



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND



Reporting back: 2018 TRIZ – removing barriers to quality improvement in general practice

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Health Quality & Safety Commission

2018 TRIZ workshop

‘How do we ensure quality improvement doesn’t happen in general practice?’

Liberating structures: TRIZ tool

(Teoriya Resheniya Izobretatelskikh Zadatch, or: Theory of Inventive Problem Solving)

- Stop counterproductive activities and behaviours to make space for innovation
- Bring the skeletons out of the closet
- Build trust by acting together to remove barriers
- Creative destruction



TRIZ

1. First alone, then in your groups compile a list in answer to the question:

How can we ensure quality improvement *doesn't* happen in general practice?

TRIZ

2. First alone, then in your groups, go down your list and ask:

Is there anything we are currently doing that resembles in any shape or form the items on our list?

How do we ensure quality improvement DOES'NT happen in general practice?

Handwritten notes on sticky papers:

- One meeting / year ✓
- End of afternoon lunch time usually best
- Take in as many high quality ideas as possible and have an hour for the process!
- Don't allocate time
- Don't assign tasks
- Don't manage education / professional development
- As a team player / not a leader
- No structured agenda ✓
- Time from top down ✓
- No allocation of time ✓
- No leadership in process ✓
- Don't allocate time for QI -
- Making it too difficult ✓
- Reduce the good ideas ✓
- Don't reduce the good ideas
- Not leading QI ✓
- Complex - "consulting"
- Continue with limited opportunity for consulting + feedback on QI
- Don't focus on a part of the under great learning
- Start with ideas that are too hard to implement
- Expected good ideas to be implemented
- Reason to be implemented
- No time
- Be Mean + gossipy about people, activities, initiatives
- No confidence in being implemented or time for QI
- Don't have a meeting every 2 weeks
- Problem never solved
- Decide to do something in July ✓
- Main time QI are performed with other work
- Not involving whole team so have opportunities to be implemented in QI
- Use online for someone better than quality data input
- No in house training about QI
- Not collecting time
- Changes with the idea that "change" was the thing to "keep" without monitoring it
- Not asking for advice / feedback for - implementation
- Not interested - from - time to time
- Lack of resources - staff
- LACK OF LEADERSHIP (especially those who are not QI specialists)
- Unrealistic goals / targets ✓

TRIZ

3. First alone, then in your groups, compile a list of:

What needs to be stopped or what you could do instead?

What solutions exist within our personal control?

15 percent solutions – making it happen

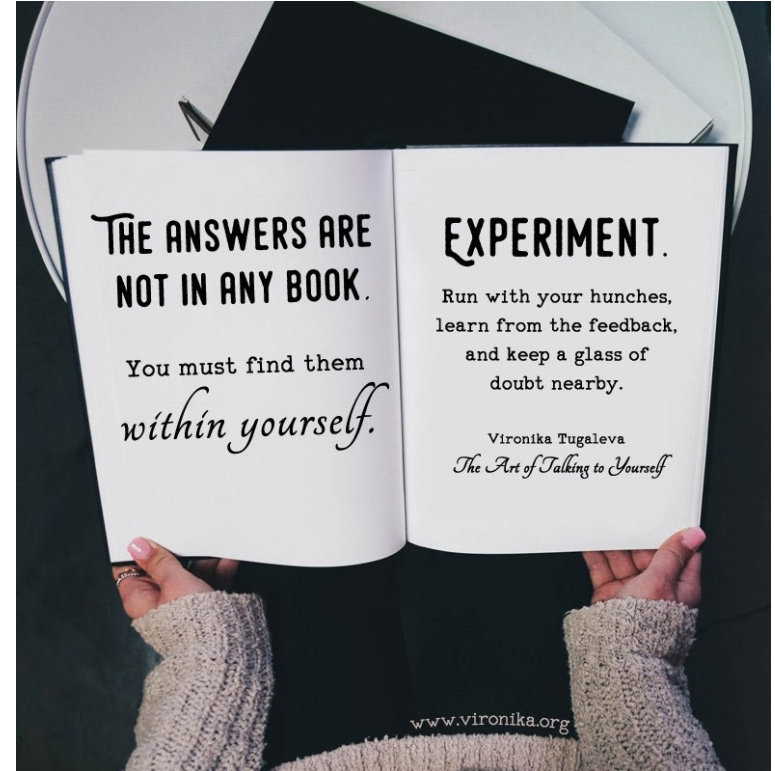
In connection with the challenges you are facing, ask:

- what is the 15 percent solution you can do immediately?
- where do you have the discretion and freedom to act?
- what can you do without more resources or authority?

Findings – barriers

What were the answers to the question:

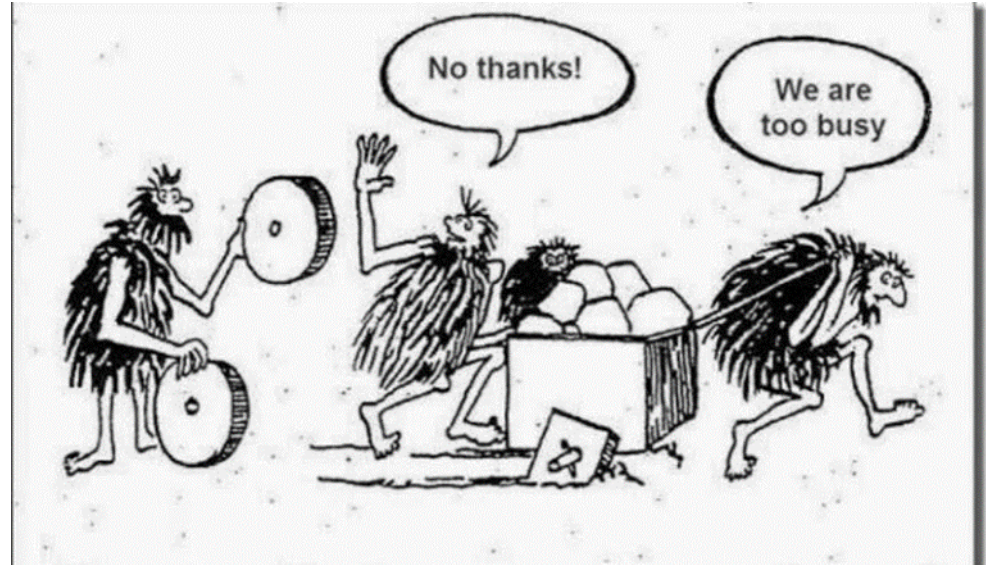
How can we ensure quality improvement *doesn't* happen in general practice?



Barriers: Too busy to improve?

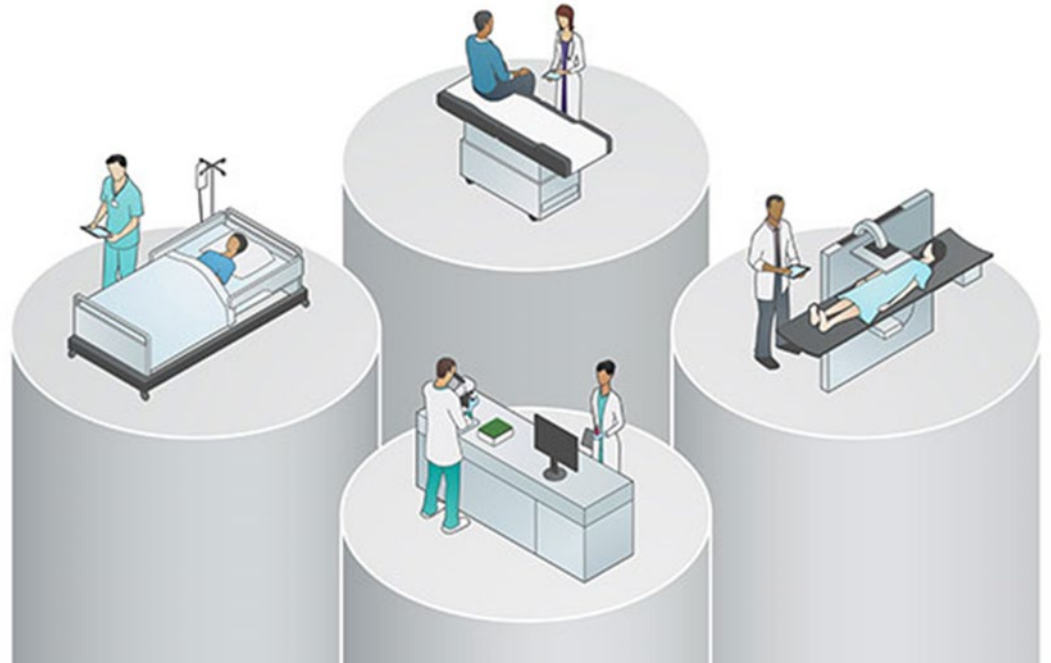
Nohria N, Gulati R.
1996.

Is slack good or bad for
innovation? *Academy of
management Journal*
39(5): 1245–64.



Barriers: Working in silos

McCartney M. 2016.
Margaret McCartney:
Breaking down the silo
walls. *BMJ* 345: i5199.



Barriers: Capability

Lucas B, Smith C. 2018.
The capable country:
cultivating capabilities
in Australian education.



Knowledge
Know what



Skills
Know how



Capabilities
Know what
+ know how
+ be able to do it



Habits / Dispositions
Know what
+ know how
+ know when



Barriers: QI culture

<https://slideplayer.com/slide/2512096/>



**How many of the barriers
identified are currently
occurring in primary care?**

Findings – what is currently occurring?

- Lack of time
- Low-perceived value of quality improvement
- Working in silos
- No incentives or resources for quality improvement
- No quality improvement capability and culture

Findings – what were the 15 percent solutions?

- Communication
- Collaboration
- Using quality improvement processes
- Culture of quality improvement

Solutions in action: Communication

- Huddles
- Interprofessional team development
- www.healthcarehome.org.nz/provider-stories

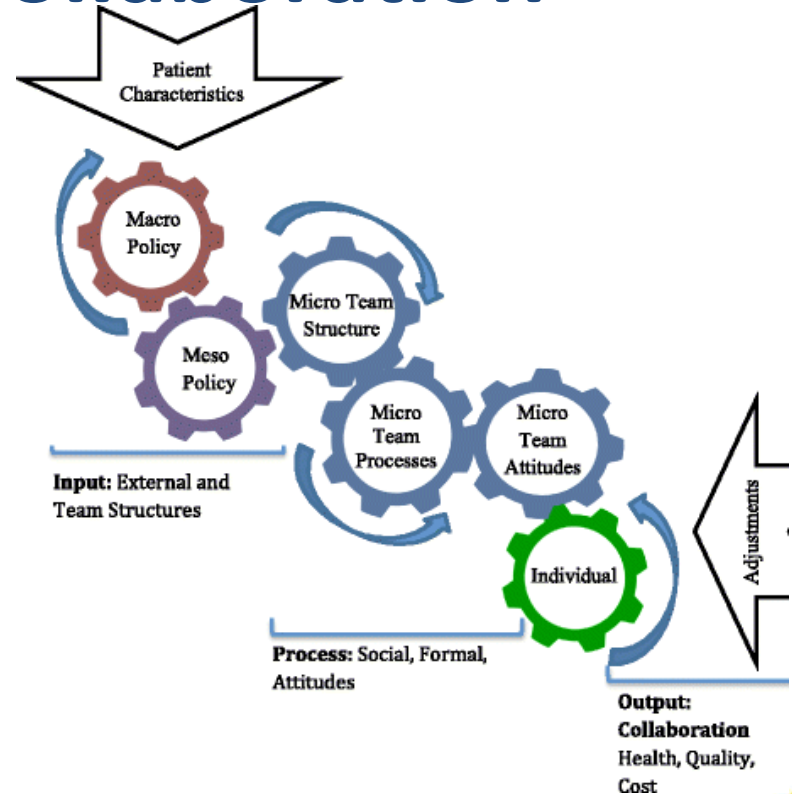


https://nam.edu/wp-content/uploads/2018/05/5_Shunk-Presentation.pdf

Solutions in action: Collaboration

Micro factors:

- Champions
- Open communication
- Group problem-solving
- Team meetings
- Decision-making processes
- Support for innovation
- Belief and flexibility



(Mulvale et al 2016)

Solutions in action: quality improvement processes

www.lean.org/WhatsLean/Principles.cfm



Solutions in action: quality improvement processes (cont)

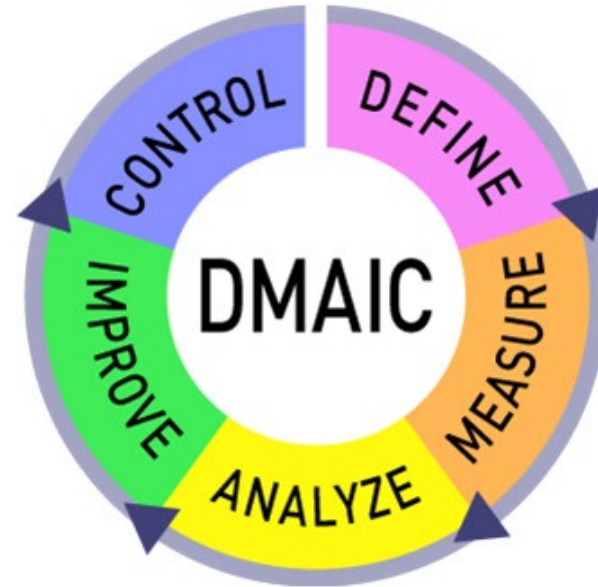
www.apiweb.org

Model for Improvement



Solutions in action: quality improvement processes (cont)

www.biz-pi.com/combining-dmaic-and-lean-events-to-maximize-process-improvements



Solutions in action: quality improvement culture



Embedding a culture of quality improvement

kingsfund.org.uk/publications

- Have a clear rationale
- Ensure staff are ready for change
- Understand the implications for leadership
- Allocate time & resources
- Effective patient engagement & co-production
- Maintain staff engagement
- Fidelity to a chosen QI approach

Sources of quality improvement knowledge

- i3 Waitemata DHB fellows programme:
<http://i3.waitematadhb.govt.nz/about/programmes/fellows-programme/>
- University of Auckland, master of health leadership:
<https://www.calendar.auckland.ac.nz/en/progreg/regulations-medical-and-health-sciences/mhlthld.html>
- Ko Awatea: <https://koawatealearn.co.nz/>

Sources of quality improvement knowledge (cont)

- Massey University, master of quality management:
http://www.massey.ac.nz/massey/learning/programme-course/programme.cfm?prog_id=93440
- Improving Together: www.hqsc.govt.nz/our-programmes/building-leadership-and-capability/projects/improving-together
- Whakakotahi: www.hqsc.govt.nz/our-programmes/primary-care/about-us/

Sources of quality improvement knowledge (cont)

- Institute for Healthcare Improvement:
www.ihl.org/education/Pages/default.aspx
- NHS change agents: <http://horizonsnhs.com/school/>
- Whakakotahi: www.hqsc.govt.nz/our-programmes/primary-care/about-us/

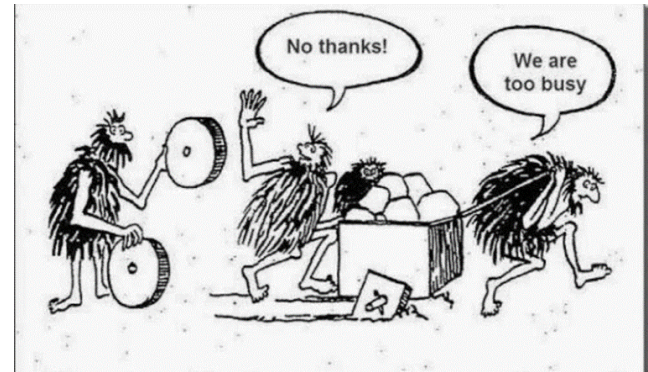
Conclusion

“

THE DEFINITION OF INSANITY
IS DOING THE SAME THING
OVER AND OVER,
BUT EXPECTING
DIFFERENT RESULTS

ALBERT EINSTEIN

”



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Progressing consumer
engagement in primary care

Te whakakoke i te whai wāhi a te
kiritaki ki te tiaki hauora tuatahi

