

**+ FUNDAMENTALS
FOR CHANGE**





FUNDAMENTALS FOR CHANGE

This module explores what quality improvement means and why quality and safety are important in health care. It also highlights the importance of culture and engaging others to achieve success in your quality improvement efforts.

LEARNING OBJECTIVES

By the end of this module, participants will be able to...

- Define quality and quality improvement in health care
- Appreciate the importance of addressing complexity and culture in improvement initiatives
- Engage stakeholders and work as a team to achieve improvement

THIS MODULE CONTAINS:



Twenty-one slides with speaking notes and questions for group discussion. (45-60 minutes)



Seven optional learning activities:

- Quality Improvement in Health Care - video (30 minutes)
- BC Health Quality Matrix - worksheet (30 minutes)
- Current and Desired Culture - worksheet (30 minutes)
- Mindset Shift - worksheet (30 minutes)
- Framing - worksheet (30 minutes)
- Team Planning - group activity (30 minutes)
- Engaging Stakeholders - worksheet (30 minutes)



Remember to make this module your own! Add in examples and details that will bring the ideas to life for the learners.

+ FUNDAMENTALS FOR CHANGE



By the end of this module, you will be able to...

- Define quality and quality improvement in health care
- Appreciate the importance of addressing complexity and culture in improvement initiatives
- Engage stakeholders and work as a team to achieve improvement



Speaking Notes:

- This module is meant to introduce what quality improvement is and how it fits in the health care setting. It is intended to start your thinking about what it takes to successfully improve and to begin to take some initial steps towards achieving this.
- The focus of this module is on:
 - Defining quality improvement and the dimensions of quality, based on the BC Health Quality Matrix
 - Recognizing complexities and the role of culture in doing improvement work
 - The importance of engaging others (including clinicians, patients, families) and working as a team

WHAT IS MEANT BY *QUALITY IMPROVEMENT* IN HEALTH CARE?

Systematic, data-guided activities designed to bring about immediate improvement in a health care setting.

(Lynn et al., 2007)



Speaking Notes:

- There are various definitions, but there are common components of quality improvement:
 - Systematic – it is not simply the introduction of a new change
 - Guided by data – it is not just implementing changes and assuming things get better
 - Emphasizes immediate action – it is about testing new ways to do things and making changes right away
- Quality improvement is about understanding what we do and testing ways to do it better.



Optional Activity

QUALITY IMPROVEMENT IN HEALTH CARE


Purpose

To introduce the notion of quality improvement in health care, including its origins and basic principles.

Time

30 minutes

Materials

- Quality Improvement in Health Care – Mike Evans (Length 11:08)  <http://bit.ly/IN7vvnc>
- Computer
- Projector and screen
- Speakers

Preparation

Test the video ahead of time, and have it loaded and ready to go.

Instructions

Watch the video and note any points that stand out to you. What benefits do you think quality improvement methods might bring to health care? What might some of the challenges be?

Debrief

Ask participants to share their thoughts in small groups or in an open discussion.

Optional Discussion Questions

- How can we use quality improvement to make care better?
- What is a “systems thinker”? Or a “change agent”?
- Can you think of any opportunities for improvement in your area? How might you get started?

DEFINING QUALITY

Effectiveness

Appropriateness

Accessibility

Acceptability

Safety

Equity

Efficiency



Speaking Notes:

- When people use the term “quality”, they may be talking about lots of different things.
- The meaning of quality is multidimensional, with a variety of interdependent aspects.

Optional Discussion Questions:

- What do you think each of these terms means in health care?
- Can you think of an example from your work that represents each dimension of quality?

“Quality” is not a department; it is everyone’s job and must become part of our everyday accomplishment.

- Robert Lloyd



Optional Activity

DIMENSIONS OF QUALITY


Purpose

To help participants start to understand the definitions and inter-related nature of quality dimensions.

Time

30 minutes

Materials

- Dimensions of Quality worksheets 
- Pens

Preparation

Print a copy of each worksheet for each participant.

Instructions

This activity can be done individually or in pairs. Create a definition for each dimension and describe an aspect of your workplace that reflects that dimension of quality.

Debrief

Have participants share their definitions and examples. Use the worksheet key provided to verify and summarize responses.

Resources

BCPSQC Health Quality Matrix, 2008 <http://bit.ly/1H4N5G5>

5 FUNDAMENTAL PRINCIPLES OF IMPROVEMENT:

1. Know why you need to improve
2. Have a way to tell if the improvement is happening
3. Develop an effective change that will result in an improvement
4. Test changes well before trying to implement
5. Know when and how to make the change permanent

(Langley et al., 2009)



Speaking Notes:

- The concepts of improvement and change are closely linked.
- Changes that result in improvement...
 - Alter how the work or activities are done
 - Produce visible, positive differences compared to how things were
 - Have a lasting impact

KEYS TO SUCCESS IN QUALITY IMPROVEMENT

- Understanding the system in which we function
- Attending to the complexities of dealing with people
- Continuously learning and developing knowledge about how to make things better



Speaking Notes:

- Achieving improvement requires an in-depth understanding of how things currently work, careful attention to how different people are involved, and curiosity about what factors contribute to success.

+ *Note that quality improvement is different from research. The purpose of research is to test hypotheses and generate evidence for best practices and the purpose of quality improvement is to implement best practices. In quality improvement, the focus is on application of research to make effective and sustainable change, taking evidence and turning it into the new way of doing things.*

HEALTH CARE IS A SYSTEM

System:

- An interdependent group of items, people, or processes working together towards a common purpose.
- Parts of the system are aligned by this common purpose and processes within the system help to achieve this purpose.



Speaking Notes:

- In a system, everything affects everything else. A change in one area may result in improvement in some ways, but could also cause harm in other parts of the system.
- When thinking about making changes, it is important to consider all the interdependencies within a system and both the positive and negative potential results.

Every system is perfectly designed to achieve the results it achieves. - Paul Batalden

SIMPLE, COMPLICATED, COMPLEX

TABLE I: SIMPLE, COMPLICATED & COMPLEX PROBLEMS

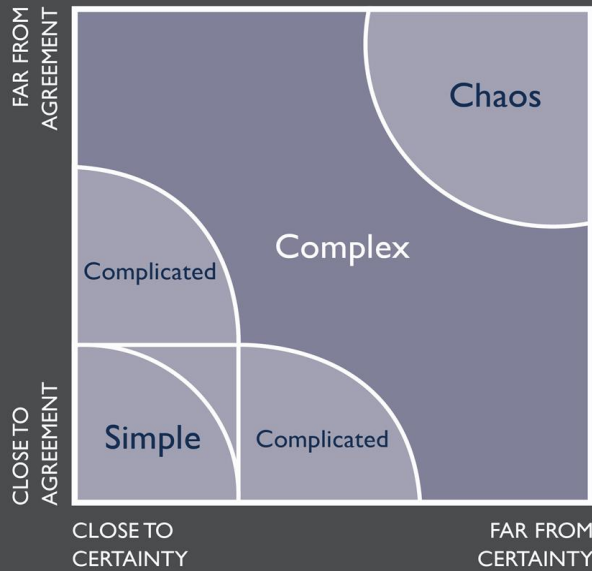
Following a Recipe	Sending a Rocket to the Moon	Raising a Child
<ul style="list-style-type: none"> • The recipe is essential • Recipes are tested to assure easy replication • No particular expertise is required. But cooking expertise increases success rate • Recipes produce standardized products • The best recipes give good results every time • Optimistic approach to problem possible 	<ul style="list-style-type: none"> • Formulae are critical and necessary • Sending one rocket increases assurance that the next will be OK • High levels of expertise in a variety of fields are necessary for success • Rockets are similar in critical ways • There is a high degree of certainty of outcome • Optimistic approach to problem possible 	<ul style="list-style-type: none"> • Formulae have a limited application • Raising one child provides experience but no assurance of success with the next • Expertise can contribute but is neither necessary nor sufficient to assure success • Every child is unique and must be understood as an individual • Uncertainty of outcome remains • Optimistic approach to problem possible

(Glouberman and Zimmerman, 2002)

Speaking Notes:

- Simple systems are mostly predictable. For example, a recipe gives you a high level of certainty and agreement that the cake or roast will turn out a certain way.
- Once you start moving into complicated and then complex systems, the degree of certainty and agreement decreases.
- Complicated systems are like sending a rocket to the moon; the instructions are pretty complicated, but your results are consistent.
- Complex systems are like raising children; there may be theories about effective methods, but regardless of their application, outcomes can be unpredictable and variable.

COMPLEXITY



(Zimmerman, Lindberg, and Plsek, 2013)

Speaking Notes:

- Systems can be simple, complicated, complex, or even chaotic. This grid illustrates the differences among these types of systems.
- A simple system is where you have a high degree of certainty and a high level of agreement.
- When we try to apply simple solutions to a complex problem, we tend to have a high failure rate.
- It is difficult to predict what will happen in a complex system so we need to test ideas to see if they will work before implementing them.

HEALTH CARE IS A COMPLEX ADAPTIVE SYSTEM

Adaptive / Resilient / Uncertain

Complex adaptive systems are composed of many interdependent, heterogeneous parts that self organize and co-evolve.



Speaking Notes:

- In a complex adaptive system, the relationships between people or parts are unpredictable; the same action can return different results.
- In systems like these, problems do not have clear solutions; solutions are context-specific and are not easily transferred. The most effective solutions often come from people who are part of the process.
- This is why we need to pay attention to the culture within a complex adaptive system.

DEFINING A QUALITY CULTURE

“The way we do things around here...”

- Shared beliefs, attitudes, values and norms of behaviour between colleagues in an organization
- Way of making sense of the organization
- Way things are understood, judged and valued



Speaking Notes:

- Culture can be thought of as “The way we do things here”.
- It’s about the beliefs we share, what we expect of each other, what’s considered normal, and the way we typically behave.
- The culture of an organization is hard to describe in precise terms, but it is very powerful in determining what is considered acceptable or unacceptable.
- No matter how well thought-out a quality improvement initiative may be, failing to consider the culture in your organization can destroy the best laid plans.

Optional Discussion Questions:

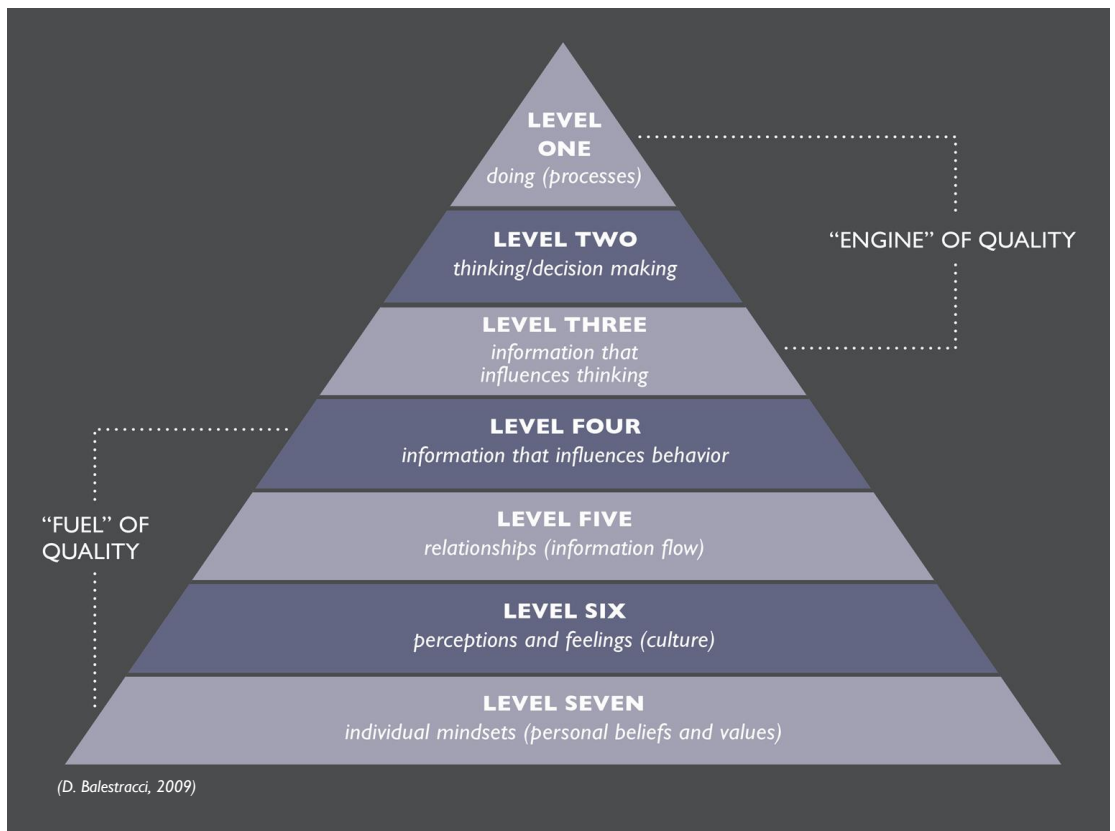
- Can you think of an example where the culture in the area that you worked in was very positive? Describe how you knew it was positive.
- What about a time when the culture was not positive? Describe what that was like.
- Some organizations are known for their culture - can you think of any examples? What is notable about their culture?



Speaking Notes:

- Health care is composed of both technical and cultural elements. The technical elements are the expertise held by providers and the application of evidence based practices and policies. The elements of culture include the relationships among the people within the system and interactions between parts of the system.
- We may tend to focus on the technical aspects of improving care, but we can't fix problems related to culture with technical solutions.
- To help determine the best course of action to address a problem, it is important to identify which aspects of the problem are technical, and which aspects relate to culture.

Leading change is more like 10% technical competence
and 90% emotional intelligence. - Peter Fuda



Speaking Notes:

- The “engine” to drive quality at the top of this pyramid includes the technical side of things that we tend to think about when it comes to doing improvement work.
- We also need to focus on the “fuel” of quality, at the bottom of the pyramid. Fuel is where culture comes in and helps us address the complexities in the health care system.
- By focusing on the people, the relationships, the culture, and building a foundation for improvement, we can ensure our efforts to improve are effective and sustainable.

CULTURE EXISTS AT A LOCAL LEVEL

- Each unit, department, or team has a unique culture.
- Because culture is unique and culture is complex, the process for improving will look different every time.



Speaking Notes:

- It is important to recognize that culture is different in different work areas. Even in one facility you can have different cultures on different floors.
- When it comes to quality improvement, we need to pay attention to culture and ensure that the changes we make will be successful in our own unique culture.
- For example, when it comes to engaging people in a change initiative, they may be reluctant if they feel like they do not have permission to try new things. Or if the culture does not support speaking up about patient safety concerns, it will be challenging to engage people in creating solutions.

Culture eats strategy for breakfast. - Peter Drucker



Optional Activity

CURRENT AND DESIRED CULTURE

Purpose

To consider what is unique about the culture that participants work in.

Time

30 minutes

Materials

- Set of 3 Culture: Current & Desired worksheets 
- Pens

Preparation

Print a copy of each worksheet for each participant.

Instructions

Think about the culture you work in as it currently is. Using the “Culture-Current” worksheet, circle the ten items that best describe that culture. Then reflect on the ideal culture you’d like to work in. Using the “Culture-Desired” worksheet, circle the ten items that best describe that culture. Record each of the ten items in their respective circles on the third worksheet, with items that are on both lists in the middle.

Debrief

After completing the sheet individually, participants can pair up and discuss their thinking about culture in their workplace. Consider how much overlap exists between the items you’ve circled. What might this mean for quality improvement efforts in your area? Have participants share any highlights from their discussion with the large group.

MINDSETS

A set of beliefs or a way of thinking that determines one's behaviour, outlook and mental attitude.

What we believe is possible and desirable are crucial elements in the successful implementation of a strategy.

(Gillaspie, 2015)



Speaking Notes:

- Understanding people's mindsets gives us insight into the culture of a unit, area, or team.
- Mindsets help us to understand what facilitates change and what stands in the way.
- The status quo is preserved by prevailing and existing mindsets. To shift the status quo, we know that we need to shift existing mindsets.

+ *Note that mindsets are different than behaviours. For example, believing that learning new things is important is a mindset whereas taking a course or reading up on something is a behaviour.*

MINDSET SHIFT

FROM...	TO...
Plan and control everything	Be curious and learn as you go
Innovative thinking is a rare expertise	Everyone has valuable ideas to contribute
Authority by hierarchy	Leading through influence and relationships

Speaking Notes:

- Let's look closer at the concept of mindsets. Here are some examples of shifts in mindsets...
- Our traditional comfort zone may include:
 - Plan and control everything
 - Innovative thinking is a rare expertise
 - Authority by hierarchy
- What if we shifted to:
 - Be curious and learn as you go
 - Everyone has valuable ideas to contribute
 - Leading through influence and relationships?

In the middle of difficulty lies opportunity. - Albert Einstein



Optional Activity

MINDSET SHIFT


Purpose

To raise awareness about current mindsets and initiate movement towards new ones.

Time

30 minutes

Materials

- Mindset Shift worksheet 
- Pens

Preparation

Print a copy of the worksheet for each participant.

Instructions

First on your own and then in small groups, consider:

What are the current mindsets that have helped to maintain the status quo and what mindsets do we need to work towards in order to change and make things better?

Debrief

Have participants share any highlights from their discussion with the large group.

Use questions such as these to further the discussion:

- Were there any surprises in the current mindset as compared to the future mindset?
- How can the future mindset help you achieve your goals?
- How can you communicate the future mindset to your teams/partners/stakeholders?

FRAMING

Framing is the process by which leaders construct, articulate, and put across their message in a powerful and compelling way in order to win people to their cause and call them to action.

(NHS, 2011)



Speaking Notes:

- Framing is an approach to engage others in your efforts. It is a way to:
 - Pull people in
 - Connect with people's hearts and minds
 - Turn opportunity into action
 - Mobilize support
- Framing is effective when it is authentic and connects with what people see as their reality.

You can't impose anything on anyone and expect them to be committed to it. - Edgar Schein

FRAMING

People change what they do less because they are given analysis that shifts their *thinking* than because they are shown a truth that influences their *feelings*.

(Kotte and Cohen, 2002)



Speaking Notes:

- Put very simply, using framing to engage others means including 3 components in our communication:
 - What is the program/issue that we are addressing?
 - What could the future look like?
 - What is our call for action?



Optional Activity

FRAMING


Purpose

To begin to adapt how they frame a message to connect with and engage others.

Time

30 minutes

Materials

- Framing worksheet 
- Pens

Preparation

Print a copy of the worksheet for each participant.

Instructions

Divide participants into pairs or small groups.

Ask participants to consider who should be involved in the improvement work they are focusing on. Consider their perspectives and generate ideas for how you might frame your messaging to engage them in the process. Also consider the specific commitments you are looking for from them.

Debrief

Have participants share any highlights or challenges they encountered in completing this activity.

BUILDING AN IMPROVEMENT TEAM

In your Quality Improvement team, be sure to...

- Include multiple perspectives
- Involve patients/residents/clients and families
- Engage a project sponsor



Speaking Notes:

- Improvement project teams should be built strategically, and include people with different skill sets, knowledge areas, and perspectives. Assembling a good team for an improvement project promotes success and sustainability.
- Be sure to involve content experts, local leaders, and those whose work will be affected by the improvement project – they will know a lot about what changes to try and what might work best in their context.
- Patients have a unique perspective and their insights are also valuable to an improvement project.
- A project sponsor has executive authority and supports the team; they can connect with other areas of the organization to provide resources and help overcome barriers.

Optional Discussion Question:

Think about a positive experience you've had being part of a team. What were some of the factors that made this team successful? How did people behave in the team?

 Refer to organizational policies, procedures, or resources for patient involvement.

The single biggest problem in communication is the illusion that it has taken place. - George Bernard Shaw



Optional Activity

TEAM PLANNING

Purpose

To establish a common understanding of how team members want to work together.

Time

30 minutes

Materials

- Flipchart paper
- Felt pens

Preparation


Set up flip chart so everyone can see. Consider having a volunteer scribe the discussion.

Instructions

Pose the questions below to the group and facilitate discussion. Record responses as they are decided upon.

- If we're to take on an improvement project, what are the different activities that team members will need to be involved in?
- Do we have people that can be responsible for each of these quality improvement activities?
- Example improvement team activities:
 - Who will...
 - attend regular meetings or huddles?
 - track results of changes?
 - recruit other stakeholders as needed?
 - facilitate QI activities?
 - collect data?
 - share progress with sponsors, staff, stakeholders?

Resources

For groups planning to work on an improvement project, team members and their responsibilities can be captured in the project charter. 

Notes

Team members may change as the project progresses, and having ground rules and processes to guide your work together can help to maintain progress as team membership changes. During times when teams are struggling, this can also be a good reminder for people to reflect on their interactions with others.



Optional Activity

ENGAGING STAKEHOLDERS


Purpose

To consider who to engage when it comes to initiating an improvement project and determine a strategy to engage these stakeholders.

Time

30 minutes

Materials

- Engaging Stakeholders worksheet 
- Pens

Preparation

Print a copy of the worksheet for each participant.

Instructions

Think about who would be important to engage in your improvement work and who can help ensure it achieves success. Using the Engaging Stakeholders worksheet, identify potential stakeholders and determine how you can approach each of them.

Debrief

After completing the sheet individually, participants can pair up and discuss their thinking about stakeholder engagement.

Have participants share any highlights from their discussion with the large group.

KEEP IN MIND...

- Quality in health care is multi-dimensional
- There are some fundamental principles to guide quality improvement
- Understanding culture and complexity is key to doing improvement work
- Assembling a good team for an improvement project promotes success and sustainability



Speaking Notes:

- There are multiple dimensions of quality in health care and efforts for improvement may address only some of them, or address several at once.
- All improvement work has some core principles, regardless of the specific methods used.
- Attending to culture and complexity can help promote success in efforts to achieve quality improvement.
- Being purposeful as you assemble your team can help your project to be more successful in achieving its aim and having a lasting effect.

Optional Discussion Questions:

What stood out for you today? What do you want to remember about this session?

TIME TO REFLECT

Can you...

- Define quality and quality improvement in health care?
- Appreciate the importance of attending to complexity and culture in improvement initiatives?
- Engage stakeholders and work as a team to achieve improvement?



Speaking Notes:

- Overall, this module is meant to introduce what quality improvement is and how it works, as well as how it fits in the healthcare setting.
- It is intended to start your thinking about what it takes to successfully improve and to begin to take some initial steps towards setting up an improvement project.

+ Use any remaining time for questions and discussion.

Also, be sure to get feedback from your participants on the session. There is an evaluation form that you can use in the appendix. 

	THIS DIMENSION IS ABOUT:	EXAMPLES
ACCEPTABILITY		
APPROPRIATENESS		
ACCESSIBILITY		
SAFETY		
EFFECTIVENESS		
EQUITY		
EFFICIENCY		

Dimensions of Quality KEY

	THIS DIMENSION IS ABOUT:	EXAMPLES
ACCEPTABILITY	<ul style="list-style-type: none"> • Care is respectful of patient and family preferences, needs, and values. • Considers patient and family preferences, such as cultural values, and encourages family involvement in decision making. • Being empathetic to patients and families, following their wishes and expectations, and empowering them to be active in their own care. 	<ul style="list-style-type: none"> • Visiting hours • Hospital food
APPROPRIATENESS	<ul style="list-style-type: none"> • Care provided is evidence-based and specific to individual clinical needs. • Grounded in best practices and optimizes an individual's health outcome. • Weighs the benefits and risks of care – aiming to provide maximum benefit. 	<ul style="list-style-type: none"> • Overprescribing medication • Over- or under-diagnosis of mental health illness • Women in some areas are more likely to have a Caesarean section
ACCESSIBILITY	<ul style="list-style-type: none"> • Ease with which health services are reached. • Extent to which individuals can easily obtain the care when and where they need. • Aims to ensure there are not physical, financial or psychological barriers to receiving information, care and treatment. 	<ul style="list-style-type: none"> • Wait times • Access to a family doctor • Length of time to see a specialist
SAFETY	<ul style="list-style-type: none"> • Avoiding harm resulting from care. • Involves designing and implementing processes to prevent and minimize adverse outcomes or injuries that could unintentionally result from the delivery of care. 	<ul style="list-style-type: none"> • Falls • Medication errors • Surgical site infections
EFFECTIVENESS	<ul style="list-style-type: none"> • Care that is known to achieve intended outcomes. • Achieves the best possible outcomes for patients by developing and carrying out care plans that are based on clinical evidence and best practices. 	<ul style="list-style-type: none"> • Patients with sepsis get antibiotics within a certain amount of time • Post-operative patients should mobilize within a certain amount of time
EQUITY	<ul style="list-style-type: none"> • Distribution of health care and its benefits fairly according to population need. • Does not mean the same health care for everyone because people have different needs. • People have equal access to the health services they need, regardless of gender, ethnicity, socioeconomic status, or where they live. 	<ul style="list-style-type: none"> • Ensuring people have a family doctor, regardless of where they live, socioeconomic status, etc.
EFFICIENCY	<ul style="list-style-type: none"> • Optimal use of resources to yield maximum benefits and results. • Delivering services to improve the health of more people by maximizing capacity and eliminating/avoiding waste. • Services are considered in light of value for money or providing the maximum amount of positive impact. 	<ul style="list-style-type: none"> • Spending time searching for materials • Reminding other staff to do things • Redoing paperwork because it is needed for a different purpose, etc.

- Rules-oriented
- Autonomy
- Well-organized
- Operational focus
- Making a difference
- Being competitive
- Stress
- Supporting diversity
- Efficiency
- Courage to do what's right
- Holistic thinking
- Willingness to experiment
- Environmentally responsible
- Caring
- Socially responsible
- Trust
- Bureaucracy
- Being of service to others
- Accountability
- Taking initiative
- Being collaborative
- Fulfilling work
- Having high expectations
- Personal reliability
- Cost focus
- Task-oriented
- Ethical
- Sense of meaning
- Being passionate
- Excellence
- Well-being
- Job security
- Fun
- Empowerment
- Being analytical
- Profit focus
- Arrogant
- Being adaptable
- Professional growth
- Hierarchical
- Status-oriented
- Empathy
- Focus on coaching and mentoring
- Fear
- Creativity
- Self control
- Execution
- Being reflective
- Values-driven
- Individualistic
- Inconsistent
- Having a noble purpose
- Internally-focused
- Inspirational
- Work-life balance
- Long-term orientation
- Visionary
- Customer focus
- Innovation
- Results-oriented
- Being disciplined
- Being spiritual
- Global involvement
- Reactive
- Risk-taking
- Employee focus
- Personal growth
- Routine
- Continuous improvement
- Quality focus
- Sense of community
- Internal politics
- Command and control
- Power
- Lack of shared purpose
- Being intuitive
- Safety focus
- Precision
- Openness
- Silos
- Respect for people
- Short-term orientation
- Conflict
- Willingness to listen
- Slow moving

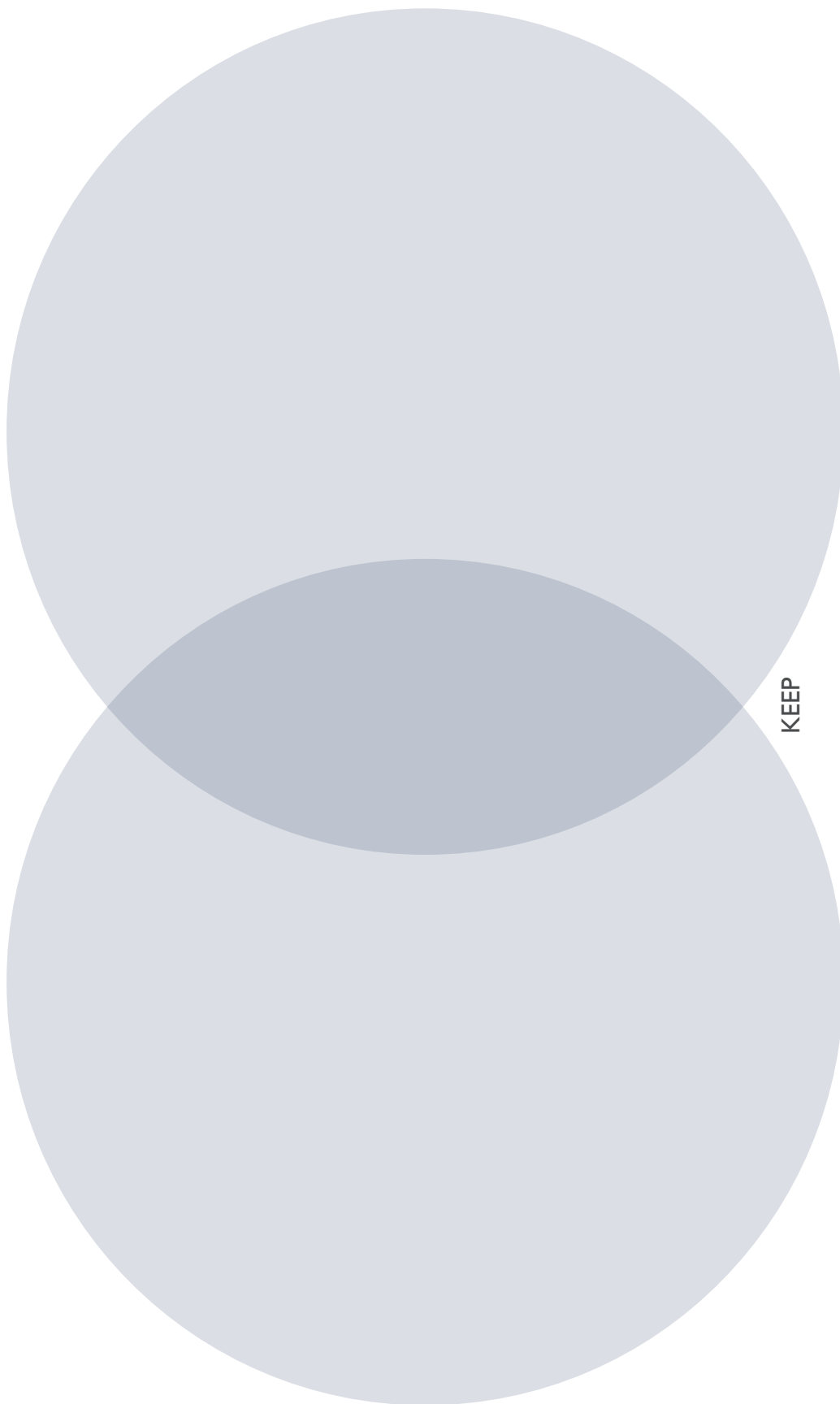
CULTURE: DESIRED

WORKSHEET

- Rules-oriented
- Autonomy
- Well-organized
- Operational focus
- Making a difference
- Being competitive
- Stress
- Supporting diversity
- Efficiency
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- Respect for people
- Short-term orientation
- Conflict
- Willingness to listen
- Slow moving

Top 10 Desired

Top 10 Current



BUILD

KEEP

ACKNOWLEDGE

FROM...	TO...

AIM STATEMENT:	WHAT AM I ASKING THEM TO COMMIT TO?				
	FRAMES I CAN USE TO ENGAGE THEM				
	WHO NEEDS TO BE ENGAGED				
	PRIORITY				

Adapted From: NHS Institute for Innovation and Improvement, Academy for Large Scale Change,

ENGAGING STAKEHOLDERS

WORKSHEET

WHAT AM I ASKING THEM TO COMMIT TO?							
STAKEHOLDER GROUP NEEDS							
STAKEHOLDER GROUP ASSETS							
HOW CAN I ENGAGE THEM? <small>(problem to solve, consequences to avoid, vision to achieve, linkages to other things, etc.)</small>							
INDIVIDUALS OR GROUPS TO ENGAGE <small>(list names)</small>							
STAKEHOLDER GROUP							
PRIORITY							

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