

It's as easy as EBCD

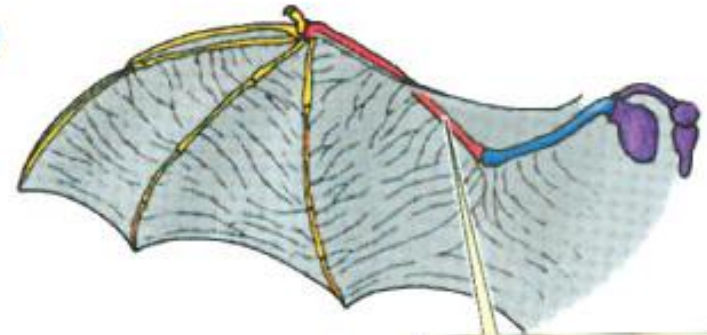


People Powered Quality
improvement

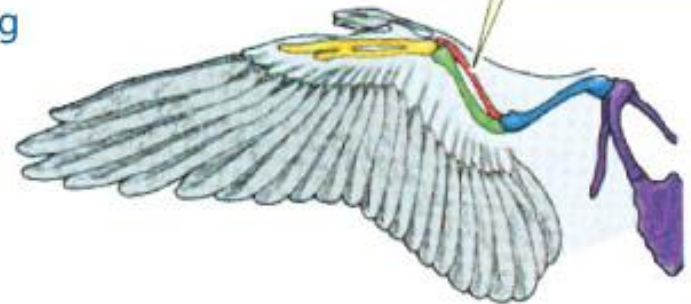
Convergent evolution?

In **evolutionary** biology, **convergent evolution** is the process whereby organisms not closely related (not monophyletic), independently **evolve** similar traits as a result of having to adapt to similar environments or ecological niches

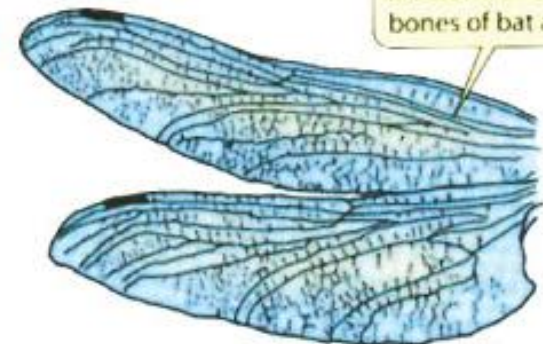
Bat wing

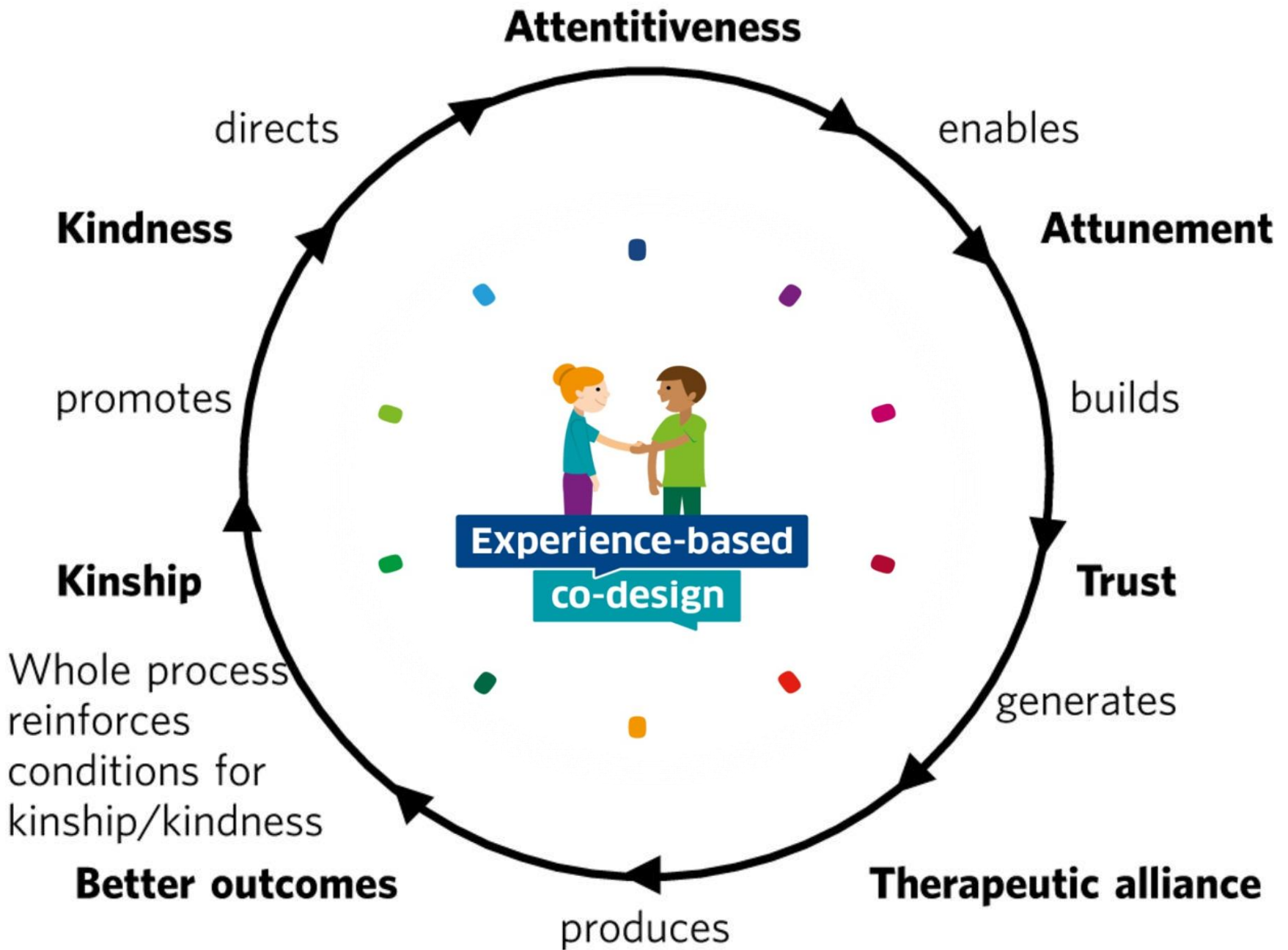


Bird wing



Insect wing

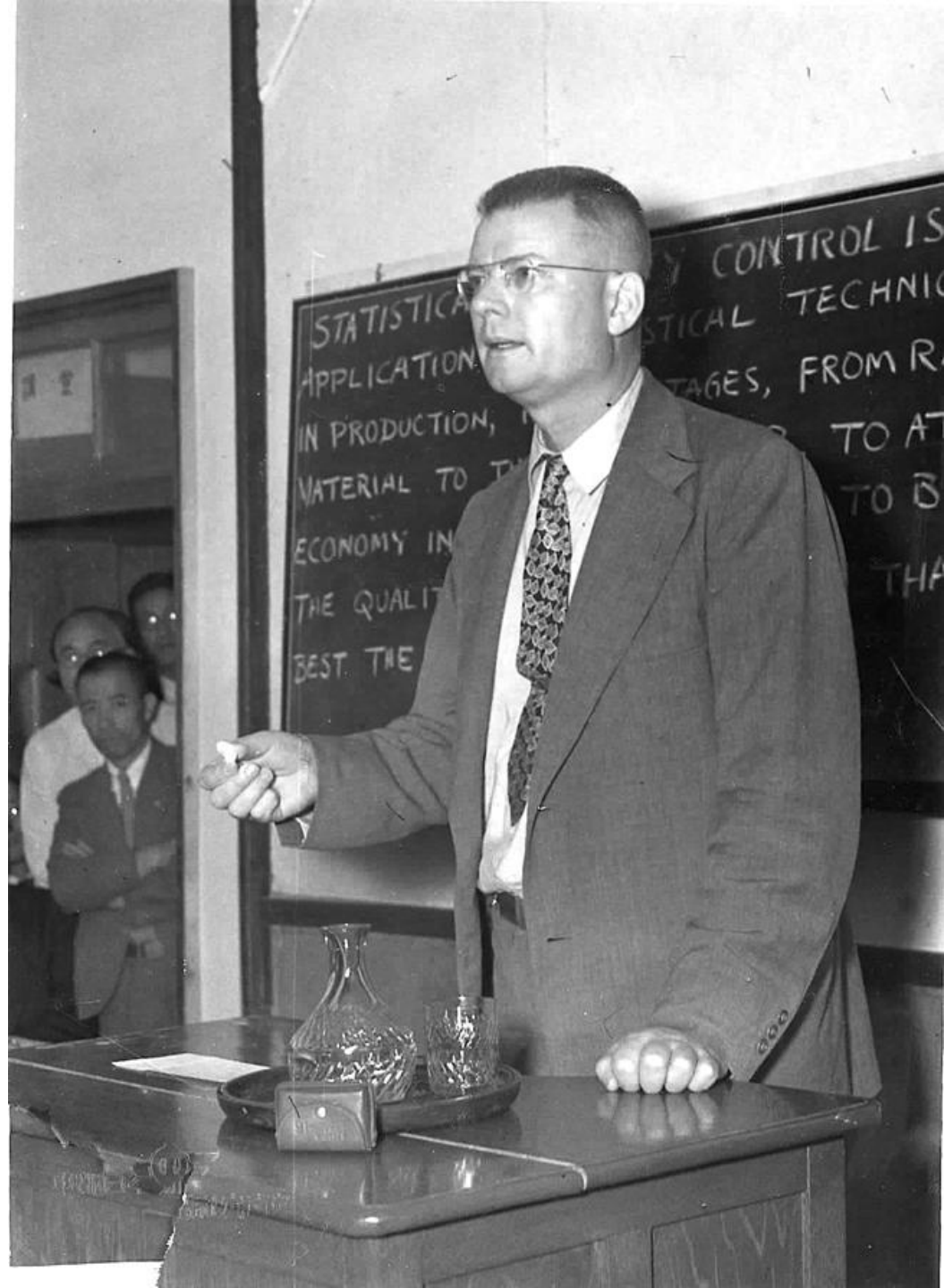




Intelligent Kindness: reforming the culture of healthcare (Ballat and Campling 2011)

**“The greatest waste...
is failure to use the
abilities of people... to
learn about their
frustrations and about
the contributions they
are eager to make.”**

W. Edwards Deming
Out of the Crisis p57





Dr D.M. Berwick
Era 3 medicine for
healthcare

Avoid professional prerogative at the expense of the whole: From Era 1, doctors, nurses, inherited privilege. It's still there. It's the trump card of prerogative over needs, over the interests of others. 'It's my operating room time.' 'I give the orders.' 'Only a doctor can.' 'Only a nurse can.' These are habits and beliefs that die very hard, but they're not needed. They're in our way.

Listen. Really listen: Coproduction, patient-centered care, what matters to you — they're encoding a new balance of power: the authentic transfer of control over people's lives to the people themselves. That includes, and I have to say this, above all, it has to include the voices of the poor, the disadvantaged, the excluded. They need our mission most

Fugitive data....



Original research

Making soft intelligence hard: a multi-site qualitative study of challenges relating to voice about safety concerns

Graham P Martin¹, Emma-Louise Aveling², Anne Campbell³, Carolyn Tarrant¹, Peter J Pronovost⁴, Imogen Mitchell⁵, Christian Dankers⁶, David Bates^{7, 8}, Mary L

Author affiliations

Abstract

Background Healthcare organisations held by their own personnel. We concerns.

Methods Qualitative study involving participants from a wide range of end of care. Data analysis was by

Results Leaders reported that the expression of concerns by email



Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed



Beyond metrics? Utilizing 'soft intelligence' for healthcare quality and safety

Graham P. Martin ^{a, *}, Lorna McKee ^b, Mary Dixon-Woods ^a

^a University of Leicester, United Kingdom

^b Aberdeen University, United Kingdom



ARTICLE INFO

Article history:

Received 19 November 2014

Received in revised form

23 June 2015

Accepted 25 July 2015

Available online 31 July 2015

Keywords:

ABSTRACT

Formal metrics for monitoring the quality and safety of healthcare have a valuable role, but may not, by themselves, yield full insight into the range of fallibilities in organizations. 'Soft intelligence' is usefully understood as the processes and behaviours associated with seeking and interpreting soft data—of the kind that evade easy capture, straightforward classification and simple quantification—to produce forms of knowledge that can provide the basis for intervention. With the aim of examining current and potential practice in relation to soft intelligence, we conducted and analysed 107 in-depth qualitative interviews with senior leaders, including managers and clinicians, involved in healthcare quality and safety in the English National Health Service. We found that participants were in little doubt about the value of

THE JOHARI WINDOW

Known to Self

Not Known to Self

Known
to
Others

KNOWN SELF

Things we know
about ourselves
and others know
about us.

BLIND SELF

Things others
know about us
that we do not
know.

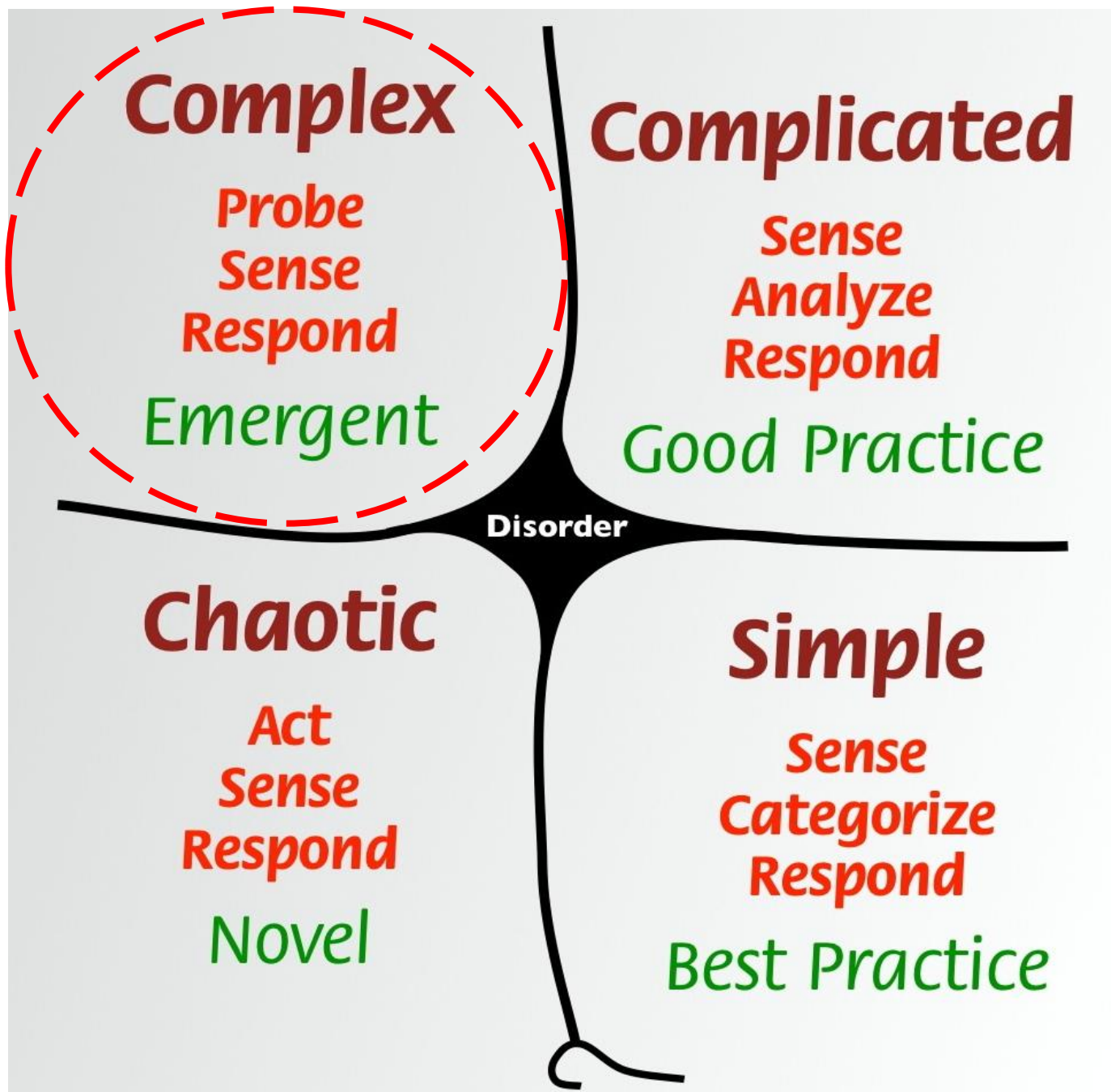
Not
Known
to
Others

HIDDEN SELF

Things we know
about ourselves
that others do
not know.

UNKNOWN SELF

Things neither
we nor others
know about us.



**A great place to
work!**

**Human
Needs**

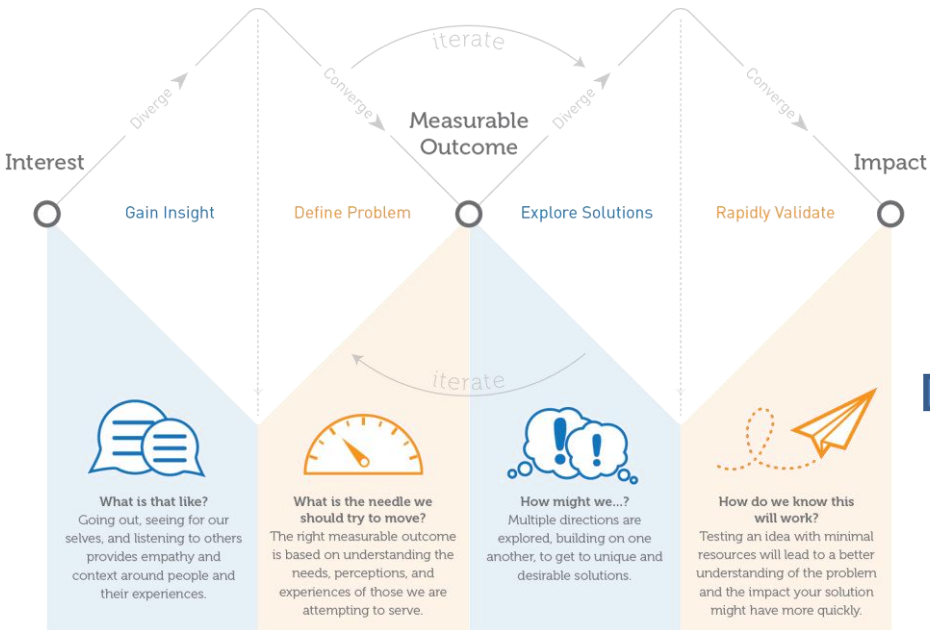
Camaraderie

Control

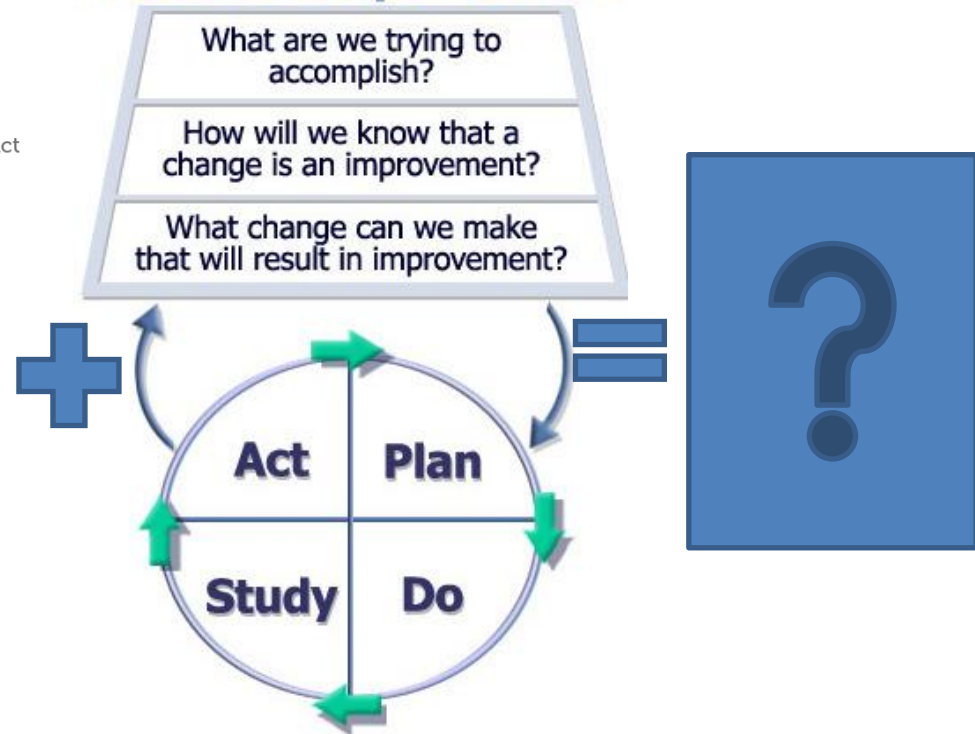
Purpose

Swensen, Kabaceneil, Shanafelt. J Healthcare Management.61:2;105-127 2016
Maslach, Leiter. World Psychiatry. 2016;15(2):103-111. (Vigor, Dedication + Absorption)

Experience Based Co-Design



Model for Improvement



The Experience-based Co-Design process





The Co-Design Meeting

1. **Watch film** of people's experiences

2. **Hear** what people with lived exp have prioritised

3. **Hear** what people who provide service have prioritised

4. **Jointly agree** priorities for improvement

5. **Form co-design groups** to start making testing improvements

