Big systems transformation in the context of complexity: *British Columbia Break out session*

February 27, 2019

British Columbia Quality Forum, Canada

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International Society for Quality in Health Care (ISQua)

Disclosure

I have no affiliations with any commercial organizations

ISQua®

ISQua's Mission Statement:

"To inspire and drive improvement in the quality and safety of health care worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks."

Our vision is to be the global leader of transformation in healthcare quality and safety.

International Society for Quality in Health Care Strategy 2018-2020

Mission: To inspire and drive improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks.

Vision: To be the global leader of transformation in healthcare quality and safety.

Values: Transparency, Integrity, Diversity, Ethical, Excellence, Evidence-Based.

	Build Build on our foundation programmes & their successes	**Develop** Develop interventions for improving quality & safety – Networks	**Expand** Develop programmes in regions & expand impact in LMIC	**Maintain** Maintain develop & foster strategic partnerships
Strategic Aims				
How?	• Knowledge Management • External Evaluation • Members • Patients	• QI networks • Advisory services to develop and promote quality and patient safety • Communities of Practice – Regions, Safety, Patients	• Communities of Practice • Support Universal Health Coverage • NQPS	• WHO • World Bank • IH • IAPO • IHF • New Partnerships
Strategic Priorities	• a vibrant sustainable membership organisation that provides benefits and services for its members • global leader in supporting the development & improvement of health & social care to external evaluation organisations • be the leading international networking, research & educational event for all involved in improving health and social care worldwide • be a leader for enabling access to and/or providing healthcare quality and patient safety education	• develop innovative solutions working with our Members, partners and patients • offer the opportunity for organic growth of ISQua and of the spreading of skills, knowledge and shared learning. • Facilitate research • Policy Development	• develop an improvement network of healthcare providers in all regions with a special focus on LMIC and provide support for continual improvement in resource poor environments • build sustainable knowledge sharing through Communities of Practice and supporting local programmes and meetings • support QI networks and offer advice and support to local organisations	• work with stakeholders and partners to help deliver and enhance programmes to improve the quality of care for people worldwide • continue to strengthen relationships with partners

ISQua

To achieve this we will be bold, focus on our customers and members, develop new business models and cultivate existing and new partnerships.

ISQua

ISQua's 36th International Conference

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"Beating the Drum for Safety, Quality and Equity"

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Australian Institute of Health Innovation

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Founding Director, AIHI; Director, Centre for Healthcare Resilience and Implementation Science

- # Professor Enrico Coiera
Director, Centre for Health Informatics

- # Professor Johanna Westbrook
Director, Centre for Health Systems and Safety Research

Big systems transformation in the context of complexity: *British Columbia*
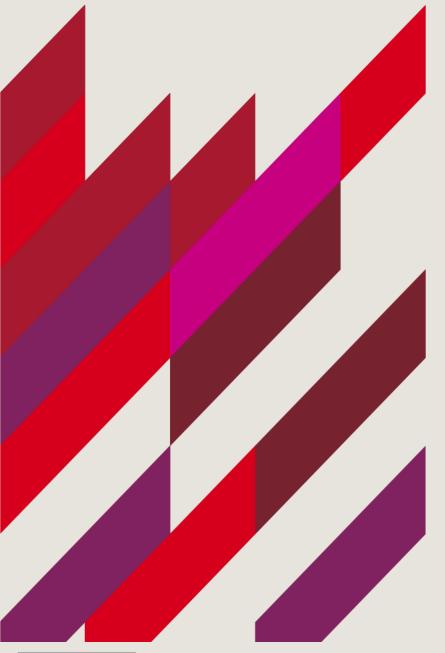
Cracking the code

Key lessons: Canadian Provinces

1. Apply CAS thinking to health systems
2. Study the intersection of implementation science and complexity science
3. Understand and learn from your success stories
4. Borrow from the international experience
5. Know what you can change in the hardware and software of the system

Reflections on your work on transformation efforts in BC

- What were the strongest levers for transformative effort over the last 10 years?

- What are the top five biggest hurdles?

- How can the collective tackle these challenges?

- How will *you* contribute to transformative effort in the next 10 years?
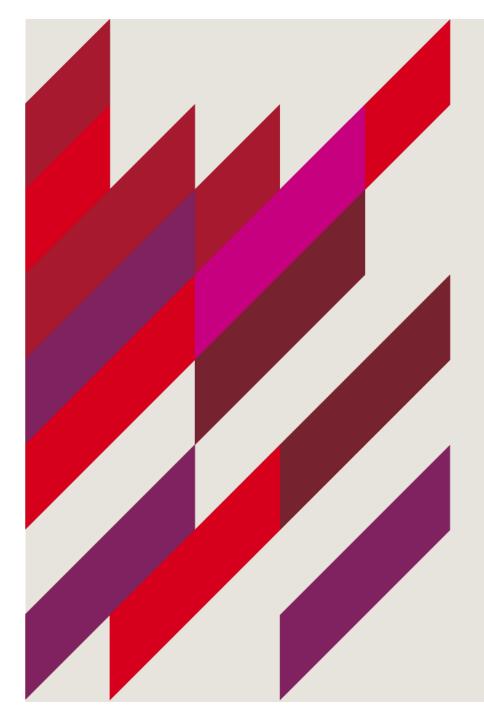
Stage 1.
Briefing

Stage 1: Priming you

- Theoretical basis: the health system through a complexity science lens
- How features of complexity science manifest in the health system
- The similarities and differences between the concepts of the 'complex' compared to, for example, 'complicated' or 'chaotic'

Selected key characteristics of complexity

CAS feature

Diversity of agents

Learning and adaptation

Interconnections
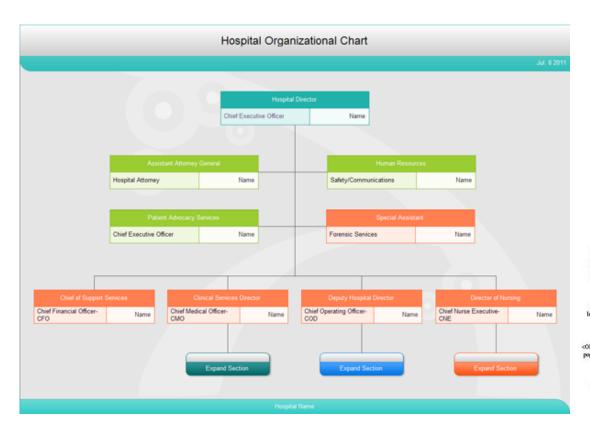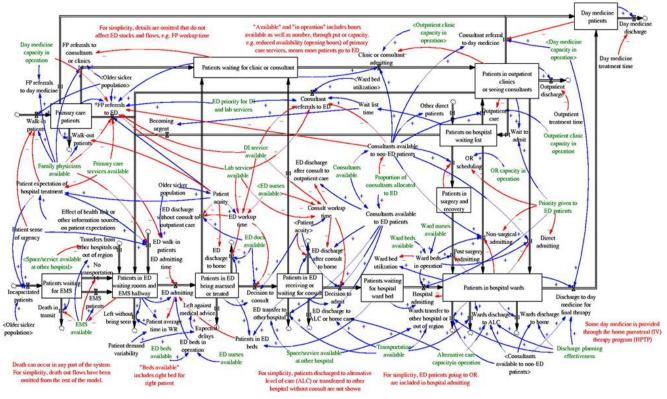
Remember ... linear v complex

Model: parts and connections
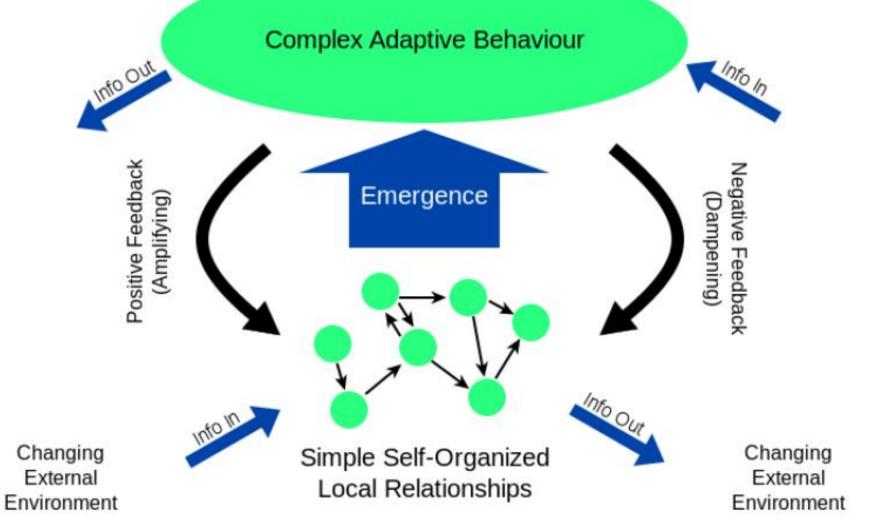
Model: parts and connections

Changing External Environment

Changing External Environment

Complex Adaptive Behaviour

Info Out

Info In

Positive Feedback (Amplifying)

Emergence

Negative Feedback (Dampening)

Info In

Simple Self-Organized Local Relationships

Info Out

Changing External Environment

Changing External Environment

The Cynefin Framework

Simple   **Complicated**   **Complex**   **Chaotic**

Examples in healthcare

Simple   **Complicated**   **Complex**   **Chaotic**

Stage 2.
The Game

Stage 2: The BC Complexity Simulation Game

- Everyone is invited to join the *BC Complexity Simulation Game*

- You will be assigned to a group of stakeholders

- Once in your group, you will be given a problem

- Your task is to solve the problem

MACQUARIE University

Stakeholders

1. Parliament of Canada

2. Treasury Board

3. The Health Minister and staff

4. BC Province

5. Doctors

6. Nurses

7. Allied health staff

8. Patients groups and representatives

9. The media

10. Corporate interests

The Problem …

President Trump has declared a trade war and the price of commodities has plummeted

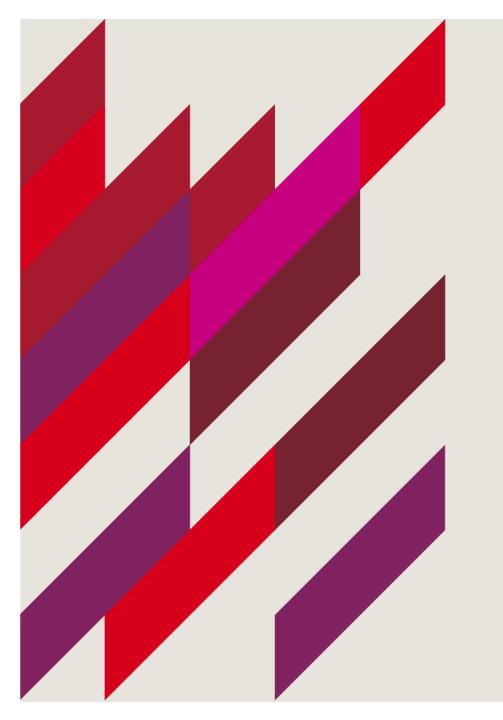- Canada's economy has tanked 10%
- Health care in BC has sustained a 15% cut
- The ten groups have to solve this problem

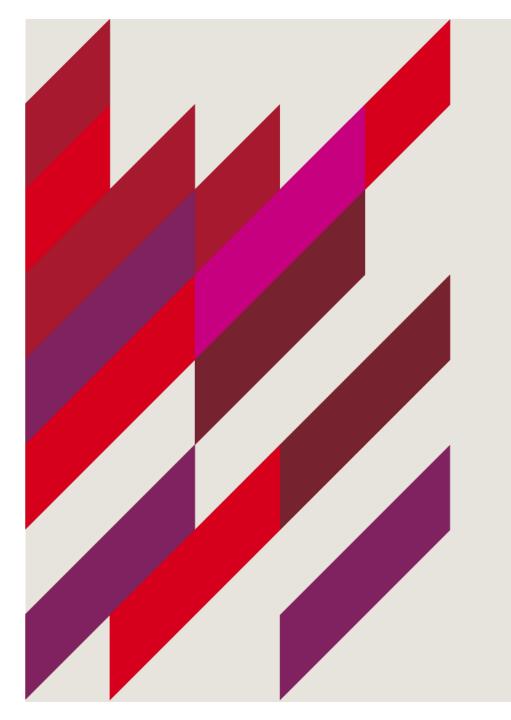# Your task

Go to it

Stage 3. Debrief and application

Stage 3: De-brief of the problem

- Comments: what happened?

- Some examples from the *BC Complexity Simulation Game* …

- What characteristics of the CAS were apparent?

- What's needed to solve problems like this?

Finally …
Conclusions and learning

Stage 4: Conclusions

Lessons learnt:

- Lesson 1:
- Lesson 2:
- Lesson 3:
- Lesson 4:

Australian Institute of Health Innovation

Acknowledgements

Complexity Science / Genomics
Dr Kate Churruca
Dr Louise Ellis
Dr Janet Long
Dr Stephanie Best
Dr Hanna Augustsson

Human Factors and Resilience
Dr Robyn Clay-Williams
Dr Elizabeth Austin
Dr Brette Blakely
Teresa Winata

NHMRC Partnership Centre for Health System Sustainability
Joanna Holt
Prof Yvonne Zurynski
Dr Trent Yeend
Dr K-lynn Smith

Implementation Science
Prof Frances Rapport
Dr Patti Shih
Mia Bierbaum
Dr Emilie Auton
Dr Mona Faris

Health Outcomes
A/Prof Rebecca Mitchell
Dr Reidar Lystad
Dr Virginia Mumford

CareTrack Aged / Patient Safety
Peter Hibbert
Dr Louise Wiles
Ms Charli Molloy
Pei Ting

NHMRC CRE Implementation Science in Oncology
Dr Gaston Arnolda
Dr Yvonne Tran
Dr Bróna Nic Giolla Easpaig
Dr Klay Lamprell

Admin and project support
Sue Christian-Hayes
Jackie Mullins
Chrissy Clay
Caroline Proctor

Research support
Meagan Warwick
Dr Wendy James

Research Candidates
Chiara Pomare
Elise McPherson
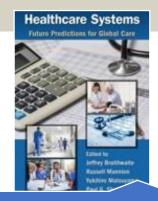Hossai Gul
Kristiana Ludlow
Zeyad Mahmoud
Sheila Pham
Katie Adriaans
Luke Testa
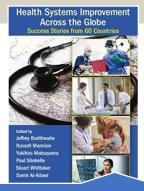Jess Herkes

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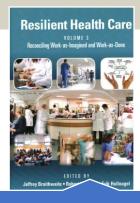
Recently published books

2018-Healthcare Systems: Future Predictions for Global Care
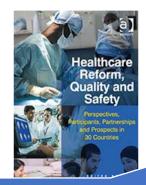
2017 - Health Systems Improvement Across the Globe: Success Stories from 60 Countries
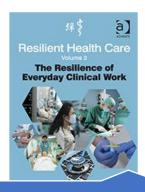
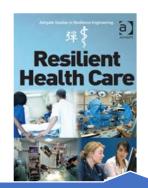2017 - Reconciling Work-as-imagined and work-as-done

2016 - The Sociology of Healthcare Safety and Quality

2015 - Healthcare Reform, Quality and Safety: Perspectives, Participants, Partnerships and Prospects in 30 Countries

2015 - The Resilience of Everyday Clinical Work
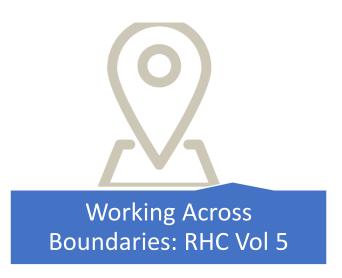
2013 - Resilient Health Care
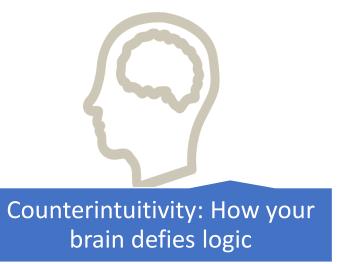
2010 - Culture and Climate in Health Care Organizations

Forthcoming books

Gaps: the Surprising Truth Hiding in the In-between

Surviving the Anthropocene

Working Across Boundaries: RHC Vol 5

Counterintuitivity: How your brain defies logic

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