



Health Quality Ontario (HQO) is pleased to invite you to the inaugural  
**Quality Rounds Ontario**

# Patient Safety and Quality Improvement: Building Capability to Meet Current Challenges

G. Ross Baker, Ph.D.  
University of Toronto  
April 23, 2015

# Outline

- System transformation is a large system-wide goal, but the transformation is really many projects engaging staff across the system
- Developing capacity and capability to enact and sustain improvement is ***the critical resource*** for transformation
- Increased investments in improvement education are yielding results
- The next step is to embed improvement capabilities in supportive organizational and system environments



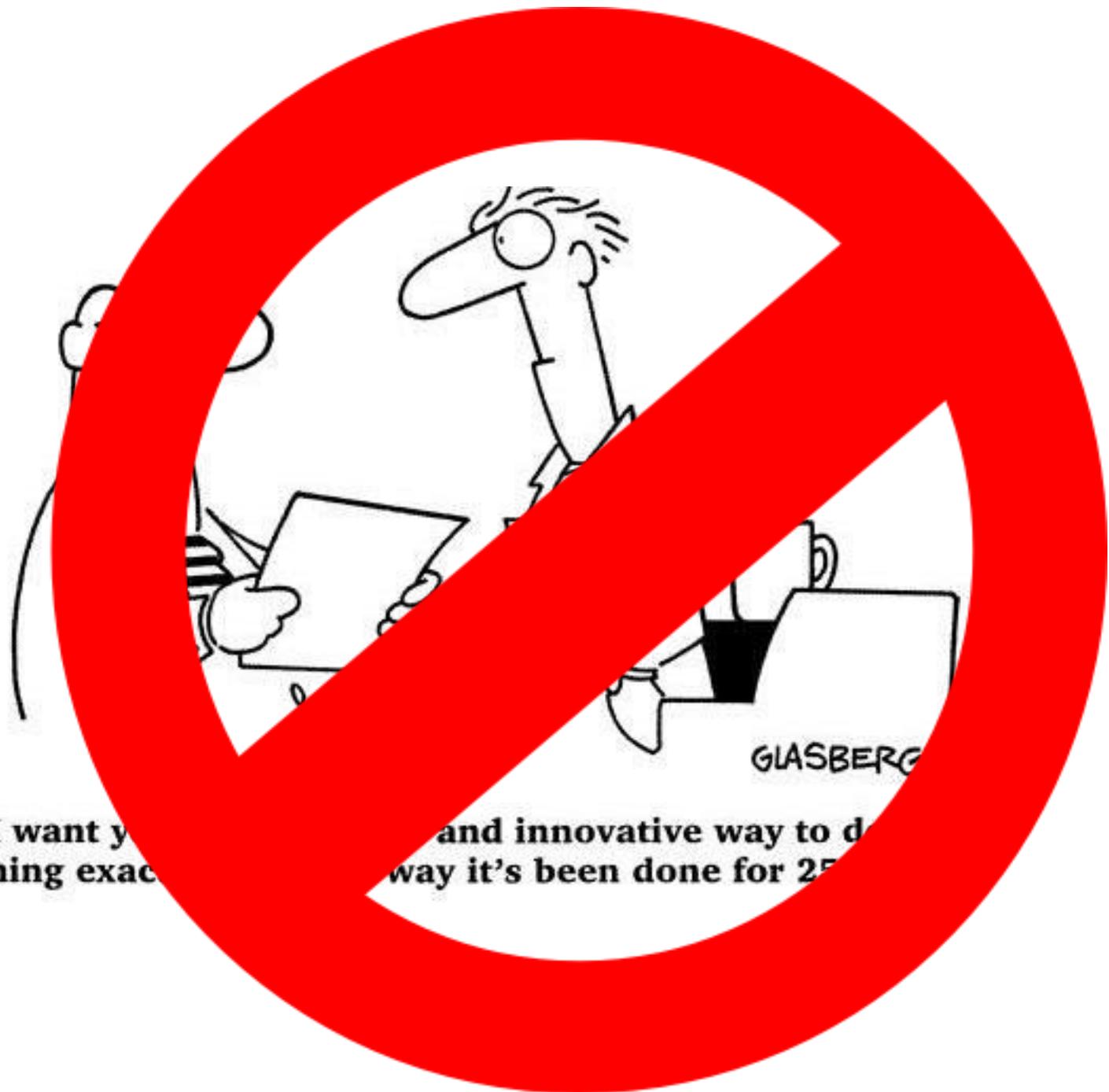
# Patients First:

## Action Plan for Health Care

- *Excellent Care for All Act* and Quality Improvement plans
- Shared accountabilities for system performance
- Health system funding reform
- Health Links
- Quality Based Procedures
- Improved home and community care



**“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”**



GIASBERG

**“I want you to find a new and innovative way to do  
everything exactly the way it’s been done for 25**

# Other Systems Face Similar Challenges

“ the scale and pace of change that is now required [in the NHS] is greater than that achieved previously by any other healthcare system globally. There is recognition that the thinking and leadership action that has got the system where it is today is probably insufficient for the future. **There is a need for big picture, transformational approaches that can be translated into practical changes that deliver quality and productivity benefits for every patient and for the whole country”**

Helen Bevan on the challenges for the NHS

# Capacity and Capability

- Capacity is having “the right number and level of people who are actively engaged and able to take action”
- Capability means “those people have the confidence and the knowledge and skills to lead the change”

Bevan, 2010

# Intermountain Healthcare

- Key strategic investments:
  - Highly sophisticated electronic information system providing an ongoing analysis of key clinical processes
  - Clinical management structure composed of front line clinicians who meet monthly to review data from each care delivery group, identify improvements, test solutions and disseminate successful results
  - Highly capable workforce with knowledge and experience in improvement skills



Dr. Brent James, Chief Quality Officer

# Intermountain Advanced Training Program

- IHC Advanced Training Program provides front line staff and leaders with an understanding of process variation, clinical process management and improvement
- Developed from informal seminars led by Brent James to a 20 day course emphasizing quality improvement theory and methods, healthcare systems and leadership
- More than 2000 graduates (including external participants)
- Each learner carries out a project with mentorship from IHC staff and local support
- Key success elements: Curriculum + Champions + Teams + Data

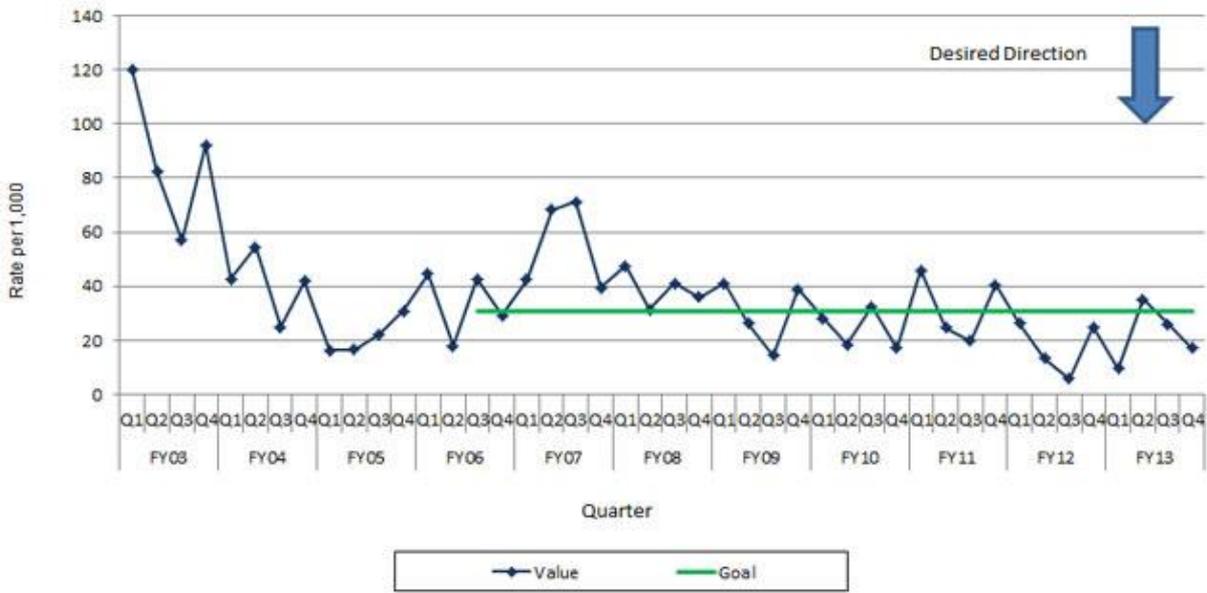
# Cincinnati Children's Medical Center

- 475 bed pediatric hospital with 30,000 admissions, 124,000 ED visits, 13,000 staff and over \$1.7 billion in operating expenditures in 2012
- Strong record of clinical improvement
- Key resources:
  - Strong clinical leadership
  - QI consultants and analysts
  - In house training program
  - Transformational improvement work



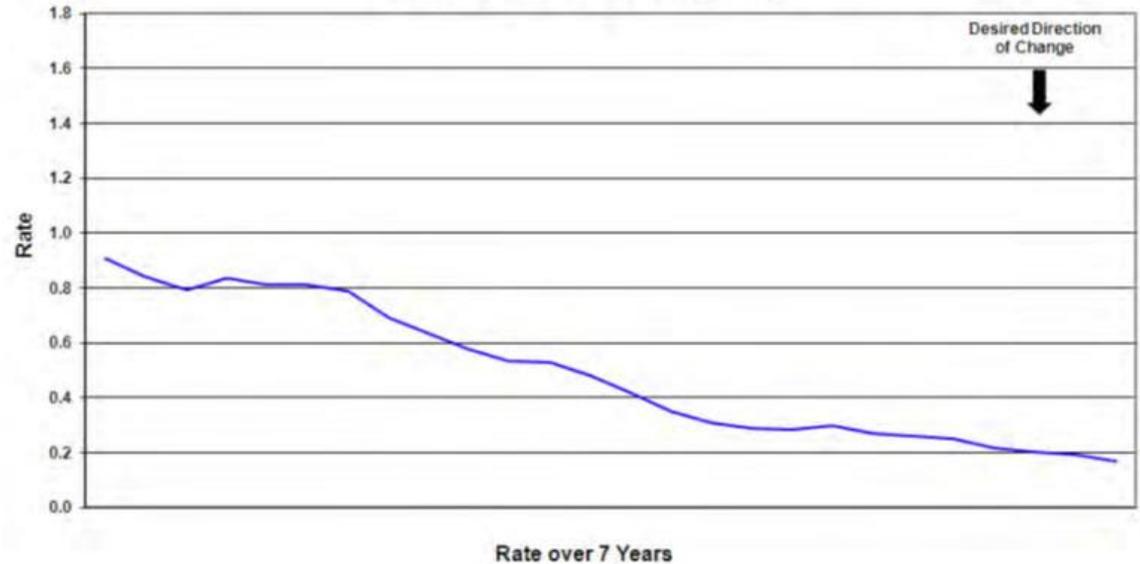
Dr. Uma Kotagal

# Adverse Drug Events



A serious safety event (SSE) is a variation from expected practice followed by death, severe permanent harm, moderate permanent harm, or significant temporary harm

# Serious Safety Event Rate



# Intermediate Improvement Science Series (I2S2)

- 12 day program over 6 months focused on developing physicians and other in leading improvement
- Based on Deming's approach to improvement and experience with the Intermountain ATP program
- 400 graduates since 2006
- 85% of projects demonstrate measurable improvement, 72% are integrated into operations
- Nearly 90% of participants continue to participate in QI efforts, and many led other improvement efforts

Kaminski, et al., 2012

# So what about Canada?

“Don’t we already know how to do Quality Improvement?”

Without greater understanding of how to improve care and spread results we have no hope of achieving system level reform

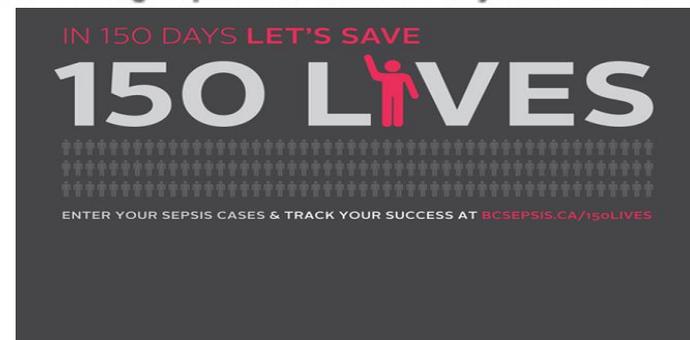
# Limited Quality Capacity

- A study of quality improvement directors in Ontario hospitals in 2007 examined the resources and activities undertaken to support QI in those facilities
- Of 97 hospitals responding, 12 had no manager responsible for quality, 19 held senior roles which include responsibility for quality (including CEO) and 44 had a title which focused on quality
- Most of the individuals responsible for quality held other positions; most had no full time staff support

Gagliardi, Majewski, Victor, Baker, 2010

# Growing QI Resources in Canada

- Quality councils
- Growing success with QI methods
  - Safer Healthcare Now!
  - Provincial collaboratives and initiatives
- Growing investments in QI capacity and capability



# Building capacity in quality improvement and change management.

[ideasontario.ca](http://ideasontario.ca)

Advancing Ontario's health system priorities

## Enhance your skills with IDEAS

two-day and nine-day programs

applied projects supported by expert advisors and analysts

knowledge and tools in quality improvement, leadership and change management

interdisciplinary learning for physicians, health care professionals and administrators

Ideas is delivered collaboratively by:

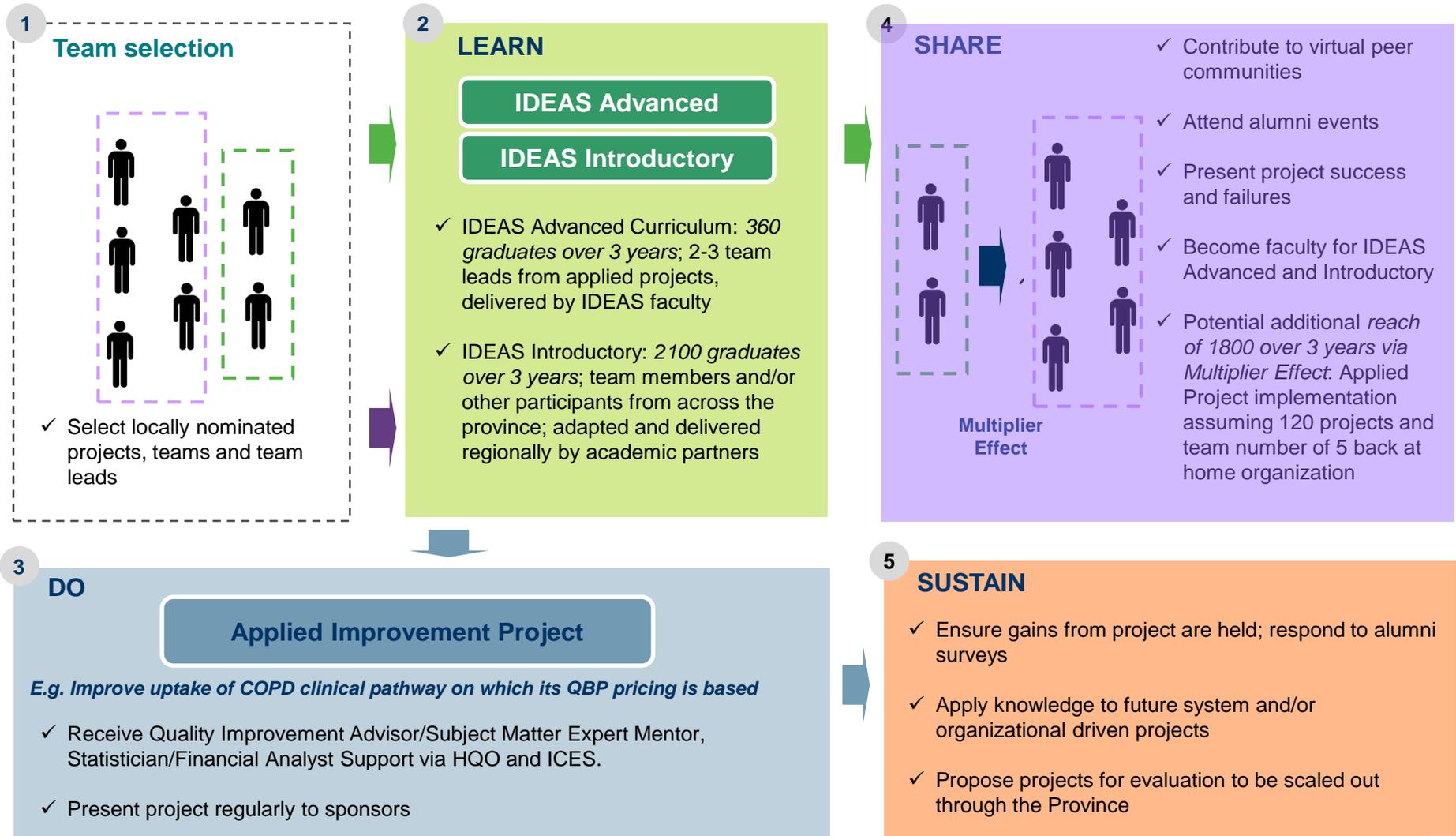


Funding provided by the Government of Ontario



# Key Features of IDEAS

The four-pronged approach of IDEAS builds quality improvement, change management and leadership capacity for change at scale



# What Are Current QI Challenges?

- Quick survey of 12 Ontario quality leaders on current quality improvement challenges
- Two questions:
  - What capabilities are important to success?
  - What is the current status of those capabilities in your organization?



# Quality Improvement Capabilities

- Scoping project aims
- Improvement and team skills
- Executive sponsorship
- Leadership support
- Linking QI efforts to broader strategy
- Coordinating improvement across organizational boundaries

# Results

- Most respondents felt that these capabilities are critical for successful improvement
  - For 13 items, mean rating of importance on a 7 point scale ranged from 5.83 to 6.58
  - Mean rating of current status to deliver on these capabilities ranged from 3.04 to 5.0, on a 7 point scale

# Key Results

- 5 issues critical to success in quality improvement and where organizations were not performing well:
  - Gathering data to assess current performance and the impact of improvement efforts in close to real time
  - Ensuring effective executive sponsorship of projects
  - Creating effective inter-professional improvement teams that work well together
  - Senior leadership support for projects to ensure their sustainability
  - Coordinating improvement across organizational boundaries

# Data Challenges and Strategies

- Data plays a key role in improvement
  - Selecting and framing projects
  - Assessing progress toward project aims
  - Studying the impact of PDSA cycles
  - Balancing measures that assess unintended consequences
- Most QI teams struggle with this!



# Results/Impact

Osler's QBP Hip Fracture Patients ALOS

Pamela Bonsell

Carl Bonura

Susan McFarlane

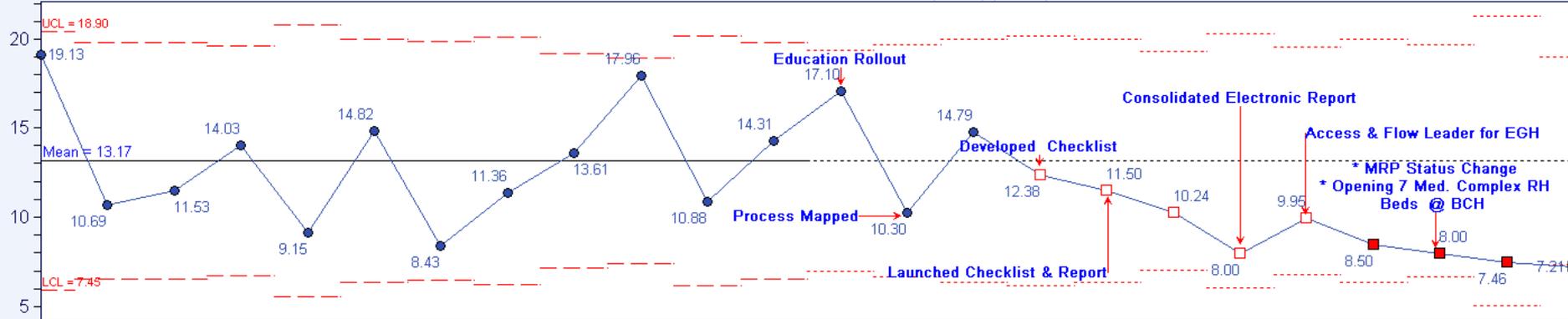
Cathy Renaud

Project Sponsors: Jane DeLacy, Daniel Ball

WOHS - William Osler Health System QBP Hip Fractures - ALOS.

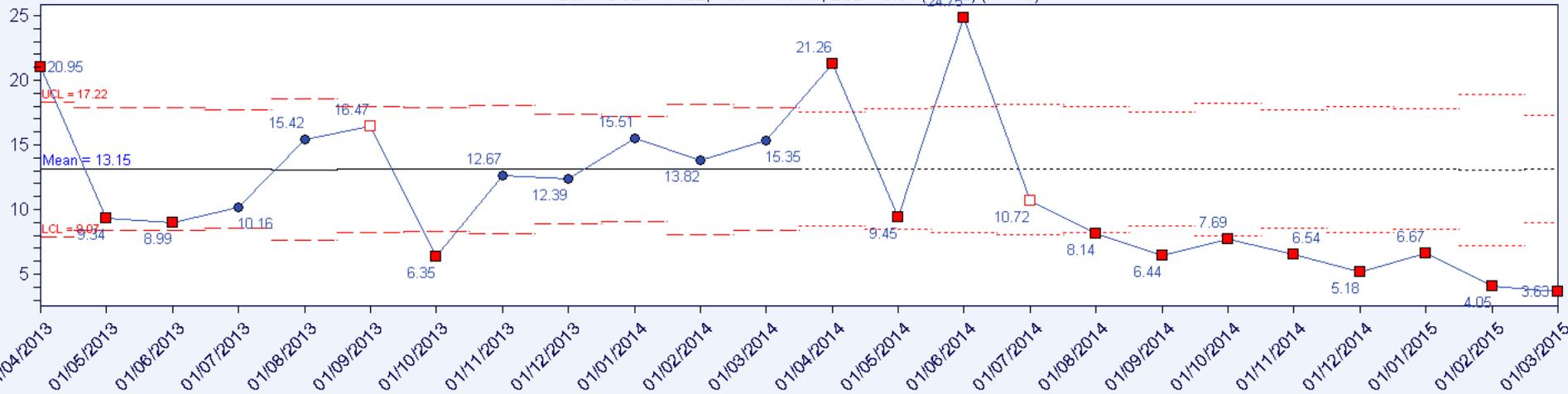
Xbar chart

Set 1: UCL = 18.90, Mean = 13.17, LCL = 7.45 (1 - 12) (n = 48)



Sigma chart

Set 1: UCL = 17.22, Mean = 13.15, LCL = 9.07 (1 - 12) (n = 48)



# Executive Sponsorship

- Executive sponsors are key to project success
  - The executive sponsor works with the improvement team lead to ensure project success
  - An executive sponsor is responsible for ensuring that the improvement project provides outcomes that enable the organization to achieve its objectives and that the project is effectively managed
  - Research (in the defense industry) on 20 failed or failing projects found that all of these lack an effective executive sponsor

# Expectations of the Executive Sponsor

## Attributes:

- Strong Leadership, including communication, coaching and conflict resolution
- Often has **organizational accountability for process**
- Preferably prior QI knowledge/Experience

## Role:

- Liaise between the Project Lead and Senior Management Team
- Facilitate will and motivation among team members
- Ensure **appropriate project scope/alignment, resources (dedicated time)**
- Ensure **appropriate team composition**
- **Remove barriers**
- **Co-ordinate/communicate** this project with others **internal and external** to the organization, as applicable

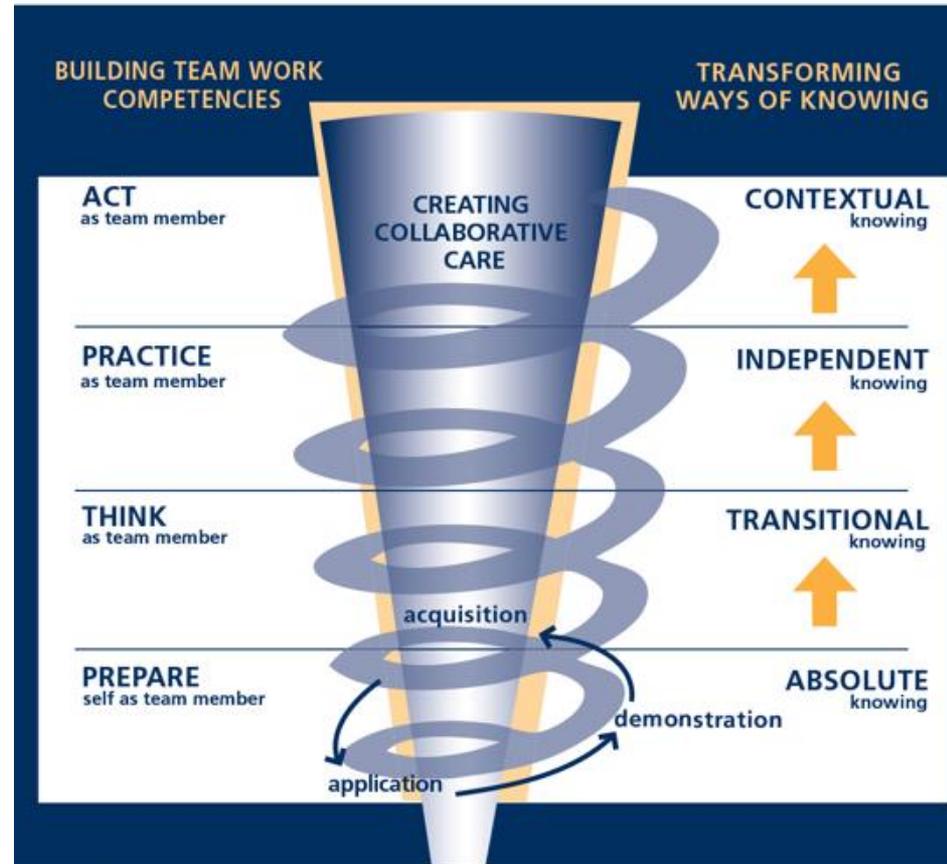


Paula Blackstien-Hirsch  
Executive Sponsor Session

# Interprofessional Teams

“When I was in medical school I spent hundreds of hours looking into a microscope – a skill I never needed to know or use. Yet I didn’t have a single class that taught me communication and teamwork skills – something I need every day”

--Pronovost and Vohr, 2010



# Interprofessional Competencies

- Values and ethics for interprofessional practice
- Roles and responsibilities
- Interprofessional communication
- Teams and teamwork

## Core Competencies for Interprofessional Collaborative Practice

Sponsored by the Interprofessional Education Collaborative\*



<https://ipecollaborative.org/Resources.html>

# Senior Leadership Role

- Ontario has created a strategic focus on improving performance
  - *Excellent Care for All Act*
  - QIPs
  - Minister of Health's Action Plan
- The role of senior leaders is to create and manage the strategic agenda for quality improvement in their organizations

“We wanted to create the motivation for change in the divisions and then make it easy to execute. We wanted improvements to be part of the everyday work of each division. We wanted leaders to know that the institution would support their boldest efforts.....each of us has an obligation to the other to make excellence habitual”

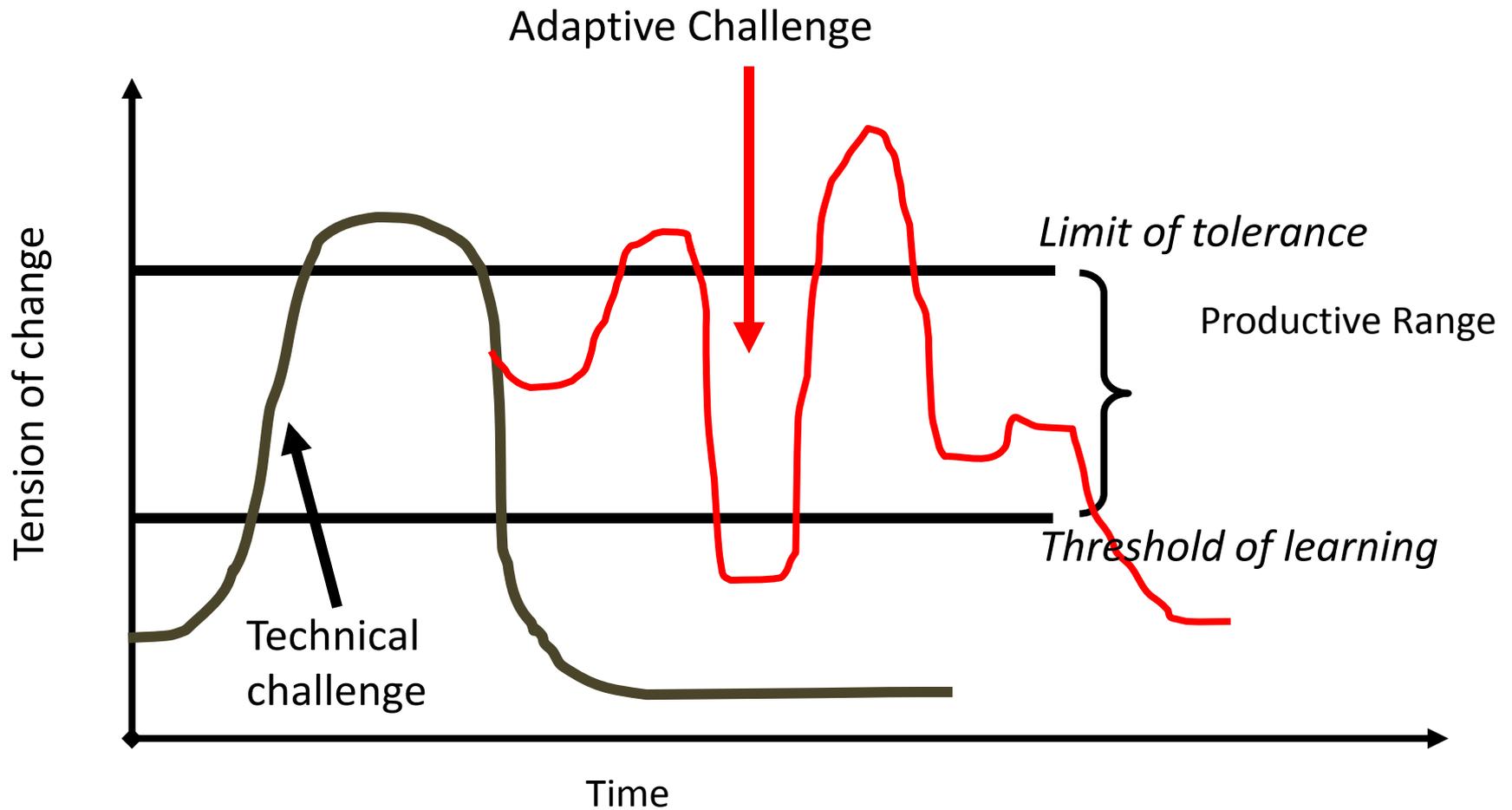


James A. Anderson  
Former CEO  
Cincinnati Children's

# Key Elements of Senior Leadership

- Clear focus on key quality goals
- Ongoing monitoring of success and actions where results are insufficient
- Support for improvement leaders and teams
- Managing both adaptive and technical changes
- Transparency
- “Boundarilessness”

# Technical AND Adaptive Work



# Improving Across Boundaries

- The biggest system challenge is creating integrated care
- Integration requires effective collaboration and system redesign across organizations
- Focusing on the patient and the patient's journey helps to overcome defensive concerns for current role and mandate
- Leading through ambiguity is a critical skill and needs to be managed both at the senior leadership level and in front line improvement

“Integrated care is as much a mindset as it is a collection of models, processes and tools; it requires new ways of thinking and behavior. As one Health Link leader we interviewed declared, ‘Health Links is not just a project, it is a way of being’”

Evans, Grudniewicz, Wodchis and Baker, 2015

# From Compliance to Commitment

## Compliance

- States a minimum performance standard that everyone must achieve
- Uses hierarchy, systems and standard procedures for co-ordination and control
- Threats, penalties, sanctions and shame create momentum

## Commitment

- States a collective goal that everyone can aspire to
- Based on shared goals, values and sense of purpose for co-ordination and control
- Commitment to a common purpose create energy for delivery

Energy for change is the capacity and drive of a team, organisation or system to act and make the difference necessary to achieve its goals.

*Building and aligning energy for change, 2013*

<b>Social</b>	personal engagement, relationships, connections between people, collective, 'sense of us'
<b>Spiritual</b>	commitment to a common future vision, shared values, higher purpose, confidence in a compelling, meaningful, different future
<b>Psychological</b>	courage, trust, feeling safe to act, supported to make a change, belief in self and team, organisation or system, and trust in leadership and
<b>Physical</b>	action, getting things done, making progress, vitality, kinetic force (motion), drive to make things happen
<b>Intellectual</b>	curiosity, analysis, thinking and cognition, insight, new knowledge, planning and supporting processes, evaluation, logic and evidence

# Key Issues For Capability Building To Support Improvement

1. Does our improvement capability strategy move beyond individual leadership skills, providing participants with the methods and skills to collaboratively diagnose and improve current work processes?
2. Will participants be supported to apply these methods to identify gaps, test new ideas and engage others in implementing improvements?
3. Does the program provide sufficient scope and scale to change larger systems of care?
4. Are front line clinicians, and particularly physicians, key players?
5. Are we supporting teams with the resources, including data and guidance to enable them to achieve their goals?
6. Are executives sponsors and senior leaders learning QI methods, supporting these initiatives, removing barriers, and communicating the strategic value of results?