D19E19

How to balance clinical focus and complex systems

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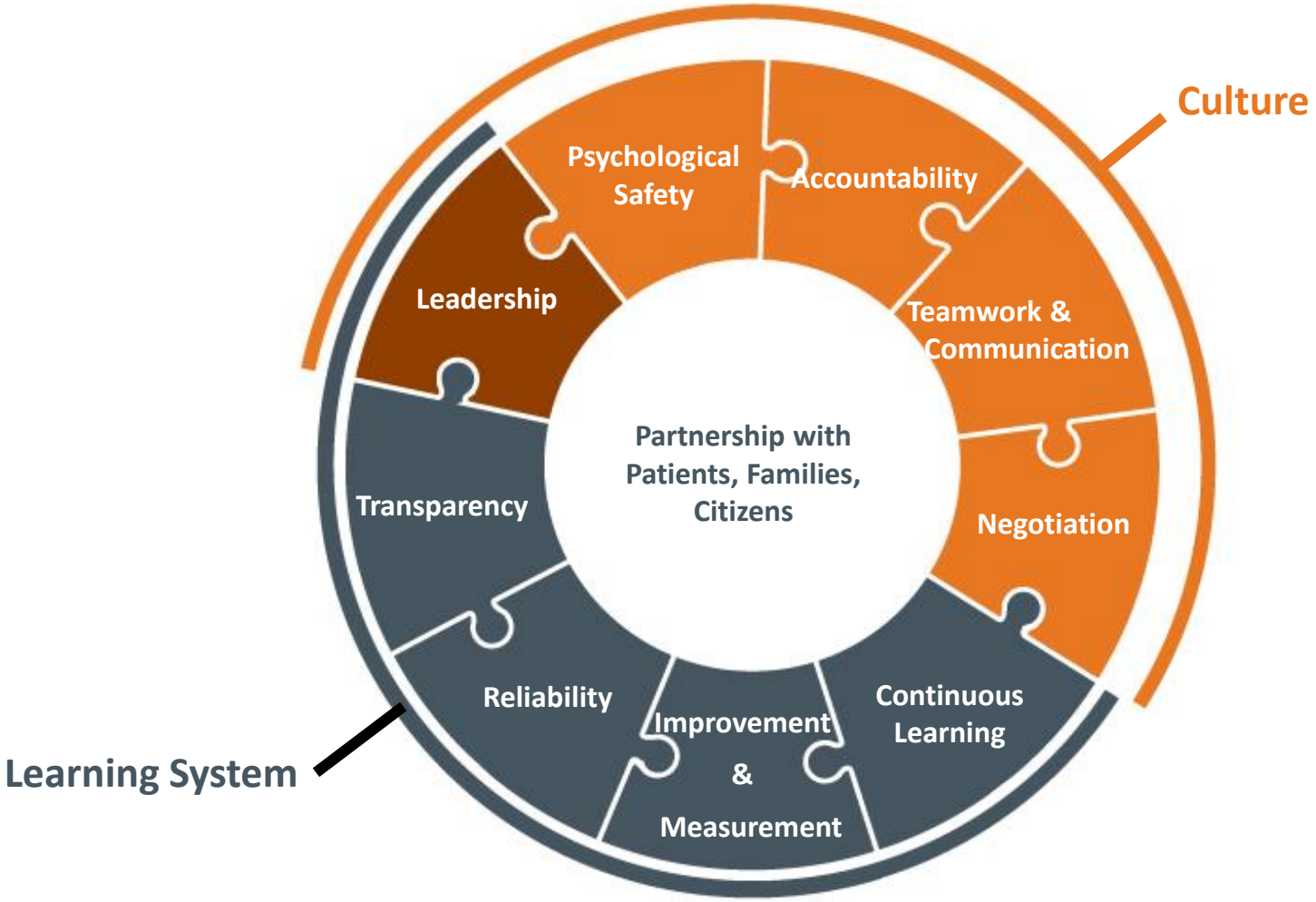
Disclosure Slide

Tony Kelly, Phil Duncan, Amelia Brooks, and Frank Federico have no relevant financial or nonfinancial relationship(s) within the services described, reviewed, evaluated, or compared in this presentation.

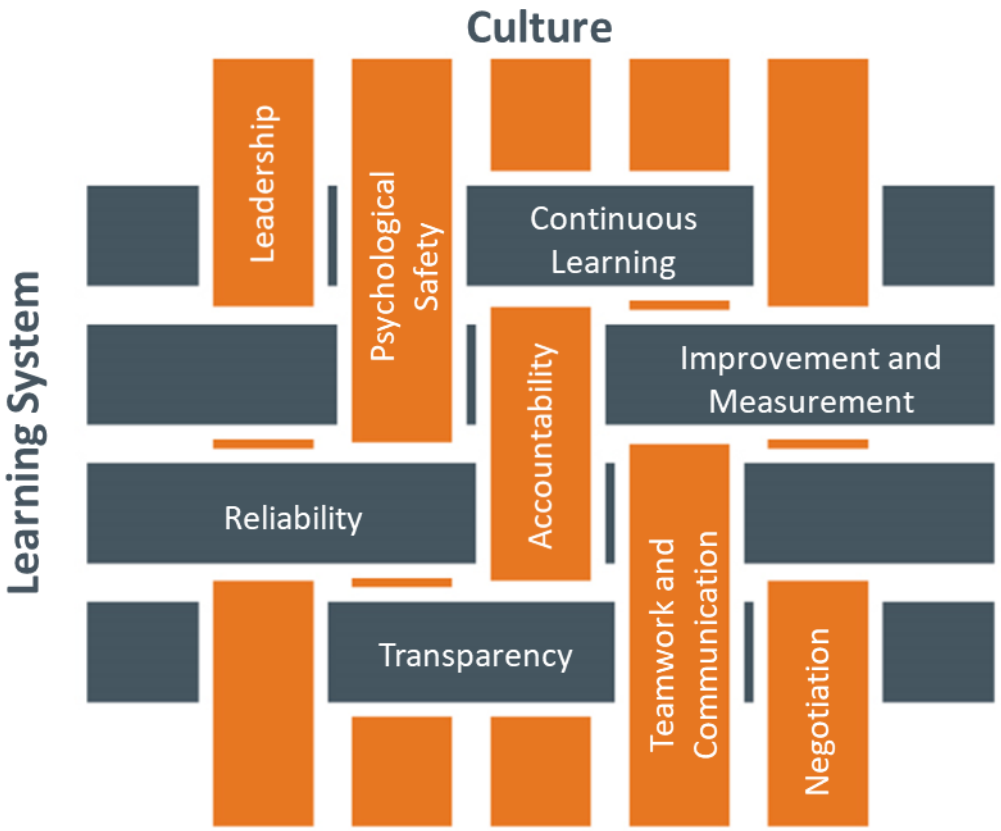
What are the objectives of this session?

- Learn how to balance clinical focus with system enablers
- Learn about the importance of narrow clinical focus to maximise perceived benefits

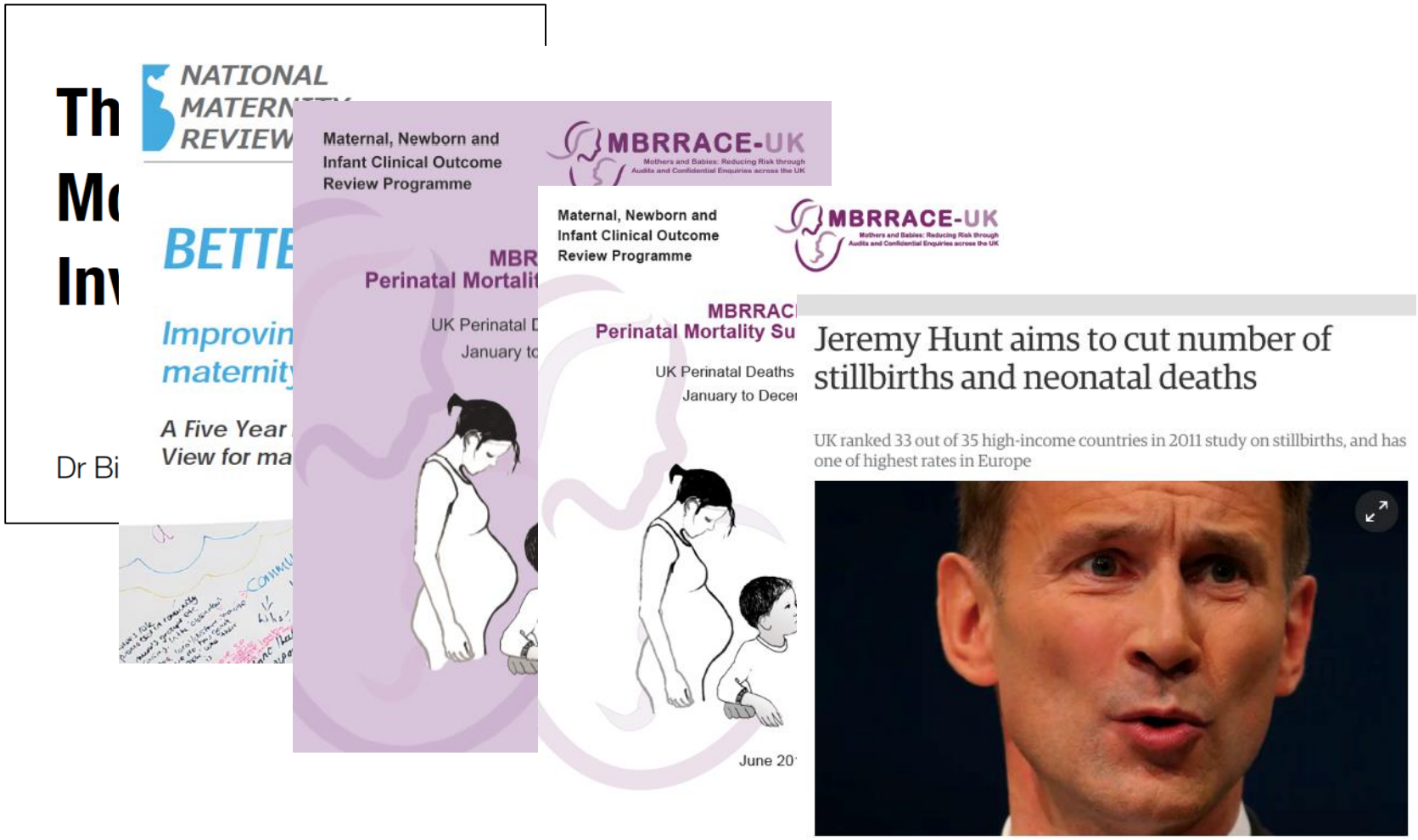
Introduction to IHI's Framework for Safe, Reliable and Effective Care



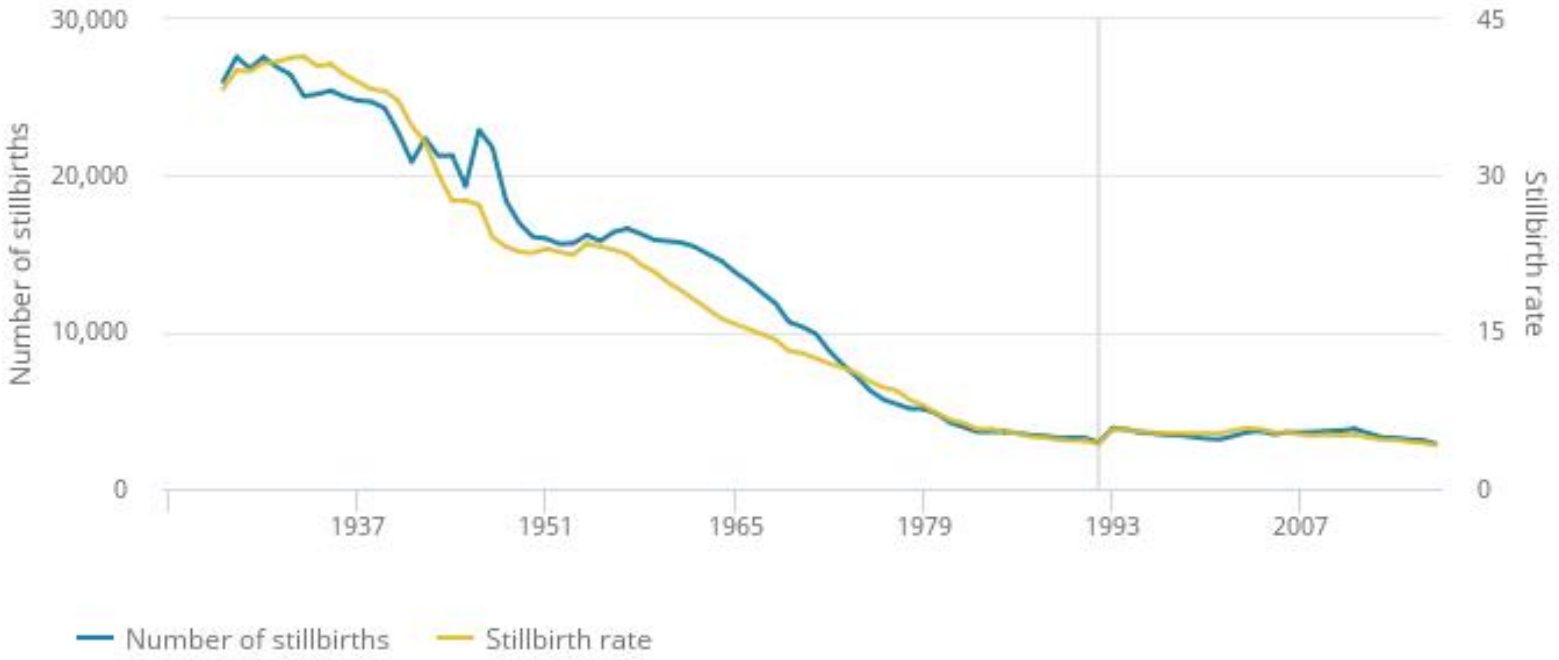
The Framework in Real Life



How has the national context shifted in England?



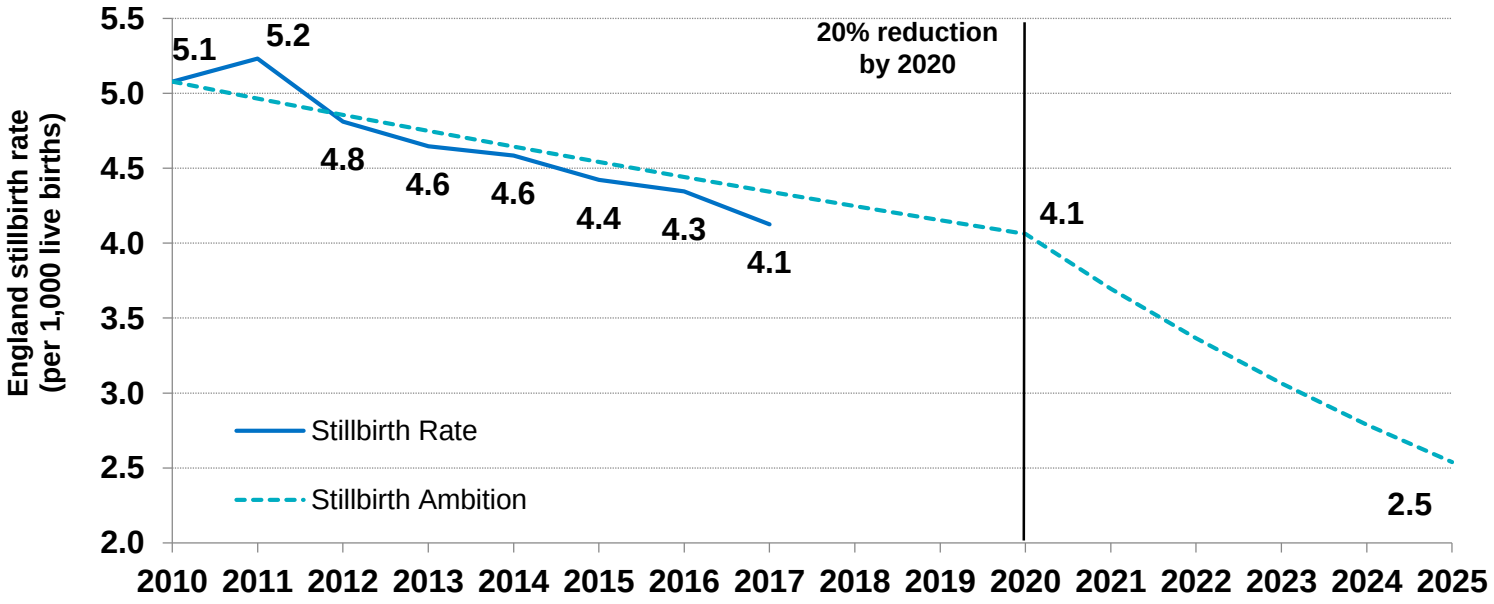
What is the scale of the issue?



Stillbirths (England & Wales): 1927-2017 (ONS data)

What is the scale of the issue?

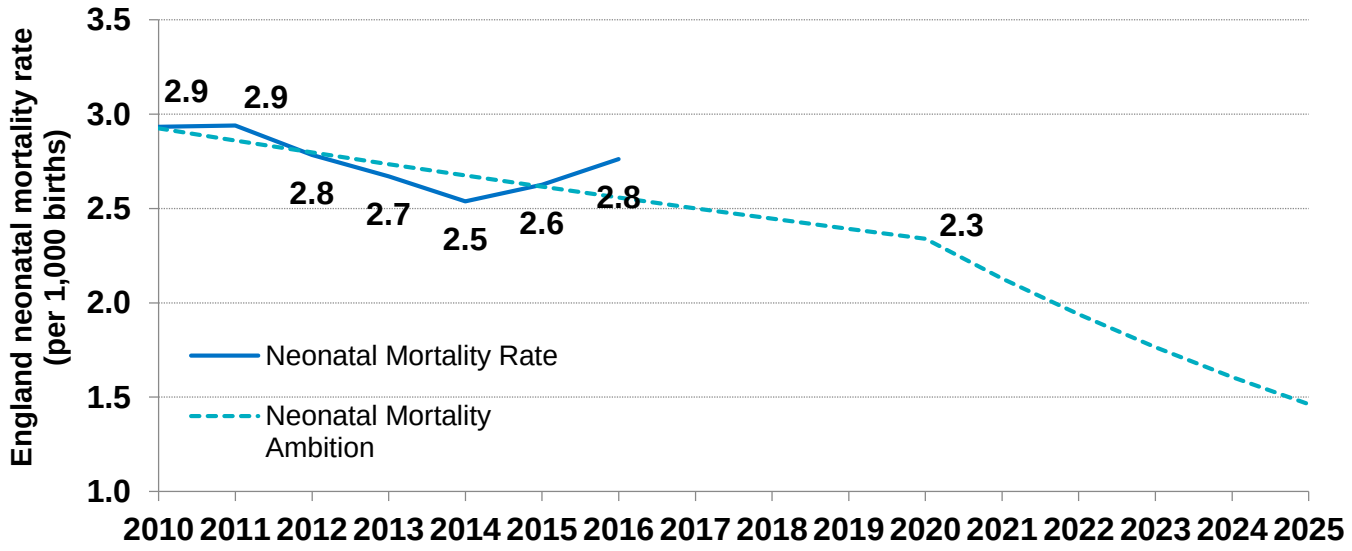
Stillbirth rate by year (England only)



Based on the **2017** ONS Birth and Death Registration data, the England **stillbirth rate** was **4.1** per 1,000 live births.
This is a 5.1% decrease from the rate in 2016, and an 18.8% decrease since 2010.

What is the scale of the issue?

Neonatal mortality rate by year (England only)



Based on most recent Childhood Mortality data, the England neonatal mortality rate was 2.8 per 1,000 live births in 2016.
This is a 5.8% decrease from the 2010 rate, but a 5.2% increase from the 2015 rate.

What is the vision of the Maternal & Neonatal Health Safety Collaborative?

*To improve the **safety** and **outcomes** of **maternal and neonatal care** by **reducing unwarranted variation** and provide a **high quality healthcare experience** for **all women**, **babies and families** across maternity care settings in England"*

What is the ambition of the collaborative?

By 2020 each Trust, local maternity system and network should have:

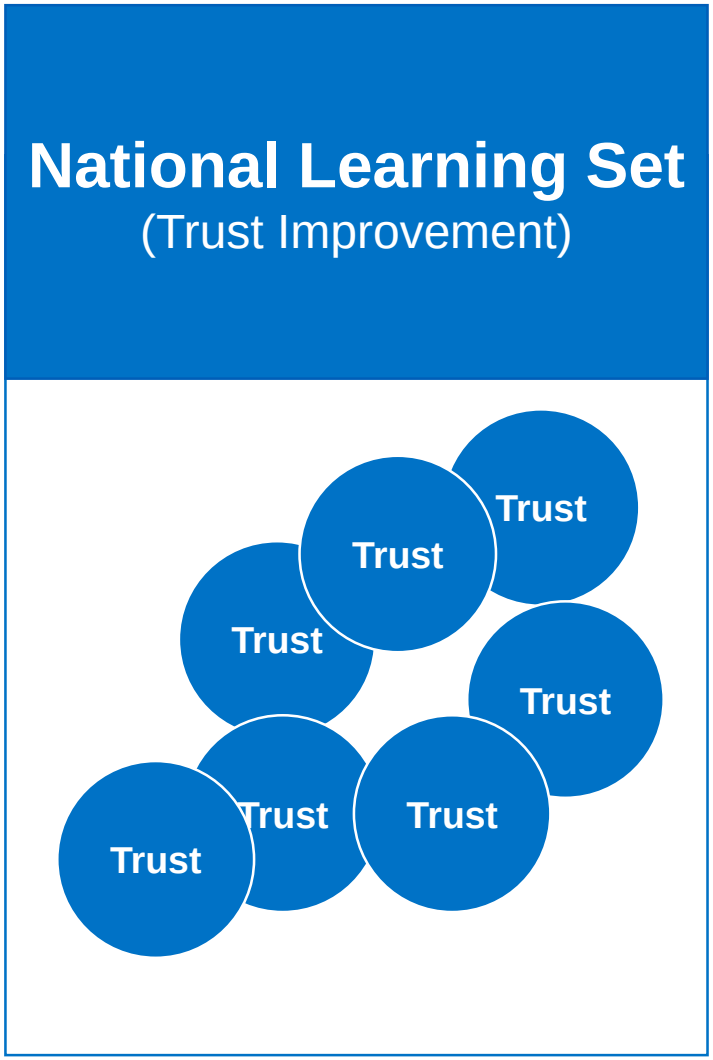
- significant capability (& capacity) for improvement
- detailed knowledge of local cultural issues
- developed a locally sensitive improvement plan
- made significant improvement to local service quality and safety
- data to share with their board, staff and commissioners that reflect these improvements

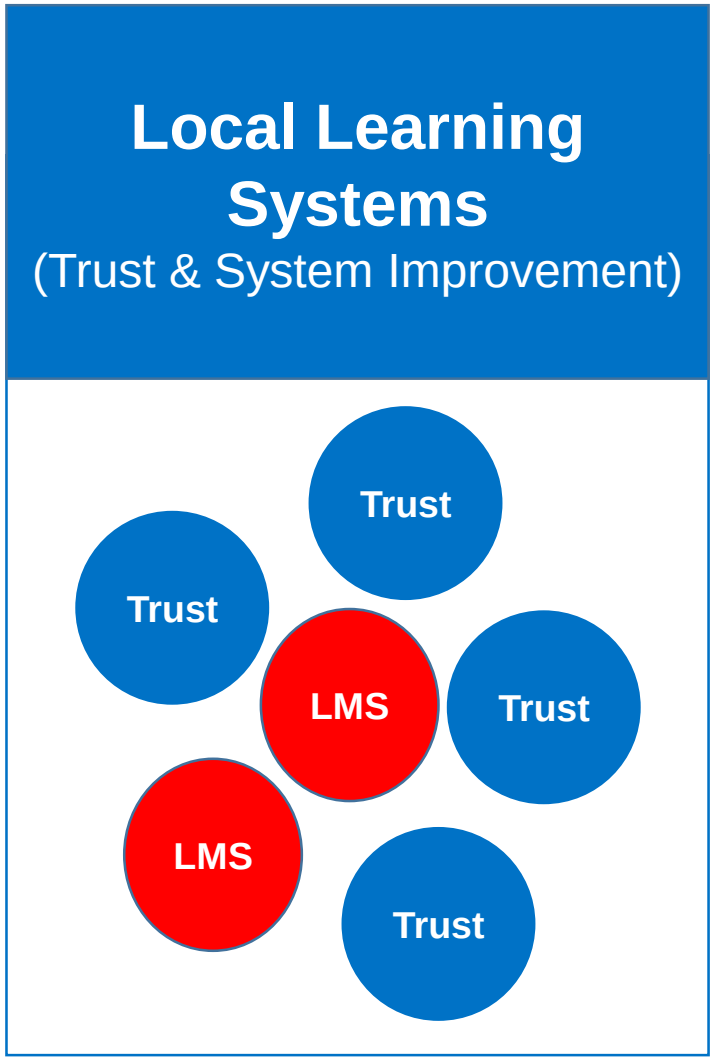
…to create the conditions for a safety culture and a national maternal and neonatal learning system

What is within the scope of the collaborative?

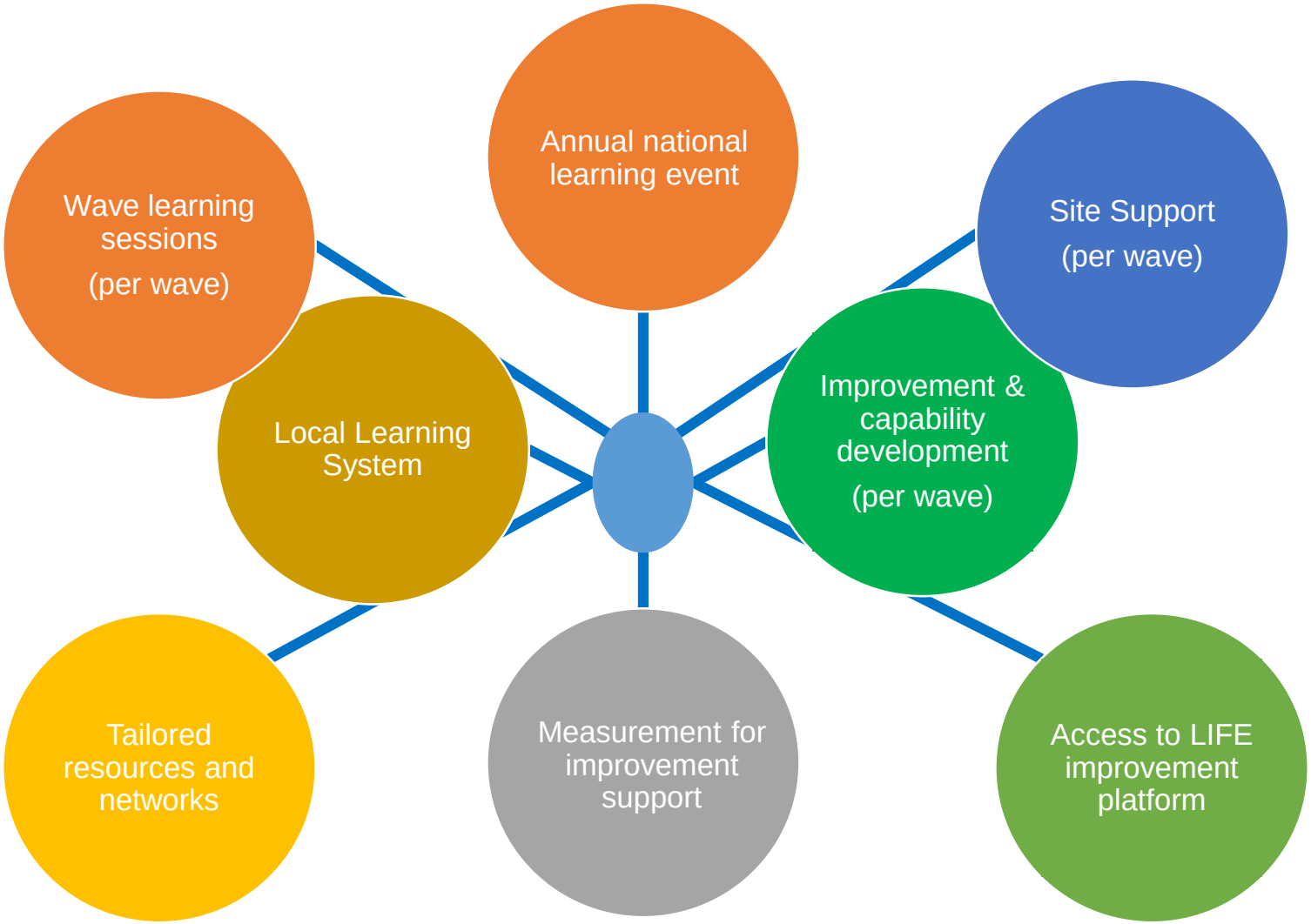
- All maternity services in England (136 Trusts)
- All care settings
- All components of the pathway (conception to puerperium) through a safety lens

How is the collaborative structured?

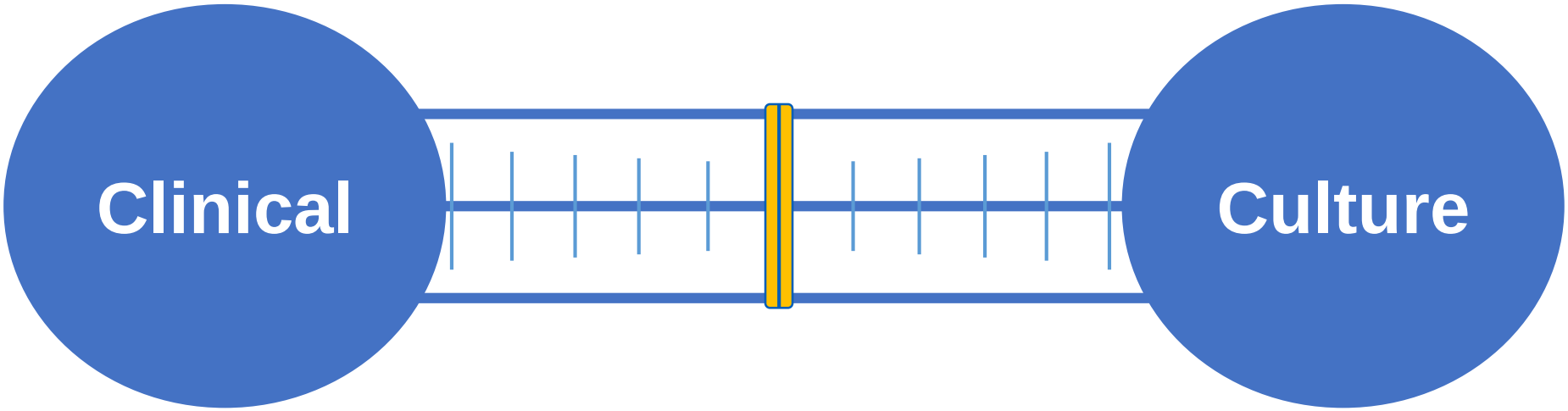


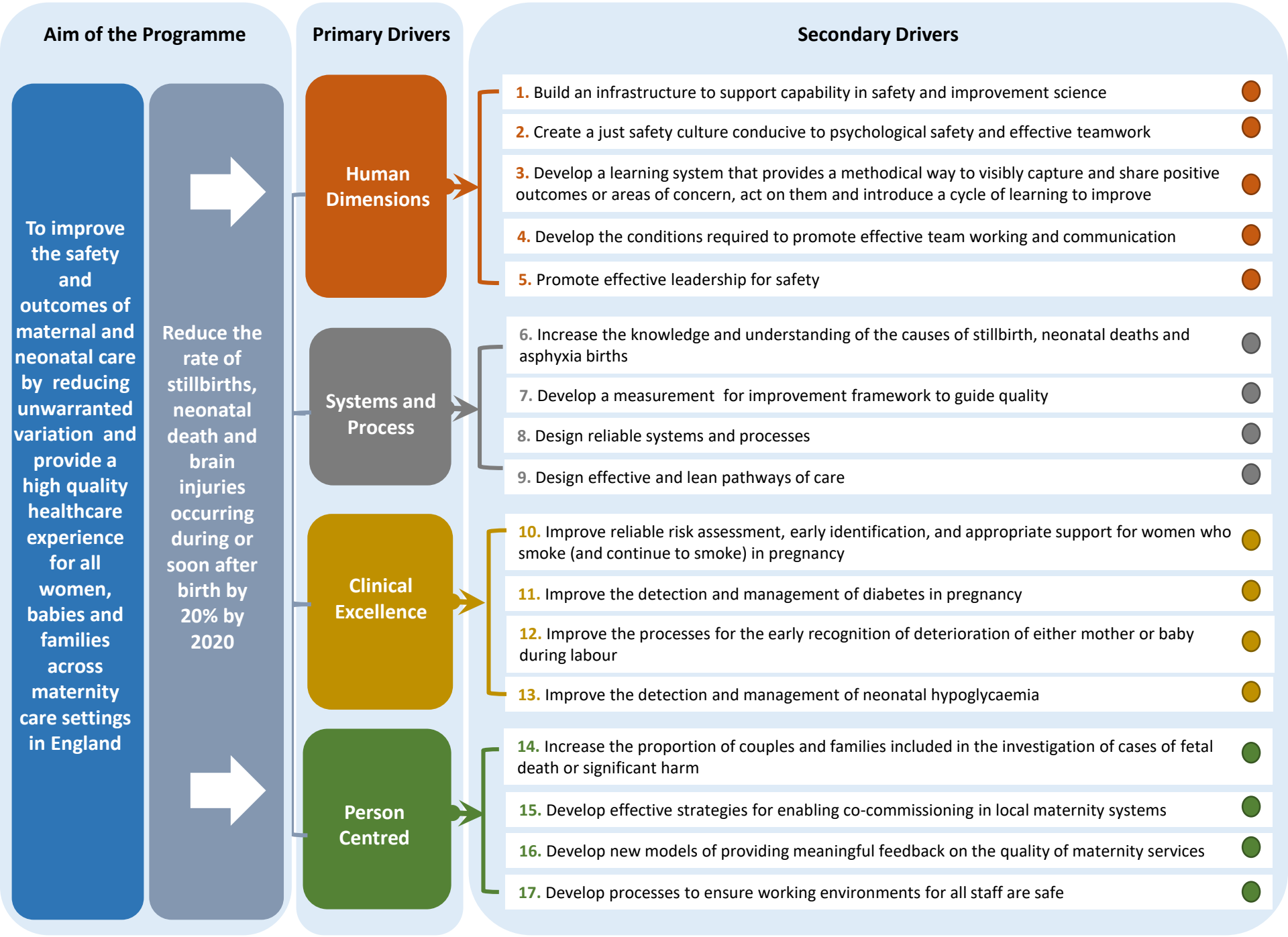


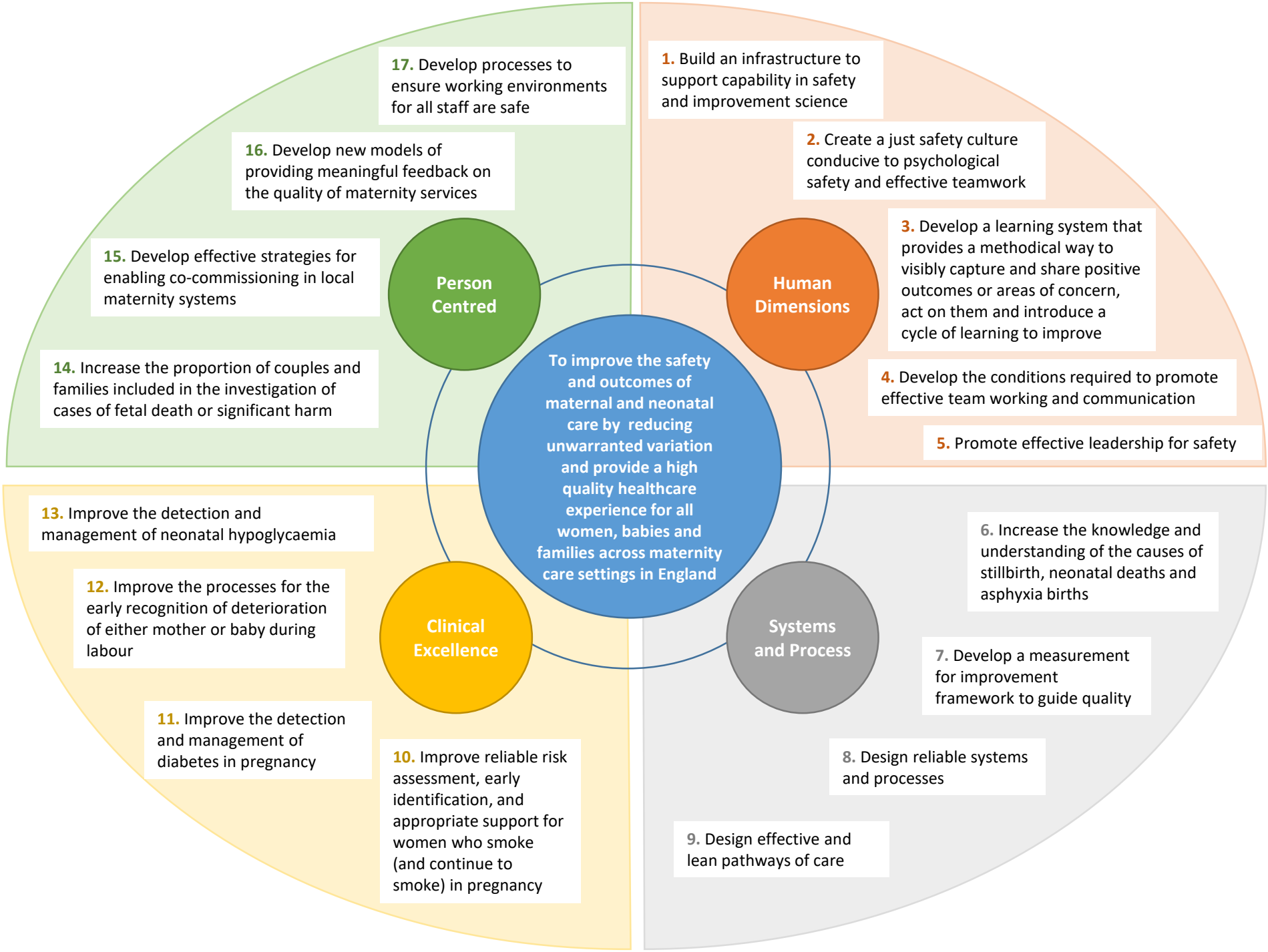
What additional support do organisations in the national learning set receive?



What are the tensions or polarities that can occur when running large scale improvement programmes?


Clinical
Culture


Aim of the Programme
To improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across maternity care settings in England
Reduce the rate of stillbirths, neonatal death and brain injuries occurring during or soon after birth by 20% by 2020
Primary Drivers
Human Dimensions
Systems and Process
Clinical Excellence
Person Centred
Secondary Drivers
1. Build an infrastructure to support capability in safety and improvement science
2. Create a just safety culture conducive to psychological safety and effective teamwork
3. Develop a learning system that provides a methodical way to visibly capture and share positive outcomes or areas of concern, act on them and introduce a cycle of learning to improve
4. Develop the conditions required to promote effective team working and communication
5. Promote effective leadership for safety
6. Increase the knowledge and understanding of the causes of stillbirth, neonatal deaths and asphyxia births
7. Develop a measurement for improvement framework to guide quality
8. Design reliable systems and processes
9. Design effective and lean pathways of care
10. Improve reliable risk assessment, early identification, and appropriate support for women who smoke (and continue to smoke) in pregnancy
11. Improve the detection and management of diabetes in pregnancy
12. Improve the processes for the early recognition of deterioration of either mother or baby during labour
13. Improve the detection and management of neonatal hypoglycaemia
14. Increase the proportion of couples and families included in the investigation of cases of fetal death or significant harm
15. Develop effective strategies for enabling co-commissioning in local maternity systems
16. Develop new models of providing meaningful feedback on the quality of maternity services
17. Develop processes to ensure working environments for all staff are safe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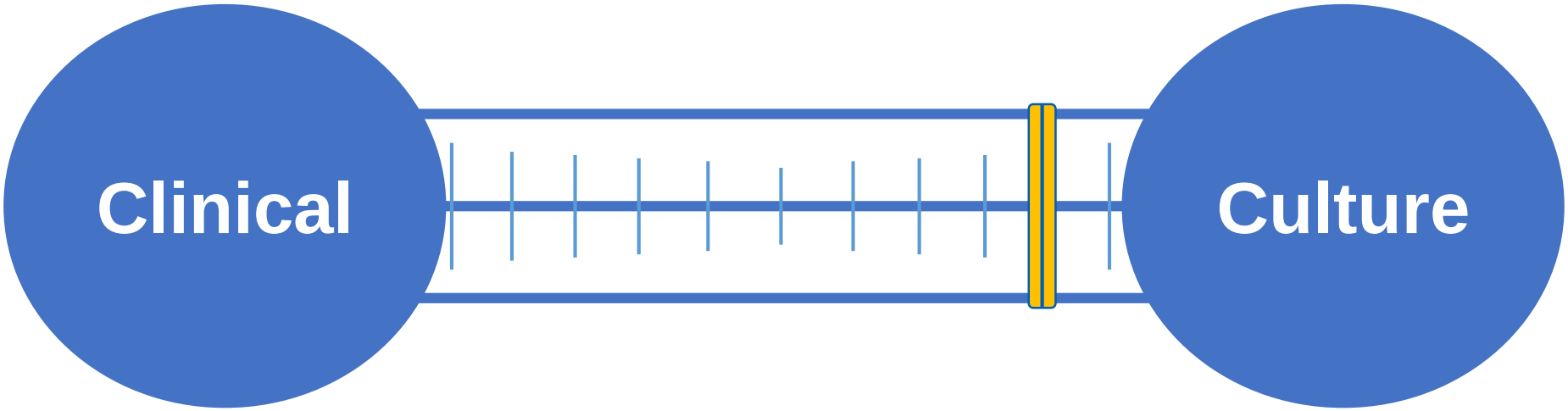
Systems and Process

Why did we structure work this way?

- Often policy involves “pointing’ at what is good and bad (but often poor performance) and assuming improvement will happen
- ‘Just do it’ approach to adoption and spread
- Low baseline for capability for improvement in the system
- We wanted to bring the ‘how’ to the front of the conversations alongside the ‘what’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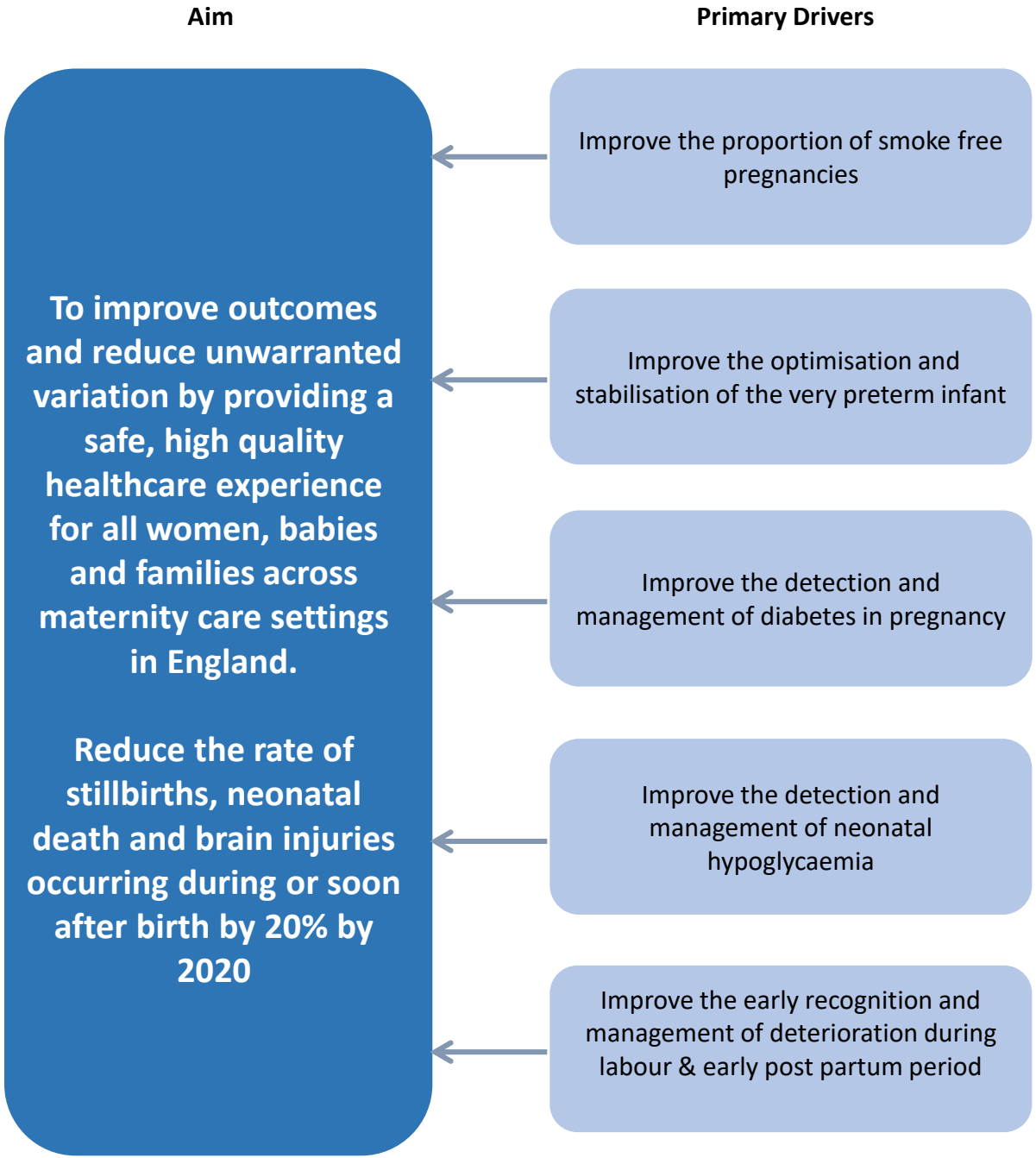
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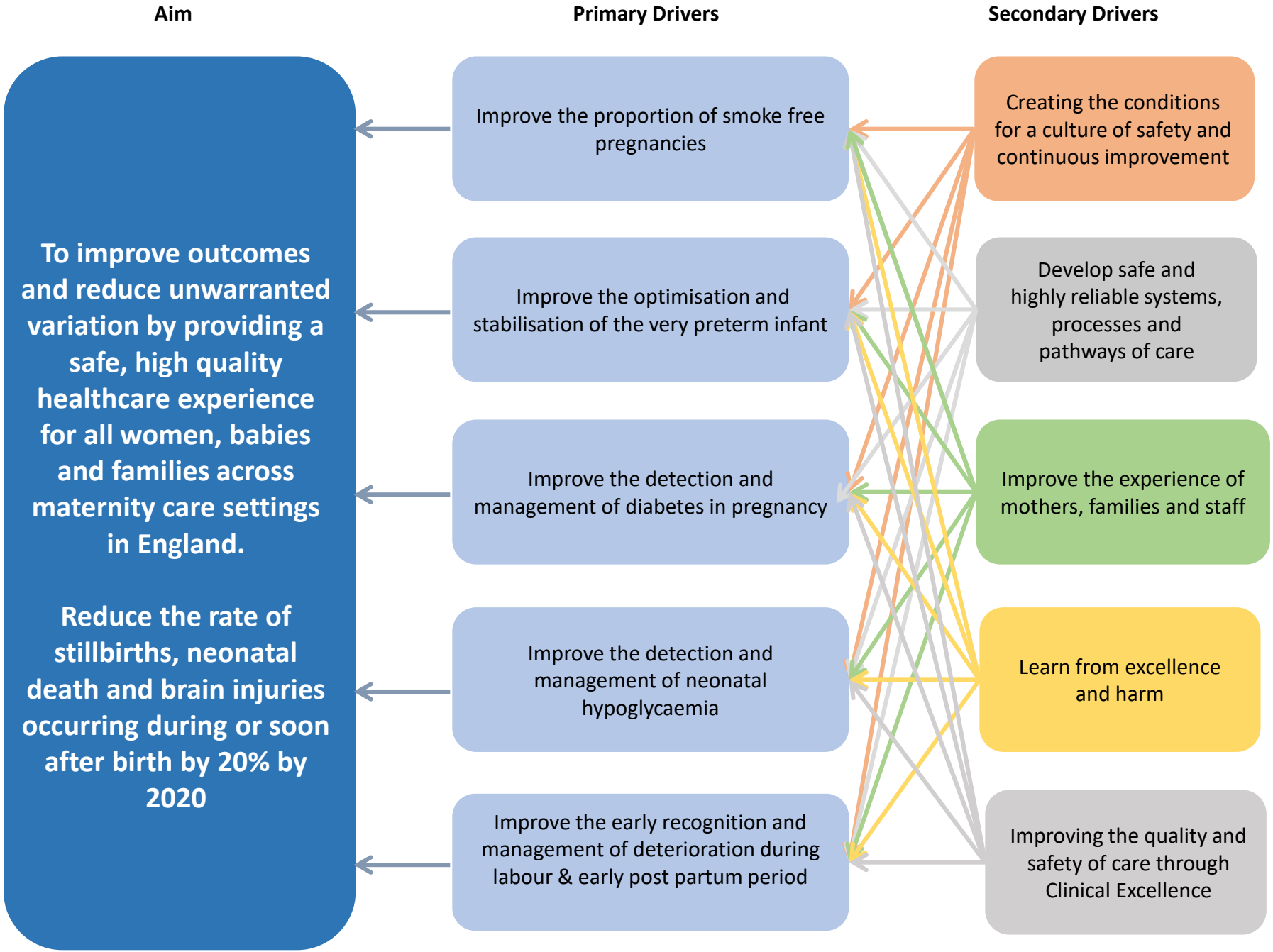
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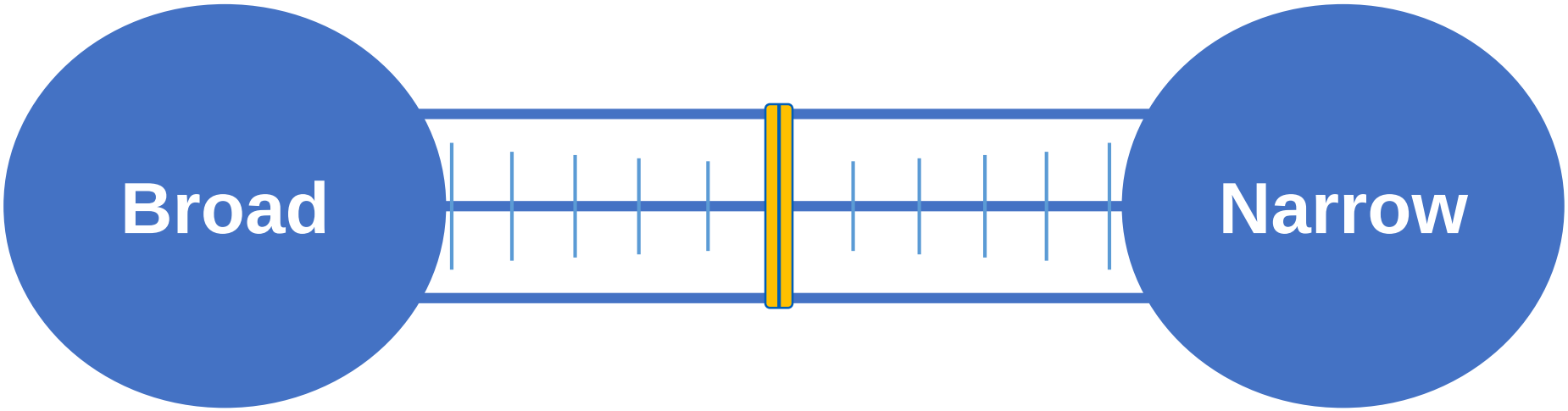
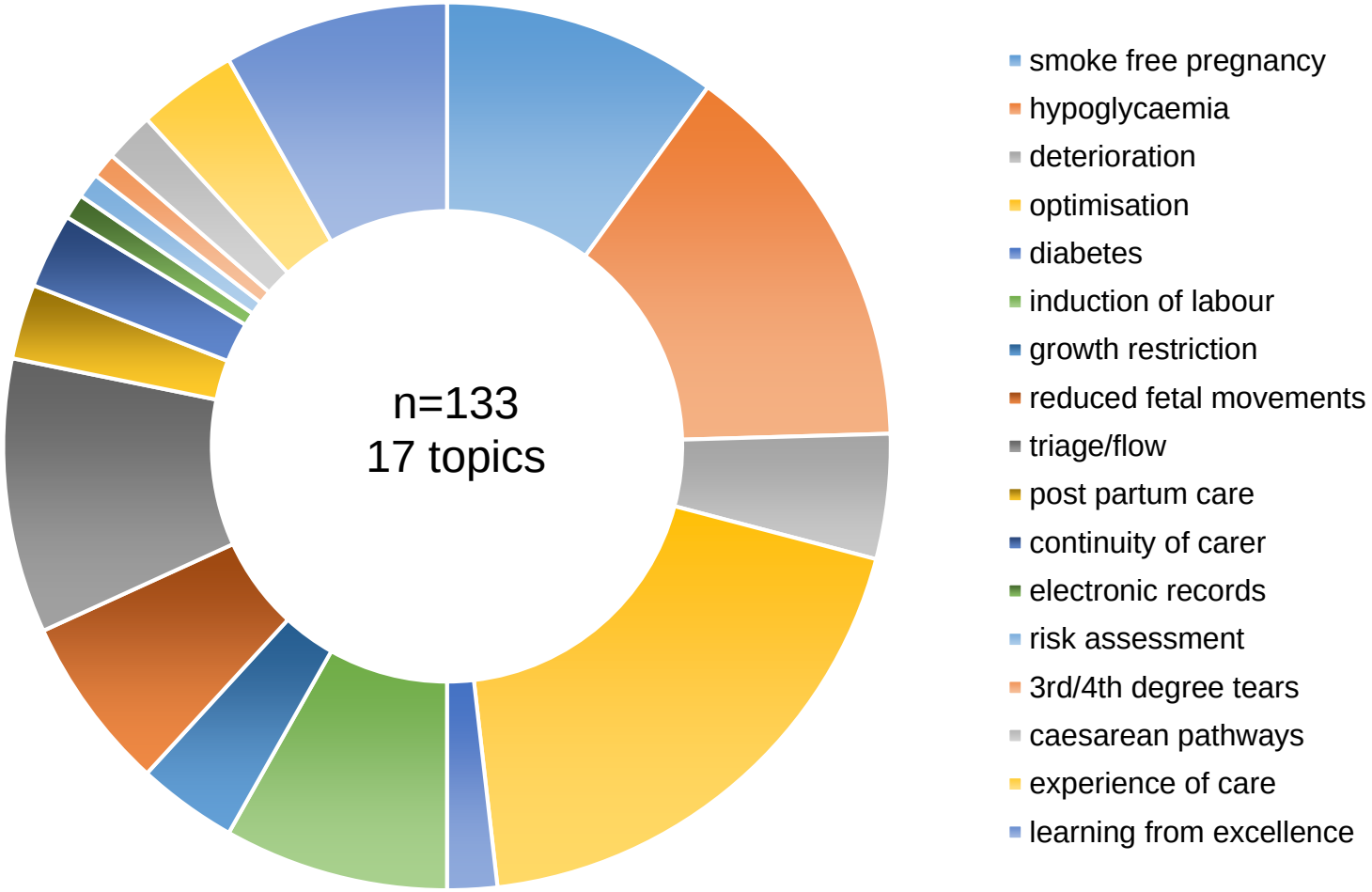
Creating the conditions for a culture of safety and continuous improvement
Develop safe and highly reliable systems, processes and pathways of care
Improve the experience of mothers, families and staff
Learn from excellence and harm
Improving the quality and safety of care through Clinical Excellence

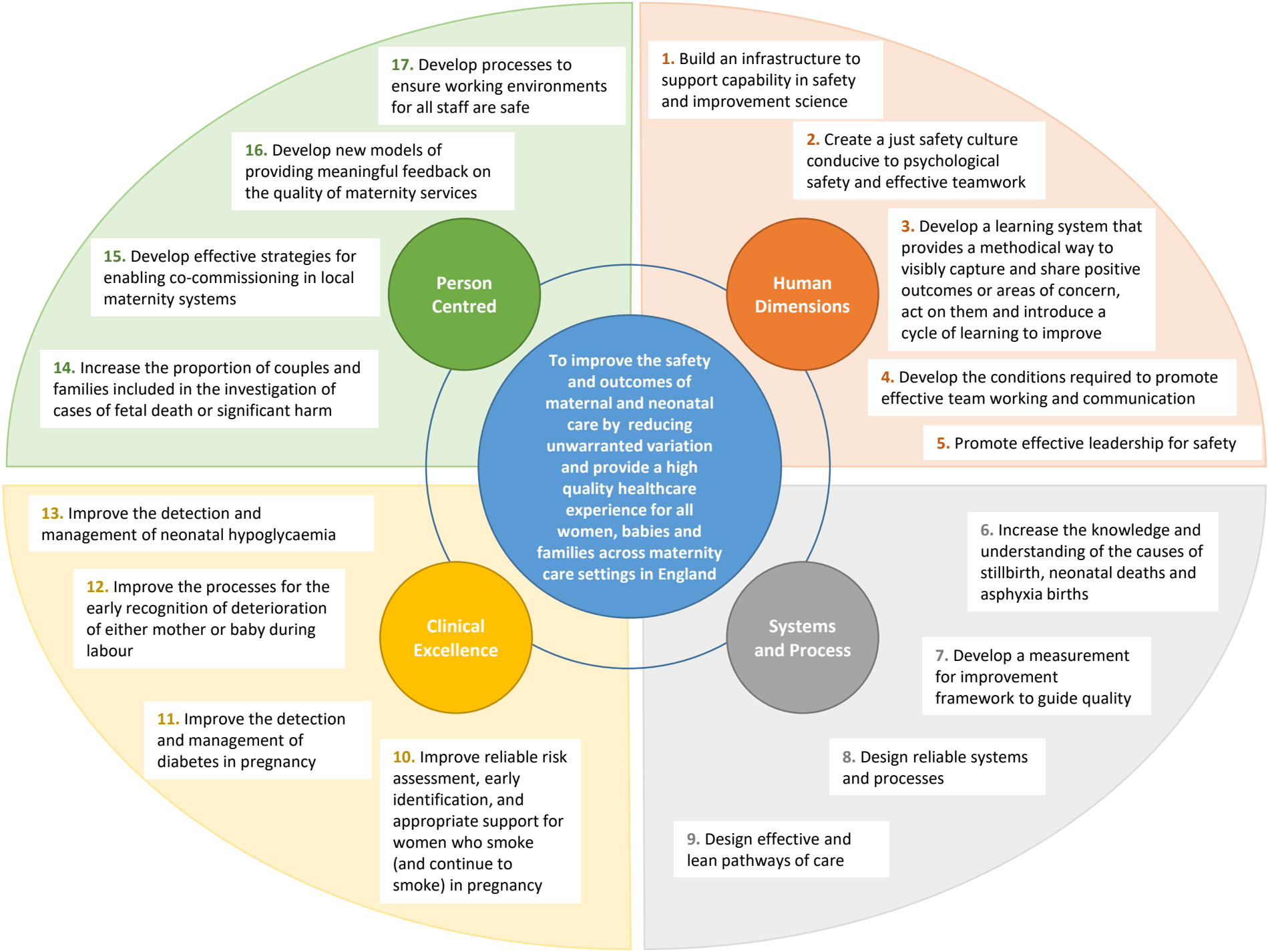
Take a moment to reflect on your work…

- Can you identify system and process interventions?
- Can you identify culture and behavior interventions?
- Is there a balance in your content theory between clinical improvement and and cultural improvement? Is it a tension?
- Would you consider adjusting the balance in either direction?
- Discuss in pairs or small groups
- Report out


Broad
Narrow

Improvement Projects for Wave 1 Trusts

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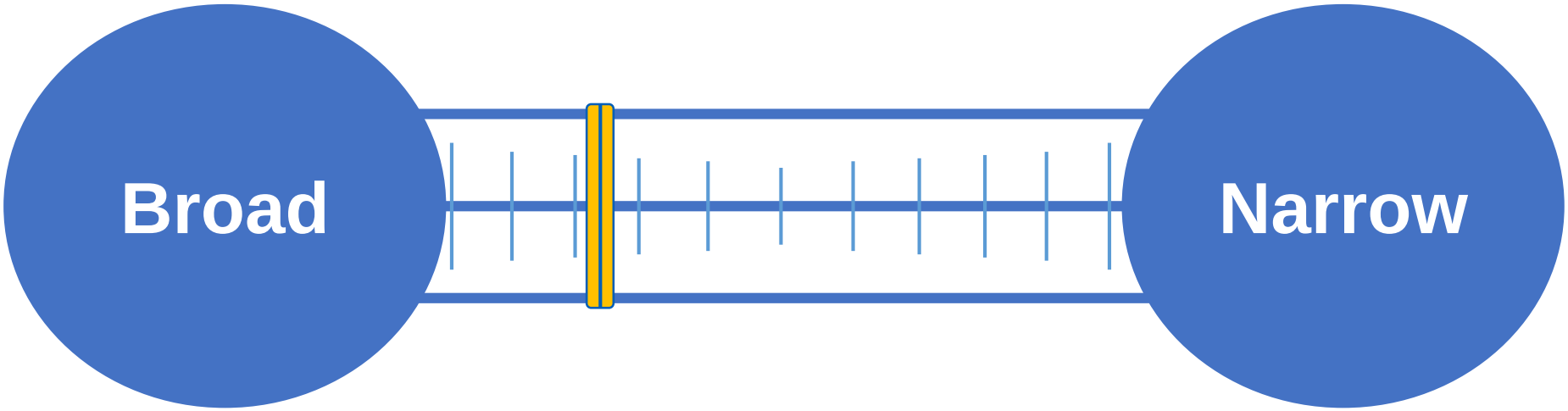
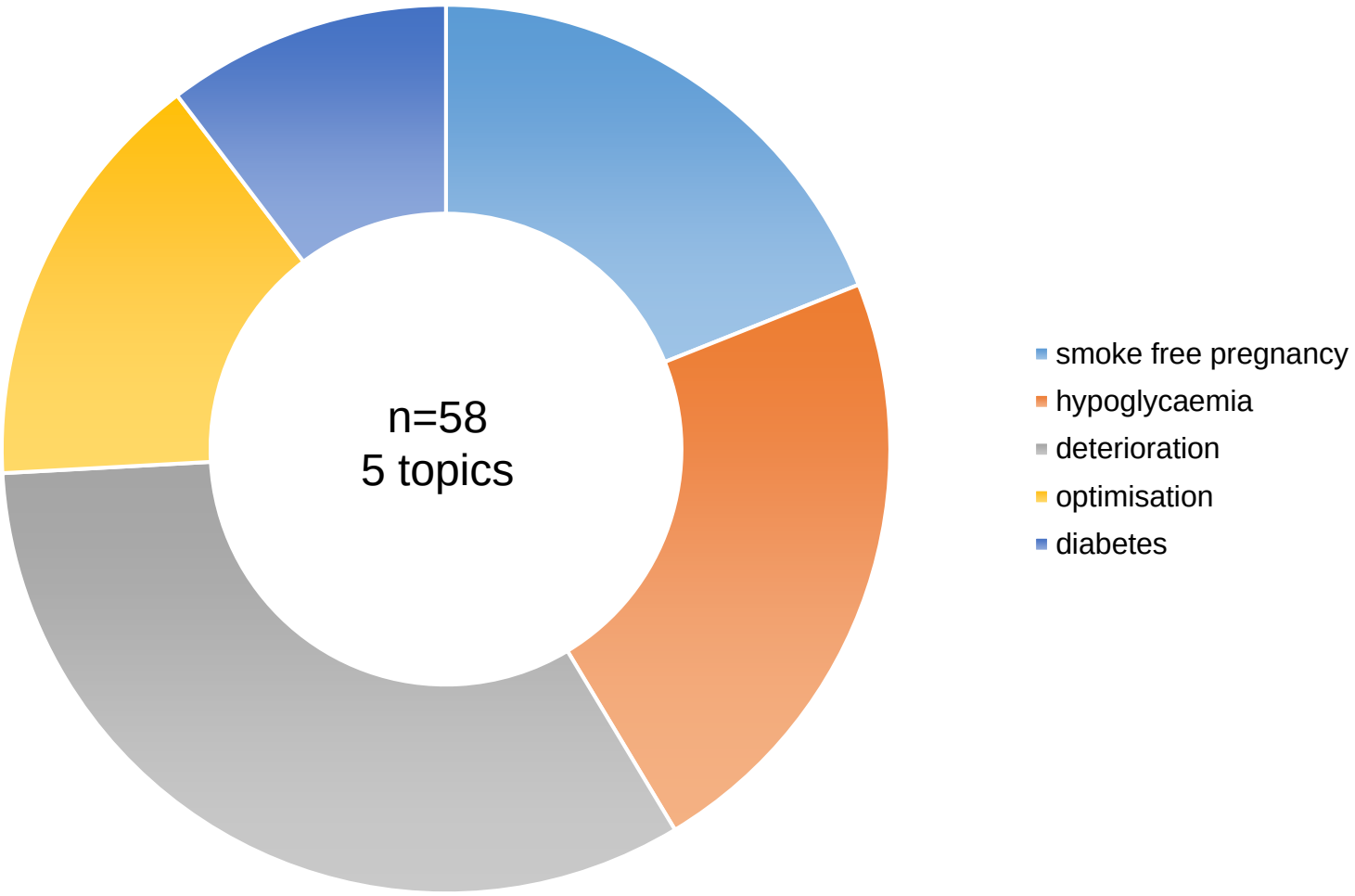
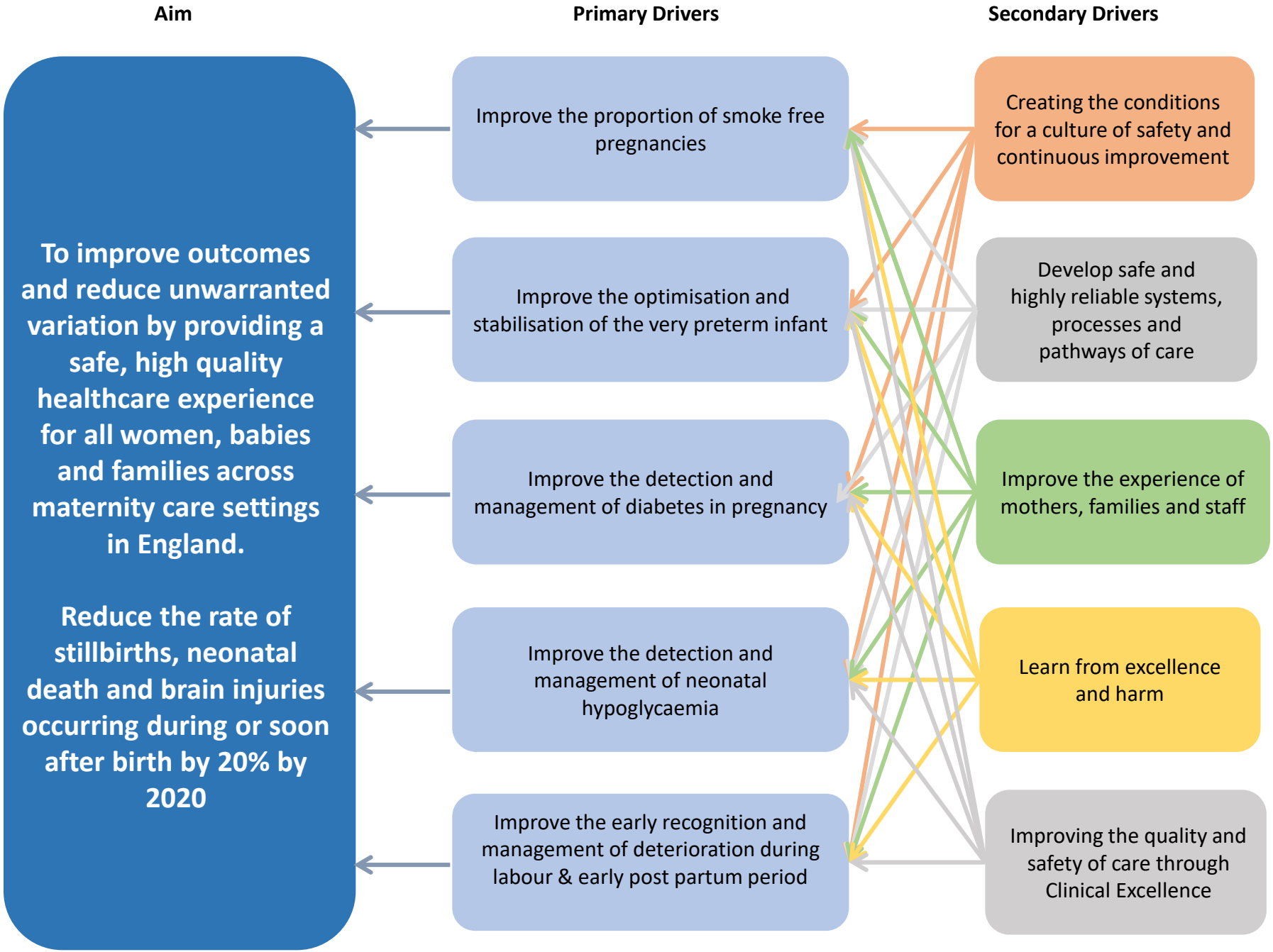

Broad
Narrow

Improvement Projects for Wave 2 Trusts

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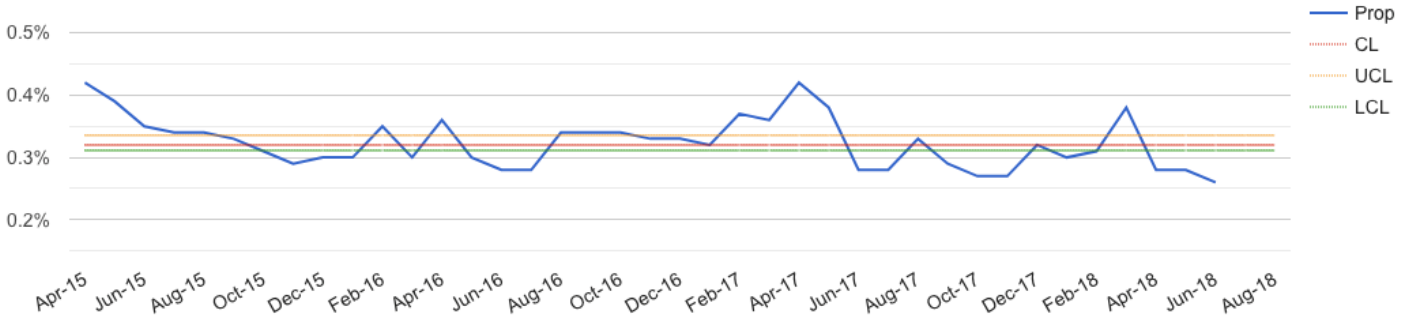
Proportion of babies admitted with hypoglycaemia

National Trend



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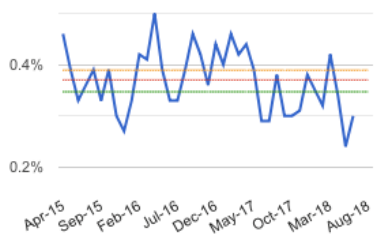
Wave 1



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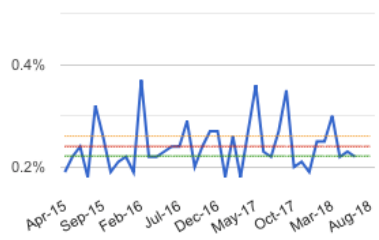
Wave 2



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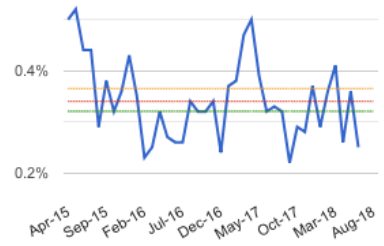
Wave 3



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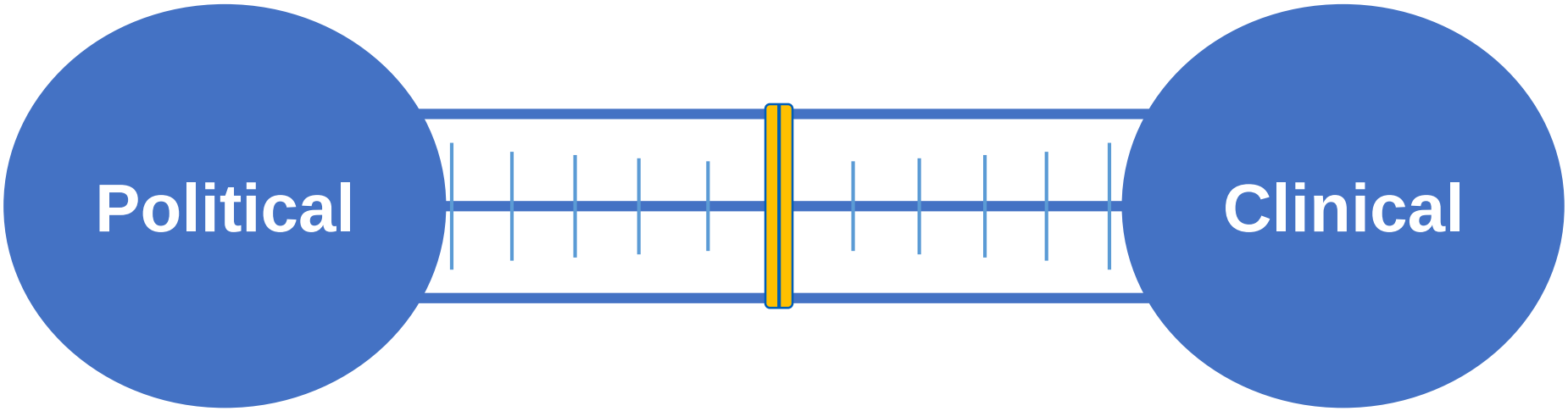
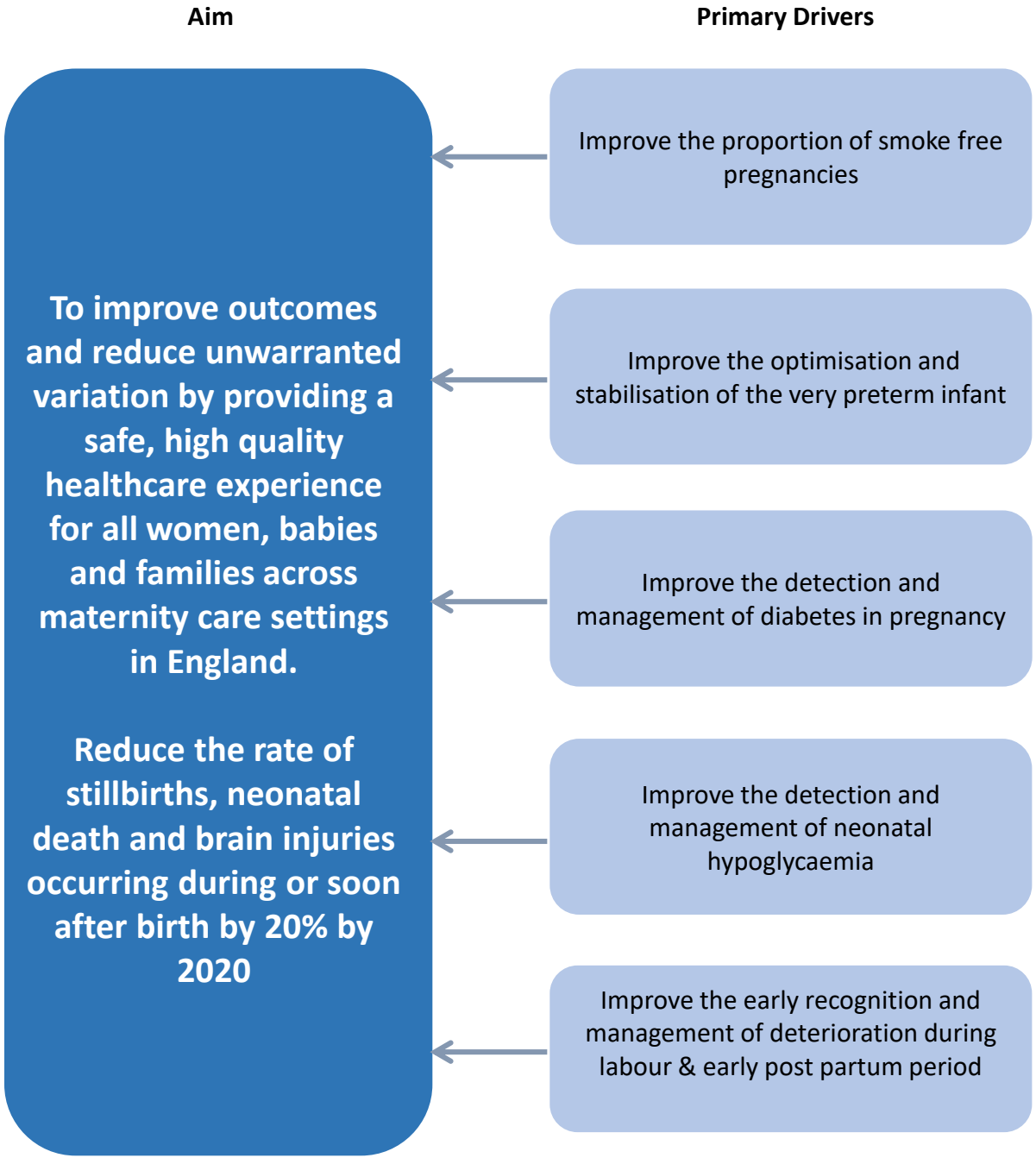
Take a moment to reflect on your work…

- Is your focus broad or narrow? Or a bit of both?
- Is there a balance between a broad and narrow approach? Is it a tension?
- Would you consider adjusting the balance in either direction?
- Discuss in pairs or small groups
- Report out


Political
Clinical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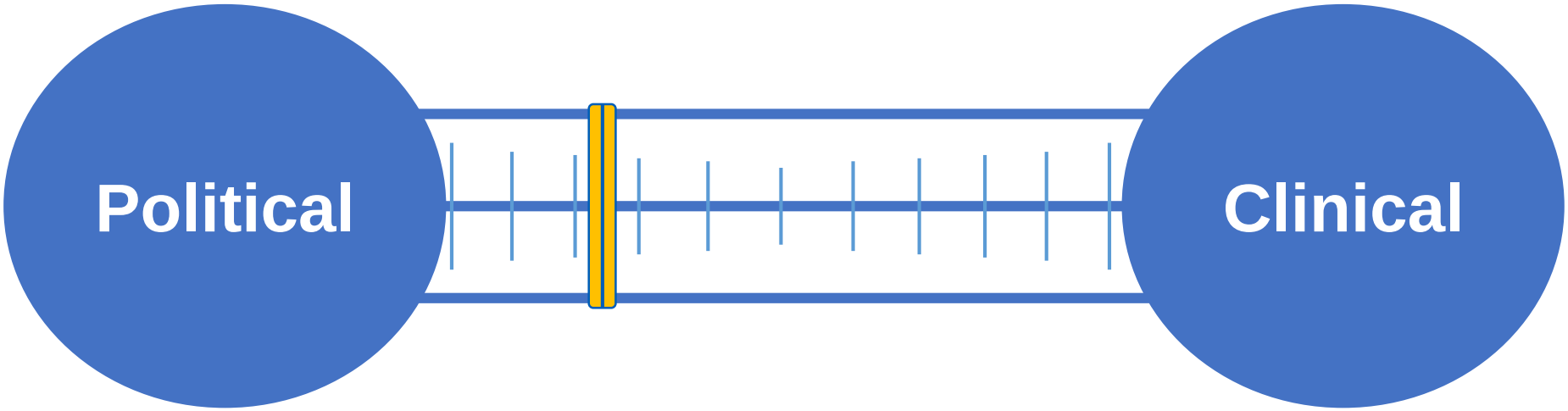
Why did we use these interventions?

- We focused on interventions that had a clear evidence base
- Looked to avoid areas where there was a wide range of opinion on value
- Interventions where change was in the gift of clinical teams
- Where there was a known wide variation in clinical practice with associated link to variation in outcomes
- Interventions also aligned to other national initiatives


Political
Clinical

Which interventions will we support next?

- Need to acknowledge speed of change, so an argument for not broadening the focus
- Need to learn from testing work – will our hypothesis meet the aim?
- New interventions coming on board – need to respond to external pressures
- Developing the ‘improvement pipeline’ - as the system becomes more capable, potential to allow more local innovation for developing next wave of change ideas

Take a moment to reflect on your work…

- What are the key interventions on which you are focused?
- Are there specific interventions that are more political in their focus
- Is there a balance between political and clinical drivers? Is it a tension?
- Would you consider adjusting the balance in either direction?
- Discuss in pairs or small groups
- Report out

What other factors should you consider?

- There may be other polarities or tensions within your project/programme
- Where the balance sits for each is not a fixed point and may need to be adjusted in real time
- Key to effective leadership in this space is being comfortable to maintain an overview of these tensions and flex where required
- Leaders need to keep sight of the aim of the programme

What are the take home messages?

- Any programme requires a realistic goal built on evidence based interventions
- Large-scale programmes are often ‘politically’ initiated but need to resonate with clinical teams
- Improvement requires a balanced focus of clinical interventions and behavioural/cultural change
- To increase success, do fewer things well…

Thank you

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