Using FRAM as a Quality Improvement Tool in Health Care

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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.*

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

• **Measurement:**
  The length of stay of the patients in the Geriatric Ward is decreasing

• **Action:**
Establish a Baseline

Length of Stay (monthly average)

Mean: 8.56 LCL: 6.08 UCL: 11.03

N=20

Prepared by J. Hounsgaard, Center for Kvalitet, 19/09/2012
Establish a Baseline

Length of Stay (monthly average)

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

Prepared by
J. Hounsgaard, Center for Kvalitet, 19/09/2012
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
To do a ward round

Preconditions
- Doctor is prepared
- Nurse is prepared
- Test results from laboratory arrived

Controls
- 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

Input
- Doctor and nurse looking for each other
- Disturbances

Output
- Date and time of discharge
- Discharge documentation

Resources
- Senior doctor
- Junior doctor
- Nurses
- Electronic Patient records

Doctors Morning Conference
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
Nurses

Mean: 7.70 LCL: 2.86 UCL: 12.54 | Mean: 8.14 LCL: 4.03 UCL: 12.24
Pernille Langkilde 21. juni 2013
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
The result of the Improvement Project

Length of Stay (monthly average)

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

N=30
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.
Thank you for your attention!

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Morgenkonf.

Klargøring af patient

- afbrydelser
- andre aktiviteter
- at finde hinanden
- personalemangel

Tid

Kontrol

Stuegang

Input

Forudsætninger

Ressourcer

Output

Udskrivelse

Ufærdig dokumentation:
- registrering skubbes til senere

Fastsat udskrivelsesdato:
- 1, 2, 3 kontakt ??

Udbygde til udskrivelse

Laboratorieprøvesvar

Serviceafdelinger:
- forsinkelser

Forberedelse:
- mundtlig kommunikation
- "dårlig samvittighed over ikke at have læst..."

Dokumentation:
- kendte / ikke kendte pt.
- ikke kendte => læse EPJ
- læse statusnotater
- mundtlig info ved vaktcisfe
- hvad er sat i værk?
- (dobbelt arbejdsgange)

Forventninger til kollegaer:
- sygeplej oregaler (kritisk score)
- læge har læst journalen