

HSCQI Community Event
Teach Back
from IHI International Forum, Copenhagen,
2023

27th September 2023



WELCOME

The word 'WELCOME' is rendered in large, blue, sans-serif capital letters. Each letter is accompanied by a small, colorful illustration: 'W' has a gold coin with a dollar sign; 'E' has a person sitting on a chair with a laptop; 'L' has a person sitting on a chair with a laptop; 'C' has a potted plant with yellow leaves; 'O' has a pie chart with red, green, and blue segments; 'M' has a person in a suit holding a document; 'E' has a green checkmark; and the final 'E' has a person sitting on the floor with a laptop.

Session Guidelines



Please turn your video on. We find it helps to see you, and for you to see us!



Please mute your microphone when not actively participating



Please use the chat box introduce yourself and contribute to discussions

HSCQI Community Event



Teach Back from the IHI International Forum. Copenhagen 2023

Wed 27 Sept 2023
Time 10.00am-11.30am

Theme:
**Learning From the IHI
International Forum.
Copenhagen 2023**



In June 2023 delegates from across Europe, USA and the UK attended the IHI International Forum in Copenhagen. The theme of this year's Forum was "Adopting to a changing world: equity, sustainability and well-being for all". The aim of the event was to reunite the international improvement community in three days of discussion, collaboration and information sharing.



Agenda

| | | |
|---------------|--|---|
| 10.00 | Welcome | Anita Rowe and Domenica Gilroy HSCQI |
| 10.20 – 10.30 | Carolyn Wilson and Kathryn Porter - BHSCT | Patient safety and inequality |
| 10.30 – 10.40 | Angela Berry - SEHSCT | Randomised Coffee Trials |
| 10.40 – 10.50 | Chris Sharkey - WHSCT | Theme`s arising from IHI Copenhagen - Video |
| 10.50 – 11.00 | Stephanie Kelly - NHSCT | Theatre Utilisation |
| 11.00 – 11.10 | Dr Danielle Thornton - SHSCT | Southern Trust video compilation - Video |
| 11.10 – 11.20 | Stephen Flanagan - BHSCT | How can we help people to do things differently in healthcare? |
| 11.20 – 11.30 | Reflections & Q&A | All |
| 11.30 | Close | |

Round up

- Reflections in the chat function
- One take home message
- Questions for speakers
- Close



International Forum on Quality and Safety in Healthcare Copenhagen 15-17th May 2023

Adapting to a changing world: equality,
sustainability and wellbeing for all

KATHRYN PORTER

CAROLYN WILSON

AMPUTEE REHABILITATION

MUSGRAVE PARK HOSPITAL

QUALITY IMPROVEMENT PROJECT



Belfast Health and Social Care Trust
caring supporting improving together



How is it Going Out There??

Claire Wilson
Kathy Porter
Helen Brannigan
Carolyn Wilson

AMPUTEE REHABILITATION SERVICES
MPhil

Improving Lower Limb amputee's confidence using a Prosthesis in their own home

Introduction

Service User Involvement

All 6 week appointments are held in a hospital or clinic setting. Patients have to travel to the hospital or clinic for their 6 week review. This is not always convenient for patients, especially those who live in rural areas. We want to see if we can offer a service that is more convenient for patients.

Aim Statement

- 50% of patients will report a VAS confidence score of at least 9/10 in their ability to use a prosthesis at their 6 week review appointment by April 2022.

Project Measures

- Outcome measure: VAS Confidence Scale – percentage of patients reporting a confidence score of at least 9/10
- Process measure: Number of OT/PT interim visits completed per month
- Balancing measure: Cost of completing the visits per month, staff time, any impacts that time out doing the visits has on prosthetic rehabilitation inpatients (increased LOS, reduced therapy sessions).

Driver Diagram



Self-Management Approach for Prosthetic Use in Patient's Own Home



Outcome Measure

- Patients VAS confidence scores measured at 6 week R/V appointments
- Commence home visits intervention
- Measure patients' confidence scores at home and continue to record confidence scores at 6 week R/V appointments, for new cohort of patients

VAS Confidence Scores

On a scale of 1-10, how confident are you using your prosthesis in your own home environment?



PDSA Cycle/Ramp



Pareto chart

What do we actually do when we go out?



Results Run Chart

Prosthetic Use Confidence Score reported at 6 weeks



Graph comparing pre and post intervention scores



Discussion

- Every patient reported an improved, or the maximum confidence score, for use of prosthesis around the home following the OT/PT interim visit.
- This was demonstrated by the shift in the run chart following the intervention.

Feedback from the MDT



Challenges

- We wanted to adopt a 'SixSigma' approach and sought to measure what was important to the patient. However, patient confidence often did not reflect their ability using a prosthesis.
- Several patients reported high confidence scores but were considered to be unable by the OT/PT.
- There was a high CNA rate at 6 week R/V appointments – 7/18
- Our population has a high number of co-morbidities and perhaps expecting patients to attend RVD is not the best way to review their progress.
- Assessment by the OT/PT within the patients' home environment has proven to be...

"The right intervention in the right place, at the right time..."

In conclusion, the aim of the project has been achieved, with more than 50% of patients reporting a VAS confidence score of at least 9/10

Future plans

Continue with 3 week OT/PT interim visit to the patient's home environment.

Safety & quality



Copenhagen



International Forum on Quality & Safety in Healthcare

- ▶ Bella Arena, Copenhagen
15-17th May 2023
- ▶ Digital Poster



Key 'Take Home' Message from the conference themes

▶ Health Equality

Health inequality

What is it and how can we avoid it?

- ▶ Jan Mainz
- ▶ Søren Valgreen Knudsen
- ▶ Maria Adele Bonde

Who has the keys to unlock equality in health?

- ▶ Annemarie Zacho-Broe
- ▶ Karen Ingerslev

Quality of care

- ▶ "...The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

Source: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank. Delivering quality health services: a global imperative for universal health coverage. Geneva: 201

Health inequality- in Denmark

- ▶ Social inequality in Denmark is growing
- ▶ There is a shortage of health care professionals and the proportion of comorbidities and older patients are increasing – as is the social and geographical inequality in health.
- ▶ The Health Act provides the right to free and equal access to health services in Denmark, however the Danes use and profit differently from health services.
- ▶ People in socially disadvantaged or vulnerable positions experience more illness, have a greater use of acute services, and live shorter lives than the rest of the population.
- ▶ This patient group encounters barriers in their path through the healthcare system which prevent equal access to treatment

Health inequality - Denmark

High Quality Healthcare

- ▶ Male
- ▶ 45-64 years
- ▶ Employed
- ▶ Educated higher than primary school
- ▶ High household income
- ▶ No comorbidity

Low Quality Healthcare

- ▶ Woman
- ▶ 75-85 years
- ▶ Outside the workforce
- ▶ Primary school education only
- ▶ Low household income
- ▶ Severe comorbidity

Health inequality

Those who may experience barriers to equitable access

- ▶ Those who are vulnerable without relatives
- ▶ Those who have difficulty finding their way within the healthcare system
- ▶ Those who experience mental illness, vulnerability and barriers in the encounter with healthcare
- ▶ How do we reach those that never show up?

Health inequality- what are the barriers to equitable access to our service in ARC?

Vulnerable patients in Amputee Rehabilitation

- ▶ Those with numerous co-morbidities
- ▶ Those who are homeless
- ▶ Those with alcohol / drug dependency
- ▶ Those with cognitive issues
- ▶ Those with poor literacy / eye sight
- ▶ Those for whom English isn't first language
- ▶ Those who live alone with no relatives
- ▶ Those with poor mental health

Health inequality- what are the barriers to equitable access to our service in ARC?

Reasons given for DNA first appointment and reviews

- ▶ Unable to access transport – no ambulance / unable to afford taxi
- ▶ Hospitalised
- ▶ Medically unfit
- ▶ Did not receive letter
- ▶ Do not understand significance of skin breakdown / blisters

Health inequality

Ongoing QI projects in ARC addressing these issues

- ▶ Partial booking letters
- ▶ MDT interim home visits

Moving forward:

Possible QI projects to present to the MDT

- ▶ Identify the most vulnerable individuals within our service by recording individuals with DNAs/ multiple co-morbidities / homeless/ alcohol / drug dependency/ cognitive issues / poor literacy/ poor eye sight/ live alone with no relatives / poor mental health
- ▶ Ensure that these individuals are issued with and understand advice re prosthetic fit, managing volume fluctuations, and skin care
- ▶ Monitor these individuals at 3 week home visit and encourage attendance at the 6 week R/V appointment. If they DNA or CAN offer another home visit



Thanks for listening!

Carolyn.wilson@belfasttrust.hscni.net

Kathryn.porter@belfasttrust.hscni.net

Making connections through Coffee

Randomised Coffee Trial (RCT)

Beginnings....

Angela Berry
Ward Sister
Macmillan Unit
South Eastern
H&SCT

Wonder Wonderful Copenhagen!

- ▶ Opportunity knocks.
- ▶ Breast Transformation project in conjunction with Masters Student.
- ▶ Won Quality 4All award SET, finalist in the NI Healthcare Awards.
- ▶ Trust funded visit to International Forum on Quality and Safety in Healthcare in Copenhagen this included a Poster presentation on project.
- ▶ Attended a session on making connections and learnt about the positive impact of the Randomised Coffee Trail on organisations.
- ▶ Positive personal experience of this at the forum, through random link up facilitated by the organisers.



What is an RCT?

- ▶ NHS Health Education England’s description of Randomised coffee trials: “They enable people to meet and connect with one another at random, giving them time to talk about whatever they wish, perhaps over a cup of coffee. Randomised coffee trails help to build relationships, improve communication, encourage collaboration, sharing knowledge and ideas” (NHS England, n.d.).
- ▶ Inspired by Pedro Medina’s discussion on serendipity and developed by Michael Soto and Jon Kingsbury of Nesta, a charity helping organisations and people bring great ideas to reality (Gurteen, 2014).
- ▶ Michael Soto describes RCTs as “They create an institutionalized space for serendipity” (Nesta 2013).

So why do it ?

- ▶ I am inspired by my experience and the premise of breaking down silos within my organisation by improving networking and building connections.

| Potential outcomes | Potential benefits |
|---|---|
| Widening connections, building relationships | Enhance staff development Improve patient experience |
| Permission to take time away from the work place in working hours | Show our investment in our staff and giving the gift of time to allow for self care |
| Happy staff | Happy patients |

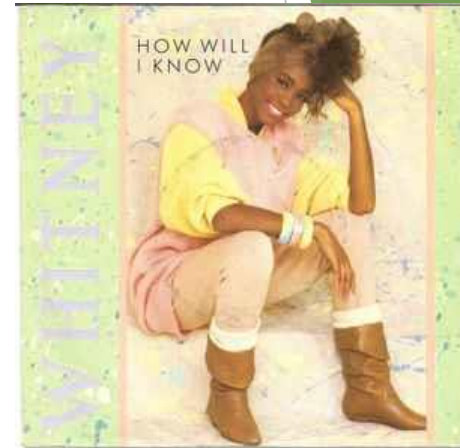
What next? no woman is an island

- ▶ Support from the Quality Improvement team.
- ▶ Ruth Gray, Assistant Director for Quality Improvement and in partnership with Pamela Russell, Associate Improvement Advisor.
- ▶ Pamela and I have had initial meetings to ascertain desired outcomes.
- ▶ Start small, Testing Testing Testing! Within Cancer services.
- ▶ Establish what are the barriers to connection?
- ▶ How to engage staff?
- ▶ The details, how do we connect people through randomisation.
- ▶ Borrow with pride, randomisation template (The Academy of fabulous stuff, 2020).



How will I know?

- ▶ We need to develop a way to test and measure the impact.
- ▶ What do we measure? Is this all about the numbers?
- ▶ Personal connections are subjective, fact!
- ▶ So do we measure the quality of these connections?
- ▶ How do we measure? we need to establish a baseline.
- ▶ So.... Step 1, let's ask the team.



What do you think?

- ▶ The questionnaire...



Use the QR Code or link provided to complete a survey – let us know your thoughts 😊



<https://surveymechanics.com/s/B693D>

What next?

- ▶ Listen to the team, analyse replies.
- ▶ Get started, with an element of hope people will want to engage.
- ▶ However we know this will not be a straight process.
- ▶ There will be stumbles along the way.
- ▶ I believe passionately that if we open up our organisations create connections , build relationships and open our minds to engage.
- ▶ We can develop and retain staff and improve both the patient experience and safety... I just now need to prove it!
- ▶ Others have done it , so now we walk on their shoulders.

Thank you for listening , Questions?



References

- ▶ NHS Health Education England (nd) “*Randomised Coffee Trails*”, Available at <https://healtheducationengland.sharepoint.com/LKS/Archive/Forms/AllItems.aspx?id=%2FLKS%2FArchive%2FPublic%20document%20store%2FKnowledge%20mobilisation%2FKM%20Framework%20Postcards%20RCT%202019%2Epdf&parent=%2FLKS%2FArchive%2FPublic%20document%20store%2FKnowledge%20mobilisation&p=true&ga=1> (Accessed 19th September 2023).
- ▶ [Gurteen . D \(2015\) “*Randomised Coffee Trials, It is just a coffee, but at the same time it is much more*” Available At <https://conversational-leadership.net/randomised-coffee-trials/#:~:text=A%20Randomized%20Coffee%20Trial%2C%20also%20known%20as%20an,sharing%2C%20and%20relationship%20building%20in%20a%20casual%20setting> \(Accessed 19th September 2023\).](https://conversational-leadership.net/randomised-coffee-trials/#:~:text=A%20Randomized%20Coffee%20Trial%2C%20also%20known%20as%20an,sharing%2C%20and%20relationship%20building%20in%20a%20casual%20setting)
- ▶ Soto. M (2013) “*Institutionalising Serendipity via Productive Coffee Breaks*” Available at <https://www.nesta.org.uk/blog/institutionalising-serendipity-via-productive-coffee-breaks/> (Accessed 21st September 2023).
- ▶ Staddon. M. (2020) “ *A tool to make randomised coffee trails, a bit easier to run...*” Available at <https://fabnhsstuff.net/fab-stuff/a-tool-to-make-randomised-coffee-trial-a-bit-easier-to-run> (Accessed 19th September 2023).



IHI CONFERENCE

Copenhagen, 15th -17th May 2023

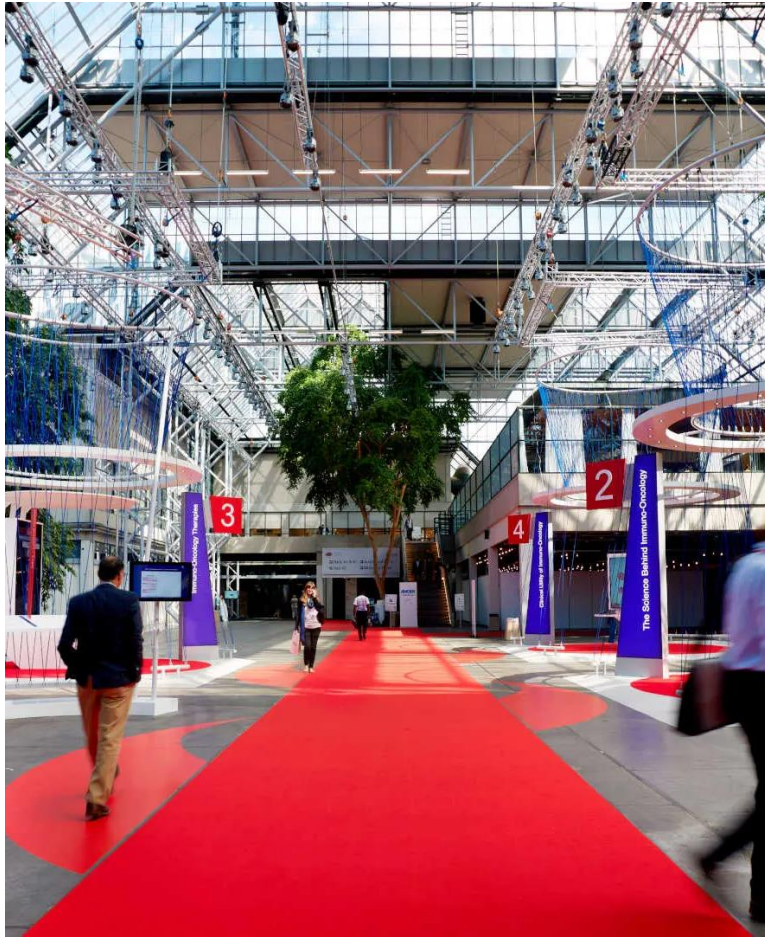
John (Chris) Sharkey
WHSC

John.Sharkey@westerntrust.hscni.net

To receive accompanying audio for this presentation, contact John (Chris) directly

SQSF COHORT14 NI FELLOWS

CONFERENCE DEMOGRAPHICS



VENUE

Bella Centre,
Copenhagen

REPRESENTATION

3000 delegates from
55 countries

Patient presence

Uk presence- sqsf 14!

KEYNOTE SPEAKERS

Kedar Mate

Thea Kolsen Fischer

Annemarie Zacho-Broeand Karen
Ingerslev

Donald M. Berwick, MD, MPP

KEYNOTES



ANNEMARIE ZACHO-BROE AND
KAREN INGERSLEV



THEA KØLSEN FISCHER,



KEDAR MATE



DON BERWICK



KEDAR MATE



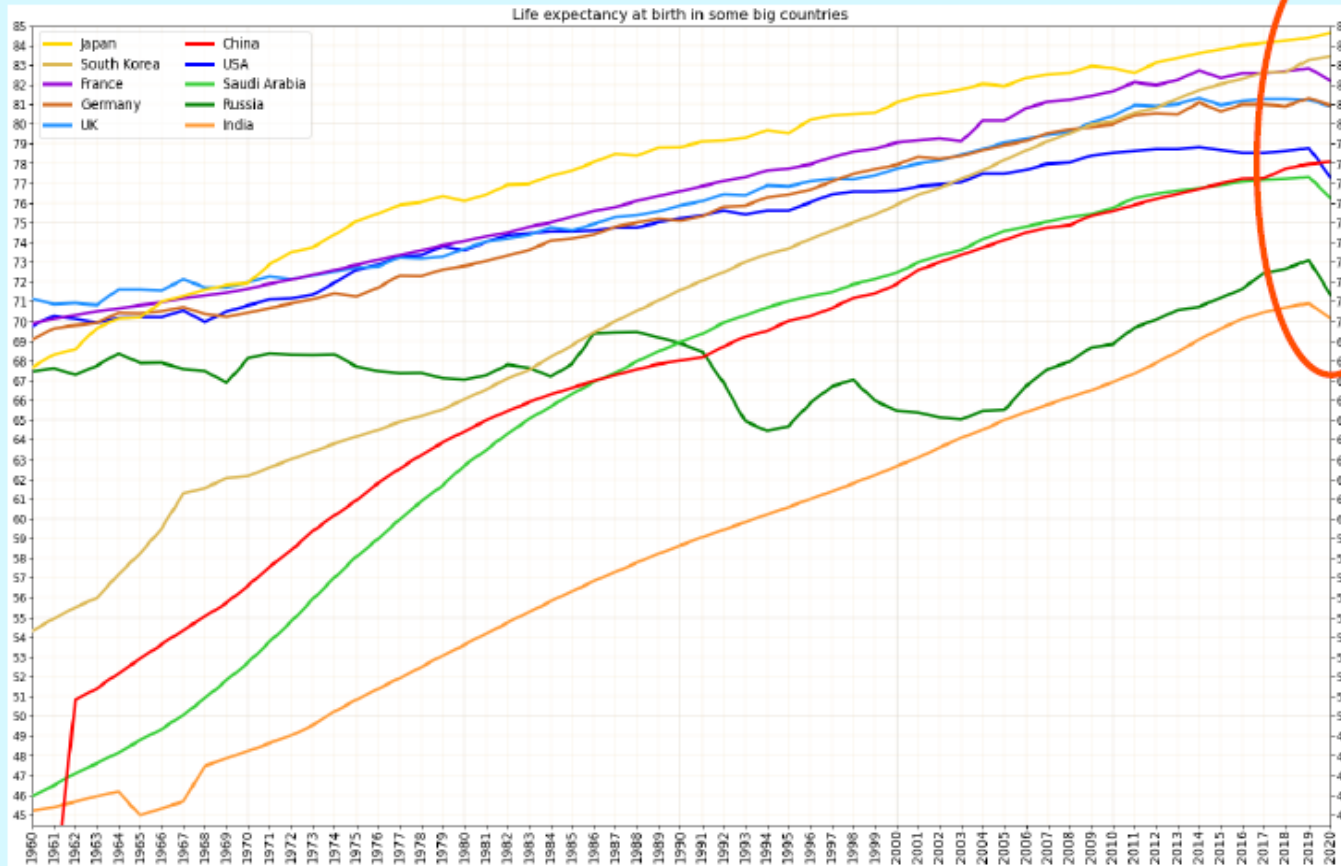
PEDRO DELGADO



Adapting to a changing world: equity,
sustainability and wellbeing for all

KEYNOTE 1- OPENING THE CONFERENCE

Life Expectancy at Birth



After steady growth for the most part over the past 50 years, **Life Expectancy at Birth** took a nosedive in most countries over the past 2 years

STATE AND LOCAL POLITICS AND POLICY

100 Million People in America Are Saddled With Health Care Debt

A quarter of adults with health care debt owe more than \$5,000. And about 1 in 5 with any amount of debt said they don't expect to ever pay it off. The country's health care system is pushing patients into debt on a mass scale.

Jan. 8, 2023 • Noam N. Levey, KHN



37%
Borrow Money
from Friends
or Family

How Do Americans Try To Pay Their Medical Debt?

Actions Reported by Americans with Medical Debt Problems



FORBES > SMALL BUSINESS

Moral Injury And Burnout In Healthcare Are Becoming Everyone's Problem



Steve Lefar Forbes Councils Member
Forbes Business Council COUNCIL POST | Membership (Fee-Based)

Apr 4, 2023, 07:15am EDT

FIRST OPINION

Physicians aren't 'burning out.' They're suffering from moral injury

By Simon G. Talbot and Wendy Dean July 26, 2018



Thinking Big while Starting Small

Starting Small Risks

How Thinking Big Helps

Preaching to the choir

Expand the group of the willing

Projectitis – wasted will

Affiliation and connection

Myopia


Focus on What Matters

Safe ideas; limited creativity



Risk something innovative



BLUEPRINT FOR REVOLUTION



HOW TO USE
RICE PUDDING,
LEGO MEN, and other
NON-VIOLENT TECHNIQUES TO
BALVANISE COMMUNITIES,
OVERTHROW DICTATORS,
or simply **CHANGE THE WORLD.**

SRDJA POPOVIC AND **MATTHEW MILLER** | SCRIBE





**Think Big,
Start Small**



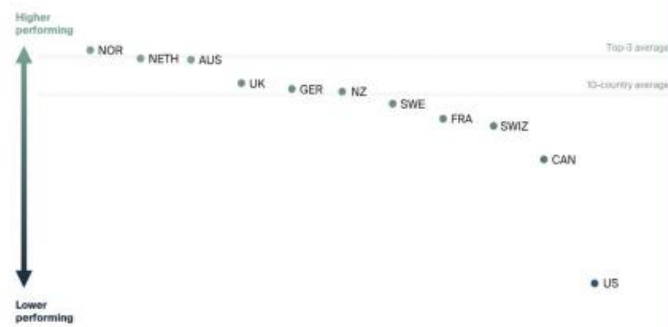
Donald M. Berwick,

Really, Really Big Change: How Leaps
Happen When Steps Will Not Do

KEYNOTE 4- BRINGING IT
ALL TOGETHER

Poor Performance of US Health Care

EXHIBIT 2
Comparative Health Care System Performance Scores

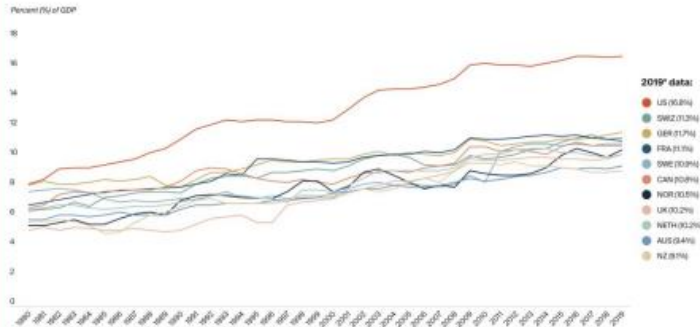


Note: To normalize performance scores across countries, each score is the calculated standard deviation from a 10-country average that excludes the US. See how we conducted this study for more detail.

Data: Commonwealth Fund analysis.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021). <https://www.commonwealthfund.org/publications/2021/08/mirror-mirror-2021>

EXHIBIT 3
Health Care Spending as a Percentage of GDP, 1980–2019



Note: Current expenditures on health, based on System of Health Accounts methodology, with some differences between country methodologies. GDP refers to gross domestic product. *2019 data are provisional or estimated for Australia, Canada, and New Zealand.

Data: OECD Health Data, July 2021.

Source: Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries* (Commonwealth Fund, Aug. 2021). <https://www.commonwealthfund.org/publications/2021/08/mirror-mirror-2021>

Needs Remain Unmet in the United States

Patient safety stalled— 24% injury rates

Waits and delays

Diagnostic error

Workforce burnout

Patients in distress – bankruptcy, medical debt

Costs out of control - \$4 trillion; 20% of GDP

Social Determinants of Health – Sir Michael Marmot

Measurement overload

AI breakthroughs – doubled edged

Mergers, acquisitions, and proletarianization of professions



“You cannot cross a chasm in two jumps. It has to be one jump. A single leap.

- David Lloyd George



MESSAGES FROM DON BERWICK

Really, **Really** Big Change!



Common Elements for Really, Really Big Change

1. A Sense of Emergency.... A Ticking Clock
2. A Single Leader
3. Thinking Out of Bounds
Not, "What can we do with the army we have?" But "What army do we need to get it done?"
4. Recruiting Public Sentiment
5. Enlisting Resisters – "We lined their mouths with gold."
6. Action before Perfection ... Real Time Learning
7. Day-to-Day Execution --"Strategy is for amateurs. Logistics is for professionals."



TROJAN MICE

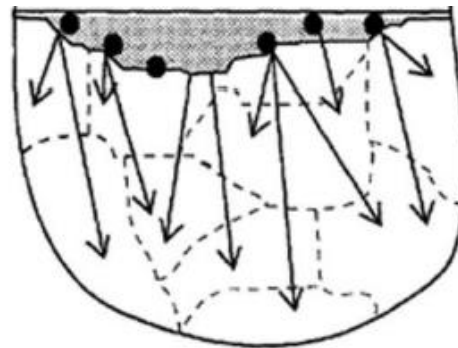
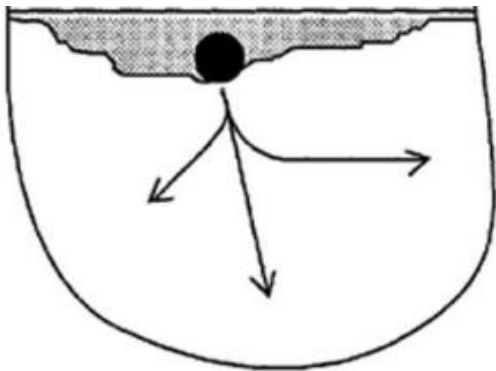


TROJAN MICE

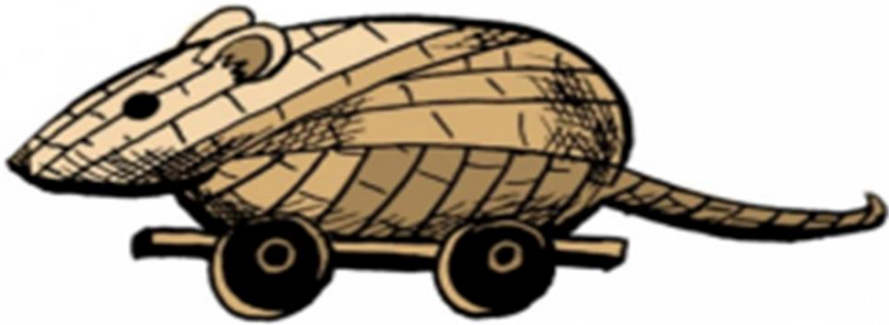
Networks of unseen connections leads to transformation and change

HOW DO WE DEVELOP OUR TROJAN MICE?

Attract small groups, loosely connected and united by a shared purpose.



THANKYOU





Learning from Copenhagen IHI International Forum 2023

Safe Surgical Flow – how timely surgery
and work environment goes hand in hand
(Theatre Utilisation)

Stephanie Kelly



Working together



Excellence



Openness & Honesty



Compassion



Improving waiting times for Emergency Surgery in the Central Denmark Region

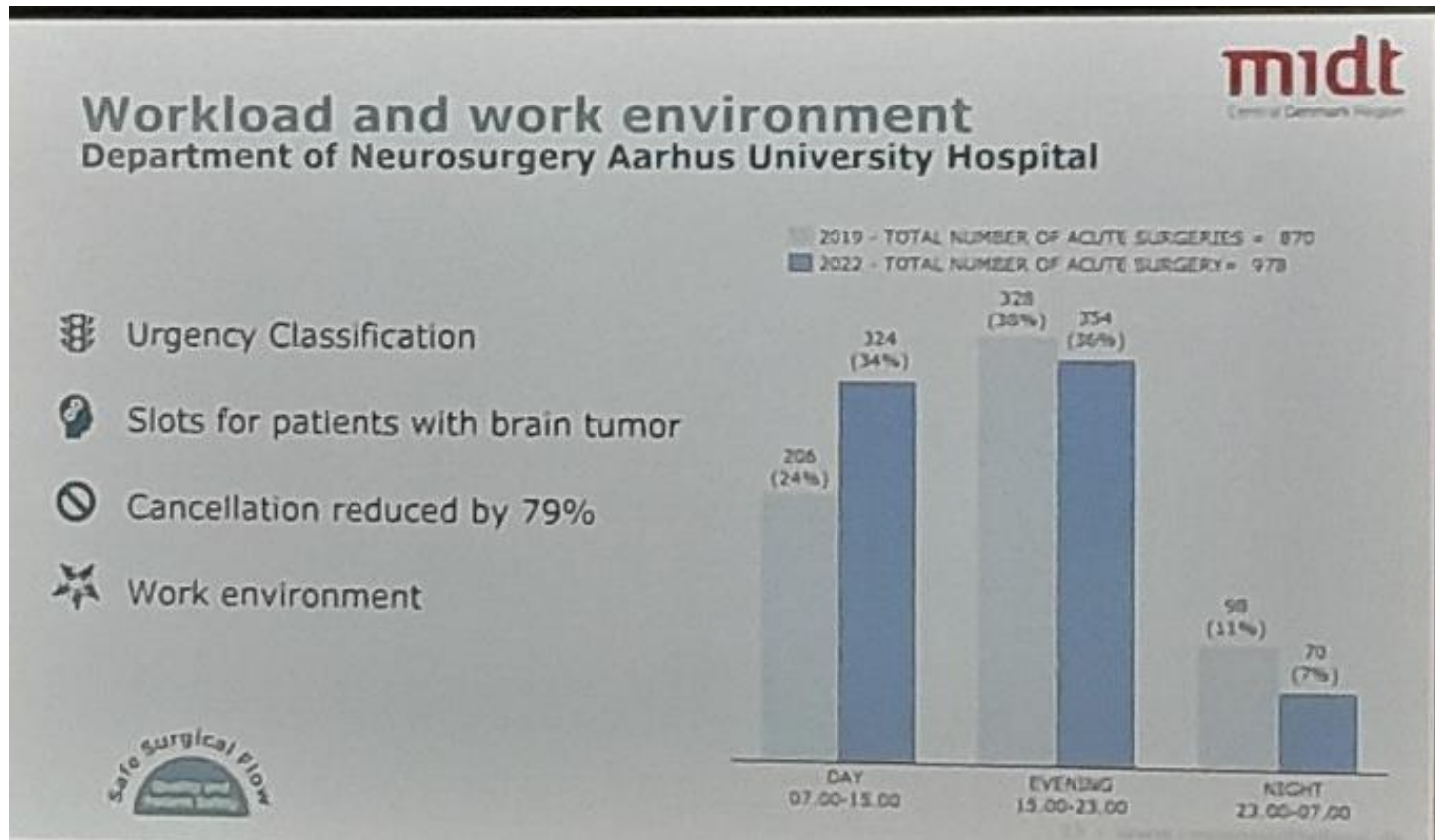
Drivers:

- Cancellations
- Timely diagnosis and treatment of cancer
- Staff retention due to workload
- OR reorganisation as hospitals amalgamated



This graph shows the breakdown of surgeries taking place across morning, evenings and night following implementation.

Improving patient outcomes and the working environment



Working together



Excellence

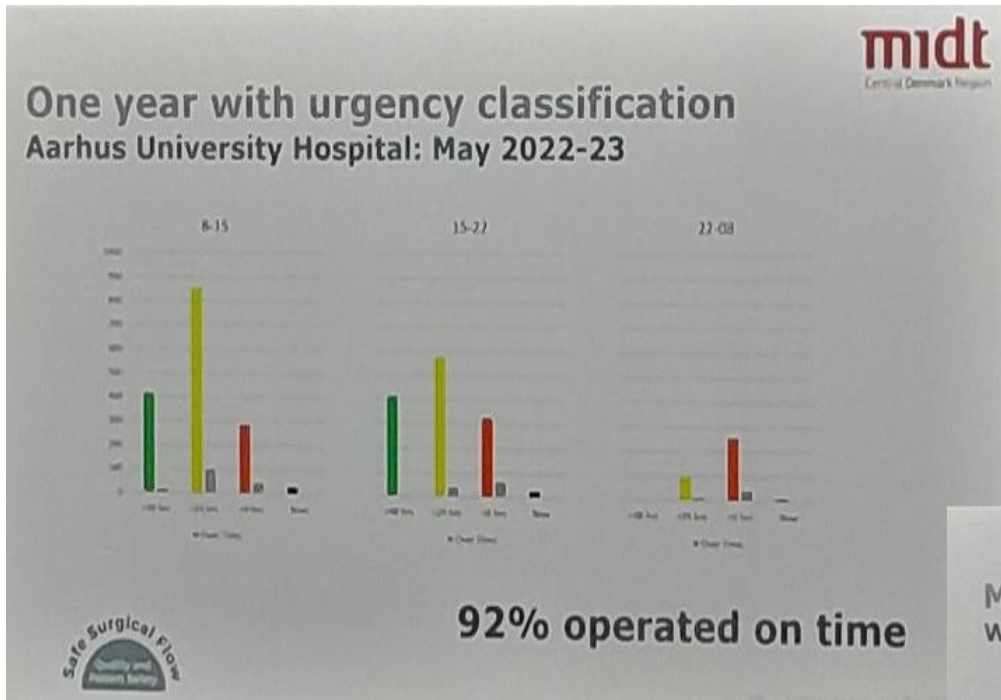


Openness & Honesty

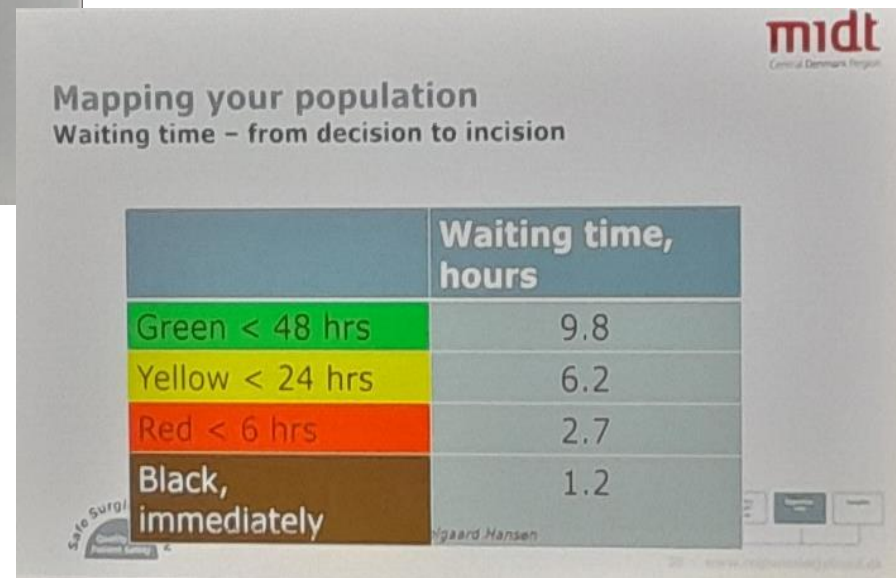


Compassion

One year on...



- 92% of operations happen on time
- Less disagreements between surgeons.
- This classification changed the language used to discuss urgency.



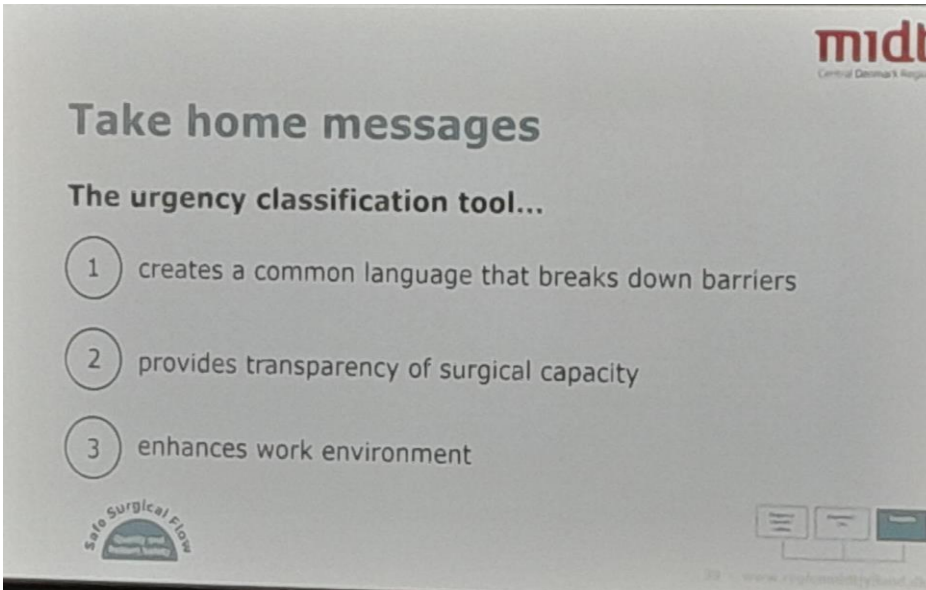
Lessons

- Required 2 years preparation.
- Staff suffered from moral injury and burnout.
- There are still challenges that can impact these times
- Other challenges include data validity

However....

- Mapping allowed expansion and resource planning
- The classification allowed a change of focus.
- All patients within the green category are equally as important, but treated differently.

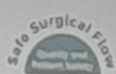

Take home message



Take home messages

The urgency classification tool...

- 1 creates a common language that breaks down barriers
- 2 provides transparency of surgical capacity
- 3 enhances work environment

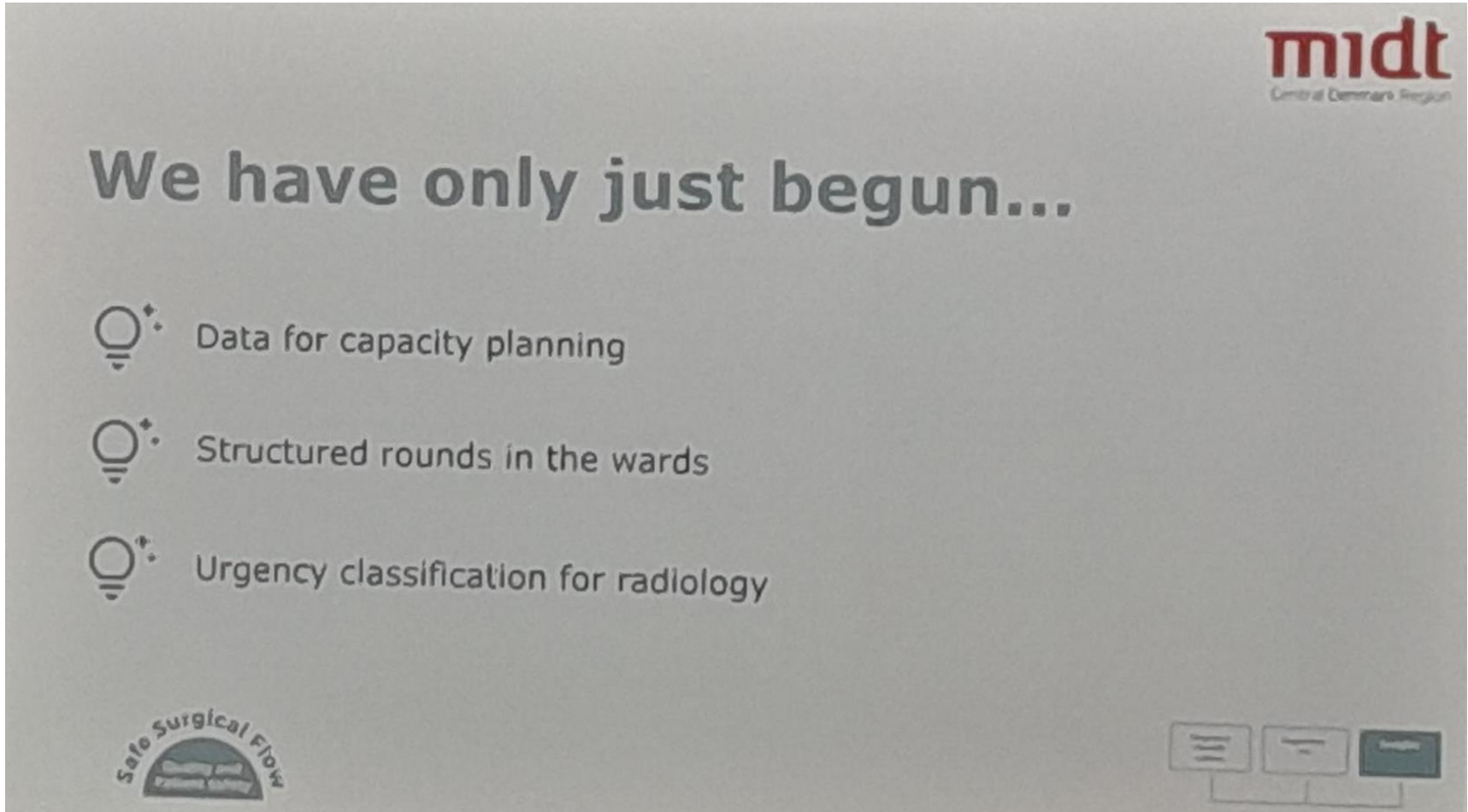
 

39 www.regionmidtjylland.dk

Insights

- Does not take patient history into account
- Surgeries may fall into more than one classification (e.g. appendicitis)
- Triage is very meaningful
- Real time data is so important to maintain high data validity
- Using a tool like this changes the focus to the patient.
- All staff retain a shared responsibility to the patient.

Next steps



midt
Central Denmark Region

We have only just begun...

- 💡 Data for capacity planning
- 💡 Structured rounds in the wards
- 💡 Urgency classification for radiology

Safe Surgical Flow



IHI COPENHAGEN 2023



Working Together



Excellence



Customer Centred



Compassion



[Click the YouTube link below to access the presentation](https://www.youtube.com/watch?v=DLrNU4RL99c)

<https://www.youtube.com/watch?v=DLrNU4RL99c>

Creating an environment for change in healthcare

Stephen
Flanagan





Introduction



Why this talk?

MPH pharmacy QI team

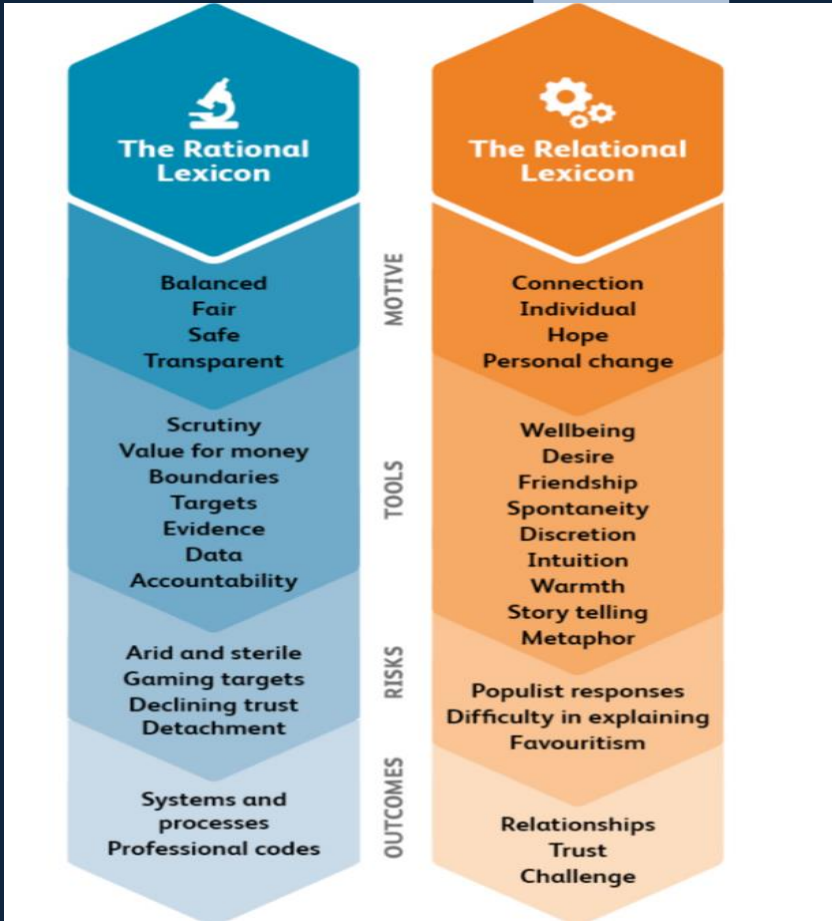
Reflection

What could have been done better?



Everyone wants to change- in theory





Context for change

2 different lenses:

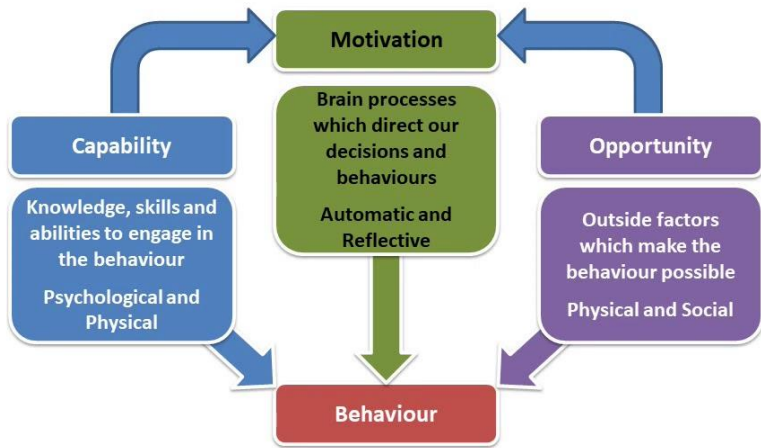
- Rational lexicon
- Relational lexicon

A decorative graphic consisting of several hexagons of different colors and sizes. A large orange hexagon is the central focus, with a smaller light blue hexagon above it, a white outline hexagon to its left, and a small orange hexagon below it.

How do we ensure peoples voices are heard in change?

- 1- Define your engagement
- 2- Who will be affected by change?
- 3- When?
- 4- How?

COM-B



COM-B Michie et al 2011

Communicating and messaging

Define behaviour change

Think about audience

Define your message (always last)

An abstract graphic on the left side of the slide. It features a large, solid orange hexagon in the center. To its upper right is a smaller, light blue hexagon. To its lower right is a very small, solid orange hexagon. To its lower left is a white outline of a hexagon. To its left is another white outline of a hexagon, partially overlapping the large orange one.

Reflection on QI project

The project was a success on the whole

Strong rational lexicon

Relational lexicon could have been improved

Next QI project



Ensure more balance between relational and rational lexicon

Have 2 way conversation



More active engagement

Improve on communication and messaging

Cast the net wider



Thank you

Stephen Flanagan

stephen.flanagan@belfasttrust.hscni.net



Thank You

We look forward to seeing you at
future HSCQI Community events

