

The Foundations of Quality Improvement in Health Care

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Session Plan

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1. Reflecting on our foundations

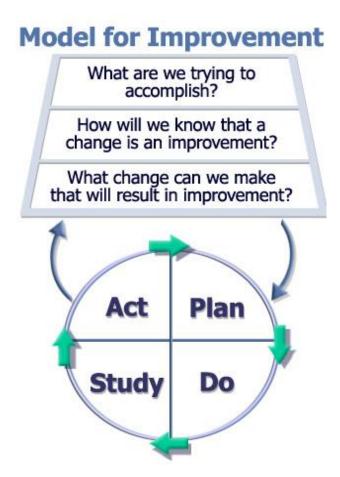
- Revisit an improvement classic
- Science of Improvement

2. Models that have stood the test of time

- System of Profound Knowledge
- Model for Improvement

3. Learning from the past to improve our future

Q & A - Applying foundational models to achieve improvement





The Red Bead Game

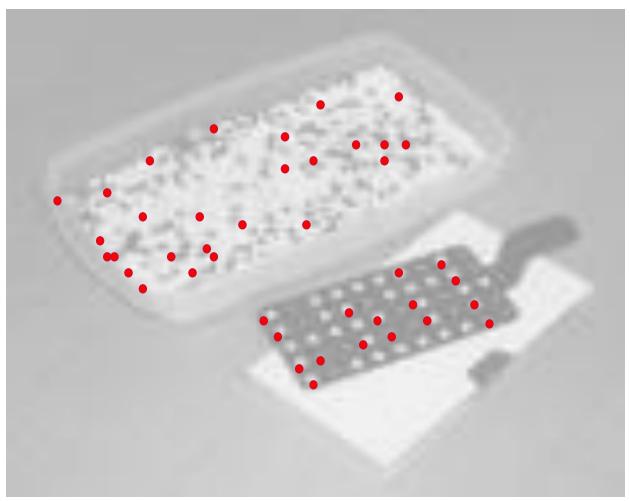


Parable of the Red Beads

All of Deming's key points are contained in the parable of the Red Beads



W Edwards Deming (1990 – 93)



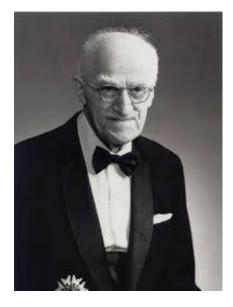


Results: Number of Red beads by worker

Willing Worker Day 1 Day 2 Day 3 Day 4 SUM



Juran Trilogy



Joseph M. Juran (1904 - 2008)

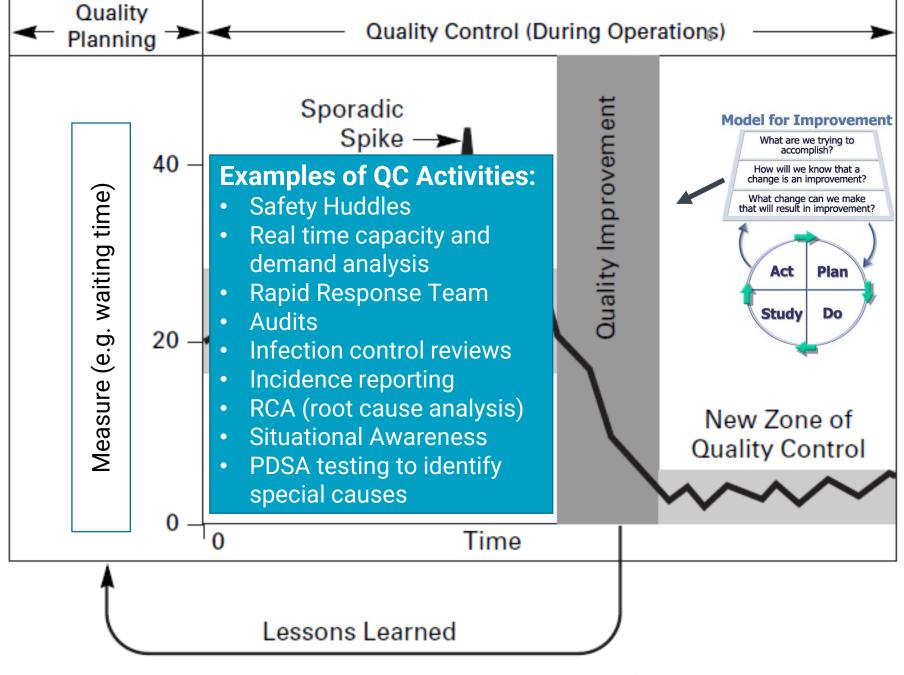
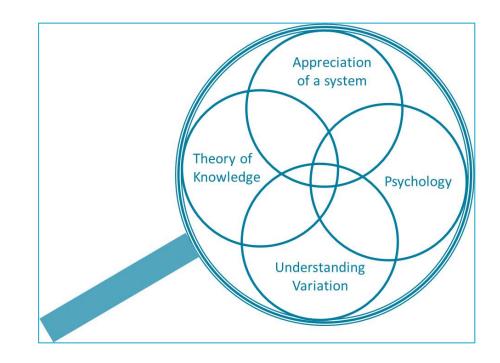


FIGURE 4.1 The Juran trilogy diagram. (*Juran Institute, Inc., Wilton, CT.*)

Intellectual Foundations for the Science of Improvement

- The science of Improvement has deep roots in intellectual history.
- These intellectual foundations are not static; they develop and grow over time, as all sound science does
- "Fads" come and go as the sciences are packaged for action, but underneath the fads are unifying scientific principles... the "classics" of improvement.
- W. Edwards Deming's framework which he called "profound knowledge" – offers an efficient framework for building this science.

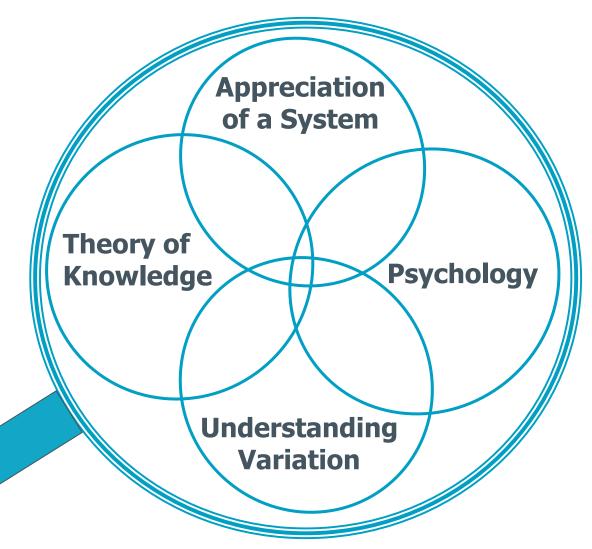




Basis for the Science of Improvement: Deming's Lens of Profound Knowledge



W. Edwards Deming (1900 - 93)



An outside view

– a lens for
improvement



Two Types of Knowledge

Subject Matter Knowledge:

Knowledge basic to the things we do in life. Professional knowledge.

Subject Matter Knowledge

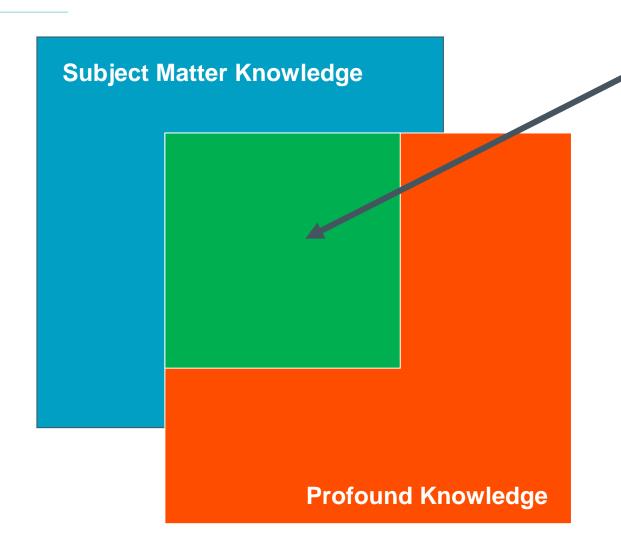
Profound Knowledge

Profound Knowledge:

The interaction of the theories of systems, variation, knowledge and psychology.



Knowledge for Improvement



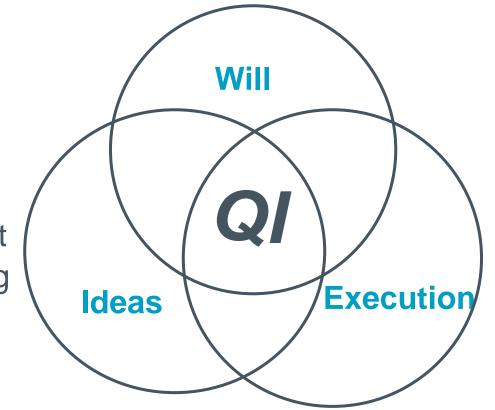
Improvement:

Learn to combine subject matter knowledge and profound knowledge in creative ways to develop effective changes for improvement.



The Essential Drivers of Improvement

Having the <u>Will</u> (desire) to change the current state to one that is better



Applying theories, tools and techniques that enable the *Execution* of the ideas

Developing <u>Ideas</u> that will contribute to making outcomes better

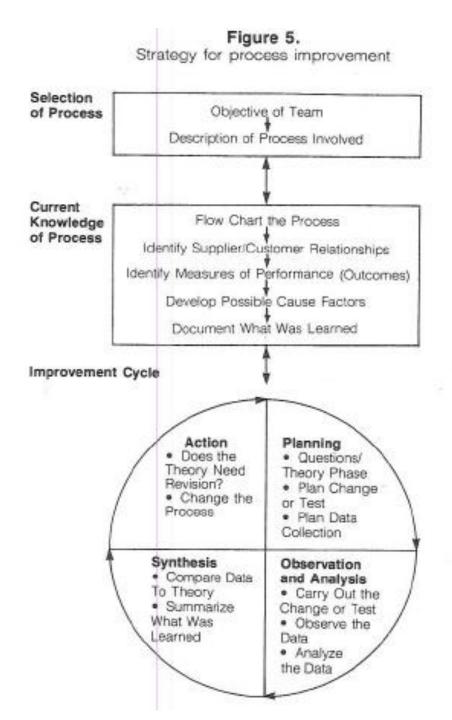


First Publication of MFI,1987

Process Improvement

A step-by-step approach to analyzing and improving a process

Ronald D. Moen and Thomas W. Nolan





The Foundation of Improvement

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Figure 3. The Model for Improvement

Model for Improvement

Aim

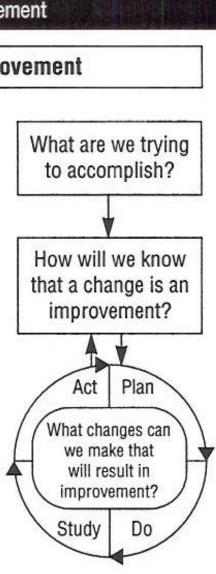
- * Evaluate the potential for improvement
- * Reach agreement on the aim

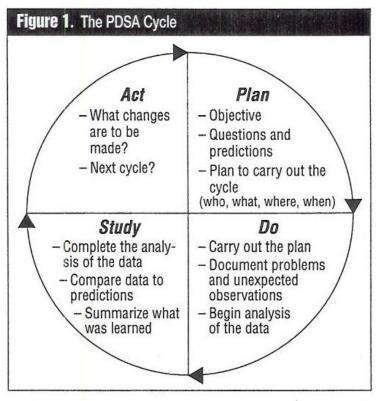
Current knowledge

- * Establish measures of quality
- * Provide background

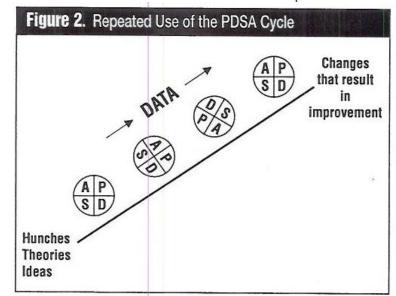
Cycle for learning and improvement

- * Increase knowledge to develop a change
- * Develop and test a change (small scale)
- * Implement a change





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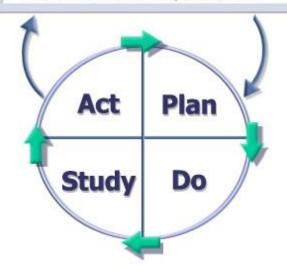
The PDSA Cycle for Learning and Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Act

- What changes are to be made?
- Next cycle?

Plan

- Objective
- Questions and predictions (Why?)
- Plan to carry out the cycle (who, what, where, when)
- Plan for Data collection

Study

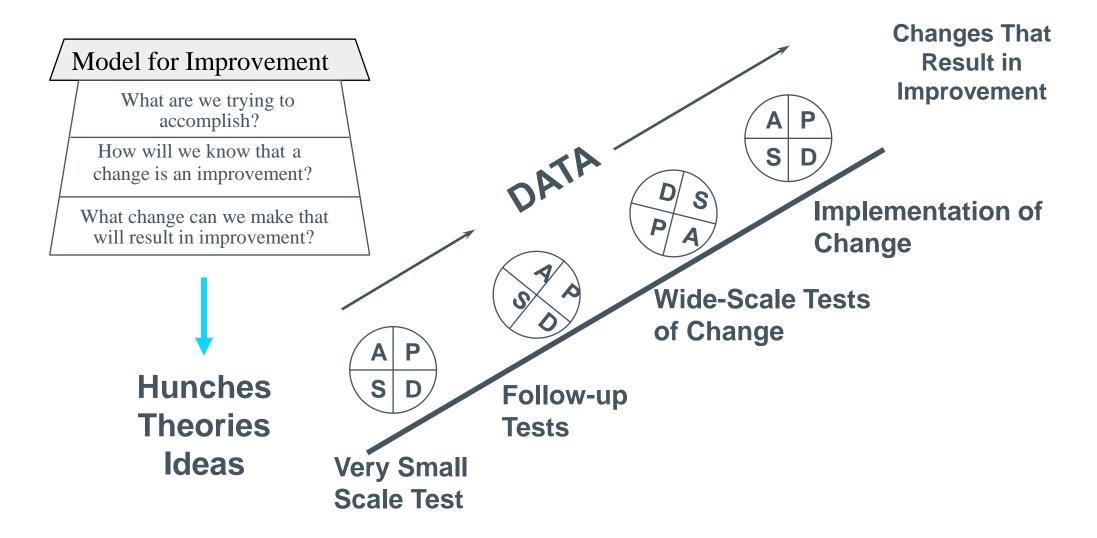
- Complete the analysis of the data
 - Compare data to predictions
 - Summarize whatwas learned

Do

- Carry out the plan
- Document problems and unexpected observations
- Begin analysis of the data



MFI with Repeated Use of the PDSA Cycle





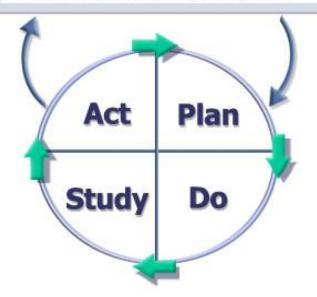
Six Skills to Support Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



- Supporting Change with Data
- Developing a Change
- Testing a Change
- Implementing a Change
- Spreading Improvements
- The Human Side of Change

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APPENDIX



Deming's 14 Points for top leaders

- 1. Create consistency of purpose
- 2. Adopt a new philosophy
- 3. Cease dependence on inspection
- 4. Stop awarding business based on \$\$ alone
- 5. Continuous improvement of production processes
- 6. Modernize on the job training
- 7. Institute leadership
- 8. Drive our fear
- 9. Break down department barriers (silos)
- 10. Eliminate slogans that do not provide a method
- 11. Eliminate quotas and work standards
- 12. Remove barriers that rob pride from the individual
- 13. Institute programs for education and training
- 14. Get everyone involved in the transformation





Lessons: Curing Health Care (Berwick et al)

Lesson 1: Quality Improvement Tools Can Work in Health Care

Lesson 2: Cross-Functional Teams Are Valuable in Improving Health Care Processes

Lesson 3: Data Useful for Quality Improvement Abound in Health Care

Lesson 4: Quality Improvement Methods are Fun to Use

Lesson 5: Costs of Poor Quality Are High and Savings are Within Reach

Lesson 6: Involving Doctors is Difficult

Lesson 7: Training Needs Arise Early

Lesson 8: Non-clinical Processes Draw Early Attention

Lesson 9: Health Care Organizations May Need a Broader Definition of Quality

Lesson 10: In Health Care, as in Industry, the Fate of Quality Improvement Is First of All

in the Hands of Leaders