

A4: Silver radicals present 10 lessons from 20 years
in QI and large scale change



International Forum on
QUALITY & SAFETY
in **HEALTHCARE**
COPENHAGEN



Adapting to a changing world: equity, sustainability
and wellbeing for all



 @QualityForum #Quality2023

 Institute for
Healthcare
Improvement

BMJ

10 things we learned in 20 years of QI & large scale change

The Silver Radicals

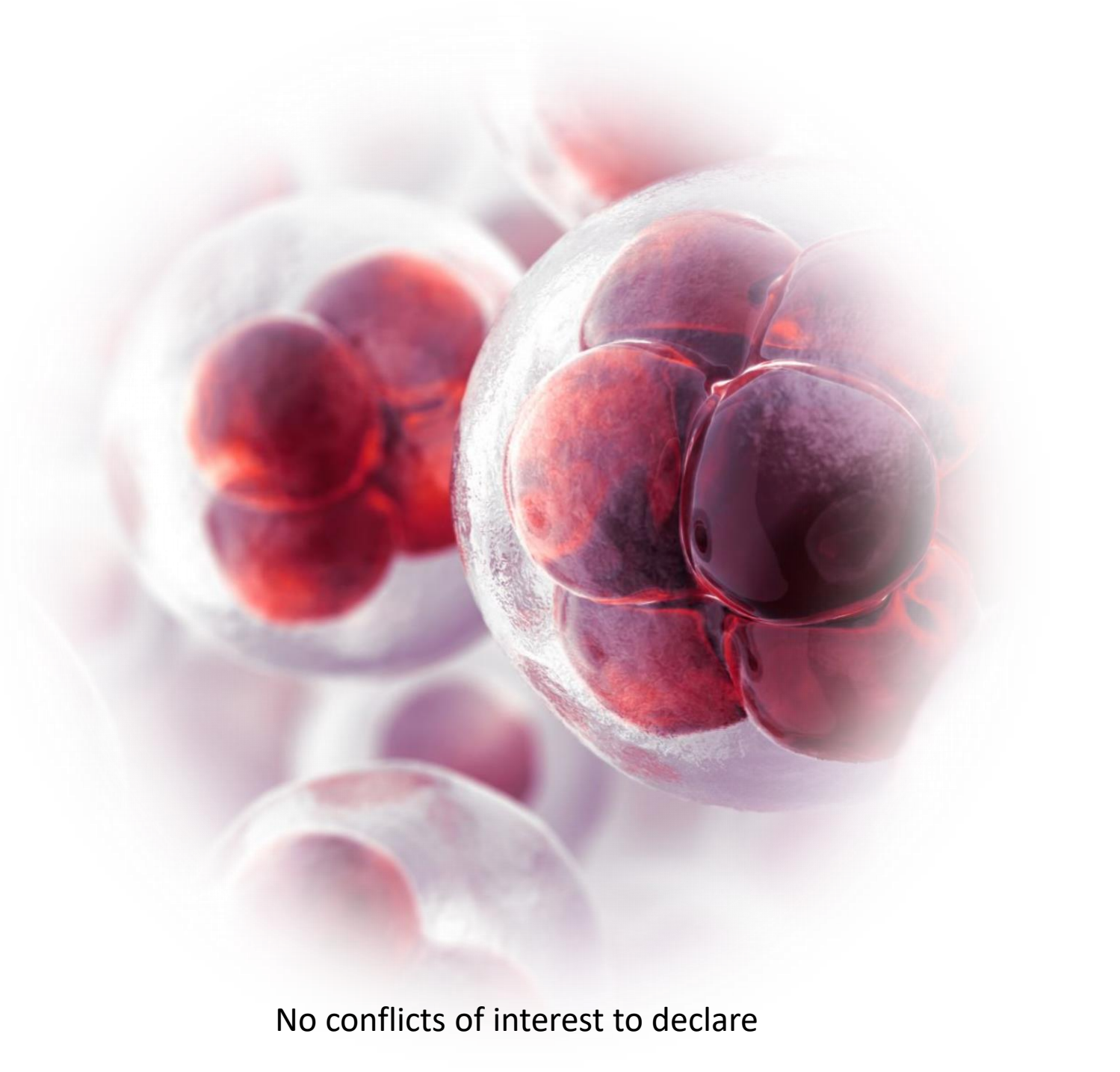
Sir John Oldham

Dr Paul Miles

Prof Boel Gare Andersson

Session A4

No conflicts of interest to declare



Sir John Oldham - The three 'P's:

Purposeful

Prepared

P

Psychology of Change



What hinders

- Unclear vision
- 80% effort in creating a plan
- Top down & disconnected
- Myriad components/ “iniativitis”
- Add on to existing workload
- Carry on the old ways as well as the new
- Change tack and measurement
- Negative opinion leaders

What helps

- Clarity of narrative
- 80% effort in implementation
- Meaningful front line involvement
- 3-4 key elements done rigorously
- Resource a dedicated team with senior leader
- Stop doing unhelpful old things and change protocols and incentives
- Persistence and resilience
- Court opinion leaders in design

Paul Miles MD : Three important things I have learned to value

- **Serendipity** (a chance occurrence that results in a positive outcome)
- **Humility** (that allows one to subject one's results to the scrutiny of others and to accept the fact that one may be wrong)
- **Collaboration** (acknowledging that optimum care requires working with others including the people we care for)

Attributes of Physician ScientistsFred Robbins

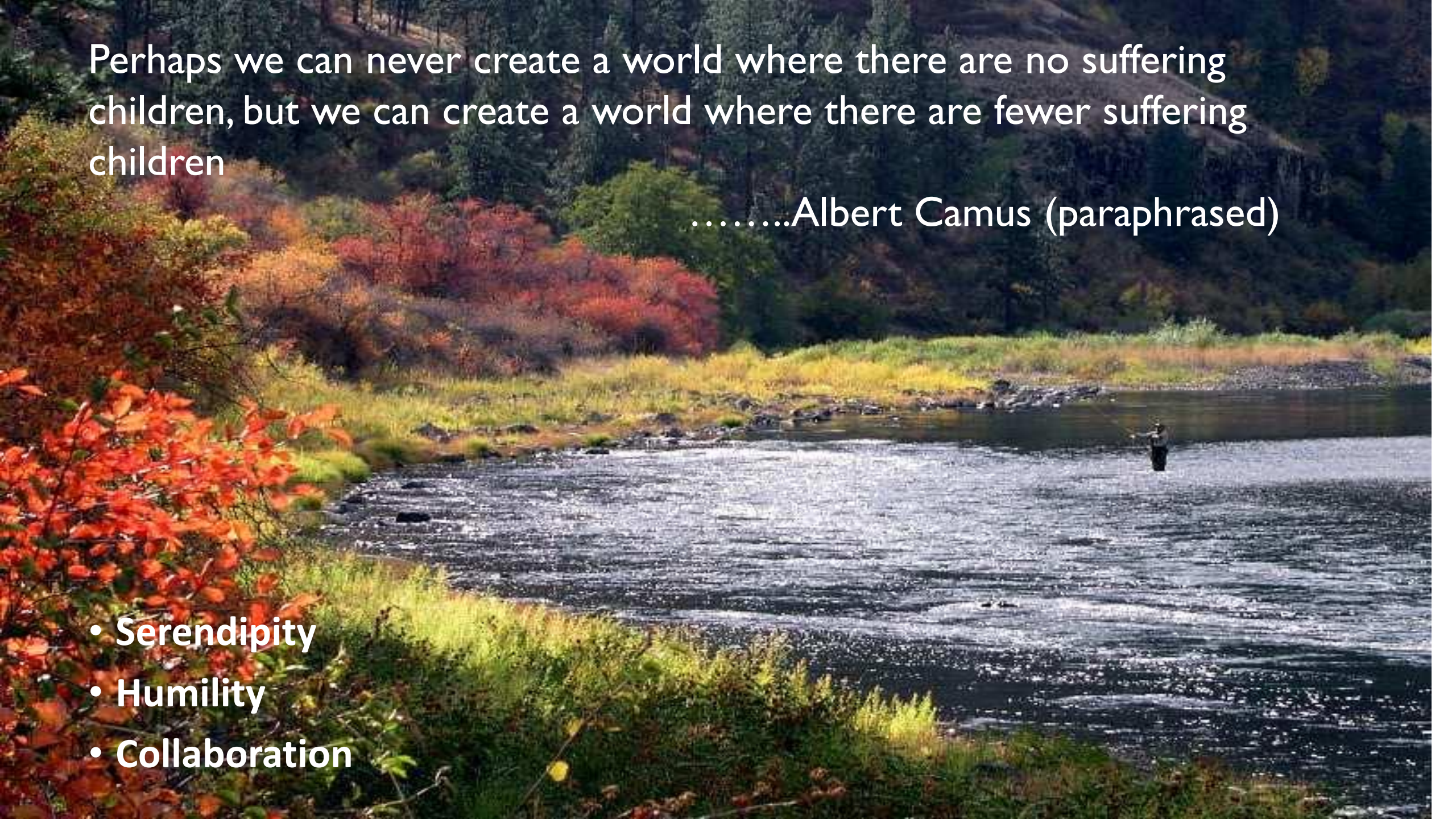


- Curiosity
- The power of observation
- Objectivity
- Humility (that allows one to subject one's results to the scrutiny of others and to accept the fact that one may be wrong)
- Compassion (acknowledged bias)

Perhaps we can never create a world where there are no suffering children, but we can create a world where there are fewer suffering children

.....Albert Camus (paraphrased)

- Serendipity
- Humility
- Collaboration



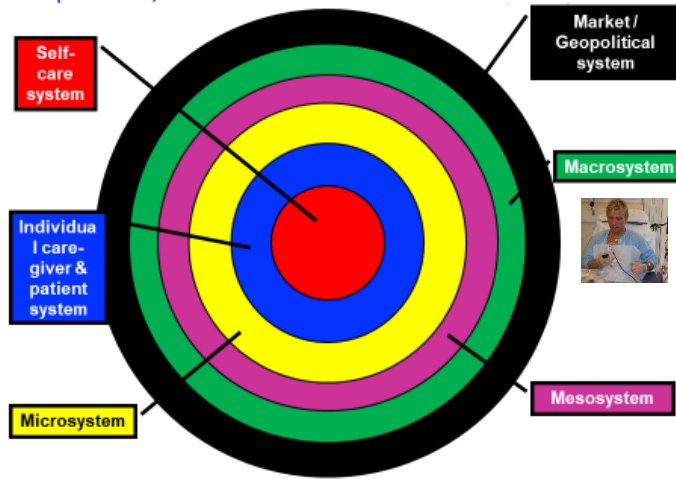


- ❖ Com/pass/ion
- ❖ Complexity
- ❖ Coproduction

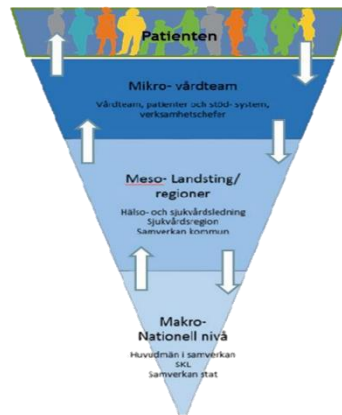
The Clinical Microsystem

Where the Value is Co-Created

Systems of practice,



- Purpose
- Patients
- Professionals
- Processes
- Patterns
- **Passion**



Framing the Future

QI 3.0 Coproduction, Complex Adaptive Systems, Learning Health/Systems Networks

Learning Networks: where patients, families, clinicians and scientists work together and use data for clinical care, improvement and research.



James M. Anderson Center for Health Systems Excellence: The Power of Learning Networks.
<https://www.cincinnatichildrens.org/service/j/anderson-center/learning-networks>
Cincinnati Children's Hospital Medical Center.



A Complex Adaptive System?



Silver Radicals Top Ten (no rank order)

John

1. Purposeful
2. Prepared
3. Psychology

Paul

1. Serendipity
2. Humility
3. Collaboration

Boel

1. Compassion
2. Complexity
3. Co-Production

ALL:

CURIOSITY!

Principles of large system change (Oldham 2004)

- **PLAN SPREAD FROM THE OUTSET**
- **The reason for change – framing**
- **Engage stakeholders, identify and recruit opinion leaders early**
- **Shape the environment (including stopping old things)**
- **Align organisational policies for the change**
- **Communicate & communicate about the change**
- **Gain early success and communicate it**
- **Systematic transfer of knowledge**
- **Gain critical mass from the early work**
- **Discipline and rigour in measuring progress**
- **Agility and support in overcoming obstacles**
- **Infrastructure for spread; ~recruit and pollute~**
- **Use participants as teachers for spread; identify and cultivate “leaders”**
- **LEADERSHIP**

Final thoughts (P. Miles)

- Have a clear vision. Become a constant learner and improver and remain humble, remembering that you may not always be right
- Appreciate the role of serendipity/luck/chance in your career and be ready to take advantage of every opportunity to work with people who want to change
- If you are a doctor or part of care team: Make it a goal to share your outcomes with patients and colleagues. If you have the opportunity to participate in a Learning Health Network, grab it!
- The next time as a patient you see your doctor or care team, in a nice way, ask them how do they know what they do works? Ask to see their data on their outcomes of care and data on how they are improving what they do
- As a patient: Look in the mirror and ask yourself “How do I know what I do works in co-producing my own care? How do I become a better patient?”
- And finally, if you as a patient or someone close to you develops a serious problem, I hope that you will be able to participate in a learning health network. They are the future of healthcare delivery.

8 points from my life in improvement 😊 (Boel Andersson Gare)

- Equal rights to health in the population is fundamental
- We need to be "boatrockers", conform and rebel! (Debra Meyerson)
- Work upstream: Promotion, Prevention and Protection
- Improvement is a human and organizational accomplishment built with social processes while put to use, not only a "toolbox" - it is we
- Healthcare is complex and non linear - embrace it openly – needs for the individual *and* the population, the person *and* the system, stories *and* measurement, standardization *and* individualisation
- As a leader of improvement: Agree on simple rules and freedom to act. Respect and support passion and the competencies in your teams. Be curious, humble and lead by asking questions! Keep testing to see if the changes you make result in improvement. Share your outcomes.
- Intelligent kindness and joy in work are key components for a sustainable humane healthsystem for everyone
- QI competencies should combine with the subject matters for all students becoming health and social care professionals, to build a