
Getting It Right First Time (GIRFT) Queensland

Initiative Type

Service Improvement

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Deliver

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<http://staging.clinicalexcclence.qld.gov.au/improvement-exchange/getting-it-right-first-time-girft-queensland>

Summary

GIRFT Queensland provides a quality framework that supports clinicians to continually deliver high quality services, understand variations in care, and support equity of access and cost efficiency for identified specialty areas and services through a clinician led, data driven methodology. The program utilises benchmarked data to facilitate discussions at local site visits around unwarranted variation,

exemplar practices and improvement opportunities. Following site visits, a series of improvement opportunities are proposed for each site to consider and action.

Key dates

Jun 2019

Jun 2022

Implementation sites

19 Queensland Health hospitals as well as The Mater (Public) Hospital

Partnerships

Professor Tim Briggs CBE, Chair of GIRFT and National Director of Clinical Improvement for the NHS, The Royal National Orthopaedic Hospital (RNOH), Directors of Orthopaedics (Queensland Health), Healthcare Purchasing and System Performance Division (QH)

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Aim

To identify and address unwarranted variation to improve patient outcomes and optimise value in care for patients, clinicians, and the Queensland public health care system.

Benefits

- improved patient outcomes
- engaged and empowered clinicians
- improved value and efficiency.

Background

The GIRFT program, developed in the National Health Service (NHS) by Professor Tim Briggs CBE, was initially piloted in orthopaedics in 2019 as part of the Delivering What Matters Ministerial priority program.

Initial successes have resulted in continuation of the program in Orthopaedics with approval to expand to additional specialties, including emergency surgery, ear nose and throat surgery and general surgery.

Solutions Implemented

Locally

Each participating site co-designed a series of recommendations, specific to their challenges and opportunities, which informed local improvement initiatives. Some examples of implemented solutions include:

- introduction of ring-fenced beds
- implementation of enhanced recovery after surgery (ERAS) protocols
- increasing access to trauma theatre sessions
- review of joint prosthesis use
- clinician-coder models to improve the accuracy of coded data.

Statewide

Following a collaborative review and discussion of key themes by clinical specialty directors at the Statewide Orthopaedic Directors Forum, priority areas were agreed and a statewide plan developed to address challenges and opportunities at a system level. Some examples of implemented

solutions include:

1. The formation of the Queensland Directors of Orthopaedics Group – to provide peer support, direction and expert advice in matters relating to the delivery and advancement of orthopaedic services in Queensland.
2. The development, endorsement and publication of the “Infection prevention in elective hip and knee arthroplasty guideline” – a statewide guideline providing a suite of evidence-based infection prevention and risk reduction strategies.

Evaluation and Results

As GIRFT is anticipated to be a cyclical program, improvements in patient outcomes and reductions in variations in care will be identified through annual comparison of benchmarked data.

Lessons Learnt

1. Clinician-led, data-driven, facilitated discussion is an effective method for driving quality improvement at a local and system level.
2. Peer-to-peer review supports increased engagement and trust, leading to practice change. However, it also requires strong support from management.
3. Understanding site / facility context including variation in resourcing and service profiles is important when benchmarking outcomes.

References

<https://www.gettingitrightfirsttime.co.uk/>

Further Reading

<https://clinicalexcellence.qld.gov.au/priority-areas/service-improvement/girft>

<https://clinicalexcellence.qld.gov.au/sites/default/files/docs/improvement/girft-queensland-state-report.pdf>

