Dimension: Substance Use

This Intervention is Linked to the Following Secondary Drivers:

- Procedures to review substance use and health outcomes data and take improvement actions if indicated
- Effective clinic flow to care and support clients with substance use issues, i.e., coordinating HIV care and mental health care and support systems
- Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support

Level of Evidence: Well-Defined Interventions with an evidence-base

Training on Continuous Improvement

Summary:

Organizational leaders frequently make bold statements about their commitment to quality and its components (e.g., safety, efficiency, effectiveness, value and listening to their customer). However, the real test of whether an organization is making quality improvement its north star is how well it has prepared its leaders and staff to apply quality concepts, methods and tools to daily work. Building capacity and capability for continuous improvement, therefore, is a fundamental building block of this journey.

In addition, not all aspects of a clinic's work will have a specific evidence-based or evidence-informed practice to implement. By training clinic staff on how to improve any process, program, or system, they will have a way to systematically improve outcomes related to viral suppression, even in the absence of an evidence-based intervention.

Core Components

Building capacity and capability for continuous improvement requires the following set of interrelated and mutually supported components:

- Building a cascading system of learning that involves everyone, and we do mean everyone, in the organization.
- Developing a group of internal quality experts who can teach the concepts, methods and tools of QI.
- Developing Quality Improvement Coaches who can support improvement teams
- Developing a core curriculum of programs focused on QI and its various dimensions.
- QI learning sessions should be of varying length and be designed around multi-trait and multi-method principles of adult learning.
- Create an evaluation process to continuously gather participant experiences with the learning sessions.

Tips and Tricks:

- Don't plan to send all staff to a day or week of "training" and expect to see significant results in outcomes. Learning is a journey not a one-off training course.
- If your organization has multiple sites or clinics, take the QI workshops out to the sites rather than expecting the sites to all come to the corporate offices.
- Work to build internal expertise with QI rather than always bringing in consultants to deliver QI training sessions.
- Remember that the staff is responsible for the actual delivery of services, but management is responsible for quality. Quality is not a department!

Additional Resources (Existing Guides, Case Studies, etc.):

- Lloyd, R. "Quality is Not a Department" IHI blog posting, November 2018. http://www.ihi.org/resources/Pages/ImprovementStories/ImprovementTipQualityIsNotaDepartment.aspx

- Lloyd, R. "Standardize Before you Improve" IHI blog posting, July 3, 2018. http://www.ihi.org/communities/blogs/standardize-before-you-improve

- Lloyd, R. "What Health Care Can Learn from Making Motorcycles" IHI blog Friday, February 8, 2019 http://www.ihi.org/communities/blogs/what-health-care-can-learn-from-making-motorcycles

- Lloyd, R. "Building Capacity and Capability" *Healthcare Executive*, May/June 2018.

- IHI Whiteboard Videos on the Science of Improvement http://www.ihi.org/education/IHIOpenSchool/resources/Pages/BobLloydWhiteboard.aspx

- IHI On Demand Videos on the Science of Improvement
  - Deming's System of Profound Knowledge and the Model for Improvement http://www.ihi.org/education/WebTraining/OnDemand/ImprovementModelIntro/Pages/default.aspx
  - Data Collection and Understanding Variation http://www.ihi.org/education/WebTraining/OnDemand/DataCollection_Variation/Pages/default.aspx
  - Using Run and Control Charts http://www.ihi.org/education/WebTraining/OnDemand/Run_ControlCharts/Pages/default.aspx

Suggested Measures:

Process Measures

- % of leaders, managers and staff completing QI workshops (stratified by type of program offered)
- % of leaders, managers and staff using QI concepts methods and tools in daily work
- # of hours spent in QI workshops (stratified by job category)
- Amount of money spent on QI workshops

Outcome Measures

- # of QI Expert in the organization (aka Improvement Advisors)
- # of Improvement Coaches
- # of QI teams working on improvement projects
- % of QI teams achieving their stated aims
- Estimated resources (e.g., time, work hours dollars)
- % of participants in QI sessions stating that the program will help them improve work processes and outcomes

Citations and Acknowledgements:

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3. Lloyd, R. *Building Capacity and Capability for Improvement: embedding Quality improvement skills in NHS Providers.* NHS Improvement, Publication code: IG 36/17, September 2017.
4. Furnival J, Boaden R, Walshe K (2017), *Conceptualizing and assessing improvement capability: a review. International Journal for Quality in Health Care 1-8.* Available from: https://doi.org/10.1093/intqhc/mzx088 [accessed 3 August 2017]
5. Perla R, Provost L and Parry G "Seven Propositions of the Science of Improvement: Exploring Foundations" *Quality Management in Health Care*, 22(3) 2013: 170–186.
6. Berwick D The "Science of Improvement" *Journal of American Medical Association,* 12 March 2008 299 (10).
7. Deming WE. *The New Economics*, 2nd edition, Cambridge: The MIT Press, 1994.