

# Creating change together



International Forum on Quality and Safety in Healthcare  
12<sup>th</sup> April 2024

# The day this man got me a new job ...

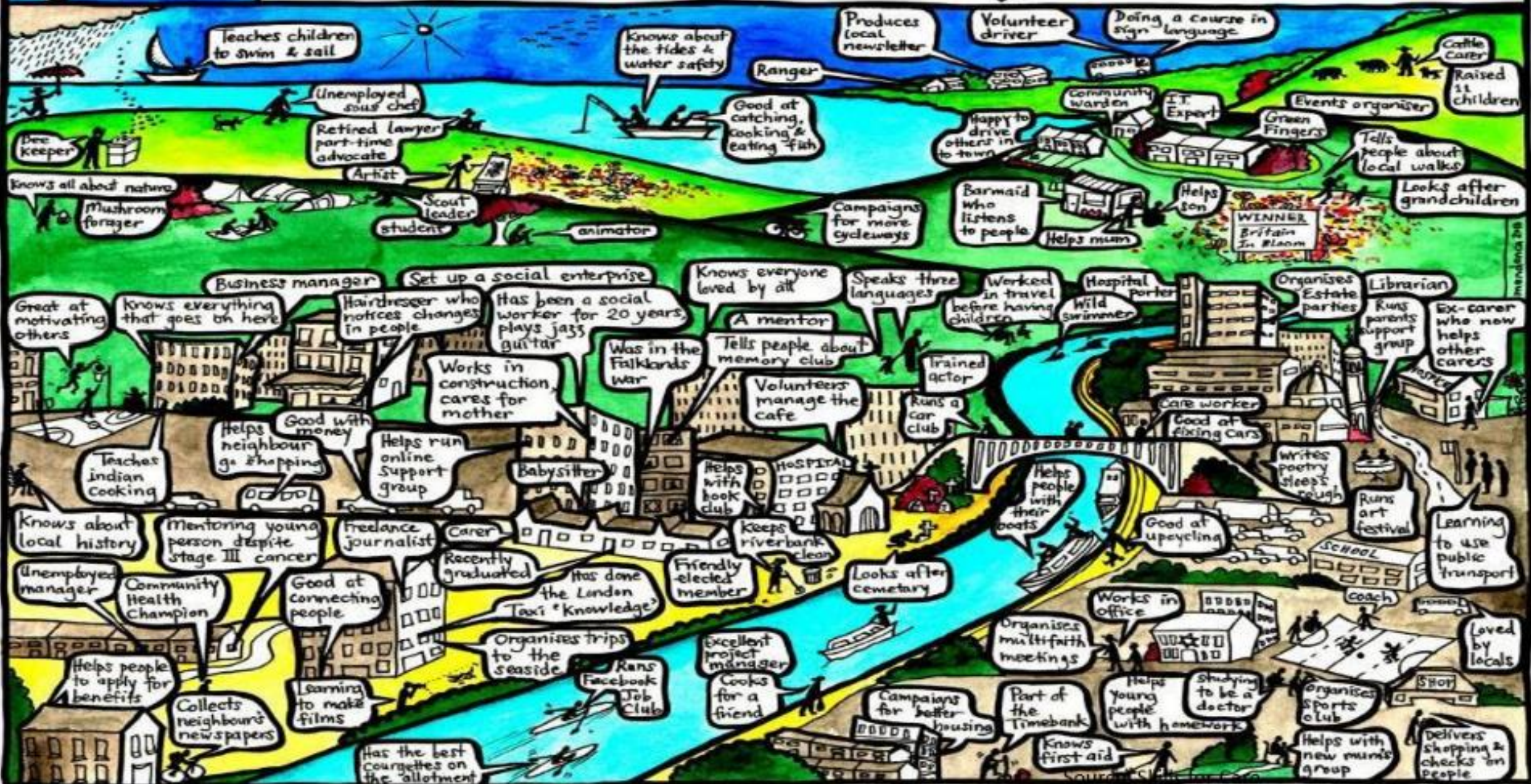
What patient centred should mean, confessions of an extremist  
<https://pubmed.ncbi.nlm.nih.gov/19454528/>



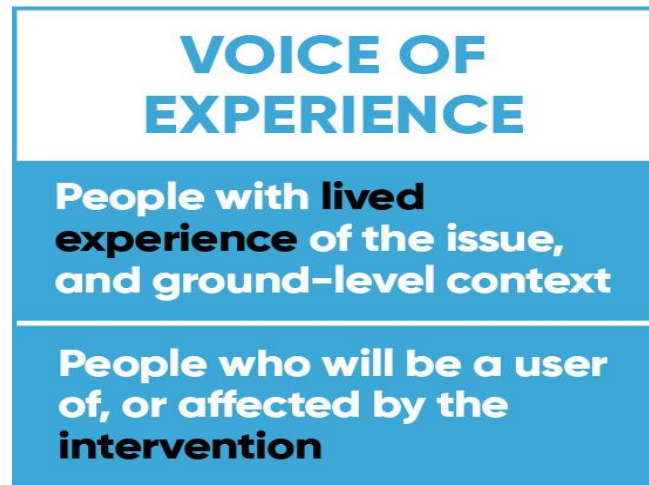
**People with lived  
experience see things that  
we don't see .... and hear  
things that we don't hear.**



Esther Greaney



# Who do we need to bring together ?





Anne-Marie Cray & Nick Ambler  
Expert-lived experience      Clinical Psychologist



MS  
North Bristol  
Welcome to the  
Intensive Care Unit



Keep clear



AUTOMATIC DOOR  
USE ID BADGE  
TO ACCESS

Shhh...  
Please remember our patients  
are sleeping.  
Thank you.



AUTOMATIC DOOR  
USE ID BADGE  
TO ACCESS



Keep clear



Automatic Door Open

Automatic Door Open















# Post-Intensive Care Syndrome

2010 International consensus statement- declaration

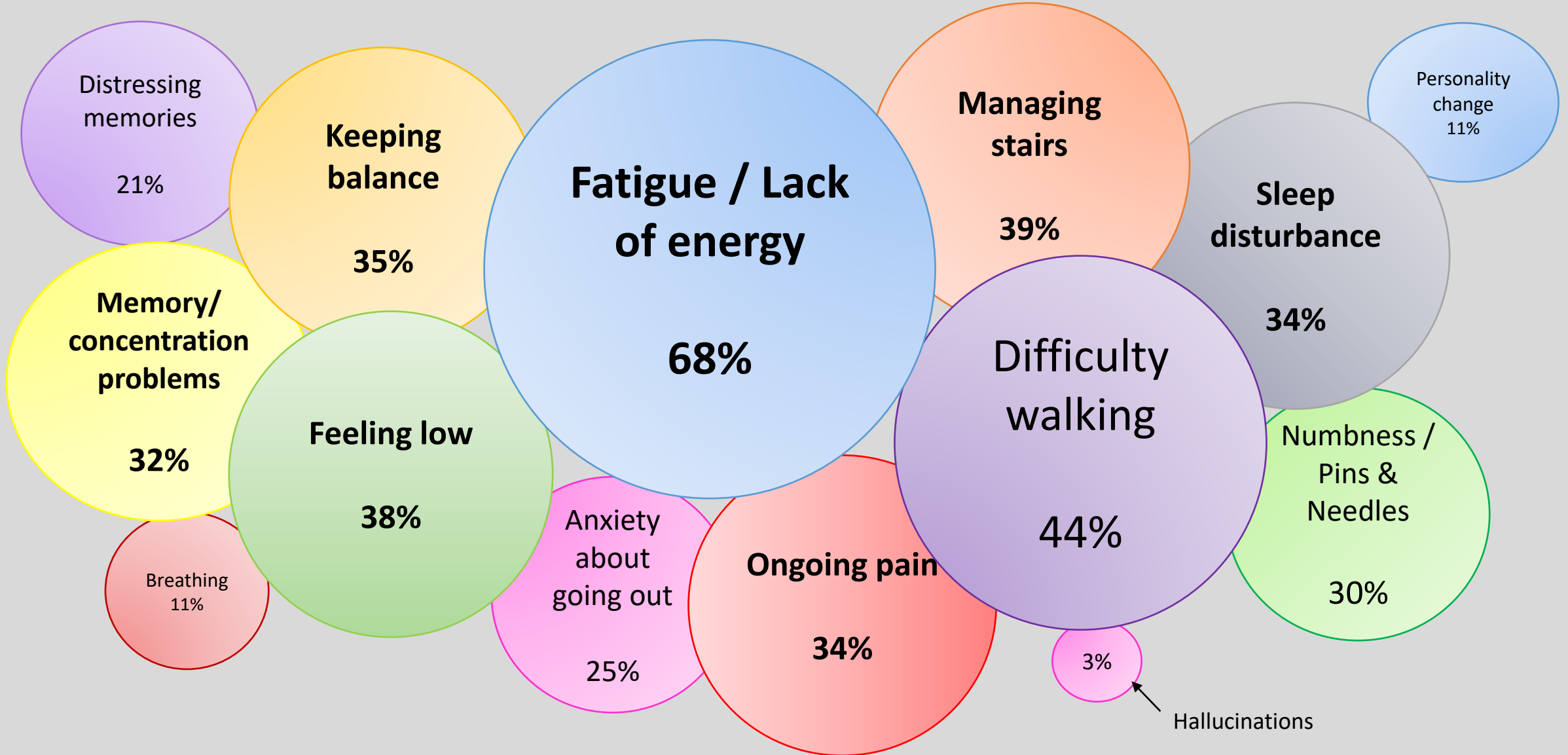
2012 Definition: *“New onset or worsening of impairment(s) in physical, cognitive, and/or mental health that arose after the ICU and persisted beyond hospital discharge”.*

## High prevalence:

2012 UK study of risk factors showed 55% psychological morbidity with 47% ‘probable depression’, 44% ‘probable anxiety’, and 27% ‘probable PTSD’

2019-23 Surveys show growth of ICU follow-up clinics but reviews show evidence is lacking about effective (non-pharma) treatments

# Post-ICU: 3m follow-up screening (n: 348)



Others: Concentration, short temper, weight loss, dizziness/fainting, loss of appetite, feeling disorientated, voice problems, bladder/bowel incontinence, grief, hair loss, losing smell/taste, swallowing difficulties

Challenge:

**Find a way to alleviate these post-critical care reactions for our ICU follow-up pathway**









C

# Coproduction

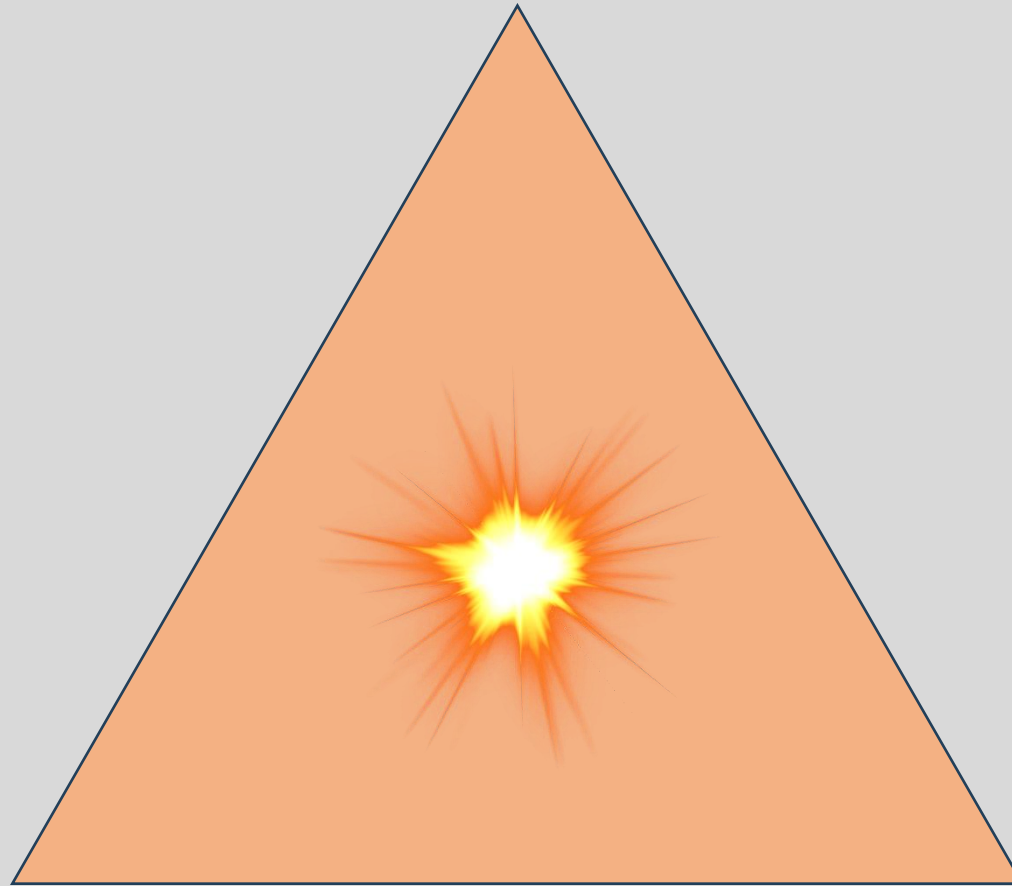
....is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.

NHS England: 'Co-production: an introduction' April '23

“Coproduction really is better, just  
try it”

Berwick, D

**Lived experience**



**Professional know-how**

**Scientific evidence**

**DISCOVER**

**DEFINE**

**DEVELOP**

**DELIVER**



- Focus groups

- Qualitative analyses

- Develop coproduction team

- Feedback discussion

- Treatment protocol

- Refinement

- Pilot runs

- Quantitative measurement





# Peer support

*“The process of providing empathy, offering advice, and sharing stories between Intensive Care Unit (ICU) survivors. It is founded on the principles that both taking and giving support can be healing, if done with mutual respect.”*

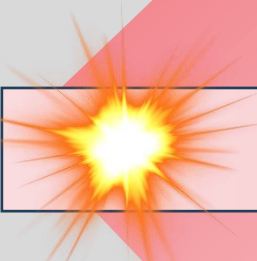
Mikkelsen et al. (2016)

**DISCOVER**

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# Developing the course structure and content

## **PHASE 1: What happened to you?**

- Everyone's story needs to be heard

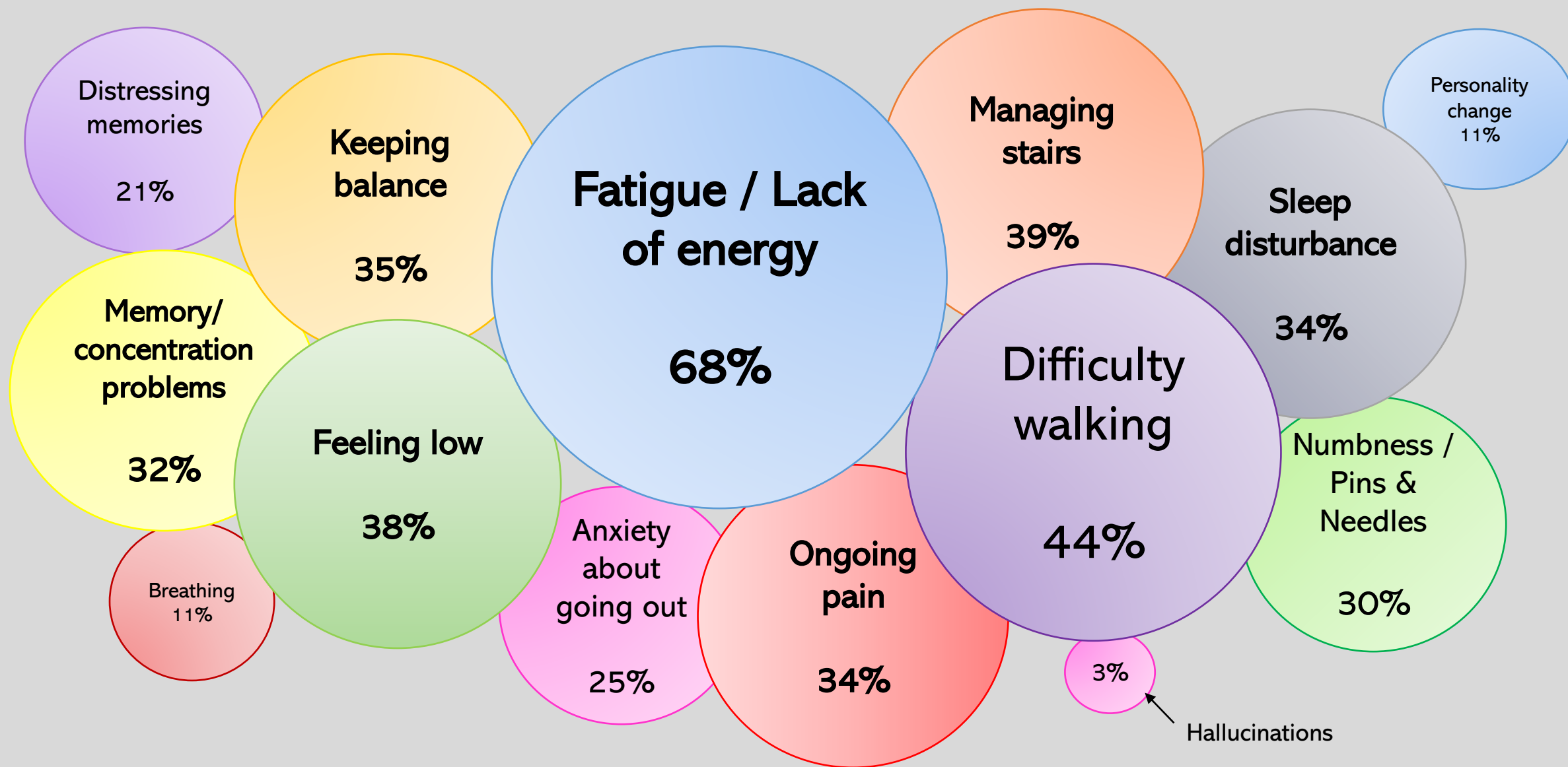
## **PHASE 2: Stabilisation and recalibration**

- Tackling specific problems - trauma-informed treatments
- Structured, upbeat, positive, forward-looking

## **PHASE 3: Projecting forwards- unfinished business**

- New challenges
- Continuing peer support

# ICU: Post-discharge issues



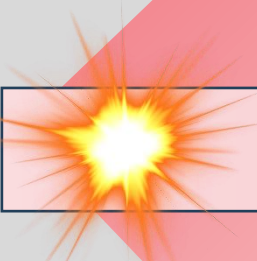
Others: Concentration, short temper, weight loss, dizziness/fainting, loss of appetite, feeling disorientated, voice problems, bladder/bowel incontinence, grief, hair loss, losing smell/taste, swallowing difficulties (n: 348)

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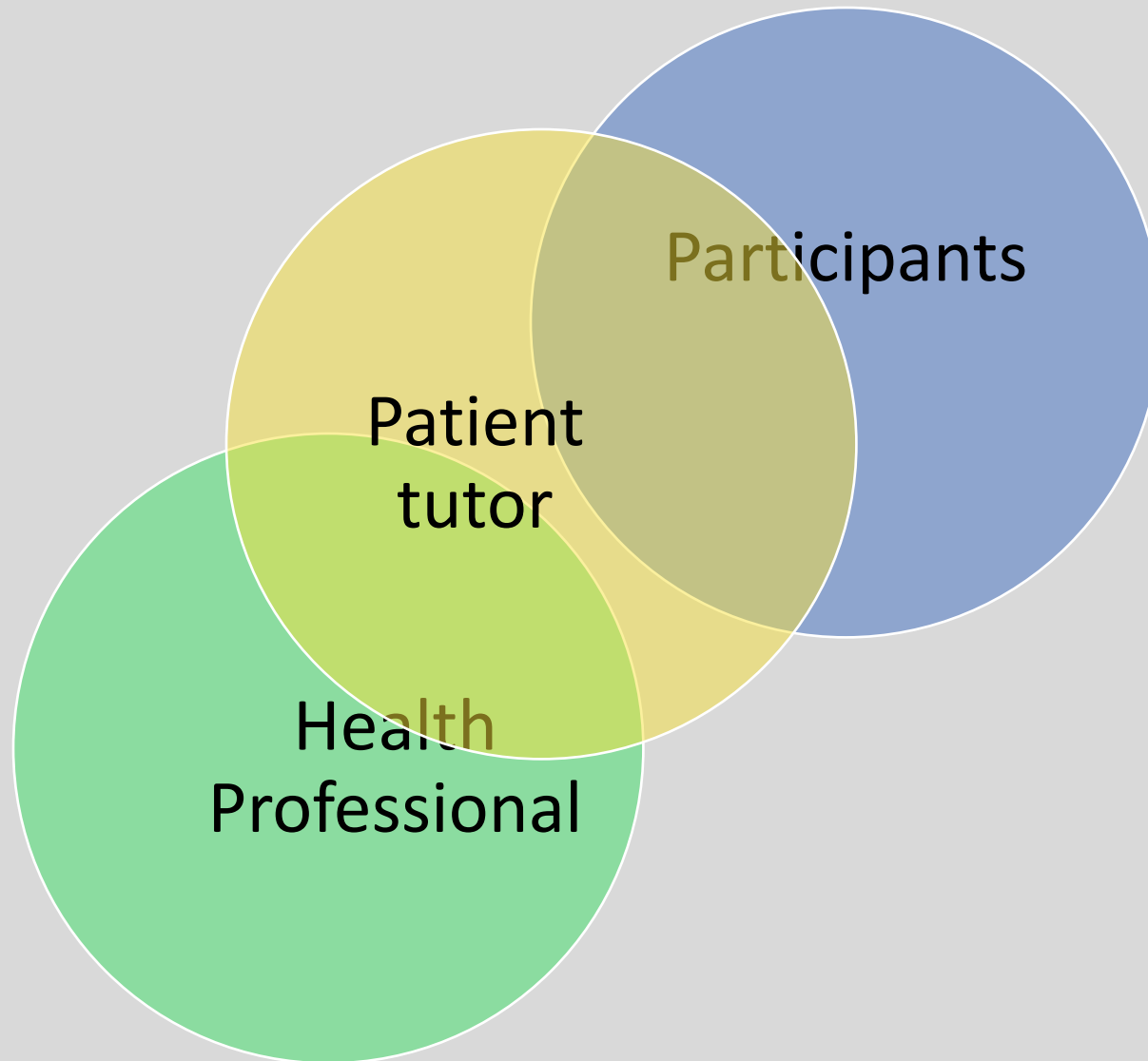
- Pilot runs



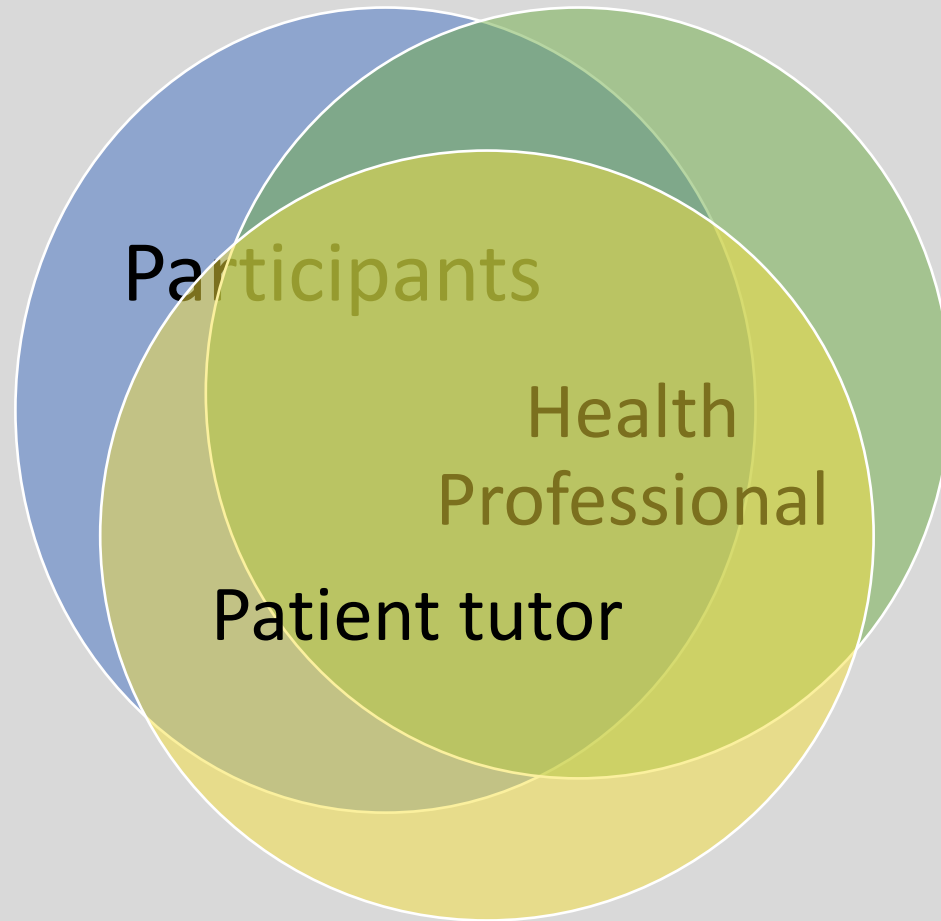
Participants

Patient  
tutor

Health  
Professional







Participants

Health  
Professional

Patient tutor

Role of the tutor with lived experience:

- **Motivational: modelling successful recovery**

Role:

- Model successful coping
- **Wealth of personal stories about recovery and transformation**

## Role:

- Model empowerment and successful coping
- Wealth of personal stories
- **Creativity**

**To sort out  
conflicts**

**To present  
the facts**

**To manage the  
process**

**To share the  
planning**

**To give me  
feedback, help  
me learn**

**To always be  
there**

**Deal with  
the liaison**

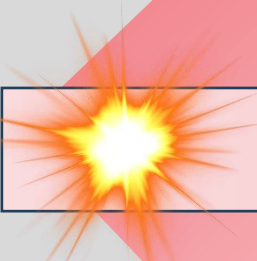
**Help me keep on  
track**

**DISCOVER**

**DEFINE**

**DEVELOP**

**DELIVER**



**- Focus groups**

**- Qualitative analyses**

**- Develop coproduction team**

**- Feedback discussion**

**- Treatment protocol**

**- Refinement**

**- Quantitative measurement**

**- Pilot runs**

# Dashboard: at the start...

Participants above cut-off / below cut-off

**MOBILITY**



**PAIN/DISCOMFORT**



**SELF CARE**



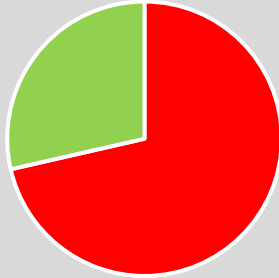
**USUAL ACTIVITY**



**DISTRESS**



**SELF EFFICACY**



**FATIGUE**



**SLEEP**



**PTSD**



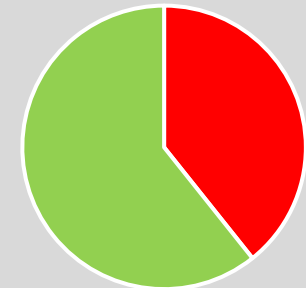
**DEPRESSION**



**ANXIETY**



**ACTIVATION**



# Dashboard: at the end...

Participants above cut-off / below cut-off

\*t-test change in raw scores  $p < 0.05$

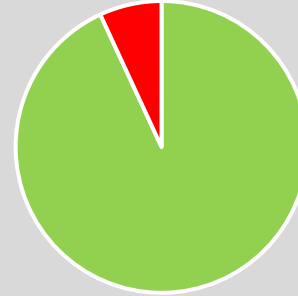
MOBILITY



PAIN/DISCOMFORT



SELF CARE



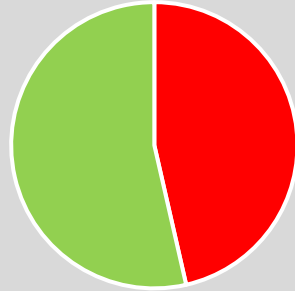
USUAL ACTIVITY



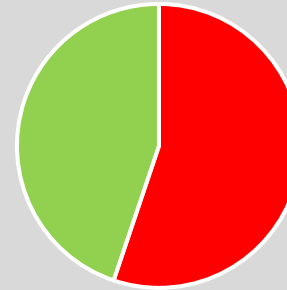
DISTRESS



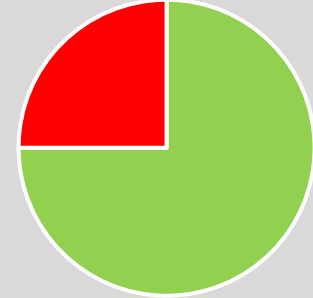
SELF EFFICACY\*



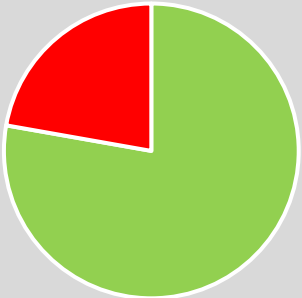
FATIGUE\*



SLEEP\*



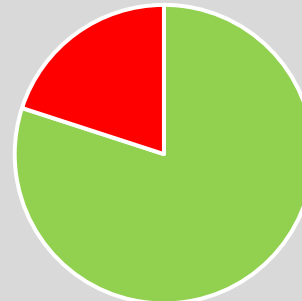
PTSD\*



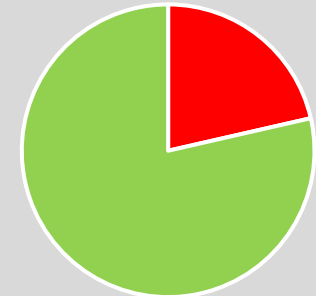
DEPRESSION\*



ANXIETY\*



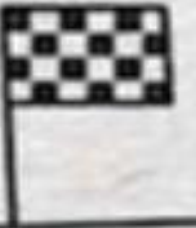
ACTIVATION\*







# Find a way to alleviate post-critical care reactions for our follow-up pathway



# Answering the challenge

So far, we have in place:

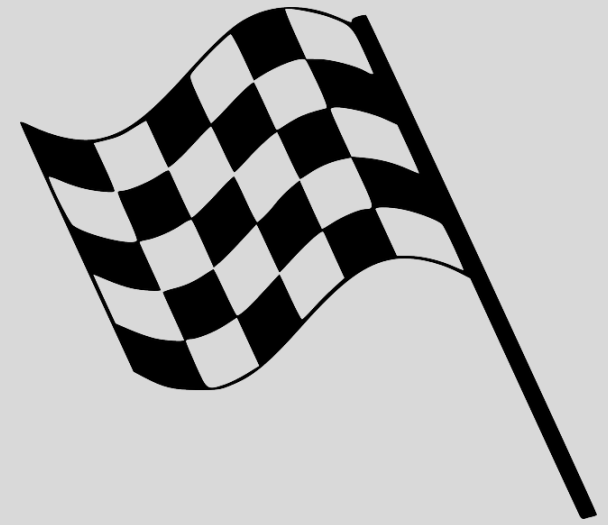
Accessible treatment

Protocol

Health professional + tutor with lived experience

Mixing major trauma + severe illness works

Indications of benefit- qualitative and quantitative

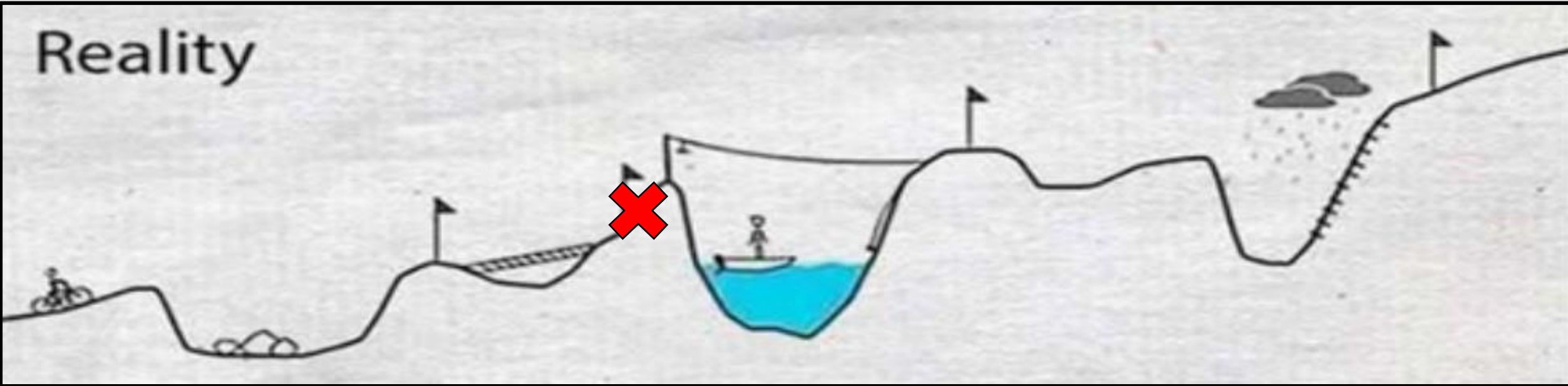


# But more questions.....credibility + thinking big

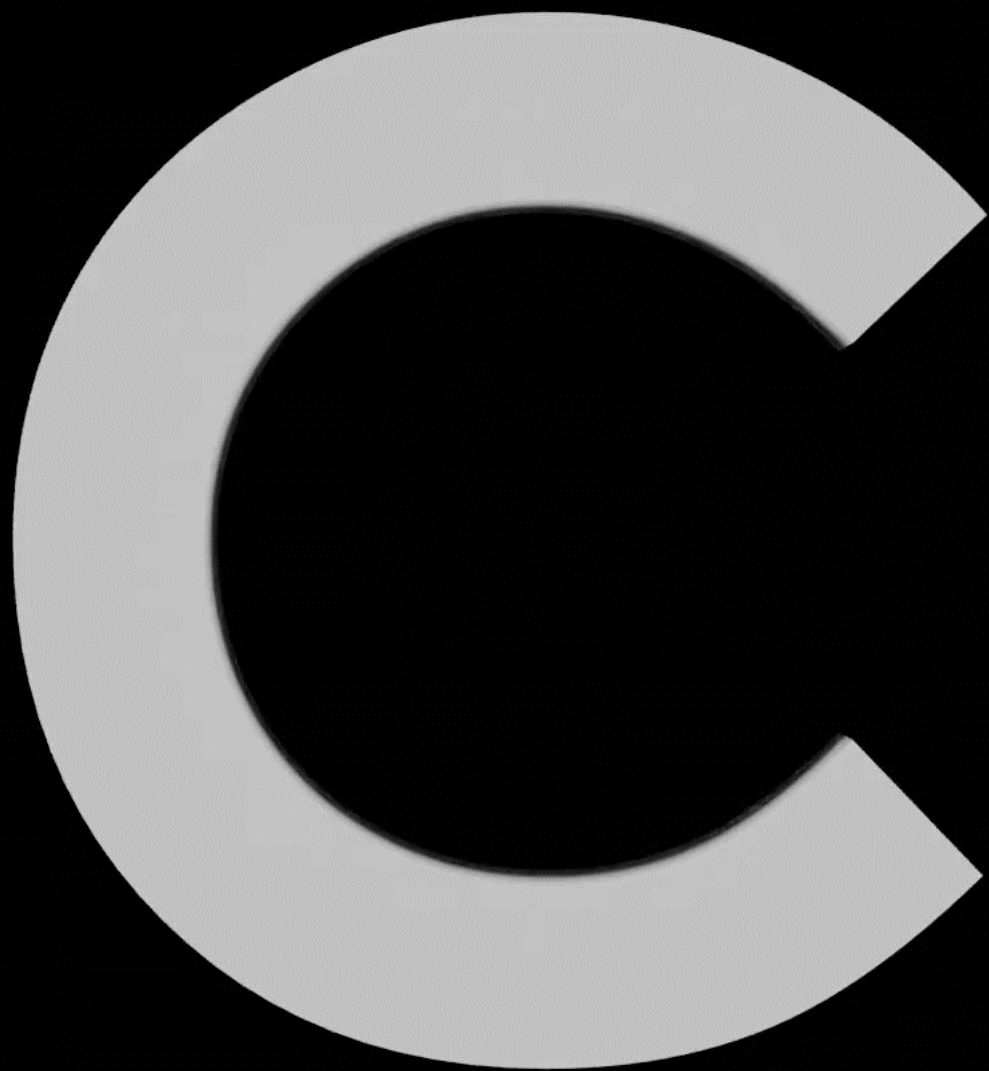
- Does it stand up in controlled comparison?
- Does this protocol work elsewhere?
- Best outcome measures?
- Health-economic impact?
- Key components of the intervention?
- Best training and support for volunteer tutors?
- Selection criteria and timing?
- Best duration of contact?
- How to maintain gains?

**Funding?** Dialogue with commissioners

Reality



fb/the idealist



Contact:

Dr Nick Ambler

Clinical Psychologist

North Bristol NHS Trust

Southmead Hospital, Bristol BS10 5NB

[nicholas.ambler@nbt.nhs.uk](mailto:nicholas.ambler@nbt.nhs.uk)



# 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





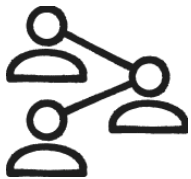
# Why is engaging staff well in change so important?



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

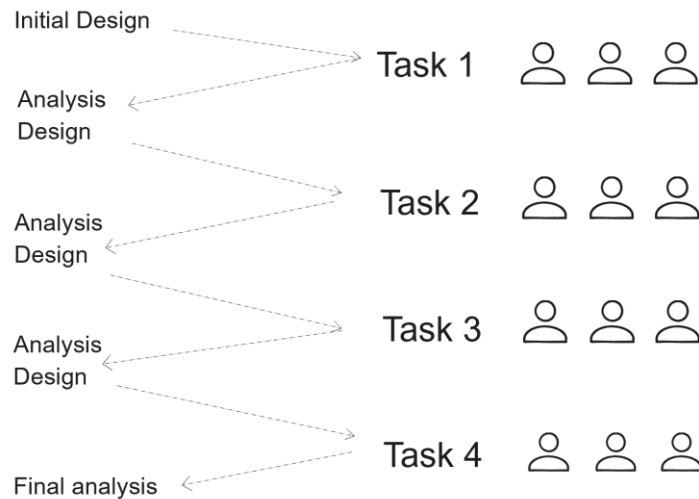
Q has co-developed an approach to understanding, measuring and improving the engagement of staff in major change.



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



## Foundations for change

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.

4 Honesty and transparency

Challenges, limitations and risks are acknowledged and there is no hidden agenda.



## Culture and context

5 Psychological safety

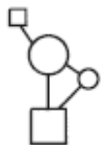
Engagement enables staff to share opinions and voice concerns without fear of judgement or consequences.

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



## 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.

# Foundations for change

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



## Foundations for change

### 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.

“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.



Culture  
and context

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.

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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”

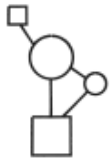
*Participant – Q Research on Engagement*

“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*

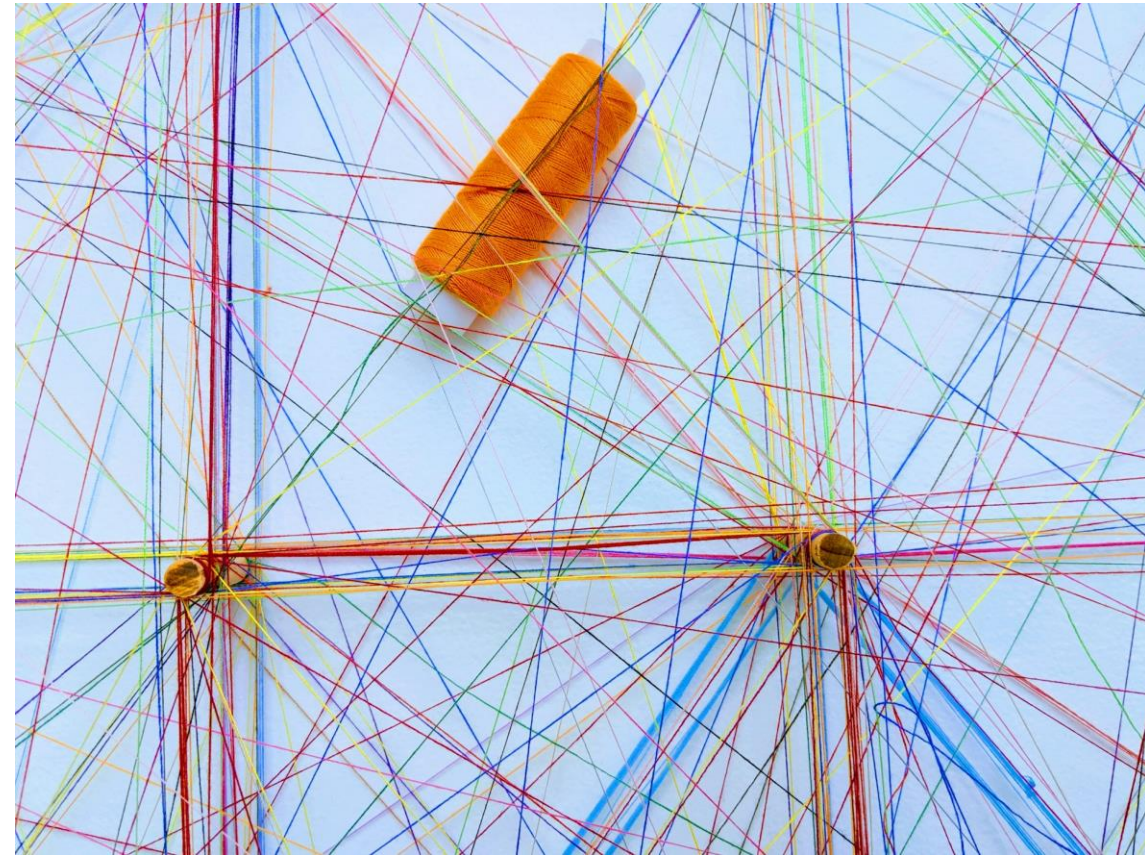
# Thank you

To download the how-to guide or the more detailed insight report visit [our website](#)

Supported by



# Unleashing human-centred change: from co-design to community impact in health care.



[https://unsplash.com/photos/assorted-color-yard-threads-MOO6k3RaiwE?utm\\_content=creditShareLink&utm\\_medium=referral&utm\\_source=unsplash](https://unsplash.com/photos/assorted-color-yard-threads-MOO6k3RaiwE?utm_content=creditShareLink&utm_medium=referral&utm_source=unsplash)

Muhammad Hasan Abid, MD, MHQS, EMBA, CPPS, CPXP, IHI Fellow  
Melissa Kwiatkowski, MPH, MHA, IHI Fellow



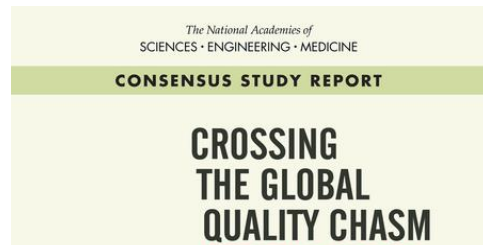
# Setting the Context

## Person Centered Care

“providing care that is respectful of and responsive to individual patient **preferences, needs, and values** and ensuring that (these) values guide all clinical decisions”..

*Crossing The Quality Chasm, 2001*

# Global Health Care Quality Reports



**Patient-centered care measurement indicators  
demonstrate huge variations**



# Strategies

- Co-production of Healthcare Services as Core Strategy for Patient and Family Engagement
- Leverage Technological Advancements to Enhance Patient and Family Engagement
- Equity and the Patient and Family Engagement
- Leverage Health Policy and Regulatory Frameworks for Rapid Adaptation of Patient and Family Engagement Strategies

# Social Capital Critical for Macrolevel Change

Social Capital –  
“the *trust* and  
reciprocity  
among  
individuals and  
between groups  
to achieve a  
common  
purpose”



Harvard  
Business  
Review

Organizational Culture

**Social Capital Is as Important  
as Financial Capital in Health  
Care**

by Alexandra Norrish, Nikola Biller-Andorno, Padhraig Ryan, and Thomas H.  
Lee

# Tactics for Building Social Capital





Guelph CHC  
growing healthy together

# Whole-System Change: Barriers, realities and insights from the frontlines.

A story from Guelph, Ontario, Canada.

# The Issue



## Nowhere to go: Housing crisis hits senior renters in Guelph hard

'I feel like I'm sitting right on the edge of homelessness'

Kitchener-Waterloo

### Guelph to get 750 new housing units over 3 years with \$21.4M in federal funding help

The funding is proof Ottawa 'is at the table with municipalities like ours,' mayor says

CBC News · Posted: Jan 12, 2024 12:38 PM EST | Last Updated: January 12

## LETTER: Housing crisis needs addressing as costs hit alarming rates

Housing costs have 'left a significant portion of our population feeling hopeless and scared about their ability to secure stable housing'



COUNCIL

### 'Pitter patter, let's get at 'er': Housing crisis comes to Guelph council workshop



By Graeme McNaughton Guelph Mercury

Wednesday, July 12, 2023 | 5 min to read

# Change at the organization level

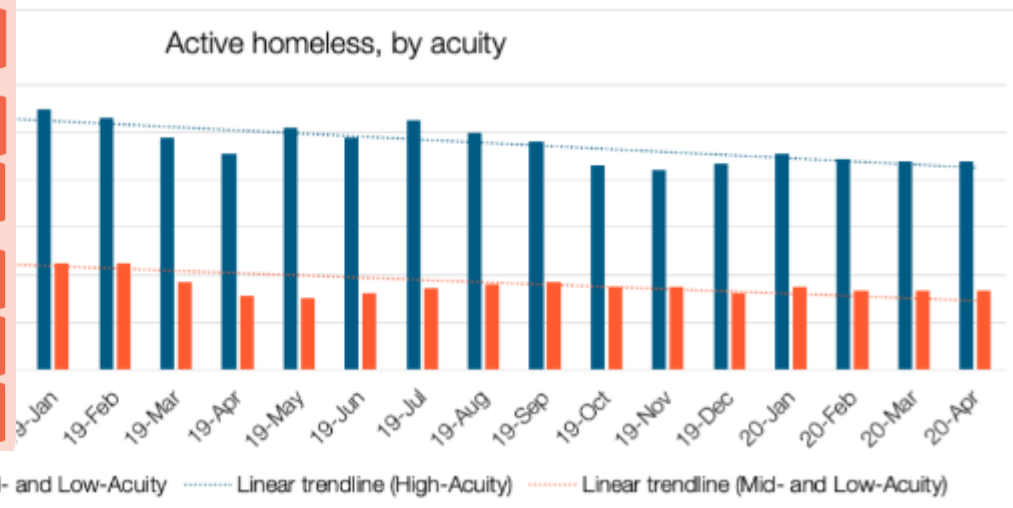
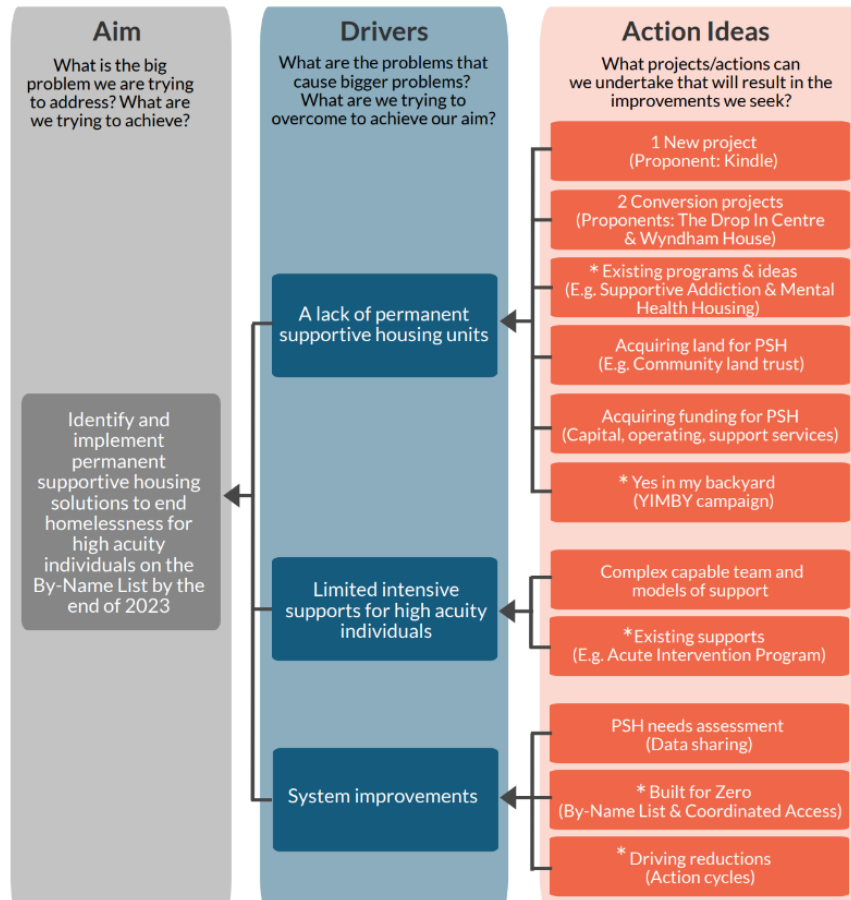


Mission, vision,  
values



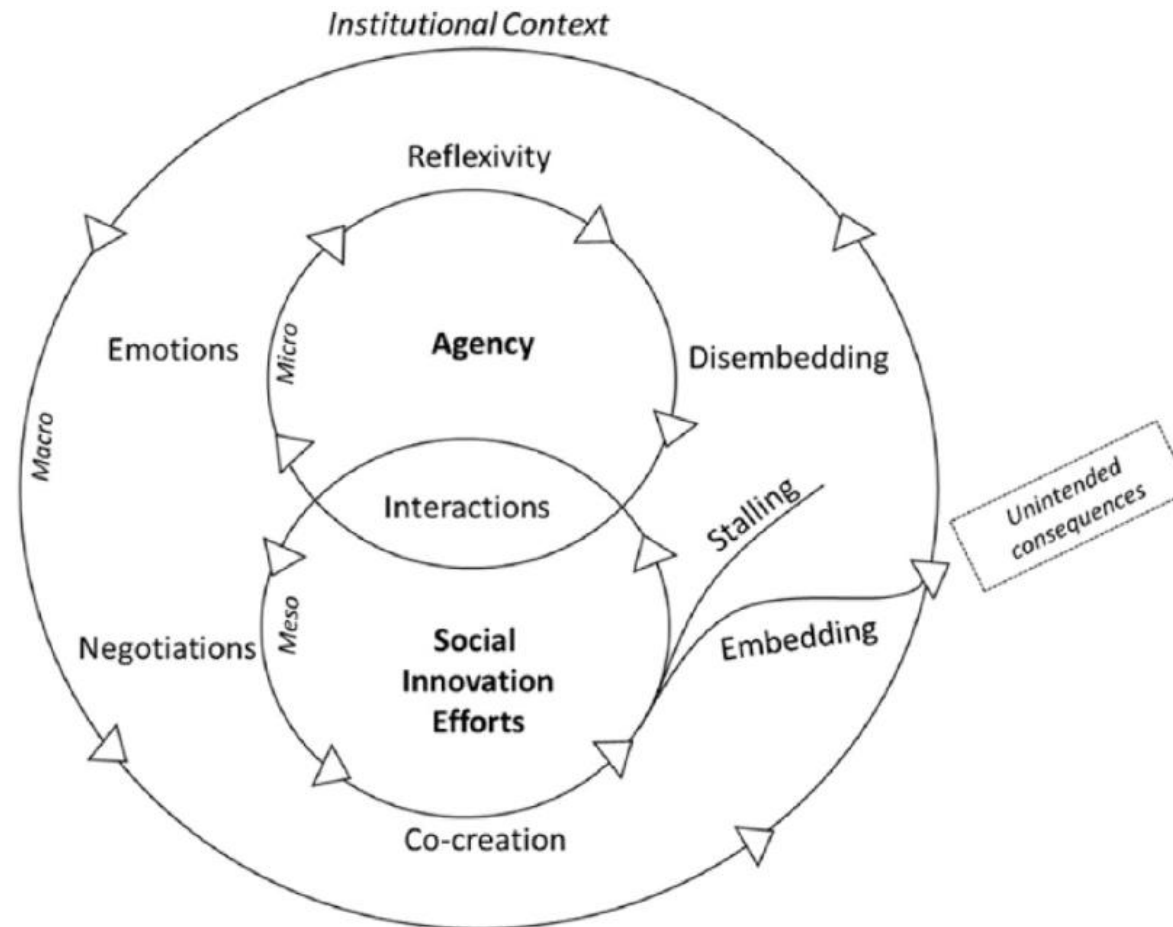


# Usual tools



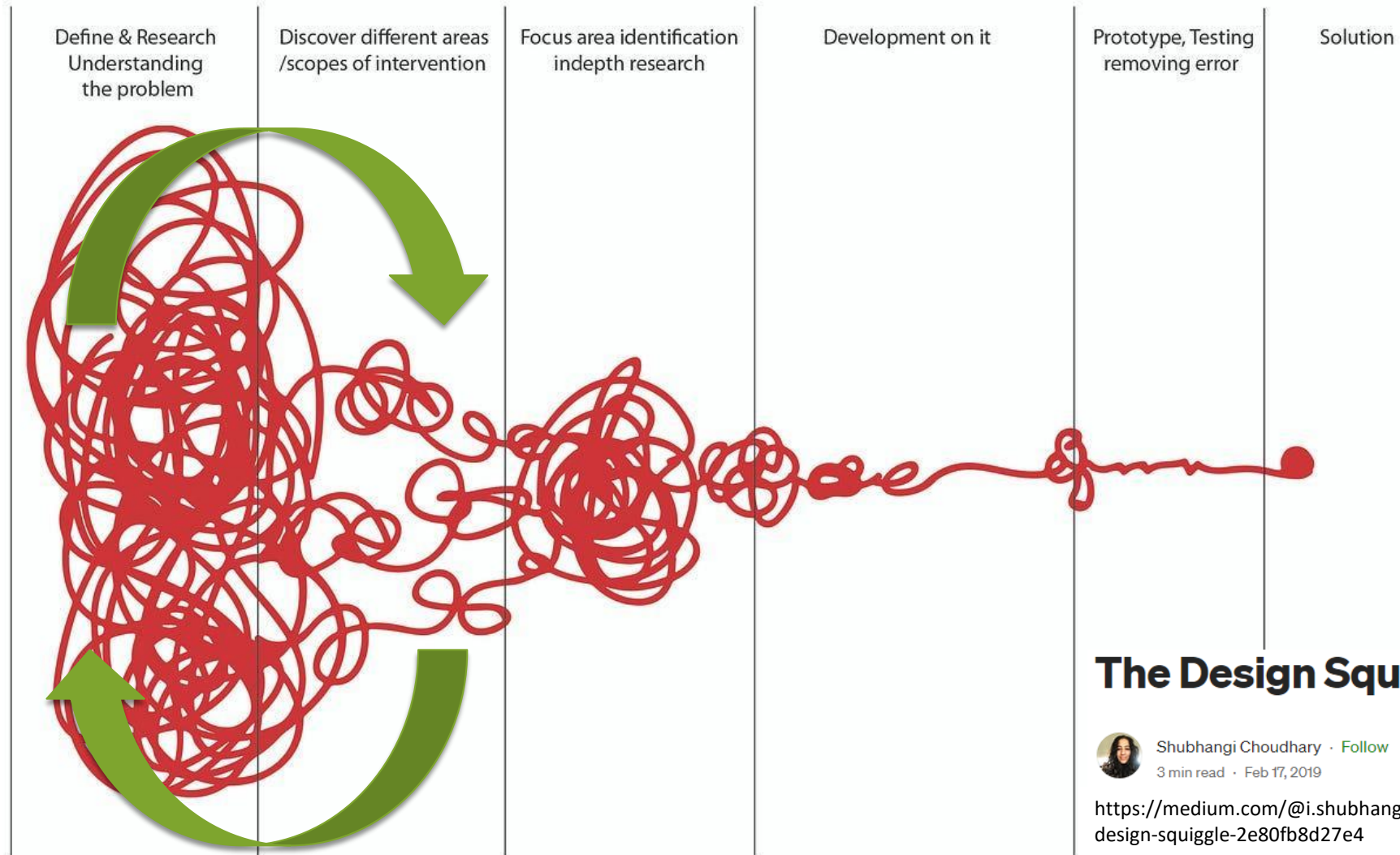
# Change at the System Level

- Federal
- Provincial
- Municipal
- Health
- Housing
- Police
- Citizens
- Businesses



van Wijk, J., Zietsma, C., Dorado, S., de Bakker, F. G. A., & Martí, I. (2019). Social Innovation: Integrating Micro, Meso, and Macro Level Insights From Institutional Theory. *Business & Society*, 58(5), 887-918. <https://doi.org/10.1177/0007650318789104>

# Calibrating expectations



# New Tools for complex change

- Advocacy
- Coalition building
- **RELATIONSHIPS**



# New perspective - Emergence

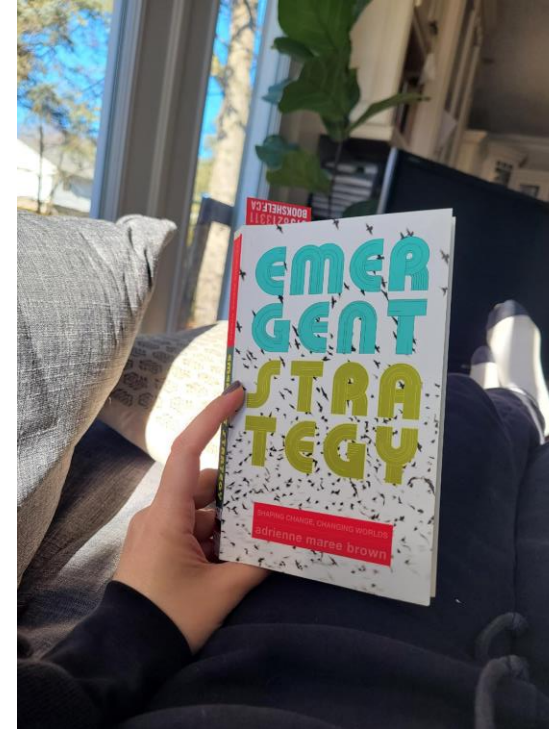
## The new zeitgeist: relationships and emergence



Bill Bannear · Follow  
5 min read · Mar 8, 2023

***"We need to stop trying to design the solution, and instead design for the conditions that enable the emergence of many solutions".***

Full article: <https://medium.com/@bill.bannear/the-new-zeitgeist-relationships-and-emergence-e8359b934e0>



***"Small is all"***  
Adrienne Maree  
Brown

# Relationships as a key indicator of success



Community Led-Housing Campaign  
#bettercantwait



Strategic Advisory Group on Downtown  
Guelph




**A Review and Gap Analysis of  
Housing, Mental Health &  
Substance Use Services for  
People Experiencing  
Homelessness in Guelph**


Final Report

Prepared by: Collective Results Inc.  
August 2023


Title Sponsor



**Thursday February 8th**  
7:00am - 10:00am  
Delta Guelph Hotel & Conference Centre



**State  
of the City**



Wellington-Guelph  
Health and Housing  
Symposium



# Co-Design Challenges & Approaches to explore – Macrosystem

## Challenges

- Politics
- Biases
- Ideology
- Building trust
- Misaligned mandates

## Explorations

- Break the rules
- Empowerment
- Focus on relationships
- Focus on learning and improving – not perfection

# Conflicts and Associations

Dr. Muhammad  
Hasan Abid

- No conflicts.
- Not-for-profit health care Saudi Arabia.
- IHI Fellow, 2020.
- JQSH Editorial Fellow, 2024.
- Champion, Patients for Patient Safety US.



# Conflicts and Associations

Melissa  
Kwiatkowski

- No conflicts.
- Not-for-profit health care in Canada.
- IHI Fellow, 2020.

# Creating change together



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[mkwiatkowski@guelphchc.ca](mailto:mkwiatkowski@guelphchc.ca) [MuhammadHasan\\_Abid@alumni.harvard.edu](mailto:MuhammadHasan_Abid@alumni.harvard.edu)