

LEARNING FROM EXCELLENCE IN HEALTHCARE

Learning from everyday work means learning from all activities regardless of the outcome. But when things go well, this is typically just gratefully accepted, without further investigation. 'Learning from Excellence' is changing this, as **Adrian Plunkett** and **Emma Plunkett** describe.

KEY POINTS:

- **Learning from Excellence (LfE) is a system for capturing examples of good practice in healthcare as a complementary approach to traditional incident reporting.**
- **The LfE philosophy proposes that learning from what works well in a system enables improvements in the quality and safety of the work, and the morale of staff performing it.**
- **LfE systems comprise simple reporting forms for peer-to-peer positive feedback with sharing of examples to enable wider learning.**
- **LfE reporting identifies excellence and learning opportunities in both process and outcome.**
- **LfE is aligned with aspects of appreciative inquiry and Safety-II.**

Like aviation, healthcare is a safety-focused sector. Acknowledgement of the risks and potential for harm led to the development of the 'patient safety movement'. The traditional focus of patient safety work has been:

- to identify risks, errors and harms
- to establish the causes of these, and
- to institute changes in order to prevent these failures occurring again.

This approach, whilst laudable, results in a unilateral focus on a small part of the overall system.

Learning from Excellence

Most activities in healthcare (e.g., decisions, interactions with healthcare professionals, and administration of treatment) are successful. This success is not typically subject to the same scrutiny and enquiry as failure, and often passes unnoticed. Yet the healthcare system is highly complex and often these successes have not been easily achieved. If we could identify and study successful work, including that which happens despite challenging circumstances, we may be able to uncover conditions and factors

contributing to success. Capturing and sharing these examples provides a new lens through which to study work-as-done (*HindSight* 25) and enables reinforcement of positive practices and provision of learning opportunities which may otherwise be lost. This is the aim of 'Learning from Excellence' (LfE).

LfE is a philosophy and practice rooted in positive psychology. At its heart is a simple reporting system to allow healthcare professionals to identify excellence in practice and report it within their organisation. This strengths-based approach is intended to complement the well-established deficit-based approach to patient safety. It was first implemented in 2014 in the Paediatric Intensive Care Unit in Birmingham Children's Hospital (Kelly et al, 2016), and has now grown into a community of practice in many centres in the UK National Health Service (NHS) and elsewhere.

A Patient's Experience

The idea of recognising and learning from success is not a new one, but Adrian (co-author) realised its potential

in healthcare after experiencing being a patient for the first time.

"In 2010 I had two episodes of serious illness, requiring some time on the 'other side' of healthcare. During a hospital admission, I started actively noticing the successful care I was receiving; almost all of my 'episodes of care' were successful, despite the staff being under significant pressure from a high workload. The more I looked, the more I noticed excellence in the staff and in the processes and system. For me, 'excellence' was characterised by a mixture of compassion and competence: two characteristics which were often closely linked.

"Once I had recovered, I wrote a letter to the hospital staff highlighting what had worked well during my admission. I had intended that this letter, which contained expressions of gratitude and intelligence about successful care, would be shared with the staff who had cared for me.

"Approximately two years after I wrote the letter, I met one of the staff members who had cared for me, and discovered that he had not received the letter. I learned that gratitude and positive feedback are not given the same status as complaints and negative feedback. I started to wonder if this bias towards the negative also affects our efforts to improve systems in safety and quality improvement."

Focusing on the Glass Half Full

The human tendency to be more sensitive to negativity is well described in the literature. We find it easier to recall examples of when things have gone wrong and are much more likely to spend time thinking on these. This predisposition to focusing on the negative may be for good reason – we seek to learn and improve – but unbalanced negative thinking and feedback takes its toll professionally. The adverse psychological impact of medical error on healthcare professionals is highly prevalent (see www.secondvictim.co.uk/).

Back in 2014, when LfE was at its inception, patient safety activities were designed only to identify problems and deficits. This has been effective to an extent, but with some cost. Defining safety as the absence of harm, or freedom from error, is incomplete, and misses an understanding of the conditions needed to create safety. It also, at times, has led to the development of a culture of blame and shame where staff are fearful of reporting.

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Yet safety is inherently a positive concept. People need to feel safe and people can keep systems safe (and do so every

day in healthcare). A safe system is characterised by success, as well as lack of failure and harm. Prior to the introduction of positive reporting systems such as LfE, there was very little formal recognition of good or excellent performance in healthcare.

Positive Reporting

In response to this experience, we created LfE. LfE is a positive reporting system, complementary to the adverse incident reporting system. It is a simple, free text, qualitative positive feedback system, available to all staff. Colleagues are invited to capture 'excellence' voluntarily, with no prior definitions. The reports are forwarded directly to the named individuals or teams in order to close a positive feedback loop. Themes and learning points are shared with other colleagues when necessary and some reports are investigated with meetings using appreciative inquiry (a strengths-based approach to change that seeks to understand 'the best of what is', in order to imagine 'what could be', see Quinney and Slack, 2017).

Thousands of reports have been submitted since we launched the initiative in 2014, and now the system is used across the organisation. A community of practice has grown

around the initiative, with similar positive reporting systems now present in many centres in the NHS and overseas. As LfE continues to spread, we are now focusing on two areas:

- to nurture and support the LfE community of practice and
- to gather evidence for the impact of LfE and related strengths-based approaches.

One area where LfE is demonstrating an impact is in quality improvement (QI). Healthcare at its best is both safe and high quality and in 2018 the Birmingham Children's Hospital team ran a Health Foundation funded quality improvement (QI) project around the management of antimicrobial stewardship using only positive recognition and reinforcement methodology. LfE reports were completed when gold standard work was identified and appreciative inquiry interviews were conducted with staff to understand what works and what innovations might lead to improvements. The project was a success, surpassing its targets, and the methodology is now being tested on other projects in sites nationwide (Jones et al, 2019).

Learning from Excellence and Safety-II

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Over the same period as LfE systems have developed, so the patient safety world

has too. There is now also interest in the concept of Safety-II, which is cited in the latest NHS Patient Safety Strategy (NHS England and NHS Improvement, 2019). Safety-II suggests we need to understand all aspects of our system, including how it works, if we are to ensure things go right. It encourages us to talk about our work and to understand it from everyone's perspective. Intelligence gained through LfE insights can help with this too. LfE is not equivalent to Safety-II, although in our experience, many of the reports describe a process working well, even if the outcome was not necessarily a good one. So LfE can be used to inform a Safety-II perspective.

Learning from Excellence Everywhere

Whilst LfE was developed in healthcare, it is applicable to any organisation and sector – including aviation – as a complementary strengths-based approach to deficit-based approaches to improving performance and safety. We know of examples of spreading to education and veterinary medicine and appreciative inquiry, which links to and overlaps with LfE, is used throughout the business world.

Understanding our strengths and what is working in our systems is important. Giving positive feedback and showing appreciation to our colleagues for good work creates a positive feedback culture in which we can thrive and we believe it can help us be better able to learn from when things go wrong too.

We have created a blog and website with resources for the growing community of practice. Please visit our website if you wish to learn more about the initiative: www.learningfromexcellence.com 

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References

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Dr Adrian Plunkett is a consultant Paediatric Intensivist at Birmingham Children's Hospital. He created Learning from Excellence (LfE) in 2014 after reflecting on his own experiences as a patient. Adrian supports the spread and development of LfE as a social movement in the NHS, and beyond. Adrian maintains the website and blog at

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Dr Emma Plunkett is a Consultant Anaesthetist at University Hospitals Birmingham and Birmingham Women's Hospital. She has helped to introduce LfE in both organisations and has trained in Appreciative Inquiry. With Adrian, she maintains the LfE website and organises the national LfE Community of Practice events. Her other non-clinical interests are fatigue and wellbeing and she is a trained mentor.

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