

BMJ/IHI International Forum on Quality & Safety in Healthcare

# B2: Breaking the Rules and Co-Developing Better Care Systems from the Inside Out

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# Disclosure

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None of the planners, presenters, or staff for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



# Objectives

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- Identify perceived boundaries that are impacting innovative improvement within one's organization.
- Explore how to surface and respond to rules or boundaries that contribute to poor patient care and staff burnout.
- Apply practical principles today (and tomorrow) for engaging staff, patients, & care partners in improvement-led organizational change.





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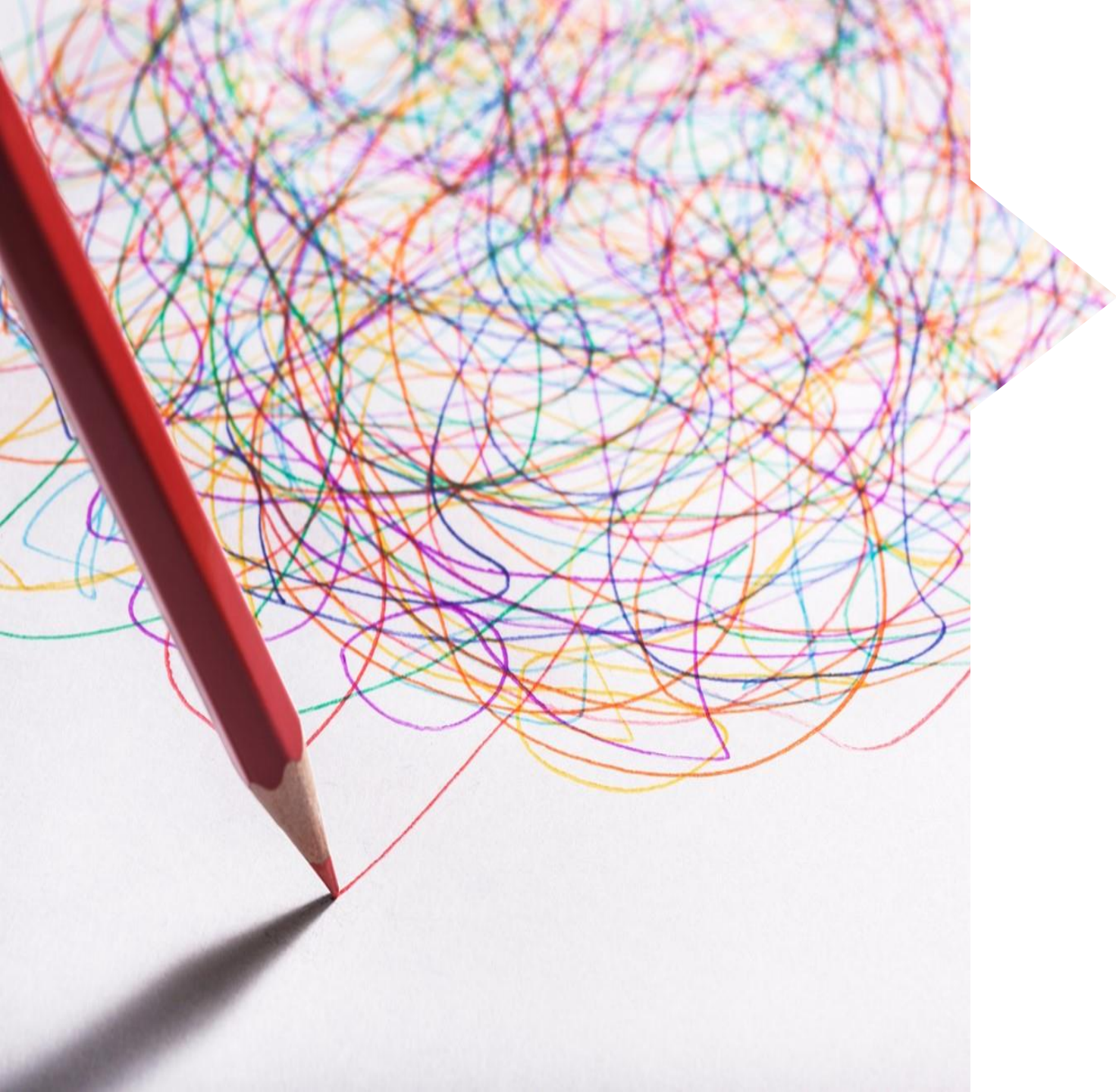












**How many **rules** do we currently have in place that were likely created with the best of intentions but don't benefit patients, families, or our people?**



# Don Berwick

## IHI President Emeritus Senior Fellow

The [IHI Leadership Alliance](#) is a dynamic collaboration of health care executives who share a goal to work with one another as well as in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim.





## Change From the Inside Out Health Care Leaders Taking the Helm

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Supplemental content at [jama.com](http://jama.com)

Even as politicians and pundits continue to debate the merits of the Affordable Care Act (ACA), it is time to look beyond it to the next phase of US health care reform. Although many physicians contributed to the development and implementation of the ACA, the forces that have steered it so far have been primarily governmental. Leaders from within health care should now more firmly take the tiller. To borrow a phrase contributed by Splaine and colleagues,<sup>1</sup> it is time to move from change forced from the "outside in" to change led from the "inside out."

The ACA has set the stage. The law has 2 major thematic aspects. The first, and by far the most visible in public discourse, extends a combination of Medicaid and newly established private health systems that realize the full second aspect of the ACA. This reform, in the public arena, is not about coverage; it is about changing the way in which health care is delivered and experienced. The mechanisms the ACA offers are numerous and the potential is profound.

The response to this reform has been substantial, across care structures in both the public and private sectors. For example, from a standing start, telemedicine has emerged as a powerful tool for care delivery. Yet continued progress is wholly insufficient. A new care delivery system is needed.

How many of these improvements are attributable directly to the ACA is uncertain.

However, the quality chasm has not closed. Challenges with respect to the reliability and safety of health care delivery remain widespread even though other complex industries have found ways to improve these dimensions by orders of magnitude. Obesity and diabetes remain at near-epidemic levels. Even with the increase in costs slowing, US health care expenditures per capita remain almost double those of any other developed nation.

Without the ACA, it is doubtful that much of the progress made so far would have happened. Yet certainly, the ACA alone is wholly insufficient to achieve the Triple Aim. Every system reform to the level of the Triple Aim, and payment changes can be implemented. Health systems that realize the full potential of the Triple Aim. Leaders involved in health care must be actively and directly involved in catalyzing change needed to achieve the Triple Aim. The real

redesigned care system requires deep technical adaptations to leverage innovations that work well in one setting in another without substantial modification. For example, telemedicine has immense potential to revolutionize care, reach of expertise and to reduce costs and inconveniences for patients, families and clinicians. The approaches for implementing this technology will differ substantially between, for instance, rural and urban care settings. However, laws and regulations, such as those governing

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### New Rules for Radical Redesign in Health Care

**Change the balance of power:** Co-produce health and wellbeing in partnership with patients, families, and communities.

**Standardize what makes sense:** Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

**Customize to the individual:** Contextualize care to an individual's needs, values, and preferences, guided by an understanding of what matters to the person in addition to "What's the matter?"

**Promote wellbeing:** Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

**Create joy in work:** Cultivate and mobilize the pride and joy of the health care workforce.

**Make it easy:** Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

**Move knowledge, not people:** Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

**Collaborate and cooperate:** Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

**Assume abundance:** Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

**Return the money:** Return the money from health care savings to other public and private purposes.





Members  
found it hard to  
operationalize  
the rules

They sought to  
discover why

And quickly  
remembered...



Every system is **perfectly designed**  
to get the results that it gets.

Dr. Paul Batalden





So they asked a  
different questions.

If you could  
**break any rule**  
in service of a  
better  
experience for  
patients and/or  
staff, what  
would it be?



# AIM

100% of participating organizations will take direct action to address at least one of the rules, myths, and assumptions collected during the **Breaking the Rules for Better Care** week.



# Breaking the Rules Coalition

2015

24 organizations participated

375 rules submitted

2018

240 organizations participated

550 rules submitted

21 countries

2023

10\* organizations participated

610 rules submitted

>1200 rules collected

**Would you like to break a rule?**



**BREAKING THE RULES**

**Why do we want to break the rules?**  
Sometimes we have in place processes or policies that have an unintended impact on our patients, or our staff. We need your help uncovering rules, habits, or policies that get in the way of a great care experience.

**Examples:**

- If you could break or change one rule to improve the care experience for patients or staff, what would it be?
- Why do we have to wake up patients at night for vitals when they are stable?
- Why do I have to do a paper checklist for an admission, when there is a checklist in the EMR?

Please scan the QR code below to take the survey. You may also click the link: <https://www.smartsheet.com/join/?id=2328400>

There is a paper version if you prefer - please contact your local help finding it, or have questions.



Use the QR code to access an online survey, follow the link: <https://www.surveymonkey.com/r/YTSCZHS>, or ask your local leader where paper copies are located.

Survey open from February 7-17, 2023.

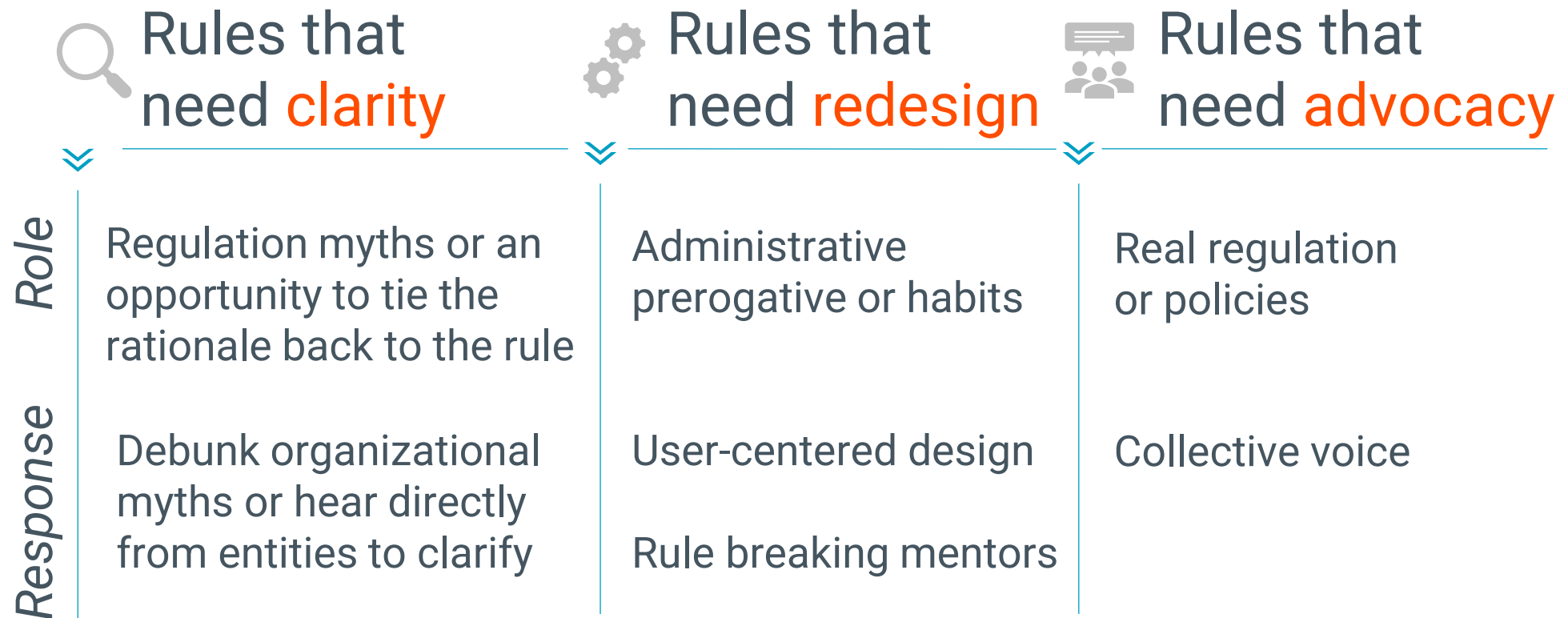






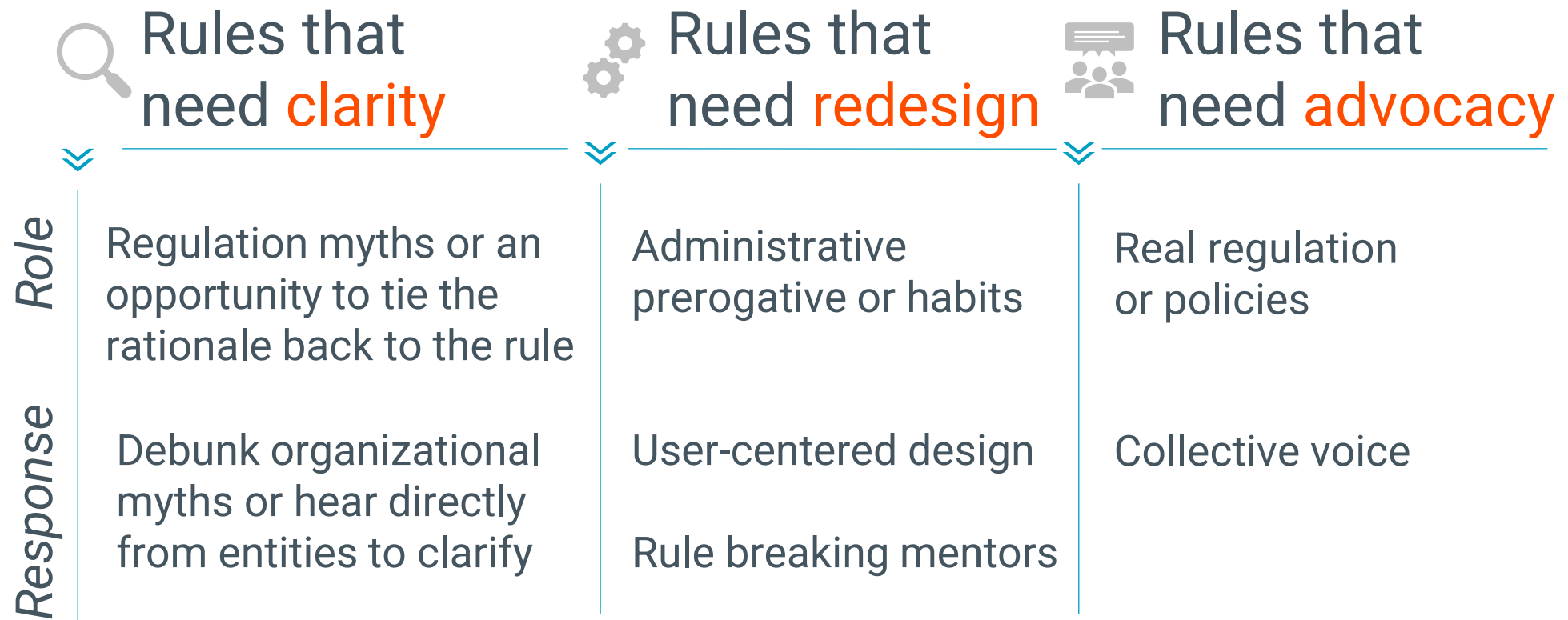
# From Collection to Action

## Three Types of Rules



# From Collection to Action

## Three Types of Rules



Look at your list of rules. What type of **action(s)** are most likely required?



# Breaking the Rules for Better Care

2023

Resource Guide  
ihi.org



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## Contents

An Invitation to Break the Rules	3
Getting Started: What Is “Breaking the Rules for Better Care”?	5
Step 1: Plan Your Participation	6
Step 2: Share	6
Step 3: Mobilize	7
Step 4: Take Action and Report Back	10
Resources	11
Sample Email/Newsletter Announcement Text	12
Talking Points	13
Sample Questions	14
Sample Template	15





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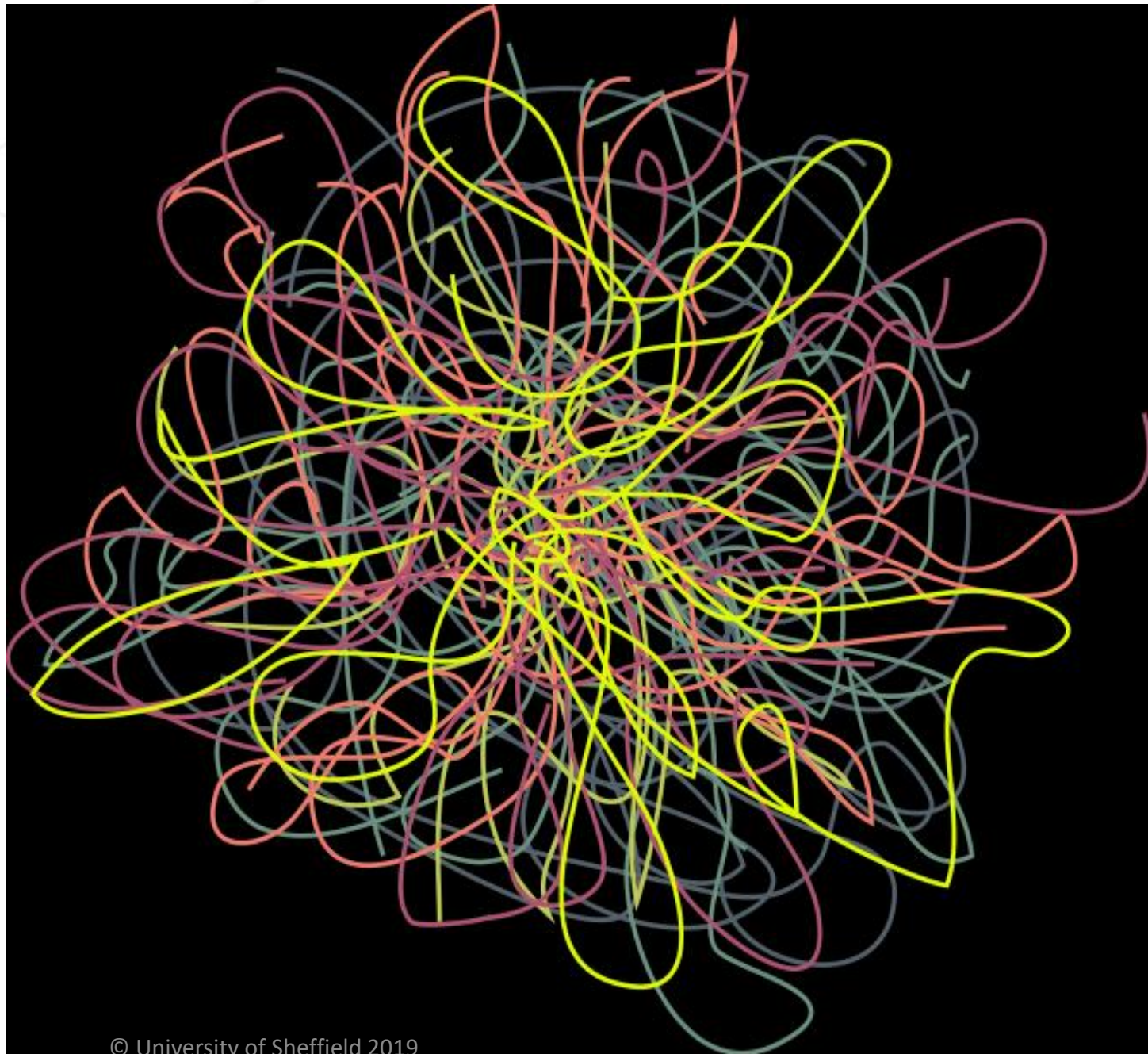
# Don't Fence Me In!

Dr Stefan Cantore

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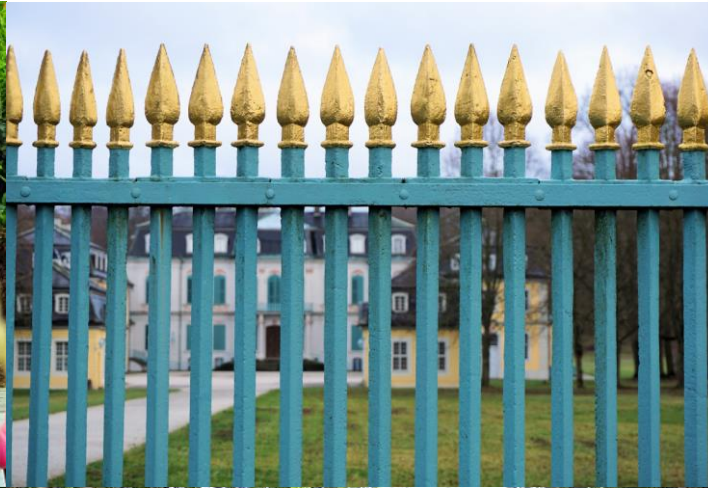
‘To live, every being must put out a line, and in life these lines tangle with one another.’

Ingold, T., 2015. *The Life of Lines*. London, UK: Routledge.





# Quality Improvement in Your Place



What do your boundary fences look and feel like?



Pick one or two and draw them on the card!



# Working at the Boundaries

“boundaries are places of potential misunderstanding and confusion arising from different regimes of competence, commitments, values, repertoires, and perspectives”;

## **On the other hand,**

“boundaries hold potential for unexpected learning. The meetings of perspectives can be rich in new insights, radical innovations, and great progress” (p.17).

Wenger-Trayner, E., and B. Wenger-Trayner. 2015. Learning in a Landscape of Practice: A Framework. *In Learning in Landscapes of Practice: Boundaries, identity, and Knowledgeability in Practice-based Learning*, eds. E. Wenger-Trayner and B. Wenger-Trayner. London, UK: Routledge, pp. 13–30.



# Learning from Action 1

## The NHS and Virginia Mason Institute Partnership (est.2015)

### Goals:

1. to foster a sustainable culture of continuous improvement capability (LEAN) within each of five partner hospital trusts
  2. To derive lessons for NHS system leaders about how to develop a culture of continuous improvement across the wider system.
- Surrey and Sussex Healthcare NHS Trust (SASH)
  - The Leeds Teaching Hospitals NHS Trust (LTHT)
  - University Hospitals Coventry and Warwickshire NHS Trust (UHCW)
  - The Shrewsbury and Telford Hospital NHS Trust (SATH)
  - Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT)

# Learning from Evaluation

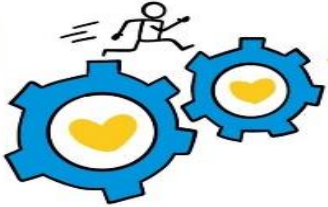


WARWICK BUSINESS SCHOOL  
THE UNIVERSITY OF WARWICK





# Where are your opportunities for culture-crafting?



## How to Foster a Culture of Continuous Improvement

Learning from NHS - Virginia Mason institute Partnership

Nicola Burgess

**1. BUILD CULTURAL READINESS** as foundation for better QI outcomes



ORGANISATIONS THAT INVESTED IN CULTURAL READINESS BEFORE QI GOT BETTER OUTCOMES FROM QI

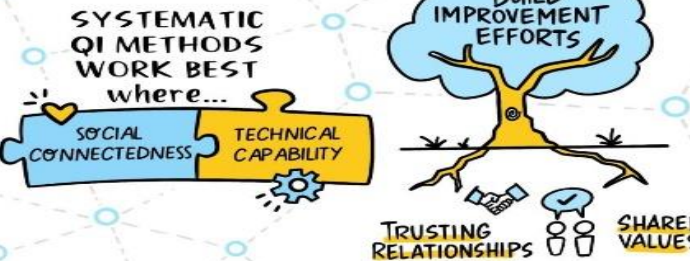
**2. EMBED QI ROUTINES AND PRACTICES** into everyday practice



**3. HAVE LEADERS SHOW THE WAY** and light the path for others



**4. RELATIONSHIPS** aren't a priority, THEY'RE A PREREQUISITE



**5. HOLD EACH OTHER TO ACCOUNT FOR BEHAVIOURS,** not just outcomes



**6. THE RULE OF THE GOLDEN THREAD:** not all improvement matters in the same way

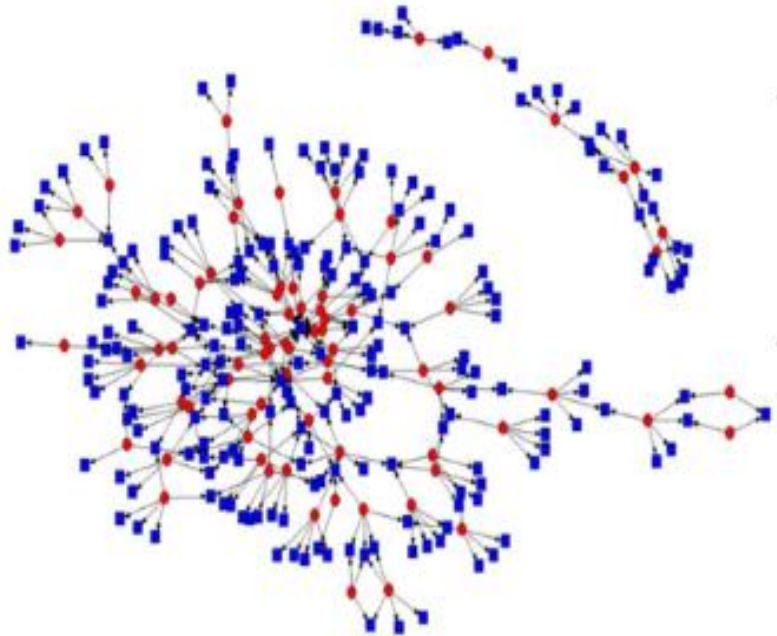




# 'Boundarying'

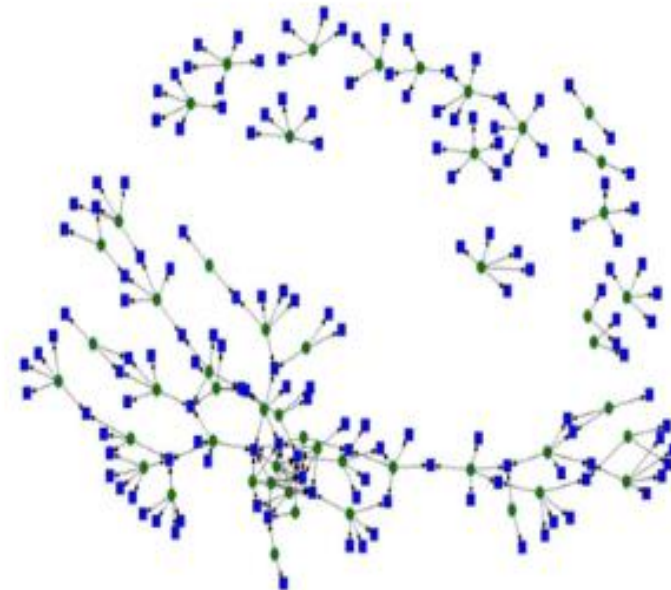


## Trust A: "Outstanding"



- A distributed network with a high degree of connectivity
- High degree of interaction – everyone is talking to one another
- High degree of connectivity associated with high capacity to facilitate knowledge exchange and learning

## Trust D: "Special measures"

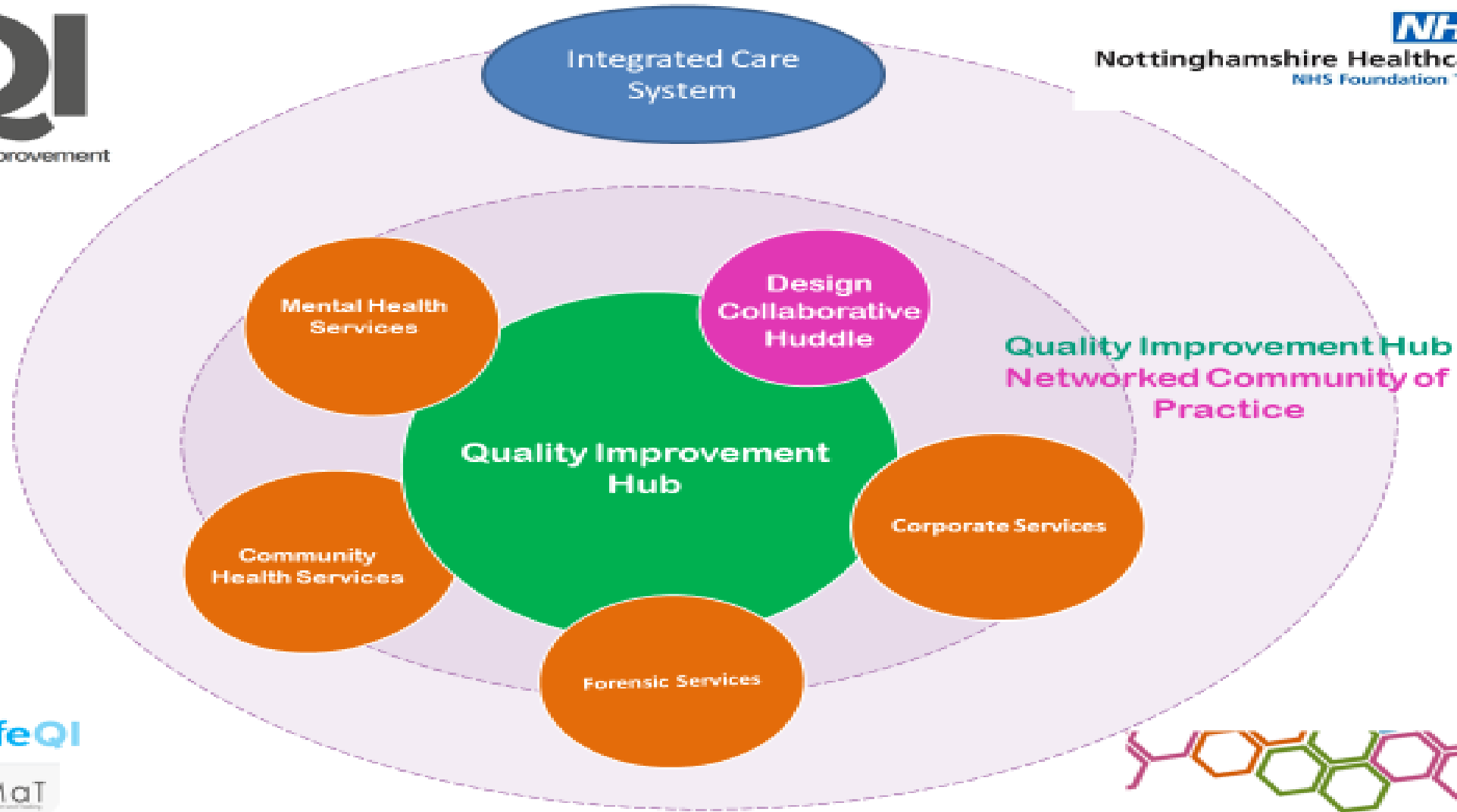


- Two thirds of the core network is decentralised and has chain-like characteristics
- A third of the network is disconnected with isolated components
- Low to moderate connectivity indicates low/moderate capacity to facilitate knowledge exchange and learning

# Learning from Action 2



**NHS**  
Nottinghamshire Healthcare  
NHS Foundation Trust



# The 'Design Collaborative Huddle' - A collaborative network approach to developing continuous quality improvement



## Entry Gateway to ensure meets priorities

- Local
- National
- Clinical
- Operational
- Strategic
- Regulatory

**Membership:**  
Quality Improvement  
Research  
Digital Clinical  
Audit NICE  
Involvement  
OD  
Applied Info.  
Performance

### 1. Let's Talk QI:

- Gateway Conversation
- Project Implementation
- Scale up?

**Project lead and support allocation**

**QI Methodology**

Start out

Define & scope

Measure & Understand

Design & Plan

Implement

Handover & Sustain



# A few questions to guide us open the gates



- How can you build effective relationships with all involved in healthcare improvement?
- How can you create opportunities for learning and development across organisational and professional boundaries?
- What are the mind-set and behavioural shifts that will help you?





# A new co-developed framework for successfully engaging staff in major change

IHI / BMJ Forum - London 2024

Matthew Hill and Henry Cann



Q is led by the Health Foundation and supported by partners across the UK and Ireland



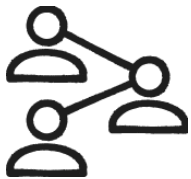
# Why is engaging staff well in change so important?



The challenges within health and care are severe – they require change at many different levels



Many improvement and change projects fail – and ‘the most commonly cited reason is neglect of the human dimensions of change’ (NHS Institute for Innovation and Improvement, 2005)



There is growing evidence that effectively engaging staff in change increases the likelihood of success, especially in health care settings (eg Bevan et al, 2011; Nilsen et al, 2020; Harrison et al, 2021)

# Q insight project with Thiscovery

Q has co-developed an approach to understanding, measuring and improving the engagement of staff in major change.



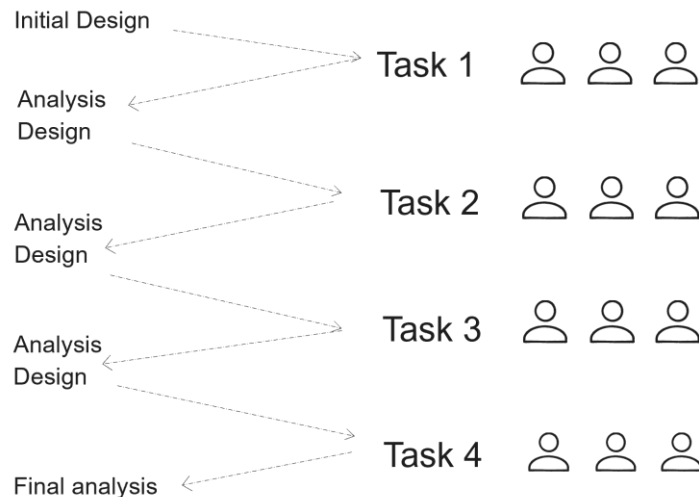
THIS.Institute



304 participants across health and care took part across 4 research tasks – using the Thiscovery platform



We have published a how-to guide and a more detailed insight report.






# 10 principles for engaging staff well in major change...

 <p><b>Foundations for change</b></p>	1 Clear rationale	The purpose of the change and its connection to staff and patient experience are clear.
	2 Shared ownership	Staff can shape and influence the change, including defining the problem.
	3 Capacity and capabilities	Staff have protected time and are given the skills and knowledge they need to engage in change.
 <p><b>Culture and context</b></p>	4 Honesty and transparency	Challenges, limitations and risks are acknowledged and there is no hidden agenda.
	5 Psychological safety	Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.
	6 Appreciative and compassionate	Engagement builds on staff achievements and recognises emotions.
	7 Inclusive and non-hierarchical	There is a core belief that everyone has a valid point of view, and something to contribute, and that no one person has all the answers.
 <p><b>Processes and methods</b></p>	8 Structured	There is a plan for how and when to involve staff, which is followed and made widely available.
	9 Clear and consistent communications	Engagement includes regular two-way sharing, including different formats and channels.
	10 Continuous learning	Staff are involved in open, ongoing reflection, testing and assessment of the change, including its outcomes and any unintended consequences.

# Foundations for change

Key requirements to be established at the outset of a change process


 <b>Foundations for change</b>	<b>1</b> Clear rationale	The purpose of the change and its connection to staff and patient experience are clear.
	<b>2</b> Shared ownership	Staff can shape and influence the change, including defining the problem.
	<b>3</b> Capacity and capabilities	Staff have protected time and are given the skills and knowledge they need to engage in change.

“Good staff engagement happens when the right foundations are in place – often the difference between good and bad is less about the methods or approach...but the context in which the engagement is being done”

*Participant – Q Research on Engagement*

# Culture and Context

The wider environment and culture needed for successful engagement.

 <b>Culture and context</b>	<b>4</b> Honesty and transparency	Challenges, limitations and risks are acknowledged and there is no hidden agenda.
	<b>5</b> Psychological safety	Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.
	<b>6</b> Appreciative and compassionate	Engagement builds on staff achievements and recognises emotions.
	<b>7</b> Inclusive and non-hierarchical	There is a core belief that everyone has a valid point of view, and something to contribute, and that no one person has all the answers.

“The credibility of any engagement is dictated by how transparent the person leading the engagement is able to be”

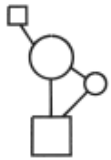
*Participant – Q Research on Engagement*

“Major changes ripple through organisations, and sometimes, we don’t see those changes in the way that people in the situation do”

*Participant – Q Research on Engagement*

# Processes and methods

Tools and approaches to carry out your engagement



**Processes  
and methods**

**8** Structured

There is a plan for how and when to involve staff, which is followed and made widely available.

**9** Clear and consistent communications

Engagement includes regular two-way sharing, including different formats and channels.

**10** Continuous learning

Staff are involved in open, ongoing reflection, testing and assessment of the change, including its outcomes and any unintended consequences.

“Meaningful engagement requires clear information that is accessible to everyone and shared with enough time for people to digest and understand it”

*Participant – Q Research on Engagement*



# Take a moment to reflect

Take a moment to reflect on these principles - how do they show up in your organisation or work context?

Write **two post-its**

1. In which three areas is your organisation or team doing best?
2. In which three areas does your organisation or team need to improve the most?

# 10 principles for engaging staff well in major change...

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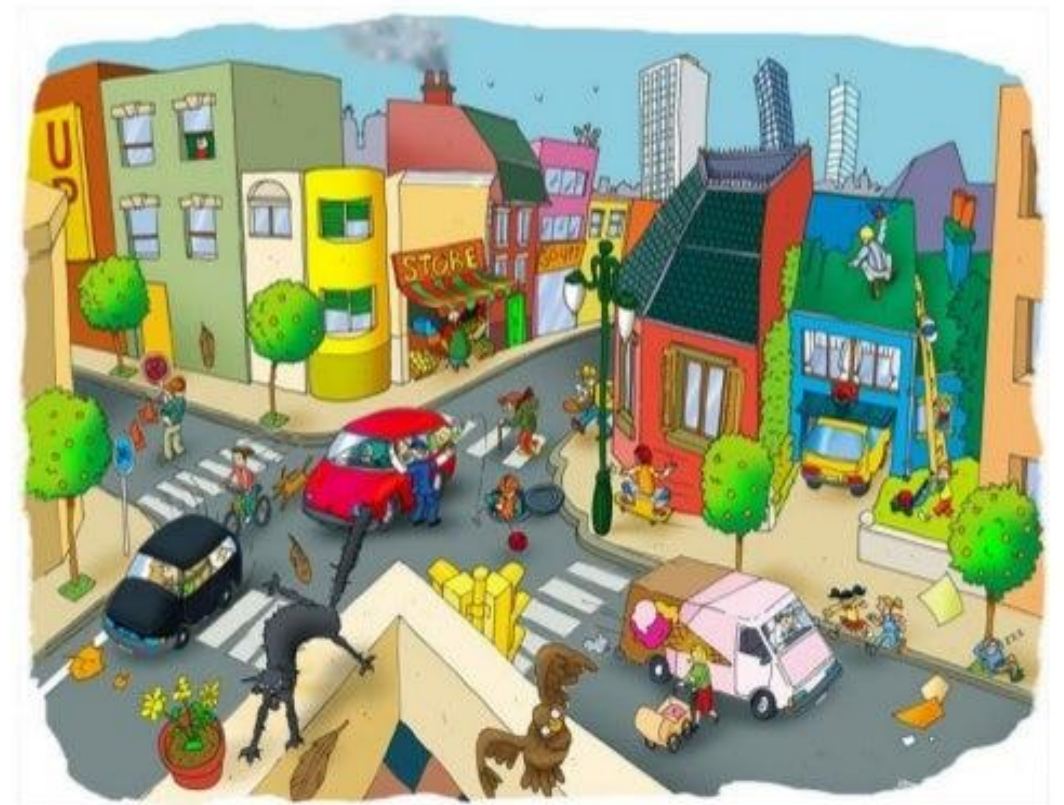
Executive  
Education

# What if.....

Dr Stefan Cantore

Contact: [s.cantore@sheffield.ac.uk](mailto:s.cantore@sheffield.ac.uk)

## My neighbourhood





# What if.....?

On the other side of your card draw what might it look like to be in a system with expanded, reimagined boundaries and rules?







# Conversations

Consider specific "garden fences" or boundaries that you experience in your work.

How do these [fences] affect staff, patients and other communities?

What mindsets and behaviours will help you?



# Conversations

Describe some of the strategies for turning these boundaries into opportunities for growth, learning, and change.

How might the **10 Principles** or **Breaking the Rules** inquiries help you in your efforts?

“What will you do by Tuesday?”

# Resources



# Together, to improve health and care



Q is led by the Health Foundation and supported by partners across the UK and Ireland

Toolkit or Method • 17 Oct 2023

## How-to guide: Measuring and improving your engagement with staff in major change

This how-to guide will help you to understand the 10 principles that underpin how you engage staff well in change and provides flexible tools that you can use to measure engagement.







# Acknowledgements

Dr Nicola Burgess [Nicola.Burgess@wbs.ac.uk](mailto:Nicola.Burgess@wbs.ac.uk)

[NHS-VMI Partnership Evaluation \(warwick.ac.uk\)](http://warwick.ac.uk)



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SERVICE SYSTEMS AND INNOVATIONS  
IN BUSINESS AND SOCIETY COLLECTION  
*Jim Spohrer and Haluk Demirkan, Editors*

**Co-Design,  
Volume I**  
*Practical Ideas for  
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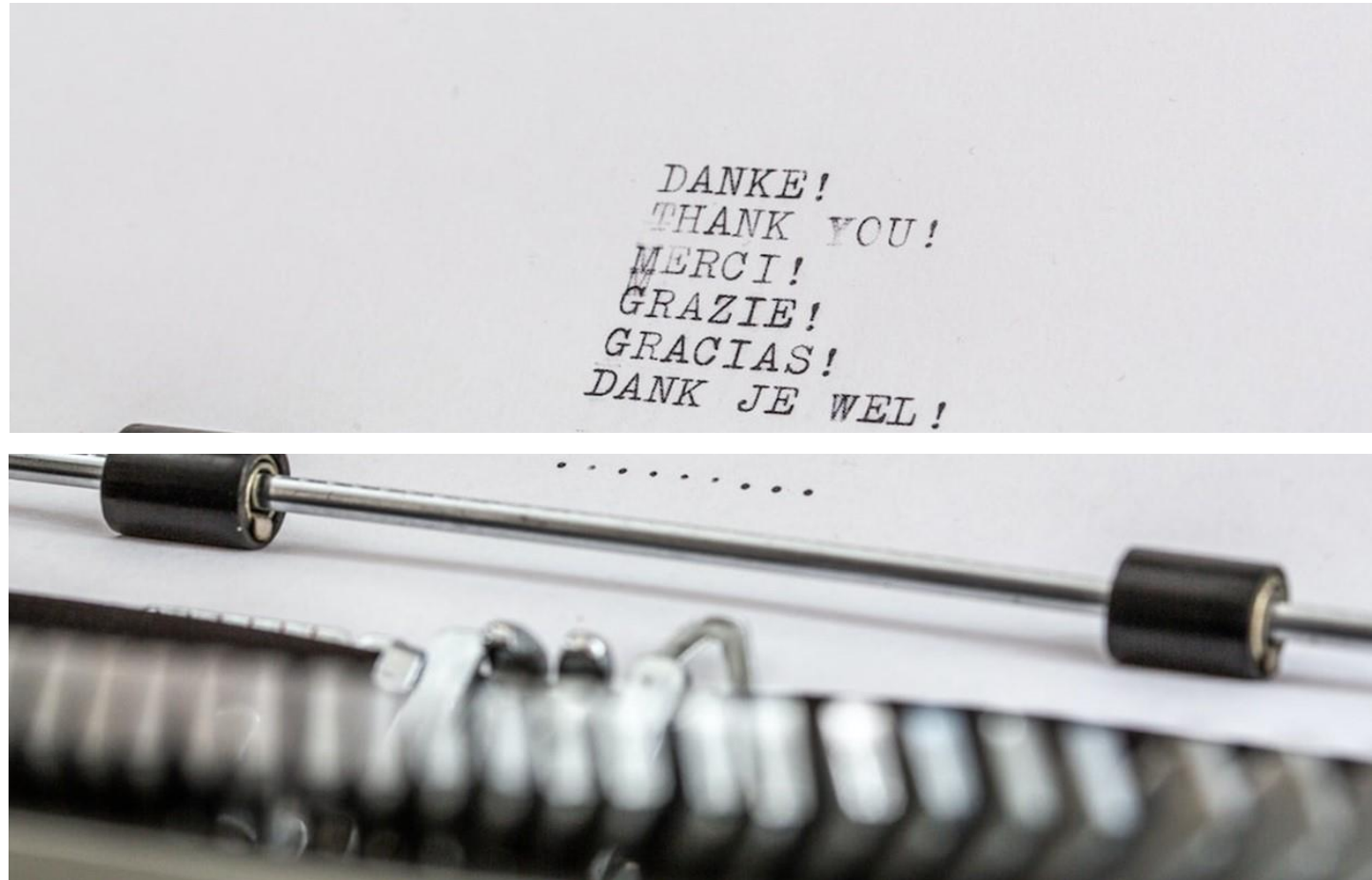


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