Institute *for* Healthcare Improvement

Leading in Complex Systems

Session A5, International Forum on Quality & Safety in Healthcare

21 June 2022

Simon Sinek's: Start with the Why

We need to enjoy the messiness of life!

Agenda & Objectives

- Set up of the Why

- New ideas for Leading in Complex Systems

- A Swedish Case Study of Leading in Complex Systems

- Some final ideas

- Discussion

After this session:

1. Identify key leadership principles for supporting staff and teams

2. Apply lessons learned by Executive Leaders within your own team and organization

3. Demonstrate the ways leaders contribute to building and fostering a culture of equity and safety
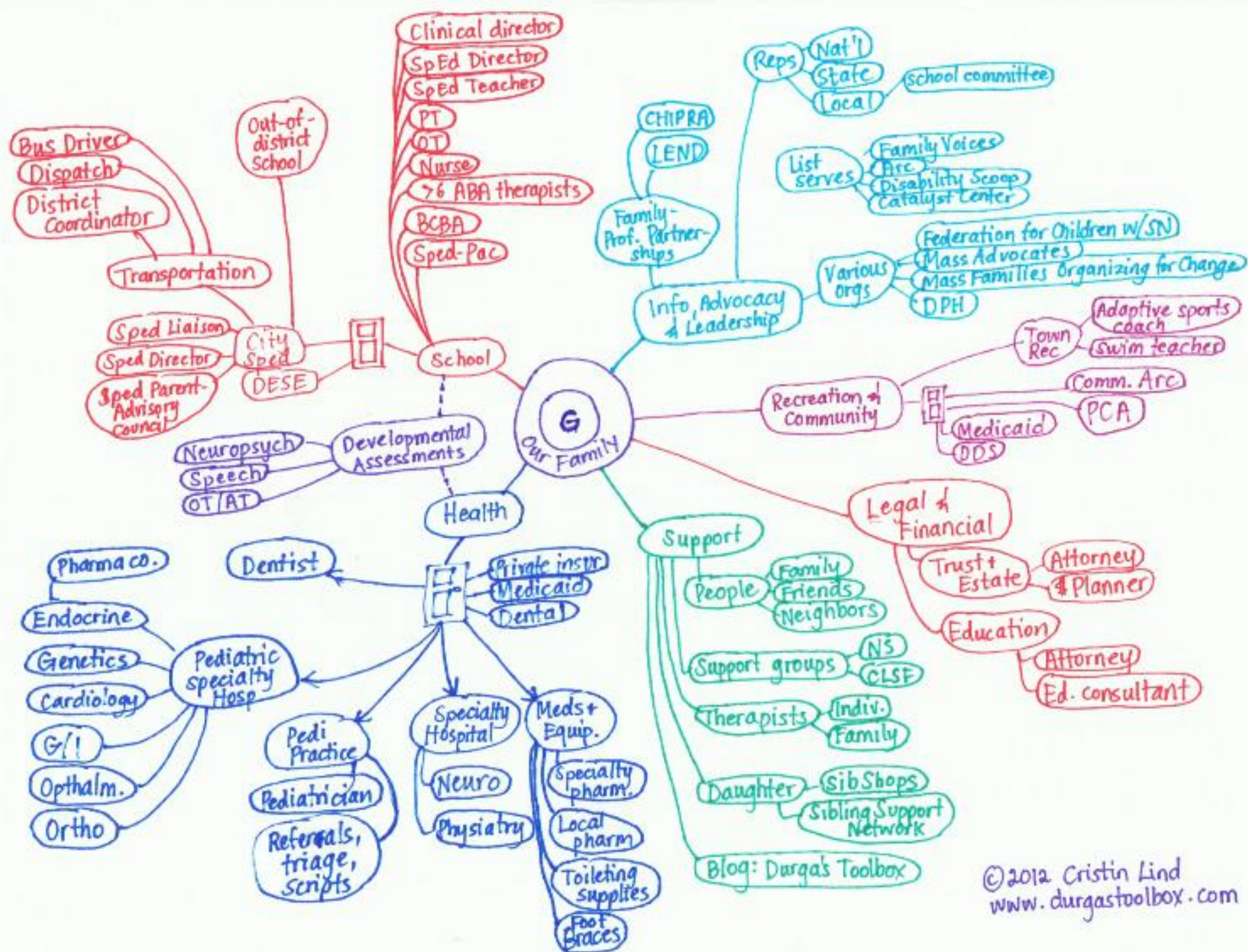
Clinical director
SpEd Director
SpEd Teacher
PT
OT
Nurse
>6 ABA therapists
BCBA
Sped-Pac

Bus Driver
Dispatch
District Coordinator
Transportation

Out-of-district School

Sped Liaison
Sped Director
Sped Parent-Advisory Council
City Sped
DESE

School

Neuropsych
Speech
OT/AI
Developmental Assessments

G
Our Family

Reps — Nat'l / State / Local — School committee

CHIPRA
LEND
Family-Prof. Partner-ships

List serves — Family Voices / Arc / Disability Scoop / Catalyst Center

Info, Advocacy & Leadership

Various orgs — Federation for Children w/SN / Mass Advocates / Mass Families Organizing for Change / DPH

Recreation & Community

Town Rec — Adaptive sports coach / Swim teacher

Comm. Arc
PCA
Medicaid
DDS

Legal & Financial

Trust + Estate — Attorney / $ Planner

Education — Attorney / Ed. consultant

Health

Private insur.
Medicaid
Dental

Dentist

Pharma co.
Endocrine
Genetics
Cardiology
G/I
Opthalm.
Ortho
Pediatric specialty Hosp

Pedi Practice
Pediatrician
Referrals, triage, scripts

Specialty Hospital — Neuro / Physiatry

Meds + Equip. — Specialty pharm. / Local pharm / Toileting supplies / Foot Braces

Support

People — Family / Friends / Neighbors

Support groups — NS / CLSF

Therapists — Indiv. / Family

Daughter — SibShops / Sibling Support Network

Blog: Durga's Toolbox

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www.durgastoolbox.com
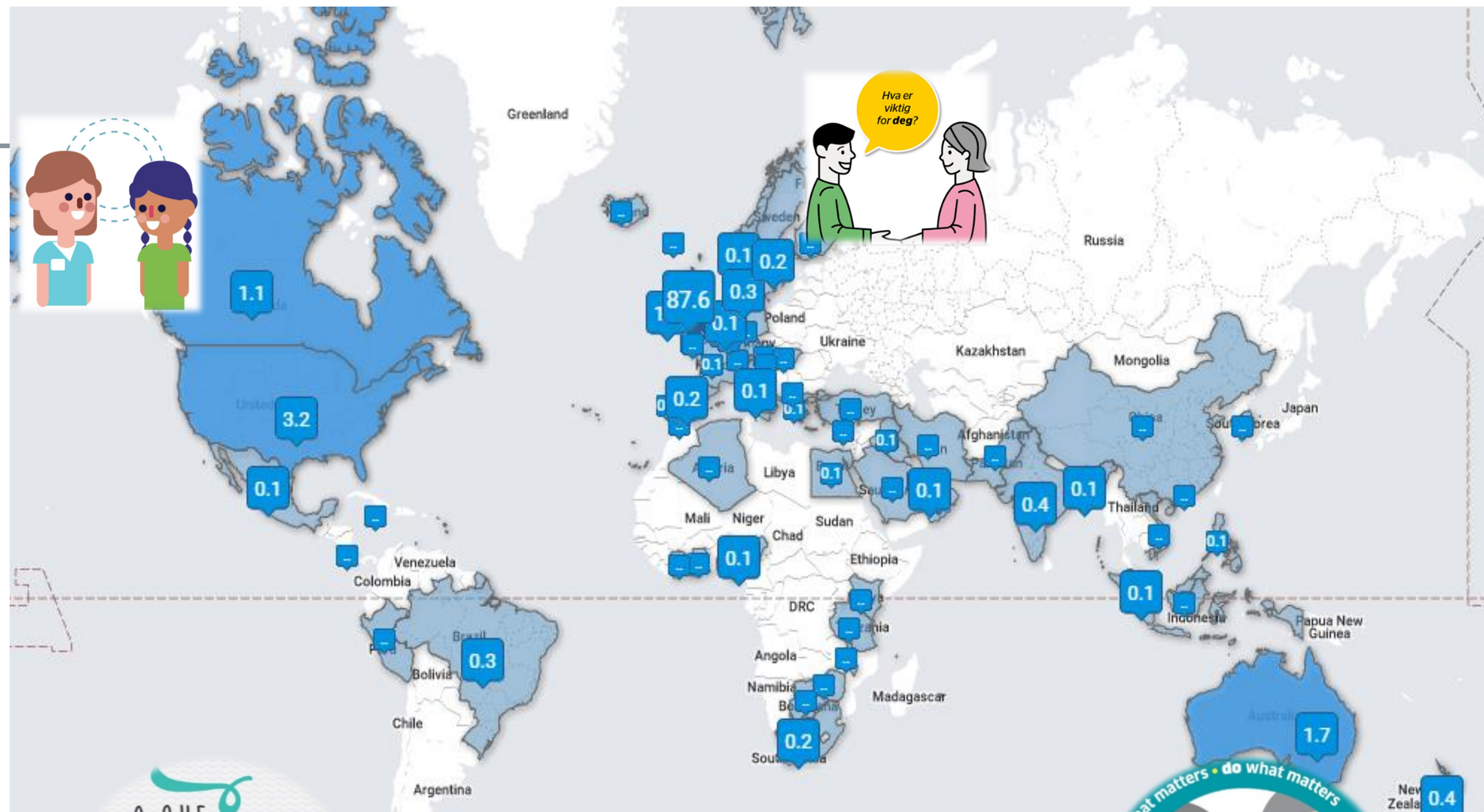
50 Countries
2000+ teams

Reablement - Oslo Kommune

- Interprofessional team who are the first to meet with new patients in need of home-based care
  - occupational therapists
  - physiotherapists
  - nurses
  - social workers
- Work towards independence and mastery of everyday life, transitioning patients to either:
  - discharge without need of further healthcare, or
  - home-based care with the best possible function

Jarle

- **History:**
  - 70 year old man with COPD, type 2 diabetes, and two previous heart attacks
  - Suffered a major stroke, and spent a month in the hospital
  - Left side paralysis, cognitive and physical function challenges

- **Reablement program**
  - Physiotherapy – Build strength and balance
  - Occupational therapy – Map daily routines and motivating factors
  - Offered a spot at FRAM health rehab in June
  - Progress with walking and talking
- Came back to reablement after challenges; they helped him find a new, more accessible apartment
- Now largely independent, and needs a wheelchair only for long distances

CAPABLE

- "Community Aging in Place, Advancing Better Living for Elders"
  - Emphasizes helping older adults maintain independence through environmental adaptations and interventions
  - Team of nurse, occupational therapist, and handyman
- Common fixes:
  - Installing or fixing railings or grab bars
  - Improving lighting
  - Installing non-skid treads in tubs and showers
  - Repairing trip hazards, like holes or tears in carpet, or broken times
- 79% of initial participants reported fewer activity of daily living limitations

CAPABLE

- Roughly $3,000 in program costs yields approximately $10,000 in savings in medical costs.

- Participants showed reduced symptoms of depression, fewer difficulties with Activities of Daily Living, and improved motivation.

Source: Szanton et al., Preliminary data from community aging in place, advancing better living for elders, a patient-directed, team-based intervention to improve physical function and decrease nursing home utilization: the first 100 individuals to complete a centers for medicare and medicaid services innovation project. J. Am. Geriatr. Soc. **63**(2), 371–374 (2015).

Innovation-Spread-Exnovation

Innovation

- Where are care models and processes broken?
- Where do we need new thinking?
  - Innovation labs, design processes
  - Harvesting

Spread

- Where do we see variation in performance?
- How can we reliably spread to ensure that we can provide the best care to every patient, where they are?
  - Transparent data
  - Curiosity
  - Spread Model

Exnovation

- How do we stop what doesn't work anymore?
- How will we eliminate wasteful practices and processes?
- ➤ **It takes courage!**

Drivers for Innovation

- Harvesting ideas and seeing the gaps
- Live Case Visits
- Grrrrrr List
- Frustration and pebbles
- Research and innovative designs
- Design Studios and the IHI Innovation Process

Exploring the different types of waste we see in the system and the impact it has

Wasted resources and processes

Wasted time patients, carers, staff

Wasted spirit and opportunities for staff

Getting Rid of Stupid Stuff

Melinda Ashton, M.D.

Many health care organizations are searching for ways to engage employees and protect against burnout, and involvement in meaningful work has been reported to serve both functions. According to Bailey and Madden, it is easy to damage employees' sense of meaningfulness of the beholder. Everything that we might now call stupid was thought to be a good idea at some point."

We thought we would probably receive nominations in three categories: documentation that was never meant to occur and would require little consideration to elim-

my colleagues and I had reason to believe that there might be some documentation tasks that

Status	Nurses	Physicians
	no. of requests (%)	
Completed	68 (46.6)	19 (45.2)
Not possible	18 (12.3)	8 (19.0)
In progress	27 (18.5)	2 (4.8)
Assigned to work groups or not yet started	33 (22.6)	13 (31.0)

Status of "Getting Rid of Stupid Stuff" Requests from Nurses and Physicians.*

* Does not include 31 suggestions from other disciplines or related to issues other than improvements to electronic health records.

EXNOVATE TO INNOVATE

VIRTUAL WORKING FREES UP.......

Office space, travel, staff time, reduces Co2 omissions, reduces DNA's, save patients time, reduces issues of childcare/time out of work

COMMUNICATIONS & TECHNOLOGY HELP US TO.....

Improve contact with families, reduce interruptions on ward, reduce paper (NIECR), promote self-care (InHealth), empower parents, access info (QR codes), access training, remote triage (dermatology), support tissue viability team

PREDICTIVE DATA LETS US.....

Model medicines for critical care, palliative care & respiratory, O2 usage, fluids, identify the appropriate form of respiratory support (Airvo, CPAP), PPE usage

NEW MODELS OF SERVICES WHICH ARE WORKING WELL......

Hospital at Day, EMSU (inc. direct access for GPs), Gynae assessment unit, Radiology hot reporting, reduction in duplication of tests, improved triage (supporting discharge from waiting list), EQiP, on-line rehab (cardiac), insulin shots in pregnancy, digital corporate welcome, removal of cash counting

"There is no power for change greater than a community discovering what it cares about"
(Meg Wheatley, Leadership & the New Science)

Is there a "golden triangle"?

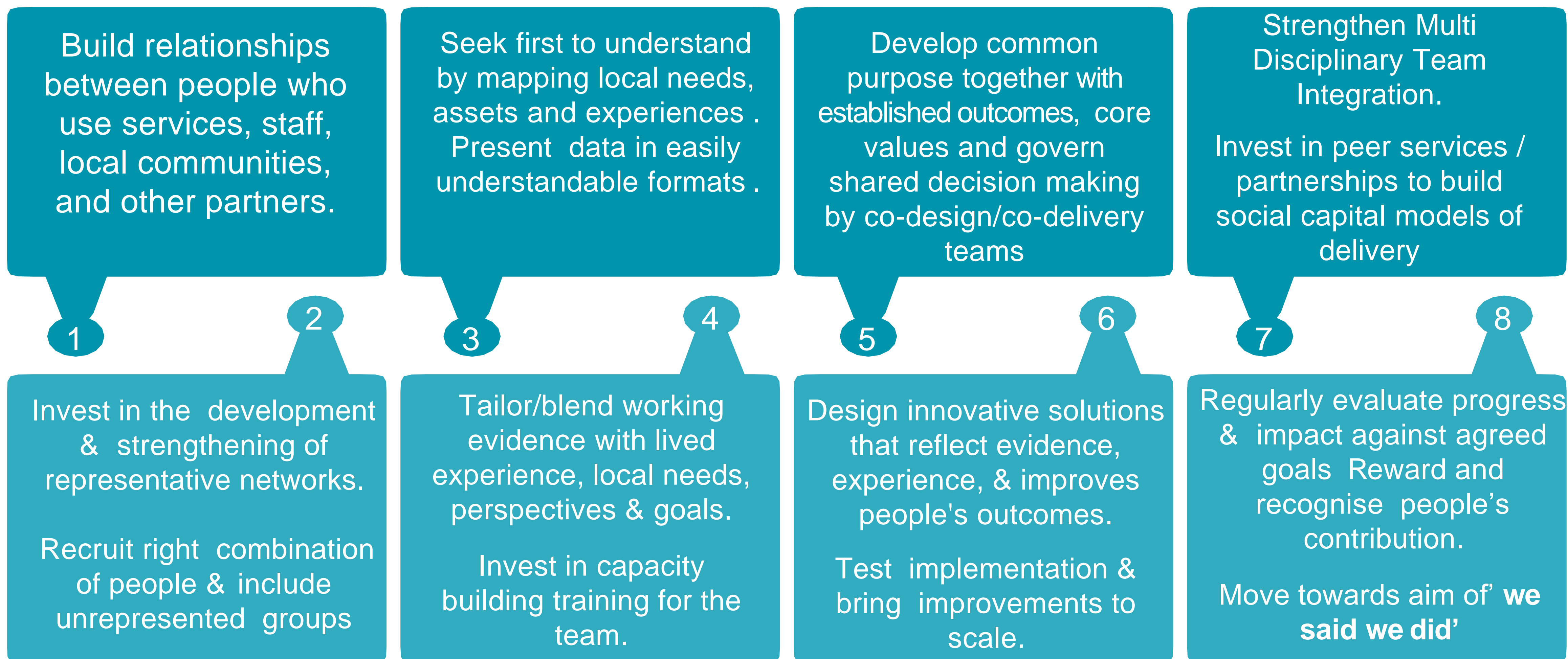Strategic, targeted **waste reduction**, and focus on **value management**

A focus on What Matters

Raise **Joy in Work**

Co-production with patients and families

Co-design with Patients

ORIGINAL RESEARCH

Coproduction of healthcare service

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[3]Department of Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA
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ABSTRACT

Efforts to ensure effective participation of patients in healthcare are called by many names —patient centredness, patient engagement, patient experience. Improvement initiatives in this domain often resemble the efforts of manufacturers to engage consumers in designing and marketing products. Services, however, are fundamentally different than products; unlike goods, services are always 'coproduced'. Failure to recognise this unique character of a service and its implications may limit our success in partnering with patients to improve health care. We trace a partial history of the coproduction concept, present a model of healthcare service compromised by an implicit paradigm, which suggests that healthcare service is a product manufactured by healthcare systems for use by healthcare consumers. This product paradigm may confound efforts to put patients and professionals in right relationship. Healthcare service is better conceived as a service. Services, unlike manufactured goods, are always coproduced by service professionals and service users.

Even in the most traditional model of medical practice—patient comes to clinician for help, clinician listens to and examines the patient, clinician formulates

OPEN ACCESS

Key Implementation Steps to Effective Co-Production

Build relationships between people who use services, staff, local communities, and other partners.

Seek first to understand by mapping local needs, assets and experiences . Present data in easily understandable formats .

Develop common purpose together with established outcomes, core values and govern shared decision making by co-design/co-delivery teams

Strengthen Multi Disciplinary Team Integration.
Invest in peer services / partnerships to build social capital models of delivery

1

2

3

4

5

6

7

8

Invest in the development & strengthening of representative networks.

Recruit right combination of people & include unrepresented groups

Tailor/blend working evidence with lived experience, local needs, perspectives & goals.

Invest in capacity building training for the team.

Design innovative solutions that reflect evidence, experience, & improves people's outcomes.

Test implementation & bring improvements to scale.

Regularly evaluate progress & impact against agreed goals Reward and recognise people's contribution.

Move towards aim of' **we said we did'**

Connective Tissue

Connective tissue is the **infrastructure** needed to support intentional alignment, coordination, and integration between sectors/organizations that serve like populations within a community.

- Infrastructure = information exchange systems, financing, personnel, shared language, trust and shared goals.

- Requires a deliberate process that moves towards a community-wide approach vs individual goals of any one system.

Sources:
- Butler, Stuart M. & Maguire, Marcella (2022) Building connective tissue for effective housing health initiatives. Brookings
- Multnomah County FUSE Report (2021)

Components of Success

1. **Clearly defined goals that align priorities between sectors**

Sources:
- Butler, Stuart M. & Maguire, Marcella (2022) Building connective tissue for effective housing health initiatives. Brookings
- Multnomah County FUSE Report (2021)

Components of Success

2. **Engagement and network development between sectors**

## Sample Housing-Related Services Partnerships Driver Diagram

Aim	Primary Driver	Secondary Drivers
Provide housing and services to <target population> to increase housing stability by x% and reduce health care costs by x% by <date>	Increase access to permanent, affordable housing for the target population	Create more housing units for the target population
		Improve coordination of and access to resources to make units affordable
		Educate and incentivize housing owners/property managers to house the target population
	Increase access to pre-tenancy and tenancy sustaining services for the target population	Improve provider capacity to deliver housing-related services
		Coordinate and enhance funding and access to supportive services aligned with housing
	Develop and improve targeting policies to better prioritize and serve the target population	Use data systems to identify target population and match with best intervention
		Coordinate target population access to resources across systems

Components of Success

3. **Activities or concrete projects that build networks between sectors.**

4. **Embedded intermediaries cement cross-sector partnerships involving health.**

5. **Shared Data Systems**

6. **Budgeting transparency and coordination.**

Source: Butler, Stuart M. & Maguire, Marcella (2022) Building connective tissue for effective housing health initiatives. Brookings
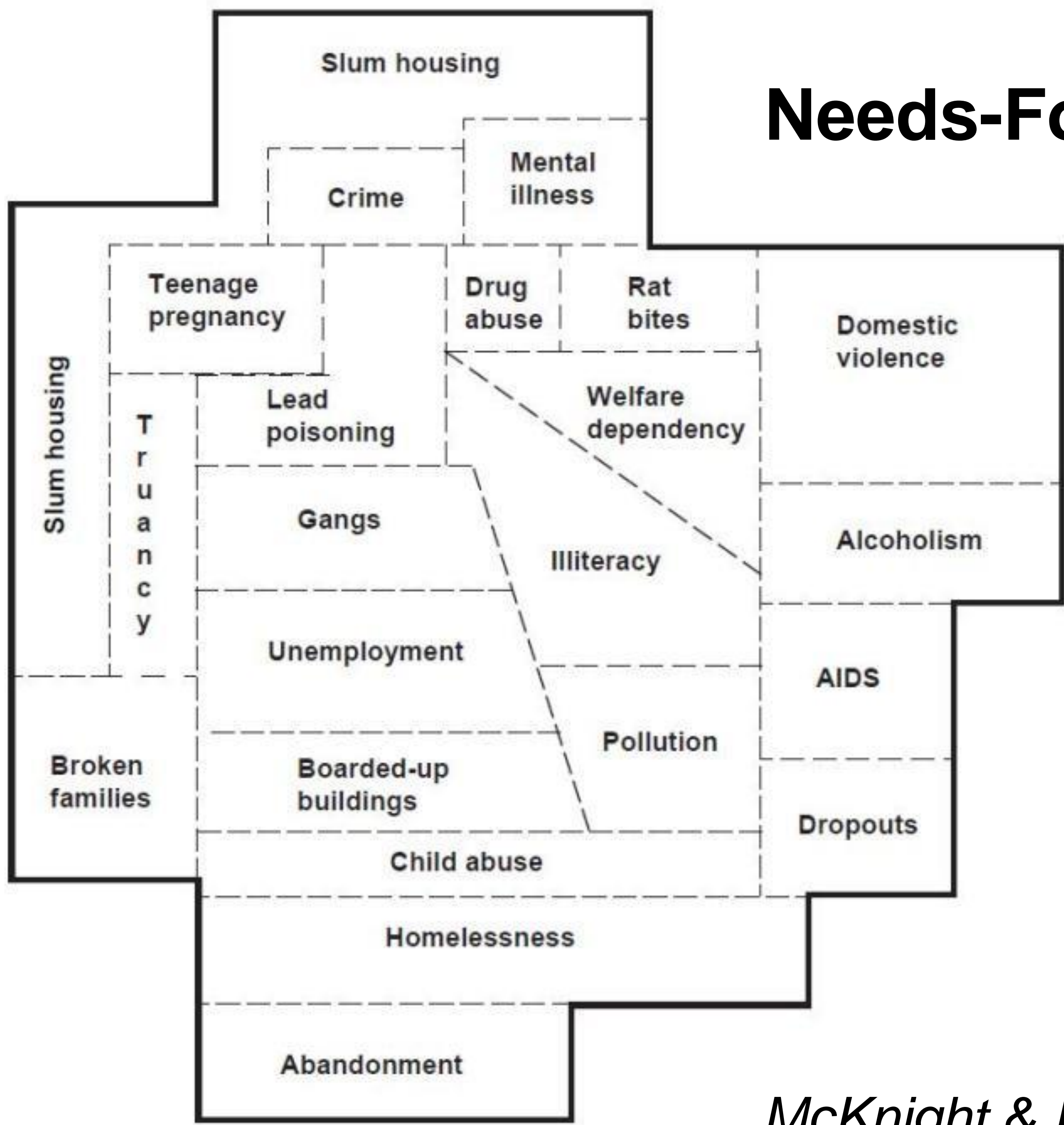
Needs-Focused Map

McKnight & Kretzmann, 1996

Assets-Focused Map
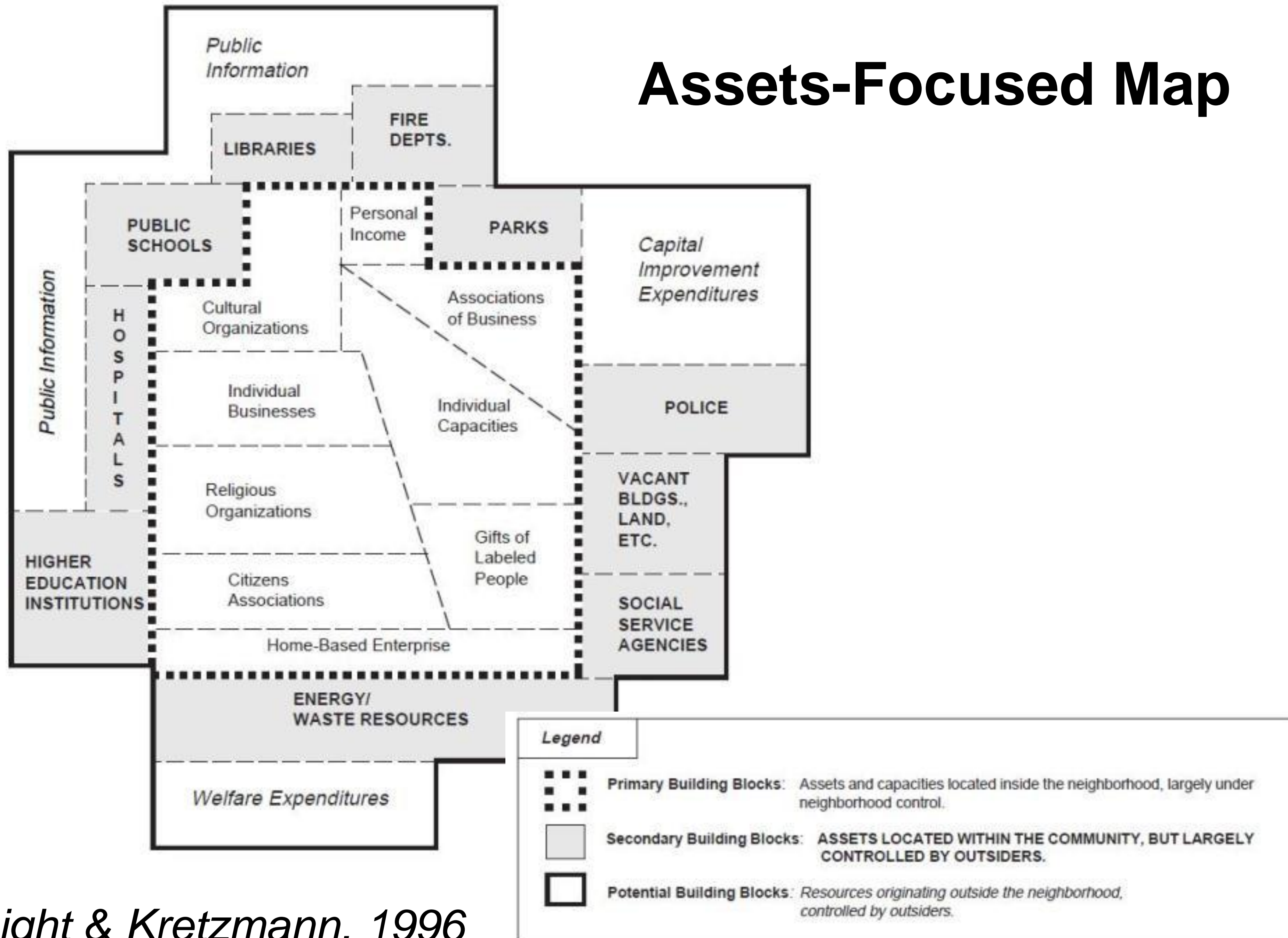
McKnight & Kretzmann, 1996

Challenges for you

- Look at the data, across your system and in your community
- Ask "What matters to you?" to residents, patients, carers and staff
- Build your asset and deficit maps across the system
- Convene, share stories and data
- Build community goals-for this year first

The Ten Teams Challenge

1. **Health coverage:** achieve universal health insurance coverage for the region served by the hospital.

2. **Food security:** end hunger and food insecurity.

3. **Housing security:** end chronic homelessness.

4. **Immigrant needs:** ensure excellent care and social support for all immigrants.

5. **Corrections and prison health:** foster a restorative and compassionate criminal justice system.

6. **Climate and decarbonization:** 50% reduction in the hospital's greenhouse gas emissions by 2030, and a 100% reduction by 2050.

7. **Voting rights:** protect voting rights for all, including encouraging 100% voting for staff.

8. **Education supports**: strengthen elementary and secondary education in the region served.

9. **Early childhood supports:** help ensure safe birthing, early childhood supports, and school readiness for all children younger than 5 years.

10. **Elderly and loneliness:** end social isolation for older individuals, which is associated with increased mortality and morbidity.

Ten Teams – Four Challenges

1. **Medicalization of social problems**, or health care's exerting economic and political influence without deference to community voices and expertise that lies well outside health care. That would indeed be a mistake. The Ten Teams idea is for health care to to be a generous and active participant in community-led activities to improve social determinants.

2. **Overwhelming the health care workforce:** the workforce would be energized by the opportunity to engage with social influences on health. By making jobs in health care more meaningful than ever, Ten Teams would reduce, not aggravate, workforce shortages.

3. **Call for "focus" / 10 is too many teams** and that having fewer would raise the odds of success. That underestimates both the latent potential in the health care industry and the urgency of each need. The influence of social determinants is vast; it warrants a vast response.

4. **No one will pay for this activity.** The Ten Teams challenge calls for an explicit reallocation of existing hospital resources to the improvement of health; it is a change in the business plan; it obligates the hospital to find the needed resources. A good starting place might be at 2% of the hospital's total budget.

Thank You!

Maureen Bisognano

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21 June 2022

Region Östergötland

Krister Björkegren, Chief executive officer

Region
Östergötland

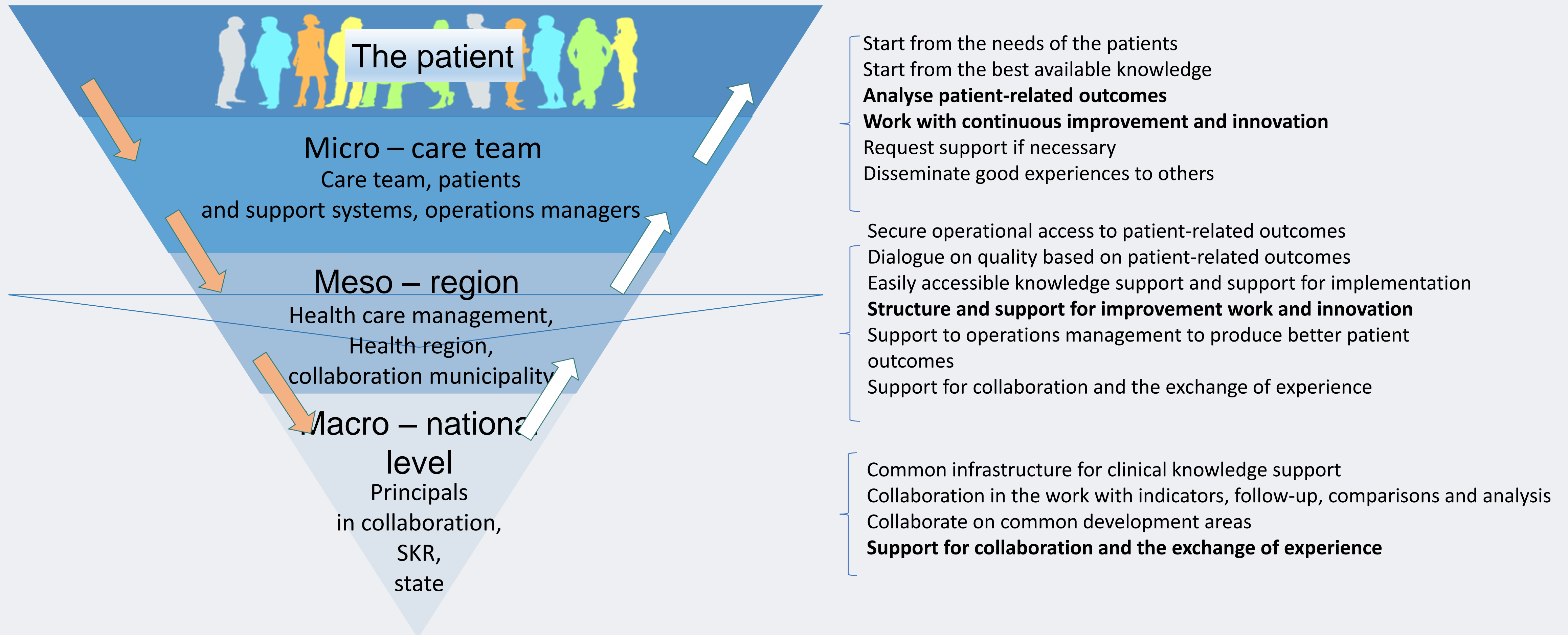# Leading in complex systems
 - Improvement team Intensive care unit

This is Daniel

Innovation and knowledge management

The patient

Micro – care team
Care team, patients
and support systems, operations managers

Meso – region
Health care management,
Health region,
collaboration municipality

Macro – national level
Principals
in collaboration,
SKR,
state

Start from the needs of the patients
Start from the best available knowledge
Analyse patient-related outcomes
Work with continuous improvement and innovation
Request support if necessary
Disseminate good experiences to others

Secure operational access to patient-related outcomes
Dialogue on quality based on patient-related outcomes
Easily accessible knowledge support and support for implementation
Structure and support for improvement work and innovation
Support to operations management to produce better patient outcomes
Support for collaboration and the exchange of experience

Common infrastructure for clinical knowledge support
Collaboration in the work with indicators, follow-up, comparisons and analysis
Collaborate on common development areas
Support for collaboration and the exchange of experience

Region Östergötland

Southeast healthcare region

REGION ÖSTERGÖTLAND

Inhabitants	470 000
Employees	13 000
Hospitals	3
Health centers	45
Managers	640

REGION JÖNKÖPING

Inhabitants	365 000
Employees	10 000
Hospitals	3
Health centers	47
Managers	570

REGION KALMAR LÄN

Inhabitants	245 000
Employees	7 000
Hospitals	3
Health centers	40
Managers	320

TOTAL

Inhabitants	1 080 000
Employees	30 000
Hospitals	9
Health centers	132
Managers	1530

Region Östergötland

Region Jönköpings län

Region Kalmar län

Region Östergötland

Work in progress - Our approach to leadership
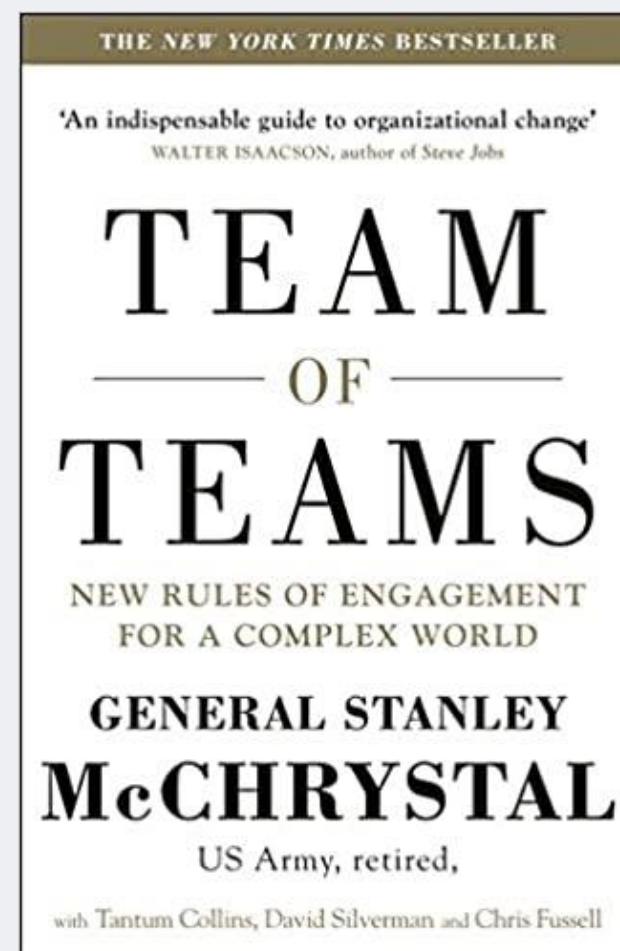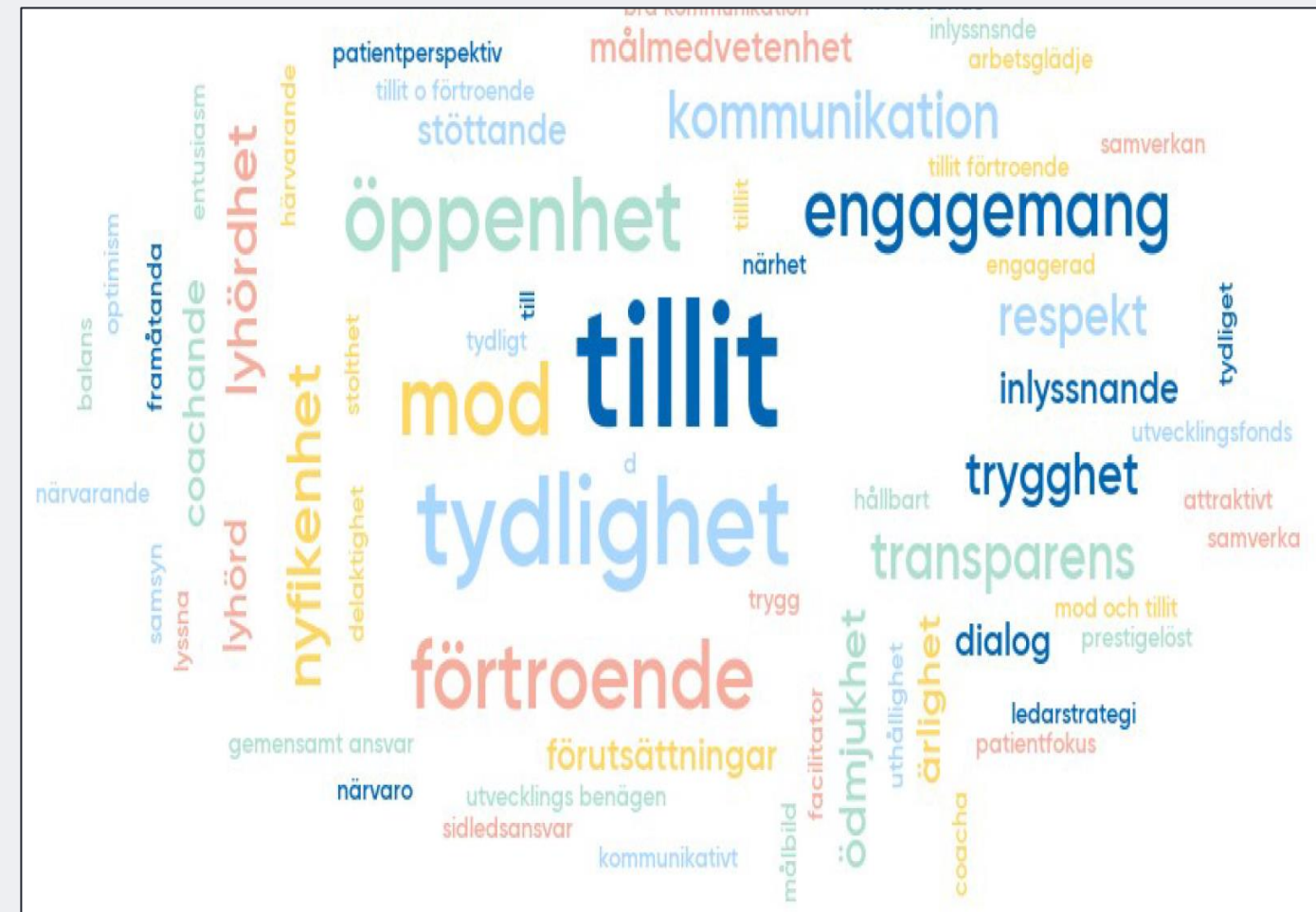
Our approach to leadership

As manager, you enable us all, through your leadership, to work together every day to further develop the region and bring about continuous improvement to people's daily lives.

Region Östergötland

# The four pillars of leadership

Embrace complexity

Focus on development

OUR MISSION

Create together

Build trust

Region Östergötland

Embrace complexity

- Pause and reflect, to be able to identify and analyze problems
- Consider challenges in the proper perspective; take responsibility for the whole picture and take action on the various parts of the whole picture
- Get help in finding solutions
- Be courageous and accepting
- Understand that the task may be difficult

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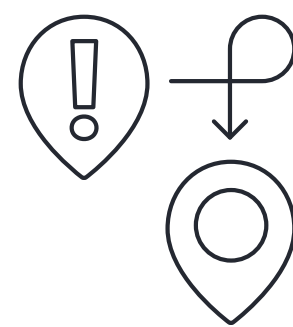
Build trust

- Take active and shared responsibility for the whole picture
- Trust the people you work with
- Remember that people complement each other and be open to the possibilities this entails
- Be aware of the consequences of your own and others' actions

Region Östergötland
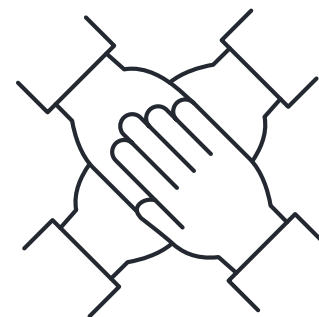
Focus on development

- Focus on improvement and development

- Be curious, and don't be afraid to challenge established ideas

- Don't be afraid to take risks: test out new ideas and be ready to learn from mistakes

- Cultivate an atmosphere of acceptance, in which both successes and setbacks are shared by everyone

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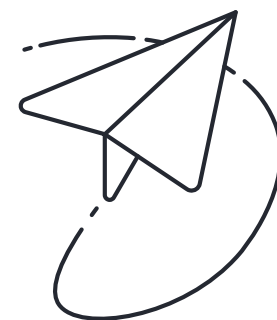
Create together

- Provide the conditions that promote participation
- Facilitate and create meeting places
- Be open: listen and ask questions
- Take advantage of employees' varying abilities, skills and differences
- Learn from others

Region Östergötland

The power lies with our employees and they deserve good leadership

Avdelning 7, Kardiologiska kliniken, Linköping

Bild, Lab och Dialys, BLD.

Hälsoutvecklarna

Strålbehandlingen Universitetssjukhuset i Linköping

ANOPIVA, Vrinnevisjukhuset

Donationsveckan

Rehab Finspång

Barnskyddsteam Region Östergötland

Magtarmmedicinska kliniken, Linköping

V V H - Verksamhetsutveckling vård och hälsa

Region Östergötland

So we can do a good job for those we are here for

Krister Björkegren

Chief executive officer

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Region Östergötland

High-Impact Leadership Behaviors

What leaders do to make a difference

1. Person-centeredness	Be consistently person-centered in word and deed
2. Front Line Engagement	Be a regular authentic presence at the front line and a visible champion of improvement
3. Relentless Focus	Remain focused on the vision and strategy
4. Transparency	Require transparency about results, progress, aims, and defects
5. Boundarilessness	Encourage and practice systems thinking and collaboration across boundaries

Swensen, Pugh, McMullan, Kabcenell *High Impact Leadership* 2013 www.ihi.org

What do Boundariless Leaders do?

- They ask open and honest questions – always curious

- They build trust – in order to radically co-produce

- They say what the do, and they do what they say

- They go to visit the people in the work

- They share ideas from one part to another (and then they eliminate the silos that prevented organic spread of ideas)

- They have the courage to ask the hard questions, apologize when needed and do it differently

High-Impact Leadership Behaviors

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Swensen, Pugh, McMullan, Kabcenell *High Impact Leadership* 2013 www.ihi.org

Institute for Healthcare Improvement

Have you seen these behaviors in your work?

Institute for Healthcare Improvement

Discussion

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We will not rest until everyone has the best care and the best health possible.

Thank you

Institute *for* Healthcare Improvement

PLEASE SUBMIT YOUR FEEDBACK

Join at slido.com
#quality2022