Welcome & Introductions

Derek Feeley, Göran Henriks, Pedro Delgado & Maureen Bisognano
Why We’re Here

• To bring together innovating leaders
• To surface common challenges
• To leverage shared ideas and spread internationally
• To learn from past & present
• To shape the future
Where We Hope to Go

- Establishing a powerful collective voice to spread throughout Europe and globally
- Developing a strong framework that allows capability and innovation to thrive
- Fostering collaboration on areas of common interest – Alliance wide priorities
Some Proposed Principles for the Next 48 Hours…

• Accept and encourage messiness
• Share assets and ideas – be solution focused
• Be energising and fun
• Leave with stronger relationships
• All teach, all learn – wealth of perspectives

Design Sessions PM

• Joy in Work
• QI in Resource Limited Environment
• Population Health
  – Split if you are from same organisation
  – 2 out of 3 sessions for all
  – Feedback will be for everyone
Fun Facts
The New Health Care Environment?

- Ageing of the population
- Growth in chronic disease and multi-morbidity
- Economics
- Workforce challenges
- Globalization, Consumerism and Personalization
- Health care and social care everywhere
- Wellness

And in Europe?

Chart 7. Effective economic old-age dependency ratio (inactive population aged 65 and above as a percentage of the employed population aged 15 to 64)

Obesity

How Do We Address These Challenges?

"I think you should be more explicit here in step two."
More of the Same?

Learning and innovation go hand in hand. The arrogance of success is to think that what you did yesterday will be sufficient for tomorrow.

― William Pollard

WE CANNOT SOLVE OUR PROBLEMS WITH THE SAME THINKING WE USED WHEN WE CREATED THEM

― Albert Einstein
Leadership Alliance - Radical Redesign (from the inside out)

Radical Redesign Principles

- **Change the Balance of Power**
  - Co-produce health and wellbeing in partnership with patients, families, and communities.

- **Standardize What Makes Sense**
  - Standardize what is possible to reduce unnecessary variation and increase the time available for individualized care.

- **Customize to the Individual**
  - Contextualize care to an individual’s needs, values, and preferences, guided by an understanding of “what matters” to the person in addition to “what’s the matter.”
### Radical Redesign Principles

- **Promote Wellbeing**
  - Focus on outcomes that matter the most to people, appreciating that their health and happiness may not require health care.

- **Create Joy in Work**
  - Cultivate and mobilize the pride and joy of the health care workforce.

- **Make it Easy**
  - Continually reduce waste and all non-value-added requirements and activities for patients, families, and clinicians.

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### Radical Redesign Principles

- **Move Knowledge, Not People**
  - Exploit all helpful capacities of modern digital care and continually substitute better alternatives for visits and institutional stays. Meet people where they are, literally.

- **Collaborate/Cooperate**
  - Recognize that the health care system is embedded in a network that extends beyond traditional walls. Eliminate siloes and tear down self-protective institutional or professional boundaries that impede flow and responsiveness.

- **Assume Abundance**
  - Use all the assets that can help to optimize the social, economic, and physical environment, especially those brought by patients, families, and communities.

- **Return the Money**
  - Return the money from health care savings to other public and private purposes.
1. Change the Balance of Power

*Introducing Christian*

**The Old Way**

- Ryhov Hospital, Jönköping, Sweden had traditional hemodialysis and peritoneal dialysis center.
- In 2005, a patient, Christian, asked about doing it himself.

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Co-Design of Dialysis Care
From patient to employed
From patient to patient support

<table>
<thead>
<tr>
<th>2009</th>
<th>2010</th>
<th>2012</th>
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Self-Dialysis

- Now 60% of Ryhov Hospital dialysis patients are on self-dialysis
- Their aim: 75% of patients
Self-Dialysis Results

- Costs reduced 50%
- Complications dramatically reduced
- Measuring success by “number of patients working”

2. Standardize What Makes Sense
2. Standardize What Makes Sense

3. Customize to the Individual

What Matters.....

400 Teams in 10 Countries
3. Customize to the Individual

- Associação Congregação de Santa Catarina- São Paulo, Brazil

Reablement - Oslo Kommune

- Inter-professional 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
Reablement - Oslo Kommune

• Assess the needs of the patient:
  – Interests
  – Resources
  – Limitations
  – Current function
  – Goal
  – Plan

• Assessment of the care and adaptation of the plan is ongoing

• Goal: transfer or discharge the patient when we have achieved best possible function and a stable need for healthcare

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
Breathe Magic

The Breathe Magic Foundation uses intensive occupational therapy to help children with hemiplegia
- Teach magic tricks, juggling, origami, and other creative arts to develop coordination and self-esteem

Video link: http://breatheahr.org/breathe-magic/

Humanizing Healthcare

<table>
<thead>
<tr>
<th>BOX 1. THE DIMENSIONS OF HUMANISATION</th>
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<tbody>
<tr>
<td><strong>Forms of humanisation</strong></td>
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<tr>
<td>Insideness</td>
</tr>
<tr>
<td>Agency</td>
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<tr>
<td>Uniqueness</td>
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<tr>
<td>Togtherness</td>
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<tr>
<td>Sense making</td>
</tr>
<tr>
<td>Personal journey</td>
</tr>
<tr>
<td>Sense of place</td>
</tr>
<tr>
<td>Embodiment</td>
</tr>
</tbody>
</table>

Source: Todres et al (2009)
4. Promote Wellbeing

St Ninian's Primary School
Stirling, Scotland

- 420 Students:
  - 20% of pupils in deciles 1-3
  - 35% of pupils in deciles 4-7
  - 45% of pupils in deciles 8 and 10

At the Start: 45% of Pupils Were Overweight
“The Daily Mile”

“Fit to play, fit to learn”

Three years later, and, of 57 Primary One children, not one is overweight

St Ninians Primary School
Stirling
Scotland
Ms Elaine Wyllie
wylliee48s@stirling.gov.uk

5. Create Joy in Work

Joy is more than the absence of burnout

We are coming to understand health not as the absence of disease, but rather as the process by which individuals maintain their sense of coherence (i.e., sense that life is comprehensible, manageable, and meaningful) and ability to function in the face of changes in themselves and their relationships with their environment.

— Aaron Antonovsky —
Burnout Also Affects Patients

A variety of studies have shown association of provider burnout with:

- Lower levels of empathy
- More mistakes
- Less patient satisfaction
- Reduced adherence to treatment plans
- Overuse of resources

“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.”

L. Leape

How to Create a Joyful, Engaged Workforce

1. Ask staff “what matters to you?”
2. Identify unique impediments to Joy in Work in the local context
3. Commit to making Joy in Work a shared responsibility at all levels
4. Use improvement science to test approaches to improving joy in your organization

Outcome:
- ↑ Patient experience
- ↑ Organizational performance
- ↓ Staff burnout
Critical Components for Ensuring a Joyful, Engaged Workforce

Interlocking responsibilities at all levels

- Physical & Psychological Safety:
  - Equitable environment, free from harm, Just Culture that is safe and respectful for all, 2nd Victim

- Meaning & Purpose:
  - Daily work is connected to what called individuals to practice, line of sight to mission/goals of the organization, constancy of purpose

- Autonomy & Control:
  - Environment supports choice and flexibility in daily lives and work, thoughtful EHR implementation

- Recognition & Rewards:
  - Leaders understand daily work, recognizing what team members are doing, and celebrating outcomes

- Participative Management:
  - Co-production of Joy, leaders create space to hear, listen, and involve before acting. Clear communication and consensus building as a part of decision making

- Real Time Measurement:
  - Contributing to regular feedback systems, radical candor in assessments

- Wellness & Resilience:
  - Health and wellness self-care, cultivating resilience and adaptability, role modeling, team, action appreciation for whole person and family, engagement and support for balance, mental health (depression and anxiety) support

- Daily Improvement:
  - Employing knowledge of improvement science and critical eye to recognize opportunities to improve, regular, proactive learning from defects and successes

- Camaraderie & Teamwork:
  - Commensality, social cohesion, productive teams, shared understanding, trusting relationships

6. Make It Easy

- Want to break the rules for better care?

- 24 participating organizations

- 375 rules submitted (and counting!)
Rules Surfaced

1. Rules related to policies and regulation
2. Rules related to patient and family experience
3. Rules related to workflow and processes
4. Rules related to staff experience
5. Rules related to culture and mindset

Khoo Teck Puat Hospital, Singapore
“The sicker the patient, the fewer professionals they’ll need to interact with. We’ll take on the burden of coordination”
- Lee Chien Earn, CEO, Changi General Hospital, Singapore

“We’ll take on the complexity of care”
- Amir Dan Rubin, Stanford

7. Move Knowledge Not People
8. Collaborate and Co-operate
### ECHO Treatment Outcomes: Equal to University Medical Center

<table>
<thead>
<tr>
<th>Hepatitis C Outcome</th>
<th>ECHO</th>
<th>UNMH</th>
<th>P-value</th>
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<tbody>
<tr>
<td>Minority</td>
<td>68%</td>
<td>49%</td>
<td>P&lt;0.01</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 1</td>
<td>50%</td>
<td>46%</td>
<td>NS</td>
</tr>
<tr>
<td>SVR (Cure) Genotype 2/3</td>
<td>70%</td>
<td>71%</td>
<td>NS</td>
</tr>
</tbody>
</table>

*SVR=sustained viral response*

Arora S, Thornton K, Murata G. NEJM 2011; 364:23

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### 9. Assume Abundance

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Promoting Independence

Customer feedback

“It makes me feel so much better knowing that I get my Postie’s friendly call to check on me three times a week.”
Amy (62 years - living alone)

“I am an independent person but I love forward to my Call & Check.”
Derek (90 years - living alone)

“Knowing mum gets checked on every day during the week takes some of the pressure off my wife and I, and gives us additional piece of mind.”
Mike (son whose mother lives alone)

“The Call & Check service gives my mother and I a real feeling of reassurance knowing a regular check is being made.”
Danielle (daughter whose mother lives alone)

“Thank you for Call & Check and sorting out for my shopping to be delivered to my home, it makes life a lot easier.”
Alice (lives alone)

10. Return the Money
Radical Redesign Principles

1. Change the Balance of Power
2. Standardize What Makes Sense
3. Customize to the Individual
4. Promote Wellbeing
5. Create Joy in Work
6. Make It Easy
7. Move Knowledge, Not People
8. Collaborate/Cooperate
9. Assume Abundance
10. Return the Money

And Now For the Hard Part
Every Paradigm Needs a Vanguard

\textit{vanguard}  
\textit{van·gard/}
\textit{noun}
noun: vanguard, plural noun: vanguards
- a group of people leading the way in new developments or ideas.
- the experimental spirit of the modernist movement.
- a position at the forefront of new developments or ideas.
- the prototype was in the vanguard of technical development.
- synonyms: forefront, advance guard, spearhead, front line, fore, van, lead.
- cutting edge, More.
- leaders, founders, pioneers, trailblazers, trendsetters, innovators, groundbreakers.
- she was in the vanguard of the labor movement.
- antonyms: rear, followers.
- the foremost part of an advancing army or naval force.

Let’s Just Start Together on Radical Redesign

\begin{quote}
Start now. Start where you are.
Start with fear. Start with pain.
Start with doubt. Start with hands shaking.
Start with voice trembling but start. Start and don’t stop.
Start where you are, with what you have. Just start.
– Iyanla Vanzant
\end{quote}
Discussion

• Are these right for Europe?
• What really resonated for you?
• What would you change?
• What's missing?

Break & Reflection
Patient Partnerships: Stories from HIAE Members

Göran Henriks

Patient Supporters, Region Jönköping County

Co-Production With Patients And Families: Moving From "Caring For" To "Caring With"

https://youtu.be/DVjIRIKmE8o
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Patient Partnership

Partnership means seeing and meeting the whole person.
The person’s story is the starting point for building a relationship, common planning and mutual respect for each other’s knowledge.
Experience day 160412 Marie Steen, Annmargreth Kvarnefors
Our Journey from Patient Centred to Person Centred Care

1997

- The Esther Network
- Advance Access
- Swedish Association of Local Authorities and Regions
- National Program for the Elderly
- The National Patient Power Investigation

1997

- The Child Dialogue
- Rehabilitation Medicine
- Clinical Microsystems
- “Passion for life”
- “Together”
- Patient Advisory Group
- Mobile Geriatric Team
- ERAS
- Recovery

- The Patient Law Jan 1st 2015
- Person Centred Care
- Living Library
- Health café – meeting place for patients, relatives and professionals. Ex. House of the heart
- Person Centred Process Mapping
- Patient supporters
- “A Taste of Water”
- Self Dialysis process
- “Passion for life”

- Decision from the Strategic Board in Region Jönköping County

Converse with me, don’t talk to me
Meet me with respect
Give me knowledge
Treat me like a fellow human being
Don’t diminish me
Let me be a part of my own care
Listen to me
Look into my eyes and imagine you are me
Let my family be part of my health care
Changing Perspective

Patient in the center

Patient in the team

Reference: Ann-Margreth Kvarnefors

Mobile Geriatric Team

Department of Oncology

Kitchen table......

https://www.youtube.com/watch?v=KhojvoZJ4Eg&feature=youtu.be
Person centred process mapping – always the whole journey

Förebyggande Behov uppstår Kontakt Utredning Beslut om åtgärd/behandling Genomför Åtgärd/behandling Uppföljning

Personcentred vård 161027 Mari Bergeling

Care Planning Diary
Dep. of Urology

They do not write anything in the book
They got irritated when I handed over the diary -employee
Do we need to do this -employee
I am not sure if it adds any value -employee
Helps the patient to memorize important information and make sure that information is correctly understood -patient
Helps to remember what the doctor said if you write it down -employee
Good initiative -patient
How good anywhere -patient
Difficult to interpret -patient

Of the 36 patients in rows 42-43 left 31 diaries and questionnaires out. 21 responded. 16 very positive and 4 negative 1 partly

2016-11-05 Reference: Marie Steen
Live to Live, Community for Heart and Lung diseases

VÄLKOMMEN TILL LEV FÖR ATT LEVA!

http://levforattleva.ringla.nu

Reference: Dag Ström, Ann-Margreth Kvarnefors

SENASTE WORKSHOP

Together for best possible health and equal care

Primary care is the entrance – specialty care on demand

Reference: Mats Bojestig
Time to Improve Our Learning Platforms

Learning on the away court (within the platform)

Tests (results)

Support knowledge development (for examples concept renewal)

Learning at home and away

Testing (acting)

Reflections (dialogues)

Results from a patient perspective

Learning at home

Tests (results)

Reference: Per-Erik Ellström

How Are We Doing/Working…..
References and Designers

anna.kvarnefors@rjl.se
patrik.blomqvist@rjl.se

Experience day 160412 Marie Steen, Annmargreth Kvarnefors

Breaking the Rules

Derek Feeley
It started here

“Breaking the Rules for Better Care” Week 2016

January 11 – 15 was our inaugural “Breaking the Rules for Better Care” Week

24 participating organizations

375 rules submitted
Organizations Leveraged Breaking the Rules Week to Make Change

Northern Physicians Organization
Palmetto Health
Parkview Health
Providence Health and Services
Roanoke Chowan Community Health Center
Sanford Health
South Carolina Hospital Association
St. Joseph Health
Texas Children's Hospital
University of Arkansas for Medical Sciences
UPMC
Women's College Hospital
Summary of Progress

- Strong participation from leaders, staff, patients and family members
- Organizations prioritized rules using PFACs, staff, and leadership retreats
- Organizations used Breaking the Rules week to make meaningful change in their organizations
- Leadership Alliance members worked together to make local and national change
- IHI shared the Breaking the Rules concept to begin changing health care more broadly

Discussion

- If you could surface one (or more) rule (or rules) that get in the way of optimal patient care, what would it be?
### From Collection to Action

<table>
<thead>
<tr>
<th>Rule Type</th>
<th>Rule Category</th>
<th>Response</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rules that need clarity</td>
<td>Regulation myths or an opportunity to tie the rationale back to the rule</td>
<td>Debunk organizational myths or hear directly from entities to clarify</td>
<td>HIPAA call</td>
</tr>
<tr>
<td>Rules that need redesign</td>
<td>Administrative prerogative or habits</td>
<td>User-centered design</td>
<td>HealthPartners and visiting hours</td>
</tr>
<tr>
<td>Rules that need advocacy</td>
<td>Real regulation or policies</td>
<td>Collective voice</td>
<td>Requests to CMS</td>
</tr>
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### WIHI: Thursday, April 7

**Breaking the Rules:**
**Lessons from IHI’s Leadership Alliance**
**Thursday, April 7 at 2:00 PM ET**
Presenting to CMS at the Spring Meeting

Alliance members requested specific actions for improvement in the areas of measurement, EHRs and the SNF 3 day rule:
- Helen Macfie, MemorialCare Health System
- Tami Minnier, UPMC
- Angela Shippy, Memorial Hermann

IHI's Simple Rules for Eliminating Measures:
A Prototyping Workgroup
Simple Rules for Eliminating Measures

1. Eliminate measures that have not been collected in over 2 years
2. Eliminate measures of practice which have achieved near perfect performance
3. Eliminate redundant measures
4. Eliminate measures inconsistent with the evidence (or lacking in validity for quality)

Discussion: Measures

• Do you have measures in your system that meet these criteria? Could you eliminate them?
What’s next for HIAE

- Break some rules?
- Burn some measures?
- Check out for checklists?
Lunch

Breakout Design Sessions: Priority 1

Rooms:
Originalet - QI in a financially limited environment
Visionen - Joy in Work
Balansen – Population Health
Break & Energizer

Patient Partnerships: Stories from HIAE Members

Jason Leitch
Scores

Support

Six Week Nursery Project with 28 April
The score out of 28 (16 min)
Amount of support given
Support (5 = max. 1 = no support)

Week 1 2 3 4 5 6
Score 20 16 14 12 10 8 6
Breakout Design Sessions: Priority 2

Rooms:
- Oeginalet - QI in a financially limited environment
- Visionen - Joy in Work
- Balansen – Population Health
Wrapping Up Day 1

- A little surprise from Qulturum in just a few..
- Optional Networking Dinner at Spira at 7 PM!
- Bus Pick-up Tomorrow:
  - 7:50 AM at the Grand Hotel
  - 8:00 AM at the Vox Hotel

Welcome to Day Two!
Day 1

- Brilliant hospitality
- Radical redesign principles Europe
- Breaking the rules
- Patients in the room
- Work stream design sessions
- A bit of singing and dancing
- Nice dinner
Day 2

- Site visit
- Patients in the room
- Action planning
- Short break
- Collective voice
- Next steps

Day 2 – Framing

- Yourself
- Your Organisation
- Our HIAE Network

- Tools
- Concepts
- Stories – building will for change
Double vaginal deliveries over 18 months (26 hospitals)

- Mortimorbilidad
- Costos
- Salud poblacional
Lower is better

% of C-section performed without medical justification

Tests performed with unequal sample sizes

Laney $P'$ Chart of N_Episio(PV) by fase
Sigma $Z = 1.44003; 1.32332$

Tests performed with unequal sample sizes
## Five Core Design Components

1) **Goals**  
   *Aim Statement*

2) **Content Theory**  
   *Driver Diagram or Change Package*

3) **Execution Theory**  
   *Logic Model*

4) **Data Measurement & Learning**  
   *Measurement Plan*

5) **Dissemination**  
   *Dissemination & Spread Plan*

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### Scale up Framework

- **Set Up**  
  - Build Scalable Unit  
  - Test Scale Up  
  - Go to Full Scale

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National and Regional infrastructure
Test of scale up: 26 to 150

Scale up Framework

"By looking at a problem from a different perspective, sometimes the solution becomes clear."
QI in a Resource Constrained Environment

- Move from ‘financially constrained’ to ‘resource constrained’
- QI is central to operating in a resource constrained environment
- Being able to articulate ‘why’ QI adds value at all times, especially during resource constraint
- Need for strategic, operational and individual vision and actions
- Balance system and process with people and culture
- The importance of building on the evidence base for QI
- Positive culture and environment for staff

Joy in Work
To nurture joy in work and joy in life

Embrace new ways of working
- Flexible opportunities to keep older workers engaged and vital in the workforce
- New roles
- Wellness of the workforce
- Predictive and proactive workforce planning
- Listening to everyone’s voice
- Psychological safety
- Humility
- Leadership visibility
- Give permission
- Celebrate
- Keep the messages simple
- Take time to explain the need for change
- Line of sight
- Regular constructive feedback
- Ongoing personal development
- Ongoing role development for individuals
- Knowing each other as humans
- Multidisciplinary microsystem improvement
- Provide support when in difficulty or trauma
- Sprinkling calm
- Freedom to focus on what matters to them

Trust
- Pre-hiring
- Admit fallibility
- Grrrr board
- Series of open conversations to identify pebbles
- Exec Walk ROUNDS & clinical shifts
- Leadership at staff orientation/induction
- ‘Wandering books’ for new joiners
- Share stories regularly
- Give compliments
- Regular fun (Ministry of Fun)
- Stop issuing memos & policies & strategies
- Stop issuing memos & policies & strategies
- Improvement priorities that all can align to

Meaning
- Eating & socialising together
- QI as whole teams only
- Facilitated debriefs
- Local setting of priorities

Development & mastery
- Eating & socialising together
- QI as whole teams only
- Facilitated debriefs
- Local setting of priorities

Teamwork
- Population Health

“...A meaningful and flourishing life for all in a safe and sustainable place”

- Sense that there is a burning platform and systemic enablers
- Strong desire to land principles into action
- Work on the ‘pre’s’ to control intensity of water tap (proactive approach to…)
- Start with self and own organization?
- QI perceived as value add of Alliance members – a method to bring will and ideas to implementation
What Next for Work Streams?

- Synthesise the discussions, post-its, thoughts (1 week)
- Draft connection of vision with drivers (driver diagram?) for each work stream (2 weeks)
- Share the draft – HIAE members choose which aspects of which work stream they want to work on (4 weeks)
- Virtual meetings/actions planned for next 6 months (5 weeks)
- HIAE members identify operational teams to join virtual work streams (6 weeks)
- Report back to HIAE meeting in April 2017

See One, Do One, Teach One…

… Learn Something, Do Something, Share Something…
“All Teach… All Learn”

- We’re here to join together to find new ways and best practices
- Curiosity and generosity as assets
- Shared commitment - best health for our populations, best care for our patients…at sustainable costs

Just Start…
Embrace “the Genius of the And”

“A truly visionary company embraces both ends of a continuum: continuity and change, conservatism and progressiveness, stability and revolution, predictability and chaos, heritage and renewal, fundamentals and craziness. And, and, and.”

− Jim Collins

Avoid “The Tyranny of the Or”

Polarized decision making; painful and false choices between:

- Short-term OR long-term
- Cost OR quality
- Clinical care OR administration
- Win OR lose
- Me OR you
IHI High-Impact Leadership Framework

1. Person-centeredness
   Be consistently person-centered in word and deed

2. Front Line Engagement
   Be a regular authentic presence at the front line and a visible champion of improvement

3. Relentless Focus
   Remain focused on the vision and strategy

4. Transparency
   Require transparency about results, progress, aims, and defects

5. Boundarilessness
   Encourage and practice systems thinking and collaboration across boundaries

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?
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<tr>
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<th>Create Vision &amp; Build Will</th>
<th>Engage Front Line</th>
<th>Person Centered</th>
<th>Relentless Focus</th>
<th>Transparency</th>
<th>Engage Across Boundaries</th>
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<td>Me</td>
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<td>Me and my senior team or peers</td>
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<td>Health Improvement Alliance Europe</td>
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Creating a Collective Voice for HIAE

Pedro Delgado
Collective Voice

1. Audience
2. Media
   - Many assets
3. Content prioritisation for year 1
   - Radical redesign principles Europe
   - Workstream connections
   - Storytelling

• HIAE is about...
Closing Reflections

Next Steps

• Schedule work stream calls and work towards implementing action plans
• Launching of HIAE Usergroup – keep the energy up
• *IHI Leadership Alliance & Health Improvement Alliance Europe Welcome Reception* will take place at the National Forum in Orlando, FL on Monday, December 5th from 5:30 – 7:00 PM
• Next virtual meeting: February 22, 2017 at 13.00 GMT
• Next face-to-face: during IHI’s International Forum in London from April 26-28, 2017 – exact date coming soon
Thank You!!!

Please fill out an evaluation form and return name badges at the registration desk. Thank you!