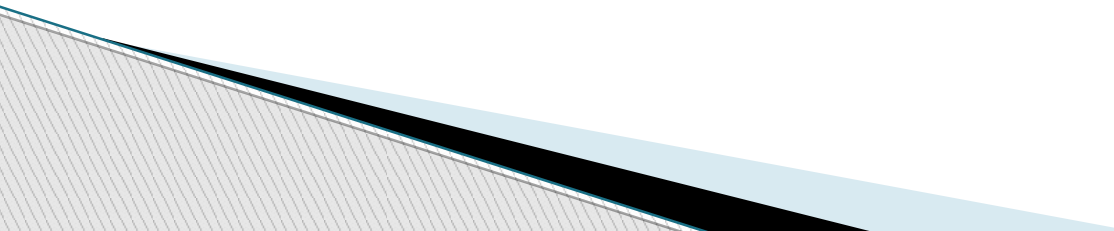


Faget kvalitetsforbetrning

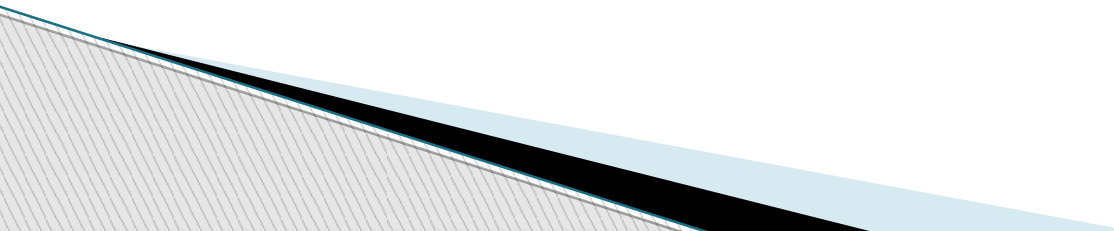
Einar Hovlid



Disposisjon

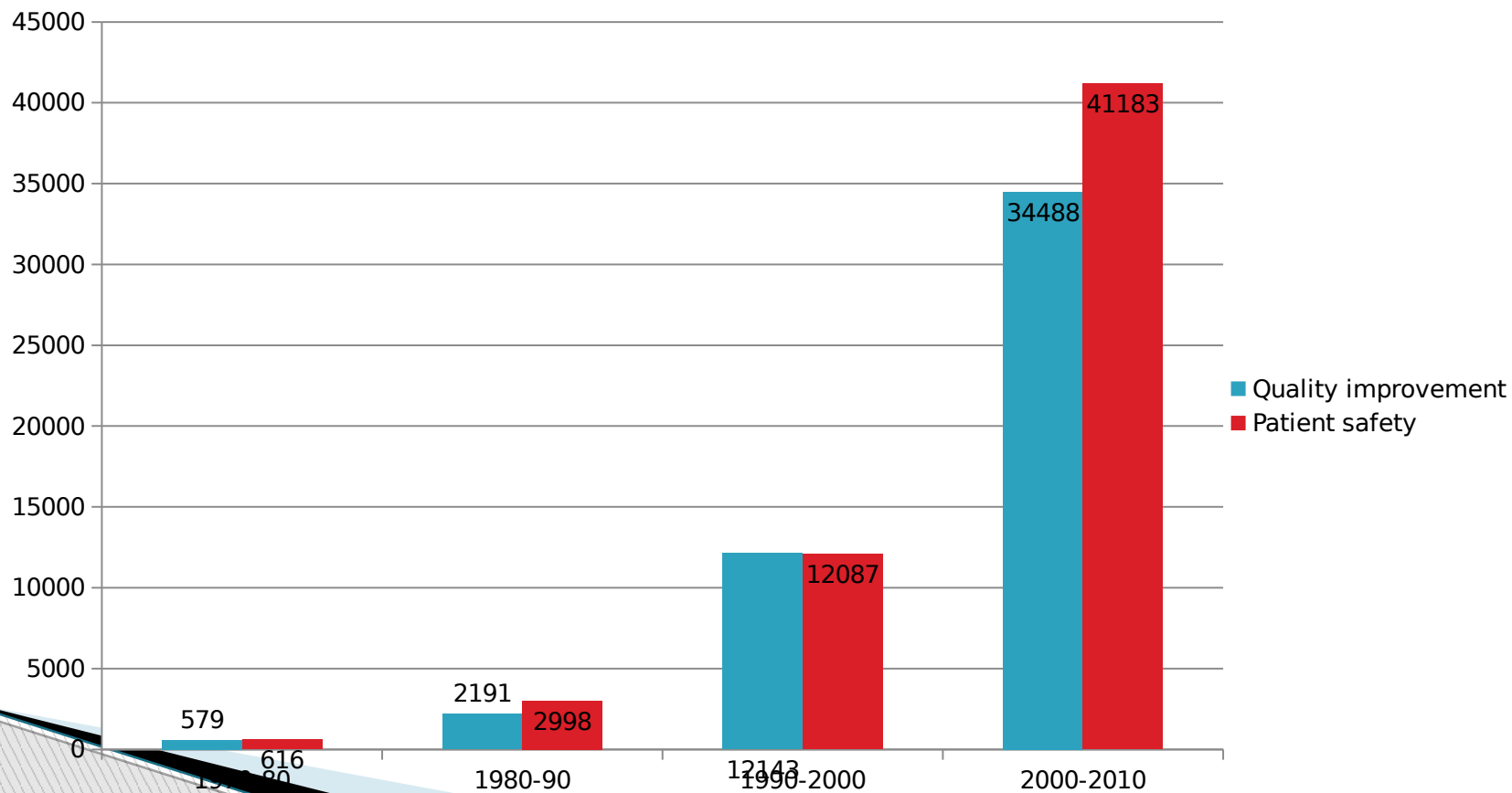
- ▶ Nokre pionerar
 - ▶ Utvikling av krav til kvalitet
 - ▶ Utvikling av metodar og forståing av faget
- 

Kva er grunnlaget vårt?

- ▶ Kvifor skal vi drive med kvalitetsforbedring?
 - ▶ Kven skal drive med kvalitetsforbetring?
 - ▶ Kven har ansvaret?
 - ▶ Kven skal ta initiativ?
- 

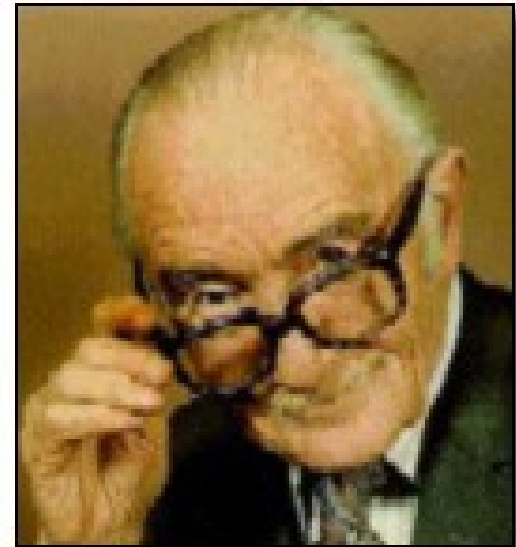
▶ Flyfabrikk

Tal publikasjonar i PubMed



Archie Cochrane (1908-1988)

- ▶ Skildra prinsippet om kunnskapsbasert medisin
- ▶ Pioner på randomiserte kontrollerte studiar



William Edwards Deming (1900 - 1993)

- ▶ Statistisk prosesskontroll
 - ▢ Teorien om prosessvariasjon
 - ▢ Naturleg variasjon grunna årsaker ved systemet
 - ▢ Uønska variasjon – variasjon som ein kan gjere noko med
 - ▢ Kontrolldiagram for å finne feil under drift
- ▶ Deming's sirkel PDSA

Deming - System of Profound Knowledge

- ▶ ***Appreciation of a system***: understanding the overall processes involving suppliers, producers, and customers (or recipients) of goods and services
- ▶ ***Knowledge of variation***: the range and causes of variation in quality, and use of statistical sampling in measurements
- ▶ ***Theory of knowledge***: the concepts explaining knowledge and the limits of what can be known
- ▶ ***Knowledge of psychology***: concepts of human nature.

Wikipedia

Kva handlar det om

?

Vår
praksis



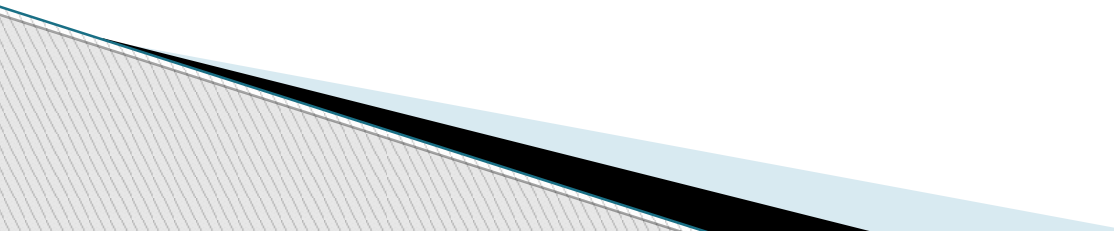
Ønska
praksis

Fagkunnskap

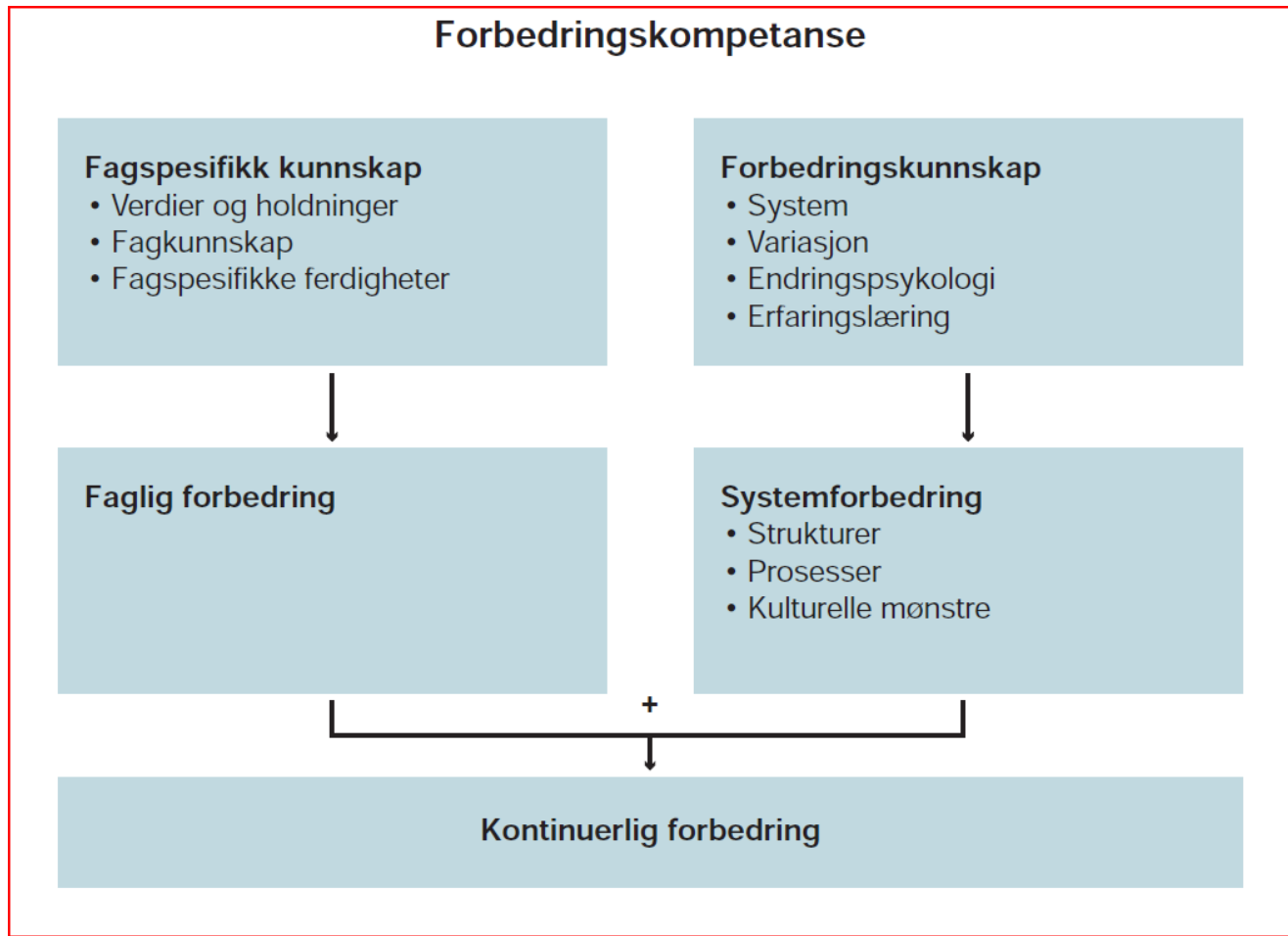
Forbetningskunnskap

Fagkunnskap

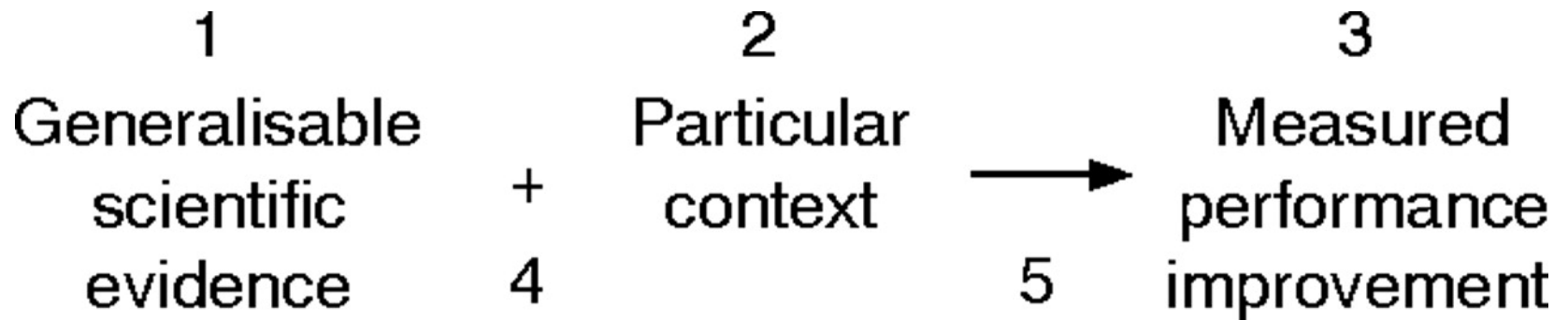
Kva er kvalitetsforbetring

- ▶ Vi treng kunnskap om kva som er "beste praksis".
 - ▶ Kve treng kunnskap om korleis vår praksis er i høve "beste praksis".
 - ▶ Vi treng kunnskap om korleis vi kan endra vår praksis slik at den blir i samsvar med "beste praksis"
 - ▶ Vi treng kunnskap om korleis vi kan vedlikehald endringa.
- 

Forbedringskompetanse



Formula illustrating the way in which knowledge systems combine to produce improvement.



Batalden P B , Davidoff F Qual Saf Health Care 2007;16:2-3

Table 2 Characteristics of five knowledge systems involved in improvement

Knowledge system	Illustrative features
1. Generalisable scientific evidence	Controls and limits context as a variable; tests hypotheses
2. Particular context awareness	Characterises the particular physical, social and cultural identity of local care settings (eg, their processes, habits and traditions)
3. Performance measurement	Assesses the effect of changes by using study methods that preserve time as a variable, use balanced measures (range of perspectives, dimensions), analyse for patterns
4. Plans for change	Describes the variety of methods available for connecting evidence to particular contexts
5. Execution of planned changes	Provides insight into the strategic, operational and human resource realities of particular settings (drivers) that will make changes happen

Verktøy og metodar

Table 1 Illustrative tools and methods in improvement

Domain of interest	Helpful tools and methods
Healthcare as processes within systems	Diagrams that illustrate flow, inter-relationship and cause-effect; narrative descriptions; case examples
Variation and measurement	Data recorded over time and analysed on run charts and control charts
Customer/beneficiary knowledge	Measurements of illness burden, functional status, quality of life; recipients' assessment of the quality of their care
Leading, following and making changes in healthcare	Building knowledge, taking initiative or adaptive action, reviewing and reflecting; developing both leadership and follower-ship skills
Collaboration	Managing conflict, building teams and group learning; acquiring specific communication skills (eg, SBAR)
Social context and accountability	Documenting unwanted and unnecessary variation; widespread public sharing of information
Developing new, locally useful knowledge	Making small tests of change (PDSA cycles)

Uvikling

- ▶ Dreining frå individ til system
- ▶ Fokus på metodar og verktøy
- ▶ Evidence- baserte «bundles»
- ▶ Sterkare føringar frå nasjonale myndigheiter
 - Strategiar, pasientsikkerheits program, forskrift om styringssystem

Situasjonen no

- ▶ Brukarar og samfunn krev dokumentasjon av resultat og ressursbruk i helsetenestene
- ▶ Auka merksemd retta mot kvalitetsproblem
- ▶ Dreining mot evidence basert medisin har gjort det lettare å definere god klinisk praksis
- ▶ Det finnast effektive metodar for leiing og forbetring
- ▶ Evidensbasert kvalitetsforbetring
- ▶ Ingen metode har varig effekt. Er til dels situasjonsbetinga