Framing: names that help us recognize the patterns & rhythms

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http://www.youtube.com/watch?v=JCguAlvJBqQ
The task is not so much to see what no one else has yet seen, but to think what nobody has yet thought about that which everybody sees.

Erwin Schrödinger
Neolithic (≈ 6-7000 BCE) Catalhoyuk, Turkey

“You cannot enter any world for which you do not have the language.”

Ludwig Wittgenstein
Some framing stories

1. The functional unit of care-giving
2. Using evidence to improve health care
3. Developing the science of improvement
4. Making the improvement of care a sustainable proposition

1. The functional unit of health care

- Brian Quinn (*Intelligent Enterprise* 1992) – “minimum replicable unit” “smallest replicable unit”
- Personal care-giving experience
- How the “real world” works—if we were a ‘fly on the wall’ watching health care work happen
- Deming’s view of a system—capable of continual improvement (how we make what we make, how we improve what we make, what society needs us to make)
- Locus of improvement--where learning about epidemiology, policy, quality, etc. converge
A basic change in professional work...

1 provider : 1 patient  many providers : 1 patient

- relationships
- information
- shared aim
- knowledge
- context
- change
- autonomy
- value

Batalden P, Ogrinc G Batalden M
- "From one to many"

The “new” functional unit of care-giving as a system

- People of multiple disciplines worked together with beneficiaries to create care, service.
- Information, IT functioned as a “full” player/partner.
- Together they worked as a system with an aim.
A leader’s effectiveness lies in the "ability to make activity meaningful" for others.

Louis Pondy
1978

Who/what is the neonatal ICU functional unit?
A small, interdependent system

Some implications of a “clinical microsystem” frame

• Professionals and patients were part of the same system.
• Several disciplines could work cooperatively on the system & its functionality—a “third” language.
• IT was a “full” member of the team. (? Willie byte)
• A “theory” for linking interprofessional education and real interprofessional health care.
“[Health professionals] and patients are part of the same system.”

LJ Henderson
NEJM, 1936

**Systems of practice, intervention, measurement, policy**

- Self-care system
- Individual care-giver & patient system
- Microsystem
- Mesosystem
- Macrosystem
- Market / Geopolitical system
Micro-Meso-Macro: Everything matters and, different leadership work

2. Using evidence to improve care: “science-lite” or “knowledge-rich”?

- Highlights the actual knowledge used to make improvements informed by generalizable scientific evidence.
- Recognizes & legitimates the real scholarly work in the different knowledge types.
- Not science VS. improvement—rather: science, context AND improvement.
Using generalizable science to improve care...

1. Generalizable scientific knowledge
2. Particular context
3. Measurable performance improvement

Some implications

- Began to think more systematically about the “ingredients” of improvement...(SQUIRE)
- Invited attention to the elements (and their differing epistemologies) involved.
- Helped us “see” the relation between “making” an improvement and “studying” an improvement.
At its most basic level, framing reality means defining “the situation here and now” in ways that connect with others.

Gail Fairhurst

3. Developing the science of improving health care

A working definition:

“Improvement science is the useful knowledge for improving health care.”
Today

- Increasing numbers of important studies evaluating efforts in improvement.
- Some in “translational research” community see “implementation of evidence” as the final translational step.
- Is “implementation science” the “real” science? Is it the same as “improvement science?”

Science

Effectiveness, assessment
1. Randomized controlled trial
2. Trial without randomization
3. Case control, cohort studies
4. Multiple time series studies
5. Well-described case report

Discovery, explanation
1. Well-described case report
2. Multiple time series studies
3. Case control, cohort studies
4. Trial without randomization
5. Randomized controlled trial

J. Vandenbroucke
Public Library of Science
March, 2008
Making and Studying an improvement are usually different activities and both are necessary to develop the science of improvement.

Different questions drive Making and Studying improvement:

- How did you improve what you improved? (e.g., methods of planning, assumptions, observations, adaptations)
- How did you study the improvement process, outcomes? (e.g., methods of inquiry, measurement, inference, reflection)
Making improved health care, using generalizable science...

Typology of improvement interventions (working on the “+”)

1. Provider reminder systems
2. Facilitated relay of clinical data to providers
3. Audit and feedback
4. Provider education
5. Patient education
6. Promotion of self-management
7. Patient reminders
8. Organizational change
9. Financial, regulatory, or legislative incentives

Attributes of interventions in complex social settings

1. Interventions involve theories
2. Achieve effects by individuals [and groups]
3. Require success of the sequence in an implementation “chain”
4. Implementation chains are non-linear
5. Embedded in multiple social systems & therefore, fragile
6. Delivery locally adapted, refined, re-invented
7. Open systems that feedback on themselves

Pawson, Greenhalgh, et al. JHSRP July, 2005

Studying the improving... (theories/models, methods, analyses, inferences, limitations, study context, etc.)
Studying the improving… (theories/models, methods, analyses, inferences, limitations, study context, etc.)

Connections, contributions, theory

Social need, aim, results, benefits

Beliefs, assumptions, observations

We must strive to reach that simplicity that lies beyond sophistication.

John Gardner
So, the science of health care improvement includes the models, methods and metrics that create the underlying discipline and knowledge ... 

- Including both discovery and assessment of what is effective;
- Fostering good system design and redesign; and
- Inviting rigorous scholarly work crossing both disciplinary and professional boundaries.

Some implications

- Sharpened & challenged the conversations within the improvement / improvement science communities.
- Informs the development of publication guidelines.
- Guides the pedagogy of improvement for health professionals.
You never have the choice of ‘let’s model or not’…It’s only a question of which model…and most of the time, the models you’re operating from are ones that you’re not even aware that you’re using.

John Sturman
Professor, MIT

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4. Creating “sustainable, generative” efforts at improvement

• Initial curiosity about “process” and “system” and “outcome measurement” gave way to reluctance, resistance.
• “Exhortations” to improve grew louder.
• “Let’s create an improvement team” = “Let’s see if we can slow this thing down.”
• “Improving care” perceived as separate from “real work,” “real identity”—always an added thing to do.
• Some consider the “Triple aim” (Patient experience, Population health, Per capita cost) to be a comprehensive strategy for improvement.
Linked aims for sustainable, generative improvement

Better outcomes
(individuals, populations)

Better professional development
(competence, mastery, pride, joy)

Better system performance
(quality, safety, value)

A French train & Pablo Picasso
To frame a subject is...

- to choose the meaning,
- to make sense of it, and
- to judge its character / significance.

Gail Fairhurst
Robert Sarr

“Re-framing is the most important skill for a leader”

Brenda Zimmerman
Schulich School of Business
Toronto
Knowledge that informs the creation of frames/invitations to change, improve

- **Subject**, including own mental model(s), modes of understanding
- **Context**, including the reference structures of person(s) invited
- **Purpose**, including a sense of the social benefit
- **Desired action**, general (direction) and specific (relevant, meaningful) task(s)
- **Language**, understandable, inviting, simple, memorable, versatile use of forms (metaphors, analogies, etc.)
- **Rehearsal**, testing, adapting before “using,” reflecting-in-action/reflecting-on-action, failure modes

When might you consider changing your frame-in-use?

1. When you are stuck.
2. When you are in new situation.
3. When you bump up against someone who doesn’t “see” things the way you do.
4. When you need to attract others.
5. When you need more yield from your efforts.
6. When you think you know it all.
Thank you.