Rapid learning during COVID-19: Moving towards the new normal

29 April 2020
Audio Broadcast

You will see a box in the top left hand corner labeled “Audio broadcast.” If you are able to listen to the program using the speakers on your computer, you have connected to the audio broadcast.
To join by phone:

1) Click on the “Participants” and “Chat” icons on the bottom of your screen to open the necessary panels.

2) Click the telephone icon on the bottom left hand side of the on-screen buttons.

3) A pop-up box will appear with the option “I will call in.” Click that option.

4) Please dial the **phone number**, the **event number** and your **attendee ID** to connect correctly.
WebEx Quick Reference

• Please use chat to “All Participants” for questions

• For technology issues only, please chat to “Host”
Thank you – for all you do everyday
Thanks to Year 4 HIAE Members and partners in Europe

http://www.ihi.org/Engage/collaboratives/Health-Improvement-Alliance-Europe/Pages/default.aspx
Copenhagen
Dates to be confirmed

Copenhagen 2020 is now postponed
Pedro Delgado, MSc, Head of Europe and Latin America, Institute for Healthcare Improvement, has a unique ability to work across cultures, languages, and systems. Based in the UK, he has been a driving force in IHI’s global strategy. From reducing C-sections in Brazil to improving early years education in Chile, patient safety in Portugal, and mental health in London, Mr. Delgado has forged key relationships and led the design and implementation of large-scale health system improvement efforts and networks. He coaches senior leaders and teams and lectures extensively worldwide on large-scale change, patient safety, and quality improvement.

At IHI, he 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. Mr. Delgado's diverse background includes a brief stint 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.
Dominique Allwood, Consultant in Public Health and Quality Improvement, Assistant Director of Improvement, The Health Foundation; England is Assistant Director of Improvement at the Heath Foundation and Consultant in Public Health Medicine and Quality Improvement at Imperial College Healthcare NHS Trust.

Dominique is a doctor by background and has spent 14 years working in various parts of health care including provider and commissioner organisations, think tanks and national bodies. She is passionate about improving health and care and her interests and portfolio include quality improvement, developing networks, increasing user involvement, population health and the role of the NHS in improving health. Dominique was named one of HSJ’s Rising Stars in 2015 and has completed a Darzi Fellowship in Clinical Leadership and Service Improvement.
Amar Shah, MD, MBA, MS, is Chief Quality Officer at East London NHS Foundation Trust (ELFT), where he leads at the executive and board level on quality, performance, strategy, and planning. Dr. Shah is also the national improvement lead for the Mental Health Safety Improvement Program in England, and the quality improvement lead at the Royal College of Psychiatrists. He is an Improvement Advisor and faculty member for IHI, teaching and guiding improvers and health care systems across the world.
Jenny Shand, Director & Executive Lead at Care City is responsible for integrated care and supporting the development of Accountable Care Organisations (ACOs), with a particular focus on frailty, services for older people, and support for carers (informal and formal). During her time at UCLPartners she has supported integrated care work across our partners, developed expertise in better organising services for frail and older people, and worked with stakeholders, across the partnership and nationally, to ensure we take a whole-systems approach to improving outcomes. She is currently Executive Lead at Care City, a partnership organisation in East London with a dual aim of promoting healthy ageing and social regeneration, working with stakeholders to develop the strategy and programme of work for the organisation.

Jenny is also completing a PhD in Health Economics at UCL as part of the NIHR ARC North Thames, looking at the economics of multi-sectoral working. Jenny has wide experience of healthcare in different contexts. She has been a policy fellow at the Kings Fund, a consultant at McKinsey and a manager at Guys and St Thomas’ NHS Foundation Trust. Jenny holds a Masters in Public Health from the London School of Hygiene and Tropical Medicine and has a Philosophy degree from Oxford.
A Harvesting tool; a nimble structure to learn; a mechanism for curating and moving to scale up

Harvesting Tool: COVID management and improvement approaches now, and into the future

Only a couple of months ago (it’s April 2020) our definition of ‘normal’ daily life in personal and professional ways differed from our experience today. It’s important to have a mechanism to systematically capture what we’re learning in real time, as memory is fickle and often unreliable. There are many sources of optimism – how innovative and collaborative professionals and society at large have been; the displays of solidarity seen daily; how bureaucracy has given way to agility. Learning is always dynamic and failing to capture it ‘live’ and envision ways to incorporate new practices towards a better future may not allow us to leverage the opportunities afforded by the intensity of the changes driven by the urgent COVID response. In some ways, going back to pre-COVID practices may be desired, whilst in others it may be unthinkable. The socialisation of ideas to imagine a better future will help organisations learn and adapt in line with their local nuances – shaping the new normal.

The basics of the effort should include:

- A designated Organisational Learning Lead, who will coordinate and facilitate the org
- A senior executive to oversee and sponsor the effort
- Local Learning Leads, who will be responsible to collecting local learning in creative ways (wards, units) and/or meso systems (departments or directorates). These may include:
  - Online / virtual forms
  - Learning logs
  - Daily or Weekly conversations
- An approach that
  - Clearly communicates in a compelling manner why the organisation is doing it
  - Develops simple mechanisms for collecting the learning, such as the ones described above
  - Starts small, testing the learning collection mechanism with one person and desired areas
  - Fosters conversations to reflect on the learning as it is collected, creating a sense of ownership

The following template serves as a data collection tool for the local learning leads and the organisation to capture insights from specific practices to propose and discuss whether to focus on both preparedness and management, or just one of these dimensions of ‘what we did’ and ‘level / topic’ columns, to ensure local relevance.

### I. COVID Preparedness

Core question: what would we do differently if we could turn the clock back to the beginning of COVID-19 preparations?

<table>
<thead>
<tr>
<th>What we did</th>
<th>What we would do differently</th>
<th>Why (what could be better about the new way? Include any anecdotal or hard data you may have)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID Testing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical infrastructure changes:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human Resource re-deployment:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surge Planning:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elective activity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-COVID Management:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Physical safety:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Psychological safety:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient and family communication care needs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### II. Management Practices to manage COVID19: improvements and innovations for a better future

Core question: what are we doing differently to manage COVID19 daily that would be valuable to incorporate into the ‘new normal’ of how we manage, improve, innovate? (complete sections that are relevant to you)

<table>
<thead>
<tr>
<th>Level / topic</th>
<th>What new management and improvement practices would be useful to continue beyond COVID?</th>
<th>Why should these be adopted? (what is better about the new way? Include any anecdotal or hard data you may have) How would we incorporate these into practice in the future?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department or Directorate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical practice (specify area)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Organisational learning and improvement during covid-19

Dr Amar Shah
Chief Quality Officer, ELFT
Our response to covid-19

Urgent service change to prepare and respond on a daily basis

Understanding the changes made and potential impact

Using this learning to shape our future
<table>
<thead>
<tr>
<th>Opportunities to use QI during covid-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use PDSA to test and iterate during urgent service change</td>
</tr>
<tr>
<td>Support teams with virtual working</td>
</tr>
<tr>
<td>Help services formulate strategy using tools like driver diagrams</td>
</tr>
<tr>
<td>Standardise and digitise / automate processes</td>
</tr>
<tr>
<td>Apply measurement to understand change over time</td>
</tr>
<tr>
<td>Storytelling</td>
</tr>
</tbody>
</table>
Supporting our staff through covid-19

Individual emotional support

Support for teams

Support to work remotely

Support to work

Health and wellbeing

Emotional Support Service for ELFT Staff
Care First 24 Hour Helpline 0800 174
Occupational Health Service Team Prevent
National NHS Support Line
Check-in app to understand experience
Calls from Navina to individuals
Wellbeing Advice #FromELFTtoYOURSELF Woebot Bereavement Support
Free Coaching from Ashridge

Psychology support for teams
Handy guide (based on enjoying work)
OD & P&C Business Partner Support
Pandemic Staff Support Guidance
Looking after You and Others Infographic

MS Teams support & webinars
Virtual working resources & guides
Corporate catch-ups twice weekly
Offer to those in teams of 1
Webinar based on DSE (Coming Soon)
Leadership Peer Support Groups (Coming Soon)

Accommodation
PPE
Travel & Parking
Keyworker letters
Testing
Uniform washing and cleaning
Skills Marketplace
COVID-19 Visual Summary

Underlying Medical Conditions
Keyworkers Wellbeing Toolkit
ELFT Hardship Fund
Discounts & Benefits
Community Support
Wellbeing Fitness Virtual Platform

NHS
East London
NHS Foundation Trust
Learning from cv-19 to help shape our future

Curating the changes that have taken place

Identifying potential impact & measuring intentionally

Using the triple aim to redesign services for the future


Bedside Learning Coordinator

Dom Allwood and Jenny Shand
Quality and Learning Co-Leads,
NHS Nightingale London

29th April 2020
Why did we focus on a Learning System?

- Novel disease with high uncertainty
- Fast developing knowledge on management
- New ways of delivering care
- Barriers to information flow
- Significant burden on staff
The Learning system aims to:
1. Learn fast
The role of the Bedside Learning Coordinator

**Problem:** Insights from the clinical area are not easily captured by existing data flows

**BLC role:** Gather data and ideas from the bedside

**Problem:** Staff feel overloaded keeping on top of rapidly changing information

**BLC role:** Return changes to the bedside
Who are our BLCs?

- Pharmacists
- Critical Care nurses
- Nurse Educators
- Dieticians
- Speech and Language Therapists
- Research leads
- OTs
- Speech and Language Therapists
- Doctors
- AHPs

BLCs have diverse experience and backgrounds, both clinical and non-clinical, giving wide perspectives on the floor.
Insights are categorised into fix-improve-change and audited to ensure actions are successfully implemented.

**Fix**
- Actions to be implemented immediately
  - e.g. How to identify staff in PPE

**Improve**
- Finding new ways to do things that are better than we currently do
  - e.g. Day 0 simulation training

**Change**
- Substantive changes to the care we deliver
  - e.g. tracheostomy service
Discussion

Please continue to chat in your questions and comments
Next week’s webinar

6 May at 16:30

Caring for Patients and Families Affected by COVID: meeting the psychological needs of those we serve