Micromastery in learning for quality improvement

Jönköping Academy for improvement of Health and Welfare

Leadership and quality improvement in primary care

Sofia Kjellström, Gunilla Avby, Kristina Areskoug-Josefsson, Boel Andersson Gäre, Jönköping University
Monica Andersson Bäck, Gothenburg University

Microsystem festival, Scientific day 2018
6 well-functioning primary care centers
57 interviews with leaders and professionals
4 frameworks
- work motivation
- work environment
- leadership
- innovation

Drath et al (2008)
A new reform provides clearer direction with goals in terms of quality care.

Alignment
The leader as an entrepreneur

Interprofessional collaboration
Motivation of professionals

Roundtable question 1
Culture
How does quality improvement create a learning culture?

What additional research is needed?
Healthcare professionals

Programme theory (PT)

✓ The underlying shared assumptions of why a quality improvement project is designed as it is, and how & why it works.

✓ All improvement projects are based on PTs, but they are seldom explicit.

✓ Without understanding of the PT, organizational members risk copying routines and behaviours, without contextualizing them to their particular context
Similar programme logic but different PTs

- Confusion between motivation and discomfort
- Confusion between teamwork and solitary registration
- Connection between improved outcomes and patient oriented expectations
- Emergent and converging PTs
- Disconnection between learning, improved work and outcomes

Roundtable question 2
Healthcare professionals

Based on our experience as practitioners and researchers; What impact does quality improvement actually have on healthcare professionals? – and not?

What additional research is needed?

WHAT AND HOW DO PATIENTS LEARN FROM PARTICIPATING IN QUALITY IMPROVEMENT WORK?

GLENN ROBERT
Chair in Healthcare Quality & Improvement
glenn.robert@kcl.ac.uk
twitter: @gbrgsy
Different ways of involving patients

Complaints Information Surveys Patient blogs and web-based stories Consulting and advising Staff and patients working together to improve services

Experience-based Co-design (EBCD)

Adapted from Bate P, Robert G (2006). ‘Experience-based design: from redesigning the system around the patient to co-designing services with the patient’. Quality and Safety in Health Care vol 15 (3), pp 307–10

What do patients actually do in co-design?

✓ sharing experiences (acting as a source of expert, experiential knowledge through attendance and contributions at events)
✓ identifying priorities for quality improvement in their local services (attending events with staff)
✓ developing potential solutions through working alongside staff (bringing innovative ideas and solutions as part of co-design)
✓ helping to implement and evaluate these solutions (through ongoing engagement with the Trust)

What changes when patients are involved in co-design?

- mobilizing images and mobilizing narratives
- different conversation spaces
- new value commitments and orientations
Eight proposed mechanisms of change

Roundtable question 3
Patients
What - and how - do patients learn from participating in different types of quality improvement work?

What do we ourselves need to learn more about to answer this question?

And how should we try and find out?
Cognitive shifts

Cognitive shifts =

Changes in current shared frameworks

Capture how:
✓ the sensemaking is altered in important aspects
✓ the sensemaking changes in a certain direction
✓ the sensemaking before and after a change.
Strategies to support cognitive shifts

**Issue-related cognitive shifts:** Leaders try to influence how change recipients frame the problem or the solution.

**Constituency-related cognitive shifts:** Leaders try to influence how change recipients perceive themselves, and how they are perceived by others.

Foldy et al., 2008

Cognitive shifts in the study

- Subject of work; for whom the work was beneficial
- Width of scope for patient orientation
- Perception of organizational change
- Outcome related cognitive shift = a new kind of issue related cognitive shift. Altered expectations on outcomes.
Roundtable question 4
Cognitive shifts

What cognitive shifts have we discussed this afternoon?

To accelerate quality improvement, what cognitive shifts do we need to support?

Sofia Kjellström, Associate professor, Jönköping Academy for improvement of Health and Welfare, Sweden. sofia.kjellstrom@ju.se

Glenn Robert. Professor, Kings College, UK. Glenn.robert@kcl.ac.uk

Annika Nordin, Assistant professor, Jönköping Academy for improvement of Health and Welfare, Sweden. annika.nordin@ju.se
Micromastery and learning for quality improvement

JÖNKÖPING UNIVERSITY