



Göteborg, June 2014

*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

Unfortunately Pernille K. Langkilde is not at the FRAM Workshop today – she is busy with FRAM



The Model for Continuous Quality Improvement

What do we want to achieve?

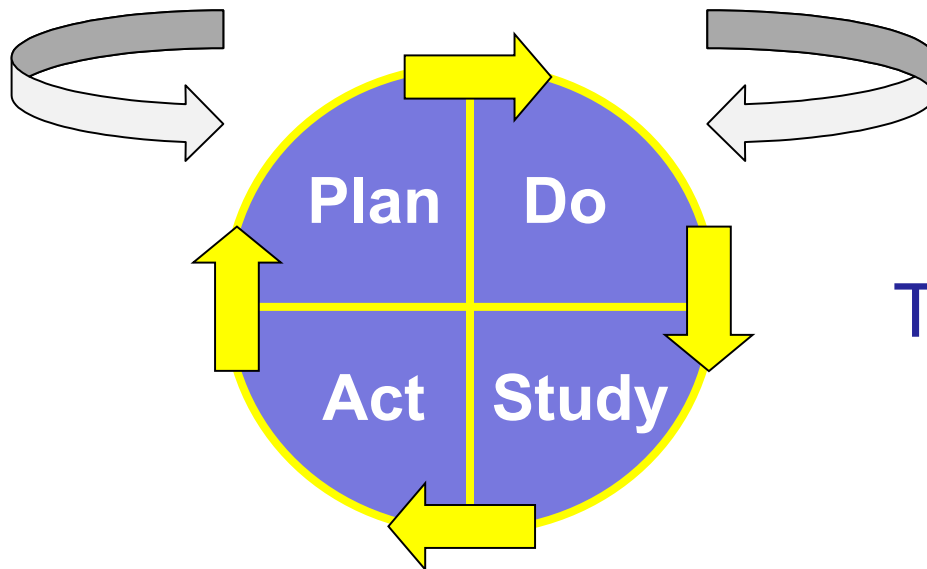
Goal

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

Measurement

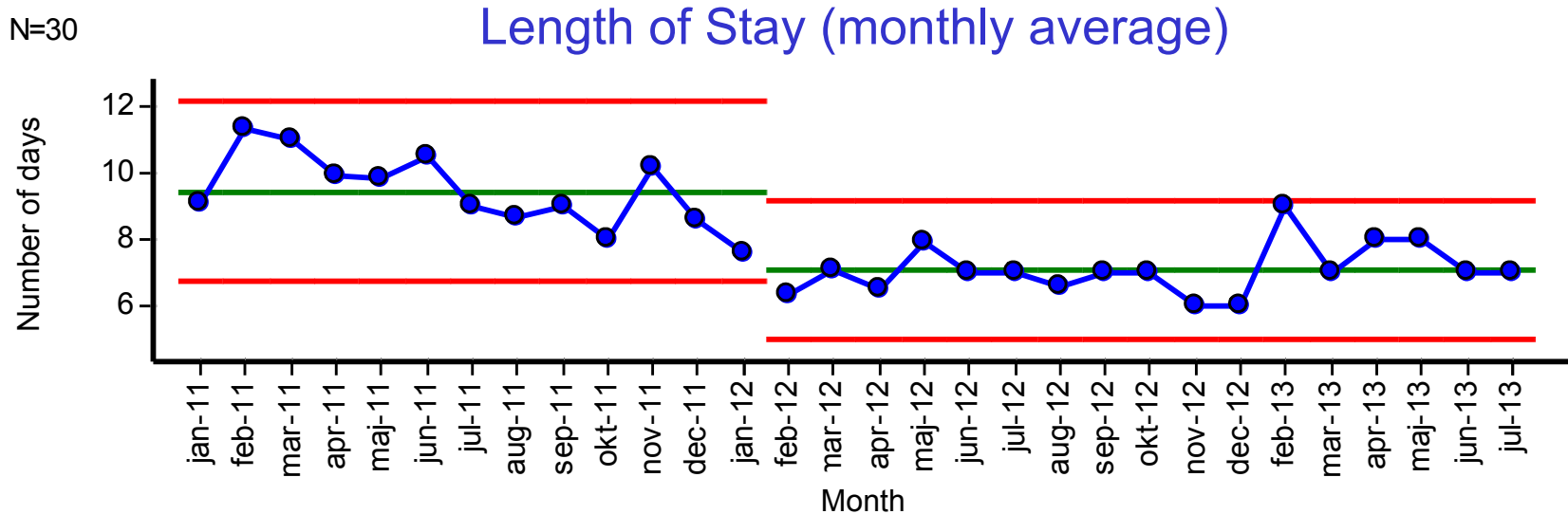
What can we change to improve?

Action



Testing and Learning

The result of the Improvement Project



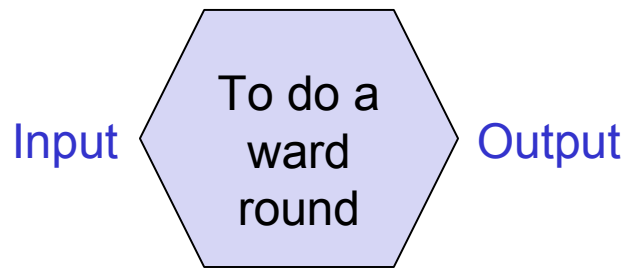
Mean: 9.44 LCL: 6.71 UCL: 12.16 | Mean: 7.08 LCL: 5.00 UCL: 9.16

Prepared by Pernille Kølholt Langkilde, September 4, 2013

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

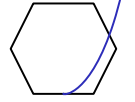
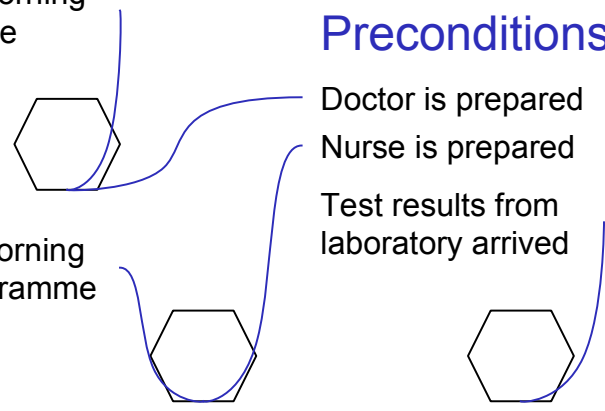
Preconditions

Resources

Doctor is prepared
Nurse is prepared
Test results from
laboratory arrived

Senior doctor
Junior doctor
Nurses
Electronic Patient records

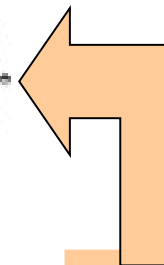
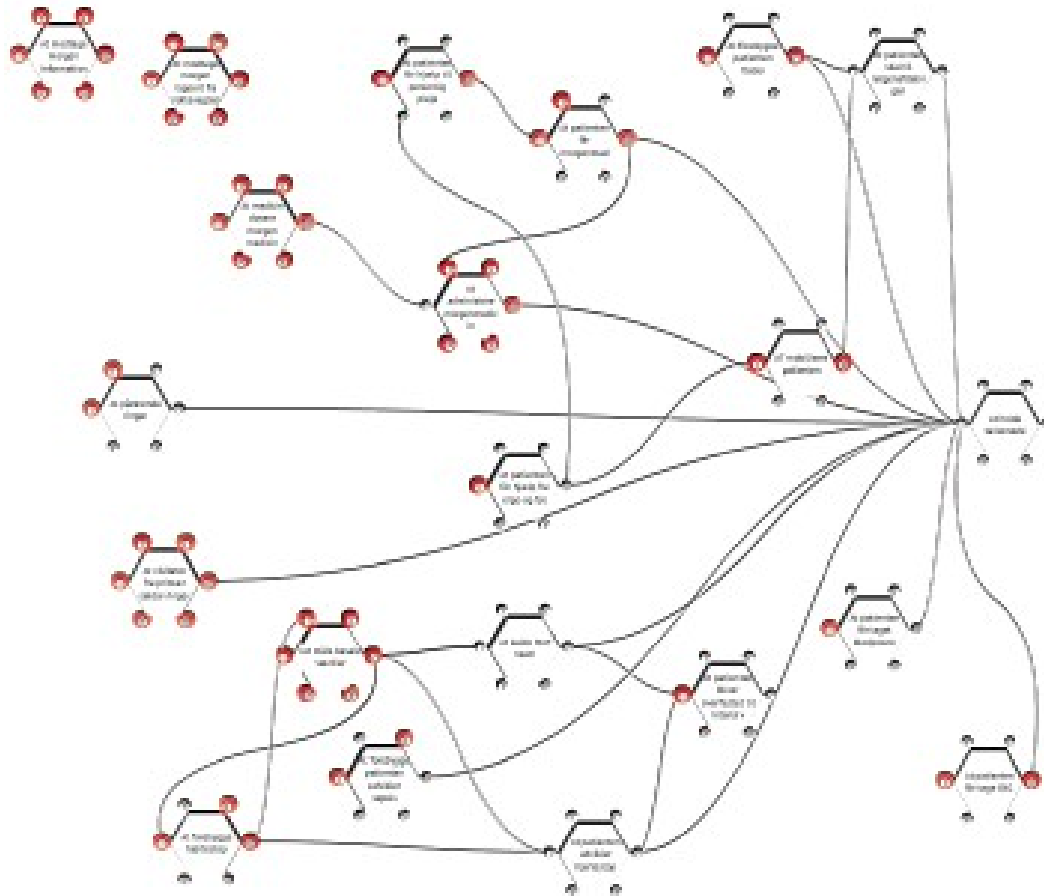
Patient Morning
Care Programme



Upstream functions

- After improving **the ward round function** the upstream functions were put under time pressure.
- **The staff** had accepted FRAM as a method for identifying possibilities of improvement and they decided to describe the upstream functions related **to the patient morning care programme** in details
- The staff identified more than **20 functions** and described the variability of each function and the possible couplings
- The staff did the modeling by themselves

A snapshot of the model (until now)



Original function:
"To go a ward round"



FRAM – a tool for improving cooperation?

- Several adverse events in the handover of patients from Intensive Care Unit to Geriatric Ward
- Both blamed each other
- Both wrote to management that the cooperation was impossible
- None wanted a constructive dialogue to solve the problem – they just wanted the other party to change their behavior

Then FRAM was introduced in a joint meeting

FRAM – a tool for improving cooperation?

- The main focus: “How can we succeed together?”
- The FRAM gave a common insight and understanding work-as-done in both the Intensive Care Unit and the Geriatric Ward
- Both could see the consequences of the variability and the coupling between functions in the handover
- Both could see possible functional resonance
- Both could see possible ways of getting it to work

Stop talking badly about the others
in front of the patients

Conclusion

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

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Thank you for your attention!



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