Managing healthcare quality and safety

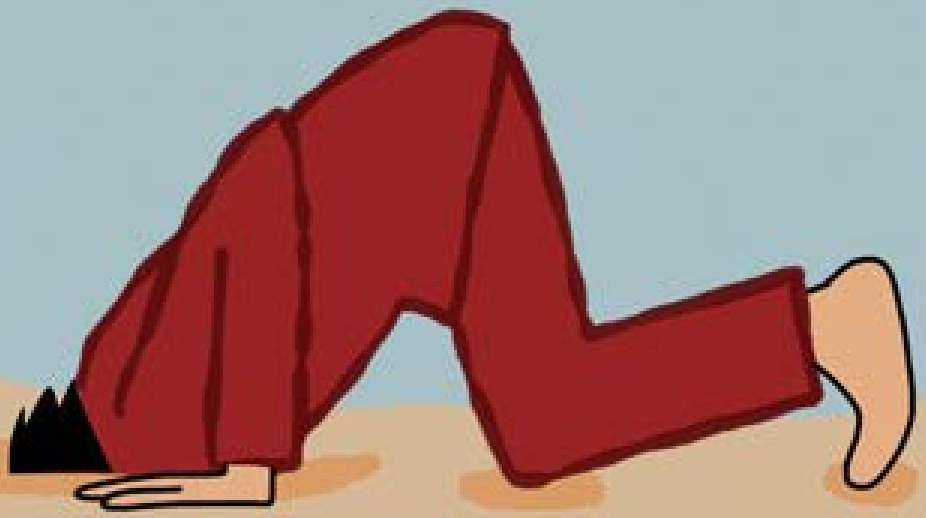
”What we observe is not nature itself, but nature exposed to our method of questioning.”

Werner Heisenberg


Seeing things how they are

deutschlernerblog.de
für alle, die Deutsch lernen

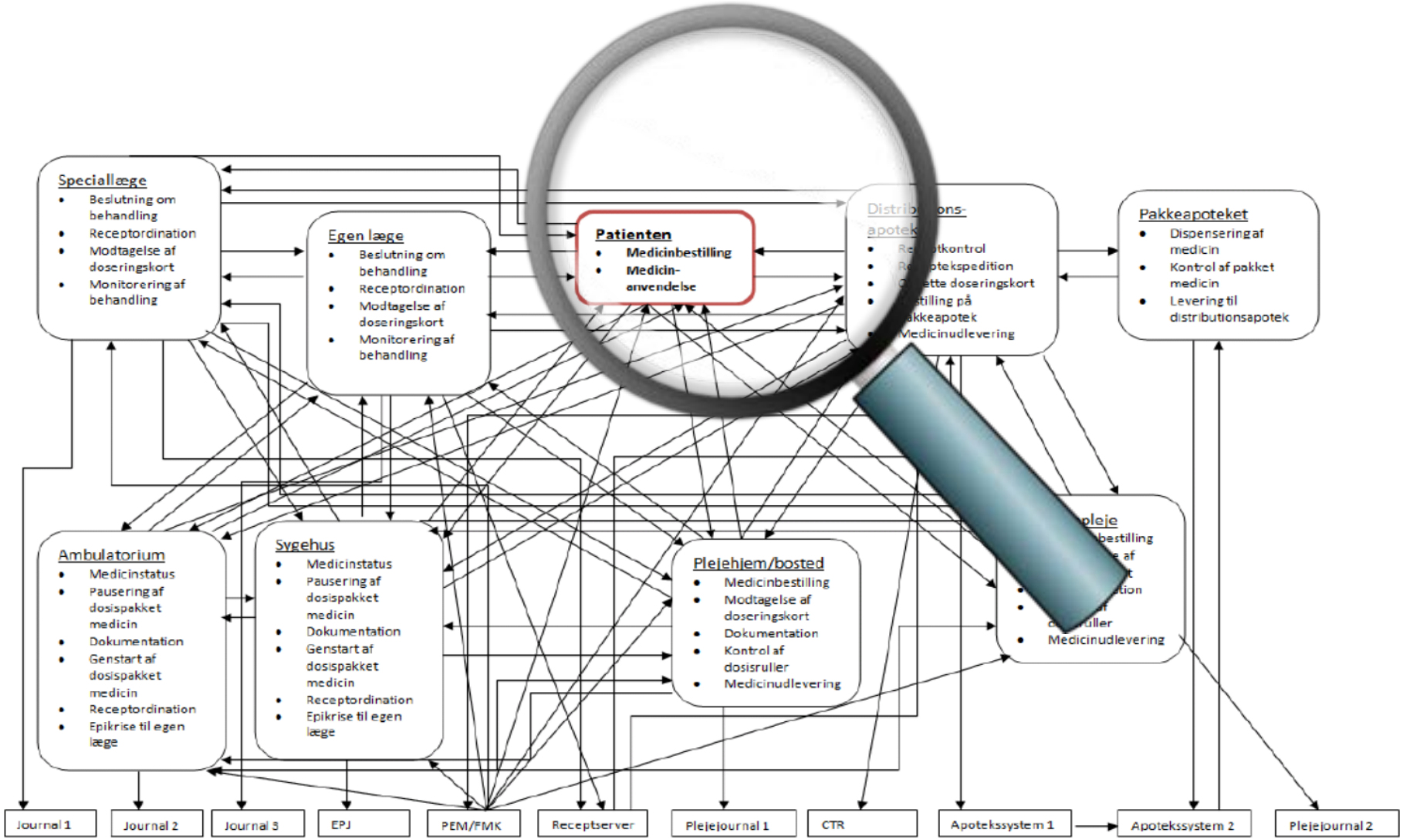
den Kopf in den Sand stecken



ein Problem ignorieren;
sich weigern, die Realität wahrzunehmen

”Every problem seems to cry out in its own language”

Thomas Transtrømer

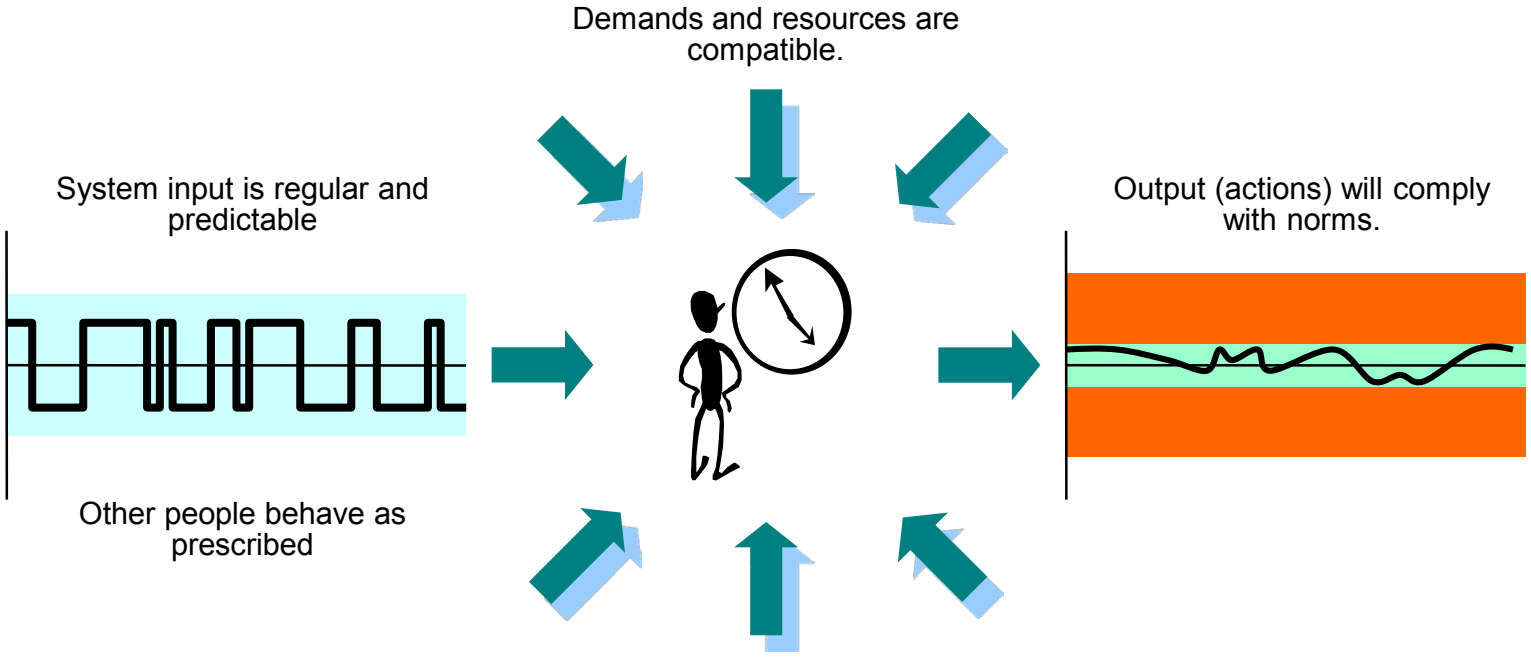

Speciallæge
Beslutning om behandling
Receptordination
Modtagelse af doseringskort
Monitorering af behandling
Egen læge
Beslutning om behandling
Receptordination
Modtagelse af doseringskort
Monitorering af behandling
Patienten
Medicinbestilling
Medicin-anvendelse
Pakkeapoteket
Dispensering af medicin
Kontrol af pakket medicin
Levering til distributionsapotek
Ambulatorium
Medicinstatus
Pausering af dosispakket medicin
Dokumentation
Genstart af dosispakket medicin
Receptordination
Epikrise til egen læge
Sygehus
Medicinstatus
Pausering af dosispakket medicin
Dokumentation
Genstart af dosispakket medicin
Receptordination
Epikrise til egen læge
Plejehjem/bosted
Medicinbestilling
Modtagelse af doseringskort
Dokumentation
Kontrol af dosisruller
Medicinudlevering
Medicinudlevering
Journal 1
Journal 2
Journal 3
EPJ
PEM/FMK
Receptserver
Plejejournal 1
CTR
Apotekssystem 1
Apotekssystem 2
Plejejournal 2

“I call it cruel, perhaps the root of all cruelty to know what occurs, but not recognize the fact.”

William Stafford

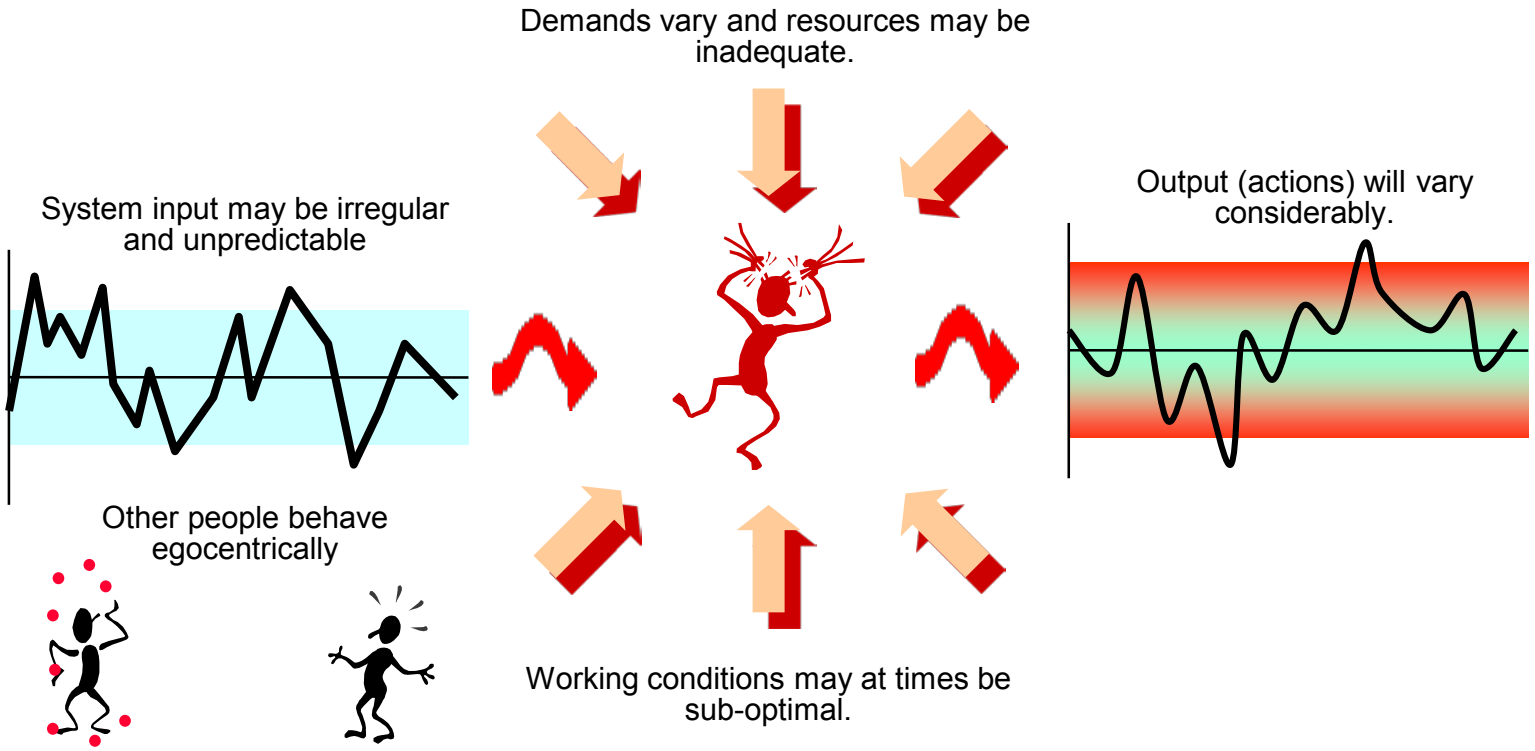

How the work works
Seeing things how they are

Work as imagined – nominal work



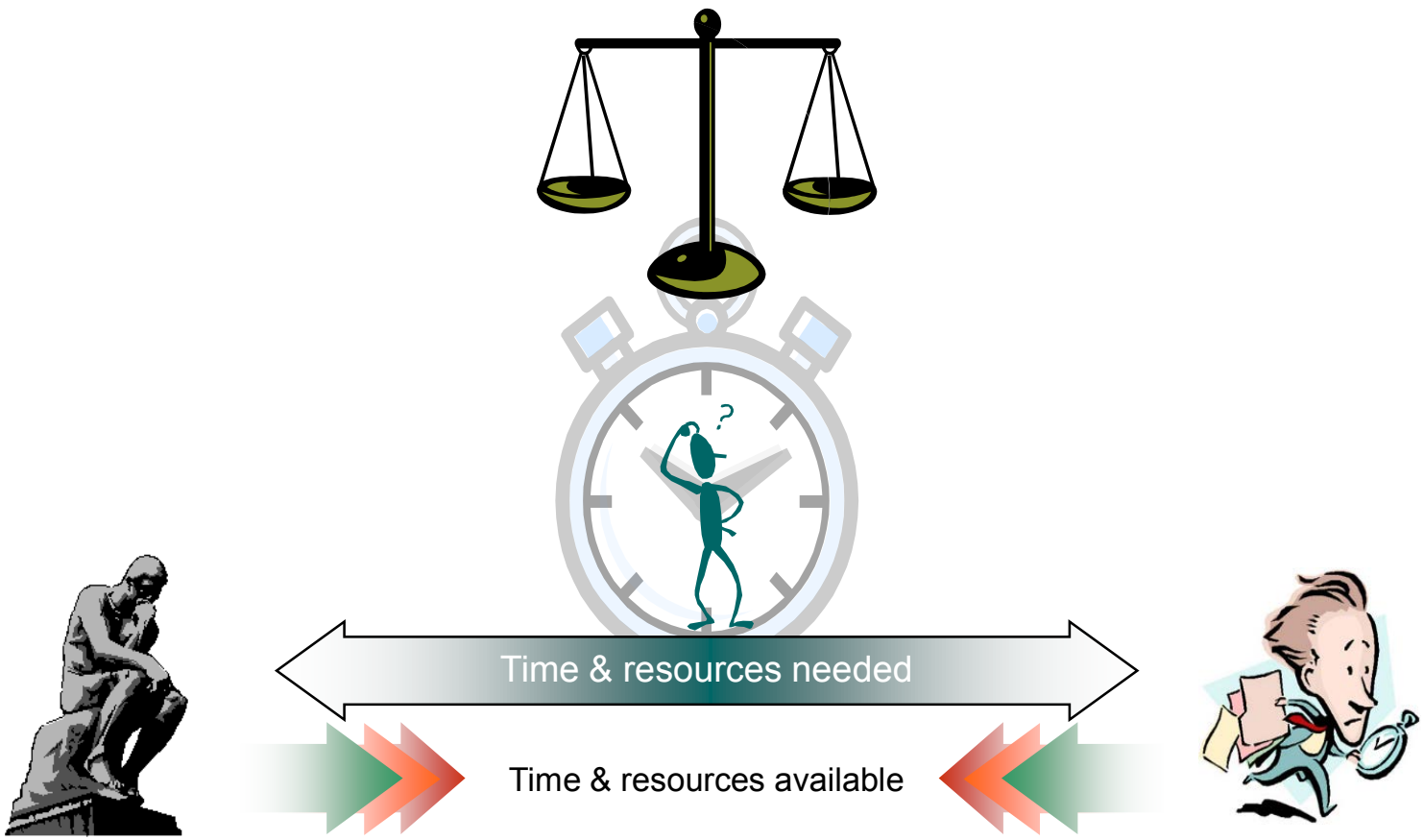
… no need to make adjustments

Work as done – actual work



… necessary to make local adjustments
Efficiency-Thoroughness Trade-Off (ETTO)

Efficiency-Thoroughness Trade-Off



Plan-Do-Study-Act cycles

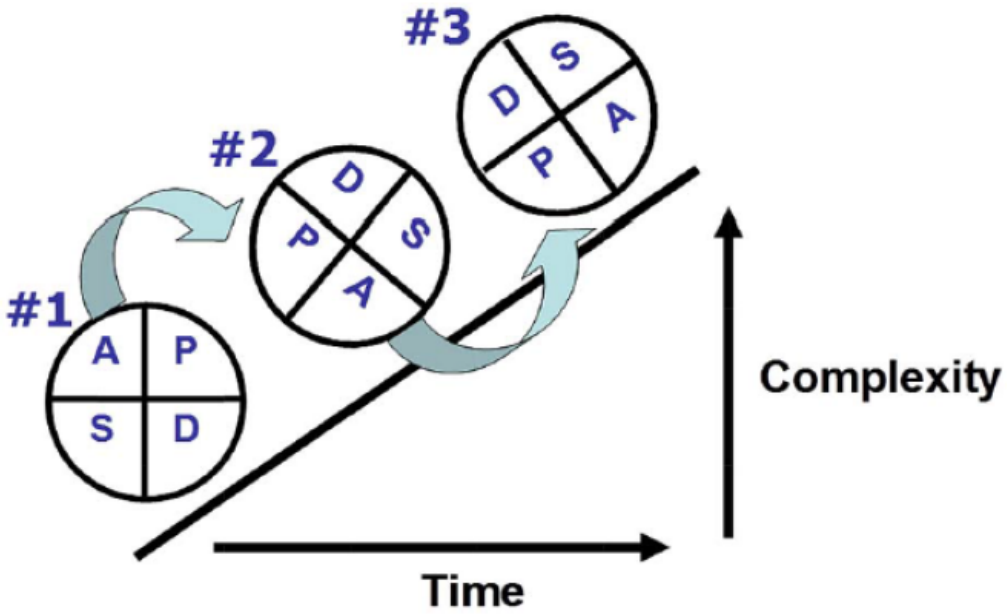


Figure 1 Traditional view of successive plan–do–study–act (PDSA) cycles over time depicted as a linear process. Each preceding PDSA informs the next one. As time goes on, the complexity of each intervention and trial often increases.[2]

Building knowledge, asking questions

Greg Ogrinc and Kaveh G Shojania

BMJ Qual Saf 2014 23: 265-267 originally published online December 23, 2013

Plan-Do-Study-Act cirkler [2]

BMJ Quality & Safety

Building knowledge, asking questions

Greg Ogrinc and Kaveh G Shojania

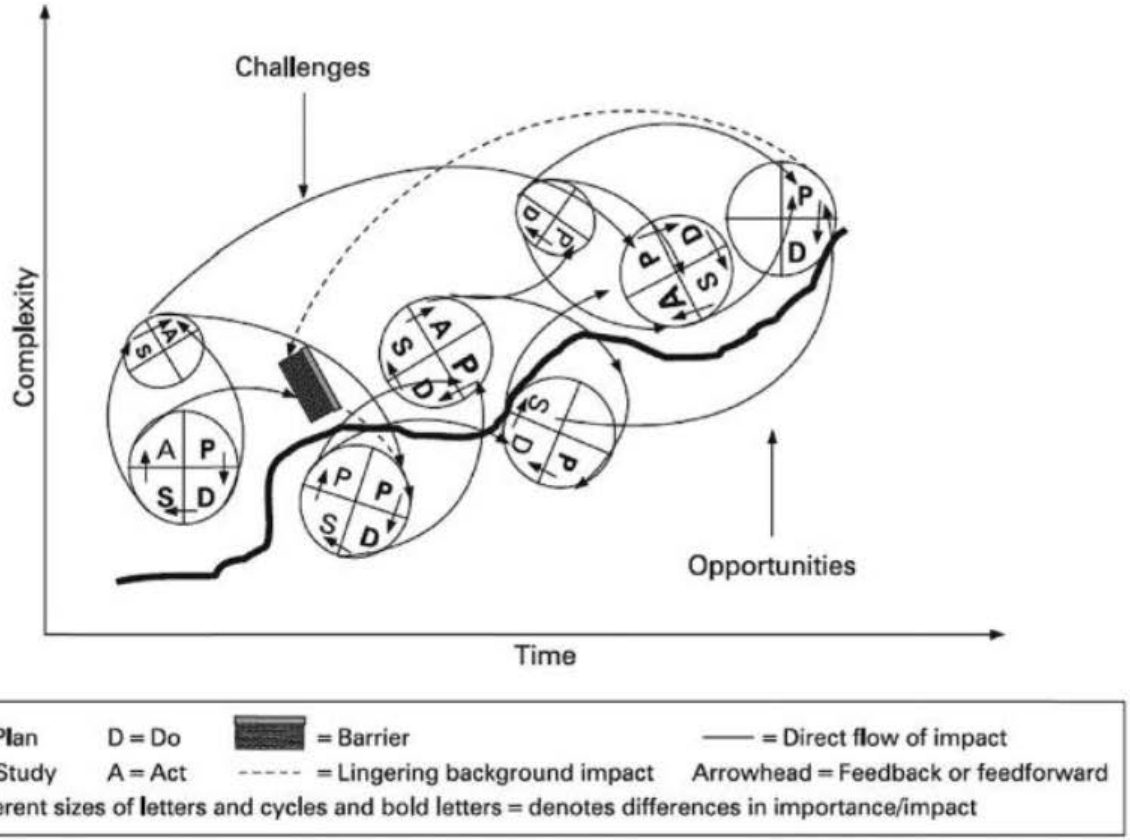
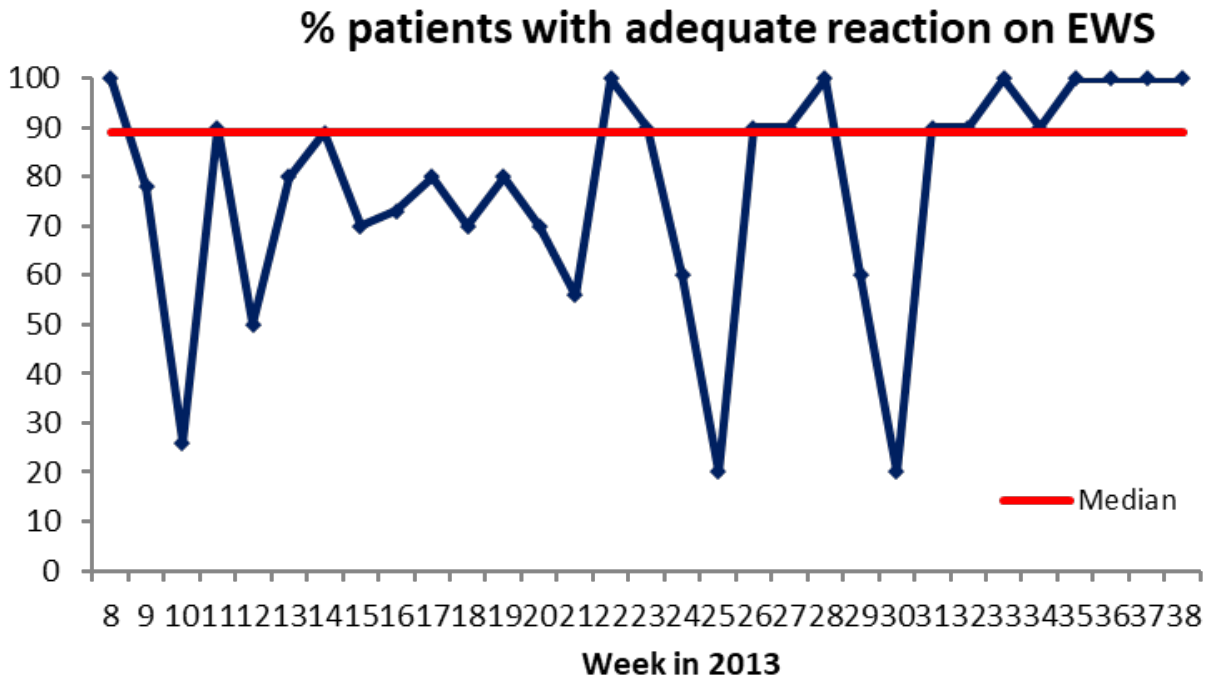
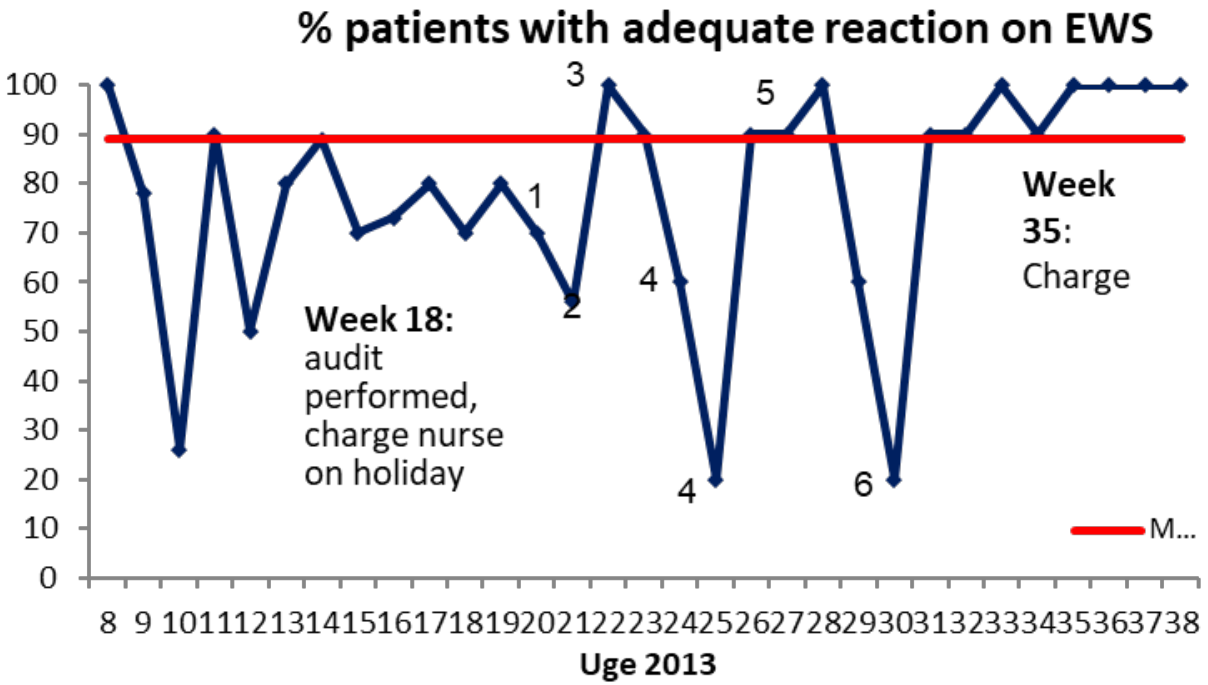


Figure 2 Revised conceptual model of plan–do–study–act (PDSA) methodology.[4]


How the work works
Data driven leadership
Seeing things how they are



Source: Gitte Madsen, North Zealand Hospital



Until week 18: audti performed by quality coordinator

1: Principles of EWS reviewed in team meeting, EWS on white board for all patients

2: Charge nurse AND quality coordinator audit weekly and review a case in team meeting

3: Charge nurse AND quality coordinator audit weekly and review currently admitted cases in team huddles

4: Holiday week 25: EWS reveiwed: common language, for nurses and doctors

5: Comments from staff: 'Now I see the meaning of the EWS as a common language, earlier it felt like double documentation."

6: Repeated review of EWS

Source: Gitte Madsen, North Zealand Hospital

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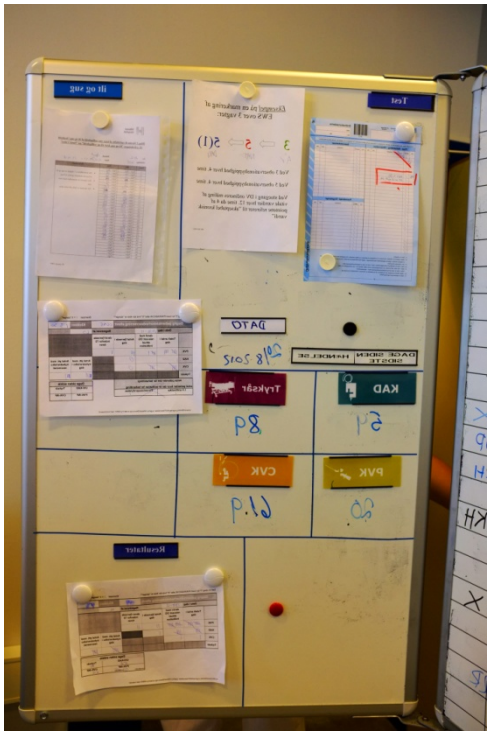
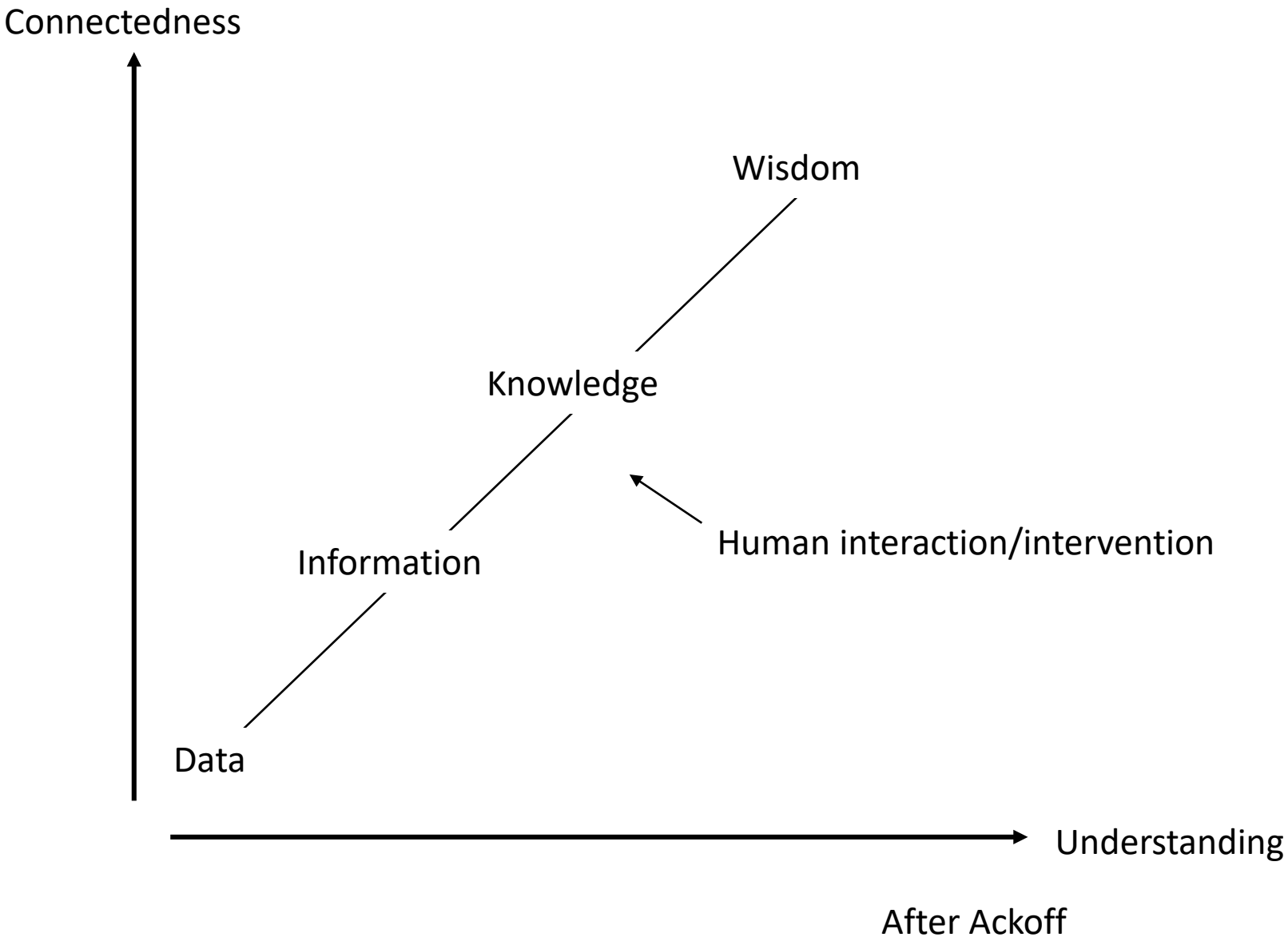
Beyond metrics? Utilizing 'soft intelligence' for healthcare quality and safety

Graham P. Martin [a, *], Lorna McKee [b], Mary Dixon-Woods [a]

[a] University of Leicester, United Kingdom
[b] Aberdeen University, United Kingdom


Behandlingsaktiviteter
KVALITET
DATO





After Ackoff

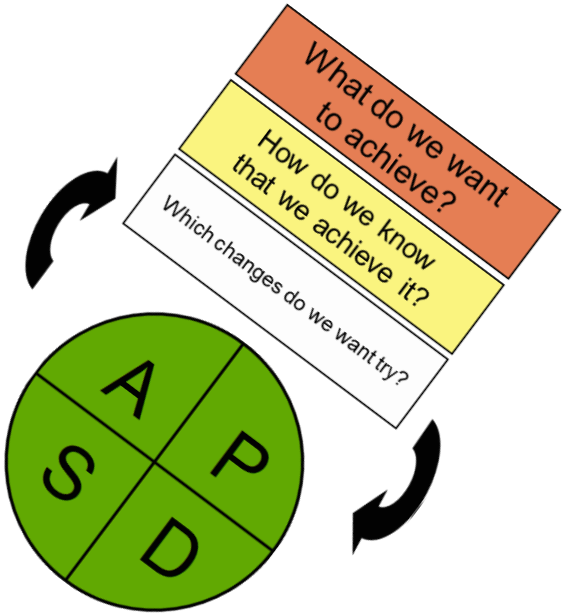

Capacity and capability
How the work works
Data driven leadership
Seeing things how they are

Subject matter knowledge

Profound Knowledge

Subject matter know

Profound knowledge



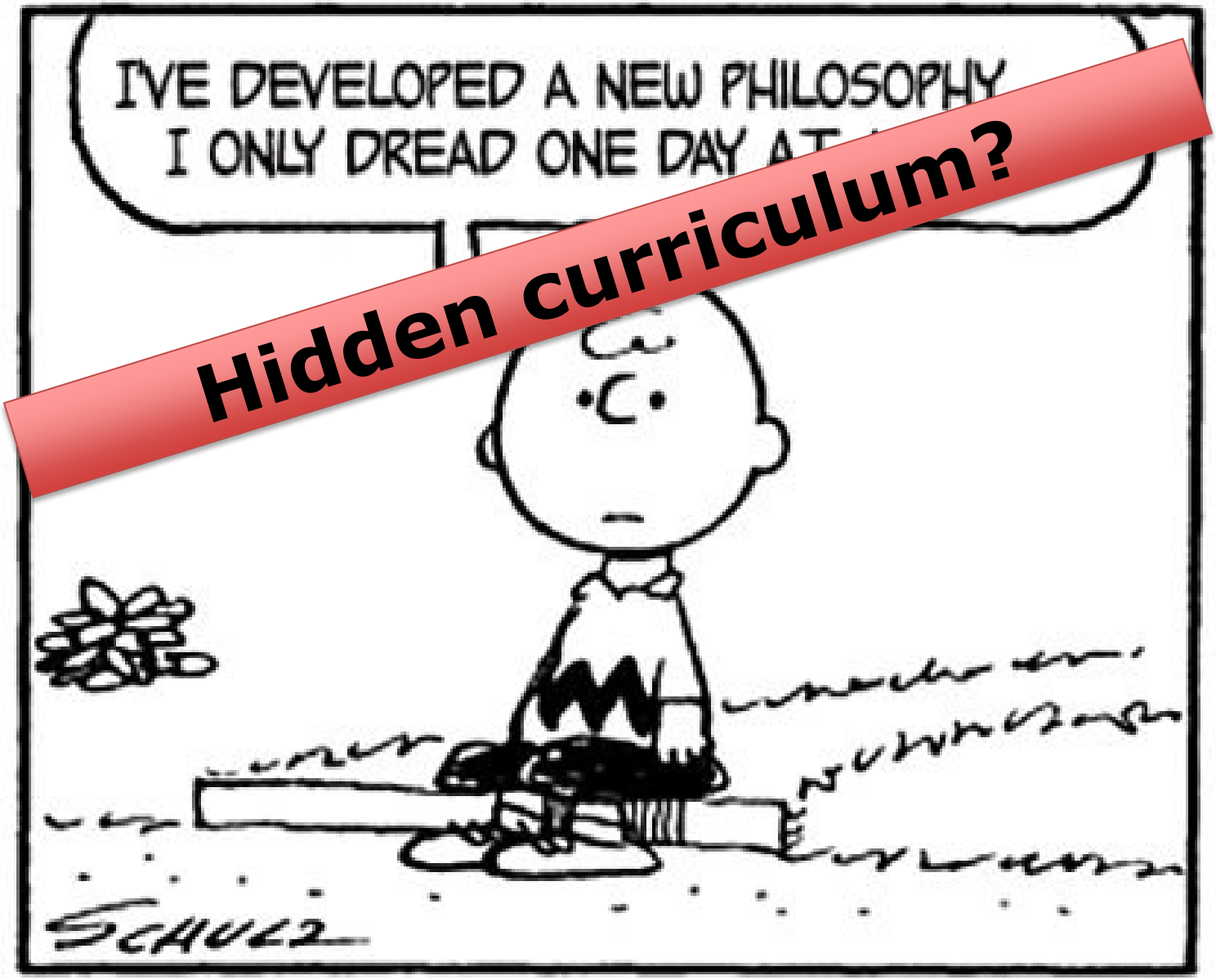
Number of staff by level

	Total employees	Practitioners (clinical and support staff)	Change agents, middle managers, project leads	Hospital executives, department leads	Exsperts
Cincinnati Childrens'	12.600	/	440	70	(Faculty 640)
Tayside	14.000	1200	400	70	40
Hillerød	4000	300	100	40	10


Capacity and capability
Psycho-logical safety
How the work works
Data driven leadership
Seeing things how they are

“Fear is toxic to both safety and improvement.”

NHS: A commitment to learn—a promise to act



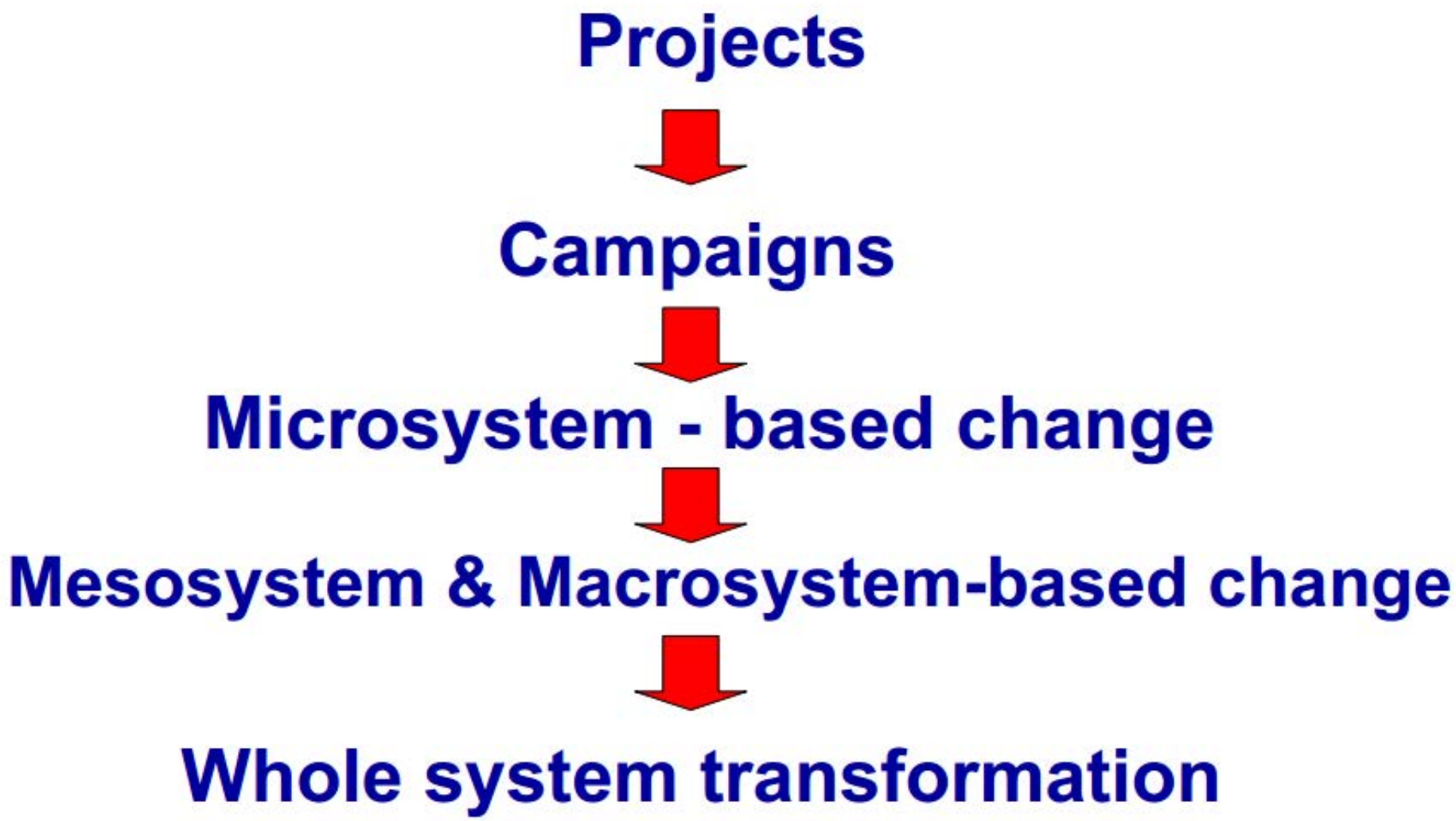
Hidden curriculum?


Prosject-
titis or
plan
Capacity
and
capability
Psycho-
logical
safety
How the
work
works
Data driven
leadership
Seeing
things how
they are

An impressive *firework* of ongoing quality improvement initiatives in the Danish healthcare system

Too much of a good thing…?

Gerdes, U. Centre for Quality



Nelson EC, Institute for Healthcare Improvement, Dartmouth Medical School & Dartmouth-Hitchcock Medical Center, presented at ISQua, London October 23, 2006


Personal leader-ship
Prosject-titis or plan
Capacity and capability
Psycho-logical safety
How the work works
Data driven leadership
Seeing things how they are


cfL
Bedre ledere.
Bedre resultater.
djøf
Reception
Folke Bernadottes Allé 45

MOTIVASJON

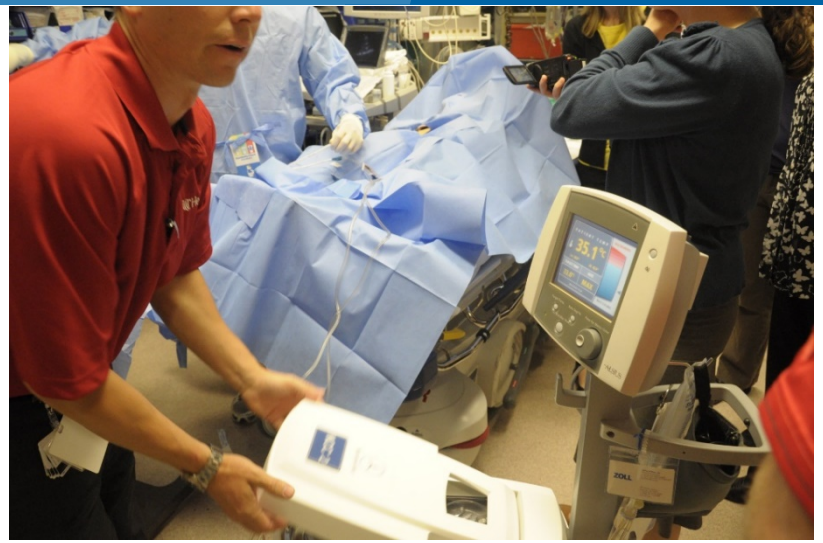


Table 1. Complexity Analysis Framework for QI in Health Care

Situation	Problem definition	Response	Primary locus of responsibility for the work	Kind of work	Decision-making process
Simple	**Clear** Ordered universe with clear causality.	**Clear** Answers are self-evident, undisputed, and can be determined based on facts and evidence.	Manager	**Technical** Often a question of solution implementation	Sense **Categorize** Respond
Complicated	**Clear** Ordered universe with clear causality, though not perceived by everyone.	**Requires learning** May contain multiple correct answers. Involves analysis, expert consultations, and the creation of working groups. Requires coordination and collaboration. It is time consuming, and often requires a tradeoff between finding the "best" answer and making a decision, but complete data becomes available, eventually.	Manager and staff	**Technical and adaptive** Often a question of solution implementation and evolution of new responses through experimentation and discovery	Sense **Analyze** Respond
Complex	**Requires learning** Unordered universe with no clear causality.	**Requires learning** No right answers exist. Decisions often based on incomplete data.	Staff > manager	**Adaptive** Often a question of evolution of new responses through experimentation and discovery	**Probe** Sense Respond
Chaotic	**Requires action** to create stability in an unordered universe.	**Requires action** to stabilize in order to gain perspective and enable diagnosis. No point to search for right answers.	Manager	**Technical**	**Act** Sense Respond

Størkholm MH: PhD thesis 2018

Region Syddanmark
CENTER FOR KVALITET

Leaderhip—how?

Challenge 7: Leadership

Getting leadership for quality improvement right requires a delicate combination of setting out a vision and sensitivity to the views of others. ‘Quieter’ leadership, oriented towards inclusion, explanation and gentle persuasion, may be more effective.

BMJ Quality & Safety Online First, published on 29 August 2012 as 10.1136/bmjqs-2011-000760

Narrative review

Ten challenges in improving quality in healthcare: lessons from the Health Foundation’s programme evaluations and relevant literature

Mary Dixon-Woods, Sarah McNicol, Graham Martin


Combine transfor-matory and operational leadership
Work on the system
Invest in professional development
Create a safe environment
WAI—WAD
Use data as a «window to the work»
Observe and follow up

”I would rather have my ignorance than another men’s knowledge, because I have got so much of it.”

P 250—Mark Twain’s letters [1917 ed.], Vol 1

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No conflicts of interest

”Scientists have odious manners, except when you prop up their theory; then you can borrow money of them.”

P. 283—What Is Man? And Other Essays [1917 ed.], ”The Bee”