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I Congresso da Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente - SOBRASP
Segurança do Paciente como direito: reduzir riscos com a contribuição de todos

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# Challenges for the Formulation and Implementation of Patient Safety National Guidelines – International and National Overview

June 6, 2019

Congress of Brazilian Society for Quality of Care and Patient Safety, Rio de Janeiro, Brazil


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Australian Institute of Health Innovation
**Director**
Centre for Healthcare Resilience and Implementation Science
**President Elect**
International Society for Quality in Health Care (ISQua)



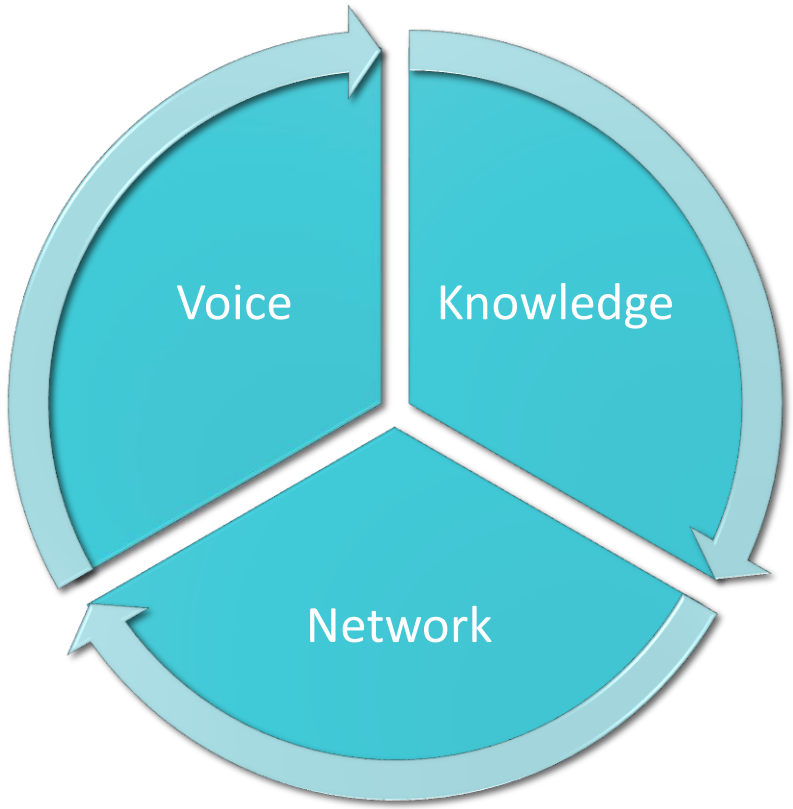
ISQua
International Society for
Quality in Health Care

# 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.

# Knowledge, Network, Voice



ISQua

International Society for Quality in Health Care

ISQua MEMBERSHIP

# Join Our Global Members Network and Actively Improve Health Care Safety & Quality For All

# ISQua's Annual Conferences


# Why Get Involved?

## Scientific Programme

ISQua
International Society for Quality in Health Care

**25** hours of networking

**6** keynote addresses

Over **70** countries

**3** major social events

**1,500** DELEGATES

More than **250** presentations

Direct access to **international key decision makers**

**400** POSTERS

Over **100** expert speakers

## Delegates Around the World

### Job Titles

- Chief Executive
- Medical Director
- Risk Manager
- Vice President
- Consultant
- Chief Financial Officer
- Patient Care Director
- Researcher
- Quality Management
- Allied Health Professional
- Nurse Practitioner
- Doctor/ Physician

| | |
|---|---|
| Senior Healthcare Professionals | 30% |
| Clinical and Para Medical | 56% |
| Others (Policy Makers and Patients) | 3% |
| Academics | 11% |

# Communities of Practice

- Africa
- Latin America and the Caribbean
- Person Centred Care


# Latin American & Caribbean Community of Practice

- Run in association with el Consorcio Latinoamericano de Calidad y Seguridad en Salud (CLICSS)/Latin American Consortium for Health Quality and Safety.
- Monthly online meetings
- Valuable networking possibilities
- Facilitated by the Collaborative Forum on Health Quality and Safety (ForoCS), the Organization for Health Excellence (OES) and the Institute for Clinical Effectiveness and Health Policy (IECS)

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# Australian Institute of Health Innovation

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*Our mission is* ***to enhance local, institutional and international health system decision-making through evidence****; and* ***use systems sciences and translational approaches to provide innovative, evidence-based solutions*** *to specified health care delivery problems.*

www.aihi.mq.edu.au

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PIONEERING | STRATEGIC | IMPACT

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# Australian Institute of Health Innovation

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- Professor Jeffrey Braithwaite

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

# Brazil: what I have learned

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- The Federative Republic of Brazil covers half of the continents landmass and is the fifth largest country in the world (after Russia, Canada, China and the US)
- Population: 212,253,163 (at May 2019)
- Young population: 24.4% of the population aged 15-29 years
- GDP per capita (2017): $9,812.3 (US) ($16,154 in PPP)
- GINI co-efficient is (at 2017): 53.3


[https://www.britannica.com/place/Brazil; https://www.worldometers.info/gdp/brazil-gdp/; https://data.worldbank.org/indicator/SI.POV.GINI?locations=AR; https://www.worldometers.info/world-population/brazil-population/]

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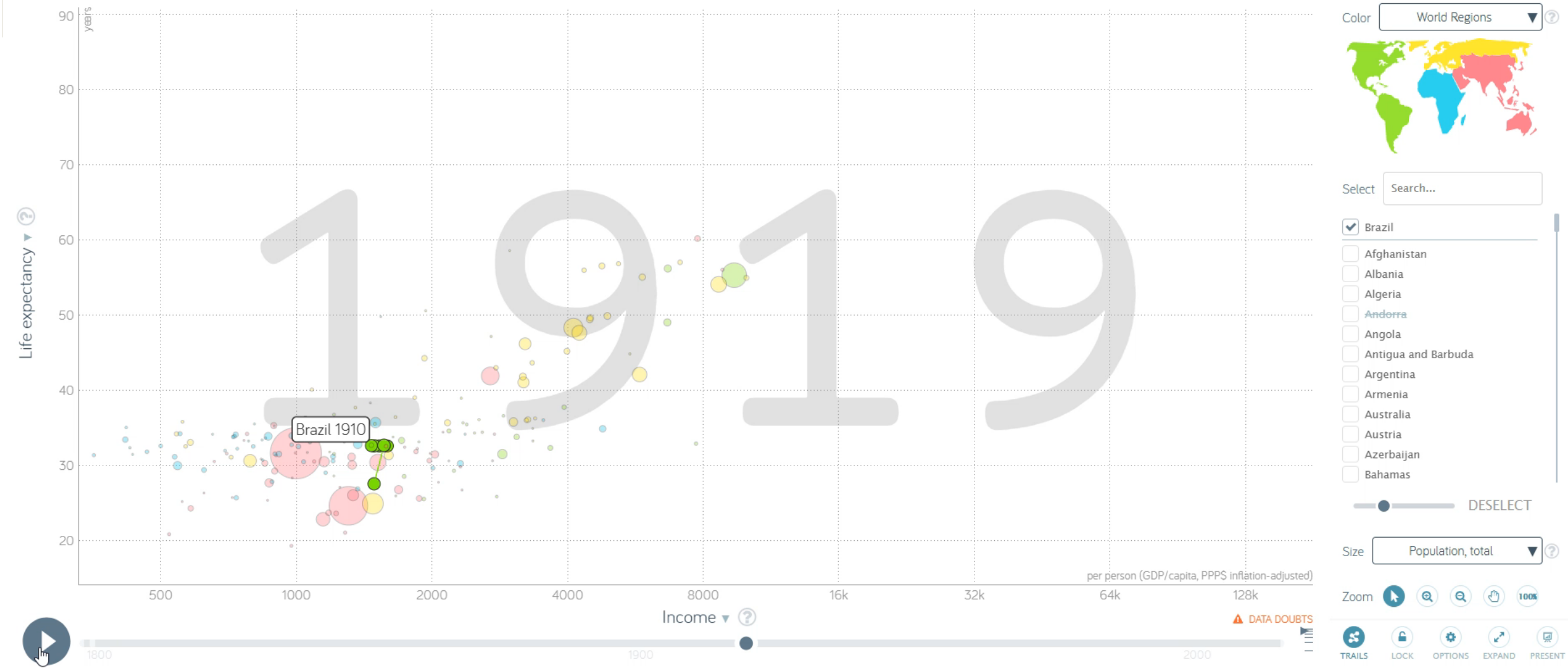


[Source: https://www.gapminder.org/tools/]

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# Part 1: Behaviour change: it’s all about you

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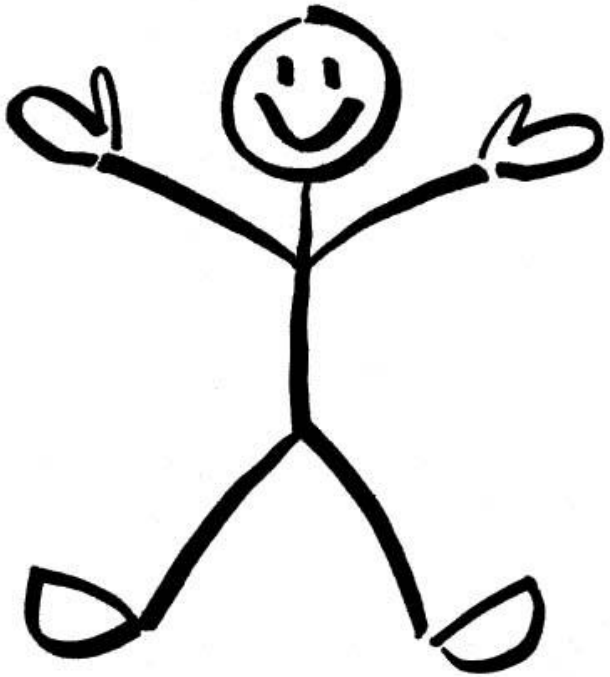


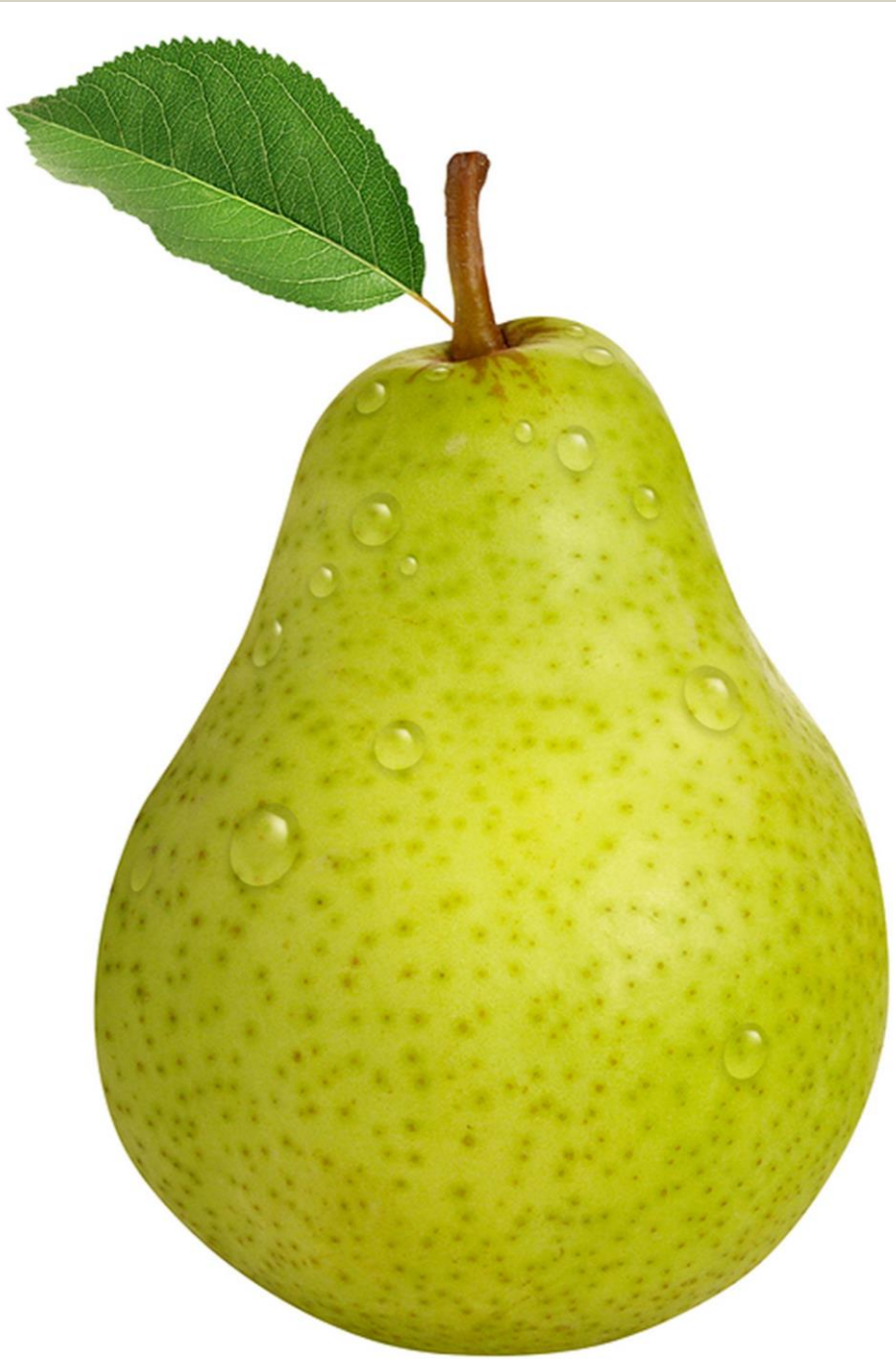
You

# Fantasy Work Plan

# To do list
# Tada list


# When you get to the end of the day you always find two things …

1. **You didn't accomplish everything you imagined you would.**
2. **Your day wasn't anything like how you'd imagined.**



# Why is this?

# WAD (Work-as-done) always differs from WAI (Work-as-imagined)

# Or …



**Work on the front lines is never the same as the way you imagine it will play out**

# This distinction between WAI and WAD is … *everywhere*

# You're not the only one who imagines how work is done.

# Architecture examples

# Another example

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**Obesity**

# Another example: Obesity

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**That's a guideline problem, right?**

# An example: Obesity

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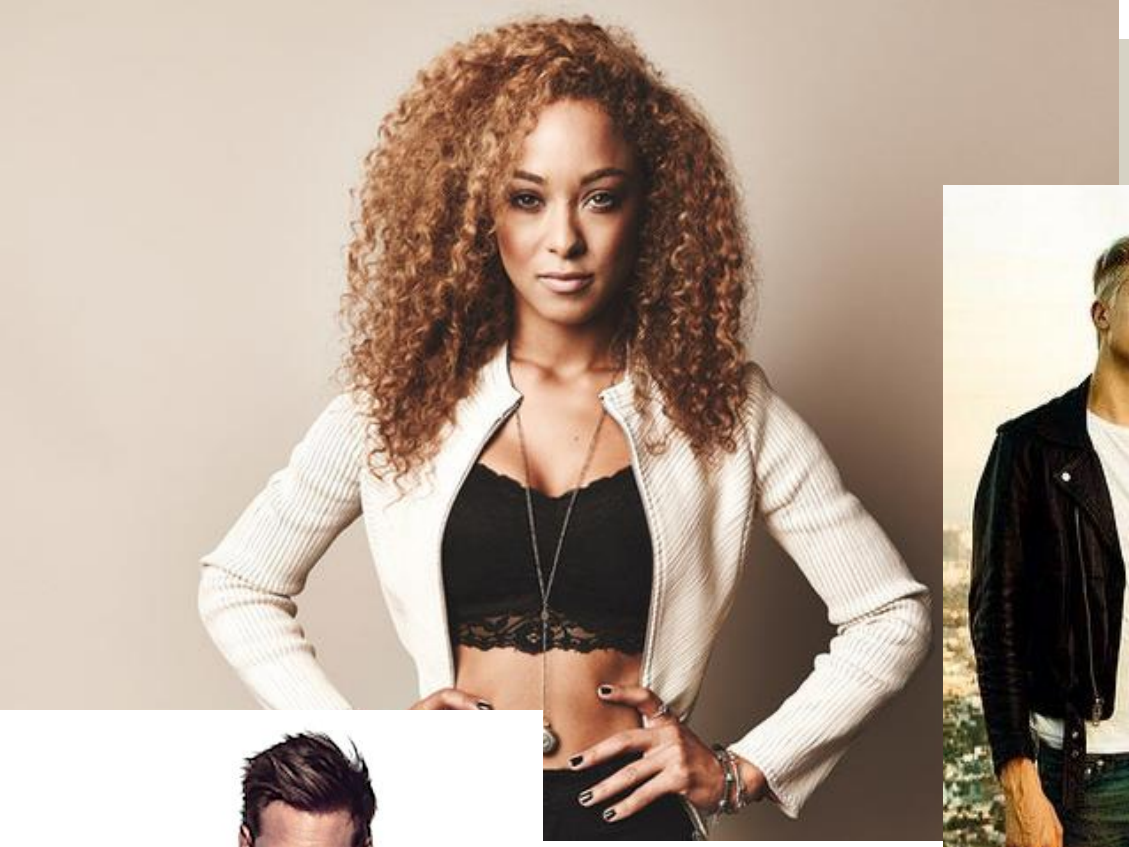
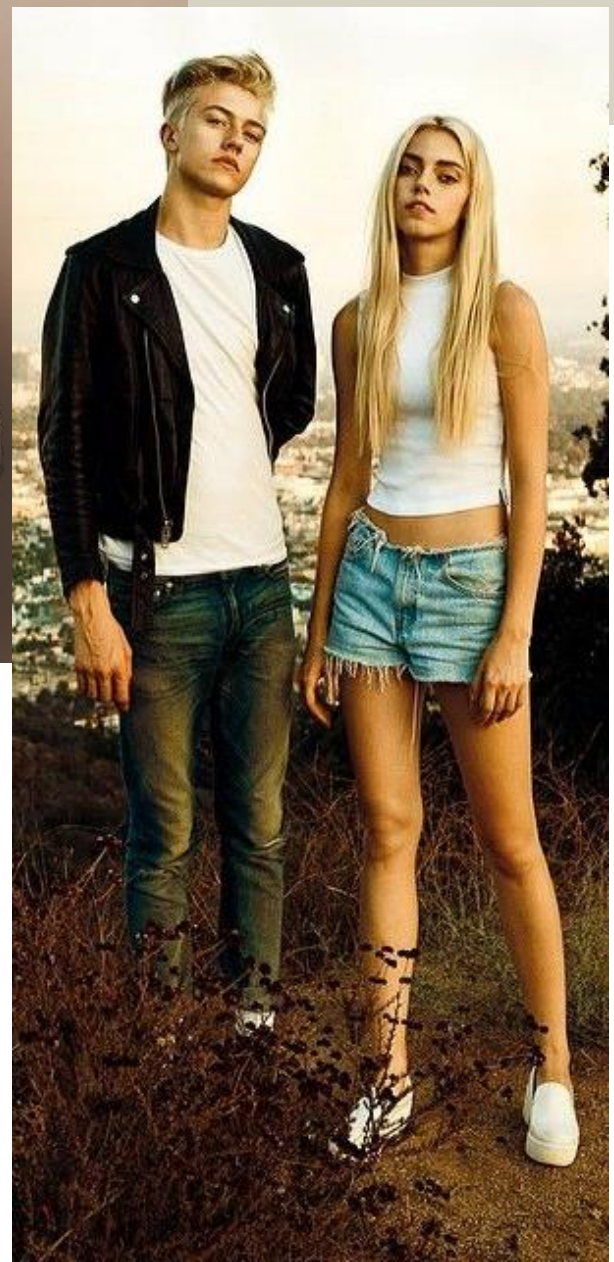
**Fewer calories, more exercise =**





# An example: Obesity

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**Unfortunately not** ☹

# A systems map of obesity

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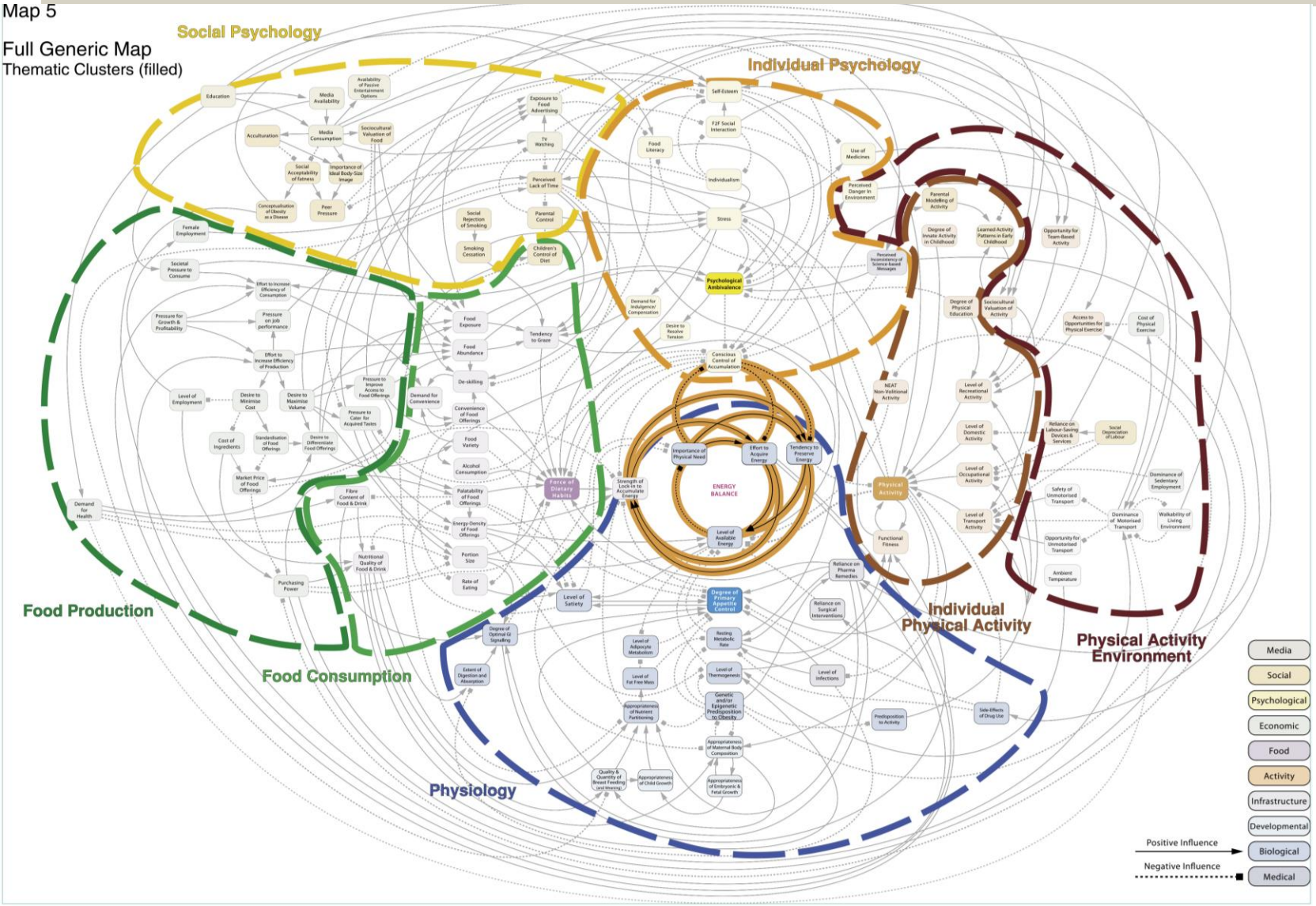


This map highlights the enormous range of different and interconnected individuals, social and economic systems that influence obesity.

[Source: Butland et al., 2007]

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# And this makes life complex …

# Complex systems

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# Part 2: How are health and medicine doing?

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# Great!

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**Heart bypasses on eighty year olds, key hole surgery, treatment for HIV/AIDS**

# Not so great

**But the rates of harm haven't reduced far enough**

# Safety in Patient Care

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## They seem to have flatlined at 10%

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# Part 3: Resilience

## WAI/WAD

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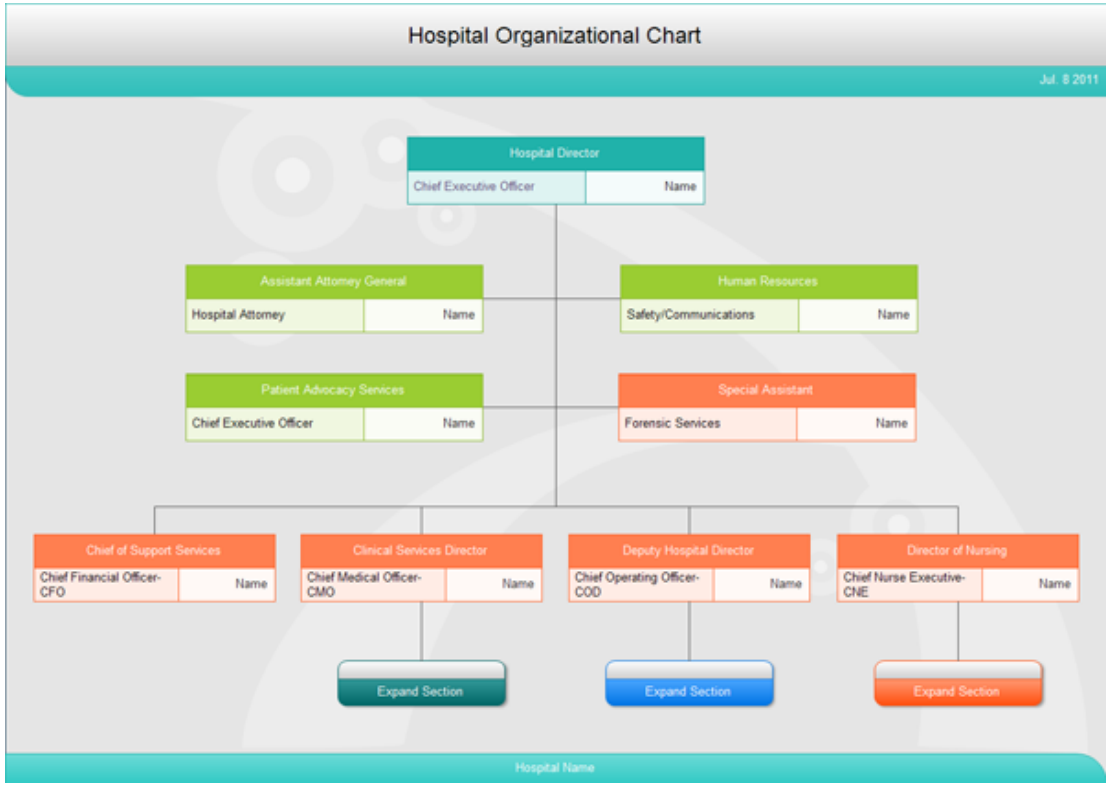
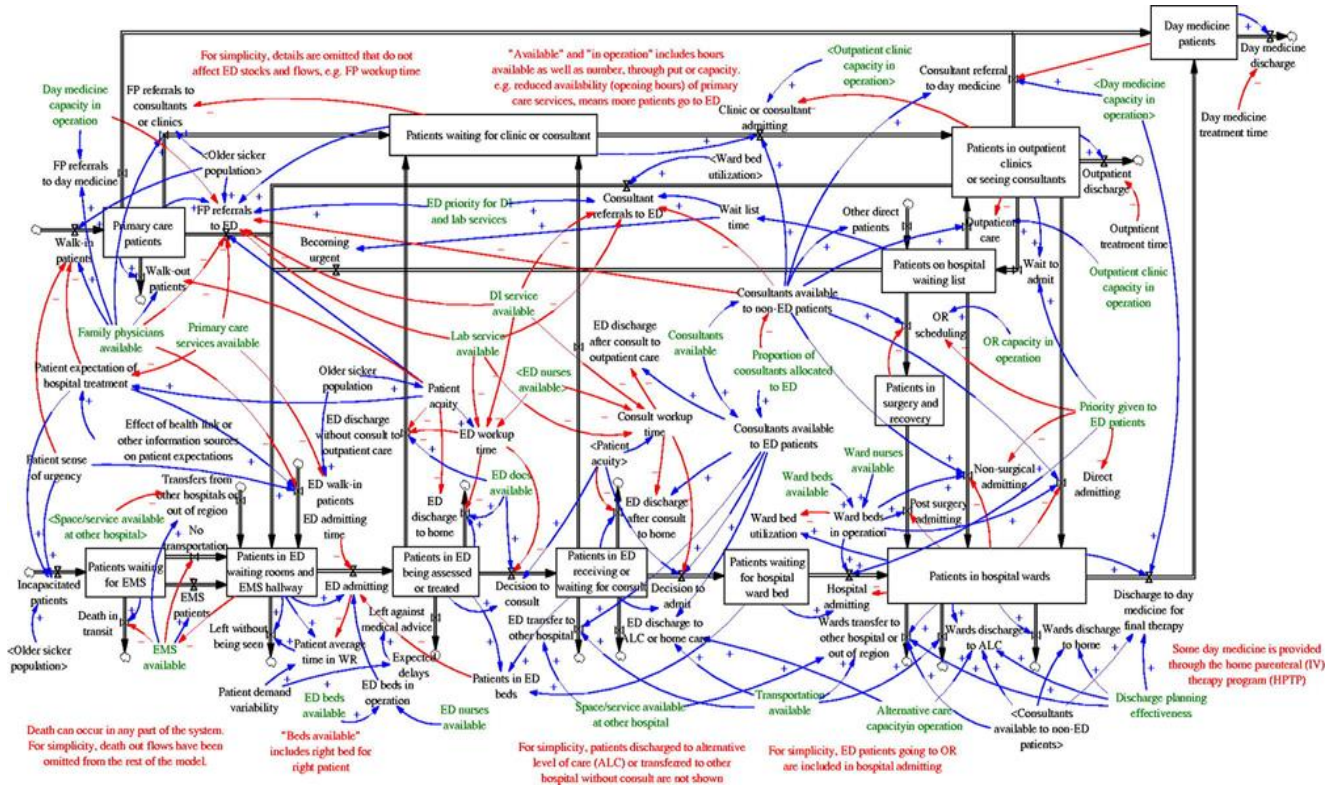
# What will you do to implement guidelines in this system?




**Work-as-imagined** **Work-as-done**

# WAI and WAD

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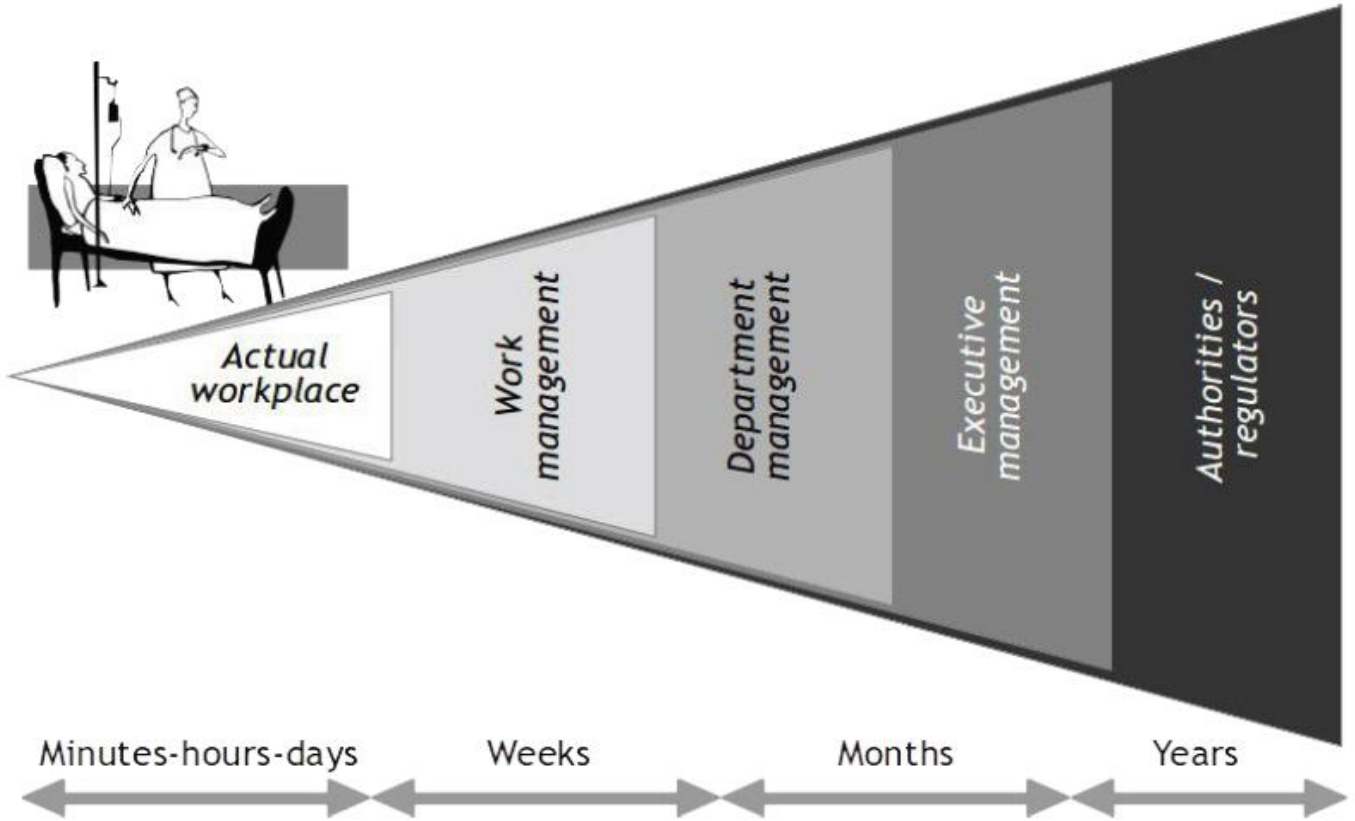
## The sharp end: work-as-done




## The blunt end: work-as-imagined

[Hollnagel, 2015]

Are you on this list?

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**Policy-makers, executives, managers, legislators, governments, boards of directors, software designers, safety regulation agencies, teachers, researchers …**

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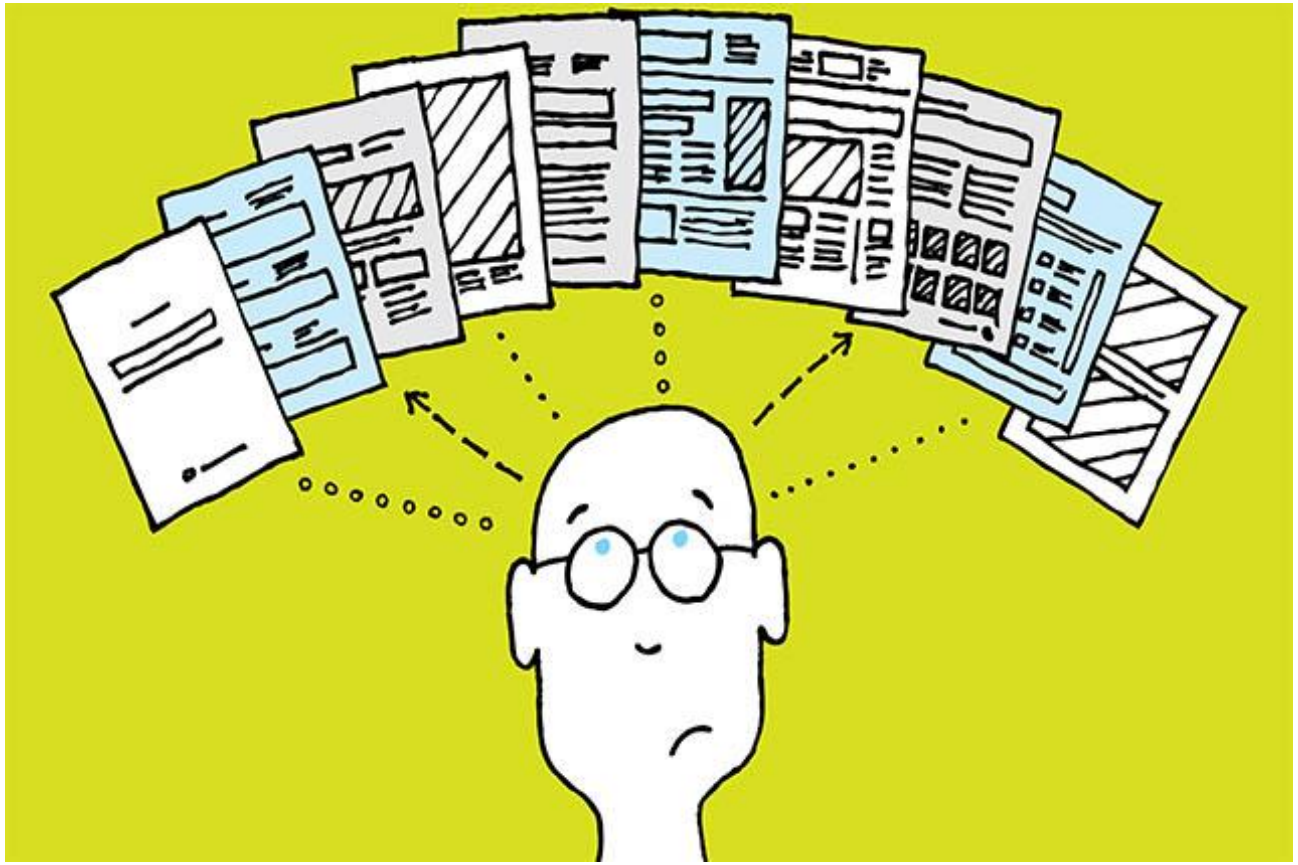
# The blunt end tries to …

# shape, influence, nudge behaviour



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# What they do seems perfectly logical, obvious and feasible


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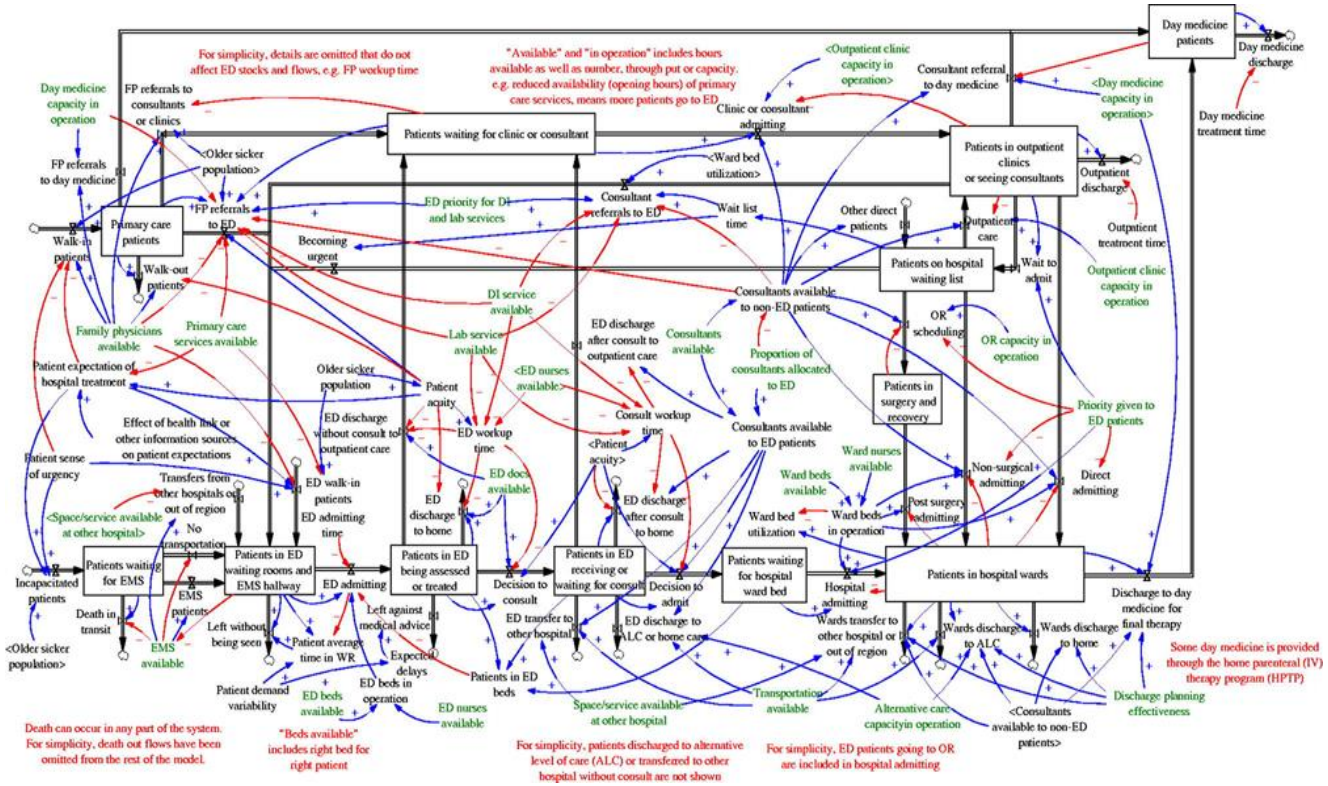
# In health care, those doing WAI have designed, mandated or encouraged a bewildering range of tools, techniques and methods, to reduce harm to patients.

# On the front lines of care



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# Meanwhile work is getting done, often *despite* all the policies, rules and mandates

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# WAD—workarounds

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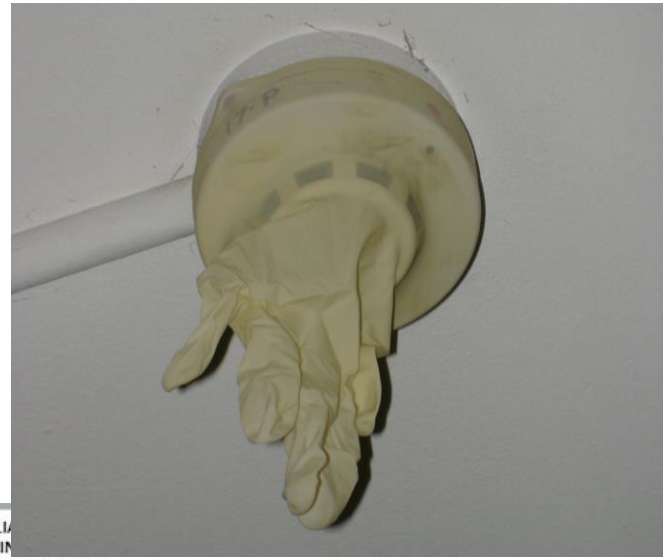
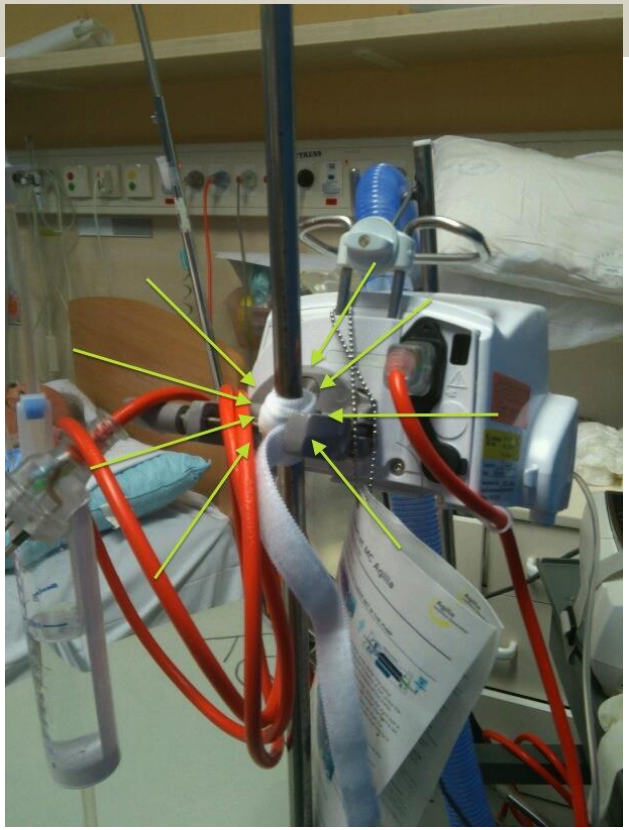
Glove placed over a smoke alarm, as it kept going off due to nebulisers in patients' rooms





A leg strap holding an IV to a pole, as the holding clasp had broken

Plastic bags placed over shoes to workaround the problem a of gumboot (welly) shortage

# WAD—fragmentation

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**Doctors in Emergency Departments in a study:**

- Were interrupted 6.6 times per hour
- Were interrupted in 11% of all tasks
- Multitasked for 12.8% of the time



[Westbrook et al. 2010. Qual Saf Health Care]

# Doctors in EDs in a study:

- Spent on average 1:26 minutes on any one task
- When interrupted, spent more time on tasks
- And … failed to return to approximately 18.5% of interrupted tasks

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[Westbrook et al, 2010, Qual Saf Health Care]

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# And therefore the only real solution is to try and *reconcile work-as-imagined* (WAI) and *work-as-done (WAD)*

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# So some work-as-imagined folks often have some sort of linear, mechanistic view of the system.

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# Instead, health care is a complex adaptive system delivered by people on the front line who flex and adjust to the circumstances

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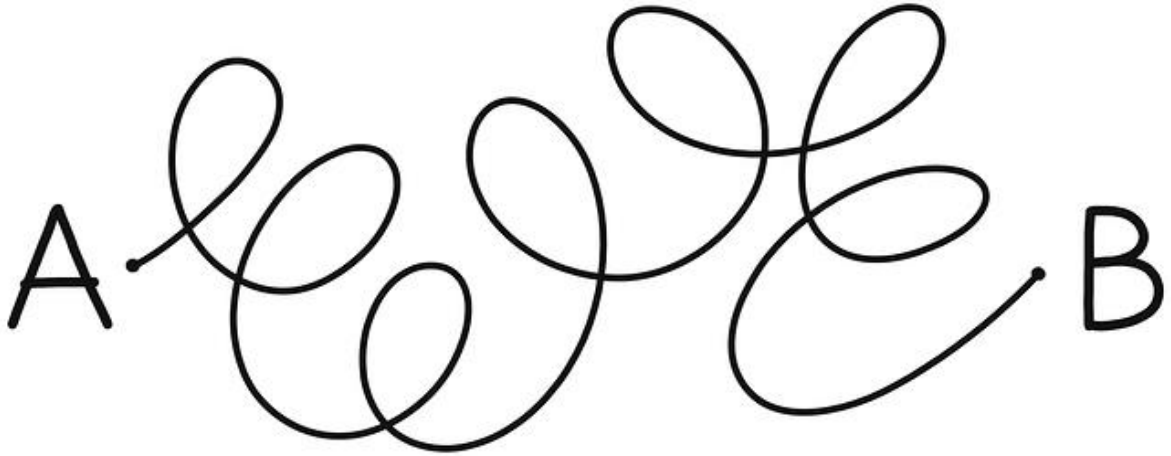
# And don't deliver care in the way blunt end prescriptivists want them to.



# Part 4: Bringing it all together

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# Claim 1: Work-as-imagined

# “After 25 years of evidence based medicine, care is evidence based.”

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# Audience poll:
# How much of care is in line with level 1 evidence or clinical guidelines?

# Large scale appropriateness studies


| | Adults (Australia 2012) | Adults (UK 2018) | Adults (US 2013) | Children (Australia 2018) | Children (US 2007) |
|---|---|---|---|---|---|
| UCI | 60 | 63,2 | 55,5 | 62 | 48,5 |
| LCI | 54 | 61,5 | 54,3 | 57,5 | 44,5 |
| Mean | 57 | 62,3 | 54,9 | 59,8 | 46,5 |

# CareTrack Adults

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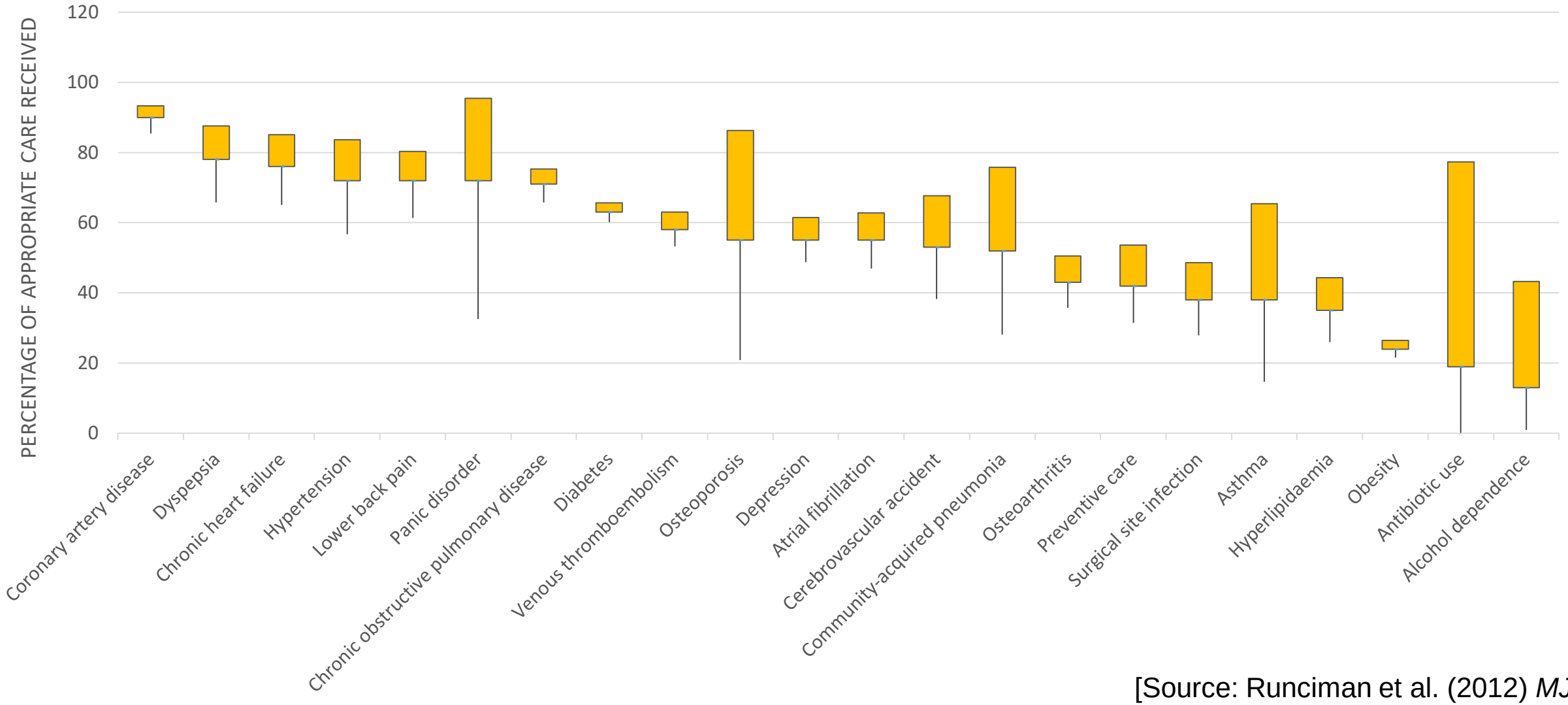


[Source: Runciman et al. (2012) *MJA*]

# CareTrack Kids

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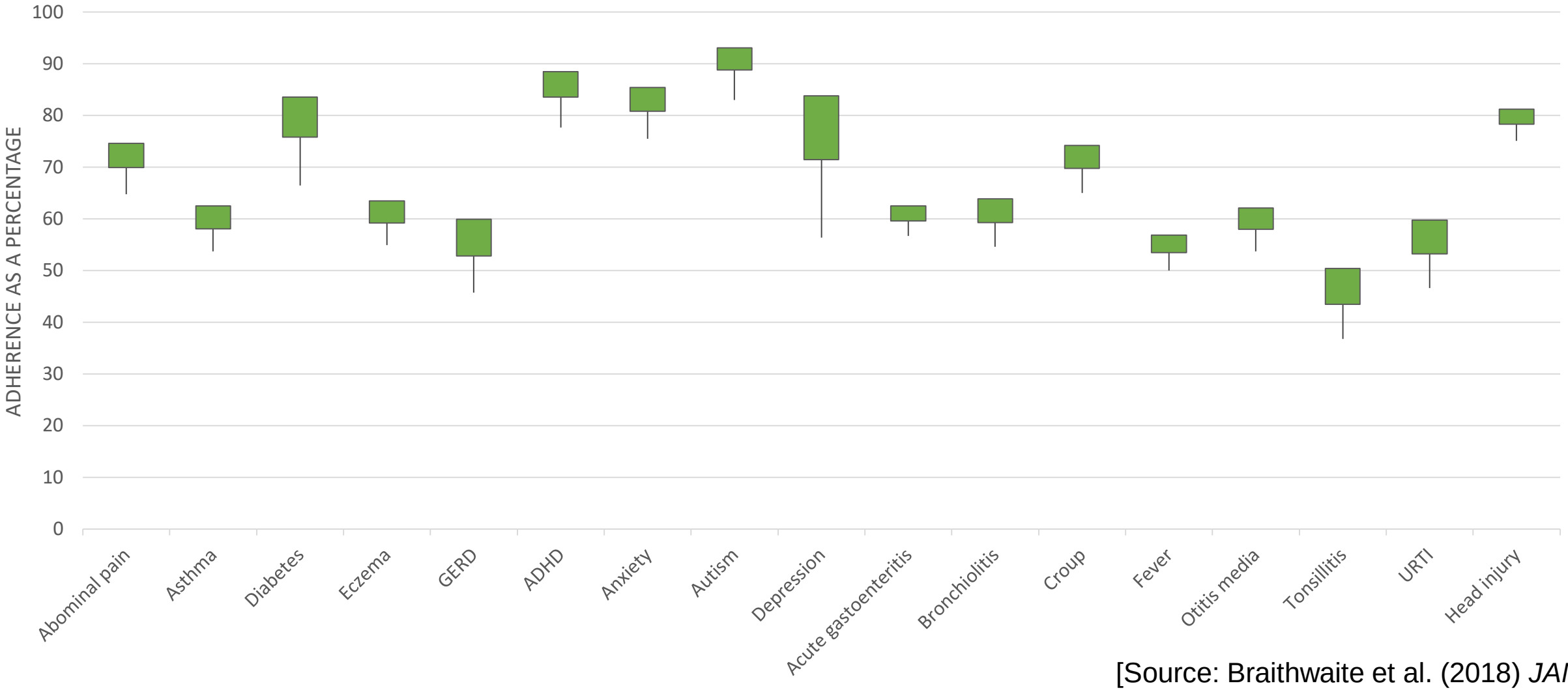


[Source: Braithwaite et al. (2018) *JAMA*]

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# Claim 2: Work-as-imagined

# “We use guidelines.”

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# Why don't people use guidelines?

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1. US National Academy of Medicine, Institute of Medicine: Crossing the quality chasm (2001)
2. McGlynn et al: The quality of health care delivered to adults in the United States (2003)
3. Mangione-Smith et al: The quality of ambulatory care delivered to children in the United States (2007)
4. Braithwaite et al: Quality of health care for children in Australia, 2012-2013 (2018)

Opinion

EDITORIAL

Quality of Health Care for Children

The Need for a Firm Foundation of Trustworthy Evidence

David C. Grossman, MD, MPH

[Source: Grossman DC. Quality of Health Care for Children: The Need for a Firm Foundation of Trustworthy Evidence. *JAMA,* 2018; 319(11):1096–1097. doi:10.1001/jama.2018.0161

# The need for a firm foundation of trustworthy evidence

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Grossman argued that:

- When *Crossing the Quality Chasm* was published, the recommendations to improve care by using evidence-based clinical practice guidelines (CPGs) largely depended on trust
- Trust that doctors and organisations would use these CPGs
- As the CareTrack studies show …



[Source: Grossman DC. Quality of Health Care for Children: The Need for a Firm Foundation of Trustworthy Evidence. *JAMA.* 2018;319(11):1096–1097. doi:10.1001/jama.2018.0161]

# The need for a firm foundation of trustworthy evidence

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"Every clinician balances the **certainty of evidence**, **community standards**, **expert opinion**, and **experience**. Efforts to improve and measure the quality of care for children should first focus on building a firm **foundation of trustworthy evidence** in pediatric care" (p.1097)

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[Source: Grossman DC. Quality of Health Care for Children: The Need for a Firm Foundation of Trustworthy Evidence. *JAMA.* 2018;319(11):1096–1097. doi:10.1001/jama.2018.0161]

# Why don't people use guidelines?

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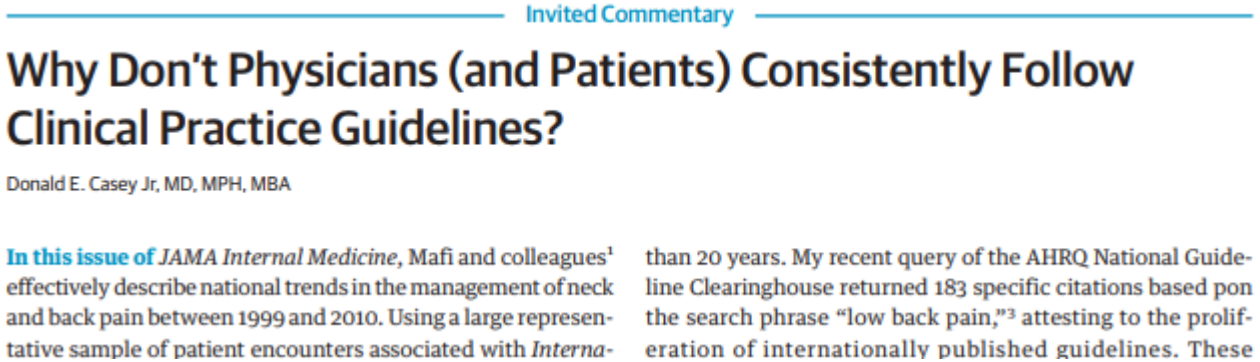
US trends and management of neck and back pain (1999-2010).

Described how prescribed care for neck and back pain were out of line with multiple CPGs.



Invited Commentary

## Why Don't Physicians (and Patients) Consistently Follow Clinical Practice Guidelines?

Donald E. Casey Jr, MD, MPH, MBA

In this issue of *JAMA Internal Medicine*, Mafi and colleagues[1] effectively describe national trends in the management of neck and back pain between 1999 and 2010. Using a large representative sample of patient encounters associated with *Interna-*

than 20 years. My recent query of the AHRQ National Guideline Clearinghouse returned 183 specific citations based pon the search phrase "low back pain,"[3] attesting to the proliferation of internationally published guidelines. These

[Source: Casey, D. E. (2013) Why don't physicians (and patients) consistently follow clinical practice guidelines? JAMA Internal Medicine, 173(17):1581-1582]

# Barriers to CPG adherence

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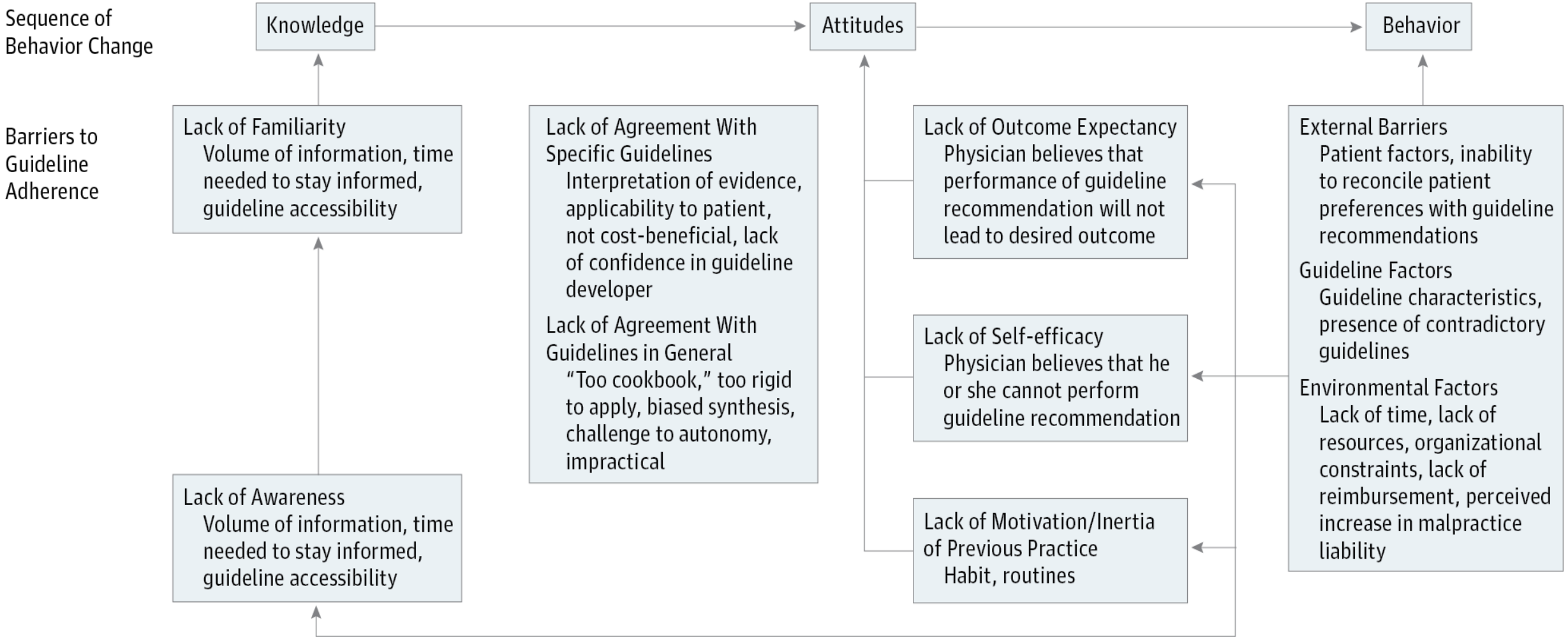


[Source: Cabana MD, Rand CS, Powe NR, et al. Why don't physicians follow clinical practice guidelines? a framework for improvement. *JAMA*. 1999;282(15):1458-1465.

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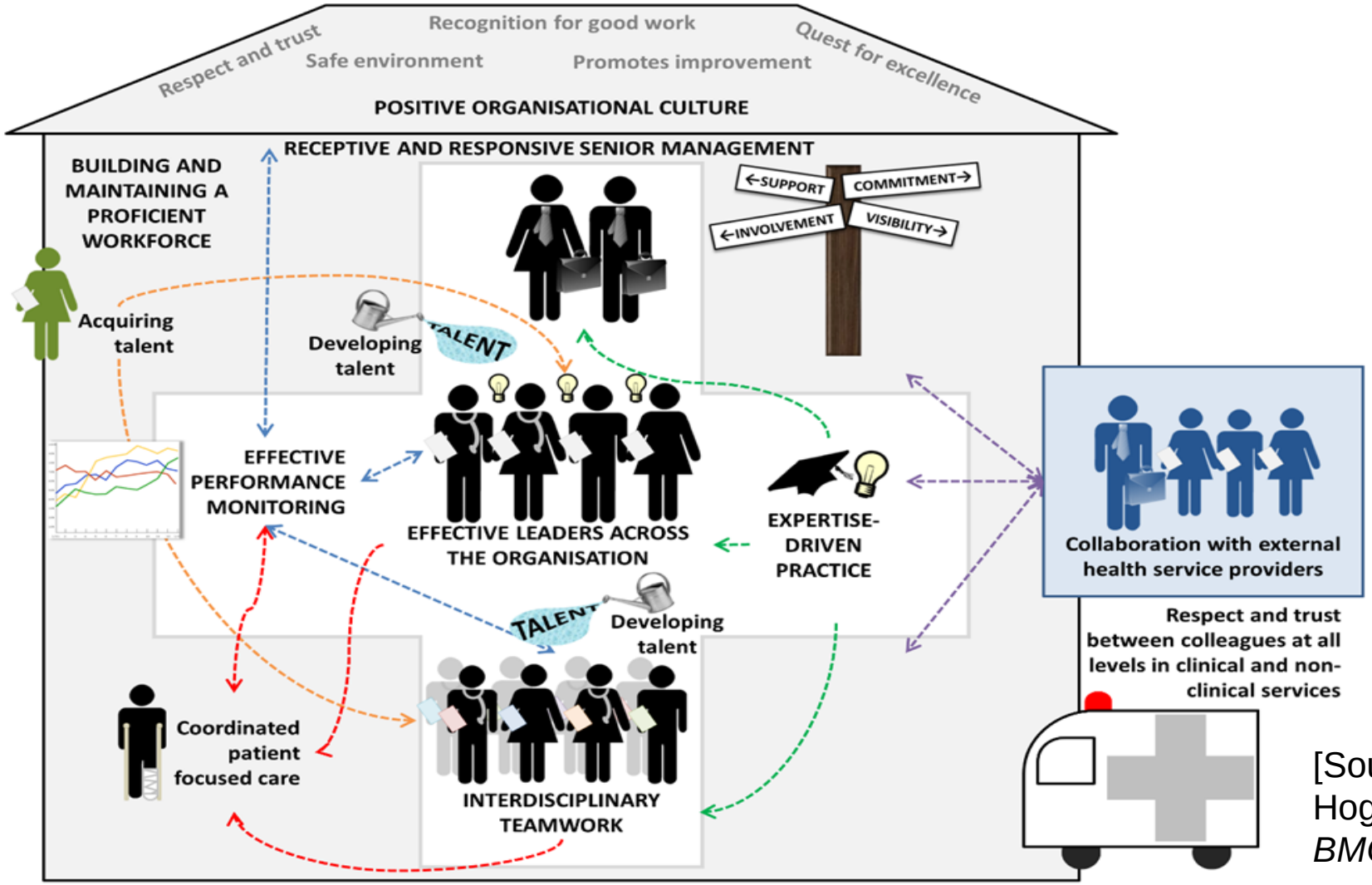
# Claim 3: Work-as-imagined

# “We are a high performing hospital.”

# High performing hospitals




[Source: Taylor, Clay-Williams, Hogden, Braithwaite, Groene (2015) *BMC Health Serv Res.*]

# High performing hospitals

- Positive organization culture
- Receptive and responsive senior management
- Performance monitoring
- Building workforce



[Taylor, Clay-Williams, Hogden, Braithwaite, Groene (2015) *BMC Health Serv Res*]

# High performing hospitals

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- **Evidence- or guidelines driven practice**
- **Inter-disciplinary teamwork**
- **Effective distributed leadership**



[Taylor, Clay-Williams, Hogden, Braithwaite, Groene (2015) *BMC Health Serv Res*]

# Part 5: Penultimately …

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# A message to people advocating guidelines—learn how work actually works

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# A message to clinicians—guidelines can really help you



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# The bottom line?

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# Guidelines can help in many cases

# Discussion: comments, questions, observations?

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Teresa Winata
Dr Amanda Selwood

**Health Outcomes**
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Dr Reidar Lystad
Dr Virginia Mumford

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Dr Jim Smith

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Elise McPherson
Hossai Gul
Kristiana Ludlow
Zeyad Mahmoud
Sheila Pham
Katie Adriaans
Luke Testa
Renuka Chittajallu

# Recently published books

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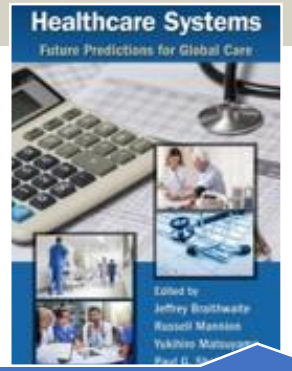
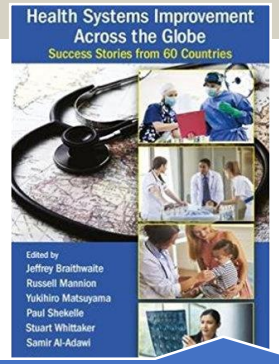
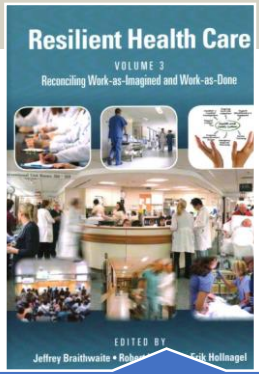


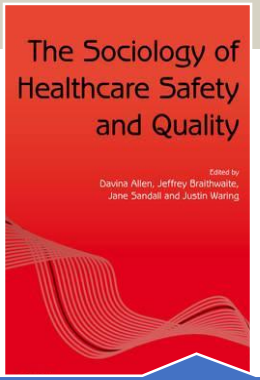

2018-Healthcare Systems: Future Predictions for Global Care




2017 - Health Systems Improvement Across the Globe: Success Stories from 60 Countries

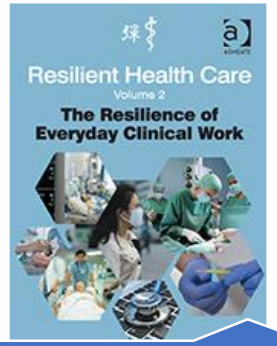



2017 - Reconciling Work-as-imagined and work-as-done

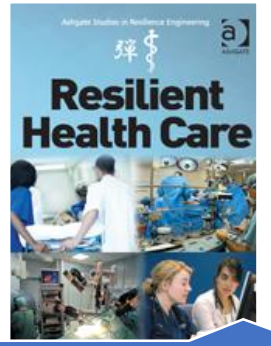



2016 - The Sociology of Healthcare Safety and Quality


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




2015 - The Resilience of Everyday Clinical Work



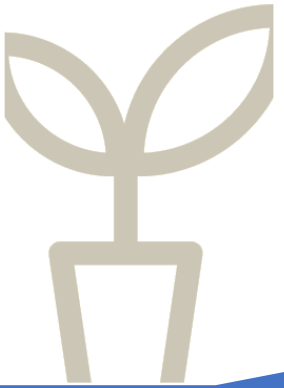

2013 - Resilient Health Care


2010 - Culture and Climate in Health Care Organizations

# Forthcoming books

MACQUARIE University

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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