

Change and Sustainability in Quality: The Future

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Australian Institute of Health Innovation



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- **Professor Johanna Westbrook**
 - Director, Centre for Health Systems and Safety Research

Australian Institute of Health Innovation



MACQUARIE
University



Australian Institute of Health Innovation's mission



Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.

www.aihi.mq.edu.au

What do we know?

- We know a lot about what should be done to improve care
- Strategies include:
 - checklists in operation theatres
 - care bundles in ICUs
 - hand hygiene programs
 - root cause analyses
 - clinical guidelines
 - productive organizational cultures and
 - e-health solutions

What is missing?

- The capacity to ramp up implementation efforts and realise large-scale systems transformation
- This is very difficult to achieve
- Our current understanding of how to effect improvement at scale is poor

Study #1: big systems change

- We identified six large-scale systems-level interventions
[Clay-Williams et al 2014]
- Rigorous criteria:
 - ✓ Took measurements before and afterwards
 - ✓ Compared the interventions to a control group, or both
 - ✓ evaluated the intervention
 - ✓ demonstrated large-scale systems improvement
 - ✓ and explained the limitations of the change process

[e.g. Safer Patient Initiative in the English National Health Service in nine matched intervention and control hospitals]

Do large-scale hospital- and system-wide interventions improve patient outcomes: a systematic review

Robyn Clay-Williams, Hadis Nosrati, Frances C Cunningham, Kenneth Hillman and Jeffrey Braithwaite

► [Author Affiliations](#)

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doi:10.1186/1472-6963-14-369

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Abstract (provisional)

Background

While health care services are beginning to implement system-wide patient safety interventions, evidence on the efficacy of these interventions is sparse. We know that uptake can be variable, but we do not know the factors that affect uptake or how the interventions establish change and, in particular, whether they influence patient outcomes. We conducted a systematic review to identify how organisational and cultural factors mediate or are mediated by hospital-wide interventions, and to assess the effects of those factors on patient outcomes.

Study #2: implementation science

- We reviewed the literature on implementation science and applied it to quality and safety [Braithwaite et al 2014]
- And developed a model for improvement

Harnessing implementation science to improve care quality and patient safety: a systematic review of targeted literature

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Abstract

Background. Getting greater levels of evidence into practice is a key problem for health systems, compounded by the volume of research produced. Implementation science aims to improve the adoption and spread of research evidence. A linked problem is how to enhance quality of care and patient safety based on evidence when care settings are complex adaptive systems. Our research question was: according to the implementation science literature, which common implementation factors are associated with improving the quality and safety of care for patients?

Research question:

According to the implementation science literature, which common implementation factors are associated with improving the quality and safety of care for patients?

Methods

- 465 abstracts screened
- 74 full text reviews
- 57 articles included

Implementation success factors

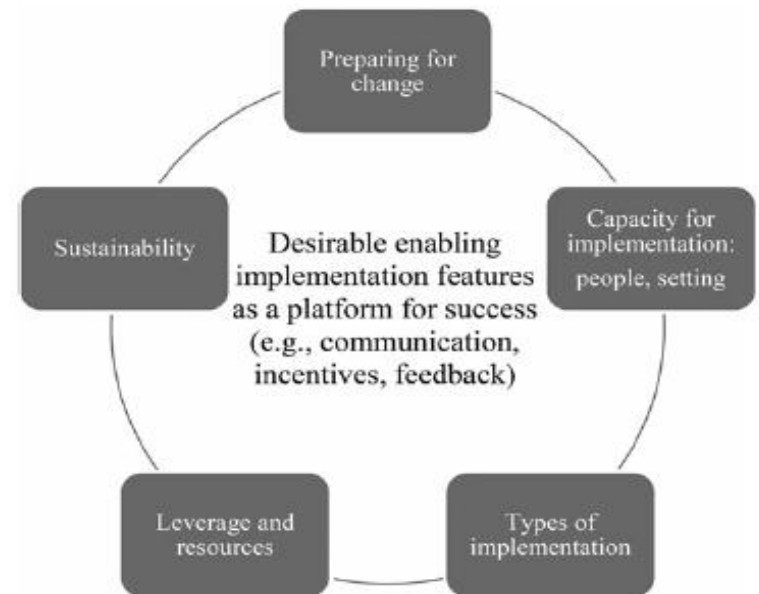
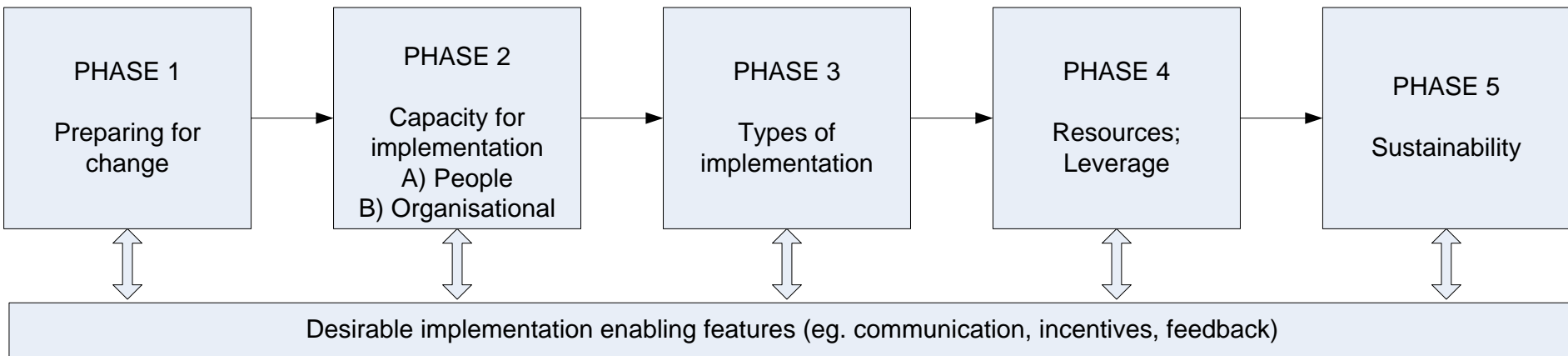


Figure 2 Phases of implementation.

“Harnessing Implementation” Model



[Braithwaite et al, IJQHC, 2014]

Example 1:

WHO patient safety

THE FIRST GLOBAL PATIENT SAFETY CHALLENGE

SESSION A11: LEARNING FROM LARGE-SCALE
SYSTEMS TRANSFORMATION

Sir Liam Donaldson
WHO Patient Safety Envoy





Saudi Arabia



Kenya



France



Bangladesh



USA



Bhutan



Northern Ireland

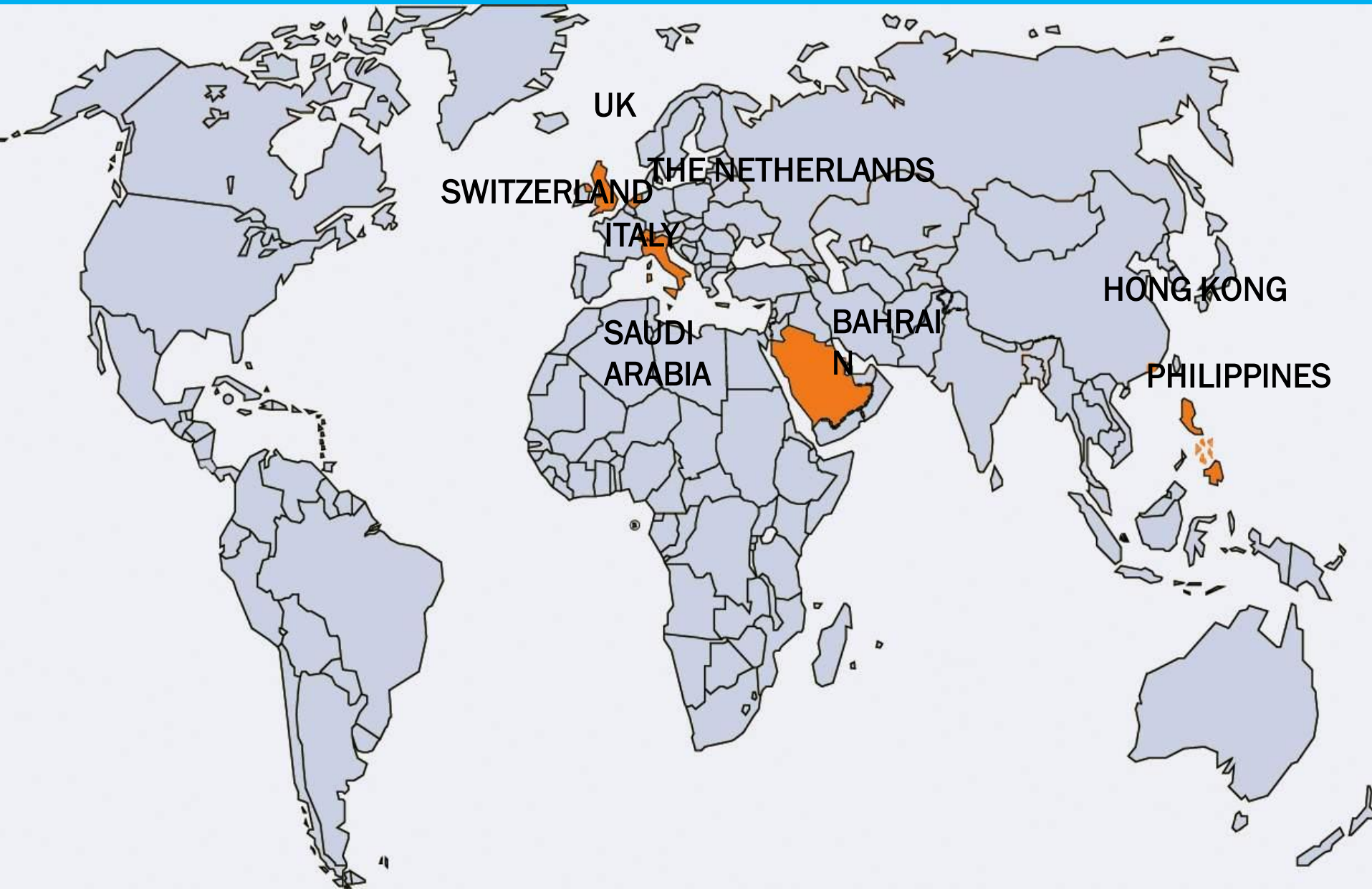


Russia

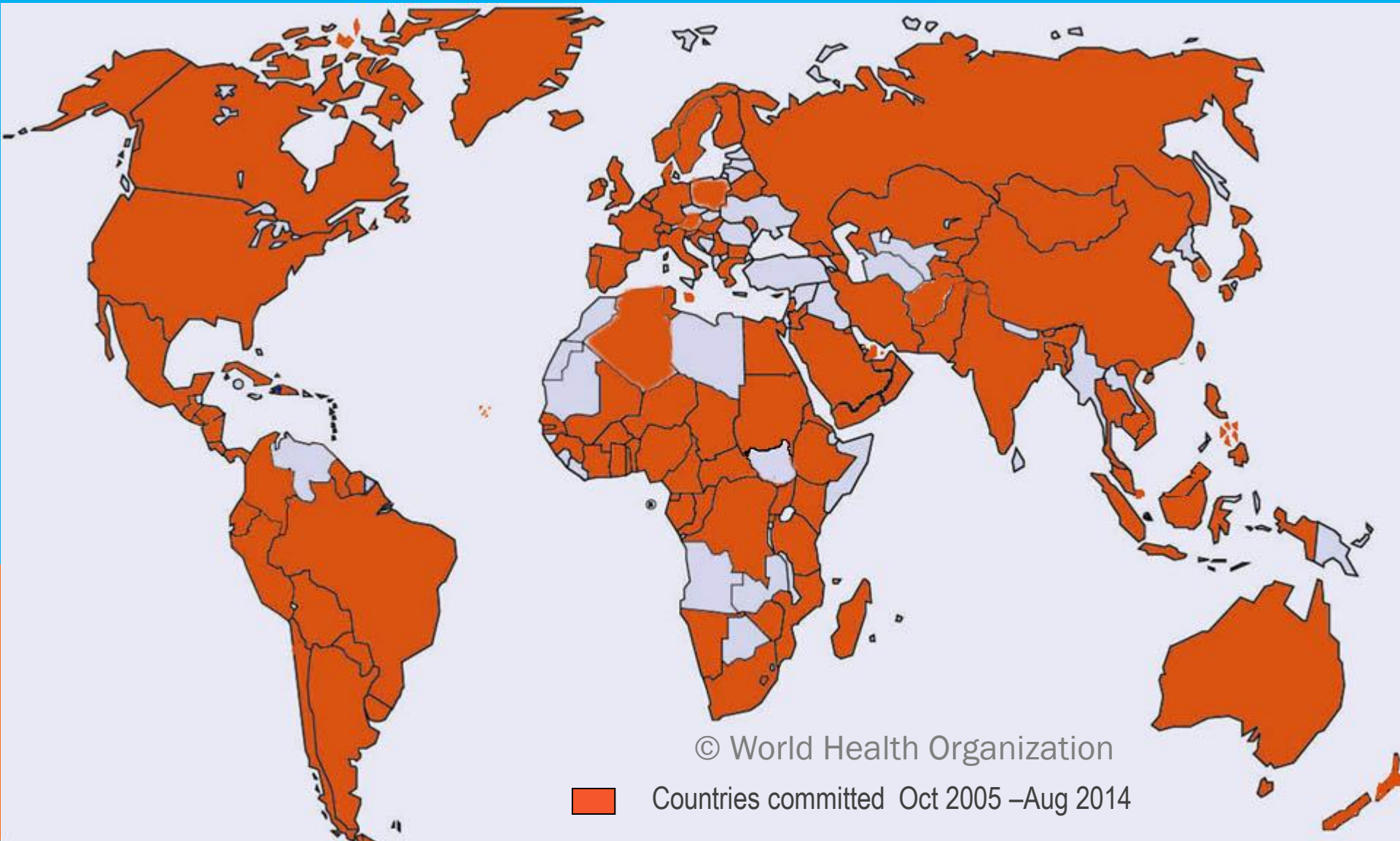


Republic of Ireland

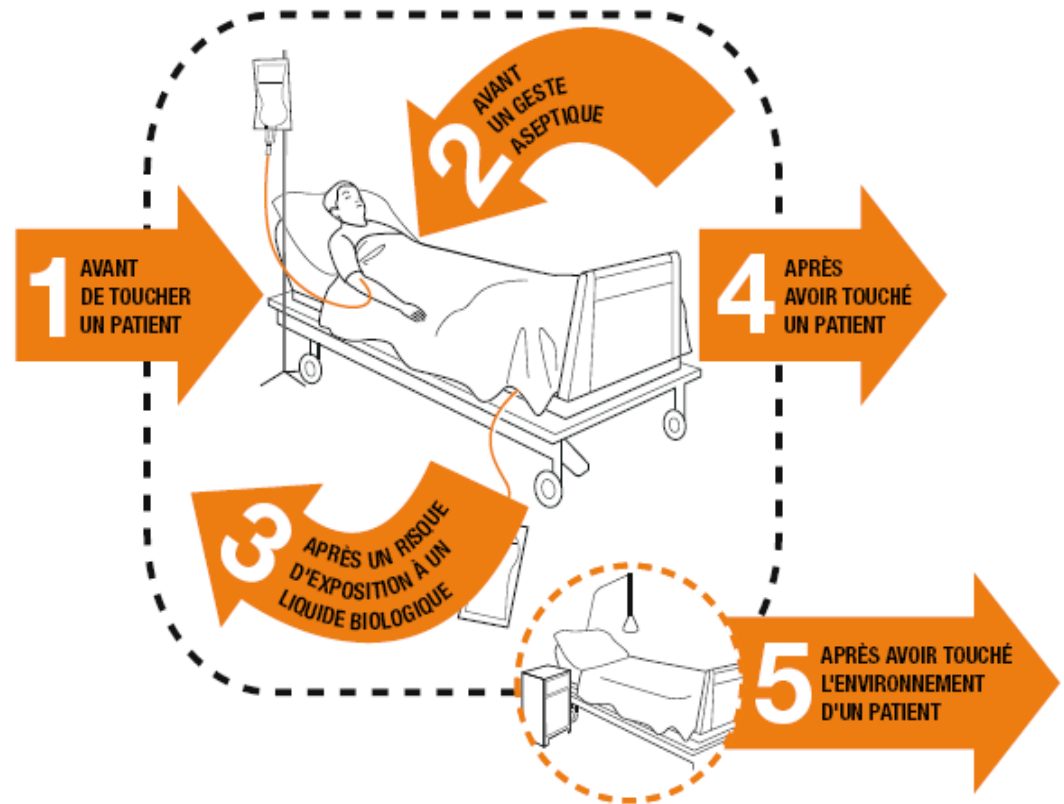
GLOBAL CHALLENGE: COVERAGE IN 2005



GLOBAL CHALLENGE: COVERAGE IN 2014



STANDARDISING PRACTICE



SEVEN LESSONS LEARNED

1. Igniting passion
2. Forming an expert community
3. Identifying a flagship element
4. Harnessing the power of a signature
5. Inspiring leadership
6. Establishing a practice model
7. Opening a club everyone wants to join

Example 2:

**Clinical Excellence
Commission,
NSW, Australia**



CLINICAL
EXCELLENCE
COMMISSION



Recognition and Management of the Deteriorating patient



Professor Cliff Hughes, Macquarie University
Clinical Excellence Commission NSW, Australia

The Problem

Missed opportunities to:

- prevent
- recognise
- escalate
- respond





Between the Flags

Keeping patients safe



Programme Aim:

To improve **early recognition and response** to clinical deterioration and thereby reduce potentially **preventable deaths and serious adverse events** in patients who receive their care in NSW public hospitals.





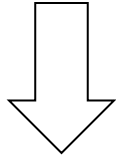
Between the Flags

Keeping patients safe

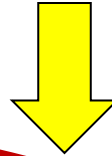
A statewide initiative of the Clinical Excellence Commission



Prevention (excellent care)



Clinical Review

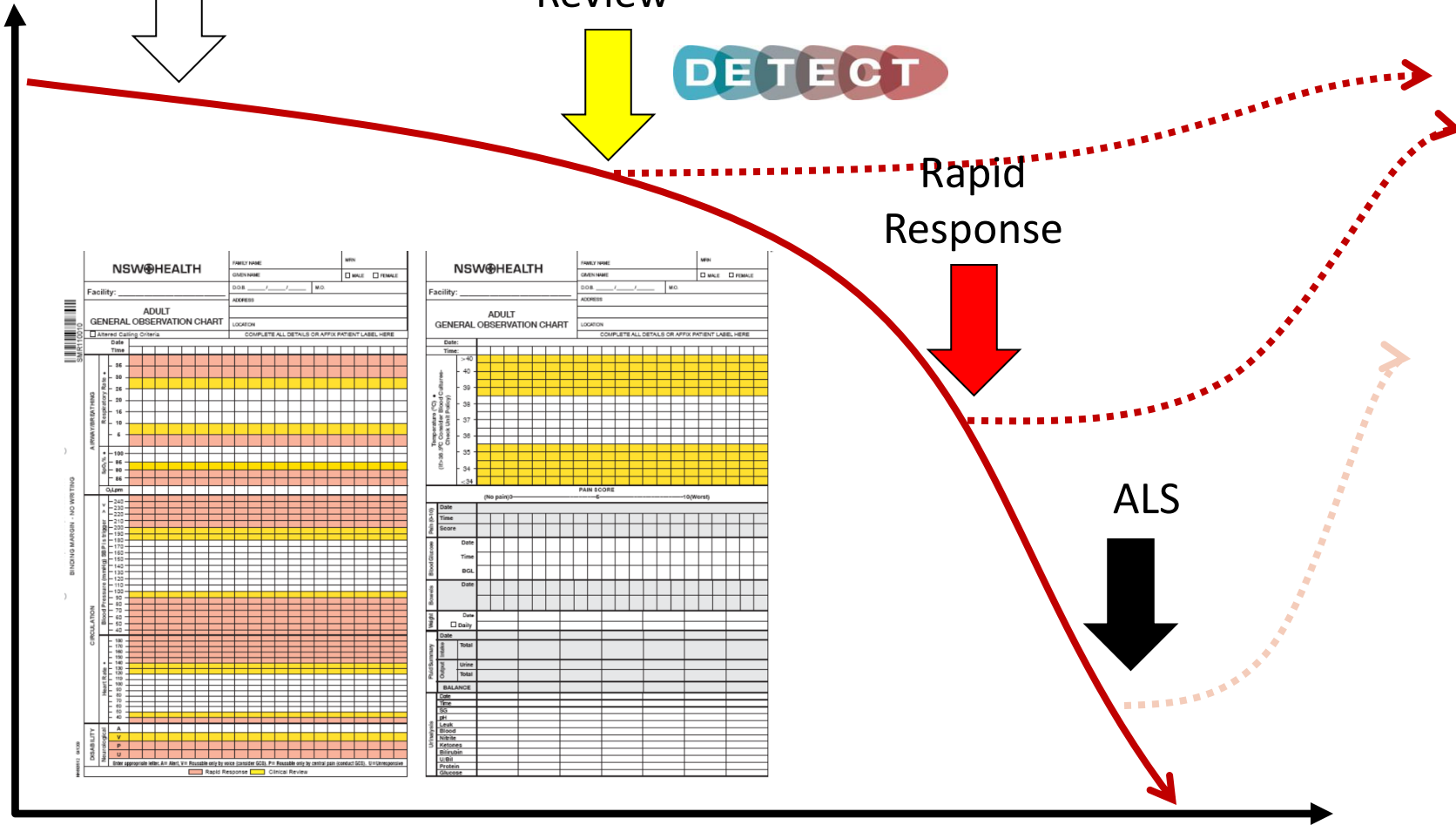


DETECT

Rapid Response



ALS



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Patient
Condition

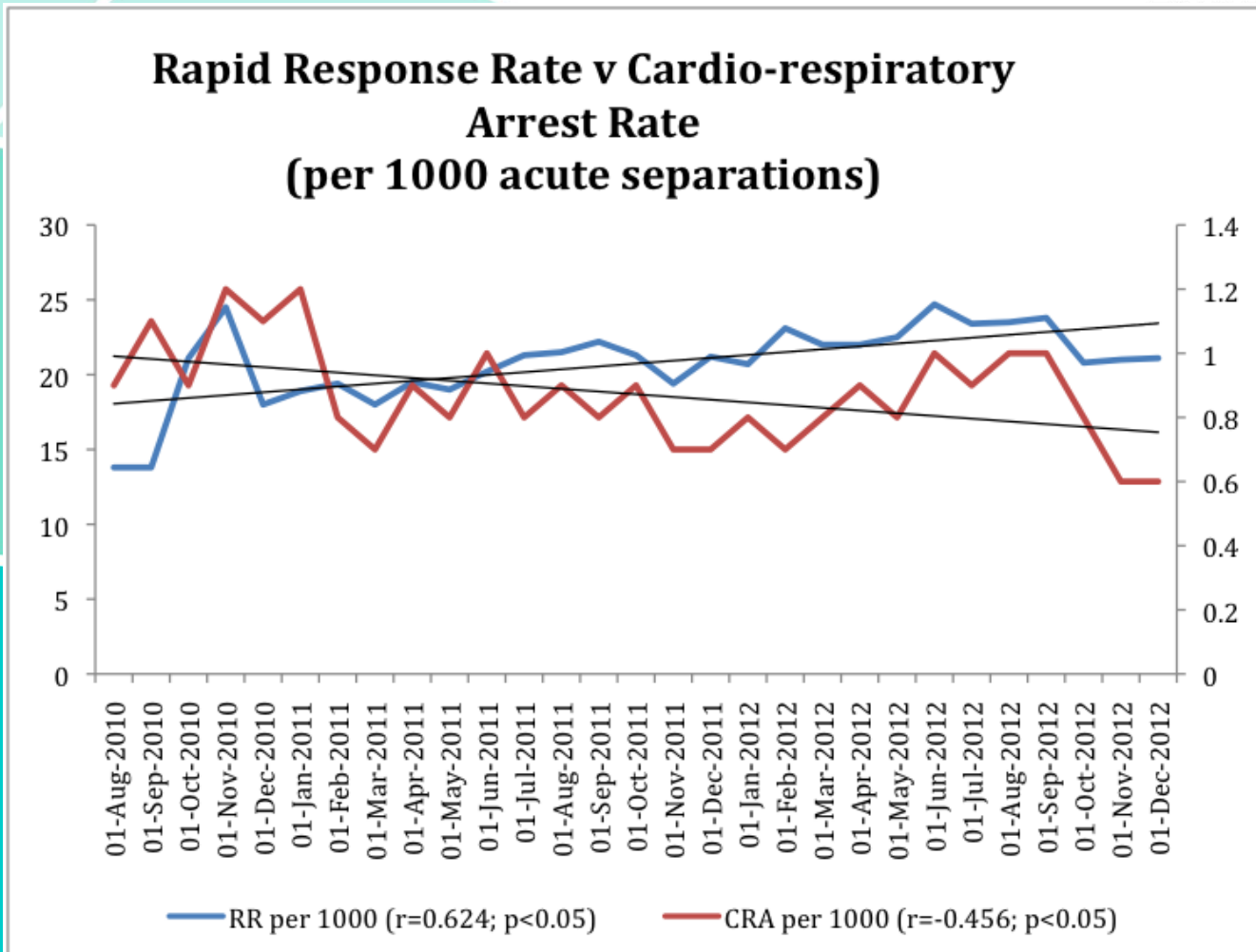
Time

Death

State wide Results



CLINICAL
EXCELLENCE
MISSION

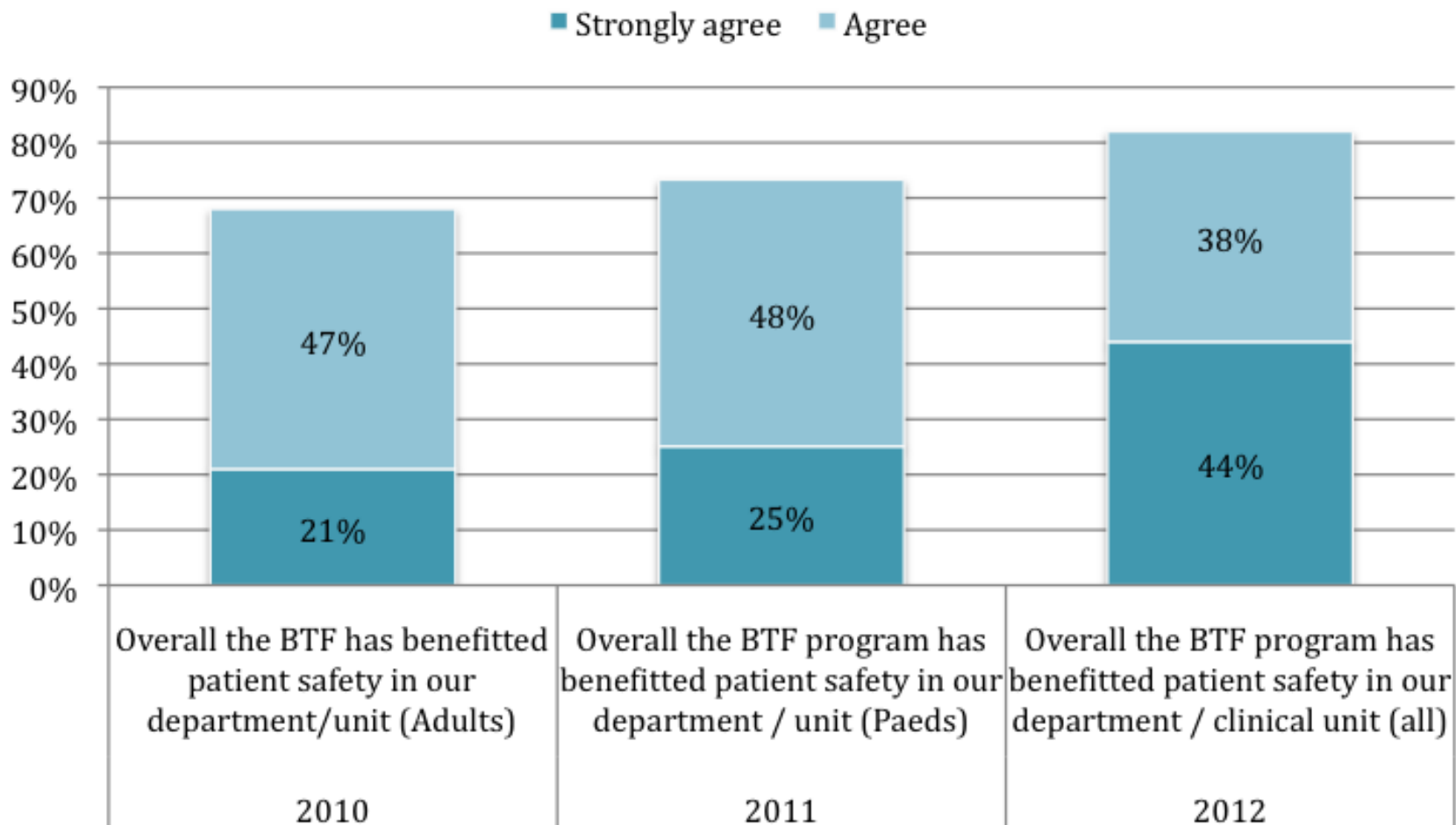


Unit Safety



CLINICAL

ICE
ION



Example 3:

Health reform in 30 countries



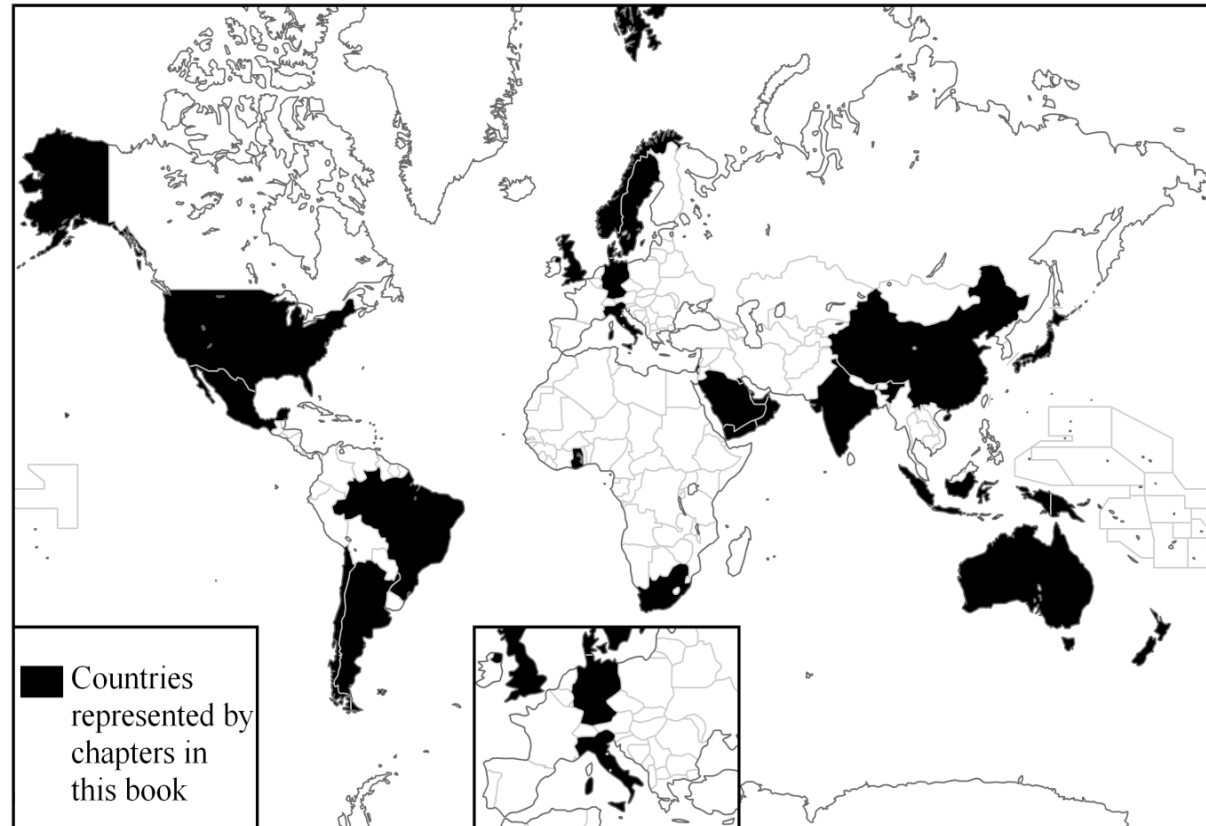
Healthcare Reform, Quality and Safety

Perspectives, Participants, Partnerships and Prospects in 30 Countries

EDITED BY
Jeffrey Braithwaite
Yukihiro Matsuyama
Russell Mannion
Julle Johnson

Global representation

- ✓ 30 health systems
- ✓ providing care to more than 4 billion people
- ✓ over 60 percent of the world's population
- ✓ living in over 51,762,891 km²



[Worldatlas, N.D.]

Common difficulties faced

- ✓ Insufficient resources
- ✓ Medical professional politics and intransigence
- ✓ Lack of infrastructure support e.g., buildings, IT
- ✓ Deeply entrenched ways of doing things
- ✓ Poor leadership, governance and management

Mechanisms for change

- Central theme throughout the book:
- the *importance of engaging staff and patients* in reform and improvement processes, as they are the agents at the coalface

Example 4:

**Success stories on
reform in 60
countries**

Accomplishing reform: successful case studies drawn from the health systems of 60 countries.

Jeffrey Braithwaite^{1,2,3,4*}, Russell Mannion^{1,2}, Yukihiro Matsuyama^{1,3,5}, Paul Shekelle^{6,7}, Stuart Whittaker^{8,9}, Samir Al-Adawi¹⁰, Kristiana Ludlow¹, Wendy James¹, Hsuen P Ting¹, Jessica Herkes¹, Louise Ellis¹, Kate Churruca¹, Wendy Nicklin⁴, Cliff Hughes^{1,4}

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⁹School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria, Pretoria, South Africa

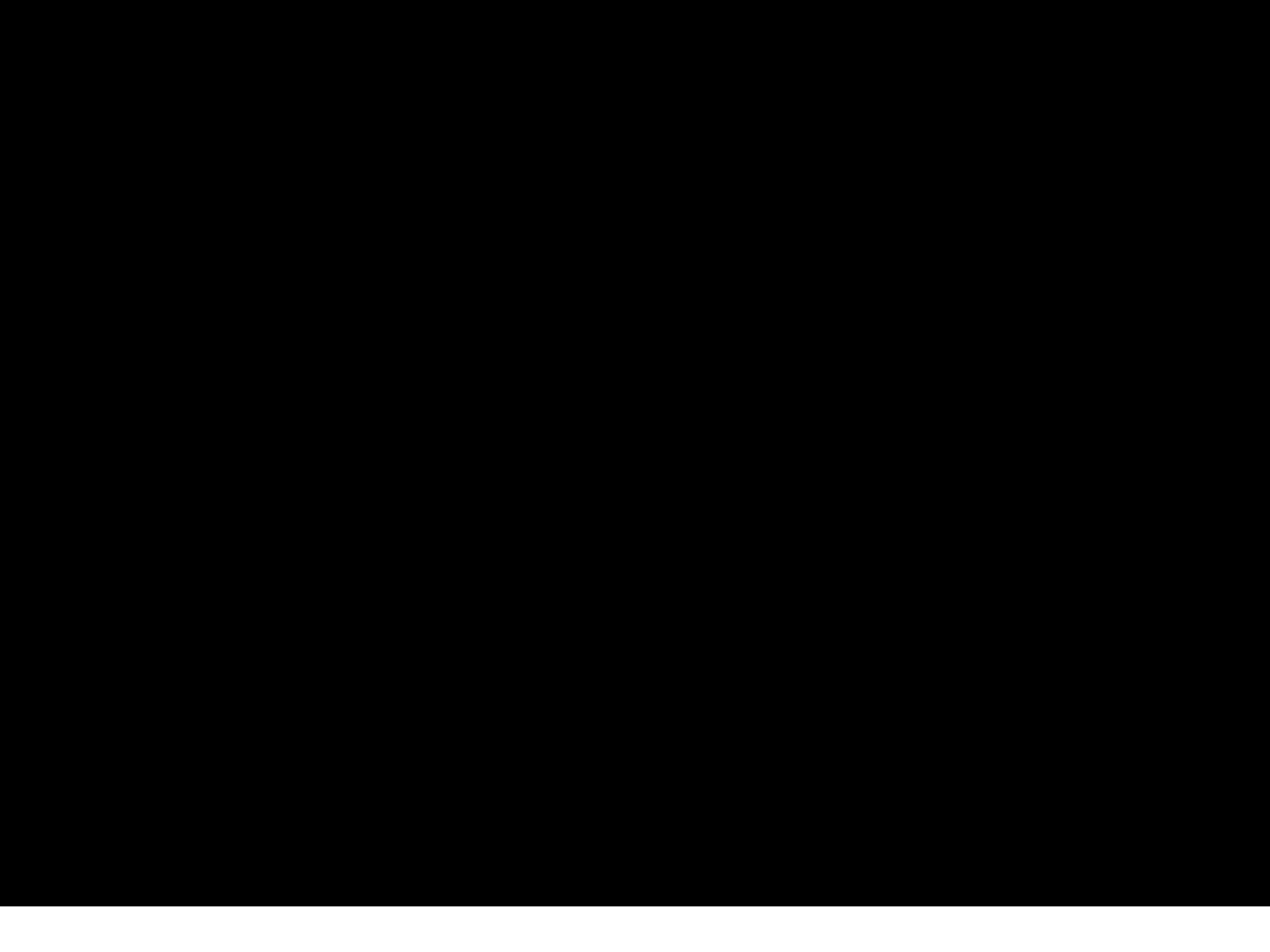
¹⁰College of Medicine, Sultan Qaboos University, Muscat, Oman



Common factors linked to success

- the *acorn-to-oak tree reform principle*;
- The *data-to-information-to-intelligence reform principle*;
- the *many-hands reform principle*; and
- the *patient-as-the-pre-eminent-player reform principle*.

**Finally: can you improve your
own processes for change
and sustainability?**

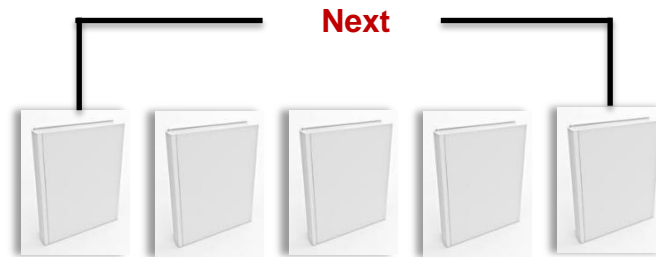


Recent Published Books



- **Culture and Climate in Health Care Organizations**
- **Resilient Health Care**
- **The Resilience of Everyday Clinical Work**
- **Healthcare Reform, Quality and Safety**
- **Reconciling Work-as-imagined and Work-as-done**
- **The Sociology of Healthcare Safety and Quality**

Forthcoming Books



- **Health Systems Improvement Across the Globe: Success Stories of 60 Countries**
- **Gaps: the Surprising Truth Hiding in the In-between**
- **Contriving, Arriving, Residing, Surviving and Thriving in the Anthropocene**
- **Field Guide for Resilient Health Care**
- **Counterintuitivity: How your brain defies logic**

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