

COVID-19 in Europe: Free IHI Call Series

29 April 2020: Rapid Learning from COVID: towards the new normal

Caitriona Stapleton: Having dashboard envy right now!

Susan Hannah: love this dashboard to present a variety of data

Mary salama: This is really golden Amar.. thank you

Jo Farn: what a fantastic approach to learning from East London!!!

James mountford: thanks Amar. I don't know who first said "never waste a crisis"...but its apt now. and we must do more than get back to "normal" (as before) but as you suggest rather capture what is important for a better future for populations, pts, staff

Amar Shah: Thanks Cat, Mary, Jo - it's an attempt to apply improvement and the triple aim to our current situation, and to leverage the opportunity we have now to redesign for the future

Mathieu @ PAQS: Love your comment James!

Marjorie McGinty: thank you Amar, I am using a very basic form to capture "QI During COVID-19" to capture the aim/prediction, change being tested, tools used, measures and then outcomes. Trying to capture the real time rapid changes frontline staff are doing to meet challenges

Caitriona Stapleton: So much to take away from your presentation Amar, thanks so much for sharing

Erica Gadsby: This is fantastic Amar, thank you. In the North of Scotland we're currently planning some research to capture changes in children's health services during/as a result of the pandemic response (as part of a children's health service transformation programme). Your work will be really useful to draw on.

Maureen Bisognano: Amar, thanks for this. Such a helpful way to think about the lessons we are learning every day and which of these innovations we need to keep in the future health care system we are building

Pedro: Love this Dom (and James) - 'learn as fast as possible, act as fast as we can'. This makes the pre-covid pace of improvement feel perhaps 'mundane', and invites a different rhythm and pace into the future

Caitriona Stapleton: This demonstrates how practical QI can really be...

Hazel Devlin: Dom these are great and I see lots of use for such an approach in future working too. i like the PDSA correlation as it's easy to explain in diagram to people new to quality improvement such as myself. Thank you

Maureen Bisognano: Dom and Amar, was it a challenge to change the bedside thinking from the usual thinking of "we need to be cautious and deliberate" to moving and learning every day and fast?

Mary salama: @erica doing the same in Birmingham with complex patient pathways and also our outpatient offer. Would be great to hear what you are doing..

Erica Gadsby: Great Mary! Can you get in touch? Erica.Gadsby@nhs.net

Mary salama: @erica will email now!

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Heather Shearer: This is fabulous learning; thank you for sharing. Do the BLCs have other roles alongside this role? Are they full time on this or doing it alongside other roles? and are they 24/7?

Kate pryde: erica/mary - love to collaborate with you for childrens services changes in Wessex & Thames valley - kate.pryde@nhs.net

Mary salama: @Dom this is great- interested in how you developed this model? Were ergonomists involved?

Kate pryde: Love the BLC [Beside Learning Coordinator] - do you give them training - do they have set questions/focus for the shift?

Mary salama: Copy that @Kate

Erica Gadsby: Thanks @kate I'll be in touch

Amar Shah: Feel free to follow up with me directly at amarshah@nhs.net. Would love for people to try out the QIA and triple aim framework we've developed for redesign, adapt and share learning

Erica Gadsby: Thanks @Amar

Mary salama: @amar I am interested in how you maintain longer term team cohesiveness without the communal spaces and coffee breaks? Do you create this virtually?

Heather Shearer: Thanks - that is so interesting. My hunch is a mixed model will always be great to maximise alternative perspectives and keep close and relevant too. Resourcing will be key ongoing though. Love it!

Caitriona Stapleton: Thanks Dom. That was fantastic. Love the concept of developing a learning system. How do you manage to get data and turn that rich learning into data? Is it incident data that you use?

Olivia Butkowski: Materials from all calls, including last week's call, will be found here <http://www.ihl.org/regions/Europe/Pages/Resources.aspx>

Hazel Devlin: Guys this would be a useful job role with the Value management coach work

James mountford: thanks Dom, Great to listen to you describe what we've been doing. Lots becomes clearer to me hearing it. ;-) ... and Susan: it's a great question--there is a balance between additional role and embedding learning into everyone's role. i would say perhaps the goal should be that eventually the "BLC" becomes fully embedded in other roles. But for now it's clear there is substantial return on having them play a specific role. Some of the BLCs also have (usually but not always) clinical roles at NG. This helps them "see" with learning eyes when they are in their 'standard' clinical role

Cathy Anthony: @Dominique I'd be interested in the BLC role, already see it slotting into my current role.

Mary salama: Thanks Amar- very helpful

Marjorie McGinty: love the "Future of Work" driver diagram idea.....I will take this away and reflect how I can use this in my area

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Mary salama: @marjorie I wonder if we will all be creating similar drivers.. maybe a Qcommunity of practice would help?

Marjorie McGinty: @mary would support this approach

Mairiead MacLennan: Second that on Future Work Diagram. It hard with you are in the eye of the storm to use improvement language at this time. It is tricky enough forcing Quality management and Governance to be 'heard' Ive been told Not now! we are in uncertain time..but Im holding fast to these principles !!

Marie-Claire: Fascinating to see how this has been embraced so quickly. Really impressive. The value of sitting alongside those on the ground whether it be teachers, AHP's etc to hear their issues and add different perspectives.

Mary salama: To both @amar and @dom (hope I am allowed another Q) are you pacing the changes to prevent change fatigue.. if so how?

Nina Kamalarajan: is there a forum where learning is shared more widely?

Fran Butler: @amar are you looking at the changes that other MH trusts are using to see if there is learning you can pick up from them as well as withing your own organisation?

Amy: How do you ensure this continuity of knowledge between shifts?

Amar Shah: Fran - yes. As part of my national role, we have developed a shared space for people to curate the ideas and changes they are developing, to enable learning

Mary salama: Makes perfect sense. Hadn't looked at it that way..

Chris Jackson: agree that change needs to be led by subject matter experts and frontline staff incl patients

Marie-Claire: No, Marie-Claire Leese Michelle

Fran Butler: @amar - thanks yes I think I have come across that

Shelly Jeffcott: I am very interested to understand more about barriers to information flow as one of the features Dom talked about at the beginning. I wonder if people are more or less comfortable in terms of psychological safety around communication and information sharing right now

Sarah Morgan: @Dom We have a lot of people at Nightingale circa 100 - how do we learn what you've done and potentially help them to continue good practice and share that more broadly? Sarah - Guy's and St Thomas'

Ros Gray: interesting and clearly a multiplicity of sharing modalities

Caitriona Stapleton: It is really refreshing to see how the principles of QI are coming out in different strands in both areas- there is a feeling that QI is a bit of a luxury at the moment when people are firefighting, this really helps break that perception...

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Mairiead MacLennan: The comms is the big challenge I love a white board!

Dominique: I love a whiteboard too!!

Paula Ryeland: Great to have the reminder that it's OK not to be using improvement language at the minute. QI seems to be happening organically and more informally

Dominique: Thanks for all the great feedback! We are keen to learn and get feedback on our model

Pedro: Caitriona, a great comment. We're seeing regular use of QI at all levels, without naming it QI, and without over-technifying the language. People are testing, studying what they learn at pace, adapting, testing again...My sense is that quality will be even more important post COVID (given the most visible mortality data, and some of the unintended consequences for groups such as non COVID patients), and QI (alongside planning and governance, in a complementary way) will be fundamental to shaping a better future

Mairiead MacLennan: There is a LOT of information out there and can be so overwhelming for staff in teams trying to keep up. As a manager I see it as one of my main tasks and responsibilities is to distill that into digestible forms with highlighted key points on a daily basis

Chris Jackson: We at AQUA have put together a rapid change learning package based on observations and feedback from Trusts as well as social media. We'd love you to share and contribute your experiences to keep this relevant and up to date for all to learn from. You can find it here <https://www.aquakx.co.uk/resources/rapid-change-learning-package/> along with many other resources.

Nicola Davey: thank you so much. really interesting to hear about this work.

Maureen Bisognano: Thanks to Dom and Amar, for this great presentation!

Chris Jackson: Thanks to all presenters – such a great informative session

Mairiead MacLennan: Thank you excellent!

Amar Shah: Thanks for contributing and helping us all learn...

Mary salama: Totally re comms. There was a huge drama over the way the info was released about a systemic inflammatory illness in children presenting to PICU. We got it initially on WhatsApp and it spread rapidly on SoMe.. way before official comms causing great anxiety..

Heather Shearer: Thanks for an excellent and energising session...

Mary salama: Thanks so much!!

Mark Bowling: Thanks to all

Nina Kamalarajan: thank you so much for a really inspiring and helpful webinar-so much appreciated :-)

Carolin Cappa: Thank you to Dom and Amar. It was really interesting and useful

Erica Gadsby: That was really valuable - thanks so much!

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Allison Burrell: Thank you so much to you all

Michele Dowling: thanks and bye to all.

Marjorie McGinty: thank you, very helpful. Stay safe

Amanda Wong: Thanks so much for a really useful and inspiring session. Lots to think about and take away.

Kathryn warner: Thank you it is brilliant to see improvement processes really present during this time.

Pedro: Thanks to everyone for taking the time to teach and learn. Stay safe...

Andreia Cavaco: Thanks you very much, very interesting and informative session :)

Kelly Buffham: Thanks to Amar and Dom, really useful

Kay Dolman: Thanks all. Really interesting and inspiring.

Daryl Connolly: Thanks Brilliant Presentations :-)

Fran Butler: Thank you very much.....really interesting and useful webinar

Caitriona Stapleton: Thank you all so much, this was excellent am looking forward to sharing with team to reassure we aren't failing at QI right now! Thanks again and stay safe :)

Catherine Maguire: Great presentations thank you

Susan Hannah: Huge thanks for great learning today everyone.... ! see you next week

Juliet Pearce: Thank you for ending on such a positive note

Angela Zambeaux (IHI): Thank you everyone!

James mountford: we had an interesting learning on this: we started with a policy of only one family visitor in the last hours of life. Now we have changed this (2 visitors, in some other circumstances as well) & found several other ways of delivering compassionate, pt/family-centred care in the Nightingale.

Selina Stephen: Thank you all!!