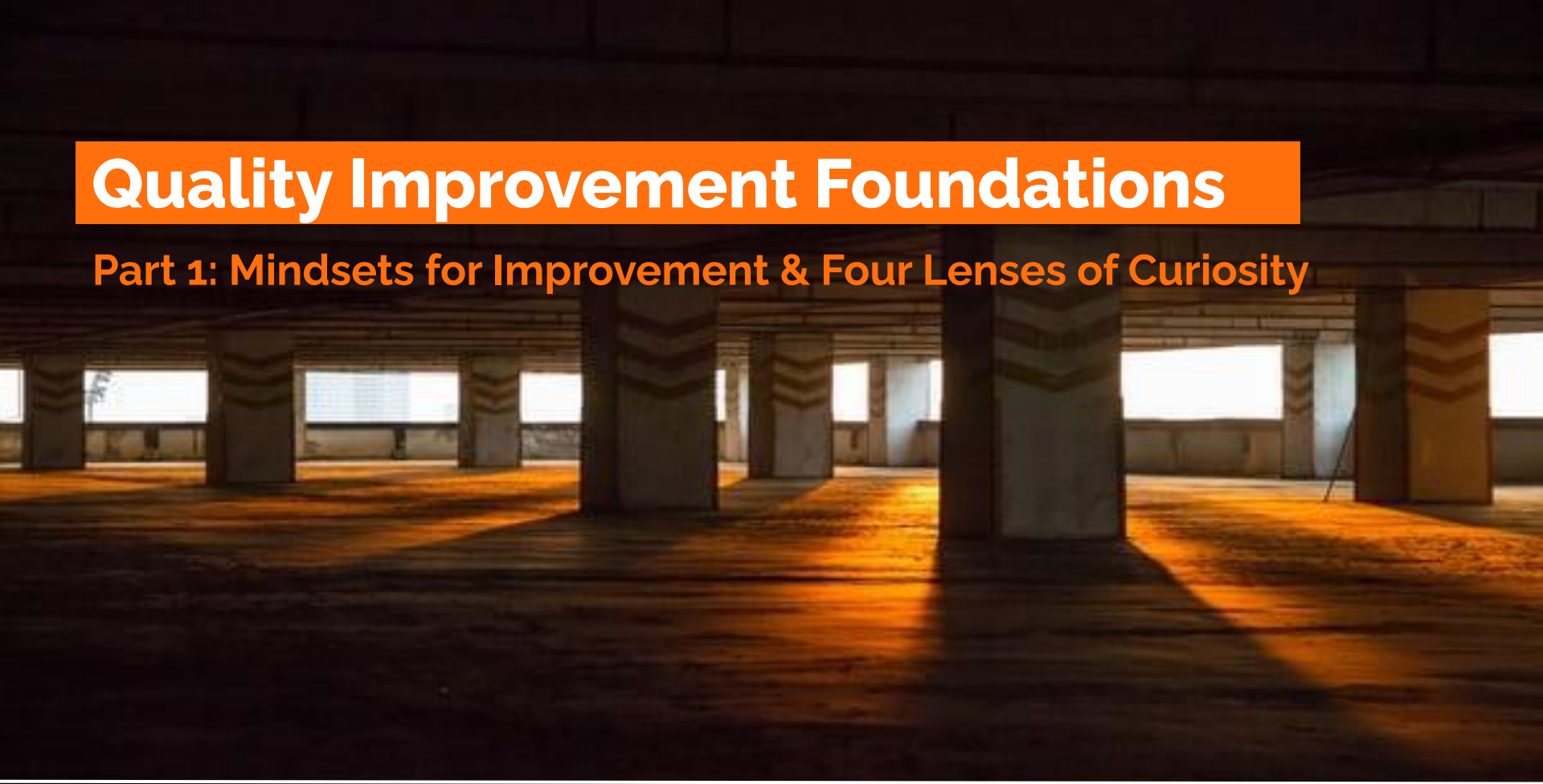
Quality Improvement Foundations

Part 1: Mindsets for Improvement & Four Lenses of Curiosity



June 1, 2023

Some content used with permission from the Institute for Healthcare Improvement

COMMUNITY SOLUTIONS

Series Overview

Part 1: Mindsets & Frameworks for Improvement

4 "Lenses of Curiosity" (a.k.a. Deming's System of Profound Knowledge)

Complex v. Technical Challenges

Key Mindsets & Behaviors for Improvement

Part 2: The 'Model for Improvement' (MFI)

The 3 MFI Questions

Aim statements & milestone goal-setting

'Change Concepts' and 'Change Ideas'

Types and purposes of measurement

Part 3: Applying MFI in Your Work (and Life)

Daily look of applying continuous improvement: P-D-S-A, Process mapping,

Process mapping example(s)

Today's Learning Objectives.

1. Establish shared language and concepts for how BfZ approaches improvement work
2. Learn about four "lenses of curiosity" for understanding why systems perform the way they do
3. Understand why BFZ encourages certain mindsets and behaviors that align with improvement science theory & practice
4. Getting curious about how these concepts appear in your daily life

Agenda

Welcome & Set-up	*~ 10 min*
Having a 'Systems Perspective' – The "Four Lenses of Curiosity"	~ 25 min
Small Group Discussions	*~ 15 min*
Mindsets & Behaviors for Improving Complex Systems	*~ 20 min*
Small Group Discussions	*~ 15 min*
Wrap-up & Appreciations	End by 4pm ET

The Model for Improvement

RATIONALE:

WHY **are we doing this? What is the ultimate value? To whom?**

AIM:

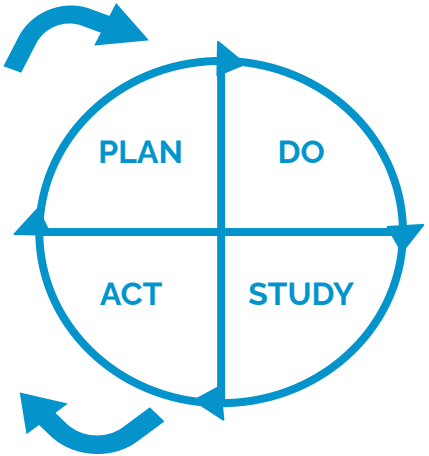
What are we trying to accomplish?

MEASURES:

How will we know a change is an improvement?

STRATEGIES:

What change can we make that will result in improvement?



The Model for Improvement was developed by **Associates in Process Improvement** and taught to us by the **Institute for Healthcare Improvement**. Thank you!



Seeing Systems: The “Four Lenses of Curiosity”

‘Red Bead Game’

Demo



Explainer



‘Red Bead Game’

In real life…

- The causes of ‘defects’ aren’t immediately apparent → the housing & homelessness systems don’t have a “catwalk” as in manufacturing
- Have to change our relationship with “the customer” – the group that ultimately defines what is acceptable
- Improving system

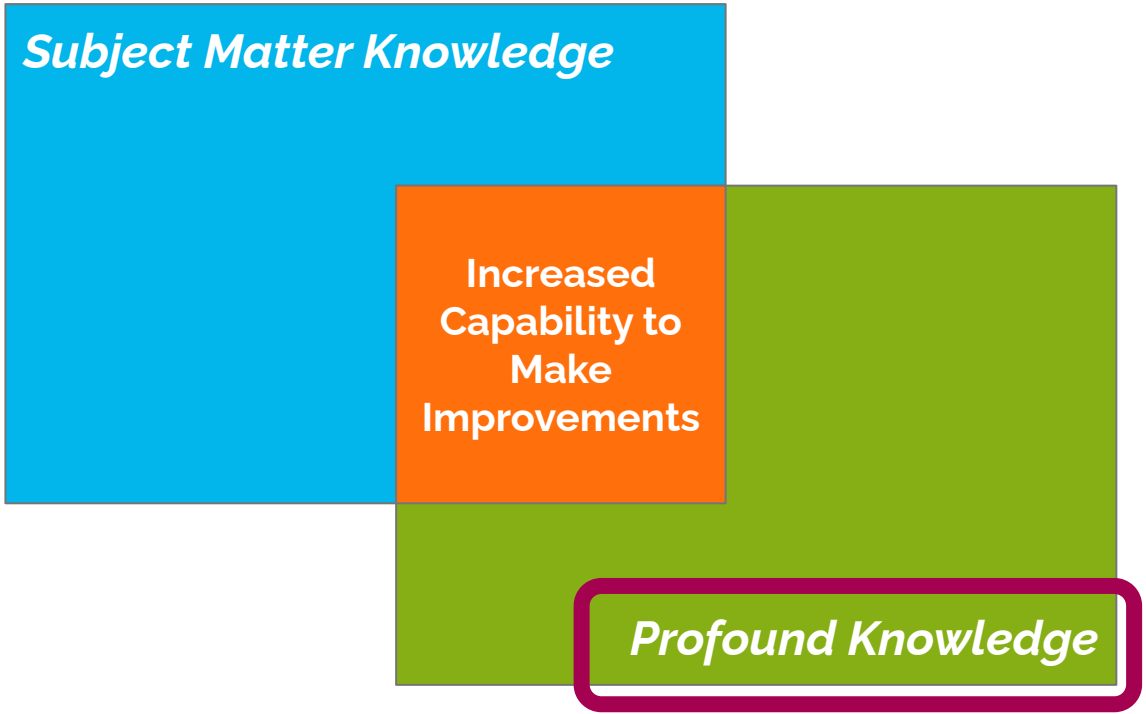
Defining a 'System'

"An interdependent group of items, people, or processes working together toward a common purpose"

The **common purpose** aligns the parts of the system;

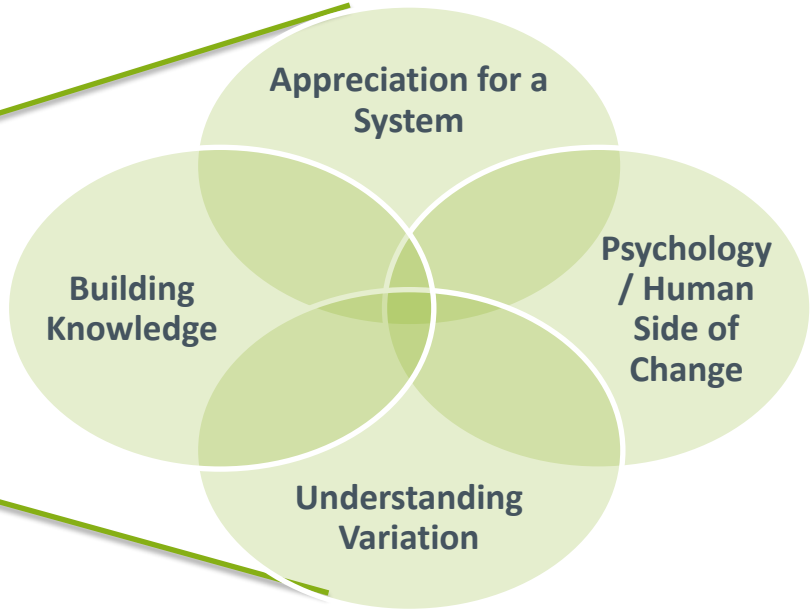
Interdependence considers the relationships and interactions among them.

IMPROVING Systems

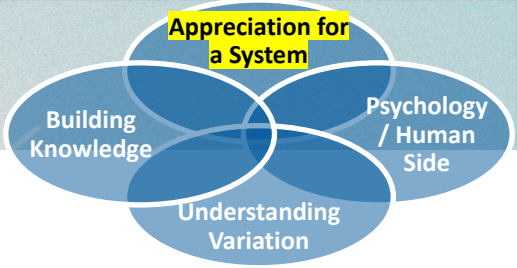


Our Job as Improvers

Profound Knowledge
("Lenses of Curiosity")

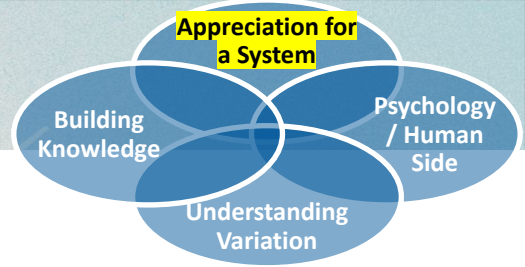


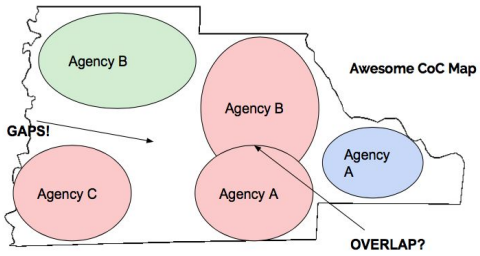
Appreciation for a System





Appreciation for a System





Outreach

Policy for data timeliness & quality assurance

The 'By-Name Data Set'

Inactive Policy

Continued tracking of housing and inactivity

Returns to list

Participating providers

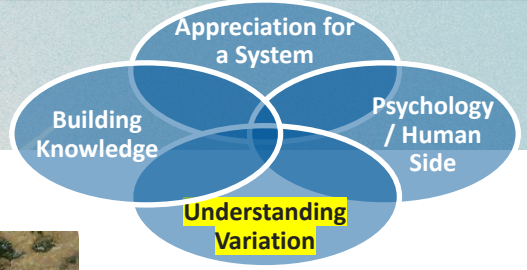
Other coordination efforts

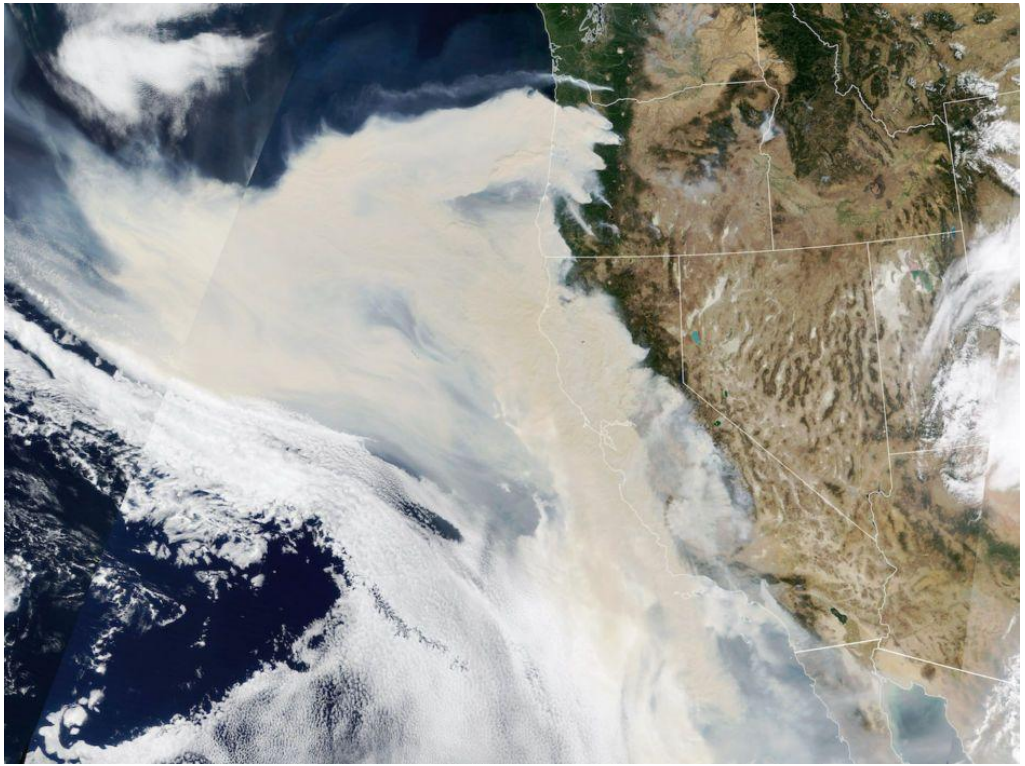
DV VA Jails Hospitals

Parallel systems for those who refuse assessment and those fleeing DV

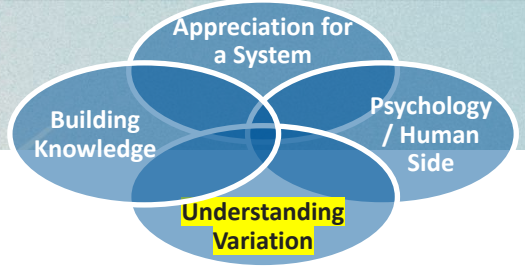
Housed with Participating Providers (Coordinated Entry)

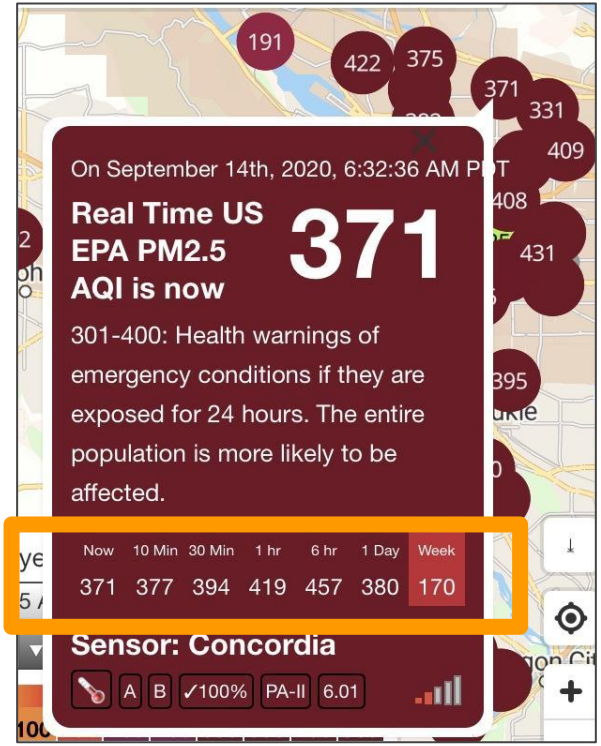
Understanding Variation

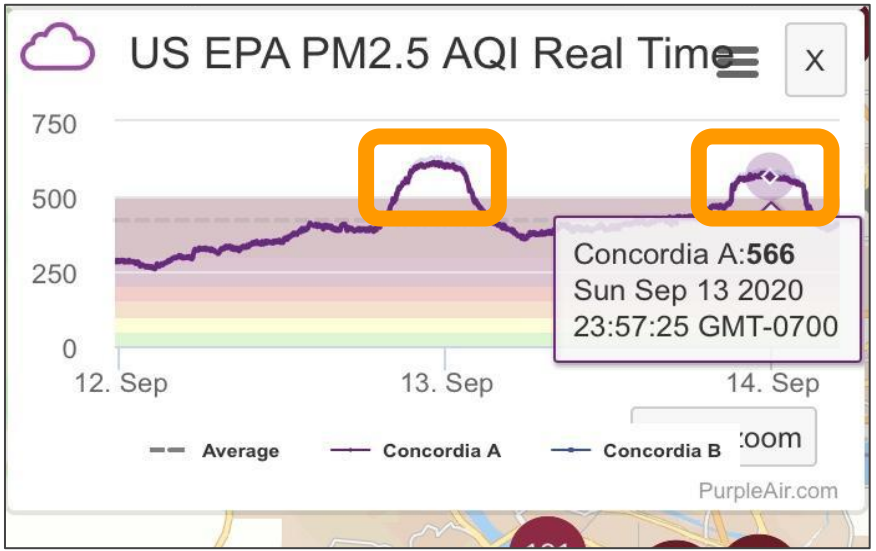




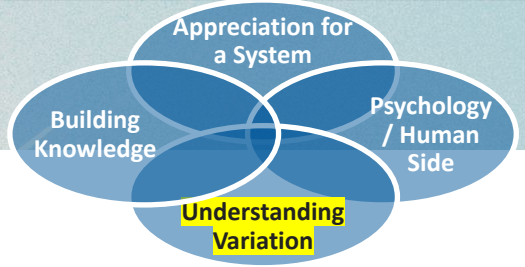
Understanding Variation





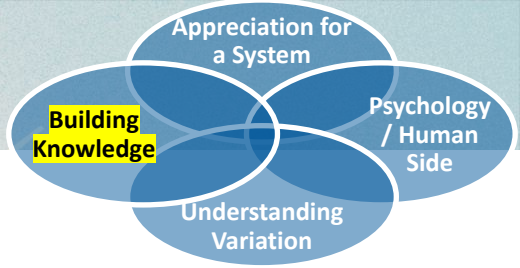


Understanding Variation





Building Knowledge



ANNALS OF SCIENCE DECEMBER 13, 2010 ISSUE

THE TRUTH WEARS OFF

Is there something wrong with the scientific method?

By Jonah Lehrer

December 5, 2010

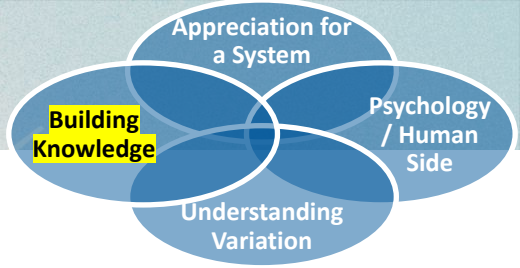


Many results that are rigorously proved and accepted start shrinking in later studies. Illustration by LAURENT CILLUFFO

On September 18, 2007, a few dozen neuroscientists, psychiatrists, and drug-company executives gathered in a hotel conference room in Brussels to hear some startling news. It had to do with a class of drugs known as atypical or second-generation antipsychotics, which came on the market in the early nineties. The drugs, sold under brand names such as Abilify, Seroquel, and Zyprexa, had been tested on schizophrenics in several large clinical trials, all of which had demonstrated a dramatic decrease in the subjects' psychiatric symptoms. As a result, second-generation antipsychotics had

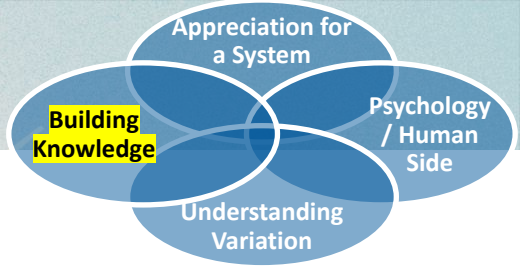
" It's as if our facts were losing their truth: claims that have been enshrined in textbooks are suddenly unprovable. This phenomenon doesn't yet have an official name, but it's occurring across a wide range of fields, from psychology to ecology"

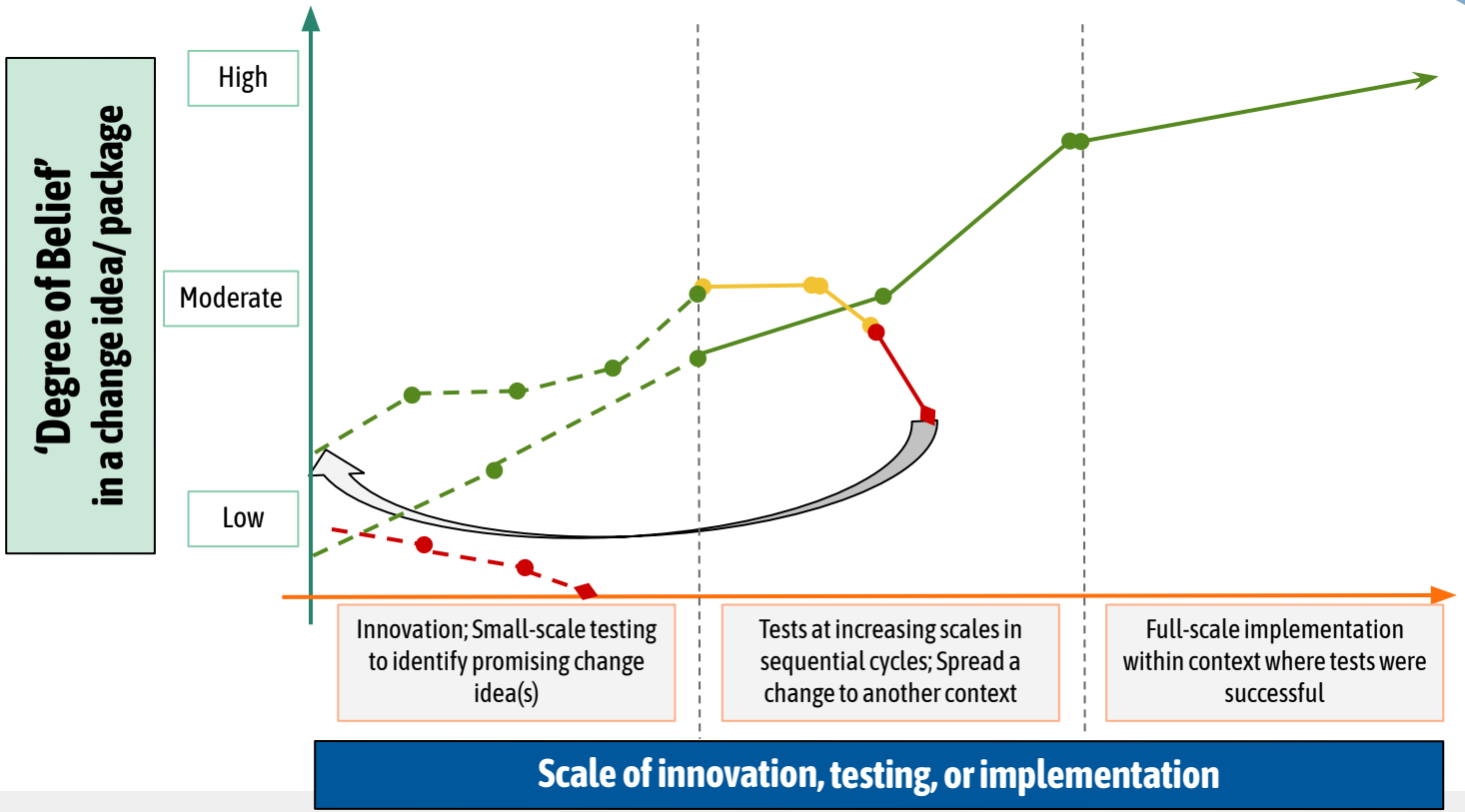
Building Knowledge



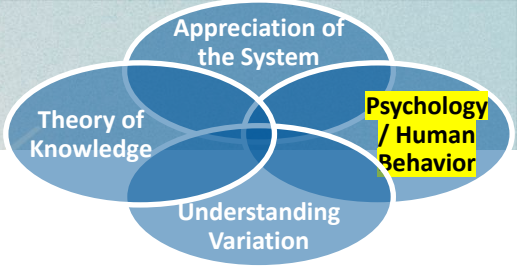
- How do we know the things we believe are true?
- What might we believe to be true that is inaccurate? How can we interrogate our existing knowledge and explore alternatives?
- How can we avoid the mistakes we are in danger of making in our thinking (e.g. biases, oversights)?
- How can we intentionally design measurement and evaluation plans to advance our knowledge?

Building Knowledge





Psychology / Human Side of Change







WHO Surgical Safety Checklist

(adapted for England and Wales)

National Patinet Safety Agency
National Reporting and Learning Service

SIGN IN (To be read out loud)

Before induction of anaesthesia

Has the patient confirmed his/her identity, site, procedure and consent?
- ☐ Yes

Is the surgical site marked?
- ☐ Yes/not applicable

Is the anaesthesia machine and medication check complete?
- ☐ Yes

Does the patient have a:

Known allergy?
- ☐ No
- ☐ Yes

Difficult airway/aspiration risk?
- ☐ No
- ☐ Yes, and equipment/assistance available

Risk of >500 ml blood loss (7 ml/kg in children)?
- ☐ No
- ☐ Yes, and adequate IV access/fluids planned

TIME OUT (To be read out loud)

Before start of surgical intervention
for example, skin incision

Have all team members introduced themselves by name and role?
- ☐ Yes

Surgeon, Anaesthetist and Registered Practitioner verbally confirm:
- ☐ What is the patient's name?
- ☐ What proceuder, site and position are planned?

Anticipated critical events

Surgeon:
- ☐ How much blood loos is anticipated?
- ☐ Are there any specific equipment requirements or special investigations?
- ☐ Are there any critical or unexpected steps you want the team to know about?

Anaesthetist:
- ☐ Are there any patient specific concerns?
- ☐ What is the patient's ASA grade?
- ☐ What monitoring equipment and other specific levels of support are required, for example blood?

Nurse/ODP:
- ☐ Has the sterility of the instrumentation been confirmed (including indicator results)?
- ☐ Are there any equipment issues or concerns?

Has the surgical site infection (SSI) bundle been undertaken?
- ☐ Yes/not applicable
  - Antibiotic prophylaxis within the last 60 minutes
  - Patient warming
  - Hair removal
  - Glycaemic control

Has VTE prophylaxis been undertaken?
- ☐ Yes/not applicable

Is essential imaging displayed?
- ☐ Yes/not applicable

SIGN OUT (To be read out loud)

Before any member of the team leaves the operating room

Registered Practitioner verbally confirms with the team:
- ☐ Has the name of the procedure been recorded?
- ☐ Has it been confirmed that instruments, swabs and sharps counts are complete (or not applicable)?
- ☐ Have the specimens been labelled (including patient name)?
- ☐ Have any equipment problems been identified that Need to be addressed?

Surgeon, Anaesthetist and Registered Practitioner:
- ☐ What are the key concerns for recovery and management of this patient?

PATIENT DETAILS

Last name:
First name:
Date of birth:
NHS Number:*
Procedure:

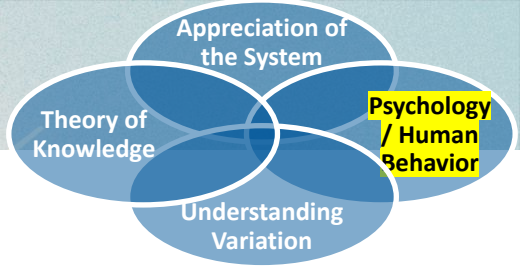
*If the NHS Number is not immediately available, a temporary number should be used until it is

This checklist contains the core content for England and Wales

www.npsa.nhs.uk/nrls

0861 January 2009

Psychology / Human Side of Change



GLOBAL HEALTH

Where Surgeons Don't Bother With Checklists

In many poor countries, older surgeons resist being questioned, and operations are more often emergencies, which leaves less time to review checklists.

In wealthy countries, a list is used in 90 percent of surgeries, the report found. But in poor countries, a checklist is used only about a third of the time.

The study blamed many factors: surgeons who resent the implication that they may make dangerous mistakes, lax enforcement by hospital administrators and the powerlessness of nurses in some cultures.

In poor countries, there are often failures in support systems intended to ensure the availability of oxygen, blood transfusions and postoperative antibiotics, and sometimes even just clean operating rooms.

When checklists are strictly adhered to, missing even one of those elements can prevent the operation from beginning. Instead, some hospitals just avoid the checklist.

In countries where doctors and nurses do not speak one of the six official languages of the United Nations — Arabic, Chinese, English, French, Russian or Spanish — a checklist is less likely to be used. Also, cultural barriers have hindered its adoption.

Where Surgeons Don't Bother With Checklists. New York Times, January 15, 2020.

Checking in on the Checklist: Uptake, Impact, and Opportunities for the Next Decade. Lifebox and Ariadne Labs. https://www.lifebox.org/checkinginonthechecklist/executive-summary/

Insights from 4 Lenses of Curiosity

Appreciation for a System

- Interdependence, dynamism of the parts
- The world is not deterministic
- Direct, indirect and interactive variables
- The system must have an aim
- The whole is greater than sum of the parts

Building Knowledge

- Learning from theory and experience
- Operational definitions (what does a concept mean?)
- Avoiding cognitive biases and pitfalls
- Measure & evaluate for learning, not just judgment



Psychology / Human Behavior

- Interaction between people
- Intrinsic v. extrinsic motivation
- Culture, standard practices, assumptions
- Diffusion of Innovation (early adopters v. laggards)
- What is the Will to change?

Understanding Variation

- Variation is to be expected!
- Common or special causes of variation
- Data for judgment or improvement?
- Ranking, tampering & performance management
- Potential sampling errors

Tenets of Quality Improvement

- Every system is perfectly designed to get the results it gets.
- **Everyone has the expertise** they need to improve their work
- An Improver's **primary job is to be curious** about the systems underpinning their work
- Subject matter expertise + Profound knowledge = Recipe for successful improvement

Small Group Discussion

10 minutes

Let's Chat!



10 minutes

***Please feel free to just start sharing what's on your mind after this section!

But if you need a prompt:

- Which 'lens of curiosity' [appreciation for a system, understanding variation, building knowledge or human side of change] feels to you like the greatest area for growth for your team / agency / self?

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Mindsets & Behaviors for Solving Complex Problems

COMMUNITY SOLUTIONS

The Reframe: Pitching birds, not baseballs



Technical Approaches to Complex Problems

- Long-range planning or 10-year plans
- Standard operating procedures
- Summative evaluation followed by replication toolkits
- Criminalization and enforcement
- Optimized siloes instead of integrated systems
- Insistence that there's an obvious, straightforward solution

Designing for Change: Solving Complex Problems



Behaviors for Solving Complex Problems

Complex problems can't be solved by a single actor or better technical solutions. **Communities need a new approach to collaborative problem solving & change**.



DATA ANALYTICS

Is your community using data to make decisions?



HUMAN-CENTERED (CO-)DESIGN

Is your community getting the feedback it needs to be effective? Designing with & for service users?



QUALITY IMPROVEMENT

Is your community testing and evaluating ideas with objective data to measure progress toward a clear aim?



FACILITATION and MEETING DESIGN

Does your community use meetings effectively and do these meetings allow people to innovate collaboratively?

Mindsets to Tackle Complex Problems

We know that homelessness is a complex social problem. This means we will need to start with an end state and employ new, more flexible mindsets as we pursue it:



Growth Mindset. We don't *yet* know how to solve the problem. That doesn't mean we can't figure it out!



Embrace Failing Forward. Test a hypothesis, embrace failure (quickly), and iterate/improve based on what we learned.



Bias Towards Action. Just start! Remember, homelessness happens while we're busy making 10 year plans to end homelessness.

New Behaviors + New Mindsets = New Results

Data Analytics

Human-Centered (Co-)Design

Quality Improvement

Facilitation & Meeting Design

+

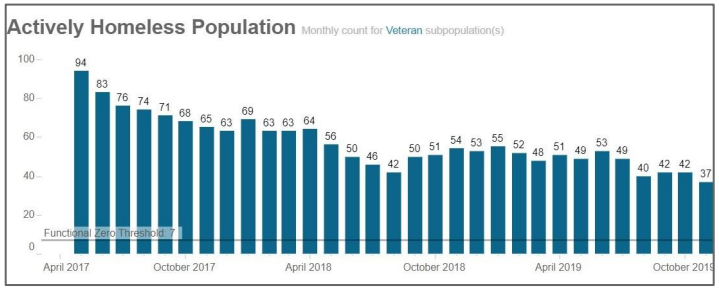
Growth Mindset

Embracing Failing Forward

Bias Towards Action

=





Dynamic System Leadership

Continuous improvement approach

Shared, Measurable Aim

Nimble, collaborative, cross-sector leadership team
(with agency to lead change within the system)

Flexible housing + service resources

Technical strategies + trained capacity to implement

Real-time, by-name data feedback loop

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Collaboration is the human face of systemic change.

- Peter Senge, The Fifth Discipline

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Monthly Reporting: 8 Data Points to Track

FOR EACH POPULATION:



INFLOW: NEWLY IDENTIFIED

INFLOW: RETURNED FROM HOUSING

INFLOW: RETURNED FROM INACTIVE

OUTFLOW: HOUSING PLACEMENTS

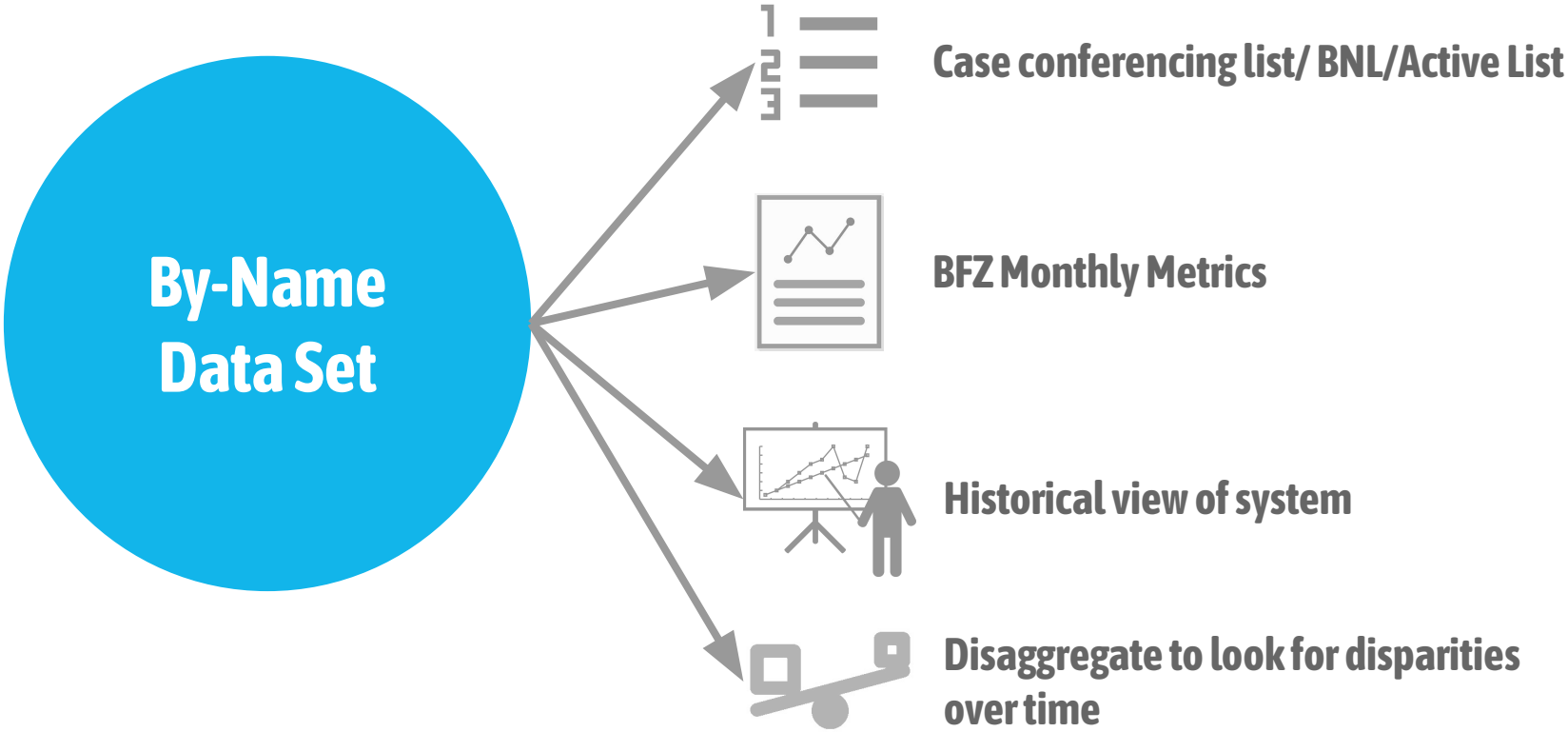
OUTFLOW: MOVED TO INACTIVE

OUTFLOW: NO LONGER MEETS CRITERIA

LENGTH OF TIME FROM IDENTIFICATION TO HOUSING

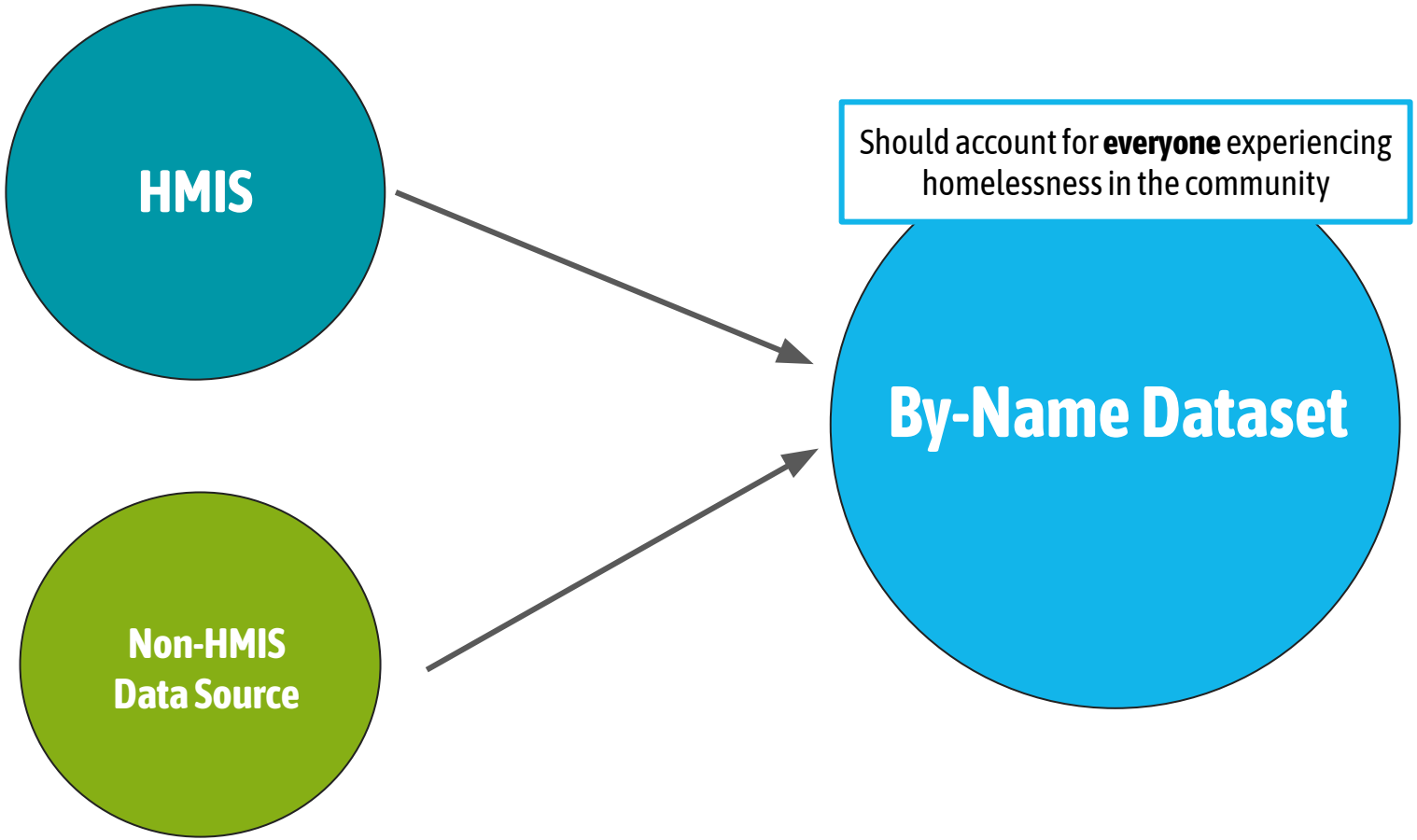
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The Power of Your "By Name Data" Set



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Building the By-Name Data Set Universe



Small Group Discussion

10 minutes

Let's Chat!



10 minutes

***Please feel free to just start sharing what's on your mind after this section!

But if you need a prompt:

- In your view, what "new" mindset [growth, fail forward, or bias toward action] represents the biggest, or most challenging, shift for your current agency or "Inner square" team? What has been the easiest, or most welcome, shift?

- Do you have a personal favorite (or strength), among the problem-solving behaviors: 1) data analytics; 2) human -centered design; 3) quality improvement; 4) facilitation & meeting design ? And why?

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Questions?


We want
YOUR
feedback

Suggested Actions



1. Have a conversation with a couple of people – from professional and/or personal life – about parts of today's session that intrigued or surprised you

2. Talk with your Improvement Advisor at an upcoming coaching call about ways to apply the "Four Lenses" and new improvement mindsets & behaviors

3. Share this material with your 'inner square' improvement team (maybe also other champions/partners who would value it)


Thank You
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