Institute for Healthcare Improvement

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Kuala Lumpur

Breaking the Rules for Better Care

International Forum on Quality & Safety in Healthcare

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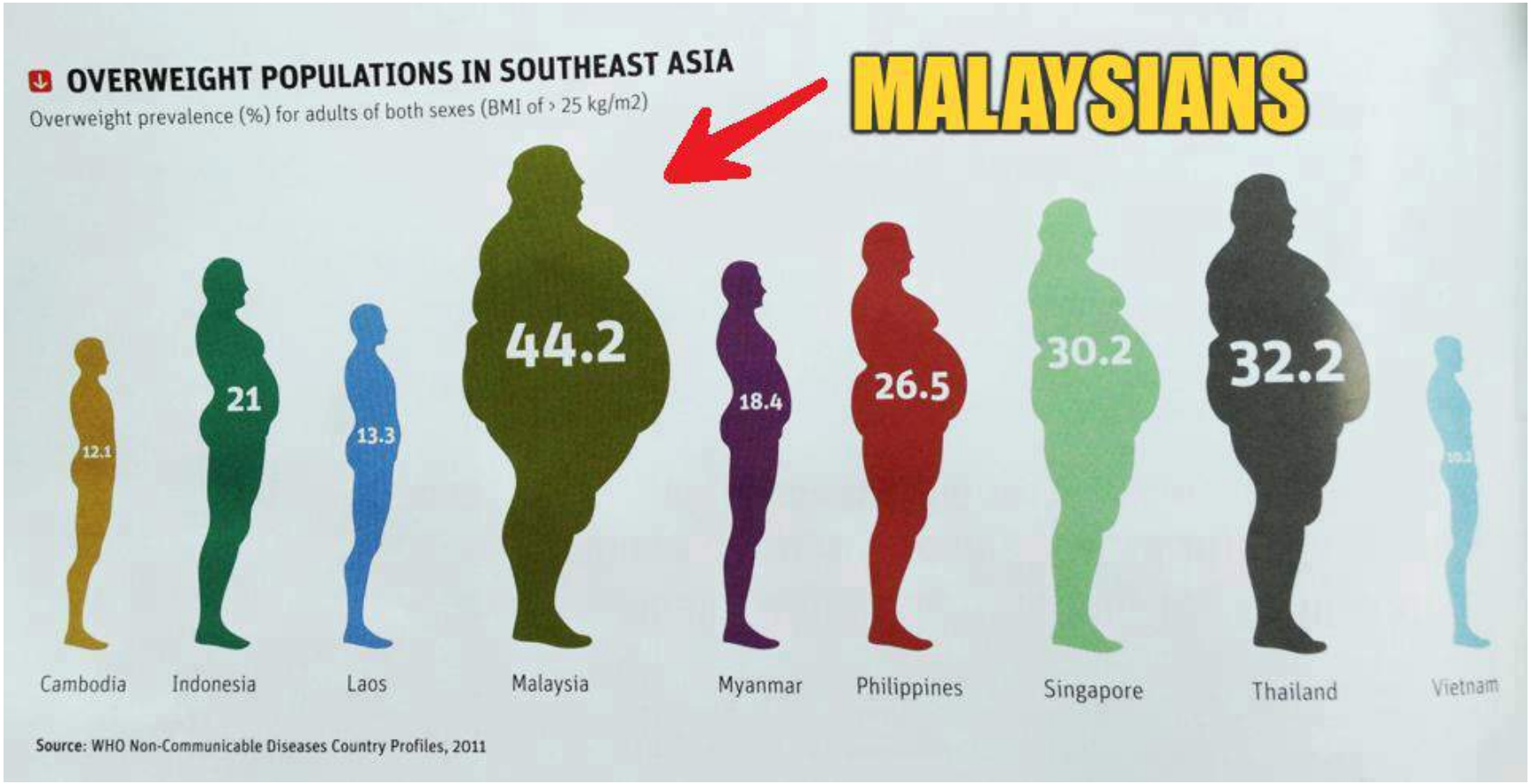
The new health care environment?

- Ageing of the population
- Growth in chronic disease and multi-morbidity
- Economics
- Politics
- Workforce challenges
- Globalization, consumerism, and personalization
- Technology

One Illustration

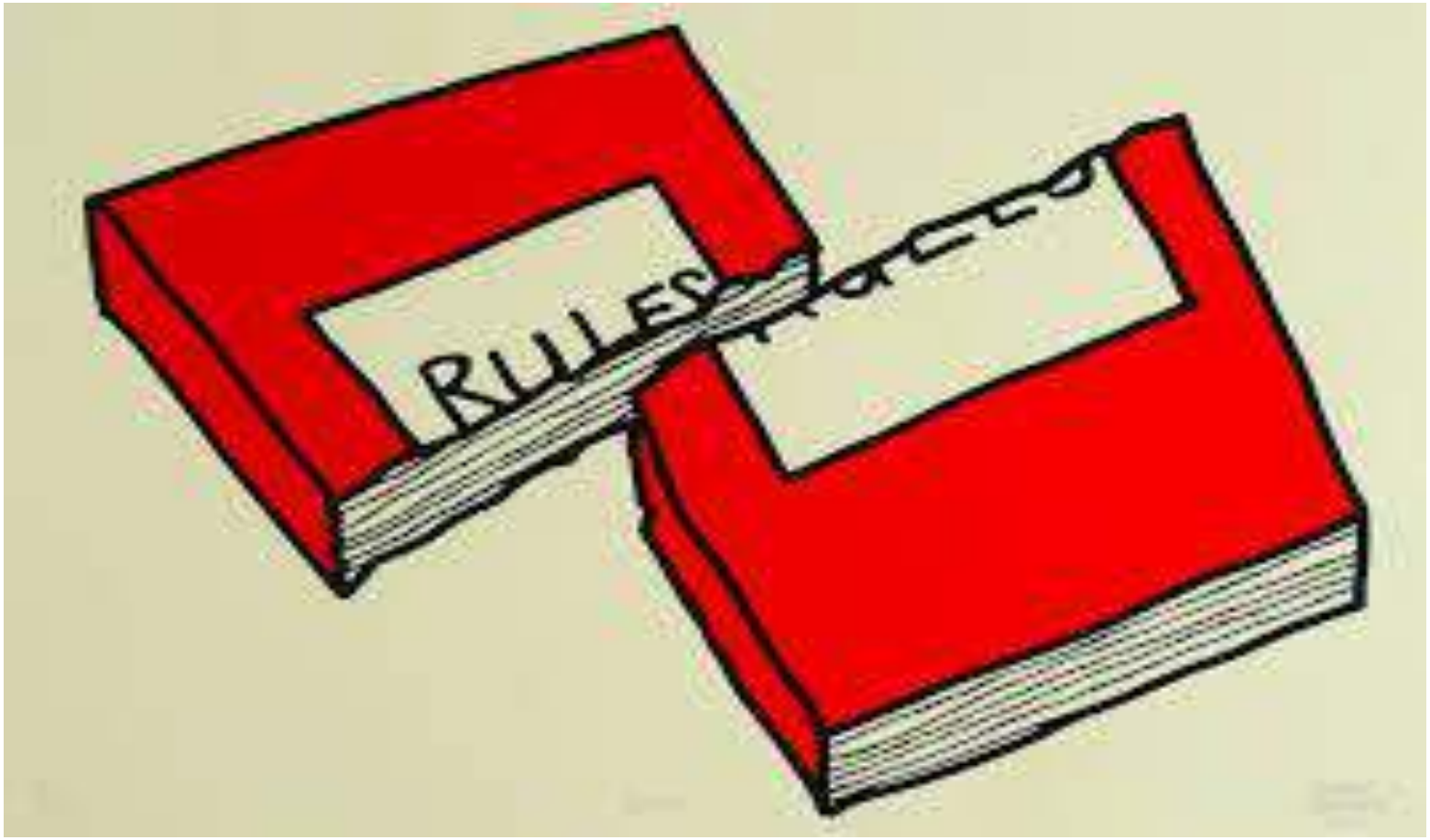


- ***Change the Balance of Power***
  - Co-produce health and wellbeing in partnership with patients, families, and communities
- ***Standardize What Makes Sense***
  - Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care
- ***Customize to the Individual***
  - Contextualize care to an individual's needs, values, and preferences, guided by an understanding of "what matters" to the person in addition to "what's the matter"

- ***Promote Wellbeing***
  - Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care
- ***Create Joy in Work***
  - Cultivate and mobilize the pride and joy of the health care workforce
- ***Make it Easy***
  - Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians

- ***Move Knowledge, Not People***
  - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.
- ***Collaborate/Cooperate***
  - Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.
- ***Assume Abundance***
  - Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities
- ***Return the Money***
  - Return the money from health care savings to other public and private purposes

Replace – Don’t Add!



In our own hands?

Breaking the Rules for Better Care

VIEWPOINT

Breaking the Rules for Better Care

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A few years ago, the Dean of the School of Business at the University of Leicester, Dr Zoe Radnor, tried to understand the reasons for the "bicycle book" that she discovered at an English hospital she was studying. All staff who arrived at work by bicycle routinely signed a register book at the front door. Hundreds of these registers, once full, had been collected and stored for decades in clearly marked boxes. "Why?" Professor Radnor asked. No one knew.

The answer took some sleuthing. The first books dated from World War II—when rationing of fuel was the rule of the day, and when any staff who commuted by bicycle thereby earned extra food ration credits for saving on gas. Now, three-quarters of a century later, the bicycle book process remained alive and well, embedded in the organization's brainstem, not its cortex. It was pure waste.[1]

Administrative burdens and complexity are alleged to be among the most costly forms of waste in US health care, at levels far exceeding those in other

Alliance organizations varied in their approaches to identifying unhelpful rules; some formally surveyed their staffs, some hosted organization-wide meetings, and others used volunteers to interview patients and families. Of the 42 organizational members of the Alliance, 24 participated in the "Breaking the Rules for Better Care" effort, and, in 1 week, with the assistance of patients, families, and clinical and nonclinical staff, identified 342 rules perceived to provide little or no value to patients and staff.

Institute for Healthcare Improvement staff reviewed all the rules nominated by participants for duplicates, allowing identification of the total unique submissions as well as the most popular submissions. They then classified the rules into 3 types:

1. Habits embedded in organizational behaviors, based on misinterpretations and with little to no actual foundation in legal, regulatory, or administrative requirements (eg, forbidding drinking water to be available for staff at nursing stations)
2. Organization-specific requirements that local lead-

R.B.1
16

SERIAL NO. 1

MINISTRY OF FOOD
1953-1954

AG 635005

RATION BOOK

Surname.....

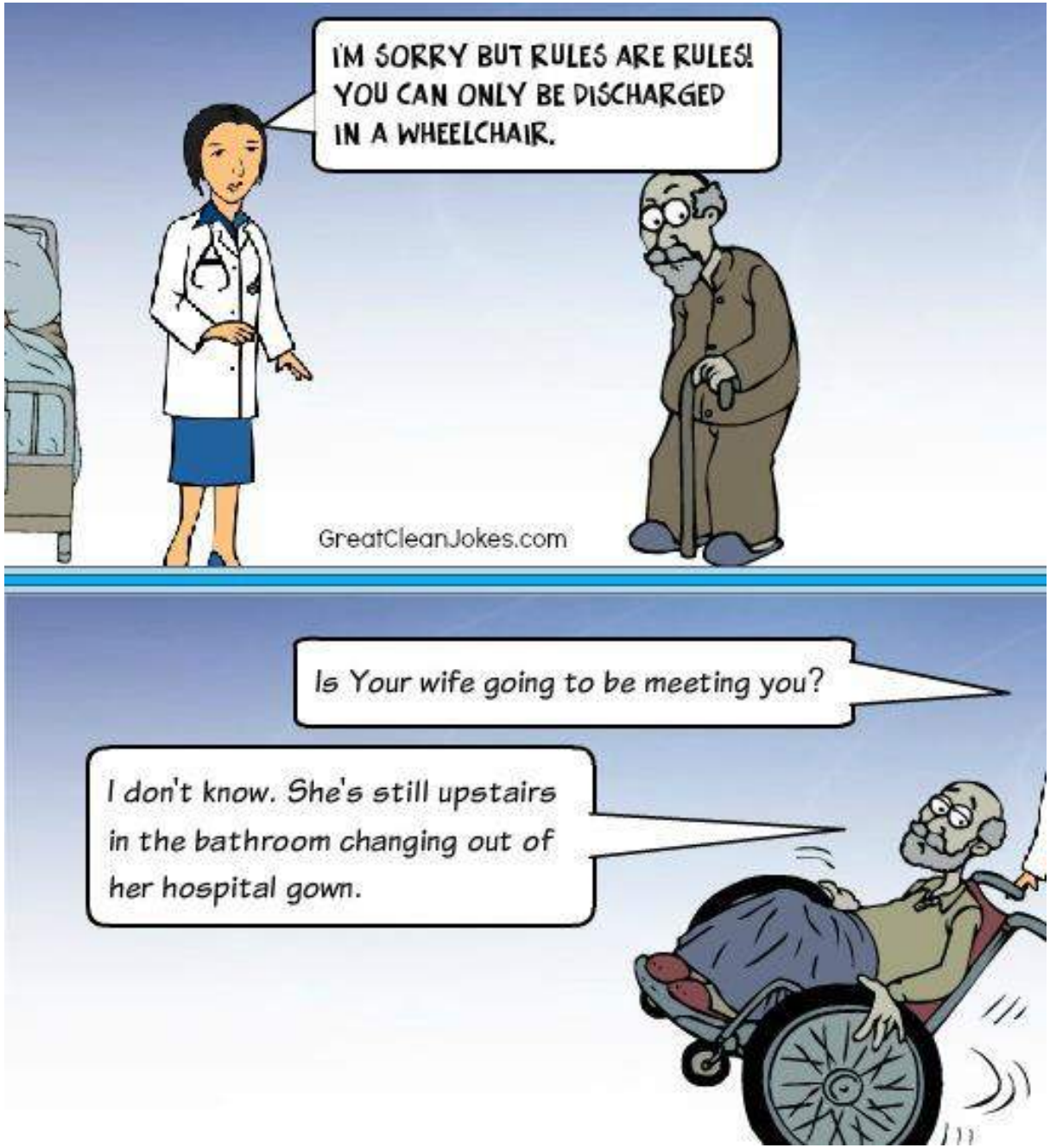
(Initials) Dorothy M.

Address.....

IF FOUND RETURN TO ANY FOOD OFFICE

F.O. CODE No.

E — H
1


I'M SORRY BUT RULES ARE RULES! YOU CAN ONLY BE DISCHARGED IN A WHEELCHAIR.
GreatCleanJokes.com
Is Your wife going to be meeting you?
I don't know. She's still upstairs in the bathroom changing out of her hospital gown.

“Breaking the Rules for Better Care” Week (2016 USA)

January 11 – 15 was our inaugural “Breaking the Rules for Better Care” Week

“If you could break or change any rule in service of a better care experience for patients or staff, what would it be?”

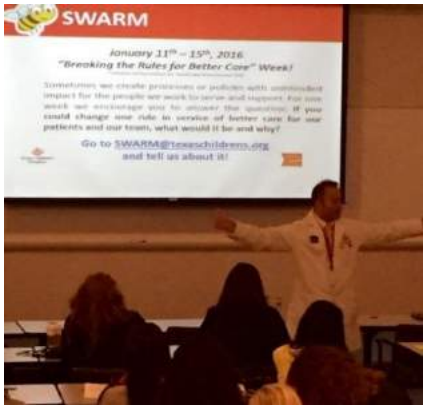
24 participating organizations

342 rules submitted

It Started Here


PRETZELCART

Rule Breakers…



Europe

Institute for Healthcare Improvement

Want to break the rules for better care?

March 27-31, 2017 inaugural "Breaking the Rules for Better Care" Week with 10 participating organisations

Breaking Rules?!

- First reaction…
  - We follow rules for safety
  - We need rules

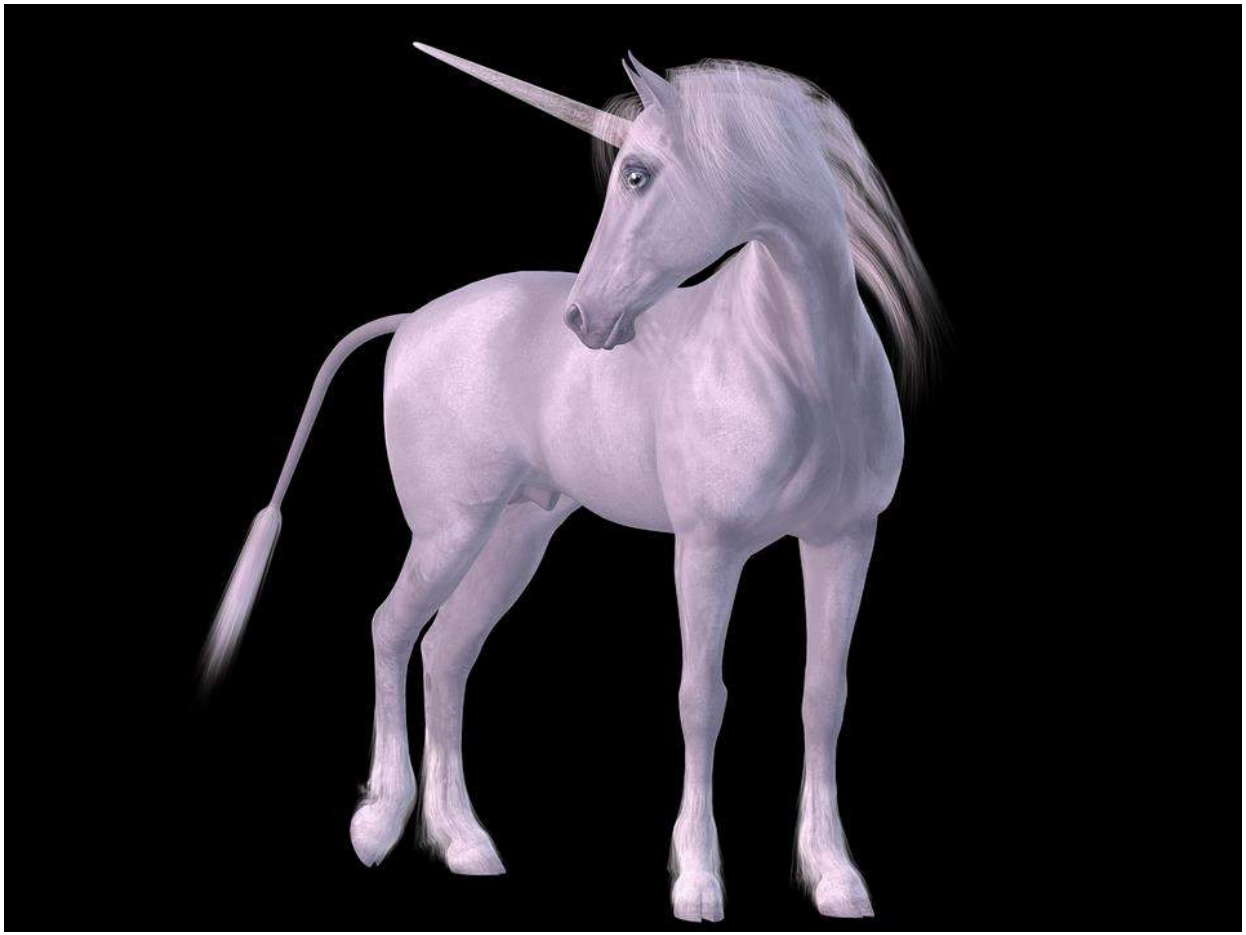
- But wait a minute…
  - Some rules just don’t make sense
  - Some get in the way of patient-centered care
  - Some are misunderstood


DANGER
SLIPPERY
SLOPE

From Collection to Action

Rule Type	Rule Category	Response	Example
Rules that need clarity	Regulation myths or an opportunity to tie the rationale back to the rule	Debunk organizational myths or hear directly from entities to clarify	HIPAA call
Rules that need redesign	Administrative prerogative or habits	User-centered design Rule breaking mentors	HealthPartners and visiting hours
Rules that need advocacy	Real regulation or policies	Collective voice	Requests to CMS

Myths



Rule

- *Why do I have to wake an otherwise stable patient to take vital signs between the hours of 2200-0600??*

- Type: Myth
  - If patients are stable, policy
  - allows patients to sleep.

- Action: **Clarified** through organizational newsletter

Clarity

Rule

- *“Transport is only available to help inpatients. Some of our outpatients have trouble getting to our location.”*

- Type: Administrative

- Action: **Broken**! Transport staff are available to help all staff, not just inpatients.

Redesign

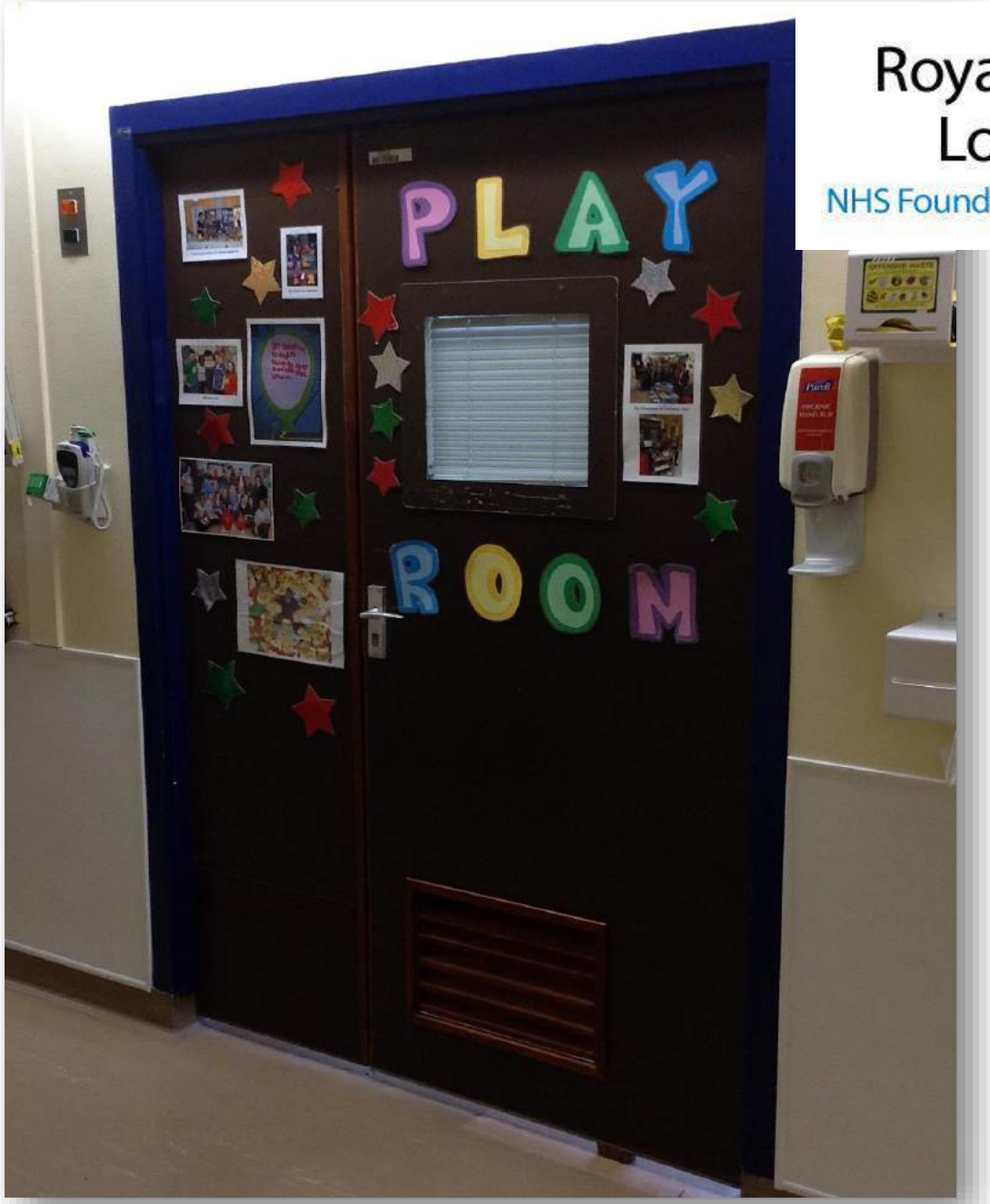
Rules Related to Patient and Family Experience

- Rule: Patients can't access health records and test results
- Type: Rule that needs clarity and redesign
- Action: MyHealthRecord
- Outcome: 3000 patients and counting now accessing health record and laboratory tests online

Advocacy

advocacy

to change "what is"
into "what should be"

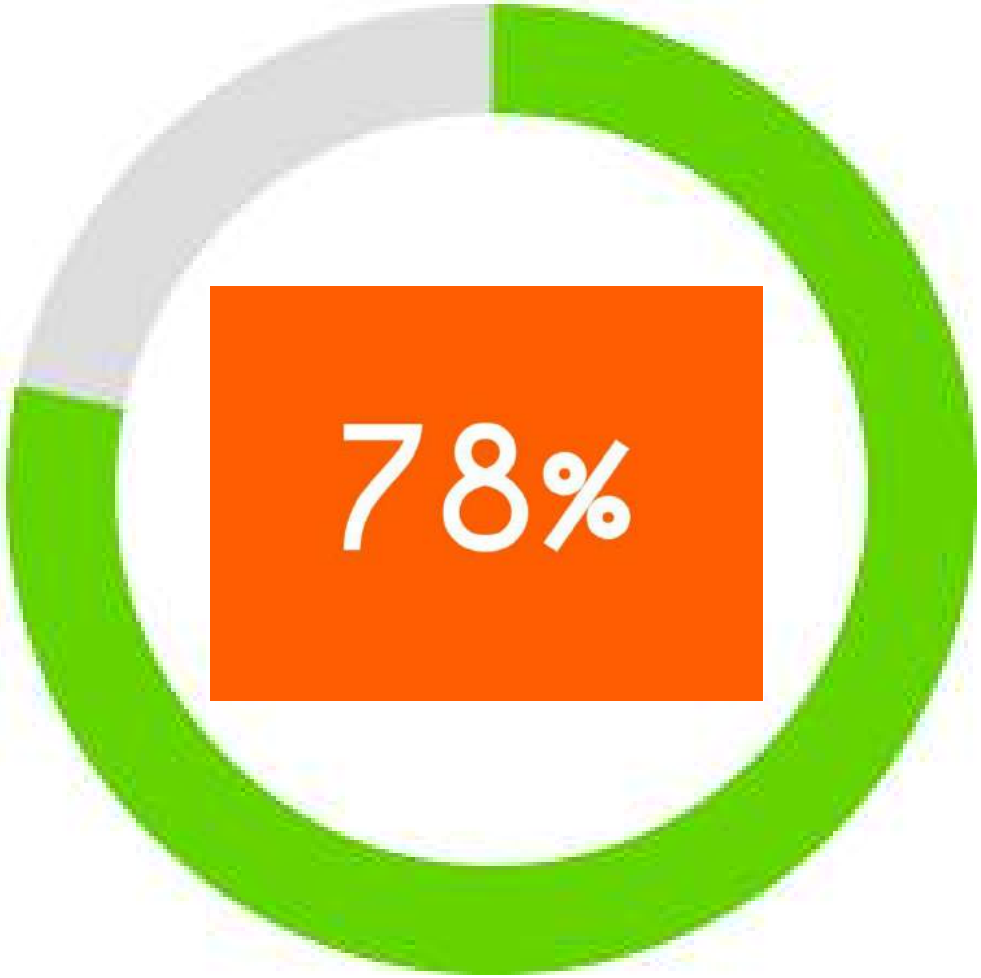


Royal Free London
NHS Foundation Trust

Montreal Women's Hospital –Quick Wins

- Access to drinking water in waiting rooms (*redesign*)
- Improved signage (*redesign*)
- Unlimited warm blankets (*myth)*
- Portering patients to cars (*clarity*)
- Access to affordable prescription medications in new pharmacy (*advocacy*)
- Replacing ineffective equipment that caused waste and impacted patient experience (*advocacy*)

In our control?



Back to Melissa…

Make a choice

Break the rules! ,<>

Make it together