Reflective Practices: Rethinking Leadership to Improve Global Healthcare Quality

A SYMPOSIUM

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Part 1: Gwen Sherwood, PhD, RN, FAAN, ANEF
Reflective Practices: Rethinking Leadership to Improve Global Healthcare Quality

Part 2: Sara Horton-Deutsch, PhD, MS, RN, ANEF, FAAN
Essential Systems Thinking: Leadership Skills to Achieve Global Healthcare Quality

Part 3: Daniel J. Pesut, PhD, RN, FAAN
Activating Paradoxical and Polarity Leadership Strategies to Achieve Global Healthcare Quality
Part 1: Reflective Practices: Rethinking Leadership to Improve Global Healthcare Quality

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Objectives

Describe reflective practices as evidence based approaches to improvement related to both individuals and systems.

Examine global healthcare outcomes in the context of innovative leadership development.

Apply concepts of connect, collaborate and catalyze for innovative approaches to improving global healthcare quality.

No disclosures.
Quality outcomes continue to confound improvement efforts

STEEEP Model for quality care

IOM, QSEN, IPEC competencies

Yet last year:

8 million deaths in low and middle income countries annually due to poor quality care

10-15% of deaths occur from defects in the health care system
Global Concerns

Common safety concerns

Human responses to health and illness are influenced by individual backgrounds and previous life experiences;

Life experiences are shaped by attitudes, values, and beliefs dominant in one’s cultural environment.
UN Sustainable Development Goals = Healthcare Quality

A new report: (National Academy of Medicine. (www.nap.edu)

Goal: to transform the design of global health care through systems thinking and principles of human factors, engaging informal resources, and embracing innovation
Global Recommendation: adopt systems thinking and fundamental principles of human-centered design and human factors

Learning Health System:
Culture of continuous learning from successes and failures that encourages innovation

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<th>Full transparency</th>
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<td>Co-design with patients, staff, and communities</td>
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<td>Care that is predictive, reflects societal values, and is based on evidence, continuous feedback and learning</td>
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To mobilize change: system leaders must reassess values, principles, and system designs.

Issues: fragmentation, unclear goals, inadequate training, unreliable supply chain, rules, inadequate information flow, and fear.

- Focus education to deliver person centered care in teams.
- Make quality improvement role in daily work for all.
- Replace silos with a purposefully designed system to improve the patient experience.
What paradigm shifts will help us develop nurses willing and able to develop and lead cultures of safety that can change global outcomes?

How can we rethink integration of systems thinking across nursing education and practice to connect, collaborate, and catalyze changes needed?
Connect, Collaborate, Catalyze

Quality and Safety: WHAT
• Developing a mindset

Reflective practice:
• Changing how we learn and think about experiences

Systems thinking: SO WHAT
• QSEN competencies

Defining new leadership models: NOW WHAT
Ethical principle of health care

First, do no harm.....

Humans will make mistakes

Preventable patient harm: unintended outcome that happens from actions of providers, not the disease or reason for treatment and may extend need for care

Are we ignoring the Paradoxes?
High Reliability: Getting the same result every time

Moves from reliance on individual to systems thinking: individuals share accountability with the organization

Attends to process design, standardization

Focuses on preventing harm
Improving Processes vs Work-Arounds

As organizations strive to become more resilient health care systems, second-order problem solving is missing—the ability not only to handle the immediate problem but to communicate these “broken system” issues to those who can perform additional investigation and provide sustainable solutions to avoid repetition of the same problem. Leadership focus is to determine what led to an adverse event, not who did something wrong.
To improve we must see in a way we did not see before
Reflective Practitioners

Engage mindfully in work experiences with an improvement mindset

Asks questions about work to always consider if there is a better way

Apply reflective practice before action, in action and on action

Experience higher satisfaction
Reflective Lens: Developing practice through Mindful Awareness (Schon, 1983)

Describe, examine, reconsider multiple viewpoints

Integrate knowledge and experience in responding

What we think
What we know
What we assume
TRIZ: what must we **stop doing** to make progress on our deepest purpose?

- clear space for innovation by helping a group let go of what it knows (but rarely admits) limits its success and by inviting creative destruction.
- makes it possible to challenge sacred cows safely and encourages heretical thinking.
Paradoxical Problem:
Hospital acquired infection is one of the most common safety and quality issues in all healthcare settings. We are bombarded by the urgency of handwashing, yet systems report quality ratings of less than 75% compliance.

Make a list of all you can do to make sure that you achieve the worst result imaginable with respect to hand hygiene.
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<th>Check the list</th>
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<td>Is there anything that we are currently doing that in any way resembles these practices?</td>
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<td>Be brutally honest to make a second list of all your counterproductive activities, programs, or procedures.”</td>
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<tr>
<td>What will help you stop what you know creates undesirable results?</td>
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<td>What activities or procedures will replace these habits?</td>
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### More Sticky Questions

To reduce harm to patients experiencing safety lapses (e.g., wrong-side surgery, patient falls, medication errors, HAI) : “How can we make sure we always operate on the wrong side?”

Institutional leaders who inadvertently exclude diverse voices: “How can we devise policies and practices that only work for a select few?”

For IT professionals: “How can we make sure we build an IT system that no one will want to use?”

For educators: “How can we keep offering the same curriculum in the same way but expect different results from our graduates?”
Patient-centered care balanced with Evidence Based Practice

Reflective practice to sift evidence and information for interventions and engage patient in decisions about care

Balances patient preferences with best evidence situated within social contexts

www.QSEN.org required quality and safety competency model for schools of nursing
Reflection

Increase self-awareness, awareness of others, value diversity, manage context

Engage patients as equal partners in decision making

Quality care improves satisfaction for all
Striving to

Connect

Collaborate

Catalyze

Across countries to speed change
Leadership Redefined

Systems Thinking to Achieve Quality Care: Sara

Polarities that provoke new ways of thinking: Dan


www.QSEN.org Quality and Safety Education for Nurses. Required quality and safety competency model for schools of nursing