

Leading Quality Improvement when Health Care is Under Pressure

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Workshop

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Do you think there is a relationship between staff well-being and productivity?

QUESTION 1

Do you think there is a relationship between staff well-being and patient experience?

QUESTION 2

Do you think there is a relationship between staff well-being, quality, and patient safety?

QUESTION 3

Do you work in an organization where management actions mirror this knowledge?

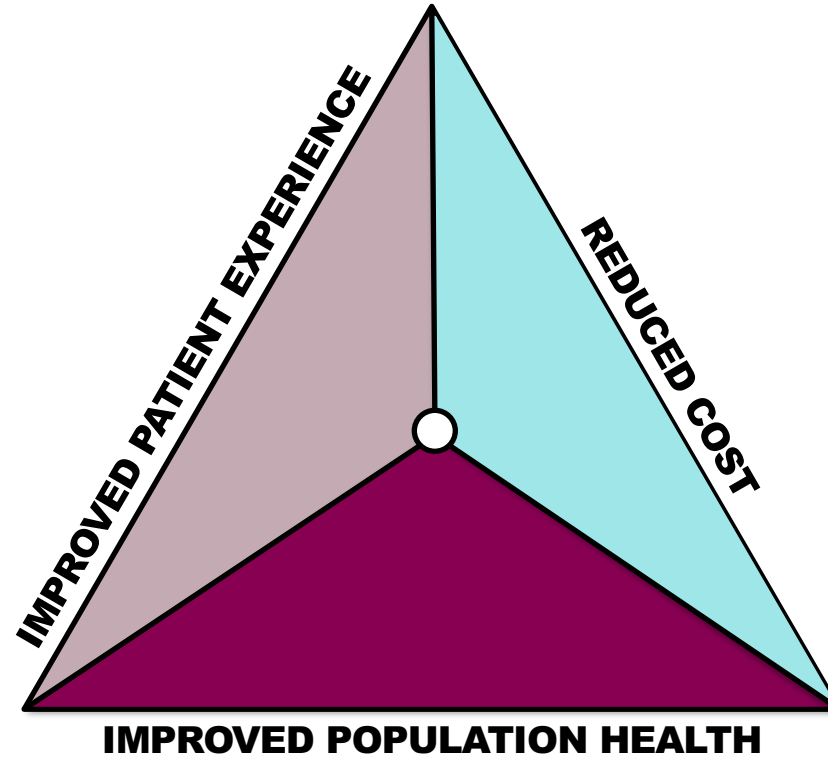
QUESTION 4

TABLE DISCUSSION:

Why is it that what we know
is not mirrored in what our managers and leaders do?

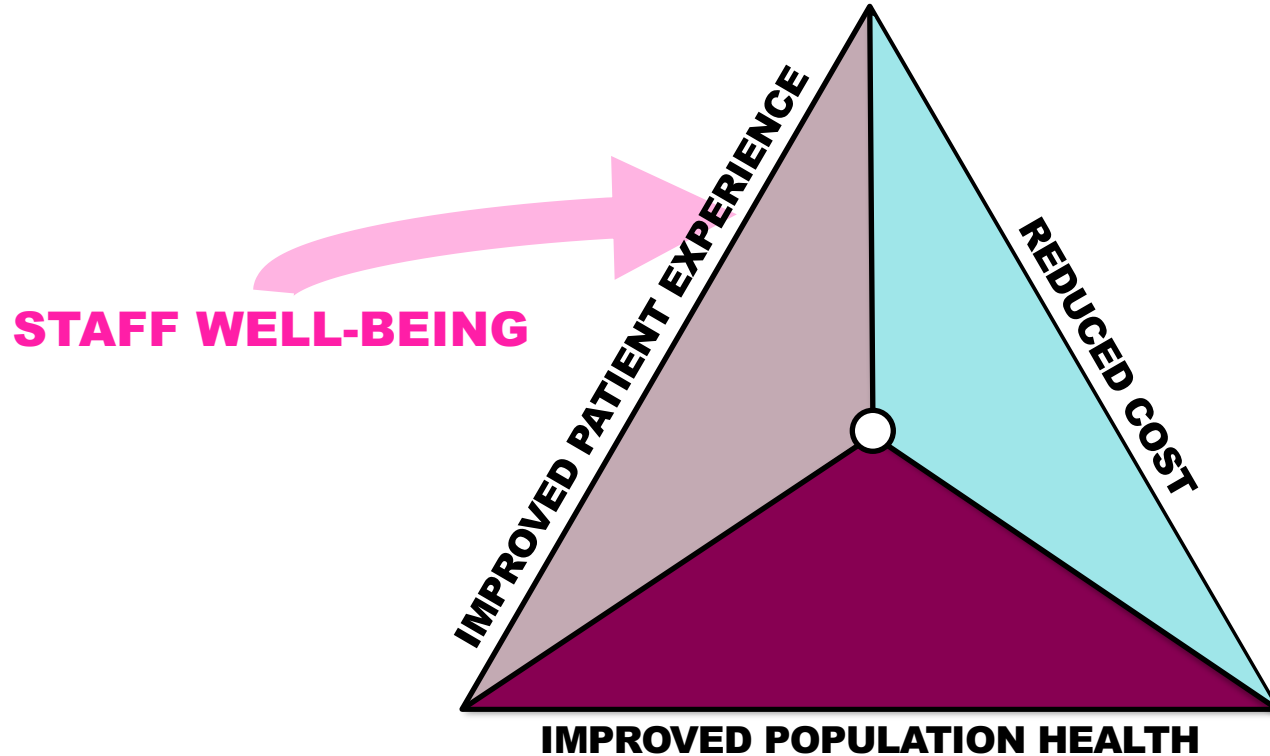
HOW COME?

Health care has 3 aims



(Berwick, 2008)

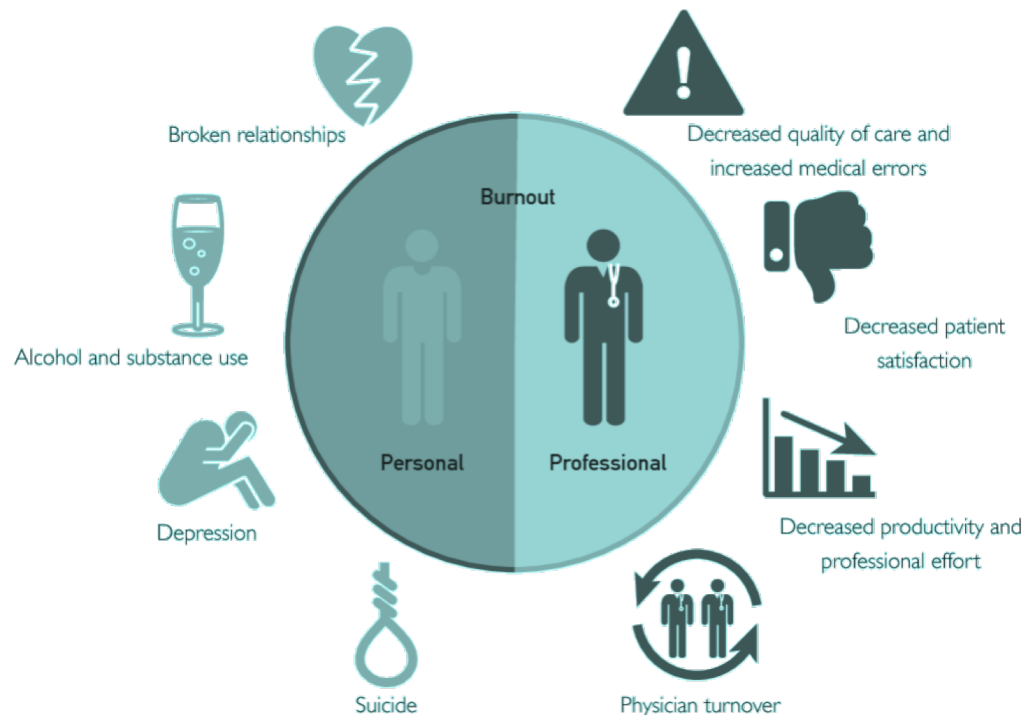
Health care has 3 aims, maybe 4?



(Berwick, 2008)

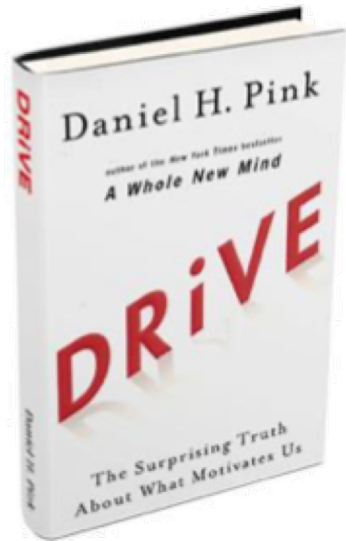
Medical Engagement Matters!

There are personal and professional consequences to physician burnout...



(Shanafelt *et al.*, 2017; Wallace *et al.*, 2009; Patel *et al.*, 2018)

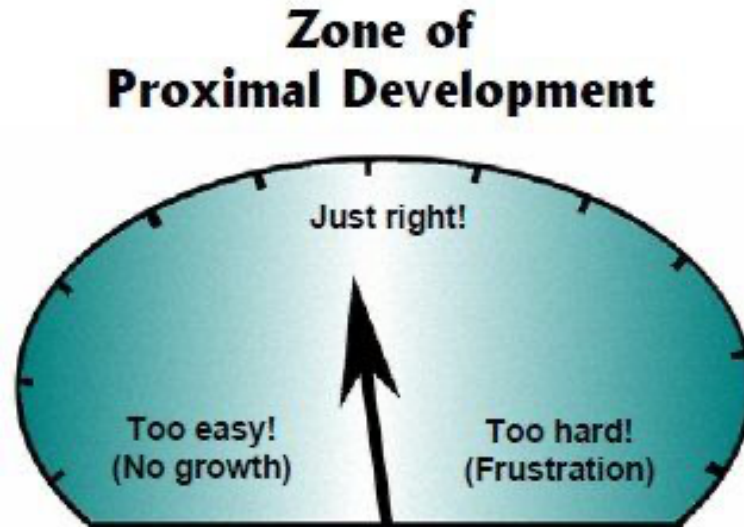
It makes sense for well-being to be on your QI agenda: it retains motivation



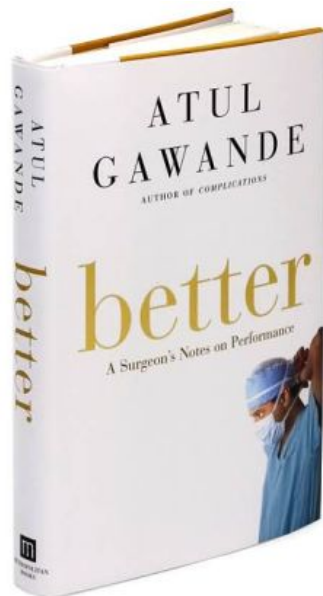
- Purpose
 - Is my work meaningful?
- Autonomy
 - Do I have the freedom to do my work?
- Mastery
 - Do I have the opportunity to become better and better at what I do?

(Pink, 2006)

It makes sense for well-being to be on your QI agenda: it facilitates learning



(Vygotsky, 1948)



”What the best may have, above all,
is a capacity to learn and change –
and to do so faster than everyone else.”

– Atul Gawande

TABLE DISCUSSION:

How could staff well-being be put
on your quality improvement agenda?

REFLECTION

SO WHY DO WE PERSIST IN NOT DOING SO?



Simple.
We're human.
(Besides, it's scary.)

Qualities of effective physician leaders enable a learning orientation – but it's scary!

(Savage, M. *et al*, 2018)

- Clarity of purpose
- Positive outlook
- Endurance
- Authenticity



I can learn anything I want to.
When I'm frustrated, I persevere.
I want to challenge myself.
When I fail, I learn.
Tell me I try hard.
If you succeed, I'm inspired.
My effort and attitude determine everything.



I'm either good at it, or I'm not.
When I'm frustrated, I give up.
I don't like to be challenged.
When I fail, I'm no good.
Tell me I'm smart.
If you succeed, I feel threatened.
My abilities determine everything.

Created by: Reid Wilson @wayfaringpath © ③ ⑤ ⑥ Icon from: thenounproject.com

(Dweck, 2007)

**We develop an “immunity to change”
because we invest ourselves in the status quo**





Change is often seen as a loss of:

Status

Certainty

Autonomy

Relatedness

Fairness

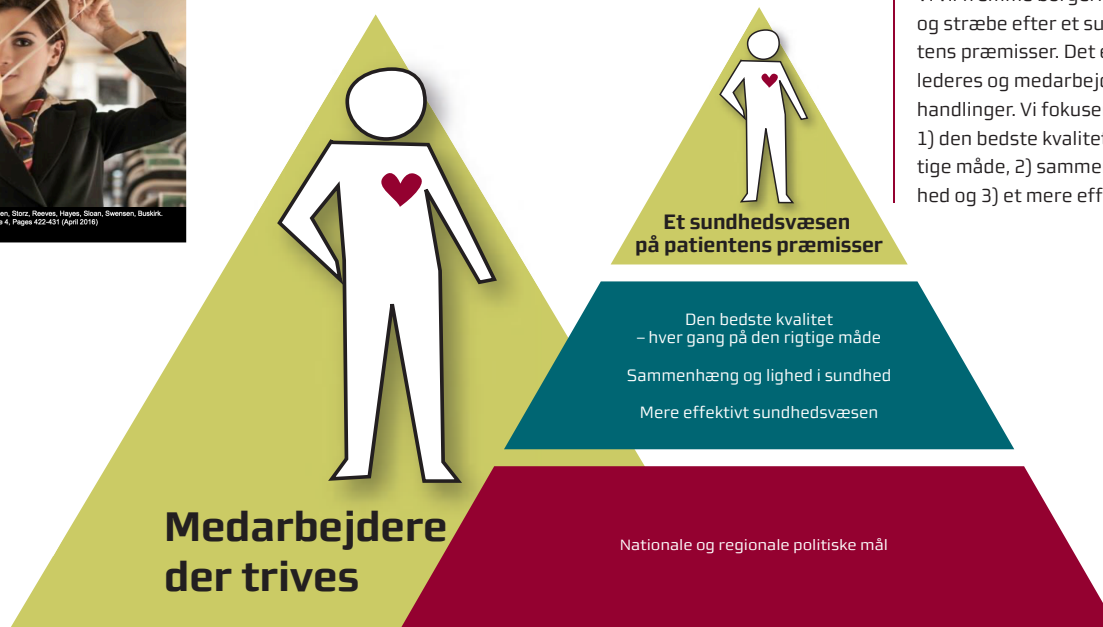
(Rock, 2008)



Bevidst udviklende organisation

En praktisk case

Staff wellbeing – Part of our strategic foundation



Et sundhedsvæsen på patientens præmisser
Vi vil fremme borgernes mulighed for sundhed og stræbe efter et sundhedsvæsen på patientens præmisser. Det er pejlemærke for alle leders og medarbejders beslutninger og handlinger. Vi fokuserer på tre strategispør: 1) den bedste kvalitet – hver gang på den rigtige måde, 2) sammenhæng og lighed i sundhed og 3) et mere effektivt sundhedsvæsen.

Organizing to learn

- Camp method



Karolinska
Institutet

2018

1 week –
Strategic
planning by
staff and
managers

1 day -
prototype
Obstetric
quality
indicators
and Mental
models



2 days – prototype
Co-creation /merger
Reduce unnecessary visits
Task shifting - administration

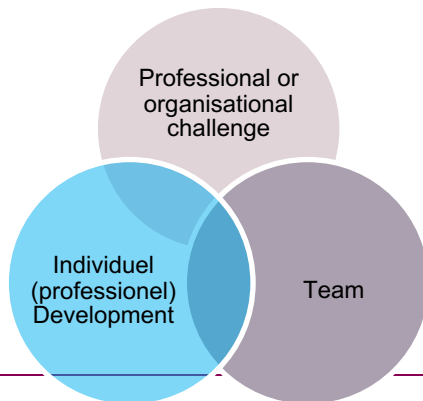
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2019 – Gone camping...

4 camps with 25 staff-members organized
in 4-5 inter-disciplinary teams

By 2020, all staff has attended

Working together to solve a challenge
Train teamwork and individual
(professional) improvement goals

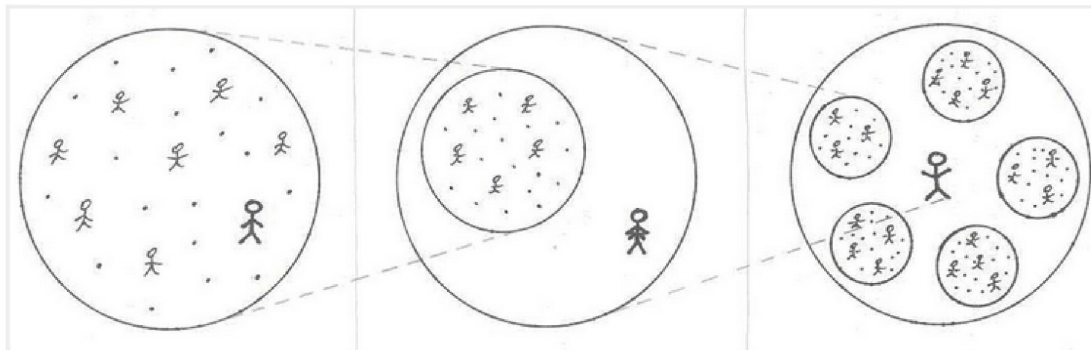


Change of
mind-set,
not only
skill-set

THE SOCIALISED MIND

THE SELF AUTHORIZING MIND

SELF TRANSFORMING MIND



"I am my relationships,
I follow the rules"

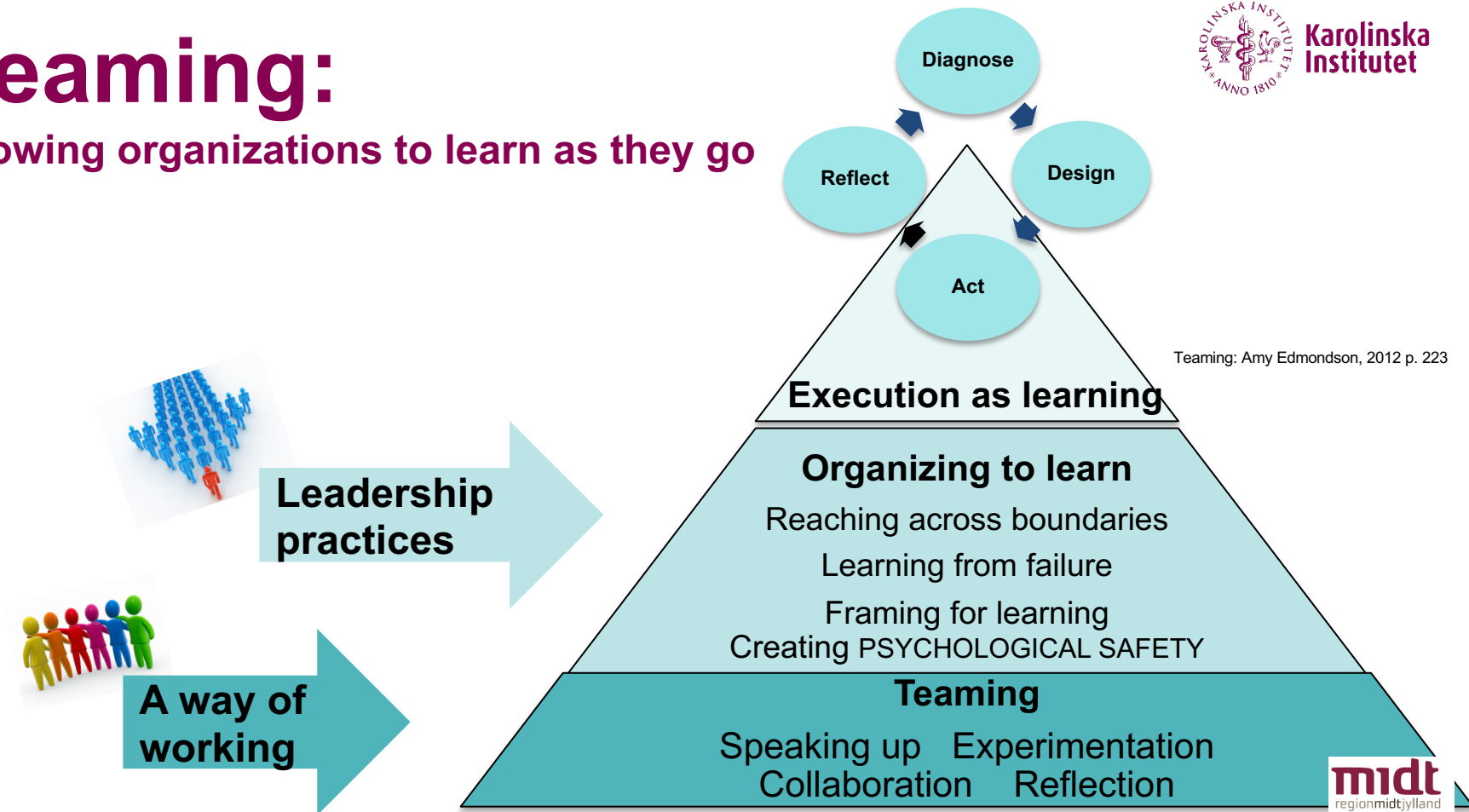
"I have an identity,
I make choices"

"I hold many identities,
I embrace paradox"

Excerpt: Constructive Development Theory - Robert Kegan "In Over our Heads"

Teaming:

Allowing organizations to learn as they go



Camp Agenda



Results

"Transformation agenda" 2019 vs. 2018

Færre
indlæggelser
(7,3%)

Færre
operationer
(8,5%)

Færre ambulante
fremmøder
(3,9%)

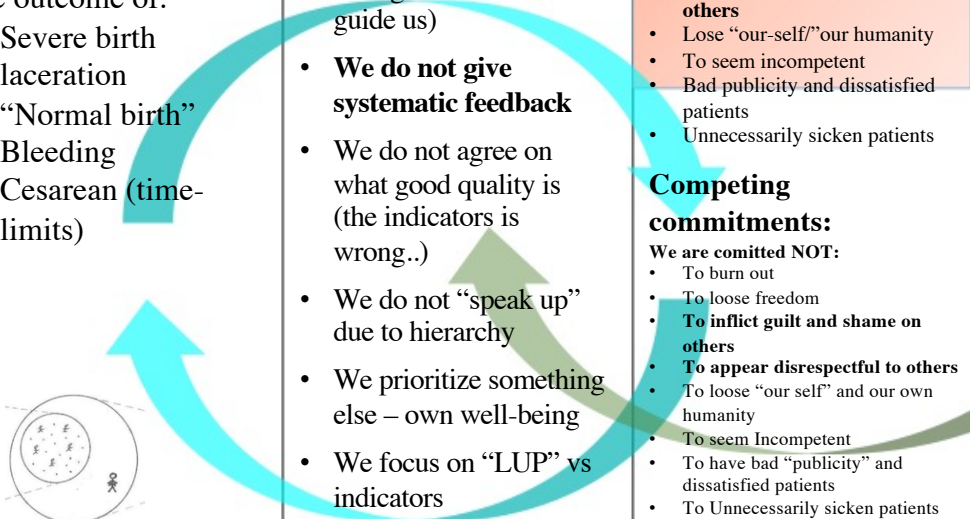
Flere telefon
konsultationer
(8,7%)

Flere Unikke
CPR
(3,8%)

UBR
U=Median 90,5%
B=Median 92,7%

"Immunity to Change" Map

– Improved obstetric quality indicators

1 My improvement goal	2 Doing/No doing <i>Instead</i>	3 My Hidden Competing Commitments	4 Big Assumptions
<p>To improve obstetrical quality indicators Especially improve the outcome of:</p> <ul style="list-style-type: none"> • Severe birth laceration • “Normal birth” • Bleeding • Cesarean (time-limits) 	<ul style="list-style-type: none"> • We come up with excuses (resources) • We do what we (our self) find best for the patient , (instead of letting the indicators guide us) • We do not give systematic feedback • We do not agree on what good quality is (the indicators is wrong..) • We do not “speak up” due to hierarchy • We prioritize something else – own well-being • We focus on “LUP” vs indicators 	<p>Worry box</p> <ul style="list-style-type: none"> • We worry that we will burn out • We feel “watched”-> Lose freedom • Afraid of inflicting guilt and shame • To appear disrespectful to others • Lose “our-self”/our humanity • To seem incompetent • Bad publicity and dissatisfied patients • Unnecessarily sicken patients <p>Competing commitments: We are committed NOT:</p> <ul style="list-style-type: none"> • To burn out • To loose freedom • To inflict guilt and shame on others • To appear disrespectful to others • To loose “our self” and our own humanity • To seem Incompetent • To have bad “publicity” and dissatisfied patients • To Unnecessarily sicken patients 	<p>We assume, if we focus more on ‘QI indicators” we will burn out</p> <p>We assume, that if we give feedback we will lose good relations</p> <p>We assume, that if you are incompetent (make mistakes) you will not be part of the “good company”</p> <p>We assume, that feedback is only given when mistakes has been made (have to be criticized)</p> <p>We assume, that we will compromise patient satisfaction – if we reach indicator-goals</p> <p>We assume, that we can’t do it all</p> <p>We assume, that we cannot treat each other well when we do good quality</p>

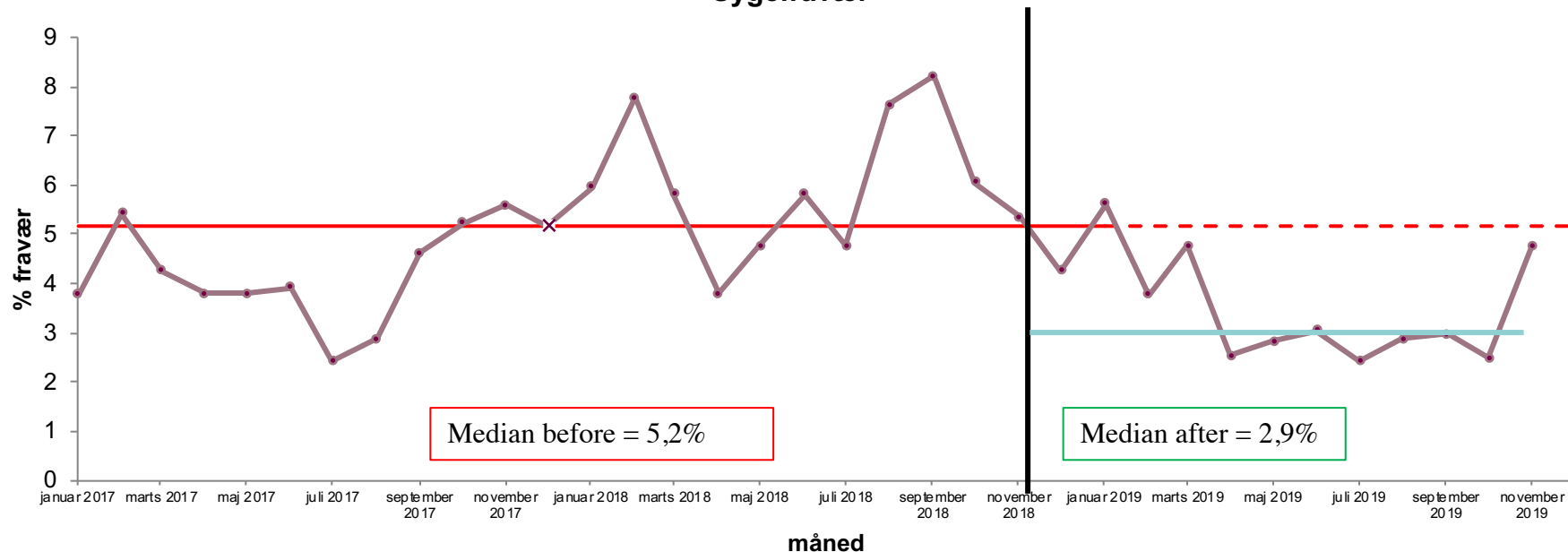
Team Talk



Significant reduction in "sick leave"

43% reduction

Sygefravær



- 1. How do you think it felt to be a part of the journey?**
- 2. What role did the leadership play?**
- 3. Which ingredients are key to facilitate a learning journey?**

CASE ANALYSIS

DDO – Danish Healthcare case

