Quality Improvement experience: A survey of Anaesthetists.
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Introduction

Quality improvement (QI) methodology is increasingly being applied in healthcare.

Drivers
- Anaesthetic curriculum
- Local Deaneries support
- Royal College Of Anaesthetists emphasis
- Hospital trusts

QI tools are not new but emphases
- Patient perspective
- Areas of Quality
- Clarity of aim
- Appropriate measures of success
- Continuous measurement and adaptions

Methods

An email survey was sent to all Wessex anaesthetic trainees and all Anaesthetic Consultants at University Hospital Southampton.

Questions included information about training and experience in QI (self taught, single lecture, training day or extensive), projects undertaken and interest in extending knowledge.

Responses were anonymous to encourage honesty but participation was voluntary. These were sent by email on 3 occasions to encourage participation.

Results

74 responses were received (40 trainees and 34 consultants) representing approximately a 35% response rate. 46% had no training or were self-taught, 48% had attended a basic lecture or short course. The trainees reported more training while more consultants were self-taught.

The majority (72%) said they would like to learn more. This was highest in ST5-7 and consultants. Effective improvement skills would be beneficial as most have undertaken projects with 68% making local changes and a further 26% multi centre projects.

Discussion

This survey supports the need for more training in Quality Improvement methodology.

It shows that trainees may be more familiar with QI therefore the traditional model where a consultant supports a trainee may need to be adapted to a more team approach to achieve successful improvement in hospitals.

The results of this survey support the commencement of a teaching programme which is now underway. It is also important to promote local courses already running.

It should be appreciated that there are a number of people who do not want to know more. This may be because they have enough experience, do not find it an area of interest or do not know enough to know the benefits. Greater awareness among these people may still be helpful to support projects.

Limitations and Lessons

A larger response rate would have been helpful. I was unable to obtain a known denominator from the admin staff who had been kind enough to forward the email.

The main lessons for the authors is to ensure these things, understand the underlying reasons for lack of training and consider culture to promote cultural change.

Supported project model

- Team up Trainees and consultants.
- Run initial teaching session
- Contactable QI trained staff to answer questions.
- Regular updates and information
- Monthly workshops.
- Encourage poster and presentations to share QI learning.

Next Steps

- Increase QI awareness throughout department
- Promote local and national QI training available
- Run supported QI projects
- Start a database of local improvement projects
- Review survey questions to help understanding
- Extend the survey to other areas

References