Learning from Excellence

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Excellence
When did you last witness excellence at work?
The prevailing approach to safety
Figure 15: Event probability and safety focus

Source: Eurocontrol. From Safety 1 to Safety 2. A white paper. www.eurocontrol.int
Trying to understand **safety** by only looking at **incidents** is like trying to understand **sharks** by only looking at **shark attacks**

*Attributed to Bob Wears*
“...it is both easier and more effective to increase safety by improving the number of things that go right, than by reducing the number of things that go wrong.”

Eric Hollnagel,
Resilience Engineering in Practice
Why don’t we look at what goes well?
Theirs nothing worse than misplaced apostrophe’s
1 + 1 = 2
2 + 2 = 4
3 + 3 = 7
4 + 4 = 8
5 + 5 = 10
“I hate to lose more than I love to win.”

JIMMY CONNORS
<table>
<thead>
<tr>
<th>Position</th>
<th>Title</th>
<th>Read</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mail columnist sorry for mocking Marr</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Driver jailed for 160mph death crash</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Cashier's kindness goes viral</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Panama Papers database goes online</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>The man who has photographed every train station in Great Britain</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Leader of IS in Iraq's Anbar 'killed'</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Takeaway nut death accused 'cut corners'</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>The cave divers who went back for their friends</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>Man jailed for 1984 Melanie Road murder</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Only Fools and Horses producer dies</td>
<td>10</td>
</tr>
</tbody>
</table>
Negativity culture:

Adverse events
Error
Risk
IR1 / Datix
SIRI / SUI
Never event
Second victim effect
Third victim?
Fourth victim?
Figure 15: Event probability and safety focus

Source: Eurocontrol.
From Safety 1 to Safety 2. A white paper
www.eurocontrol.int
Learning From Excellence
Welcome, Adrian Plunkett (adrian.plunkett@bch.nhs.uk)

Who achieved excellence?
Enter their name below, wait till the name pops up and click it

Who achieved excellence?  Surname Forename
Add a person who achieved excellence  Add

If you can't find the name above, please enter it here

Is the person not available above?  Yes  No

What Department do they work in?
Team/ Ward/ Unit/ Department

What did they do that was excellent?
Please describe what was done that shows excellence

Please describe one thing we could do to develop excellence in this area

Details of Person completing this form
Save For Later  Submit
What do people report?

No one has reported themselves
Reports focus on what was DONE
Many themes
... took her own initiative to design a bespoke care plan on ventilation weaning on a patient with complex needs that is clear for both her colleagues and parents to understand. This meant that everyone involved in this patient's care had a shared mental model.
“Great innovation and organisation of the ward-round with a new structure trialled that was more efficient and more enjoyable for the team”
“...during a busy shift ... took the time to communicate with family ... compassion and kindness... the family was comforted and reassured... Empathy, kindness, extremely supportive towards the whole family.”
“...was looking after a patient on PICU. During the morning ward round not only had he spotted a ten fold drug dose error which he flagged for our attention, he also challenged very appropriately and constructively about why a child with a viral infection was on antibiotics.”
Despite her fear of needles, 
... agreed to have the flu vaccine 
in order to protect herself and others.
After making a human error, ... was the only member of staff who spoke to me personally, explained the situation and listened to what I had to say.

He made me feel positive about the learning aspect, he supported me with the care of the child.

...came in at 7am and instead of speaking with his colleagues he came to speak to me directly and heard my story and comforted me in the situation.

I don’t think he realised the difference his support made. Thank you.
21 staff submitted Learning from Excellence (LfE) reports in Q3. Here is what the reporters said:

**Patient positioning for surgery requiring three changes of position.**
The reporter noted “The team worked superbly in order to achieve these moves with a minimum of delay and minimal risk to the patient or indeed the staff. A clear plan was devised for each change in position. This plan was communicated clearly to the whole team and then executed efficiently. It was an excellent example of cooperation, teamwork, and communication. I was beyond impressed.”

**Peer support in a remote environment.**
The reporter noted “Good handover of the patient and a straightforward induction. It was incredibly helpful to have a second anaesthetist for induction, especially in a less familiar environment. I felt well supported by my colleague.”

**A difficult case of anaphylaxis during anaesthesia.**
The reporter noted, “Excellent team work and delegation of tasks in a calm timely manner”. The patient made a full recovery without any ill effect.

**An excellent teaching package.**
This teaching package involved theoretical, practical and team building exercises to teach staff members the anatomy, physiology, practical and peri-operative skills. The reporter noted that, “Staff members feel empowered and educated on the topic going forward, this teaching session gave them a solid foundation on which to build their knowledge, skills and practice. All staff members in attendance thoroughly enjoyed this session.”

Get in touch:
lfe@uhb.nhs.uk

Find out more:
www.learningfromexcellence.com

To complete a report, go to the “Systems” tab on the UHB intranet and click on “Learning from Excellence”. Thank you.
Appreciative Inquiry

Asset Based

Look at what we've got!!

Look at what we're missing!!

Deficit Focused

© J. Logan 2012
Uses for LfE

Reflective practice
Appreciation and morale
Quality improvement projects
  - PRIP
  - PRAISE
Service development
Safety culture
Positive Reporting and Appreciative Inquiry in Sepsis (PRAISE)

Lead organisation: Birmingham Children's Hospital

This project tackles sepsis management and antibiotic stewardship in paediatric intensive care. Using a modified form of Appreciative Inquiry to generate novel insights from frontline clinicians, the project is designed to influence clinicians' behaviour through positive reinforcement, share learning, promote good practice, and ensure appropriate antibiotic prescribing, management and review.
OUR PHILOSOPHY

Safety in healthcare has traditionally focused on avoiding harm by learning from error. This approach may miss opportunities to learn from excellent practice. Excellence in healthcare is highly prevalent, but there is no formal system to capture it. We tend to regard excellence as something to gratefully accept, rather than something to study and understand. Our preoccupation with avoiding error and harm in healthcare has resulted in the rise of rules and rigidity, which in turn has cultivated a culture of fear and stifled innovation. It is time to redress the balance. We believe that studying excellence in healthcare can create new opportunities for learning and improving resilience and staff morale.

We have been capturing and studying peer-reported excellence in healthcare for over 2 years. This site is a source of open-access resources and ideas to promote this initiative and share experiences.

Additional information and resources are now available on the resources page. For our latest messages please visit our blog page.

Feel free to join our mailing list if you wish to receive regular updates from our team and our collaborators.

Name:
- Name...

Email:
- Email Address...

Submit

Tweet
Learning from Excellence: Start-up guide

Safety in healthcare has traditionally focused on avoiding harm by learning from error. This approach may miss opportunities to learn from excellent practice. We believe that studying excellence in healthcare can create new opportunities for learning and improving team resilience.

In Birmingham Children’s Hospital we have established a project, ‘Learning from Excellence’ which aims to identify, appreciate, study and learn from episodes of excellence in frontline healthcare. Our main project goals are to improve patient care whilst enhancing staff morale.

This guide will support you to establish your own Excellence Reporting project where you work.

Step 1
Collaborate

- Share the concept with colleagues
- Build an enthusiastic team representing a range of roles and experience
- Enlist support from key stakeholders; consider including staff from IT and safety/governance
- Set a vision and some project goals
- Plan your project pilot: start small i.e. within a defined department or group

Step 2
Report

- Excellence reporting (ER) could be via paper, web form, voicemail or app.
- Keep the data capture simple, quick & easy to use for busy frontline staff.
- Maintain an ER database, categorising your reports, analysing them for themes.

LFE example: Who achieved excellence? What did they do that was excellent? Name 1 thing we could do to develop excellence in this area

Step 3
Feedback

- Feeding back to ER reporters and recipients is a key part of ER
- LFE: ER recipients receive email from governance department containing text from original ER
- Other ER projects provide paper certificates to ER recipients (and display ERs on public notice boards)

Step 4
Learn

- Select the most interesting ERs to study in more detail.
- LFE approach: interview with ER reporter/recipient using Appreciative inquiry methodology:
  - Define Topic & purpose
  - Discover What happened & how?
  - Dream Imagine what could be
  - Design How to simplify excellence
  - Destiny Co-creating positive change

Step 5
Share

- Share widely what you have learned through your ERs & AI meetings
  - The LFE project has a weekly e-bulletin.
  - Learning can also be shared through social media, teaching programmes & guideline or policy development

Step 6
Amplify

The 4 Es of Excellence Quality Improvement:

- Explore Choose QI project using ERs
- Measure baseline practice
- Engage IRIS with ER recipient + reporter
- Enhance Use ER as driver for improvement
- Evaluate Re-audit practice & reflect

Step 7
Nurture

- Grow and develop your project
- Share the project with your wider organisation
- Join forces with your safety team: ERs may have similar themes to incident reports and can be used to help solve problems on the risk register
- Share your learning through publications, social media and conferences
- Visit our website to connect with other LFE-related projects and to collaborate in national development: www.learningfromexcellence.com
Top 10 LfE Tips

1. Make it easy to report
   Make the forms easy to find; keep data entry to the minimum and encourage free text.

2. Don’t define excellence
   Excellence is subjective; we all know it when we see it. So stay away from criteria for reporting, other than for specific quality improvement projects. Different perspectives will lead to a broader range of reports.

3. Start small
   Launch the initiative in a small familiar area to begin with and allow it to grow. This will help you to refine your process for managing reports.

4. Don’t make it a top down initiative
   Encourage LfE to develop at the ‘sharp end’ of clinical practice; this is often where the best observations and ideas come from. Don’t mandate reporting - appreciation is only worthwhile if it is genuine.

5. Do some reporting yourself; don’t wait for it to happen
   This will show other staff what reports look like and give them ‘permission’ to start reporting.

6. Send timely feedback to reported staff
   Develop a system to send reports to reported teams or individuals as soon as possible, while the event is fresh in their memory. This will help to reinforce the good practice before it is forgotten.

7. Say thank you to the reporters
   Make sure that those who engage with the system feel appreciated. Send them a copy of the report they submit so they can use it as evidence of their reflective practice.

8. Make feedback private but not anonymous
   Avoid creating competition and league-table mentality by keeping the feedback private.

9. Try studying the reports
   Choose some of the reports and investigate them using Appraisal Inquiry to gain new insights and suggestions for how you can generate more of the excellence.

10. Share wider learning
    Identify themes from the reports and share anonymous summaries with your department via a bulletin or poster.

Find out more at www.learningfromexcellence.com
“... The two most powerful words in the English language are ‘well done’”

Sir Alex Ferguson
“Saying ‘thank you’ or ‘well done’ might be the simplest quality improvement intervention of all”

Dr Emma Plunkett