

# Quality Improvement in Tobacco Treatment (QuITT) Collaborative

## Learning Set 5

11th June 2024, 10:00 – 15:00





# Welcome and introductions

Emily Cannon

*Head of Quality Improvement*

# Housekeeping

- Toilets:
  - **Men's and women's toilets** – to the right of the lifts, level 1 (*this floor*)
  - **Gender neutral and disabled toilets** – to the right of the lifts, ground floor (*downstairs*)
- Lunch will be from 12:40 – 13:30 and will be served in Room 1.6 (next to the main auditorium)
- Room 1.2 – if you need a quiet space
- Mezzanine area – space for anything else
- There are no scheduled fire alarm tests today
- The QR code on your badges will take you to our online agenda and feedback form



# NCCMH shared principles (1)



## Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



## Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.

Please only take and share photos of people with their permission.

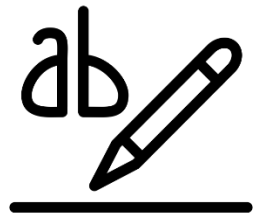
# NCCMH shared principles (2)



## Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.

Please wait for the microphone before you contribute in this room.



## Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

# X/Twitter

- We will be live tweeting this event so you may see the QI coaches on their phones during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#QuITTCollaborative**
- We encourage use of X/Twitter and social media to share the work that you are doing throughout the collaborative.
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.
- Thank you!

# Introducing the QuITT programme team

## The programme team

Quality Improvement in Tobacco Treatment Collaborative



**Amar Shah**

National Improvement Lead



**Tom Ayers**

Director



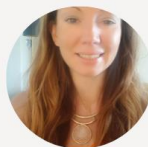
**Emily Cannon**

Head of Quality Improvement



**Matt Milarski**

Head of Quality Improvement



**Joanna Popis**

Programme manager



**Hannah**

Patient and Carer Rep



**Jaz Seehra**

QI Coach



**Ros Warby**

QI Coach



**Clem Fitch-Bunce**

QI Coach

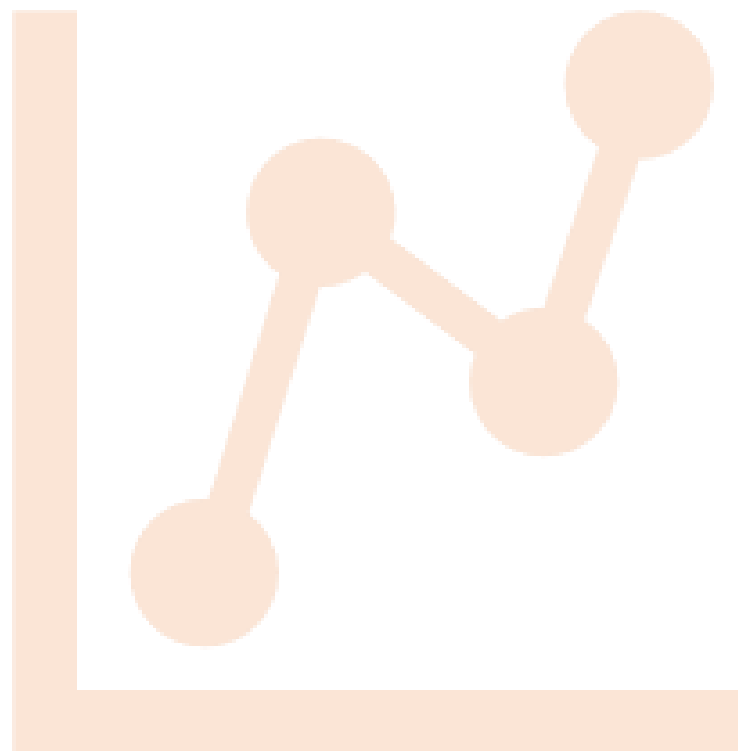


**Rosanna Bevan**

QI Coach

# Today's Agenda

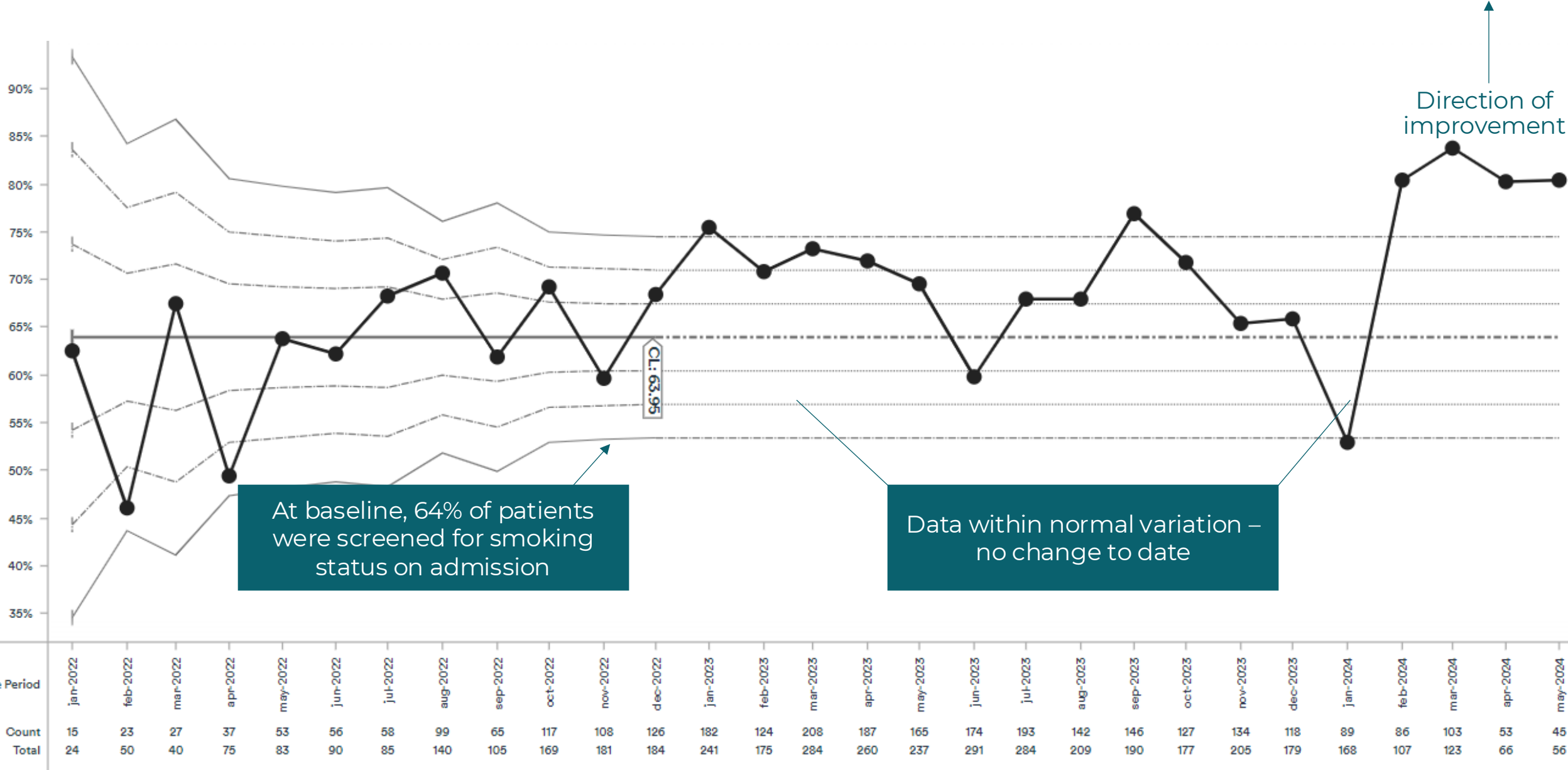
Time	Item	Speaker
10:00 - 10:30	<b>Registration</b>	
10:30 - 10:45	<b>Welcome and introduction</b>	Emily Cannon, Head of Quality Improvement <i>NCCMH</i>
10:45 - 11:45	<b>How to further your understanding of your data</b>	Quality Improvement Coaches <i>NCCMH</i>
<b>11:45 - 11:55</b>	<b>Break</b>	
11:55 - 12:40	<b>Using 'TRIZ' to progress your work</b>	Clementine Fitch-Bunce, Quality Improvement Coach <i>NCCMH</i>
<b>12:40 - 13:30</b>	<b>Lunch</b>	
13:30 - 14:50	<b>Round 2 teams present their project highlights so far</b>	Team 1 - South London and Maudsley NHS Foundation Trust  Team 2 - Lancashire & South Cumbria NHS Foundation Trust  Team 3 - Oxleas NHS Foundation Trust
14:50 - 15:00	<b>Feedback and Close</b>	Matthew Milarski, Head of Quality Improvement <i>NCCMH</i>
15:00 - 15:30	<b>Optional time to catch up with your coach</b>	Quality Improvement Coaches <i>NCCMH</i>



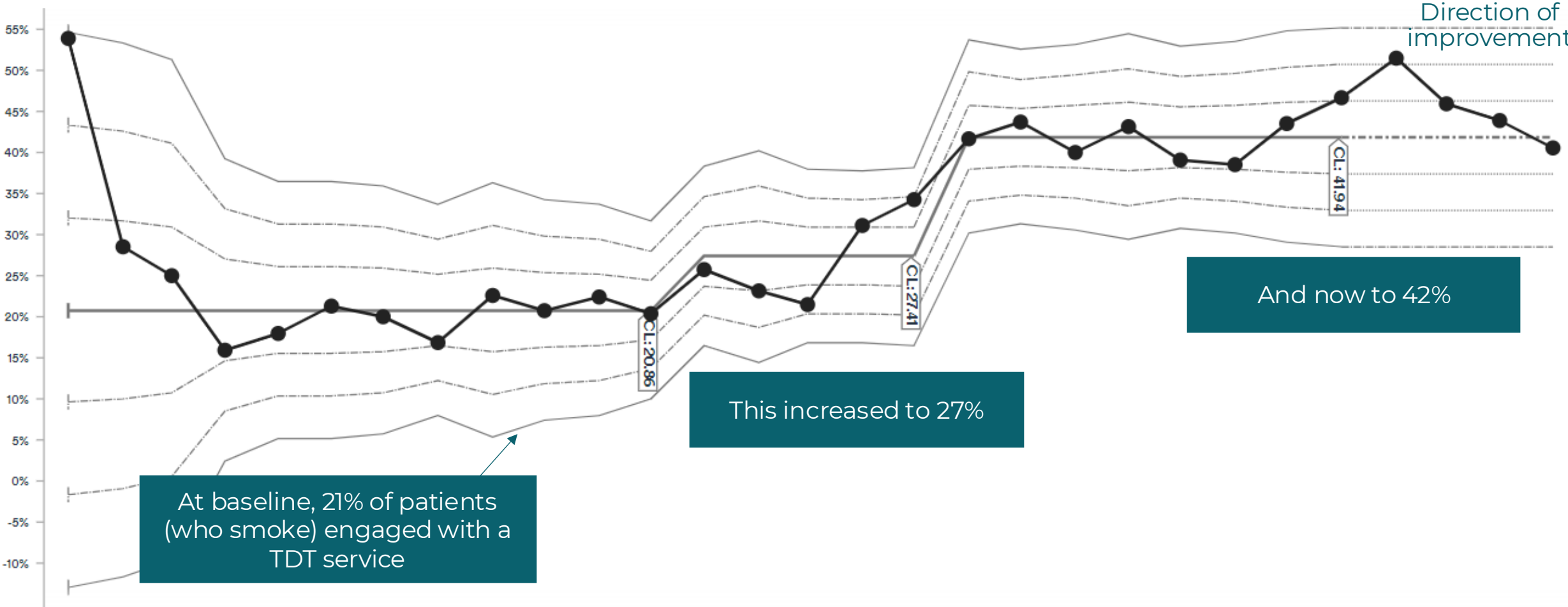
# Round 1 results so far

(preliminary data, may  
change as more teams  
submit their recent data)

# Measure 1: The percentage of patients screened for a recorded smoking status on admission (aggregate)



# Measure 2: The percentage of patients, who smoke, engaged with a tobacco dependency treatment service (aggregate)



At baseline, 21% of patients (who smoke) engaged with a TDT service

This increased to 27%

CL: 27.41

CL: 41.94

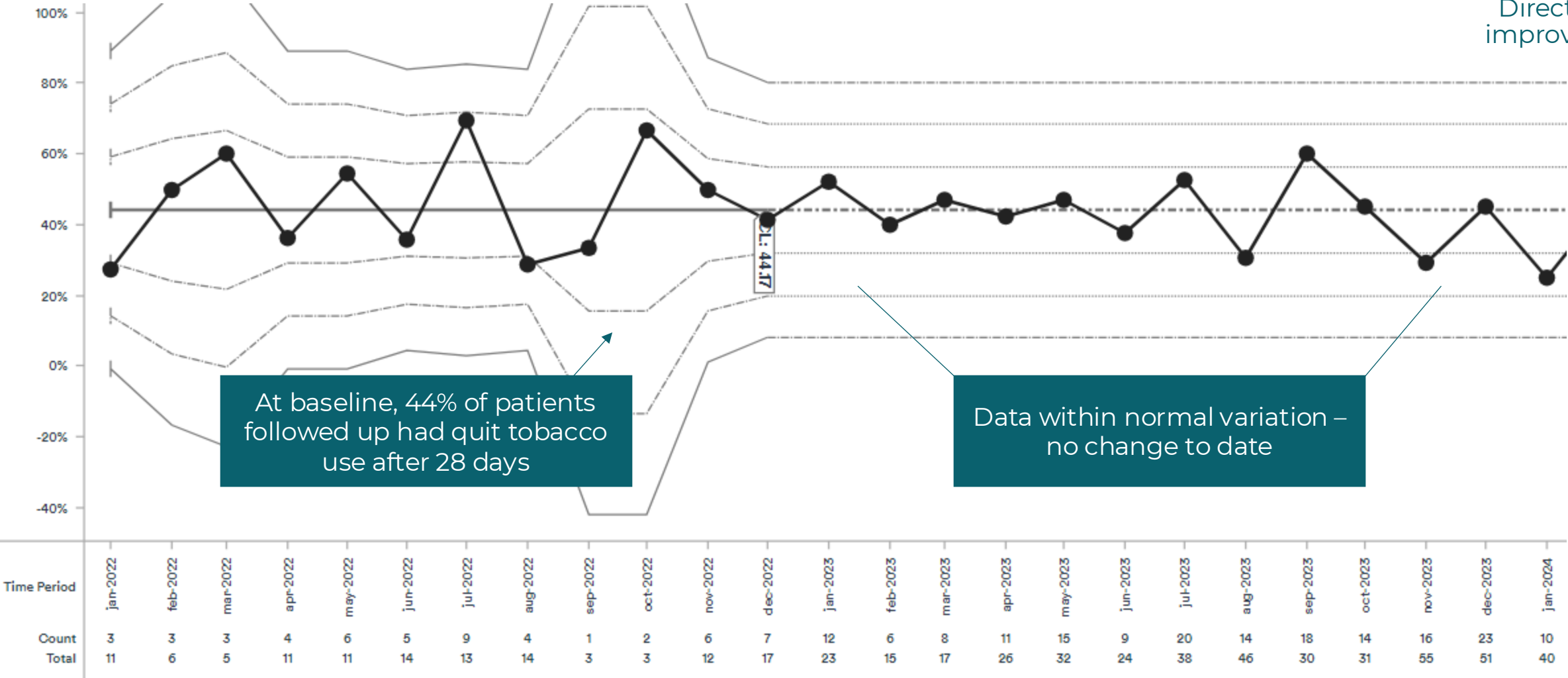
And now to 42%

Direction of improvement

Time Period	Count	Total
jan-2022	7	13
feb-2022	4	14
mar-2022	4	16
apr-2022	7	44
may-2022	11	61
jun-2022	13	61
jul-2022	13	65
aug-2022	15	89
sep-2022	14	62
oct-2022	17	82
nov-2022	20	89
dec-2022	26	128
jan-2023	39	151
feb-2023	25	108
mar-2023	35	162
apr-2023	51	164
may-2023	52	152
jun-2023	66	158
jul-2023	85	194
aug-2023	69	172
sep-2023	61	141
oct-2023	69	176
nov-2023	62	161
dec-2023	58	133
jan-2024	58	124
feb-2024	50	97
mar-2024	52	113
apr-2024	36	82
may-2024	43	106

# Measure 3: The percentage of patients engaged with a tobacco dependency treatment service who have quit tobacco use after 28 days (aggregate)

↑  
Direction of improvement



At baseline, 44% of patients followed up had quit tobacco use after 28 days

Data within normal variation - no change to date

## Icebreaker



**5 minutes**

# Highlight of the month!

Find someone who is from a different organisation and share your highlight from the past month!

Personal, professional, large, small.  
Anything that has brought you a smile or put a spring in your step!

# How to further your understanding of your data

# SPLIT TIME!



# How this session will work

## Round 1 teams:

Refresh control chart rules, and apply your understanding to your own data

Ground Floor with Clem and Ros

## Round 2 teams and Development Network:

Teaching about data for improvement, control charts and rules

Room 1.7 with Jaz and Rosanna

# Breakout Session: Round 2 and Development Network Teams



Quality Improvement in Tobacco

Quality Improvement in Tobacco



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“Why are we collecting all these numbers and what are we doing with them?”

Or for the Development Network: “what numbers could we collect and why?”



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# Worries about numbers



- We know that data can feel tricky...and there are many reasons for this.
  - Not normally part of your job or role
  - Unfamiliar
  - Not keen on maths at school
- Don't worry...it gets easier as you get used to it!

AND Your QI Coach is here to support you



2 mins

## Why is data important in Quality Improvement?

Discuss in your groups

# Why is data important in Quality Improvement?



- “Are the changes I am making helping to improve the service?”



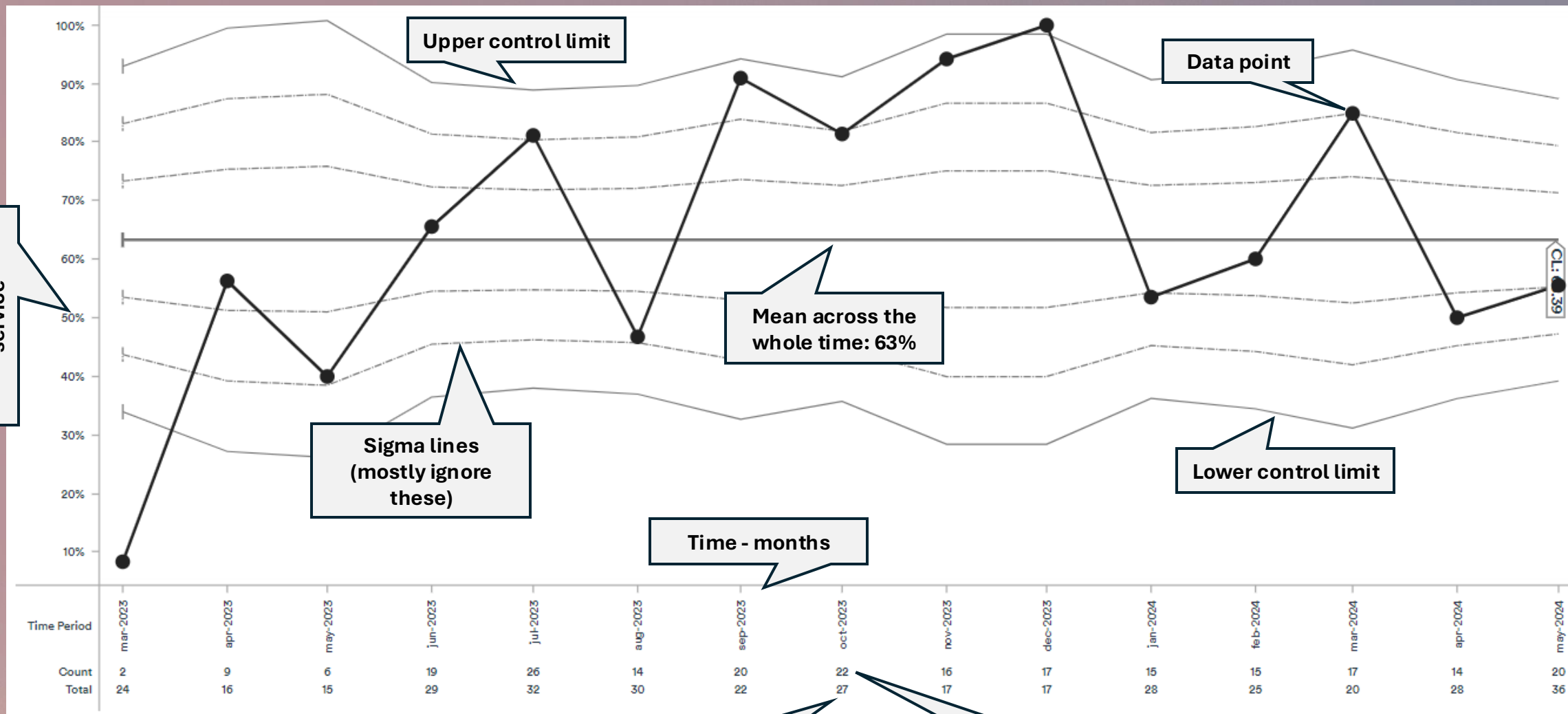
- Data is submitted monthly and displayed to visualize progress in REAL TIME



- Identify variation in REAL TIME
  - Is it random variation or does it have a cause?

# EXAMPLE FROM A ROUND 1 TEAM Measure 2: The percentage of patients, who smoke, engaged with a tobacco dependency treatment service

Percent of patients engaged in TDT service



Total number of smokers on the project wards that month (Total)

Number of smokers on the project wards engaged in TDT service that month (Count)

# Types of variation.

Variation happens in all processes

## How do we know if the variation is “normal” or not?

### Random

The rules of probability indicate this variation is due to chance

i.e. the difference between the dots is within what we might expect, things go up and down usually

### Non-Random

The rules of probability indicate variation is not due to chance

i.e. the dots show something outside of the “norm” - something new has affected the performance of the current system

# Non- random Variation – possible Causes

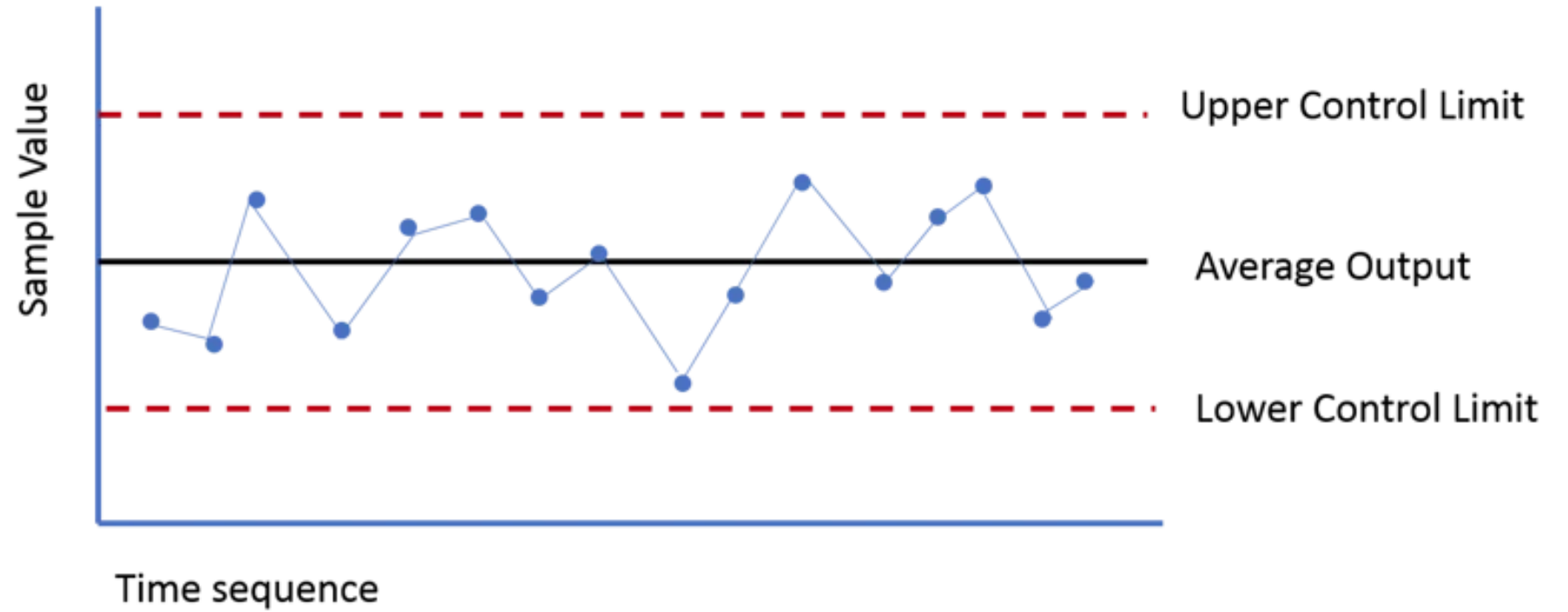
## Why might non-random variation happen?

- Unintended consequences
- New factors affecting the system
- Improvements resulting from your work!!

# Types of Quality Improvement Charts

- Run Charts
- Statistical Process Control (SPC) charts
  - Many different types
  - P chart = proportion or percentage chart

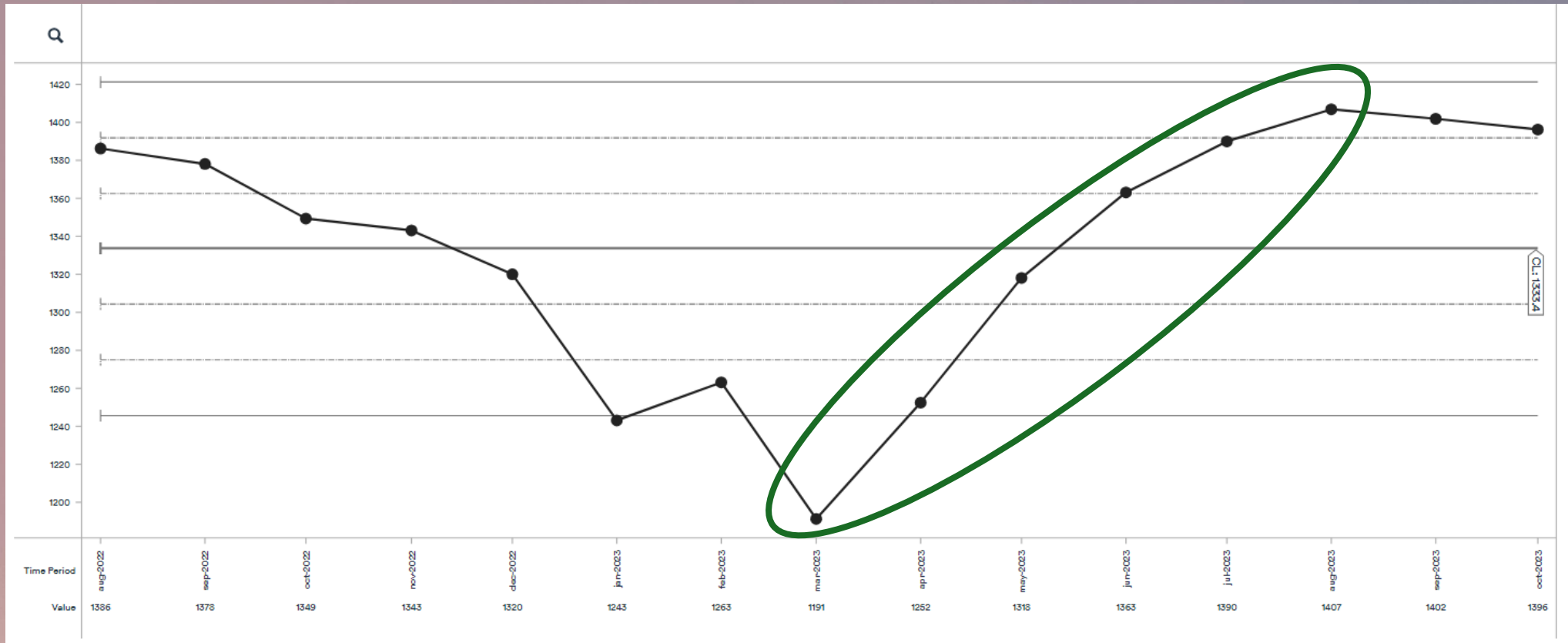
# What makes a control chart a control chart?



# 3 rules for SPC charts important for QuITT

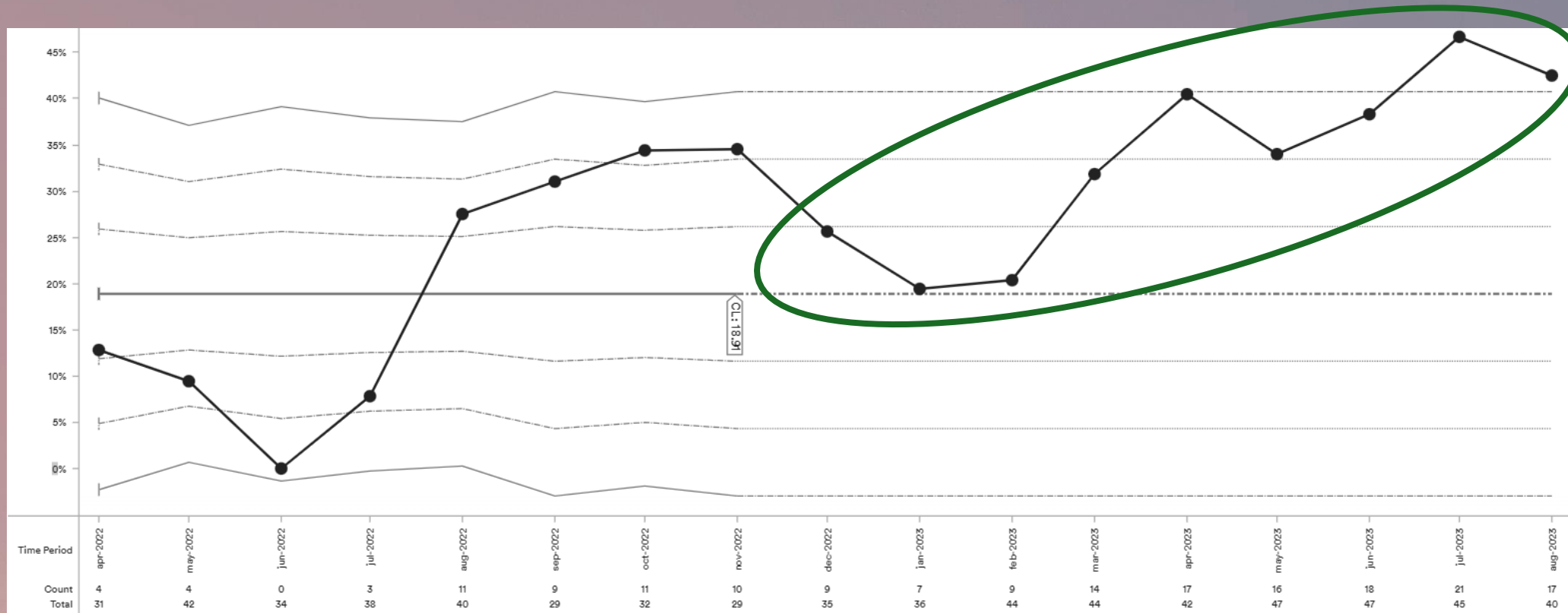
- Trends
- Shifts
- Astronomical Points  
(aka outliers, or 3-sigma violations)

# Trend



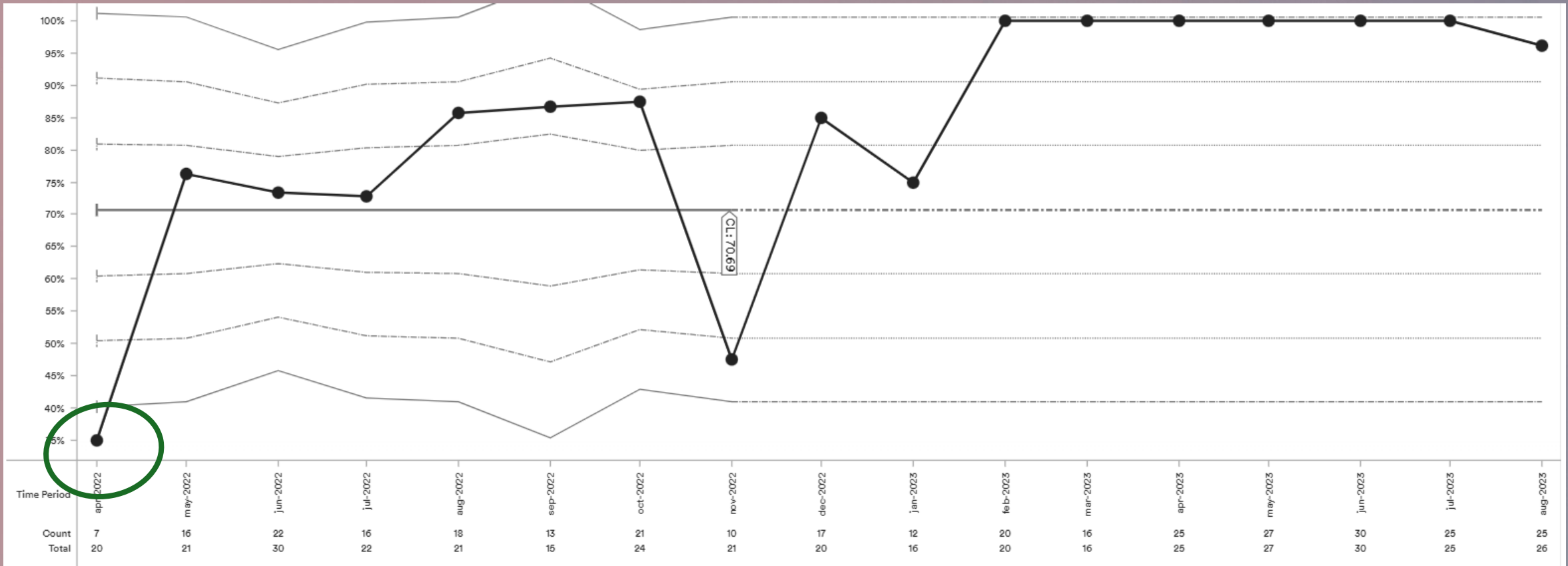
6+ CONSECUTIVE POINTS ALL GOING UP OR ALL GOING DOWN  
(ignore consecutive points that are the same value)

# Shift



8 CONSECUTIVE POINTS ALL ABOVE OR BELOW THE CENTRE LINE  
(ignore consecutive points on the centre line)

# Astronomical Data Point



One data point that is outside of the upper or lower control limit

Time for  
you to  
have a  
go.....

Have a look at the following  
graphs and see if you can spot  
any....

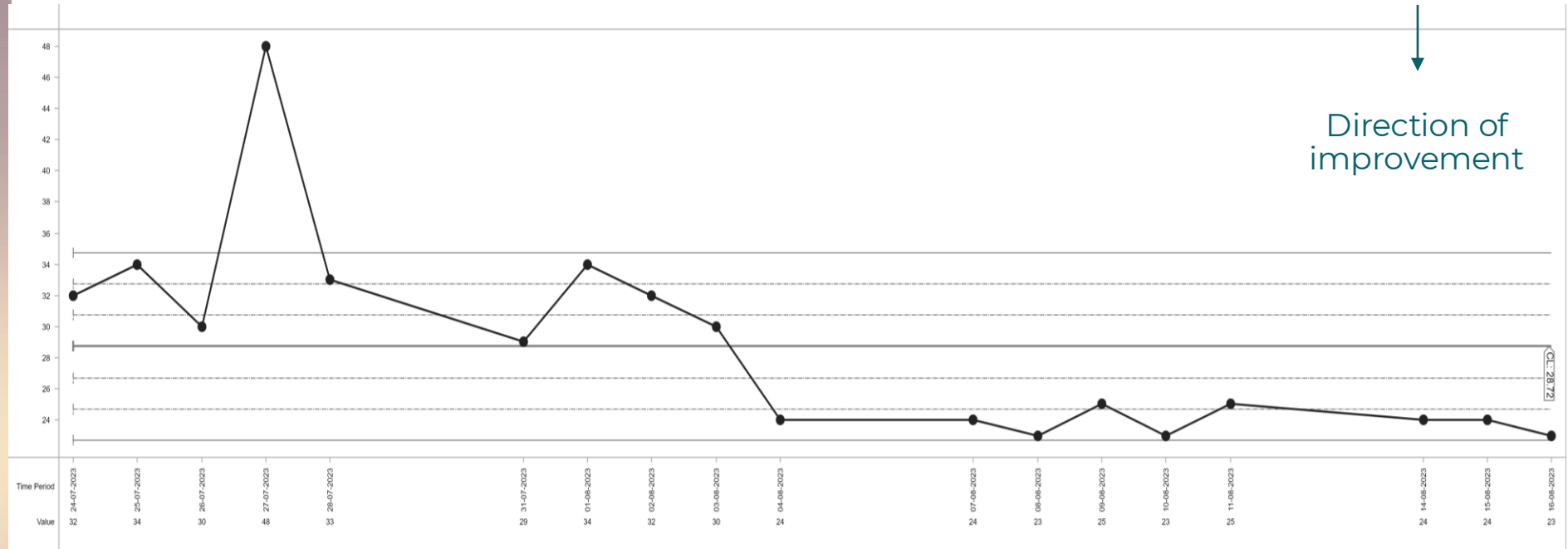
- Trends?
- Shifts?
- Astronomical points (outliers or three sigma violations)

Can you spot any

- Trends
- Shifts
- Astronomical points

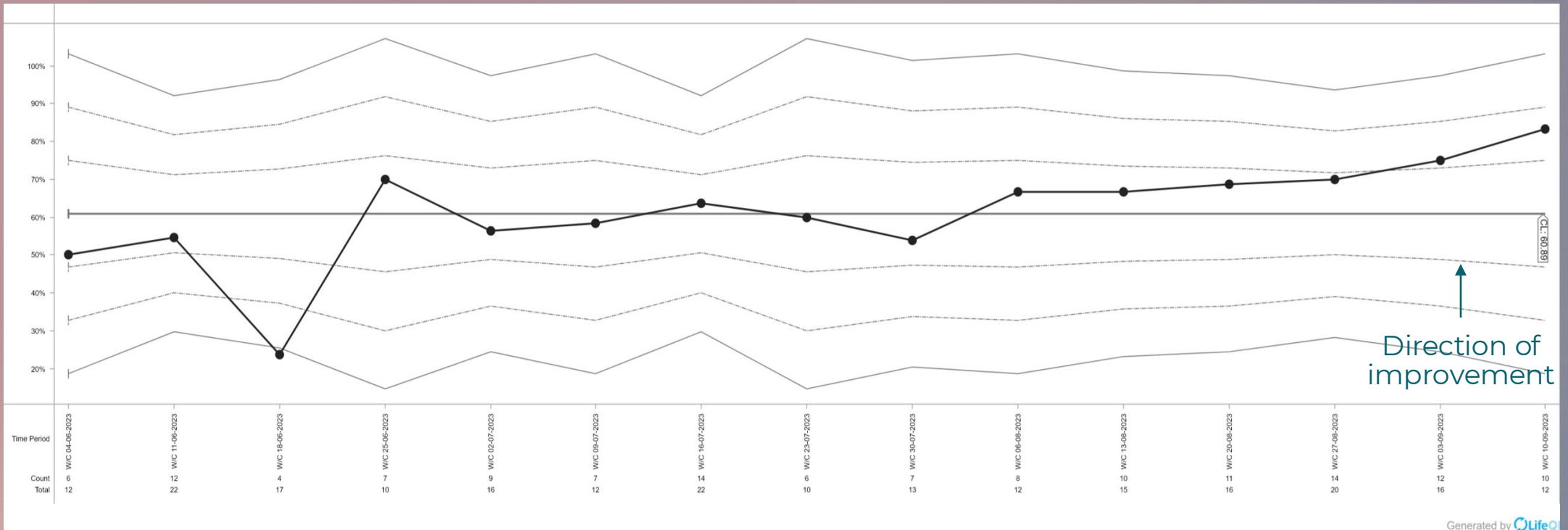
???

# • Sonya's Journey to Work



# Pete's Yorkshire Puddings

Proportion of Yorkshire puddings that rose

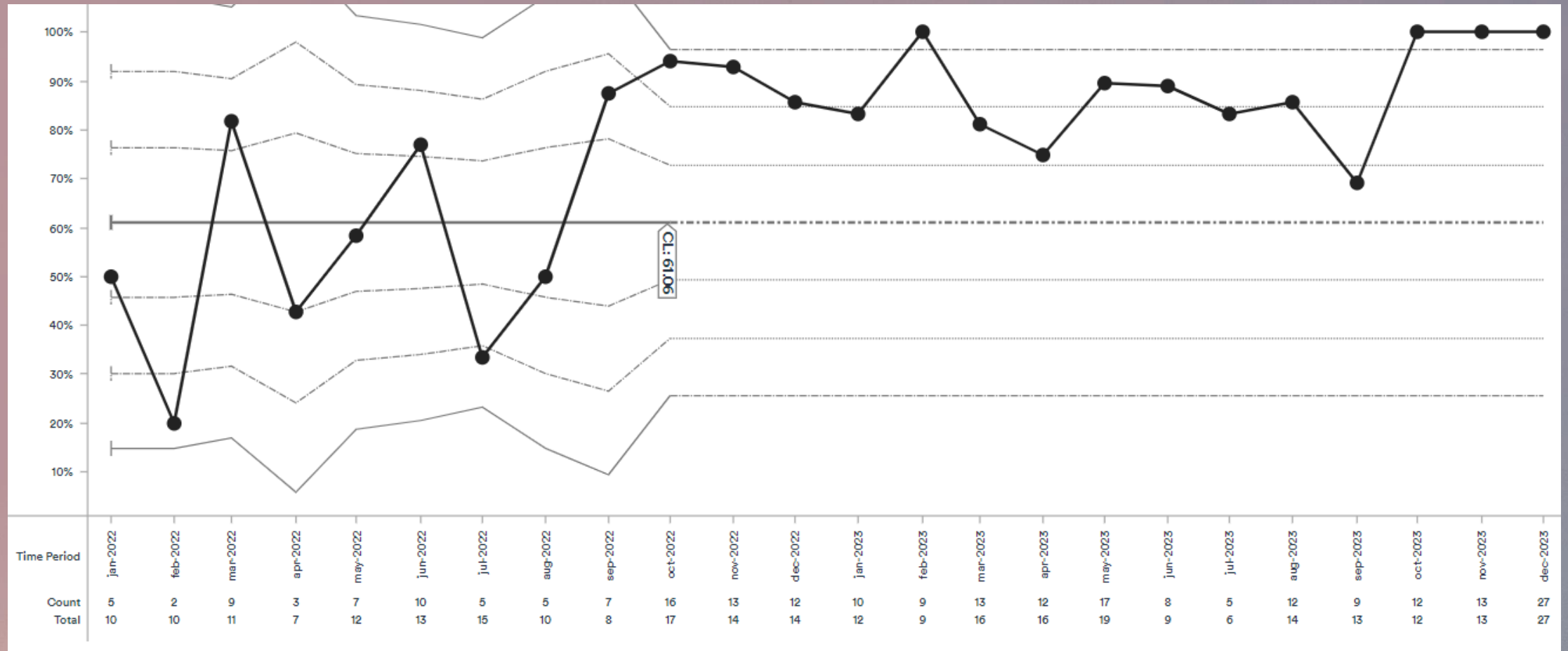


Direction of improvement

# The centreline can move!

- We can set a baseline mean
  - So the mean is just for the points before the project started
  - A dotted line extends that mean, but it doesn't move with each new data point

# South West Yorkshire Round 1 data - % of new admissions screened for smoking status



YOUR  
TURN

QUIT  
DATA

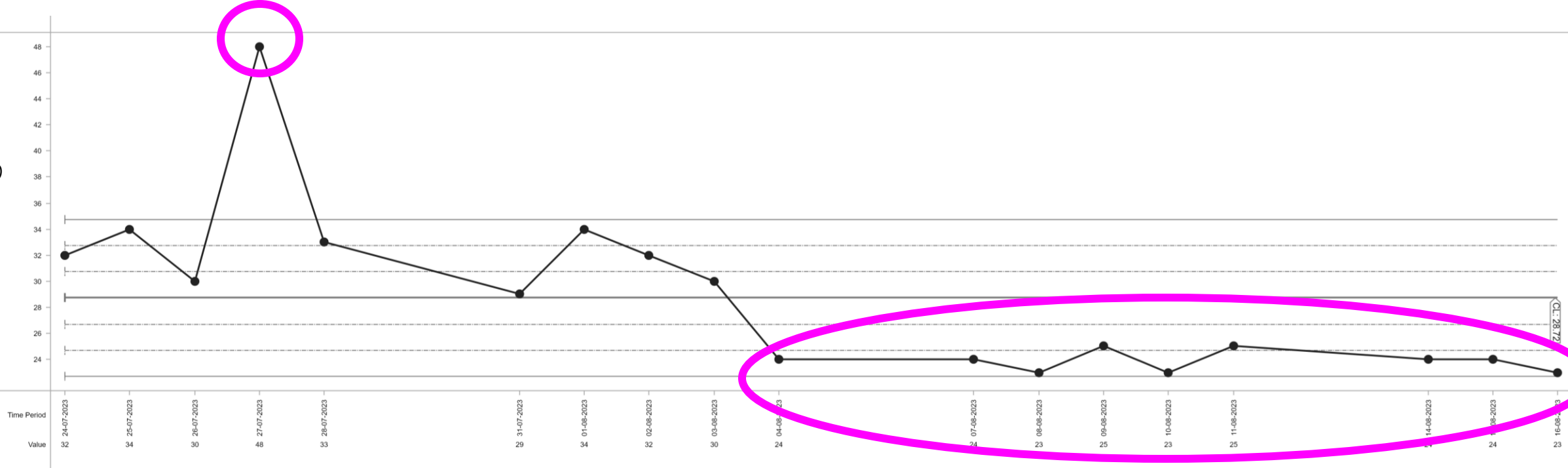
Can you identify any non-random variation on our charts?

You are looking for:

- Trends – 6+ consecutive points up or down
- Shifts – 8+ consecutive points above or below the centre line
- Astronomical points – outside the upper or lower control limit

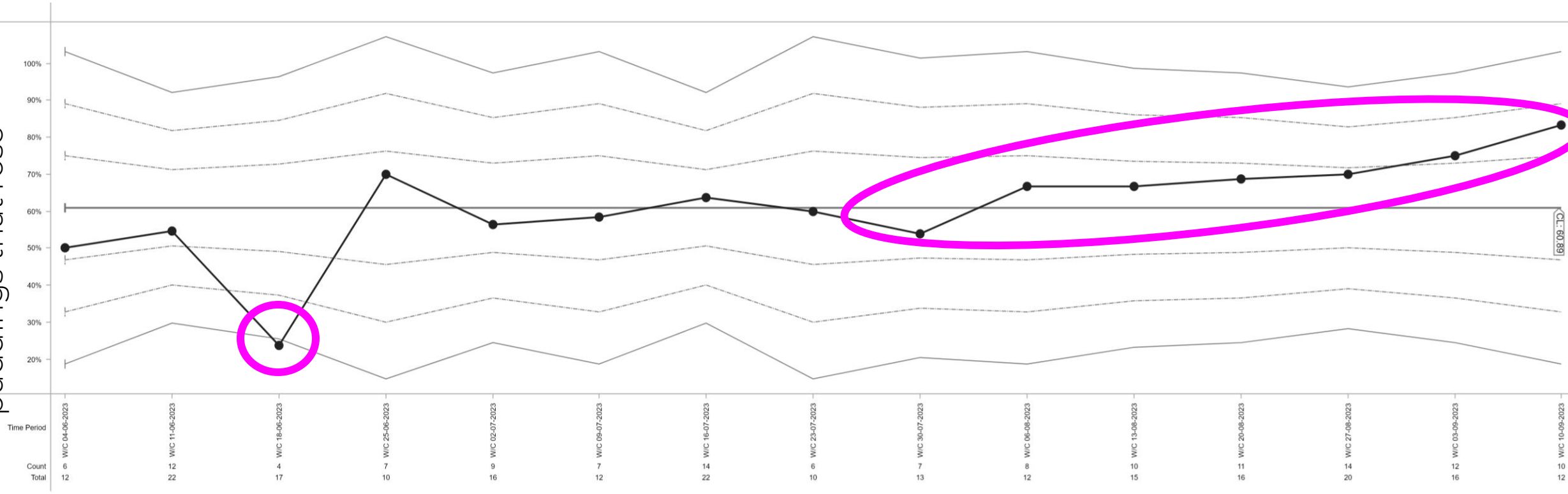
# Sonya's journey to work

Number of minutes from leaving home to arriving at work

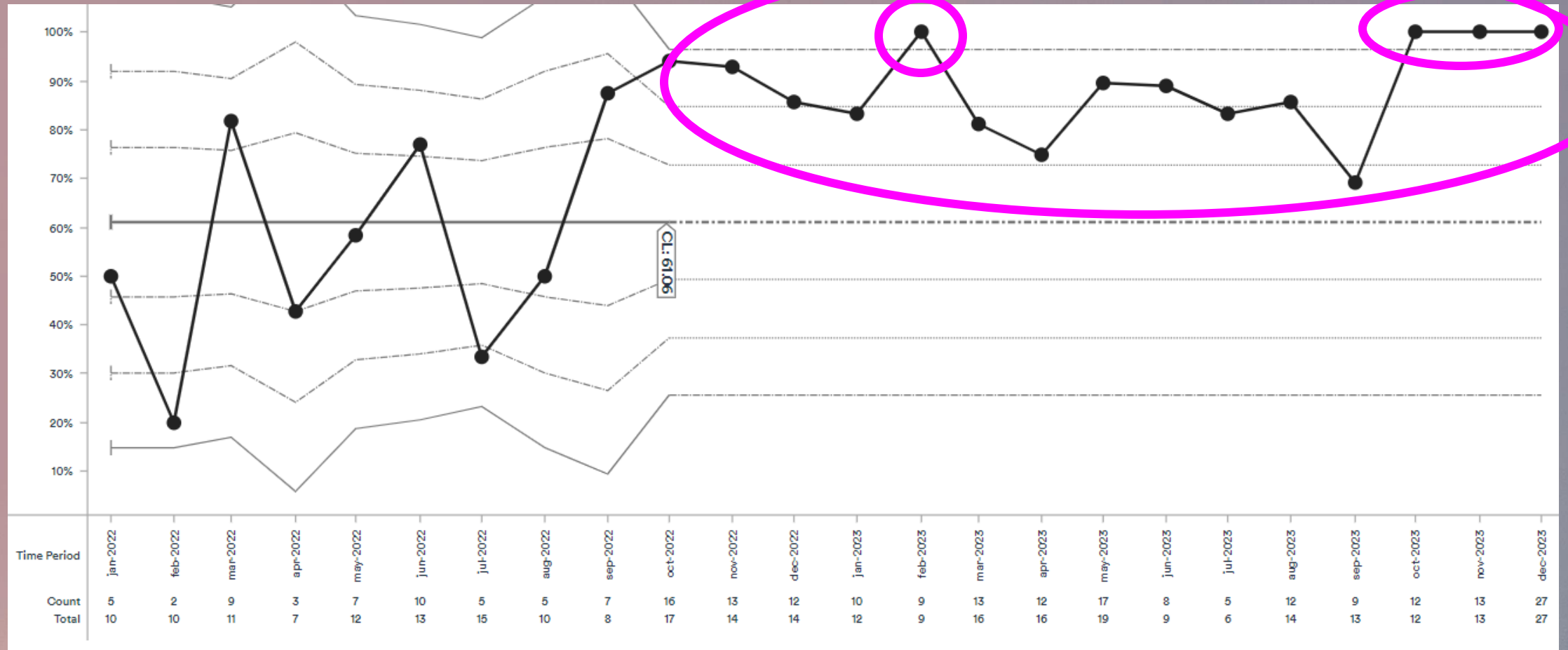


# Pete's Yorkshire Puddings - P chart

Proportion of Yorkshire puddings that rose



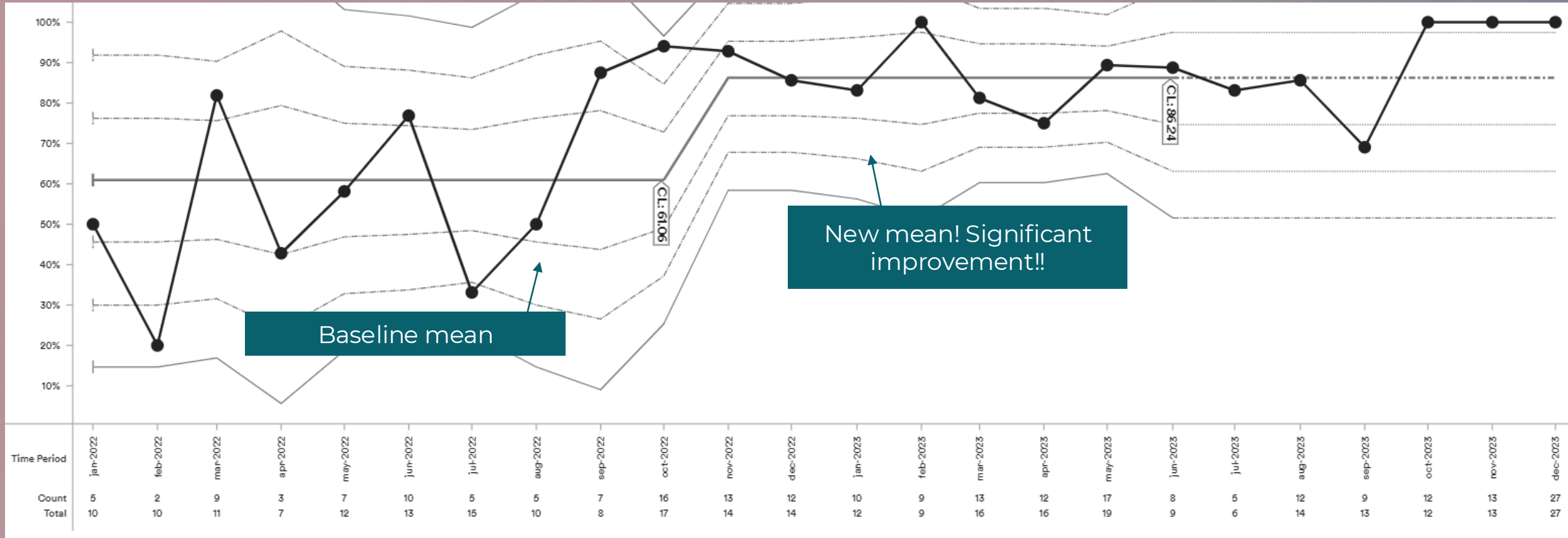
# South West Yorkshire Round 1 data - % of new admissions screened for smoking status



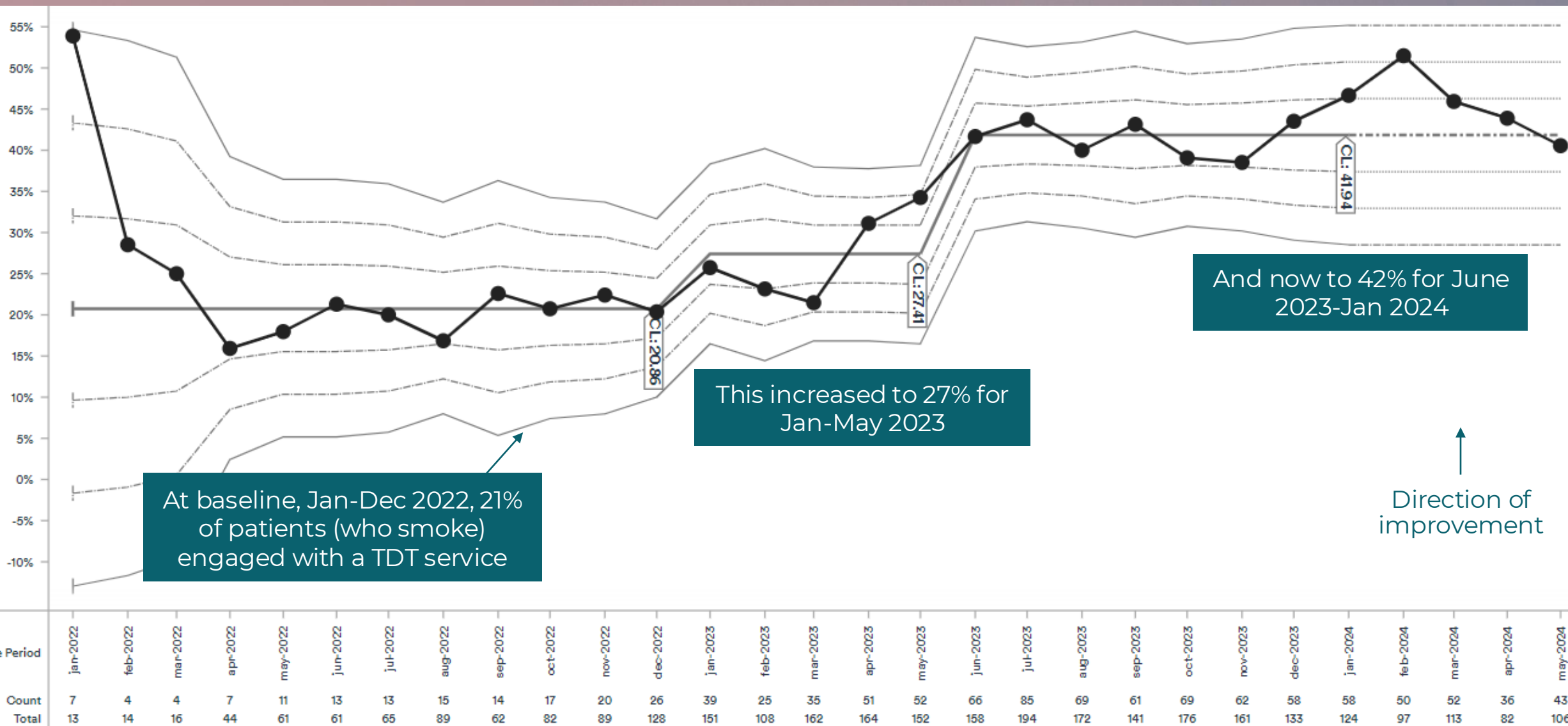
# The centreline can move!

- We set a baseline mean
  - the mean is just for the points before the project started
- If there is a sustained **shift** (8 or more points above or below the baseline mean), we create a new mean for the new level of performance

# South West Yorkshire Round 1 data - % of new admissions screened for smoking status



# Measure 2: The percentage of patients, who smoke, engaged with a tobacco dependency treatment service (aggregate)



# RECAP of the

# QuITT measures

- Measure 1: proportion of patients screened for smoking status on admission
- Measure 2: proportion of smokers engaged in tobacco dependence treatment
- Measure 3: proportion of smokers who quit smoking at 28-day follow up
- Measures 4-6: patient experience measures (from patient survey)
  - Feeling empowered to quit
  - Proportion reporting the tobacco dependence support was quite good/very good
  - Feeling the support was tailored to their needs



3 minutes

Discussion time:

Round 2 teams:

Why are we measuring these 6 measures in the QuITT Collaborative?

Development Network Teams:

What could you measure?

# How can you collect data?

- Round 2 teams: discuss the barriers you're facing with collecting data – how can you overcome them?
  - Do other teams have advice for your challenges?
- Development Network teams: discuss how you could collect data that would be useful

# Breakout Session: Round 2 and Development Network Teams



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# Break

11.45 – 11.55

# Using 'TRIZ' to progress your work

## Round 1:

Improve how you use your QuIT data to inform your work

## Round 2:

Improve how you are collecting QuIT data

## Development Network:

Improve the support you provide for smokers

### **STEP 1**

On your own or in your project team, read the scenario above that applies to you, and make a list of:

*All you can do to make sure that you achieve the worst result imaginable with respect to your scenario above.*



### Round 1:

Improve how you use your QuITT data to inform your work

### Round 2:

Improve how you are collecting QuITT data

### Development Network:

Improve the support you provide for smokers

## **STEP 2**

On your own or in your project team, make a second list of:

*Anything from the first list that you might be doing now (even a little bit)*



### Round 1:

Improve how you use your QuIT data to inform your work

### Round 2:

Improve how you are collecting QuIT data

### Development Network:

Improve the support you provide for smokers

## **STEP 3**

On your own or in your project team, go through your second list, and for each item, decide:

*How am I/we going to stop these things from happening?*





**5 minutes**

**On your own, or in your project group:**

- Decide on an action (as concrete as you can) for each item
- Who else do you need to involve?



# Lunch

12:40 – 13:30

Served in Room 1.6

**Round 2 teams present  
their project highlights so  
far**

# How this session will run..

We will divide attendees into three groups. All three groups will have the chance to hear from all three QuITTT teams.

- **20 minutes (13.35-13.55):** 1<sup>st</sup> team presentation
- **5 minutes:** Move to next team room
- **20 minutes (14:00-14:20):** 2<sup>nd</sup> team presentation
- **5 minutes:** Move to next team room
- **20 minutes (14.25 – 14.45):** 3<sup>rd</sup> team presentation

Team presenting	Room
South London and Maudsley NHS Foundation Trust	1.1
Lancashire & South Cumbria NHS Foundation Trust	1.3
Oxleas NHS Foundation Trust	1.4



# Treating Tobacco Dependency

Supporting a smokefree LSCft



**Lancashire &  
South Cumbria**  
NHS Foundation Trust



# Feedback and close

Matthew Milarski (he/him)  
*Head of Quality Improvement*

# Next Sessions

## 1. Your next meeting with your QI coach

## 2. Online Workshop

Thursday 11<sup>th</sup> July 2024, 11am-12pm

## 3. Next learning set

Tuesday 10th September 2024, 10am-3pm

## 4. Development Network (online)

Thursday 26 September 2024, 11am-12pm

# How did you find today's event?

We value your feedback as this helps us to continue to improve these events and ensure topics covered are meaningful and relevant to you.

Please use the QR code here or on your name badges to access the online form. Paper copies are also available on your tables.

Feedback Form: Quality  
Improvement in Tobacco  
Treatment QI Collaborative

