

Becoming a successful improvement organisation...the 'how to guide'

Presenting Team



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Disclosures

This session's presenters are employees and faculty of The Institute for Healthcare Improvement (IHI) and have nothing to disclose.



After this session, participants will be able to:

Embedding improvement is a journey, this session is designed to help those early in their journey, chart their way to:

- Understand how to plot and map your organisation's journey in embedding an improvement approach and culture, with an emphasis on practical steps
- Understand how to keep a focus on short term delivery whilst changing leadership and management systems of the organisation
- Learn from experienced improvers who can guide your journey and help to avoid the pitfalls



Mini self assessment tool to track reflections as we walk through the session (on your table)

Component	Not developed	Developed and progressing	Implemented and Embedded
Leadership Involvement and sponsorship			
Golden thread from floor to board			
Improvement capability and capacity building			
People and Culture			
Learning System in daily work			
Boundarilessness			



NHS
Birmingham and Solihull
Mental Health
NHS Foundation Trust

HSC South Eastern Health
and Social Care Trust

NHS
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

NHS
South London
and Maudsley
NHS Foundation Trust

NHS
East London
NHS Foundation Trust

NHS
Central and
North West London
NHS Foundation Trust

NHS
SCOTLAND

NHS
Barts Health
NHS Trust

NHS
Cambridge
University Hospitals
NHS Foundation Trust

NHS
Royal Free London
NHS Foundation Trust

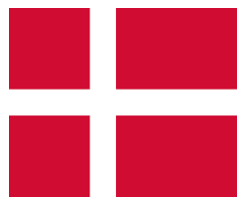
NHS
Dartford and Gravesham
NHS Trust



On your tables

1. Why does continuous improvement matter to you?
2. What are you most proud of in terms of your efforts to continuously improve quality?





Context matters



NHS IMPACT
Improving Patient Care Together

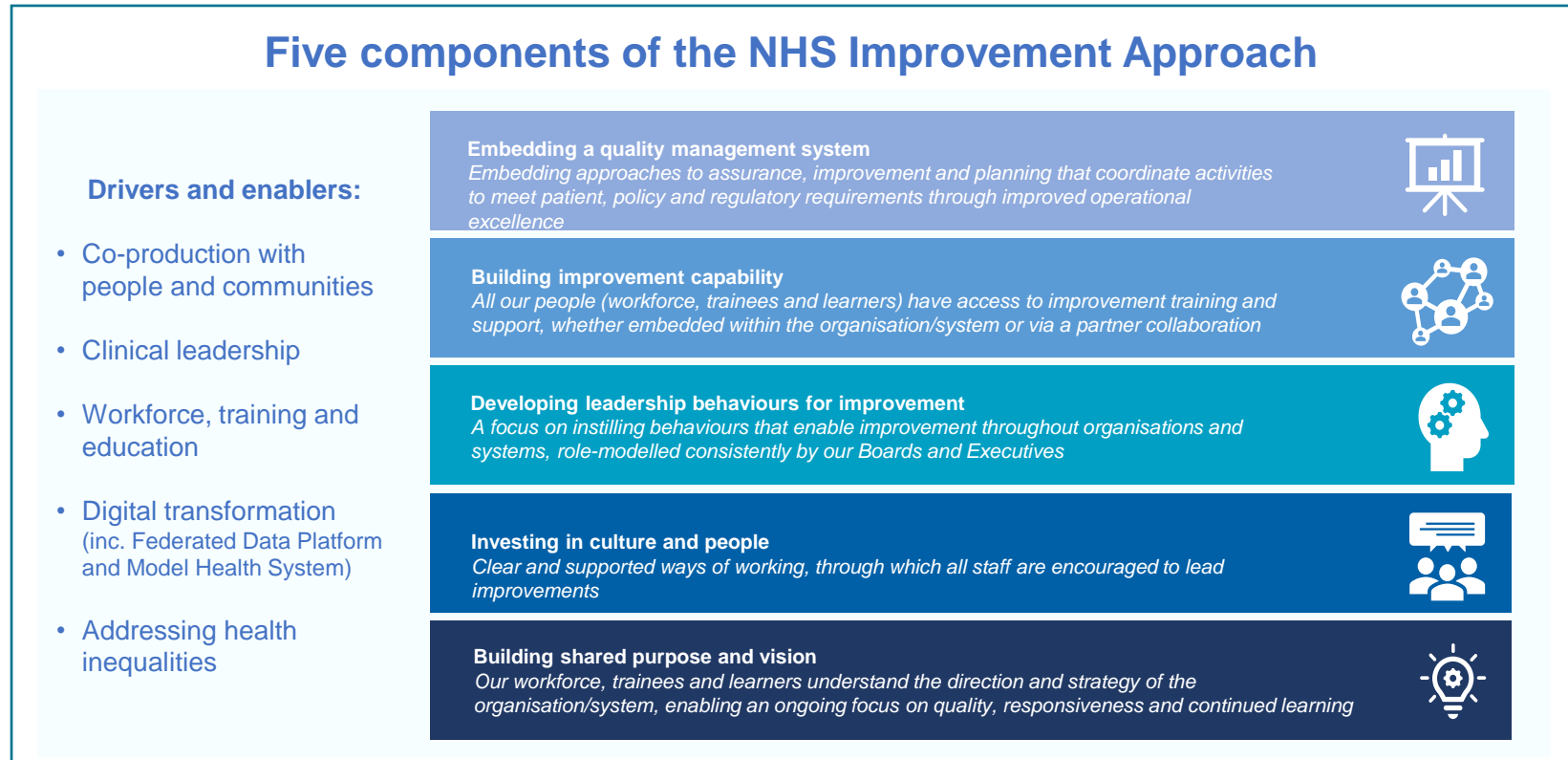
The logo for NHS IMPACT features four interlocking gears. The gears are labeled: 'LEADERSHIP' (top-left), 'COLLABORATION' (bottom-left), 'CAPABILITY' (top-right), and 'DELIVERY' (bottom-right). The words 'PEOPLE' and 'CULTURE' are positioned to the right of the gears.

The NHS Patient Safety Strategy
Safer culture, safer systems, safer patients



The NHS Improvement Approach: at-a-glance

Incentivise and support the universal application of a high-level 'NHS Improvement Approach' with five components, to be quality-assured through a maturity matrix co-designed with provider, system and patient experts.



Work is underway to co-develop a **Practical Guide to the NHS Improvement Approach** with patient leaders and colleagues from NHS providers and Integrated Care Systems.



Before we start...

1. There's always going to be system pressures
2. 'Start before you're ready'...
3. There will always be stuff to improve
4. Improvement moves at the speed of trust
5. People, people, people
6. Every system is perfectly designed...
7. You'll never be done (put learning on steroids, forever)



What is whole system quality?

Many tools exist to describe whole system quality or quality management systems

but....

How do you build the practical structures and processes to support the improvement organisation from floor to board?

consider....

A few key components to guide your approach



Whole System Quality



Quality Assurance (internal, external)

Quality Improvement

- **Focus** on strategic priorities for the system
- **Train and coach** staff in improvement methods
- **Collaborate** across patients, communities and staff to ensure voice of the customer is embedded in processes
- **Test, learn, and adapt** process changes towards improved performance

Quality Planning

- **Identify** customer needs
- **Assess** performance & gaps
- **Define** quality goals
- **Set priorities** for improvement
- **Invest** in people (capabilities)
- **Invest** in required inputs (resources/structures)

Quality Control

- **Ensure protocols, skills and processes** for key activities
- **Reduce unwanted variation** from expected performance
- Establish **new standards and protocols** based on results of QI initiatives to promote **sustainability**
- Integrate **licensing, accreditation and professional oversight** bodies



Cultivating a Learning System

Methods

Clear Aim



Systems Focus



Collaborate



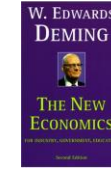
Learn



Scale



Using Improvement Science to Improve and Strengthen Systems



Appreciation for a System

In relation to the issue you have chosen to work on...

- Who are the **people** in your system?
- What is the **culture** like?
- What are the **structures**? How do you **organize** things?
- What are the **key processes**?

Theory of Knowledge

- What is the **issue** you have chosen to work on?
- **Why do you think this is an issue?**
- What **theories do you have** about what will work/help you overcome this problem?
- **What predictions do you make** about **new ideas being accepted?**

Psychology of Change

- How do **people respond** to change? How can we encourage **constructive change** and **commitment to excellence**?
- **How ready** do you think **people** in your system are **for change**? Are some people more ready for change than others?
- How do you think **people feel about the issue** you are going to work on?

Understanding Variation

- What **data** do you have already?
- What is it telling you about the issue you have chosen to work on?
- How much **statistical variation** is there in the process?
- How much **variation exists in attitudes and behaviors?**



What does it take to create an ever improving organisation?

- Shared **vision** and sense of **purpose** that connects the layers of the organisation
- People who are valued and invested in with the right skills and behaviours
- Leaders who understand how they model the organisation they want to see
- Establishing a common improvement approach and language and building the capacity and capability to deliver
- Integrating improvement into planning and operating structures with an infrastructure to support learning



.....or simply

- **Vision + Purpose**
- **Culture**
- **Leadership Behaviours**
- **QI Capability**
- **Whole System Quality**



Creating the Conditions

Leadership Involvement and sponsorship

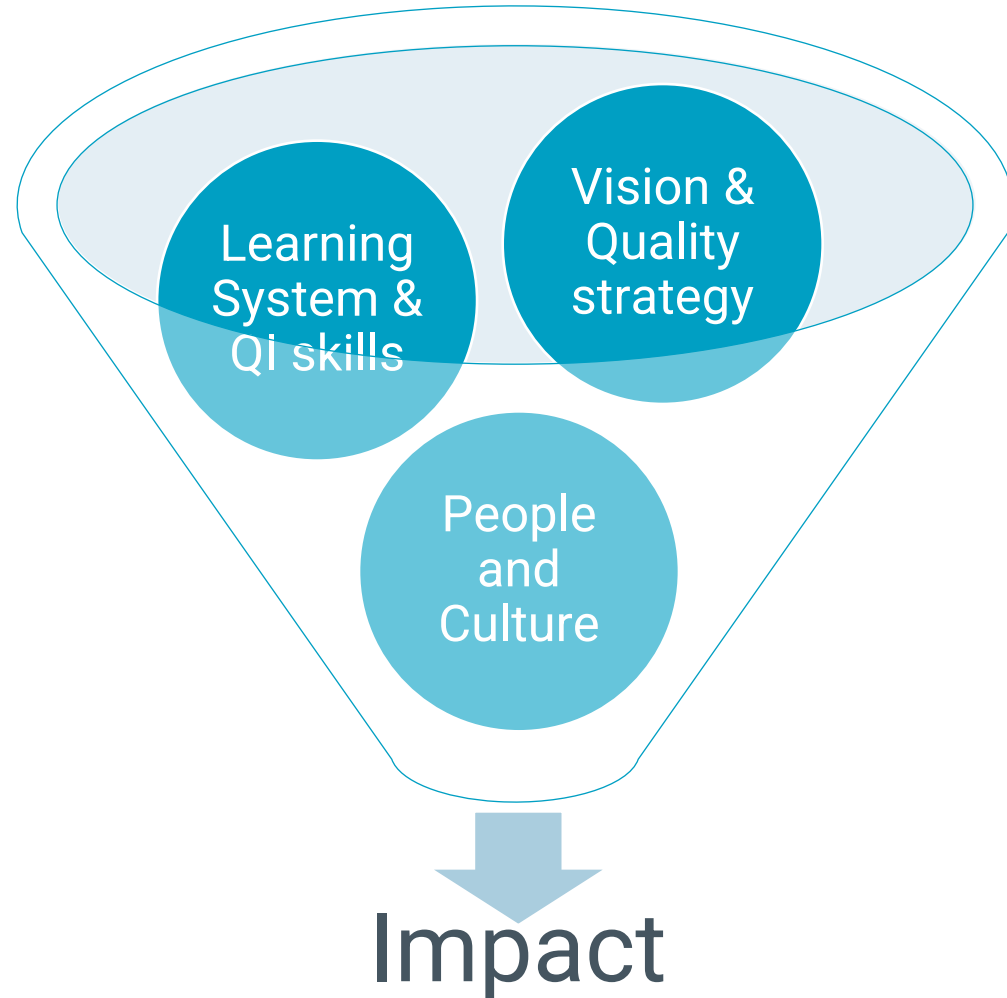
Golden thread from floor to board

Improvement capability and capacity building

People and Culture

Learning System in daily work

Boundarilessness



What's the best you've seen?



1. Creating the Golden Thread

Vision; Objectives.....and a Brand eg SQE; We Improve; ELFT; Leeds Way

Planning, managing and governing quality.....it is integrated

Floor to Board learning.....owned locally (culturally different)

Data dashboard (high level) and local VMB (unit level learning)

Aims, ideas and testing to establish better processes and ways of working

Story telling and translating learning for quality board meetings

Can everyone see how they contribute and how their team adds quality value



Leadership Involvement and Sponsorship

1. **Rituals and symbols** everywhere for learning
2. Senior leaders **actively participating**, not just passively supporting
3. An **appreciative inquiry** approach to managing
4. A definitive move to **SPC for data visualisation**
5. **A WSQ approach** to continuously learning and improving (**not just QI**)
6. A central team with **an active distributed infrastructure**
7. A dosing approach to **building skills experientially**



Have a
Vision, not a
Map.
A Vision for a
better place.

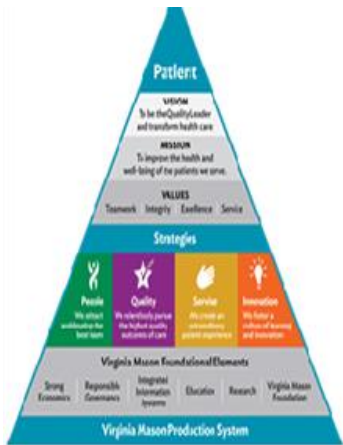


or



"I have a dream"

Strategic Alignment



Multi-Year Plans

Area	VISION	MISSION	VALUES
Leadership	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Business	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Healthcare	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Community	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Environment	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Technology	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Education	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Research	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Strong Economics	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Research Excellence	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Integrated Information Systems	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Education	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Research	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service
Virginia Mason Foundation	Our focus is to be a leader in our industry	Inclusion as an industry leader in our industry	Leadership, Teamwork, Integrity, Excellence, Service

Annual Goals



Departmental Plan/Goals

Be There Share Prepare

Be There

- Be present with our patients, attend to the bedside when on duty.
- Lead every full, empty charge on our patient.
- Just say yes! Offer patients care when, where and how it is desired.
- Engage patients through MyVirginiaMason to improve their health and well-being.

Share

- Help us grow! Champion our location, services and quality to provide our patients what they need.

Prepare

- Optimize resources (staff, supplies, equipment, medication, etc.)

Individual Goals

Name: _____

My personal goal is _____

By _____

How do you plan to achieve this goal? _____

What resources do you need to achieve this goal? _____

How will you measure your progress? _____

What challenges do you anticipate? _____

How will you overcome these challenges? _____

How do you plan to share your goal with your team? _____

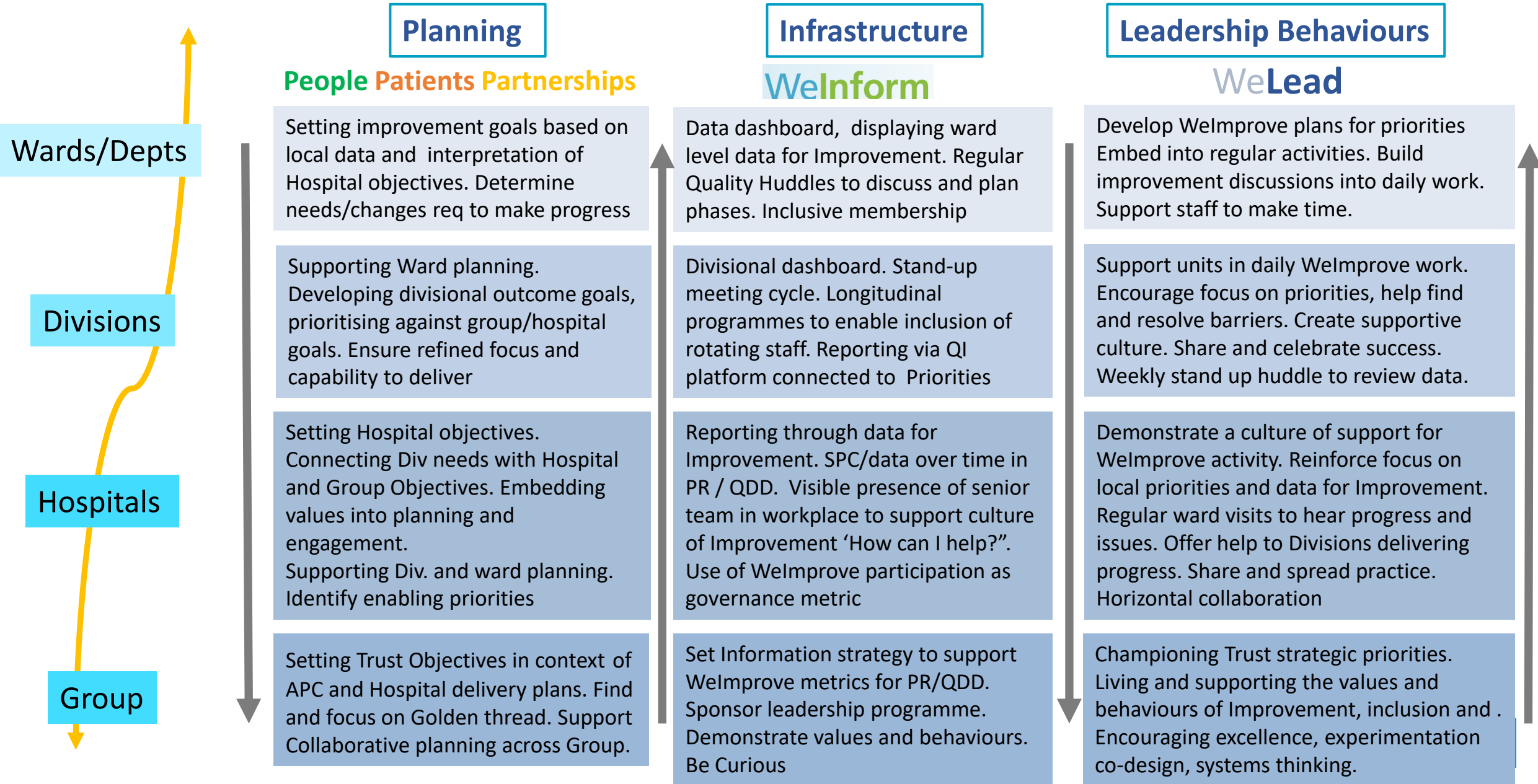
How do you plan to prepare for your goal? _____

How do you plan to evaluate your progress? _____

How do you plan to celebrate your success? _____



QMS at Barts Health



2. Boundarilessness and Systems Working

Open to learning from others in the field – internal and external

Connectivity beyond personal sphere of influence and control

Partnership approach to working across wider health and social care forums and services

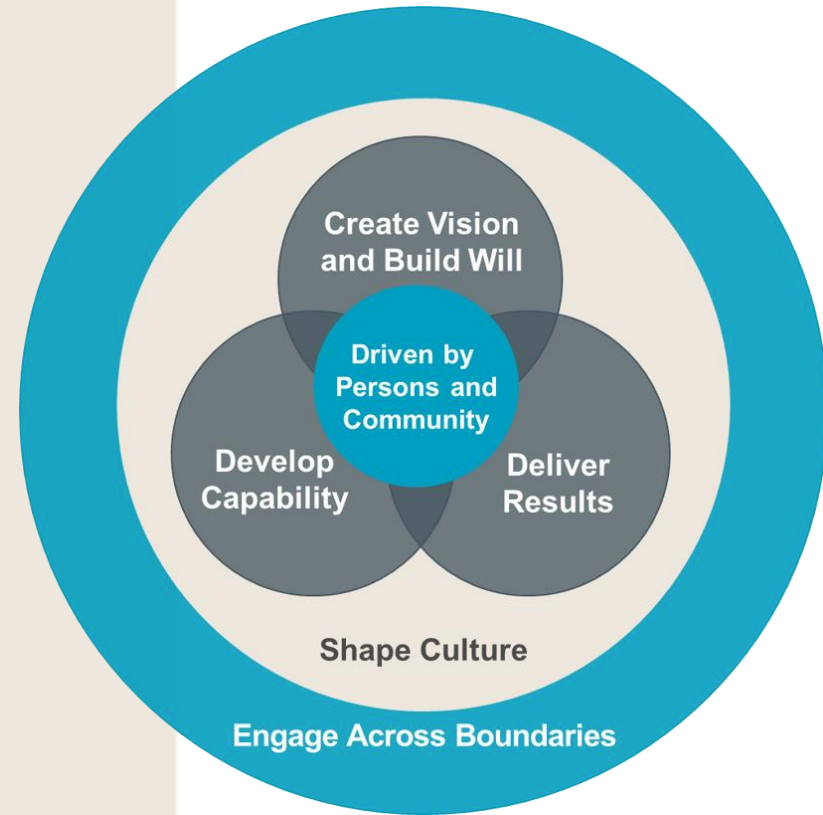
Role modelling mental boundarilessness as a leader to create collaboration across the system functions





High-Impact Leadership:

Improve Care, Improve the Health of Populations,
and Reduce Costs



AN IHI RESOURCE

20 University Road, Cambridge, MA 02138 • ihi.org

How to Cite This Paper: Swensen S, Pugh M, McMullan C, Kabacoff A. *High-Impact Leadership: Improve Care, Improve the Health of Populations, and Reduce Costs*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2013. (Available at ihi.org)

How can High Impact Leadership help us

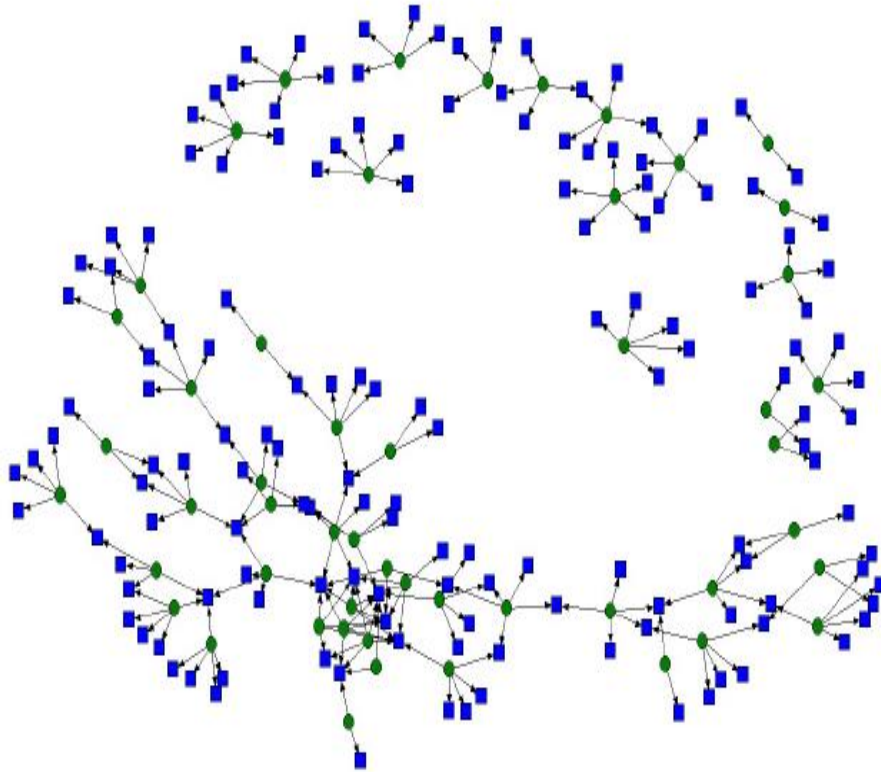
3 Interdependent Dimensions that can shape our Leadership

1. New Mental Models... **how we as leaders think** about challenges and solutions
2. High Impact Leadership Behaviours... **what leaders do** to make the difference
3. IHI Framework; **where leaders focus their efforts**

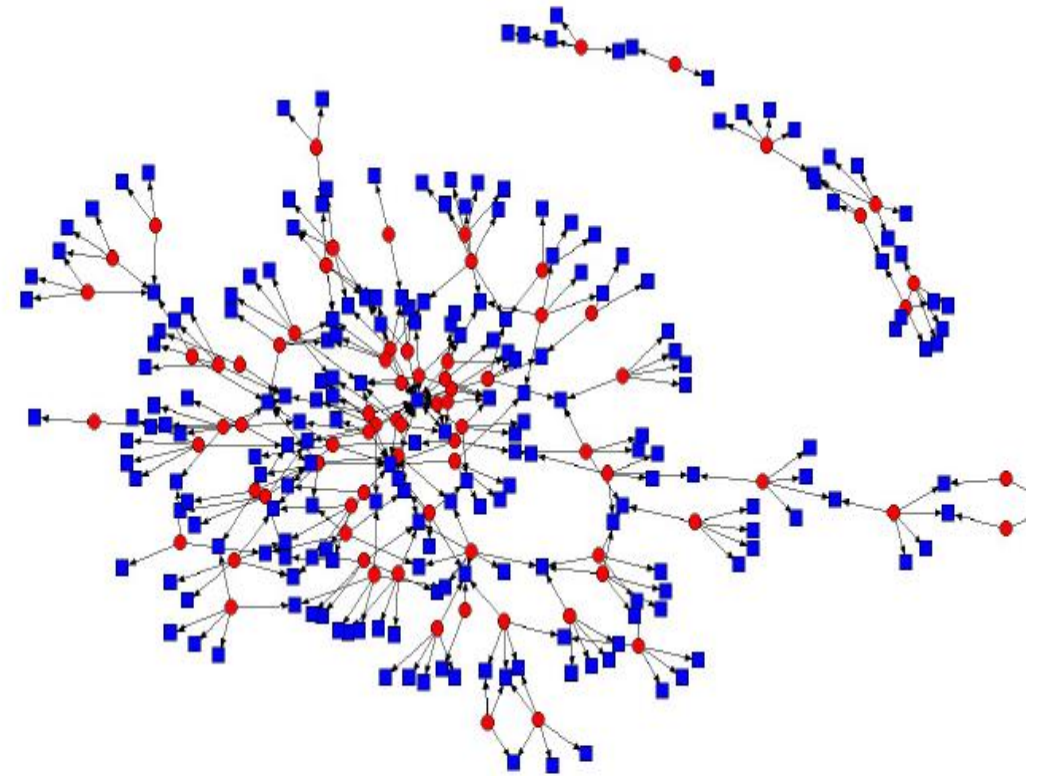


The Power of Connectivity

Trust D – special measures trust



Trust A – an 'outstanding' trust



Circle Nodes denote L4Ls, Square Nodes denote collaborators



What leaders do

Boundarilessness: *Encourage and practice systems thinking and collaboration across boundaries*

- Ask open questions and listen to teams
- Harvest ideas...Celebrate harvesters
- Create win/win
- Visit teams delivering projects
- Help build connections and create shared learning...*All Share, All Learn.*
- Utilising systems thinking to frame priorities...work across boundaries



Paradigm Shifts...both Within and External

In South Eastern Trust we had 3 DGH/Acute hospitals and 1 Psychiatric hospital...building

We were one of 6 delivery HSC Trusts

“Do we want to be the best in SET or make SET the best”

“Do we want to be the best in N.Ireland or do we want to make N.Ireland the best”

**How do you want to frame your ambition?
Best in your locality or make your patch
the best?**

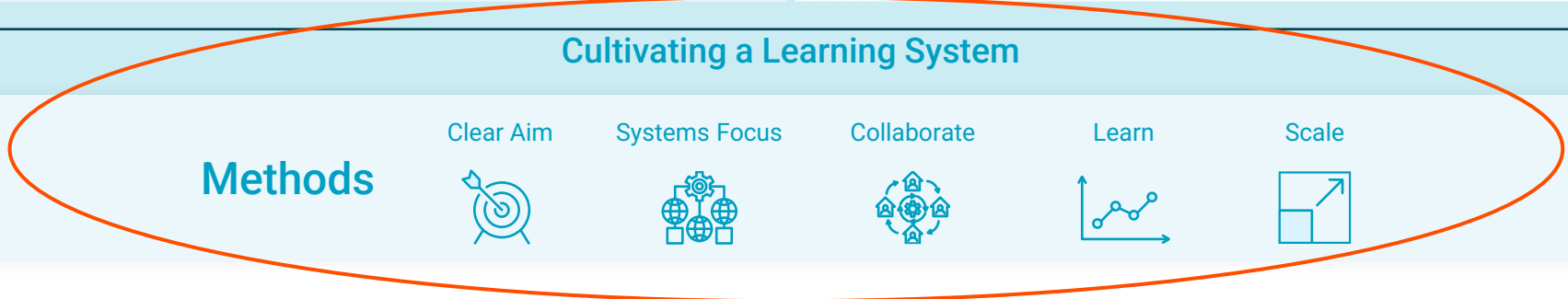


10.45 – 11.15

Refreshment break



3. Learning System and Strategic Alignment



Create a rhythm for improvement activity



Improvement as part of daily work

Huddles to share learning, explore data, hear new ideas, set plans for next steps



Engage all team members in the unit – all voices matter



Transparently sharing data and information for learning



Implementing best practice to reduce variation and deliver results



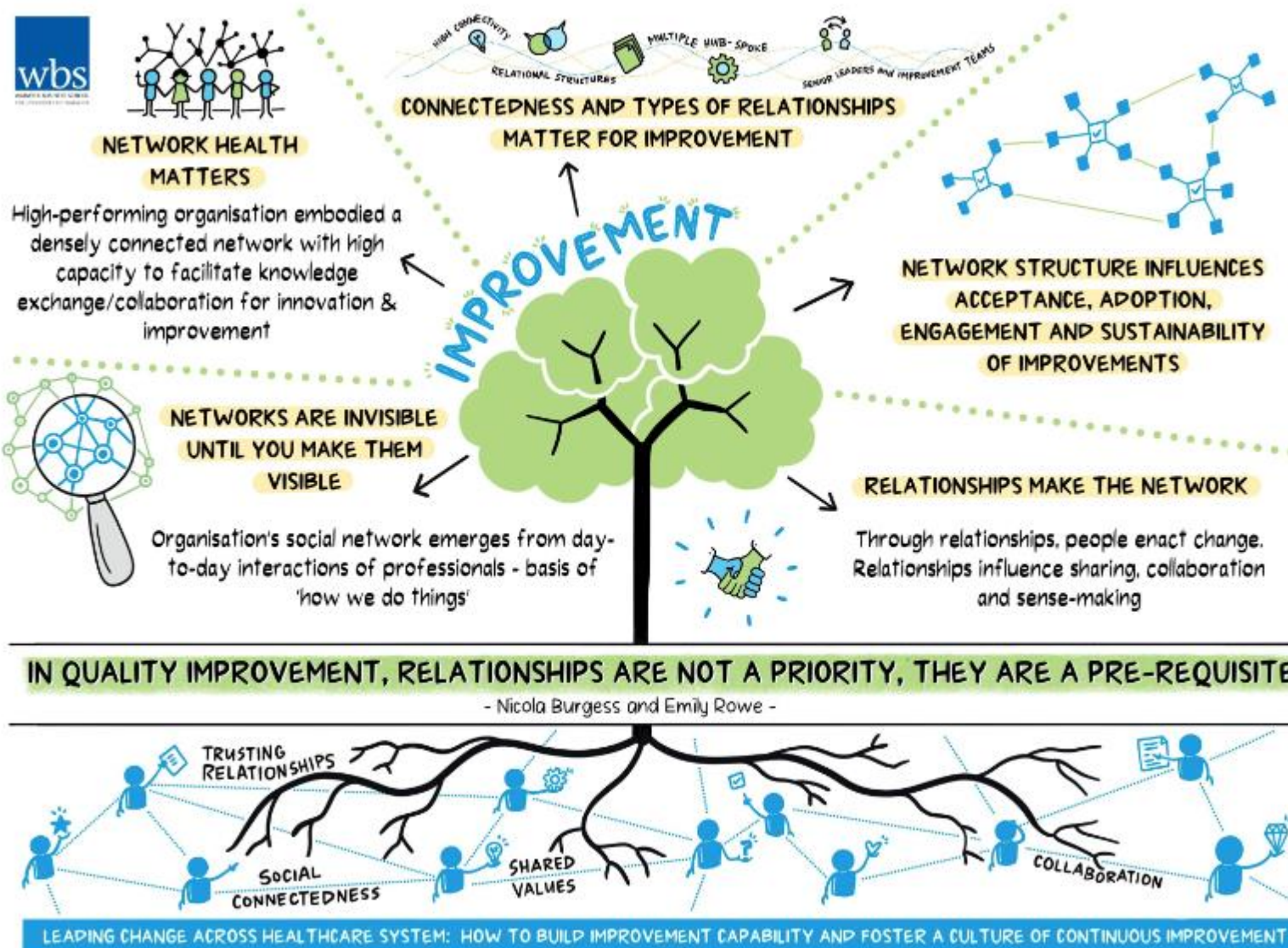
Unit learning



System learning



Continuous learning from local work and outside



Harvesting and spreading what works

Degree of belief in the change as ready for spread

Measurement, data and experience stories to back up results

Packaging the ingredients of the improvement

Communicating learning



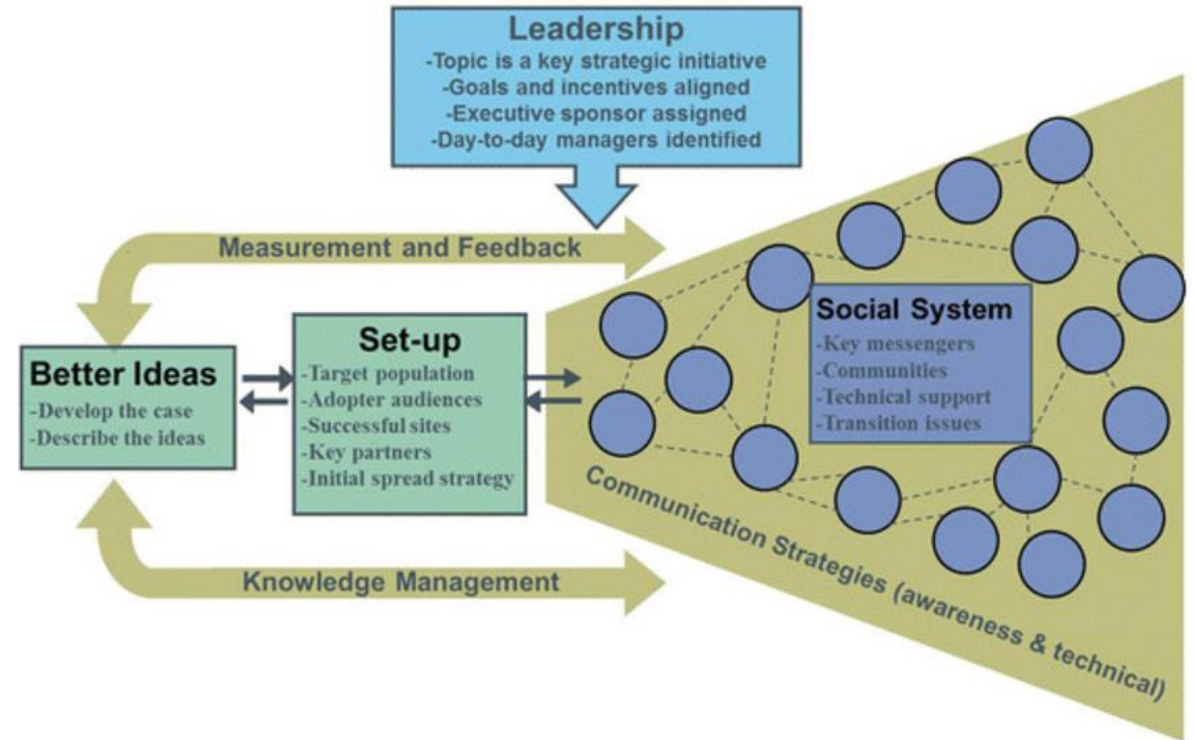
Brandon Bennett, Qualityprogress.com
(Jan,2020)



Harvesting and spreading what works



To date, seven wards across three hospital sites that have achieved 1'000 plus pressure ulcer free days!



<https://www.ihl.org/resources/white-papers/framework-spread-local-improvements-system-wide-change>



4. Improvement Capacity and Capability Building

Clarity on the Aim of the work

A way to track progress and observe impact

Iterative learning that develops improvement for implementation

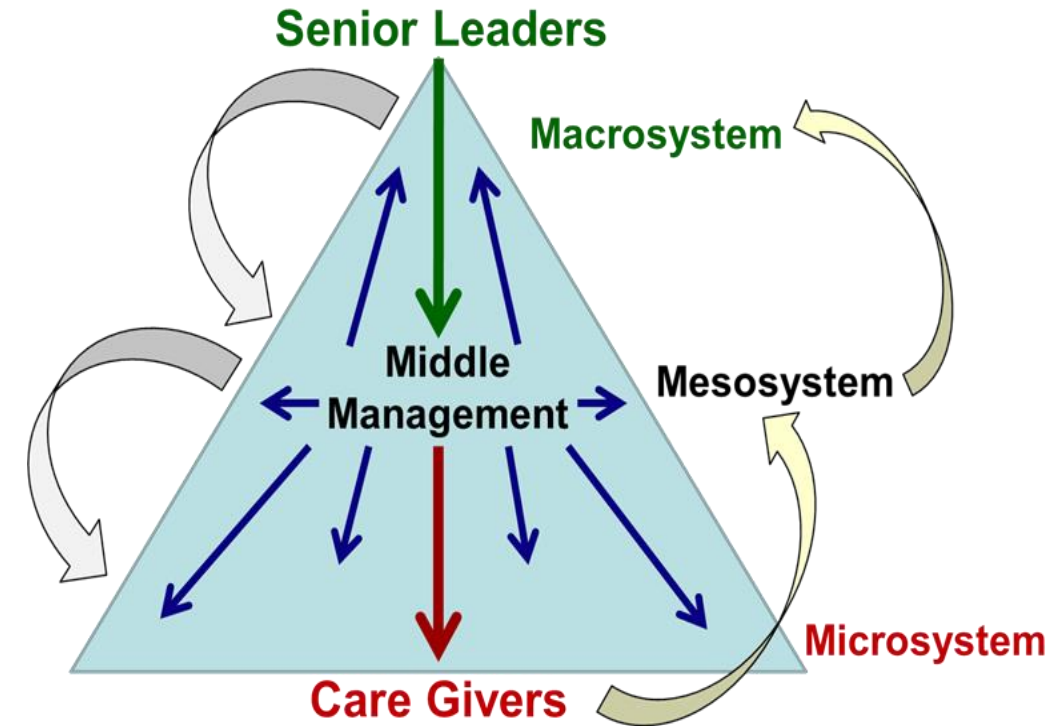
By What Method?

Model for Improvement



Questions for building Improvement capacity and capability

1. Will you involve everyone or just a few targeted groups?
2. Who needs to know what? (the dosing approach)
3. What methods do you plan to use to build capacity and capability?
4. How will you make sure your journey to Excellence can be sustained?



Adapted and expanded from a conversation with Dr Tom Nolan, Associates in Process Improvement on material he presented at the IHI Strategic Partners Roundtable, April 17-18, 2006.



Capacity & Capability – what's the difference?

Capacity

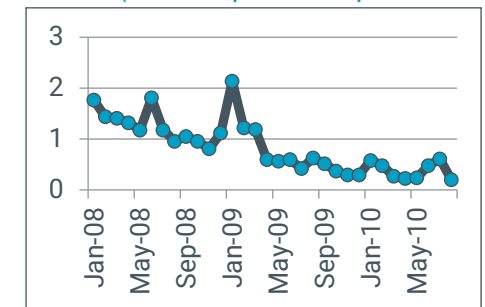
- The ability to receive, hold or absorb
- The ability to learn or retain information
- The power, ability, or possibility of doing something or performing
- A measure of volume; the maximum amount that can be held



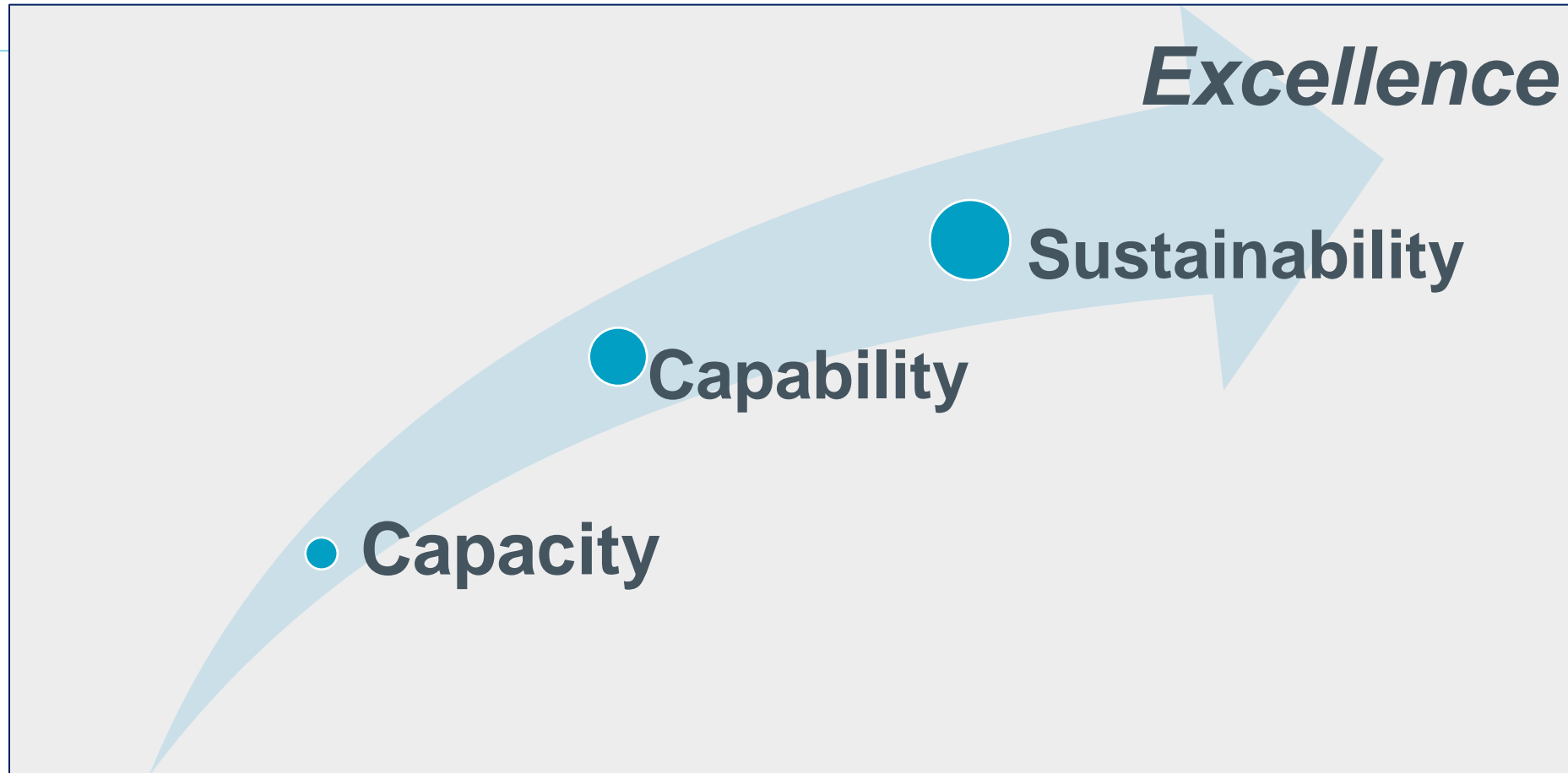
Capability

- The ability to execute a specified course of action
- The power or ability to generate results
- Knowledge, skill, ability, or characteristic associated with desirable performance on a job
- Capability frequently includes values, motivation and beliefs
- The sum of experience and capacity

c. Diff Rate (c. Diff s per 1000 patient days)



The Journey To Organisational Excellence



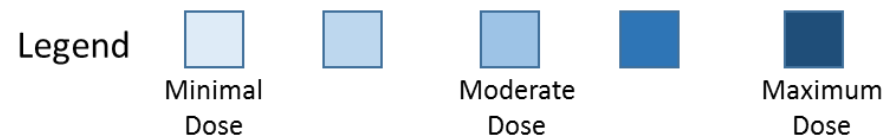
*“We are what we repeatedly do.
Excellence then, is not an act but a habit!*

Aristotle (384 – 322 BC)



Applying the Dosing Approach

Science of Improvement Topic	Board	Sr. Mgmt.	Sr. Clinicians	Nurse Mgrs.	Admin Mgrs.	QI Team Ldrs.	QI Experts	Com Ldrs.
History of QI	Minimal Dose	Minimal Dose	Minimal Dose	Minimal Dose	Minimal Dose	Minimal Dose	Moderate Dose	Minimal Dose
Profound Knowledge	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	Maximum Dose	Moderate Dose
Quality as a Business Strategy	Maximum Dose	Maximum Dose	Maximum Dose	High Dose	High Dose	High Dose	High Dose	Moderate Dose
Model for Improvement	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	High Dose	Maximum Dose	Moderate Dose
PDSA Testing	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	Moderate Dose	High Dose	Maximum Dose	Moderate Dose
Understanding variation	High Dose	Maximum Dose	Maximum Dose	Maximum Dose	High Dose	High Dose	Maximum Dose	High Dose
Scale-up and Spread	Moderate Dose	High Dose	High Dose	Maximum Dose	Maximum Dose	Maximum Dose	Maximum Dose	Moderate Dose
Construction of control charts	Moderate Dose	Minimal Dose	Minimal Dose	Moderate Dose	Moderate Dose	High Dose	Maximum Dose	Moderate Dose



Note that the intensity of the color reflects the “dose” of the science of improvement knowledge and skills that would be administered to each respective group. The row and column headings will change for each organization



Dosing the Science of Improvement

(Using the 1 - 4 numerical response options)

Science of Improvement Skills & Knowledge*	Hospital Governance, Non-Execs, Board of Directors*	Senior Management (corporate)	Clinical Leadership (physicians and nursing)	Middle Management Directors & Supervisors	Frontline Staff	QI Expert (IAs)
Models for QI (theory & concepts)						
Leadership for improvement & cultural transformation						
Teamwork and Facilitation						
Gathering information						
Analyzing and interpreting data						
Presentation skills						
Understanding variation						
SPC charts						
Change management						
QI tools and methods						

Who needs what dose?

Skills & Knowledge scale

1 = They need to know the basic terms, concepts and methods when they hear them

2 = They need to be able to explain the terms, concepts and methods to others

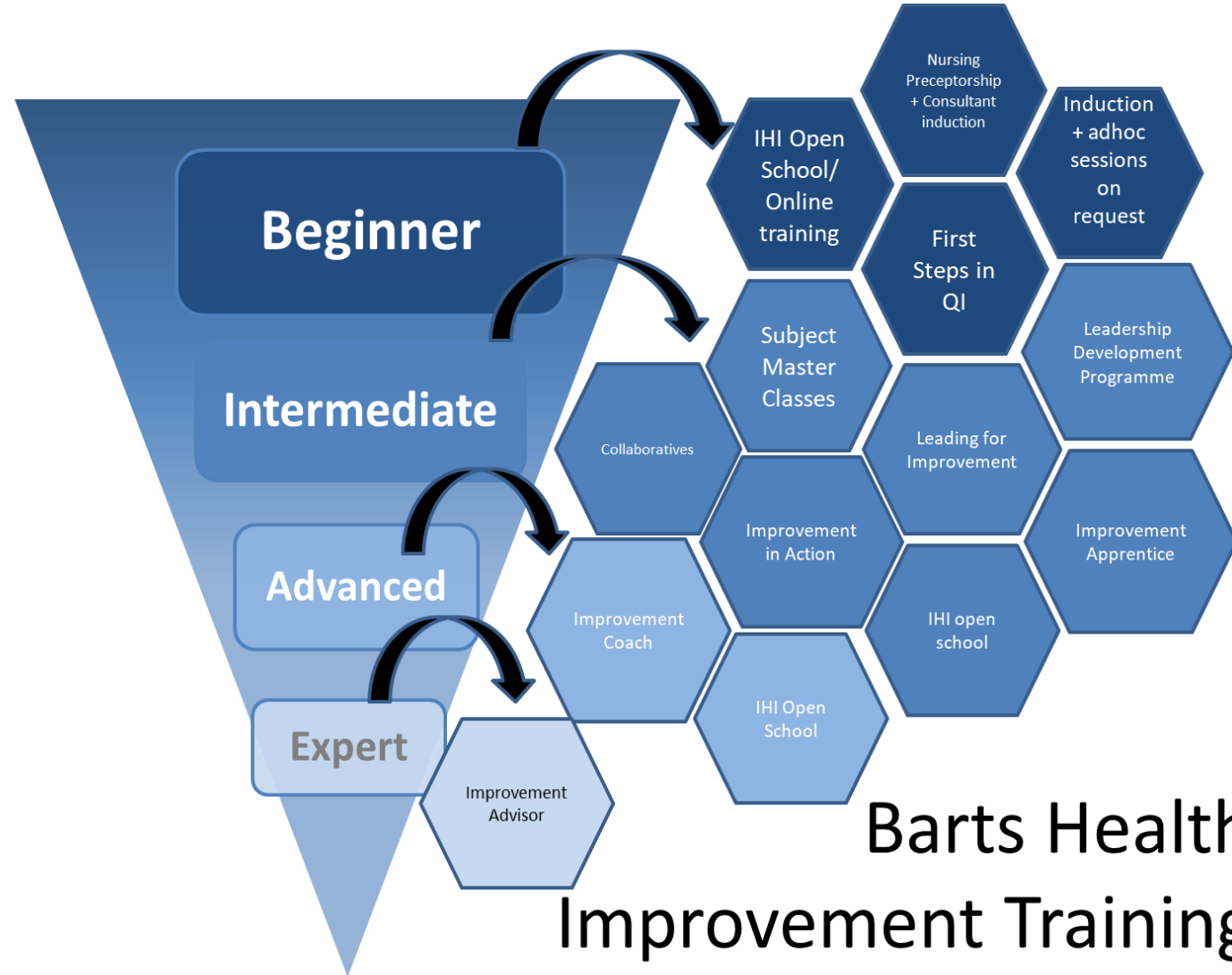
3 = They need to be able to teach the terms, concepts and methods to others

4 = They need to be seen as an organisational lead and champion for the terms, concepts and methods.

*NOTE: The row and column headings will change for each organisation.



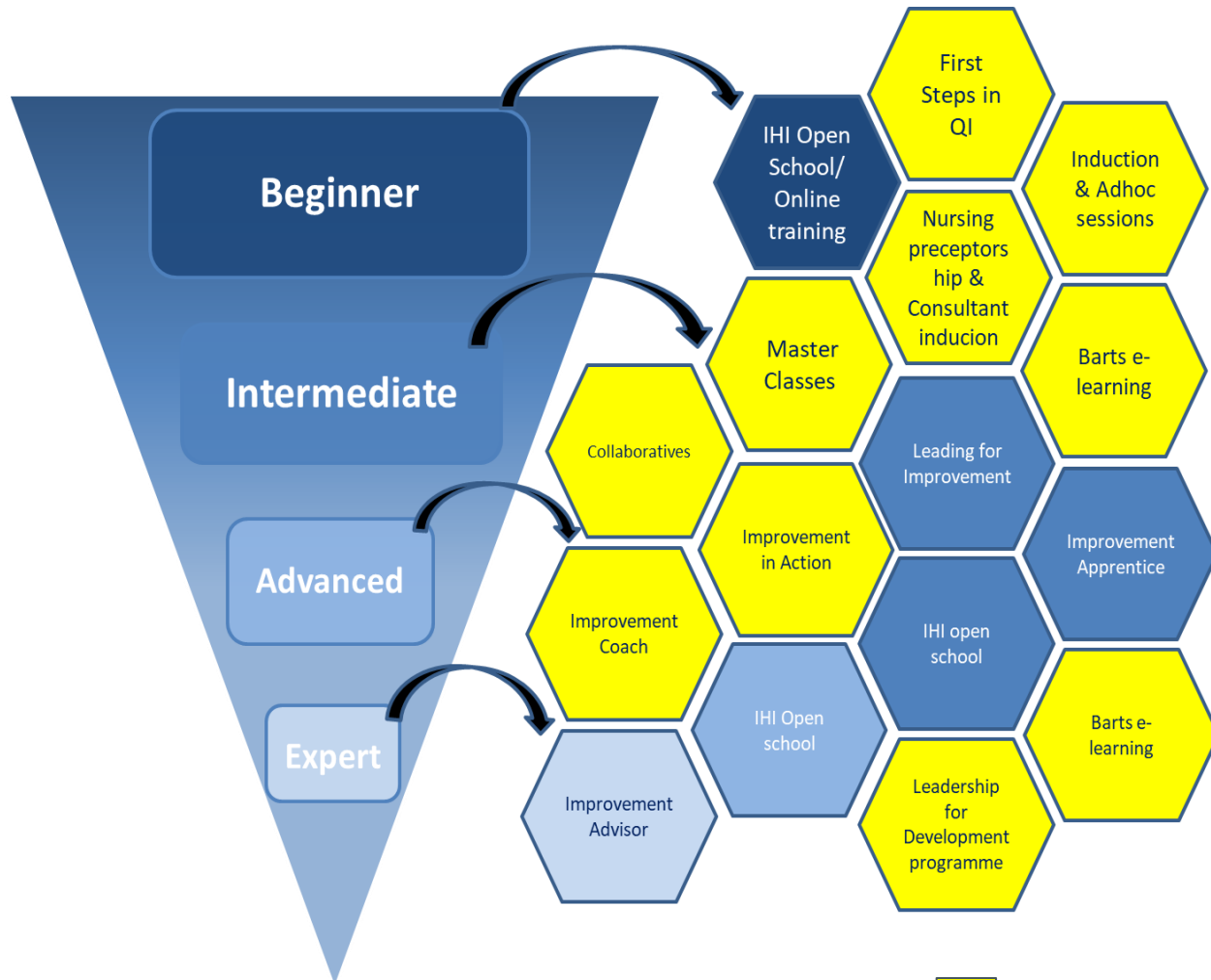
Planning improvement capacity & capability building at Barts Health – what's on offer?




Planning improvement capacity & capability building at Barts Health – what level of skill?



Planning the long term approach for C&C to achieve Sustainability



 Barts Health delivered

Dosing Model 23/24 and beyond (10-year plan)

A 10-year dosing model has been agreed

Systematically deliver a growth in QI capacity and capability at a sustainable rate.

Calculations for the dosing model informed by IHI's work and the NHS Improvement publication on "Building capacity and capability for improvement"

Aim: To reach a tipping point (an improvement culture), 50% of Barts Health staff will be trained (as a minimum).

10-year model is being re calculated to ensure a deliverable plan for sustainability.



Improvement Capacity and Capability to achieve Whole System Quality



Quality Assurance (internal, external)

Quality Improvement

- **Focus** on strategic priorities for the system
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Quality Planning

- **Identify** customer needs
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Quality Control

- **Ensure protocols, skills and processes** for key activities
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- Integrate **licensing, accreditation and professional oversight** bodies



Cultivating a Learning System

Methods

Clear Aim



Systems Focus



Collaborate



Learn



Scale



Ultimately, it's all about partnering with people

Model for Improvement



5. Leadership Involvement and Sponsorship

1. **Rituals and symbols** everywhere for learning
2. Senior leaders **actively participating**, not just passively supporting
3. An **appreciative inquiry** approach to managing
4. A definitive move to **SPC for data visualisation**
5. **A WSQ approach** to continuously learning and improving (**not just QI**)
6. A central team with **an active distributed infrastructure**
7. A dosing approach to **building skills experientially**



Huddles

Systematic and consistent problem-solving approach

Structured leadership walkrounds

Regular team reflection



Standard work

Use of improvement tools

Feedback, evaluation, leading to action

Language – curiosity, testing, learning from variation

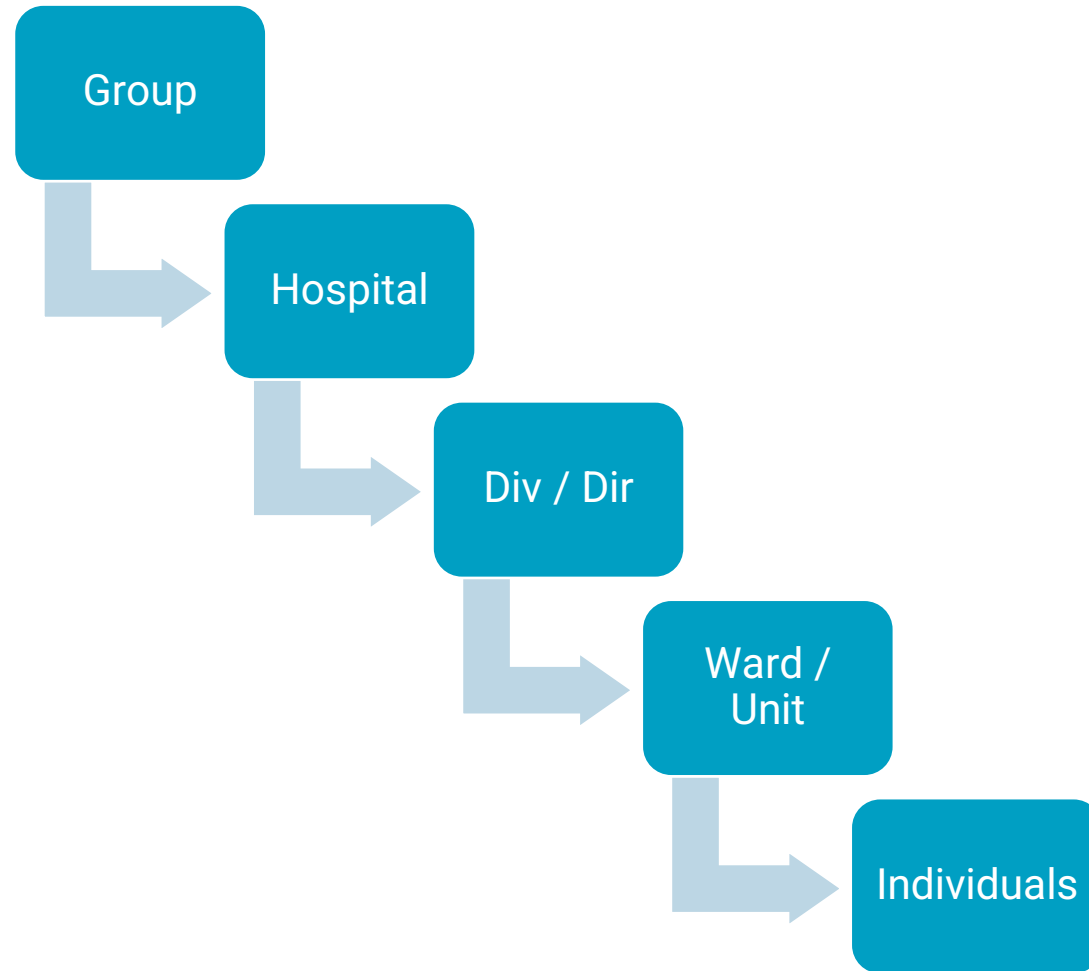


Value Improvement - Integrating finance with a quality, safety and QI

Visual management and huddles effective in multi-disciplinary communication, leadership engagement and improved outcomes



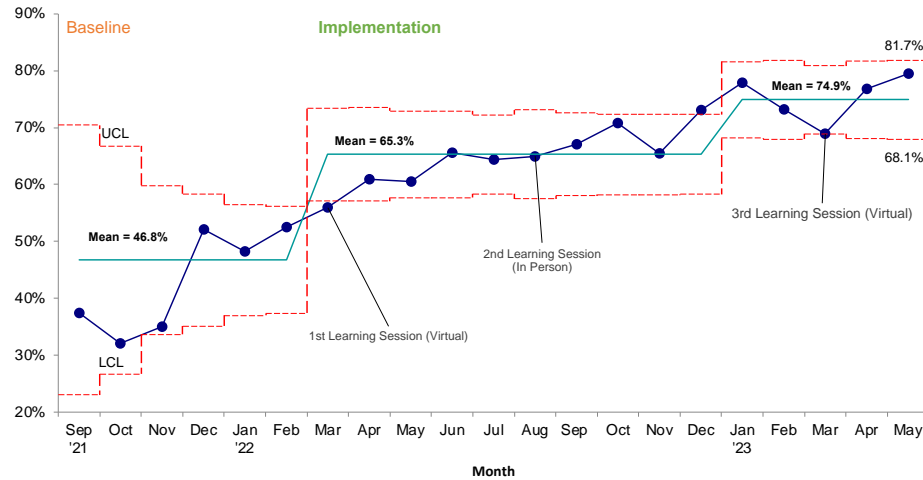
Cascading activation to manage quality





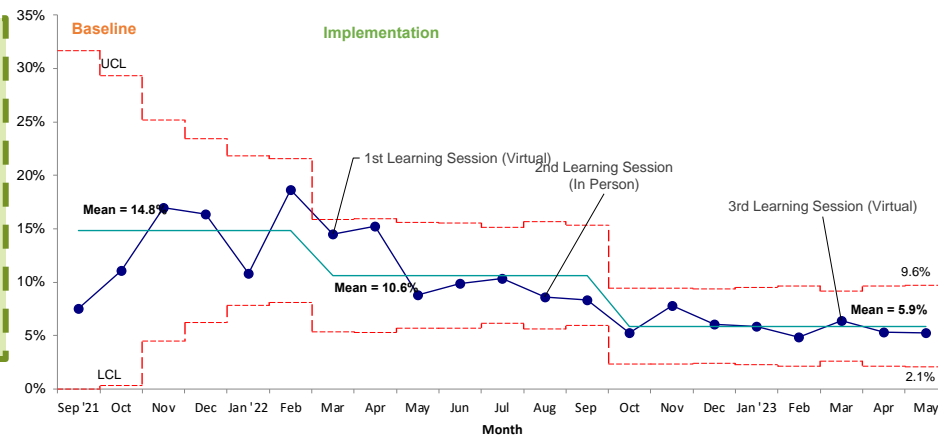
60%
de aumento en el % de
PHOPF* que reciben
antibiótico dentro de la
HORA DORADA

Percentage of fPHOP* who receive the 1st dose of antibiotics in ≤60 minutes
83 hospitals | 6,527 febrile events (Pchart)



60%
de disminución en el
% de Sepsis en
PHOPF*

Percentage of fPHOP* who developed Sepsis in ≤48h
83 hospitals | 6,527 febrile events (Pchart)



Hora Dorada
minutos que salvan vidas



Impactando sistemas, salvado vidas

6,527
Eventos febriles reportados

347
Casos de sepsis evitados
6 menos de cada 100*



27
Muertes evitadas
1 menos de cada 100*



99
Intervenciones críticas evitadas
2 menos de cada 100*

*Efecto absoluto sobre la línea base
Estimaciones con base en análisis de diferencia en diferencias



5,458
Días de estancia hospitalaria
disminuidos¹



+\$8M
ahorrados²



IHI Health Improvement
Alliance Europe



5 Simple Rules for Curiosity in Leadership

The curiosity to ask, the courage to listen, the commitment to change, focused on purpose

1. Ask rather than tell.
2. Listen to understand rather than to respond (practice “humble inquiry”)
3. Hear every voice rather than only those easiest to hear.
4. Prioritise problem framing rather than problem solving.
5. Treat vulnerability as a strength rather than a weakness.



6. People and Culture

Equity coherence



ETHNIC HEALTH INEQUALITIES IN THE UK



BLACK WOMEN ARE **4x** MORE LIKELY THAN WHITE

women to **DIE** in **PREGNANCY** or childbirth in the UK.

Ref: <https://bit.ly/3ihDweN>



IN BRITAIN, SOUTH ASIANS HAVE A **40%** HIGHER DEATH RATE

from **CHD** than the general population.

Ref: <https://bit.ly/3iir09V>



ACROSS THE COUNTRY, FEWER THAN

5% OF BLOOD DONORS

are from **BLACK AND MINORITY ETHNIC** communities.

Ref: <https://bit.ly/3ulg17r>



24% OF ALL DEATHS IN ENGLAND & WALES, IN 2019,

were caused by **CARDIO VASCULAR DISEASE** in Black and minority ethnic groups.

Ref: <https://bit.ly/3CYz22P>



SOUTH ASIAN & BLACK PEOPLE ARE

2-4x MORE LIKELY TO DEVELOP

Type 2 diabetes than white people.

Ref: <https://bit.ly/3ulDy88>



BLACK AND MINORITY ETHNIC PEOPLE HAVE UP TO **2x**

the mortality risk from **COVID-19** than people from a **WHITE BRITISH** BACKGROUND.

Ref: <https://bit.ly/3EzS2Qd>

ESTIMATES OF DISABILITY-FREE LIFE EXPECTANCY ARE

10 YEARS

LOWER FOR **BANGLADESHI MEN** living in England compared to their White British counterparts.

Ref: <https://bit.ly/3urjmit>



IN THE UK, **AFRICAN-CARIBBEAN MEN** ARE UP TO **3x**

more likely to **DEVELOP PROSTATE CANCER** than white men of the same age.

Ref: <https://bit.ly/39KWqEs>



BLACK AFRICAN AND BLACK CARIBBEAN PEOPLE ARE OVER **8x**

more likely to be subjected to **COMMUNITY TREATMENT ORDERS** than White people.

Ref: <https://bit.ly/3zK5lJL>



CONSENT RATES FOR ORGAN DONATION ARE AT **42%**

for Black and minority ethnic communities and **71% FOR WHITE ELIGIBLE DONORS.**

Ref: <https://bit.ly/3ogM3fm>



NHS
RACE & HEALTH OBSERVATORY

Organisation / Clinical (Access, exp, outcomes / Pop Health



Inequities are variation
Inequities are harm
Created by systems.

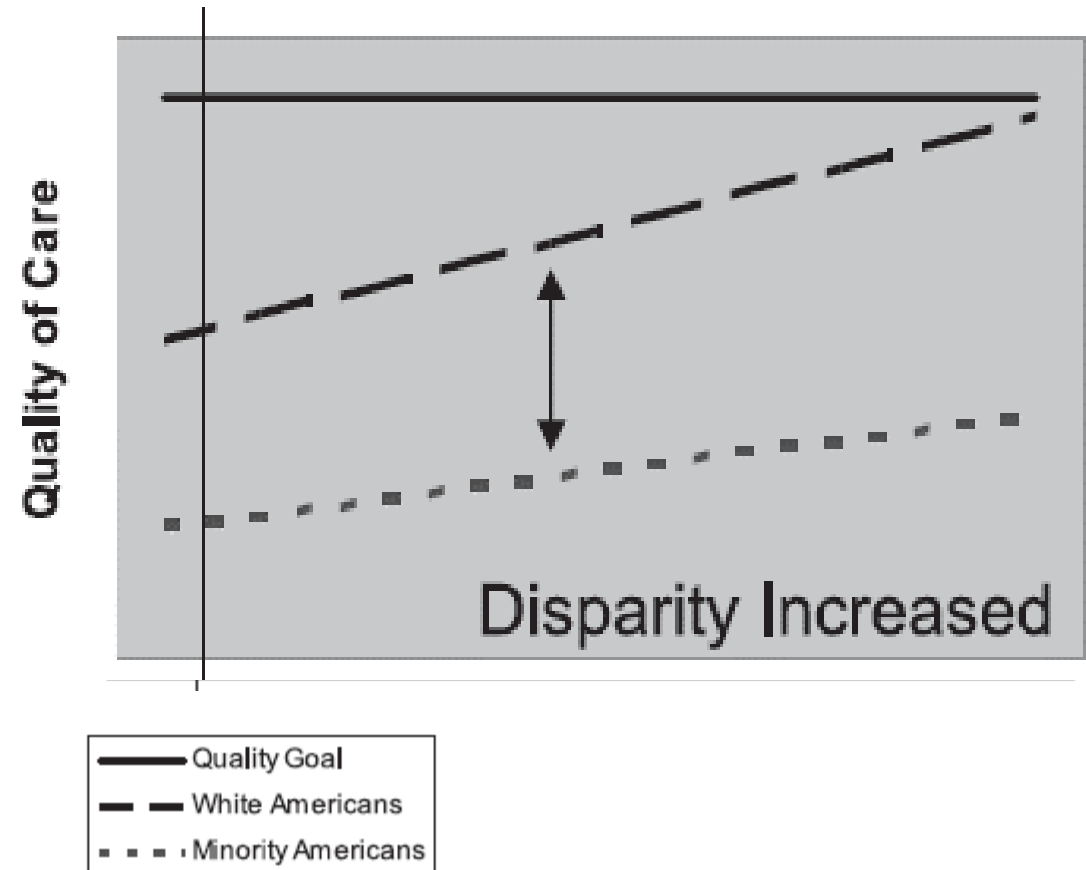


Quality Improvement & Equity

Our systems are perfectly designed to create inequities

The benefits of quality tend to accrue to the powerful before others

Improvement tools can reduce inequities, but not without deliberate aims



6. People and Culture

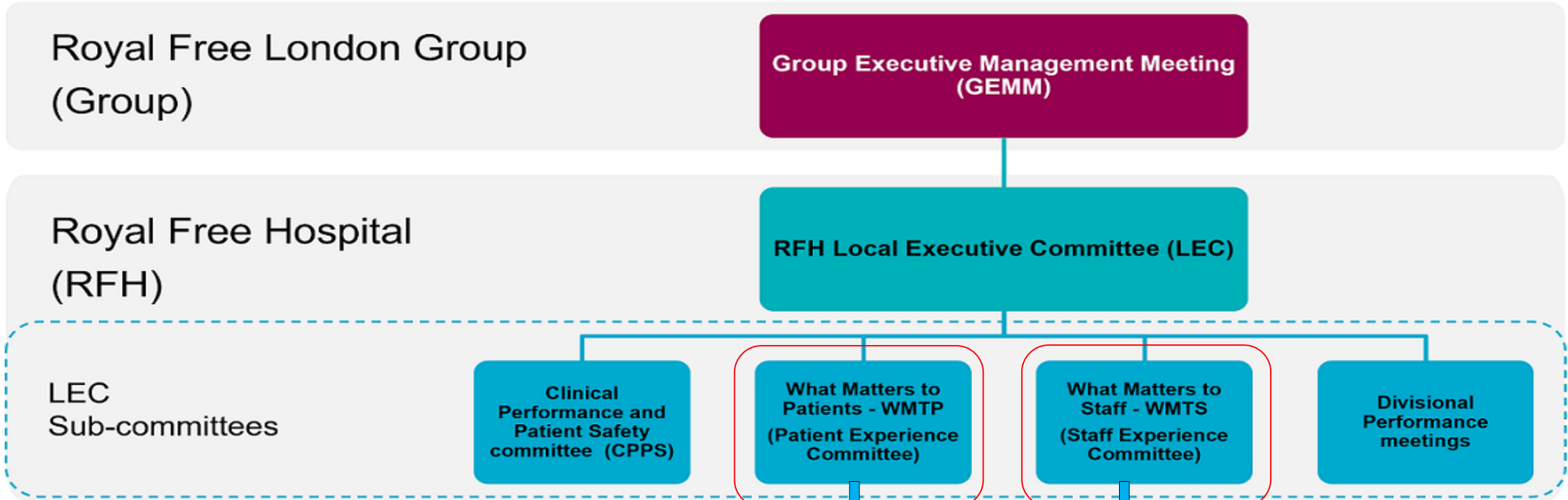
- Equity coherence
- Patients and service user partnership
- Psychological safety – speaking up, comfortable to raise concerns and/or ideas
- Teamwork and communication – shared understanding and approach. All teach all learn
- Culture not seen as 'something we have', but rather as 'something we do'



Hospital Business Unit Priorities (with thanks to Karen Turner)

	Excellent health outcomes	Outstanding experience of care	Outstanding experience for our people	Be a sustainable organisation
2023/24 Royal Free Hospital BU Focus	We will improve outcomes for patients by reducing unwarranted variation and inequality of access	We will focus on ensuring patients feel included, safe and supported by designing a new WMTY programme for patients	We will focus on ensuring staff feel included, safe and supported by expanding the WMTS programme	We will make progress on what matters to our organisation & our planet, improving our Financial & Environmental Sustainability & reducing waste
Main Objective	Reduce unwarranted variation in clinical care by embedding a further 10 CPG pathways and demonstrating improved clinical outcomes as a result	Design and test a site wide WMTY programme that improves patient experience by focusing on asking, listening and doing what matters most	Continue to run the WMTStaff programme with each team aiming to increase their objectives scores by 10% between surveys	To achieve our financial sustainability targets by maximizing our efficiency and productivity to deliver 104% of 19/20 baseline activity

Royal Free Hospital Committee Structure



Co-Chair: Director of Nursing and Patient Representative

The What Matters to Patients Committee (WMTP) is responsible for seeking and securing assurance that the experience of the hospital's patients is reflective of the high levels of performance expected by RFL, namely "Our patients and wider community will have an outstanding experience of care", and that the hospital's initiatives and projects have patient experience at their centre and adopt a patient co-design approach to improvement.

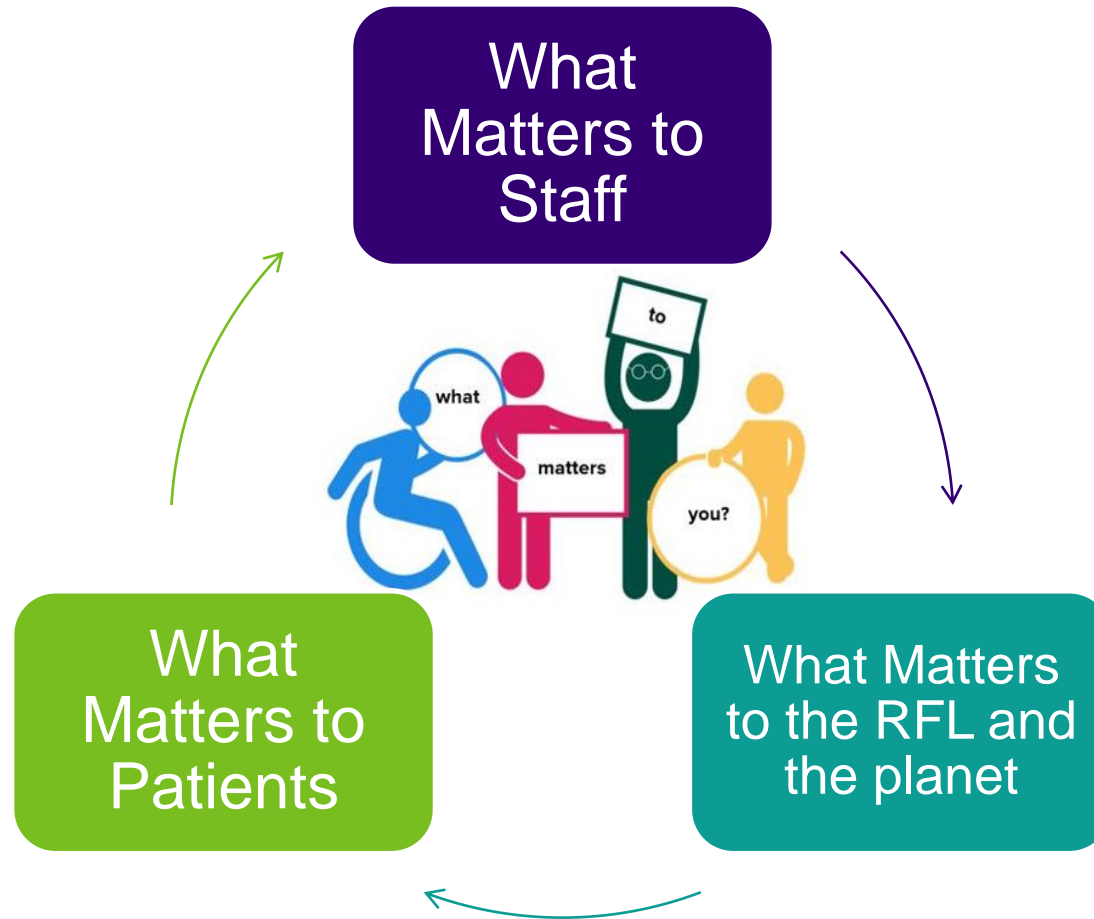
Chair: Chief Executive Officer

The purpose of the What Matters to Staff Committee is to oversee the progress made at divisional and hospital unit level to meet the 'Outstanding Experience for our Staff' governing objective over the next five years.

(With thanks to Karen Turner)

What to focus our QI energy on?

(With thanks to Karen Turner)



world class expertise  local care

A Bonfire of Failure



Self assessment – where do you think you are?

Component	Not developed	Developed and progressing	Implemented and Embedded
Leadership Involvement and sponsorship			
Golden thread from floor to board			
Improvement capability and capacity building			
People and Culture			
Learning System in daily work			
Boundarilessness			



Fostering an Improvement Culture

Learning from East London NHS Foundation
Trust's Improvement Journey Over 10 Years

ihi.org



NHS
East London
NHS Foundation Trust

 Institute for
Healthcare
Improvement

10 CONVERSATIONS
FOR 10 YEARS

THE PODCAST

Podcast



YouTube





Ending with Gratitude

What is one thing you're grateful for today?

Whshannah@ihi.org, pdelgado@ihi.org, hugh_mccaughey@hotmail.com

