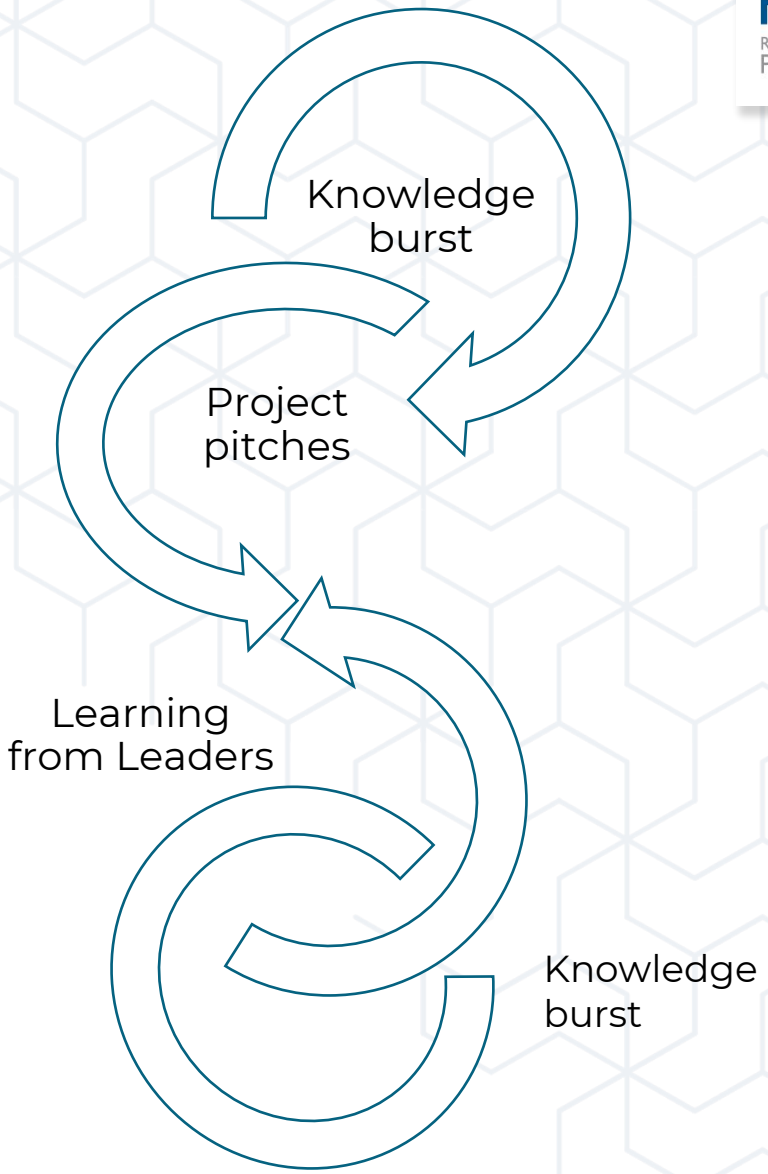
RCPsych Leadership and Management Fellowship Scheme Module 3- My project

Deepa Bagepalli Krishnan & Mudasir Firdosi

@reachdrdeepa

RCPsych LMFS Module 3: My Projects

9.15	**Join online**
9.15-9.20	**Welcome** **Dr Sanah Ghafoor**
9.20-10.20	**Knowledge burst: Project management - 1** Dr Deepa Bagepalli Krishnan and Dr Mudasir Firdosi
10.20-10.30	**Q&A/overview on how pitch breakouts will run**
10.30-10.50	**Break**
10.50 -12.00	**Project pitches A: Breakout Rooms** (Deepa, Mudasir, Sanah)
12.00-12.45	**Lunch**
12.45-13.50	**Project pitches B: Breakout Rooms** (Deepa, Mudasir, Sanah)
13.50-14.00	**Break**
14.00-14.40	**Learning from leaders** Dr Helen Crimlisk
14.40-15.00	Break
15.00-15.45	**Knowledge burst: Project management- 2** Dr Deepa Bagepalli Krishnan
15.45-16.00	**Questions, reflections and next steps** Dr Deepa Bagepalli Krishnan, Dr Mudasir Firdosi



RCPsych LMFS Module 3: My Projects

Today's session and two 75 minutes sessions:

Module 1- Dr Geraldine Strathdee

Module 8- Engaging stakeholders

Reference: Leadership and Management standards for Health Professionals

Learning objectives

- Understand the principles of project management
- Understand principles of measurement in change projects
- Familiarise with common tools to help plan, design and implement changes
- Use learning, feedback and reflection from the project pitches session to shape your project plan
- Learn from an eminent change leader

Reference: Leadership and Management standards for Health Professionals

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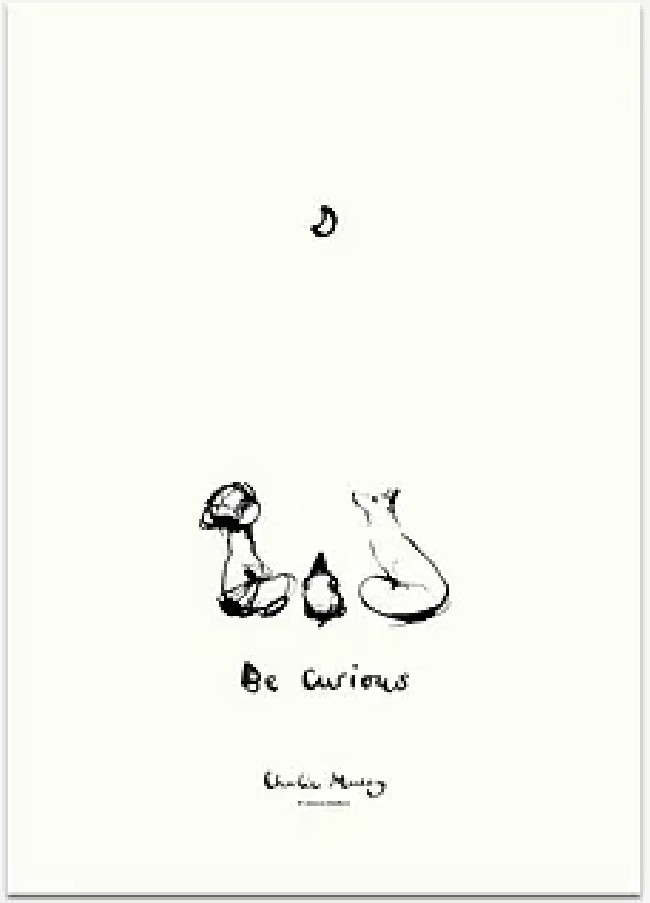
- Plenty of opportunities to ask questions, learn and reflect
- Will be nice to see you all (please keep your cameras on) and hear from you
- Use the chat and raise hand function
- If you experience any technical issues during project pitches, please get in touch with the LMFS team



Project Management

Projects

- Projects are a way of accomplishing specific objectives
- Not part of the processes
- Sustainable changes result in embedding these changes into day-to-day processes

Why a systematic approach?

70% of improvement projects fail to deliver the promised results

(Daft, R and Noe, R., Organisational Behavior, 2000, LONDON: Harcourt)

Only 30% of improvement projects deliver on what they set out to achieve. However, with careful planning and applying a few quality improvement tools, you can considerably increase your chances of achieving success.

Reference: Leadership and Management standards for Health Professionals

Six stage approach to project management

START OUT

DEFINE & SCOPE

MEASURE & UNDERSTAND

DESIGN& PLAN

IMPLEMENT

HANDOVER & SUSTAIN

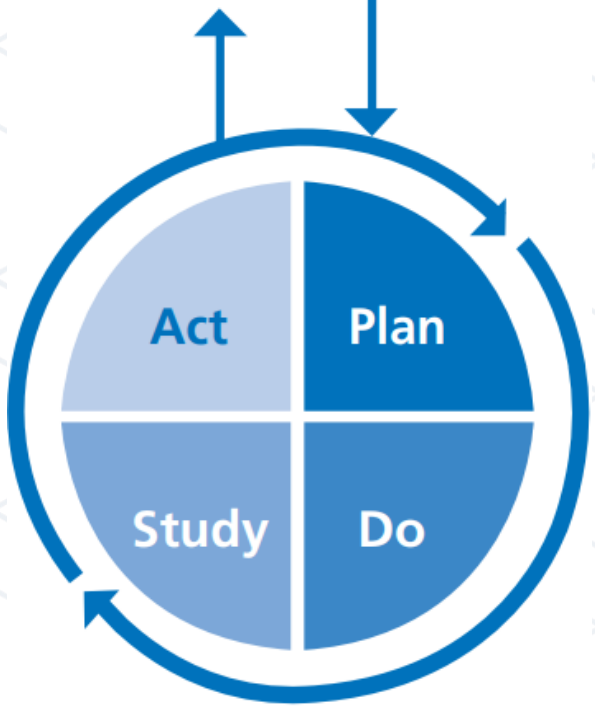
Session 1

Session 2

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that wil result in improvement?



Reference- Quality, Service Improvement and Redesign tools

What are we trying to accomplish?

Stage 1 & 2- Start out, define and scope

Four steps:

1. Identify the problem

2. Why the problem is a problem?

3. Understand the process/system

4. Create a SMART AIM

Reference- Quality, Service Improvement and Redesign tools

What is the opportunity or problem?

Identifying a service/area/pathway/process that needs evaluation/improvement

National initiatives

Targets

Data

Incidents/Complaints

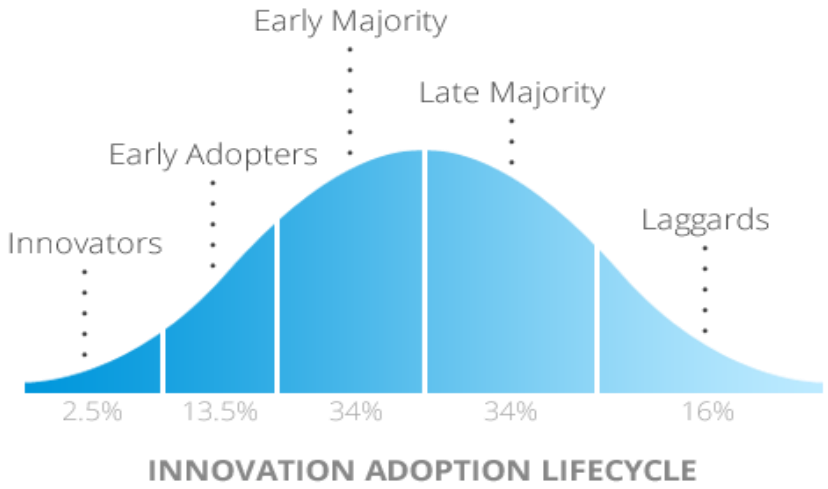
- All projects need a core group to champion, troubleshoot and drive work forward.
- Consider remit, roles, patient or carer participation, meetings and communication
- What does good look like? (guidelines, policies, RCPsych CCQI standards)
- Learning from other projects
- **Tools at this stage: Stakeholder analysis**

Start with problems not solutions

Reference- Quality, Service Improvement and Redesign tools

Who are the key stakeholders in the project?

- **List**
- **Map**
- **Engage-** understand, build trust, communicate, collaborate and be prepared to work with resistance



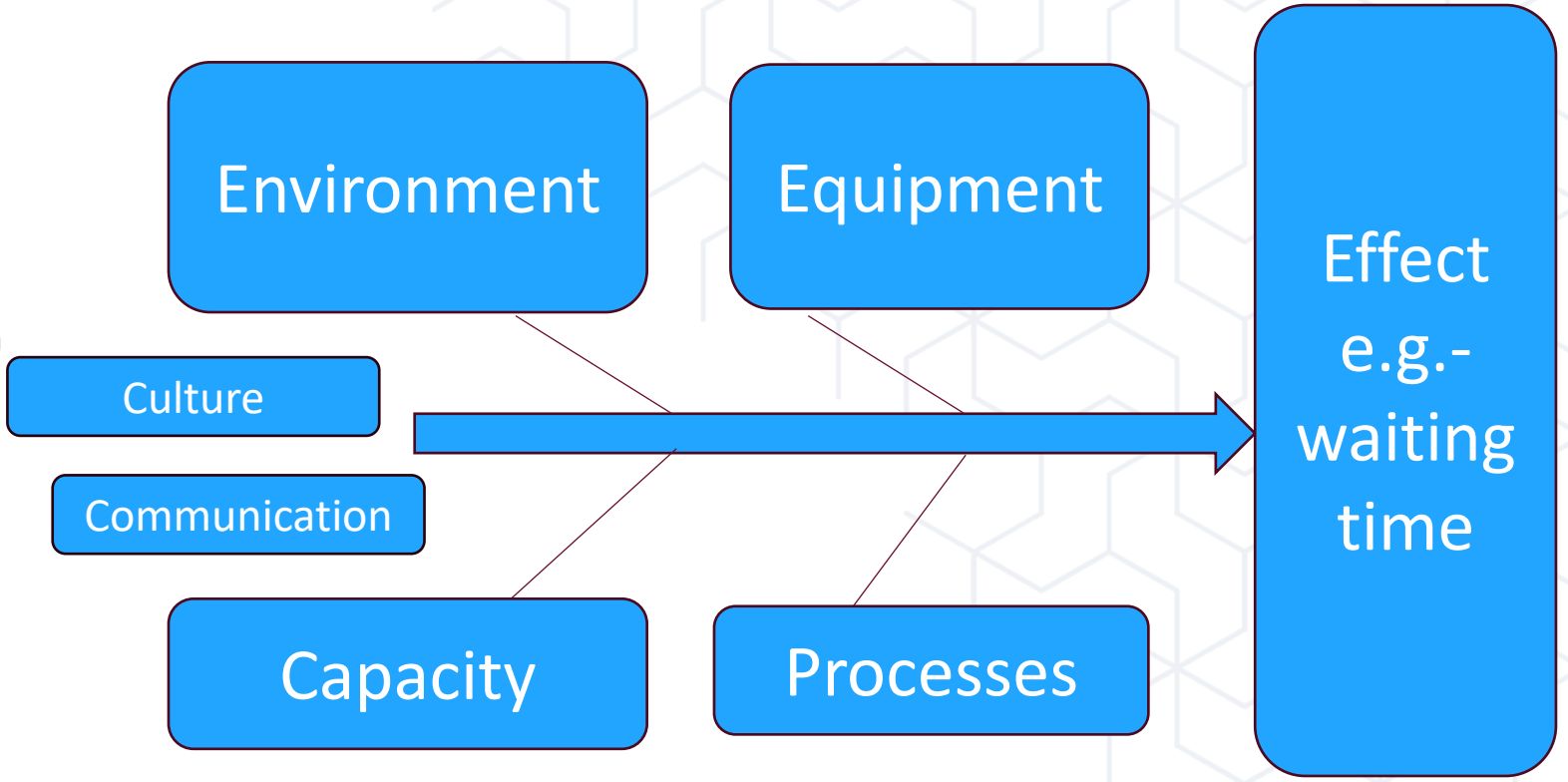
POWER		
	Satisfy-Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** -Key stakeholders who should be fully engaged through communication and consultation.
	Monitor This group may be ignored if time and resources are stretched.	**Inform** Patients often fall into this category. It may be helpful to take steps to increase their influence by organising them into groups or taking active consultative work
	IMPACT	

Reference- Quality, Service Improvement and Redesign tools; Rogers (2003)

Understanding the problem

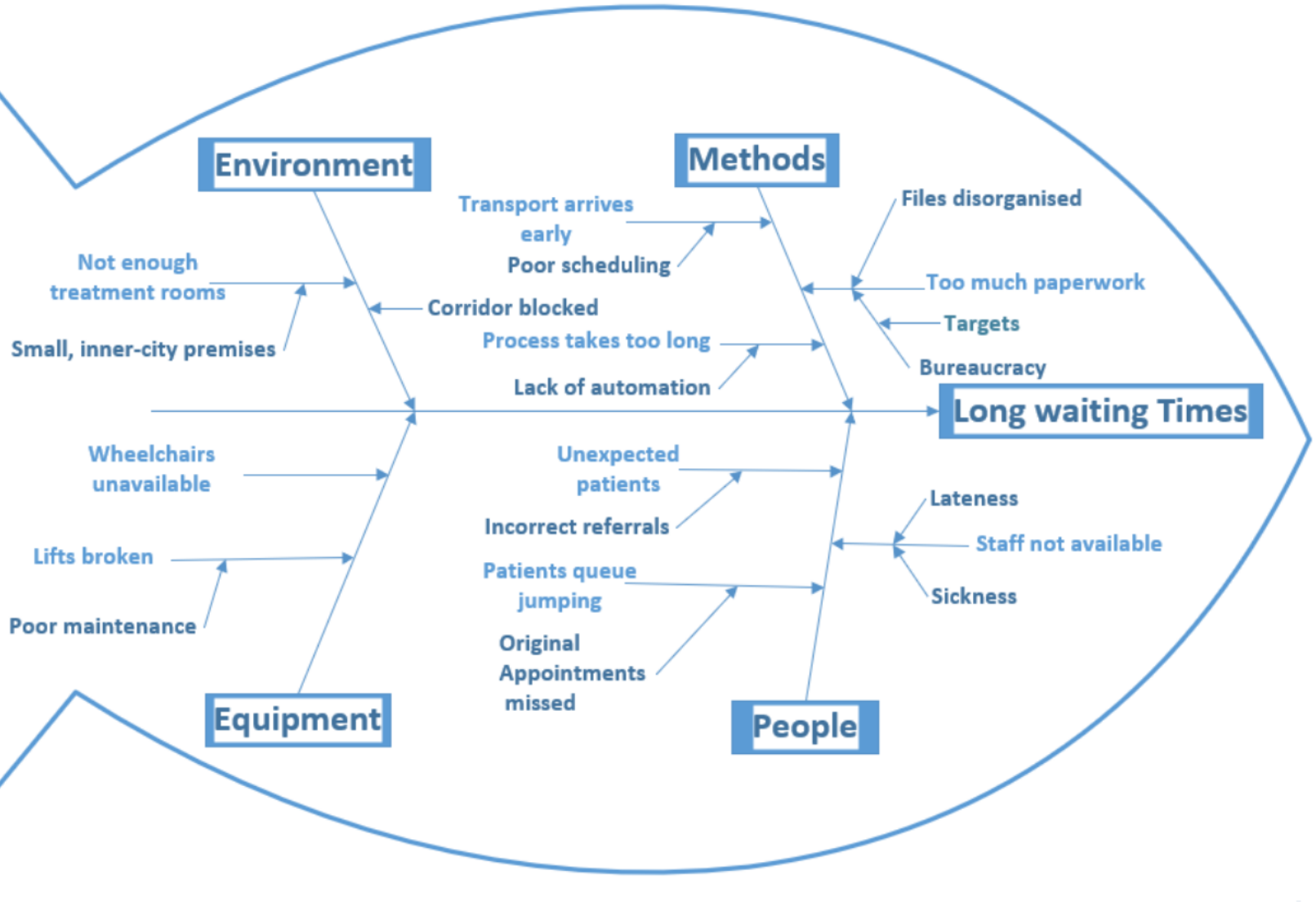
Fish bone or cause and effect analysis

FIVE WHYs?



Reference- Quality, Service Improvement and Redesign tools

Cause-Effect or Fish-bone or Root-Cause Analysis



Step 3- Understanding the system/process

Referral → Triage → Assessment → Accept/signpost → Treatment → Discharge

- Process map- A visual description of a how a system works.
- Displays the sequential steps involved in the whole process.
- Assists in identifying opportunities for improvement and eliminating waste

Reference- Quality, Service Improvement and Redesign tools

Step 4- Developing your aims statement

Example- Reduce the number of falls on inpatient older adult mental health wards in ‘A’ trust by 20% by February 2025

Specific
Measurable
Achievable
Relevant
Time-bound

Top tips to set a SMART aim

- Be specific- avoid phrases like’ will improve patient safety’
- Doesn’t need to be written as SMART
- Include stakeholders in developing aim
- Link your aim to benefits for patients/patient outcomes
- Don’t put your solution in the aim
- Its ok to aim high
- Ensure that the outcome measure ‘M’ is clear in the aim
- Be prepared to modify your aim

Link your project’s aim to organizational objectives- ‘R’ of your SMART aim

Reference- Quality, Service Improvement and Redesign tools

What next?

- Complete a Project charter/brief/mandate at this point
- Governance arrangements
- Communication

Background

Aims/objectives

Scope

Measurement for improvement

Driver diagrams

Action plan

Issues and risks

Costs

Approximate timelines

Stakeholders

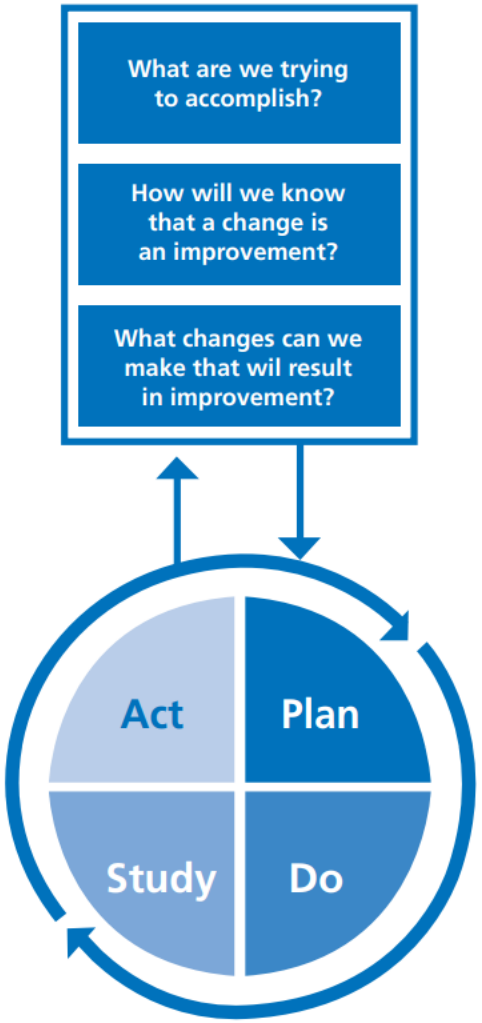
Roll out plan

Reference- Quality, Service Improvement and Redesign tools

Just a change or an improvement?

Stage 3. Measure- Project management

- Why collect data?
- Types of measures
- Variation
- Recording and analysing data over time- Run charts and Statistical process control (SPC)



Why measure data?

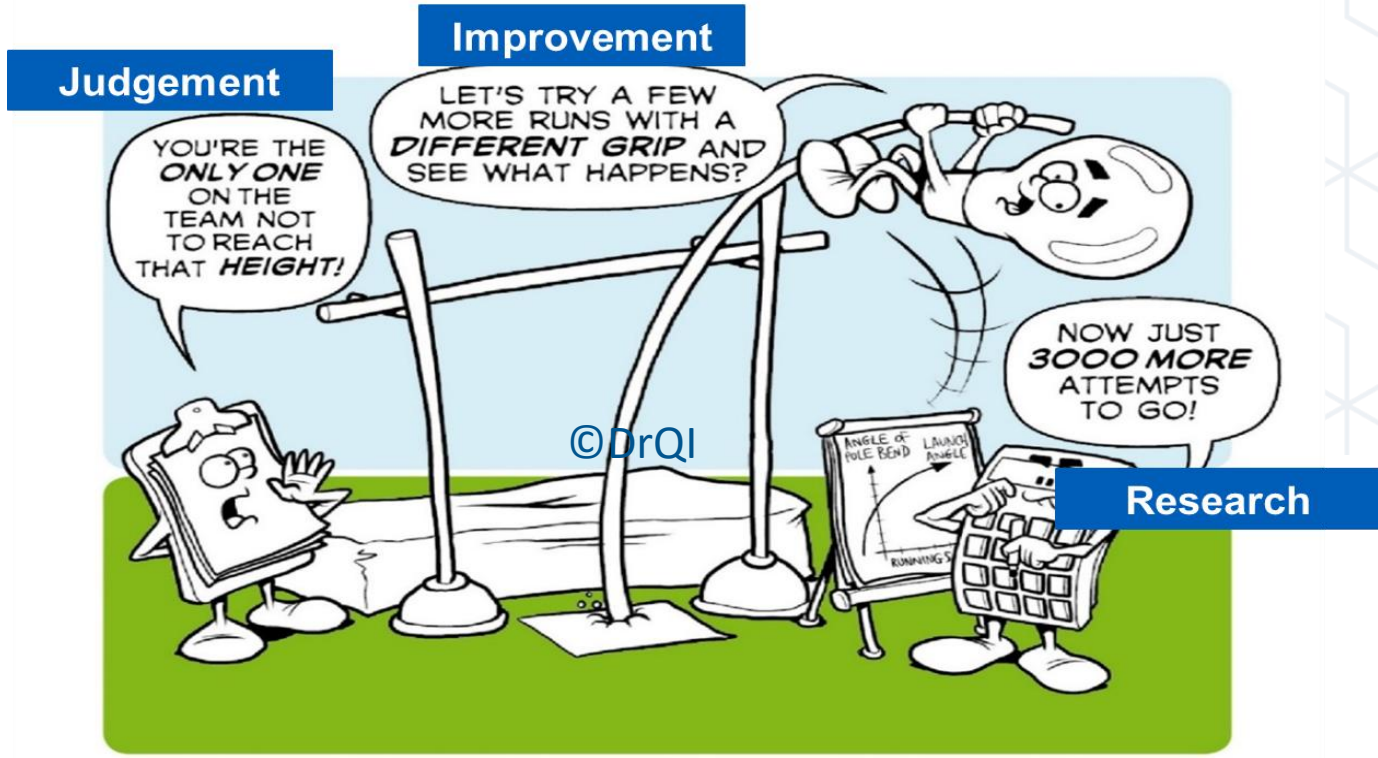
Measurement can show us a number of important pieces of information:

- how well our current process is performing
- whether we have reached an aim
- how much variation is in our data/process
- whether the tests of change have resulted in improvement
- whether a change has been sustained.

Reasons for measurement

There are three main reasons why we measure:

- research,
- judgement, and (bar chart, pie chart)
- Improvement (SPC, Run charts)



Understanding what you are measuring and why is vital as it determines how you approach the measurement process.

Measurement for improvement

Outcome Measure

What we are ultimately trying to improve

Process Measure

These reflect the way processes work to deliver desired outcome

Balancing Measure

These reflect unintended and/or wider consequences of change (positive/negative)

Use a run chart for your outcome measure and show in whatever way you can that you have considered process and balancing measures.

Variation

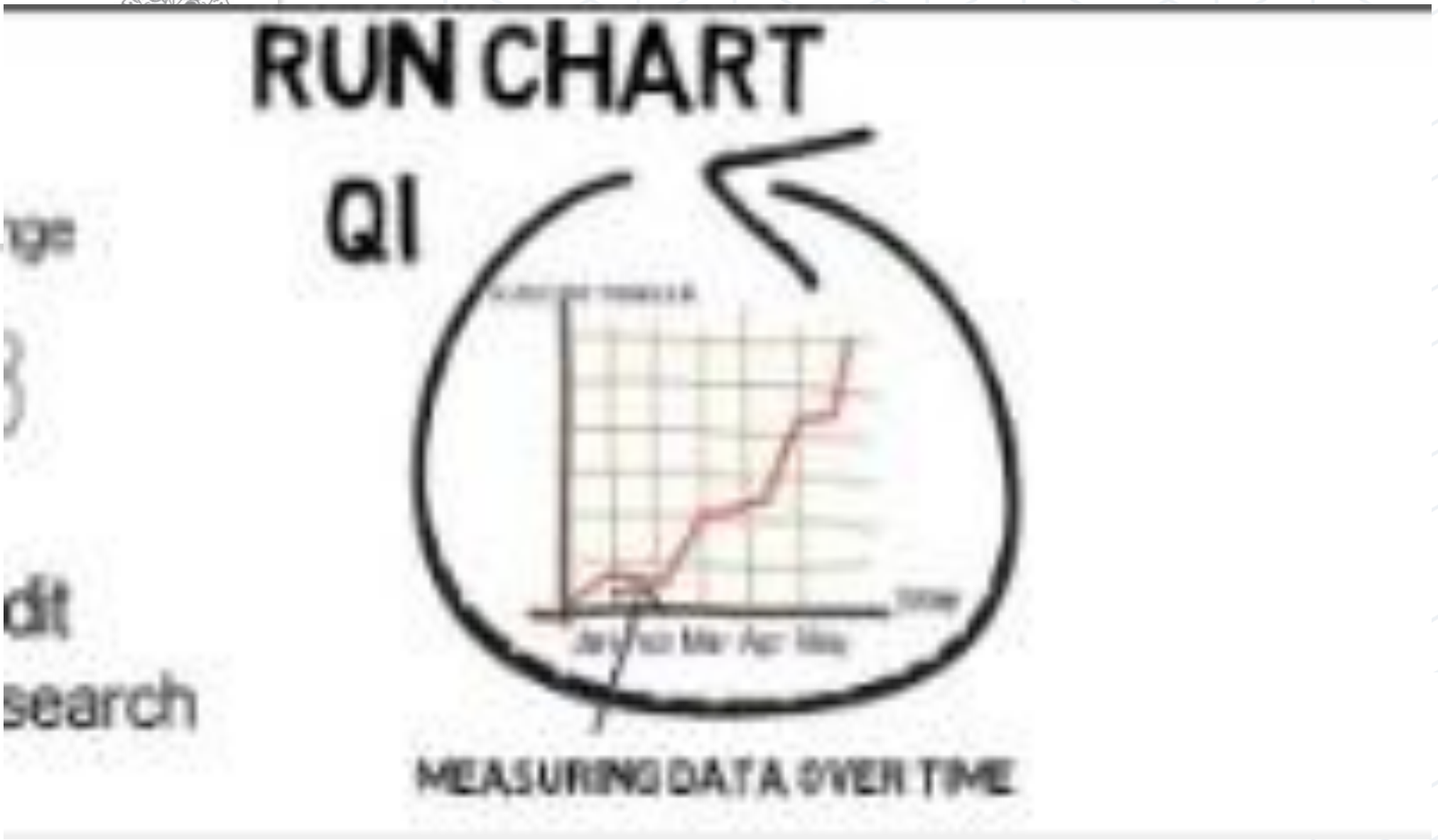
Variation

- All systems display variation
- Consider patient observations
  - e.g HR 77 → 74 → 82 → 80
- Studying a system? Remember variation

Analysing your data

- **Common Cause variation-** part of daily normal work, built into the system, random, affects everyone

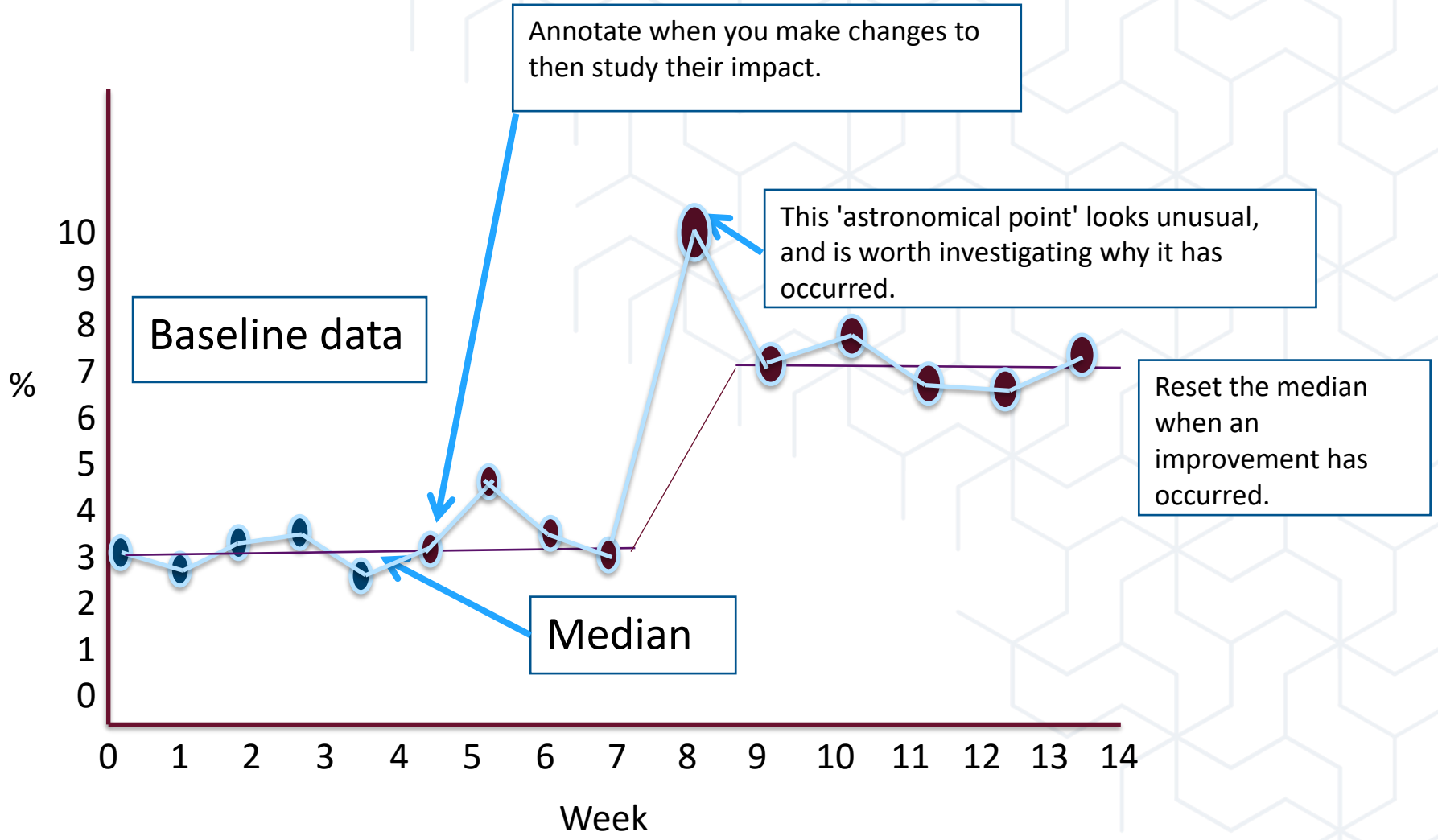
- **Special cause variation-** non-random and due to an external cause.



https://youtu.be/Q85h-59R2SQ

Run charts

Run chart can be used to tell the 'story' of your project and give lots of useful information



Run charts versus Statistical process control (SPC)

Run charts

Start of the projects

Helpful for stakeholder engagement

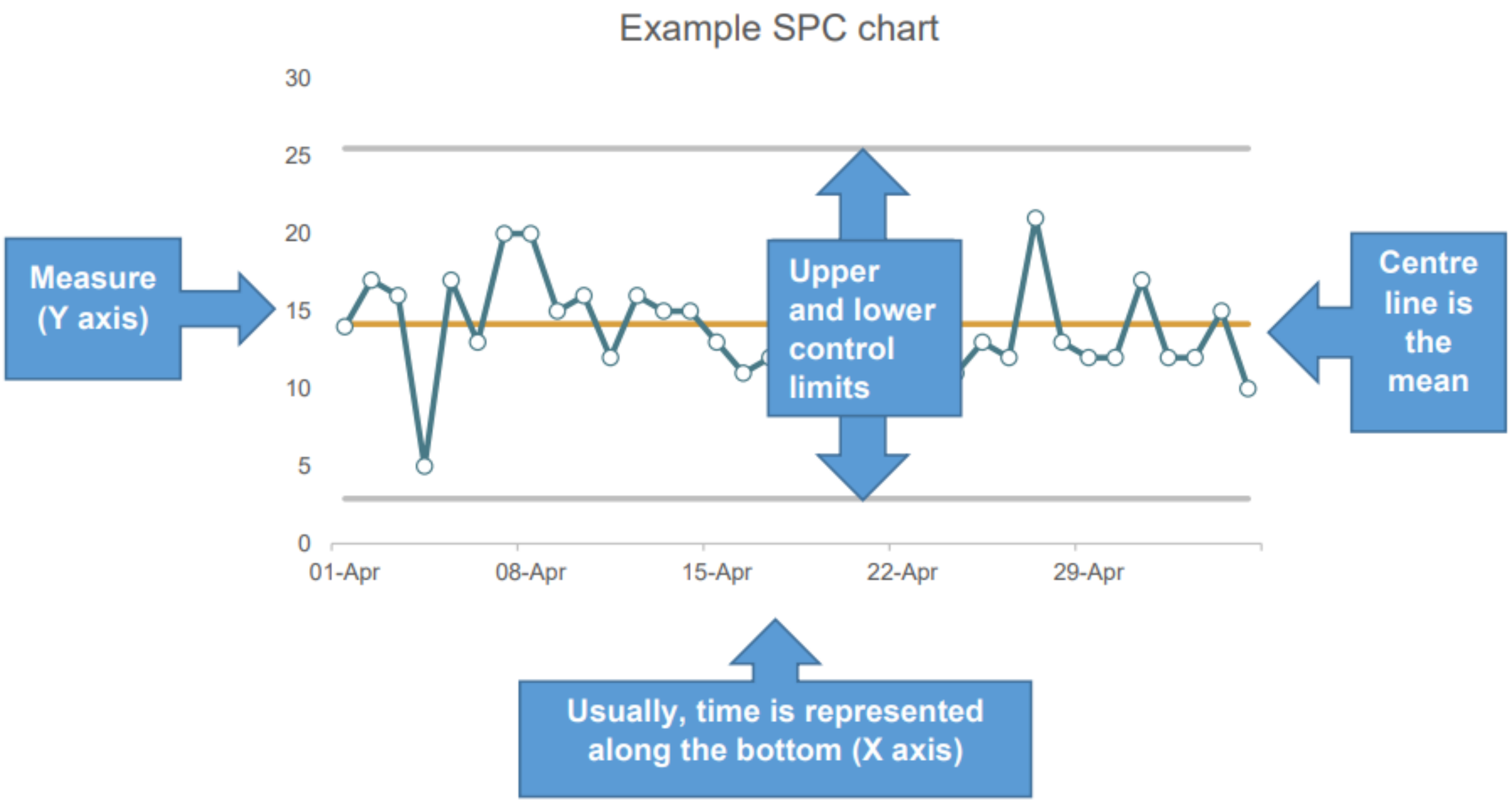
SPC

Larger data points

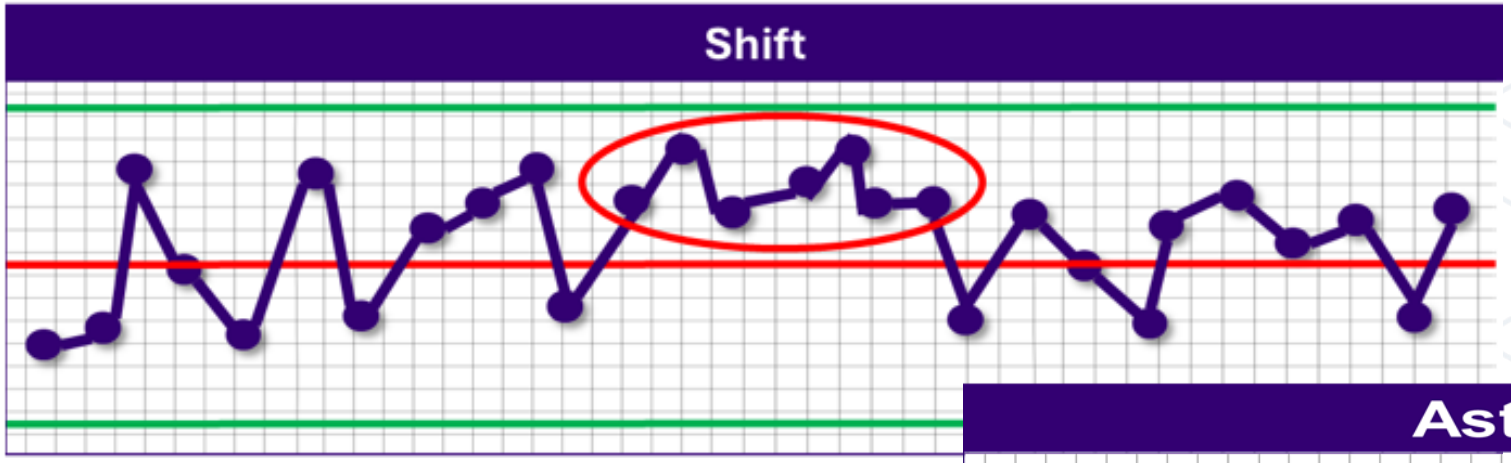
More developed projects

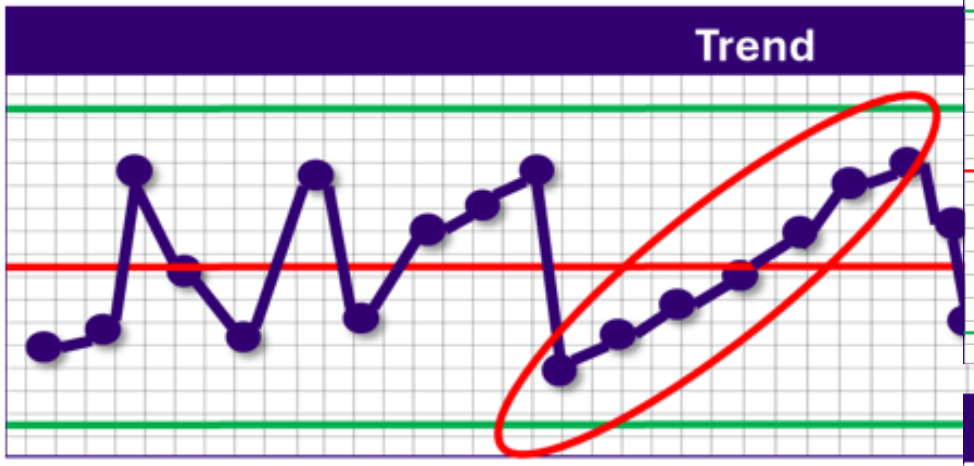
Plenty of data

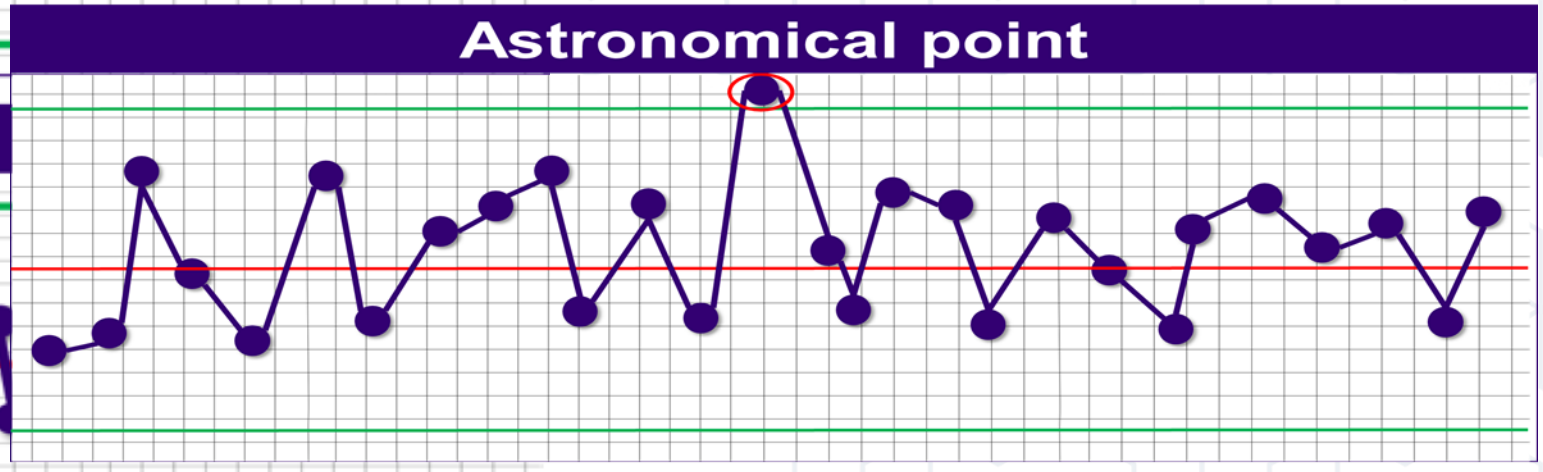
More statistical validity

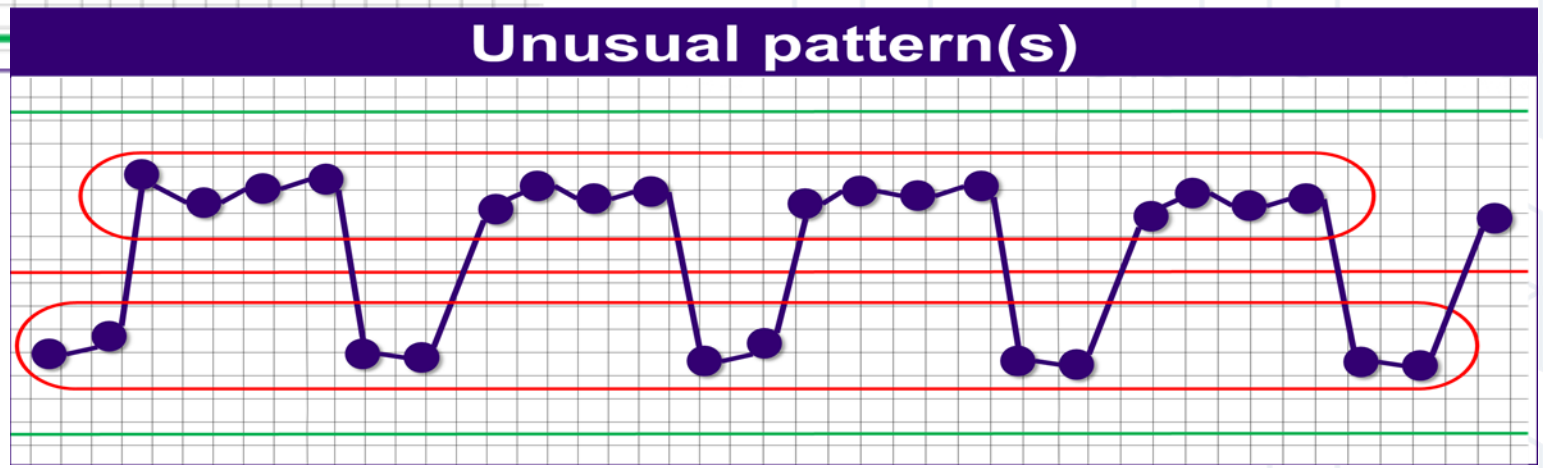

Example SPC chart
30
25
20
15
10
5
0
01-Apr
08-Apr
15-Apr
22-Apr
29-Apr
Measure (Y axis)
Upper and lower control limits
Centre line is the mean
Usually, time is represented along the bottom (X axis)

What is special cause variation?









Qualitative data

Questions?

Project pitches

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Breakout rooms- Project pitches

- Three groups of 11 fellows
- Projects pitches A and B: 5-6 presentations (in each session)
- Lunch break before project pitches B
- Pre-recorded presentation video (3 minutes) followed by Q&A and discussion (about 5 minutes)
- The objective is to help you distil your project ideas and develop skills in making an audio-visual pitch to present your idea in a succinct manner.
- Written feedback will be provided by the facilitator based on your presentation and engagement in the discussion.

Project Pitches-A

Lunch
12.00-12.45

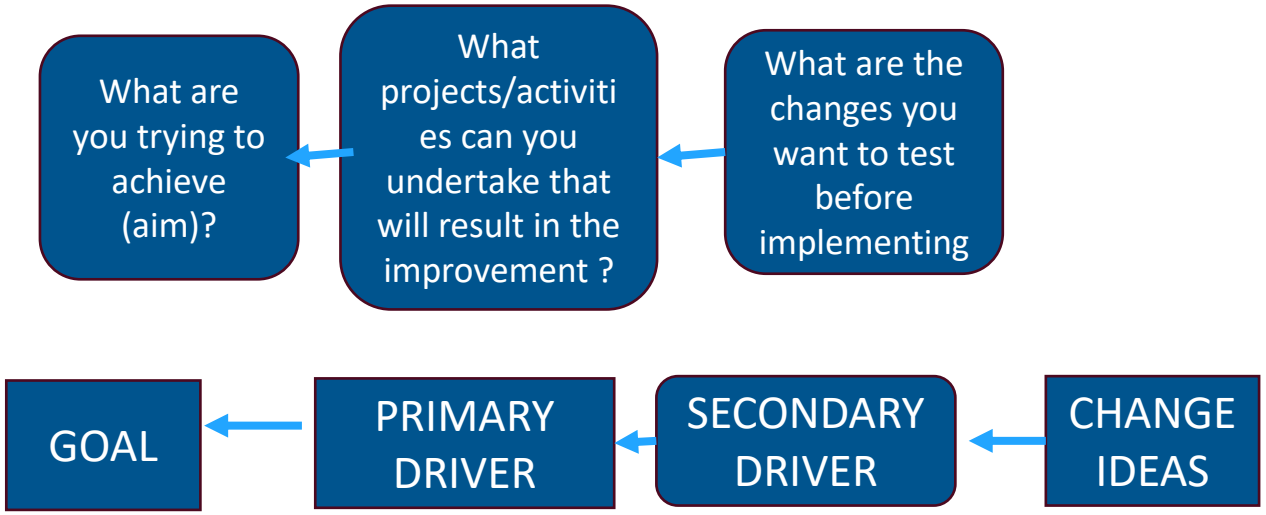
Project Pitches-B

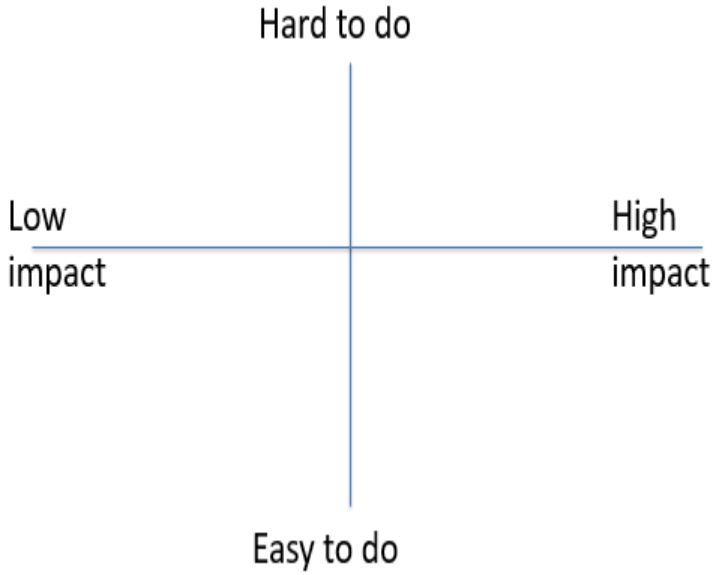
Learning from Leaders
Dr Helen Crimlisk

Project Management-2

Stage 4- Design and Plan

Driver diagram and action planning





Action planning- what changes will be implemented-by whom/by when/possible issues

Reference- Quality, Service Improvement and Redesign tools

Creating a Driver diagram

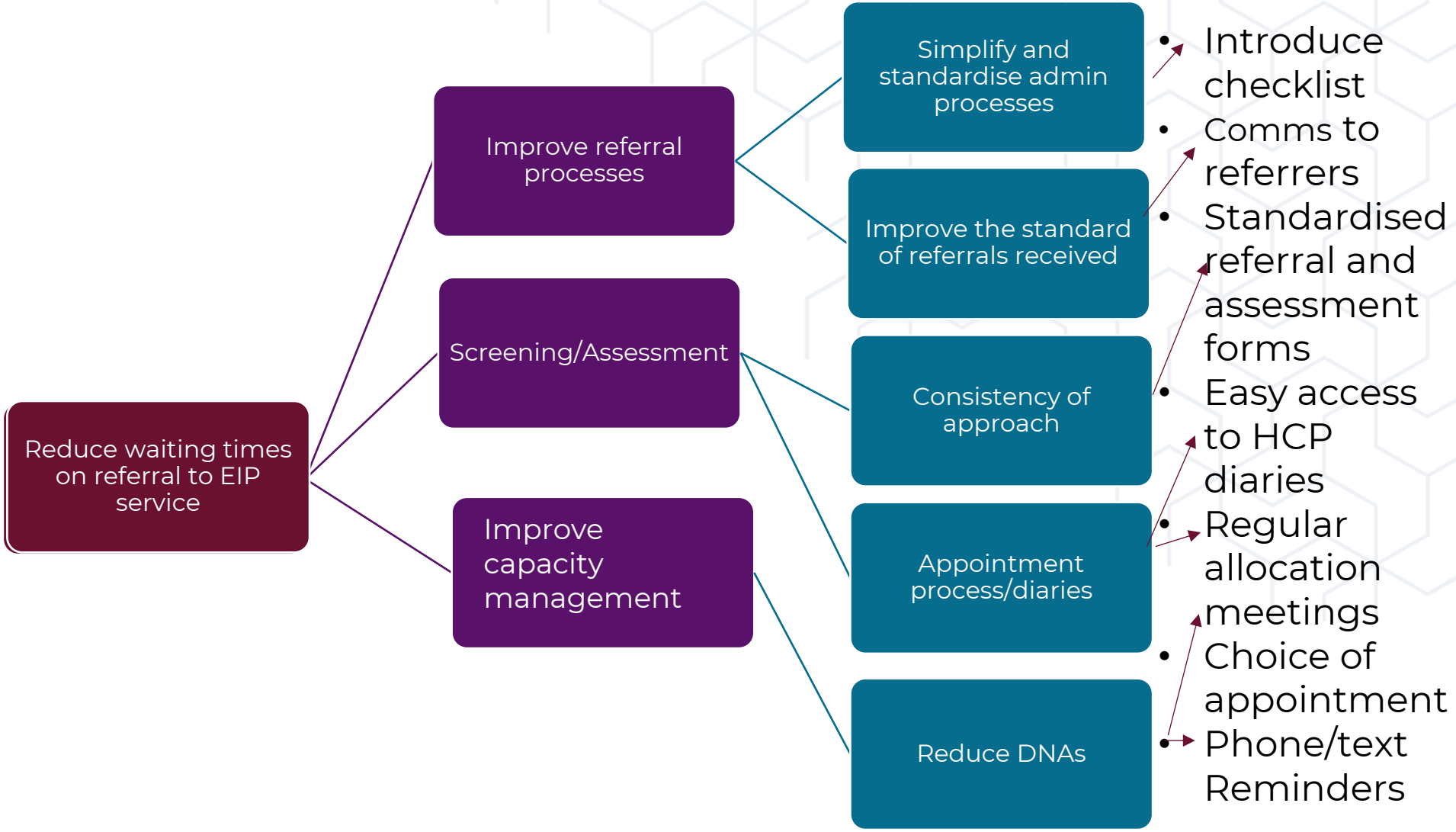
Creating a Driver Diagram

Put simply, a Driver Diagram is a strategy on a page.

A Driver Diagram outlines:

Overarching aim	**What you aim to achieve (SMART aim) Secondary drivers**
Primary drivers	The areas of focus to achieve your aim
Secondary drivers	Information on projects which need to be completed to ensure delivery on the primary drivers

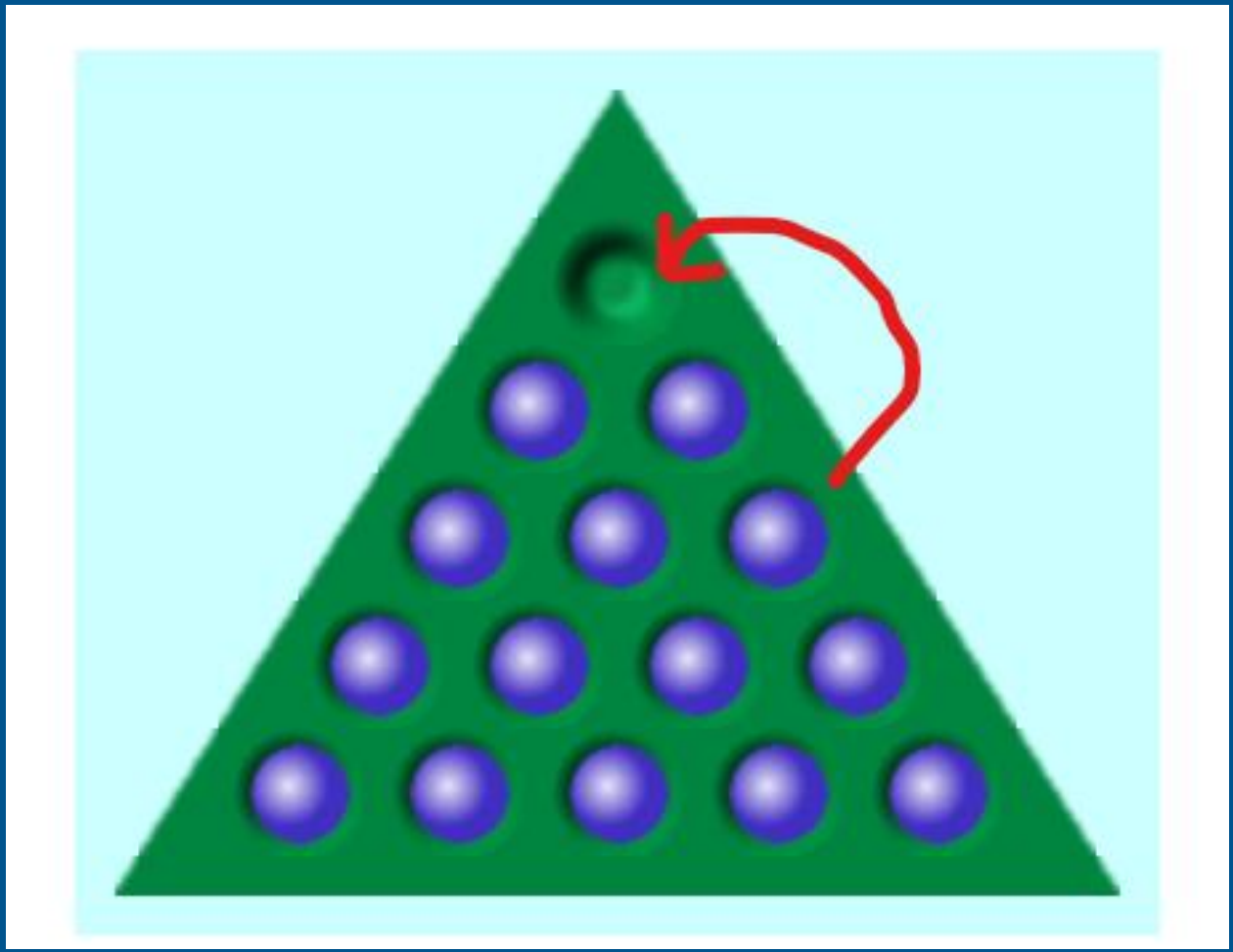
Driver diagram



Change Ideas:

- Introduce checklist
- Comms to referrers
- Standardised referral and assessment forms
- Easy access to HCP diaries
- Regular allocation meetings
- Choice of appointment
- Phone/text Reminders

Peg Game



- Jump one peg over another peg that is next to it (horizontally or vertically), and land it in an empty hole.
- The peg that was jumped over is then removed automatically.
- The objective is to have only one peg left on the board

Game to learn an improvement concept

Learning

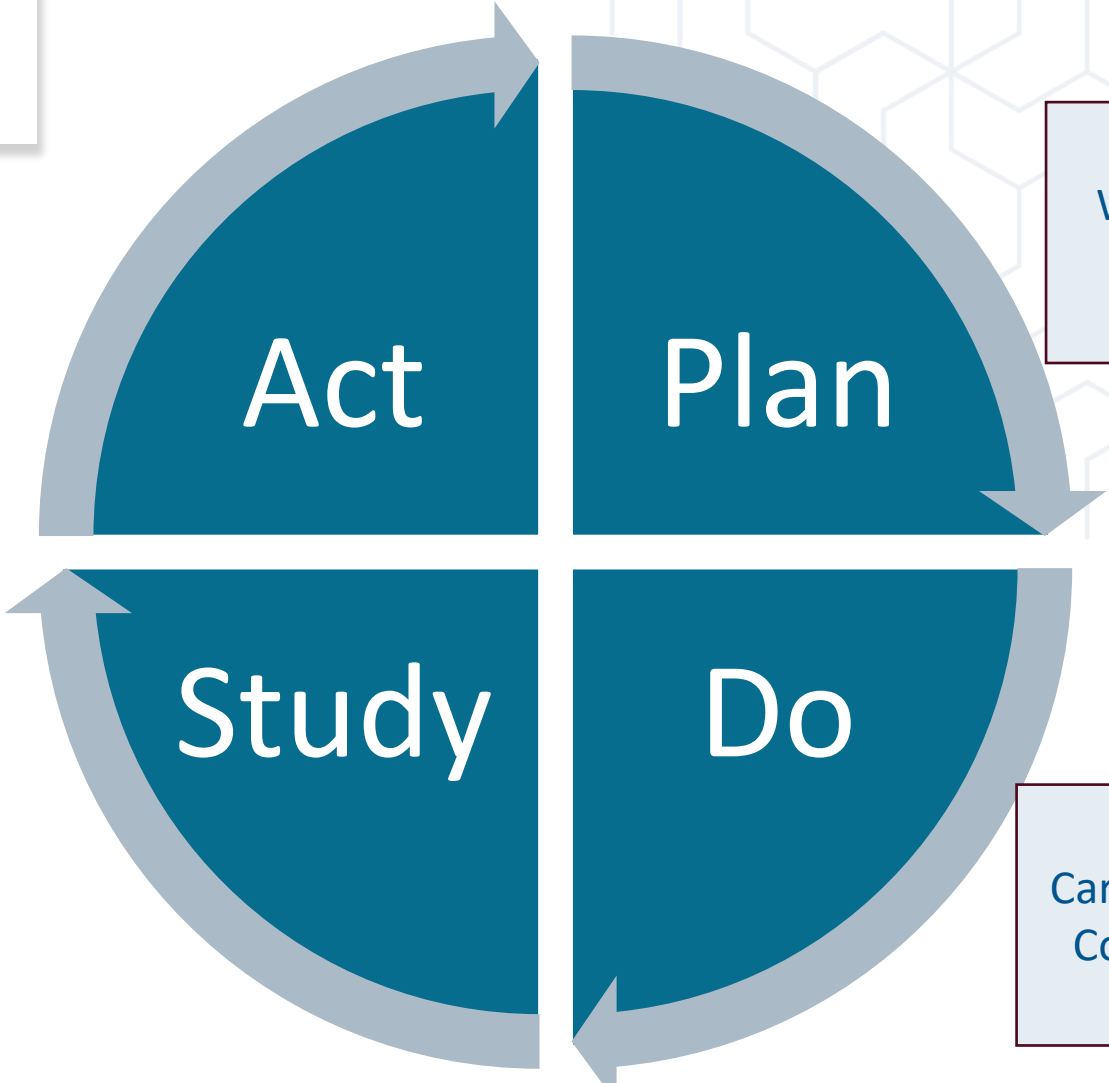
- Trialing different approaches
- Make note of the approach you have tried
- Planning before launching into action
- Adopt/Adapt/Abandon

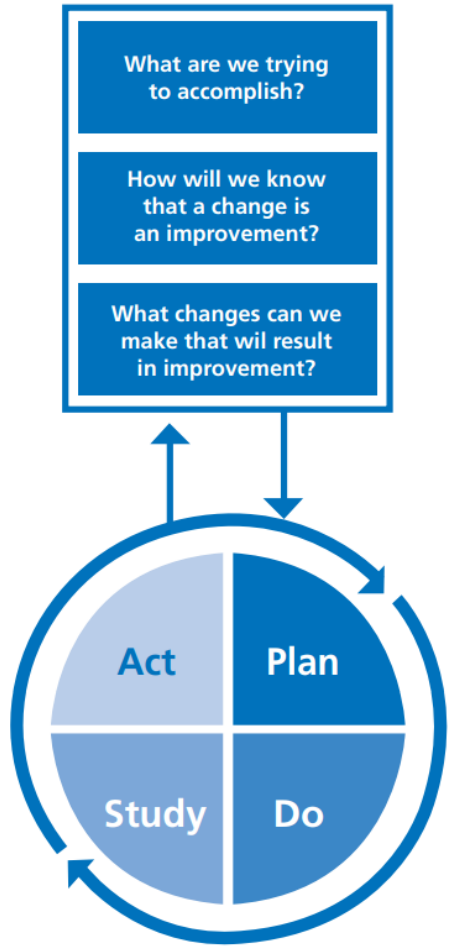
Reference: Leadership and Management standards for Health Professionals

Stage 5- Implementation
Plan-Do-Study-Act PDSA cycles

Decide to adopt/adapt/abandon the change
Plan the next cycle

(Who? What? Where? When?)
Plan data collection





Analyse data
Lessons learnt

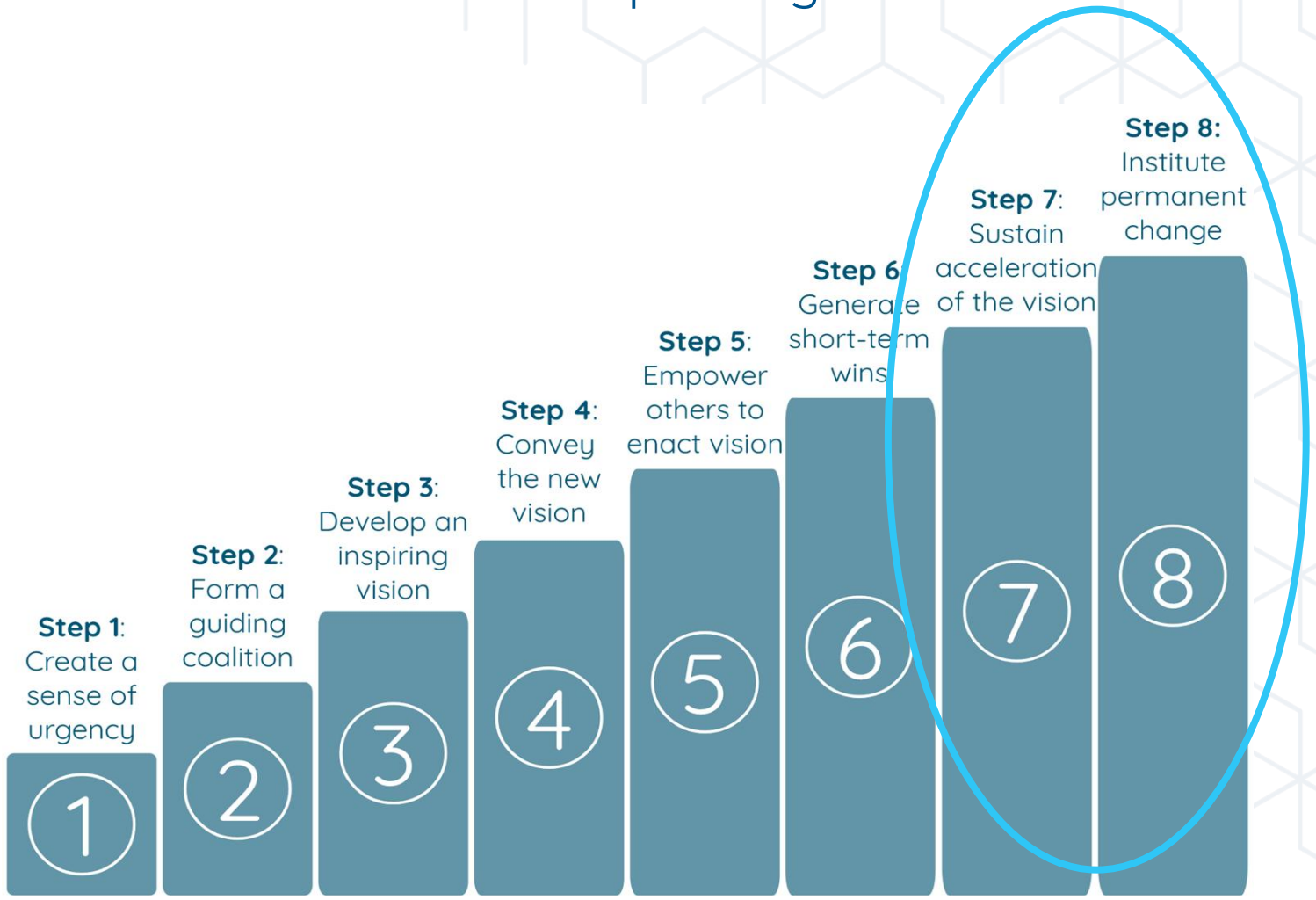
Carry out the plan
Collect the data

Reference- Quality, Service Improvement and Redesign tools

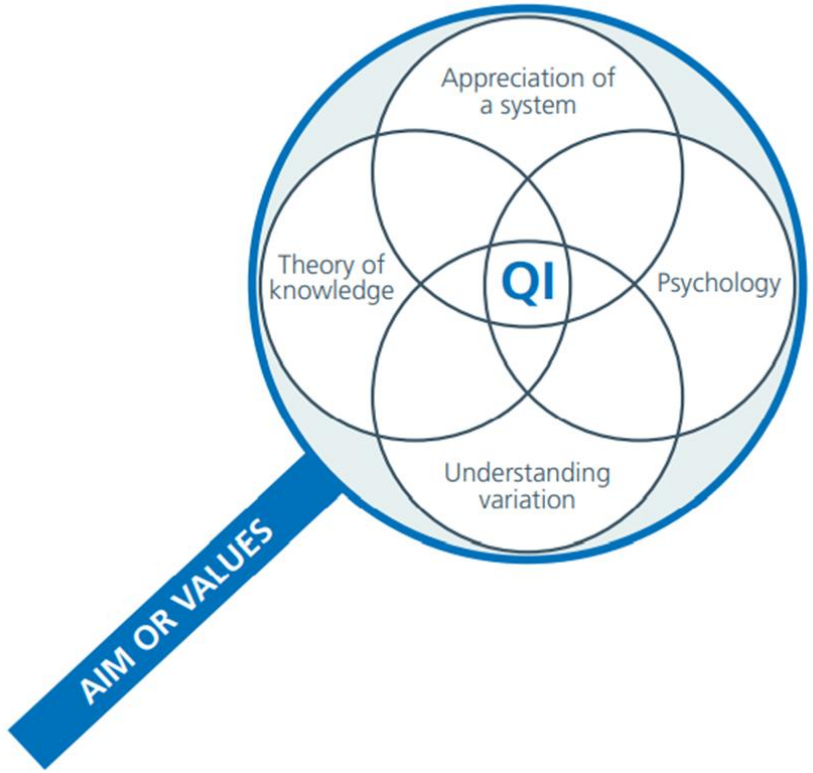
Stage 6- Sustainability and handover

- Plan roll out and embedding change in the initial stages
- Plan handover
- Persuade and persist

Kotter's 8 step change model



Reviving a stalled project- change the slide title



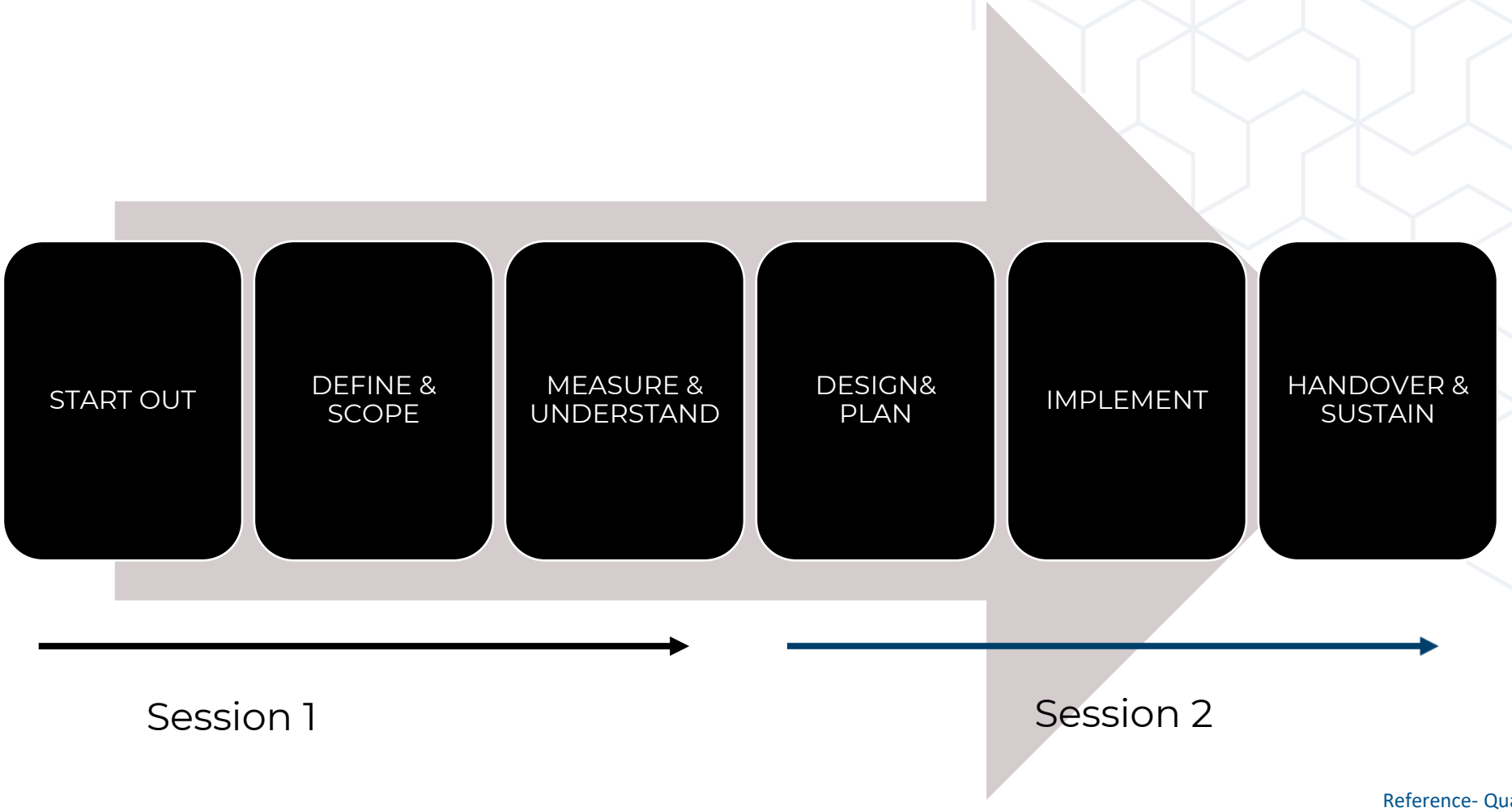
Evaluating your change project

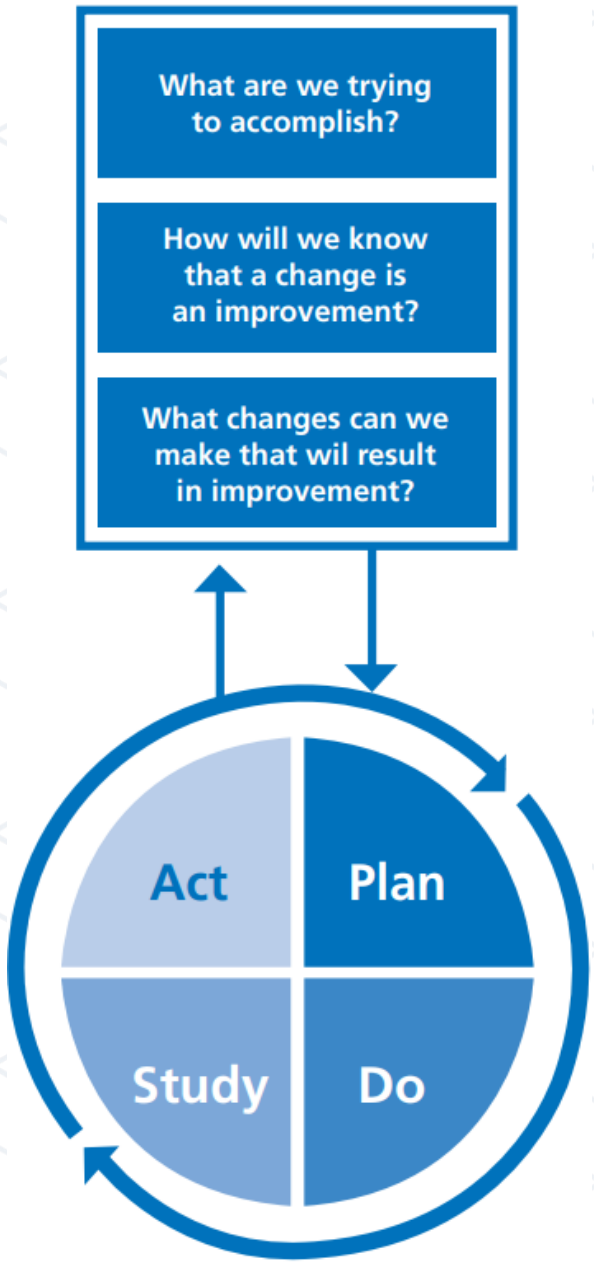
https://www.healthinnowest.net/our-work/west-of-england-academy/evidence-and-evaluation/

Learning from projects

- Communication
- Team working
- Leadership skills
- Systems thinking
- Setting goals aligned to organisational objectives
- Reflection and continuous learning

Recap





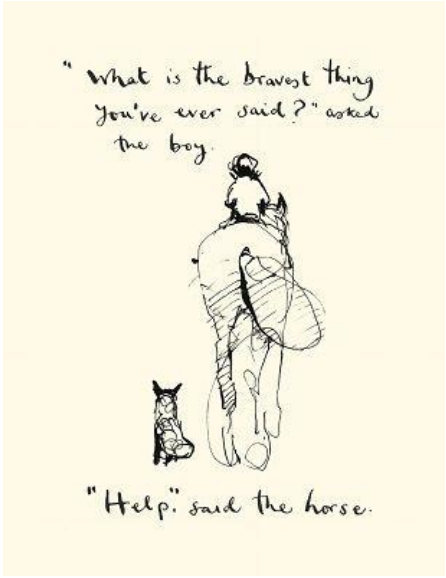
Reference- Quality, Service Improvement and Redesign tools

Take home points

Improving the care we provide is everyone's business. It is not an add-on but part of our job

The best way to learn QI is by doing it. Reflection and learning is the key

When you feel stuck, ask for help!



3Cs Mantra- Commit (start with a problem), Communicate and Collaborate

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Key learning from today