Sharing IHI Experience

LAICO Workshop 1

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September, 2019
Our Mission:
To improve health and health care worldwide

Institute for Healthcare Improvement

We will improve the lives of patients, the health of communities, and the joy of the health care workforce.
IHI’s Strategy to Improve Health and Health Care Worldwide

- Accelerate the pace of improvement in health care
- Innovate and partner with organizations and communities to improve health

Supporting our customers wherever they are on the journey

Working in five focus areas:
- Quality, Cost, and Value
- Patient Safety
- Improvement Capability
- Science of Improvement
- Triple Aim for Populations

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

Model for Improvement

What are we trying to accomplish?
What change can we make that will result in improvement?
How will we know that a change is an improvement?

Act  Plan
Study  Do

Source: Associates for Process Improvement
A Passionate Staff
Improvement Science
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

- Appreciation of a system
- Building Knowledge (Theory of Knowledge)
- Understanding Variation
- Human Side of Change (Psychology)

Based on Deming’s System of Profound Knowledge
Two Types of 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
Knowledge for Improvement

**Improvement:** Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.
A Model for Learning and Change

Model for Improvement

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Act

Plan

Study

Do

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

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

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

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

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

ANALYSE

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?

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

GROWTH MINDSET!

Persist!
Always improve
Learn from mistakes

BE THE KIND OF LEADER THAT YOU WOULD FOLLOW

TEAM
Breakthrough Series Collaborative
Breakthrough Series Collaborative

Select Topic
Recruit Faculty

Enroll Participants

Develop Framework and Changes

Prework

LS1: Learning Session
AP: Action Period
P-D-S-A: Plan-Do-Study-Act

Supports:
Email • Visits • Phone Conferences • Monthly Team Reports • Assessments

Summative Congresses and Publications

LS2
AP2

LS3
AP3

17
Learning sessions
Action Period
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 Improvement

Evidence-based interventions

Knowledge & skills

Collaboration

Common goal - aim high

Compelling vision

Knowledge & skills

Collaboration

Model for Improvement

Evidence-based interventions
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

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
NHSScotland
Hospital Standardised Mortality Ratio
October 2006 to September 2014

16.3% reduction
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.

The Dartmouth Institute: http://www.tdiprofessionaleducation.org/leading--coaching-quality-improvement.html
## Expectations for improvement coaches

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<tr>
<th>Role</th>
<th>Consultant</th>
<th>Mentor</th>
<th>Coach</th>
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<tr>
<td><strong>Style</strong></td>
<td><em>Tells</em></td>
<td><em>Shows</em></td>
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<td><strong>Timing</strong></td>
<td>Looks back and forward</td>
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<td><strong>Action</strong></td>
<td>Client does work</td>
<td>Development oriented</td>
<td>Action and reflection oriented</td>
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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

QUALITIES OF A CHANGE AGENT

- Be patient when faced with barriers, but stay persistent with the cause.
- Make people feel something, connect with their heart, mind and soul.
- Don't wait for permission to lead, innovate or be creative - just do it.
- A rebel's heart is full of passion, optimism, hope and dreams.
- Work in networks not hierarchies to create new possibilities - together.
- Mission-focused not "me" focused. Reflect deeply on the journey to success.

- Ask "why" often to create a deeper understanding of the purpose.
- Connecting with others is more important than self victory. Creating a social movement of change.
- Think differently. Think outside the box. Think without limits.
- Roll with resistance. It's going to happen. Learn to accept it and respect it.
- Be authentic. Share what you are really thinking. Being honest builds trust.
- Be proactive not reactive. Become a master of your emotions and actions.

- Work in co-operation not competition with others. There's power in numbers.
- Listen to learn, not to respond or to justify or convince. Learn to listen without judgement.
- Bring the best out in others. It spurs on change, hope and motivation.
- When faced with pressures, stop, think. Learn from it. Then change something.
- Venture out your comfort zone. Dare to try something new, learn more and grow.

- Be flexible, embrace the unknown, be resilient when faced with uncertainty.
- Allow creative destruction. Don't be afraid of letting go of old ways.
- Embrace diversity, differences and other viewpoints. Bring them together and learn from them.
- Don't be afraid to say "no". You need time to reflect, be curious and learn. Make time.
- Learn to show others it's ok to show your weaknesses. It's ok to show you need help.
- Laugh often, find joy and share kindness. More people will embrace change.
High-Impact Leadership:
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
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**”

Source: Jane Taylor
...shape culture one behavior at a time...

Edgar Schein. Humble Inquiry: the gentle art of asking instead of telling" (2013)
# 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

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What stops Creativity in Healthcare?

- Performance Driven
- Hierarchy
- Financial Priorities
- Robotic Processes
- Pressurised Environment
- Competing Demands
- Bandism
- Disempowerment
- Fear of more work being given
- Lack of motivation
- Seen as fluffy
- Command & Control
- Staying in your comfort zone
Permission from Leaders

Permission to:
- make a mistake
- take a risk
- not know...yet!
- ask for help
- play and be silly
- try again & again
- try something new
- step outside your comfort zone
- fail & learn
- feel the fear and do it anyway
- start again
- challenge yourself
- feel frustrated & keep going
- be a keener
- keep going even when it is difficult
- trust the process
- go to plan 'B' (and 'c', 'd', 'e'...)
- be inspired by others' success
- learn from mistakes
- be less than perfect
- fail miserably (& learn magnificently)

Free download: northstarpaths.com

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Innovation comes from people who take joy in their work.

W. Edwards Deming