#### Making QI Mainstream

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#### Declarations of interests

#### Cat Chatfield

- I am employed by The BMJ and edit the QI series
- My salary has been funded by The Health Foundation

#### Sibylle Erdmann

 I am a parent/carer and on the editorial advisory group for the QI series and receive expenses

#### Will Warburton

 I am employed by The Health Foundation who fund the QI series and I'm the Chair of the editorial advisory group



#### **Session Aims**

- Understand how to engage clinicians with Quality Improvement
- Discuss the cutting edge of Quality Improvement including
  - the role of patients
  - dealing with complexity
  - working with culture change
- Deepen knowledge of the evidence base for using Quality
   Improvement approaches to improve services





#### **Session Overview**

- Introduction
- Ice breaker
- Session 1: engaging through co-production
- Break
- Session 2: engaging with complexity
- Close





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# Enter event code JOIN

Today's event code is...

#M7Quality19

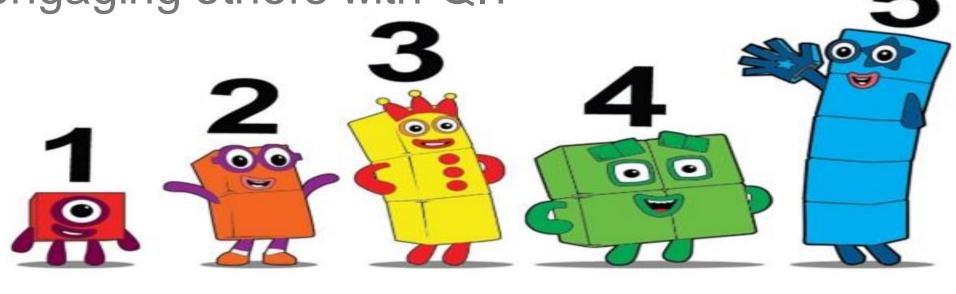




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#### A poll

What is your level of confidence in engaging others with QI?



Not at all confident

Confident already /







#### Engaging clinicians in QI: Changing the frame

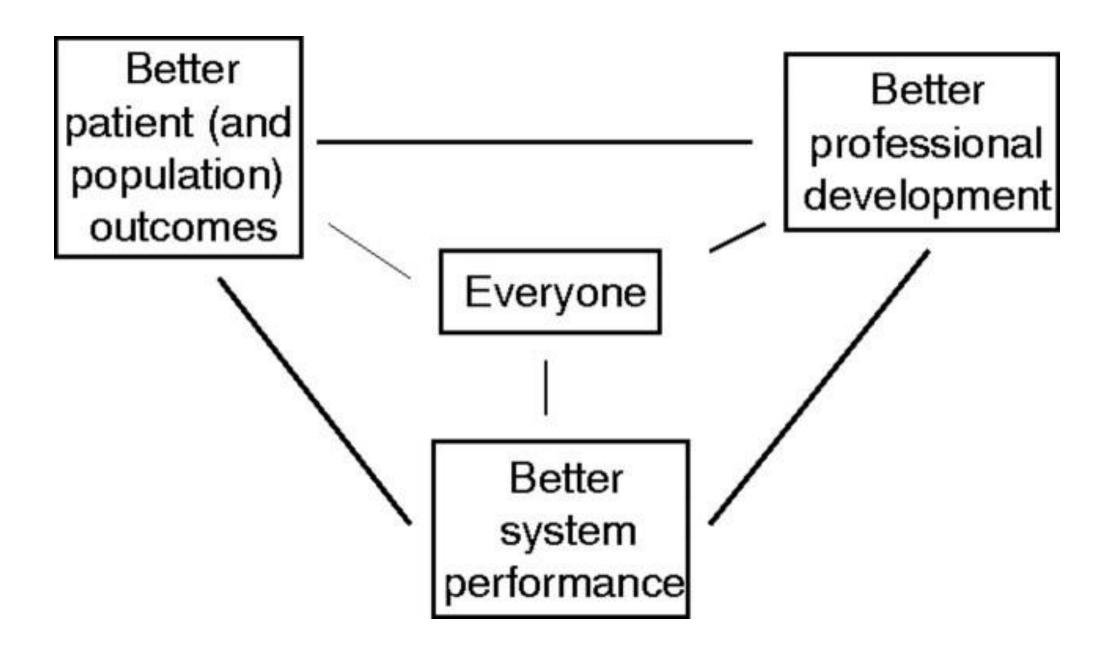
Question: describe how you feel about engaging clinicians in improvement in one word or phrase



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Batalden PB, Davidoff F. What is "quality improvement" and how can it transform healthcare?. Qual Saf Health Care. 2007;16(1):2-3.





#### **Definition of engagement**

**1a**: an arrangement to meet or be present at a specified time and place: a dinner engagement

**b**: a job or period of employment especially as a performer

2: something that <u>engages</u>: <u>PLEDGE</u>

**3a**: the act of <u>engaging</u>: the state of being engaged

**b**: emotional involvement or commitments

c: BETROTHAL

4: the state of being in gear

**5**: a hostile encounter between military forces







Dr Joanna Bircher, RCGP, 2018





#### **Enabling Forces**

**Leadership Support** 

Recognition

**Protected time** 

**Network to share** 

**Capability** 

**Patients** 

**Data** 

# **Engaging Clinicians**

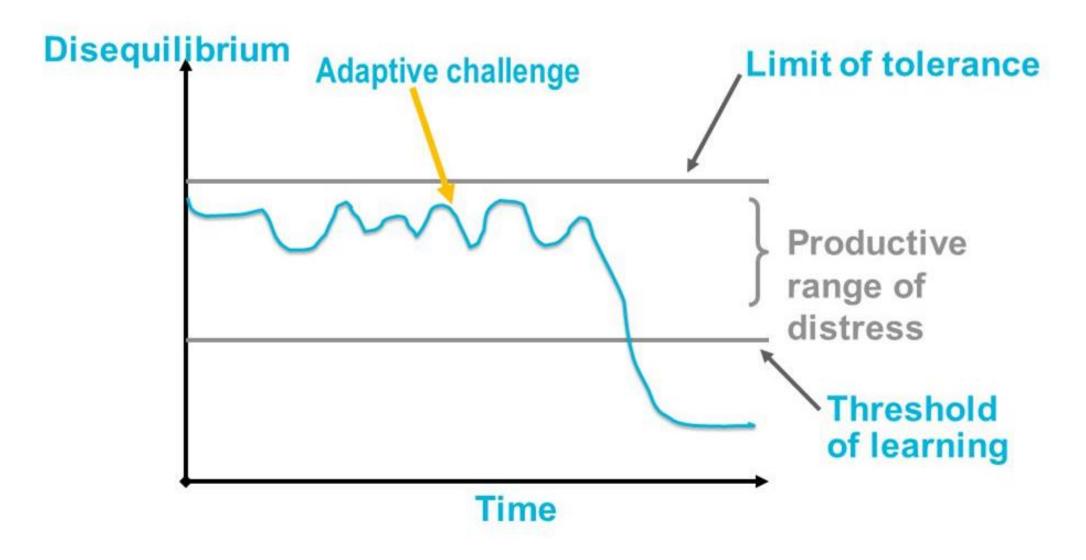
#### **Restraining Forces**

**Competing priorities** Perception of QI Skills/knowledge deficit Not my responsibility Care good enough **Professional autonomy General vs personal** 

Are clinicians engaged in quality improvement? The Health Foundation, 2011







Heifetz & Linsky, Leadership on the Line, Harvard Business School Press, 2002, p108 Silversin & Kaplan, Virginia Mason Institute, International Forum for Quality and Safety in Healthcare, 2018



#### Definition of engagement

**1a**: an arrangement to meet or be present at a specified time and place: a dinner *engagement* 

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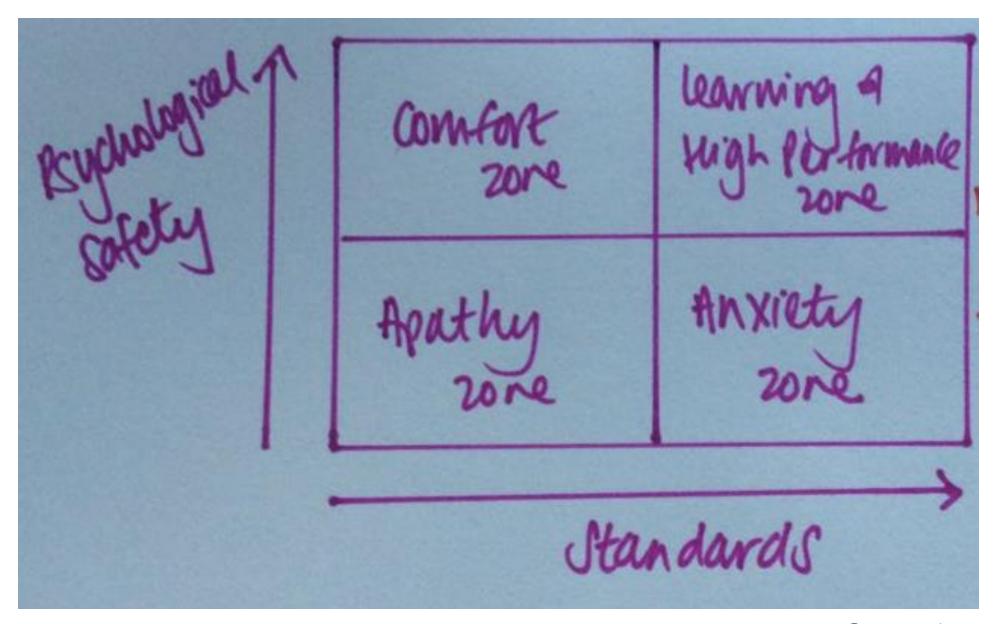
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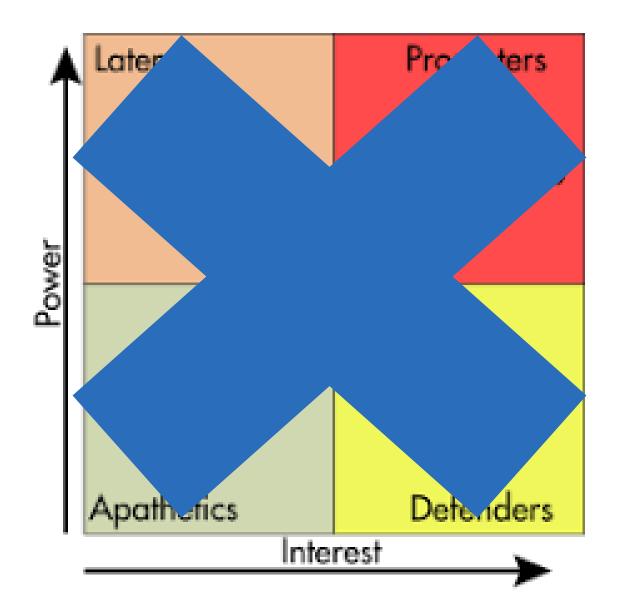


@anna\_annabav

Edmondson, Amy C. The competitive imperative of Learning, Harvard Business Review 7-8 2008 pg 50-55

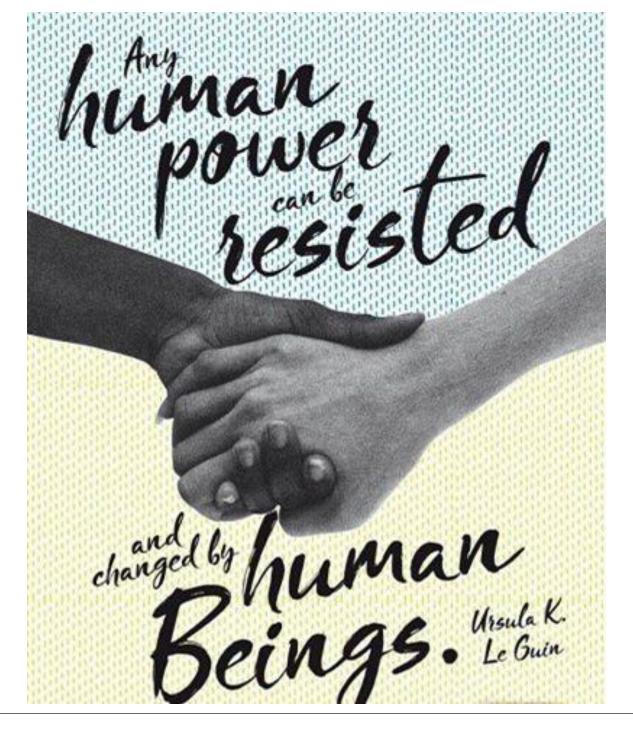












#TalkCriticalThinking





#### The work of healthcare



#### How healthcare works

Batalden Paul. Getting more health from healthcare: quality improvement must acknowledge patient coproduction—an essay by Paul Batalden *BMJ* 2018; 362:k3617

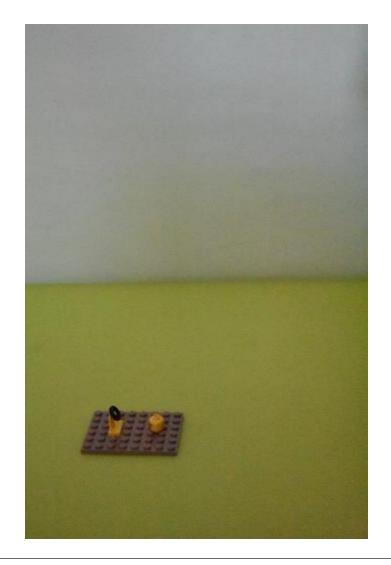






Co-production

#### What coproduction can feel like









#### What coproduction can feel like









#### Questions arising for me

"How do I make my needs understood?" "What skills do I bring?"

Coproduction with interaction of patients and healthcare professionals in different roles and degrees of shared work

"Who do I speak to for what?"
"How do I participate in agreeing actions?"

A healthcare service is composed of a relationship and an action

"What does better look like for me?"

"How do I access knowledge?"

Knowledge of science informed practice and the particular context is not enough, need to add the patient aim





Table

Table
Discussion 1



### Generalisable scientific knowledge + Particular context → Measurable performance improvement

(Patient aim + Generalisable, science informed practice) x Particular context
→ Measurable improvement

Batalden Paul. Getting more health from healthcare: quality improvement must acknowledge patient coproduction—an essay by Paul Batalden *BMJ* 2018; 362 :k3617





Whatever your role in the system, how could you enable these kinds of conversation?













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# Different Perspectives on Change

#### Perspectives on change

© 2004 Ted Goff www.newslettercartoons.com



"I see change on the horizon.

I want you to go out there

and stop it."





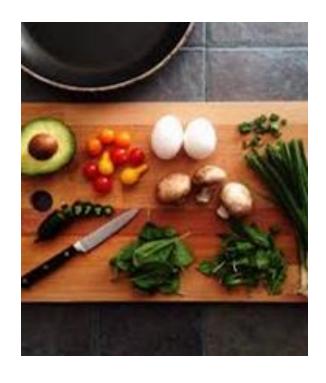
## How can perspectives on change enhance engagement?

- Recognise the complex and multi-dimensional nature of change
- Different theories and ways of framing problems can help open up new conversations and different possibilities
- Focus less on the individual and more on the system...
- ...yet maintaining individual agency: rethinking our individual roles as 'powerful participants'





#### Complexity thinking



Simple



Complicated



Complex





#### Complexity thinking



Simple

#### Following a Recipe

- Recipe is essential
- Easy replication assured
- No particular expertise
- Standardised, predictable result



Complicated

#### Sending a Rocket to the Moon

- Protocols essential
- When done once, easier to do again
- High expertise needed
- High degree of predictability



Complex

#### Raising children

- Protocols of limited use
- First effort may provide little guide to second
- Expertise does not assure success
- Unique individuals with unpredictable outcomes





#### The nature of health care systems



Machine



Ecosystem



Complex Adaptive System



**Complex Social Process** 





#### **Complexity Thinking**



#### Complex Adaptive System

- Inherent unpredictability
- Self-organisation
- Emergence
- Bounded Instability
- Simple rules guide action



#### Complex Social Process

- Conversations as the basic building block
- There is no organisation, only 'organising'
- Gesture and response
- Everyone a participant, including leaders
- Individual agency, constrained and enabled by others





#### Agency and autonomy in different perspectives









"I obey commands from hierarchy"

"I act according to the rules of the system" "I follow the simple rules set for me" "I have free will but am also enabled and constrained by relationships"

Machine thinking

Systems thinking

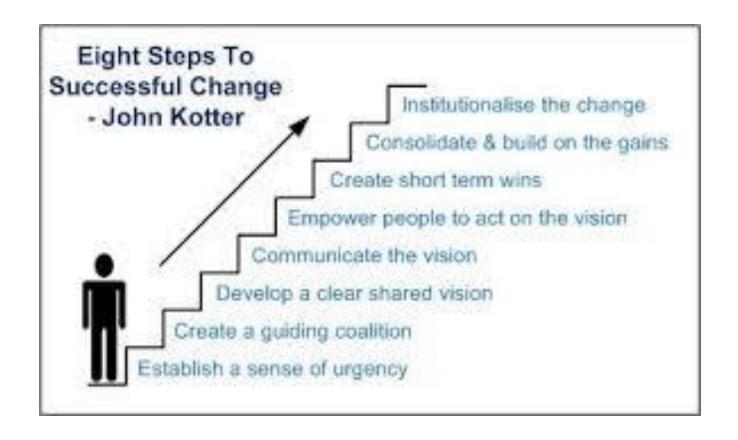
Complex Adaptive Systems

Complex Social Processes





## Classic change management orthodoxy







## An alternative view: directed and emergent

#### Deliberate/directive

- Predictable
- Linear
- Proceeds step by step
- Can be managed
- A right answer



Leader's role is to articulate a vision of where the organisation is going and motivate others to follow

### **Emergent**

- Unpredictable
- Iterative
- Messy
- Can't be managed
- Many possible answers

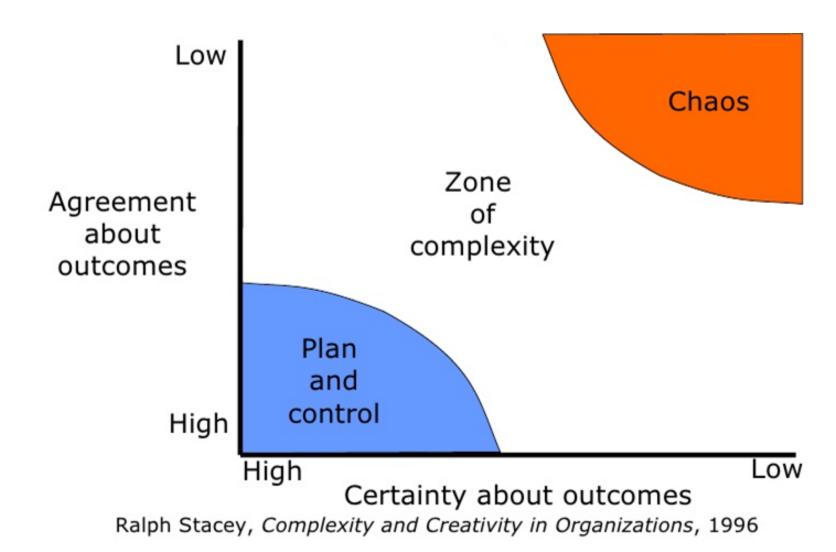


Leader's role is to create conditions for change to release the collective intelligence for others to participate





## What kind of problem do I have here?







## Where to engage: Front stage and back stage



#### **Front Stage**

- 'Public performance' of rationally considered, logically phased and visibly participative change
- Recognises the need for plans, milestones, formal governance and communication
- Legitimising change, gives license to operate
- Gives reassurance and security



#### **Back Stage**

- Recruitment and maintenance of support
- Identifying and dealing with resistance
- Politicking, wheeler-dealing, coalition building, trade-offs, often not able to be openly discussed
- Gossip, 'have you got a few minutes', 'a word in your ear'

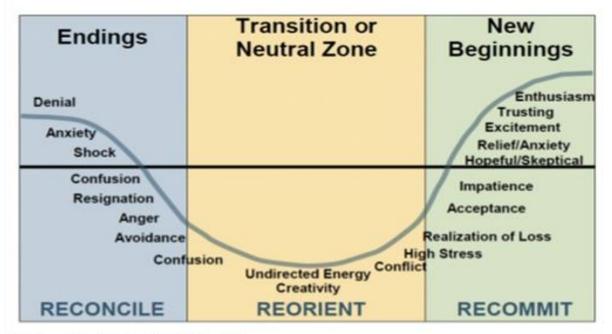




## When to engage: Different timelines

- Poorly implemented change makes for painful transition
- Unmanaged transitions make change less likely to succeed
- The 'change' isn't over until the transition is complete





Adapted from "Managing Transitions" William Bridges





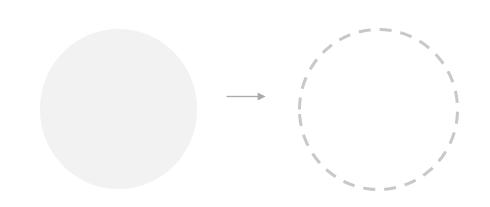
## How to engage: change and transition management

#### **Change management**

- Starts with the desired outcome
- Logical, rational, 'head'
- What, Why, When, How

#### **Transition management**

- Starts with where people are
- Emotional, psychological, 'heart'
- Me my feelings and responses







## How to engage: Backbone and heart (or power and love)

"Backbone means knowing and clearly stating your position, whether it is popular or not. Heart is staying engaged in the relationship and reaching out, even when that relationship is mired in conflict...These two seemingly opposed functions work well together. Each withers in isolation from the other"

Mary Beth O'Neil, 2007

"Power without love is reckless and abusive, and love without power is sentimental and anaemic"

Martin Luther King, referred to in Kahane, 2010

Everyone at all levels as 'powerful participant'





## Braithwaite: six principles

Pay attention to how care is delivered at the coalface

All meaningful improvement is local

Look at the 90% of what works, as well as the 10% of harm

**Learn from success stories** 

Be more humble in our aspirations

Appreciate complexity: change is unpredictable and hard won



6

3



Table
Discussion 2



## 1:2:4:All

- Spend a few minutes reading 'Table 1' on page 3 in the article by Jeffrey Braithwaite
- Reflect on the enablers and insights to yourself
- Turn to another person and discuss your reflections
- Find 2 more people and discuss as a group
- Feedback to the room





How could different perspectives on change and complexity help to engage people in improvement?







# Question: what key insights did you take from this session?



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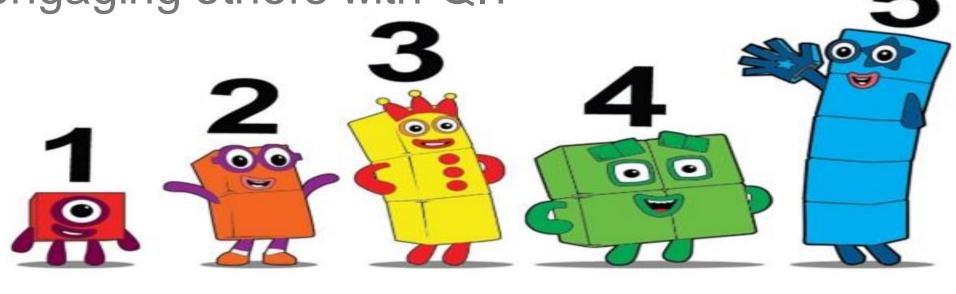




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## Thank You

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