Building Capacity and Capability: The REALLY BIG Challenge

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(bios at the end of this presentation)

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The presenters have nothing to declare
Discussion Topics

• Capacity versus Capability
• Who needs to be developed?
• What do they need to know?
• How do you evaluate your own efforts for capacity and capability building?

The Aim

To build a renewable infrastructure that produces highly reliable quality and safety by (fill in the date).

How good?
By when?
**The Journey To Organizational Excellence**

Excellence

Sustainability

Capability

Capacity

“We are what we repeatedly do. Excellence then, is not an act but a habit!”

Aristotle (384 – 322 BC)

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**The Primary Drivers of Capacity & Capability Building**

Having the *Will* (desire) to change the current state to one that is better

Developing *Ideas* that will contribute to making processes and outcome better

Having the capacity and capability to apply CQI theories, tools and techniques that enable the *Execution* of the *Ideas*
Exercise #1
How prepared is your organization? (your team, your department or your organization?)

Key Components*  Self-Assessment

- Will (to change)  - Low  Medium  High
- Ideas  - Low  Medium  High
- Execution  - Low  Medium  High

*All three components MUST be viewed together. Focusing on one or even two of the components will guarantee sub optimized performance. Systems thinking lies at the heart of CQI!

Exercise #2
Building Capacity Self-Assessment®

For each item, you should make two responses. First, indicate the Current Status of each item within your organization by marking one of the following responses:
- Completed (C)
- In Process (IP)
- Not Started (NS)

Then, assign what you believe will be your Priority for each item over the coming twelve months by marking one of the following responses:
- High (H)
- Moderate (M)
- Low Priority (L)

Capacity versus Capability

**Capacity**
- The ability to receive, hold or absorb
- The maximum or optimum amount of production
- The ability to learn or retain information.
- The power, ability, or possibility of doing something or performing
- A measure of volume; the maximum amount that can be held

**Capability**
- The power or ability to generate an outcome
- The ability to execute a specified course of action
- The sum of expertise and capacity
- Knowledge, skill, ability, or characteristic associated with desirable performance on a job, such as problem solving, analytical thinking, or leadership
- Some definitions of capability include motives, beliefs, and values

“A focus on building capacity and capability for improvement is a key strategy.

Global analysis of healthcare systems that deliver outstanding performance in cost and quality shows that cost and quality are.”

Helen Beven
Key Terms: Helen Bevan

**Capacity** – having the right number and level of people who are actively engaged and able to take action.

**Capability** – the people have the confidence and the knowledge and skills to lead the change.

Helen Beven, “How can we build skills to transform the healthcare system?” *Journal of Research in Nursing* 15(2) 139-148, 2010.

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Key Questions for Building Capacity and Capability

1. Will you involve everyone or just a few targeted groups?
2. Who needs to know what? (the dosing formula)
3. What methods do you plan to use to build capacity and capability?
4. Do you have a model or framework to guide your journey?
5. How will you make sure the learning system can be sustained?

Adapted and expanded from a conversation with Tom Nolan, Associates in Process Improvement on material he presented at the IHI Strategic Partners Roundtable, April 17-18, 2006.
Key Questions for Building Capacity and Capability

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Key Question #1
Will you involve everyone or just a few targeted groups?


Adapted and expanded from a conversation with Tom Nolan, Associates in Process Improvement on material he presented at the IHI Strategic Partners Roundtable, April 17-18, 2006.
Improvement concepts, methods and applications must be woven into the fabric of daily life and at all levels of the organization.

- From point where care is delivered,
- To management meetings and strategy sessions
- And, in the board and governance level decisions

Therefore, a cascading system to build capacity and capability is needed!
Many organizations start the cascade at the top…

and,

trickle downward!

While others believe that the cascade should start at the staff level…

upward!

percolate and,
But successful organizations cascade up and down throughout the organization.

Key Question #2
Who needs to know what? (the Dosing Formula)

Different levels of knowledge and skill in the Science of Improvement are required at different levels of the organization.
Organizations that have been successful at building capacity and capability recognize that people have different abilities, skills and talents.

They have figured out who has what knowledge and skills and work from there. Therefore, a one size fits all approach will not work.

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**Organizational Levels and QI Science in Saskatchewan Province**

<table>
<thead>
<tr>
<th>Who</th>
<th>What</th>
<th>Why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point of Service Teams</td>
<td>Model for Improvement Basics</td>
<td>To realize improvement can happen.</td>
</tr>
<tr>
<td>Team leaders</td>
<td>How to support teams</td>
<td>To help teams use new tools</td>
</tr>
<tr>
<td>QI Experts</td>
<td>Theory of Profound Knowledge</td>
<td>To reveal system barriers to improvement</td>
</tr>
<tr>
<td>Senior Execs, Governors</td>
<td>How to set and monitor system aims</td>
<td>To drive improvement and learn</td>
</tr>
</tbody>
</table>

Source: Mary Smillie, Senior QI Consultant, Saskatchewan Health Quality Council
Who needs to know what?

A key operating assumption of building capacity is that different groups of people will have different levels of need for PI knowledge and skill.

Our approach will be to make sure that each group receives the knowledge and skill sets they need when they need them and in the appropriate amounts.

Exercise #3
Who needs what? (The Dosing Formula)

This Exercise is designed to create a dialogue on what we call the “dosing formula.” That is, which groups of individuals within your organization need to have what levels of knowledge and skill to successfully build a sustainable infrastructure that produces highly reliable QI excellence?

The worksheet on the next page provides a list of Skills & Knowledge (the rows) associated with organizations that have demonstrated QI excellence. For each of the listed Skills & Knowledge items indicate the level or “dose” of Skill & Knowledge you think each group (the columns) needs using the following response scale:

1 = They need to know the basic terms, concepts and methods when they hear them
2 = They need to be able to explain the terms, concepts and methods to others
3 = They need to be able to teach the terms, concepts and methods to others
4 = They need to be seen as an organizational lead and champion for the terms, concepts and methods
### Exercise #3
Who needs what? (The Dosing Formula)

<table>
<thead>
<tr>
<th>Skills &amp; Knowledge</th>
<th>Hospital Governance, Non-Execs, Board of Directors</th>
<th>Senior Management (corporate)</th>
<th>Clinical Management (physicians and nursing)</th>
<th>Middle Management, Directors &amp; Supervisors</th>
<th>Frontline Staff</th>
<th>QI Experts (IAs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Models for QI (theory &amp; concepts)</td>
<td></td>
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<tr>
<td>Leadership for improvement &amp; cultural transformation</td>
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<tr>
<td>Teamwork and Facilitation</td>
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<tr>
<td>Gathering Information</td>
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<tr>
<td>Analyzing and interpreting data</td>
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<tr>
<td>Presentation skills</td>
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<tr>
<td>Understanding variation</td>
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<tr>
<td>QI tools and methods</td>
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<tr>
<td>Change management</td>
<td></td>
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<tr>
<td>Patient-centered care</td>
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</tbody>
</table>

### Exercise #4
IHI Improvement Capability Self-Assessment Tool

**Users Guide**

Hospital leaders and staff can use the IHI Improvement Capability Self-Assessment Tool in several ways:
- To better understand your hospital’s improvement capability;
- To stimulate discussion about areas of strength and weakness; and
- To help you reflect on and evaluate specific improvement efforts.

Note that this tool is not intended for performance management, judgment, or blame if you determine that your hospital’s improvement capability is less than you would like it to be.

You can use the tool to assess your hospital’s capability in six key areas: 1) Leadership for Improvement, 2) Results, 3) Resources, 4) Workforce and Human Resources, 5) Data Infrastructure and Management, and 6) Improvement Knowledge and Competence.

For each of these six areas, the tool provides a brief description of levels of capability, ranging from Just Beginning, to Developing, to Making Progress, to Significant Impact, to Exemplary. For each of the six areas, select and record below the level of capability that you think best fits your hospital’s current improvement capability – and briefly describe the data/evidence you used to inform your choice.
Exercise #4
IHI Improvement Capability Self-Assessment Tool

DIRECTIONS FOR USE

1. For each of the six areas, select and record below the level of capability that you think best fits your hospital’s current improvement capability – and briefly describe the data/evidence you used to inform your choice.

2. Reflect on the results of your assessment:
   - Does your assessment suggest one or more specific actions you can take soon to increase your hospital’s capability? Note these actions and who you would need to collaborate with to move ahead.
   - Does your assessment suggest a need for more information to help you determine specific actions to increase your hospital’s capability? Note these needs.

Exercise #4
IHI Improvement Capability Self-Assessment Tool
Summary Worksheet

<table>
<thead>
<tr>
<th></th>
<th>Just Beginning</th>
<th>Developing</th>
<th>Making Progress</th>
<th>Significant Impact</th>
<th>Exemplary</th>
<th>Please provide a brief description of the type of data or other evidence you used to inform your choice.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Leadership for Improvement</td>
<td></td>
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<td></td>
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<tr>
<td>2. Results</td>
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<td></td>
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<tr>
<td>3. Resources</td>
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<td></td>
<td></td>
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<tr>
<td>4. Workforce and Human Resources</td>
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<td></td>
<td></td>
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<tr>
<td>5. Data Infrastructure and Management</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Improvement Knowledge and Competence</td>
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</tr>
</tbody>
</table>
HIHI IMPROVEMENT CAPABILITY SELF-ASSESSMENT TOOL:

The levels below are intended to provide a basic indication of the improvement capability of your hospital in a number of domains that are associated with overall improvement success. This information is confidential; the more honest the assessment, the more likely the initiatives selected will be aligned with current ability and probability of success.

<table>
<thead>
<tr>
<th>Just Beginning</th>
<th>Developing</th>
<th>Making Progress</th>
<th>Significant Impact</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership for Improvement: The capability of the leadership of the hospital to set clear improvement goals, expectations, priorities, and accountability and to integrate and support the necessary improvement activities within the organization</td>
<td>The hospital leadership has set clear improvement goals, expectations, and priorities through discussions with the department or service leadership. Department or service leaders are held accountable for achieving the established goals.</td>
<td>The hospital leadership has prioritized some organizational-level improvement goals to actively monitor and support. Hospital leadership focuses on the system of care and supports the local leaders to facilitate coordination of improvement activities across the services involved.</td>
<td>The hospital leadership is actively engaged in monitoring and supporting improvement activities across the hospital.</td>
<td>The hospital leadership is actively engaged in monitoring and supporting all improvement goals.</td>
</tr>
<tr>
<td>Results: The capability of a hospital to demonstrate measurable improvement across all departments and areas</td>
<td>Some programs or services in the hospital can demonstrate measurable improvement, but this is not sustained over time, and no sustained improvement can be demonstrated in any whole system organization-measures.</td>
<td>The hospital has demonstrated sustained improvement over time. Some processes for allocating resources within programs or services have been established, but these are not fully coordinated across the hospital.</td>
<td>The hospital has demonstrated sustained improvement over time for all whole system organization-measures.</td>
<td>The hospital can demonstrate sustained improvement over time for all whole system organization-wide measures.</td>
</tr>
</tbody>
</table>

**HIHI IMPROVEMENT CAPABILITY SELF-ASSESSMENT TOOL**

**Resources:** The capability of a hospital to provide sufficient resources to establish improvement teams and to support their ongoing work and success.

<table>
<thead>
<tr>
<th>Just Beginning</th>
<th>Developing</th>
<th>Making Progress</th>
<th>Significant Impact</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources are available within only a few services or programs to support the work of improvement teams in these areas. There is no hospital-wide coordination of resource allocation.</td>
<td>Resources are available within most programs or services to provide adequate support to improvement activities focused in these areas. Some processes for allocating resources within programs or services have been established, but these are not fully coordinated across the hospital.</td>
<td>Resources are available to support a coordinated approach to improvement across a number of services or programs. Some processes for allocating resources across the hospital are in place, but these are not fully coordinated across the hospital.</td>
<td>Resources are available to support improvement activities coordinated across most of the hospital. Some processes are in place to review and coordinate the allocation of resources for improvement across the hospital.</td>
<td>Resources are available to support and promote improvement activities coordinated across the whole hospital. Clear processes are in place to regularly review, prioritize, and coordinate the allocation of resources for improvement across the hospital.</td>
</tr>
</tbody>
</table>

**Workforce and Human Resources:** The capability of a hospital to organize its workforce to encourage and reward active participation in improvement work, clearly define and establish improvement leadership roles, and ensure that job descriptions include a component related to improvement work.

<table>
<thead>
<tr>
<th>Just Beginning</th>
<th>Developing</th>
<th>Making Progress</th>
<th>Significant Impact</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A few services or programs have identified a person who is responsible for improvement work.</td>
<td>Most services and departments have identified improvement personnel, but they do not report directly to senior hospital leadership.</td>
<td>All services and departments have a clear chain of accountability for improvement activities. The personnel have sufficient authority to facilitate the changes required for improvement.</td>
<td>The hospital has established clearly defined improvement leadership roles. All staff see quality improvement as an integral part of their everyday work. The hospital encourages and rewards active participation in improvement work, and job descriptions include a component related to improvement work.</td>
<td>The hospital leadership actively engages the learning from all improvement activities across the hospital. Hospital leadership continually sets clear improvement goals, expectations, priorities, and accountability.</td>
</tr>
</tbody>
</table>
IHI IMPROVEMENT CAPABILITY SELF-ASSESSMENT TOOL

<table>
<thead>
<tr>
<th>Just Beginning</th>
<th>Developing</th>
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<th>Significant Impact</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Data Infrastructure and Management:</strong> The capability of a hospital to establish, manage, and analyze data for improvement in a timely and routine manner to meet the objectives and expected results of the hospital’s improvement plan.</td>
<td>The hospital uses data to measure performance, but only a few physicians use data to support and inform improvement activities. There is limited ability to communicate information across systems.</td>
<td>The hospital uses data to measure performance and to support some improvement work. The hospital is aware of a need to establish effective data systems to communicate across key stakeholders and partners.</td>
<td>The hospital uses data to measure performance and to support most improvement projects. The hospital has established a number of data systems to allow for some cross-system measures.</td>
<td>The hospital uses data to drive all improvement measures at both the whole system and sub-system level. Data systems allow for highly effective communication within and across departments and with key stakeholders in a manner that informs the knowledge and actions required to meet the objectives of improvement teams.</td>
</tr>
<tr>
<td><strong>Improvement Knowledge and Competence:</strong> The capability of a hospital to obtain and execute on the skills and competencies required to undertake improvement throughout the hospital.</td>
<td>Few if any quality improvement projects are under way that are guided by an organization-wide improvement framework and model. The hospital provides training in improvement methods to staff in a limited fashion.</td>
<td>A number of quality improvement projects are underway. Multidisciplinary teams are formed and actively engaged.</td>
<td>A number of quality improvement projects have achieved measurable improvements.</td>
<td>The hospital has embedded quality improvement in all areas of the organization. Teams have achieved and sustained measurable improvements. The hospital consistently shares and spreads improvements across all departments and with key stakeholders.</td>
</tr>
</tbody>
</table>

Building Capacity and Capability for QI at ELFT
Amar Shah

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Mental health services
Newham, Tower Hamlets, City & Hackney, Luton & Bedfordshire

Forensic services
All above & Waltham Forest, Redbridge, Barking, Dagenham, Havering

Child & Adolescent services, including tier 4 inpatient service
Regional Mother & Baby unit

Community health services
Newham & Tower Hamlets

IAPT
Newham, Richmond and Luton

Speech & Language
Barnet

We aspire to provide care of the highest quality in collaboration with those who use our services.

ELFT is an organisation that embraces continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone at every level, the skills they need to lead change.

It will not be easy to build this culture, but focusing on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective, give more power to our staff and improve patient experience and outcomes.
AIM: To provide the highest quality mental health and community care in England by 2020

Make it feel meaningful
Make it feel possible
Make it feel valued and permanent
Provide skills and support

Build will
Build improvement capability
Alignment
QI Projects

1. Newsletters (paper and electronic)
2. Stories from QI projects - at Trust Board, newsletters
3. Annual conference
4. Celebrate successes – support submissions for awards
5. Share externally – social media, Open mornings, visits, microsite, engage key influencers and stakeholders

1. Build and develop central QI team capability
2. Online learning options
3. Pocket QI for those interested in QI
4. Improvement Science in Action waves
5. Develop cohort and pipeline of QI coaches
6. Bespoke learning, including Board sessions & commissioners

Reducing Harm by 30% every year
1. Reduce harm from inpatient violence
2. Reduce harm from pressure ulcers
3. Other harm reduction projects (not priority areas)

Right care, right place, right time
1. Improving access to services
2. Improving physical health
3. Other right care projects (not priority areas)
Building capability & capacity

Train all levels and across disciplines

Stop lower value work

Realign existing resources

Don’t just train people up – need to work on all four drivers at the same time

Just-in-time: skill up as you scale up

Experts by experience

- All staff
- Staff involved in or leading QI projects
- QI coaches
- Internal experts (QI team)
- Board
Experts by experience

All staff

Staff involved in or leading QI projects

QI coaches

Internal experts (QI team)

Board

Experts by experience

Pocket QI commenced in October 2015. Aim to reach 200 people by Dec 2016. All staff receive intro to QI at induction

500 people have undertaken the ISIA so far. Wave 5 = Luton/Beds (Sept 2016 – Feb 2017)

20 QI coaches graduated in January 2016. Second cohort of 25 to be trained July-November 2016

Currently have 6 improvement advisors, with 4 wte deployed to QI. To increase to 8 by Aug 2016 (6 wte)

Most Executives will have undertaken the ISIA. Annual Board session with IHI & regular board development discussions on QI

Bespoke QI learning sessions for service users and carers. Over 50 attended in 2015. Build into recovery college syllabus, along with confidence-building, presentation skills etc.

Estimated number needed to train = 5000
Needs = introduction to quality improvement, identifying problems, change ideas, testing and measuring change

Estimated number needed to train = 1000
Needs = deeper understanding of improvement methodology, measurement and using data, leading teams in QI

Estimated number needed to train = 45
Needs = deeper understanding of improvement methodology, understanding variation, coaching teams and individuals

Estimated number needed to train = 11
Needs = setting direction and big goals, executive leadership, oversight of improvement, being a champion, understanding variation to lead

Estimated number needed to train = 100
Needs = introduction to quality improvement, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas, support structure for service user involvement

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI

Pocket QI
Experts by experience

- All staff
- Staff involved in or leading QI projects
- QI coaches
- Internal experts (QI team)
- Board

Estimated number needed to train = 1000

Needs = deeper understanding of improvement methodology, measurement and using data, leading teams in QI

700 people have undertaken the ISIA so far

Improvement Science in Action
- 6 month learning path

The two learning sets will be focused on sharing the participants' work on their projects and learning from each other. These sessions also will reinforce the content from the Webex calls and the ISIA workshop. 

- Learning Set 2 & graduation
Pocket QI commenced in October 2015. Aim to reach 200 people by Dec 2016. All new staff have received intro to QI at induction since 2003.

Estimated number needed to train = 5000
Needs = introduction to quality improvement, identifying problems, change ideas, testing and measuring change.
Both workshops are between 3.5 hours in a classroom format and rotate in location throughout the geography of the Trust.

Group size approx. 30
Support around every team

**Project Sponsor**

**QI Coach**

**QI Team**

**QI Forums**

**Service User Input**

**QI Resources**

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Estimated number needed to train = 45
Needs = deeper understanding of improvement methodology, understanding variation, coaching teams and individuals

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Experts by experience

All staff

QI coaches

Internal experts (QI team)

Board
QI Coaches

Governance Improvement

Surveys
Focus groups
Community meetings
Service user forum
Bespoke QI learning sessions for service users and carers. Over 50 attended in 2015. Build into recovery college syllabus, along with confidence-building, presentation skills etc.

Needs = introduction to quality improvement, how to get involved in improving a service, practical skills in confidence-building, presentation, contributing ideas, support structure for service user involvement

Intro to QI - for service users & carers
Currently have 6 improvement advisors, with 4 wte deployed to QI. To increase to 8 IA’s in 2016/17 (6 wte).

Estimated number needed to train = 11

Needs = deep statistical process control, deep improvement methods, effective plans for implementation & spread

- All staff
- Staff involved in or leading QI projects
- QI coaches
- Internal experts (QI team)
- Board
All Executives will have undertaken the ISIA. Annual Board session with IHI & regular Board development discussions on QI.

Needs = setting direction and big goals, executive leadership, oversight of improvement, being a champion, understanding variation to lead.

<table>
<thead>
<tr>
<th>PROJECTS</th>
<th>CAPABILITY &amp; CAPACITY</th>
<th>YEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 prototype sites</td>
<td>Central team of 2</td>
<td>2013</td>
</tr>
<tr>
<td>Grow from 4 to 60</td>
<td>Central team of 6, including 2 IA’s</td>
<td>2014</td>
</tr>
<tr>
<td>Grow from 60 to 120</td>
<td>Central team grows to 9</td>
<td>2015</td>
</tr>
<tr>
<td>Grow from 120 to 200</td>
<td>Central team grows to 18</td>
<td>2016</td>
</tr>
</tbody>
</table>

- Identified 3 people to start IA training
- First Board sessions on QI
- Reduced audit standards
- Stopping work of lower value
- First wave of ISIA training for 80 staff
- Identify & train 1st cohort of QI coaches
- Send three more people to IA training

- 2nd and 3rd waves of ISIA – another 230 staff
- 2nd cohort of QI coaches – 45 in total
- Five more people to IA training

4th, 5th and 6th waves of ISIA – another 330 staff
Key principles for capacity & capability building
Make it feel meaningful

Make it feel possible

Make it feel valued and permanent

Provide skills and support
Our QI Projects

Number of active projects vs. Month

- Number axis: 0 to 250
- Month axis: Jan 15 to Dec 16

The chart shows a trend of increasing active QI projects from January 2015 to December 2016.
Our QI Projects

225 Active Projects

29
REDUCE HARM BY 30% EVERY YEAR

14
VIOLENCE REDUCTION

158
RIGHT CARE, RIGHT PLACE, RIGHT TIME

18
PHYSICAL HEALTH

83
ACCESS TO SERVICES

2
PRESSURE ULCERS

Is it making a difference?
Violence reduction

- 60% reduction across 3 older adult wards with highest level of violence
- 40% reduction across all six wards in Tower Hamlets
- 50% reduction in Forensic learning disability service

Impact across all 35 East London wards = 25% reduction

Physical violence to patients (per 100,000 occupied bed days)

- Over three years, physical violence has reduced compared to other mental health providers

Physical violence to staff (per 100,000 occupied bed days)

Improving access to services

- 33% reduction in waiting time from referral to first appointment across City & Hackney community mental health teams
- 30% increase in referrals across 10 community services
- 20% reduction in non-attendance at first appointment across 10 community services
The Formula for Improvement

Structure
+ Process
+ Culture* = Outcome

*Added to Donabedian’s original formulation by R. Lloyd and R. Scoville.


Senior Leadership Attention
“Constancy of Purpose”

• Setting clear improvement goals, expectations, priorities, and accountability
• Monitoring and supporting all improvement goals.
• Establishing a system for sharing the learning
• Maintaining focus on the system of care: integrating improvement activities across the organization.
What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?

The Sequence of Improvement

- Developing a change
- Testing a change
- Implementing a change
- Make part of routine operations
- Sustaining improvements and spreading changes to other locations

Data are used throughout the sequence.
All Staff Need to Know:
• Model for Improvement (or any improvement model)
• Identifying problems and testing ideas to learn the way to a solution

Need to Know:
• How to charter and execute a microsystem-level results-oriented improvement project using the Model for Improvement
• Basic improvement tools

Need to Know:
• How to execute the Model for Improvement to get results
• Facilitation
• The human side of change 20-50% of their time dedicated to coaching teams

Need to Know:
• Model for Improvement
• High Impact Leadership Behaviours

Experts by experience
All staff
Staff involved in or leading QI projects
QI coaches
Internal experts (QI team)
Execs/Board
Experts by experience

Experts by experience
All staff
Staff involved in or leading QI projects
QI coaches
Internal experts (QI team)
Execs/Board
Experts by experience

QI Project Leaders and Teams Need to Know:
• How to charter and execute a microsystem-level results-oriented improvement project
• Basic improvement tools

Need to Know:
• How to execute the Model for Improvement to get results
• Facilitation
• The human side of change 20-50% of their time dedicated to coaching teams

Need to Know:
• Model for Improvement
• High Impact Leadership Behaviours

Need to Know:
• Deming’s System of Profound Knowledge
• Systems thinking
• Understanding variation
• Human behaviour
• Theory of knowledge 50 - 100% of their time dedicated to organizational improvement

Need to Know:
• Model for Improvement
• High Impact Leadership Behaviours
Methods and Tools for Improvement

<table>
<thead>
<tr>
<th>Category</th>
<th>Method or Tool</th>
<th>Typical Use of Method or Tool</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2. Linkage of Processes (LOP) Map</td>
<td>Develop a picture of a system composed of processes linked together.</td>
</tr>
<tr>
<td><strong>Gathering Information</strong></td>
<td>3. Form for Collecting Data</td>
<td>Plan and organize a data collection effort.</td>
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<td></td>
<td>4. Surveys</td>
<td>Obtain information from people.</td>
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<td></td>
<td>5. Benchmarking</td>
<td>Obtain information on performance and approaches from other organizations.</td>
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<td>6. Creativity Methods</td>
<td>Develop new ideas and fresh thinking.</td>
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<tr>
<td><strong>Organizing Information</strong></td>
<td>7. Affinity Diagram</td>
<td>Organize and summarize qualitative information.</td>
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<tr>
<td></td>
<td>8. Force Field Analysis</td>
<td>Summarize forces supporting and hindering change.</td>
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<td></td>
<td>9. Cause and Effect Diagram</td>
<td>Collect and organize current knowledge about potential causes of problems or variation.</td>
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<td>10. Matrix Diagram</td>
<td>Arrange information to understand relationships and make decisions.</td>
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<td>11. Tree Diagram</td>
<td>Visualize the structure of a problem, plan, or any other opportunity of interest.</td>
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<td></td>
<td>12. Quality Function Deployment (QFD)</td>
<td>Communicate customer needs and requirements through the design and production processes.</td>
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<tr>
<td><strong>Understanding Variation</strong></td>
<td>13. Run Chart</td>
<td>Study variation in data over time; understand the impact of changes on measures.</td>
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<td>14. Control Chart</td>
<td>Distinguish between special and common-causes of variation.</td>
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<td>15. Pareto Chart</td>
<td>Focus on areas of improvement with greatest impact.</td>
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<td>16. Frequency Plot</td>
<td>Understand location, spread, shape, and patterns of data.</td>
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<tr>
<td><strong>Understanding Relationships</strong></td>
<td>17. Scatterplot</td>
<td>Analyze the associations or relationship between two variables; test for possible cause-and-effect.</td>
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<td>18. Two-Way Table</td>
<td>Understand cause-and-effect for qualitative variables.</td>
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<tr>
<td></td>
<td>19. Planned Experimentation</td>
<td>Design studies to evaluate cause-and-effect relationships and test changes.</td>
</tr>
</tbody>
</table>

Need to Know:
- Model for Improvement (or any improvement model)
- Identifying problems and testing ideas to learn the way to a solution

QI Coaches Need to Know:
- How to execute the Model for Improvement to get results
- Facilitation
- The human side of change
- 20-50% of their time dedicated to coaching teams

Need to Know:
- Deming’s System of Profound Knowledge
- Systems thinking
- Understanding variation
- Human behaviour
- Theory of knowledge
- 50 - 100% of their time dedicated to organizational improvement

Need to Know:
- Model for Improvement
- High Impact Leadership Behaviours
Need to Know:
- Model for Improvement (or any improvement model)
- Identifying problems and testing ideas to learn the way to a solution

Need to Know:
- How to charter and execute a microsystem-level results-oriented improvement project using the Model for Improvement
- Basic improvement tools

Need to Know:
- How to execute the Model for Improvement to get results
- Facilitation
- The human side of change

Improvement Advisors Need to Know:
Deming’s System of Profound Knowledge
- Systems thinking
- Understanding variation
- Human behaviour
- Theory of knowledge

50 - 100% of their time dedicated to organizational improvement

Need to Know:
- Model for Improvement
- High Impact Leadership Behaviours

<table>
<thead>
<tr>
<th>Program</th>
<th>Name(s)</th>
<th>Description</th>
<th>Duration</th>
<th>Target Audience</th>
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</thead>
<tbody>
<tr>
<td>Program 0</td>
<td>IHI Open School Courses</td>
<td>Essential training and tools in an online, educational community. Eight improvement capability courses are available.</td>
<td>1-2 hours per course, 8 courses total</td>
<td>Beginning medical students and allied health professionals</td>
</tr>
<tr>
<td>Program 1</td>
<td>Science of Improvement (SOI)</td>
<td>IHI’s introduction to improvement program. Ideal minicourse to offer during conferences (ours or others) or in conjunction with learning sessions to build capability.</td>
<td>1-2 days</td>
<td>Beginners to improvement</td>
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<td>Program 2</td>
<td>Improvement Science in Action (ISIA)</td>
<td>IHI’s introduction to improvement program plus application to team projects</td>
<td>3-5 months</td>
<td>Beginning improvement teams</td>
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<tr>
<td>Program 3</td>
<td>Improvement Coach Program</td>
<td>A 12-week experiential program for those already familiar with improvement to further develop your improvement knowledge and skill so you can coach and facilitate improvement teams as well as support the implementation of improvement strategies within your organization</td>
<td>3-5 months</td>
<td>Those with improvement experience who want to coach and facilitate improvement teams</td>
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<tr>
<td>Program 4</td>
<td>Improvement Advisor Professional Development Program</td>
<td>A professional development program designed to develop health care Improvement Advisors (IAs) to be effective facilitators to accomplish the improvement strategies of their organizations</td>
<td>11 months</td>
<td>Specialists in QI and future QI leaders; health care professionals who expect to have a major portion of their future work focused on improvement</td>
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</table>
Exercise #5
Force Field Analysis

What driving forces are compelling you to move forward with building capacity and capability for QI?

What restraining forces (or barriers) are holding you back from building capacity and capability for QI?

• Use the Force Field Analysis Worksheet on the next page to identify these two sets of forces.
• Then take your list of Restraining Forces and identify, in the box at the bottom of the Worksheet, the actions you plan to take to reduce these Restraining Forces.

Exercise #5: Force Field Analysis Worksheet

Issue or Project:

<table>
<thead>
<tr>
<th>Driving Forces (+)</th>
<th>Restraining Forces (-)</th>
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Actions to reduce the Restraining Forces:
•
•
•
The Primary Drivers of Capacity & Capability Building

Having the Will (desire) to change the current state to one that is better

Developing Ideas that will contribute to making processes and outcome better

Having the capacity and capability to apply CQI theories, tools and techniques that enable the Execution of the ideas

---

How prepared is your organization? (your team, your department or your organization?)

Key Components* | Self-Assessment
---|---
Will (to change) | Low | Medium | High
Ideas | Low | Medium | High
Execution | Low | Medium | High

*All three components MUST be viewed together. Focusing on one or even two of the components will guarantee sub optimized performance. Systems thinking lies at the heart of CQI!

In light of what we have covered in this workshop do you think any adjustments in your assessment of Will, Ideas and Execution need to be made?
Thanks for joining us today

Good luck with your Quality Journey!
Please contact us with any questions.

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@rlloyd66

Rebecca Steinfeld
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Amar Shah
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@DrAmarShah

Faculty
Robert Lloyd

Robert Lloyd, PhD is Vice President at the Institute for Healthcare Improvement (IHI). Dr. Lloyd provides leadership in the areas of performance improvement strategies, statistical process control methods, development of strategic dashboards and building capacity and capability for quality improvement. He also serves as lead faculty for various IHI initiatives and demonstration projects in the US, the UK, Sweden, Denmark, New Zealand and Africa.

Before joining the IHI, Dr. Lloyd served as the Corporate Director of Quality Resource Services for Advocate Health Care (Oak Brook, IL). He also served as Senior Director of Quality Measurement for Lutheran General Health System (Park Ridge, IL), directed the American Hospital Association’s Quality Measurement and Management Project (QMMP) and served in various leadership roles at the Hospital Association of Pennsylvania. The Pennsylvania State University awarded all three of Dr. Lloyd’s degrees. His doctorate is in agricultural economics and rural sociology.

IHI Faculty
Rebecca Steinfield

Rebecca Steinfield, MA, has been with IHI since 1996. She currently serves as Director of IHI’s Improvement Advisor Professional Development Program, teaches IHI courses on improvement methods, and mentors “improvers-in-training.” Rebecca sits on IHI’s Improvement Capability Focus Area.

Past IHI work includes serving as an Improvement Advisor on IHI’s programming for reducing unnecessary re-hospitalizations and primary care transformation in academic settings. Rebecca received her MA in Applied Psychology from Boston University.

Faculty
Amar Shah

Amar Shah, MD is a forensic psychiatrist at East London NHS Foundation Trust (ELFT) and leads the organisation-wide QI program aimed at supporting the Trust to provide the highest quality mental health and community care in the country.

As part of the program, ELFT is building the will and alignment for improvement at scale. They have partnered with the IHI in this work, who support with building capability at scale and providing strategic guidance.

Dr Shah has experience of providing local quality improvement support within a number of NHS providers, and national improvement work while seconded to the National Patient Safety Agency in 2009-10. He is an IHI Improvement Advisor and faculty member, and has completed an executive MBA in healthcare management, a masters in mental health law and a postgraduate certificate in medical education.