Declaration of Interest

We declare that this work and our participation in the International Forum on Quality and Safety in Healthcare, where we will share our learning and impact, are funded and supported by Hampshire and Isle of Wight Healthcare NHS Trust

Building Capacity for Lasting Change:

An intergrated approach to improvement culture

Dr Sarah Williams

International Forum On Quality and Safety in Healthcare, Utretcht, 22nd May 2025

The Academy of Research and Improvement

## Hampshire and Isle of Wight Healthcare NHS Foundation Trust

We empower staff and patients to drive research and improvement by building skills, confidence, and capability. From training and facilitation to events and our annual conference, we support projects in Research, Improvement, Clinical Effectiveness, Innovation, Patient Involvement, and Evidence Sharing - helping teams turn ideas into impact.

Fabulous People
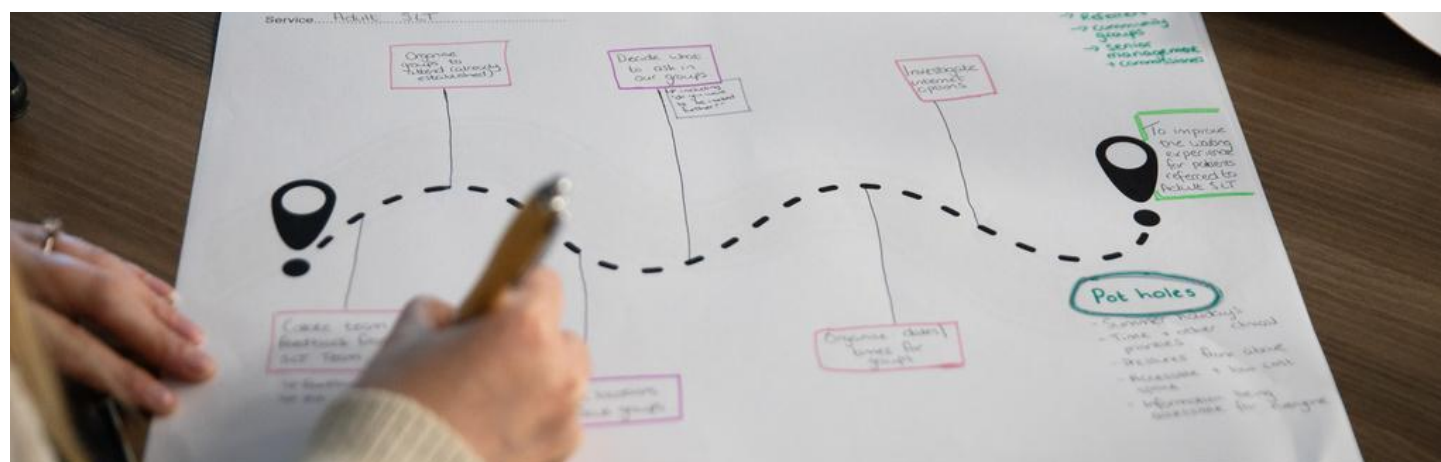
The Ambition

- To engage people in improvement, innovation and learning

- To have evidence of change, value or impact

- To build a learning organisation

The Approach

- Making improvement easy
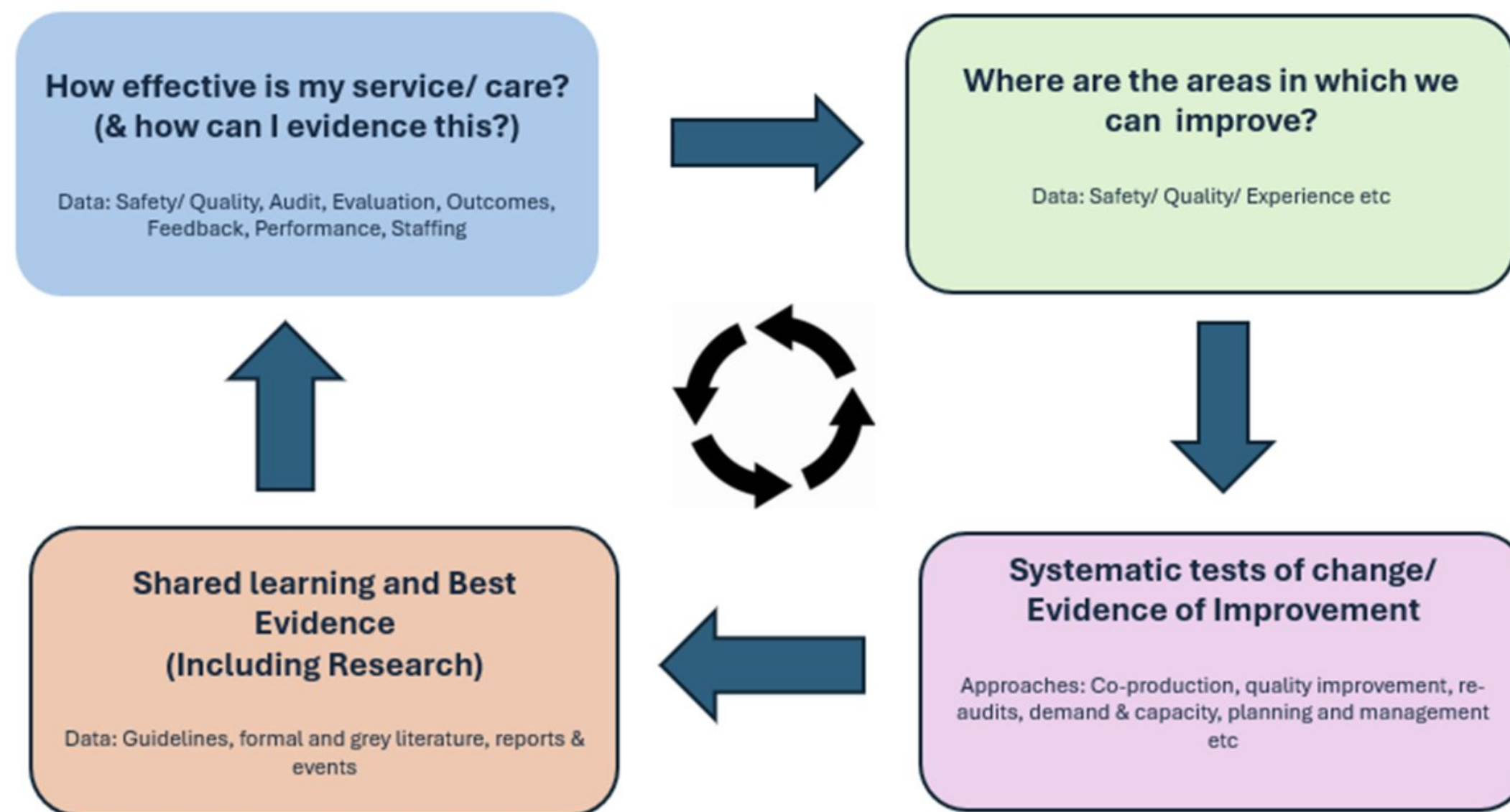- Making improvement accessible
- Making improvement useful

The Approach

- Making improvement easy

- Making Improvement accessible

- Making improvement useful

A Learning & Improvement Loop

How effective is my service/ care?
(& how can I evidence this?)

Data: Safety/ Quality, Audit, Evaluation, Outcomes, Feedback, Performance, Staffing

Where are the areas in which we can improve?

Data: Safety/ Quality/ Experience etc

Shared learning and Best Evidence
(Including Research)

Data: Guidelines, formal and grey literature, reports & events

Systematic tests of change/ Evidence of Improvement

Approaches: Co-production, quality improvement, re-audits, demand & capacity, planning and management etc

A Intergrated Model of Training and Support

What do people need for learning & Improvement

- Knowledge

- Skills

- Time

- Support

- Peers & Connection

- Infrastructure

- Clarity

- 'Permission'

- Resource

- Value

Best Available Evidence

- Library support & training
- NICE guidelines / clinical guidelines
- Conferences & Clinical Networks
- National Audits & Standards

Clinical Effectiveness

- Library support & training
- NICE guidelines/ clinical guidelines
- Conferences & Clinical Networks
- National Audits & Standards

Continuous Improvement

- Quality Improvement Programmes
- Patient / Community Involvement, Participation & Leadership
- Innovation
- Data
- Demand & Capacity

Research/Building the Evidence Base

- University Trust
- Clinical Research Facilities
- Research in your career
- Clinical Academic Pathways
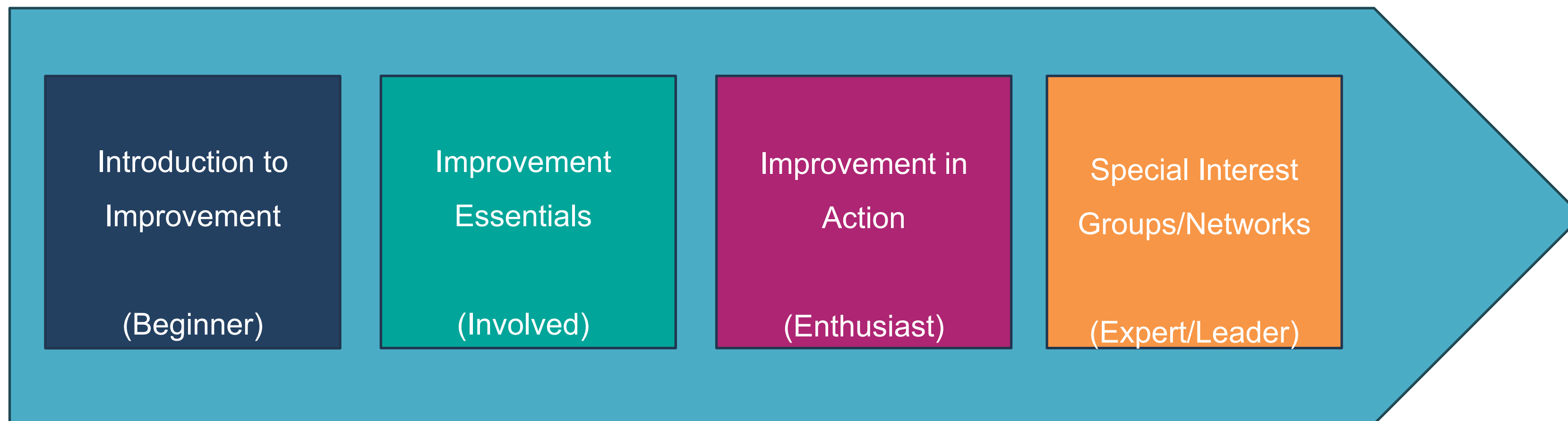- Fellowships/ Funding
- Publication/ Sharing Learning

Working in Partnership

- Patient/ Public Network
- Strategic partners
- Design and delivery training
- Support with improvement projects
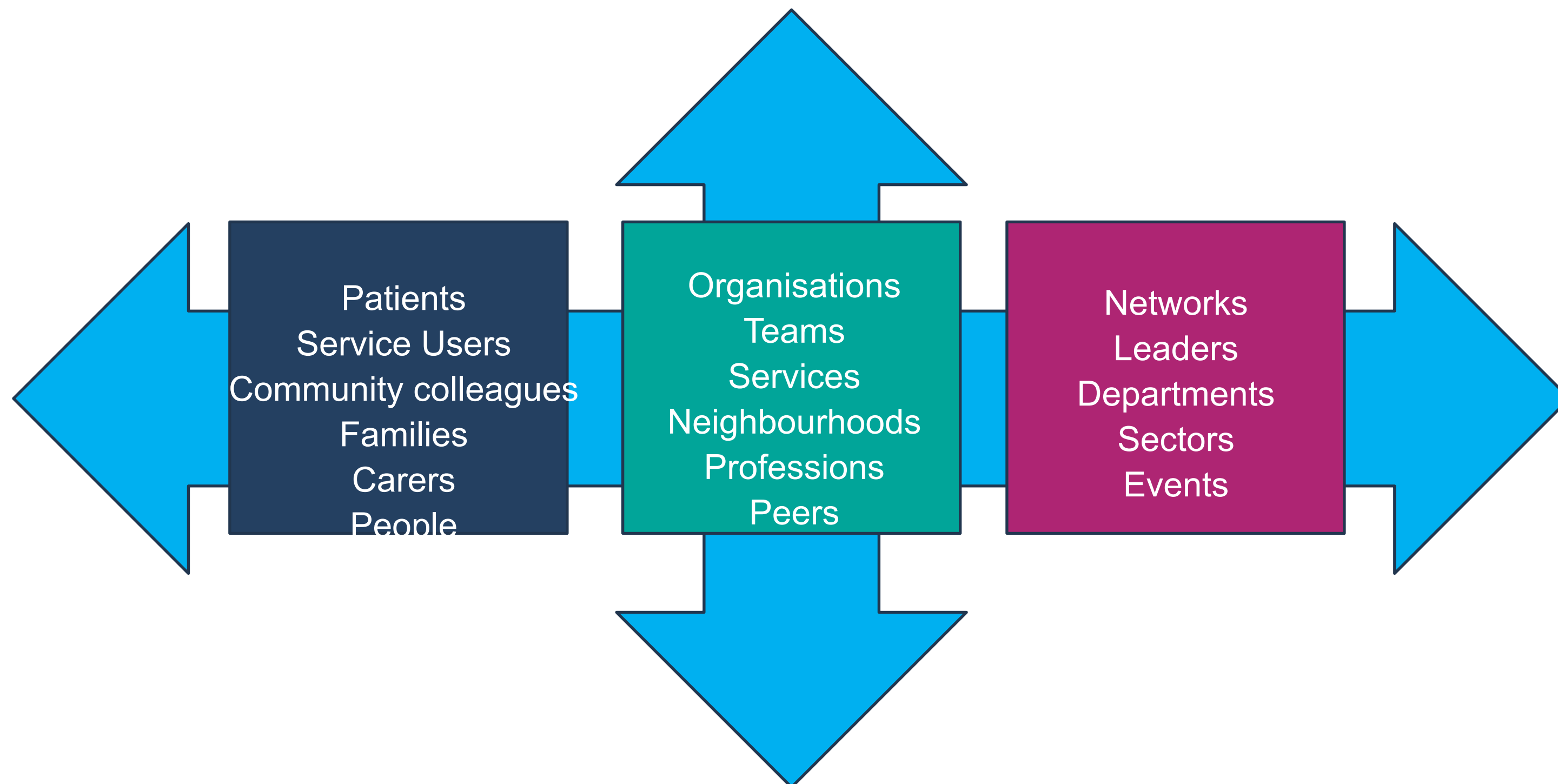- Offer constructive challenge (e.g. patient review panel)

An improvement training approach

Impact

- Strong engagement – multi directional
- Integrated programmes of work
- Multi-disciplinary representation
- Learning health organisation
- Empowerment and enjoyment

Take Aways

- Improvement teams offer a service – facilitation and support

- Make it easy for people to be involved

- Don't be precious and make things fun

- Improvement involved a bucket of tools

- Don't forget a strong communications function

Contact us

For more information please visit the Academy
website, intranet pages and social profiles

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in Academy of Research & Improvement

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𝕏 @hiowhacademy

Improvement for All
Building improvement into everything we do by exploring how we talk about it

Dr Francesca Cleugh, Deputy Director Innovation and Improvement, *Imperial College Healthcare NHS Trust*

**Lauren Harding, Improvement Programme Manager,** *Imperial College Healthcare NHS Trust*

Kirstie Skates, *Illume Linguistics*

Exploring the impact of language on effecting change. By participating anonymously in these polls you consent to your anonymous responses being included in outputs and learning shared from this event.
With grateful thanks.
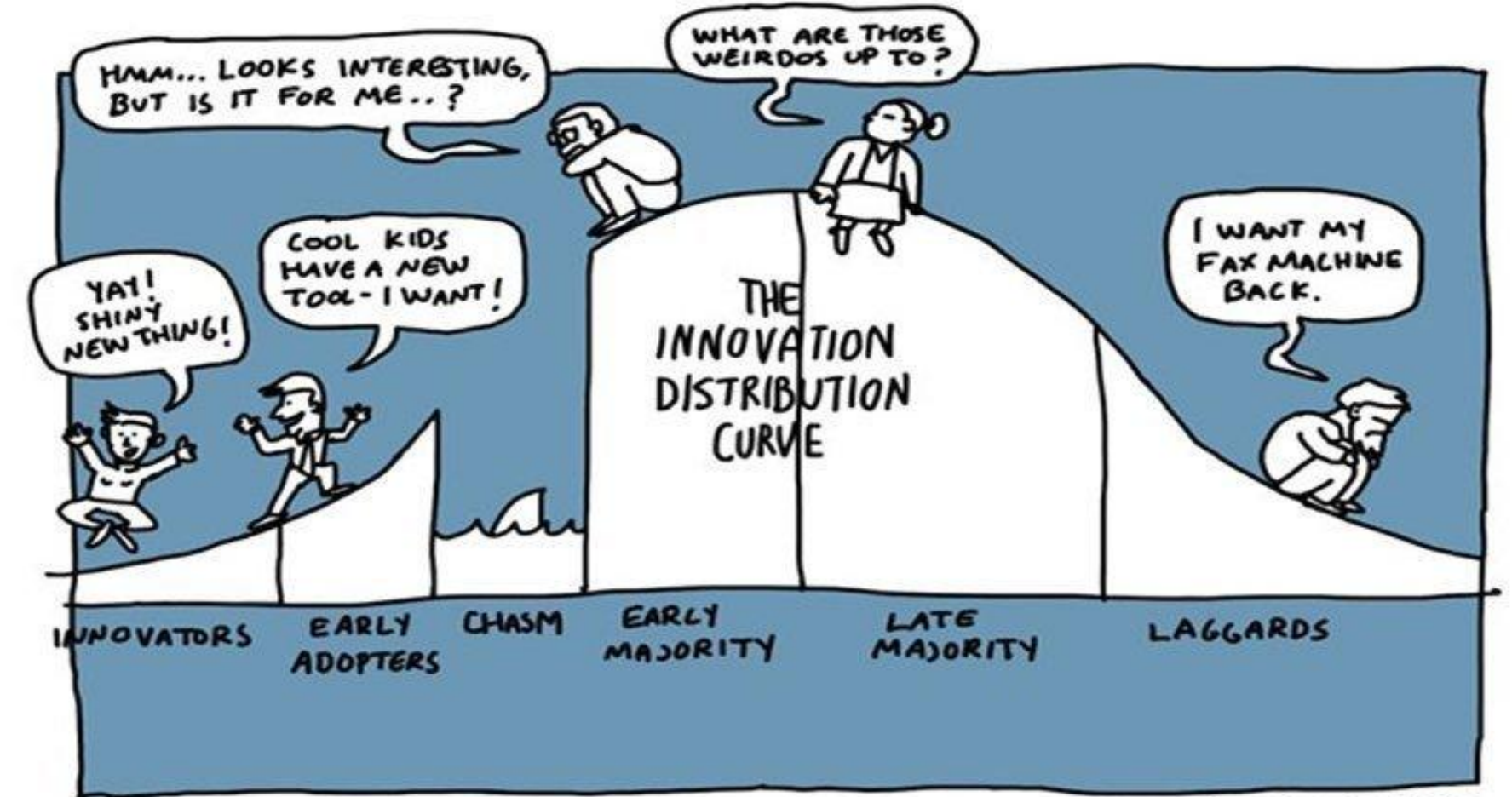
Join at

slido.com

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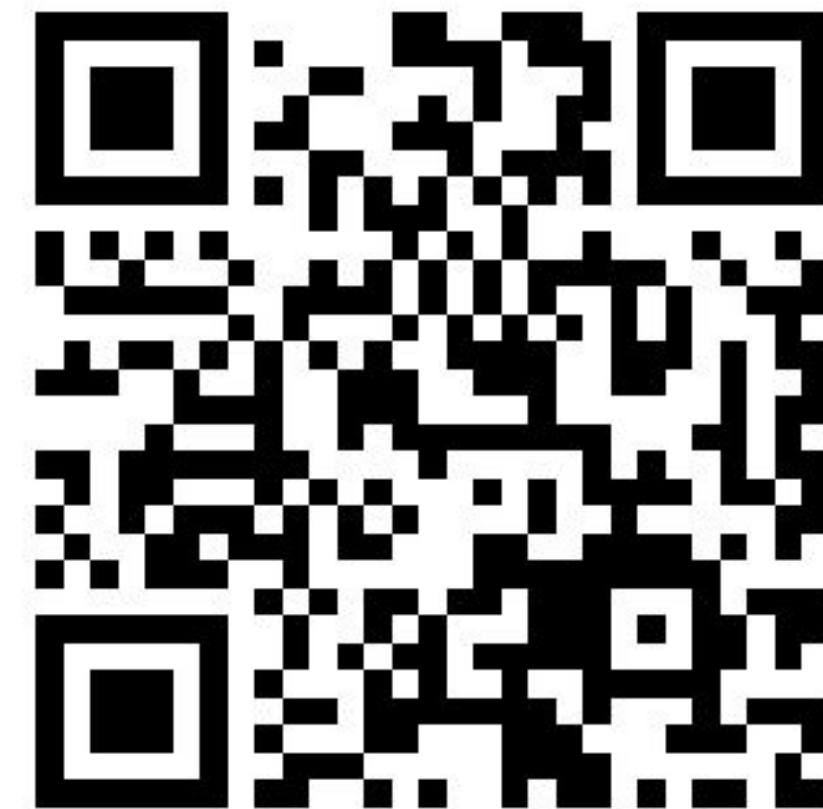
slido

Exploring the impact of language on effecting change. By participating anonymously in these polls you consent to your anonymous responses being included in outputs and learning shared from this event. With grateful thanks.

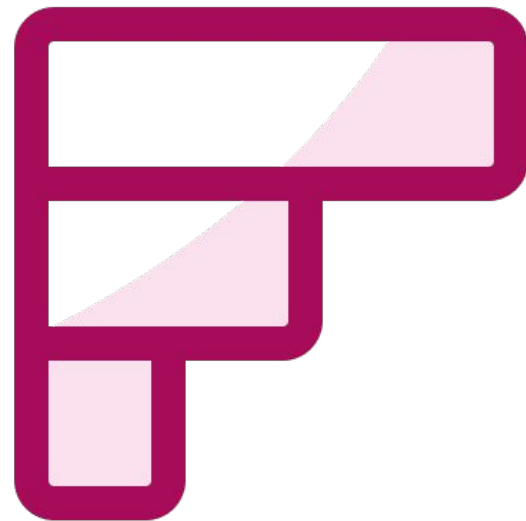ⓘ Start presenting to display the poll results on this slide.

"In healthcare everyone has two jobs: to do your work and to improve it." Paul Batalden, IHI

The Quintuple Aim
For health care improvement

Discourse analysis

Everyday language

- Familiar language becomes **invisible.** "It's just how we talk around here"

Silent assumptions, beliefs, norms

- Language reflects – and holds in place – a set of unspoken **norms** and **assumptions**

metaphors

hedging

pronouns

LANGUAGE PATTERNS

moral language

abstractions

narratives

absences
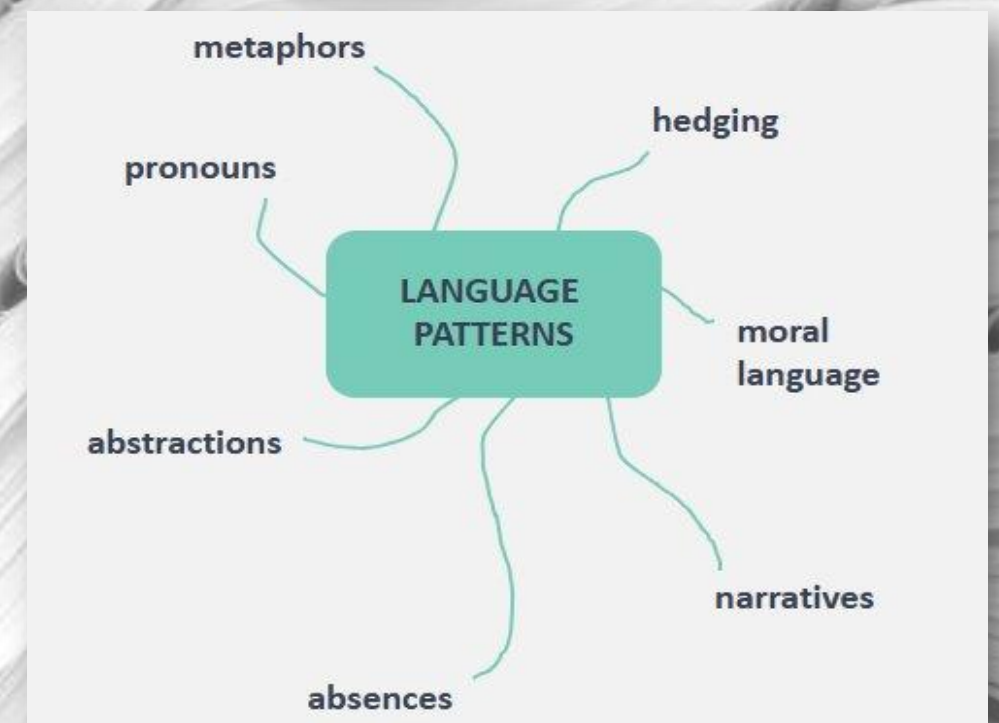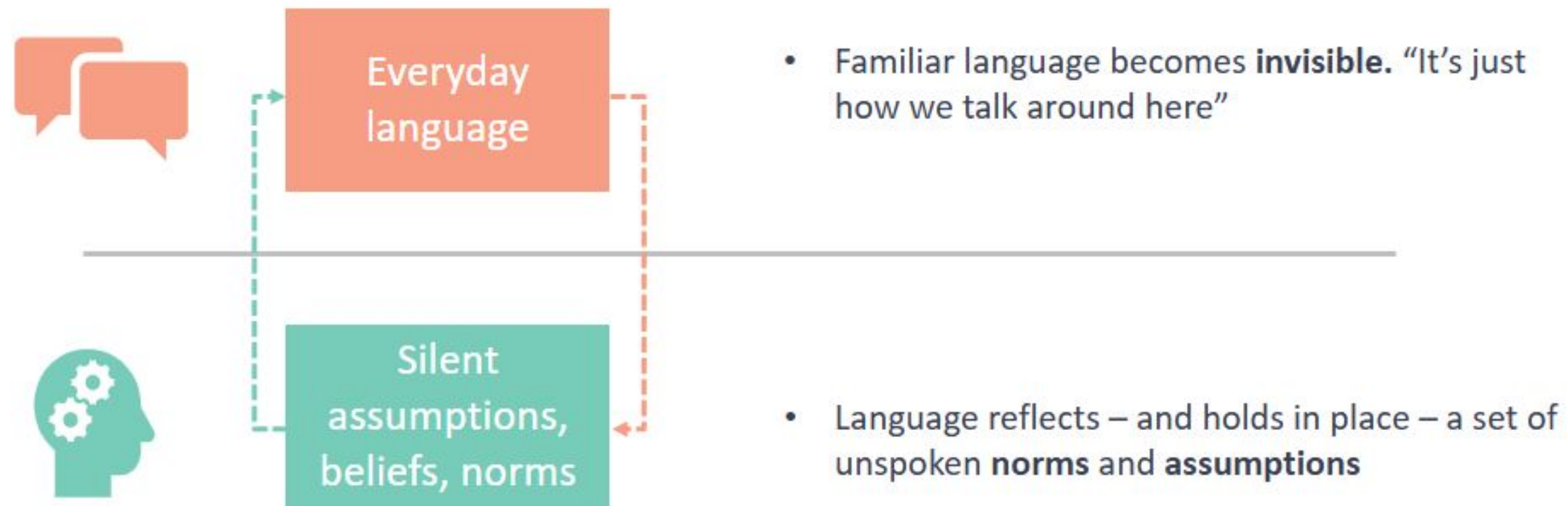
I hear what you are saying, but what do you mean?

I hear what you are saying, but what do you mean?

Purism vs pragmatism

A professional discourse
Applying a methodology

A lay discourse
Making something better

Improvement is a professional discipline:

"The science of improvement provides concepts, methods and tools to envision, achieve and sustain positive change" (IHI)

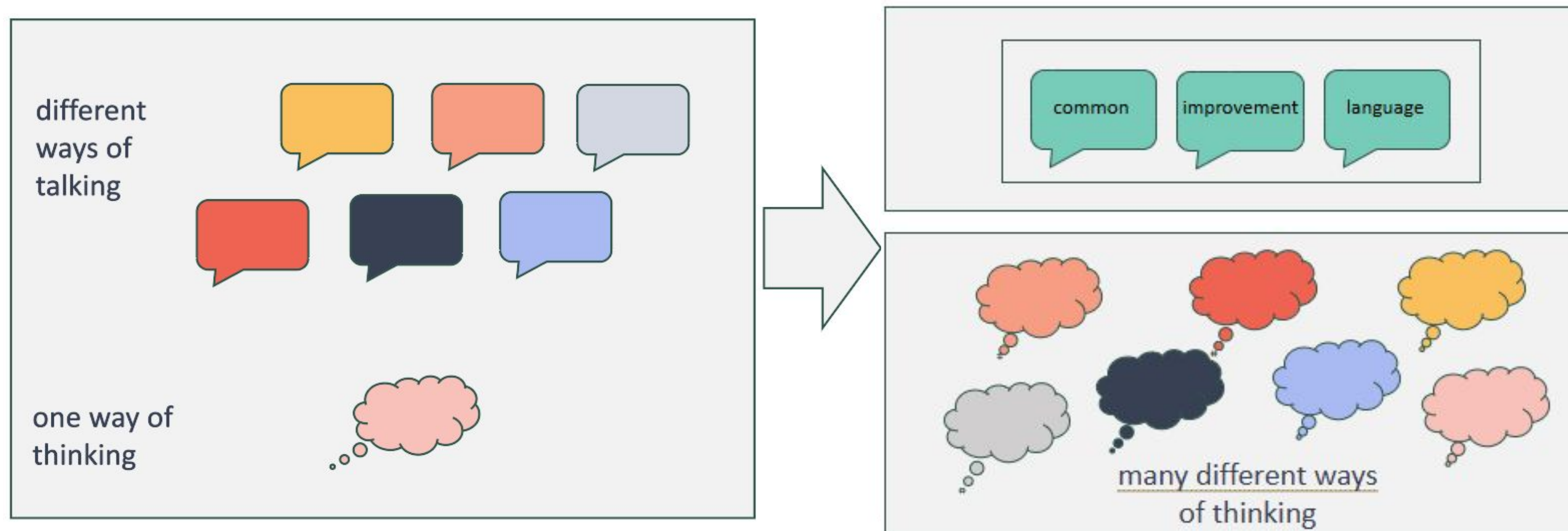Improvement

To improve / improving **are everyday words:**

"the process of making something better than before"

Noun = **I**mprovement (the process)
Verb = doing improvement

Noun = *An* **i**mprovement (the outcome)
Verb = improving (something)

Improvement as a professional discipline:

A professional discourse
Applying a methodology

improving something, as an everyday notion/concept:

A lay discourse
Making something better

- **Who**: people who have been trained and developed knowledge and skills

- **What**: directed, driven by user need, prioritised in line with strategy

- **How**: by using systematic methodology, tools, measures

- **Underpinned by**: science and research

- **Who**: anyone can do it

- **What**: a choice - anything anyone wants to make better

- **How**: probably includes curiosity and small changes, might include a 'process' but not labelled or named as such

- **Underpinned by**: a desire to make something better

Which perspective of improvement resonates most with you?

Sit down

Stand up

Improvement as a professional discipline

- **Who**: people who have been trained and developed knowledge and skills

- **What**: directed, driven by user need, prioritised in line with strategy

- **How**: by using systematic methodology, tools, measures

- **Underpinned by**: science and research

improving something, as an everyday notion/concept

- **Who**: anyone can do it

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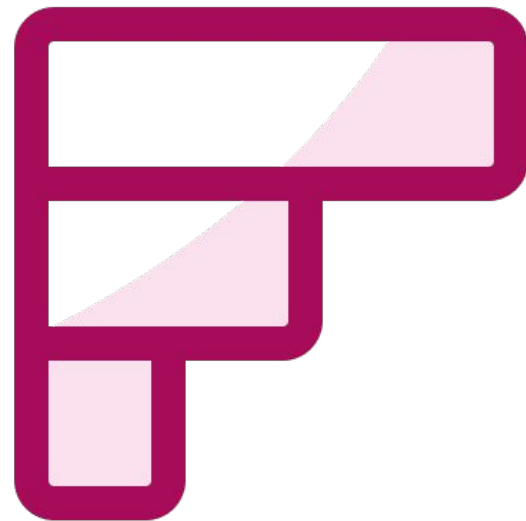
- **Underpinned by**: a desire to make something better

slido

Please download and install the Slido app on all computers you use

Which perspective of improvement resonates most with you on a scale of 1-5: 1=improvement as a professional discipline; 5=improving something as an everyday notion or concept

ⓘ Start presenting to display the poll results on this slide.

Bridging between purism and pragmatism

People trained or in improvement roles

- Precise, specific terms (not 'dumbing down')
- A focus on process & methods
- A focus on training
- Reporting progress
- 'Doing Improvement'

Being precise / purist

1. Normalising improvement by **situating it in daily behaviour & activities**

2. Keeping the focus on **people**

3. Being **pragmatic** - making improvement doable

4. Expressing **determination** & energy

Most people in ICHT

May improve things, but **rarely think about them or talk about them, as 'Improvement'**

Getting on with the job

Making improvement part of our day jobs...

NHS
Imperial College Healthcare
NHS Trust

Improvement method

is....

Easy-to-use
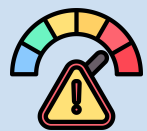
Evidence-based

Uses everyday language

which helps you to....

Understand the problem

Set your aims

Measure impact

Iteratively test of change ideas

Improvement plan

enables teams to...

List all their challenges & opportunities in one place
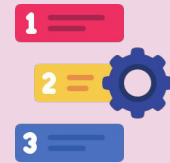
Prioritise and de-prioritise explicitly

Focus on what matters most to their patients and staff, aligning with priorities across the Trust

Make best use of time and resources

Improvement routines

using day-to-day work activities to

Understand challenges

Understand what data is showing us

Collaborate across multi-disciplinary teams
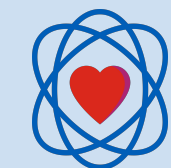
Work together to deliver the improvements

We will do this by:

- Giving everyone the time, skills, data and insights they need to work in this way
- Leaders always behaving in a way which supports improvement
- Working with patients to ensure we focus on what matters most to them

How might you use language differently to effect the change you're seeking?

francesca.cleugh@nhs.net
lauren.harding@nhs.net
kirstie@illumelinguistics.com

How might you use language differently to effect the change you're seeking?

NSH Operational Excellence – Co-designing a culture of improvement in an integrated Canadian health system to activate 30,000 problem solvers

Rochelle Currie
Senior Director Quality Improvement and Safety
May 2025

Nova Scotia, Canada / NS Health

- Population ~1M – frail, elderly and high chronic disease burden
- Provincial integrated health system – complex (sometimes chaotic)
- ~30,000+ employees, volunteers, learners
- ~3,000 physicians, independent contractors
- > 40 hospitals / urgent treatment centers
- **_QI & Culture Plan in 2021, quality led_**
- Operational Excellence in 2023, executive led

Strategy Design
QI Collaboratives – QIS +
SAFER-f / QI Hub
= >35 leaders

**Improvement
Coaching Network**
QI Collaboratives IV & V
= >135 leaders

**Learning
Organization**
QI Collaboratives VII+

2022

2024

2021

2023

2025+

**Collaboration &
Building Capability**
QI Collaboratives II & III
Current State Analysis
= >85 leaders

**Spreading
Spread & Scale**
QI Collaboratives VI & VII
= >185 leaders

Operational Excellence/ Daily Management
System

NS Health Quality Improvement & Culture Operational Plan   2021

nova scotia **health**

Improvement coaching used to support sustained **behaviour change** and the integration of a consistent QI approach

Establish user friendly structures and processes to test, spread and scale changes that improve care and outcomes aided by utilization of **change management** strategies that support **adoption** and sustained improvement

Patient safety and system performance **data is used to identify trends, inform priorities and select opportunities for quality improvement**

Co-design with **staff, physicians, leaders and patient family advisors** to support meaningfully engagement in quality improvement

QI initiatives are evaluated, and results shared to enhance program planning and delivery, and measuring return on investment

Build quality improvement **capacity and capability**, and **coordination** of resources

QI & Culture strategy contributes to NS Health becoming a **high performing system** and **learning organization**

04 Implementation & Improvement Coaching

03 Data Utilization & Prioritization

05 Sustain, Spread & Scale

02 Meaningful Engagement

06 Communication & Evaluation

01 Capacity & Capability

System Improvement & Transformation

High Performing Learning Organization

Developing Improvement Coaching Capability & Capacity
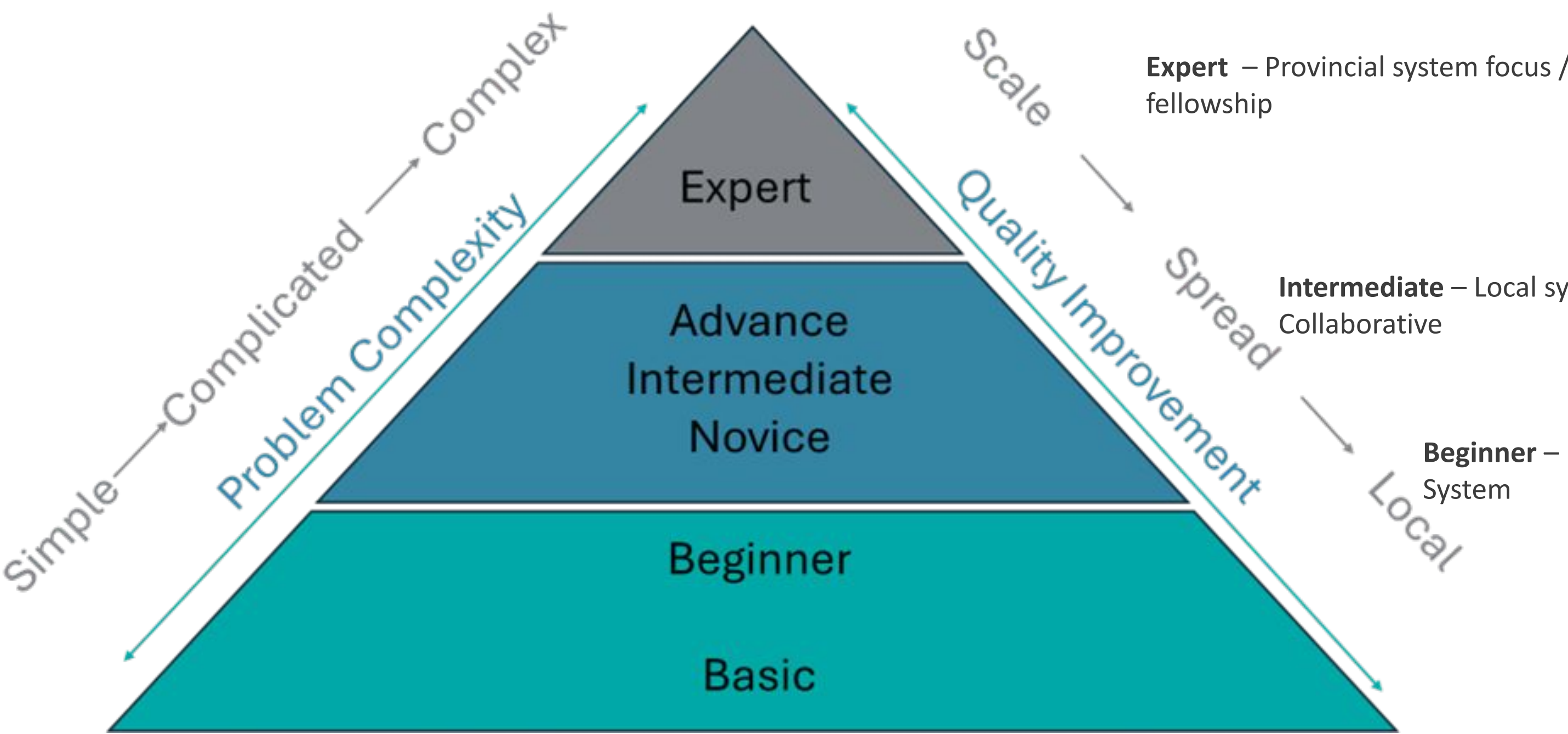
Expert – Provincial system focus / fellowship

Intermediate – Local system focus / Collaborative

Beginner – Participation focus / Daily Management System

Daily Management System
The set of behaviours, tools and techniques that enable continuous improvement and sustainability – the engine for improvement

01 # Capacity & Capability – QI Qualified Collab

✔ **>600** mid-level to front line leaders trained in improvement methods since 2021 (managers/directors)

✔ **>300** "QI Qualified" graduates of the NS Health QI Collaborative

✔ **7** QI Qualified Collaboratives delivered since 2021

✔ **100%** of collaborative participants receive improvement coaching

✔ **4** Quality Summits - sold out with waiting lists
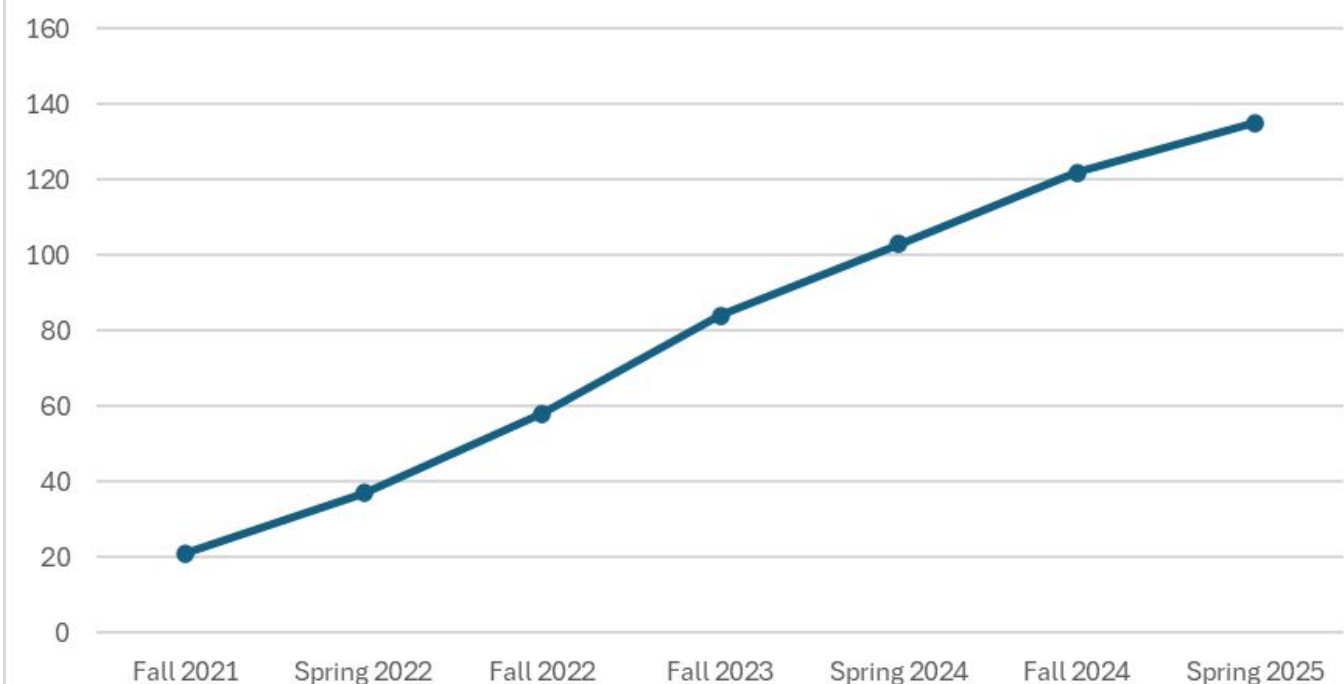
✔ **+100s** presentations to various clinical teams, committees, networks, councils…
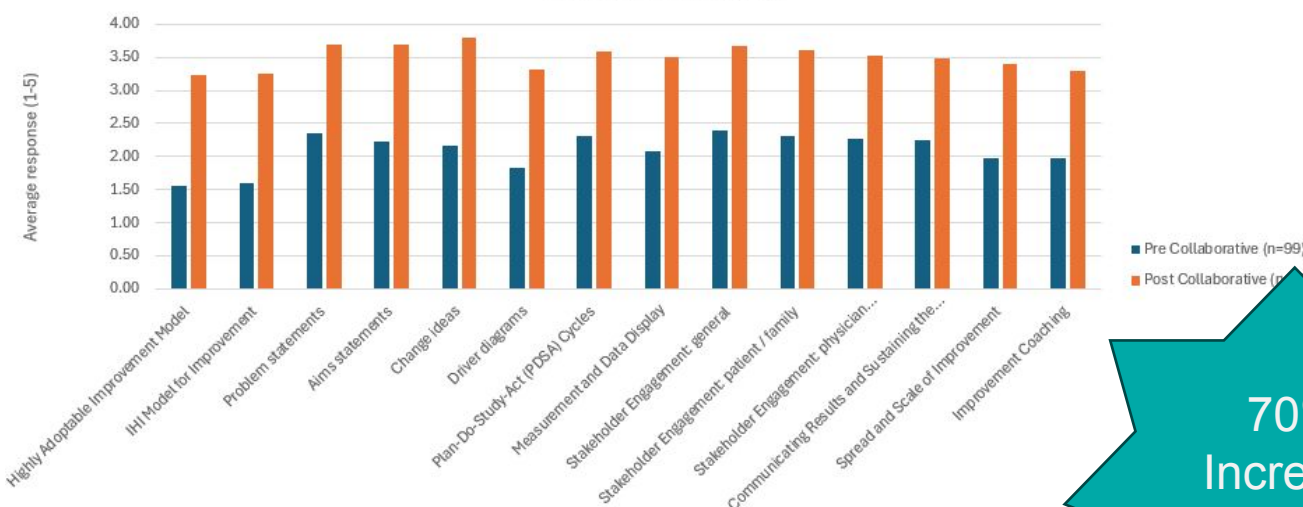
QI Qualified Collaborative

7 cohorts, including spring 2025

✔ **100%** of all teams participating in QIS led/co-led collaboratives receive 1:1 and group improvement coaching support

✔ **65%** increase in QI knowledge and skill reported by QI collaborative participants

✔ **70%** increase in confidence to apply QI methods and tools report by collaborative participants

✔ **100%** of NS Health staff have access to QI Hub of resources, tools and can request a 30-minute improvement coaching connect

Cumulative Teams Trained in QI Across NSHA

Confidence in Applying
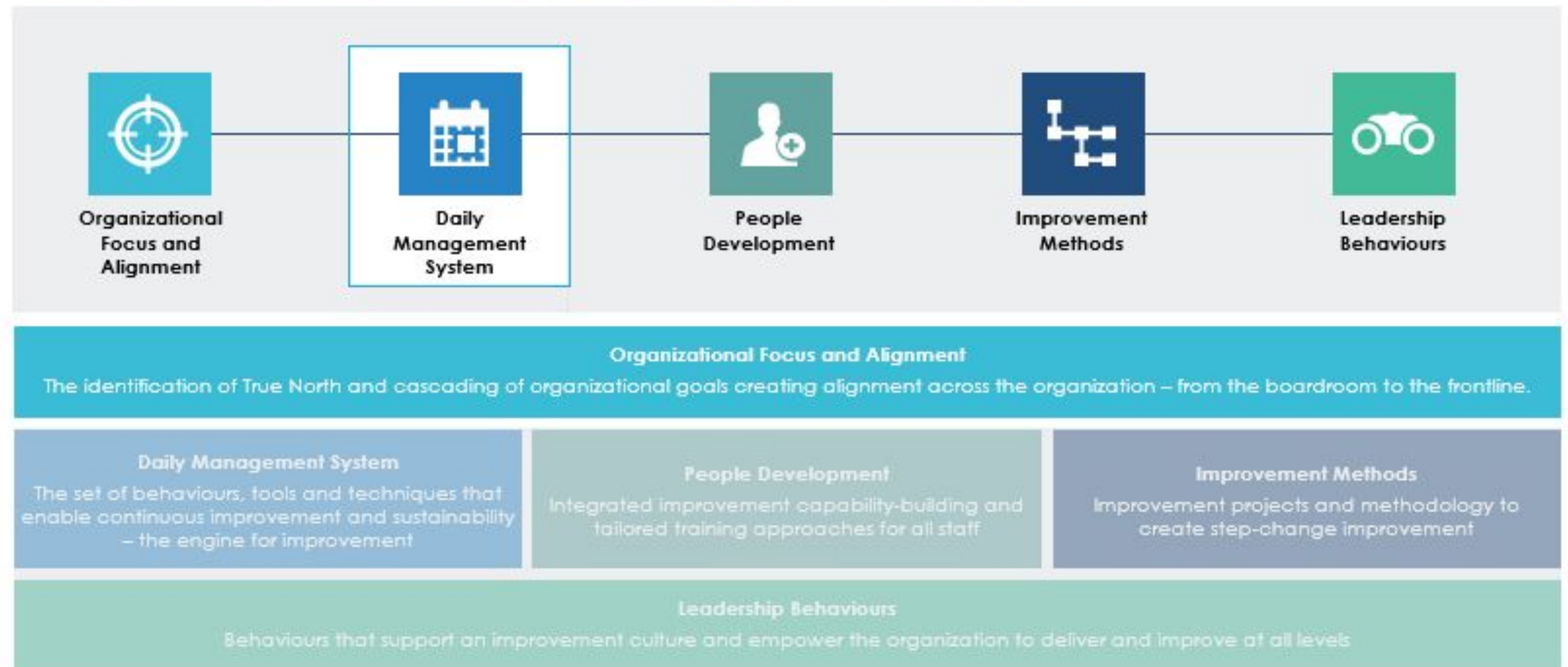
70% Increase

Level of Knowledge and Understanding
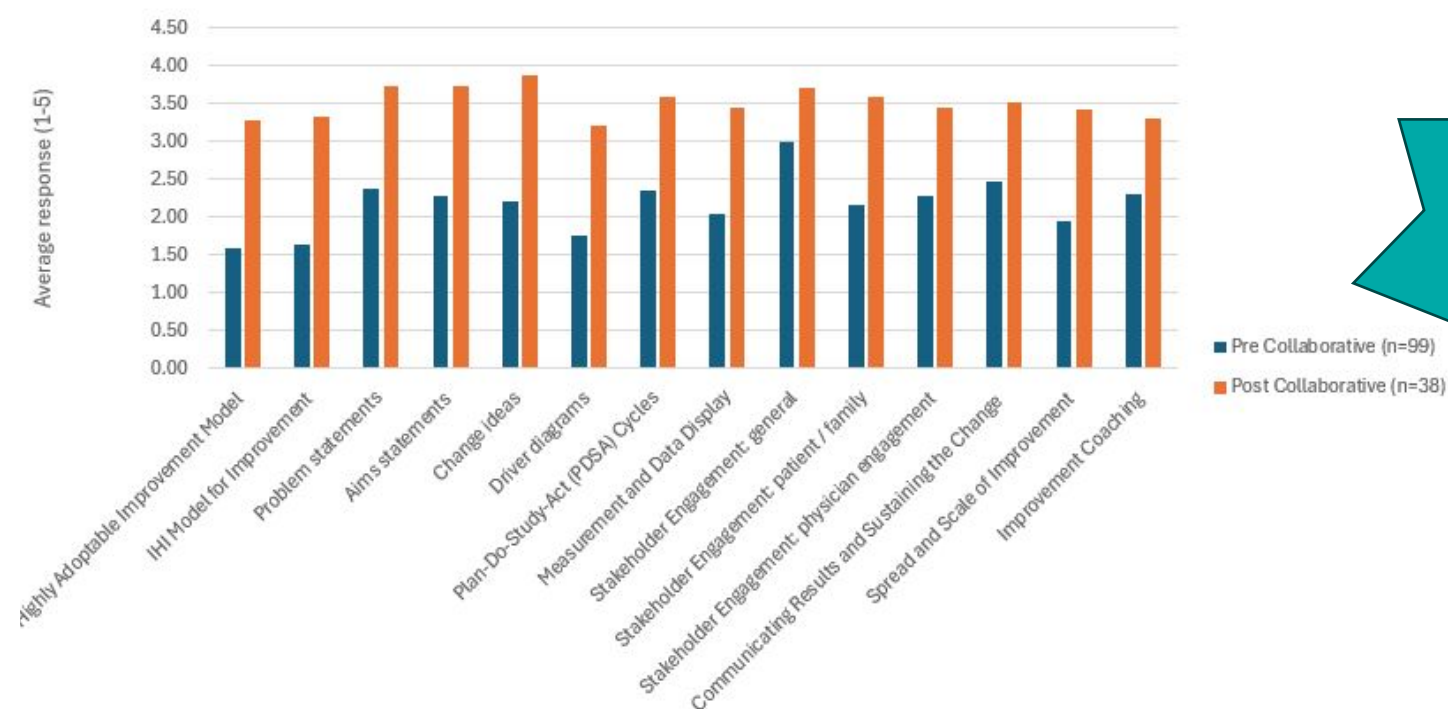
65% Increase

What about the "frontline" 2024.....In comes OE …. What is Operational Excellence?

Our approach to *creating an environment that enables focus, alignment and continuous improvement* at all levels of the organization.

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Building Blocks for Operational Excellence

Organizational Focus and Alignment

Daily Management System

People Development

Improvement Methods

Leadership Behaviours

Organizational Focus and Alignment
The identification of True North and cascading of organizational goals creating alignment across the organization – from the boardroom to the frontline.

Daily Management System
The set of behaviours, tools and techniques that enable continuous improvement and sustainability – the engine for improvement

People Development
Integrated improvement capability-building and tailored training approaches for all staff

Improvement Methods
Improvement projects and methodology to create step-change improvement

Leadership Behaviours
Behaviours that support an improvement culture and empower the organization to deliver and improve at all levels

Daily Management System (DMS)

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Status Exchanges

Having structured conversations anchored on True North with frontline leaders

Scorecards

Having a unit scorecard to understand the performance of the areas

Performance Review Meetings

Standardized meetings to review performance of key metrics

Structured Problem Solving

Having a structured process to address problems that teams face

Visual Management
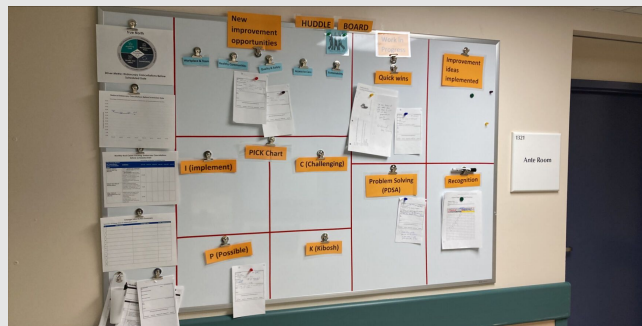
Physical boards that contain visual objects to understand active improvement work and to observe performance

Improvement Huddles

Engaging frontline staff in daily problem identification and solving

Process Standard Work

Sequential steps required to complete a given process or procedure in the best way

Leader Standard Work

High-level schedule of a minimum set of activities required for one's role

Central Zone Sepsis Action Improvement Team

Jan 2024 – May 2024

CZ Team: Cobequid Community Health Center, Hants Community Hospital, Twin Oaks Memorial Hospital, Eastern Shore Memorial Hospital, Musquodoboit Valley Memorial Hospital, Dartmouth General Hospital, Quality Improvement & Patient Safety, Interprofessional Practice & Learning, Performance & Analytics & Pharmacy

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> Problem

NSH Central Zone has struggled to improve its hospital mortality related to sepsis, with a CZ 2023-24 HSMR score of 128 and an in-hospital sepsis of 5.0 [CIHI, 2023].
Sepsis is a NSH True North Quality and Safety priority, and CZ Quality Improvement and Safety Council established a CZ Sepsis Action Improvement Team in January 2024.

> Aim

Aim 1: Accelerate Spread of Improvement | prototype the use of an interdisciplinary Action Improvement Team to co-design, test and implement, and spread improvements by July 2025.
Aim 2: Sepsis Clinical Improvement | by July 2025 at all Central Zone Emergency Departments:
✔ 85% of patients who screen positive for sepsis will receive all components of the sepsis care bundle within 3 hours
✔ 85% utilization of the ED sepsis care directive and order set of patients who meet clinical criteria for sepsis.

> Methods & Change Ideas

Principles
- Codesign with operations
- Meaningful patient family engagement
- Physician Co-leadership
- Equity
- Improvement Methods
- Sustainability

Methods
- Deep dive data analysis and auditing 95% pre-implementation
- Consultation with high performing health systems (Scotland and British Columbia)
- Process mapping the septic patient care pathway
- Learning and designing with those that deliver care to patients
- Change idea testing / implementation, with focus on building an improvement package to support spread and sustainability
- World Sepsis Day Sept 13, 2024 awareness campaign / articles
- ED Sepsis Improvement Package / Spread Plan

> *"The thing I enjoy the most about the team is …everybody's completely committed to the idea of let's stop people from becoming septic. We're seeing real solutions that the hospitals are starting to test and that is incredible!" - – Mark Smith, NSH*

Adults ED Sepsis Guidelines

DOES THE PATIENT…
…have 2 out of 4 SIRS criteria?
- Heart rate >90
- Respiratory Rate >20
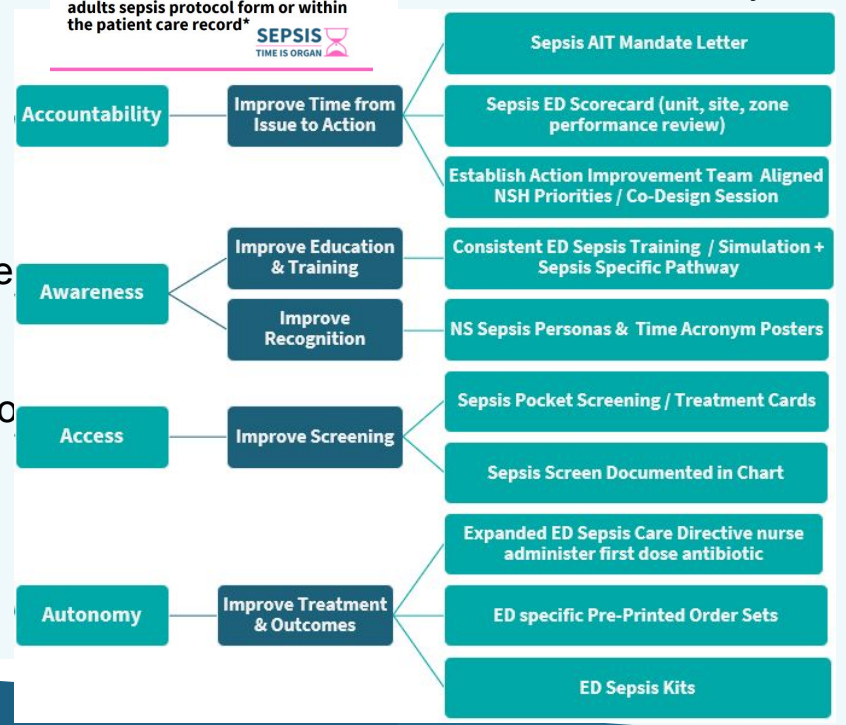- Temperature 38.0 C and above or < 36.0 C
- Altered level of consciousness

*Be aware of medications that may blunt a hemodynamic response to infection!

…have a PRESUMED INFECTION AND **ANY** of the following:
- Looks unwell
- Age greater than 65 years
- Recent surgery
- Immunocompromised
- Chronic Illness

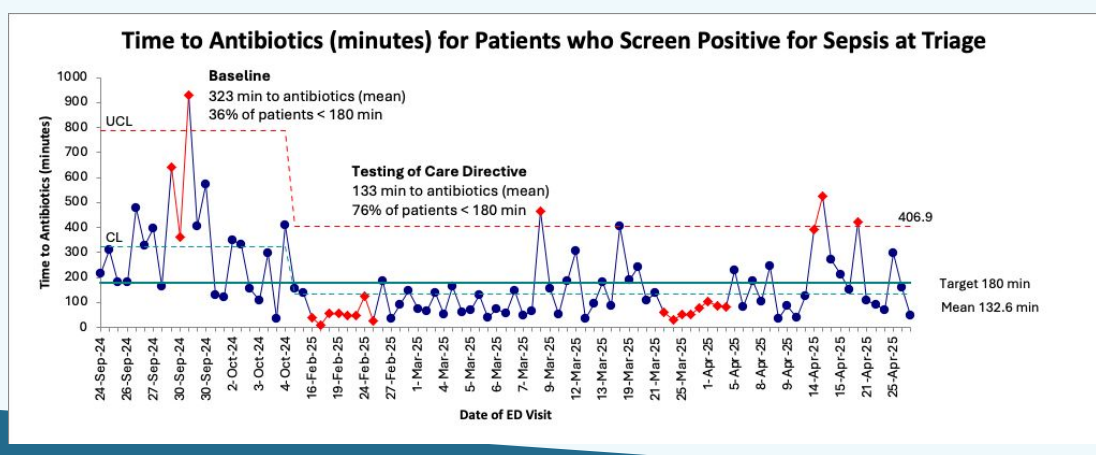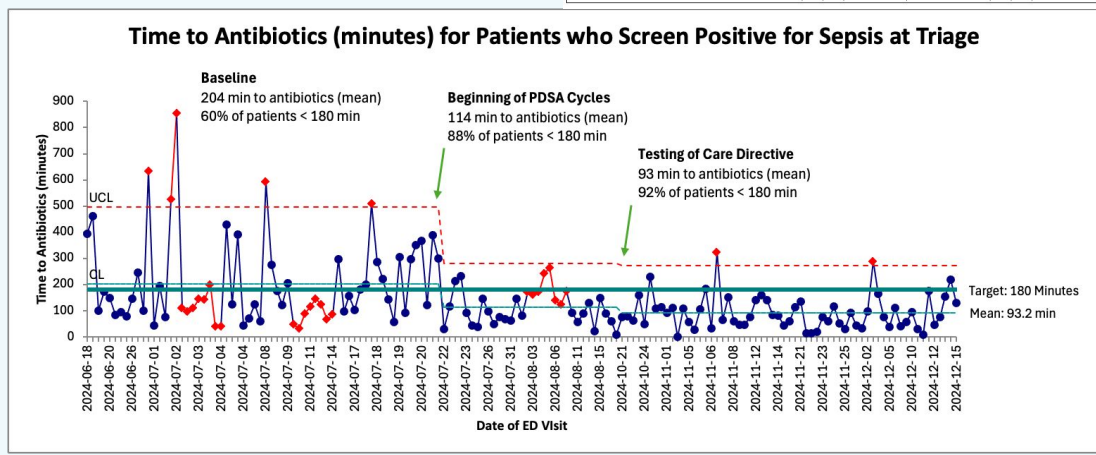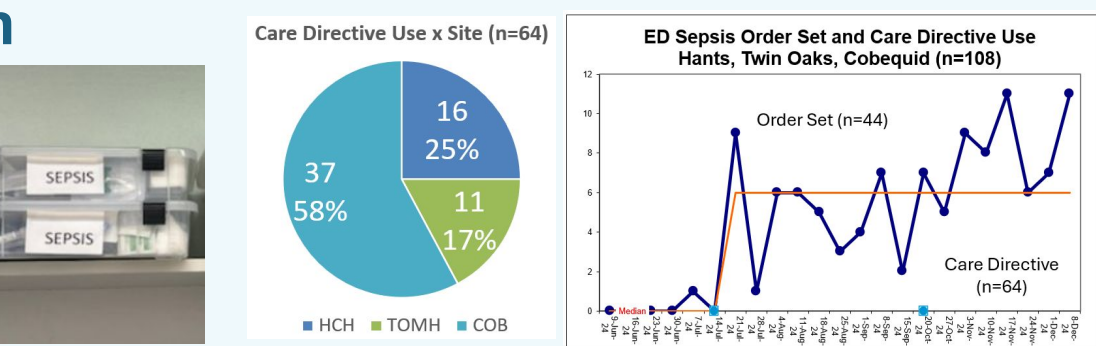**Interventions can be documented on adults sepsis protocol form or within the patient care record*

SEPSIS TIME IS ORGAN

Accountability	Improve Time from Issue to Action	Sepsis AIT Mandate Letter
		Sepsis ED Scorecard (unit, site, zone performance review)
		Establish Action Improvement Team Aligned NSH Priorities / Co-Design Session
Awareness	Improve Education & Training	Consistent ED Sepsis Training / Simulation + Sepsis Specific Pathway
	Improve Recognition	NS Sepsis Personas & Time Acronym Posters
Access	Improve Screening	Sepsis Pocket Screening / Treatment Cards
		Sepsis Screen Documented in Chart
Autonomy	Improve Treatment & Outcomes	Expanded ED Sepsis Care Directive nurse administer first dose antibiotic
		ED specific Pre-Printed Order Sets
		ED Sepsis Kits

> Results and Run Charts

- 89% of patients who received antibiotics had a diagnosis that required antibiotics
- 20% had positive blood cultures
- 11% received a dose of antibiotics that weren't necessary

Care Directive Use x Site (n=64)
- HCH 37 58%
- TOMH 11 17%
- COB 16 25%

ED Sepsis Order Set and Care Directive Use Hants, Twin Oaks, Cobequid (n=108)
Order Set (n=44)
Care Directive (n=64)

Time to Antibiotics (minutes) for Patients who Screen Positive for Sepsis at Triage — Phase I
Baseline: 204 min to antibiotics (mean), 60% of patients < 180 min
Beginning of PDSA Cycles: 114 min to antibiotics (mean), 88% of patients < 180 min
Testing of Care Directive: 93 min to antibiotics (mean), 92% of patients < 180 min
Target: 180 Minutes, Mean: 93.2 min

Time to Antibiotics (minutes) for Patients who Screen Positive for Sepsis at Triage — Phase II
Baseline: 323 min to antibiotics (mean), 36% of patients < 180 min
Testing of Care Directive: 133 min to antibiotics (mean), 76% of patients < 180 min
Target 180 min, Mean 132.6 min
406.9

SEPSIS TIME IS ORGAN

Improving the 'wicked complex problem' of sepsis through co-design and collaboration

24.7k+ people reached

459+ engagements

> Reflections & Readiness for Spread

- Importance of…
  - co-design with patient and front-line teams, to understand problems and customize changes to the clinical context.
  - testing clinical tools to strengthen implementation and increase adoption.
  - improvement methods to confirm if change are improving outcomes.
- Complex persistent problems require a comprehensive approach, and improvement package to ensure consistent implementation and sustainability.
- Start with spread in mind, early engagement with spread sites to accelerate spread of improvement.

What is being delivered now…

Access Points (QI)

- QI Collaboratives – 2/yr = ~50 participants / QI initiatives (5 months)
- NS Health QI 101 sessions (30 – 60 mins training)
- Coaching connects (30 mins) - through QI Hub
- Direct Quality Improvement and Safety Leaders (prior knowledge / contact required)
- Zone Quality Summits (yearly)
- Integration of QI basics into Daily Management System training
- Additional roles with quality improvement training supporting QI efforts
- AIT for the very complex sticky problems

QI Technology

- Introduction of LifeQI to replace SharePoint Hub in 2025
- Intranet page with QI resources and tools

Question

**What is the one method/approach to improvement that
your organization has taken that has made the most meaningful impact on furthering the culture of improvement ?**

What is the one method/approach to improvement that your organisation has taken that has made the most meaningful impact on furthering the culture of improvement ?