Don't forget to join in the conversations on twitter
Tweet us at **#quality2019**

B3 #qfb3

Institute *for* Healthcare Improvement

BMJ
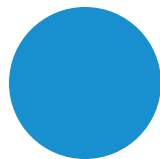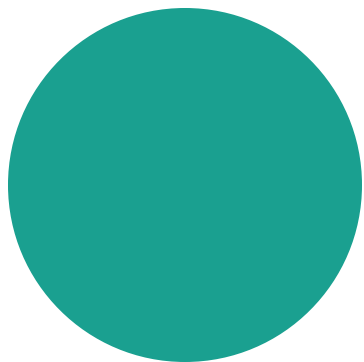
Session B3.
Getting your Ideas out there:
Three perspectives on
supporting effective scale

What Matters to Sarah and Medina?

Sarah and Medina

What matters to me?

Family

Doctor Who

Loyalty

Friendship

Kindness

#QiComms

Wales / Time away

Hwb Gwyddorau Bywyd | Cymru
Life Sciences Hub | Wales
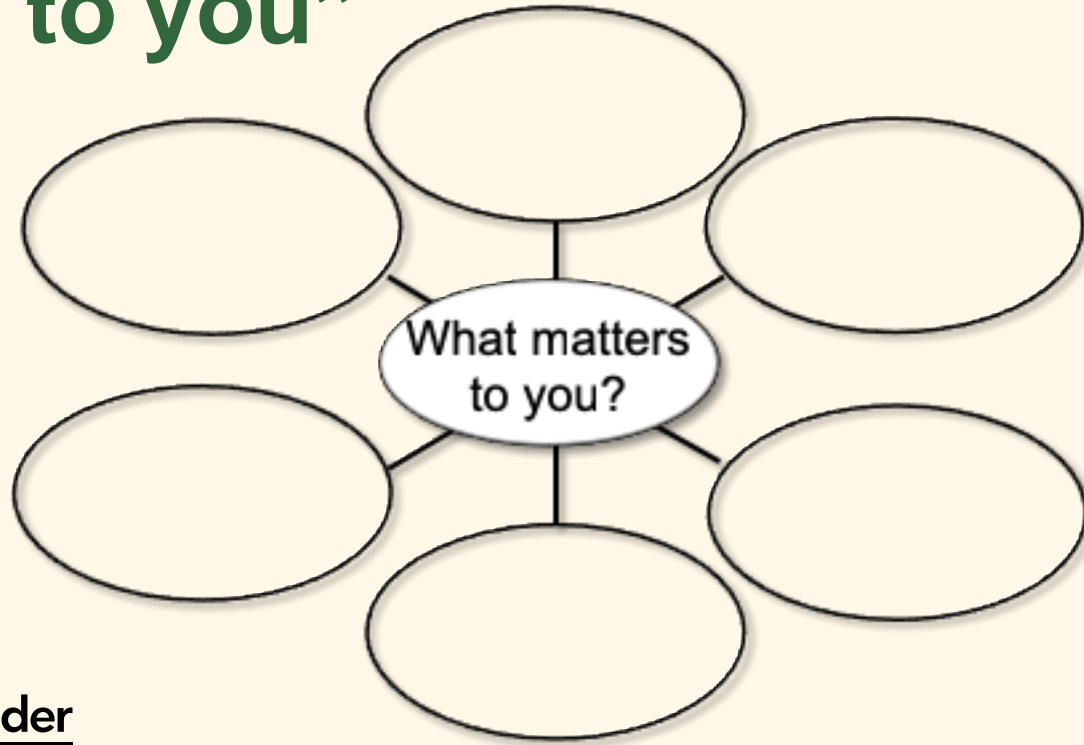
Believing my job makes a difference

What Matters to Tina?

Turn to your neighbour and spend 1min each to share with eachother "What matters to you"

What matters to you?

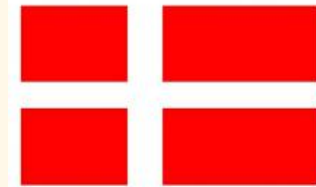# How to use Communications to support QI and scale up in community setting in Denmark

Tina Lynge Danish Society for Patient Safety
@tinalynge

I sikre hænder

Thisted

Mariagerfjord

Viborg

Syddjurs

Silkeborg

Helsingør

Hillerød

Allerød

Frederiksberg

Aarhus

Brøndby

Billund

Greve

Varde

Aabenraa

Sønderborg

Lolland

Kerteminde
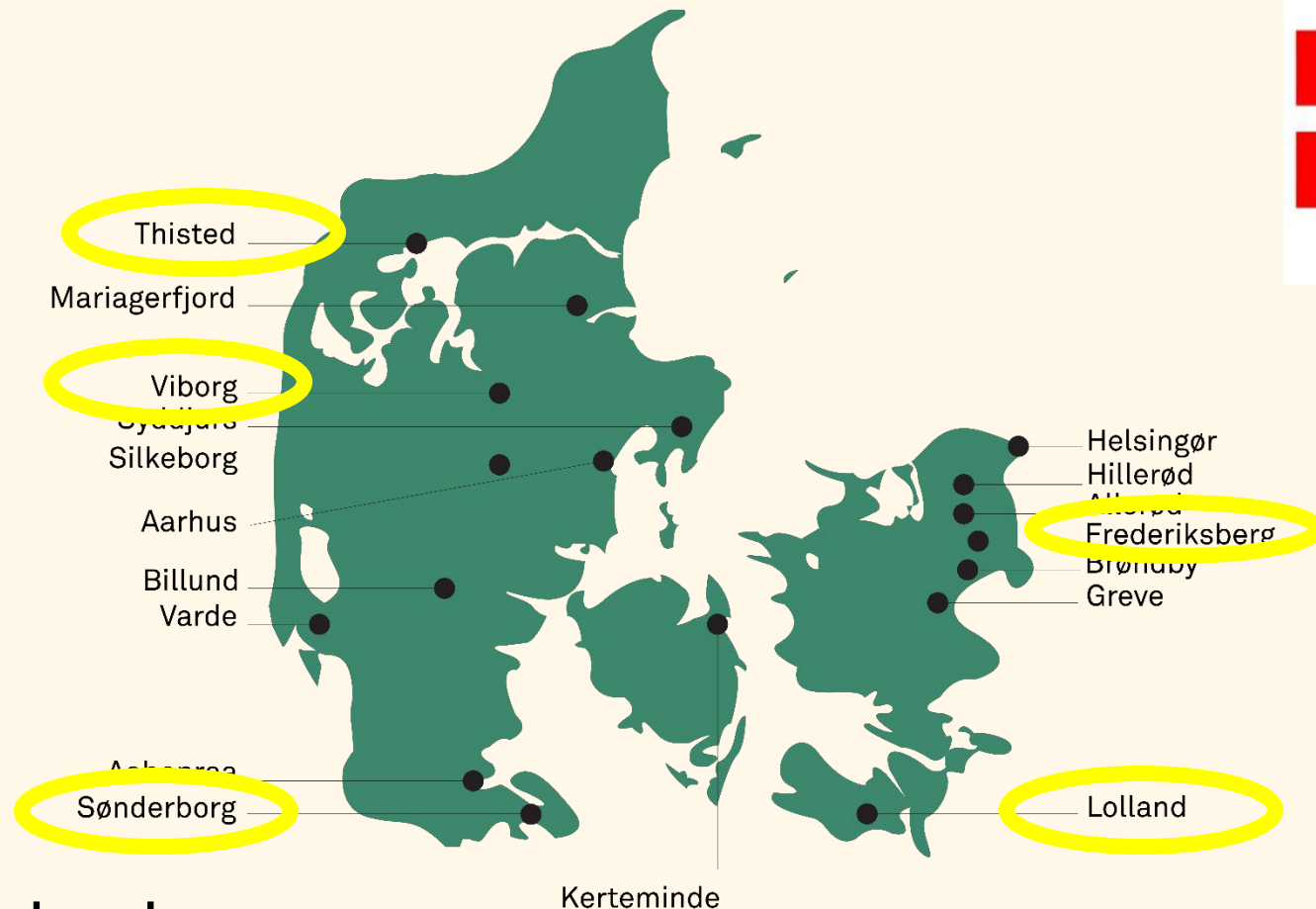
I sikre hænder

Pilot unit - Prototype

Spread

Scale up to the whole municipality

So what have Denmark done differently?

I sikre hænder

Aim

Primary Drivers

Creating a lasting platform for improvements

Improve the safety culture

Reduce the number of harms

Spread and scale up the work

Improvement leadership-organisation
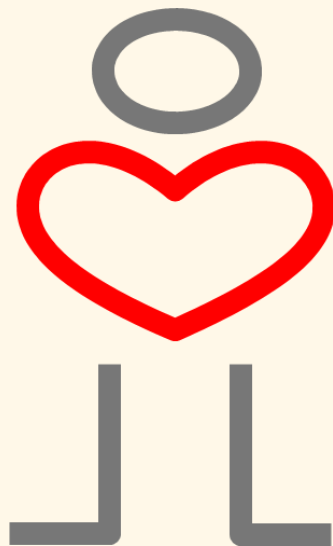
Capacity building and infrastructure

Communication and Social networking

Patients and families

Clinical interventions

I sikre hænder

Communication is a driver to engage and motivate…

Aim

Primary Drivers

Improve & Sustain the QI by useing communication

Create a culture of celebration that support results & events

Be transperent in the improvement work & tell the good story

Promote the sharing of knowledge & learning among teams

Make it easy for staff to find the newest knowledge and tools

I sikre hænder

I sikre hænder

Using Communication has a positive impact on teams

98%

I sikre hænder

Being mentioned in the local Newspaper

92%

I sikre hænder

The impact on using patient story

https://vimeo.com/229839445

I sikre hænder

Ida

Communication Driver Diagram

Goal

Primary drivers

Secondary drivers

Improve & Sustain the QI by useing communication

Building Will-Celebrations

Using patients to help communicate

Website-Newsletters
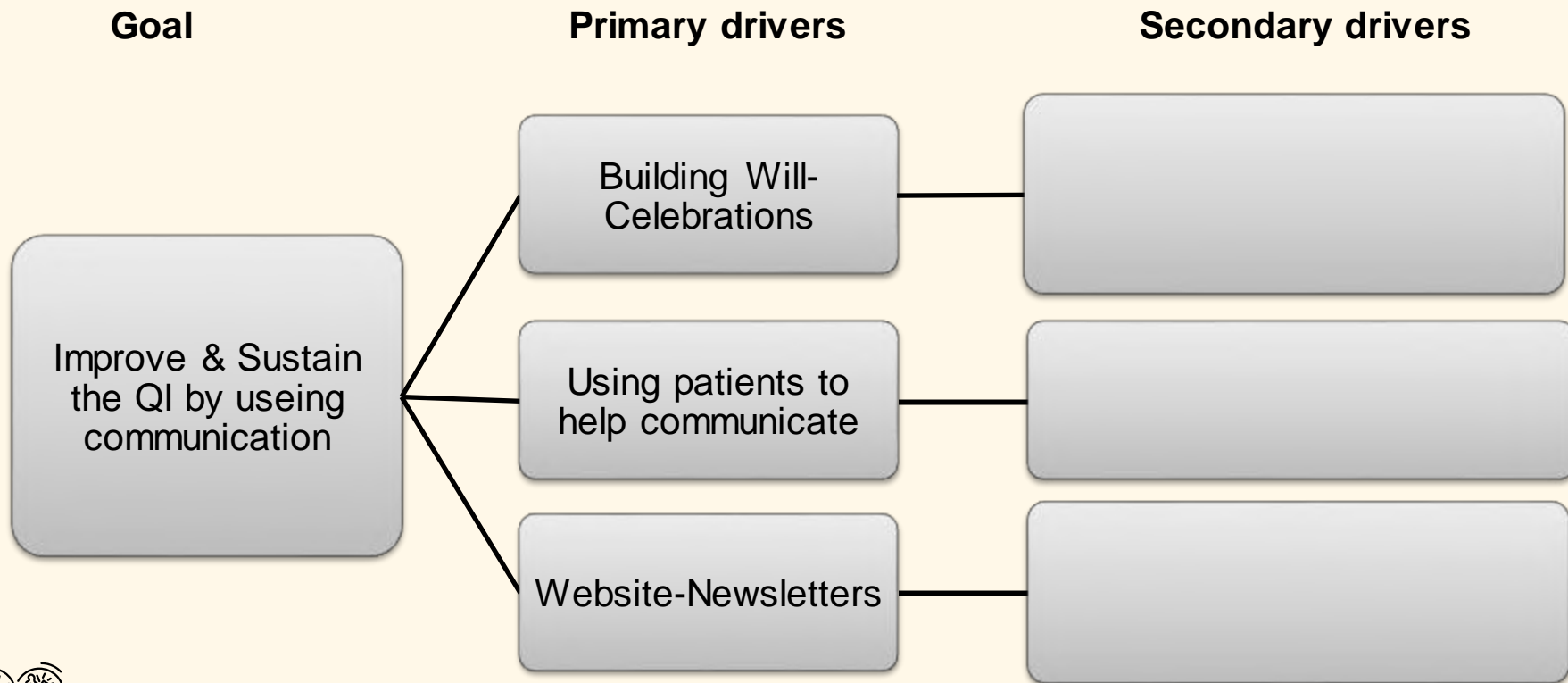
I sikre hænder

The #QiComms Charter

- We will use #QiComms to accelerate our improvement work for the benefit of patients and everyone we serve.
- We will plan our #QiComms from the start.
- We will give #QiComms support at the highest level.
- We will take a strategic approach to #QiComms.
- We will make out #QiComms evidence-based.
- We will continuously improve our #QiComms.
- We will put people at the centre of our #QiComms work.

The role of social media in supporting quality improvement work

Andrew Cooper, Director of Communications, Life Sciences Hub Wales

International Forum for Quality Improvement, Glasgow 2019

Session overview

- Introduction: "Social media gave everyone a voice"
- Case study: How one organisation used social media to support its quality improvement collaboratives
- Social media as part of your wider communications strategy
- Creating content to engage
- Measuring and evaluating social media activity
- The way forward

"Social media gave everyone a voice"

The Conversation
Prism 5.0
Brian Solis & JESS3

What are we doing with social media?

"Social media is about sociology and psychology, more than technology."

Brian Solis

Case study: using social media to support local improvement

Background

Aneurin Bevan University Health Board and ABCi

Aneurin Bevan University Health Board

- Covers 15% landmass of Wales

- 600,000 population (19% of Welsh population)

- £1.1 billion budget

- Employs 13,500 people – c. 80% female

- Further 1,220 staff provide general practice, community pharmacy, optometry and dental services

- Provider primary, community, secondary care, mental health services for population

- Negotiates with 5 local authority partners at the health & social care boundary

Background to Aneurin Bevan University Health Board and ABCi

The Aneurin Bevan Continuous Improvement (ABCi) brings frontline teams together - to learn what works well and what doesn't.

We know the knowledge and experience lies with those delivering care everyday and we are delighted to be supporting colleagues as they shape and lead new ways of working.

What are we trying to achieve?

*"Through its work and engagement, ABCi will position itself as '**a friend of the frontline**' – building relationships of support and encouragement that educate, support, champion and celebrate progress and achievements."*

ABCi Communications Strategy, 2018

How will we use social media?

A three level approach:

- **Contribute** – to encourage members of the team to contribute to healthcare improvement discussions, by sharing opinion, resources and insights.

- **Create** – to actively create content that can be shared. This will include video, photos, blog posts, quotes and sketch notes on ABCi activities and frontline involvement.

- **Curate** – Identify content from other sources (organisations and individuals) to add to the knowledge base from the ABCi account.

ABCi Communications Strategy, 2018

How will we tweet?

- It's not about us (the improvement team), it's about them (the frontline)

- It's about "catching staff doing something right"

- We will tell stories of success, achievements (and noble failure)

- We will provide material that others will want to comment on and commend

- We will create an online community of what's going on at a local level

- We will teach and encourage the frontline to use social media for their improvement work

Voices from the frontline and management

Pressure Ulcer Collaborative

Pressure

Relieving the pressure!

"The programme has already started providing us with the tools and expertise to introduce new ways of working to reduce pressure ulcers and take a zero tolerance approach.

"I am looking forward to using PDSA cycles to implement and test changes to identify what works best."
Claire Parks – senior nurse manager

"I passionately believe that nurses lead the way on the care of skin. We are in control of what happens to a patient's skin and should be assessing skin to ensure it is intact and where there is damage, to ensure it doesn't get any worse."
Bronagh Scott – director of nursing

Creating content that gets shared

The real value of a corporate account

Melissa Rees @MRees
Great read.. very proud
amazing collaborative s
beginning.. learning fro
aid of reducing avoidab
ulcers! #teamwork

ABCi Retweeted
John Boulton @the_Rheum
50% reduction in pressure u
are doing in @AneurinBeva

ABCi @
.@the_
collabo
across

💬 1   🔁 15

Doris Behrens @behre... · 22/07/2018
Very true. We have increasingly learned to celebrate successes (which to do is important) but often tend to sweep setbacks and failures under the rug (which to acknowledge would be equally important). #FailureIsASignpost

ABCi @ABCiAb
"Failure is a signpost," says @BennaWaites in her session on 'Creating a safe space for learning' at today's #abuhb_pressure learning session.

Methodology and mind-set
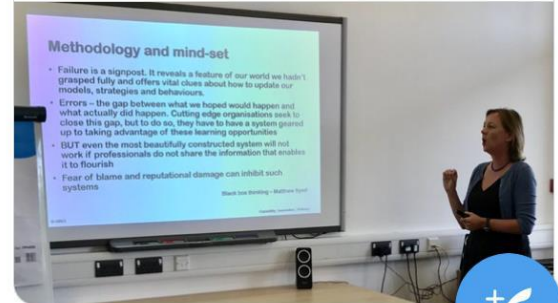
💬 1   🔁 2   ❤ 7

Helping others to understand and use social media for improvement

https://twitter.com/ABCiAb/status/1024976072750841857

"It's about building community, lines of communication between different areas and promoting good work" – using Twitter to support quality improvement.
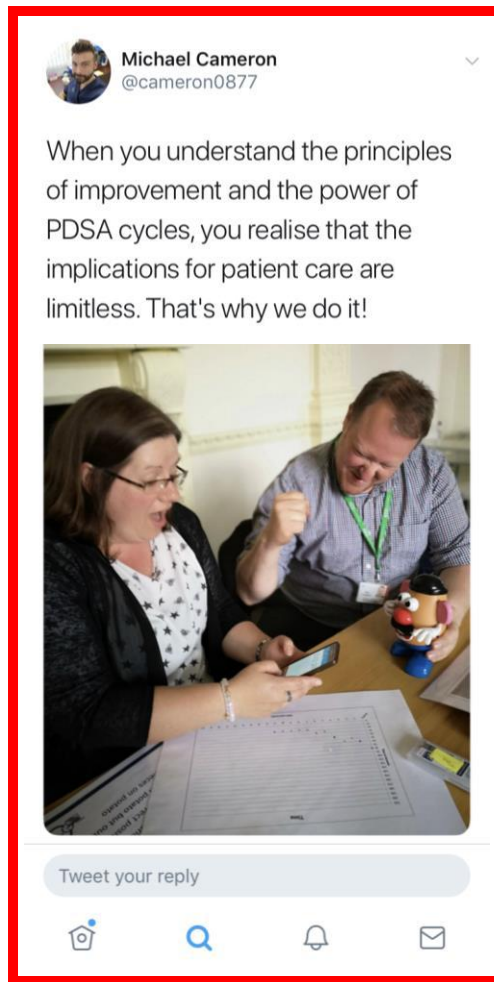
Measuring and evaluating

Naaman M, et al, Is it really about me? Message content in social media awareness streams, 2010

Applied by Dr Sara Long

Type	Example
Information sharing	"These are 10 great core values to shape a culture <URL>
Self promotion	"We are looking forward to sharing our Silver Modelling Fellows Programme with colleagues at the <external hashtag> today. Further details can be found online <URL>
Me now	"A warn welcome to colleagues attending our <internal hashtag> event today? <infographic>
Question to followers	What are your strengths on this list? And what areas need a bit more attention? <infographic>
Presence maintenance	"Wednesday Wisdom" <picture with quote>
Anecdote others	<name>, a porter at the <organisation> explains that he's been learning since he joined the continuous improvement team
Anecdote Self	What benefits do mathematical modelling have for healthcare. Our director, <handle> explains <video content>

Measuring and evaluating

Naaman classification	Average engagement rate (%)	Average impression
Story Group		
Anecdote (self)	5.55	892.05
Me Now	4.41	704.09
Anecdote (other)	4.23	853.27
Non-story Group		
Question to followers	4.16	887.11
Self-promotion	3.23	899.86
Presence maintenance	3.13	613.33
Information sharing	2.49	838.22

Twitter content was collected for a period of five months.
Content was analysed and classified into 'story' or 'non-story' tweets and the impressions, engagements and engagement rate were collected.

The way forward

- Taking a strategic approach to using social media, as part of wider communications planning

- Recognise that every organisation is different – "a one cap fits all" approach is not effective or efficient

- Organisations should create content that communities can share

- Organisations should not underestimate the importance of connection with their local network

- Use of social media should be applied as all improvement work – testing, amending and improving

- "Social media can and should be measured consistently with other media channels" (Barcelona Principles)

Social franchising – a helpful tool?

We thought social franchising could support effective scaling in the NHS:

- It offers greater levels of support to implementers replicating an intervention through ongoing training and support

- It creates a source of sustainable financial support for the innovation itself

- It offers control to the innovator to ensure fidelity to a particular model for improved outcomes, while at the same time supporting local flexibility in implementation

Social franchising: key elements
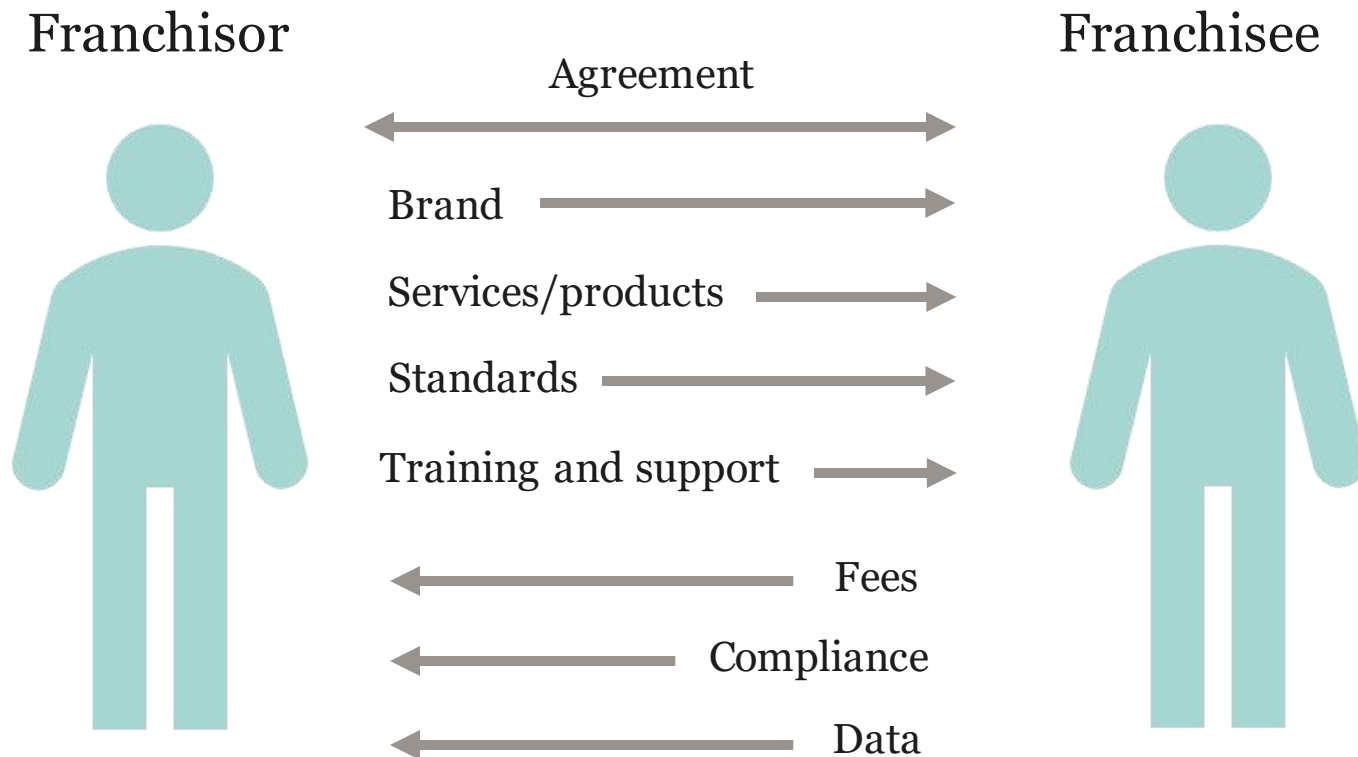
The evidence for social franchising in healthcare

There is some evidence – but not in high income settings

Is franchising in health care valuable? A systematic review

Karlijn J. Nijmeijer,[1,2]* Isabelle N. Fabbricotti[1] and Robbert Huijsman[1]

[1]Erasmus University Rotterdam, Institute of Health Policy and Management, P.O. Box 1738, 3000 DR, Rotterdam, The Netherlands and
[2]The Rotterdam Eye Hospital, P.O. Box 70030, 3000 LM, Rotterdam, The Netherlands

*Corresponding author. Erasmus University Rotterdam, Institute of Health Policy and Management, P.O. Box 1738, 3000 DR, Rotterdam, The Netherlands. E-mail: nijmeijer@bmg.eur.nl

Effect of a multifaceted social franchising model on quality and coverage of maternal, newborn, and reproductive health-care services in Uttar Pradesh, India: a quasi-experimental study

Sarah Tougher, Varun Dutt, Shreya Pereira, Kaveri Haldar, Vasudha Shukla, Kultar Singh, Paresh Kumar, Catherine Goodman, Timothy Powell-Jackson

- Social franchising has primarily been evaluated in low- and middle-income countries and the evidence is primarily of low quality.

- Most studies focus on outcomes for customers/clients and less on organisations and professionals.

- There are some positive associations around accessibility and some quality metrics but findings regarding utilisation, efficiency and results for providers are mixed.

Social franchising in an NHS context

We weren't sure the translation to the NHS would work…

- Would NHS organisations be willing to enter into franchise agreements?

- Would teams be interested in developing and running franchises?

- Would the commercial sounding language be off putting

And would the model actually deliver more effective scaling?

- We knew from evaluations in other sectors that the model of franchising itself wasn't necessarily the magic ingredient

Exploring Social Franchising funding programme

Our approach was deliberately explorative with significant investment in evaluation and an understanding across all partners that this might not work

Test: to support a small number of projects to develop and pilot social franchising or licensing models to scale their interventions

Evaluate: to understand whether social franchising techniques help support the sustainable replication of health and social care interventions

Learn: to deepen understanding of how contextual factors and local adaptations impact on how an intervention is replicated

The teams

IRISi

- A general practice based domestic violence and abuse training programme

PROMPT

- Multi professional training for maternity units

Pathway

- Multi disciplinary care coordination for homeless people admitted to hospital

PINCER

- A pharmacist led intervention to reduce medication errors in primary care

IRISi – who are we and what do we do

Our vision - **"A world in which gender-based violence is consistently recognised and addressed as a health issue"**

Our mission – **"To improve the healthcare response to gender-based violence through health and specialist services working together"**

IRIS – our flagship programme

- A general practice based domestic violence and abuse training and referral programme

- Referral Recognise; Ask; Respond; Refer; Record

- Increases identifications and referrals

- **Improves quality of life**

From tiny acorns... a decade on

Our network today

- 32 commissioned sites

- 60 Advocate Educators

- 45 Clinical Leads

At March 2018

- 695 IRIS DV Aware Practices

- 10,369 women referred

- **We are building a best practice response to DVA within primary healthcare**

IRISi – the journey to social franchising

- **Successes**

  - People want the IRIS programme and are willing to pay for it
  - Positive outcomes for patients and practice teams
  - National recognition of IRIS as a gold standard programme and best practice

- **Challenges**

  - Capacity within staff team
  - Ensuring fidelity to the model
  - "IRIS" being used as shorthand name for any intervention around DVA in primary care
  - Difficult commissioning environment

IRISi – why a social franchise model?

- We were part way there already but…

- We lacked robust, consistent processes for:
  - Recruitment of sites
  - Contractual/legal agreements
  - Operationalising the programme and sustaining
  - Quality assurance

- We don't know what we don't know – and that what we do know isn't documented

- Opportunity to develop, support and improve our spread and impact

- Need for a sustainable way of financing our organisation and work

IRISi – reflections of the process so far

- Invaluable to have facilitated time as a team to stop, reflect, discuss and plan

- Determine and agree mission and vision

- Process itself has had distinct and clear phases on which to focus:
  - Core – design – gap analysis – financial model – systemise – validate

- Our model won't change but our way of promoting and operationalising it will

- Excellent support and project management from colleagues at the Health Foundation and Spring Impact

- Personal and professional development of team members
  - Challenges and frustrations
  - Opportunities and growth
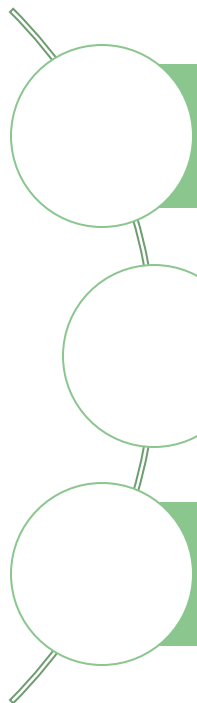
IRISi – next steps

- Systemisation is underway

  - Manuals and documents

  - Focus groups and meetings with key stakeholders

  - Financial model

- Staff team and capacity for validation phase is agreed

- Validation sites are being identified and incentivised

Key programme insights so far (1/2)

Creating a franchise requires detailed technical input - setting up legal agreements, developing financial models and agreeing data sharing arrangements

Teams were able to identify the core of their innovation, but describing it clearly and developing the documentation to support it was harder

You need a relatively mature team in place or a clear understanding of the team (and skills) you will need

The language of social franchising can be challenging in an NHS context

Key programme insights so far (2/2)

- •Developing quality control systems has been challenging – teams have found it hard to identify outcome metrics which are appropriate and easily collected

- •The transition to social franchising from other spread methods is challenging

- •There is likely to be a relatively long runway to full financial sustainability

Pause for reflection

Turn to the person next to you and have a brief conversation:

- Do you think social franchising could work in your context?

- What benefits might it bring?

- And what challenges could you foresee?

Thank you

Contact details

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The Health Foundation