Webinar Recap for July 12th, 2021

LTC+ Acting on Pandemic Learning Together

TOPIC

What COVID-19 has taught us about improvement

KEY AREA(S)

Plan for COVID-19 and non-COVID-19 care

SPEAKER(S)

- Matthew Hill, Insights and Evaluation Research Manager Q, Health Foundation, UK
- Jennifer Cornell, Director of Long-term Care, County of Grey
- Cristina de Santis, Vice-President Performance Improvement & Innovation, Responsive Group Inc.

OBJECTIVES

- To discuss what healthcare improvement looked like during the pandemic, how the pandemic changed the way we approach healthcare improvement.
- To identify innovative improvement strategies that were used during the pandemic and to discuss what aspects of these strategies should continue post-pandemic.

SUMMARY

Learning from the Q Improvement Community with Matthew Hill

- In the UK and Ireland, Q is a community working to improve health and care quality led by the Health Foundation. The Q community makes it easier for people to share ideas, learn, improve, and collaborate to make changes that benefit patients.
- Q sent a survey to all Q members to gather insights on improvement during COVID-19. From this survey, 225 members responded, and 12 respondents had follow-up interviews. Through this survey, 3 key findings and 3 recommendations were identified.
- **Key Finding 1:** Improvement played an important role during COVID-19.
    - Health and quality improvement increased at the individual, team, and organizational levels regarding rapidly review and improve processes and practice. Due to their speed and simplicity, PDSA cycles were the most used tool for improvement because they offered opportunity to reflect on what was and wasn't working well.

- Quality improvement concepts were widely used for engaging staff and enabling teams to work effectively together. Tools including huddles, Schwartz rounds, and liberating structures were used to promote psychological safety and staff well-being.

- Measurement and evaluation occurred less due to lack of control over variables that were being measured since the environment was changing rapidly.

- Engagement with residents and families was lower due to social distancing.

- **Key Finding 2:** Improvement took a distinct form in response to the crisis context, providing a profound opportunity to learn for the future.

    - Improvement efforts were organized around short-term goals and methods were used flexibility. Broader improvement expertise was of greater value than specific technical or rigid methodologies.

    - While a flexible approach enabled improvers to support teams and achieve short-term goals, there were concerns about the long-term sustainability of these changes.

- **Key Finding 3:** Improvement played a more strategic role during COVID-19 in organizations with a well-developed approach to improvement pre-pandemic.

    - Improvement tools were used more frequently for planning future efforts, engaging staff and enabling teams to work effectively together, and making use of personal improvement capabilities and increasing collaboration.

    - Improvement strategies were used with greater rigor during the crisis, putting the organization in a stronger position to build on positive changes.

- **Recommendation 1:** Improvers and those who support them should build on positive momentum from the pandemic and ensure improvement plays a central role in recovery.

    - New forms of leadership emerged during COVID-19 at the team, organization, and system level. These forms of leadership highlighted top-down clarity and bottom-up agency and supported positive change by removing barriers and creating a more permissive culture in the organization.

    - Command and control leadership was identified as a key barrier for improvement. As the initial waves of the pandemic recede, concerns about this style of leadership coming back are increasing.

- **Recommendation 2:** Improvers locally and nationally should reflect on which ways of working and specific solutions developed during the pandemic should continue.

    - Improvers should balance between using accessible and flexible approaches while reintroducing rigor around measurement and systematic resident and carer involvement to underpin effective long-term change.

- **Recommendation 3:** During the next phase of the pandemic, improvement needs to be embedded in ongoing work in relevant and accessible ways to those on the front line.

    - Simplifying language, consolidating methods where appropriate, and intentionally adapting improvement approaches to fit existing organizational constraints.

Panel Discussion

1. In your organizations, and from your experience, what does pandemic improvement look like? What are aspects of it you would like to keep post pandemic?

- Increased pressure to find solutions, in many cases solutions were sought outside of traditional sources (e.g. public health and IPAC teams) because they did not always have the answers. Staff, residents, and families were included in huddles or check-ins because they were directly involved with change.

- Organizations took a nimble approach by using lessons learned from the first wave to inform response to future waves. This involved brainstorming ideas, implementing solutions, and adapting quickly.

- Response Inc. created a playbook with checklists to provide guidance through an outbreak and processes/preparedness for keeping the home safe while not in outbreak.

- Flattened leadership hierarchies and using the emotions that came out of the pandemic to redefine quality of life are two aspects of improvement to keep post-pandemic.

2. From your experience, what do you think some of the key barriers to meaningful patient partnership and engagement during the pandemic? What are some of the innovative ways we have seen meaningful engagement take place?

- Pre-pandemic, improvement was focused on compliance, but during the pandemic the focus shifted to quality of life making which was more relevant to residents and families.

- Virtual and remote strategies including monthly virtual town halls, and regular email and mail newsletters were used to engage residents and families. Providing and supplying equipment, training, and software to support virtual and remote engagement were technological barriers to virtual and remote engagement.

3. We have heard about decision making during the pandemic being delegated to those delivering care, and decisions being made quickly. Do you see aspects of this remaining as we move forward and post pandemic?

- The flattened hierarchy will remain, and we will continue to move away from command and control leadership to acknowledge staff and their perspectives. Continuing to deploy an approach that supports resident-led and staff-led improvement.

- Reflection on what is and what is not a success to inform future planning, keeping communication open, working towards culture shift knowing that these changes occur over time.

RESOURCES SHARED

Listed below are the resources mentioned during the webinar:

- **The Role of Improvement During the Response to COVID-19: Insights from Q Community**

- **Response Inc. Pandemic Playbook**

WEBINAR RECORDING

- Watch the full webinar here!

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