Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division

QI TALK TIME

Building an Irish Network of Quality Improvers

Sustainability and Spread

Speaker: Dr John Fitzsimons

1st May 2018 **1-2 pm**

Connect **Improve** **Innovate**

Dr John Fitzsimons

- is a Consultant Paediatrician at Our Lady of Lourdes Hospital, Drogheda and Clinical Director with the Quality Improvement Division (QID) in the HSE. He trained in paediatrics in Ireland, Australia and the UK. He was appointed as a consultant to Our Lady of Lourdes Hospital, Drogheda in 2010.
- He trained as a Patient Safety Officer with the Institute of Healthcare Improvement (IHI) in 2009 and became a fellow of the Faculty at the NHS Institute for Improvement & Innovation for two years.
- Since September 2013 he commenced a half-time post as Clinical Director for Quality Improvement with QID. He was chair of the group that published the NCEC Paediatric Early Warning System Guideline in 2015.
- He is a course co-director for the HSE/RCPI Diploma in Leadership and Quality in Healthcare.

Instructions

- Interactive: <u>Computer or dial in:</u>

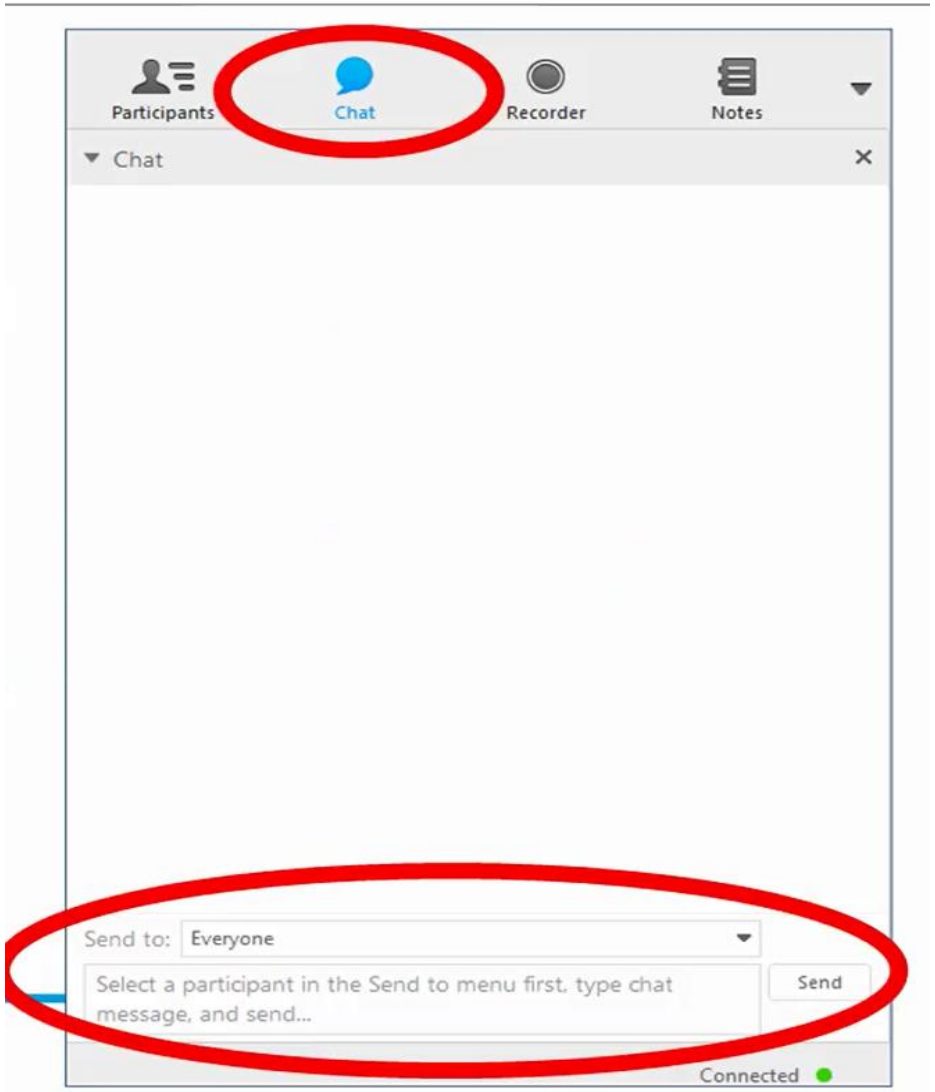
Telephone no: 01-5260058

Event number:843716199

- Chat box function
  - Comments/Ideas
  - Questions

- Keep the questions coming

- **Twitter: @QITalktime**



Dr John Fitzsimons
Clinical Director
for QI

Quality
Improvement
Division

Sustainability & Spread

QI Talktime

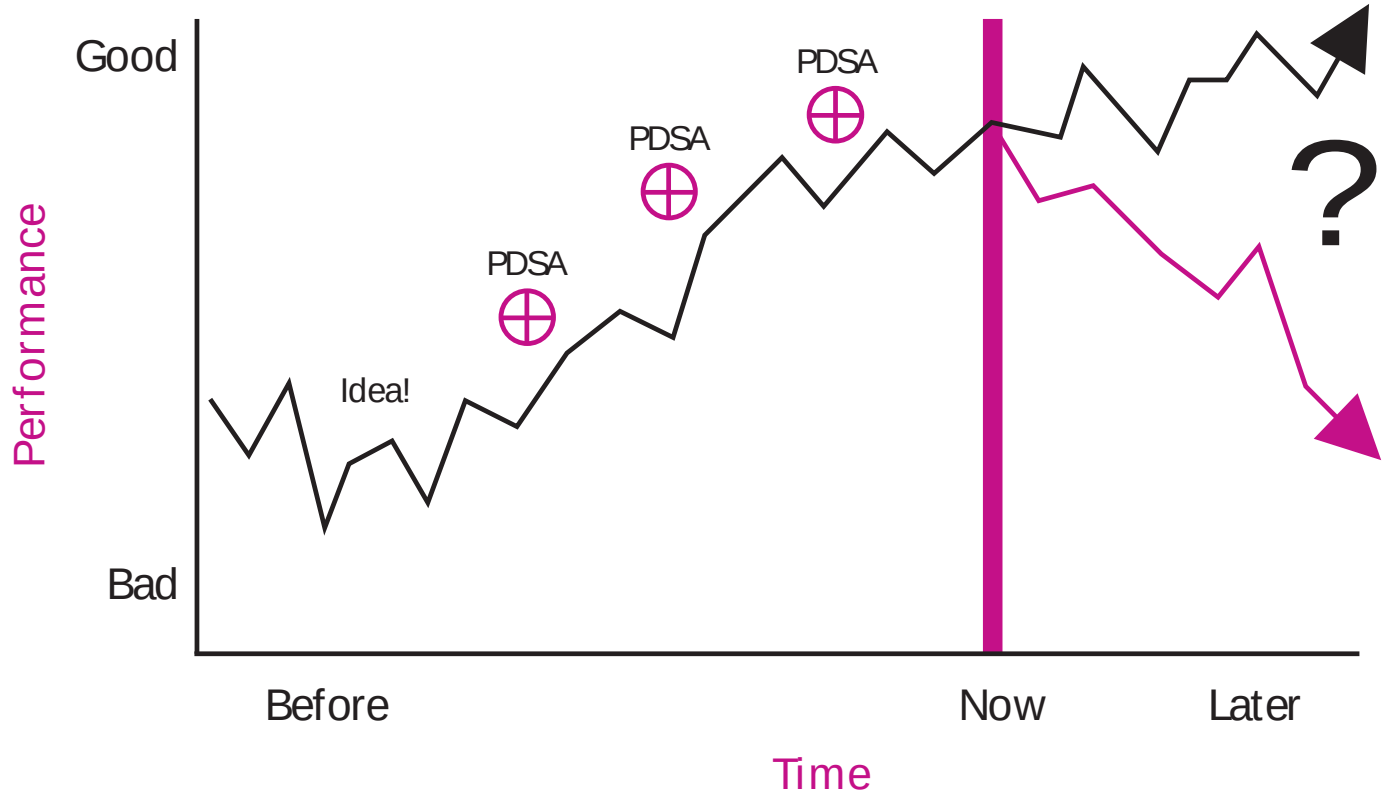
May 1st 2018

Outcomes

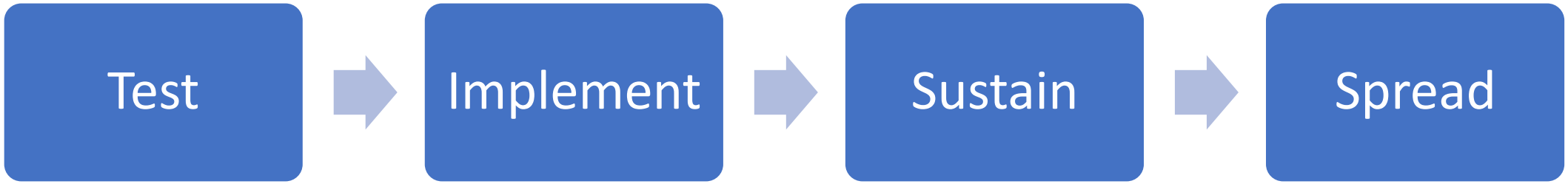
At the end of this session you will be able to…

- Define sustainability and spread of improvement
- Identify the challenges and conditions that influence sustainability and spread
- Describe interventions, models and tools that support sustainability and spread
- Access resources that will help you sustain and spread quality improvement

Where will you go?



The Process of Improvement



Definitions

Sustainability

Locking in the progress made and continually building upon it

Spread

Actively disseminating best practice and knowledge about every intervention and implementing each intervention in every available care setting.

Challenges for Sustainability

- “Too busy to keep going”
- “The guys doing this have all gone”
- “We fixed it - but nobody seemed to notice or said thank you”
- “The old way was easier”
- “We’ve move on to something new”

Critical success factors for Sustainability

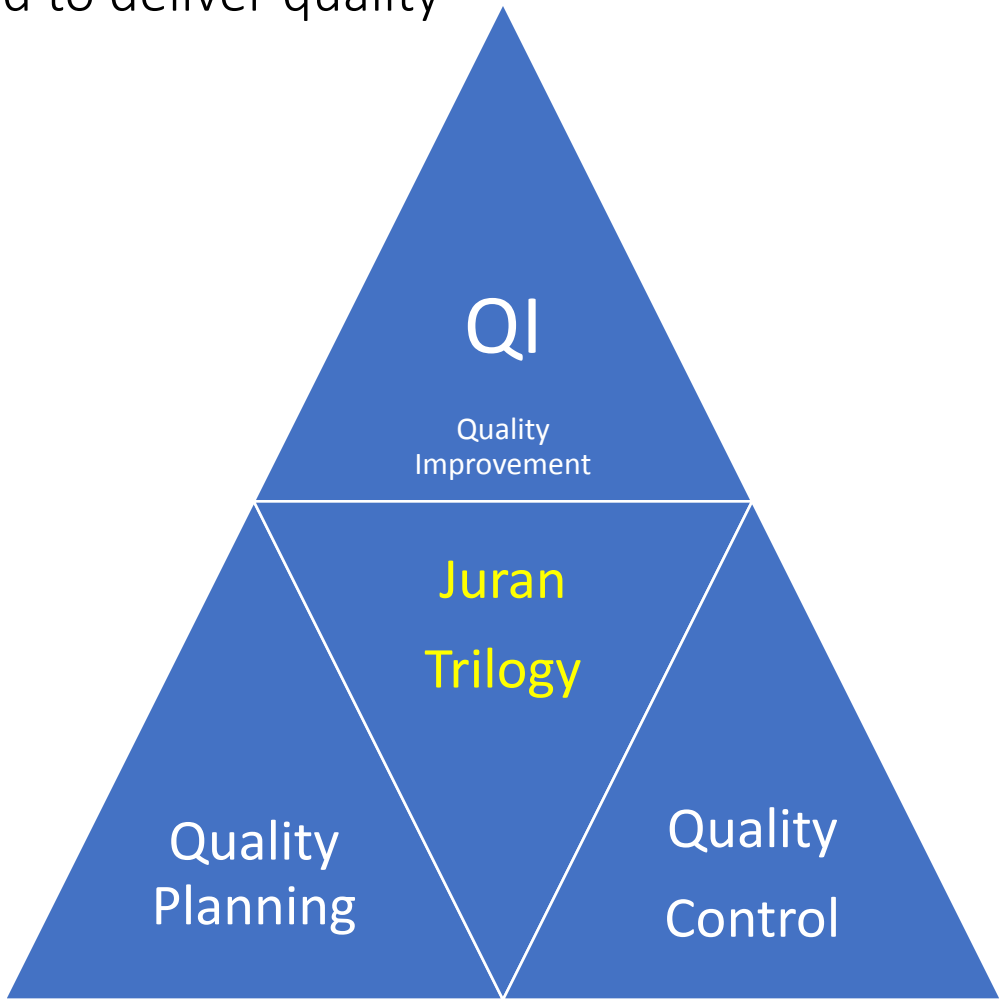
- Theory & methods
- Leadership & accountability - Constancy of purpose
- Measurement, feedback & acknowledgement
- Education
- High Performance management System

1st Rule of Quality Improvement

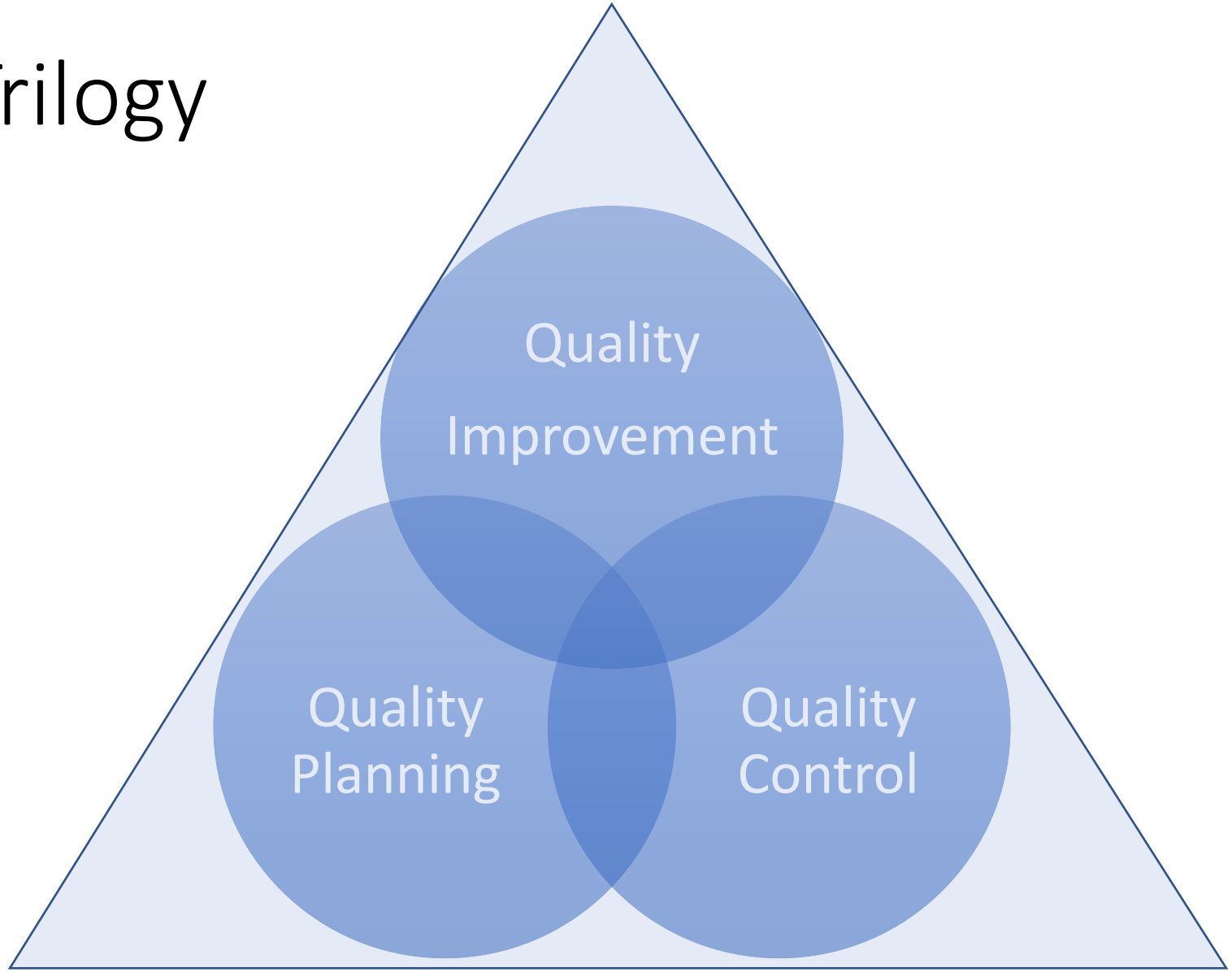
Every system is perfectly designed to achieve the results it gets

Juran Trilogy

All 3 elements are needed to deliver quality

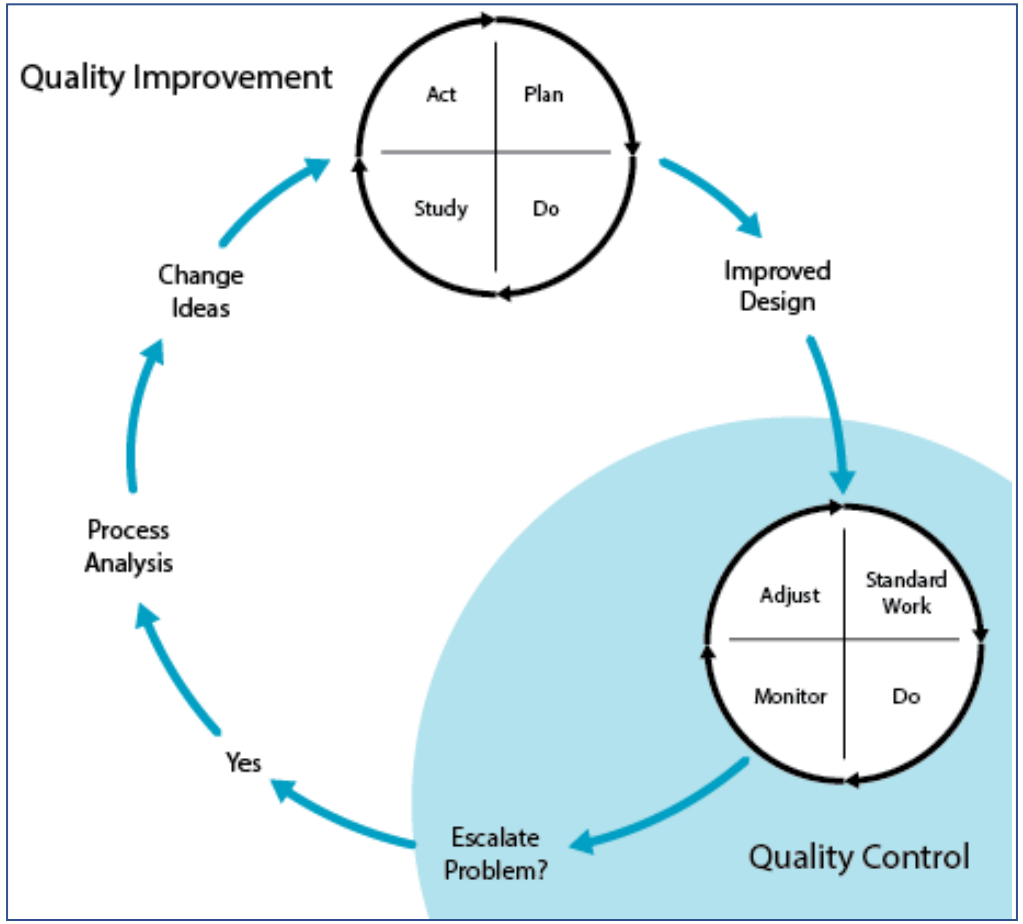


Juran Trilogy



Sustainability

Moving from Quality Improvement to Quality Control



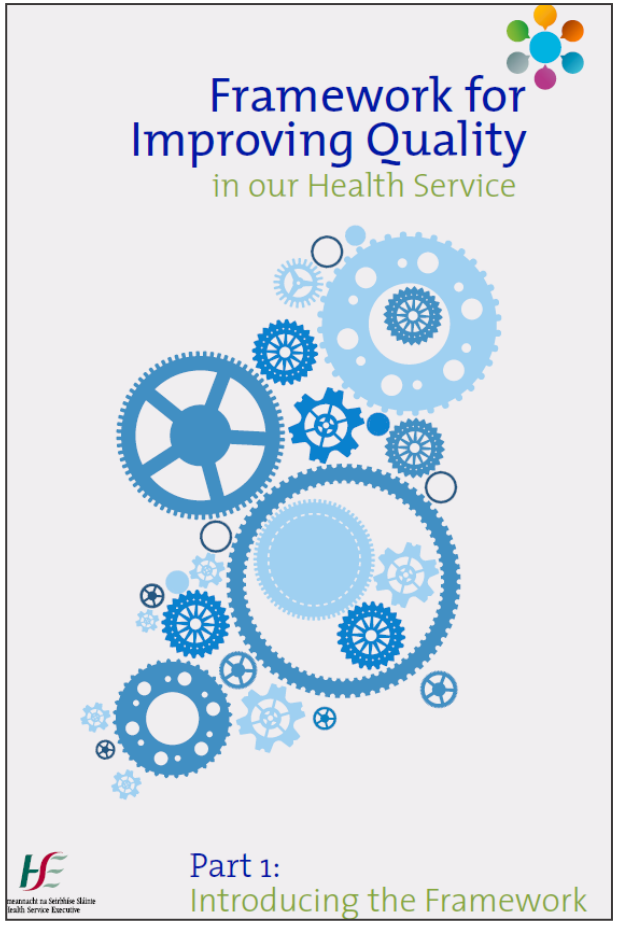
IHI White Paper 2016:
Sustaining Improvement

Steps for Sustainability

1. Acknowledge & Celebrate!
2. Leadership clarity around responsibility and accountability
3. Design the work for sustainability from the start
    - Use your QI knowledge & your toolkit
    - Make it easy to do the right thing and hard to do the wrong thing
    - Standardise where possible
    - Remove unnecessary work
    - Embed new practices into daily routines (eg. Huddles, handovers)
    - Develop smart education and practice support materials
4. Operational Standard Work (“business as usual”)
5. Measure and share transparently
6. Continue to learn and improve

Framework for Improving Quality

www.hse.ie/eng/about/Who/QID/



Driver Diagram

Primary Drivers
(Processes, Structure, Culture)

Secondary Drivers
(Activities leading to 1º drivers)

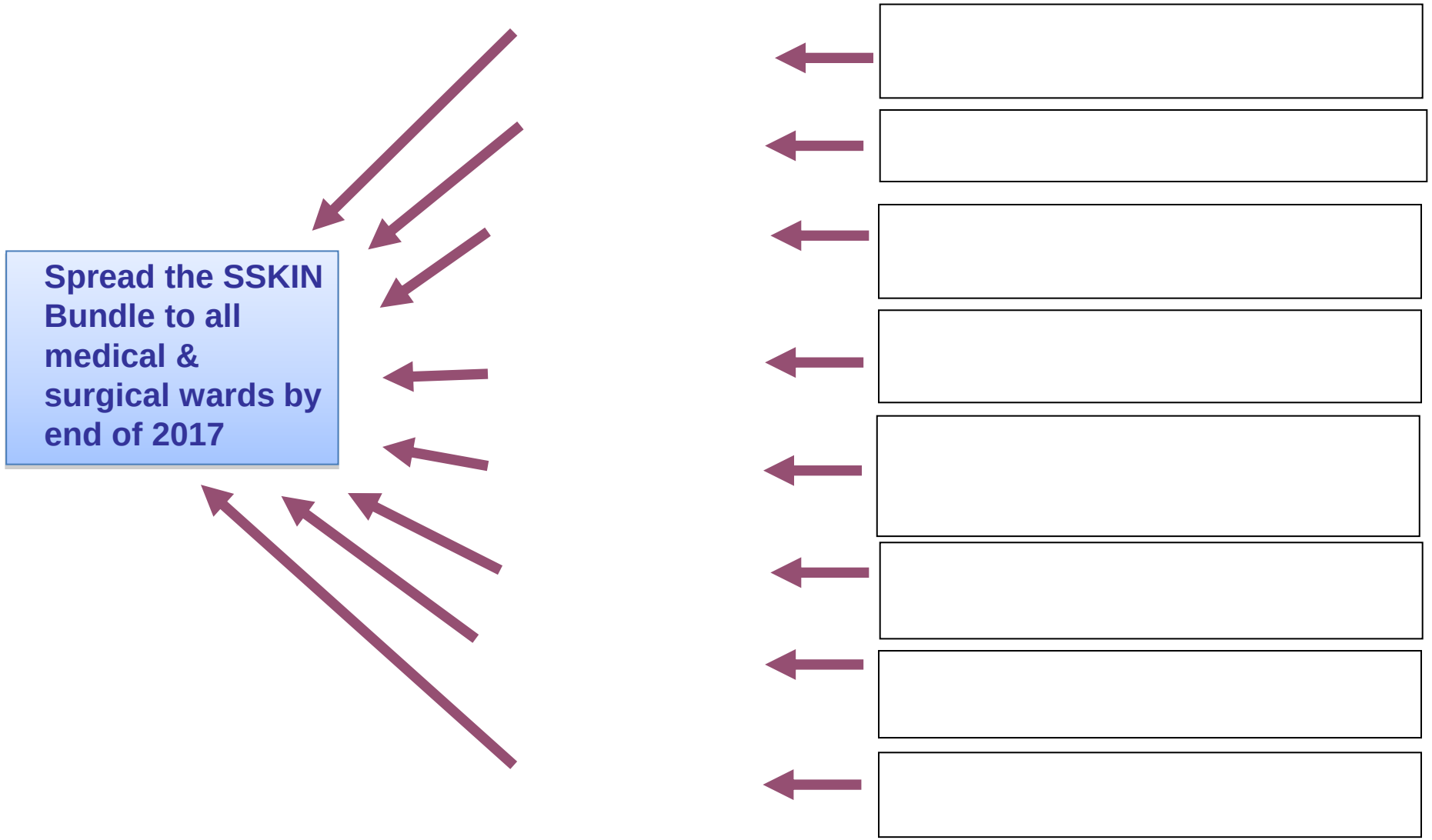
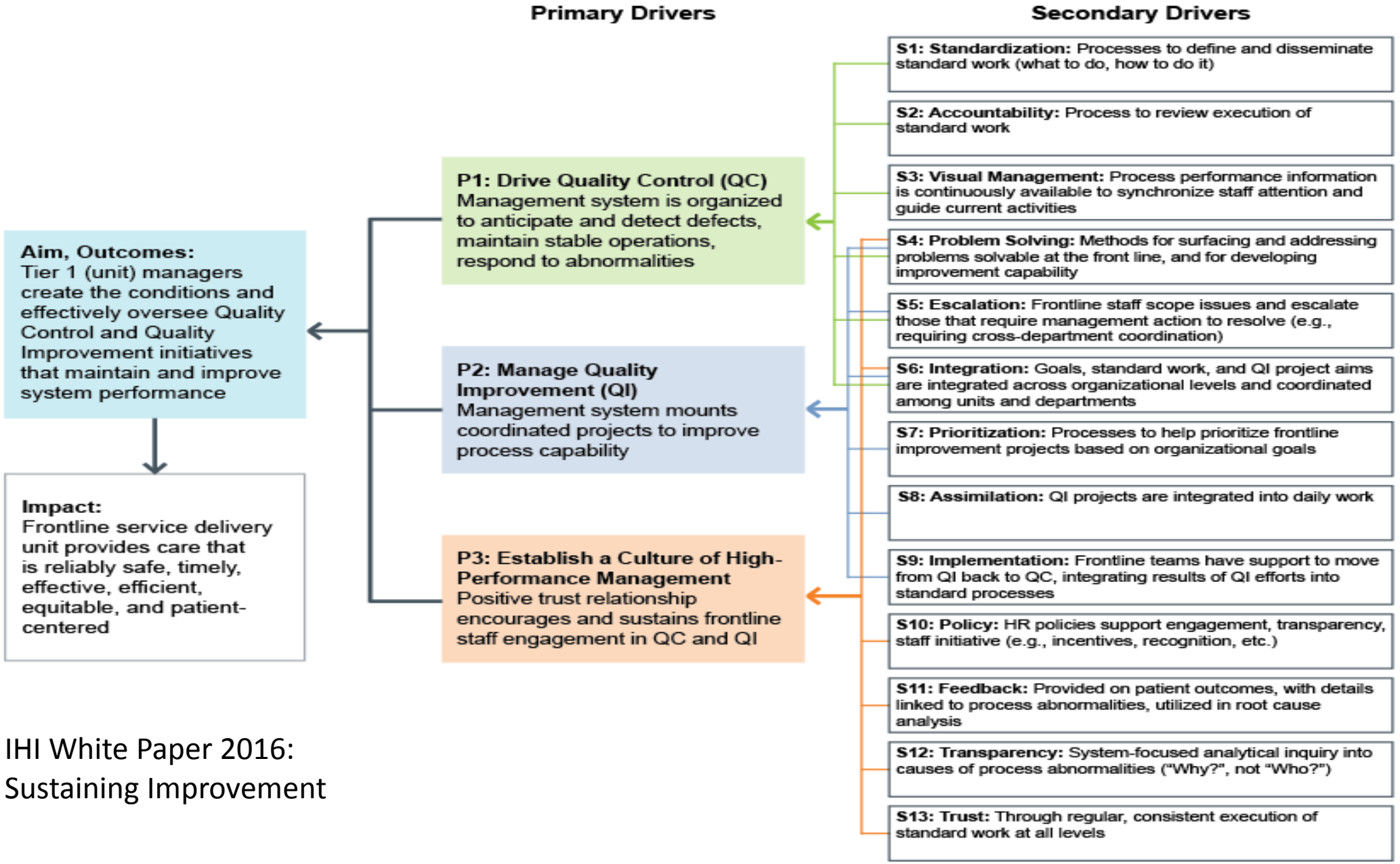
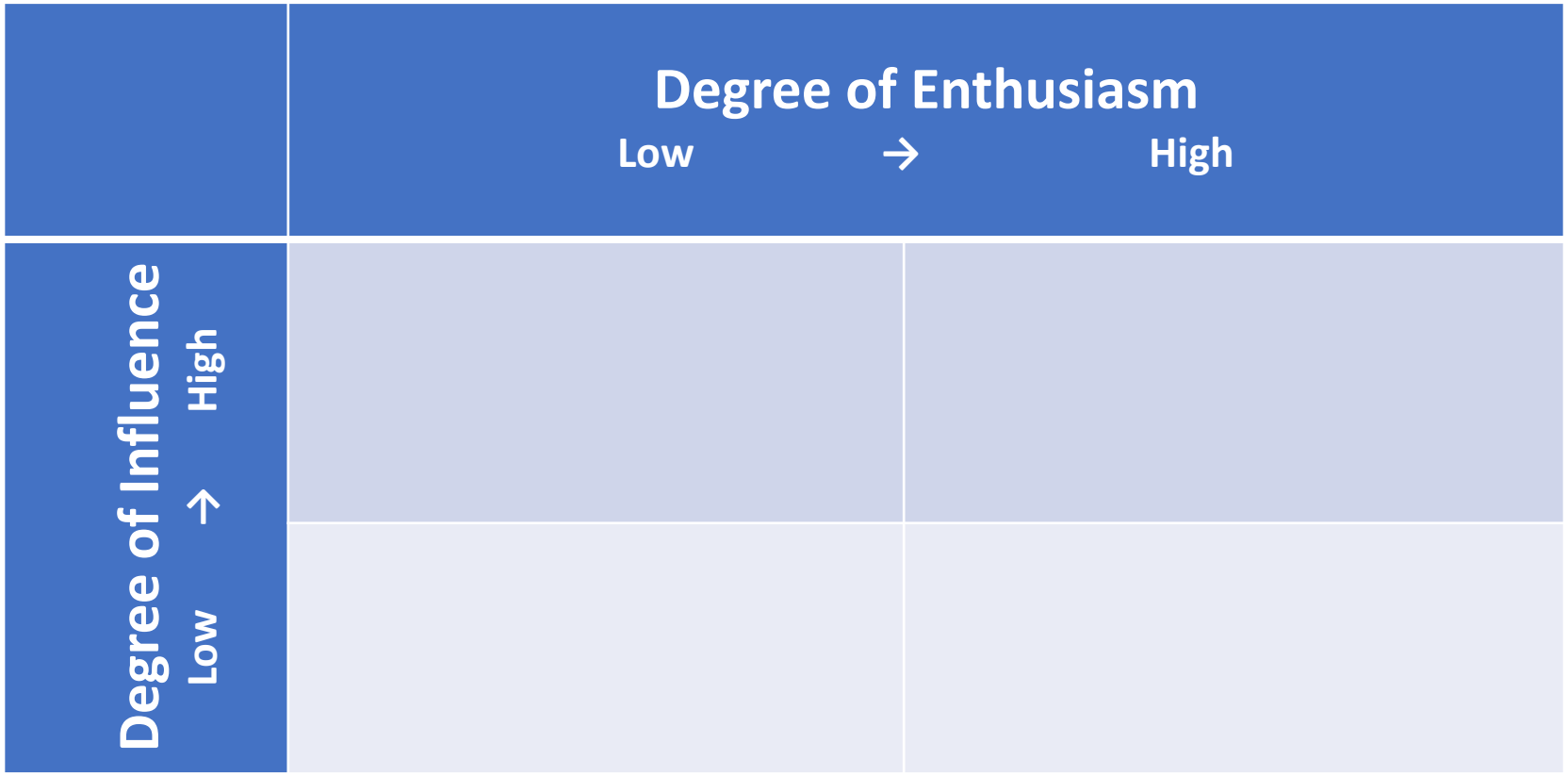


Figure 3. Driver Diagram: High-Performance Management System at the Front Line



IHI White Paper 2016:
Sustaining Improvement

Stakeholder Mapping & Analysis



Stakeholder Mapping & Analysis

	Degree of Enthusiasm **Low → High**	
Degree of Influence **High → Low**	**Satisfy** Opinion formers. Keep them satisfied with what is happening and review your analysis of their position regularly.	**Manage** Key stakeholders who should be fully engaged through full communication and consultation. Could be recruited to project team.
	Monitor This group may be ignored if time and resources are stretched	**Inform & Involve** Limited means to influence change. Despite this, these stakeholders could be valuable allies.

Planning Communication for Spread

Communication Plan Template					
Target Audience *Who?*	**Type/Purpose of Communication** *Why?*	**Messages** *What?*	**Methods and Venues** *How/Where/When?*	**Frequency** *How often?*	**Responsible** *By whom?*
Snr Team Physicians Frontlines Stakeholders	Awareness Information Take action Gain consensus Review/Comment	Progress Lessons learned Responses to questions Request for help	Standing meetings Newsletters Email Personal contact Unit meetings	Regular intervals As needed Planned/ ongoing	Name of person and dates or schedules

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5. Measure and share transparently
6. Continue to learn and improve

Daily Management System

The daily management system is defined as standardised work at all levels of management to enable a daily dialogue about the most important facts of the business.

It is designed to ensure that everyone is working on the right problems.

John Toussaint,

Management on the Mend

		1	2	3		
		4	5	6		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
		28	29	30		
			31			

New Injury

Transfer with injury

Injury free day

Month:
September

		1	2	3		
		4	5	6		
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
		28	29	30		
			31			

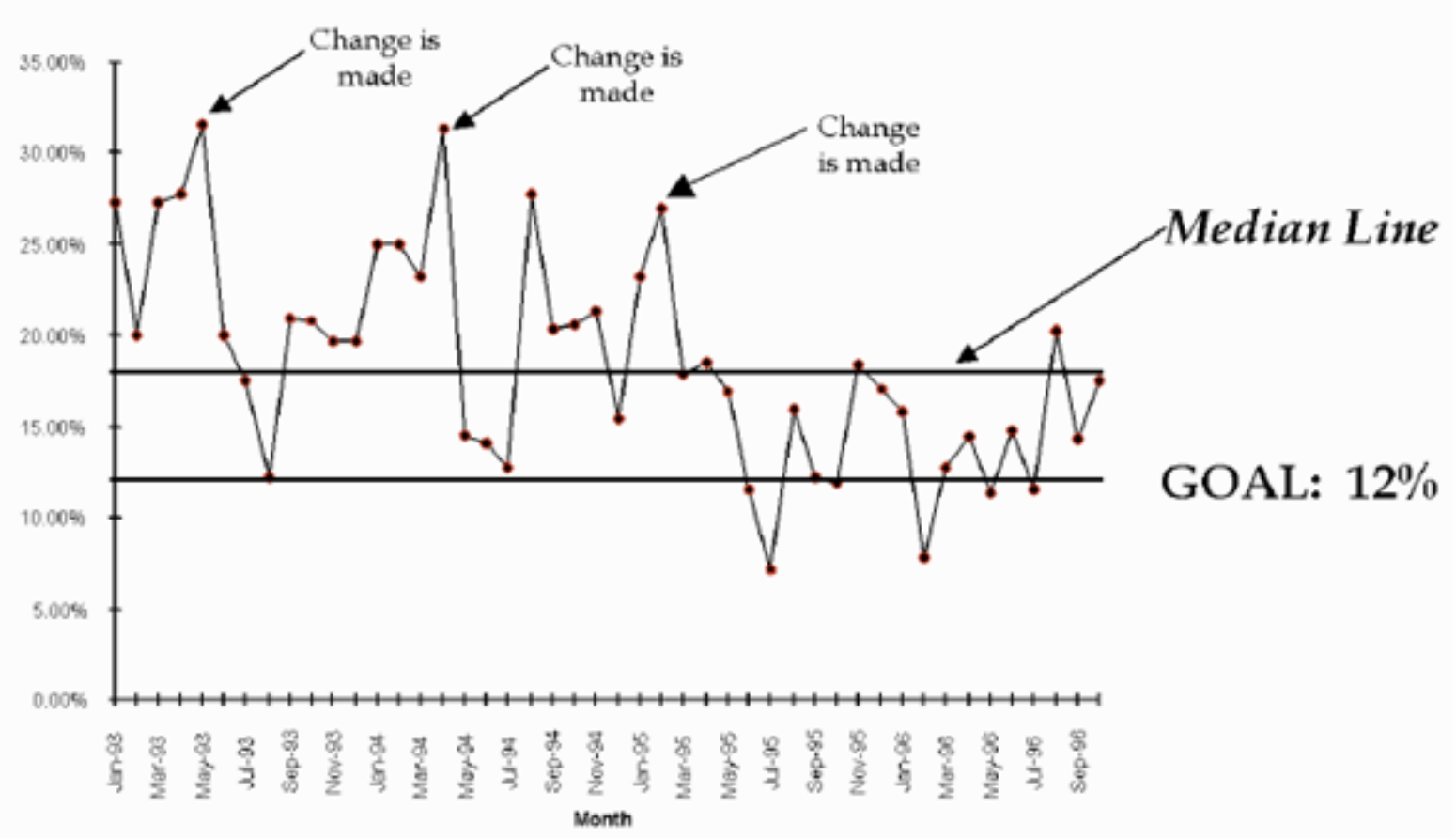
Days since last injury: **6**

New Injury

Transfer with injury

Injury free day

Run Chart


Change is made
Change is made
Change is made
Median Line
GOAL: 12%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Jan-93
Mar-93
May-93
Jul-93
Sep-93
Nov-93
Jan-94
Mar-94
May-94
Jul-94
Sep-94
Nov-94
Jan-95
Mar-95
May-95
Jul-95
Sep-95
Nov-95
Jan-96
Mar-96
May-96
Jul-96
Sep-96
Month

High Performance management System

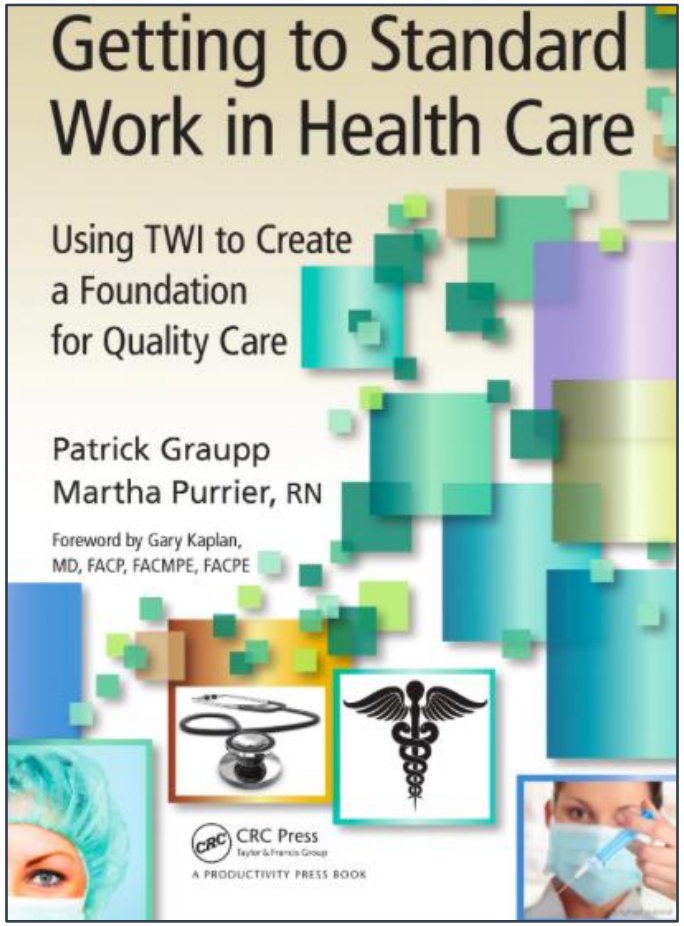
Quality Control (Operations)				Quality Improvement (System Change)		
Key Tasks	**Data for Control**	**Guidance**		**Key Tasks**	**Data for Improvement**	**Aims Alignment**

• Define core values
• Articulate principles
• Obtain and deploy resources
• Monitor "Big Dots"
• Frequent frontline observation
	• "Big Dot" system metrics, process and outcomes metrics
	• Reports to external stakeholders
		• Coaching (all tiers) in workplace
		• Monitor T2 standard work
			Tier 3 Executive, VP	• Monitor environment, anticipate change
				• Quality planning:
				  ◦ Set strategic direction
				  ◦ Commission and drive system-wide initiatives
				• Consistent messaging
				• Celebrate improvement
					• Aggregated system process and outcomes metrics
					• T2, system QI project status and metrics
					• Population, organization impact
						• Negotiate T2 strategic goals
						• Launch, prioritize system QI initiatives

• Interdepartmental coordination • Obtain and deploy resources • Define department metrics • Monitor department operations, planning	• T2 summary of daily operational issues • Standard department operational metrics	• Coaching T1 on standard work • Monitor staff, process capability • Monitor T1 standard work	**Tier 2 Dept. Manager, Director**	• Conduct root cause analysis • Quality planning: Commission T1 projects • Lead interdepartmental projects	• Aggregated unit process and outcomes metrics • T1 project status and metrics • Staff QI capacity	• Negotiate T1 goals • Launch, prioritize, monitor T2 projects
• Monitor unit operational status • Define unit standard work, metrics • Manage shift staffing, shift patient priorities, etc. • Incident response, escalation	• Summary of daily operational issues • Standard unit operational metrics • Incident reports	• Coaching "what to do and how" • Coaching on problem detection and response • Monitor frontline standard work	**Tier 1 Unit Manager**	• Coordinate with improvement specialist to surface problems, best practices • Lead T1 QI projects • Lead root cause analysis • Lead daily PDSA	• Unit project status and metrics • Problems for escalation to T2 projects • PDSA results	• Negotiate unit goals • Launch, prioritize, monitor unit-level QI projects
• Situational awareness, prioritize care tasks • Define frontline standard work • Adjust to usual process variation, patient needs • Respond to atypical process variation	• Observations of care process and environment • Patient feedback and observations • Clinical data, tallies of process operation	• Clear communication to support patient and family decisions and expectations	**Charge Nurse, Frontline Staff**	• Undertake simple process fixes ("See-Solve") • Identify ideas for change • Engage in PDSA	• Identify problems for escalation to T1 • Ideas for improvements	• Participation in QI teams for aligned improvement • Engage patients in improvement
Patient Care Interface					**Patient Care Interface**	
• Trigger acute system responses • Report on current symptoms, situation, emerging needs, etc.	• Presentation • Stories and observations • "What matters to me?"	• Candid talk, transparent dialogue • Post quality data (online)	**PATIENTS and FAMILIES**	• QI team participation	• Identify process problems, offer suggestions • Stories and observations	• Patients and families shape aims for improvement

Training Within Industry (TWI)

www.twi-institute.org



- Job Instruction (JI) - break down jobs into closely defined steps, show the procedures while explaining the key points and the reasons for the key points, then watch the student attempt under close coaching, and finally to gradually wean the student from the coaching.
- Job Methods (JM) - staff objectively evaluate the efficiency of their jobs and evaluate and suggest improvements.
- Job Relations (JR) – supervisors learn how to provide feedback and manage problems

TWI Opportunities

Core clinical tasks

- Peripheral or central line insertion
- Urinary catheter insertion and care
- Clinical care bundles (SSKIN, VAP)
- Prescribing
- Medication administration

Communication

- Handover
- Escalation

Daily Management

- Safety briefings
- Huddles
- Quality and Safety Walk Rounds

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S P R E A D

Brazil, 1928

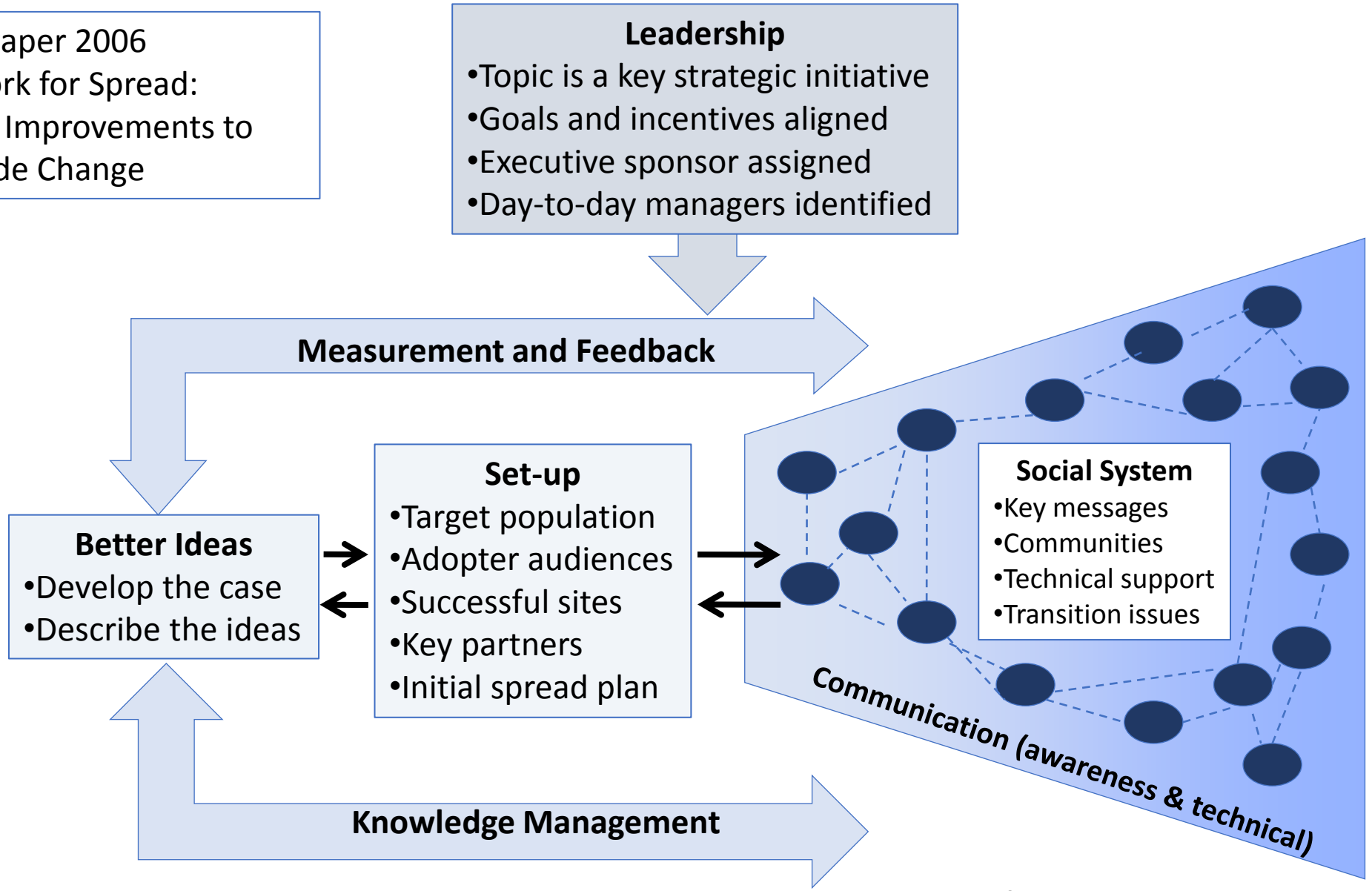

400 MILES
Rio Negro
Amazon River
Belém
Manaus
Fordlândia
Recife
PERU
BRAZIL
BOLIVIA
Atlantic Ocean
PARAGUAY
São Paulo
Rio de Janeiro

Fordlândia

Fordlândia, 2017

A Framework for Spread

IHI White Paper 2006
A Framework for Spread:
From Local Improvements to
System-Wide Change



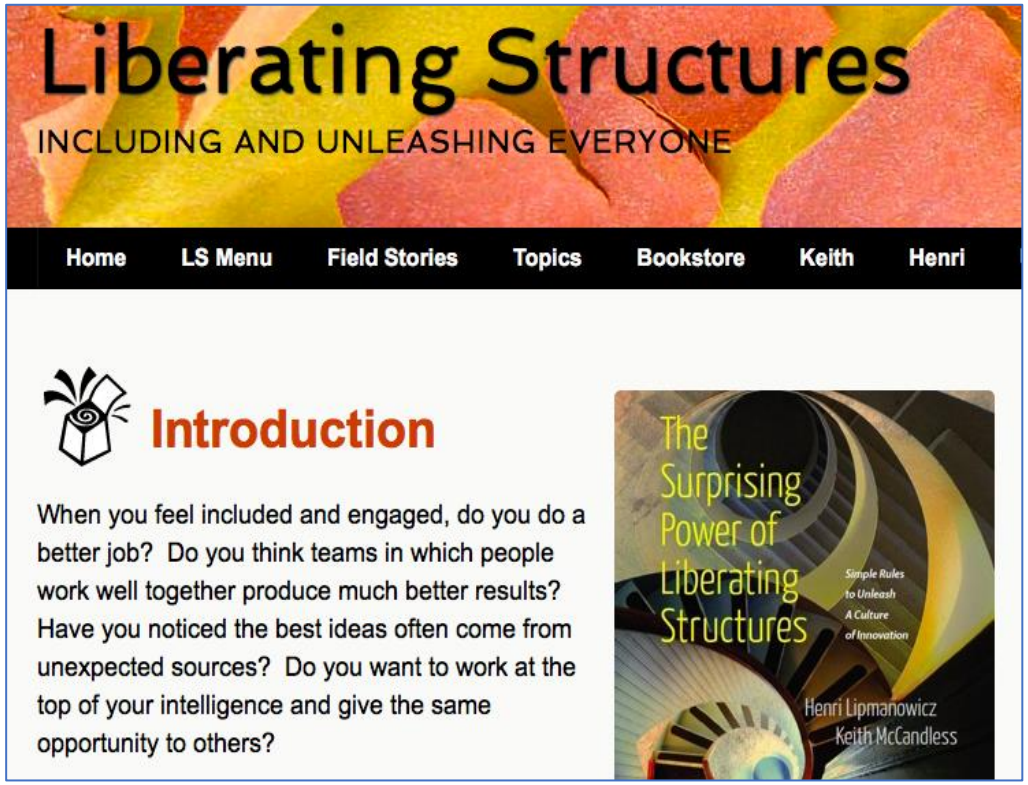
Institute for Healthcare Improvement

Spread – Frontline Ownership

www.hse.ie/eng/about/who/qid/staff-engagement/front-line-ownership/

Principles of Front Line Ownership

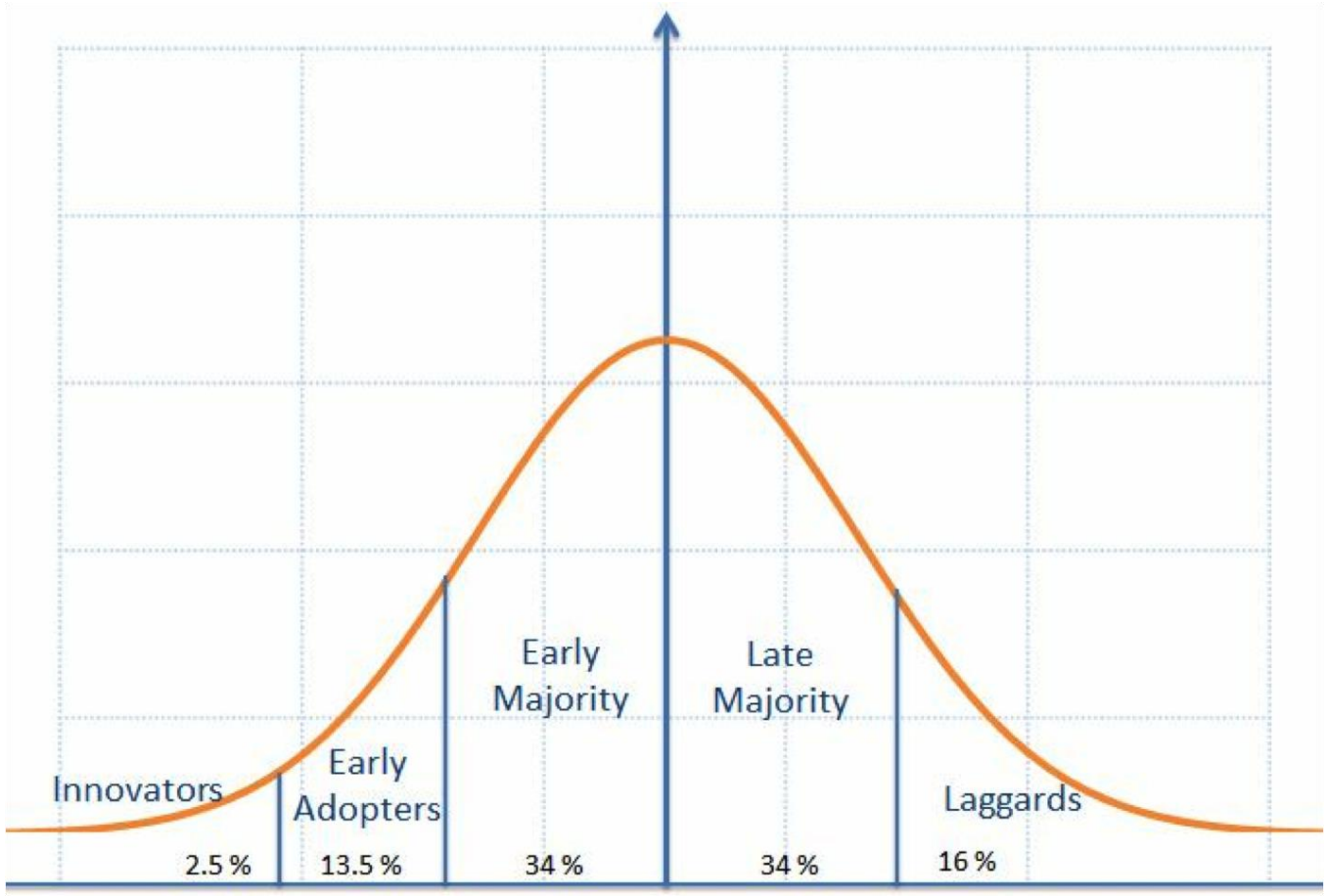
- Go slow to go fast
- Invite the unusual suspects
- Work with those who want to work with you
- Participation is voluntary
- Nothing about me without me
- Change can spread bottom up, top down, and sideways
- Make the invisible visible
- Act your way into a new way of thinking



www.liberatingstructures.com

Diffusion of Innovations

Everett Rogers, 1962



Speeding up Spread

Everett Rogers

Observability – the degree to which the results of the innovation are visible to others.

Relative Advantage – the extent to which the new idea is perceived as having benefits over existing options.

Trialability – the degree to which changes can be tested on a small scale and withdrawn if the benefits are not evident.

Simplicity – the extent to which changes are perceived to be easy to understand and apply.

Compatibility – the degree to which the change is seen as consistent with the values and past experiences of the spread population.

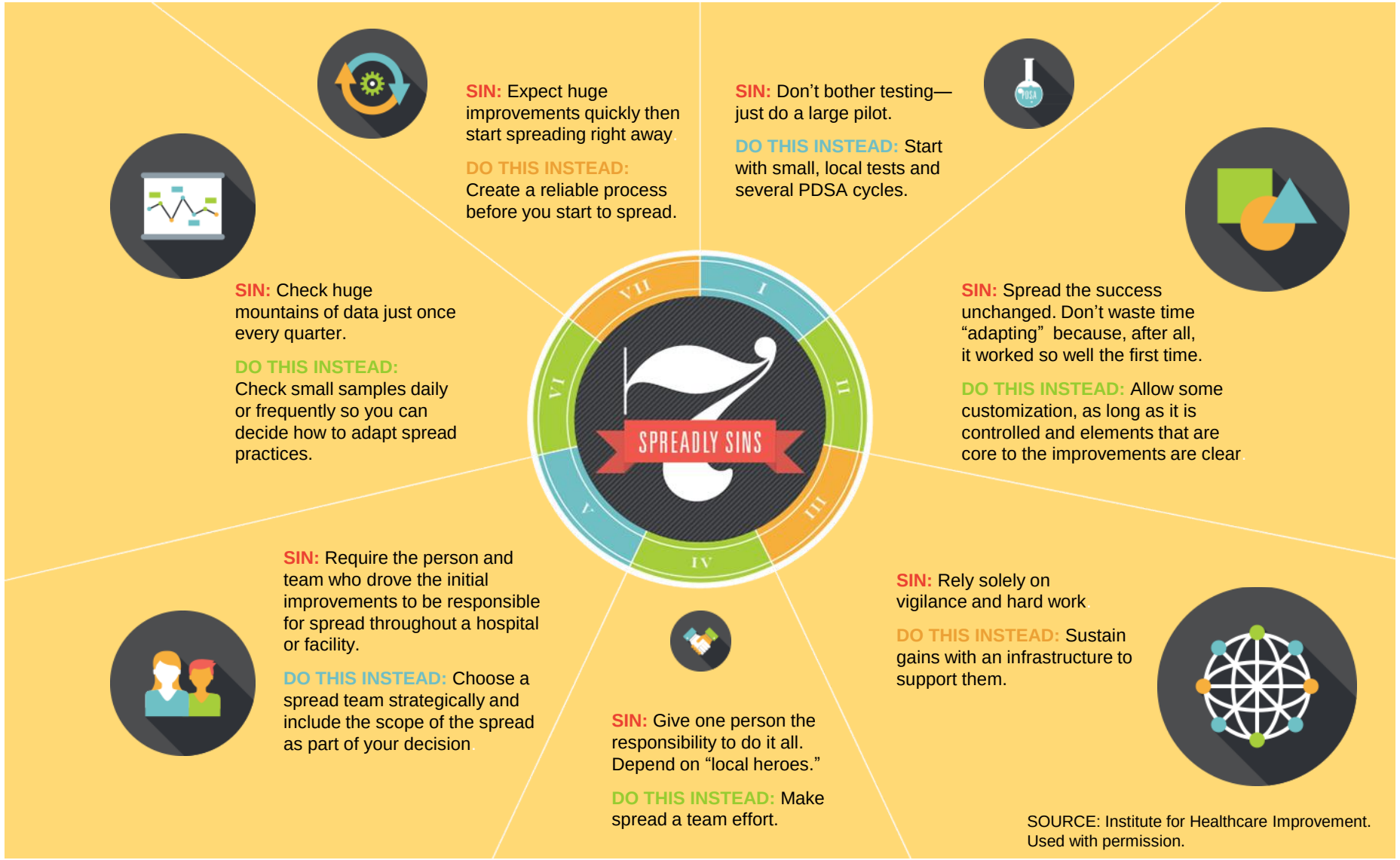
Rules for Disseminating Innovation in Health Care

Adapted from Don Berwick

	Rule	Explanation
1	**Find some innovations**	Don't assume it is happening. Medical communities are dominated by early & late majority groups. Have a deliberate policy & process for searching for innovations externally.
2	**Find & support innovators**	Identify, value and provide slack to the scouts in your organisation looking for innovation. They may not be the easiest to deal with and be "individualistic". Respect diversity.
3	**Invest in early adopters**	Invest in supporting curiosity as much as demanding compliance. Allow and support the testing of change. Ensure results are tracked and reported. Use fellowships, sabbaticals & backfilled time to support early adopters. Design spaces for networking.
4	**Make early adopter activity observable**	Use social rather than media communication channels e.g. local face to face networking – hear the news for someone familiar enough to be credible.
5	**Trust and enable reinvention**	"If you cant imitate him don't trust him", Yogi Berra. Don't mistake reinvention as resistance.
6	**Create slack for change**	Adoption takes energy – this requires investment in people and time.
7	**Lead by example**	Be prepared to begin change with yourself.

Seven Spreadly Sins

www.Impartnership.org

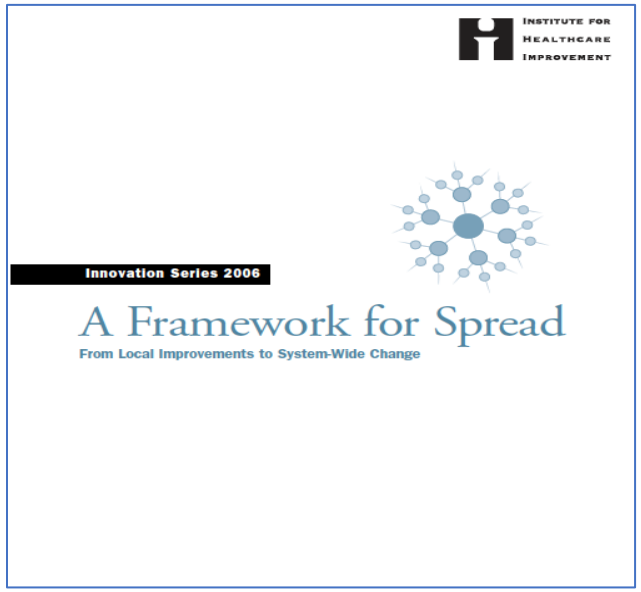


SOURCE: Institute for Healthcare Improvement. Used with permission.

Conclusions

- Sustainability & Spread are essential components of change best included from the start
- Like all quality improvement, sustainability and spread require theory, methods and a plan.
- Standardise where necessary – and no more!
- Sustainability & Spread require ongoing leadership but especially a management system.

Resources


Institute for Healthcare Improvement
Innovation Series 2006
A Framework for Spread
From Local Improvements to System-Wide Change


PROTECTING
5 Million
lives
FROM HARM
IHI.org
Getting Started Kit:
Sustainability and Spread
How-to Guide


Institute for Healthcare Improvement
WHITE PAPER
Sustaining Improvement
AN IHI RESOURCE
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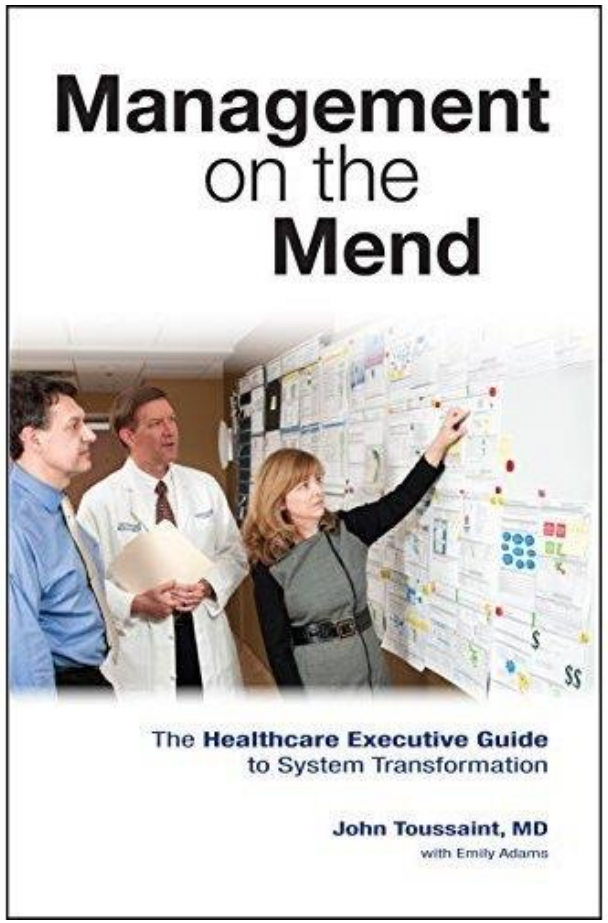
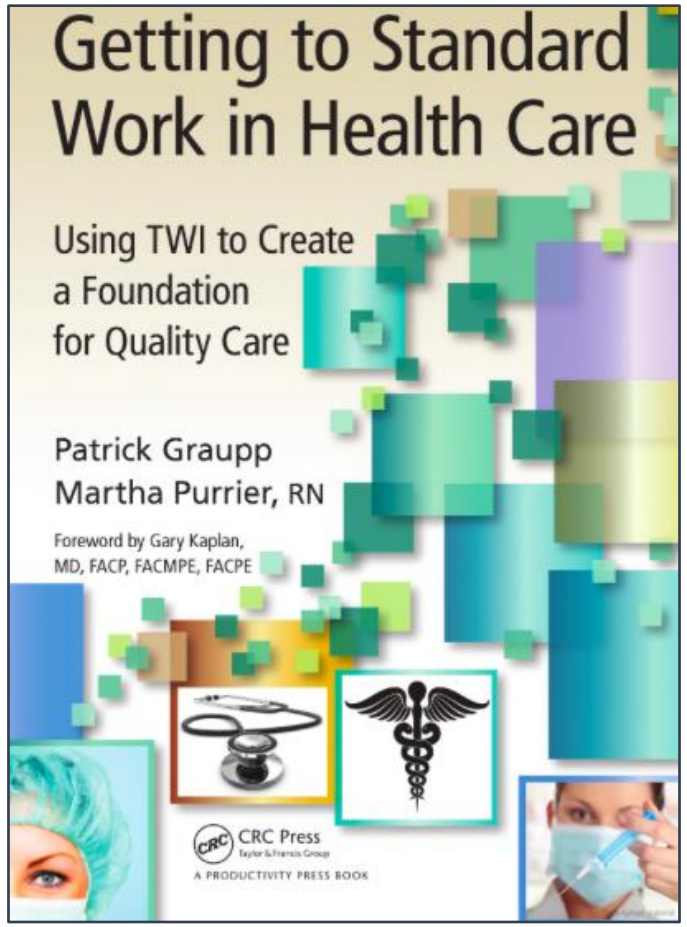
How to Cite This Paper: Scoville R, Little K, Rakover J, Luther K, Mate K. Sustaining Improvement. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at IHI.org)

Resources


Management
on the
Mend
The Healthcare Executive Guide
to System Transformation
John Toussaint, MD
with Emily Adams


Getting to Standard
Work in Health Care
Using TWI to Create
a Foundation
for Quality Care
Patrick Graupp
Martha Purrier, RN
Foreword by Gary Kaplan,
MD, FACP, FACMPE, FACPE
CRC Press
A PRODUCTIVITY PRESS BOOK


Quality
Improvement
Hub
THE SPREAD AND
SUSTAINABILITY OF QUALITY
IMPROVEMENT IN HEALTHCARE
A resource to increase understanding of the 10 key factors underpinning
successful spread and sustainability of quality improvement in NHSScotland
evaluation
culture
knowledge into
action
leadership
measurement
innovation
change
management
human factors
empowerment
engagement

Thank You

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Watch recorded webinars at your convenience on HSEQID QITalktime page

Next Webex – to be confirmed

Thank you from all the team @QITalktime
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Noemi.palacios@hse.ie

QI TALK TIME

Building an Irish Network of Quality Improvers