

The design and development of the Perioperative Improvement Programme (PQIP) Associate Principal Investigators (API) National Collaborative

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PQIP and the NIHR API Scheme:

- PQIP was established in 2016 to collect data on the outcomes after major, elective, non-cardiac surgery.
- Prior to this there **was no system in the United Kingdom that analysed risk adjusted morbidity and mortality** in these patients.
- **The aim of PQIP is to improve outcomes after surgery** by using data to drive improvement and looking at where process improvements can impact outcome.
- PQIP participates in the **NIHR API scheme**.
- The aim of this scheme is to support doctors and allied health professionals to become **involved in research studies**.

A background to Collaborative working:

“Improving quality requires systems for sharing knowledge, coordinating and organising activity and encouraging cultures that support change”

- We know that QI can be challenging for many reasons including **systems, processes, time and harnessing energy and knowledge**.
- Having data alone is not enough to translate this into improvement for patients.
- Setting up co-designed collaboratives can help to address some of the problems in QI.

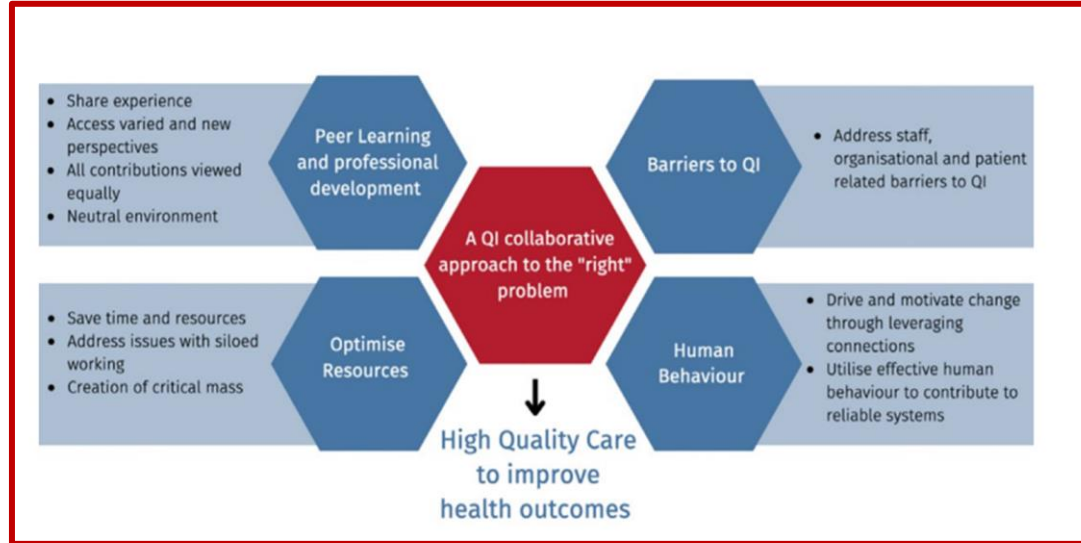


Figure 1: Collaborative working in QI to address the “right problem”
Designed by Dr Warwick and Dr Brooks, taken from the 4th PQIP cohort report

References:

1. About PQIP [Internet]. [cited 2024 Mar 25]. Available from: <https://pqip.org.uk/pages/aboutpqip>
2. Associate Principal Investigator (PI) Scheme | NIHR [Internet]. [cited 2024 Mar 25]. Available from: <https://www.nihr.ac.uk/health-and-care-professionals/training/associate-principal-investigator-scheme.htm>
3. Dixon-Woods M, Martin GP. Does quality improvement improve quality? *Future Hosp J* 2016; 3: 191–4

Aims of the PQIP API Collaborative:

- We wanted to use the principles of collaborative working to support the PQIP APIs in their own QI endeavours locally and offer formal education in QI
- We wanted to co-design the collaborative with the PQIP APIs, so it met their needs and harnessed the benefits of collaborative working.

Table 1: Aims of the PQIP API Collaborative →

Aims of the PQIP API Collaborative for APIs	Aims of the PQIP API Collaborative for PQIP
Educational sessions on QI	Improved outcomes for patients
Support collaborative working to facilitate local QI projects	Increased involvement of the MDT in PQIP
Contribute to a National QI collaborative	Increased awareness of study at local level
Support achievement of QI domains in the RCoA curriculum or equivalent CPD	Delivery of sustained, meaningful QI in PQIP priorities at local sites
Support APIs with efficient QI by sharing up to date evidence and ideas	Increased awareness and usage of dashboards and data
Create a network of like-minded individuals	
Promote cross speciality MDT working and Co-design with patient involvement	

Designing the API Collaborative:

- After discussing and deciding to trial the idea of an API collaborative we sought approval from the core PQIP team.
- We then presented the idea to trainees at the national RAFT meeting and at the RCoA QI regional leads event to gain input and feedback.
- Finally, and most importantly we consulted with the PQIP APIs by means of a survey.

The PQIP APIs:

- At the time of designing the API Collaborative there were 37 PQIP APIs.
- All PQIP APIs were **anaesthetists in training**.
- **We surveyed** all APIs to gauge interest in a QI collaborative and to gain their feedback to co-design the programme to their needs.
- We also surveyed them on their **experience of QI to date** and facilitators or barriers to QI they have experienced.

References:

4. Improvement collaboratives in health care - The Health Foundation [Internet]. [cited 2024 Jan 30]. Available from: <https://www.health.org.uk/publications/improvement-collaboratives-in-health-care>
5. The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement | Institute for Healthcare Improvement [Internet]. [cited 2024 Mar 25]. Available from: <https://www.ihl.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough>

Results of the survey:

- **The APIs had chosen to undertake the API scheme with PQIP to gain more knowledge of Research and QI.**
- Although the scheme via the NIHR is for a 6-month tenure, the APIs expressed interest in being **involved beyond this time for educational benefit.**
- The APIs had suggestions for the collaborative which included a **virtual format, timing of sessions and content to include QI training and talks.**
- **Table 1** illustrates the barriers to QI the APIs had experienced to date with QI projects
- We hoped to be able to address some of these through the collaborative.

Barriers to Quality Improvement (QI) cited by Surveyed PQIP APIs

- Lack of formal QI training
- Lack of knowledge/understanding of QI methodology
- Audit masquerading as QI
- Lack of guidance from supervisors
- Lack of time and other commitments throughout training e.g. exams
- Rotational nature of training impacting on the ability to create sustained improvements
- Focus on "tick box" QI vs meaningful change and improvement for patients and staff

Table 2: Barriers to meaningful QI from the API baseline survey ↑

The Design of the first API Collaborative:

- We designed the first iteration of the API Collaborative based on feedback gained in the consultation phase and used the IHI Breakthrough series methodology as a guide to the format.
- The first API collaborative has now been run and we are analysing the scheme for its successes, challenges and learning points

Figure 2:
The stages of the API Collaborative →

