

Sharing IHI Experience

LAICO Workshop 1



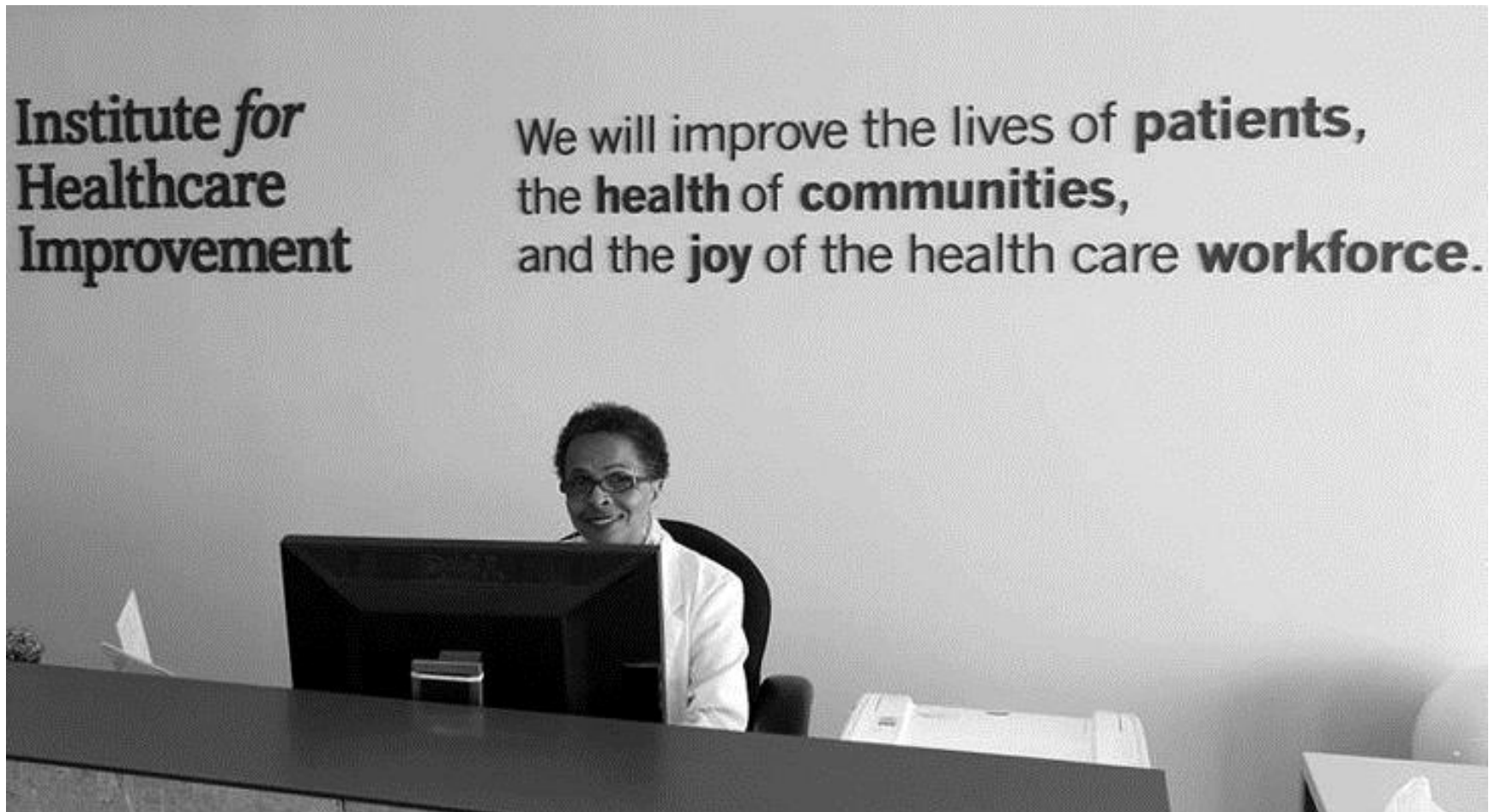
Dr. Abha Mehndiratta
MBBS, DCH, DNB, MPH
Director, IHI

September, 2019

Our Mission:

To improve health and health care worldwide

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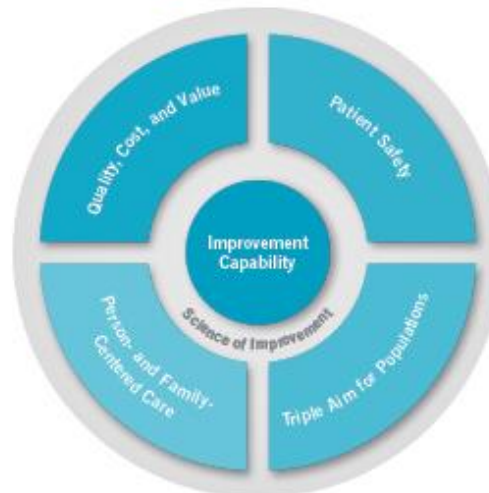


IHI's Strategy to Improve Health and Health Care Worldwide



SUPPORTING OUR CUSTOMERS WHEREVER THEY ARE ON THE JOURNEY

Working in Five Focus Areas



Leveraging IHI's Core Strengths

Innovating new models and methods

Convening globally to harvest, share, and spread learning

Partnering with others to accelerate the pace and scale of improvement

Driving measurable results worldwide within health care and across communities



How We Work



Convene

Bring people together to build skills, learn from one another, and bring energy to accelerate change

Innovate

Foster creative solutions to complex problems

Partner for Results

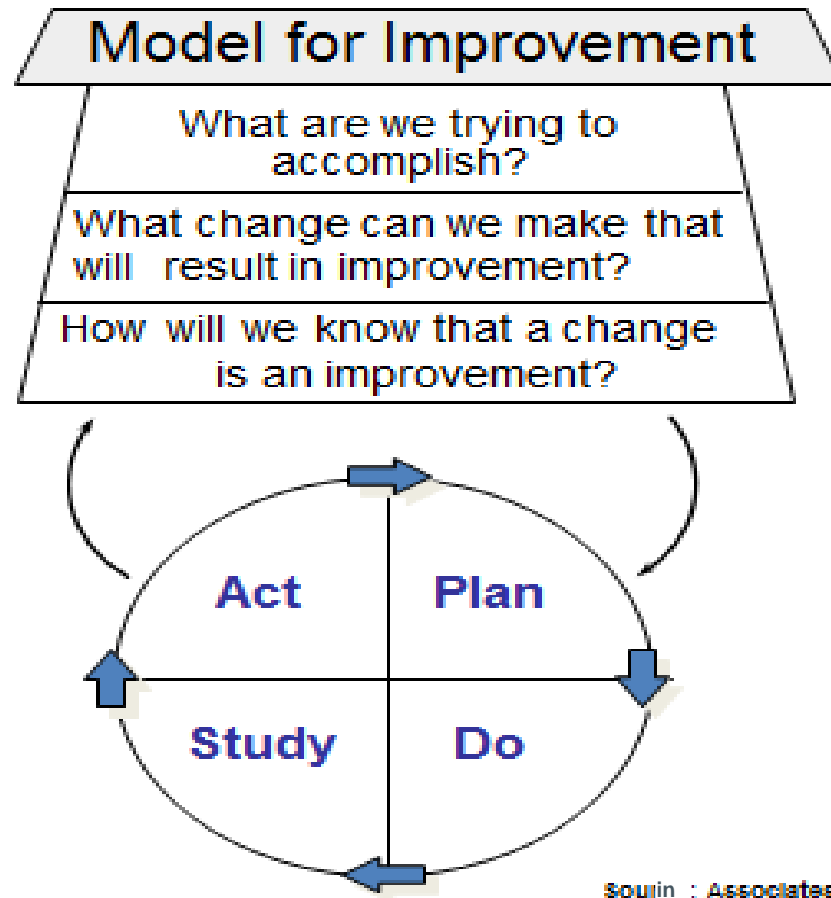
Drive system level results for the individuals, populations, and communities we serve



Partnering to Achieve Big Aims



A Model for Learning and Change



Source : Associates for Process Improvement

A Passionate Staff



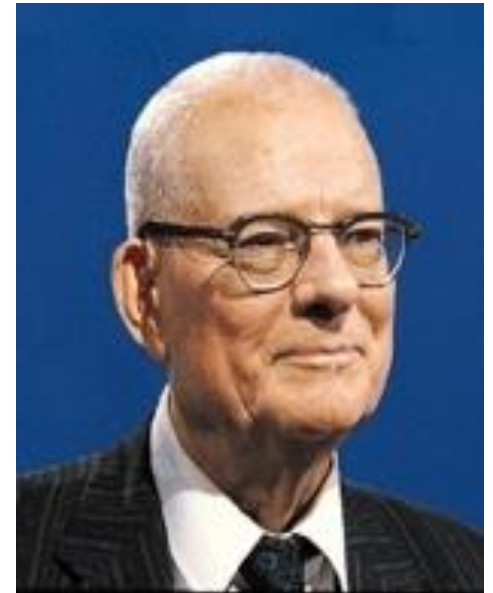
Improvement Science



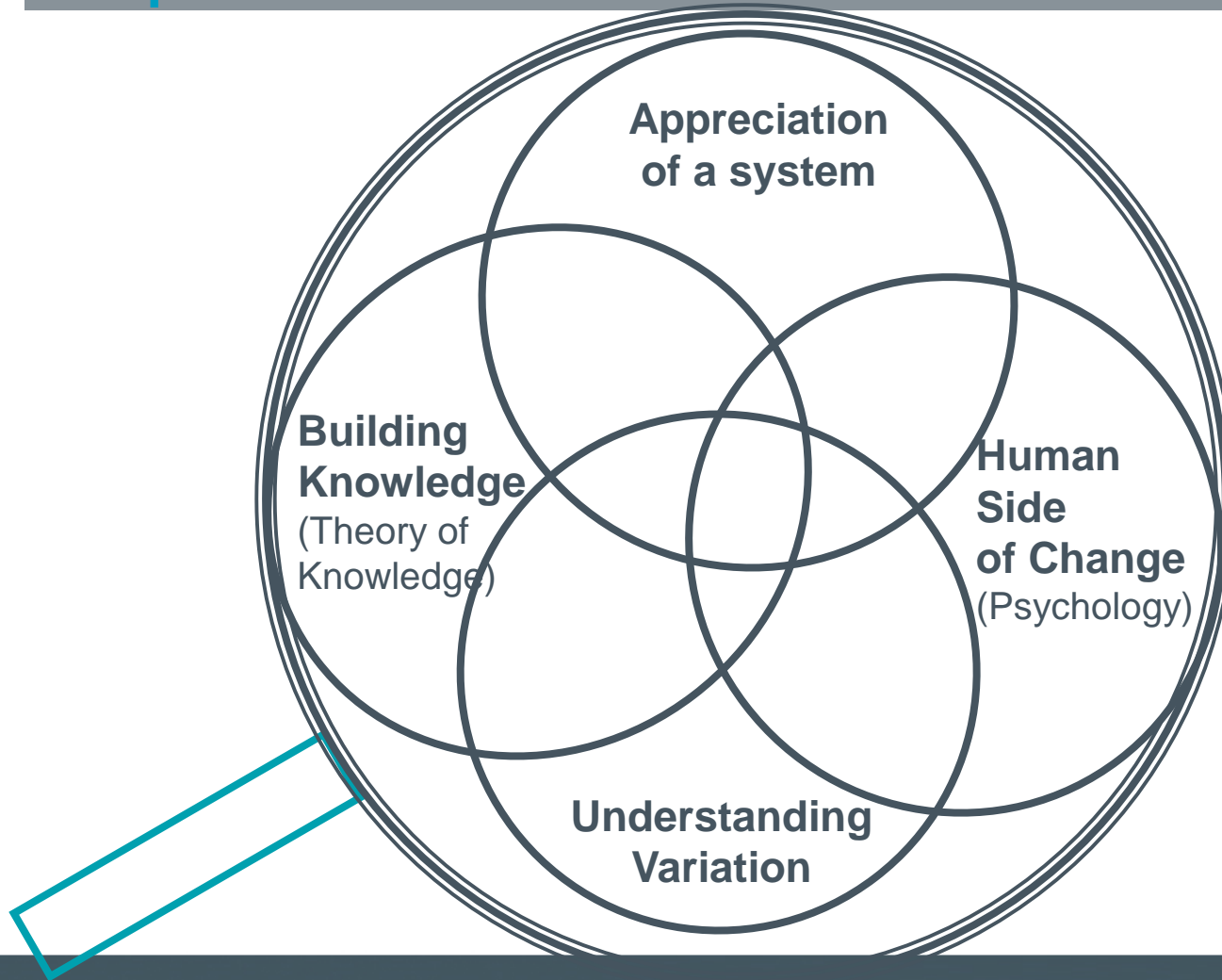
The Science of Improvement

Dr. Deming stressed the importance of studying four areas to become more effective in leading improvement:

- Appreciation of a system
- Theory of knowledge
- Understanding variation
- Psychology



The Basis for the Science of Improvement



*Based on Deming's
System of Profound
Knowledge*

Two Types of Knowledge

Subject Matter Knowledge

Subject Matter Knowledge:

Knowledge basic to the things we do in life. Professional knowledge. e.g. Pre-op care before cataract surgery

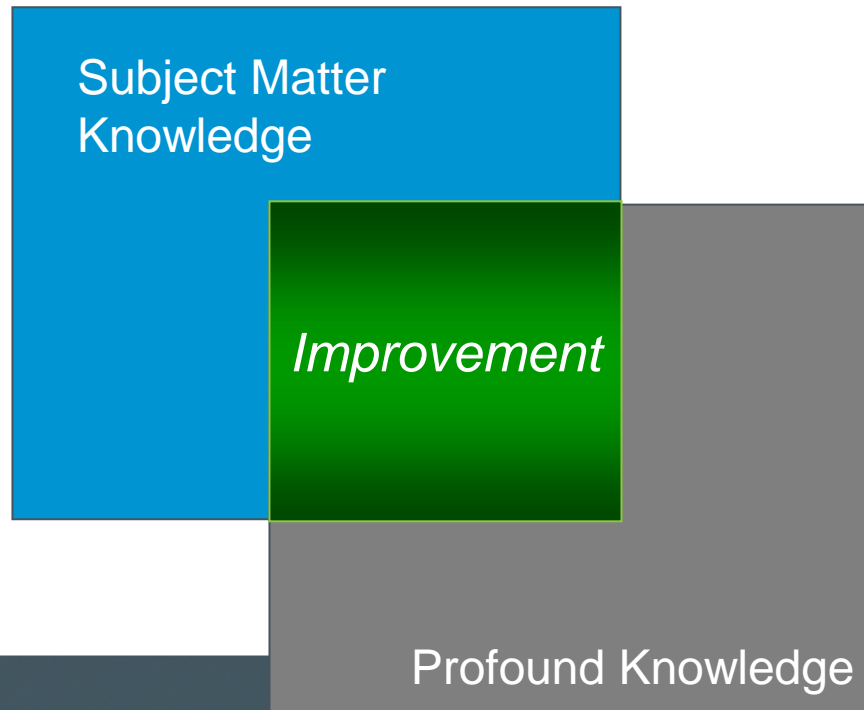
Profound Knowledge: The interplay of the theories of systems, variation, knowledge, and psychology

Profound Knowledge



Knowledge for Improvement

Improvement: Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.



Deming's System of Profound Knowledge

www.soniasparkles.com



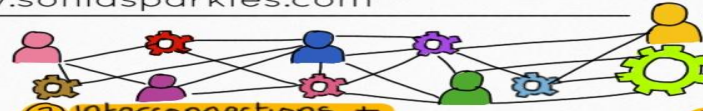
APPRECIATION FOR SYSTEMS



① Common purpose - People + processes



② Competitiveness = LOSS

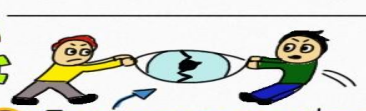


③ Interconnections + interdependencies



④ SYSTEMS: value outcomes

End user/
customer
value



⑤ Encourages separation



⑥ Traditional management



Psychology



① Interactions between people



③ Beliefs + Assumptions



⑤ people learn differently



⑦ fear, reward + punishment = CONTROL = BAD

Autonomy
Belonging
Learning
Curiosity
money
(MOTIVATION)
② intrinsic VS extrinsic

Badges
Competition
Rewards
money



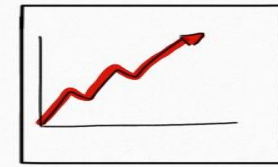
④ Will to engage Adopt + change



⑥ Desire to learn, joy, freedom + CREATIVITY



⑧ understand what motivates people



Understanding Variation

- ✓ It's predictable
- ✓ Active within system
- ✓ Can't be prevented

① Common cause variation (Random)

- ✓ unusual patterns
- ✓ Defect in the system
- ✓ unpredictable & can be corrected

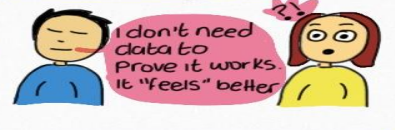
② Special cause variation (Non random)



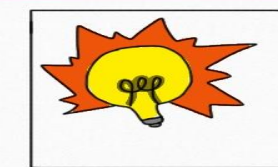
③ Work on decreasing all variation across time



⑤ Use data to paint a story of systems



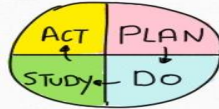
④ Changes tracked against ⑥ separate signals from noise



Theory of Knowledge

① model for improvement

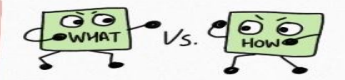
Accomplish what
How do you know if
change = improvement?
what change to make
for improvement



② new knowledge



④ Continuous learning + improvement



⑥ Information without theory of knowledge = No improvement



③ Theory → Prediction Result

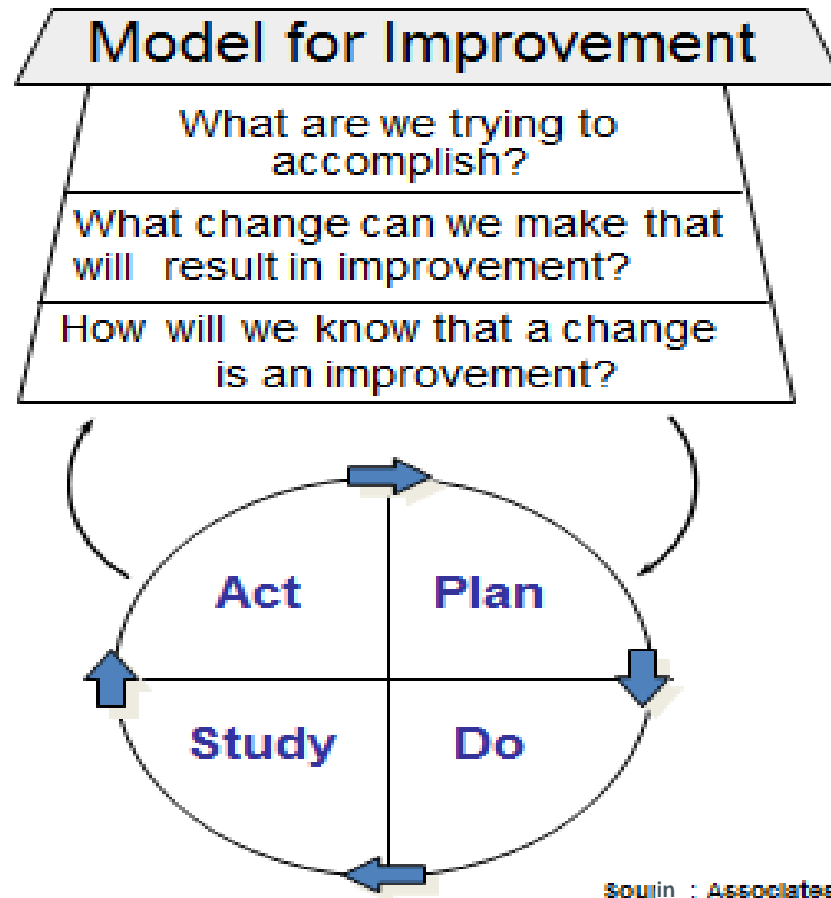


⑤ Theory based on past experience



⑦ Reactionary cycle behaviour - X NO!

A Model for Learning and Change



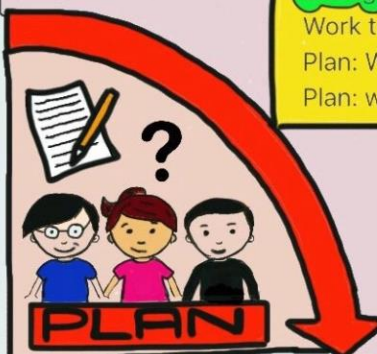
Source : Associates for Process Improvement

PDSA: SIMPLE

So....what could be better?
Tweak/modify your test
Act on your findings and make your change idea better
How can it become more effective?
Will it be sustainable?
Prepare your next plan for testing

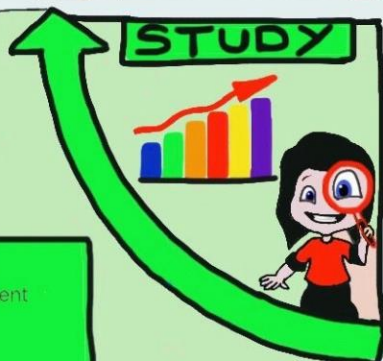


Change Idea - what are you trying to accomplish?
Work together: what will happen & why?
Plan: Who, What, When, Where?
Plan: what data could be used



Start small so you can control it
Just do it - don't seek perfection on planning
Think how can you **PROVE** it will work

Keep going round until your idea = tested success
Keep modifying until you get the best version
Get to a stage where you can stop testing and say:
Eureka! An improvement has been achieved



Analyse the data before & after
What is the data telling you?
What are people feeding back?
What is actually making an improvement?
Look at both **qualitative & quantitative** data



Try the small scale test over a set period of time
What are the problems/surprises?
Be flexible, don't judge straight away
Ask people how it is working
Let the test flourish
Experiment!

Make sure you gather data along the way
Process measure: Shows you are fully testing the change
Outcome measure: Shows what you want to overall achieve
Balancing: Shows if change is causing problems elsewhere

Evidence matters. Gut instinct & feelings are not enough
Remember measurement is for improvement NOT judgement
Don't react to single data points
Paint a story from your information
Reflect with the team: Are we on the right track to achieve our aim?

GROWTH MINDSET!



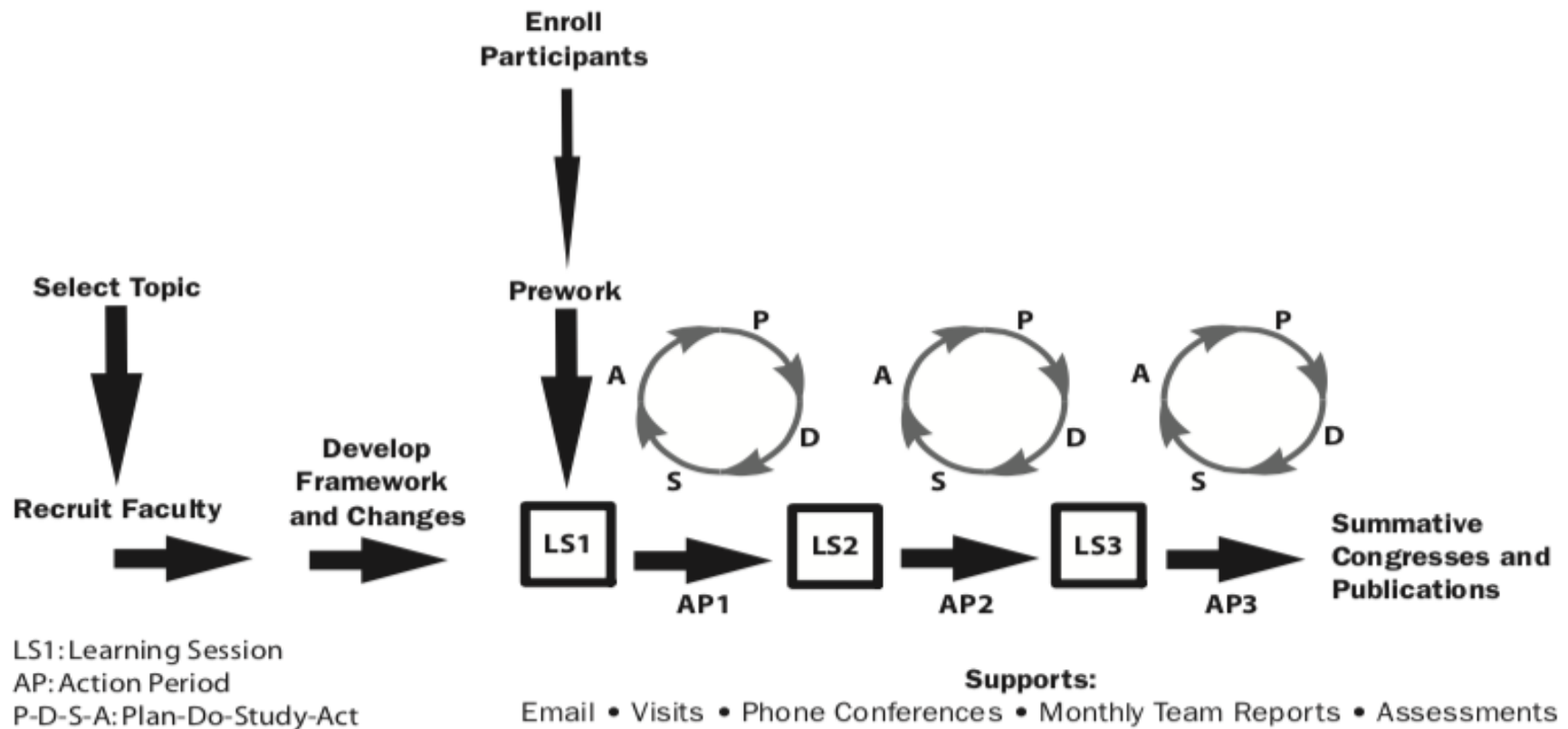
BE THE KIND OF LEADER
THAT YOU WOULD
FOLLOW



Breakthrough Series Collaborative



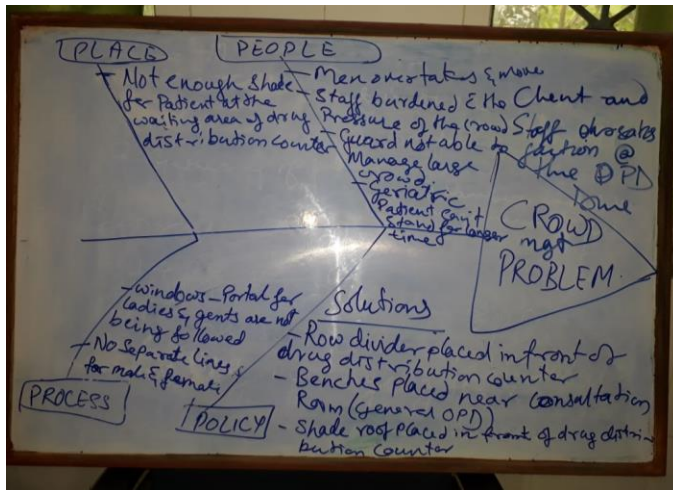
Breakthrough Series Collaborative



Learning sessions



Action Period



Solutions

→ Orient all LR staff on the importance of correctly documenting the weight of the newborn

→ Assess the general knowledge of all LR nurses and train those who need to be trained

when - 3/4/18

who - DTOF, DS

where - DH - meeting hall

How - Task:

- Prepare knowledge tool
- Issuing or collecting
- Question Paper Preparation
- Contents for training

Data collection plan				who will collect their data	how will this data be collected	when will this data be collected	data source
What data to collect - when & process, balancing monitor	Operational Description	Indicator	Parameter				
% of client sampled who indicated satisfaction with the new arrangement @ the drug counter	# of patients indicating satisfaction with the new division	# of patients indicating satisfaction with the new division	# of patients indicating satisfaction with the new division	DO	Volunteer staff who will be randomly selected to collect data	weekly	client record
% of staff indicating satisfaction with the new arrangement @ the drug counter	# of staff indicating satisfaction with the new division	# of staff indicating satisfaction with the new division	# of staff indicating satisfaction with the new division	DO	Same staff for stage	weekly	staff record
# of row dividers provided	# of row dividers provided	# of row dividers provided	# of row dividers provided	HM	direct observation	once	pictorial supporting document
# of benches placed in front of CR	# of benches placed in front of CR	# of benches placed in front of CR	# of benches placed in front of CR	HM	direct observation	once	pictorial supporting document



Initial 10 topics selected IHI Breakthrough Series:

- Cesarean Section Rates
- Physician Prescribing Practices
- Adult Intensive Care
- Neonatal Intensive Care
- Adult Cardiac Surgery
- Asthma Care
- Low Back Pain
- Adverse Drug Events
- Inventory Levels and Supplier Management
- Reducing Delays and Wait Times



Scotland – We started in all acute hospitals



The SPSP Journey....

**Model for
Improve
ment**

Collaboration

**Knowledge &
skills**

**Evidence-
based
interventions**

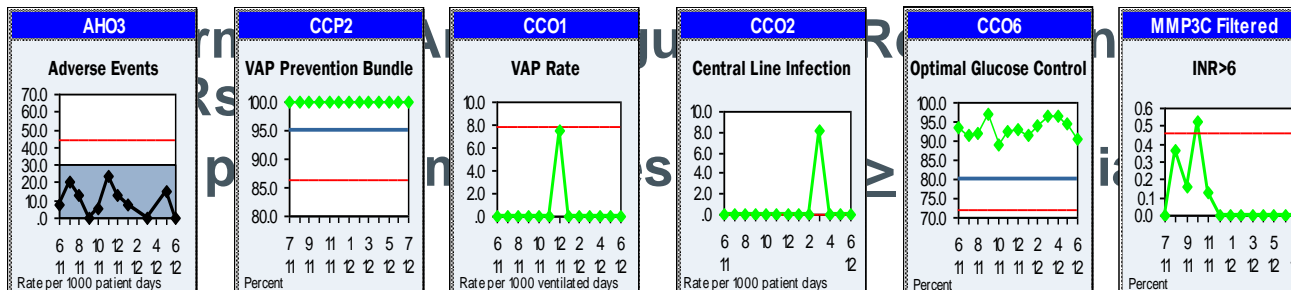
**Common
goal
- aim high**

**Compelling
vision**



Program Objectives

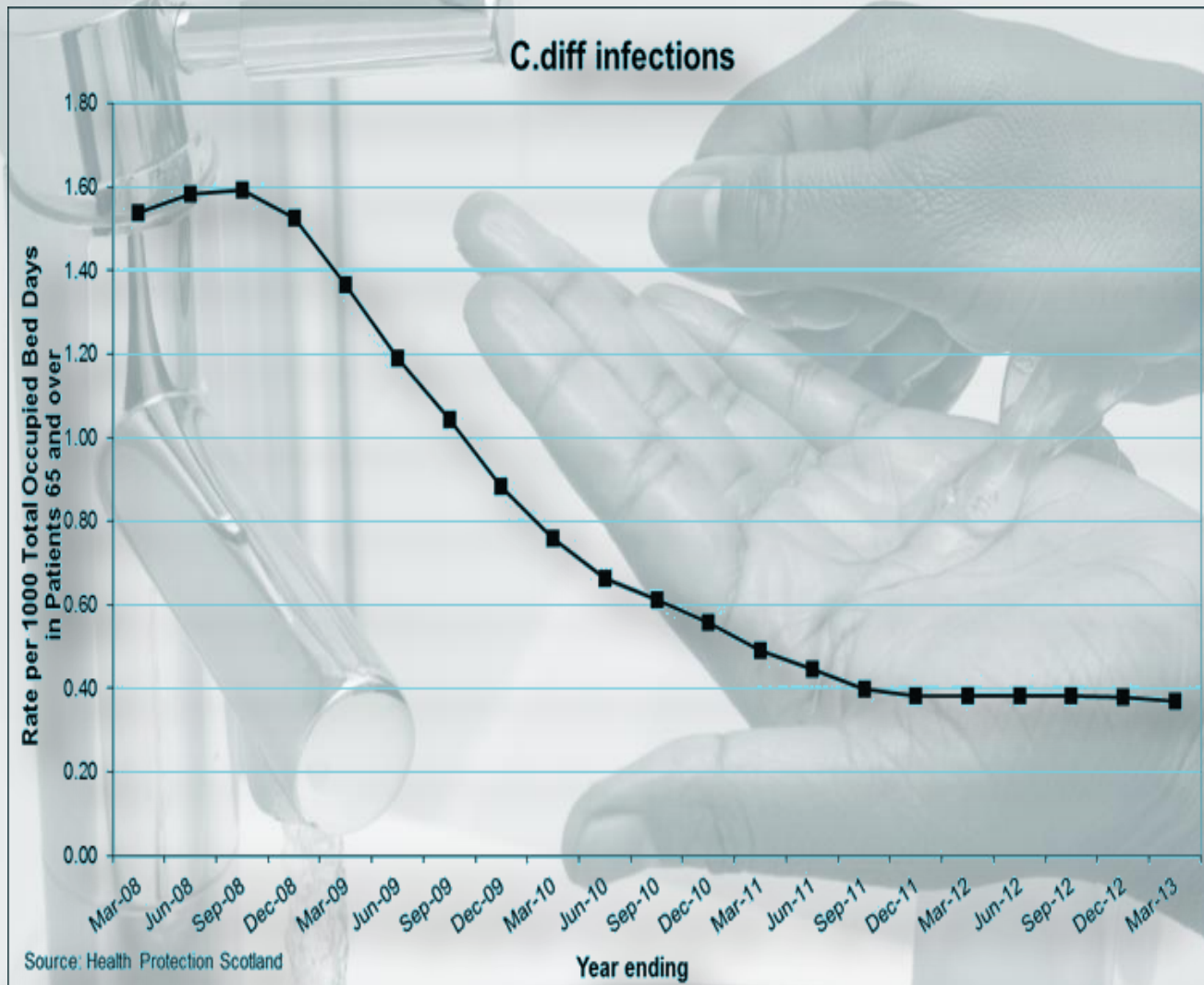
- Mortality: 15% reduction ✓
- Adverse Events: 30% reduction ✓
- Ventilator Associated Pneumonia: 0 or 300 ✓
days between
- Central Line Bloodstream Infection: 0 or ✓
300 days between ✓
- Blood Sugars w/in Range (ITU/HDU): 80% ✓
or > w/in range ✓



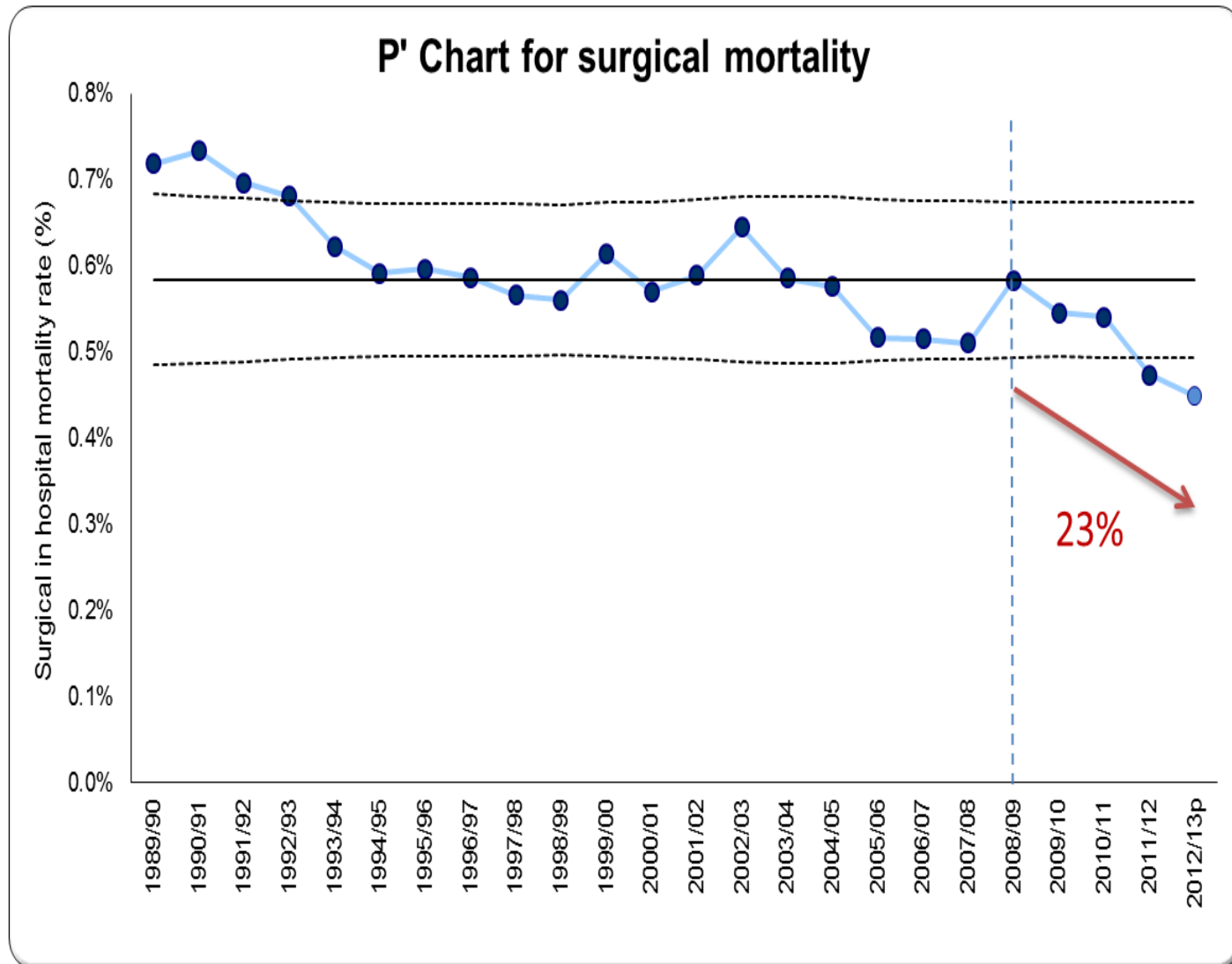
697 days! 596 days!

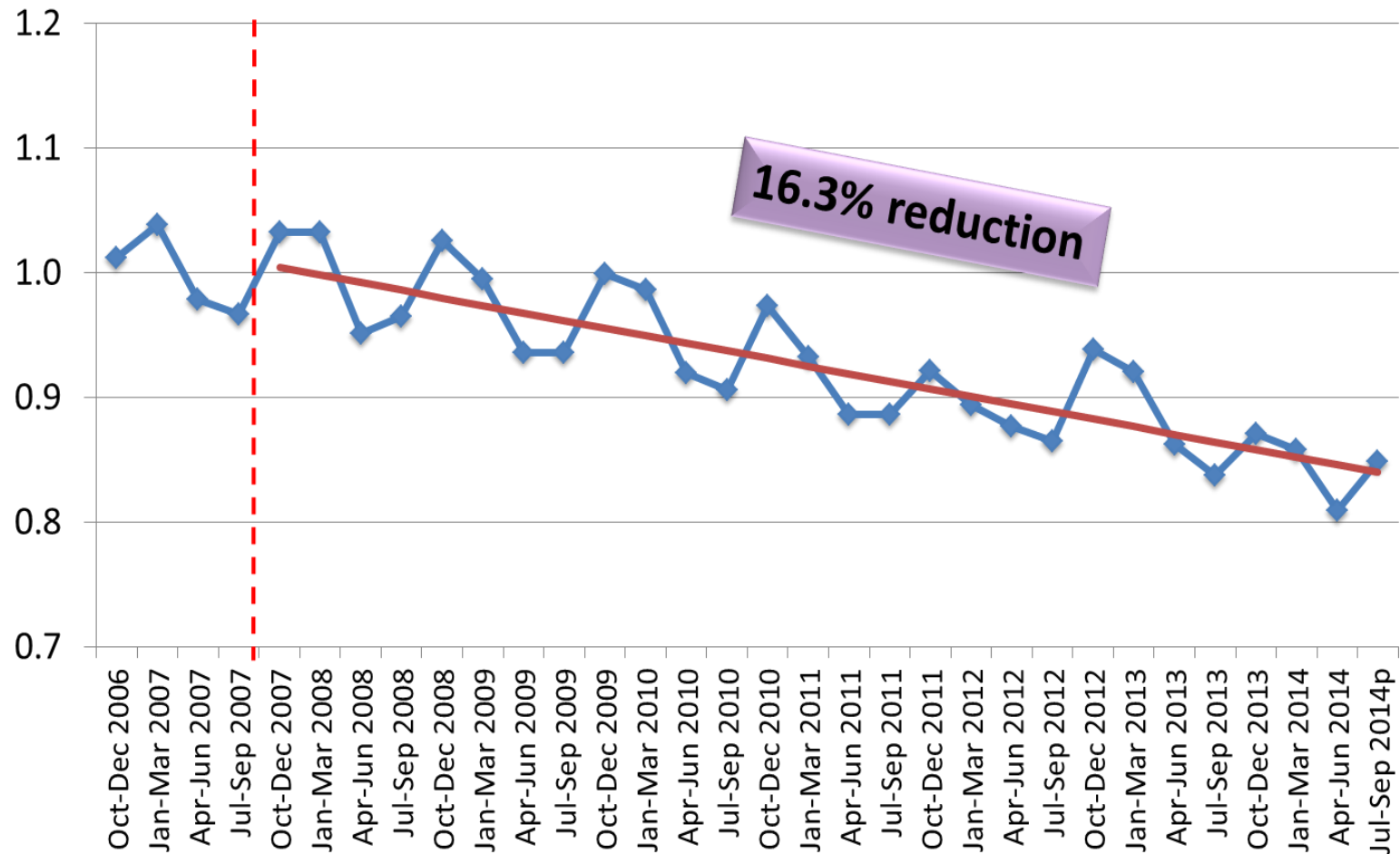
Process reliability achieves improved outcomes!

Rate of identifications of CDI across
NHSScotland was **0.37 per 1,000 occupied
bed days** among patients aged 65 & over
(2008 – 2013)



NHSScotland Surgical Mortality





Making Scotland the best place to grow up



Beyond the Statistics: Voices from the Breakthrough Series

- *“Things that were once barriers to change are not today. People know they have the ability to make changes at the work level and show the trends associated with them. People feel empowered.”* – Lee Vanderpool, Vice President, Dominican Hospital, Santa Cruz, California
- *“I feel like a missionary. I want to tell everyone that it can be so much better. You just have to do it. The improvement work we’ve done has put the fun back in health care.”* – Ann Lewis, MPH, CEO, CareSouth Carolina, Inc., Hartsville, South Carolina





COACHING

The discipline of coaching

Coaching is not about “telling” health care professional groups what to do, but to **engage in conversations** and **develop relationships** to support self-reflection to explore new possibilities, innovations, and actions to result in desired improvements in health care.



Expectations for improvement coaches

Role	Consultant	Mentor	Coach
Style	<i>Tells</i>	<i>Shows</i>	<i>Asks</i>
Timing	Looks back and forward	In the now	Forward looking
Action	Client does work	Development oriented	Action and reflection oriented



Personal characteristics





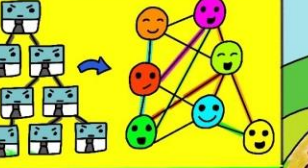

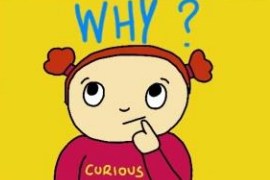

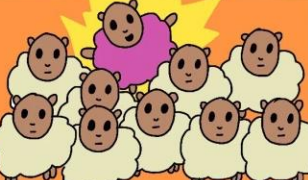





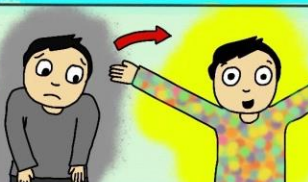

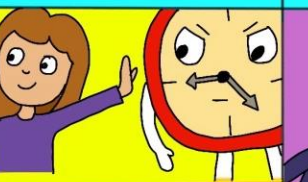







“[Coaching] is a special kind of relationship and one must therefore be mindful of its special characteristics.”

- Approachable
- Open-minded
- Fair and equitable
- Patient

Edgar Schein, *Helping*, 2009. A Good Communicator



QUALITIES OF A CHANGE AGENT

 <p>Be patient when faced with barriers, but stay persistent with the cause</p>	 <p>Make people FEEL something. Connect with their heart, mind and soul</p>	 <p>Don't wait for permission to lead, innovate or be creative – just do it</p>	 <p>A rebel's heart is full of passion, optimism, hope and dreams</p>	 <p>Work in networks not hierarchies - to create new possibilities - together</p>	 <p>Mission-focused not "me" focused. Reflect deeply on the journey to success</p>
 <p>ASK "WHY" often to create a deeper understanding of the purpose.</p>	 <p>Connecting with others is more important than self victory. Creating a social movement of change</p>	 <p>Think differently. Think outside the box. Think without limits.</p>	 <p>Roll with resistance. It's going to happen. Learn to accept it and respect it.</p>	 <p>Be authentic. Share what you are really thinking. Being honest builds trust.</p>	 <p>Be proactive not reactive. Become a master of your emotions and actions</p>
 <p>Work in co-operation not competition with others. There's power in numbers.</p>	 <p>Listen to learn, not to respond or to justify or convince. Learn to listen without judgement.</p>	 <p>Bring the best out in others. It spurs on change, hope and motivation</p>	 <p>Be more charismatic. Never intimidate others. Be self confident, be anyone's equal. Be relaxed.</p>	 <p>When faced with pressures, stop. Think. Learn from it. Then change something.</p>	 <p>Venture out your comfort zone. Dare to try something new, learn more and grow</p>
 <p>Be flexible, embrace the unknown, be resilient when faced with uncertainty</p>	 <p>Allow creative destruction. Don't be afraid of letting go of old ways</p>	 <p>Embrace diversity, differences and other view points. Bring them together + learn from them</p>	 <p>Don't be afraid to say "No" you need time to reflect, be curious and learn. Make time.</p>	 <p>Learn to show others it's ok to show your weaknesses. It's ok to show you need help.</p>	 <p>Laugh often, find joy and share kindness. More people will embrace change</p>

High-Impact Leadership:

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Improve Care, Improve the Health of Populations, and Reduce Costs

New Mental Models

How leaders think about challenges and solutions

High-Impact Leadership Behaviors

What leaders do to make a difference

IHI High-Impact Leadership Framework

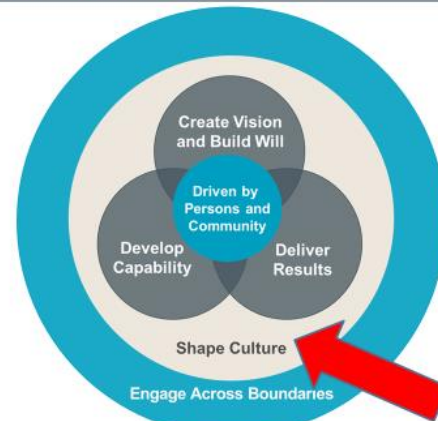
Where leaders need to focus efforts



Shape Culture: Leadership Behaviours

IHI High-Impact Leadership Framework
Where Leaders Focus Efforts

7



Swenson S, Pugh M, McMullan C, Kabacoff A. High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs. Cambridge, MA: Institute for Healthcare Improvement; 2013. Available on www.ihl.org.



Leadership requires a shift...

From: *“How do I get this person, this team to do xyz?”*



To: *“How do I help this person or team discover their own way and their own solutions”*



...shape culture
one behavior at a time...



High-Impact Leadership Behaviors

What Leaders Do to Make a Difference

1. Person-centeredness

Be consistently person-centered in word and deed

2. Front Line Engagement

Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus

Remain focused on the vision and strategy

4. Transparency

Require transparency about results, progress, aims, and defects

5. Boundarilessness

Encourage and practice systems thinking and collaboration across boundaries



What stops Creativity in Healthcare?



PERMISSION TO
make a mistake



PERMISSION TO
take a risk



PERMISSION TO
not know...yet!



PERMISSION TO
ask for help



PERMISSION TO
play and be silly



PERMISSION TO
try again
& again



PERMISSION TO
try something new



PERMISSION TO
step outside your
comfort zone



PERMISSION TO
fail & learn



PERMISSION TO
feel the fear and
do it anyway



PERMISSION TO
start again



PERMISSION TO
challenge
yourself



PERMISSION TO
feel frustrated &
keep going



PERMISSION TO
be a keener



PERMISSION TO
keep going even
when it is difficult



PERMISSION TO
trust the process



PERMISSION TO
go to plan 'B'
(and 'c', 'd', 'e'...)



PERMISSION TO
be inspired by
others' success



PERMISSION TO
learn from
mistakes



PERMISSION TO
be less than
perfect



PERMISSION TO
fail miserably
(& learn magnificently)



Permission from Leaders



**Innovation comes from people
who take joy in their work.**

W. Edwards Deming

“ quote fancy

