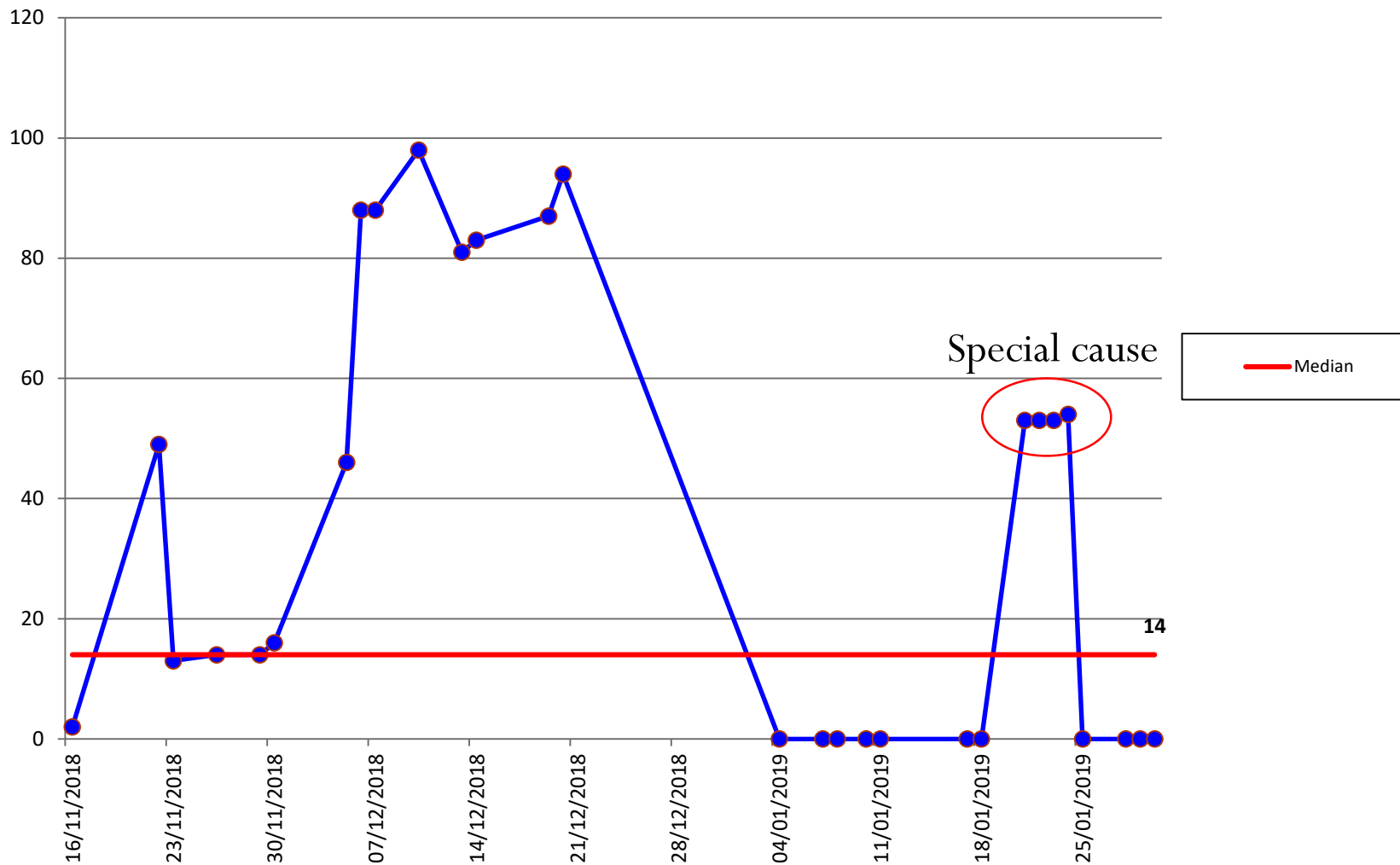
Run Chart



Variation

1. Common cause – understand the current situation and implement changes to alter practice
2. Special cause – identify causes unknown and barriers to change to allow for a tailored approach quality improvement

Run Chart



SWOT analysis

Strengths

- * Aim was met
- * Good experience of a QI project
- * Simple, measurable change
- * Can help all members of dental team

Weaknesses

- * Reliant on staff members to continue improvement
- * Small change

Opportunities

- * Same principles can be used for other dental instruments

Threats

- * Changes not continued
- * Staff motivation

Sustainability



85.5

Spread

- Local change has shown good improvement
- Nurses work in multiple different CDS practices so further spread should be achievable
- Ideas and changes can be spread to different LHBs within the CDS
- Advantage of locality meetings to present work and outcomes

Reflection

- Aim was eventually achieved
- Special cause – staff members not continually carrying out checks and needing reminding
- Risk that this will occur again long term
- Good experience at carrying out a Quality Improvement project
- Understanding the tools and principles to carry out another QI project

Thank you

