

Leading Large Scale Improvement: Global Lessons

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Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta
National Treasury Management Agency

An Ghníomhaireacht um Éilimh ar an Stát
State Claims Agency

State Claims Agency
Quality, Clinical Risk and Patient Safety
Conference 2018

Friday, 21st September 2018

Dublin Castle



PREVENCION DE OBESIDAD

Aim: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms by December 2012

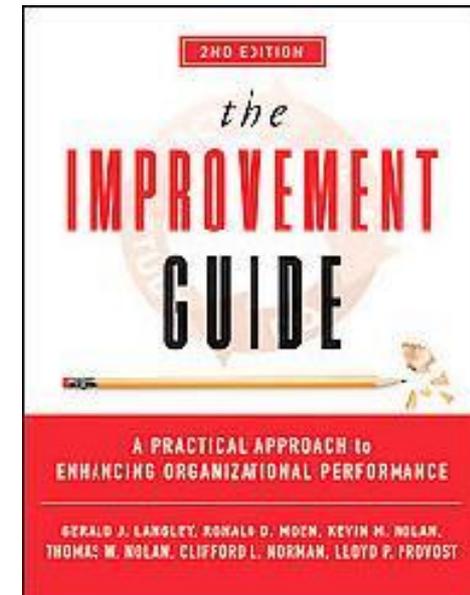
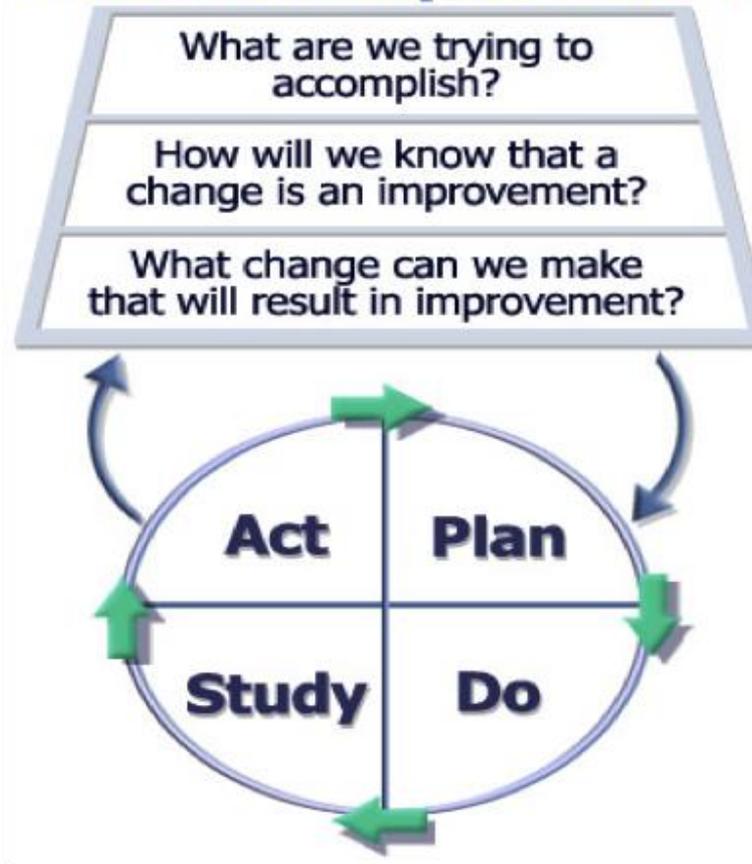
Sugar sweetened
beverages



Water consumption



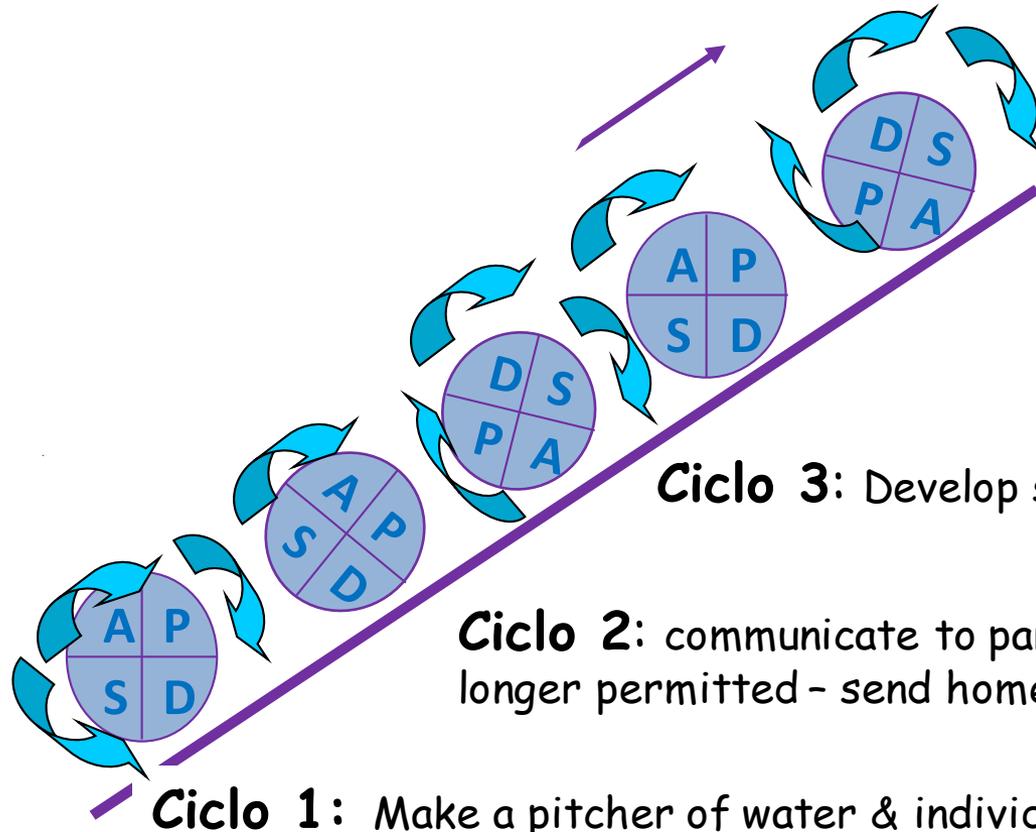
An engine: Model for Improvement



Langley, G.J., Nolan, K.M., Nolan, T.W, Norman, C.L., & Provost, L.P. (2009). *The improvement guide: A practical approach to enhancing organizational performance* (2nd Ed.). San Francisco: Jossey-Bass. P.24.

Plan & Do

Aim: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms by December 2012

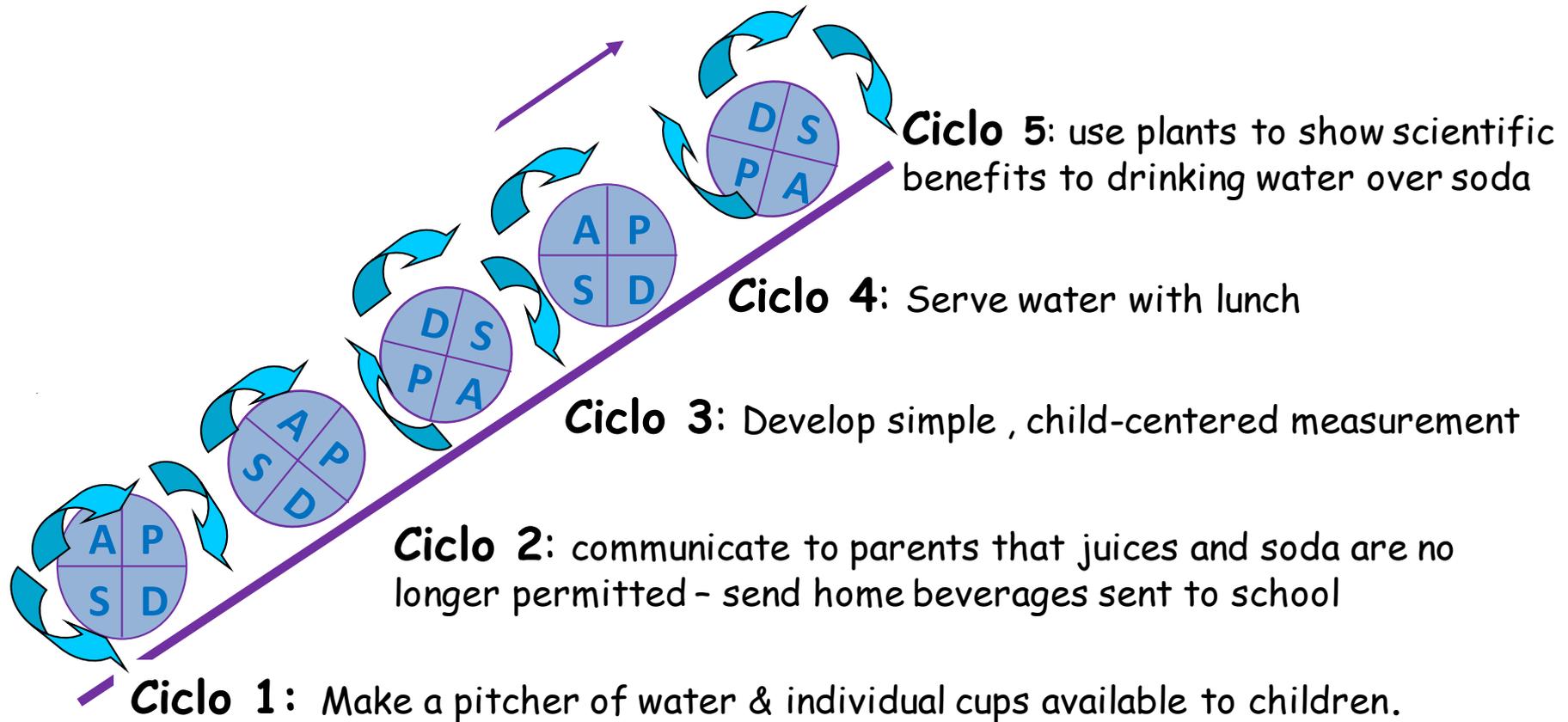


Prueba de
Cambiar "Agua"



Plan & Do

Aim: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms by December 2012



Agua



Nada



Bebida



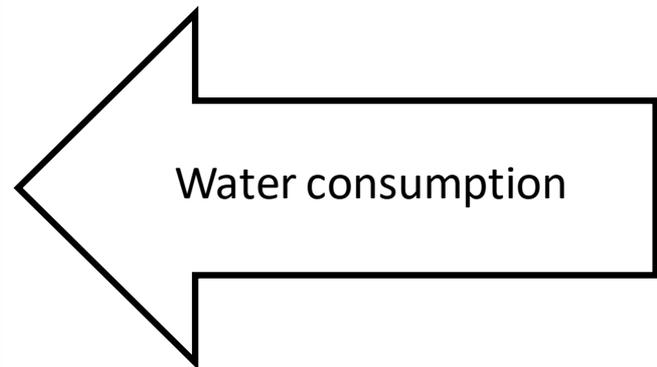
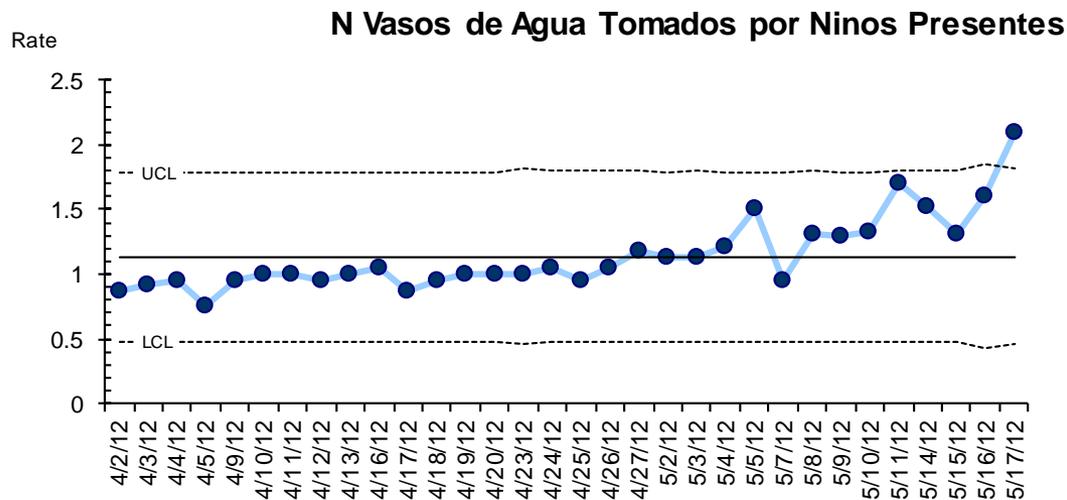
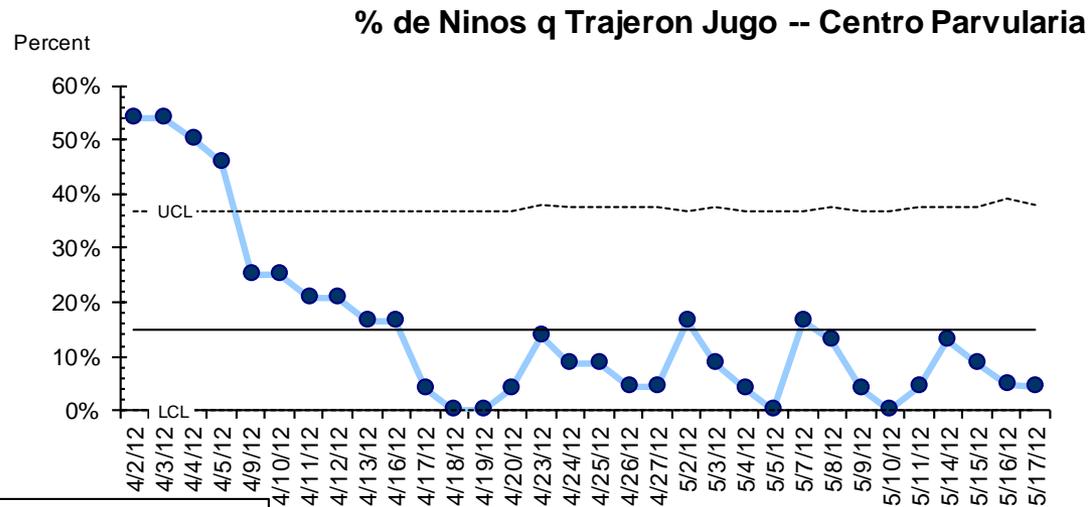
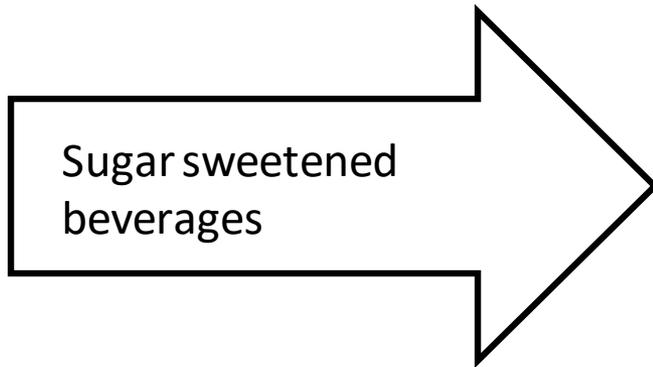
rio.
ha estaba llena
ntos roncando.
na desierta.

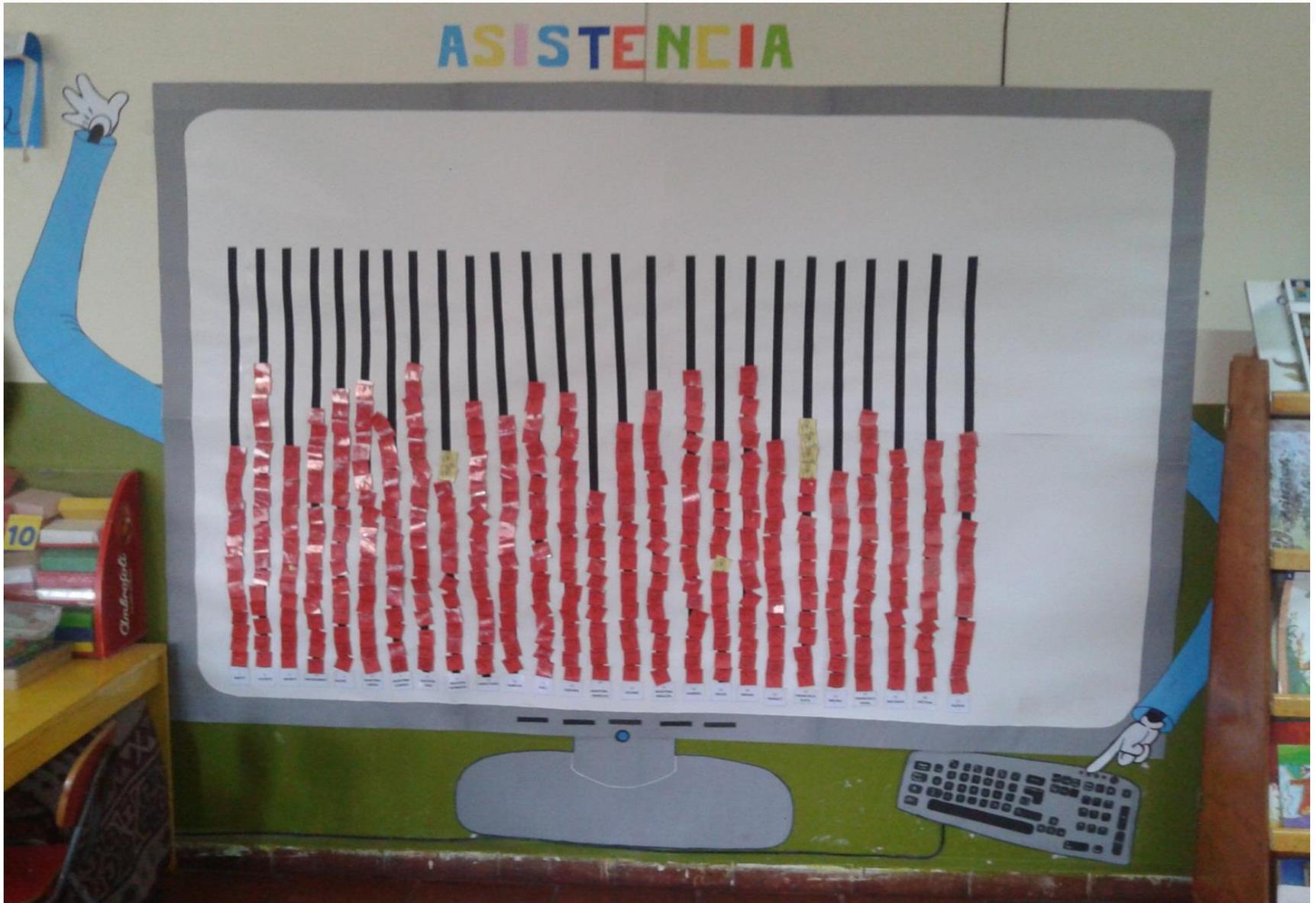
PDSA Health – Obesity prevention

Classroom Centro Parvulario

Plan & Do

Aim: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms by December 2012





*



Context

Prevalent

- Policies and guidelines
- Quality assurance
- Subject matter knowledge
- Marked hierarchies
- Paralysis by (retrospective) analysis

Absent

- Transparency
- A (local and national) actionable learning system
- Defined ambition (all too generic)
- Collective leadership
- Improvement skills
- Celebration



Gravitational pull of norms

(policies, assurance, hierarchies, subject matter knowledge)

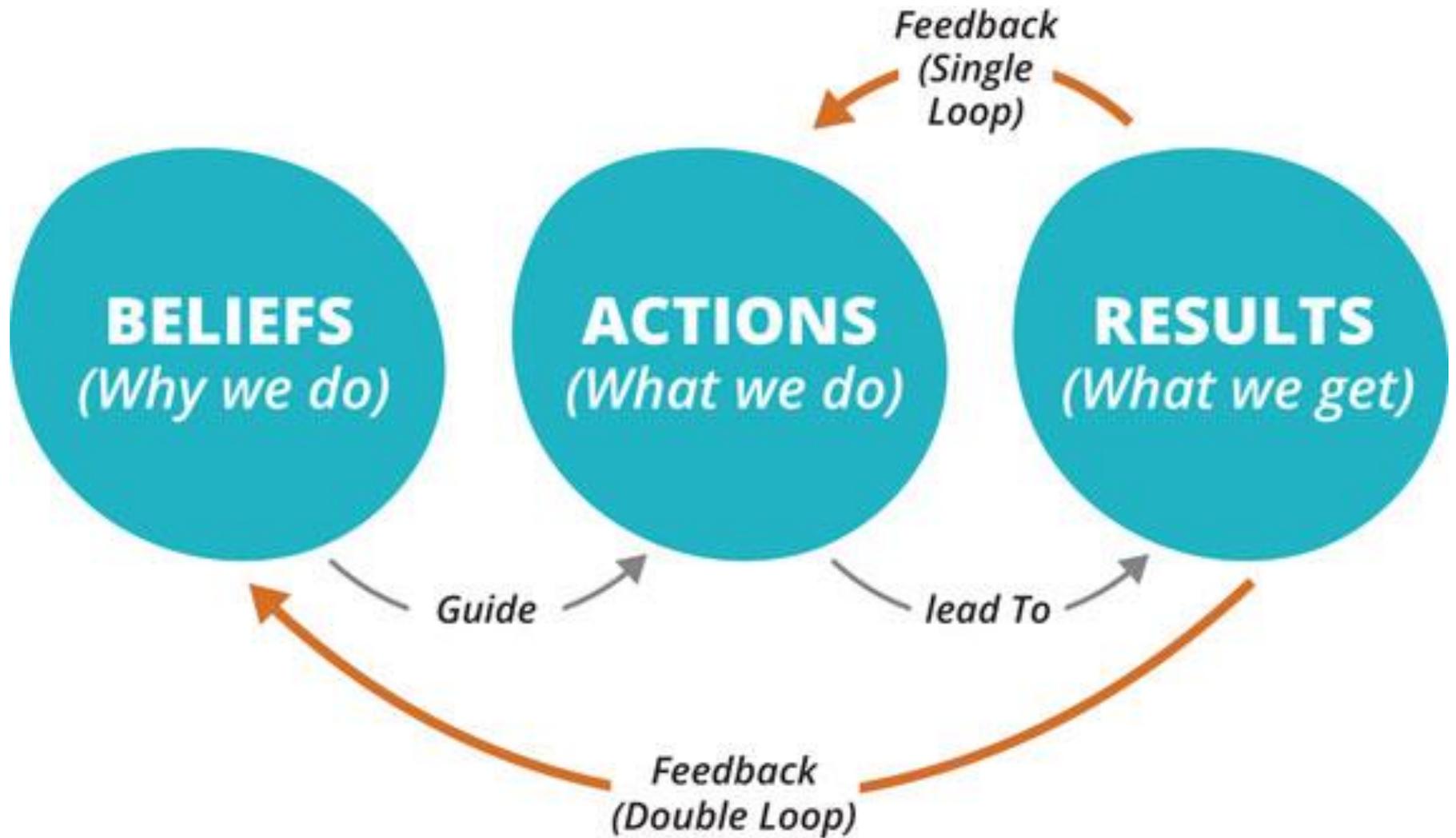


'Capatee'



8Kg, 5/6xW







FUNDAÇÃO
CALOUSTE
GULBENKIAN

STOP
infecção hospitalar!

UM DESAFIO GULBENKIAN



@pedroIHI







CENTRO
HOSPITALAR
DE LISBOA
CENTRAL, EPE



SÃO JOÃO



CHBM

Centro Hospitalar
Barreiro Montijo EPE

CENTRO HOSPITALAR
LISBOA NORTE, EPE



HSM



HPV



ATOSINHOS EPE



SESARAM
EPE
Serviço de Saúde da RAM EPE



IPO PORTO



Centro
Hospitalar
Cova da Beira, E.P.E.



Hospital da
Senhora da Oliveira
GUIMARÃES EPE



Hospital
Braga



ULSBA
Unidade Local de Saúde
do Baixo Alentejo, EPE



@pedrolHI



1) Aim:

50% reduction in 3 years (CLABSI, VAP, CAUTI, SSI)

2) Content Theory

Driver Diagrams (per intervention; leadership)

3) Execution Theory

Logic Model

4) Data Measurement & Learning

Measurement Plan

5) Dissemination

Dissemination & Scale Up

Resultados:

Reduzir infecções urinárias associadas a algália, nas unidades piloto, em 50% até Outubro de 2018.

Direcionadores Primários:

Prestar aos pacientes com algália o cuidado apropriado, oportuno, baseado em evidência e de forma confiável/sistemática??

Criar equipas multidisciplinares altamente efetivas e colaborativas, e desenvolver uma cultura de segurança

Integrar pacientes e familiares na equipa e tomada de decisão

Direcionadores Secundários:

Implementar de forma confiável/sistemática os aspectos do cuidado listados abaixo, utilizando a bundle/plano de cuidado de prevenção de infeção urinária associada a algália:

- Avaliar sistematicamente a possibilidade de evitar o cateterismo vesical (Recomendação IB)
- Cumprir a técnica assética no procedimento de cateterismo vesical e de conexão ao sistema de drenagem (Recomendação IB);
- Cumprir a técnica limpa (Recomendação IB);
- Realizar a higiene diária do meato uretral (Recomendação IB)
- Manter cateter vesical seguro (Recomendação IB);
- Verificar diariamente a necessidade de manter cateter vesical (Recomendação IB).

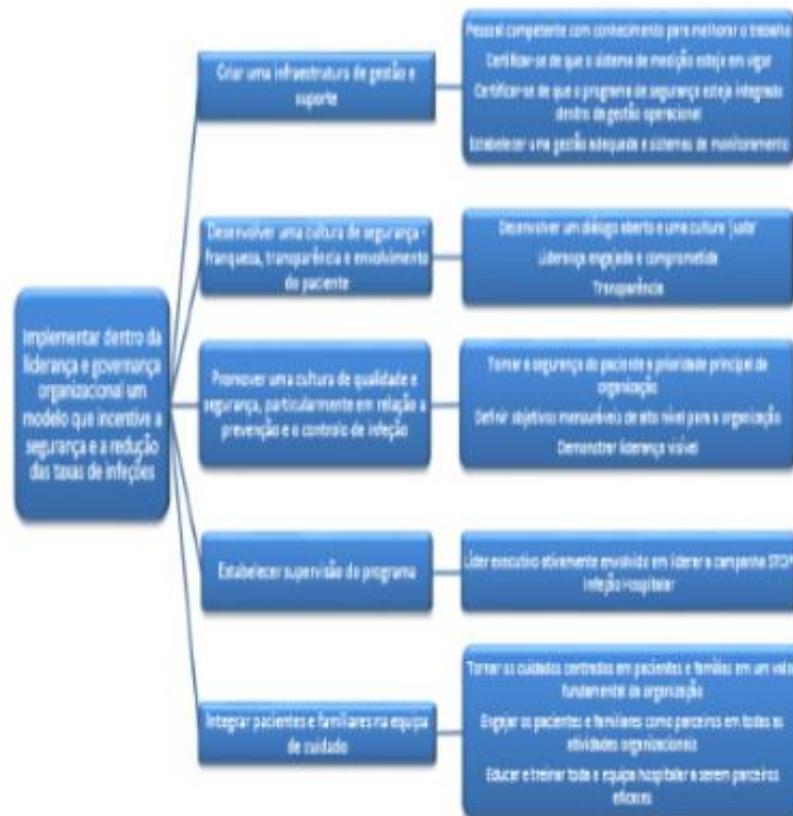
Planeamento de cuidados efetivos, comunicação e colaboração da equipa multidisciplinar.

Envolver o paciente e família no estabelecimento de objetivos diários de cuidados

Promover comunicação transparente e aberta entre paciente, familiares e membros da equipa multidisciplinar

LIDERANÇA

DIAGRAMA DIRECIONADOR & PACOTE DE MUDANÇAS

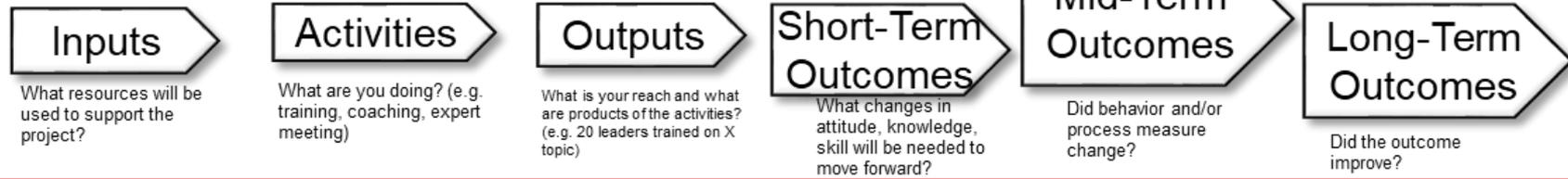


DD & Pacote de Mudanças para Implementar Dentro da Liderança e Governança Organizacional um Modelo que Incentiva a Segurança e a Redução das Taxas de Infecções

Desenvolvido pelo Institute for Healthcare Improvement



Gulbenkian STOP INFEÇÃO COLLABORATIVE (October 2015 to October 2018)



Contextual and External Factors: Physicians remuneration is low compared to OECD countries. Hospitals have a solid experience in infection control by the Infection control teams. They "own" the job. One of the challenges: the frontline team ownership. Health care system has a strong hierarchy and physician centered.

Data and Learning: progress assessment scale

Activities	2015			2016				2017				2018		
	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
Design Period														
Pre-Work														
Collaborative Learning Sessions			LS1		LS2			LS3			LS4		LS5	
Collaborative Virtual Sessions														
Site Visits				SV1		SV2			SV3					
CMP Workshops											WS1		WS2	
CMP Virtual Sessions														
Progress														
Actual Progress*			1	2	2	3	3	4	4	4	4	4		
Expected Progress*			1	2	2	3	3	3	3	4	4	4	5	5
* Refer to Project Progress Scale														



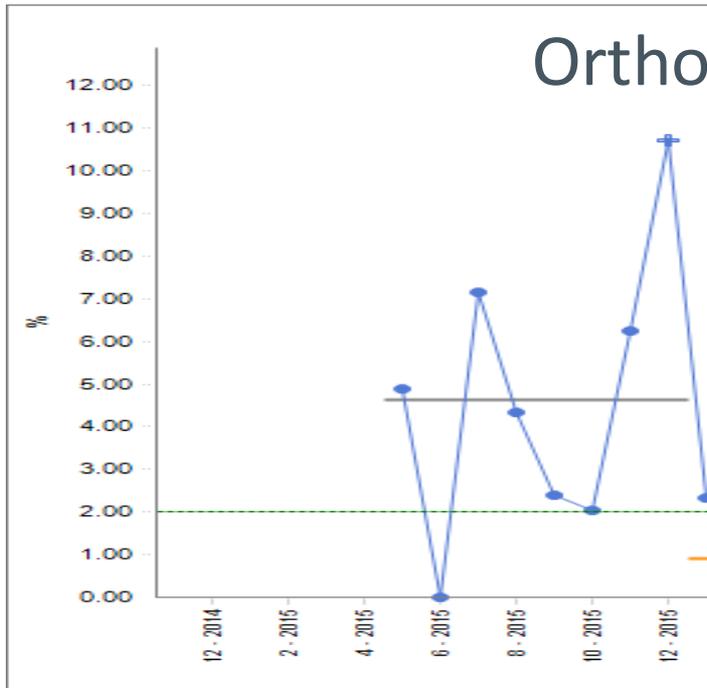
FUNDAÇÃO
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STOP
infecção hospitalar!

UM DESAFIO GULBENKIAN

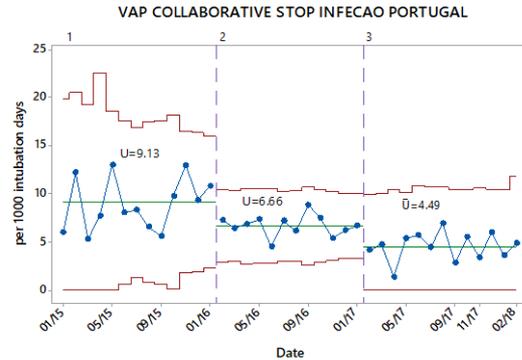


Ortho surgery: 80%

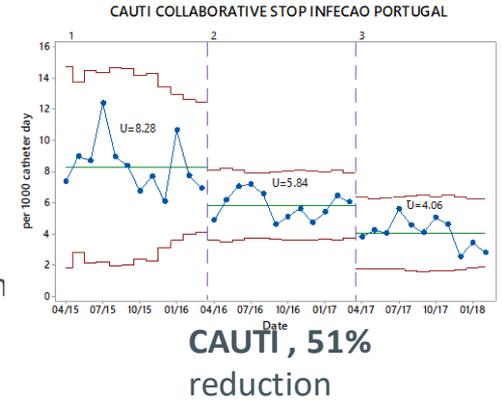


Portugal – 12 hospital systems, 3 years

STOP
infecção hospitalar!



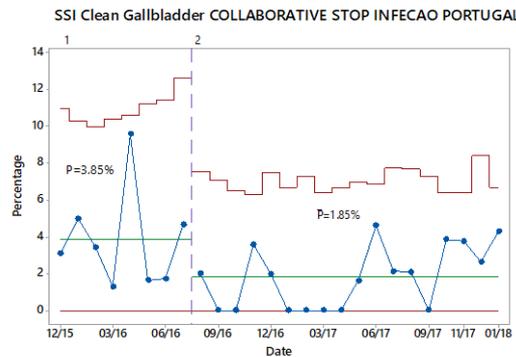
VAP ,
51%
reduction



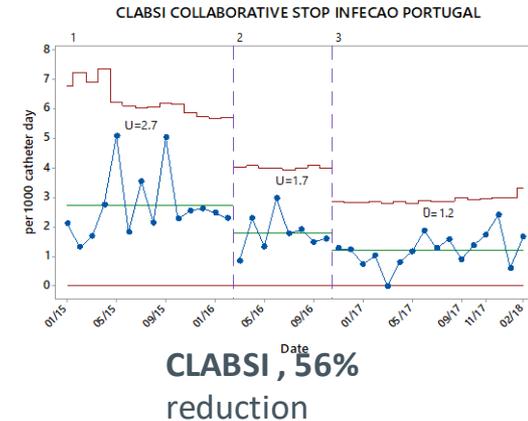
CAUTI , 51%
reduction

Infections prevented since 2015

Mean	1710
LCI	1153
UCI	2335



SSI ,
52%
reduction



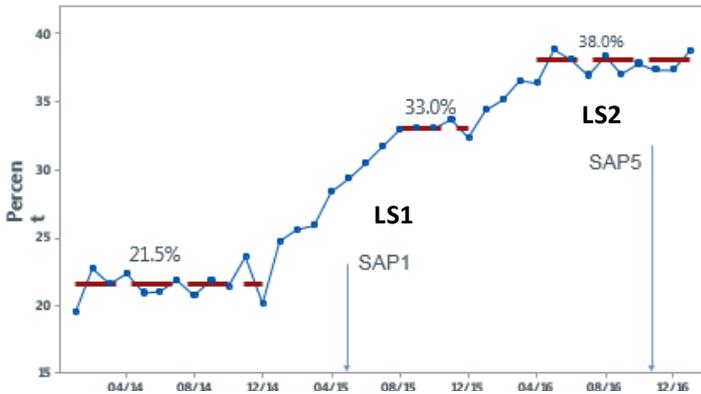
CLABSI , 56%
reduction

1. AIM

Increase % of vaginal births from 21.5% baseline to 40%.
Achieved 38% in 18 months of collaborative work.

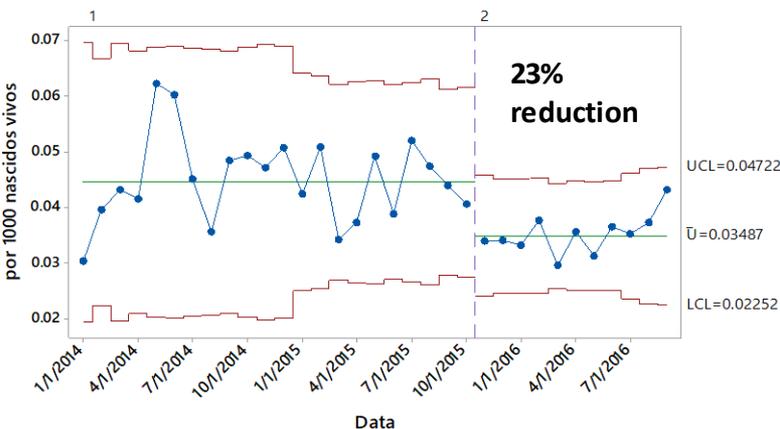
26 Pioneer Pilot Hospitals (22 private; 4 public)

% Vaginal Birth



NICU ADMISSIONS NEW BORN >2.5kg (9 Hospitals)

Sigma Z = 1.19702, 0.807235



Tests performed with unequal sample sizes

2. CONTENT THEORY

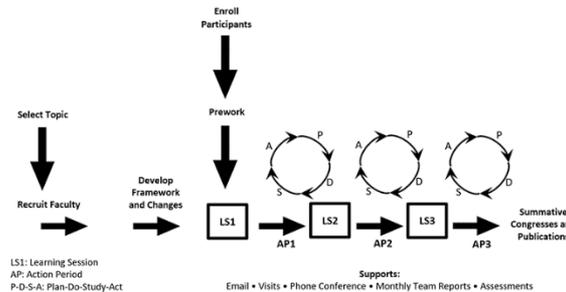
4 Primary Drivers (contextualized evidence base)



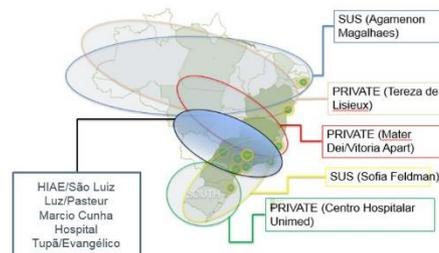
- Coalition of key stakeholders aligned around quality and safety
- Empowerment of pregnant women to ensure readiness for vaginal delivery
- New care models to accommodate the longer time frame of normal physiologic birth
- Data and improvement infrastructure to support learning

3. EXECUTION THEORY

Breakthrough Series Collaborative
5 Learning Sessions (May 2015 – December 2016)



Bright Spot private and public high performers identified and selected geographically to lead test of scale as Hubs in phase 2



4. MEASUREMENT

Monthly Data Input on IHI Extranet Platform for Key Collaborative Indicators:

- % Vaginal Births (Pilot population as defined by hospitals)
- % Vaginal Births (All pregnant women)
- Adverse Events Rate
- NICU Admissions
- Patient Satisfaction
- Costs

5. COMMUNICATION

- Conferences
- Scientific Publications
- Press Releases
- Social Media
- Blog Series
- Multimedia



PARTO ADEQUADO

Learning Session 5

Celebrating pilot achievements and
setting the stage for test of scale



Coopetition in Brazil



MINISTÉRIO DA
SAÚDE



119 Public hospitals
collaborative to reduce
CAUTI, CLABSI, VAP –
good early signs

CLABSI



PROADI-SUS
Programa de Apoio ao Desenvolvimento
Institucional do Sistema Único de Saúde



Identify the needs of the customer/
population

Develop service models to meet
the needs

Put in place structures
and processes to
manage the service

Identify what matters
most

Design project and bring
together a diverse team

Discover solutions through involving
those closest to the work, test ideas,
implement and then scale up

Identify clear measures of quality for the
service, and monitor these over time.

Take corrective action when
appropriate

Internal vigilance to
hold gains made
through improvement

Periodic checks to
ensure the service is
meeting the needs of
the customer/population

Actions to address gaps identified



In the past week, how many of you...

- Skipped a meal?
- Ate a poorly balanced meal?
- Worked an entire shift without any breaks?
- Changed personal/family plans because of work?
- Arrived home late from work?
- Drank too much coffee?
- Slept less than 5 hours in a night?



Work in healthcare is...

- Physically demanding
- Emotionally draining
- Intellectually challenging



Joy and Resilience

- Take care of yourself
- Teach empathy and caring by your actions
- Take care of each other



*You can't give what
you don't have.*





If you could break or change any rule in service of a better care experience for patients or staff, what would it be?



Key lessons

Not enough (alone)

- Policies and guidelines
- Quality assurance
- Subject matter knowledge

Essential

- Transparency
- A learning system
- Defined ambition
- A method
- Collective leadership
- Celebration



Avoid the gravitational pull of norms

- Don't bar; don't RAG; don't pie. Plot
- Do Joy
- Break the Rules



Gracias...

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