




Improving the quality of patient care

Professor Martin Marshall

Clinical Director

Young Civitas for Medics

24th November 2009



**10 percent of patients
admitted to hospital
experience iatrogenic harm**

**More than half of this harm
could have been prevented if
staff had followed established
good practice**

Vincent et al., BMJ, 2001



45% of patients fail to receive recommended care

(range 21% for management of senile cataracts to 90% for alcohol dependence)

McGlynn et al., NEJM, 2003

Every day

Patient records get lost

Lab results get mislaid

Instructions get misinterpreted

Operations get cancelled

Scans get delayed

Beds get 'blocked'

Patients fail to arrive

Computers crash

Meetings get cancelled (or arranged)

And stuff happens.....



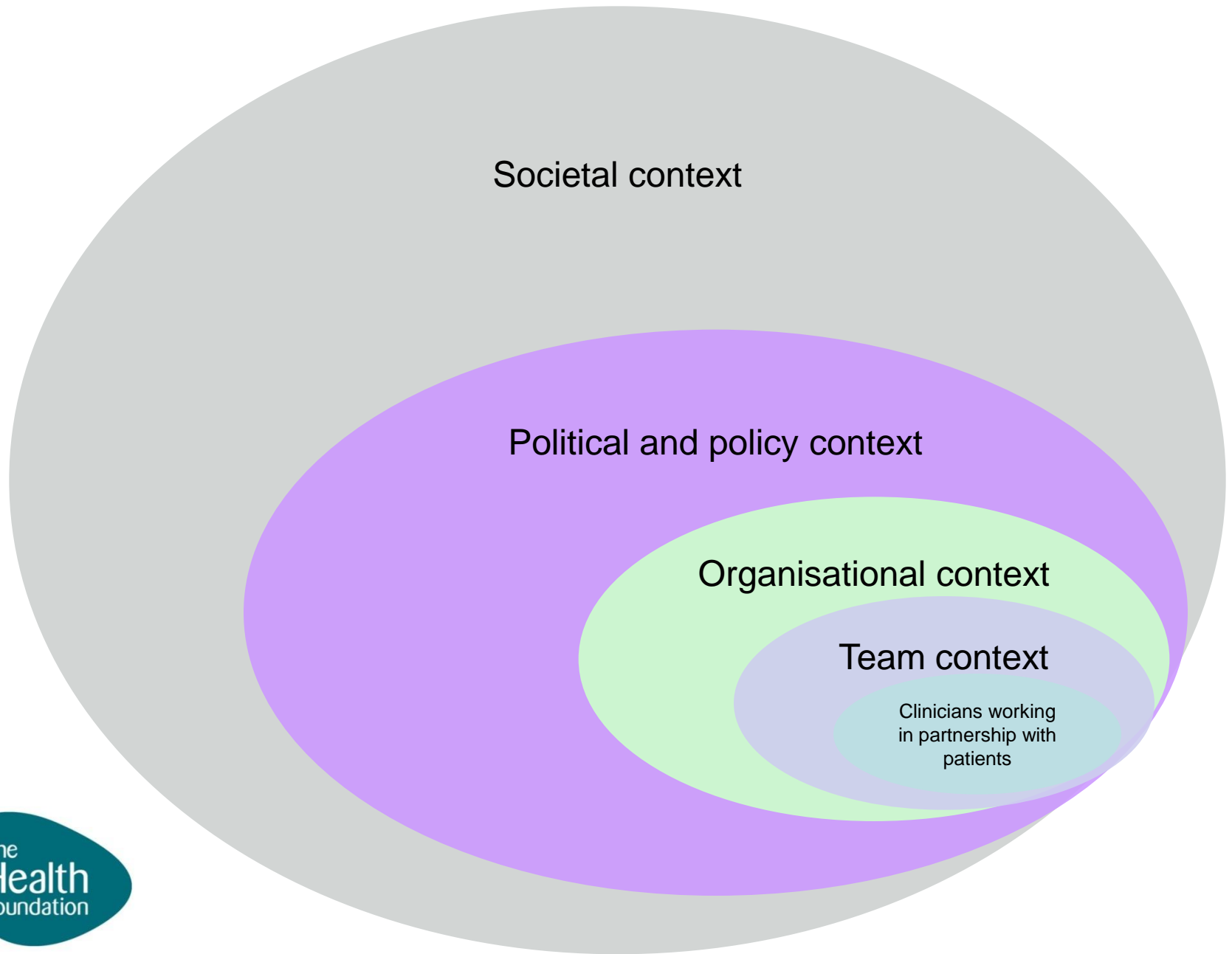
Overall Views of the Health Care System in Seven Countries

Percent reported:	AUS	CAN	GER	NETH	NZ	UK	US
Only minor changes needed	24	26	20	42	26	26	16
Fundamental changes needed	55	60	51	49	56	57	48
Rebuild completely	18	12	27	9	17	15	34

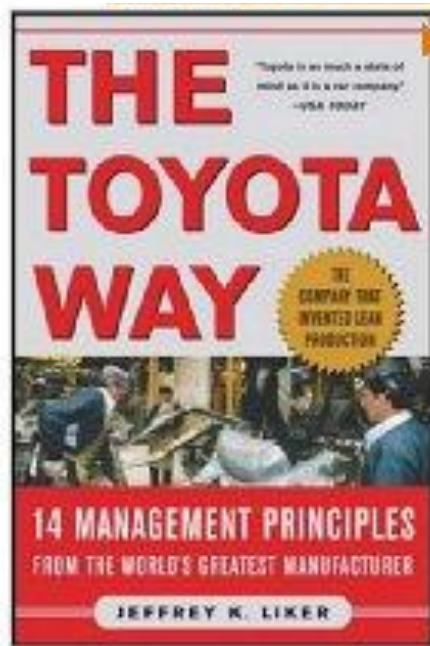


2007 Commonwealth Fund
International Health Policy Survey.

Clinicians working in partnership with
patients







People are skilled and adaptable. We will standardise simple processes but accept that much of what people do is not simple and our role is to build their confidence and expertise and enable them to exercise judgement

We must be constantly encouraging learning about new ways of doing things

We always try to exceed our customers' expectations

We constantly strive to improve the quality of our products

Change is part of life, it happens all the time and we need to lead it. Making changes in how we do business is a matter of survival.

It is good practice to make small scale changes, to measure the consequences and to learn, adapt and then make further small scale changes

Dimensions of Quality of care



Patient responsiveness

Clinical effectiveness

Safety

Equity

Access/Timeliness

Efficiency

Dimensions of Improvement Knowledge

1. The needs and preferences of service users

- viewing healthcare from user's perspective
- commitment to using tools to assess and respond to users

2. Healthcare as a process

- systems thinking; complexity
- flow, process mapping, spread, sustainability,
- risk; reliability

3. The nature of knowledge

- philosophy of science
- measurement; variation; improvement statistics
- local v generalisable knowledge, small v large scale change;
- reporting information

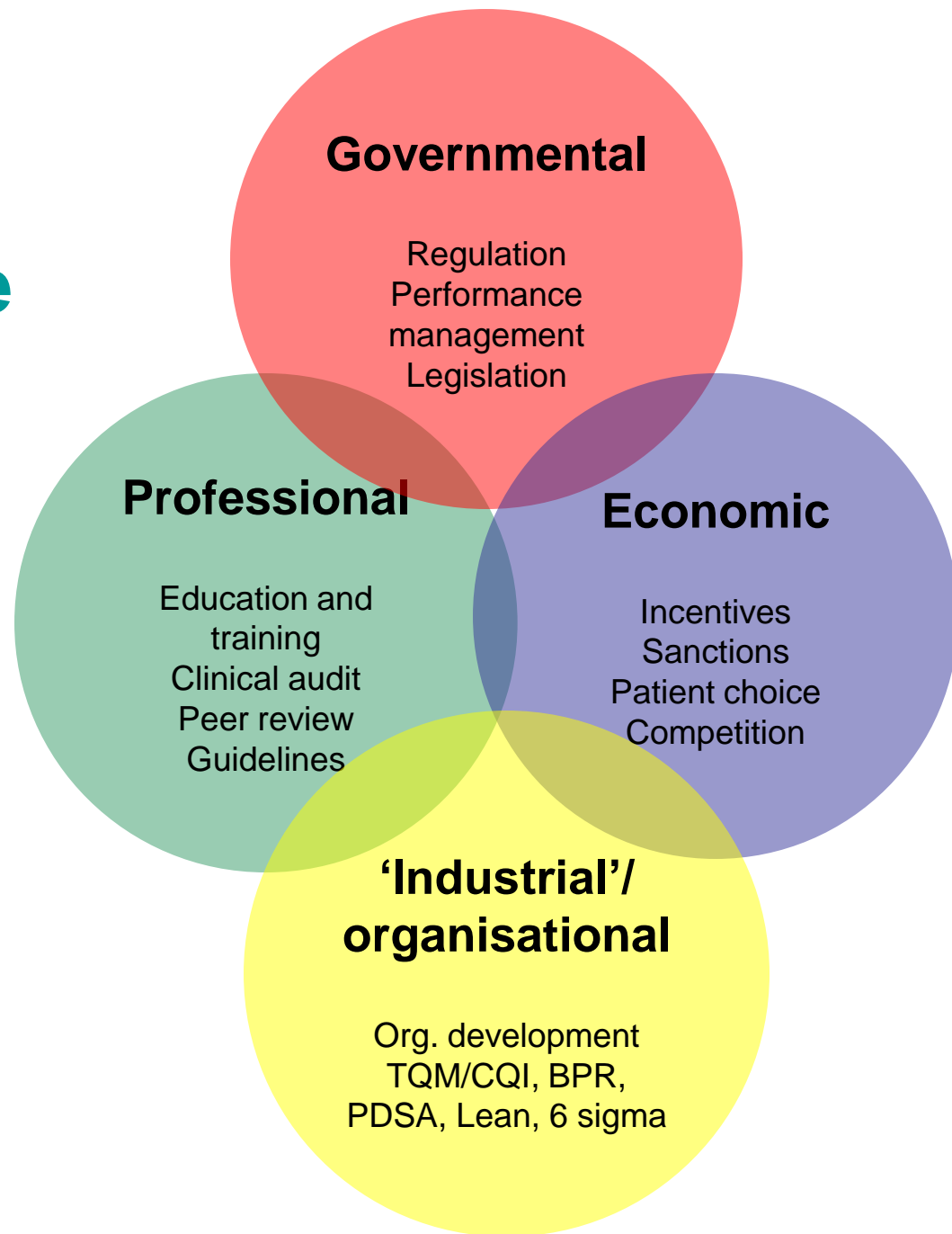
4. The wider environment

- health system structure and function
- historical, social and political context
- health policy; professionalism, accountability

5. Human behaviour

- psychology of change; learning styles, reflective learning
- leadership; teamwork; management; multidisciplinary

Ways of improving patient care



Simple systems



Recipe is essential

No expertise required

Replicable

Certainty of same result every time

Complicated systems



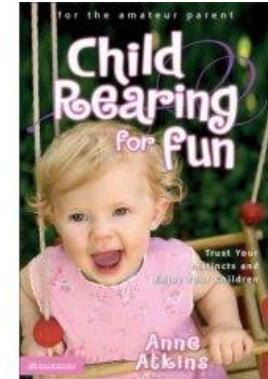
Formulae are critical

High level of expertise required

Success increases assurance next will be ok

High level of certainty of same result

Complex systems



Formulae have limited application

Expertise helps but not sufficient

Success with one gives no assurance to next

Every child is unique...

Achieving results

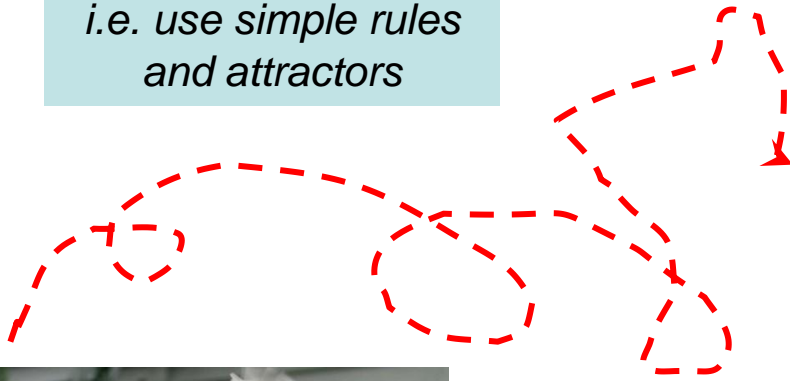
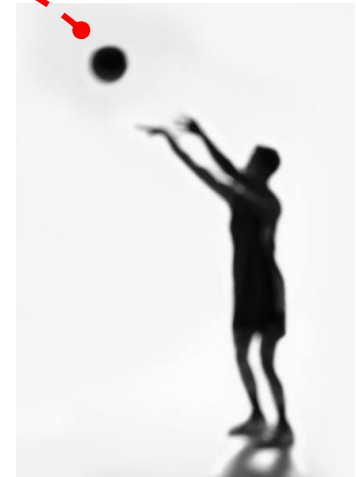
Complex systems

Set direction of travel and facilitate change
i.e. use simple rules and attractors



Simple systems

Clarify process and manage performance
i.e. follow a recipe



Traditional approach

Attitude

Quality is what we do

Scope

Clinical
effectiveness/safety

Focus

Patients (populations)

Requisites

Standards
High quality education

Form of knowledge

Bio-science, scientific
method

Scale

Large scale 'roll-out' of
evidence

Traditional approach

New approach

Attitude

Quality is what we do

Quality is what we
strive for

Scope

Clinical effectiveness

Multiple dimensions

Focus

Patients (populations)

.....plus systems

Requisites

Standards
High quality education

Continuous improvement
Learning

Form of knowledge

Bio-science, scientific
method

.....plus behavioural
sciences

Scale

Large scale 'roll-out' of
evidence

Small scale testing and
context-specific spread

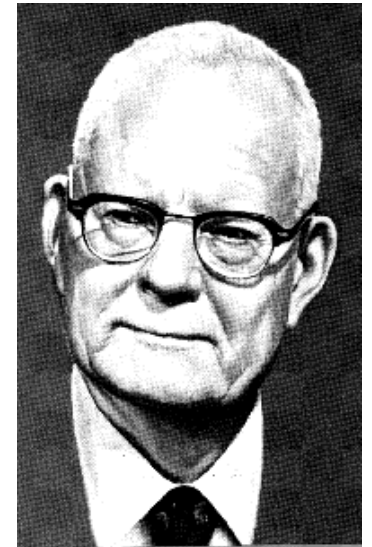
Conclusion: What do you need in order to be a good doctor?

Specialist knowledge and skills required to be a good clinician

e.g.
understanding of basic sciences, ethics and professionalism, clinical method

General knowledge and skills required to influence the working environment and make systematic improvements

e.g.
understanding of systems, role of measurement, nature of variation, how to influence and lead



W. Edwards Demming
1900-1993



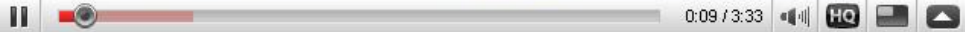
IHI Open School
IHIOpenSchool's Channel

Subscribe

Uploads



Don Berwick, MD, MPP
President and CEO
Institute for Healthcare Improvement



Info Comments Favourite Share Playlists Flag

What Is the IHI Open School?

1 ratings ★★★★★

From: IHIOpenSchool | 12 January 2009 | 2,010 views

Donald Berwick, president and CEO of the Institute for Healthcare Improvement, explains what the IHI Open School can do for you.

[View comments, related videos and more](#)

Search

Date Added | Most Viewed | Top Rated



Check a Box Save a Life
Webcast: Atul Gawande

61 views - 2 weeks ago



Check a Box Save a Life
Webcast: Don Berwick

39 views - 2 weeks ago



PaulineChenPart 2

26 views - 3 weeks ago



PaulineChenPart 1

27 views - 3 weeks ago



Why Im a Physician

67 views - 2 months ago



How to Get a Job at
Cincinnati Children's

348 views - 3 months ago



A Movement Model of
Social Change

454 views - 6 months ago



When Improvement Isn't
in the Curriculum