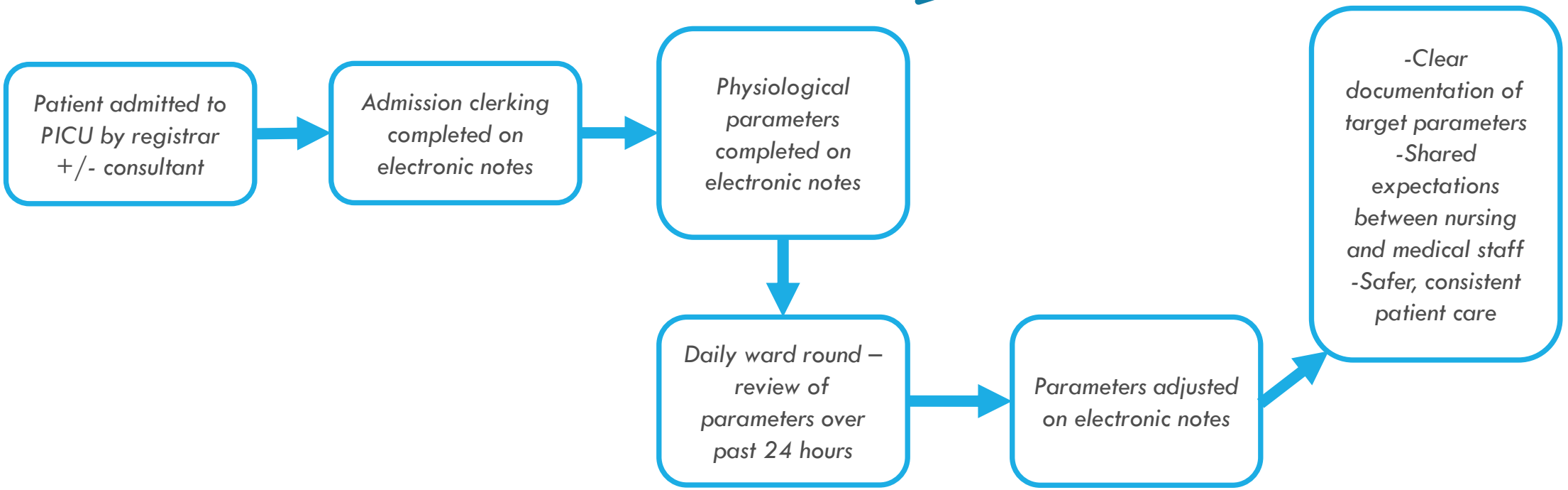
QI AND LEADERSHIP: A STORY TO LEARN FROM

Dr Elizabeth Fairholme
ST6

MY QI STORY

When physiological parameters are not completed for patients in intensive care, it means that staff cannot easily understand shared care goals, impacting on best patient care.



HURDLES I HIT

- Engaging the team
  - Communication
  - Lack of senior buy-in
  - Inconsistent staffing
  - Unsatisfactory path to improved process
  - Naïve optimism
- Technology
  - Clunky system
  - Difficult data collection – snapshot retrospective data only
- Time and Resources
  - Sickness
  - Lack of continuity
  - Clinical demands
  - Disconnect between sphere of influence and sphere of concern
  - Friction between staff time and demands of change ideas

MY LEADERSHIP STORY

- The question I asked was “How can I make this better?” rather than “how can we make this better together?”
- Better understanding that I should be driver of change, rather than mechanism of change
- Being an effective leader clinically is not the full story of leadership
- Strategy and effecting organizational change is very difficult within short rotations during training, especially when service provision demands are high
- Leadership requires a shift in mindset from personal goal to shared organizational goals
- Get comfortable with asking for help