


A10: Poster Showcase

CLINICAL ESCAPE ROOMS

A novel way to teach
human factor skills?

Phil Davies

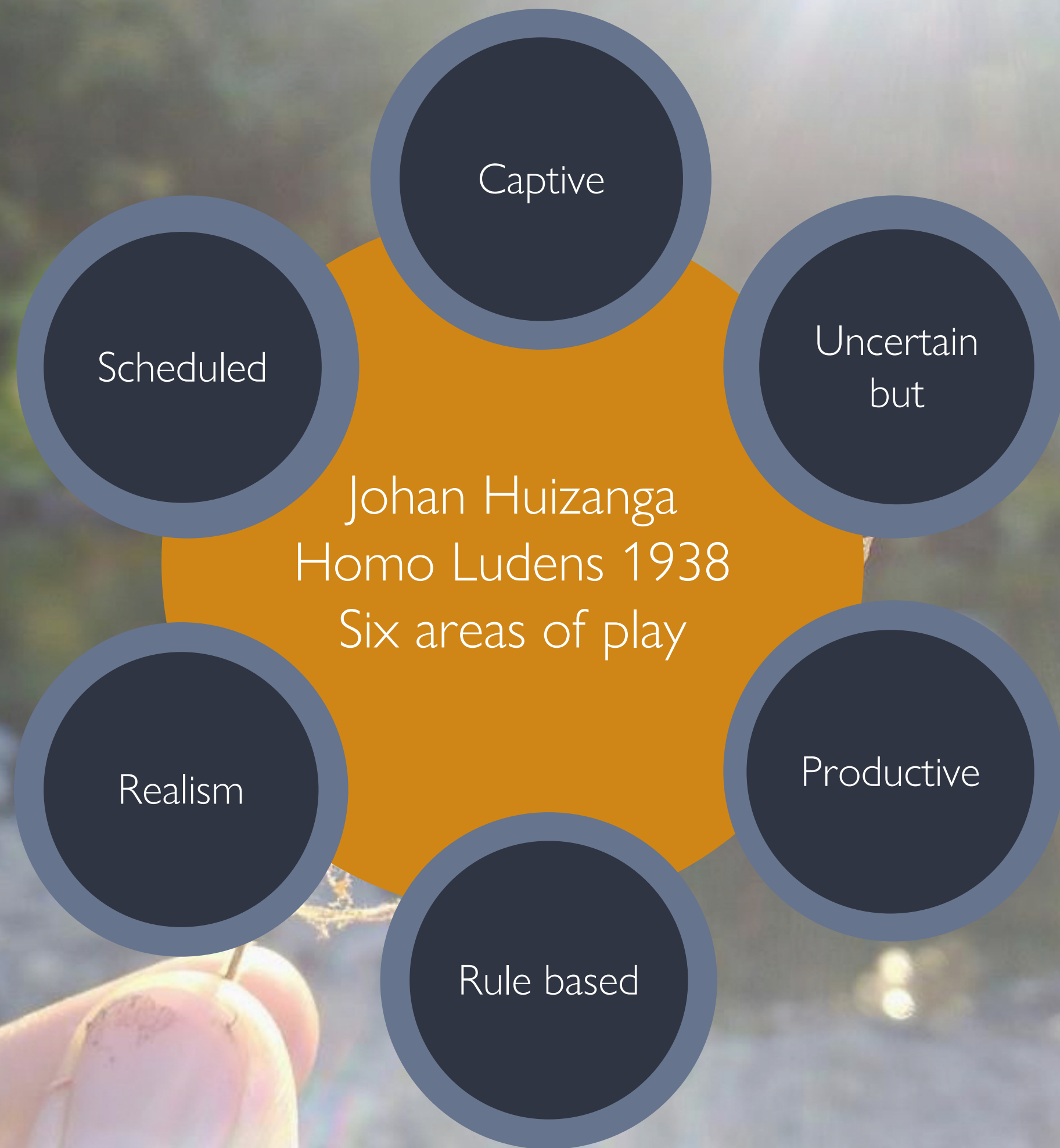


**Medicine used to
be simple,
ineffective and
relatively safe...**

**now it is complex,
effective and
potentially
dangerous**

Sir Cyril Chantler

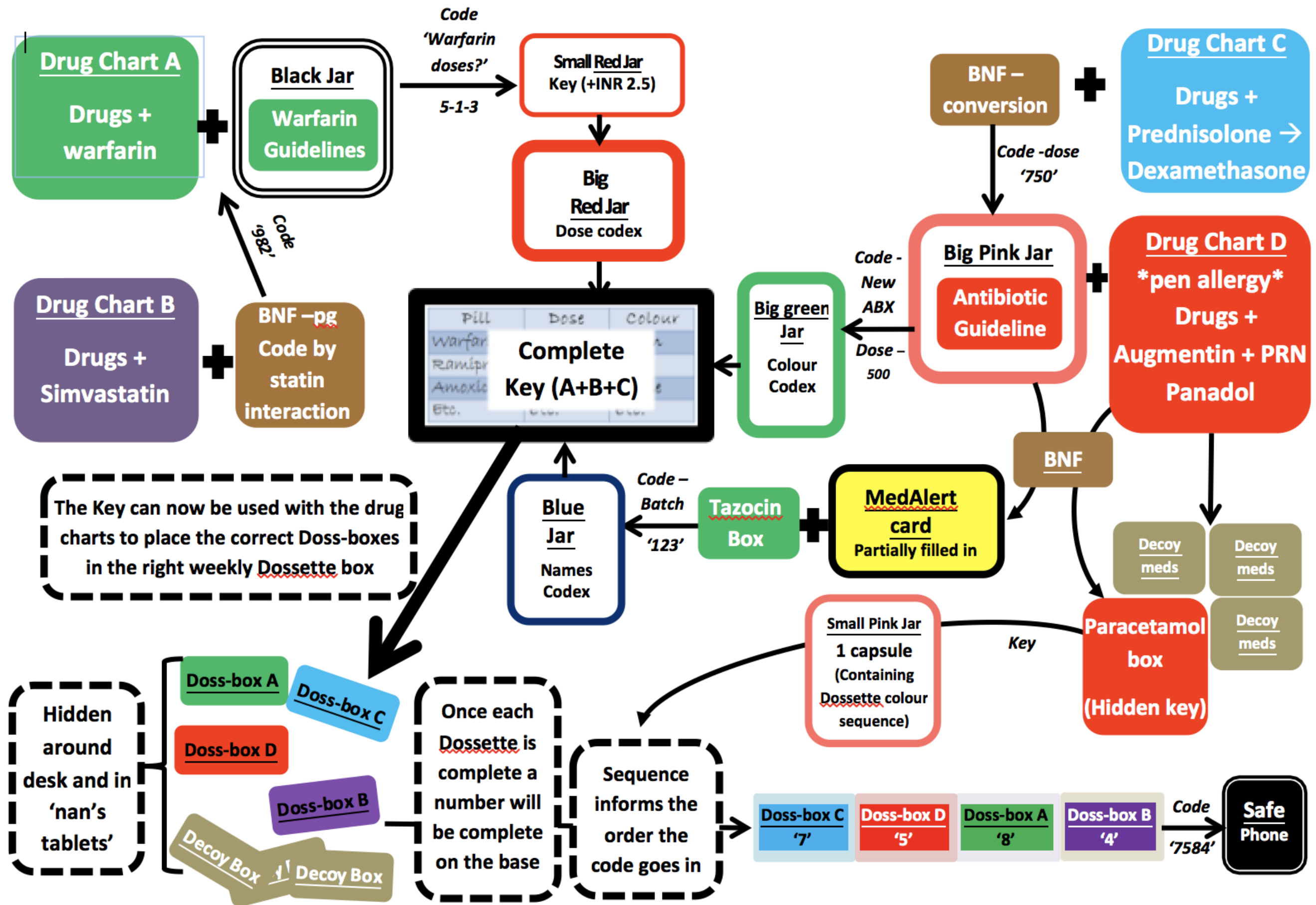
















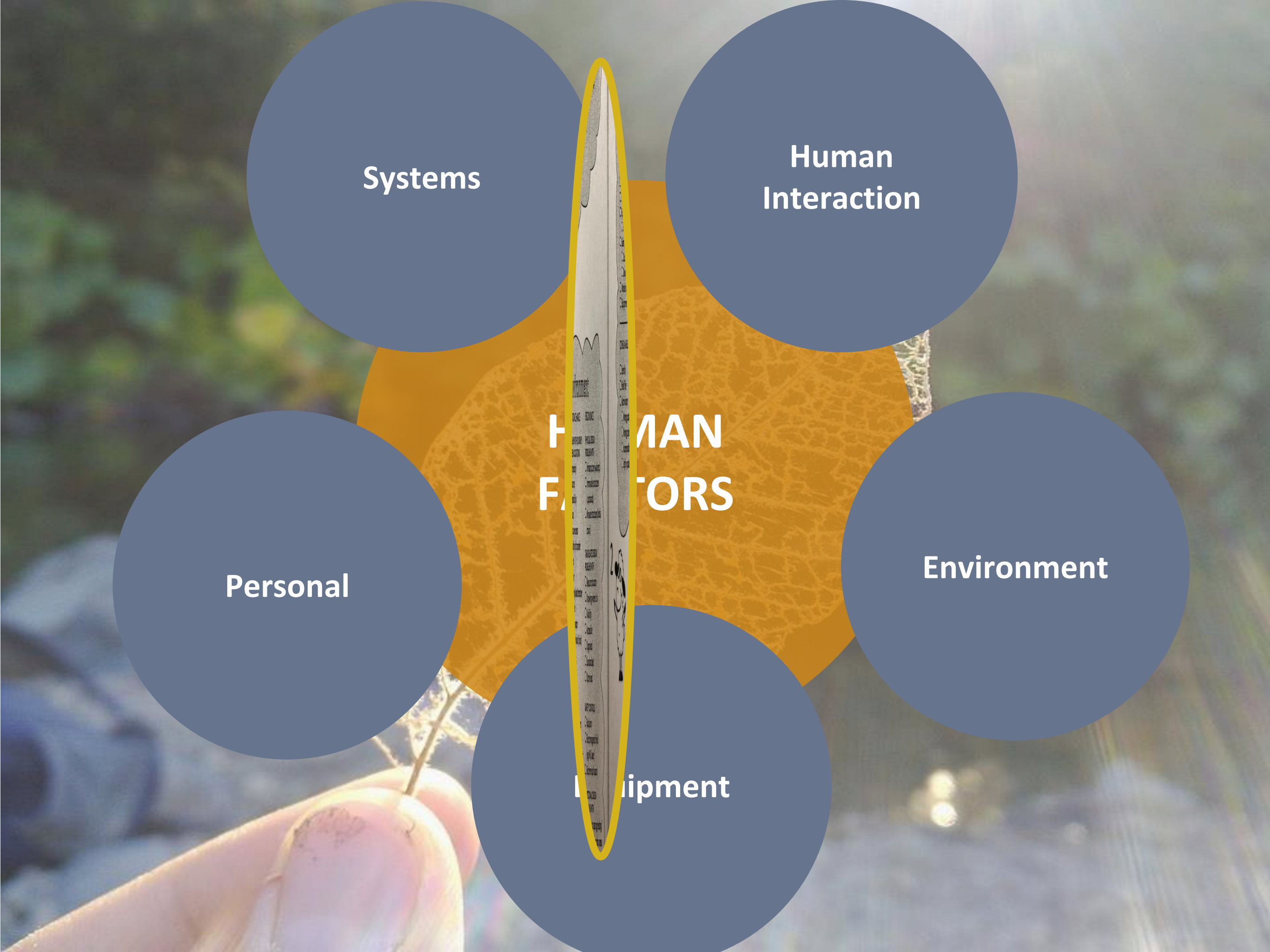
HUMAN FACTORS IN HEALTHCARE

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OXFORD

HUMAN FACTORS IN HEALTHCARE

OXFORD



Systems

**Human
Interaction**

**HUMAN
FACTORS**

Personal

Environment

Equipment



CRC CRC Press
Taylor & Francis Group

SAFETY AT THE SHARP END

A Guide to Non-Technical Skills

**RHONA FLIN
PAUL O'CONNOR
MARGARET CRICHTON**



A diagram illustrating the components of Non-Technical Skills. At the center is a large orange circle containing the text "NON TECHNICAL SKILLS". Surrounding this central circle are six smaller, semi-transparent blue circles, each containing a specific skill. The background of the entire image is a blurred photograph of a hand holding a green leaf, with sunlight filtering through the foliage.

NON TECHNICAL SKILLS

Situational
awareness

Decision
making

Communication

Teamwork

Leadership

Managing
stress

Coping with
fatigue



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264

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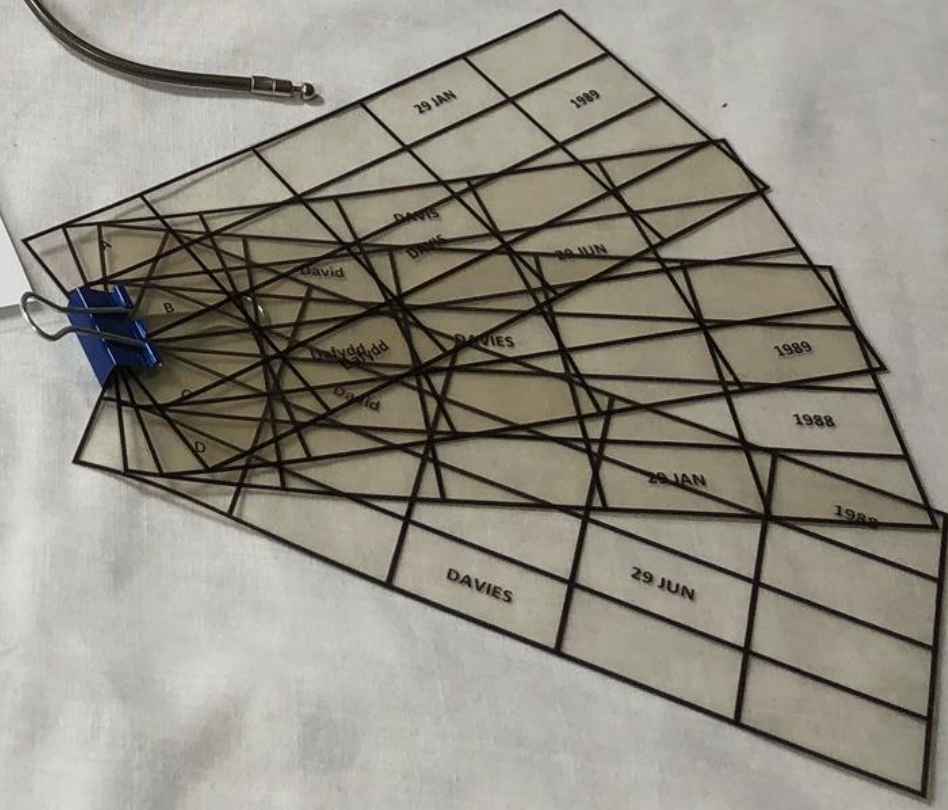
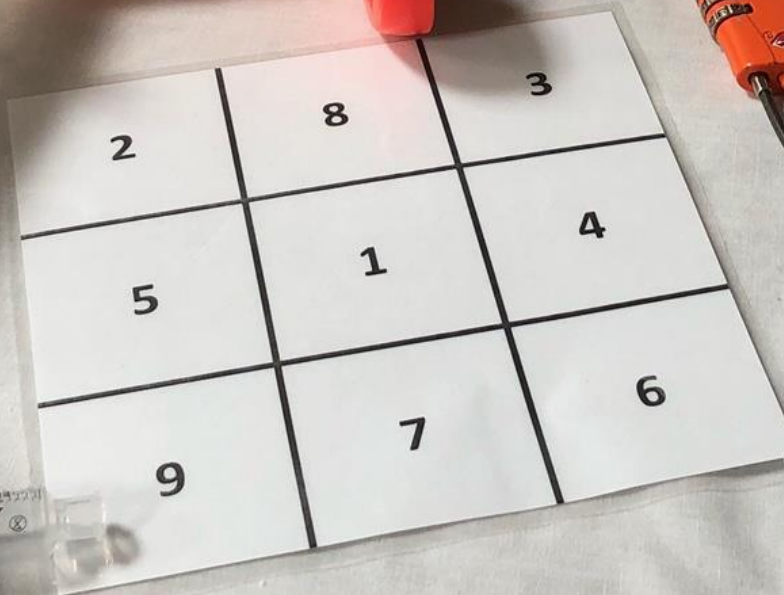
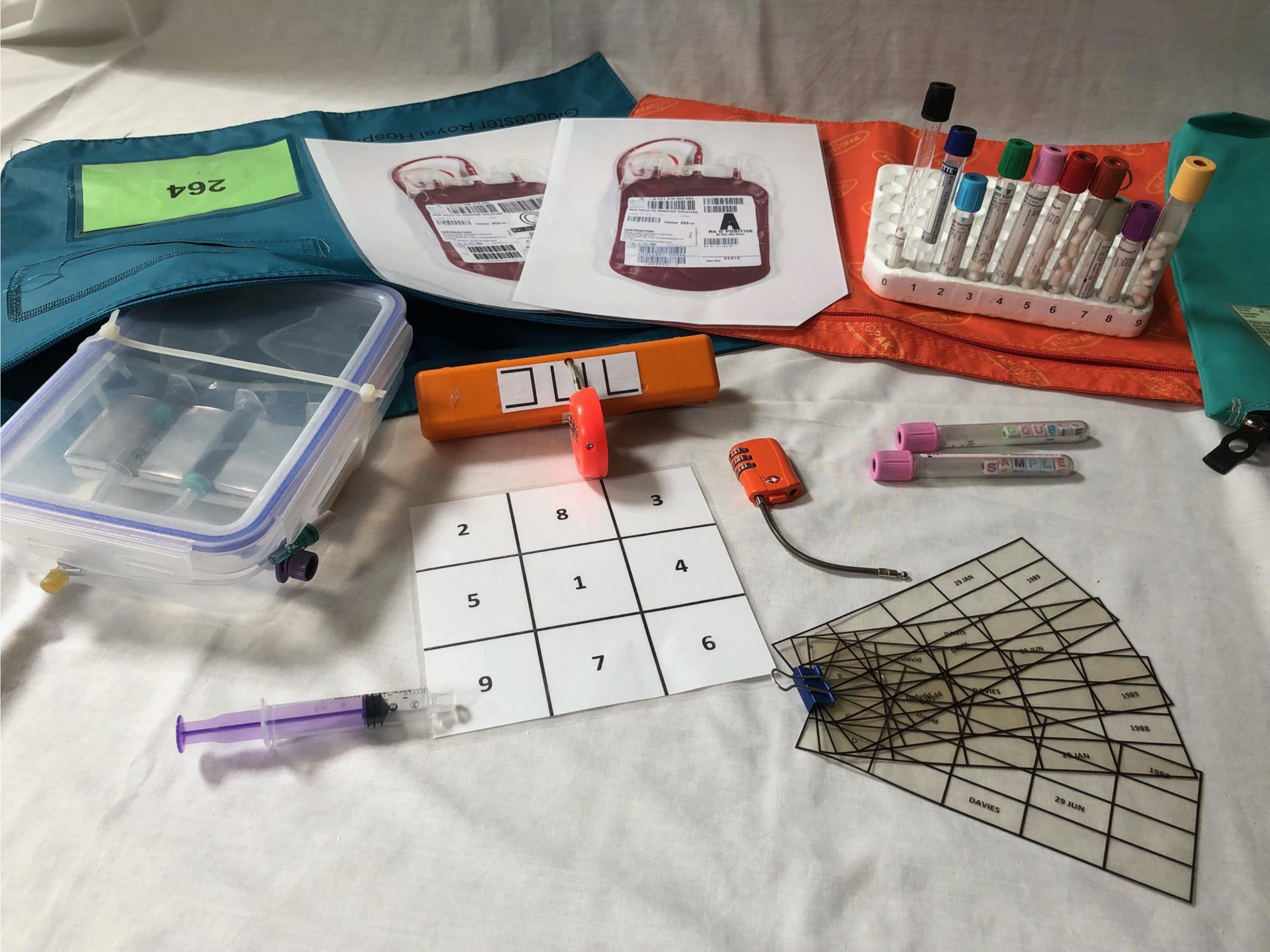
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PLEASE RETURN
TO BATTLEDOWN
RECEPTION

739

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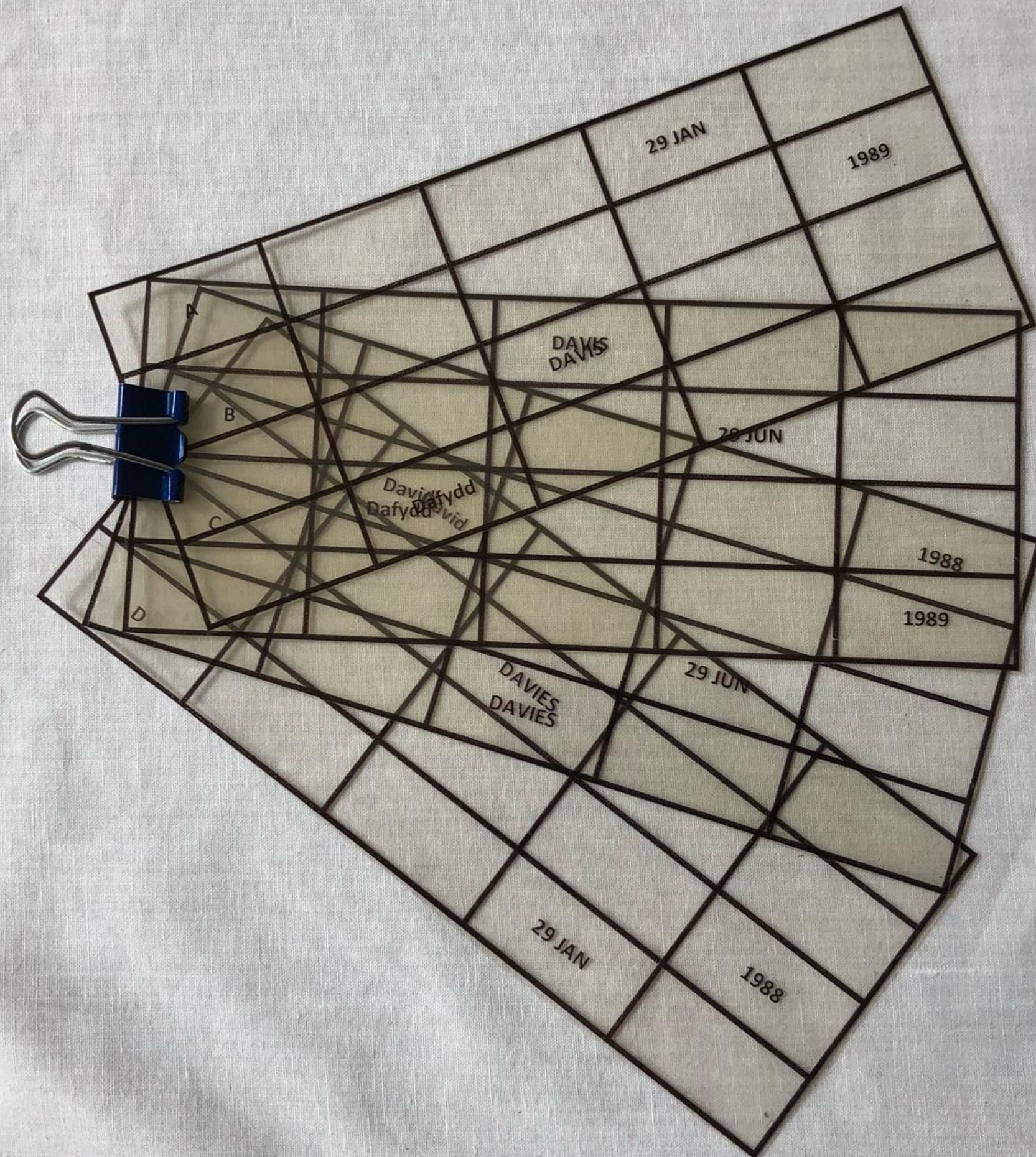



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		DAVIES		

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D			29 JAN	





A	David	DAVIS	29 JAN	1988
B	David	DAVIES	29 JUN	1989
C	Dafydd	DAVIS	29 JUN	1988
D	Dafydd	DAVIES	29 JAN	1989





#SolvingTogether

th'scovery

Crowdsourcing for improvement: lessons from three innovative approaches and its future potential

IHI International Forum, Copenhagen

Matthew Hill, Cristina Serrao, Bev Matthews and Ruth Cousens

16 May 2023

11.00 Room A10



Q is led by the Health Foundation and supported by partners across the UK and Ireland



Session aims

1. Briefly present the evidence base underpinning crowdsourcing approaches to improvement
2. Map the different types and models of crowdsourcing approaches
3. Draw on key lessons from three pioneering examples of crowdsourcing for improvement in the UK



What is crowdsourcing?

“Crowdsourcing is the process of aggregating crowd wisdom to solve a problem”

Wang et al, 2020

“Crowdsourcing draws on a large pool of people to gather inputs such as ideas, funding or labour”

Lichten et al, 2018

“The act of taking a job traditionally performed by a designated agent (usually an employee) and outsourcing it to an undefined, generally large group of people in the form of an open call”

Howe, 2010

What is the evidence for it?

A wide range of applications:

- Evaluating surgical skills (Wang et al, 2020)
- To create sexual health messaging (Wang et al, 2020)
- Provide layperson cardio-pulmonary resuscitation (CPR) out-of-hospital (Wang et al, 2020)
- Cancer Research UK's Trailblazer – analysing images of tissue samples (Lichten et al, 2018)
- Cochrane Crowd – systematic reviews (Lichten et al, 2018)
- Consensus building on obstetric emergencies during COVID-19 (Kern, 2021)

Overall, the evidence for crowdsourcing is promising when compared to more traditional or expert-led approaches.

High quality evidence of positive ultimate impact (on both research quality/ decision-making and engagement) is relatively limited (Lichten et al, 2018; Wang et al, 2020).

We need greater clarity on the models and assumptions underpinning different approaches to crowdsourcing and how this should inform project design.

Different types and models of crowdsourcing

The rationale for crowdsourcing	Better answers and decisions / Securing (public) engagement and buy-in for solutions / Cost-saving or speed
The nature of the task	Data processing, data collection, problem solving, shaping research priorities, idea generation, consensus building, prototyping, consultation, voting, distributing resources
The crowd	The general public, those with some direct <i>interest</i> in the topic, those with some specialist expertise (including expertise from experience) The size of the crowd The level of diversity of the crowd
What the crowd are bringing	Knowledge and ideas, skills, interests, perspectives, access, time
Confidentiality	Anonymous input (often in citizen science) / named input (individual or at organisation level)
The central infrastructure	Light touch / substantial Orientation towards the challenge (e.g. research institute vs policy maker) The platform / technology used
Duration	One-off / Enduring or iterative engagement



What is the crowdsourcing model?

Thiscovery is an online platform for collaboration, innovation, and improvement. Anyone can register on Thiscovery and participate in projects, bringing their unique knowledge, skills, expertise and experience, including lived experience.

What has worked well?

- Ask specific questions – what does good look like in this scenario?
- Credibility
- Accessibility
- Timeliness
- Geographical spread

What has been learned?

- There's no shortcut to the diversity of participation
- Great user experience is vital
- No one-size-fits-all when it comes to participation

**Bringing fresh
insights to healthcare
improvement.**



Q Exchange

What is the crowdsourcing model?

The Q community's participatory funding programme. For Q Exchange in 2023, we have £800,000 of funding for bids of up to £40,000.

Q Exchange aims to activate the knowledge of improvement experts across the UK; to create links between those leading work and those who can help champion, support, adopt these ideas; and to boost ideas that have the best potential to generate value for the health and care system.

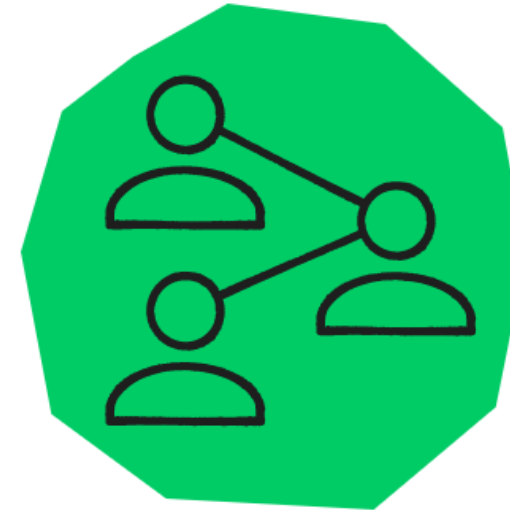
What has worked well?

- Successfully attracts those less likely to apply to other forms of funding
- The participatory model is valued by those who submit funding ideas
- Unsuccessful projects and wider participants gain some benefits
- The voting system is broadly seen as fair and credible

Q Exchange

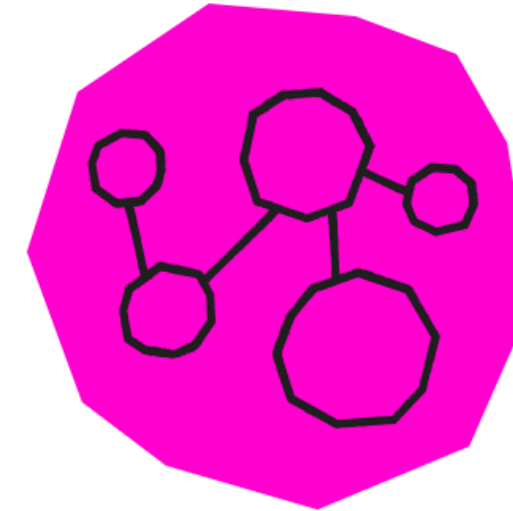
What has been learned?

- Considerable central support is required to 'stimulate' engagement and facilitate the process
- The level of collaborations and engagement between members at idea generation stage is relatively low (although has increased this year through greater centrally supported activity)
- Evidence shows that some of the projects are going on to have tangible impacts on health and care but more and higher quality evidence is needed as to how the crowdsourcing elements are increasing ultimate impact



Collective wisdom

Involve people who understand improvement to develop and select projects. Support all involved to learn from evidence, emerging ideas, and each other



Community

Create links between those leading work and others who champion, support, and help adopt it



Impact

Boost ideas judged to have the best potential to generate insight and value for patients, staff, and the health and care system



What is the crowdsourcing model?

Solving Together is an approach to capture, assess and test learning and ideas that can support the priorities for health and care. It is part of a suite of interventions relating to the delivery of transformation led by the Transformation Directorate of NHS England. The Solving Together “crowdsourcing” platform is a regionally-led and centrally-supported initiative to capture, assess, test and share ideas on a range of issues affecting our NHS.

What has worked well?

- Mobilising the people who know the most (those delivering care, those receiving care, and those leading services)
- Driving an inclusive approach, making the big ideas for improvement fair, accessible and inclusive for all
- Developing a community management model for creating active engagement during the crowdsourcing phase
- Investment by champions who are experts by experience, topic specialists, and critical friends to support the idea theming stage
- Alignment with key priorities, ensuring the approach is complementary and not an additional burden to the system



What has been learned?

- People who join in need to be valued and see that they are contributing to changes in the NHS
- Crowdsourcing is not the answer for everything. There key questions before deciding if crowdsourcing is the right method: Is there a clear project or programme ambition? Does it meet a health and care priority? Is there a view through to implementation of ideas?
- Don't start crowdsourcing unless there is commitment to follow up and follow through



What is meant by the term co-production?

"Co-production is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development & evaluation. Co-production acknowledges that people with 'lived experience' of a particular condition are often best placed to advise on what support and services will make a positive difference to their lives. Done well, co-production helps to ground discussions in reality, & to maintain a person-centred perspective"

Values and behaviours

For co-production to become part of the way we work, we will create a culture where the following values and behaviours are the norm:



Conclusions

Crowdsourcing has an affinity with improvement. It is problem-led, emphasises wide engagement and values of different forms of knowledge.

It is growing, emergent evidence is promising and new technology is increasing opportunities for it in health and care – improvers and improvement thinking should be on the frontline of this. But...

Being clear on your aims is essential and then designing appropriately based on them

Be aware of the challenges – most notably, it often requires considerable support to be successful



Thank you



@theQCommunity
q.health.org.uk



<https://solvingtogether.crowdcity.com/>

th'scovery

<https://www.thiscovery.org/>

Can we die in peace, please?



Clinical Manager Helle Skytte
The Hospital Unit Mid

Chief Consultant MD Ove Gaardboe
The Danish Society for Patient Safety

The "End-Of-Life Project"

Preventing overtreatment and providing maximal influence for patients on their end-of-life treatment and care

The municipalities of Viborg, Silkeborg and Skive
The Hospital Unit Mid in the Central Jutland Region



Can we die in peace, please?

Pre-project 2018-2020:

Not surprisingly the 164 interviews with patients, family, HC-professionals (and hospital priests) revealed that most people want to die peacefully at home with as little treatment as possible





Can we die in peace - at home?

2019	Hospital	Hospice	Nursing-home	Home	Other	No registration
North Jutland Region	35%	4%	24%	23%	9%	6%
Central Jutland Reg	27%	5%	28%	28%	8%	4%
South Denmark Reg	35%	5%	20%	28%	9%	3%
Capital Region	39%	5%	20%	20%	11%	5%
Sealand Region	40%	5%	17%	26%	8%	4%
Denmark	35%	5%	22%	25%	9%	4%
Source: The Danish Health Data Authority, 2020						

Can we die in peace, please?

Four primary focus areas were decided:

1. Conversations about EOL care and treatment with the oldest and most sick patients
2. Knowledge about legislation and local guidelines
3. Supporting relatives
4. Promoting the concept of bedside vigils



Training HC professionals

More than 200 HC professionals
Conversation training
Level of treatment and DNR
Patient decision vs doctor decision
Ethical aspects
Palliation
Legal aspects
Documentation



Training HC professionals

Material supporting the conversations

- Conversation guides
- Pamphlets for patients and relatives

...and the patient's decisions



Consequences

- When you attend a nursing home in the 3 municipalities, you will always be offered the conversation
- The conversation is a routine at the doctor's yearly visit
- In the hospital we saw a 4-fold rise from 2019 to 2022 in registration of level of treatment - including DNR orders

2019	2020	2021	2022
718	1655	2852	3168



Do people now die in peace?

We don't know – but it is a strong believe that things are getting better

After completing the project in 2022 another +1000 persons have attended a lighter model of training – and more training is planned

Most important there is still a strong commitment from hospital and the three municipalities



Not a priceless initiative...



"The Golden Thread" 2022
The Municipalities



"Best Citizen Involving Initiative" 2022
The Regions

