Quality MATTERS
by NHG Group Quality Resource Management
Issue 6, Jan - Mar 2017

Caring for our carers

NHG is training staff to provide support for other staff when adverse events occur. Like patients and their families, healthcare professionals too require emotional support during such times.

Here are five things to know about supporting those who are involved in an adverse event, or "second victims".

1. Who are second victims?

There are multiple victims when an adverse event occurs.

The first victim is the patient who experiences an unexpected adverse event in the course of receiving care.

The second victims are healthcare providers directly or indirectly involved in the adverse event while delivering care, and are traumatised by it.

2. What do second victims go through?

They often experience emotions such as shame, guilt, anger and depression.

They feel personally responsible for the unexpected patient outcomes.

They may also think that they have failed their patients and doubt their clinical skills and knowledge.

3. Why is second victim support important?

Healthcare professionals work in complex environments. They need to feel that they are supported and not being unfairly judged.

If the organisation fails to support them, excellent workers may suffer emotionally and could end up leaving the profession prematurely.

4. How does NHG support second victims?

The level of response to second victim support depends on the nature of the incident and the needs of individual staff.

• Level 1: This includes basic emotional and practical assistance by frontline managers, supervisors, fellow colleagues or

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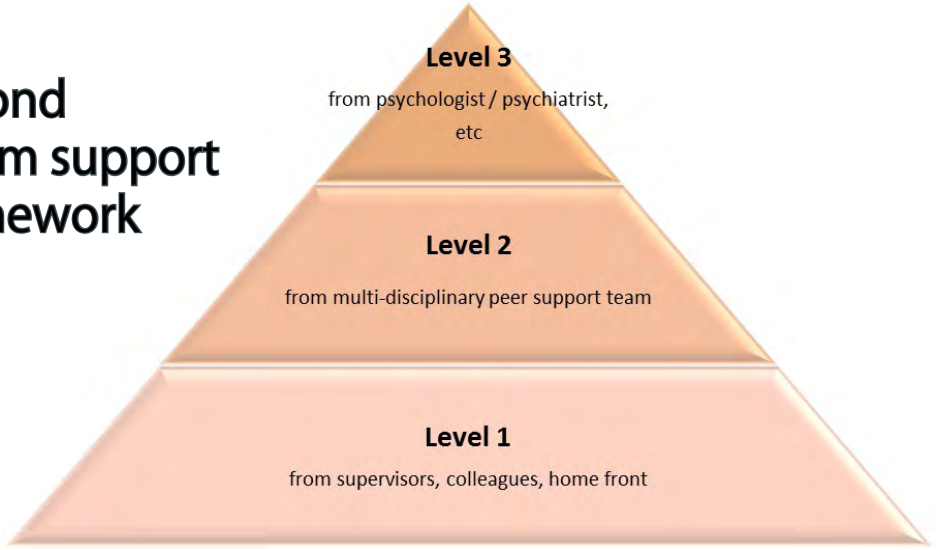
Second victim support framework



family members.

All health workers should be trained to detect second victims, and provide support such as psychological first aid.

• Level 2: This is structured support provided by a trained peer multi-disciplinary team consisting of physicians, nurses, social workers, other allied health workers or staff from patient safety and risk management.

• Level 3: Staff is given prompt access to professional counselling and guidance.

This will help those affected to rebuild their confidence, so that they can return to work eventually.

Second victims should receive support for as long as needed.

5. Who can you approach for second victim support?

All staff can approach their supervisors for help. Additional channels for individual institutions and units include:

• IMH: MSW department or senior MSW Tracy Wee
• NHGP: Peer Supporters service
• NHGHQ/NHGD/NHGPh: HR department; or QRM at 6340-2382
• TTSH: Staff support hotline at 9720-8515

If you feel that your colleague may be a second victim, encourage him/her to seek help.

Organisation leaders should also look out for signs that the staff might be a second victim and offer help proactively.

Quality Day 2017

JOIN us to celebrate the best of our quality work at Quality Day 2017!

Themed "Collaborative Relationships, Co-Creating Value In Communities", this year's event will be held at the Level 4 Auditorium of the Lee Kong Chian School of Medicine (Novena) on October 6.

Please submit your nominations for the Excellence in Action Award, the Quality Improvement Award and the Exemplary Patient and Caregiver Award by May 31.

For more information, contact your institution representatives (contact details can be found in the links for the awards).

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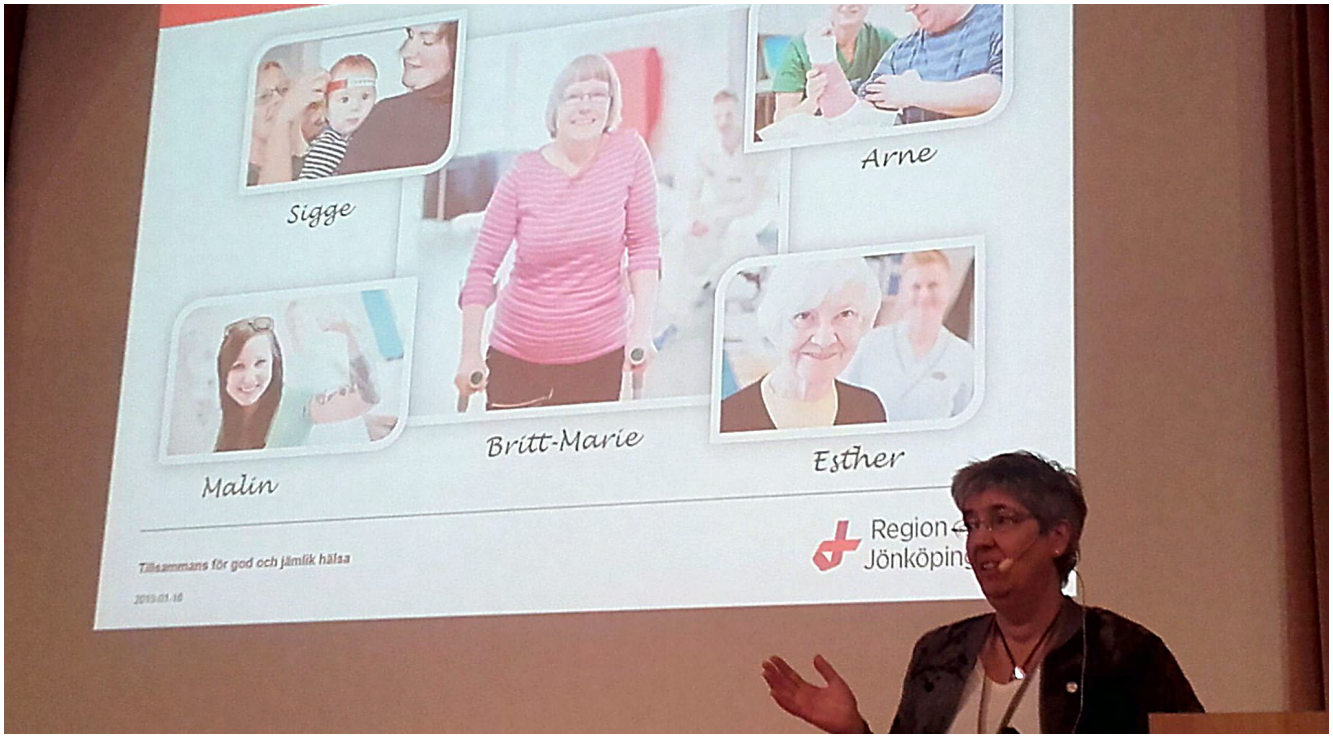

Jonkoping's healthcare workers envisage themselves working for fictional patients so they can design systems that work best for these individuals. It began with elderly "Esther" but has since expanded to include other family members, said Region Jonkoping County chief executive Agneta Jansmyr (above) at the opening of the Microsystem Festival.

"Be the best at IMPROVEMENT"

IT IS acknowledged as having one of the best healthcare systems in the world – but Sweden's southern region of Jonkoping is not resting on its laurels.

In fact, the constant drive for quality improvement in healthcare is what differentiates "the good" from "the best", noted Region Jonkoping County chief executive Agneta Jansmyr.

"If you want to be the best, you need to be the best at improvement," she said, in an address to international healthcare professionals at the Microsystem Festival hosted by the region's officials in March.

Among the attendees were teams from IMH, TTSH and NHGHQ.

To facilitate quality improvement, Jonkoping's healthcare institutions have introduced measures and dashboards to track how it is faring since it first started its quality journey in the 1990s.

These serve to fulfill the three

key goals that its healthcare system has set out: reduce waste; reduce cost with increased quality; and create new designs and services to meet patient expectations and needs.

These are challenging goals and often require the cooperation of a multi-disciplinary healthcare team, local government officials and input from patients themselves, said Ms Jansmyr.

They form the basic "microsystem" approach that Jonkoping champions. It has engineered successes such as the Esther project, a system of care for the elderly which is "customised for the needs of the patient, not the system".

Instead of a faceless patient, healthcare workers imagine they are caring for Esther, a fictional yet typical 88-year-old patient.

She is reasonably self-sufficient, but has complex care

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needs which require the coordination and integration between hospital, primary care, home care and community care.

"What is best for Esther?" healthcare workers are always trained to ask.

> **"If you want to be the best (in healthcare), you need to be the best at improvement."**
>
> Region Jonkoping County chief executive Agneta Jansmyr

Changes that were instituted through the Esther project have resulted in care for the elderly being diverted from hospitals to their own homes.

Besides being more cost-effective, this is often the preference of the patients.

In Jonkoping, the Esther project also led to a 30 per cent decline in hospital admissions from 1998 to 2013 and cut costs by roughly US$1 million a year from 2002 to 2013.

"We see ourselves as one system, not ten," said one nurse during a tour of the stroke unit at Eksjo's Hoglandet Hospital, stressing the importance of the multi-disciplinary approach.

Their initiatives have reduced hospital beds by 45 per cent, from 375 in 2000 to 207 in 2016. Over the same period, the number of people receiving healthcare at home has nearly tripled from 1,000 to 2,800.

Patient involvement also includes roping patients in to help other patients in their recovery, said Region Jonkoping County's chief executive of learning and innovation Goran Henriks.

He related the story of wheelchair-bound Eje Grennborg, a former patient who now works as a rehabilitation instructor in Jonkoping.

Compared to other people in the healthcare team, it is easier for Mr Grennborg to ask questions of the patients, because he himself has been through rehabilitation.

Furthermore, he is able to understand challenges outside of the hospital environment, making his experience more relevant to those he is helping.

"My job is to revive patients' passion for life, so that they'll be able to move forward," said Mr Grennborg.

Healthcare workers at the stroke unit of Eksjo's Hoglandet Hospital (above) stressed the importance of a seamless system in providing quality care during a Microsystem Festival site visit. A multi-discplinary team from IMH, TTSH and NHGHQ (left) attended the three-day conference in Jonkoping, Sweden.

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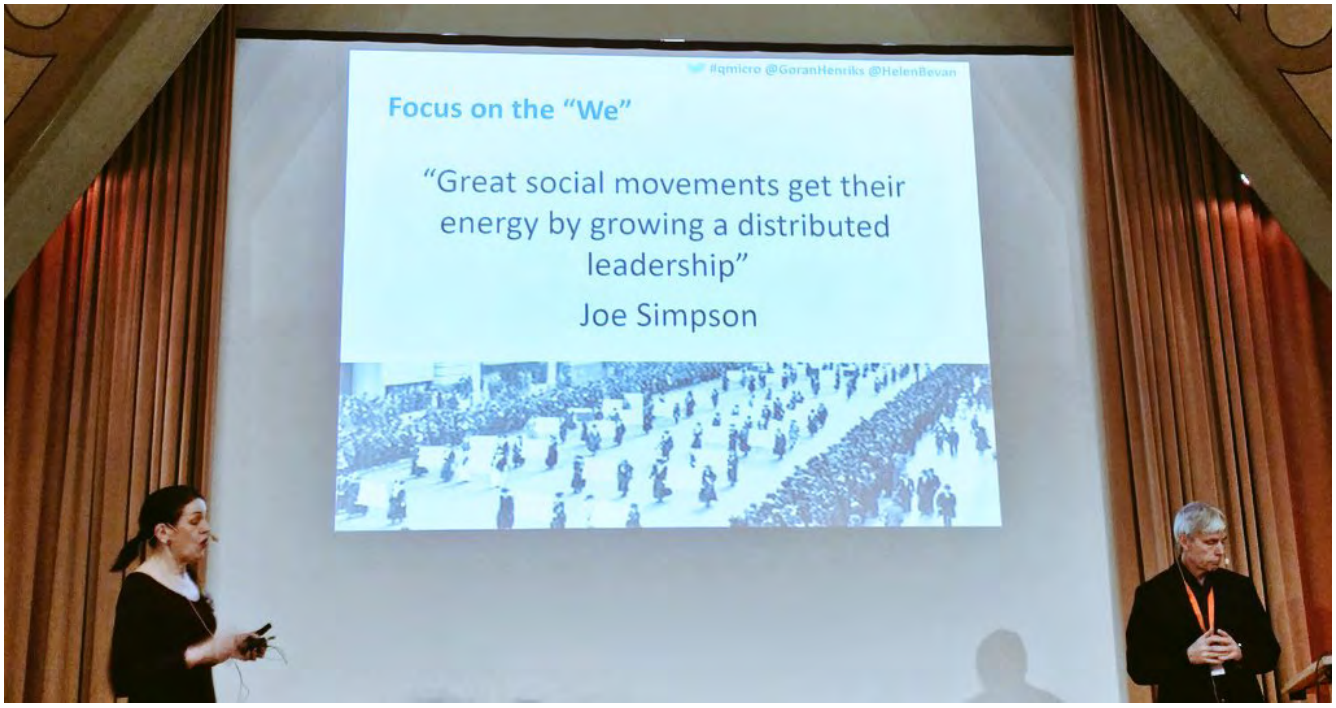


It is crucial to engage and different groups of stakeholders to ensure successful workplace transformation, noted Dr Helen Bevan (above left), in a talk with Region Jonkoping County's chief executive of learning and innovation Goran Henriks.

THE failure of large-scale transformational projects is rarely due to the content or structure of the plans that are put into action.

Instead, the problems are often caused by the neglect of the role of informal networks in the organisations and systems affected by change, noted Dr Helen Bevan, the chief transformation officer of NHS Horizons, which explores change and transformation for healthcare in the UK.

These are among the key lessons she shared with participants at a keynote session during the Microsystem Festival, gleaned from her three decades of work in healthcare improvement.

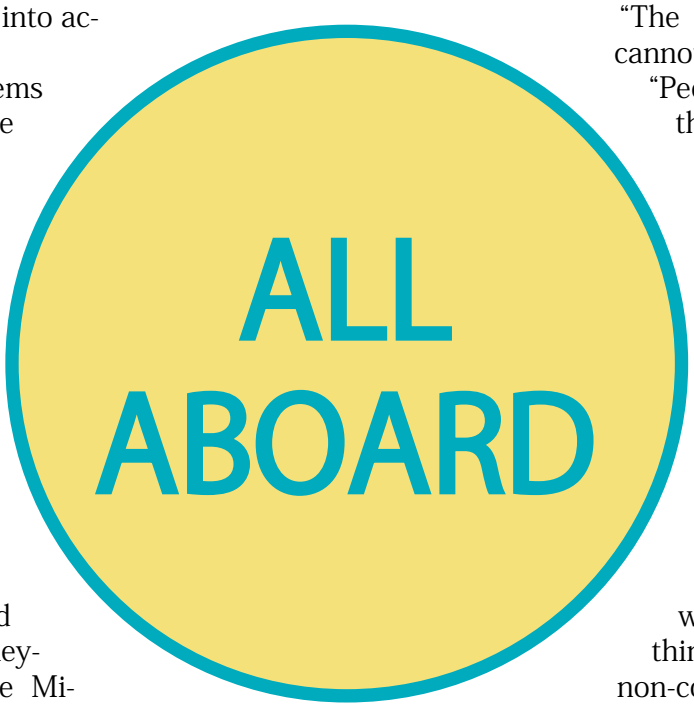
Stressing the importance of involving different groups of staff when instituting change, she said: "To make transformational change happen we need to connect networks of people who want to contribute."

"The power of co-creation cannot be ignored," she noted. "People will support what they help create."

As such, when it comes to innovation or improvement, it is important to include both people who are tasked to lead formal organisational and system change, as well as those who have the informal ability to make change.

The latter group will include those who: think differently and are non-conformists; are very well-connected within the organisation; or are highly trusted by their peers and colleagues.

Both the formal and informal change leaders are needed, Dr



Bevan said.

"You can't be a world-changing leader of improvement on your own."

In fact, she feels that among "activists" who aim to make change, those who do so only through advocacy, or having expertise and information will be less effective.

On the other hand, those who are able to mobilise people to contribute and engage in change, or those who can identify, recruit and train leaders are more likely to succeed.

In other words, change need not be seen from top-down or bottom-up initiatives, but instead from a model of distributed leadership.

Leadership aside though, Dr Bevan said there is also a simple, secret sauce to quality improvement: Be nice.

Referring to Google's "Project Aristotle", which spent years analysing data and interviewing hundreds of employees to find out how to build productive teams, it learnt that best teams respect one another's emotions and are mindful that all members should contribute to the conversation equally.

"The lesson is: out-love everyone else," she said.

> **"The power of co-creation cannot be ignored. People will support what they help create."**
>
> Dr Helen Bevan, chief of service transformation at NHS Horizons

From "very good" to "best possible": At the Microsystem Festival, Region Jonkoping County chief executive Agneta Jansmyr suggested several areas where good healthcare systems can improve further