

# Let's break the rules and stop doing what doesn't matter



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**Box 1. Levels of change (adapted from Smith, 2007)**

**Level 1: Doing the right things**

- Effectiveness, focus and working to priorities

**Level 2: Doing things right**

- Effectiveness, standards and variation reduction

**Level 3: Doing things better**

- Improving, thinking logically about we are doing and listening to suggestions

**Level 4: Doing away with things**

- Cutting, asking why do we do this? Simplifying and stopping what doesn't matter

**Level 5: Doing things that other people are doing**

- Observing, copying and seeking out best practice

**Level 6: Doing things no one else is doing**

- Being really different, combing existing concepts and asking why not?

**Level 7: Doing things that cannot be done**

- Doing things that are commonly thought to be impossible, questioning basic assumptions, breaking the rules and being a bit crazy.

Welcome to the November issue edition of the journal, which celebrates this year's Harrogate conference. As always, the date silently crept up on us — one minute it seems ages away, the next you're right in the middle of it.

**BREAKING THE RULES**

I recently attended a interesting presentation on Improvement Methodologies and one of the slides struck a chord with me (*Box 1*). It outlined the way we think about 'things' and how we improve 'things'. And it occurred to me that while we seem to be quite good at adding in a whole tranche of things, we seem to be less good at **Level 4: Doing away with things: Cutting, asking why do we do this? Simplifying, stopping what doesn't matter.** How does this apply to wound care? Well, there are lots of examples. In this issue, for instance, we debate the role of risk assessment (page 16), and in my previous debate we discussed pressure ulcer categorisation (Fletcher, 2017). I suspect there are many other examples of things we do that are a matter of anachronistic or ritualistic practice, and our anxieties about stopping to do these things.

The concept ties in nicely with the Institute for Healthcare Improvement's (IHI) initiative around

breaking the rules (Berwick et al, 2017), which asks "If you could break or change one rule in service of better care for patients or staff, what would it be and why?" It also challenges staff to look at existing practices, and to either do away with them or improve them. The IHI divides rules into three categories (*Table 1*), depending on the way they need to be changed. This is a really interesting concept and I would love to see us try out a 'breaking the wound care rules' week to see what is challenged and debunked.

Harrogate is a great opportunity for us to reflect on what we do and how it compares to what others do — or how they do it. It is the largest gathering of tissue viability and associated specialist clinicians in the UK and a great opportunity to continue our discussions and debates, with plenty of time for socialising as well as attending the formal sessions.

I look forward to you joining me in headgear for our first 'Tiara Tuesday' Gala dinner.



Berwick DM, Loehrer S, Gunther-Murphy C (2017) Breaking the rules for better care. *JAMA* 317(21):2161–2

Fletcher J (2017) An overview of pressure ulcer risk assessment tools. *Wounds UK* 13(1):20–6

Smith R (2007) *The 7 Levels of Change: Different Thinking for Different Results*. 3 edn. Littleton, MA

**Table 1. Breaking the rules for better care (Berwick et al, 2017)**

Category	Definition	Potential action
Rules that need clarity	Either rules that are: Myths or habits that are perceived to be rules Created for a reason, but meaning has been lost over time Unclear based on interpretation of policies or regulations	Debunk organisational myths Tie the rationale back to the rule Seek clarification from the entities that put them in place
Rules that need redesign	Administrative rules that leaders have the power to change	Select rules to revised and redesign Connect with colleagues through the IHI Leadership Alliance or other professional associations/affiliations about how to advance forward
Rules that need advocacy	Rules that are in place due to regulations or policies beyond organisational control	Either independently or through professional networks, use the power of collective voice to engage the appropriate entities and advocate for rules to be changes