Front Line Ownership: a complexity science based approach to quality and safety

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Impromptu Networking
Rapidly share challenges and expectations, building new connections

What big challenge do you bring to this gathering?

The thing I hope to get from and contribute to this session is...
How could we create a system where 100% of the time we can Guarantee (Insert an adverse outcome)
culture eats strategy for breakfast
Our approach

• Engagement of front-line staff
  • Liberating structures
• Leadership from behind
• Ideas and successes highly sensitive to the local context
• “user interface” with traditional QI and team approaches
  • Model for Improvement
  • Lean
  • Microsystems
How is this different from sharing best practices?

**Front Line Ownership**
- Share knowledge but winning practices are sensitive to the local context
- Winning practices come from those who are “touching the problem”
- Practices are spread virally peer to peer
- Sustained

**Sharing Best Practices**
- What worked there should work here. Variability is discouraged
- Winning practices come from experts
- Practices are spread in top down fashion
- Often not sustained
This work is about the **HOW** rather than the **WHAT**
UHN hand hygiene data

Hand Hygiene compliance

MRSA

Nosocomial MRSA rate/10,000 patient days

Year
BOZ Collaborative Phase 1 Falls: 3 years later

The graph illustrates the number of total falls and injury falls before and after a certain intervention. The data shows a decrease in both total falls and injury falls after the intervention, indicating a positive impact of the BOZ Collaborative Phase 1 initiative on fall prevention. The linear trends for both total falls and injury falls are also depicted, showing a downward trend post-intervention.
Principles of This Work

• Work with willing participants
• change spreads in infinite ways
• Make the invisible visible
• Include the unusual suspects
• Go slow to go fast
• Nothing about me without me
• Seek to understand
• Act your way into a new way of thinking
• Find meaningful ways to measure and provide feedback
OH LOOK AT THAT! THE PATIENT KNOWS WHAT'S GOING ON!
CHARGE NURSE LEAVES SICKLUINS TO BE A TEAM PLAYER.
TEAM WORK MAKES FALL REDUCTION AND INF. POC! "DREAMWORK"!
EXCELLUS EMBRACES BOZ! WE ARE THRILLED & PROUD.
PRODING, DR FALLS, WE ARE GATHERING TO REDUCE SHATTERING.
HOUSEKEEPER LEADS THE FALLS INITIATIVE.
MOVING THE BED TO CAPTURE A SYMPTOM+
THE BRACELET TELL THE STORY.

COLLABORATIVE APPROACH IS WORKING AT CROUSE-INITIATIVE WORKING HAND IN HAND.
THE LITTLE THINGS COUNT.
IT TAKES EVERYONE ON BOARD TO MAKE A DIFFERENCE.
MED WRECK TO MED REC
LASER FOCI ON SAFETY.
PREVENTS FALLS.
INCREASING CHARTER REDUCES FALLS.
15% Solution
Thank-You!

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