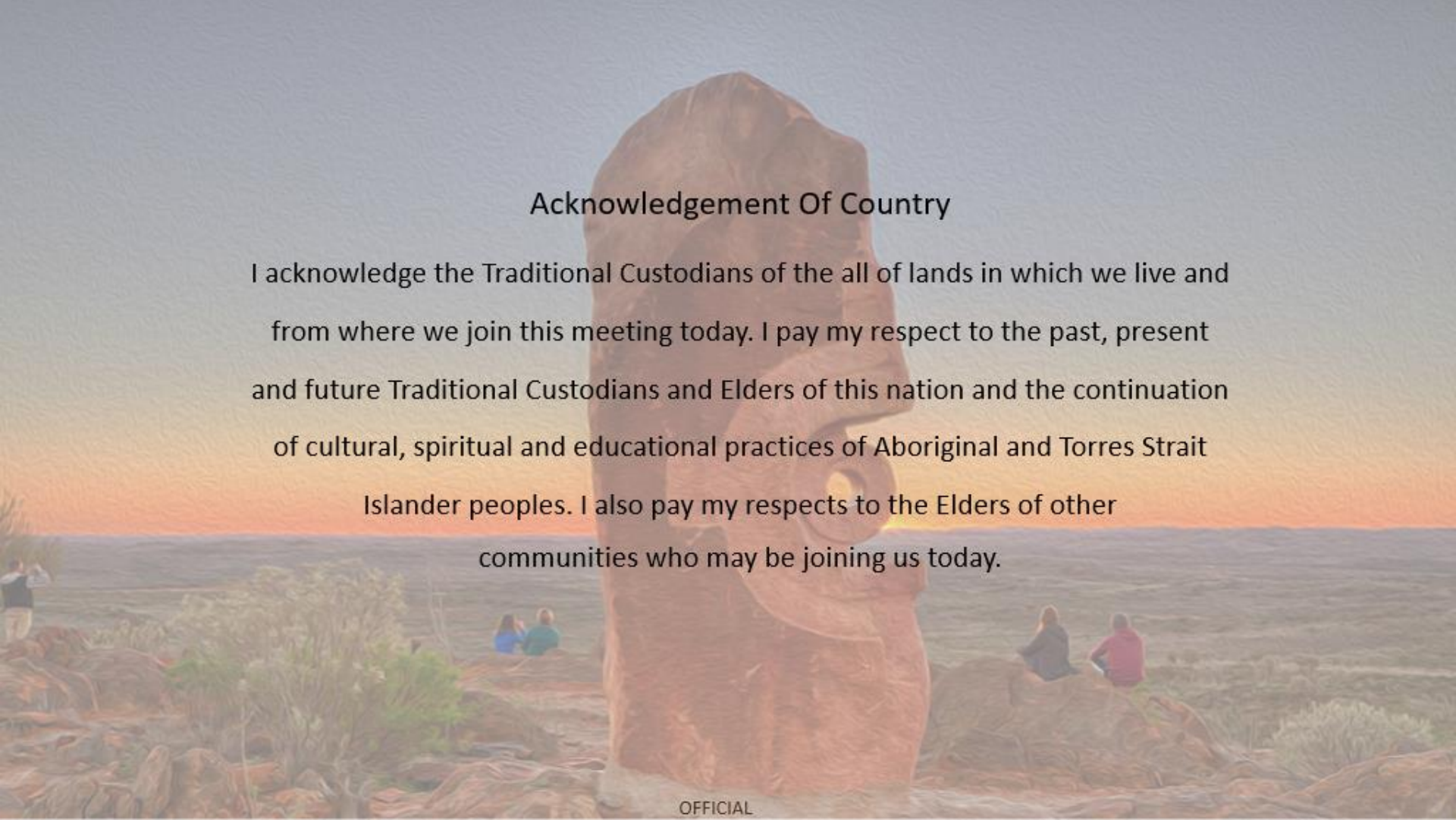


Wednesday 27 April 2022

COVID+ Pathway Learning Network webinar series

Webinar 19: The Big Reset: COVID as Transformation

OFFICIAL



Acknowledgement Of Country

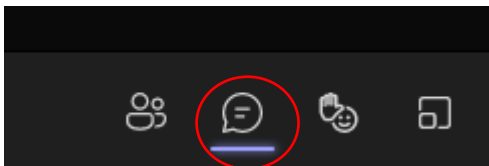
I acknowledge the Traditional Custodians of the all of lands in which we live and from where we join this meeting today. I pay my respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. I also pay my respects to the Elders of other communities who may be joining us today.

Webinar series purpose

- Showcase local clinicians who will share their experiences delivering the COVID+ Pathways model
- Provide a forum for sharing and collaboration to support the delivery of best practice
- * To share your services' experiences, innovations and learnings in delivering the COVID+ Pathway at an upcoming webinar email centresofclinicalexcellence@safercare.vic.gov.au

Before we start

Throughout the webinar you can ask questions by typing your question into the chat.



There will also be a dedicated time for questions and discussions.

The presenters will do their best to answer your questions at the end of the presentation.

This session will be recorded and made available on the SCV website
<https://www.bettersafercare.vic.gov.au/support-training/learning-networks/covid-pathways>



26-27 May

Reflect
Reimagine
Revive



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This year we're focusing on **you** and **your wellbeing**, as well as health improvement and innovation.

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Overview

Topic	Presenter
The Big Reset: COVID as Transformation	Kedar Mate, <i>CEO, Institute for Healthcare Improvement</i>
Questions	Facilitated by Mike Roberts <i>Participated in by all (please post questions in chat throughout)</i>

How do we Come Back?

COVID as Transformation

Kedar S. Mate, MD
President & CEO, Institute for Healthcare Improvement



Warren G. Harding's "Return to Normalcy"

"America's present need is not heroics, but healing; not nostrums, but normalcy; not revolution, but restoration; not agitation, but adjustment; not surgery, but serenity; not the dramatic, but the dispassionate; not experiment, but equipoise; not submergence in internationality, but sustainment in triumphant nationality."



Professor Leonard Berry



“I’m not sure if I will live to see the end of COVID...COVID may well be our system’s chronic disease.”

Sarah Zhang

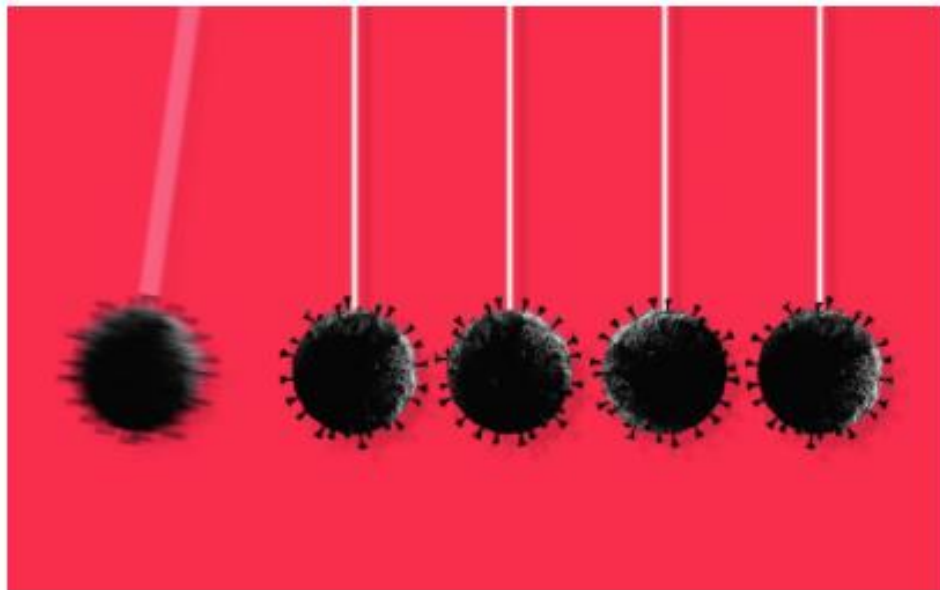


**“Endemic COVID-19
means finding a new,
tolerable way to live with
this virus.**

**It will feel strange for a
while and then it will not.**

It will be normal.”

The Atlantic



GETTY ; THE ATLANTIC

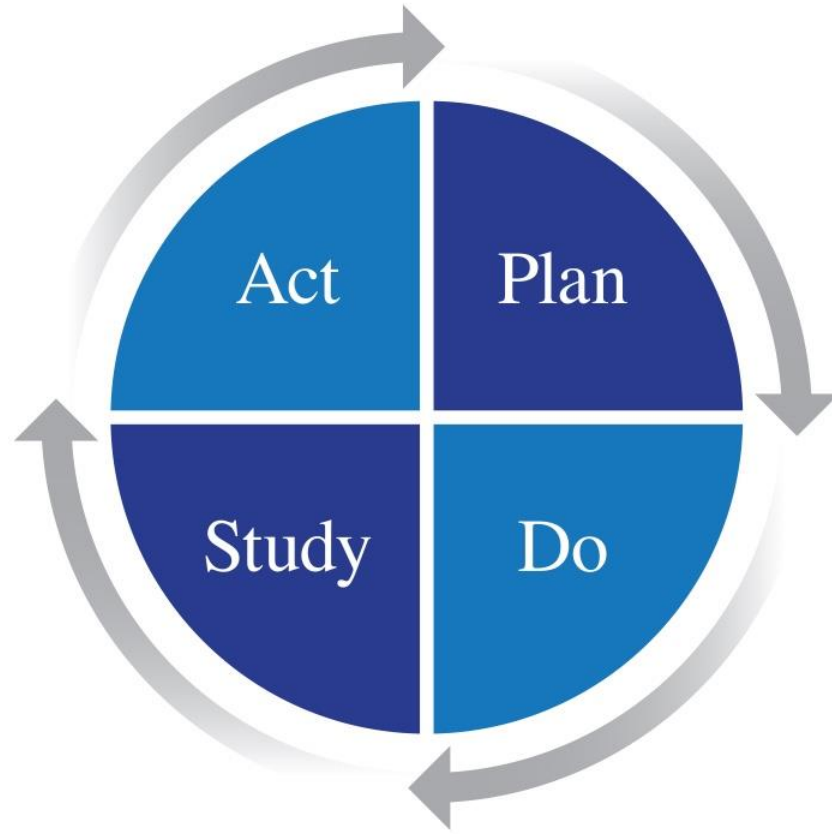
**The Coronavirus Is Here Forever. This
Is How We Live With It.**

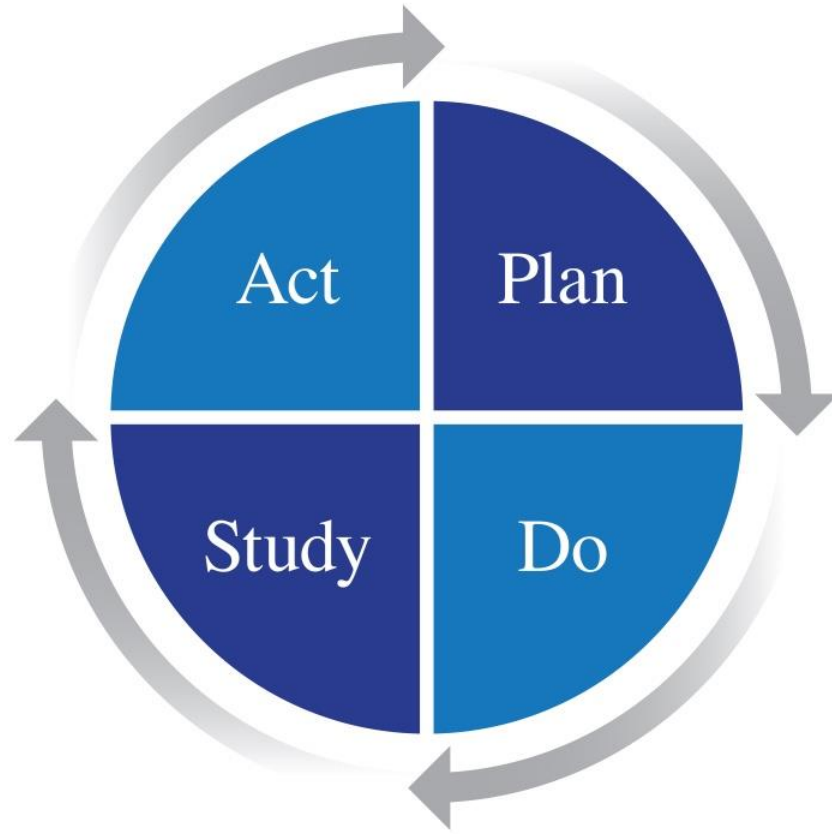
SARAH ZHANG **AUGUST 17, 2021**

Could COVID be the source of the strength we need to help us finally remake our health systems for the better?

1 The Big RESET: Innovate Differently









HealthPartners[®]

Health Plan

More than 1.8 million members

Care System

More than 1.2 million medical & dental patients

Care Group

55+ Medical Clinics
1,800 physicians
900 clinicians
55 specialties

Dental Group

25 Dental Clinics
77 dentists

8 Hospitals

Twin Cities
Western Wisconsin

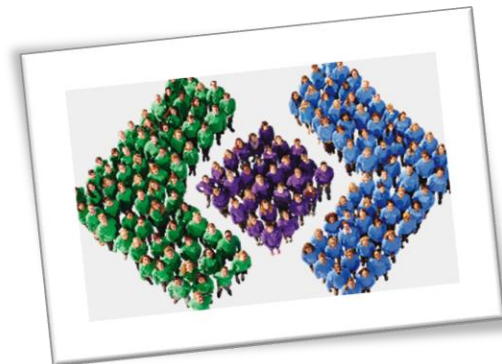
Research & Education

The HealthPartners Institute conducts hundreds of research studies annually while providing education and training for medical students, clinicians and patients.

A team of
26,000



Andrea Walsh
CEO



5 Pre-conditions for Innovation

- Radical Prioritization
- Radical Transparency
- Radical Collaboration
- Radical “Exnovation”
- “Slow is a choice”



A photograph of a male doctor with a beard, wearing a blue button-down shirt and a stethoscope, sitting on a couch and smiling at an elderly male patient. The patient is wearing a blue sweater and glasses, and is holding a small, light-colored object. The background shows a cozy living room setting with a plaid pillow and a blue patterned box.

2 The Big RESET: A Revolution in Clinical Governance

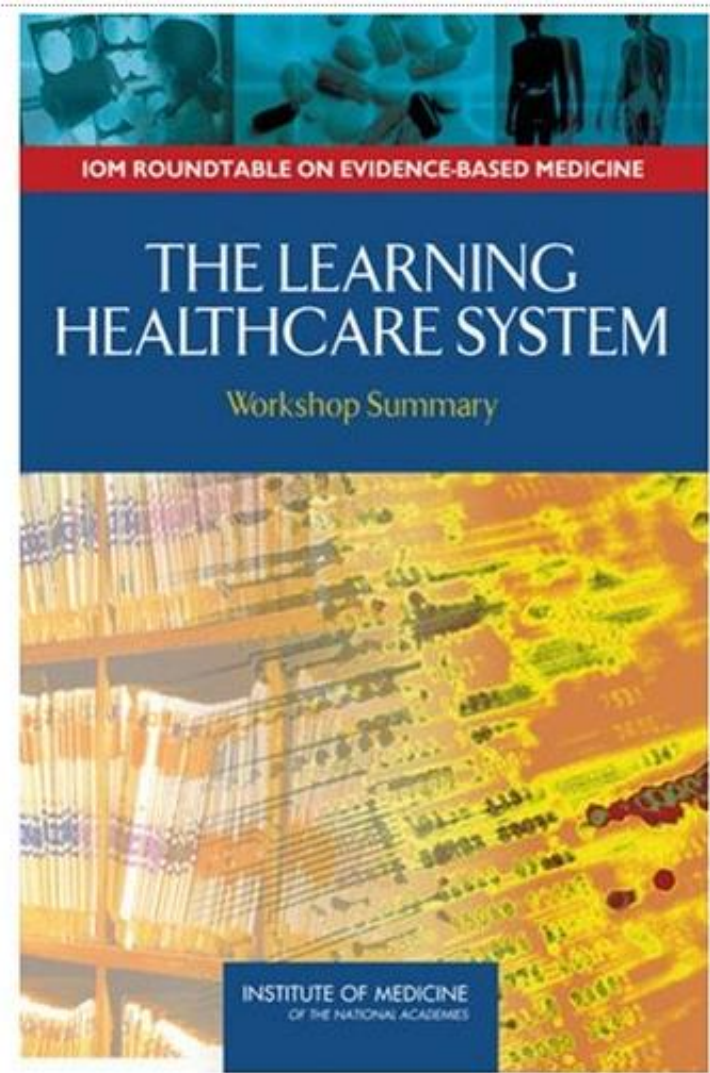


What is a Learning Healthcare System?

“A learning healthcare system is designed to generate and apply the best evidence for the collaborative healthcare choices of each patient and provider;

To drive the process of discovery as a natural outgrowth of patient care;

And to ensure innovation, quality, safety, and value in health care.”



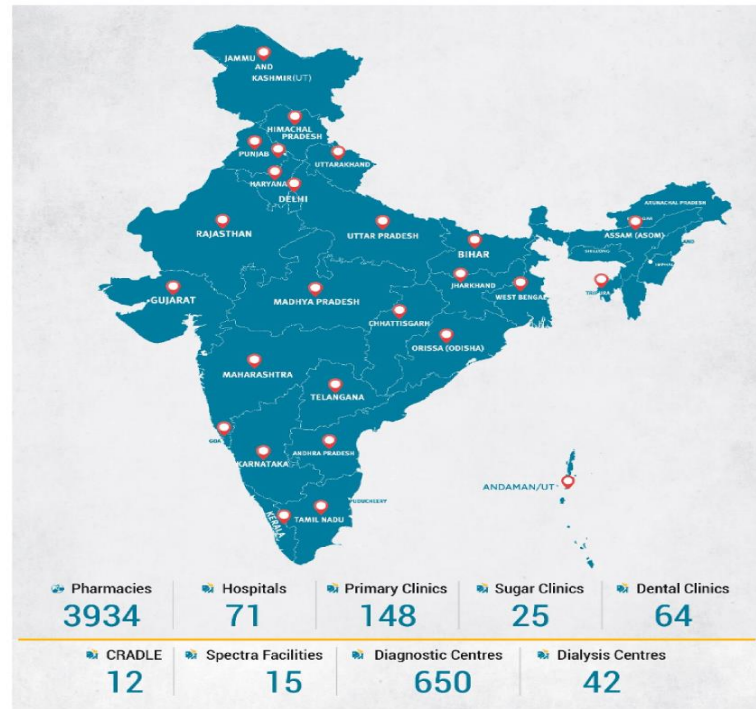
“Clinical Culture will never be the same”



Dr. Anupam Sibal, Group Medical Director

Apollo's Footprint Across India

In March 2020, after a month of intense planning and diligence, Apollo launched 'Project Kavach' (meaning 'shield' in Hindi), a multipronged program to tackle the Covid-19 pandemic



Note: Red symbols indicate states/territories where Apollo has a health facility

Source: Apollo Hospitals

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



The American College of
Emergency Physicians
Guide to Coronavirus
Disease (COVID-19)

ACEP COVID-19 Field Guide



A photograph of two medical professionals in a clinical setting. An older male doctor with grey hair and glasses, wearing a white lab coat and a blue stethoscope, is seated at a desk and looking at a laptop. A younger male doctor with dark hair, wearing light blue scrubs and a blue stethoscope, is standing behind him, leaning over the desk and looking at the laptop screen. The background is slightly blurred, showing a window with blinds. A large blue circle is overlaid on the left side of the image, containing the number '3' and the text 'The Big RESET: Technology finally Transforms'.

3 The Big RESET: Technology finally Transforms

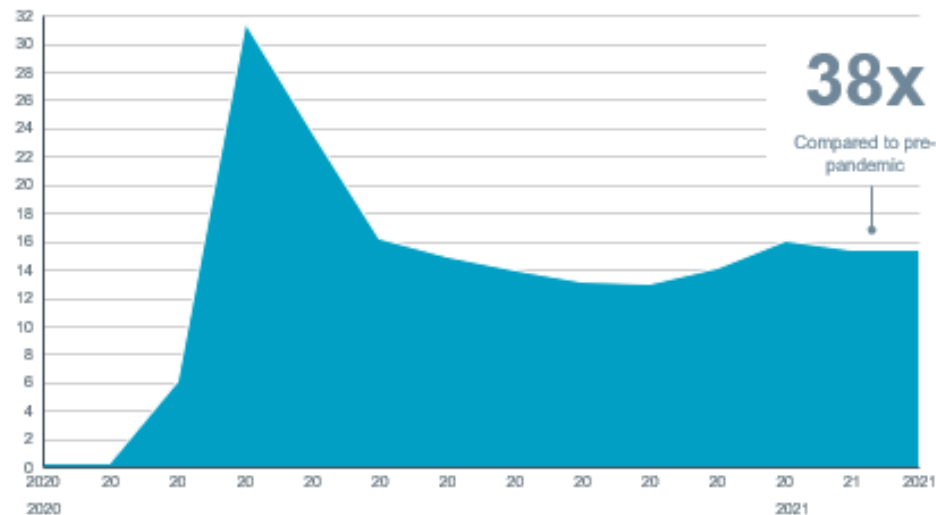


Digital Revolution

1. Projected growth in telehealth from \$3b to \$250b market cap
2. Major shift in patient expectation: From 11% using telehealth in 2019 to 76% interested in using going forward

Share of telehealth peaked in April 2020 and has since stabilized at ~15%+ of all claims

Telehealth claims as % of all outpatient Evaluation and Management (E&M) claims¹



¹ Includes: Cardiology, Dental/Oral, Dermatology, Endocrinology, ENT Medicine, Gastroenterology, General Medicine, General Surgery, Gynecology, Hematology, Infectious Diseases, Internal Medicine, Nephrology, Neurological Medicine, Neurosurgery, Oncology, Ophthalmology, Orthopedic Surgery, Poisoning/Drug Toxicology, PT/OT, Psychiatry, Pulmonary Medicine, Rheumatology, Substance Abuse, Urology

² Includes only E&M visits; excludes emergency department, hospital inpatient and physician inpatient claims; excludes certain low-volume specialties

Source: Compile database; McKinsey analysis



AI-Fueled Triage and Symptom Analysis

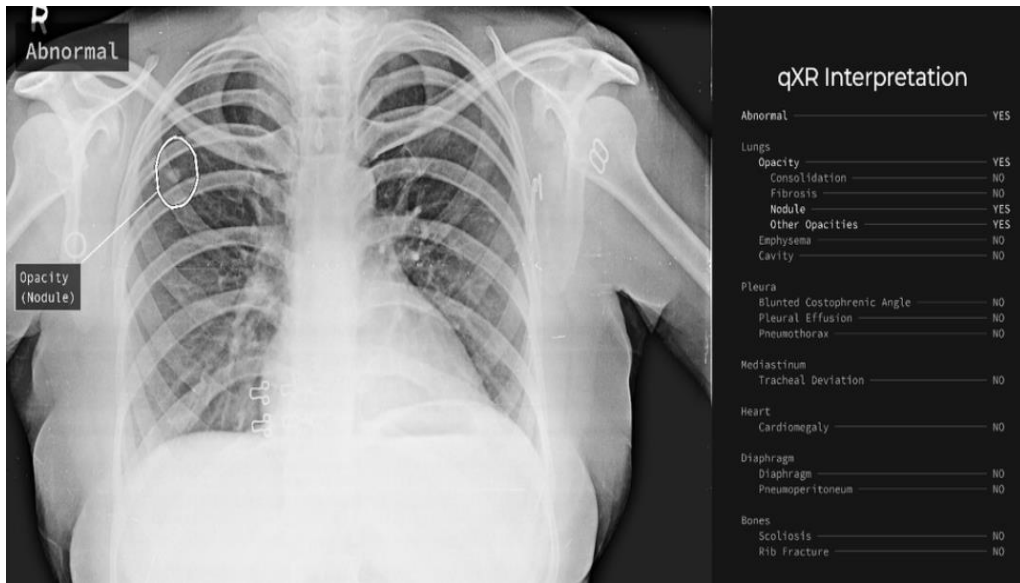
The New York Times

*These Algorithms Could Bring an End to
the World's Deadliest Killer*

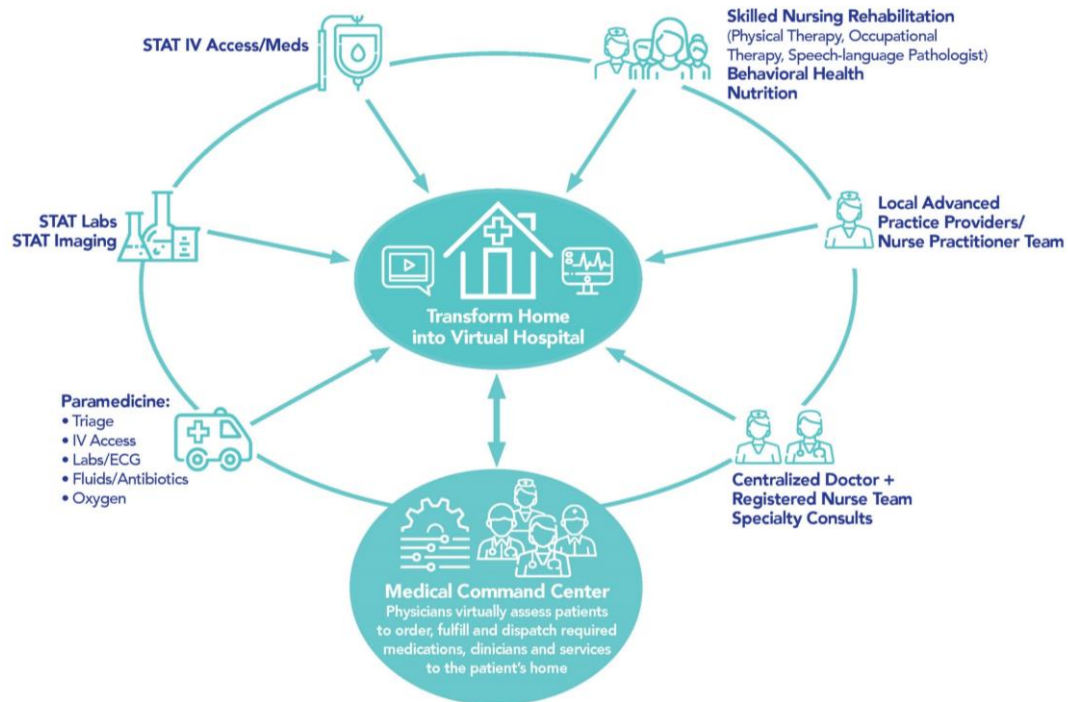
500
Urgent Care Patients

90%
Diagnostic Accuracy*

92%
Triage Accuracy*



Hospital at Home



4

The Big RESET: Re-Focus Safety





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Thursday February 7 2013 | thetimes.co.uk | No 70802



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the Times app on the app store.

NHS: No one is safe

Scandal of deaths at Mid Staffs Trust could happen anywhere, report says

Bella Bailey



Died September 2002, aged 56

Arthur Peacham



Died March 2006, aged 68

Marie-Baron, Chris Smith

Patients across the country are usually fearful of midwife deaths that caused one of the worst scandals in NHS history, the final of a public inquiry named yesterday.

Emergency investigations into the hospital caring for hundreds of thousands of patients were ordered as the NHS struggled to respond to the "lethal shocking" deaths at Stafford Hospital, where hundreds of patients died needlessly.

Inspectors are not capable of applying a similar rigour, regulators admit, and after the inquiry report criticised "every single level" of the health service. "There was a lack of care, compassion, humanity and leadership. The most basic standards of care were not observed," adding that Stafford was "an instrument of such cruelty and inhumanity that it would be futile to attempt that it will not be repeated."

Mr Francis said: "The current situation is that we have not seen that system before Stafford for years, and I've said and I'll say again that we can have no confidence that, therefore, there isn't another one."

"We have failure of every single level of the NHS system, from local working



Stafford Hospital up to 1,200 patients that needlessly, many having been left without food or water and in filthy conditions.

Joan Morris



Died January 2002, aged 81

John Moore-Mahabon



Died April 2006, aged 20

Donatya Harrison



Died January 2005, aged 69

Syrah Kate Lintern



Died January 2002, aged 4 days

Joan Giden



Died January 2005, aged 51

group, up to the Department of Health.

David Cameron apologised for the failings yesterday and promised to end the culture of complacency that allowed the "shocking" deaths to happen.

The report "an intensive negative culture involving a tolerance of poor standards", adding that Stafford was "an instrument of such cruelty and inhumanity that it would be futile to attempt that it will not be repeated."

Mr Francis said: "The current situation is that we have not seen that system before Stafford for years, and I've said and I'll say again that we can have no confidence that, therefore, there isn't another one."

"We have failure of every single level of the NHS system, from local working

at the hospital left with big payoffs for lucrative jobs elsewhere.

Baker, who campaigned for the inquiry after her mother died in Stafford Hospital, said: "There was a failure there the need to Whitehall. We

Do the sick no harm
Leading article, page 2
Scandal on the move, News pages 9-10
Dr Phil Hammond, Opinion page 23

"This is a story of appalling and unnecessary suffering of thousands of people," he added. "They were failed by a system which ignored the warning signs and put corporate self-interest and cost-cutting ahead of patients and their safety."

In his report Mr Francis made 240 recommendations to change the culture of the NHS to prevent a repeat of the tragedy.

"There was a lack of care, compassion, humanity and leadership," he said. "The most basic standards of care were not observed and fundamental rights to dignity were not respected. Patient safety and vulnerable patients were left unprotected, unhelped, and

News

Assange loses his stomach ally
Jensina Khan
Page 5



Tax rises threat to fill hole in public finances
Page 6

Opinion

The old politics is dying
David Cameron
Page 11



World

Gao takes its revenge on the Islamists
Page 17



Business

Archbishop Welby takes on the moneylenders
Page 18

Sport

Lampard seals 2-1 victory over Brazil
Page 12



Changing times



Your Psychological PPE

to Promote Mental Health and Well-Being

Individual



Take a day off and create space between work and home life



Avoid publicity and media coverage about COVID-19



Receive mental health support during and after the crisis



Facilitate opportunities to show gratitude



Reframe negative experiences as positive and reclaim agency

Team Leader



Limit staff time on site/shift



Design clear roles and leadership



Train managers to be aware of key risk factors and monitor for any signs of distress



Make peer support services available to staff



Pair workers together to serve as peer support in a “buddy system”

Patients for Patient Safety



Adela Cordero - Spain

Patients as Partners



Mark Haines - India



Mark Haines - India

Les patients en tant
que partenaires

与病人并肩合作



Evangelina Rodríguez - Mexico



J. A. Khan - India

El paciente
como aliado

المرضى كشركاء



Christine Perera - Sri Lanka



Hassan Jafar - Pakistan

ПАЦИЕНТЫ КАК
ПАРТНЕРЫ



Hassan Jafar - Pakistan



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care



A photograph of a woman with dark hair tied back, holding a young child with curly hair. The child is looking towards the camera. The woman is looking down at the child. The background is a bright, out-of-focus indoor space.

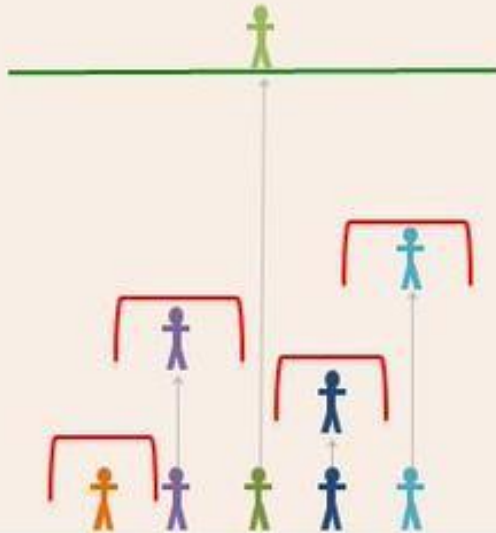
5 The Big RESET: No Quality without Equity



John A. Powell's "Targeted Universalism"

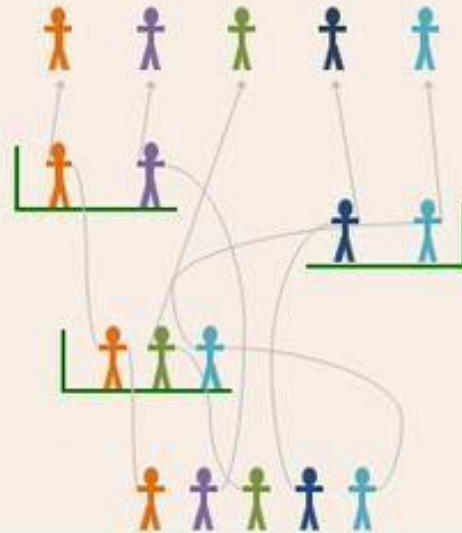


Structural inequity produces consistently different outcomes for different communities



VS.

Targeted universalism responds with universal goals and targeted solutions



How is Alaska leading the nation in vaccinating residents? With boats, ferries, planes and snowmobiles.



The Washington Post

Feb 4, 2021



How do we come back?

5 Key Changes to Reset Healthcare

1. Innovate Differently
2. Clinical Governance Revolution
3. Technology Transforms
4. Re-Focus Safety
5. No Quality without Equity



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President and CEO

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 [@KedarMate](https://twitter.com/KedarMate)

53 State Street, 19th Floor
Boston, MA 02109
ihi.org



**We will not rest until everyone
has the best care and the best
health possible.**

Thank you

Questions

Please type your question in the chat

Get in contact

- Please complete our poll questions that will appear on your screen or in the chat
- These webinars are now scheduled on a monthly basis with registration for attendance now through Eventbrite.
- To receive Eventbrite links to register for future webinars email us: centresofclinicalexcellence@safercare.vic.gov.au
- If you have specific questions relating to the COVID+ Pathways please email the Department of Health at covid+pathways@health.vic.gov.au

Resources

- [Learning Network webinar recordings and slides](#)
- COVID Clinical Shared Resources SharePoint page - Secure site for sharing, with permission, health service developed COVID-19 resources.
 - To register for access and to share resources contact centresofclinicaexcellence@safercare.vic.gov.au
- [Department of Health COVID-19 clinical guidance and resources](#)