Improving with influence

Emma Cartwright and Cat Chatfield
18th September 2019

Who are we?

COULD BE ANYTHING.

WAY TOO GENERAL PRACTITIONER
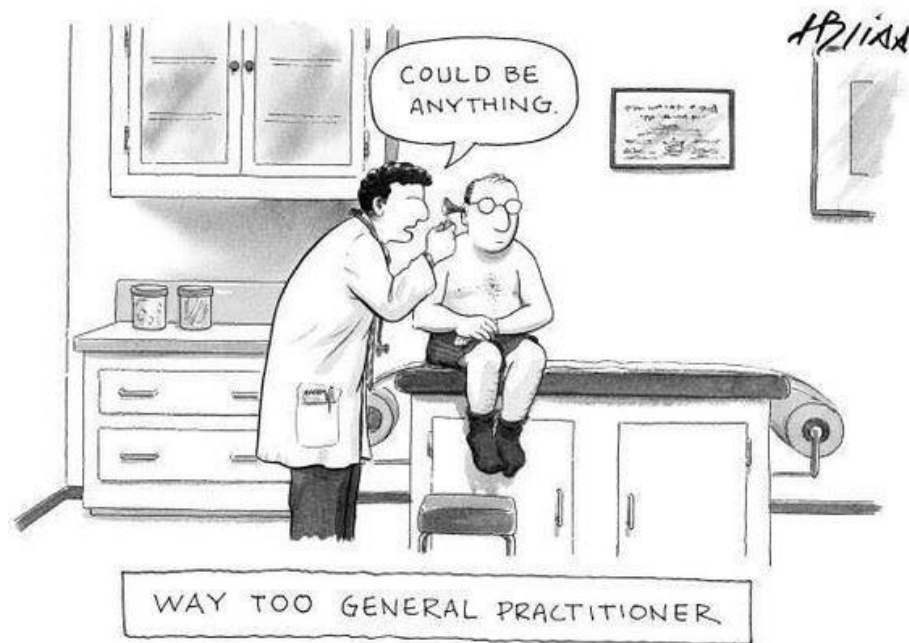
thebmj Research ∨ Education ∨ News & Views ∨ Campaigns ∨ Archive

Quality Improvement Series

The BMJ in partnership with and funded by The Health Foundation are launching a joint series of papers exploring how to improve the quality of healthcare delivery. The series aims to discuss the evidence for systematic quality improvement, provide knowledge and support to clinicians and ultimately to help improve care for patients.

The Health Foundation and *The BMJ* share a commitment to improving the quality of health care, in particular the frontline delivery of health services. Over the next year and beyond the series will aim to support clinicians by providing thoughtful and targeted material on key topics in quality improvement, and helping to guide quality improvement learning and practice.

About The Health Foundation

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK. From giving grants to those working at the front line to carrying out research and policy analysis, the Health Foundation aims to shine a light on how to make successful change happen.

The Health Foundation   thebmj

Series articles

Editorials

Jennifer Dixon and colleagues: Creating space for quality improvement

Anya de Iongh and Sibylle Erdmann: Better healthcare must mean better for patients
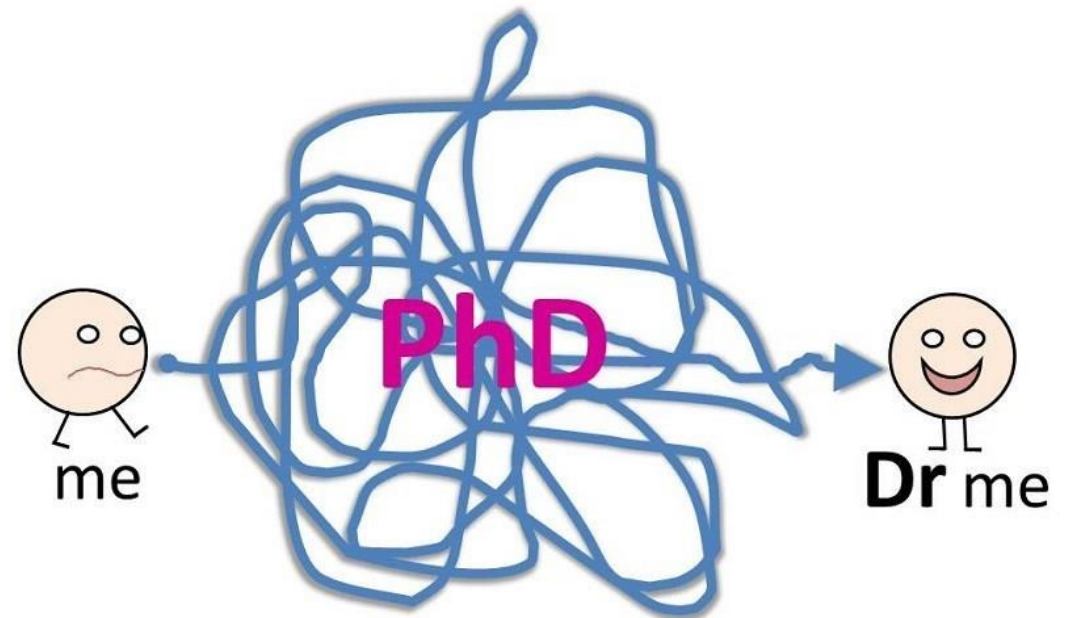
Analysis

Jeffrey Braithwaite: Changing how we think about healthcare improvement

Opinion

Matthew Taylor: People not technology will shape the future of work

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Who are we?

Why you're here?

Why we're here

- Gain insights into improving the influence of your work

- Identify target audiences and channels to disseminate to each group

- Create effective content for journals and multimedia platforms to share your learning

- Develop a dissemination plan for your improvement work or group

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Mystery dish exercise

Communicating through food

The task - to find out as much information about your dish as possible

- What are the ingredients?
- How is it made?
- What might you eat it with?
- When might you eat this dish?

You can use your phone, laptop or any other device to find this information.

You have 15 mins, good luck!

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Time to share your dish!

You have 3 mins to explain your dish to the group next to you.

They will then have to present your recipe to the rest of the room.

You can use any format to share or communicate the dishes, be creative!

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Where did you get your information?

How easy was it to communicate your information?

- One thing that helped
- One thing that made it more difficult

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How much information?

- 2012 study of all Americans

- How many hours of information consumed per day outside work?
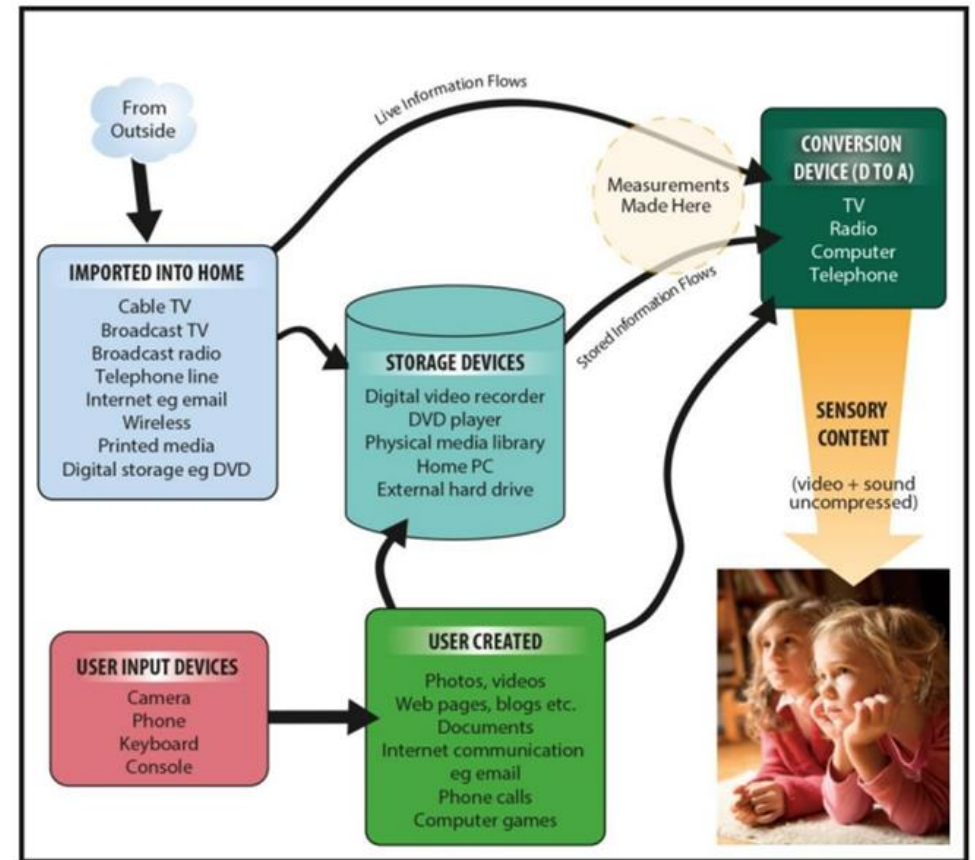
 - 3.4 hours
  - 7.9 hours
  - 11.8 hours

Figure 1. Information flows in a home.

11.8 hours = 34 GB = 105,000 words per day

Where and how do we get our information?

- Most people will look for information on their health the same way as they might find a recipe

- We tend to look for information in places we commonly use (e.g. social media, google, YouTube)

- Most information is searched for using terms we know and use regularly

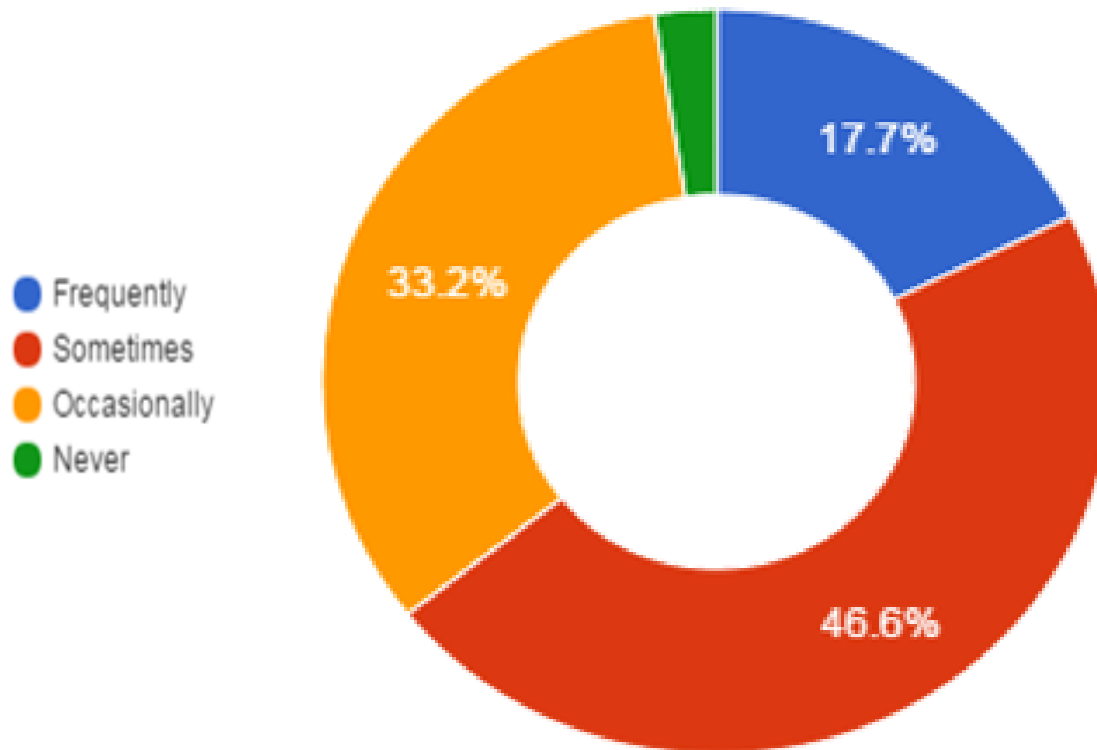- Time is money! - short and clear language is always favourable
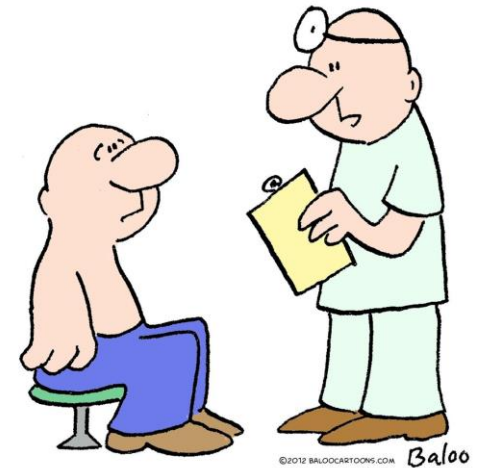
"I'll give it to you straight — This disease is almost *impossible* to pronounce."

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"People change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feeling"

Kotter, **John** P., and Dan S. Cohen. **The Heart of Change**. Boston, MA: Harvard Business School Press, 2002.

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Impact of Content

Legend:
- Frequently
- Sometimes
- Occasionally
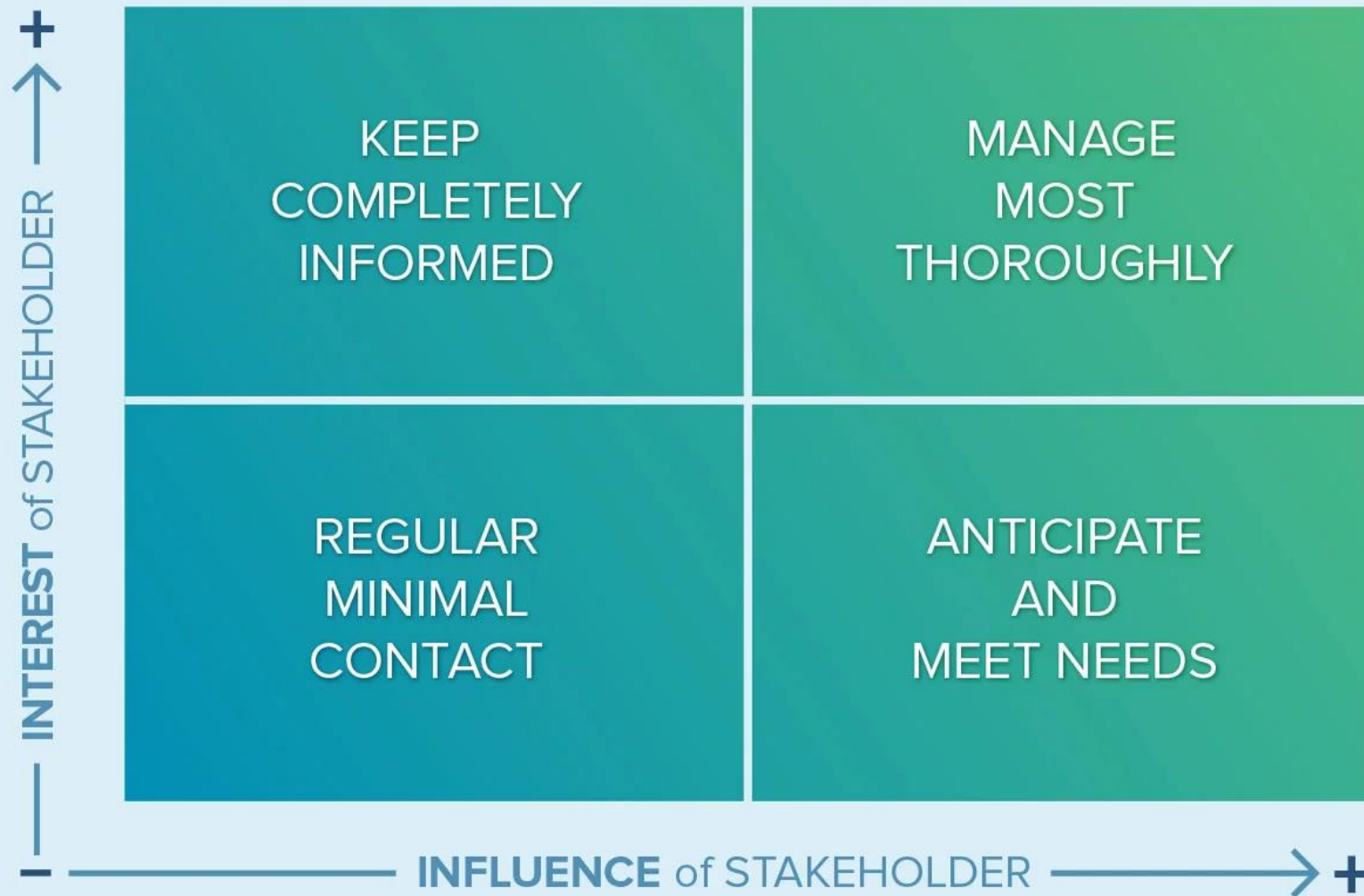- Never

Chart values:
- 17.7%
- 33.2%
- 46.6%

65%

Reader's report that BMJ Journals either frequently or sometimes impact their Practice and/or Research

Who do you need to influence?

Stakeholder Map: Who Needs What?

INTEREST of STAKEHOLDER →

KEEP COMPLETELY INFORMED	MANAGE MOST THOROUGHLY
REGULAR MINIMAL CONTACT	ANTICIPATE AND MEET NEEDS

INFLUENCE of STAKEHOLDER ⟶ +

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Stakeholder mapping - identifying influencers

- Agree the objective of your work - what are you trying to achieve?

- Write a list of stakeholders who are key to achieving your objective

  - Are there key decision makers?
  - Are there other people who might influence them? (Influencers of influencers?)
  - Who needs to change for your objective to happen?

Stakeholder mapping - making the map

- Map your influencers around the lead organisation
  - Close or far away
  - Map influencers of similar types together
  - e.g. media, different branches of government

- Draw arrows to indicate any formal and informal linkages and influencing pathways.
  - Use single—headed arrows for one-way links and double-headed arrows for two-way links.

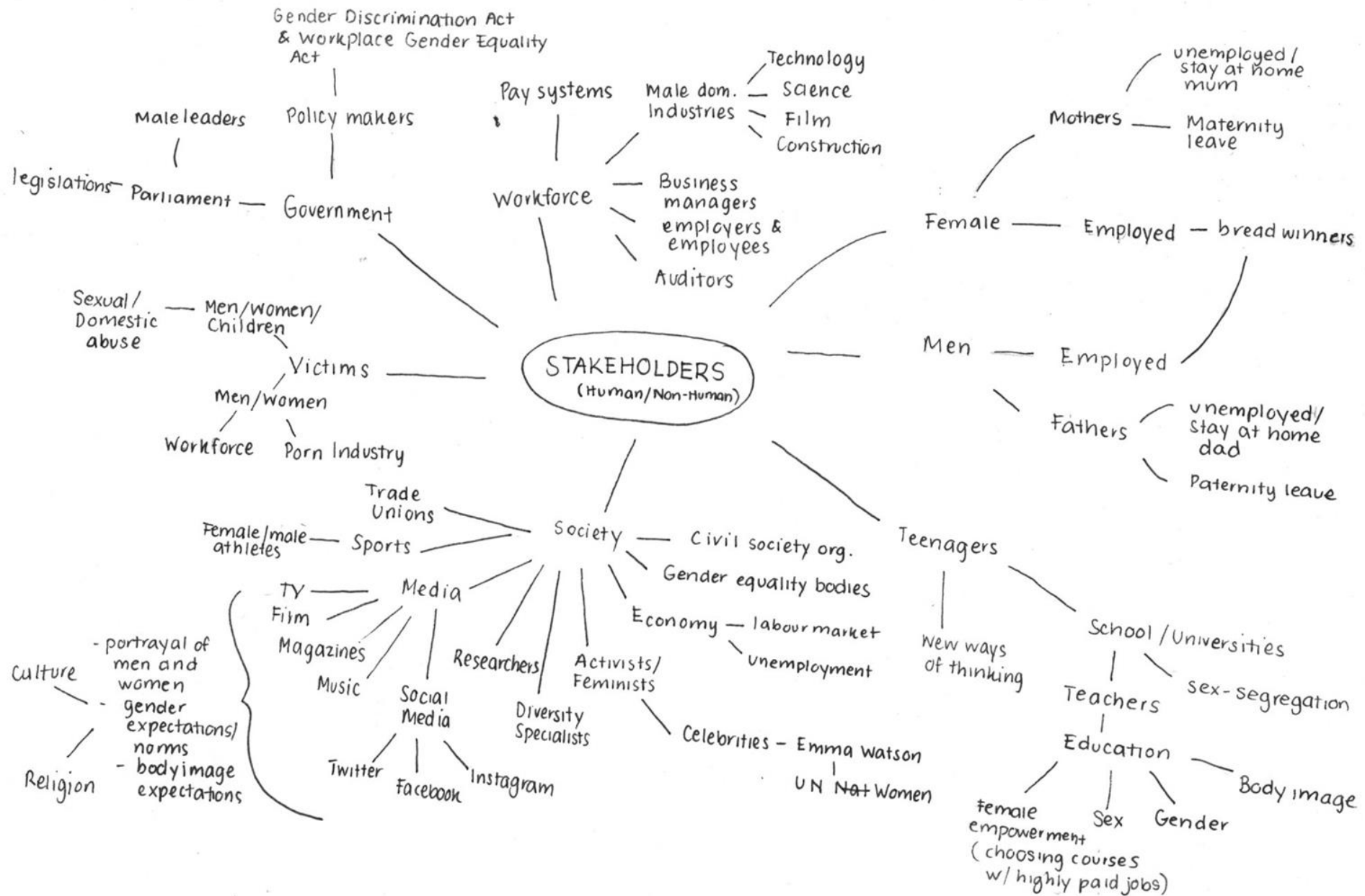**BMJ**

Stakeholder mapping - scoring

- Look back at each stakeholder and score them against:

   (a) How strongly can they influence your objective?
   - No influence   No tick
   - Low influence   ✓ ck
   - Medium influence   2 ticks ✓ ✓
   - High influence   ✓ ✓ ✓
   - Very high influence   4 ticks ✓ ✓ ✓ ✓

   (b) What is their attitude towards the objective?
   - Negative   ✓ ck
   - Neutral   ✓ ✓   2 ticks
   - Positive   ✓ ✓ ✓ 3 ticks

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STAKEHOLDERS (Human/Non-Human)

Gender Discrimination Act & Workplace Gender Equality Act
— Policy makers

Male leaders

legislations — Parliament — Government

Pay systems
Workforce — Business managers employers & employees
— Auditors

Male dom. Industries — Technology, Science, Film, Construction

Sexual/ Domestic abuse — Men/women/ Children
Victims — Men/Women
Workforce — Porn Industry

Trade Unions
Female/male athletes — Sports
Society — Civil society org.
— Gender equality bodies
Economy — labour market
— Unemployment

Media — TV, Film, Magazines, Music
Culture
- portrayal of men and women
- gender expectations/ norms
- body image expectations
Religion

Social Media — Twitter, Facebook, Instagram
Researchers
Diversity Specialists
Activists/ Feminists
Celebrities — Emma Watson — UN Nat Women

Mothers — Maternity leave
— unemployed/ stay at home mum

Female — Employed — bread winners

Men — Employed
Fathers — unemployed/ stay at home dad
— Paternity leave

Teenagers
New ways of thinking
School/Universities — Sex-segregation
Teachers
Education — Female empowerment (choosing courses w/ highly paid jobs)
— Sex
— Gender
— Body image

Credit: Patricia Roxas

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How do you influence effectively?
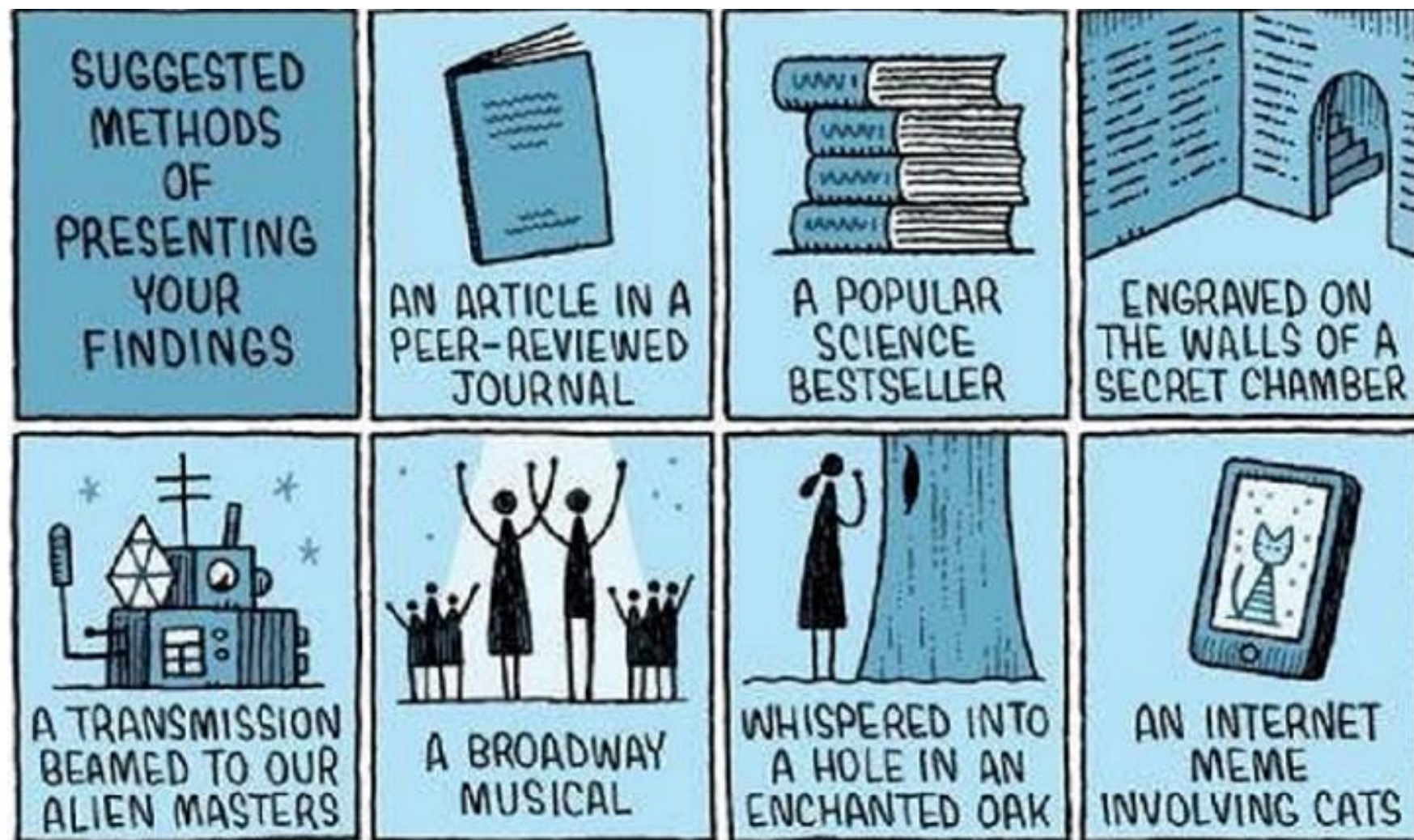
5As of clear communication

- Use the Active voice

- Avoid metadiscourse

- Reduce Adverbs

- Don't use Abstract nouns

- Remember the Average reader

Version One

Data obtained from the audits were analysed. Significant problems in preoperative and postoperative care were identified. Review of pre-admission process identified significant delays in transfer of patients from A+E setting to the two wards with alternating admissions. Delay in physician input was identified and the high level of mortality was unacceptable. There was a need in the hospital for a more proactive culture in the managing of this condition

Version Two

Our audit showed problems in both preoperative and postoperative care. Patients were slow to be admitted from the emergency department, to two separate wards, and physicians did not assess them promptly. As a result mortality was high.

Why keep it short and simple?

"Journals which publish papers with shorter titles receive more citations per paper"

Letchford, Moat and Preis (2015)
The advantage of short paper titles.
Royal Society Open Science 2 (8): 1-6. 150266
http://dx.doi.org/10.1098/rsos.150266

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"The present letter is a very long one, simply because I had no leisure to make it shorter"

Prior to the procedure

Lilly: What is not allowed—Coca-Cola, fries, chocolate, and warning because of dangers of infection. No smoking. Stop eating foods that are hot, when this happens go to the doctor

Maria: Don't smoke. Lose weight. Balance food/weight. Be there on time!!

Amelia: Stop smoking or your blood will turn black

The procedure

Oliver: So what we do is make you sleepy then make a long scratch and then make a deeper scratch and then we saw out the old bone and shave it back to make a new socket and put the new one in and it's a new hip and then we clip it back up.

Amber: Cut open the leg chop off bone, put metal in the bone, put cement in the leg, so the metal doesn't move.

David: We're going to take out the part of your hip bone that needed to be taken out but don't worry you will be asleep. When you wake up it will be all done. The metal won't give your blood poisoning because we cleaned it with lasers.

Ava: We are going to cut on the side of the muscle using a sword and put the metal thing inside after we grate it and put cement inside. Then stitch.

Postoperative

Jaime: You might feel nauseous and not walk properly.
Your hips will be good as new after the operation

Creating your message

- Look back at your stakeholder map and pick your top priority stakeholder

- What message will be most important to influence them?
  - How can you deliver it to make most impact?

- Spend 5 minutes writing this message as a short paragraph

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Communicating your message: in pairs

- Turn to your partner and read them what you have written
- As you listen, write down your question
- Do you understand what their "story" is?
- What is missing that would help you to understand?

Innovative ways of influencing

Starting points

- Pick your audience

- Fit the medium to the message

- Doing it once won't make a difference

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Match the medium to the message

Lots of information	+	Complexity	→	Infographics
Nuanced messages, uncertainty	+	Changing mindsets, not just single behaviours	→	Podcasts
Immediate Impact	+	Excitement & Enthusiasm	→	Videos

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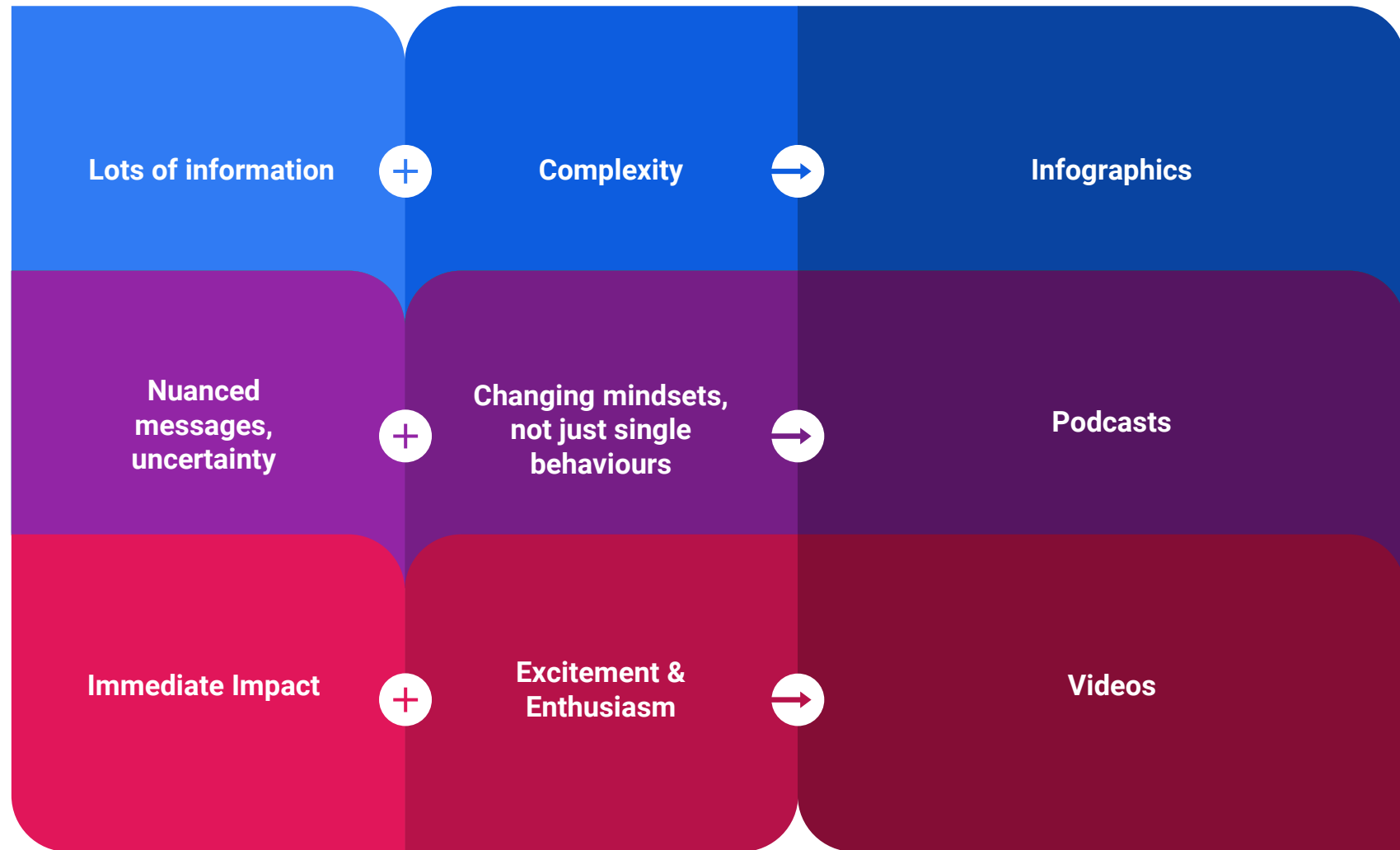
Videos

1. Define your aim
2. Describe your audience
3. Compose a script
   a. Hook
   b. Core Message
   c. Call to Action
4. Record a voiceover
5. Create the visuals
   a. Storyboard
   b. Record & Edit
6. Promote

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https://www.spielcreative.com/blog/whiteboard-animation/

Average Engagement vs. Video Length
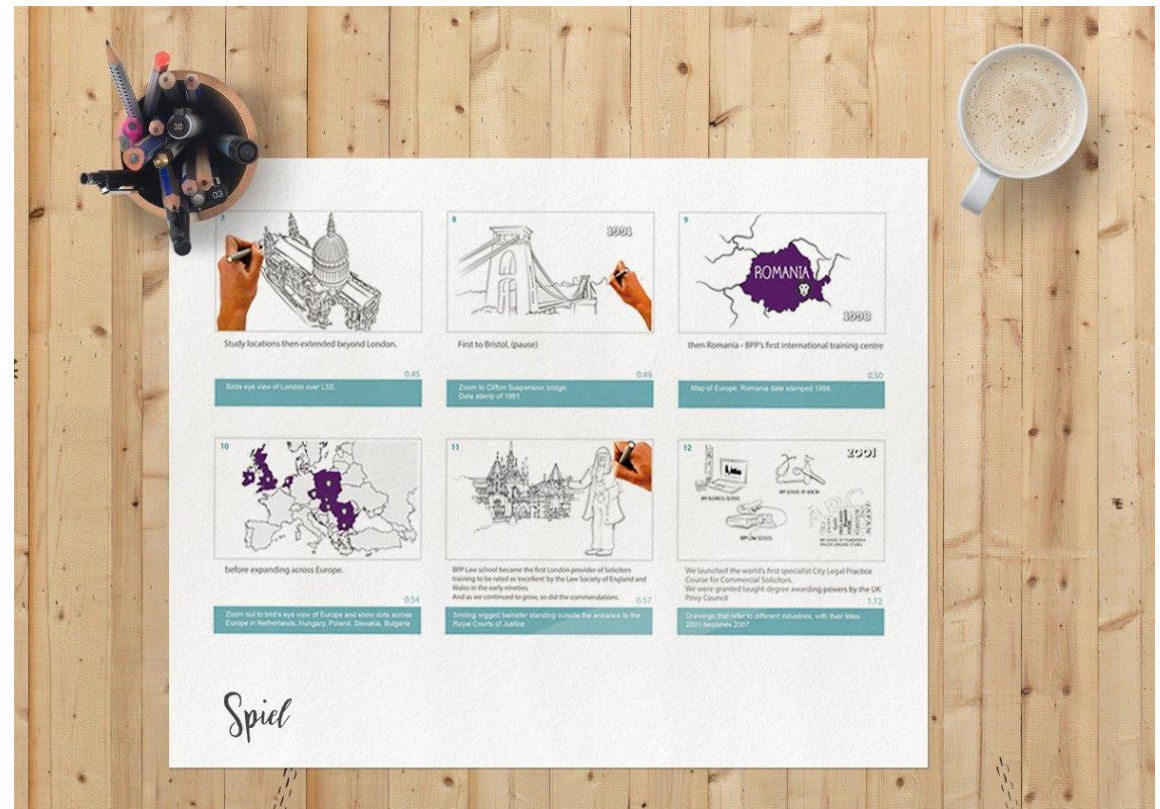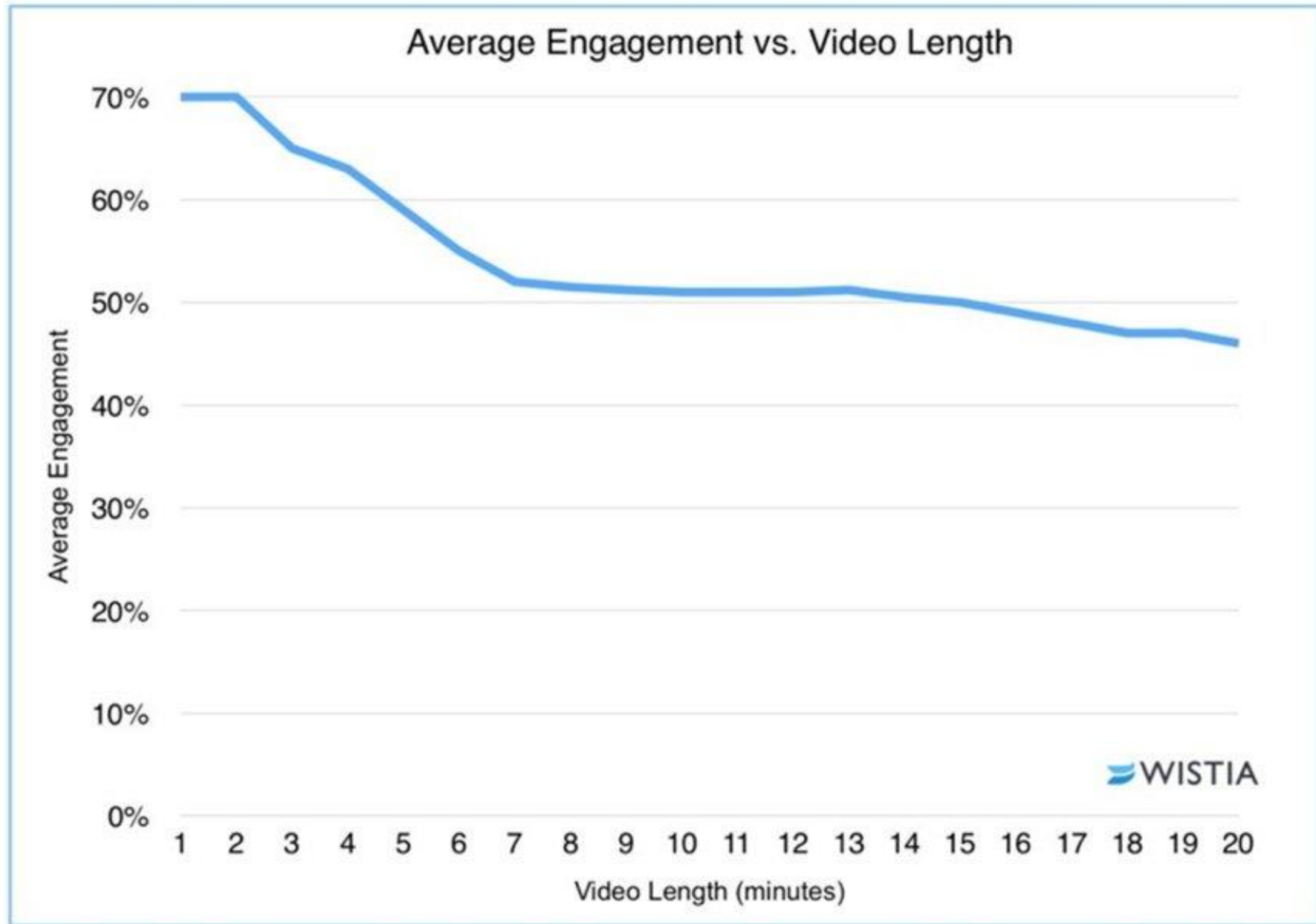
Infographics

DATA

SORTED

ARRANGED

PRESENTED VISUALLY

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Visual summary (left panel)

thebmj Visual summary

Why has China's ca...

Concerns have been raised over the health effects of rising caesarean section rates throughout the world. One of the few countries that has been able to reverse this trend is China, by introducing a number of policies to restrict the use of caesareans. This has led to a marked reduction in the use of the technique, particularly among nulliparous and multiparous women without a uterine scar, while rates remained unchanged in other risk categories.

National p...

2009
Guidelines
- Introduce strict control of caesarean section indications
- Requ... risk as...

2010
Implementation plan
- Increase control of caesarean section indications
- Reduce non-clinical caesarean section rate

2011
Programme goals — China Ma...
- Establish at least 10 training centres for promotion of: Vaginal delivery · Midwifery · Prenatal health education and the improvement of maternal and infant health

Weighted caesarean section rate
438 hospitals in China

	Nulliparous women	Multiparous women without uterine scar
2012	46.6%	25.4%
2013	46.7%	24.9%
2014	43.3%	22.7%
2015	40.5%	20.5%
2016	37.9%	18.5%

2012
Notice
Encourage:
- Reduction in unnecessary...
- Caesarean sections only for medical ind...

Implementation plan
- Strengthen access to and quality of midwifery skills
- Standardis... maternal h... care service...

2013
Guidance — National Heal...
- Advocate spontaneous labour
- Advocate ea... breast feedi...

2014
Notice — National Heal...
Introduce a new indicator of hospital performance:
- Number of caesarean sections without medical indication

2015
Publication — Chinese So...
- Updates national standards for medical indications of caesarean sections

2016
Publication — Chinese S...
- Revises clinical guidelines, including management of dystocia
- Removes an indication for caesarean sect...
- Prolonged lat... phase of labo...

RESEARCH

OPEN ACCESS

Relaxation of the one child policy and trends in caesarean section rates and birth outcomes in China between 2012 and 2016: observational study of nearly seven million health facility births

Juan Liang,[1] Yi Mu,[1] Xiaohong Li,[1] Wen Tang,[1] Yanping Wang,[2] Zheng Liu,[1] Xiaona Huang,[3] Robert W Scherpbier,[3] Sufang Guo,[4] Mingrong Li,[1] Li Dai,[1] Kui Deng,[1] Changfei Deng,[1] Qi Li,[1] Leni Kang,[2] Jun Zhu,[1,5] Carine Ronsmans[6,7]

ABSTRACT

OBJECTIVE
To examine how the relaxation of the one child policy and policies to reduce caesarean section rates might have affected trends over time in caesarean section rates and perinatal and pregnancy related mortality in China.

DESIGN
Observational study.

SETTING
China's National Maternal Near Miss Surveillance System (NMNMSS).

PARTICIPANTS
6 838 582 births at 28 completed weeks or more of gestation or birth weight ≥1000 g in 438 hospitals in the NMNMSS between 2012 and 2016.

MAIN OUTCOME MEASURES
Obstetric risk was defined using a modified Robson classification. The main outcome measures were changes in parity and age distributions and relative frequency of each Robson group, crude and adjusted trends over time in caesarean section rates within each risk category (using Poisson regression with a robust variance estimator), and trends in perinatal and pregnancy related mortality over time.

RESULTS
Caesarean section rates declined steadily between 2012 and 2016 (crude relative risk 0.91, 95% confidence interval 0.89 to 0.93), reaching an overall hospital based rate of 41.1% in 2016. The relaxation of the one child policy was associated with an increase in the proportion of multiparous births (from 34.1% in 2012 to 46.7% in 2016), and births in women with a uterine scar nearly doubled (from 9.8% to 17.7% of all births). Taking account of these changes, the decline in caesarean sections was amplified over time (adjusted relative risk 0.82, 95% confidence interval 0.81 to 0.84). Caesarean sections declined noticeably in nulliparous women (0.75, 0.73 to 0.77) but also declined in multiparous women without a uterine scar (0.65, 0.62 to 0.77). The decrease in caesarean section rates was most pronounced in hospitals with the highest rates in 2012, consistent with the government's policy of targeting hospitals with the highest rates. Perinatal mortality declined from 10.1 to 7.2 per 1000 births over the same period (0.87, 0.83 to 0.91), and there was no change in pregnancy related mortality over time.

CONCLUSIONS
China is the only country that has succeeded in reverting the rising trends in caesarean sections. China's success is remarkable given that the changes in obstetric risk associated with the relaxation of the one child policy would have led to an increase in the need for caesarean sections. China's experience suggests that change is possible when strategies are comprehensive and deal with the system level factors that underpin overuse as well as the various incentives at work during a clinical encounter.

WHAT IS ALREADY KNOWN ON THIS TOPIC

Concerns have been raised over the health effects of increasing caesarean section rates throughout the world, but so far no country has managed to reverse this trend

Many studies have reported rising caesarean section rates in China, but few have included the period after the relaxation of the one child policy

The Chinese government has introduced several policies to reduce caesarean sections, but it is not known how this has affected caesarean section rates in various obstetric risk categories

WHAT THIS STUDY ADDS

The relaxation of the one child policy has resulted in an increased proportion of multiparous births, particularly with a uterine scar, and women giving birth at older ages

Caesarean section rates declined steadily between 2012 and 2016, particularly among nulliparous and multiparous births without a uterine scar, while rates...

Introduction

China has made remarkable progress in achieving the Millennium Development Goals, but its success has come at a cost.[1-3] While nearly all women now deliver in hospital, many do so by caesarean section, and many caesarean sections are thought not to be medically indicated.[4-7] In 2008, 29% of births in China were by caesarean section, increasing to 35% by 2014.[8] National averages hide huge variation however: in 2014 the caesarean section rate was as high as 62% in the north eastern province of Jilin, while it was only 4% in Tibet.[8]

Overuse of caesarean section adversely affects the...

Sketchnotes

Podcasts

Podcasts - advice

- Learning to put a podcast together takes time and effort

- Writing for the ear and not the eye really is different

- Then you have to add in technology!

- Listen to podcasts to see what you like

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Social media

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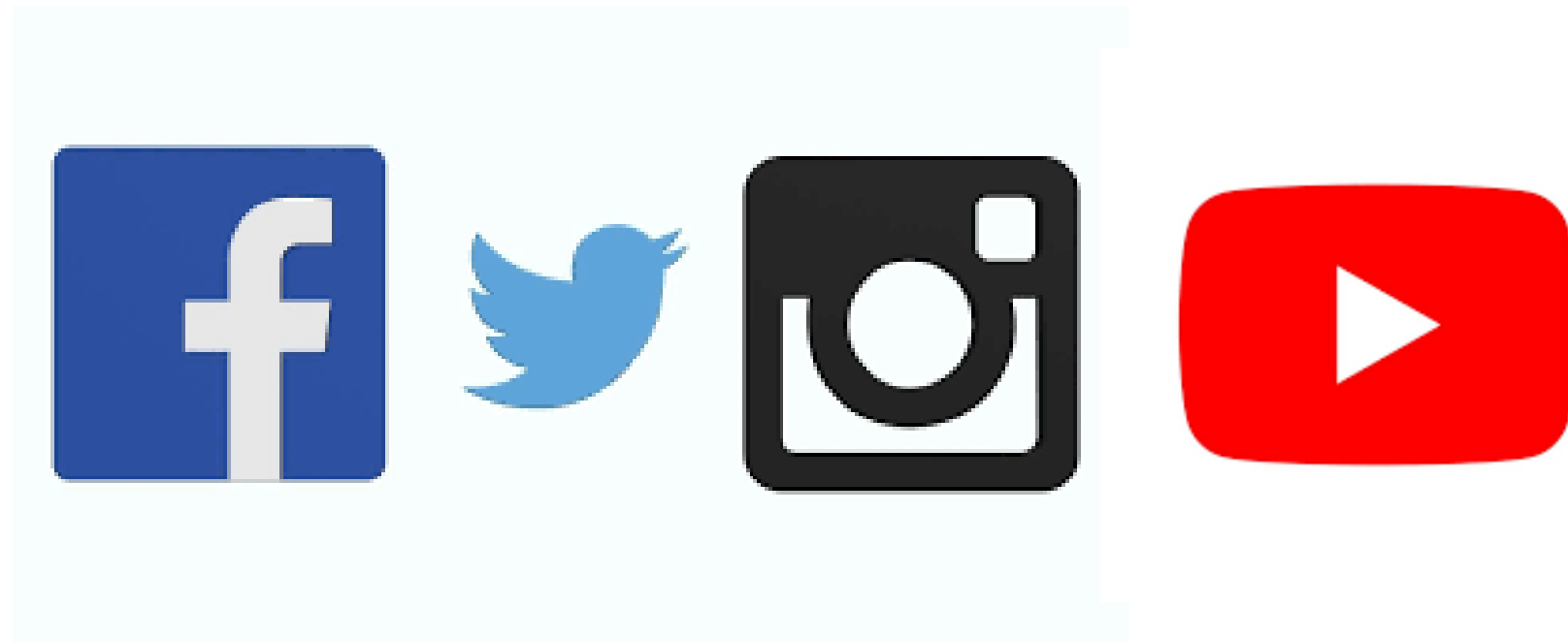
Other types of publication

- A quality improvement report?
- A research paper?
- A rapid response / letter?
- An opinion/view point?

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Other types of publication

Who can help you create and share these?

- Your key stakeholder
- A patient can open your channels up to the wider patient community
- Patients can have great skills and talents!

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Create a piece of content

- Write 3-4 main points to use as a basis for a blog post or an article for The Conversation

- Summarise your message in a tweet

- Sketch an outline of your data as an infographic or main messages as a sketchnote

- Write a script for a video or a podcast.

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Dissemination

Dissemination: What's your GAME plan?

Goal

Audience

Medium

Execution & Evaluation

https://www4.ntu.ac.uk/library/document_uploads/dissemination-strategy.pdf

Start dissemination plan template

- Use the dissemination plan template

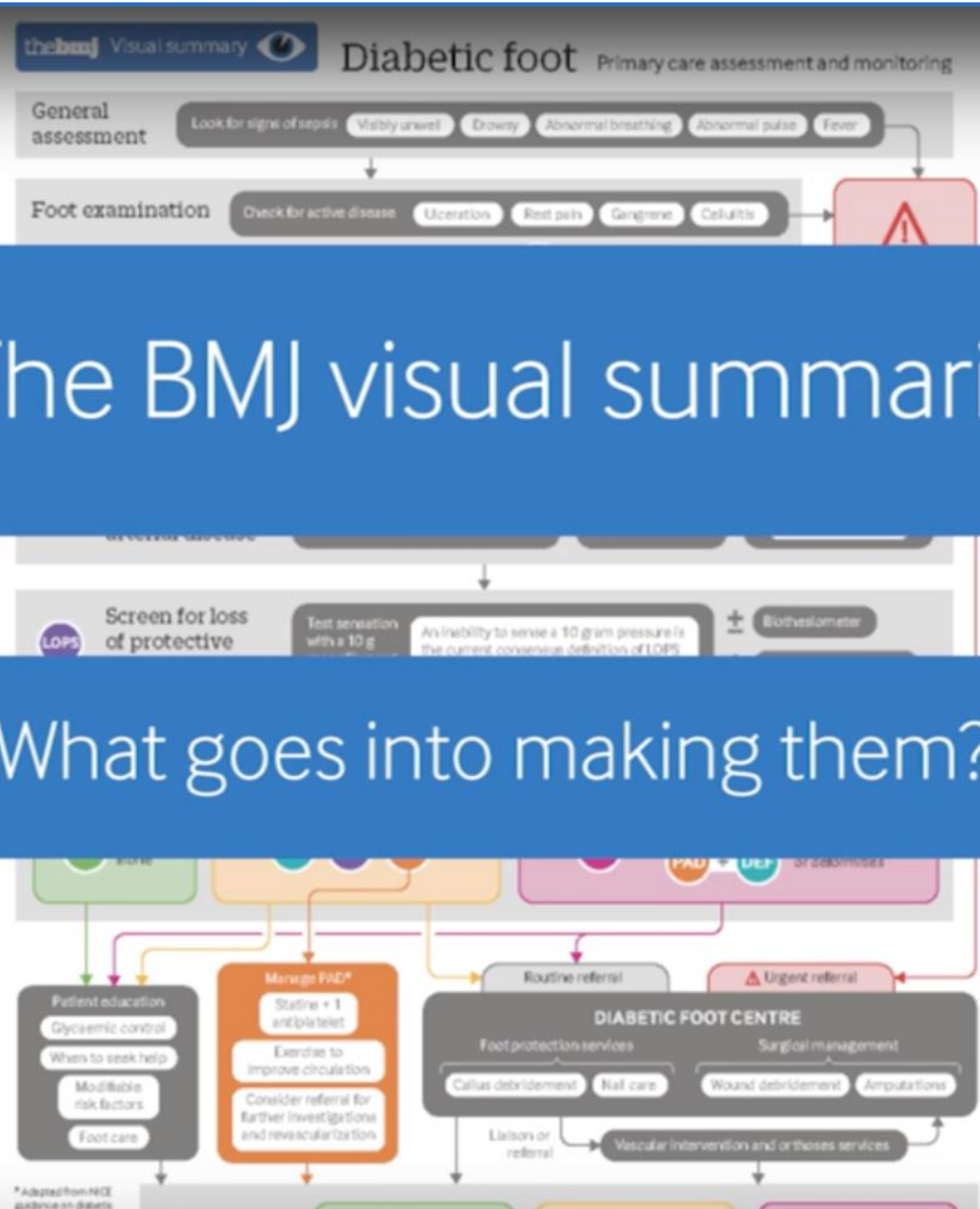- Spend 10 minutes writing down at least 2 action points for your dissemination plan

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Round off

Learning snowstorm

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Resources

Cochrane Training

Trusted evidence.
Informed decisions.
Better health.

Search...

Log in

Home › Online learning › Knowledge translation › Disseminating Cochrane evidence › Multimedia › *Infographics*

Infographics

Health Info

GO

An infographic is a visual representation of information or data. The aim is to help the reader identify and visualise the important messages quickly. A good infographic simply portrays the key results of the review. Be aware, although the end product may look simple, the process of getting there can be quite complex and can be time-intensive!

Producing infographics

If you wish to put an infographic together you can find a guide to help produce Cochrane branded infographics **here**. This document provides a section on infographics for beginners which covers:

- Thinking about the **content and messaging** for your infographic
- Advice on **branding** your infographic using Cochrane's brand guide
- A **beginners section** which investigates different software options and using Piktochart to create your infographic.
- An **advanced users** section which provides information about software options, infographic sizing and design tips

In addition, further resources include,

- **Learning Live Webinar:** "Visualing Cochrane Evidence in practice: experience from the Cochrane Common Mental Disorders group" presenting experiences with using visual storytelling infographics.
- **Blog:** discusses infographics in Cochrane and encourages people to share experiences about using graphics to present evidence.
- **Guidelines:** The external "Visualising Health: Infographics in Public Health" group have published **guidelines** based on their experience and research.

Disseminating Infographics. Options for disseminating infographics include emailing them to people that have agreed to receive them, posting

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Resources - data visualisation

Timeline storyteller   https://timelinestoryteller.com/
Microsoft timeline tool

Fastcharts   https://fastcharts.io/
Exports to PNG and SVG

Chart.js   https://www.chartjs.org/
Scaleable, animated charts drawn to canvas (line, bar, radar,
doughnut & pie, polar area, bubble, scatter, area, mixed)

Draw   https://www.draw.io/
Flow diagrams - export in a range of formats

DataBasic   www.databasic.io
Word counting and basic spreadsheet analysis tools

eSankey!   https://www.ifu.com/en/e-sankey/
Sankey diagrams

Sankeymatic   http://sankeymatic.com/build/
Free Sankey generator. Exports to SVG.

Gapminder   https://www.gapminder.org/
Animated bubble charts

Gephi   https://gephi.github.io/
Graphs

Quadrigram   http://www.quadrigram.com/
Free dataviz site

Piktochart.com   http://piktochart.com/
Simple tool for making tower graphics

Raw
http://raw.densitydesign.org/
Great tool for sankey diagrams and other graphics

Datawrapper   https://datawrapper.de/

Infogr.am   https://infogr.am/
Create infographics & online charts

Canva
https://www.canva.com/create/infographics/
Drag-and-Drop Infographic Creator

Tableau Software   http://www.tableau.com/
Business Intelligence and Analytics

Flourish   https://flourish.studio/

Morph   https://morph.graphics
Animated graphics

Data illustrator   http://data-illustrator.com/

Visual Understanding Environment
http://vue.tufts.edu/

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Resources - Video

- ## The BMJ on YouTube
  - https://www.youtube.com/user/BMJmedia/

- ## Dr Mike Evans
  - https://www.youtube.com/user/DocMikeEvans
  - @docmikeevans

- ## Health Talk Online
  - http://www.healthtalk.org

- ## Patient Voices
  - https://www.patientvoices.org.uk/

HI! I'M DR. MIKE EVANS and TODAY'S TALK is on QUALITY IMPROVEMENT OR... QI in Healthcare

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Resources - Sketchnotes

- Selina Wragg on getting started
  - https://medium.com/@selbelina/how-to-get-started-with-sketchnotes-f593f2158eb9

- Talk from Leigh Kendall & Helen Bevan at Quality 2018
  - https://www.slideshare.net/LeighKendallMCIPR/sketchnoting-and-social-media-for-impact-quality2018 @leighakendall / @helenbevan / @horizonsnhs

- Tanmay Vora's blog
  - http://qaspire.com/category/blog/sketchnotes/ @tnvora

- Hayley Lewis' blog
  - https://halopsychology.com/blog/ @haypsych

- Scriberia
  - http://www.scriberia.co.uk/

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Resources - social media

- Healthcare hashtag project

  - https://www.symplur.com/healthcare-hashtags/

- HootSuite guide to twitter chats

  - https://blog.hootsuite.com/a-step-by-step-guide-to-twitter-chats/

- Link shortening services

  - https://bitly.com/

  - https://tinyurl.com/

  - https://tiny.cc/

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Resources - podcasts

- Making an easy podcast

  ○ https://www.wikihow.com/Make-an-Easy-Podcast

- More professional podcasts

  ○ https://www.theguardian.com/lifeandstyle/2014/nov/11/how-to-create-a-successful-podcast-just-say-yes

- To really learn about podcasts

  ○ Go to transom.org, and search 'podcast' and look at the five part training series.

  ○ The technical part of this series is challenging: search for simpler edit programs and recording methods

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Resources - writing

- Hemingway app
  - http://www.hemingwayapp.com/

- Readable app
  - https://readable.com/text/

- Editage
  - https://www.editage.com/

- Kudos
  - https://www.growkudos.com/

- Books
  - The Science of Storytelling by Will Storr
  - Blog post summarising key points of "Classic Style" from Steven Pinker's The Sense of Style

Hemingway App makes your writing bold and clear.

The app highlights lengthy, complex sentences and common errors; if you see a yellow sentence, shorten or split it. If you see a red highlight, your sentence is so dense and complicated that your readers will get lost trying to follow its meandering, splitting logic — try editing this sentence to remove the red.

You can utilize a shorter word in place of a purple one. Mouse over them for hints.

Adverbs and weakening phrases are helpfully shown in blue. Get rid of them and pick words with force, perhaps.

Phrases in green have been marked to show passive voice.

You can **format** your *text* with the toolbar.

Paste in something you're working on and edit away. Or, click the Write button and compose something new.

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Thank You

Web: bmj.com

Email: cchatfield@bmj.com
            ecartwright@bmj.com

Twitter: @drcatchatfield
            @EmmaCartwrigh1

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