

# Middle East Forum on Quality & Safety in Healthcare **2023**

**16-19 March, Doha**

Using quality improvement to pursue equity  
Dr Amar Shah

**Healthcare Resilience in Extraordinary Times**

Brought to you by:  
**Hamad Healthcare Quality Institute**

# Conflict of Interest

The speaker in this session has no conflict of interest or disclosure in relation to this presentation.

# Learning Objectives

At the end of this session, participants will be able to:

1. Understand the difference between equality and equity
2. Apply the systematic method of quality improvement to identifying and tackling an equity issue
3. Learn from examples where teams have tackled equity issues using quality improvement

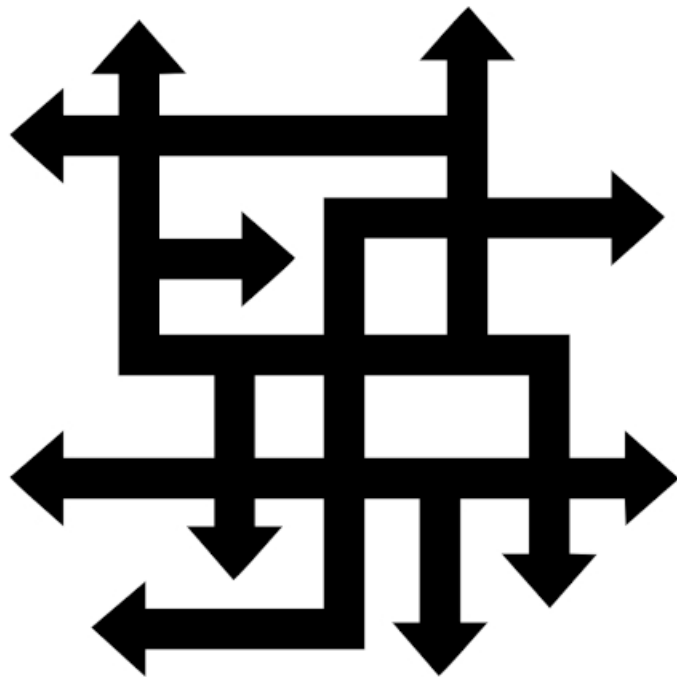
First, let's define  
what we mean by...

Quality improvement

improving  
quality  $\neq$  quality  
improvement



***VS***



simple

complex

# The Typical Approach

## Conference Room

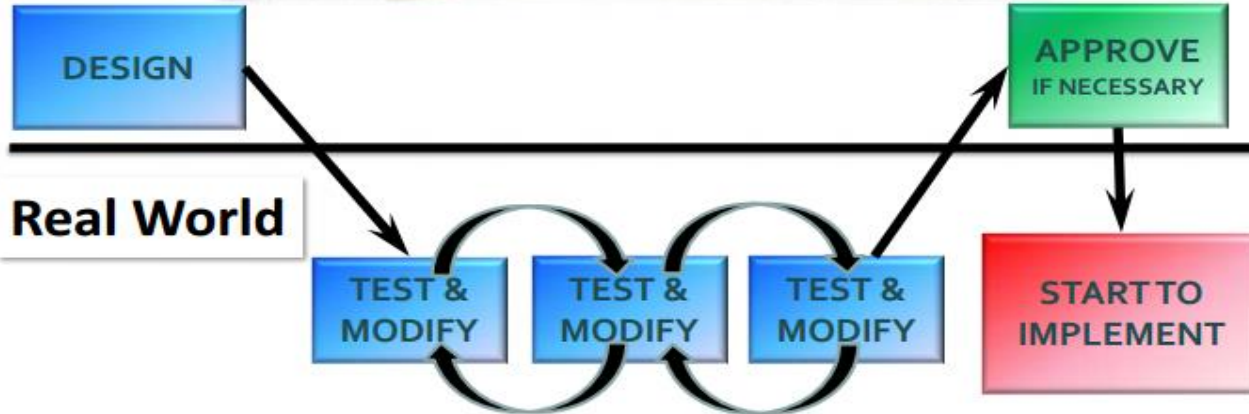


## Real World



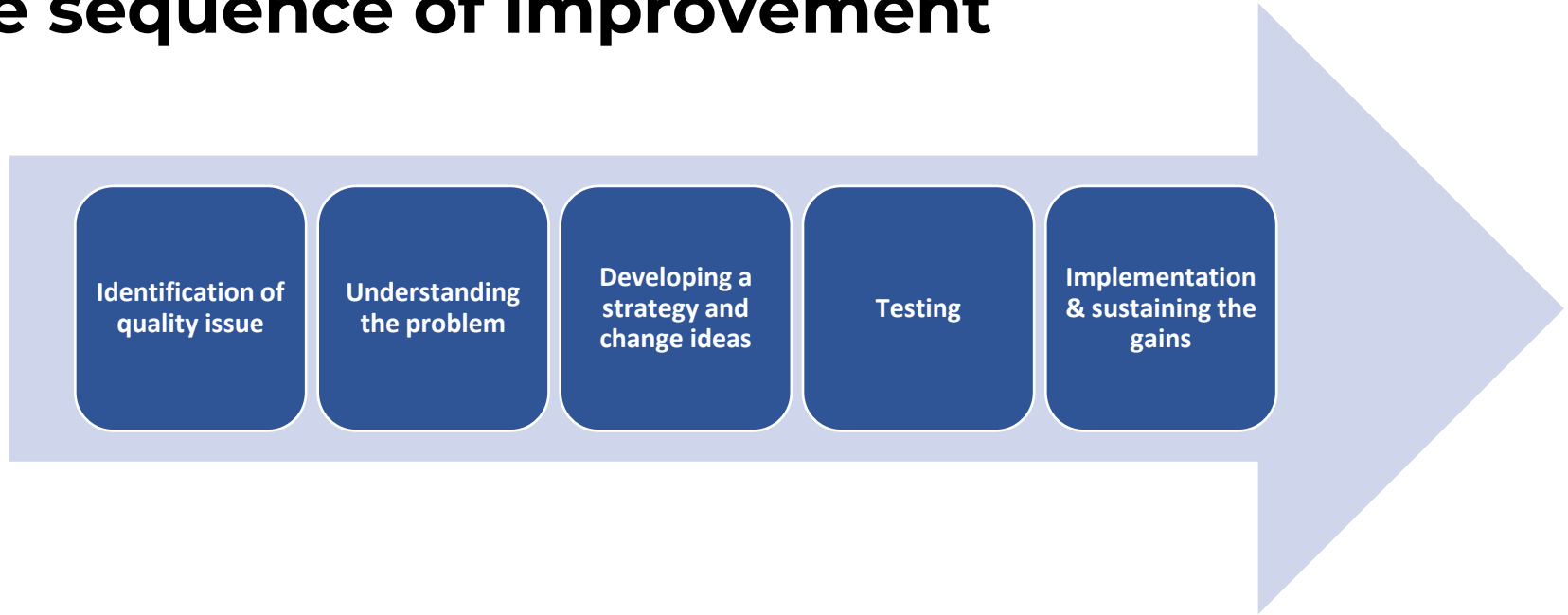
# The Quality Improvement Approach

## Conference Room

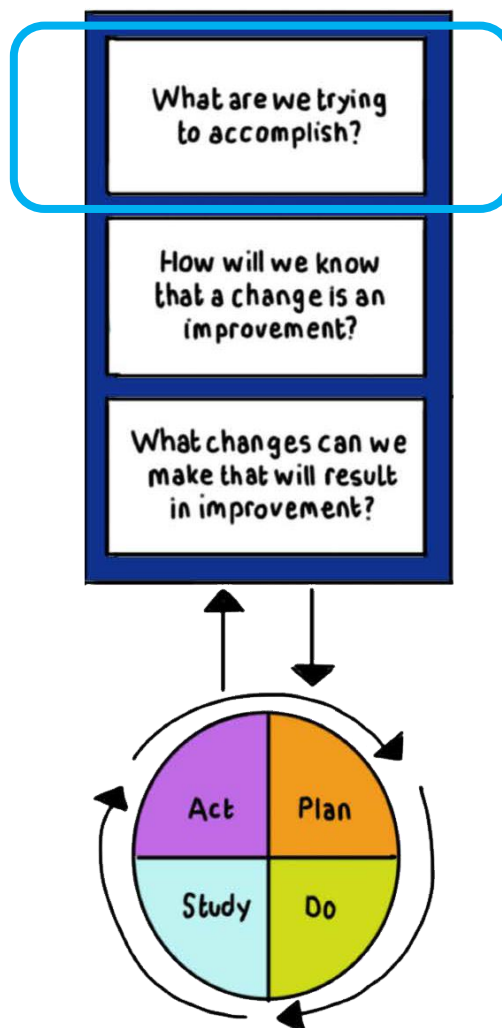




# The sequence of improvement



AIM

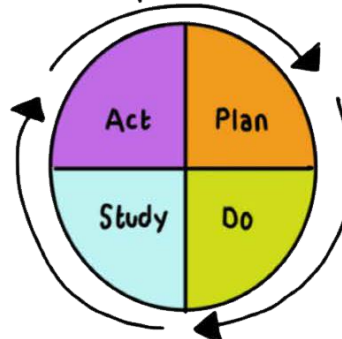


CHANGES

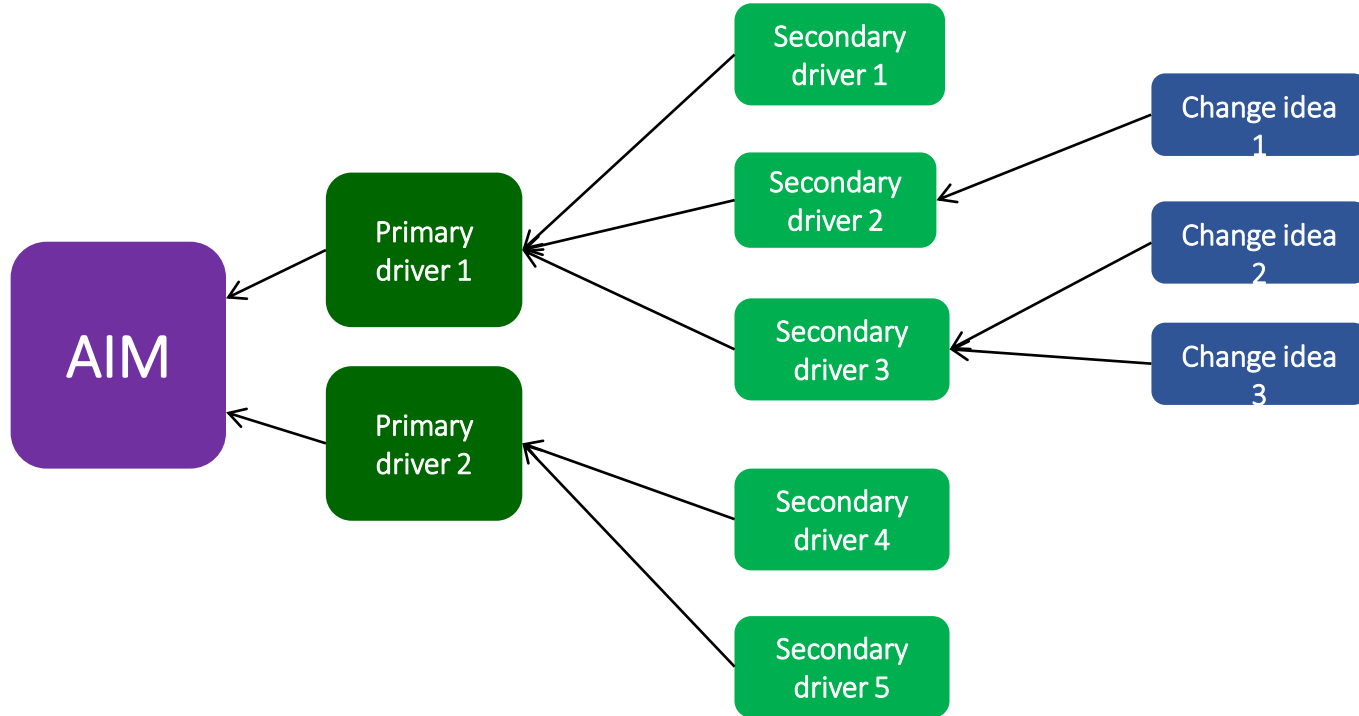
What are we trying  
to accomplish?

How will we know  
that a change is an  
improvement?

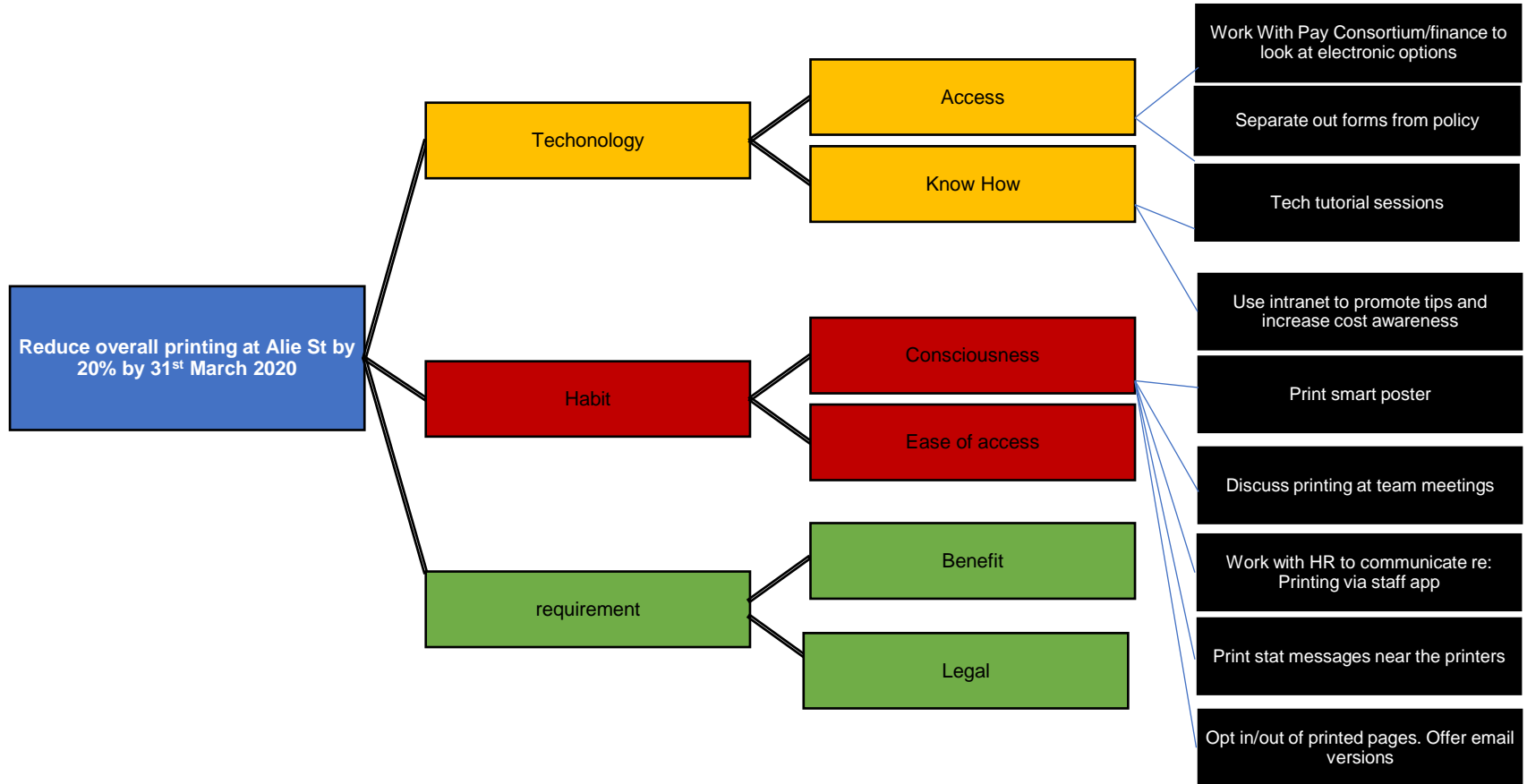
What changes can we  
make that will result  
in improvement?



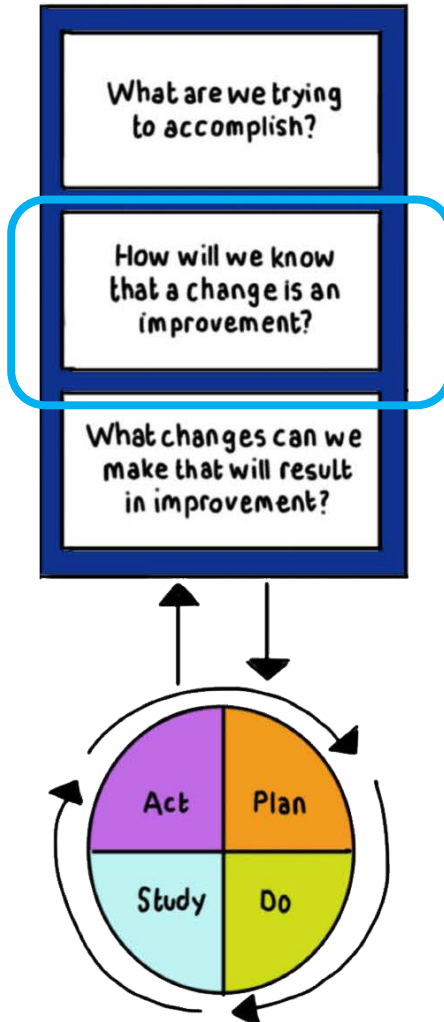
# Driver Diagram



# Reducing the amount of printing in HQ



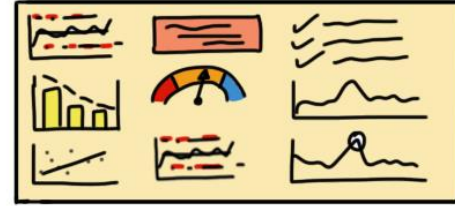
MEASUREMENT



# Measures in QI

## Outcome Measures

- Tells us whether aim is being achieved.



## Process Measures

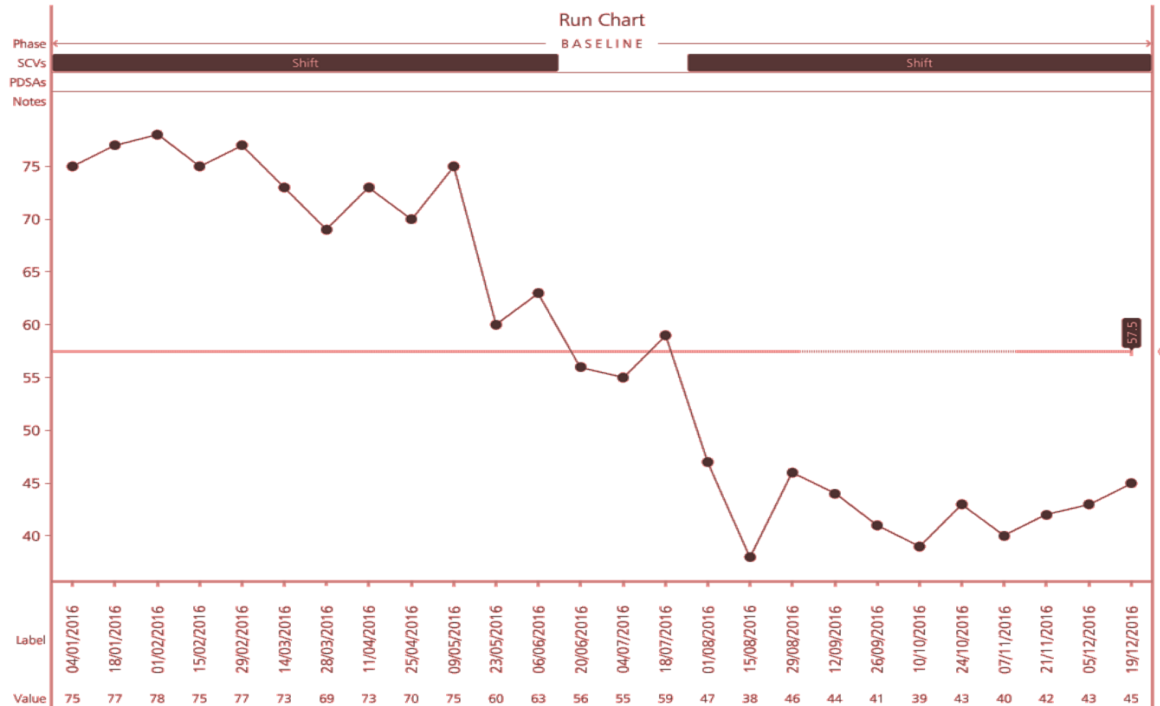
- Attached to drivers or change ideas.
- How are the parts or steps in the system that you are trying to influence performing?

## Balancing Measures

- What happened to the system as we improved the outcome?
- Any unintended consequences?

# Outcome Measure

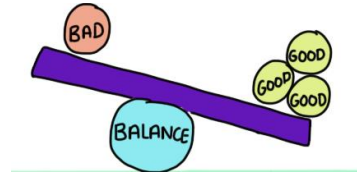
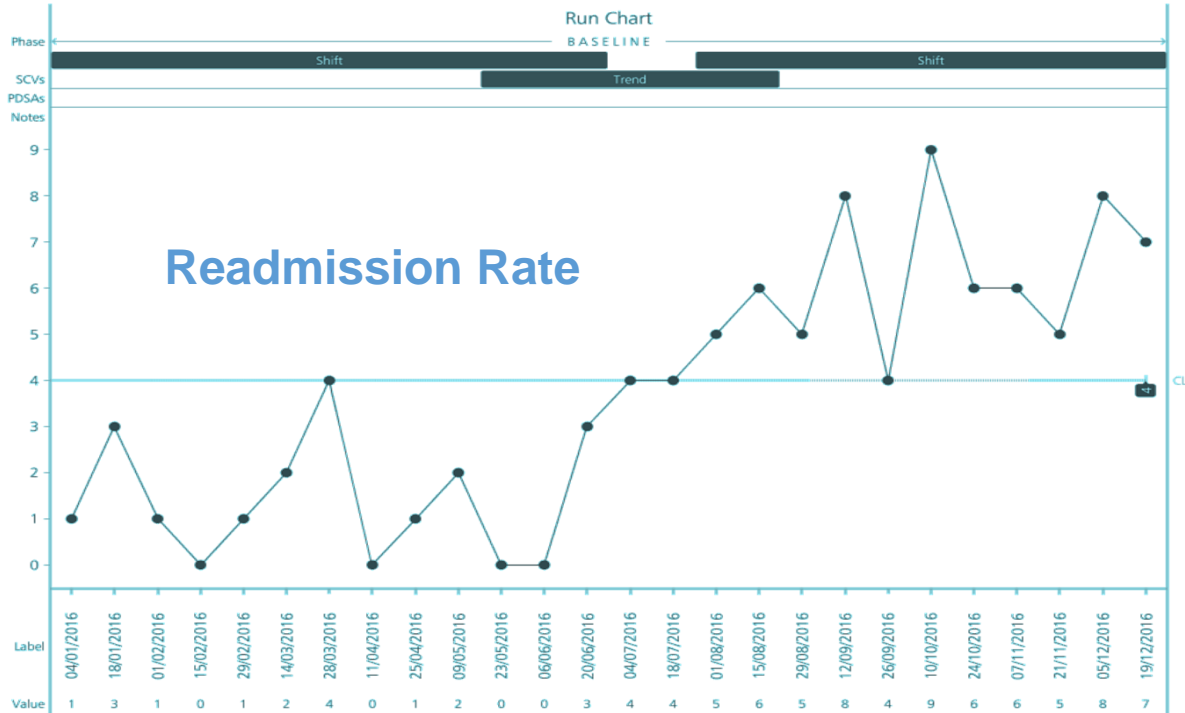
Length of Stay (days)



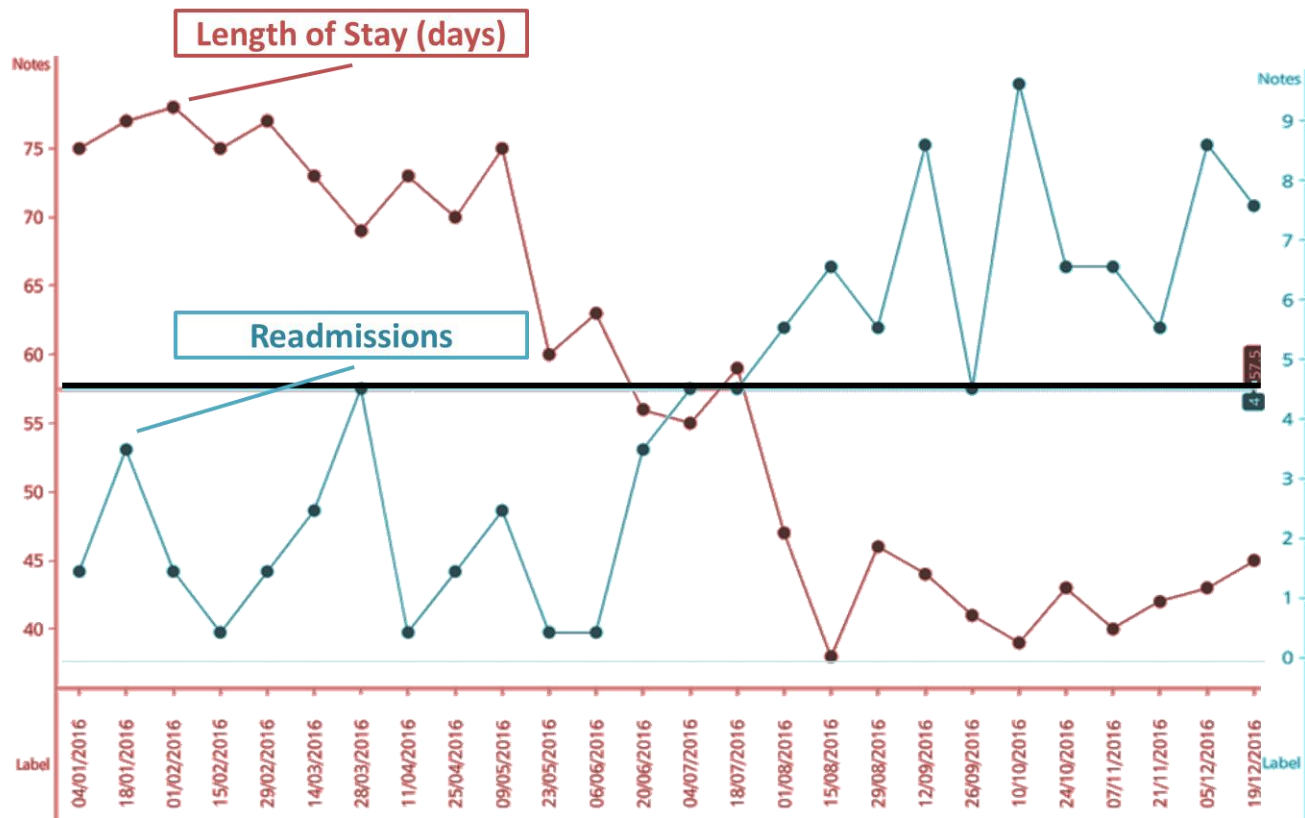


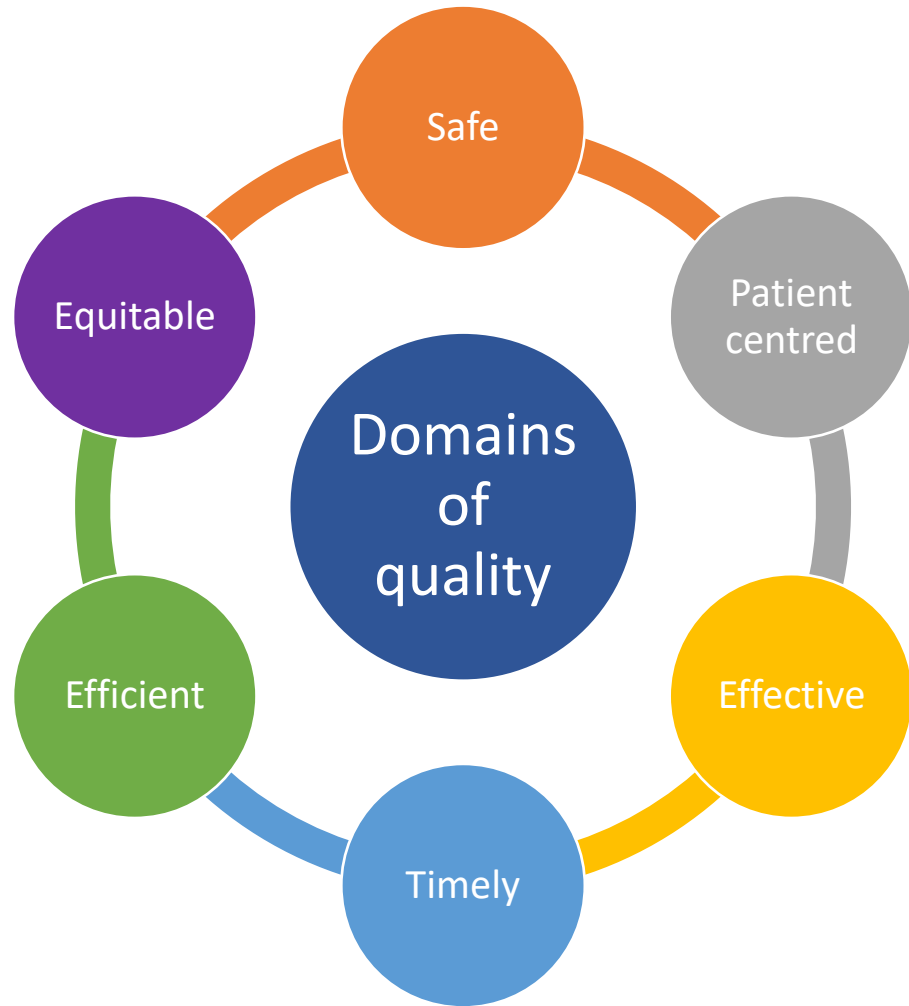
# Balancing Measure

Readmissions



# System View



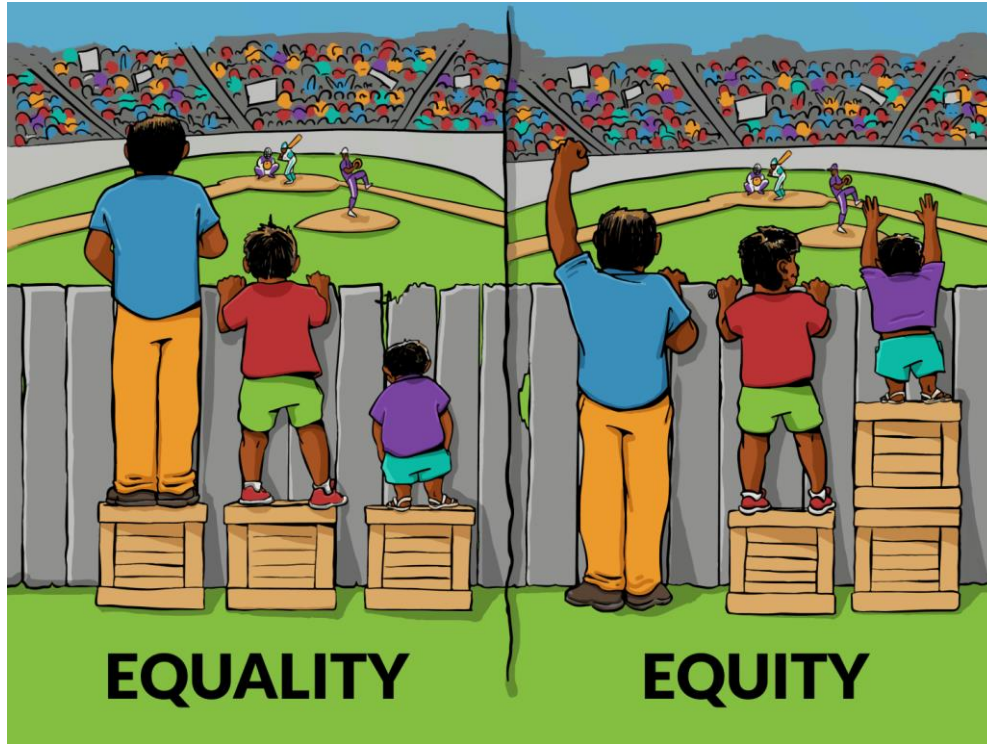


# Population Health

*“Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations such as nations or communities, but can also be other groups such as employees, ethnic groups, disabled persons, prisoners, or any other defined group.”*

*-David Kindig, MD, PhD*

# Defining Equity

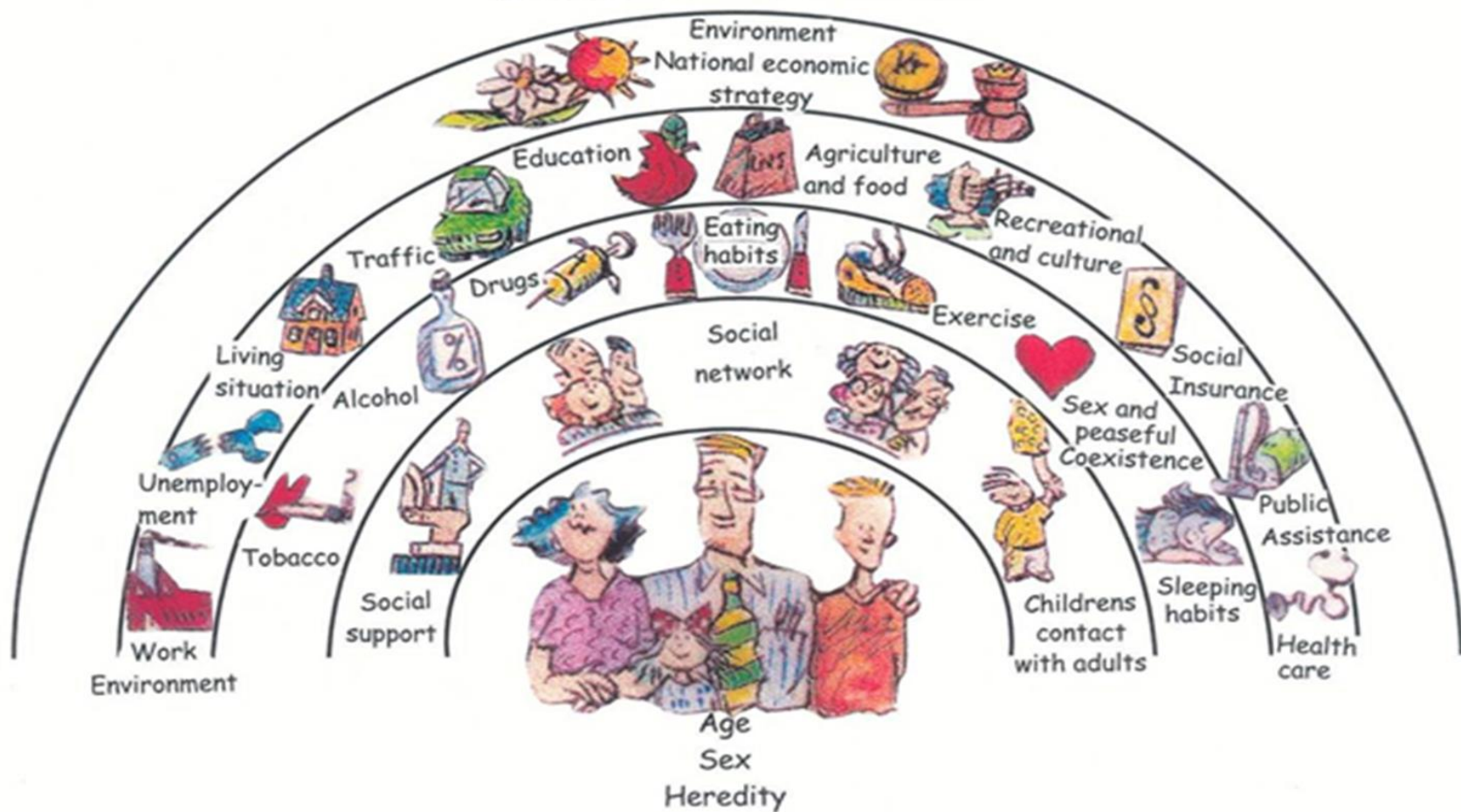


- Health inequities are differences in health that are unnecessary, avoidable, unfair and unjust.
- Health inequities are experienced by **groups at risk** who have less respect for their rights and opportunities to be healthy.
- Key **determinants of health** include household living conditions, conditions in communities and workplaces, and health care, along with policies and programmes affecting any of these factors.

Whitehead M. The concepts and principles of equity in health. *Int J Health Serv*1992;**22**:429–445.

Anand S. The concern for equity in health. *J Epidemiology Community Health*2002;**56**:485–7. <https://jech.bmj.com/content/57/4/254>

# Determinants of health



**SO HOW DO WE DO THIS?**



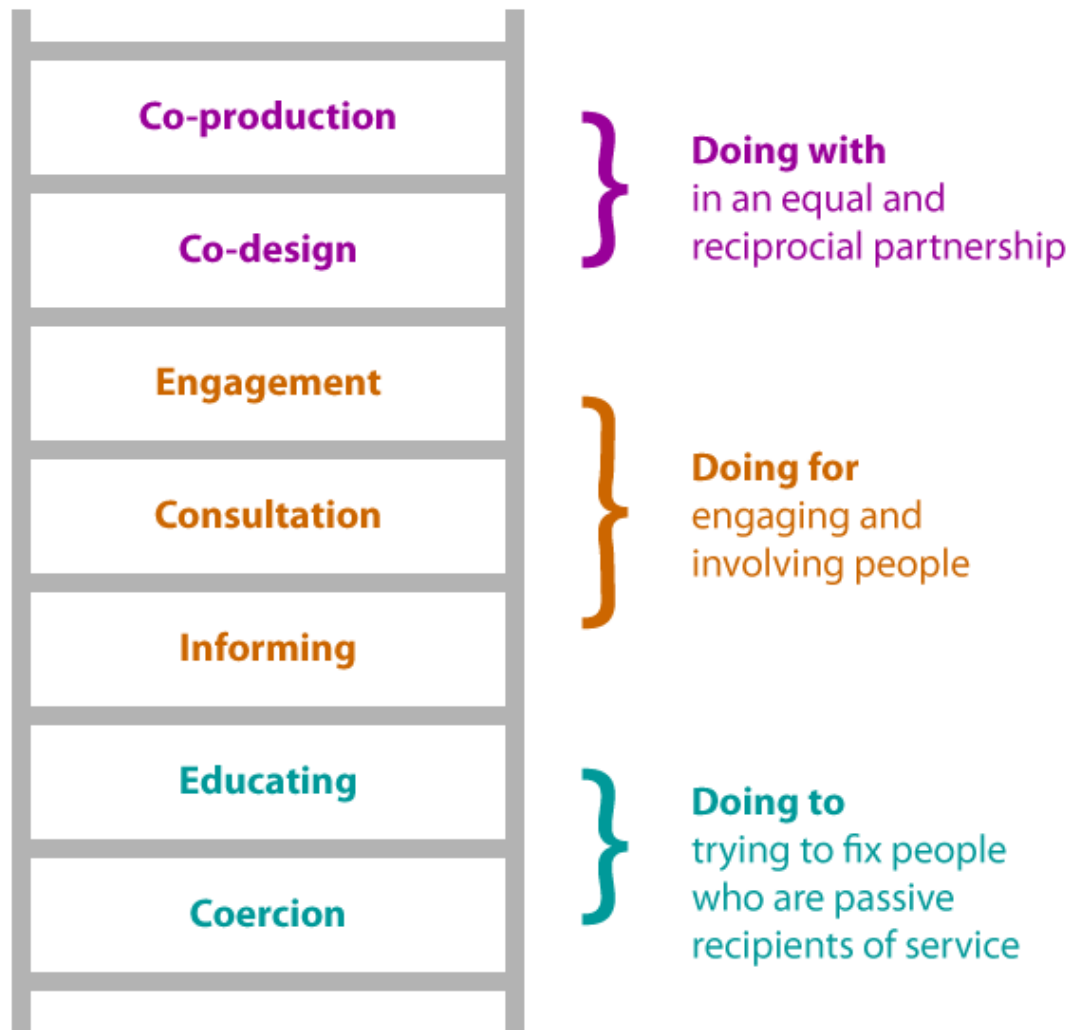
# Complex Problem Solving





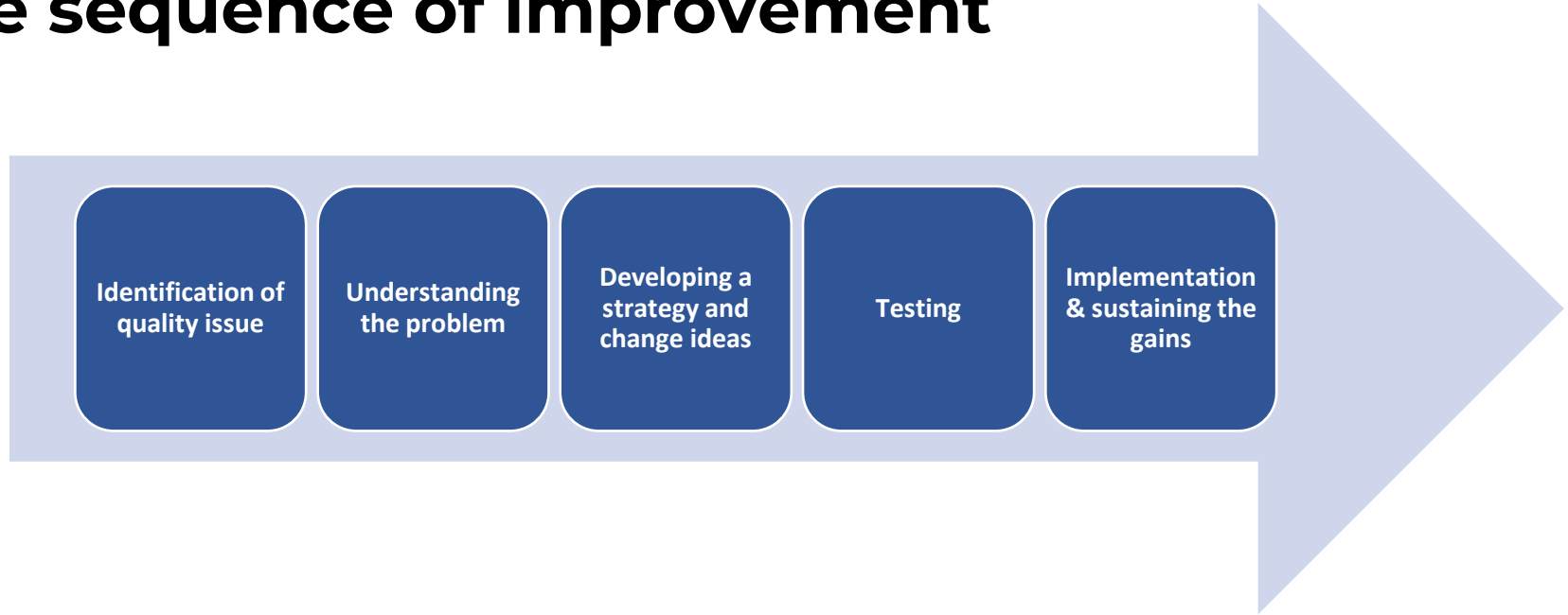


Improvement is local

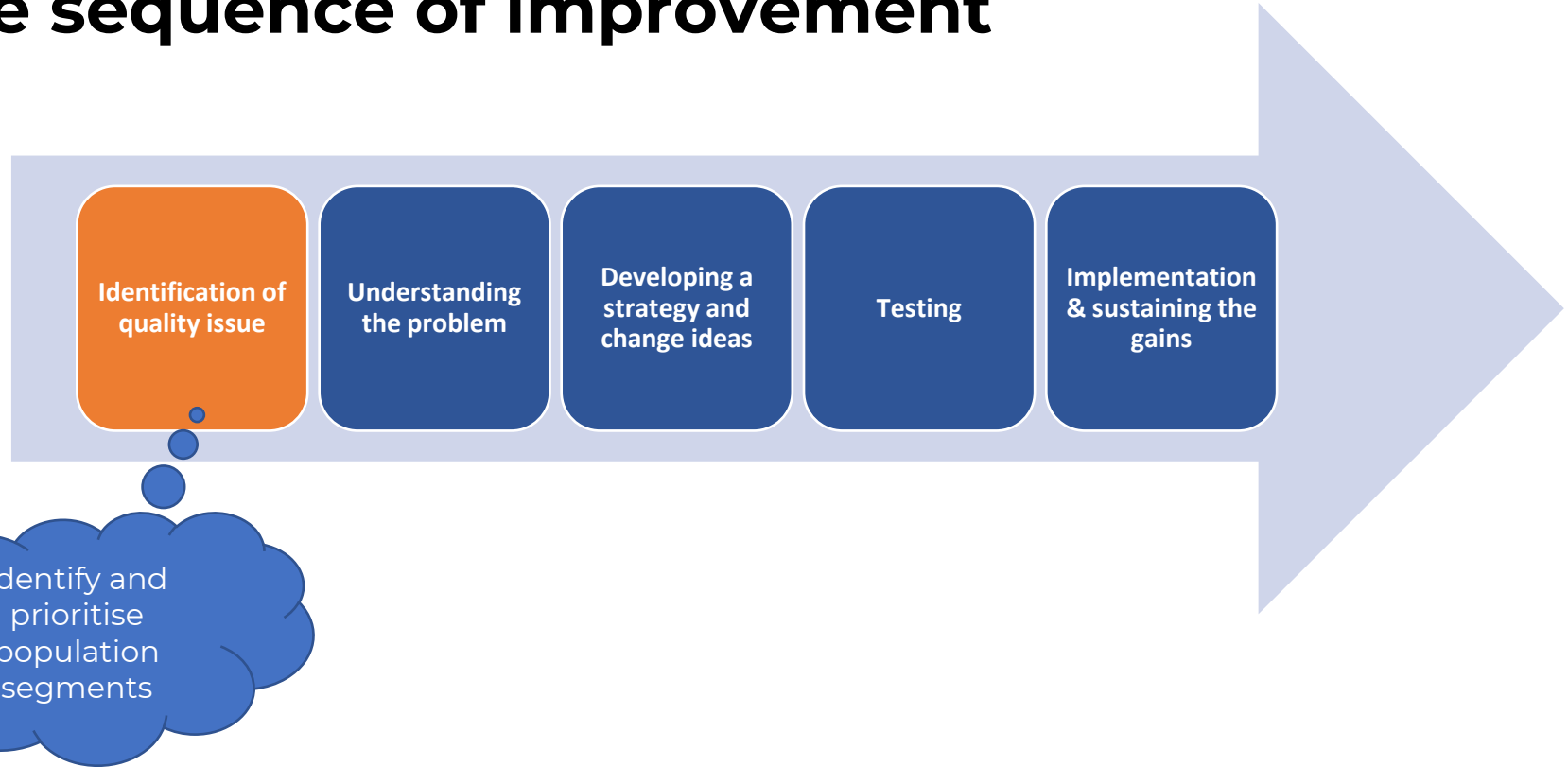


How can we use  
quality improvement  
to do this work?

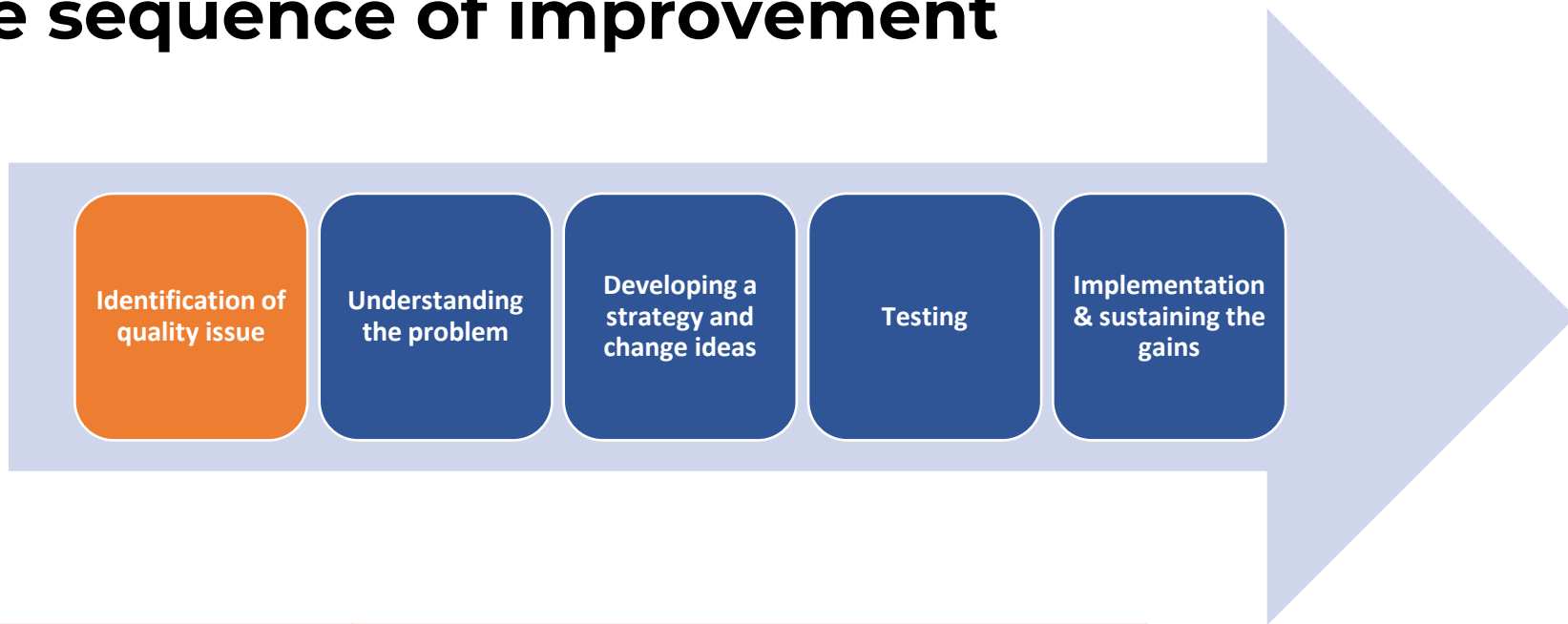
# The sequence of improvement



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# The sequence of improvement



<b>Traditional QI project</b>	Usually starts from the perspective of what we can improve about a service (eg access, safety, experience)
<b>Equity QI</b>	Starts by thinking about a population

# Step 1: Identify potential population segments

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- Identify a **population** where there is potential for impact on all three aspects of the triple aim
- Who is not **thriving**? Who is at the **edges**?
- Where is there **will and urgency** to collaborate and do something different?
- Is there an existing **governance structure** in place that would provide leadership and oversight
- Is **data** available on this population?
- Is there any **existing work** happening with this population?



# Defining the population

## *Examples*

*(can use all, some or none to describe the population segment of interest):*

- Service user or potential service user
- Demographic factors (age, gender)
- Disease burden (numbers or types of conditions)
- Utilisation patterns (number of acute visits, medications)
- Geography (neighborhood)
- Social factors (income level, housing status, ethnic background)
- Etc...

# 3 year programme at RCPsych on advancing mental health equality

Neath Port Talbot Mind  
Black, Asian and minority ethnic populations

Mind in Hampshire  
Young black men, IAPT service/talking therapies, LGBTQ+, transgender people

Livewell Southwest  
Severe mental illness

Norfolk and Suffolk  
Black men, refugees and forced migrants

Barnet, Enfield and Haringey  
Black men in Haringey

Mind in Tower Hamlets and Newham/Haringey  
Young black and mixed race/dual heritage men, muslim women/black women, people with dual or mixed heritage

Pennine Care  
Women military veterans, Bangladeshi and Pakistani men and women, transgender community

Avon and Wiltshire  
Young black men, transgender people, rural communities, learning disabilities and neurodevelopmental disorders, and more.

Devon Partnership  
Black, Asian and minority ethnic communities, looked-after children, older adults, homelessness, and more

Somerset  
Male adult gypsy, Roma and Traveller community, rural communities, sex workers, autism, LGBTQ+ community

Mind in Croydon/Kingston  
Korean community, carer population, neurodivergent individuals with comorbid mental health diagnosis (e.g. autism/adhd)

Mind in North Lincs/North Staffs  
People with autism, people who are homeless or at risk of homelessness, ex offenders

Southern Health  
People experiencing psychosis, socio-economic status, ethnicity, use of interpreting service, homelessness

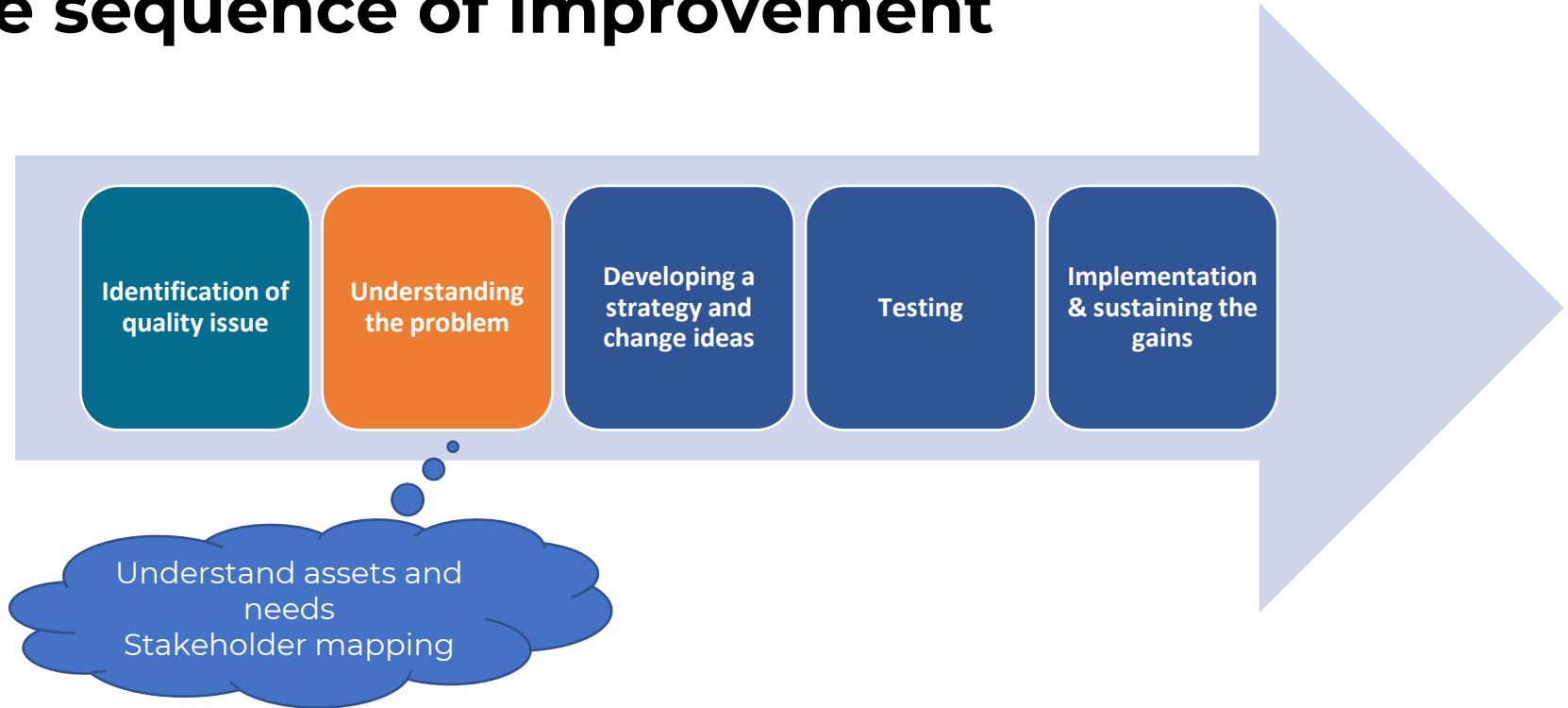


#AMHE



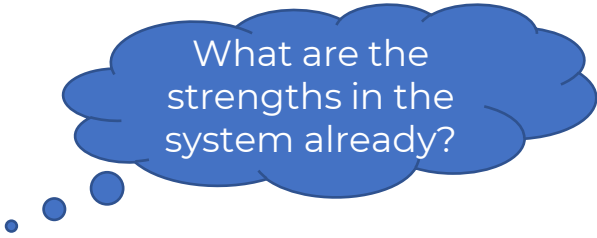
Population segment	Is data available?	Can we get our arms around the population?	Is there urgency?	Is there any work already happening?	Do we have existing relationships with key stakeholders?	Is there a governance forum that brings stakeholders together?

# The sequence of improvement



# Three part data review

1. Review all available data – quantitative and qualitative
2. Seek input from those working with, and supporting, this population
3. Learn from those with lived experience



What are the strengths in the system already?



What are the needs of this population?

ELFT guidance document on how to conduct a three part data review:

[https://qi.elft.nhs.uk/wp-content/uploads/2019/01/Three-part-data-review\\_ELFT\\_v12.pdf](https://qi.elft.nhs.uk/wp-content/uploads/2019/01/Three-part-data-review_ELFT_v12.pdf)

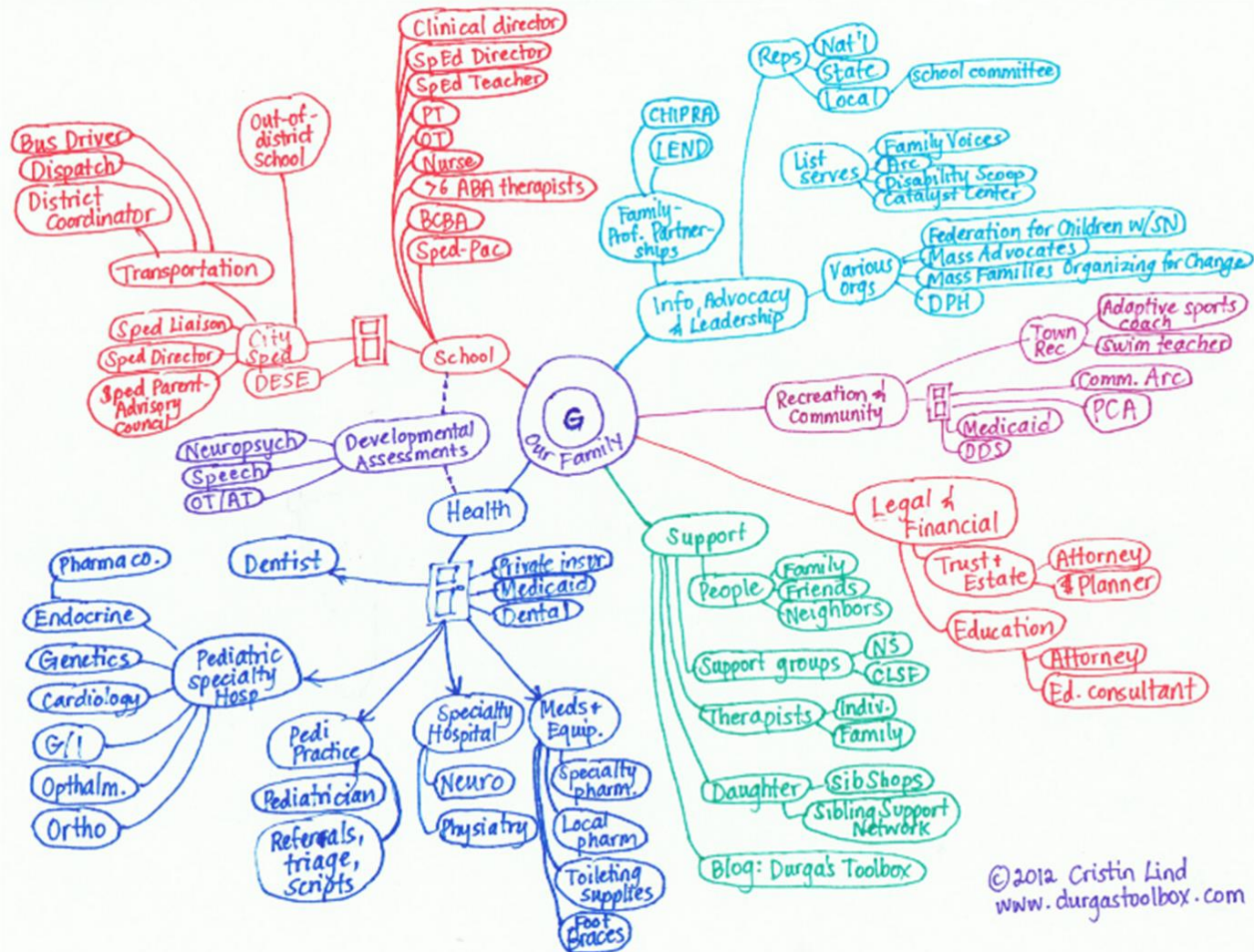
What data do we already have about this population?	
What do we already know from this data?	
What opportunities exist to learn from those working with this population, and from those with lived experience?	

# Needs v assets

Needs	Assets
<ul style="list-style-type: none"><li>• Focus on deficiencies</li></ul>	<ul style="list-style-type: none"><li>• Focus on strengths</li></ul>
<ul style="list-style-type: none"><li>• Result in fragmentation of responses to local deficiencies</li></ul>	<ul style="list-style-type: none"><li>• Build relationships among people, groups, and organisations</li></ul>
<ul style="list-style-type: none"><li>• Make people consumers of services; builds dependence on services</li></ul>	<ul style="list-style-type: none"><li>• Identify ways that people and organisations give of their talents and resources</li></ul>
<ul style="list-style-type: none"><li>• Give residents little voice in deciding how to address local concerns</li></ul>	<ul style="list-style-type: none"><li>• Empower people to be an integral part of the solution to community problems and issues</li></ul>
























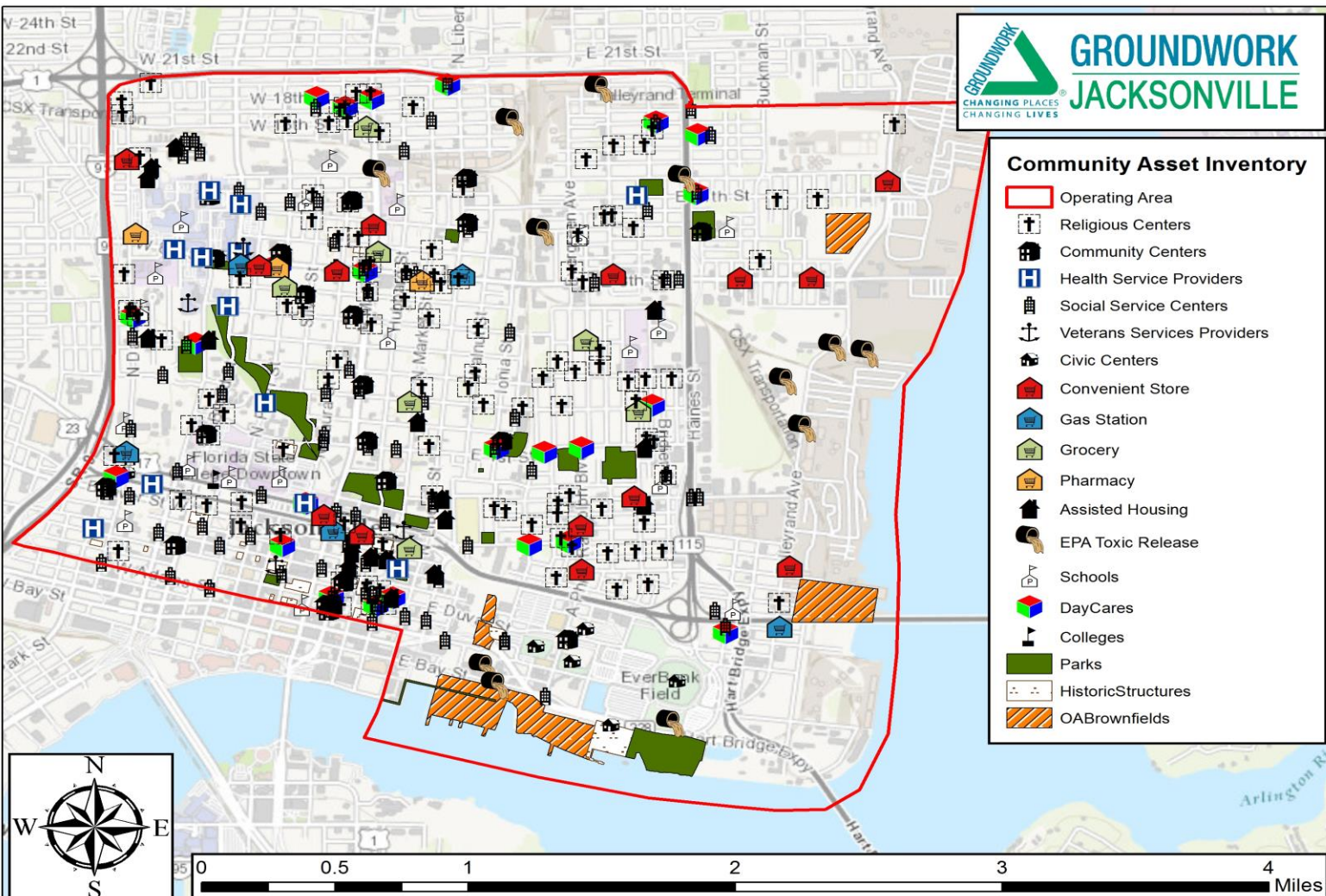




**GROUNDWORK  
JACKSONVILLE**

### Community Asset Inventory

-  Operating Area
-  Religious Centers
-  Community Centers
-  Health Service Providers
-  Social Service Centers
-  Veterans Services Providers
-  Civic Centers
-  Convenient Store
-  Gas Station
-  Grocery
-  Pharmacy
-  Assisted Housing
-  EPA Toxic Release
-  Schools
-  DayCares
-  Colleges
-  Parks
-  Historic Structures
-  OABrownfields

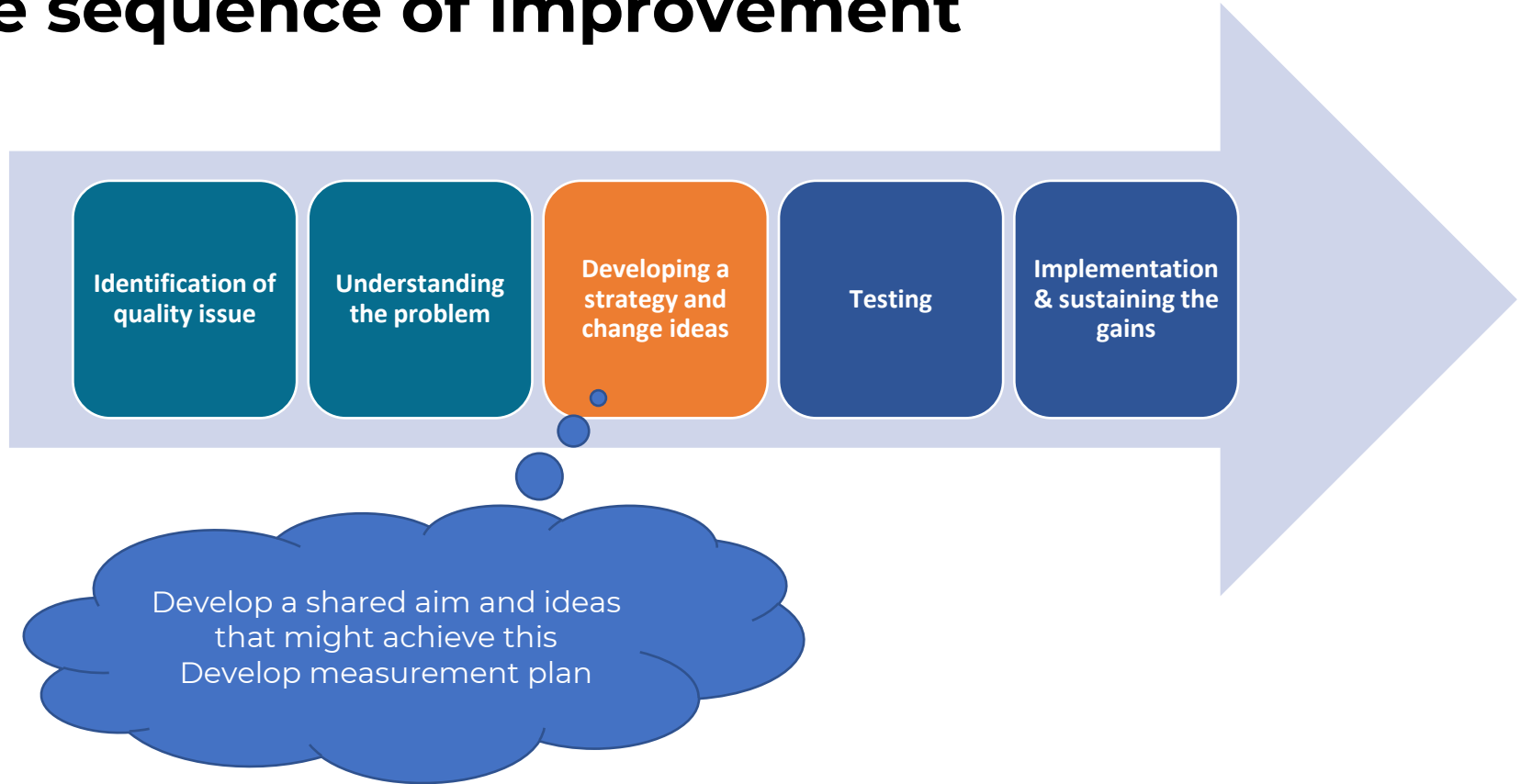


# From Assets to Stakeholders

- A key stakeholder is any person (or group of people) who:
  - Is responsible for the final decision.
  - Is in a position to implement the decision or prevent it from being implemented.
  - Is likely to be affected by the outcome of the decision.
  - Has information or expertise.

***“Nothing about me without me.”***

# The sequence of improvement





**AMHE**  
Advancing Mental Health Equality

To advance equality in mental health services and address the systemic inequalities that people face, by supporting those services to meet the needs of the populations they serve

Continuously knowing and understanding your population

Improving access through co-production

Improving experience through co-production

Improving outcomes through co-production

Talking with population and maintaining dialogue

Building meaningful relationships with communities

Understanding and improving population data

Organisational leadership to make changes according to the needs of the population

Making it as easy as possible to access services

Population knowing what support is available

Ensuring access routes are appropriate for communities

Culturally adapted and personalised patient-led care

Staff training and development

Delivering care collaboratively with community and voluntary sector

Asking people about their experience

Measurement of outcomes

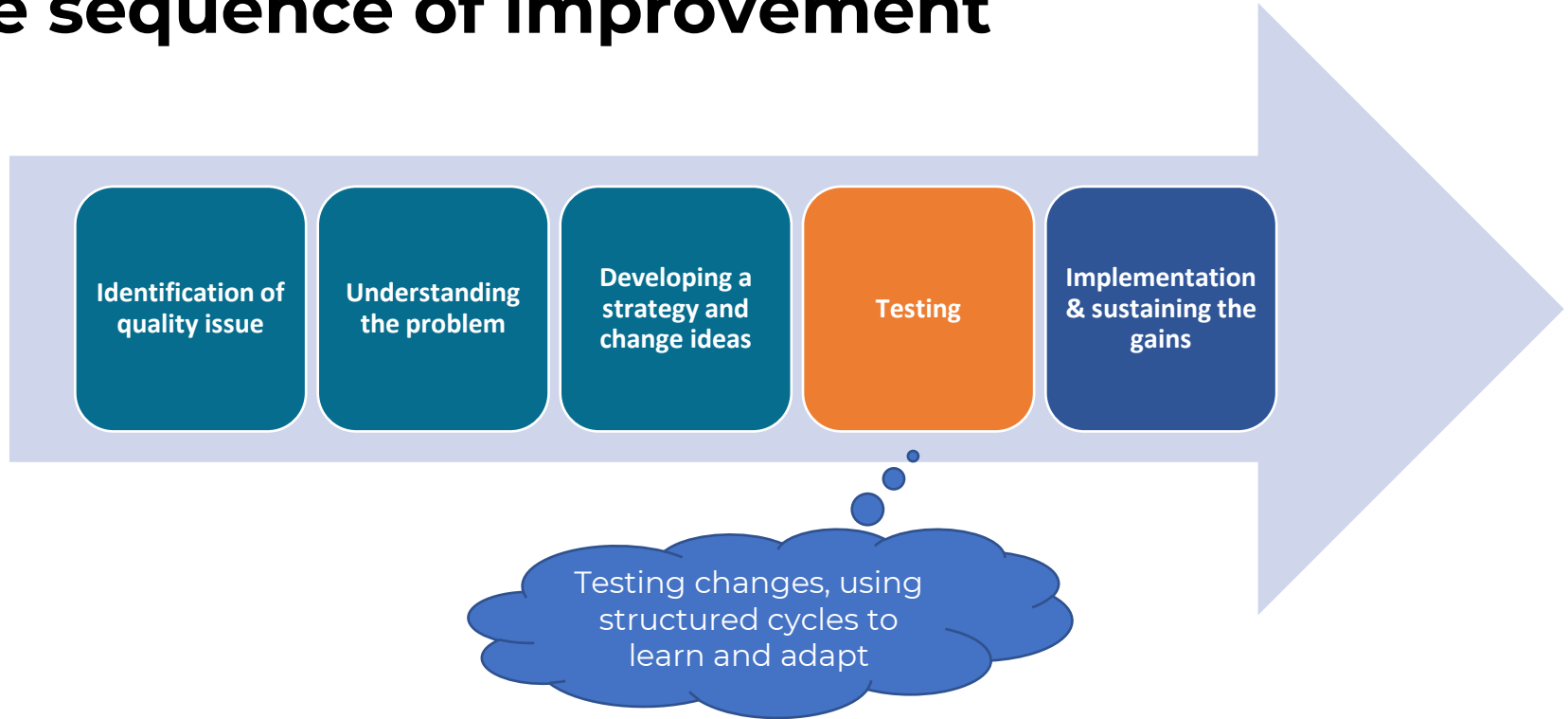
Collaboratively agreed outcomes for the person

Continuous learning and improvement

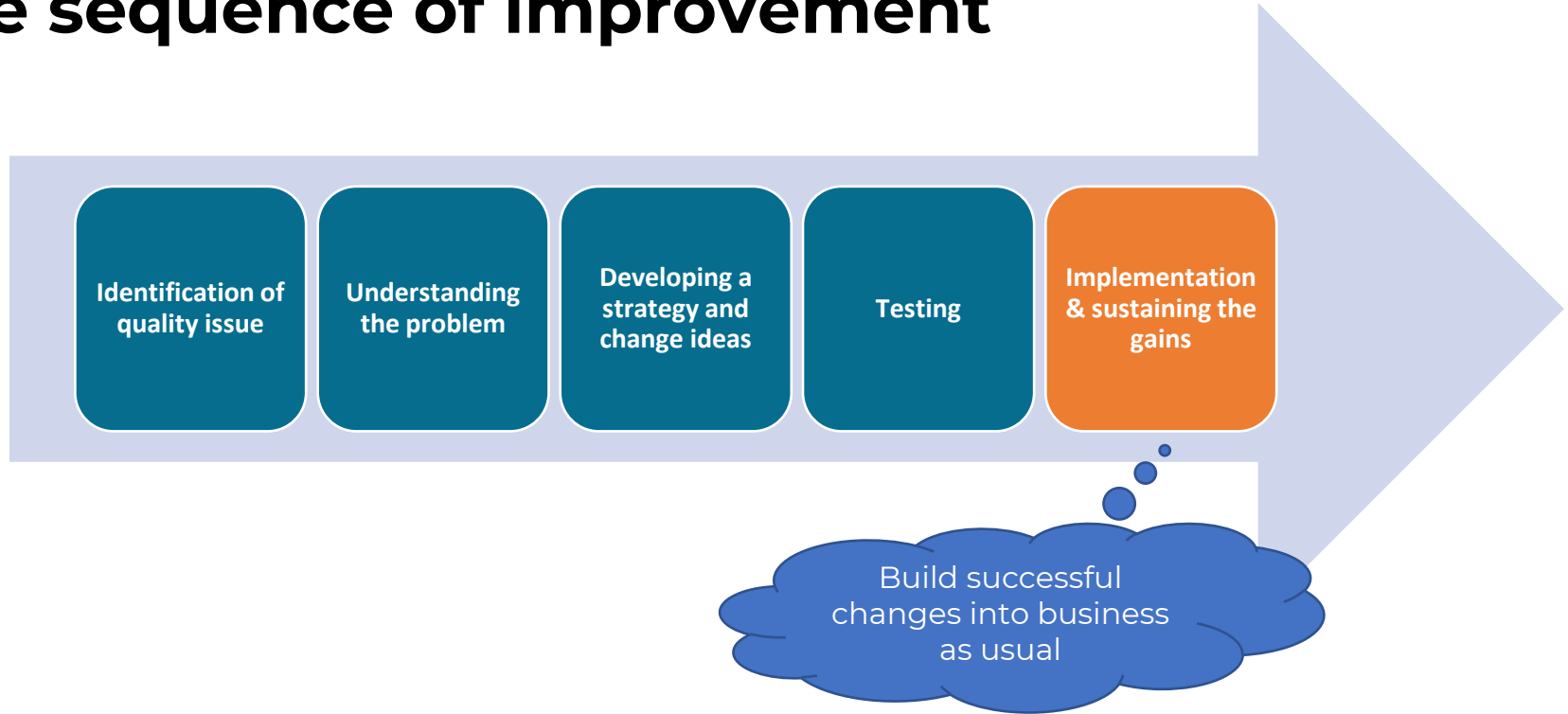




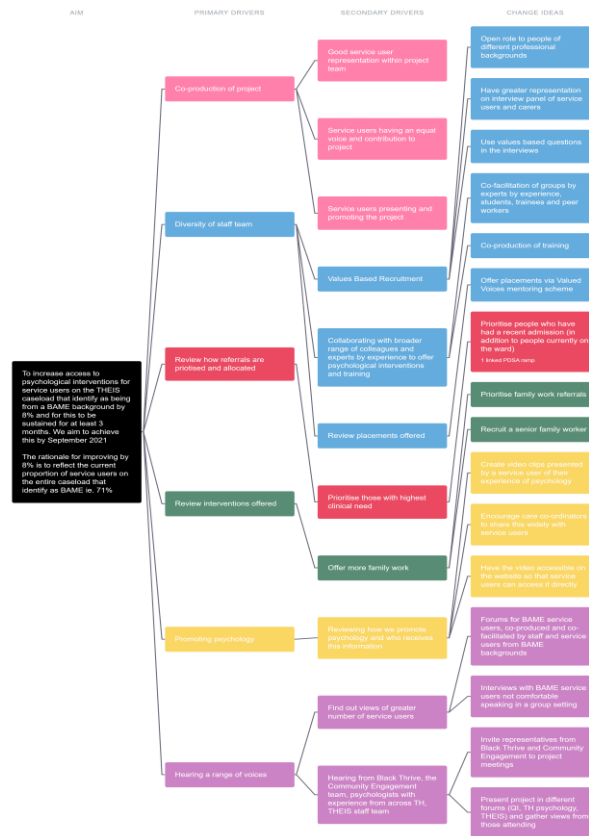
# The sequence of improvement



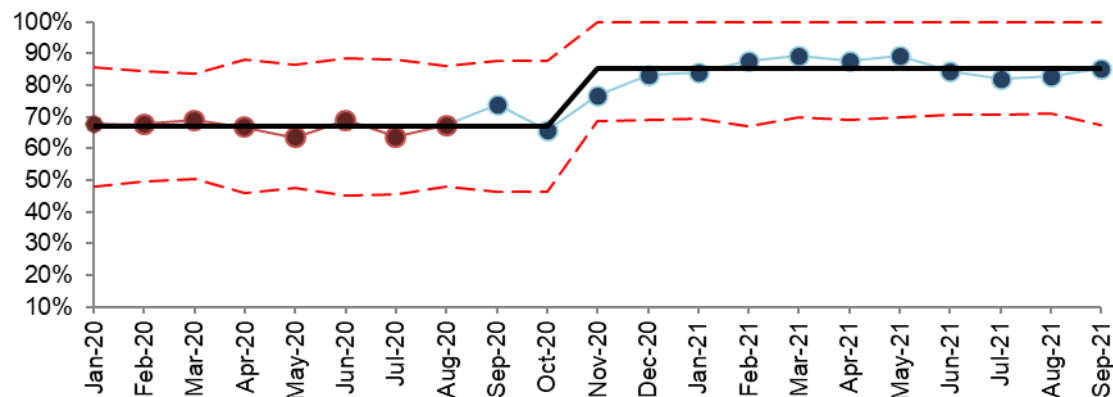
# The sequence of improvement



# An example – access to specialist psychological treatment in Tower Hamlets, UK



Percentage of service users accessing psychology who identify as BAME - P Chart



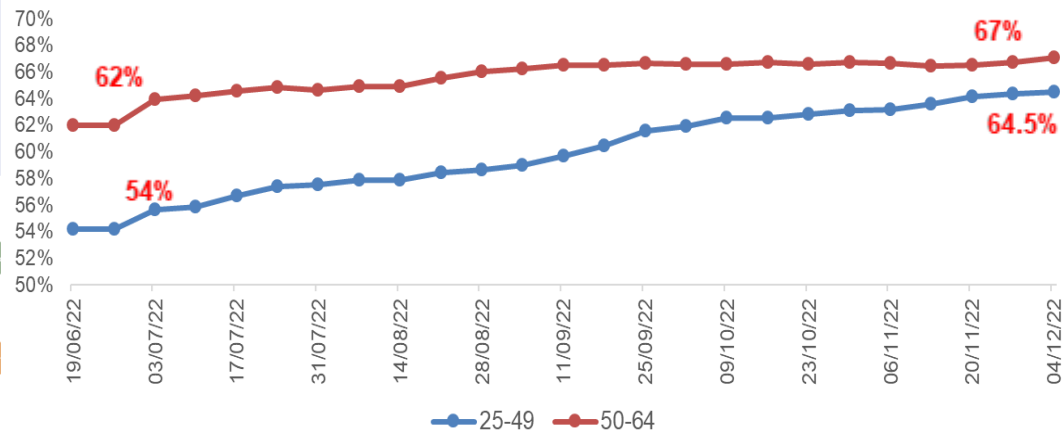


# An example – cervical smear tests within one primary care clinic in Bedfordshire, UK

Change Ideas	Learning
Sending text message reminders	Practice asked paramedics to send reminders to people which caused 3 times the number of people to attend following week

Changing wording on letters to be more inclusive

Percent of eligible service users receiving cervical screening - Line chart



To increase % female pat had a cervical screening Medical Centre by X% in

Opportunity

Understanding of reason

Alternative ways to participate

Convenient appointments

Invitation at a specific pre-booked time

Brought to you by: **Hamad Healthcare Quality Institute**

Thank you

**Healthcare Resilience in Extraordinary Times**