

Session F7: Afterthought- metareflections through the lens of improvement and implementation research

What have we learned?

Session Outline

Introduction (5 minutes)

Participants' ideas (15 minutes)

- Participants add their breakthrough ideas (sentence / short phrase) via slido prompt (2-3 minutes)
- Table discussions

Ideas from learning agent synthesis (40 minutes)

- Theme 1 (10 minutes)
- Theme 2 (10 minutes)
- Theme 3 (10 minutes)
- Theme 4 (10 minutes)

Panelist summary



What were your breakthrough learnings?

At your tables...

- Quiet reflection for 2 min “what idea, mechanism or result impacted you the most over the past 2 days”?
- Add your breakthrough (s) (sentence / short phrase) via slido prompt (2-3 minutes)
- Discuss your breakthrough takeaways with others at your tables



What were your breakthrough learnings?

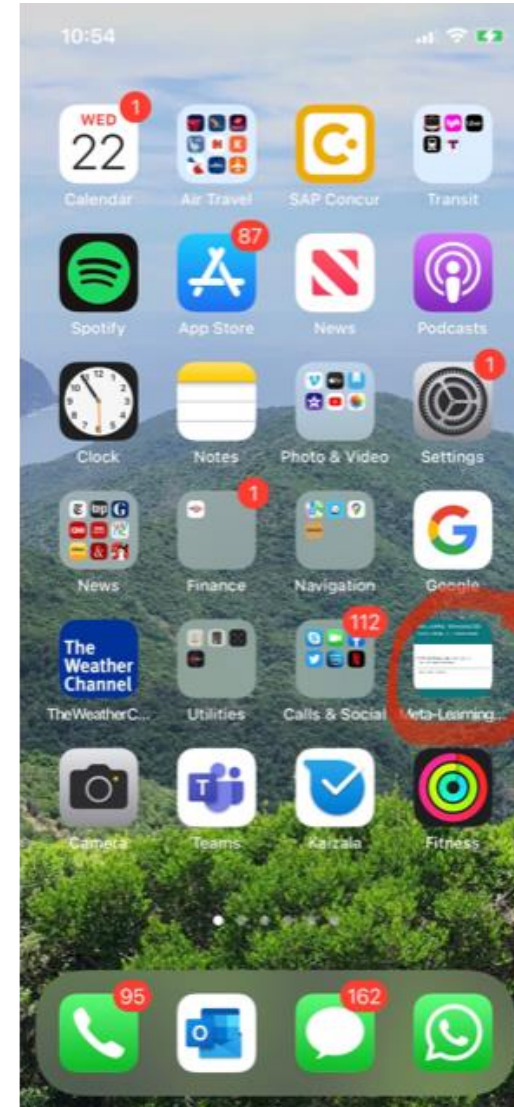
Slido

- Add your breakthrough (s) (sentence / short phrase) via slido prompt (2-3 minutes)
- Discuss your breakthrough takeaways with others at your tables



Test of New Learning System at Gothenburg Forum

- 30 “learning agents” invited, 12 participated
- 7 of Tuesday’s sessions were highlighted
- 4 key themes for “breakthrough learning”



Shortcut to MS Teams learning capture form on phone



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* Required

1. Your name (person submitting this form) *

Enter your answer

2. What is the session number of this presentation? e.g. M2 *

Enter your answer

3. Who or what group presented the breakthrough learning?

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MS Teams learning capture form on phone, submitted to IHI team that synthesized materials



Theme 1: The road to healthcare improvement requires collaboration and co-production

- Co-production and collaboration needs to be “baked in” to *All* QI designs
 - QI designs that are “top down” or only partially inclusive will fall short
- Who are the people who need to participate?
 - community members, patients, professionals, schools, etc. (breakthrough examples of getting families involved in readmissions avoidance in London, neighborhood co-production for cancer centre in Sweden)
 - From today’s plenary – going beyond the macro, meso, and micro....to the “nano”
- Understand the impact of power dynamics in the co-production relationship
 - True co-production requires authentic efforts to eliminate hierarchies
 - be mindful of power dynamics within the relationships of the co-designers as you co-produce
- New Models and Strategies that can guide effective co-production
 - Paul Batalden’s “Quality 3.0” model - Pilot testing now underway



Theme 2: Overcoming some of our biggest health and healthcare challenges requires trust

For every level of the system (Macro, meso, micro) and all its constituencies (communities, patients, providers, managers, leaders) trust is *the* key element for improvement

Specific concepts and strategies:

- Trusted leaders are authentic (reliable, what I do vs what I say)
- Shared vision and aligned expectations – (conveying a burning platform to build a movement that will trust and follow)
- Trusted leaders have “heart” – strong connections between kindness, empathetic leadership and trust
- Improvement leadership is multidimensional (system thinkers, coaches, inspire alignment and frame problems to solve)



What do *you think*?

Theme 1: The road to healthcare improvement requires collaboration and co-production

Theme 2: Overcoming some of our biggest health and healthcare challenges requires trust



Theme 3: We need to do a better job of communicating information in a meaningful way

How can we make the data compelling and easy to understand? –

- Is the communication of the data accessible? Start with a clear title, data display should be intuitive, needing no explanation)
- specific ideas on data visualization – (stand alone, tells a story, use alerts (e.g. red colors) to indicate danger)
- Use data to engage the audience in learning, draw them in to a conversation on findings? (exciting new tools shown at the conference to engage audience in real time (e.g. Slido)
- Learn from the Pandemic
 - Democratization of data - “everyone” now understands data over time, data variation
 - Lots of data available that we don’t use – our job as improvers is to harness available data and re-present it to planners and implementers
- New opportunities for digital data
 - New era of harnessing EMR data, AI, machine learning, patient collected data - Improvement science needs to keep up and use this opportunity.



Theme 4: Improvement Science needs to broaden its disciplines (multi-disciplinary and multi-systems approaches)

- Importance of bringing a broader range of sciences into the Science of Improvement
 - Malaria control required collaboration with broad range of sciences (Don Goldmann)
- Include both the technical and social aspects of change (connection to co-production theme)
- Importance of quantitative and qualitative data
 - Integrate quantitative and qualitative in mixed methods approach
- Appreciate the complexity of the systems we are trying to change
 - Change and improvement is non-linear



What do *you think*?

Theme 3: We need to do a better job of communicating information in a meaningful way

Theme 4: Improvement Science needs to broaden its disciplines



Wrap Up Reflections....



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