Flow Coaching Academy programme

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Sheffield Teaching Hospitals
Health Foundation / IHI QI Fellow
6th July 2018
Another way to estimate the number of quality coaches needed is to figure that roughly 5% of employees should be developed as QI coaches.’

Building capacity and capability for improvement, NHS Improvement 2017
A complex system problem
The Big Room (Obeya)
Team Coaching

The Big Room in Action

Dr Margie Godfrey

Physiotherapist gives an account of the test of change to get a patient home on the day they were discharged by the GSM consultant

@sheffielddoc
Time from ‘hospital care complete’ to arriving home
April 2012 to December 2015
Length of Stay

Average LoS for non elective patients

<table>
<thead>
<tr>
<th>Split Start</th>
<th>01/09/2010</th>
<th>01/02/2012</th>
<th>01/03/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.C.L.</td>
<td>-11.5</td>
<td>10.8</td>
<td>8.7</td>
</tr>
<tr>
<td>Mean</td>
<td>-9.2</td>
<td>8.3</td>
<td>7.4</td>
</tr>
<tr>
<td>L.C.L.</td>
<td>-6.9</td>
<td>5.9</td>
<td>6.1</td>
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</tbody>
</table>
Flow Coaching Academy - 12 month Action Learning Course

Delivered by Faculty who are active Flow Coaches

Learn Quality Improvement Skills

Learn Team coaching skills

Apply these skills in a ‘Big Room’

Reflect on the application of coaching

Set up local FCA
Percentage of patients dying in hospital with a diagnosis of sepsis
May 2016 to January 2018
Medical Patients >75yrs: Average Length of Stay

PDSA Starts

8am - 8pm

South Warwickshire NHS Foundation Trust

@sheffielddoc
Acute cholecystitis: lead time days presentation to surgical intervention

PDSA 1: Common referral pathway

PDSA 2: E-referral

PDSA 3: Capacity matching
FCA Northern Ireland

FCA Birmingham

FCA Bath

FCA Devon

FCA Northumbria

FCA Sheffield

FCA Imperial
Closing date for expressions of interest Friday 20\textsuperscript{th} July 2018:

www.sheffieldmca.org.uk/flow
Flow Coaching Academy Imperial

Dominique Allwood
Chris McNicholas
FCA Imperial – our journey

2017
Attended Flow Coaching Academy course in Sheffield

• 3 Pathways:
  o Sepsis
  o Diabetic foot
  o Asthma & Wheeze in children
• 6 coaches

2018
Developed our own local course: FCA Imperial

• 12 Pathways:
  o 9 from Imperial
  o 3 from Great Ormond Street
• 24 coaches
• Delivered by Faculty made up of 2017 coaches
## First Cohort - 2017

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Pathway coach</th>
<th>Non-pathway coach</th>
<th>Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sepsis</td>
<td>Anne Kinderlerer Consultant rheumatologist</td>
<td>Iain Taylor General manager, acute and specialist medicine</td>
<td>Medicine and integrated care</td>
</tr>
<tr>
<td>Diabetic foot</td>
<td>Vassiliki Bravis Consultant in diabetes and endocrinology</td>
<td>Chris McNicholas Quality improvement lead</td>
<td></td>
</tr>
<tr>
<td>Asthma &amp; Wheeze in Children</td>
<td>Clare Slade Paediatric nurse practitioner</td>
<td>Adam Smith Information manager</td>
<td>Women’s, children’s and clinical support</td>
</tr>
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</table>
## Impact on patient care

<table>
<thead>
<tr>
<th>Sepsis</th>
<th>Diabetic Foot</th>
<th>Asthma and Wheeze in Children</th>
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</thead>
<tbody>
<tr>
<td>• Demonstrable improvement in the identification and management of sepsis.</td>
<td>• Decrease in length of stay for MDT foot patients.</td>
<td>• Development of an electronic asthma management plan for ED / inpatients / outpatients</td>
</tr>
<tr>
<td>• Progress towards using real-time data to inform improvements.</td>
<td>• Increase awareness of diabetes foot checks and subsequent increase in referrals to podiatry team.</td>
<td>• Improved coding of asthma/wheeze patients on EPR</td>
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<td></td>
<td>• Development of key EPR products to reduce variation and improve data quality.</td>
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### Patient length of stay – MDT Foot team

- 24 days median LoS
- 9 points below median indicate a Statistical Process Control “rule break” – median and control limits recalculated
- 18 days median LoS

Big Room commenced April 2017 with initial focus on MDT foot team function (There is also a 6 month data gap)
### Impact on culture, capacity and capability

<table>
<thead>
<tr>
<th>Improved staff engagement</th>
<th>Feedback has demonstrated the positive impact of big rooms on engagement and empowerment. Staff report that “big rooms” are the most enjoyable part of the week.</th>
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<tbody>
<tr>
<td>Time, space &amp; autonomy for improvement</td>
<td>The approach has brought together a range of staff in a ‘safe’ space, with a flat hierarchy, to discuss challenges and ideas.</td>
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<tr>
<td>Fostering multi-disciplinary and multi-specialty working</td>
<td>The big rooms have brought together a diverse range of staff groups and levels, in clinical, non-clinical and corporate roles, often for the first time.</td>
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<tr>
<td>Improved working culture</td>
<td>Through the use of “effective meeting skills” many people feedback that the big rooms are the most effective and best run meetings and have replicated elsewhere</td>
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<tr>
<td>Patient focus</td>
<td>All big rooms start with a story about a patient. Patients and families have attended the meetings.</td>
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<tr>
<td>Culture of continuous improvement</td>
<td>The big rooms have a consistent approach to studying data weekly, making changes and testing, and using data to drive improvement.</td>
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<td>Learning about and using improvement methods</td>
<td>Coaches have all developed in experience and expertise in improvement methods and participants in the big rooms applied the methods regularly</td>
</tr>
<tr>
<td>Connecting cross-cutting organisational priorities</td>
<td>Big rooms provide a unique forum to connect to a range of organisational priorities. They provide a test bed to improve the pathway and trial new enabling interventions e.g. EPR, data.</td>
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</tbody>
</table>
Impact on culture, capacity and capability

“In hierarchy is suspended when you go into the big room. It gives more junior staff or staff who have a quiet voice the chance to express their views and that’s helped everybody make progress together”
Infection prevention and control manager

“There’s great enthusiasm in the room, great atmosphere and it brings together lots of disciplines in one room, with one voice, to make improvements to patient care”
Pharmacist

“Nurses can understand the discussions taking place away from patient care, but about patients. Its very important and engaging.”
Ward Manager, Acute medicine

“It draws people together from different parts of the organisation with different perspectives”
Emergency Care Consultant
Sepsis Big Room today. Good discussion on presentation of data. Team has been nominated for a Chairmans award and HSJ award. Thanks again to ICHT Charity for their support in allowing 4 team members to attend HSJ awards

We kicked off our first Antenatal Big Room today with 20 people from around the trust! We set our ground rules for how we will work together and committed to keeping women's voice at the heart of all we do! C u all next week, same time, same place

Excellent time discussing nursing and clinician views in the sepsis big room, enhancing the feel of the ePR

How I spend my Thursday afternoons! #SepsisBigRoom @Imperialpeople ! There is no hierarchy, everyone's thoughts are listened to. Has brought so much awareness of patients with Sepsis!

Kicking off the initial process mapping of our current LUTS pathway...huge opportunities for improvement! #LUTSBigRoom

So excited to be here! Making progress on improving adolescent health with @FCA_coaching @Imperialpeople

@dr_JelaS 16 Apr
First Big Room at GOSH! Let's improve dialysis pathway. Great attendance and interest - we need to keep it going!

@FCA_coaching @GreatOrmondSt @GoshRenal @HealthFdn FCAImperial

@ImperialNHS @Imperialpeople big room - thanks to everyone involved

@EmmaMSutherland can you tell I'm very happy in this pic ?? Can you tell that I'm in the SepsisBigRoom? It's an hour of Bliss for me. Have learnt a lot. Thanks @GhoolooFaz for letting me off the ward every Thursday
FCA Imperial – developing our own local programme

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Clinical Pathway</th>
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<tbody>
<tr>
<td>Imperial College Healthcare Trust</td>
<td>Adolescents and young people</td>
</tr>
<tr>
<td></td>
<td>Children with Acute Abdominal Pain</td>
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<td></td>
<td>Antenatal Pathway</td>
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<tr>
<td></td>
<td>Perioperative Vascular Surgery</td>
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<td>Lower urinary tract symptoms</td>
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<td></td>
<td>Enhanced Recovery</td>
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<td>Mental health crisis care</td>
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<td></td>
<td>Acute respiratory patient</td>
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<td></td>
<td>Acute Kidney Injury</td>
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<tr>
<td>Great Ormond Street</td>
<td>Congenital hypopituitarism</td>
</tr>
<tr>
<td></td>
<td>Juvenile Idiopathic Arthritis pathway</td>
</tr>
<tr>
<td></td>
<td>Dialysis</td>
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</tbody>
</table>

- **Sep 2017**
  - Align work to organisational priorities
  - Agree faculty and programme management support
  - Open for applications

- **Jan 2018**
  - Confirm pathways and coaching pairs
  - Receive applications & interview
  - Informal conversations and stakeholder engagement

- **March 2018**
  - First of 18 days of training
  - Individual big rooms commence
  - Continued support to align with organisational priorities

- **FCA Imperial**
  - Developing our own local programme
FCA Imperial – reflections on developing our own local programme

- **Benefits of our own internal faculty** – enhances engagement & credibility due to peer-to-peer learning
- **Balancing quality improvement and quality assurance** – we are creating a balance between providing a safe space, time and autonomy for staff to make improvements whilst linking in with organisation structures to provide assurance, align with priorities and support with challenges
- **Sustaining big rooms as “business as usual” time for improvement** – original 3 big rooms seeking to become self sustainable with light-touch support of coaches
- **Continued focus and support for patient involvement** - further work is needed to ensure that lay partners, patients and other healthcare professionals from across the system are involved in big rooms
- **Test ways to enable multi-site working** - a focus going forward will need to be on connecting individuals and teams in big rooms which can operate across different sites.
- **Maintain organisational support** – an active approach is needed to ensure that the work and achievements from the big rooms continue to be recognised and celebrated going forward.
- **Continue to facilitate cross-cutting organisational functions support e.g. Data, ICT, Comms** - key to supporting the big rooms is teams having access and the capacity/capability to cross-cutting organisational functions.