

THE PURSUING PERFECTION INITIATIVE: Lessons on Transforming Health Care

Institute for Healthcare Improvement (Innovation Series 2010), by **Andrea Kabcenell, RN, MPH; Thomas W Nolan, PhD; Lindsay A Martin, MPH** and **Yaël Gill, BA** (Accessed: 1 December 2012)

Read the full article at ihi.org

This white paper, published by the US-based not-for-profit Institute for Healthcare Improvement (IHI), details the eight-year long (2001-2008) *Pursuing Perfection* initiative undertaken by several American and international healthcare organisations. Its aim: To learn if and how dramatic organisation performance improvements could be made for a more efficient and effective healthcare system. As part of the initiative, participants were challenged to dramatically improve patient outcomes by “pursuing perfection” in all major care processes by:

- Delivering all indicated services at the right time;
- Avoiding unhelpful or non-cost-effective services;
- Avoiding safety hazards and errors that harm patients and employees; and
- Respecting patients’ unique needs and preferences.

Results showed that all participating organisations were able to demonstrate substantial improvement in at least one area and that highly reliable, safe, equitable, efficient service supportive of patient and their families was possible. Perfection-level performance hinged on: (i) Substantial changes in the leadership’s approach to quality and (ii) A steady stream of innovative solutions to persistent challenges (i.e., reducing mortality, harm and disparities).

Leadership: Commitment to Make Quality the Central Business Strategy and Work Towards Fulfilling that Commitment

Participants summarised seven leadership “leverage points” that raised the performance bar:

1. Establishing and overseeing specific system-level aims at the highest governance level

When goals, however ambitious, were endorsed by the highest governing authorities, it made them hard to ignore. These goals hence became the primary drivers for transforming the whole system (i.e., reducing mortality rate by 20 per cent in three years, etc.).

2. Developing an executable strategy to achieve system-level aims and overseeing execution at the highest governance level

Senior staff prioritised critical breakthrough goals and developed improvement projects to reach them. Capable leaders were trained and/or assigned to ensure results and provided adequate support and oversight (see *Execution of Strategic Improvement Initiatives to Produce System-Level Results*²).

3. Channelling leadership attention to system-level improvement

Leaders that moved quickly to pursue perfection were those able to give the initiative their focused attention. They attended project meetings, deployed senior teams to support projects and made changes to their own work and that of the organisation to support and sustain infrastructure changes.

4. Putting patients and families on the improvement team

The inclusion of patients and their families into improvement teams triggered pivotal changes, establishing a sense of urgency and helping to focus on ambitious improvement aims/changes that are most important to customers.

5. Making the chief financial officer (CFO) a quality champion

Business goals and quality improvements (QI) became reconciled by getting the CFO’s buy-in. The understanding that QI can impact business performance positively drove achievable and sustainable improvements in both areas.

6. Engaging physicians

When physicians were engaged in the improvement efforts, it enabled them to drive changes *on* as well as *in* the system, helping projects to better succeed.

7. Building improvement capability

Each organisation needed an improvement method, as well as capable people, to lead their QI initiatives. Every staff was trained and tapped on to achieve improvement aims.

*mosAIC’s Regular Reads aims to bring to ILTC providers’ attention, healthcare-related knowledge that may be relevant and useful to their operations. This section features journal articles that highlight evidence-based practices, latest research findings, as well as good and innovative practices. While the articles aim to keep ILTC providers informed of current developments in the community healthcare sector, the views and opinions expressed or implied do not necessarily reflect those of AIC, its directors or editorial staff.

Regular Reads*

THE PURSUING PERFECTION INITIATIVE: LESSONS ON TRANSFORMING HEALTH CARE (cont'd)

Innovation: Finding a Steady Stream of Innovative Solutions to Persistent Challenges

After commencing their projects using existing or enhanced versions of current methods, participants discovered that attaining *Pursuing Perfection* aims was only possible through innovation. (See "10 Simple Rules" from *Crossing the Quality Chasm*³).

Some of the innovations implemented include:

Importing/adapting methods for reliability from other industries into health care

Result:

This enabled Hackensack University Medical Centre and McLeod Regional Medical Centre, both in the US, to reach beyond 90 per cent reliable delivery of evidence-based care. Such approaches are now widespread in IHI initiatives, such as the 100,000 Lives Campaign/5 Million Lives Campaign.

Including patients and families on improvement teams

Result:

Cincinnati Children's Hospital, US shared data transparently with patients and their families to glean improvement ideas, working with them as full partners to improve care. This shifted the motivation to improve not just for patients and families, but with them. This practice is now integrated into many IHI programmes and used across the US and the United Kingdom.

Conclusion

This initiative showed that while dramatic improvements were achievable, fundamental changes in leadership and a steady stream of innovative solutions to address tough problems were needed. It also noted that despite successes, these were not enough to transform the overall healthcare system. Leveraging on regulation or financial incentives will be needed to propel leaders to seek beyond "just average" performance. It is also not certain that perfect care will necessarily reduce waste in healthcare processes and care costs. For system-wide improvements, high quality performance in healthcare organisations must be accompanied by innovations in the organisation of services and care delivery across the continuum of patient care.

Useful links:

¹Reinertsen JL, Bisognano M, Pugh MD. *Seven Leadership Leverage Points for Organization-Level Improvement in Health Care (Second Edition)*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2008. ihi.org/knowledge/Pages/IHIWhitePapers/SevenLeadershipLeveragePointsWhitePaper.aspx

²Nolan TW. *Execution of Strategic Improvement Initiatives to Produce System-Level Results*. IHI Innovation Series white paper. Cambridge, MA: Institute for Healthcare Improvement; 2007. ihi.org/knowledge/Pages/IHIWhitePapers/ExecutionofStrategicImprovementInitiativesWhitePaper.aspx

³Committee on Quality of Health Care in America, Institute of Medicine. "Front Matter." *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press, 2001. nap.edu/openbook.php?isbn=0309072808

(All links accessed on 1 December 2012)

SLEEP IN RESIDENTIAL AGED CARE: A Review of the Literature

This literature review of 34 international research papers (selected from Pubmed databases), published in English between April 2003 and May 2010, aims to identify evidence-based strategies to improve sleep in residential care and offer recommendations for further research.

Sleep is necessary for good health. Although changes in sleep patterns are part of ageing, sleep disturbance is perceived to negatively affect quality of life, cause safety concerns, increase fall and injury risks and harm bedroom partners and

Australian Journal of Advanced Nursing, Volume 29, Issue 4 (June-August 2012) by **Leslie Dowson, BSc (Hons); Kirsten Moore, BA (Hons); Dr Jean Tinney, BA, Dip Ed, Dip TEFLA, MAppl Ling, PhD; Kay Ledgerwood, BSc (Hons), PGCE** and **Dr Briony Dow, BSW, MA, PhD**
(Accessed: 1 December 2012)

Read the full article at ajan.com.au

carers. A common reason for residential care placement, it is also associated with disruptive behaviours and psychological distress.

Types of Sleep Disturbances

- **Primary sleep disorders:** Sleep apnoea, periodic limb movement disorder, circadian rhythm disorders and primary insomnia.
- **Secondary sleep disorders:** Pain, depression, polypharmacy, environmental disturbances, chronic diseases and nocturia.