



München, September 2013

*Using FRAM as
a Quality Improvement Tool
in Health Care*

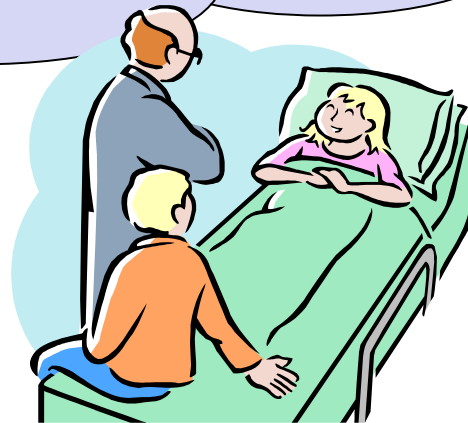
Mrs J. Hounsgaard

Center for Kvalitet, Denmark



Focus of the Improvement Project

The Ward Rounds in a Geriatric Ward



The Credo of the project

*Good people can fail
to meet patients' needs
when their working conditions
do not provide them
with **the condition of success.***

Source: A promise to learn – a commitment to act,
Improving the Safety of Patients in England,
National Advisory Group on the Safety of Patients in England, August 2013

10-09-2013

The Model for Continuous Quality Improvement

What do we want to achieve?

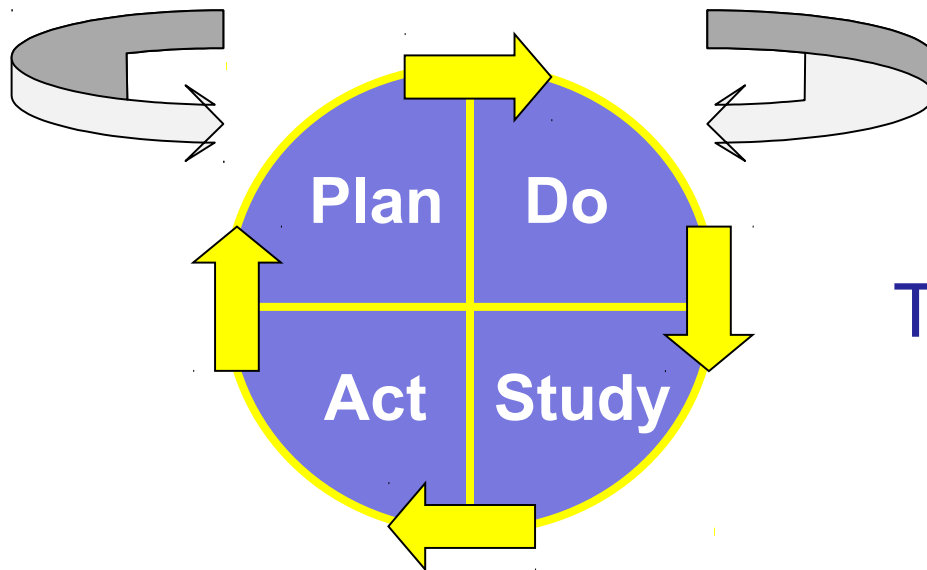
Goal

When do we know,
that a change is an improvement?

Measurement

What can we change to improve?

Action



Testing and Learning

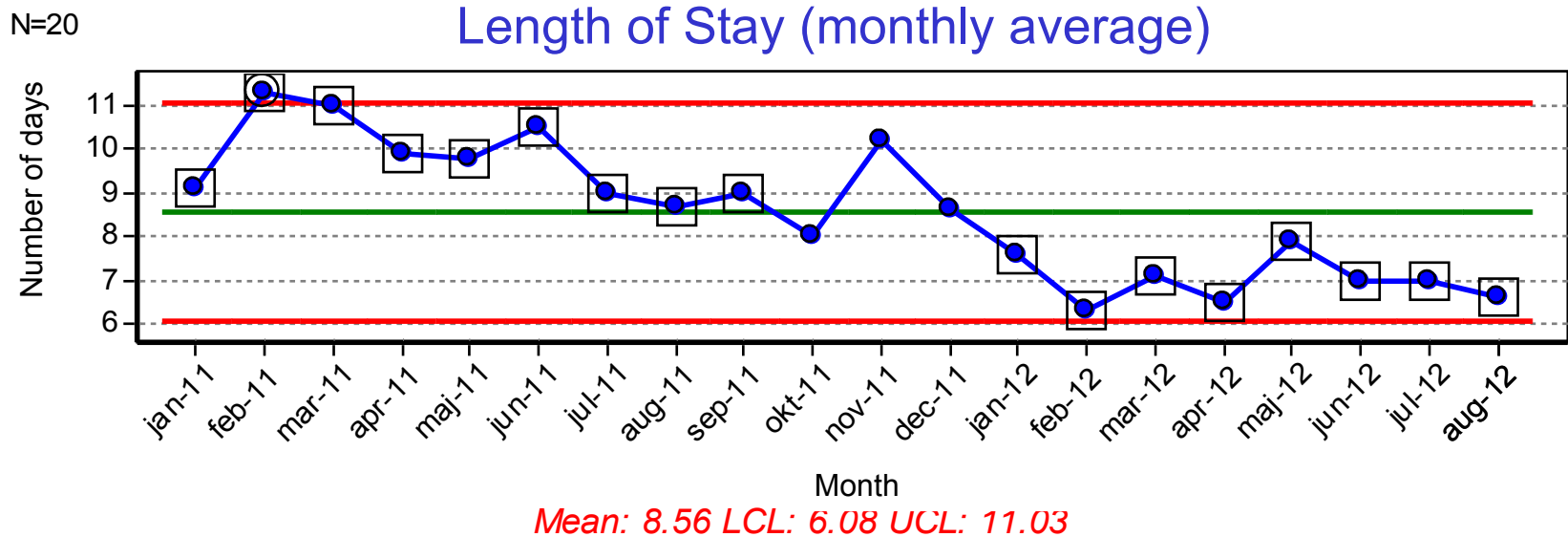
Focus of the Improvement Project

- *The overall goal:*
To improve the ward rounds in the Geriatric Ward
- *Mesurement:*
The length of stay of the patients in the Geriatric Ward is decreasing

- *Action:*



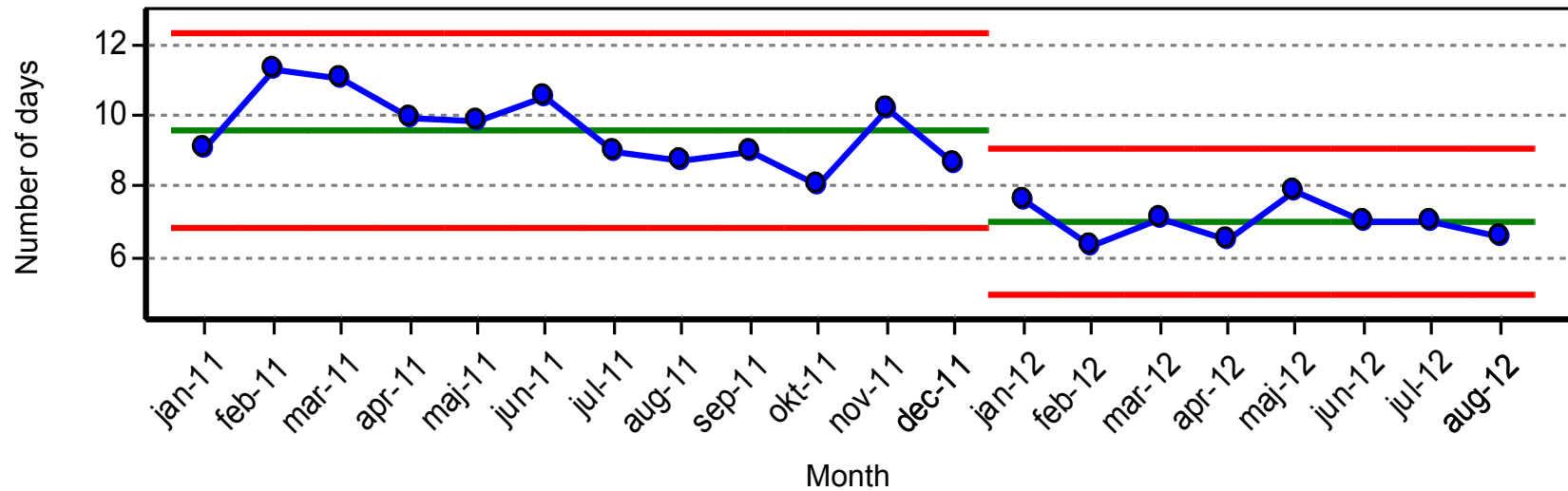
Establish a Baseline



Establish a Baseline

N=20

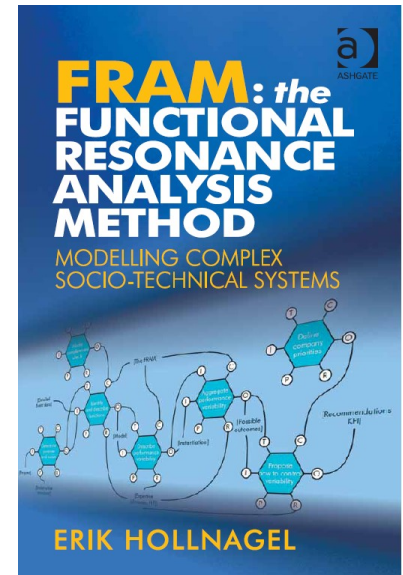
Length of Stay (monthly average)



Mean: 9.59 LCL: 6.86 UCL: 12.32 | Mean: 7.00 LCL: 4.95 UCL: 9.05

The use of FRAM

- **FRAM:**
To identify opportunities for improvement by describing how the Ward Rounds work today and the variability of the output of Ward Rounds
- **Data and information:**
Interviews of staff members as the main source to identify work-as-done.



Interviews

- *3 On-site interviews:*
 - *1 Senior Doctor*
 - *2 Junior Doctors*
 - *2 experienced Nurses*

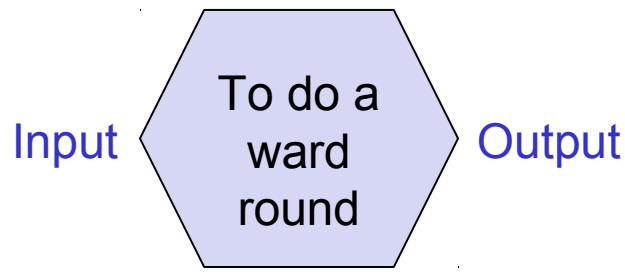


- *Interview guides structured according to the 6 aspect of FRAM – Input, Output, Control, Resources, Time and Precondition, to control the interviews and to ensure the data collection.*
- *Duration of each interview 1 to 1.5 hours*

No supervision of Junior Doctor
Three types of Ward Rounds
Bertils prioritizing model from January 1 (silent knowledge)
The principle: Discharge starts at the admission

Doctor and nurse
looking for each other
Disturbances

Time Controls



Doctor and nurse found each other

Date and time of discharge
Discharge documentation

Doctors Morning
Conference

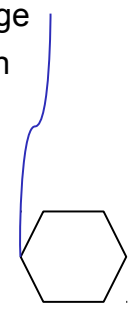
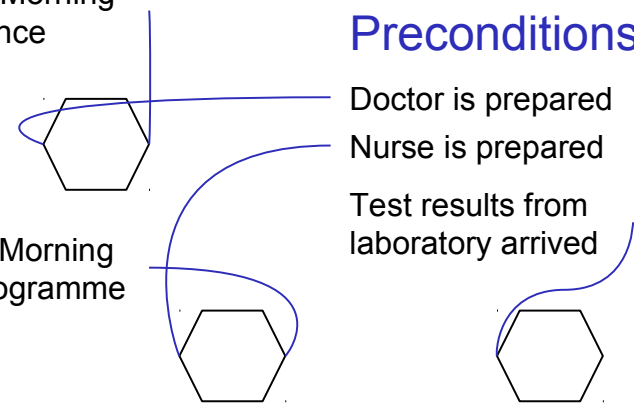
Preconditions

Resources

Doctor is prepared
Nurse is prepared
Test results from
laboratory arrived

Senior doctor
Junior doctor
Nurses
Electronic Patient records

Patient Morning
Care Programme

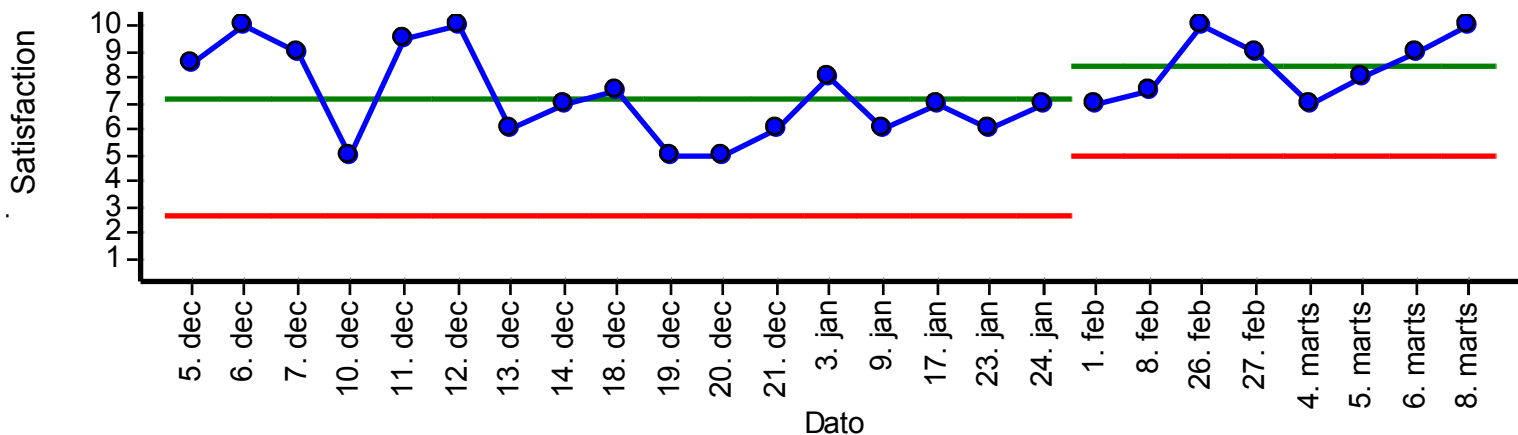


The use of FRAM

- *Opportunities for improvement with great impact on the output were identified*
 - *Start time of the Ward Round*
 - *Preparation for the Ward Round, both doctors and nurses, including clarification of expectations to each other*
 - *Discharge documentation*
 - *Coordination of key activities in the team*
 - *Individual prioritizing methods*
 - *Quality of data for decision (date of discharge)*
 - *Supervision of young doctors*
- *The use of FRAM made it possible, through dialogues with the staff members, to address the system with meaningful changes*

Testing period of 4 months

Satisfaction with of the ward round
in the testing period
Senior Doctors



Mean: 7.21 LCL: 2.63 UCL: 11.78 | Mean: 8.44 LCL: 5.02 UCL: 11.86

Pernille Langkilde 21. juni 2013

EpiData Analysis Graph

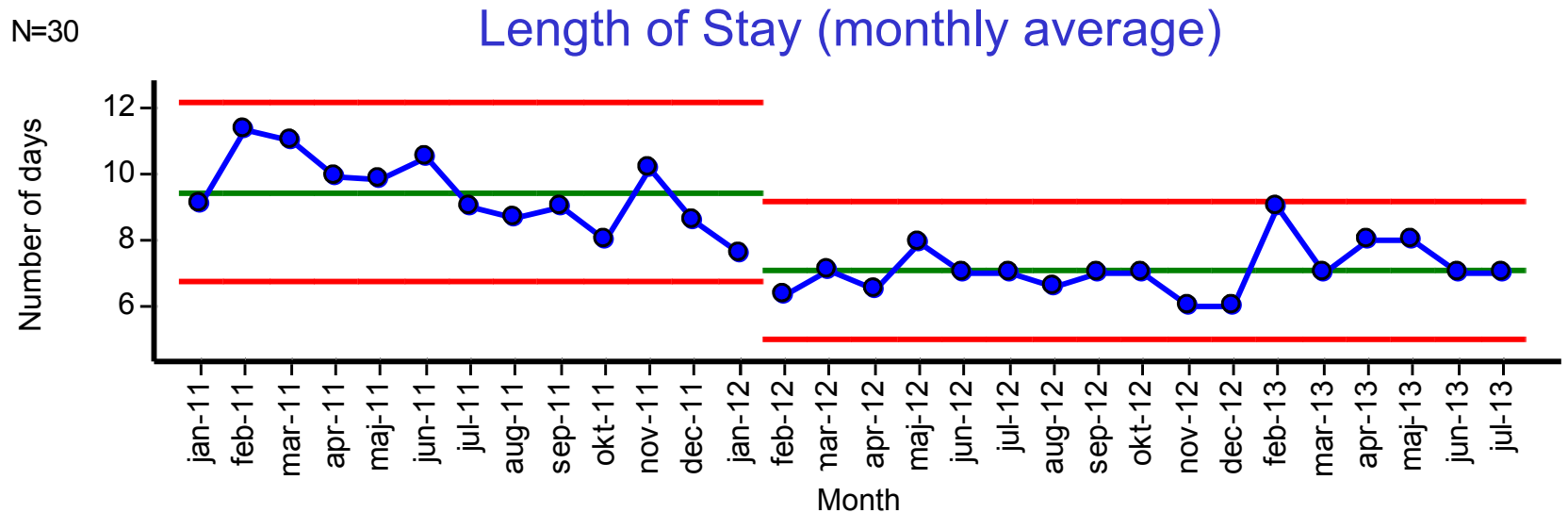
The result of the Improvement Project



Bertil – a happy senior doctor

10-09-2013

The result of the Improvement Project



Mean: 9.44 LCL: 6.71 UCL: 12.16 | Mean: 7.08 LCL: 5.00 UCL: 9.16

Prepared by Pernille Kølholt Langkilde, September 4, 2013

Next steps

- *FRAM:*
To describe the variability of the output after implementation of the new way of doing the Ward Rounds
- *Presentation at international conference:*
The project is accepted as a poster presentation at the international conference ISQua in Edinburgh, October 2013.



Possible Indicators for variability

Output

Date of discharge

- Too early: Readmission no.
- Timely: Length of stay
- Too late: Pressure Ulcers
- Not available: Not possible

Discharge Documentation

Timing (too early, timely, too late, not available)

Quality (inadequate, acceptable, complete)

Conclusion

- ✓ FRAM facilitates a dialogue between staff members and between staff members and management about variability and dynamic couplings
- ✓ FRAM opens up for discussions about habits, attitudes, approaches, presumptions, assumptions, behaviour – with other words the unspoken and not documented knowledge.

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Thank you for your attention!



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