

Creating Learning Systems for Quality Improvement

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Chief Executive

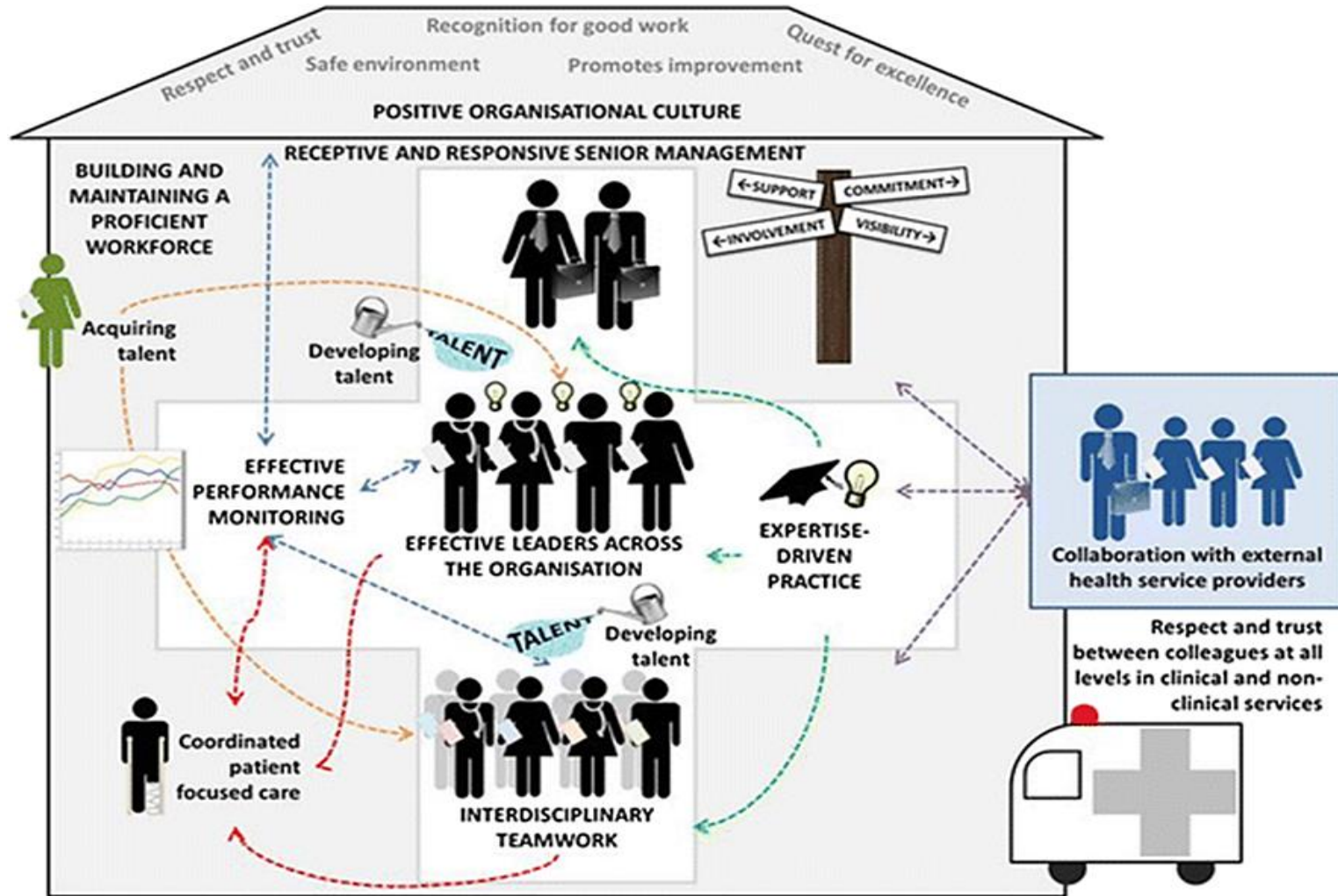
Clinical Excellence Commission

29 November 2017



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Rich Picture of high performing hospital

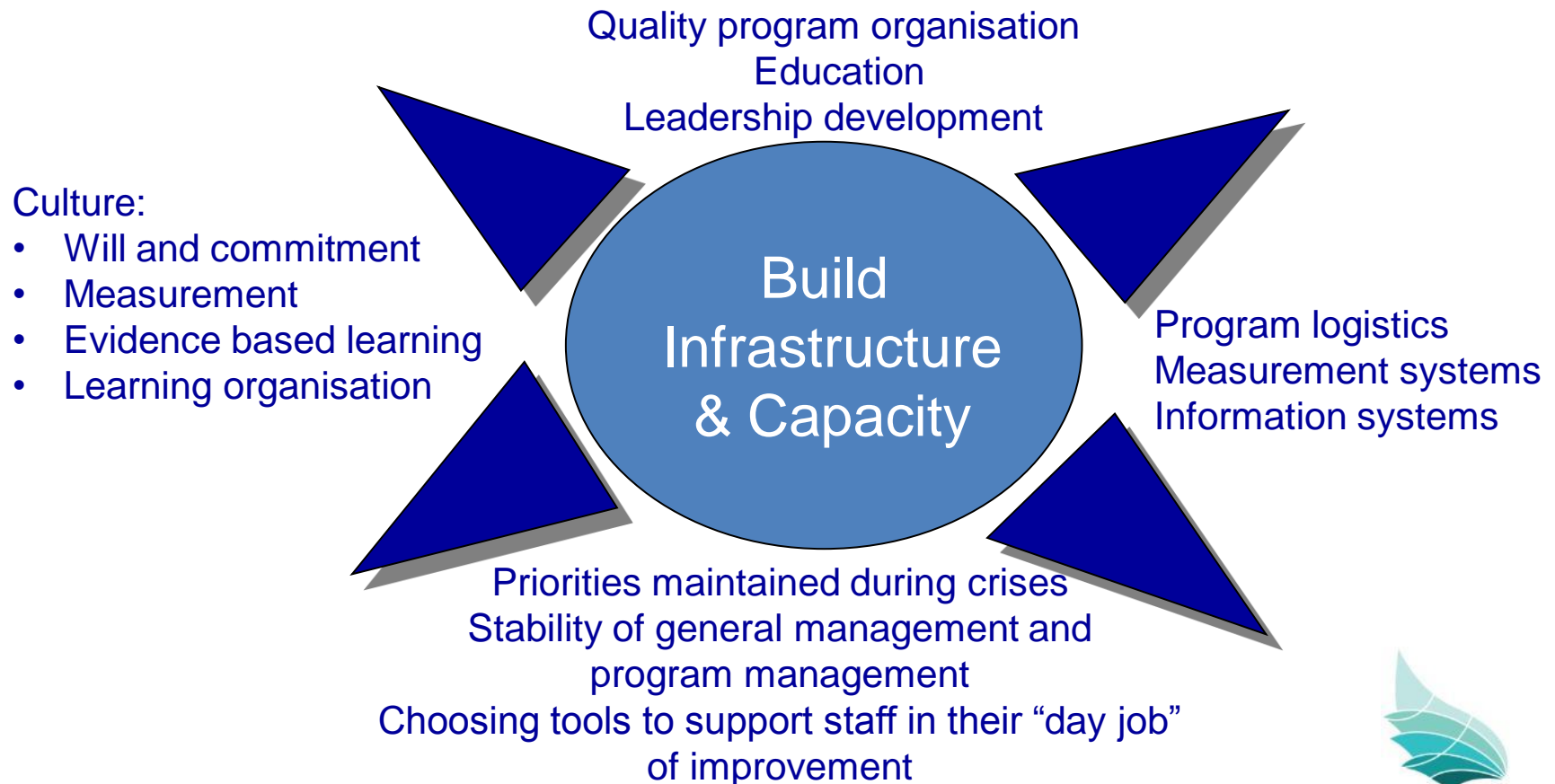


6 Essential Capabilities to Creating High-Performing Organisations (KP)

- Leadership and the ability of leaders to identify the “vital few breakthrough opportunities”
- A systems approach
- Measurement capability at all levels
- The culture of a learning organisation (with an infrastructure to harvest best practices for sharing and learning to create potential for spreading practices with the greatest impact)
- Team engagement from the bottom up
- A strong internal capability to improve

Bosignano, M & Kennedy, C (2012) *Pursing the Triple Aim*

Factors used by leading QI organisations to deliver improved outcomes



Components of Proactive/Generative Learning Systems

- **People**

- Leadership –senior & clinical, teamwork, psychological safety, human factors, organisational fairness, negotiation, engagement, resilience, communication

- **External**

- Regulation, reporting requirements, competition

- **Organization Values**

- Goals, rules, accountabilities, focus

- **Workflow**

- Normative actions: procedures, protocols, idea generation, learning, reliable processes, measurement, process improvement, transparency

- **Technology**

- Hardware, software, prediction, measurement

Key Issues

- Improving quality remains a stated priority but implementation is weak
- Compliance and improvement are out of balance
- Decluttering the landscape
- Unfocused approach to building capability
- Local accountabilities
- Asymmetries in measurement and reporting



Socio -Technical Framework for Healthcare

GENERATIVE

Organization wired for safety and improvement

PROACTIVE

Playing offense - thinking ahead, anticipating, solving problems

SYSTEMATIC

Systems in place to manage hazards

REACTIVE

Playing defense – reacting to events

UNMINDFUL

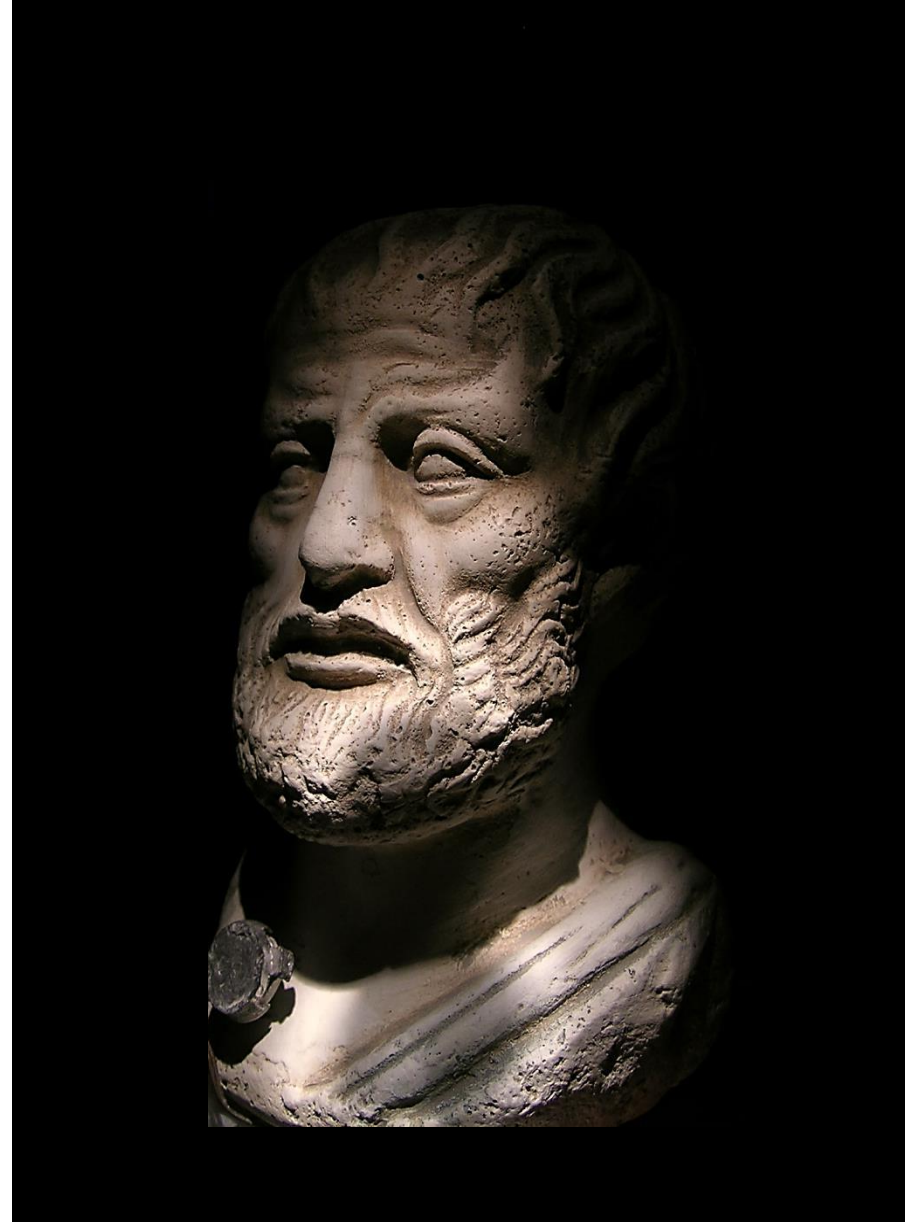
No awareness of safety culture

- Senior leadership
- Clinical Leadership
- Reliable processes of care
- Process improvement
- Psychological Safety
- Effective teamwork
- Just and accountable culture
- Person and Family Centred Care



"Quality is not an act. It is
a habit."

Aristotle



WHAT WE PERMIT, WE PROMOTE



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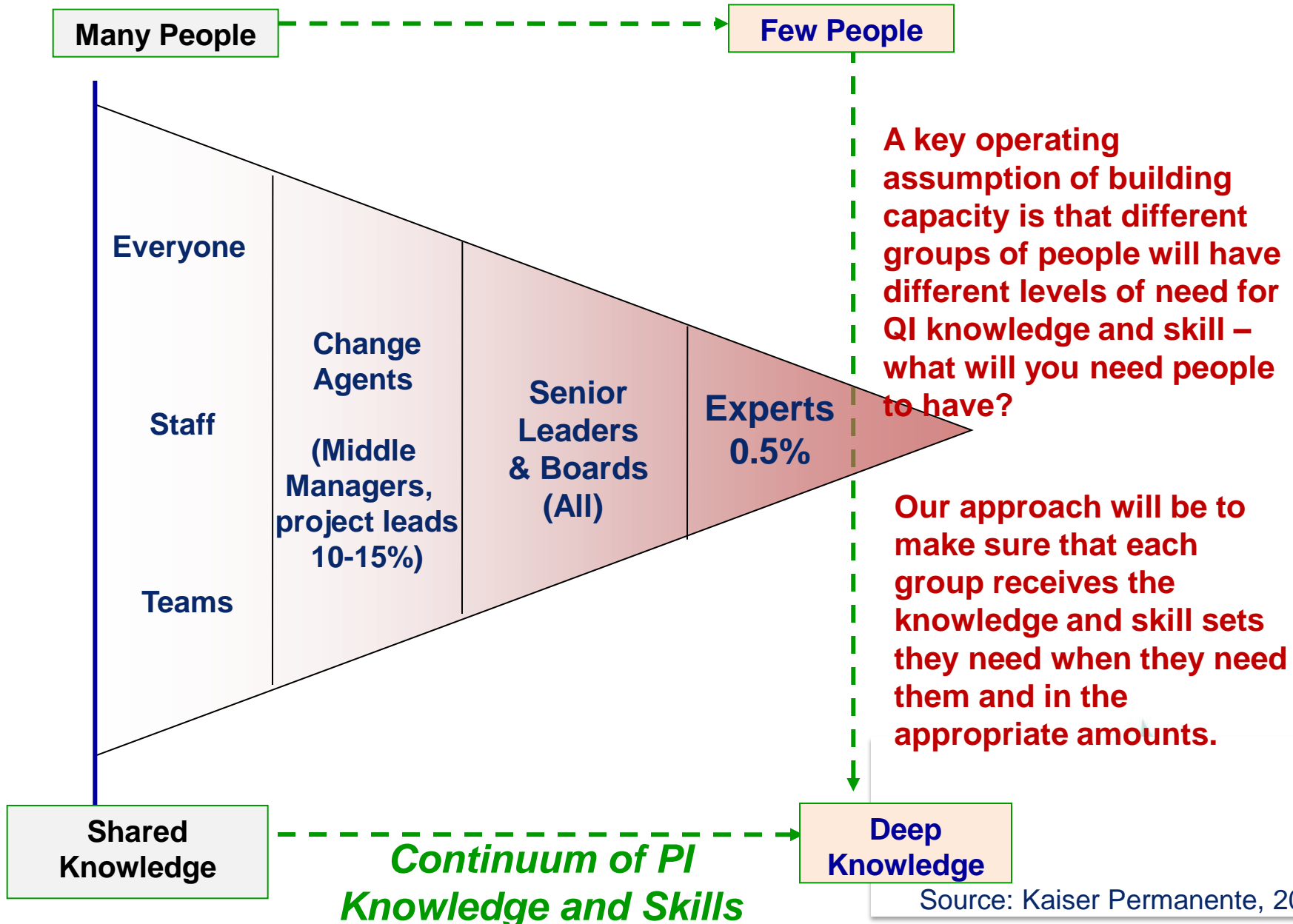
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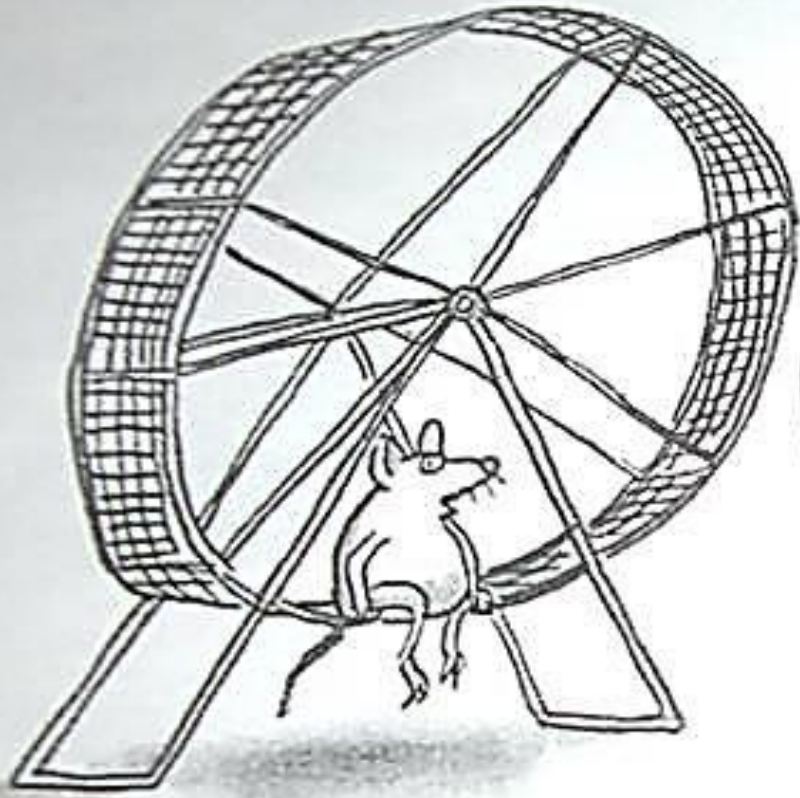
*“I have some Key
Performance
Indicators
for you”*

*“I have a
dream”*

What Skills Do We Need?



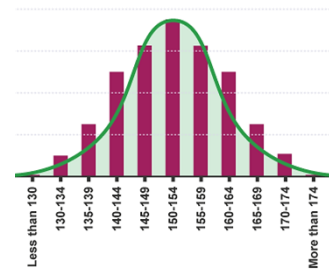
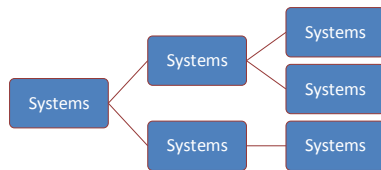
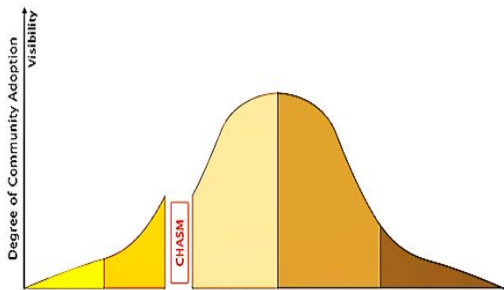
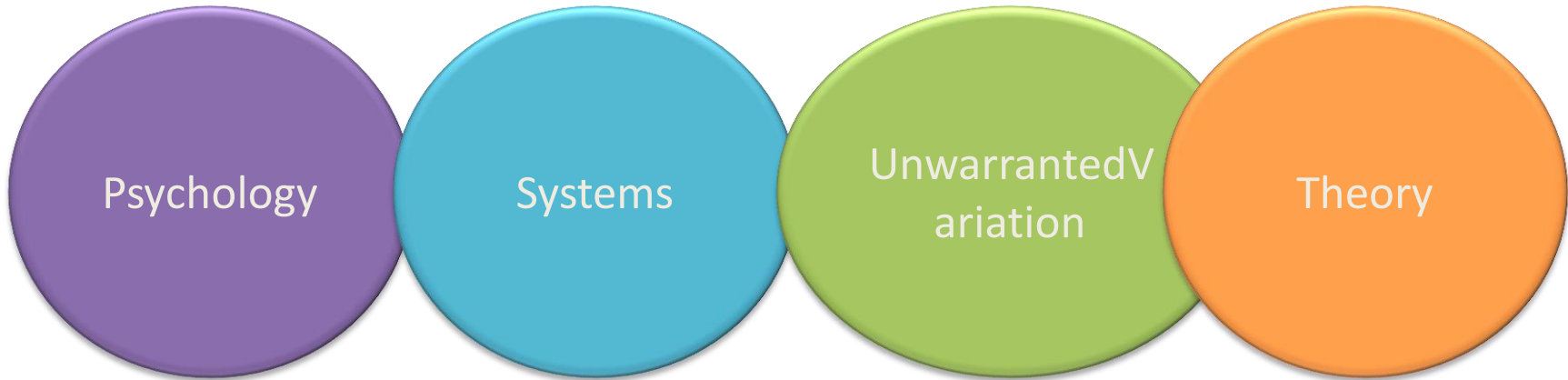




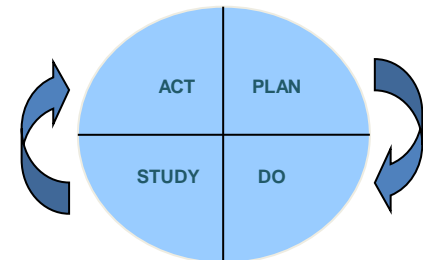
KAE

"I had an epiphany..."

Our Patient Safety Focus.....



- What are we trying to accomplish ?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?



Langley, Nolan et al 1992
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Building Capability and Supporting the microsystem



Developing People – Improving Care

TheKingsFund>

BRIEFING

Caring to change

How compassionate leadership can stimulate innovation in health care

Authors

Michael West
Regina Eckert
Ben Collins
Rachna Chowla

May 2017

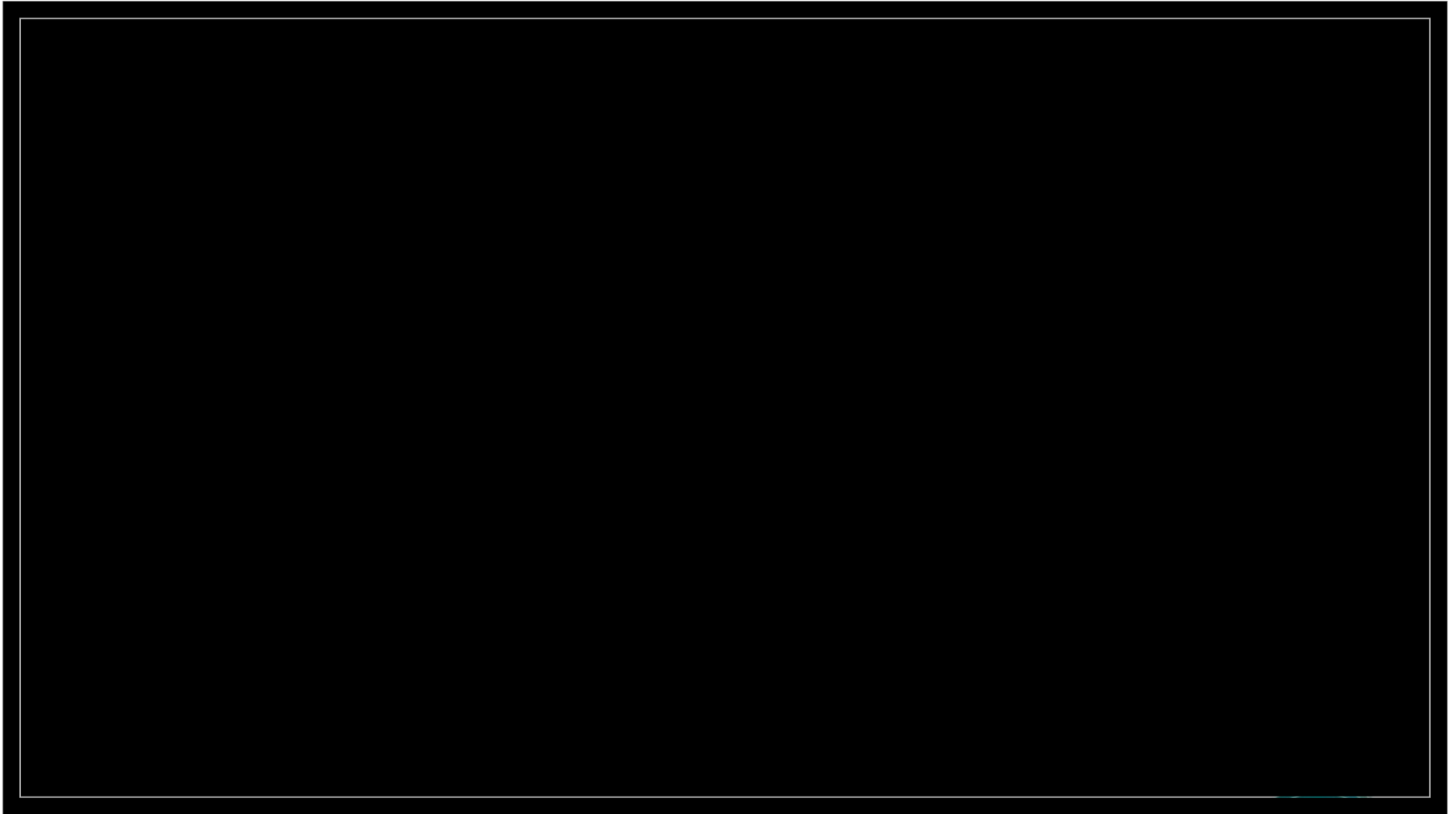


Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services



Patient story – Naomi and Grant



The names of the patients whose lives we save can never be known.

*Our contribution will be **what did not happen to them.** And, though they are unknown, we will know that mothers and fathers are at graduations and weddings they would have missed, and that grandchildren will know grandparents they might never have known, and holidays will be taken, and work completed, and books read, and symphonies heard, and gardens tended that **without our work, would never have been.***

Don Berwick



Thank You

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