International Forum on
QUALITY & SAFETY
in HEALTHCARE
LONDON

10-12 April 2024
ExCeL London
London, UK

Institute for Healthcare Improvement
BMJ

Enabling change across a whole system

Session A2

11.00 – 12.15

"Tomorrow belongs to those who can hear it coming"
David Bowie
Heroes

Today's session is part of the "Change" theme at the International Forum

The "Change Rebels Salon" each day

~~16:45-17:45 M14 today~~

12.30- 1300 L5 Thursday Capital Suite 14-16

12.30- 1300 L12 Friday Capital Suite 6 & 13

Thursday

~~*1100-1215: Nuka – 25 years of community-driven transformation: remarkable clinical, cost, and happiness achievements* A1~~

<mark>1100-1215*: Enabling change across a whole system* A2</mark>

1315-1430: Breaking the rules and co-developing better care systems from the inside out B2

1500-1600: *Creating a culture that fosters creativity and new approaches to quality improvement* C2

Friday

1100-1215*: Change happens one person at a time* D2

1315-1430*: Creating change together* E2

1500-1600*: The future of change* F2

Recurring (& interconnected) themes in approaches to making large scale change happen

Moving together towards a shared direction

Co-producing change: "with" & "by", not "to" or "for"

Setting up systems for experimental learning & unlearning: "doing the right next thing"

Changing yourself as a resource for change

Developing leaders everywhere: sustainable systems of distributed leadership

Creating the conditions for emergent change

Shaping networks to shape opinions

Building power: a spectrum of allies AND working through pillars of formal power

Source: Concept review by Helen Bevan and Goran Henriks

Joining instructions

Go to

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Or use QR code

Where in the world...

Add questions or comments

Joining instructions

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Or use QR code

Adapting improvement education to context: small-scale projects or diverse and reflective portfolios?

Doctoral Research in Pre-registration Nurse Education

QI EDUCATION IS COMPLEX

MEASURE LEARNER ENGAGEMENT

CREATE DIVERSE QI ACTIVITIES

Lorraine Armstrong
Lecturer in Nursing
University of Stirling

@LarmstrongQ

Adapting improvement education to context: small-scale projects or diverse and reflective portfolios?

Lorraine Armstrong
Professor Fiona Harris
Professor Ashley Shepherd

Declaration of interest

**University of Stirling have funded the following PhD research study and conference attendance
No payment has been received to talk or provide advice**

Quality Improvement education is a complex intervention

Measure engagement as a QI educational outcome

Diverse and reflective longitudinal QI learning activities

Future nurse:
Standards of
proficiency for
registered nurses

Published 17 May 2018

NMC Nursing &
Midwifery
Council

Platform 6
Improving safety
and quality of care

Registered nurses make a key contribution to the
continuous monitoring and quality improvement of care
and treatment in order to enhance health outcomes
and people's experience of nursing and related care.
They assess risks to safety or experience and take
appropriate action to manage those, putting the best
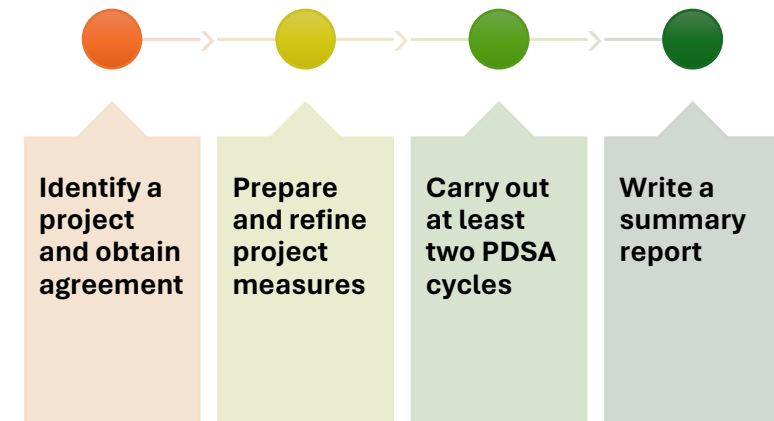interests, needs and preferences of people first.
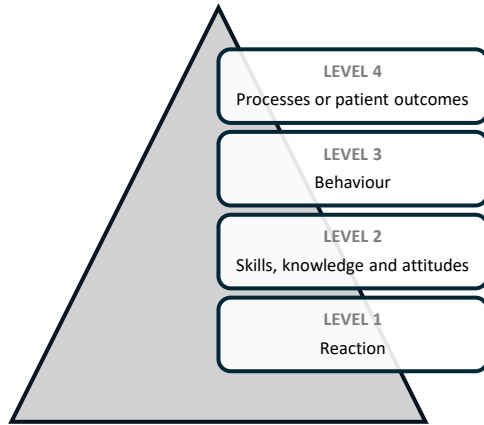
SMALL-SCALE PROJECTS

2013-2019

Table 1
Quality improvement curriculum content.

Semester	IHI open school courses	Teaching
1.		Person/Patient Centred Care
		Introduction to the concept of quality in healthcare
		Example of quality initiatives in action – Scottish Patient Safety Programme
2.	QI101 Fundamentals of Improvement	QI Questions in MCQ Exam
	PS100 Introduction to Patient Safety	Evidence-based learning
	PS101 Fundamentals of Patient Safety	
3.	PS102 Human Factors and Safety	Evidence informed practice
	PS103 Teamwork and Communication	Quality Improvement Model
	QI102 The Model for Improvement: Your Engine for Change	
4.	QI103 Measuring for Improvement	Improvement and Safety
	QI104 Putting it All Together: How QI Works in Real Health Care Settings	QI Questions in MCQ Exam
	QI105 The Human Side of QI	Practice-based Assignment – Care Partnerships Care Study
5.	QI106 Level 100 Tools	Tools for Quality Improvement
6.	PS104 Root Cause and System Analysis	Decision-making
	PS105 Communicating with Patients after Adverse Event	Evidence for Practice
		Resources for Practicum online
7.	PS106 Introduction to the Culture of Safety	Podcasts × 2
	L101 So You Want to Be a Leader in Health Care	Introduction to Practicum
		Practicum: Essential Skills Workshop
		Preparing to work at SCQF level 10
		Practicum Assignment Q&A
		Resilience Workshop
8.		Collaborative Improvement Project (Practicum)
		Practice events
		Online/email/telephone/interview/workshop support
		Reading week

Identify a project and obtain agreement → **Prepare and refine project measures** → **Carry out at least two PDSA cycles** → **Write a summary report**

LEVEL 4
Processes or patient outcomes

LEVEL 3
Behaviour

LEVEL 2
Skills, knowledge and attitudes

LEVEL 1
Reaction

An evaluation of approaches used to teach quality improvement to pre-registration healthcare professionals: An integrative review

Lorraine Armstrong[a,*], Ashley Shepherd[a], Fiona Harris[b]

SKILLS
COMPETENCE
EXPERIENCE
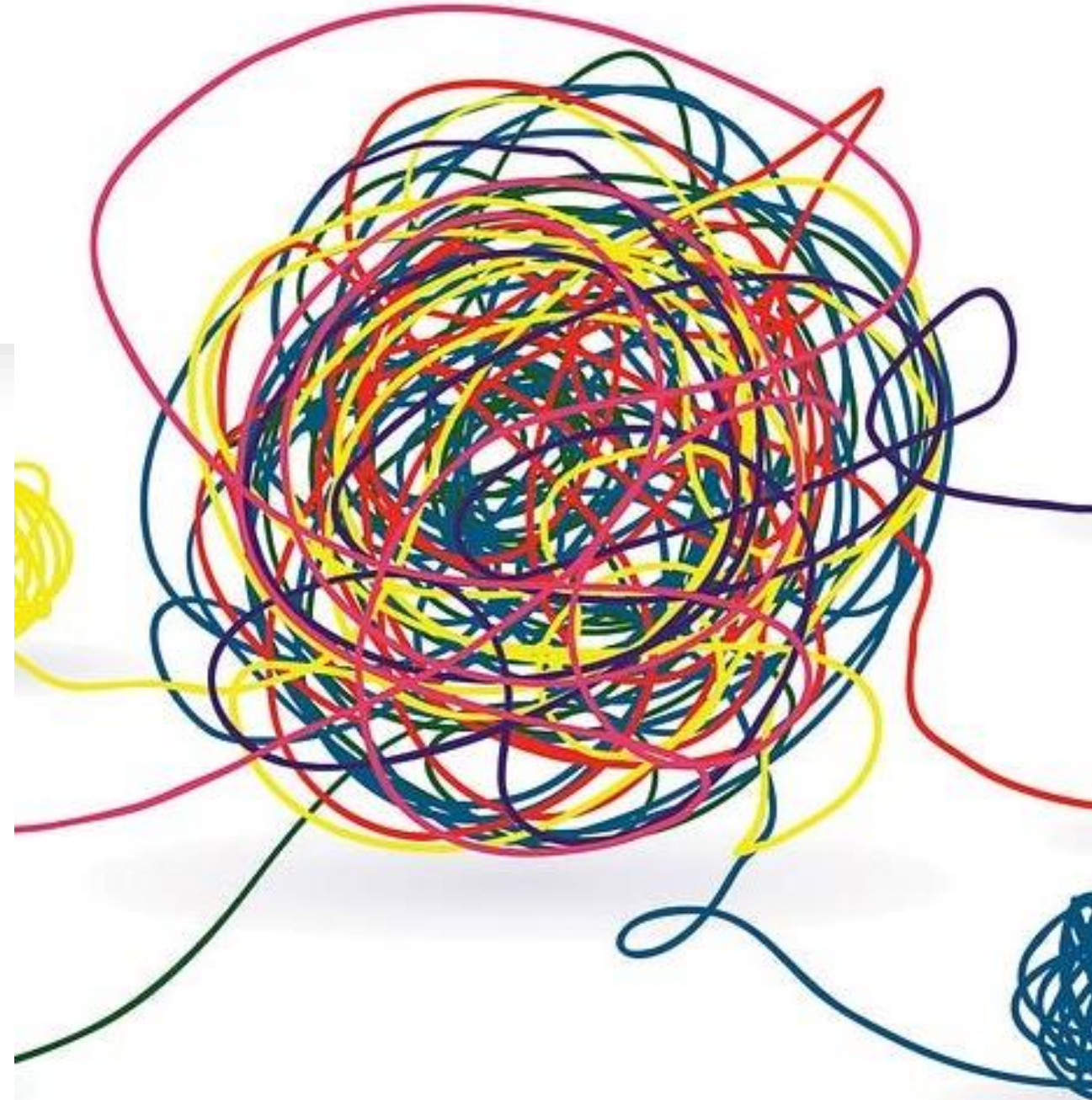LEARNING
KNOWLEDGE
ABILITY
TRAINING
GROWTH

- Kirkpatrick Evaluation Model (2009) for educational outcomes

- Experiential learning most common teaching approach

- Learning situated in practice lacked contextual description

- QI related behaviour not explored in any study

- Pre/post surveys limits understanding

QI education is a complex intervention!

Multiple components at different system levels:

- faculty
- curriculum
- learner
- stakeholders
- QI endeavour
- practice setting
- organisational culture
- interprofessional teams
- students' own motivations

Skivington K et al. A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance *BMJ* 2021; 374

Understanding the influence of context and practitioners' improvement behaviours is a fundamental principle of improvement science (Bates et al. 2017)

- What contextual factors influence the QI learning experiences of third year student nurses in the practice setting?

- How do these contextual factors interplay throughout the QI learning process and across different practice settings?

- How do students experience QI as Registered Nurses?

Ethnography | acute setting | 8 weeks | 9 wards | 30 students | 8hrs observed | documentary analysis

5 focus groups | 10 interviews | 4 in-depth case studies | cross-case analysis | 10 follow up longitudinal interviews

Summary of findings

- Sixteen contextual factors – six themes

- Contextual factors experienced in all settings (positive/negative)

- Combination of factors influenced level of QI engagement

- Positive QI experiences correlated with sustained engagement
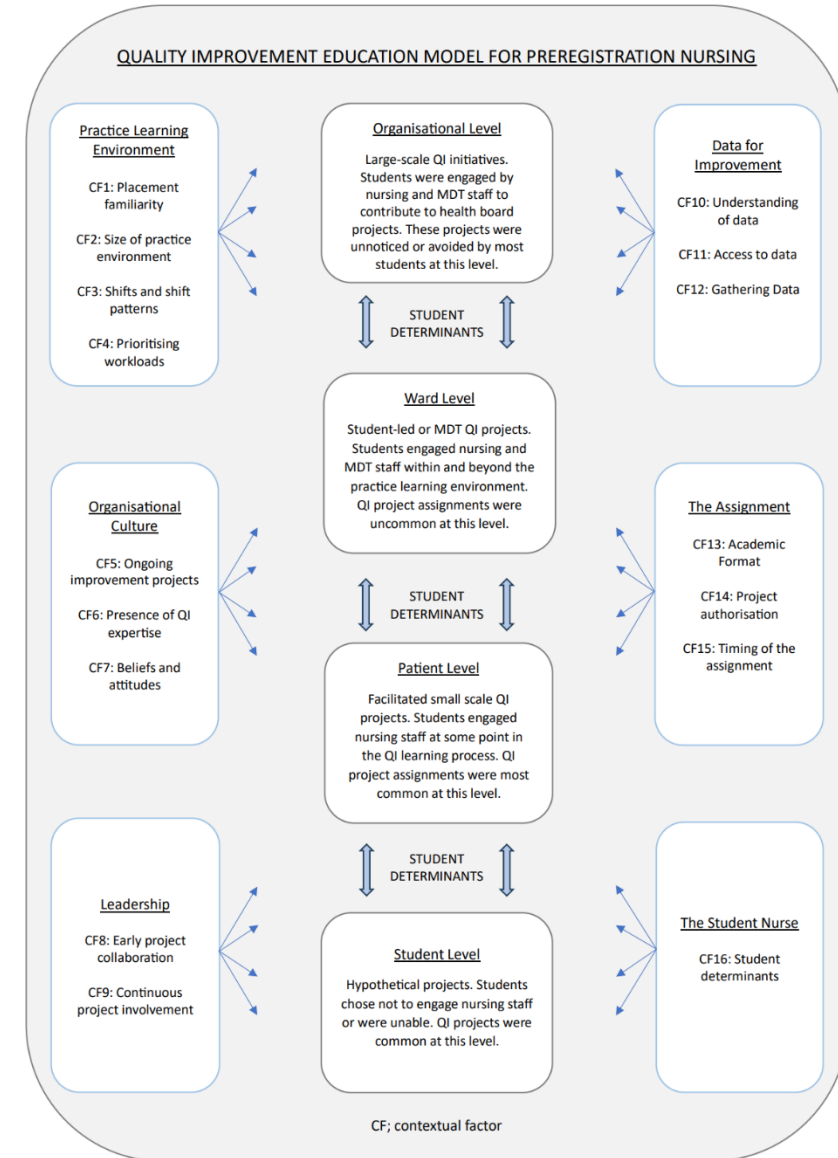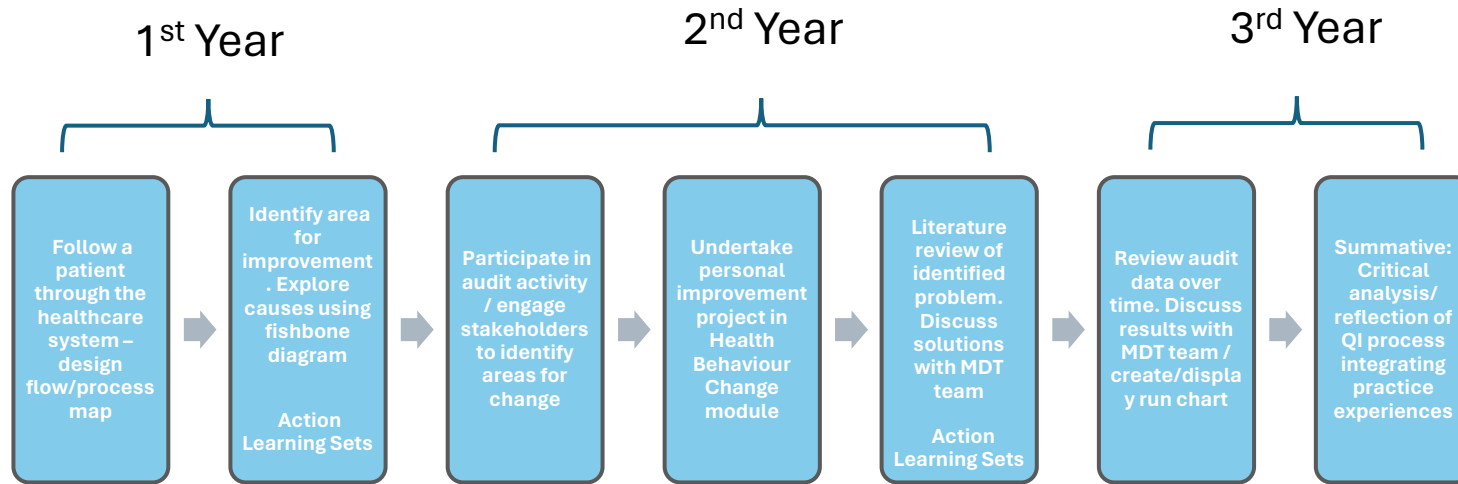
Diverse and reflective longitudinal QI learning activities!

- Small-scale improvement projects create inequity of QI learning

- Student engagement in QI is influenced by one practice setting

- Exposure to diversity of practice contexts could increase engagement

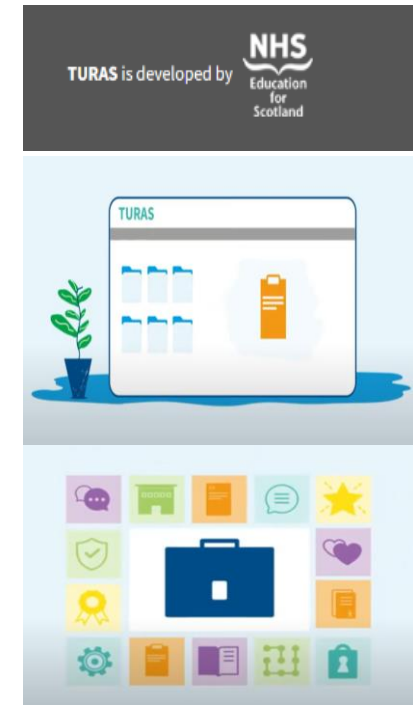- Regular and timely reflective discussion about contextual factors

LONGITUDINAL / DIVERSE PORTFOLIOS

2020-CURRENT


TURAS | Nursing and Midwifery Portfolio

1st Year	2nd Year	3rd Year

| Follow a patient through the healthcare system – design flow/process map | Identify area for improvement. Explore causes using fishbone diagram

Action Learning Sets | Participate in audit activity / engage stakeholders to identify areas for change | Undertake personal improvement project in Health Behaviour Change module | Literature review of identified problem. Discuss solutions with MDT team

Action Learning Sets | Review audit data over time. Discuss results with MDT team / create/display run chart | Summative: Critical analysis/ reflection of QI process integrating practice experiences |
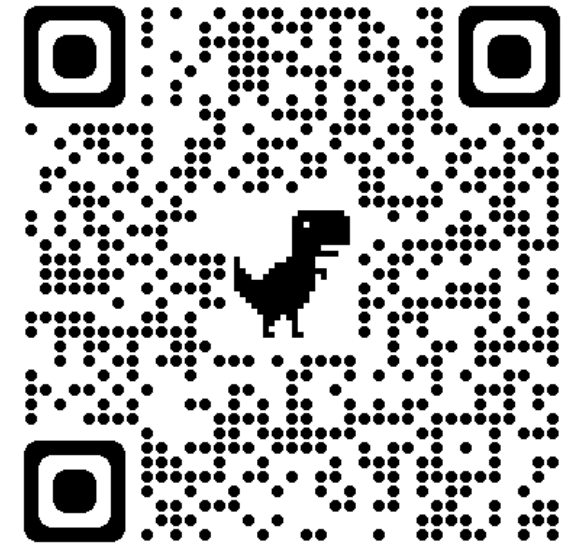
How, and under what contexts, do academic–practice partnerships collaborate to implement healthcare improvement education into preregistration nursing curriculums: a realist review protocol

Lorraine Armstrong [1], Chris Moir,[2] Peta Taylor[3]
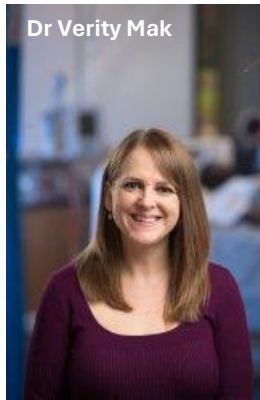
Dr Verity Mak

Quality Improvement
education is a complex
intervention

Measure engagement
as a QI educational
outcome

Reflect upon
longitudinal QI port-
folios which offer
diversity

International Forum on Quality and Safety

Expert Opinion

In your role, how will you influence the development of QI activities which learners can engage with as part of everyday practice, and what challenges or benefits might be predicted?

Local Is Global: Advancing Healthcare Delivery and Quality on the International Stage

Jonathan Wetzel

Executive Director, Mount Sinai International

Mount Sinai Health System (New York, New York, USA)

Tao Xu, MD

Medical Director, Mount Sinai International

Associate Professor, Icahn School of Medicine at Mount Sinai

Mount Sinai Health System (New York, New York, USA)

Mount Sinai

Pop Quiz!

Guess the country where each food item is offered:

Crepes

Bulgogi Burger

Grilled Halloumi Cheese Muffin

McFalafel Wrap

Chicken McDo

McAllo Tikki

Declaration of Interest

The presenters have nothing to declare.

Who we are & where we started
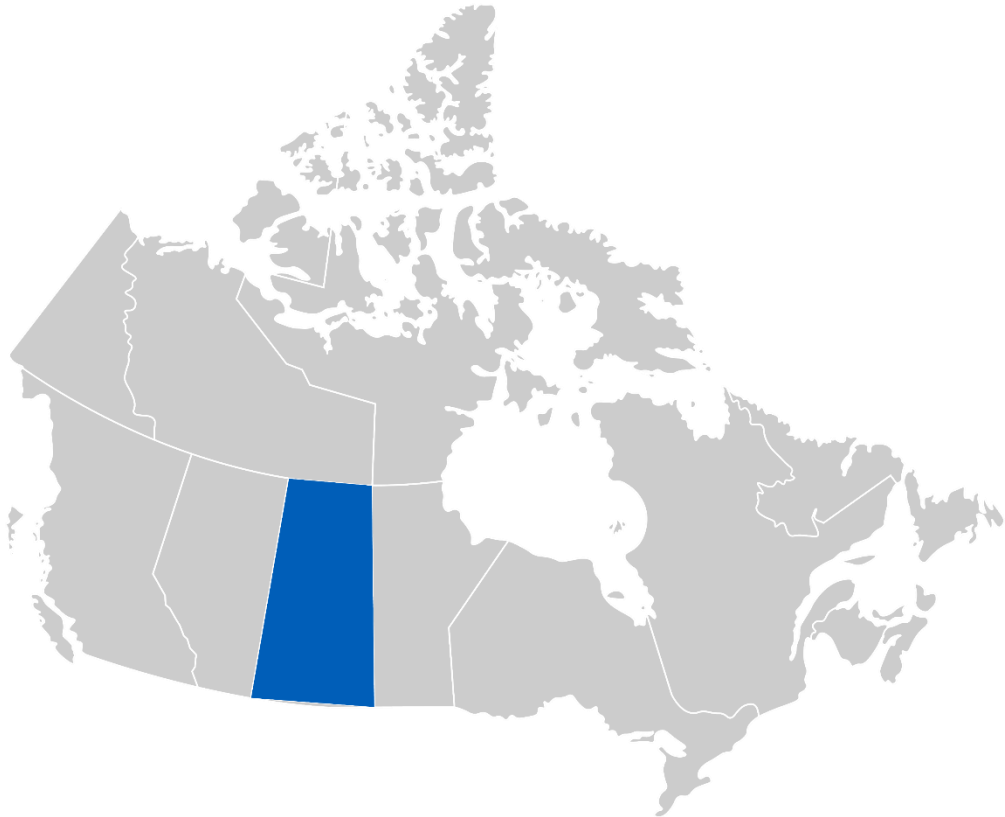
Our Mission

Accelerate the improvement of health & health care throughout Saskatchewan

Our Purpose

- Assess the quality of health and healthcare
- Build capacity for quality improvement
- Promote research and education leading to improvement

SASKATCHEWAN
HEALTH
QUALITY
COUNCIL

Our health system has **evolved**

Our health system has evolved, and we need to evolve with it. To fulfill our mission of accelerating improvement in health and health care, we have identified two focus areas dedicated to addressing vital community needs.

Thrive at Home

Four Winds

The strategic question we must ask ourselves isn't just, "What will we focus on?" but:

How can we **accelerate** change?

How we accelerate change

A four-stage approach is applied to any project, initiative, or strategy we undertake as an organization. We're committed to collaborating, integrating, and synergizing with our health system partners and community organizations to ensure the best possible outcomes.

UNDERSTAND THE SYSTEM

OUTCOME:
Evidence & consensus has been achieved.

TACTICS

- GATHER INTELLIGENCE
- ENGAGE STAKEHOLDERS
- CONDUCT ANALYSES
- BUILD CAPABILITIES

BUILD SHARED COMMITMENT

OUTCOME:
Commitment to address quality gap has been made with actionable plans in place.

TACTICS

- DEVELOP THE CASE FOR CHANGE
- SUPPORT CONCEPT IMPLEMENTATION
- ENGAGE STAKEHOLDERS

CREATE CONDITIONS FOR MOBILIZATION

OUTCOME:
Conditions have been created to accelerate change-at-scale among partners.

TACTICS

- MEASURE & EVALUATE
- CONVENE COLLABORATORS
- DEVELOP THE SKILLS FOR IMPROVEMENT
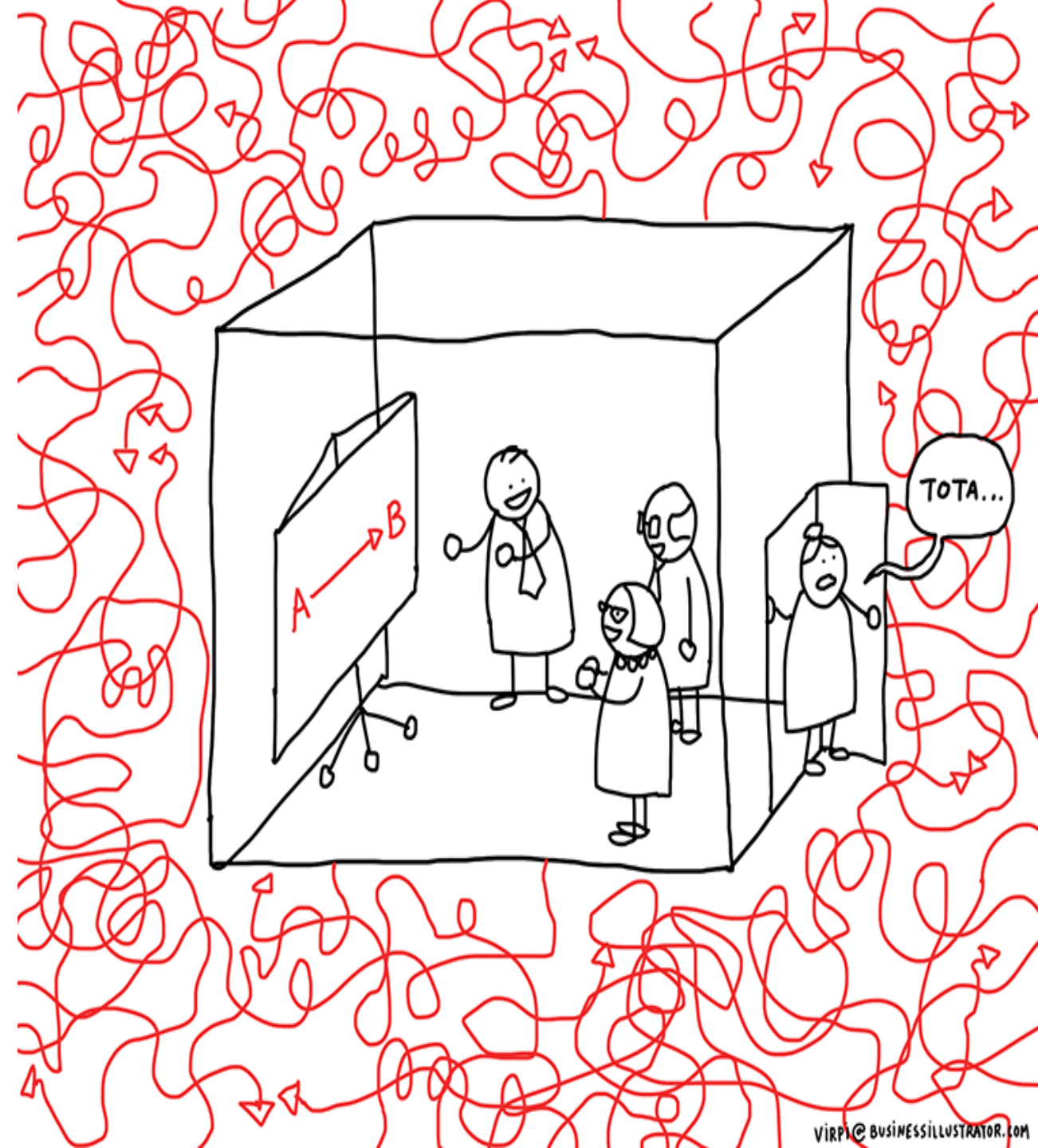- ALIGN INITIATIVES

ORGANIZE FOR ACTION

OUTCOME:
Partners are rapidly testing, learning, sharing & demonstrating improvements.
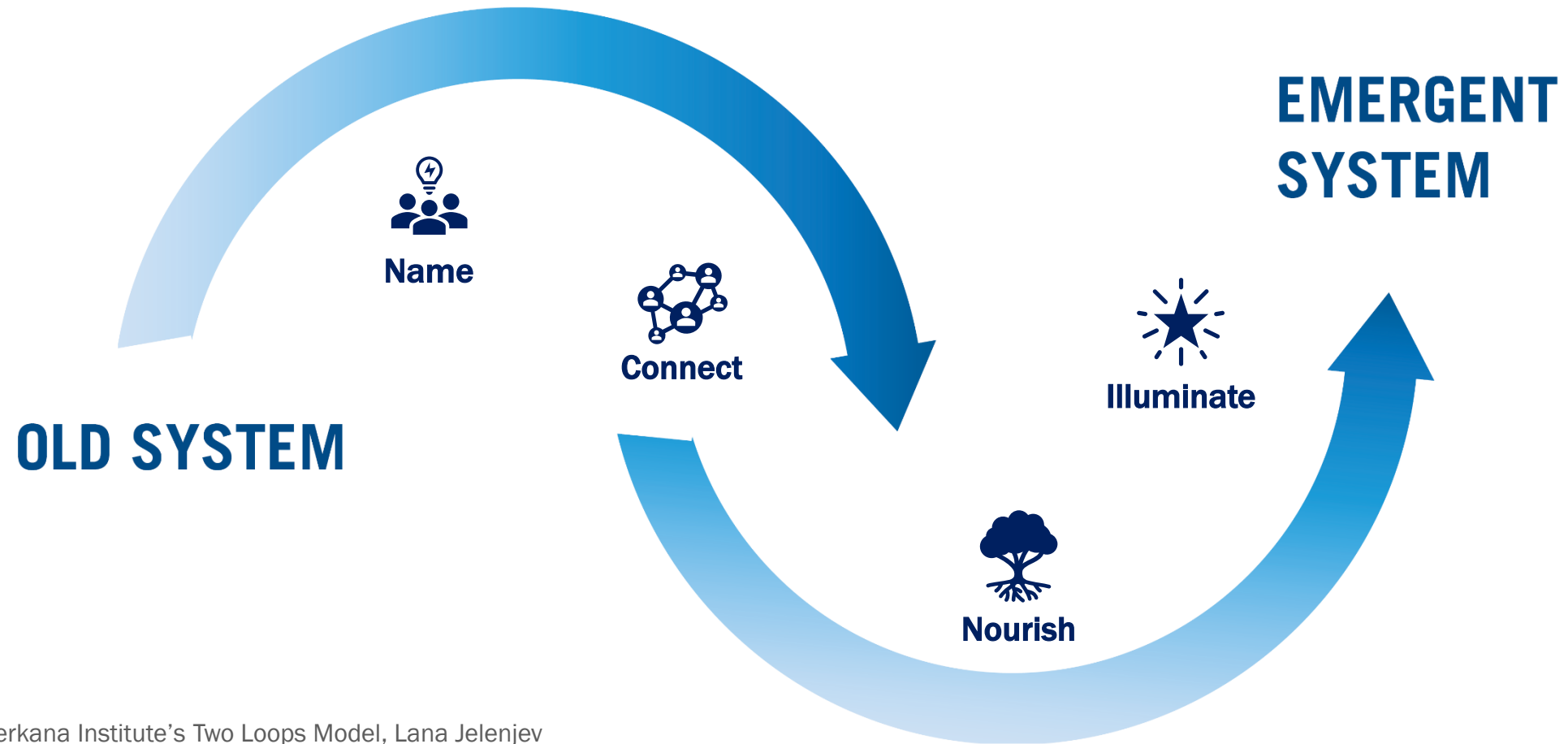
TACTICS

- SUPPORT TESTING & ADAPTATION
- FACILITATE COLLABORATION
- MEASURE & EVALUATE
- COMMUNICATE

Complexity
isn't linear

Networks create conditions for **emergence**

Name

Connect

Nourish

Illuminate

OLD SYSTEM

EMERGENT SYSTEM

Adapted from: Berkana Institute's Two Loops Model, Lana Jelenjev

Networks create conditions for emergence to thrive

"The world doesn't change one person at a time. It changes as networks of relationships form among people who discover they share a common cause and visions of what's possible."

- Margaret Wheatley

What we're doing next

Moving from concept to reality

System Convening

Accelerated Design Event (ADE):
- Build shared purpose
- Inspire creative solutions to test and explore

Innovation Network:
- Convene new partners, building on momentum generated at the ADE

Evaluation
- Use Developmental Evaluation to inform 'just in time' decisions
- Cultivate ways to evaluate the value of relationships and networks (e.g., Social Network Analysis)

Embrace emergence

Foster relationships

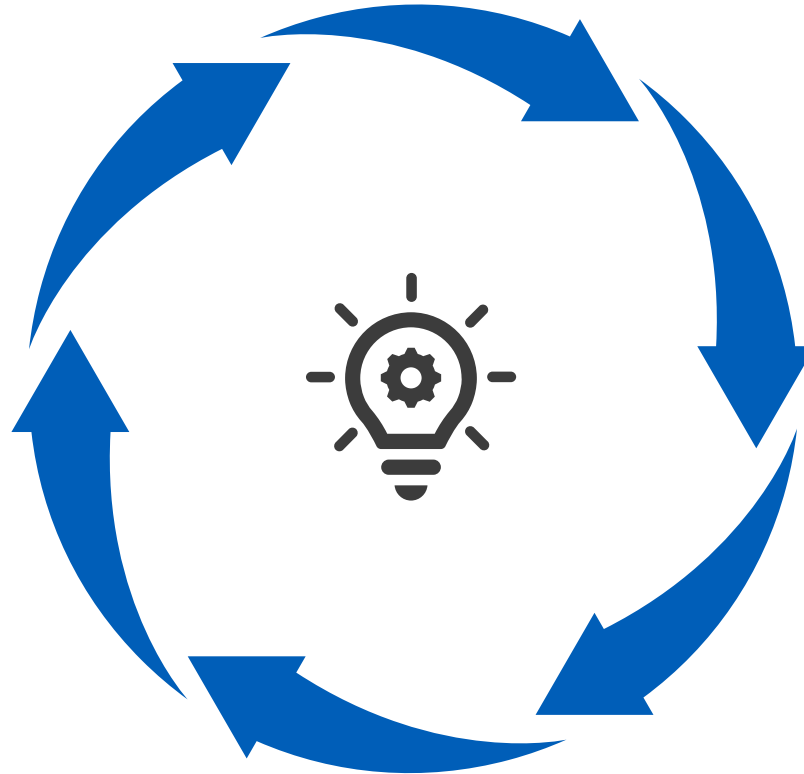Focus on building relationships with influential groups.

Nurture connection

Create space to share ideas and build connections.

Co-create new methods

Together, think the unthinkable.

Ignite curiosity

Inspire others to get involved and demonstrate value.

Allow solutions to emerge

Let creative solutions emerge naturally.

Be agile

Be open and responsive to the activities emerging from networks.

Let's keep in touch

If you're interested in our work and want to share ideas, we'd love to hear from you!

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Local Is Global: Advancing Healthcare Delivery and Quality on the International Stage

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Mount Sinai

Mount Sinai Health System at a Glance

43,000+ Employees

1 Leading Medical School
Icahn School of Medicine at Mount Sinai

1 Renowned Nursing School
Mount Sinai Phillips School of Nursing

8 Hospitals

3,919 Beds

7,400+ Physicians

2,600+ Residents and Fellows

5,000+ Alumni

4.2M+ Patient Visits Annually

$11.3B Revenue Annually

410+ Network Outpatient Practices

As of Feb 2023
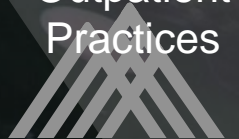
Mount Sinai

Mount Sinai International: Global Collaborations

Consulting **Training** **Co-Branding**

Finland

Italy

Netherlands

Belgium

Spain

Guyana

Colombia

Paraguay

Kazakhstan

China

India

Japan

South Korea

Vietnam

Thailand

Singapore

Active   Completed
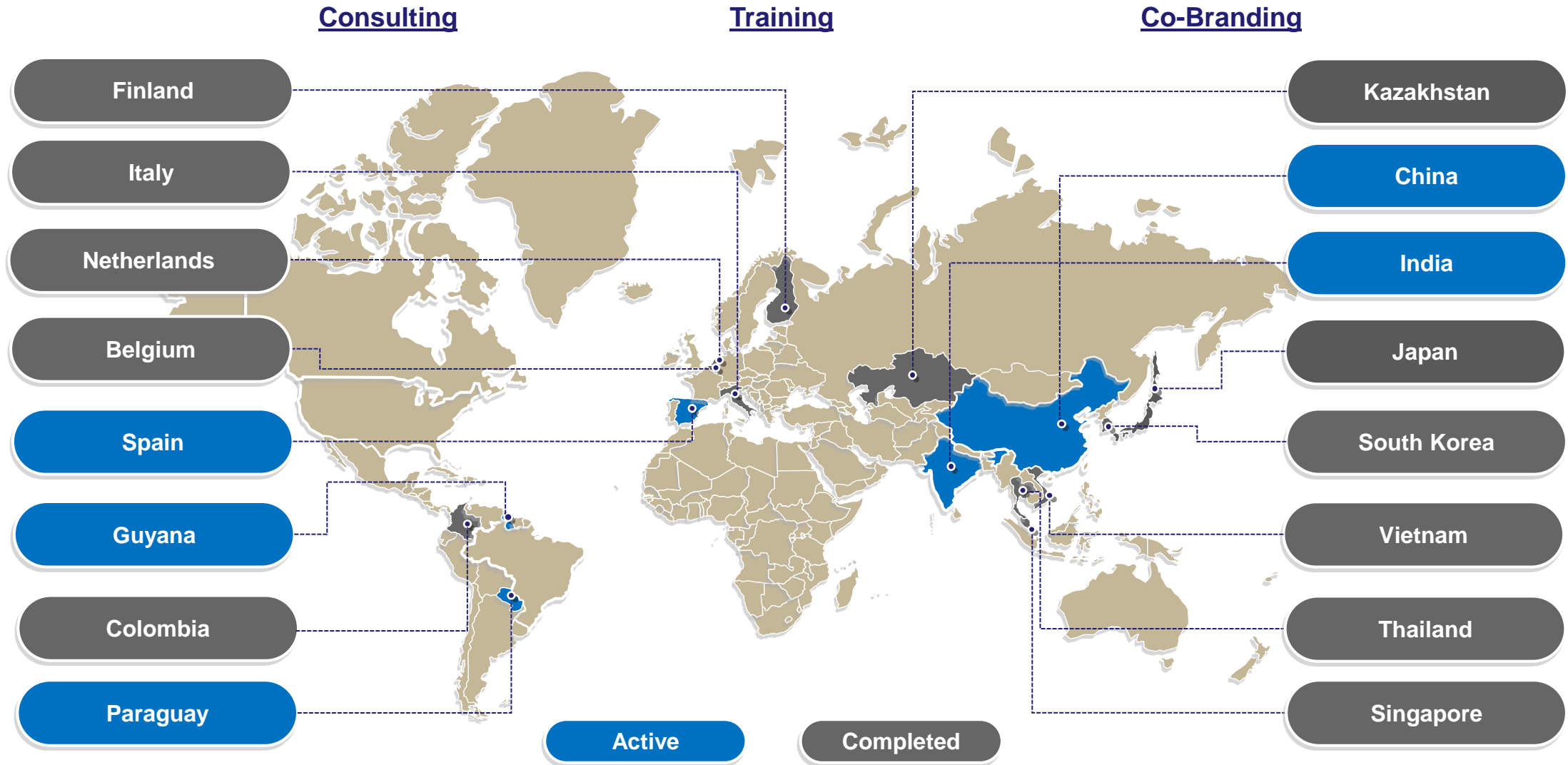
Brief Background on International Healthcare Systems and Collaborations

	High-income countries	
Catheter-related UTI	402 (214–620)	
Adverse drug events	779 (350–1332)	
Falls in the hospital	27 (6–51)	
CR blood stream infections	1126 (328–2088)	
Nosocomial pneumonia	2545 (1673–3703)	
Decubitus ulcers	134 (58–268)	
Venous thromboembolisms	2282 (1054–3855)	
Total	7208 (5371–9271)	
Low-income and middle-income countries		
Catheter-related UTI	3420 (450–8012)	
Adverse drug events	1435 (126–3453)	
Falls in the hospital	76 (6–169)	
CR blood stream infections	2150 (958–4065)	
Nosocomial pneumonia	2674 (996–5403)	
Decubitus ulcers	291 (104–652)	
Venous thromboembolisms	5399 (1126–11 730)	
Total	15 454 (9009–23 607)	

Table 4 Disability-adjusted life-years (DALYs) lost and source of the DALYs, in 2009

	DALYs*	Short-term disability (%)	Long-term disability (%)	Premature death (%)
High-income countries				
Catheter-related UTI	402 (214–620)	2.2	0.1	97.7
Adverse drug events	779 (350–1332)	5.7	0.3	94.0
Falls in the hospital	27 (6–51)	27.5	6.0	66.5
CR blood stream infections	1126 (328–2088)	3.0	0.2	96.8
Nosocomial pneumonia	2545 (1673–3703)	1.4	0.0	98.5
Decubitus ulcers	134 (58–268)	5.9	4.4	89.8
Venous thromboembolisms	2282 (1054–3855)	28.2	7.4	64.4
Total	7208 (5371–9271)	15.7	5.7	78.6
Low-income and middle-income countries				
Catheter-related UTI	3420 (450–8012)	0.7	0.0	99.4
Adverse drug events	1435 (126–3453)	2.3	0.1	97.6
Falls in the hospital	76 (6–169)	26.9	5.9	67.2
CR blood stream infections	2150 (958–4065)	3.0	0.2	96.8
Nosocomial pneumonia	2674 (996–5403)	1.4	0.0	98.5
Decubitus ulcers	291 (104–652)	30.0	5.6	64.4
Venous thromboembolisms	5399 (1126–11 730)	26.8	7.0	66.1
Total	15 454 (9009–23 607)	14.1	5.2	80.7
Total (combined)				
Catheter-related UTI	3822 (844–8412)	0.8	0.0	99.4
Adverse drug events	2214 (807–4274)	3.4	0.2	96.7
Falls in the hospital	103 (29–199)	27.0	5.9	68.1
CR blood stream infections	3276 (1752–5379)	3.0	0.2	98.2
Nosocomial pneumonia	5219 (3226–8120)	1.4	0.0	99.1
Decubitus ulcers	426 (209–804)	13.8	4.8	82.7
Venous thromboembolisms	7681 (3115–14 034)	27.3	7.1	70.7
Total	22 644 (15 899–30 979)	14.4	5.3	80.2

*All DALY numbers are in thousands.
DALYs, disability-adjusted life years.

So, What Are We Talking About Here?

Glocalization

/ˌɡləʊk(ə)lʌɪˈzeɪʃ(ə)n/

noun

the practice of conducting business according to both local and global considerations

Case Example #1

"Tools to Understand the Local Healthcare Culture and Delivery System"

Tools to Understand the Local Healthcare Culture and Delivery System

High-level example: Embracing diversity

CHINA

- ▶ Mostly universal coverage
- ▶ Limited focus on screening and prevention vs. acute / emergent care
- ▶ Tiered hospital system
- ▶ Limited outpatient capacity (hospital centric)
- ▶ Less consumer centric

GERMANY

- ▶ First social health insurance system in the world (1883)
- ▶ Mandatory coverage
  - – Gesundheitsfonds
  - – Private Insurance (optional)
- ▶ Coverage and access limitations
- ▶ Multiple entry points
- ▶ Capitation and Fee-For-Service
- ▶ Quality conscious

UNITED STATES

- ▶ Multi-Payer system
- ▶ Underinsured issue
- ▶ Shift from inpatient to outpatient care
- ▶ Consumer centric
- ▶ Heightened focus on Fee-For-Value

Tools to Understand the Local Healthcare Culture and Delivery System
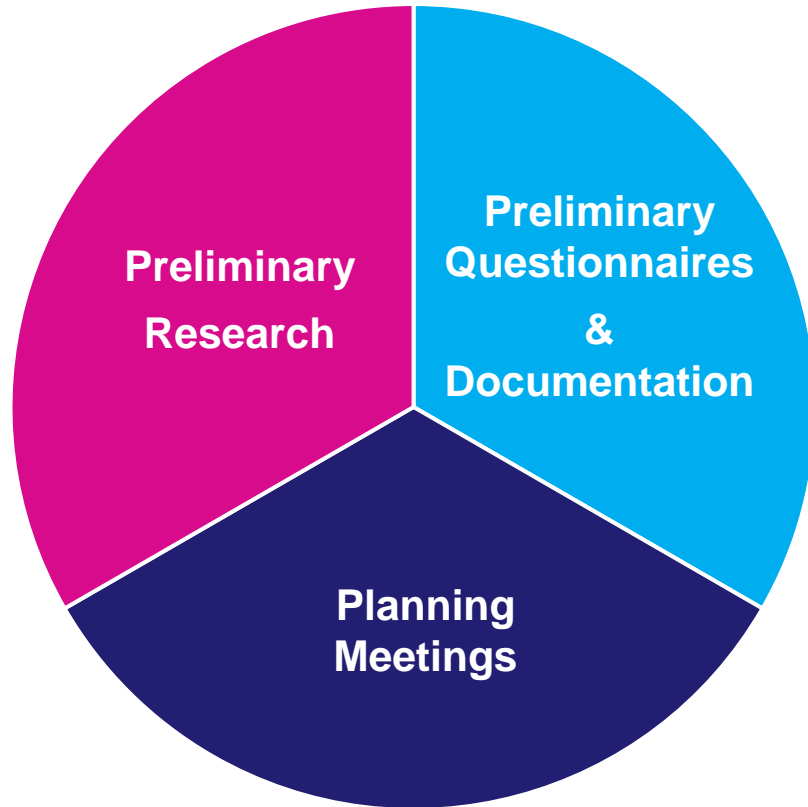
Preliminary Research
- Country, Culture, Demographics
- Healthcare System and Regulations
- Professional Education & Licensure
- Similarities/Differences between own system & model

Preliminary Questionnaires & Documentation
- Advanced Information Request List
- Operational Metrics, Case Mix/Acuity, Facilities Metrics
- Primary diagnostic & treatment modalities/technologies

Planning Meetings
- Dependent on topic, required frequency, travel time
- Advance Agreement on meeting items = critical
- Navigating Different Cultures
    - Universal: Setting clear expectations for goals/outcomes, respect
    - Country/Region Specific: Meeting format, approaches, coaching & collaboration style

Full Details Available in Slides Handout
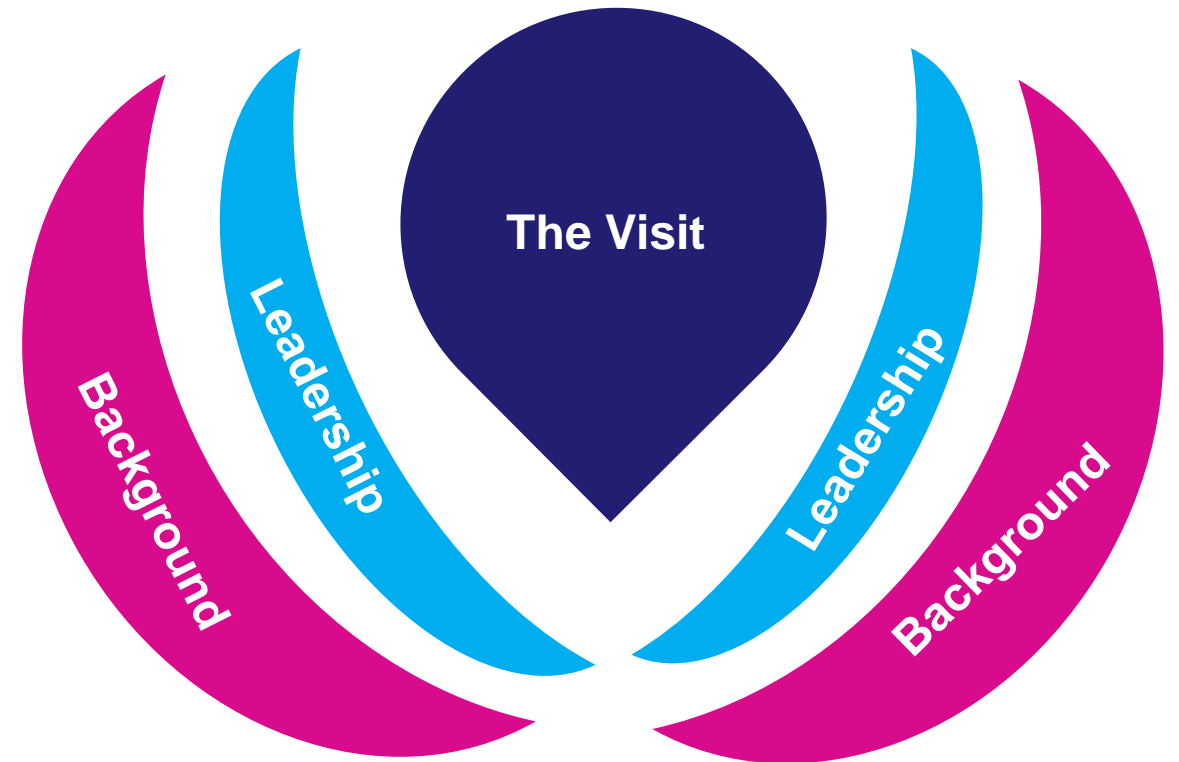
Case Example #2

"Methods to Assess Local Quality and Safety Systems"

Methods to Assess Local Quality and Safety Systems

Peeling Back the Layers of a Successful Design

- **Layer 1: Background**
  - Mount Sinai International Checklist
    - Go over Statistics, Structure, Services
  - Quality & Safety Program Overview/Data
  - Specific policies and procedures
- **Layer 2: Leadership**
  - Targeted Interview Groups
    - Executive Team
    - Quality Leadership Team
  - Education and Research
    - Ask how they would like to be supported
- **Layer 3: The Visit**

Full Details Available in Slides Handout

The Visit

Leadership

Background

Methods to Assess Local Quality and Safety Systems

Methods to Assess Local Quality and Safety Systems
Visit

Methods to Assess Local Quality and Safety Systems
Visit

Methods to Assess Local Quality and Safety Systems
Challenge

Case Example #3

"Engaging in Cultural Competency with International Partners"

Methods to Exhibit Cultural Competency When Engaging With an International Healthcare Partner
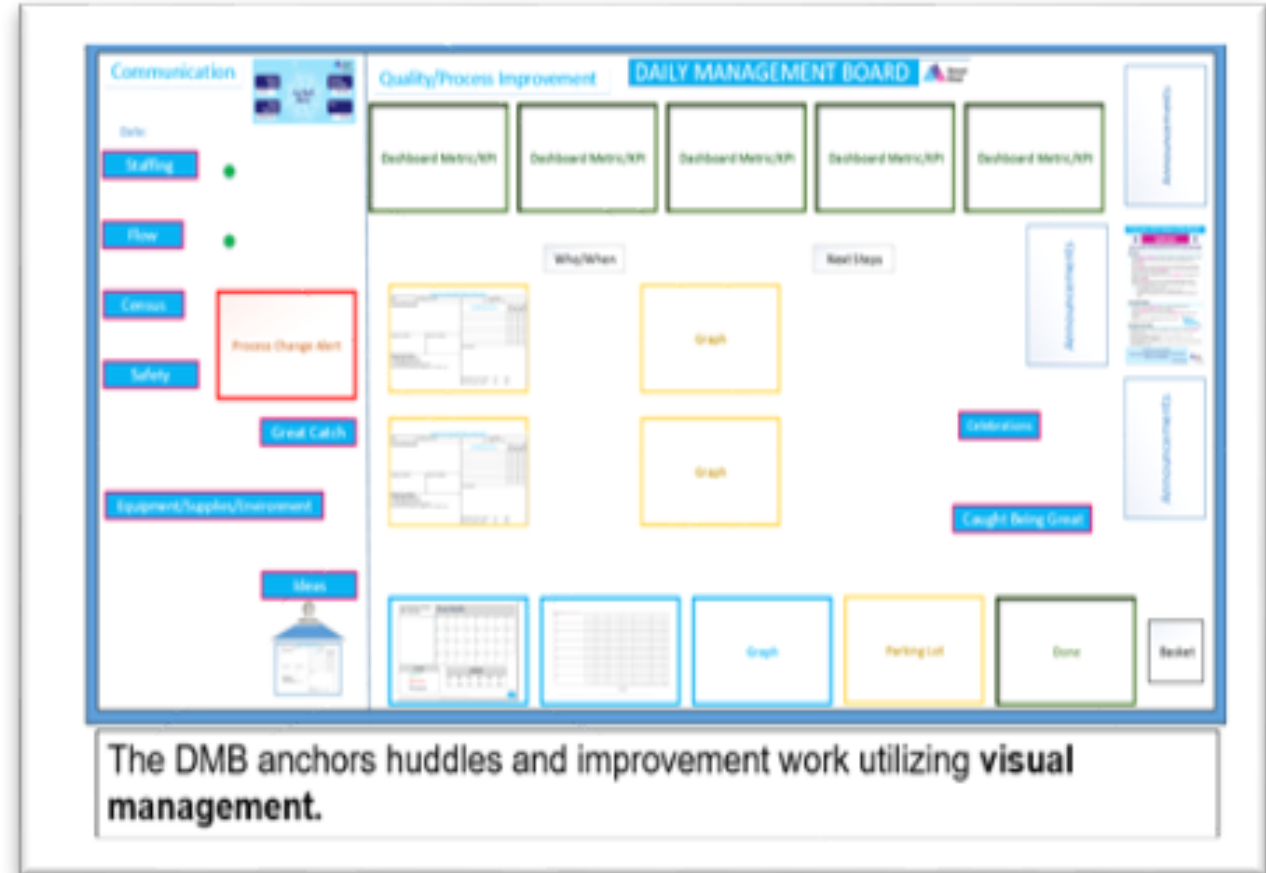
"Culture eats strategy for breakfast"

-Peter Drucker

…"and transformation for lunch"

Appreciating Local Culture Builds Trust and Enables Transformation
Daily Management Boards

The DMB anchors huddles and improvement work utilizing **visual management.**

Methods to Exhibit Cultural Competency When Engaging With an International Healthcare Partner

Understanding culture and driving improvement and transformation efforts in your home environment / organization can be challenging… doing so in a different organization/culture/country is also <u>not easy</u>

Becoming a **student of the local culture and organization** is absolutely necessary

Building trust is absolutely necessary

Practicing **humble inquiry** is absolutely necessary

Methods to Exhibit Cultural Competency When Engaging With an International Healthcare Partner

"X-FACTORS"

Diverse Team of Experts

Establishing a Strong Human Connection

Demonstrating Professional Empathy

Full Details Available in Slides Handout

Case Example #4

"Best Practices in Conducting Process Improvement and Change Management in an International Arena"

Best Practices in Conducting Process Improvement and Change Management in an International Arena

Topics Covered by the SOPS Hospital Survey 2.0

Composite Measures: A composite measure is a grouping of two or more survey items that assess the same area of culture. The 10 composite measures and 32 survey items assessed in the SOPS Hospital Survey 2.0 are:

- Teamwork (3 items)
- Staffing and Work Pace (4 items)
- Organizational Learning – Continuous Improvement (3 items)
- Response to Error (4 items)
- Supervisor, Manager, or Clinical Leader Support for Patient Safety (3 items)
- Communication About Error (3 items)
- Communication Openness (4 items)
- Reporting Patient Safety Events (2 items)
- Hospital Management Support for Patient Safety (3 items)
- Handoffs and Information Exchange (3 items)

Additional Measures: In addition to the composite measures, single item measures included assess:

- Number of events reported (1 item)
- Patient safety rating (1 item)
- Background questions (4 items)

Best Practices in Conducting Process Improvement and Change Management in an International Arena

Table 1. Domains of AHRQ Survey, with results from US sample and CPH in 2019 and 2020

Domain	US 2018 (%)	CPH 2019 (%) (n=526)	CPH 2020 (%) (n = 516)
Teamwork	82	79	84*
Supervisor/manager expectations and actions promoting patient safety	80	81	83
Organizational learning- continuous improvement	72	79	80
Feedback and communication about error	69	73	73
Overall perception of patient safety	66	63	69*
Management support for patient safety	72	50	59*
Communication openness	66	55	56.7
Handoffs and transitions	48	51	52
Frequency of events reported	67	52	49ſ
Teamwork across units	62	41	46*
Staffing	53	29	33
Nonpunitive response to error	47	32	35*

* Improved after multifaceted intervention. ſDecreased after multifaceted intervention

Conclusion + Takeaways
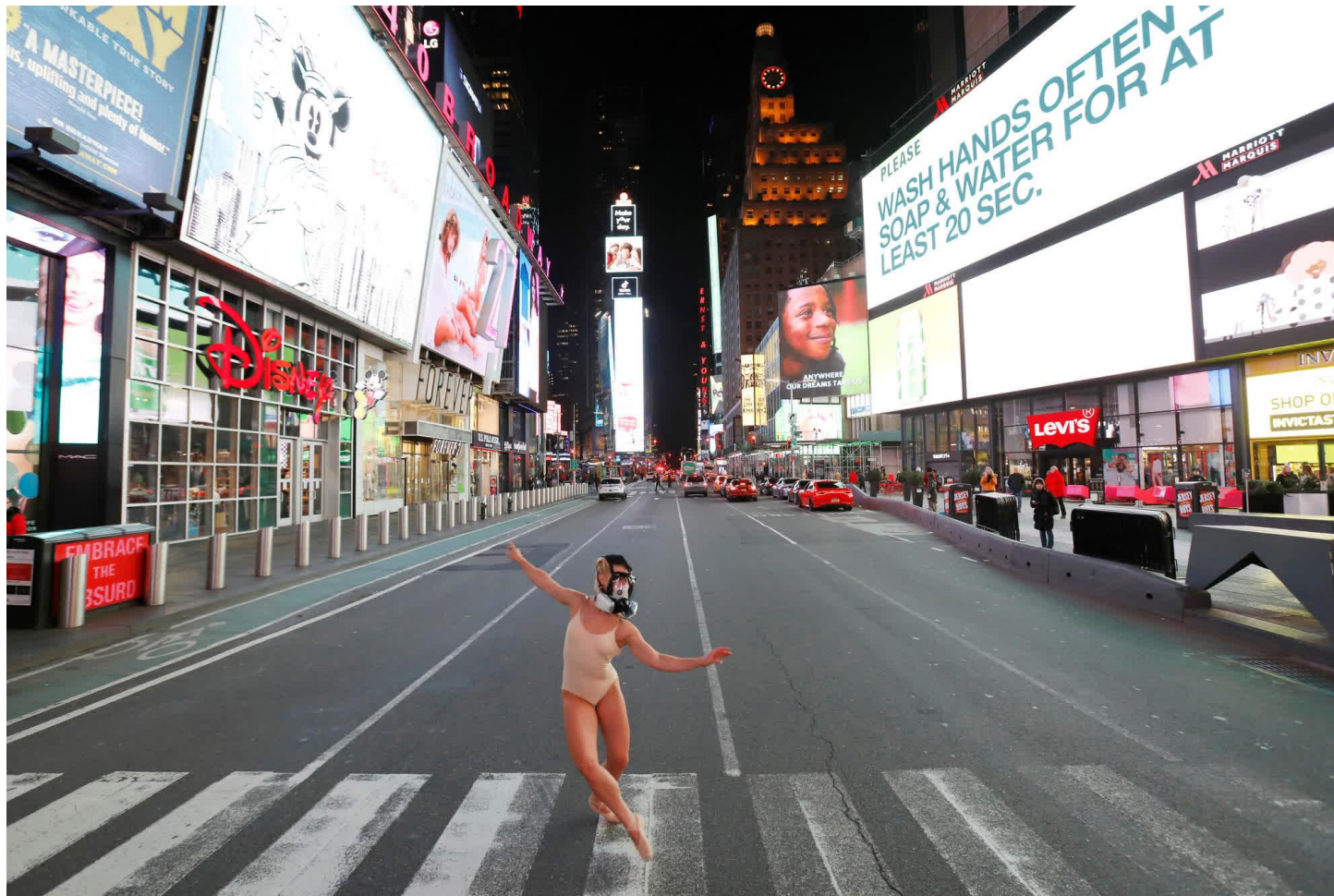
Reflections

Do you have the tools and resources in your own organization to advance quality and safety today? If not, what would be important tools for you to have when engaging with external partners to advance a quality and safety system?

How can we make quality and safety advancement in healthcare truly global and equitable?

Pop Quiz Answers

Guess the country where each food item is offered:

McCrepes - France

Bulgogi Burger – South Korea

Grilled Halloumi Cheese Muffin - Greece

McFalafel Wrap - Israel

Chicken McDo – Philippines

McAllo Tikki - Inda

Source: Martinez

Recurring (& interconnected) themes in approaches to making large scale change happen

Moving together towards a shared direction

Co-producing change: "with" & "by", not "to" or "for"

Setting up systems for experimental learning & unlearning: "doing the right next thing"

Changing yourself as a resource for change

Developing leaders everywhere: sustainable systems of distributed leadership

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Source: Concept review by Helen Bevan and Goran Henriks