Systems thinking and leadership

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In a system as complex as health care, ‘systems’ thinking allows the whole system and the relationships of the parts to be considered rather than just isolated functions. Health care is a shared resource with many interdependencies; for surgery these include anaesthesia, critical care, nursing and other specialties we work with to manage comorbid patients. If quality problems exist primarily because of systems prob - lems, solutions are more likely in systems where relationships and integration are considered important and where emphasis is placed on HF such as communication, team building, con - flict management, process management and education. Sys - tems work best w hen there is a non-punitive culture and when they have leaders who understand the complexity of systems and foster a culture of continuous quality improvement. Those - leaders should be visible at the front line and be champions of a supportive practice environment. Improvement in the quality of care does not occur by chance and a programme team, armed with just organisational and graphical tools, will not succeed in producing sustainable change. T rue change can only happen when supported and driven by front-line sta ff . The underlying, central and agreed - principles must include the creation of value for the patient, a constancy of purpose and systems thinking. These should be enabled by the intentional actions of trained sta ff supported by humble leadership and respect for individuals. Such a culture and a sustained commitment of time, patience and resources. Health care as a sector has been slow to recognise the important contribution that the theory and practice of qual ity improvement are able to make in delivering better value care. The experience of a relatively small number of care organisations that have successfully done so, such as the Virginia Mason Medical Centre in Seattle, WA, is a challenge to others to invest in acquiring the necessary skills and capa bilities. A recent report b y the Academy of the Medical Royal Col leges of UK and Ireland (2016) has argued that quality improve ment should be at the heart of medical training and that there is a pressing need to develop quality improvement learning across the continuum of medical education. Understanding how health systems can be improved and ho w evidence-based practice can be implemented in complex healthcare settings are important skills for surgeons to master. Summary box 15.5 Understanding quality improvement and its application in health care /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF /uni25CF Ham C, Berwick D, Dixon J. Improving quality in the English NHS – a strategy for action. The Kings Fund, 2016. Available from http:// - www .kingsfund.org.uk/publications/quality-improvement Hollnagel E, Wears RL, Braithwaite J. From Safety-I to Safety-II: A health - White Paper . The Resilient Health Care Net, 2015. Available from https://www .england.nhs.uk/signuptosafety/wp-content/uploads/ sites/16/2015/10/safety-1-safety-2-whte-papr.pdf Institute of Medicine. Crossing the quality chasm: a new health system for - the 21st century. Washington, DC: National Academies Press, 2001. Jones B, Vaux E, Olsson-Brown A. How to get started in quality im - - provement. BMJ 2019; 364 : k5408. - Kohn LT , Corrigan JM,

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