

# Quality Conversations: Engaging Teams in Quality Improvement

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## BACKGROUND

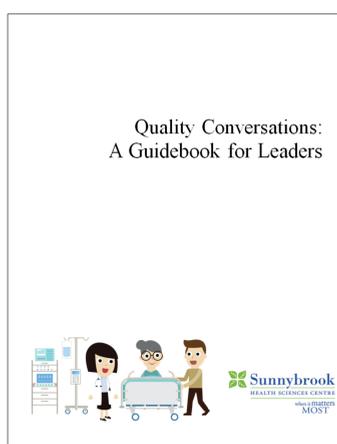
- Quality Conversations were implemented at Sunnybrook Health Sciences Centre in May 2017 to support a culture of quality.
- Quality Conversations are 15 minute weekly interprofessional team huddles with the purpose of regularly discussing and acting on quality improvement and patient safety opportunities.
- This tool was co-designed with clinicians and mirrored a Plan, Do, Study, Act cycle to continually improve the program.
- Learnings from our 2 month pilot resulted in development of a formal training workshop and resources for leaders, and development of Quality Coaches to support implementation of Quality Conversations.

## AIM

Support teams to engage in quality improvement on their unit through implementation of weekly Quality Conversations.

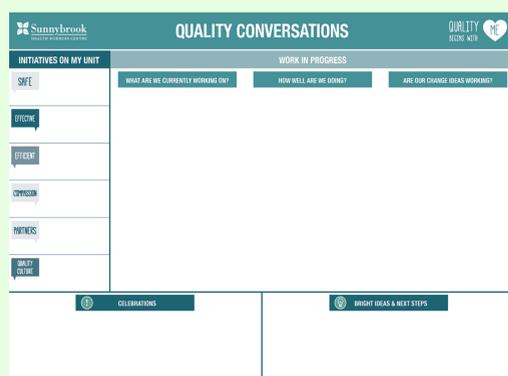
## GOAL

Implement Quality Conversations on 75% of inpatient units across Sunnybrook's 3 campuses by April 1, 2019.

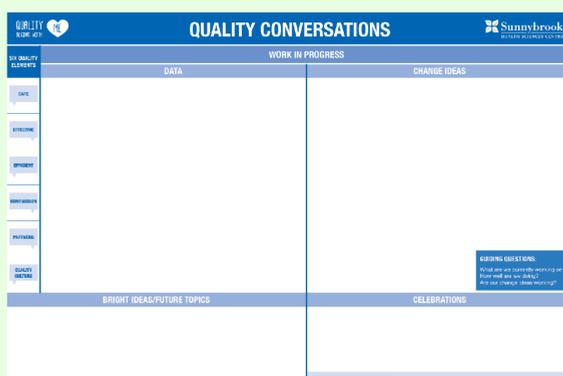


## INTERVENTION

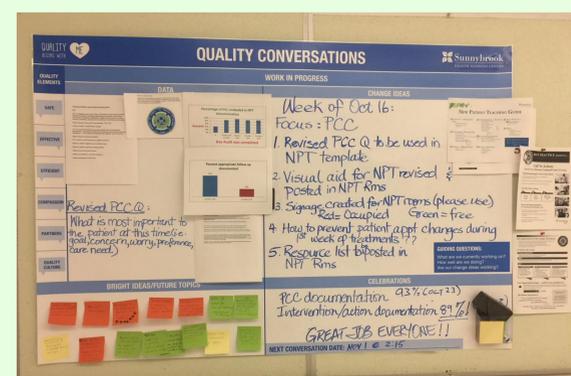
- A white board was designed to structure conversations as follows:
  - Idea generation
  - Opportunities for improvement based on data
  - Change ideas generated by staff
  - Celebrations
- 9 workshops have been conducted to train leaders to facilitate Quality Conversations, using data to identify opportunities, and simulating a Quality Conversation.
- Resources were developed in partnership with Organizational Development & Leadership to support facilitation and engaging teams in Quality Conversations.
- Surveys are sent before and 6 months after implementation for evaluation.



Pilot white board design



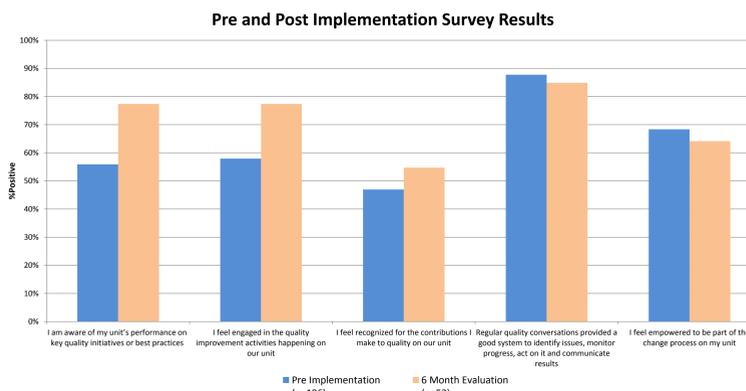
White board design with Clinician feedback



Quality Conversations in action

## RESULTS

- 56% of inpatient units across Sunnybrook's 3 campuses have implemented Quality Conversations.
- 44% of our Middle Leaders (Patient Care Managers, Advanced Practice Nurses, and Practice Leaders) are trained to facilitate Quality Conversations
- 34 teams have adopted Quality Conversations including acute inpatient units, non-clinical areas, outpatient clinics, and long term care.
- Survey results indicate a 33% increase in staff agreeing that they feel engaged in quality improvement initiatives; examples of initiatives discussed at Quality Conversations include hand hygiene compliance and noise reduction.



## CONCLUSIONS

Spread of Quality Conversations is ongoing with evaluations completed at 6 months. Survey respondents indicate that teams find value in Quality Conversations which include increasing team unity, enhancing team communication, and the opportunity to suggest and implement change on their unit.

## NEXT STEPS

- Development of additional Coaches to support units on implementing and sustaining Quality Conversations.
- Revision of resources to reflect learnings from the past year to better support our teams.

## ACKNOWLEDGEMENTS

We would like to thank the teams at Sunnybrook, Quality Coaches, Organization Development & Learning, Peer Organizations, and Executive Team for their support.