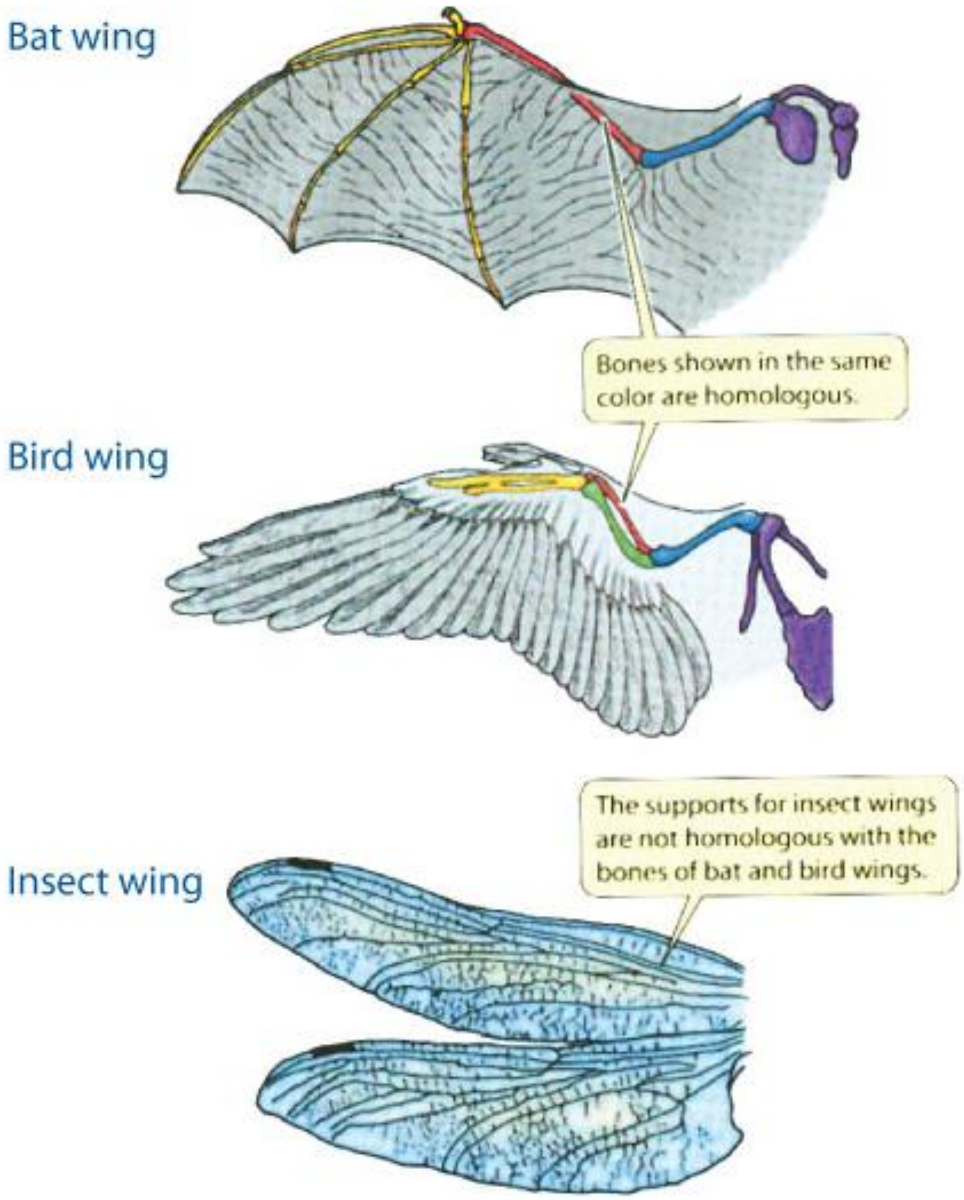
It’s as easy as EBCD!

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



Dr D.M. Berwick
Era 3 medicine for healthcare

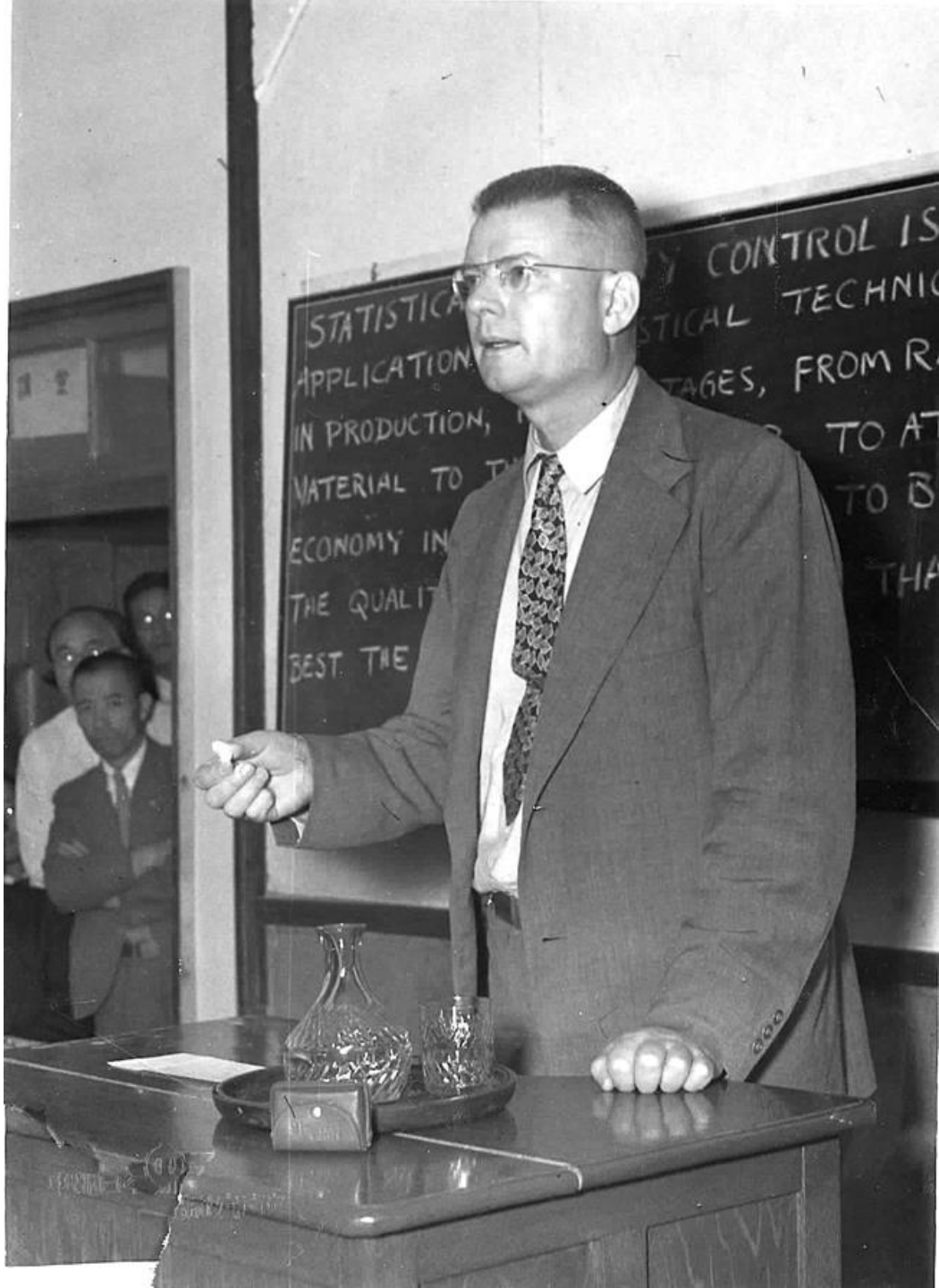
Avoid professional prerogative at the expense of the whole: From Era 1, doctors, nurses, inherited privilege. It's still there. It's the trump card of prerogative over needs, over the interests of others. 'It's my operating room time.' 'I give the orders.' 'Only a doctor can.' 'Only a nurse can.' These 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

https://www.hhnmag.com/articles/6798-don-berwick-offers-health-care-9-steps-to-transform-health-care

"**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



Fugitive data….

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

PDF

Graham P Martin[1], Emma-Louise Aveling[2], Anne Campbell[3], Carolyn Tarrant[1], Peter J Pronovost[4], Imogen Mitchell[5], Christian Dankers[6], David Bates[7, 8], Mary D

Author affiliations

Abstract

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

Methods Qualitative study invol participants from a wide range o end of care. Data analysis was ba

Results Leaders reported that th expression of concerns by empl

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Social Science & Medicine

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

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

CrossMark

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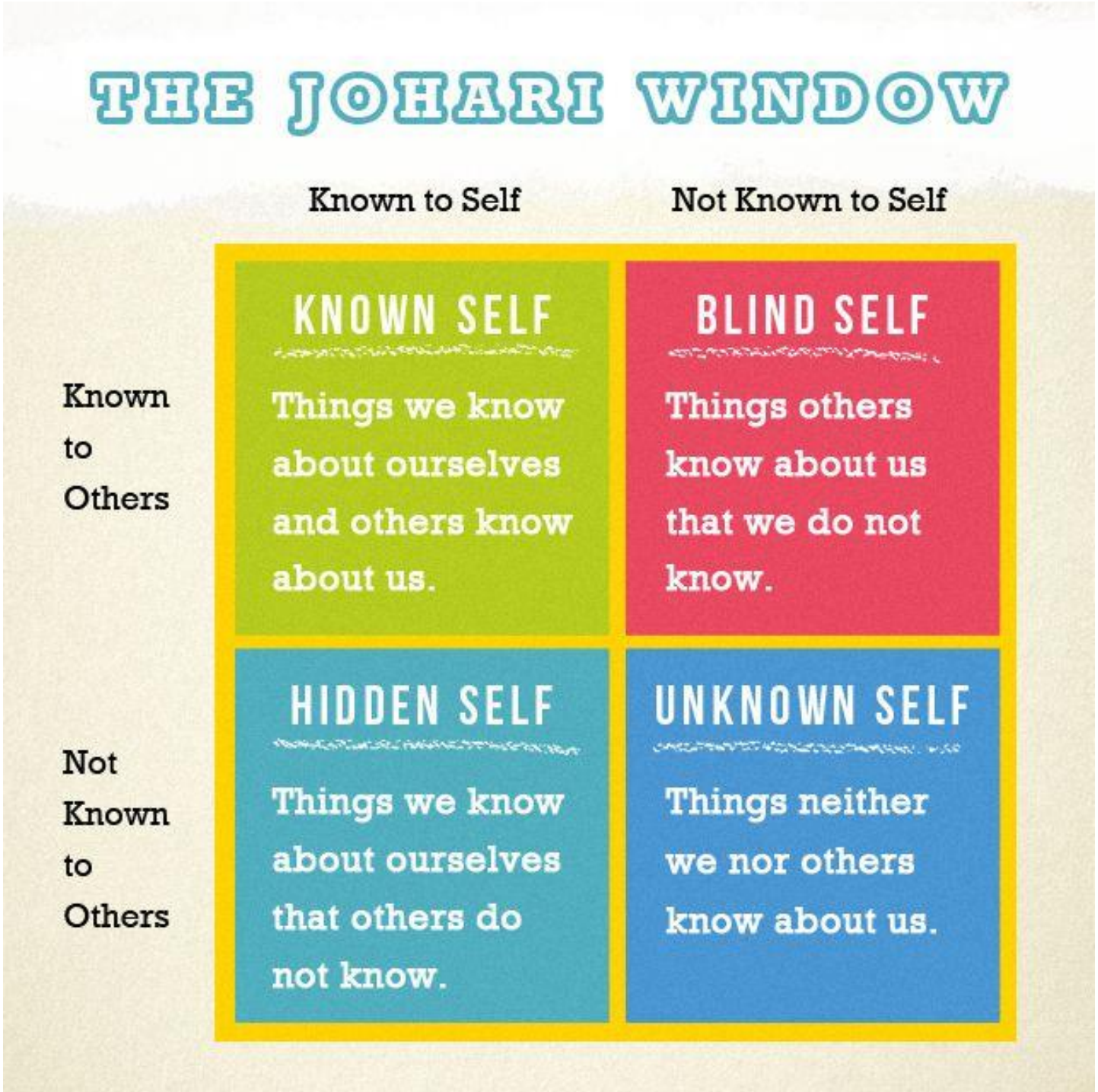
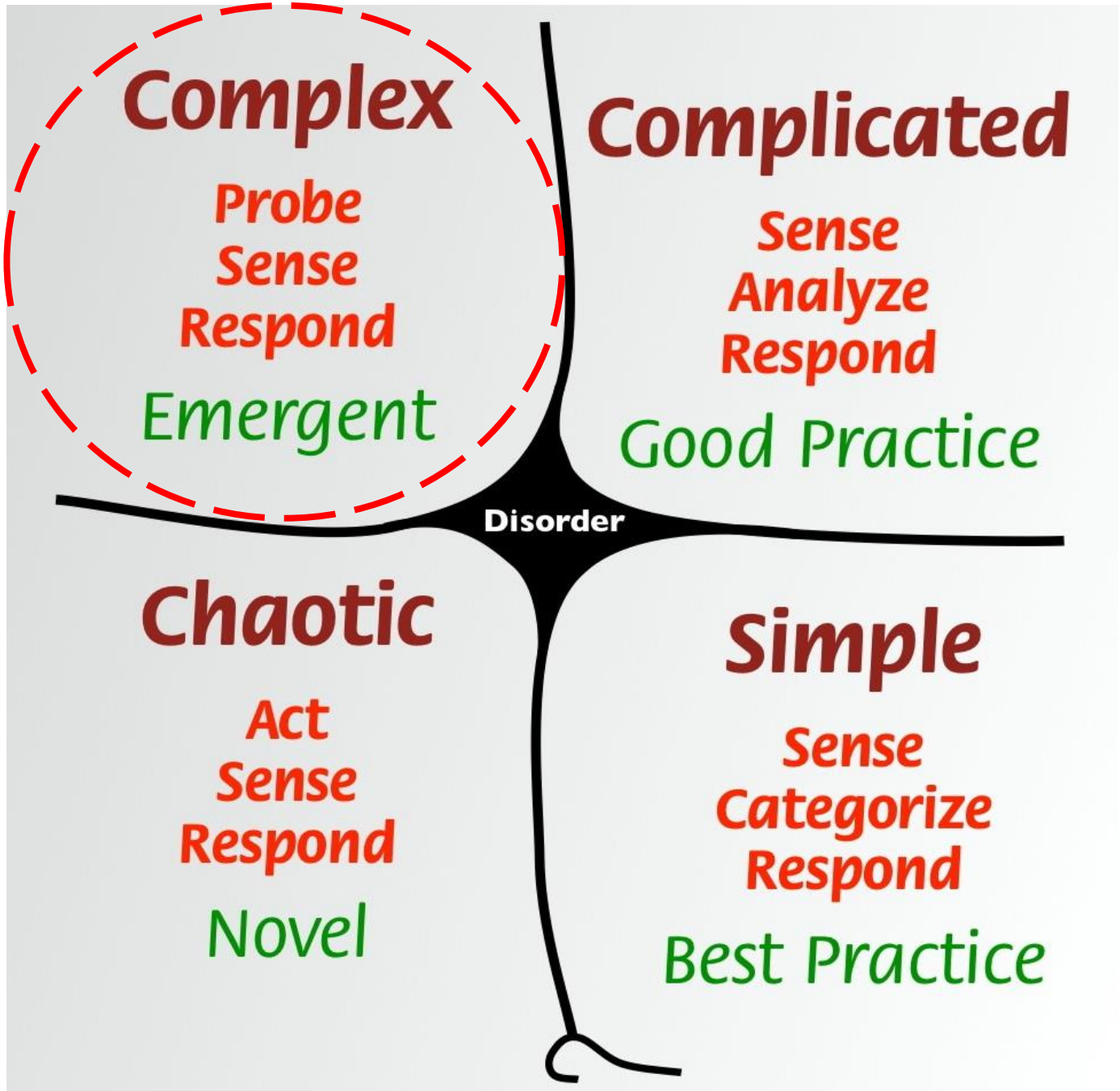
ABSTRACT

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

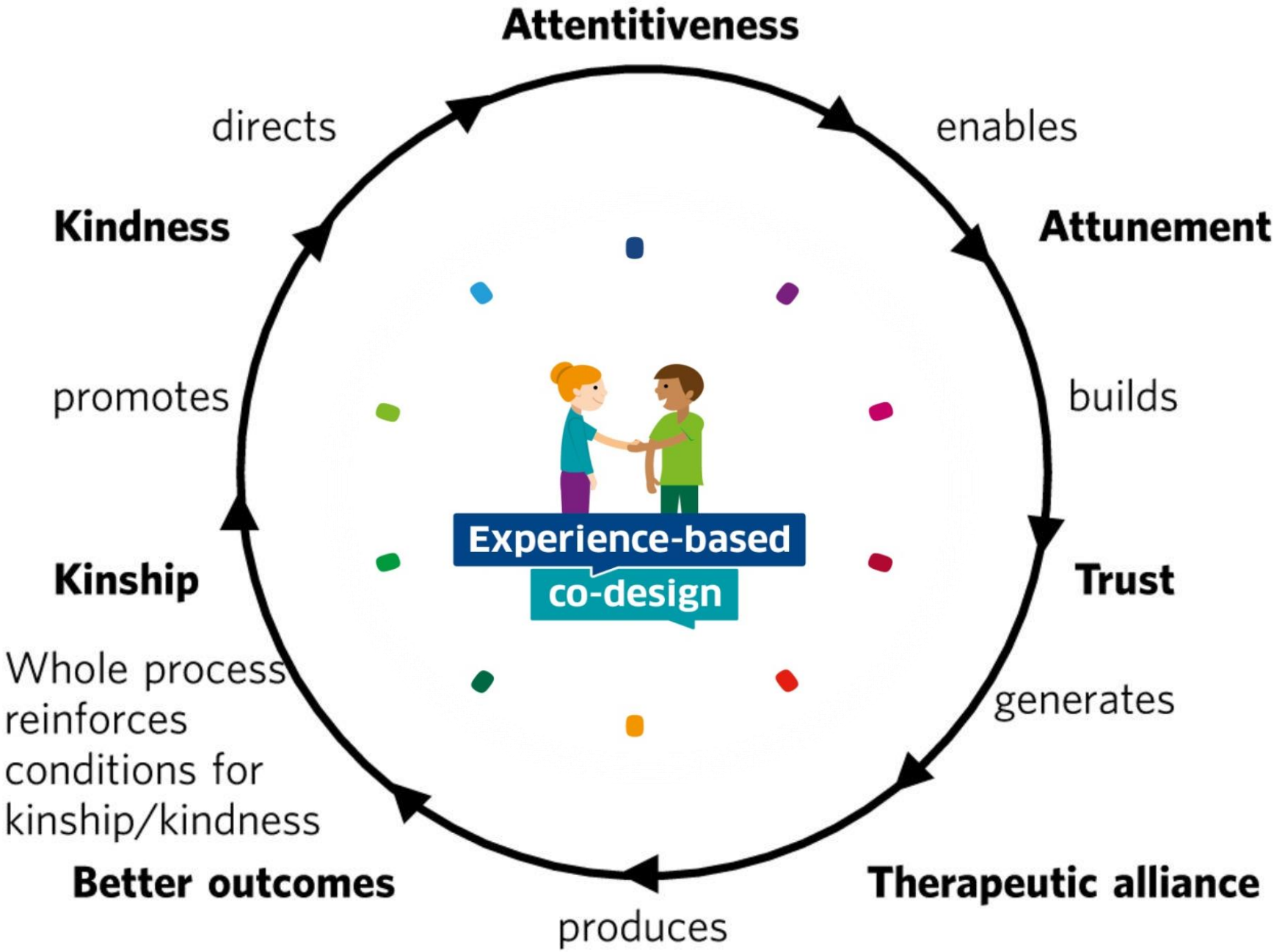
THE JOHARI WINDOW





Cynefin Framework(Snowden 1999)

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



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

BMJ 2015;350:g7714 doi: 10.1136/bmj.g7714 (Published 10 February 2015)

ANALYSIS

SPOTLIGHT: PATIENT CENTRED CARE

Patients and staff as codesigners of healthcare services

Glenn Robert and colleagues describe an approach that aims to ensure that healthcare organisations realise the full potential of patients—the biggest resource they have for improving the quality of care

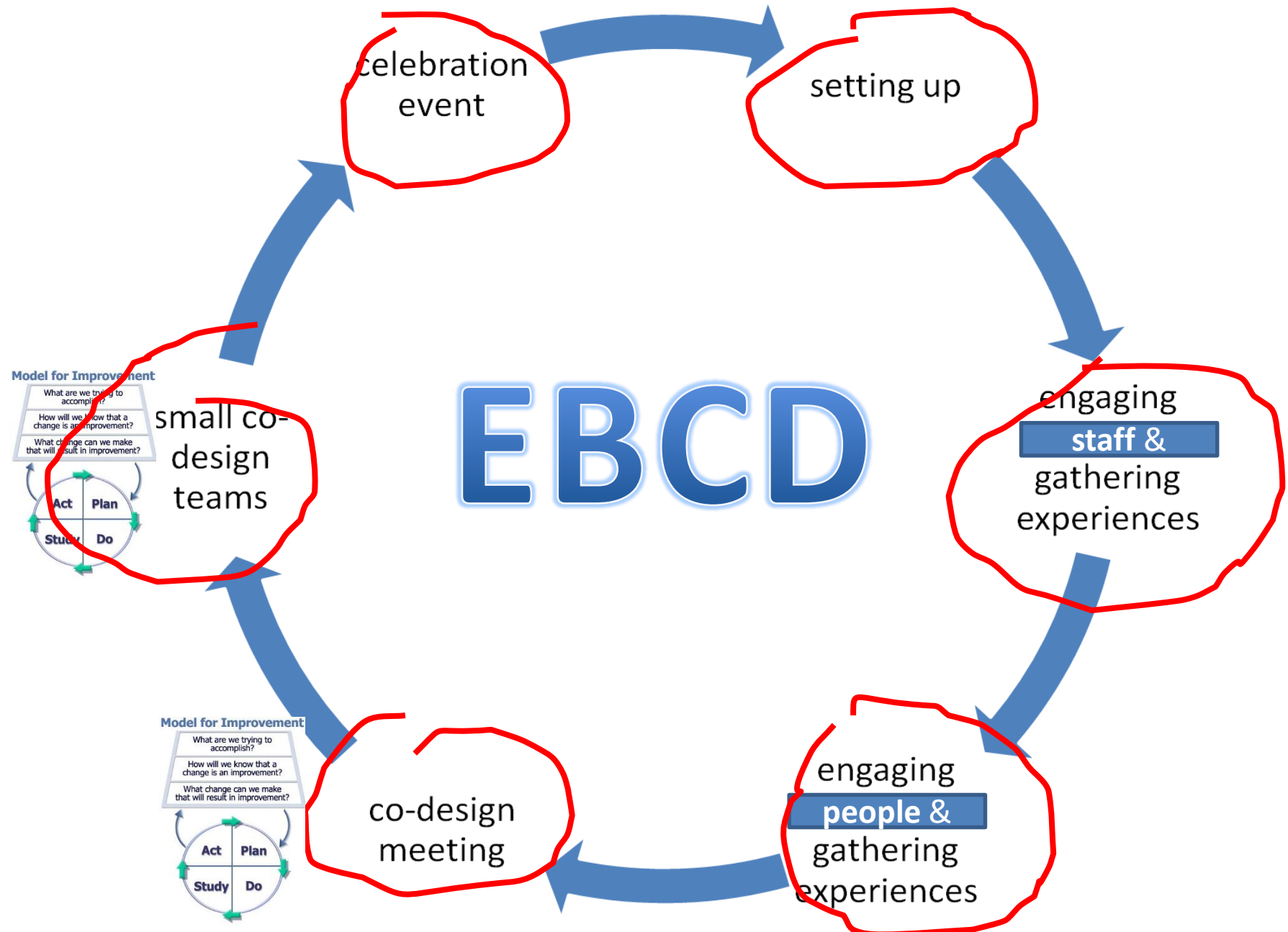
Glenn Robert *professor*[1], Jocelyn Cornwell *director*[2], Louise Locock *associate professor and director of applied research*[3], Amie Purushotham *professor*[4], Gordon Sturmey *patient participant*[5], Melanie Gager *follow-up sister*[6]

[1]Florence Nightingale Faculty of Nursing and Midwifery, King's College London, London UK; [2]Point of Care Foundation, London, UK; [3]Primary Care Health Sciences, University of Oxford, Oxford, UK; [4]Research Oncology, King's College London, London, UK; [5]Reading, UK; [6]Intensive Care Unit, Royal Berkshire NHS Foundation Trust, Reading, UK

Over a decade ago Don Berwick suggested that healthcare "workers and leaders can often best find the gaps [illegible] by listening very carefully to the people they serve [illegible] families."[1] Health professionals are now familiar [illegible] of approaches—surveys, storytelling, focus groups, online feedback (to name a few)—that can help them listen. A minority

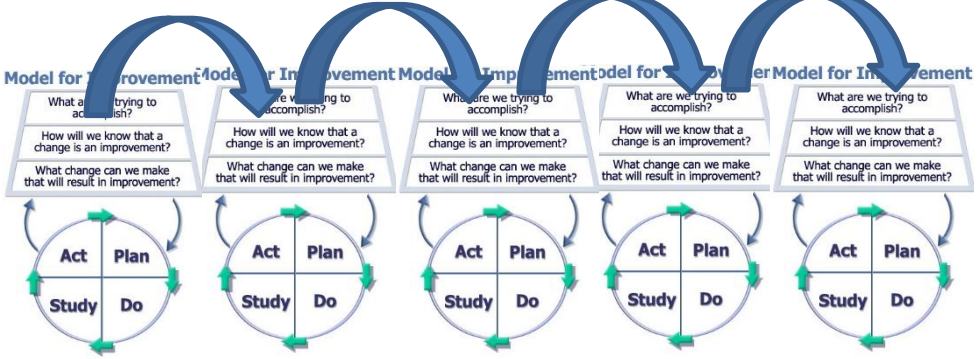
In healthcare the term codesign refers to patients and carers working in partnership with staff to improve services.[14] Here we focus on one particular approach called experience based codesign (EBCD),[15] a six stage process that usually takes 9 to 12 months to complete:

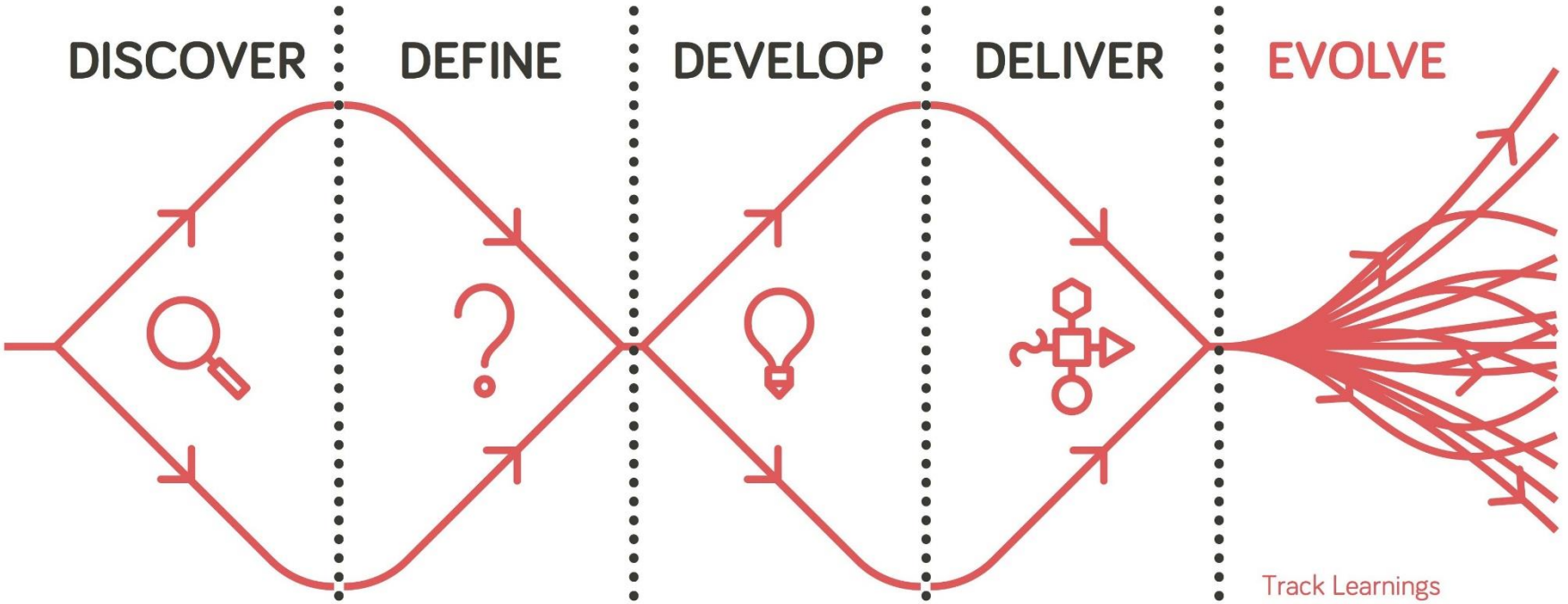
The Experience-based Co-Design process



Experience Based Co-Design Toolkit:
https://www.pointofcarefoundation.org.uk/evidence-resources/

Experience Based Co-Design





Immersion
Questionnaires
Interviews
Self-Documentation
Meetings
User Experience Observations

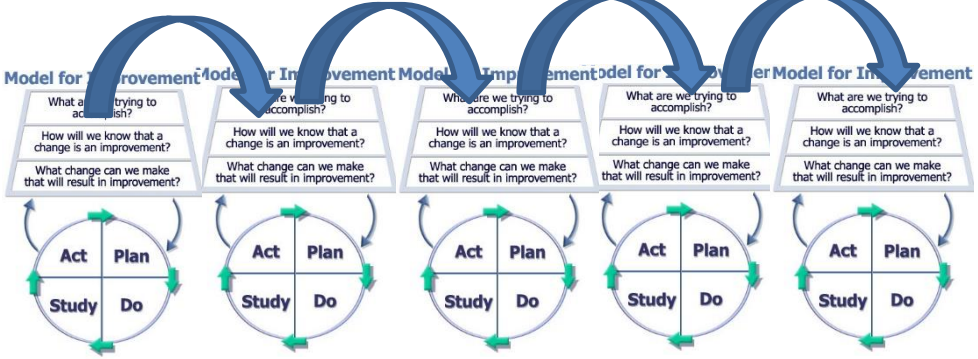
Interpret Your Findings
Find Meaning
Identify Themes
Tell Stories
Sort + Condense
Define Insights
Frame Opportunites
Set 'Design Challenge'

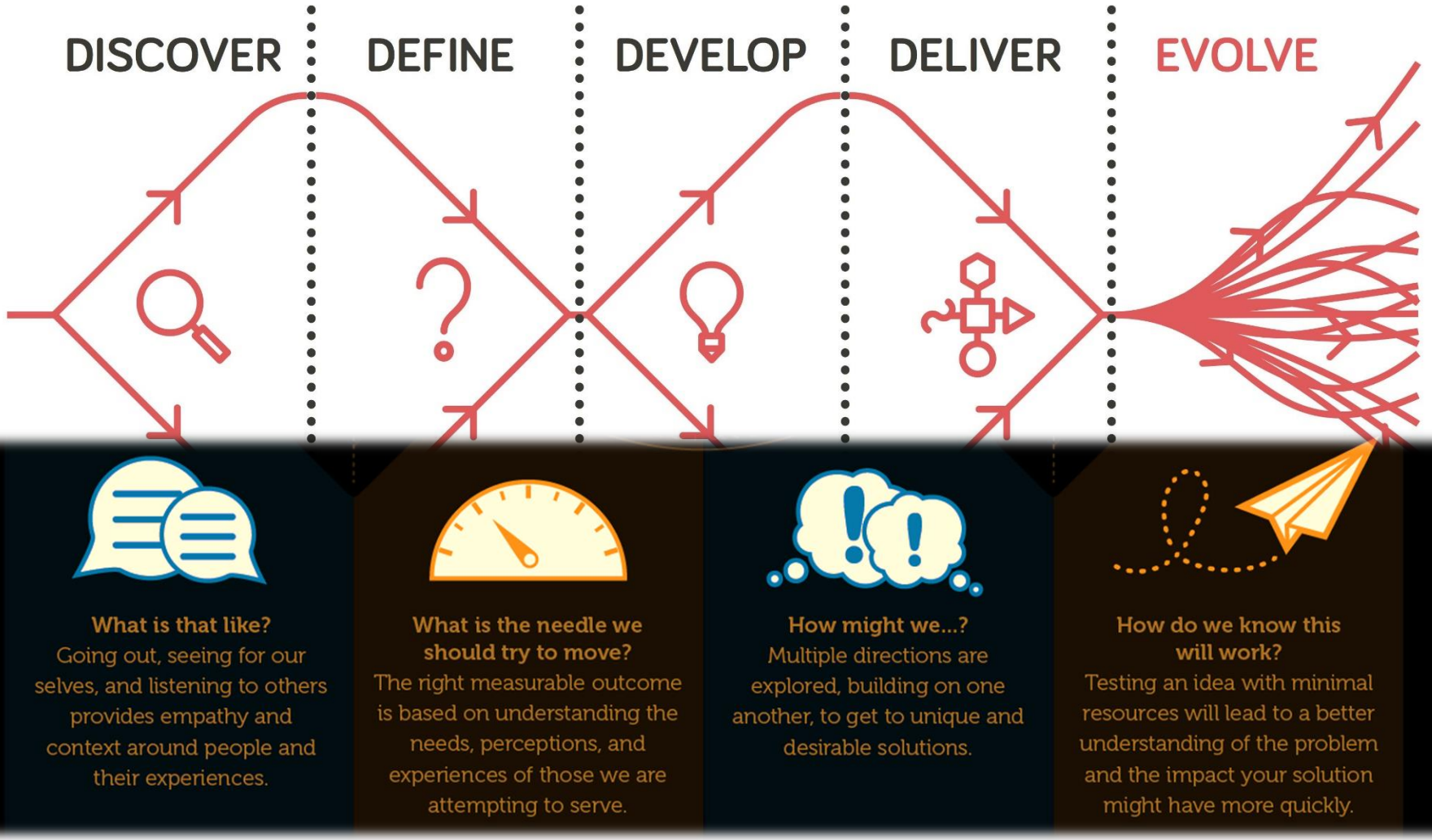
Brainstorm
Jam/Charrette
Designing
Visual
Tactile
Experiential
Sketching
Graphic Recording

Making + doing
Role-Play
Prototyping
Storytelling
Pitch Document
Get Feedback
Capture Learnings
Define Success

Track Learnings
Celebrate Achievements
Plan Next Steps
Building Partnerships
Engaging Others
Scale-Up
Deepen Roots
Remind People what Changed
(even if changes are subtle)
Build Network

Experience Based Co-Design



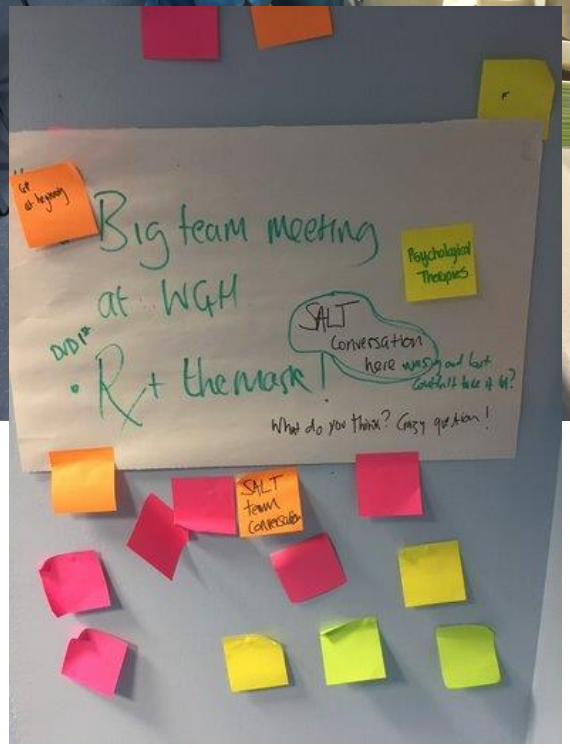


The Co-Design Meeting

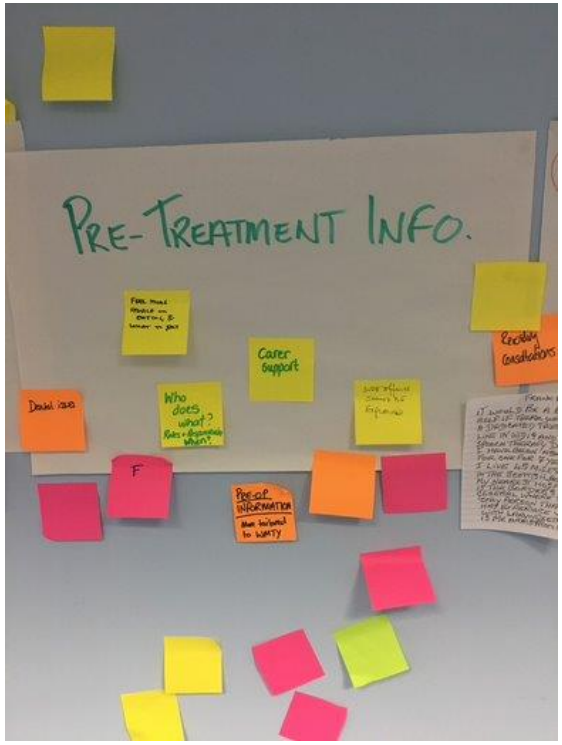
1. **Watch film** of people's experiences
2. **Hear** what people with lived exp have prioritised
3. **Hear** what people who provide service have prioritised
4. **Jointly agree** priorities for improvement

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


Please note these
rooms are self-
clear


Big team meeting
at WGH
Psychological Therapies
SALT
Conversation
What do you think? Crazy question!
SALT
team
Conversation


Working With Speech + Language
team once you were home
Help others
understand
how to
communicate.


PRE-TREATMENT INFO.
Carer
support
Who
does
what?