

Building robust learning systems across complex organisations: Jönköping and IHI case studies

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Disclosure

The presenters have no relevant financial relationship(s) to disclose with eligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.



Session Objectives

After attending this session, attendees will be able to:



- Identify and apply approaches to design, improve, evaluate, and learn for system-wide impact at both the organisation and community level
- Discuss on how to set up a system of improvement work to facilitate learning and progress towards aims
- Compare and contrast learning system features for improvement work that happens across an organisation versus across a community



Session Outline

1

Why do we need learning systems? (15 min)

2

What is a learning system?

3

IHI's Learning System and Case Studies (15 min)

4

Jönköping Learning System (15 min)

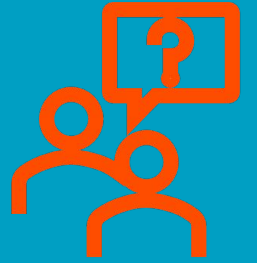
5

Q&A (15 min)

Let's get grounded: Exploring the Audience Experience with Learning Systems



Your experience....



1. How does your organization track QI projects and initiatives that are “in-flight” – describe your system for reviewing and learning from individual projects?
2. What opportunities are there for “course correction” to ensure success?

Some of our thoughts about why most organizations don't have robust or reliable learning system

Lack of...

- ...**time and resources** to support a learning system

- ...**infrastructure** for learning, overall

- ...**culture** that supports and values interdependence of the work

- ...individual project design that builds in **learning**

- ...**funding structures and decision-making processes** that require and make space for learning and connected projects (silos)

Possible Consequences of Poor/Missing Evaluation & Learning

- **Success** – may not reach aim
- **Understanding/learning** - not able to know why/how it succeeded (or not)
- **Bias** - will not be able to establish causal pathway
- **Scalability** - will not be equipped to scale the project
- **Dissemination** – harder to publish/influence others

Benefits of Systematic Evaluation



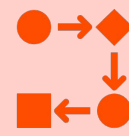
Compatibility: Do we have standard project and evaluation designs to ensure a common language for learning across the system?



Integration: How do our multiple projects goals align with and contribute to the larger systems goal?



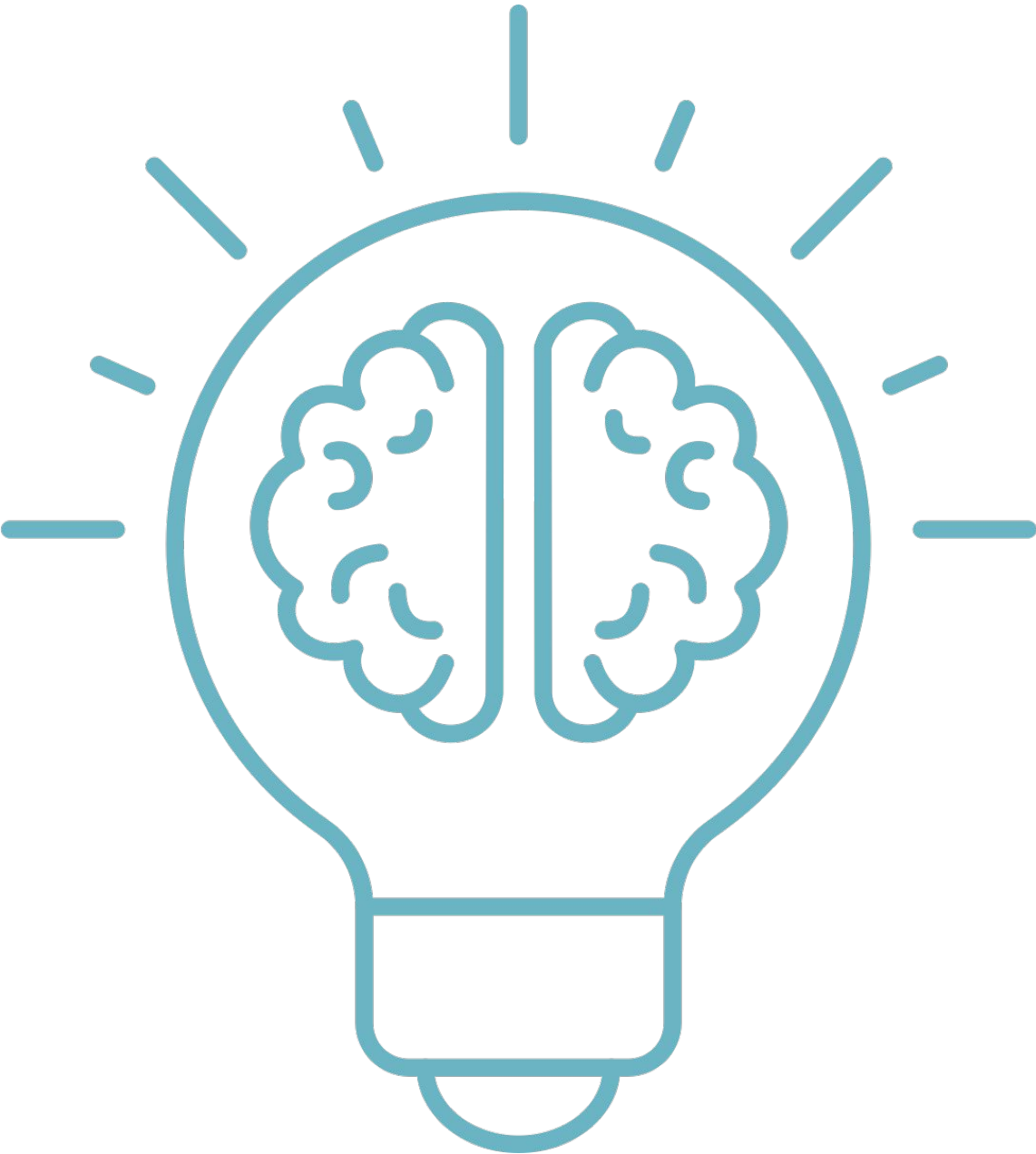
Learning: Do we have a system of learning that allows projects to learn from themselves and each other?



Design Feedback: Does our learning system loop back to strengthen future designs

What is a learning (health) system?



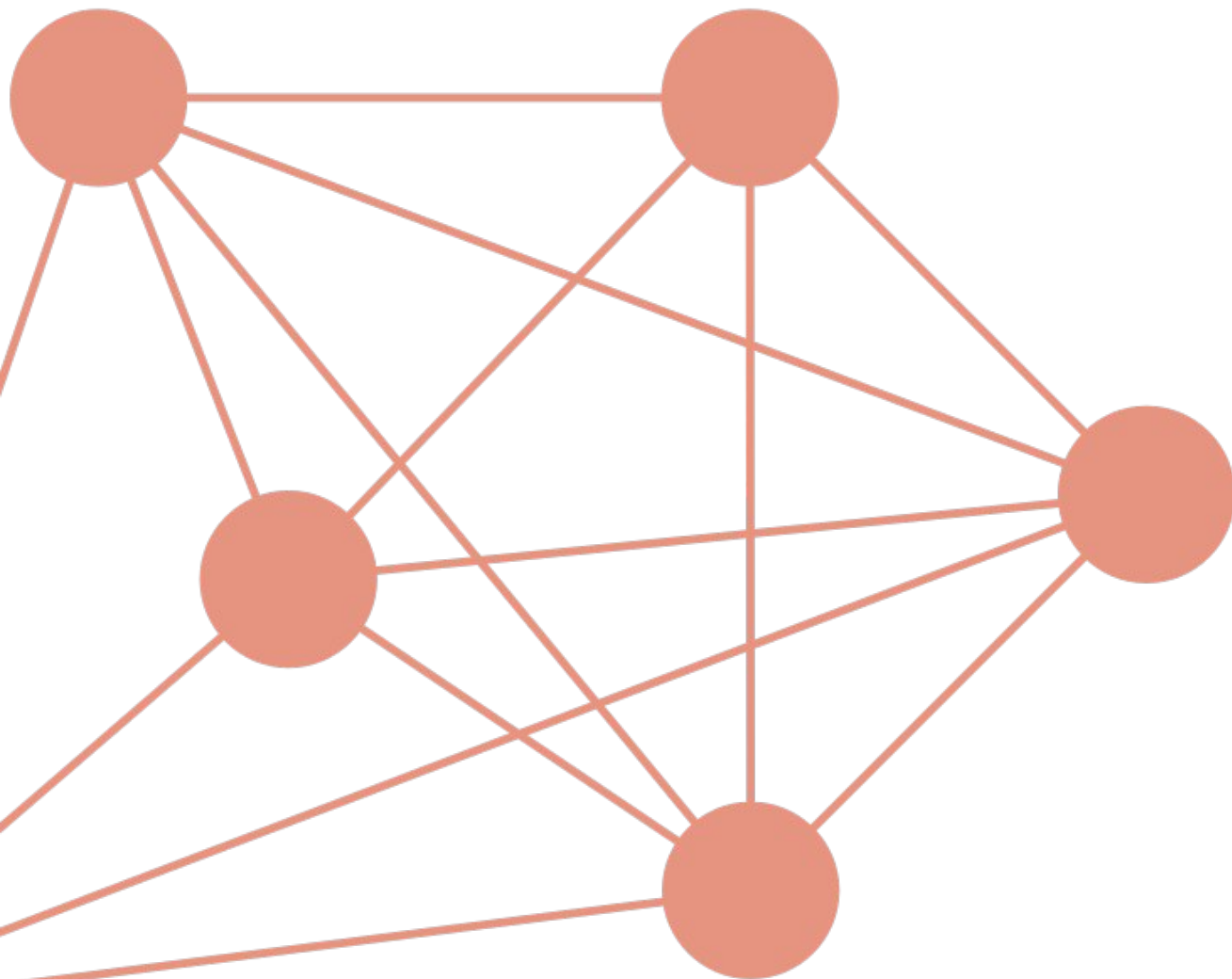


Learning^{is}

the process of acquiring **new understandings, knowledge, behaviors, skills, values, attitudes, and preferences.**

Some learning is immediate, induced by a single event, but much of the skill and knowledge is accumulated from **repeated experiences.** **Learning-induced changes generally last a lifetime...**





A **system** is...

A group of **interacting or interrelated** elements that operate together to form a **unified whole**





A **learning system** is...

a **structured approach** to continuously **improving** healthcare **processes, outcomes, and practices** by systematically **collecting data, analyzing it, and using** that information to drive improvements.

The **goal** is to **continuously evolve and improve** through **shared learning and iterative testing**.



A culture of **shared knowledge and learning** facilitates improvement

- Crucially, the evaluation finds that a strong culture of peer learning and knowledge sharing is a critical enabler of organisation-wide improvement. The trusts with the highest CQC ratings had a much greater levels of social connectedness between staff than those with the lowest ratings. The evaluation suggests that trusts should prioritise efforts that allow staff to come together on a regular basis to share ideas and learning in an open and respectful way.

Elements of a Learning system

- **Shared purpose:** Cultivate a highly engaged community with shared purpose, focused on unprecedented results and urgency
- **Rapid learning:** Scientific methods to support rapid, real-world learning and evidence generation
- **People and capabilities:** Invest in the people, capabilities, digital infrastructure, and organizational platform needed for unparalleled success
- **Scale and sustainability:** Address the drivers (policy, financing, social determinants) that ensure enduring, scalable, relentless improvement

Learning systems **promote** the **ongoing exchange of knowledge, experiences, and feedback** within healthcare organizations, teams, and even across the broader healthcare ecosystem.



IHI's Program Theory and Learning System



IHI's Aim

Partner with our
customers to deliver
better care and
better health to
100M people by
2030*



Impact



IHI's Program Theory

Our Mission:

To improve health and health care worldwide

Our Vision:

Everyone has the best care and health possible

Our Values:

Courage, Love, Equity, & Trust

AIM

Partner with our customers to deliver better care and better health to 100M people by 2030*

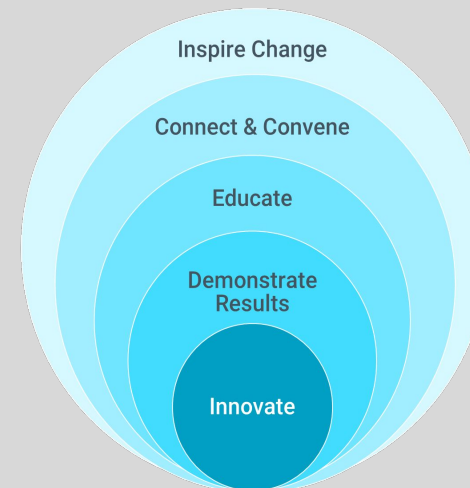
WHY

1. Major gaps in safety and effectiveness
2. Widespread inequities in health and health care
3. Systems vulnerabilities

HOW

Innovative and practical scientific improvement methods

IHI's System of Work



WHAT

1. Education & Certifications
2. Networks & Conferences
3. Consulting & Partnerships

IHI's Strategy on a Page

Where our Home Team brings value to IHI

Higher Purpose *Why?*

- To improve **health and health care** worldwide
- Partner with our customers to deliver better care and better health to 100M people by 2030

Value Proposition: IHI drives the reduction of preventable suffering, improves health outcomes, and enhances patient and workforce experiences globally. Our **science-based improvement methods**, networks, and commitment to **equity and innovation** produce **sustainable, impactful results and outcomes**. Health organizations, professionals, and communities achieve transformational change and operational excellence through our comprehensive services.

Customers *(who?)*

1. Health and healthcare professionals
2. Leaders of health and healthcare organizations, governments, philanthropy
3. Educational institutions

For the benefit of patients and families, populations, and communities

Strategies *How?*

1. **Evolve the practical, reliable application and evolution of improvement science, including using AI and technology to better meet customer needs and provide evidence of return on investment**
2. **Innovate around the current and next set of key problems in health and health care**
3. **Make customer journey more explicit and wrap IHI's products and services around it**
4. Focus on 2 to 3 hyper-scalers per geographic market to build a willing coalition and greater impact

Service Lines *(what?)*

- **Integrated** across:
 1. Education & Certifications
 2. Networks & Conferences
 3. Consulting & Partnerships

Products/ Services *(what about?)*

- Quality domains – safety, equity, efficiency, effectiveness, timeliness, patient-centered
- Clinical areas – maternal, surgical, pediatric cancer, primary care, diabetes, behavioral health, age-friendly

Regions/ Geographies *(where?)*

- Global reach, local delivery in prioritized countries

Fewer, bigger, better, together (FBBT)



3 Elements of our Learning System

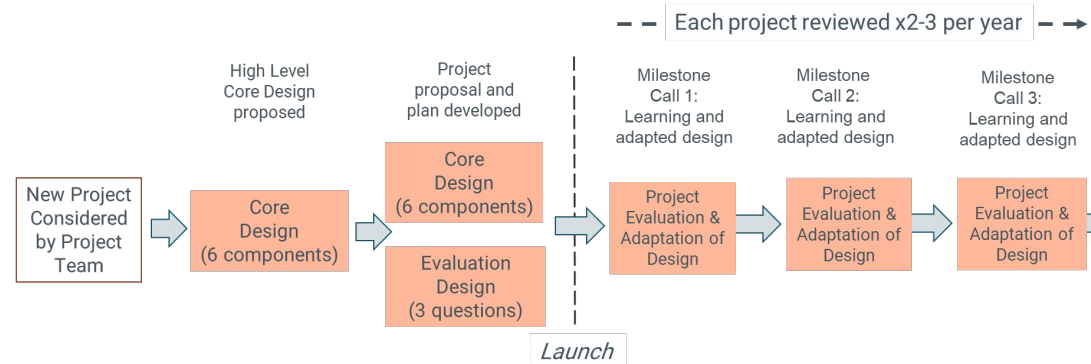
1. Core Components of QI Project Design

1. System(s) Understanding
2. Improvement Aim(s)
3. Measurement and Learning
4. Content Theory
5. Execution Strategy
6. Communication and Sharing

2. A Framework for QI Evaluation and Learning

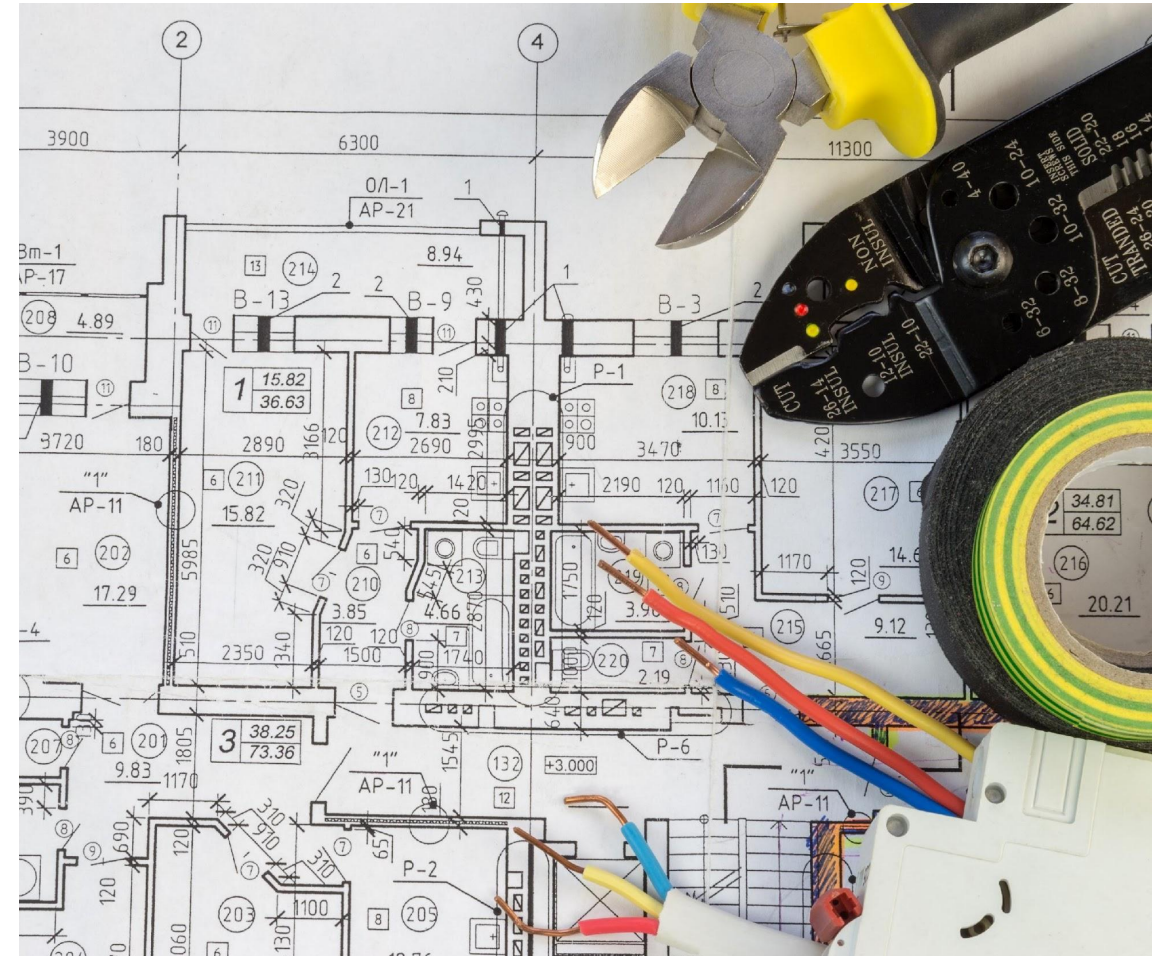
1	Is the initiative working?	2	How and why is the initiative working (or not)?
	A. What results are being seen to date? B. How does observed progress compare to predicted progress?		A. How is the implementation theory influencing the results? B. How is the content theory influencing the results? C. How is the environment influencing results?
3	Can the results be explained by the initiative?		
	A. How do the implementation and content theories explain the results? B. How are potential biases understood and mitigated? C. How are possible counterfactuals accounted for?		

3. A Design and Learning System to Ensure Impact and Dissemination



1. Core Components of a QI Project Design

1. System(s) Understanding
2. Improvement Aim(s)
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6. Communication and Sharing

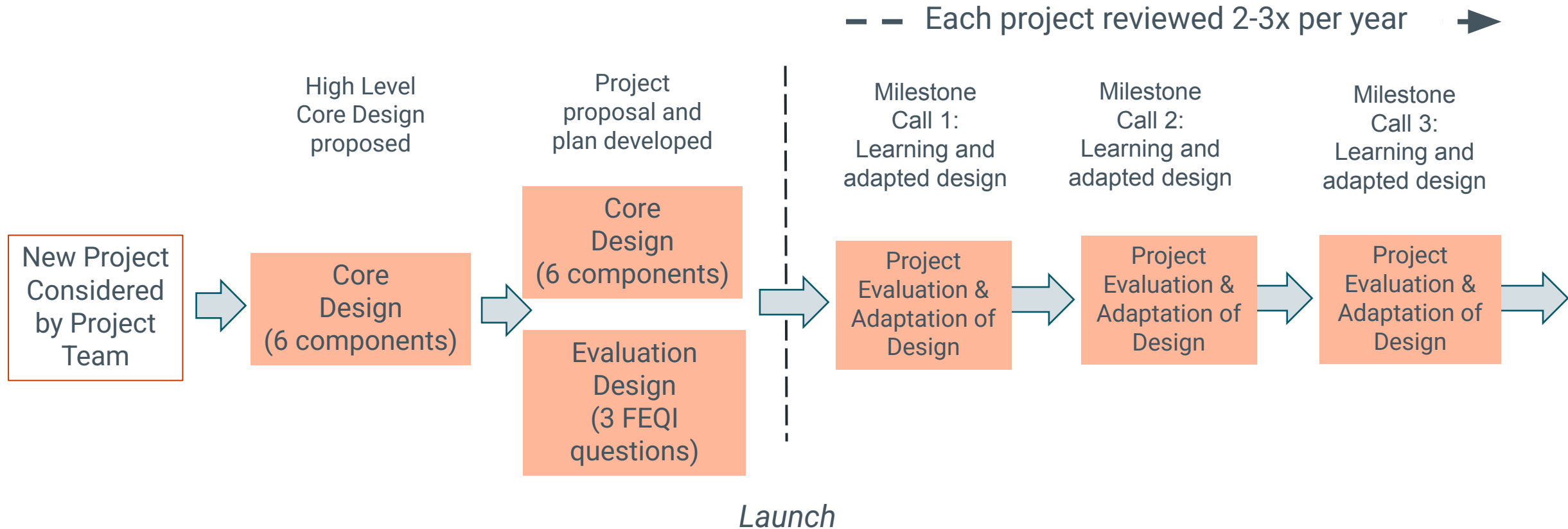


2. Framework for Evaluating QI

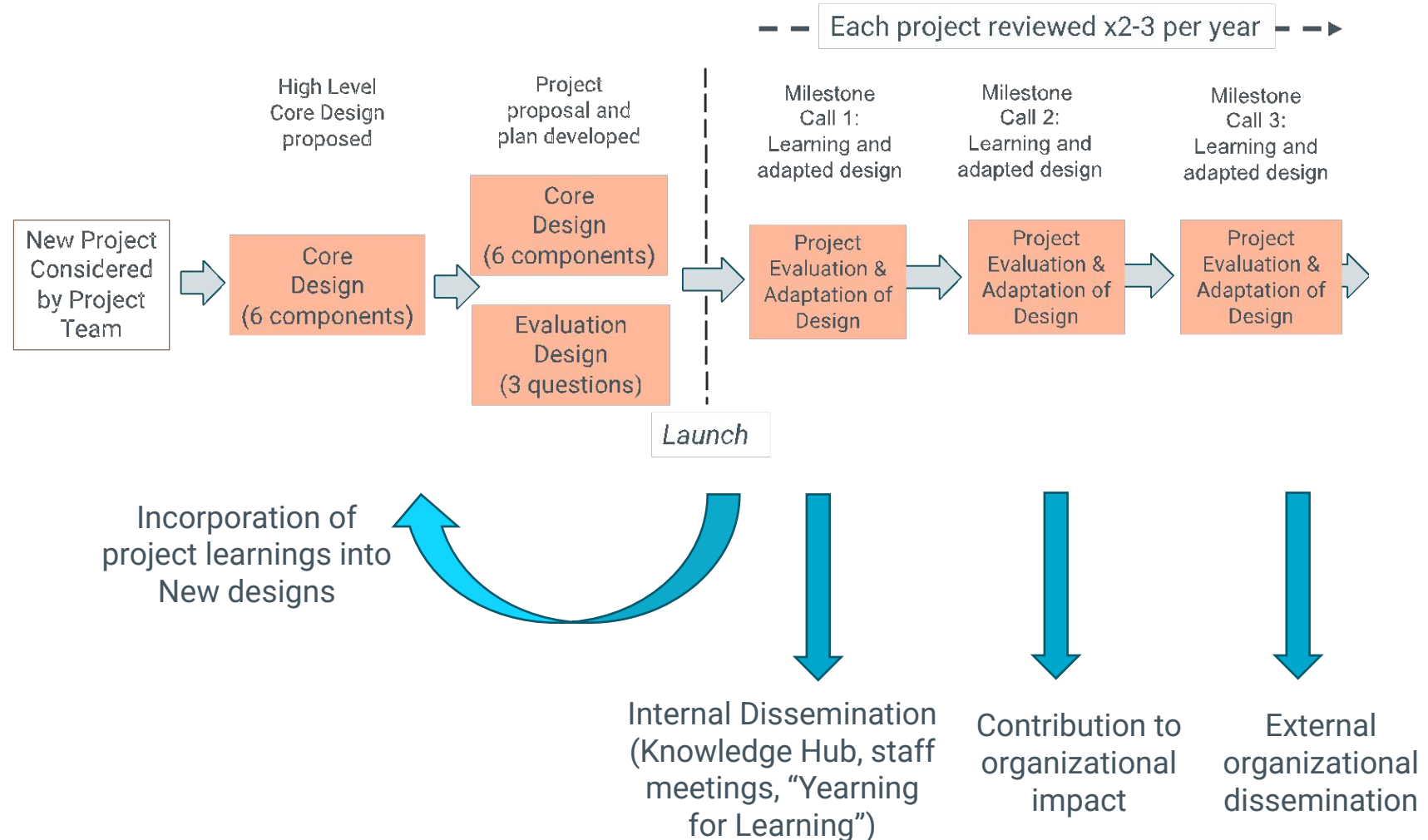
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3. IHI's Design and Learning System to Ensure Impact and Dissemination



Integrating Project into System-wide Design, Learning and Dissemination



Learning System Design

An efficient, effective, equitable learning system that supports IHI to:



Achieve and demonstrate results



Learn from programs and projects



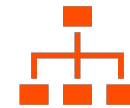
Communicate about programs and projects (internally and externally)



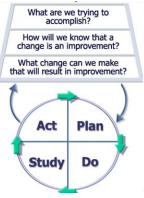
Use what we learn to continually improve:



Current projects and programs (both within and across projects)



How IHI develops, designs, resources, supports and evaluates projects and programs



Learning System Improvement Theory

Aim:

An efficient, effective, equitable learning system that supports IHI to

1. Achieve results,
2. Learn from initiatives for better designs, dissemination

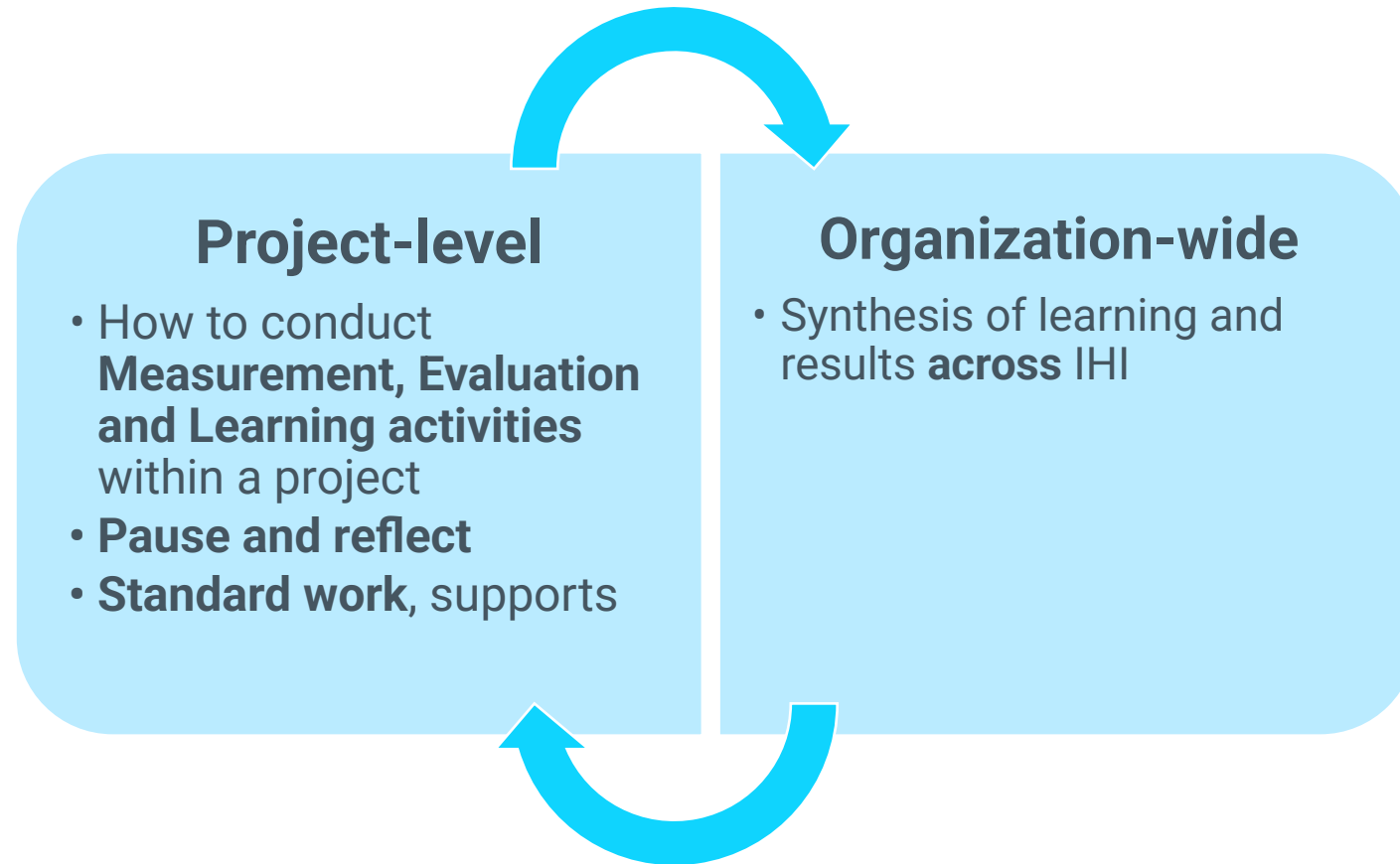
Measures:

- % eligible projects with coaching prior to Milestone Call
- % eligible projects with a Milestone Call in the last 6 months
- % projects with Milestone Call Summary report submitted within 4 weeks of call
- # monthly attendees at Yearning for Learning
- # visitors to Project Learning page
- % satisfaction/ usefulness of learning system (Milestone Calls and Yearning for Learning calls)

Key Activities

- 1 Steward Milestone Call process (ensure at least 2 calls in the last 13 months and 3 over the course of their lifecycle)
- 2 Steward Yearning for Learning calls
- 3 Analyze data from learning activities to identify key learnings and ensure these are disseminated internally and externally
- 4 Provide support and coaching (both “proactive” and as requested) to Delivery teams for Learning activities (i.e., consults, guidance on how to prepare for MC, etc.
- 5 Steward the development and implementation of an IT solution to facilitate reflection and learning across IHI projects

Supports at 2, mutually-reinforcing levels



Learning mechanisms



Learning events (e.g., Milestone calls, Yearning for Learning, Munch & Learns)



Content-specific learning communities (e.g., internal Workforce Wellbeing Exchange)



Synthesis of learning and themes across events;



Asynchronous virtual resources (e.g., the [Project Learning](#) page, organizational dashboard, “Learning Hub,” IHI blog and website, and other external dissemination products)



Project consults and coaching

Our Learning Activities in Numbers

107 Milestone Calls (MC) since Jan 2023

67% Median Eligible Projects that completed a MC in the past six months

54% Mean Projects on track

23 Yearning for Learning Calls since January 2023


>2,000 Learning Page views

Milestone Calls


Structured meetings based on IHI Framework for Evaluation of QI


Project team assembles every 6 months:


- Reflects on progress and results-to-date
- Hears reflections from “outside eyes” experts (feedback friends)
- Incorporates learnings and makes adjustments to enhance results

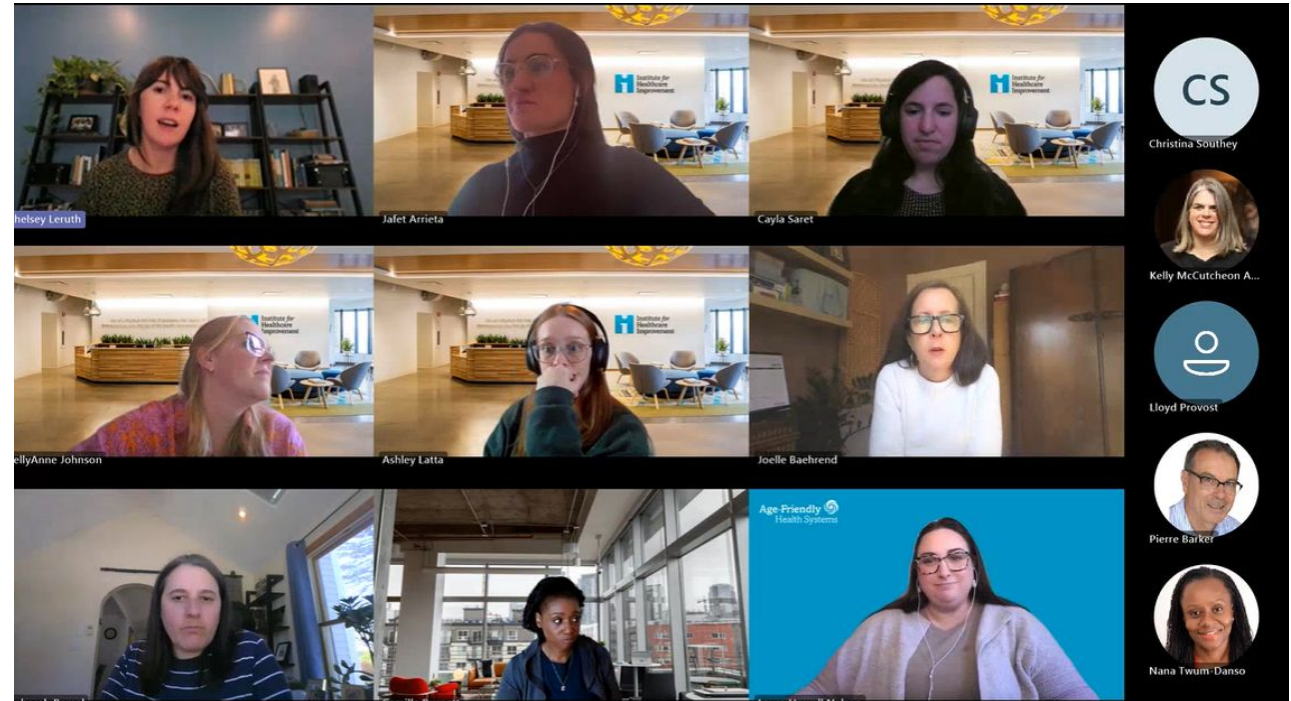
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 Project consults and coaching



Purpose of Milestone Calls

1

Evaluate: Evaluate progress and distill learning

What is happening in the project? What are we learning?

2

Act: Real-time coaching, advising & problem-solving to support project teams overcome barriers, maintain momentum

What, if anything, might we do differently (or keep doing)?

3

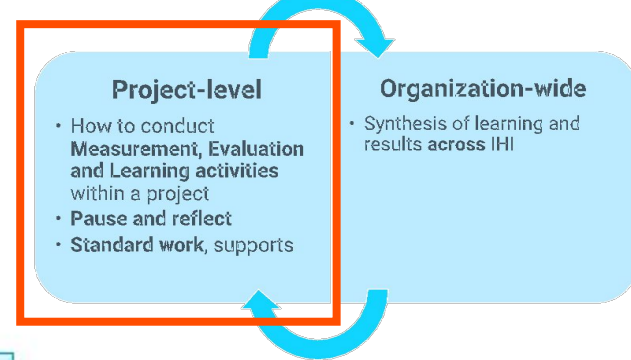
Communicate: Plan for sharing & dissemination of learning

What, how, and with whom should we share?

Experiential Objectives: Build a culture of shared learning within the project (sites, partners) and across IHI and partners; Contribute to team thriving and joy



Framework for Evaluating QI (FEQI)



1

Is the initiative working?

- A. What **results** are being seen to date?
- B. How does observed **progress** compare to predicted progress?

2

How and why is the initiative working (or not)?

- A. How is the **implementation theory** influencing the results?
- B. How is the **content theory** influencing the results?
- C. How is the **environment** influencing results?

3

Can the results be explained by the initiative?

- A. How do the implementation and content theories **explain** the results?
- B. How are potential **biases** understood and mitigated?
- C. How are possible **counterfactuals** accounted for?

*I appreciate having the structured questions and a systematic process to enable more robust evaluations of our KP 3 and 4 results-oriented projects. The framework supports us with routinely capturing **learning**, progress and results, while providing insights that inform changes to strengthen our projects and maximize the achievement of results.*—

Vice President, IHI



Standard Agenda and Template (80 min)

Topic	Time
Setting the Stage Welcome, Introductions, IHI Mission, MC Purpose, Values & Guardrails	10 min
Evaluate Project snapshot, Detailed response to the 3 Evaluation questions	35 min
Act – consider project redesign (or follow up design consultation)	15 min
Communicate – what is the dissemination plan (internal and external)	15 min
Wrap-up & Debrief – including reflections on what worked, could be improved re Milestone Call	5 min

The image displays a grid of 14 numbered slides from the Standard Agenda and Template presentation. The slides are arranged in a 4x4 grid, with the last cell containing a slide titled 'Framework for Evaluating QI (FEQI)'. The slides cover various topics including project setup, evaluation, communication, and reflection.

- Slide 3: Milestone Call Pre-Reading** - Project Name, Standard Design, KP level, Our Why, Key Partners, Key Metrics.
- Slide 4: Project Name** - Standard Design, KP level, Our Why, Key Partners, Key Metrics.
- Slide 5: Project Team** - Team structure diagram.
- Slide 6: 6 Core Components** - Overview of the 6 Core Components.
- Slide 7: Since Our Last Call: Actions / Adaptations** - Actions and adaptations since the last call.
- Slide 8: Since Our Last Call: Communications** - Communications since the last call.
- Slide 9: Our "Why"** - Our Why statement.
- Slide 10: System's Understanding** - System's Understanding.
- Slide 11: Template for summarizing System Understanding** - Template for summarizing System Understanding.
- Slide 12: Improvement Aim/s** - Improvement Aim/s.
- Slide 13: Measurement, Evaluation, and Learning (MEL)** - Measurement, Evaluation, and Learning (MEL).
- Slide 14: Content Theory** - Content Theory.
- Slide 15: Execution Theory** - Execution Theory.
- Slide 16: Communication & Dissemination** - Communication & Dissemination.
- Slide 17: Evaluation Questions & Project Reflections** - Evaluation Questions & Project Reflections.
- Slide 18: Framework for Evaluating QI (FEQI)** - Framework for Evaluating QI (FEQI).



Post-call Summary

What?

Brief synopsis of project results, learning actions

When?

1 week after Milestone Call, submit via [Learning Event form](#)

Why?

- Sharing learning across IHI
- Support other project teams
- New project design and development
- Synthesize info for Dissemination

Insert Project Name Here

General Information <i>The information in this section may not need any updating from one Milestone Call to another.</i>	
MC Date: Month Day, Year	Project Timeline: Start Month & Year – End Month & Year
Core Design/s: Include all that apply from the list in the comment bubble (and only from this list – indicate “no core design used” or “unsure” if that is most appropriate), then delete the comment bubble	MC Materials & Key Project Documents Insert separate links accessible to all IHI staff such as: <5 Core Components/MC pre-reading>; <Change package>; <MC recording>; <MC notes>
Contact Person: Name, Role	Senior Sponsor: Name, Role
Geographic Region & Context: Location(s). Briefly explain the social/political milieu and geographic setting in which your project is working (2-3 sentences). For example: Is the setting urban or rural? What is the income level of the participating country(ies)? If the project is multi-site, how many countries, hospitals, etc. are participating? How do patients or community members access health care (via national health care system, community clinics, proportion uninsured)? Is this a new setting for IHI or an area within which we have experience working?	

Project Aim

1-2 sentences

Learning & Results Highlights

This section should be the focus of the report. Include a narrative summary with bullets or use the table below (you do not need to include both formats, and can delete the table if not needed). Consider your “elevator speech”—what is happening in the project? What are you learning? What are the key outputs/outcomes to date? Consider the three Evaluation Questions* as a guide when you think through your elevator speech:

1. What is happening? (Assessing the impact to-date of the project). Project progress, key results and/or run chart(s). Before sharing specific themes, we invite you to start with an overall summary sentence of whether (or in what ways) the project is getting results as expected and then share a few of the key areas of results, progress, data.
2. What is the “How and Why” behind what is happening (e.g., related to progress/challenges)? Delivery, theory, context
3. To what extent is there a cause-and-effect relationship between what is happening and the “Why and How” factors?

**a note on tense. The evaluation questions can be considered in either the present tense (what is happening?) if the project is still underway or the past tense (“what happened?”) if the project is complete. We recognize that in this template, we are asking you to reflect on the recent progress in your project, so feel free to use whatever tense feels appropriate as you do so.*

Experience of Milestone Call participants

1

Evaluate: Evaluate progress and distill learning

What is happening in the project? What are we learning?

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Act: Real-time coaching, advising & problem-solving to support project teams overcome barriers, maintain momentum

What, if anything, might we do differently (or keep doing)?

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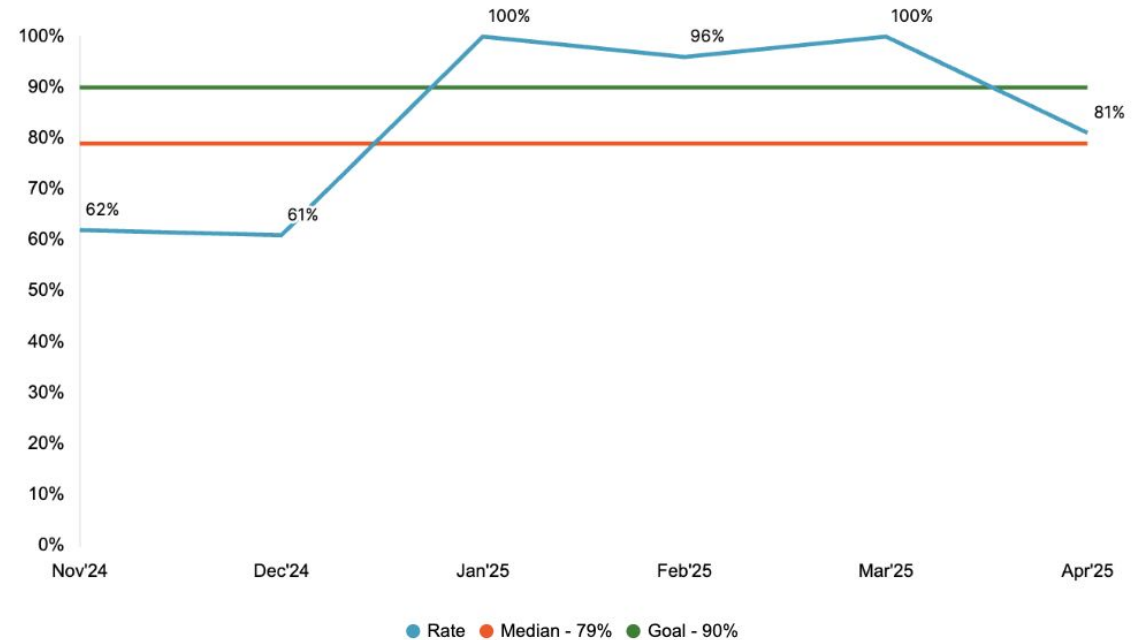
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Qualitative Experience Data from MCs

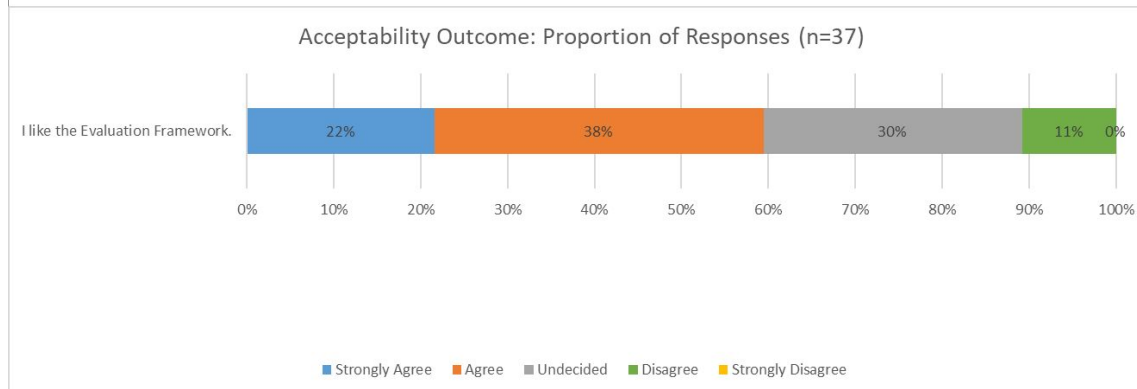
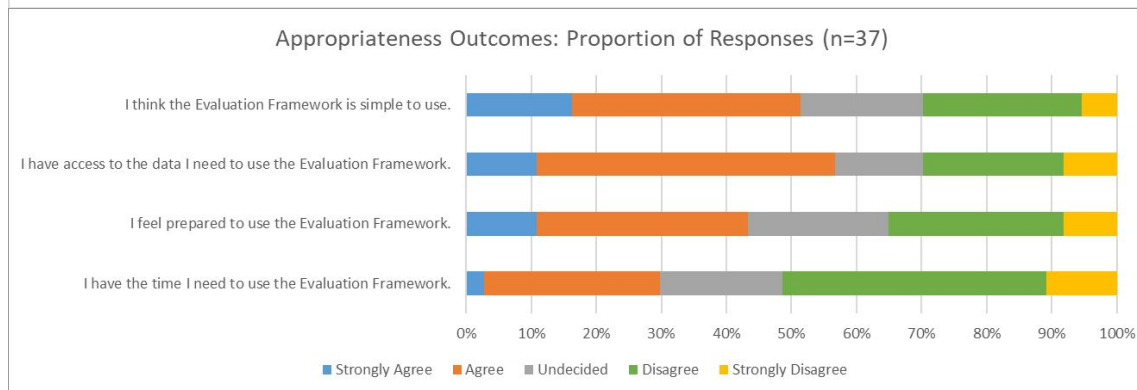
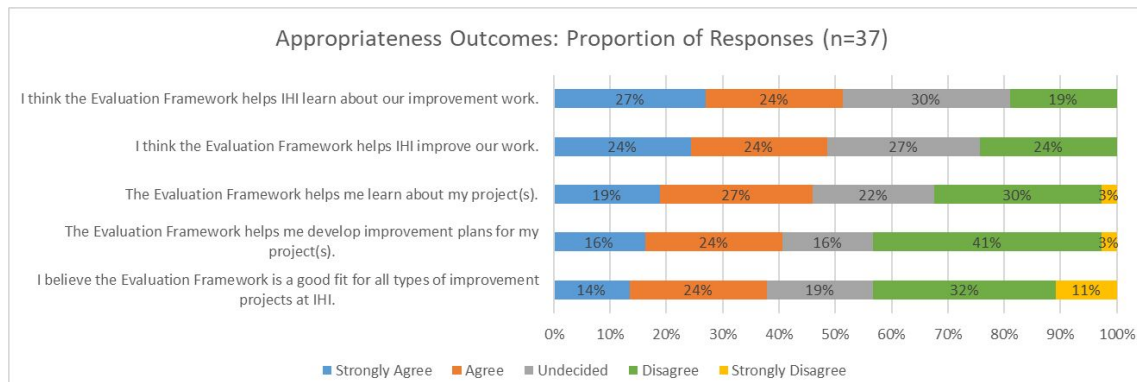
12 respondents (10%) answered insightful for this question.



% MC Participants Reporting 4/5 on 1-5 exp scale



Validity of the FEQI



I appreciate having the structured questions and a systematic process to enable more robust evaluations of our KP 3 and 4 results-oriented projects. The framework supports us with routinely capturing learning, progress and results, while providing insights that inform changes to strengthen our projects and maximize the achievement of results.—

Vice President, IHI

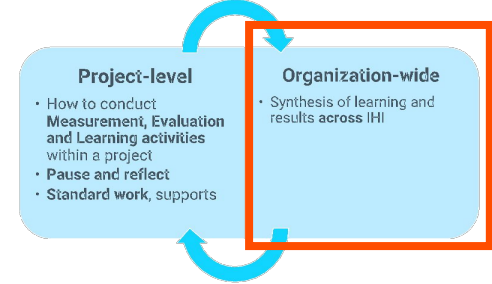
"It prompts reflection on aspects of content, design and delivery."
Project Director or Senior Director

"Comparing progress to predictions makes sense and aligns with MFI thinking."

Improvement Advisor



Learning mechanisms



Learning events (e.g., Milestone calls, Yearning for Learning, Munch & Learns)



Content-specific learning communities (e.g., internal Workforce Wellbeing Exchange)



Synthesis of learning and themes across events;



Asynchronous virtual resources (e.g., the [Project Learning](#) page, organizational dashboard, “Learning Hub,” IHI blog and website, and other external dissemination products)



Project consults and coaching



Category	Available Tools
Learning System for Projects and Programs	Learning System Definition
	MEL Considerations Across the Timeline of an IHI Project
	Project Progress Scale Customization Guidance
	Core Components <ul style="list-style-type: none">Six Core Components TemplateCore Components Blog Post
	Milestone Call Resources <ul style="list-style-type: none">Scheduling a Milestone Call--Please reach out to your Senior Sponsor/VPD, who will coordinate with Jennifer Vyenielo and Nana Twum-DansoMilestone Call Standard Work Process (February 2024) – This is your one-stop related. If you notice something missing that could be useful, please let NikkiFor questions pertaining to Milestone Calls we have created a FAQ document reach out to Nikki Haas at nhaas@ihi.org and she can direct your questions a
	Munch and Learn Resources
	March 11, 2024 <ul style="list-style-type: none">March 11, 2024, Munch & Learn RecordingMarch 11, 2024, Munch & Learn SlidesMarch 11, 2024, Munch & Learn Transcript/ AI Generated Recap (please excu:
	November 1, 2023 <ul style="list-style-type: none">November 1, 2023, Munch & Learn RecordingNovember 1, 2023, Munch & Learn SlidesNovember 1, 2023, Munch & Learn Transcript

Feedback Friends (Optional and at Discretion of Project Team)

[Sample Feedback Friend Communication](#)

[Roster of Feedback Friends \(Updates Ongoing\)](#)


[Feedback Friend survey](#)--interested in being contacted to be a Feedback Friend? Leave your information here!

Yearning for Learning (YfL)

- [YfL Meeting Overview](#) (for everyone interested in YfL)
- [Sign-up sheet](#)
- [Guidance](#) (for presenters and anyone considering presenting)
- [Presentation Template](#) (for presenters)
- [Learning Event Form](#)
 - One per project team!




Synthesis Across Learning System: Feb-March '25

Data

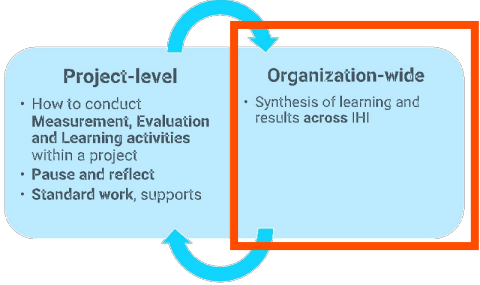
- 8 Milestone Calls
 - Key learnings and results were gathered via MEL-D observation and harvesting the learning chat during calls.
- 3 YfL Meetings
- 18 Progress Reports
- 19 Project Consults
- Mix of designs, content, and context areas

Methods


- Qualitative Analysis for themes related to:
 - Design
 - Execution Theory
 - Context
 - Needs
 - Etc.
- Team synthesized and will share the data at the monthly Learning System Call in May 2025


Audience

- Business Development
- Delivery
- Improvement Science & Methods
- MEL-D
- Marketing & Communications




Learning System Themes for February-April 2025







IHI is in learning and testing mode for impact measurement and for choosing the measures that best fit the work (in general)




Learning into the Content Theory: opportunities for implementation, evaluation, and scale-up



Rich learning shared related to cultural aspects of improvement work and great adaptation to local needs (glocalization)

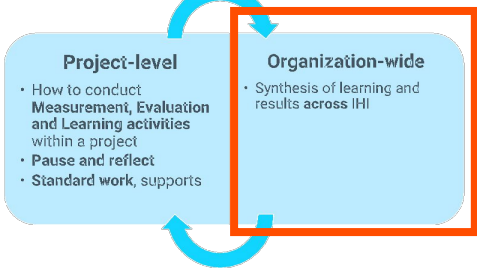


Socio-political context, policies, and events are impacting project execution globally

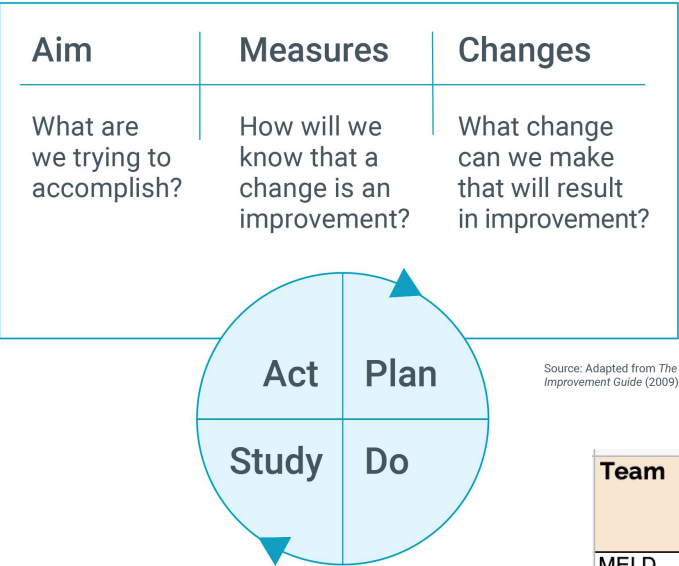


Learning related to Standard Designs (see next slide)

Learning informs testing and improvement



Model for Improvement

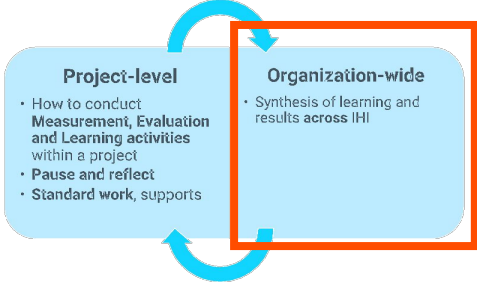


Source: Adapted from The Improvement Guide (2009)

Team	Person Responsible	Date	Status	Change idea	Associated Driver
MELD				Evaluate fidelity to project activation phase (time, staffing, CCs, etc)	Project Activation
ISM?				Guidance for aims for "nested" or capability-building projects to core components and socialize across Deliv	Core Components: Aim
MEL	Chelsey	11/26/24	Complete	Revise msmt strategy guide, if survey specifiy audience, sampling, etc.	MEL
MEL	Chelsey	11/26/24		Aditonal guidance for project teams re: surveys (preventing survey fatigue, sampling)	MEL
MEL		11/26/24		ROI & cost effectiveness evaluation (test balancing measure, guidance for how to measures, explore methods)	MEL



IHI Project Learning “Library”



KB

IHI Knowledge Base

Home

Delivery

Design

Project Learning

Events

Teaching QI

Finance

HR

IT

M+C

Open School

...

Not following

Immersive reader

Share

IHI Project Learning

This page is your **one-stop source for learning from projects** and includes information from Milestone Calls, Presentations and other types of reflections. The table below includes select information from projects that have completed the IHI Learning Event Form.

[Click here to submit the IHI Learning Event Form](#) for your own project!

This table can be filtered and/or sorted to meet your needs (e.g. only showing projects from North America or by date of reflection with most recent learnings at the top of the table). **To view the Links to Core Materials**, you will need to copy and paste each link into your web browser.

If you are preparing for your own Milestone Call or Yearning for Learning presentation, you can find the guidance and standard work on the [Design page](#) on the Knowledge Base.

Innovation and Design					
IHI Project Learning 7-23					
Project Name	Primary Output	Type	Event ...	Country ...	Core Desi...
Innovative Nurse-Led Care Delivery Solutions	LedDeliveryCareModels/E...jk9GvXcUaouWjLs-OA?e=JAQ6yo				Day Innovation Cycle"]
Project Aisha	https://ihicambridge.shar...ws9jh1eqOXoCUzUg?e=OQTSp8	Milestone Call	11/8/2024	Nigeria	["Improvement Coach","Other Training for Teams","Content Development (e.g., Change Package, Implementation Guides, etc.)"]
Strengthening Health systems and Networks of Care (SHS & NOC)	https://ihicambridge.shar...MilestoneCalls/EXGst1rCp...e=ZEFuHy	Milestone Call	11/6/2024	Ethiopia	["Combination of approaches including some concepts from Collaborative and Networks of Care"]
Alcancar Mozambique	https://ihicambridge.shar...Mozambique/EZZWWLQ...e=4NczqF	Milestone Call	10/18/2024	Mozambique	["Breakthrough Series Collaborative"]

Our Learning Dashboard

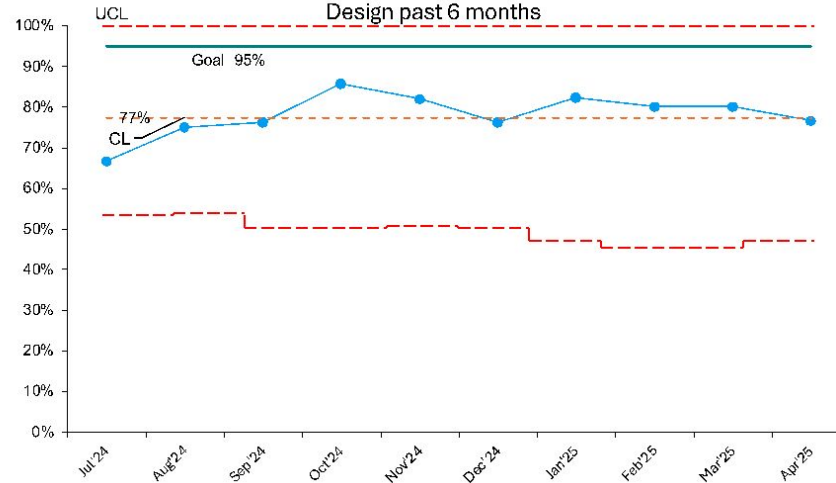
Project-level

- How to conduct Measurement, Evaluation and Learning activities within a project
- Pause and reflect
- Standard work, supports

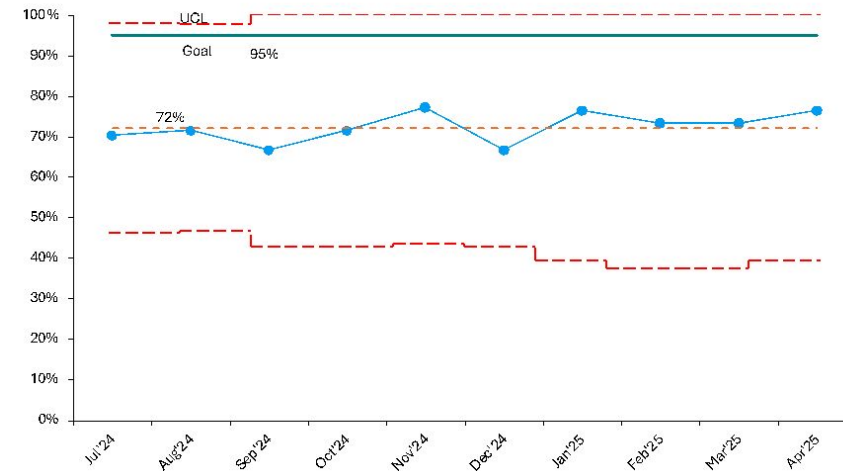
Organization-wide

- Synthesis of learning and results across IHI

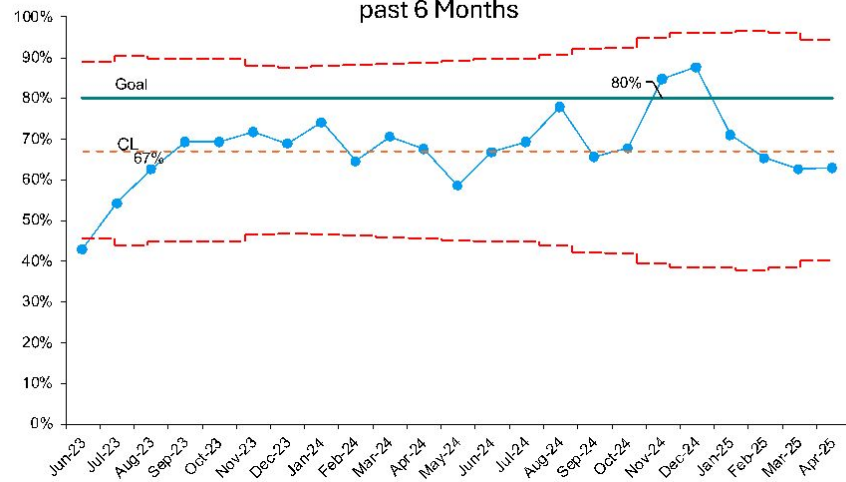
E3a - Cumulative Percentage of Projects with a MC with a Named Std Design past 6 months



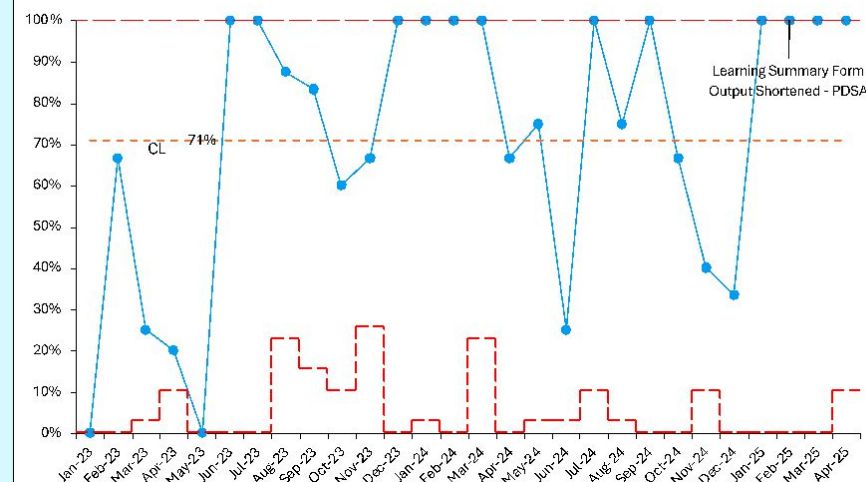
E3b - Cumulative Percentage of Projects with a MC with all CCs



L1 - Percentage of Eligible Projects Completing 1 MC in the past 6 Months



L3 - Percentage of Projects with a MC Submitting MC Summary



One Case Study



Timely Emergency Care Collaborative - Overview

"By improving system-wide patient flow, we'll provide more timely emergency care to Victorians"

By 30 June 2024, we aim to reduce the length of stay in participating hospital Emergency Departments by:

- 15% for non-admitted patients, and
- 20% for admitted patients.



14 health services

9 metropolitan hospitals
6 regional hospitals



Ambulance Victoria



Collaborative project team

Dept. of Health improvement advisors
Clinical faculty
IHI improvement and patient flow experts

Focus on high-leverage change ideas

- Changes within health service locus of control
- Identified through co-design with international experts and participating teams
- Mapped across patient flow and organised into workstreams
- Refined through testing



Programme duration: December 2022 – June 2024

6 learning session events

- 2 days each, in-person
- Participating teams of 8-12 people attending
- International expert speakers and facilitated workshops
- Marketplace events to share ideas, progress and learning

6 leadership oversight calls

- Executive leaders
- Progress updates, risks, issues
- Areas of focus for leadership



6 action periods

- Monthly action period calls
- Site visits, and virtual and onsite coaching from clinical faculty and improvement advisors (Dept. and IHI faculty)
- Action period guides, tools and resources

Collaborative patient flow dashboard

- Central dashboard of weekly data
- ED, Inpatient and Ambulance data
- Filter by health service or hospital
- Accessible by all participating teams



Progress reporting and targeted support

- Monthly reports sent to each participating health service
- Highlights, risks and recommendations provided
- Check-ins with executive to discuss progress and issues
- Intensive on-site improvement sprints and coaching clinics

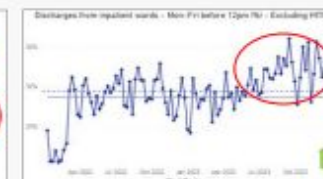
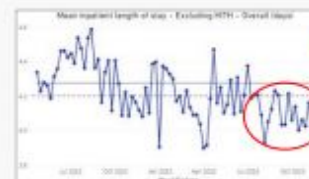
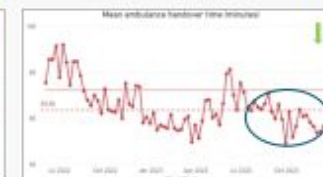
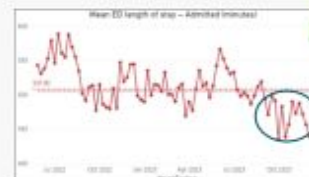
Significant improvements seen across all key metrics

- ED length of stay
- Ambulance code 1 response
- Inpatient length of stay
- Time to be seen in ED
- Discharges before 12pm
- Transfer time (ambulance handover to ED)

1

Evaluate: Evaluate progress and distill learning

What is happening in the project? What are we learning?

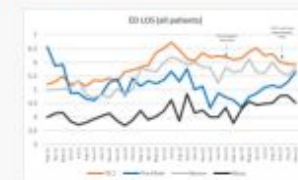


High engagement from participants

- Consistent attendance at events
- 80% of teams are on track and have successfully improved ED length of stay

The collaborative impact is showing

Participating hospitals are improving faster than non-participating hospitals



Evaluate.

Learnings to date

Learnings to date

Addressed Challenges:

Variable leadership engagement □ Meetings between executives and Department of Health leaders; monthly progress reports to celebrate gains; friendly competition by showing health services' relative progress

Inconsistent organizational understanding of "good flow"

□ "Internal Agreements and Standards"

Some engaged health services not making progress □

Intensive support model

High Impact Principles:

1) Focus on what is within your control; 2) Focus on "high-leverage" change ideas; 3) Focus on daily flow management

Environmental Facilitators:

Relative stability in the health sector (post COVID-19 lockdowns/restrictions); increased comfort with sharing data; government support; strong rapport between participants and IHI team

Act.

Adaptations based on progress and learning

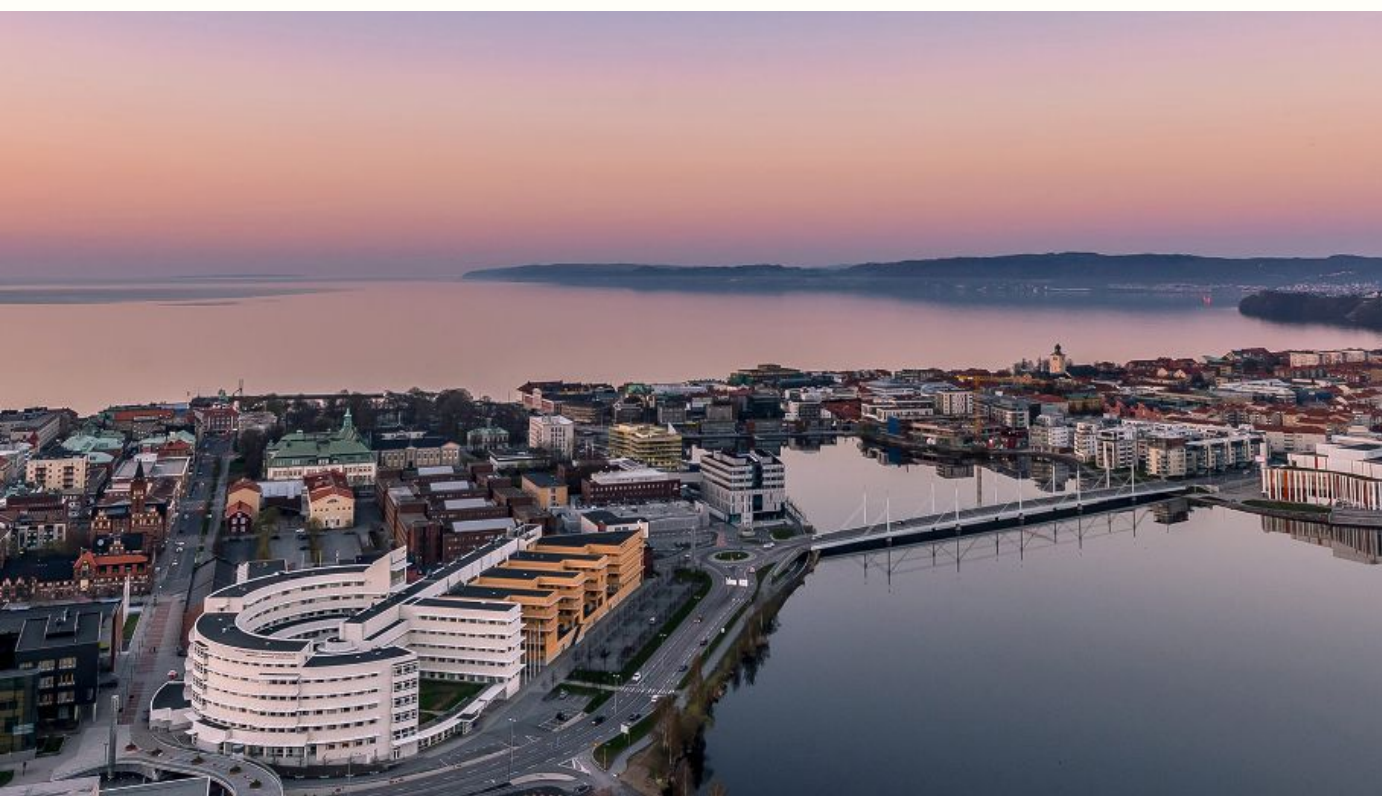
Open Questions

1. How can IHI support and encourage continuous improvement in flow when the collaborative is time-limited?
2. What are the optimal methods of engaging leaders in improving flow across the entire system rather than just their specific health service?
3. What approaches will contribute to accurate identification of the design and execution elements that had the strongest positive impact on results?

Case study: Region Jönköping County as a learning system.



Peter Häyhänen
Chief Executive of Learning and
Innovation,
Region Jönköping County, Sweden



375 000 inhabitants (3,5% of SWE)

19,5% not born in Sweden

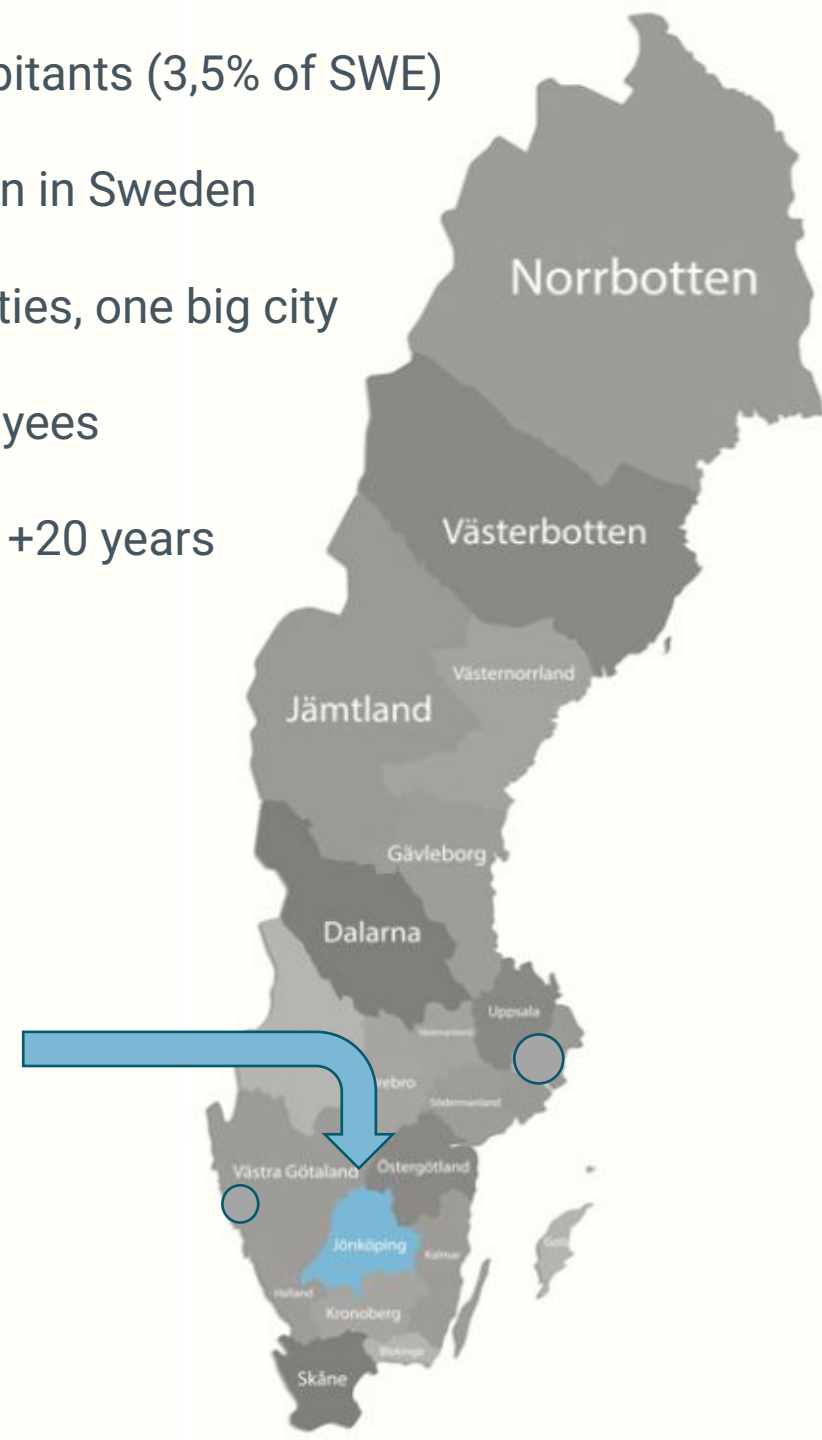
13 municipalities, one big city

10 500 employees

Partner of IHI +20 years

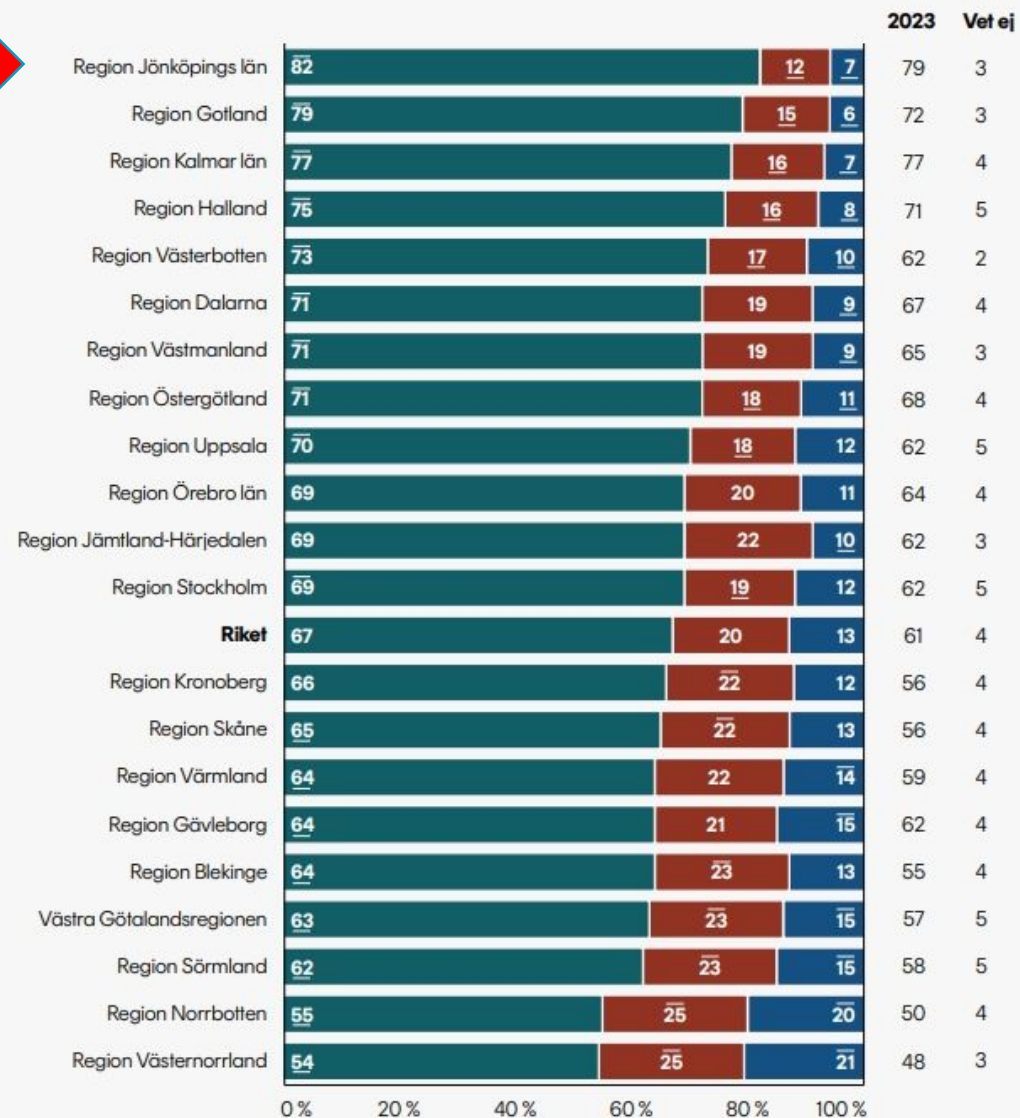
Region Jönköpings län

Region Jonkoping County



Do you have trust in the healthcare you receiving?

Diagram 6: Förtroende för hälso- och sjukvården i sin helhet i den egna regionen. Svar per region och för riket. Andel som angett olika svarsalternativ i %.

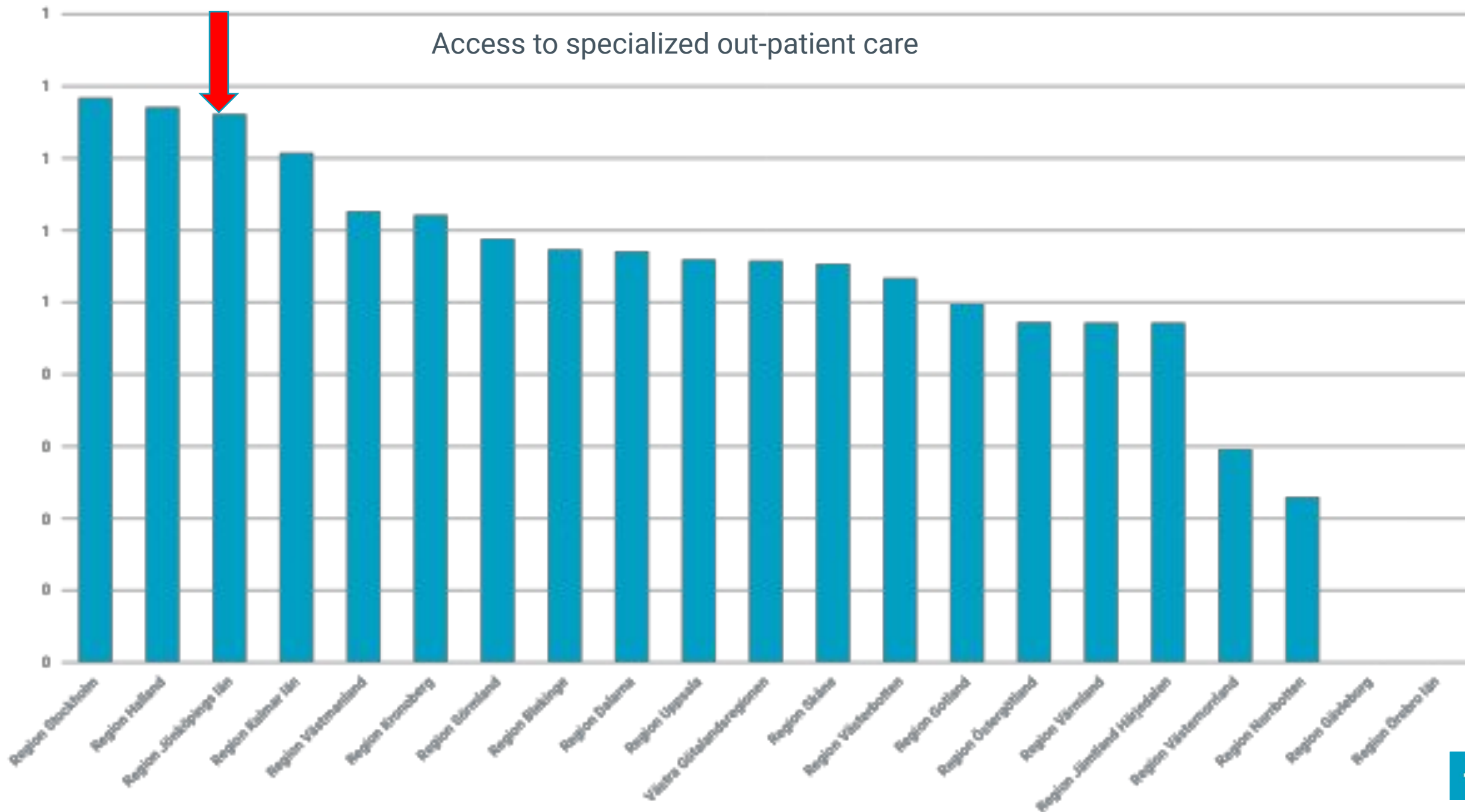
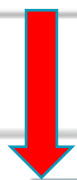


■ **Första indelning av stapel:** Mycket stort/Ganska stort
 ■ **Andra indelning av stapel:** Varken eller
 ■ **Tredje indelning av stapel:** Ganska litet/Mycket litet

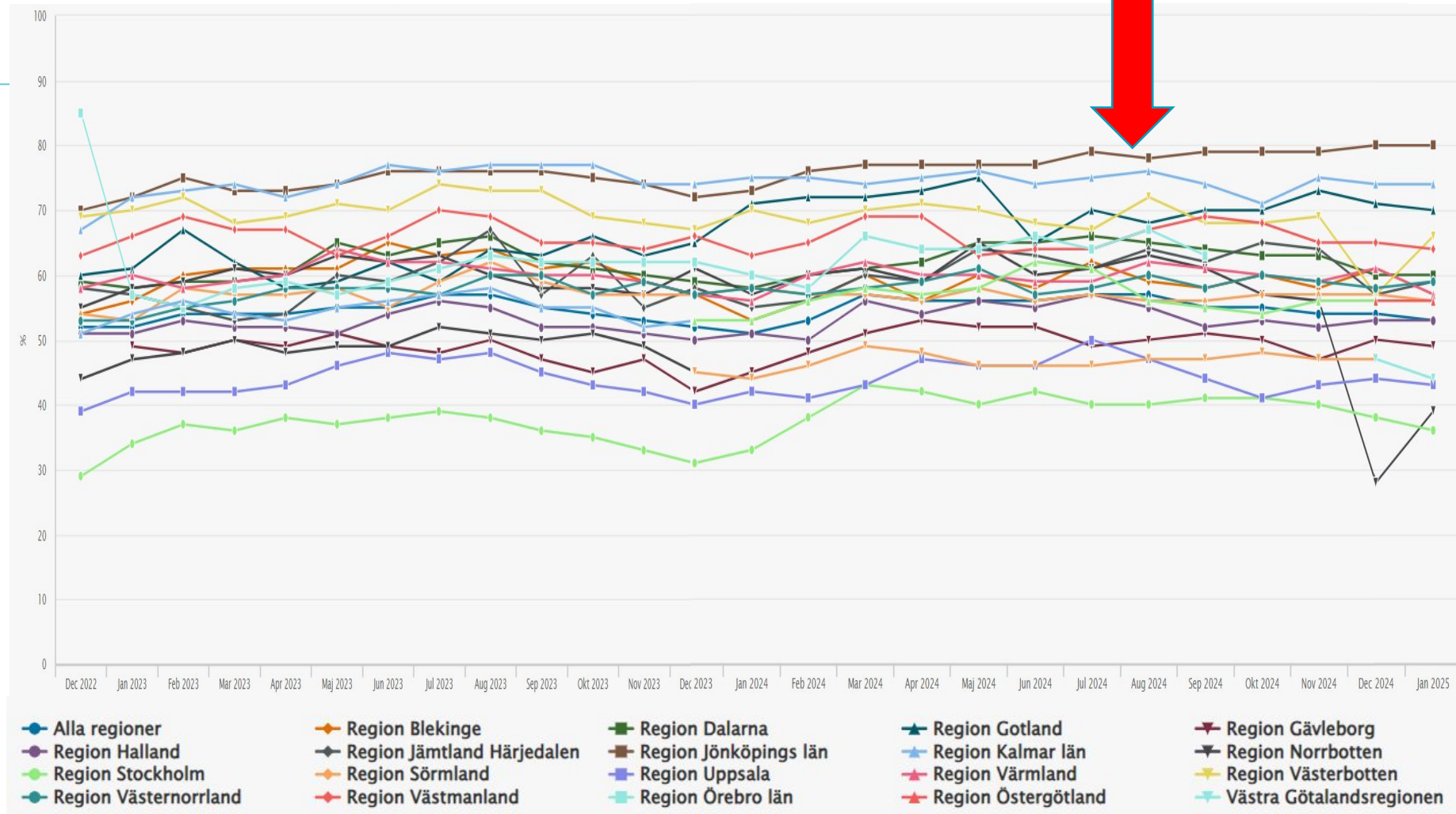
⌘: Värdet är med 95 % säkerhet högre än rikets värde
 ✕: Värdet är med 95 % säkerhet lägre än rikets värde
 Om ingen markering anges är det inte en statistiskt säkerställd skillnad mot rikets värde



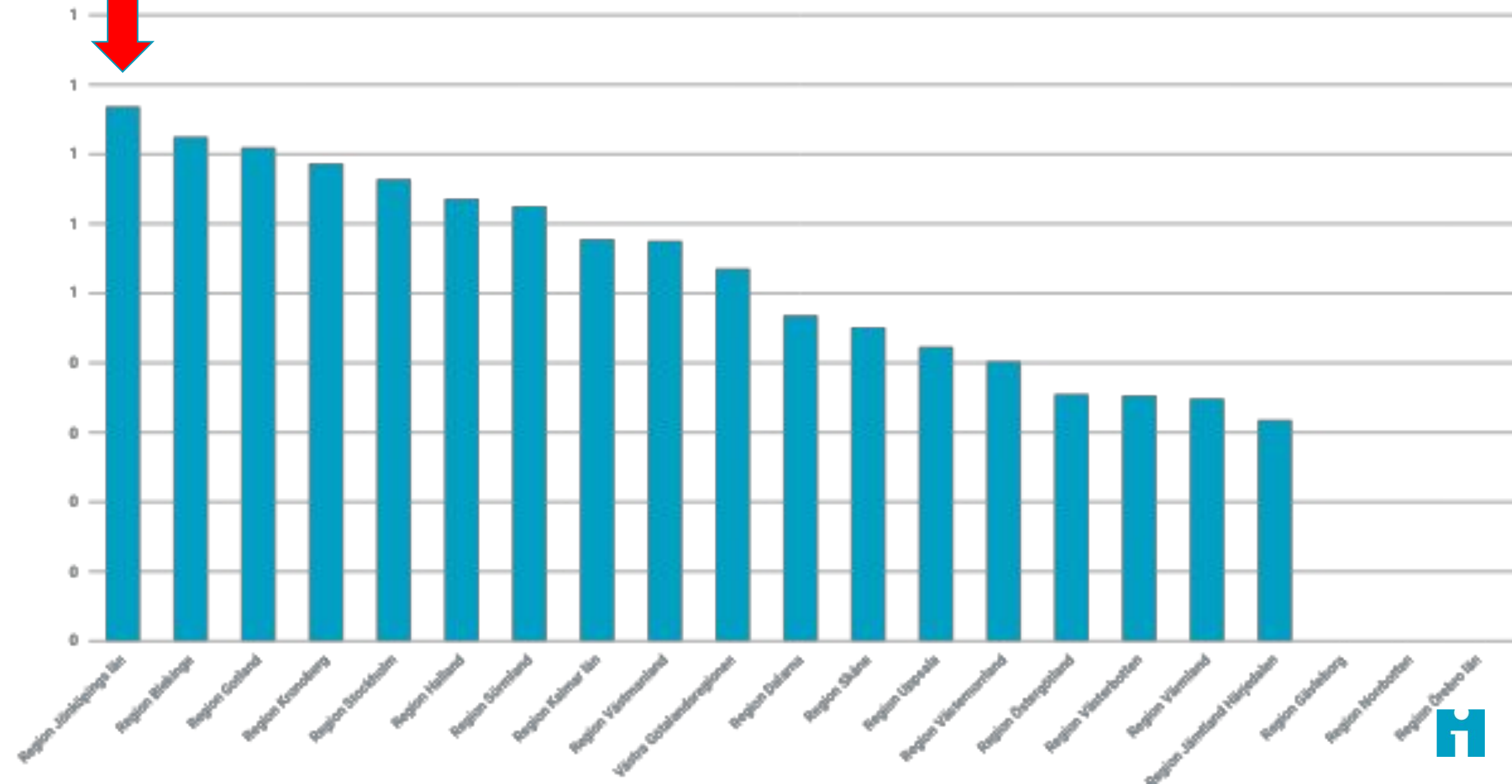
Access to specialized out-patient care



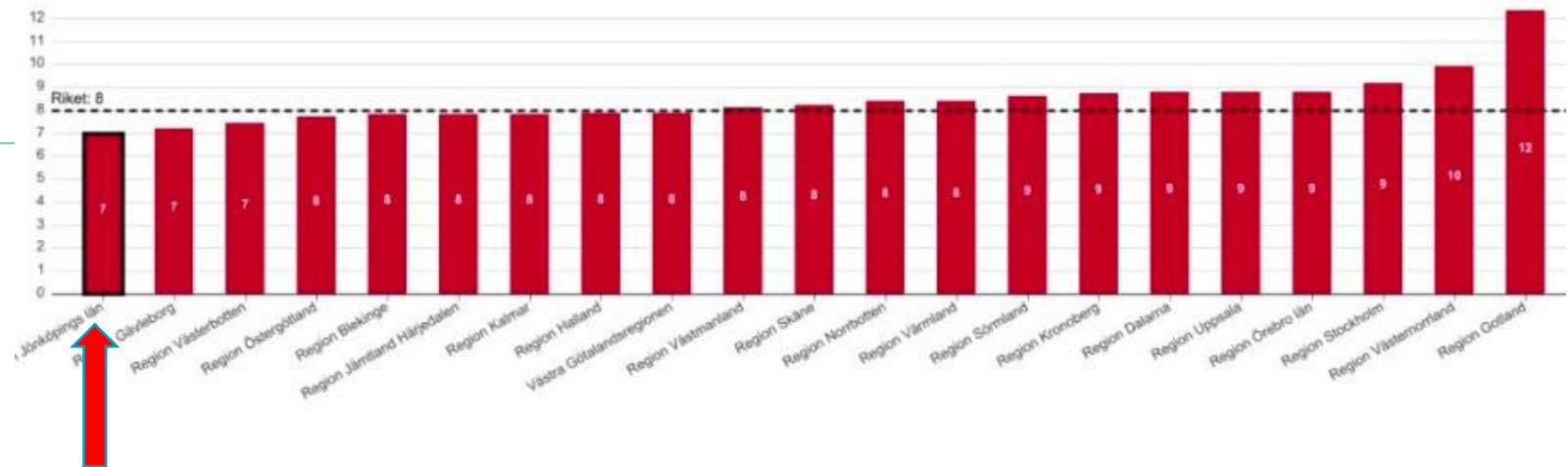
% ED turntime within 4 hours



Access to surgical treatments

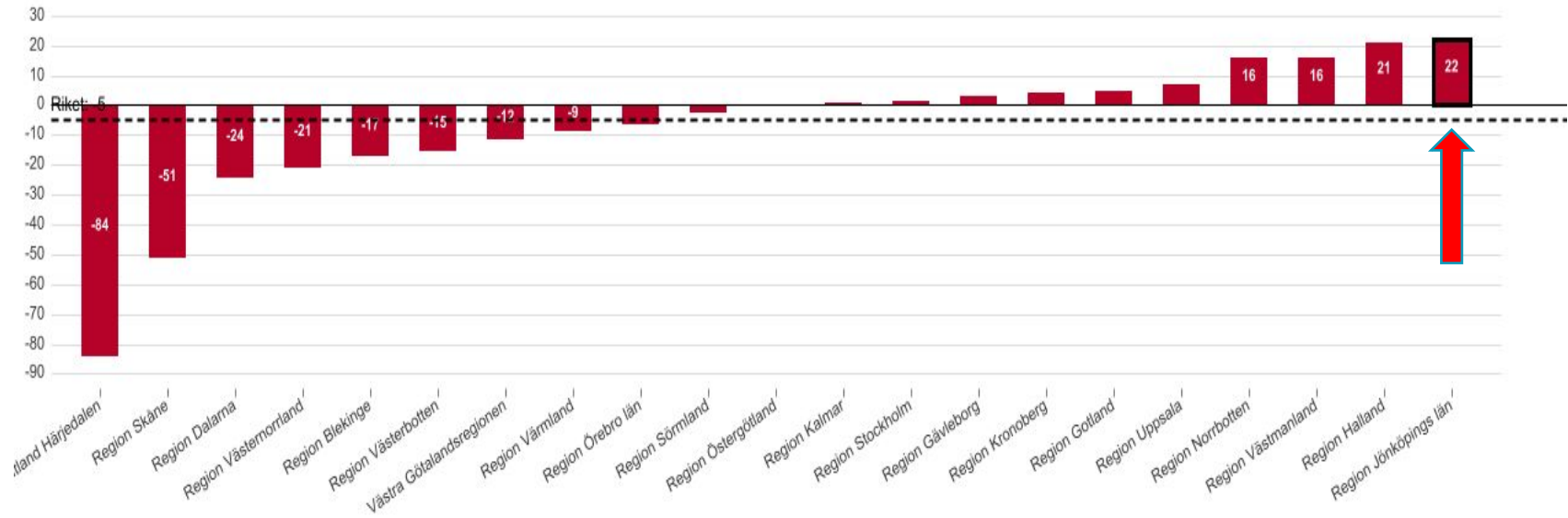


Staff turnover ratio



Solvency 2024 comparison Sweden

Soliditet inkl pensionsåtag. regionkoncern, (%). Källa: Kolada (År: 2024)



HOW?



Esther

What is best for Esther?

- Take responsibility for your step
- Simplify for next step
- Give feedback to previous step
- We work together!

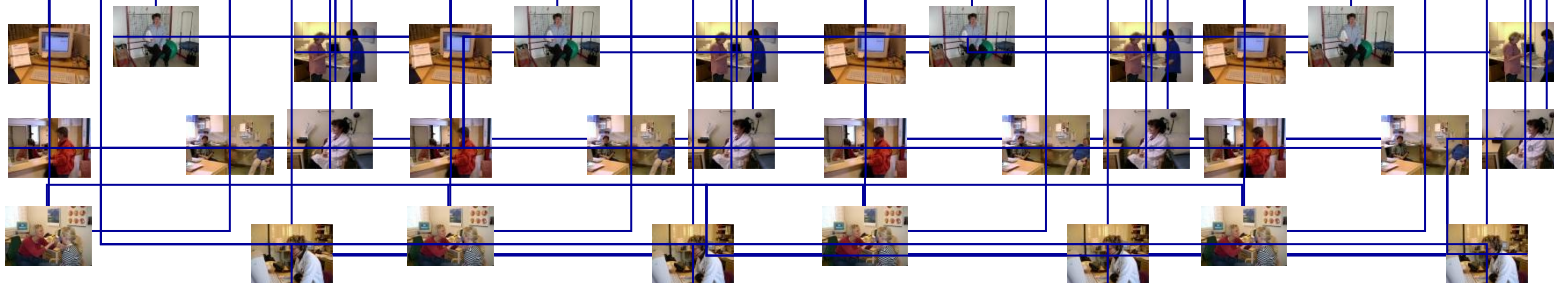
Esthers and her family





FOR A GOOD LIFE IN AN ATTRACTIVE REGION

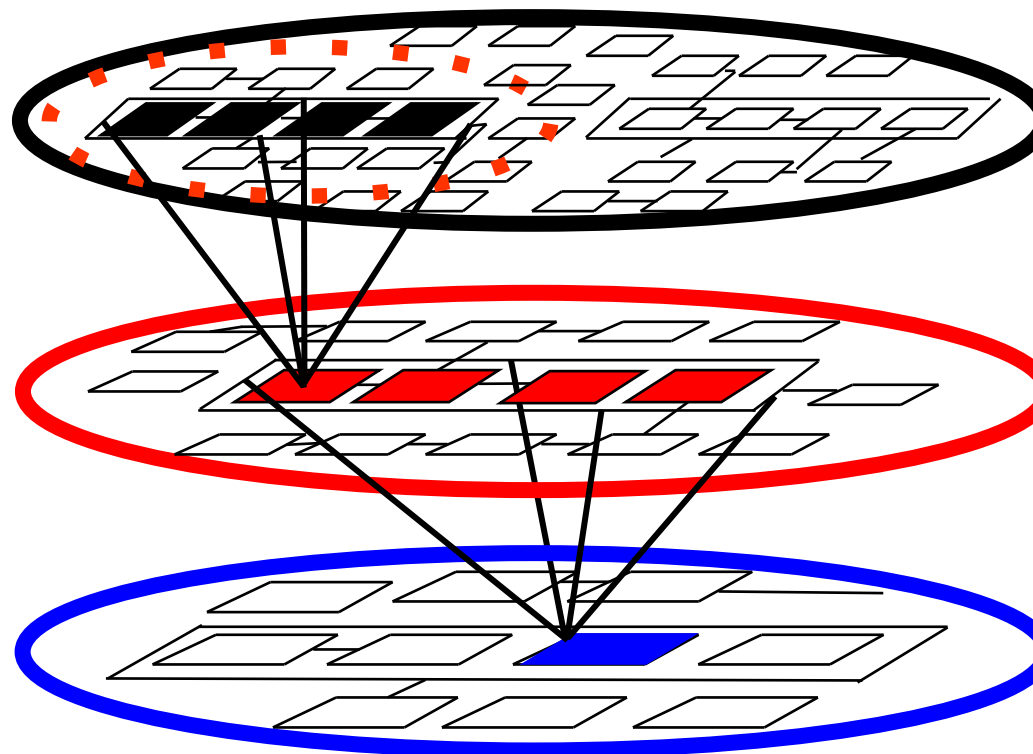
Appriciation of a system



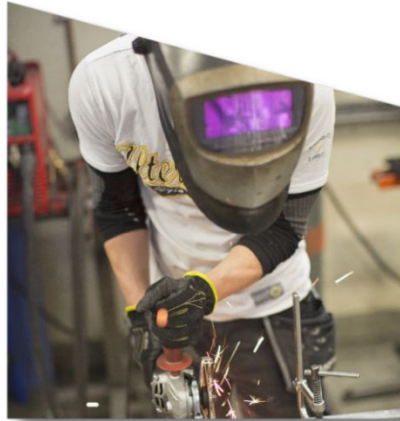
Microsystem

Mesosystem

Macrosystem



Together for best possible health and equal healthcare



Everyday life



Support for body
and soul



Primary care



Specialized
care

Quality as a strategy

How we lead and develop Region Jönköping County



4 Collect facts and ideas.

Från kunder, intressenter och verksamheten

- Förbättringsidéer
- Interna revisioner
- Med mera

Från omvärlden

- Jämförelse med liknande och ledande verksamheter
- Trender
- Forskning, nya riktlinjer
- Med mera

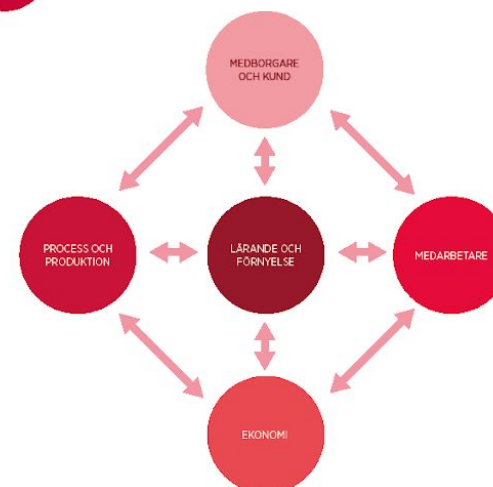
5 Plan and prioritize

Planera och prioritera för att förbättra

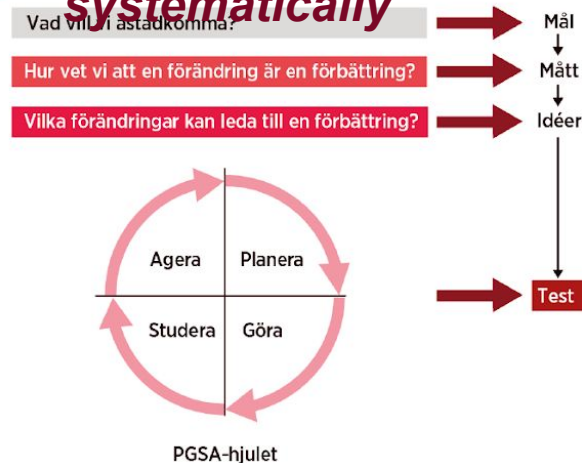
2 Our system



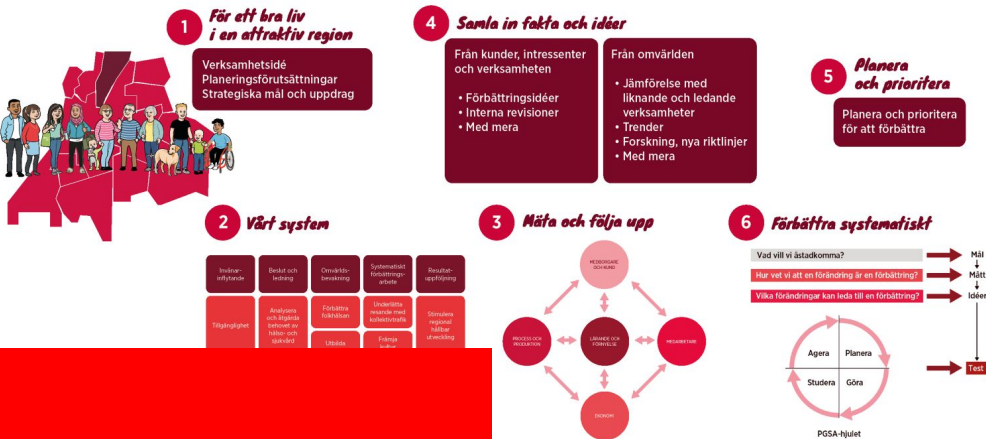
3 Measure and track progress



6 Improve systematically



Leadership training programs



- Potential Leders:
 - Future leader program,
 - Improvement leader,
 - Leading not beeing a manager
- Leadership programs

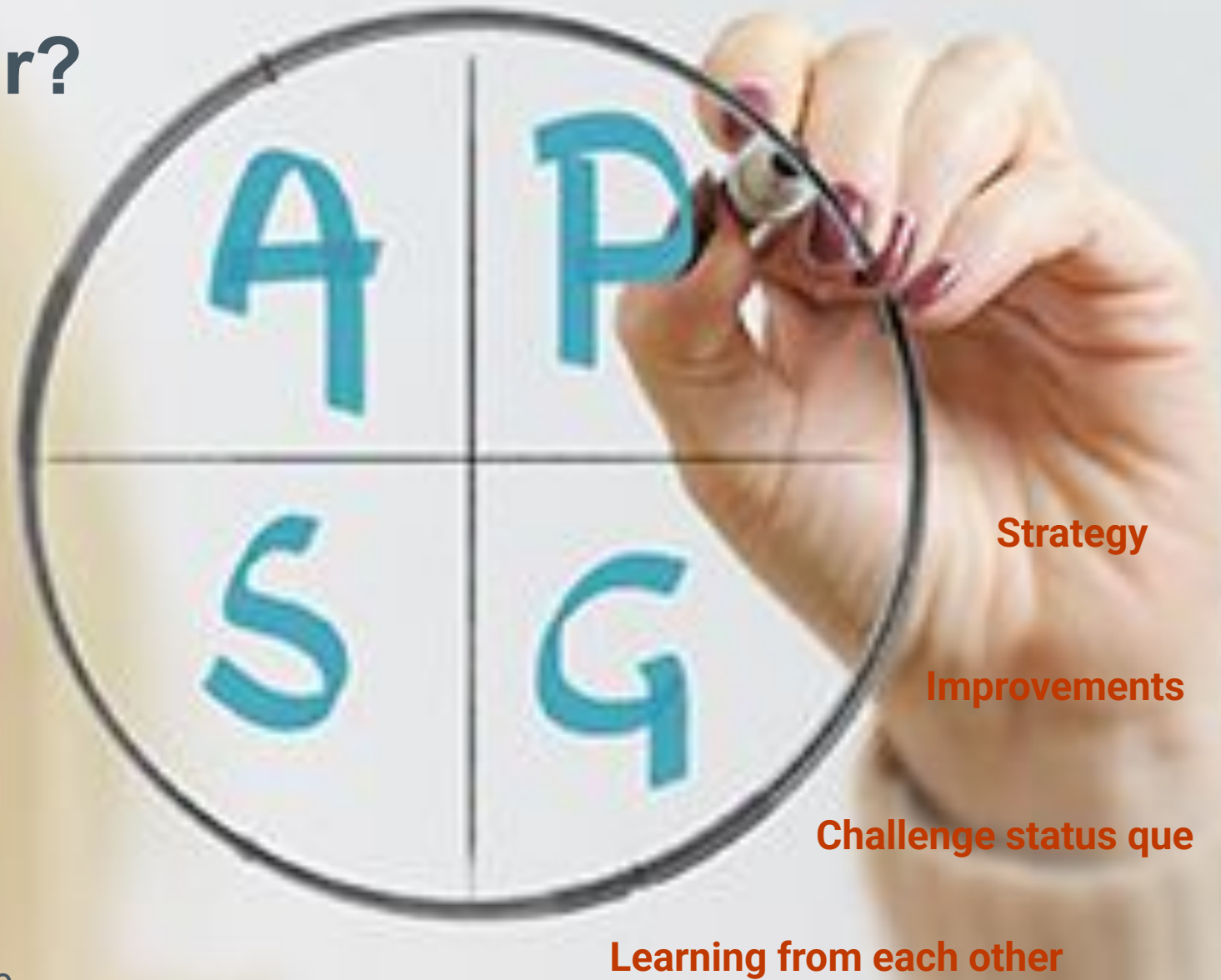
Role	<u>New</u>	<u>Experienced</u>
1st line managers	Green track	Blue track
2nd line managers	Red track	Black track

- Directors – Top leaders program, IHI events, study visits

What is best for Esther?

Keeping the system together & focused

- Stable leadership and consistency in purpose, vision and strategy
- One system – primary care, ambulance, phone service, out-patient clinics, 3 hospitals
- MPG – Clinical Program Committee 2 times per year + Local MPGs
- Storgrupp sjukvård – All 2nd line, managers and vice a ear system
- Monthly meeting top management of healthcare

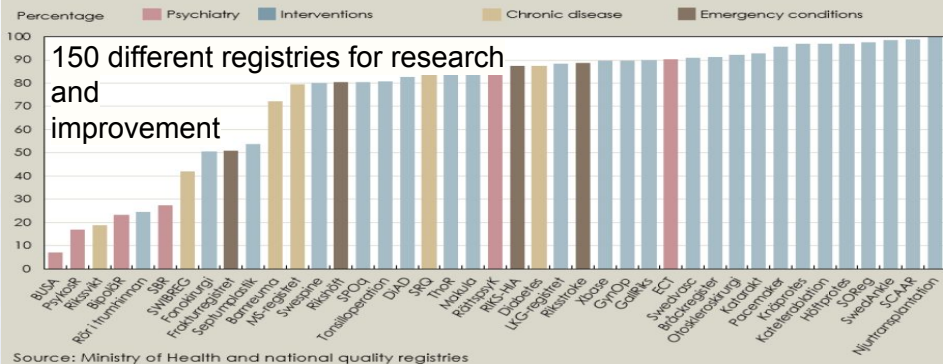


Sound long term financial stewardship

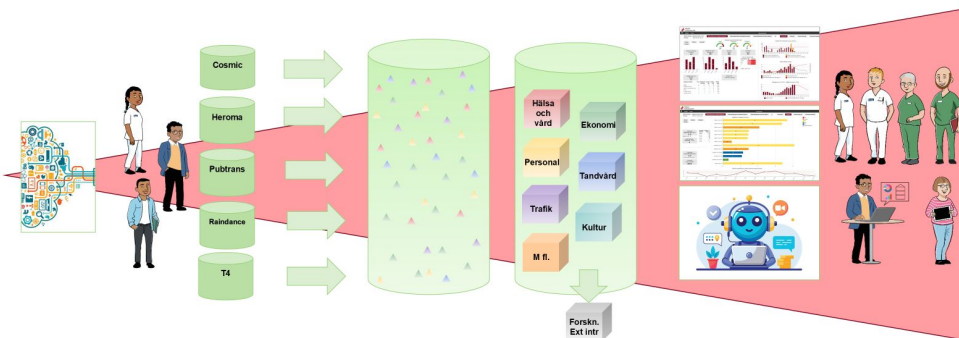
Data is essential to support learning

Coverage of Swedish Registries 2018

Based on the type of registry



Source: Ministry of Health and national quality registries



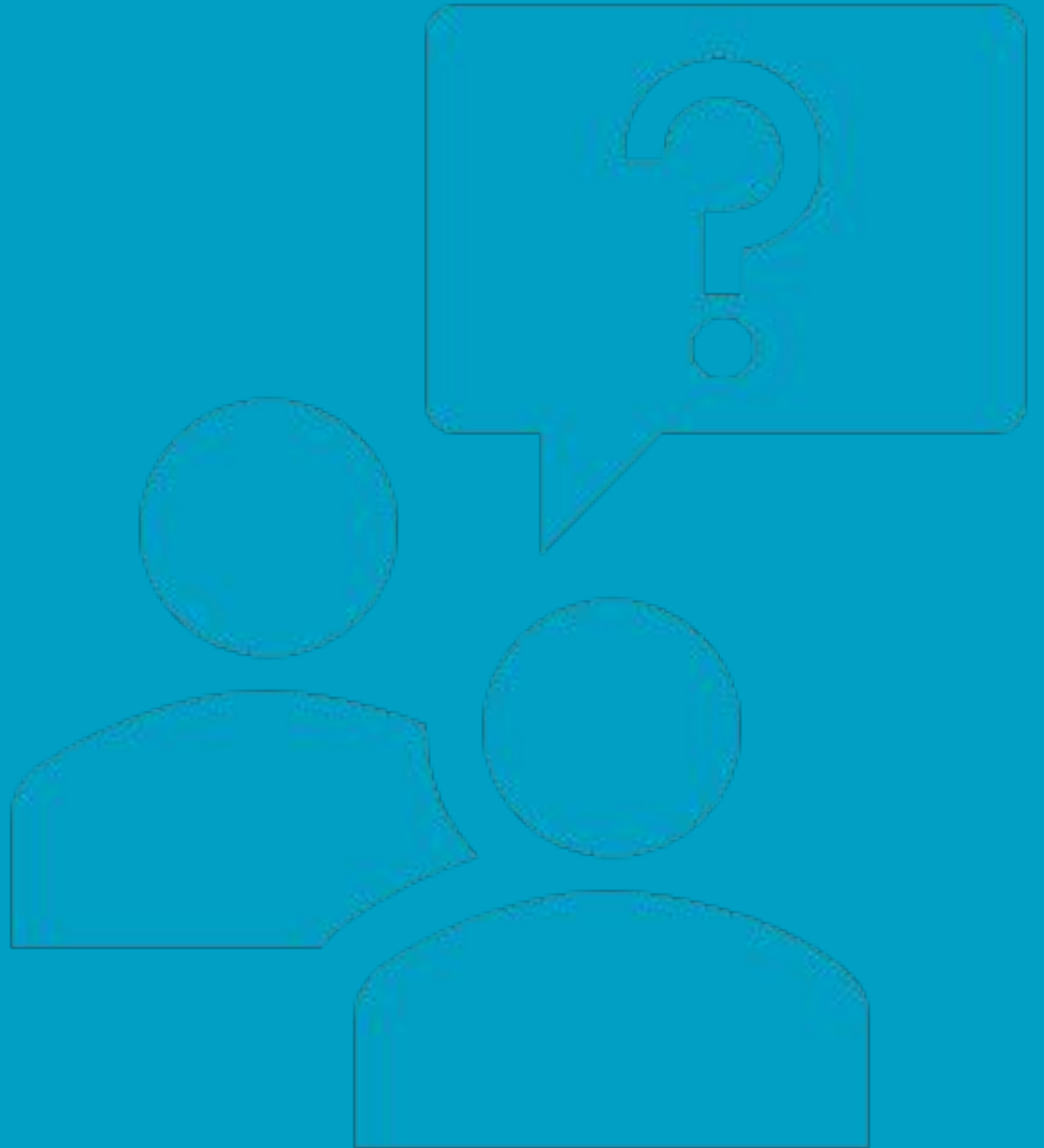


 Region
Jönköpings län

Qulturum



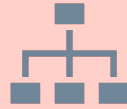
Questions



Exploring Solutions in Your Systems and Contexts



Discussion Questions



How is the portfolio of work organized in your system?



Is there a learning system across projects in your context?



If yes, how is the learning system is set up? Where might there be opportunities to strengthen?



What are you learning across projects in the system?

Closing Reflections



Photo: MEM

Thank YOU!

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