LEARNING FROM EXCELLENCE (LFE)
Learning from Excellence Workshop

Alison Jones & Helen Hunt WMAHSN
Meridian LIVE, 5th April 2019
Conversation
What is the best thing that’s happened to you today?

* turn to the person next to you
* take turns to answer this question
* try to listen without interrupting

* how did that feel?
Disclaimer ...

The soft stuff is the hard stuff!
Twin aims:

To learn from what goes well in healthcare
To boost morale through positive feedback

@adrianplunkett 2014
Why Learn from Excellence...?

Prevailing approach to safety
Negativity bias
‘2nd victim’
Availability heuristic
Pain from loss : pleasure from gain
Language/behaviour : incivility/defensiveness
Complexity, conditions
Psychological safety
Safety focus: accidents & disasters

Normal, routine, day-to-day performance: unknown and generally ignored

Exceptional performance: gratefully accepted

Source: Eurocontrol.
From Safety 1 to Safety 2. A white paper
www.eurocontrol.int

E.Hollnagel  Event probability and safety focus
Theirs nothing worse than misplaced apostrophe’s
The Psychology of Choice: availability heuristic

the tendency to estimate the probability of an event by the ease with which it comes to mind

Tversky & Kahneman

“We’re haemorrhaging staff!”

Really?
Reticular Activating System (RAS)

https://www.youtube.com/watch?v=QCnfAzAlhVw
‘I hate to lose more than I love to win’

Jimmy Connors
Negative or ‘high-jacked’ language

adverse events, error, risk, harm

morale, engagement, workforce, resilience, leadership

safety
Human Error $\Rightarrow$ Human Factors

World War II: US lost hundreds of planes due to ‘pilot error’ esp. Flying Fortress aircraft

Levers for landing gear and wing flaps identical AND side by side

1942 Alphonse Chapanis (psychologist) changed the shape of the levers and this ‘pilot error’ all but disappeared
VICTIMS OF INCIVILITY
1) the recipient
   average 61% reduction in
cognitive ability
2) bystanders
   average 20% reduction in cognitive
ability and 50% less likely to help others
3) patients and relatives
   75% reduction in net
promoters of your organisation
4) the team
   Overall reduction in cognitive capacity and creativity. On average,
worse outcomes across all clinically significant measures

Incivility is a crime against good healthcare. Civility saves lives.

The Respect Dividend.
Staff who feel respected by their leaders have

56% better health
1.72x more trust and safety
89% more satisfaction
92% better focus
1.26x more meaning to their work

Does Civility Pay? Pooch and Gerbad
Organizational Dynamics 2015 (44) 287-286
@civilitysaves @orangedis
Safety - I
Where as few things as possible go wrong

Safety - II
Where as many things as possible go right
Nice idea!
Where’s the evidence?
Details of Excellence

Date Excellence Achieved (dd/MM/yyyy)
Please use the following format for the date e.g. 01/12/2018

Time (hh:mm)

Please describe what was done that shows excellence
This section allows you to spell check by using the icon. It is located to the bottom right of the text box.

Please describe one thing we could do to develop excellence in this area
This section allows you to spell check by using the icon. It is located to the bottom right of the text box.

Who achieved excellence?
Name of Person
Please search by typing in the person's surname first.
Appreciative Inquiry

Asset Based

Look at what we've got!!

Look at what we're missing!!

Deficit Focused

‘... praise is rewarding but there is a lot more potential in appreciation with enquiry’ @researchforreal
Positive Reporting and Appreciative Inquiry in Sepsis

to test the hypothesis that LfE can be used as a Quality Improvement intervention

Proof of concept

Supported by an Innovating for Improvement grant
• 12 months data collection: baseline, intervention & post-intervention,
• 31 charts screened every week,
• IR2s generated for ‘gold standard prescribing’ and excellent stewardship (n=554)

• IR2s followed up with bedside Mini-AI interviews (n=76)
• Weekly team meetings to review progress, data and improvement cycles
• Additional improvements co-designed by frontline staff (Work as Done)
AIM

5% reduction in antimicrobial consumption in PICU over study period

PRIMARY DRIVERS

Timely administration of antimicrobial for new infection

SECONDARY DRIVERS

Appropriate selection of antimicrobial

PROCESS MEASURES

1a) selection of appropriate antimicrobial

1b) selection of appropriate broad-spectrum antimicrobial

2a) timely administration of antimicrobials in new case of infection

2b) documentation of time of “decision-to-treat”

3a) written evidence of antimicrobial therapy review

3b) confirmation of verbal review of antimicrobial therapy

4) ‘gold standard’ antimicrobial prescription

INTERVENTION

LfE reports and AI interviews

Correct AMS principles in prescribing and reviewing antimicrobial therapy

Prompt administration in new case of infection / sepsis

Timely review and de-escalation of antimicrobial

Clearly documented indication & review date

Paediatric Sepsis 6

Starting new therapeutic antibiotics?

Decision Time: __ __ Administration Time: __ __
### Results

#### Process 4: Proportion of prescriptions with gold standard prescribing

![Graph showing proportion of screened prescriptions over weeks from July to December 2016 (control period) to July to December 2017 (intervention period).]

<table>
<thead>
<tr>
<th></th>
<th>July to December 2016 (control period)</th>
<th>July to December 2017 (intervention period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of all antibiotic doses</td>
<td>12734</td>
<td>11837</td>
</tr>
<tr>
<td>Sum of bed-days</td>
<td>5935</td>
<td>5888</td>
</tr>
<tr>
<td>All antibiotic* doses per bed-day</td>
<td>2.15</td>
<td>2.01 = 6.5% reduction</td>
</tr>
<tr>
<td>Sum of broad-spectrum antibiotics** doses dispensed</td>
<td>5113</td>
<td>3474</td>
</tr>
<tr>
<td>Broad –spectrum** doses per bed-day</td>
<td>0.86</td>
<td>0.59 = 31.3 % reduction</td>
</tr>
</tbody>
</table>
7am update 27.11.18

16.7.18 SA starts giving positive feedback to anyone using the 7 am button

- Benefits of positive feedback
Local Improvements
(informed by AI conversations)

- PRAISE sticker
- Antibiotic pharmacist
- RAG rating antibiotics
- Visible display of excellent prescribing
- Prescribing area improvements
- New Meropenem guideline
Pharmacy Perspective

It appears that providing clinicians with positive feedback about their good prescribing habits encourages them to proactively seek pharmacy input to ensure best directed therapy for antimicrobials.

R. Isaac et al
Prescribing on PICU: you said ....

“I think of a prescription as a form of communication”

“The pharmacy team are approachable, they have tremendous knowledge”

“The charts are well designed, they ‘allow’ us to do well”

“Nurses are empowered to ask if the prescription is not right”

“There is a general ethos about prescribing standards here”

What have you been saying about the PRAISE sticker?

“The sticker helps everyone to focus”

“The sticker made me realise I needed to prioritise giving the antibiotics”

“Clear communication – everyone is thinking SEPSIS – everyone knows the plan”

“Let’s get everyone talking about it!”
*Take 5!*
The Feedback Fallacy

- Learning is less a function of adding something that isn’t there than it is of recognizing, reinforcing, and refining what already is.

- Focusing people on their shortcomings doesn’t enable learning; it impairs it.

- Learning rests on our grasp of what we’re doing well, not on what we’re doing poorly, and certainly not on someone else’s sense of what we’re doing poorly.

- We learn most when someone else pays attention to what’s working within us and asks us to cultivate it intelligently.

- While simple praise isn’t a bad thing, you are by no means the authority on what objectively good performance is, and instinctively she knows this. Instead, describe what you experienced when her moment of excellence caught your attention.
1+1 = 2
2+2 = 4
3+3 = 7
4+4 = 8
5+5 = 10

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Step 1: define
✓ What would you like to improve?
✓ Why is this important to you/team/Trust?
✓ What changes would you like to see?

Step 2: collaborate
✓ Who can enthusiastically help?
✓ Who needs to know/should be informed?
✓ Could you apply for some funding?

Step 3: design
✓ What is your overall aim?
✓ How will you measure change?
✓ Are there balancing measures to be considered?
✓ What data is needed & how much?

Step 4: enable
✓ Is the team confident with the local LfE system?
✓ Have you practiced mini-AI interviews?
✓ Could you access QI methods training/support?

Step 5: seek, report, inquire,
✓ Actively seek excellence in your chosen metrics
✓ Generate excellence reports and ensure that they reach intended recipients
✓ Have mini-AI conversations with recipients

Step 6: measure
✓ Your project should generate both qualitative & quantitative data
✓ Monitor run charts weekly
✓ Take care to anonymise data

Step 7: improve
✓ Keep up the intervention & use AI insights to inform on-going improvement cycles
✓ Keep your project “in the conversation”

Step 8: share
✓ Share widely what you have achieved: frontline staff, managers, Trust board and further afield via social media, conferences, posters & publications

More information at www.learningfromexcellence.com
www.learningfromexcellence.com

* https://learningfromexcellence.com/communityofpractice/*
WMAHSN Fellowship April 2018- March 2019
• PRAISE papers (quanti & quali)
• (Inter)national training (total talks)
• Community of Practice (total orgs)
• Further [research] funding (local recognition, core business)

Health Foundation (Fellowship contd.) April 2019-July 2020
• LfEQI training days  x9
• LfE, PRAISE methods, AI workshop, QI methods, project set-up
• Follow-up clinics, LfE community support system
Thank you!

www.learningfromexcellence.com
Appreciative Inquiry

A whistle stop tour

Helen Hunt
How Appreciative Inquiry found me
What is AI?

is the cooperative search for the best in people, their organizations, and the world around them.

It involves systematic discovery of what gives a system 'life' when it is most effective and capable in economic, ecological, and human terms....

the art and practice of asking questions that strengthen a system’s capacity to heighten positive potential

Source: https://www.appreciatingpeople.co.uk/
Brain, LOOK!

Not NOW! Can't you see I'm BUSY?!
Why AI in Safety
Trying to understand safety by only looking at incidents is like trying to understand sharks by only looking at shark attacks

Attributed to Bob Wears
Why support AI in safety

- Dealing with negative bias
- Benefits of being positive
- Desirable positivity ratio

Safety is more than the absence of negatives – it is about the presence of a capacity to enable things to go right across varying conditions
Assumptions
Assumptions – remember:

• In every situation something works... find it and let it flourish.
• What we focus on becomes our reality... focus on possibilities we find possibilities – focus on problems we find problems.
• There are always multiple realities – different ways of seeing.
• The way we ask questions either creates or denies possibilities. So be mindful how we do this.
• The language we use creates our reality.
• When we carry forward to the future some of our old ways - then they should be the very best of our old ways.
• Value differences – diversity nourishes creativity and resilience – seek it out and welcome it.
The language of safety in healthcare:

- Adverse events
- Error
- Risk
- IR1 / Datix
- SIRI / SUI
- Never event
CARING CONVERSATIONS

BE COURAGEOUS - What matters? What would happen if we gave this a go? What is the worst that could happen if you did this?

CONNECT EMOTIONALLY - How did this make you feel? I feel……. You made a difference to my day because……

BE CURIOUS - What strikes you about this? Help me to understand what is happening here? What prompted you to act in this way? What helped this to happen? What stopped you acting in the way you would have wanted to?

CONSIDER OTHER PERSPECTIVES - Help me to understand where you are coming from? What do others think? What do you expect to happen? What is real and possible?

COLLABORATE - How can we work together to make this happen? What do you need to help you to make this happen? How would you like to be involved? How would you like me to be involved? What would the desired goal/success look like for you?

COMPROMISE - What is important to you? What would you like to happen? How can we work together to make this happen? What do you feel you can do to help us to get there? What would you like me to do?

CELEBRATE - What worked well here? Why did it work well? How can we help this to happen more of the time? If we had everything we needed what would be the ideal way to do this? What are our strengths in being able to achieve this? What is currently happening that we can draw on? I like when you…….
Relationship Centred Practice

**The Senses Framework**

- **Security** - to feel safe
- **Belonging** - to feel part of a valued group, to maintain or form important relationships
- **Continuity** - to be able to make links between the past, present and future
- **Purpose** - to enjoy meaningful activity, to have valued goals
- **Achievement** - to reach valued goals to satisfaction of self and/or others
- **Significance** - to feel that you ‘matter’ and are valued

(Nolan et al. 2006)
Having caring conversations
Being appreciative
Focusing on relationships
Developing best practice together

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Life
LEARNING AND INNOVATING
FROM EVERYDAY EXCELLENCE

Quality of Life for everyone

People
Families
Wider community
Staff

UNIVERSITY OF THE WEST OF SCOTLAND

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Reframing

Change Your Words, Change Your World
Words create worlds

Rather than focusing on ‘improving poor results’, let’s discuss
‘outstanding delivery’ and ‘delivering excellent service’

Rather than seeking to understand the causes of ‘low staff morale’, let’s talk about
what leads to ‘hope, joy and inspiration’

Appreciating our Assets
MIND YOUR LANGUAGE

- We need to enhance compliance
- We need to work with people to foster commitment
- It would be helpful to find out a bit more about what has happened
- The wanderer: The lady who likes to be on the move a lot of the time
- Dementia sufferer: A resident who has dementia
- Support staff / care assistants
- Train
- Develop
- Untrained staff
CHANGE YOUR WORDS—CHANGE YOUR MINDSET

I don't understand. I give up. I made a mistake. This is too hard. It's good enough.

What am I missing? I'll use some of the strategies I've learned. Mistakes help me improve. This may take some time and effort. Is this really my best work?

I'll never be as smart as her. I can't make this any better. I can't read. I'm not good at this.

I'm going to figure out what she does and try it. I can always improve; I'll keep trying! I'm going to train my brain in reading. I'm on the right track.
Strengths, Opportunities, Aspirations, Results

SOAR

What are our strengths and assets?
What are the opportunities?
What do we aspire to be?
What are our resources?
What are the measurable results?
What do we need to get there?
How will we know we’ve got there?
What is our collective intention?
What is our desired future?
What works here?
What do we do well?
What are the best things out there for us?
What can we do differently?
VIDEO belindas
Let’s get talking...

• How did you feel when hearing the stories / watching the film?

• What is there to celebrate in the stories you heard?

• What surprised you; what are you curious about?
AI in the face of adversity and inspection
Caroline Maries-Tillott

Walsall & Willenhall Chronicle
Thursday, October 19, 2017

‘Inadequate’ rating for premises put in special measures

NURSING HOME SAFETY CONCERN

A NURSING home has been placed in special measures after being classed as ‘inadequate’ across the board.

Ash Grange Nursing Home, on Valley Road, Bloxwich, has been rated inadequate by the Care Quality Commission in a new report.

Inspectors found that ‘people were not safe’ at the site, where there were ‘insufficient levels of staffing’.

According to the inspection, one member of staff told inspectors that some of their colleagues ‘just don’t understand dementia’ while it was found that a resident suffered a serious leg injury through ‘lack of appropriate care’.

The CQC’s inspection report reads: “People were not safe. There were insufficient levels of staffing to meet people’s health and care needs. Risks were not consistently identified, assessed or managed which meant some people were at risk from avoidable harm.”

Activities

The report also states: “We found people were not supported to take part in activities or hobbies that interested them. One person said, ‘there is nothing to do.’”

The nursing home had been given a rating of ‘requires improvement’ previously by the CQC; however, the new rating means it has dropped to the lowest grading possible.

The home has been labelled inadequate in terms of safety, effectiveness, care, responsiveness and leadership.

A spokesperson for HC-One which runs the home said: “Nothing is more important to us than the health, safety and wellbeing of all those we support.”

“We were very disappointed by the CQC’s findings following its inspection in August.

“We take all feedback from the regulator extremely seriously and, since the inspection, we have implemented a robust action plan.

“We are recruiting for a new home manager and in the meantime the home is being led by an experienced interim home manager with support from the wider regional team.

“Additional training for staff has also taken place within the home to make sure that the team meet the high standards that we set.”

Report by Jordan Harris

Tributes for tragic brawl victim Reagan, 19

A policeman stands guard at the corner around the building

Firemen officers searching for evidence of the scene

Raglan Avenue, where was fatally injured during the attack
Appreciative Inquiry Training

SOAR
Strengths
Opportunities
Aspirations &
Results/Resources

Strengths
- Coping with the resources/staff we have.
- Utilising services/Well networking.
- Linking with multi-disciplinary teams.
- Problem solving.
- Shared practices.
- Helping each other.
- Adapting to new things.
- Communicating with relatives.
- Development & training new roles.
- Implementation of paperwork.

Opportunities
- Work experience.
- NVQ/Qualification development.
- New starters need more time to train and adapt to their new role.
- Develop new skills & training.
- More stimulation & activities for residents.
- Organise group activities consider abilities.
- We are...
  - Ash Grange Nursing Home
  - The Cottage Nursing Home

Aspirations
- To keep residents safe.
- To promote independence.
- To deliver good quality care.
- To treat everyone as an individual.
- Ensure the home is a happy environment.
- Holistic needs are met.
- Keep everyone informed of changes.
- To change attitudes + language.
- Good communication with all team/residents and relatives.
- To make sure everything is in place to provide care.
- Maintain dignity at all times.

Results/Resources
- Good overall care.
  - Feedback cards.
  - Residents/Relatives meeting.
- A happy working team.
  - Attitude/Satisfaction/retention.
  - Residents' reflection.
- Good communication.
  - Hard copy.
  - Communication book/boards.
  - Flash meeting.
- Resident engagement.
  - Family groups.
  - Activities.
- GP ward round.
  - Residents of good health.
Ash Grange strengths

“We want to improve we are not inadequate we care for our residents…..”

“We want to be proud of where we work – not ashamed “
Ash grange now

It feels like a very different home.... Everyone that we have spoken to has said that the culture and leadership had improved since the last inspection..... Residents received support from kind caring staff.......

Be Courageous

Maybe you are searching among the branches, for what only appears in the roots.

Rumi
Incredible every day
https://www.youtube.com/watch?v=RzXBf3769Nw