New People, New Places, New Methods

International Forum on Quality and Safety in Healthcare

Maureen Bisognano
President Emerita and Senior Fellow
Our Leadership Challenges

• Aging, and the increasing burden of chronic disease
• New roles and multigenerational workforces
• Rapid expansion of technology
• Research output at unprecedented levels and speed
• Increasing patient expectations for engagement
• Challenges to dramatically improve safety and flow
• Designing a learning system to decrease variation
The IHI Triple Aim

Population Health

Experience of Care

Per Capita Cost
Innovation

• New models of care
• New sites for caring
• New teams
• New ways to lead and govern
Radical Redesign Principles

• Change the Balance of Power
• Standardize What Makes Sense
• Customize to the Individual
• Promote Wellbeing
• Create Joy in Work

• Make it Easy
• Move Knowledge, Not People
• Collaborate/Cooperate
• Assume Abundance
• Return the Money
Comparison of In-Center Self-Care Hemodialysis to Non-Self Care

<table>
<thead>
<tr>
<th></th>
<th>ICSCHD</th>
<th>Non-SCHD</th>
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<tbody>
<tr>
<td>No of pt</td>
<td>48</td>
<td>848</td>
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<tr>
<td>Crude Mortality Rate</td>
<td>5</td>
<td>18</td>
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<tr>
<td>(deaths /100 pt yrs) (%)</td>
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<td></td>
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<tr>
<td>SMR</td>
<td>0.23 (.25-1.52)</td>
<td>1.03 (0.87-1.13)</td>
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<tr>
<td>Hospital days/pt yrs</td>
<td>7.5</td>
<td>14</td>
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<tr>
<td>PO₄ (mg%)</td>
<td>5.47</td>
<td>5.04</td>
</tr>
<tr>
<td>Albumin &gt;4g/dL (%)</td>
<td>66</td>
<td>52</td>
</tr>
<tr>
<td>Albumin (g/dL)</td>
<td>4.04</td>
<td>3.78</td>
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<tr>
<td>Unexcused missed Rx(%)</td>
<td>1.0</td>
<td>4.87</td>
</tr>
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</table>

Employment rate : 26% vs 7% in a facility within the same building

Edward R Jones, MD, MBA, Medical Director, Self-care FMC Mt Airy Phila.
Successful Spread - Waco, Texas

WACO METRO
PATIENT CENTERED, EMPOWERED CARE
VS
HUNKER DOWN (TRADITIONAL IN-CENTER)

NORTH & SOUTH
DEATHS & HOSPITALIZATIONS
Jan - Dec 2015

<table>
<thead>
<tr>
<th></th>
<th>Total Deaths</th>
<th>Total Hospitalizations</th>
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<tbody>
<tr>
<td>North</td>
<td>751</td>
<td>95</td>
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Patient Census

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<tr>
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<tr>
<td>Nocturnal</td>
<td>24</td>
<td>0</td>
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<tr>
<td>Home</td>
<td>52</td>
<td>2</td>
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<tr>
<td>Empowered</td>
<td>125</td>
<td>3</td>
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<td>Totals</td>
<td>201</td>
<td>5</td>
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Hunker Down Totals

<table>
<thead>
<tr>
<th></th>
<th>Total Deaths</th>
<th>Total Hospitalizations</th>
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<tbody>
<tr>
<td>North</td>
<td>309</td>
<td>90</td>
</tr>
<tr>
<td>All Totals</td>
<td>757</td>
<td>95</td>
</tr>
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</table>
Jarle

History:

- 70 year old man with COPD, type 2 diabetes, and two previous heart attacks
- Suffered a major stroke, and spent a month in the hospital
- Left side paralysis, poor cognitive and physical function

- Began prescribed reablement program, which was continuously reassessed; made good progress and entered health rehab
- Came back to reablement after challenges; they helped him find a new, more accessible apartment
- Now largely independent, and needs a wheelchair only for long distances
Reablement- Oslo Kommune, Norway

• Interprofessional team who are the first to meet with new patients in need of home-based care
  – occupational therapists
  – physiotherapists
  – nurses
  – social workers

• Work towards independence and mastery of everyday life, transitioning patients to either:
  - discharge without need of further healthcare, or
  - home-based care with the best possible function

Thomas Lystad
CAPABLE

• “Community Aging in Place, Advancing Better Living for Elders”
  – Emphasizes helping older adults maintain independence through environmental adaptations and interventions
  – Team of occupational therapist, nurse, and handyman
• Common fixes:
  – Installing or fixing railings or grab bars
  – Improving lighting
  – Installing non-skid treads in tubs and showers
  – Repairing trip hazards, like holes or tears in carpet, or broken times
• 79% of initial participants reported fewer activity of daily living limitations

• Average price of intervention over four months: $4,000
• Average monthly price of a skilled nursing facility: $6,400
Khoo Teck Puat Hospital, Singapore
Critical Flow Failures & Percent Occupancy

Population: Main Campus, Including College Hill

- **New Critical Flow Failures**
- **Average % Occupancy During Month**

**2008-Pre Management**
- Numbers: 80

**2009-Post Implementation**
- Numbers: 18

Last Updated 10/23/2009 by A. Amelken, Division of Health Policy & Clinical Effectiveness
New Sites for Caring

http://www.health.org.uk/flo
New Sites for Caring

• 5000 hours
• Bed-less hospitals
• Care at the “webside”
• Health outside systems
2013 strategies – Chronic absenteeism

**COND. PRIMARIOS**

- **ASISTENCIA**
  - School absenteeism
  - **Aim:** to reduce absenteeism by 20%

- **Children motivation**
- **Parents’ motivation**

**COND. SECUNDARIOS**

- **INTERVENCIONES**
  - Panel of attendance
  - Monthly incentive
  - Parents diploma
  - **Chronic absenteeism address at parents’ meeting**
  - **Text message when absent**
  - **By weekly report**
  - School Director’s presence at parents meeting
  - Parent ideas for solutions at parents meeting
  - Transportation provision
  - Personal interviews with parents

**Actions by the School Leadership Team**
**Reporte de Asistencia**

**Escuela G242 "El Rulo"**

Nombre de alumno/a: López Leiva Emilia Andrea
Sala: PreK-1
Mes: Marzo

<table>
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<th>Days missed over the last 2 weeks</th>
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<td><strong>4 días</strong></td>
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<table>
<thead>
<tr>
<th>Number of days that the child with the best record of assistance has missed over the last 2 weeks</th>
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<tbody>
<tr>
<td><strong>0 días</strong></td>
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**Reminder of ‘chronic absenteeism’**

Recuérdate que el Ausentismo Crónico ocurre cuando el niño falta 2 o más días por mes.
**Goal:** To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms
Plan & Do

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**Ciclo 1:** Make a pitcher of water & individual cups available to children.

**Ciclo 2:** Communicate to parents that juices and soda are no longer permitted – send home beverages sent to school.

**Ciclo 3:** Develop simple, child-centered measurement.
PDSA Health – Obesity prevention
Classroom Centro Parvulario

Plan & Do

**Goal**: To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms

**Ciclo 1**: Make a pitcher of water & individual cups available to children.

**Ciclo 2**: Communicate to parents that juices and soda are no longer permitted – send home beverages sent to school.

**Ciclo 3**: Develop simple, child-centered measurement

**Ciclo 4**: Serve water with lunch

**Ciclo 5**: Use plants to show scientific benefits to drinking water over soda
**Goal:** To eliminate sugar-sweetened beverages and increase water consumption in preschool classrooms

**Sugar sweetened beverages**

**Water consumption**

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**PDSA Health – Obesity prevention**
**Classroom Centro Parvulario**

**Plan & Do**

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Leading New Teams

- Multigenerational teams
- Multiprofessional teams
- Diverse and inclusive teams
- Include patients and families
Multigenerational Teams

- Five distinct generations on our teams
- Each brings different knowledge, skills, and views
Multigenerational Teams

- Traditionalists (71 to 88 years old): loyal
- Baby Boomers (56 to 70 years old): optimists
- Generation X (36 to 55 years old): questioning
- Gen Y, Millennials (21 to 35 years old): realistic
- Gen Z, iGen (20 years old and younger): balanced
Changes the Next Generation Expects from Health Care

• “Live for the moment”  
  – Don’t see regular check-ups and testing as part of their health and wellness

• “Dr. Who?”  
  – Seek advice and care from many sources; we’ll need new ways to connect

• Holistic health  
  – Use meditation, massage, nutrition, exercise, and medicines

• Track me, treat me  
  – Less concerned about privacy and expect us to track and connect to care
Multiprofessional Teams

- Learning together from the start
- Building skills in teams
- New ways to teach
- Using the IHI Open School as a platform for sharing
What Matters to Patients

Moving from
“what’s the matter?”
to
“what matters to you?”
Barbara

78 year old woman admitted to an NHS hospital after falling at home. Lived alone, but had frequent visits from carers and was mobile. Became withdrawn in hospital; medical staff considered antidepressants and a nursing home upon discharge.

“What matters to me” displayed above her bed led to conversation:
• Lived in Rio de Janeiro for 42 years
• Spoke fluent Portuguese
• Had been in the Women’s Air Force
• Had an MBE (Member of the Most Excellent Order of the British Empire)

The staff saw Barbara with all of her assets. She began to work well with therapists, and was discharged to her own home.
“How long have you lived in San Francisco?”
“Years and years”

“Where did you come from?”
“Ireland”

“When did you come?”
“1912”

“Have you ever been in the hospital before?”
“Once, for a broken arm”

“How did that happen?”
“A trunk fell on it”

“A trunk? What kind of trunk?”
“A steamer trunk”

“How did that happen?”
“The boat lurched”

“The boat? Why?”
“It hit the iceberg”

“Oh! What was the name of the boat?”
“The Titanic”

The Patient as a Teammate

“What’s a good day for you?”
New Ways to Lead and Govern

- New attention to the data
- New ways to engage staff
- Build improvement capability and innovation/harvesting process
- Community connections
- Move upstream and downstream
New Ways to Lead and Govern

The Four Leadership Questions:

• Do you know how good you are?
• Do you know where you stand relative to the best?
• Do you know where the variation exists?
• Do you know the rate of improvement over time?
The Importance of Curiosity

• IQ – Intelligence Quotient
  – processing complex data sets and having the mental capacity to problem solve at speed

• EQ – Emotional Quotient
  – the ability to perceive, control and explain emotions; risk-taking, creating resilience and empathy

• CQ – Curiosity Quotient
  – inquisitive, open to new experiences, finding novelty exciting

What Matters to Staff

• Mastery: continuous focus on the skills and expertise needed in today’s complex settings

• Community: deliberate mechanisms to build camaraderie

• Mentorship: attention to growing
Leading: Use Data to Predict and Plan for Hiring

- Pre-hiring
- Boomerangs
- Alumni networks
- “Returnships”
- COMPASS
450,953 students and residents registered on IHI.org

338,501 students and residents have completed over 2.3M courses

76,692 students and residents have earned their Basic Certificate of Completion

814 chapters in 84 countries
IHI’s MOOC with Harvard

- CME accredited for pharmacy, medicine, and nursing
- Future courses in development:
  - organizational change management/leadership
  - qualitative and quantitative improvement and research methods
  - systems engineering
  - IT-enabled improvement
Innovation: Northern Ireland Leaders in our Sandbox
# R&D 90-Day Projects (2015-2016)

<table>
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<th>WAVE 34</th>
<th>WAVE 35</th>
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<tr>
<td>Systems of Safety</td>
<td>Revisiting the Juran Trilogy</td>
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<td>Optimized Access and Flow</td>
<td>Maternal and Infant Health</td>
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<td>Maternal and Child Health</td>
<td>Access to the “Right” Care</td>
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<tr>
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<td>Primary Care Access</td>
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<td>How to Create a Joyful Workforce</td>
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<td>A Triple Aim Approach to Maternal and Infant Health – Part III</td>
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<td>Improving Front Line Management</td>
<td>The “How” of National Quality Strategies</td>
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<td>Addressing the Opioid Epidemic</td>
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<td></td>
<td>Developing the Business Case for Complex Needs Patients</td>
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Joy

She who laughs, lasts.
Thank You!

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