

System change worldwide: a crash course

Part of - Achieving successful system change: learning from stroke
reconfiguration in London and Greater Manchester

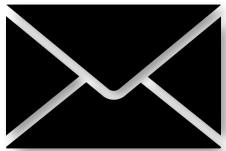
15 May 2018

Welcome! How to join in

- ◆ There are three ways to contribute this afternoon:



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Email us, via hello@kaleidoscope.healthcare, we welcome all suggestions, comments, advice and questions!



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Kaleidoscope Health & Care

- ◆ Kaleidoscope is a social enterprise which brings people together to improve health and care. We find new ways to overcome old barriers. We enable constructive conversations on difficult topics.
- ◆ Lots more information at kaleidoscope.healthcare
- ◆ Your host today is Rich Taunt, joined by Allan Best, Kristian Taageby Nielsen, and Angus Ramsay

Achieving successful system change: Lessons from Canada

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Clinical Professor Emeritus, UBC
Managing Director, InSource Research Group

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INSource

InSource Helps Clients Plan System Change

Our team brings extensive health system experience in operations, government and applied research, and we use complexity theory and proven tools to engage stakeholders in achieving sustainable system improvements.

*“Experience and evidence
for health systems solutions”*

InSource Senior Associates



Carol Herbert



John Millar



Trish Greenhalgh



Hugh MacLeod



Alex Berland



Allan Best

Different Kinds of Systems

- **Simple system**
 - E.g. recipes
- **Complicated system**
 - E.g. RCT for a new drug
- **Complex Adaptive System**
 - Self-organizing, dynamic relationships
 - Unpredictable response to change
 - Evolve over time

What is Systems Thinking?

- *“A system is a set of things (people, services, funding sources, etc.) interconnected in such a way that they produce their own pattern of behaviour over time.”* – Adapted from “Thinking in Systems” by Donella Meadows
- Complex systems are **dynamic and non-linear**
- The whole is greater than the sum: **we can’t solve complex problems by breaking things down into smaller and smaller parts**
- Demands **continuous learning and adaptation**

USAID Country Systems Strengthening Simple Rules



COMPLEXITY AND LESSONS LEARNED FROM THE HEALTH SECTOR FOR COUNTRY SYSTEM STRENGTHENING

BACKGROUND PAPER FOR THE USAID EXPERIENCE SUMMIT ON STRENGTHENING
COUNTRY SYSTEMS

ALLAN BEST AND JESSIE SAUL, FOR THE INSOURCE RESEARCH GROUP

NOVEMBER 2012

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<https://usaidlearninglab.org/library/complexity-and-lessons-learned-health-sector-country-system-strengthening>

INSource

Simple Rules

1. Begin somewhere
2. Blend designated leadership with distributed leadership
3. Establish feedback loops
4. Use financial incentives strategically

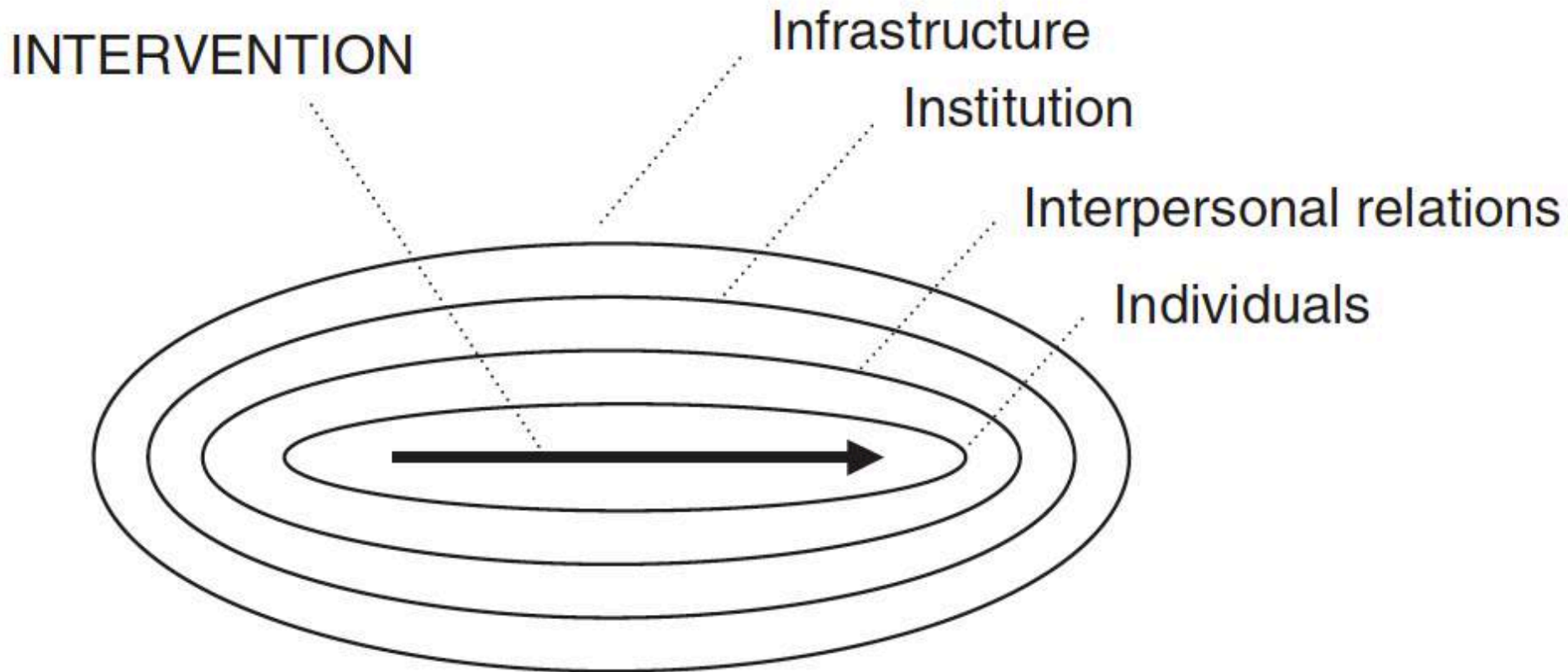
Best & Saul 2012. *Background Paper for the USAID Experience Summit on Strengthening Country Systems.*

Simple Rules, cont'd

5. Attend to history
6. Engage physicians and other health professionals
7. Include patients and families
8. Integrate health services

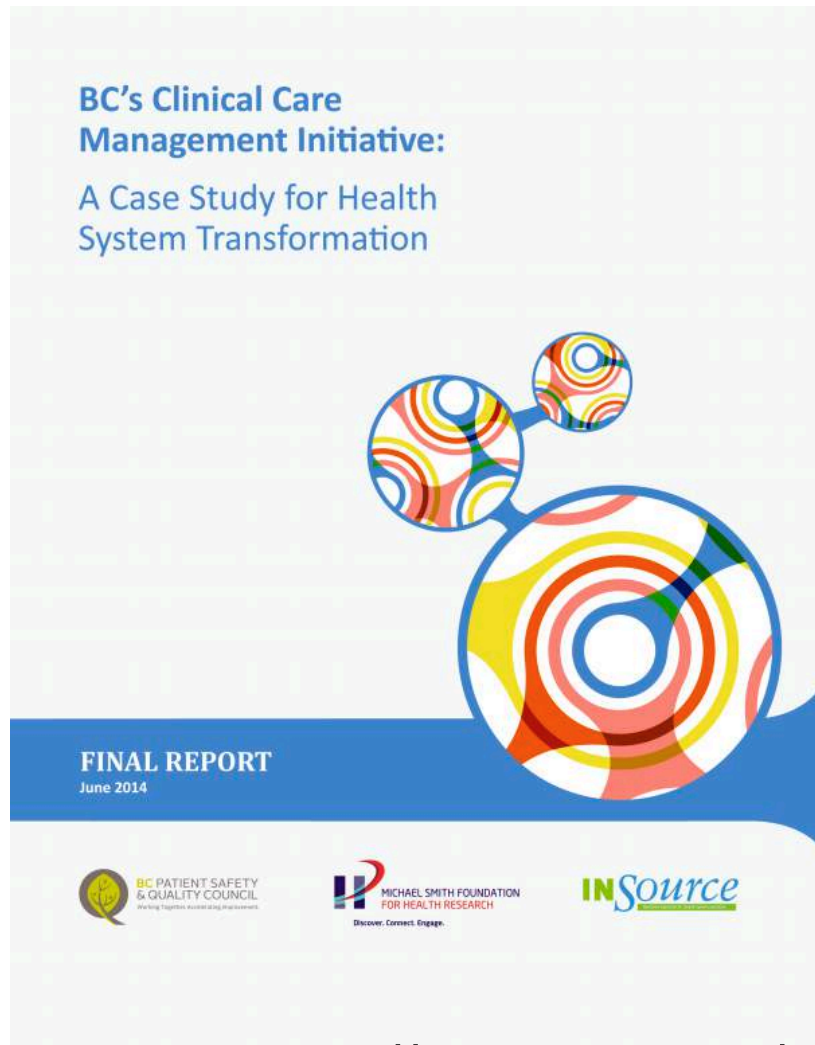
Best & Saul 2012. *Background Paper for the USAID Experience Summit on Strengthening Country Systems.*

Realist Lens ~ Context is Everything



Pawson, R., T. Greenhalgh, G. Harvey, and K. Walshe. 2005. Realist Review—A New Method of Systematic Review Designed for Complex Policy Interventions. *Journal of Health Services Research and Policy* 10(suppl. 1):S1:21–34.

Case Study ~ Clinical Care Management

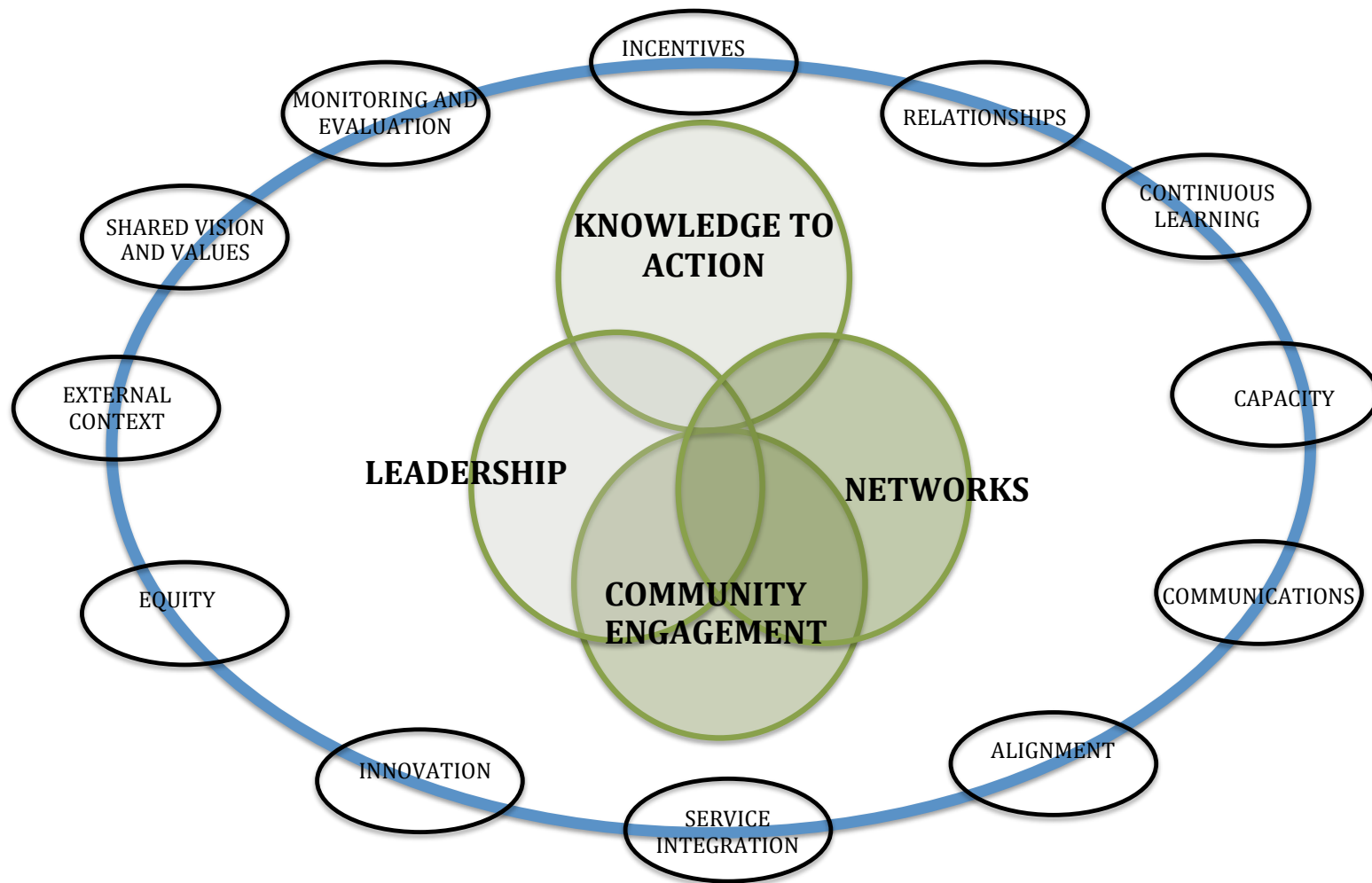


Download at <https://in-source.ca/portfolio/>

What Does It Take to Build Local Ownership?

- Enabling committed and distributed **leadership**
- Promoting two way **communication**
- Aligning **incentives**
- Encouraging **local ownership**
- Enabling access to data and **information systems**
- Affecting **culture change**
- Promoting **integrated guideline implementation**
- Promoting and coaching **collaborative clinical teams**

Cornerstones and Key Factors in Health System Transformation



Why Systems Thinking Tools?

- Complex transformation means partnerships
- Partnerships develop shared understanding and trust by working together
- The evidence base doesn't address context
- Community partners need support to develop systems thinking capacity
- Systems thinking tools develop shared understanding, strengthen network relations, pinpoint priority actions for local context, and develop feedback loops

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The future Hospital structure

Centralisation

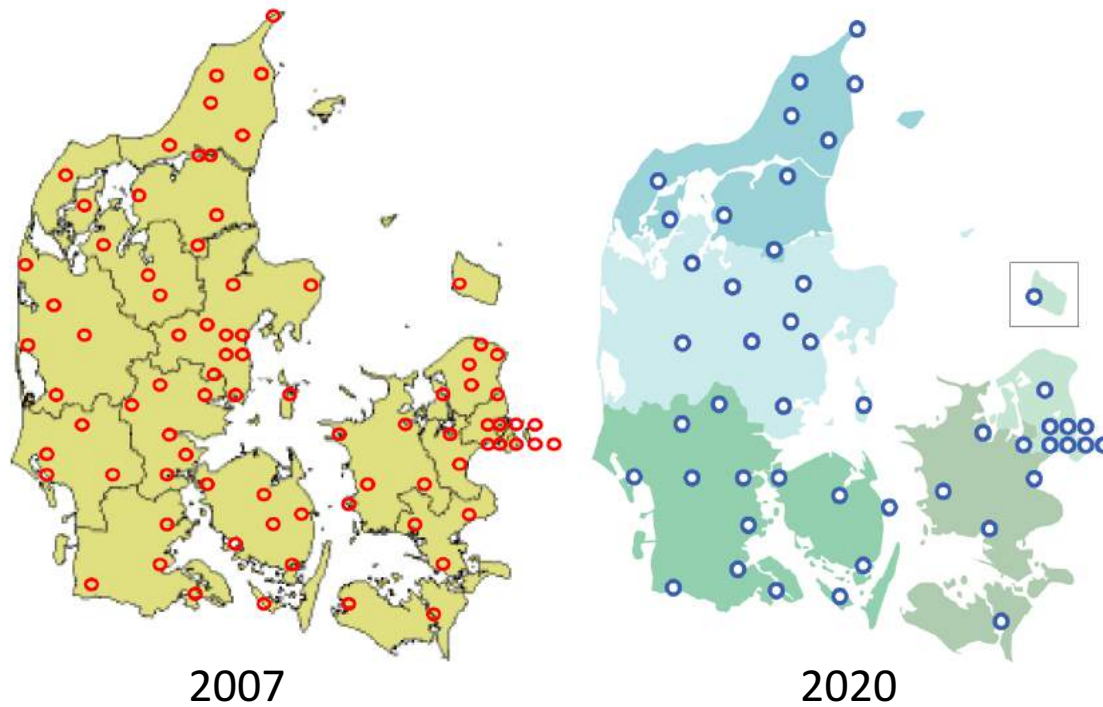
- A reduction of the hospitals
- Reduction of hospitals with highly specialised functions and emergency units



Decentralisation

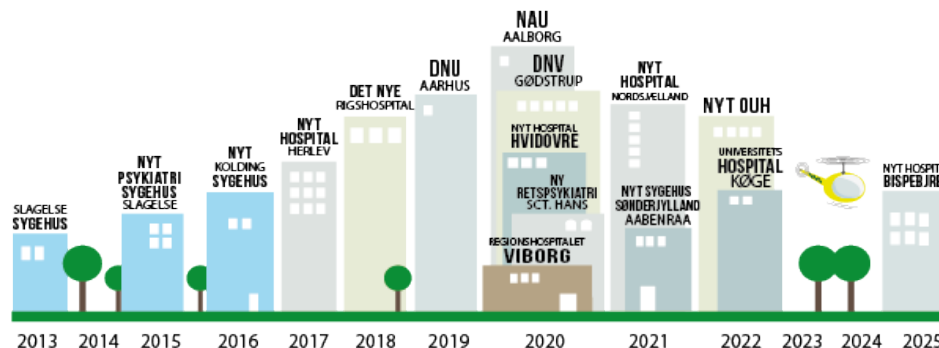
- Strengthening of the pre-hospital effort
- Strengthening of the role of the General Practitioners
- Co-operation with the local level – the municipalities

From approximately 80 to 50 units.....



Investment in the New Hospital structure – basic facts

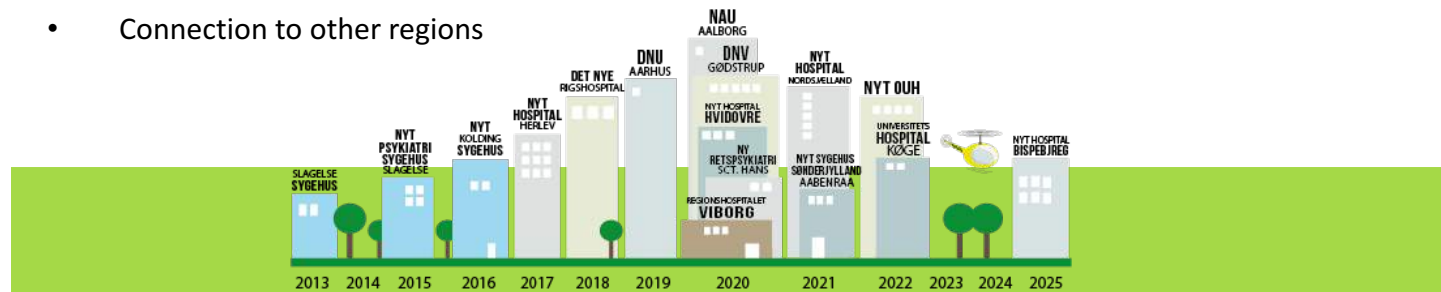
- 16 Hospital Construction Projects received grants from the government after recommendation from the expert panel.
- In total the investments amounts to 41.4 billion dkk. = 5.5 billion euros. 60 % from the government and 40 % from the regions.
- In addition: 27 construction projects financed solely by the regions
- Not only a construction process – it will be an organizational and cultural changing proces, because it will result in new ways of working for the clinical staff.



Assessment criteria's from the expert panel

Criteria's for the hospital plans

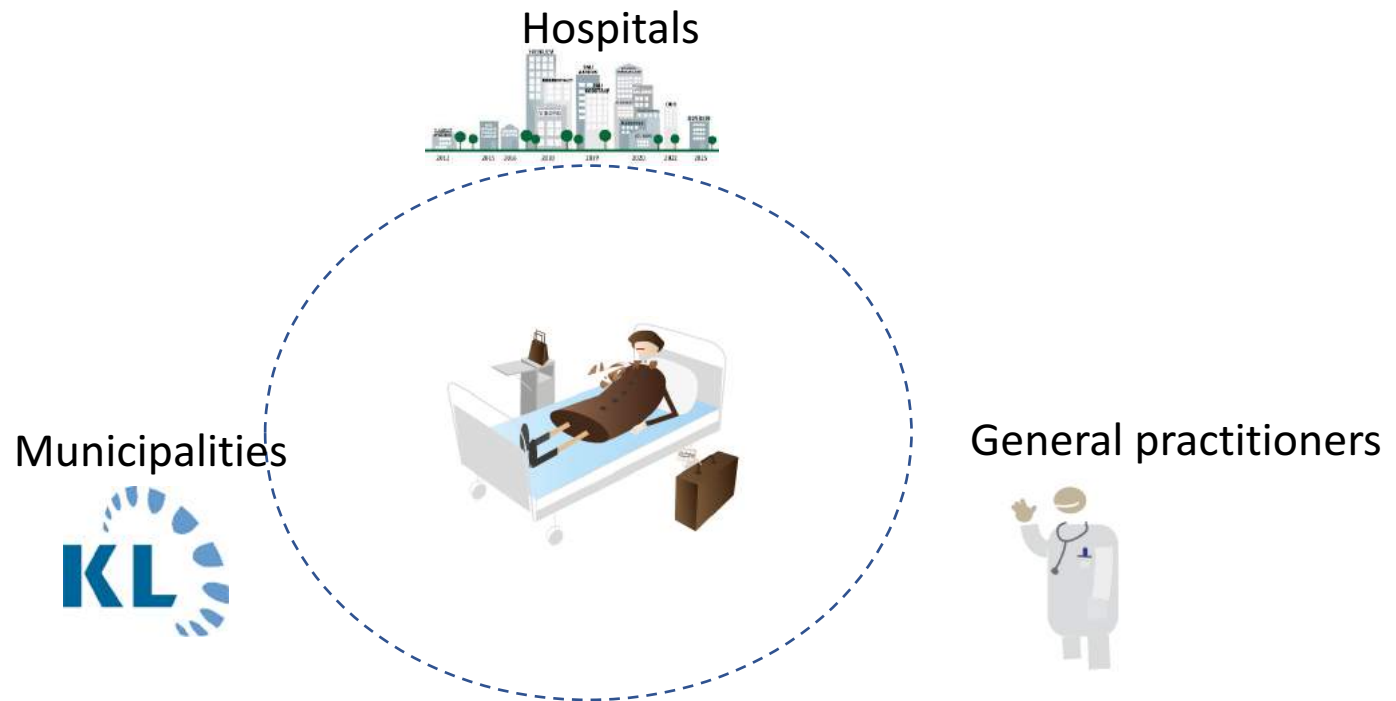
- Gathering of functions and clinical specialties on fewer hospitals
- Following the recommendations from National Board of Health on acute medicine area
- The pre-hospital effort
- Connection to other regions



Criteria's for the individual building projects

- The role of the project in a new hospital structure
- Possible alternatives
- Projection of needs, capacity utilization, need for area and economy
- Improvements in productivity and operation

A more coherent health care sector



Strengthened Emergency care and pre-hospital care

Implementation of a new concept for Emergency Care:

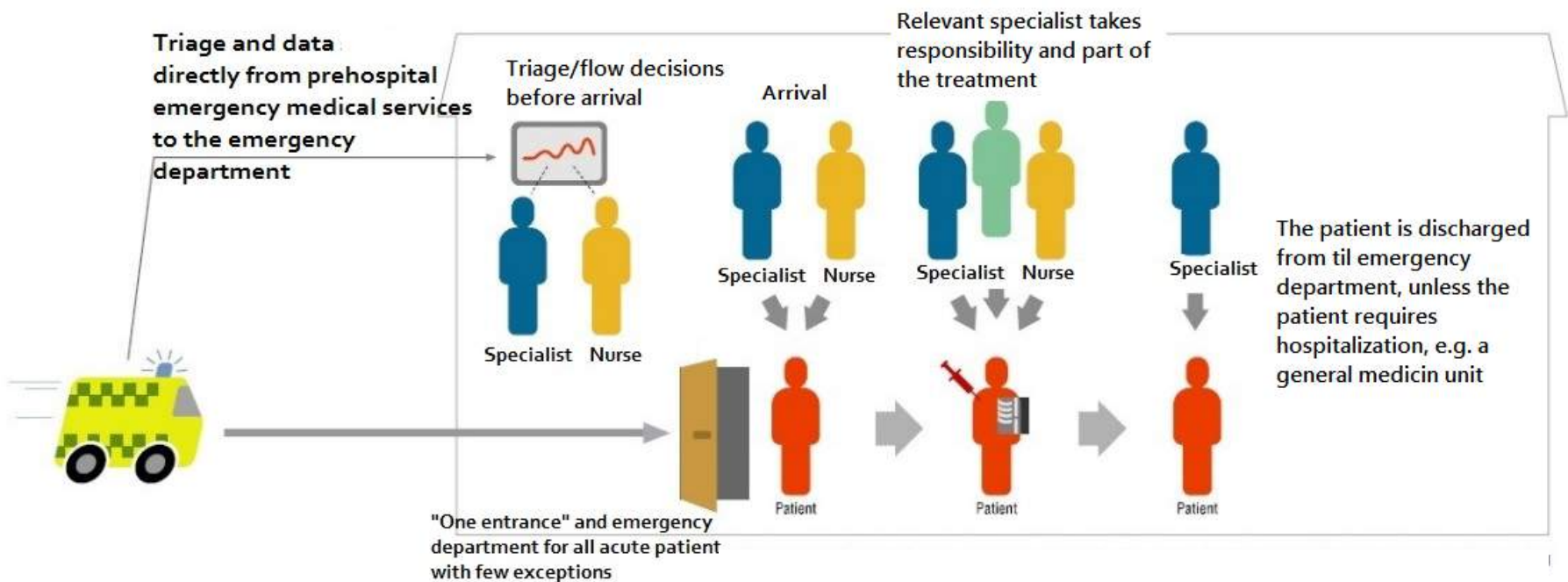
- Access to certain specialists (doctors) in the Emergency Care Unit.
- Rapid and effective triage, diagnostic and clinical assessment.
- Buffer for the other wards at the hospital (bed capacity in the Emergency Care Unit - 24-48 hours.)



Pre-hospital care:

- Larger distances to the hospitals requires sufficient pre-hospital planning
- Securing adequate coverage (ambulances, helicopters, clinics etc.)
- In cases of emergency - the treatment of patients starts immediately
- Adequate communication (also electronical) between units and hospitals.

Creating fast and efficient acute care of high quality



8 national goals reflect the top priorities for the entire healthcare system working together to ensure world-class healthcare

NATIONAL OBJECTIVES: BETTER QUALITY, COHERENCE AND GEOGRAPHICAL EQUALITY IN HEALTHCARE



**MORE
COHERENT
PATIENT
PATHWAYS**



**INCREASED
EFFORTS FOR
CHRONICALLY
ILL AND ELDERLY
PATIENTS**



**IMPROVED
SURVIVAL
RATES AND
PATIENT
SAFETY**



**HIGH-QUALITY
OF CARE**



**FAST
DIAGNOSIS
AND
TREATMENT**



**INCREASED
PATIENT
INVOLVEMENT**



**MORE
HEALTHY LIFE
YEARS**



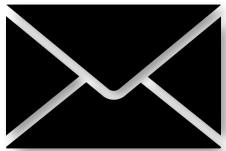
**MORE
EFFECTIVE
HEALTH CARE
SYSTEM**

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What's next

- ◆ Our earlier webinar on stroke reconfiguration in London and Greater Manchester will soon be available online
- ◆ We're running an all-day learning event 22 May – join the waiting list and cross your fingers!
- ◆ Lots more information at learningfromstroke.com

Thank you