Contents

Contents 2
Welcome 3
The IHI Health Improvement Alliance Europe 4
Our Framework 4
Aims and Objectives 4
The Alliance Design 5
In-Person Meetings 5
All-Alliance Calls 6
Virtual Workspace 7
IHI Forum Receptions 8
Timeline 8
Participation 8
Member Benefits 9
Cost of Membership 9
How to Apply 9
Contact Information 9
Appendix A: Meet the IHI Team 10
Appendix B: Summary of Year 1 Workgroups 12
Appendix C: Year 1 HIAE Members 13
IHI Health Improvement Alliance Europe Applications 14
Welcome

On behalf of the entire Institute for Healthcare Improvement (IHI) team, we would like to extend an invitation to your organisation to join Year 2 of the Health Improvement Alliance Europe (HIAE). In partnership with IHI’s European Strategic Partners, IHI is bringing together some of the most seasoned executive leaders responsible for driving quality and improvement across the complete spectrum of health and healthcare delivery in Europe.

Across Europe, we have a pressing need to address the growing healthcare challenges that are faced every day. With the pressures of an aging population, an increase in the number of patients with chronic diseases, an escalation in healthcare costs and simultaneous government and regional spending cuts, it is time to seek a new way of providing healthcare to our citizens— one that is reliable, sustainable, and affordable for the future.

Our vision as an Alliance is to co-create systematic improvements in conjunction with the staff and users in our regions to achieve health and wellbeing better than we’ve ever seen, care better than we’ve ever known, at a cost we can all afford with every person every time.

IHI is committed to providing the necessary collaborative infrastructure for HIAE members to connect with like-minded leaders and share approaches, innovation, successes, and failures for reaching the most successful levels of improvement in health and healthcare. Together, with participating organisations as well as with your local communities and populations, we will identify and spread new effective approaches to these challenging issues.

This prospectus provides information on HIAE’s framework and design, as well as outlining our member responsibilities and Year 2 activities, in-person and virtual.

At the end of this document, you will find a proposed calendar for the entire year of membership. If you have any additional questions, please email the Alliance Director Amelia Brooks at abrooks@ihi.org.

We are excited to launch Year 2 of our Health Improvement Alliance Europe and look forward to hearing from you!

Sincerely,

Derek Feeley
CEO & President

Amelia Brooks
Director, Patient Safety & Europe Region

Pedro Delgado
Head of Europe and Latin America Regions
The IHI Health Improvement Alliance Europe

The IHI Health Improvement Alliance Europe is a coalition of progressive leaders who are united for change, driven by collaboration, and focused on achieving health and healthcare results. The group aims to improve work processes, create new delivery models relevant to European health systems, and achieve best health and best care at affordable cost in the face of changing demographics, increasing chronic illness, escalating costs, and shrinking government and regional budgets.

Our Framework

Through “an all teach, all learn” network design, the HIAE seeks innovative healthcare designs that can be adapted successfully to their systems and national contexts as well as leaders who are focused on improvement and are willing to both share and test innovations and improvements in new systems and spread successful learning at a national scale. The group’s learning opportunities are driven by and for members with a focus on innovations relevant to system challenges and improvement aims in Europe.

A true learning and innovation community, this coalition provides a wealth of opportunities to learn from others facing similar challenges across the continent and to share ideas and strategies across organisational, regional, and national boundaries. To foster collaboration among members, the HIAE operates under the following principles:

- **Accept and encourage messiness** – the pathway to healthcare improvement is challenging, and in order to progress we must accept that the road will be messy and encourage bold new ideas that add to the messiness.

- **Share assets and ideas** – everyone has something to share and when we share freely and openly we accelerate the pace of testing, change, and improvement.

- **Be energising and fun** – raise each other’s joy in work by bringing energy and enthusiasm to the Alliance.

- **Build strong relationships** – we are more generative, impactful, and bold when we work together, across silos, and between regions.

- **All teach, all learn** – we are all willing to teach and be taught, drawing upon the collective knowledge and experience we share as an Alliance.

Aims and Objectives

The HIAE engages bold and visionary healthcare leaders — leaders who believe that now, perhaps more than ever before, we must change the dialogue about healthcare. Across Europe, we have a pressing need to address the growing challenges in healthcare. How will our health and care systems cope with the demands if we do not choose to continually innovate our work processes to generate models of delivery that will improve the health and healthcare for all of our citizens?

To achieve our aim to improve work processes, create new delivery models, and achieve best health and best care at affordable cost, we must work together to:

- Surface common challenges across and within regions
• Develop innovators in many places
• Leverage each other’s ideas and share internationally
• Develop a collective voice
• Learn from past and present networks
• Address the challenges of
  - An aging population,
  - An increase in the number of service users with chronic diseases, and
  - An escalation in healthcare costs and simultaneous government and regional spending cuts.

The Alliance Design

In-Person Meetings

Four in-person meetings provide space and time for members to interact with each other, strengthen connections, and maintain the momentum of the Alliance. The agendas for in-person meetings are crafted to allow members time to learn from each other, using interactive activities and styles of presentation. Meetings that take place at member sites will include a portion of the day dedicated to viewing a piece of work that ties back to HIAE work.

Dates and Locations

Ease of transportation and member sites were considered when choosing locations for in-person meetings. Meetings are 1.5 days in length, starting at 11:00 AM on the first day and ending at 1:00
PM on the second day to allow members to minimize time away from their home organisations. The meeting dates and locations are as follows:

- **4-5 September 2017**  
  Belfast, Northern Ireland

- **29-30 November 2017**  
  Edinburgh, Scotland

- **TBD February 2018**  
  London, United Kingdom

- **TBD May 2018**  
  Copenhagen, Denmark

**All-Alliance Calls**

During the months between in-person meetings, the HIAE will convene virtually on 90-minute All-Alliance calls. Here, members will have the opportunity to share their work and learn from experts in the field. Calls will also provide an opportunity to contribute to workgroup breakout sessions. Alliance members can invite an unlimited number of staff from their organisation to these virtual calls. Calls will occur every second Tuesday of the month from 1:00-2:30 PM British Time.

**Workgroups**

As we began our journey as an Alliance in 2016, HIAE members identified which topics in the health and healthcare delivery arena were most top of mind for them as key focus areas in their organisations. The three most desired topics for HIAE members were: Population Health, Joy in
Work and Life, and QI (quality improvement) in a Resource Constrained Environment. By honing in on these topics which are described further below, HIAE members were able to:

- Identify barriers and enablers to the work within each stream
- Outline collective ideal visions
- Share approaches, prototyping initiatives, successes and failures

**Population Health**

In this work group, HIAE members share work and progress to date on initiatives relating to prevention and community health, changing behaviours and using the Triple Aim as a framework. By leveraging human resources (both healthcare staff and actively engaged citizens and service users), prototyping communities and integration trends, productivity will become realised at a faster and more effective rate.

**QI in a Resource Constrained Environment**

In this work group, HIAE members share work and progress to date on initiatives which strategically link cost & quality, demonstrate return on investments, and use quality improvement to reduce cost and variation. Key elements which will enable QI to a path of success include outlining tangible actions for individuals, breaking down assumptions, utilizing data and analytics and producing a learning systems and culture throughout all levels of an organisation.

**Joy in Work & Life**

In this work group, HIAE members outlined five focus areas of importance which are: Meaning, Trust, Development & Mastery, Teamwork, and Embracing New Work Processes. As leaders, HIAE members highlight the importance of ensuring safe and transparent environments as well as partnering with staff to identify a strong sense of purpose in their work and in the improvement culture in order to create joy in the workplace and find an optimal work-life balance. See Appendix B for a summary of year 1 workgroups.

**Virtual Workspace**

While in-person networking time is extremely valuable for the HIAE, it is also important maintain momentum during the time between four face-to-face meetings. The IHI Team is committed to supporting this group by providing an interactive virtual workspace which acts as the main hub for members to interact and share materials outside of our monthly calls. On this workspace, members are able to:

- Access and upload shared files from the IHI team and from other members in the Alliance
- Look at upcoming events for the Alliance calendar
- Interact with other members via discussion boards, chat and polling functions
IHI Forum Receptions

At the IHI National Forum in December and the IHI/BMJ International Forum in April, IHI hosts joint networking receptions for members of the HIAE and the Leadership Alliance. The Leadership Alliance is a North America based collaboration of health care executives who share a goal to work with one another as well as in partnership with our patients, workforces, and communities to deliver on the full promise of the IHI Triple Aim.

Timeline

The table below provides a high-level overview of the HIAE activities planned between August 2017 and August 2018. We encourage you to meet with your team prior to the first in-person meeting on September 4-5, 2017 in Belfast, United Kingdom, to review the activities described below and determine how your organization can best contribute to and take advantage of the Alliance.

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<thead>
<tr>
<th>HIAE Year 2</th>
<th>Location</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<th>May</th>
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<td>Launch Call</td>
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<td>In-Person Meeting 1</td>
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<td>In-Person Meeting 2</td>
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<td>In-Person Meeting 3</td>
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<td>In-Person Meeting 4</td>
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<td>All-Alliance Calls</td>
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<td>IHI Forum Receptions</td>
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<tr>
<td>Workgroups</td>
<td>Virtual/In Person</td>
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Participation

We will partner and align to address the most pressing challenges facing healthcare organisations and use our collective intellect to innovate new models to achieve the Triple Aim. Ultimately, our goal is to effect positive, enduring change — and we are committed to providing the support leaders and their organisations need to achieve demonstrable and unprecedented results.

HIAE members commit to:

- Send representatives to four in-person meetings throughout the year.
- Invite staff from their organization to contribute to All-Alliance calls.
• Be courageous and bold towards our aspirations to improve.

**Member Benefits**

The opportunity to connect with like-minded colleagues under a philosophy of “all teach, all learn” can significantly accelerate the knowledge, skills, and experience needed to strive for best health; best care; at affordable costs... for everyone. The HIAE’s learning opportunities are driven by and for members with a focus on innovations relevant to system challenges in Europe. Benefits for members include:

• Direct access to healthcare organisations leading in improvement

• Unlimited organisational participation in collaborative harvesting, designing, and testing

• Unlimited organisational participation in virtual meetings, email listserv, and virtual workspace

• Permission to use HIAE Member badge (pictured) on social media, email signatures, and other relevant resources.

• Organisational representation at four face-to-face meetings during the year

• Access to IHI experts and resources during in-person meetings, virtual all alliance calls, and at IHI Forums

• 15% discounts to IHI National Forum and IHI/BMJ International Forum

**Cost of Membership**

In conjunction with the desire to be small, agile, and collaborative, members are asked to contribute a program fee to cover the annual membership dues. The enrolment fee is $12,000 per organisation.

Due to capacity restrictions, each member organisation is asked to bring no more than two attendees to each in-person meeting. If an organisation wishes to send more than two individuals, IHI will keep a wait list and determine availability on a first come, first served basis after registration has closed. Members are responsible for covering their own travel and accommodations for in-person meetings. Meals will be provided at in-person events.

**How to Apply**

To apply for enrollment in the IHI Health Improvement Alliance Europe, emailed a completed application form (Appendix D) to IHI Project Coordinator Amber Watson at awatson@ihi.org.

**Contact Information**

For more information, or to join the Alliance, please visit IHI.org/HIAE or email IHI Project Coordinator Amber Watson at awatson@ihi.org.
Appendix A: Meet the IHI Team

**Derek Feeley, DBA**, President and CEO, Institute for Healthcare Improvement (IHI), previously served as IHI’s Executive Vice President from 2013 to 2015, during which time he had executive-level responsibility for driving IHI’s strategy in five focus areas: Improvement Capability; Person- and Family-Centered Care; Patient Safety; Quality, Cost, and Value; and the Triple Aim. Prior to joining IHI in 2013, Mr. Feeley served as Director General for Health and Social Care in the Scottish Government and Chief Executive of the National Health Service (NHS) in Scotland. In that role he was the principal advisor to the Scottish Government on health and health care policy and on public service improvement. He also provided leadership to NHS Scotland’s 140,000 staff in their delivery of high-quality health and health care. In 2013, Mr. Feeley was made a Companion of the Order of the Bath by Her Majesty, Queen Elizabeth II, in recognition of his services to health and health care.

**Maureen Bisognano**, President Emerita and Senior Fellow, Institute for Healthcare Improvement (IHI), previously served as IHI’s President and Chief Executive Officer for five years, after serving as Executive Vice President and Chief Operating Officer for 15 years. She is a prominent authority on improving health care systems whose expertise has been recognized by her election to membership in the National Academy of Medicine, among other distinctions. Ms. Bisognano advises health care leaders around the world, is a frequent speaker at major health care conferences on quality improvement, and is a tireless advocate for change. She is also an instructor of medicine at the Harvard Medical School and a research associate in the Brigham and Women’s Hospital Division of Social Medicine and Health Inequalities. She serves on the boards of the Commonwealth Fund, Cincinnati Children’s Hospital Medical Center, and ThedaCare Center for Healthcare Value. Prior to joining IHI, Ms. Bisognano served as CEO of the Massachusetts Respiratory Hospital and Senior Vice President of the Juran Institute.

**Pedro Delgado, MSc**, Head of Europe and Latin America Regions, Institute for Healthcare Improvement (IHI), has a unique ability to work across cultures, languages, and systems. Based in the United Kingdom, he has been a driving force in IHI’s global strategy. From work on reducing C-sections in Brazil, to improving early years education in Chile, to improving patient safety in Portugal and mental health in London, Mr. Delgado has led the key senior relationships and design and implementation of large-scale health system improvement efforts and networks globally. He coaches senior leaders and teams, and lectures extensively worldwide on large-scale change, patient safety, and quality improvement. During his time at IHI, he also facilitated the Quality and Innovation Centers network, which included Kaiser Permanente’s Performance Improvement Institute, Qulturum in Jönköping County (Sweden), and the James Anderson Center for Clinical Excellence at Cincinnati Children’s Hospital. His background is rich in diversity, including a brief period as a professional football (soccer) player, roles in hospital management and large-scale improvement leadership in the UK, and experience working in mental health in Venezuela and the UK. He holds summa cum laude degrees in Psychology and in Global Business, and an MSc in Healthcare Management and Leadership.
Amelia Brooks, Director, Patient Safety and Europe Region, Institute for Healthcare Improvement (IHI), has expertise in quality improvement, patient safety, human factors, analytics for improvement, and safety culture. Amelia joined IHI in January 2016 as a Director in the Patient Safety Team, where her role includes teaching, diagnostics, and onsite coaching for organisations. She is also now IHI’s Regional Director for the Europe Region and lives in the UK. Amelia leads a number of IHI’s European programs and oversees all regional activity. Prior to joining IHI, Amelia worked in strategic and operational roles in the patient safety and improvement fields, including frontline roles as a quality improvement specialist. Prior to joining IHI, she led the design, development, and implementation of a regional Patient Safety Collaborative in England and also led the design and development of the Life Improvement Software System.

Kayla DeVincentis, CHES, Senior Project and Regional Operations Manager, Institute for Healthcare Improvement, managed operations for IHI’s portfolio of work in Europe. During her tenure at IHI, Kayla has managed and contributed to programs focused on increasing value in joint replacement care, reducing avoidable readmissions, building improvement capability in hospitals, optimizing hospital-wide patient flow, and advancing patient safety. Currently, Kayla manages IHI’s strategic partnership with the Military Health System, facilitating a multi-faceted strategic relationship to improve access, quality, safety, and reliability. In addition, Kayla oversees Passport to IHI Training, IHI’s membership program to help organizations build improvement capability across their staff. Using her background in health education and program planning, Kayla also leads IHI’s employee wellness initiative, and designs activities and educational opportunities to improve the health of her fellow staff members. Kayla is a graduate of Northeastern University in Boston, MA, where she obtained her Bachelor of Science degree in health science with a concentration in business administration. She is currently pursuing her Master in Business Administration with a concentration in marketing at the Boston University Questrom School of Business.

Amber Watson, Project Coordinator, Institute for Healthcare Improvement (IHI), supports a range of content areas including the Triple Aim, health equity, health systems redesign, and health care leadership in North America and Europe. In addition, Ms. Watson has supported virtual programming, strategic partnerships, and patient safety. Her professional interests include health disparities and global health with a focus on program implementation and design. Before joining IHI in January 2016, Ms. Watson worked in international development business strategy and community support services. She holds a Bachelor’s degree in International Comparative Studies and Arabic, and a minor in French language.
## Appendix B: Summary of Year 1 Workgroups

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<tr>
<th>Workgroup</th>
<th>Ideal Vision</th>
<th>Themes Covered</th>
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<tbody>
<tr>
<td><strong>Population Health</strong></td>
<td>A meaningful and flourishing life for all in a safe and sustainable place</td>
<td>• Stakeholder engagement with service users</td>
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<td>• Wellbeing initiatives</td>
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<td>• Aging population work</td>
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<td>• Improving quality of care for high-risk high-cost service users</td>
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<td>• Community partnerships</td>
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<td></td>
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<td>• Addressing needs of patients with chronic diseases</td>
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<tr>
<td><strong>Joy in Work</strong></td>
<td>To nurture joy in work and life in 5 major drivers: Trust, Meaning, Development &amp; Mastery, Teamwork, and New Ways of Working</td>
<td>• Measuring and improving staff experience</td>
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<td>• Leadership behaviours that promote staff wellbeing and development</td>
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<tr>
<td><strong>QI in a Resource Constrained Environment</strong></td>
<td>To build ambition for excellent healthcare in a culture that enables QI continuously with great data and analysis, breakdown assumptions, and tangible actions for individuals</td>
<td>• Managing a system that enhances value and reduces cost simultaneously with real-time data results</td>
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<td>• Framework for clinical excellence outlining responsibilities to address a set of culture needs as well as an effective learning system</td>
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<td>• Empowering frontline staff to lead QI work and track measurements while increasing staff experience</td>
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</table>
Appendix C: Year 1 HIAE Members

Akershus University Hospital Trust, Norway
Belfast Health and Social Care Trust, Northern Ireland, UK
Cardiff and Vale NHS Trust, Wales, UK
Council of Region Syddanmark, Denmark
Danish Society for Patient Safety, Denmark
East London NHS Foundation Trust (ELFT), England, UK
Healthcare Improvement Scotland, Scotland, UK
Horsens Regional Hospital, Denmark
Imperial College Healthcare NHS Trust, England, UK
Landspitali University Hospital, Iceland
NHS Improvement, England, UK
NHS Ayrshire and Arran, Scotland, UK
NHS Highland, Scotland, UK
NHS Lothian, Scotland, UK
Northern Health and Social Care Trust, Northern Ireland, UK
Norwegian Directorate of Health, Norway
PAQS (Plateforme pour l’Amélioration continue de la Qualité des soins et de la Sécurité des patients), Belgium
Public Health Wales, Wales, UK
Region Sjælland, Denmark
Region Sjælland South Naestved Hospital, Denmark
Region Sjælland University Hospital, Denmark
Royal Free London NHS Foundation Trust, England, UK
Scottish Ambulance Service, Scotland, UK
Scottish Government, Scotland, UK
South Eastern Heath and Social Care Trust, Northern Ireland, UK
St. Olavs Hospital, Norway
Stavanger University Hospital Trust, Norway
STZ Hospitals, Netherlands
The County Council of Region Jönköping, Sweden
The County Council of Region Kalmar, Sweden
The County Council of Region Östergötland, Sweden
University Hospital North Norway, Norway
West London Mental Health NHS Trust, England, UK
Appendix D: Application Form

IHI Health Improvement Alliance Europe Applications

The Institute for Healthcare Improvement (IHI) is pleased to organise the Health Improvement Alliance Europe (HIAE), a coalition of progressive leaders who are united for change, driven by collaboration, and focused on achieving health and healthcare results.

The deadline to submit an application is June 15, 2017. In order to stay small, agile, and collaborative, enrollment in the Alliance is capped. Submissions will be accepted on a rolling basis and applicants will receive a response within two weeks. Please email your completed application to IHI Project Coordinator Amber Watson at awatson@ihi.org.

### Applicant Information

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<thead>
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<th>Participant 1</th>
<th>Participant 2</th>
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<td>First name:</td>
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<td>Email address:</td>
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<td>Phone number:</td>
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<tr>
<td>Brief description of why you are interested in participating:</td>
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### Organisation Information

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<th>Organisation name:</th>
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### Membership Fee

☑️ I agree to the membership fee of $12,000

### Additional Comments (Optional):

Please email your completed application to IHI Project Coordinator Amber Watson at awatson@ihi.org.