KING'S IMPROVEMENT SCIENCE

2

step 2

KIS guidance for deciding what to improve and assessing the feasibility of a quality improvement project

December 2018

KING'S HEALTH PARTNERS

An Academic Health Sciences Centre for London

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About this resource

This resource has been developed by members of the King's Improvement Science team using the experience gained while selecting and supporting a range of quality improvement projects.

The resource aims to help you formulate ideas for feasible collaborative quality improvement projects that are likely to last for a period of weeks or months. It outlines key questions that should be asked before you start a quality improvement project. It should help you to devise quality improvement projects that are more likely to be successful in achieving their aims. Please note, this resource is not intended for very short-term projects, or for projects that need to be fully planned and initiated within a few hours or days.

Within the resource, there are a number of questions and prompts. If you have more than one idea, working through the questions and discussing the answers with colleagues, managers, patients, service users and other stakeholders should help you decide which one is most feasible and most likely to generate benefits.

You may also wish to score your answers, using our quality improvement project decision matrix.

Working through the resource will take time and effort. However, investing time at an early stage to produce an idea for a quality improvement project that is likely to be feasible, and therefore successful, is likely to be time well spent.

There is no single school of thought or agreed best approach to quality improvement. There are many tools and methods that you can use to plan and assess the feasibility of a quality improvement project. You can use any other quality improvement approach, tool or method in combination with this resource, or you can choose to just use this resource.

Who is this resource for?

The resource is intended as a guide for healthcare professionals, social care professionals, managers, other staff, students, researchers, patients, service users and members of the public who are planning to undertake a collaborative quality improvement project in a health service or a social care service, and who are familiar with quality improvement concepts and methods.

If you are new to quality improvement we recommend you first read our Step 1: KIS introduction to quality improvement, available at: http://www.kingsimprovementscience.org/KIS-QI-guide-step-1.

How to cite this resource

King's Improvement Science (2018) Step 2: KIS guidance for deciding what to improve and assessing the feasibility of a quality improvement project. Available from www.kingsimprovementscience.org/KIS-QI-guide-step-2. Last accessed [insert date accessed]

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Deciding what to improve

Before you begin to plan and assess the feasibility of a quality improvement project, you need to decide what you would like to improve.

For some people, this might be clear and obvious: there may be an issue within their service that has been present and frustrating staff and/or patients and service users for a long time.

Alternatively, managers may ask an individual or a team to tackle a particular problem.

Sometimes, people are simply keen to improve a service without having a specific idea about how to do that.

There is no single, foolproof way of arriving at the 'right' decision about what to improve. However, we recommend you discuss possibilities with other people who are likely to be affected by any changes in a service (stakeholders). To generate ideas, you could talk to patients and service users, to staff and to other people who may be concerned or interested, and ask them what they would like to improve.

You may end up with a list of ideas for many different quality improvement projects, and you may find there are a number of competing priorities.

Choosing a project that takes everyone's views, preferences and abilities into account, and aligns with the priorities of your organisation would be ideal. However, in reality, there is bound to be a compromise somewhere along the way.

Here are some questions to ask, and factors to consider when deciding what to improve.

Patients, service users, and their relatives and carers

- Have you consulted patients, service users, their relatives and carers?
- What do they think should be improved?
- If you already have an idea for a project, is your idea in line with their needs, wishes or preferences?
- How many patients and service users are affected by the problem you are trying to address?
- How many might benefit if the problem was addressed?

Staff

- What would clinical, managerial, administrative and other staff in the service like to improve and why?
- Is there a consensus?
- How much time, energy and effort would be realistically needed for them to change something and/or to carry out/help with your project?
- Are senior staff likely to support the idea?
- Will any proposal for change affect staff in other services and what do they think?

The organisation responsible for the service

- What issues, problem areas or projects would the organisation responsible for the service like you to focus on?
- Is there an agreed, organisation-wide approach to quality improvement?
- Are there any inhouse experts who could offer advice and support?
- If you already have an idea for a project, how does it align with the organisation's plans for improvement and/or current priorities?
- What resources might be needed to carry out your project?

You

- What do you want to change and improve?
- Why?
- Will you be able to inspire and motivate colleagues working in the relevant service(s) to support your plans, and encourage patients and service users to get involved?

Assessing the feasibility of a quality improvement project

When you have an idea for a collaborative quality improvement project, we advise you to first assess its feasibility. This section helps you do that, and comprises a series of questions. In order to answer some of them, you will need to do some preliminary fact finding.

We recommend that you discuss the information gathered to answer each question with a group of people likely to be affected by any change introduced by your project. This group may include healthcare professionals, managers, other staff working in the service, patients and service users, members of the public and people with quality improvement or research expertise. If your project is feasible, this group could become your project team.

Underneath each of the main questions, there are prompts to help you answer each one as fully and comprehensively as possible. If you do not know the answers, this does not necessarily mean a project would be unfeasible. It might, however, indicate that more preliminary work is needed, or that the problem may be better addressed using a different approach.

Answering these questions and discussing your answers with others should help you to make a collective judgement about how likely your project is to succeed. For instance, if your answers seem to indicate that the benefits to patients, service users and/or staff would be minimal or highly uncertain, while at the same time the risks (eg potential harm) or resources (eg time, money) associated with the proposed project are big, it would probably be wise to reconsider.

1

How do you know an improvement needs to be made?

> What data or evidence do you have to show an improvement should be made?

Examples might include an audit to show that a NICE (National Institute of Health and Care Excellence) guideline is not being reliably followed; routinely collected data suggesting that performance is below that of other similar services; or feedback from patients and service users.

If the data doesn't already exist, this will need to be collected – by conducting an audit, for example, or by surveying or interviewing staff and patients and service users to obtain their perspectives.

2

What might be the impact of making an improvement?

> If your proposed improvement is made, approximately how many people (patients, service users, carers and/or staff members) will benefit?

> What is the anticipated impact on patients and service users using the service(s) and elsewhere?

> What is the anticipated impact on staff working in the service(s) and elsewhere?

> What is the anticipated impact on the local health system?
>
> For example, would costs be reduced?

> Could any person or service be negatively impacted as a result of the proposed change?

3

What will you do differently to generate an improvement?

What do you propose to change or introduce, and how and why do you think that this may lead to improvement?

What do staff, patients or service users and members of the public think about this proposal?

Is there existing evidence to support the use of any specific intervention that you have in mind?

Is there good quality evidence underpinning the intervention? For example, a research paper, systematic review, NICE or other clinical practice guideline.

An absence of evidence does not necessarily mean a change or intervention won't be successful, but there will be more uncertainty as to whether it will work and represent a good use of resources.

4

Do you have any specific quality improvement method(s) in mind to help introduce your change?

Does the organisation responsible for the service recommend any methods?

Do you have access to any expert advice?

Will you need to access training?

5

How might you measure the impact of the change and demonstrate whether an improvement has been made?

Measurement is essential to determine the impact of quality improvement projects – you need to be able to detect any change, or indeed, any lack or change. Very regular measurement is recommended to monitor the impact of the change over time.

- How will you collect data?
- How will you analyse the data?
- How will you report the data to relevant stakeholders?
- Is there resource available to allow measurement to take place?

  Measurement is time and resource intensive. If resource is available, will it continue to be available over a period of time?

6

What is the likely impact of the change on the workload/time of staff, patients and service users?

- Are you introducing something additional? If so, can any other activities be removed or reduced?
- Are you introducing something alternative? If so, will this activity take more or less time than the current activity?
- Are you removing a step in a process? If so, what will be the likely impact?

7

Do you foresee any major barriers to introducing your proposed change?

Barriers could be related to people (for example, staff resisting change, perhaps in anticipation of extra 'demands'); resources (for example, if you need new equipment to effect change); or organisational structures and processes (for example, if the change you are proposing is not in line with the current priorities of the organisation, or the culture in the organisation is not conducive to people proposing/making changes).

> How might you address any actual or potential barriers you have identified?

8

Will senior members of staff support your project?

Having senior colleagues 'on board' and supporting your project can greatly increase the chances of project success.

> Would this particular improvement be consistent with local or national priorities?
>
> Leaders tend to be more supportive of projects that align with priorities.

> If senior colleagues are not likely to support your project, how might you win their support?

9

How will you involve patients, service users and members of the public in the project?

How will you find patients and service users who might like to be involved in the project/join the project team?

Is there an existing group of patients, service users and members of the public who can be asked for opinions, or who may become involved in the project?

What are the anticipated benefits of patient and public involvement (to both the project and to patients, service users and members of the public)?

You might find the KIS advice about patient and public involvement helpful.

10

How will healthcare professionals, managers and other staff working in the service be involved in the project?

How will you invite staff to join the project team/get involved in the project?

How will you gather views of staff who are not members of the project team?

What are the likely benefits of involving healthcare professionals and other staff (to both the project and to staff)?

11

What resources will be required?

For example: staff time to conduct the project; payment to patients or service users who become involved in the project; equipment; computer software; printing costs; costs of communicating with groups of people who are likely to be affected by or interested in the project.

> Are the anticipated improvements likely to represent good use of the available resources?

12

Are the proposed changes sustainable?

> Is it possible and likely to sustain change(s) in the long-term? How?

> Can the change(s) be sustained even if you no longer lead/are involved in the project, or once the project resources are reduced or removed?

> How will the sustainability of your change be monitored?

Is your project feasible?

Discuss the answers to these questions with healthcare professionals, managers, other staff within the service and within services that may be affected by your proposal. If possible, discuss the answers with patients, service users, members of the public, and with people who have quality improvement expertise. The discussions can help you make a judgement about the feasibility of your proposed project.

If you think you need more information to answer some of the questions, create an action plan describing how you will obtain the information you need.

Scoring your answers could also be useful, particularly if you are assessing more than one proposed quality improvement project and deciding which one to undertake. The KIS team has developed a matrix that can aid your decision-making by using a scoring system. You can find this in the following section.

Above all, try to select projects that have manageable resource requirements, are likely to generate a positive impact, and are likely to win the support of senior colleagues.

Quality improvement project decision matrix

This matrix can help you assess the feasibility of your proposed quality improvement project and/or can help you select a project, based on the degree of feasibility, if you have more than one idea for a project.

The questions in the matrix map closely onto the questions in the previous section. Refer to your answers to these questions when scoring the questions below. Score each question on a scale of 1 to 5, using the scoring anchors. You can obtain a maximum total score of 60. The higher your score, the higher the likelihood that your proposed project might be feasible.

We strongly advise working through the questions and discussing answers and the resulting scores with a group of stakeholders – colleagues, managers, patients, service users and others who might be affected by the change(s) you are proposing and/or who might become part of your project team.

Please note this is not a research-validated tool. Rather, it is a decision support tool, based on good practice in quality improvement; the expertise of King's Improvement Science in conducting and supporting quality improvement projects; and recommendations that we have accumulated from teams (including patients and service users) who carry out quality improvement in health and social care services.

Questions and scoring anchors	Score (1–5)
1 **Is there evidence showing that an improvement needs to be made?** **1 =** No evidence showing improvement is needed. **3 =** Some evidence showing improvement is needed. **5 =** Plenty and/or strong evidence showing improvement is needed. NB: examples of evidence include clinical audit data or feedback from patients and service users.	
2 **How likely is it that the impact of making change(s) will be positive?** **1 =** Positive impact is highly uncertain. **3 =** Positive impact is somewhat likely. **5 =** Positive impact is highly likely. NB: do not forget to also consider any potential negative 'knock-on' effects your proposed change(s) might have.	
3 **What evidence base do the proposed change(s) have?** **1 =** Proposed change(s) have no evidence base. **3 =** Proposed change(s) have some evidence base. **5 =** Proposed change(s) have strong evidence base. NB: examples of good quality evidence include a research paper, systematic review, NICE (National Institute for Health and Care Excellence) or other clinical practice guideline, experiential evidence from patients, service users and/or staff.	
4 **What knowledge do you have of any specific quality improvement (QI) methods that will be used in your proposed project?** **1 =** Have no knowledge of the specific QI methods that will be used. **3 =** Have some knowledge of the specific QI methods that will be used. **5 =** Have in-depth knowledge of the specific QI methods that will be used.	
5 **Is it possible to estimate the impact of the change(s) and demonstrate whether an improvement has been made?** **1 =** Regular data collection and analysis are not possible. **3 =** Regular data collection and analysis are possible. **5 =** Regular AND ongoing data collection and analysis are already routinely conducted. NB: data can be both quantitative (numerical) and/or qualitative (narrative).	

Questions and scoring anchors	Score (1–5)
6 **What are the likely additional demands on the workload/ time of staff (clinical, managerial, administrative or other staff), patients and service users, as a result of the proposed change(s)?** **1 =** Very high additional demands on workload/time are likely. **3 =** Moderate additional demands on workload/time are likely. **5 =** Minimal additional demands on workload/time are likely. NB: demands on workload/time might be very different for staff and patients. If you answer 'very high' for staff and 'minimal' for patients (or vice versa), score 3.	
7 **Do you foresee any major barriers to introducing your proposed change(s)?** **1 =** Multiple major barriers are likely. **3 =** Some major barriers are likely. **5 =** This question has been carefully assessed and no major barriers are foreseen. NB: examples of major barriers include staff resisting change or a culture that is not conducive to people proposing changes.	
8 **Will senior members of staff support your project?** **1 =** Senior members of staff are highly unlikely to support the project. **3 =** Senior staff support is uncertain. **5 =** Senior members of staff have already expressed support for the project.	
9 **Do you have plans for involving patients, service users and members of the public in the project?** **1 =** No plans to involve patients, service users and members of the public in the proposed project. **3 =** Some plans to involve patients, service users and members of the public in the proposed project. **5 =** Patients, service users and members of the public are already involved in the proposed project NB: 'involvement' means working closely with people throughout the whole project, from conception of the project proposal through to delivery and evaluation.	
10 **Do you have plans for involving healthcare professionals, managers and other staff working in the service in the project?** **1 =** No plans for involving a range of staff in the proposed project. **3 =** Some plans for involving a range of staff in the proposed project. **5 =** A range of staff are already involved in the proposed project.	

Questions and scoring anchors	Score (1–5)
11 What amount of resources will be required? **1 =** Required resources are 'very high'. **3 =** Required resources are 'moderate'. **5 =** Required resources are 'low'. NB: examples of required resources are time, additional staff, equipment, training and finance.	
12 Are the proposed change(s) sustainable? **1 =** Change(s) are unlikely to be sustained in the long-term. **3 =** Sustainability of change(s) is possible. **5 =** Highly likely that change(s) can be sustained in the long-term.	
Suggested cut-off points	**Total score**
12–24 (mostly 1 and 2) Highly likely to be unfeasible, cause for great concern **25–36 (mostly 2 and 3)** Likely to be unfeasible, cause for concern **37–48 (mostly 3 and 4)** Likely to be feasible, little concern **49–60 (mostly 4 and 5)** Highly likely to be feasible, very little concern Please note that the above suggested cut-off points are for guidance only. We strongly recommend that you consider individual scores as well as the total score. This is because one of the questions may reveal a major barrier or obstacle to the feasibility of your project, even though the other questions (or the total score) seem favourable. For instance, your total score might be high, inflated by a number of questions that score very highly, but consist of a number of individual low scores that could potentially be extremely problematic for the feasibility of your project overall. We strongly recommend re-visiting any questions that score 3 and below. There may be actions that you can take to improve the feasibility score and therefore the likelihood of project success.	

Next steps

If you have identified a potentially feasible quality improvement project, you can begin to create a detailed plan. Our Step 3: KIS template for planning and evaluating a quality improvement project can help you do this. This is available at: www.kingsimprovementscience.org/KIS-QI-guide-step-3.

If you have decided your proposed project might not be suitable or feasible

There are many different factors that may affect the feasibility of a quality improvement project. Discuss options and alternatives with relevant staff, patients and service users.

You may wish to contact our advice clinic for quality improvement and implementation science projects. See the next section for further details.

Help available from the King's Improvement Science team

This resource was created by King's Improvement Science (KIS), a specialist team of improvement scientists, senior researchers and fellows, based at King's College London. KIS was set up in 2013 by King's Health Partners, an academic health science centre comprising three NHS trusts – Guy's and St Thomas' NHS Foundation Trust, King's College Hospital NHS Foundation Trust and South London and Maudsley NHS Foundation Trust – as well as King's College London. The work of the KIS fellows has been funded by Guy's and St Thomas' Charity and the Maudsley Charity. The work of KIS fellow Louise Hull has also been supported by the NIHR CLAHRC South London.

KIS is now part of the Centre for Implementation Science at King's College London. The Centre for Implementation Science is part of the NIHR CLAHRC South London.

KIS resources

The KIS team have developed the following resources:

Quality improvement guides
- Step 1: KIS Introduction to quality improvement
- Step 2: KIS guidance for deciding what to improve and assessing the feasibility of a quality improvement project
- Step 3: KIS template for planning and evaluating a quality improvement project

KIS advice about patient and public involvement

Implementation Science Research Development (ImpRes) tool and guide

KIS guide to evaluation resources

Communication: a practical resource

KIS glossary of terms used in improvement and implementation

You can download the resources at: www.kingsimprovementscience.org. This website also contains information about quality improvement projects carried out by the KIS team.

The KIS team can advise anyone who wants to carry out a quality improvement project in south London, or further afield.

Advice clinic for quality improvement and implementation science projects

If you are planning a quality improvement or implementation science project and need expert advice, you can book a place at our advice clinic at King's College London. To find out more, visit: www.clahrc-southlondon.nihr.ac.uk/training-and-education/advice or email: clahrcshortcourses@kcl.ac.uk.

Monthly seminars about improvement and implementation

Leaders in the field of improvement and implementation share and debate their experiences at these monthly seminars. They are open to anyone interested. Find out more: www.clahrc-southlondon.nihr.ac.uk/centre-implementation-science/research-team/seminars.

Evaluation

Any organisation can commission the KIS team to evaluate improvement / implementation programmes or projects, or to help set up ongoing evaluation procedures. We are also happy to discuss the possibility of collaborating as an evaluation partner on a grant application. Email us to find out more: kis-team@kcl.ac.uk.

Training and education

Members of the KIS team teach on the following courses:

Principles of Implementation and Improvement Science: This is a standalone masters module at King's College London. It involves 10 days in the classroom spread over one or two terms. For more information, email clahrcshortcourses@kcl.ac.uk.

Implementation Science Masterclass: This is a two-day Masterclass for health professionals and researchers held each summer in London. Patients and service users who have experience of research may also be interested. Find out more: www.clahrc-southlondon.nihr.ac.uk/short-courses.

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Produced by King's Improvement Science
www.kingsimprovementscience.org

Design by soapbox.co.uk

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